2025 HOUSE APPROPRIATIONS

HB 1012

DEPARTMENT 325 - DEPARTMENT OF HEALTH AND HUMAN SERVICES
2025-27 BASE-LEVEL BUDGET

Base Budget - Summary

	FTEs	General Fund	Other Funds	Total
2025-27 Base Level	2,483.83	$2,011,427,547	$3,541,730,000	$5,553,157,547

Selected Base Budget Information

	General Fund	Other Funds	Total
1. Includes funding for the salaries and wages block grant program for 2,483.83 full-time equivalent (FTE) positions, of which $474,548,818 is for salaries and wages, $36,131,748 is for temporary salaries, and $3,530,508 is for overtime	$278,075,144	$236,135,930	$514,211,074
2. Includes funding for temporary assistance for needy families with an average monthly case count of 1,020 and an average monthly cost per case of $311	$1,013,734	$13,875,007	$14,888,741
3. Includes funding for the supplemental nutrition assistance program with an average monthly case count of 12,438 and an average monthly cost per case of $352	$0	$22,820,292	$22,820,292
4. Includes funding for foster care with an average monthly case count of 1,085 and an average monthly cost per foster care family home of $1,706 (76% of caseload), per therapeutic family foster care of $16,377 (14% of caseload), and per qualified residential treatment program of $7,884 (10% of caseload)	$27,435,791	$47,142,098	$74,577,889
5. Includes funding for subsidized adoption for special needs children with an average monthly case count of 1,870 and an average monthly cost per case of $971	$30,279,257	$23,751,822	$54,031,079
6. Includes funding for medical assistance for inpatient hospital, outpatient hospital, professional fees, net drugs, dental, Medicaid Expansion, and ambulance services	$408,306,611	$1,312,946,047	$1,721,252,658
7. Includes funding for federal Medicare Part D payments with an average monthly number of recipients of 11,447 and an average monthly cost per person of $179	$47,131,710	$2,160,013	$49,291,723
8. Includes funding for the money follows the person program for transition coordination services, outreach services, recipient transitional costs, and other housing and support services	$0	$15,532,955	$15,532,955
9. Includes funding for long-term care continuum for nursing homes, basic care, service payments for elderly and disabled, expanded service payments for elderly and disabled, home- and community-based services waiver, targeted case management, personal care option, medically fragile worker, partnership in assisting community expansion, children's hospice waiver, autism waiver, and autism voucher program	$485,853,383	$475,366,362	$961,219,745
10. Includes funding for developmental disabilities services	$354,261,865	$390,731,726	$744,993,591

Continuing Appropriations

Medical marijuana - North Dakota Century Code Section 19-24.1-40 - Establishes the medical marijuana fund and requires the Department of Health and Human Services (DHHS) deposit in the fund all fees collected under the medical marijuana chapter. The department must administer the fund and money in the fund is appropriated to the department on a continuing basis for use in administering the medical marijuana chapter. For the 2021-23 biennium, the fund had $2,144,824 of revenues, $1,609,657 of expenditures, and a June 30, 2023, fund balance of $1,739,396.

Combined purchasing with local public health units - Section 23-01-28 - Provides DHHS may make combined or joint purchases with or on behalf of local public health units for items or services. Payments received by DHHS from local public health units pursuant to a combined or joint purchase must be deposited in the operating fund and are appropriated as a standing and continuing appropriation to the department for purchases under the section. For the 2021-23 biennium, the department received no payments from the public health units.

Organ tissue transplant fund - Sections 23-01-05.1 and 57-38-35.1 - Provides financial assistance to organ or tissue transplant patients who are residents of North Dakota and demonstrate financial need. Tax refunds of less than $5 are transferred to the organ tissue transplant fund. The State Health Officer is responsible for adopting rules and administering the fund, and the Tax Department collects the funds. For the 2021-23 biennium, the fund had $36,440 of revenues, $12,404 of expenditures, and a June 30, 2023, fund balance of $142,720.

Cardiac ready community grant program - Section 23-38.1-03 - Provides DHHS may accept any gifts, grants, or donations, whether conditional or unconditional. The department or local grantees may contract public or private entities and may expend any available money to obtain matching funds for the purposes of this chapter. All money received by DHHS as gifts, grants, or donations under this section are appropriated on a continuing basis to the department's operations fund for the purpose of funding the grant program. For the 2021-23 biennium, the department received $500 of revenues for the program.

Veterinarian and dental loan repayment - Sections 43-29.1-08 and 43-28.1-09 - The State Health Council may accept any conditional or unconditional gifts, grants, or donations for the purpose of providing funds for the repayment of veterinarians' education loans or dentists' education loans. All money received as gifts, grants, or donations under these sections is appropriated on a continuing basis to the State Health Council for the purpose of providing funds for the repayment of additional veterinarians' or dentists' education loans. If an entity desires to provide funds to the State Health Council to allow an expansion of the program beyond three veterinarians or dentists, the entity must fully fund the expansion for a period of 4 years. For the 2021-23 biennium, the department had $597,910 of expenditures for the dental loan repayment program and $405,000 of expenditures for the veterinarian loan repayment program.

Child support collection and disbursement - Section 14-09-25 - Allows the department to receive child support payments and provide the funds to the custodial parent or appropriate governmental entity for those custodial parents receiving governmental assistance. For the 2021-23 biennium, the department had $271,267,346 of collections and $270,835,407 of disbursements.

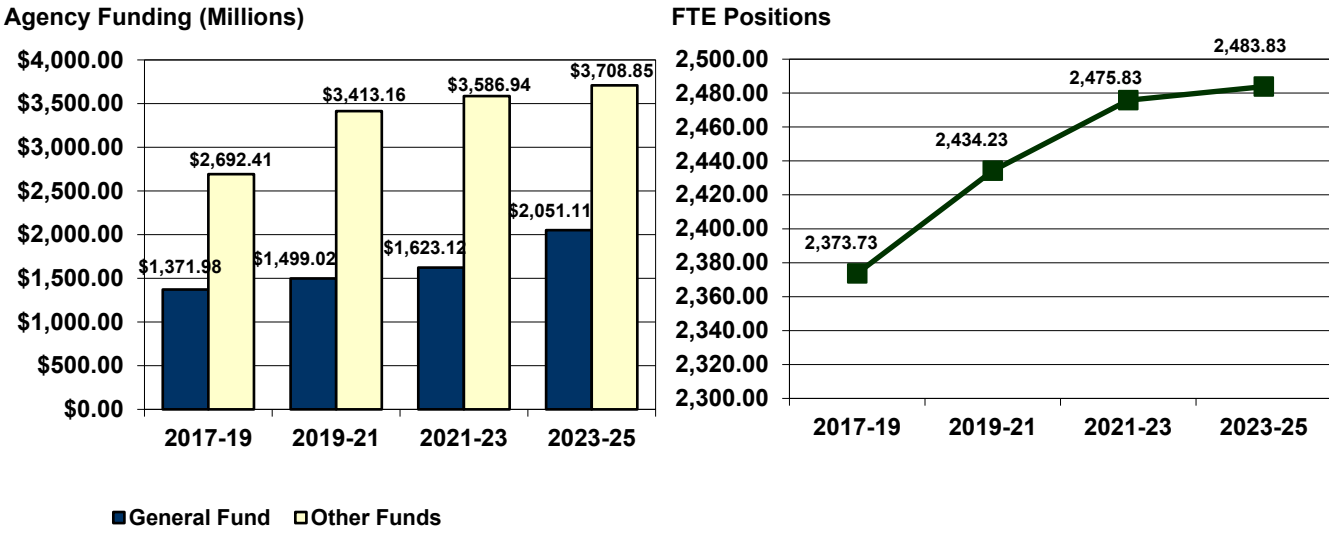
Child support improvement account - Section 50-09-15.1 - Allows the department to receive federal child support incentive funds and spend the funds in accordance with its business plan to improve the child support collection process. For the 2021-23 biennium, the department received $3.8 million of revenues from federal child support incentive funds.

Child support cooperative agreements - Section 50-09-33 - Allows the department to accept federal funds and other income generated by the department under a cooperative agreement with an Indian tribe for child support enforcement services for hiring staff and payment of other expenses as necessary for carrying out the department's duties under the agreement. For the 2021-23 biennium, the department received no funds for the program.

Transition to independence - Section 50-06-34 - Allows the department to receive grants and other sources of funding for the development of a program for services to transition-aged youth at risk. For the 2021-23 biennium, the department received no funds for the program.

Historical Appropriations Information

Agency Appropriations and FTE Positions



Ongoing General Fund Appropriations

	2015-17	2017-19	2019-21	2021-23	2023-25
Ongoing general fund appropriations	$1,311,460,589	$1,345,831,659	$1,497,421,474	$1,593,362,809	$2,011,427,547
Increase (decrease) from previous biennium	N/A	$34,371,070	$151,589,815	$95,941,335	$418,064,738
Percentage increase (decrease) from previous biennium	N/A	2.6%	11.3%	6.4%	26.2%
Cumulative percentage increase (decrease) from 2015-17 biennium	N/A	2.6%	14.2%	21.5%	53.4%

Major Increases (Decreases) in Ongoing General Fund Appropriations

2017-19 Biennium

1.	Reduced base budget, including salaries and wages, operating expenses, and grants	($2,031,418)
2.	Removed 6 undesignated FTE positions, including related funding for salaries and wages	($475,736)
3.	Increased funding for state aid grants to local public health units and adjusted the funding sources to provide a total of $5.25 million, of which $3.25 million was from the general fund and $2 million was from the tobacco prevention and control trust fund	($1,000,000)
4.	Adjusted funding for certain programs to provide $2,224,862 from the tobacco prevention and control trust fund instead of the general fund	($2,224,862)
5.	Reduced funding for emergency medical services grants to provide a total of $7,721,000. Emergency medical services rural assistance grants totaled $6,875,000, of which $5,625,000 was from the general fund and $1,250,000 was from the insurance tax distribution fund. Emergency medical services training grants totaled $846,000 from the general fund.	($561,820)
6.	Added ongoing funding and authorization for 6 FTE positions to establish a Medical Marijuana Division, based on the fiscal note for Senate Bill No. 2344, to provide total ongoing funding of $1,465,704, including funding provided for employee health insurance premium increases, of which $723,270 was from the general fund and $742,434 was from the medical marijuana fund	$723,270
7.	Removed 33 FTE positions from the department	($3,127,902)
8.	Reduced funding for staff overtime	($1,082,857)
9.	Adjusted funding for child care assistance eligibility	($2,160,357)
10.	Adjusted the professional fee schedule to 100 percent of Medicare and provided other policy changes	($10,612,966)
11.	Added funding to continue Medicaid Expansion for 19 and 20 year olds as managed care	$1,653,008
12.	Changed a portion of funding sources for various programs from the general fund to the community health trust fund ($18,000,000) and the tobacco prevention and control trust fund ($22,175,000)	($40,175,000)

13. Added funding for nursing home operating margin, rebasing, and incentives	$1,783,181
14. Added funding for money follows the person grants	$527,954
15. Added funding to increase the autism waiver maximum age to 11 years old	$183,609
16. Reduced funding for vacant positions and employee turnover at institutions	($3,250,499)

2019-21 Biennium

1. Adjusted funding for base budget changes, including increases relating to technology, professional development, travel, and other operating expenses; and various grant programs, including the state-funded loan repayment programs and federal grant programs	$1,109,194
2. Provided funding from the general fund and the community health trust fund for various programs funded from the tobacco prevention and control trust fund during the 2017-19 biennium, including the tobacco prevention and control program, state aid to local public health units, the stroke and cardiac care program, cancer programs, medical and behavioral health loan repayment programs, and domestic violence offender treatment	$6,378,195
3. Removed 6.5 FTE undesignated positions and related funding for salaries and wages and operating expenses agencywide	($3,184,844)
4. Removed 1 FTE office assistant III position, including salaries and wages, and related funding for the medical marijuana program because these costs will be paid through a continuing appropriation	($451,267)
5. Transferred the suicide prevention program from the State Department of Health to the Department of Human Services, including 1 FTE position and related funding for salaries and wages, operating expenses, and grants	($1,260,512)
6. Added 1 FTE food and lodging environmental health position, including salaries and wages of $159,720 and operating expenses of $26,185	$185,905
7. Increased funding for temporary salaries related to life safety construction and renovation plan review to provide a total of $130,000, of which $50,000 was from the general fund and $80,000 was from fee revenue	$50,000
8. Added funding to implement an emergency medical services data licensing and records management system	$126,000
9. Added funding for operating expenses related to Microsoft Office 365 licensing expenses	$42,377
10. Changed the funding source for cancer programs and domestic violence offender treatment grants to the tobacco prevention and control trust fund and increased domestic violence offender treatment grants by $50,000. A total of $880,324 was provided from the tobacco prevention and control trust fund for cancer programs ($580,324) and domestic violence offender treatment grants ($300,000).	($830,324)
11. Added funding to transfer reporting of youth access to tobacco from the Department of Human Services to the State Department of Health	$75,000
12. Increased funding for sexual violence primary prevention program grants to provide a total of $2.45 million, of which $2.11 million was from the general fund	$200,000
13. Added funding for provider inflationary increases of 2 percent the 1st year of the biennium and 2.5 percent the 2nd year of the biennium	$30,155,090
14. Adjusted funding for anticipated changes in the regular federal medical assistance percentage (FMAP)	($25,682,840)
15. Adjusted funding for anticipated changes in the FMAP for Medicaid Expansion ($20,254,376) and the children's health insurance program ($6,152,757)	$26,407,133
16. Added funding for grant cost and caseload changes	$51,128,377
17. Replaced funding provided in the 2017-19 biennium from the tobacco prevention and control trust fund	$34,175,000
18. Replaced one-time funding provided in the 2017-19 biennium for Medicaid Expansion commercial rates	$13,300,000
19. Adjusted funding sources to use funding from the community health trust fund rather than the general fund	($32,400,000)
20. Added funding for the free through recovery program to provide services to individuals outside of the corrections system	$4,000,000
21. Added funding to expand crisis services	$4,096,174
22. Added funding for the substance use disorder voucher program	$3,053,523

2021-23 Biennium

1. Transferred 4 FTE data processing coordinator III positions to the Information Technology Department for the information technology unification initiative, including a decrease in the salaries and wages and tobacco prevention line items, and an increase in the operating expenses line item	$2,135

2.	Added 10.5 FTE positions, including funding from the general fund for salaries and wages ($354,335), 7 temporary positions ($436,497), and operating expenses ($3,668,934) for the COVID-19 response. Ongoing funding added for the COVID-19 response totals $4,459,766 from the general fund and was included in Senate Bill No. 2004. In addition, the Legislative Assembly provided $5,608,094 from federal funds in House Bill No. 1394 as a 2019-21 biennium appropriation and allowed the department to continue the funding to the 2021-23 biennium for the COVID-19 response for these items.	$4,459,766
3.	Adjusted the funding source for salaries and wages related to the plans review program within the Life, Safety, and Construction Division from the general fund to special funds from program fees	($312,706)
4.	Adjusted funding for cost-to-continue items, including a shift from professional fees to grants and adjustments to provide funding for certain items from the community health trust fund instead of the tobacco prevention and control trust fund	$1,890,945
5.	Increased funding from the community health trust fund for tobacco prevention and control, including funding for professional fees and grants	($1,108,000)
6.	Adjusted funding for an increase in the federal indirect rate to support agencywide costs	($1,060,000)
7.	Increased funding for operating expenses related to the University of North Dakota forensic examiner contract, to provide a total of $1,625,270, of which $1,000,000 was from the community health trust fund and $625,270 was from the general fund	$105,270
8.	Added funding for cost, caseload, and utilization changes, including $156,789,851 for medical services, $77,698,712 for long-term care, and $41,567,021 for developmental disabilities	$124,345,846
9.	Increased funding for substance use disorder vouchers to $15 million and added $2 million for substance use disorder grants	$9,000,000
10.	Added funding for a new early childhood program	$1,500,000
11.	Reduced funding for long-term care estimated utilization rates	($9,395,558)
12.	Transferred 19 and 20 year old individuals in Medicaid Expansion to a fee-for-service arrangement	($2,413,379)
13.	Adjusted funding based on estimated FMAP rates	($45,779,364)
14.	Added provider inflation funding to provide a 2.0 percent increase the 1st year of the biennium and a 0.25 percent increase the 2nd year of the biennium	$18,998,506
15.	Added funding for technology contractual services and repairs	$4,010,886

2023-25 Biennium

1.	Increased funding to maintain public health registries	$701,553
2.	Increased funding for domestic violence prevention to provide a total of $4,596,285	$2,686,285
3.	Added funding for a child care and workforce initiative, including enhancements to the background check process, increased eligibility and payments for child care assistance, and worker training stipends	$43,600,000
4.	Added funding to provide 3 percent per year inflationary increases, except as noted in medical services, long-term care, and developmental disabilities	$37,253,974
5.	Added funding for estimated cost and caseload increases	$122,273,747
6.	Added funding for FMAP adjustments based on a rate of 52.50 percent for federal fiscal years 2024 and 2025	$21,621,657
7.	Increased the eligibility level for medically needy individuals from 83 to 90 percent of the federal poverty level	$6,300,000
8.	Adjusted inflation as noted in #4 above for prospective payment system hospitals from 3 percent each year to 0 percent the 1st year and 2 percent the 2nd year of the biennium	($4,385,331)
9.	Reduced estimated utilization rates as noted in #5 above for Medicaid Expansion ($110,753,873 total funds) and provided for a realigned rate structure to pay 145 percent of traditional Medicaid costs effective January 1, 2025, ($29,179,602 total funds) except for behavioral health providers	($13,993,347)
10.	Increased funding for home- and community-based services, including an increase in the personal needs allowance, an increase in adult foster care rates, an increase in the family home care rate to $72.50 per day, and other enhancements	$8,288,319
11.	Removed $300,000 from the general fund to eliminate the autism spectrum disorder voucher program and increased funding for the autism waiver program	$3,868,959
12.	Added funding for a long-term care value-based payment program	$6,000,000
13.	Reduced estimated long-term care utilization rates based on the estimated cost and caseload increases as noted in #5 above	($9,949,900)
14.	Added funding to rebase basic care rates effective July 1, 2023	$3,880,000
15.	Increased the basic care daily rate by $5 for the 2023-25 biennium	$4,067,056

16. Increased senior meal rates from $4.60 to $8.89 for home-delivered meals and from $4.60 to $7.62 for congregate meals and provides for up to two home-delivered meals per day — $12,992,444
17. Added funding for foster care to allow temporary assistance for needy families funding to be redirected to economic assistance programs — $7,496,368
18. Increased funding for the community connect program to provide total funding of $15 million — $7,019,514
19. Adjusted funding for the free through recovery program to provide funding directly to DHHS for the program rather than using passthrough funds from the Department of Corrections and Rehabilitation — $15,500,000
20. Added funding for school behavioral health grants to provide total funding of $9.5 million — $6,500,000
21. Provided enhanced payment rates to disabilities providers to provide for a $1 per hour increase for workers and 2 percent annual inflation increases rather than 3 percent each year — $12,888,560
22. Combined the best in class program and the kindergarten readiness program into the research-based 0-4 program — $14,400,000
23. Increased funding for crisis support services — $8,561,700
24. Added funding to establish a certified community behavioral health clinic at a human service center — $3,938,041

One-Time General Fund Appropriations

	2015-17	2017-19	2019-21	2021-23	2023-25
One-time general fund appropriations	$18,508,167	$26,000,000	$1,602,603	$29,761,492	$39,682,172

Major One-Time General Fund Appropriations

2017-19 Biennium

1. Added one-time funding for a county social services pilot program — $26,000,000

2019-21 Biennium

1. Added one-time funding, including funding from federal funds and fee revenue, for microbiology laboratory information technology upgrades, to provide a total of $483,000, of which $90,000 was from the general fund, $360,000 was from federal funds, and $33,000 was from fee revenue — $90,000
2. Added one-time funding for a medically complex children provider funding adjustment — $977,603
3. Added one-time funding for a hyperbaric oxygen therapy pilot project — $335,000

2021-23 Biennium

1. Added one-time funding, including $4,515,296 from the community health trust fund, for costs related to the COVID-19 response, including salaries and wages, grants, and other operating expenses — $4,747,045
2. Added one-time funding, of which $128,769 was from federal funds, for operating expenses ($60,000) and capital assets ($850,000) for forensic examiner equipment ($500,000) and a forensic electronic records system ($350,000) — $781,231
3. Added one-time funding for the first phase of upgrading the Medicaid management information system — $4,326,686
4. Added one-time funding for a child welfare technology project — $15,000,000
5. Added one-time funding for changes associated with the implementation of a new nursing facility payment methodology — $3,348,000
6. Added one-time funding for heat pump and carpet replacement projects at the Southeast Human Service Center — $724,000

2023-25 Biennium

1. Added one-time funding for operating inflation — $10,282,172
2. Added one-time funding for Medicaid program integrity audits — $2,250,000
3. Added one-time funding for a northwest region behavioral health facility — $1,950,000
4. Added one-time funding for a child care and workforce initiative — $19,000,000
5. Added one-time funding for a family caregiver service pilot project — $2,500,000
6. Added one-time funding for State Hospital building demolition — $4,000,000

Department of Health and Human Services
Department No. 325
2025 House Bill No. 1012

EXECUTIVE BUDGET RECOMMENDATION
2025-27 BIENNIUM

Budget Summary

	FTE Positions	General Fund	Other Funds	Total
Executive budget recommendation	**2,762.35**	**$2,360,629,103**	**$3,693,933,879**	**$6,054,562,982**
Base level	2,483.83	2,011,427,547	3,541,730,000	5,553,157,547
Increase (decrease)	278.52[1]	$349,201,556	$152,203,879	$501,405,435
Percentage increase (decrease)	11.2%	17.4%	4.3%	9.0%

[1]Of these positions, 98 FTE positions relate to positions added during the 2023-25 biennium with funding approved by the 2023 Legislative Assembly but for which specific FTE authorization was not increased because of the salary and wages block grant.

NOTE:
More detailed information on the executive budget recommendation is attached as Appendix A.

A copy of the draft appropriations bill reflecting the executive budget recommendation is attached as Appendix B.

Selected Highlights

- Salary increases of up to 4 percent effective July 1, 2025, and 3 percent effective July 1, 2026.
- Health insurance increase of $250 per month (15.23 percent), from $1,643 to $1,893, per employee.
- Provides for an additional 75 FTE positions during the 2025-27 biennium, including 45 FTE positions for the human service centers and other additions across the department. During the 2023-25 biennium, the department added 203.52 FTE positions as part of the salary and wages block grant. The department has not provided detail on the position titles or funding for these positions included in the 2025-27 biennium.
- Provides $93 million, including a reduction of $123.4 million in federal funds and an increase of $176.2 million from the general fund for cost to continue, anticipated cost and caseload adjustments, Medicaid Expansion reductions, federal medical assistance percentage changes, and utilization changes in the department's budget.
- The federal medical assistance percentage is estimated in the budget at 50.00 percent for the 2026 and 2027 federal fiscal years. The actual rate for 2026 federal fiscal year will be 50.99 percent.
- Provides $58.3 million, of which $29.3 million is from the general fund, for inflationary increases of 2 percent the 1st year of the biennium and 2 percent the 2nd year of the biennium for human service providers in the 2025-27 biennium.
- Adds $2.5 million of which $634,154 is from the general fund and $1.8 million from other funds removed from the Public Health Division to replace funding removed in the 2023-25 biennium for the new and vacant FTE funding pool.
- Provides a $14.5 million one-time appropriation from the strategic investment and improvements fund (SIIF) for housing initiatives including $3.5 million for eviction prevention; $1 million for home renovations for accessibility; and $10 million for assistance for citizens at risk for housing instability.
- Provides technology investments of $40.7 million of which $16 million is a one-time appropriation from SIIF to retire systems from outdated platforms and $24.7 million for technology contract inflation.
- Continues funding the rural crisis support pilot program created during the 2023 legislative session with $2 million from the community health trust fund.
- Provides home- and community-based services (HCBS) investments of $18.8 million of which $10.3 million is from the general fund. Enhanced programs include services to support transition and diversion from institutions for $5.3 million; cross-disability waiver implementation for $5.7 million; and targeted rate increases for qualified service providers and home health providers for $7.8 million.
- Provides $12.4 million of which $7.9 is from the general fund to continue the family paid caregiver pilot program.

- Recommends $10 million of one-time funding from SIIF to complete construction planning of a new state hospital and authorize proceeding with a new state hospital under a public-private partnership, North Dakota Century Code Chapter 48-02.1.
- Increases home- and community-based care funding by 69 percent for the 2025-27 biennium, including an increase of $78.5 million from base budget for the aged and disabled waiver and an increase of $23.4 million for personal care services.

Deficiency Appropriations

There are no deficiency appropriations for this agency.

Significant Audit Findings

The June 30,2023, State Auditor's report for the Department of Health and Human Services (DHHS) identified the following audit findings:

- **Workforce retention grants not passed through agencies to caregivers** - The grants are required to be passed through agencies to employees that spend at least 25 percent of their paid time providing direct care and no less than 51 percent of their paid time in a noninstitutional setting. A total of $7,130 in the sample was given to administrative or other employees with a potential of $20,434 in potential ineligible payments made to employees that did not qualify for the grant. All nonagency HCBS caregiver grants were paid in accordance with the policies of the department.
- **Ineligible agency employees received workforce retention grants** - Employees that did not qualify for the grant based on not working more than 51 percent of their time in a noninstitutional setting still received a grant. A total of $26,342 in grants were given to ineligible employees in the sample which projects to potential ineligible payments of $409,783.
- **No measurement of program goals for workforce retention grants** - The workforce retention incentive program purpose was to stabilize and strengthen the network of direct caregivers who provide HCBS care. The department did not identify any metrics to measure the effectiveness of the program in achieving the intended goal.
- **Weak controls over controlled substances at the State Hospital** - No diversion of controlled substances was identified; however, the identified weaknesses increase the risk for diversion of controlled substances to occur. Monthly pharmacist or designee walkthroughs documented unlocked drawers containing controlled substances, controlled substance audits not reconciled to the record book, and medication cart keys not being secured.
- **Controlled substances not secured during onsite walkthrough** - Two nursing units kept the keys to the controlled substances in an unlocked drawer, one nursing unit had the lock combination on a sticky note on the outside of the cart, and one controlled substance count book was signed before the physical count.
- **Controlled substance waste** - All unused or refused medication must be properly disposed in a locked tamper-proof container referred to as "wasting" with dual signature control. Often these are controlled substances with a half tablet prescribed. The remaining half needs to be properly disposed. In 20 of 180 instances tested, the remaining half tablet did not have dual signatures when disposed. In an additional 13 of the same 180 instances, the remaining half tablet was kept and administered later. Policy states that any remaining half tablet must be disposed of properly with two signatures.
- **Automated medication dispensing system access** - There were 11 former employees out of 124 active users that were still active in the medication dispensing system. None of the login credentials for former employees had been used to access the system after the employee's termination.
- **Children in suspected abuse situations not being contacted timely (Prior audit finding)** - DHHS requires face-to-face contact to be made with suspected victims of child abuse or neglect with 24 hours or up to 14 days depending on the severity of the child abuse report. The department is unable to effectively monitor the face-to-face contact due to incorrect dates being entered into the tracking system. Of 30 assessments tested, 12 had incorrect dates and 25 of the 30 assessments did not have face-to-face contact within the required time. This finding was first discovered and reported in the 2014-15 audit. Human service zone employees are responsible for making the contact and entering the information.

Prior audit findings not fully implemented:

- **Unsupported drug rebate and analysis system receivable balances** - Receivable balances need to be supported by a detailed listing of drug manufacturer accounts. The department is working with the system developer to resolve the issue with historical records and there are several outstanding work orders with the developer. The department continues to work toward getting more accurate data.
- **Inaccurate inventory and storage location of COVID-19 vaccine vials** - Recommended to follow the Centers for Disease Control guidance to reconcile all vaccines in storage monthly, including verifying the location. The department inventoried the vaccine count on a regular basis but did not consistently reconcile the storage location of the vaccine which is important for temperature and efficacy and expiration.

Agency Fees

As reported to the Legislative Management, pursuant to Section 54-35-27, this agency has 52 fees. The agency recommended the following changes to its fees:

- Increase the amount charged for Medicaid application fees.
- No other recommended fee changes.

Major Related Legislation

House Bill No. 1037 - Provides appropriations of $750,000 each to the Agriculture Commissioner, Attorney General, Department of Transportation, DHHS, and Department of Career and Technical Education for uncrewed aircraft systems, autonomous vehicles, or other autonomous technologies.

House Bill No. 1067 - Changes the age from 18 to 21 to administer Medicaid waivers to provide in-home services to children with extraordinary medical needs and to children diagnosed with an autism spectrum disorder and would otherwise meet institutional level of care.

House Bill No. 1070 - Changes the modified adjusted gross income eligibility limit for the children's health insurance program from 210 to 205 percent of the federal poverty level.

Senate Bill No. 2029 - Creates the Office of Guardianship and Conservatorship as a division under the Supreme Court and provides an appropriation to defray the expenses of the office.

Senate Bill No. 2033 - Creates a distressed ambulance service program.

Senate Bill No. 2036 - Provides an appropriation to administer the fitness to proceed and remediation of juveniles relating to the age of an offender, suspension or dismissal of proceedings, predispositional assessment, and the definition of a child in need of protection.

Senate Bill No. 2096 - Provides for an appropriation for State Hospital facilities and for regional acute psychiatric treatment and residential supportive housing services.

NOTE:
Please see the Fiscal Impact Report for additional information regarding bills under consideration which contain either a state revenue impact, an appropriation, or a state fiscal impact.

Department of Health and Human Services - Budget No. 325
Agency Worksheet - House Bill No. 1012

	Executive Budget			
	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	2,483.83	$2,011,427,547	$3,541,730,000	$5,553,157,547
2025-27 Ongoing Funding Changes				
Base payroll changes				$0
Salary increase				0
Health insurance increase				0
Retirement contribution increase				0
Business Operations total changes	4.00	$24,445,204	($55,288,152)	(30,842,948)
Behavioral Health total changes	49.00	83,173,847	27,062,388	110,236,235
Human Services total changes	8.00	127,617,435	158,648,001	286,265,436
Medical Services total changes	3.00	105,694,589	4,193,792	109,888,381
Public Health total changes	11.00	8,270,481	17,587,850	25,858,331
Additional FTE added per salary and wages block grant	203.52			0
Other salary adjustment				0
Total ongoing funding changes	**278.52**	**$349,201,556**	**$152,203,879**	**$501,405,435**
One-Time Funding Items				
No one-time funding items				$0
Total one-time funding changes	**0.00**	**$0**	**$0**	**$0**
Total Changes to Base Level Funding	**278.52**	**$349,201,556**	**$152,203,879**	**$501,405,435**
2025-27 Total Funding	**2,762.35**	**$2,360,629,103**	**$3,693,933,879**	**$6,054,562,982**
Federal funds included in other funds			*$3,232,957,459*	
Total ongoing changes - Percentage of base level	*11.2%*	*17.4%*	*4.3%*	*9.0%*
Total changes - Percentage of base level	*11.2%*	*17.4%*	*4.3%*	*9.0%*

Other Sections in Department of Health and Human Services - Budget No. 325

Section Description	Executive Budget
Funding transfers	Section 3 authorizes the transfer of appropriation authority between line items within Section 1 of the bill.
FTE position block grant program	Section 4 authorizes DHHS to increase or decrease the authorized FTE positions subject to the availability of funds.
Estimated income - Human service finance fund	Section 5 identifies $238,401,207 from the human services finance fund for state-paid economic assistance and social and human services.

Other Sections in Department of Health and Human Services - Budget No. 325

Section Description	Executive Budget
Estimated income - Community health trust fund	Section 6 identifies $40,458,933 from the community health trust fund for the following purposes: loan repayment programs ($594,500), tobacco and vaping programs ($11,191,683), cancer and women's way programs ($909,824), behavioral risk state survey ($200,000), domestic violence programs ($4,501,342), local public health grants ($3,275,000), 988 crisis hotline ($1,867,500), forensic examiner at UND ($2,866,156), various information technology system upgrades ($2,967,000), cross-disability advisory council ($700,000), statewide health strategies ($1,000,000), grants to rural ambulances ($7,000,000), rural crisis support program ($2,000,000), Alzheimer's community living ($150,000), dental health programs ($514,367), and chronic diseases and diabetes prevention ($721,561).
Estimated income - SIIF	Section 7 identifies $37,646,784 from SIIF for the following purposes: retiring technology from the mainframe ($8,500,000), new state lab and purchase security equipment ($2,962,304), capital projects in human service centers ($1,684,480), housing initiative programs ($14,500,000), and re-evaluating the new state hospital capital project ($10,000,000).
Estimated income - Insurance tax distribution fund	Section 8 identifies $1,125,000 from the insurance distribution fund for rural emergency medical services grants.
Laboratory Building Steering Committee	Section 9 provides DHHS will maintain the Laboratory Building Steering Committee to oversee the design and construction of the laboratory building project during the biennium or until the work is completed, whichever is earlier.
Capital payments	Section 10 authorizes DHHS to expend funds for the payment of special assessments at the State Hospital, Southeast Human Service Center, and Life Skills and Transition Center.
Capital projects - Emergency commission approval	Section 11 authorizes transfers from line items within Section 1 of this bill for capital projects and maintenance pertaining to the operation of facilities including demolition projects up to $10 million, DHHS may seek emergency commission approval to spend more than $10 million under this section.
Permanent supportive housing grants	Section 12 directs DHHS to develop a funding methodology to distribute the funding to qualified entities that utilize best practices for permanent supportive housing, provide recovery-oriented and person-centered services, submit processes and outcome measures to DHHS, and authorize DHHS to conduct onsite visits to review program operations for the funding of $4,672,536 included in Section 1 of the bill.
Expenditures may not exceed appropriation - Medical assistance expansion program	Section 13 identifies the sum of $662,099,340, of which $66,209,934 is from the general fund, for the Medicaid Expansion program for the 2025-27 biennium. The expenditures for individuals enrolled in Medicaid Expansion may not exceed this amount.
Building project lease	Section 14 authorizes the DHHS to act upon the recommendations of an architect to adjust the spacing needs for the human service center locations including the impact to shift the human service centers to certified community behavioral health clinics.

Other Sections in Department of Health and Human Services - Budget No. 325

Section Description	Executive Budget
Lease of land - State Hospital	Section 15 authorizes DHHS and the National Guard to enter an agreement or lease, or both, to lease up to 30 acres of real property for up to 99 years associated with the State Hospital for the National Guard to construct a new training and storage facility. In the alternative, DHHS may transfer its management of up to 30 acres of real property to the National Guard to construct a new training and storage facility.
Human service centers - certified community behavioral health clinics - FTE positions	Section 16 provides DHHS shall continue the process of human service centers becoming certified community behavioral health clinics to provide continuous community-based behavioral health services for children and adults. Federal funding will be pursued and subject to the availability of generated income, DHHS may add FTE positions for field services to provide direct services.
Exemption - Unexpended appropriations continued into the biennium beginning on July 1, 2025 and ending on June 30, 2027	Subsection 1 of Section 17 would allow the sum of $3,674,757 appropriated general funds and the sum of $25,918,566 appropriated from federal funds for Medicaid management information system modularization technology.
Exemption - Unexpended appropriations continued into the biennium beginning on July 1, 2025 and ending on June 30, 2027	Subsection 2 of Section 17 would allow the sum of $14,411,218 appropriated from the general fund and the sum of $14,411,218 appropriated from federal funds for the child welfare technology project.
Exemption - Unexpended appropriations continued into the biennium beginning on July 1, 2025 and ending on June 30, 2027	Subsection 3 of Section 17 would allow the sum of $20,366,271 appropriated from the community health trust fund and the sum of $39,534,525 appropriated from federal funds for the child support computer replacement project.
Exemption - Unexpended appropriations continued into the biennium beginning on July 1, 2025 and ending on June 30, 2027	Subsection 4 of Section 17 would allow the sum of $10,989,217 appropriated from SIIF for the procurement and grants management system.
Exemption - Unexpended appropriations continued into the biennium beginning on July 1, 2025 and ending on June 30, 2027	Subsection 5 of Section 17 would allow the sum of $4.15 million appropriated from the general fund for defraying the expenses of additional human service centers to begin the process of becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults.
Exemption - Unexpended appropriations continued into the biennium beginning on July 1, 2025 and ending on June 30, 2027	Subsection 6 of Section 17 would allow the sum $6.4 million appropriated from SIIF for the use of transitioning the Badlands Human Service Center and Northwest Human Service Center into certified community behavioral health clinics.
Exemption - Unexpended appropriations continued into the biennium beginning on July 1, 2025 and ending on June 30, 2027	Subsection 7 of Section 17 would allow any amounts appropriated to DHHS in Chapter 549 of the 2021 Special Session Session Laws.
Exemption - Unexpended appropriations continued into the biennium beginning on July 1, 2025 and ending on June 30, 2027	Subsection 8 of Section 17 would allow any amounts appropriated to DHHS in Chapter 550 of the 2021 Special Session Session Laws.
Exemption - Unexpended appropriations continued into the biennium beginning on July 1, 2025 and ending on June 30, 2027	Subsection 9 of Section 17 would allow any amounts appropriated to DHHS for COVID-19 relief in Chapters 27 and 28 of the 2021 Session Laws.

Other Sections in Department of Health and Human Services - Budget No. 325

Section Description	Executive Budget
Exemption - Unexpended appropriations continued into the biennium beginning on July 1, 2025 and ending on June 30, 2027	Subsection 10 of Section 17 would allow the sum of $55,120,000 appropriated from the federal state fiscal recovery fund for a public health laboratory capital project.
Exemption - Unexpended appropriations continued into the biennium beginning on July 1, 2025 and ending on June 30, 2027	Subsection 11 of Section 17 would allow the sum of $5 million appropriated from the general funds for the purpose of employer-led child care cost-share program.
Exemption - Unexpended appropriations continued into the biennium beginning on July 1, 2025 and ending on June 30, 2027	Subsection 12 of Section 17 would allow the sum of $986,555 appropriated from the general fund for the purpose of streamlining background checks.
Exemption - Unexpended appropriations continued into the biennium beginning on July 1, 2025 and ending on June 30, 2027	Subsection 13 of Section 17 would allow the sum of $2,223,981 appropriated from the federal state fiscal recovery fund for the implementation of a virtual behavioral health crisis care program for rural law enforcement.
Exemption - Unexpended appropriations continued into the biennium beginning on July 1, 2025 and ending on June 30, 2027	Subsection 14 of Section 17 would allow the sum of $2 million appropriated from federal funds for the purpose of completing the public health data modernization project.
Exemption - Unexpended appropriations continued into the biennium beginning on July 1, 2025 and ending on June 30, 2027	Subsection 15 of Section 17 would allow $2.5 million appropriated from SIIF to the pay for success fund in Chapter 419 of the 2023 Session Laws.
Legislative intent - Utilization rate adjustment	Section 18 provides intent that DHHS seek a deficiency appropriation for any expenditures that exceed appropriated amounts as a result of underfunding, utilization rates, value-based purchasing for nursing facilities, reduction in federal medical assistance percentage, and unexpected contract cost increases that exceed 10 percent during the biennium if funding is not sufficient to pay actual expenses.
Legislative intent - Provider rate increase	Section 19 provides a 2 percent increase each year of the biennium for human service provider inflation. The provider inflation increase in this section does not apply to nursing facilities.
Federal funding appeal limitation	Section 20 provides except as otherwise specifically provided by federal law, a person may not appeal a denial, revocation, reduction in services or payment, or the termination of a program or service by DHHS due to the unavailability of federal coronavirus funding received under federal law resulting from the federal coronavirus pandemic emergency declaration.

Business Operations - 100 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	Executive Budget			
	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	0.00	$74,099,008	$118,894,310	$192,993,318
2025-27 Ongoing Funding Changes				
Base payroll changes				$0
Salary increase		$1,304,095	$663,176	1,967,271
Health insurance increase		668,678	370,235	1,038,913
3% cost reduction & transfers		(20,824,399)	(67,264,688)	(88,089,087)
Information Technology Department (ITD) rate increase		1,184,601	2,152,302	3,336,903
IT contractual ITD rate increases		24,742,935		24,742,935
Restore operations under fund vacancy inflation		16,582,716		16,582,716
Operations infrastructure support	3.00	505,364	220,720	726,084
Data infrastructure data governance	1.00	280,112	70,019	350,131
Other salary adjustment		1,102	84	1,186
Total ongoing funding changes	**4.00**	**$24,445,204**	**($63,788,152)**	**($39,342,948)**
One-Time Funding Items				
IT recovery backup - existing			$8,500,000	$8,500,000
Total one-time funding changes	**0.00**	**$0**	**$8,500,000**	**$8,500,000**
Total Changes to Base Level Funding	**4.00**	**$24,445,204**	**($55,288,152)**	**($30,842,948)**
2025-27 Total Funding	**4.00**	**$98,544,212**	**$63,606,158**	**$162,150,370**
Federal funds included in other funds			*$59,838,891*	
Total ongoing changes - Percentage of base level	*N/A*	*33.0%*	*(53.7%)*	*(20.4%)*
Total changes - Percentage of base level	*N/A*	*33.0%*	*(46.5%)*	*(16.0%)*

Behavioral Health - 200 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	Executive Budget			
	FTE Positions	**General Fund**	**Other Funds**	**Total**
2025-27 Biennium Base Level	0.00	$307,905,408	$113,955,941	$421,861,349
2025-27 Ongoing Funding Changes				
Base payroll changes				$0
Salary increase		$10,729,168	$165,057	10,894,225
Health insurance increase		6,797,977	114,100	6,912,077
3% cost reduction and transfers		18,776,960	2,311,203	21,088,163
Cost to continue programs		5,709,106	(5,000,000)	709,106
Opioid settlement			8,000,000	8,000,000
Behavioral health and addiction	32.00	12,756,598	2,000,000	14,756,598
Children's behavioral health		4,759,997	3,000,000	7,759,997
Care coordination - free through recovery and community connect		10,475,722		10,475,722
Service expansion SUD, RHAP, CCHBC	16.00	8,488,552		8,488,552
Health care workforce				0
Operations infrastructure support	1.00	155,166		155,166
Provider inflation increase		2,541,299		2,541,299
Other salary adjustment		(16,698)	28	(16,670)
Total ongoing funding changes	**49.00**	**$81,173,847**	**$10,590,388**	**$91,764,235**
One-Time Funding Items				
IT inflation recovery backup - existing			$5,500,000	$5,500,000
Construction of new state hospital			10,000,000	10,000,000
Children's behavioral health		$2,000,000		2,000,000
Facilities purchase WCHSC building			972,000	972,000
Total one-time funding changes	**0.00**	**$2,000,000**	**$16,472,000**	**$18,472,000**
Total Changes to Base Level Funding	**49.00**	**$83,173,847**	**$27,062,388**	**$110,236,235**
2025-27 Total Funding	**49.00**	**$391,079,255**	**$141,018,329**	**$532,097,584**
Federal funds included in other funds			*$82,752,873*	
Total ongoing changes - Percentage of base level	*N/A*	*26.4%*	*9.3%*	*21.8%*
Total changes - Percentage of base level	*N/A*	*27.0%*	*23.7%*	*26.1%*

Human Services - 300 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	Executive Budget			
	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	0.00	$623,450,353	$1,240,409,529	$1,863,859,882
2025-27 Ongoing Funding Changes				
Base payroll changes				$0
Salary increase		$3,163,456	$5,781,186	8,944,642
Health insurance increase		2,104,121	3,811,080	5,915,201
3% cost reduction and transfers		10,394,965	94,927,414	105,322,379
Eliminate autism voucher program		(300,000)		(300,000)
DHHS cost to continue		57,330,438	(2,746,684)	54,583,754
Adults Adopting Special Kids contract increase		4,883,205		4,883,205
IT special operations Scrum team - Existing		2,041,944	3,792,181	5,834,125
Compliance and quality	1.00	112,147	109,331	221,478
Care coordination free through recovery community connect	2.00	410,783		410,783
Housing initiative			14,500,000	14,500,000
Department of Justice SPED transition		3,776,434	2,555,463	6,331,897
HCBS cross disability waiver	2.00	1,876,156	1,876,156	3,752,312
Vulnerable adults guardianship	2.00	1,015,953	179,298	1,195,251
Families Indian Child Welfare Act	1.00	452,709	452,708	905,417
Child care best in class		19,272,500		19,272,500
Provider inflation increase		13,019,317	13,895,572	26,914,889
Zone employee increases			6,120,076	6,120,076
Other salary adjustments		(2,464)	(1,140)	(3,604)
Total ongoing funding changes	**8.00**	**$119,551,664**	**$145,252,641**	**$264,804,305**
One-Time Funding Items				
Compliance and quality		$200,000	$200,000	$400,000
IT new			8,000,000	8,000,000
Facilities LSTC roof elevator			712,480	712,480
HCBS cross disability waiver		7,865,771	4,482,880	12,348,651
Total one-time funding changes	**0.00**	**$8,065,771**	**$13,395,360**	**$21,461,131**
Total Changes to Base Level Funding	**8.00**	**$127,617,435**	**$158,648,001**	**$286,265,436**
2025-27 Total Funding	**8.00**	**$751,067,788**	**$1,399,057,530**	**$2,150,125,318**
Federal funds included in other funds			*$1,109,564,044*	
Total ongoing changes - Percentage of base level	*N/A*	*19.2%*	*11.7%*	*14.2%*
Total changes - Percentage of base level	*N/A*	*20.5%*	*12.8%*	*15.4%*

Medical Services - 400 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	Executive Budget			
	FTE Positions	**General Fund**	**Other Funds**	**Total**
2025-27 Biennium Base Level	0.00	$958,216,598	$1,818,029,530	$2,776,246,128
2025-27 Ongoing Funding Changes				
Base payroll changes				$0
Salary increase		$425,767	$598,310	1,024,077
Health insurance increase		242,613	351,910	594,523
3% cost reduction and transfers		(27,664,995)	60,415,711	32,750,716
DHHS cost to continue		71,253,662	(118,383,672)	(47,130,010)
HCBS cost to continue		36,977,113	35,047,391	72,024,504
Compliance and quality		1,000,000	1,000,000	2,000,000
Department of Justice SPED transition		4,830,872	3,033,320	7,864,192
HCBS cross disability waiver	3.00	2,751,365	2,751,365	5,502,730
Health care workforce		2,189,770	2,189,770	4,379,540
Provider inflation increases		13,689,672	15,190,968	28,880,640
Other salary adjustments		(1,250)	(1,281)	(2,531)
Total ongoing funding changes	**3.00**	**$105,694,589**	**$2,193,792**	**$107,888,381**
One-Time Funding Items				
IT Medicaid legacy - Existing			$2,000,000	$2,000,000
Total one-time funding changes	**0.00**	**$0**	**$2,000,000**	**$2,000,000**
Total Changes to Base Level Funding	**3.00**	**$105,694,589**	**$4,193,792**	**$109,888,381**
2025-27 Total Funding	**3.00**	**$1,063,911,187**	**$1,822,223,322**	**$2,886,134,509**
Federal funds included in other funds			*$1,760,749,203*	
Total ongoing changes - Percentage of base level	*N/A*	*11.0%*	*0.1%*	*3.9%*
Total changes - Percentage of base level	*N/A*	*11.0%*	*0.2%*	*4.0%*

Public Health - 500 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	Executive Budget			
	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	0.00	$47,756,180	$250,440,690	$298,196,870
2025-27 Ongoing Funding Changes				
Base payroll changes				$0
Salary increase		$2,214,430		2,214,430
Health insurance increase		1,249,098		1,249,098
3% cost reduction and transfers		(699,578)	$3,120,554	2,420,976
Adds funding to replace the 23-25 new FTE pool		65,094	50,008	115,102
Adds funding to replace the 23-25 vacant FTE pool		569,060	1,754,865	2,323,925
Compliance and quality initiative	7.00	1,679,365		1,679,365
Vulnerable adults guardianship	1.00	233,666	2,250,000	2,483,666
Families Indian Child Welfare Act		2,000,000		2,000,000
Public health core, transition of the new lab, nonfatal toxicology	1.00	296,535	4,220,962	4,517,497
Data infrastructure and data governance	2.00	512,955		512,955
Forensic			1,866,156	1,866,156
Other salary adjustment		(1,644)	1	(1,643)
Total ongoing funding changes	**11.00**	**$8,118,981**	**$13,262,546**	**$21,381,527**
One-Time Funding Items				
Public health core, transition of the new lab, nonfatal toxicology		$151,500	$3,062,304	3,213,804
Forensic			278,000	278,000
IT new			985,000	985,000
Total one-time funding changes	**0.00**	**$151,500**	**$4,325,304**	**$4,476,804**
Total Changes to Base Level Funding	**11.00**	**$8,270,481**	**$17,587,850**	**$25,858,331**
2025-27 Total Funding	**11.00**	**$56,026,661**	**$268,028,540**	**$324,055,201**
Federal funds included in other funds			*$220,052,448*	
Total ongoing changes - Percentage of base level	*N/A*	*17.0%*	*5.3%*	*7.2%*
Total changes - Percentage of base level	*N/A*	*17.3%*	*7.0%*	*8.7%*

Sixty-ninth
Legislative Assembly
of North Dakota

HOUSE BILL NO. 1012
(Governor's Recommendation)

Introduced by
Appropriations Committee

(At the request of the Governor)

A bill for an act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; to provide a statement of legislative intent; and to provide for a report.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. APPROPRIATION. The funds provided in this section, or so much of the funds as may be necessary, are appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, and from special funds derived from federal funds and other income, to the department of health and human services for the purpose of defraying the expenses of its various divisions, for the biennium beginning July 1, 2025, and ending June 30, 2027, as follows:

Subdivision 1.

BUSINESS OPERATIONS DIVISIONS

	Base Level	Adjustment or Enhancements	Appropriation
Salaries and wages	$25,763,358	$30,823,381	$56,586,739
Operating expenses	155,308,399	(68,523,770)	86,784,629
Capital assets	108,934	(108,934)	0
Grants	11,812,627	6,966,375	18,779,002
Total all funds	$192,993,318	$(30,842,948)	$162,150,370
Less estimated income	118,894,310	(55,288,152)	63,606,158
Total general fund	$74,099,008	$24,445,204	$98,544,212

Subdivision 2.

BEHAVIORAL HEALTH DIVISION

	Base Level	Adjustment or Enhancements	Appropriation
Salaries and wages	$8,792,675	$5,992,533	$14,785,208
Operating expenses	79,381,458	36,054,407	115,435,865
Grants	40,476,298	4,567,019	45,043,317
Clinics	196,383,945	45,833,362	242,217,307
State Hospital	94,826,973	11,788,914	106,615,887
Opioid addiction Prev & Treatment	2,000,000	6,000,000	8,000,000
Total all funds	$421,861,349	$110,236,235	$532,097,584
Less estimated income	113,955,941	27,062,388	141,018,329
Total general fund	$307,905,408	$83,173,847	$391,079,255

Subdivision 3.

HUMAN SERVICES DIVISION

	Base Level	Adjustment or Enhancements	Appropriation
Salaries and wages	$149,049,664	$23,920,304	$172,969,968
Operating expenses	88,885,469	111,815,007	200,700,476
Capital assets	10,000	0	10,000
Grants	621,189,007	119,046,913	740,235,920
Life Skills and Transition Center	64,268,517	9,391,483	73,660,000
Grants – Medical assistance	742,793,564	14,045,867	756,839,431
County social services	197,663,661	8,045,864	205,709,525
Total all funds	$1,863,859,882	$286,265,438	$2,150,125,320
Less estimated income	1,240,409,529	198,760,379	1,399,057,530
Total general fund	623,450,353	$87,505,059	751,067,790

Subdivision 4.

MEDICAL SERVICES DIVISION

	Base Level	Adjustment or Enhancements	Appropriation
Salaries and wages	$21,008,344	$4,762,554	$25,770,898
Operating expenses	70,807,976	92,364,563	163,172,539
Grants	1,651,004	(193,200)	1,457,804
Grants – Medical assistance	2,682,778,803	12,954,465	2,695,733,268
Total all funds	$2,776,246,127	$109,888,382	$2,886,134,509
Less estimated income	1,818,209,529	4,193,793	1,822,223,322
Total general fund	$958,216,598	$105,694,589	$1,063,911,187

Subdivision 5.

PUBLIC HEALTH DIVISION

	Base Level	Adjustment or Enhancements	Appropriation
Salaries and wages	$60,415,388	$(1,626,390)	$58,788,998
Operating expenses	37,721,213	17,728,282	55,449,495
Capital assets	1,469,780	1,650,194	3,119,974
Grants	81,718,145	4,617,835	86,335,980
Tobacco prevention	13,063,162	(22,607)	13,040,555
WIC food payments	19,900,000	1,100,000	21,000,000
Covid-19	83,909,182	1,845,373	86,320,199
Total all funds	$298,196,870	$25,858,331	$324,055,201
Less estimated income	250,440,690	17,587,850	268,028,540
Total general fund	$47,756,180	$8,270,481	$56,026,661

TOTAL – SECTION 1

	Base Level	Adjustments or Enhancements	Appropriation
Total general fund	$2,011,427,547	$349,201,557	$2,360,629,104
Total special funds	$3,541,729,999	$254,203,879	$3,693,933,878
Total All Funds	$5,553,157,546	$501,405,436	$6,054,562,982
Full Time Equivalents	2,483.83	278.52	2,762.35

SECTION 2. ONE-TIME FUNDING. The following amounts reflect the one-time funding items approved by the sixty-eighth legislative assembly for the 2023-25 biennium and the 2025-27 biennium one-time funding items included in the appropriation section of this Act:

One-Time Funding Description	2023-25	2025-27
Public health laboratory capital project	$55,120,000	0$
Technology projects	71,000,000	9,263,000
Human service center projects	735,154	1,684,480
State hospital design	12,500,000	10,000,000
Service grants	585,000	0
Cross-disability advisory council	1,400,000	0
Behavioral health facility grants	1,950,000	0
Base care payment study	600,000	0
Health care task force	750,000	0
Operating inflation	20,564,344	0
Program integrity audits	4,500,000	0
Pregnant and parenting residential	1,000,000	0
Law enforcement telehealth	2,650,000	0
Retire mainframe	0	16,000,000
Child care programs	0	19,272,500
Housing programs	0	14,500,000
State lab move and equipment	0	2,962,304
Partial hospitalization day treatment	0	2,000,000
DD eligibility assessment tool for kids	0	400,000
Family paid caregiver service	0	12,348,651
One-time toxicology equipment	0	251,500
Total all funds	$173,354,498	$88,682,435
Less estimated income	158,872,326	59,192,664
Total general fund	$14,482,172	$29,489,771

The 2025-27 one-time funding amounts are not a part of the entity’s base budget for the 2027-29 biennium. The department of health and human services shall report to the appropriation's committees of the seventieth legislative assembly on the use of this one-time funding for the biennium beginning July 1, 2025 and ending June 30, 2027.

SECTION 3. FUNDING TRANSFERS - EXEMPTION - AUTHORIZATION - REPORT. Notwithstanding section 54-16-04, the director of the office of management and budget shall transfer appropriation authority between line items within section 1 of this Act and any remaining appropriation authority for the department of health and human services approved by the sixty-ninth legislative assembly for the biennium beginning July 1,

2025, and ending June 30, 2027, as requested by the department of health and human services. The department of health and human services shall notify the legislative council of any transfer made pursuant to this section. The department of health and human services shall report to the budget section after June 30, 2026, any transfer made in excess of $50,000 and to the appropriations committees of the seventieth legislative assembly regarding any transfers made pursuant to this section.

SECTION 4. FULL-TIME EQUIVALENT POSITION BLOCK GRANT PROGRAM - REPORT. Section 1 of this Act includes funding for a full-time equivalent position block grant program. This funding, along with salaries and wages funding appropriated by the sixty-ninth legislative assembly, is available to fund full-time equivalent positions as determined by the department of health and human services. Notwithstanding any other provision of law, the department of health and human services is authorized to increase or decrease authorized full-time equivalent positions subject to the availability of funds and the provisions of this section. The department of health and human services may not increase full-time equivalent positions for the purpose of transferring human service zone employees to state employment. Pursuant to section 3 of this Act, the department of health and human services is authorized to transfer funding to and from the salaries and wages block grant line item. The department of health and human services shall report to the office of management and budget and legislative council any adjustments to full-time equivalent positions. The department of health and human services shall provide reports to the legislative management regarding the use of funding for the program.

SECTION 5. ESTIMATED INCOME - HUMAN SERVICE FINANCE FUND. The estimated income line items in section 1 of this Act includes up to the amount of $238,401,207 from the human service finance fund for state-paid economic assistance and social and human services.

SECTION 6. ESTIMATED INCOME - COMMUNITY HEALTH TRUST FUND. The estimated income line items in section 1 of this Act includes the sum of $40,458,933 from the community health trust fund for the following purposes:

1. The sum of $594,500 for loan repayment programs;
2. The sum of $11,191,683 for tobacco and vaping programs;
3. The sum of $909,824 for cancer and women’s way programs;
4. The sum of $200,000 for behavior risk state survey;
5. The sum of $4,501,342 for domestic violence programs;
6. The sum of $3,275,000 for local public health grants;
7. The sum of $1,867,500 for 988 crisis hotline;
8. The sum of $2,866,156 for forensic examiner at UND;
9. The sum of $2,967,000 for various information technology system upgrades;
10. The sum of $700,000 for the cross disability advisory council;
11. The sum of $1,000,000 for the statewide health strategies;
12. The sum of $7,000,000 for grants to rural ambulances;
13. The sum of $2,000,000 for law enforcement rural crisis support program;

14. The sum of $150,000 for Alzheimer's community living;

15. The sum of $514,367 for dental health programs; and

16. The sum of $721,561 for chronic disease and diabetes prevention.

SECTION 7. ESTIMATED INCOME - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND. The estimated income line item section 1 of this Act includes the sum of $ 37,646,784 from the strategic investment and improvements fund for the following purposes:

1. The sum of $8,500,000 for retiring technology from the mainframe;

2. The sum of $2,962,304 to move into the new state lab and purchase security equipment;

3. The sum of $1,684,480 for capital projects in human service centers;

4. The sum of $14,500,000 for housing initiative programs; and

5. The sum of $10,000,000 for re-evaluating the new state hospital capital project.

SECTION 8. ESTIMATED INCOME - INSURANCE TAX DISTRIBUTION FUND. The estimated income line item in section 1 of this Act includes the sum of $1,125,000 from the insurance tax distribution fund for rural emergency medical services grants.

SECTION 9. LABORATORY BUILDING STEERING COMMITTEE. The department of health and human services shall maintain the laboratory building steering committee to oversee the design and construction of the laboratory building project for the biennium beginning July 1, 2025, and ending June 30, 2027, or until work is completed, whichever occurs earlier. The committee must include representation from the department of health and human services, department of environmental quality, office of management and budget, the governor's office, and the legislative assembly. The legislative assembly representation must include one member of the senate appointed by the senate majority leader, one member of the house appointed by the house majority leader, and one member of the minority party from either the senate or the house appointed by the minority leaders of the senate and the house.

SECTION 10. CAPITAL PAYMENTS. During the biennium beginning July 1, 2025, and ending June 30, 2027, the department of health and human services is authorized to expend funds for the payment of special assessments at the state hospital, southeast human service center, and life skills and transition center. Pursuant to section 3 of this Act, the director of the office of management and budget may transfer appropriation authority between line items within section 1 of this Act and any remaining appropriation authority for the department of health and human services approved by the sixty-ninth legislative assembly. The department of health and human services may transfer funds for the payment of special assessments at the state hospital, southeast human service center, and life skills and transition center ahead of the special assessments schedule. Notwithstanding section 54-27-12, the department of health and human services may spend funds for the payment of special assessments at the state hospital and life skills and transition center.

SECTION 11. CAPITAL PROJECTS - EMERGENCY COMMISSION APPROVAL. During the biennium beginning July 1, 2025, and ending June 30, 2027, pursuant to section 3 of this Act, the director of the office of management and budget may transfer appropriation authority between line items within section 1 of this Act and any remaining appropriation authority for the department of health and human services approved by the sixty-ninth legislative assembly for capital projects and maintenance pertaining to operation of its facilities, including demolition projects. Notwithstanding section 54-27-12, the department of health and human services may spend up to $10,000,000 for capital projects and maintenance pertaining to operation of its facilities, including demolition projects, under this section and may seek emergency commission approval to spend more than $10,000,000 under this section.

SECTION 12. PERMANENT SUPPORTIVE HOUSING GRANTS. Section 1 of this Act includes the sum of $4,672,536 from the general fund for permanent supportive housing grants. The department of health and human services shall develop a funding methodology to distribute the funding to qualified entities that utilize best practices for permanent supportive housing, provide recovery-oriented and person-centered services, submit process and outcome measures to the department of health and human services, and authorize the department of health and human services to conduct onsite visits to review program operations.

SECTION 13. EXPENDITURES MAY NOT EXCEED APPROPRIATION – MEDICAL ASSISTANCE EXPANSION PROGRAM - APPLICATION.

1. Section 1 of this Act includes the sum of $662,099,340, of which $66,209,934 is from the general fund, for the medical assistance expansion program for the biennium beginning July 1, 2025, and ending June 30, 2027. The expenditures for individuals eligible for the medical assistance expansion program may not exceed this amount.

2. The department of health and human services may exceed appropriations for increases in medical assistance expansion program caseload, for the addition of coverage consistent with the traditional Medicaid 1915(i) state plan, utilization rates, and reduction in federal medical assistance percentage.

3. The managed care organization under contract with the department of health and human services to manage the medical assistance expansion program shall reimburse providers within the same provider type and specialty at consistent levels and with consistent methodology and may not provide incentive, quality, or supplemental payments to providers, unless part of a value-based program approved by the department of health and human services. The managed care organization shall reimburse all North Dakota substance use providers of American society of addiction medicine level 2.5 at consistent levels and with consistent methodology. The managed care organization may consider urban and rural providers as different provider types.

4. The managed care organization and the department of health and human services shall ensure payments to Indian or Tribal 638 health care providers, federally qualified health centers, and rural health clinics meet the federally required minimum levels of reimbursement. Critical access hospitals may not be paid less than one hundred percent of Medicare allowable costs and human service centers may not be paid less than one hundred percent of the current traditional Medicaid rate. Behavioral health services involving partial hospitalization, intensive outpatient, professional services, and residential behavioral health services provided in facilities that are not institutions for mental diseases are not subject to the provisions in subsection 6.

5. The department of health and human services shall ensure providers within the same provider type and specialty are reimbursed at consistent levels and with consistent methodology and shall ensure the capitation rates under risk contracts are actuarially sound and are adequate to meet managed care organization contractual requirements regarding availability of services, assurance of adequate capacity and services, and coordination and continuity of care.

6. Except for the provisions in subsection 4, managed care organization premium payments must be built using the assumption that rates paid to providers under the medical assistance expansion program may not exceed one hundred forty-five percent of Medicare reimbursement rates paid to providers on January 1, 2025.

SECTION 14. BUILDING PROJECT - LEASE. The department of health and human services is authorized to act upon the recommendations of an architect to adjust the spacing needs for the human service center locations, including the impact to shift the human service centers to certified community behavioral health clinics for the biennium beginning July 1, 2025, and ending June 30, 2027.

SECTION 15. LEASE OF LAND - STATE HOSPITAL. The department of health and human services and national guard may enter into an agreement or lease, or both, to lease up to thirty acres of real property for up to ninety-nine years associated with the state hospital for the national guard to construct a new training and storage facility. In the alternative, the department of health and human services may transfer its management of up to thirty acres of real property to the national guard to construct a new training and storage facility.

SECTION 16. HUMAN SERVICE CENTERS - CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS - FULL-TIME EQUIVALENT POSITIONS - REPORT. The department of health and human services shall continue the process of the human service centers becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults. The department of health and human services shall pursue additional federal funding as available. Subject to the availability of generated income, the department of health and human services may add full-time equivalent positions for field services to provide direct services for the period beginning with the effective date of this Act and ending June 30, 2027. The department of health and human services shall report to the office of management and budget and legislative council each time a position is added.

SECTION 17. EXEMPTION - UNEXPENDED APPROPRIATIONS. The following appropriations are not subject to the provisions of section 54-44.1-11 and may be continued into the biennium beginning July 1, 2025, and ending June 30, 2027:

1. The sum of $3,674,757 appropriated from the general fund and the sum of $25,918,566 appropriated from federal funds for the Medicaid management information system modularization technology project in chapter 12 of the 2021 Session Laws;

2. The sum of $14,411,218 appropriated from the general fund and the sum of $14,411,218 appropriated from federal funds for the child welfare technology project in chapter 12 of the 2021 Session Laws;

3. The sum of $20,366,271 appropriated from the community health trust fund and the sum of $39,534,525 appropriated from federal funds for the child support computer replacement project in chapter 44 of the 2023 Session Laws;

4. The sum of $10,989,217 appropriated from the strategic investment and improvement fund for the procurement and grants management system in chapter 44 of the 2023 Session Laws;

5. The sum of $4,150,000 appropriated from the general fund for defraying the expenses of additional human service centers to begin the process of becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults in chapter 44 of the 2023 Session Laws;

6. The sum of $6,400,000 appropriated from the strategic investment and improvement fund for the use of transitioning the badlands and northwest human service centers into certified community behavioral health clinics in chapter 638 of the 2023 Special Session Session Laws;

7. Any amounts appropriated to the department of health and human services in chapter 549 of the 2021 Special Session Session Laws;

8. Any amounts appropriated to the department of health and human services in chapter 550 of the 2021 Special Session Session Laws;

9. Any amounts appropriated to the department of health and human services for COVID-19 relief in chapters 27 and 28 of the 2021 Session Laws;

10. The sum of $55,120,000 appropriated from the federal state fiscal recovery fund for a public health

laboratory capital project in chapter 4 of the 2023 Session Laws;

11. The sum of $5,000,000 appropriated from the general fund for the purpose of employer-led child care cost-share program in chapter 446 of the 2023 Session Laws;

12. The sum of $986,555 appropriated from the general fund for the purpose of streamlining background checks project in chapter 446 of the 2023 Session Laws;

13. The sum of $2,223,981 appropriated from the federal state fiscal recovery fund for the implementation of a virtual behavioral health crisis care program for rural law enforcement in chapter 44 of the 2023 Session Laws;

14. The sum of $2,000,000 appropriated from federal funds for the purpose of completing the public health data modernization project in chapter 4 of the 2023 Session Laws; and

15. The sum of $2,500,000 appropriated from the strategic investment and improvement fund to the pay for success fund in chapter 419 of the 2023 Session Laws.

SECTION 18. LEGISLATIVE INTENT - UTILIZATION RATE ADJUSTMENT. It is the intent of the sixty-ninth legislative assembly that the department of health and human services seeks a deficiency appropriation from the seventieth legislative assembly for any expenditures that exceed appropriated amounts as a result of underfunding, utilization rates, value-based purchasing for nursing facilities, reduction in federal medical assistance percentage, and unexpected contract cost increases that exceed ten percent, during the biennium beginning July 1, 2025, and ending June 30, 2027, if funding is not sufficient to pay actual expenses.

SECTION 19. LEGISLATIVE INTENT - PROVIDER RATE INCREASE. Except as otherwise noted, section 1 of this Act includes funding for human service provider inflation increases of two percent for each year of the biennium beginning July 1, 2025, and ending June 30, 2027. The provider inflation increase in this section does not apply to nursing facilities.

SECTION 20. FEDERAL FUNDING APPEAL LIMITATION. Except as otherwise specifically provided by federal law, a person may not appeal a denial, revocation, reduction in services or payment, or the termination of a program or service by the department of health and human services due to the unavailability of federal coronavirus funding received under federal law resulting from the federal coronavirus pandemic emergency declaration for the biennium beginning July 1, 2025, and ending June 30, 2027.

Department of Health and Human Services
Department No. 325
2025 House Bill No. 1012

REVISED EXECUTIVE BUDGET RECOMMENDATION
2025-27 BIENNIUM

Budget Summary

	FTE Positions	General Fund	Other Funds	Total
Burgum budget recommendation	2762.35	$2,360,629,103	$3,693,933,879	$6,054,562,982
Revisions - Increase (decrease)	(75.00)	(61,047,510)	272,847,806	211,800, 296
Armstrong budget recommendation	**2,687.35**	**$2,299,581,593**	**$3,966,781,685**	**$6,266,363,278**
Base level	2,483.83	2,011,427,547	3,541,730,000	5,553,157,547
Increase (decrease)	203.52[1]	$288,154,046	$425,051,685	$713,205,731
Percentage increase (decrease)	8.2%	14.3%	12.0%	12.8%

[1]Of these positions, 98 FTE positions relate to positions added during the 2023-25 biennium with funding approved by the 2023 Legislative Assembly but for which specific FTE authorization was not increased because of the salary and wages block grant.

NOTE:
More detailed information on the revised executive budget recommendation is attached as an appendix.

Selected Highlights

- Salary increases of up to 3 percent effective July 1, 2025, and 3 percent effective July 1, 2026
- Health insurance increase of $250 per month (15.23 percent), from $1,643 to $1,893 per employee
- Provides additional salary funding of $9.8 million from the general fund
- Provides $93 million, including a reduction of $95.6 million in federal funds and an increase of $176.2 million from the general fund for cost to continue, anticipated cost and caseload adjustments, Medicaid Expansion reductions, federal medical assistance percentage changes, and utilization changes in the department's budget
- Estimates the federal medical assistance percentage at 50.99 percent for federal fiscal years 2026 and 2027
- Provides $43.7 million, of which $21.9 million is from the general fund, for inflationary increases of 1.5 percent the 1st year of the biennium and 1.5 percent the 2nd year of the biennium for human service providers in the 2025-27 biennium
- Adds $2.5 million of which $634,154 is from the general fund and $1.8 million from other funds removed from the Public Health Division to replace funding removed in the 2023-25 biennium for the new and vacant FTE funding pool
- Provides a $14.5 million one-time appropriation from the strategic investment and improvements fund (SIIF) for housing initiatives including $3.5 million for eviction prevention; $1 million for home renovations for accessibility; and $10 million for assistance for citizens at risk for housing instability
- Provides technology investments of $49.7 million of which $16 million is a one-time appropriation from SIIF to retire systems from outdated platforms, $24.7 million for technology contract inflation and $9 million is for new systems
- Continues funding the Avel eCare rural crisis support pilot program created during the 2023 legislative session with $2 million from the community health trust fund
- Provides home- and community-based services (HCBS) investments of $21.8 million of which $12 million is from the general fund. Enhanced programs include services to support transition and diversion from institutions for $5.3 million; cross-disability waiver implementation for $4.9 million; and targeted rate increases for qualified service providers and home health providers for $7.8 million; implement a developmental disability host home service for $3.4 million; and provide housing assistance for targeted populations for $300,000.

- Provides $17.3 million of one-time funding for early childhood programs from the general fund
- Recommends $300 million of bond proceeds to construct a new state hospital

Deficiency Appropriations

There are no deficiency appropriations for this agency.

Significant Audit Findings

The June 30, 2023, State Auditor's report for the Department of Health and Human Services (DHHS) identified the following audit findings:

- **Workforce retention grants not passed through agencies to caregivers** - The grants are required to be passed through agencies to employees that spend at least 25 percent of their paid time providing direct care and no less than 51 percent of their paid time in a noninstitutional setting. A total of $7,130 in the sample was given to administrative or other employees with a potential of $20,434 in potential ineligible payments made to employees that did not qualify for the grant. All nonagency HCBS caregiver grants were paid in accordance with the policies of the department.
- **Ineligible agency employees received workforce retention grants** - Employees that did not qualify for the grant based on not working more than 51 percent of their time in a noninstitutional setting still received a grant. A total of $26,342 in grants were given to ineligible employees in the sample which projects to potential ineligible payments of $409,783.
- **No measurement of program goals for workforce retention grants** - The workforce retention incentive program purpose was to stabilize and strengthen the network of direct caregivers who provide HCBS care. The department did not identify any metrics to measure the effectiveness of the program in achieving the intended goal.
- **Weak controls over controlled substances at the State Hospital** - No diversion of controlled substances was identified; however, the identified weaknesses increase the risk for diversion of controlled substances to occur. Monthly pharmacist or designee walkthroughs documented unlocked drawers containing controlled substances, controlled substance audits not reconciled to the record book, and medication cart keys not being secured.
- **Controlled substances not secured during onsite walkthrough** - Two nursing units kept the keys to the controlled substances in an unlocked drawer, one nursing unit had the lock combination on a sticky note on the outside of the cart, and one controlled substance count book was signed before the physical count.
- **Controlled substance waste** - All unused or refused medication must be properly disposed in a locked tamper-proof container referred to as "wasting" with dual signature control. Often these are controlled substances with a half tablet prescribed. The remaining half needs to be properly disposed. In 20 of 180 instances tested, the remaining half tablet did not have dual signatures when disposed. In an additional 13 of the same 180 instances, the remaining half tablet was kept and administered later. Policy states that any remaining half tablet must be disposed of properly with two signatures.
- **Automated medication dispensing system access** - There were 11 former employees out of 124 active users that were still active in the medication dispensing system. None of the login credentials for former employees had been used to access the system after the employee's termination.
- **Children in suspected abuse situations not being contacted timely (Prior audit finding)** - DHHS requires face-to-face contact to be made with suspected victims of child abuse or neglect with 24 hours or up to 14 days depending on the severity of the child abuse report. The department is unable to effectively monitor the face-to-face contact due to incorrect dates being entered into the tracking system. Of 30 assessments tested, 12 had incorrect dates and 25 of the 30 assessments did not have face-to-face contact within the required time. This finding was first discovered and reported in the 2014-15 audit. Human service zone employees are responsible for making the contact and entering the information.

Prior audit findings not fully implemented:

- **Unsupported drug rebate and analysis system receivable balances** - Receivable balances need to be supported by a detailed listing of drug manufacturer accounts. The department is working with the system developer to resolve the issue with historical records and there are several outstanding work orders with the developer. The department continues to work toward getting more accurate data.
- **Inaccurate inventory and storage location of COVID-19 vaccine vials** - Recommended to follow the Centers for Disease Control guidance to reconcile all vaccines in storage monthly, including verifying the

location. The department inventoried the vaccine count on a regular basis but did not consistently reconcile the storage location of the vaccine which is important for temperature and efficacy and expiration.

Agency Fees

As reported to the Legislative Management, pursuant to Section 54-35-27, this agency has 52 fees. The agency recommended the following changes to its fees:

- Increase the amount charged for Medicaid application fees.
- No other recommended fee changes.

Major Related Legislation

House Bill No. 1037 - Provides appropriations of $750,000 each to the Agriculture Commissioner, Attorney General, Department of Emergency Services, DHHS, and Department of Career and Technical Education for uncrewed aircraft systems, autonomous vehicles, or other autonomous technologies.

House Bill No. 1066 - Provides an increase in the compensation rate paid by DHHS under the senior community service employment program.

House Bill No. 1067 - Changes the age from 18 to 21 to administer Medicaid waivers to provide in-home services to children with extraordinary medical needs and to children diagnosed with an autism spectrum disorder and would otherwise meet institutional level of care.

House Bill No. 1070 - Changes the modified adjusted gross income eligibility limit for the children's health insurance program from 210 to 205 percent of the federal poverty level.

House Bill No. 1119 - Amends early childhood services training and certification requirements.

House Bill No. 1337 - Appropriates $10 million to DHHS to provide mental health and substance use disorder treatment for incarcerated individuals.

House Bill No. 1433 - Provides an appropriation of $250,000 for dementia response.

House Bill No. 1451 - Provides for medical assistance coverage, including Medicaid expansion coverage, for the treatment of obesity including anti-obesity medication.

House Bill No. 1460 - Increases the amount of respite care available to adult foster care providers.

House Bill No. 1467 - Provides an appropriation of $100,000 to establish and administer a system to record and compile reported vaccine adverse event data.

House Bill No. 1468 - Provides an appropriation of $16 million to provide a behavioral health facility grant.

House Bill No. 1548 - Provides an appropriation of $10 million to provide a grant to an organization for the construction of a fitness center to benefit the residents of the life skills and transition center.

Senate Bill No. 2029 - Creates the Office of Guardianship and Conservatorship as a division under the Supreme Court and provides an appropriation to defray the expenses of the office.

Senate Bill No. 2033 - Creates a distressed ambulance service program.

Senate Bill No. 2036 - Provides an appropriation of $4,580,000 from the general fund to administer the fitness to proceed and remediation of juveniles relating to the age of an offender, suspension or dismissal of proceedings, predispositional assessment, and the definition of a child in need of protection.

Senate Bill No. 2096 - Provides for an appropriation for State Hospital facilities and for regional acute psychiatric treatment and residential supportive housing services.

Senate Bill No. 2190 - Provides medical assistance benefits for behavioral analysis to provide coverage for the lifespan of individuals with autism spectrum disorder.

Senate Bill No. 2192 - Provides an appropriation of $240,000 to reimburse community providers serving individuals with disabilities for the cost of obtaining and maintaining accreditation.

Senate Bill No. 2200 - Provides an appropriation of $500,000 to establish and implement a 988 crisis hotline program.

Senate Bill No. 2231 - Provides medical assistance benefits for medically necessary dental services.

Senate Bill No. 2271 - Provides an appropriation of $2.2 million to increase adult residential facility rates.

Senate Bill No. 2305 - Provides an appropriation of $9 million to establish a family paid caregiver service pilot project.

Senate Bill No. 2306 - Establishes a childcare workforce recruitment and retention program.

NOTE:
Please see the Fiscal Impact Report for additional information regarding bills under consideration, which contain either a state revenue impact, an appropriation, or a state fiscal impact.

Department of Health and Human Services - Budget No. 325
Agency Worksheet - House Bill No. 1012

	Armstrong Executive Budget			
	FTE Positions	**General Fund**	**Other Funds**	**Total**
2025-27 Biennium Base Level	2,483.83	$2,011,427,547	$3,541,730,000	$5,553,157,547
2025-27 Ongoing Funding Changes				
Business Operations total changes	66.15	$23,772,538	($64,218,125)	($40,445,587)
Behavioral Health total changes	104.93	59,685,408	10,560,255	70,245,663
Human Services total changes	19.54	92,463,215	120,677,289	213,140,504
Medical Services total changes	11.25	89,777,083	66,968	89,844,051
Public Health total changes	1.65	4,831,802	11,255,514	16,087,316
Total ongoing funding changes	**203.52**	**$270,530,046**	**$78,341,901**	**$348,871,947**
One-Time Funding Items				
Business Operations one-time funding items			$10,000,000	$10,000,000
Behavioral Health one-time funding items			304,972,000	304,972,000
Human Services one-time funding		$17,472,500	25,412,480	42,884,980
Medical services one-time funding			2,000,000	2,000,000
Public Health one-time funding		151,500	4,325,304	4,476,804
Total one-time funding changes	**0.00**	**$17,624,000**	**$346,709,784**	**$364,333,784**
Total Changes to Base Level Funding	**203.52**	**$288,154,046**	**$425,051,685**	**$713,205,731**
2025-27 Total Funding	**2,687.35**	**$2,299,581,593**	**$3,966,781,685**	**$6,266,363,278**
Federal funds included in other funds			*$3,217,217,463*	
Total ongoing changes - Percentage of base level	*8.2%*	*13.4%*	*2.2%*	*6.3%*
Total changes - Percentage of base level	*8.2%*	*14.3%*	*12.0%*	*12.8%*

Business Operations - 100 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	Armstrong Executive Budget			
	FTE Positions	**General Fund**	**Other Funds**	**Total**
2025-27 Biennium Base Level	114.40	$74,099,008	$118,894,310	$192,993,318
2025-27 Ongoing Funding Changes				
Salary increase		$1,035,502	$531,151	$1,566,653
Health insurance increase		651,154	363,569	1,014,723
Base budget adjustments and transfers		(20,824,370)	(67,265,147)	(88,089,517)
Information Technology Department (ITD) rate increases		5,196,748	2,152,302	7,349,050
IT contractual Inflationary rate increases		20,730,788		20,730,788
Operational underfund restoration		6,950,000		6,950,000
Additional salary funding		9,842,126		9,842,126
Office of Administrative Hearings and Attorney General fee increases		190,590		190,590
FTE position adjustment	66.15			0
Total ongoing funding changes	**66.15**	**$23,772,538**	**($64,218,125)**	**($40,445,587)**
One-Time Funding Items				
Retire mainframe and legacy systems (SIIF)			$10,000,000	$10,000,000
Total one-time funding changes	**0.00**	**$0**	**$10,000,000**	**$10,000,000**
Total Changes to Base Level Funding	**66.15**	**$23,772,538**	**($54,218,125)**	**($30,445,587)**
2025-27 Total Funding	**180.55**	**$97,871,546**	**$64,676,185**	**$162,547,731**
Federal funds included in other funds			*$58,417,969*	
Total ongoing changes - Percentage of base level	*57.8%*	*32.1%*	*(54.0%)*	*(21.0%)*
Total changes - Percentage of base level	*57.8%*	*32.1%*	*(45.6%)*	*(15.8%)*

Behavioral Health - 200 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	Armstrong Executive Budget			
	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	1,054.27	$307,905,408	$113,955,941	$421,861,349
2025-27 Ongoing Funding Changes				
Salary increase		$8,392,306	$134,924	$8,527,230
Health insurance increase		6,517,157	114,129	6,631,286
Base budget adjustments and transfers		18,775,729	2,311,202	21,086,931
Cost to continue programs		5,709,106	(5,000,000)	709,106
Opioid settlement			8,000,000	8,000,000
Avel eCare rural crisis support continuation (community health trust fund)			2,000,000	2,000,000
Substance use disorder voucher utilization expansion		2,500,000		2,500,000
Western ND behavioral health staffing salary equity		250,536		250,536
Inflation for vendors crisis residential contract		706,233		706,233
Inflation for vendors addiction residential contract		917,786		917,786
Inflation for vendors recovery/rehab contract		2,154,668		2,154,668
Treatment collaboration for traumatized youth expansion		408,000		408,000
Voluntary treatment program/qualified residential treatment program private custody youth		1,351,997		1,351,997
Youth crisis stabilization pilot		3,000,000	3,000,000	6,000,000
Cost to continue free through recovery and community connect		4,761,081		4,761,081
Expand Community Connect services		1,000,000		1,000,000
Expand free through recovery services		1,000,000		1,000,000
Peer support increase		137,990		137,990
Drug court treatment expansion		200,000		200,000
Provider inflation increase 1.5% and 1.5%		1,902,819		1,902,819
FTE position adjustment	104.93			0
Total ongoing funding changes	**104.93**	**$59,685,408**	**$10,560,255**	**$70,245,663**
One-Time Funding Items				
Electronic Health Record/Pharmacy system (SIIF)			$500,000	$500,000
Retire health record legacy system on mainframe (SIIF)			1,000,000	1,000,000
State hospital network redundancy and speed (SIIF)			500,000	500,000
Develop partial hospitalization/intensive day treatment (community health trust fund)			2,000,000	2,000,000
Bathroom remodel at Southeast Human Service Center			972,000	972,000
Construction of new state hospital - bonding			300,000,000	300,000,000
Total one-time funding changes	**0.00**	**$0**	**$304,972,000**	**$304,972,000**
Total Changes to Base Level Funding	**104.93**	**$59,685,408**	**$315,532,255**	**$375,217,663**
2025-27 Total Funding	**1,159.20**	**$367,590,816**	**$429,488,196**	**$797,079,012**
Federal funds included in other funds			*$82,722,740*	
Total ongoing changes - Percentage of base level	*10.0%*	*19.4%*	*9.3%*	*16.7%*
Total changes - Percentage of base level	*10.0%*	*19.4%*	*276.9%*	*88.9%*

Human Services - 300 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	Armstrong Executive Budget			
	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	1,009.16	$623,450,353	$1,240,409,529	$1,863,859,882
2025-27 Ongoing Funding Changes				
Salary increase		$2,546,488	$4,704,191	$7,250,679
Health insurance increase		2,072,787	3,795,116	5,867,903
Base budget adjustments and transfers		10,079,276	94,943,773	105,023,049
DHHS cost to continue		57,330,438	(2,746,684)	54,583,754
Adoption contract increase		4,883,205		4,883,205
Housing assistance to support targeted population - DOJ		300,000		300,000
Services to support transition and diversion from institution - DOJ		2,733,934	2,555,463	5,289,397
Implement host home service DD HCBS waiver		1,689,900	1,689,900	3,379,800
Adult Protective Services coverage contracts		718,522		718,522
Representation supports for families		350,000	350,000	700,000
Provider inflation increase 1.5% and 1.5%		9,758,665	10,382,697	20,141,362
Zone employee increases 3% and 3% and health insurance			5,002,833	5,002,833
FTE position adjustment	19.54			0
Total ongoing funding changes	**19.54**	**$92,463,215**	**$120,677,289**	**$213,140,504**
One-Time Funding Items				
Retire economic assistance legacy system on mainframe (SIIF)			$2,000,000	$2,000,000
Conversion of developmental disabilities eligibility assessment		$200,000	200,000	400,000
Implement comprehensive vocational rehab technology system			8,000,000	8,000,000
Replace roof at Cedar Grove building at LSTC (SIIF)			712,480	712,480
Best in Class expansion		6,000,000		6,000,000
Childcare grants, resources and shared services		5,000,000		5,000,000
Early childhood quality infrastructure		3,000,000		3,000,000
Maintaining expanded inclusion support for special needs childcare		172,500		172,500
Offer quality rated childcare programs access teaching strategy		100,000		100,000
Quality tiered payments for childcare assistance program		3,000,000		3,000,000
Housing assistance for people at risk of instability (SIIF)			10,000,000	10,000,000
Eviction prevention program (SIIF)			3,500,000	3,500,000
Home renovation incentives for accessibility (SIIF)			1,000,000	1,000,000
Total one-time funding changes	**0.00**	**$17,472,500**	**$25,412,480**	**$42,884,980**
Total Changes to Base Level Funding	**19.54**	**$109,935,715**	**$146,089,769**	**$256,025,484**
2025-27 Total Funding	**1,028.70**	**$733,386,068**	**$1,386,499,298**	**$2,119,885,366**
Federal funds included in other funds			*$1,097,401,927*	
Total ongoing changes - Percentage of base level	*1.9%*	*14.8%*	*9.7%*	*11.4%*
Total changes - Percentage of base level	*1.9%*	*17.6%*	*11.8%*	*13.7%*

Medical Services - 400 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	Armstrong Executive Budget			
	FTE Positions	**General Fund**	**Other Funds**	**Total**
2025-27 Biennium Base Level	90.50	$958,216,598	$1,818,029,530	$2,776,246,128
2025-27 Ongoing Funding Changes				
Salary increase		$338,151	$479,188	$817,339
Health insurance increase		233,619	342,896	576,515
Base budget adjustments and transfers		(27,664,897)	60,415,798	32,750,901
DHHS cost to continue		71,253,662	(118,383,672)	(47,130,010)
HCBS cost to continue		36,977,113	27,837,811	64,814,924
DD bed assessment adjustment			7,209,580	7,209,580
Value based purchasing Medicaid		1,000,000	1,000,000	2,000,000
Home health targeted rate increase		1,235,768	1,235,768	2,471,536
Qualified service provider target rate increase		3,595,104	1,797,552	5,392,656
HCBS cross disability waiver		2,474,226	2,474,226	4,948,452
Rebase Medicaid rates for ambulance service		2,189,770	2,189,770	4,379,540
Provider inflation increases 1.5% and 1.5%		10,244,567	11,368,051	21,612,618
FMAP percentage change 50.0% to 50.99%		(12,100,000)	2,100,000	(10,000,000)
FTE position adjustment	11.25			0
Total ongoing funding changes	**11.25**	**$89,777,083**	**$66,968**	**$89,844,051**
One-Time Funding Items				
Retire Medicaid legacy system on mainframe (SIIF)			$2,000,000	$2,000,000
Total one-time funding changes	**0.00**	**$0**	**$2,000,000**	**$2,000,000**
Total Changes to Base Level Funding	**11.25**	**$89,777,083**	**$2,066,968**	**$91,844,051**
2025-27 Total Funding	**101.75**	**$1,047,993,681**	**$1,820,096,498**	**$2,868,090,179**
Federal funds included in other funds			*$1,758,622,379*	
Total ongoing changes - Percentage of base level	*12.4%*	*9.4%*	*0.0%*	*3.2%*
Total changes - Percentage of base level	*12.4%*	*9.4%*	*0.1%*	*3.3%*

Public Health - 500 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	Armstrong Executive Budget			
	FTE Positions	**General Fund**	**Other Funds**	**Total**
2025-27 Biennium Base Level	215.50	$47,756,180	$250,440,690	$298,196,870
2025-27 Ongoing Funding Changes				
Salary increase		$1,714,252		$1,714,252
Health insurance increase		1,183,357		1,183,357
Base budget adjustments and transfers		(699,961)	$3,120,555	2,420,594
Adds funding to replace the 2023-25 new FTE pool		65,094	50,008	115,102
Adds funding to replace the 2023-25 vacant FTE pool		569,060	1,754,865	2,323,925
Expansion for domestic and sexual violence prevention (community health trust fund)			2,250,000	2,250,000
Maternal and child health programs enhancement		2,000,000		2,000,000
Coordinated purchasing to support immunization access			2,213,930	2,213,930
Forensic pathology contract with UND			1,866,156	1,866,156
FTE position adjustment	1.65			
Total ongoing funding changes	**1.65**	**$4,831,802**	**$11,255,514**	**$16,087,316**
One-Time Funding Items				
Nonfatal toxicology testing equipment		$151,500	$100,000	$251,500
Public health laboratory transition (SIIF)			2,962,304	2,962,304
Forensic examiner electronic records system			278,000	278,000
Food and lodging management information system			335,000	335,000
Health facilities and EMS licensure management system			650,000	650,000
Total one-time funding changes	**0.00**	**$151,500**	**$4,325,304**	**$4,476,804**
Total Changes to Base Level Funding	**1.65**	**$4,983,302**	**$15,580,818**	**$20,564,120**
2025-27 Total Funding	**217.15**	**$52,739,482**	**$266,021,508**	**$318,760,990**
Federal funds included in other funds			*$220,052,448*	
Total ongoing changes - Percentage of base level	*0.8%*	*10.1%*	*4.5%*	*5.4%*
Total changes - Percentage of base level	*0.8%*	*10.4%*	*6.2%*	*6.9%*

2025 HOUSE STANDING COMMITTEE MINUTES

Appropriations Committee
Roughrider Room, State Capitol

HB 1012
1/9/2025

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption, and to provide for a report.

8:30 a.m. Chairman Vigesaa called the meeting to order.

Members Present: Chairman Vigesaa, Vice Chair Kempenich, Representatives Anderson, Berg, Bosch, Brandenburg, Fisher, Hanson, Louser, Martinson, Meier, Mitskog, Monson, Murphy, Nathe, Nelson, O'Brien, Pyle, Richter, Sanford, Stemen, Swiontek, Wagner

Discussion Topics:

- Health and Human Services
- North Dakota Health
- Budget Overview for HHS

8:35 a.m. Dirk Wilke, Department of Health and Human Services, testified in favor and submitted testimony #28316.

8:43 a.m. Donna Aukland, DHHS Chief Financial Officer, testified in favor and continued with testimony #28316.

8:52 a.m. Sarah Aker, DHHS Executive Director of Medical Services, testified in favor,

9:00 a.m. Donna Aukland, DHHS Chief Financial Officer, testified in favor.

9:04 a.m. Dirk Wilke, Department of Health and Human Services, answered questions for the committee.

9:06 a.m. Jessica Thomasson, DHHS Executive Director of Human Services, answered questions for the committee.

9:18 a.m. Pam Sagness, DHHS Executive of Behavioral Health, testified in favor.

9:23 a.m. Chaiman Vigesaa adjourned the meeting.

Sierra Schartz, Committee Clerk



HB 1012: Health and Human Services Overview

Dirk Wilke – Interim HHS Commissioner
Donna Aukland – Chief Financial Officer
Jan. 9, 2025

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Presentation agenda

- HHS strategic framework
- Programs and services
- Partners and providers
- HHS organization chart
- Budget highlights



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HHS Strategic Framework

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Our Vision

North Dakota is the healthiest state in the nation.

Our Mission

HHS fosters positive, comprehensive outcomes by promoting economic, behavioral and physical health, ensuring a holistic approach to individual and community well-being.

NORTH Dakota | Health & Human Services
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Our **Strategic Priorities**

Support the advancement of strong, stable, healthy families and communities.

Advance the foundations of well-being through access to high-quality services and supports closer to home.

Optimize disaster and epidemic response and recovery.

Advance excellence in agency infrastructure and operations.

Deliver best-in-class, customer-centered experiences.

Foster a culture of excellence where every team member has a voice, adds value and is empowered to make a difference.

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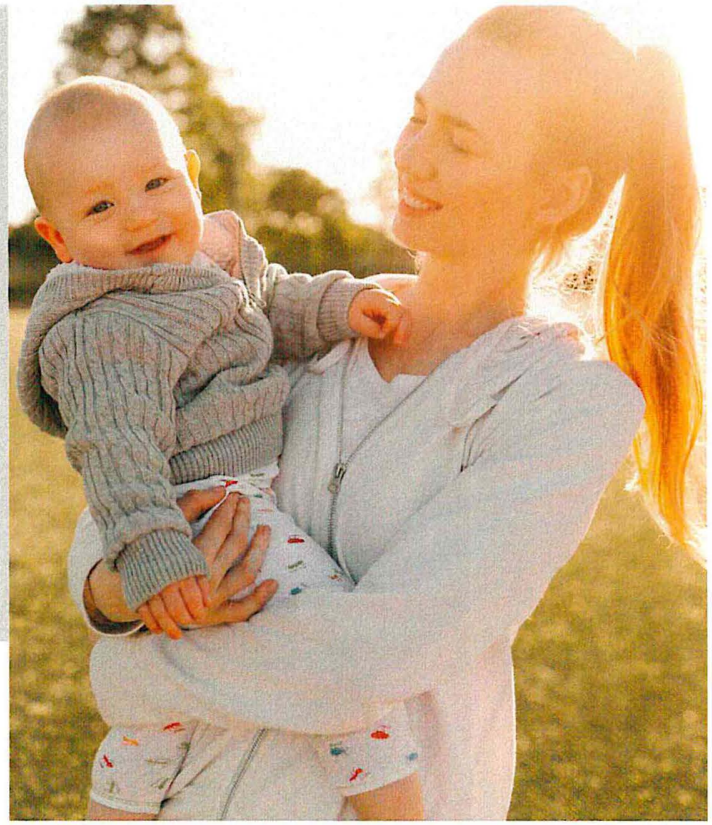
Our diverse and broad-ranging portfolio of programs and services helps meet the health and well-being needs of North Dakotans

- Adult and Aging Services
- Behavioral Health Clinics
- Behavioral Health Policy
- Child Support
- Children and Family Services
- Criminal Background Check Unit
- Intellectual and Developmental Disabilities
- Disability Determination Services
- Disease Control and Forensic Pathology
- Early Childhood
- Economic Assistance
- Health Response and Licensure
- Health Statistics and Performance
- Healthy and Safe Communities
- Human Service Zone Operations
- Laboratory Services
- Life Skills and Transition Center
- Medicaid
- Medical Marijuana
- Ruth Meiers Adolescent Center
- State Council on Developmental Disabilities
- State Hospital
- Office of Refugee Services
- Vocational Rehabilitation



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We deliver services and supports in collaboration with partners and providers



HHS Team

- 2,581.83 FTE
- 59 locations across the state



Providers

- Medicaid providers
- Behavioral health providers
- Contracted human services providers (e.g.: developmental disability and senior nutrition providers)
- Health care providers and facilities (e.g.: hospitals, basic-care and long-term care facilities)



Partners

- Local public health
- Tribal leaders
- Universities
- 19 human service zone offices

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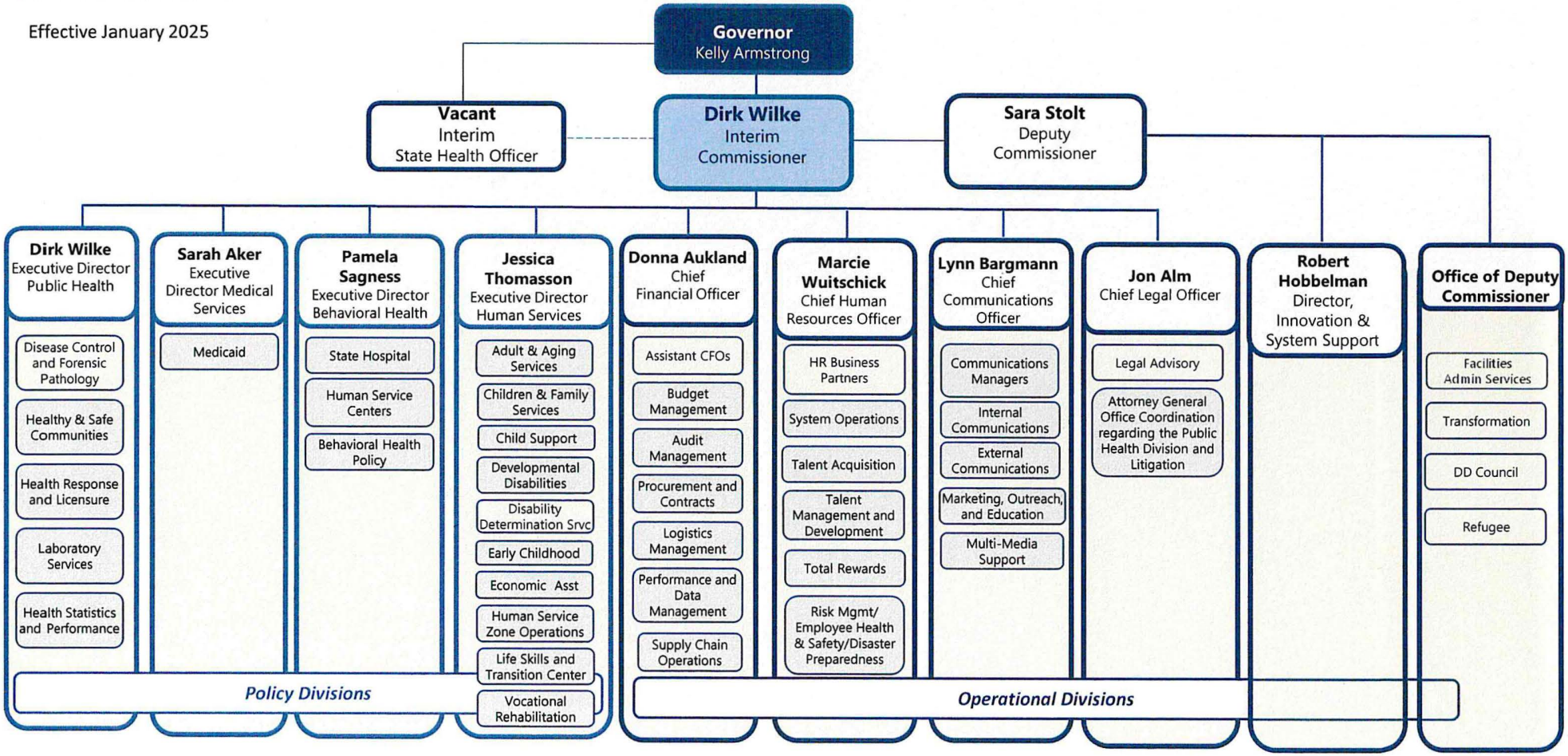
Health & Human Services

ND Department of Health & Human Services

Effective January 2025



HHS Budget Highlights

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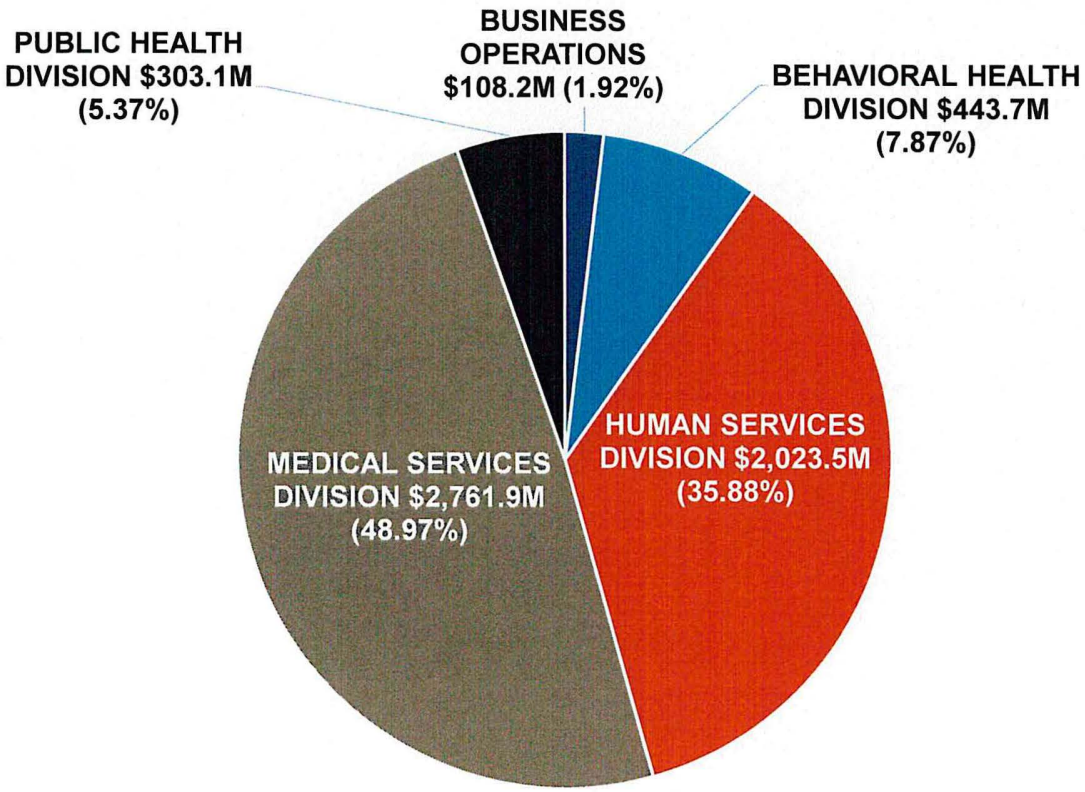
Executive Base Budget

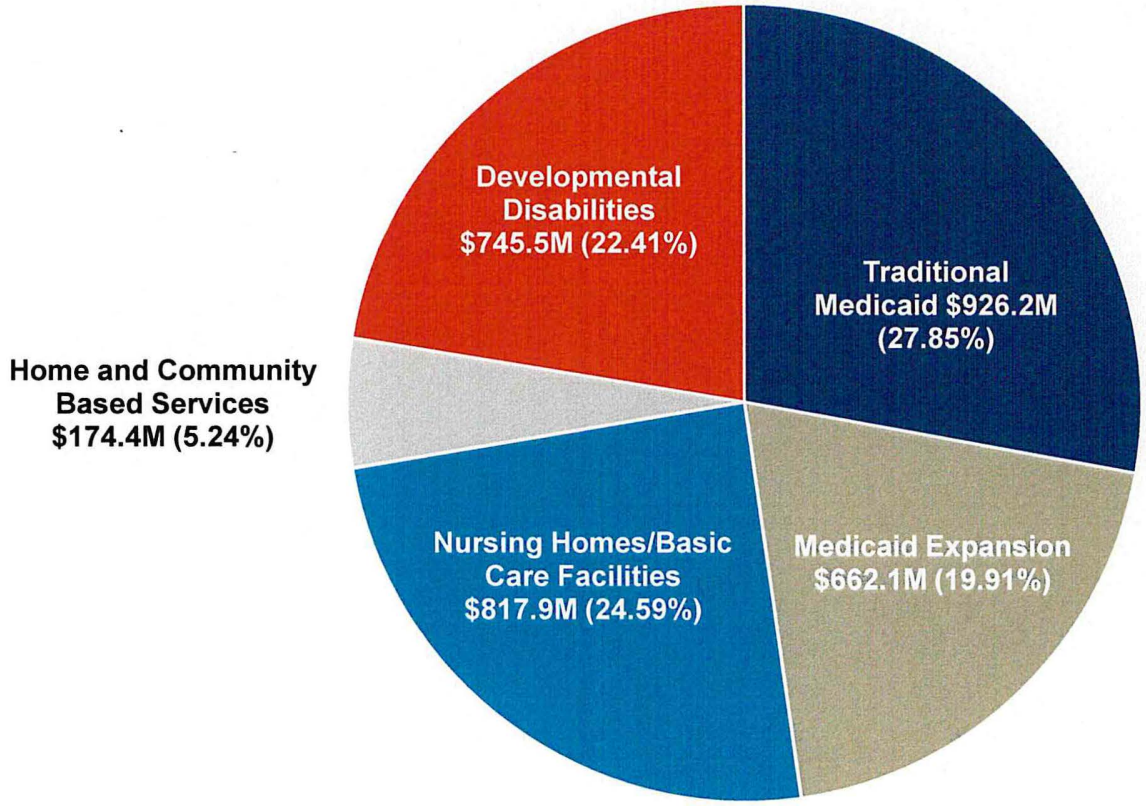
Description	2023-25 Budget Base	Increase/ (Decrease)	2025-27 Executive Base Budget
Salaries and Benefits	$547,374,810	$33,668,554	$581,043,364
Operating	389,851,984	88,054,163	477,906,147
IT Services	182,757,553	27,761,561	210,519,114
Capital Asset Expense	2,244,478	(47,185)	2,197,293
Capital Assets	2,173,666	(301,703)	1,871,963
Grants	4,431,009,184	(64,257,590)	4,366,751,594
Total	**$5,555,411,675**	**$84,877,800**	**$5,640,289,475**

General Fund	**$2,011,826,795**	**$115,395,668**	**$2,127,222,463**
Federal Funds	**3,144,926,499**	**(17,895,967)**	**3,127,030,532**
Other Funds	**398,658,381**	**(12,621,901)**	**386,036,480**
Total Funds	**$5,555,411,675**	**$84,877,800**	**$5,640,289,475**

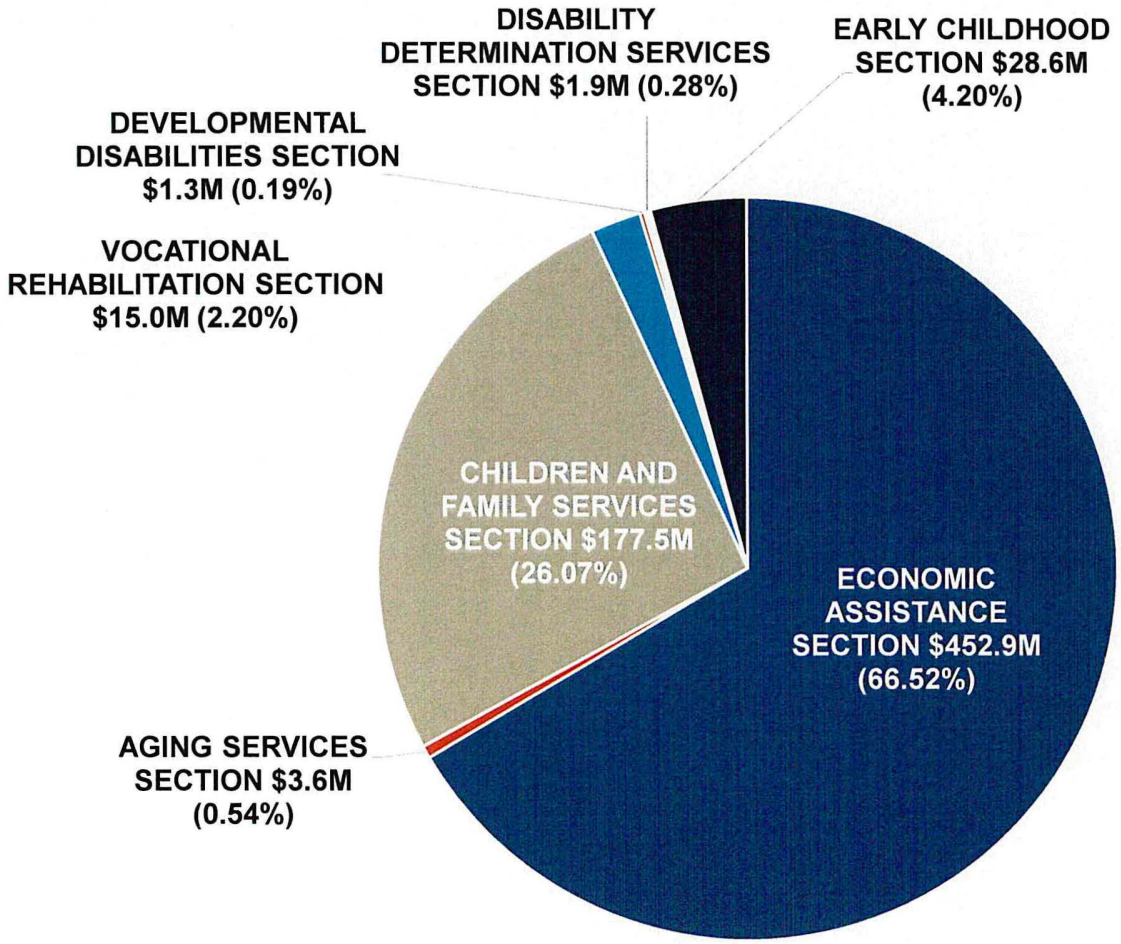
2025-27 Base Budget Request: by Division



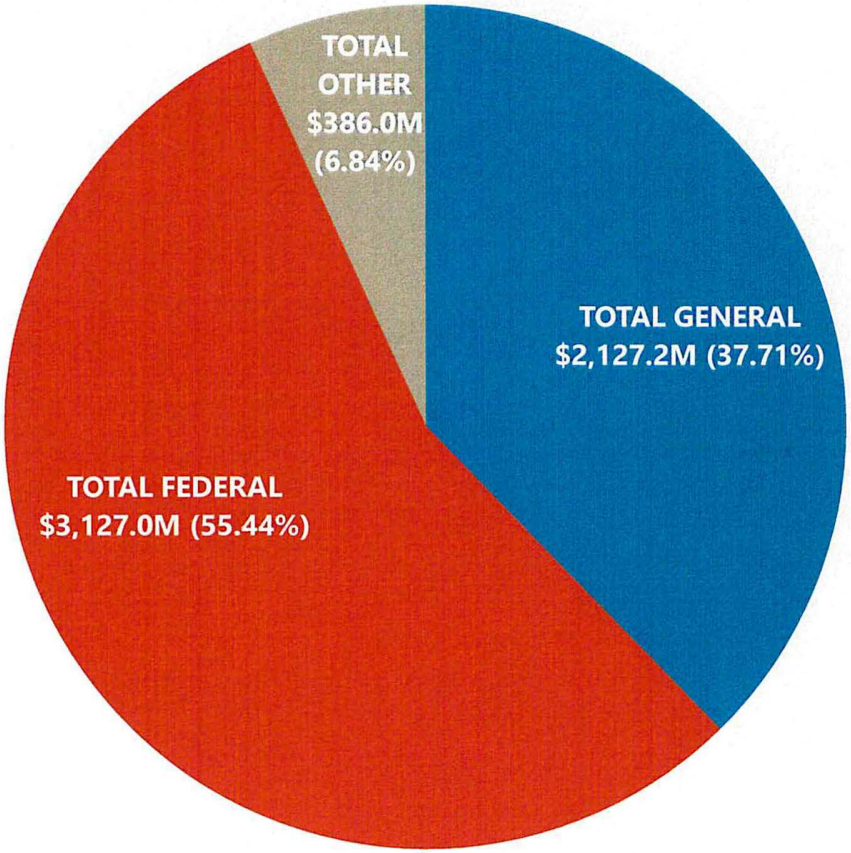
2025-27 Base Budget Request: Medical Services Grants



2025-27 Base Budget Request: Human Services Division Grants



2025-27 Base Budget Request: Fund allocation





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2025 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

HB 1012
1/13/2025

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

9:06 a.m. Chairman J. Nelson opened the meeting.

Members present: Chairman Nelson, Vice Chairman Stemen, Representatives B. Anderson, Berg, Mitskog, Murphy, O'Brien, Wagner.

Discussion Topics:

- Overview of Health and Human Services
- Key accomplishments
- FTE block grant
- Budget review
- Operations and Administration overview

9:08 a.m. Dirk Wilke, Interim Health and Human Services Commissioner, testified and presented an overview of the department #28573.

9:24 a.m. Sara Stolz, Deputy Commissioner of Health and Human Services, continued with testimony #28573

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10:02 a.m. Donna Aukland, Chief Financial Officer of Health and Human Services, continued with testimony #28573.

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10:07 a.m. Dirk Wilke, Interim Health and Human Services Commissioner, spoke to the State Health Officer position.

10:10 a.m. Marci Wuitschick, Chief Human Resource Officer of Health and Human Services, spoke to employee benefits.

10:30 a.m. Dirk Wilke, Interim Health and Human Services Commissioner, spoke to the vision for being the healthiest state in the nation.

10:47 a.m. Sara Stolz, Deputy Commissioner of Health and Human Services, testified and presented the operations and administration overview #28413.

11:20 a.m. Donna Aukland, Chief Financial Officer of Health and Human Services, addressed the underfunding impact on the base budget.

11:23 a.m. Sara Stolz, Deputy Commissioner of Health and Human Services, continued with testimony # 28413.

11:24a.m. Donna Aukland, Chief Financial Officer of Health and Human Services, spoke to questions regarding the schedule.

Additional Written Testimony:

Cale Dunwoody**,** Vice President of Public Policy, Fargo Moorhead West Fargo Chamber of Commerce #28577.

11:27 a.m. Chairman J. Nelson adjourned the meeting.

Jan Kamphuis, Committee Clerk



HB 1012 HHS Overview to Human Resources Committee

Dirk Wilke – Interim HHS Commissioner
Donna Aukland – Chief Financial Officer
Jan. 13, 2025

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Presentation agenda

- HHS overview
- FTE block grant
- Budget overview



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Our Vision

North Dakota is the healthiest state in the nation.

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HHS fosters positive, comprehensive outcomes by promoting economic, behavioral and physical health, ensuring a holistic approach to individual and community well-being.

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Our diverse and broad-ranging portfolio of programs and services helps meet the health and well-being needs of North Dakotans

- Adult and Aging Services
- Behavioral Health Clinics
- Behavioral Health Policy
- Child Support
- Children and Family Services
- Criminal Background Check Unit
- Intellectual and Developmental Disabilities
- Disability Determination Services
- Disease Control and Forensic Pathology
- Early Childhood
- Economic Assistance
- Health Response and Licensure
- Health Statistics and Performance
- Healthy and Safe Communities
- Human Service Zone Operations
- Laboratory Services
- Life Skills and Transition Center
- Medicaid
- Medical Marijuana
- Ruth Meiers Adolescent Center
- State Council on Developmental Disabilities
- State Hospital
- Office of Refugee Services
- Vocational Rehabilitation



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We deliver services and supports in collaboration with partners and providers



HHS Team

- 2,581.83 FTE
- 60+ locations across the state



Providers

- Medicaid providers
- Behavioral health providers
- Contracted human services providers (e.g.: developmental disability and senior nutrition providers)
- Health care providers and facilities (e.g.: hospitals, basic-care and long-term care facilities)



Partners

- Local public health
- Tribal leaders
- Universities
- 19 human service zone offices

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North Dakota Century Code chapter(s) and major statutory responsibilities

- Public Health
- Behavioral Health
- Medical Services
- Human Services
- Finance
- Human Resources
- Communications
- Legal
- Operations (Deputy Commissioner)

- Chapter 19-24.1: Medical Marijuana
- Various chapters in Title 23: Health and Safety
- Various chapters in Title 25: Mental and Physical Illness of Disability
- Various chapters in Title 50: Public Welfare
- ND Food and Cosmetic Act 19-02.1: Food and Lodging unit

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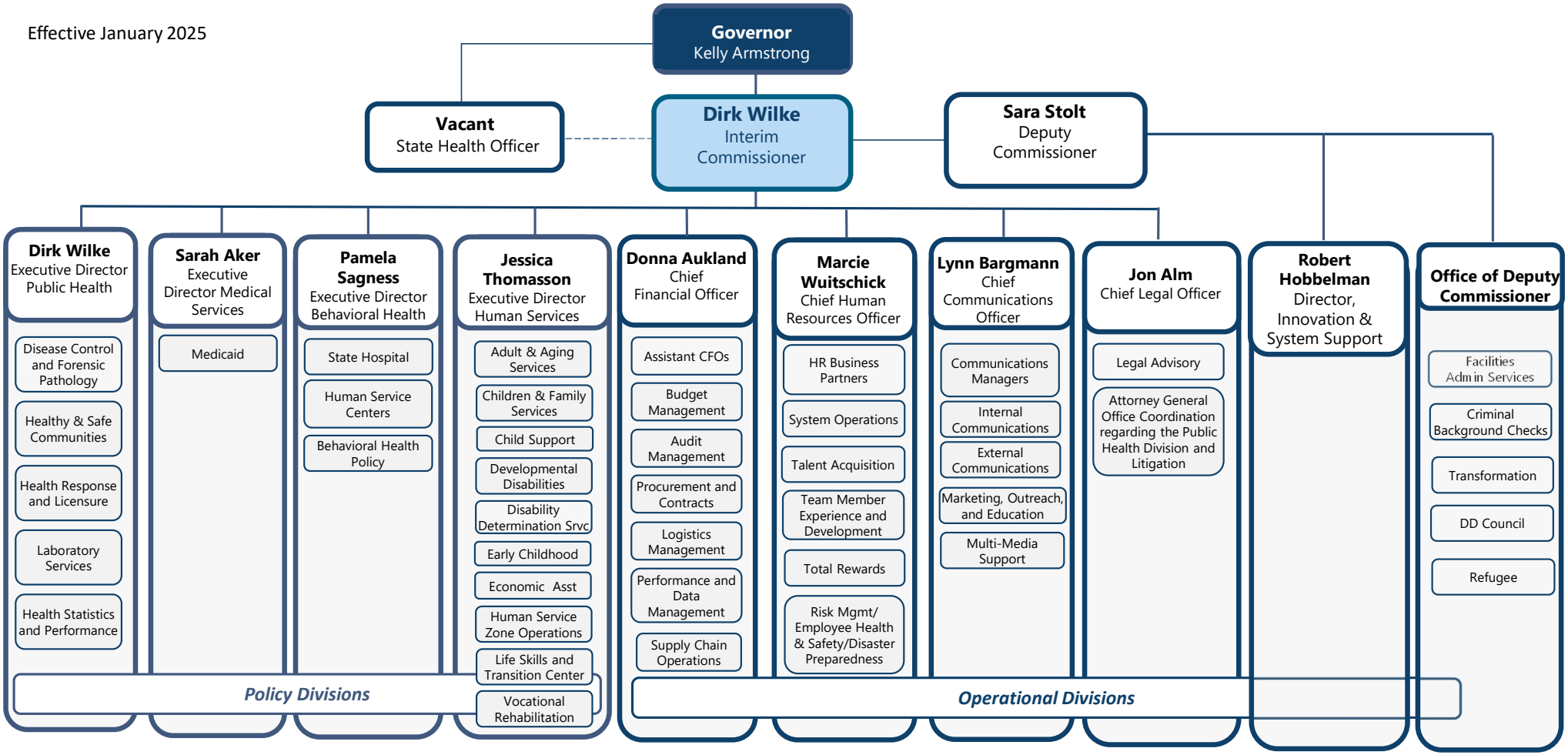
Health & Human Services

ND Department of Health & Human Services

Effective January 2025



HHS key accomplishments

Supported state's workforce with investments in child care, making it easier for working parents to work and find quality child care for their children.

Advanced in-home and community services in 2024 by transitioning 526 individuals either from nursing homes back to the community or avoiding higher forms of more costly care through diversion services.

Began construction on a new ND State Lab that will preserve and advance the state's ability to protect North Dakota's public health and environment for future generations.



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HHS key accomplishments

Implementing Functional Family Therapy at Human Service Centers**,** an evidence-based therapeutic approach designed to improve family dynamics and address behavioral health challenges in youth.

Improved care coordination services in all eight at Human Service Centers**.** Care coordinators walk alongside individuals and support them in accessing behavioral health services.

Launched Medicaid value-based care in health systems and nursing facilities, driving quality of life for North Dakotans by incentivizing outcomes and improving care.



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SFY23 audit of HHS

Findings and programmatic recommendations

Developmental Disabilities

Workforce Retention Grants Not Monitored. Identify whether there were other ineligible payments, and recoup funds for payments made to ineligible caregivers identified in this audit and through the Department's additional procedures. Develop ways to measure whether programs achieve the intended purpose.

North Dakota State Hospital

Internal Controls May Not Safeguard Controlled Substances. Strengthen internal controls to safeguard control substances.

Child Protection Services

Children in Suspected Abuse Situations Not Contracted Timely. Ensure face-to-face contact dates are entered into the Department's tracking system (FRAME) and to make sure those dates are accurate and monitored. Ensure timely face-to-face contract with suspected victims of child abuse or neglect.

SFY22 single audit

Findings and programmatic recommendations

Public Health:

2022-005 Coronavirus Relief Fund. Communicate all required information of 2 CFR 200.332(a) to subrecipients. Develop procedures to ensure that all Coronavirus Relief Fund award information is communicated to subrecipients.

2022-006 Coronavirus Relief Fund. Conduct during-the-award monitoring activities as required for passthrough entities in accordance with 2 CFR 200.332.

2022-007 WIC Special Supplemental Nutrition Program for Woman, Infants and Children. Ensure all subrecipients obtain audits or a certification that an audit is not required in accordance with 2 CFR 200 Subpart F.

Medical Services:

2022-008 Medicaid Cluster. Develop a corrective action plan to address the errors identified in the audit and recover payments made on unsupported claims.

2022-009 Medicaid Cluster. Complete a risk analysis and security review of MMIS biennially.

2022-010 Medicaid Cluster. Ensure the medical loss ratio report is finalized as outlined in the contract and all required documentation is properly maintained.

2022-011 Medicaid Cluster. Review access rights to the Medicaid Management Information System (MMIS) fee schedule and all major Medicaid information systems on a regular basis.

SFY22 single audit

Findings and programmatic recommendations

Human Services:

2022-012 CCDF Cluster. Improve procedures to ensure child care correction orders are resolved before the end of each allowed correction period with accurate tracking of dates.

2022-013 CCDF Cluster. Develop corrective action and perform annual unannounced inspections of child care providers in operation in accordance with 45 CFR 98.42(b)(2)(B) and Department policy.

2022-014 Low-Income Home Energy Assistance. Coordinate with the Department of Commerce to properly report subawards of the state under the LIHEAP program for FFATA reporting.

2022-015 Low-Income Home Energy Assistance. Ensure adequate rental documentation is on file and proper eligibility determinations of the Low-Income Home Energy Assistance Program (LIHEAP) are made.

2022-016 Low-Income Home Energy Assistance. Ensure policies and procedures prevent duplicate payments from being applied to LIHEAP cases. We also recommend the Department of Human Services ensure required documentation is obtained for individuals appearing in multiple cases in accordance with state LIHEAP Policy.

2022-017 Low-Income Home Energy Assistance. Ensure eligibility is verified through the State NDVerify system prior to approval of all LIHEAP applications or revise the State Plan to identify the use of NDVerify as optional for approval by the Federal awarding agency.

SFY22 single audit

Findings and programmatic recommendations

Human Services continued:

2022-012 CCDF Cluster. Improve procedures to ensure child care correction orders are resolved before the end of each allowed correction period with accurate tracking of dates.

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SFY22 single audit

Findings and programmatic recommendations

Human Services:

2022-018 Emergency Rental Assistance Program. Ensure monthly payment amounts are calculated correctly and reviewed for accuracy. Additionally, we recommend the Department ensure the improper payments are recouped through the ERA program's refunding process.

2022-019 Children's Health Insurance Program. Review the SPACES system edit checks and ensure eligibility determinations made for the CHIP programs are proper. We also recommend corrections to payments and Federal reimbursement of CHIP.

Behavioral Health:

2022-020 Block Grants for Prevention and Treatment of Substance Abuse. Develop corrective action and expend, at a minimum, the amount expended by the State for fiscal year 1994, for the availability of treatment services designed for pregnant women and women with dependent children either by establishing new programs or expanding the capacity of existing programs.

Business Operations:

2022-021 Rehabilitation Services Vocational Rehabilitation Grants to States. Follow its procedures to prevent and detect Vocational Rehabilitation payments from occurring outside the period of performance.

What is the HHS FTE block grant?

During the 2023 Legislative Session, lawmakers:

- Approved the HHS salary appropriation
- Removed the **total number** of FTE appropriation

RESULT: HHS is responsible for staying within our salary appropriation but now has flexibility on total number of FTEs

NOTE: Block grant includes all compensation, overtime, bonuses paid, promotional increases, health insurance premiums, etc.

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Why is this important?

Historically limited by a total cap on FTEs each biennium:

- Prohibits adding necessary positions in a timely manner
- Limits repurposing positions
- Inability to be nimble in addressing staffing needs based on client acuity or need

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The FTE Block Grant has allowed HHS …



To quickly respond and hire for immediate or emerging business needs

Flexibility to support new work

To support state workforce by transitioning long-term temp employees to FTE

To address overtime and team member capacity by adding essential positions

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How does it work?



Group A: Temporary converting to FTE

- Position is already working 30+ hours per week
- Anticipated to exist for more than 3 years
- Long-term funding is available (now and in future)
- Prioritized within established goals of HHS
- Complete SFN 50



Group B: Refilling basic vacancies

- Natural turnover
- Positions that are being filled with the same role as the previous incumbent
- Repurpose existing vacant position (1.0 FTE)
- Positions must be currently funded in the division's salary budget
- Hiring can occur within HR-established vacancy thresholds
- Complete SFN 50



Group C: Short-term needs

- Short-term
- Less than 720 hours (emergency status)
- Interns, summer students, co-op
- Position is budgeted for or sufficient rollup exists to cover cost
- Prioritized within established goals of HHS
- Complete SFN 50

EXECUTIVE DIRECTOR APPROVAL



Group D: Requesting New FTE

- New FTE requests
- Long-term full-time temp request
- Repurposing more than 1.0 existing FTE
- Prioritized based on identified goals of HHS
- Reviewed for approval by a committee including Operations, Program, Finance, HR and Commissioner.
- Established threshold for turnover/vacancy exists for each operations, direct service and program

COMMITTEE APPROVAL

Examples

- A full time FTE with benefits is available in a rural city in ND. The position has been posted twice with no candidates applying. Historically we would have limited options in how to address this.
- With the block grant, we can explore two college students with alternate schedules who might be each interested in 20 hours per week. They choose to remain on their parents' health insurance.
- We are then able to hire them at an hourly rate, no benefits are paid out, and the client is still receiving the service locally. We have saved ourselves the cost of health insurance and not utilized an FTE, but utilized the block grant to be creative in filling the role.
- **This FTE can now be utilized for a different programmatic need as long as budgeted dollars still exist.**

Salary appropriation for 2023-2025 Biennium

- Total HHS Salary + Benefits = $551,714,842

NOTE: Block grant includes all compensation, overtime, promotional increases, health insurance premiums, bonuses, etc.

Timeline of FTE

23-25 Session	Beginning of Block Grant + FTE Committee July 2023-Present	Current State – As of 12/1/24
Beginning: 2475.83 FTE + 53 Temp to FTE + 53 New FTE 2581.83 Ending FTE*	• 50 long-term vacancies within the Behavioral Health Division were repurposed to fill new needs within Behavioral Health. • 50 additional long-term temps were transferred to FTE • Approved 92.5 new FTE, which are in various phases of being filled • Approved 56 new FTE in Behavioral Health	• 374.63 Vacant FTES • All requests are reviewed by the FTE committee for need and budget • HHS churn (turnover) allows us to be flexible in filling positions and utilize the unspent salary budget • Current filled positions is under 2581.83

*While the appropriation for the 106 new FTEs was added to the budget bill, the actual number of FTEs were not added because of the conversion to the FTE block grant for HHS.

Current FTE vacancies - point in time (12-1-24)

374.63 Vacant Positions – Phases summarized as follows:

Phase	Description	Number
1	Part of current budget, position number established, job description completed and in process of being classified then posted	109.00
2	Position posted; actively recruiting and has not yet closed	112.52
3	Position posting closed; applications being reviewed and interviews scheduled	42.9
4	Position has been offered and offer is pending	16
5	Position is filled; new team member not started as of 12/1/24	79.5
Remove	Not budgeted for in 23-25 and/or can be deleted	11.71
Freeze	Federal Hiring Freeze does not allow for filling position(s)	3.0
	TOTAL	**374.63**

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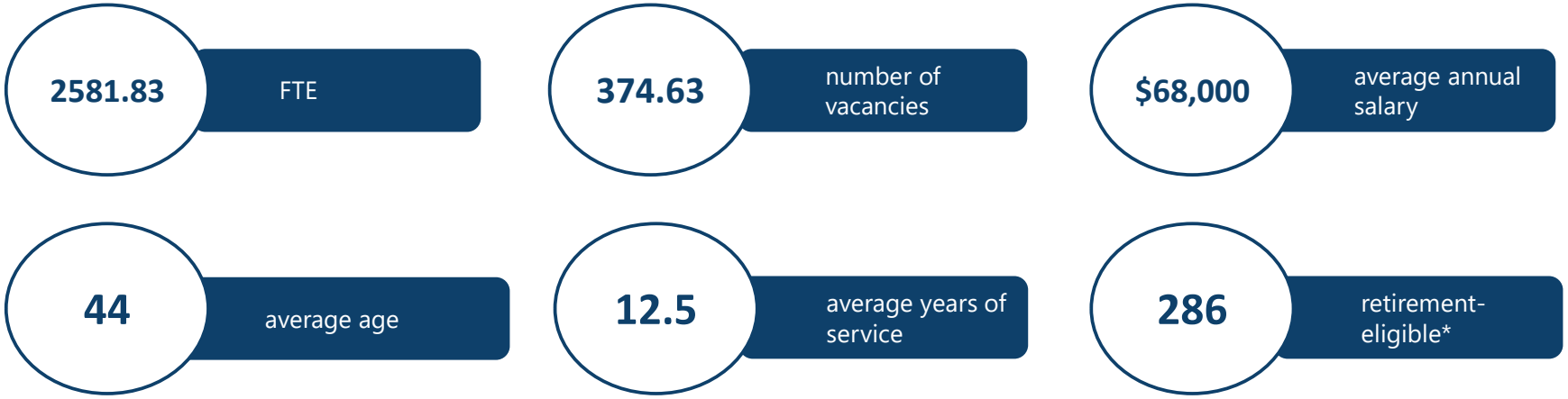
Budget review to support FTE pool process

Process to reconcile the headcount with the dollars being spent:

- Actual Expenditures analyzed month by HHS leadership
- Compared to budgets for each section and by HHS as a whole
- Projections are established and then modified by trends over the biennium
- Finance reports are available by the fourth week of every month
- Section Director reviews monthly with Finance team accountant



Agency team member statistics



*approximation based on available data

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Overview of HHS 2025-2027 base budget

Description	2023-25 Budget Base	Increase/ (Decrease)	2025-27 Executive Base Budget
Salaries and Benefits	$ 547,374,810	$ 33,668,554	$ 581,043,364
Operating	389,851,984	88,054,163	477,906,147
IT Services	182,757,553	27,761,561	210,519,114
Capital Asset Expense	2,244,478	(47,185)	2,197,293
Capital Assets	2,173,666	(301,703)	1,871,963
Grants	4,431,009,184	(64,257,590)	4,366,751,594
Total	**$ 5,555,411,675**	**$ 84,877,800**	**$ 5,640,289,475**

General Fund	**$ 2,011,826,795**	**$ 115,395,668**	**$ 2,127,222,463**
Federal Funds	**3,144,926,499**	**(17,895,967)**	**3,127,030,532**
Other Funds	**398,658,381**	**(12,621,901)**	**386,036,480**
Total Funds	**$ 5,555,411,675**	**$ 84,877,800**	**$ 5,640,289,475**

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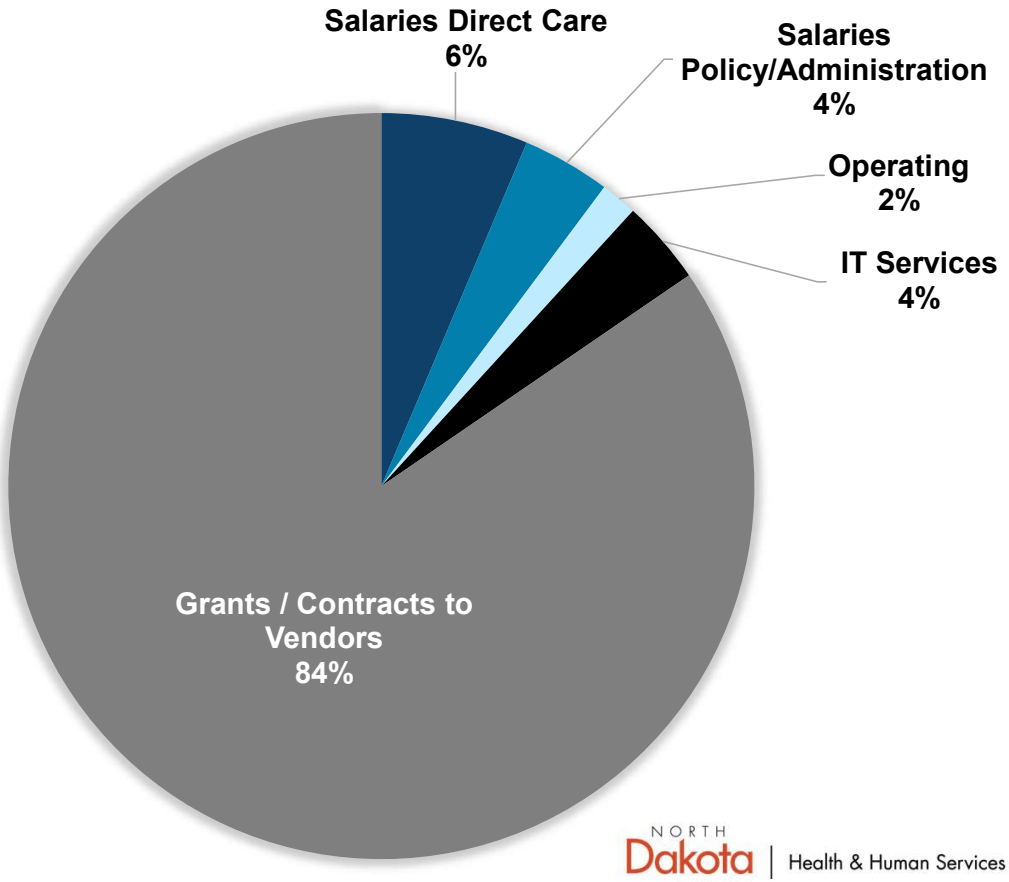
2025-2027 base budget breakdown continued

Description		2025-2027 Base Budget
Salaries Direct Care	$	363,622,995
Salaries Policy/Administration		217,420,369
Operating		90,503,532
IT Services		208,471,638
Grants / Contracts to Vendors		4,818,607,768
Total	**$**	**5,698,626,301**



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2023-2025 One-time funding

One-Time Funding Description		Funding
Public health laboratory capital project		$55,120,000
Technology projects		71,000,000
Human service center projects		735,154
State hospital design		12,500,000
Service grants		585,000
Cross-disability advisory council		1,400,000
Behavioral health facility grants		10,200,000
Base care payment study		600,000
Health care task force		750,000
Operating inflation		20,564,344
Program integrity audits		4,500,000
Pregnant and parenting residential		1,000,000
Law enforcement telehealth		2,650,000

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Takeaways heading into legislative session

- Our vision is for **ND to be the healthiest state in the nation.**

- **A strategic investment in North Dakotans** is an investment in the foundations of well-being: physical, behavioral and economic health.

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HB1012 House Appropriations – HR Section

Representative Jon Nelson | Chair

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Operations Overview – Jan. 13, 2025

Our **Vision**

North Dakota is the healthiest state in the nation.

Our **Mission**

HHS fosters positive, comprehensive outcomes by promoting economic, behavioral and physical health, ensuring a holistic approach to individual and community well-being.

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Our **Strategic Priorities**

Support the advancement of strong, stable, healthy families and communities.

Advance the foundations of well-being through access to high-quality services and supports closer to home.

Optimize disaster and epidemic response and recovery.

Advance excellence in agency infrastructure and operations.

Deliver best-in-class, customer-centered experiences.

Foster a culture of excellence where every team member has a voice, adds value and is empowered to make a difference.

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Agenda

- Operations and Administration Overview
- Human Resources
- Legal
- Finance
- Communications
- Office of Deputy Commissioner
  - Refugee Services
  - DD Council
- Budget Overview



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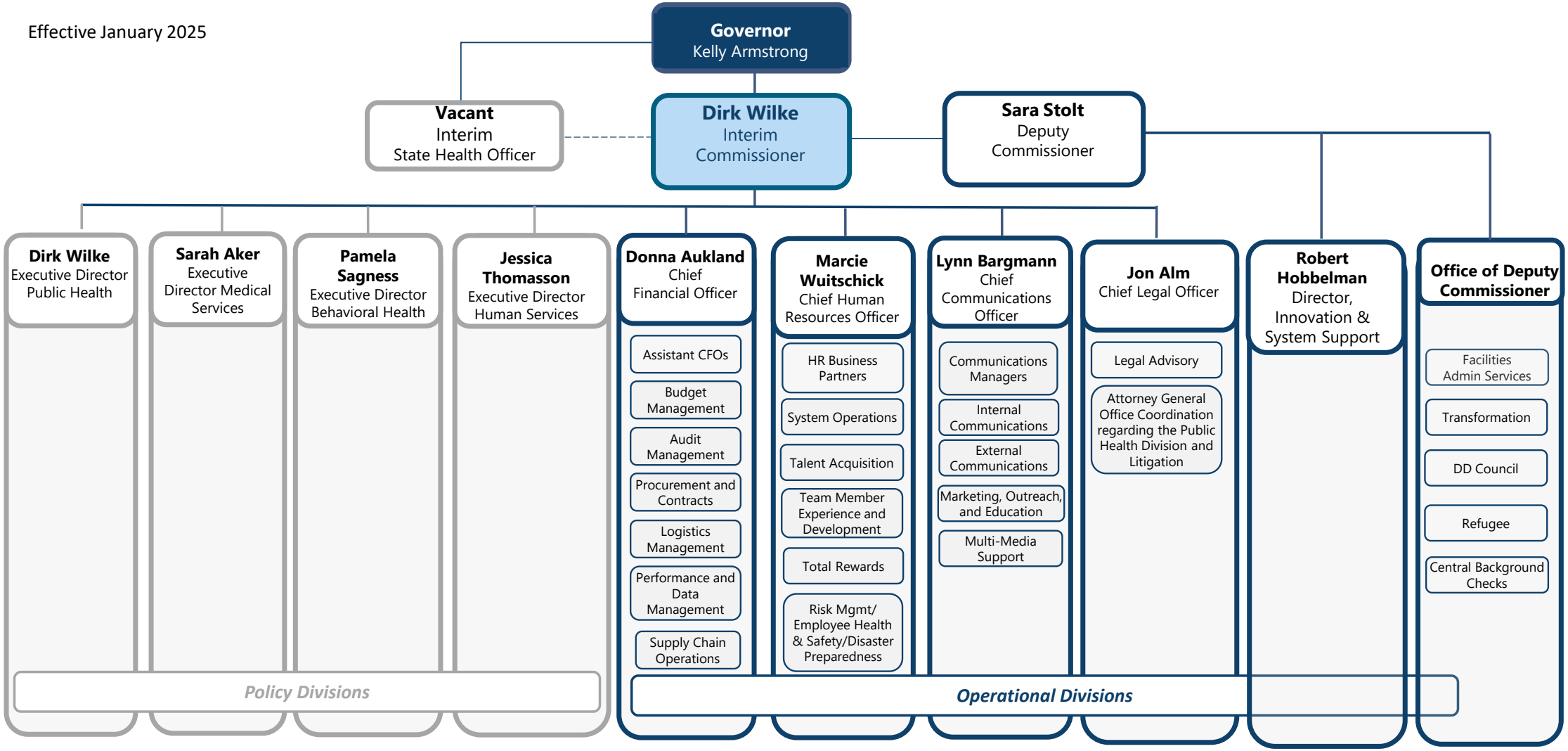
Health & Human Services

ND Department of Health & Human Services

Effective January 2025



The Foundation for Success

Operations

- Strong hiring and retention practices
- Sound financial management
- Essential IT Systems
- Safe facilities and spaces
- Legal counsel and support
- Core communications

Program + Policy



Direct Services

Benefits + Supports

"A company can seize extra-ordinary opportunities only if it is very good at the ordinary operations." - Marcel Telles

Legal Division





General legal counsel for:

- Hundreds of federal and state laws and regulations
- Approximately 80 different programs and direct client care facilities
- Contracts and procurements

Supporting programs include:

- Eligibility trust and assets reviews
- Estate recoveries
- Administrative rules
- Administrative appeals/Intentional program
- Americans with Disability Act and Civil Rights Compliance
- HIPAA compliance and support
- Records management

Human Resources Division



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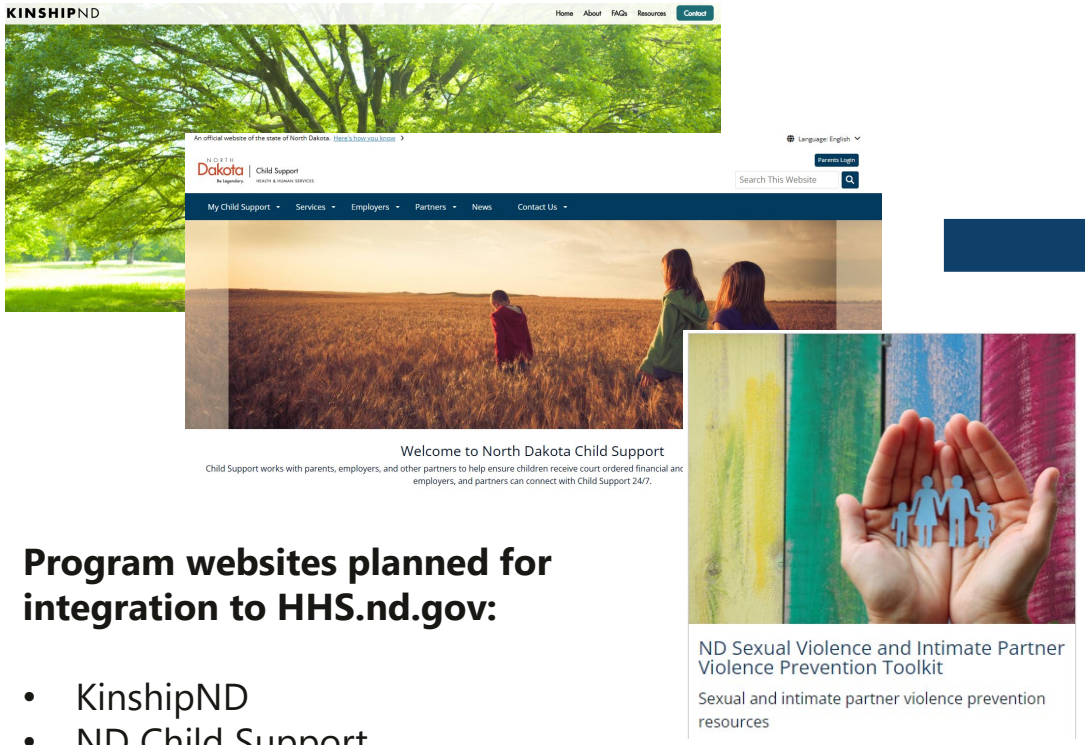
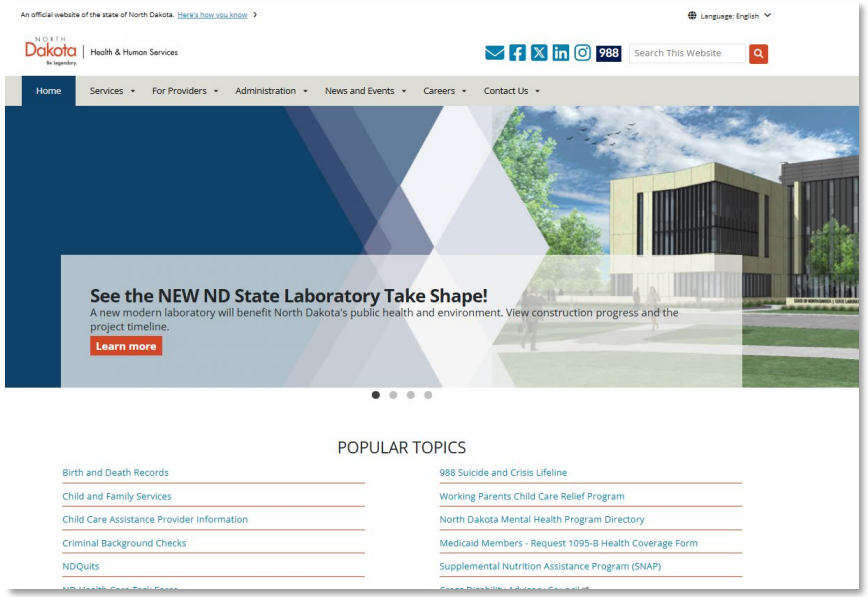
Improve access: Streamline and strengthen communications touchpoints, making it easier for North Dakotans to meet their health and well-being needs



Program websites planned for integration to HHS.nd.gov:

- KinshipND
- ND Child Support
- ND Sexual Violence and Intimate Partner Violence Prevention Toolkit



HHS.nd.gov

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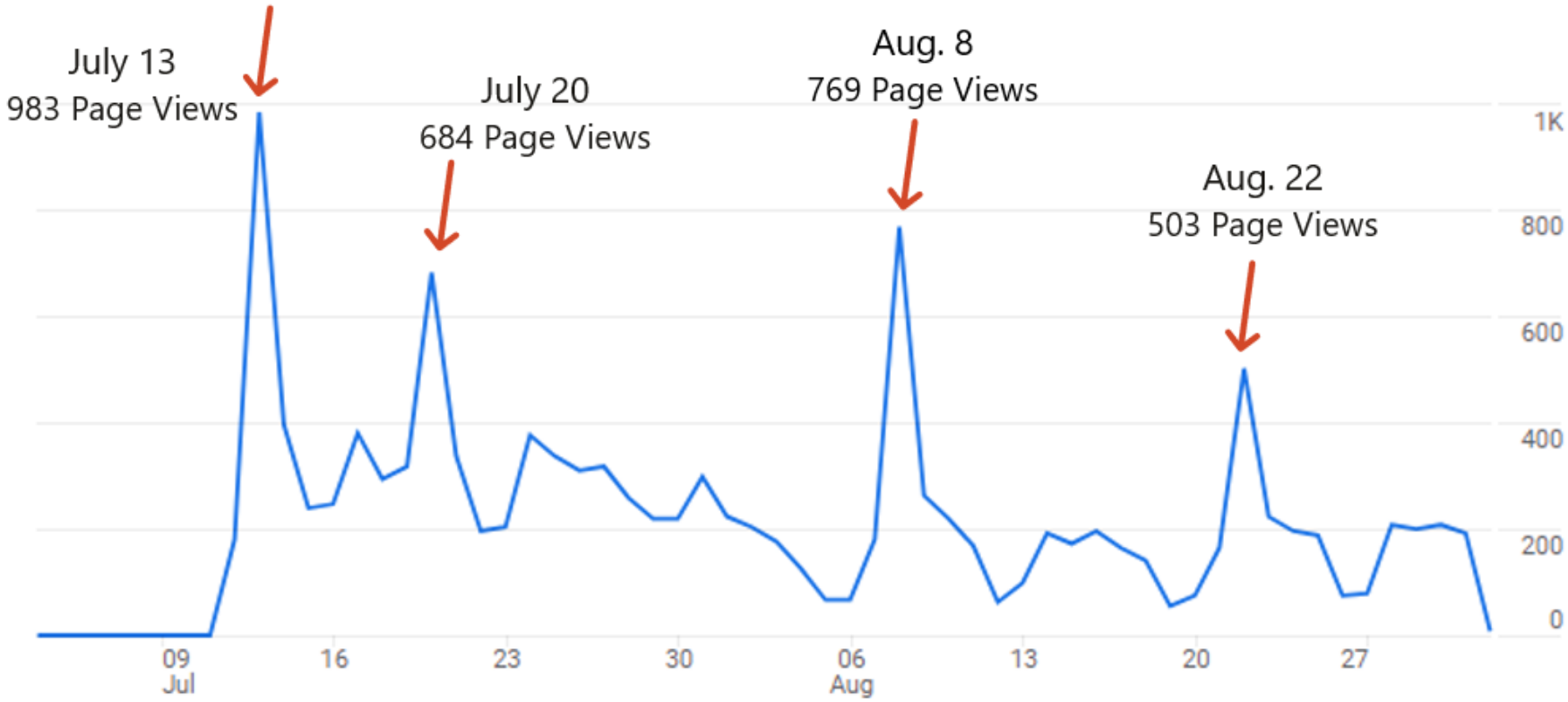
Improve access: Text message campaigns are connecting North Dakotans to critical information



2023-24 Medicaid Stay Covered ND campaign: Text and email message push dates resulted in corresponding spikes in page views to program content on HHS.nd.gov.

Foster engagement and trust with those we serve, the public and the media

Storytelling campaigns



Child Passenger Seat Safety Awareness

Community engagement



"Recovery Rocks" campaign

Partner | provider engagement



Working Parents Child Care Relief Employer Toolkit

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Finance Division



- Budget Management
- Procurement & Contracts Management
- Grants / Funds Management
- Audit & Compliance Management
- Accounts Payable
- Revenue Management
- Year End Close

Decrease in audit findings since 2017

Agency Audits	
Audit Year	Number of Findings
2015	20
2017	21
2019	8
2021	8
2023	3

Single Audits	
Audit Year	Number of Findings
2016	61
2018	36
2020	18
2022	17

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Office of the Deputy Commissioner

Project Management	Change Management	IT and Data Governance	Facilities Management
Criminal Background Checks	Document Management	Refugee Services	State Council on Disabilities

Refugee Services Overview







2024

Our role

- Cultivate economic success
- Support community integration

Services

- Employment Support
- English Learning
- Legal Services
- Health Access

Partners

- ND Job Service
- Adult Learning Centers
- City Governments
- Public Schools
- Health Providers

Outcomes

400 Refugees entered employment

100% continued at the original employer after 90-days

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DD Council





The Council is a federally funded program that creates initiatives that give a voice to people with developmental disabilities and their families by promoting leadership and self-advocacy; and developing coalitions to improve public policy. We exist to improve systems and supports across the state of North Dakota.

Successes

Invested in:

- Creation of inclusive daycare summer programs
- Inclusive middle school, high school, and higher education programs
- New housing environments for people living in Grand Forks
- Supported advocacy training in 7 communities
- Funded an Olmstead Plan for the state
- Provided small grants to families so they can learn about disability

Business Operations Executive base budget

Description	2023-25 Budget Base	Increase/ (Decrease)	2025-27 Executive Budget
Salaries and Benefits	$ 35,249,277	$ 7,811,751	$ 43,061,028
Operating	(3,699,288)	18,169,244	14,469,956
IT Services	24,256,038	7,675,111	31,931,149
Capital Asset Expense	-	-	-
Capital Assets	108,934	(108,934)	-
Grants	11,812,627	6,966,375	18,779,002
Total	**$ 67,727,588**	**$ 40,513,547**	**$ 108,241,135**

General Fund	**$ 31,659,601**	**$ 22,799,609**	**$ 54,459,210**
Federal Funds	**34,092,770**	**18,442,485**	**52,535,255**
Other Funds	**1,975,217**	**(728,547)**	**1,246,670**
Total Funds	**$ 67,727,588**	**$ 40,513,547**	**$ 108,241,135**



Contact Information

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www.hhs@nd.gov

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THE CHAMBER
FARGO MOORHEAD WEST FARGO

Letter of Support – HB 1012

Monday, January 13th, 2025

Chairman Nelson and Members of the House Appropriations Committee - Human Resources Division,

For the record, my name is Cale Dunwoody, and I have the distinct pleasure of serving as the Vice President of Public Policy for the Fargo Moorhead West Fargo Chamber of Commerce (FMWF Chamber). On behalf of our more than 1,700 members, I respectfully offer testimony in support of House Bill 1012.

At the FMWF Chamber, our mission is to protect and promote business, inspire individuals, cultivate communities, and influence action. One of the significant challenges our members face is the critical shortage of affordable, accessible, and high-quality childcare, which directly impacts workforce availability and stability. Our region continues to grapple with the shortage of childcare slots, particularly for infants and toddlers, due to the high costs associated with providing these essential services.

As the committee considers House Bill 1012, we urge you to prioritize continued funding for existing childcare programs and allocate additional resources to support childcare facilities and expand childcare capacity. Addressing this pressing issue is vital for the well-being of our families, the strength of our workforce, and the growth of the economy.

Thank you for your attention to this matter and your commitment to North Dakota.

Sincerely,

Cale Dunwoody
Vice President of Public Policy
Fargo Moorhead West Fargo Chamber of Commerce

2025 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

HB 1012
1/13/2025

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

1:50 p.m. Chairman J. Nelson called the meeting to order.

Members Present: Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Berg, Mitskog, Murphy, O' Brien, Wagner.

Discussion Topics:

- Public Health Division
- Improvement plan
- Priorities
- Accomplishments
- Challenges
- Audit findings
- Base budget
- State laboratory
- Medical marijuana

1:50 p.m. Dirk Wilke, Interim Health and Human Services Commissioner, testified and presented and overview of the public health division #28445.

2:09 p.m. Kirby Kruger, Director of Disease Control and Forensic Pathology Health and Human Services, spoke to childhood disease infectious rates and prevention.

2:17 p.m. Dirk Wilke, Interim Health and Human Services Commissioner, testified and continued with testimony #28445.

2:36 p.m. Jason Wahl, Director of ND Medical Marijuana Program, spoke on studies related to marijuana.

2:40 p.m. Dirk Wilke, Interim Health and Human Services Commissioner, testified and continued with testimony and related bills #28445.

2:45 p.m. Donna Aukland, Chief Operating Officer Health and Human Services, spoke to the glossary of terms that was distributed #28748.

2:47 p.m. Chairman J. Nelson adjourned the meeting.

Jan Kamphuis, Committee Clerk



House Bill 1012

House Appropriations Committee; Human Resources Division

Representative Nelson, Chairman

Department of Health and Human Services

Public Health Division | January 13, 2025

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Our **Vision**

North Dakota is the healthiest state in the nation.

Our **Mission**

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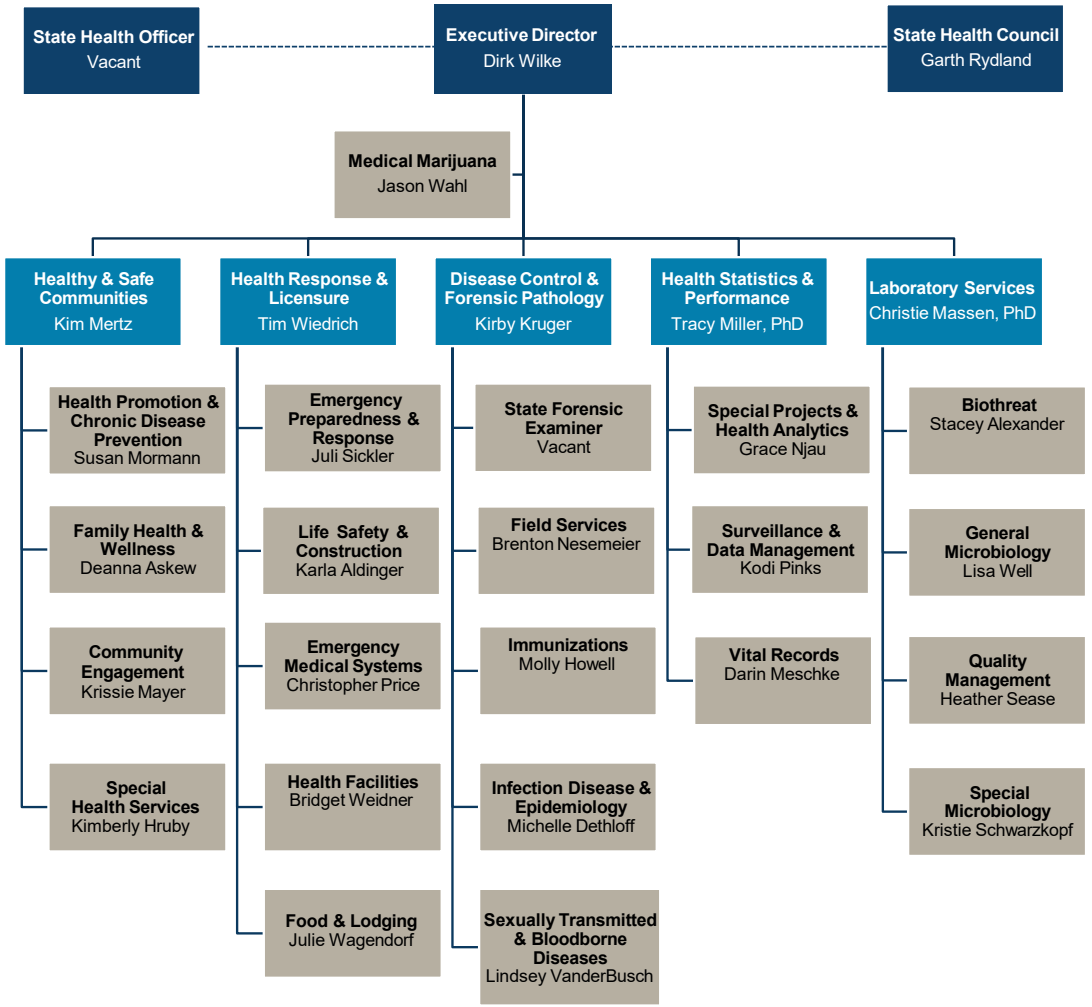
Public Health Division



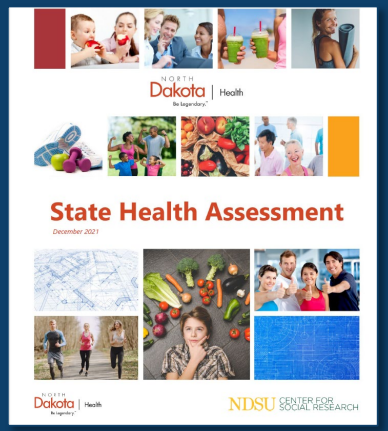
December 2024

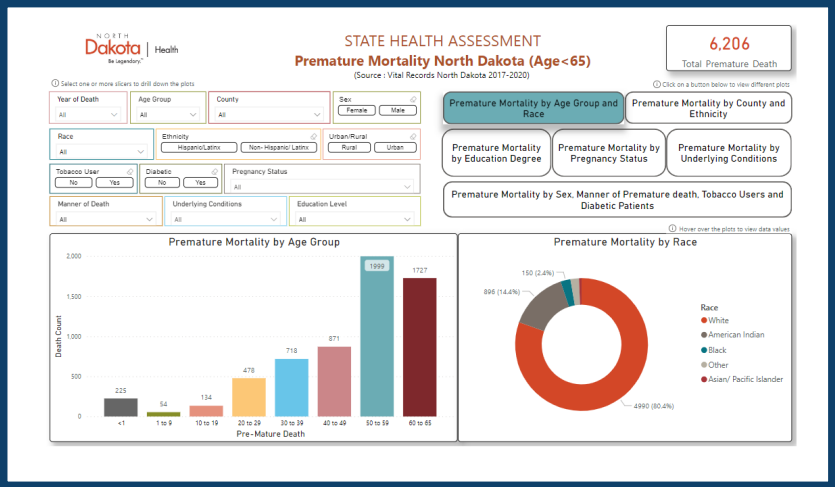


STATE HEALTH IMPROVEMENT PLAN 2024-2029

HHS State Health Assessment and Dashboard

https://www.hhs.nd.gov/health/data-and-statistics/SHA





- A requirement for public health accreditation and the Affordable Care Act. Required to be done every 3-5 years.
- Very comprehensive review of all health-related data available to the public health division. Quantity and Quality of Life in ND.
- HHS Health Statistics & Performance analyzed vital records, survey data, census data, hospital discharge information, health care utilization, health care access, etc.
- Focus groups were conducted to get stakeholder input.
- NDSU CSR assisted in data analysis and wrote the final report summary, last completed in 2021.
- Published on the HHS website as a dashboard for the public to use.

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State Health Improvement Plan Priorities



Strengthening Workforce

- Implement effective recruitment, retention, and training strategies for a strong and stable workforce ready to meet the needs of North Dakotans



Cultivating Wellness

- Further the collective commitment to improving the health outcomes of all our communities by investing in developing strategies to:
  - Strengthen childhood opportunities and reduce adverse childhood experiences,
  - Decrease occupational injuries,
  - Curb tobacco and e-cigarette usage, and
  - Enhance the length and quality of life of tribal populations and older adults.



Expand Access and Connection

- Enhance well-being by expanding access to essential healthcare services, such as primary care, cardiac care, oral care, cancer screening, and chronic disease management and prevention.
- Additionally, support strategies to actively connect individuals to referrals for services and programs that support their holistic well-being, ensuring that everyone has the opportunity to receive the care and support they need



Building Community Resilience

- Build capacity and enhance readiness for infectious disease response, emergency preparedness and response,
- Strengthen overall community resilience while being responsive to the challenges of rural communities

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2023-25 Accomplishments



State Health Improvement Plan

State Health Improvement Plan (SHIP) launched on April 11, 2024.



Multi-Partner Health Collaborative

Formed the Multi-Partner Health Collaborative which advocates for increasing access to options that foster health and wellness throughout our state.



New Lab Milestones

Held Groundbreaking ceremony on April 16, 2024, and final beam raising ceremony on October 24, 2024.



WIC

In 2023, the WIC Program served 16,225 participants, which included 4,727 infants and in 2024 served 16,601 participants including 4,877 infants



Emergency Operation Missions

Conducted 378 missions for long term care, hospital, gap staffing, and local public health support, 91 missions for patient transport coordination, and 1,359 courier missions of medical cache and lab specimens.



Data Quality

Ranked 3rd and 5th in National Violent Death Registry System rankings in 2023 and 2024 nationally in performance indicators by CDC.

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Challenges Ahead

Return to Core Public Health Services

- Preventative Screenings.
- Routine Wellness Checks.
- Regulatory Environment



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SFY 22 Single Audit Findings

2022-005 Coronavirus Relief Fund	2022-006 Coronavirus Relief Fund	2022-007 WIC Special Supplemental Nutrition Program for Woman, Infants and Children
Recommendation: Communicate all required information of 2 CFR 200.332(a) to subrecipients. Develop procedures to ensure that all Coronavirus Relief Fund award information is communicated to subrecipients.	**Recommendation:** Conduct during-the-award monitoring activities as required for passthrough entities in accordance with 2 CFR 200.332.	**Recommendation:** Conduct during-the-award monitoring activities as required for passthrough entities in accordance with 2 CFR 200.332.
Corrective Action: Procedures and additional internal controls have been added to ensure all required award information is communicated to subrecipients to the extent this information is available.	**Corrective Action:** Procedures have been developed in cooperation with the integrated Department of Health and Human Services internal audit division to designate responsibility and processes for subrecipient monitoring activities during the award period.	**Corrective Action:** Procedures have been implemented to ensure all subrecipients obtain audits or a certification that an audit is not required in accordance with 2 CFR 200 Subpart F.
Completed June 30, 2023	Completed June 30, 2023	Completed June 30, 2023

Comparison of budgets and funding (in millions)

By Major Expense

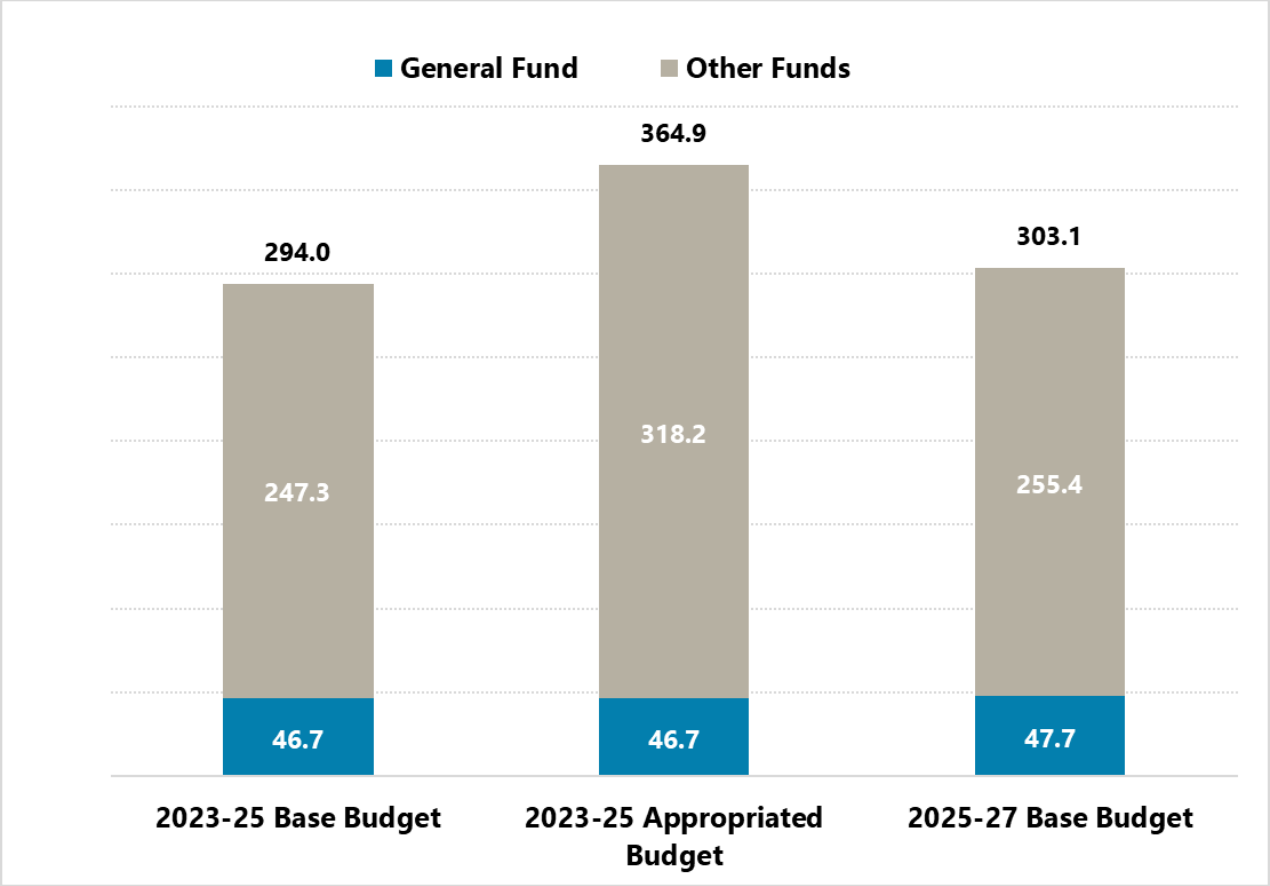
Description	2023-25 Base Budget	Increase/ (Decrease)	2025-27 Base Budget
Salaries and Benefits	$ 56,186,096	$ (3,413,922)	$ 52,772,174
Operating	79,472,661	32,205,789	111,678,450
IT Services	21,514,248	7,190,573	28,704,821
Capital Asset Expense	189,000	(64,000)	125,000
Capital Assets	1,830,780	(323,480)	1,507,300
Grants	134,774,793	(26,505,664)	108,269,129
Total	**$ 293,967,578**	**$ 9,089,296**	**$ 303,056,874**
General Fund	**$ 46,683,772**	**$ 1,006,985**	**$ 47,690,757**
Federal Funds	**210,811,804**	**9,240,644**	**220,052,448**
Other Funds	**36,472,002**	**(1,158,333)**	**35,313,669**
Total Funds	**$ 293,967,578**	**$ 9,089,296**	**$ 303,056,874**

Comparison of budgets and funding

By Base Budget, Current Appropriated Budget, and Requested Budget

Explain Increases/Decreases

- Appropriated Budget includes one time funding ($70.9m)
  - $12.8m ARPA State Lab 21-23 carryover
  - $55.1m ARPA State Lab
  - $3m Statewide Health Strategies
- 25-27 Request
  - Increases for all awarded federal funds
  - Increase in general fund to maintain normal operations



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Comparison of budgets and funding

By Budget Account Code

Description	2023-25 Base Budget	Increase/ (Decrease)	2025-27 Base Budget
511x Salaries - Regular	$ 28,742,332	$ 595,781	$ 29,338,113
513x Salaries Temp	13,418,981	(4,980,419)	8,438,562
514x Salaries Overtime	348,123	(234,565)	113,558
516x Salaries Benefits	13,676,660	1,205,281	14,881,941
Total Salaries & Benefits	**$ 56,186,096**	**$ (3,413,922)**	**$ 52,772,174**
52x Travel	2,518,897	(382,361)	2,136,536
53x Supply	21,300,662	851,589	22,152,251
54x Postage & Printing	1,274,284	75,617	1,349,901
55x Equipment under $5,000	74,385	3,981	78,366
56x Utilities	741,085	(213,557)	527,528
57x Insurance	178,960	(40,360)	138,600
58x Rent/Leases - Bldg/Equip	2,787,232	400,318	3,187,550
59x Repairs	3,632,081	164,542	3,796,623
61x Professional Development	645,587	84,454	730,041
62x Fees - Operating & Professional	46,319,488	31,261,565	77,581,053
53x IT Supplies	867,720	828,680	1,696,400
60x IT Expenses	20,646,528	6,361,893	27,008,421
68x Land, Building, Other Capital	189,000	(64,000)	125,000
69x Equipment Over $5,000	1,830,780	(323,480)	1,507,300
71x Grants, Benefits, & Claims	134,769,793	(26,505,664)	108,264,129
72x Transfers	5,000	-	5,000
Total Operating	**$ 237,781,482**	**$ 12,503,218**	**$ 250,284,700**
Total	**$ 293,967,578**	**$ 9,089,296**	**$ 303,056,874**

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Comparison of budgets and funding

Recap of Total Funding by Source

Description	2023-25 Base Budget	Increase/ (Decrease)	2025-27 Base Budget
General Fund	$ 46,683,772	$ 1,006,985	$ 47,690,757
Federal Funds	210,811,804	9,240,644	220,052,448
Other Funds	36,472,002	(1,158,333)	35,313,669
Total Funds	$ 293,967,578	$ 9,089,296	$ 303,056,874



One-time funding 2023-2025

State Laboratory Project

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State Laboratory Request

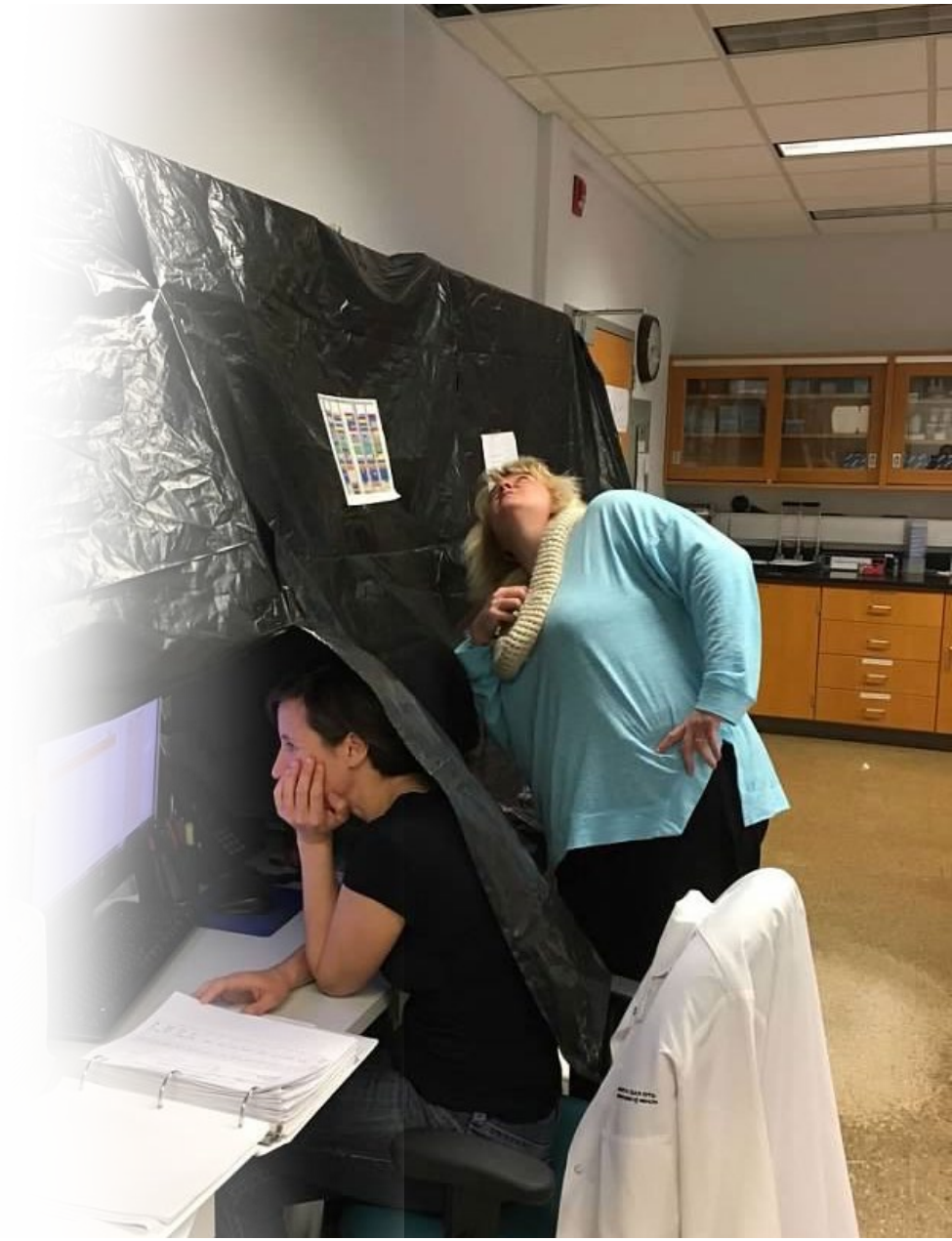
Current facility

The original building was built in 1974.
The addition was built in 2004.
Temporary trailers were added during the pandemic response to support testing needs in the state.

New State Lab

Regional, Ready & Responsive

Will increase the ability to be agile and to respond to changing demands in our region, increase the emergency preparedness of the laboratory, and allow for an expanded test menu in areas of toxicology, chemistry and hematology services.



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State Laboratory Appropriations

November 2021 Special Session

- Initial Funding - $15M
- American Rescue Plan Act (ARPA) funding.
- Planning and development phase.



2023 Legislative Session

- Approved additional $55,120,000
- Established Laboratory Building Steering Committee



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Progress and Timelines

2023

- August 1, 2023 → Laboratory Steering Committee is formed and holds 1st meeting.
- November 7, 2023 → Capitol Grounds Committee approved location and exterior



2024

- February 15, 2024 → Bid Opening is held.
- April 4, 2024→ Guaranteed Maximum Bid Contract is executed
- April 16, 2024 → Groundbreaking Ceremony
- April 17, 2024→ Construction begins
- October 24, 2024→ Beam Signing Ceremony



Ground-Breaking Ceremony



Beam Signing Ceremony



Website and Site Camera

ND State Laboratory | Health and Human Services North Dakota

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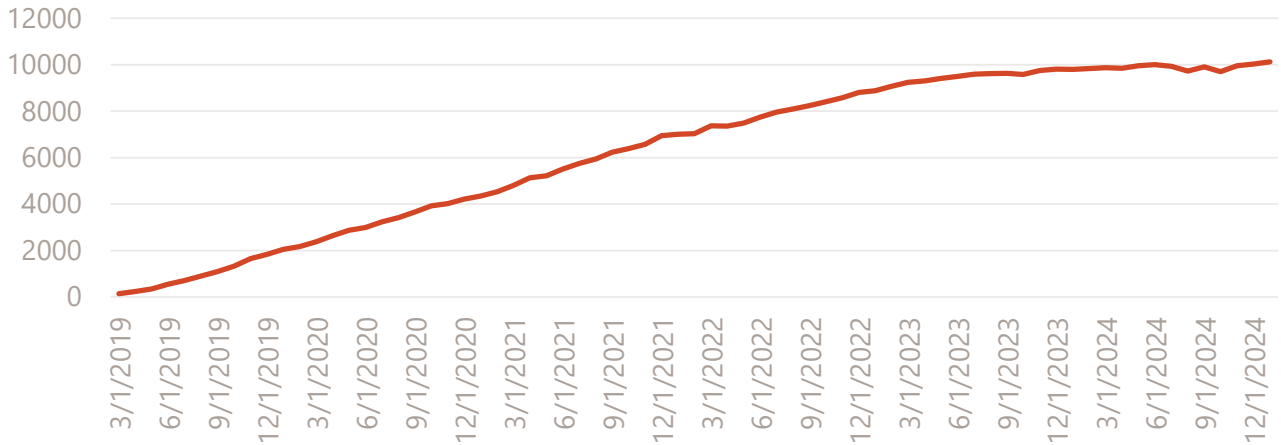
Medical Marijuana Program

Total Dispensary Sales (by Fiscal Year)

	2020	2021	2022	2023	2024	2025 (6 months)
Total Sales	$6,361,000	$15,336,000	$19,970,000	$21,606,000	$22,424,000	$11,197,000
Percent of Total Sales that were Dried Leaves and Flowers	67%	72%	69%	66%	62%	61%

Total Number of Registered Qualifying Patients



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Medical Marijuana – Continuing Appropriation

Status of the Medical Marijuana Fund

	2017-2019 Biennium	2019-2021 Biennium	2021-2023 Biennium	2023-2025 Biennium^
Revenue	$1,023,300	$1,874,374	$2,114,824	$1,028,765
Expenditures*	($6,176)	($1,254,332)	($1,609,658)	($1,301,626)
Ending Fund Balance	**$614,188**	**$1,234,230**	**$1,739,396**	**$1,466,535**

* General Fund expenditures for the 2017-2019 biennium totaled $677,064.

^ Information through November 30, 2024.

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New Sections

SECTION 9. LABORATORY BUILDING STEERING COMMITTEE

- The department of health and human services shall maintain the laboratory building steering committee to oversee the design and construction of the laboratory building project for the biennium beginning July 1, 2025, and ending June 30, 2027, or until work is completed, whichever occurs earlier. The committee must include representation from the department of health and human services, department of environmental quality, office of management and budget, the governor's office, and the legislative assembly. The legislative assembly representation must include one member of the senate appointed by the senate majority leader, one member of the house appointed by the house majority leader, and one member of the minority party from either the senate or the house appointed by the minority leaders of the senate and the house.

SECTION 17. EXEMPTION - UNEXPENDED APPROPRIATIONS

- The sum of $55,120,000 appropriated from the federal state fiscal recovery fund for a public health laboratory capital project in chapter 4 of the 2023 Session Laws;

DHHS Public Health Division Related Bills

Bill	Description
HB 1029	Relating to a facility review committee; and to amend and reenact section 48-10-03 of the North Dakota Century Code, relating to the power and duties of the capitol grounds planning commission.
HB 1037	Provide an appropriation to the agriculture commissioner, the attorney general, the department of career and technical education, the department of health and human services, and the department of transportation to increase the use of uncrewed aircraft systems, autonomous vehicles, or other autonomous technologies in the state; to provide for a legislative management study; and to provide for a legislative management report.
HB 1068	Relating to autopsy reports, working papers, and photographs.
HB 1069	Relating to diabetes goals and plans.
SB 1071	Relating to tattooing, body piercing, branding, subdermal implants, and scarification; and to provide a penalty.
SB 2031	Relating to nursing services agencies; and to provide an effective date.
SB 2033	Relating to the distressed ambulance service program; to provide for a legislative management report; and to provide a continuing appropriation.

Summary and Key Takeaways

- Support public health capacity at the state and local levels to meet the needs of a growing population.
- Utilize funding to return to core services and encourage preventative care.
- Adapt to meet the new regulatory environment



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THANK YOU

Dirk D. Wilke, JD, MBA | Executive Director | ddwilke@nd.gov | 328-3256

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GLOSSARY OF TERMINOLOGY

North Dakota Health and Human Services

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GLOSSARY OF TERMINOLOGY

INTERNAL IDENTIFIERS

The following are commonly used terms referring to the HHS organizational structure:

Business Partner – Team members within the Business Divisions that provide strategic business functions across HHS. These include the Finance Division, Human Resources Division, Communications Division, and Legal Division.

Center of Excellence – A body that provides leadership, best practices, research, support and/or training around a specific focus area across program the Program and Business Divisions. The Department has Centers of Excellence for functions including Project Management, Process Improvement, Change Management, and Quality Management.

Division – Program and policy or business vertical; collection of sections or functions (e.g., Public Health Division, Human Resources Division).

Executive Director – Leader of a Programmatic or Business division within HHS.

Function – Subunit of business division (e.g., External Communications function within the Communications Division, Budget Management function within the Finance Division).

Office of Transformation – A function within the Deputy Commissioner's Office that is responsible for the improvement of existing workflows or processes in the Department.

Section – A singular subset of a division (e.g., Early Childhood Section, Aging Services Section).

PARTNERS, PROVIDERS AND PEOPLE WE SERVE

The following are commonly used terms referring to the partners, providers, and people we serve:

Basic Care Facility – Licensed residential facility that provides room and board and services to individuals who need health, social, or personal care services but do not require extensive medical services.

Care Coordinator (child welfare) – Case manager in a child and family case involving severe emotional disturbance.

Child Care Provider – Person, group of persons, or agency responsible for the education and supervision of the child/children in their care in exchange for money, goods, or services.

Licensed Family Child Care – Provider of care for seven or fewer (plus two additional school age children) children in a private residence.

Licensed Group Child Care – Provider of care for up to 30 children in a home or other type of facility, depending on usable space and staff-to-child ratio.
Licensed Preschools – Provider of part-time educational and socialization experiences for children aged two years to kindergarten for no more than three hours per day.

Licensed School-Age Programs – Provider of care for 19 or more school-age children when school is not in session.

Life Skills and Transition Center – State-operated, comprehensive support agency serving people with intellectual and developmental disabilities in Grafton.

LPHU – Local Public Health Unit. One of 28 independent units working in partnership with the North Dakota Department of Health to provide personal and population-based health services to residents in their city and/or county jurisdictions.

MCO – Managed Care Organization. Health care company or a health plan that provides for the delivery of health benefits and additional services to Medicaid beneficiaries through contracted arrangements with Medical Services. This contract helps to improve health plan performance, health care quality, and outcomes while reducing Medicaid program costs.

Peer Support Specialist – Person that uses their lived experience to assist others on their journey to recovery and wellness related to recovery from a mental health disorder, substance use disorder, brain injury, or any combination thereof. They work to help others become and stay engaged in the recovery process by using their lived experience, and skills learned in formal Peer Support training.

PRTF – Psychiatric Residential Treatment Facility. One of six facilities that provide children and adolescents with a comprehensive 24-hour therapeutic environment integrating group living, educational services, and a clinical program based upon an interdisciplinary clinical assessment and an individualized treatment plan that meets the needs of the child and family.

Qualified Service Provider (QSP) – Agency or independent contractor that agrees to meet standards for services and operations established by the Department to provide home and community-based long-term care services to older people and individuals with physical or intellectual disabilities.

Registered Providers – Child care providers who are eligible to participate in the Child Care Assistance Program (CCAP) and who are generally registered by tribal entities. These child care providers may be licensed by tribal entities and subject to their licensing criteria but are not licensed by the state.

SNF – Skilled Nursing Facility. A facility which provides inpatient skilled nursing care and related services to patients who require medical, nursing, or rehabilitative services but does not provide the level of care or treatment available in a hospital. SNF s are licensed by the state and certified by the Centers for Medicare & Medicaid Services (CMS) to participate in the Medicare/Medicaid programs.

CFS – Children and Family Services Division of the Department. CFS has administrative responsibility for the policies and procedures relating to children and families and is responsible for program supervision and technical assistance for the delivery of public child welfare services.

CHIP – Children's Health Insurance Program. Comprehensive health coverage for children 18 years of age and younger. To qualify, a child's family must have a modified adjusted gross income that is greater than the Medicaid eligibility level but does not exceed 175 percent of the federal poverty level.

CPS – Child Protection Services. Services intended to protect the health and welfare of children by encouraging the reporting of children known to be or suspected of being abused or neglected and providing services for the protection and treatment of abused and neglected children to safeguard them from further harm.

Diversion Assistance – Program that provides short-term emergency benefits and services during a "specific crisis or episode of need" for up to four months to families that would otherwise qualify for Temporary Assistance for Needy Families (TANF).

Early Childhood Services (ECS) – Team of Department employees that develops and co-administers the Child Care and Development Fund and reviews and maintains state regulations and policies. ECS supervisors, review and approve licensing studies, issue approved licenses, assess licensing violations, issue appropriate corrective action and supervise licensing specialists. ECS licensing specialists assist potential child care providers through the child care licensing process, conduct child care licensing studies, assess program concerns and work with child care providers to create healthy and safe child care programming.

EA – Economic Assistance. Division of the Department that administers policy for the following programs: Child Care Assistance Program (CCAP), Low Income Home Energy Assistance (LIHEAP), Supplemental Nutrition Assistance Program (SNAP), and Temporary Assistance for Needy Families (TANF), including Diversion Assistance and Job Opportunities and Basic Skills (JOBS). EA policy is also responsible for Alternative to Abortion services, Quality Control/Quality Assurance unit, Policy and System Support unit.

FMAP – Federal Medical Assistance Percentage. Federal matching rate for the Medicaid program. FMAP is evaluated annually on October 1 and is based on the three-year average of North Dakota's per capita personal income as compared to the three-year average of the national per capita personal income.

Food and Nutrition Services (FNS) – Federal agency of the United States Department of Agriculture that, among other duties, administers the Supplemental Nutrition Assistance Program (SNAP).

FTR – Free Through Recovery. Community based behavioral health program designed to increase recovery support services to individuals involved with the criminal justice system who have behavioral health concerns; administered by the Behavioral Health Division of the Department in partnership with the ND Department of Corrections and Rehabilitation.

PRIDE – Parental Responsibility Initiative for the Development of Employment. Collaborative effort involving the Department, Job Service of North Dakota, and district courts to address nonpayment of child support resulting from the unemployment or underemployment of the obligor. PRIDE provides case management, job skills improvement, and job placement to help obligors obtain or improve their employment in order to pay child support.

SAMHSA – Substance Abuse and Mental Health Services Administration. Agency within the US Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. The agency's mission is to reduce the impact of substance abuse and mental illness on America's communities.

SNAP – Supplemental Nutrition Assistance Program. Federally funded USDA program intended to raise levels of nutrition among low-income households by supplementing their food purchasing power with monthly benefits distributed through an electronic benefit card. Formerly called the Food Stamp program.

TANF – Temporary Assistance for Needy Families. Federal block grant program established under Title IV-A of the Social Security Act that provides cash assistance to low-income families with children who are deprived of the support of at least one parent while promoting self-sufficiency through work readiness training and job placement services.

VR – Vocational Rehabilitation. Training and employment services provided to individuals with disabilities so that they can become and/or remain employed. Services are designed to assist business owners and employers in developing short and long-term strategies regarding disability-related issues including staffing; education; tapping into financial incentives associated with hiring an individual who has a permanent injury, illness, or impairment; or ensuring accessibility to goods or services.

Vulnerable Adult Protective Services (VAPS) – Program to address the safety of vulnerable adults who are at-risk of harm due to the presence or threat of abuse, neglect or exploitation.

WIC – Special Supplemental Nutrition Program for Women, Infants, and Children. This program offers healthy food for proper growth and development and helps families choose healthier ways of eating. WIC is for eligible pregnant, breastfeeding and postpartum women, infants, and children under 5 years and is available in all North Dakota counties.

SYSTEMS AND TOOLS

The following define commonly used systems and tools across HHS:

CCWIPS – Comprehensive Child Welfare, Information, and Payment System. Computerized case management and payment system for foster care and adoption services

FACSES – Fully Automated Child Support Enforcement System. Federally certified computer system that supports the processing of child support cases in North Dakota and supports the State Disbursement Unit (SDU) in processing child support payments.

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2025 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

HB 1012
1/14/2025

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

2:29 p.m. Chairman J. Nelson called the meeting to order.

Members Present: Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Berg, Mitskog, Murphy, O' Brien, Wagner.

Discussion Topics:

- Coverage
- Services
- Challenges
- Opportunities
- Successes
- Areas of risk
- Key priorities
- Goals
- Key budget drivers

2:29 p.m. Sarah Aker, Executive Director, Medical Services Division, North Dakota Health and Human Services, testified and presented an overview of the medical services division #28936.

4:40 p.m. Chairman J. Nelson adjourned the meeting.

Jan Kamphuis, Committee Clerk



House Bill 1012

House Appropriations | Human Resources Division
Representative Nelson, Chairman

Medical Services Overview | Sarah Aker | Executive Director

January 14, 2025

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Our **Vision**

North Dakota is the healthiest state in the nation.

Our **Mission**

HHS fosters positive, comprehensive outcomes by promoting economic, behavioral and physical health, ensuring a holistic approach to individual and community well-being.

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Acronyms

AMP - Average Manufacturer Price
BCBS ND – Blue Cross Blue Shield of North Dakota
CAH – Critical Access Hospital
CCBHC – Certified Community Behavioral Health Clinic
CFR – Code of Federal Regulation
CMS – Centers for Medicare & Medicaid Services
CON – Certificate of Need
CY – Calendar Year
DME – Durable Medical Equipment
DOCR – ND Department of Corrections & Rehabilitation
DRG – Diagnosis Related Group
DSH – Disproportionate Share Hospital
D-SNP – Dual Eligible Special Needs Plan
DUR – Drug Use Review
EAPG – Enhanced Ambulatory Patient Groups
EPSDT – Early, Periodic, Screening, Diagnosis, & Treatment
FFM – Federally Facilitated Marketplace
FFP – Federal Financial Participation
FFS – Fee for Service
FFY – Federal Fiscal Year (October 1 – September 30)
FMAP – Federal Medical Assistance Percentage
FPL – Federal Poverty Level
FQHC – Federally Qualified Health Center
FTE – Full Time Equivalent
GME – Graduate Medical Education
HCBS – Home and Community Based Services
HHS – ND Department of Health & Human Services
HIE – Health Information Exchange
HIN – Health Information Network
HSC – Human Service Center
HSZ – Human Service Zone
IAPD – Implementation Advance Planning Document
ICF – Intermediate Care Facility
IHS – Indian Health Services
IMD – Institution for Mental Disease
LOC – Level of Care
LS – Long Stay
LTC – Long Term Care
MCO – Managed Care Organization
MDRP - Medicaid Drug Rebate Agreement
MFCU – Medicaid Fraud Control Unit
MLR – Medical Loss Ratio
MMIS – Medicaid Management Information System (Claims Processing System)
MOE – Maintenance of Effort
NEMT – Non-Emergency Medical Transportation
NF – Nursing Facility
NFIP – Nursing Facility Incentive Program
OAPD – Operational Advance Planning Document
OOS – Out of State
PACE – Program of All Inclusive Care for the Elderly
PA – Prior Authorization
Part D – Medicare Prescription Drug Program
PDL – Preferred Drug List
PDMP – Prescription Drug Monitoring Program
PDPM – Patient Driven Payment Model
PDN – Private Duty Nursing
PERM – Payment Error Rate Measurement
PHE – Public Health Emergency
PMPM – Per Member Per Month
PPS – Prospective Payment System
PRTF – Psychiatric Residential Treatment Program
PUPM – Per Utilizer Per Month
QRTP – Qualified Residential Treatment Program
QSP – Qualified Service Provider
RFP – Request for Proposal
RHC – Rural Health Clinic
RVU – Relative Value Unit
Rx - Prescription
SA – Service Authorization
SFY – State Fiscal Year (July 1 – June 30)
SNAP – Supplemental Nutritional Assistance Program
SPA – State Plan Amendment
SSA – Social Security Administration
SSP – Self Service Portal
SSI – Supplemental Security Income
TANF – Temporary Assistance for Needy Families
Title XIX – Medicaid
Title XXI (CHIP) – Children's Health Insurance Program
TMSIS – Transformed Medicaid Statistical Information System
TPL – Third Party Liability
UPL – Upper Payment Limit
UR – Utilization Review
UTI – Urinary Track Infection
VBP – Value Based Purchasing
WIC – Women, Infant, Children Program

Medical Services Presentation Roadmap

- Who We Serve
- Who We Are
- Improving the Lives of North Dakotans
- 2025 – 2027 Budget & Other Resource Requirements
- Summary



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Who We Serve

North Dakota Medicaid

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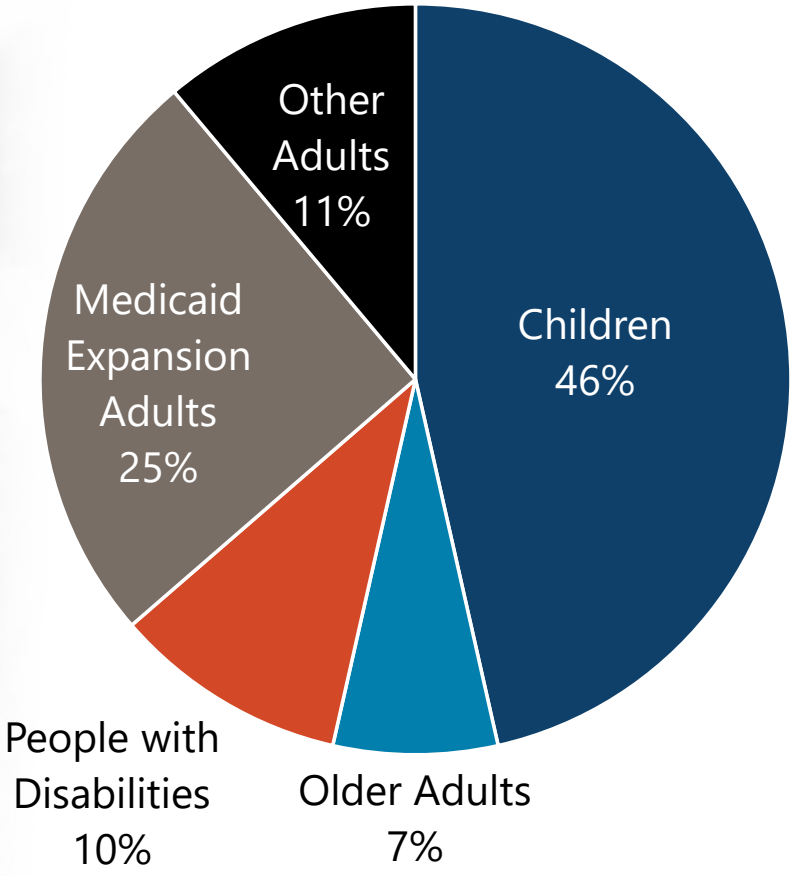
Who is covered by North Dakota Medicaid?



State Fiscal Year 2024

- 152,273 Unduplicated Individuals
- 112,558 Average Monthly Enrollment

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Who We Serve



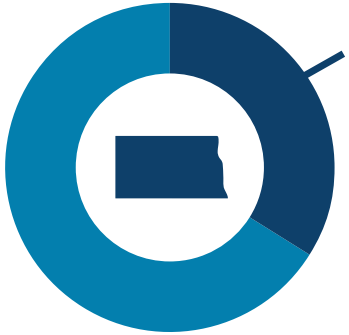
Nearly **1 in 7 North Dakotans** in any given month will have health coverage through Medicaid or CHIP



Up to **1 of every 3 children** under the age of 19 in North Dakota has health coverage through Medicaid or CHIP



52.5% nursing facility residents are paid by Medicaid



34% of children born in North Dakota will be on Medicaid or CHIP during their first year of life

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Federal Poverty Level & HHS Programs

2024 CALENDAR YEAR FEDERAL POVERTY GUIDELINES

Annual Amount at Various Income Percentage Levels

Family Size	34%	100%	130%	138%	175%	185%	205%
1	$5,120	$15,060	$19,578	$20,783	$26,355	$27,861	$30,873
2	$6,950	$20,440	$26,572	$28,207	$35,770	$37,814	$41,902
3	$8,779	$25,820	$33,566	$35,632	$45,185	$47,767	$52,931
4	$10,608	$31,200	$40,560	$43,056	$54,600	$57,720	$63,960
5	$12,437	$36,580	$47,554	$50,480	$64,015	$67,673	$74,989
6	$14,266	$41,960	$54,548	$57,905	$73,430	$77,626	$86,018
7	$16,096	$47,340	$61,542	$65,329	$82,845	$87,579	$97,047
8	$17,925	$52,720	$68,536	$72,754	$92,260	$97,532	$108,076

Children	**205%**
Parent/Caretaker	**34%**
Expansion Adults	**138%**
Pregnant Women	**175%**
SNAP	**130%**
WIC	**185%**

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Who We Are

Medical Services Division

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What is Medicaid?

- Medicaid is the nation's publicly financed health care coverage program for low-income people enacted in 1965 under Title XIX of the Social Security Act and Title XXI of the Children's Health Insurance Program (CHIP) enacted in 1997
  - An entitlement program that requires all eligibles to receive services and is funded through federal and state dollars
  - Provides health coverage for eligible individuals
  - It is a Federal – State partnership
- States administer the Medicaid program
  - Each state plan is different due to optional services provided making it difficult to compare states side-by-side
- Medicaid is separate from Medicare
  - Medicare is for individuals 65 years and older for all incomes, and for people with disabilities
  - Medicare is a federally administered and funded program
  - Individuals can be eligible for both Medicare and Medicaid.

Medicaid Regulations

Federal Government

Social Security Act (SSA)	Title XIX - Medicaid Title XXI - CHIP
Code of Federal Regulations (CFR)	42 CFR Part IV
State Medicaid Director Letters (SMDLs) and State Health Official (SHO) Letters	Supplemental guidance issued by the Center for Medicare and Medicaid Services (CMS) containing CMS policy interpretations of the SSA or CFR.
Medicaid State Plan & Medicaid Waivers	Acts as a contract between the state and the federal government describing how North Dakota administers the state's Medicaid program and waivers of the Medicaid program.

State Government

Century Code	50-24.1 – Medical Assistance for Needy Persons 50-24.6 – Medical Assistance Drug Use Review and Authorization 50-29 – Children's Health Insurance Program
Administrative Code	75-02-02 – Medical Services 75-02-02.1 – Eligibility for Medicaid 75-02-05 – Provider Integrity 75-02 – Economic Assistance 75-03 – Community Services 75-04 – Developmental Disabilities
State Billing and Policy Manuals	ND Medicaid guidance for providers regarding covered services and billing requirements.

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Mandatory and Optional Covered Services

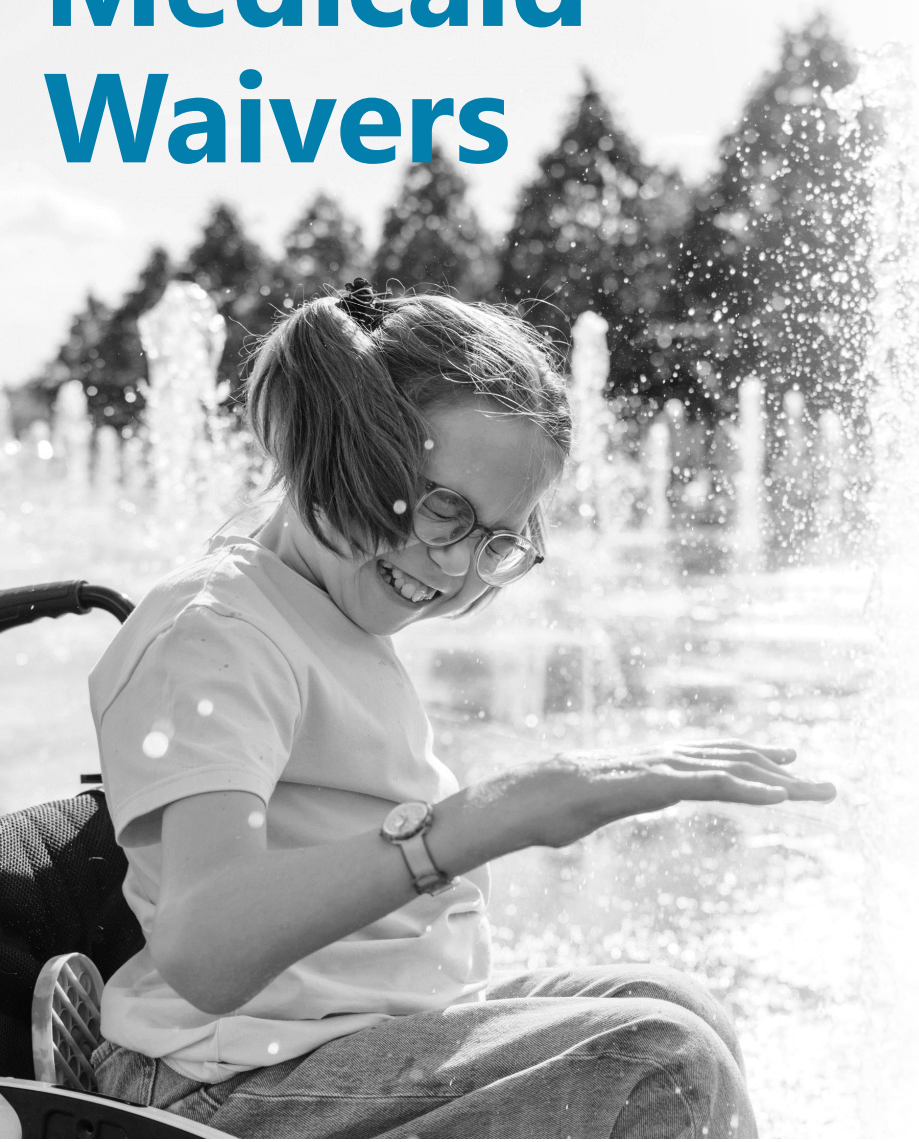
Mandatory Services

- Inpatient hospital
- Outpatient hospital
- EPSDT: Early and Periodic Screening, Diagnostic and Treatment Services
- Nursing facility
- Home health
- Physician services
- Rural health clinic services
- Federally qualified health center services
- Laboratory and x-ray services
- Family planning services
- Nurse midwife services
- Certified Pediatric and Family Nurse Practitioner services
- Transportation to medical care
- Tobacco cessation counseling for pregnant women

North Dakota Optional Services

- Prescription Drugs
- Clinic services
- Physical therapy, occupational therapy and speech, hearing and language disorder services
- Respiratory care services
- Podiatry services
- Optometry services and eyeglasses
- Dental services and dentures
- Prosthetics
- Chiropractic services
- Personal Care and Private Duty Nursing services
- Hospice
- Case Management
- Services for Individuals Age 65 or Older in an IMD
- Services in an ICF for individuals with an intellectual disability
- 1915(i) and 1915(c) Home and Community Based Services
- Inpatient psychiatric services for individuals under age 21
- Basic Care

Medicaid Waivers



- Waivers are a method for a state to test new or different ways to deliver and pay for health care services
  - Cannot waive the basic tenants of Medicaid
  - Cannot cap overall Medicaid enrollment
  - Must be cost/budget neutral
- Can vary from existing federal Medicaid requirements in certain areas
  - Access to services
  - Level of care requirements
  - Services Provided
  - Population Served
- Specific process to obtain Waivers
  - Requires a series of detailed steps, including an application and public notice
  - Requires a series of negotiations between the state and the federal government
- Common waivers include 1915(c) and 1115 waivers.

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North Dakota Medicaid Waivers

1915(c) Home and Community Based Services (HCBS) Waivers

- Autism Spectrum Disorder Waiver
- Children's Hospice Waiver
- Waiver for Medically Fragile Children
- Waiver for Home and Community Based Services
- Traditional Intellectual Disabilities and Developmental Disabilities HCBS Waiver

- 1915(c) waivers have two components of eligibility:
  - Functional Need
    - Assessments are used to measure an individual's needs. The assessment helps shape the care plan in addition to verifying eligibility.
  - Financial
    - For waivers, only the income of the individual applying for the waiver's income is used to determine financial eligibility.
    - Allows coverage of disabled individuals at incomes higher than those that would traditionally qualify for Medicaid.

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HCBS Programs and Populations

	Intellectual and Developmental Disabilities	Physical Disabilities	Behavioral Health
	Medicaid State Plan		
Adults	Traditional Intellectual Disabilities and Developmental Disabilities HCBS Waiver	Waiver for Home and Community Based Services Programs for All Inclusive Care for the Elderly (PACE)	1915(i)
	Medicaid State Plan		
Children	Traditional Intellectual Disabilities and Developmental Disabilities HCBS Waiver Autism Spectrum Disorder Waiver	Waiver for Medically Fragile Children	1915(i)

Children's Hospice Waiver



Money Follows the Person



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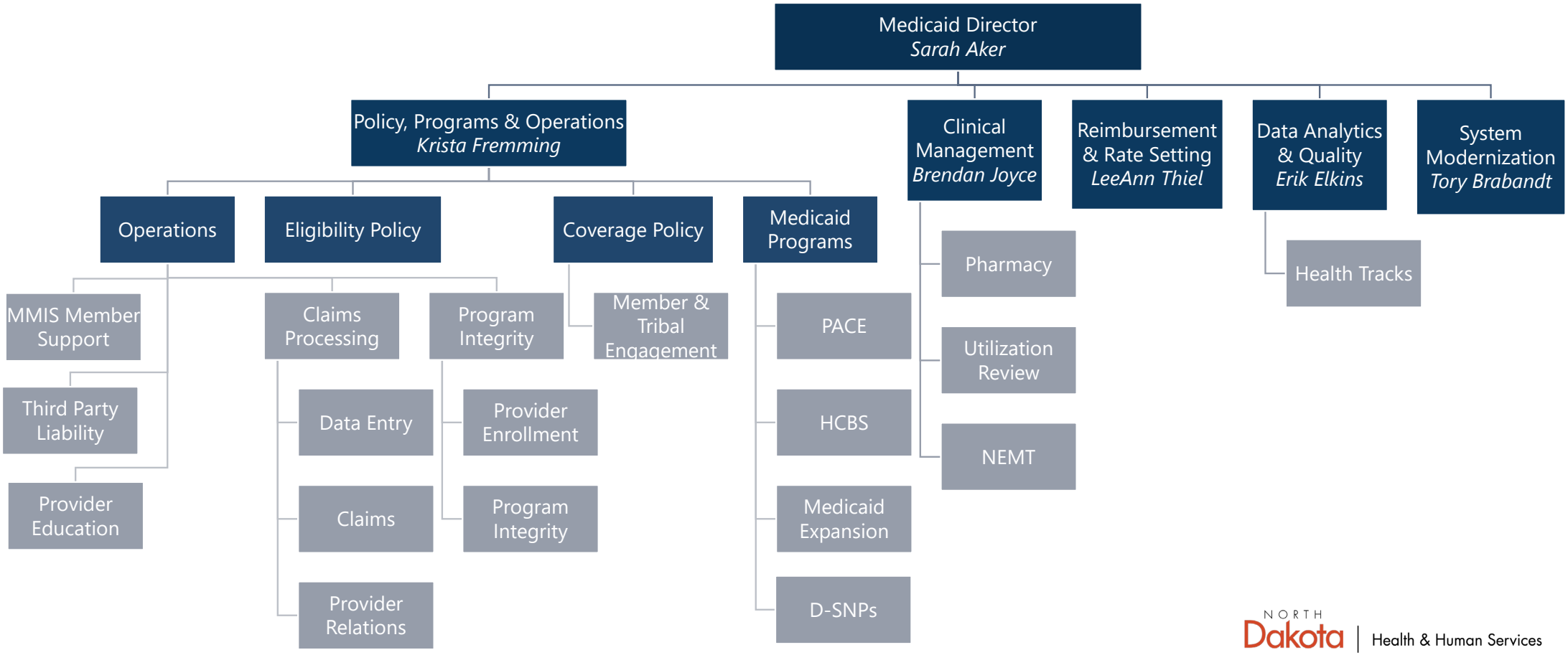
Federal Regulation Changes Issued in 2024

- Interoperability Final Rule
- Eligibility Final Rule
- Access to Care Final Rule
- Managed Care Final Rule
- Minimum Staffing Requirements Final Rule

Medical Services Division



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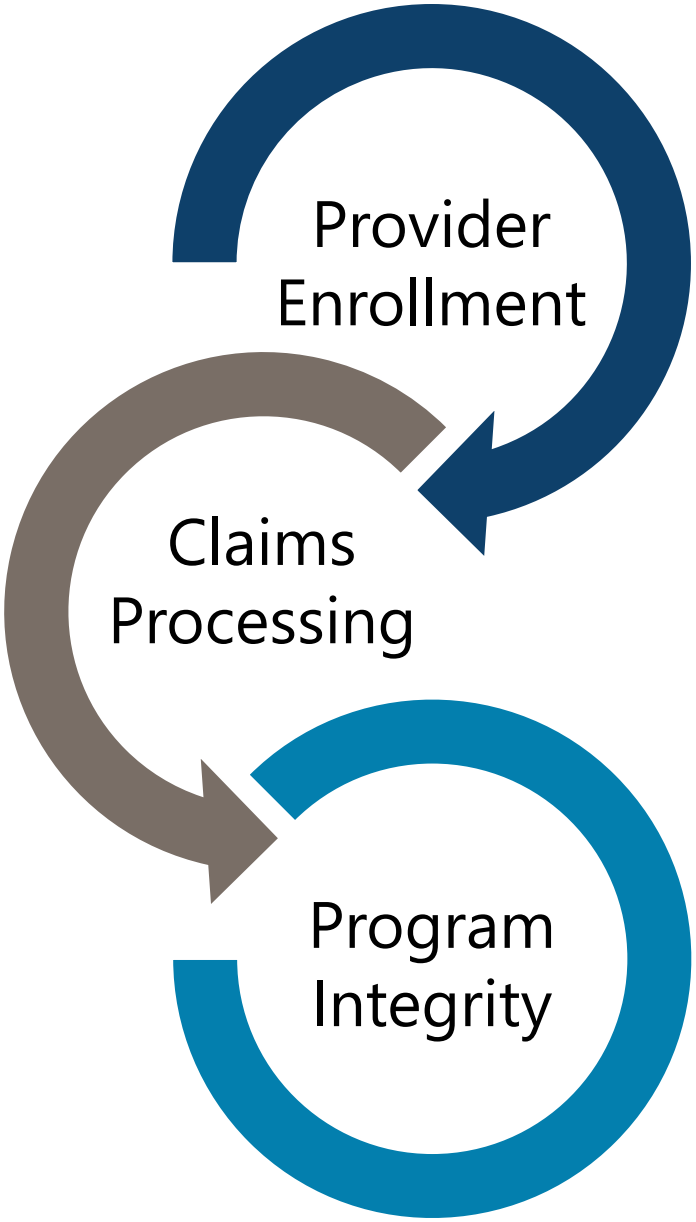

PROVIDER ENROLLMENT

- Ensures providers meet all federal and state standards to enroll as a Medicaid provider and remain an eligible provider.
- ND Medicaid has over 24,000 enrolled providers.
- On average, new enrollments were processed within 11 days.

CLAIMS PROCESSING

- Processes claims for services from Medicaid providers.
  - Includes claim functions for other state entities (ex. DOCR).
- Over 7 million claims processed annually. Claims were processed within 7 days of receipt during SFY24.
  - Data entered 44,115 paper claims in SFY24.
  - Manually processed 634,972 claims in SFY24.
- Answered over 52,000 annual calls from providers & members.

PROGRAM INTEGRITY

- Conducts federally mandated review process through post-payment provider reviews and investigates reports of fraud, waste and abuse.
- Medical Services staff works alongside the Medicaid Fraud Control Unit (MFCU) & CMS Program Integrity Contractors.

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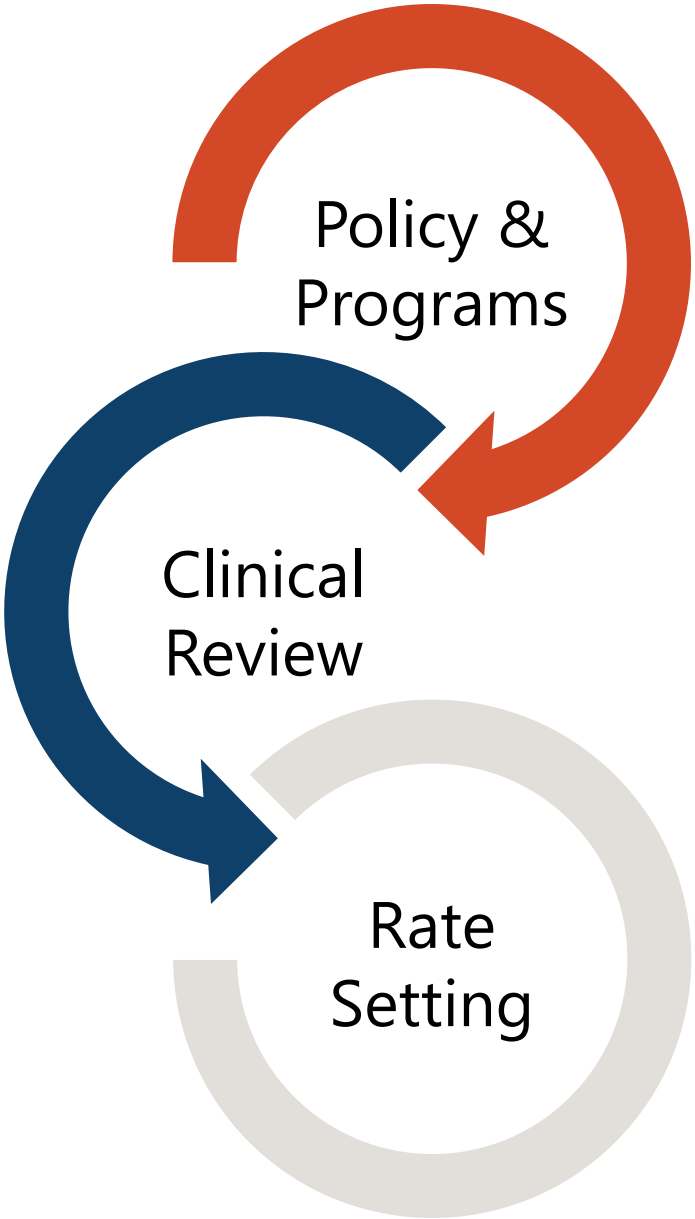
Program Integrity

- Post-Payment Reviews
- Ad Hoc Audits
- Recurring Audits
- Fraud, Waste, Abuse Investigations
- Payment Error Rate Measurement (PERM)
- Unified Program Integrity Contractor Coordination
- Medicaid Fraud Control Unit Coordination

- **2024 Provider Fraud, Waste, Abuse:**
  - Total Opened FWA Cases: 49
  - MFCU Referrals: 6
  - Provider Terminations: 16
- PERM
  - ND last completed PERM in 2022. Current PERM audit in process.

	North Dakota 2022	National 2022	National 2023	National 2024
Fee-for-Service	3.0%	10.42%	6.90%	4.83%
Eligibility	5.0%	11.89%	5.95%	3.31%
Overall	6.9%	15.62%	8.58%	5.09%



POLICY & PROGRAM ADMINISTRATION

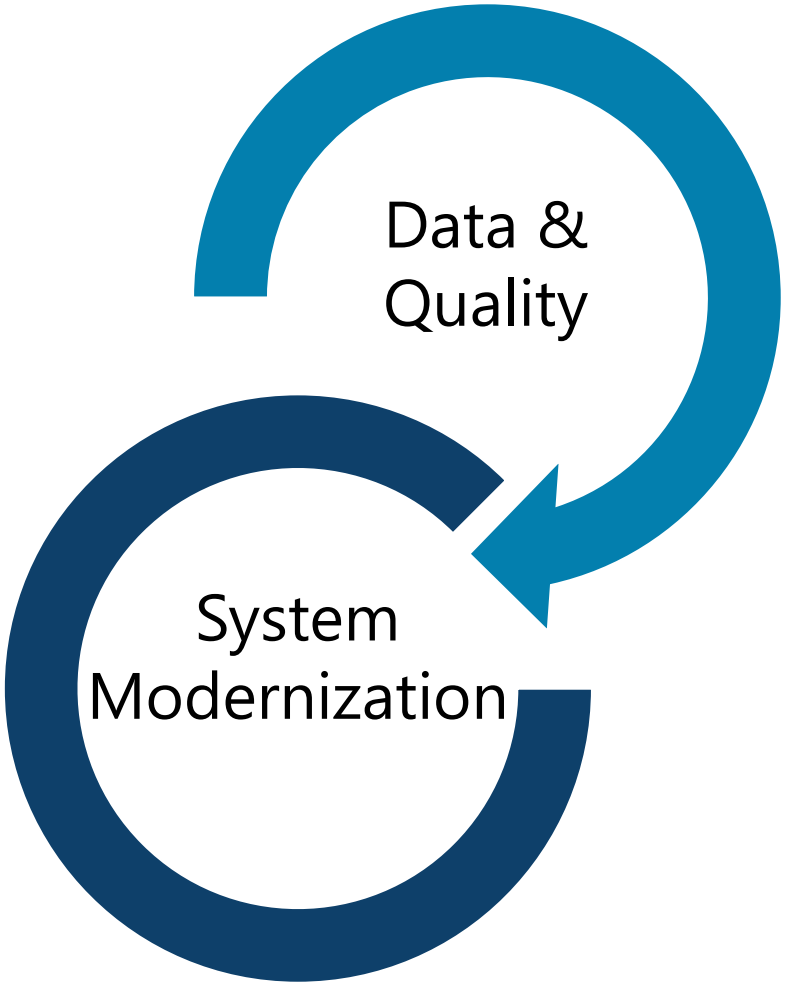
- Eligibility & Coverage Policy
- HCBS Operations & Oversight
- Managed Care Oversight
- Provider, Member & Tribal Engagement

CLINICAL REVIEW & PHARMACY MANAGEMENT

- Service Authorization & Certification of Need
- Non-Emergency Medical Transportation
- Hospital Complex Discharge Planning
- Drug Utilization Review
- Preferred Drug List (PDL) & Supplemental Drug Rebates

REIMBURSEMENT & RATE SETTING

- Research, calculate, and set provider rates and rate methodologies.
- Review & audit provider cost reports.
- Calculate Medicaid Upper Payment Limits.



DATA & QUALITY

- Data Analytics & Reporting
- Quality Strategy
- Health Tracks
- Value Based Programs

SYSTEM MODERNIZATION

- Implement Medicaid IT Roadmap to ensure systems are up to date.
- Responsible for submitting IAPD and OAPD for Medicaid systems to capture enhanced federal match.
- Current & Upcoming Modernization Projects:
  - Systems Integrator | Leidos | Kicked-Off May 2024
  - Module 1: Provider Enrollment | RFP Draft in Progress

2022 Single Audit
Findings and Programmatic Recommendations

- 2022-008 Medicaid Cluster. Develop a corrective action plan to address the errors identified in the audit and recover payments made on unsupported claims. *The Department recovered payments made on unsupported claims. HHS continues to educate providers about documentation requirements for Medicaid services.*
- 2022-009 Medicaid Cluster. Complete a risk analysis and security review of MMIS biennially. *A security review and penetration test was completed by NDIT in 2023. Another is scheduled for 2025.*
- 2022-010 Medicaid Cluster. Ensure the medical loss ratio report is finalized as outlined in the contract and all required documentation is properly maintained. *The Department re-procured the Medicaid Expansion Managed Care Organization contract with a January 1, 2022 start date. As part of that process, the contract was revised and more specific terms related to the MLR requirements were included in the contract.*
- 2022-011 Medicaid Cluster. Review access rights to the Medicaid Management Information System (MMIS) fee schedule and all major Medicaid information systems on a regular basis. *HHS and NDIT have implemented a quarterly review of all security roles associated to each user within MMIS. These are sent to the individual's manager to either retain or remove their current access. If no response is received, the security roles are automatically removed. The most recent review was completed in December 2024.*
- 2022-019 Children's Health Insurance Program. Review the SPACES system edit checks and ensure eligibility determinations made for the CHIP programs are proper. We also recommend corrections to payments and Federal reimbursement of CHIP. *With the end of the continuous enrollment requirement in April 2023, system edits checks were put back in place as part of the Department's Unwinding activities.*

Successes

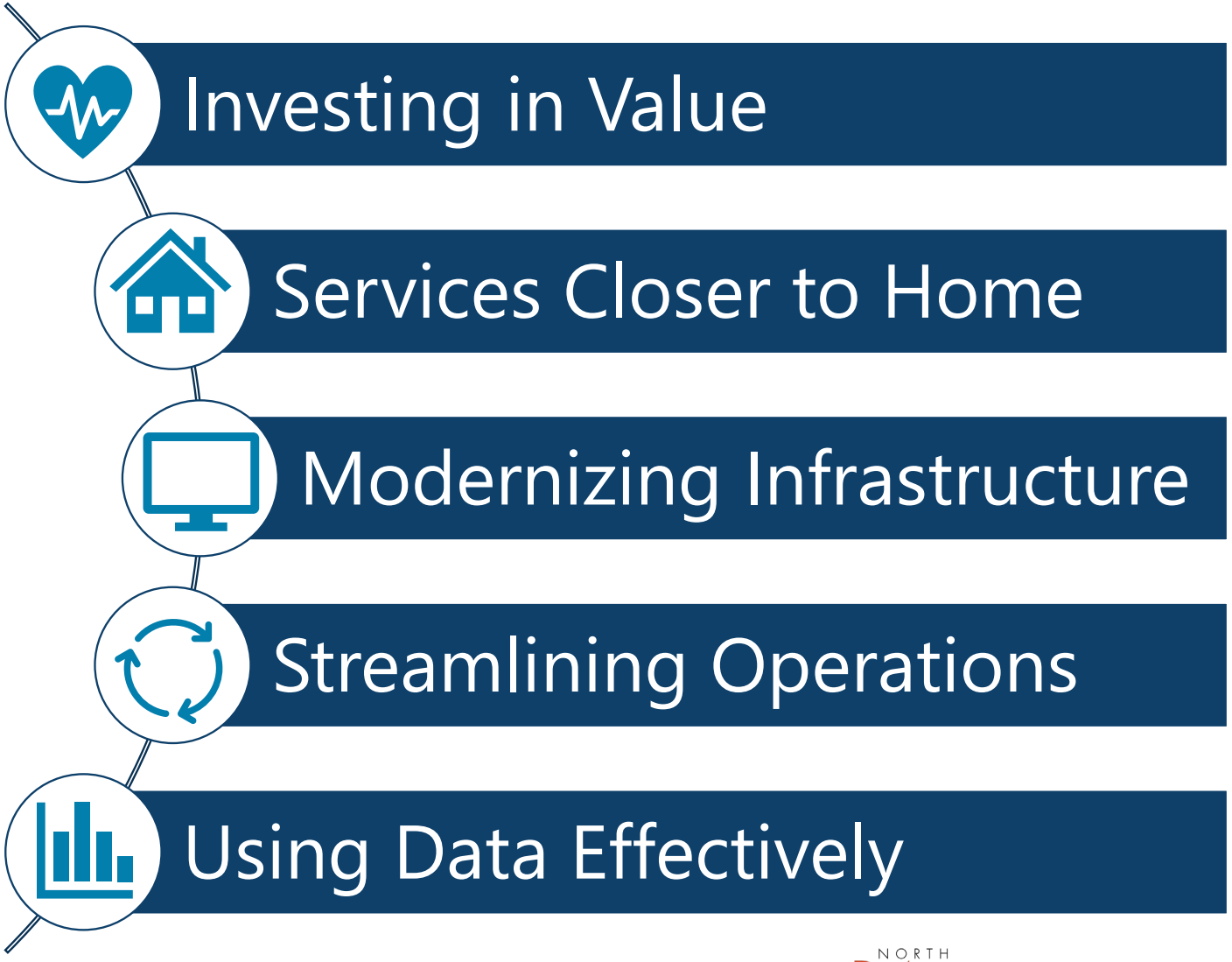
- Value Based Purchasing Implementation
- Unwinding
- Systems Integrator Procurement
- D-SNP Implementation
- Medicaid School Based Administrative Claiming Implementation
- Member, Provider, & Tribal Engagement
- Complex Discharge Coordination
- Increased Customer Support
  - QSP Provider Enrollment Portal
- Collaboration Across HHS & State Agencies
  - ND HIN OAPD Funding
  - Cross Disability Waiver Planning
  - Data Sharing with DPI



Challenges, Opportunities, & Areas of Risk

- Federal Regulations & Limitations
- Community vs. Institutional Care
- Barriers to Discharge & Complex Patients
- Access to Certain Services
- Data & System Limitations
- Vendor & Provider Accountability
- Provider Partnerships
- Rate Strategy
- Competing Priorities & Finite Resources

Our Key Priorities



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Goals for the Next Biennium

- Bending the Cost Curve
- Delivering Whole Person Care
- Promoting Sustainability & Value
- Improving the Member & Provider Experience



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Improving the Lives of North Dakotans

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Eligibles & Unwinding

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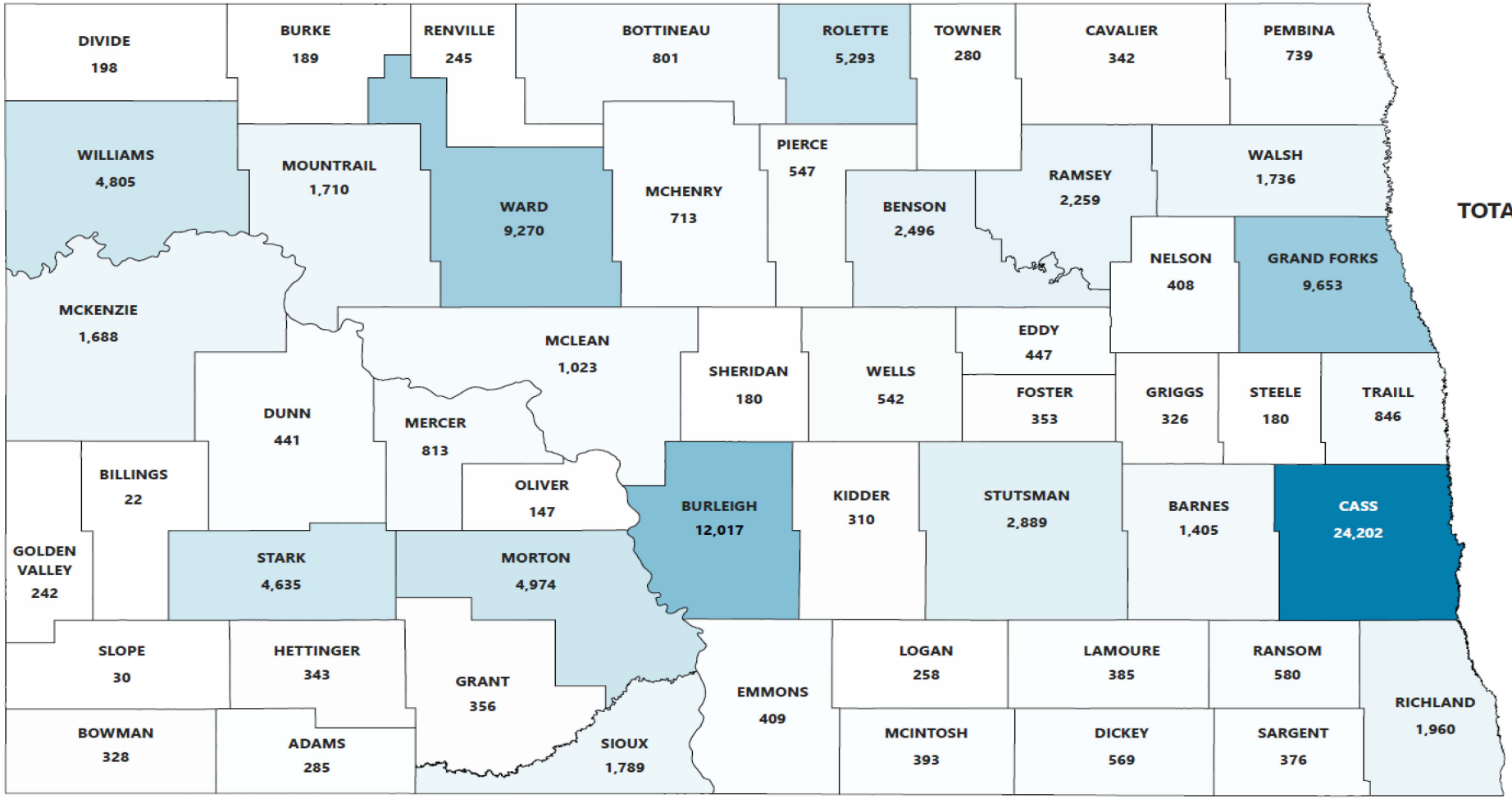
Last updated: 01/04/2024

MEDICAID ELIGIBLES BY COUNTY

December 2024



TOTAL ELIGIBLES

107,619

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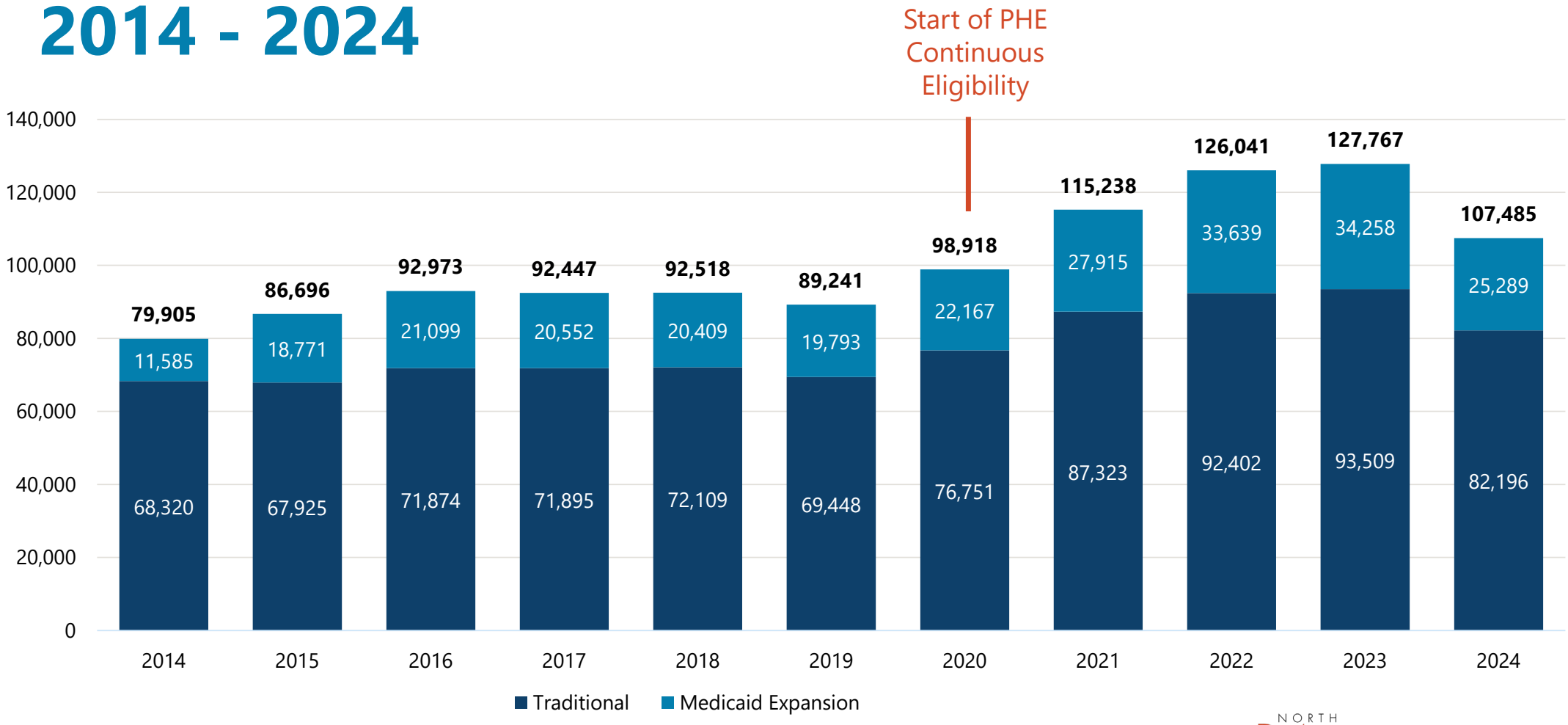
Public Health Emergency Continuous Eligibility Requirement

The Families First Coronavirus Response Act (FFCRA) passed in March 2020 provided an additional 6.2% FMAP to states.

- To receive the enhanced FMAP, states had to meet certain Maintenance of Effort requirements including continuous coverage of all individuals enrolled on or after March 2020.
  - Members could only be disenrolled from a state's Medicaid program if they asked to be disenrolled, moved out of state, or died.
- In December 2022, Congress delinked the Medicaid continuous coverage requirement from the PHE, allowing states to resume Medicaid coverage terminations effective April 1, 2023.
- "Unwinding" is a term used to refer to the return to normal Medicaid eligibility rules.

ND Medicaid Average Monthly Enrollment 2014 - 2024



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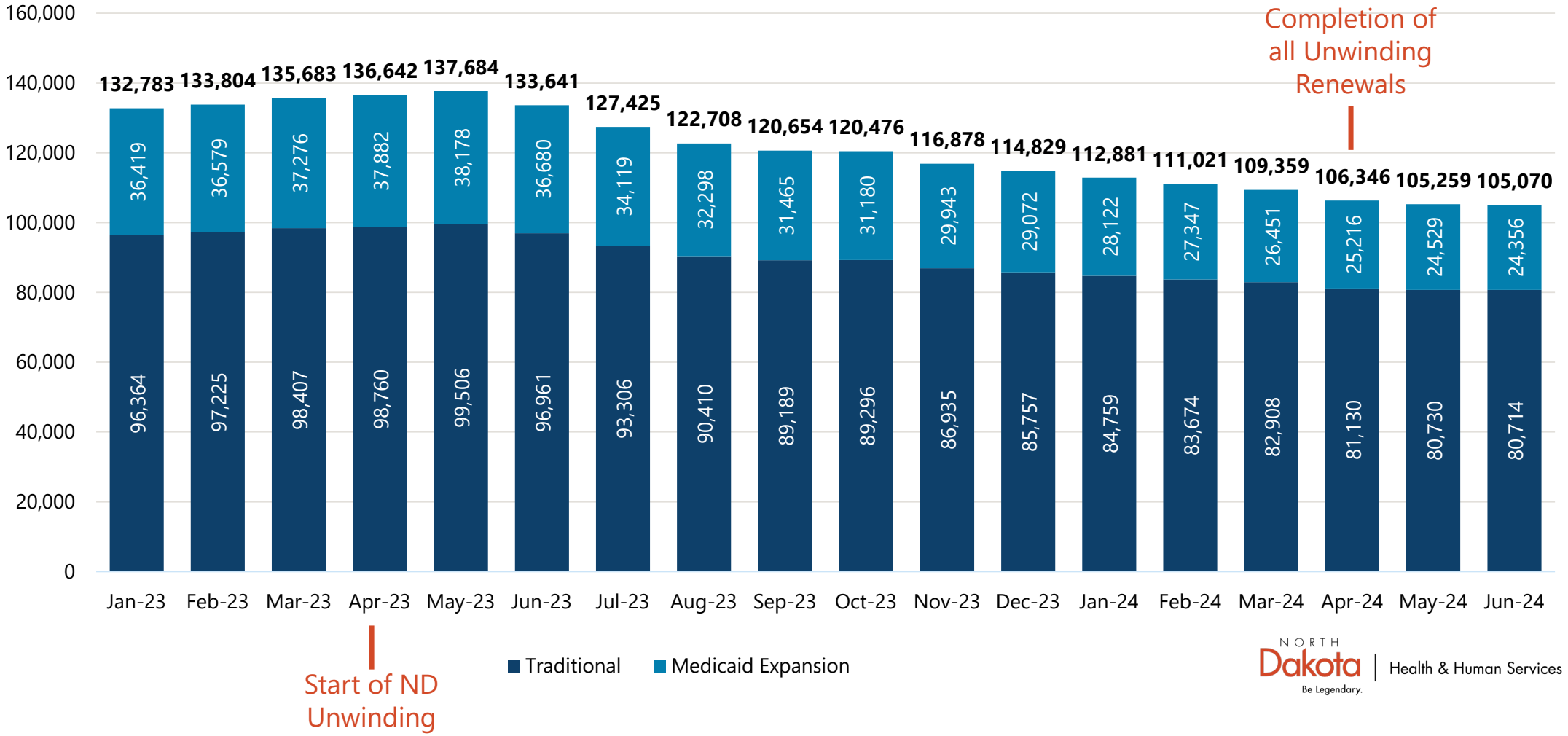
Monthly Enrollment
January 2023 – June 2024



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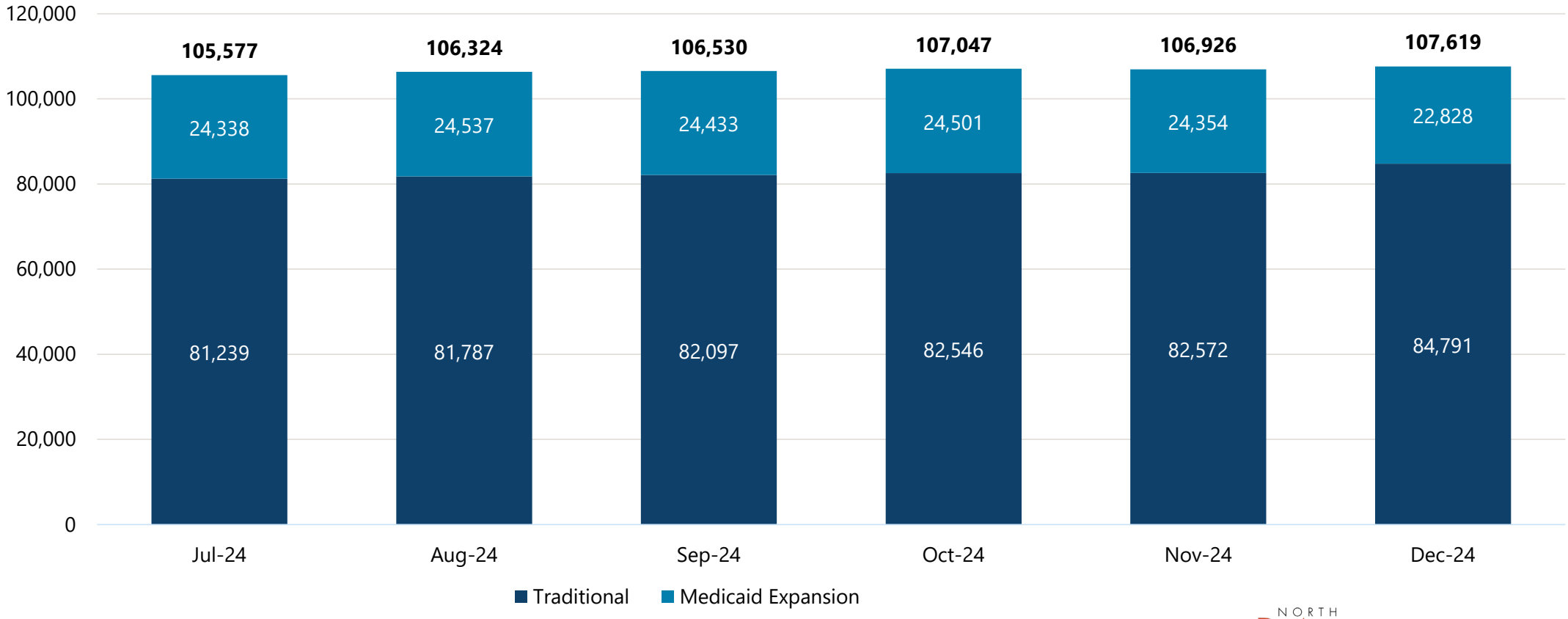
Monthly Enrollment
July 2024 – December 2024



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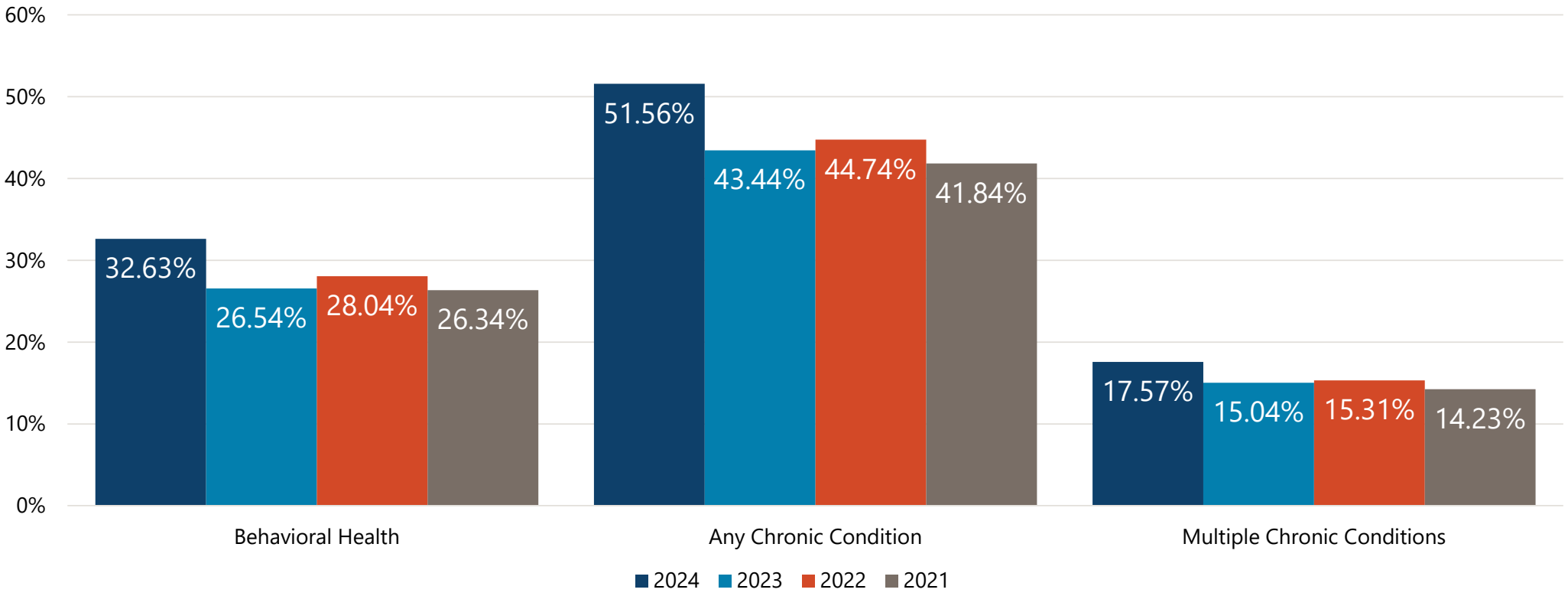
Traditional Medicaid: Chronic Conditions
Percent of Members with Diagnosis



Note: Chronic Conditions include Mental Health, Substance Use Disorder, Asthma, COPD, Diabetes, Heart Disease, Hypertension, Obesity, Pain Conditions

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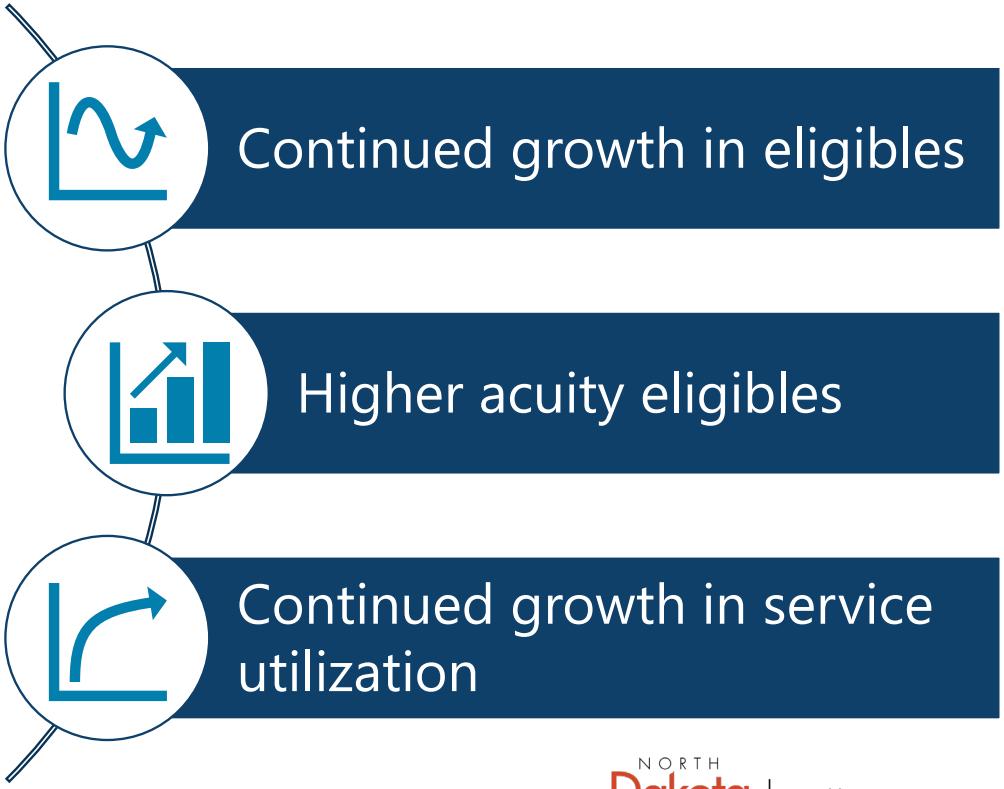
Unwinding Impact on ND Medicaid Budget

- Lower Enrollment
- Higher Utilizers

Eligibility Assumptions for 2025 – 2027 Biennium Base Budget



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Medicaid Financing

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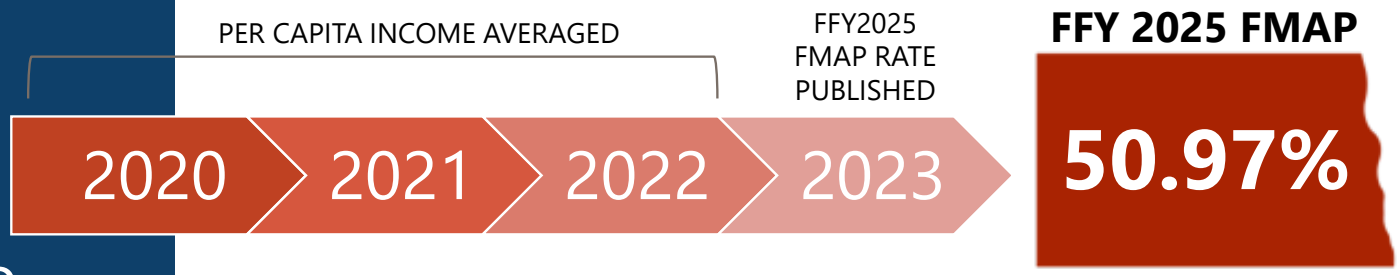
What is the FMAP?

The federal government's share of a state's Medicaid expenditures is called the Federal Medical Assistance Percentage (FMAP).

States must contribute the remaining portion to qualify for federal funding.

The FMAP changes each federal fiscal year (October 1 – September 30) and is based on a funding formula related to a state's per capita income relative to the national average over a 3 year period.

$$FMAP = 1 - 0.45 \times \left(\frac{State\ Per\ Capita\ Income^2}{US\ Per\ Capita\ Income^2}\right)$$



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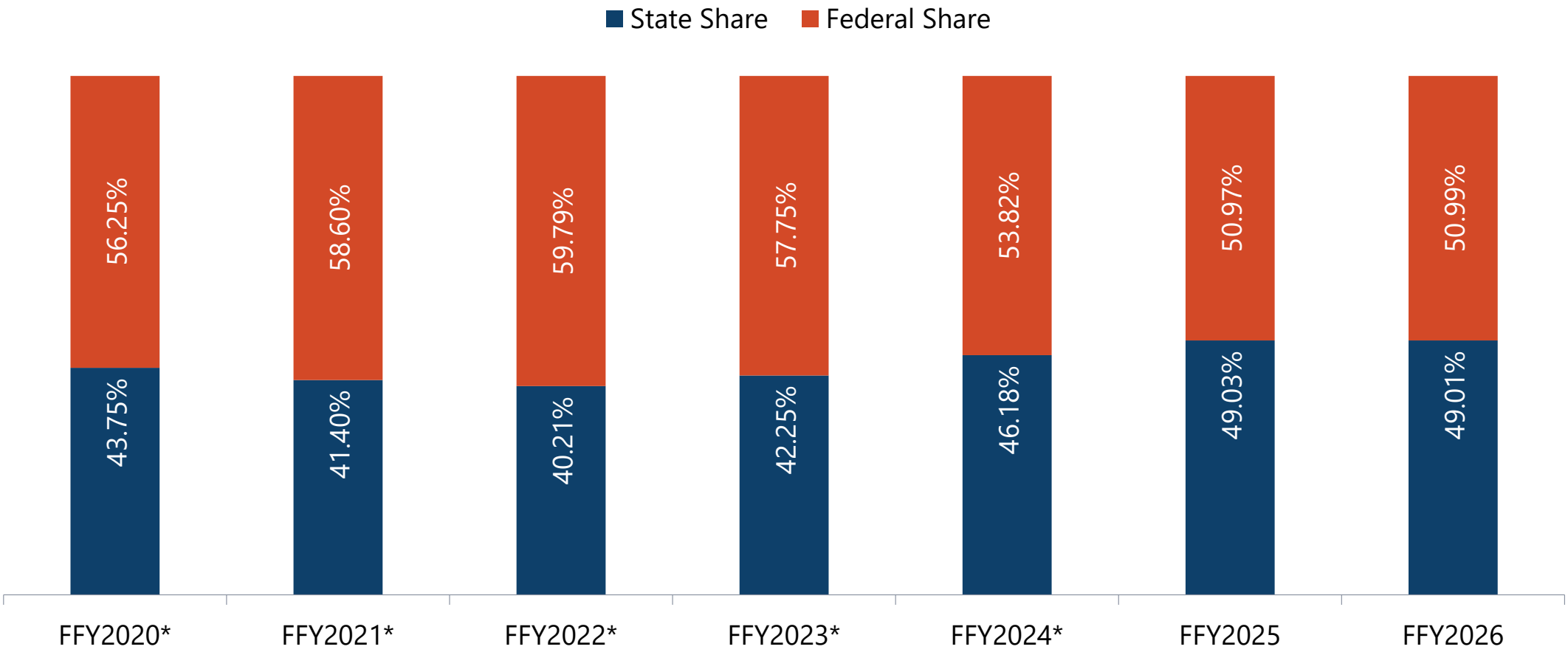
FMAP



*The FMAP for FFY 2020 – 2023 includes a 6.2% increase due to the CARES Act during the Public Health Emergency. The FMAP was stepped down during the Unwinding period in FFY2023 and FFY2024

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FMAP

Most services are funded with the state's regular FMAP. Certain services, populations, systems and administrative functions are funded with a different percentage:

- Children's Health Insurance Program (CHIP) Members
- Medicaid Expansion Members
- Services Received through Indian Health Service or a Tribal 638 Provider
- Administration
- Professional Medical Staff
- Certified Systems

Rates & Reimbursement

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How does ND Medicaid pay for services?

Traditional Medicaid: Fee For Service (FFS)	**Medicaid Expansion: Managed Care Organization (MCO)**
State pays providers directly for each covered service received by a Medicaid member.	State pays a monthly fee called a capitation payment to the managed care organization (MCO).
Only services received by members are paid.	Monthly fee is paid to MCO regardless of member use of services.

Rate Methodology Guiding Principles Traditional Medicaid

- Predictable
- Consistent
- Transparent
- Data Driven
- Population Focused
- Quality & Outcomes Oriented
- Incentivizes Innovation, Efficiency & Community Based Care

Rate Methodologies in Fee For Service Medicaid

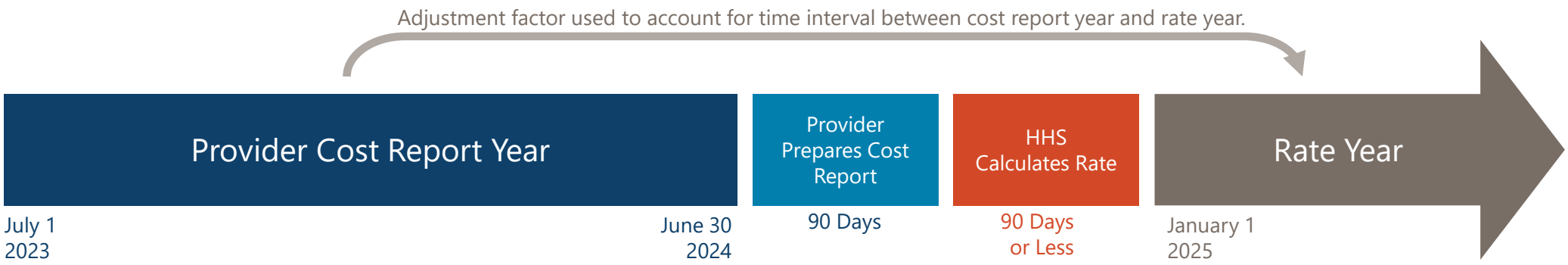
- **Cost Based Per Diem** – Uses cost reports as the basis for setting individual facility per diem payments. Per diem payments may be adjusted to account for patient acuity.
- **Classification System** – Defines an episode (ex. inpatient admission or outpatient visit) and assigns a classification based on services provided. May be used in conjunction with cost reports to assign facility specific base rates.
- **Relative Value Units** – Defines the resource intensity of a service. Used in conjunction with a conversion factor.
- **Fees –** List of reimbursements correlated to a nationally defined code set.
- **Percent of Charge –** Uses a defined percentage to reimburse based on billed charges.
- **Cost Settlement –** Compares provider costs to payments made by ND Medicaid.

What is a cost report?

A cost report is a financial document submitted by health care providers and outline the expenses incurred in delivering patient care and include data on operating costs, salaries, supplies, and other expenditures. Cost report data is used to set provider reimbursement rates.

- Cost reports cover a defined time period and are used to detail provider costs during that timeframe.
- Costs are generally broken into a few distinct categories:
  - Direct Care
  - Indirect Care
  - Property
  - Other

How are cost reports used to set rates?



The rate methodology for the service uses cost report data to calculate provider rates.

- An adjustment factor is used to inflate costs forward from the cost report year to the rate year.
- Some costs are not allowable (ex. lobbying) for use in calculating reimbursement rates.
- Cost categories have limits to ensure that costs are reasonable and efficient.
- Provider cost reports and underlying data may be audited to ensure that costs were appropriately reported and allocated.
- The department must prepare/calculate rates for multiple providers within the same 90 day timeframe.

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Upper Payment Limit

- Medicaid payments are required to be "consistent with efficiency, economy, and quality of care."
- CMS requires states to demonstrate compliance that payments for certain providers do not exceed an upper payment limit (UPL).
- The UPL is a reasonable estimate of the amount that would have been paid for the same service under Medicare payment principles.

Required Upper Payment Limit Demonstrations in North Dakota:

- Inpatient Hospital Services
- Outpatient Hospital Services
- Nursing Facility Services
- Institutions for Mental Disease (IMD)
- Clinic Services
- Intermediate Care Facility for the Individuals with Intellectual Disabilities (ICF/IID)
- Psychiatric Residential Treatment Facility (PRTF)

Federal Financial Participation Limit:

- Durable Medical Equipment

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Costs & Outcomes

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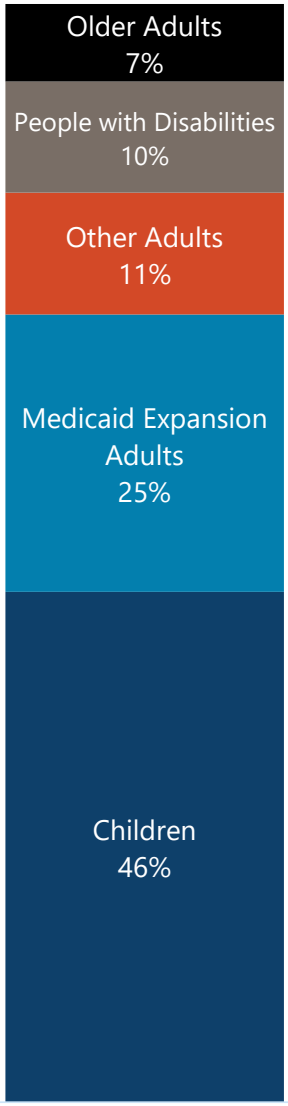
How do we measure results in Medicaid?

Expenditures & Outcomes

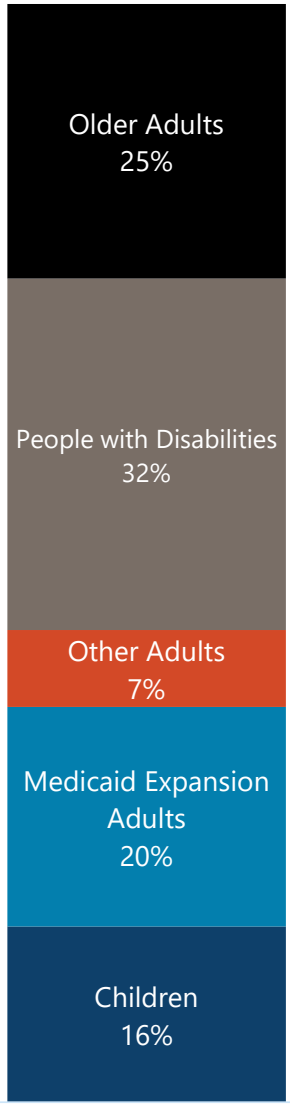
The Center for Medicare and Medicaid Services (CMS) collects and publishes data related to both expenditures and outcomes on the Medicaid & CHIP Scorecard.

- Expenditure data comes from TMSIS and CMS-64 Reports.
  - Expenditures in Medicaid are influenced by both rates and utilization.
- Outcome measures include nationally standardized metrics outlined in the Core Set and other reports.
- Data lags current performance.
  - Most recent data available is for CY 2022 and Core Set Year 2023 (Services in CY 2022).

North Dakota Medicaid Enrollment and Expenditures SFY 2024

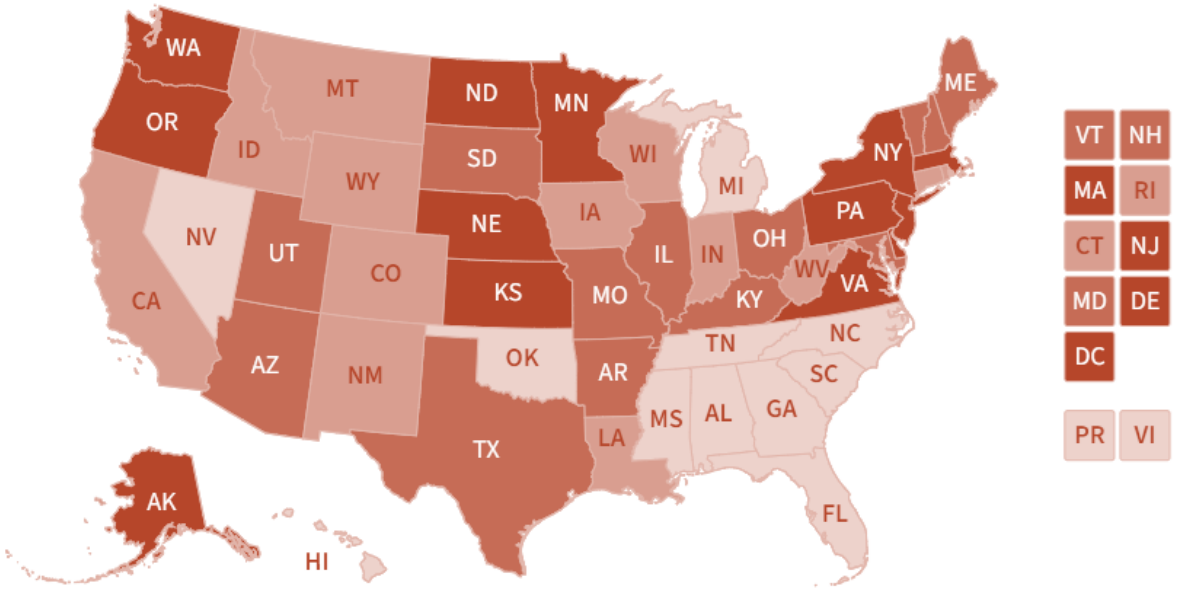


Enrollment



Expenditures

Per Capita Expenditures: CY 2022



- North Dakota ranked **2nd** in the nation for highest total per capita expenditures.
  - North Dakota ranked **1st for Medicaid Expansion per capita** expenditures
  - ND Medicaid ranked **1st for Aged per capita** expenditures.
  - ND Medicaid ranked 7th for People with Disabilities expenditures.

	Total	Children	Traditional Adults	Medicaid Expansion	Aged	People with Disabilities
North Dakota	**$13,097**	**$4,003**	**$6,207**	**$14,120**	**$36,020**	**$35,311**
National Median	$9,108	$3,822	$6,207	$7,818	$19,079	$25,639
Difference	$3,989	$181	$0	$6,302	$16,941	$9,672

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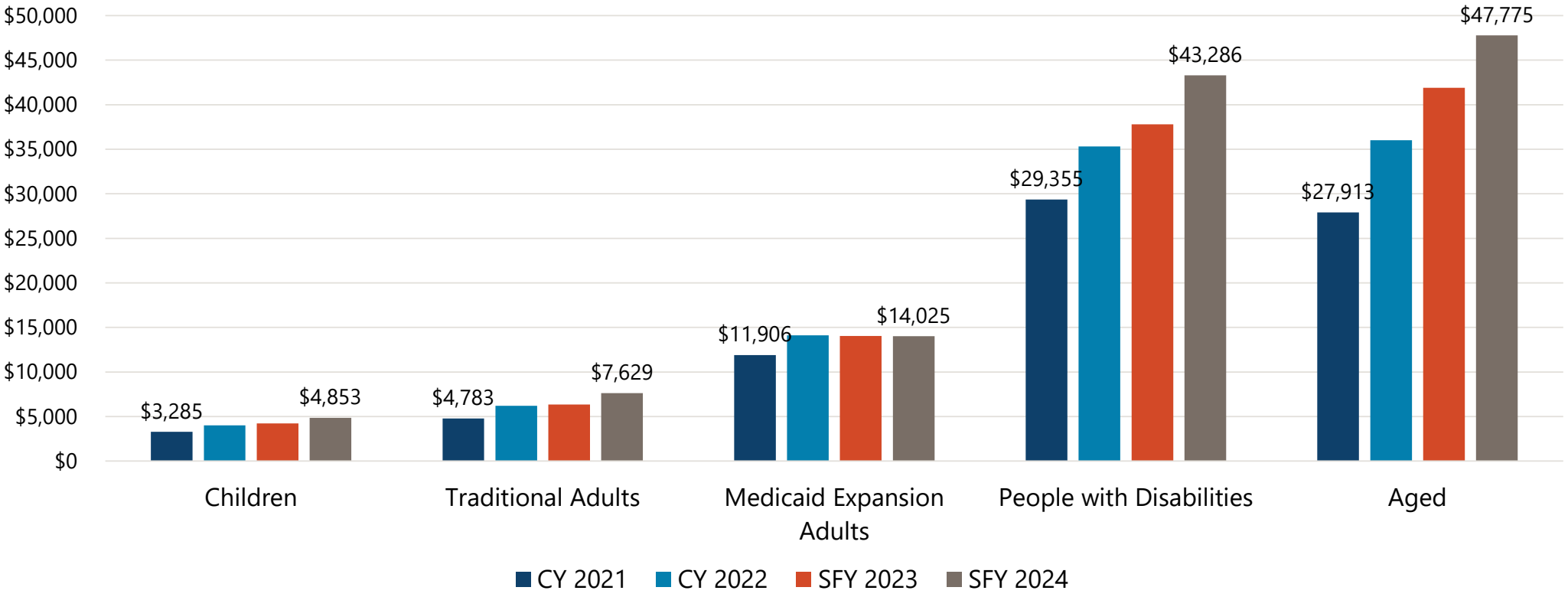
Medicaid and CHIP Scorecard - Medicaid Per Capita Expenditures

Per Capita Expenditures



Note: CY 2021 and CY 2022 Data obtained from Medicaid and CHIP Scorecard - Medicaid Per Capita Expenditures. SFY 2023 and SFY 2024 numbers calculated from ND TMSIS data.

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Top 25 High Cost Claims vs. Top 25 High Cost People

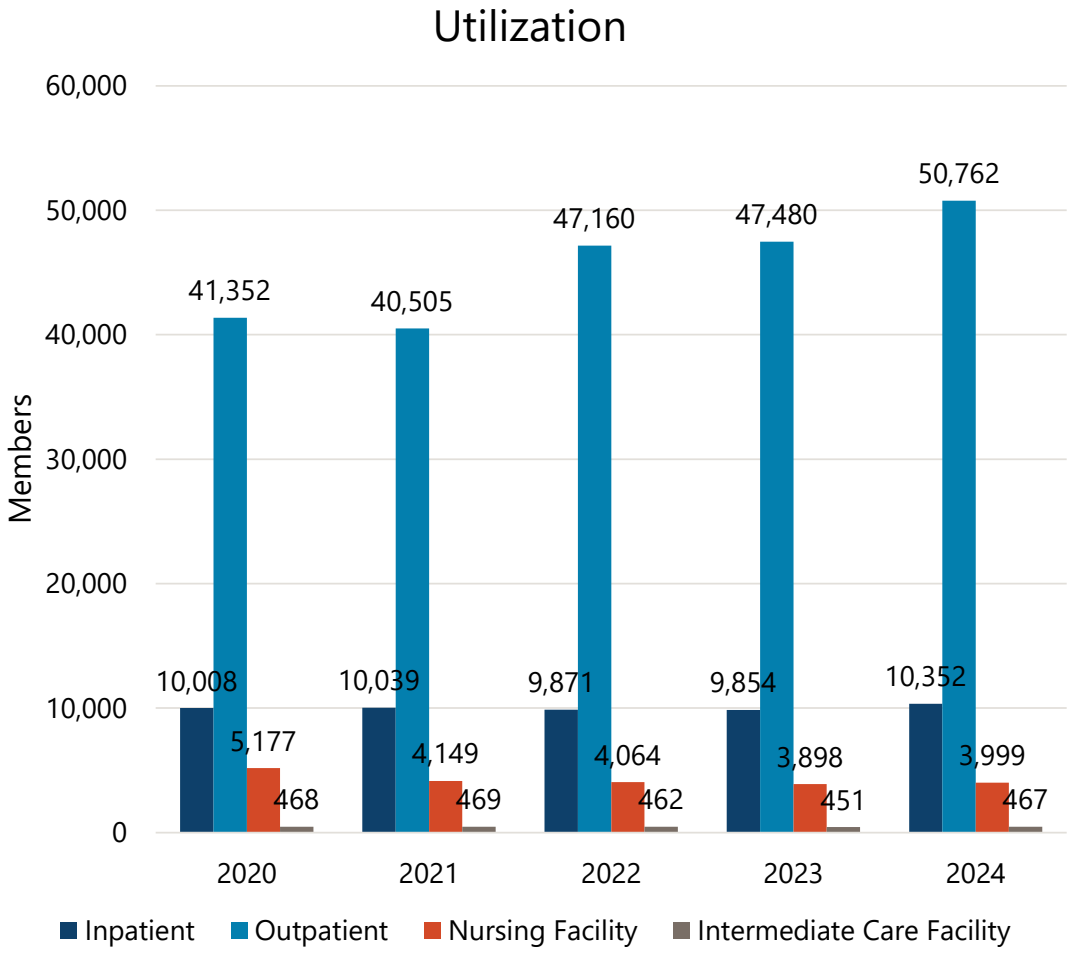
Top 25 Claims

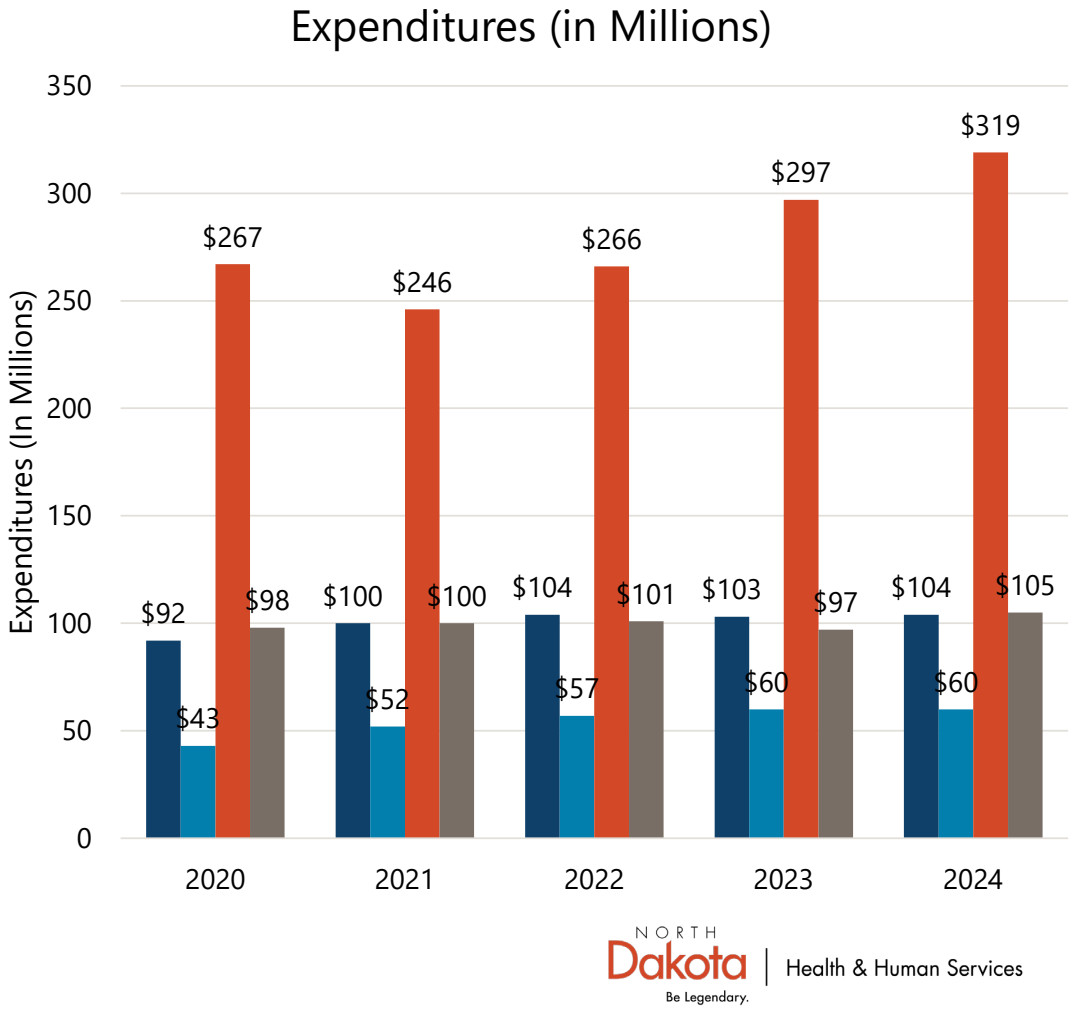
- Average Amount: $309,949
- 64% were for infants
- 60% related to cardiovascular disorders or disease
- Other diseases included: Cancer, End Stage Renal Disease (ERSD), and other rare conditions

Top 25 People

- Average Amount: $801,645
- 8% were for infants
- 24% related to cardiovascular disorders or disease
- 40% related to traumatic brain injury or other developmental or intellectual disabilities
- Other diseases included respiratory disorders, cancer, and kidney disease.

Utilization and Expenditures





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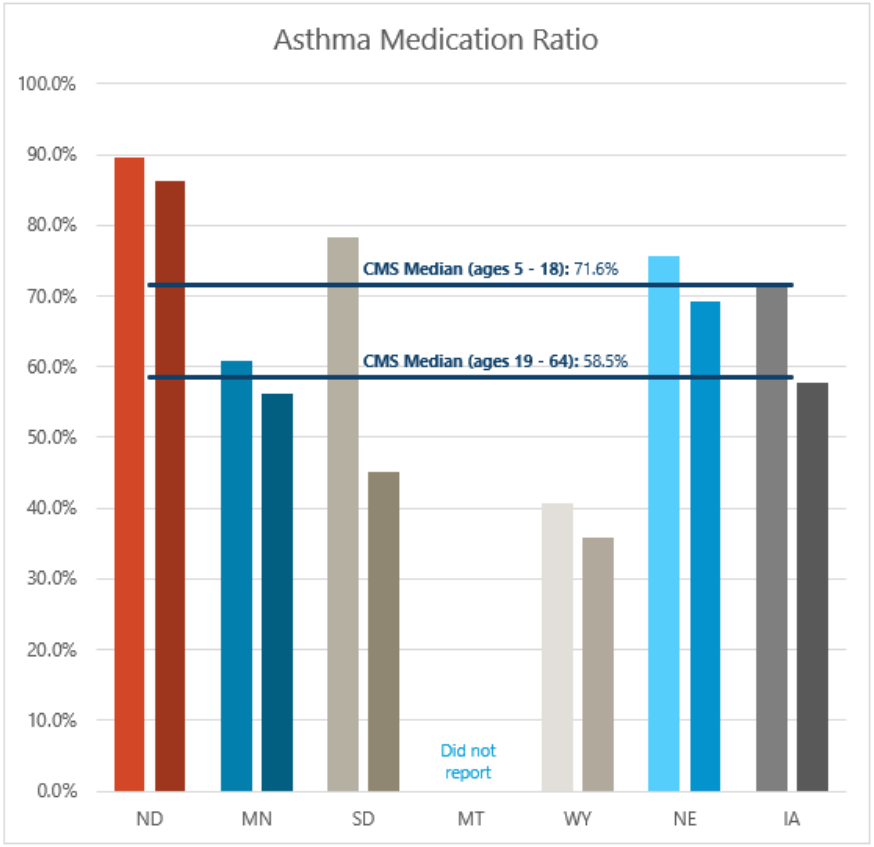
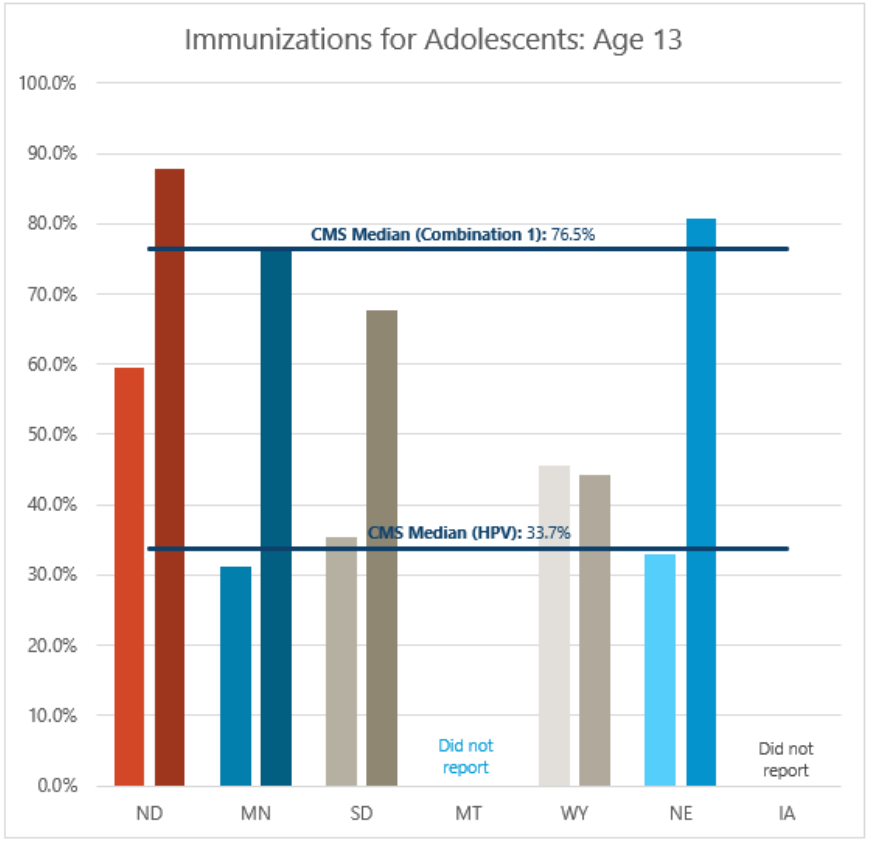
Outcomes: Medicaid and CHIP Scorecard

- ND Medicaid reported 100 metrics across the Child and Adult Core Set for FFY 2023.
  - ND Medicaid rated above the National Median in 35 measures (35%).
    - ND is in the top quartile for 16 measures.
  - ND Medicaid rated below the National Median in 57 measures (57%).
    - ND is in the bottom quartile for 34 measures.
  - Due to small denominator sizes, 8 measures have their data suppressed

Top Quartile Outcomes: FFY 2023



	ND	MN	SD	MT	WY	NE	IA
Ages 5 - 18	89.5%	60.8%	78.2%		40.8%	75.6%	71.9%
Ages 19 - 64	86.3%	56.1%	45.2%		35.8%	69.3%	57.7%



	ND	MN	SD	MT	WY	NE	IA
HPV	59.5%	31.1%	35.4%		45.5%	33.0%	
Combination 1	87.9%	76.5%	67.6%		44.3%	80.7%	

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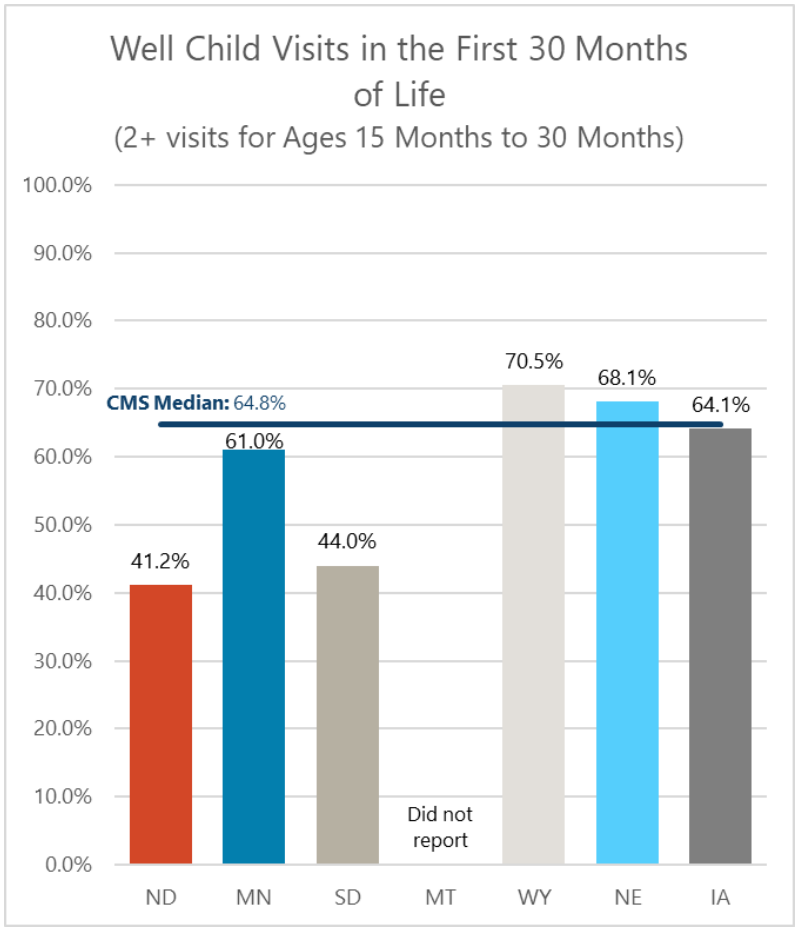
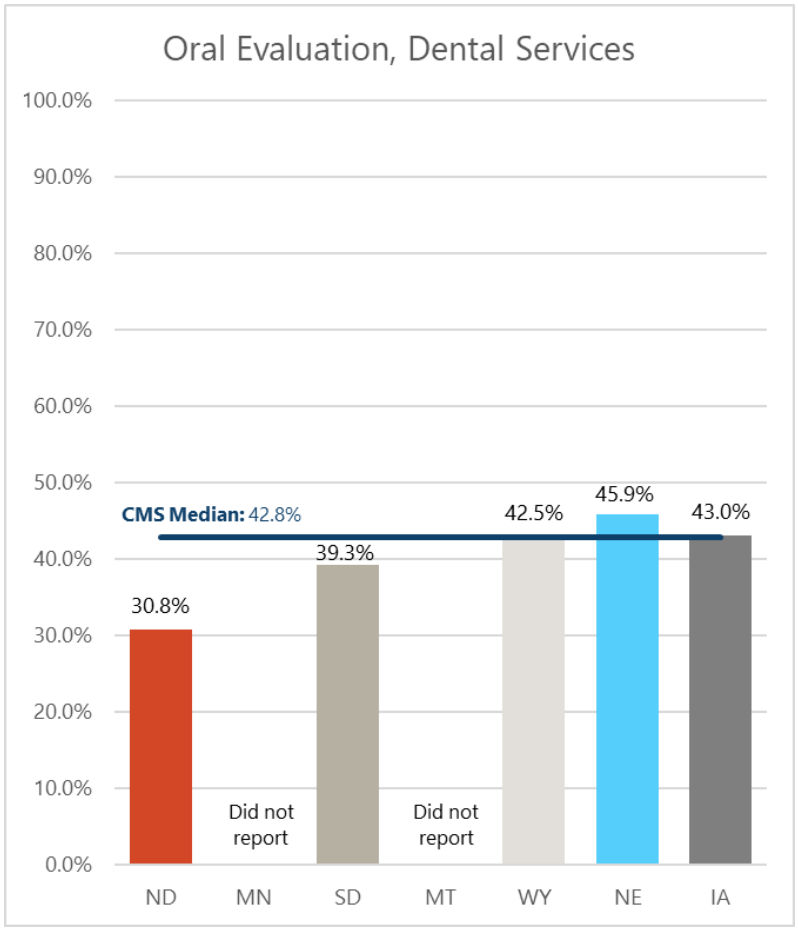
Bottom Quartile Outcomes: FFY 2023





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Value Based Programs

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Why Value Based Care?



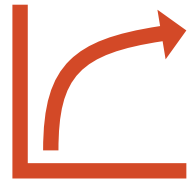
Accountability for Enhanced Care Delivery



Improved Patient Experiences & Outcomes



Stable & Predictable Funding for Providers



Lower Long Term Costs Achieved by Shifting the Cost Curve

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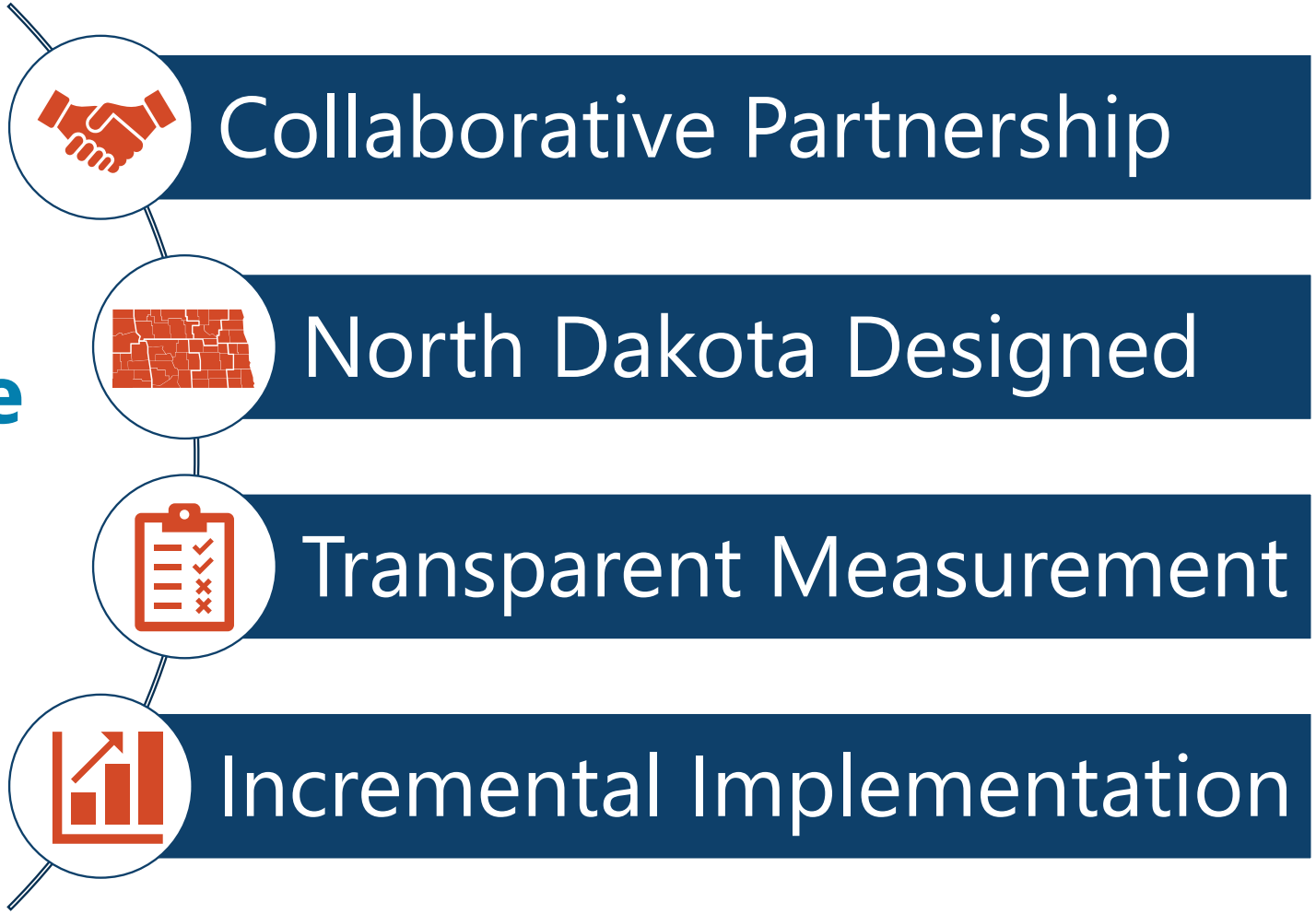
North Dakota Medicaid Value Based Care Approach



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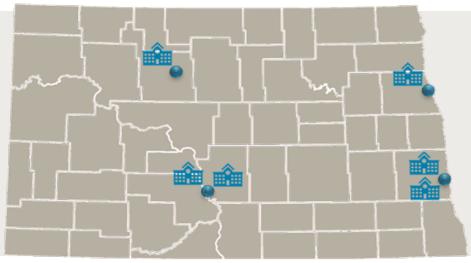
Health System Value-Based Purchasing

Program Start Date: July 1st, 2023

6 Prospective Payment System (PPS) Health Systems are mandatory participants in the model

The PPS Hospital System VBP Program puts a portion of hospital payments at risk for performance on a suite of quality measures for their ND Medicaid patient population. PPS Hospital Systems will see no loss of funding if they meet specific success criteria.



2024
Pay for Reporting

1. Submit Quality Improvement Plans through VBP Reporting Tool
2. VBP Quality Improvement Outcomes Meeting
3. Supplemental Data Submission

2025

Pay for Reporting

+

Pay for Performance
(Initial Measure Set)

2026
Pay for Performance

Initial Measure Set
Well-Child Visits First 15 Months of Life
Child & Adolescent Well-Care Visit
Breast Cancer Screening
Postpartum Care: Prenatal & Postpartum Care
Screening for Depression & Documented Follow-up Plan
Ambulatory Care Emergency Department (ED) Visits
Plan All-Cause Readmissions
Topical Fluoride for Children

Expanded Measure Set
Colorectal Cancer Screening
Controlling High Blood Pressure
Maternal Health Services Optional Measures: (systems must select 1) 1. Prenatal Care: Prenatal Care & Postpartum Care 2. Contraceptive Care: Postpartum Women 3. Structural Measure: Perinatal Collaborative Participation
Behavioral Health Services Optional Measures: (systems must select 1) 1. Follow-up After Emergency Department Visit for Alcohol & Other Drugs Abuse or Dependence 2. Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment

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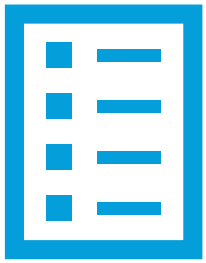
2024 Pay for Reporting Components



Quality Improvement Plan Submission

February 2024

All 6 PPS Hospital Systems submitted QIPs by the last day in February.



VBP Quality Improvement Outcomes Meeting

Oct - Nov 2024

6 out of 6 PPS Hospital Systems have completed their Outcomes Meetings .



Supplemental Data Submission

January 2025

6 out of 6 PPS Hospital Systems submitted supplemental data.

If the system satisfies the pay-for-reporting requirements, the system retains 100% of the at-risk funding.

If the system does not satisfy all of the reporting requirements, the system must pay the State 100% of the at-risk funds

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Health System Value-Based Purchasing Outcomes

		State Goal	System A	System B	System C	System D	System E	System F	Combined System Rate
*	Ambulatory Care: Emergency Department Utilization (AMB-CH)	31.90	27.95	28.82	39.49	40.90	36.77	31.27	32.80
	Breast Cancer Screening (BCS-AD)	52.20%	24.64%	23.60%	33.22%	25.78%	45.61%	24.41%	29.00%
	Child & Adolescent Well-Care Visits (WCV-CH)	48.07%	31.33%	31.25%	26.50%	23.92%	35.39%	31.81%	30.79%
*	Plan All-Cause Readmissions (PCR-AD)	0.9850	0.7372	0.8939	0.7519	0.5563	0.4736	0.8055	0.7377
	Postpartum Care: Prenatal and Postpartum Care (PPC)	78.10%	74.31%	40.49%	35.55%	51.85%	61.22%	72.84%	57.61%
	Screening for Depression & Documented Follow-up Plan (CDF)	72.60%	6.95%	0.26%	0.19%	5.66%	51.35%	5.80%	12.16%
	Topical Fluoride for Children (TFL-CH)	19.30%	3.61%	4.67%	2.79%	2.39%	4.90%	4.11%	3.86%
	Well-Child Visit First 15 Months (W30-CH)	66.76%	42.28%	51.74%	50.53%	41.38%	56.52%	46.54%	48.07%
	Well-Child Visit 15 – 30 Months of Life (W30-CH)	58.38%	58.33%	66.15%	59.57%	40.74%	66.67%	55.83%	59.20%

Performance Timeframe: January 2024 – August 2024 (8-month performance snapshot)
2024 final performance will be produced in May 2025 which allows the systems 12 months to close care gaps

Meeting State Goal | Improvement from CY 2023

** Lower Performance is better*

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Nursing Facility Incentive Program

Improve resident outcomes through an incentive payment based on specific quality measures.

- Incentive program; no payments are at risk.
- All Medicare/Medicaid certified facilities that have been open 10 months will participate.

- Incentive fund distribution is done annually in June.
- Annual payments based on Quality Measure performance:
  - Tier 1: 100% of incentive payment
  - Tier 2: 85% of incentive payment
  - Tier 3: 60% of incentive payment
  - Tier 4: Not eligible for an incentive payment
- Nursing Facility Quality Measures:
  - Patient Care Measures
    - Long-Stay Urinary Tract Infections
    - Long-Stay Antipsychotic use
    - Long-Stay Pressure Ulcers
  - Facility Process Measures
    - Long-Stay Hospitalizations
    - ACHA/NCAL National Quality Award (Baldrige Framework)

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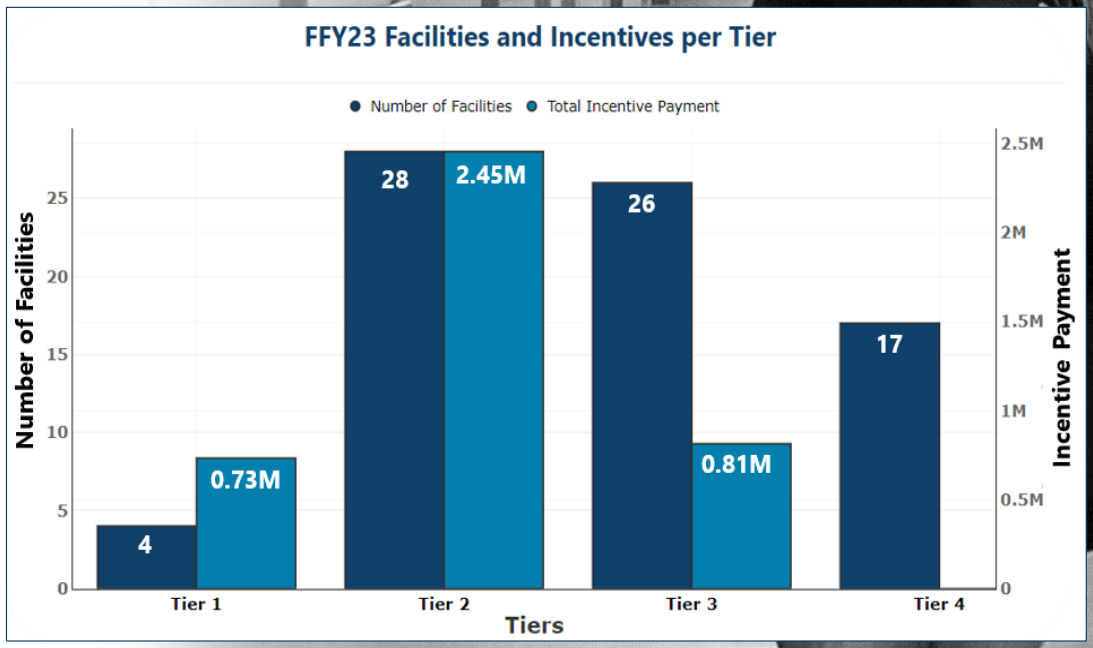
Initial Outcomes

- $4 million dollars distributed in June 2024
- 58 out of 75 Nursing Facilities received incentives to improve quality of care for residents
- Examples of reported use of funds include
  - New mattresses for entire facility
  - Staff bonuses
  - Building renovation
  - Staff training



Carrie Zazeski, Administrator, Elm Crest Manor, New Salem

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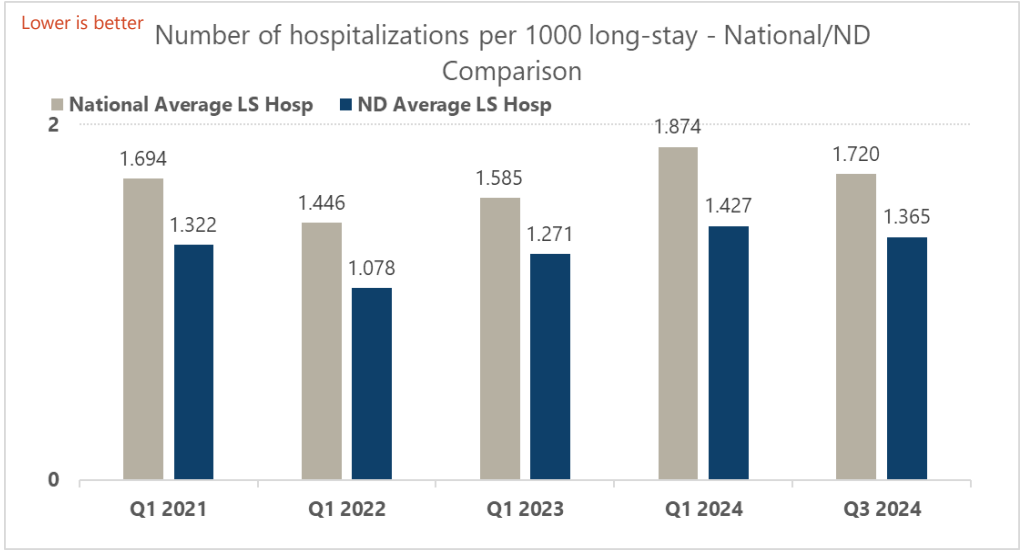
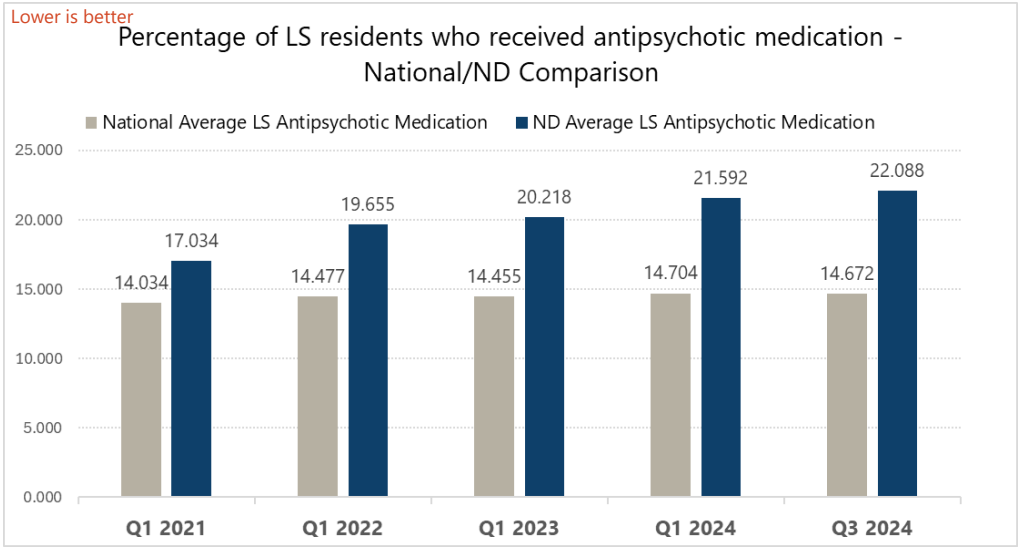
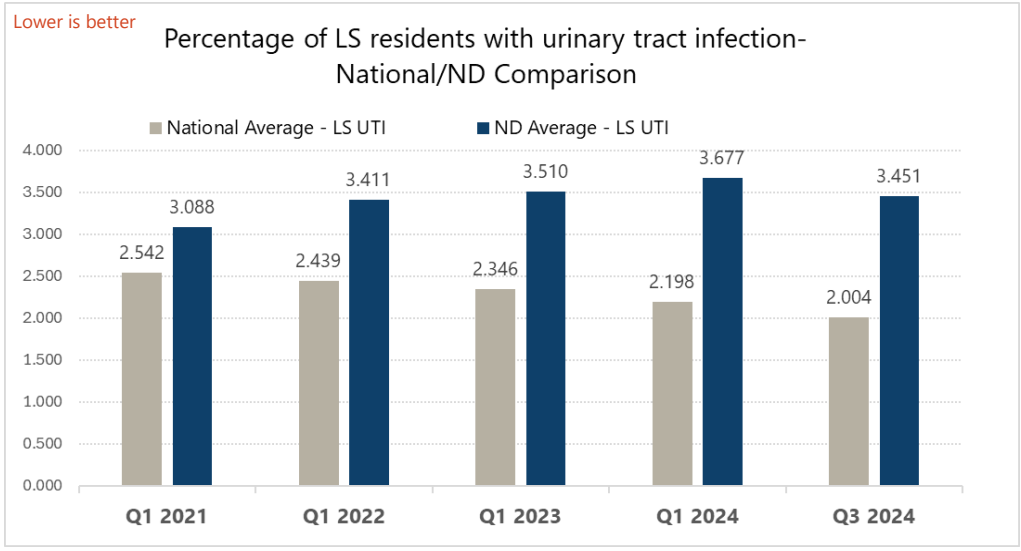
Nursing Facility Incentive Program Initial Outcomes







Long Term Care

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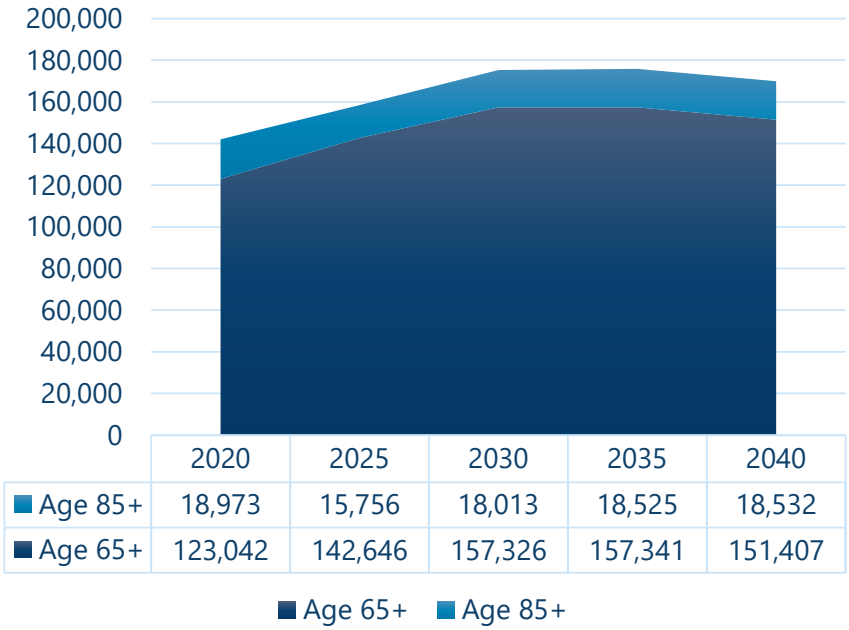
Long Term Care Outlook

Changing Demographics



	2020	2025	2030	2035	2040
Age 85+	18,973	15,756	18,013	18,525	18,532
Age 65+	123,042	142,646	157,326	157,341	151,407

2024 ND State Data Center Projections

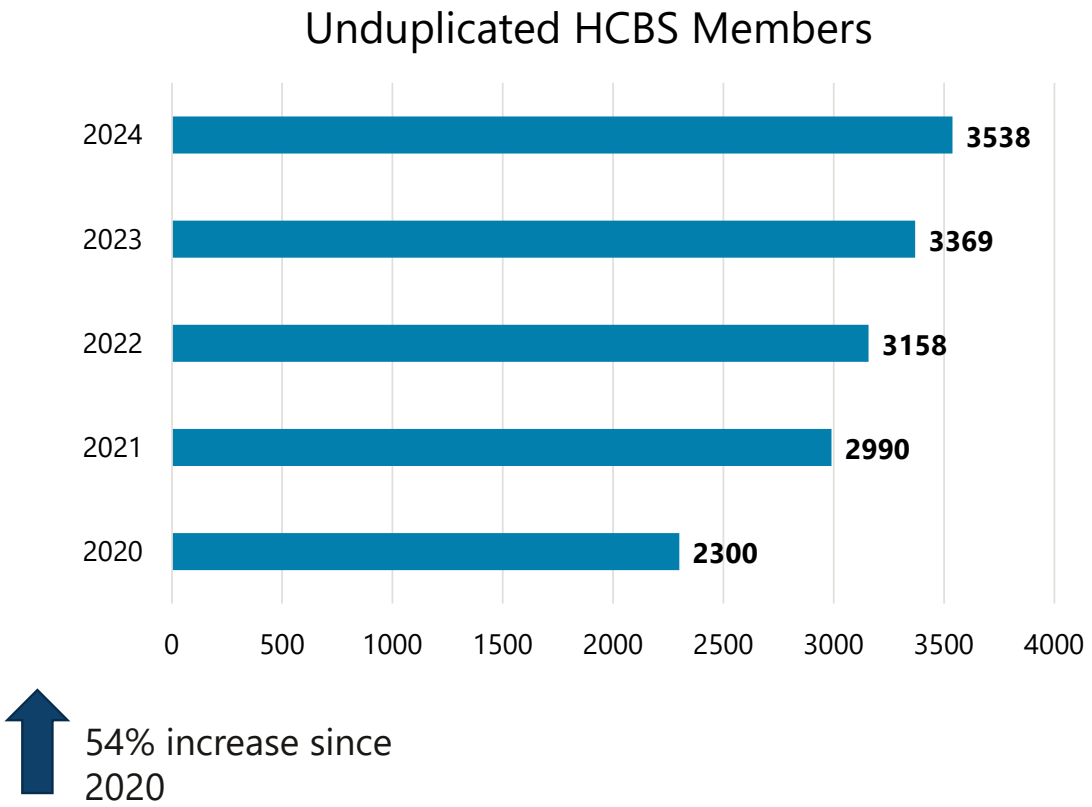
- The population age 65+ is expected to grow significantly between now and 2035
- 16% of ND population is 65+
- 15% of that group is 85+

7 in 10

Americans 65+ will need LTC services for an average of 5 years

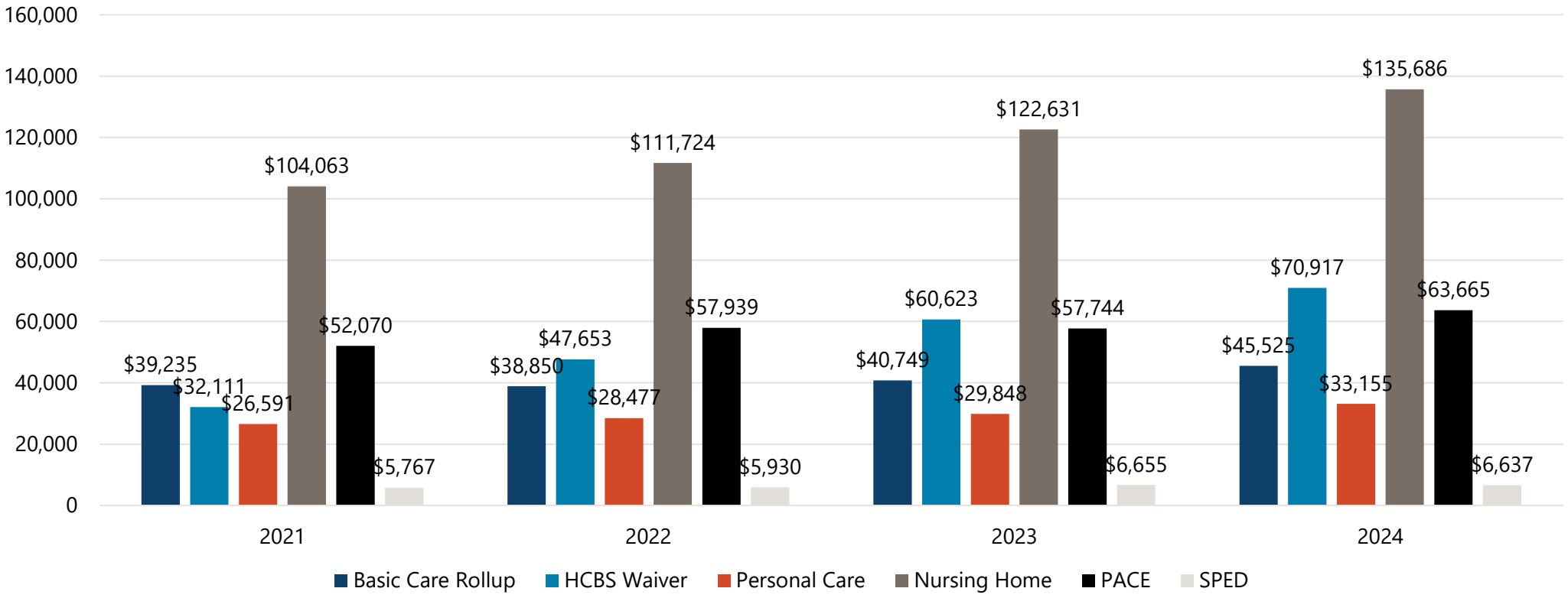
More North Dakotans are choosing home-based community care options every year

- The **demand** for in-home and community-based services has continued to **increase.**
- More HCBS participants have **complex needs** (medical and behavioral health needs) that increase the amount of time and skills necessary to provide **quality services.**
- **Rising acuity levels** have created a demand for more **complex services** and providers who can employ higher trained staff including **nurses and supervisory** staff.



Where the Long-Term Care Budget Goes

Average Cost per Person



Note: Basic Care Rollup includes both Basic Care Personal Care and Room and Board

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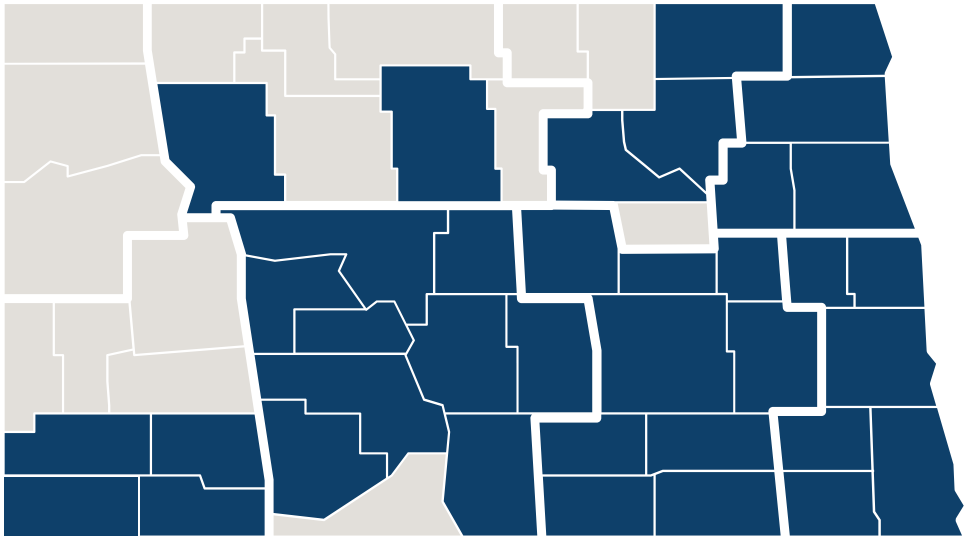
Dual Special Needs Plans (D-SNPs)

- **D-SNP enrollment is limited to "Full-Benefit" Dual Eligibles**
- **ND D-SNPs:**
  - **Humana**
  - **Medica**
  - **Sanford Health**
  - **United Healthcare**

- D-SNPs are offered in 37 North Dakota counties
- 76% of ND dual eligibles have at least 1 DSNP option
- Approximately 1200 members currently enrolled in a DSNP.



Counties with a D-SNP

Counties without a D-SNP

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Complex Discharge Coordination

Common barriers to discharge:

- Transitioning to long term care
- Extensive medical and behavioral health issues
- Homeless patients
- History of aggressive behaviors
- Need community resources

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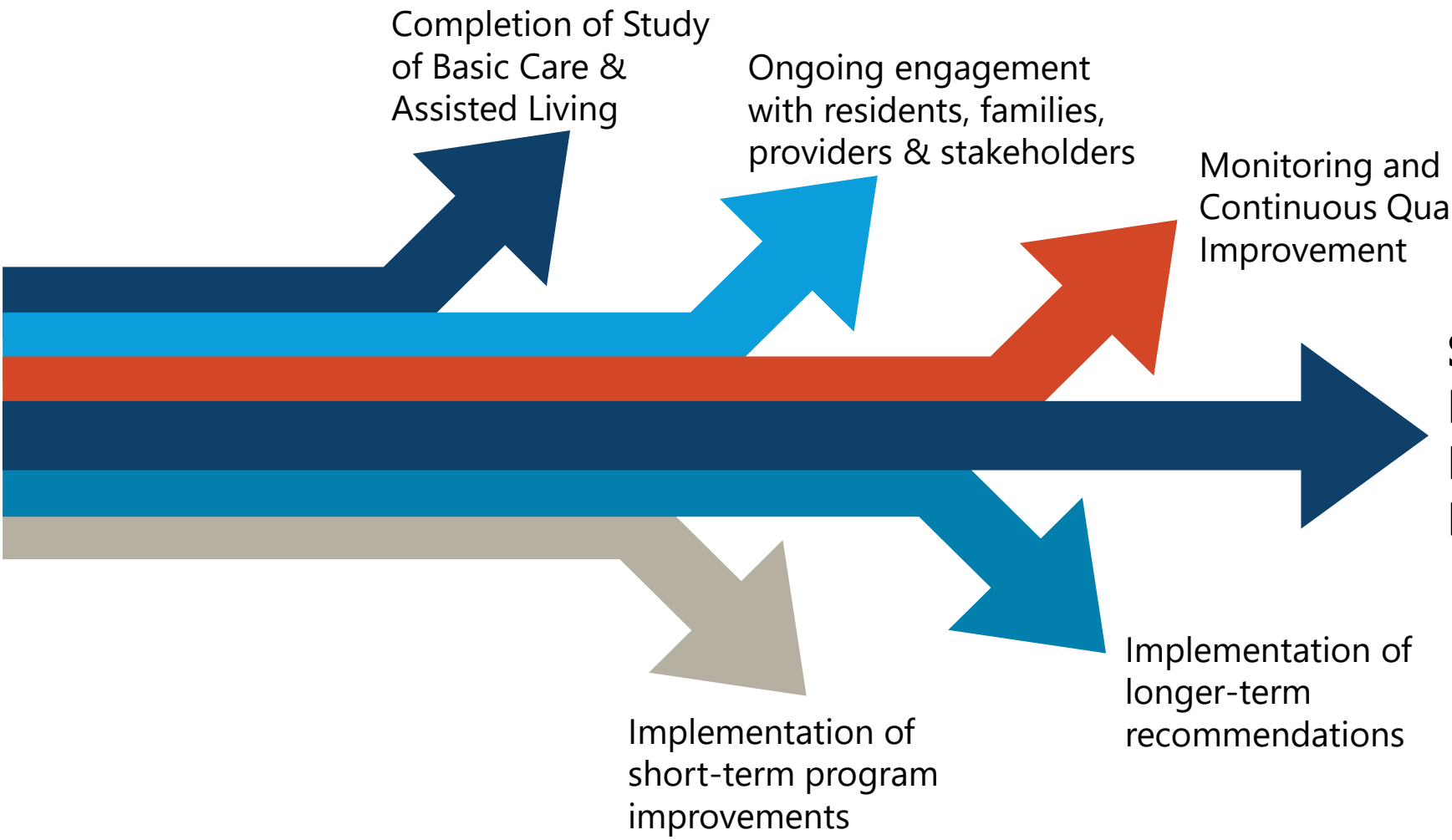
Basic Care Strategy



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Managed Care & Medicaid Expansion

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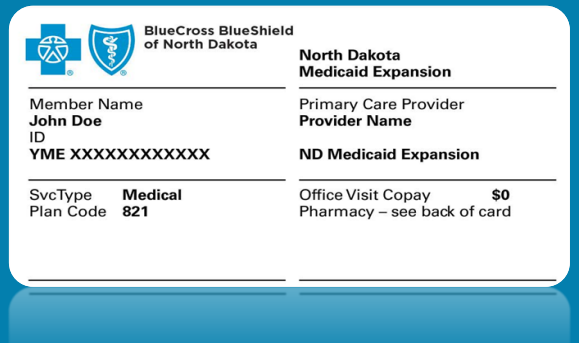
Medicaid Expansion Coverage

North Dakota provides Medicaid Expansion through risk based Managed Care.

- Current Vendor: Blue Cross Blue Shield of North Dakota (BCBS ND)



- There are a few key differences between Medicaid Expansion and traditional Medicaid.
- Medicaid Expansion **does not** cover:
  - Skilled Nursing Facility Services[1]
  - Dental Services[2]
  - Vision Services[2]
  - Any waiver services
  - Long Term Care services

[1] Only covers up to 30 days and only covers a skilled level of care
[2] Only covered for 19- and 20-year-olds

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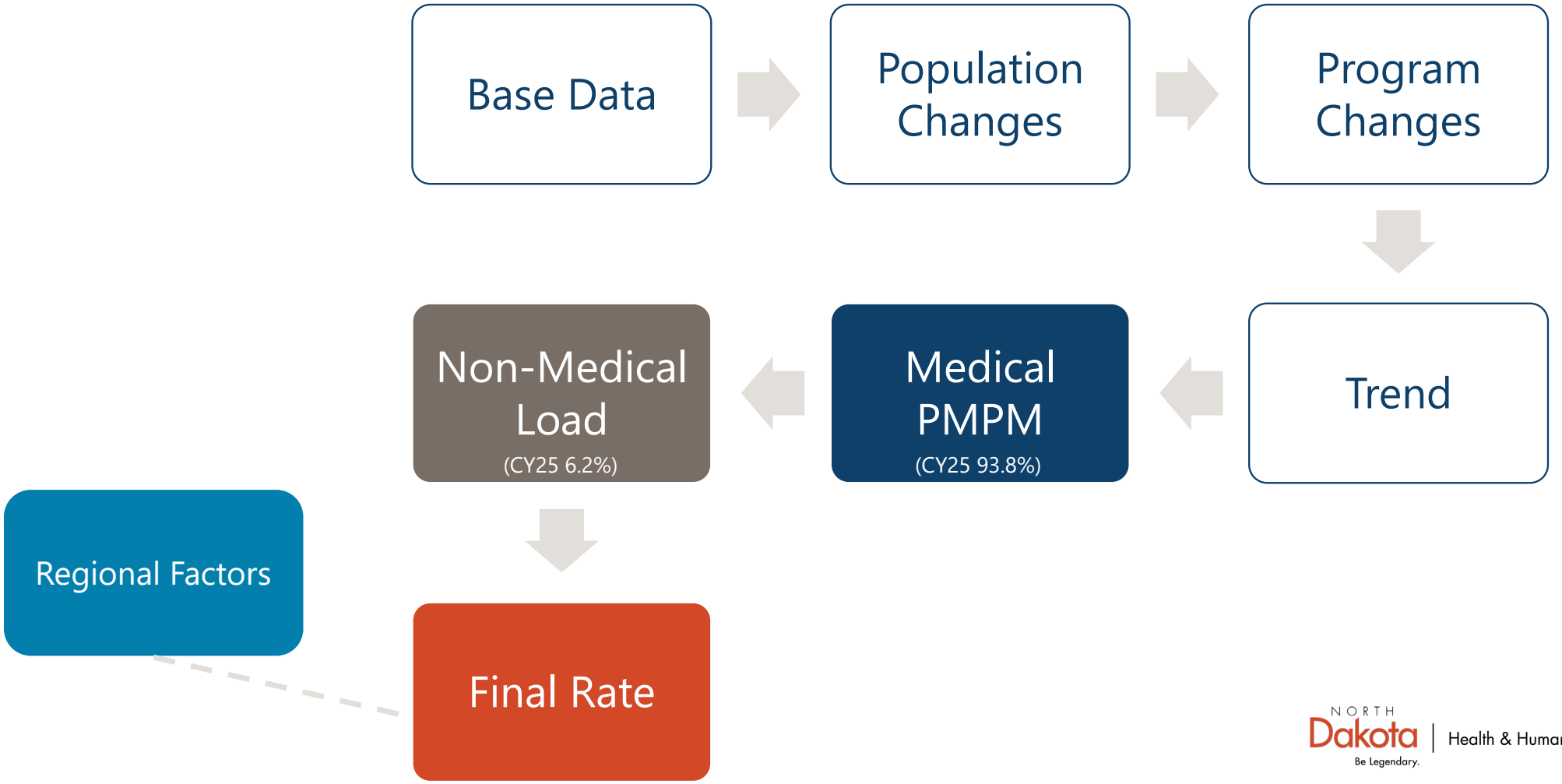
Managed Care

- **Managed Care Plans use their own provider networks.** Providers must enroll in Blue Cross Blue Shield to provide care to Medicaid Expansion members.
- **Managed Care Plans use their own coverage criteria, authorization process, and limits.** Providers must follow Blue Cross Blue Shield policies for Medicaid Expansion members.
- **Managed Care Plans use their own reimbursement methodology and fee schedules.** Providers are paid according to Blue Cross Blue Shield's policy for Medicaid Expansion members.
- **North Dakota Medicaid has carved out pharmacy benefits for Medicaid Expansion members.** Pharmacy benefits are the same for Medicaid Expansion and traditional Medicaid.

How does ND Medicaid pay for services?

Traditional Medicaid: Fee For Service (FFS)	**Medicaid Expansion: Managed Care Organization (MCO)**
State pays providers directly for each covered service received by a Medicaid member.	State pays a monthly fee called a capitation payment to the managed care organization (MCO).
Only services received by members are paid.	Monthly fee is paid to MCO regardless of member use of services.

Capitation Rate Development Process



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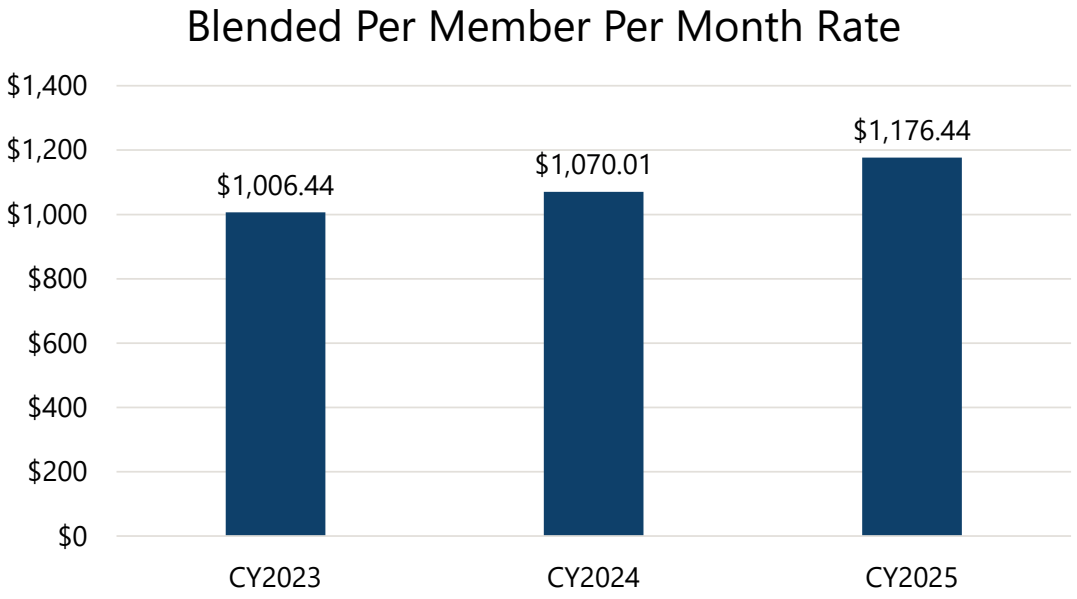
2025 Capitation Rates

CY2025 capitation rates are in development by our actuary in conjunction with HHS and BCBSND.

- CY2025 capitation rates implement Senate Bill 2012 provision to ensure that the capitation rate calculation assumes that MCO rates will not exceed 145% of Medicare reimbursement, except for services noted in Section 22.

- No decrease to the CY2025 Capitation Rates to comply with 145% of Medicare requirement.
  - Actuarial analysis showed BCBS was already at 144.5% in aggregate of Medicare.
- Overall, 9.1% increase in rates for CY2025.



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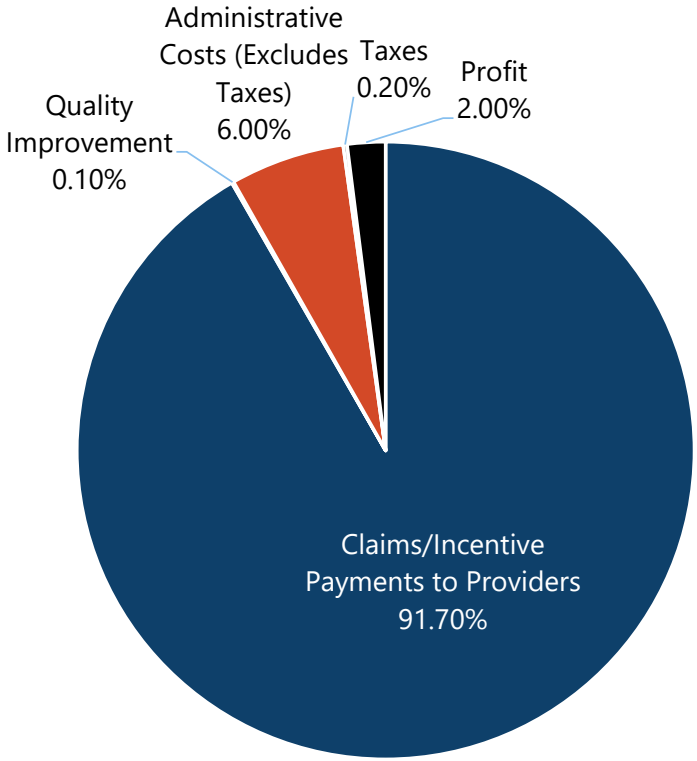
Medical Loss Ratio (MLR) & Profit Cap

- Since reprocuring the Medicaid Expansion contract in 2022, ND Medicaid has used both a Medical Loss Ratio (MLR) and Profit Cap to protect the state.
  - Profit Cap: Overall limit on the amount of profit that can be retained by the plan.
  - Medical Loss Ratio: Requires a specific percentage of the total capitation is spent on services and quality improvement. Protects states from paying for excessive administrative expenses or profits.
- While providing overall protection to the state, a profit cap can be a disincentive to continued innovation and lowering administrative costs.
- For CY 2025, ND Medicaid will use a robust MLR as the key Managed Care risk mitigation strategy.

Allocation of Retained MCO Revenue



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Performance Withhold: 2023

- 2% of Capitation Payments were withheld from the monthly premium.
- MCO had opportunity to earn back funds based on meeting quality goals.

Quality Rating	Earn Back Percent	Quality Performance
◆	0%	MCO rate below NCQA Quality Compass National Average
◆◆	50%	MCO rate equals or exceeds NCQA Quality Compass National Average, but is less than 75th percentile
◆◆◆	75%	MCO rate equals or exceeds NCQA Quality Compass 75th percentile but does not meet 90th percentile
◆◆◆◆	100%	MCO rate equals or exceeds NCQA Quality Compass 90th percentile

Measure	CY2023 Quality Rating
Initiation and Engagement of Substance Use Disorder (SUD) Treatment	◆◆
Follow up after ER Visit for SUD	◆◆◆
Follow up after ER Visit for Mental Illness	◆
Controlling High Blood Pressure	◆
Hemoglobin A1c Control for Patients with Diabetes	◆
Eye Exam for Patients with Diabetes	◆
Plan All Cause Readmissions	◆
Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate	◆◆◆
Diabetes Short Term Complications Admissions Rate	◆

22.93% Total Earn Back for CY 2023

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Drugs

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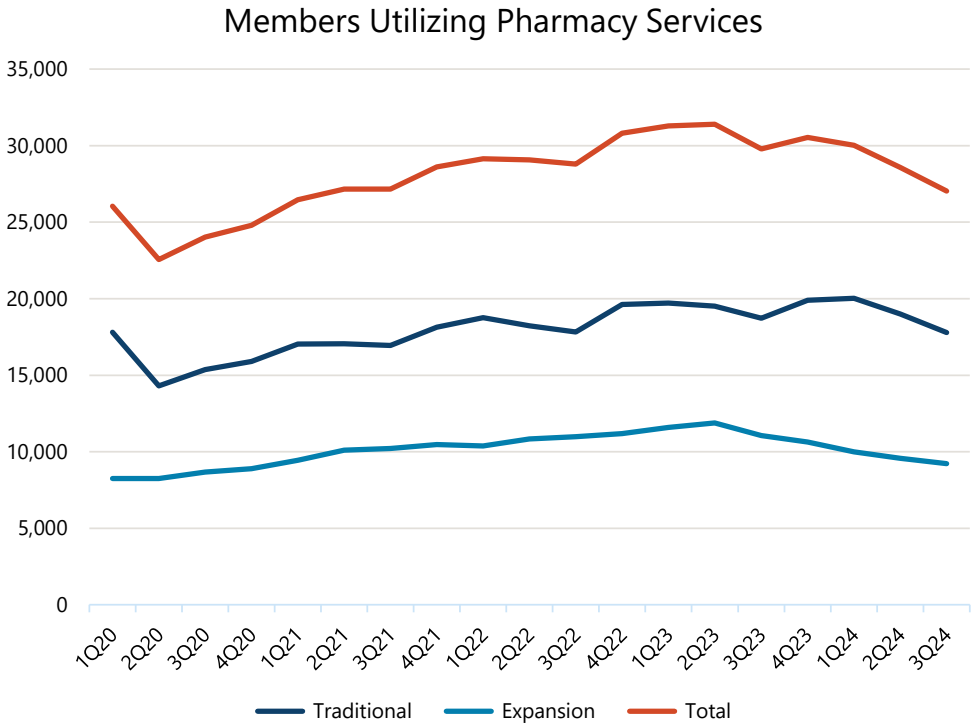
Coverage

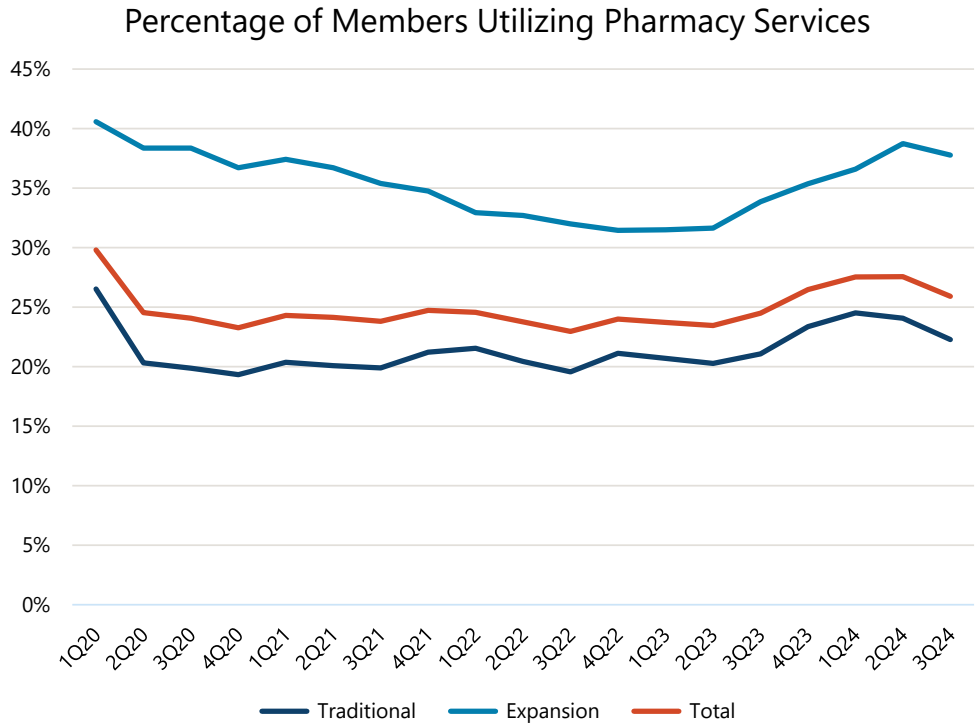
- **Prescription Only/Legend Drugs:** federal law requires Medicaid to cover all legend drugs of manufacturers who have signed a Medicaid Drug Rebate Agreement (MDRP)
  - Essentially all legend drugs are covered as most manufacturers participate in the MDRP
- **Over-the-Counter Drugs:** some are covered if they are part of the MDRP as outlined in the Pharmacy Provider Manual
- **Supplements/Vitamins:** some are covered as outlined in the Pharmacy Provider Manual
  - Medicaid works with the health division to cover some supplements required for treatment of diseases
- **Diabetic Supplies:** glucose test strips, meters, lancets, continuous glucose monitors, insulin syringes, tubeless insulin pumps, and pen needles as outlined in the Preferred Drug List (PDL)
- **Other:** inhaler spacers, injectable medication supplies (syringes, needles)

Drug Use Review

- **Drug Use Review (DUR) Board:**
  - Mandated by federal and state law; board meets quarterly to provide recommendations on our pharmacy prior authorization (PA) program and our DUR program. Six physicians and six pharmacists are voting members of the DUR Board.
- **Prior Authorization (PA):**
  - Over 900 PAs received in December 2024
  - A Preferred Drug List (PDL) is a requirement for supplemental drug rebate agreements. ND has decided to use it for our entire PA program. The PDL outlines coverage parameters for many medications, including PA criteria.
- **DUR Program:** Mandated by federal law; includes prospective and retrospective education on therapeutic duplication, drug-disease contraindication, drug-drug interaction, incorrect drug dosage, incorrect duration of drug treatment, drug-allergy, and clinical abuse/misuse edits
  - **Prospective DUR:** Prospective DUR requirements to ensure appropriate payment and provision of prescription drugs as well as drug counseling and patient profile requirements
  - **Retrospective DUR:** Roughly 400 cases reviewed two of every three months; once a quarter, a targeted mailing is done; letters are mailed to pharmacists and prescribers

Utilizers of Pharmacy Services





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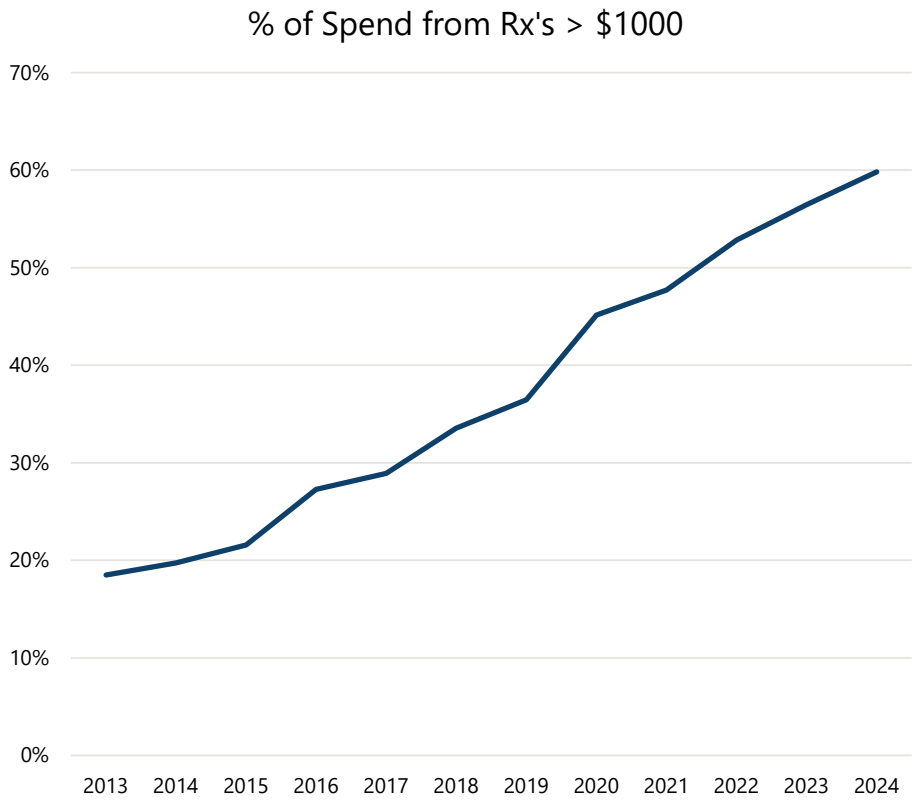
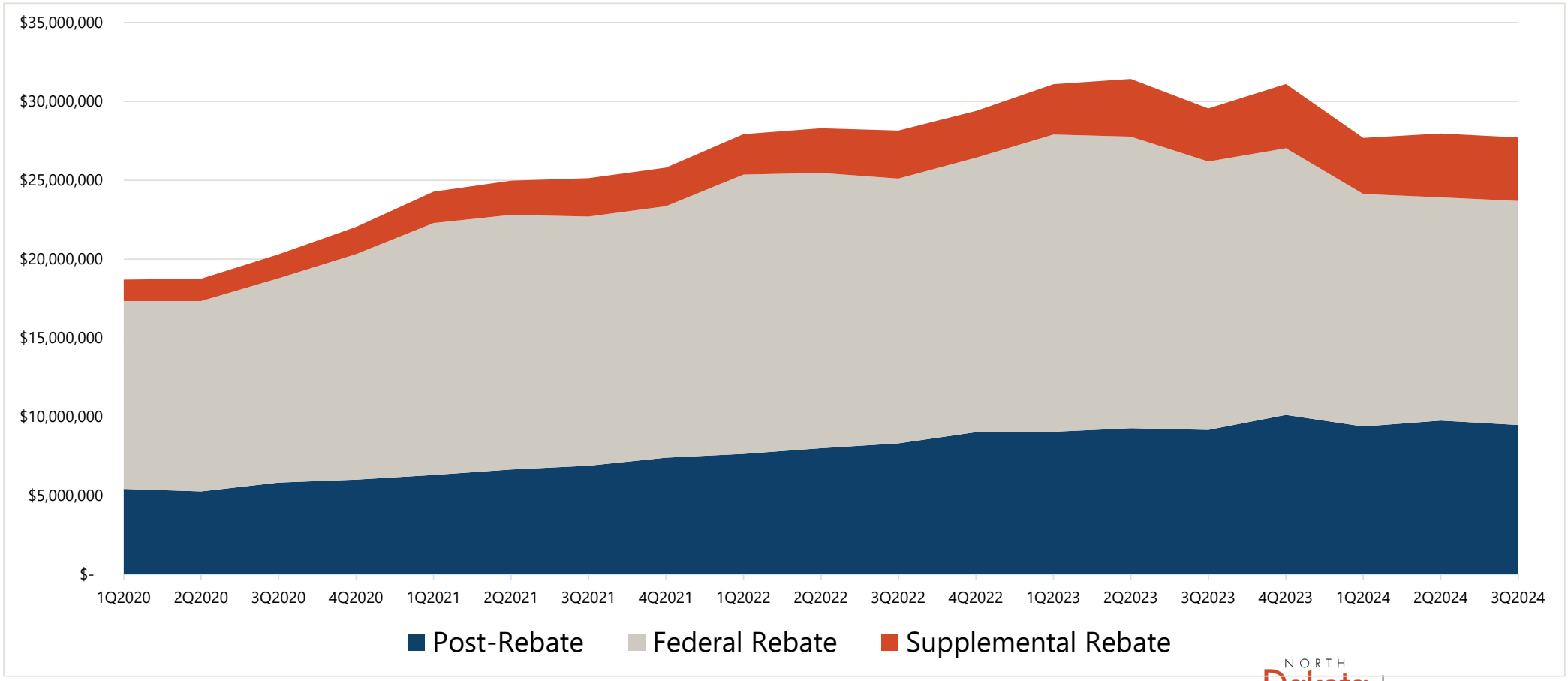
Cost Drivers

- **6 Drug Classes:** 6 drug classes make up 36.3% of the drug budget (4Q23 to 3Q24):
  - Cystic Fibrosis, Immunomodulators, Migraine, Non-Insulin Diabetes, Pulmonary Hypertension, Tardive Dyskinesia
  - Spend for these classes increased by 138% between 1Q2020 and 3Q2024 to $10 million per quarter
  - During the same period, claims volume for drugs in these classes only increased by 14%
- **50 Hyper-Cost Drugs:** 50 hyper-cost drugs make up 33.7% of the drug budget (4Q23 to 3Q24):
  - Over $950,000 spent on 22 claims from 4Q23 to 3Q24 on just 3 drugs: Daybue, Gattex, and Oxervate



Rebates are Increasingly Important



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2025 – 2027 Budget & Other Resource Requirements

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Comparison of budgets and funding

By Major Expense

Description	2023-25 Budget Base	Increase/ (Decrease)	2025-27 Executive Budget
Salaries and Benefits	$ 21,072,281	$ 2,528,269	$ 23,600,550
Operating	70,793,645	17,336,681	88,130,326
IT Services	61,578,286	6,515,475	68,093,761
Capital Asset Expense	-	-	-
Capital Assets	-	-	-
Grants	2,684,129,807	(102,087,611)	2,582,042,196
Total	**$ 2,837,574,019**	**$ (75,707,186)**	**$ 2,761,866,833**
General Fund	**$ 973,425,702**	**$ 28,379,563**	**$ 1,001,805,265**
Federal Funds	**1,804,099,685**	**(97,802,656)**	**1,706,297,029**
Other Funds	**60,048,632**	**(6,284,093)**	**53,764,539**
Total Funds	**$ 2,837,574,019**	**$ (75,707,186)**	**$ 2,761,866,833**

Comparison of budgets and funding

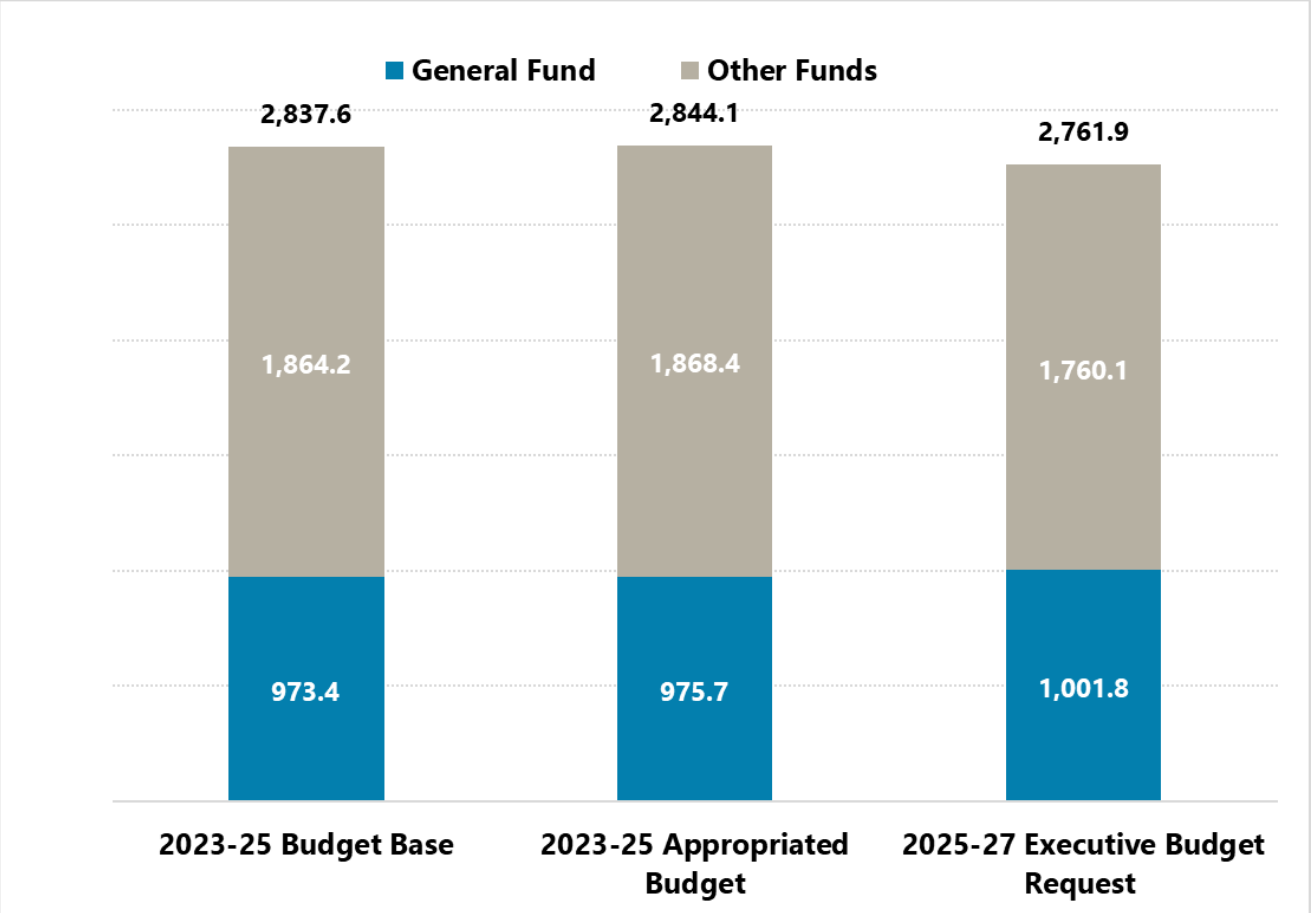
By Base Budget, Current Appropriated Budget, and Requested Budget

2023-25 Appropriated Budget

- $4.5M One-time funding for Program Integrity Audits
- $.6M One-time funding for Basic Care Rate Study
- $1.4M in One-time funding for Cross-Disability Advisory Council

2025-27 Executive Request

- $3.0M Cost to Continue Salary
- ($56.6M) Cost/Caseload Changes
- ($29.5M) Underfunding Medical Assistance Grants to meet base budget target



Legislative Bills with Potential Budget Impact

- HB 1067 – allows Medicaid coverage for otherwise eligible children lawfully present in the US and extends the Autism Spectrum Disorder waiver age to 21.
- SB 2096 – creates regional acute psychiatric treatment and residential supportive housing services.

Summary

Key Budget Drivers & Take Aways

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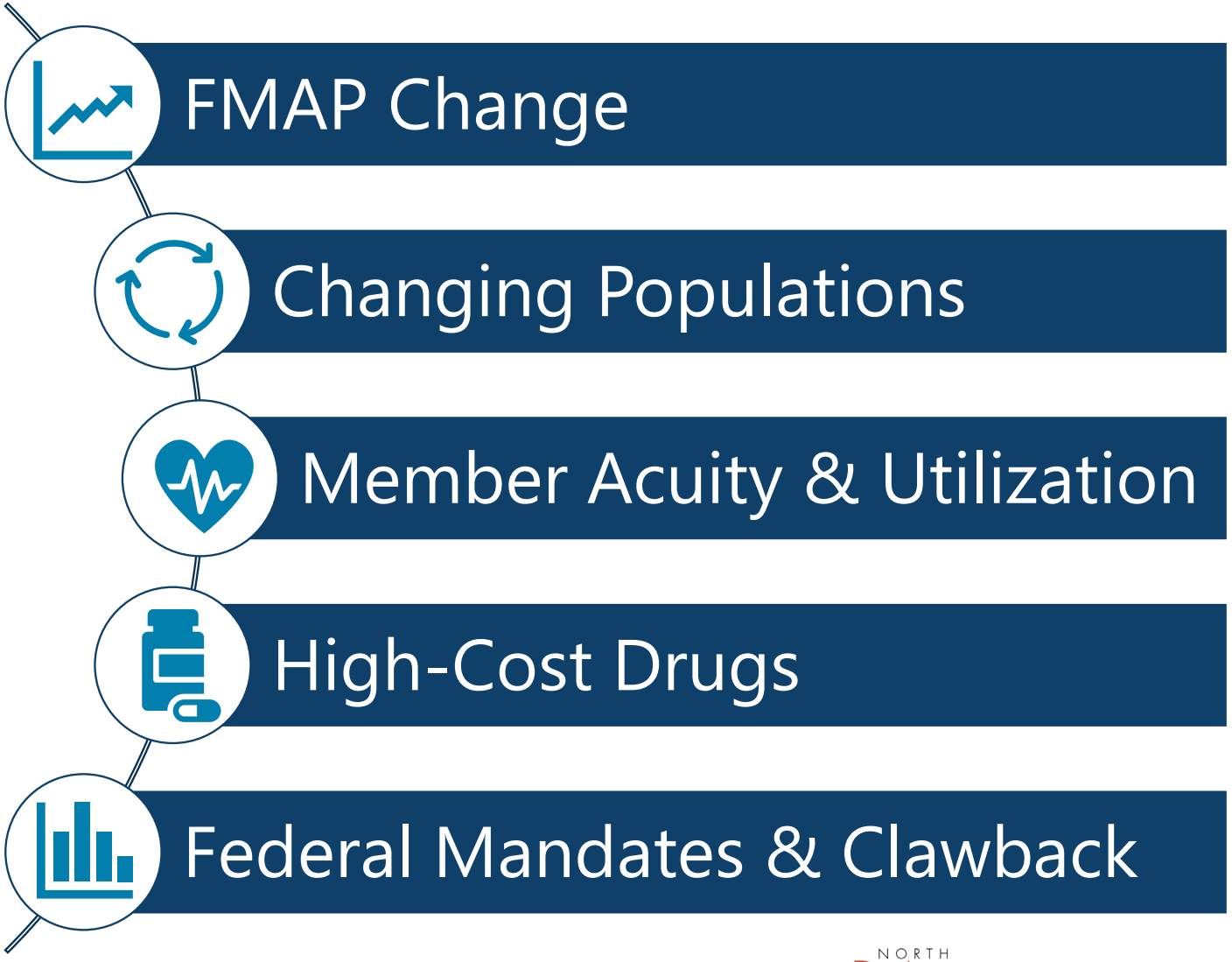
Key Budget Drivers



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Take-Aways

- Bending the Cost Curve
- Delivering Whole Person Care
- Promoting Sustainability & Value
- Improving the Member & Provider Experience

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Contact information

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2025 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

HB 1012
1/15/2025

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

1:59 p.m. Chairman J. Nelson called the meeting to order.

Members Present: Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Berg, Mitskog, Murphy, O' Brien, Wagner.

Discussion Topics:

- Purpose
- Core functions
- Services
- Gaps
- Audit findings
- Accomplishments
- Challenges
- Budget recommendations

2:00 p.m. Jessica Thomasson, Executive Director, Human Services Division, testified and presented and overview on the division of human services #29349.

3:38 p.m. Jessica Thomasson, Executive Director, Human Services Division, referenced memo #29351.

3:39 p.m. Jessica Thomasson, Executive Director, Human Services Division, referenced #29352.

3:58 p.m. Chairman J. Nelson adjourned the meeting.

Jan Kamphuis, Committee Clerk

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House Appropriations, Human Resources Section| January 15, 2025
Representative Jon Nelson, Chairman

Presentation by Jessica Thomasson, Executive Director, Human Services Division

#1: Purpose of the Division and its programs

The Human Services Division is responsible for carrying out a range of "Powers and Duties of the Department"

- Social welfare and human service activity initiated by the federal govt
- Research and study in the causes of social problems & define effective techniques for prevention and rehabilitation
- Administration of SNAP, LIHEAP, housing stabilization
- Various licensing activities
- Wellbeing of children
- Child welfare, including CHINS, CHIPS and delinquent children
- Human Service Zone activities
- Special needs adoption, independent living services & Family First Prevention
- Life Skills Transition Center

50-06-05.1. Powers and duties of the department. (Effective through June 30, 2027)

The department has the following powers and duties to be administered by the department through its state office or regional human service centers, human service zones, or otherwise as directed by the department:

1. To act as the official agency of the state in any social welfare or human service activity initiated by the federal government not otherwise by law made the responsibility of another state agency.
2. To administer, allocate, and distribute any state and federal funds that may be made available for the purpose of providing financial assistance, care, and services to eligible persons and families who do not have sufficient income or other resources to provide a reasonable subsistence compatible with decency and health.
3. To provide preventive, rehabilitative, and other human services to help families and individuals to retain or attain capability for independence or self-care.
4. To do needed research and study in the causes of social problems and to define appropriate and effective techniques in providing preventive and rehabilitative services.
5. To provide for the study, and to promote the well-being, of a child in need of protection, a child in need of services, and delinquent children.
6. To provide for the placing and supervision of children in need of substitute parental care, subject to the control of any court having jurisdiction and control of any such child.
7. To recommend appropriate human services related legislation to the legislative assembly.
8. To direct and supervise human service zone activities and administer a statewide program for state-funded human services, staffing, and administration costs related to the administration of human services.
9. To secure, hold, and administer for the purpose for which it is established any property and any funds donated to it either by will or deed, or otherwise, or through court order or otherwise available to the department, and to administer those funds or property in accordance with the instructions in the instrument creating them or in accordance with the instructions in the court order or otherwise.

(cont.)

10. To formulate standards and make appropriate inspections and investigations in accordance with such standards in connection with all licensing activities delegated by law to the department, including early childhood programs, nonmedical adult care facilities and maternity homes, and persons or organizations receiving and placing children, and to require those facilities, persons, and organizations to submit reports and information as the department may determine necessary.
11. To permit the making of any surveys of human service needs and activities if determined to be necessary.
12. To issue subpoenas, administer oaths, and compel attendance of witnesses and production of documents or papers whenever necessary in making the investigations provided for herein or in the discharge of its other duties. A subpoena may not be issued to compel the production of documents or papers relating to any private child-caring or child-placing agency or to compel the attendance as a witness of any officer or employee of those facilities except upon the order of a judge of the district court of the judicial district in which the facilities are located.
13. To provide insofar as staff resources permit appropriate human services, including social histories, social or social-psychological evaluations, individual, group, family, and marital counseling, and related consultation, when referred by self, parent, guardian, human service zone, court, physician, or other individual or agency, and when application is made by self (if an adult or emancipated youth), parent, guardian, or agency having custody; also, on the same basis, to provide human services to children and adults in relation to their placement in or return from the life skills and transition center, state hospital, or North Dakota youth correctional center.
14. To provide insofar as staff resources permit social services, including social-psychological evaluations, predisposition reports, treatment, and aftercare services when requested by the judge of a juvenile court.
15. To provide insofar as staff resources permit social services, including social-psychological evaluations, predisposition reports, and treatment, when requested by the judge in a criminal case.
16. To act as the official agency of the state in the administration of the supplemental nutrition assistance program and to direct and supervise human service zone administration of that program. The department with the consent of the legislative assembly or the budget section if the legislative assembly is not in session may terminate the program if the rate of federal financial participation in administrative costs provided under Public Law 93-347 is decreased or limited, or if the state or counties become financially responsible for all or a portion of the coupon bonus payments under the Food Stamp Act. Any request considered by the budget section must comply with section 54-35-02.9. The department may not deny assistance under the supplemental nutrition assistance program to any individual who has been convicted of a felony offense that has as an element the possession, use, or distribution of a controlled substance as defined in section 102(6) of the Controlled Substances Act [21 U.S.C. 802(6)].
17. To administer, allocate, and distribute any funds made available for the making of direct cash assistance payments, housing stabilization supports, and rental assistance and to promote cooperation and working agreements with public agencies and including the housing finance agency and department of commerce, and private human service agencies.
18. To act as the official agency of the state in the administration of the home energy assistance program; to direct and supervise human service zone administration of that program; and to take such actions, give such directions, and adopt such rules, subject to review in the courts of this state, as may be necessary or desirable to carry out this subsection. For purposes of the administration of the energy assistance program, funds are obligated at the earlier of the time a written commitment is made to pay a vendor or contractor for services or supplies delivered or to be delivered, or at the time payment is made to a vendor or contractor for services or supplies delivered or to be delivered. The provisions of this subsection concerning obligation of funds apply to

(cont.)

payments and commitments made on or after July 1, 1991. The department with the consent of the legislative assembly or the budget section if the legislative assembly is not in session may terminate the program if the rate of federal financial participation in administrative costs is decreased or limited to less than fifty percent of total administrative costs, or if the state or counties become financially responsible for all or a portion of the cost of energy assistance program benefits. Any request considered by the budget section must comply with section 54-35-02.9

19. To administer, allocate, and distribute any funds made available for the payment of the cost of the special needs of any child under the age of twenty-one years, who is living in an adoptive home and would probably go without adoption except for acceptance by the adopted family, and whose adopted family does not have the economic ability and resources, as established by the department, to take care of the special needs of the child, including legal fees, maintenance costs, medical and dental expenses, travel costs, and other costs incidental to the care of the child.
20. To exercise and carry out any other powers and duties granted the department under state law.
21. To administer, allocate, and distribute any funds made available for the payment of supervised independent living services, to develop standards regarding a supervised independent living program, to approve supervised independent living services for the purpose of providing foster care placement, and to apply for and administer federal and other funds that may be made available to undertake any of the activities described in this subsection.
22. With the approval of the governor, to lease or transfer use of any part of the life skills and transition center facilities or properties, located in section thirteen, township one hundred fifty-seven north, range fifty-three west, located in Walsh County, North Dakota, to the federal government, or any public or private agency, organization, or business enterprise, or any worthy undertaking, under the following provisions:
    a. The department determines that the facility or property is not needed to serve any present or reasonably foreseeable need of the life skills and transition center.
    b. The transaction is exempt from the provisions of section 50-06-06.6.
    c. The term of any lease may not exceed ninety-nine years.
    d. All required legal documents, papers, and instruments in any transaction must be reviewed and approved as to form and legality by the attorney general.
    e. Any funds realized by any transaction must be deposited in the state's general fund.
23. To act as a decedent's successor for purposes of collecting amounts due to the department or human service zone, unless otherwise directed or determined by the department. Any affidavit submitted by the department under section 30.1-23-01 must conform to the requirements of that section except that the affidavit may state that twenty days have elapsed since the death of the decedent.
24. To provide those services necessary for the department and for human service zones to comply with the provisions of any law, rule, order, or regulation of the United States or any federal agency or authority requiring civil service or merit standards or classifications as a condition for providing funds administered by the department.
25. For purposes of administration of programs, and subject to legislative appropriation, funds are obligated at the time a written commitment is made to pay a vendor or contractor for services or supplies either delivered or to be delivered. This subsection applies to payments and commitments made on or after January 1, 1997.
26. To determine eligibility for medical assistance and children's health insurance program benefits when the department receives a joint application for these benefits.
27. To develop a system of services and supports to provide behavioral health services and supports in the community for children at risk of or identified as having a behavioral health condition and for the families of these children. This system must include early intervention, treatment, and recovery services and supports and must interface with, but not include, child protective services or juvenile court.
28. To provide resources on mental health awareness and suicide prevention to the behavioral health resource coordinator at each public school and to the designated individual at a nonpublic school. The resources must include information on identifying warning signs, risk factors, and the availability of resources in the community, and also must include an evidence-based, online virtual mental health and suicide prevention simulation-based training program that incorporates hands-on practice, contextual learning, and personalized feedback through interactive role-playing. The provisions of chapter 54-44.4 do not apply to the online virtual mental health and suicide prevention simulation-based training program under this subsection.
29. To administer, allocate, and distribute any funds made available for kinship care services and payments and services in response to the federal Family First Prevention Services Act as part of the Bipartisan Budget Act of 2018 [Pub. L. 115-123].
30. To contract with another human service zone or any other public or private person to discharge any of the department's duties or exercise any of the department's powers to administer human services.
31. To act on behalf of the department of public instruction to administer part B, section 619 of the Individuals with Disabilities Education Act [Pub. L. 108-446; 229 Stat. 2647; 20 U.S.C. 1411 et seq.].
32. In the event of a disruption of operations, to provide meals at a fair value or without a charge to employees of the department at the North Dakota state hospital, life skills and transition center, and regional human service centers twenty-four hour staffed residential units as required by the job assignments of the employees.

NDCC References | Human Services Division

Adult & Aging Services

Chapter	Chapter Name
50-06	Department of Human Services
50-06.2	Comprehensive Human Services Programs
50-10.2	Rights of Health Care Facility Residents
50-10.2-02 (1)	Nursing Homes and Basic Care Facilities
50-11	Foster Care Homes for Children and Adults
50-24.1	Medical Assistance for Needy Persons
50-24.7	Expanded Service Payments for the Elderly and Disabled
50-25.2	Vulnerable Adult Protective Services
50-24.5	Aid to Aged, Blind, and Disabled Persons

Children & Family Services

Chapter	Chapter Name
50-25.1	Child Abuse and Neglect
50-11	Foster Care
14-15	Adoption for Children

Early Childhood

Chapter	Chapter Name
50-11.1	Early Childhood Services

Life Skills & Transition Center

Chapter	Chapter Name
25-04	Care of Developmentally Disabled

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NDCC References | Human Services Division

Developmental Disabilities

Chapter	Chapter Name
25-01.2	Developmental Disability
25-16	Residential Care and Services for Developmentally Disabled
25-16.1	Receivers for Developmentally Disabled Facilities

Human Service Zones

Chapter	Chapter Name
50-01.1	Human Service Zones
50-35	State-Funded Human Services
50-06	Department of Human Services

Vocational Rehab

Chapter	Chapter Name
50-06.1	Vocational Rehabilitation

Economic Assistance

Chapter	Chapter Name
50-06	Department of Human Services
50-09	Aid to Dependent Children (Includes TANF)
50-33	Child Care Assistance

Child Support

Chapter	Chapter Name
14-09	Parent and Child
50-09	AFDC
14-12.2	Interstate Child Support
14-08.1	Civil remedies for child support
34-15	New hire reporting

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Core Functions

Money Management	Quality Standards	Health & Safety Rules
Access to Services	Support for Professionals	Safety Net Services

A system that is well-coordinated and highly functional provides the best opportunity to assure that good outcomes are being achieved for all North Dakotans.

Core Functions delivered by Human Service Division teams

	Money Mgmt	Quality Standards	Health & Safety Rules	Access to Services	Support to Professionals	Safety Net Services
Children & Family Svc	X	X	X	X	X	X
Early Childhood	X	X	X	X	X	X
Economic Assistance	X	X		X	X	X
Human Service Zone Ops	X	X		X		X
Child Support	X			X		
Vocational Rehab	X			X		
Developmental Disabilities	X	X	X	X	X	X
Adult & Aging Services	X	X	X	X	X	X
Disability Determination Svc				X		
Life Skills Transition Center		X	X	X	X	X

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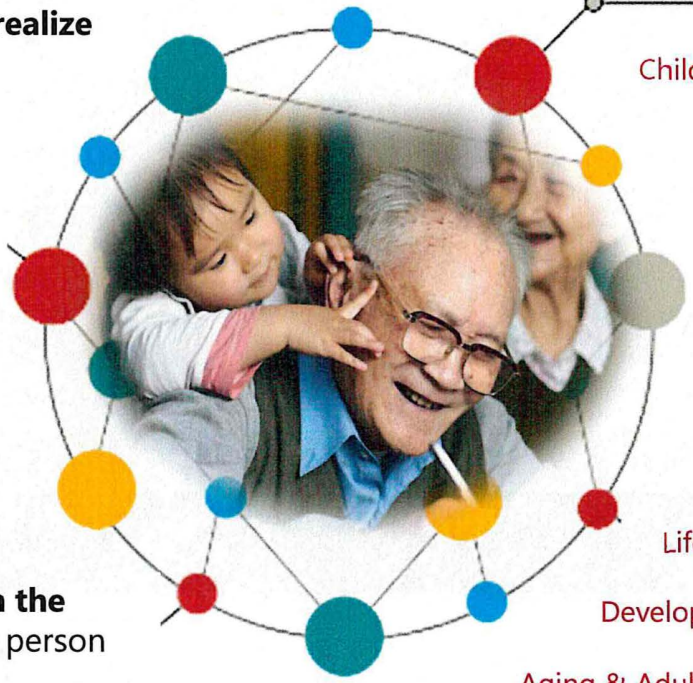
Human Services is a frontline resource for Family Stability

The Human Services Division is driven by the belief that communities are stronger when **everyone has a chance to realize their full potential.**

The teams that make up the Human Services Division, together with the state's Human Service Zones, strive to make appropriate **services** and **supports** available **when** and **where people need them.**

Our every action **centers on the person** and on helping that person find their way forward.



HUMAN SERVICES

- Children & Family Services
- Early Childhood
- Child Support
- Economic Assistance
- Vocational Rehab
- Disability Determination
- Human Service Zone Operations
- Life Skills Transition Center
- Developmental Disabilities
- Aging & Adult Services

The Human Services Division is a frontline resource for North Dakotans encountering circumstances that threaten their family's stability.

Working together



BEHAVIORAL HEALTH

State Hospital

Human Service Centers

Behavioral Health Policy

PUBLIC HEALTH

Lab services

Health Response & Licensure

Healthy and Safe Communities

Health Statistics & Performance

Disease control and Forensic Pathology

MEDICAL SERVICES

Medicaid

Long term care

HUMAN SERVICES

Children & Family Services

Early Childhood

Child Support

Economic Assistance

Vocational Rehab

Disability Determination

Human Service Zone Operations

Life Skills Transition Center

Developmental Disabilities

Aging & Adult Services

Together with our state and local partners, the Human Services Division provides resources that help North Dakotans avoid crisis and experience greater stability

Deliver **child protection**, **permanency** and **family wellbeing** services through the **network of Human Service Zones** and other public and private **partners**.

Serve as a **stabilizing resource** for youth and adults with **intellectual and/or developmental disabilities**

Help assure that young families have access to **high quality** experiences for their children by supporting people and programs who provide **early childhood services**.

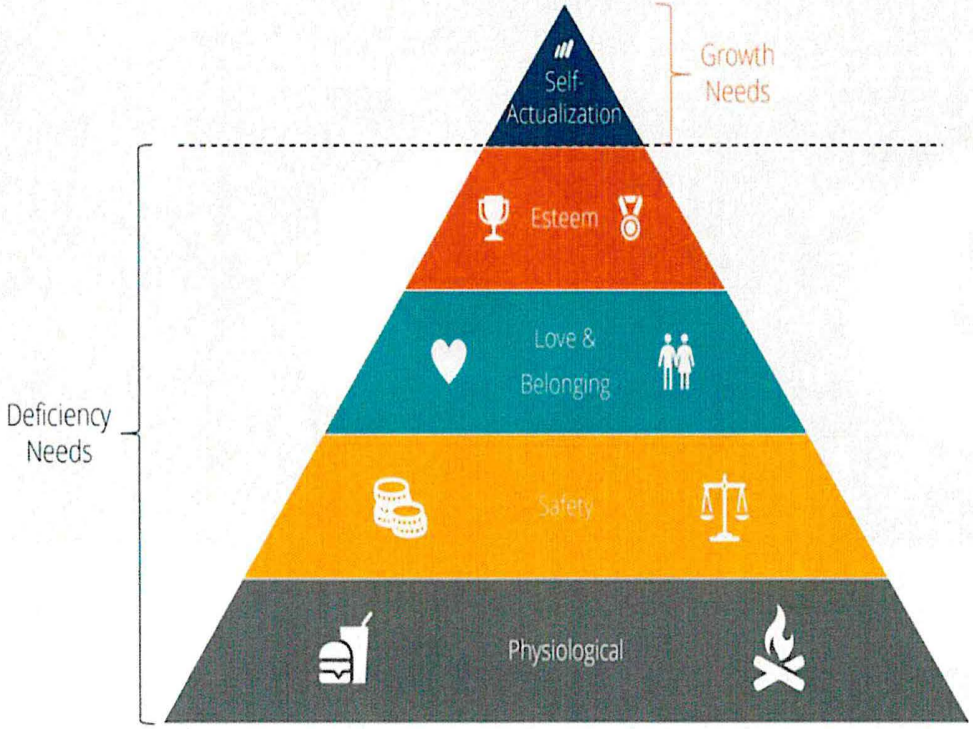
Work together with private partners to create robust **options for non-institutional living**, allowing older adults and people with disabilities (physical, developmental, intellectual) to **choose housing and services** that are right for them.

Provide access to a range of **resources** designed to **help families who are struggling to make ends meet**, including:

- Direct assistance for basic household budget expenses (food, utilities, housing, child care)
- Access to child support services
- Eligibility for health insurance via Medicaid and/or financial support via SSI/SSDI
- Employment supports both for people with disabilities and others who are actively working to improve their employment situation.

People are more alike than they are unalike

Individual Drivers



Community Infrastructure



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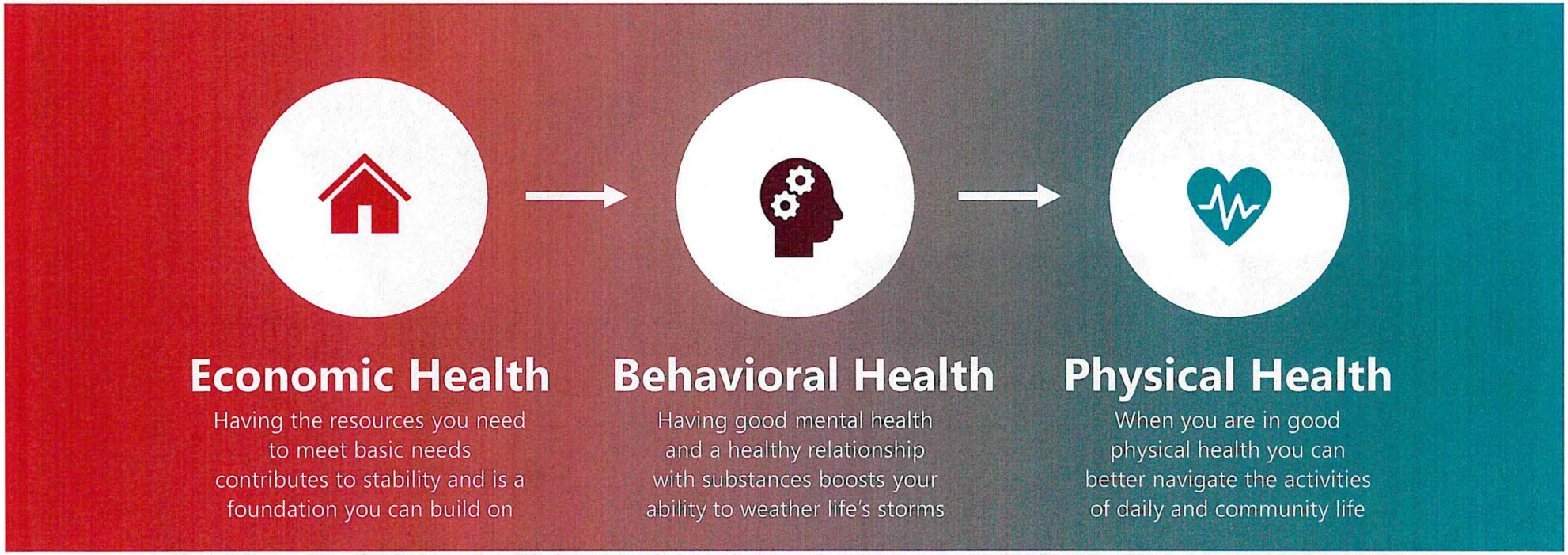
The threads that run through every person's life

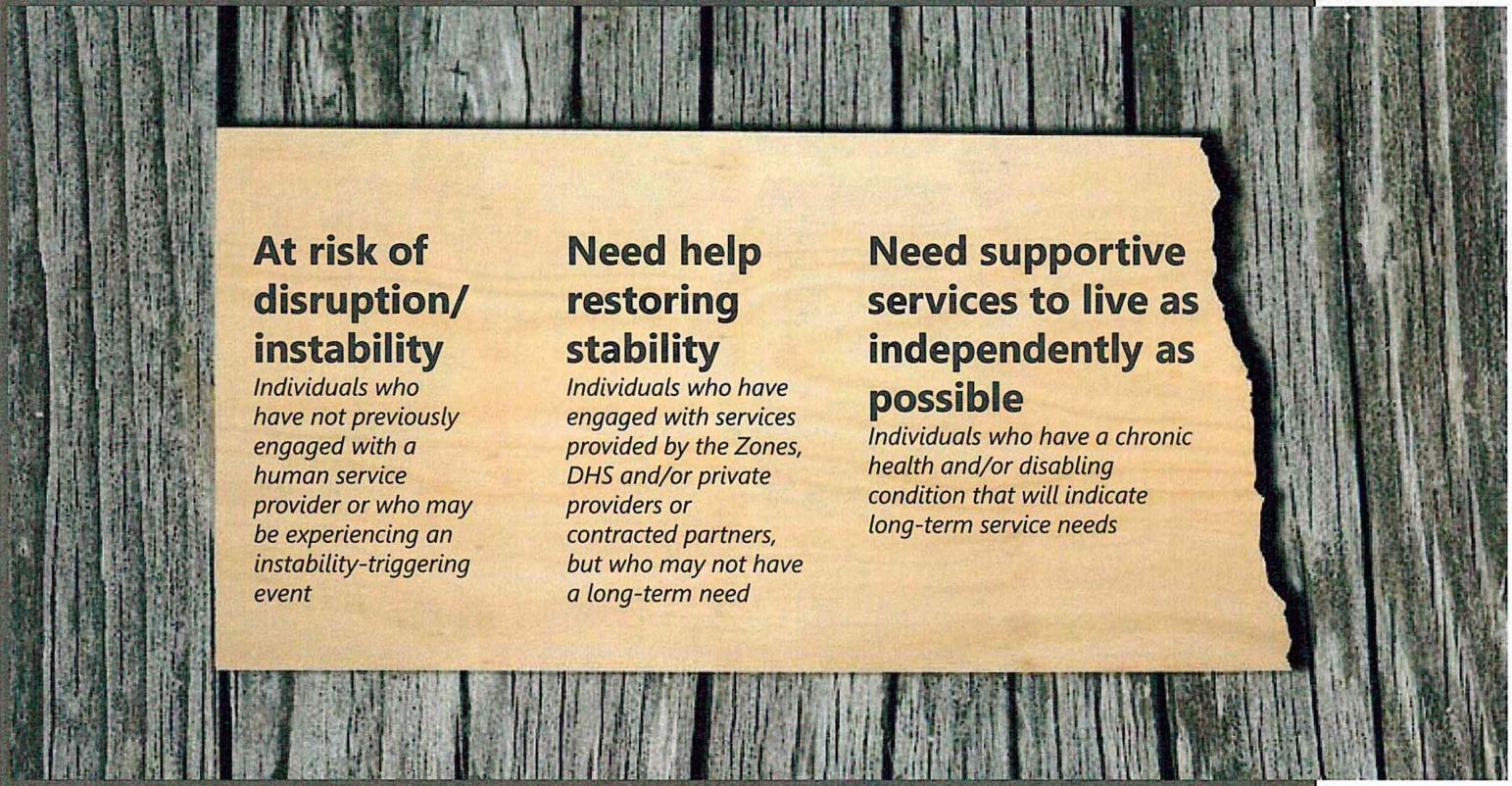
Foundations of Wellbeing are Interconnected



The stability that comes from good **economic** health can **improve behavioral** health.
The stability that comes from good **physical** and **behavioral** health **enables economic** health.

Helping people realize their potential

Who We Serve



At risk of disruption/ instability

Individuals who have not previously engaged with a human service provider or who may be experiencing an instability-triggering event

Need help restoring stability

Individuals who have engaged with services provided by the Zones, DHS and/or private providers or contracted partners, but who may not have a long-term need

Need supportive services to live as independently as possible

Individuals who have a chronic health and/or disabling condition that will indicate long-term service needs

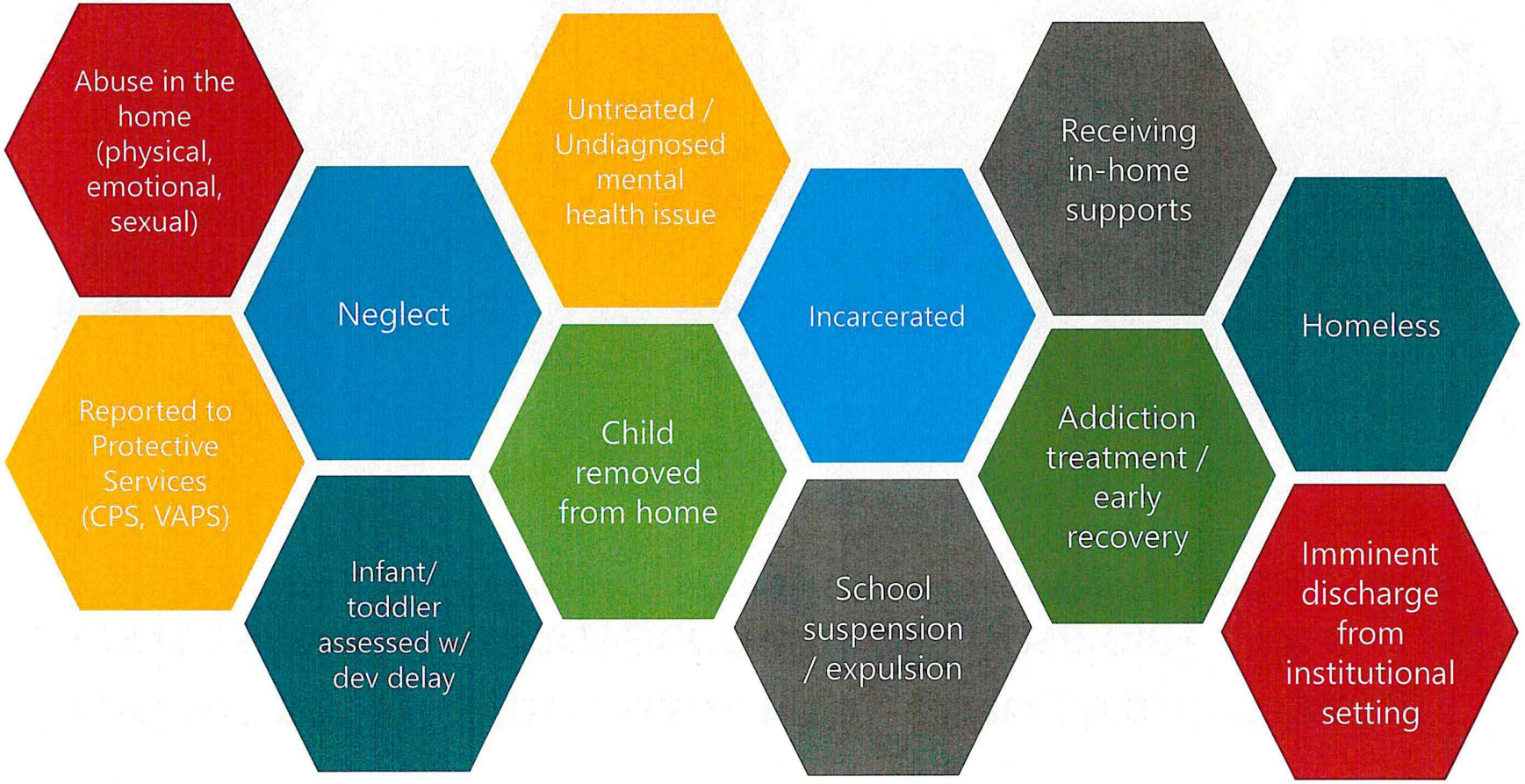
Who we serve: Who's **at risk** of disruption/instability?

Individuals who have not previously engaged with a human service provider or who may be experiencing an instability-triggering event



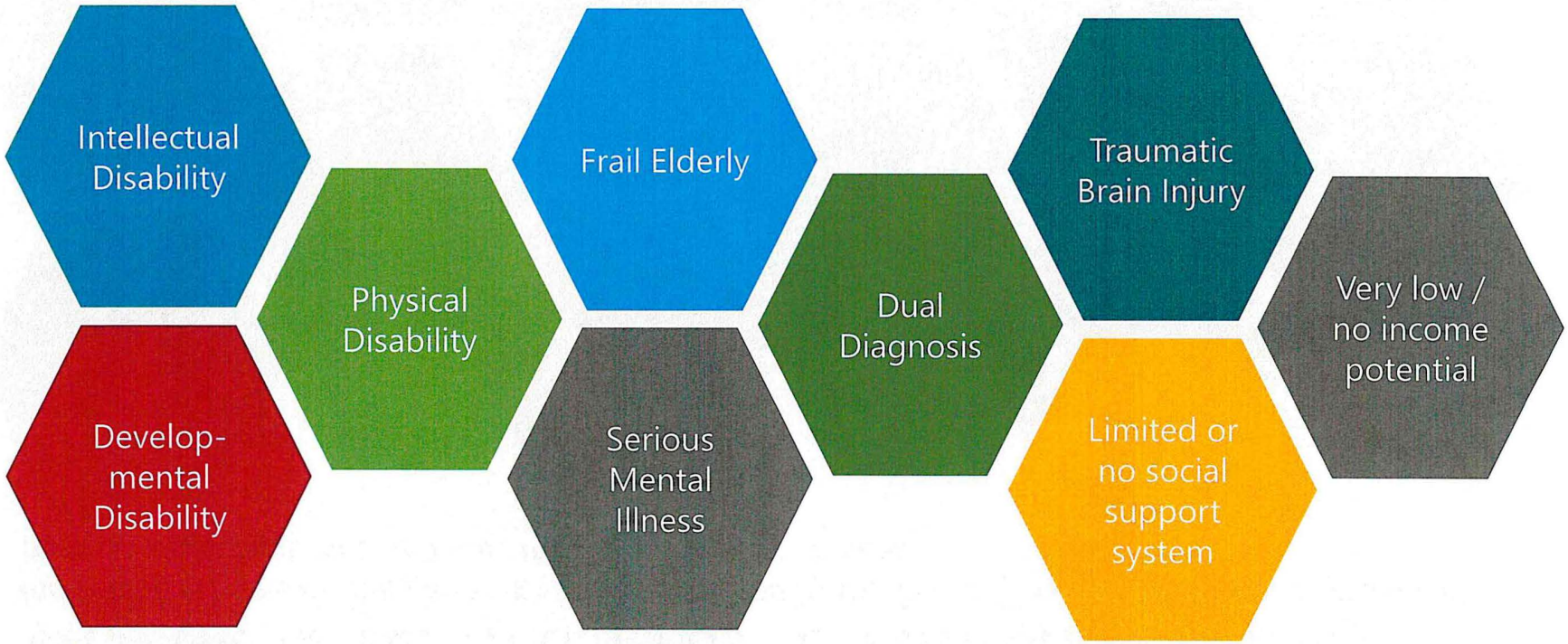
Who we serve: Who needs help **restoring** stability?

Individuals who have engaged with services provided by the Zones, HHS and/or private providers or contracted partners, but who may not have a long-term need



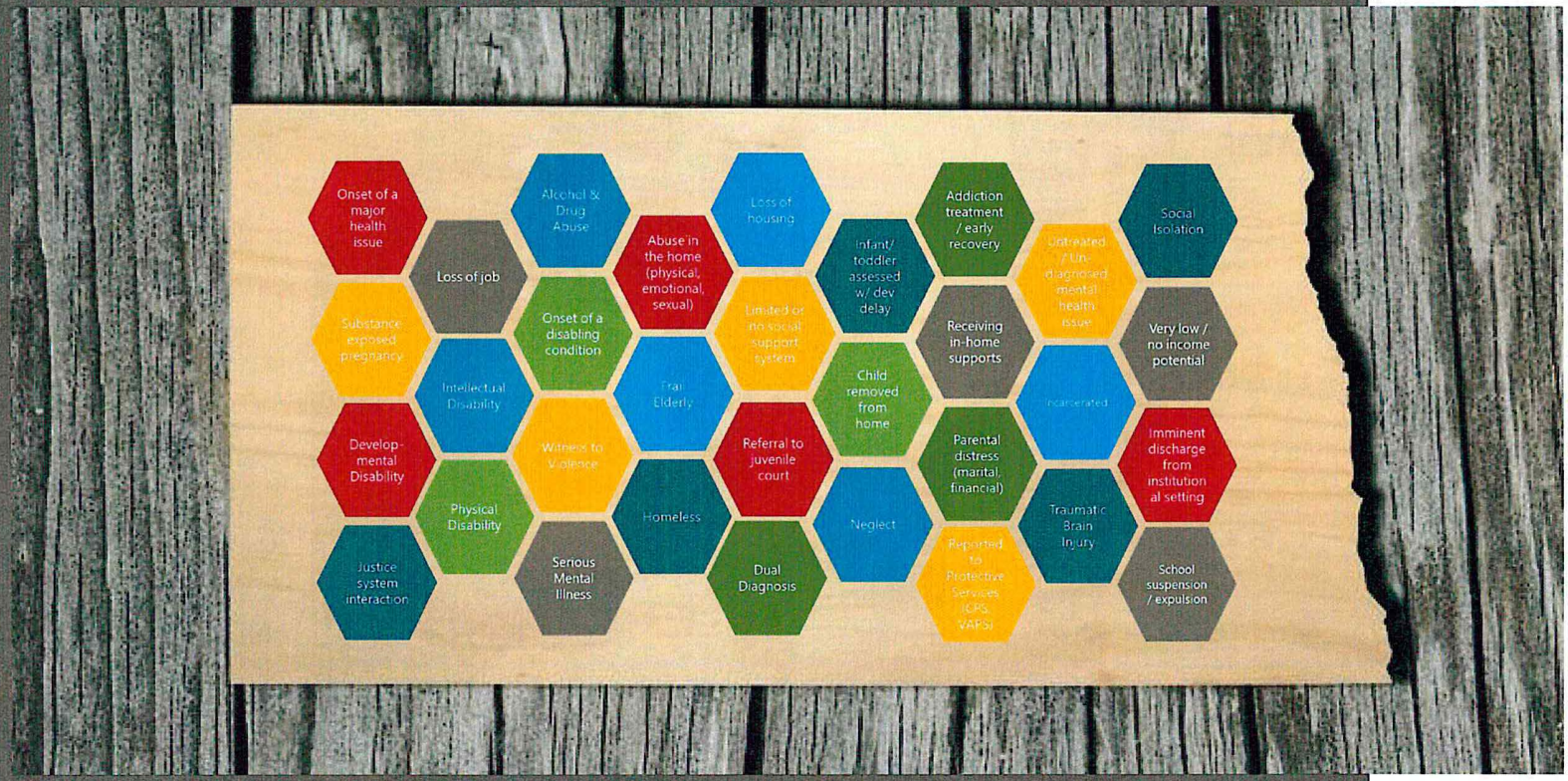
Who we serve: Who needs **long-term supportive services** to live as independently as possible?

Individuals who have a chronic health and/or disabling condition that will indicate long-term service needs



Human Services can be a frontline resource for stability and wellbeing

Prevention | Early Intervention | Crisis Intervention | Long term supports

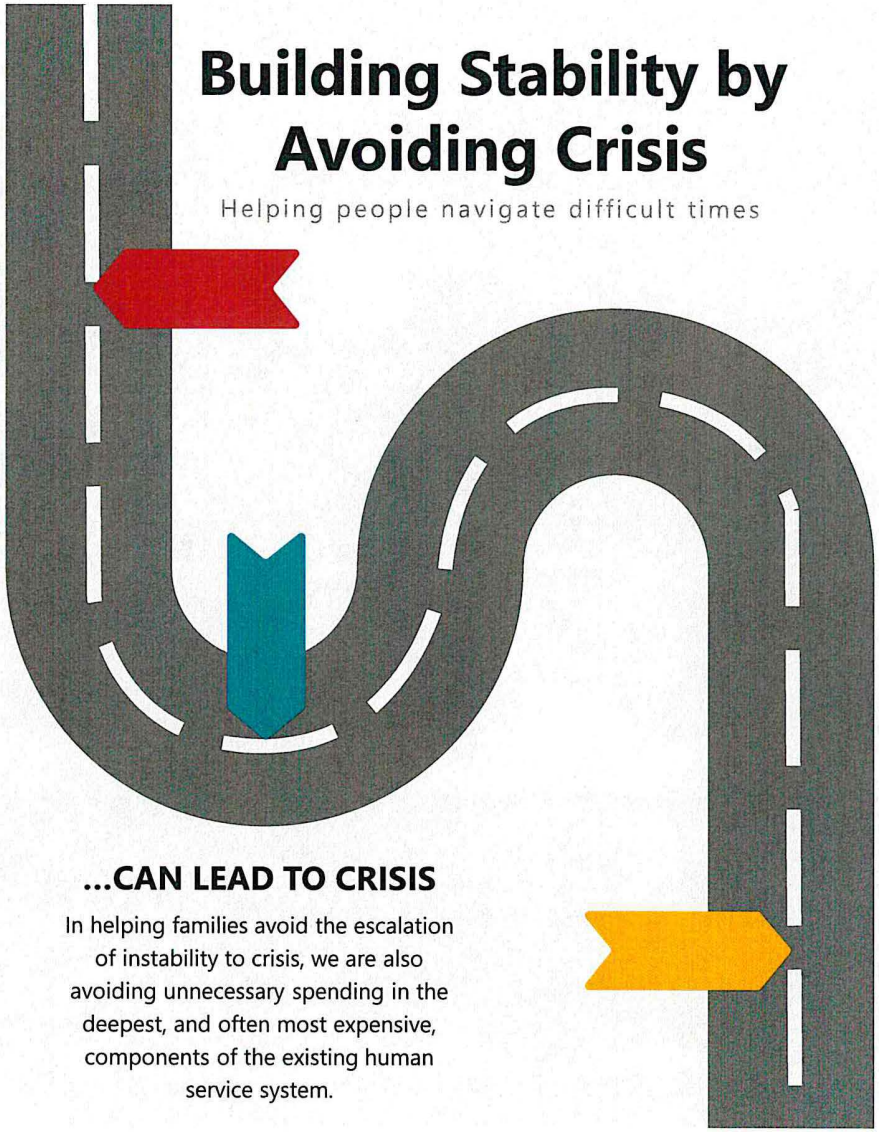


Building Stability by Avoiding Crisis

Helping people navigate difficult times

DISRUPTION

When families experience disruption, their ability to be a fully engaged, productive member of the community and the workforce is compromised.



...CAN LEAD TO CRISIS

In helping families avoid the escalation of instability to crisis, we are also avoiding unnecessary spending in the deepest, and often most expensive, components of the existing human service system.

SERVICES SUPPORT STABILITY

Intervening early will both save money and strengthen families. It will allow us to reserve deep end services for the times when they are truly needed, and help people avoid deepening their journey into crisis by diverting from institutions, keeping families together, and helping and sure that people have a place to call home.



Communities are stronger when everyone has the opportunity to realize their full potential

The Questions that Drive Our Work



What do we need to do to help someone find their way through a situation that threatens to push them into crisis, and instead help them find their way to stability.



What do we need to do to help someone make an informed choice about how they may want to access services in the most integrated setting that is right for them?



What do we need to do to make sure we are delivering the right service in the right place at the right time?

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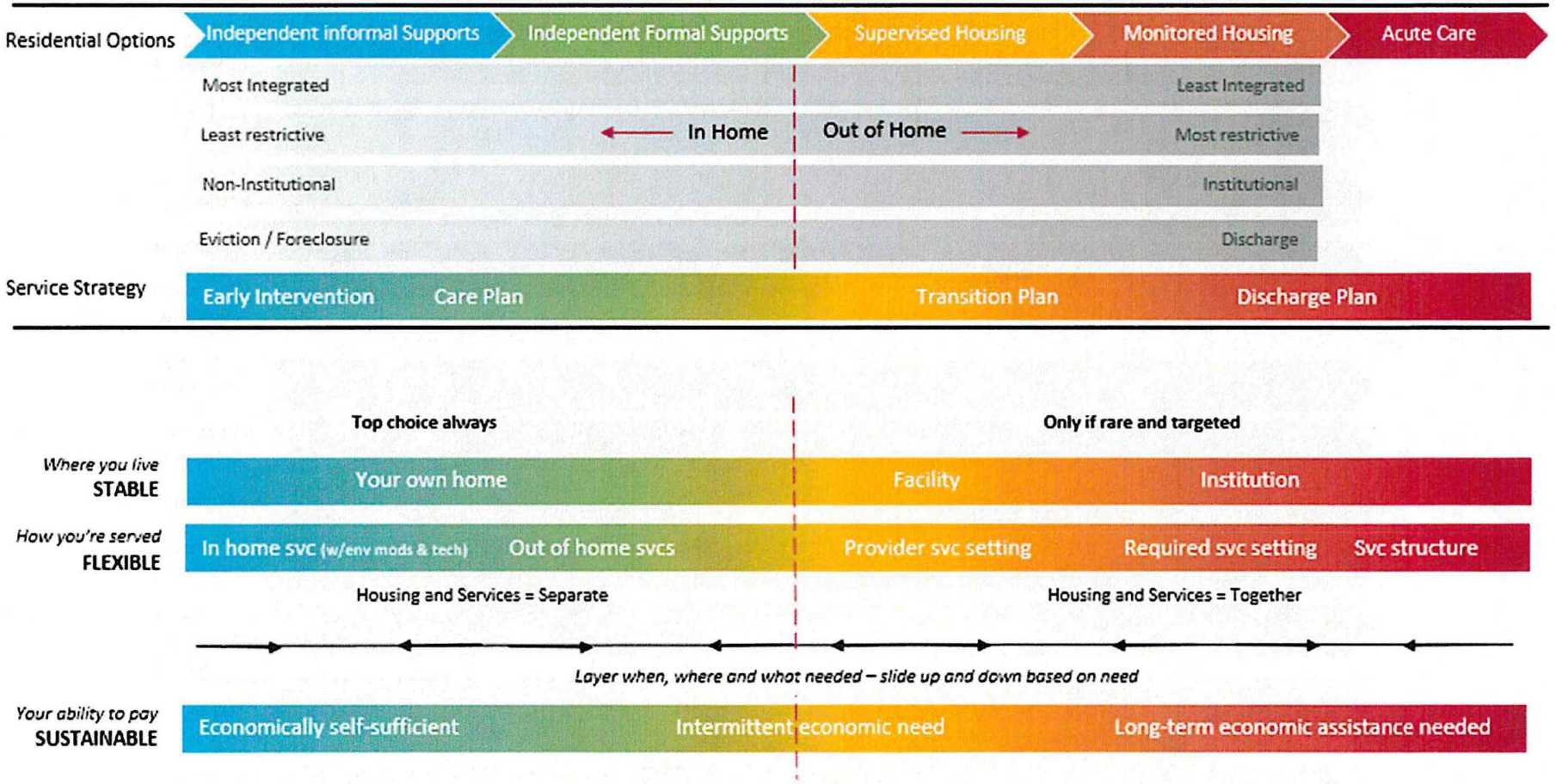
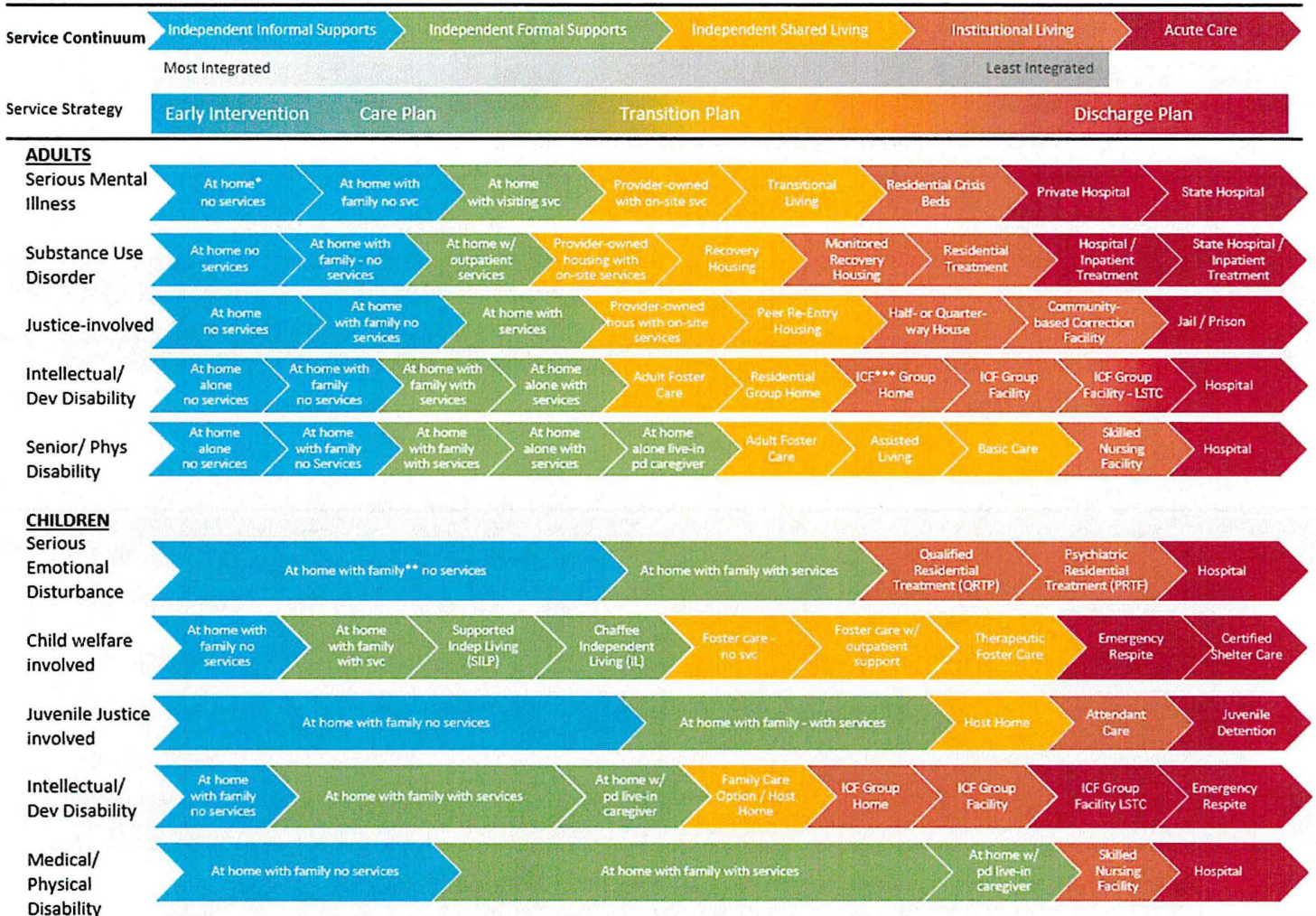
The Housing-Services Continuum



THE HOUSING / SERVICE CONTINUUM



*Home = includes ony type of home setting that is the responsibility of the individual (single family home, condo, apartment, mobile home)

**Family = includes birth family, kin-caregiver, adopted family

***ICF = Intermediate Care Facility. ICF Group Home (less than 8 people); ICF Group Facility (8 or more people); ICF LSTC (Life Skills Transition Center)

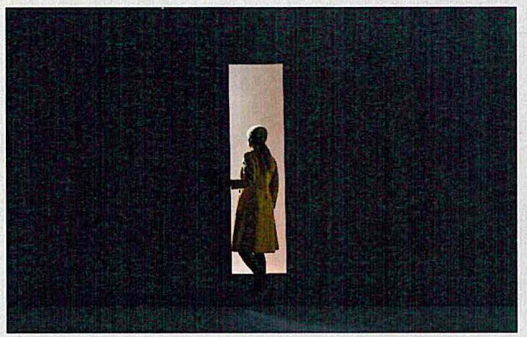
Last updated 4-1-24

HSD Threads relevant to Appropriations



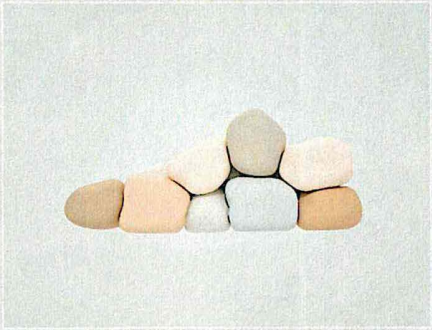
1 Growing a strong, stable workforce requires strong, stable families

- Family caregiving supports
- Child care as a stable resource
- Housing stability



2 Filling gaps in the system of care can prevent crisis

- Evolving safety net for targeted needs
- Preventing justice system involvement
- Complexity of layered / co-occurring factors
- Transition & diversion across housing-service continuum

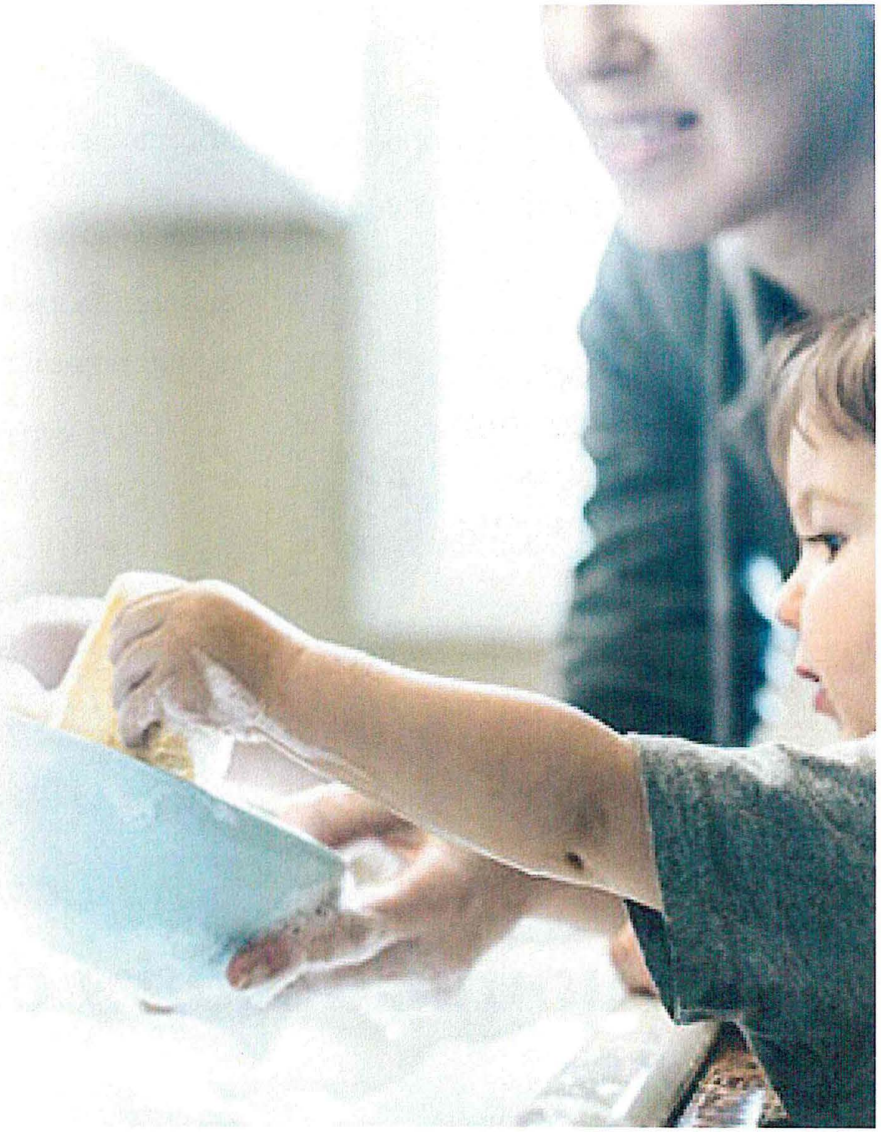


3 Pushing toward simplicity improves citizen experience

- Incremental progress
- Person centered design
- Reduced administrative burden

1 Growing a strong, stable workforce requires strong, stable families

- Family caregiving and home/community based supports
- Child care as a stable resource
- Housing stability



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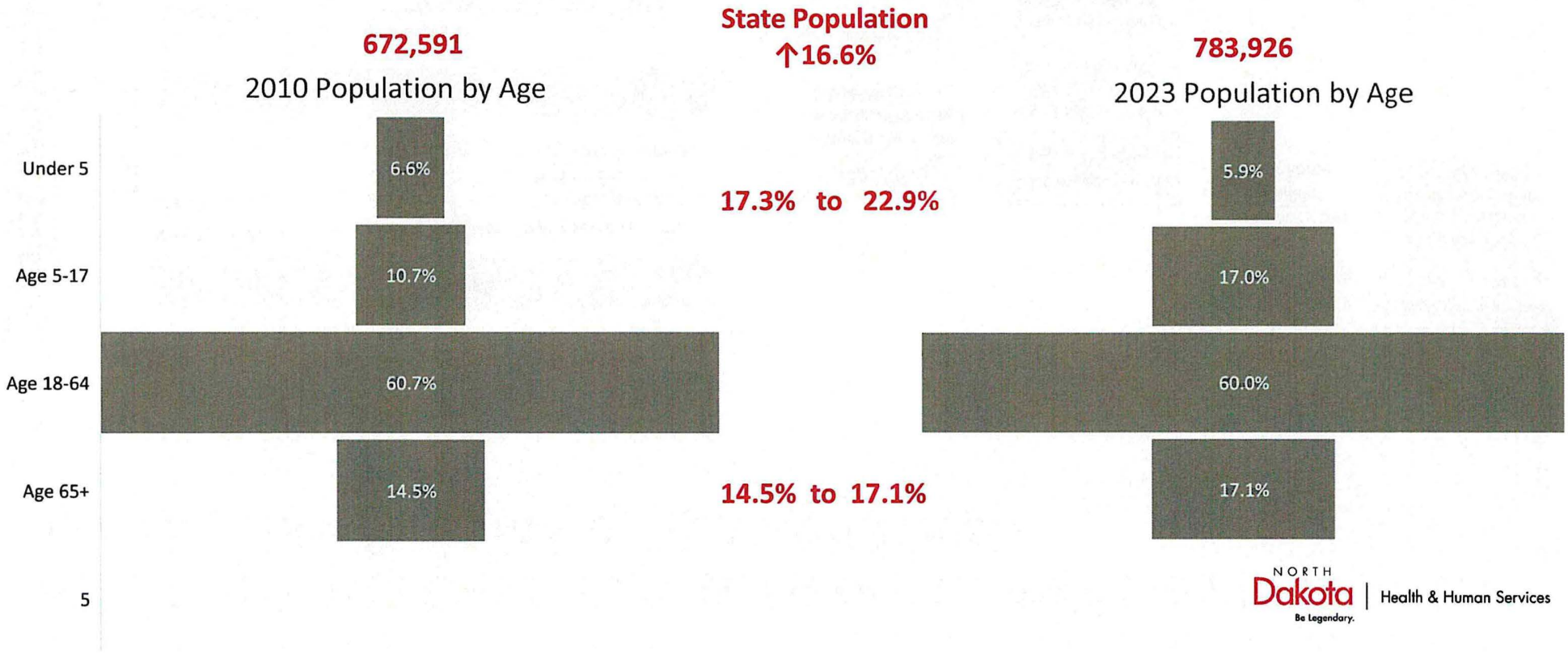
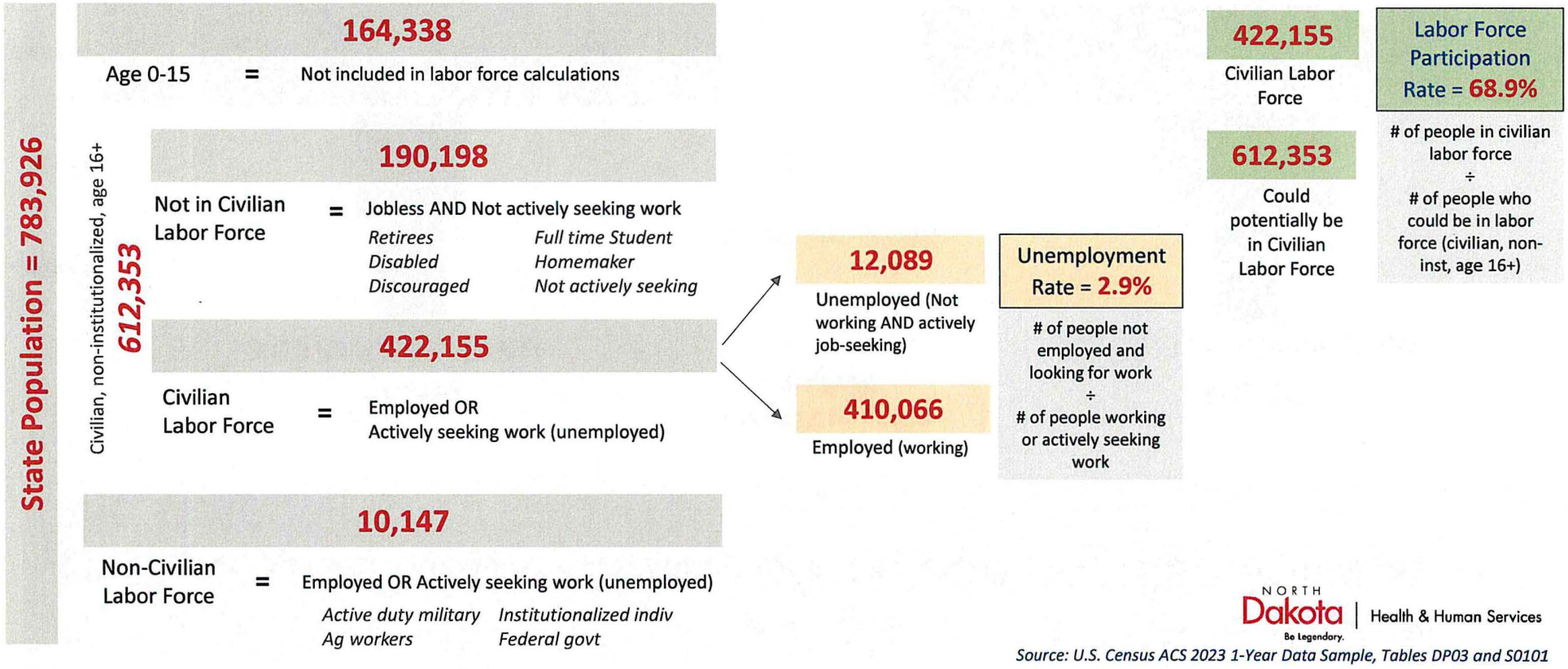
ND is getting both younger and older at the same time which puts pressure on the prime working age population living in the state



53.8% of North Dakota's population is considered to be in the civilian labor force (a.k.a. "the workforce")



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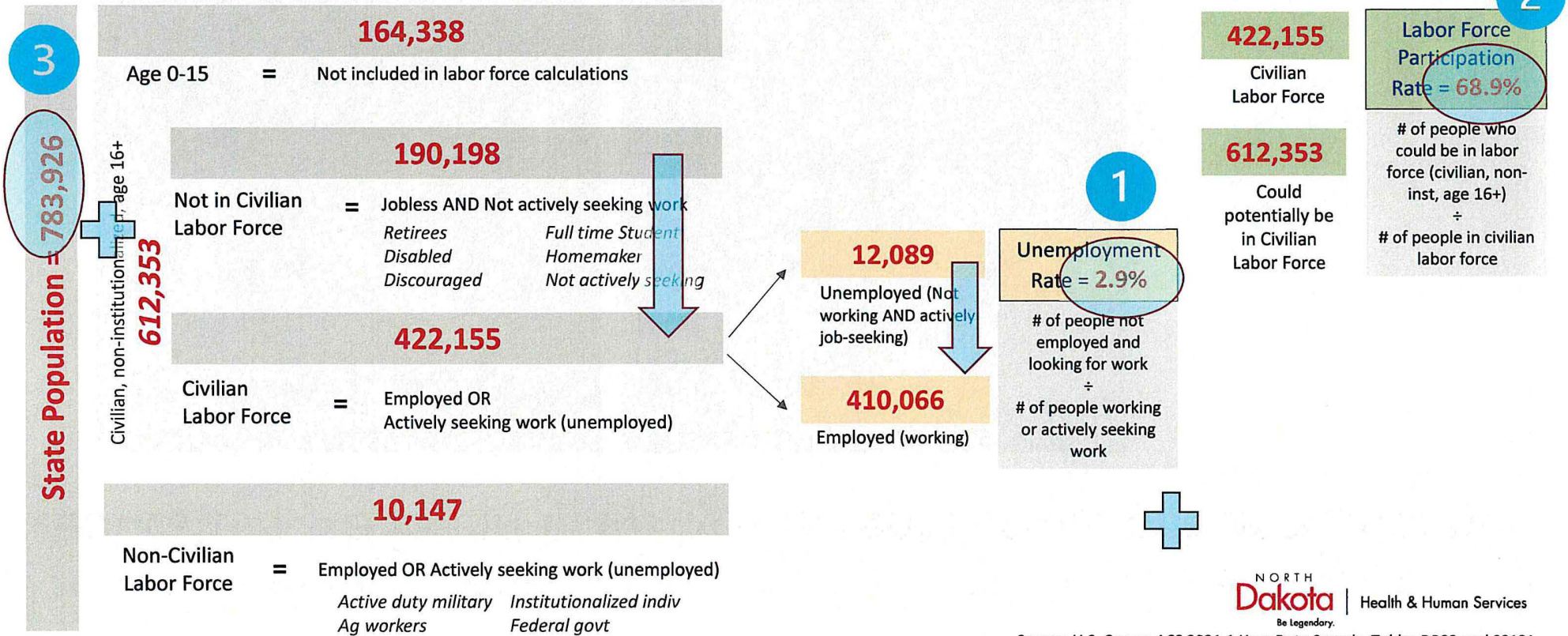
Source: U.S. Census ACS 2023 1-Year Data Sample, Tables DP03 and S0101

Where are the opportunities to make an impact on available workforce?



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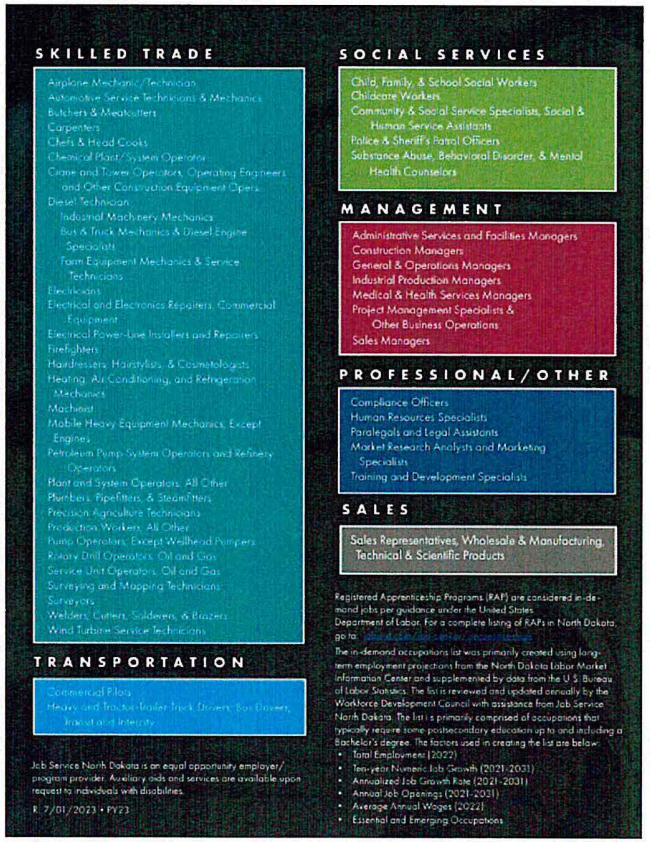
Source: U.S. Census ACS 2021 1-Year Data Sample, Tables DP03 and S0101

In-demand occupations that require specialized training or education are found in many different sectors of the economy





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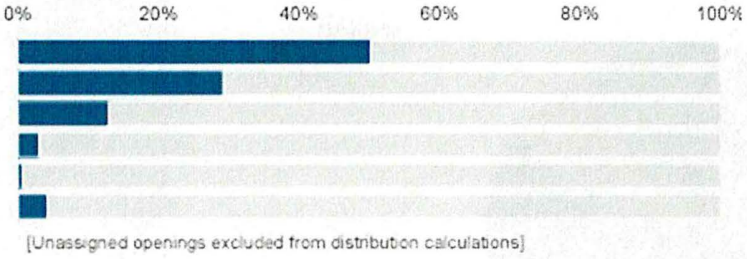
46% of ND job openings pay an average hiring wage of <$20/hr and require minimal training/education to start

December 2024 Job Openings Report

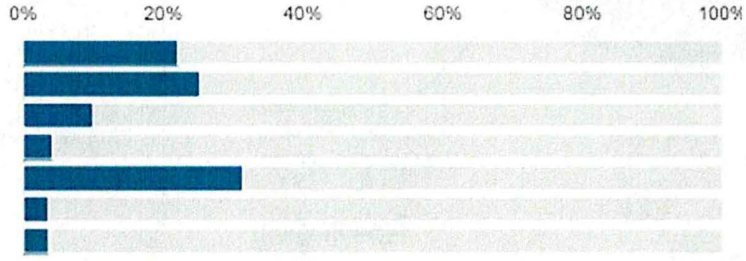
Distribution of Job openings by typical training required

TOTAL	13,156	
No training	6,582	50.2
Short-term on-the-job training	3,830	29.2
Moderate-term on-the-job training	1,693	12.9
Long-term on-the-job training	399	3.0
Apprenticeship	80	0.6
Internship/residency	541	4.1
Unassigned	31	

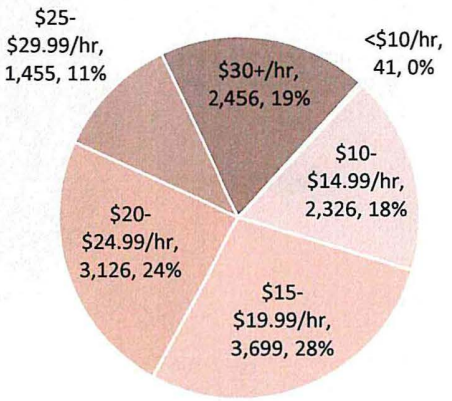


Distribution of Job openings by typical entry level education

TOTAL	13,156	
No formal educational credential	2,901	22.1
High school diploma or equivalent	3,323	25.3
Postsecondary nondegree award	1,305	9.9
Associate's degree	536	4.1
Bachelor's degree	4,124	31.4
Master's degree	464	3.5
Doctoral or professional degree	472	3.6
Unassigned	31	



Distribution of Job openings by typical average wage



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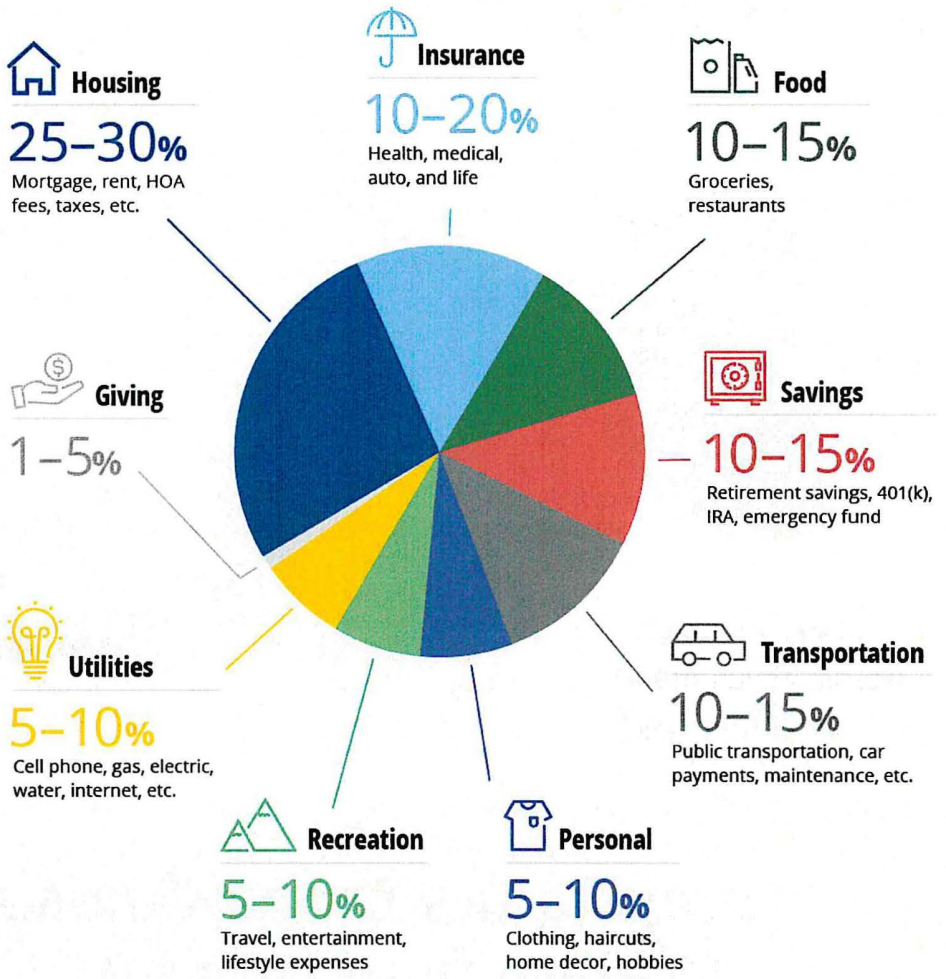
Source: Labor Market Information Center | Job Service ND | Dec 2024 Job Openings Report

What does someone think about when they are looking for a job?

Interest
Aptitude
Purpose
Opportunity
Location
Income



NOTE

What's missing from this picture?



Child Care

More resources = More options

Housing
25–30%
Mortgage, rent, HOA fees, taxes, etc.

Insurance
10–20%
Health, medical, auto, and life

Food
10–15%
Groceries, restaurants

Giving
1–5%

Savings
10–15%
Retirement savings, 401(k), IRA, emergency fund

Utilities
5–10%
Cell phone, gas, electric, water, internet, etc.

Transportation
10–15%
Public transportation, car payments, maintenance, etc.

Recreation
5–10%
Travel, entertainment, lifestyle expenses

Personal
5–10%
Clothing, haircuts, home decor, hobbies

To be affordable Child Care <u>should</u> represent no more than 7% of a household budget

For many families with young children, child care costs <u>are</u> **15-40%** of their gross household income

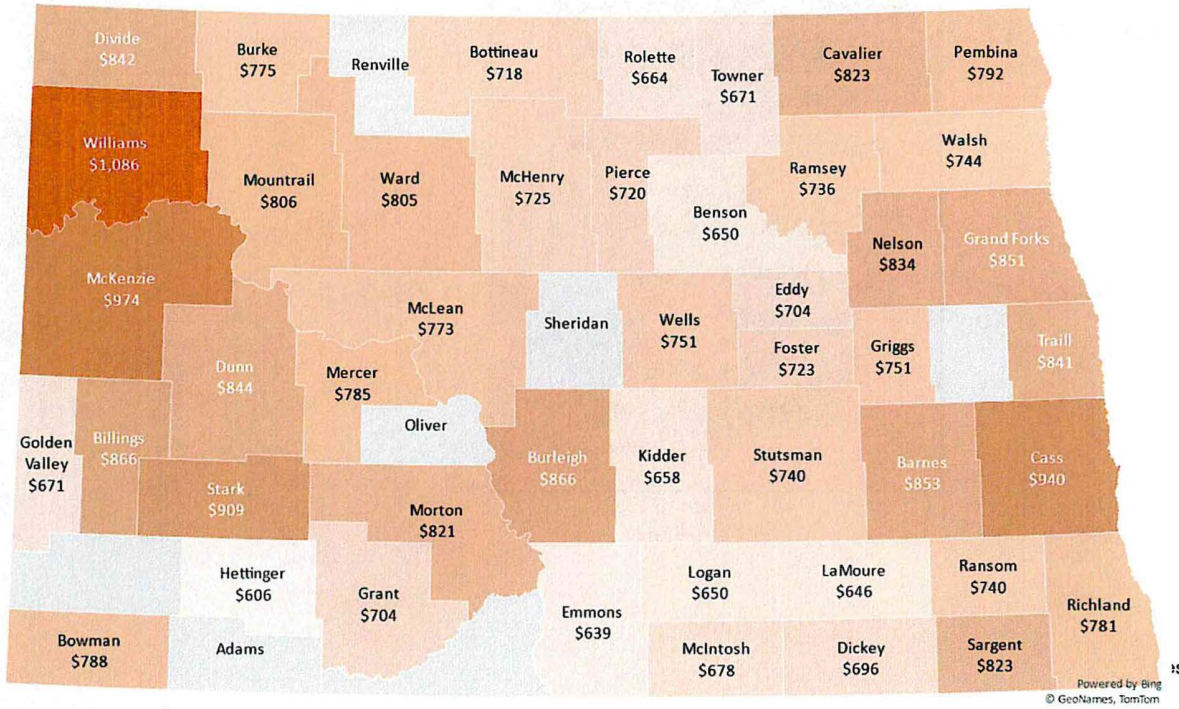
Child care is one of the largest monthly costs for families with young children

WHAT DOES CHILD CARE COST?

Age 0-17 months	Age 18-35 months
Center-based	*Center-based*
$606 - $1,835	$606 - $1,675
Avg: $1,065	**Avg: $1,015**
Family/Group-based	*Family/Group-based*
$520 - $1,410	$599 - $1,300
Avg: $802	**Avg: $791**

Source: Oct 2024 Child Care Market Study conducted for ND Child Care Assistance Program

2024 Average monthly cost of licensed child care for infants (0\17 mo) - All license types



70% of jobs in the ND labor market pay an average wage of $30/hour or less







Less than $16 / hour	$16 - $22 / hour	$22 - $30 / hour	$30 - $38 / hour	>$38 / hour
Childcare worker	Home health/PT aide	Carpenter	Rotary drill operator	Industrial Engineer
Waiter/Waitress	Personal care aide	Loan processor	HR specialist	Constr mgr
Dishwasher	Receptionist/secretary	Correctional officers	Accountant	Gen/Op mgr
Bartender	Restaurant cook	Auto service tech	Electrician	Dental hygienist
Fast food cooks	Preschool teacher	Surgical tech	PR specialist	Loan officer
Cashiers	Assemblers	EMTs & paramedics	Counselor	Lawyer
Hotel clerk	Maintenance workers	Roofer	Police	Sales mgr
Maid/Housecleaner	Nursing assistant	Real Estate Sales	Registered Nurse	Software dev
Farm Worker/Laborers	Substitute teacher	Lic Practical Nurse	Comp network specialist	Veterinarian
	Stocker/order filler	Dental assistant	Speech pathologist	Pharmacist
	Landscaping/grounds	Firefighter	Production supervisor	Physician
	Janitor	Clergy	Occupational therapist	Dentist
	Laundry/Dry cleaning	Architectural drafter		Psychologist
	Legal secretary	Social worker		
		Hotel manager		
		Light Truck driver		
47,960	**112,430**	**121,150**	**64,390**	**52,920**
# of people employed in a job with average wage of <$16/hour	*28%*	*30%*	*16%*	*13%*
represents 12% of total jobs				

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Source: Job Service ND 2023 Employment and Wages by Occupation dataset | median wage by occupation; 386,920 jobs included in statewide wage summary

When is child care affordable?

Average monthly cost of infant and toddler care in a Child Care Center compared to household affordability (shown as 7% and 15% of before-tax household income)

2021



1 child (9-month-old)

Center-based avg	*Household income needed?*	= *combined hourly wage of*
$838 →	**@7%... $143,600**	**$69/hr**
	@15%... *$67,040*	*$32/hr*



1 child (3-year-old)

Center-based avg	*Household income needed?*	= *combined hourly wage of*
$726 →	**@7%... $124,400**	**$60/hr**
	@15%... *$58,080*	*$28/hr*



2 children (1-year-old and 4-year old)

Center-based avg	*Household income needed?*	= *combined hourly wage of*
$1,564 →	**@7%... $268,100**	**$129/hr**
	@15%... *$125,120*	*$60/hr*

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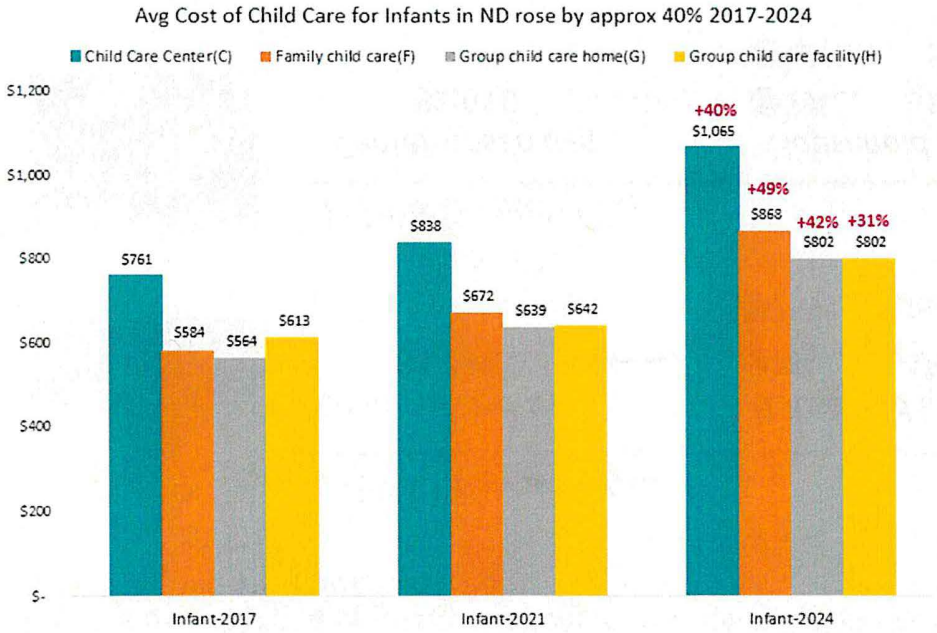
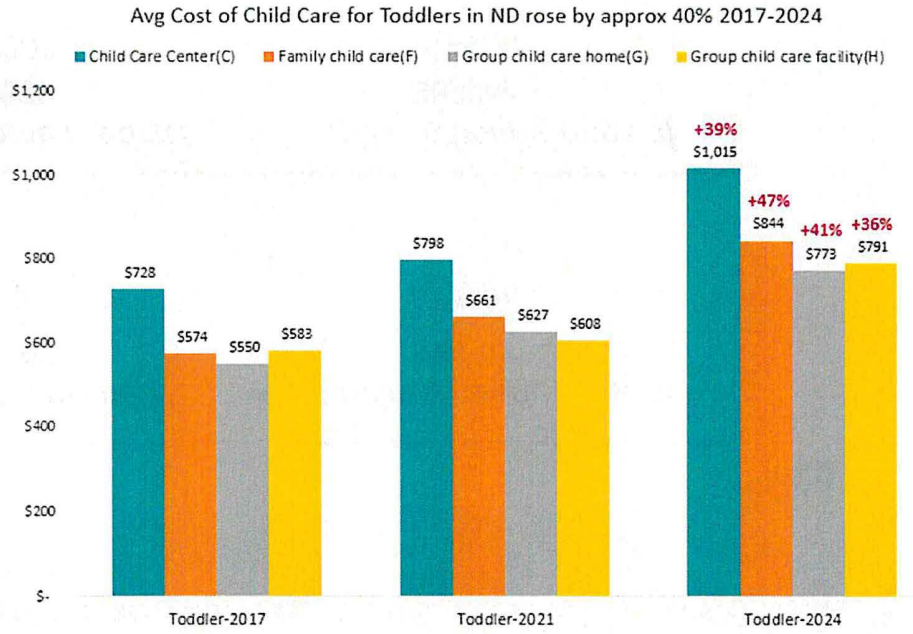
Key Indicator: Child Care Access: Cost of Care

Average Cost of Child Care by Type of Provider

Average Infant and Toddler rates for 4 provider types as per triennial market rate survey





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When is child care affordable?

Average monthly cost of infant and toddler care in a Child Care Center compared to household affordability (shown as 7% and 15% of before-tax household income)

2024



1 child (9-month-old)

Center-based avg		*Household income needed?*	= *combined hourly wage of*
$1,082	→	**@7%... $185,400**	**$89/hr**
		@15%... *$86,560*	*$41/hr*



1 child (3-year-old)

Center-based avg		*Household income needed?*	= *combined hourly wage of*
$1,015	→	**@7%... $174,000**	**$83/hr**
		@15%... *$81,200*	*$39/hr*



2 children (1-year-old and 4-year old)

Center-based avg		*Household income needed?*	= *combined hourly wage of*
$2,097	→	**@7%... $359,400**	**$172/hr**
		@15%... *$167,760*	*$80/hr*

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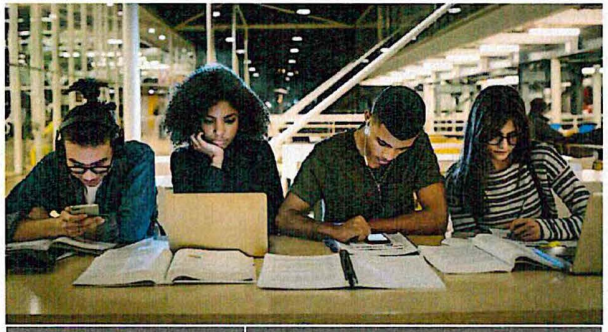
Comparing the cost of child care to the cost of tuition/fees at a 4 year university in the NDUS

ND HHS Child Care Market Study Oct 2024 | NDUS Tuition/Fee Schedules 2024-25 academic year



	Annual cost of child care (all license types)
Age 0-1	$10,368
Age 1-2	$10,368
Age 2-3	$10,028
Age 3-4	$9,521
TOTAL	**$40,285**



	Annual cost of tuition/fees (NDUS 4 yr institutions)
Freshman	$8,829
Sophomore	$8,829
Junior	$8,829
Senior	$8,829
TOTAL	**$35,318**

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Most all households earning less than 150% of state median income (SMI) will struggle with costs of child care

	Families potentially eligible for CCAP						CCAP to WPCCR Jul 2025		WPCCR			
	30% SMI		60% SMI		75% SMI		85% SMI		100% SMI		150% SMI	
Household Size	Annual Income	Hourly Wage	Annual Income	Hourly Wage	Annual Income	Hourly Wage	Annual Income	Hourly Wage	Annual Income	Hourly Wage	Annual Income	Hourly Wage
2	$ 23,359	$11.23	$ 46,717	$22.46	$ 58,397	$28.08	$ 66,183	$ 31.82	$ 77,862	$37.43	$ 116,793	$ 56.15
3	$ 28,855	$13.87	$ 57,710	$27.74	$ 72,137	$34.68	$ 81,755	$ 39.31	$ 96,183	$46.24	$ 144,274	$ 69.36
4	$ 34,351	$16.51	$ 68,702	$33.03	$ 85,877	$41.29	$ 97,328	$ 46.79	$ 114,503	$55.05	$ 171,755	$ 82.57
5	$ 39,847	$19.16	$ 79,694	$38.31	$ 99,618	$47.89	$ 112,900	$ 54.28	$ 132,823	$63.86	$ 199,235	$ 95.79
6	$ 45,343	$21.80	$ 90,686	$43.60	$ 113,358	$54.50	$ 128,472	$ 61.77	$ 151,144	$72.67	$ 226,716	$ 109.00
7	$ 46,374	$22.30	$ 92,747	$44.59	$ 115,934	$55.74	$ 131,392	$ 63.17	$ 154,579	$74.32	$ 231,869	$ 111.48
8	$ 47,404	$22.79	$ 94,808	$45.58	$ 118,511	$56.98	$ 134,312	$ 64.57	$ 158,014	$75.97	$ 237,021	$ 113.95
9	$ 48,435	$23.29	$ 96,870	$46.57	$ 121,087	$58.21	$ 137,232	$ 65.98	$ 161,449	$77.62	$ 242,174	$ 116.43
10	$ 49,465	$23.78	$ 98,931	$47.56	$ 123,663	$59.45	$ 140,152	$ 67.38	$ 164,884	$79.27	$ 247,326	$ 118.91
Family Co-Pay	*$0*		*7% of HH inc*		*7% of HH inc*		*7% of HH inc*		*Costs >WPCCR stipend*		*Costs >WPCCR stipend*	

2023-24 State Median Income (SMI); Hourly wage is calculated assuming 2,080 hours worked per year per annual income range noted

Multiple wage earners could combine earnings to attain the noted household (HH) income / hourly wage.

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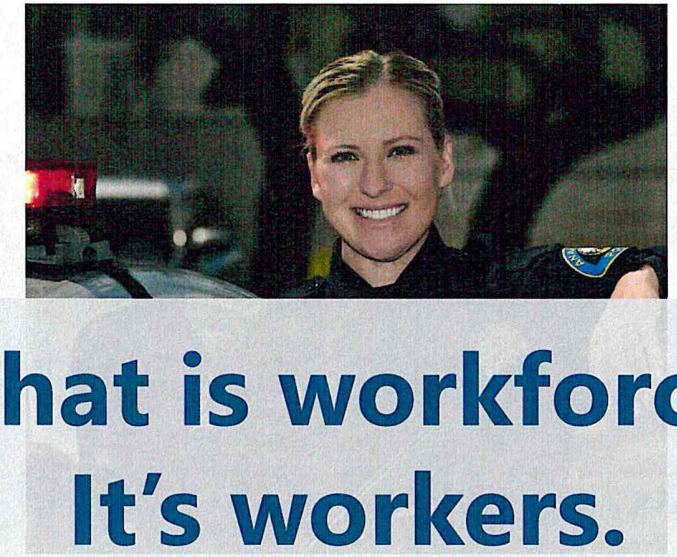


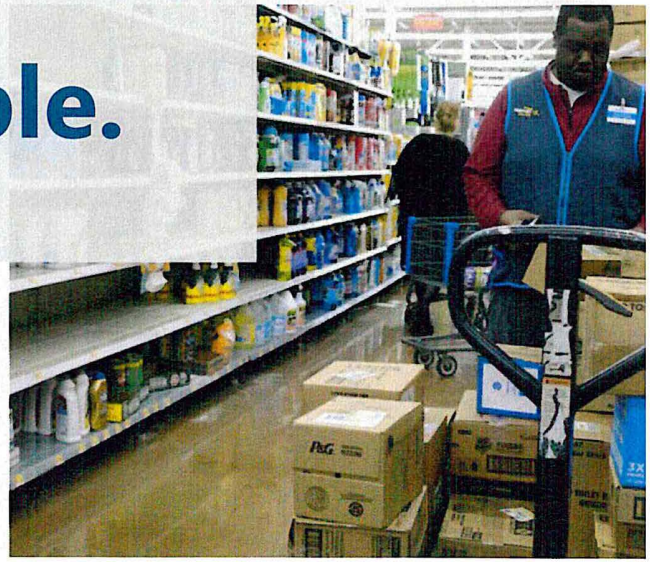


What is workforce?
It's workers.

Workers are people.







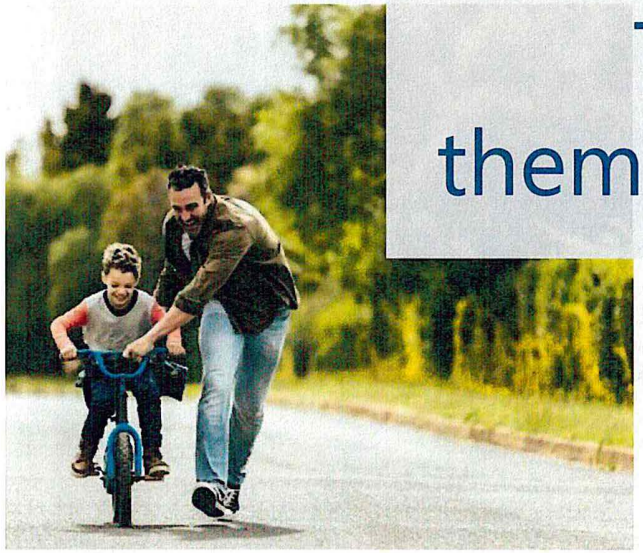




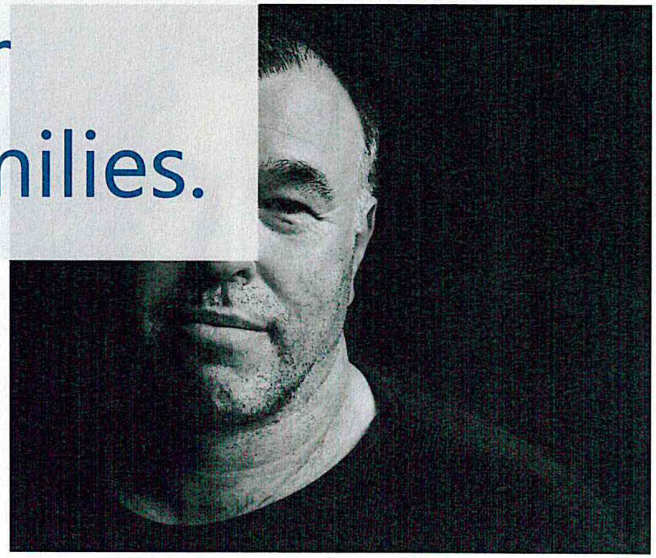


What do people want?

To **build a life** for themselves & their families.







What does it take to **Build a Life?**



Infrastructure



The basic systems and services that a community uses to work effectively



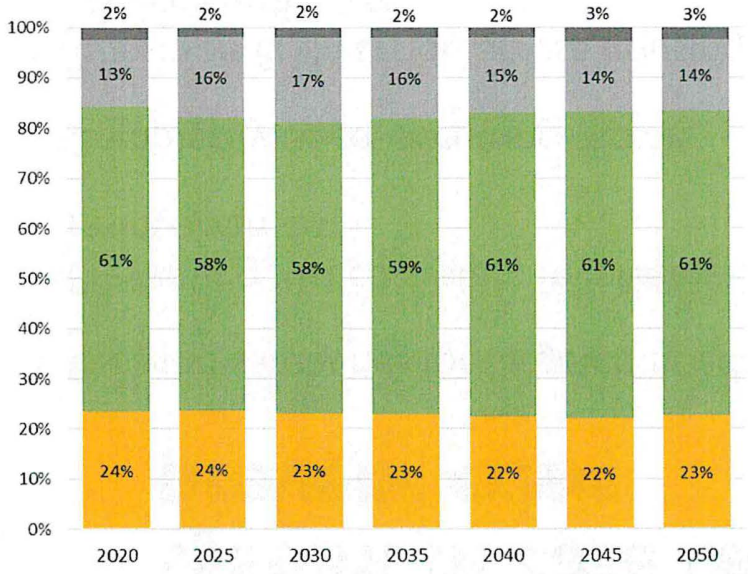
2 Filling gaps in the system of care can prevent crisis

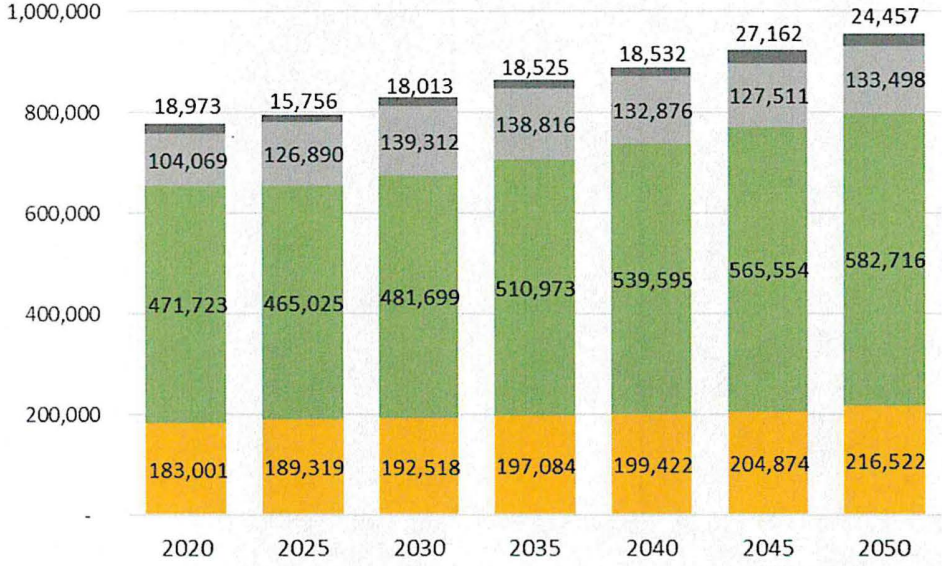
- Evolving safety net for targeted needs
- Preventing justice system involvement / re-involvement
- Complexity of co-occurring factors
- Transition & diversion across housing-service continuum
- Addressing both root causes and immediate symptoms



North Dakota Demographic Trends will put additional stress on workforce challenges

North Dakota Population Projections 2020-2050 | ND Department of Commerce State Data Center





Source: ND 2024 Population Projection | State Data Center

The age shifts from 2020-2030 translate to **24-26,000 fewer people** in the peak "workforce ages" of **18-64**

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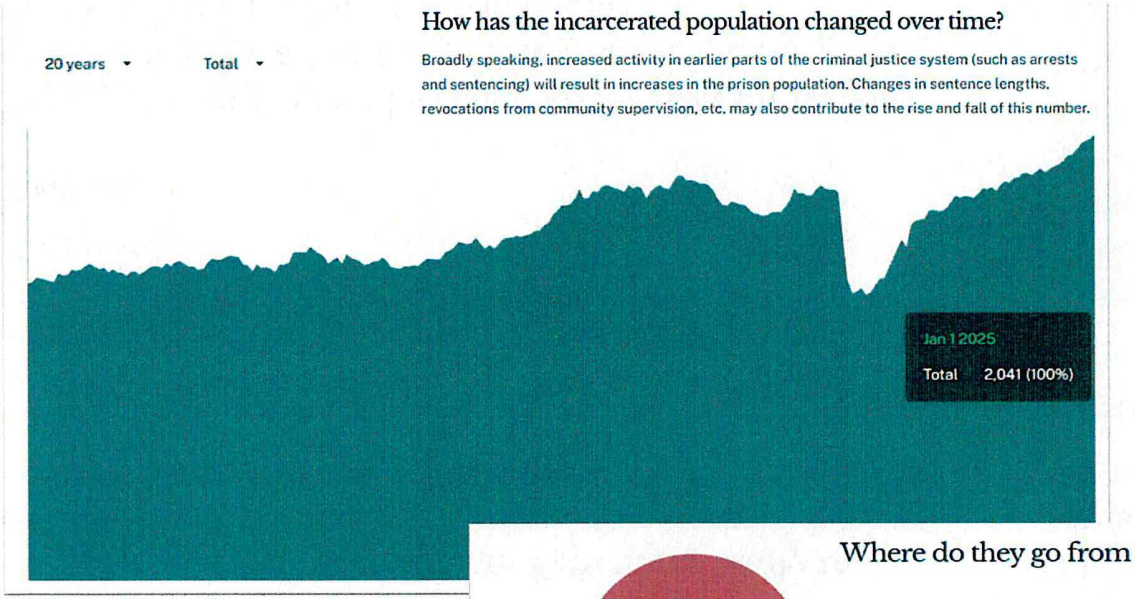
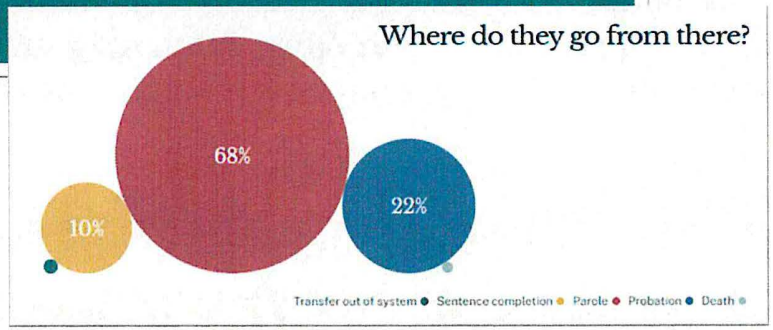
Incarceration impacts families and communities



Source: ND DOCR Dashboard



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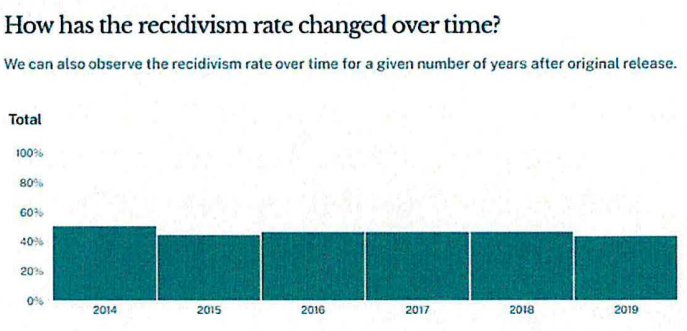

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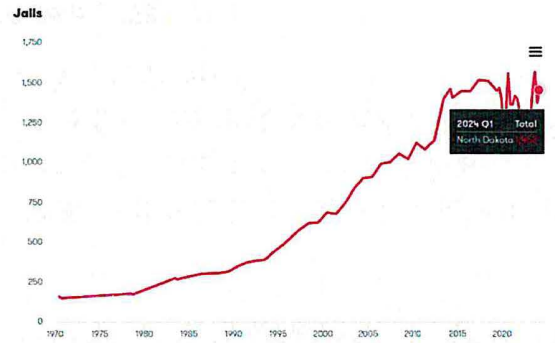

Source: Vera Incarceration Trends | ND State Profile

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The body of evidence related to a concrete connection between material hardship and family distress has reached a tipping point

"Mothers entering substance use treatment who have difficulty securing child care are **82% more likely to self-report child neglect** *(compared to mothers entering treatment who don't have this difficulty)*"

"Difficulty finding child care was a stronger predictor of maternal neglect than almost any other factor measured in this study, including mental health and severity of drug use."

-Cash, 2003

"Nearly 85% of families investigated by child protective services have **incomes** below 200% of the federal poverty line ($49,720 for a family of 3 in 2023) "

-Dolan, 2011 – Nat'l Survey of Child & Adolescent Well-Being II Baseline

"Households that will experience a foreclosure filing in the next 6-12 months are at **70% greater risk of a CPS investigation** *(compared to households that will not)*"

-Berger, 2015 (WI data 2008-2011)

"Almost **70%** of families with incomes below 200% of the federal poverty line report experiencing a **material hardship** in the past year (difficulty paying for housing, utilities, food, or medical care. Of these families, **61%** experienced a **financial shock** in the past year."

-Urban Institute, 2018

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Data aggregated by: Anderson, C., Grewal-Kök, Y., Cusick, G., Weiner, D., & Thomas, K. (2023). Family and child well-being system: Economic and concrete supports as a core component. [Power Point slides]. Chapin Hall at the University of Chicago.

Our knowledge of the relationship between material hardship and mental health is well established

Living with low income is associated with increased risk for poor mental health

Low-income mothers with young children are at particularly increased risk of depression



Studies estimate between **16% and 48%** of low-income mothers with young children suffer from clinically significant depression

Longitudinal studies indicate that *material hardship*, in particular, is associated with & precedes poor mental health

Among low-income mothers with young children, experiencing a material hardship in the last 12 months is associated with an increased risk for depression



For these mothers, the risk of depression increases with a **greater number** of material hardships reported

(Sareen, 2011)
(Austin, 2017)
(Lanzi, 1999)
(Heflin, 2009)
(Manual, 2012)

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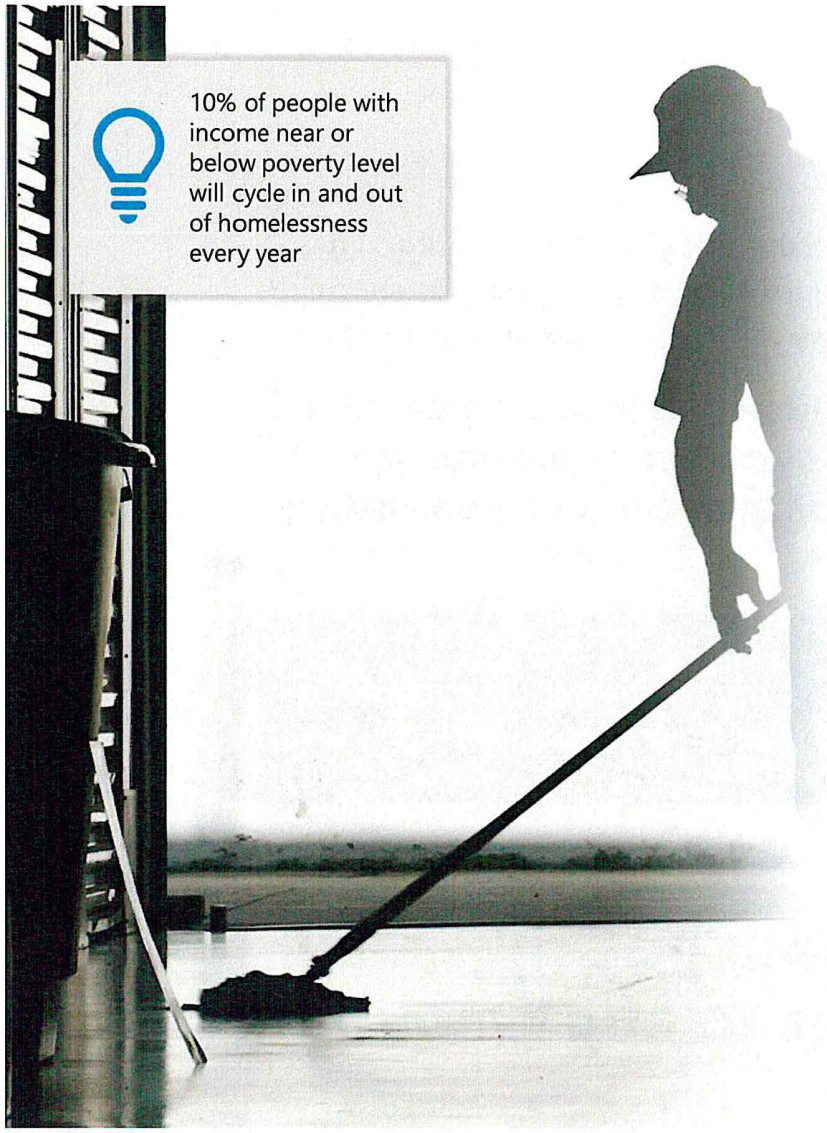
Data aggregated by: Anderson, C., Grewal-Kök, Y., Cusick, G., Weiner, D., & Thomas, K. (2023). Family and child well-being system: Economic and concrete supports as a core component. [Power Point slides]. Chapin Hall at the University of Chicago.

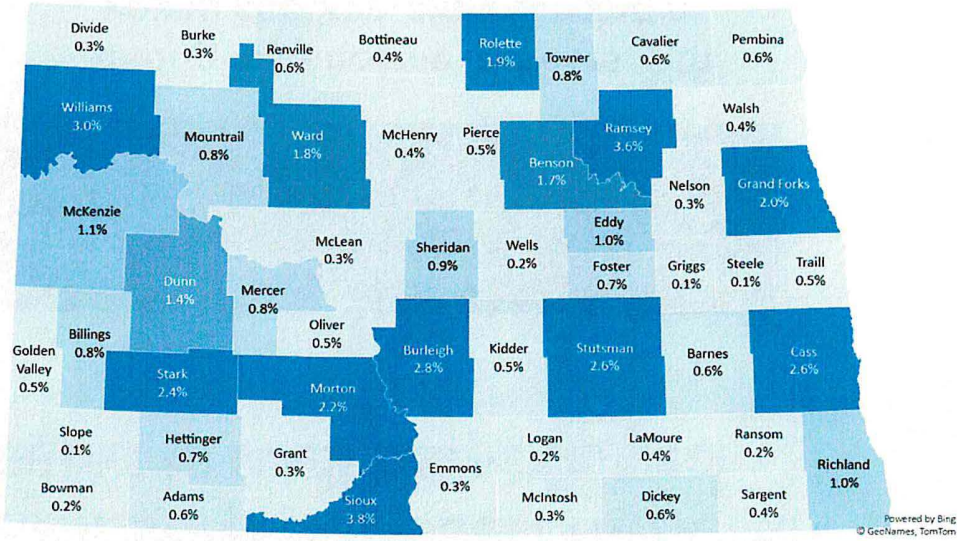


10% of people with income near or below poverty level will cycle in and out of homelessness every year

Housing crisis is a de-stabilizing force

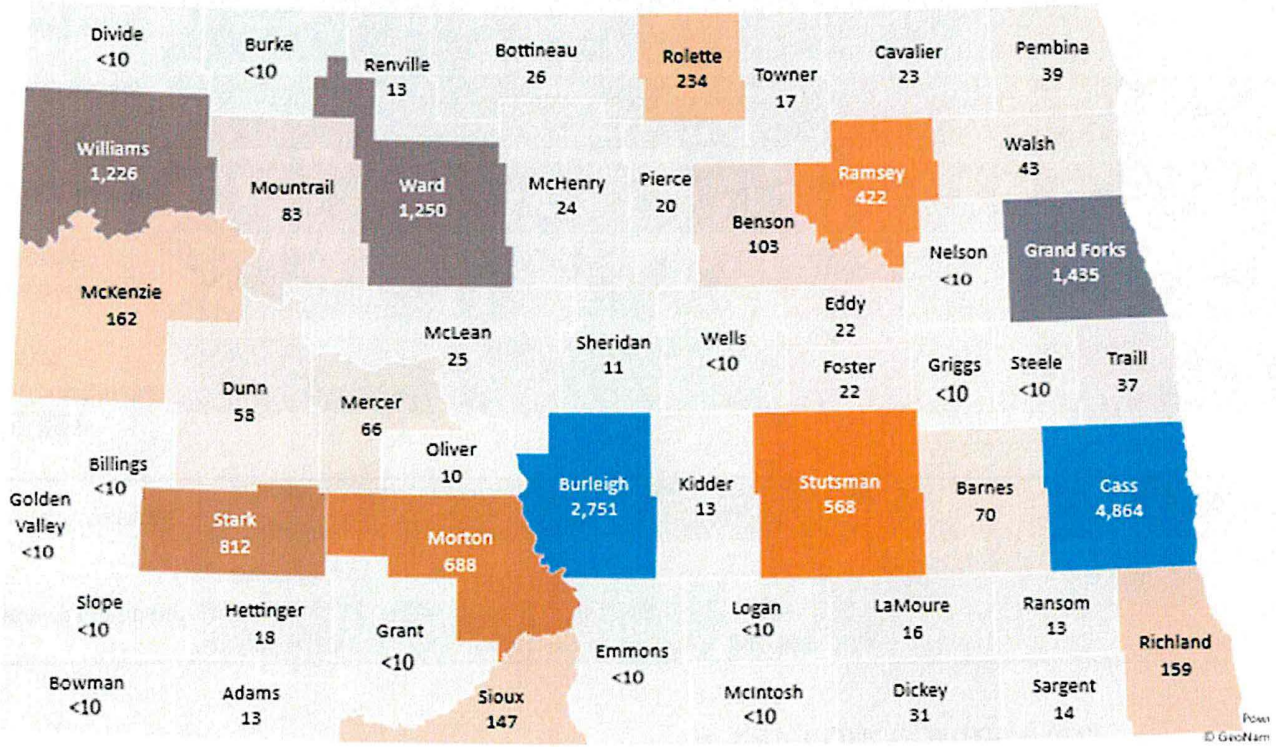
Homelessness

An individual or family who lacks a fixed, regular, adequate nighttime residence. This includes a living situation where you are temporarily doubled up with another household.

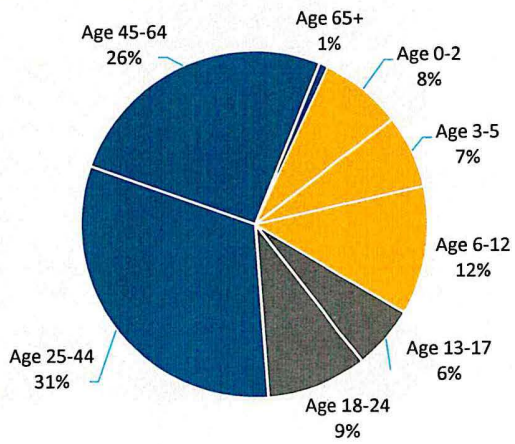


15,528 people were experiencing homelessness at time of NDRH app (Oct 21 – Dec 23)
Shown as a % of total population by county

28% of the people experiencing homelessness were younger than 12 years old



Age at time of app



Living situations at time of app varied

- **17%** (1,588 households) **unsheltered** (living in vehicle or other public or private place)
- **44%** (4,156) **doubled up** (temporarily staying with friend of family)
- **9%** (810) reported living in **emergency shelter**

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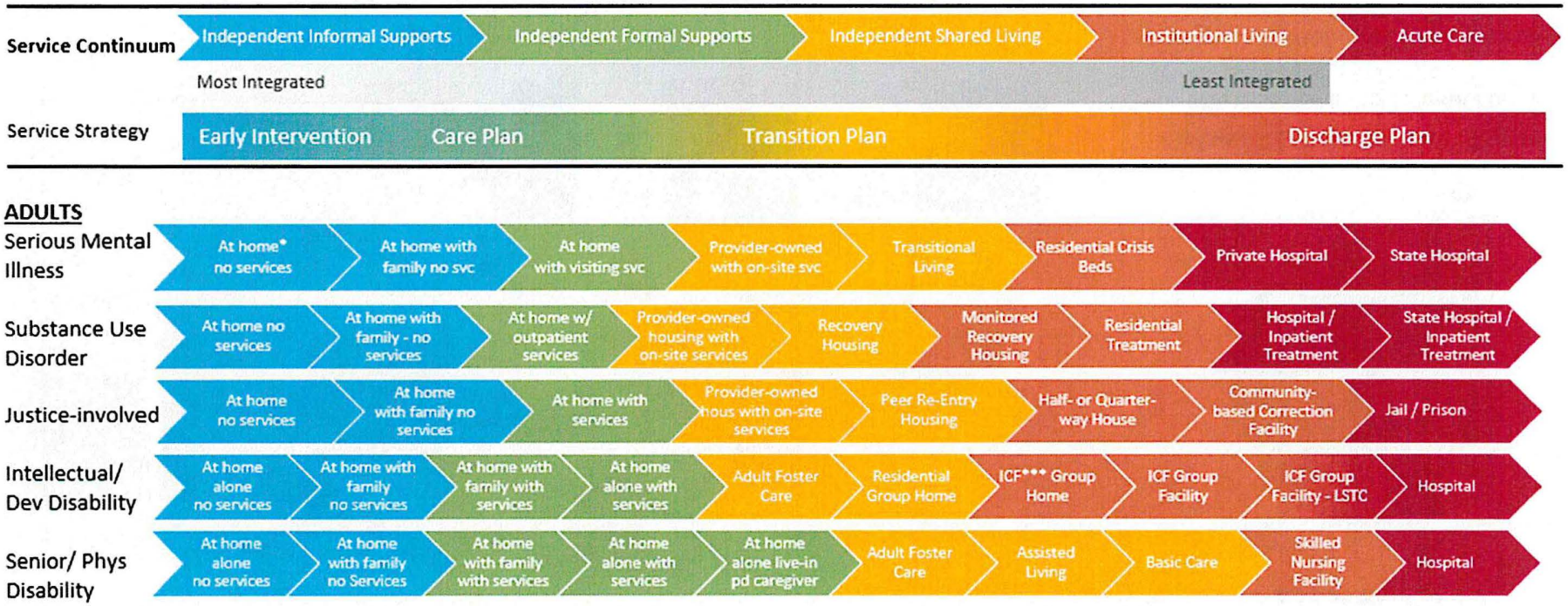
The Housing-Service Continuum - Adults

A key concept defined



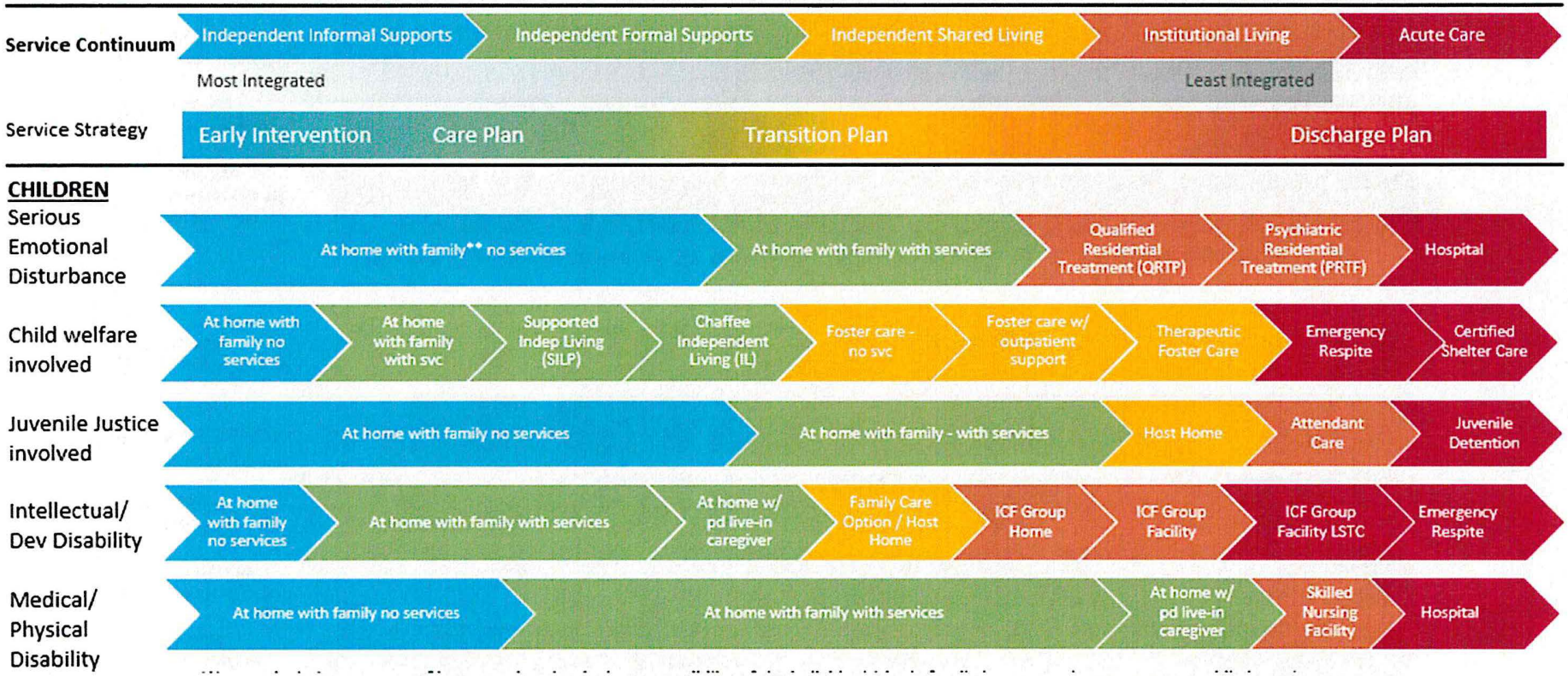
**Home = includes any type of home setting that is the responsibility of the individual (single family home, condo, apartment, mobile home)*

***Family = includes birth family, kin-caregiver, adopted family*

****ICF = Intermediate Care Facility. ICF Group Home (less than 8 people); ICF Group Facility (8 or more people); ICF LSTC (Life Skills Transition Center)*

The Housing-Service Continuum - Children

A key concept defined



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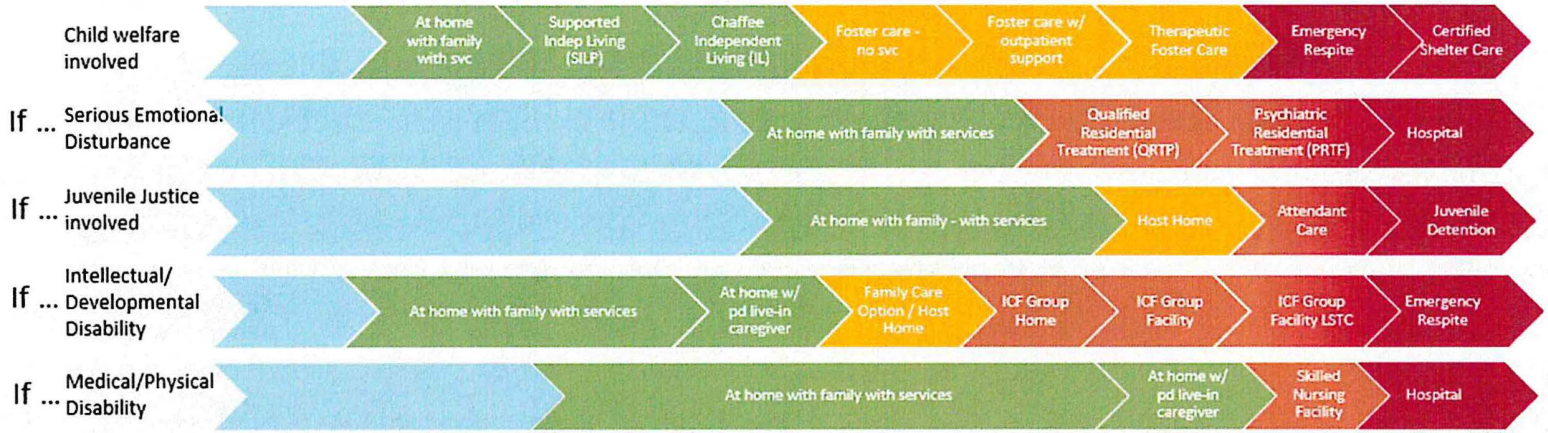
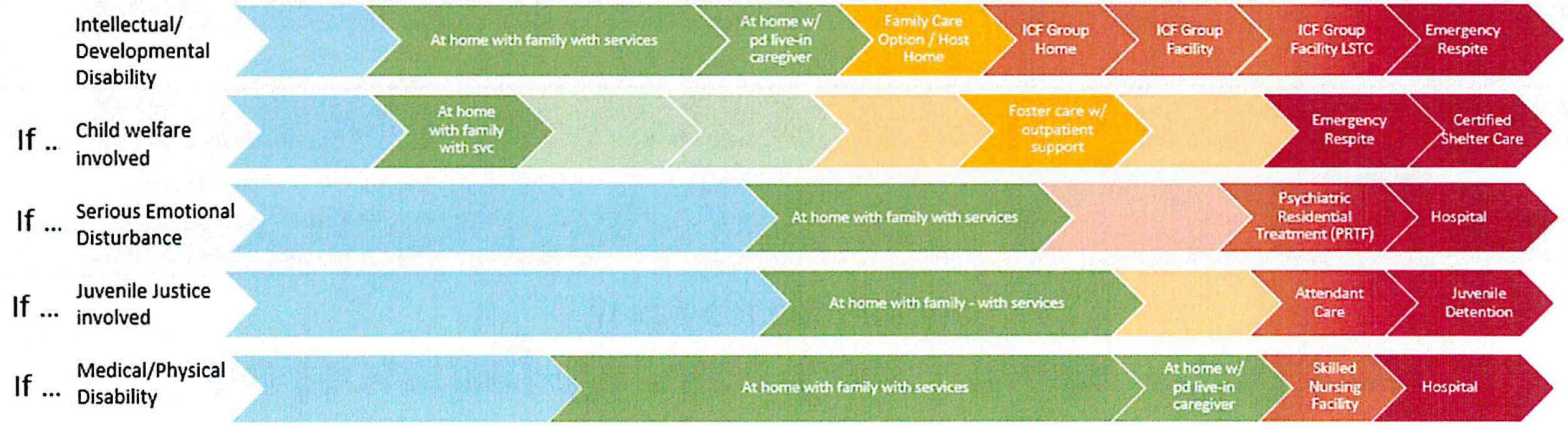
***ICF = Intermediate Care Facility. ICF Group Home (less than 8 people); ICF Group Facility (8 or more people); ICF LSTC (Life Skills Transition Center)

Housing-Service Options vary across systems | Access is ultimately determined by a variety of factors

A child who is **Child Welfare-involved** could possibly be served in a number of ways



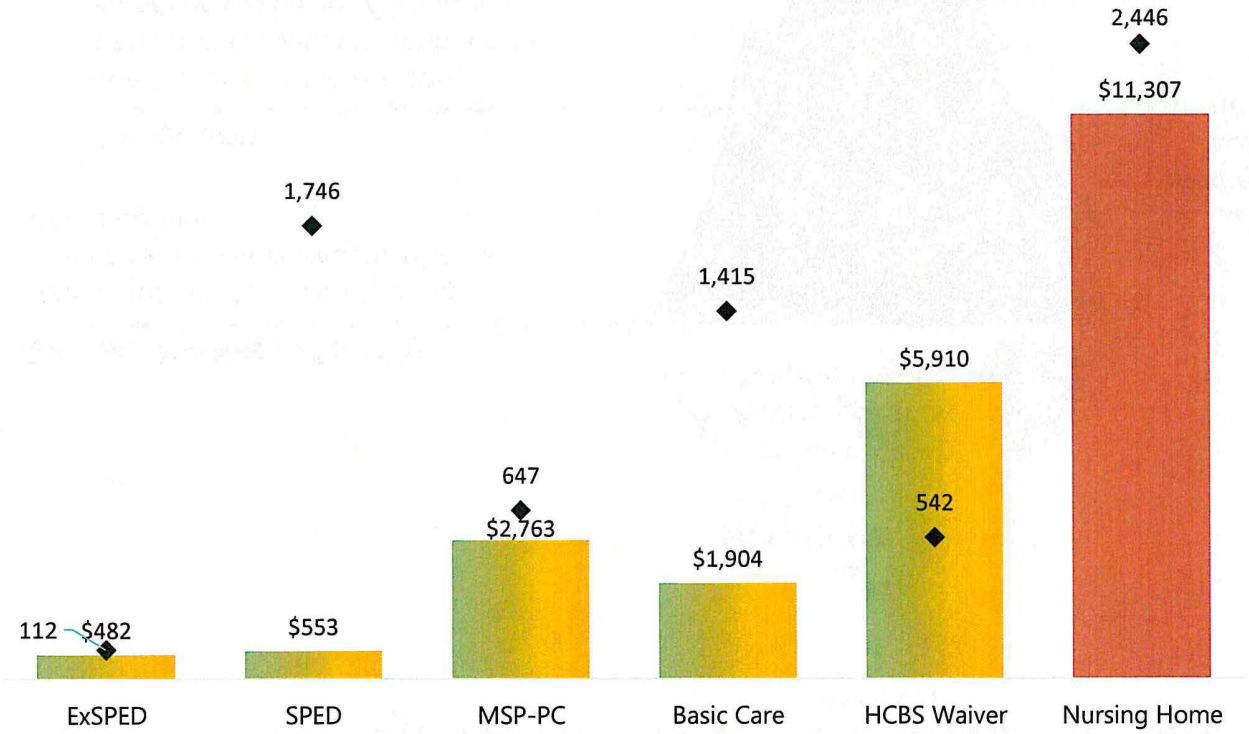
A child with an **Intellectual / Developmental Disability** and who is seeking services, could possibly be served in a number of ways



Connecting the Housing-Service Continuum to Budget

HHS-funded Long Term Care and Adult/Aging HCBS

Analysis of State Fiscal Year (SFY) 2024 claims data | Average cost/month | Avg utilization/month



Eligibility criteria evaluate both a person's functional and financial needs.

- Ex-SPED is the in-home alternative to Basic Care
- HCBS waiver and MSP-PC are in-home alternatives to Nursing Homes
- SPED assists people with higher asset levels (up to $50,000)

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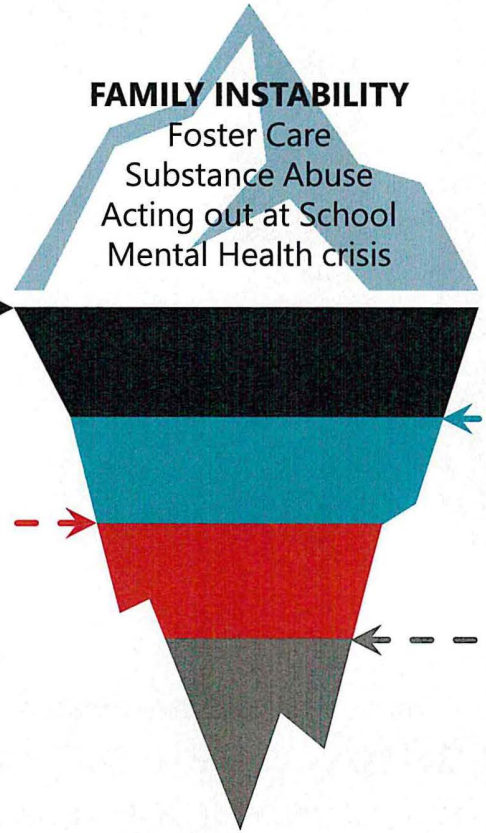
Connecting what we see and what we need to do



Community-Based Service

Expand outpatient and community-based services; Grow evidence-based service options

Prevention

Invest in prevention and early intervention, including attention to economic wellbeing of families

Access

Ensure all children and families have timely access to Behavioral Health svc; Expand quality child care; Connect housing and employment

Integration

Enhance and streamline system of care for children and youth; Align assessment and eligibility practices; Embrace quality frameworks and tools to measure impact

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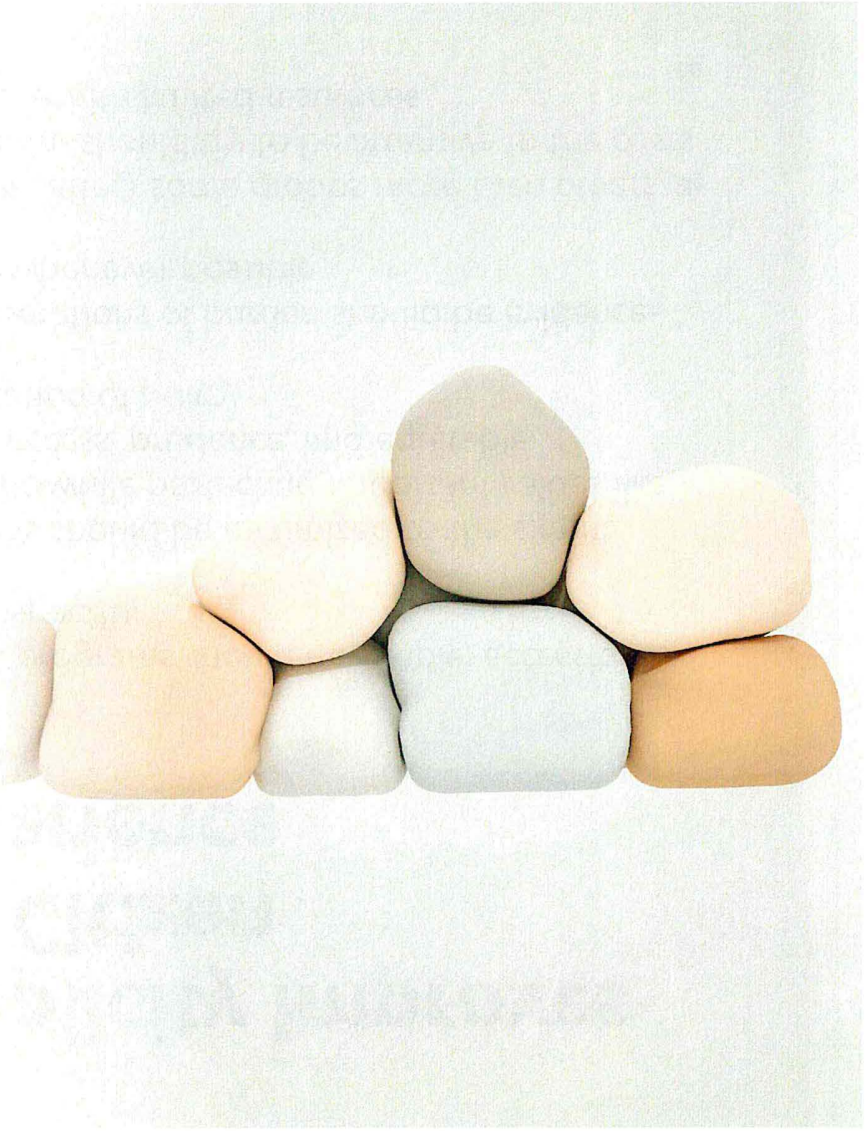
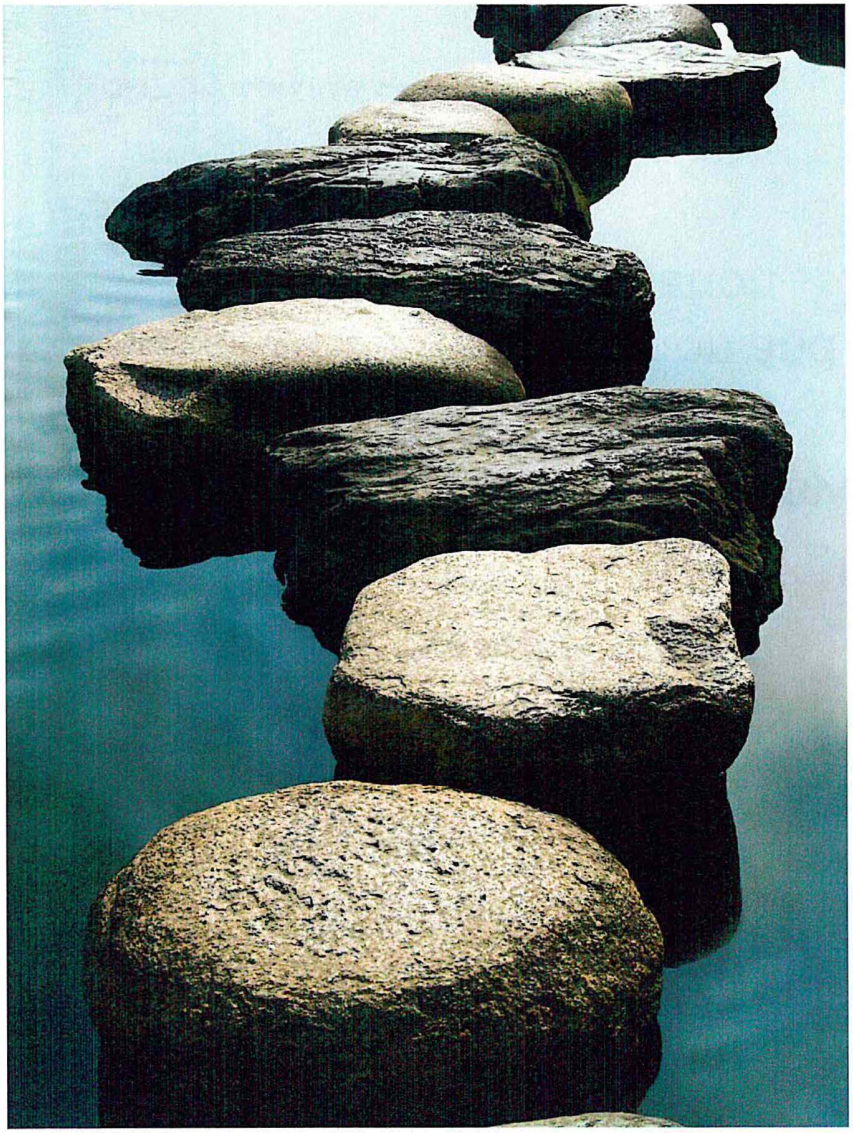
3 Pushing toward simplicity for a better citizen experience

- Incremental progress
- Person centered design
- Reduced administrative burden
- Care coordination and resource navigation





Simplicity Improves the Citizen Experience

- Public programs should be simple, accessible, and respectful
- Burdens should be minimized to the extent possible while protecting important values like equal access, prudence, and equitable application of policy
- Considerations of burden should be evidence-based whenever possible
- Burdens affect some groups more than others; as a state we should try to be attentive to the costs for those with limited resources







Principles of Person-Centered Systems

- I feel capable
- I am empowered to do what I need to do
- I know what I need to do
- I understand what the system is asking me to do
- The app knows who I am and uses that information to:
  - ✓ Make my journey easier
  - ✓ Path shorter
  - ✓ Success more likely
  - ✓ Experience better
- The app is set up to help me achieve my goal
- The app helps me discover things I may need
- The platform is available when I am, and so is help if I need it
- I have options to receive comms in the way that works for me
  - ✓ I can control how communication comes to me
- Help is available and I don't have to read to get it
  - ✓ Communication of information is not solely literacy based -- icons, colors, videos
- The app is easy enough for me to get it done in the time I have
- I can see the status of my account whenever I want

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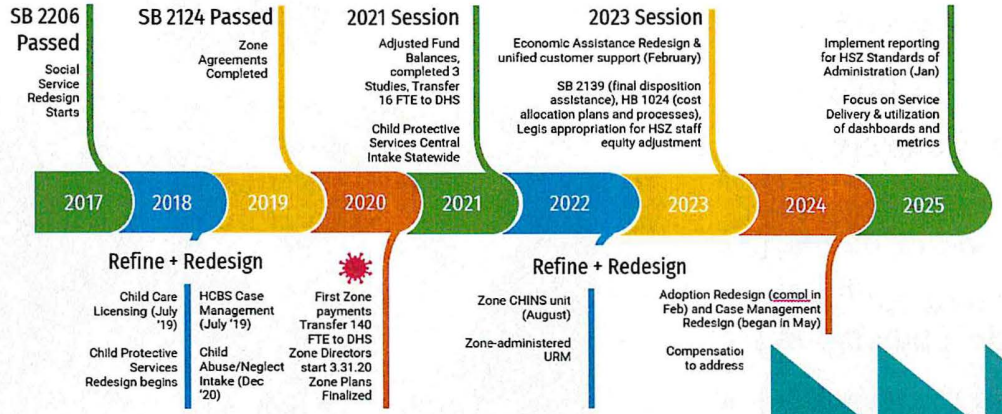
Incremental change can improve systems

ND Human Service Zone Implementation

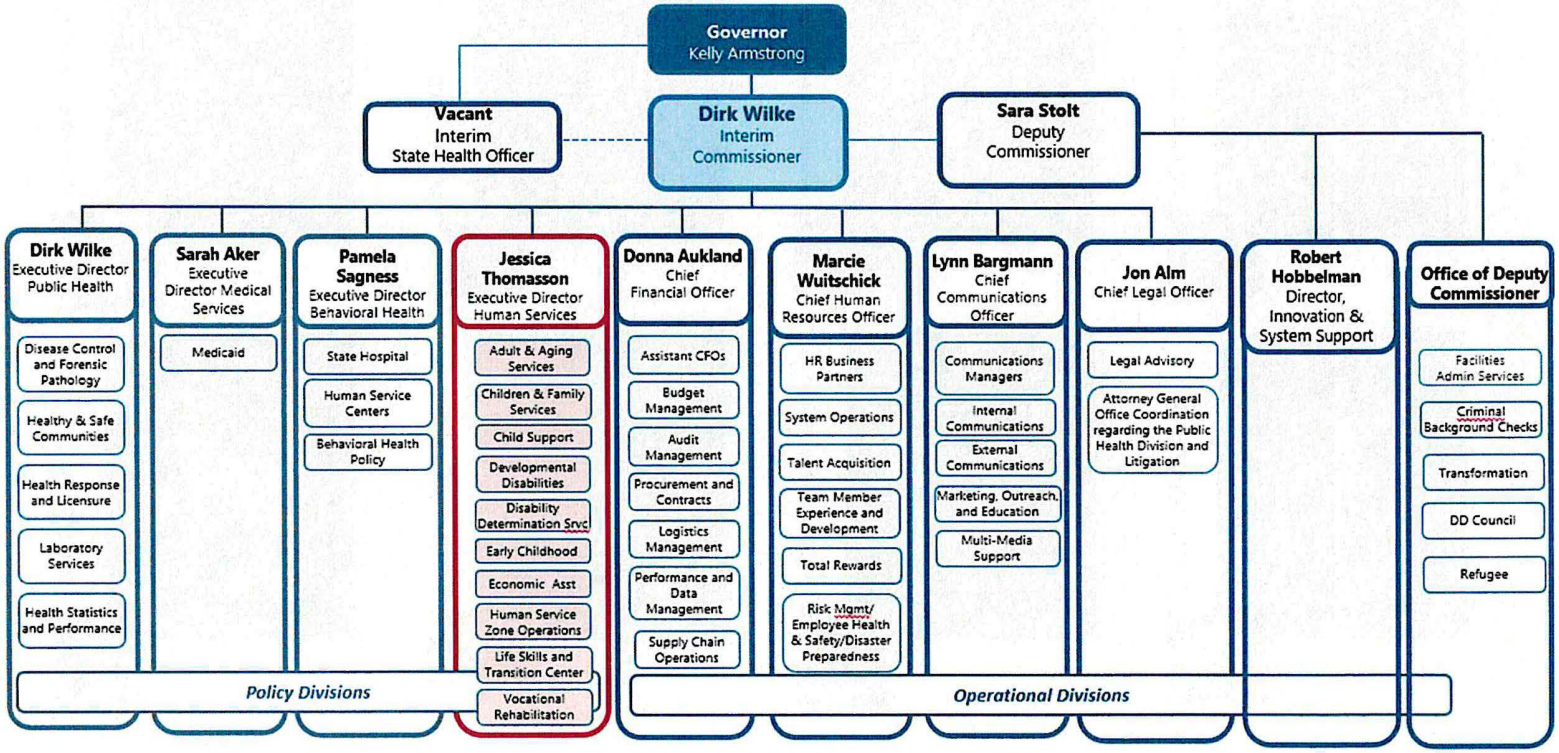


Child Welfare System Timeline



The Human Services Division is one of four Policy- and Service-Focused teams at HHS

- 10 distinct sections
- 1,000+ employees, plus support of 920+ Human Service Zone team members
- Responsibility for $2.1B budget



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The Human Services Division is comprised of 10 teams



Early Childhood

- Build greater access to quality early childhood experiences, so children ages zero to five from all backgrounds and circumstances have the opportunity to realize their potential.



Life Skills Transition Center

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



Children & Family Services

- Facilitate delivery of programs and services that support child safety, permanency and wellbeing, which together are designed to prevent and reduce incidence of child abuse and neglect and support family reunification and stability wherever possible.



Developmental Disabilities

- Provide support and training for individuals and families to maximize community and family inclusion, independence, and self-sufficiency; to prevent institutionalization; and to enable institutionalized individuals to return to the community.



Aging & Adult Services

- Facilitate delivery of programs and services that help older adults and adults with physical disabilities to live safely and productively in the least restrictive setting of their choosing.



Human Svc Zone Operations

- Support the work of the Human Service Zones and Human Service Zone Boards, including review of HSZ Plans, as well as infrastructure support related to various HR and payroll functions.



Economic Assistance

- Facilitate delivery of federal and state resources that support household economic health, including nutrition (SNAP), utility (LIHEAP), child care (CCAP) and housing stability assistance; eligibility for Medicaid coverage; and Temporary Assistance for Needy Families (TANF).



Child Support

- Provide support to parents, employers, and other partners to help ensure children receive court-ordered financial and medical support to reduce child impoverishment.



Vocational Rehabilitation

- Help both high school students and adults with disabilities improve both their immediate job opportunities and long term career planning. Partner with businesses to find creative ways to hire or retain employees with disabilities.



Disability Determination

- Determine eligibility for medical disability (SSDI and/or SSI), using Social Security Administration (SSA) guidelines, for people who are unable to work.

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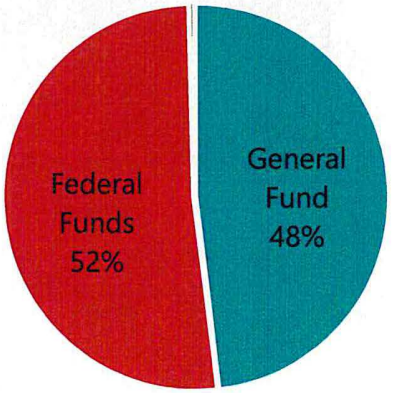
Children and Family Services Summary

23-25 Budget Base	**$180.2 million**
23-25 Budget Approp	**$181.2 million**
25-27 Budget Base	**$200.9 million (draft)**

Facilitate delivery of programs and services that support child safety, permanency and wellbeing, which together are designed to prevent and reduce incidence of child abuse and neglect and support family reunification and stability wherever possible.

- 627 children receiving prevention service through FFPSA
- Serving over 950 approved kinship caregivers who are caring for 1,700 children
- 750 licensed foster providers caring for 1,170 children
- 36 licensed Qualified Residential Treatment Program (QRTP) beds available; 75% average utilization rate
- 0 children in out of state placements



What is Safety?

When can a child remain safely at home and when is removal necessary

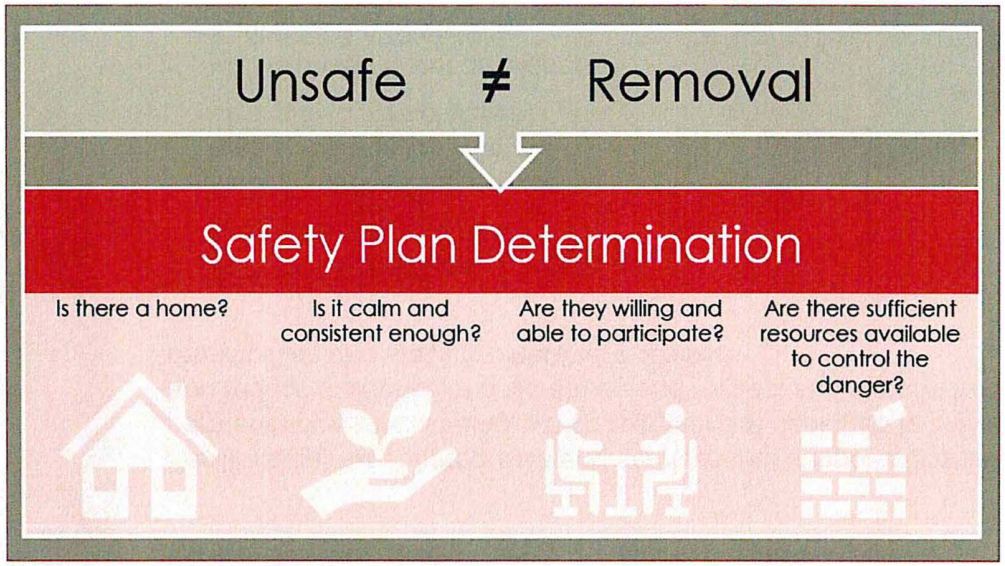
What does it look like when a child is:

SAFE

- ✓ No threats of danger exist within the family, or
- ✓ Parents/caregivers possess sufficient protective capacities to control any threat, or
- ✓ The child is not vulnerable to the existing danger.

UNSAFE

- ✓ Threats of danger exist within the family, and
- ✓ Children are vulnerable to such threats, and
- ✓ Parents/caregivers have insufficient protective capacities to manage or control the threats.



IF ALL QUESTIONS ARE "YES" -
Child can remain in the home with necessary supports in place

IF ANY QUESTION IS "NO" -
Child safety not assured so removal is necessary



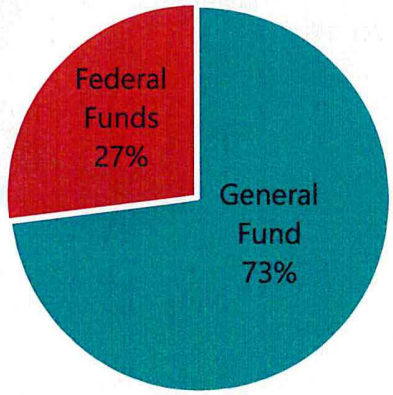
Early Childhood Summary

23-25 Budget Base	**$55.5 million**
23-25 Budget Approp	**$80.0 million**
25-27 Budget Base	**$40.8 million (draft)**

Our goal when children are not with their parents, is that they are in safe and engaging care environments. Investments in quality, inclusive care, facilities, start up, above and beyond training, infrastructure and shared services make it possible for child care providers to create and sustain nurturing environments for children.

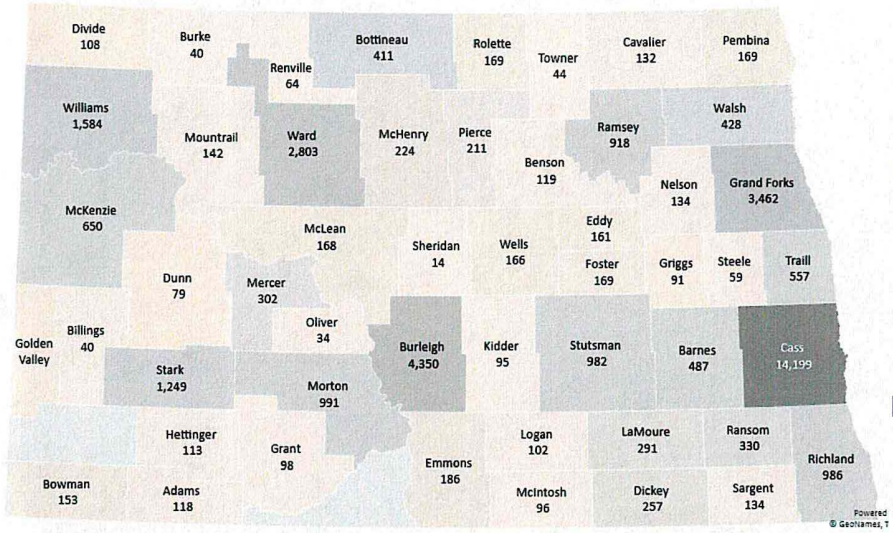
HB 1540 created resources for child care providers

- **Grants** for Quality, Facilities, Start-up/Expansion, Inclusion & non-traditional hrs care
- **Shared Service** supports (business mgmt training and operational software, curriculum resources)
- Increased access to Quality cohorts and business coaches
- Worker incentives for above and beyond training



Early Childhood by the Numbers

1,183 Licensed Child Care Programs
Licensed Child Care Capacity – 38,957



606
Pregnant women and children served in Early Head Start

1566
Children ages three to five years old served in Head Start

103
Schools with Four-Year-Old Program Approval

8,627
Growing Futures members

2419
Hours of TA delivered by our contracted partners

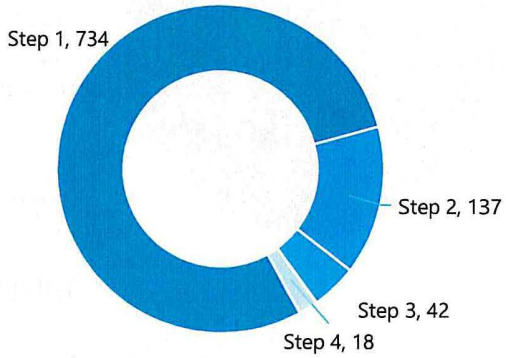
3,405
Children supported by IDEA Part C Early Intervention

1,754
Children supported by IDEA Part B 619 services

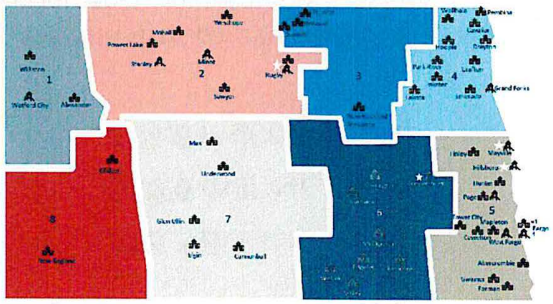
1066
Waterford Upstart households representing all but two counties

Data current as of December 2024

931 Quality Rated Programs



57 Best in Class Programs 2024-2025



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Non-Traditional Hours:

evenings, overnights, weekends, and early mornings

Jasmin Child Care
Fargo
15 children
Room for up to 63

Victorious Christian Kids Academy
Fargo
7 children
Room for up to 40

Gifted Stars Child Care
Fargo
33 children
Room for up to 60

Ready, Set, Grow
Oakes
9 children
Room for up to 23

Learning from these pioneers as they scale up

- Staffing – recruiting quality staff for non-traditional hours, onboarding and providing OJT during day shifts
- Environment – facility space/logistics and comfortable space for extended rest periods
- Transportation to get kids from school to program so parents can work non-traditional hours
- Marketing - helping non-traditional hour workers know they can depend on care

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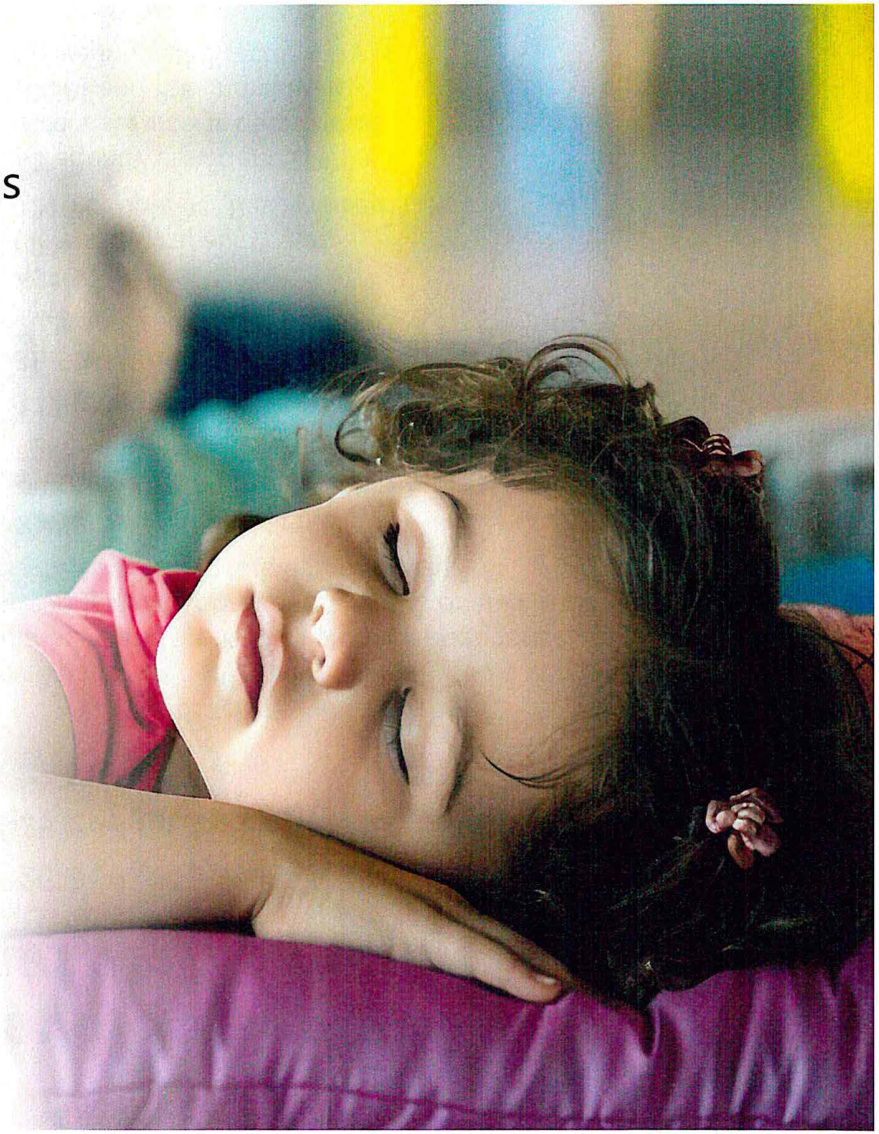
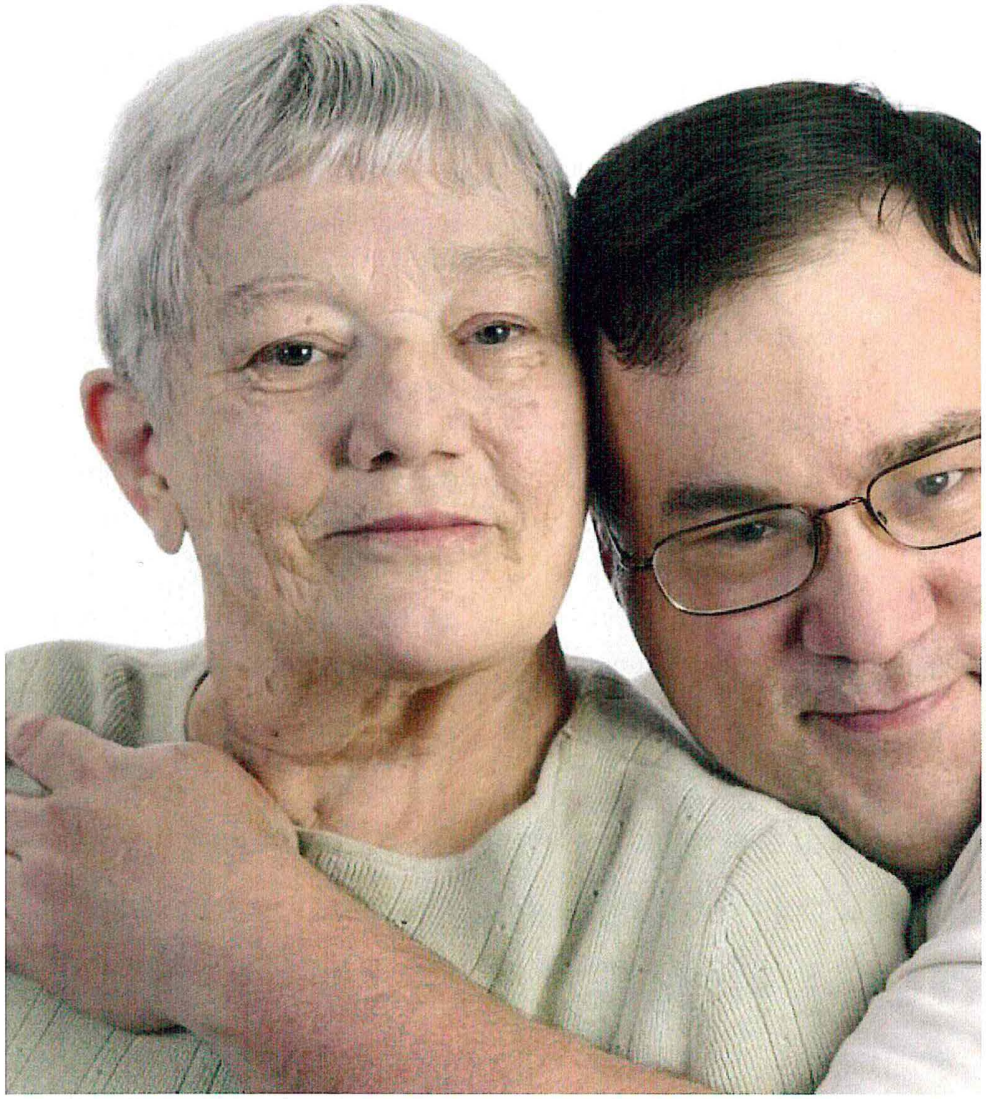


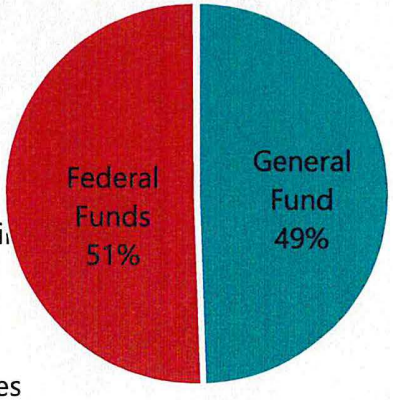


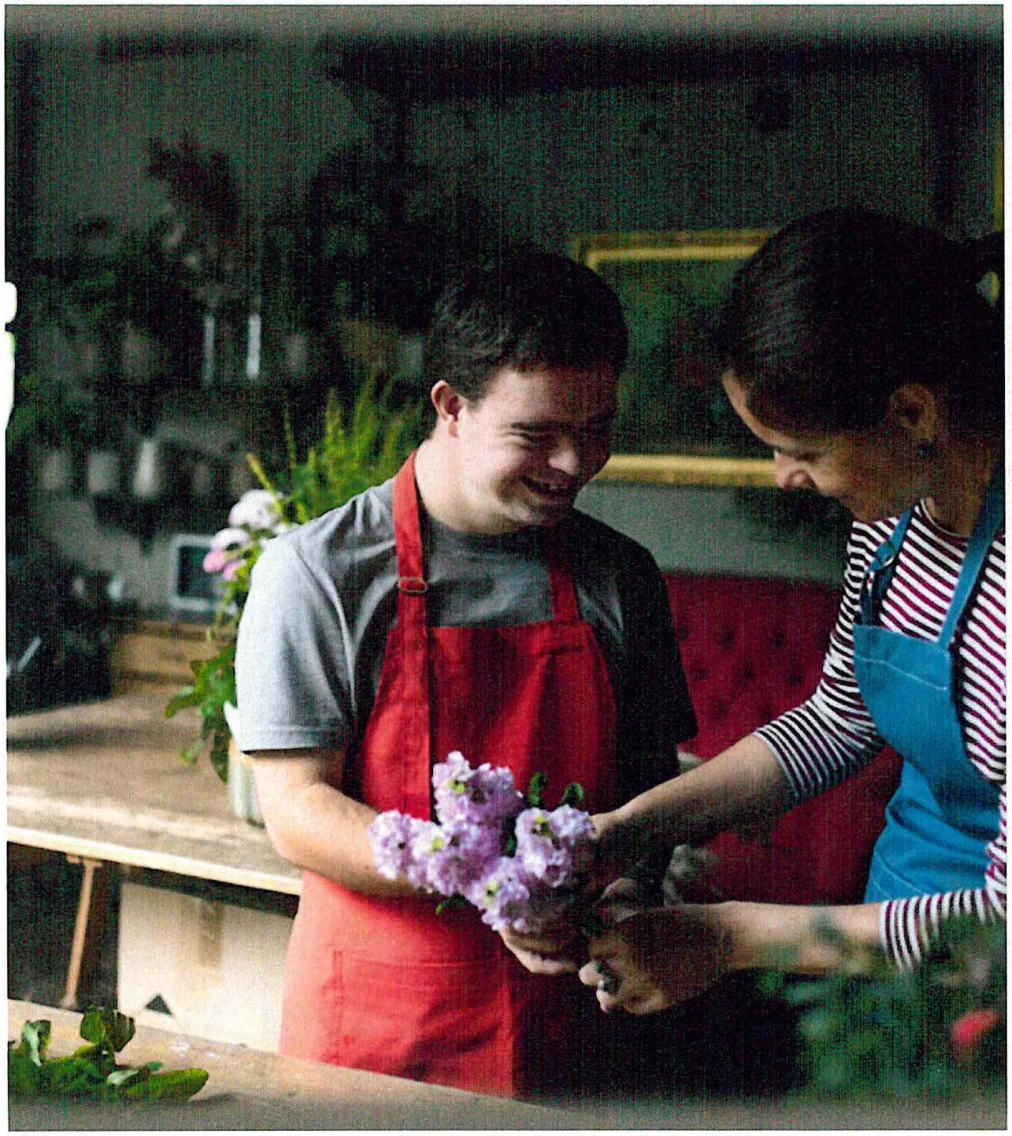
Developmental Disabilities Budget Summary

23-25 Budget Base	**$784.4 million**
23-25 Budget Approp	**$789.7 million**
25-27 Budget Base	**$792.1 million (draft)**

Provide support and training for individuals and families to maximize community and family inclusion, independence, and self-sufficiency; to prevent institutionalization; and to enable institutionalized individuals to return to the community.

- **8,410 people** receiving DD program mgmt (2024) – 3,413 age 0-2 and 4,997 age 3+
- **113 program managers**
- **35.5% increase in referrals** 2021 to 2024
- **451 ICF beds** (licensed capacity) and 1216 people in Res Hab setti
- **45** agency providers **5,000+ direct service professionals (DSP)** and 800 individuals delivering self directed services





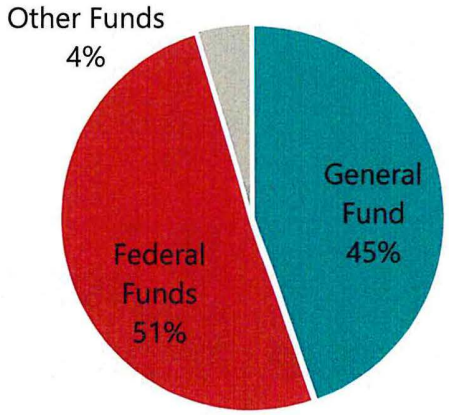
Life Skills Transition Center Budget Summary

23-25 Budget Base	**$63.5 million**
23-25 Budget Approp	**$63.5 million**
25-27 Budget Base	**$69.0 million (draft)**

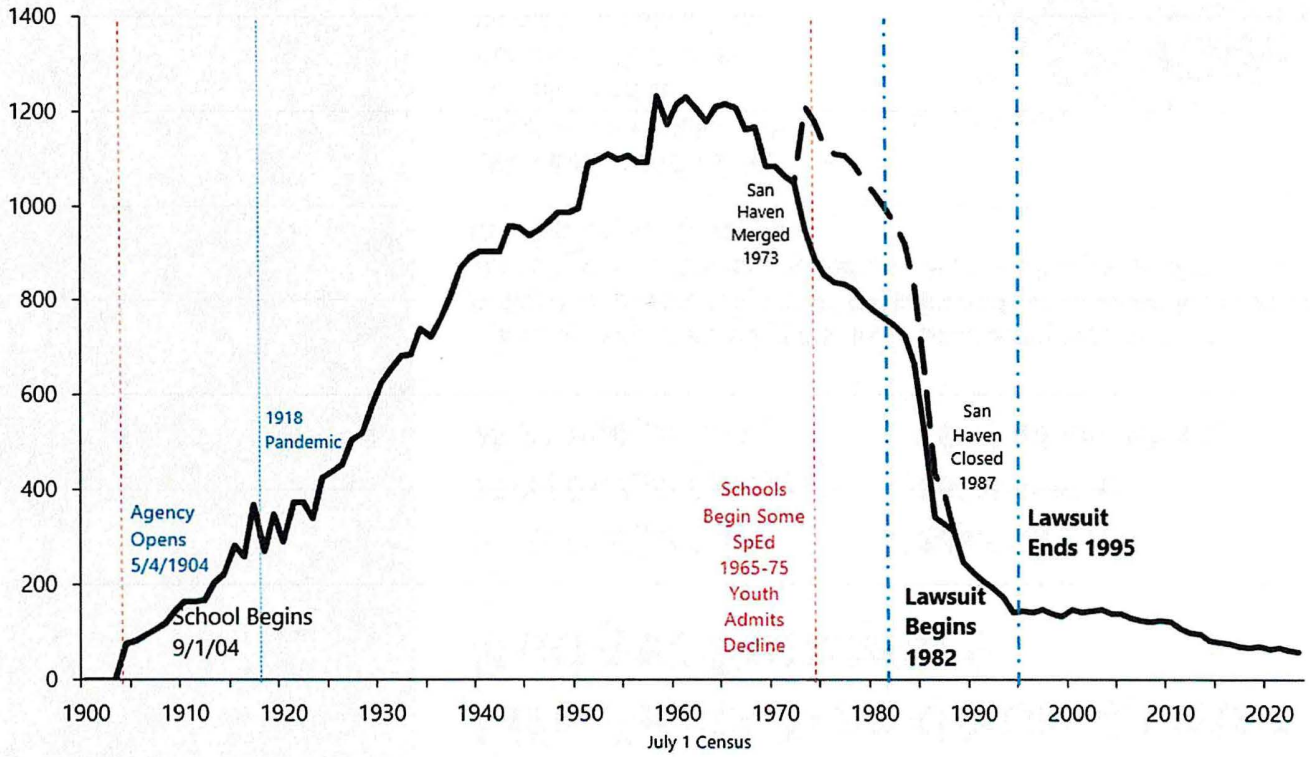
Serve as a specialized crisis and stabilization resource to the network of private residential facilities and the thousands of families who are caregivers for a loved one with intellectual and/or developmental disabilities.

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

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



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



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Census is more than a number

It's a key to understanding the complexities of those we serve.

Data from July 2023- December 2024

50

July 2024

→

46

December 2024

+22

Admissions

-21

Admissions Diverted

8

Transitions Planned (In Process) / On Hold/ Cancelled

-31

Transitions Completed

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Since July 2021, LSTC's point in time Census has declined by 28% even as admissions have increased by 70%

Data from July 2021- December 2022

64

July 2021



55

December 2022

+13

Admissions

-31

Admissions Diverted

7

Transitions Planned / On Hold / Cancelled

-17

Transitions Completed

-5

Deaths

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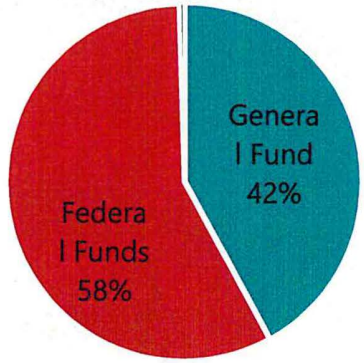
Adult & Aging Services Budget Summary

23-25 Budget Base	**$69.1 million**
23-25 Budget Approp	**$90.4 million**
25-27 Budget Base	**$67.8 million (draft)**

The Adult and Aging Services Section is designated as the State Unit on Aging. We administer and deliver more than 40 in-home and community-based services to eligible North Dakotans.

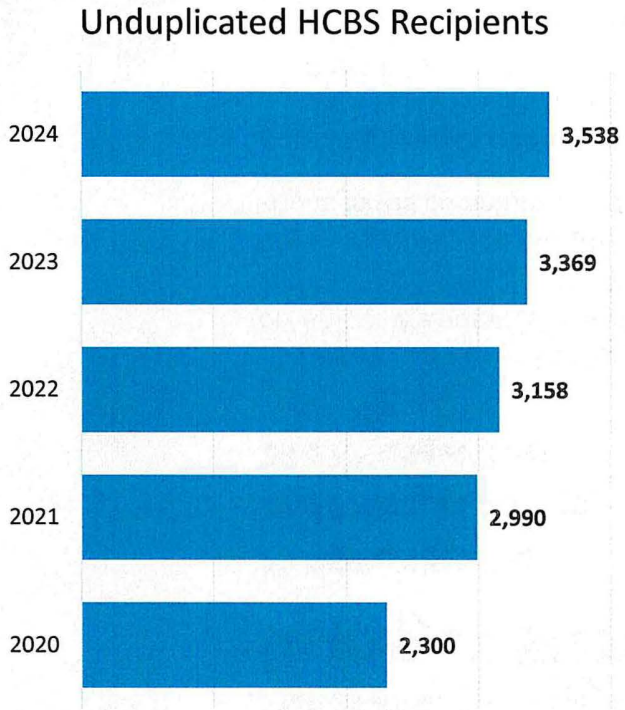
We also protect the health, safety, welfare and rights of vulnerable adults in the community and long-term care residents.

- **4,329 people** receiving HCBS case mgmt (2024) – 3,538 HCBS and 791 basic care
- **77 case managers** (73 HCBS, 4 Basic Care)
- **8% increase in referrals** 2023 to 2024 – in 2024 avg of 150 new referrals / mo resulting in 80 new open cases
- **1,359 Qualified Service Providers** (QSPs) – 206 agencies, 1,153 individuals



More North Dakotans are choosing home-based community care options every year

- ✓ The **demand** for in-home and community-based services has continued to **increase.**
- ✓ More HCBS participants have **complex needs** (medical and behavioral health needs) that increase the amount of time and skills necessary to provide **quality services.**
- ✓ **Rising acuity levels** have created a demand for more **complex services** and providers who can employ higher trained staff including **nurses and supervisory** staff.



54% increase since 2020

What is HCBS?
Services delivered in an **integrated setting**.

What is an integrated setting?
A private home, apartment etc., owned or rented by the individual or their family, or an individual adult foster care setting.

Types of SUPPORT SERVICES available via HCBS

Adult Day Care	Adult Foster Care	Adult Residential Care
Case Management	Chore	Community Support Services/ Residential Habilitation
Community Transition Services	Companionship	Emergency Response System
Environmental Modification	Extended Personal Care	Family Home Care

Homemaker	Home Delivered Meals	Non-Medical Transportation
Non – Medical Transportation Escort	Nurse Education	Personal Care – daily rate
Personal Care- unit rate	Personal Care – Assisted Living	Respite
Supervision	Supported Employment	Transitional Living

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Vocational Rehab Budget Summary

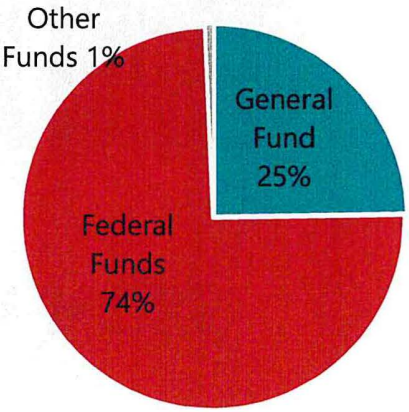
23-25 Budget Base	**$37.6 million**
23-25 Budget Approp	**$37.6 million**
25-27 Budget Base	**$44.5 million (draft)**

Help both high school students and adults with disabilities improve both their immediate job opportunities and long-term career planning.

Partner with businesses to find creative ways to hire or retain employees with disabilities.

VR clients hired in a range of occupations

- 29% - Service
- 19% - Admin Support
- 12% - Operator
- 11% - Professional
- 8% - Laborer
- 8% - Craft Worker
- 7% - Sales
- 3% - Technician
- 3% - Managerial



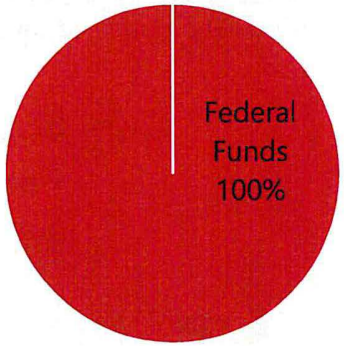


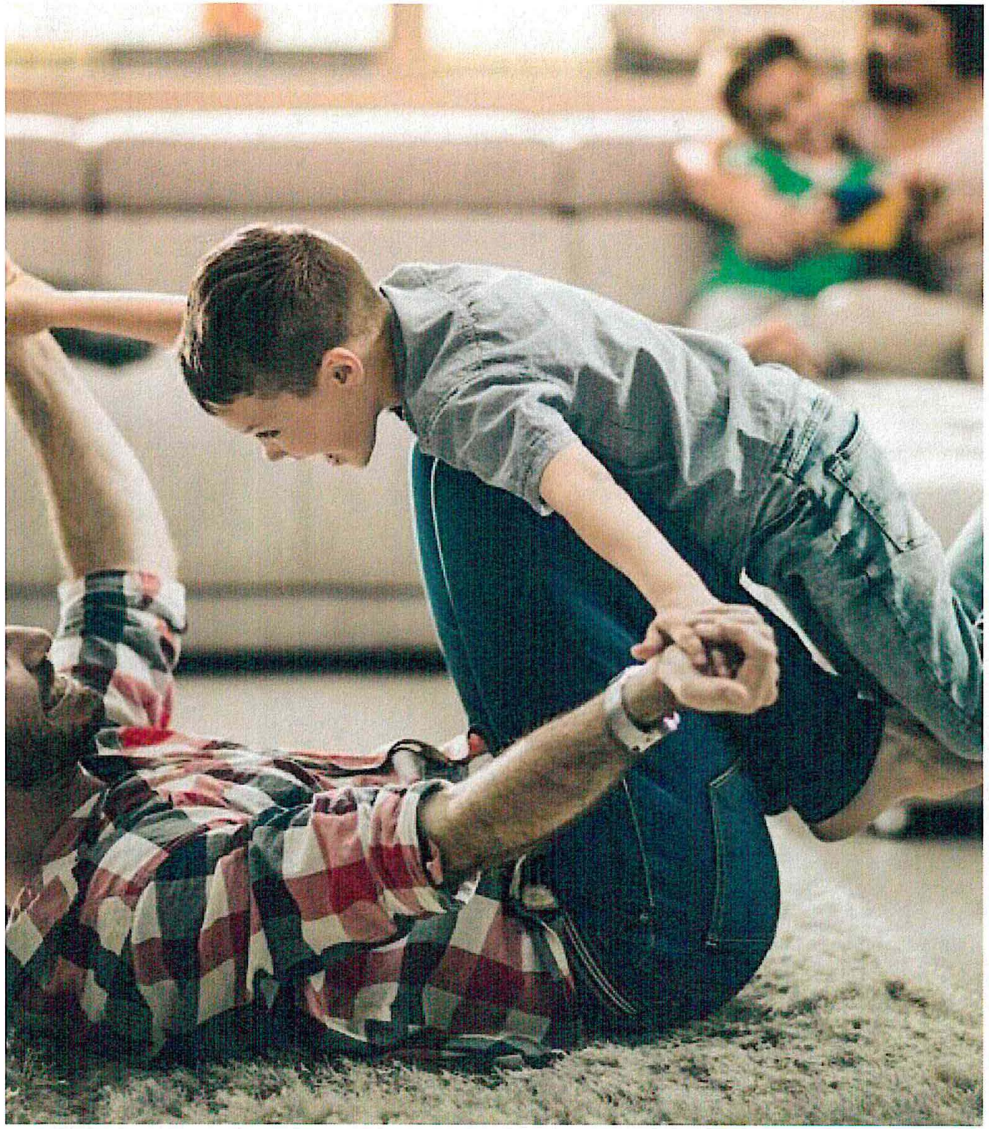
Disability Determination Services Summary

23-25 Budget Base	**$8.0 million**
23-25 Budget Approp	**$8.0 million**
25-27 Budget Base	**$8.3 million (draft)**

Determine eligibility for medical disability (SSDI and/or SSI), using Social Security Administration (SSA) guidelines, for people who are unable to work.

- Number of disability decisions is determined by Social Security Administration (SSA)
- DDS team members make medical disability determinations using SSA guidelines
- Average monthly **SSI** payment in ND is **$638**; total of $4.59 million in monthly benefits to North Dakotans
- Average monthly **SSDI** payment in ND is **$1,317**; total of $20.47 million in monthly benefits



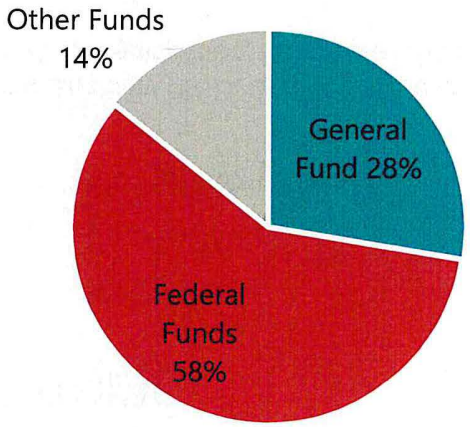


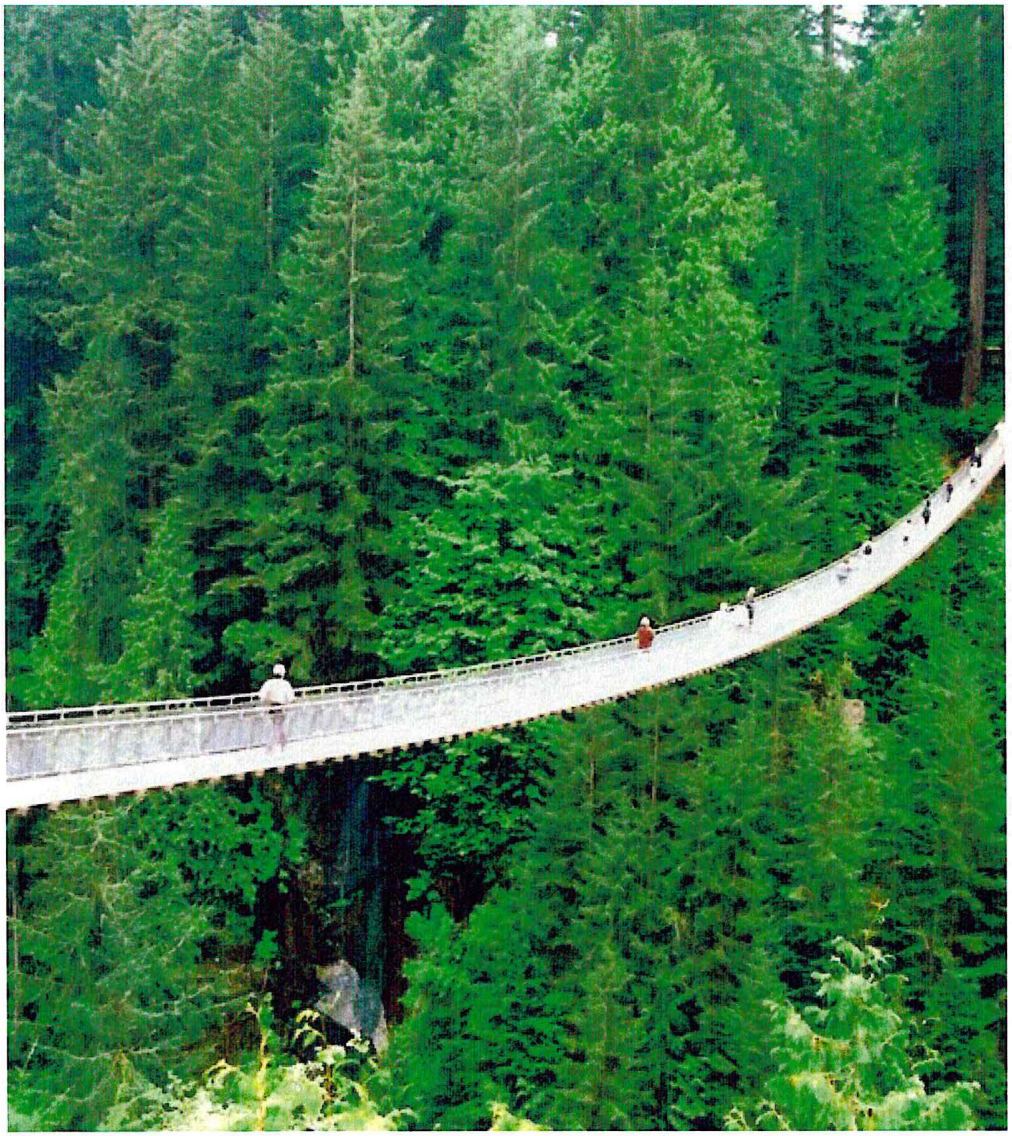
Child Support Budget Summary

23-25 Budget Base	**$41.3 million**
23-25 Budget Approp	**$41.3 million**
25-27 Budget Base	**$37.1 million (draft)**

Provide support to parents, employers, and other partners to help ensure children receive court-ordered financial and medical support to reduce child impoverishment.

- 78.58% - Collection of current monthly support
- 90.32% - Open cases with a support order established
- $254 million – Arrears owed at the end of CY 2024 (lower than what was owed in 2016)
- $192.2 million – Total collections in CY2024 (record high – up from $185.9 in 2023)

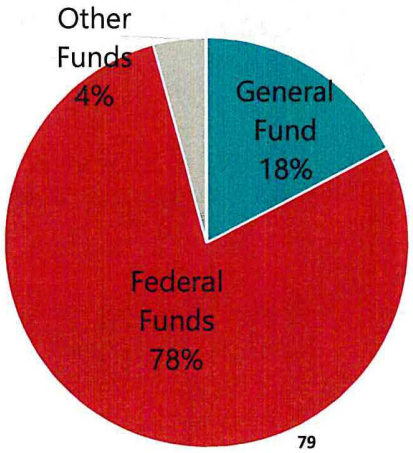




Economic Assistance Budget Summary

23-25 Budget Base	**$458.3 million**
23-25 Budget Approp	**$554.1 million**
25-27 Budget Base	**$529.3 million (draft)**

Facilitate delivery of federal and state resources that support household economic health, including nutrition (SNAP), utility (LIHEAP), child care (CCAP) and housing stability assistance; eligibility for Medicaid coverage; and Temporary Assistance for Needy Families (TANF).



Human Service Zones

Serving North Dakota individuals and families is a partnership. Economic Assistance Policy administers programs, while Human Service Zones deliver benefits.

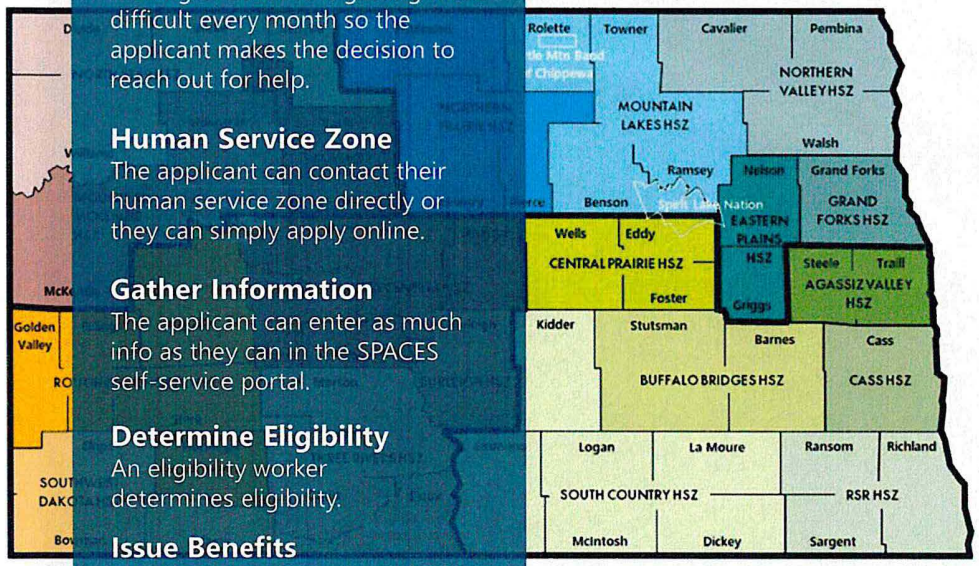
Person Decides to Apply
Making ends meet is getting more difficult every month so the applicant makes the decision to reach out for help.

Human Service Zone
The applicant can contact their human service zone directly or they can simply apply online.

Gather Information
The applicant can enter as much info as they can in the SPACES self-service portal.

Determine Eligibility
An eligibility worker determines eligibility.

Issue Benefits
If eligible, the state will issue the benefit in the appropriate manner.



How Clients Access Services

One Address. One Phone Number. No Wrong Door.
Eligibility redesign makes it easier for families to get help by simplifying access points.

Centralized Mail Unit

One mail and email address for document submission

Customer Support Center

One phone number to speak to an expert

Local Support

Local offices will remain open for in-person support

Self-Service Portal

Individuals can use the self-service portal to apply, report changes, renew their benefits, view notices, upload documentation, and check their eligibility and benefits.



Application volume remains steady & timeliness continues to improve

Description:
Each federally funded program has expectations related to timely processing, indicated here as "Federal". The state has also established goals related to timely processing, which are represented here as "Excellent" and "Target". "Untimely" processing indicates a timeframe that exceeds allowable federal expectations.

Key Takeaways:
How many applications are processed in each of the compliance range? What percentage of applications are not processed timely as per federal guidelines? Are there any variations by different regions?

Applied Filters:

Human Service Zone:
ALL Selected

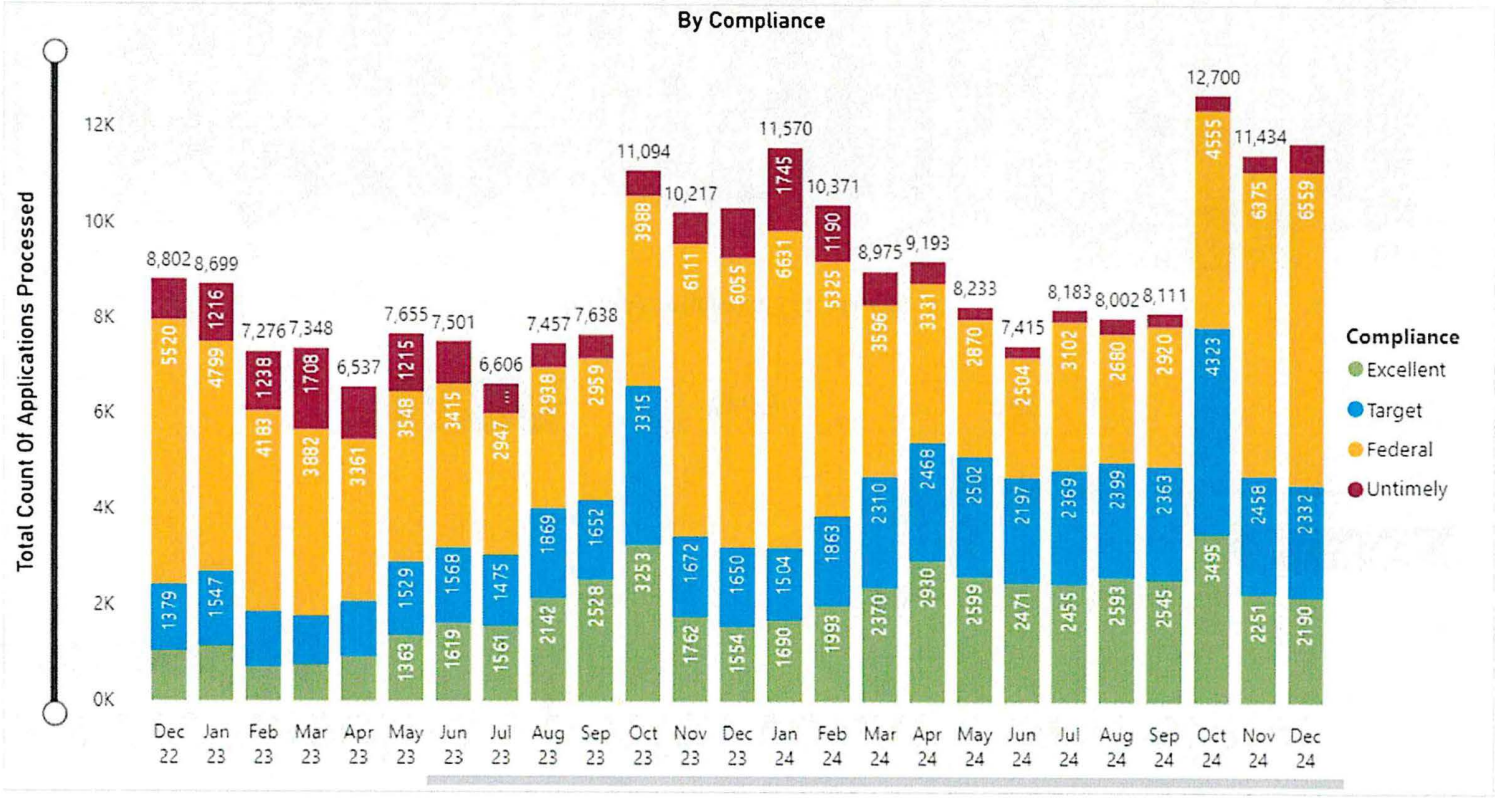
Programs:
ALL Selected

Compliance:
ALL Selected

Data Refreshed Date: 13 January, 2025

Weekly | Monthly

Reporting Date Range
4/1/2022 — 12/31/2024
Full Date Range



Eligibility teams are keeping up with volume of reviews that require processing

Descriptions:
The dashboard provides an operational overview of the reviews received & processed daily/weekly by ND HHS. Review Inflow represents the count of reviews received by packet received date that requires worker action. Reviews Processed represents the count of reviews that get authorized by worker with no further action needed. The reporting date filter helps the user to select a particular date when the review is received and view the number of reviews which get processed on that date.

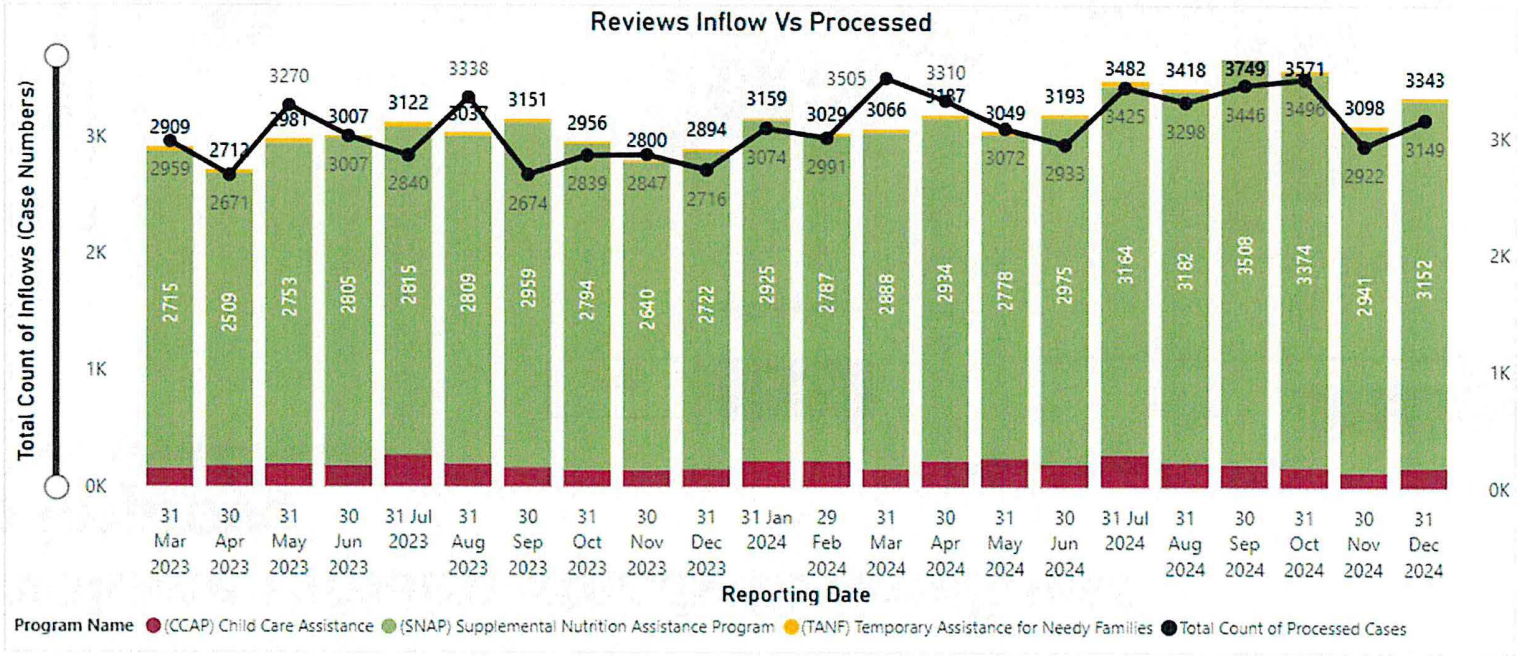
Key Takeaways:
Is the volume of reviews processed keeping up with volume of reviews received for processing

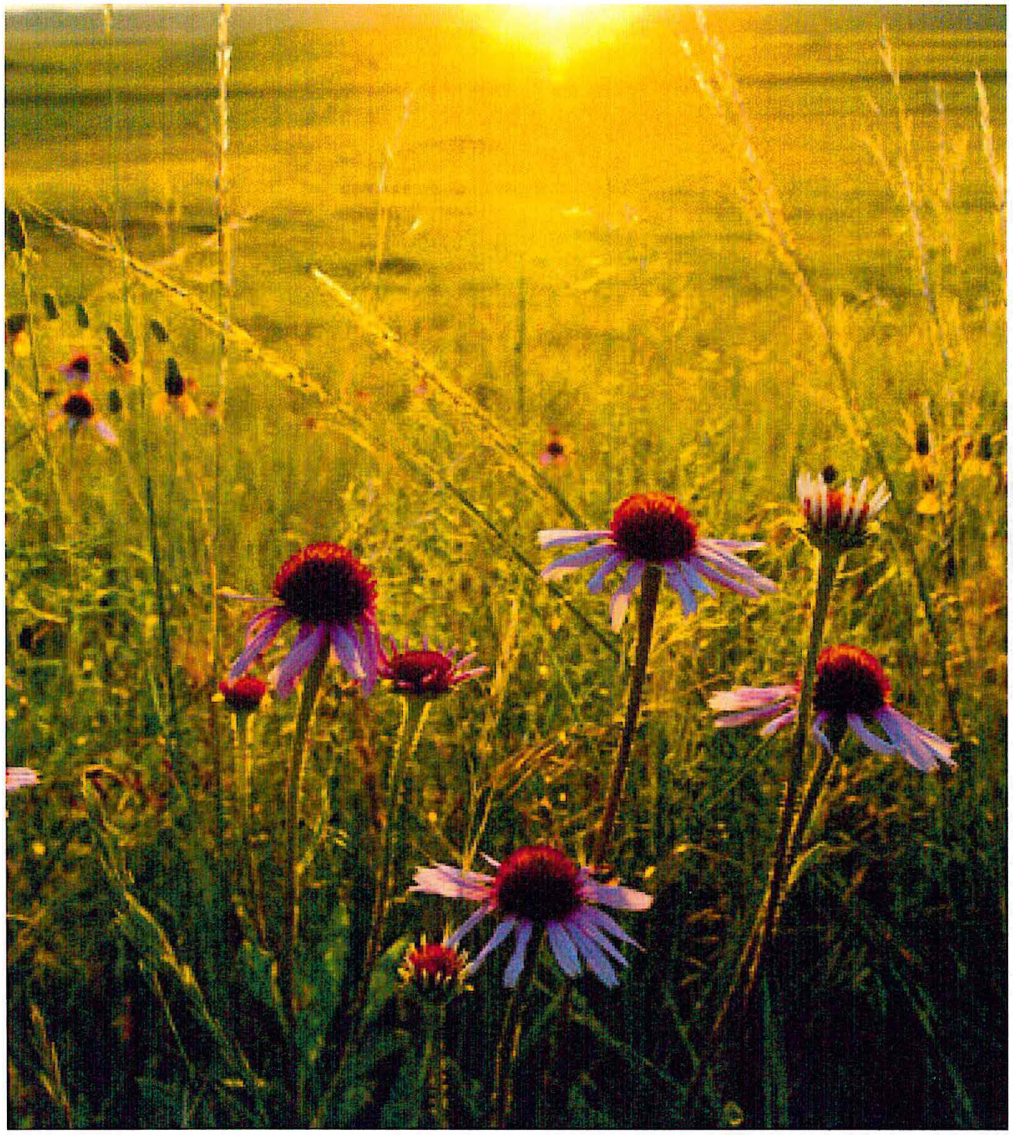
Applied Filters:

Program:
ALL Selected

Date
3/1/2023 12/31/2024 Full Date Range

Monthly Weekly Daily

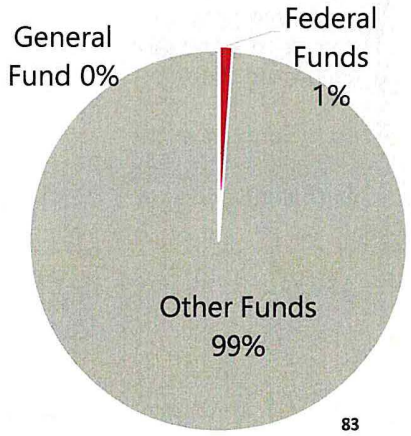




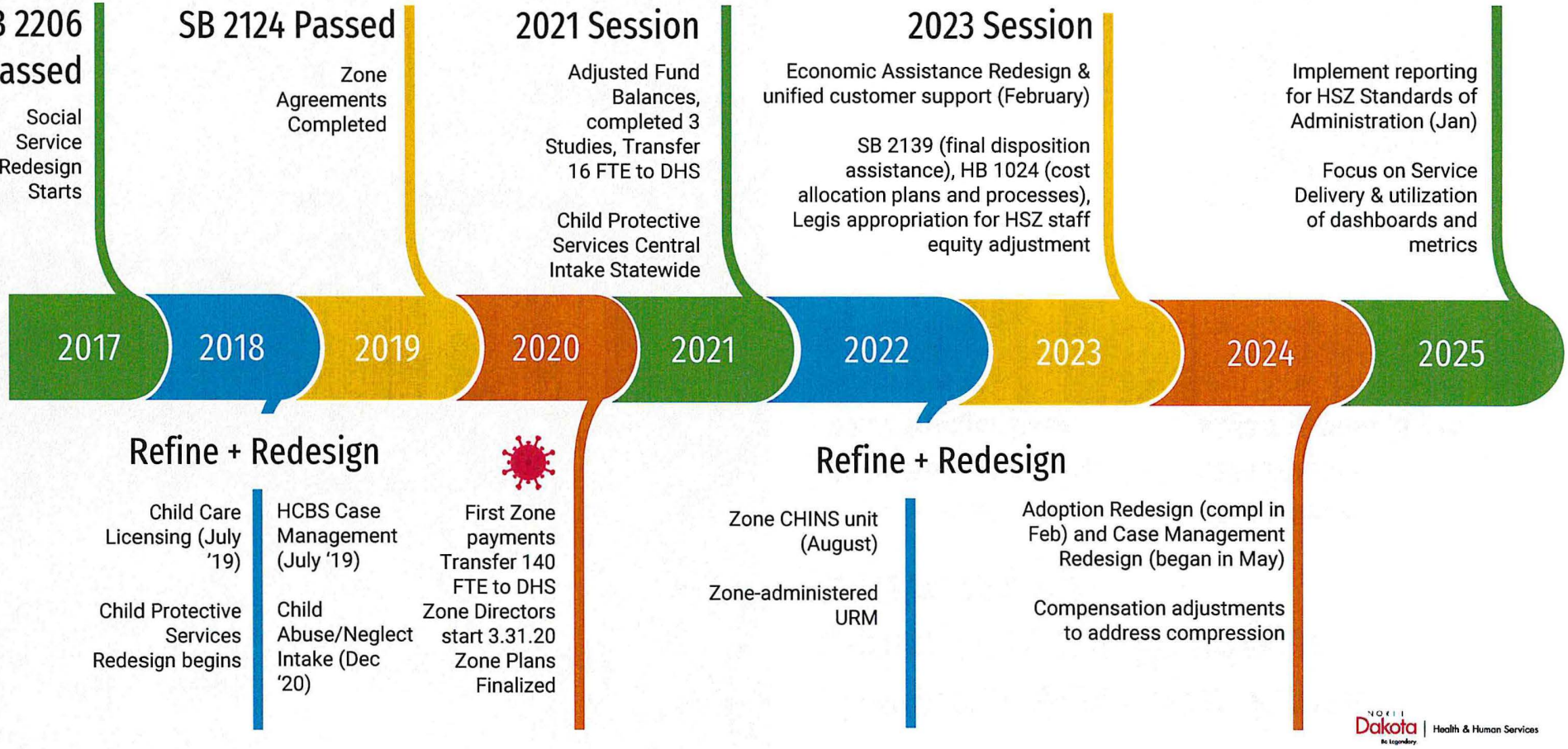
Human Service Zone Operations Budget Summary

23-25 Budget Base	**$230.9 million**
23-25 Budget Approp	**$231.0 million**
25-27 Budget Base	**$233.7 million (draft)**

Support the work of the Human Service Zones and Human Service Zone Boards, including review of HSZ Plans, as well as infrastructure support related to various HR and payroll functions.



ND Human Service Zone Implementation



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#2: Audit findings included in more recent audit and actions taken to address each finding

Audit Findings
2022-23 SAO Operational Audit

Finding 2023-01: Workforce Retention Grants Not Monitored.

- Identify whether there were other ineligible payments, and recoup funds for payments made to ineligible caregivers identified in this audit and through the Department's additional procedures. Develop ways to measure whether programs achieve the intended purpose.

Finding 2023-03: Children in Suspected Abuse Situations Not Contracted Timely.

- Ensure face-to-face contact dates are entered into the Department's tracking system (FRAME) and to make sure those dates are accurate and monitored. Ensure timely face-to-face contract with suspected victims of child abuse or neglect.

Link to Testimony provided to Legislative Audit and Fiscal Review Committee January 9, 2025

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HCBS Direct Care Workforce Recruitment and Retention Pilot

HHS opened applications **March 2022** and issued the last payment **October 2023**

- **61 agencies** – 28 DD, 33 Adult/Aging Services
- **942 individual providers** – 417 DSP (Self Directed DD, Autism, Medically Fragile), 525 QSP (Adult/Aging Services)
- **5,530 employees** affected (4,588 in provider agencies, 942 as individual providers)
- **$7,899,914.76 distributed** for retention (94%) or recruitment (6%)

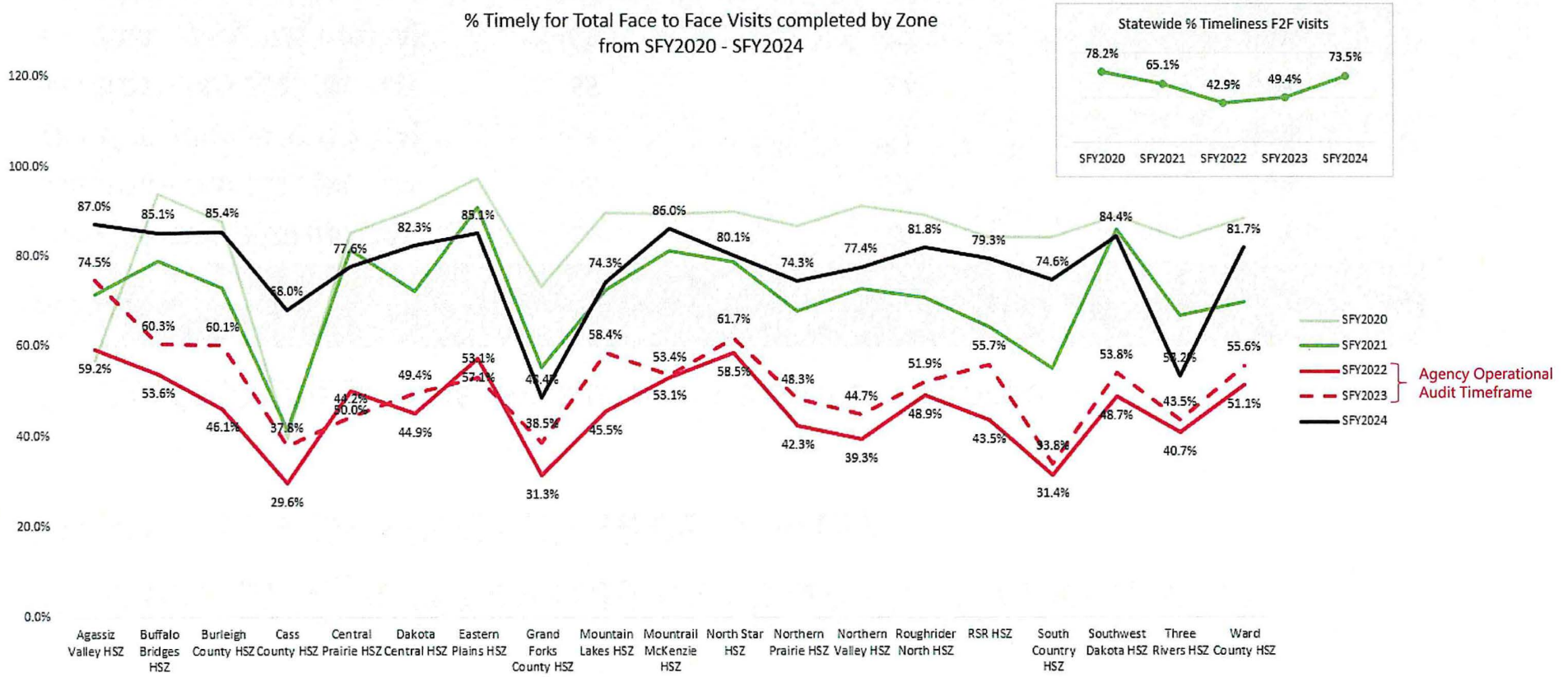




Summary – Conclusions #1 and #2 plus HHS follow-up monitoring

Agency Provider	Total incentive received	Total employees receiving incentive	Requested recoupment / # employees affected	Recoupment as % of total incentive
Anne Carlsen Center	$300,300.00	172	$0.00 / 0	0.00%
Development Homes, Inc.	$251,000.00	182	$4,000.00 / 3	1.59%
Helping Hands Care	$9,150.00	6	$0.00 / 0	0.00%
Pride, Inc.	$285,312.30	196	$268.02 / 2	0.10%
A Spectrum of Care	$19,875.00	21	$150.00 / 1	0.75%
Total	**$865,637.30**	**577**	**$4,418.02 / 6**	**0.51%**

STATEWIDE TIMELINESS RATES FOR FACE TO FACE CPS VISITS ARE HIGHLY INFLUENCED BY LARGE POPULATION CENTERS



Results of QA Reviews on Safety Outcome 1 (timeliness of face-to-face visits)

Safety outcome 1: Timeliness to initiate a CPS response

Review period	# cases in sample	# that required a face-to-face visit (Measure 1 applicable)	Compliance with standard achieved
Jan 2020 - Mar 2020 (ND QA)	65	26	77%
Jun 2020 – Mar 2021 (ND QA)	65	32	40%
Oct 2020 – Sept 2021 (ND QA)	65	32	44%
Jun 2021 – Mar 2022 (ND QA)	65	27	67%
Oct 2021 – Sept 2022 (ND QA)	65	22	68%
2024 (ND Adhoc)	73	73	92%
2024 (CFSR R4 – 50% compl)	38	9	89%

PIP Compliance Benchmark: **82%**
ND's Target Compliance Benchmark: **90%**

Audit Findings
2021-22 Single Audit

- **2022-012 CCDF Cluster**. Improve procedures to ensure child care correction orders are resolved before the end of each allowed correction period with accurate tracking of dates. *Modified processes to utilize system as assist.*
- **2022-013 CCDF Cluster**. Develop corrective action and perform annual unannounced inspections of child care providers in operation in accordance with 45 CFR 98.42(b)(2)(B) and Department policy. *Adjusted staffing patterns.*
- **2022-018 Emergency Rental Assistance Program**. Ensure monthly payment amounts are calculated correctly and reviewed for accuracy. Additionally, we recommend the Department ensure the improper payments are recouped through the ERA program's refunding process. *Reviewed processes and adjusted staffing.*
- **2022-021 Rehabilitation Services Vocational Rehabilitation Grants to States**. Follow its procedures to prevent and detect Vocational Rehabilitation payments from occurring outside the period of performance. *Reviewed processes and provided additional training.*

Audit Findings
2021-22 Single Audit (cont.)

- **2022-014 Low-Income Home Energy Assistance**. Coordinate with the Department of Commerce to properly report subawards of the state under the LIHEAP program for FFATA reporting. *Reviewed processes and adjusted staffing.*
- **2022-015 Low-Income Home Energy Assistance**. Ensure adequate rental documentation is on file and proper eligibility determinations of the Low-Income Home Energy Assistance Program (LIHEAP) are made. *Reviewed processes and provided additional training.*
- **2022-016 Low-Income Home Energy Assistance**. Ensure policies and procedures prevent duplicate payments from being applied to LIHEAP cases. We also recommend the Department of Human Services ensure required documentation is obtained for individuals appearing in multiple cases in accordance with state LIHEAP Policy. *Reviewed processes and provided additional training. LIHEAP Business Process Redesign in process.*
- **2022-017 Low-Income Home Energy Assistance**. Ensure eligibility is verified through the State NDVerify system prior to approval of all LIHEAP applications or revise the State Plan to identify the use of NDVerify as optional for approval by the Federal awarding agency. *Revised Plan; LIHEAP Business Process Redesign in process.*

#3: Current Biennium Accomplishments and Challenges; Next Biennium Goals and Plans

2023-25 Accomplishments
Human Service Division Highlights



Growing a strong, stable workforce requires strong, stable families



Filling gaps in the system of care can prevent crisis



Pushing toward simplicity improves citizen experience

- ✓ Case management redesigns underway to improve service delivery
- ✓ Technology system replacements in progress to meet customer expectations
- ✓ Expanded HCBS service options across multiple sectors
- ✓ Statewide eviction prevention and housing stabilization pilot
- ✓ Big steps forward in strengthening access to quality child care

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Proactive & strategic management of systems is required to meet citizen expectations

Behind the scenes impact: Integrated Eligibility system automation removes need for paper apps





Sun Bucks

(summer SNAP)

- Summer 2024 - 38,000 children ($4.6M, 100% fed)
- Direct certification process for Summer 2025 = 44,000 children projected to benefit
  - ✓ 24,000 children will be directly certified because they are eligible for SNAP and TANF
  - ✓ Plus 6-8,000 children will be directly certified as eligible for Medicaid-only

Direct Certification for Free/Reduced Meals

- Nov 2024 added automated data exchange to remove the need for children who are already Medicaid eligible to have to apply again for Free / Reduced Meals from their school
- DPI and HHS exchange data between technology systems to eliminate need for families to complete an additional paper application

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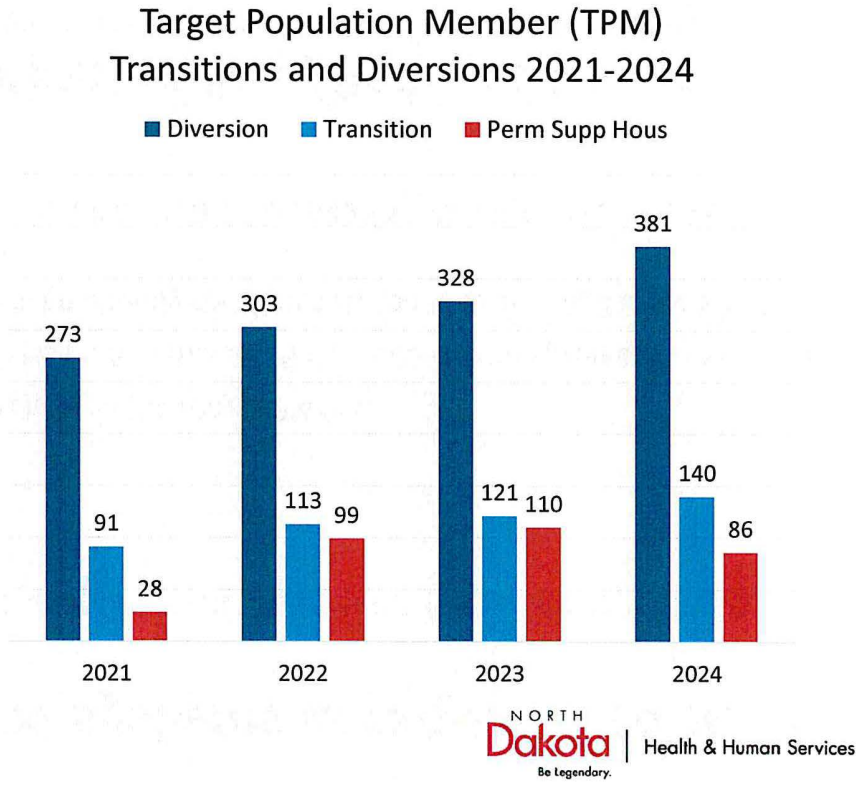
Adult and Aging Services

HCBS is supporting increase in Transition and Diversion from institutional settings

"**Diversion**" happens when a Medicaid eligible individual who screens at a nursing facility level of care receives a set of services (HCBS, housing etc.) that allows them to remain in an integrated setting and avoid institutionalization.

"**Transition**" happens when a Medicaid eligible individual who resides at a nursing facility receives transition supports and a set of services (HCBS, housing etc.) that allows them to move to an integrated setting in the community.

"**Permanent Supported Housing**" is providing affordable housing, rental assistance, meeting with landlords, application assistance etc., in addition to other traditional HCBS that allows an individual to live in a private residence alone or with family, their significant other or roommates of their choosing.



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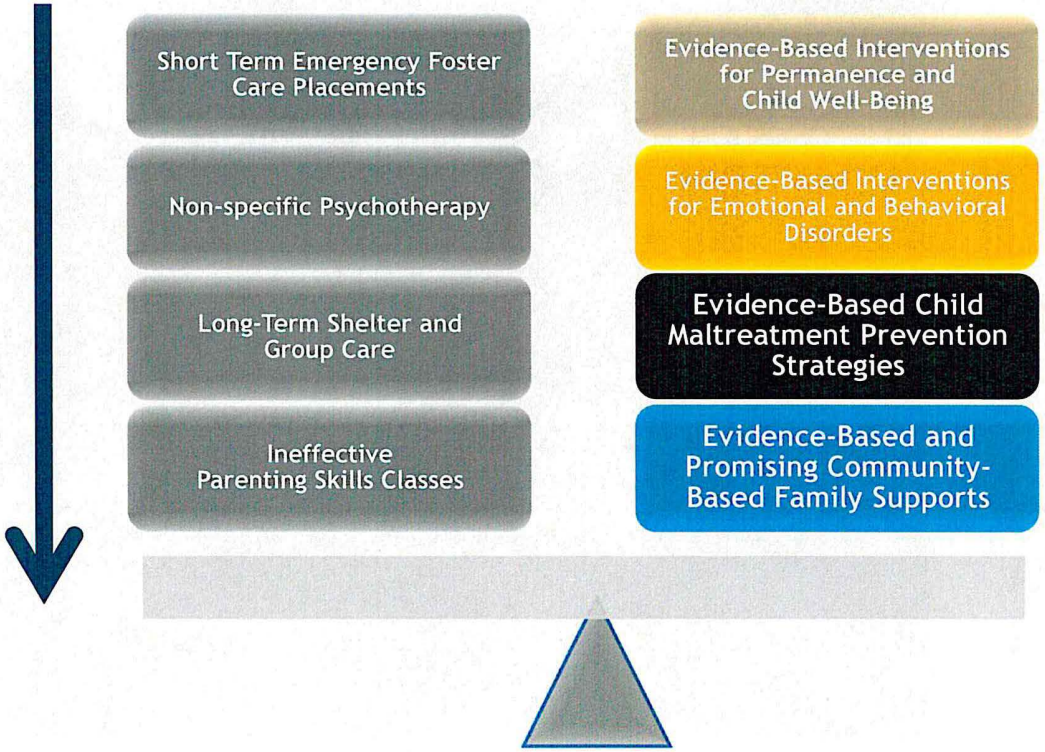
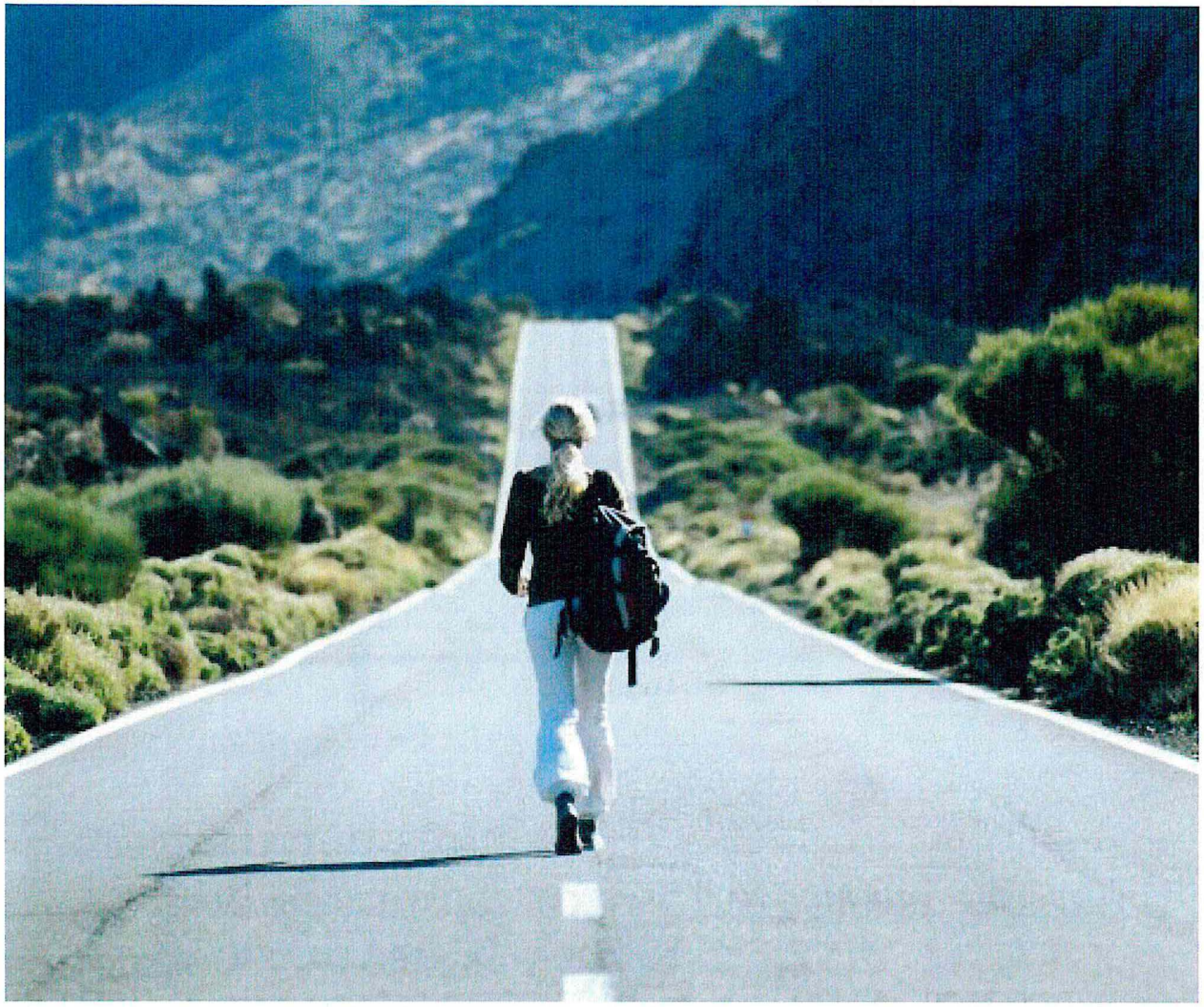
Children and Family Services

Shifting Resources to Support What Research Indicates will Work for Children and Families

De-scale investment in **approaches** that are **not proven effective**



Invest in approaches with **proven results** for the populations being served



In Child Welfare:

What does "progress" look like?

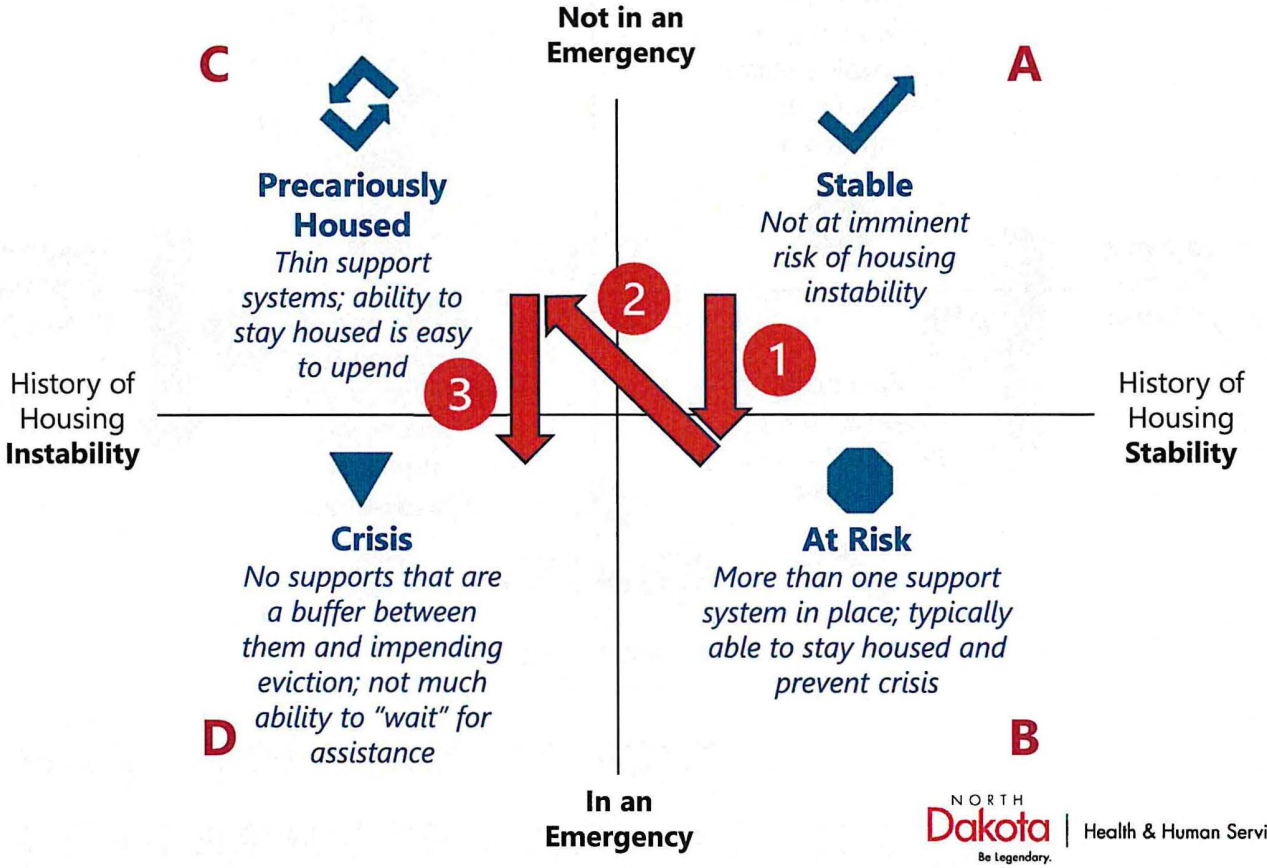
- Reduce Foster Care Numbers
- Reduce Institutional Placements
- Reduce Out of State Placements
- Reduce Substance Abuse as Abuse/Neglect factor
- Increase Kids receiving evidence-based supports
- Reduce severity of school-based behaviors

Piloting a statewide eviction prevention program helped document the nature of housing crises in ND

Scenario 1:
- Income interruption
- Health issue
- Caregiving change
- Unexpected expense

Scenario 2:
- Layering of disruptions – domestic violence, substance use, mental health, job loss, persistence of a health condition

Scenario 3:
- Persistent lack of resolution to family level disruptions – inability to maintain earnings, actions that trigger eviction, worsening health



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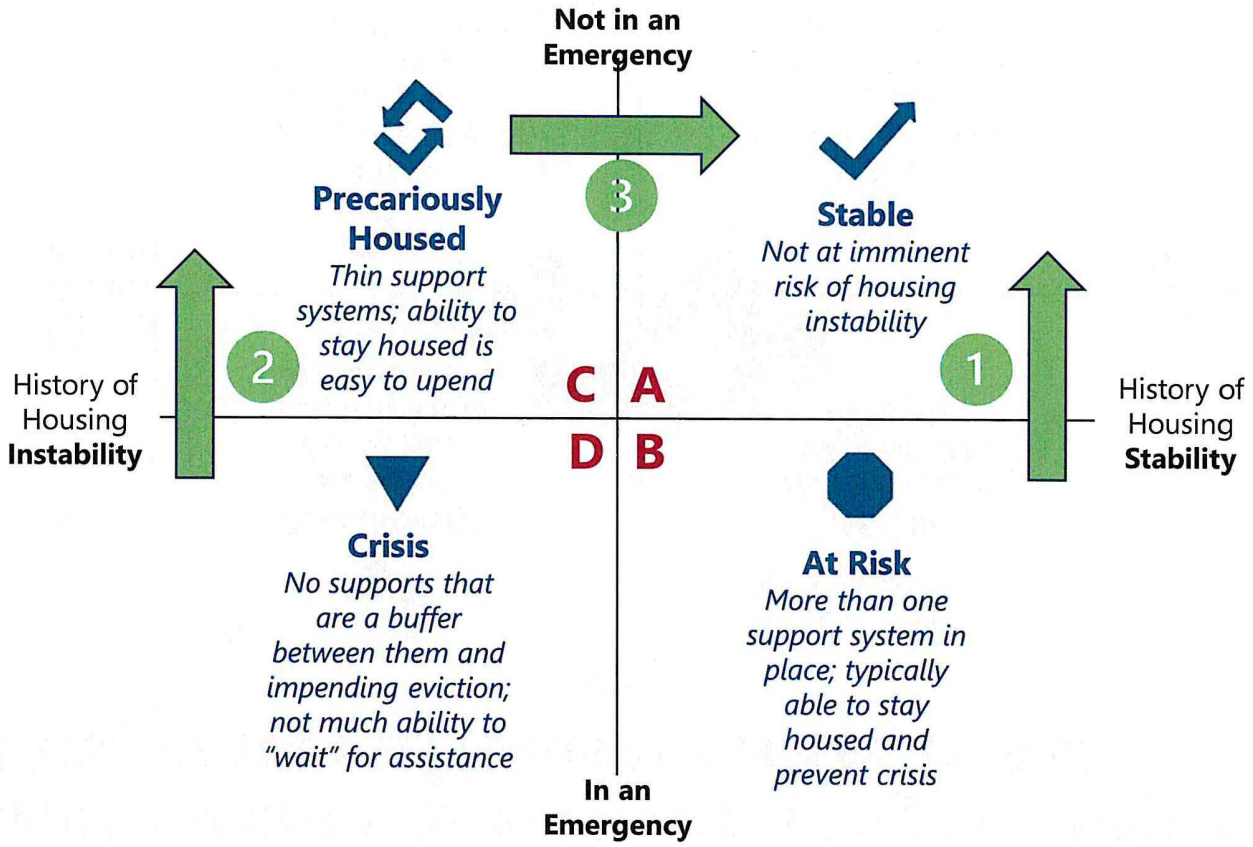
Intentional interventions can stop de-stabilizing events from taking hold

Scenario 1:
- Rent and utility assistance

Scenario 2:
- Rent and utility assistance
- Back rent/housing debt
- Re-housing assistance
- Mediation
- Peer support/care coord
- Support services (more likely to have a chronic health or disabling condition)

Scenario 3:
- Rent and utility assistance
- Benefit cliff mitigation (income strategy)
- Potential for some support services



Housing crisis is a reality for families of all kinds of backgrounds, in communities across the state

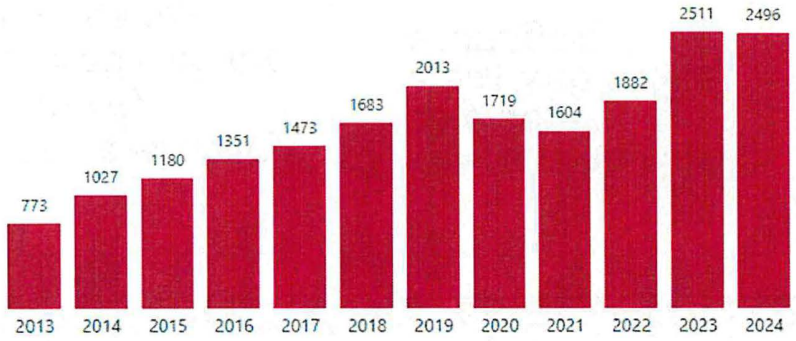
46%

Households that applied have children age 0-18

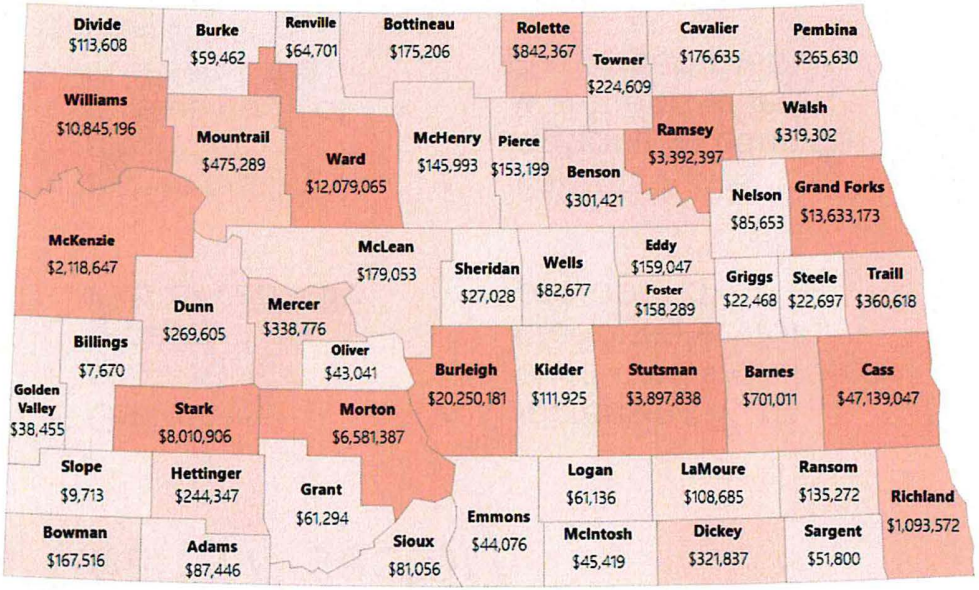
4%

Renters who applied for help & were age 65+

ND Eviction Judgments by Calendar Year



Housing Stability Resources Invested by County Dec 2021-Dec 2024



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In Child Care

What indicators characterize a "healthy" sector?

- Broad availability of quality licensed care for infants and toddlers
- Mix of provider types who are licensed
- % of licensed programs operating to full capacity
- Very few/no child care deserts (i.e., areas with critical shortages)
- Equitable distribution of child care assistance statewide
- Inclusion supports that create access for children with special needs
- Growth in capacity is greater than loss of capacity
- Active quality efforts in increasing % of licensed child care slots
- Child care rates cover the cost of delivering quality care
- Increasing % of child care workforce credentialed for promotion
- Parents have options to consider when and where they need them
- Working families w/young children pay no more than 7% of income for quality care

"Stability" in the child care sector

Example:

Reduced worker vacancy and turnover

Care capacity in licensed child cares is not constrained by workforce shortages

Desired Capacity – Normal Vacancy = Actual Capacity

↑ Net Capacity

Training incentives |
Child Care Assistance for CC workforce |
Stabilizing baseline revenue

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Staffing shortages are a significant driver of lower-than-capacity enrollment of children in licensed settings

Nursing Assistant

10th percentile	Median	*90th percentile*
$15.04	$18.02	$22.14

Teacher's Assistant

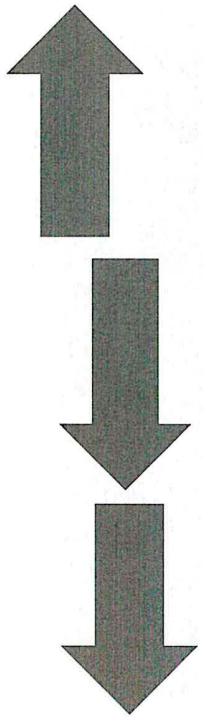
10th percentile	Median	*90th percentile*
$13.98	$17.17	$22.42

Home health aide

10th percentile	Median	*90th percentile*
$14.06	$17.07	$21.75

Child care worker

10th percentile	Median	*90th percentile*
$10.89	**$12.86**	$17.87



"Licensed Capacity"

38,451

"Desired Capacity"

30,661

"Actual Active Capacity"

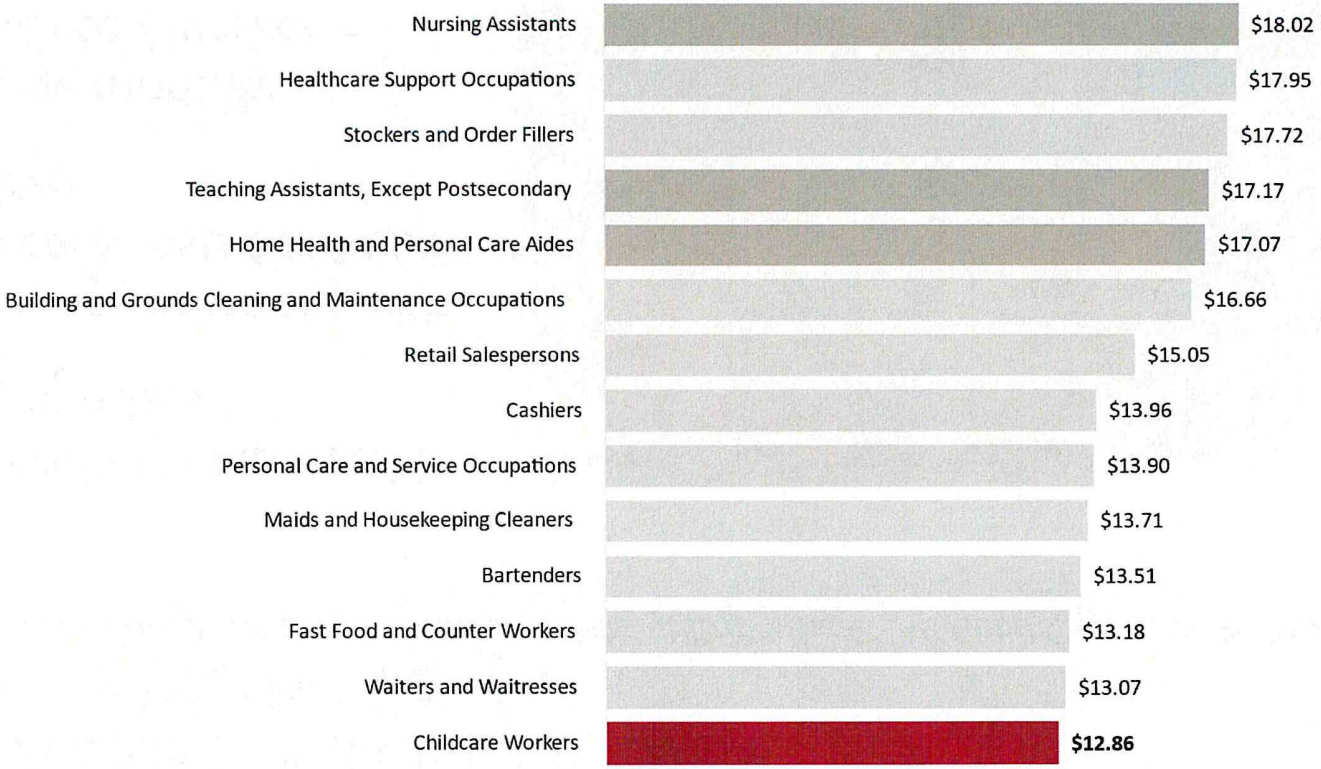
??

Present Day Potential for **20.3%** increase in capacity (based solely on licensing space requirements)

ND Median Wage for Select Occupations | JSND Labor Market Information | Employment and Wage by Occupation 2022

Child care workers are amongst the lowest paid workers in the North Dakota labor force

ND Median Wage for Select Occupations | JSND Labor Market Information | Employment and Wage by Occupation 2022



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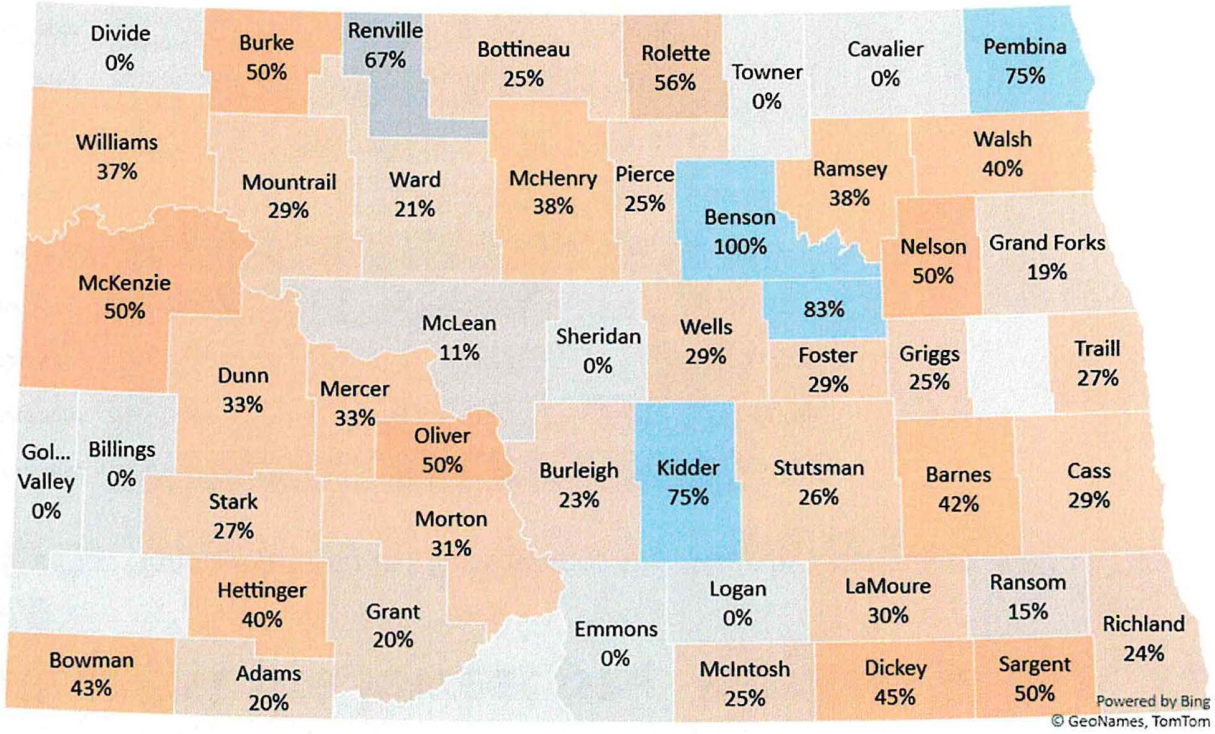
Key Indicator: Child Care Staffing

Child Care Worker Benefit

% Licensed Child Care Providers who have workers utilizing the CCAP Child Care Worker Benefit June-Dec 2024

- 744 workers employed by 302 providers
- Receiving assistance with child care costs for 1,661 children
- Average monthly assistance / worker = **$1,400** which is the **equivalent** to an **$8/hr wage increase**



2025-27 Goals and Plans

Forward progress in areas of focus

- Resources to support Transition and Diversion
- Expansion of home and community based service options
- Improve systems that serve North Dakotans
- Eviction prevention resources and housing resources for transition and diversion
- Child care as workforce infrastructure



RESOURCES TO SUPPORT TRANSITION AND DIVERSION ($5,589,397)

WHAT?

- ✓ Housing assistance to support targeted population members (TPM) - $300,000
- ✓ Services to support transition and diversion from institutional settings - $5,289,397

WHY?

Allows individuals to make informed choices, including the option to receive care while enjoying the benefits of community living in the least restrictive setting.

Source: 2024 Q2 KPI Report | ND DOJ Settlement Agreement

75

TPMs TRANSITIONED IN **QUARTERS 1 & 2 OF 2024**

ANNUAL COMPARISON DATA
2023 – **118**
2022 – **121**
2021 – **91**

> ***By keeping him at home, he was around his children when they visited, and his grandchildren, and you don't get that anywhere else but home.***
>
> *Bobbie Engquist, Family Caregiver*

2,180

TPMs SERVED IN A SNF in **APRIL of 2024**

ANNUAL COMPARISON DATA
2023 – **2,412**
2022 – **2,438**
2021 – **2,376**

NORTH Dakota

EXPANSION OF HOME AND COMMUNITY BASED SERVICE OPTIONS ($13,617,649)

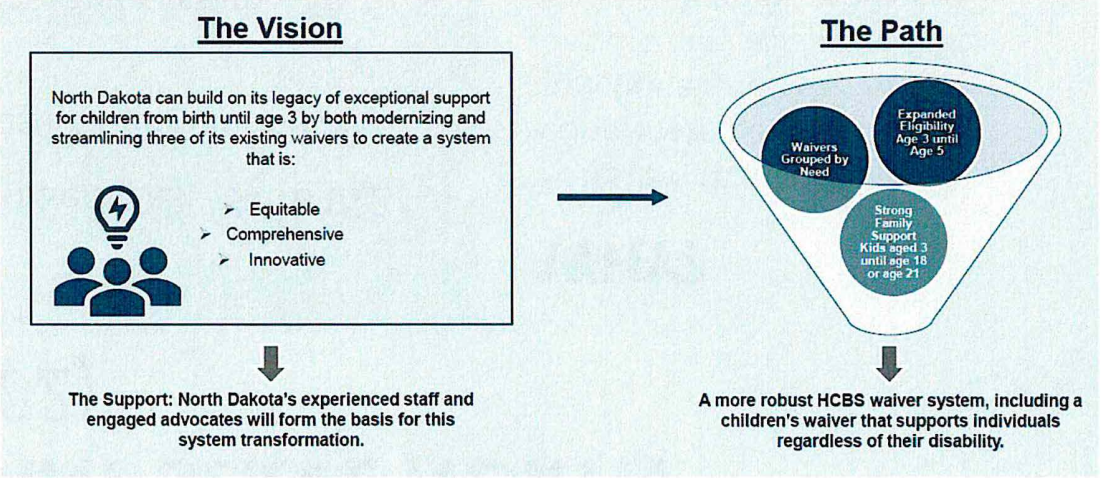
WHAT?

- ✓ QSP/HCBS targeted rate increase - $5,392,656*
- ✓ Host Home services in the DD waiver - $3,379,800
- ✓ Cross-Disability waiver implementation - $4,948,452*

** - Medicaid funded service; dollars will be found in Medical Services Division budget with joint implementation with the Human Services Division*

WHY?

Serving people in lowest level of care necessary will return better outcomes. Systems encourage or discourage certain behaviors, based on how services are designed and how payment models are structured.



Source: Presentation by Alvarez & Marsal to Interim Human Services Committee, Cross-Disability Children's Waiver Update (9-25-24)

IMPROVE SYSTEMS THAT SERVE NORTH DAKOTANS ($14,531,002)

WHAT?

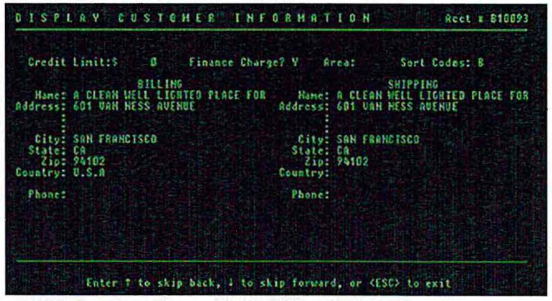
- ✓ Delivery of Vulnerable Adult Protection Services - $718,522
- ✓ Quality legal representation for families involved with child welfare - $700,000
- ✓ Comprehensive vocational rehab technology system - $8 million ****
- ✓ Roof for Cedar Grove at Life Skills Transition Ctr - $712,480 **
- ✓ Retirement of Economic Assistance and Medicaid legacy systems on mainframe - $4 million ***
- ✓ Conversion of DD eligibility assessment tool for kids (ICAP to SIS) - $400,000

*** - Designated as one-time funding / SIIF **** - Designated as one-time funding / Community Health Trust Fund*

**** - Designated as one-time funding / SIIF; budget will be found in HHS Ops budget*

WHY?

A system that is well-coordinated and highly functional provides the best opportunity to assure that good outcomes are being achieved for all North Dakotans.



CHILD CARE AS WORKFORCE INFRASTRUCTURE ($17,272,500)

WHAT?

- ✓ Best in Class expansion - $6 million**
- ✓ Child care grants and shared services - $5 million**
- ✓ Early childhood quality infrastructure - $3 million**
- ✓ Inclusion support for child care - $172,500**
- ✓ Outcome measurement tools for quality rated child care programs - $100,000**
- ✓ Quality tiers in Child Care Assistance payments - $3 million**

** - *Designated as one-time funding / SIIF*

WHY?

Addressing child care as a barrier to work requires a comprehensive approach that tackles all 3 elements of the child care dilemma: Affordability, Availability & Quality.



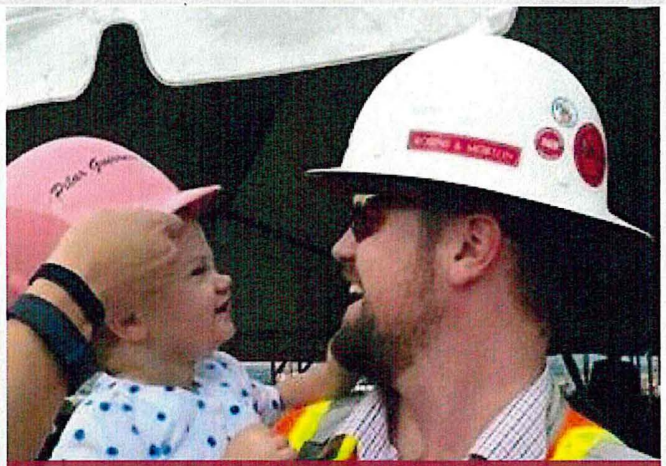
Best in Class | Stanley, ND

Child care is a workforce solution that can make a difference for ND employers



Affordability

Connect more working families to child care assistance to keep the cost of child care within 7% of household income



Availability

Make it easier for working families to find child care when and where they need it



Quality

Help kids realize their potential by supporting quality early childhood experiences

ND Child Care Initiative

A strategy of both comprehensive and targeted investment



Target investments to ages 0-3

- ✓ Age of highest developmental return for children
- ✓ Period of greatest economic pressure for most young families
- ✓ Critical decision point for individual-level decisions about how/if to rejoin the labor force
- ✓ Focus on working families employed in occupations where compensation doesn't offset the cost of child care needed to enable work



Embrace an all-of-the-above approach to child care

- ✓ Quality early experiences can happen anywhere.
- ✓ Working families should have meaningful choices about child care.
- ✓ Principles of quality are knowable and transferrable to any setting.
- ✓ Sustainable child care businesses will support more sustainability within the workforce.

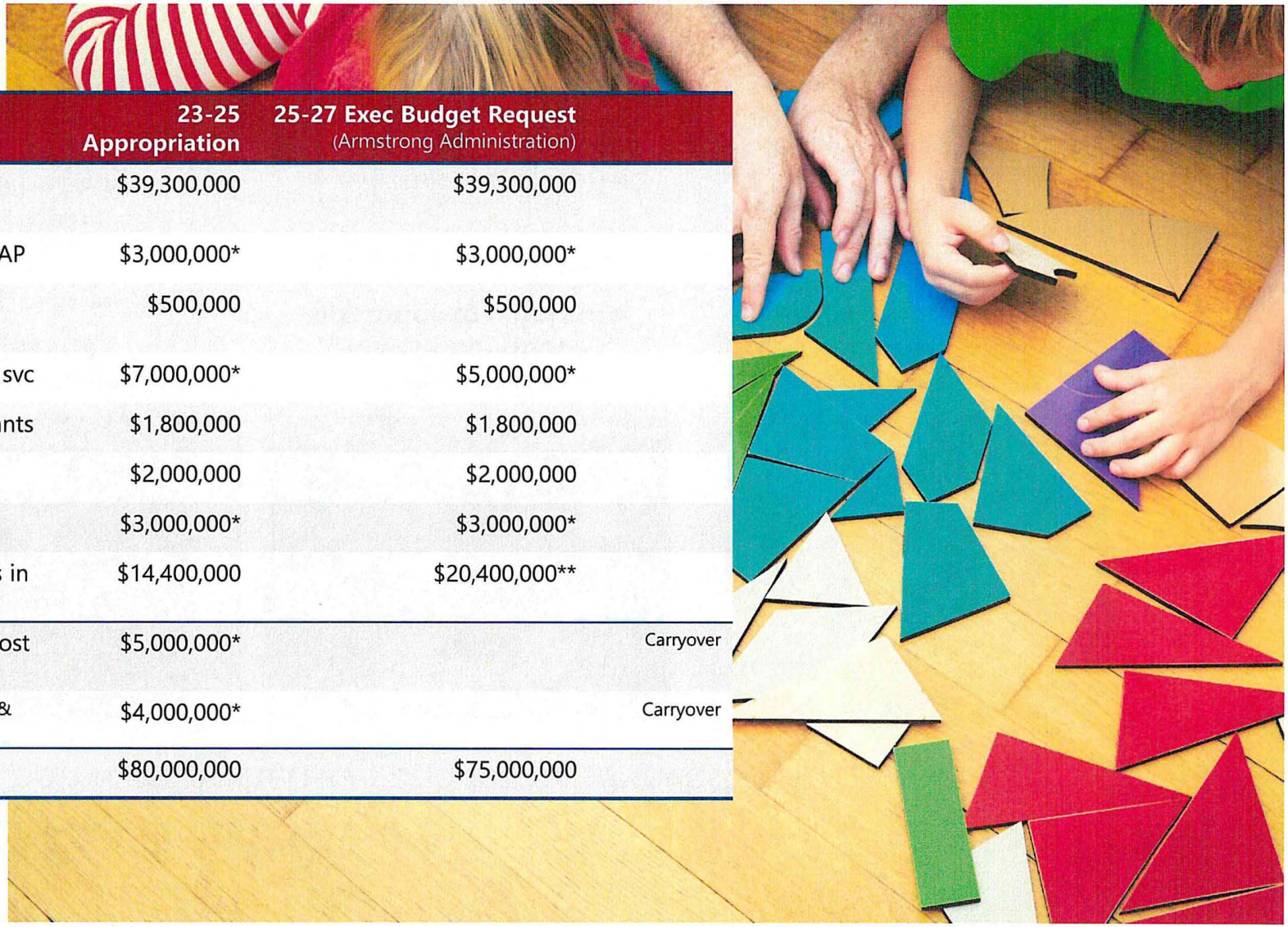


Help working parents provide for their families by supporting employment, training and education goals

- ✓ Benefits are scaled to family need.
- ✓ Employers have meaningful vehicles to remediate child care as a barrier to work.
- ✓ There are opportunities for children who are least likely to have access to quality early childhood experiences.

	23-25 Appropriation	25-27 Exec Budget Request (Armstrong Administration)	
Child Care Assistance Enhancements (CCAP)	$39,300,000	$39,300,000	
Quality based pmts in CCAP	$3,000,000*	$3,000,000*	
CCAP app outreach & assistance	$500,000	$500,000	
Provider grants & shared svc	$7,000,000*	$5,000,000*	
Non-traditional hours grants	$1,800,000	$1,800,000	
Worker training stipends	$2,000,000	$2,000,000	
Quality infrastructure	$3,000,000*	$3,000,000*	
Evidence based programs in Year Before Kindergarten	$14,400,000	$20,400,000**	
Employer-led child care cost sharing program	$5,000,000*		Carryover
Background Check Automation & State Employer Share WPCCR	$4,000,000*		Carryover
	$80,000,000	$75,000,000	

** = one time funding*
*** = partial one-time funding*



"Quality" child care?

Example:

Age-appropriate experiences that support literacy

Increase in number of programs with literacy-building experiences for children of all ages

↑ Ages 0-5 meeting or exceeding WHE

↑ Age 4-5 kindergarten readiness

QRIS 2, 3, 4 | TSG | Waterford | BIC | Professional Dev

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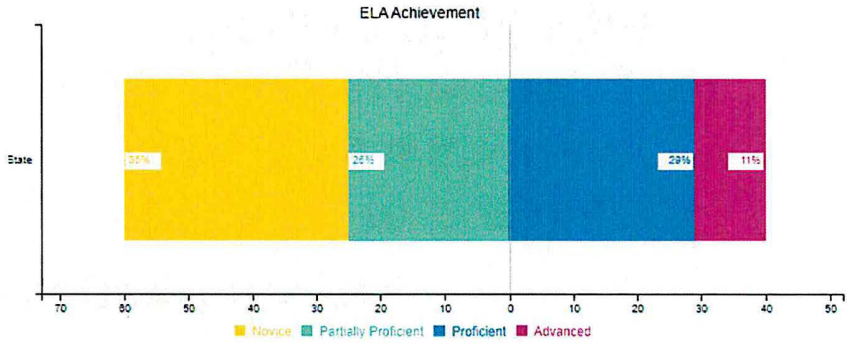
North Dakota has established 6 Goals to support its Vision that

"All Students will graduate choice ready with the knowledge, skills and disposition to be successful"

INSIGHTS.ND.GOV
Provided by SLDS



Reading Proficiency

3rd grade	All grades
38%	**44%**

Goal 1: Increase students who enter kindergarten prepared to learn and increase the number of kindergarten classrooms that meet the needs of every learner

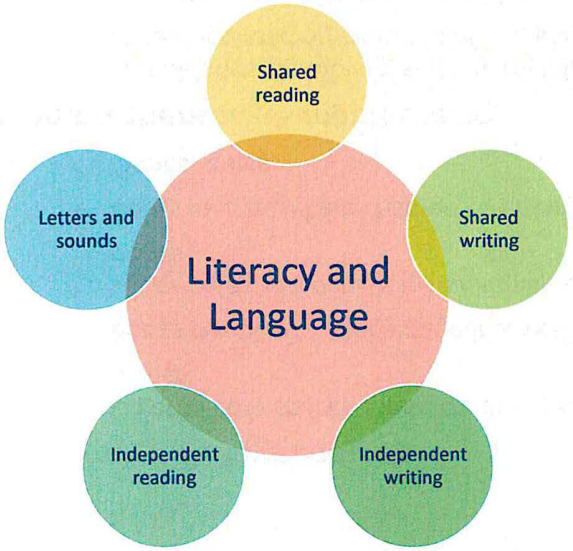
Goal 2: Increase students who demonstrate reading proficiency in 3rd grade

Source: https://www.nd.gov/dpi/nd-pk-12-education-strategic-vision-framework

Source: https://insights.nd.gov/Education/State/Dashboards

How can early childhood experiences support Emergent Literacy Skills

Emergent Readers and Writers



Essential components of Emerging Literacy

- An interest in and enjoyment of print (handling books and relating them to their stories or information)
- Print awareness (how to handle a book, reading from left to right, recognition of pictures symbols, signs, or words)
- An interest in telling and listening to stories (pay attention to stories, repeat, use some rhymes, phrases, or refrains from stories or songs)
- Make marks and use them to represent objects or actions (an understanding that words are made up of letters, recognizing letters when they see them)
- Comprehend meaning from pictures and stories

Conventional Readers and Writers



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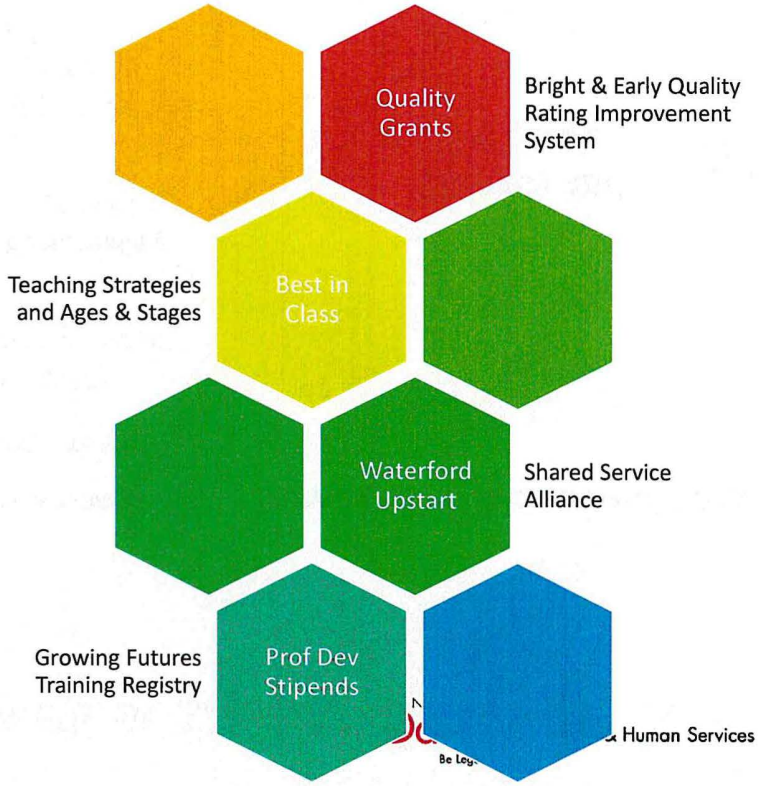
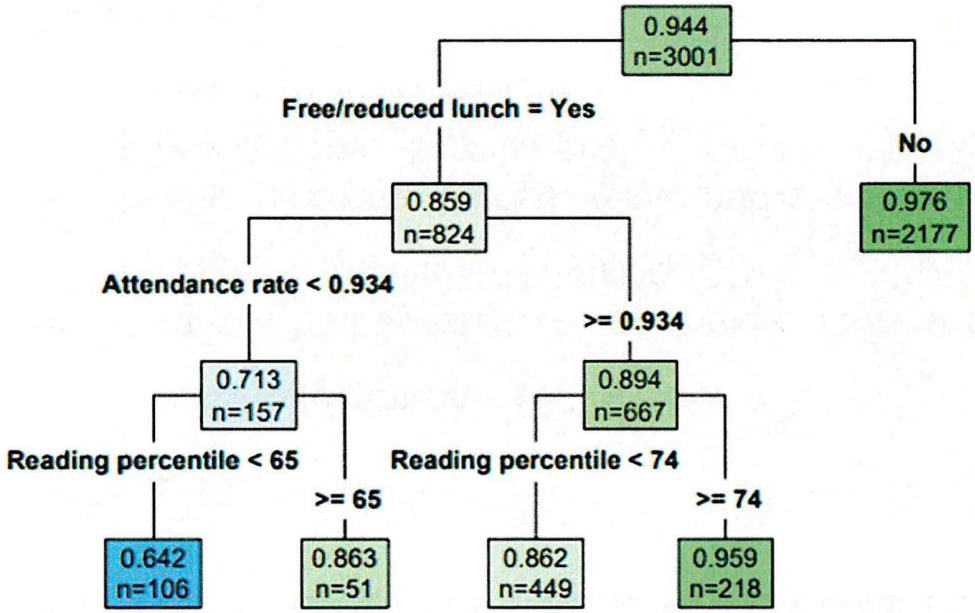
How can early childhood experiences support Emergent Literacy Skills?

- Literacy Rich **Environments**
  - Colorful cozy spaces where children can read and for small group read alouds
  - Books designed to encourage interaction (tactile, pictures, topics)
  - Sticky notes and pencils in reading area so kids can identify their favorite books
  - Books located where children can easily reach them
  - Interest areas
- **Interactions** that support Literacy
  - Foundations: Scribbling, singing, rhyming, labeling all items in the room to encourage reading/object learning, playing games
  - Read aloud techniques (ex. see, show, say)
  - Talking with children and responding to their communication
  - Encouraging children to communicate by staff initiating conversations and asking appropriate questions
  - Staff use of books with children and encouraging children's use of books through positive interactions



Good Data can point us in the right direction



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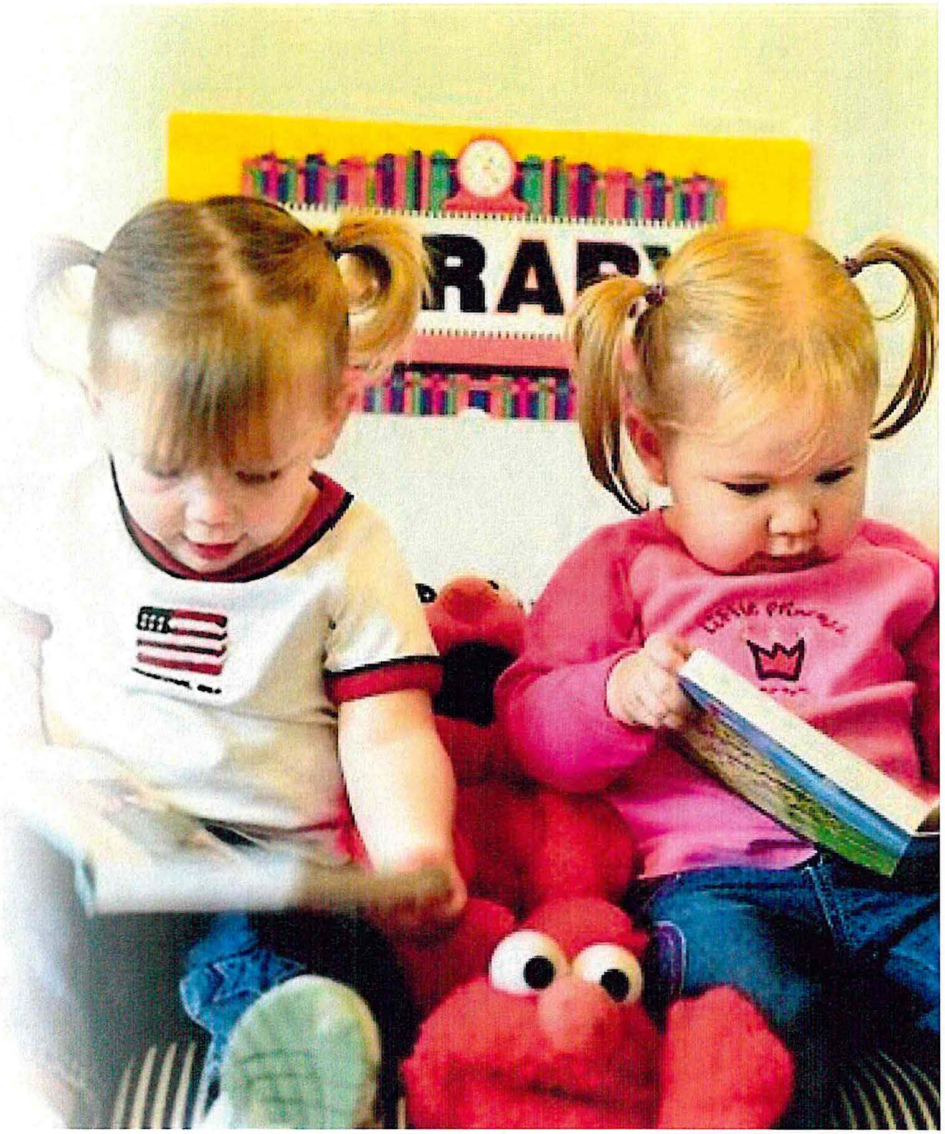


HOUSING INITIATIVE | EVICTION PREVENTION AND HOUSING STABILIZATION ($14.5 million)

WHAT?

- ✓ Eviction prevention - $3.5 million **
- ✓ Targeted rent assistance for people at highest risk of housing instability - $10 million **
- ✓ Home Renovation incentives to address accessibility modifications - $1 million **

*** - Designated as one-time funding / SIIF*



Housing is...

- The largest item in most household budgets (unless you have small children – then it's likely child care)
- A top barrier to transition from institution to community
- A risk factor in child neglect and a barrier to successful family reunification
- A challenge for successful transition from prison to community and a risk factor for criminal recidivism

WHY?

Strategically targeting interventions that address household budget gaps can prevent the spread of crisis and instability.

Housing is a prerequisite for workforce growth

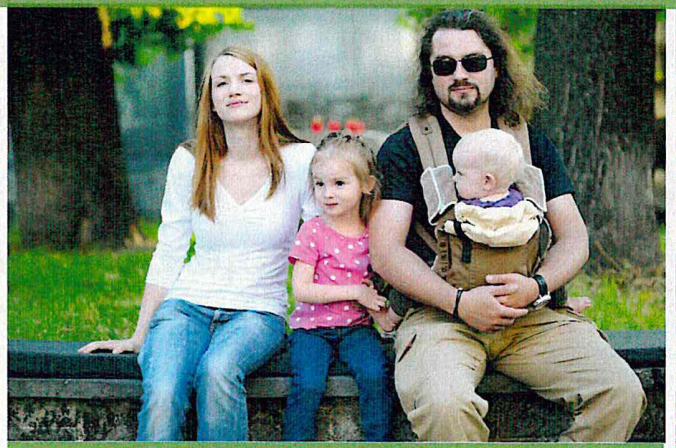
Can you find it?



Availability

Population change
Housing supply (new & existing)
Housing mix
Infrastructure
Construction labor force

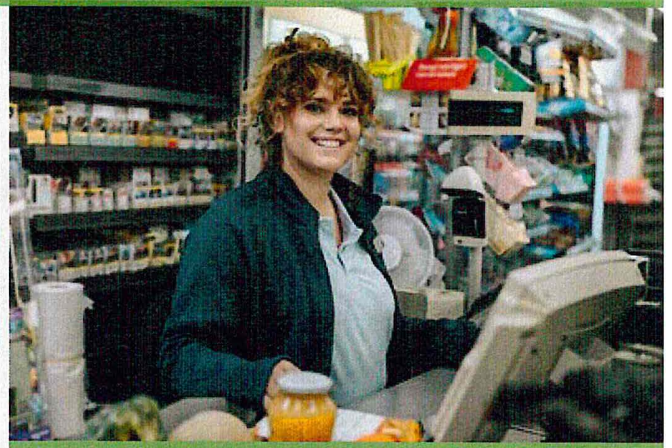
Can you afford it?



Affordability

Housing costs
Household income
Life stage costs
(child care, services)
Budget constraints
Regulation

Can you keep it?

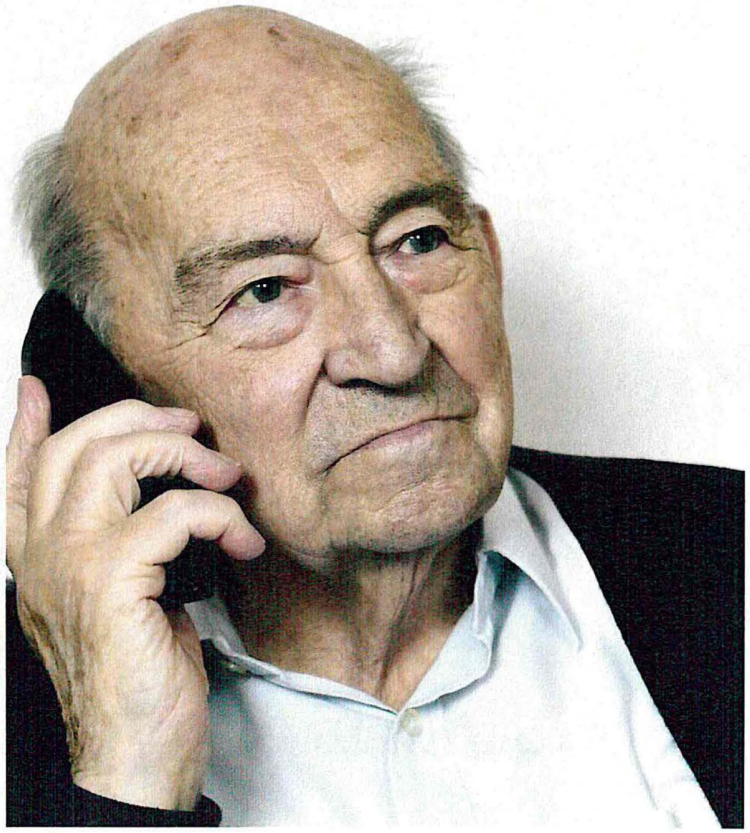


Stability

Accessibility
Income changes
Health needs
Homelessness
Family disruption

Lowest income renters need help to compete in the marketplace.

- Someone's "willingness to pay" and "ability to pay" are not always the same thing.
- Competition for the lowest cost (market worthy) housing is always greatest.
- Lower income households can only shop in segments of the market where competition is greatest and vacancy rates are lowest.



Housing crisis is real.

- It affects people all over the state
- Make sure when it occurs -- wherever it occurs -- that it's rare, brief and solvable.



A supply strategy alone is not enough.

- Lower income workers can't afford rent levels that even meet minimum property operating costs.
- Some market demand segments don't match up well to market price realities.
- You can't just build your way out of this market mismatch.



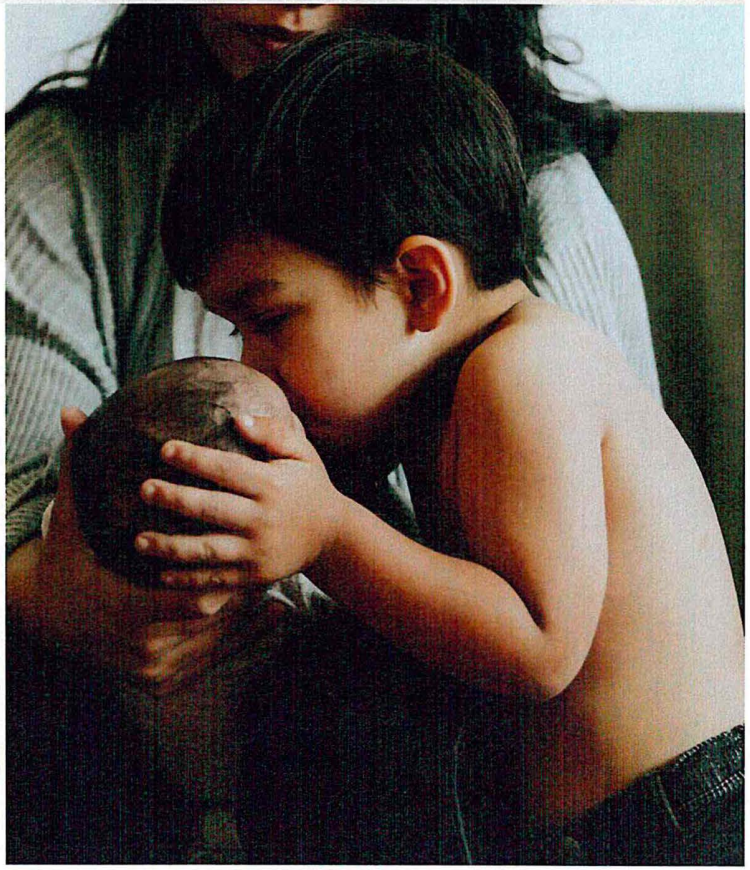
A demand strategy alone is not enough.

- Demand side strategies can bridge many market gaps but, alone is not enough.
- People first need to find a place to live that meets their needs and then be able to pay for it.
- Appropriately flexible gap assistance can bridge affordability gaps.



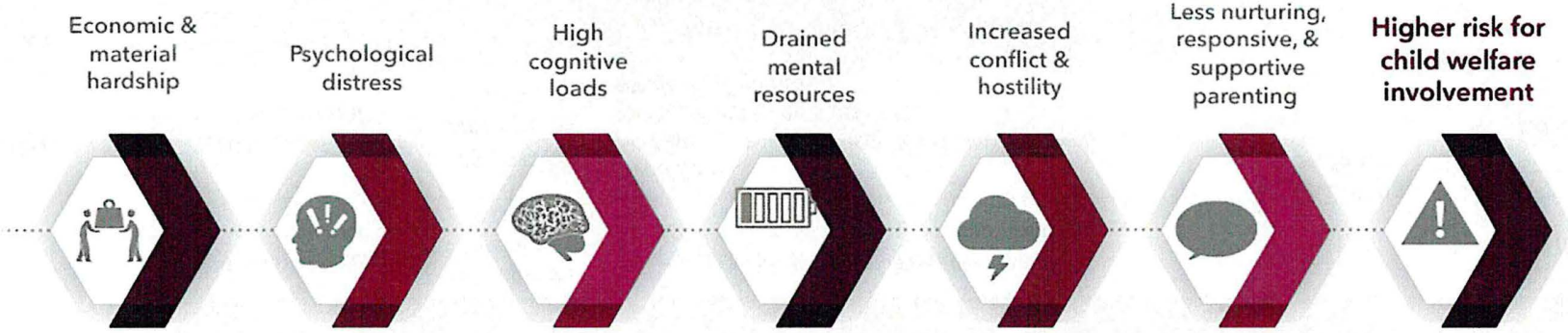
Services without housing are rarely effective.

- A person can't focus on their physical health or their mental health if their most basic needs aren't met.
- Having a place to live is a first order need.
- Housing status is foundational to a person's ability to build a life for themselves and their family.



How might economic and material hardship Impact parenting and child wellbeing?

Family Stress Model



> It's not that people who are struggling to make end meet aren't well-qualified parents. It's that lack of financial resources creates stressors that make it more difficult to solve problems.

(Conger, 1994) (Neppl, 2016) (Duncan, 2014) (Mistry, 2002) ices

Data aggregated by: Anderson, C., Grewal-Kök, Y., Cusick, G., Weiner, D., & Thomas, K. (2023). Family and child well-being system: Economic and concrete supports as a core component. [Power Point slides]. Chapin Hall at the University of Chicago.

Working families with jobs that don't pay high wages often fall into the "hardship gap"

"Hardship Gap"

Earned Income is greater than poverty level but less than cost of living

Working but falling short of self-sufficiency even after supplementing wages with public benefits

Household Income*		...where programmatic Eligibility Ends	% of state population	Typically able to meet basic needs without assistance
20-50% of federal poverty level	*12% of state median income*	*Temp Assistance for Needy Families (TANF)* *Medicaid (full coverage for the entire family)*	*10-12% of state population*	*No (0%)*
100-140% of federal poverty level	*25-35% of state median income*	*Head Start* *Medicaid (medically needy (aged/blind/disabled))* *Medicaid (children ages 6-19)* *Medicaid (Expansion)*		*No (0%)*
200-250% of federal poverty level	*50-60% of state median income*	*Supplemental Nutrition Assistance (SNAP)* *Children's Health Insurance (CHIP)* *Low Income Home Energy Assistance (LIHEAP)* *Women Infants and Children (WIC)* *Earned Income Tax Credit (EITC)* *Free-Reduced Lunch (FRL)* *Housing Choice Voucher (Sec 8)*	*28-30% of state population*	*Maybe (20%)*
350% of federal poverty level	*85% of state median income*	*Child Care Assistance (CCAP)*		*Likely (50%)*

**Income levels described in this table are intended to communicate estimated ranges of eligibility; they are not a precise accounting of each program's unique eligibility rules*

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350% of federal poverty level	*85% of state median income*	*Child Care Assistance (CCAP)*		*Likely (50%)*

85% of child neglect reports involve families with income **<200% of federal poverty level** (FPL)

A family with income at or **below 100% of FPL is 22x more likely** to be involved in child protective services

**Income levels described in this table are intended to communicate estimated ranges of eligibility; they are not a precise accounting of each program's unique eligibility rules*

Many federal assistance programs are designed to help individuals and families who earn less than 60% of State median income (SMI)

60% SMI is roughly equivalent to 250% of the federal poverty level

	Federal Poverty Level		30% SMI		60% SMI		85% SMI		100% SMI		150% SMI	
Household Size	Annual Income	Hourly Wage	Annual Income	Hourly Wage	Annual Income	Hourly Wage	Annual Income	Hourly Wage	Annual Income	Hourly Wage	Annual Income	Hourly Wage
2	$ 19,720	$9.48	$ 23,359	$ 11.23	$ 46,717	$ 22.46	$ 66,183	$ 31.82	$ 77,862	$ 37.43	$ 116,793	$ 56.15
3	$ 24,860	$11.95	$ 28,855	$ 13.87	$ 57,710	$ 27.74	$ 81,755	$ 39.31	$ 96,183	$ 46.24	$ 144,274	$ 69.36
4	$ 30,000	$14.42	$ 34,351	$ 16.51	$ 68,702	$ 33.03	$ 97,328	$ 46.79	$ 114,503	$ 55.05	$ 171,755	$ 82.57
5	$ 35,140	$16.89	$ 39,847	$ 19.16	$ 79,694	$ 38.31	$ 112,900	$ 54.28	$ 132,823	$ 63.86	$ 199,235	$ 95.79
6	$ 40,280	$19.37	$ 45,343	$ 21.80	$ 90,686	$ 43.60	$ 128,472	$ 61.77	$ 151,144	$ 72.67	$ 226,716	$ 109.00
7	$ 45,420	$21.84	$ 46,374	$ 22.30	$ 92,747	$ 44.59	$ 131,392	$ 63.17	$ 154,579	$ 74.32	$ 231,869	$ 111.48
8	$ 50,560	$24.31	$ 47,404	$ 22.79	$ 94,808	$ 45.58	$ 134,312	$ 64.57	$ 158,014	$ 75.97	$ 237,021	$ 113.95
9	$ 55,700	$26.78	$ 48,435	$ 23.29	$ 96,870	$ 46.57	$ 137,232	$ 65.98	$ 161,449	$ 77.62	$ 242,174	$ 116.43
10	$ 60,840	$29.25	$ 49,465	$ 23.78	$ 98,931	$ 47.56	$ 140,152	$ 67.38	$ 164,884	$ 79.27	$ 247,326	$ 118.91

2023-24 State Median Income (SMI); Hourly wage is calculated assuming 2,080 hours worked per year per annual income range noted

Multiple wage earners could combine earnings to attain the noted household (HH) income / hourly wage.

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70% of jobs in the ND labor market pay an average wage of $30/hour or less







Less than $16 / hour	$16 - $22 / hour	$22 - $30 / hour	$30 - $38 / hour	>$38 / hour
Childcare worker	Home health/PT aide	Carpenter	Rotary drill operator	Industrial Engineer
Waiter/Waitress	Personal care aide	Loan processor	HR specialist	Constr mgr
Dishwasher	Receptionist/secretary	Correctional officers	Accountant	Gen/Op mgr
Bartender	Restaurant cook	Auto service tech	Electrician	Dental hygienist
Fast food cooks	Preschool teacher	Surgical tech	PR specialist	Loan officer
Cashiers	Assemblers	EMTs & paramedics	Counselor	Lawyer
Hotel clerk	Maintenance workers	Roofer	Police	Sales mgr
Maid/Housecleaner	Nursing assistant	Real Estate Sales	Registered Nurse	Software dev
Farm Worker/Laborers	Substitute teacher	Lic Practical Nurse	Comp network specialist	Veterinarian
	Stocker/order filler	Dental assistant	Speech pathologist	Pharmacist
	Landscaping/grounds	Firefighter	Production supervisor	Physician
	Janitor	Clergy	Occupational therapist	Dentist
	Laundry/Dry cleaning	Architectural drafter		Psychologist
	Legal secretary	Social worker		
		Hotel manager		
		Light Truck driver		
47,960	**112,430**	**121,150**	**64,390**	**52,920**
# of people employed in a job with average wage of <$16/hour *represents* *12% of total jobs*	*28%*	*30%*	*16%*	*13%*

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Source: Job Service ND 2023 Employment and Wages by Occupation dataset | median wage by occupation; 386,920 jobs included in statewide wage summary

Opportunity for differentiated response to prevent crisis from spreading

Most reliable **economic predictors of child welfare involvement**



(Conrad-Hiebner, 2020 systematic review)

Strongest predictors of **investigated neglect reports**



(Slack, 2011 cross-study comparison)

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Data aggregated by: Anderson, C., Grewal-Kök, Y., Cusick, G., Weiner, D., & Thomas, K. (2023). Family and child well-being system: Economic and concrete supports as a core component. [Power Point slides]. Chapin Hall at the University of Chicago.

To be addressed in Section Detail

#4: Compare division request/recommendation totals, including FTE

#5: New positions approved by 23-25 Legislative Assembly, including timing and funding

#6: Discuss employee turnover and vacancies

#7: Funding included in each program line

Comparison of budgets and funding

Armstrong Administration Budget by Major Expense (Millions)

Description	2023-25 Budget Base	Increase/ (Decrease)	2025-27 Base Budget
Salaries and Benefits	$ 200,784,510	$ 26,702,773	$ 227,487,283
Operating	99,707,808	38,825,315	138,533,123
IT Services	60,778,812	14,189,525	74,968,337
Capital Asset Expense	682,979	729,295	1,412,274
Capital Assets	173,152	94,711	267,863
Grants	1,559,815,659	114,852,035	1,674,667,694
Total	**$ 1,921,942,920**	**$ 195,393,654**	**$ 2,117,336,574**

General Fund	**$ 639,975,231**	**$ 89,626,397**	**$ 729,601,628**
Federal Funds	**1,019,795,406**	**79,842,352**	**1,099,637,758**
Other Funds	**262,172,283**	**25,924,906**	**288,097,189**
Total Funds	**$ 1,921,942,920**	**$ 195,393,655**	**$ 2,117,336,575**

vices

Comparison of budgets and funding

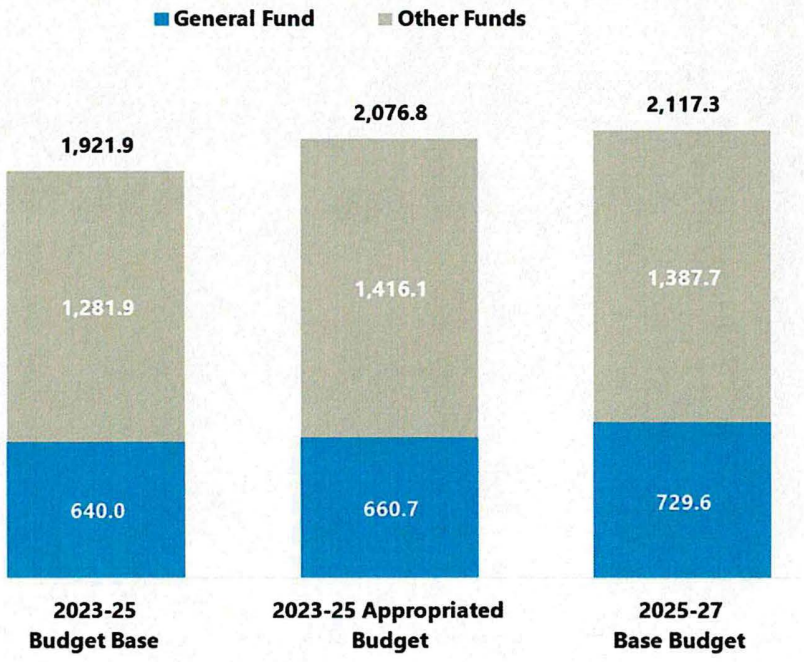
By Base Budget, Current Appropriated Budget, and 25-27 Base Budget (Millions)

23-25 Appropriated includes:

- Legislative Session changes one-time – $21.085 M (DD Family Caregiver, HB 1540 quality contracts, CCAP quality tiers)
- Carryover requests for COVID-era one-time funding - $133.596 M (multi-biennia COVID-era funding - Eviction / Foreclosure Prevention, 10% HCBS Capacity Fund, ARPA Child Care, Vulnerable adults, HB 1540 Child Care Assistance, Research-based Year-before Kindergarten Programs)

25-27 Base compared to 23-25 Base:

- Cost to continue programs (utilization and cost) - $81.19M (Child care assistance, child welfare, developmental disabilities, LIHEAP and SNAP)
- Does not include previous one-time funded items - $21.085 M (child care grants, child care assistance quality tiers)
- Increase in general fund primarily due to FMAP shift (DD), increases in cost to continue for child care assistance and the general fund portion of provider inflation and salary increases
- Increase in federal funds primarily due to cost to continue (ex. SNAP)



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#8: Purpose and use of one-time funding items

&

#9: One-time funding items requested 2025-27

2023-25 One-time funding

One-Time Funding - $21,085,000

- $2,500,000 – Family Caregiver program
- $3,000,000 – HB1540 Early Childhood infrastructure contracts (quality coaches, business coaches)
- $7,000,000 – HB1540 Child Care Grants
- $5,000,000 – HB 1540 Working Parent Child Care Relief
- $3,000,000 – HB 1540 Child Care Assistance quality payment tiers
- $585,000 - Grants to homeless outreach / engagement providers

Large Carryover Items – One Time – $133.6 million

- $23.5 million - 10% HCBS Capacity funds (one-time COVID funds, multi-biennia)
- $89.4 million – Emergency Renter and Homeowner Assistance / Eviction Prevention, child care, aging, infant development (one-time COVID funds, multi-biennia)
- $9.5 million – Working Parent Child Care Relief funding allocation from 2021 special session
- $3.2 million – Money Follows the Person capacity building
- $3.6 million – Aging ADRL, adult protective services, respite, CFS Family First transition

2025-27 Executive Budget Recommendation
One-time funding

- Retire Economic Assistance and Medicaid legacy systems on mainframe - $4 million *
- Conversion of DD eligibility assessment tool for kids (ICAP to SIS) - $400,000
- Implement comprehensive Vocational Rehab technology system - $8 million
- LSTC Roof for Cedar Grove - $712,480
- Best in Class expansion - $6 million
- Child care grants and shared services - $5 million
- Early childhood quality infrastructure - $3 million
- Inclusion support for child care - $172,500
- Access to outcome measurement system for quality rated child care programs - $100,000
- Quality tiers in Child Care Assistance payments - $3 million
- Housing assistance for people at risk of housing instability - $10 million
- Eviction prevention programs - $3.5 million
- Home renovation incentives for accessibility - $1 million

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#10: Fees charged by agency, including amounts and uses

Fees

- Life Skills Transition Center – Variable fee-based delivery of services to people with disabilities
  - Revenue per biennium - $44,768,281.43
- Child Support User Fee – $5 - $35, and $550
  - Revenue per biennium - $670,851
- Child Care Licensing - $15 - $95
  - Revenue per biennium - $82,962

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#11: Federal state fiscal relief funds to be spent, including purpose, amount and timeline

State Local Relief Funds

- ARPA State Local Relief Funds yet to expend = $0
  - Child Care Assistance - $7.4 million; 100% expended
  - Working Parent Child Care Relief - $9.6 million; returned $7.8 million to OMB as unobligated in Nov 2024
- Other time-limited funds
  - Housing Stability and Eviction Prevention – 9/30/25 expenditure deadline; $200 million original award; anticipate 100% expenditure by end of grant period
  - Homeowner Assistance Fund – 9/30/26 expenditure deadline; $50 million original award; anticipate 100% expenditure by end of grant award period
  - 10% HCBS Capacity Building Fund (Section 9817) – 12/31/2025 expenditure deadline; anticipate 100% expenditure by end of fund expenditure period

#13: Any other bills being considered and their potential budgetary impact on HHS

Other bills

- HB 1034 – re-establishment of terminated parental rights
- HB 1066 – establishment of a programmatic wage for the Senior Community Employment Program (SECEP)
- HB 1119 – streamlined child care licensing framework
- SB 2107 – child care licensing and training timeline
- SB 2112 – youth served by Life Skills Transition Center
- SB 2138 – grants to organizations providing care for the elderly

#12: Need for any other sections to be added to the Appropriations bill

None at this time

#14: One-page itemized listing of any changes needed to executive budget recommendation

N/A

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DATE: January 8, 2024

TO: Representative Emily O'Brien, Chairman
Legislative Audit and Finance Review Committee

FROM: Jessica Thomasson, Executive Director, Human Services Division
Cory Pedersen, Director, Children and Family Services
Kristen Hasbargen, Director, Human Service Zone Operations

RE: HHS State Audit Report for the Two-Year Period Ended June 30, 2023
Finding 2023-03: Children in Suspected Abuse Situations Not Being Contacted Timely

The State Auditor's Office (SAO) has examined adherence to child welfare policy for several consecutive audits. While an important tool, SAO reviews as conducted for the purpose of the state audit are not consistent with the practices HHS uses when conducting compliance reviews as per federal guidelines. There are variations in sampling methodology as well as other methodological differences, including as an example, decisions about how to account for allowable exceptions to policy when determining compliance.

North Dakota child welfare policy, as is typical in all states, denotes exceptions to expectations of timely visits for a variety of reasons, including when:

- Law enforcement assistance is necessary because the information indicates a crime may have been committed or worker safety is in question and no law enforcement assistance is immediately available.
- Law enforcement requests a delay.
- Due to the child's location, access within the timeline is not possible (e.g., roads are closed due to extreme weather or the child currently out-of-jurisdiction).
- Additional time is needed for appropriate planning / logistics of the intervention (e.g., child needs to be interviewed separately from the parents and already has left school, etc.).

SAO Recommendation re Finding 2023-03 (2022-23 state audit):

We recommend the Department of Health and Human Services ensures face-to-face contact dates are entered into the Department's tracking system (FRAME) and to make sure those dates are accurate and monitored. We recommend the Department of Health and Human services ensure timely face-to-face contact with suspected victims of child abuse or neglect.

NOTE: 4th consecutive audit with this finding (2016-2017, 2018-2019, 2020-2021, 2022-2023)

HHS Management Response to Finding 2023-03:

HHS agrees with the finding that data related to face-to-face visits is not entered timely or consistently. While improvements have been made, North Dakota has not yet achieved compliance with child protective services policies.

HHS has adopted measures to define Standards of Administration for Human Service Zones, including a goal for 90% of face-to-face contacts within the specified time frames (A = 24 hours, B = 72 hours, C = 14 days), per NDCC 50-01.1-08. HHS provides Human Service Zones with real-time data and quarterly compliance snapshots, along with ongoing coaching and training to improve timeliness and data entry.

- When a child is reported as being in a safe place (e.g., school or hospital), the judgment about the time of the response must take into account the location of the safe place, how long the child will be there, access others have to the child's location, and a plan to keep the child safe until CPS can respond.

In cases where exceptions are warranted, the child protective services worker's timeline is secondary to the lead agency's timeline (ex. law enforcement). These situations are not considered non-compliant; rather they are examples of cross-agency collaboration in situations that are particularly sensitive.

When HHS monitors for compliance with policy related to timeliness of face to face visits, the Quality Assurance (QA) team reviews not only date field indicators in the mainframe system that is currently used to support child welfare services in North Dakota, but also in case notes which is where exceptions to policy are noted today.

Updated data outlining trends in compliance with Timeliness of Face to Face Visits

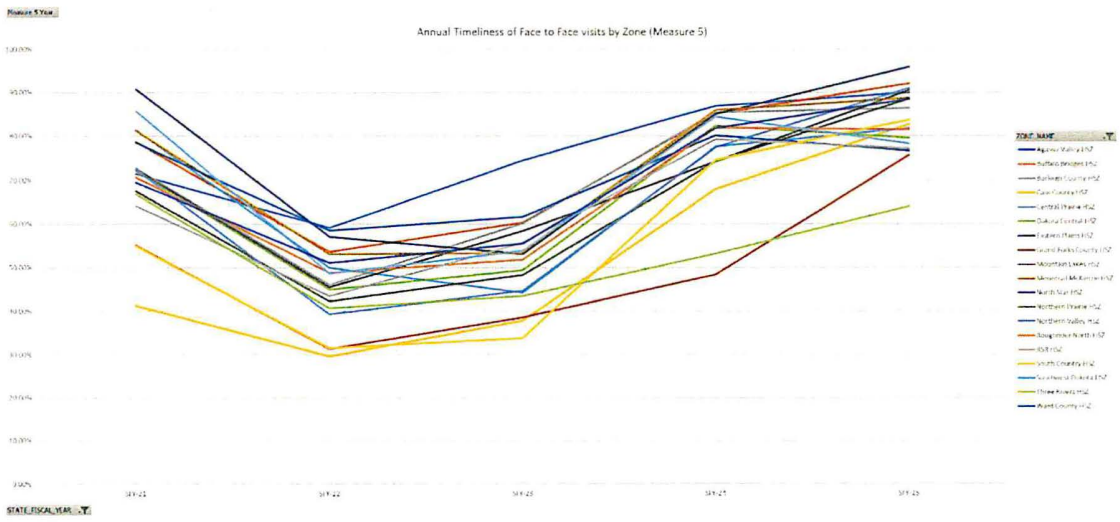
While HHS would agree that SFY2022 was a particularly challenging time for Human Service Zones regarding completion of timely face to face visits, the 17% reported in the SAO is not consistent with HHS' regularly completed compliance reviews. It is also significantly different than the July 2022 State Audit measure, which was reported at 68%.

Both because the audit time frame is more than 2 years old, and because HHS' ongoing reviews have indicated continued improvement in compliance with this measure, the HHS Children and Family Services QA unit conducted an ad hoc review in September 2024 (in addition to their regular 6-month reviews). In September, HHS' CFS Field Support Specialists reviewed each of 73 randomly selected cases to determine if the case's face to face visits were timely, timely with exception, or untimely.

Of the 73 cases, the overall timeliness rate was 89%.

- 78% (57) - Timely, no exception to policy requested or required
- 11% (8) - Timely, exception to policy due to circumstances of case
- 11% -(8) – Untimely

The chart provides a visual representation of improvements in this measure over time, at a Zone level. The chart is based on 100% of active cases; the lines represent visits completed timely, as recorded in FRAME.



North Dakota is in the midst of its quadrennial federal review, known as CFSR R4. In addition to extensive stakeholder feedback and data gathering, this process will involve a review of North Dakota's compliance with policy that closely replicates the quarterly reviews already being completed by the HHS QS team. As of December 20, 2024, the process is approximately 50% complete. Of the 38 cases that have been reviewed so far, 9 cases were applicable to the Item 1 timeliness measure; 8 of those 9 cases (89%) were found to be in compliance, which means this will be deemed a Strength for ND's child welfare system, according to federal QA guidance.

As reference, when the QA team started its work in 2020, overall performance met expectations in 77% of the 26 cases deemed "applicable" for review (i.e., a face-to-face visit was required because the child remained in the home). Statewide performance declined in 2021 to only 40% of 32 applicable cases. However, statewide performance has since improved. The most recent reviews completed for January – September 2024 reflect compliance with state policy for 68% of the applicable 22 cases. Note: the benchmark established in North Dakota's PIP is 82%; the benchmark established in the Human Service Zone Standards of Administration is more reflective of state goals at 90%.

These numbers represent statewide performance; individual Zones either excel or struggle based on a variety of factors. HHS is committed to working collaboratively with Zones to help optimize performance across the entire state as consistency of service delivery is a hallmark of a quality child welfare delivery system.

Summary of efforts to improve performance related to core child welfare measures

HHS together with Human Service Zones, have been actively engaged in a series of efforts designed to help improve the overall quality of child welfare services in North Dakota, which includes compliance with state and federal policies and standards.

- January 2019 - North Dakota began implementation of its CPS **Social Service Redesign**, which transitioned delivery of human services from an individual county-based system to a network of 19 Human Service Zones. **Redesign of Child Protective Services** started simultaneous with overall Social Service Redesign.

- April 2019 - In response to the Sept 2016 federal review of NDs child welfare services, which include safety, permanency and wellbeing, the State was required to develop a **Program Improvement Plan (PIP)** to increase performance across the federal outcome and key system measures. The PIP was approved by the Children's Bureau in April 2019.

- January 2020 - Created a statewide **Quality Assurance team** to enable ongoing assessment of compliance, identifying in real time opportunities for training and technical assistance to further improve performance. The QA team provides information to field-based staff on 7 outcomes and 7 system measures every 6 months.

- September 2020 - Establishment of **Field Support Specialists** to help problem solve with Human Service Zone teams. FSSs are also able to support Zones who are experiencing temporary staff shortages and/or surges in volume in an effort to help maintain quality of service delivery.

- December 2020 - Began the working of implementing a new child welfare practice model with an updated safety framework to help drive improvements in child and family outcomes.

- January 2021 - Re-implemented **child welfare supervisor training** by UND CFS training center to better support the high number of staff who are new to the field or to their role.

- January 2021 – Implemented a centralized **Child Abuse and Neglect Intake** to improve consistency of response and routing of cases. A team of Zone team members from across the state work together to staff the intake line, coordinated by the Northern Valley Human Service Zone Director.

- August 2022 – Launched the statewide **Children in Need of Services (CHINS) team** to serve children who have not committed crimes out of the Juvenile Court system. A team of Zone team members from across the state work together to staff the CHINS team, coordinated by the RSR Human Service Zone Director.

- November 2022 - Launched the statewide **Continuous Quality Improvement (CQI) program**, including creation of cross-zonal teams to collectively analyze performance

- 2023–2028 – Initiate **major IT project** to implement a modern technology platform that can better support the work of the State, Human Service Zones, and community partners in advancing child safety, permanency and wellbeing in ND. The replacement of FRAME/CCWIPS with OCEANS is a 5 year initiative, projected to be complete in 2028.

- July 2023 – Internal **dashboards** for state and Human Service Zone staff to increase ability to access timely data for a base set of core metrics. The dashboards rely on data as it is reported in the state's current child welfare technology system. While there are some data limitations, the dashboards offer – for the first time - data that is refreshed daily at a Zone level.

- July 2024 – Second set of internal **dashboards** HHS rolled out to each Zone with real-time access to summarized data related to the five child welfare measures included in the HSZ **Standards of Administration** monitoring tool.

- January 2025 – Human Service Zones Standards of Administration **Quarterly Snapshot** available to each Human Service Zone for the first time. The Quarterly Snapshot summarizes Zone-specific data that is also consistent across all Zones. Note: Measure 5 in the snapshot shows performance related to timeliness of face-to-face visits, which is the subject of SAO Finding 2023-03.

- Ongoing – HHS has continued to work with Human Service Zones to shift **staff from foster care to child protective services** wherever appropriate and possible. As of September 2024, there are approximately 115 authorized FTEs who serve as front line CPS workers and supervisors in NDs 19 HSZs.

    - Vacancy rates in CPS worker positions have historically averaged between 10-20% of all authorized positions at any given time. As of December 2024, 5% of authorized front line CPS positions are vacant.
    - Human Services Zones have worked diligently to recruit and retain child welfare team members, particularly CPS workers; consistent and creative recruiting practices are returning results as turnover has begun to decrease over the last couple of years.

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Be Legendary.

DATE: January 8, 2024

TO: Representative Emily O'Brien, Chairman
Legislative Audit and Finance Review Committee

FROM: Jessica Thomasson, Executive Director, Human Services Division
Tina Bay, Director, Developmental Disabilities

RE: HHS State Audit Report for the Two-Year Period Ended June 30, 2023
Finding 2023-01: Workforce Retention Grants Not Monitored

Through American Rescue Plan (ARP) Section 9817, and in conjunction with the Federal Centers for Medicare and Medicaid Services (CMS), North Dakota's Health and Human Services agency was approved to dispense approximately $31.7 million through grants and pilot programs through a spending plan submitted to CMS in June of 2021.

One of the state's early Section 9817 Plan strategies focused on workforce availability and the impact workforce challenges have on access to services for people with disabilities. Recruiting and retaining well trained direct care staff to serve people's needs 24 hours per day, 7 days per week in geographies large and small is an ongoing challenge and consistently reported by the industry as a primary concern.

The "HCBS Workforce Recruitment and Retention Pilot" launched March 2022. (see Attachment A for guidance documents published for Agency providers and Attachment B for Individual providers)

- Program Duration: March 2022 (program guidance released) - October 2023 (last payment issued)
- Participating Providers: 61 agencies (28 DD, 33 AA) plus 525 individual QSPs (AA) and 417 individual DSPs (DD, Autism, and Medically Fragile self-directed)
- Workforce Impacted: 5,530 – approximately 4,588 individuals working for provider agencies and 942 working as individual providers
- Total dollars distributed: $7,899,914.76; $7,421,545.77 for retention and $478,368.99 for recruitment

In Summer 2023 HHS completed a mid-pilot report intended to evaluate how the state's HCBS providers had used the funds and what impact they saw from the pilot related to their ability to improve retention and recruitment of direct care workforce. The evaluation collected both qualitative and quantitative data through an online survey distributed to the 79 eligible agencies. (see Attachment C for copy of the 2023 evaluation report)

Note: The legislature also appropriated $2.5 million from the state's general ARPA State and Local Relief Funds allocation to allow HHS to operate a parallel workforce recruitment/retention program for direct care professionals working in Intermediate Care Facilities (ICFs) as these settings were not eligible for any programs funded through the Section 9817 HCBS initiative. HHS was able to weave these two funding sources together to create opportunities for providers to utilize workforce retention/recruitment incentives across a variety of setting types (see Attachment D for ICF direct care program guidance issued).

2022-23 Audit Report Follow Up

The State Auditor's Office (SAO) selected the HCBS retention element of the Section 9817-funded Workforce Retention and Recruitment Pilot as one of the initiatives it reviewed as part of the 2022-23 state audit.

In conducting its review, the SAO developed a "confirmation form" that was sent to a sampling of participating providers, to gather information directly from providers as to their use of funds.

The following is a summary of HHS' response to each of the items noted during the course of the SAO review.

Provider #1: A Spectrum of Care

SAO indciated that A Spectrum of Care paid 2 employees over the allowed $2,100 maximum.

- Employee A was paid $2,200, which is $100 over the allowed $2,100
- Employee B was paid $2,150, which is $50 over the allowed $2,100.

HHS sent findings and a recoupment letter to A Spectrum of Care on 10/23/2024 requesting the **recoupment of $150.00**. HHS received a check in the amount of $150.00 on 10/29/2024.

SAO Recommendation re Finding 2023-01 (2022-23 state audit):

We recommend DHHS identify whether there were other ineligible payments, and recoup funds for payments made to ineligible caregivers identified in this audit and through the Department's additional procedures.

We recommend DHHS develop ways to measure whether programs achieve the intended purpose.

HHS Management Response to Finding 2023-01:

The Department of Health and Human Services (HHS) agrees with the recommendation. HHS used Section 9817 funds from the American Rescue Plan Act to pilot a program supporting recruitment and retention of the direct care workforce in HCBS. At the time of the audit, the program was ongoing, and a post-implementation evaluation had not yet been completed. HHS will use gathered information to assess the program's efficacy and summarize lessons learned. HHS will follow its existing processes to recoup any funds not used according to program guidance, including those identified in this audit.

Provider #2: Anne Carlsen Center

SAO indicated that Anne Carlsen Center employees were not eligible for the retention incentive because they did not meet the eligibility requirements. The confirmation form Anne Carlsen Center returned to SAO indicated that 7 employees had worked less than 51% of their paid time in a non-institutional setting during the period for which the incentive was being requested.

HHS followed up with Anne Carlsen Center and verified that the above-noted individuals worked in an ICF (not an HCBS) setting and should have been paid under the ICF Workforce Retention incentive. HHS confirmed that these individuals had not already received payment under the ICF workforce retention incentive. HHS determined **no funds needed to be recovered**; HHS completed journal voucher entries to apply the payments made to the corrected program funding source.

HHS conducted an additional review of all retention payments made to Anne Carlsen Center (total of $300,300 paid to 172 employees). As part of this review HHS noted that 165 additional employees were not eligible for the HCBS retention incentive because they worked in an ICF setting and should have been paid under the ICF Workforce Retention Incentive. HHS confirmed that these individuals had not already received payment under the ICF workforce retention incentive. HHS determined **no funds needed to be recovered**; HHS completed journal voucher entries to apply the payments made to the corrected program funding source. HHS sent findings letter to Anne Carlsen Center on 10/31/2024.

Provider #3: Development Homes, Inc.
SAO indicated that Development Homes Inc. (DHI) had two areas of non-compliance.

- Employees were not eligible for the retention incentive because they did not meet the eligibility requirements. Development Homes, Inc. indicated on the confirmation form returned to SAO that one employee worked less than 25% of their paid time providing direct care supports or services to an individual who receives services via a state or federally funded HCBS program.

  HHS sent findings and a recoupment letter to Development Homes, Inc. on 10/13/2024 requesting the **recoupment of $2,000.00** for this finding, because the employee received an incentive not in accordance with program guidelines.

- Development Homes, Inc. was not passing all requested amounts through to employee caregivers, distributed incentive funds to administrative personnel or other personnel.

  HHS conducted a follow-up monitoring with Development Homes, Inc., and concluded that the "administrative personnel or other personnel" indicated on the confirmation form were Residential Habilitation Managers and Qualified Service Professionals; even though their "role" is not solely direct care, these staff did spend over 50% of their time with clients; and the ratio was even higher during the audit period. DHI verified on 11/8/2024 that each employee met the program requirements for providing direct care. HHS determined **no funds needed to be recovered** as the provider paid out the incentives according to guidelines.[1]

HHS conducted an additional review of all retention payments paid to Development Homes, Inc. (total of $251,000 paid to 182 employees). As part of this review HHS found that 2 additional employees were not eligible for the retention incentive because they did not meet the eligibility requirements. Employee A was paid $1,000 and Employee B was paid $1,000.

HHS sent findings and a recoupment letter to Development Homes, Inc. on 10/31/2024 requesting the **recoupment of $2,000.00** for this finding. A check in the amount of $4,000.00 was received 11/13/2024.

Provider #4: Helping Hands Care
SAO indicated that Helping Hands Care was not passing all requested amounts through to direct care employees, and that they had distributed incentive funds to administrative personnel or other personnel.

HHS followed up with Helping Hands Care, LLC and confirmed via e-mail on 4/17/2024 that the provider had mis-interpreted the intent of the SAO confirmation form. They had selected "other" for the two employees in question because their roles in the company are Owner and RN; however, these individuals did spend over 50% of their time with clients; the ratio was higher during the audit period.

Based on the additional information received, HHS determined that the payments were made within the program guidelines and **no repayment is required**. HHS sent findings letter to Helping Hands Care on 10/23/2024.[1]

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[1] NOTE: HHS notified SAO prior to the finalization of the audit that a person with a job title of "administrative or other" may also provide direct care so it is not accurate to disallow a person soley based on their job title, however, no changes were made to the audit findings.

Provider #5: Pride, Inc.

SAO indicated that Pride Inc. was out of compliance in two areas.

- Employees were not eligible for the retention incentive because they did not meet the eligibility requirements. Pride, Inc. identified on the confirmation form returned to SAO that the sample of 10 employees worked less than 51% of their paid time in a non-institutional setting during the period for which the incentive was being requested.

  HHS followed up with Pride, Inc and confirmed that the provider had made an error in completing the confirmation form. Pride, Inc. is not licensed to provide ICF services; as such, all services provided by Pride, Inc are considered HCBS services. The provider marked 0-50% in error; Pride, Inc. did provide the State an updated confirmation form on 4/8/2024. [2]

  Based on the additional information received, HHS determined that the payment was made within the program guidelines **and no repayment is required**.

- Employee retention incentive exceeded program guidelines.
  - Employee A was paid $2,368.01, which is $268.01 over the allowed $2,100.

HHS conducted an additional review of all retention payments paid to Pride, Inc. (total of $285,312.30 paid to 196 employees). As part of this review HHS found that Pride, Inc. paid 1 additional employee more than the max payment of $2,100. Employee B was paid $2,100.01, which is $0.01 over the allowed $2,100.

HHS sent findings and recoupment letter to Pride, Inc. on 10/23/2024 requesting the **recoupment of $268.02.** Check in the amount of $268.02 was received 11/6/2024.

[2] NOTE: HHS notified SAO prior to the finalization of the audit that the provider indicated they completed the form incorrectly, however, no changes were made to the audit findings.

Summary

SAO selected 10 agency providers (80 employees) in the work they did to determine adherence to program guidelines. These 10 selected agencies employed 1,209 people who received retention incentives, which represents 26% of all agency employees benefitting from the program.

Five of the 10 providers surveyed by SAO were identified as having areas of non compliance (described in detail in the memo above). These five providers received a total of $865,637.30 in incentive payments for 577 employees. HHS' review of each circumstance presented, along with additional validations for the 3 largest providers with areas of potential non-compliance, indicated a need to recover a total of $4,418.02 in payments that were made in a manner that was not in compliance with program guidelines.

Agency Providers	Total incentive received	Total employees receiving incentive	Requested recoupment* / # employees affected	Recoupment as % of total incentive
Anne Carlsen Center **	$300,300.00	172	$0.00 / 0	0.00%
Development Homes, Inc. **	$251,000.00	182	$4,000.00 / 3	1.59%
Pride, Inc. **	$285,312.30	196	$268.02 / 2	0.10%
Helping Hands Care	$9,150.00	6	$0.00 / 0	0.00%
A Spectrum of Care	$19,875.00	21	$150.00 / 1	0.75%
SUBTOTAL – subset of sample with some indication of non-compliance	**$865,637.30**	**577**	**$4,418.02 / 6**	**0.51%**
ABLE, Inc.	$133,110.00	75	$0.00 / 0	0.00%
CHI Friendship	$361,441.90	188	$0.00 / 0	0.00%
Good Samaritan Home Care	$10,420.00	5	$0.00 / 0	0.00%
HIT, Inc.	$365,500.00	220	$0.00 / 0	0.00%
Red River Human Svc Foundation	$212,050.00	123	$0.00 / 0	0.00%
Poppy's Promise	$39,100.00	42	$0.00 / 0	0.00%
SUBTOTAL – subset of sample with no indication of non-compliance	**$1,121,721.90**	**653**	**$0.00 / 0**	**0.00%**
TOTAL	**$1,987,359.20**	**1,209**	**$4,418.02 / 6**	**0.22%**

**100% of requested recoupments were received by HHS* ***HHS review of 100% of payments issued*

SAO selected 69 individual providers (QSP and SDS DSP) in their work to determine adherence to program guidelines. The 69 individual providers represented 7% of all individual providers benefitting from the program. None of the individual providers sampled returned any areas of non-compliance.

Individual Providers	Total incentive received	Total employees receiving incentive	Requested recoupment* / # employees affected	Recoupment as % of total incentive
Qualified Service Providers (QSP)	$964,425.00	525	$0.00 / 0	0.00%
Direct Service Providers Self Directed (SDS DSP)	$820,050.00	417	$0.00 / 0	0.00%
TOTAL	**$1,784,475.00**	**942**	**$0.00 / 0**	**0.00%**

2025 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

HB 1012
1/16/2025

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

8:30 a.m. Chairman J. Nelson called the hearing to order.

Members Present: Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Berg, Mitskog, Murphy, O' Brien, Wagner.

Discussion Topics:

- Avel eCare
- Promotion/Prevention
- Early intervention
- Treatment
- Recovery
- Key principles
- Health School Grant
- Opioid Settlement Fund
- Vision
- Budget request

8:32 a.m. Mark Johnston, Director of Business Development, Avel eCare, presented an update on North Dakota's implementation.

8:44 a.m. Pam Sagness, Executive Director of Behavioral Health Division, Health and Human Services, testified and presented a division overview #29775.

9:23 a.m. Mark Johnston, Director of Business Development, Avel eCare, spoke to crisis care expansion.

9:24 a.m. Pam Sagness, Executive Director of Behavioral Health Division, Health and Human Services, testified and continued with testimony #29775, #29764, #29768, #29622

10:45 a.m. Laura Anderson, Policy Director of Behavioral Health Division, Health and Human Services, testified in favor of Certified Community Behavioral Health Clinics.

10:49 a.m. Pam Sagness, Executive Director of Behavioral Health Division, Health and Human Services, testified and continued with testimony #29775, #29633.

10:52 a.m. Antonia Berning Seilley, Director of Operational Development and Compliance of Behavioral Health Division, Health and Human Services, testified in favor

10:53 a.m. Pam Sagness, Executive Director of Behavioral Health Division, Health and Human Services, testified and continued with testimony #29775.

10:55 a.m. Dr. Ed Yabut, Medical Director, North Dakota State Hospital, Health and Human Services, testified in favor and presented an overview of services of the North Dakota State Hospital. #29775

11:08 a.m. Pam Sagness, Executive Director of Behavioral Health Division, Health and Human Services, testified and continued with testimony #29775.

11:30 a.m. Chairman J. Nelson adjourned the hearing.

Jan Kamphuis, Committee Clerk

NORTH [illegible]A BEHAVIORAL HEALTH WORKFORCE
LOGIC MODEL

PROBLEM	INTERVENING VARIABLE	STRATEGY	INTERMEDIATE OUTCOMES	LONG TERM OUTCOMES
Behavioral health workforce shortage (data)	1. Largely un-resourced committees or collaboratives focused on behavioral health workforce (no single entity responsible)	• Identify a single entity responsible to organize, plan, implement and monitor behavioral health workforce efforts	Resourced committees and/or collaboratives focused on behavioral health workforce	Behavioral health workforce is not in a shortage. (change in data)
	2. It is unknown if enough people entering behavioral health field to meet the need (colleges)	• Identify number of students entering and graduating in behavioral health and healthcare related fields in ND Universities/Colleges • Increasing interest among high school students and those entering college/career days	Increased number of people entering behavioral health field	
	3. Unknown capacity of ND Universities/Colleges for behavioral health workforce	• Identify programs/colleges/university options and capacity/number of the programs. • Host summit with universities, hosted by the Governor.	Known capacity of ND Universities/Colleges for behavioral health workforce	
	4. Unknown behavioral health workforce demand	• Determine the workforce demand (how many job postings/availability by profession) – survey current programs	Known behavioral health workforce demand	
	5. Not clearly defined career pathways or pipelines designed for those with no experience	• Assess current tuition assistance/financial support available. • Develop visual, documented paths (easy steps identified) to behavioral health careers – those starting career	Clearly defined career pathways or pipelines designed for those with no experience	
	6. Not clearly defined career pathways or pipelines designed for those with some healthcare experience	• Develop crosswalks for health/behavioral health professionals to enhance training. • Switching careers (peer support, social work, nurses, care coordination, etc.); retirees	Clearly defined career pathways or pipelines designed for those with some healthcare experience	
	7. Limited options for addiction training consortium	• Identify consortium capacity. • Expand addiction training consortium opportunities. • Development of a warm hand-off (colleges/ universities)/better awareness of training site options.	Increased options for addiction training consortium	
	8. Limited number of supervision sites and supervisors for licensing	• Identify capacity of supervision sites. • Identify bottlenecks and opportunities to ensure adequate number of supervision sites and supervisors by profession. • Development of a warm hand-off (colleges/ universities)/better awareness of training site options.	Increased number of supervision sites and supervisors for licensing	
	9. Licensure and certification complexities	• Conduct comprehensive review of licensure and certification requirements identifying barriers. • Identify opportunities to streamline licensure requirements across relevant boards for those seeking dual licensure. • Provide recommendations to licensing boards.	Streamlined licensure and certification requirements/processes	
	10. Licensure and certification reciprocity issues	• Conduct comprehensive review of licensure reciprocity. • Provide recommendations to licensing boards.	Additional reciprocity options for licensure and certification	
	11. Recruitment resources limited	• Research best practices and develop recommendations (i.e., loan repayment). • Develop and provide training and technical assistance resources.	Increased recruitment resources	
	12. Retaining quality behavioral health workforce	• Research best practices and develop recommendations. • Develop and provide training and technical assistance resources.	Quality behavioral health workforce is retained	
	13. Limited providers and access to services in rural communities	• Research best practices and develop recommendations (i.e., options for tele-health). • Develop and provide training and technical assistance resources.	Increased providers and access to services in rural communities	
	14. Underrepresentation of cultural-specific workforce (racially and ethnically diverse)	• Research best practices and develop recommendations. • Develop and provide training and technical assistance resources. • *Integrate with IV #6 work.	Representation of cultural-specific workforce (racially and ethnically diverse)	
	15. Difficulty with billing processes (business expertise)	• Research best practices and develop recommendations. • Develop and provide training and technical assistance resources.	Behavioral health providers have increased business/billing acumen	
	16. No certification/professional credential for prevention workforce	• Research best practices and develop recommendations.	Prevention professionals are certified	
	17. No certification/professional credential for mid-level workforce (care coordinators, rehab, etc.)	• Research best practices and develop recommendations.	Mid-level workforce is certified	

Consideration:

# of people interested in behavioral workforce	=	# Capacity of behavioral health professional training programs (at colleges/universities)	=	# Capacity of training sites	=	# of job opportunities

NORTH DAKOTA BEHAVIORAL HEALTH WORKFORCE: *Next Steps*

October 2022

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www.wiche.edu/behavioralhealth

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Acknowledgements

The Western Interstate Commission on Higher Education Behavioral Health Program (WICHE BHP) wishes to acknowledge the members of the North Dakota Behavioral Health Strategic Plan's Aim 7 committee for their leadership role in creating the plan for this project, and their time, energy, and commitment to the cause of moving forward the work on behavioral health workforce in North Dakota. WICHE BHP especially recognizes and thanks Rebecca Quinn, Mandi-Leigh Peterson, Heather Brandt, and Lacresha Graham for their crucial roles in giving direction and assistance to this project, and as the Aim 7 Committee's points-of-contact.

Aim 7 Committee:
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Sonja Bauman, Healthcare Workforce Initiative, University of North Dakota
Kelly Nagel, Systems and Performance, Department of Health and Human Services
(and Bevin Croft and Ebony Flint of the Health Services Research Institute)

Additionally, our sincere appreciation is extended to the dozens of key stakeholders and community members who contributed their time and input for stakeholder interviews, as well as the dozens of North Dakotans who gave of their time, expertise, and experience to participate in the North Dakota Behavioral Health Workforce Summit.

Background and Purpose

This report—*North Dakota Behavioral Health Workforce: Next Steps*—is the result of a collaborative project of the Aim 7 Committee, which was established through the North Dakota Behavioral Health Strategic Plan, and the Western Interstate Commission on Higher Education's Behavioral Health's Behavioral Health Program (WICHE BHP). The project included multiple objectives: research of past and current behavioral health workforce efforts in North Dakota ("discovery report"); conduct key stakeholder interviews; plan and host a Summit with community stakeholders; and, the reporting of a draft strategic plan and recommendations. This *Next Steps* report is the culmination of all of these objectives.

The Discovery

Behavioral Health Strategic Plan and Aim 7 Committee

For the past 15-plus years, behavioral health and workforce stakeholders have sought to understand and improve the behavioral health workforce situation across North Dakota. As early as 2007, North Dakota's behavioral health workforce stakeholders gathered in Bismarck at a Search Conference to discuss the workforce issues then faced. A report prepared by the Schulte Group in 2014 also included issues related to the behavioral health workforce. In 2015 and 2016, the state conducted a behavioral health assessment process resulting in a comprehensive report on gaps and related recommendations. From that report, the state acknowledged the need for a focus on behavioral health workforce and then conducted a thorough discovery and development of a behavioral health strategic plan in 2018. This first iteration of the plan included 13 goals (or "aims"), with the seventh one directed to addressing the behavioral health workforce gaps and needs identified.

Exhibit 1. Thirteen Categories from North Dakota Behavioral Health System Study

APRIL 2018 BEHAVIORAL HEATLH SYSTEM STUDY

Served as a component of interim legislative committee studies during the 65th Legislative Interim.
This report presents the findings from the North Dakota Comprehensive Behavioral Health Systems Analysis, conducted by the Human Services Research Institute (HSRI) for the North Dakota Department of Human Services' Behavioral Health Division.

The 250-page report provides more than 65 recommendations in 13 categories. This set of recommendations is intentionally broad and far-reaching; it is not expected, nor suggested, that stakeholders in North Dakota endeavor to implement all these recommendations at once.

1. Develop a comprehensive implementation plan
2. Invest in prevention and early intervention
3. Ensure all North Dakotans have timely access to behavioral health services
4. Expand outpatient and community-based service array
5. Enhance and streamline system of care for children and youth
6. Continue to implement/refine criminal justice strategy
7. Engage in targeted efforts to recruit/retain competent behavioral health workforce
8. Expand the use of tele-behavioral health
9. Ensure the system reflects its values of person-centeredness, cultural competence, trauma-informed approaches
10. Encourage and support the efforts of communities to promote high-quality services
11. Partner with tribal nations to increase health equity
12. Diversify and enhance funding for behavioral health
13. Conduct ongoing, system-side data-driven monitoring of needs and access

The Aim 7 goal was to: "Engage in targeted efforts to recruit and retain a qualified and competent behavioral health workforce." Within Aim 7 in the 2018 Final Report, the following were the recommendations:

7.1 Establish single entity for supporting workforce implementation (Short Term)
7.2 Develop single database of statewide vacancies for behavioral health positions (Short Term)
7.3 Provide assistance for behavioral health students working in areas of need in the state (Short & Long Term)
7.4 Raise awareness of student internships/rotations (Short & Long Term)
7.5 Conduct comprehensive review of licensure requirements/reciprocity (Short Term)
7.6 Continue establishing training/credentialing program for peer services (Short Term)
7.7 Expand credentialing programs to prevention/rehabilitation practices (Short & Long Term)
7.8 Support a robust peer workforce through training, professional development, competitive wage (Short & Long Term).

As the work progressed and some recommendations were completed, Aim 7 was revised and updated to reflect both the progress made and other needs having been identified since the publishing of the report in 2018. By April 2021, the committee and stakeholders had accomplished 13 percent of the objectives within the Aim. By October of that year, 40% of the objectives were achieved.

By April 2022, 75% of the work assigned under Aim 7 had been accomplished. Revisions were made to the Aim, changing from five goals and 15 objectives to 12 Action Steps, three Goals, and six Objectives.

Exhibit 2. Aim 7, October 2021 Dashboard

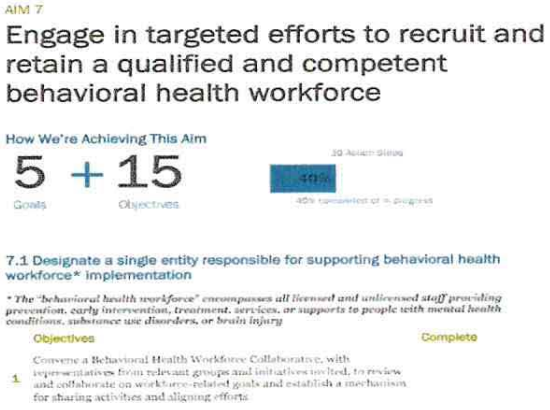


Exhibit 3. Aim 7, April 2022 Dashboard

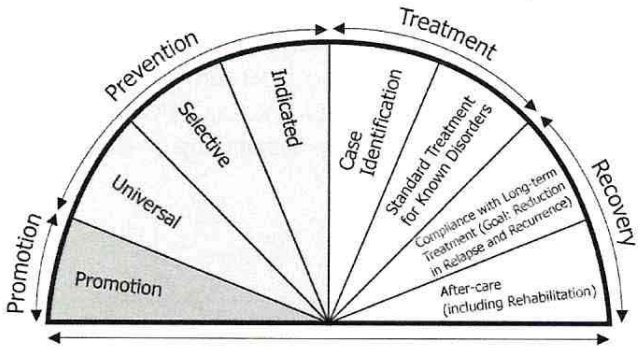


The prior action step of convening a Behavioral Health Workforce Collaborative remained. Notably, the first objective (7.1) had an additional action step added: "Select a contractor with expertise in Behavioral Health Workforce to facilitate a Behavioral Health Summit." Between May and September 2022, the Aim 7 committee worked with WICHE BHP to review the behavioral healthcare workforce efforts to date; design and plan for the Summit; and, participate in—and recommend others to participate in—key stakeholder interviews.

The committee spent significant time developing the agenda with WICHE BHP, with an emphasis on ensuring that there was sufficient opportunity for attendees to learn about current and past behavioral healthcare workforce efforts throughout the state, and also to provide input from their organizational or community perspectives. Additionally, the committee sought to allow for enough time in the agenda to allow for a framework for a strategic plan to develop, while also respecting attendees' time and energy by keeping the Summit to 12 hours over a two-day span.

Key Stakeholder Interviews

Interviews were held over the summer and early autumn. Key stakeholders represented a cross-section of North Dakota, including community- and state-based providers, mental health and substance abuse services, organizational position, and geography. These interviewees also represented every component of the continuum of care, from promotion through recovery. All interviews were conducted virtually, with some as one-on-one and others in groups, at a date and time chosen by the interviewees. Most interviews were an hour in length, although a few exceeded that timeframe, and a few were limited to 30 minutes. Interviewees were asked four broad questions: 1) What is top of mind when it comes to North Dakota's behavioral health workforce?; 2) What information and data best informs their perspective(s)?; 3) What one change would they make to either improve the behavioral health workforce environment or to mitigate known problems?; and, 4) Who else should be interviewed?



A multitude of perspectives and information were gained from these interviews. Seemingly no specific behavioral health workforce issue was left unidentified; taken as a whole, every aspect of the continuum was discussed, from promotion through recovery. Issues were broadly identified as the following:

- ✓ Primary/secondary student recruitment to behavioral health workforce
- ✓ Funding for services and workforce initiatives
- ✓ Career pathway development
- ✓ Career satisfaction
- ✓ Competition for workforce between organizations
- ✓ Internship and supervisory costs
- ✓ Loan repayment
- ✓ Data
- ✓ Occupational licensing boards capacity and coordination
- ✓ Scope of practice and credentialing
- ✓ Executive and legislative, statewide, state-to-local, local-to-local cooperation and coordination

These issues fell into four broad categories:

1. Collaboration, coordination, integration
   a. Strategy development and implementation infrastructure
   b. Data, including on varying initiatives and costs
   c. Accountability for decisions, gathering feedback, measuring impact
2. "Pipeline" and workforce recruitment and retention programs
3. Licensure, credentialing, and certification
4. Funding, capacity building, and other resources

The Summit

The Summit was held on September 25 and 26 in Bismarck. The Summit was open to all in the community, with key stakeholders contacted individually as necessary to ensure their participation. Across the two days, there were over 60 attendees hailing from all areas of the state. The intent of the Summit was threefold: 1) Review past and current (or anticipated) behavioral health workforce efforts; 2) Learn of behavioral health workforce efforts from other states; and, 3) Identify specific action steps toward creating a strategic plan.

There were five distinct "desired outcomes" for the Summit:

Desired Outcome #1: Prioritized list of workforce issues
Desired Outcome #2: Agreement on a consolidated list of prioritized work force issues
Desired Outcome #3: A list of workforce issues recommendations with respective recommendation action steps
Desired Outcome #4: Agreement on a consolidated list of work force issues recommendations with respective recommendation action steps
Desired Outcome #5—Agreement on Next Steps: A process for development of a draft strategic plan, drawing from this Workforce Summit's work products:
○ Workforce issues
○ Workforce issues recommendations with respective recommendation action steps

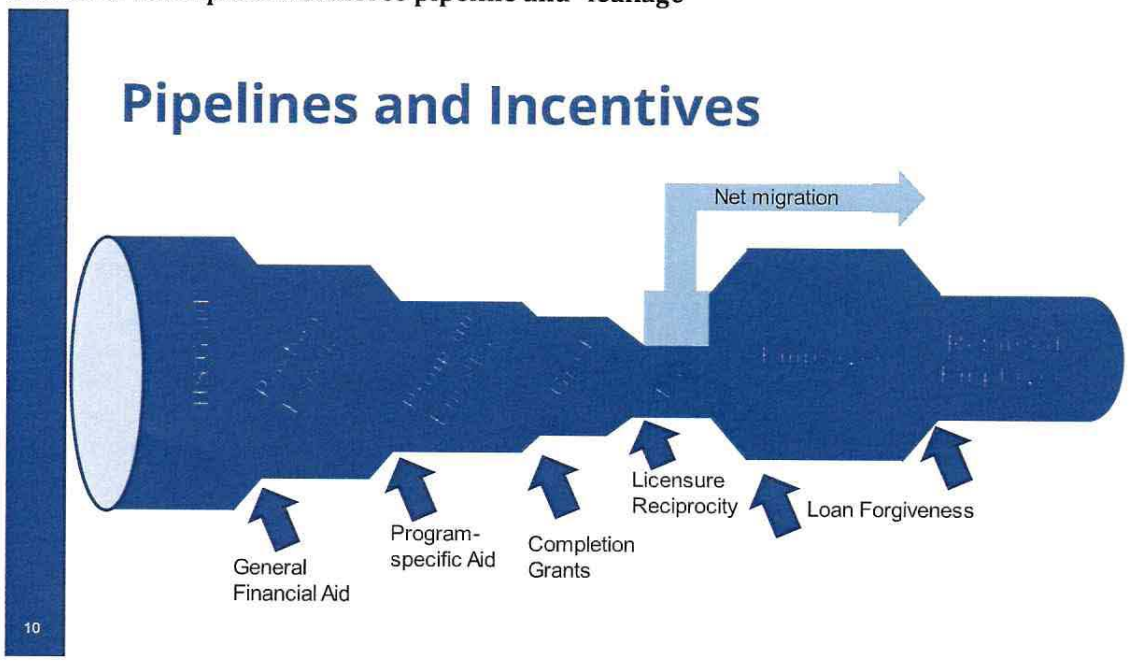
The agenda was designed to provide both sufficient time as a whole group to learn and raise issues, as well as small group opportunities for more in-depth discussion. Further, the agenda was tailored to offer strategic planning frameworks, including those in use by North Dakota in other efforts and from other states, such as the Behavioral Health Workforce Employment and Training project out of Plymouth State University.

Importantly, participants were guided toward identifying overarching categories, goals, objectives, and action steps. Emphasis was placed on answering as many of the following questions as possible about these recommendations and action steps: Who, When, Why, Where, and How. In particular, the breakout groups were asked to consider and identify timeframes for each of these levels and the 'who'. That is, to give some thought to the entity or entities, or groups that should lead and/or implement these action steps. All of the

Summit documents, including key reference material (e.g., North Dakota Behavioral Health Strategic Plan), were uploaded to an unique website for participants and the general public to access: **https://www.wiche.edu/policy-research/data-resources/north-dakota-behavioral-health-materials/**.

WICHE BHP presented data on the overall workforce environment across the WICHE states from a higher education and 'pipeline' perspective. Participants reviewed data showing areas of challenge and opportunity in North Dakota. Information presented showed that North Dakota, while faced with declining enrollment and completion rates as are neighboring states, also had possible competitive advantages.

Exhibit 4. Conceptual workforce pipeline and "leakage"



North Dakota is showing an increase in the population that is becoming workforce eligible, a result of the early-century oil boom and aging of children born since—an increase not seen in its neighbors.

These high school graduates are not the only source of potential behavioral health postsecondary students—adults increasingly make up a big chunk of postsecondary enrollees. However, they are representative of a potential source of employees for the behavioral health workforce. This trend is slightly different in North Dakota (below); however, the trend accelerates later but is steeper and longer.

Exhibit 5. National High School Graduation Rates

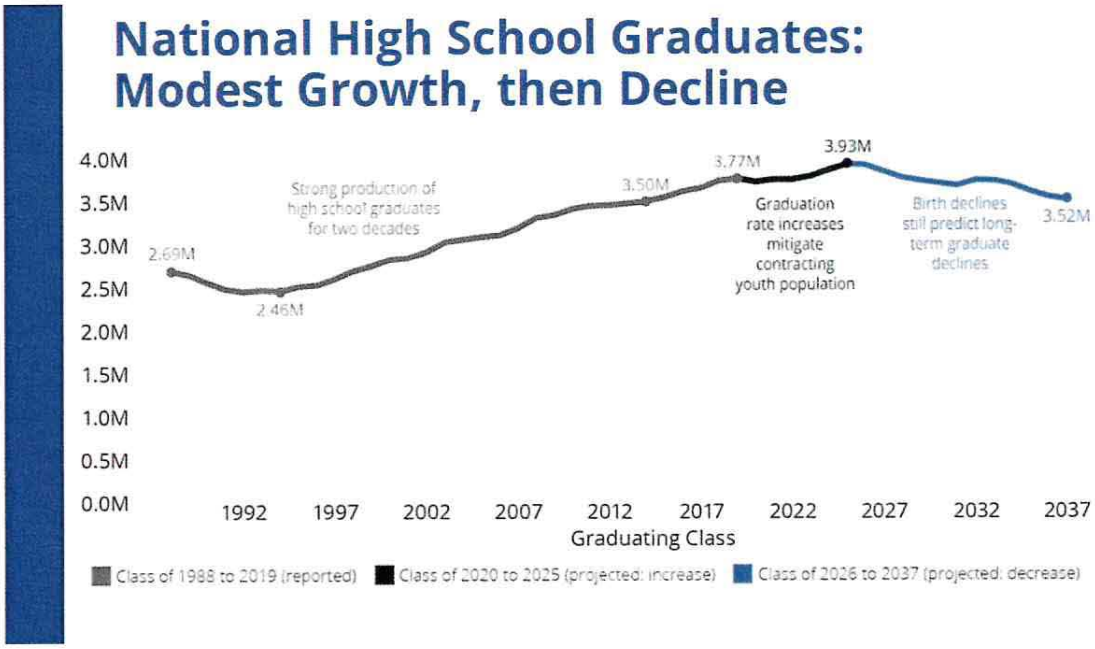
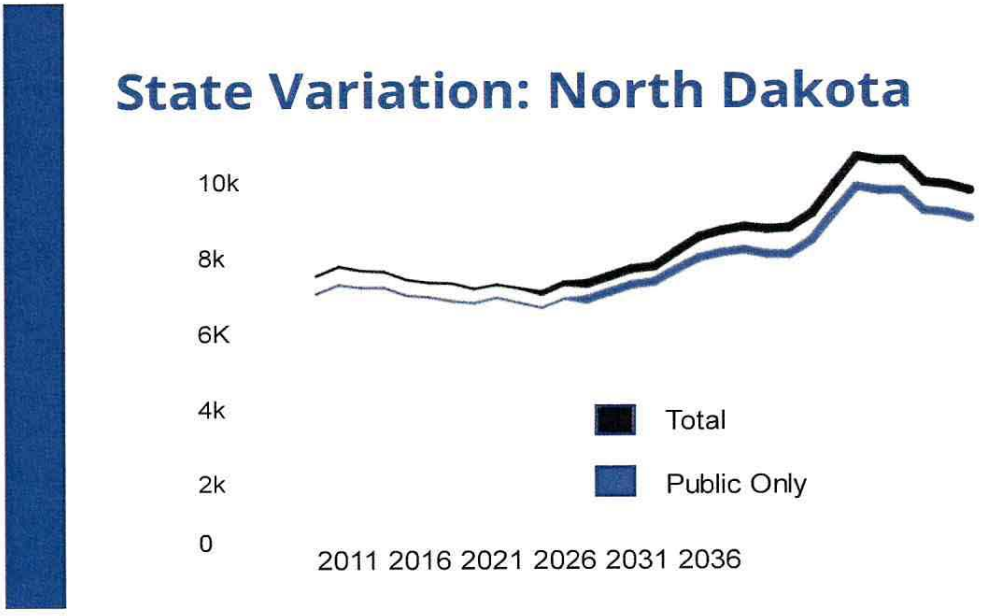
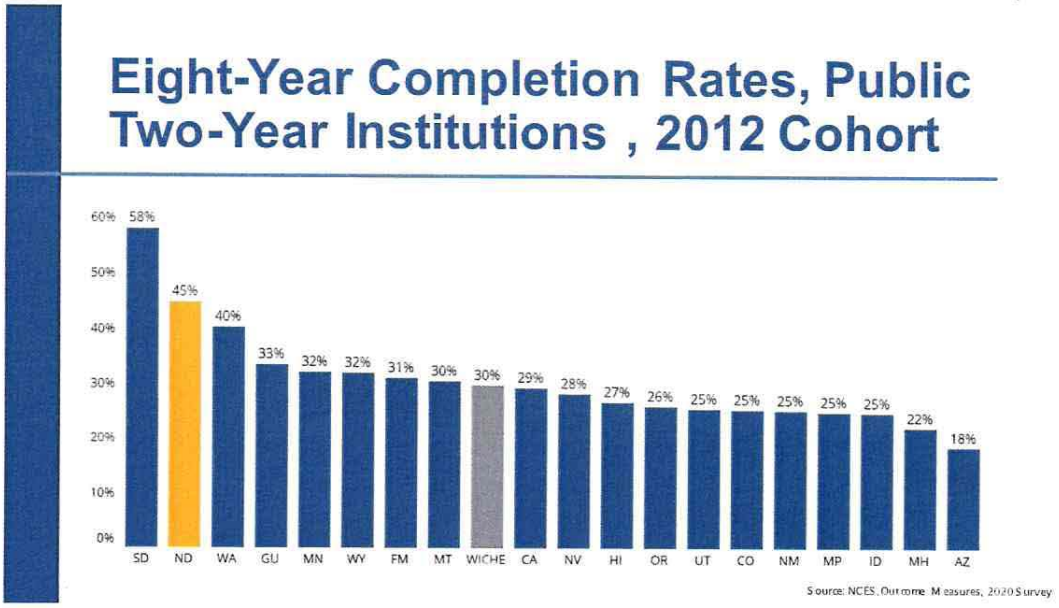


Exhibit 6. North Dakota High School Graduation Rates



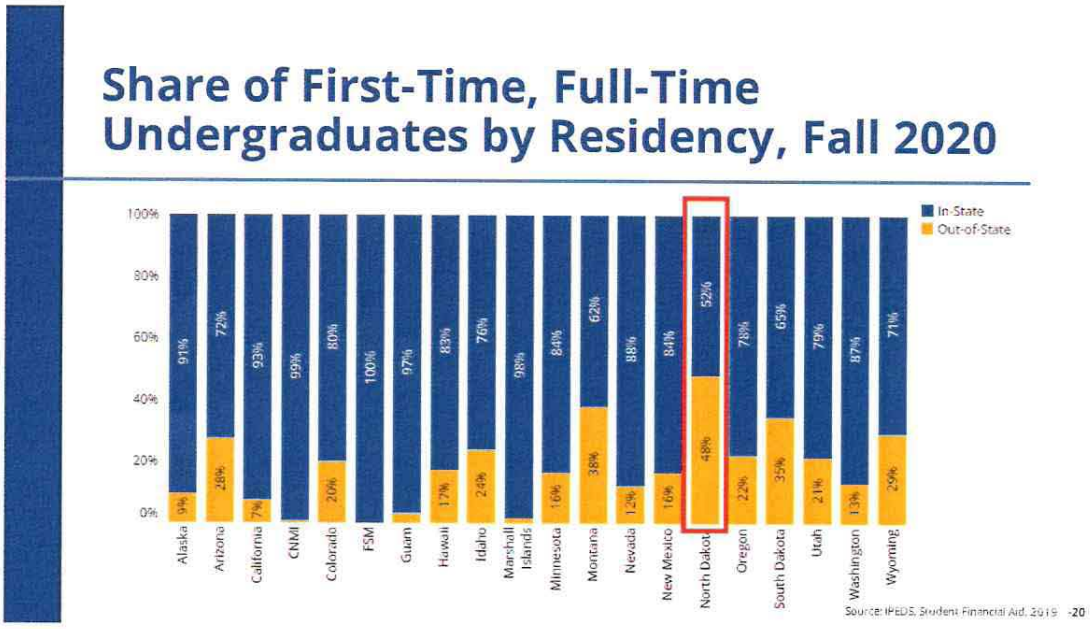
North Dakota is also witnessing a higher completion rate for two-year institutions than all but South Dakota in the western U.S.:

Exhibit 7. North Dakota High School Graduation Rates



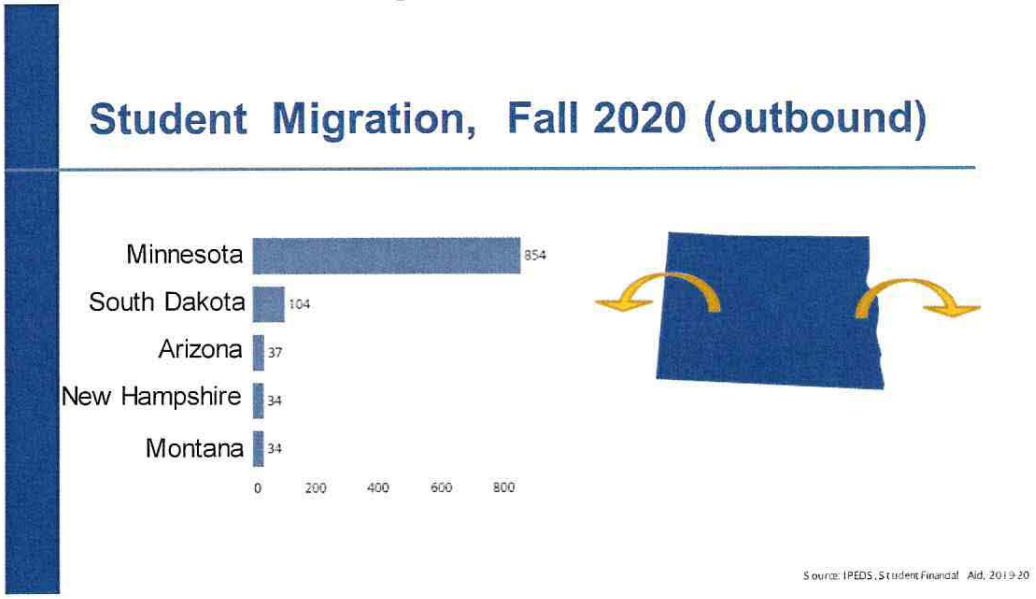
A challenge noted, however, is that North Dakota has a lower percentage of undergraduates who reside in North Dakota:

Exhibit 8. Residency of Undergraduates, Fall 2020



And while Minnesotans comprise the vast majority of student in-migration to North Dakota for college, they also are the largest number of students migrating out of North Dakota after graduating.

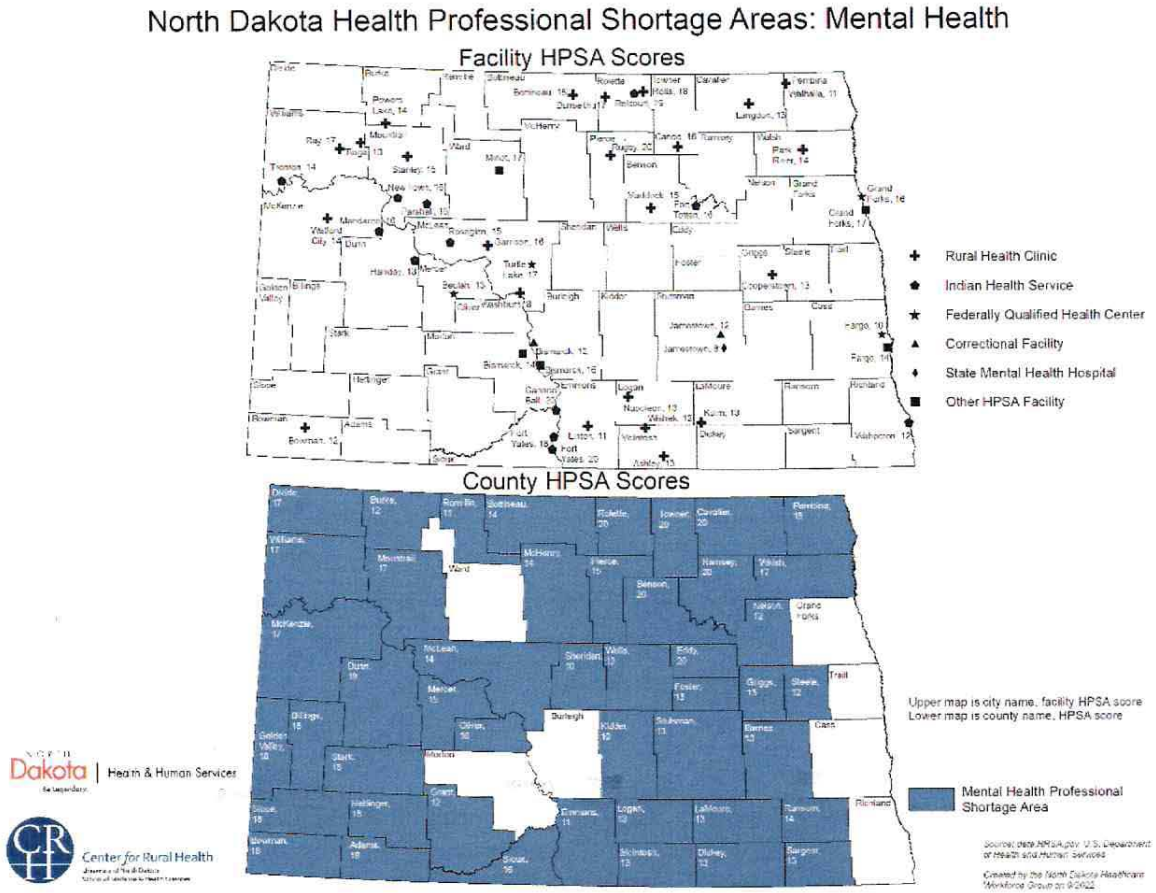
Exhibit 9. Student Outbound Migration



National and North Dakota Behavioral Health Professionals Data

Information was presented touching on some of the behavioral health professional trends and projections in North Dakota and nationally. Several of the maps contained in *The Behavioral Health Workforce in North Dakota: A Status Report, Behavioral Health Workforce Implementation Plan, Sixth Biennial Report (2021)* were presented, including this one displaying the vast parts of North Dakota considered Health Professional Shortage Areas (Exhibit 10):

Exhibit 10. Health Professional Shortage Areas—Mental Health



According to the Health Resources and Services Administration's National Center for Health Workforce Analysis (Exhibit 11):

"Between 2017 and 2030, the total supply of all psychiatrists is projected to decline as retirements exceed new entrants. Rapid growth in supply of psychiatric nurse practitioners and psychiatric physician assistants may help blunt the shortfall of psychiatrists, but not fully offset it. In 2030, the supply of these three types of providers will not be sufficient to provide any higher level of care than the national average in 2017, which does not fully meet need….

Further, the results here illustrate that the nation is producing many social workers trained at the master's level…modeling results suggest that if current trends continue, the overall national supply of social workers will grow rapidly and through 2030 should be more than sufficient to meet demand. However, the role of social workers in care delivery continues to evolve. To the extent that the nation relies greatly on social workers in a patient-centered medical home model that better integrates behavioral health and primary care, the increase in demand for social workers could be substantially higher than the projections in this report."

Exhibit 11. HRSA Behavioral Health Workforce Projections

	Adult Psychiatrists	Child & Adolescent Psychiatrists	Nurse Practitioners	Physician Assistants	Psychologists	Social Workers	Marriage & Family Therapists	Addiction Counselors	Mental Health Counselors	School Counselors
Supply [a]										
Estimated supply, 2017	33,650	8,090	10,450	1,550	91,440	239,410	53,080	91,340	140,760	116,080
New entrants, 2017-2030	10,270	5,000	9,520	1,770	49,400	367,520	39,190	33,300	72,860	158,440
Attrition [b]*, 2017-2030*	(14,850)	(2,810)	(2,770)	(350)	(29,670)	(82,760)	(18,080)	(28,030)	(45,150)	(52,640)
Change in work patterns [c]	(2,050)	(450)	(300)	(80)	(7,730)	(10,800)	(1,540)	(2,730)	(4,150)	(3,750)
Projected supply, 2030	27,020	9,830	16,900	2,890	103,440	513,370	72,650	93,880	164,320	218,130
Total Growth, 2017-2030	(6,630)	1,740	6,450	1,340	12,000	273,960	19,570	2,540	23,560	102,050
% growth, 2017-2030	-20%	22%	62%	86%	13%	114%	37%	3%	17%	88%
Demand										
Estimated demand, 2017	38,410	9,240	10,450	1,550	91,440	239,410	53,080	91,340	140,760	116,080
Projected demand, 2030 [d]	39,550	9,190	12,050	1,670	95,600	268,750	57,970	105,410	158,850	119,140
Total growth, 2017-2030	1,140	(50)	1,600	120	4,160	29,340	4,890	14,070	18,090	3,060
% growth, 2017-2030	3%	-1%	15%	8%	5%	12%	9%	15%	13%	3%
Adequacy of Supply, 2030										
Total Projected Supply (minus) Demand	(12,530)	640	4,850	1,220	7,840	244,620	14,680	(11,530)	5,470	98,990

Notes: All numbers reflect full time equivalent (FTEs); Numbers presented are rounded to the nearest ten and may not sum due to rounding; Negative numbers are in parenthesis;

[a] For all professions except psychiatrists, the model assumes that demand and supply are equal in 2017.

[b] Includes retirements and mortality.

[c] For example, changes from full-time to part-time hours, or vice versa.

[d] Demand growth reflects changing demographics.

Best Practices

Summit participants were provided with ideas and considerations that have been found important in other states' successful workforce efforts and that should be addressed regarding North Dakota behavioral health workforce efforts:

- Where workers are needed rarely coincides with where workers are educated and trained
- Typical recruitment strategies for professionals focus at the end of the pipeline, or post-graduation, and seek to entice relocation
- Too often higher education views rural/remote learners as "place bound" and not as "community or place committed"
- Need to seek ways to engage place committed learners, extend education and training opportunities to them, and develop local workforce where they are needed

Examples from other states included a 2 + 2 degree initiative (Northern Mariana Islands and University of Alaska-Anchorage), providing degree opportunities while leveraging community-committed students who are far more likely to return home to provide services; Community Behavioral Health Aide credentialing in both Alaska and Minnesota, career development options for extending both the professional career pathway and serving rural and tribal areas that have less access to services; and, the Future Health Professionals program, formerly known as Health Occupations Students of America

(HOSA), that promotes careers in all health fields and that is currently in operation in North Dakota.

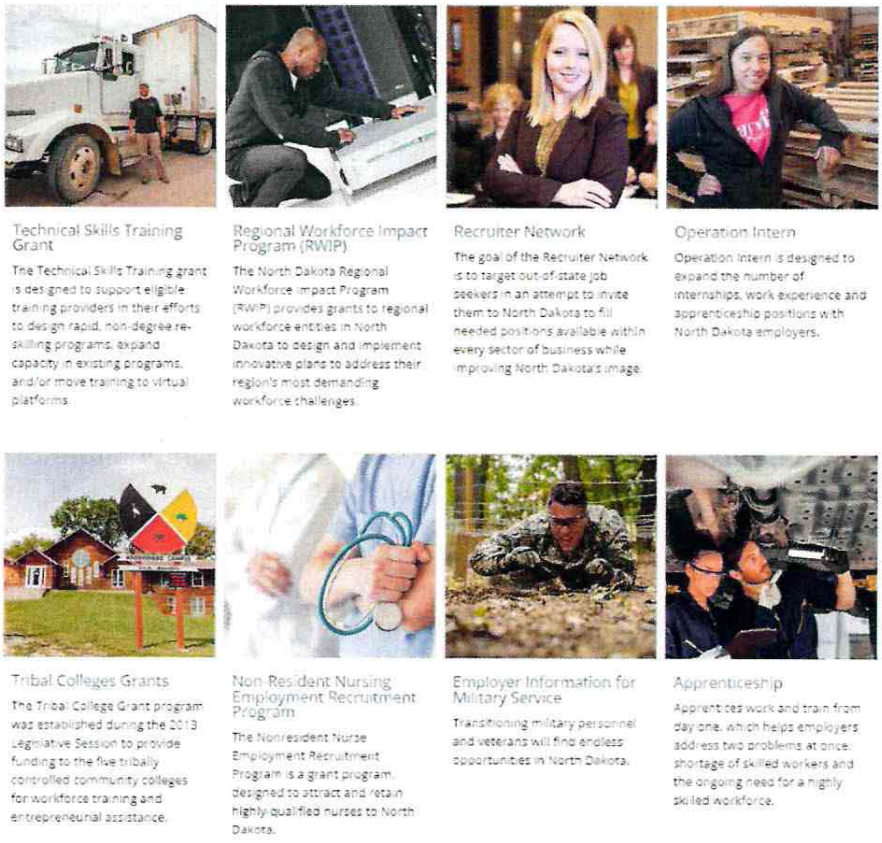
Behavioral Health Workforce Initiatives

A number of relevant existing workforce initiatives and various health- and workforce-related plans were noted. These included the Department of Commerce's efforts and the Workforce Development Council, and the State Health Improvement Plan. The Department of Health and Human Services' workforce-related initiatives were also presented:

- 1915i State Plan Amendment: Grants for providers to bill for Medicaid
- Peer Support Services: Certified Peer Support Specialist I and II
- Partnerships for Success: Ensuring trained workforce in prevention
- Free Through Recovery and Community Connect: Peer Support Specialists and Care Coordinators

Other workforce initiatives were discussed. Among these was the North Dakota Primary Care Office's various loan repayment programs: North Dakota Health Care Professional Student Loan Repayment Program, Federal State Loan Repayment Program (SLRP), and National Health Service Corps (NHSC). Also discussed were the workforce programs:

Exhibit 12. North Dakota Department of Commerce Workforce Initiatives



Legislative committee work and legislation was presented. A sample of the recent bills and committee work included (adapted from the *Legislative Bills and Studies Relating to Behavioral Health Workforce*, https://www.ndlegis.gov/files/resource/committee-memorandum/23.9173.01000.pdf):

"Senate Bill No. 2018 (2021) - Appropriation of $250,000 from the general fund to the Department of Commerce in the grants line item for the rural health care grant program to provide matching funds to an organization assisting in the recruitment, distribution, and supply, and enhancing the quality and efficiency of personnel providing health services in rural areas of the state.

Senate Bill No. 2125 (2021) - Relating to the health care professional student loan repayment program.

House Bill No. 1018 (2019) - Appropriation of $200,000 from the general fund, designated from the discretionary funds line item, to the Department of Commerce for the rural health care grant program to provide matching funds to an organization assisting in the recruitment, distribution, and supply, and enhancing the quality and efficiency of personnel providing health services in rural areas of the state.

Senate Bill No. 2143 (2019) - Relating to the health care professional student loan repayment program.

Senate Bill No. 2236 (2019) - Relating to licensure and regulation of behavior analyst professionals and the regulation of applied behavioral analysts of psychologist examiners and to the Board of Integrative Health Care.

Senate Bill No. 2339 (2019) - Relating to qualification for addiction counseling licensure for an applicant licensed in another jurisdiction.

Senate Bill No. 2361 (2019) - Relating to the licensing of social workers.

Human Services Committee (2019-20 Interim)
Implementation of Behavioral Health System Study Recommendations
The committee studied the implementation of the recommendations of the HSRI study of North Dakota's behavioral health system. The committee received updates regarding the status of implementation of recommendations included in the HSRI study of the state's behavioral health system. The Behavioral Health Planning Council, in conjunction with behavioral health stakeholders, is coordinating the development of a strategic plan to implement the recommendations.

Acute Psychiatric Treatment Committee (2021-2022 Interim)
In September 2021, DHS and HSRI provided a report regarding the implementation of the recommendations from the HSRI report through July 2021. Of the 13 aims identified in the HSRI report, Aim 7 relates to the engagement in targeted efforts to recruit and retain a qualified and competent behavioral health workforce. Through July 2021, HSRI has

completed 20 percent of this aim. The estimated completion date for this aim is the end of June 2022."

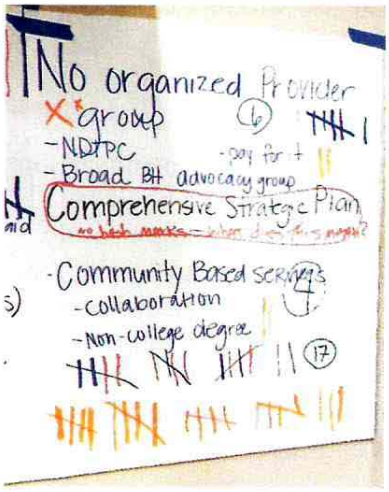
Pre-Summit WICHE BHP System-Level Recommendations

At the Summit, WICHE BHP offered three system-level recommendations for consideration and to serve as a potential starting point for discussion. These recommendations were based on the information gathered throughout the summer. And, perhaps as importantly, they are founded on recommendations that have been proposed across various workforce efforts. These efforts include the Behavioral Heath Strategic Plan, *Behavioral Healthcare Workforce Solutions in North Dakota: Improving Access to Care, The Behavioral Health Workforce in North Dakota: A Status Report, Behavioral Health Workforce Implementation Plan, Sixth Biennial Report (2021): Health Issues For The State Of North Dakota,* and *Behavioral Health Workforce in North Dakota: Education Requirements, Licensing Requirements, and Licensed Professionals*:

1. Create a collaborative task force—or identify and enhance an existing collaborative—to: a. Oversee and implement a state-level behavioral health workforce strategic plan. b. Coordinate, integrate, and communicate behavioral health workforce-related initiatives and efforts, including strategic planning at the regional and local levels. c. Evaluate, and be accountable for, strategic plan outcomes. ▪ Establish as time limited. ▪ Conduct a network mapping exercise to identify existing resources (human, financial, infrastructure) and any gaps. ▪ Sufficiently support the collaborative effort, especially with appropriate staffing levels.
2. Identify and coordinate and/or integrate workforce relevant data collection, reporting, and analysis.
3. Review and assess the full costs to agencies and providers to implement strategic workforce initiatives.

Priority Workforce Categories

Given the relatively short length of the Summit and the diversity of organizations and areas of interest of the participants, direction was provided to first focus on identifying and adopting a recommendation about which categories of behavioral health workforce should be prioritized. These categories, which were to be developed further with goals, objectives, and action steps, are representative of what was at the top of mind for the group, and, in a general sense, align with what key interviews revealed. In some cases, one or more breakout groups went deeper or were more detailed with one or more of the categories. The participants did not rank order or prioritize these categories, although the timing of the implementation of some of the recommended objectives was discussed.



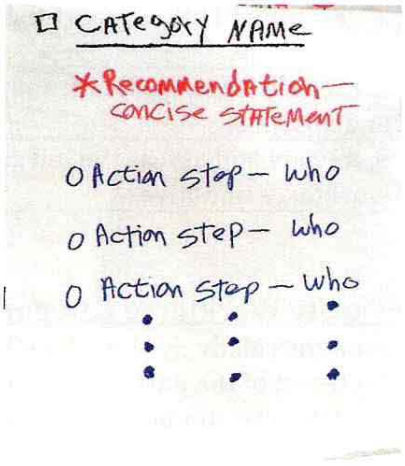
After the first round of breakouts on the first day, there were 20 sheets of potential categories and possible goals, objectives, or action steps. The participants spent the last plenary session reviewing the work of the breakout groups, including asking questions and clarifying individual items. At the end of the first day, participants cast votes to indicate which of the items they thought most relevant, pressing, or achievable. WICHE BHP facilitators counted the tallies, and combined votes across similar items. At the beginning of the second day, participants were presented with the revised recommended categories.

The following are the six Priority Categories that were adopted, although it is important to note that these were not set in a priority order:

Recommended Priority Categories	**1. Licensure**
	2. Retention
	3. Recruitment
	4. Community-based Services
	5. Reimbursement
	6. Marketing/Branding/Communication

Proposed Workforce Action Steps

After adopting the six Priority Categories, the Summit continued with participants spending the bulk of the day in breakout groups reviewing, discussing, clarifying, and agreeing to specific recommendations within each category. Again, participants were encouraged to consider the previously discussed strategic planning components, including taking a "systems thinking" approach that would allow for strategies that address all points along the continuum of care. Where possible, participants were encouraged to identify who—agencies, groups, individuals, communities, etc.—would take the lead on any individual action steps.



After almost four hours of breakout groups, participants reconvened to review and discuss the work products. The group identified 30 individual recommendations. Each Priority Category included at least one recommendation; however, the constraints of the Summit—limited time and a diverse participant group—meant a range of individual recommendations from one to nine. The following are the recommendations by Priority Category:

Priority Category	*Proposed Action Steps*
1. Licensure	1.1 Standardize and make consistent behavioral health workforce policies and practices across licensing boards
	1.2 Identify opportunities to streamline licensure to advantage of emerging workforce trends, e.g. retirees.
2. Retention	2.1 Encourage, incentivize, and innovate collaborations, such as job sharing and shared supervision, across behavioral health agencies and providers
	2.2 Create a workforce culture that is supportive of behavioral health
	2.3 Improve organizational leadership, culture, and training capacities
	2.4 Assist community provider agencies in creating engaging work environments
3. Recruitment	3.1 Create a workforce pipeline that can be utilized in all areas of the state
	3.2 Identify, design, and market a behavioral health workforce-specific career pathway
	3.3 Create a behavioral health workforce scholarship program for North Dakota residents
4. Community-Based Services	4.1 Enhance, address length, and on-going funding of training for non-licensed services
	4.2 Provide funding for innovation and program flexibility for rural and tribal areas
	4.3 Review and consolidate qualifications and disqualifications for peer support and care coordination positions across programs
	4.4 Create and enhance apprenticeships and work-based learning opportunities
	4.5 Consider mirroring Home and Community Based Services cost supports for rural and tribal areas

	4.6 Utilize the 'designee model' of SSI/SSDI to increase pathways for entrance into behavioral health professions
	4.7 Identify and coordinate on local level costs regarding workforce competition
	4.8 Integrate services into existing behavioral health services and systems
	4.9 Designate a behavioral health organization to coordinate services
5. Reimbursement	**5.1 Identify current reimbursement needs, including gaps in service and full provider costs**
	5.2 Ensure full reimbursement for state-funded services
	5.3 Move licensed professions to 100% reimbursement rate
	5.4 Enhance or ensure adequate reimbursement for administrative, legal, and other behavioral health service costs to participate in programs
	5.5 Provide outreach and engagement to rural and tribal areas and organizations
	5.6 Clarify which services and professions can bill and for which programs
6. Marketing/Branding/ Communication	**6.1 Review the Aim 7 committee structure, needed resources, and potential future role(s)**
	6.2 Create a community-based behavioral health workforce backbone organization
	6.3 Implement a systemic, data-driven approach to identifying workforce development needs, including fielding of needs and gaps and a workforce pipeline analysis
	6.4 Consider creation of a statewide organization representing providers
	6.5 Coordinate behavioral health workforce efforts with current allied health and overall workforce efforts
	6.6 Convene behavioral health stakeholders for a statewide workforce conference

The Strategic Plan

Key Takeaways, Recommendations, and Next Steps

The behavioral health community in North Dakota has been improving the workforce situation in the state for decades. This has happened, and continues to this day, even in the face of local and national workforce and behavioral health trends that have complicated, if not negatively impacted, the workforce environment, including population changes, the impact of the SARSCoV2/COVID-19 pandemic, and economic conditions. Because of this history and the accompanying track record of success, the community and the state are well-positioned to take the next steps to address behavioral health care workforce issues faced in 2022 and beyond.

And in fact, in the time between the conclusion of the Summit and the drafting of this report, some of the priority workforce action steps identified are under consideration or have been initiated, including some that are part of, or will be impacted by, larger, related efforts such as changes to licensing boards and changes to the Workforce Development Council. There is momentum; and the Summit and this overall project should serve as additional and crucial energy to enhance current and future efforts.

To that end, the following represent WICHE BHP's key takeaways, recommendations, and next steps based on research, key interviews, and the results of the Summit. A number of these were either known or suspected prior to the Summit but then became clearer and validated afterward.

Key Takeaways

A. There is a visible and tangible commitment from a diverse, statewide community of interest to addressing behavioral health workforce issues.
B. Planning, design, strategy, leadership, and implementation of workforce initiatives are reliant on a relatively small number of dedicated people, organizations, and agencies (especially the Aim 7 Committee, the Division of Behavioral Health, and the Center for Rural Health).
C. Care and intentionality must be given to the behavioral health workforce needs of, and impacts on, local communities, particularly in rural and tribal areas.
D. As well, initiatives must maintain a focus on how impacts are felt across the state with an eye toward a comprehensive, multi-level, systemic approach.
E. There remain important similarities and differences between mental health and substance use/substance abuse/addiction workforce fields, as well as between public and private services and providers.
F. Any initiatives must be designed to have an impact throughout the 'pipeline'—from primary school through retirees/career changers—and across the entire continuum of care—from promotion, to prevention, to early intervention and through treatment and recovery.
G. Leveraging existing efforts, initiatives, and collaboratives by adding or enhancing behavioral health workforce components will be a crucial strategy on achieving both short- and long-term meaningful change and improvement.

H. Sufficient resources, including funding and capacity building across varied agencies, organizations, and communities of interest will be critical to achieving success in any efforts.
I. Time is of the essence to take advantage of—or mitigate against—overall workforce and employment trends.

WICHE BHP Recommendations

Based on the results of the Summit and the work conducted through the summer, the following represent WICHE BHP's priority recommendations for North Dakota. The recommendations made and refined at the Summit align well with the results of the key interviews and with previous workforce efforts. Further, these recommendations are only possible due to the progress made over the past six years. It is important to note that these recommendations are WICHE BHP's best advice on prioritizing the 30 recommendations adopted at the Summit, and that the state and community should seek to achieve as many of the Summit recommendations as is appropriate. Lastly, these recommendations have contingencies and dependencies, both across these four and the 30 Summit Proposed Action Steps; some cannot be implemented before another, others will only work if two or more are implemented at the same time.

1. *Fully fund and resource a 'backbone' organization to lead behavioral health workforce initiatives in North Dakota.*

This recommendation has existed in different forms in various North Dakota behavioral health strategic planning documents, reports, and studies. As noted above in *Key Takeaways*, it is glaringly obvious that the success to-date of workforce initiatives has relied heavily on an array of largely unresourced committees or collaboratives, or on individual organizations and individuals. Future success in the current challenging workforce environment will require a comprehensive, strategic approach. As such this recommendation is foundational to any medium- to long-term workforce efforts; capacity must be built and enhanced to achieve lasting impacts. From the pre-Summit WICHE BHP recommendations:

Create a collaborative task force—or identify and enhance an existing collaborative—to:
a. Oversee and implement a state-level behavioral health workforce strategic plan.
b. Coordinate, integrate, and communicate behavioral health workforce-related. initiatives and efforts, including strategic planning at the regional and local levels.
c. Evaluate, and be accountable for, strategic plan outcomes.
- Establish as time-limited.
- Conduct a network mapping exercise to identify existing resources (human, financial, infrastructure) and any gaps.
- Sufficiently support the collaborative effort, especially with appropriate staffing levels.

This recommendation primarily aligns with Proposed Action Steps 6.1, 6.2, 6.3, 6.5, and 6.6.

2. *Design and field 'pipeline' and workforce costs needs assessment/gaps analyses.*

While there are many data available, both quantitative and qualitative, there is a need to understand the supply and demand to inform a pipeline initiative. Likewise, there were substantial conversations throughout this project, in interviews and at the Summit, regarding whether or not the state knew what real costs providers were facing, including for licensure, e.g., supervision, legal, administrative, etc., and reimbursement for both services provided and workforce recruitment and retention efforts. Further, initiatives to expand the workforce through apprenticeships and work-based learning will depend on which costs are incurred and which are reimbursable (the gap). These analyses should consider the factors noted above in the strategic planning approach undertaken at the Summit, i.e., impacts on rural and tribal areas, the continuum of care, and across the spectrum of behavioral health professionals. A workforce costs analysis should include the costs faced by providers and organizations on the local level from competition for both qualified behavioral health workers and from other industries. This recommendation aligns with Proposed Action Steps 2.1, 3.1, 4.7, 5.1, 5.2, 5.4, and 6.3.

3. *Enhance existing recruitment programs and create new ones.*

This recommendation includes three components that were raised in interviews or at the Summit, outlined below. There are obvious opportunities in the near-term to take advantage of an expected growth in high school graduates, career changes, and other recent employment trends.

a. Create a behavioral health workforce scholarship for North Dakota residents to incentivize residents who are community- or place-committed to remain or return to serve with an emphasis on the professions and areas most in need.
b. Create a career pathway into the workforce for individuals who lack degrees, those who are switching careers, or retirees.
c. Create a 'Behavioral Health Workforce Innovation Fund' to identify and incentivize innovative approaches to community collaboration on workforce needs, such as job- and supervision-sharing, retiree/career changers recruitment, and retention efforts such as organizational leadership culture, workplace environment, training, and career development and satisfaction.

This recommendation aligns with Proposed Action Steps 2.1, 3.2, 3.3, and 4.2.

4. *Collect, review, and report on behavioral health workforce-related licensure regulations, policies, and procedures.*

The area of licensure is complex and continues to receive significant attention by the legislative and executive branches, as well as from the impacted communities. There is no doubt, however, that the multitude of workforce issues identified through this project remain difficult to categorize and to resolve. The intent of this recommendation is to identify any barriers to licensure, such as renewals and current licensees who are seeking dual-licensure and any potential changes that would streamline licensure requirements across the relevant boards. Other examples include reviewing and revising, where appropriate, statutes and regulations that are unnecessarily burdening providers and individuals, such as background checks and disqualification criteria. This recommendation aligns with Proposed Action Steps 1.1, 1.2, and 4.3.

Next Steps

The results of the Summit produced six Priority Workforce Categories and 30 Summit Recommendations across those six categories. These six categories are inter-related, and many of the recommendations either overlap in some way or are contingent on each other for implementation. That said and as mentioned above, some of these recommendations can be pursued individually or in some combination in the short-term and have positive impact. WICHE BHP further refined these recommendations, based on the work done throughout this project, to four next steps.

The following are proposed specifically for completing and implementing the strategic plan. These should serve to guide the anticipated public review and input to this report and its recommendations. It is important to note that these steps do not necessarily need to be taken in consecutive order; it is expected that some of these steps will have to occur concurrently. Ideally, these next steps would take place within the next six months, aiming for initial completion by June 2023:

1. **Review the strategic plan.**
   a. Clarify priority categories and recommendations.
   b. Identify 'quick wins'.
      i. Which recommendation(s) are in progress at the current moment?
      ii. Which can be initiated quickly?
      iii. Which would take advantage of existing circumstances?
   c. Identify other short- or medium-term recommendations or action steps that will require legislative or executive action.

2. **Implement identified 'quick wins'.**
   a. Establish a collaborative group or coalition to represent the behavioral health community on workforce issues in the short-term.
   b. Create a short-term plan of action to achieve identified action steps and recommendations.
   c. Identify state resources necessary to achieve any 'quick wins'.

3. **Finalize the strategic plan.**
   a. Define specific action steps.
   b. Identify lead agencies/organizations and timeframes.
   c. Calculate the needed resources to support goals, objectives, and action steps.

4. **Implement the strategic plan.**
   a. Develop an overall strategic plan calendar to guide and integrate efforts.
   b. Track short-term progress toward any 'quick wins' initiatives.
   c. Establish a mechanism to communicate about the strategic plan to the broader behavioral health community and to gather feedback and input.
   d. Design and field any identified analyses or assessments.

Attachment 1. Proposed Action Steps Fact Sheet

North Dakota Behavioral Health Workforce: Next Steps

North Dakota has been improving the behavioral health workforce situation for decades in the face of local and national workforce and behavioral health trends that have impacted, the workforce environment: population changes, the pandemic, and economic conditions. But because of its history and the accompanying track record of success, North Dakota is well-positioned to take the next steps to address behavioral health care workforce issues in 2023 and beyond.

The report—*North Dakota Behavioral Health Workforce: Next Steps*—is the result of a collaborative project of the Aim 7 Committee and the Western Interstate Commission on Higher Education's Behavioral Health's Behavioral Health Program (WICHE BHP) with multiple objectives: research of past and current behavioral health workforce efforts; key stakeholder interviews; a Summit with community stakeholders; and, a draft strategic plan and recommendations. This has resulted in identification of the following Issue Areas, Key Takeaways, and Recommendations:

Issue Areas

- ✓ Primary/secondary student recruitment to workforce
- ✓ Funding for workforce initiatives
- ✓ Career pathway development
- ✓ Career satisfaction
- ✓ Competition among organizations
- ✓ Internship and supervisory costs
- ✓ Loan repayment
- ✓ Data
- ✓ Occupational licensing boards capacity and coordination
- ✓ Scope of practice and credentialing
- ✓ Executive and legislative, statewide, state-to-local, local-to-local cooperation and coordination

Key Takeaways

A. **Visible and tangible commitment** across the state and in local communities.
B. **Too few dedicated people**, organizations, and agencies working on planning and implementation, very often without any funding or resources.
C. Attention must be paid to **needs of, and impacts on, local communities**, particularly in rural and tribal areas.
D. Initiatives must have a **comprehensive, multi-level, systemic approach**.
E. **Consider similarities and differences** between mental health and substance use/substance abuse/addiction workforce, as well as public and private.
F. **Design impact for the entire 'pipeline'**, from primary school through retirees/career changers—and across the entire continuum of care.
G. **Leverage existing efforts, initiatives, and collaboratives** by adding or enhancing behavioral health workforce components.
H. **Sufficient resources will be critical** to achieving success in any efforts.
I. **Time is of the essence** to take advantage of—or mitigate against—workforce and employment trends.

WICHE BHP Recommendations

Summit participants from communities across North Dakota identified six categories of workforce issues and 30 proposed action steps. Below are four recommendations based on that work that should be considered for immediate action:

1. ***Fully fund and resource a 'backbone' organization to lead behavioral health workforce initiatives in North Dakota (Proposed Action Steps: 6.1, 6.2, 6.3, 6.5, and 6.6)***

Create a collaborative task force—or identify and enhance an existing collaborative—to:

a. Oversee and implement a state-level behavioral health workforce strategic plan;
b. Coordinate, integrate, and communicate behavioral health workforce-related initiatives and efforts, including strategic planning at the regional and local levels;
c. Evaluate, and be accountable for, strategic plan outcomes.

2. ***Design and field 'pipeline' and workforce costs needs assessment/gaps analyses (Proposed Action Steps 2.1, 3.1, 4.7, 5.1, 5.2, 5.4, and 6.3)***

Analyses should consider factors such as impacts on rural and tribal areas, continuum of care, and across the spectrum of behavioral health professionals. A workforce costs analysis should assess costs faced by providers and organizations on the local level.

3. ***Enhance existing recruitment programs and create new ones (Proposed Action Steps 2.1, 3.2, 3.3, and 4.2)***

a. Create a behavioral health workforce scholarship for North Dakota residents.
b. Create a career pathway for individuals who lack degrees, those who are switching careers, or retirees.
c. Create a 'Behavioral Health Workforce Innovation Fund' to identify and incentivize innovative approaches to community collaboration on workforce needs.

4. ***Collect, review, and report on behavioral health workforce-related licensure regulations, policies, and procedures (Proposed Action Steps 1.1, 1.2, and 4.3)***

Identify any barriers to licensure, such as renewals and current licensees, any potential changes that would streamline licensure requirements across the relevant boards, and review and revise statutes and regulations that are unnecessarily burdening providers and individuals, such as background checks and disqualification criteria.

Appendix A: Strategic Plan Template

1. Licensure				
Context				
Known Initiatives				
1.1 Standardize and make consistent behavioral health workforce policies and practices across licensing boards				
Objective/Outcome	**Action Steps**	**Resources**	**Lead(s)**	**Deadline(s)**
1.2 Identify opportunities to streamline licensure to advantage of emerging workforce trends, e.g. retirees				
Objective/Outcome	**Action Steps**	**Resources**	**Lead(s)**	**Deadline(s)**

2. Retention				
Context				
Known Initiatives				
	Objective/Outcome	**Resources**	**Lead(s)**	**Deadline(s)**
2.1 Encourage, incentivize, and innovate collaborations, such as job sharing and shared supervision, across behavioral health agencies and providers				
2.2 Create a workforce culture that is supportive of behavioral health				

2.3 Improve organizational leadership, culture, and training capacities				
2.4 Assist community provider agencies in creating engaging work environments				
3. Recruitment				
Context				
Known Initiatives				
	Objective/Outcome	**Resources**	**Lead(s)**	**Deadline(s)**
3.1 Create a workforce pipeline that can be utilized in all areas of the state				
3.2 Identify, design, and market a behavioral health workforce-specific career pathway				
3.3 Create a behavioral health workforce scholarship program for North Dakota residents				
4. Community-Based Services				
Context				
Known Initiatives				
	Objective/Outcome	**Resources**	**Lead(s)**	**Deadline(s)**
4.1 Enhance, address length, and on-going funding of training for non-licensed services				

4.2 Provide funding for innovation and program flexibility for rural and tribal areas				
4.3 Review and consolidate qualifications and disqualifications for peer support and care coordination positions across programs				
4.4 Create and enhance apprenticeships and work-based learning opportunities				
4.5 Consider mirroring Home and Community Based Services cost supports for rural and tribal areas				
4.6 Utilize the 'designee model' of SSI/SSDI to increase pathways for entrance into behavioral health professions				
4.7 Identify and coordinate on local level costs regarding workforce competition				
4.8 Integrate services into existing behavioral health services and systems				
4.9 Designate a behavioral health organization to coordinate services				
5. Reimbursement				
Context				
Known Initiatives				
	Objective/Outcome	**Resources**	**Lead(s)**	**Deadline(s)**
5.1 Identify current reimbursement needs, including gaps in service and full provider costs				
5.2 Ensure full reimbursement for state-funded services				

5.3 Move licensed professions to 100% reimbursement rate				
5.4 Enhance or ensure adequate reimbursement for administrative, legal, and other behavioral health service costs to participate in programs				
5.5 Provide outreach and engagement to rural and tribal areas and organizations				
5.6 Clarify which services and professions can bill and for which programs				
6. Marketing/Branding/Communication				
Context				
Known Initiatives				
	Objective/Outcome	**Resources**	**Lead(s)**	**Deadline(s)**
6.1 Review the Aim 7 committee structure, needed resources, and potential future role(s)				
6.2 Create a community-based behavioral health workforce backbone organization				
6.3 Implement a systemic, data-driven approach to identifying workforce development needs, including fielding of needs and gaps and a workforce pipeline analysis				
6.4 Consider creation of a statewide organization representing providers				
6.5 Coordinate behavioral health workforce efforts with current allied health and overall workforce efforts				
6.6 Convene behavioral health stakeholders for a statewide workforce conference				

Appendix B: Stakeholder Interviews

Rebecca Quinn, Center for Rural Health, University of North Dakota
Mandi-Leigh Peterson, Healthcare Workforce Initiative, University of North Dakota
Lacresha Graham, Behavioral Health Division, North Dakota Department of Human Services
Heather Brandt, Behavioral Health Division, North Dakota Department of Human Services
Tami Conrad, Behavioral Health Division, North Dakota Department of Human Services
Bevin Croft, Health Services Research Institute
Stacy Kusler, Workforce Specialist, Center for Rural Health- Primary Care Office, University of North Dakota, School of Medicine & Health Sciences
Karen Bernhardt, Center for Rural Health, UND
Kalee Werner, Manager, Primary Care Office, Department of Health
Ebony Flint, Health Services Research Institute
Sonja Bauman, Healthcare Workforce Initiative, University of North Dakota
Kurt Snyder, Executive Director, Heartview Foundation
Janell Regimbal, Insight to Solutions
Carlotta McCleary, North Dakota Federation of Families for Children's Mental Health
Carl Young, North Dakota Behavioral Health Planning Council Executive Committee
Lorraine Davis, Native American Development Center, BHPC Executive Committee
Emma Quinn, BHPC Executive Committee
Brenda Bergsrud, Director at Midstate Volunteer Program/Amachi Mentoring
Katie Ralston Howe, Workforce Development Director, Department of Commerce
Janna Pastir, Department of Commerce
Monica Haugen, Behavioral Health Division (Medicaid)
Patti Senn, Soul Solutions Recovery Center
Tim Blasl, North Dakota Hospital Association
Kelly Nagel, Director, Systems and Performance, Department of Health
Amy Veith, Department of Corrections and Rehabilitation
Yvette Anderson, Free Through Recovery Clinical Administrator, Department of Corrections and Rehabilitation
Laura Anderson, Assistant Director, Behavioral Health Division, Department of Human Services
Dale Wolf, Pastor, Lighthouse Church Fargo
John Butgereit, Director, North Central Human Service Center
Katie Nermoe, Sanford Health
Kelly Nagel, Director, Systems and Performance, Department of Public Health
Dr. Wehbi, North Dakota State Health Officer, Department of Health and Human Services
James Knopik, Manager, Addiction and Prevention Program and Policy, Behavioral Health Division, North Dakota Department of Health and Human Services
Thomas Volt, Drug Prevention Specialist, Behavioral Health Division, North Dakota Department of Health and Human Services
Kali Bauer, Community Prevention Administrator, Behavioral Health Division, North Dakota Department of Health and Human Services
Michael Salwei, Executive Director, Sanford Health
Sarah Prenger, Senior Executive Director of Primary Care and Behavioral Health, Sanford Health
Kathryn Norby, Executive Director of Family Medicine and Behavioral Health, Fargo, Sanford Health
Cassandra Froke, Sanford Health

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Appendix D: Summit Agenda.

North Dakota Behavioral Health Workforce
Summit and Strategic Planning

(https://www.wiche.edu/policy-research/data-resources/north-dakota-behavioral-health-materials/)

Day One: Monday, September 26, 1:00-5:00	
Plenary Meeting Room: ▪ **Judicial Room, 1st floor**	**Breakout Meeting Rooms:** ▪ **Governors Room, 2nd floor** ▪ **Executive Suite 114, 1st floor** ▪ **Executive Suite 106, 1st floor**

12:30-1:00: Check In

1:00-2:30: Plenary

- Welcome and Introductions: Rebecca Quinn and Kurt Snyder (Aim 7 Committee)
- Discovery Report Summary and Strategic Planning (WICHE)
- North Dakota Workforce Pipeline (WICHE)
- Best Practices in Behavioral Health Workforce (WICHE)
- Breakout Objectives and Desired Outcomes (WICHE)

2:45-3:45: Breakout Sessions

- Discuss Discovery Report, North Dakota behavioral health workforce initiatives and needs, and 'best practices'

Desired Outcome #1: Prioritized list of workforce issues

4:00-5:00: Plenary

- Breakout session report outs on prioritized lists of work force issues
- Preview Day Two
- Meeting Review: **+/Δ**
- Adjourn

Day Two: Tuesday, September 27, 9:00-4:00	
Plenary Meeting Room: ▪ **Judicial Room, 1st floor**	**Breakout Meeting Rooms:** ▪ **Governors Room, 2nd floor** ▪ **Executive Suite 114, 1st floor** ▪ **Executive Suite 106, 1st floor**

9:00-10:00: Plenary

- Review of results from Day One
- Further discussion and clarification of identified workforce issues and priorities

Desired Outcome #2: Agreement on a consolidated list of prioritized work force issues (from breakout sessions work of Day One, Desired Outcome #1)

10:15-12:00: Breakout Sessions:

- Prioritize workforce issues
- Begin development of recommendations and next steps

Desired Outcome #3: A list of workforce issues recommendations with respective recommendation action steps

12:00-1:30: Lunch on your own

1:30-2:45: Breakout Sessions, continued:

- Finalize development of workforce recommendations and next steps

Desired Outcome #4: Agreement on a consolidated list of work force issues recommendations with respective recommendation action steps

3:00-4:00: Plenary

- Breakout session report outs on recommendations and next steps
- Final remarks
- Meeting Review: **+/Δ**
- Adjourn

Desired Outcome #5—Agreement on Next Steps: A process for development of a draft strategic plan, drawing from this Workforce Summit's work products:

- Workforce issues
- Workforce issues recommendations with respective recommendation action st

Appendix E: Summit Cheat Sheet.

WICHE

Western Interstate Commission for Higher Education – Behavioral Health Program

3035 Center Green Drive Suite 200 Boulder, CO 80301-2204 303.541.0200 (ph) 303.541.0291 (fax)

Collaboration across the West – Since 1955

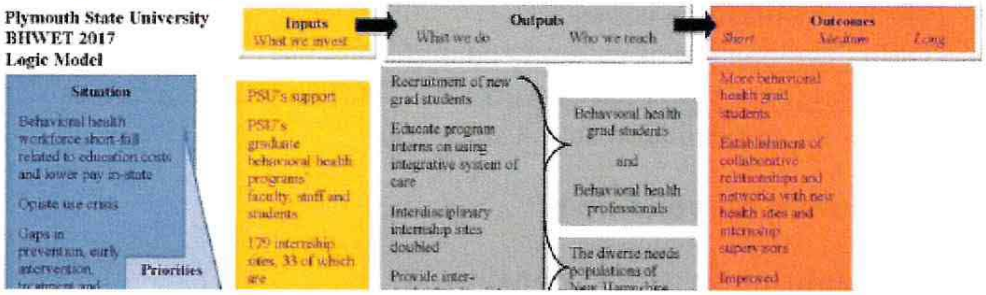
North Dakota Behavioral Health Workforce Summit

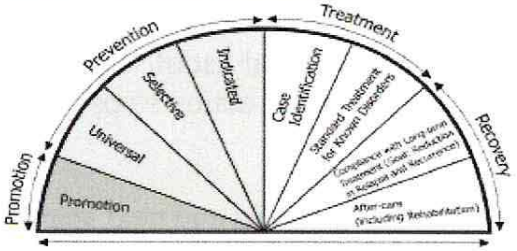
Strategic Planning Cheat Sheet

(https://www.wiche.edu/policy-research/data-resources/north-dakota-behavioral-health-materials/)

Strategic Planning Considerations

- Logic model concepts
- "What, Why, Who, When, How"
- Who's in the room, who's not in the room
- Honest, focused, realistic conversation
- "Systems thinking"





FUNDING

WORKFORCE

BEST PRACTICE

Other Planning Considerations

- East and west
- Rural and urban and tribal
- Mental health and substance abuse/addiction
- Levels of care and continuum of care
- Age
- Credentialed/licensed and certified/trained
- Private and public employers
- Funding source(s): federal, state, local, private
- Short-/medium-/long-term

www.wiche.edu/behavioralhealth

ALASKA ARIZONA CALIFORNIA COLORADO HAWAII IDAHO MONTANA NEVADA
NEW MEXICO NORTH DAKOTA OREGON SOUTH DAKOTA UTAH WASHINGTON WYOMING
U.S. PACIFIC TERRITORIES AND FREELY ASSOCIATED STATES

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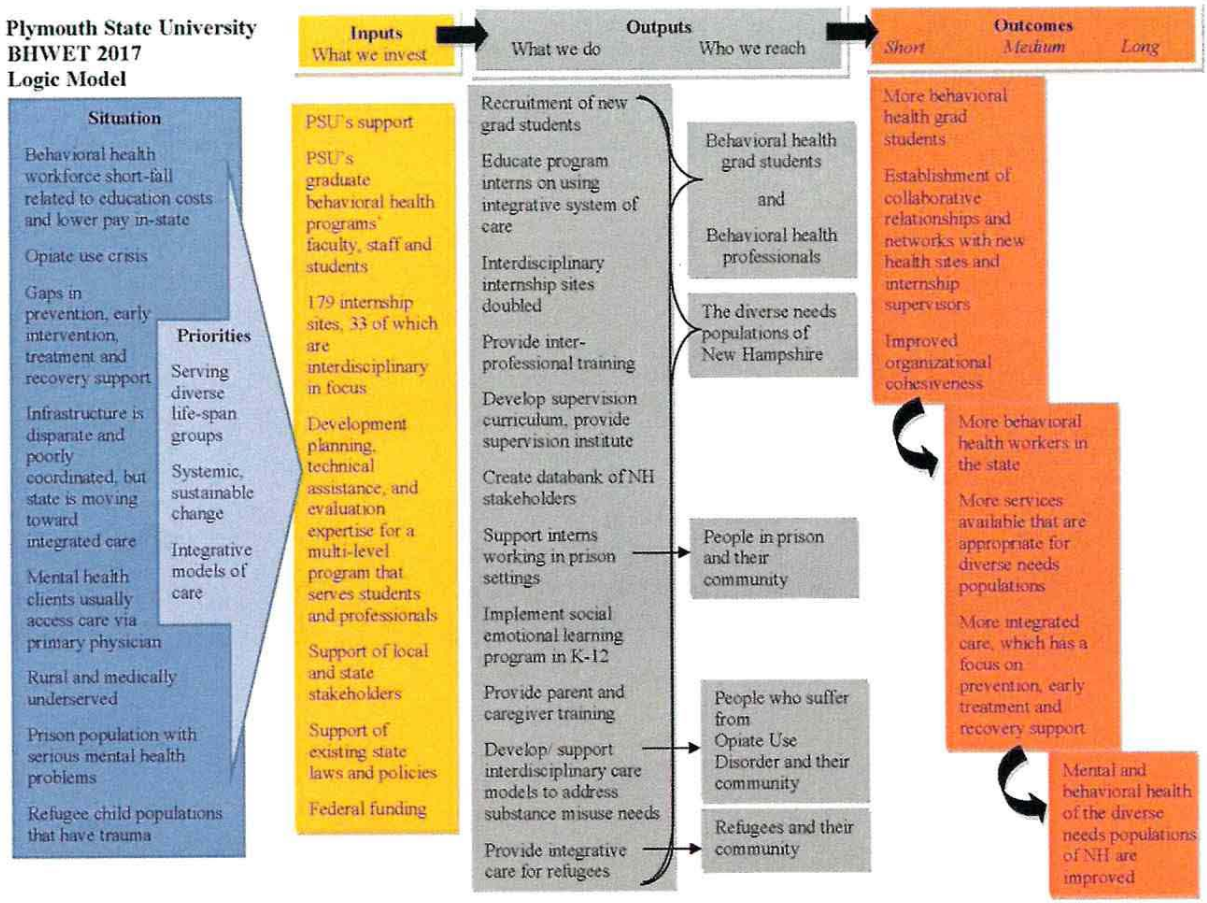
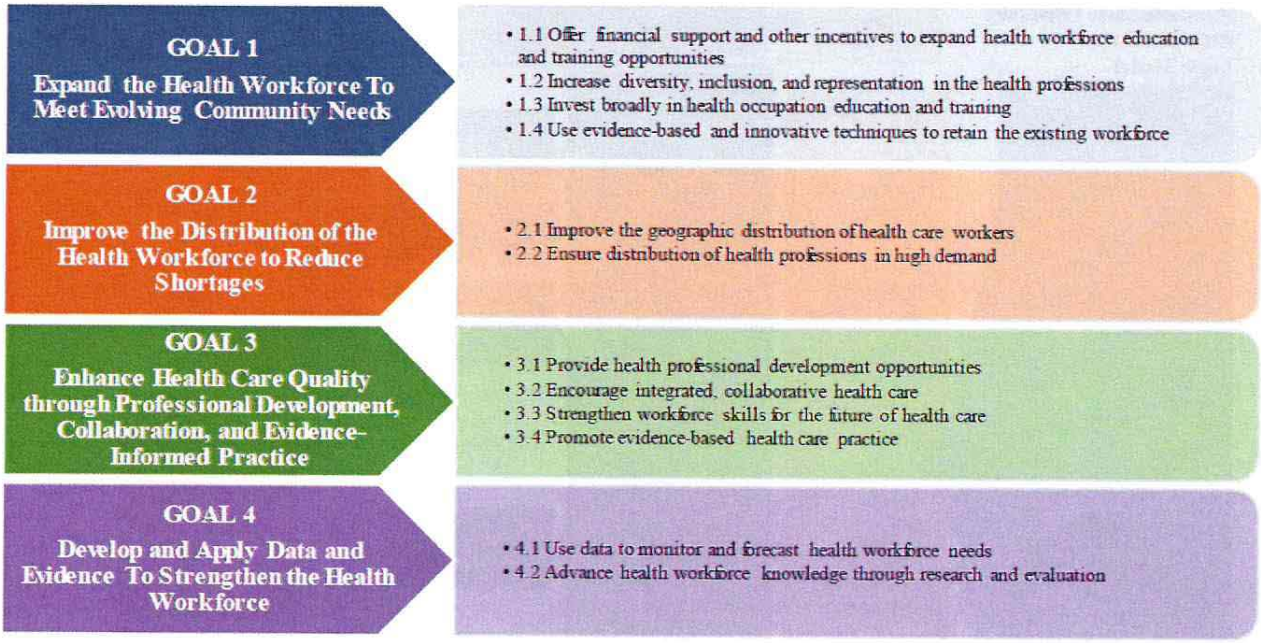
Appendix F. Plymouth State University HRSA Behavioral Health Workforce, Employment, and Training Grant Logic Model.



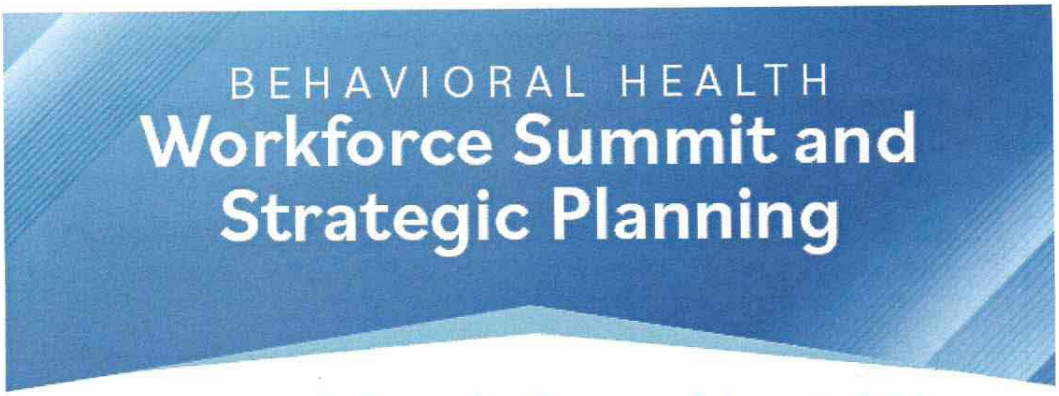
Appendix G: U.S. Department of Health and Human Services Healthcare Workforce Strategic Plan 2021.

Strategic Plan Framework

Below is a high-level framework of the Strategic Plan's goals and objectives:



Appendix H: Summit Invitation.



A gathering of key stakeholders from across North Dakota to review the Discovery Report findings (a upcoming report by the Western Interstate Commission on Higher Education of existing workforce initiatives); learn of behavioral health workforce initiatives and best practices in other states; and, develop a Behavioral Health Workforce Strategic Plan, including identifying specific action steps to implement the workforce strategic plan.

Monday, September 26, 2022 from 1pm-5pm
Tuesday, September 27, 2022 from 9am-4pm

Ramada by Wyndham, Bismarck

DAY ONE
September 26, 1-5pm

12:30pm **Check in**

1:00pm **Plenary #1**
Welcome and Introduction-Rebecca Quinn and Kurt Snyder
Discovery Report (WICHE)
'Best Practices in Behavioral Health Workforce' (WICHE)

2:45pm **Breakout Sessions**
Objectives:
1. Discuss Discovery Report, behavioral health workforce initiatives 'best practices'
2. Identify and prioritize the top work force issues

4:00pm **Plenary #2**
Facilitated discussion to review breakout reports

DAY TWO
September 27, 9am-4pm

9:00am **Plenary #3**
Facilitated review of results from Day One, discussion of identified workforce issues and priorities

10:00am **Breakout Sessions**
Objectives:
1. Further discuss and prioritize workforce issues
2. Begin development of recommendations and action steps

12:00pm **Lunch on your own**

1:30pm **Breakout Sessions**
Objective:
1. Finalize discussion of workforce recommendations and action steps

3:00pm **Closing Plenary**
Facilitated discussion of recommendations and actions steps, and development of draft strategic plan

REGISTER NOW

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Appendix I: Degree Programs, Sixth Biennial Report 2021: Health Issues for the State of North Dakota.

Table 7.1
***Behavioral health degree programs at North Dakota academic institutions.*[1]**

Degree Program	North Dakota Academic Institutions
Doctor of Medicine (MD)	UND (ACCME, ACGME, & LCME accredited)
PhD Clinical Psychology	UND (APA accredited)
PhD Counseling Psychology	UND (APA accredited)
Doctor of Occupational Therapy	UND (granted candidacy status by ACOTE) & Uni. of Mary (granted candidacy status by ACOTE)
Master of Occupational Therapy	UND (ACOTE accredited)
MA/MS Counseling	UND, Uni. of Mary, & Uni. of Jamestown (not accredited) NDSU (CACREP accredited)
MS Social Work	UND (CSEW accredited)
Behavior Analysis	UND (track within MS in Special Ed. degree)
MA/MS School Psychology	Minot State University (NASP accredited)
Psychiatric-Mental Health Nurse Practitioner	UND (ANCC, NACNS, NONPF accredited)
Addiction Studies	UND, Uni. of Mary, & Uni. of Jamestown (track within degree programs) Minot State University (NASAC accredited)
BS Social Work	UND, Uni. of Mary, & Minot State University (CSWE accredited) Sitting Bull College (candidacy status by CSWE) NDSU (dual degree with Minot State)
Social Work Associate	NDSCS, Cankdeska Cikana Community College, & Nueta Hidatsa Sahnish College
Human Services Associate	Bismarck State College, Dakota College at Bottineau, Nueta Hidatsa Sahnish College, United Tribes Technical College, & Sitting Bull College

Table 7.2
North Dakota academic institutions with behavioral health degree programs.[1]

North Dakota Academic Institution	Degree Programs
University of North Dakota (UND)	Medical school & psychiatry residency program *Doctorate*: clinical and counseling psy., OT *Masters*: counseling, OT, psychiatric NP, social work, special ed. w/ behavior analysis *Bachelors*: psychology, social work
North Dakota State University (NDSU)	*Masters*: clinical mental health counseling, school counseling *Bachelors*: human development, psychology
University of Mary	*Doctorate*: OT *Masters*: clinical and addiction counseling *Bachelors*: social work, psychology
Minot State University	*Masters*: education specialist in school psy. *Bachelors*: addiction studies, social work, psychology
University of Jamestown	*Masters*: clinical counseling *Bachelors*: psychology w/ addiction studies
Bismarck State College	*Associates*: human services, social work, psychology
Dickinson State University	*Bachelors*: psychology
Cankdeska Cikana Community College	*Associates*: social work
Dakota College at Bottineau	*Associates*: human services, psychology
Nueta Hidatsa Sahnish College	*Associates*: human services (addiction and social work concentrations)
North Dakota State College of Science (NDSCS)	*Associates*: social work, psychology, occupational therapy assistant
Valley City State University	*Bachelors*: human services, psychology
United Tribes Technical College	*Associate*: human & social services
Sitting Bull College	*Bachelors*: social work *Associates*: human services

Appendix J: Behavioral Health Workforce Definitions, Sixth Biennial Report 2021: Health Issues for the State of North Dakota.

DEFINING BEHAVIORAL HEALTH WORKFORCE

There are a variety of ways to define behavioral health workforce. The definition should include the providers who treat individuals with behavioral health disorders and should examine their education, scope of practice, and level of independence in the treatment environment. In North Dakota, a simple method for defining the behavioral health workforce is to utilize the tiered classification system established in 2017 by the North Dakota Legislature. This classification system for mental health professionals was based on a thorough review of education and statutory guidelines along with scope of practice, to ensure that professionals are being fully utilized within their scope of practice.[1] Behavioral health educational programs available in North Dakota, including those that meet licensure requirements, are listed in Table 7.1 and Table 7.2 below.

The Tiered System

Determining which professions are included in the behavioral health workforce is challenging due to varying education requirements, scopes of practice, and levels of responsibility. A broad definition of behavioral health workforce includes providers of substance abuse and mental health services, as well as those providing services in supportive roles. Established in 2017 by the North Dakota Legislature, the tiered classification system is a simple way of defining the behavioral health workforce. This system classifies the various professions based on the required level of education and scope of practice. There are four tiers within this system.[1]

Tier 1

Professionals in Tier 1 are those with the greatest responsibility, scope of practice, education/training, and ability to practice autonomously. This tier is further broken down into two subsections. Tier 1a are the professionals with expertise in behavioral health (i.e., psychiatrists and psychologists) and Tier 1b are the professionals without expertise in behavioral health but may interact and work with aspects of the behavioral health field (i.e., physician assistants, advanced practice registered nurses).[1]

Tier 2

Professionals in Tier 2 are those that are able to work as independent clinicians. This tier is also further broken down into two subsections. Tier 2a are the professionals with comprehensive training in the diagnosis and treatment of a broad array of

behavioral health conditions (i.e., licensed clinical social workers, licensed professional clinical counselors, licensed marriage and family therapists). Tier 2b are the professionals with an area of expertise that is limited to a specific population (i.e., licensed addiction counselors, registered nurses).[1]

Tier 3

Tier 3 has the largest variety of professionals with many different practice descriptions. This includes licensed associate professional counselors, licensed

professional counselors, licensed master social workers, licensed associate marriage and family therapists, occupational therapists, licensed practical nurses, licensed and registered behavior analysts, school psychologists, vocational rehabilitation counselors, and human resource counselors.[1]

Tier 4
Professionals in Tier 4 have the narrowest scope of practice and must work under other behavioral health professionals (i.e., behavior technicians, assistant behavior analysts, mental health technicians, case aids).[1]

Non-Tiered
There are professions that are not currently in the tiered system that provide behavioral health services in North Dakota. These professions include licensed baccalaureate social workers and peer support specialists.[1]

Appendix J: North Dakota Primary Care Office Mental Health Loan Repayment Programs.

Mental/Behavioral Health Loan Repayment Programs

Program Type	North Dakota Health Care Professional Student Loan Repayment Program	Federal State Loan Repayment Program (SLRP)	National Health Service Corps (NHSC)
Program Description	The State of North Dakota has established loan repayment programs for health care professionals willing to provide services in areas of this state that have a defined need for such services.	Federal State partnership to assist sites in the recruitment of health care providers.	The NHSC is part of the Bureau of Health Workforce and coordinates the recruitment and retention of health professions.

Eligible MH/BH Disciplines	• Clinical Psychologists (licensed by the State Board of Psychologist Examiners)
	• Behavioral Health Professionals:
	  • Licensed Addiction Counselors
	  • Licensed Professional Counselors
	  • Licensed Social Workers
	  • Registered Nurses
	  • Specialty Practice Registered Nurses
	  • Behavioral Analyst
		• Clinical Psychologist, Licensed Clinical Social Worker, Licensed Professional Counselor, Marriage and Family Therapist, Psychiatric Nurse Specialist	• Nurse Practitioner (psychiatric/mental health, PNS)
			• Mental and Behavioral Health (psychologist, Licensed Clinical Social Worker, Licensed Professional Counselor, Marriage & Family Therapist, Physician Assistant)
			• Providers who provide SUD treatment at an NHSC approved site; Physicians, NP, CNM, PA, behavioral health professionals, SUD counselors, RN, pharmacists.

Where Providers Serve	Providers must serve in areas of the state with a defined need for such services.	Providers must serve in Health Professional Shortage Areas (HPSAs)	Providers must serve in a Health Professional Shortage Area (HPSA) at an approved NHSC site.

Financial Benefits	Providers can enter into an agreement up to 5 years.
	Clinical Psychologist: State Match $ 60,000; Community Match $15,000
	Behavioral Health: State Match $ 20,000; Community Match $ 2,000
		• Receive up to $50,000/year for year 1 and 2 (Example: $50,000 Federal Funds, $50,000 Community Match)
		• Receive up to $20,000/year for year 3 and 4
		• Receive up to $10,000/year for year 5
		• Site or community organization must provide a 1:1 match.
			• Year 1 and 2
			  • HPSA 14+ $50,000 FT $25,000 PT
			  • HPSA 0-13 $30,000 FT $15,000 PT
			• Years 3 & 4 $20,000 FT $10,000 PT
			• Years 4 & 5 $10,000 FT $5,000 PT

Center for Rural Health

Office of Primary Care, Office of Systems and Performance, North Dakota Department of Health & Center for Rural Health, University of North Dakota

NORTH Dakota | Health
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Program Type	North Dakota Health Care Professional Student Loan Repayment Program	Federal State Loan Repayment Program (SLRP)	National Health Service Corps (NHSC)
MH/BH Provider Selection Criteria	• Health care professional's specialty • Need for the specialty in the area • Education and experience • Date of availability and anticipated term of availability • Willingness to accept Medicaid and Medicare patients • Letters of recommendation • Personal statement questions	• U.S. citizen or U.S. national • Must not have outstanding contractual obligations for health professional service • Must not have a judgment lien against their property for a debt to the U.S. • Must not be excluded, debarred, suspended or disqualified by a Federal agency • Have unpaid government or commercial loans for school tuition, reasonable educational expenses, and reasonable living expenses, segregated from all other debts	• U.S. citizen or U.S. national • Currently work, or applying to work, at an NHSC-approved site • Have unpaid government or commercial loans for school tuition, reasonable educational expenses, and reasonable living expenses, segregated from all other debts • Licensed to practice in state where employer site is located
Community Selection Criteria	Public and private entities are eligible for this program. Site criteria is based on the following factors: • Located in an area that is statistically underserved • Located at least 20 miles outside the boundary of a city with more than 40,000 residents	• Must be located in HPSA • Sites must be public or nonprofit private status • See all patients regardless of ability to pay • Accept patients covered by Medicare, Medicaid and CHIP • Not discriminate in the provision of services • Must have sliding fee scale or charity care plan.	• Must be located in HPSA • See all patients regardless of ability to pay • Accept patients covered by Medicare, Medicaid and CHIP • Not discriminate in the provision of services • Must have sliding fee scale *see NHSC site guidelines for full details.
Service Commitment	Must practice full-time for up to five years.	Must practice a minimum of two years. Full-time and part-time practice is available.	Must practice a minimum of two years. Full-time and part-time practice is available.
Payments	Payments are made at the conclusion of each twelve month period of service directly to the lender after completion of annual verification form. Community match payments are made to lender or provider. Funds provided through this program are non-taxable income.	Lump sum payments 90 days after the contract start date. Community match payments are made to lender or provider. Funds provided through SLRP are non-taxable income.	Lump sum payments 90 days after the contract start date; NHSC loan repayment is non-taxable income.
Application Deadline	Complete applications are due March 15.	Applications are reviewed quarterly during scheduled State Health Council meetings.	After January 1 each year; sign up at nhsc.hrsa.gov to be notified when the application cycle is open.
Penalties	No penalties are incurred as payments are made after the service year is provided.	The amount of loan repayments paid to the participant representing any period of obligated service NOT completed; $7,500 multiplied by the number of months of obligated service NOT completed; and interest on the above amounts at the maximum legal prevailing rate.	The amount of loan repayments paid to the participant representing any period of obligated service NOT completed; $7,500 multiplied by the number of months of obligated service NOT completed; AND interest on the above amounts at the maximum legal prevailing rate.

Updated 12/6/18

Kalee Werner | kaleewerner@nd.gov | 701-805-1071 | SLRP & North Dakota State Loan Repayment Programs
Stacy Kusler| stacy.kusler@und.edu | 701-777-3300 | NHSC
http://www.ndhealth.gov/pco/main.asp & https://ruralhealth.und.edu/projects/primary-care-office

#29764

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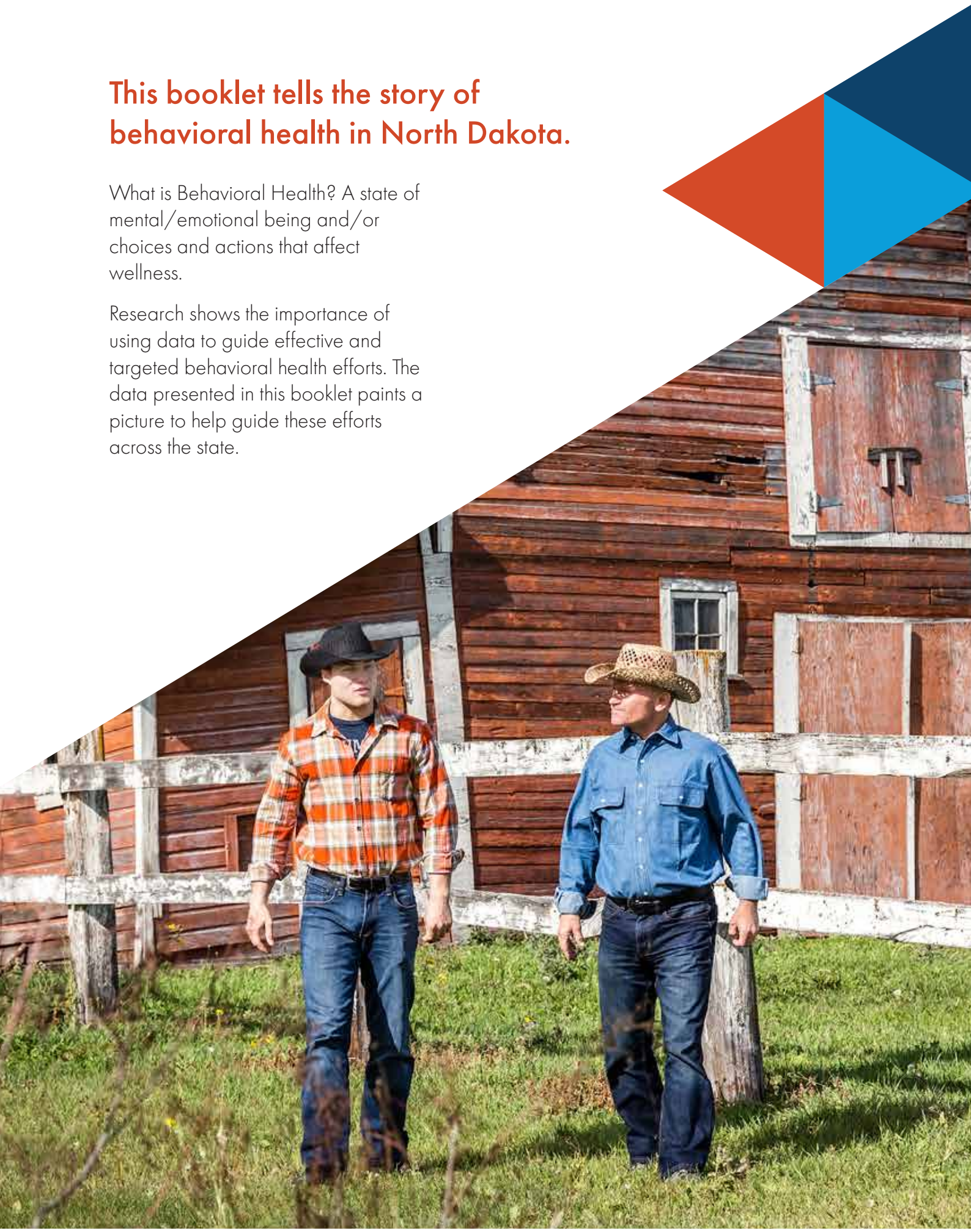
BEHAVIORAL HEALTH

DATA BOOK 2025

This booklet tells the story of behavioral health in North Dakota.

What is Behavioral Health? A state of mental/emotional being and/or choices and actions that affect wellness.

Research shows the importance of using data to guide effective and targeted behavioral health efforts. The data presented in this booklet paints a picture to help guide these efforts across the state.



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10 Addiction and Recovery
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12 Alcohol: Young Adult & College Students
13 Alcohol: Risk Factors
15 Alcohol: Adults
16 Alcohol: Prevention Works
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21 Opioids
23 Other Illicit Drugs
24 North Dakota Behavioral Health Principles
25 Foundation of Well-being
26 Substance Misuse Prevention: What it is, Why it Matters & What Works
27 Behavioral Health Resource Highlights
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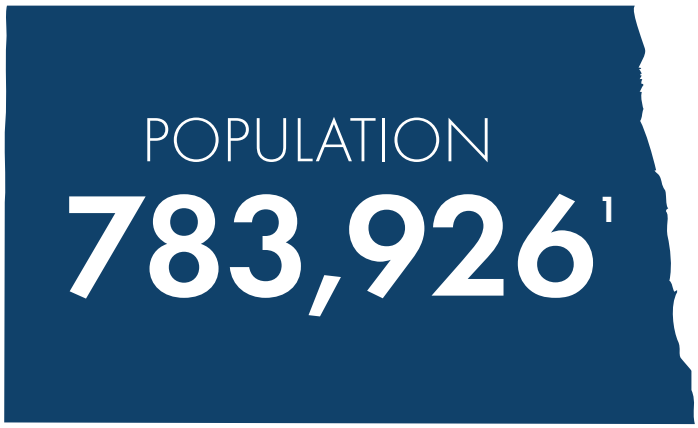
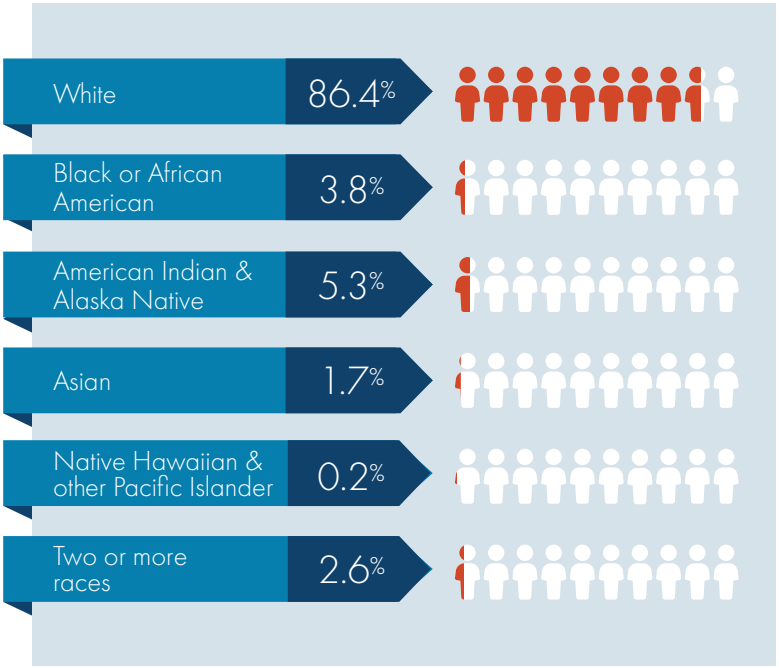
NORTH DAKOTA Demographics Overview



RACE/ ETHNICITY[2]



4.9% of North Dakotans identify as Hispanic or Latino.[2]

7.2% of North Dakota's populations are veterans, compared to 6.1% in the United States.[2]

11.3 people per square mile in 2020, compared to 9.7 people per square mile in 2010.[19]

One in ten (9.8%) North Dakotans are currently living in poverty.[2]

There are **five** federally recognized Tribes and one Indian community located at least partially within the state.

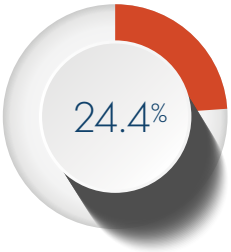
23.6% of North Dakotans are under age 18 and 17% are over age 65.[2]

North Dakota has a **2.3%** unemployment rate.[2]

Behavioral Health

Behavioral health is broad and inclusive of overall wellness.

GAMBLING

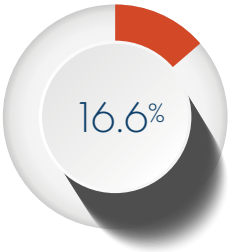


24.4% of ND **high school students** report gambling on sports, the lottery, or the internet in the last year.[3]

Support for problem gambling is available. Visit GamblerND.com for information, resources and links to treatment.

Call (877) 702-7848 to schedule a counseling appointment.

BRAIN INJURY



16.6% of ND **high school students** report having a concussion from playing a sport or being physically active at least once in the last year.[4]

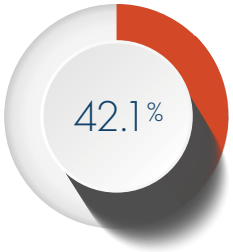
An **increase** from 14.3% in 2021.

The North Dakota Brain Injury Network has several programs that can help brain injury survivors, family members, professionals, caregivers and friends.

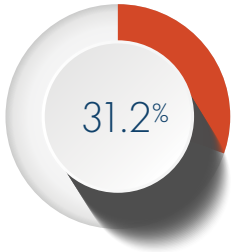
Visit www.ndbin.org

BULLYING

MIDDLE SCHOOL STUDENTS

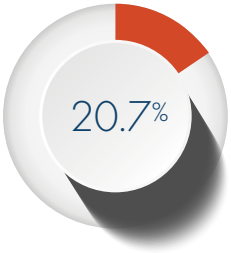


42.1% of ND **middle school** students report ever being **bullied on school property.**[4]



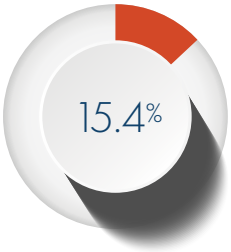
31.2% of ND **middle school** students report ever being **electronically bullied**.[4]

HIGH SCHOOL STUDENTS



20.7% of ND **high school** students report being **bullied on school property** within the past year.[4]

An increase from 15.8% in 2021.



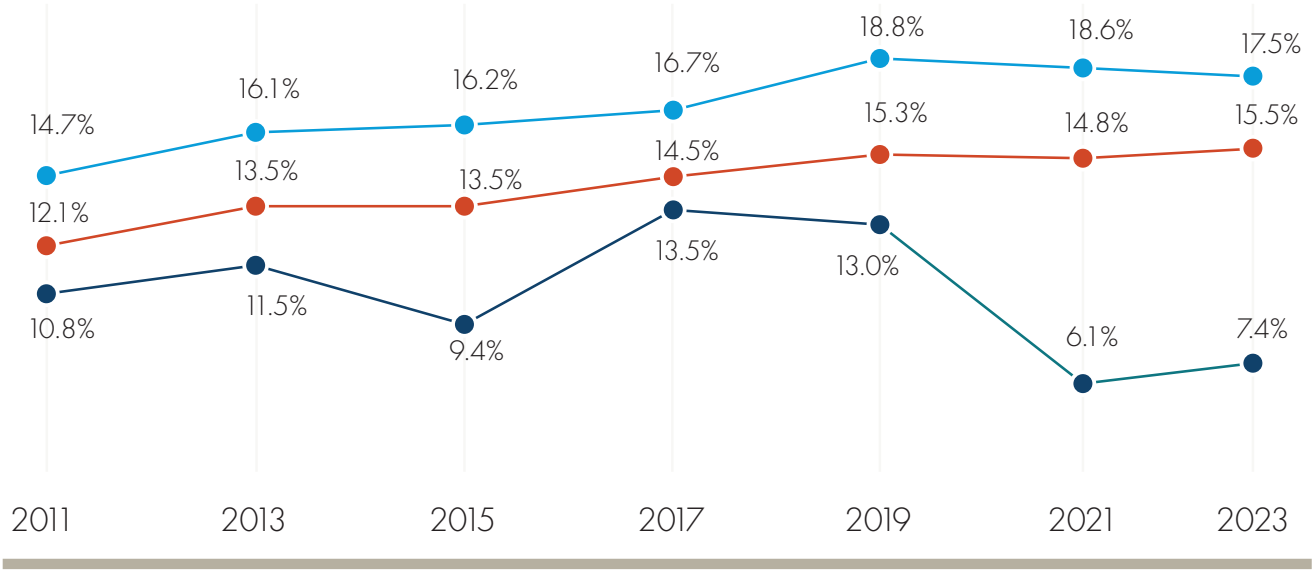
15.4% of ND **high school** students report being **electronically bullied** within the past year.[4]

An increase from 13.6% in 2021.

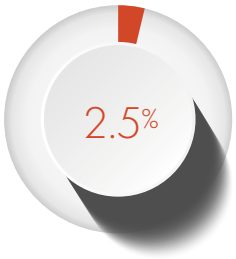
Suicide

YOUTH

NORTH DAKOTA HIGH SCHOOL STUDENTS [4]

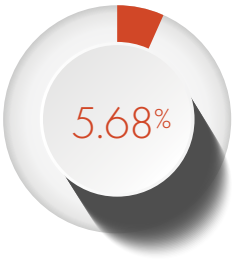


COLLEGE STUDENTS



2.5% of ND college students indicated they had attempted suicide within the last 12 months.[5]

ADULTS



5.68% of ND adults (age 18 and older) had serious thoughts of suicide in the past year.[6]

Suicide & Crisis Lifeline 988 CALL, TEXT OR CHAT

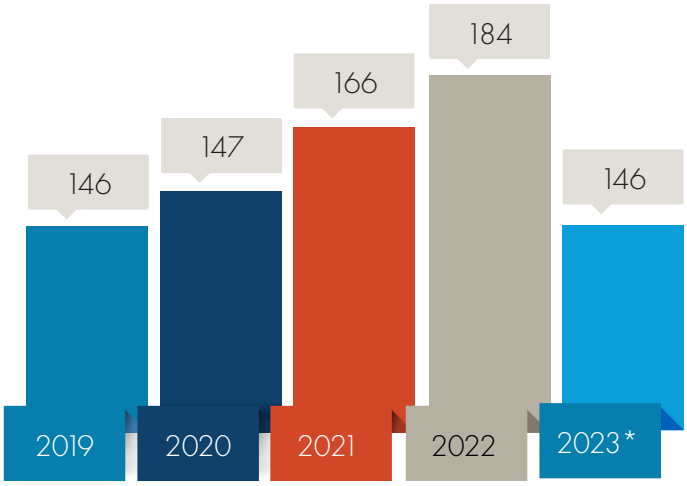
If you or someone you know needs support, call or text 988 or chat 988Lifeline.org.

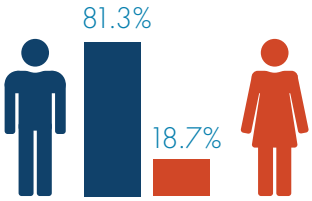
988 connects you with a trained crisis counselor who can help.

Suicide is preventable. If you or someone you know is experiencing a mental health or substance use crisis, call or text the 988 Suicide and Crisis Lifeline or chat at 988lifeline.org. Help is available 24 hours a day, 7 days a week.

146 North Dakotans died by suicide.[7]

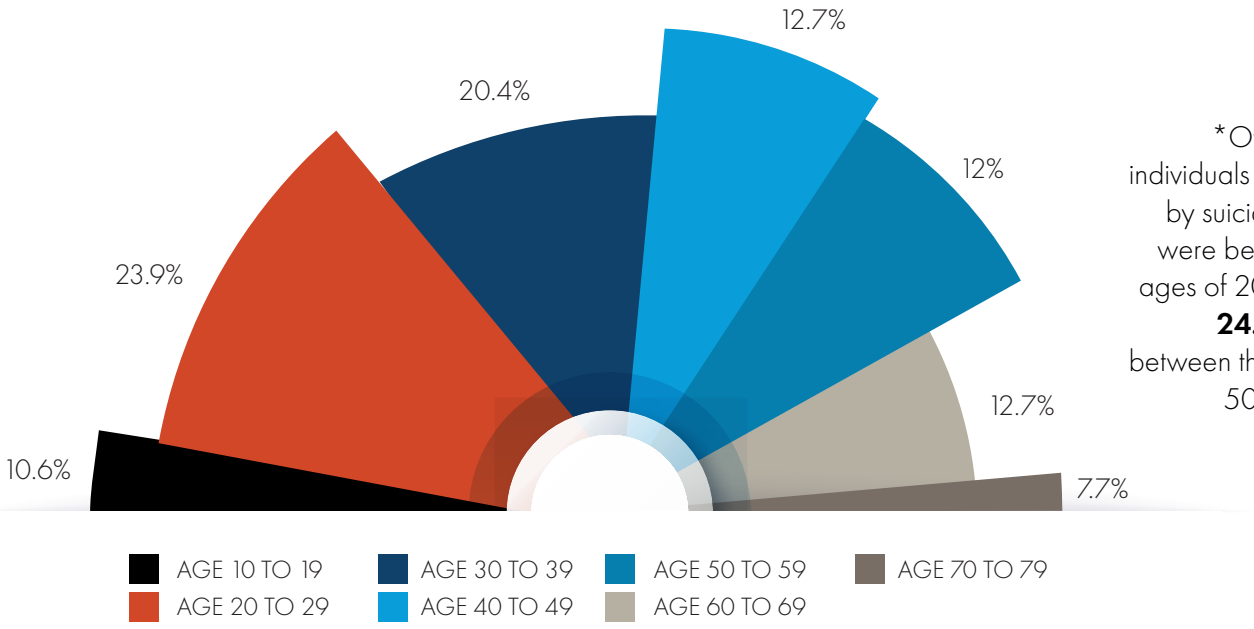
In 2023*, 146 North Dakotans died by suicide. In comparison, 184 North Dakotans died by suicide in 2022.





***81.3%** of individuals who died by suicide in 2023 were male, **18.7%** female.[7]

17.8% of individuals who died by suicide were current or former military (2023).[7]



*Over half of individuals who died by suicide **(57%)** were between the ages of 20 and 49. **24.7%** were between the ages of 50 and 69.[7]

*2023 data is preliminary

Mental Health

YOUTH



30.9% of ND **middle school** students report feeling sad or hopeless (almost every day for 2 weeks or more in a row so they stopped doing some usual activities in the past year).[4]

24.3% of ND **middle school** students report their mental health was most of the time or always not good in the last 30 days.[4]



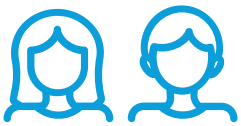
30.6% of ND **high school** students report their mental health was most of the time or always not good in the last 30 days.[4]



35% of ND **high school** students report feeling sad or hopeless (almost every day for 2 weeks or more in a row so they stopped doing some usual activities in the past year).[4]

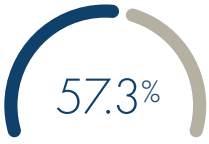


Among those who report feeling sad, empty, hopeless, angry or anxious, **20.1%** of ND **high school** students report they most of the time or always get the kind of help they need.[4]

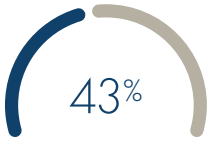


17.8% of ND **youth** (ages 12-17) had major depressive episode in the past year.[6]

COLLEGE STUDENTS



57.3% of ND college students report having counseling for a mental health condition in the last 12 months.[5]



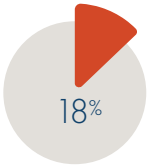
43% of ND college students report high levels of loneliness, based on a standardized loneliness scale.[5]

Among ND college students (in their lifetime)[5]:

36.2% diagnosed with anxiety

27.8% diagnosed with depression

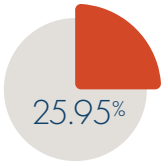
ADULTS (ages 18+)



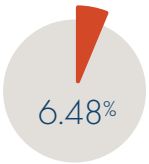
18% reported their **mental health was not good** 8 or more days in the last month.[6]



10.34% reported having a **major depressive episode** in the past year.[6]



25.95% had **any mental illness** in the past year.[6]



6.48% reported a **serious mental illness** in the past year.[6]

Approximately 155,420 ND adults (18+) had any mental illness in the past year.[6]

Approximately 38,810 ND adults (18+) have serious mental illness in the past year.[6]



25.32% of ND adults (18+) received mental health services in the past year.[6]

MENTAL AND PHYSICAL HEALTH IS FUNDAMENTALLY LINKED.

The average life span for people with serious mental illness is 25-30 years less than the general public. People with depression have a 40% higher risk of developing heart diseases than the general population.



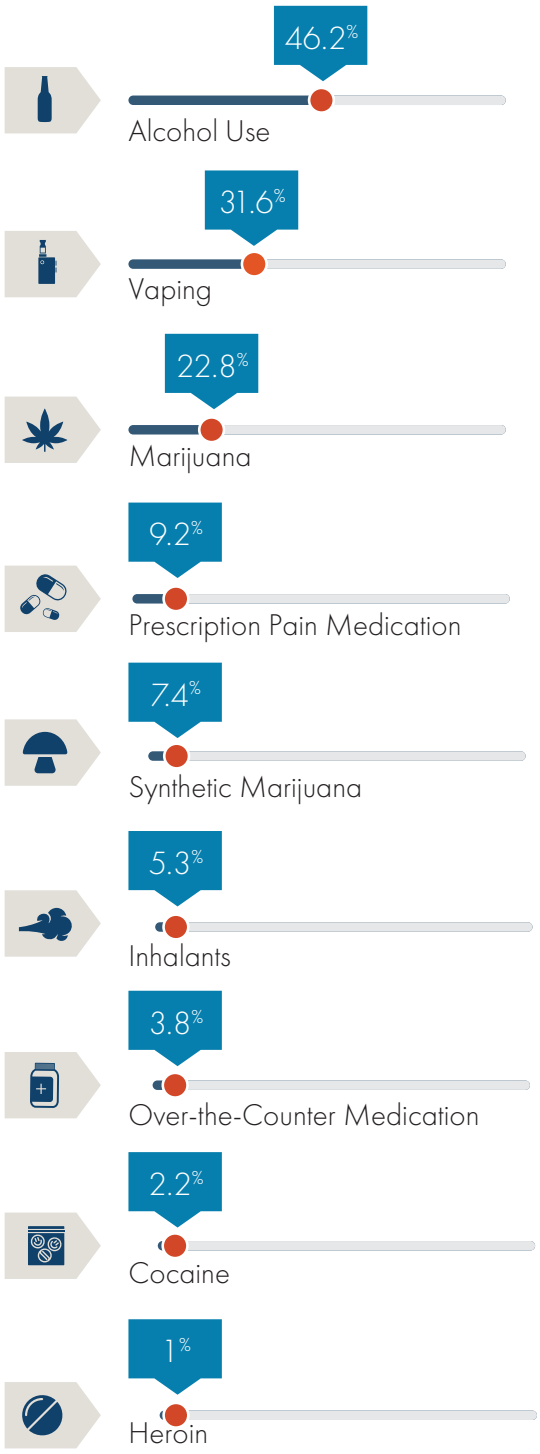
Find mental health services for you or your loved ones through the North Dakota Mental Health Program Directory.

The directory provides a single place for North Dakota citizens to search for mental health services that meet their needs. hhs.nd.gov/behavioral-health/directory

Substance Use

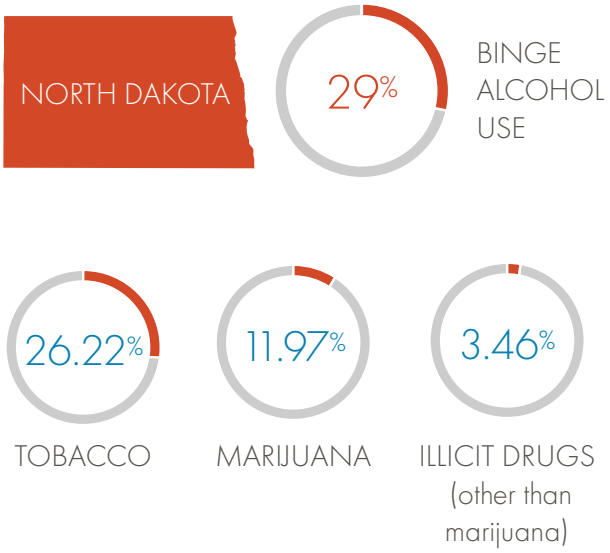
YOUTH (HIGH SCHOOL STUDENTS)[4]

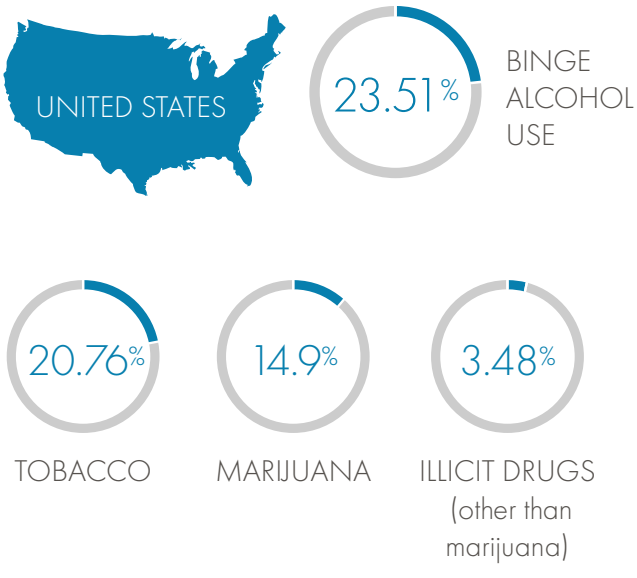
LIFETIME Substance Use



ADULTS (AGES 18+)[6]

PAST 30-DAY Substance Use





NOTE: Binge alcohol use is defined as drinking five or more drinks (for males) or four or more drinks (for females) on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least one day in the past 30 days.

Addiction and Recovery



An estimated 20.8% of ND adults (18+) **met the criteria for a Substance Use Disorder** within the last year.[6]

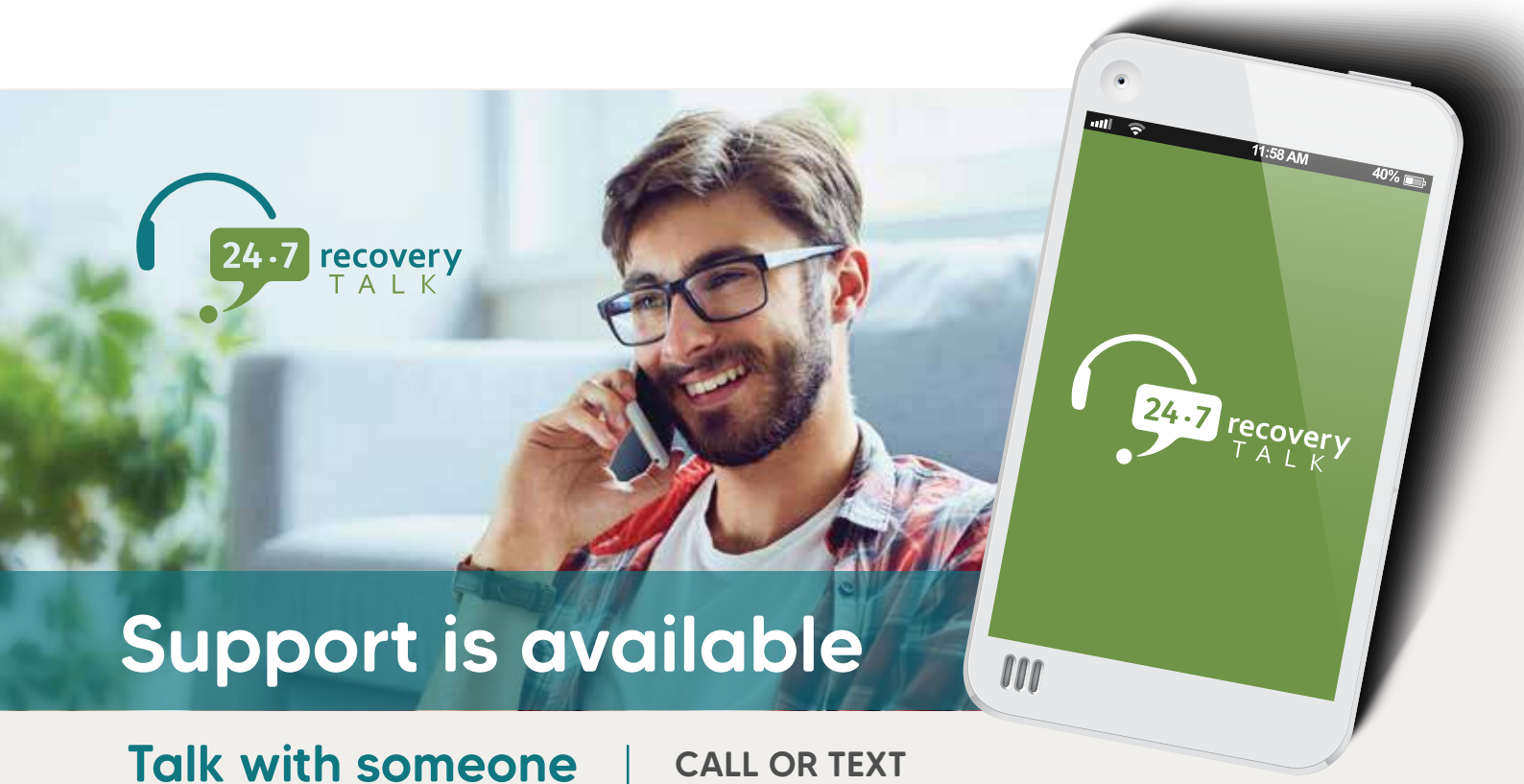
77.62%

An estimated 77.62% of ND adults (18+) who needed treatment for substance use **did not receive treatment in the past year.**[6]

2.5% of ND college students report being in recovery from alcohol or drug use.[5]

105

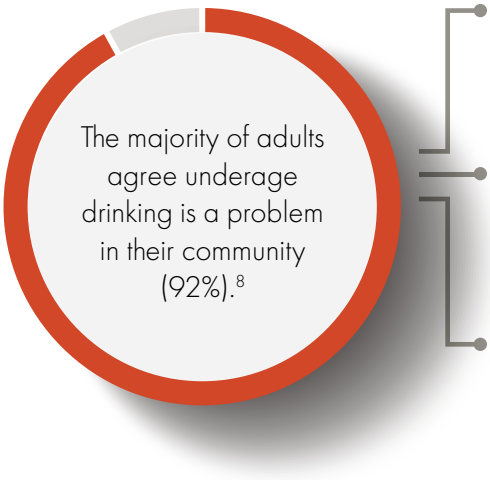
In North Dakota, there are 105 licensed Substance Use Disorder Treatment programs (as of 10/10/2024).



Talk with someone who's been there

CALL OR TEXT
701.291.7901

Alcohol: Underage Drinking



19.1% of ND **middle school** students report alcohol use in their **lifetime**[4]

a decrease from **24.8%** in 2013.

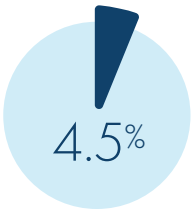
19.5% of ND **high school** students report **current alcohol use** (within the past 30 days)[4]

a decrease from **35.3%** in 2013.

10.3% of ND **high school** students report **current binge drinking*** (within the past 30 days)[4]

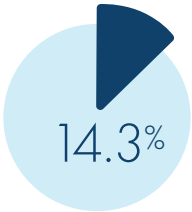
a decrease from **21.9%** in 2013.

Not only is underage drinking against the law, but there are also many consequences to underage drinking impacting the health and safety of North Dakota youth.



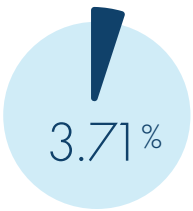
4.5% of ND high school students report **driving after drinking** alcohol within the past 30 days.[4]

a **decrease** from 10.7% in 2013



14.3% of ND high school students report **riding with a driver who had been drinking** alcohol within the past 30 days.[4]

a **decrease** from 21.9% in 2013



3.71% of ND youth (ages 12-17) met the criteria for **alcohol use disorder** in the past year.[6]

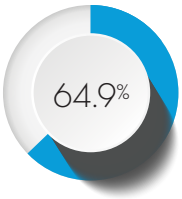


Research shows brain development is not complete until around age 25.

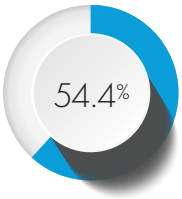
Among the last parts of the brain to be developed are those responsible for impulse control and extended reasoning. Alcohol use among youth and young adults can result in irreversible changes impacting problem-solving skills, performance at school, and potentially their body, mood and mental health.

*Binge drinking: 5 or more drinks of alcohol on an occasion or in a row

Alcohol: Young Adult & College Students



64.9% of ND **college students** report **using alcohol** in the last three months.[20]



54.4% of ND **college students** report **binge drinking*** one or more times in the last two weeks.[5]

15%

of ND **college students** report **driving after having any alcohol in the last 30 days**
(of those students who reported drinking alcohol in the last 30 days and those who reported driving in the last 30 days).[5]

*binge drinking: five or more drinks (males) or four or more drinks (females) containing any kind of alcohol at a sitting.

ND college students who drank alcohol reported experiencing the following in the last 12 months when drinking alcohol[5]:

19% did something they later regretted

12.4% blackout

6.8% physically injured themself

Among ND Young Adults (18-25 year olds)[6]

64% report alcohol use in the past month.

Compared to 50.57% nationwide

40.43% report binge drinking in the past month.

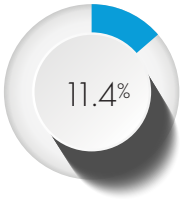
Compared to 29.73% nationwide

Alcohol: Risk Factors

There are many risk factors that influence a person's likelihood of engaging in illegal or risky substance use. Effective prevention focuses on reducing these risk factors.

Research shows that individuals who start drinking before the age of 15 are four times more likely than individuals who start drinking at the age of 21 to meet criteria for alcohol use disorder at some point in their lives.[20]

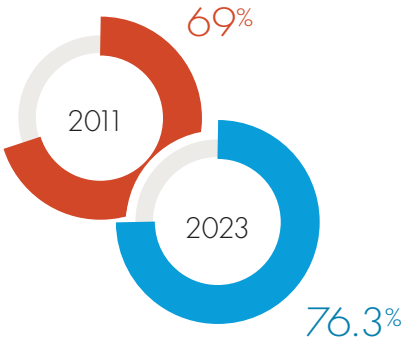
4x

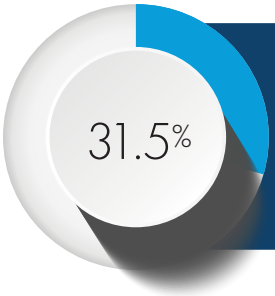


11.4% of ND **high school** students report their first use of alcohol before the age of 13.[4]

Generally, individuals do NOT believe binge drinking is risky.

The percentage of ND high school students who believe binge drinking one or two times a week does NOT pose a great risk has increased from **69%** in 2011 to **76.3%** in 2023.[4]





31.5% of ND **high school** students report living with someone who had a problem with alcohol or drug use at some point in their life.[4]

Alcohol: Risk Factors

The easier it is to obtain alcohol, the higher the likelihood for use and abuse.

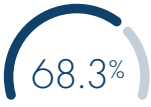
North Dakota ranks highest in the nation for the number of bars per capita, with 49.73 bars per 100,000 people. Compare this to New Hampshire, with 1.54 bars per 100,000 people.[9]

There is one alcohol beverage license (restaurant serving alcohol, bar or liquor store) in ND for every 445.5 people.[10]

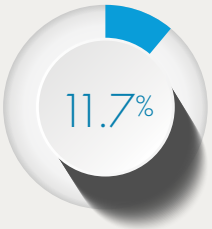
Early intervention is an important piece of the behavioral health continuum of care and helps to reduce the risk of harmful behaviors such as drug and alcohol use.

18

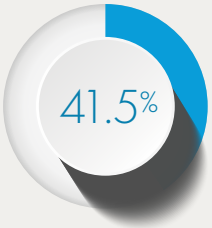
In North Dakota, there are 18 certified Minor in Possession education providers (as of 10/10/2024).



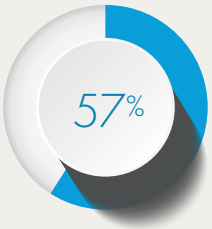
68.3% of ND adults support requiring evidence-based interventions for youth with Minor in Possessions.[8]



11.7% of ND adults believe it is not at all difficult for youth to **buy alcohol at a store** themselves.[8]



41.5% of ND adults believe it is not at all difficult for youth to **get an older person to buy alcohol** for them.[8]



57% of ND adults believe it is not at all difficult for youth to **sneak alcohol from their home** or a friend's home.[8]

Alcohol: Adult

Adult binge drinking in North Dakota is a serious public health issue, resulting in many consequences impacting individuals, families and communities.

91.4% of ND adults agree that **adult alcohol use is a problem in their community.**[8]

Among North Dakota adults age 26 and older:

59.87% used alcohol in the past month.[6]

3rd

ND ranks 3rd in the nation for **binge alcohol use** (past month) (26.81%).[6]

The economic costs of excessive alcohol consumption in ND are estimated at **$487 million**, which is $725 per person or $1.40 a drink.[11]

One in six (16.7%) adult arrests in ND are for driving under the influence.[12]

36% of fatal crashes in ND are alcohol-related.[13]

13.39% of ND adults age 26 or older met the criteria for Alcohol Use Disorder in the past year.[6]

23% of new domestic violence cases in ND involve alcohol.[14]

Not all drinks are created equal. Some can be the equivalent of three and even four drinks, which is why we say speak in volumes and you'll speak volumes about how much you're drinking.

SPEAK VOLUMES .ND.GOV



12-ounce beer (5% ABV) = 1 drink



5-ounce glass of wine (12% ABV) = 1 drink



16-ounce craft beer (7.5% ABV) = 2 drinks



Martini = 1.5-2 drinks



Long Island Iced Tea = 3-5 drinks

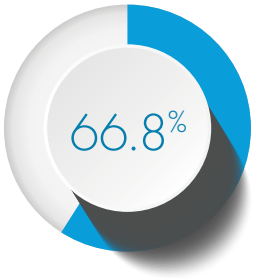


Margarita = 2-3 drinks

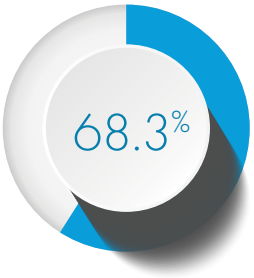
Alcohol: Prevention Works

Prevention is a proactive approach; creating an environment that promotes the health and well-being of individuals, families and communities, which prevents problems before they occur.

ADULTS



believe it is possible to reduce alcohol and other drug problems through prevention.[8]



believe prevention programs are a good investment.[8]

CHANGE COMES FROM

Increased awareness of the risks associated with underage drinking and adult binge drinking.

Strengthened policies to reduce access to alcohol.

65.5% of ND adults believe that alcohol servers and bartenders should be specifically trained.[8]

Enforcement of laws and policies related to alcohol.

75.7% of ND adults support the legal drinking age of 21.[8]

64.3% of ND adults support DUI checkpoints.[8]

83.4% of ND adults support compliance checks.[8]

Shifting community norms to be supportive of healthy decisions, and not supportive of excessive alcohol consumption.

72.3% of ND adults support penalties for adults who provide alcohol to minors.[8]

Protective parental behaviors such as ongoing conversations, healthy role-modeling, monitoring, support and engagement.

Tobacco

Generally, cigarette use is declining among youth in the state. However, use of other tobacco products has remained steady or increased.

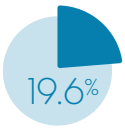
YOUTH



92.2% of ND adults believe **TOBACCO USE AMONG YOUTH** is a problem in their community.[8]



8.9% of ND **middle school** students report cigarette use in their lifetime.[4]



19.6% of ND **high school** students report current (past 30-day) use of tobacco.[4]



5.4% of ND **high school** students report current (past 30-day) use of cigarettes.

decrease from 8.3% in 2019.[4]

ELECTRONIC VAPOR PRODUCTS



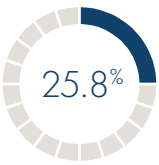
of ND **middle school** students report using electronic vapor products at one point in their life.[4]



of ND **high school** students report current use of electronic vapor products.[4]

decrease from **33.1%** in 2019.

COLLEGE STUDENTS & ADULTS

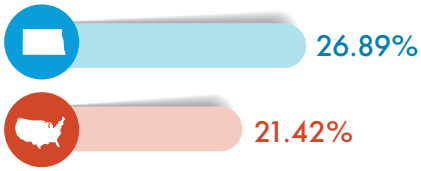


25.8% of ND **college** students report using tobacco or nicotine delivery products in the last three months.[5]



89.5% of ND adults believe **TOBACCO USE AMONG ADULTS** is a problem in their community.[8]

Among adults age 26 and older, 26.89% of ND adults report tobacco product use in the past month; compared to 21.42% of US adults.[6]



Tobacco is the leading preventable cause of death in the United States and has a tremendous impact on lives in North Dakota. By preventing tobacco use and exposure to secondhand smoke, we reduce disease, alleviate suffering, save lives, and cut health care costs and productivity losses.



The majority

62.9%

of North Dakotans (age 12 or older) believe smoking one or more packs of cigarettes per day poses great risk.[6]

In the 2022-2023 school year, there were 1,234 suspensions/expulsions related to tobacco. This corresponds to 3,373.25 days removed from school.[15]

Exposure to secondhand smoke causes more than 41,000 deaths each year among adults in the United States.[16]

The life expectancy for smokers is at least 10 years shorter than for nonsmokers.[16]



39.4%

of ND high school students report it would be very easy to get tobacco products if they wanted some.[18]

11.6%

of ND **high school** students usually obtain their own cigarettes by buying them in a store or gas station.[18]

6.5%

of ND **high school** students usually obtain their own electronic vapor products by buying them in a store.[18]



Tobacco affects everyone, even non-users. In North Dakota, smoking-related costs include:[23]

Annual health care costs directly caused by smoking: **$379 million**

Medicaid costs caused by smoking: **$61.1 million**

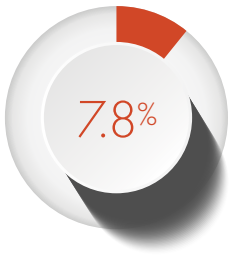
Residents' state and federal tax burden from smoking-caused government expenditures: **$970 per household**

Smoking-caused productivity losses: **$715 million**

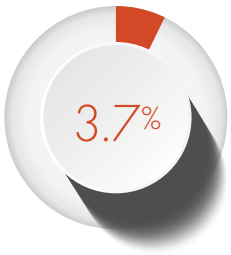
Marijuana

YOUTH





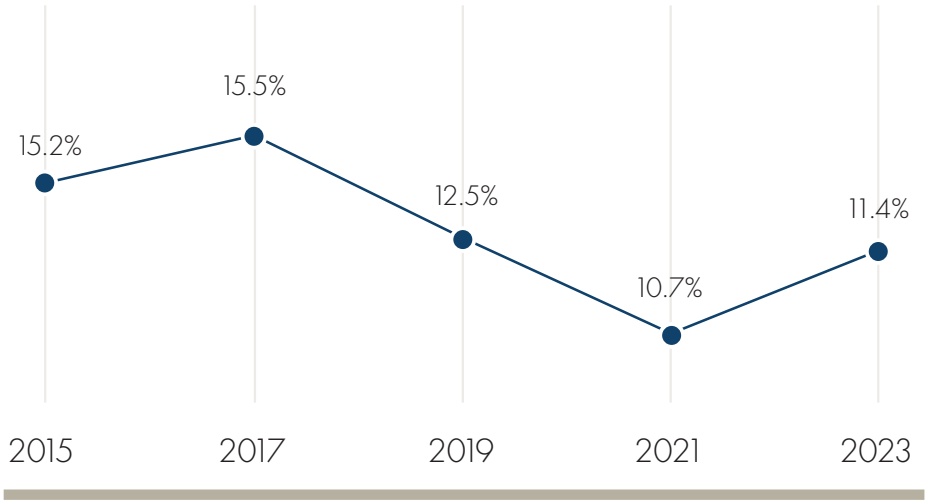
7.8% of ND **middle school** students have used marijuana one or more times in their **lifetime**.[4]

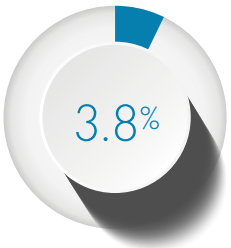


3.7% of ND **middle school** students have used marijuana one or more times in the **last 30 days.**[4]

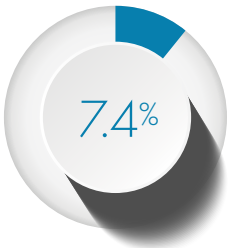


11.4% of ND **high school** students have used marijuana one or more times in the last 30 days.[4]

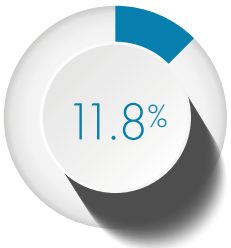




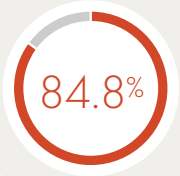
3.8% of ND **high school** students tried marijuana for the first time before the age of 13.[4]



7.4% of ND **high school** students report using synthetic marijuana sometime in their life.[4]



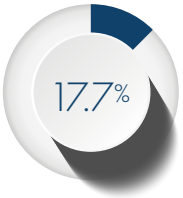
11.8% of ND **high school** students report riding in a car or other vehicle driven by someone who had been using marijuana in the last 30 days.[4]



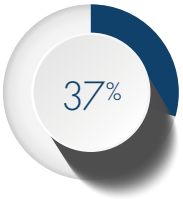
The majority of ND **adults believe YOUTH** marijuana use is a problem in their community (84.8%).[8]

As efforts to legalize marijuana continue, there is an increasing perception marijuana is not harmful or addictive. The reality is marijuana can cause major health, safety, social, and learning problems, especially in adolescents.

COLLEGE STUDENTS



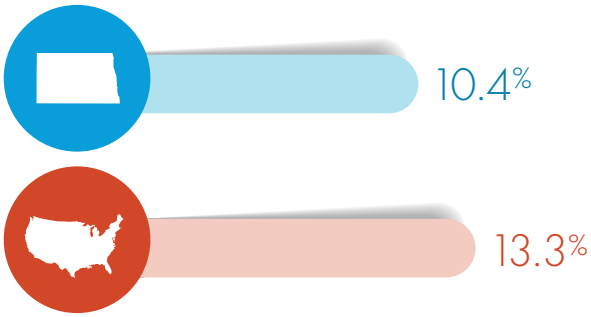
17.7% of ND **college** students reporting using nonmedical use of cannabis in the last three months.[5]



37% of ND **college** students reporting driving within six hours of using cannabis/marijuana in the last 30 days (of those reporting using cannabis in the last 30 days and those reporting driving in the last 30 days).[5]

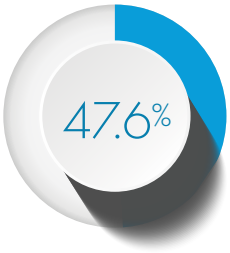
ADULTS

10.4% of ND adults (age 26+) report using marijuana in the past month, compared to **13.3%** nationwide.[6]

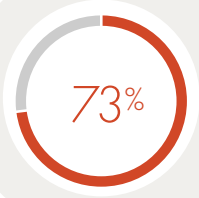




82.2% of North Dakotans (age 12+) do NOT perceive great risk from smoking marijuana once a month.[6]



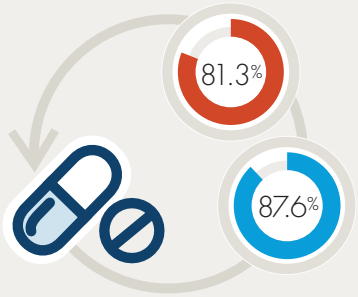
Marijuana/hashish was found in **47.6%** of cases where drugs were seized in 2023.[12]



Three out of four ND adults believe it is a problem for ADULTS (73%).[8]

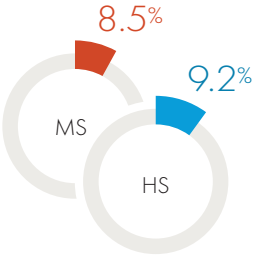
Opioids

Opioid misuse and overdose is a growing concern across the nation and in North Dakota communities.



More than **three quarters of ND adults** believe prescription drug use among both youth (81.3%) and adults (87.6%) is a problem in their community.[8]

YOUTH



8.5% of ND **middle school students and 9.2%** of ND **high school students** report using prescription pain medication without a doctor's prescription one or more times during their lifetime.[4]

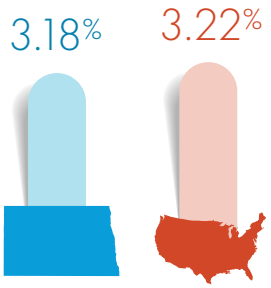
1% 1% of ND **high school** students report using heroin one or more times during their lifetime.[4]

COLLEGE STUDENTS

0.7% of ND college students report nonmedical use of prescription opioids in the last three months.[5]

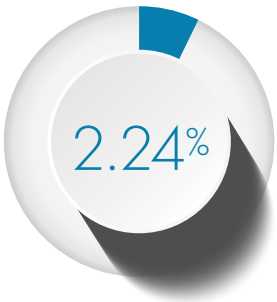
0.3% of ND college students report heroin use in the last three months.[5]

ADULTS



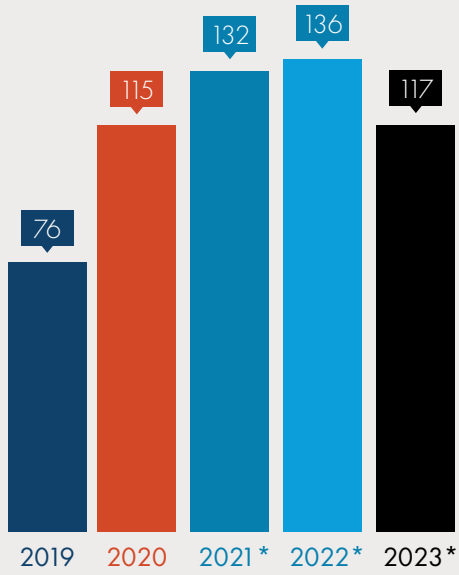
3.18% of ND **adults** (26+) report past year misuse of prescription pain relievers, compared to 3.22% in the U.S.[6]

0.46% of ND **adults** (26+) report past year heroin use.[5]



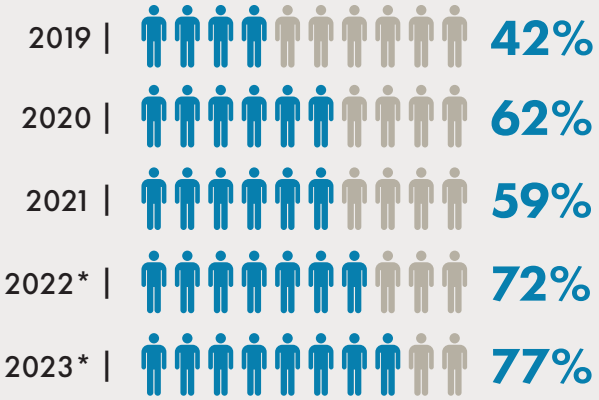
2.24% of ND **adults** (age 26 and older) meet the criteria for opioid use disorder within the past year.[6]

Drug Overdose Deaths in North Dakota[7]



*preliminary data

Percentage of Drug Overdose Deaths Where Fentanyl Was Present in Toxicology[7]



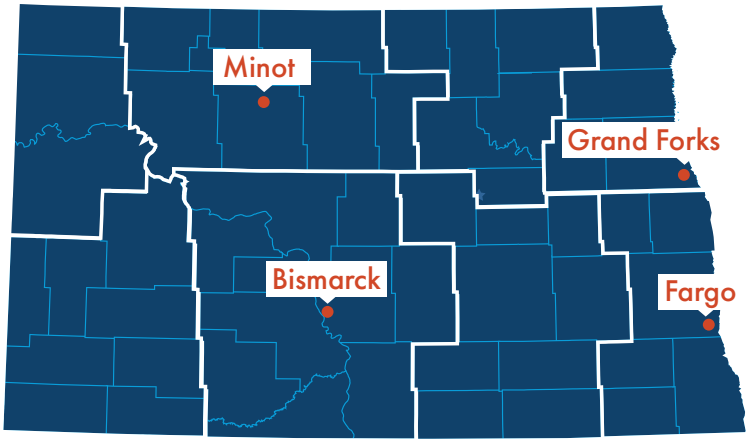
Nearly **84%** of drug overdose deaths in 2023 involved an opioid.[7]

24.5% of ND **adults** believe it is NOT at all difficult for youth or adults to access prescription drugs in their community.[8]

There are four opioid treatment programs in North Dakota.

As of July 1, 2022, 819 individuals were being served.

This is an increase from 761 individuals in July of 2020.



Save a loved one.



Know how to respond to an opioid overdose

1. Call 911 and administer naloxone.
2. Do rescue breathing or chest compressions. Follow 911 dispatcher directions.
3. Remain onsite until assistance arrives and cooperate with first responders.

Other Illicit Drugs

YOUTH

HIGH SCHOOL STUDENTS[4]
LIFETIME Substance Use

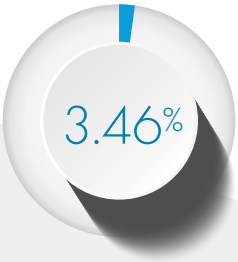
- Inhalants | 5.3%
- Cocaine | 2.2%
- Ecstasy | 2.4%

COLLEGE STUDENT

ND COLLEGE STUDENTS[5]
(Use in last three months)

- Inhalants | 0.7%
- Cocaine | 1.2%
- Hallucinogens | 2.0%
- Methamphetamine | 0.4%

ADULT



3.46% of ND **adults** (age 18 and older) report using illicit drugs (other than marijuana) in the past month.[6]



Drug/ narcotic violations offenses increased by

2.54%

from a total of 5,866 in 2022 to 6,015 in 2023.[12]

1,505 individuals received services at an authorized **syringe service program** in the state in 2023.

Syringe Service Programs are an important component to both disease prevention and connecting people to services. In 2023, **378** individuals were referred to substance use treatment as a result of syringe service programs.

694 individuals indicated that they had used Narcan for a total of **1,403** lives saved.

North Dakota Behavioral Health Principles

To deliver an effective response to people in need, the following principles should be embraced:

- Behavioral health is health.
- Support the full continuum of care across prevention, early intervention, treatment and recovery.
- Ensure behavioral health services and supports are available in the community: avoid institutionalizing and criminalizing.
- Services and supports are built to be person-centered, trauma-informed and recovery-oriented.



Foundation of Well-being

WE WANT TO SEE:

Individuals and strong, stable families thriving with their behavioral health while supported by communities and businesses that prioritize well-being.

Individuals struggling with behavioral health conditions achieve independence and live a self-directed life in recovery.

WE ACHIEVE THIS BY:

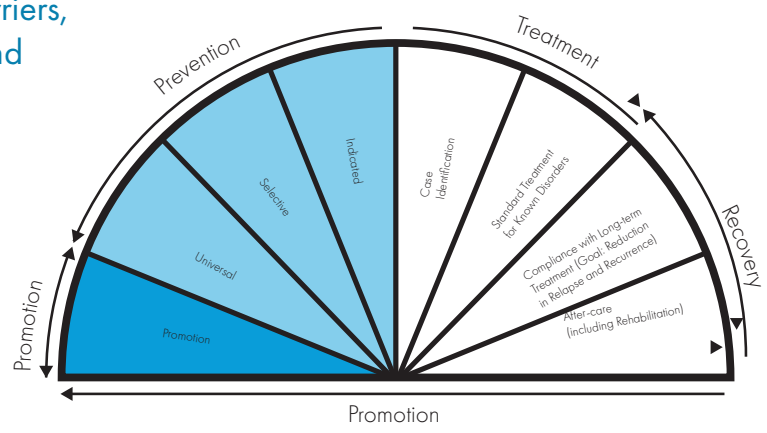
Identifying and addressing the many factors that influence an individual's likelihood to develop a substance misuse or related behavioral health problem.

These can be described as:

- Social determinants of health
- Risk and protective factors
- Building resiliency
- Adverse Childhood Experiences

Behavioral health is an essential part of overall health in which promotion removes barriers, prevention works, treatment is useful and people recover.

Services throughout this continuum of care should reflect current knowledge, technology and evidence-based practice. Throughout all levels of the continuum, there should be continuous promotion of healthy behaviors and lifestyles, a primary driver of health outcomes.



SUBSTANCE MISUSE PREVENTION:

What it is, Why it Matters & What Works



What is Prevention?

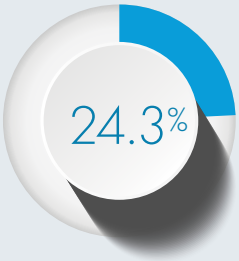
Prevention is a proactive approach; creating an environment that promotes the health and well-being of individuals and communities, which prevents problems before they occur.

WHY IS IT IMPORTANT?

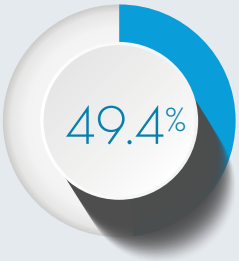
- Prevention is cost-effective; saving $64 for every $1 invested (on average).[26]
- Prevention improves the health of individuals, families and communities.
- Prevention decreases consequences and saves lives.

WHAT WORKS?

- Prevention focuses on reducing risk factors, strengthening protective factors and building resiliency of individuals, families and communities.
- Prevention follows the Public Health Model, focusing on population-level change.
- Prevention requires a multi-faceted approach, implementing a variety of evidence-based strategies working toward a common goal.
- It can take time to see the results of prevention.



24.3% of ND **adults** report their community is taking strong action to prevent the misuse of alcohol and other drugs.[8]



Half of ND **adults (49.4%)** are concerned about whether their community has sufficient alcohol and other drug abuse prevention programs.[8]

Behavioral Health Resource Highlights

Find Behavioral Health Services

The North Dakota Mental Health Program Directory provides a single place for North Dakota citizens to search for mental health services that meet their needs. This registry allows users to:

- Search by location and other details
- View program information, including program name, address and phone number

Find a mental health program near you:
hhs.nd.gov/behavioral-health/directory

North Dakota Human Service Centers (Community Behavioral Health Clinics)

North Dakota Health and Human Services' Behavioral Health Division operates eight regional clinics that provide behavioral health services to North Dakotans. Each center serves a designated multi-county area.

Visit www.hhs.nd.gov/HSC to find a location near you.



Behavioral Health Resource Highlights

Recovery Talk

If you don't know where to begin getting help with addiction for yourself or someone you know—start here. Call or text 701.291.7901 to speak to a trained peer support specialist with lived experience in addiction to chat and receive support.

988 Crisis Lifeline

If you or someone you know needs support, call or text 988 or chat 988Lifeline.org. 988 connects you with a trained crisis counselor who can help.



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hhs.nd.gov/behavioral-health

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| Health & Human Services



Behavioral Health

January 2025

NORTH Dakota
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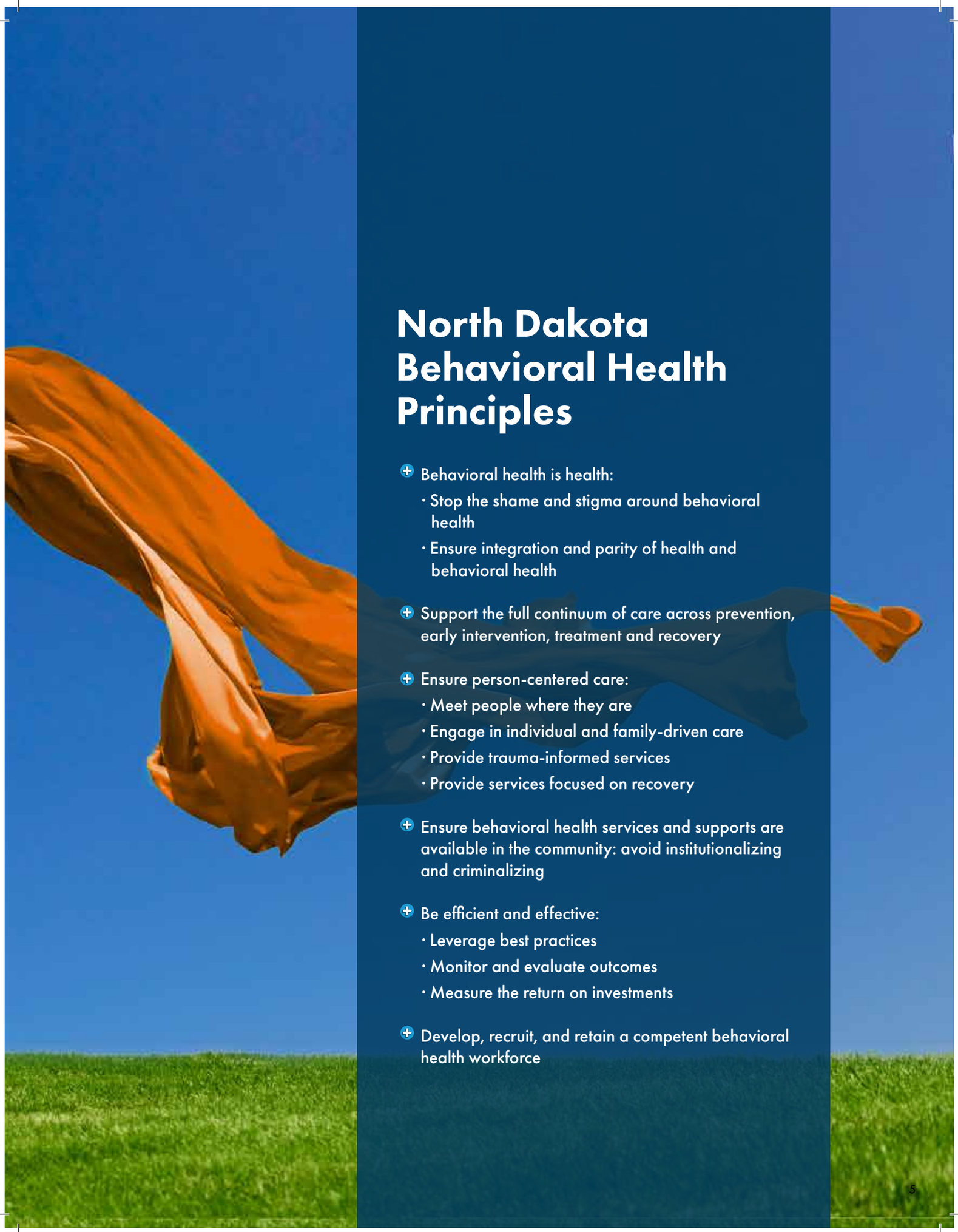
Purpose

This report presents an overview of the North Dakota Department of Health and Human Services' Behavioral Health Division with the intent to outline the division by first providing an overview of roles, responsibilities, and organizational structure; funding and initiatives; and then by aligning current initiatives with recommendations provided by the North Dakota Behavioral Health System Study.





North Dakota Behavioral Health Principles

- Behavioral health is health:
  - Stop the shame and stigma around behavioral health
  - Ensure integration and parity of health and behavioral health
- Support the full continuum of care across prevention, early intervention, treatment and recovery
- Ensure person-centered care:
  - Meet people where they are
  - Engage in individual and family-driven care
  - Provide trauma-informed services
  - Provide services focused on recovery
- Ensure behavioral health services and supports are available in the community: avoid institutionalizing and criminalizing
- Be efficient and effective:
  - Leverage best practices
  - Monitor and evaluate outcomes
  - Measure the return on investments
- Develop, recruit, and retain a competent behavioral health workforce

North Dakota Department of Health and Human Services

The North Dakota Department of Health and Human Services (HHS) is a state government agency with the mission to foster positive, comprehensive outcomes by promoting economic, behavioral, and physical health, ensuring a holistic approach to individual and community well-being.

System Values



Person Centered



Trauma Informed



Recovery Oriented



Integrated



Data Driven



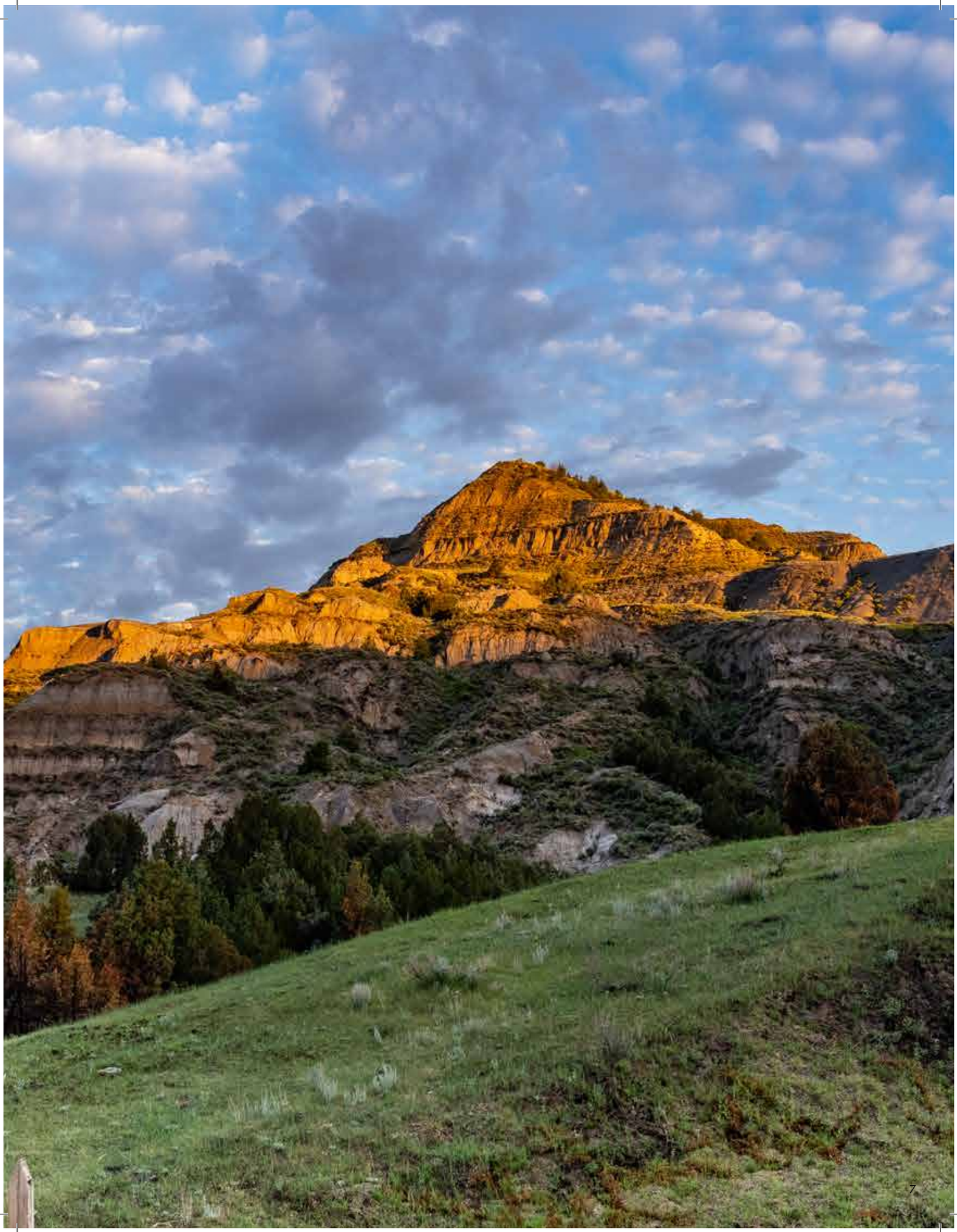
Best Practice



Transparency

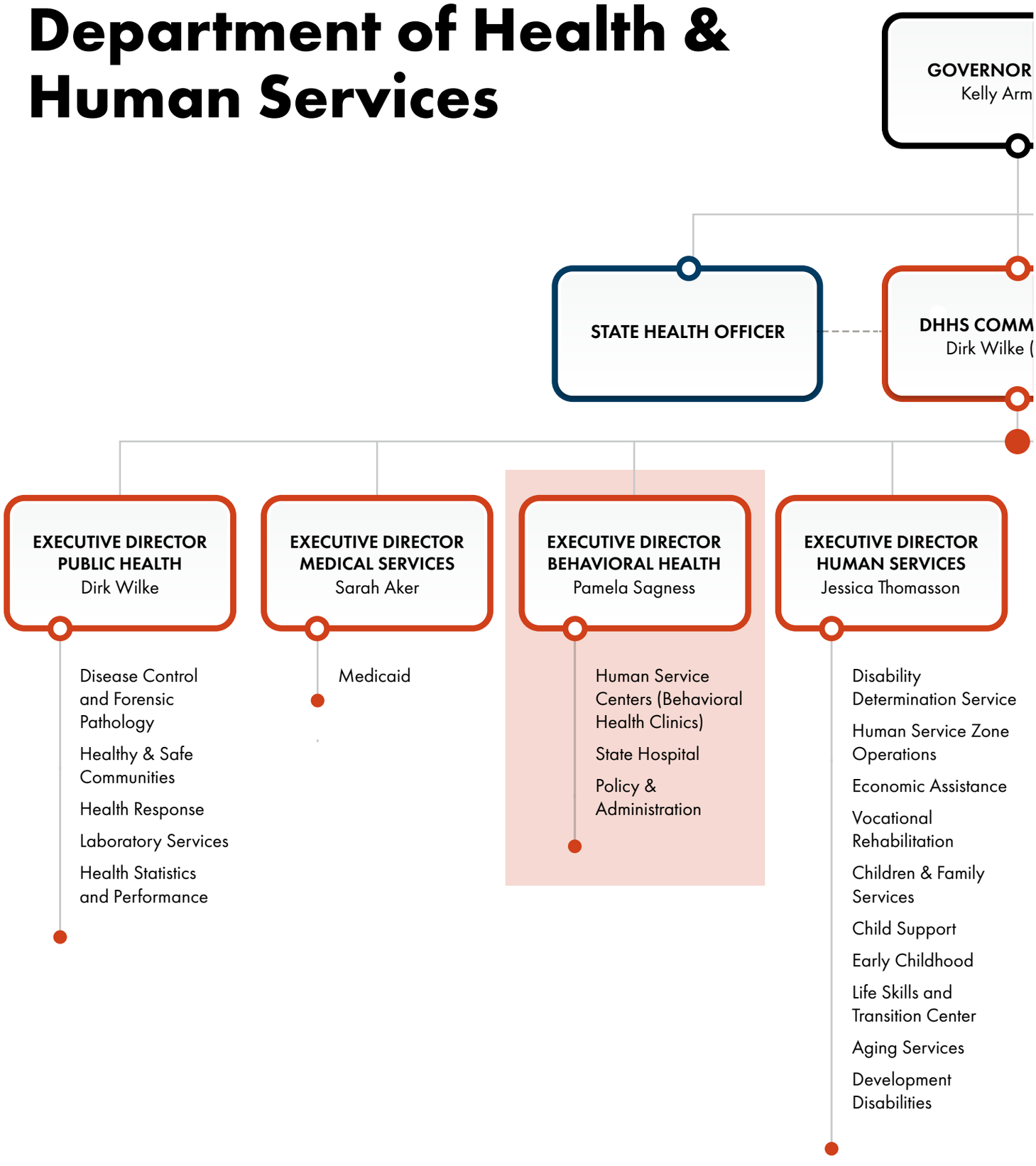


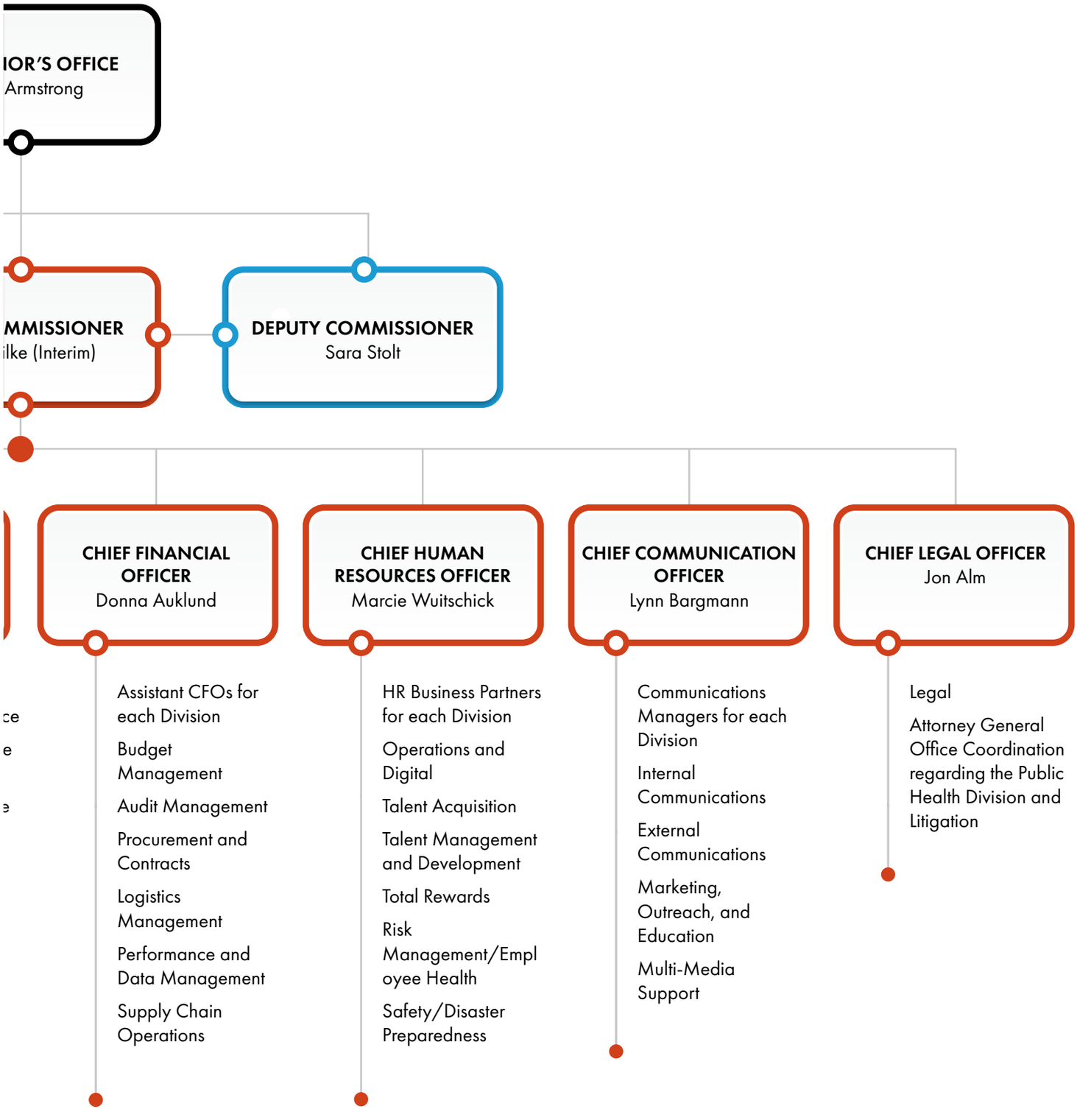
Accountablity



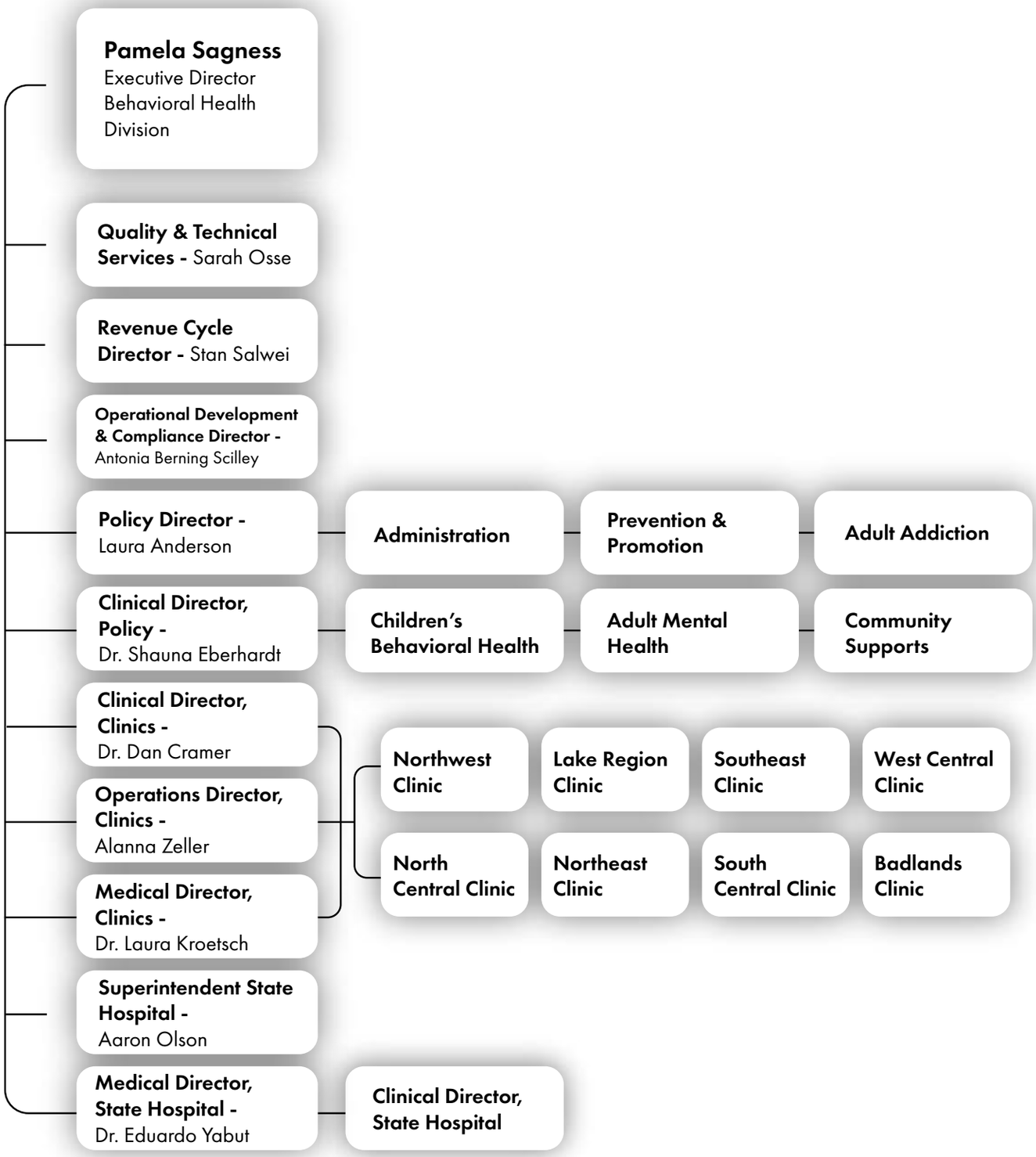
NORTH DAKOTA

Department of Health & Human Services




IOR'S OFFICE
Armstrong
MMISSIONER
ilke (Interim)
DEPUTY COMMISSIONER
Sara Stolt
CHIEF FINANCIAL OFFICER
Donna Auklund
Assistant CFOs for each Division
Budget Management
Audit Management
Procurement and Contracts
Logistics Management
Performance and Data Management
Supply Chain Operations
CHIEF HUMAN RESOURCES OFFICER
Marcie Wuitschick
HR Business Partners for each Division
Operations and Digital
Talent Acquisition
Talent Management and Development
Total Rewards
Risk Management/Employee Health
Safety/Disaster Preparedness
CHIEF COMMUNICATION OFFICER
Lynn Bargmann
Communications Managers for each Division
Internal Communications
External Communications
Marketing, Outreach, and Education
Multi-Media Support
CHIEF LEGAL OFFICER
Jon Alm
Legal
Attorney General Office Coordination regarding the Public Health Division and Litigation

Behavioral Health Organization Chart



Behavioral Health Division

The Behavioral Health Division consists of a Policy and Administration team, the regional Human Service Center Clinics (Behavioral Health Clinics) and the State Hospital.

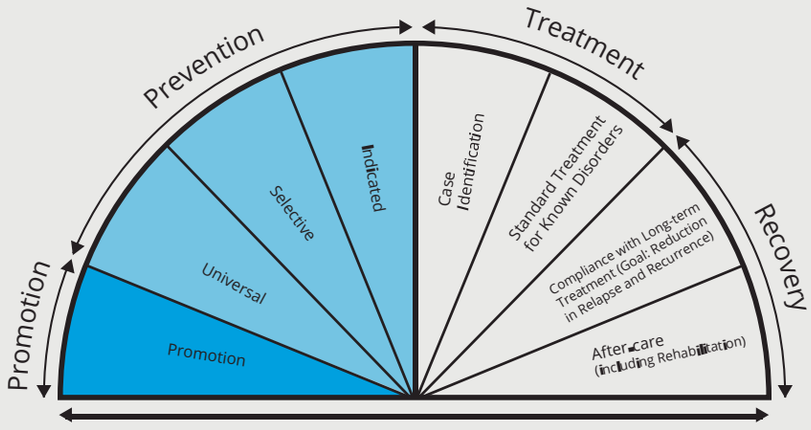
A Vision for Behavioral Health Services

"Behavioral health is an essential part of overall health in which promotion removes barriers, prevention works, treatment is useful, and people recover. Services throughout the continuum should reflect current knowledge, technology and be grounded in evidence-based practice. Throughout all levels of the continuum, there should be a continuous promotion of healthy behaviors and lifestyles, a primary driver of health outcomes."

Pamela Sagness, Executive Director

Our Approach

Services provided by the division are grounded in the Institute of Medicine's Continuum of Care model. The model recognizes the need for a full range of high-quality services including promotion, prevention, treatment, and recovery [SAMHSA].





Promotion & Prevention

Strategies create an environment that promotes the health and well-being of individuals and communities, which prevents problems before they occur.



Early Intervention

These strategies identify those individuals at risk for or showing the early signs of a disorder with the goals of intervening to prevent progression.



Treatment

Services are clinical interventions designed to address the needs of an individual with a behavioral health diagnosis.



Recovery

Services support the individuals' ability to live a meaningful, productive life in the community.



WE WANT TO SEE:

- Individuals, families, communities, and businesses with positive behavioral health.
- Individuals struggling with behavioral health conditions achieve independence and live a self-directed life in recovery.

WE ACHIEVE THIS BY:

Supporting the full continuum of care

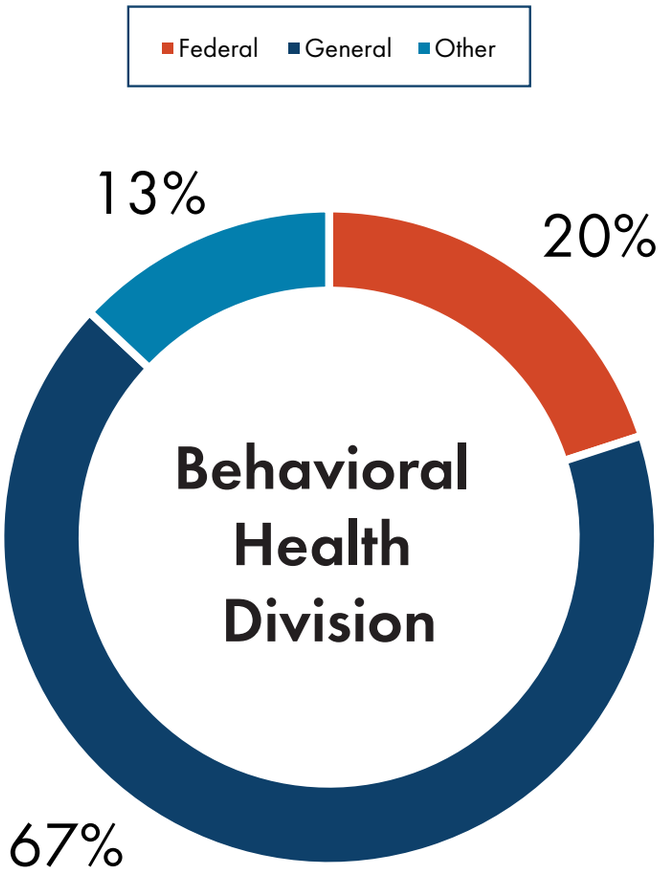
Increasing access to community-based services

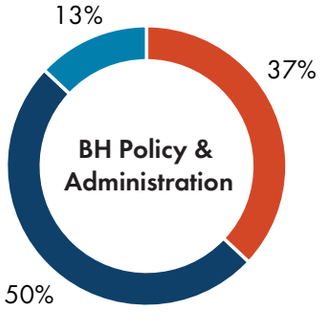
Preventing criminal justice involvement

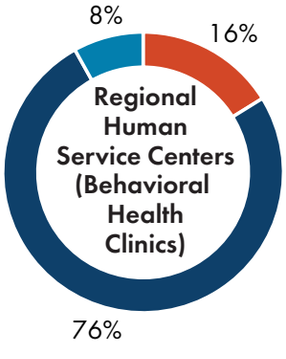
Behavioral Health Funding Overview

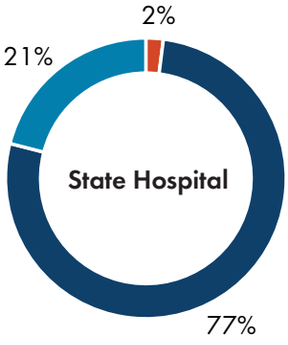
2023-2025 Biennium Appropriation

HHS administers state and federal funding to support the implementation of best practice to ensure the most effective, efficient and comprehensive behavioral health system.











Clinics

Regional Human Service Centers (Behavioral Health Clinics)

North Dakota Health and Human Services operates eight regional Human Service Centers (Behavioral Health Clinics) that provide behavioral health services to North Dakotans. Each center serves a designated multi-county area.

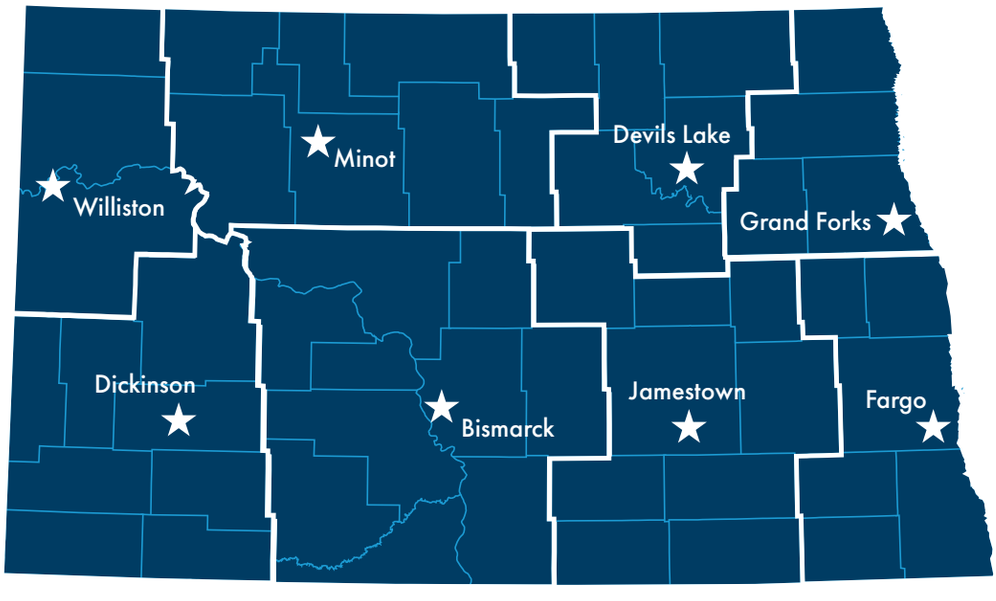


Region I
Northwest Human Service Center

Region II
North Central Human Service Center

Region III
Lake Region Human Service Center

Region IV
Northeast Human Service Center



Region VIII
Badlands Human Service Center

Region VII
West Central Human Service Center

Region VI
South Central Human Service Center

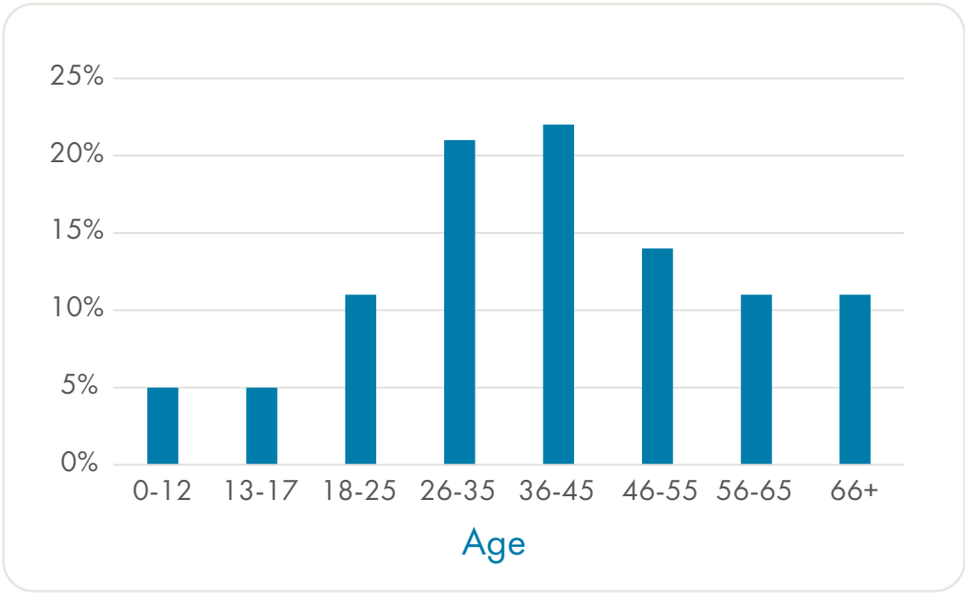
Region V
Southeast Human Service Center

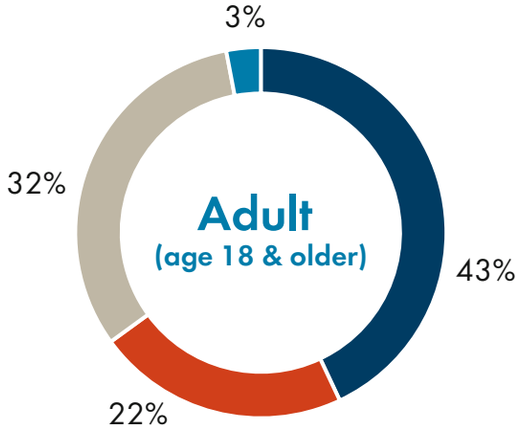
Demographics of People Served

The Behavioral Health Clinics provided services to 18,418 people from January 2022 to June 2024.

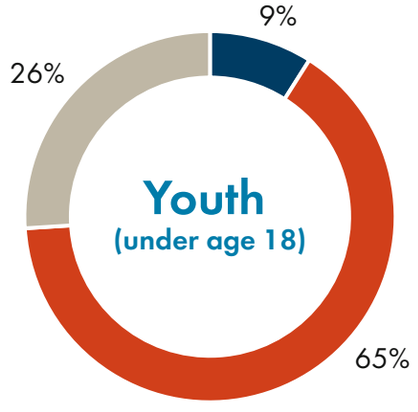
55%
Male

45%
Female





- Both mental health & Substance Use Disorder
- Serious Mental Illness
- Other mental health diagnosis
- Substance Use Disorder



- Both mental health & Substance Use Disorder
- Serious Emotional Disturbance
- Other mental health diagnosis

Services

From January 2022 to June 2024, 13,896 individuals were assessed for a level service with 7,566 being referred for ongoing services provided by the Human Service Center.

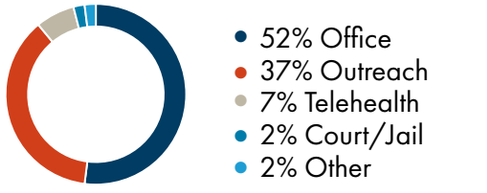
Individuals not referred for ongoing services through the Human Service Centers were referred to community treatment providers and social supports.

Type of Services Provided

- 29,595 assessment services
- 54,228 psychiatric services
- 40,277 crisis services
- 424,244 mental health and substance use services
- 2,784 psychological evaluations

Location at Start of Service

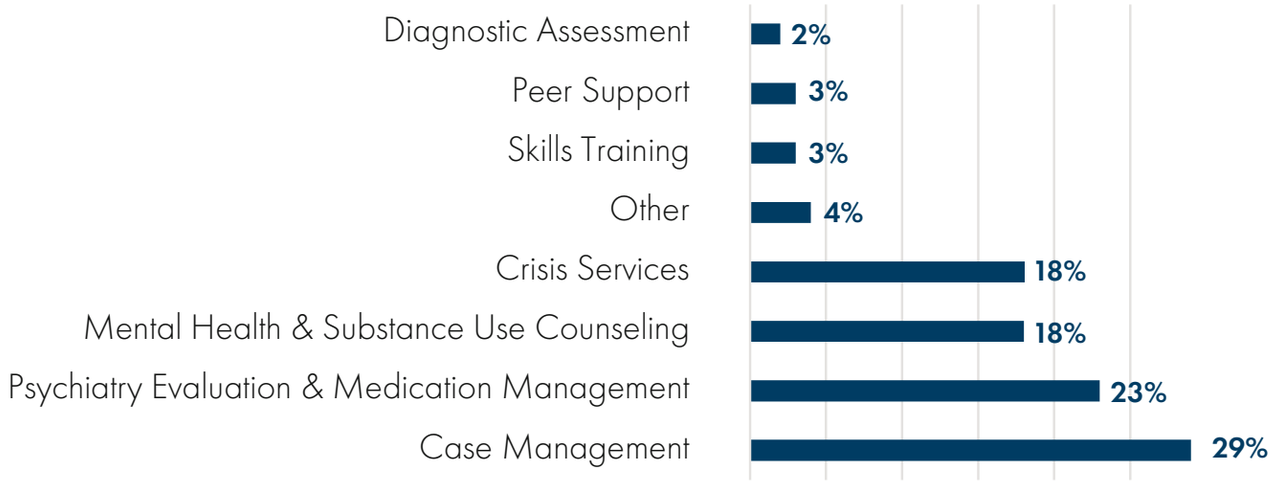
(does not speak to location of all services)



Services to Jails

10,625 services were provided to 2,088 individuals in a jail setting.

Percentage of total services provided to individuals in a jail setting:



Crisis services

Improvements to the clinic's Electronic Health Record (EHR) to better capture crisis services were implemented in September 2023. The following data is from September 2023 through August 2024.
9,084 crisis services were provided to 3,260 individuals.

As a result of the crisis response:

- 46% of individuals went to a crisis stabilization unit.
- 20% of individuals went to other facilities or natural supports.
- 17% of individuals were able to remain home.
- 12% of individuals went the emergency department.
- 5% of individuals went to detention or jail.

Services to Youth and Families

103,499 services were provided to 3,478 youth.

West Central and Lake Region Human Service Centers (WCHSC and LRHSC) are implementing efforts through a federal System of Care (SOC) Grant designed to enhance mental health outcomes for youth through the age of 21. This effort began in the spring of 2023.

Southeast Human Service Center (SEHSC) offers Multisystemic Therapy (MST), which aims to promote pro-social behavior and reduce criminal activity, mental health symptomology, out-of-home placements, and illicit substance use in youth. Since 2022, 64 youth have received MST services through SEHSC.

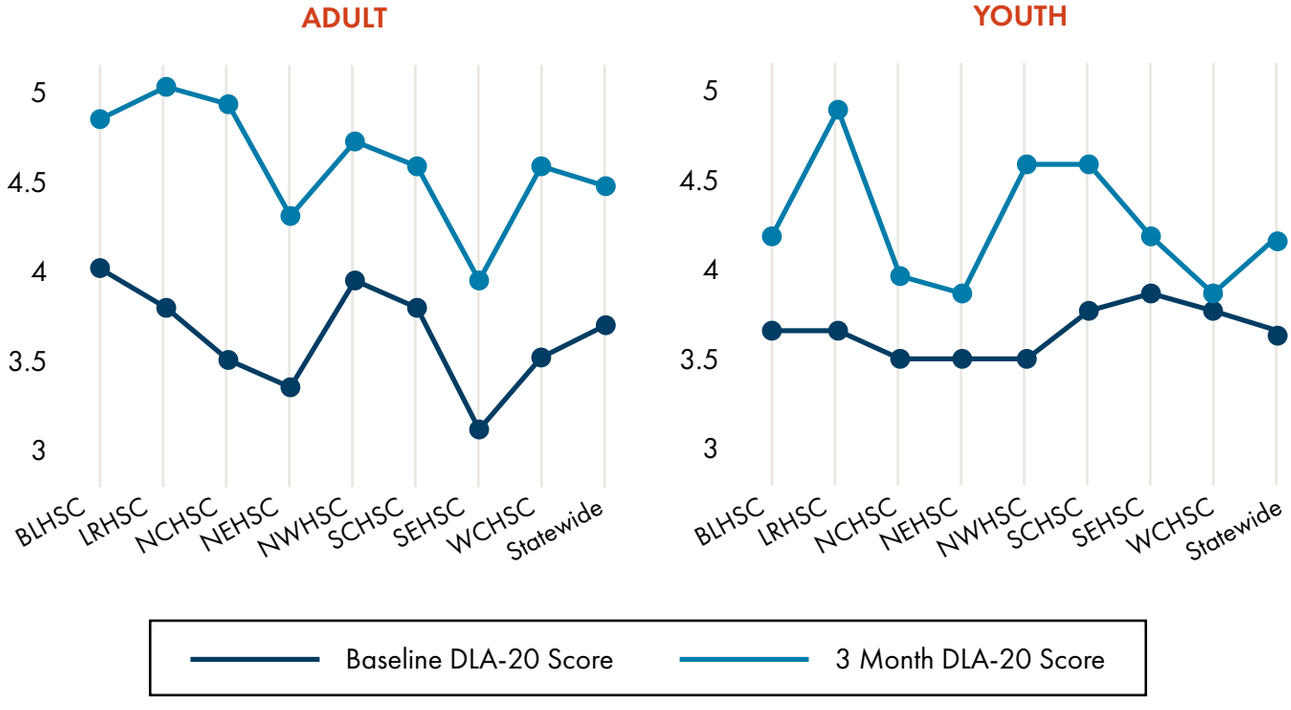
SEHSC and WCHSC operate a First Episode Psychosis (FEP) program funded by the federal Community Mental Health Services Block Grant (MHBG) which supports young people ages 16-35 experiencing early episodes of psychosis and their families in providing early intervention services. Since 2022, 67 individuals received FEP services.

Impacts

Daily Living Activities (DLA)-20 functional assessments assess the level of functioning or impairment compared to the entire population. Higher scores indicate more independence while lower scores indicate more difficulty with daily activities.

Between October 4, 2023, and October 4, 2024*, average DLA-20 scores improved across all eight Human Service Centers for both adult and youth individuals served from the beginning of service to three months later.

**DLA-20 data collection process was modified on 10/4/2023 thus limiting the ability to analyze data prior to this date.*





State Hospital

State Hospital



The North Dakota State Hospital, based in Jamestown, offers comprehensive behavioral health services for adults, including acute inpatient psychiatric care, substance use disorder treatment, intermediate psychosocial rehabilitation, forensic evaluations, and safety net services. For individuals requiring residential addiction treatment, the Tompkins Rehabilitation Center (TRC) serves male and female clients within the hospital's continuum of care.

The hospital also provides specialized, secure inpatient evaluation and treatment services for individuals deemed sexually dangerous, ensuring a structured and safe environment tailored to their specific needs.

Article IX, Section 12 of the ND Constitution outlines that the State Hospital must be located in Jamestown, ND.

ND Century Code 25-02 requires the ND Department of Health and Human Services to administer the State Hospital.

Number of Individuals Served (July 2023 - Nov. 30, 2024)

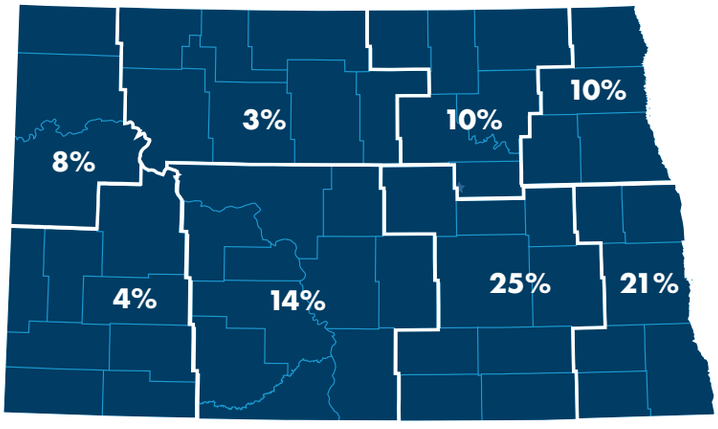
Total Hospital: 596 People

- **Inpatient Hospital:** 498
- **Sex Offender Treatment and Evaluation Program (SOTEP):** 30
- **Tompkins Rehabilitation Center:** 82

The State Hospital provides the following programs and services:

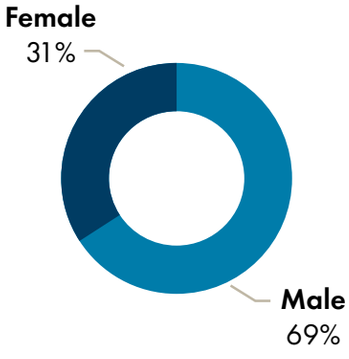
- Acute Psychiatric services
- Geriatric Psychiatric services
- Psychiatric Rehabilitation services
- Forensic services
- Sex Offender Residential Treatment
- Substance Use Disorder Residential Treatment

Home Region of Patients

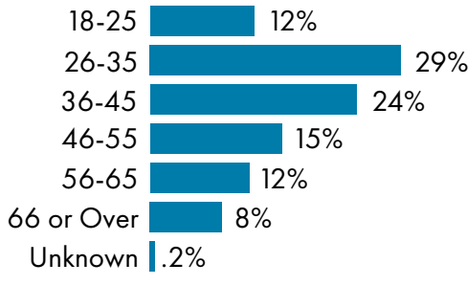


3% - Outside ND | 2% - Unknown

Gender



Age



Average Daily Census by Unit

- Inpatient Hospital: 78
- Sex Offender Treatment and Evaluation Program (SOTEP): 27.5
- Tompkins Rehabilitation Center: 7.5

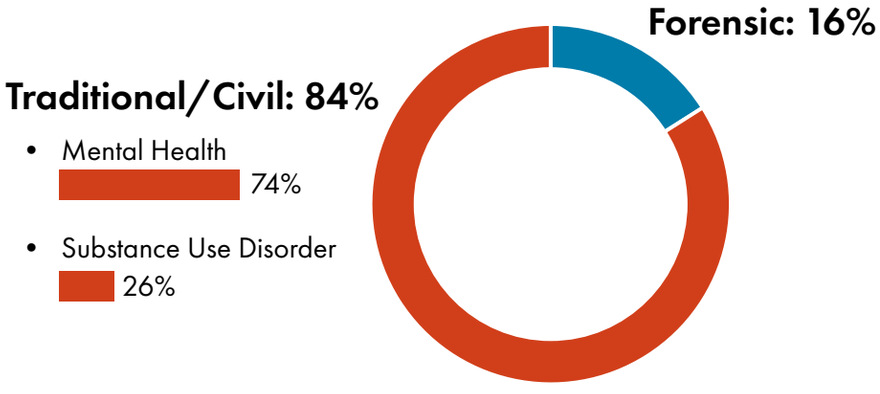
Average Length of Stay

- Inpatient Hospital: 66 days
- Sex Offender Treatment and Evaluation Program (SOTEP): 10.5 years*
- Tompkins Rehabilitation Center: 54 days

**This value reflects the current average for patients served by the SOTEP program, many of whom were still admitted at the time of report development.*

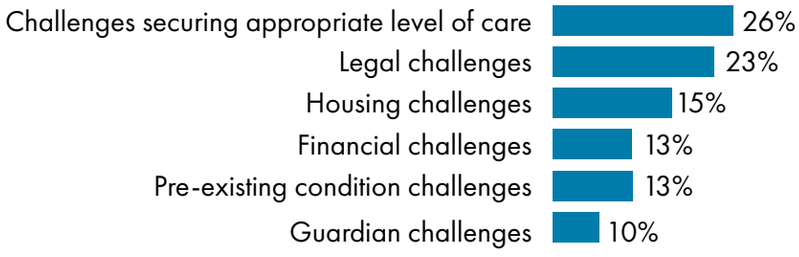


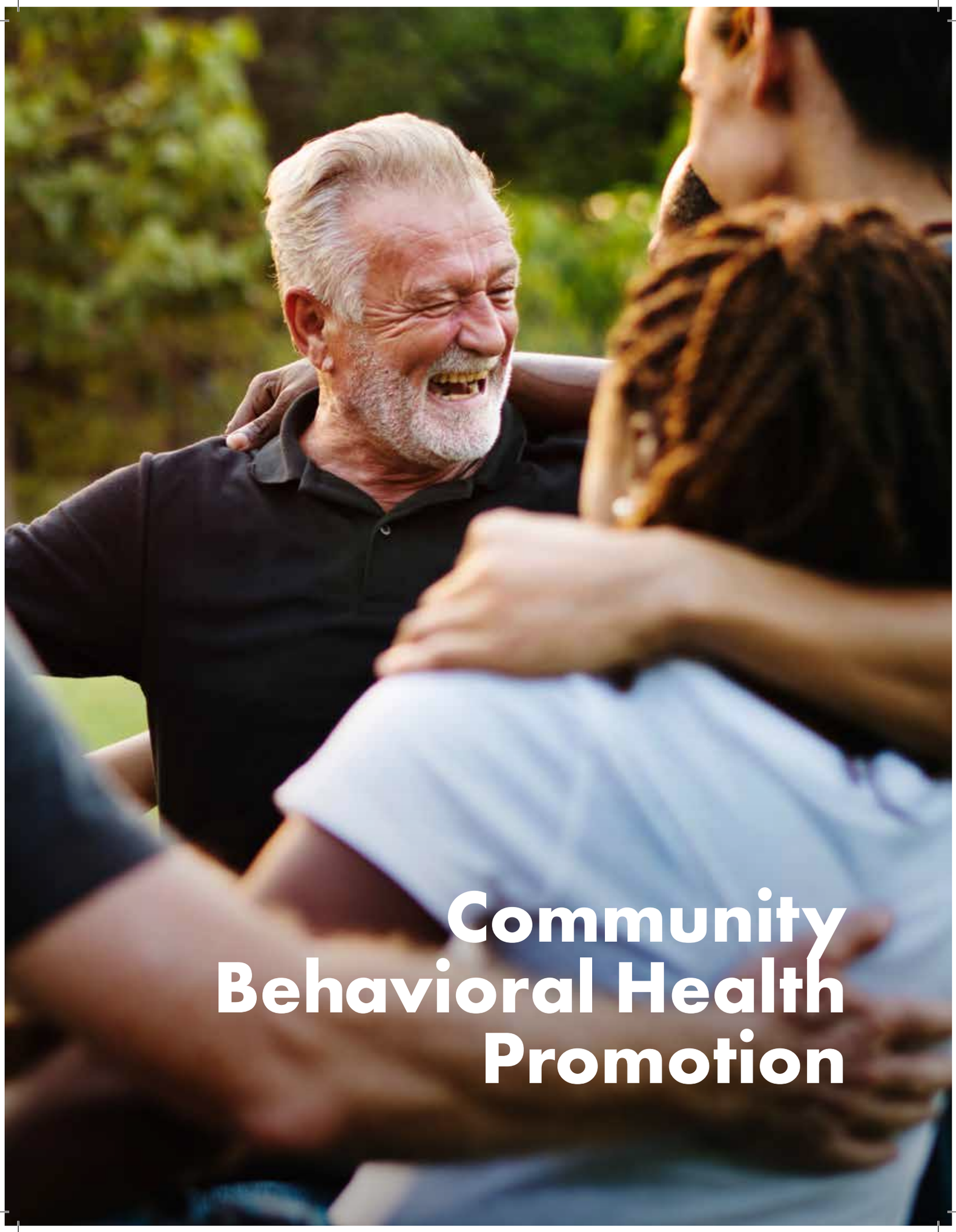
Type of Admission (July 2023 - Nov. 30, 2024)



Barriers to Discharge

Based on discharges between Nov. 29, 2023 and Dec. 19, 2024





Community Behavioral Health Promotion

Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG)



The SUPTRS BG is authorized by section 1921 of Title XIX, Part B, Subpart II and III of the Public Health Service (PHS) Act. The PHS Act required the secretary of the U.S. Department of Health and Human Services to create regulations as a precondition to making funds available to the states and other grantees under the SABG. Title 45 CODE OF FEDERAL REGULATIONS Part 96 was published on March 31, 1993, and The Tobacco Regulations for Substance Abuse Prevention and Treatment Block Grant; Final Rule, 61 FEDERAL REGISTER 1492 was published on Jan. 19, 1996.

SAMHSA requires that grantees spend no less than 20% of their SUPTRS BG allotment on substance misuse primary prevention strategies. These strategies are directed at creating an environment that promotes the health and well-being of individuals and communities which prevents problems before they occur – and cannot be directed at individuals identified to be in need of treatment.

The Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG) program (through the Substance Abuse and Mental Health Services Administration [SAMHSA]) provides funds and technical assistance to all states and territories.

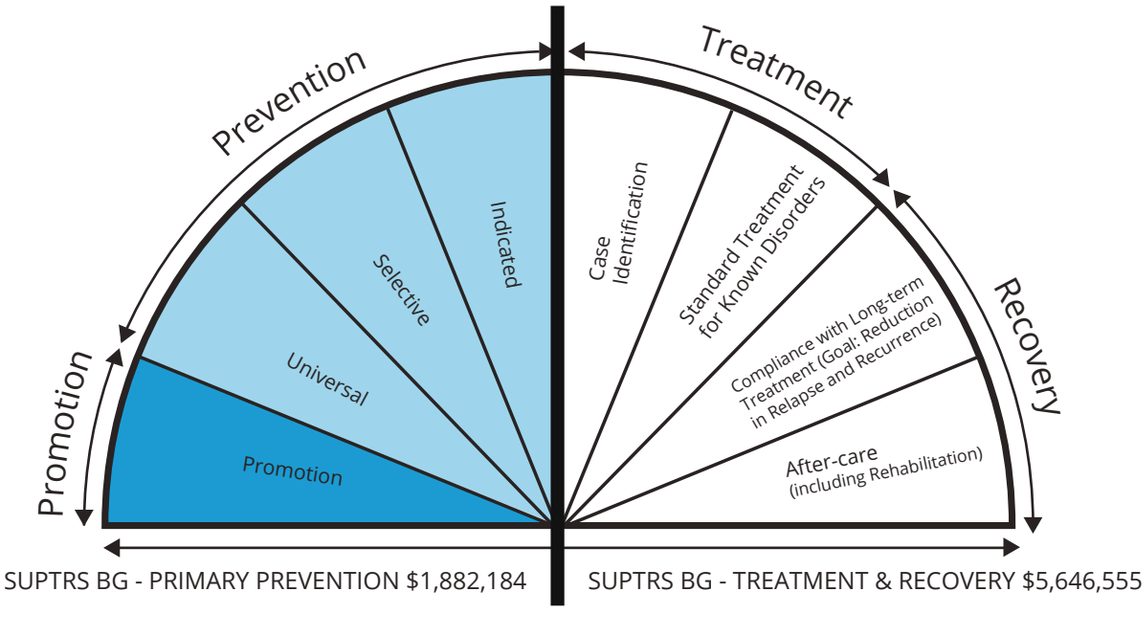
Health and Human Services utilizes the funds to plan, implement, and evaluate activities supporting the full continuum of care related to substance misuse.

The purpose of the SUPTRS BG is to:

- Provide priority treatment and support services that demonstrate success in improving outcomes and/or supporting recovery for individuals without insurance that are not covered by Medicaid, Medicare, or private insurance, or for whom coverage is terminated for short periods of time.
- Provide primary prevention by supporting universal, selective, and indicated prevention activities and services for persons not identified as needing treatment.
- Collect performance and outcome data to determine the ongoing effectiveness of behavioral health promotion, treatment, and recovery support services.

Funding

HHS receives approximately $7,528,736 per year. As of Oct. 2024, approximately $1,882,184 (25%) is allocated to primary prevention.



North Dakota Goals

Increase access to quality substance misuse-related services across the continuum of care.

PREVENTION

- Increase implementation of effective prevention statewide.
- Decrease underage drinking.
- Decrease adult binge drinking and related consequences.
- Decrease opioid misuse and related consequences.

TREATMENT/RECOVERY

- Increase evidence-based treatment and recovery support services, with a priority on high-risk populations:
  - Pregnant women and women with dependent children.
  - Individuals using drugs intravenously.



Activities

PREVENTION

- Training and technical assistance
- Community and tribal alcohol and other drug prevention programs across the state
- Underage drinking prevention efforts, including Parents Lead
- Adult binge drinking prevention efforts, including the Speak Volumes campaign
- Opioids: Take Care, Be Aware
- DUI education program licensing; provider certification
- Minor in possession education provider certification
- Synar program (youth tobacco enforcement)

TREATMENT/RECOVERY

- Public program funding
- Special Populations
  - Youth residential services program
  - Pregnant and parenting women
  - Tribal programs
- Recovery
  - Recovery Talk program
  - Mobile outreach program
  - Peer support development
- Withdrawal management
- Workforce development

SYNAR



The Synar regulation was formed after an amendment (section 1926) was added to the Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act (PL 102-321) to address youth access to tobacco. The amendment, which is implemented by SAMHSA, requires states to enact and enforce laws prohibiting the sale or distribution of tobacco products to youth.

Currently, the Synar regulations require states to:

- Enforce underage access laws to a degree that reasonably can be expected to reduce the illegal sale of tobacco products.
- Conduct annual, unannounced inspections that provide a valid probability sample of tobacco sales outlets accessible to minors.
- Maintain tobacco retailer violation rate to 20% or less (a violation refers to youth being able to purchase tobacco products).
- Submit an annual report detailing activities to enforce the law.

WHAT IS THE LEGAL AGE TO PURCHASE TOBACCO?

The PL 116-94 Appropriations Bill signed into law by the President on Dec. 20, 2019, increased the minimum age for purchasing tobacco products from 18 to 21. This legislation (kown as "Tobacco 21" or "T21") was effective immediately which made it illegal to sell any tobacco product—including cigarettes, cigars, and e-cigarettes—to anyone under 21. The new federal minimum age of sale applies to all retail establishments and persons with no exceptions. Because of the federal changes, SAMHSA has updated its guidance document for the Synar program to increase the minimum age to 21 and requires states to enforce the new age requirement of 21.

WHY IS SYNAR IMPORTANT TO NORTH DAKOTA?

States must comply with the Synar Amendment to receive the full Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG) award. Specifically, if the violation rate is greater than 20%, the state could lose up to 10% of this funding. North Dakota Health & Human Services receives approximately $7,528,736 annually; a 10% loss would equal $752,874. North Dakota's violation rate in 2024 was 16.8% which is a significant increase from 5.7% in 2020.

IS SYNAR EFFECTIVE?

While the national weighted average retailer violation rate (RVR) for the 50 states and the District of Columbia (weighted by state population) was 40.1% in FY 1997, the RVR has steadily fallen since then to 9.6% in FY 2018 meaning less retailers are selling tobacco to our youth.

Recent research shows the enforcement of youth access laws through the Synar program is directly responsible for a portion of the decline in youth smoking rates. The Synar program has also contributed to a decline in the percentage of youth smokers who report retail sources as their usual source of tobacco products. At the same time, tobacco use among youth has been declining. According to the North Dakota Youth Risk Behavior Survey, the percentage of high school students reporting current cigarette use dropped from 40.6% in 1999 to 5.4% in 2023.



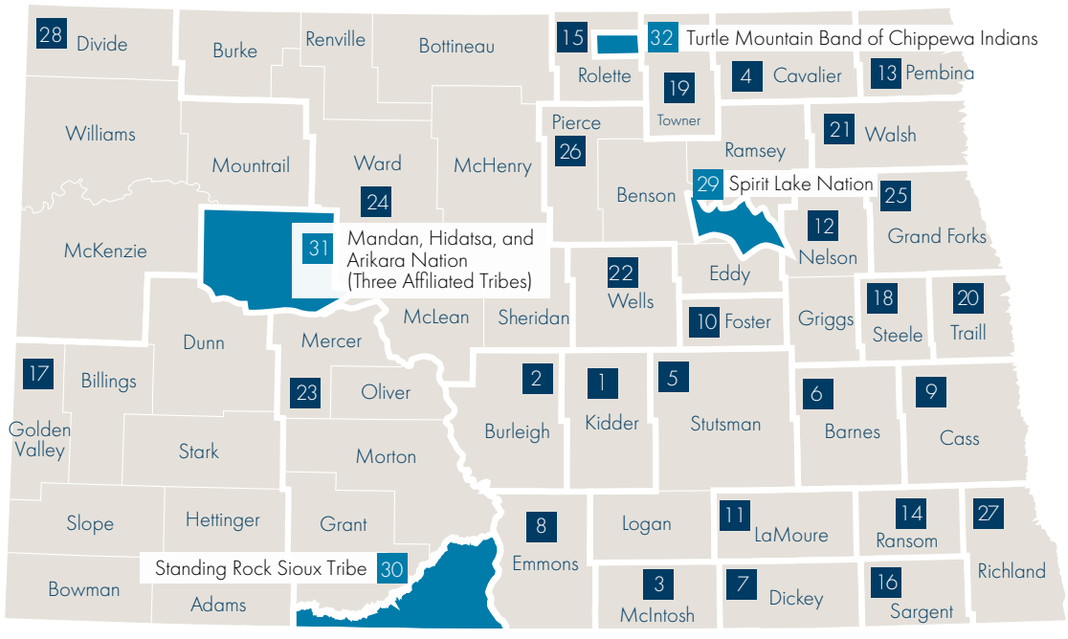
WHAT CAN WE DO?

Active enforcement of youth tobacco access laws is an important component of a comprehensive youth tobacco prevention program and leads to reductions in youth smoking. All efforts to reduce youth tobacco access should be combined with other efforts to reduce youth tobacco use. We need to:

- Collaborate (creation of a youth access tobacco group/committee).
- Enforce youth tobacco access laws – statewide enforcement.
- Mobilize the community to reduce minors' access by implementing local efforts.
- Stronger restrictions/policies on retailer sales of tobacco products.
- Educate retailers (letters and packets to all establishments along with training opportunities).
- Increase the price of tobacco products.
- Implement mass media campaigns.

Substance Misuse Prevention Community Funding Distribution

NORTH DAKOTA DEPARTMENT OF HEALTH & HUMAN SERVICES BEHAVIORAL HEALTH DIVISION



LOCAL PUBLIC HEALTH UNITS

1. Kidder County (Western Plains Public Health Collaborative)
2. Bismarck-Burleigh Public Health
3. McIntosh District Health Unit
4. Cavalier County Health District
5. Central Valley Health Unit
6. City-County Health Department
7. Dickey County Health District
8. Emmons County (Western Plains Public Health Collaborative)
9. Fargo-Cass Public Health Unit
10. Foster County Health Department
11. LaMoure County Public Health Department
12. Nelson-Griggs District Health Unit
13. Pembina County Health Department
14. Ransom County Public Health
15. Rolette County Public Health Unit
16. Sargent County District Health Unit
17. Southwestern District Health Unit
18. Steele County Public Health Department
19. Towner County Public Health
20. Traill District Health Unit
21. Walsh County Health Department
22. Wells County District Health Unit
23. Western Plains Public Health
24. First District Health Unit
25. Grand Forks Public Health Unit
26. Lake Region District Health Unit
27. Richland County Health Department
28. Upper Missouri District Health Unit

Tribes

29. Spirit Lake Nation
30. Standing Rock Sioux Tribe
31. Mandan, Hidatsa, and Arikara Nation (Three Affiliated Tribes)
32. Turtle Mountain Band of Chippewa Indians

BG **Substance Use Prevention, Treatment, and Recovery Services Block Grant Substance Abuse Prevention Community and Tribal Grants**

Total award for Oct. 1, 2023 - Sept. 30, 2026 reporting period: $5.46 Million

Priority: Prevention of underage drinking and adult binge drinking

SOR **State Opioid Response Grant (SOR) Community Implementation Grant**

Total SOR award for Sept. 30, 2024 – Sept. 29, 2027: $4 million annually

Priority: Prevention, harm reduction, treatment, and recovery related to opioid and stimulant use and misuse

PFS **Partnership for Success Grant (PFS)**

Total PFS award for Oct. 1, 2023 - Sept. 30, 2028: $5 Million

Priority: Prevention with aims to reduce the onset and progression of alcohol misuse and its related consequences in young adults.

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Training and Technical Assistance



Are you...

- Unsure of how to assess the issues within your community?
- Attempting to identify the best solution to a community problem?
- Trying to write a strategic plan for a prevention effort, recovery program or treatment initiative?
- Looking for how other communities accomplished a particular strategy?
- Dealing with low capacity, awareness or readiness within your community or organization?

The ND Training and Techincal Assistance team can assist with all of these and more!

The North Dakota Training and Technical Assistance Team strives to be accessible, responsive, comprehensive, effective and sustainable.

What is Training & Technical Assistance?

A collaborative process of providing targeted assistance and support.

What are the goals of Training & Technical Assistance?

Strengthen the capacity (resources and readiness) of individuals, groups, and organizations to implement and sustain effective strategies and positive outcomes in all areas of the continuum of care.

How is Training & Technical Assistance Delivered?

- In-person training
- Consultations
- Online events
- Collaboration and resource sharing
- Information dissemination
- Statewide and national meetings



The Training and Technical Assistance Team can offer information and support through a wide variety of topics and resources.

TOPICS

- Data collection and assessment
- Strategic planning
- Evidence-based prevention, treatment and recovery policies, programs and practices
- Comprehensive implementation
- Capacity building
- Cultural competency
- Sustainability
- Evaluation
- Data-driven decision-making
- North Dakota Century Code
- Subcontracting
- Risk and protective factors
- Media campaigns and promotion

RESOURCES

- Recorded training events
- Webinars
- Guidance documents on evidence-based strategy implementation
- Training videos
- Sample policies
- Sample Memorandums of Understanding (MOUs) and subcontracting documents
- Marketing tools
- Community success stories
- Access to resources through the Health and Human Service website

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For more information visit:
hhs.nd.gov/behavioral-health
or email us at dhsbhd@nd.gov

Early Intervention



Early intervention strategies identify individuals at risk for or showing the early signs of a disorder with the goal of intervening to prevent progression.

Research suggests that investing in early intervention services can contribute to a reduction in health care costs and help ensure the improved health and well-being of individuals. Early initiation of problem behavior and involvement in the criminal justice system is a risk factor for substance misuse and related consequences. Therefore, ensuring that this population is receiving evidence-based early intervention services is important in preventing further problems.

Minor In Possession Early Intervention

The Department of Health & Human Services (HHS) is authorized to certify Minor in Possession (MIP) instructors (NDCC 50-06-44) in an effort to:

- Prevent the onset of substance use disorders (SUD) among youth who do not yet meet criteria for SUD, but are exhibiting early warning signs.
- Increase capacity of the workforce.
- Increase access to evidence-based early intervention services.

As of October 1, 2024, there are 18 certified MIP education instructors.

MINOR IN POSSESSION (MIP) EARLY INTERVENTION CLASSES		
	July 2022 - June 2023	July 2023 - June 2024
Total classes taught	92	90
Total participants who completed the class	124	114
Total repeat participants	6	5



Driving Under the Influence Early Intervention

HHS licenses ASAM 0.5 Driving Under the Influence (DUI) Seminar Programs (NDCC 50-31) and certifies the instructors who teach these evidence-based classes.

	July 2023 - June 2024
Total classes taught	144
Total participants	513
Total repeat participants	12



39 DUI instructors are certified (as of Oct. 1, 2024).

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For more information visit:
hhs.nd.gov/behavioral-health
or email us at dhsbhd@nd.gov

Partnership for Success (PFS) Grant



Awarded in September 2023, Health and Human Services (HHS) receives $1.25 million per year, for up to five years, to administer the PFS grant, funded through the Substance Abuse and Mental Health Services Administration (SAMHSA). The purpose of the PFS program is to help reduce the onset and progression of substance misuse and its related problems by supporting the development and delivery of state and community substance misuse prevention.

The PFS program is grounded in the Strategic Prevention Framework (SPF), a community engagement model grounded in public health principles, including providing data-driven evidence-based services to underserved communities.

The North Dakota PFS grant will address youth alcohol use by focusing on selective prevention efforts. Selective prevention measures target subsets of the total population that are considered at-risk for substance use/misuse.

Subgroups at greater risk of substance use/misuse:

- College students.
- Active-duty military members and their families.
- Children of parents with a substance use disorder or mental health condition.

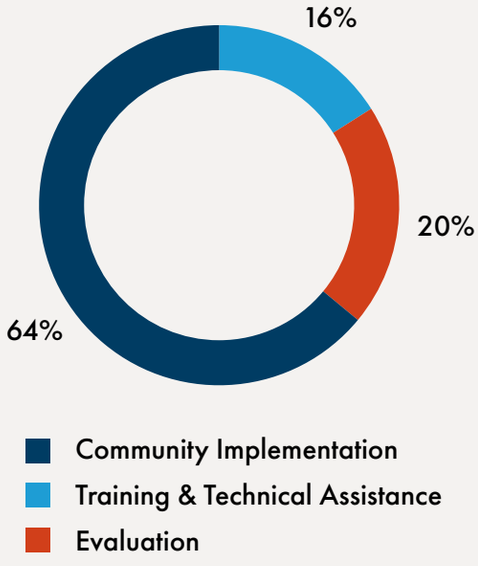


Funding for high-need communities

In October 2024, 64% of the funding was allocated to support community providers. North Dakota identified five high-need communities to fund using a high-need community formula. Measures used in the high need community formula included capacity, consequences, consumption, intervening variables, and target populations.

- First District Public Health, Minot
- Grand Forks Public Health
- Lake Region District Health Unit, Devils Lake
- Richland County Health Department, Wahpeton
- Upper Missouri District Health Unit, Williston

North Dakota PFS funding allocations



Training and technical assistance

Youth Connections provide trainings to community grantees while HHS behavioral health team members also provide ongoing training and technical assistance.

Evaluation

Wyoming Survey and Analysis Center is contracted to conduct required federal evaluation activities of community and state-level activities.

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For more information visit:
hhs.nd.gov/behavioral-health
or email us at dhsbhd@nd.gov

Suicide Prevention



Suicide is a serious public health problem that can have long-lasting effects on individuals, families, and communities. Effective suicide prevention requires multiple approaches. This includes prevention and protective strategies for individuals, families, and communities. Everyone can help prevent suicide by learning the warning signs and promoting prevention and resilience.

NORTH DAKOTA INITIATIVES

988 Suicide and Crisis Lifeline

988 is a three-digit number for help dealing with substance use or mental health crisis. 988 officially launched on July 16, 2022, and is accessible 24/7, to anyone in need, anywhere in the United States.

When a North Dakota resident calls or texts 988, a trained crisis counselor at the state's Lifeline crisis center, FirstLink, answers. FirstLink staff listen to the caller, understand how their problem is affecting them, provide support, and share resources, if needed. If additional support is needed, FirstLink connects the person to their local Human Service Center's (Behavioral Health Clinic) mobile crisis team or in certain circumstances, to necessary emergency services. Along with call and text, a chat feature is also available via the 988 website, accessible by smart phone or computer: **chat.988lifeline.org**.

Since rolling out the 988 Suicide & Crisis Lifeline in July 2022, FirstLink has **answered nearly 14,000** contacts via 988— **over 10,000** more than the previous 12 months. Calls are answered at an average speed of **20 seconds**. With over **11,650** calls to 988, the average talk time is **15.8 minutes**. Since FirstLink began taking 988 chat and texts in February 2023, they have engaged with individuals via **1,015 chats and 1,273 text messages**.

Suicide & Crisis Lifeline

988

CALL, TEXT OR CHAT

Most recent period compared to implementation of 988 chat and text:
TEXTS: 54 in Jan. 2023; 120 in Sept. 2024 = 122% increase
CHATS: 73 in Jan. 2023; 82 in Sept. 2024 = 12% increase

Percentage increase for Sep. 2023-2024 compared to the previous year:
CALLS: 4,541 Sept. 22 - Sept. 23; 7,149 Sept. 23 - Sept. 24 = 57% increase

North Dakota's 988 media campaign carries the goal of reaching members of the general public and increasing call, text and chat volume to the 988 Suicide and Crisis Lifeline. Individuals and agencies can order 988 Suicide Prevention materials at no cost: Behavioral Health Free Resources > Suicide Prevention/988 (x-shops.com)



Suicide Fatality Review Commission

During the 68th Legislative Assembly of North Dakota, in 2023, Gov. Burgum signed House Bill 1390, which created and enacted a new section to chapter 23-07 of the North Dakota Century Code, relating to the creation of a Suicide Fatality Review Commission. This mandated Health and Human Services (HHS) to establish the Commission, which came to fruition in October 2024 with an initial meeting of the commissioned members. The first Commission meeting to review cases occurred in January of 2024.

The Commission is a multidisciplinary group of professionals and community members appointed by the North Dakota Department of Health and Human Services Commissioner that meets to evaluate the circumstances leading to and causing deaths by suicide in North Dakota to improve community and service systems and to take action to prevent further suicides. Suicide fatality review is a professional process aimed at improving system responses to individuals at risk for suicide. Commission reviews are designed to prevent suicide by eliminating stigma, providing access to resources, and increasing connectedness throughout the state of North Dakota well as examine systems issues, and not the performance of individuals.

Members of the North Dakota Suicide Fatality Review Commission are appointed by the Commissioner and include representatives from:

- ND Health and Human Services Behavioral Health Division
- ND Health Statistics and Performance Section in the Public Health Division of HHS, Surveillance & Data Management
- ND Health and Human Services - Human Service Center Clinics
- Sanford Health
- Cass County Coroner's Office
- State Forensic Examiner's Office
- University of North Dakota
- Metro-Area Ambulance Service, Inc.
- FirstLink, North Dakota's 988 Call Center
- Simle Middle School, Bismarck
- Fargo VA Health Care System
- American Foundation for Suicide Prevention
- Minot Police Department
- North Dakota Indian Affairs Office

The Suicide Fatality Review Commission has held four suicide fatality reviews since the beginning of 2024. Each Commission review looked at between four and six individual suicide death cases with a total of 18 cases reviewed. Suicide prevention recommendations were made and the Suicide Fatality Review Commission Report was written based on the findings of the Commission, along with the ND Child Fatality Review Team and the Cass County Suicide Fatality Review Team.

Suicide Prevention Community Program Funding Awards

HHS sought Suicide Prevention Community Programming efforts through an RFP posted Feb. 22, 2024. The RFP sought to procure agencies working to prevent deaths by suicide by supporting the implementation of prevention efforts using life skills and resilience, as well as connectedness, as areas of programmatic focus. The RFP resulted in six contracts beginning work on April 12, 2024. Work within these contracts will continue through June 30, 2025.

Grantee	Goals
Consensus Council – statewide	Consensus Council is partnered with West Fargo Public Schools and Bismarck Public Schools to provide restorative practices as both prevention and intervention from harmful behavior. These services allow students to build and repair relationships and provide an alternative to punitive and exclusionary discipline practices which disconnect and isolate youth from their school community and stigmatize their character upon return. Specifically, facilitators facilitate Belonging and New Student Circles which are six-week sessions designed for students to get to know their peers in a unique and intentional way, and Restorative Conferencing which allows students engaging in and/or impacted by harmful behavior to address and repair harm in a meaningful way. This program also provides an opportunity for students returning from suspension to revisit the incident leading to their discipline and engage them in repairing harm/relationships (when appropriate) and planning to prevent future harm from occurring. • To date, 36 students have been impacted by these services.
Cook Center for Human Connection – statewide	The Cook Center for Human Connection is offering a suicide prevention and awareness campaign by the name of My Life is Worth Living. More specifically, My Life is Worth Living addresses the alarming rise in youth depression, anxiety, and suicide in North Dakota by directly engaging youth and their families with research-backed suicide prevention strategies in compelling media, live interactive virtual events, and rich extended resources.
Eyes on the Horizon, LLC – statewide	This effort targets North Dakota farmers and ranchers, promoting the incorporation of protective factors through a three-pronged approach, farm/ranch couples retreats, presenting at agriculture industry meetings in cooperation with agriculture business partners, and media messaging promoting protective factors. • To date, program planning has occurred, retreats are scheduled for late fall 2024-early winter 2025, and radio ads have been recorded.
Haugen Performance Consulting, PLLC – Grand Forks, ND and statewide	This effort targets sport ecosystem stakeholders through the Ready, Set, Next (RSN) program, which is designed to increase resilience, coping skills, and connection within sport spaces. Courses are available for non-athlete stakeholders (e.g., sports medicine, coaches, administration) and collegiate student-athletes (six module workshop series delivered virtually throughout North Dakota). The programming is just launching as the first several months were preparation-focused while collegiate activities were on summer break.
Minot State University – ND Center for Persons with Disabilities	The Resilience Through Connection ECHO® aims to provide a deep exploration of the various factors that impact social connection and the predictors of loneliness. Sessions will be tailored with strategies to increase life skills, resilience, and foster a sense of connectedness for people with disabilities and individuals with poor mental health. This includes enhancing knowledge of protective factors against suicide, emphasizing the importance of social connectedness, and raising awareness of ND resources and activities that promote a sense of belonging.
Peer Vision – Minot, North Dakota	Peer Vision for Mental Health, through their Vets for Vets program, is working to build peer support availability in their city and region that promotes connection among former service members who are struggling with mental health concerns and interruptions in their overall wellness and quality of life. Peer support offers the opportunity for individuals to interact with others who are facing similar life struggles and promotes connection and belonging. Having a designated gathering space— the Minot Vets for Vets Center—with trained staff and volunteer peer support specialists and open hours that coincide with times when many individuals find a heightened need for support, provides a positive option for coping and connecting with others. Vets for Vets has seen increasing activity in bi-monthly peer support groups, community contacts and outreach.



Suicide Prevention Training Opportunities

American Foundation for Suicide Prevention (AFSP)
AFSP provides three trainings throughout North Dakota that are supported by HHS. These include the Clinical Approach to Preventing Suicide: An Introduction (CAPS), SafeSide Prevention, and Talk Saves Lives.

- As of Dec. 1, 2024, 13 trainings have been provided to 442 individuals across North Dakota.

FirstLink
FirstLink provides the Suicide Risk Assessment training. Through this training, participants learn to effectively use the Columbia-Suicide Severity Rating Scale (C-SSRS) screening tool to assess suicide risk and what appropriate next steps to take in a suicide crisis.

- As of Dec. 1, 2024, six trainings have been provided to 90 individuals across North Dakota.
- FirstLink has also completed six safeTALK trainings to a total of 57 people with this contract. safeTALK is a half-day training in suicide alertness that helps participants recognize a person with thoughts of suicide and connect them with resources who can help them in choosing to live.

Haugen Performance Consulting
HHS contracts with Haugen Performance Consulting, PLLC to provide VitalCog, an evidence-based suicide prevention training course to various stakeholders. Modules available include student athlete, athletics staff, workplace and construction. Courses can be presented virtually or in-person.

- As of Dec. 1, 2024, six trainings have been completed for 37 people.
- The individuals trained interact with 9217 unique student-athletes and 18,122 non-athletes in North Dakota.
- The next virtual training is January 27, 2025. In 2025, they will offer 1-2 trainings monthly.

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PARENTS LEAD.ORG



Parents Lead is an evidence-based prevention program that provides parents and caregivers with a wide variety of tools and resources to support them in creating a safe environment for their children that promotes behavioral health.

Look. Listen. Love. Parenting doesn't have to be defined by moments of struggle. Ninety-nine percent of the job is showing up—being there for the small, everyday moments. Those small acts build stronger bonds and prevent issues like underage drinking, drug use, depression, and anxiety.

Look. It's as simple as being present. Pay attention to their behaviors, understand their needs, and encourage them in all moments. This builds trust and connection.

Listen. Open communication is key to promoting positive behavioral health. Make sure you and your children talk often, sharing thoughts and feelings freely.

Love. Above all, children need to know they are loved and valued. That sense of security and love is the foundation for their well-being.

Research continually shows when parents engage in **ongoing conversations**, **positive role-modeling**, **effective monitoring** and **support**, children are less likely to develop behavioral health issues like substance abuse, depression, anxiety, and suicidal thoughts.

Of parents exposed to Parents Lead, positive outcomes are seen in the four protective factors:

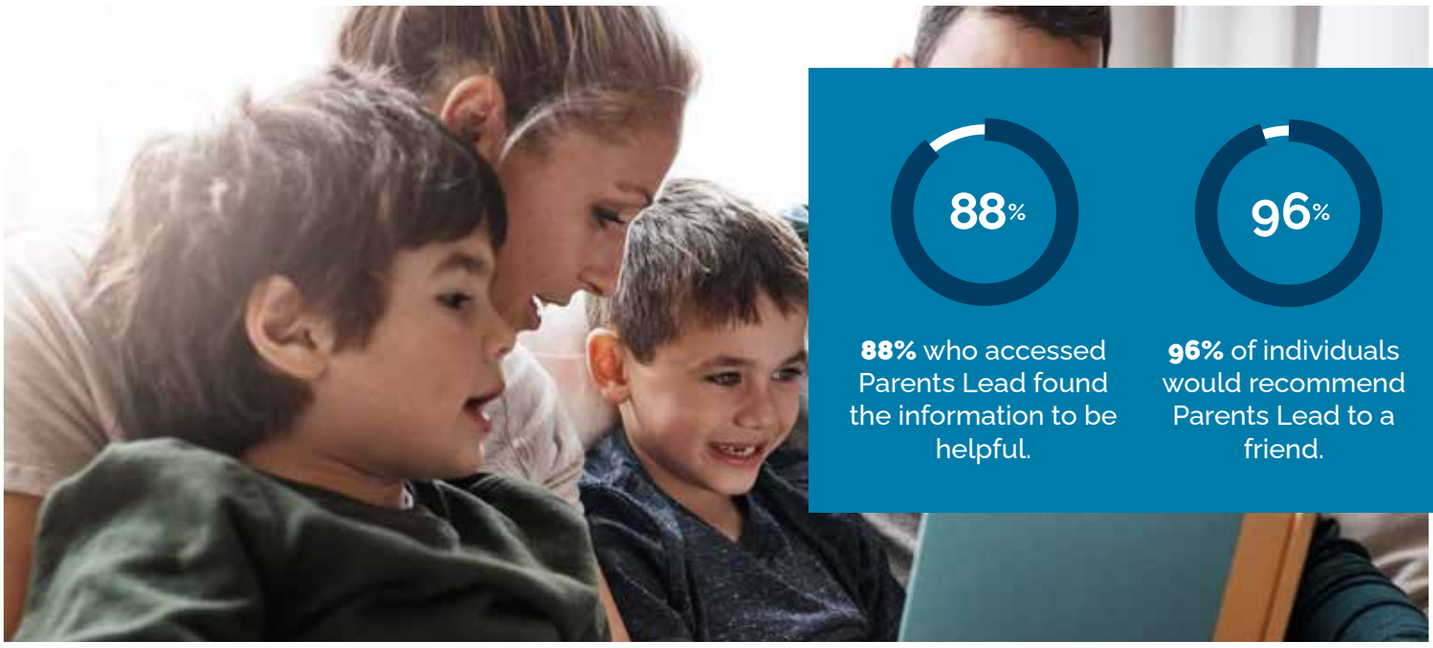
Ongoing Conversations
72% report having more conversations with their child about behavioral health.

Effective Monitoring
63% are more invested in monitoring their children.

Positive Role-Modeling
76% report role modeling responsible behaviors with their child.

Support and Engagement
64% report spending more quality time with their child.

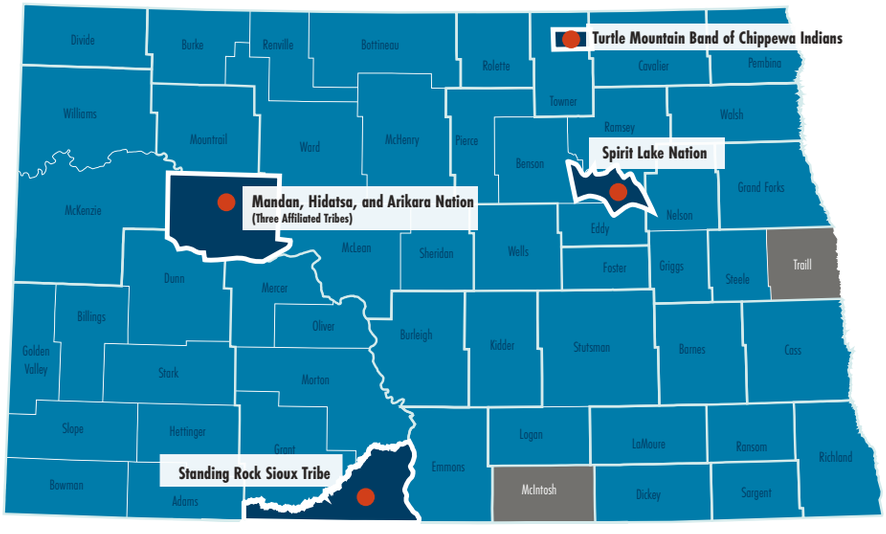
Source: 2022 Pacific Institute for Research and Evaluation (PIRE) Parents Lead Survey results



88% who accessed Parents Lead found the information to be helpful.

96% of individuals would recommend Parents Lead to a friend.

Source: 2022 Pacific Institute for Research and Evaluation (PIRE) Parents Lead Survey results



Local implementation of Parents Lead is occurring in 51 of the 53 counties and 4 federally recognized tribes.

Statewide Communication

From October 2023 to September 2024, 219,736 Parents Lead materials were distributed, reaching countless families and communities. Additionally, a total of 3,008 hours have been dedicated to initiatives and activities that support parents and caregivers in promoting children's behavioral health.

The Parents Lead statewide media campaign has resulted in 21.5 million impressions by mass media, online displays, social media, online videos, and digital radio. (July 1, 2023-June 30, 2024)

Parents Lead Funding Sources

- ☑ State General Funds: $200,000 for 2023-2025 biennium.
- ☑ Department of Transportation NHTSA grant: $75,000 in FFY 2023, $140,000 in FFY 2024.
- ☑ SAMHSA Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG) Prevention dollars up to: $402,150 in FFY 2023

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Children's Behavioral Health

System of Care (SOC) Grant



System of Care Framework

A System of Care (SOC) is a spectrum of effective, community-based services and supports for children, youth, and young adults with or at-risk for mental health challenges and their families. The primary goal is to help families function better at home, in school, and in the community. The services and supports aim to:

- Be organized into a coordinated network across the continuum of care.
- Build meaningful partnerships with youth and families.
- Address the unique and cultural and linguistic needs of each child and family.

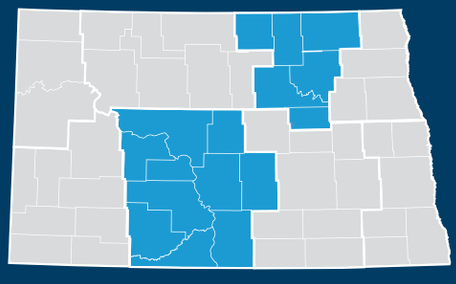
The dimensions of System of Care include the integration of all child-serving services and supports. These include both professional and natural supports across the lifespan.



The System of Care (SOC) grant is designed to enhance mental health outcomes for children and youth, birth through age 21. The goals of North Dakota's System of Care initiative are:

- To increase access of high-quality and culturally appropriate services and supports available to children with serious emotional disturbances (SED) and their families in the identified regions, and;
- To develop a sustainable infrastructure to support the System of Care approach for North Dakota children with SED and their families.

North Dakota was one of six states to be awarded $3 million per year (starting in 2022) for four years by the federal Substance Abuse and Mental Health Services Administration as part of the System of Care Expansion and Sustainability Grant (SOC). The initial grant efforts will be focused in two regions of the state.



Grant Priorities and Milestones

Infrastructure Development:

- **Local/Regional Empowerment:** Regional SOC Steering Committees have convened since April 2023 to provide guidance on System of Care implementation.
- **Youth and Family Involvement:** Parent with lived experience as part of the SOC state team and engaging individuals with lived experience in SOC steering committees.
- **Cross-system Partnerships:** Investment in developing partnerships across child-serving systems including behavioral health, child welfare, juvenile services, schools, and the private sector.
- **Tribal-State Partnerships:** Development of partnerships and funding streams with MHA Nation, Standing Rock Sioux, Spirit Lake Nation, and Turtle Mountain Band of Chippewa Indians to serve Native American youth and families.
- **Workforce Development:** Hired personnel in regional HSCs and other child-serving settings to provide home and community-based services for children with behavioral health needs and their families. This includes investing in training in Functional Family Therapy, Parent and Caregiver Peer Support, SPARCS, Seeking Safety, TF-CBT, EMDR, Play Therapy, and other evidence-based practices.
- **Sustainability:** Invest directly in the implementation and expansion of reimbursable behavioral health services, 1915(i) home and community-based services, and Title IV-E Prevention Services.
- **Data evaluation:** Completed regional needs assessments and asset mapping. Targeted evaluation focused on assessing clinical and social outcomes of youth and families to support ongoing implementation and sustainability.

Data Highlights

Sept. 30, 2023 - Sept. 29, 2024



745

Individuals trained in behavioral health evidence-based practices.



1,110

Youth and families engaged in program outreach efforts.



1,959*

Youth and families receiving evidence-based mental health services.

*number of individuals served is a duplicated count across quarters for grant year 2.

Note: This work aligns with the Human Services Research Institute's report to enhance and streamline the system of care for children and youth (HSRI Aim 5).

Service Implementation

Prevention and Early Intervention



- Parent Child Interaction Therapy (PCIT) and Parent Child Psychotherapy (CPP) treatment services for early childhood.
- Healthy Families ND expansion of home visitation (ages 0-3).
- Native American community-based cultural programming.

Outpatient and Integrated Care



- Trauma-focused CBT (TF-CBT), Eye Movement and Desensitization and Reprocessing (EMDR), Play Therapy, and other evidence-based practices delivered in outpatient and integrated settings.
- SPARCS and Seeking Safety treatment groups in school settings.
- Parent Support and Psychoeducation Groups.
- School-based Care Coordination for children with behavioral health needs.
- Funded salary and benefits of Clinicians in both SOC regions to expand the capacity to serve and travel to rural and underserved regions.

Intensive Home and Community-Based Services



- Psychiatric Residential Treatment Facility (PRTF) Aftercare intensive care coordination, Functional Family Therapy, intensive in-home treatment.
- Care coordination, peer support, and independent living skill groups for transitional-aged youth (ages 16 through 21).
- Family Check-up/Everyday Parenting program.
- Community-based care coordination, birth through age 21.

Partial Hospitalization or Day Treatment



- Child and Adolescent Partial Hospitalization Program at CHI Alexius Hospital.

Crosscutting Implementation and Planning

- Parent and Caregiver Peer Support
- High Fidelity Wraparound – intensive care coordination for youth in multiple systems
- Parents with lived experience serving parents and caregivers of children with behavioral health needs.

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Behavioral Health and Education System Integration – The Basics

LANGUAGE MATTERS

The behavioral health system and education system speak different languages.

WHAT IS BEHAVIORAL HEALTH?

A state of mental/emotional being and/or choices and actions that affect wellness.

Examples are:

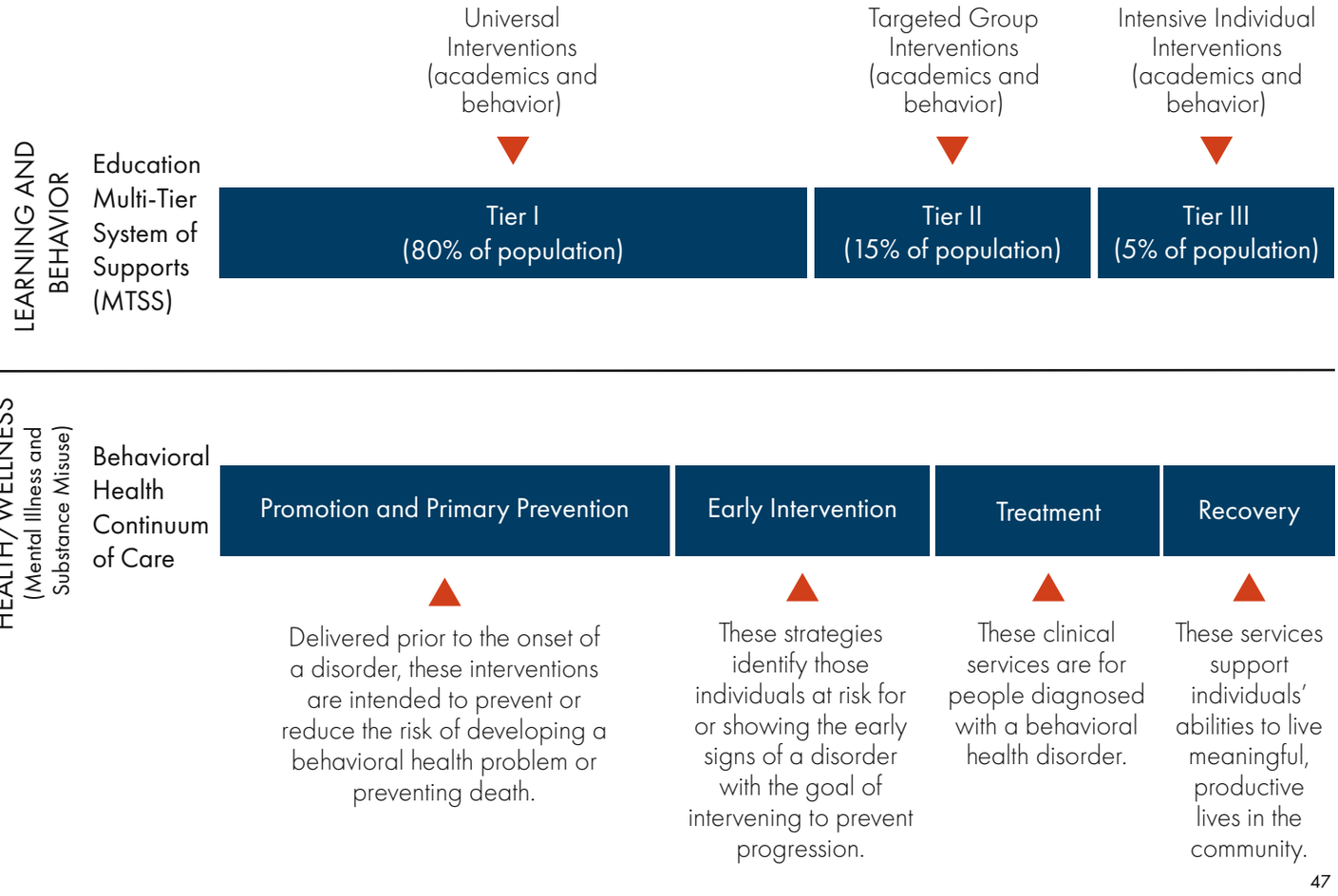
- Preventing and treating depression and anxiety.
- Preventing and treating substance use disorder or other addictions.
- Supporting recovery.
- Creating healthy communities.
- Promoting overall well-being.

Behavioral health needs are not synonymous with:

- The special education needs identified through an Individualized Education Program (IEP).
- School safety issues.

Considerations for Integration of Behavioral Health and Education

What systems are needed for schools to identify behavioral health needs?



Schools report feeling pressured to become behavioral health experts and providers. It is crucial that these services are provided by appropriate behavioral health clinicians for liability and billing reasons.

BEHAVIORAL HEALTH PROFESSIONAL TIERS (NDCC 25-01-01)

The tiered system for behavioral health professionals in North Dakota was established in 2017, by the 65th Legislative Assembly and is found in Chapter 25-01-01 of the ND Century Code. The intent of the tiered system was to establish a basic ranking of behavioral health professionals (both licensed and unlicensed) based on education and scope of practice.

Tier 1 mental health professional

A tier 1a mental health professional is

- a psychiatrist licensed under chapter 43-17 (PHYSICIANS AND SURGEONS)
- a psychologist licensed under chapter 43-32 (PSYCHOLOGISTS)

A tier 1b mental health professional is

- a licensed physician or a physician assistant licensed under chapter 43-17 (PHYSICIANS AND SURGEONS)
- an advanced practice registered nurse licensed under chapter 43-12 (NURSE PRACTICES ACT)

Tier 2 mental health professional

A tier 2a mental health professional is an independent clinician who is

- a licensed clinical social worker under chapter 43-41 (SOCIAL WORKERS)
- a licensed professional clinical counselor licensed under chapter 43-47 (COUNSELORS)
- a licensed marriage and family therapist licensed under chapter 43-53 (MARRIAGE AND FAMILY THERAPY PRACTICE)

A tier 2b mental health professional is

- an addiction counselor licensed under chapter 43-45 (ADDICTION COUNSELORS)
- a registered nurse licensed under chapter 43-12 (NURSE PRACTICES ACT)

Tier 3 mental health professional

- a licensed associate professional counselor licensed under chapter 43-47 (COUNSELORS)
- a licensed master social worker or licensed baccalaureate social worker under chapter 43-41 (SOCIAL WORKERS)
- a licensed professional counselor licensed under chapter 43-47 (COUNSELORS)
- an associate marriage and family therapist licensed under chapter 43-53 (MARRIAGE AND FAMILY THERAPY PRACTICE)
- an occupational therapist licensed under chapter 43-40 (OCCUPATIONAL THERAPISTS)
- a licensed practical nurse licensed under chapter 43-12 (NURSE PRACTICES ACT)
- a behavior analyst licensed or registered under chapter 43-32 (PSYCHOLOGISTS)
- a vocational rehabilitation counselor practicing under chapter 50-06.1 (VOCATIONAL REHABILITATION)
- a school psychologist
- a human relations counselor

Tier 4 mental health professional

- direct care associate or technician

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Children's Behavioral Health Prevention and Early Intervention Pilot Grant



The ND 65th Legislative Assembly initiated a children's behavioral health prevention and early intervention pilot project, allocating $150,000 to HHS. With SB 2012, the 66th Assembly provided $300,000 to expand the project to include one rural and one tribal school.

Project goal

To demonstrate improvement to children's behavioral health in a school setting and identify how a fully integrated continuum of support could look in various schools throughout North Dakota.

Three toolkits to support implementing multi-tiered systems of support at the building level are available for all school administrators and staff.



Support is provided to students based on identified need, emphasizing prevention and early intervention. Examples of services provided in the pilot include:

- School-wide positive behavioral supports.
- Whole class lessons on behavioral health topics.
- Individual counseling and/or social skills sessions for students at risk.
- Culturally sensitive staff development.
- Contract with outside mental health professionals to deliver mental health services within the school setting.

Implementation Highlights

Dunseith Elementary

- Funding for identified students to receive support from a mental health provider when insurance, co-pays, or high deductibles are a barrier.
- Collaborative support and consultation for school staff from a mental health provider.
- During the 2023-2024 school year, 154 students received support through these dollars.

Barnes County North

- Funding for identified students to receive support from a mental health provider when insurance, co-pays, or high deductibles are a barrier.
- Travel for mental health provider to travel to support students in the school building.
- Professional Development opportunities for staff.
- During the 2023-2024 school year, 33 students received support through these dollars.

School Behavioral Health Grant



The ND 66th Legislative Assembly passed SB 2012, appropriating general fund dollars to provide behavioral health services and support grants to school districts for addressing student behavioral health needs.

PROJECT GOAL

Identify and address gaps along the behavioral health continuum of care.

This includes:

- Identifying prevention and early intervention services.
- Supporting clinical or treatment services.
- Filling gaps in service coverage.

Grant funds cannot be used where reimbursement or funding is available.

ELIGIBLE APPLICANTS

Applications are accepted from North Dakota public or private elementary or secondary schools which meet the following criteria:

- Utilize ND State Medicaid reimbursement during the previous school year.
- Submit a plan to Health and Human Services detailing collaboration with other regional school districts regarding student behavioral health needs and the use of grant funding to develop student behavioral health interventions.

2021-2023 biennium appropriation: $3 million | 2023-2025 biennium appropriation: $9.5 million

2024-2025 SCHOOL YEAR

25 school districts and special education units are eligible to apply for funding totaling $4,483,793.84.

- As of Nov. 15, 2024, 20 eligible districts/special education units have been approved for funding totaling $3,721,086.96.

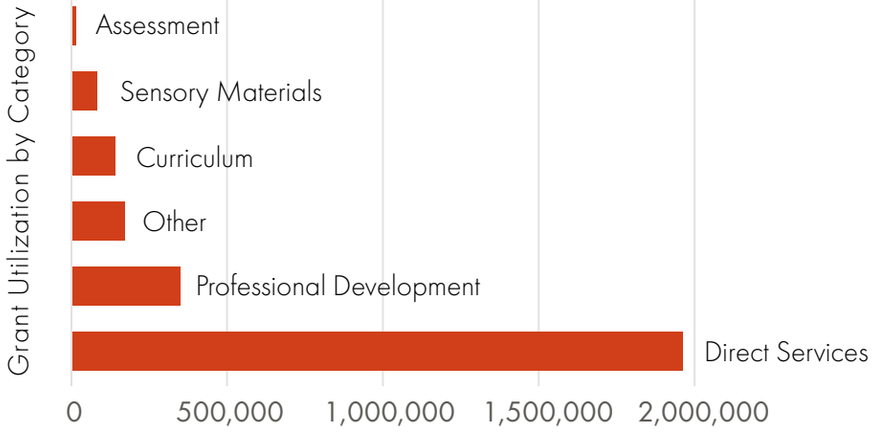
The amount billed for school-based services to Medicaid during the 2023 - 2024 school year increased by over $1.5 million from the previous school year. This means school districts and special education units are eligible for $1.5 million more during the 2024-2025 school year than the 2023-2024 school year.

2023-2024 SCHOOL YEAR

Twenty-four ND school districts or special education units received funding. These entities received a total of $2.7 million to use towards the behavioral health needs of students.

- Bismarck Public Schools
- Carrington School District
- Dickinson Public Schools
- East Central Special Education Unit which includes Kensal, Pingree-Buchanan, and Fessenden-Bowdon
- Fargo Public Schools
- Grand Forks Public Schools
- GST Special Education Unit
- James River Special Education Unit
- Jamestown Public Schools
- Lake Region Special Education Unit
- Mandan Public Schools
- Minot Public Schools
- New Rockford Sheyenne District
- Oberon Public School
- Oliver-Mercer Special Education Unit
- Rural Cass Special Education Unit
- Sheyenne Valley Special Education Unit
- Souris Valley Special Education Unit
- South Valley Special Education Unit
- Upper Valley Special Education Unit
- Wahpeton Public Schools
- West Fargo Public Schools

Approved Funding Categories



Examples:

Direct Services – therapy / clinical counseling– for students with no insurance or to cover co-pays, BCBA contracts/consults, targeted case management, extended school psychology services

Professional Development – safety care, trauma training, nonviolent crisis intervention training, restorative practices training

Curriculum –second step curriculum, applied behavior analysis curriculum, autism curriculum, social skills

Sensory Materials – flexible seating, fidgets, sensory room materials

Assessments – functional behavior assessments, Devereux Student Strengths Assessment

Other - transportation costs, survey platforms, student retreats

Behavioral Health in Education Resources and Opportunities Technical Assistance Center (B-HERO)



The ND 66th Legislative Assembly passed Senate Bill 2149, which established the requirement for each school within a district to designate an individual as a Behavioral Health Resource Coordinator, and Senate Bill 2313, which required the Health and Human Services (HHS) Behavioral Health Division to provide resources on mental health awareness and suicide prevention to the Behavioral Health Resource Coordinators.

In November 2020, HHS awarded a contract to the Central Regional Education Association (CREA) – one of 7 regional education associations within North Dakota – to provide resources, information, and support to school Behavioral Health Resource Coordinators (BHRCs). As a result, the Behavioral Health in Education: Resources and Opportunities (B-HERO) Technical Assistance Center was formed.

Who is B-HERO?

A group of educators and advocates passionate about the importance of behavioral health in North Dakota schools and communities.

WE PROVIDE ACCESS TO:

- Trainings
- Technical Assistance
- Opportunities

WE WANT TO HELP:

- Stop the Stigma
- Build Healthier Schools
- Avoid Burnout

Since inception in Spring of 2021, B-HERO has disseminated weekly communications to the 375 unique BHRCs throughout the state and has supported 348 educators through technical assistance and BHRCs communities of practice. Through its weekly messaging, B-HERO has focused on providing evidence-based resources aimed at supporting behavioral health, and has told the stories of programs and services that work in North Dakota schools.

Overall, B-HERO has reached dozens of schools in North Dakota in the past two years through training offerings, including upwards of 2,200 educators.

Since the 2021-2022 school year, B-HERO has implemented and supported the following endorsed training opportunities to BHRCs and other educators throughout the state on a variety of topics, including:

Suicide Prevention & Intervention

- Sources of Strength
  - To date, 9 schools have been supported in some capacity. In total, 366 students and 85 school staff members have received training in Sources of Strength.
- Question, Persuade, Refer Suicide Prevention Gatekeeper Training
  - Since Spring of 2022, over 139 educators have received QPR Training.

Relationship Building & Dropout Prevention

- Harvard Relationship Mapping Protocol
  - B-HERO developed a Facilitator Training on the protocol. Upwards of 242 educators have received training in the Relationship Mapping protocol, with 19 trained as facilitators across the state.
- Check & Connect
  - Since fall of 2021, 10 schools have implemented a dropout intervention program.

Trauma

- Trauma-Sensitive Schools: A New Perspective on Student Behavior and Learning
  - Since June of 2021, B-HERO has facilitated Trauma Sensitive Schools Training for over 300 educators, with 50 receiving certification to deliver the professional learning curriculum. 12 of those trainers are BHRCs.
  - Bounce Back or Support for Students
- Exposed to Trauma
  - Since fall 2023, 120 educators have been trained in these trauma focused interventions for elementary and secondary grade levels.

School Crisis Prevention & Intervention

- PREPaRE School Crisis Prevention & Intervention Training
  - Since Spring of 2022, 81 school staff have been trained in Workshop I and/or II of the model.
  - It is anticipated that 180 educators will be trained during the 2024-2025 school year.

Restorative Practices

- During the 2023-2024 school year, 37 educators have been trained in Restorative Practices.
- It is expected that 265 educators will be trained in this evidence-based intervention during the 2024-2025 school year.

Pediatric Mental Health Care Access Program (PMHCA) Grant



Health and Human Services (HHS) was awarded a three year continuation (2023-2026) grant by the Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB) to expand tele-behavioral health services for children and youth within the state.

The Pediatric Mental Health Care Access program is intended to promote behavioral health integration into pediatric primary care by using telehealth services to provide high quality and timely detection, assessment, treatment and referral for children and adolescents, with behavioral health conditions, using evidence-based practices and methods. This is implemented through the following activities:

1. **Promote** behavioral health integration in pediatric primary care in new or existing telehealth access programs.
2. **Provide** training and education to support the treatment of children and adolescents with behavioral disorders.
3. **Support** telehealth consultation and referral to a local pediatric behavioral health provider, to the extent possible.
4. **Serve** as a resource for pediatric primary care providers, psychiatrists, mental health professionals, and care coordinators.

The North Dakota PMHCA program increases pediatric providers' comfort to treat and manage mild to moderate behavioral health concerns in day-to-day practice through:

PROVIDER EDUCATION
Project ECHO is a collaborative model for behavioral health knowledge sharing and care management that helps clinicians and community providers better serve their patients through advanced curriculum and training, along with discussions on current case studies.

BEHAVIORAL HEALTH TELECONSULTATION
Behavioral Health Clinicians provide HIPAA compliant guidance on treatment and management of pediatric behavioral health conditions through telephonic consultation to providers.

REFERRAL NETWORK
Care Coordination services are available for the families that providers serve through the consultation line. Care Coordination is currently done through Family Voices.

FUNDING: 2023-2024- $850,000 | 2024-2025- $858,000 | 2025-2026- $700,000

*Federal awards require a 20% State Match



North Dakota Grant Goals

Goal 1: Increase the capacity of primary care providers to screen, diagnose and treat children for behavioral health disorders in primary care settings.

Goal 2: Develop and create capacity for telehealth programs in community-based settings by expanding partnerships within emergency departments and schools.

Implementation Progress (through Aug. 2024)

- 99 enrolled providers for the PMHCA program within 7 clinics.
- Conducted ECHO training sessions to 241 professionals on different behavioral health topics.
- Provided 18 consultation calls for Primary Care providers to receive collaboration on detection, assessment, treatment and referral for children and adolescents.
- Provided Care Coordination to 18 families within North Dakota.
- Increased sites for care delivery to include Local Public Health Units, Full Service Community Schools, University of North Dakota mobile clinic and other youth serving entities.
- Increased communication to providers and professionals on North Dakota databases to include the Mental Health Directory, FirstLink, Bed Registry and other Behavioral Health resources within the state.
- Implemented various Behavioral Health trainings within 37 schools across North Dakota to include Check and Connect, Bounce Back, Supporting students exposed to trauma, Tough Kids, Nurtured Heart, Trauma Sensitive Schools and other evidence-based trainings.

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Treatment Collaborative for Traumatized Youth (TCTY)



The Treatment Collaborative for Traumatized Youth (TCTY) mission is to enhance the availability of evidence-based mental health treatment for traumatized individuals in North Dakota through implementing evidence-based treatments and building a multidisciplinary collaborative network across the region.
www.tcty-nd.org

Types of Traumatic Events

- Child sexual abuse
- Adult sexual abuse
- Psychological or emotional abuse
- Physical assault
- Domestic violence
- School or community violence
- Military, war, or political violence
- Child neglect
- Serious or medical injury
- Natural disasters
- Forced displacement
- Witnessing death
- Grief/losing a loved one
- Receiving death threats or harassment
- Being a first responder
- Witnessing assault, abuse, or violence

Program Goals & Impact

Provide annual TF-CBT training with up to six months technical assistance. Trauma Focused Cognitive Behavioral Therapy (TF-CBT) is an evidence-based treatment for children and adolescents ages 3-18. TF-CBT integrates cognitive behavioral techniques with trauma-specific interventions.

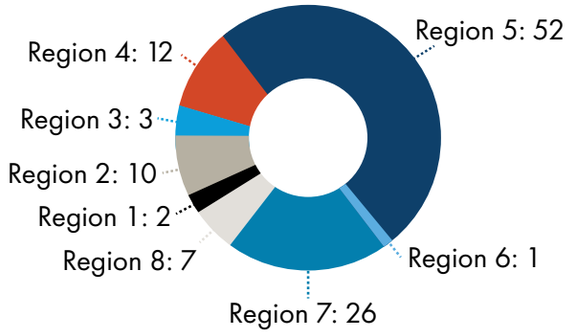
As of June 30, 2024:
Approximately 550 clinicians have been trained since project implementation with approximately 114 of those clinicians actively rostered.*

**Rostered means that the clinician completed the TF-CBT training and six months of consultation calls and is rostered to the directory https://www.tcty-nd.org/clinicians/ and active means they have maintained contact with TCTY and elect to be on the website*

TCTY Website

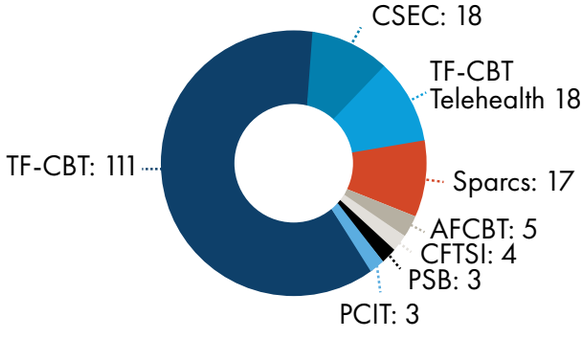
Currently Rostered & Active:

- **114 Clinicians**
- **77 Agencies**



Summary of Treatments Rostered:

- **Treatments offered by the 114 rostered clinicians across ND**



Additional outcomes from July 1, 2023 – June 30, 2024

- Bring Your Own Lunch and Learn – Complex Trauma Education Series: 10 trainings with 248 attendees.
- Continued engagement with the network through TCTY listserv - 60 emails with resources and training opportunities.
- 161 resources made available through the TCTY website.
- 521 Social Media Posts.
- TCTY team spoke at 22 trainings and community events.

Total Budget for 2023-2025 Biennium: $200,000 General Fund.

Enhancing Trauma Care for Native American Youth to HEAL



PROJECT HEAL

Enhancing Trauma Care for Native American Youth to Heal

The mission of Project HEAL is to develop and expand resources to address gaps and improve access to culturally relevant trauma services for Native American youth to heal.

Project HEAL is a collaboration between Health and Human Services and Sanford Research North – Treatment Collaborative for Traumatized Youth (TCTY). This project is led by:

- **Licensed Clinical Psychologist Dr. Emily Sargent, enrolled member of White Earth Band of Minnesota Chippewa Tribe**
- **Licensed Clinical Psychologist Dr. Samantha Beauchman, enrolled member of the Turtle Mountain Band of Chippewa**

GOAL 1:

Improve knowledge of trauma-informed care of Native American youth for professionals in child-serving systems in our region through education of trauma with Native American youth and communities.

During this reporting period, Project HEAL provided five educational sessions, in-person and virtual, focused on trauma awareness and culturally responsive treatment for Native American youth. These trainings addressed the impacts of historical trauma, culturally relevant strategies for promoting child and family resilience, and caregiving for Native American youth who have experienced trauma. Led by Drs. Beauchman, Sargent, and Victoria Williams, the sessions were attended by 89 professionals from various fields, including prenatal providers, tribal child advocates, and licensed mental health clinicians.

GOAL 2:

Increase access to culturally-informed trauma-focused treatments to Native American youth in our state by training mental health clinicians in culturally-informed treatment applications.

Project Heal hosted Honoring Children, Mending the Circle (HCMC) in November 2023, which is a cultural enhancement of Trauma Focused Cognitive Behavioral Therapy (TF-CBT). The training included 15 clinicians across North Dakota and consultation calls have been taking place over the last year. The 2023-2024 HCMC training cohort will be completing their HCMC calls in November 2024. Twelve clinicians are regularly attending the consultation calls, indicating 21 HCMC cases have been staffed by the clinicians.

GOAL 3:

Increase access to services by allocating time of trained providers to provide in-person and telehealth treatment to Native American youth.

Over the last reporting year, 18 Native American Children were seen by Sanford Traumatic Stress Treatment Center (TSTC). There were five TSTC clinicians trained in Honoring Children Mending the Circle and provided traumatic stress services to Native American children and families. All ND Tribes are utilizing Project Heal.

Tribal Outreach

Over the past year, the Project HEAL team has been building relationships with ND tribal nations, including regular meetings with ND Tribal Liaisons, Sisseton Wahpeton Oyate and MHA Nation Tribes. A total of nine meetings have been held with ND Tribal Nations.

This effort is funded through the Mental Health Block Grant through the Substance Abuse and Mental Health Services Administration (SAMHSA), administered through the North Dakota Department of Health and Human Services – Behavioral Health Division.

*September 1, 2023 - August 31, 2024

Voluntary Treatment Program (VTP)



The Voluntary Treatment Program reimburses for out-of-home treatment services for Medicaid-eligible children with a serious emotional disorder without requiring parents to relinquish custody (NDCC 50-06-06.13). The program will cover maintenance costs associated with the treatment episode, while ND Medicaid will cover treatment costs in accordance with the state plan. Qualified Residential Treatment Providers (QRTPs) and PATH Foster Homes are designated providers through the VTP.

The primary goal of the VTP is to improve the functioning of youth.

ELIGIBILITY

- Up to the age of 18;
- Mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified in the DSM 5; and
- Functional impairment that substantially interferes with or limits the child's role or functioning in family, school and community activities.

From July 2023 - September 2024, HHS received 49 applications (compared to 46 applications received during the 2021-2023 biennium).

- **9 youth were admitted to a QRTP**
- **17 applications were denied**
- **23 applications were withdrawn**

Reasons for denial (17):

- Did not have Medicaid, assisted with community based services (4)
- Not all community based services were utilized (8)
- Other residential options available (5)

Reasons for withdrawal (23):

- Other placement occurred prior to decision (5)
- Moved out of state (2)
- Youth placed under custody of zone or DJS (2)
- Parent/Guardian withdrew application (10)
- Applied for Psychiatric Residential Treatment Facility (PRTF) admission (4)



	Cost per youth	Length of stay
Youth 1	$95,018.00	5 months
Youth 2	$33,664.00	3 months
Youth 3	$77,465.00	6 months
Youth 4*	$102,260.00	5 months
Youth 5	$46,708.00	4 months
Youth 6*	$26,264.00	2 months
Youth 7*	$16,616.00	1 month
Youth 8*	$16,616.00	1 month
Youth 9*	$11,107.00	1 month

*Denotes youth still in QRTP

A total of $453,424 was authorized in the HHS budget for the 2023-2025 biennium.

Through Sept. 30, 2024 (63% of the biennium) 94% of the allocation has been expended with 5 youth currently residing in a QRTP.

The average cost of a child in a QRTP for 30 days: $16,117.00.*

The average length of stay for a child in a QRTP is 4.4 months.*

The average cost for a child at a QRTP is $70,914.80.*

*These numbers are based off the 23-25 biennium data.

Of the youth receiving residential services; six youth received services through Home on the Range and three youth received services through Dakota Boys and Girls Ranch.

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Parent to Parent

Health and Human Services (HHS) contracts with the ND Federation of Families for Children's Mental Health (NDFFCMH) to administer the Parent to Parent support services program. This initiative is a statewide collaborative effort that engages, trains, educates, and supports parents of children with mental health disorders.

Program responsibilities include:

- Organizing and leading support and educational services for parents.
- Collaborating with other nonprofit entities and linking to both paid and natural supports.
- Coordinating with existing community-based organizations and programs to maximize benefits, avoid duplication, and realign resources.

Services provided by NDFFCMH may include:

- Attending meetings at the request of parents.
- Assisting parents in understanding their child's mental health needs.
- Helping parents become involved in a support network.
- Providing training on how to advocate for their child.
- Assisting parents in locating informal services and supports.
- Accessing information on their rights and responsibilities.

- Total budget of $75,000 for July 1, 2023 - June 30, 2025.
- Number of new parents receiving services - 33
- Number of families provided support and education - 134
- Number of parent contacts - 3,039
- Hours of support to families - 774

Families from 17 counties have received services this biennium:

Barnes	3
Burleigh	34
Cass	25
Foster	4
Grand Forks	11
Hettinger	1
McLean	7
Morton	7
Mountrail	3
Oliver	5
Ramsey	2
Rolette	3
Sheridan	2
Stark	5
Unknown	11
Walsh	2
Ward	6
Williams	3

**The numbers reported are from July 1, 2023 - August 2024. NDFFCMH Parent to Parent Support Program has multiple funding sources, including funding from HHS. The data reported from NDFFCMH reflects data from the entire parent support program, not just the portion supported by HHS.*

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Psychiatric Residential Treatment Facilities for Children (PRTFs)

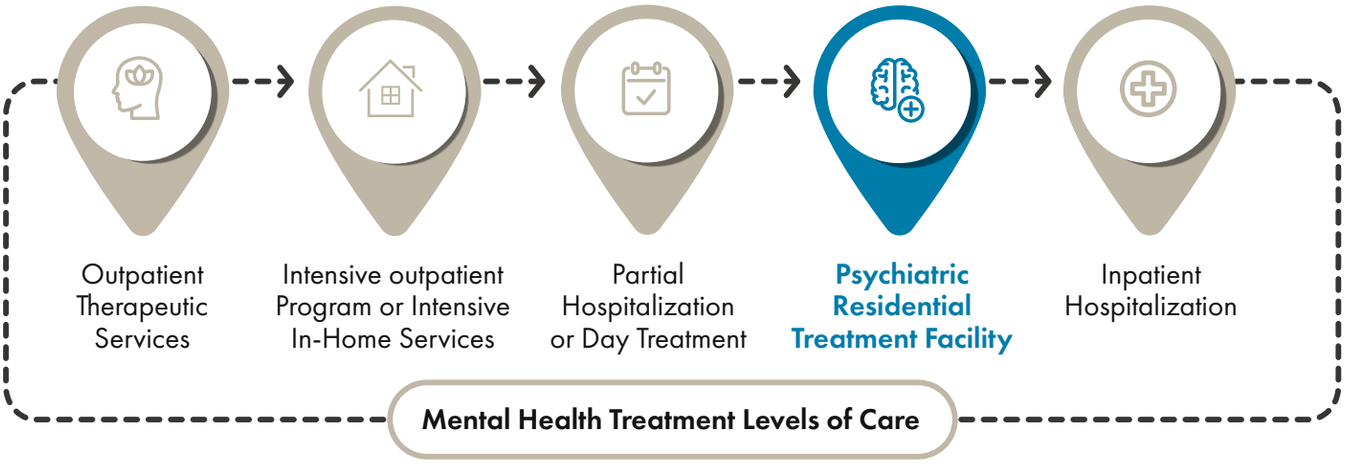


NDCC 25-03.2-02 requires Health & Human Services to adopt rules and standards for the licensing of Psychiatric Residential Treatment Facilities for Children (PRTFs) operating in North Dakota.

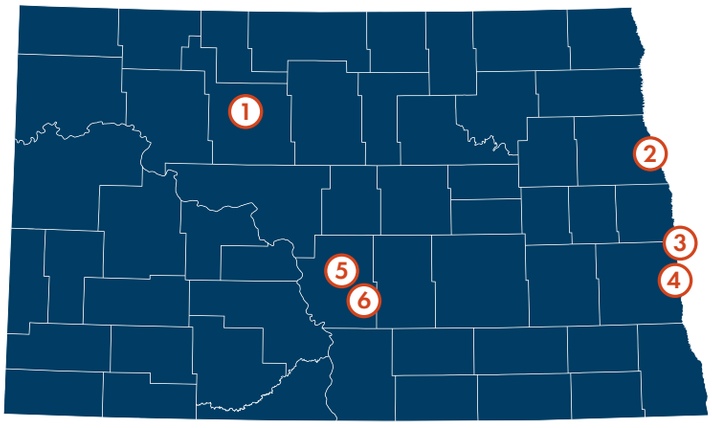
North Dakota Administrative Code (NDAC) 75-03-17 Psychiatric Residential Treatment Facilities for Children are the rules that establish the standards governing PRTFs.

Psychiatric Residential Treatment Facilities (PRTFs) are residential facilities that provide children and adolescents with a comprehensive 24-hour therapeutic environment integrating group living, educational services and a clinical program based upon an interdisciplinary clinical assessment and an individualized treatment plan that meets the needs of the child and family.

PRTFs are available to children in need of and able to respond to active psychotherapeutic intervention and who cannot be effectively treated in their own family, in another home or a less restrictive setting. Admission to a PRTF is based on medical necessity.



LOCATIONS



1. Dakota Boys and Girls Ranch (Minot)
2. Ruth Meiers Adolescent Center (Grand Forks)
3. Dakota Boys and Girls Ranch (Fargo)
4. Luther Hall (Fargo)
5. Dakota Boys and Girls Ranch (Bismarck)
6. Pride Manchester (Bismarck)

PURPOSE

The licensure process aims to ensure health and safety and compliance with minimum standards in care and treatment of children receiving services in the facility.

HHS is required to license PRTFs every two years. There are six licensed PRTFs in ND with a total of 82 beds serving children between the ages of 5 through 18.

Capacity per facility:

- Dakota Boys and Girls Ranch - Minot (ages 10 through 17) - 16
- Ruth Meiers Adolescent Center - Grand Forks (ages 12 through 17) - 10
- Dakota Boys and Girls Ranch - Fargo (ages 10 through 17) - 16
- Luther Hall - Fargo (ages 10 through 17) - 16
- Dakota Boys and Girls Ranch - Bismarck (ages 10 through 17) - 16
- Pride Manchester - Bismarck (ages 5 through 13) - 8





Adult Addiction

Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG)



The SUPTRS BG is authorized by section 1921 of Title XIX, Part B, Subpart II and III of the Public Health Service (PHS) Act. The PHS Act required the secretary of the U.S. Department of Health and Human Services to create regulations as a precondition to making funds available to the states and other grantees under the SABG. Title 45 CODE OF FEDERAL REGULATIONS Part 96 was published on March 31, 1993, and The Tobacco Regulations for Substance Abuse Prevention and Treatment Block Grant; Final Rule, 61 FEDERAL REGISTER 1492 was published on Jan. 19, 1996.

SAMHSA requires that grantees spend no less than 20% of their SUPTRS BG allotment on substance misuse primary prevention strategies. These strategies are directed at creating an environment that promotes the health and well-being of individuals and communities which prevents problems before they occur – and cannot be directed at individuals identified to be in need of treatment.

The Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG) program (through the Substance Abuse and Mental Health Services Administration [SAMHSA]) provides funds and technical assistance to all states and territories.

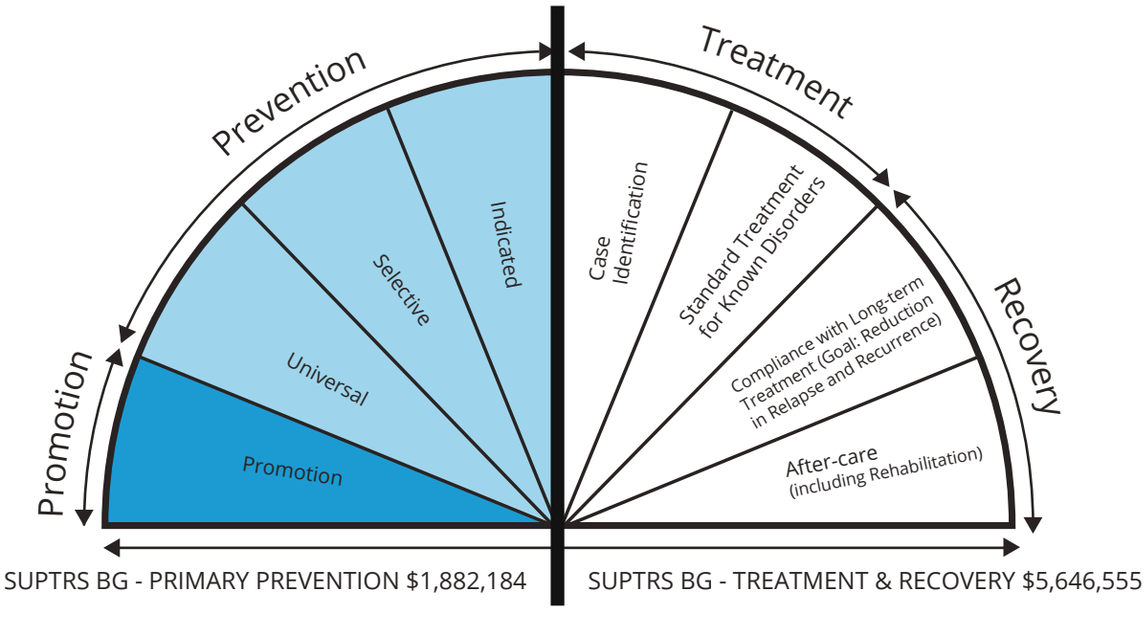
Health and Human Services utilizes the funds to plan, implement, and evaluate activities supporting the full continuum of care related to substance misuse.

The purpose of the SUPTRS BG is to:

- Provide priority treatment and support services that demonstrate success in improving outcomes and/or supporting recovery for individuals without insurance that are not covered by Medicaid, Medicare, or private insurance, or for whom coverage is terminated for short periods of time.
- Provide primary prevention by supporting universal, selective, and indicated prevention activities and services for persons not identified as needing treatment.
- Collect performance and outcome data to determine the ongoing effectiveness of behavioral health promotion, treatment, and recovery support services.

Funding

HHS receives approximately $7,528,736 per year. As of Oct. 2024, approximately $1,882,184 (25%) is allocated to primary prevention.



North Dakota Goals

Increase access to quality substance misuse-related services across the continuum of care.

PREVENTION

- Increase implementation of effective prevention statewide.
- Decrease underage drinking.
- Decrease adult binge drinking and related consequences.
- Decrease opioid misuse and related consequences.

TREATMENT/RECOVERY

- Increase evidence-based treatment and recovery support services, with a priority on high-risk populations:
  - Pregnant women and women with dependent children.
  - Individuals using drugs intravenously.



Activities

PREVENTION

- Training and technical assistance
- Community and tribal alcohol and other drug prevention programs across the state
- Underage drinking prevention efforts, including Parents Lead
- Adult binge drinking prevention efforts, including the Speak Volumes campaign
- Opioids: Take Care, Be Aware
- DUI education program licensing; provider certification
- Minor in possession education provider certification
- Synar program (youth tobacco enforcement)

TREATMENT/RECOVERY

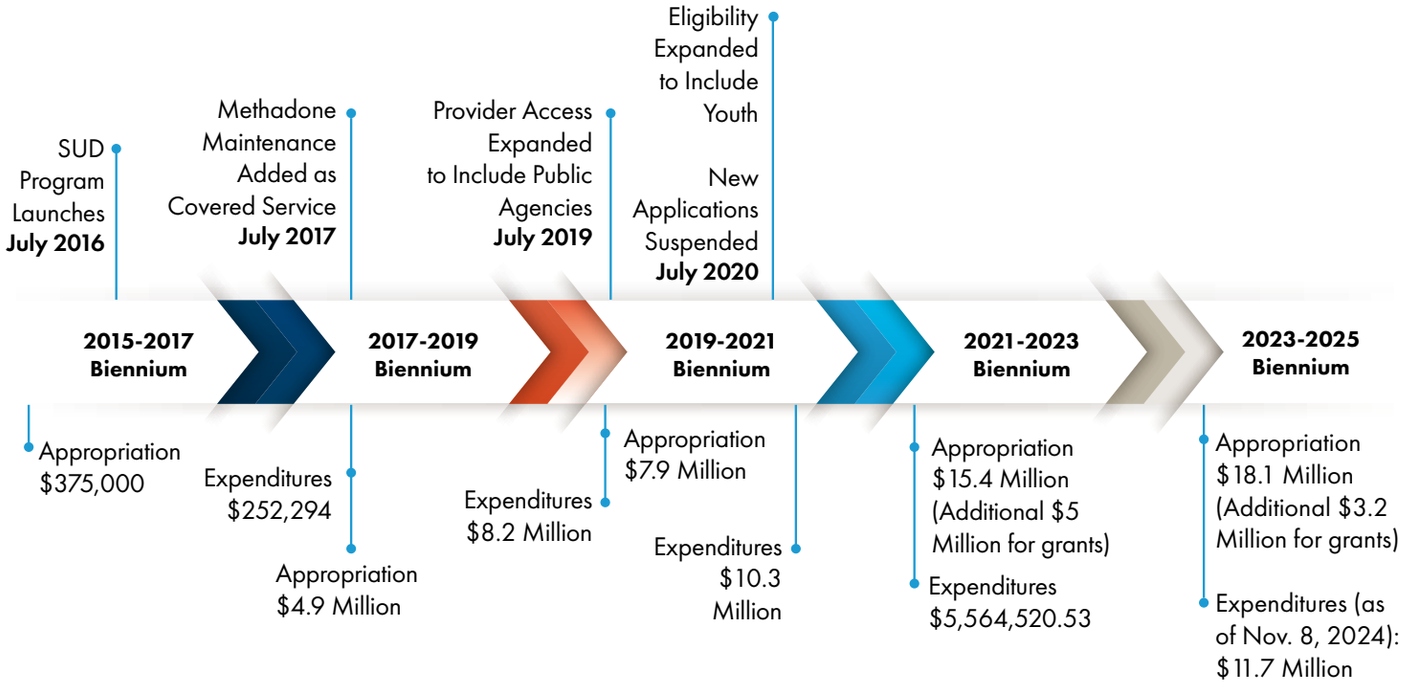
- Public program funding
- Special Populations
  - Youth residential services program
  - Pregnant and parenting women
  - Tribal programs
- Recovery
  - Recovery Talk program
  - Mobile outreach program
  - Peer support development
- Withdrawal management
- Workforce development

Substance Use Disorder (SUD) Voucher



Health & Human Services (HHS) administers the SUD Voucher program, as directed from the 64th Legislative Assembly. The program improves access to quality services and allows for individual choice of providers.

Program Timeline



Program Impact

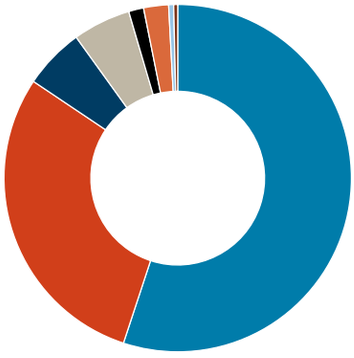
Since its inception in July 2016, approximately 8,650 individuals have been approved for services through the SUD Voucher.

Gender

Male - 61%

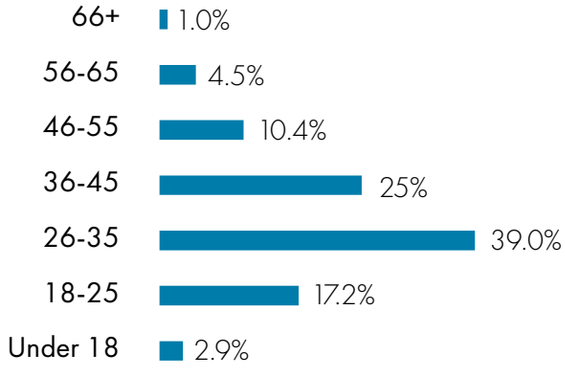
Female - 39%

Race



- White - 59.3%
- American Indian - 31.6%
- African American - 6.1%
- Hispanic - 5.8%
- Other 1.5%
- Prefer not to answer - 2.5%
- Asian - 0.5%
- Native Hawaiian - 0.4%

Age



Living Environment



- Independent - 45%
- Homeless - 32%
- Dependent - 23%

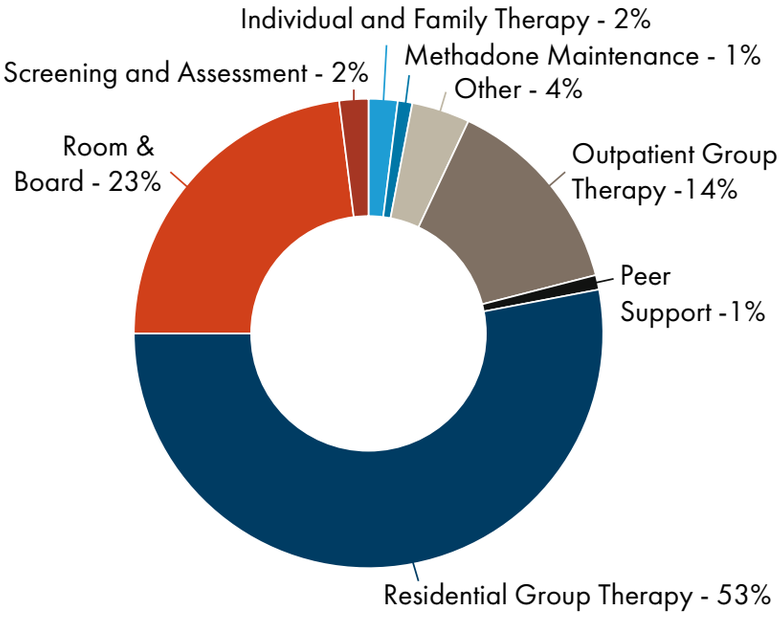
As of Dec. 2, 2024 there are 40 participating providers.

An increase from 35 in Feb. 2023.



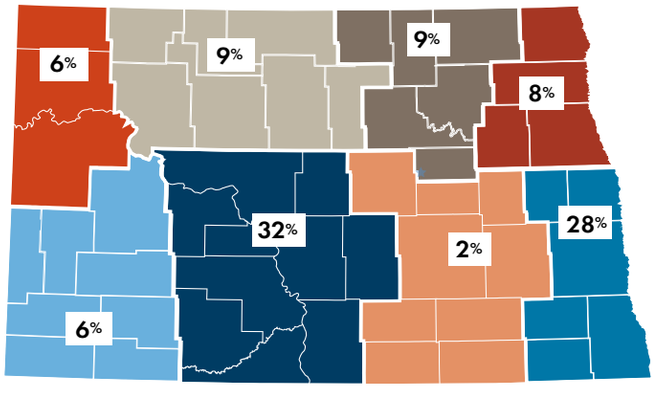
Expenditures by Service Type

Percentage of expenditures by service type from July 1, 2023 through Sept. 30, 2024.



Program Participants By Human Service Center Region

July 1, 2023 - Sept. 30, 2024



- Region 1 - **192**
- Region 2 - **279**
- Region 3 - **304**
- Region 4 - **245**
- Region 5 - **919**
- Region 6 - **52**
- Region 7 - **1,029**
- Region 8 - **189**
- Unknown - **8**

Percent of Individuals Served by Service Type

July 1, 2023 - Sept. 30, 2024

59.2%
Screening and Assessment

42.5%
Room and Board

40.9%
Urine Analysis

28.5%
Residental Group Therapy

28.1%
Individual and Family Therapy

27.7%
Outpatient Group Therapy

11%
Methadone Maintenance

9.1%
Out-of-Pocke Expense

6.4%
Peer Support

3%
Transportaion

Outcome Measures

Programs utilizing the SUD Voucher are required to assess each individual at the beginning of services and upon completion. The outcome measure uses a 5-point rating scale (1 lowest to 5 highest). The outcomes are based on Substance Abuse and Mental Health Services Administration (SAMHSA) identified recovery dimensions.

The following outcomes are for participants who completed services paid for by the SUD Voucher on or after July 1, 2023. n = 693

Since inception, the averages for all four outcome measures improved following services reimbursed through the SUD Voucher program.

PURPOSE

Identify the extent to which the individual participates in meaningful daily activities (employment, school, volunteering, family caretaking, other activities, etc.).



COMMUNITY

Identify the extent to which the individual's relationships and social networks provide support, friendship, love, and hope for overall wellbeing.



HEALTH

Identify how well the individual makes informed healthy choices supporting their physical health and emotional wellbeing (physical activity, attending medical appointments, taking medications as prescribed etc.)



HOME

Identify the stability and safety of the individual's living environment.



Pre Post

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Substance Use Disorder Treatment Program Licensing



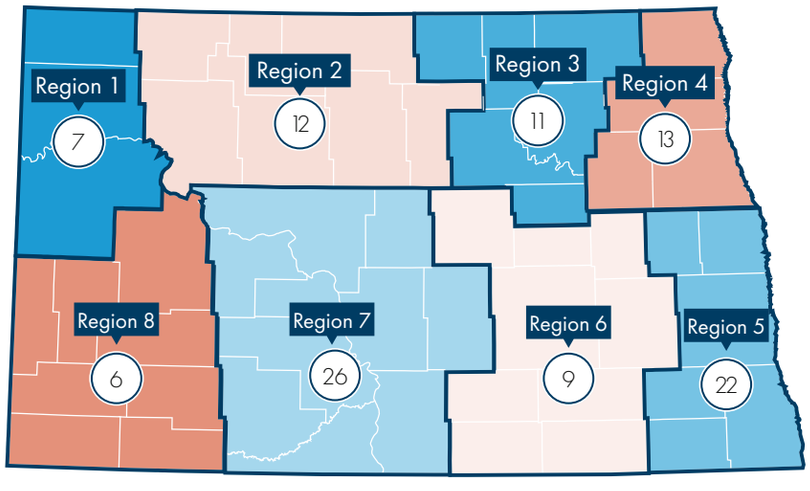
Health and Human Services (HHS) is responsible for establishing quality assurance standards for the licensure of substance use disorder treatment programs, as outlined in North Dakota Century Code 50-06 and North Dakota Century Code 50-31. HHS conducts regular reviews of these programs to ensure compliance with North Dakota Administrative Code Article 75-09.1 and monitors the health and safety of clients served.

- Programs are reviewed every two years for compliance with North Dakota Administrative Code Article 75-09.1.
- Programs are monitored for the health and safety of the clients served.

North Dakota has **106** licensed substance use disorder treatment programs (as of October 1, 2024).

37 programs are licensed for residential treatment

Number of Licensed Programs by Human Service Center Region





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Opioid Treatment Program (OTP) and Medication Unit Licensing

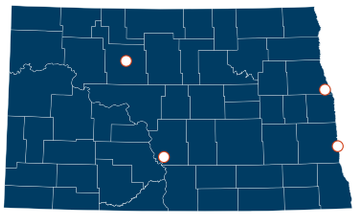


Designated as the state opioid treatment authority (North Dakota Century Code 50-31-07), Health and Human Services administers licensing for OTP and medication units, as well as ensures adherence to state and federal regulations.

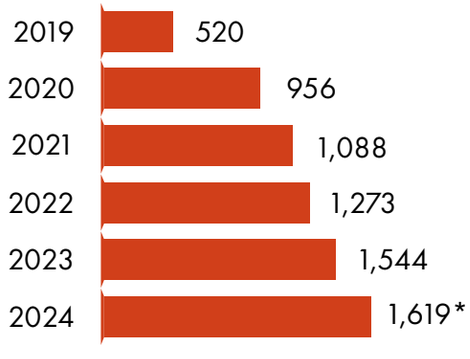
- OTPs provide medication for opioid use disorder in conjunction with counseling and supportive services to treat individuals suffering from an opioid use disorder.
- Medication units are a satellite of an OTP that provide remote dispensing of FDA approved medication for opioid use disorder.
- Programs are reviewed on an annual basis for compliance with North Dakota Administrative Code Article 75-09.1, and applicable federal regulation.
- Programs are monitored for the health and safety of the clients served and to establish quality assurance standards for the licensure of programs, services, and facilities.

North Dakota has **4** licensed OTPs in the state

- There are currently **1,140** individuals actively receiving services from an OTP.*
- On average individuals travel **16** miles one way to an OTP for their services.*
- There are currently no licensed medication units in the state.



Unique individuals served by OTPs



*Data as of October 22, 2024

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Recovery Housing Assistance Program



The Recovery Housing Assistance Program (RHAP) provides financial support for individuals in recovery to access Recovery Housing.

In 2018, the Human Services Research Institute (HSRI) conducted a comprehensive analysis of the current behavioral health system in North Dakota. Relating specifically to housing, the study identified two recommendations:

- Address housing needs alongside behavioral health needs
- Promote timely linkage to community-based services following crisis, inpatient, and residential treatment

In consideration of the recommendations for housing outlined in the study, The Health and Human Services (HHS) received funding during the 66th Legislative Assembly to develop and implement a new Recovery Housing Assistance Program (RHAP). Due to COVID-19, implementation was delayed, and the funding was carried-over to the 2021-2022 biennium. The RHAP program launched in May 2022.

RECOVERY HOUSING PROVIDES

- Substance-free home environment
- Space to focus on continued growth and healing
- 24-hour peer-led support and connection
- Resources to support individual life goals

The program pays for up to 12 weeks of an eligible individual's living expenses at an approved Recovery Housing provider.

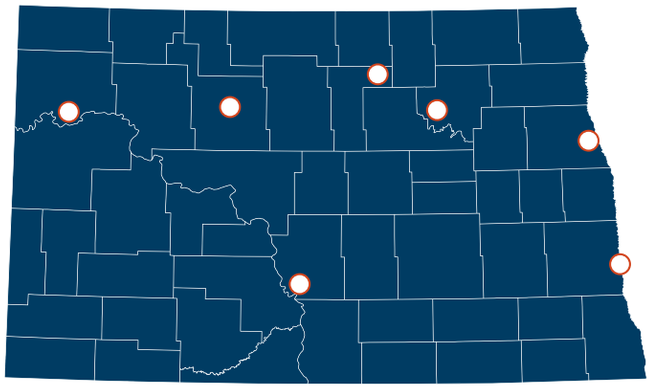
ELIGIBILITY CRITERIA

- ND Resident and
- Age 18 or older and
- Experiencing a substance use disorder and
- One of the following:
  - Currently enrolled in a HHS public assistance program or
  - Currently enrolled in a HHS Behavioral Health Division substance use disorder or community program or
  - Household income is at or below 200% Federal Poverty Guidelines

CURRENT RHAP PROVIDERS

(as of Oct. 1, 2024)

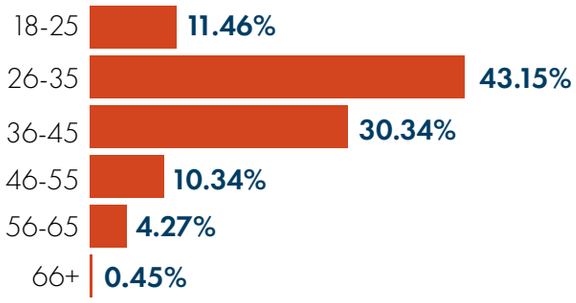
There are **nine** approved providers across the state with **28** recovery homes.



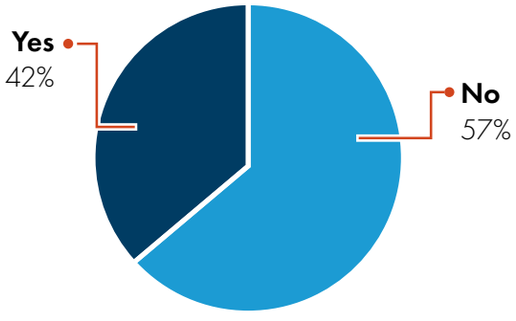
Bismarck – **17**
Devils Lake – **1**
Fargo – **2**
Grand Forks – **1**
Minot – **3**
Watford City – **3**
Wolford – **1**

1,152 individuals have experienced the Recovery Housing Assistance Program benefits from May 2022 through Oct. 2024

Participants by **Age Range**

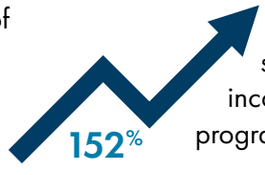


Participants by **Tribal Affiliation**





Out of **502** participants who reported lack of employment upon entering program, ***57%*** reported improvement in their employment status at the end of programming.



Overall, participants see an average weekly income growth of **152%** at program conclusion.

BUDGET

2023 - 2025 appropriation: $1,509,088
Amount spent as of October 1, 2024: $1,020,122

State Opioid Response (SOR) Grant



Funded through the Substance Abuse and Mental Health Services Administration (SAMHSA), the purpose of this grant is to address the public health crisis caused by escalating opioid misuse, opioid use disorder (OUD), and opioid-related overdose across the nation. The current award is for $4,000,000 from September 30, 2024 through September 29, 2025.

North Dakota Grant Goals

GOAL 1
Prevent opioid and stimulant misuse.

GOAL 2
Reduce harm related to opioids and stimulants.

GOAL 3
Improve access to evidence- based treatment.

GOAL 4
Increase access to recovery support services.

Implementation Overview

Statewide Efforts

NDSU School of Pharmacy implements the **ONE program**. The purpose is to equip pharmacists with tools to screen for opioid use disorder, to identify patient needs, and provide counseling and support to assist them in safely using prescribed opioids.

From September 2023 - September 2024:

- 73 pharmacists participated in the ONE Program
- 10,212 screenings completed
- 13% of patients were identified at high risk for accidental opioid or opioid use disorder

Department of Corrections and Rehabilitation increasing availability of Medications for Opioid Use Disorder (MOUD).

- From September 2023 – September 2024, 339 individuals received MOUD.

Opioid campaign implementation:

HHS disseminated campaign messaging for the Opioids: Take Care, Be Aware campaign. The messaging aims to increase the understanding of risks of pain medications, know signs of addiction, recognize an overdose and know how to effectively respond to an overdose.

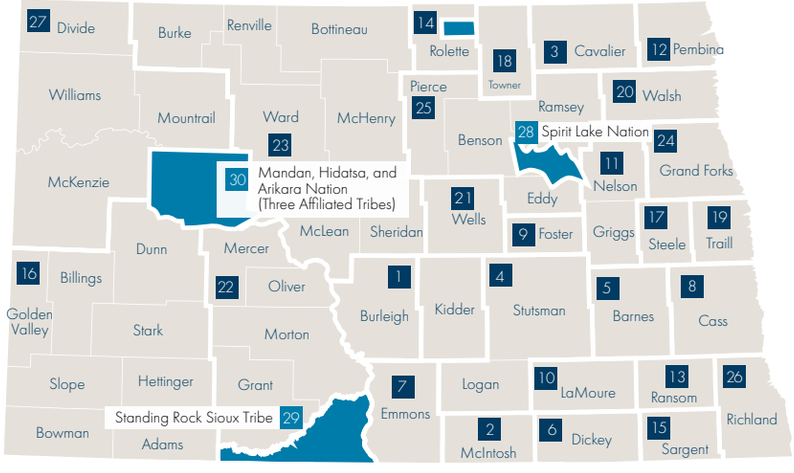
Naloxone purchase and distribution

From September 2023 – September 2024, 28,597 naloxone kits were distributed through both statewide and community efforts.

Community Efforts

The Division is currently in contract with 27 Local Public Health Units and 3 tribes to support community-level implementation of efforts to address the opioid crisis (September 2024 – September 2025).

- 30 communities will operate **Opioid Overdose Prevention Education and Naloxone Distribution (OEND) programs**
- 27 communities will be educating about **safe medication disposal** and providing safe medication disposal products (Deterra bags and DisposeRx)
- 1 community will be **reducing harm** by either operating a Syringe Service Program (SSP), promoting SSP services, or exploring how to start a SSP
- 3 communities will be improving access to **treatment**
- 2 communities will be improving access to **recovery** support services



1. Bismarck-Burleigh Public Health
2. McIntosh District Health Unit
3. Cavalier County Health District
4. Central Valley Health Unit
5. City-County Health Department
6. Dickey County Health District
7. Emmons County (Western Plains Public Health Collaborative)
8. Fargo-Cass Public Health Unit
9. Foster County Health Department
10. LaMoure County Public Health Department
11. Nelson-Griggs District Health Unit
12. Pembina County Health Department
13. Ransom County Public Health
14. Rolette County Public Health Unit
15. Sargent County District Health Unit
16. Southwestern District Health Unit
17. Steele County Public Health Department
18. Towner County Public Health
19. Traill District Health Unit
20. Walsh County Health Department
21. Wells County District Health Unit
22. Western Plains Public Health
23. First District Health Unit
24. Grand Forks Public Health Unit
25. Lake Region District Health Unit
26. Richland County Health Department
27. Upper Missouri District Health Unit
28. Spirit Lake Nation
29. Standing Rock Sioux Tribe
30. Mandan, Hidatsa, and Arikara Nation

From September 2023 to September 2024, HHS contracted with 27 local public health units and 3 Tribes to support community-level implementation of efforts to address the opioid crisis.

From September 2023 – September 2024:

- There were 721 known successful overdose reversals using naloxone.
- 981 people were trained in overdose education and naloxone.
- 10,374 safe medication disposal products (DisposeRX and Deterra bags) were distributed.

Opioid Settlement Funding



Acting through the North Dakota Attorney General's Office, North Dakota (along with many other states) entered into litigation with opioid manufacturers and distributors. As a result, ND is expected to receive $60 million in settlement funding from the various manufacturers and distributers over the next 18 years.

- Through HB 1447 and codified in North Dakota Century Code 50-36, the 68th Legislative Assembly established an opioid settlement fund within the state treasury. $8 million was appropriated in the 2023-2025 biennium to Health and Human Services, with at least 20% to be used for opioid use prevention and overdose prevention, including best practices relating to fentanyl drug overdose, and workforce development.
- The Opioid Settlement Advisory Committee was established to provide input and recommendations for opioid settlement spending. The committee consists of six voting members and a nonvoting presiding officer. The committee was codified in ND Century Code 50-36-03.

2023-2025 Biennium Budget Overview

- Opioid Settlement Fund (OSF) Grant: $7,053,787
- Purchase Narcan (naloxone) to provide the low barrier, no cost medication to individuals across the state: $634,834
- Tribal efforts to address the opioid crisis with activities across the continuum of prevention, treatment, and recovery: $310,833
- Opioid Settlement Advisory Committee Administration: $546

Opioid Settlement Fund (OSF) Grant

Utilizing recommendations and priorities from the Opioid Settlement Advisory Committee, the the OSF Grant opportunity was announced in November 2023. The grant was open to individuals and entities throughout the state proposing opioid remediation and abatement efforts that align with Exhibit E of settlement documents. HHS received 65 applications and awarded 14.

Grant Impacts (as of Oct. 24, 2024):

- Endeavour Sober Living has established a recovery house in Minot to support pregnant and parenting women through their recovery journey.
- Community Connect providers have served an additional 749 individuals throughout the state by providing recovery support services.
- Sanford Medical Center Fargo has established an outpatient treatment program and is providing medications for opioid use disorder.
- Training Academy for Addiction Professionals (TAAP), operated by Heartview Foundation, trained seven new addiction counselors and currently has nine active trainees set to complete their program by winter 2025.

OSF Grantees:

- **Central Valley Health District ($37,409):** Developed a syringe service program in Jamestown to help individuals with a substance use disorder connect to treatment and recovery services.
- **Community Connect Providers ($3.9 million):** Expanded access to the community-based behavioral health program designed to provide behavioral health support services to individuals through the provision of care coordination and peer support in their North Dakota community.
- **Community Medical Services ($452,389):** Expanded the Opioid Treatment Program in Grand Forks by connecting individuals in need of opioid use disorder to evidence-based treatment services.
- **Endeavor Sober Living ($535,000):** Established a recovery house in Minot specifically serving pregnant and parenting women.
- **First District Health Unit ($66,681):** Expanded the syringe service program in Minot to help individuals with a substance use disorder connect to treatment and recovery services.
- H**eartview Foundation ($426,527):** Established medications for opioid use disorder services in southwest North Dakota.
- **Nelson-Griggs District Health Unit ($21,600):** Implemented a system to standardize patient screenings for opioid use disorder within local hospitals to increase access to treatment and recovery services.
- **North Dakota State University Opioid and Naloxone Education (ONE) Program ($82,537):** Worked hand-in-hand with tribal leaders to implement opioid harm prevention in tribal communities.
- **Northeast Central Judicial District Drug Court in Grand Forks/Department of Corrections and Rehabilitation ($51,000):** Provided substance use disorder treatment services and coordination of care to individuals involved in the Northeast Central Judicial District Drug Court in Grand Forks.
- **Richland County Treatment Court ($134,000):** Provided substance use disorder treatment services and coordination of care to individuals involved in the Richland County Treatment Court.
- **Sanford Medical Center Fargo ($397,430):** Provided medications for opioid use disorder education and awareness training to health care providers, expand Screening, Brief Intervention, and Referral to Treatment (SBIRT) and increase distribution of naloxone to uninsured patients.
- **Training Academy of Addiction Professionals /Heartview Foundation ($613,002):** Supported development of behavioral health workforce in North Dakota through increased addiction counselor training opportunities, college scholarships and paid internships.
- **USpireND – Healthy Families North Dakota ($130,075):** Provided home visiting program for parents who are incarcerated and pregnant, parents who are incarcerated and have given birth within the last year, and parents in recovery and parents who have not yet entered recovery.
- **Valley City Public School ($160,000):** Implemented an evidence-based prevention curriculum in the Valley City Junior/Senior High School.

Gambling Disorder Treatment, Awareness and Prevention



The term "gambling disorder" means a chronic, progressive disease that is characterized by a preoccupation with gambling, loss of control over gambling behaviors, and often disregard for the negative consequences as a result of gambling. Gambling disorder includes gambling behavior that compromises, disrupts or damages personal, family or vocational pursuits.

NDCC 50-06-21 requires the Department of Health & Human Services to develop and implement a program for gambling prevention, awareness, crisis intervention, financial counseling and gambling disorder treatment.

IMPLEMENTATION

- Gambling disorder treatment services for individuals with a gambling disorder and affected others.
- Communication efforts (billboards, television ads and bus wraps) to address problem gambling prevention, awareness, crisis intervention and treatment services (www.gamblernd.com).
- Collaboration with the state's Problem Gambling Advisory Council.

FUNDING (2023-2025 biennium)

- $632,800 of lottery funds
- $580,000 of charitable gaming funds

STATE FISCAL YEAR OUTCOMES

	July 2023 - June 2024	July 2024 - Oct. 2024
ND residents received gambling treatment services	177	149
In-person counseling hours	799	344
Tele-behavioral health hours	406	332
ND Residents received brief intervention services	42	30

RESEARCH

Health and Human Services in contract with Gemini Research is completing a North Dakota Recreation Activity Survey with a focus on gambling activities within the state. The purpose is to identify the health, leisure, and recreation needs of North Dakota residents. The survey closed October 11, 2024 with 2,937 responses.

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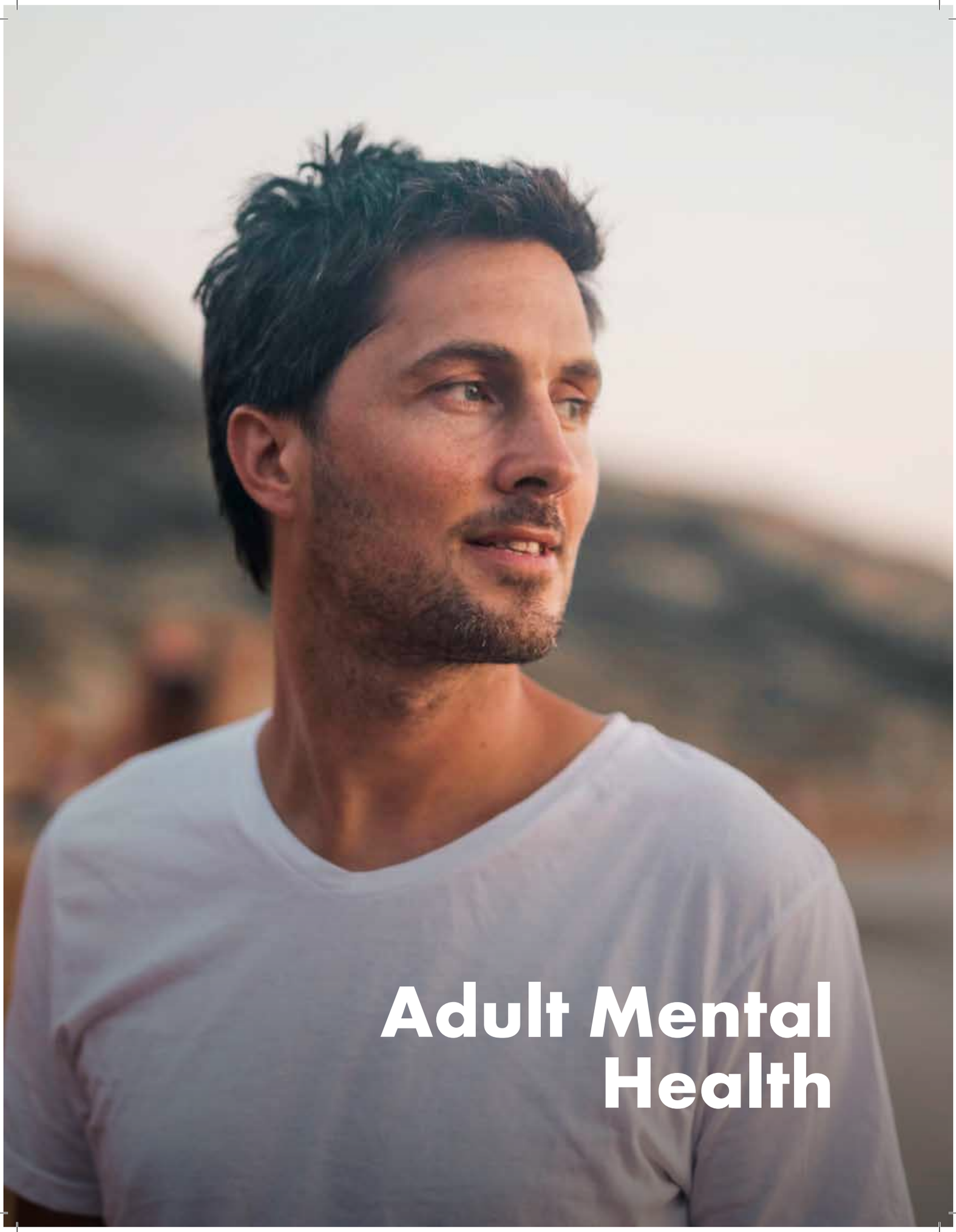

Adult Mental Health

Mental Health Block Grant (MHBG)



The Substance Abuse and Mental Health Services Administration (SAMSHA) administers the Mental Health Block Grant (MHBG), which makes funds available to all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and six Pacific jurisdictions to provide community mental health services.

Purpose

The purpose of the Mental Health Block Grant is to provide comprehensive, community-based mental health services to adults with serious mental illnesses (SMI) and to children with serious emotional disturbances (SED) and to monitor progress in implementing a comprehensive, community-based mental health system.

Funding

Health and Human Services receives approximately $1,709,742 per year from October 2023 - September 2025.

Targeted Populations

Adults with Serious Mental Illness (SMI)

Includes persons age 18 and older who have a diagnosable behavioral, mental, or emotional condition—as defined by the Psychiatric Association's Diagnostic and Statistical Manual (DSM) of Mental Disorders. Their condition substantially interferes with, or limits one or more major life activities, such as:

- Basic daily living (eating, dressing, etc.).
- Instrumental living (taking prescribed medications or getting around community).
- Participating in family, school, or workplace.

Children with Serious Emotional Disturbance (SED)

Includes individuals up to age 18, who have a diagnosable behavioral, mental, or emotional issue (as defined by the DSM). This condition results in a functional impairment that substantially interferes with, or limits, a child's role or functioning in family, school, or community activities.



Behavioral Health Planning Council

The Behavioral Health Planning Council is responsible for reviewing, monitoring, and evaluating the adequacy of behavioral health services for its state. The council completes duties as specified in the MHBG statute, as well as advises, consults with, and makes recommendations to state mental health authorities and single state authorities regarding their activities.

The majority (51% or more) of a state's planning council should be comprised of consumers and family members.

Learn more at **hhs.nd.gov/ndmhpc**

Funded Programs and Services

- Consumer Family Network
- Peer Support
- Workforce Training and Development
- Children's Services (Project Heal; trauma trainings)
- First Episode Psychosis
- Crisis Services

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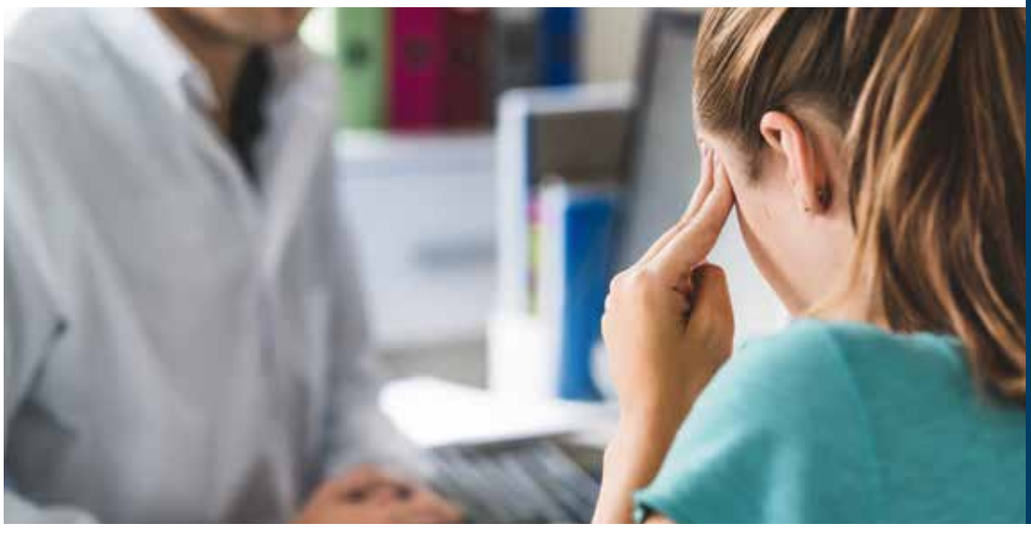
Brain Injury Services



North Dakota Century Code 50-06.4 established the Department of Health and Human Services as the lead agency in the state for the purpose of coordinating services for individuals who have a brain injury.

What is a brain injury?

Brain Injury encompasses anything that happens to the brain after birth and leading up to but not including degenerative dementia.

- **Traumatic Brain Injury (TBI) -** External events/concussion: assaults, falls, motor vehicle crash, blast injury
- **Non-Traumatic/Acquired Brain Injury -** Internal events: stroke, tumor, anoxia (loss of oxygen to the brain), aneurysm, infections (including COVID-19)

Individuals with brain injuries in North Dakota are eligible to receive services through multiple federal and state programs, including Vocational Rehabilitation, 1915(i), Community Connect and Free Through Recovery.

Is it just a concussion?

A concussion is a type of Traumatic Brain Injury (TBI) caused by a bump, blow, or jolt to the head or a hit to the body that causes the head and brain to move rapidly back and forth.

Brain Injury Advisory Council (BIAC)

PURPOSE

To improve the quality of life for all individuals with brain injury and their families through brain injury awareness, prevention, research, education, collaboration, support services, and advocacy.

Brain Injury Initiatives

North Dakota Brain Injury Network (NDBIN)

www.ndbin.org

PURPOSE

NDBIN provides resource facilitation and navigation to individuals who have a brain injury and their families. NDBIN staff also provide community outreach and education, brain injury screening, support groups and social opportunities, peer support, survivor connections and collaboration with public and private agencies.

$996,483 general fund was allocated in the 2023-25 biennium.
During the 2023-25 biennium, NDBIN utilized increased funding to hire two additional resource facilitators.
NDBIN is administered by the University of North Dakota.



202 individuals were served from July 2023 - September 2024.

- 94 received care coordination
- 108 received information and referral



Between July 2023 and September 2024 NDBIN held 281 community outreach events reaching 3,607 individuals.

Community Living State Partnership Grant Administration

PURPOSE

North Dakota received this federal grant to develop a Brain Injury Advisory Council guidebook, a brain injury state plan, develop a brain injury survivors engagement group, and expand access to brain injury educational materials and trainings. $1,000,890 in federal funds were awarded to North Dakota in 2021 for this five year grant.

OUTCOMES

- Developed a four-year brain injury state plan: www.ndbin.org/about-us/state-plan.
- Established a Brain Injury Voices program.
- Created a network of support and a training curriculum for Native Americans with brain injury.
- Established brain injury screening and referring protocols for criminal justice and behavioral health providers.

Behavioral Health Service Navigation



Find behavioral health services: **www.hhs.nd.gov/behavioral-health/find-services**

Mental Health Program Directory

HHS maintains a Mental Health Program Directory, as a directive of SB 2161 from the 67th Legislative Assembly. The goal of this directory is to assist North Dakota citizens with locating and accessing mental health services. The directory allows users to search for mental health programs by location, population served, insurance coverage, type of mental health specialty and intervention. People can also search for programs that offer telehealth services. As of Oct. 22, 2024, **223** mental health programs are registered in the directory, with **295** locations.

For the purpose of this directory, a mental health program is:

- An agency or organization that provides mental health services by a licensed mental health professional
- Individually licensed mental health professionals that operate as a sole proprietor or business.

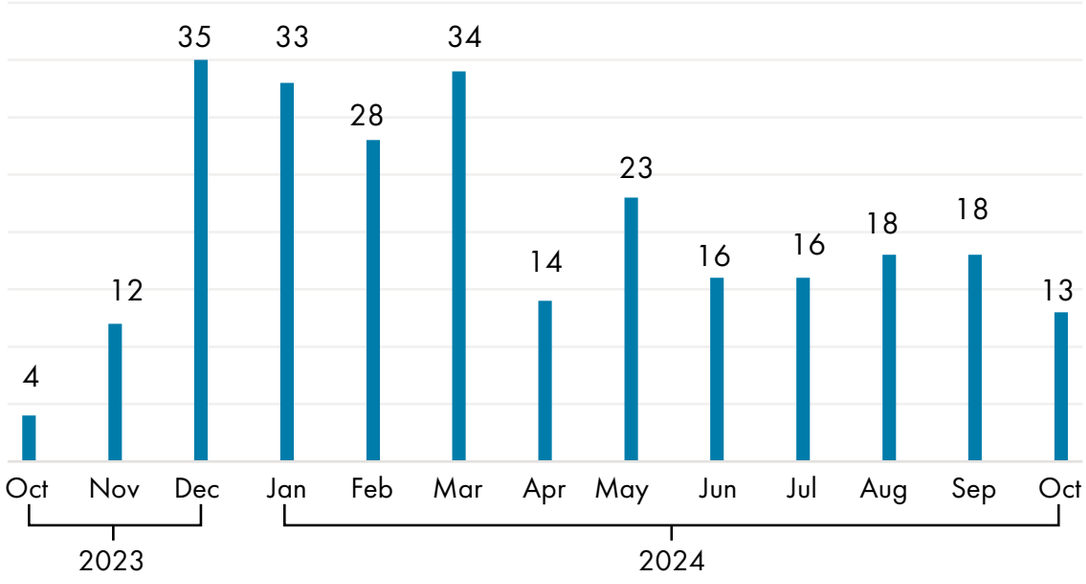
The directory is online at **hhs.nd.gov/behavioral-health/directory**

From Oct. 2023 through Oct 2024, the behavioral health navigator **assisted 264 individuals.**

Behavioral Health Navigator

Arising from 68th ND Legislative Assembly action, HHS created a behavioral health navigator role to facilitate connection to care by identifying resources for individuals and families and helping them navigate through behavioral health care services. The navigator can also assist in interpreting clinical language to ensure individuals can navigate to the appropriate level of care or service.

Number of Individuals Assisted by the Behavioral Health Navigator, by Month



The behavioral health navigator is available during business hours and can be reached by calling 701-328-8920 or emailing bhnavigator@nd.gov. Individuals experiencing a behavioral health crisis can call or text 988 (available 24/7).

Behavioral Health Bed Management System

HHS launched the behavioral health bed management system October 2024 as directed by the 67th ND Legislative Assembly. The system will allow for visibility into behavioral health bed utilization throughout the state.

Funding for the system is approved through Centers for Medicare & Medicaid Services, at a 90/10 federal match. HHS contracted with Bamboo Health to implement the system on Aug. 16, 2023. As of Nov. 26, 2024, 47 of the 53 residential and inpatient behavioral health treatment facilities are configured into the system.

Total provider facilities will include:

- 7 psychiatric hospitals
- 6 psychiatric residential treatment facilities for youth
- 7 crisis stabilization facilities
- 6 transitional living facilities
- 23 substance use disorder facilities
- 4 geriatric psychiatric facilities

View the Bed Management System here: **www.hhs.nd.gov/behavioral-health/find-services**

Virtual Behavioral Health Crisis Care



This virtual behavioral health crisis care model equips law enforcement with on-demand access to behavioral health experts who can assess citizens having a mental health crisis and assist with making informed recommendations for managing the situation.

Program highlights:

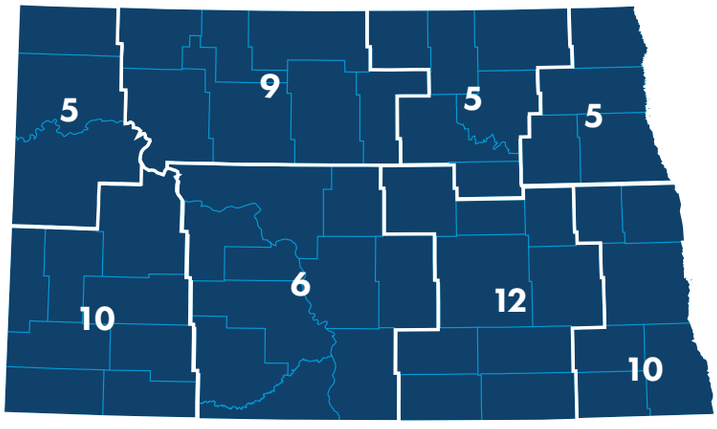
- Targeting rural areas where mobile crisis response is limited.
- Great opportunity for law enforcement to connect with regional Human Service Centers (Community Behavioral Health Clinics) to learn about local/regional services.
- Avel provides a warm hand off to the regional Human Service Centers (Community Behavioral Health Clinics) when they engage with a citizen and the Clinic follows up with the individual after the crisis.
- Highest request of services are for individuals with suicidal ideation, self-harm and depression.

The Department of Health and Human Services was appropriated funding during the 68th ND Legislative Assembly to enter into contract with an entity to implement a virtual behavioral health crisis care program for rural law enforcement.

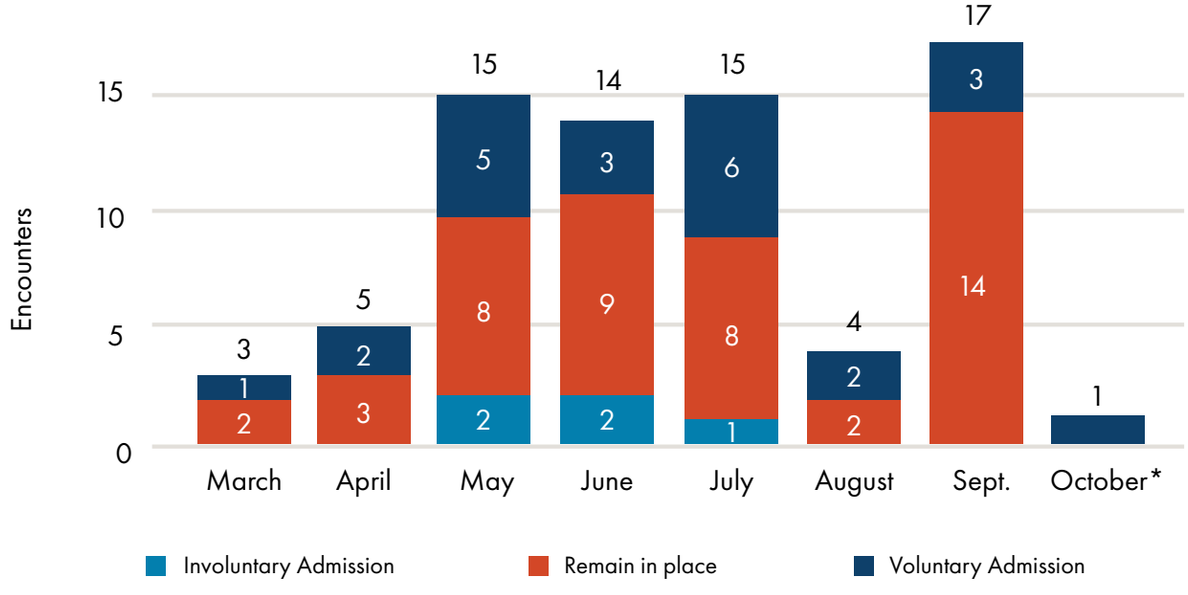
Funding

$2,650,000 ARPA funds (2023-2025 Biennium) The Behavioral Health Division entered into contract with Avel eCare.

62 law enforcement agencies and the ND Highway Patrol have signed on to the program as of October 21, 2024



Enounters per month by recommended outcome



*As of October 6, 2024

Jail Tele-Psychiatry



The Department of Health and Human Services' Behavioral Health Division was appropriated funding during the 68th ND Legislative Assembly to enter into contract with an entity to provide tele-psychiatry for individuals in jail settings.

Funding

- $1,500,000 General Fund (2023-2025 Biennium).
- The Behavioral Health Division entered into contract with Integrated Telehealth Partners.

Goals

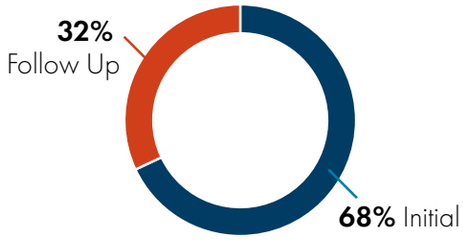
1. Implement jail tele-psychiatry services in jails across all regions in ND.
2. Provide tele-psychiatry services to inmates screened for mental illness in jail prior to release.

Target Population

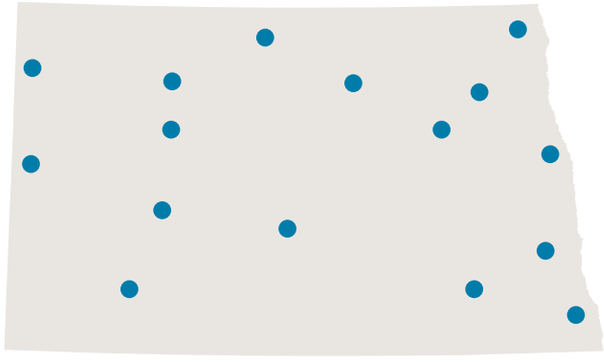
Adults presently incarcerated in jail settings - Persons ages 18 and older who have a diagnosable behavioral, mental, or emotional condition.

As of September 18, 2024:

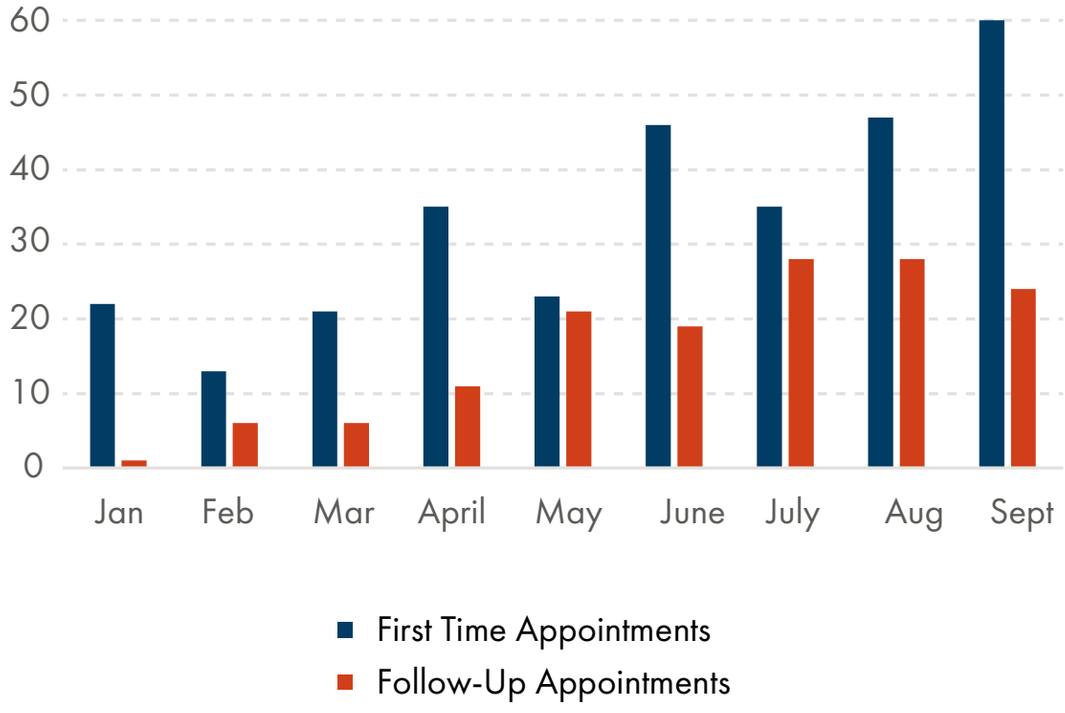
- Tele-psychiatry is implemented in 16 jails across the state.
- 446 total services provided from January through Sept. 2024



Locations of Participating Jails in ND



Number of Appointments by Month



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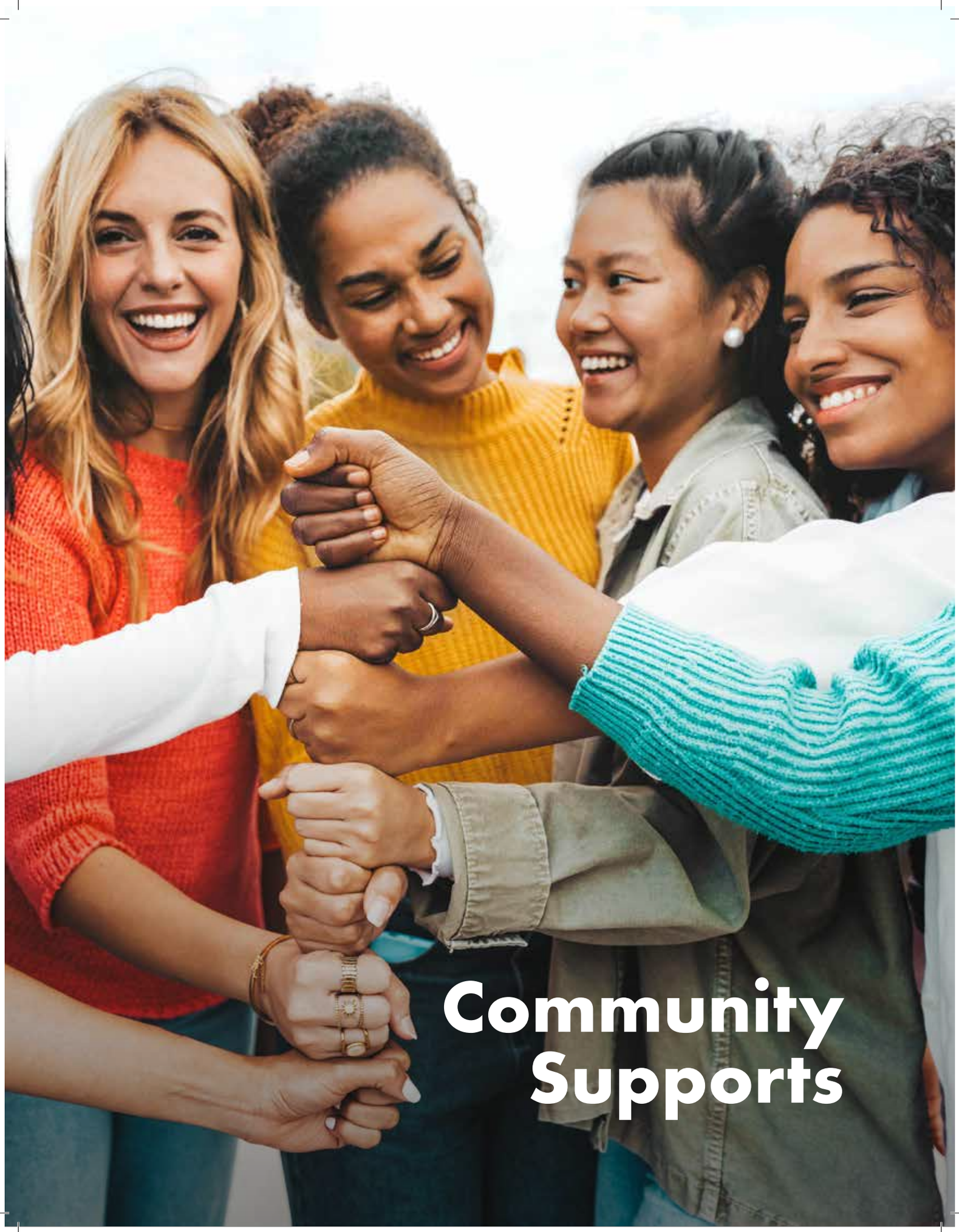

Community Supports

Peer Support



A peer support specialist is a person who uses his or her lived experience of recovery from mental illness, substance use and/or brain injury and skills learned in formal training to deliver services to promote mind-body recovery and resiliency.

Peer support is recognized as an evidence-based practice for the treatment of mental health and substance use challenges which increases the recovery and wellness of both the peer specialist and the person receiving services.

Peer Support is Effective

Peer support compliments and is supplemental to clinical services. The role of a peer support specialist is distinct and does not replace the clinician.

Role of a Peer Support Specialist

- Provide support and encouragement to achieve goals.
- Assist with connecting to clinical care and community resources.
- Teach skills such as stress management, conflict resolution, and parenting.
- Offer proactive, flexible, and long-term follow-up.

Recovery is a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.

Health
Choices that support one's overall well-being.

Home
A safe and stable place to live.

Purpose
Meaningful daily activities, such as a job, school, or volunteering.

Community
Relationships and social networks that provide support, friendship and love.



Training

Since 2018, Health and Human Services (HHS) has hosted 48 trainings and trained 1,258 individuals.

Certification

HHS implements a peer support specialist certification program, on the authority of the ND 66th Legislative Assembly.

Administrative Rule 75-03-43 outlines the requirements and process for two levels of peer support specialist certification:

- Certified Peer Support Specialist I (CPSS I)
- Certified Peer Support Specialist II (CPSS II)

As of Nov. 26, 2024, HHS has certified:
386 CPSS I
38 CPSS II

Reimbursement

Reimbursement for peer support services is available through:

- Community Connect
- Free Through Recovery
- Substance Use Disorder Voucher
- 1915(i) Medicaid State Plan Amendment
- Medicaid Expansion
- Blue Cross Blue Shield

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or email us at dhsbhd@nd.gov

Free Through Recovery (FTR)



Free Through Recovery (FTR) is a community-based behavioral health program designed to increase access to recovery support services for individuals engaged with the criminal justice system who have a serious behavioral health concern. Free Through Recovery is a partnership between Health & Human Services and the Department of Corrections and Rehabilitation.

The mission of Free Through Recovery is to improve healthcare outcomes and reduce recidivism by delivering high-quality community behavioral health services linked with effective community supervision. The goals are to improve engagement in quality services and to provide access to individualized services that are responsive to each person's specific needs.

Eligibility

- Be 18 years of age or older.
- Involved with the criminal justice system and at risk for future criminal justice involvement.
- Have a behavioral health condition such as; bipolar disorder, major depression, psychotic disorders of all types, post-traumatic stress disorder, obsessive compulsive disorder, borderline personality disorder, panic disorder, moderate and severe substance use disorder(s).
- Display concerns/challenges in areas of daily living (housing, employment, etc.).

Referrals

Individuals can be referred to the program by a parole and probation officer, or if the person is transitioning from prison, through an internal assessment process at the Department of Corrections and Rehabilitation.

Services

Care Coordination

A Care Coordinator assists with support in working towards long and short-term goals.

Recovery Services

Recovery looks different for everyone, a provider can assist with access to individualized resources needed to help lead a healthy and fulfilling life.

Peer Support

A supportive relationship with a peer who has similar lived experience and who serves as an advocate and mentor, offering sound advice and resources.

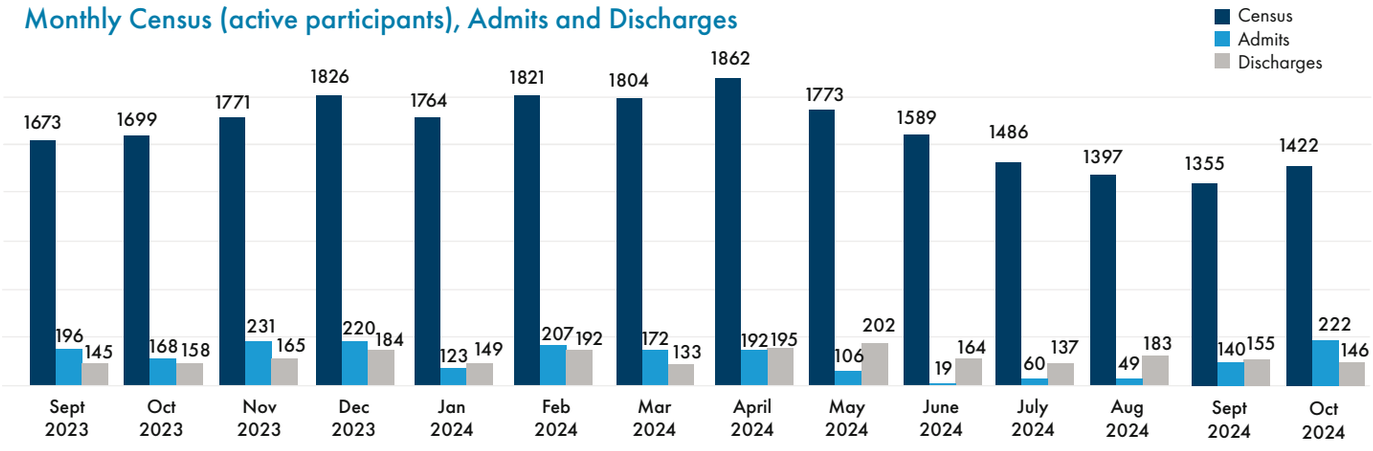
Providers

There are currently **55** providers located throughout the state with the capacity to serve **1,500** participants.

Implementation

Free Through Recovery launched on Feb. 1, 2018. Since then, **7,155** individuals have participated in the program, with **1,462** individuals currently being served (as of Nov. 20, 2024).

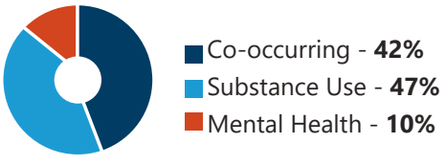
Monthly Census (active participants), Admits and Discharges



Of the 7,155 total participants

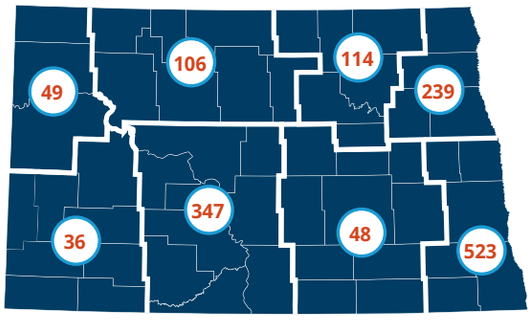
- 42% have a co-occurring (mental health and substance use) behavioral health need.
- 64% are between the ages of 31-50 and a quarter (23%) of the individuals are between the ages of 18-30. One percent of individuals are over the age of 65.
- 28% of participants are Native American; 4% of participants are Hispanic.
- 16% of program participants live within the rural regions of 1, 3, 6 and 8.

Behavioral Health Needs



Referrals by Region

Of the 1,462 individuals currently being served



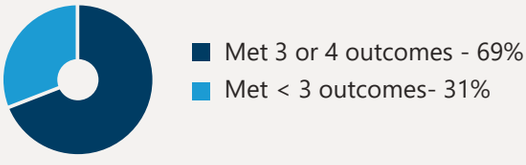
(As of Nov. 20, 2024)

Outcomes

The Free Through Recovery program utilizes a pay-for-outcomes model. Outcomes in the domains of criminal justice, employment/financial, housing, and recovery are gathered monthly.

Overall, from March 2018 through September 2024, 69% of the time participants achieved 3 of the 4 outcomes.

March 2018 - Sept. 2024 Outcomes



Positive outcomes were achieved by:

- **75%** of the participants in the housing domain
- **67%** of the participants in the employment domain
- **71%** of the participants in the recovery domain
- **73%** of the participants in the law enforcement domain

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Community Connect

CommunityConnect

My Recovery. My Story.

The mission of Community Connect is to provide quality, community-based behavioral health services to meet the needs of each person.



Stakeholders in the 2018 HSRI ND Behavioral Health System Study reported that North Dakota's current behavioral health system is, "primarily crisis-oriented and pays inadequate attention to rehabilitative and community-based services." The study identified a recommendation (4.1) to ensure access to needed recovery support services, including providing funds to support the implementation of the "Free Through Recovery" program separate from the criminal justice system. During the 66th ND Legislative Assembly, Senate Bill 2012 passed which created a new section in ND Century Code and provided funding to implement Community Connect.

ELIGIBILITY

- Be 18 years of age or older.
- Reside in North Dakota.
- Have a mental health or substance use disorder impacting functionality in multiple domains, including housing, employment, parenting, physical health, and/or community connections.

Services

Care Coordination

A care coordinator assists with short and long-term goals, barriers, and provides a source of connection and support.

Peer Support

A peer support specialist is an individual with similar lived experience that offers hope, support, and advocacy.

Recovery Services

Access to services or programs to assist an individual with meeting their needs and goals.

Providers

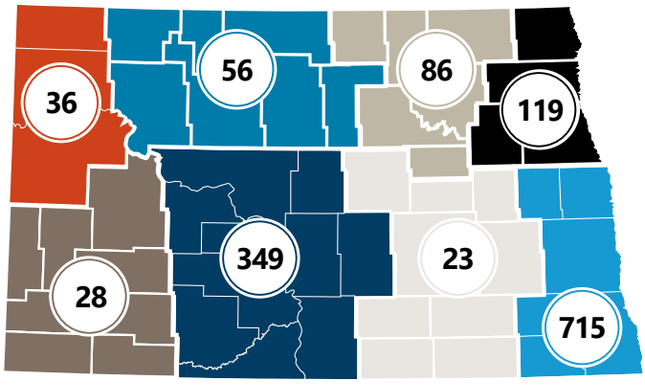
58 providers • **318** Care Coordinators • **147** Peer Support Specialists

Data current as of Nov, 25, 2024

Participants

The following charts provide a breakdown of all currently active participants within the Community Connect program.

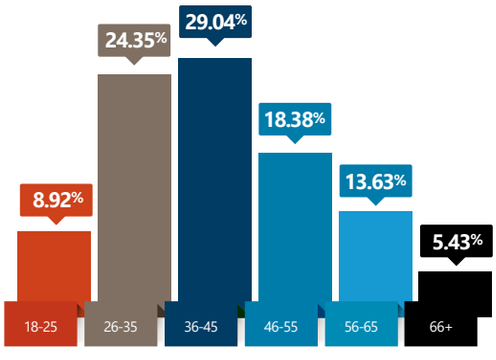
- Since program inception in February 2021, the program has served 7,654 participants.
- There are currently 1,412 participants within the Community Connect Program.



- Region 1 - Williston
- Region 2 - Minot
- Region 3 - Devils Lake
- Region 4 - Grand Forks
- Region 5 - Fargo
- Region 6 - Jamestown
- Region 7 - Bismarck
- Region 8 - Dickinson

Age Range

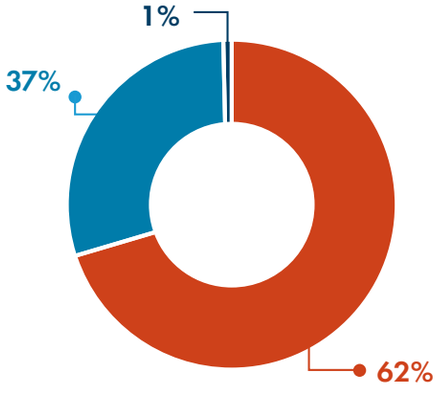
53% of participants are between the ages of 26-45



53%

Living Status

At the time of their application for eligibility, 53% of program participants indicate they are homeless.



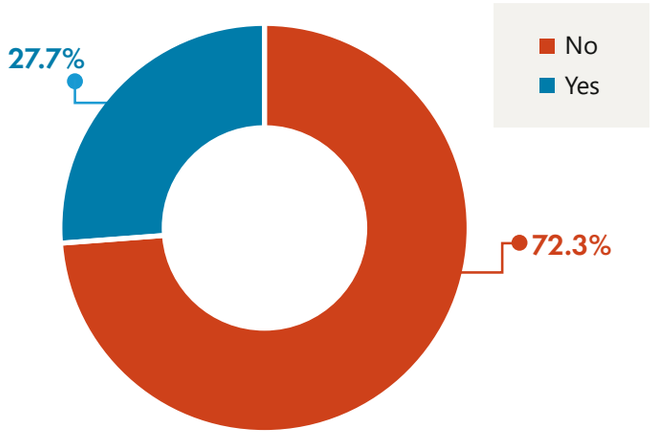
Parent/Caregiver

37% of program participants report they are a parent or caregiver.

- No
- Yes
- Unsure

Tribal

27.7% of applicants report they are enrolled in a ND tribe.



- **31.48%** Turtle Mountain Chippewa
- **25.42%** Standing Rock Sioux
- **19.37%** Tribe Other
- **12.59%** Spirit Lake Nation
- **8.47%** Three Affiliated Tribes
- **2.91%** Sisseton Wahpeton Oyate

Peer Support Engagement

Peer support specialists bring hope by sharing their experiences and promoting a sense of belonging. A peer support specialist is an individual who uses their lived experience and skills learned through formal training to deliver services to promote mind-body recovery and resiliency.

1 in 3 Community Connect participants are actively engaging with a certified peer support specialist.

Outcomes

The Community Connect program utilizes a pay-for-outcomes model. Outcomes in the domains of criminal justice, employment/financial, housing, and recovery are gathered monthly.

Of participants actively engaged in services:

Data reflects current biennium: July 1, 2023 - Aug. 31, 2024

78% of participants are actively addressing their housing needs.

75% of participants are actively addressing their employment/ financial needs.

77% of participants have had no negative contact with law enforcement.

76% of participants are actively addressing their recovery needs.

Needs and Progress

Upon intake, and at least every six months, information is collected from program participants around their self-reported well-being in multiple domains. At six months, **80% of program participants self-report improvement** in these domains, which include housing stability, employment/financial stability, physical health, community connections, parenting, use of emergency services, and feelings of worry or anxiety in their daily life.



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For more information visit:
hhs.nd.gov/behavioral-health
or email us at dhsbhd@nd.gov

Permanent Supportive Housing (PSH)



Upon legislative directive in 2021, Health and Human Services (HHS) developed methodology to distribute funds for permanent supportive housing. Funds are distributed to qualified entities that:

- Utilize best practices for permanent supportive housing.
- Provide recovery-oriented and person-centered services.
- Submit process and outcome measures to the department.

PSH is a model that combines affordable housing assistance with voluntary supportive services to address the needs of chronically homeless people. The services are designed to build independent living and tenancy skills and connect people with community-based care, treatment, and employment services. In addition to ending homelessness for people who are chronically homeless, research has demonstrated that permanent supportive housing can increase housing stability and improve health.

Eligibility

New referrals for tenancy at the property shall be accepted from the local Continuum of Care (COC) through the coordinated entry process, by which individuals and households experiencing homelessness are prioritized for housing based on the Coordinated Entry, Assessment, Referral, and Evaluation (CARES) Prioritization Policy.

Services

Services shall be designed to support individuals in solving predictable problems by proactive planning, relationship building, vigilant oversight of critical incidents, and communication and coordination with property managers.

Supportive Services may include:

- Outreach and engagement
- Tenancy support
- Assessments
- Community engagement
- Housing stabilization and service plans

Current Contracts
2023-25 biennium

236 total tenants supported from July 2021 to June 2024

PRAIRIE HARVEST MENTAL HEALTH
- Stern Place (9 units): 9 tenants support since July 2021
- Harvest Homes (12 units): 17 tenants supported since July 2021

GRAND FORKS HOUSING AUTHORITY
- LaGrave On First (41 units): 77 tenants supported since July 2021

BURLEIGH CO HOUSING
- Edwinton (41 units): 57 tenants supported since July 2021

BEYOND SHELTER (FORMERLY FARGO HOUSING AUTHORITY)
- Cooper House (42 units): 77 tenants supported since July 2021

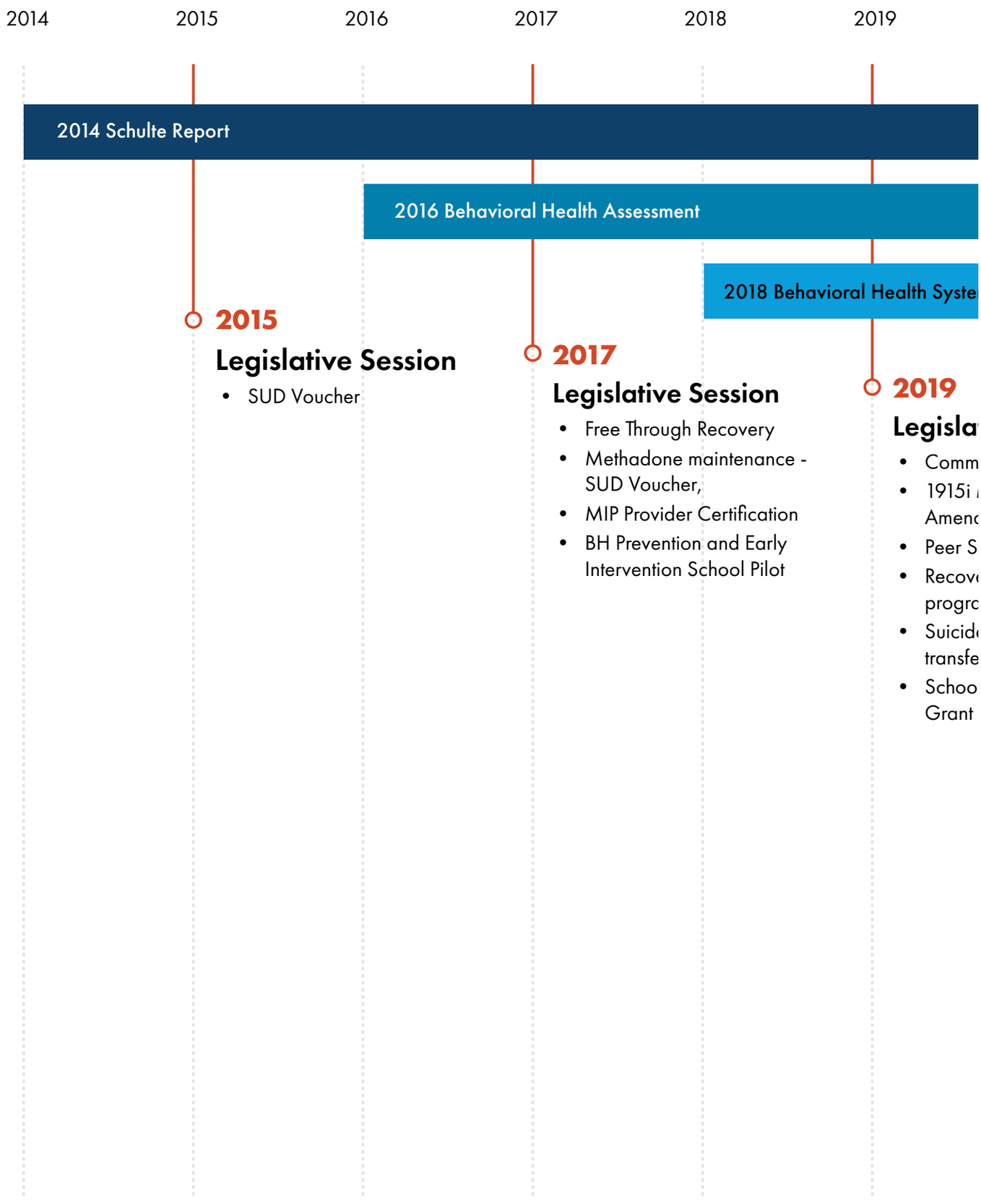
FARGO HOUSING AUTHORITY
- (40 units): Grant awarded 11/1/2024

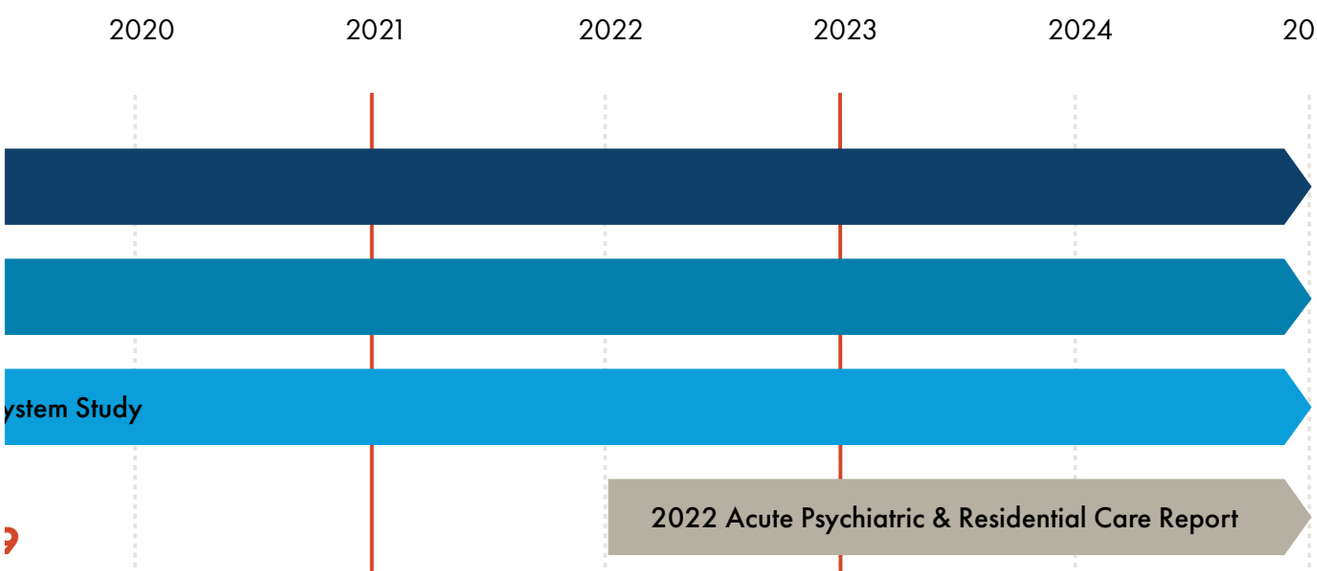
Program Outcomes
- Reduction in service calls.
- Partnerships with private providers to come on-site and provide outreach and connection to their services, occupational therapists, addiction counseling, nursing, med management.
- Community integration events designed to bring awareness to the tenants on what services and supports are in the community.
- Onsite housing support specialists.
- Services designed to improve self-sufficiency and learn budgeting skills.
- Resources for training and supporting staff.



Appendix

North Dakota Behavioral Health System History





?

slative Session

ommunity Connect
15i Medicaid State Plan
nendment
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covery housing grant
ogram
icide prevention program
nsfer to DHS
hool Behavioral Health
ant Program

2021

Legislative Session

- Permanent Supportive Housing Grants
- SUD Voucher Grant
- Bed Management System
- Mental Health Registry

Behavioral Health Division Policy and Clinics/State Hospital integration initiated

2023

Legislative Session

- Expand school behavioral health grants
- Increased resources for Community Connect and Free Through Recovery
- Created opioid settlement fund
- Expand of Recovery Housing Assistance Program
- Reduced addiction regulation requirements to improve access to early intervention services
- Funding to transition up to 3 Human Service Centers to Certified Community Behavioral Health Centers
- Tele-health crisis services expansion
- Tele-psychiatry services for jail settings
- Comprehensive planning of a new ND State Hospital
- 10-bed acute inpatient behavioral health beds in Williston region
- Suicide fatality review panel



North Dakota Behavioral Health System Study



Behavioral Health System Study Timeline

1/1/2017 to 6/30/2018

Behavioral Health Division in contract with Human Services Research Institute (HSRI) to conduct an in-depth review of North Dakota's behavioral health system.

Final report released April 2018.

8/1/2018 to 6/30/2019

Behavioral Health Division in contract with HSRI to initiate and facilitate the implementation of a strategic plan based off the recommendations from the comprehensive study of ND's behavioral health system published April 2018.

2019 - Present

Behavioral Health Division in contract with HSRI to prioritize and refine the strategic plan, including goals and objectives.

Initiation of the strategic plan and monitoring and sustaining this implementation.

www.hsri.org/NDvision-2020

The Human Services Research Institute (www.hsri.org) is an independent, nonprofit research institute that helps public agencies develop effective, sustainable systems to deliver high-quality health and human services and supports in local communities. In the behavioral health space, their goal is to deliver actionable, viable, and culturally relevant strategies that empower service users and promote wellness and recovery

Behavioral Health System Study Recommendations

In 2017-2018 the Human Services Research Institute (HSRI) completed a study of North Dakota's behavioral healthcare system revealing 13 key recommendations. HSRI's recommendations are based on an in-depth analysis of stakeholder feedback, local data and the availability of services in North Dakota in contrast to the Institute of Medicine's Continuum of Care model. These recommendations include:

1. Develop a comprehensive implementation plan.
2. Invest in prevention and early intervention.
3. Ensure all North Dakotans have timely access to behavioral health services.
4. Expand outpatient and community-based service array.
5. Enhance and streamline system of care for children and youth.
6. Continue to implement/refine criminal justice strategy.
7. Engage in targeted efforts to recruit/retain competent behavioral health workforce.
8. Expand the use of tele-behavioral health.
9. Ensure the system reflects its values of person-centeredness, cultural competence, trauma-informed approaches.
10. Encourage and support the efforts of communities to promote high-quality services.
11. Partner with tribal nations to increase health equity.
12. Diversify and enhance funding for behavioral health.
13. Conduct ongoing, system-wide data-driven monitoring of needs and access.

HSRI continues to support the state with system change. A list of 140 strategic goals have been established to improve all aspects of the system. In coming years, North Dakota will achieve its vision for a 'good and modern' behavioral health care system through continued collaboration with stakeholders, ongoing system monitoring, and implementation of strategic planning efforts.





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#29775



HB 1012 Overview to House Appropriations

Behavioral Health Division

Pamela Sagness | Executive Director

Jan. 16, 2025

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Our Vision

North Dakota is the healthiest state in the nation.

Our Mission

HHS fosters positive, comprehensive outcomes by promoting economic, behavioral and physical health, ensuring a holistic approach to individual and community well-being.

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Behavioral Health Division
North Dakota Century Code Authority

50-06-01.4.d Administration of behavioral health programs, including:

- reviewing and identifying service needs and activities in the state's behavioral health system in an effort to ensure health and safety, access to services, and quality of services;
- establishing quality assurance standards for the licensure of substance use disorder program services and facilities;
- providing policy leadership in partnership with public and private entities; and
- providing chronic disease management, regional intervention services, and twenty-four-hour crisis services for individuals with behavioral health disorders.

50-06-05.3. Regional Human Service Centers - Powers - Duties

25-02-01. State hospital for the mentally ill - Location - Title - Administration and control. An institution for the care of the mentally ill must be maintained at the city of Jamestown and must be known as the state hospital. The department of health and human services shall administer and control the state hospital.

50-31 Substance Abuse Treatment Programs

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Behavioral Health Division Presentation Roadmap

- Behavioral Health is Health
- Improving the Lives of North Dakotans
- Behavioral Health in North Dakota
- Who We Are
- 2025 – 2027 Budget Overview



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What is Behavioral Health?

A state of mental/emotional being and/or choices and actions that affect WELLNESS.



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Behavioral Health is Health!



Mental Health and Physical Health is Fundamentally Linked.

The average lifespan for individuals with serious mental illness is 25-30 years less than the general public.

Individuals with depression have a 40% higher risk of developing heart diseases than the general population.

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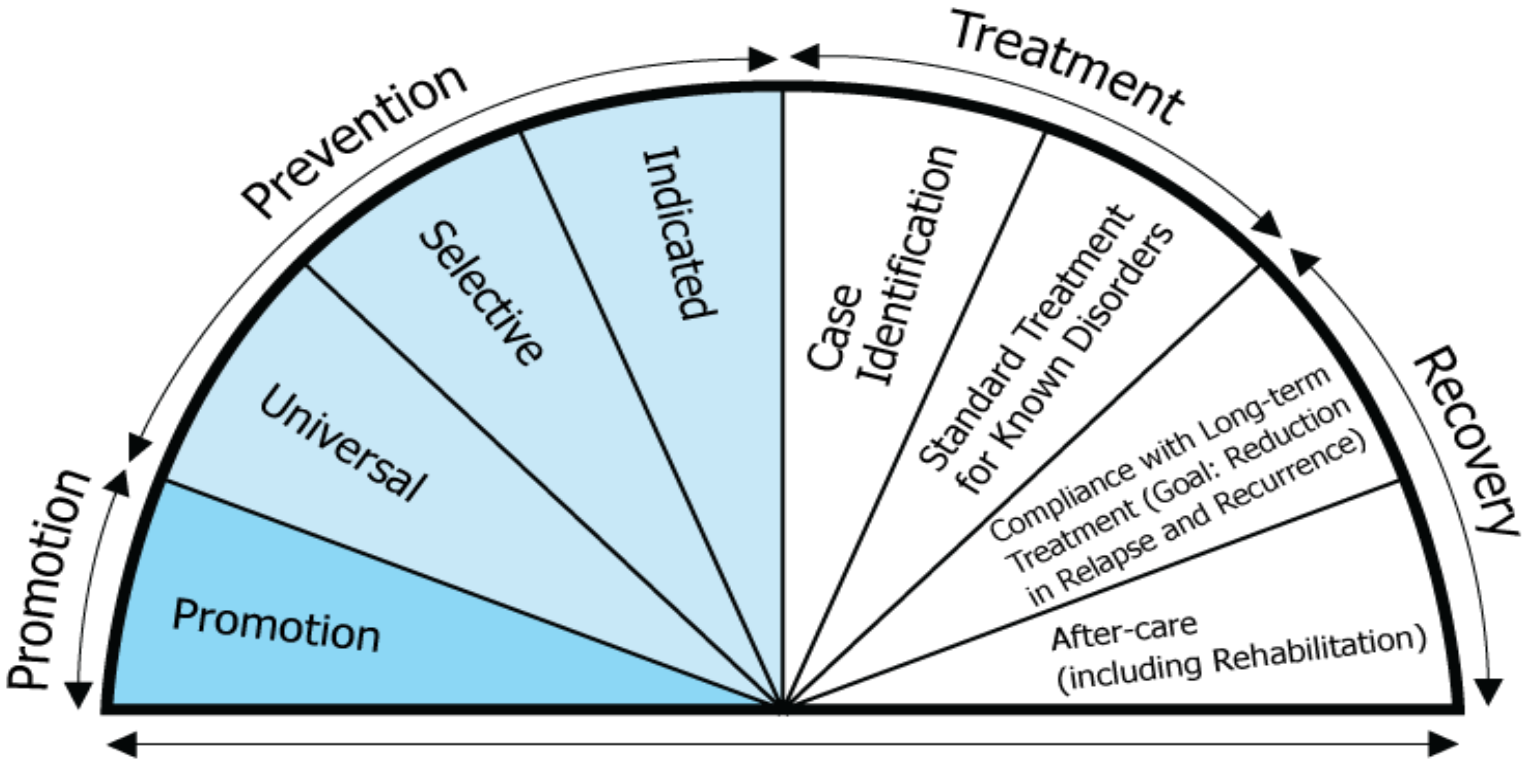
Behavioral Health **Continuum of Care Model**

The goal of this model is to ensure there is access to a full range of high-quality services to meet the various needs of North Dakotans.



Institute of Medicine Continuum of Care

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PROMOTION/PREVENTION

Delivered prior to the onset of a disorder, these interventions are intended to prevent or reduce the risk of developing a behavioral health problem or preventing death.



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EARLY INTERVENTION



These strategies identify those individuals at risk for or showing the early signs of a disorder with the goal of intervening to prevent progression.

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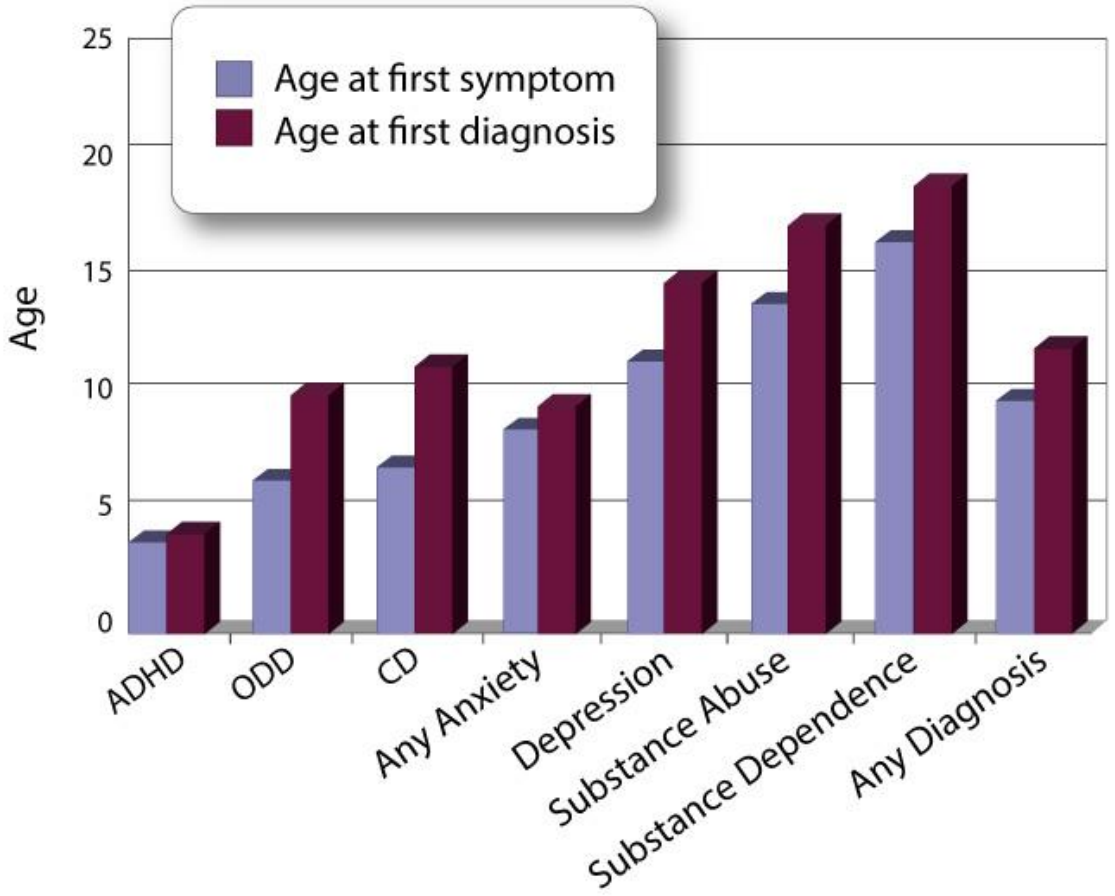
EARLY INTERVENTION
Windows of Opportunity

- ½ of all people with mental and/or substance use disorders are diagnosed by age 14

- ¾ of people with these conditions are diagnosed by age 24

(2009 Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Institute of Medicine)





Intervening during windows of opportunity, **CAN** prevent the disorder from developing.

TREATMENT

These clinical services are for people diagnosed with a behavioral health disorder.



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RECOVERY



These services support individuals' abilities to live meaningful, productive lives in the community.

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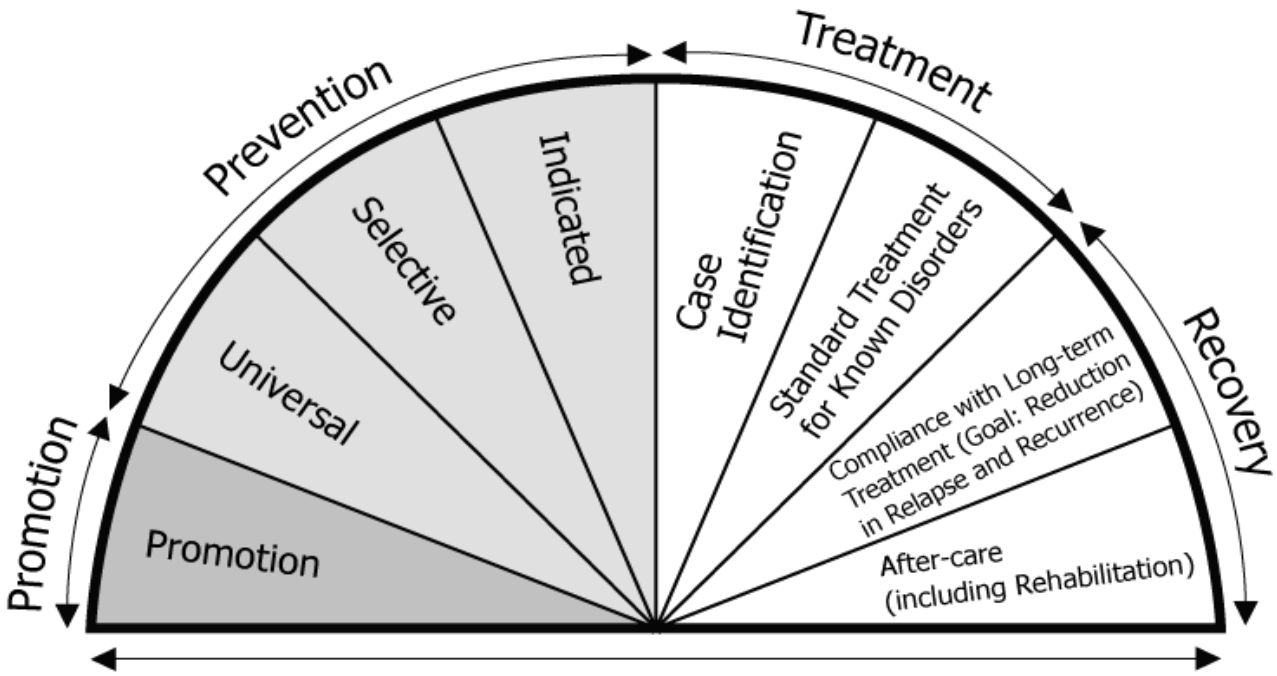
System Approach



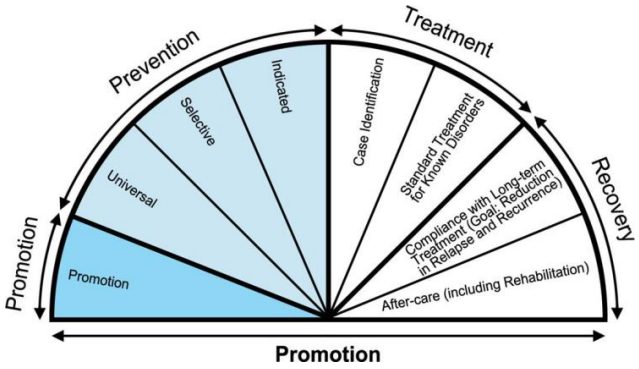
	Prevention/ Promotion	Early Intervention	Treatment	Recovery
FUNDING				
WORKFORCE				
BEST PRACTICE				

READINESS & SOCIAL DETERMINANTS OF HEALTH

DRAFT

Behavioral Health Services

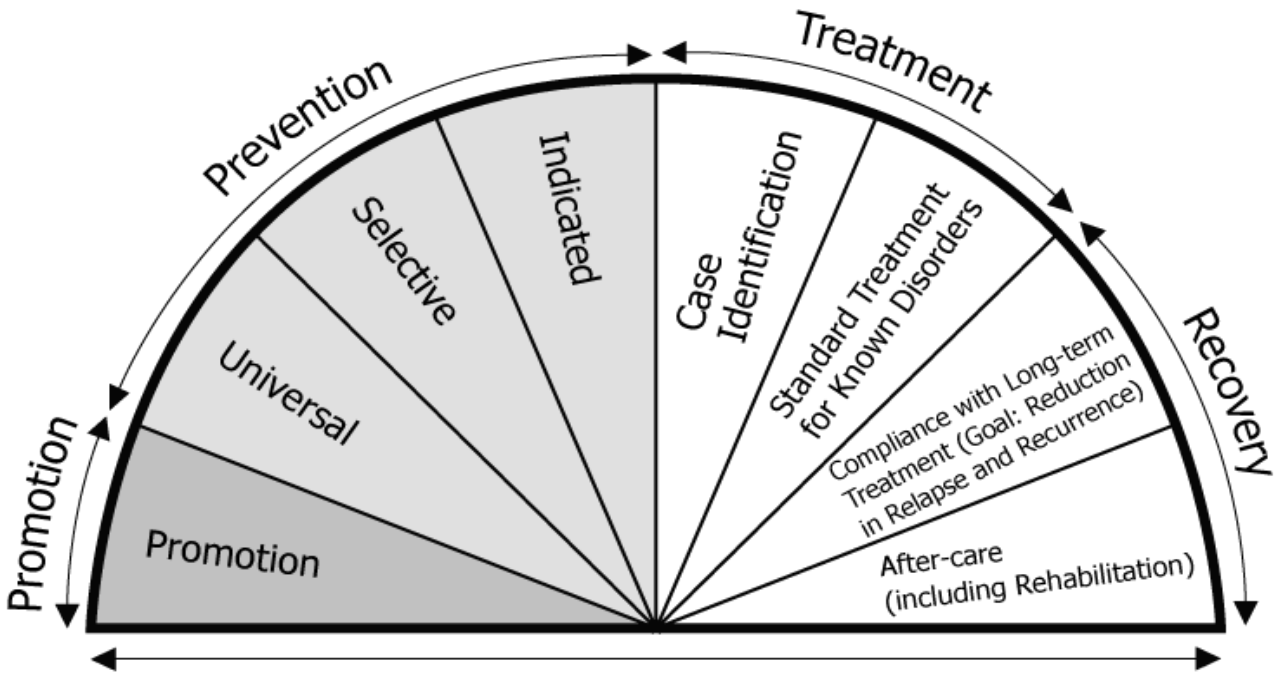
By Region



REGION	Prevention	Early Intervention	Crisis		Treatment										Withdrawal Management	Recovery
					Assessment		Outpatient		Partial Hospitalization/ Day Treatment		Residential		Inpatient			
			Adult	Youth	Adult	Youth	Adult	Youth	Adult	Youth	Adult	Youth	Adult	Youth		
1 (Williston)																
2 (Minot)																
3 (Devils Lake)																
4 (Grand Forks)																
5 (Fargo)																
6 (Jamestown)																
7 (Bismarck)																
8 (Dickinson)																

Other considerations: specialty services (State Hospital; Gero psych facilities; Psychiatric Residential Treatment Facilities)

System Approach



	Prevention/ Promotion	Early Intervention	Treatment	Recovery
FUNDING				
WORKFORCE				
BEST PRACTICE				

READINESS & SOCIAL DETERMINANTS OF HEALTH

Assessing the Behavioral Health System



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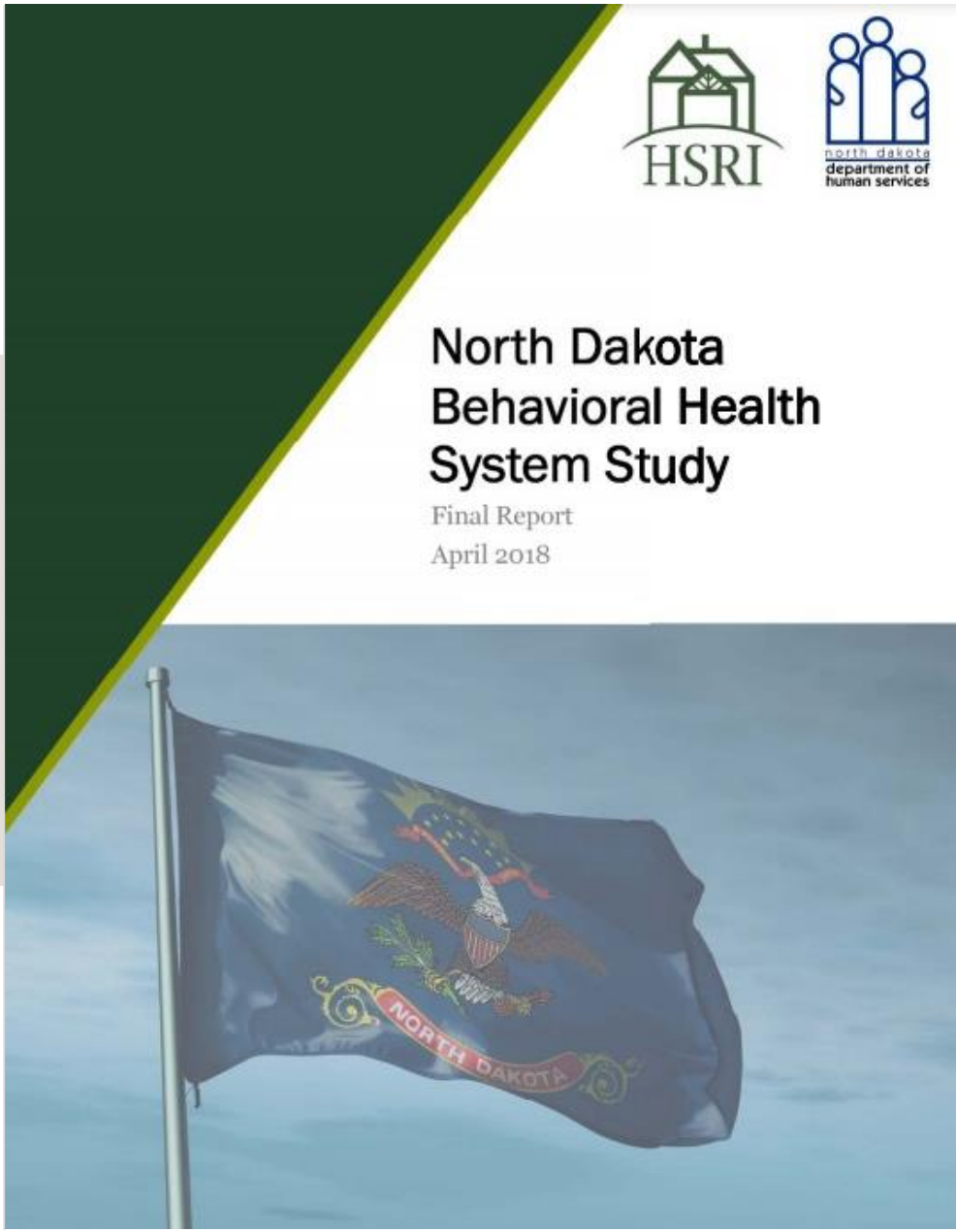
ROADMAP

The Behavioral Health Systems Study, April 2018



North Dakota Behavioral Health System Study
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2019 - Present

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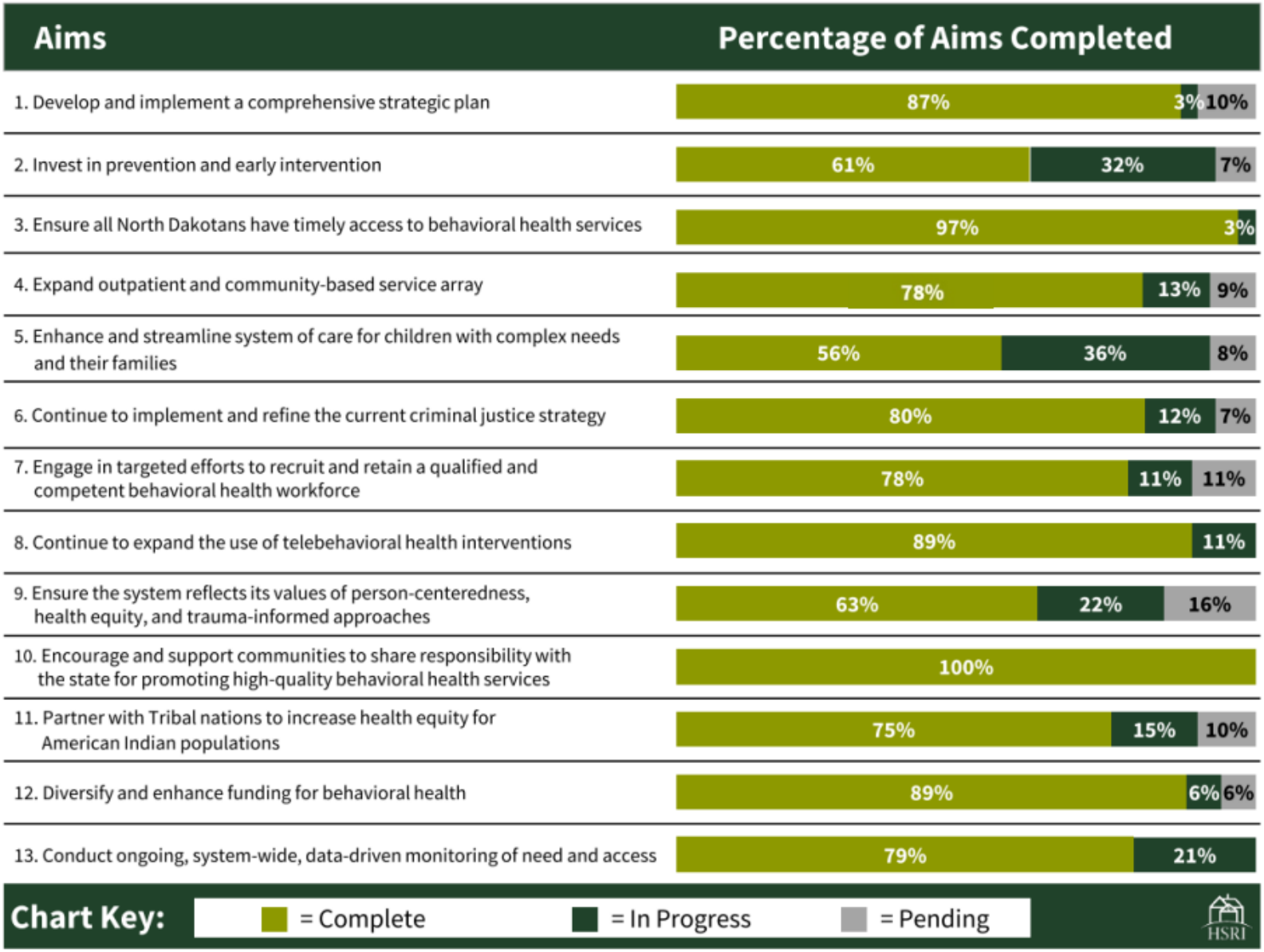
Implementation Summary

After learning from the community about their priorities for systems change, the Behavioral Health Planning Council selected 13 aims with 28 goals.



Behavioral Health Principles



Behavioral health is health:

- Stop the shame and stigma around behavioral health
- Ensure integration and parity of health and behavioral health



Support the full continuum of care across prevention, early intervention, treatment and recovery



Ensure person-centered care:

- Meet people where they are
- Engage in individual and family-driven care
- Provide trauma-informed services
- Provide services focused on recovery



Ensure behavioral health services and supports are available in the community: avoid institutionalizing and criminalizing



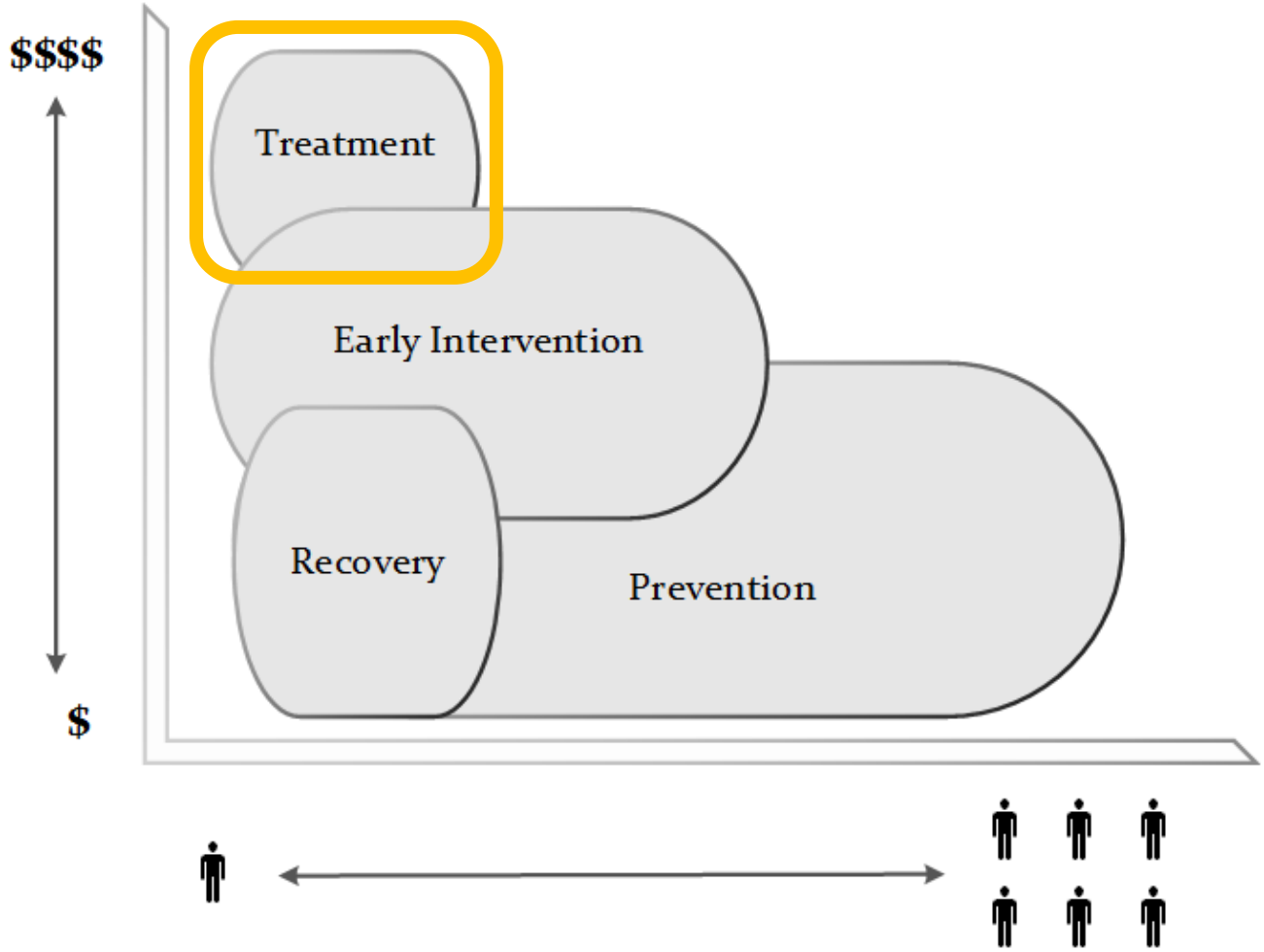
Be efficient and effective:

- Leverage best practices
- Monitor and evaluate outcomes
- Measure the return on investments



Develop, recruit, and retain a competent behavioral health workforce

Return on Investment



Improving the lives of North Dakotans



Priorities



Supporting the Full Continuum of Care



Increasing Community-Based Services



Preventing Criminal Justice Involvement for Individuals with a Behavioral Health Condition

2023 Session Implementation



Jail Tele-psychiatry



Behavioral Health School Grant



Suicide Fatality Review Commission



Virtual Behavioral Health Crisis Care Expansion (Avel eCare)



New State Hospital planning



Opioid Settlement Funding

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Jail Tele-Psychiatry Expansion

16 jails
participating.

791 services
provided between Jan. and Dec. 2024.

Custom	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
Barnes County Jail	0	0	0	0	0	1	0	0	0	0	0	0
Bottineau County Jail	0	0	0	2	0	0	2	1	0	0	1	2
Burleigh Morton Detention Center	0	0	0	0	0	14	16	14	22	20	7	20
Cass County Jail	3	1	1	5	3	10	8	8	13	18	11	19
Grand Forks County Correctional Center	0	0	3	11	10	4	4	13	10	31	29	45
Heart Of America Correctional Center	2	1	0	0	0	0	0	0	0	1	0	0
Lake Region Correctional Center	0	0	5	12	15	12	8	11	9	13	3	2
McKenzie County Correctional Facility	2	3	3	3	1	4	5	4	2	4	2	10
Mercer County Jail	0	0	0	0	0	0	2	0	2	0	0	0
Mountrail County Correctional Center	0	1	1	2	2	2	1	0	2	3	2	6
Pembina County Jail	1	3	2	1	0	0	0	0	0	0	0	0
Richland County Jail	0	0	0	3	4	5	4	14	7	11	7	8
Stutsman County Correction Center	0	0	0	0	0	0	0	0	0	0	0	3
The Southwest Multi-County Correction Center	12	7	7	3	5	1	3	5	5	6	2	6
Walsh County Jail	3	3	5	2	4	6	4	1	4	2	1	2
Ward County Jail	0	0	0	2	2	3	4	7	9	5	7	2
Williams County Correctional Center	0	0	0	0	0	3	4	2	4	4	9	7
Total	**23**	**19**	**27**	**46**	**46**	**65**	**65**	**80**	**89**	**118**	**81**	**132**

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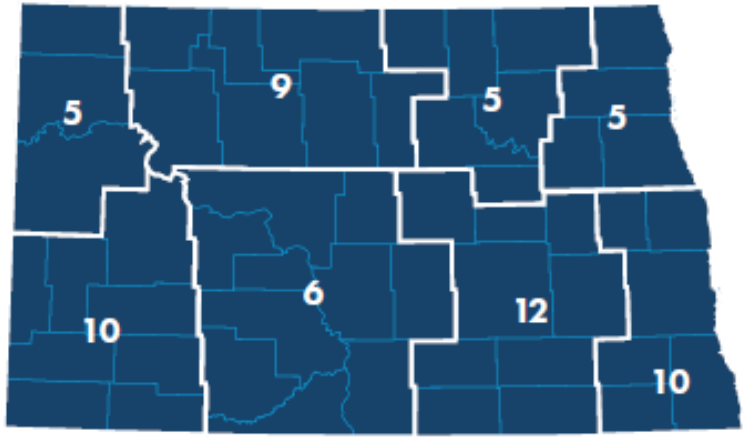
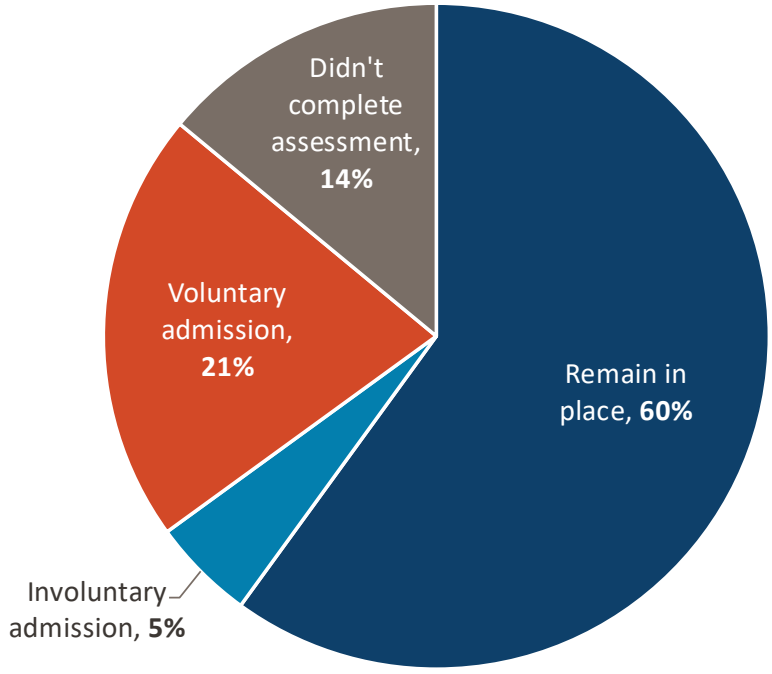
Virtual Behavioral Health Crisis Care Expansion (Avel eCare)

62 law enforcement agencies and the ND Highway Patrol have signed on to the program as of Oct. 21, 2024



141 encounters from Jan. – Dec. 2024



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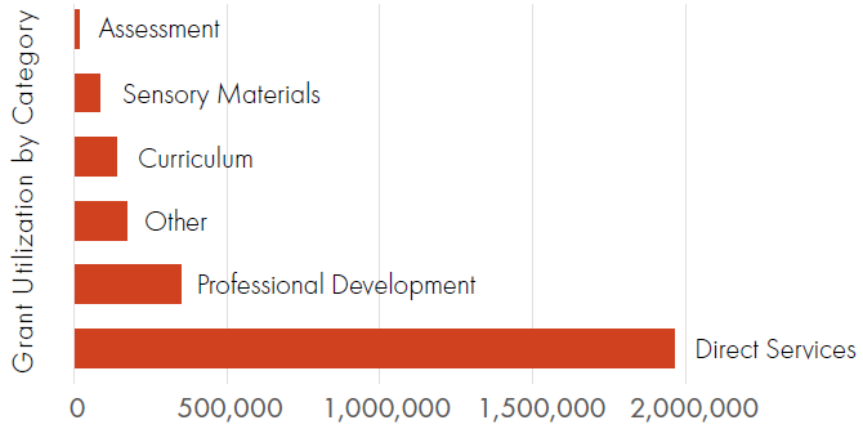
Behavioral Health School Grant

2023-2024 SCHOOL YEAR

24 ND school districts or special education units received **$2.7 million** for behavioral health needs of students.

Approved Funding Categories



2024-2025 SCHOOL YEAR

25 school districts and special education units are eligible to apply for funding totaling $4,483,793.84.

- As of Nov. 15, 2024, **20 eligible districts/special education units** have been approved for funding totaling **$3,721,086.96.**

2021-2023 biennium appropriation: $3 million | 2023-2025 biennium appropriation: $9.5 million

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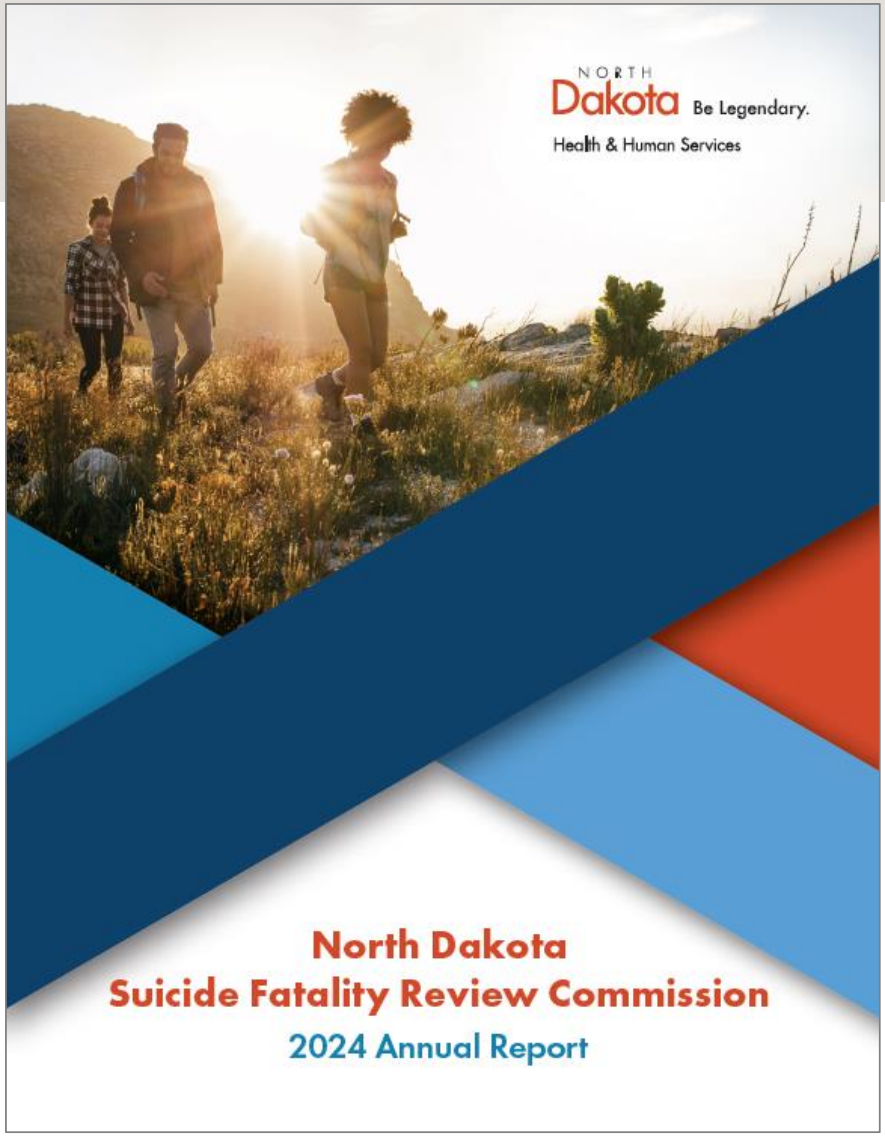
Suicide Fatality Review Commission

- House Bill 1390, passed during the 68th Legislative Assembly, created and enacted a new section to chapter 23-07 of the North Dakota Century Code relating to the creation of a Suicide Fatality Review Commission.
- The first commission meeting to review cases commenced in January 2024.
- The Commission completed thorough case reviews of a sample of suicide deaths that occurred in North Dakota in 2022 (18 of 184 suicide deaths) to identify evidence-based prevention measures.



Opioid Settlement Fund

- Current settlements with 13 manufacturers, distributors or pharmacies (one still pending)
- ND has received 22.7M and expected to receive additional 40M.

Through HB 1447 and codified in North Dakota Century Code 50-36, the 68th Legislative Assembly established an opioid settlement fund within the state treasury.

$8M was appropriated in the 2023-2025 biennium to HHS, with at least 20% to be used for opioid use prevention and overdose prevention, including best practices relating to fentanyl drug overdose, and workforce development.

Opioid Settlement Fund



Following priorities set by the ND Opioid Settlement Advisory Committee and national settlement requirements, HHS opened a grant opportunity November 2023. 65 applications were received; **14 applications** were awarded to begin implementation Feb. 2024.

Grant Impacts (as of Oct. 24, 2024):

- **Endeavour Sober Living** has established a recovery house in Minot to support pregnant and parenting women through their recovery journey.
- **Community Connect** providers have served an additional 749 individuals throughout the state by providing recovery support services.
- **Sanford Medical Center Fargo** has established an outpatient treatment program and is providing medications for opioid use disorder.
- **Training Academy for Addiction Professionals (TAAP),** operated by Heartview Foundation, trained seven new addiction counselors and currently has nine active trainees set to complete their program by winter 2025.

Behavioral Health Navigator

Through 68th ND Legislative Assembly action, HHS created a behavioral health navigator role.

- Facilitate connection to care by identifying resources for individuals and families and helping them navigate through behavioral health care services.
- Assist in interpreting clinical language to ensure individuals can navigate to the appropriate level of care or service.

From Oct. 2023 through Dec 2024, the behavioral health navigator assisted **304 individuals**.



FREE THROUGH

Recovery



Housing



Employment



Recovery



Involvement with Law Enforcement



FREE THROUGH Recovery

7,380 Individuals served to date

1,451 Current participants

52 Providers

CommunityConnect

My Recovery. My Story.



7,878 Individuals served to date

1,418 Current participants

57 Providers

Peer Support



1,200+ Peer Support Specialists trained

446 Certified Peer Support Specialists

Peer Support is billable to:

- Substance Use Disorder Voucher
- Community Connect program
- Medicaid 1915i
- BCBS Commercial and Medicaid Expansion

Integrating Peers into:

- Treatment Centers
- Emergency Departments
- Jails

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Substance Use Disorder (SUD) Voucher

- **7,048** individuals served to date
- **1,489** individuals currently active
- **35** private providers



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Addiction System Outcomes



Since 2016, **addiction treatment** services have expanded.

- 2016: 75 licensed programs (including 25 residential programs)
- 2024: 106 (including 37 residential)

The **first Opioid Treatment Program** in the state opened in 2016

- 2024: Four programs serving 1,125 individuals.

Substance Use Disorder Voucher (SUD Voucher) launched in 2016

- Created the opportunity for 8,500 individuals to access treatment from private providers.

Free Through Recovery launched in 2018 and **Community Connect** launched in 2021.

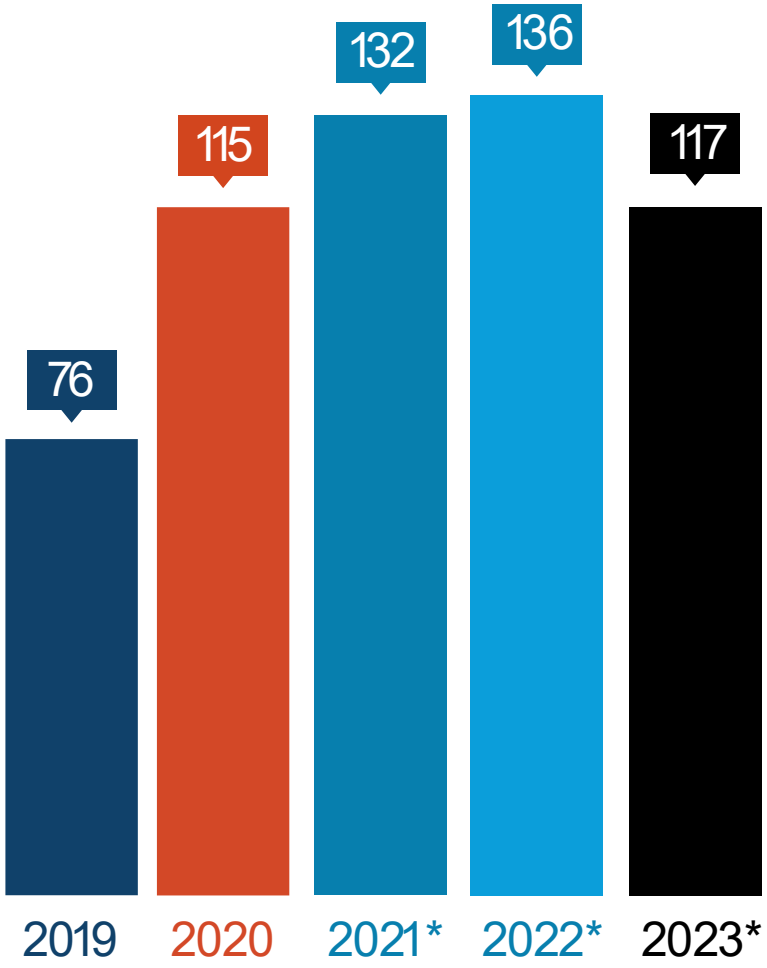
- Provided care coordination, peer support, and recovery support for over 14,000 North Dakotans.
- Community providers are reimbursed based on outcomes and show consistent monthly success of 70% of participants achieving 3 of 4 goals (housing, employment, recovery, and criminal justice domains).

A **recovery housing assistance program (RHAP)** was launched in 2022

- Over 1,100 individuals have been supported
  - Out of 502 participants who reported lack of employment upon entering program, 57% reported improvement in their employment status at the end of programming.
  - Participants see an average weekly income growth of 152% at program conclusion.

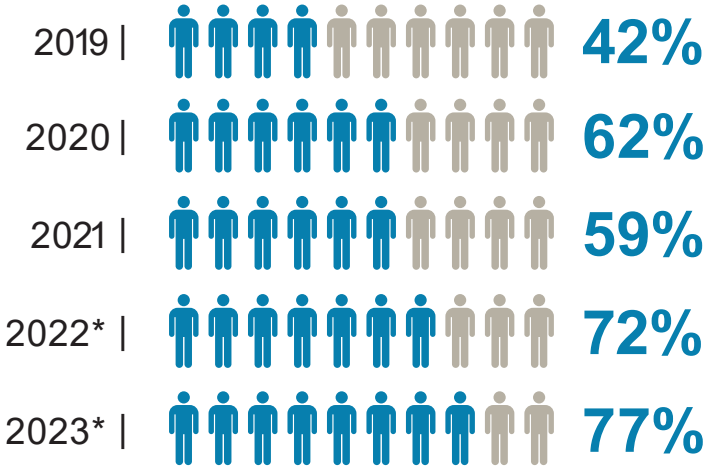
Drug Overdose Deaths

North Dakota Violent Death Reporting System Data, ND HHS Health Statistics and Performance (last updated Oct. 15, 2024)



2024: 91**

Percentage of Drug Overdose Deaths Where Fentanyl Was Present in Toxicology

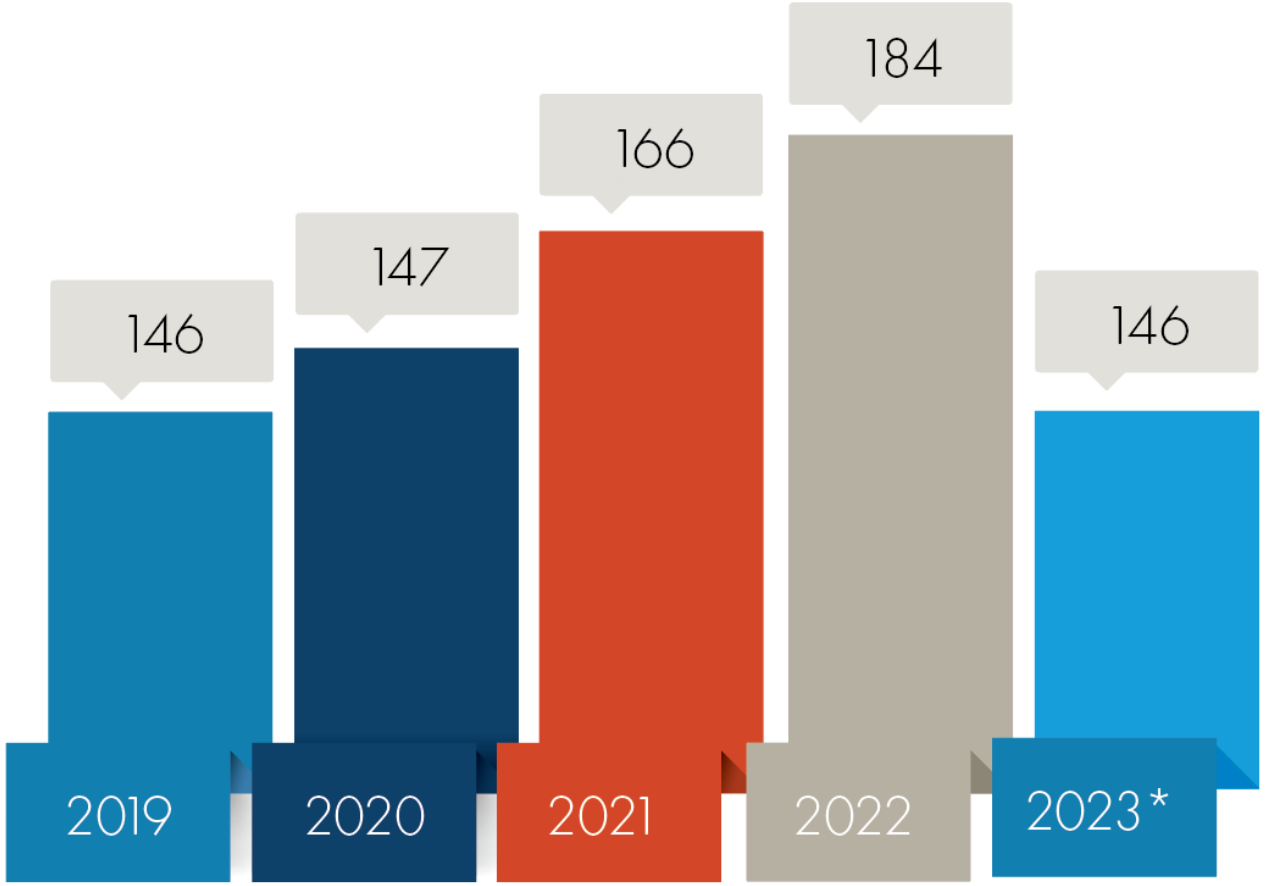


*preliminary data

**preliminary through 12-10-24

Suicide Deaths

North Dakota Violent Death Reporting System Data, ND HHS Health Statistics and Performance (last updated Oct. 15, 2024)



2024: 129**

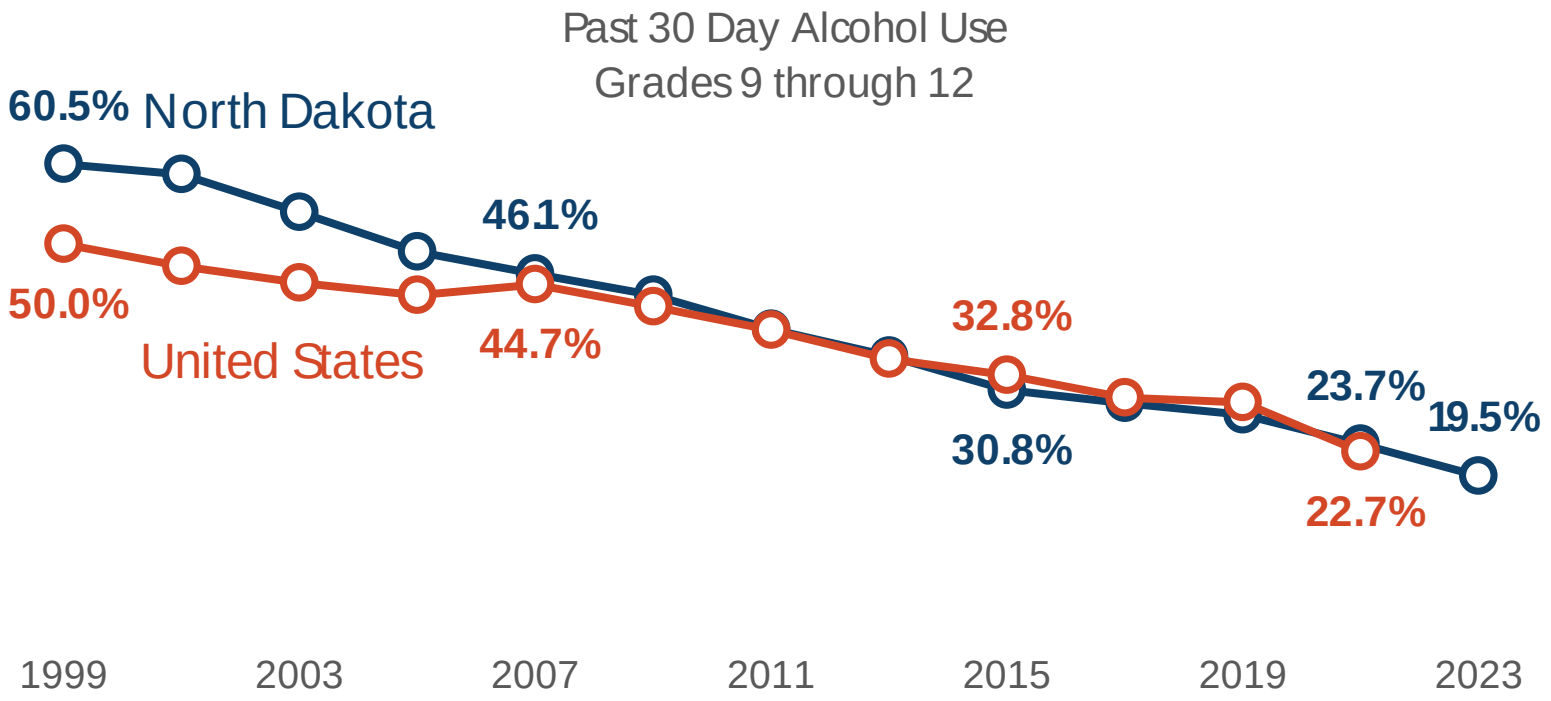
**preliminary data*

***preliminary through 12-10-24*

Prevention Works!

YOUTH Alcohol Use

(CDC, High School Youth Risk Behavior Survey, 2013 through 2021; ND High School YRBS, 2023)



In 2023, the High School Alcohol Use Was One-Third the Rate It was in 1999.

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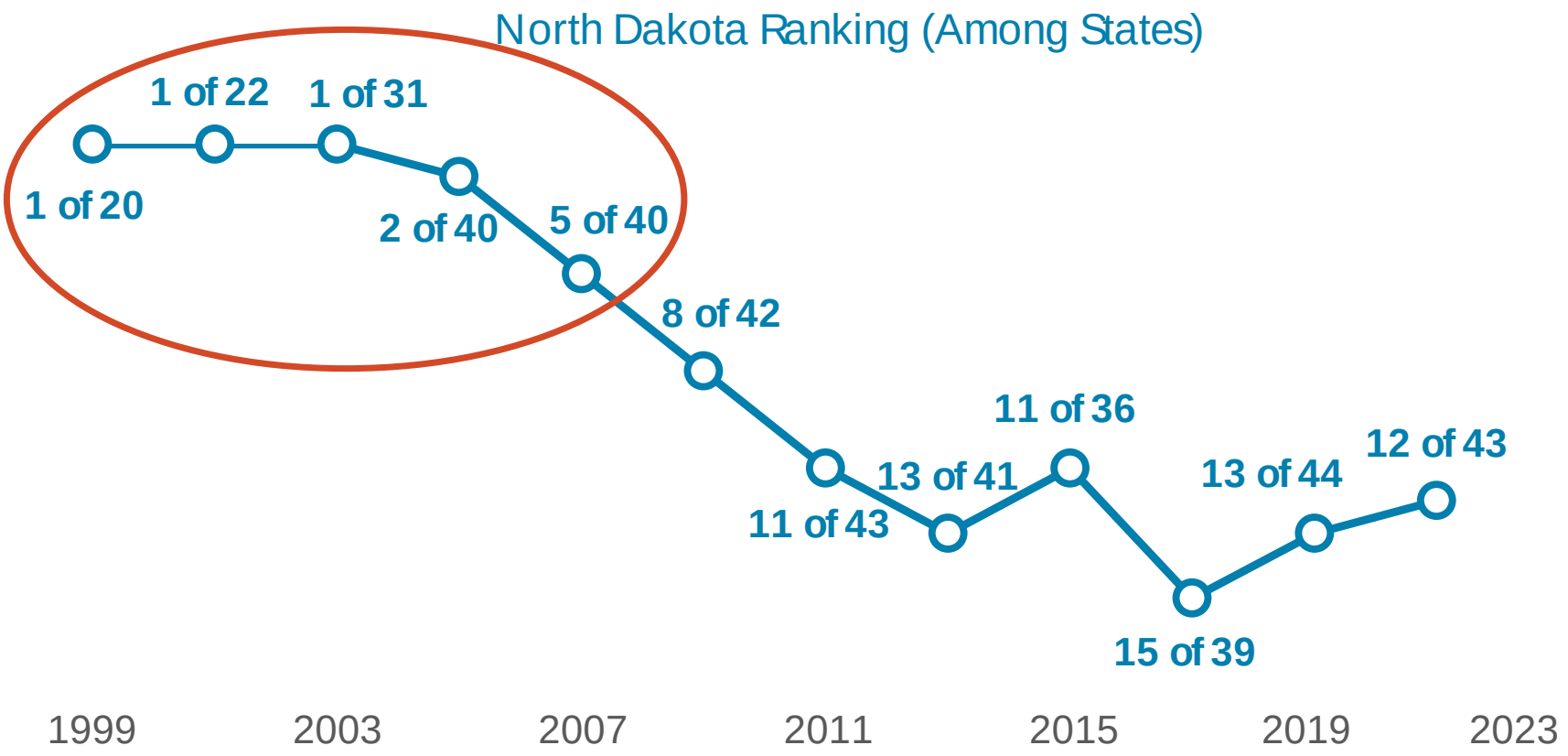
Prevention Works!

YOUTH Alcohol Use

(CDC, High School Youth Risk Behavior Survey, 2013 through 2021; ND High School YRBS, 2023)



Behavioral Health Data in North Dakota

YOUTH Mental Health

(ND YRBS, 2023)



30.9% of ND **middle school** students report feeling sad or hopeless

35% of ND **high school** students report feeling sad or hopeless.

(almost every day for 2 weeks or more in a row so they stopped doing some usual activities in the past year).

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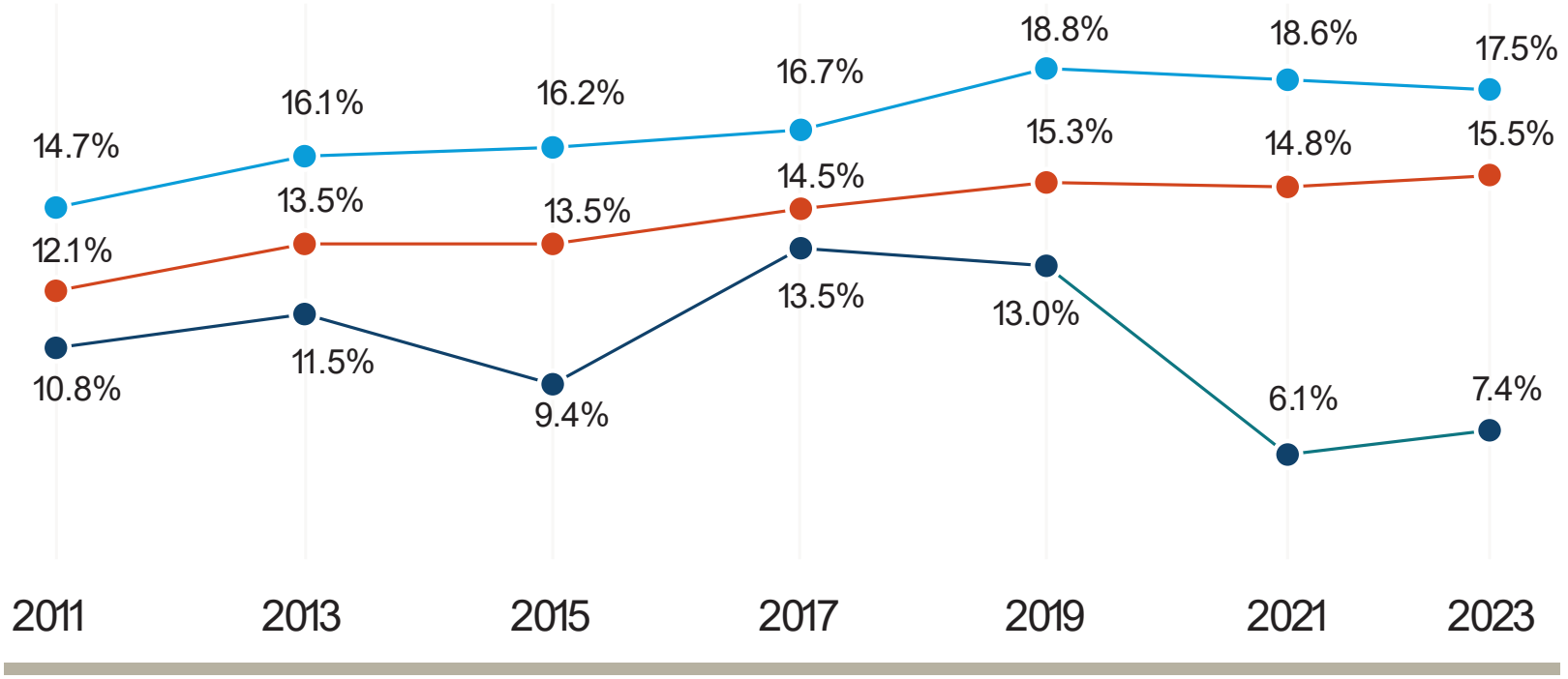
YOUTH Suicide

North Dakota High School Students (ND YRBS)



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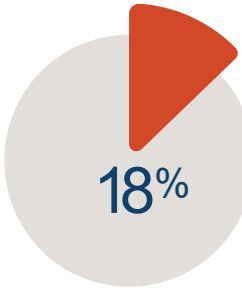
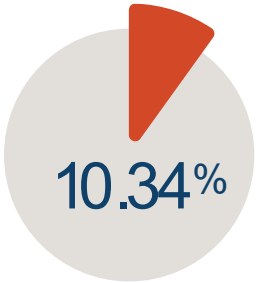
ADULT Mental Health (ages 18+)

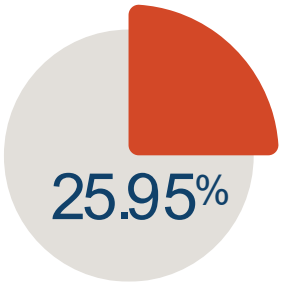
National Survey on Drug Use and Health, ND 2021-2022 Estimates



8% reported their **mental health was not good** eight or more days in the last month.

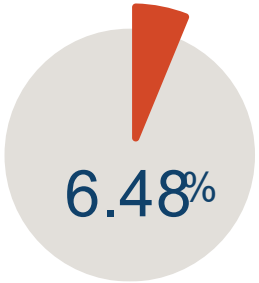


10.34% reported having a **major depressive episode** in the past year.



25.95% had **any mental illness** in the past year.

Approximately 155,420 ND adults (18+) had any mental illness in the past year.



6.48% reported a **serious mental illness** in the past year.

Approximately 38,810 ND adults (18+) have serious mental illness in the past year.

ADULT Past 30-Day Substance Use (ages 18+)

National Survey on Drug Use and Health, ND 2021-2022 Estimates



29%

BINGE ALCOHOL USE



23.51%

BINGE ALCOHOL USE

26.22%

TOBACCO

11.97%

MARIJUANA

3.46%

ILLICIT DRUGS (other than marijuana)

20.76%

TOBACCO

14.9%

MARIJUANA

3.48%

ILLICIT DRUGS (other than marijuana)

ADULT Addiction

National Survey on Drug Use and Health, ND 2021-2022 Estimates



An estimated 20.8% of ND adults (18+) met the criteria for a Substance Use Disorder within the last year.

77.6%

An estimated 77.6% of ND adults (18+) who needed treatment for substance u **did not receive treatment in the past year.**

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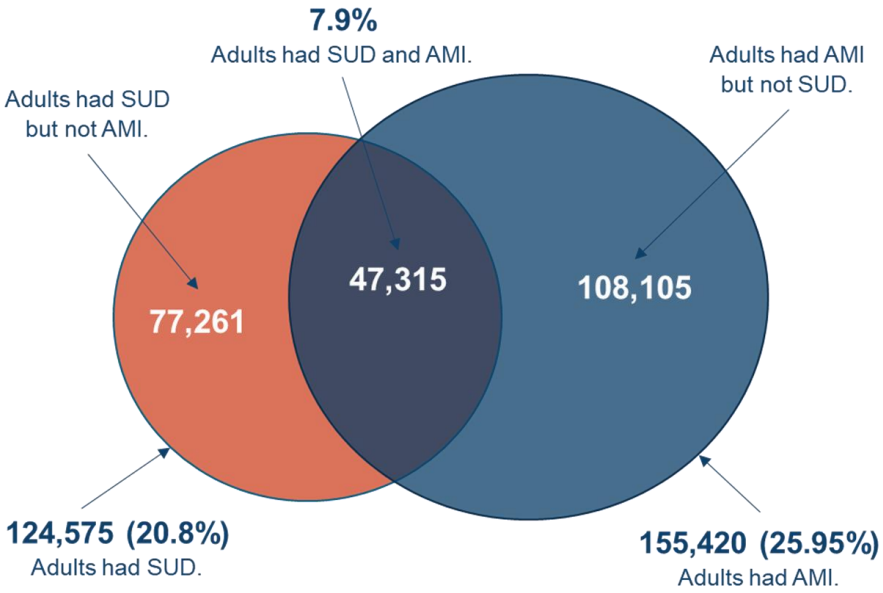
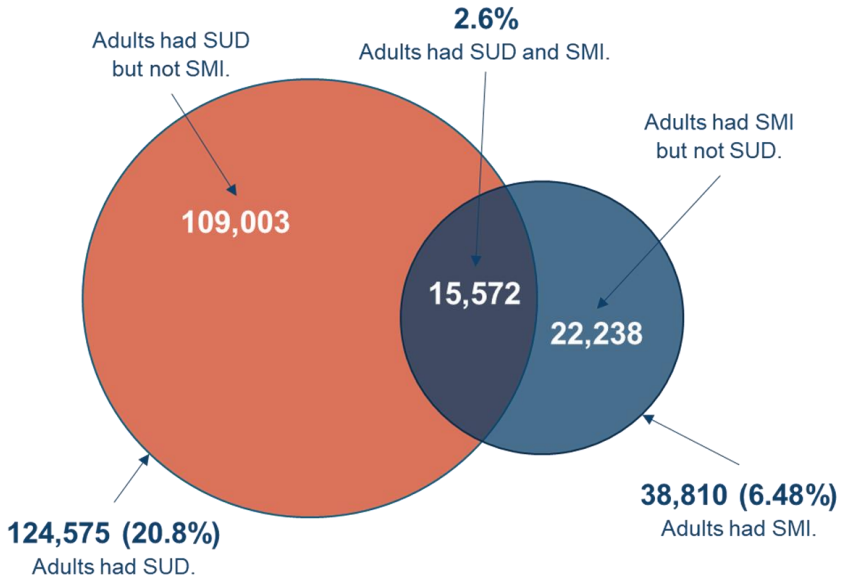
Substance Use Disorder (SUD) AND **Any** Mental Illness (AMI)

North Dakota adults 18+



Substance Use Disorder (SUD) AND **Serious** Mental Illness (SMI)

North Dakota adults 18+



Source:

- *Percentage of SUD and AMI from North Dakota 2021-2022 NSDUH State Estimates*
- *Percentage of co-occurring SUD and AMI & SMI from National 2023 NDSUH*
- *Percentages applied to 2023 North Dakota Census of adults 18+.*

Mental Health & Substance Use Diagnosis Report

Adult Prison Residents

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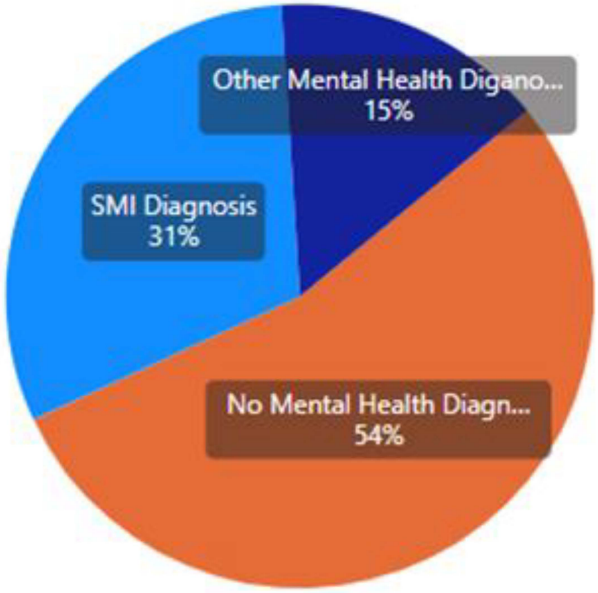
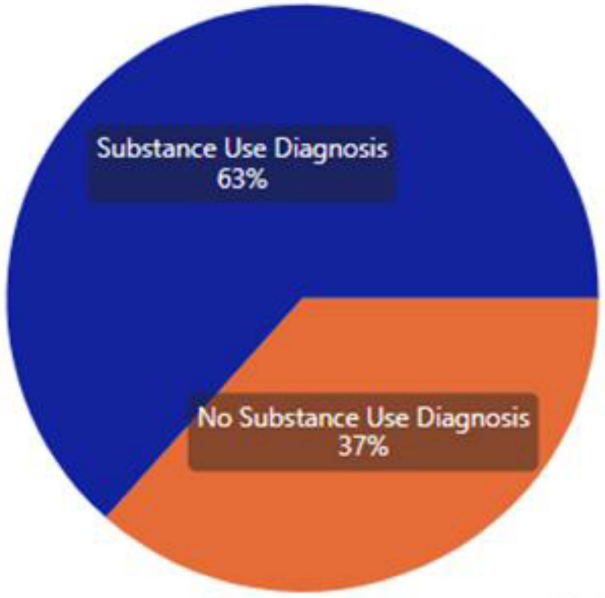
ND DOCR Residents Diagnosed with a Mental Health Disorder

Over 1/3 of the residents are diagnosed with a Severe Mental Illness



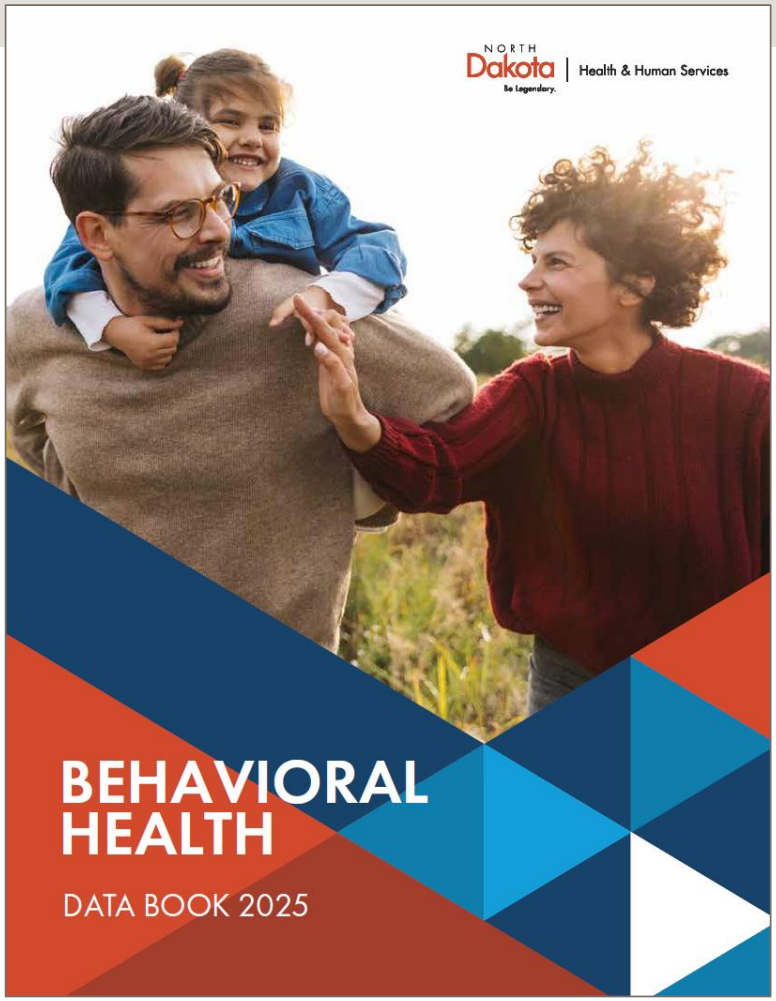
ND DOCR Residents Diagnosed with a Substance Use Disorder

Nearly 2/3 of the population has a diagnosed substance use disorder



Updated: 10/23/2024

Behavioral Health in North Dakota



Research shows the importance of using data to guide effective and targeted behavioral health efforts.

Find the 2025 Behavioral Health in North Dakota Data Book and other resources at www.hhs.nd.gov/behavioral-health/data.

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Who we are . . .
Behavioral Health Division

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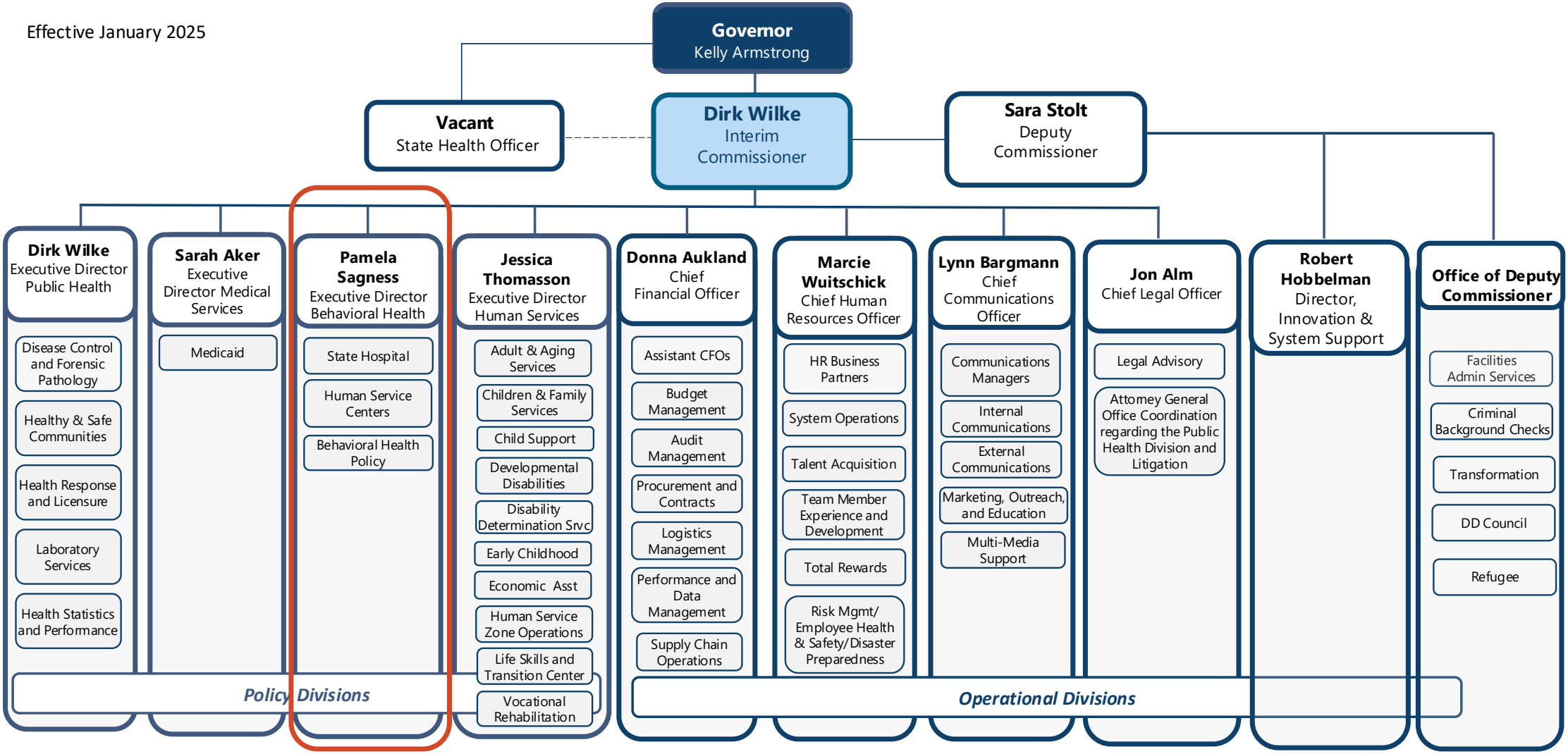
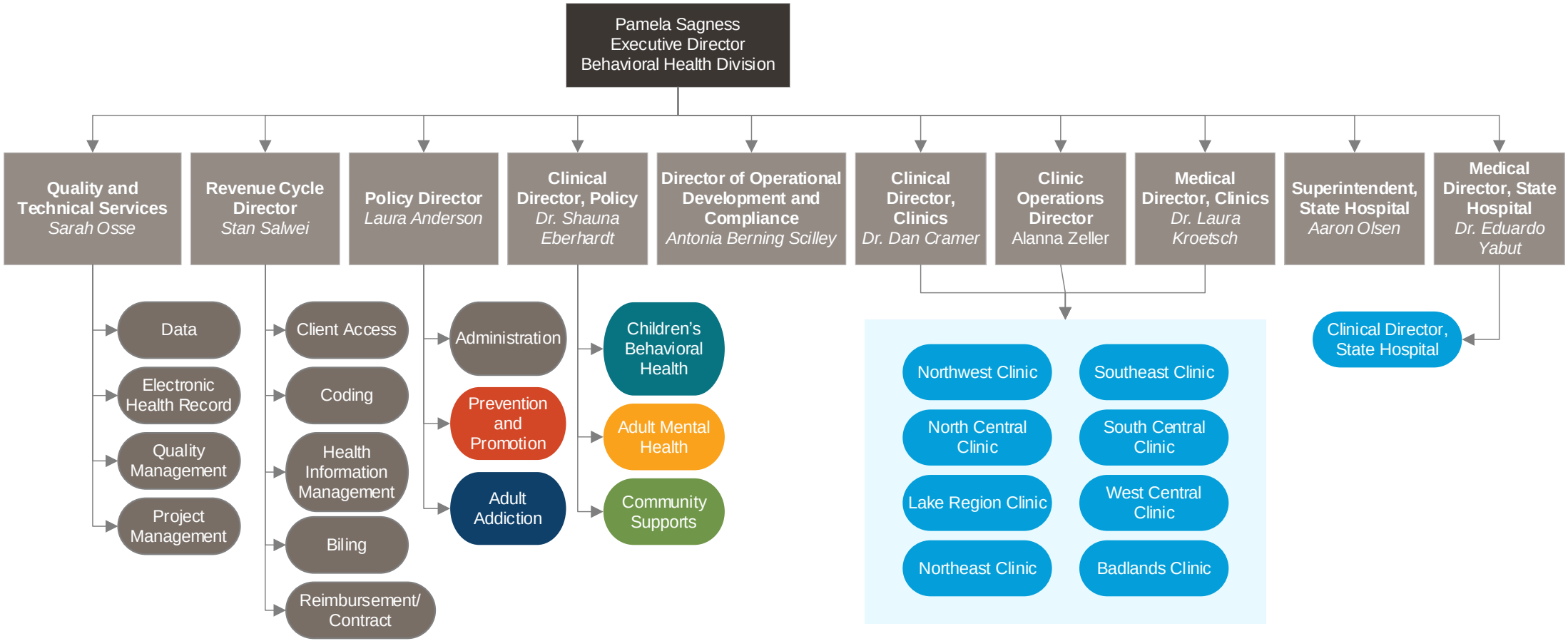
Health & Human Services

ND Department of Health & Human Services

Effective January 2025



Behavioral Health Division



North Dakota Behavioral Health Division

VISION



People achieve their behavioral health goals.

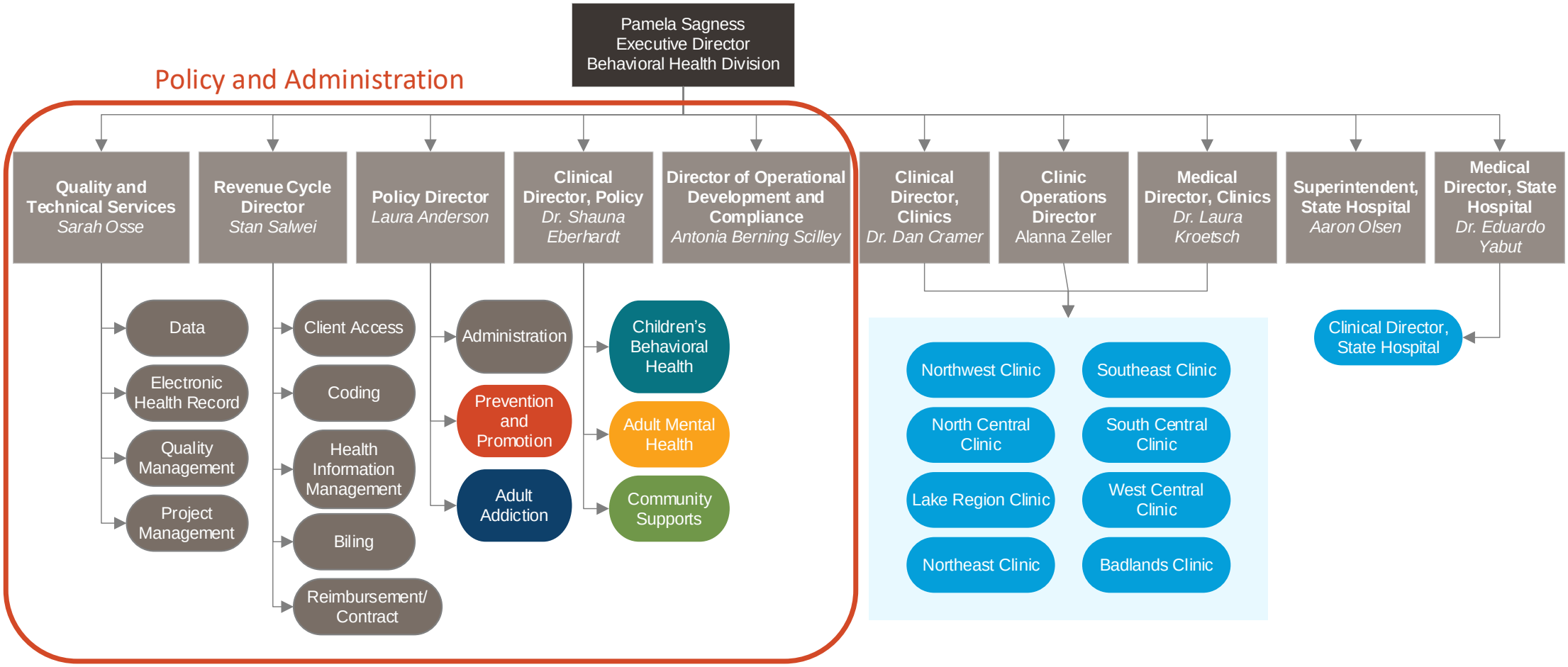


Be a place people want to work.



Resources are used effectively and efficiently.

Behavioral Health Division



Behavioral Health Division

Policy & Administration Overview: Our role/services



- Regulation
- Certification
- Administration of State & Federal funding/ programs
- Payer of behavioral health services
- Training & Technical Assistance
- Revenue Cycle for Clinics and State Hospital
- Quality Improvement
- Data, evaluation and electronic health record

POLICY

REVENUE CYCLE

QUALITY & TECHNICAL SERVICES

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Enhanced operational support through Revenue Cycle and Quality & Technical Service teams

<u>Quality & Technical Services</u>

- Quality & Technical Services Director hired Dec 2023

<u>Revenue Cycle Management</u>

- Eide Bailly Assessment Report received Fall 2023
- Revenue Cycle Director hired February 2024



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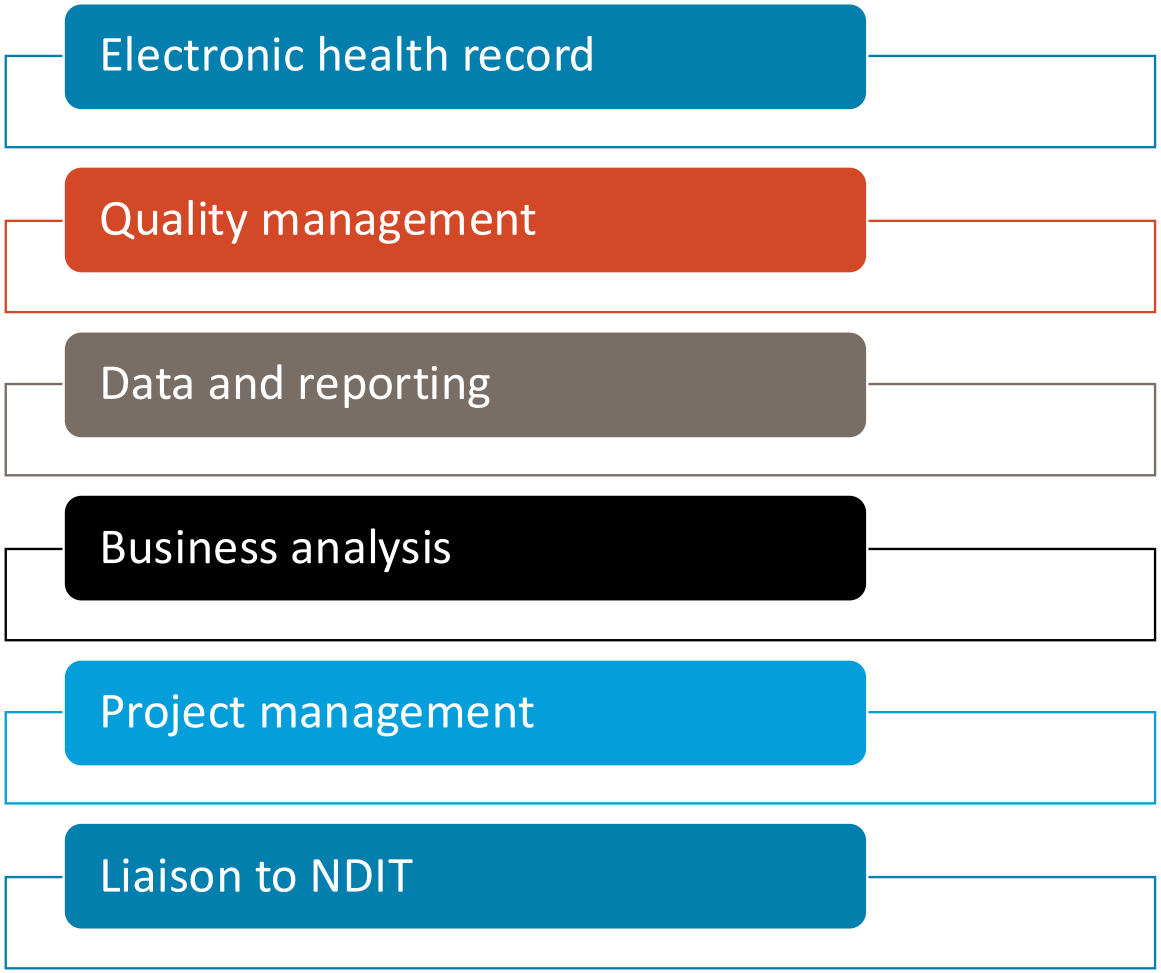
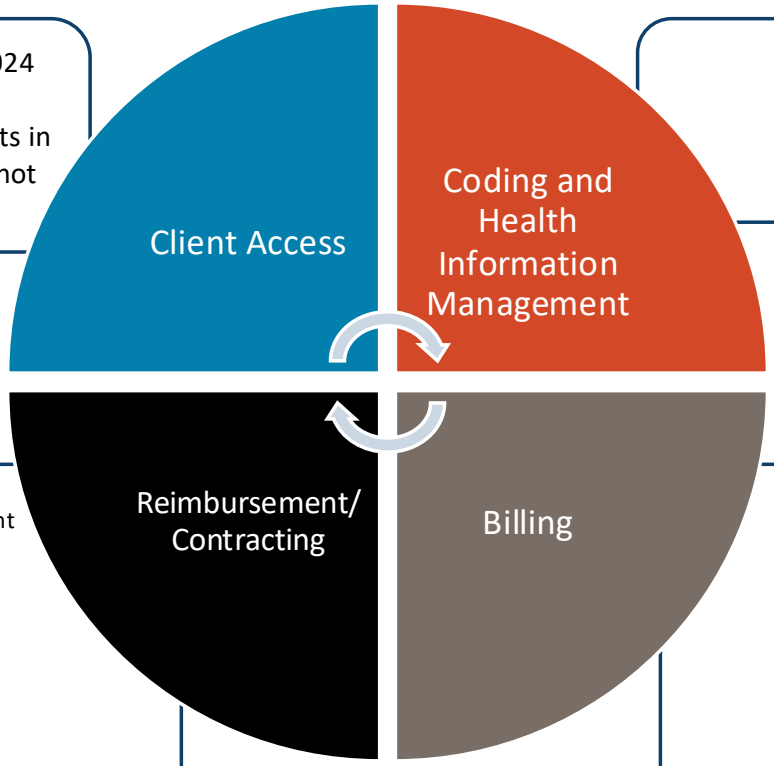
Quality and Technical Services Functions



Revenue Cycle Management

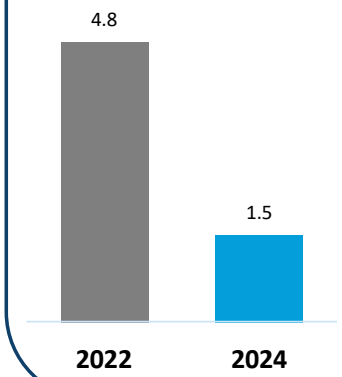
New focused capacity starting Nov. 2024

- Enrolled over 20 clients on commercial and Medicaid products in 2 months to pay for services and not be self-pay

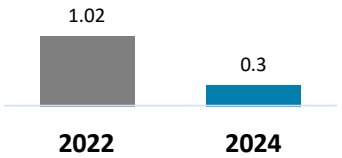


Creation of pre-billing coding model within Electronic Health Record

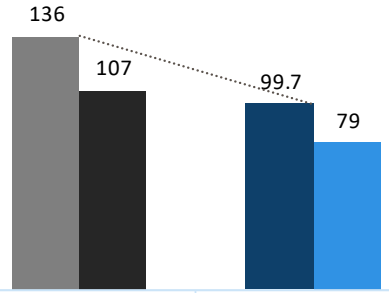
Timely Filing Improvement
(in millions)



Credentialing Improvement
(in millions)



Accounts Receivable Improvement in 2024
(in millions)



	March	December
Total	136	99.7
Over 120 days old	107	79

Administration of State & Federal Programs across Continuum of Care

Prevention and Early Intervention

- Parents Lead
- Suicide prevention
- Partnership for Success (PFS) Grant
- B-HERO
- Prevention and Early Intervention School Pilot

Treatment

- Substance Use Disorder (SUD) Voucher
- Gambling treatment
- Jail tele-psychiatry
- Voluntary Treatment Program (VTP)
- Treatment Collaborative for Traumatized Youth (TCTY)
- System of Care (SOC) Grant
- Mental Health Block Grant (MHBG)

Recovery

- Recovery Housing Assistance Program (RHAP)
- Free Through Recovery
- Community Connect
- Permanent Supportive Housing
- Brain Injury services

- Substance Use Prevention Treatment and Recovery Services (SUPTRS) Block Grant
- State Opioid Response (SOR) Grant
- Opioid Settlement
- Behavioral Health School Grant

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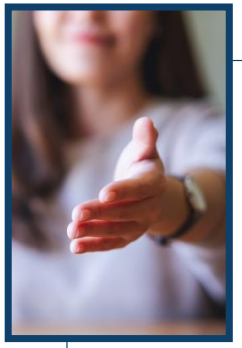
Regulation



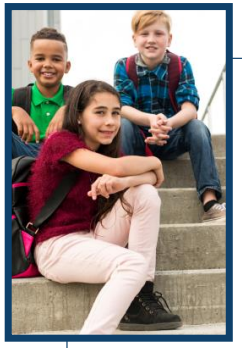
106 Substance Use Disorder Treatment programs licensed (Oct. 1, 2024)

- 11 new programs in 2024



4 Opioid Treatment Programs licensed

- Currently serving 1,140 individuals *(Oct. 22, 2024)*



6 Psychiatric Residential Treatment Facilities

- 82 beds serving children between the ages of 5 and 18.

Certification

Minor in Possession (MIP) Education Instructors

- **18** certified providers

Driving Under the Influence (DUI) Education Instructors

- **38** certified providers

Peer Support Specialists

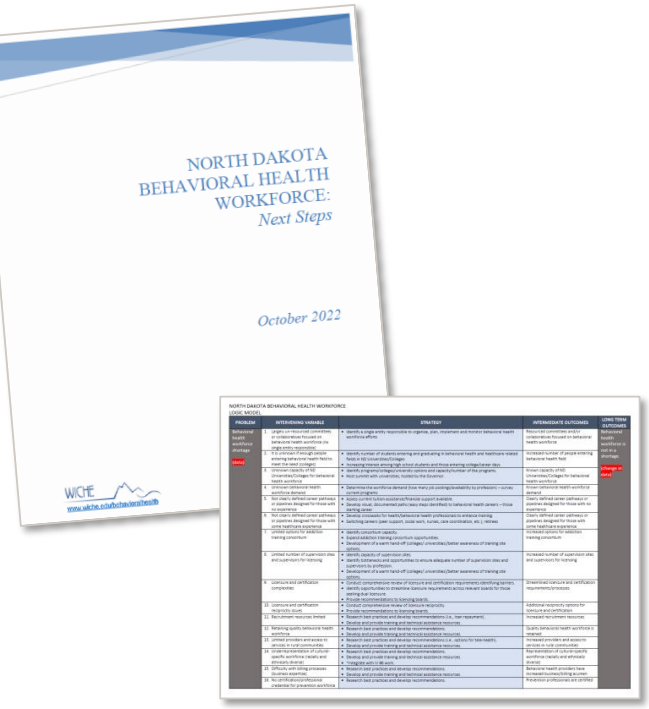
- **406** Certified Peer Support Specialist I
- **38** Certified Peer Support Specialist II



Certified Community Behavioral Health Clinic (CCBHC) certification in development (SB 2113)

Behavioral Health Workforce

HSRI Recommendation to "engage in targeted efforts to recruit and retain a qualified, competent behavioral health workforce" put in motion the following:



- Creation of **Aim 7 Behavioral Health Workforce workgroup** (private providers; UND, Center for Rural Health; Department of Commerce; UND, Center for Rural Health)
- Development of **Peer Support Certification**
- Coordination and facilitation of a **Behavioral Health Workforce Summit**
- Development of a **Behavioral Health Workforce Strategy**
- Hire of a **Behavioral Health Workforce team member** to facilitate the implementation of the strategic plan

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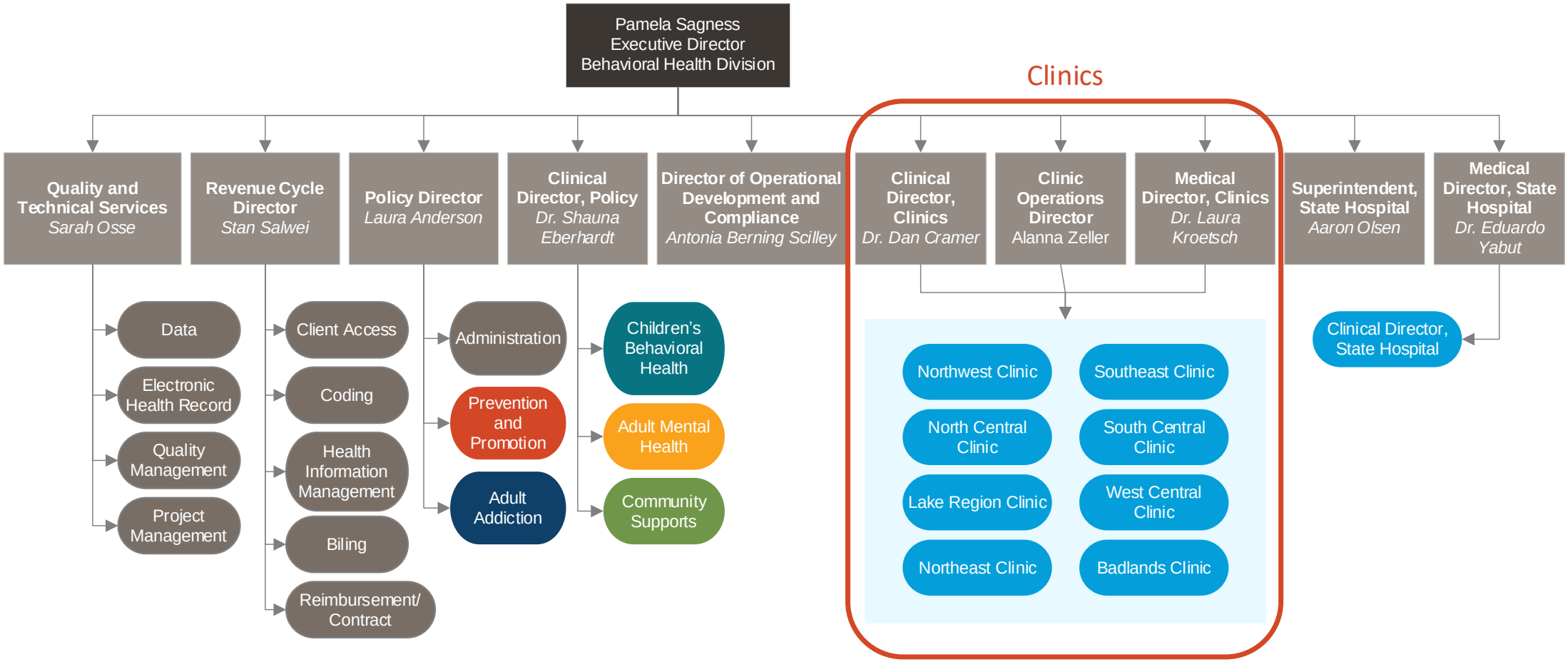
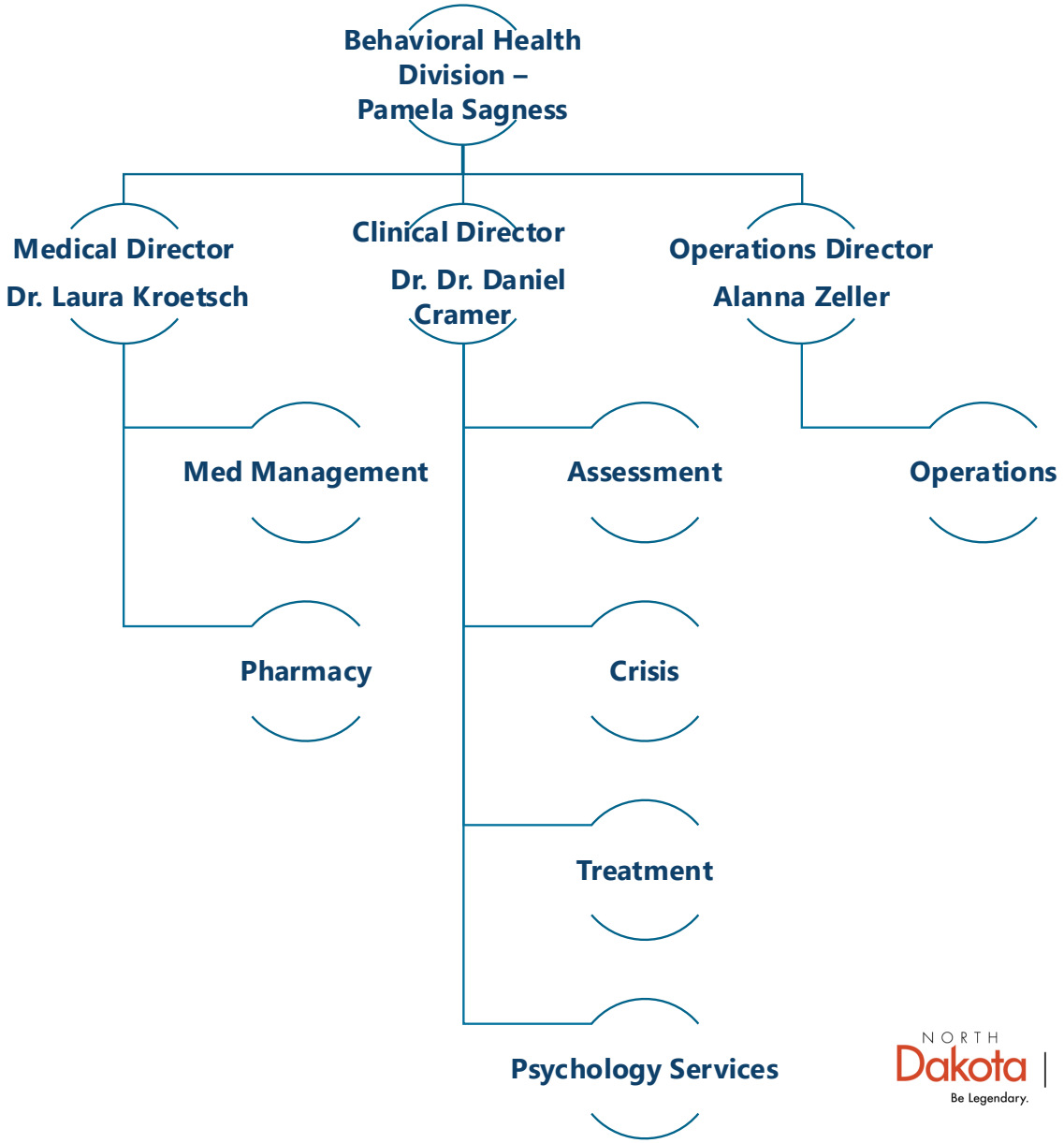
Behavioral Health Division



HUMAN SERVICE CENTERS



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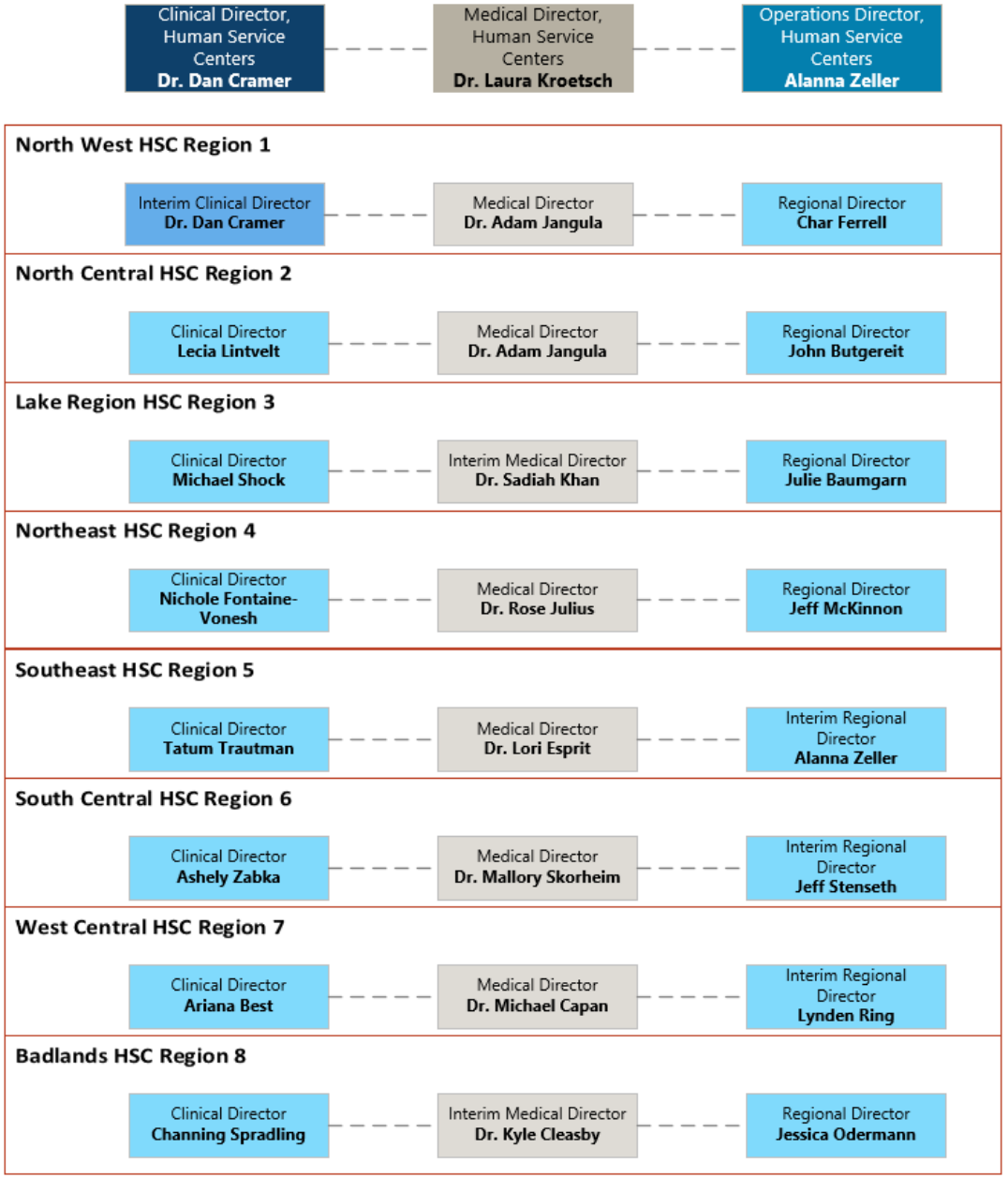
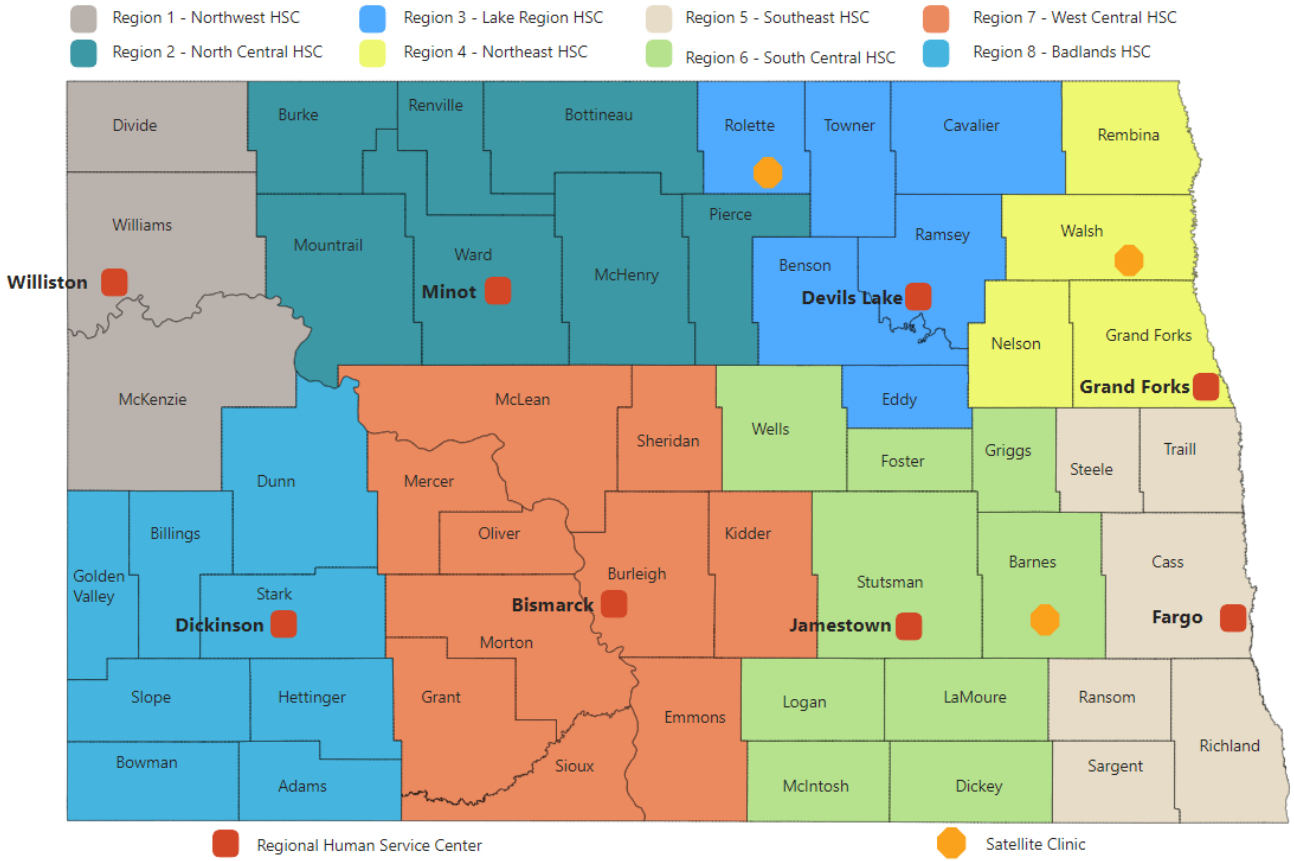
Human Service Center Leadership Structure



Human Service Center Locations



Section Overview



Who we are

All 8 Clinics provide Community Behavioral Health Services and are state-operated providers of integrated mental health and substance use outpatient care

Responsible to comply with:

- NDCC 25-03.1
- NDCC 50-06
- NDAC 75-05,
- NDAC 75-09.1



Our role

To provide timely and effective behavioral health services to citizens of North Dakota to improve the quality of life through achieving and sustaining recovery.



Services

- Crisis Services
- Regional Intervention Services
- Outpatient Services
- Extended Care Services
- Targeted Case Management
- Psychiatric Services
- Psychiatric Medication Management
- Psychological Services
- Substance Use and Other Addictive Disorders
- Individual, Group and Family Therapy
- Community Consultation and Education
- Youth and Family Services
- Rehabilitative Services



Partners | Providers

- Recovery Centers
- Contracted crisis units
- Transitional Living Facilities
- 3.1 SUD Residential
- Hospitals/ER's/Critical Access Hospitals
- Community Inpatient Hospital
- Crisis Psychiatric and Nursing (Legacy, LLC, FasPsych)
- Consultants (MTM, NatCon, FFT LLC)
- Crisis Services (Avel E-Care, Solutions mobile crisis)
- Medical Detox (Clay County Receiving Center)
- Employment Support (Vocational Rehabilitation)
- Sex Offender Treatment (STAND)
- Jail Behavioral Health Services (Integrated Telehealth Partners)
- UND Med School (UND)
- Other (med delivery, taxi, etc.)

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50-06-05.3. Regional Human Service Centers - Powers - Duties

Regional human service centers shall provide human services to all eligible individuals and families to help individuals and families achieve or maintain social, emotional, and economic self-sufficiency by providing human services to:

a. Prevent, reduce, or eliminate dependency;

b. Prevent or reduce inappropriate institutional care by providing for care while institutionalized or providing for community-based or other forms of less restrictive care;

c. Secure referral or admission for institutional care;

d. Provide outpatient diagnostic and treatment services; and

e. Provide rehabilitation and crisis services for patients with mental, emotional, or substance use disorders, an intellectual disability, and other psychiatric conditions, particularly for those patients who have received prior treatment in an inpatient facility.

**SB 2113 to update language*

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SB 2113

- Name transition from Human Service Centers to Behavioral Health Clinics
- Update in language to align with behavioral health best practice
    - Example: Update “Prevent, reduce, or eliminate dependency” to “Build resilience, self-sufficiency, and independence”



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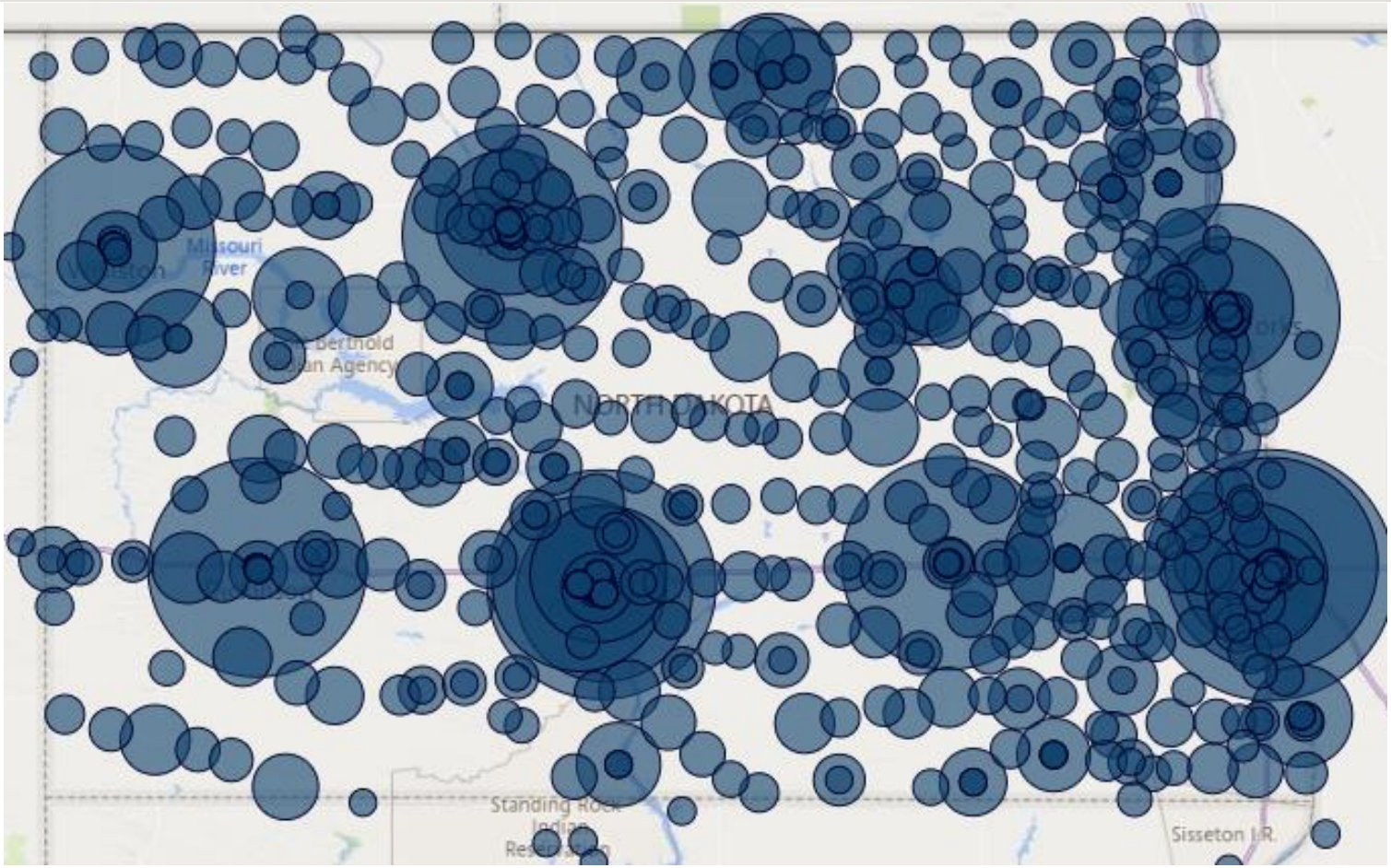
Key Accomplishments

- All Regional Human Service Centers (behavioral health clinics) achieved 4-year Council on Accreditation (COA) expedited re-accreditation.
- Ruth Meier's Adolescent Center (RMAC) achieved a 3-year Commission on Accreditation of Rehabilitation Facilities (CARF) re-accreditation.
- Badlands, Southeast, Lake Region approved sites for ND Training Academy for Addiction Professionals
    - West Central and South Central application pending approval
- Established Release and Integration program with Department of Corrections and Rehabilitation.
- Through funding approved during 2023-2025 legislative session:
    - Implemented the Centurion Mobile Duress System
    - Established FasPsych and Legacy, LLC contracts in July 2024 in 2 regions
        - provides on-call psychiatry and nursing support during nights, weekends, and holidays at the crisis stabilization center (CSC).
- Roll-out of Avel services in all regions in July 2024 to partner with local law enforcement to provide telehealth crisis support.



Behavioral health care penetration of services

July 2023 – December 2024



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Individuals Served 7/2023-12/2024

10,382 adults served

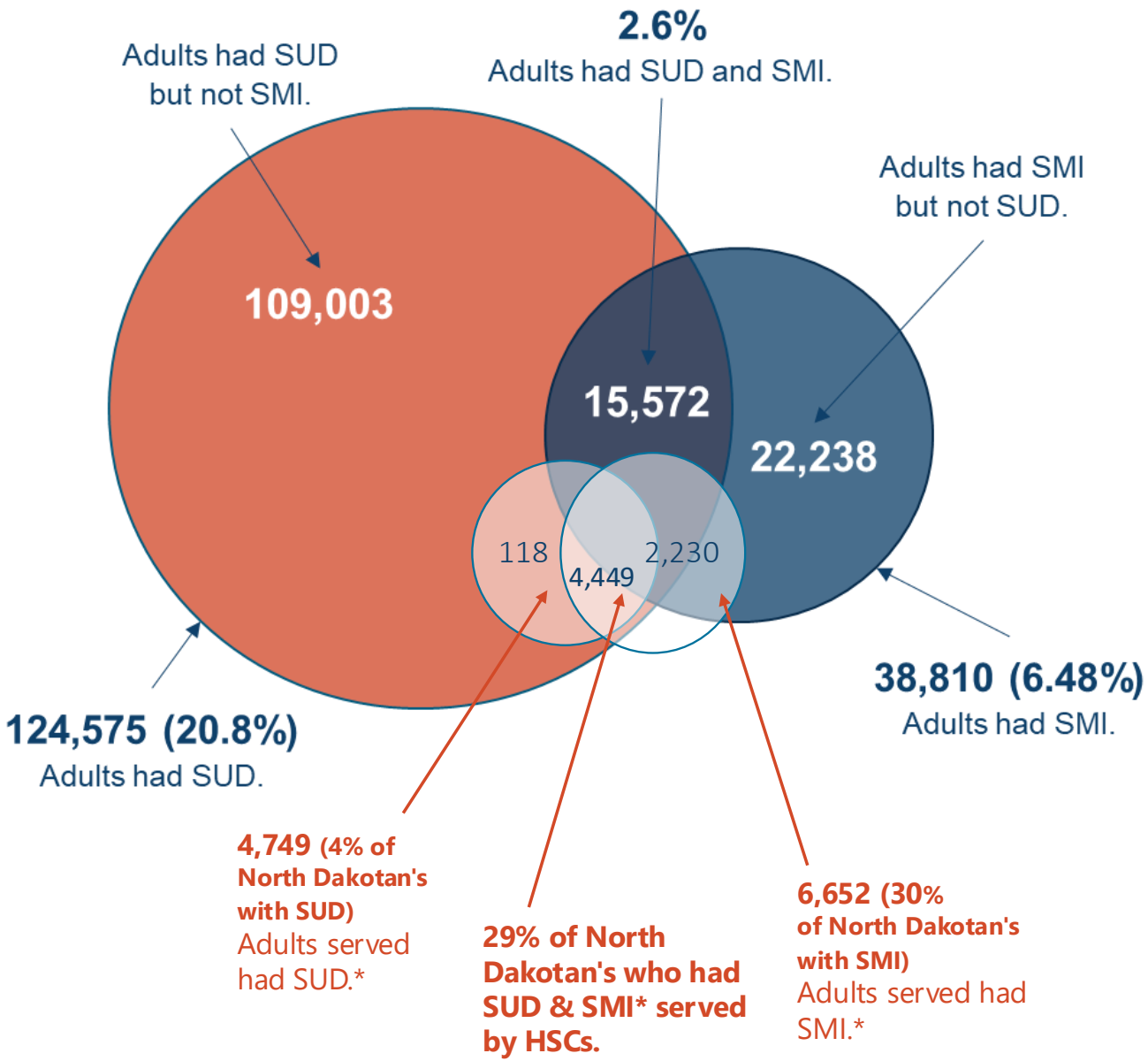
231,860 adult services

2,380 youth served

63,310 youth services

Substance Use Disorder (SUD) AND Serious Mental Illness (SMI)

North Dakota adults 18+



Source:

- *Percentage of SUD and AMI from North Dakota 2021-2022 NSDUH State Estimates*
- *Percentage of co-occurring SUD and AMI & SMI from National 2023 NDSUH*
- *Percentages applied to 2023 North Dakota Census of adults 18+.*
- **Data of clients served by ND DHHS Community Behavioral Health Clinics 7/2023 – 12/2024.*

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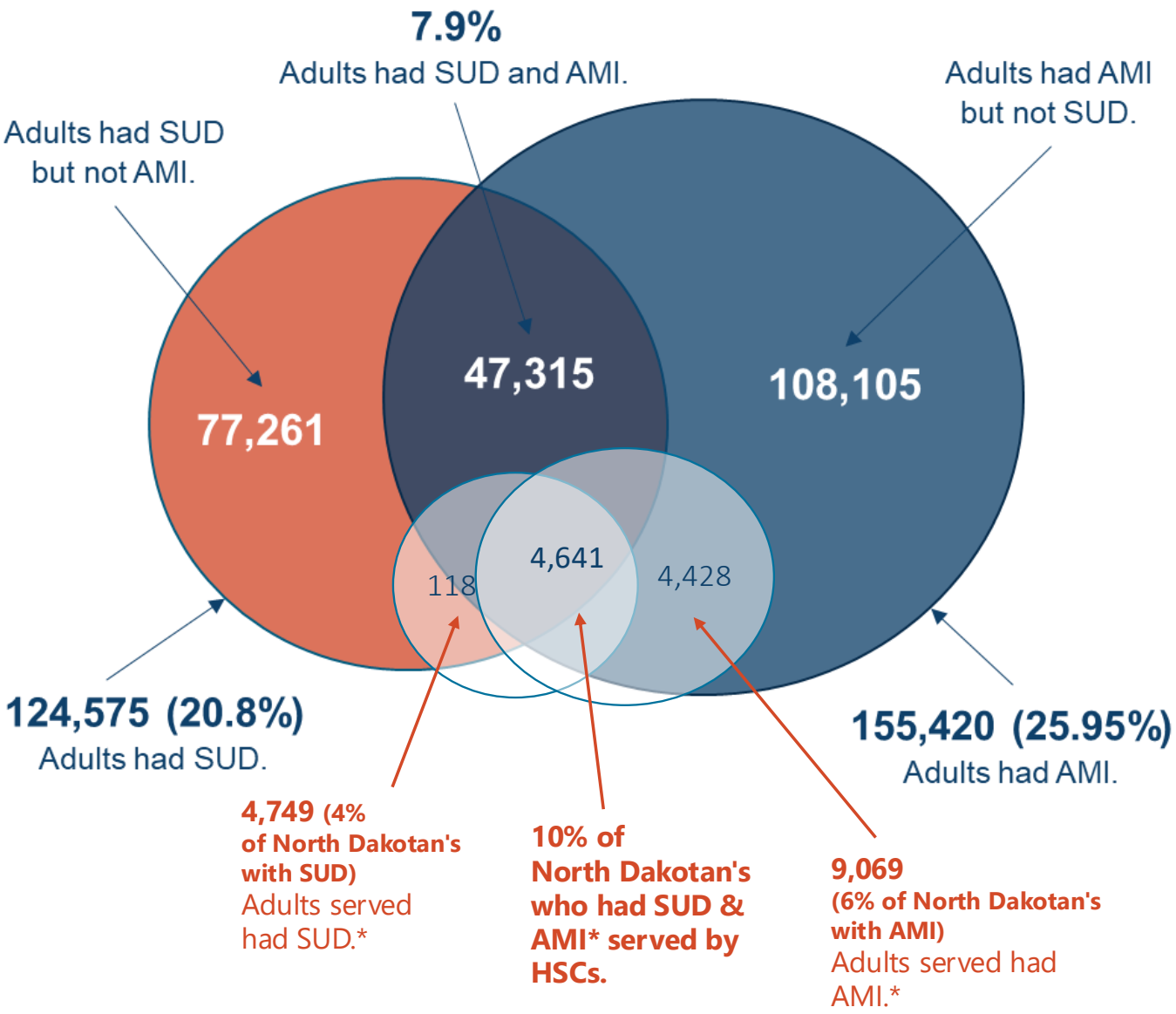
Substance Use Disorder (SUD) AND Any Mental Illness (AMI)

North Dakota adults 18+



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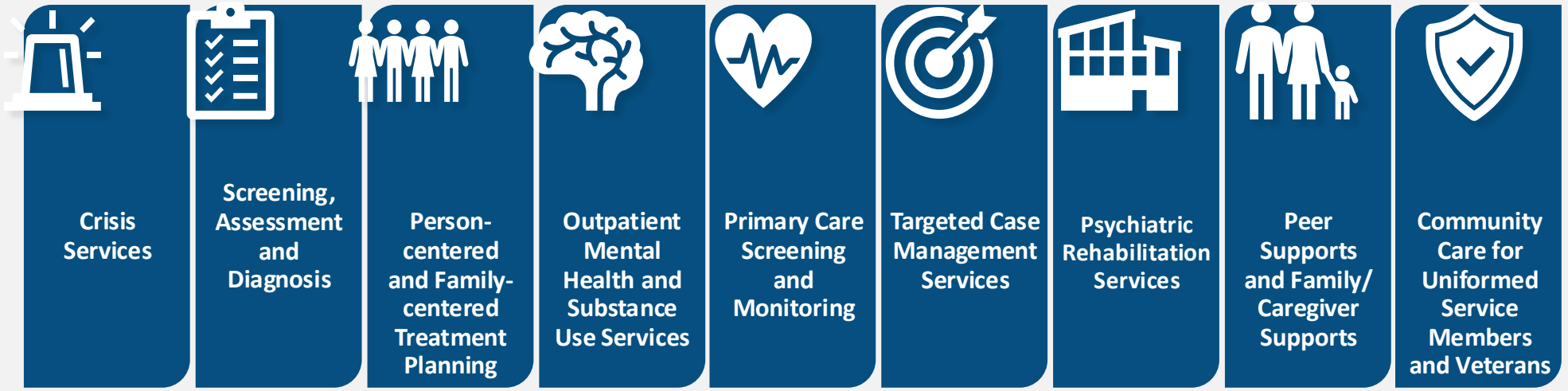
Certified Community Behavioral Health Clinics



Certified Community Behavioral Health Clinics

CCBHC

Services may be delivered directly by the CCBHC or by a Designated Collaborating Organization (DCO). CCBHCs are expected to directly deliver the majority of encounters.



Provision of all services is person- and family-centered.

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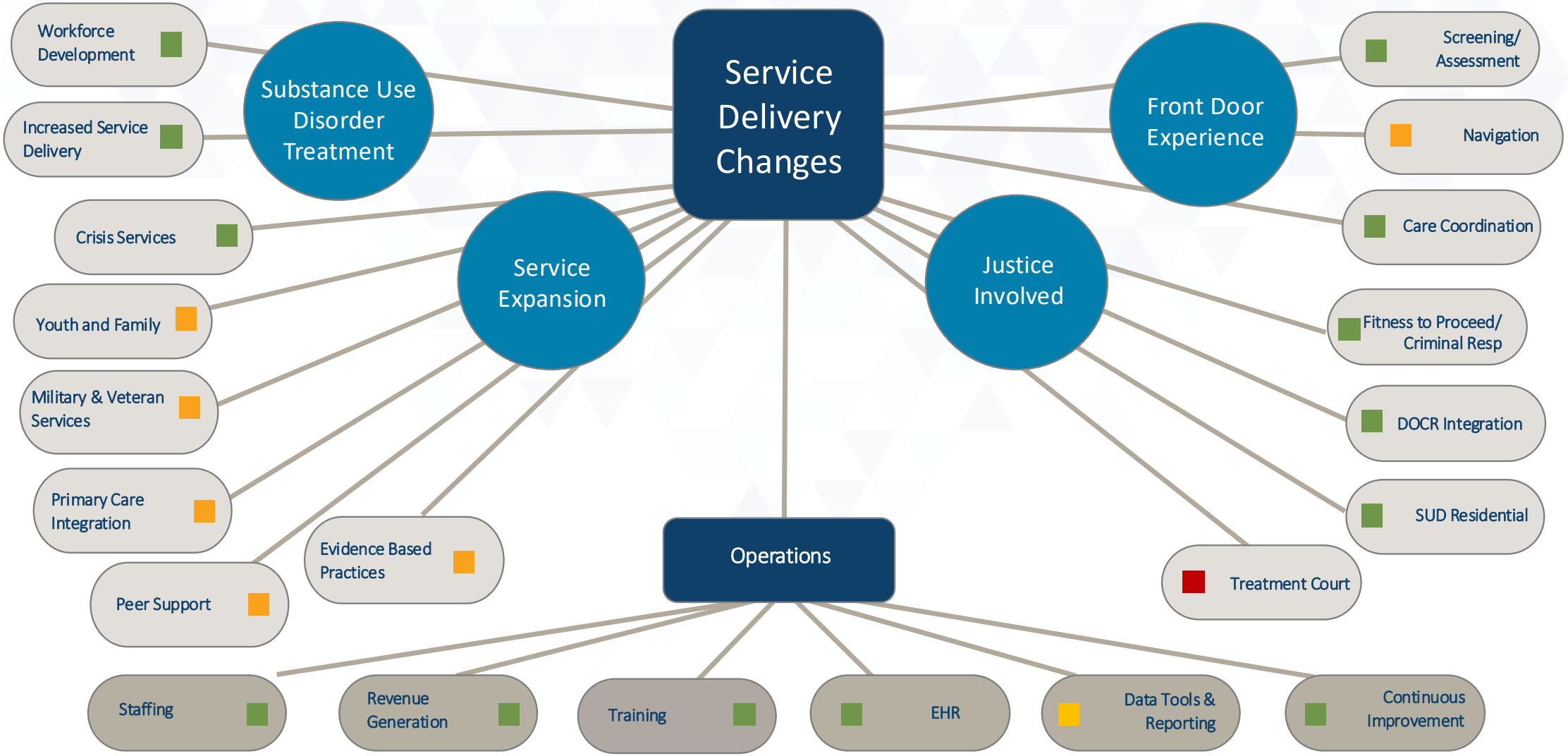
ND PLANNING AND IMPLEMENTATION TIMELINE*

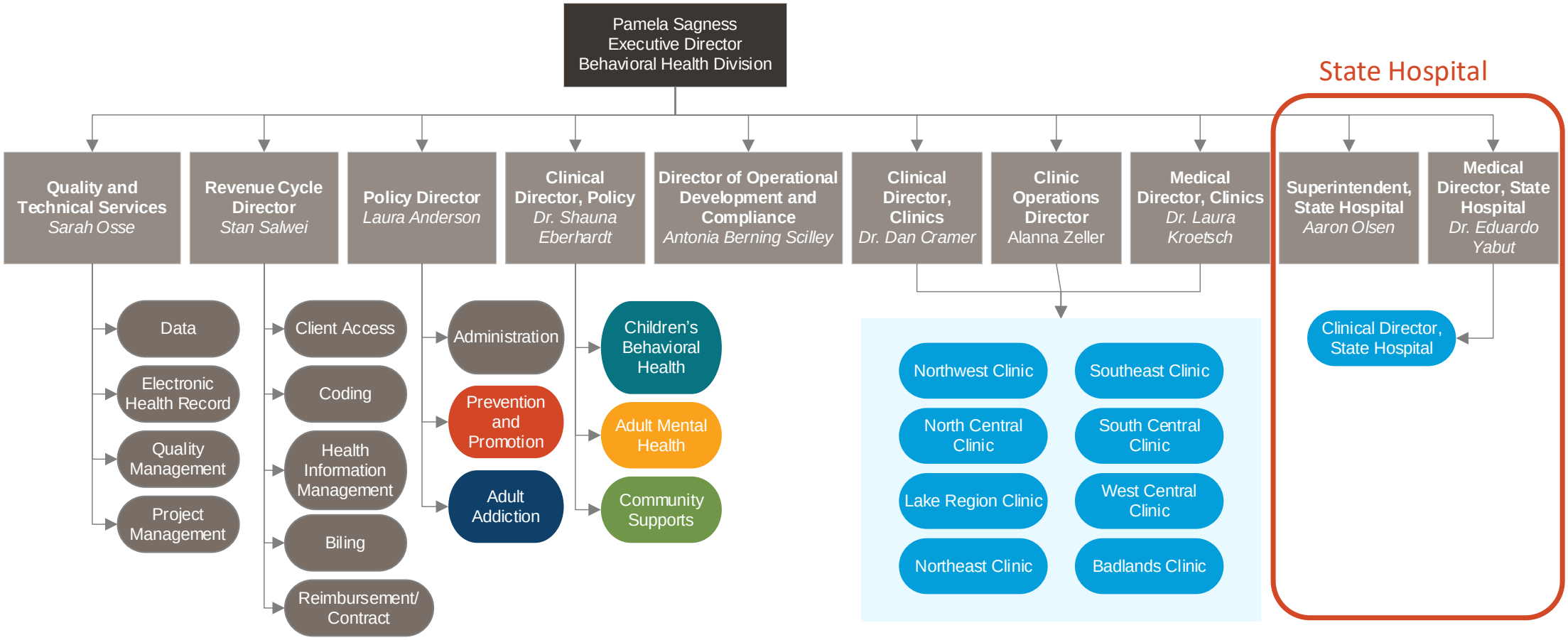


*THIS TIMELINE WAS PREPARED FOR NORTH DAKOTA BY NATIONAL COUNCIL FOR MENTAL WELLBEING BASED ON STANDARD PRACTICES

Clinic Service Enhancement Initiatives



Behavioral Health Division



Who are we?



Inpatient psychiatric and substance use disorder treatment facility located in Jamestown ND.

Providing rehabilitation, forensic and acute psychiatric services through compassionate care, promoting healing and wellness to a diverse population of clients from across North Dakota.

Total Current Staff 355

Psychologists
Psychiatrists
Licensed Nurse Practitioner
Social Worker's
Direct Care Assistant
Security
Licensed Addiction Counselor
Ancillary
Facilities
Registered Nurses
Security
Grounds
Maintenance
Occupational Therapist
Activities

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Who do we serve?



Civil Patients:

Suspected of being a danger to themselves or others due to serious mental illness.

- Emergency
- Court Ordered
- Found to be a danger to self or others
- Involuntary Civil Commitment by Judge



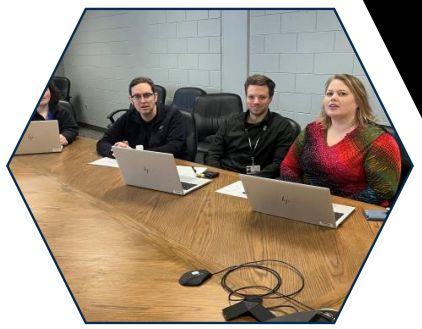
Forensic Patients:

Suspected or determined to have a serious mental illness who are involved in with the Criminal Justice system.

- Court Ordered Evaluation
- Unfit to Proceed
- Pre-sentence Evaluation
- Guilty But Mentally Ill
- Not Guilty by Reason of Mental Illness

ND State Hospital Programs and Services





Acute Psychiatric Services

Psychiatric Rehabilitation Services





SUD Residential Treatment

Geriatric Psychiatric Services



Sex Offender Residential Treatment

Forensic Services

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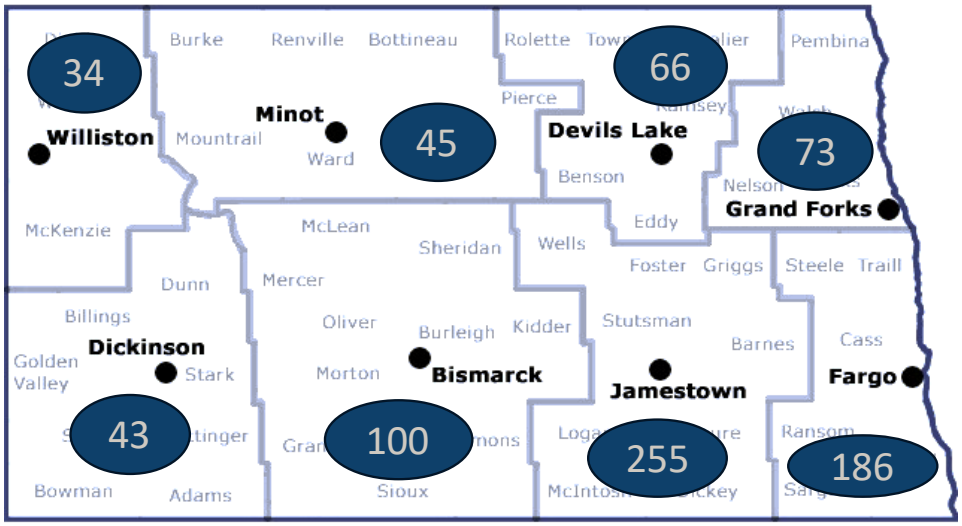
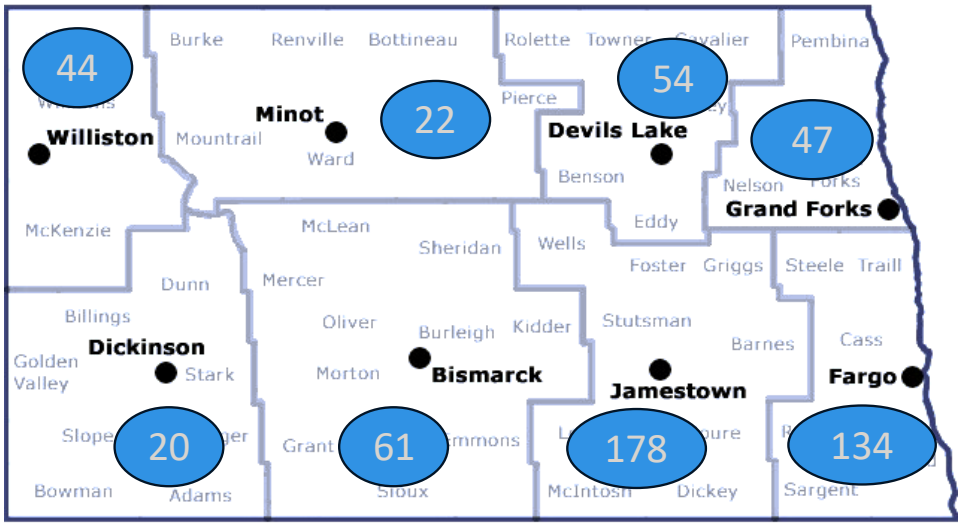
Admissions by Region

2021-2023 Biennium



Outside ND: 31
Unknown: 27

2023-2025 Biennium



Outside ND: 16
Unknown: 16

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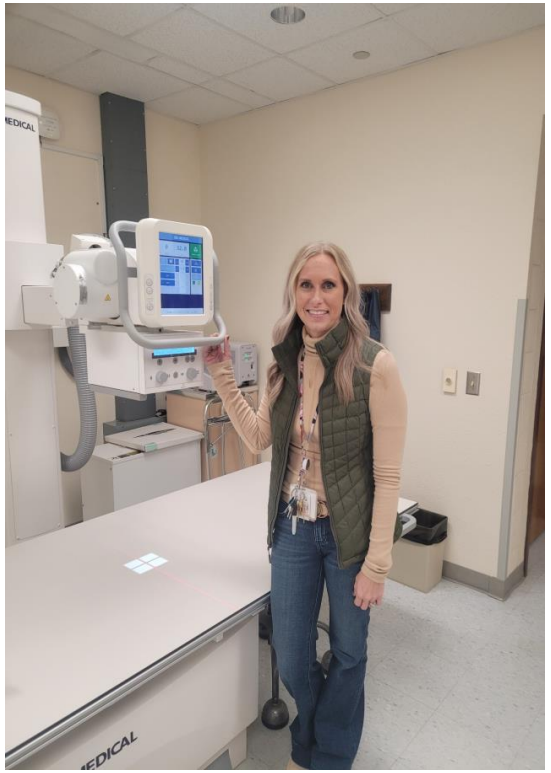
Primary Care

2023	Immunizations	Hep C Testing
	251	199 neg
		4 pos
		10 known pos

2024	Immunizations	Hep C Testing
	121	77 neg
		9 pos

Dental Appointment Type	TOTAL
Exam	78
Prophy / FMD	9
Extraction	91
Filling	23
Xray	147
Adjust Denture	3
Impressions	4
Send out labs	3
Other	1
TOTAL:	359

Dental Appointment Type	TOTAL
Exam	233
Prophy / FMD	31
Extraction	235
Filling	76
Xray	603
Adjust Denture	4
Impressions	12
Send out labs	12
Other	5
TOTAL:	1211



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Off Campus Appointments

Eye Exams	85
CT	28
MRI	28
Orthopedic	28
Ultrasound	21

Cardiology	16
OB	13
Endocrinology	13
Neurology	13
Colonoscopy	12

Holter Monitor	7
DEXA Scan	7
Nephrology	9
Neurosurgery	12
Hematology	5

EGD	3
Interventional Radiology	3
PET Scan	3
Oral Surgery	2

Surgical Consult/follow up	17
Brace/Shoe Fitting	12
Urology	34
Oncology	31
Wound Clinic	20

ENT	10
Podiatry	9
Sleep Medicine/Study	9
Audiology	10
Dermatology	9

Neuropsych	5
Pulmonary	7
Echo	9
GI	4
Mammogram	5

Total for 2023-2024	499

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Student Training & Education

Students from UND Department of Psychiatry & Behavioral Science

- 40 3rd year medical students in 2023
- 9 residents in 2023

Nursing Student Hours

- 6,052 hours
- 349 students
- Representing 9 schools

Nurse Practitioner training hours

- 500+ hours

High School Student training hours

- 3 hours

Pharmacy Student Hours

- 1,400 Hours

Counseling students

- 1,485 hours

SW Students

- 1,158 hours

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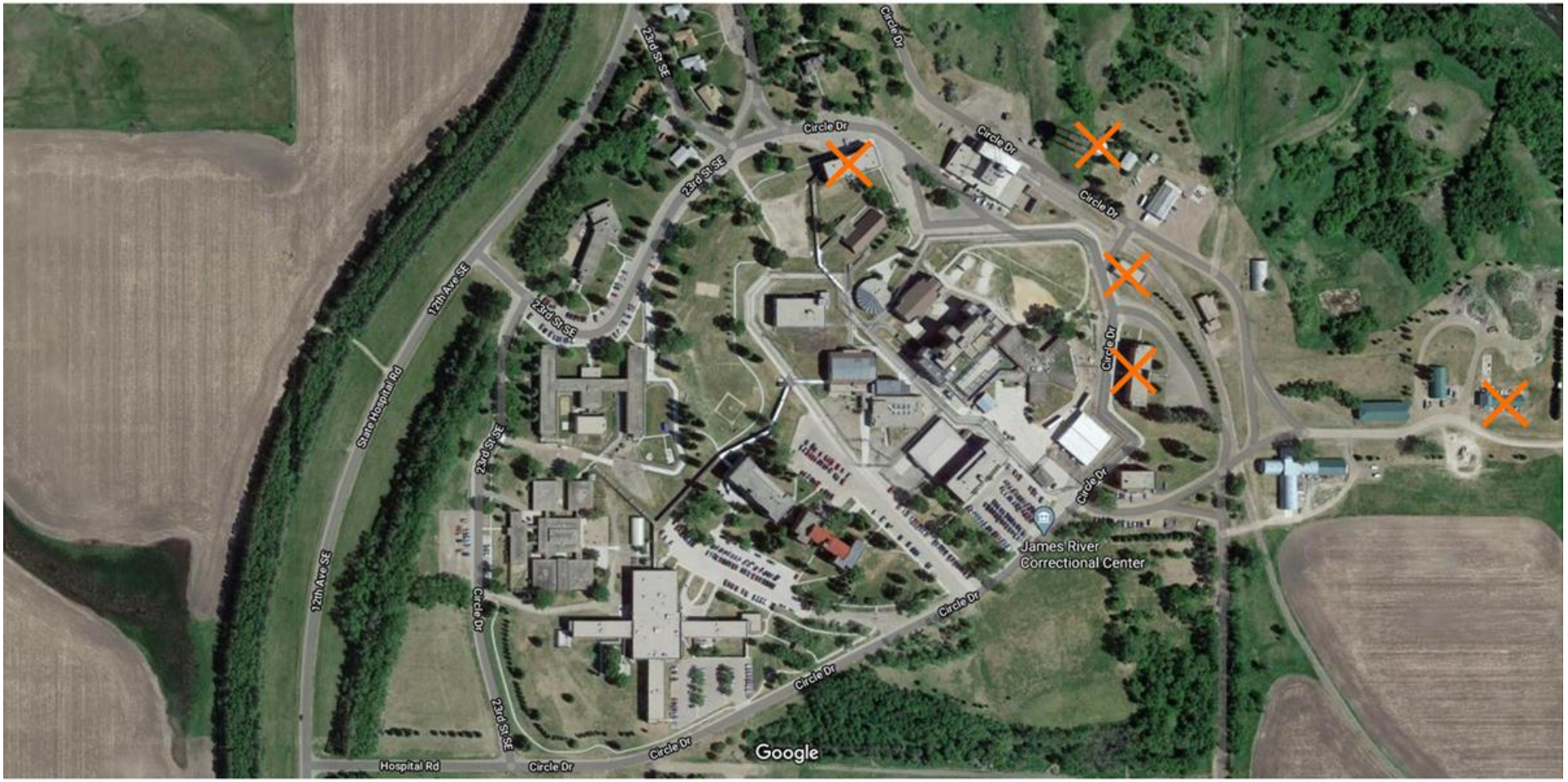
APPROPRIATION/DEMOLITION



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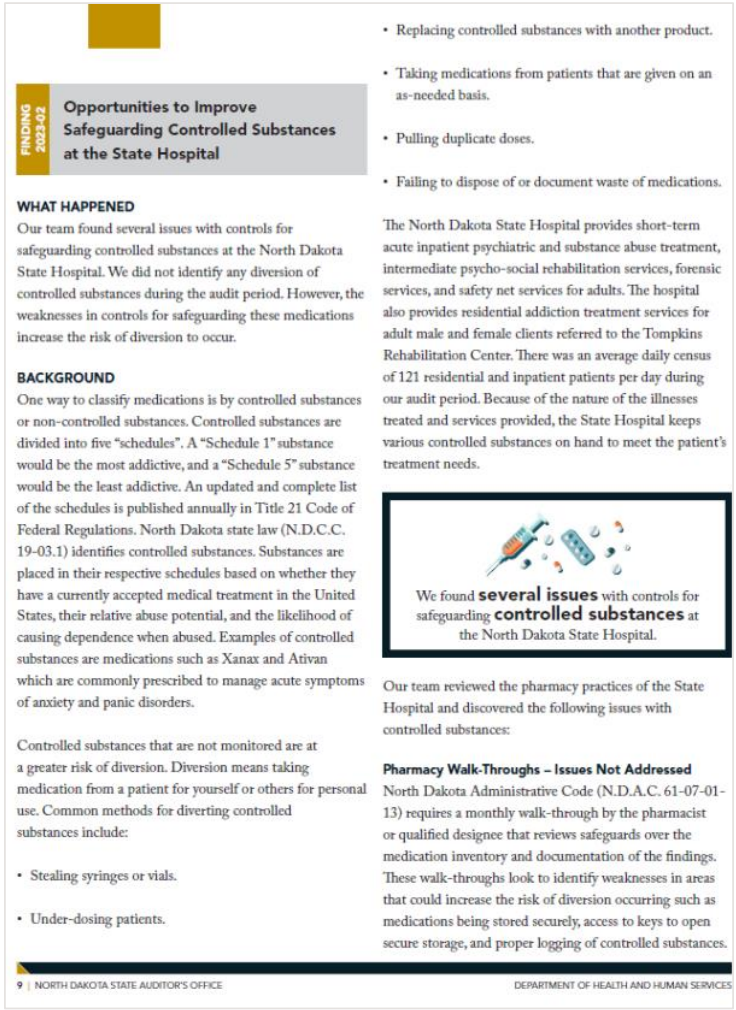
2021-23 HHS Agency Operations Audit

FINDING 2023-02 Opportunities to Improve Safeguarding Controlled Substances at State Hospital

- Pyxis Automated Dispensing Cabinet (ADC)
- Monthly Pharmacy Inspection
- Performance Improvement Initiative:
  - Dual Signature Count
- Reduction in Wastage:
  - Dual signature for half tablet use, reducing wastage by 85%.
- Timely Access Removal



FINDING 2023-02

Opportunities to Improve Safeguarding Controlled Substances at the State Hospital

WHAT HAPPENED

Our team found several issues with controls for safeguarding controlled substances at the North Dakota State Hospital. We did not identify any diversion of controlled substances during the audit period. However, the weaknesses in controls for safeguarding these medications increase the risk of diversion to occur.

BACKGROUND

One way to classify medications is by controlled substances or non-controlled substances. Controlled substances are divided into five "schedules". A "Schedule 1" substance would be the most addictive, and a "Schedule 5" substance would be the least addictive. An updated and complete list of the schedules is published annually in Title 21 Code of Federal Regulations. North Dakota state law (N.D.C.C. 19-03.1) identifies controlled substances. Substances are placed in their respective schedules based on whether they have a currently accepted medical treatment in the United States, their relative abuse potential, and the likelihood of causing dependence when abused. Examples of controlled substances are medications such as Xanax and Ativan which are commonly prescribed to manage acute symptoms of anxiety and panic disorders.

Controlled substances that are not monitored are at a greater risk of diversion. Diversion means taking medication from a patient for yourself or others for personal use. Common methods for diverting controlled substances include:

- Stealing syringes or vials.
- Under-dosing patients.
- Replacing controlled substances with another product.
- Taking medications from patients that are given on an as-needed basis.
- Pulling duplicate doses.
- Failing to dispose of or document waste of medications.

The North Dakota State Hospital provides short-term acute inpatient psychiatric and substance abuse treatment, intermediate psycho-social rehabilitation services, forensic services, and safety net services for adults. The hospital also provides residential addiction treatment services for adult male and female clients referred to the Tompkins Rehabilitation Center. There was an average daily census of 121 residential and inpatient patients per day during our audit period. Because of the nature of the illnesses treated and services provided, the State Hospital keeps various controlled substances on hand to meet the patient's treatment needs.

We found **several issues** with controls for safeguarding **controlled substances** at the North Dakota State Hospital.

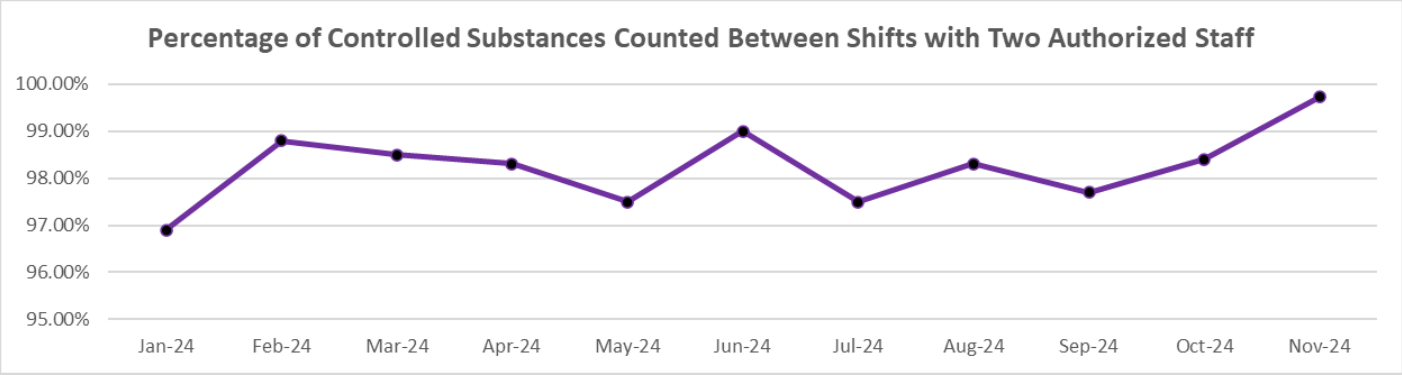
Our team reviewed the pharmacy practices of the State Hospital and discovered the following issues with controlled substances:

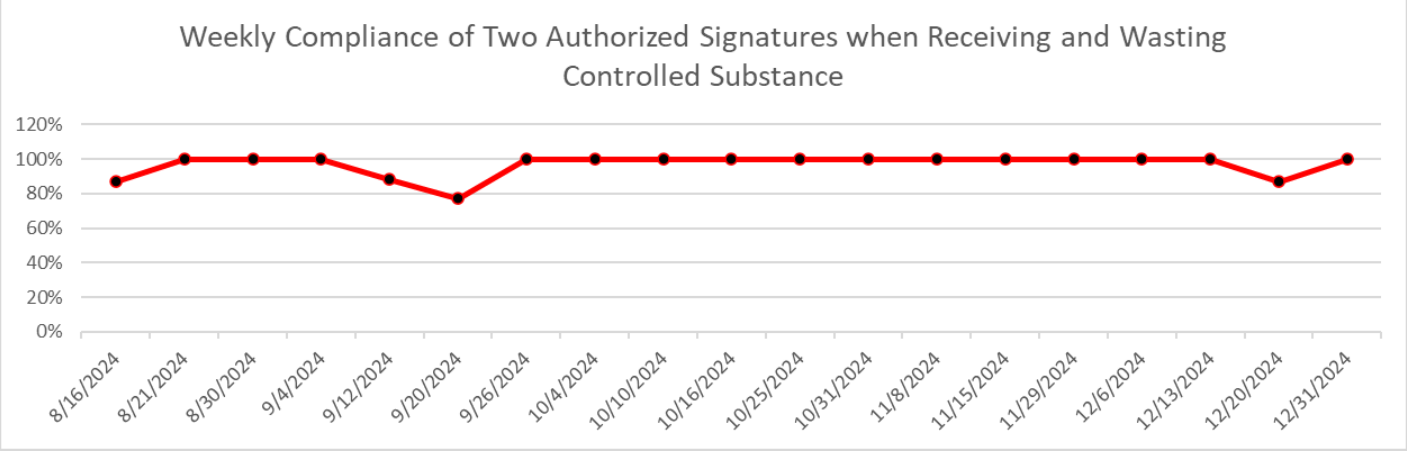
Pharmacy Walk-Throughs – Issues Not Addressed

North Dakota Administrative Code (N.D.A.C. 61-07-01-13) requires a monthly walk-through by the pharmacist or qualified designee that reviews safeguards over the medication inventory and documentation of the findings. These walk-throughs look to identify weaknesses in areas that could increase the risk of diversion occurring such as medications being stored securely, access to keys to open secure storage, and proper logging of controlled substances.

Improvement timeline

Continuous Quality Improvement data





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FUTURE
NORTH DAKOTA
STATE HOSPITAL

EFFICIENCY

- The building will be more efficient to maintain, heat, and cool.
- More efficient and concise layout which will make it easier to staff.
- Consolidated building footprint which will reduce time, staff redundancy, and footfall allowing staff to care for patients more effectively.

COST-EFFECTIVE SOLUTION

- Renovating the existing building to the level that's needed is cost prohibitive.
- Renovation would be a significant disruption without reducing capacity during a long construction period.
- New location would visually disassociate the hospital from JRCC, but would still allow specific service agreements to remain
- More cost effective to operate, staff and maintain a single 309,614 sf facility vs the existing multi-building 503,417 sf

IMPROVED CARE & EXPERIENCE

- Increase patient capacity without significant staff increases
- Increase capacity will contribute to reducing the waitlist for admissions.
- Improve patient safety, security and well being
- Modern healthcare facility design, current security technology, etc.

PROJECT GUIDING PRINCIPLES

"OUR MISSION IS DEDICATED TO THE CARE, TREATMENT, AND SUPPORT OF EACH INDIVIDUAL'S JOURNEY TOWARD WELLNESS AND RECOVERY WITHIN A SAFE ENVIRONMENT THAT PROMOTES REINTEGRATION IN THE COMMUNITY."



RECOVERY

Foster the reintegration of clients into the community by empowering them to develop the skills and awareness needed to lead successful lives despite illness or injury. The building should facilitate this by ensuring separation from the prison system and incorporating features like enclosed courtyards, outdoor spaces, and natural light to create a supportive environment.



REINTEGRATION

Facilitate individualized reintegration at various levels by designing a home-like environment, offering access to community spaces, creating a familiar and less traumatizing setting, and providing a testing ground for tailored caregiver-patient interactions.



SAFETY

Prioritize comprehensive safety for staff, clients, visitors, contractors, and the community by implementing anti-ligature measures, minimizing blind spots, ensuring the proximity of staff to clients, and integrating alert systems, duress systems, and tracking mechanisms for both clients and staff.



FLEXIBILITY & EFFICIENCY

Maximize space flexibility and efficiency by creating adaptable units capable of shifting or opening specialized care, incorporating smart technology, and strategically placing spaces to enable more efficient and responsive healthcare delivery, and ensuring a dynamic response to changing needs.



COURAGE EVOLUTION & EXPLORATION

Leverage research insights to design an innovative and entirely new environment that actively supports clients in their recovery, fostering a space that encourages courage, exploration, and personal evolution rather than merely rebuilding or rehashing existing models.



CLIENTS FIRST

Prioritize clients by placing their needs and experiences at the forefront of every aspect so that decisions are centered on enhancing the overall client experience.

INTEGRATION · EQUITABLE COMMUNITIES · WELL-BEING · CHANGE · DISCOVERY · ECOSYSTEMS · WATER · ENERGY · RESOURCES · ECONOMY

EXTERIOR VIEWS

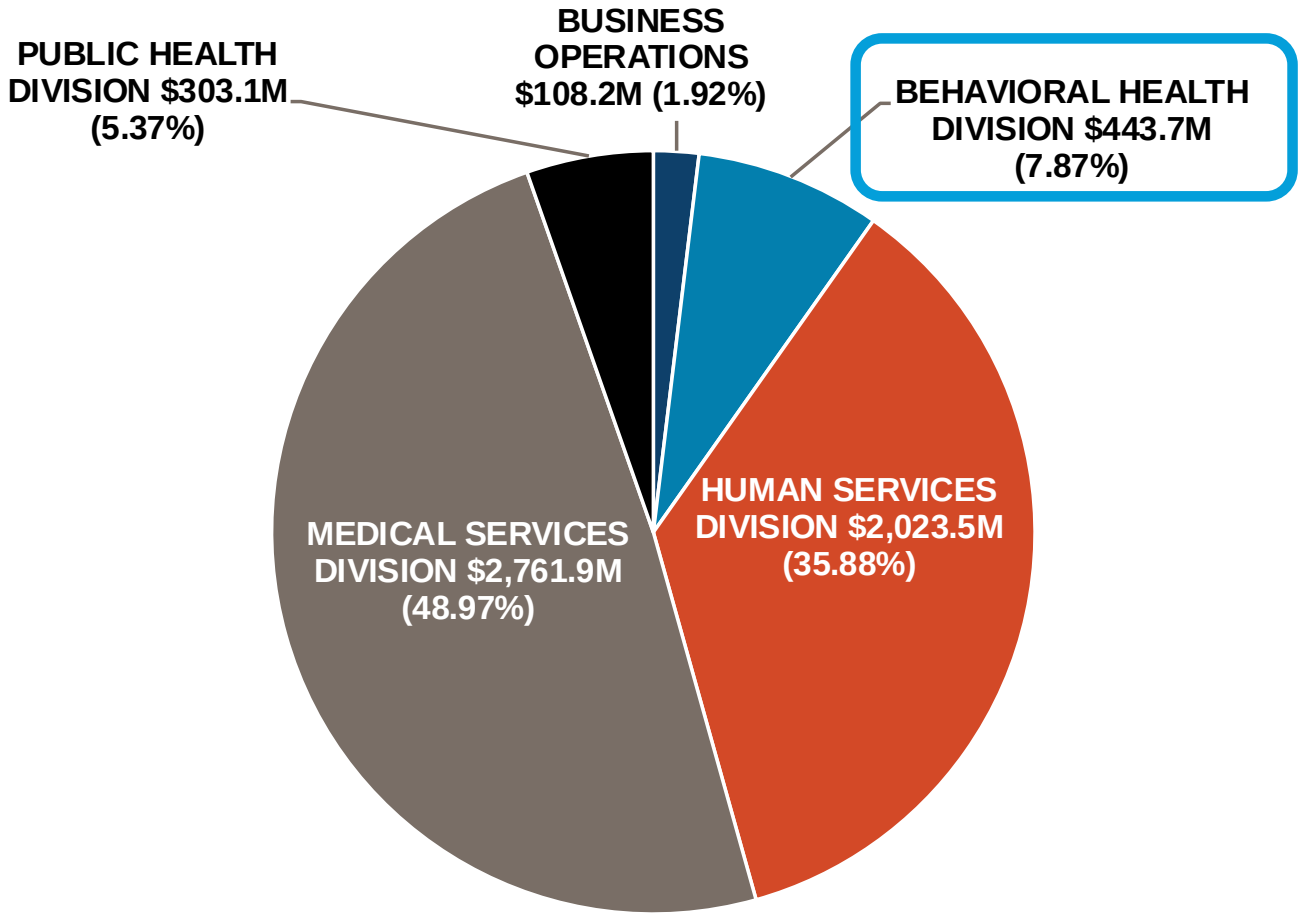
VIEW FROM SOUTH

$300,000,000 Budget Request



2025-2027 Budget Request

2025-27 HHS Base Budget Request: by Division



Comparison of budgets and funding

By Major Expense

Description	2023-25 Budget Base	Increase/ (Decrease)	2025-27 Executive Budget Request
Salaries and Benefits	$ 234,082,646	$ 24,707,176	$ 258,789,822
Operating	143,577,158	28,233,279	171,810,437
IT Services	14,630,169	5,690,876	20,321,045
Capital Asset Expense	1,372,499	972,000	2,344,499
Capital Assets	60,800	300,036,000	300,096,800
Grants	40,476,301	3,429,320	43,905,621
Total	**$ 434,199,573**	**$ 363,068,651**	**$ 797,268,224**

General Fund	**$ 320,082,490**	**$ 44,197,566**	**$ 364,280,056**
Federal Funds	**76,126,835**	**6,595,880**	**82,722,715**
Other Funds	**37,990,248**	**312,275,205**	**350,265,453**
Total Funds	**$ 434,199,573**	**$ 363,068,651**	**$ 797,268,224**

Comparison of budgets and funding

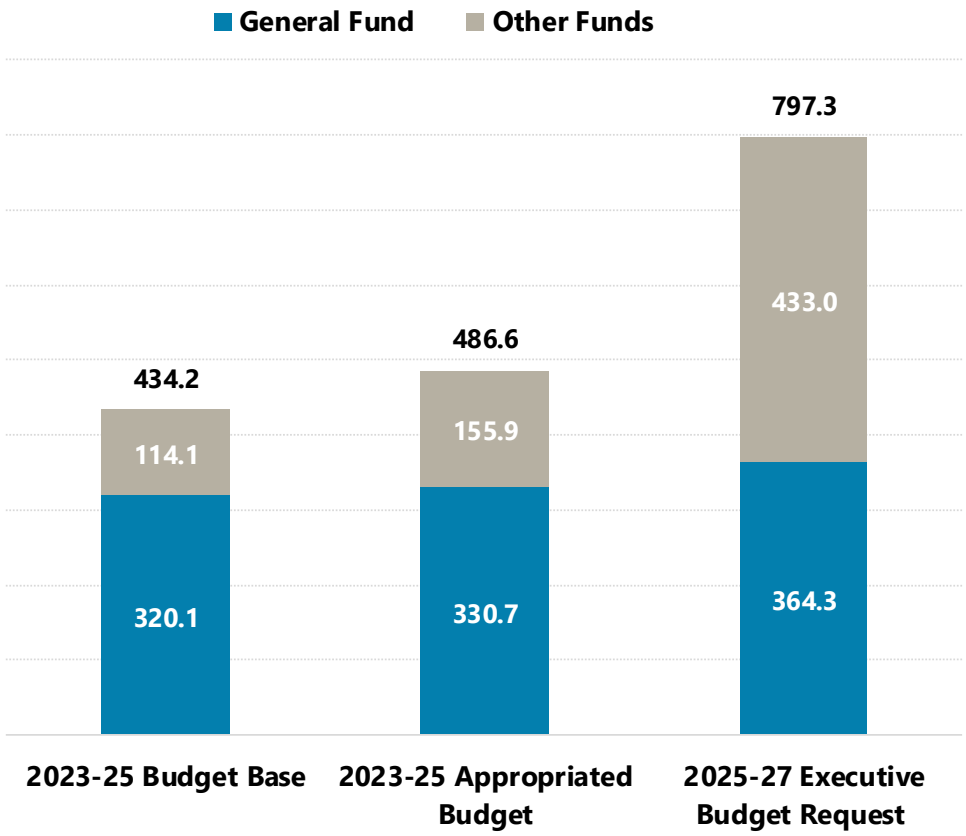
By Base Budget, Current Appropriated Budget, and Requested Budget (IN MILLIONS)

2023-25 Appropriated Budget

- Other Funds
  - $22.48M One-time funding SIIF
  - $2.65M Law enforcement telehealth
- General Funds
  - $1.95M One-time Behavioral Health facility grant

2025-27 Executive Budget Request

- Other Funds
  - $300M State Hospital Build one-time bonding authority
  - $8M Opioid Settlement ongoing funding
  - ($6M) Savings Plan
- General Funds
  - $6.7M Continue and expend Free Through Recovery and Community Connect services
  - ($25M) Savings Plan



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2023-2025
One-Time Funding

Project	Amount	Fund Type	Progress	
Southeast Human Service Center Capital Projects	735,154	SIIF	Parking lot resurfacing	Complete
			Mechanical Safety System update	Complete
Behavioral health facility grant	1,950,000	GF	Entered into contract with CHI St. Alexius Health Williston to establish a behavioral health facility	Carryover Request
Behavioral health facility grant	8,250,000	SIIF	Grant recipient not secured by 6/1/2024; 6,400,000 to be used for Badlands and Northwest clinics to expand community-based behavioral health services	Carryover Request
Pregnant and parenting residential	1,000,000	SIIF	Entered into contract with Providence House Minot for construction and renovation of a SUD residential program for pregnant and parenting women	Carryover Request
Law enforcement telehealth	2,650,000	FSFR	Entered into contract with Avel eCare to implement rural crisis telehealth with law enforcement	Governor's Budget to Continue
State Hospital design	12,500,000	SIIF	Designed	Governor's Budget to Build

Related Bills

Bill	Brief	Appropriation
SB 2036	Relating to fitness to proceed and remediation of juveniles	4,580,000 GF/ 1,000,000 FF
SB 2037	Relating to juvenile court petitions, fitness to proceed in juvenile court proceedings, and collateral consequences the juvenile court may order	350,328 Fiscal Note
SB 2081*	Relating to geropsychiatric facilities	-
SB 2096	Appropriations to the department of health and human services for state hospital facilities and to provide for regional acute psychiatric treatment and residential supportive housing services.	105,000,000 GF
SB 2113*	Relating to certified community behavioral health clinics and the financing of health and human services	300,000 Fiscal Note
SB 2200	Relating to the creation of the 988 crisis hotline program and the 988 crisis stabilization fund and the imposition of a 988 access fee; to provide for a legislative management report; to provide an appropriation; to provide a continuing appropriation	50,000 GF
HB 1337	Appropriation to the department of health and human services for grants to counties for mental health services for incarcerated individuals; and to provide for a report.	10,000,000 GF
HB 1347	Relating to district court supervised treatment programs approved by the supreme court	



Behavioral Health Division

Pamela Sagness
Executive Director
psagness@nd.gov

2025 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

HB 1012
1/16/2025

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

2:04 p.m. Chairman J. Nelson called the meeting to order.

Members Present: Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Berg, Mitskog, Murphy, O' Brien, Wagner.

Discussion Topics:

- Budget recommendations

2:04 p.m. Donna Aukland, Chief Financial Officer, Health and Human Resources, presented and testified # 29578, #29579.

2:49 p.m. Chairman J. Nelson adjourned the meeting.

Jan Kamphuis, Committee Clerk

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Governor Armstrong Executive Budget Recommendation
2025-27 BIENNIUM
January 15, 2025

	Division	New FTE(s)	Ongoing				One-Time				Total All Decision Packages			
			Total	General	Federal	Special	Total	General	Federal	Special	Total	General	Federal	Special
Services - Cost to Continue														
AASK Contract Investment Increases	Human Services		4,883,205	4,883,205			-				4,883,205	4,883,205	-	-
Home and Community Based Services cost to continue growth	Medical Services		64,814,924	36,977,113	27,837,811		-				64,814,924	36,977,113	27,837,811	-
Bed Assessment Tax	Medical Services		7,209,580			7,209,580	-				7,209,580	-	-	7,209,580
Opioid Settlement	Behavioral Health		8,000,000			8,000,000	-				8,000,000	-	-	8,000,000
Services - Cost to Continue Total		-	84,907,709	41,860,318	27,837,811	15,209,580	-	-	-	-	84,907,709	41,860,318	27,837,811	15,209,580
IT - Existing														
Electronic Health Record / Pharmacy System Recovery and Backup - SIIF	Behavioral Health		-				500,000			500,000	500,000	-	-	500,000
IT Contractual inflationary increase (4 yrs.) - Cost to Continue	Business Operations		20,730,788	20,730,788			-				20,730,788	20,730,788	-	-
NDIT Rate Increases - Cost to Continue	Business Operations		4,012,147	4,012,147			-				4,012,147	4,012,147	-	-
Retire Economic Assistance Legacy Systems on Mainframe - SIIF	Human Services		-				2,000,000		1,000,000	1,000,000	2,000,000	-	1,000,000	1,000,000
Retire Electronic Health Record Legacy System Data Extraction & Migration on Mainframe - SIIF	Behavioral Health		-				1,000,000			1,000,000	1,000,000	-	-	1,000,000
Retire Medicaid Legacy Systems on Mainframe - SIIF	Medical Services		-				2,000,000		1,500,000	500,000	2,000,000	-	1,500,000	500,000
Retire Technical debt remediation, including mainframe and legacy systems - SIIF	Business Operations		-				10,000,000		5,000,000	5,000,000	10,000,000	-	5,000,000	5,000,000
State Hospital Network Redundancy - SIIF	Behavioral Health		-				500,000			500,000	500,000	-	-	500,000
IT - Existing Total		-	24,742,935				16,000,000	-	7,500,000	8,500,000	40,742,935	24,742,935	7,500,000	8,500,000
Services - Behavioral Health Current			-				-				-	-	-	-
Avel eCare rural crisis support continuation - CHTF	Behavioral Health		2,000,000			2,000,000	-				2,000,000	-	-	2,000,000
Inflation for vendors Crisis Residential Contract	Behavioral Health		706,233	706,233			-				706,233	706,233	-	-
Inflation for vendors Addiction Residential contract	Behavioral Health		917,786	917,786			-				917,786	917,786	-	-
Inflation for vendors Recovery/Rehab Contract	Behavioral Health		2,154,668	2,154,668			-				2,154,668	2,154,668	-	-
Substance Use Disorder (SUD) Voucher Expansion (utilization expansion)	Behavioral Health		2,500,000	2,500,000			-				2,500,000	2,500,000	-	-
Western ND behavioral health staffing compensation	Behavioral Health		250,536	250,536			-				250,536	250,536	-	-
Services - Behavioral Health Current		-	8,529,223	6,529,223	-	2,000,000	-	-	-	-	8,529,223	6,529,223	-	2,000,000
Children's Behavioral Health														
Development of Partial Hospitalization / Intensive Day Treatment	Behavioral Health		-				2,000,000			2,000,000	2,000,000	-	-	2,000,000
Treatment Collaborative for Traumatized Youth Expansion	Behavioral Health		408,000	408,000			-				408,000	408,000	-	-
Voluntary Treatment Program / QRTP access for private custody youth	Behavioral Health		1,351,997	1,351,997			-				1,351,997	1,351,997	-	-
Youth Crisis Stabilization Pilot	Behavioral Health		6,000,000	3,000,000	3,000,000		-				6,000,000	3,000,000	3,000,000	-
Children's Behavioral Health		-	7,759,997	4,759,997	3,000,000	-	2,000,000	-	-	2,000,000	9,759,997	4,759,997	3,000,000	2,000,000
Compliance & Quality														
Conversion of Developmental Disabilities eligibility assessment tool for kids (ICAP to SIS)	Human Services		-				400,000	200,000	200,000		400,000	200,000	200,000	-
Value-based purchasing - Medicaid	Medical Services		2,000,000	1,000,000	1,000,000		-				2,000,000	1,000,000	1,000,000	-
Compliance & Quality Total		-	2,000,000	1,000,000	1,000,000	-	400,000	200,000	200,000	-	2,400,000	1,200,000	1,200,000	-
Services - Care Coordination														
Continue existing levels of service in Free Through Recovery and Community Connect - Cost to Continue	Behavioral Health		4,761,081	4,761,081			-				4,761,081	4,761,081	-	-
Expanded Community Connect services	Behavioral Health		1,000,000	1,000,000			-				1,000,000	1,000,000	-	-
Expanded Free Through Recovery services	Behavioral Health		1,000,000	1,000,000			-				1,000,000	1,000,000	-	-
Peer Support	Behavioral Health		137,990	137,990			-				137,990	137,990	-	-
Services - Care Coordination		-	6,899,071	6,899,071	-	-	-	-	-	-	6,899,071	6,899,071	-	-
Services - DOJ														
Home Health/Private Duty Nursing Targeted Rate Increase	Medical Services		2,471,536	1,235,768	1,235,768		-				2,471,536	1,235,768	1,235,768	-
Housing assistance to support targeted population member transitions (DOJ)	Human Services		300,000	300,000			-				300,000	300,000	-	-
Qualified Service Provider (QSP)/HCBS Targeted Rate Increase	Medical Services		5,392,656	3,595,104	1,797,552		-				5,392,656	3,595,104	1,797,552	-
Services to support transition and diversion from institutional settings (DOJ)	Human Services		5,289,397	2,733,934	2,555,463		-				5,289,397	2,733,934	2,555,463	-
Services - DOJ		-	13,453,589	7,864,806	5,588,783	-	-	-	-	-	13,453,589	7,864,806	5,588,783	-
Services - Home and Community Based Services (HCBS)														
Cross-Disability Waiver Implementation	Medical Services		4,948,452	2,474,226	2,474,226		-				4,948,452	2,474,226	2,474,226	-
Implement a Host Home service in the DD HCBS waiver	Human Services		3,379,800	1,689,900	1,689,900		-				3,379,800	1,689,900	1,689,900	-
Services - Home and Community Based Services (HCBS)		-	8,328,252	4,164,126	4,164,126	-	-	-	-	-	8,328,252	4,164,126	4,164,126	-
HHS Operations														
Operational Underfund	Business Operations		6,950,000	6,950,000			-				6,950,000	6,950,000	-	-
FTE Block Grant Request	Business Operations		9,842,126	9,842,126			-				9,842,126	9,842,126	-	-
Office of Administrative Hearings (OAH) and Attorney General rate increase	Business Operations		190,590	190,590			-				190,590	190,590	-	-
HHS Operations Total		-	16,982,716	16,982,716	-	-	-	-	-	-	16,982,716	16,982,716	-	-
Services - Vulnerable Adults														
Adult Protective Services coverage (contracts)	Human Services		718,522	718,522			-				718,522	718,522	-	-
Expanded support for Domestic and Sexual Violence prevention - CHTF	Public Health		2,250,000			2,250,000	-				2,250,000	-	-	2,250,000
Services - Vulnerable Adults		-	2,968,522	718,522	-	2,250,000	-	-	-	-	2,968,522	718,522	-	2,250,000
Services - Families														
Investment in providing quality representation supports for families	Human Services		700,000	350,000	350,000		-				700,000	350,000	350,000	-
Partnerships with healthcare stakeholders to improve maternal and child health programs	Public Health		2,000,000	2,000,000			-				2,000,000	2,000,000	-	-
Services - Families		-	2,700,000	2,350,000	350,000	-	-	-	-	-	2,700,000	2,350,000	350,000	-

Services - Behavioral Health Expansion														
Drug Court Treatment support	Behavioral Health		200,000	200,000			-				200,000	200,000	-	-
Services - Behavioral Health Expansion		-	**200,000**	**200,000**	-	-	-	-	-	-	**200,000**	**200,000**	-	-
Public Health - Core														
Coordinated purchasing to support immunization access	Public Health		2,213,930			2,213,930	-				2,213,930	-	-	2,213,930
Create non-fatal toxicology services for ND	Public Health		-				251,500	151,500		100,000	251,500	151,500	-	100,000
Public Health Laboratory Transition-Related exp - SIIF	Public Health		-				2,962,304			2,962,304	2,962,304	-	-	2,962,304
Public Health - Core Total		-	**2,213,930**	-	-	**2,213,930**	**3,213,804**	**151,500**	-	**3,062,304**	**5,427,734**	**151,500**	-	**5,276,234**
Healthcare Workforce														
Rebase Targeted Medicaid Rate Increase for Ambulance Services	Medical Services		4,379,540	2,189,770	2,189,770		-				4,379,540	2,189,770	2,189,770	-
Healthcare Workforce Total		-	**4,379,540**	**2,189,770**	**2,189,770**	-	-	-	-	-	**4,379,540**	**2,189,770**	**2,189,770**	-
Forensic														
Forensic Examiner Electronic Records System - CHTF	Public Health		-				278,000			278,000	278,000	-	-	278,000
Forensic Pathology Contract with UND - CHTF	Public Health		1,866,156			1,866,156	-				1,866,156	-	-	1,866,156
Forensic Total		-	**1,866,156**	-	-	**1,866,156**	**278,000**	-	-	**278,000**	**2,144,156**	-	-	**2,144,156**
IT - New														
Food and Lodging Management Information System - SIIF	Public Health		-				335,000			335,000	335,000	-	-	335,000
Health Facilities/EMS Licensure Mgmt system - SIIF	Public Health		-				650,000			650,000	650,000	-	-	650,000
Implement comprehensive Vocational Rehab technology system - SIIF	Human Services		-				8,000,000		6,296,000	1,704,000	8,000,000	-	6,296,000	1,704,000
IT - New Total		-	-	-	-	-	**8,985,000**	-	**6,296,000**	**2,689,000**	**8,985,000**	-	**6,296,000**	**2,689,000**
Capital Projects														
Life Skills & Transition Center (LSTC) Roof for Cedar Grove - SIIF	Human Services		-				712,480			712,480	712,480	-	-	712,480
Southeast Clinic Bathroom Remodel Project - SIIF	Behavioral Health		-				972,000			972,000	972,000	-	-	972,000
Capital Projects Total		-	-	-	-	-	**1,684,480**	-	-	**1,684,480**	**1,684,480**	-	-	**1,684,480**
Child Care														
Best in Class program expansion	Human Services		-				6,000,000	6,000,000			6,000,000	6,000,000	-	-
Childcare grants, resources and shared services	Human Services		-				5,000,000	5,000,000			5,000,000	5,000,000	-	-
Early Childhood Quality infrastructure	Human Services		-				3,000,000	3,000,000			3,000,000	3,000,000	-	-
Maintaining expanded inclusion support for child care / children with special needs	Human Services		-				172,500	172,500			172,500	172,500	-	-
Offer quality rated child care programs access to Teaching Strategies outcomes measurement system	Human Services		-				100,000	100,000			100,000	100,000	-	-
Quality tiered payments for Child Care Assistance Program	Human Services		-				3,000,000	3,000,000			3,000,000	3,000,000	-	-
Child Care Total		-	-	-	-	-	**17,272,500**	**17,272,500**	-	-	**17,272,500**	**17,272,500**	-	-
Housing Initiative														
Housing assistance for people at risk of housing instability - SIIF	Human Services		-				10,000,000			10,000,000	10,000,000	-	-	10,000,000
Eviction prevention programs - SIIF	Human Services		-		-		3,500,000			3,500,000	3,500,000	-	-	3,500,000
Home renovation incentives for accessibility - SIIF	Human Services		-				1,000,000			1,000,000	1,000,000	-	-	1,000,000
Housing Initiative Total		-	-	-	-	-	**14,500,000**	-	-	**14,500,000**	**14,500,000**	-	-	**14,500,000**
State Hospital														
New State Hospital - Bond	Behavioral Health						300,000,000			300,000,000	300,000,000	-	-	300,000,000
State Hospital Total			-	-	-	-	**300,000,000**	-	-	**300,000,000**	**300,000,000**	-	-	**300,000,000**
Additional Executive Decision Packages														
Provider Inflation 1.5/1.5	All		43,656,800	21,890,162	21,750,748	15,890	-				43,656,800	21,890,162	21,750,748	15,890
FMAP Reduction	Medical Services		(10,000,000)	(12,100,000)	2,100,000							(12,100,000)	2,100,000	-
Executive Compensation Plan plus Zones - Includes 3/3 & Health Insurance	Human Services		5,002,833			5,002,833	-				5,002,833	-	-	5,002,833
Additional Executive Decision Packages		-	**38,659,633**	**9,790,162**	**23,850,748**	**5,018,723**	-	-	-	-	**48,659,633**	**9,790,162**	**23,850,748**	**5,018,723**
Grand Total		-	226,591,273	130,051,646	67,981,238	28,558,389	364,333,784	17,624,000	13,996,000	332,713,784	600,925,057	147,675,646	81,977,238	361,272,173

SIIF - Strategic Investment & Improvement Fund
CHTF - Community Health Trust Fund

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Governor Armstrong Executive Budget Recommendation
2025-27 Biennium
January 15, 2025

Description	2025-27 Budget Base	Increase/ (Decrease)	2025-27 Executive Budget Request
Salaries and Benefits	$ 581,043,364	$ 45,241,409	$ 626,284,773
Operating	477,906,147	64,964,195	542,870,342
IT Services	210,519,114	49,087,498	259,606,612
Capital Asset Expense	2,197,293	1,684,480	3,881,773
Capital Assets	1,871,963	302,053,318	303,925,281
Grants	4,366,751,594	163,042,902	4,529,794,496
Total	**$ 5,640,289,475**	**$ 626,073,803**	**$ 6,266,363,277**

General Fund	**$ 2,127,222,463**	**$ 172,359,130**	**$ 2,299,581,593**
Federal Funds	**3,127,030,532**	**90,186,931**	**3,217,217,463**
Other Funds	**386,036,480**	**363,527,741**	**749,564,221**
Total Funds	**$ 5,640,289,475**	**$ 626,073,803**	**$ 6,266,363,277**

2025 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

HB 1012
1/17/2025

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

8:32 a.m. Chairman J. Nelson opened the hearing.

Members Present: Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Berg, Mitskog, Murphy, O' Brien, Wagner.

Discussion Topics:

- Development Disabilities Services
- Successes
- Strategies
- Budget overview
- Refugee Services
- Refugee employment
- Goals
- Budget request
- Disability Determination Services
- Challenges
- Budget request

8:33 a.m. Julianne Horntvedt, Executive Director, Developmental Disabilities, Health and Human Services, presented an overview and testified #29636.

8:51 a.m. Sara Stolz, Deputy Commissioner of Health and Human Services, spoke to budget request.

8:52 a.m. Julianne Horntvedt, Executive Director, Development Disabilities, Health and Human Services, testified and continued with #29636.

8:54 a.m. Sara Stolz, Deputy Commissioner of Health and Human Services, spoke in favor #29636.

8:55 a.m. Julianne Horntvedt, Executive Director, Developmental Disabilities, Health and Human Services, continued with testimony #29636.

9:19 a.m. Donna Aukland, Chief Financial Officer, Health and Human Services, spoke in favor #29636.

9:22 a.m. Jennifer Illich, Executive Director, First Link, spoke in favor #29625.

9:30 a.m. Holly Triska-Dally, State Refugee Coordinator, Health and Human Services, presented an overview and testified #29678.

10:19 a.m. Donna Aukland, Chief Financial Officer, Health and Human Services, spoke in favor #29678.

10:25 a.m. Holly Triska-Dally, State Refugee Coordinator, Health and Human Services, continued with testimony # 29678.

10:30 a.m. Donna Aukland, Chief Financial Officer, Health and Human Services, spoke in favor #29678.

10:32 a.m. Holly Triska-Dally, State Refugee Coordinator, Health and Human Services, continued with testimony # 29678.

10:42 a.m. Sheri Seil, Director of Disability Determination Services Section, Health and Human Services, presented an overview and testified # 29685.

11:08 a.m. Stephanie Gullickson, Fiscal Analyst, Office of Management and Budget, spoke to Governor Armstrong's budget recommendations #29578.

11:12 a.m. Keith Mantz, Fiscal Analyst, North Dakota Legislative Council, distributed a vacancy position report #29789.

Additional Written Testimony

Karen C. Nitzkorski, Harwood, ND in favor # 29572,Angela Martinez, Fargo, ND if favor # 29575,Erin Donohoe, Fargo, ND in favor # 29576,Sara Lade, LPN, West Fargo, ND in favor #29585,Roland Lade, Casselton, ND in favor #29588,Ashley Ladbury Hrichena in favor #29598,Cindy Miller, Fargo, ND in favor #29610,Sandy Kovar, Grand Forks, ND in favor # 29617,Karla and Ron Forde, West Fargo, ND in favor #29621,Jeremy Brown, Fargo, ND in favor #29694,Faye Seidler Moorhead, MN in favor #29715,Ashley Lemke, Fargo, ND in favor #29745.

11:15 a.m. Chairman J. Nelson closed the hearing.

Jan Kamphuis, Committee Clerk

Chairman Nelson and Members of the House Appropriation Committee – Human Resource Division,

I urge your support for HB 1012 to ensure continued and increased funding for the 988 Suicide and Crisis Lifeline and the 211 Information and Referral Helpline.

These services provide free, confidential, and lifesaving support to North Dakotans, with FirstLink reporting rising call, chat, and text volumes reflecting a growing need. From 2023 to 2024, calls to 988 in our region increased by 59%. Suicide is a leading cause of death in our state, with more than 130 lives lost in 2021—above the national average.

Sustained funding is essential to address urgent mental health crises, particularly in rural areas. Thank you for supporting this vital service.

Sincerely,

Karen Nitzkorski
4711 105th St N
Harwood, ND 58042
Cell: 701-371-9644

Chairman Nelson and Members of the House Appropriation Committee – Human Resource Division,

As you consider House Bill 1012, we urge you to prioritize continued and increased funding for the 988 Suicide and Crisis Lifeline and the 211 Information and Referral Helpline. These critical services are lifelines for our community, providing hope and saving lives when people need it most.

FirstLink, which operates both the 988 Suicide and Crisis Lifeline and the 211 Helpline, has experienced a significant and consistent rise in call, chat, and text volumes. Every month, more individuals turn to these resources, seeking help in their darkest moments. The complexity and urgency of these interactions also continue to grow, with many calls requiring extended time to ensure that individuals in crisis receive the care and compassion they need.

In North Dakota, the urgency of this issue cannot be overstated. Suicide remains a leading cause of death in our state. According to the CDC, North Dakota's suicide rate is above the national average, with more than 130 lives lost to suicide in 2021 alone. These are not just numbers; they represent our neighbors, friends, and family members. Behind every statistic is a person whose life matters and whose potential contributions to our community have been tragically cut short.

Furthermore, rural communities in our state often face unique challenges in accessing mental health care, making the 988 and 211 services even more critical. These helplines bridge gaps in mental health care by providing immediate, confidential, and free support to anyone, anywhere in North Dakota.

We must also acknowledge that no one is immune to the impact of mental health crises—suicide does not discriminate based on age, gender, or socioeconomic status. Supporting House Bill 1012 is not only a legislative action but a moral imperative. By ensuring adequate funding for these helplines, we affirm our commitment to protecting lives and fostering hope in every corner of our state.

We cannot ignore the rising tide of need. Every call answered is an opportunity to prevent tragedy. Every moment of connection provides hope to someone who might otherwise feel hopeless. By funding the 988 Suicide and Crisis Lifeline and the 211 Helpline, we invest in a safer, healthier North Dakota.

Thank you for your consideration and for recognizing the vital importance of these services. We ask for your support of House Bill 1012 to ensure these lifelines remain available for all who need them. Together, we can prevent suicide and build a community where no one feels alone in their struggles.

Sincerely,



Angela Martinez, Suicide Attempt Survivor

Chairman Nelson and Members of the House Appropriation Committee – Human Resource Division,

As you consider House Bill 1012, we urge you to prioritize continued and increased funding for the 988 Suicide and Crisis Lifeline and the 211 Information and Referral Helpline. These critical services are lifelines for our community, providing hope and saving lives when people need it most.

FirstLink, which operates both the 988 Suicide and Crisis Lifeline and the 211 Helpline, has experienced a significant and consistent rise in call, chat, and text volumes. Every month, more individuals turn to these resources, seeking help in their darkest moments. The complexity and urgency of these interactions also continue to grow, with many calls requiring extended time to ensure that individuals in crisis receive the care and compassion they need.

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Thank you for your consideration and for recognizing the vital importance of these services. We ask for your support of House Bill 1012 to ensure these lifelines remain available for all who need them. Together, we can prevent suicide and build a community where no one feels alone in their struggles.

Sincerely,

Erin Donohoe
Mental Health Advocate, Friend of FirstLink, Suicide Attempt Survivor

Chairman Nelson and Members of the House Appropriation Committee – Human Resource Division,

As a **License Practical Nurse** with years of experience providing care to individuals facing mental health crises, I am writing to strongly urge your **support for HB 1012**. This bill is vital to securing continued and increased funding for the 988 Suicide and Crisis Lifeline and the 211 Information and Referral Helpline. Having worked closely with individuals in crisis, I have witnessed the growing demand for support and the lifesaving impact these helplines have on our community.

In my nursing practice, **I have observed firsthand how critical timely intervention is when someone is experiencing a mental health crisis**. It is imperative that North Dakota financially supports this free, confidential crisis phone line.

I urge you to support HB 1012 and ensure the funding necessary to sustain and expand these essential services. FirstLink needs the funding to have enough staff available to answer the phone lines and to be able to pay their employees professional wages. The people of North Dakota are counting on us to prioritize mental health and crisis intervention.

Thank you for your time and consideration.

Sincerely,

SARA LADE

Sara Lade
Licensed Practical Nurse, Advocate for Mental Health Support

Chairman Nelson and Members of the House Appropriation Committee – Human Resource Division,

As a father of two teenage girls, I witness firsthand the challenges our youth face daily. The pressures of modern life, amplified by social media, academic stress, and societal expectations, have created a perfect storm for mental health struggles. It is imperative that the state of North Dakota maintains and enhances access to critical resources like a 24/7/365 crisis line to answer calls, chats, and texts—services that can quite literally save lives.

I urge your strong support for **HB 1012**, which ensures continued and increased funding for the **988 Suicide and Crisis Lifeline** and the **211 Information and Referral Helpline**. These programs provide free, confidential, and lifesaving support to individuals across our state.

The need is clear: FirstLink has reported rising call, chat, and text volumes, reflecting an alarming and growing demand for mental health services. Suicide is now one of the leading causes of death in North Dakota, claiming over 130 lives in 2021 alone—above the national average. Each of these numbers represents a family devastated, a community shaken, and potential unfulfilled.

For those in rural areas or those who feel isolated, these lifelines are often the only accessible resource during moments of crisis. Sustained and increased funding is not a luxury—it is a necessity to ensure every person in need has somewhere to turn, no matter the time of day or night.

As a parent and a North Dakotan, I implore you to invest in these critical services and provide the necessary support to address our state's mental health crisis. Together, we can make a difference and ensure no one has to face these struggles alone.

Thank you for considering this vital initiative and for your commitment to the well-being of all North Dakotans.

Sincerely,

Roland Lade
roland_lade@hotmail.com

613 Fairway Dr

Casselton, ND 58012

Chairman Nelson and Members of the House Appropriation Committee – Human Resource Division,

My name is Ashley Ladbury Hrichena, and I am submitting testimony in support of House Bill 1012. I am a North Dakota resident and mental health advocate. As you consider House Bill 1012, I urge you to prioritize continued and increased funding for the 988 Suicide and Crisis Lifeline and the 211 Information and Referral Helpline.

FirstLink is the only designated center in North Dakota that answers 988 Suicide and Crisis Lifeline Calls, and the 211 Helpline.

Nationally, 988 is working to create a 24/7 response system for all those in mental health crises with help-seekers being connected to local people that can help connect them to local resources and support. Call Specialists can de-escalate and resolve most crisis calls over the phone. This option helps reduce the burden on health care and emergency services related to mental health response. For those that need a higher level of care, FirstLink can screen and connect the caller to additional in-person resources such as mobile crisis outreach, crisis stabilization, psychiatric hospitalization, or detox. Especially in rural areas like North Dakota, having an easily accessible number is imperative for people to get help before their mental health crisis becomes life-threatening.

From 2023 to 2024, the number of help-seekers contacting 988 has increased. As the 988 Lifeline becomes more well-known it is expected call volume will continue to increase. This means FirstLink needs continued funding to increase staff capacity to meet the increased demand for services.

Thank you for your time and attention to this important bill.

Ashley Ladbury Hrichena

Ashley Ladbury Hrichena

Chairman Nelson and Members of the House Appropriation Committee – Human Resource Division,

As a former Executive Director with 15 years of firsthand experience in overseeing crisis intervention services, I am writing to strongly urge your support for HB 1012. This bill is vital to securing the continued and increased funding for the 988 Suicide and Crisis Lifeline and the 211 Information and Referral Helpline. Having been deeply involved in the day-to-day operations of these services, I have witnessed the growing demand for support and the lifesaving impact these helplines have on our community.

FirstLink, which operates both the 988 suicide and crisis lifeline and the 211 information and referral helpline, has seen consistent increases in call, chat, and text volumes. Beyond the sheer number of interactions, the nature of these engagements has become increasingly complex, requiring more time and specialized attention from trained staff. On many occasions, these calls involve individuals who are already in the process of contemplating or attempting suicide, making immediate response and low answer times absolutely critical. Delays in response can mean the difference between life and death. To meet these challenges, we urgently need additional Full-Time Equivalent (FTE) employees to ensure timely and effective support.

Over my tenure, I observed a significant increase not only in the volume of calls but also in the duration of each interaction. People in crisis often need extended conversations to feel heard, understood, and guided toward safety.

These longer interactions, while essential, also highlight the pressing need for expanded resources and staffing to maintain the level of service our community relies on. Without adequate funding, we risk overburdening existing staff and jeopardizing the quality and timeliness of the support provided.

North Dakota continues to face sobering mental health challenges. Suicide remains a leading cause of death in our state, with more than 130 lives lost in 2021 alone—a figure that tragically exceeds the national average. This reality underscores the importance of bolstering mental health resources, particularly in rural areas where access to care is often limited. By fully funding the 988 and 211 helplines, we affirm our commitment to ensuring that no one in crisis feels abandoned or without hope.

I have seen firsthand how these lifelines save lives, provide comfort, and connect individuals to critical resources. I urge you to support HB 1012 and ensure the funding necessary to sustain and expand these essential services. The people of North Dakota are counting on us to prioritize mental health and crisis intervention.

Thank you for your time and consideration.

Sincerely,

Cindy Miller
Former Executive Director, FirstLink
30-Year Advocate for Crisis Intervention Services

Subject: Support for HB 1012 – A Critical Step for Suicide Prevention

Dear Chairman Nelson and Members of the House Appropriation Committee – Human Resource Division,

I am writing to express my strong **support for HB 1012** and urge you to vote in its favor. My name is Sandra, and I am the President of TEARS, an organization dedicated to breaking the cycle of despair and preventing future tragedies through education, advocacy, and the promotion of mental wellness.

Suicide remains a silent epidemic, touching countless lives and leaving communities grappling with loss. At TEARS, we believe that everyone has a role to play in suicide prevention. A key part of this effort is ensuring that individuals in crisis have access to immediate, 24/7/365 support.

FirstLink serves as a vital lifeline for individuals in need, providing support through calls, chats, and texts. However, for FirstLink to continue offering these lifesaving services effectively, it must have adequate funding to maintain sufficient staffing levels. **HB 1012 is essential to ensuring that no cry for help goes unanswered.**

Strength is not just about physical resilience—it's about rising in the face of adversity and standing together through life's storms. By supporting this bill, we can work together to build stronger, safer communities where no one feels alone in their darkest moments.

Thank you for your time and for your commitment to suicide prevention. Together, we can create a world where hope replaces despair.

Sincerely,

Sandy Kovar

Sandy Kovar
President, TEARS

Subject: Strong Support for HB 1012 – Funding Lifesaving Crisis Support

We are writing to express our strong support for HB 1012 and urge you to vote in its favor. **Our names are Karla and Ron Forde**, and we are the **founders of *Enough with the Stigma*.** Our foundation was established in memory of our 26-year-old son, Connor, who tragically took his life in December 2022.

Our mission is to educate others about the harmful stigma surrounding mental health and **to encourage young adults to embrace open, honest conversations about their emotions and struggles.** We are committed to challenging the outdated notion that one must remain tough and silent in the face of adversity. Instead, we aim to empower individuals to seek help and know they are not alone.

Having experienced the devastating impact of suicide firsthand, we know how vital it is for individuals in crisis to have immediate access to support. The availability of a 24/7 crisis line, such as the 988 Suicide and Crisis Lifeline and the 211 Information and Referral Helpline, is absolutely critical. These services provide hope and assistance to those who need it most, often serving as the difference between despair and recovery.

We urge you to support HB 1012 to ensure these lifesaving resources are properly funded and staffed to meet the needs of our communities. Together, we can work to break the stigma, save lives, and build a future where no one feels alone in their darkest moments.

Thank you for your time and consideration.

Warm regards,
Karla and Ron Forde
Founders, *Enough with the Stigma*

Chairman Nelson and Members of the House Appropriation Committee – Human Resource Division,

As you deliberate on House Bill 1012, I urge you to prioritize the continued and increased funding for the 988 Suicide and Crisis Lifeline and the 211 Information and Referral Helpline. These services are not merely numbers on a budget line; they are lifelines for individuals in North Dakota who are struggling to find hope in the darkest moments of their lives.

At FirstLink, which operates both the 988 Lifeline and the 211 Helpline, we see firsthand the growing and urgent need for these critical resources. Month after month, more North Dakotans are reaching out—by call, chat, or text—seeking support in moments of overwhelming despair. Many of these calls come from individuals on the brink of giving up, carrying the unbearable weight of loneliness, fear, and pain. The complexity of these interactions is increasing, often requiring extended time and deep compassion to guide people toward safety and hope.

The reality of suicide in North Dakota is devastating. Suicide remains one of the leading causes of death in our state. According to the CDC, over 130 North Dakotans died by suicide in 2021. These aren't just numbers; they are mothers and fathers, sons and daughters, neighbors, coworkers, and friends. They are people whose absence leaves a permanent void in the lives of those who loved them. Each life lost to suicide represents unfulfilled dreams and potential, leaving families and communities grappling with profound grief and unanswered questions.

For rural communities in North Dakota, the stakes are even higher. Access to mental health care is often limited or unavailable, leaving individuals with few options for immediate help. The 988 and 211 helplines provide a critical bridge, offering free, confidential, and lifesaving support to anyone, anywhere in the state, regardless of their circumstances.

Mental health crises touch every demographic, cutting across lines of age, gender, and socioeconomic status. No one is immune, and no one should feel alone in their struggles. Supporting House Bill 1012 is more than a fiscal decision—it is a declaration that we value life and are committed to being there for those in crisis. This funding ensures that every call is answered, every plea for help is heard, and every chance to save a life is taken.

We cannot turn away from the rising tide of need. Every moment of connection is a chance to prevent tragedy and offer hope to someone who feels lost. By funding the 988 Suicide and Crisis Lifeline and the 211 Helpline, we make a tangible investment in saving lives and fostering a community where no one feels forgotten or alone.

Thank you for recognizing the vital importance of these services. We urge you to support House Bill 1012 and ensure these lifelines remain available for all North Dakotans. Together, we can build a state where fewer families endure the pain of losing a loved one to suicide and where everyone knows there is someone to turn to, no matter what.

Sincerely,
Jennifer Illich
Executive Director, FirstLink



HB1012 Overview to House Appropriations

Julianne Horntvedt
January 17, 2025

NORTH Dakota | Health & Human Services
Be Legendary.

Our **Vision**

North Dakota is the healthiest state in the nation.

Our **Mission**

HHS fosters positive, comprehensive outcomes by promoting economic, behavioral and physical health, ensuring a holistic approach to individual and community well-being.

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Our **Strategic Priorities**

Support the advancement of strong, stable, healthy families and communities.

Advance the foundations of well-being through access to high-quality services and supports closer to home.

Optimize disaster and epidemic response and recovery.

Advance excellence in agency infrastructure and operations.

Deliver best-in-class, customer-centered experiences.

Foster a culture of excellence where every team member has a voice, adds value and is empowered to make a difference.

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Our **Guiding Principles**

Continuous improvement and innovation: We embrace continuous improvement and innovation as ways to streamline the delivery of services, drive efficiencies and promote best-in-class, customer-centered experiences.

Responsible stewardship: Our organizational effectiveness and impact is enhanced by our strategic and efficient management of agency funding, assets and resources.

Transparent and open communication: We prioritize transparent and open communication to facilitate trust, organizational and stakeholder awareness, collaboration and unity.

Engaged collaboration: We bring a spirit of teamwork and accountability to every interaction, using our combined strengths to drive solutions and success.

Data-centered decisions: Our decisions are grounded in data; we use facts and metrics to inform and guide our actions and evaluate outcomes.

Section Overview



Who we are

- Federally Funded under ACL
- People with I/DD and family members are leaders in our organization



Our role

- We work to make life better for people with developmental disabilities and their families



Services

- We pick goals 5 years at a time
- We fund projects to reach our goals
- Staff/Members/and Grantees carry out our work



Partners | Providers

- We work with and fund various entities; non-profits, schools, providers, families, state agencies, etc.

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Successes in the last biennium

Project Successes

- Funded the Olmstead Plan
- Funded a Peer 2 Peer research study
- Funded new initiatives around inclusive childcare and new housing arrangements for people with I/DD
- Work with several new self-advocacy groups around the state to provide education to people with I/DD
- Received an extra Federal Grant to research gaps in aging and disability.

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Strategies driving budget





Increase access points

- Hire staff to lead projects vs. granting out work
- Be mindful of our 70/30 ratio
- Continue to prioritize self-advocacy work

Build community support

- We have expanded communities and created diversity in our funded projects through outreach with other state agencies
- Continue to share about our work around the state at various conferences and through partners

Comparison of budgets and funding

By Major Expense

Description	2023-25 Budget Base	Increase/ (Decrease)	2025-27 Executive Budget
Salaries and Benefits	$ 321,803	$ 269,530	$ 591,333
Operating	234,780	127,820	362,600
Grants	603,651	(502,445)	101,206
Total	**$ 1,160,234**	**$ (105,095)**	**$ 1,055,139**

General Fund	**$ -**	**$ -**	**$ -**
Federal Funds	**1,160,234**	**(105,095)**	**1,055,139**
Other Funds	**-**	**-**	**-**
Total Funds	**$ 1,160,234**	**$ (105,095)**	**$ 1,055,139**

Decision Package Detail

By Ongoing, One-Time and Funding Source

Not Applicable

Comparison of budgets and funding

By Budget Account Code

Description	2023-25 Budget Base	Increase/ (Decrease)	2025-27 Executive Budget
511x Salaries - Regular	$ 183,263	$ 697	$ 183,960
513x Salaries Temp	57,640	271,448	329,088
516x Salaries Benefits	80,900	(2,615)	78,285
Total Salaries & Benefits	**$ 321,803**	**$ 269,530**	**$ 591,333**
52x Travel	40,000	60,000	100,000
53x Supply	5,500	1,000	6,500
54x Postage & Printing	5,000	100	5,100
58x Rent/Leases - Bldg/Equip	2,500	8,000	10,500
59x Repairs	780	(280)	500
61x Professional Development	30,000	30,000	60,000
62x Fees - Operating & Professional	151,000	29,000	180,000
71x Grants, Benefits, & Claims	603,651	(502,445)	101,206
Total Operating	**$ 838,431**	**$ (374,625)**	**$ 463,806**
Total	**$ 1,160,234**	**$ (105,095)**	**$ 1,055,139**

Operating Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	2025-2027 EXECUTIVE BUDGET RECOMMENDATION	INCREASE/ (DECREASE)
Purchase of Service	151,000	180,000	29,000
GENERAL FUND	-	-	-
FEDERAL FUND	151,000.00	180,000.00	29,000.00
OTHER FUND	-	-	-
GRAND TOTAL	151,000.00	180,000.00	29,000.00

Grants Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	2025-2027 EXECUTIVE BUDGET RECOMMENDATION	INCREASE/ (DECREASE)
Various Grant Awards	$ 603,651	$ 101,206	$ (502,445)
GENERAL FUND	$ -	$ -	$ -
FEDERAL FUND	603,651	101,206	(502,445)
OTHER FUND	-	-	-
GRAND TOTAL	$ 603,651	$ 101,206	$ (502,445)

Contact Information

- Julianne Horntvedt
- Executive Director
- jhorntvedt@nd.gov





HB 1012 House Appropriations Committee – HR Division

Chair, Representative Jon Nelson

Holly Triska-Dally | Office of Refugee Services

Jan. 17, 2025

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North Dakota's History of Welcoming

- ND Population 1890: 190,983

- ND Population 1920: 646,872

By 1915, 79% of all North Dakotans were immigrants or the children of immigrants.



Today 38,355 immigrants live in North Dakota
Comprising **5% of the population** but **6.2% of the labor force**
Increase of 123% since 2010

Our Mission

To create community collaborations that strengthen and guide newcomers as they become welcomed neighbors and valued contributors to the economy.

Chapter	Chapter Name
50-06-01.4	Structure of the Department a. Administration of programs for children and families, including refugee services

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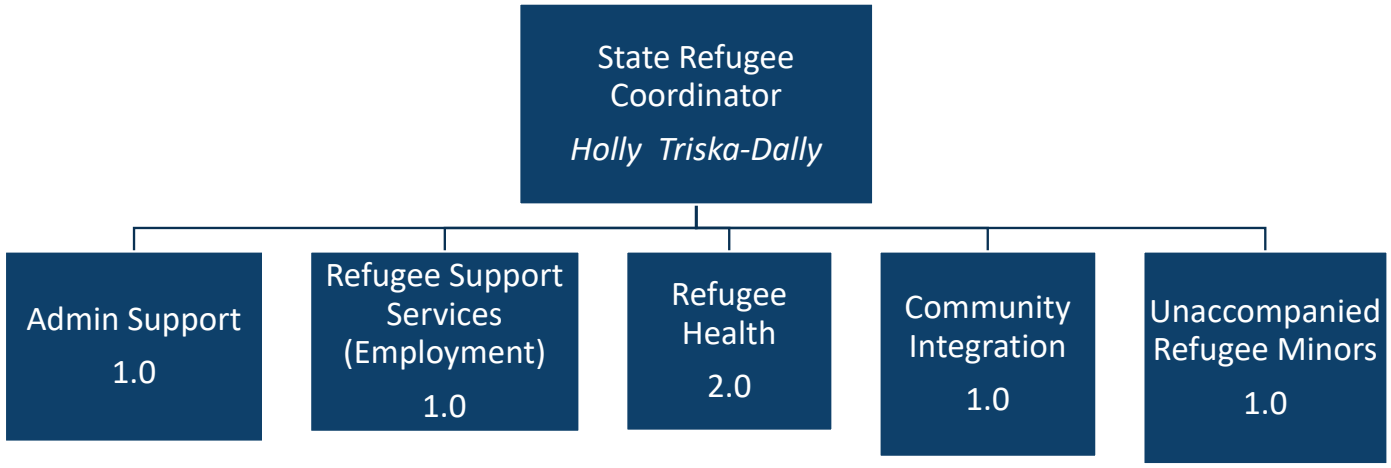
Refugee Services

Office of Deputy Commissioner/Refugee Services			
23-25 FTE	**25-27 FTE Requested**	**# of Temporary**	**# of Vacancies**
7	*7*	*1*	*0*



The Legal Process for Refugee Resettlement







Overseas Vetting

8 Government Agencies

6 Background checks

3 in-person interviews

U.S. Placement

10 Resettlement Agencies

Initial 90 days in the U.S.

Cultural Orientation

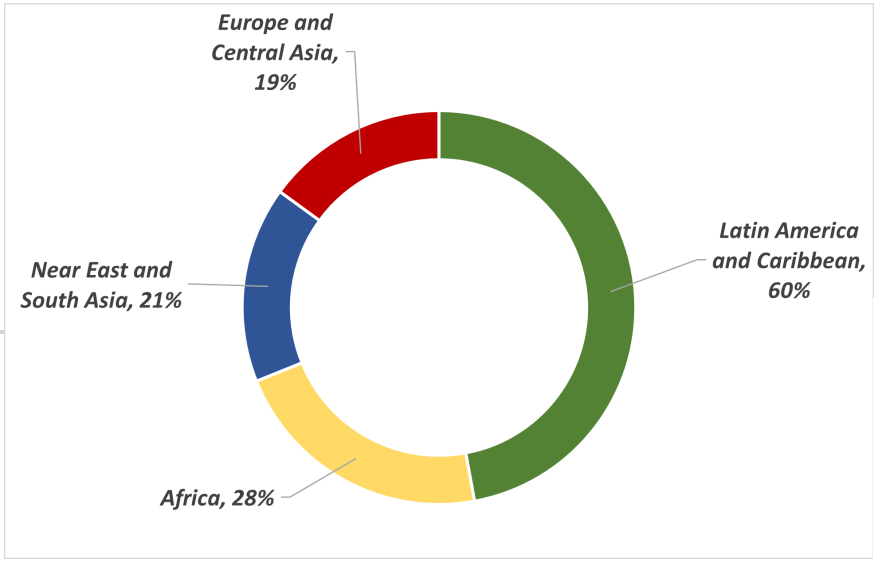
Long-term Success

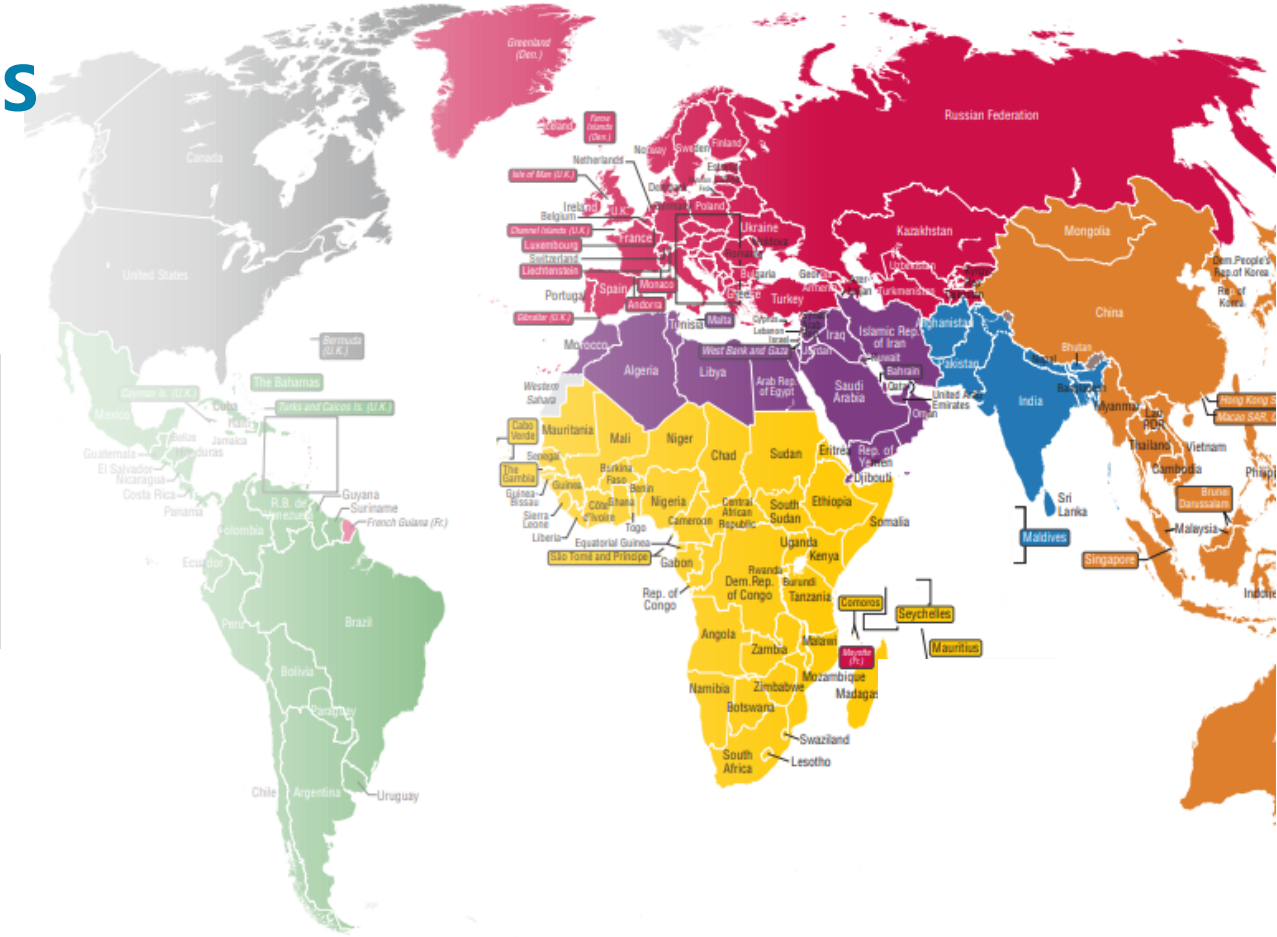
Employment Assistance

English Language Learning

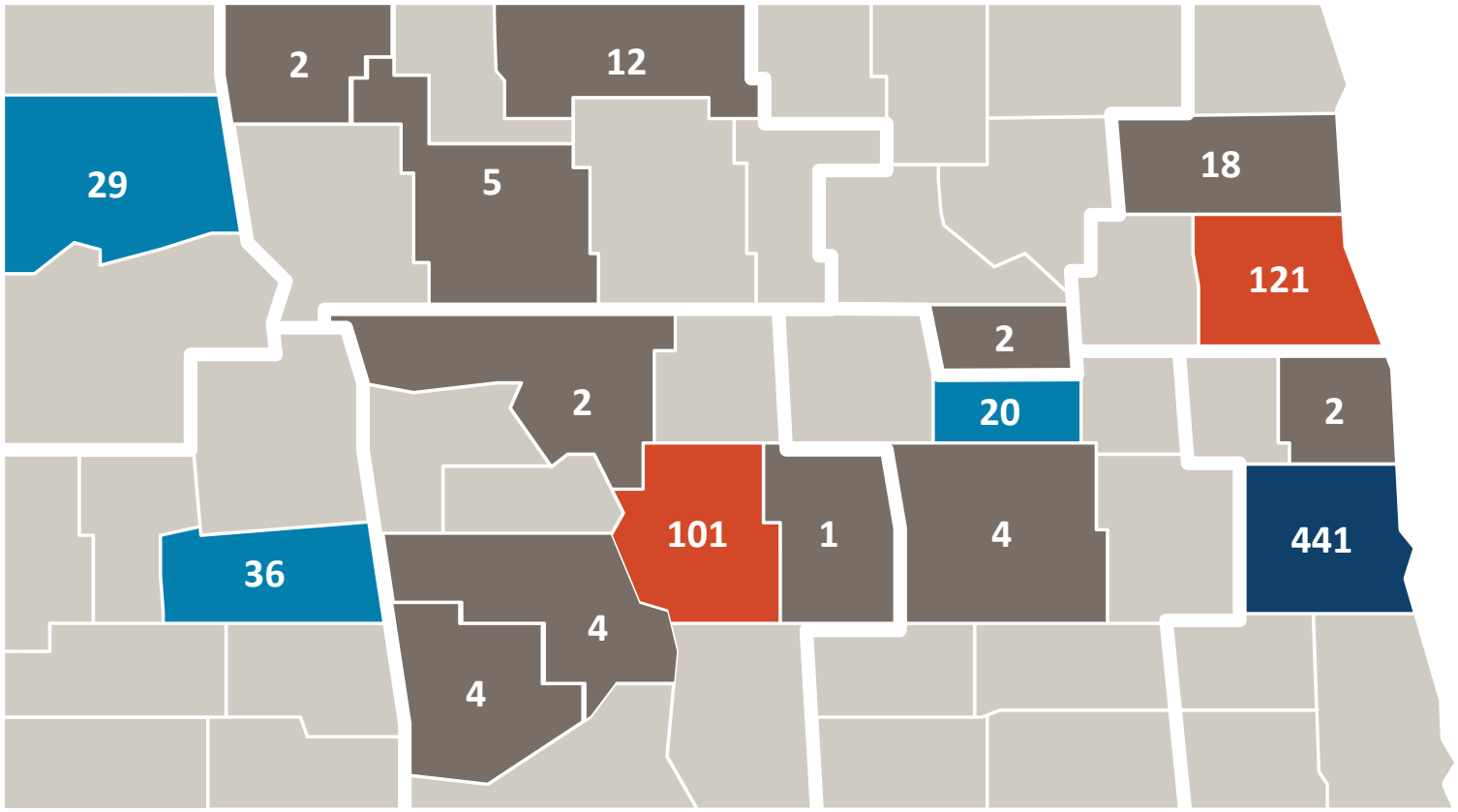
Community Integration

NORTH DAKOTA ARRIVALS BY WORLD REGION





2024 North Dakota Arrivals by County



LEGEND

- Over 200
- 76-199
- 20-75
- 1-19

804 Statewide Arrivals

45% outside of Cass County

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ORR funded-Refugee Cash Assistance Program

Time limited to 12-months after U.S. Arrival

< 80% receive Cash Assistance at 8 months

- **Requires Employment Services**
  - Incentive for Early Employment
- **Requires English Language Learning**

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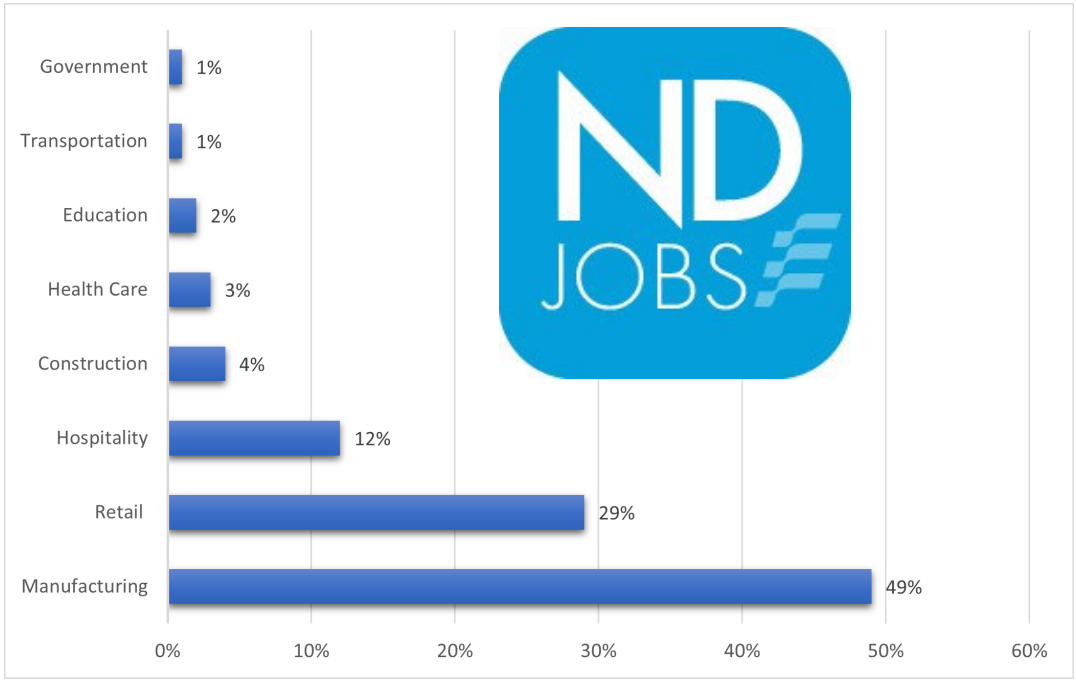
Partnerships that Drive Success - Employment



New American Employment Program

North Dakota Job Service Centers

- 636 Employable Adults
- 400 Entered Employment
- Average wage: $18.53



ices

Partnerships that *Remove Barriers* to Employment



English Learning

Adult Learning Centers

- Remote Classes
- Mom and Me Classes
- Workforce-based English



Community Integration

City Governments

- Community Awareness
- Partnership Building
- Citywide Solutions



Health Promotion

Community-Based Organizations

- Reduce Isolation
- Improve Health Access
- Provider Trainings

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Refugee Services: 2023-2025 Successes

- Improved assessments and outcome measurement

Launch of the Data Management System

- Improved access to English Language Learning

Launch of Virtual ELL Program

- Expanded community-based and employment sector relationships

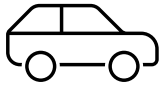
Partnered with over 30 organizations in 10 communities, investing $3.5M in 2024

- Enhanced focus on behavioral health services

Partnered with the Behavioral Health Division to establish 8 wellbeing groups to improve health outcomes.

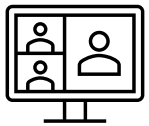


2025-2027 Biennium Goals



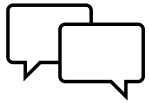
Transportation Solutions

- Public Transport
- Driver's Training
- Car Ownership



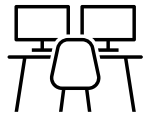
Digital Literacy

- Communication
- Job Search
- Virtual Learning



English Language

- Maximizing the first 12-months
- Learning post employment



Institutional Partnerships

- Career & Technical Education
- Pre-CNA classes

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Trend of increasing arrivals

FFY	Arrivals	Percent Increase
2022	219	--
2023	421	92%
2024	804	91%
2025	1100	37%



Comparison of Budgets and Funding

By Major Expense

Description	2023-25 Budget Base	Increase/ (Decrease)	2025-27 Executive Budget
Salaries and Benefits	$ 859,688	$ 853,149	$ 1,712,837
Operating	565,731	1,977,410	2,543,141
IT Services	6,300	37,170	43,470
Grants	11,208,976	7,468,820	18,677,796
Total	**$ 12,640,695**	**$ 10,336,549**	**$ 22,977,244**
General Fund	**$ -**	**$ -**	**$ -**
Federal Funds	**12,640,695**	**10,336,549**	**22,977,244**
Other Funds	**-**	**-**	**-**
Total Funds	**$ 12,640,695**	**$ 10,336,549**	**$ 22,977,244**

Comparison of Budgets and Funding

By Budget Account Code

Description	2023-25 Budget Base	Increase/ (Decrease)	2025-27 Executive Budget
511x Salaries - Regular	$ 578,918	$ 607,174	$ 1,186,092
516x Salaries Benefits	280,770	245,975	526,745
Total Salaries & Benefits	**$ 859,688**	**$ 853,149**	**$ 1,712,837**
52x Travel	58,425	10,775	69,200
53x Supply	5,000	7,200	12,200
54x Postage & Printing	200	7,450	7,650
58x Rent/Leases - Bldg/Equip	7,801	(7,801)	-
61x Professional Development	14,965	110,093	125,058
62x Fees - Operating & Professional	479,340	1,842,193	2,321,533
53x Supplies	6,300	6,300	12,600
60x IT Expenses	-	30,870	30,870
71x Grants, Benefits, & Claims	11,208,976	7,468,820	18,677,796
Total Operating	**$ 11,781,007**	**$ 9,483,400**	**$ 21,264,407**
Total	**$ 12,640,695**	**$ 10,336,549**	**$ 22,977,244**

Operating Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	EXECUTIVE BUDGET RECOMMENDATION	INCREASE/ (DECREASE)
Data Management System-M&O, Development	$ 220,000	$ 2,107,474	$ 1,887,474
Refugee Services Translation, Outreach, Interpreters,Other Fees	20,000	100,000	80,000
Unaccompanied Minor Refugee (URM)	239,340	114,059	(125,281)
GENERAL FUND	**$ -**	**$ -**	**$ -**
FEDERAL FUND	**479,340**	**2,321,533**	**1,842,193**
OTHER FUND	**-**	**-**	**-**
GRAND TOTAL	**$ 479,340**	**$ 2,321,533**	**$ 1,842,193**

Grants Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	2025-2027 EXECUTIVE BUDGET RECOMMENDATION	INCREASE/ (DECREASE)
URM Direct Benefits	$ 1,405,366	$ 1,497,060	$ 91,694
AVHSZ Contract	2,715,946	3,250,736	534,790
Community Integration Facilitator and Eligibility Staff	-	1,130,000	1,130,000
Refugee Cash Assistance Contracts	2,345,536	5,200,000	2,854,464
Refugee Medical Assistance Contracts	512,128	1,500,000	987,872
Refugee Support Services Contracts	4,230,000	6,100,000	1,870,000
			-
GENERAL FUND	**$ -**	**$ -**	**$ -**
FEDERAL FUND	**11,208,976**	**18,677,796**	**7,468,820**
OTHER FUND	**-**	**-**	**-**
GRAND TOTAL	**$ 11,208,976**	**$ 18,677,796**	**$ 7,468,820**

The Economic Impact of Welcoming



2005 – 2019

Refugee tax contributions after the cost of initial government services

$124 Billion



2022

Refugee spending power

$82 Billion



2022

Business income from 190,000 U.S. Refugee entrepreneurs

$6.7 Billion



Refugees: **78.2%**

U.S. Born **61.9%**

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Economic Draw to North Dakota

Refugee Secondary Migration:

FFY 22

In migration: 71
Out migration: 8

FFY 23

In migration: 581
Out migration: 2

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Contact Information

Holly Triska-Dally
State Refugee Coordinator
htriskadally@nd.gov



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HB1012 Detail to House Appropriations | Human Resources

Sheri Seil | Director, Disability Determination Services Section
January 17, 2025

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Who we serve

The Disability Determination Services (DDS) Section delivers disability determinations to those applying for Social Security Disability Benefits

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About Disability Determination Services

The Social Security disability program provides Social Security Disability Insurance (**SSDI**) and/or Supplemental Security Income (**SSI**) benefits to persons with disabilities who are unable to work

100% federally funded

Number of disability decisions is determined by Social Security Administration (SSA)

DDS team members make medical disability determinations using SSA guidelines

3 main claim levels:

- Initial claims
- Reconsideration claims
- Continuing Disability Reviews

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Collaborating with Social Security, medical providers and claimants across North Dakota, using 100% federal funds

Dept of Health and Human Services	Social Security Administration	Medical providers	Claimants
DDS team members and contracted medical consultants review claims for medical evidence to make the disability determination using SSA guidelines	• Receives and reviews disability applications for benefit eligibility, sends to DDS to make the disability determination • Handles the notification and appeals process for claimants • Handles payment processes for those found disabled	• Provide medical records for claimants to assist in the determination process • Provide consultative examination services for those who need further medical evidence for the determination process	Assist in the disability determination process by providing their medical source information, completing forms and attending consultative examinations

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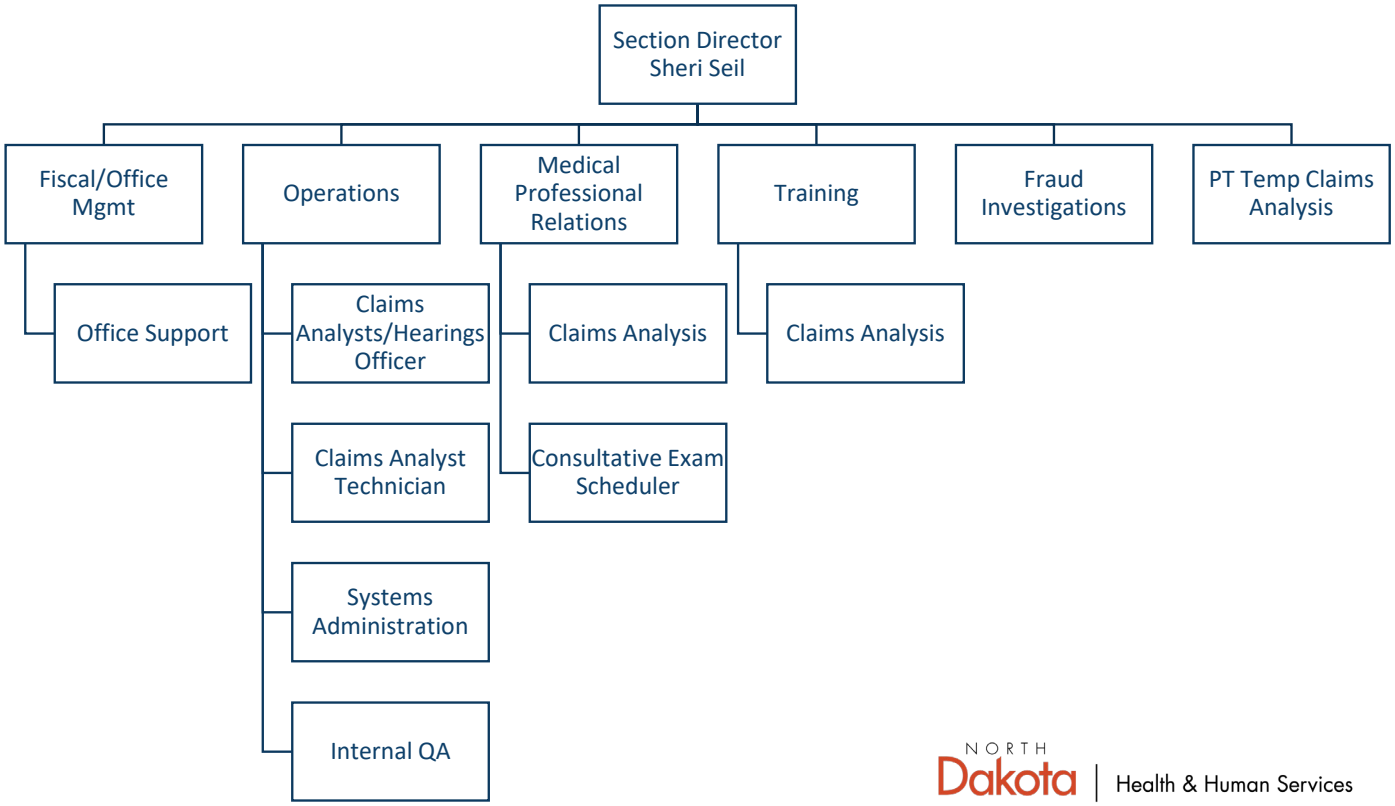
Disability Determination Services

Team Structure and Function

Disability Determination Services			
23-25 FTE	**25-27 FTE Requested**	**# of Temporary**	**# of Vacancies**
23	*23*	*1**	*3**

***numbers as of 12/1/2024**

Average Age	*49*
Avg Years of Service	*12.7*
Retirement Risk	*13%*
Turnover 2021	*9%*
Turnover 2022	*13%*
Turnover 2023	*5%*
Turnover 2024	*9%*



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Medical consultants' role in disability determinations

- DDS currently holds 5 contracts with part time medical consultants
- Provide medical expertise to claims analyst team members
- Required part of the disability determination process



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Who benefits from the Social Security Disability programs?

SSI

"To be eligible for SSI, beneficiaries must have low incomes, limited assets, and either be age 65 or older or have an impaired ability to work at a substantial gainful level as a result of significant disability."

SSDI

"Unlike SSI, there are no income or asset limits for SSDI eligibility. Instead, to qualify for SSDI, enrollees must have a sufficient work history (generally, 40 quarters) and meet the strict federal disability rules."

Source: https://ssa.gov/disability



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Improving the lives of North Dakotans

Social Security benefits provide a source of income for disabled North Dakotans

SSI

$638

Average monthly payment

$4.59 million

Total monthly SSI benefits to North Dakotans

SSDI

$1,317

Average monthly payment

$20.47 million

Total monthly SSDI benefits to North Dakotans



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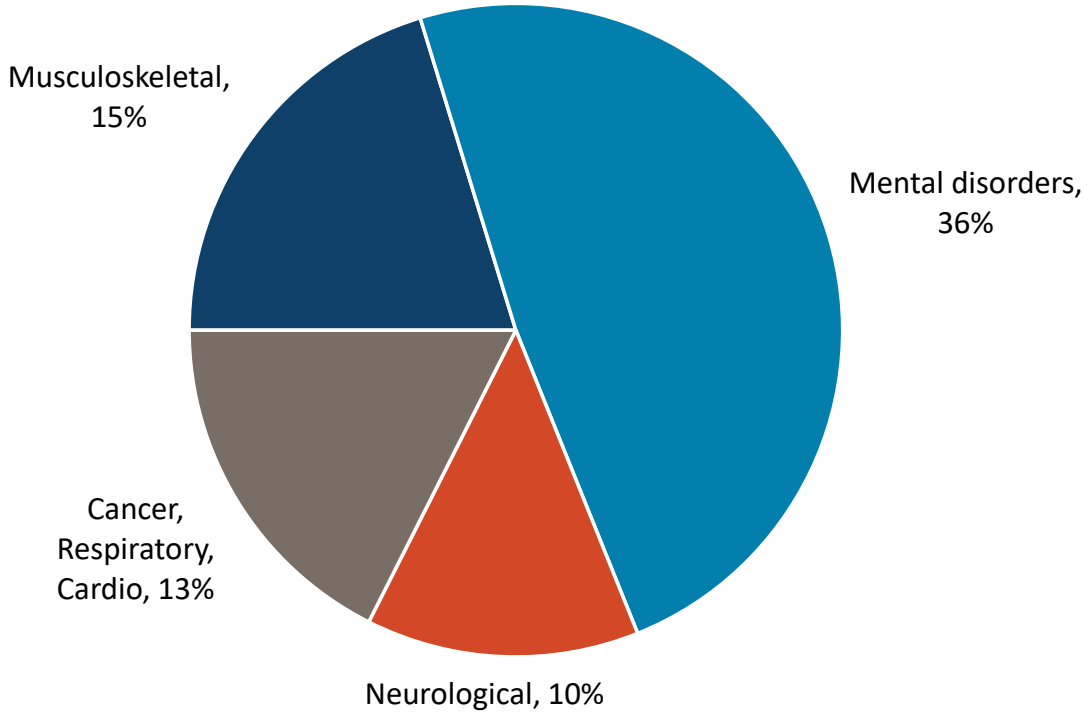
North Dakota data snapshot September 2024

Distribution (by body system) of beneficiaries for SSDI/SSI on initial claims

North Dakota snapshot federal fiscal year 2024

- "The Listing of Impairments describes, for each major body system, impairments considered severe enough to prevent an individual from doing any gainful activity (or in the case of children under age 18 applying for SSI, severe enough to cause marked and severe functional limitations).
- "Most of the listed impairments are permanent or expected to result in death, or the listing includes a specific statement of duration.
- "For all other listings, the evidence must show that the impairment has lasted or is expected to last for a continuous period of at least 12 months.



Source: https://www.ssa.gov/disability/professionals/bluebook/listing-impairments.htm

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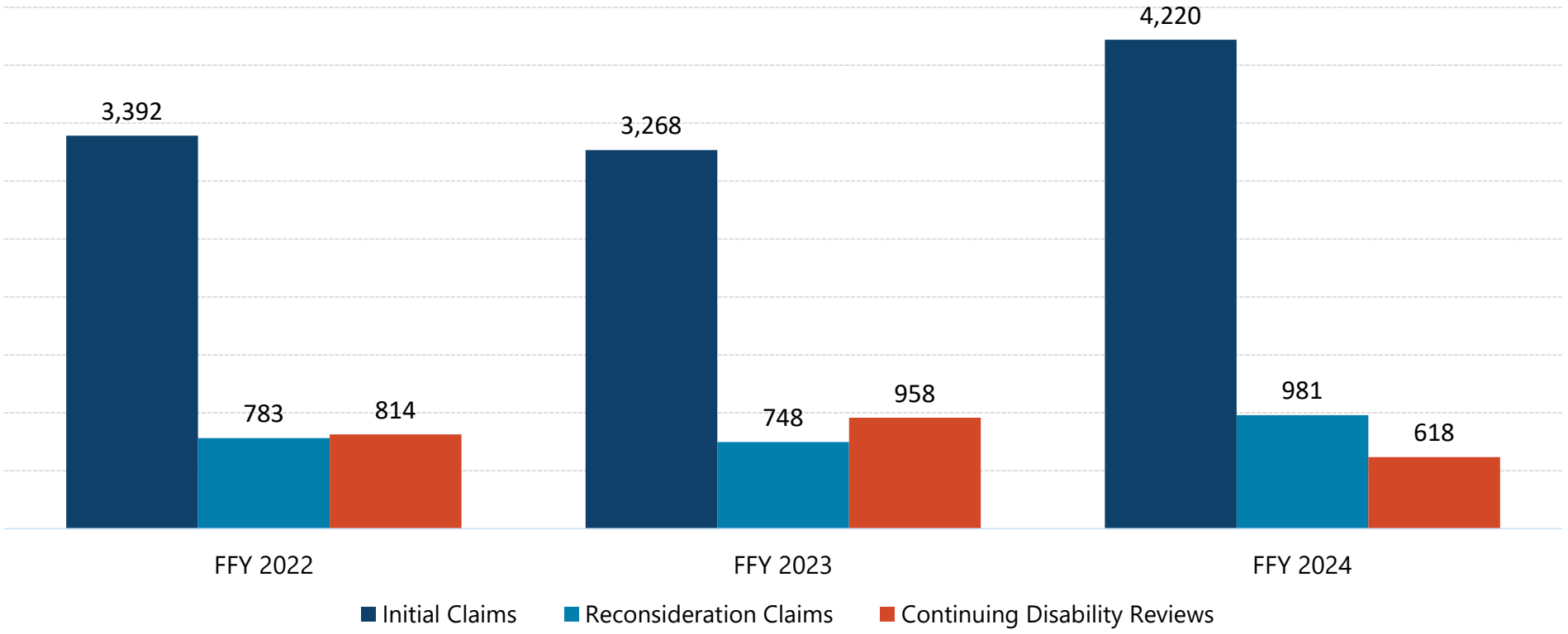
Disability determinations by the numbers



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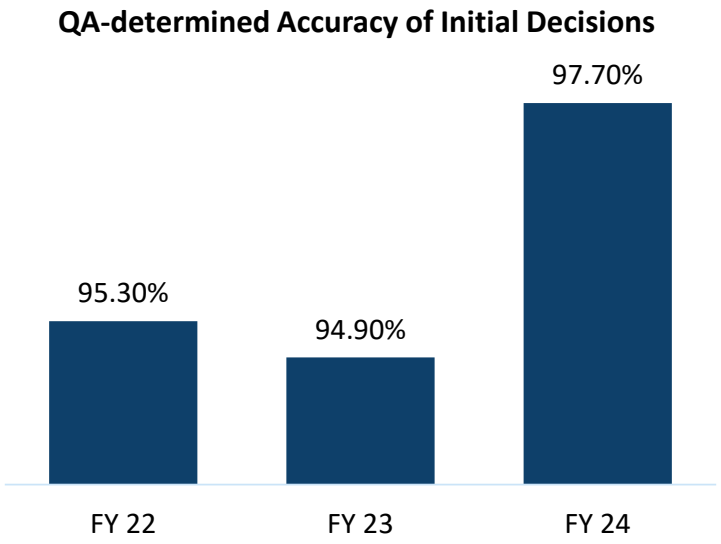
DDS Quality reviews

Federally mandated reviews of disability determinations are conducted by the SSA Office of Quality Review (OQR)

- The quality assurance review of initial DDS disability determinations is mandated by the Regulations (20 CFR 404.1640 – 404.1670). The results of this review are used to measure state agency performance accuracy.
- Performance Accuracy based on calendar quarters (Oct-Dec, Jan-Mar, Apr-June, July-Sept) per Reg 404.1645; Rolling 3-month reports published monthly
- 70 allowances and 70 denials per quarter per state

Initial Performance Accuracy

OQR categorizes deficiencies according to their impact, or potential impact, on the disability determination. OQR further categorizes as either decisional or documentation deficiencies.



Successes in the last year

- DDS has been working to address and decrease the number of initial claims in our backlog and continues to maintain average processing time (68 days on average) once the claim is assigned
- Presumptive disability is applied on SSI claims (when possible) to provide the best customer service for claimants while waiting their disability decision
- Attrition in recent years has decreased after several years of significant turnover
- Analyst team members continue to expand their knowledge/skills which leads to increased production





Challenges for DDS

- Last 2 FFYs have seen increases in initial claim receipts which has created increased processing time/wait time
- Team member attrition and lack of hiring authority from SSA due to budget constraints

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Strategies driving budget

DDS budget is derived from the number of disability determinations SSA requires us to make each year and the cost to do so

The DDS section is 100% federally funded by SSA



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Comparison of budgets and funding

By Major Expense

Description	2023-25 Budget Base	Increase/ (Decrease)	2025-27 Executive Budget Recommendation
Salaries and Benefits	$ 4,786,632	$ 432,260	$ 5,218,892
Operating	1,518,860	(2,442)	1,516,418
IT Services	55,957	(55,957)	-
Grants	1,650,000	250,000	1,900,000
Total	**$ 8,011,449**	**$ 623,861**	**$ 8,635,310**

General Fund	**$ -**	**$ -**	**$ -**
Federal Funds	**8,011,449**	**623,861**	**8,635,310**
Other Funds	**-**	**-**	**-**
Total Funds	**$ 8,011,449**	**$ 623,861**	**$ 8,635,310**

Decision Package Detail

By Ongoing, One-Time and Funding Source

Not Applicable

NORTH Dakota | Health & Human Services
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Comparison of budgets and funding

By Budget Account Code

Description	2023-25 Budget Base	Increase/ (Decrease)	2025-27 Executive Budget Recommendation
511x Salaries - Regular	$ 3,036,665	$ 245,782	$ 3,282,447
513x Salaries Temp	90,816	9,123	99,939
514x Salaries Overtime	64,590	64,590	129,180
516x Salaries Benefits	1,594,561	112,765	1,707,326
Total Salaries & Benefits	**$ 4,786,632**	**$ 432,260**	**$ 5,218,892**
52x Travel	28,000	-	28,000
53x Supply	8,380	(380)	8,000
54x Postage & Printing	80,000	6,700	86,700
55x Equipment under $5,000	17,000	(500)	16,500
58x Rent/Leases - Bldg/Equip	364,853	16,370	381,223
59x Repairs	600	-	600
61x Professional Development	900	300	1,200
62x Fees - Operating & Professional	1,019,127	(24,932)	994,195
53x Supplies	3,500	(3,500)	-
60x IT Expenses	52,457	(52,457)	-
71x Grants, Benefits, & Claims	1,650,000	250,000	1,900,000
Total Operating	**$ 3,224,817**	**$ 191,601**	**$ 3,416,418**
Total	**$ 8,011,449**	**$ 623,861**	**$ 8,635,310**

Operating Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	2025-2027 EXECUTIVE BUDGET RECOMMENDATION	INCREASE/ (DECREASE)
Interpreters, Mailing, Other Fees	$ 72,777	$ 13,395	$ (59,382)
CDI Unit Services	558,000	580,800	22,800
Provider Contracts	388,350	400,000	11,650
GENERAL FUND	**$ -**	**$ -**	**$ -**
FEDERAL FUND	**1,019,127**	**994,195**	**(24,932)**
OTHER FUND	**-**	**-**	**-**
GRAND TOTAL	**$ 1,019,127**	**$ 994,195**	**$ (24,932)**

Grants Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	2025-2027 EXECUTIVE BUDGET RECOMMENDATION	INCREASE/ (DECREASE)
Medical Costs/Applicant Travel	$ 1,650,000	$ 1,900,000	$ 250,000

GENERAL FUND	**$ -**	**$ -**	**$ -**
FEDERAL FUND	**1,650,000**	**1,900,000**	**250,000**
OTHER FUND	**-**	**-**	**-**
GRAND TOTAL	**$ 1,650,000**	**$ 1,900,000**	**$ 250,000**

Contact Information

Sheri Seil, Director
Disability Determination Services
sseil@nd.gov



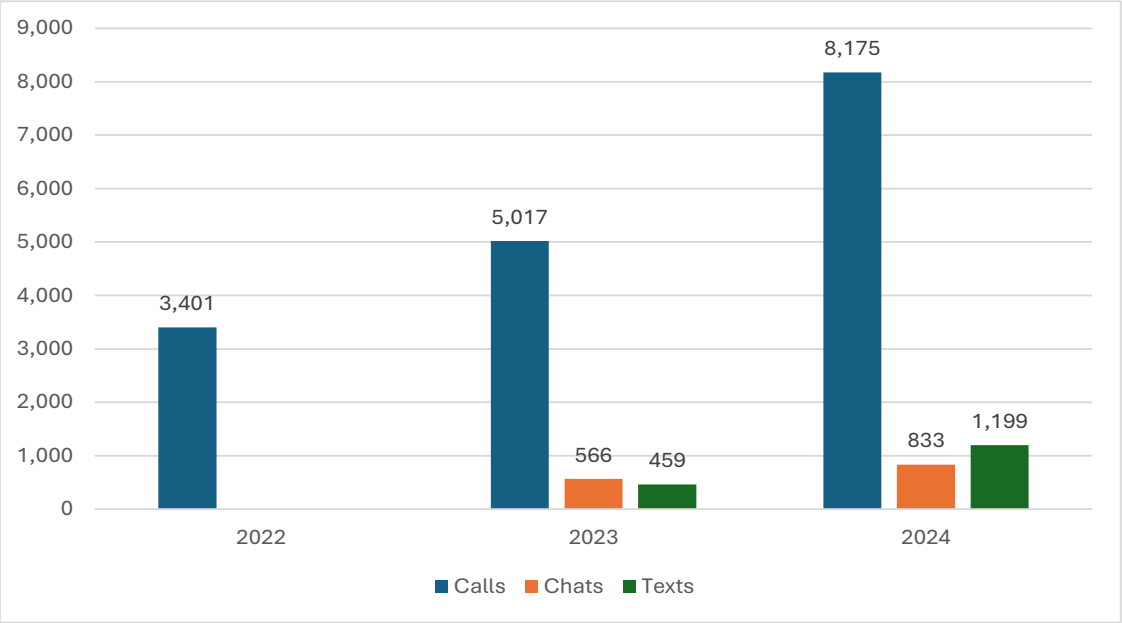
NORTH Dakota | Health & Human Services
Be Legendary.

Chairman Nelson and Members of the House Appropriation Committee – Human Resource Division,

I urge your support for HB 1012 to ensure continued and increased funding for the 988 Suicide and Crisis Lifeline and the 211 Information and Referral Helpline.

These services provide free, confidential, and lifesaving support to North Dakotans, with FirstLink reporting rising call, chat, and text volumes reflecting a growing need. Suicide is a leading cause of death in our state, with more than 130 lives lost in 2021—above the national average.

In 2024, FirstLink handled over 10,000 interactions from help-seekers in North Dakota reaching the 988 Lifeline. This is a nearly 70% increase from the number of 988 interactions handled in 2023, representing the growing need for crisis intervention and emotional support services in our state.



Sustained funding is essential to address urgent mental health crises, particularly in rural areas, and to ensure no one in need feels alone. Thank you for supporting this vital initiative.

Sincerely,

Jeremy Brown
Advocate for Suicide Prevention
Director of Data Quality, FirstLink

House Appropriations Committee
Jan 17th, 2025 HB 1012
Testimony in Support

Dear Chair Vigesaa and the members of the House Appropriations Committee,

I urge a “Do Pass” on HB 1012

I am a suicide prevention advocate who has dedicated my life to reducing suicide in North Dakota. I do this work because I am a survivor who never wants anyone to go through the trauma I have, but more importantly because I want the people of our state to have hope.

Suicide is complex, it is multifactorial, and a measure of multiple risk and protective factors in a persons life, but consider the information below on public health:

- For every 1 death by suicide there are 135 people impacted (Study)
- In the last 5 years, we’ve averaged approximately 150 suicides per year (NDSO)
- While overlap likely occurs, we can presume more than 10,000 people in our state are impacted by suicide each year

We call this impact suicide contagion and it can result in further trauma and death by suicide. Every life that is saved through 988, in big and small ways, impacts over a hundred people. They took 14,000 calls from folks in crisis last year alone. And took over 90,000 calls total for general services, crisis, and just folks who needed someone to talk to. (Firstlink Data)

They are the last line of defense before an unimaginable tragedy in someone’s life and I strongly recommend continuing to fund them to the utmost power within our state to do so. No dollar in this work goes unused and this investment pays out exponentially in the long term impacts on communities and health.

This is especially important in rural North Dakota, where there are less resources, less support, and smaller communities that feel the full weight of losing one of their own. For these reasons, I strongly urge a do pass.

Thank you for your time, consideration, and service to our state,
Faye Seidler

Chairman Nelson and Members of the House Appropriation Committee – Human Resource Division,

As the Director of Workforce and Culture at FirstLink, I have the privilege of supporting the individuals who operate the 988 Suicide and Crisis Lifeline and the 211 Information and Referral Helpline. These services are vital lifelines for individuals in crisis, and their success depends entirely on the exceptional people who answer the calls, chats, and texts from those in need. Today, I write to highlight the urgent need for increased funding through House Bill 1012 to expand and sustain our team, ensuring no call for help goes unanswered.

The demand for 988 and 211 services has grown exponentially and so has our staffing. In 2022, FirstLink employed 24 Call Specialists to handle incoming calls, chats, and texts. Recognizing the increasing need, we have expanded our team to over 50 individuals today. While this growth is a testament to the importance of these services and our commitment to meeting community needs, it is still not enough. The volume of interactions continues to rise month after month, with many requiring extended time and care to address complex and urgent crises.

This growth has created both challenges and opportunities. Hiring and training staff to meet the demand requires significant resources. While our team has risen admirably to the occasion, additional funding is essential to keep pace with the needs of our community and to ensure our call specialists have the support they need to continue this lifesaving work.

In North Dakota, where the suicide rate remains above the national average and rural areas often lack access to mental health care, the 988 and 211 services are a critical bridge to support. Every call answered is an opportunity to save a life. However, the current demand for services means that our staff often face heavy workloads, which can lead to burnout if not addressed. Sustained and increased funding would allow us to further grow and develop our team, enhance training, and ensure that our staff are equipped to provide the highest quality care.

Supporting House Bill 1012 is more than a financial decision; it is an investment in the lives and well-being of our neighbors, friends, and family members. It is a commitment to every person who reaches out in their darkest moment, knowing they will find someone ready to listen, assist, and guide them toward safety and hope.

Thank you for your consideration and for recognizing the vital importance of the people behind these services. On behalf of the FirstLink team, I urge you to support House Bill 1012 and help us continue to meet the growing demand for crisis intervention and mental health support in our state.

Sincerely,

Ashley Lemke
Director of Workforce and Culture
FirstLink

Legislative Council

North Dakota Legislative Council

Prepared by the Legislative Council staff
LC# 25.9360.01000
January 2025

NORTH DAKOTA STATE AGENCY AND INSTITUTION VACANT POSITIONS AS OF DECEMBER 1, 2024

Agency Name and Position No.	FTE Position Count	Position Description	Date Vacated	Number of Months Vacant as of December 2024	Date Expected to Be Filled	Current Status/Agency Response	Salary and Fringe Benefit Amounts 2025-27 Biennium Base Level Funding		
							General Fund	Other Funds	Total
GENERAL GOVERNMENT									
101 - Governor									
		None							$0
	0.00						$0	$0	$0
108 - Secretary of State									
26	1.00	Administrative services V	02/01/24	10	07/01/25	Evaluating whether the position should be repurposed or reclassified	$0	$205,668	$205,668
39	1.00	Administrative services III	11/15/24	0.5	03/01/25	Updating job description and duties	149,544	0	149,544
42	1.00	Information services III	03/17/23	21	01/01/25	Updating job description and duties and preparing to post	184,564	0	184,564
25090	1.00	Administrative services V	04/22/24	8	09/01/25	Evaluating whether the position should be repurposed or reclassified	0	204,208	204,208
	4.00						$334,108	$409,876	$743,984
110 - Office of Management and Budget									
148	1.00	Graphic artist I	06/28/24	6	N/A	Monitoring workload and assessing need to fill. Will only fill if demand for state print and mail services requires it to be filled to ensure we adequately meet the needs of the state agencies that utilize these services.	$0	$110,975	$110,975
157	1.00	Printing equipment operator III	05/09/22	31	07/01/25	Proposing to repurpose this position in the 2025-27 executive budget to a talent manager. Requested general fund salary and benefits of $286,426.	0	153,701	153,701
159	1.00	Print and mail specialist	02/16/24	10	01/01/25	Position will be filled effective 1/1/2025	0	164,728	164,728
171	1.00	State surplus property specialist	02/01/24	10	N/A	Monitoring workload and assessing need to fill. Will only fill if demand for surplus property requires it to be filled to ensure we adequately meet the needs of the state agencies, nonprofits, and other governments that utilize these services.	0	166,092	166,092
180	1.00	Assistant state printing manager	07/13/23	17	07/01/25	Proposing to repurpose this position in the 2025-27 executive budget to a procurement officer. Requested general fund salary and benefits of $237,878.	0	186,450	186,450
120	1.00	Custodian	07/01/23	17	N/A	Monitoring workload and assessing need to fill position. The work for this position is currently being done by temporary employees. The funding from the FTE position is being used to pay for the temporary salaries.	0	128,042	128,042
145	0.50	Maintenance worker I	N/A	0	N/A	Position is filled but underfunded at 0.5 FTE for the 2025-27 biennium	0	69,887	69,887
138	0.50	Tour guide	N/A	0	N/A	Position is filled but underfunded at 0.5 FTE for the 2025-27 biennium. A second tour guide was hired effective 12/1/2024 at 0.4 FTE and placed in a temporary position.	0	63,512	63,512
	7.00						$0	$1,043,387	$1,043,387
112 - Information Technology Department									
199	1.00	Senior project manager	10/01/24	2	03/31/25	Reclassification submitted	$0	$334,417	$334,417
392	1.00	Data governance lead	06/06/22	30	03/31/25	Reclassification submitted	0	366,732	366,732
397	1.00	Senior threat intelligence analyst	11/18/24	1	02/28/25	Drafting job announcement	239,558	0	239,558
403	1.00	Interim chief information officer	07/11/24	5	12/16/24	Interviewing	0	573,022	573,022
413	1.00	Senior project manager	10/01/24	2	06/30/25	Vacant	0	333,105	333,105
419	1.00	Senior project manager	10/01/24	2	06/30/25	Vacant	0	299,009	299,009
1942	1.00	Enterprise desktop administrator	08/31/24	3	12/02/24	Onboarding	0	225,793	225,793
3799	1.00	Product owners	06/06/24	6	02/28/25	Drafting job announcement	0	307,147	307,147
5140	1.00	Enterprise service desk analyst	04/17/24	8	12/16/24	Onboarding	0	267,548	267,548
6844	1.00	Senior infrastructure technician	08/30/24	3	12/09/24	Onboarding	0	228,192	228,192
7481	1.00	Admin application support specialist	05/18/24	7	06/30/25	Vacant	0	311,830	311,830
7484	1.00	Business analyst	11/18/24	1	01/31/25	Posted	0	275,683	275,683
7798	1.00	Telecommunications service technician	09/03/24	3	02/28/25	Drafting job announcement	0	209,093	209,093
10251	1.00	Data governance lead	08/12/21	40	01/06/25	Onboarding	0	366,732	366,732
25539	1.00	Network engineer	03/31/24	8	03/31/25	Reclassification submitted	0	311,830	311,830
26963	1.00	Information technology education and consultant specialist	08/17/24	4	12/01/24	Onboarding	0	223,769	223,769
26971	1.00	Application developer II	10/01/24	2	03/31/25	Drafting job announcement	0	219,936	219,936
28605	1.00	Product owner	04/01/24	8	02/28/25	Drafting job announcement	0	366,732	366,732
28654	1.00	Health information technology outreach coordinator	11/04/24	1	04/30/25	Approved to start hiring process	0	247,546	247,546

Agency Name and Position No.	FTE Position Count	Position Description	Date Vacated	Number of Months Vacant as of December 2024	Date Expected to Be Filled	Current Status/Agency Response	Salary and Fringe Benefit Amounts 2025-27 Biennium Base Level Funding		
							General Fund	Other Funds	Total
28732	1.00	Data stewardship lead	11/01/21	37	03/31/25	Reclassification submitted	0	366,723	366,723
28998	1.00	Application developer III	09/09/24	3	06/30/25	Vacant	0	269,847	269,847
29448	1.00	Enterprise senior desk analyst	10/19/24	2	12/16/24	Onboarding	0	179,182	179,182
29449	1.00	Senior info security officer	11/25/24	1	04/30/25	Approved to start hiring process	283,760	0	283,760
30856	1.00	Senior info security officer	10/10/24	2	01/31/25	Posted	276,058	0	276,058
30869	1.00	Cyber automation engineer	09/24/24	3	12/27/24	Onboarding	231,530	0	231,530
30872	1.00	Govern risk and comp team lead	10/07/24	2	04/30/25	Approved to start hiring process	320,763	0	320,763
30875	1.00	Cybersecurity analyst	11/12/24	1	01/31/25	Posted	210,506	0	210,506
30876	1.00	Information security officer	09/09/24	3	03/31/25	Drafting job announcement	232,009	0	232,009
31752	1.00	Business analyst	07/01/23	17	03/31/25	New position in 2023-25 biennium - Drafting job announcement	0	366,732	366,732
31753	1.00	Business analyst	07/01/23	17	03/31/25	New position in 2023-25 biennium - Drafting job announcement	0	311,830	311,830
31755	1.00	Technology business partner	07/01/23	17	06/30/25	New position in 2023-25 biennium - Vacant	336,989	0	336,989
31759	1.00	Knowledge manager apprentice	07/01/23	17	03/31/25	New position in 2023-25 biennium - Drafting job announcement	0	171,468	171,468
31760	1.00	Apprentice	07/01/23	17	03/31/25	New position in 2023-25 biennium - Reclassification submitted	0	171,169	171,169
31761	1.00	Technology outreach apprentice	07/01/23	17	03/31/25	New position in 2023-25 biennium - Drafting job announcement	0	171,468	171,468
31763	1.00	Apprentice	07/01/23	17	03/31/25	New position in 2023-25 biennium - Reclassification submitted	0	171,468	171,468
31774	1.00	Product owner	07/01/23	17	12/16/24	New position in 2023-25 biennium - Onboarding	0	311,830	311,830
31776	1.00	Application developer	11/26/24	1	01/31/25	Posted	0	311,830	311,830
31778	1.00	Senior application developer	07/01/23	17	06/30/25	New position in 2023-25 biennium - Vacant	0	366,732	366,732
	38.00						$2,131,172	$8,638,393	$10,769,565
117 - State Auditor									
511	1.00	Fiscal services IV	08/10/24	4	N/A	Position 554 moved from special funds to the general fund and position 511 was transitioned to a special fund position	$0	$175,576	$175,576
512	1.00	Fiscal services VI	09/14/24	3	N/A	N/A	0	347,220	347,220
516	1.00	Fiscal services IV	10/21/23	13	N/A	N/A	0	221,135	221,135
532	1.00	Fiscal services IV	11/30/24	0	12/18/24	Retirement 11/30/2024 - Position filled	0	226,874	226,874
536	1.00	Fiscal services IV	07/26/24	4	03/31/25	N/A	214,866	0	214,866
542	1.00	Fiscal services VI	08/10/24	4	N/A	N/A	0	282,132	282,132
556	1.00	Fiscal services IV	07/10/23	17	N/A	N/A	0	242,900	242,900
29480	1.00	Fiscal services IV	12/02/23	12	N/A	N/A	0	242,900	242,900
29481	1.00	Fiscal services V	09/23/24	2	N/A	N/A	0	269,336	269,336
31408	1.00	Fiscal services IV	04/13/24	8	N/A	N/A	0	221,135	221,135
31997	1.00	Fiscal services IV	07/01/23	17	N/A	N/A	0	228,390	228,390
31998	1.00	Fiscal services IV	07/01/23	17	N/A	N/A	0	228,390	228,390
31999	1.00	Fiscal services IV	07/01/23	17	N/A	N/A	0	228,390	228,390
	13.00						$214,866	$2,914,378	$3,129,244
120 - State Treasurer									
		None							$0
	0.00						$0	$0	$0
125 - Attorney General									
617	1.00	Paralegal - Civil litigation	02/15/22	32.5	N/A	Position is being considered for reclassification	$0	$175,430	$175,430
29307	1.00	Attorney - Criminal law	11/01/22	25	N/A	Position is open, will be closing 1/03/2025	51,499	205,997	257,496
29429	1.00	Attorney - Criminal law	05/01/23	19	N/A	Position will be relisted in the near future	249,633	44,053	293,686
689	1.00	Attorney - Consumer protection	10/01/22	26	01/15/25	Advertising to fill position. Position closed 12/17/2024.	0	228,390	228,390
31473	1.00	Forensic scientist - State Crime Laboratory	7/1/203	17	01/15/25	Applicant is going through background check process. If approved, the applicant would start in January 2025.	190,666	0	190,666
30973	1.00	Auditor - Gaming	03/28/24	8	N/A	Position is open, will be closing 12/24/2024	0	193,566	193,566
599	1.00	Legal assistant - Civil litigation	04/05/24	8	N/A	This position has been reposted	0	196,528	196,528
30971	1.00	Training specialist - Gaming	06/01/24	6	02/15/25	Applicant is going through background check process. If approved, the applicant would start in February 2025.	0	175,576	175,576
615	1.00	Attorney - Criminal law	07/02/24	5	02/15/25	Applicant is going through background check process. If approved, the applicant would start in February 2025.	277,722	0	277,722
31487	1.00	Attorney - Deputy solicitor general	07/08/24	5	N/A	Applicant interviewed for position 12/23/2024	354,136	0	354,136
597	1.00	Attorney - Civil litigation	07/31/24	4	N/A	Position is open, will be closing 1/10/2025	0	235,790	235,790
23652	1.00	Information technology administrative assistant	08/21/24	3.5	01/15/25	Pending background check	166,484	0	166,484
31471	1.00	Forensic scientist - State Crime Laboratory	08/31/24	3	12/19/24	Position filled 12/19/2024	188,720	0	188,720
595	1.00	Attorney - Civil litigation	08/31/24	3	N/A	Position will be filled once candidate passes the bar examination	0	243,478	243,478
612	1.00	Attorney - General counsel	10/11/24	1.5	N/A	Applicant interviewed for position 12/11/2024 and is being considered	230,800	0	230,800
10287	1.00	Criminal investigator - Bureau of Criminal Investigation	10/25/24	1	N/A	Applicants completed testing 12/2/2024 and interviews are scheduled for 1/7/2025	251,788	0	251,788

Agency Name and Position No.	FTE Position Count	Position Description	Date Vacated	Number of Months Vacant as of December 2024	Date Expected to Be Filled	Current Status/Agency Response	Salary and Fringe Benefit Amounts 2025-27 Biennium Base Level Funding		
							General Fund	Other Funds	Total
30846	1.00	Administrative assistant - Gaming	11/01/24	1	02/15/25	Applicant is going through background check process. If approved, the applicant would start in February 2025.	0	158,822	158,822
575	1.00	Administrative assistant	11/08/24	0.75	12/16/24	Position is filled as of 12/16/2024	165,814	0	165,814
598	1.00	Attorney - Civil litigation	11/12/24	0.5	N/A	Position is open, will be closing 1/10/2025	0	293,682	293,682
582	1.00	Information technology associate architect	11/18/24	0.5	N/A	Position is open, will be closing 1/03/2025	283,526	0	283,526
	20.00						$2,410,788	$2,151,312	$4,562,100
127 - Tax Commissioner									
795	1.00	Deputy	12/31/2022	23	1/6/2025	Offered accepted, starting 01/06/2025	$283,527	$0	$283,527
474	1.00	Administrative assistant	1/6/2024	10	4/1/2025	Recruiting for position	155,846	0	155,846
444	1.00	Office assistant III	7/1/2024	5	04/01/25	Recruiting for position	144,238	0	144,238
781	1.00	Auditor IV	9/3/2024	2	5/1/2025	Recruiting for position	266,957	0	266,957
770	1.00	Auditor I	10/3/2024	1	2/15/2025	Recruiting for position	167,453	0	167,453
740	1.00	Auditor III	12/1/2024	1	2/15/2025	Recruiting for position	215,333	0	215,333
	6.00						$1,233,354	$0	$1,233,354
140 - Office of Administrative Hearings									
		None					$0	$0	$0
	0.00						$0	$0	$0
160 - Legislative Council									
863	1.00	Legislative editor	10/18/2024	1	Filled	This position is currently filled	$180,134	$0	$180,134
30820	1.00	Legislative information technology developer	10/11/2024	1	Filled	This position is currently filled	199,372	0	199,372
	2.00						$379,506	$0	$379,506
180 - Judicial branch									
28892	1.00	Deputy clerk (Unit 2)	10/12/24	2	02/15/25	Advertising to fill position	$170,022	$0	$170,022
31638	1.00	Deputy clerk (Unit 2)	08/10/24	4	01/15/25	Advertising to fill position	170,022	0	170,022
1079	1.00	Deputy clerk (Unit 3)	10/25/24	1	02/03/25	Advertising to fill position	156,038	0	156,038
1081	1.00	Deputy clerk (Unit 3)	03/12/24	9	02/03/25	Advertising to fill position	170,022	0	170,022
29550	1.00	Deputy clerk (Unit 3)	09/20/24	3	02/03/25	Advertising to fill position	170,022	0	170,022
997	1.00	Deputy clerk (Unit 3)	12/01/24	0	02/03/25	Advertising to fill position	170,022	0	170,022
29555	1.00	Deputy clerk (Unit 4)	11/18/24	1	01/02/25	Offer accepted	175,218	0	175,218
1048	1.00	Deputy clerk (Unit 4)	10/05/24	2	12/11/24	Position filled	175,218	0	175,218
	8.00						$1,356,584	$0	$1,356,584
188 - Commission on Legal Counsel for Indigents									
24517	1.00	Attorney I	08/02/24	4	N/A	Advertising to fill position	$257,816	$0	$257,816
24520	1.00	Attorney I	11/30/24	1	N/A	Advertising to fill position	240,483	0	240,483
28991	1.00	Attorney I	01/01/24	11	09/01/25	Offered position pending bar exam results	245,319	0	245,319
29374	1.00	Attorney II	11/13/21	37	04/01/25	Offered position pending meeting North Dakota bar requirements	286,428	0	286,428
	4.00						$1,030,046	$0	$1,030,046
190 - Retirement and Investment Office									
9997	1.00	Investment administrative assistant	7/1/2024	5	2/15/2025	Newly authorized position. Expected to be posted and filled in Q1 2025.	$0	$165,450	$165,450
9994	1.00	Investment analyst	7/1/2024	5	2/15/2025	Newly authorized position. Expected to be posted and filled in Q1 2025.	0	341,563	341,563
9995	1.00	Investment analyst	7/1/2024	5	2/15/2025	Newly authorized position. Expected to be posted and filled in Q1 2025.	0	341,563	341,563
30993	1.00	Senior investment analyst - Private markets	8/1/2024	4	12/19/2024	Position was filled as of 12/19/2024	0	479,710	479,710
30996	1.00	Investment analyst - Public markets	8/1/2024	4	1/21/2025	Position has been hired with a planned start date of 1/21/2025	0	370,325	370,325
	5.00						$0	$1,698,611	$1,698,611
192 - Public Employees Retirement System									
1219	1.00	Chief benefits officer	11/14/23	12	04/01/25	Will be filling position after legislative session	$0	$344,462	$344,462
31462	1.00	Member services representative	11/01/24	1	12/09/24	Applicant has accepted the position to start 12/9/2024	0	145,328	145,328
	2.00						$0	$489,790	$489,790
195 - Ethics Commission									
		None					$0	$0	$0
	0.00						$0	$0	$0
EDUCATION									
201 - Department of Public Instruction									
30161	0.50	Administrative assistant	07/01/19	65	10/01/25	Position 1333 will be combined with 30161 to make a 0.75 FTE position. Future advertising for a special projects assistant.	$0	$102,588	$102,588
1327	1.00	Administrative assistant	04/24/21	43	10/01/25	Future advertising for a special projects assistant	0	170,286	170,286

Agency Name and Position No.	FTE Position Count	Position Description	Date Vacated	Number of Months Vacant as of December 2024	Date Expected to Be Filled	Current Status/Agency Response	Salary and Fringe Benefit Amounts 2025-27 Biennium Base Level Funding		
							General Fund	Other Funds	Total
1333	0.25	Office assistant	07/27/22	28	10/01/25	Position will be combined with 30161 to make a 0.75 FTE position. Future advertising for a special projects assistant.	0	55,936	55,936
1265	1.00	Assistant director	07/15/24	4	08/01/25	Future advertising for a special projects coordinator	0	218,718	218,718
25579	1.00	Assistant director	09/01/24	3	08/01/25	Future advertising for a special projects coordinator	0	180,490	180,490
	3.75						$0	$728,018	$728,018
204 - Center for Distance Education									
29450	0.80	Technical support analyst	06/03/24	7	12/31/2024	Position posted	$201,946	$0	$201,946
	0.80						$201,946	$0	$201,946
226 - Department of Trust Lands									
31496	1.00	Administrative services IV	11/18/2024	1	12/16/2024	Position was advertised and filled	$0	$176,788	$176,788
	1.00						$0	$176,788	$176,788
250 - State Library									
1488	0.75	Library associate II	10/21/22	26	N/A	Unsure when this position will be filled as it is contingent upon a retirement. The agency intends to repurpose this position when the retirement occurs.	$95,634	$0	$95,634
1498	1.00	Library specialist	08/23/24	3	12/20/24	Position was filled	185,820	0	185,820
	1.75						$281,454	$0	$281,454
252 - North Dakota School for the Deaf - Resource Center for Deaf and Hard of Hearing									
1558	0.75	Faculty - Not classified	07/01/23	17	N/A	Advertising to fill position	$0	$176,914	$176,914
1567	0.75	Faculty - Not classified	07/01/23	17	N/A	Advertising to fill position	0	176,914	176,914
	1.50						$0	$353,828	$353,828
253 - North Dakota Vision Services - School for the Blind									
1590	1.00	Administrative assistant II	11/30/2024	1	2/1/2025	Advertising to fill position	$149,868	$0	$149,868
	1.00						$149,868	$0	$149,868
270 - Department of Career and Technical Education									
1619	1.00	Program supervisor	7/1/2023	17	1/2/2025	New position in the 2023-25 biennium. Applicant accepted position on 12/2/2024.	$225,506	$0	$225,506
1638	1.00	Program specialist	02/01/24	10	N/A	Discussing how to best utilize this position	157,760	0	157,760
	2.00						$383,266	$0	$383,266
HEALTH AND WELFARE									
303 - Department of Environmental Quality									
1651	1.00	Paralegal	10/07/24	2	01/31/25	Actively recruiting for this position. Expect to fill position January 2025.	$235,520	$0	$235,520
1721	1.00	Environmental scientist II	09/16/24	2.5	12/09/24	Position has been filled. New team member is starting 12/09/2024.	192,722	0	192,722
1725	1.00	Executive assistant	09/13/23	14.5	12/31/24	Currently reclassifying and actively recruiting for this position. Expect to fill position in December 2024.	116,959	95,694	212,653
1740	1.00	Environmental scientist II	03/11/24	8.5	02/28/25	Actively recruiting for this position. We had paused recruitment due to lack of qualified candidates in the applicant pool.	58,865	129,503	188,368
1758	1.00	Chemist II	11/15/24	0.5	01/31/25	Actively recruiting for this position. Closes 12/18/24. Expect position to be filled by 1/31/2025.	165,940	23,879	189,819
1831	1.00	Environmental scientist II	03/11/24	8.5	02/28/25	Actively recruiting for this position. We had paused recruitment due to lack of qualified candidates in the applicant pool.	75,348	113,021	188,369
1843	1.00	Environmental scientist II	09/05/24	3	12/30/24	Position has been filled. New team member is starting 12/30/24.	44,719	178,877	223,596
1908	1.00	Environmental scientist II	11/01/24	1	01/31/25	Actively recruiting for this position. Closed 11/22/2024 and we are currently interviewing. Expect to fill position by January 2025.	26,930	188,513	215,443
1918	1.00	Project manager	10/01/24	2	12/30/24	Position has been filled. New team member is starting 12/30/2024.	112,625	202,409	315,034
1920	1.00	Environmental scientist II	10/07/24	2	12/18/24	Position has been filled. New team member is starting 12/18/2024.		191,300	191,300
1939	1.00	Environmental sciences administrator II	11/01/24	1	01/31/25	Actively recruiting for this position. Closes 12/13/2024. Expect to fill position in January 2025.	241,416	154,348	395,764
1952	1.00	Environmental scientist II	08/13/24	3.5	06/01/25	Position has been filled. New team member is starting 6/1/2025.	42,383	145,986	188,369
31409	1.00	Environmental engineer II	01/15/24	10.5	04/01/25	Actively recruiting for this position. We have posted the position seven times. Currently interviewing.	143,230	68,180	211,410
32006	1.00	Chemist III	07/01/23	17	N/A	This position was requested during the 2023-25 biennium to assist with increased sampling requirement for the Lead and Copper rule. The rule has been delayed. Will fill position when the rule is finalized.	0	213,325	213,325
	14.00						$1,456,657	$1,705,035	$3,161,692
313 - Veterans' Home									
3021	0.70	Licensed practical nurse	06/01/24	6	N/A	Advertising to fill position	$118,190	$0	$118,190
3022	1.00	Laundry attendant	11/01/24	1	N/A	Advertising to fill position	121,294	0	121,294
3038	0.75	Cook	11/04/24	1	12/30/24	Filled	109,852	0	109,852
3042	0.90	Residential living specialist	11/26/24	0	N/A	Advertising to fill position	150,600	0	150,600

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							General Fund	Other Funds	Total
3072	0.80	Registered nurse II	05/26/24	6	N/A	Advertising to fill position	0	168,052	168,052
3074	0.80	Residential living specialist	03/16/24	9	N/A	Advertising to fill position	0	121,626	121,626
3084	0.90	Residential living specialist	06/01/24	6	12/17/24	Filled	0	144,410	144,410
28081	0.90	Residential living specialist	11/27/24	0	03/01/25	Advertising to fill position	0	132,476	132,476
28132	0.80	Residential living specialist	11/01/24	1	N/A	Advertising to fill position	0	132,306	132,306
28184	0.80	Residential living specialist	07/01/24	5	N/A	Advertising to fill position	0	129,230	129,230
3047	0.80	Residential living specialist	09/03/19	63	N/A	Not filling due to census	104,795	0	104,795
3048	0.70	Licensed practical nurse	06/29/20	53	N/A	Unfunded	0	0	0
3053	0.75	Residential living specialist	12/31/20	47	N/A	Not filling due to census	86,495	0	86,495
3069	1.00	Licensed practical nurse	10/15/21	38	N/A	Unfunded	0	0	0
28133	1.00	Residential living specialist II	01/01/21	47	N/A	Unfunded	0	0	0
28152	1.00	Residential living specialist II	06/22/20	54	N/A	Unfunded	0	0	0
28174	1.00	Residential living specialist II	07/17/17	89	N/A	Unfunded	0	0	0
29041	1.00	Licensed practical nurse	05/28/21	42	N/A	Unfunded	0	0	0
29042	0.80	Residential living specialist II	07/01/21	41	N/A	Unfunded	0	0	0
29334	0.60	Laundry worker	04/02/20	56	N/A	Not filling due to census	132,579	0	132,579
	17.00						$823,805	$828,100	$1,651,905
316 - Indian Affairs Commission									
		None					$0	$0	$0
	0.00						$0	$0	$0
321 - Department of Veterans' Affairs									
		None					$0	$0	$0
	0.00						$0	$0	$0
325 - Department of Human Services									
3554	1.00	Disability claims analyst	5/1/2024	7	N/A	Federal hiring freeze; inability to post and fill	$0	$190,775	190,775
3485	1.00	Disability claims analyst I	7/1/2023	17	N/A	Federal hiring freeze; inability to post and fill	0	190,781	190,781
3595	1.00	Disability claims analyst	11/1/2024	1	N/A	Federal hiring freeze; inability to post and fill	0	187,635	187,635
30342	1.00	Social services public information specialist IV	2/1/2021	47	N/A	Not budgeted for in the 2023-25 biennium and/or can be deleted	160,283	41,027	201,310
31816	0.75	Ombudsman	2/1/2024	10	N/A	Not budgeted for in the 2023-25 biennium and/or can be deleted	0	0	0
31000	1.00	Psychiatrist	3/1/2024	9	N/A	Not budgeted for in the 2023-25 biennium and/or can be deleted	44	0	44
31849	1.00	Vision rehab specialist I	3/1/2024	9	N/A	Not budgeted for in the 2023-25 biennium and/or can be deleted	0	0	0
31386	0.20	Physician - Not classified	6/1/2022	30	N/A	Not budgeted for in the 2023-25 biennium and/or can be deleted	418,188	0	418,188
30790	1.00	Budgeted - Pending classification	7/1/2021	42	N/A	Not budgeted for in the 2023-25 biennium and/or can be deleted	0	0	0
30832	0.70	Research and evaluation	7/1/2021	42	N/A	Not budgeted for in the 2023-25 biennium and/or can be deleted	0	39,478	39,478
10197	0.50	Cook I	7/1/2022	29	N/A	Not budgeted for in the 2023-25 biennium and/or can be deleted	16,637	19,832	36,469
25809	1.00	Attorney	8/1/2024	4	N/A	Not budgeted for in the 2023-25 biennium and/or can be deleted	95,385	185,158	280,543
25776	1.00	Child services outgoing interstate supervisor	8/1/2024	4	N/A	Not budgeted for in the 2023-25 biennium and/or can be deleted	68,488	132,948	201,436
2037	0.30	Licensed practical nurse II	9/1/2022	27	N/A	Not budgeted for in the 2023-25 biennium and/or can be deleted	19,633	23,403	43,036
2253	0.26	Direct care associate III	10/1/2022	26	N/A	Not budgeted for in the 2023-25 biennium and/or can be deleted	20	24	44
10199	0.50	Cook I	11/1/2021	38	N/A	Not budgeted for in the 2023-25 biennium and/or can be deleted	20	24	44
2095	1.00	Food services assistant	11/1/2024	1	N/A	Not budgeted for in the 2023-25 biennium and/or can be deleted	51,980	61,961	113,941
2117	0.50	Cook I	12/1/2022	24	N/A	Not budgeted for in the 2023-25 biennium and/or can be deleted	38,252	45,598	83,850
2313	1.00	Direct care associate I	12/1/2022	24	N/A	Not budgeted for in the 2023-25 biennium and/or can be deleted	18,010	21,468	39,478
3641	0.00	Advanced clinical specialist	12/1/2023	12	N/A	Not budgeted for in the 2023-25 biennium and/or can be deleted	44	0	44
2829	1.00	Activity assistant II	5/1/2023	19	1/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	214,739	61,548	276,287
2914	1.00	Activity assistant II	10/1/2024	2	1/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	155,512	0	155,512
2549	1.00	Treatment unit director	10/1/2024	2	1/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	321,191	0	321,191
2681	1.00	Activity assistant II	12/1/2022	24	1/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	10,260	0	10,260
2697	1.00	Health human services program administrator VI	1/1/2024	11	2/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	333,179	0	333,179
2658	1.00	Program administrator	4/1/2023	20	2/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	183,961	52,727	236,688
2544	1.00	Administrative assistant I	5/1/2023	19	2/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	107,241	49,586	156,827
31619	1.00	Administrative assistant	6/1/2023	18	2/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	107,505	59,066	166,571
31988	1.00	Recovery administrator	6/1/2024	6	2/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	207,710	28,978	236,688
2662	1.00	Applied behavioral analyst I	6/1/2024	6	2/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	194,169	0	194,169

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32003	1.00	Clinical care coordinator	7/1/2024	5	2/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	140,007	64,737	204,744
2848	1.00	Certified medical coder	7/1/2024	5	2/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	156,571	0	156,571
2529	1.00	State Hospital clinical coordinator	9/1/2024	3	2/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	246,335	0	246,335
29664	1.00	Free Through Recovery administrator	9/1/2024	3	2/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	206,152	0	206,152
1907	1.00	Administrative assistant I	10/1/2024	2	2/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	145,686	0	145,686
32083	1.00	Behavioral modification specialist	11/1/2024	1	2/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	140,007	64,737	204,744
32105	1.00	Environment health practitioner II	11/1/2024	1	2/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	82,122	154,566	236,688
32097	1.00	Behavioral modification specialist - Restoration	11/1/2024	1	2/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	159,133	45,610	204,743
2956	1.00	Maintenance worker II	11/1/2024	1	2/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	162,382	0	162,382
2986	1.00	Client access lead	1/1/2024	11	3/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	139,025	39,847	178,872
2881	1.00	Case manager	1/1/2024	11	3/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	13,237	0	13,237
28216	1.00	Data systems analyst	1/1/2024	11	3/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	82,230	183,933	266,163
2096	1.00	Cook II	2/1/2022	34	3/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	64,351	76,707	141,058
2147	1.00	Custodian	3/1/2023	21	3/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	54,594	69,312	123,906
2975	1.00	Behavioral health therapist	3/1/2023	21	3/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	171,406	0	171,406
2098	1.00	Cook I	3/1/2024	9	3/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	65,562	83,237	148,799
31857	1.00	Grants management specialist	3/1/2024	9	3/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	82,122	154,566	236,688
10208	1.00	Registered nurse II	4/1/2023	20	3/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	104,286	132,401	236,687
2218	1.00	Human service program administrator IV	4/1/2024	8	3/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	119,495	142,441	261,936
1649	1.00	Physician	4/1/2024	8	3/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	801,789	0	801,789
2304	1.00	Human relations counselor	5/1/2023	19	3/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	104,286	132,401	236,687
2427	1.00	Life skills manager	5/1/2023	19	3/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	43,317	51,635	94,952
31961	1.00	Financial counselor	5/1/2024	7	3/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	156,973	21,899	178,872
31924	1.00	Human resources generalist	5/1/2024	7	3/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	192,279	44,409	236,688
31951	1.00	Clinical care coordinator	5/1/2024	7	3/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	161,851	74,837	236,688
1801	1.00	Public health engagement specialist	5/1/2024	7	3/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	28,934	197,996	226,930
3899	1.00	Addiction counselor II	6/1/2023	18	3/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	112,332	0	112,332
31987	1.00	Mental health manager	6/1/2024	6	3/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	179,677	25,067	204,744
2759	1.00	Accounts receivable supervisor	6/1/2024	6	3/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	319,080	0	319,080
2192	1.00	Vocational occupational therapist	6/1/2024	6	3/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	108,388	129,201	237,589
2141	1.00	General trades maintenance worker II	7/1/2024	5	3/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	82,733	98,620	181,353
2066	1.00	Executive assistant	8/1/2021	41	3/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	89,670	106,888	196,558
31673	1.00	Peer support specialist	8/1/2024	4	3/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	143,765	0	143,765

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2036	1.00	Registered nurse III	8/1/2024	4	3/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	113,723	135,560	249,283
2434	1.00	Activity assistant II	9/1/2024	3	3/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	63,329	75,490	138,819
2738	1.00	State Hospital nursing director	9/1/2024	3	3/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	371,959	0	371,959
2725	1.00	Direct care associate III	10/1/2023	14	3/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	150,207	0	150,207
1878	1.00	Human resources associate	11/1/2023	13	3/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	93,078	79,073	172,151
32065	1.00	Administrative assistant	11/1/2024	1	3/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	137,627	19,200	156,827
32073	1.00	Certified medical coder	11/1/2024	1	3/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	179,677	25,067	204,744
32075	1.00	Financial counselor	11/1/2024	1	3/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	156,973	21,899	178,872
32076	1.00	Financial counselor	11/1/2024	1	3/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	156,973	21,899	178,872
32077	1.00	Insurance billing specialist	11/1/2024	1	3/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	156,973	21,899	178,872
32078	1.00	Procurement and contract specialist	11/1/2024	1	3/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	237,334	33,111	270,445
32063	1.00	Licensed addiction counselor	11/1/2024	1	3/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	161,851	74,837	236,688
32064	1.00	Psychometrist	11/1/2024	1	3/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	140,007	64,737	204,744
32049	1.00	Communications specialist	11/1/2024	1	3/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	161,437	43,306	204,743
32061	1.00	Marketing specialist	11/1/2024	1	3/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	161,437	43,306	204,743
32055	1.00	Human resources generalist	11/1/2024	1	3/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	192,279	44,409	236,688
32056	1.00	Human resources generalist	11/1/2024	1	3/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	192,303	44,414	236,717
32057	1.00	Human resources generalist	11/1/2024	1	3/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	192,279	44,409	236,688
32052	1.00	Safety and security specialist	11/1/2024	1	3/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	192,279	44,409	236,688
32051	1.00	Total rewards manager	11/1/2024	1	3/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	224,378	51,822	276,200
32081	1.00	Psychometrist	11/1/2024	1	3/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	140,007	64,737	204,744
32082	1.00	Behavioral modification specialist	11/1/2024	1	3/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	140,007	64,737	204,744
32084	1.00	Behavioral health therapist	11/1/2024	1	3/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	188,930	87,357	276,287
32093	1.00	Behavioral health therapist	11/1/2024	1	3/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	188,930	87,357	276,287
1836	1.00	Accounting systems manager	11/1/2024	1	3/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	152,933	129,923	282,856
2257	1.00	Qualified intellectual disability professional	11/1/2024	1	3/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	98,367	117,256	215,623
2704	1.00	Financial counselor	1/1/2022	36	4/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	181,410	0	181,410
29525	1.00	Addiction counselor III	3/1/2023	21	4/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	245,689	0	245,689
29523	1.00	Reimbursement and contract manager	4/1/2023	20	4/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	150,207	0	150,207
3404	1.00	Mental health technician	4/1/2024	8	4/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	139,555	0	139,555
3943	1.00	Quality manager	6/1/2024	6	4/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	217,727	0	217,727
3819	1.00	Addiction counselor I	8/1/2023	16	4/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	39,478	0	39,478
32036	1.00	User acceptance testing analyst	10/1/2024	2	4/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	92,374	163,940	256,314

Agency Name and Position No.	FTE Position Count	Position Description	Date Vacated	Number of Months Vacant as of December 2024	Date Expected to Be Filled	Current Status/Agency Response	Salary and Fringe Benefit Amounts 2025-27 Biennium Base Level Funding		
							General Fund	Other Funds	Total
32037	1.00	User acceptance testing analyst	10/1/2024	2	4/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	92,374	163,940	256,314
32107	1.00	Assistant director	11/1/2024	1	4/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	124,241	152,046	276,287
32074	1.00	Certified medical coder	11/1/2024	1	4/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	179,677	25,067	204,744
32066	1.00	Client access lead	11/1/2024	1	4/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	156,973	21,899	178,872
32067	1.00	Client access lead	11/1/2024	1	4/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	156,973	21,899	178,872
32068	1.00	Client access lead	11/1/2024	1	4/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	156,973	21,899	178,872
32069	1.00	Client access lead	11/1/2024	1	4/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	156,973	21,899	178,872
32070	1.00	Client access lead	11/1/2024	1	4/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	156,973	21,899	178,872
32071	1.00	Client access lead	11/1/2024	1	4/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	156,973	21,899	178,872
32072	1.00	Client access lead	11/1/2024	1	4/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	156,973	21,899	178,872
32059	1.00	Executive administrative assistant	11/1/2024	1	4/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	113,683	26,256	139,939
32058	1.00	Human resources generalist	11/1/2024	1	4/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	192,279	44,409	236,688
32053	1.00	Talent management specialist	11/1/2024	1	4/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	192,279	44,409	236,688
32101	1.00	Claims specialist	11/1/2024	1	4/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	75,072	103,800	178,872
32100	1.00	Home and community based services compliance analyst	11/1/2024	1	4/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	115,956	160,331	276,287
32102	1.00	Medicaid management information system business analyst	11/1/2024	1	4/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	99,337	137,351	236,688
32099	1.00	Special projects coordinator	11/1/2024	1	4/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	99,337	137,351	236,688
32085	1.00	Behavioral health therapist	11/1/2024	1	4/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	188,930	87,357	276,287
32094	1.00	Licensed addiction counselor	11/1/2024	1	4/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	161,851	74,837	236,688
32095	1.00	Licensed addiction counselor	11/1/2024	1	4/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	161,851	74,837	236,688
32096	1.00	Clinical services initiative coordinator	11/1/2024	1	4/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	161,851	74,837	236,688
3979	1.00	Vocational rehabilitation director	6/1/2024	6	5/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	103,693	241,949	345,642
2255	1.00	Applied behavioral analyst I	7/1/2024	5	5/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	89,272	106,415	195,687
2366	1.00	Enhanced case management specialist	8/1/2021	41	5/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	187,313	20,813	208,126
2333	1.00	Enhanced case management supervisor	9/1/2020	52	5/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	187,313	20,813	208,126
32080	1.00	Licensed addiction counselor	11/1/2024	1	5/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	161,851	74,837	236,688
32086	1.00	Behavioral health therapist	11/1/2024	1	5/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	188,930	87,357	276,287
2463	1.00	Human resources business partner manager	4/1/2024	8	6/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	218,413	47,750	266,163
32054	1.00	Talent management specialist	11/1/2024	1	6/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	192,279	44,409	236,688
1763	1.00	Administrative assistant I	1/1/2024	11	7/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	0	143,856	143,856
30154	1.00	Behavioral health administrator	9/1/2024	3	7/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	121,546	121,546	243,092
2541	1.00	Health human services program administrator III	11/1/2024	1	7/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	213,620	0	213,620
4345	1.00	Administrative assistant I	10/1/2024	2	9/1/2025	Phase 1 - Part of current budget, position number established, job description completed and in process of being classified then posted	93,132	0	93,132
2786	1.00	Direct care associate	3/1/2024	9	1/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	107,979	30,949	138,928

Agency Name and Position No.	FTE Position Count	Position Description	Date Vacated	Number of Months Vacant as of December 2024	Date Expected to Be Filled	Current Status/Agency Response	Salary and Fringe Benefit Amounts 2025-27 Biennium Base Level Funding		
							General Fund	Other Funds	Total
2854	1.00	Direct care associate	7/1/2023	17	1/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	107,979	30,949	138,928
2640	1.00	Custodian	10/1/2024	2	1/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	139,542	0	139,542
2930	1.00	Security officer	10/1/2024	2	1/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	152,402	0	152,402
2765	1.00	Direct care associate I	11/1/2023	13	1/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	139,148	0	139,148
2995	1.00	Custodian	11/1/2024	1	1/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	136,383	0	136,383
2391	1.00	Security officer I	11/1/2024	1	1/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	158,682	0	158,682
32113	1.00	Global process owner	12/1/2024	0	1/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	156,190	140,155	296,345
2891	1.00	Client access supervisor	1/1/2024	11	2/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	183,961	52,727	236,688
2761	1.00	Registered nurse II	3/1/2024	9	2/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	183,961	52,727	236,688
31888	1.00	Behavioral health therapist - Functional family therapy	4/1/2024	8	2/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	263,550	0	263,550
2770	0.50	Registered nurse II	5/1/2024	7	2/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	183,961	52,727	236,688
3175	1.00	Administrative assistant I	5/1/2024	7	2/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	145,954	0	145,954
4171	1.00	Behavioral modification specialist - Adult	6/1/2024	6	2/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	155,986	0	155,986
2814	1.00	Licensed practical nurse II	6/1/2024	6	2/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	188,886	0	188,886
2657	1.00	Regional director	7/1/2022	29	2/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	220,613	102,007	322,620
2928	1.00	Security officer	8/1/2024	4	2/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	158,914	0	158,914
2080	0.80	Occupational therapist	9/1/2023	15	2/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	99,453	118,550	218,003
2775	0.60	Registered nurse II	9/1/2024	3	2/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	183,961	52,727	236,688
3829	1.00	Behavioral modification specialist - Adult	10/1/2024	2	2/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	186,232	0	186,232
2828	1.00	Direct care associate III	10/1/2024	2	2/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	139,148	0	139,148
25463	1.00	Residential direct care associate	10/1/2024	2	2/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	141,586	0	141,586
2831	1.00	Direct care associate I	11/1/2023	13	2/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	139,148	0	139,148
32087	1.00	Behavioral health therapist	11/1/2024	1	2/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	188,930	87,357	276,287
3565	1.00	Administrative assistant	11/1/2024	1	2/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	34,690	127,414	162,104
4146	1.00	Behavioral modification specialist - Youth	11/1/2024	1	2/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	185,326	0	185,326
3922	1.00	Behavioral modification specialist	11/1/2024	1	2/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	146,727	0	146,727
4259	1.00	Registered nurse	11/1/2024	1	2/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	208,111	0	208,111
2771	1.00	Registered nurse II	11/1/2024	1	2/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	247,326	0	247,326
24589	1.00	Residential direct care associate	11/1/2024	1	2/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	156,909	0	156,909
2741	1.00	Social worker II	11/1/2024	1	2/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	89,577	106,777	196,354
2816	1.00	Direct care associate III	12/1/2021	37	2/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	12,047	0	12,047
2935	1.00	Direct care associate III	12/1/2021	37	2/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	145,996	0	145,996
32116	1.00	Inclusion administrator	12/1/2024	0	2/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	0	212,888	212,888
2047	1.00	Direct care associate III	1/1/2024	11	3/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	69,100	87,728	156,828
3677	1.00	Behavioral health therapist - Adult	1/1/2024	11	3/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	245,081	0	245,081
2900	0.62	Direct care associate III	2/1/2024	10	3/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	121,891	34,936	156,827
3310	1.00	Developmental disabilities counselor II	3/1/2022	34	3/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	211,884	0	211,884
2484	1.00	Direct support professional	3/1/2024	9	3/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	83,884	99,992	183,876
3740	1.00	Behavioral health therapist - Adult lead	4/1/2024	8	3/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	39,478	0	39,478
31884	1.00	Behavioral health therapist - Functional family therapy	4/1/2024	8	3/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	263,537	0	263,537
31885	1.00	Behavioral health therapist - Functional family therapy	4/1/2024	8	3/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	263,537	0	263,537
31898	1.00	Behavioral health therapist - Functional family therapy	4/1/2024	8	3/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	263,537	0	263,537
31890	1.00	Behavioral health therapist - Functional family therapy	4/1/2024	8	3/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	263,550	0	263,550
31891	1.00	Behavioral health therapist - Functional family therapy	4/1/2024	8	3/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	263,550	0	263,550
24593	1.00	Direct care associate III	5/1/2023	19	3/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	12,567	0	12,567
31948	1.00	Clinical care coordinator	5/1/2024	7	3/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	161,851	74,837	236,688
31956	1.00	Clinical care coordinator	5/1/2024	7	3/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	161,851	74,837	236,688
31957	1.00	Clinical care coordinator	5/1/2024	7	3/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	161,851	74,837	236,688
31965	1.00	Peer support specialist - Behavioral health	5/1/2024	7	3/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	107,241	49,586	156,827
31935	1.00	Behavioral health therapist - Crisis	5/1/2024	7	3/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	292,281	0	292,281
2960	1.00	Occupational therapist	6/1/2022	30	3/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	161,851	74,837	236,688
2925	1.00	Unit program coordinator	6/1/2022	30	3/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	19,749	0	19,749
2907	1.00	Licensed addiction counselor	6/1/2024	6	3/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	187,787	0	187,787
3226	1.00	Audit supervisor	6/1/2024	6	3/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	83,793	83,793	167,586
2979	1.00	Registered nurse II	6/1/2024	6	3/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	251,238	0	251,238
2223	1.00	Direct care associate III	7/1/2023	17	3/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	18,010	21,468	39,478
2208	1.00	Direct care associate III	7/1/2023	17	3/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	69,508	82,855	152,363
3983	1.00	Licensed baccalaureate social worker - Adult	7/1/2024	5	3/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	211,246	0	211,246
30231	1.00	Licensed baccalaureate social worker - Crisis	7/1/2024	5	3/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	254,047	0	254,047
2195	1.00	Direct care associate III	8/1/2023	16	3/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	18,010	21,468	39,478
2206	1.00	Direct support professional	8/1/2024	4	3/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	69,100	87,728	156,828

Agency Name and Position No.	FTE Position Count	Position Description	Date Vacated	Number of Months Vacant as of December 2024	Date Expected to Be Filled	Current Status/Agency Response	Salary and Fringe Benefit Amounts 2025-27 Biennium Base Level Funding		
							General Fund	Other Funds	Total
2401	1.00	Life skills manager	8/1/2024	4	3/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	78,812	100,060	178,872
2476	1.00	Administrative assistant I	8/1/2024	4	3/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	64,113	76,424	140,537
3861	1.00	Behavioral health therapist - Crisis	8/1/2024	4	3/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	190,033	0	190,033
2723	1.00	Client accounts supervisor	8/1/2024	4	3/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	179,475	0	179,475
2435	1.00	Direct support professional	8/1/2024	4	3/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	66,198	78,909	145,107
4109	1.00	Case manager II	8/1/2024	4	3/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	196,794	0	196,794
3509	1.00	Regional administrator	8/1/2024	4	3/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	56,055	205,883	261,938
2281	1.00	Direct support professional	9/1/2024	3	3/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	69,100	87,728	156,828
3652	1.00	Behavioral modification specialist - Youth	9/1/2024	3	3/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	184,649	0	184,649
2910	1.00	Direct care associate III	9/1/2024	3	3/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	156,571	0	156,571
2284	1.00	Direct support professional	9/1/2024	3	3/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	63,483	75,673	139,156
2429	1.00	Direct support professional	9/1/2024	3	3/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	71,427	85,143	156,570
2298	1.00	Direct support professional	9/1/2024	3	3/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	69,654	83,028	152,682
2295	1.00	Direct support professional	9/1/2024	3	3/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	43,317	51,635	94,952
2776	1.00	Registered nurse II	9/1/2024	3	3/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	226,757	0	226,757
4428	1.00	Residential dual licensed therapist	9/1/2024	3	3/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	243,778	0	243,778
2426	1.00	Direct care associate III	10/1/2022	26	3/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	18,010	21,468	39,478
26317	1.00	Licensed addiction counselor	10/1/2023	14	3/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	12,286	0	12,286
2028	1.00	Direct support professional	10/1/2024	2	3/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	69,100	87,728	156,828
3545	1.00	Administrative assistant I	10/1/2024	2	3/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	36,596	134,413	171,009
4309	1.00	Behavioral health therapist - Crisis	10/1/2024	2	3/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	237,325	0	237,325
2297	1.00	Direct support professional	10/1/2024	2	3/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	63,483	75,673	139,156
29408	1.00	Direct support professional	10/1/2024	2	3/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	43,317	51,635	94,952
2015	1.00	Direct support professional	10/1/2024	2	3/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	68,521	81,678	150,199
2460	1.00	Direct support professional	10/1/2024	2	3/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	66,198	78,909	145,107
2315	1.00	Direct support professional	10/1/2024	2	3/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	77,782	92,717	170,499
24983	1.00	Licensed addiction counselor - Adult	10/1/2024	2	3/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	223,941	0	223,941
2496	1.00	Direct support professional	11/1/2024	1	3/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	69,100	87,728	156,828
32079	1.00	Licensed addiction counselor	11/1/2024	1	3/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	161,851	74,837	236,688
32088	1.00	Behavioral health therapist	11/1/2024	1	3/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	188,930	87,357	276,287
32089	1.00	Behavioral health therapist	11/1/2024	1	3/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	188,930	87,357	276,287
32090	1.00	Case manager	11/1/2024	1	3/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	140,007	64,737	204,744
32091	1.00	Case manager	11/1/2024	1	3/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	140,007	64,737	204,744
32092	1.00	Case manager	11/1/2024	1	3/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	140,007	64,737	204,744
2982	1.00	Direct care associate III	11/1/2024	1	3/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	150,207	0	150,207
29518	1.00	Direct care associate III	11/1/2024	1	3/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	106,207	0	106,207
3317	1.00	Direct care associate III	11/1/2024	1	3/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	161,017	0	161,017
2489	1.00	Direct support professional	11/1/2024	1	3/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	71,427	85,143	156,570
3512	1.00	Rehab tech	11/1/2024	1	3/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	35,754	131,321	167,075
3921	1.00	Residential administrator	11/1/2024	1	3/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	241,756	0	241,756
3994	1.00	Vocational rehab counselor	11/1/2024	1	3/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	44,832	164,662	209,494
2329	1.00	Direct care associate III	12/1/2023	12	3/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	69,100	87,728	156,828
30225	1.00	Advanced clinical specialist	4/1/2023	20	4/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	237,959	0	237,959
31882	1.00	Behavioral health therapist - Functional family therapy	4/1/2024	8	4/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	260,261	0	260,261
4308	1.00	Clinical director	4/1/2024	8	4/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	347,603	0	347,603
31954	1.00	Clinical care coordinator	5/1/2024	7	4/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	161,851	74,837	236,688
3719	1.00	Behavioral health therapist - Youth lead	5/1/2024	7	4/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	239,829	0	239,829
2998	1.00	Licensed forensic psychologist	5/1/2024	7	4/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	333,179	0	333,179
2961	1.00	Behavioral health therapist	6/1/2024	6	4/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	201,074	0	201,074
4350	1.00	Advanced clinical specialist	11/1/2023	13	4/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	39,478	0	39,478
4355	1.00	Psychiatrist	10/1/2024	2	7/1/2025	Phase 2 - Position posted; actively recruiting and has not yet closed	713,717	0	713,717
3557	1.00	Office assistant III	10/1/2024	2	12/1/2024	Phase 2 - Position posted; actively recruiting and has not yet closed	34,690	127,414	162,104
2102	1.00	Food service assistant	4/1/2023	20	1/1/2025	Phase 3 - Position posting closed; applications being reviewed and interviews scheduled	26,934	32,105	59,039
2103	1.00	Cook I	4/1/2024	8	1/1/2025	Phase 3 - Position posting closed; applications being reviewed and interviews scheduled	65,562	83,237	148,799
2055	1.00	Licensed practical nurse II	7/1/2023	17	1/1/2025	Phase 3 - Position posting closed; applications being reviewed and interviews scheduled	82,481	98,320	180,801
32106	1.00	Supplemental nutrition assistance program administrator	11/1/2024	1	1/1/2025	Phase 3 - Position posting closed; applications being reviewed and interviews scheduled	85,301	151,387	236,688
4385	1.00	Advanced clinical specialist	6/1/2023	18	2/1/2025	Phase 3 - Position posting closed; applications being reviewed and interviews scheduled	39,478	0	39,478
2685	1.00	Regional director	1/1/2022	36	2/1/2025	Phase 3 - Position posting closed; applications being reviewed and interviews scheduled	220,613	102,007	322,620
2815	1.00	Direct care associate III	1/1/2024	11	2/1/2025	Phase 3 - Position posting closed; applications being reviewed and interviews scheduled	13,321	0	13,321

Agency Name and Position No.	FTE Position Count	Position Description	Date Vacated	Number of Months Vacant as of December 2024	Date Expected to Be Filled	Current Status/Agency Response	Salary and Fringe Benefit Amounts 2025-27 Biennium Base Level Funding		
							General Fund	Other Funds	Total
2890	1.00	Direct care associate III	2/1/2024	10	2/1/2025	Phase 3 - Position posting closed; applications being reviewed and interviews scheduled	107,241	49,586	156,827
29519	1.00	Direct care associate III	2/1/2024	10	2/1/2025	Phase 3 - Position posting closed; applications being reviewed and interviews scheduled	150,207	0	150,207
2821	1.00	Case manager	3/1/2024	9	2/1/2025	Phase 3 - Position posting closed; applications being reviewed and interviews scheduled	140,007	64,737	204,744
2988	1.00	Case manager	4/1/2024	8	2/1/2025	Phase 3 - Position posting closed; applications being reviewed and interviews scheduled	140,007	64,737	204,744
31883	1.00	Behavioral health therapist - Functional family therapy	4/1/2024	8	2/1/2025	Phase 3 - Position posting closed; applications being reviewed and interviews scheduled	263,537	0	263,537
31959	1.00	Clinical care coordinator	5/1/2024	7	2/1/2025	Phase 3 - Position posting closed; applications being reviewed and interviews scheduled	161,851	74,837	236,688
31960	1.00	Clinical care coordinator	5/1/2024	7	2/1/2025	Phase 3 - Position posting closed; applications being reviewed and interviews scheduled	161,851	74,837	236,688
3482	1.00	Behavioral health counselor - Crisis	5/1/2024	7	2/1/2025	Phase 3 - Position posting closed; applications being reviewed and interviews scheduled	224,246	0	224,246
4018	1.00	Behavioral health therapist - Adult	5/1/2024	7	2/1/2025	Phase 3 - Position posting closed; applications being reviewed and interviews scheduled	245,081	0	245,081
31939	1.00	Behavioral health therapist - Crisis	5/1/2024	7	2/1/2025	Phase 3 - Position posting closed; applications being reviewed and interviews scheduled	288,903	0	288,903
3764	1.00	Case manager - Youth	7/1/2024	5	2/1/2025	Phase 3 - Position posting closed; applications being reviewed and interviews scheduled	185,361	0	185,361
3972	1.00	Behavioral modification specialist - Crisis	8/1/2024	4	2/1/2025	Phase 3 - Position posting closed; applications being reviewed and interviews scheduled	227,003	0	227,003
3320	1.00	Behavioral health counselor - Adult	8/1/2024	4	2/1/2025	Phase 3 - Position posting closed; applications being reviewed and interviews scheduled	209,417	0	209,417
3736	1.00	Peer support specialist	8/1/2024	4	2/1/2025	Phase 3 - Position posting closed; applications being reviewed and interviews scheduled	133,993	0	133,993
32030	1.00	Harm reduction epidemiologist	9/1/2024	3	2/1/2025	Phase 3 - Position posting closed; applications being reviewed and interviews scheduled	82,122	154,566	236,688
4230	1.00	Administrative officer II	9/1/2024	3	2/1/2025	Phase 3 - Position posting closed; applications being reviewed and interviews scheduled	182,346	0	182,346
3789	1.00	Case manager - Adult	9/1/2024	3	2/1/2025	Phase 3 - Position posting closed; applications being reviewed and interviews scheduled	185,296	0	185,296
3898	1.00	Case manager II	9/1/2024	3	2/1/2025	Phase 3 - Position posting closed; applications being reviewed and interviews scheduled	190,758	0	190,758
3955	1.00	Advanced clinical specialist	10/1/2022	26	2/1/2025	Phase 3 - Position posting closed; applications being reviewed and interviews scheduled	275,666	0	275,666
3617	1.00	Administrative assistant I	10/1/2024	2	2/1/2025	Phase 3 - Position posting closed; applications being reviewed and interviews scheduled	136,130	0	136,130
32060	1.00	Communications specialist	11/1/2024	1	2/1/2025	Phase 3 - Position posting closed; applications being reviewed and interviews scheduled	161,437	43,306	204,743
32103	1.00	Compliance officer	11/1/2024	1	2/1/2025	Phase 3 - Position posting closed; applications being reviewed and interviews scheduled	124,747	111,940	236,687
3166	1.00	Behavioral modification specialist - Adult	11/1/2024	1	2/1/2025	Phase 3 - Position posting closed; applications being reviewed and interviews scheduled	177,118	0	177,118
3665	1.00	Behavioral health counselor - Adult	11/1/2024	1	2/1/2025	Phase 3 - Position posting closed; applications being reviewed and interviews scheduled	245,081	0	245,081
4289	1.00	Behavioral health therapist	11/1/2024	1	2/1/2025	Phase 3 - Position posting closed; applications being reviewed and interviews scheduled	246,329	0	246,329
3616	1.00	Behavioral health therapist - Crisis	11/1/2024	1	2/1/2025	Phase 3 - Position posting closed; applications being reviewed and interviews scheduled	267,655	0	267,655
3210	1.00	Community prevention administrator	11/1/2024	1	2/1/2025	Phase 3 - Position posting closed; applications being reviewed and interviews scheduled	0	204,353	204,353
4020	1.00	Licensed baccalaureate social worker - Adult	11/1/2024	1	2/1/2025	Phase 3 - Position posting closed; applications being reviewed and interviews scheduled	187,915	0	187,915
2926	1.00	Logistics manager	11/1/2024	1	2/1/2025	Phase 3 - Position posting closed; applications being reviewed and interviews scheduled	126,115	107,140	233,255
4214	0.90	Office assistant III	11/1/2024	1	2/1/2025	Phase 3 - Position posting closed; applications being reviewed and interviews scheduled	142,929	0	142,929
2896	1.00	Case manager	12/1/2023	12	2/1/2025	Phase 3 - Position posting closed; applications being reviewed and interviews scheduled	159,133	45,610	204,743
31955	1.00	Clinical care coordinator	5/1/2024	7	3/1/2025	Phase 3 - Position posting closed; applications being reviewed and interviews scheduled	161,851	74,837	236,688
2797	1.00	Residential direct care associate	7/1/2023	17	3/1/2025	Phase 3 - Position posting closed; applications being reviewed and interviews scheduled	150,207	0	150,207

Agency Name and Position No.	FTE Position Count	Position Description	Date Vacated	Number of Months Vacant as of December 2024	Date Expected to Be Filled	Current Status/Agency Response	Salary and Fringe Benefit Amounts 2025-27 Biennium Base Level Funding		
							General Fund	Other Funds	Total
32048	1.00	Family navigator	11/1/2024	1	3/1/2025	Phase 3 - Position posting closed; applications being reviewed and interviews scheduled	179,677	25,067	204,744
4110	1.00	Case manager	11/1/2024	1	3/1/2025	Phase 3 - Position posting closed; applications being reviewed and interviews scheduled	204,339	0	204,339
31678	1.00	Peer support specialist	11/1/2024	1	3/1/2025	Phase 3 - Position posting closed; applications being reviewed and interviews scheduled	131,000	0	131,000
31886	1.00	Behavioral health therapist - Functional family therapy	4/1/2024	8	1/1/2025	Phase 4 - Position has been offered and offer is pending	263,550	0	263,550
31937	1.00	Behavioral health therapist - Crisis	5/1/2024	7	1/1/2025	Phase 4 - Position has been offered and offer is pending	292,265	0	292,265
24586	1.00	Residential direct care associate	7/1/2023	17	1/1/2025	Phase 4 - Position has been offered and offer is pending	12,808	0	12,808
2753	1.00	Administrative assistant II	7/1/2024	5	1/1/2025	Phase 4 - Position has been offered and offer is pending	172,022	0	172,022
2445	1.00	Qualified intellectual disability professional	8/1/2024	4	1/1/2025	Phase 4 - Position has been offered and offer is pending	110,758	132,026	242,784
32042	1.00	Learning and development specialist	10/1/2024	2	1/1/2025	Phase 4 - Position has been offered and offer is pending	75,686	134,324	210,010
1990	1.00	Administrative assistant II	10/1/2024	2	1/1/2025	Phase 4 - Position has been offered and offer is pending	75,902	90,476	166,378
2769	1.00	Nurse practitioner	10/1/2024	2	1/1/2025	Phase 4 - Position has been offered and offer is pending	357,573	0	357,573
2421	1.00	Qualified intellectual disability professional	11/1/2024	1	1/1/2025	Phase 4 - Position has been offered and offer is pending	98,367	117,256	215,623
26315	1.00	Residential direct care associate	12/1/2023	12	1/1/2025	Phase 4 - Position has been offered and offer is pending	12,879	0	12,879
31947	1.00	Clinical care coordinator	5/1/2024	7	2/1/2025	Phase 4 - Position has been offered and offer is pending	161,851	74,837	236,688
31934	1.00	Behavioral health therapist - Crisis	5/1/2024	7	2/1/2025	Phase 4 - Position has been offered and offer is pending	292,236	0	292,236
3302	1.00	Advanced clinical specialist	6/1/2023	18	2/1/2025	Phase 4 - Position has been offered and offer is pending	245,081	0	245,081
2838	1.00	Residential direct care associate	8/1/2024	4	2/1/2025	Phase 4 - Position has been offered and offer is pending	142,956	0	142,956
4049	1.00	1915i navigator	9/1/2024	3	2/1/2025	Phase 4 - Position has been offered and offer is pending	96,293	96,293	192,586
3730	1.00	Registered nurse	11/1/2024	1	2/1/2025	Phase 4 - Position has been offered and offer is pending	213,514	0	213,514
29659	1.00	Free through recovery administrator lead	3/1/2024	9	1/1/2025	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	247,039	0	247,039
3154	1.00	Behavioral health counselor - Crisis lead	4/1/2024	8	1/1/2025	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	251,117	0	251,117
31892	1.00	Behavioral health therapist - Functional family therapy	4/1/2024	8	1/1/2025	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	263,537	0	263,537
31952	1.00	Community behavioral health liaison	5/1/2024	7	1/1/2025	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	161,851	74,837	236,688
31962	1.00	Certified medical coder	5/1/2024	7	1/1/2025	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	140,007	64,737	204,744
31946	1.00	Clinical care coordinator	5/1/2024	7	1/1/2025	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	161,851	74,837	236,688
31963	1.00	Clinical trainer	5/1/2024	7	1/1/2025	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	140,007	64,737	204,744
31964	1.00	Clinical trainer	5/1/2024	7	1/1/2025	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	140,007	64,737	204,744
2920	1.00	Direct care associate	6/1/2024	6	1/1/2025	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	156,558	0	156,558
2139	1.00	Direct care associate III	7/1/2024	5	1/1/2025	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	152,373	0	152,373
4135	1.00	Case manager - Adult	8/1/2024	4	1/1/2025	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	185,357	0	185,357
3782	1.00	Case manager - Adult	8/1/2024	4	1/1/2025	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	185,296	0	185,296
31667	1.00	Peer support specialist	8/1/2024	4	1/1/2025	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	141,103	0	141,103
2858	1.00	Residential direct care associate	9/1/2022	27	1/1/2025	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	11,857	0	11,857
3585	1.00	Claims supervisor	9/1/2024	3	1/1/2025	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	49,592	134,629	184,221
31836	1.00	Program manager	9/1/2024	3	1/1/2025	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	194,783	1,968	196,751
30954	1.00	Tribal health liaison	9/1/2024	3	1/1/2025	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	26,817	183,514	210,331
32039	1.00	Temporary assistance for needy families compliance officer	10/1/2024	2	1/1/2025	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	81,391	144,448	225,839
32041	1.00	Learning and development specialist	10/1/2024	2	1/1/2025	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	74,649	132,483	207,132
32040	1.00	Low income home energy assistance program compliance officer	10/1/2024	2	1/1/2025	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	76,724	136,165	212,889
30155	1.00	1915i administrator	10/1/2024	2	1/1/2025	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	124,853	124,853	249,706
3848	1.00	Claims and client accounts manager	10/1/2024	2	1/1/2025	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	224,086	0	224,086
2936	1.00	Direct care associate I	11/1/2023	13	1/1/2025	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	107,979	30,949	138,928
2811	1.00	Registered nurse II	11/1/2023	13	1/1/2025	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	219,772	0	219,772
31377	1.00	Administrative assistant I	11/1/2024	1	1/1/2025	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	148,689	0	148,689
4197	1.00	Behavioral health therapist - Adult	11/1/2024	1	1/1/2025	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	245,081	0	245,081
3334	1.00	Case manager	11/1/2024	1	1/1/2025	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	196,794	0	196,794
31687	1.00	Certified nursing assistant	11/1/2024	1	1/1/2025	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	133,993	0	133,993
4220	1.00	Dual licensed therapist - Adult lead	11/1/2024	1	1/1/2025	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	263,333	0	263,333
3388	1.00	Office assistant	11/1/2024	1	1/1/2025	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	81,902	69,579	151,481
3664	1.00	Registered nurse	11/1/2024	1	1/1/2025	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	213,920	0	213,920
3542	1.00	Senior vocational rehabilitation counselor	11/1/2024	1	1/1/2025	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	48,152	176,857	225,009
10276	1.00	Maintenance mechanic	12/1/2024	0	1/1/2025	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	194,991	0	194,991
30358	1.00	Social services - Long term care eligibility team lead	12/1/2024	0	1/1/2025	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	0	217,588	217,588
31887	1.00	Behavioral health therapist - Functional family therapy	4/1/2024	8	2/1/2025	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	263,550	0	263,550
2805	1.00	Licensed addiction counselor	5/1/2024	7	2/1/2025	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	161,851	74,837	236,688
1255	1.00	Early childhood family and school engagement administrator	8/1/2024	4	2/1/2025	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	125,956	125,956	251,912
3969	1.00	Physician	9/1/2022	27	3/1/2025	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	778,621	0	778,621

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							General Fund	Other Funds	Total
2836	1.00	Direct care associate I	3/1/2023	21	12/1/2024	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	107,979	30,949	138,928
31871	1.00	Community behavioral health liaison	3/1/2024	9	12/1/2024	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	147,811	0	147,811
30215	1.00	Behavioral health therapist	4/1/2023	20	12/1/2024	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	245,081	0	245,081
31917	1.00	Procurement officer	4/1/2024	8	12/1/2024	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	127,590	108,393	235,983
31953	1.00	Clinical care coordinator	5/1/2024	7	12/1/2024	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	161,851	74,837	236,688
31949	1.00	Clinical care coordinator	5/1/2024	7	12/1/2024	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	161,851	74,837	236,688
31969	1.00	Attorney	5/1/2024	7	12/1/2024	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	197,065	117,384	314,449
31938	1.00	Behavioral health therapist - Crisis	5/1/2024	7	12/1/2024	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	251,117	0	251,117
31972	1.00	Data analyst	5/1/2024	7	12/1/2024	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	131,670	111,859	243,529
3365	1.00	Licensed addiction counselor - Adult	5/1/2024	7	12/1/2024	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	211,129	0	211,129
4218	1.00	Continuous quality improvement specialist	6/1/2023	18	12/1/2024	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	296,385	0	296,385
31984	1.00	Statewide continuous manager	6/1/2024	6	12/1/2024	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	242,461	33,826	276,287
31982	1.00	Incident review specialist	6/1/2024	6	12/1/2024	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	124,865	133,925	258,790
31718	0.50	Background check specialist	6/1/2024	6	12/1/2024	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	71,879	39,493	111,372
1772	1.00	Health human services program administrator II	6/1/2024	6	12/1/2024	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	40,766	163,065	203,831
2972	1.00	Residential director	7/1/2022	29	12/1/2024	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	188,930	87,357	276,287
32001	1.00	Case manager - Adult	7/1/2024	5	12/1/2024	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	140,007	64,737	204,744
25822	1.00	Attorney	7/1/2024	5	12/1/2024	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	90,816	176,291	267,107
32023	1.00	Child waiver rural case manager	8/1/2024	4	12/1/2024	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	80,893	111,850	192,743
25826	1.00	Administrative assistant	8/1/2024	4	12/1/2024	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	46,486	90,237	136,723
3672	1.00	Behavioral health therapist - Adult	8/1/2024	4	12/1/2024	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	245,081	0	245,081
3333	1.00	Behavioral health therapist - Adult lead	8/1/2024	4	12/1/2024	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	258,209	0	258,209
32026	1.00	Credentialing specialist	9/1/2024	3	12/1/2024	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	179,677	25,067	204,744
32024	1.00	Fiscal manager	9/1/2024	3	12/1/2024	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	124,747	111,940	236,687
32032	1.00	Refugee career navigator	9/1/2024	3	12/1/2024	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	101,148	103,596	204,744
30232	1.00	Behavioral health therapist - Crisis	9/1/2024	3	12/1/2024	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	290,192	0	290,192
31693	1.00	Pharmacy technician	9/1/2024	3	12/1/2024	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	151,526	0	151,526
2238	1.00	Residential scheduler	9/1/2024	3	12/1/2024	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	90,927	108,387	199,314
4128	1.00	Human relations counselor	10/1/2023	14	12/1/2024	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	208,866	0	208,866
32044	1.00	Developmental disabilities program manager II	10/1/2024	2	12/1/2024	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	98,788	105,956	204,744
32045	1.00	Developmental disabilities program manager II	10/1/2024	2	12/1/2024	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	98,788	105,956	204,744
32038	1.00	Compliance officer	10/1/2024	2	12/1/2024	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	83,465	148,129	231,594
4300	1.00	Administrative assistant	10/1/2024	2	12/1/2024	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	143,977	0	143,977
4338	1.00	Customer support specialist	10/1/2024	2	12/1/2024	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	56,864	100,654	157,518
4409	1.00	Peer support specialist	10/1/2024	2	12/1/2024	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	219,338	0	219,338
31873	1.00	Residential direct care associate	10/1/2024	2	12/1/2024	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	144,190	0	144,190
2687	1.00	Activity therapist II	11/1/2023	13	12/1/2024	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	159,133	45,610	204,743
2798	1.00	Direct care associate	11/1/2023	13	12/1/2024	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	139,148	0	139,148
32050	1.00	Communications specialist	11/1/2024	1	12/1/2024	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	161,437	43,306	204,743
31941	1.00	Accounting budget specialist III	11/1/2024	1	12/1/2024	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	115,666	98,263	213,929
2877	1.00	Office assistant III	11/1/2024	1	12/1/2024	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	144,310	0	144,310
3493	1.00	Vocational rehabilitation coordinator	11/1/2024	1	12/1/2024	Phase 5 - Position is filled and new team member hasn't started by 12-1-2024	43,835	161,003	204,838
	374.63						$56,800,022	$18,851,678	$75,651,700
360 - Protection and Advocacy Project									
4452	1.00	Advocate	11/30/2024	0	12/31/2024	Position is advertised and applicants are being interviewed	$87,404	$131,114	$218,518
4456	1.00	Advocate	11/30/2024	0	12/31/2024	Position is advertised and applicants are being interviewed	75,700	113,544	189,244
30070	1.00	Olmstead coordinator	11/22/2024	0	12/31/2024	Position is advertised and applicants are being interviewed	161,110	53,702	214,812
	3.00						$324,214	$298,360	$622,574
380 - Job Service North Dakota									
4709	1.00	Executive assistant	03/01/22	33	N/A	Under assessment based on federal funding and program requirements	$0	$39,478	$39,478
4744	1.00	Senior accountant	11/13/24	1	01/06/25	Candidate hired to start	0	224,328	224,328
4755	1.00	Job service area director	05/01/19	68	N/A	Under assessment based on federal funding and program requirements	0	273,514	273,514
4777	1.00	Quality assurance investigator II	08/03/15	113	N/A	Under assessment based on federal funding and program requirements	0	176,040	176,040
	4.00						$0	$713,360	$713,360
REGULATORY									
401 - Insurance Department									
						Open, plan to fill after session			
4902	1.00	Attorney	09/06/24	3	05/01/25		$0	$290,250	$290,250
4903	1.00	Property and casualty actuary	11/02/24	1	N/A	Retired, working in a temp capacity for the department	0	390,654	390,654
31493	1.00	Fire marshal deputy - Williston	07/01/23	17	05/01/25	No longer advertised	0	205,250	205,250
	3.00						$0	$886,154	$886,154
405 - Industrial Commission									
31661	1.00	Administrative assistant	8/1/2023	16	3/1/2025	Unfunded position, would use salary savings to fund if filled	$0	$0	$0

Agency Name and Position No.	FTE Position Count	Position Description	Date Vacated	Number of Months Vacant as of December 2024	Date Expected to Be Filled	Current Status/Agency Response	Salary and Fringe Benefit Amounts 2025-27 Biennium Base Level Funding		
							General Fund	Other Funds	Total
27608	1.00	Deputy executive director	11/15/2024	1	12/12/2024	Filled but with different salary level	0	382,557	382,557
	2.00						$0	$382,557	$382,557
406 - Department of Labor and Human Rights									
4983	1.00	Compliance investigator	07/01/24	5	N/A	Position is unfunded	$0	$0	$0
	1.00						$0	$0	$0
408 - Public Service Commission									
		None					$0	$0	$0
	0.00						$0	$0	$0
412 - Aeronautics Commission									
29590	1.00	Administrative support	12/1/2015	108	N/A	FTE position approved by the Legislative Assembly starting in the 2015-17 biennium to accommodate for future growth in the agency. The position has not been classified or advertised to fill as of 12/31/2024.	$0	$237,878	$237,878
	1.00						$0	$237,878	$237,878
413 - Department of Financial Institutions									
5053	1.00	Nondepository examiner	11/7/2024	1	3/3/2025	Will post the position in January 2025	$0	$189,449	$189,449
5064	1.00	Deputy of nondepositories	5/3/2024	7	2/3/2025	Position hired, will start in February 2025	0	402,502	402,502
	2.00						$0	$591,951	$591,951
414 - Securities Department									
5070	1.00	Investor education coordinator	10/1/2021	38	1/25/2025	Position currently posted	$0	$213,882	$213,882
5072	1.00	Administrative officer	7/1/2022	29	2/25/2025	Position will be posted in January 2025	0	199,373	199,373
5069	1.00	Examiner II	11/5/2024	1	N/A	This position will be filled based on an updated organization structure in the near future	0	240,023	240,023
5071	1.00	Attorney III	11/16/2024	1	4/1/2025	This position will be reclassified and filled based on updated organization structure in the near future	0	323,650	323,650
	4.00						$0	$976,928	$976,928
471 - Bank of North Dakota									
10513	1.00	Chief business development officer	7/7/2021	41	12/27/2024	Position filled	$0	$662,509	$662,509
10394	1.00	Business banker III	8/1/2024	4	4/1/2025	Attempted recruitment but no qualified candidates	0	367,867	367,867
10361	1.00	Student loan representative III	11/14/2024	1	3/1/2025	Pending review and refill	0	193,312	193,312
31907	1.00	Loan quality control specialist	7/1/2023	17	6/1/2025	New position to be filled as needed	0	214,539	214,539
31912	1.00	Business banker I	7/1/2023	17	3/1/2025	New position to be filled as needed	0	279,100	279,100
31913	1.00	Business banker I	7/1/2023	17	6/1/2025	New position to be filled as needed	0	279,100	279,100
31914	1.00	Business banker I	7/1/2023	17	6/1/2025	New position to be filled as needed	0	279,100	279,100
32008	1.00	Collateral valuation analyst IV	7/1/2023	17	2/1/2025	New position to be filled as needed	0	314,148	314,148
32009	1.00	Credit underwriter III	7/1/2023	17	6/1/2025	New position to be filled as needed	0	241,429	241,429
32010	1.00	Business banking associate I	7/1/2023	17	6/1/2025	New position to be filled as needed	0	168,889	168,889
32012	1.00	Loan servicing associate III	7/1/2023	17	6/1/2025	New position to be filled as needed	0	187,651	187,651
32013	1.00	Staff accountant III	7/1/2023	17	6/1/2025	New position to be filled as needed	0	244,598	244,598
	12.00						$0	$3,432,242	$3,432,242
473 - Housing Finance Agency									
30036	1.00	Loan specialist	12/1/2024	0	12/17/2024	Hired December 2024	$0	$170,287	$170,287
30051	1.00	Communications specialist	9/30/2024	2	12/16/2024	Hired December 2024	0	214,318	214,318
30027	1.00	Information technology manager	6/30/2024	5	12/18/2024	Hired December 2024	0	282,801	282,801
30055	1.00	Lead bond accountant	3/1/2024	9	5/1/2025	Advertised but there were no eligible applicants. We will repost in March 2025.	0	271,919	271,919
31989	1.00	Compliance specialist	7/1/2024	5	1/13/2025	Newly authorized position that will start in January 2025	0	242,901	242,901
	5.00						$0	$1,182,226	$1,182,226
474 - Department of Mineral Resources									
4921	1.00	Administrative services II	4/1/2024	8	7/1/2025	Requesting reclassification	$156,329	$0	$156,329
4922	1.00	Information services IV	9/30/2024	2	N/A	Requesting reclassification	312,099	0	312,099
4929	1.00	Administrative services II	11/30/2024	0	N/A	Recruiting, closes 01/12/2025	139,817	0	139,817
28976	1.00	Other professional services	7/1/2023	17	N/A	Recruiting, closes 12/31/2024	218,545	0	218,545
29457	1.00	Other compliance, inspection, and investigation	6/3/2024	6	N/A	Recruiting, closes 12/31/2024	166,667	0	166,667
29468	1.00	Other compliance, inspection, and investigation	7/1/2023	17	N/A	Recruiting, closes 12/31/2024	160,962	0	160,962
31513	1.00	Other compliance, inspection, and investigation	7/2/2023	17	N/A	Under review due to slower than anticipated activity	228,301	0	228,301
	7.00						$1,382,720	$0	$1,382,720
475 - Mill and Elevator Association									
2689	1.00	Mechanic	7/1/2023	17	12/19/2024	Position filled	$0	$204,902	$204,902
2676	1.00	Miller - 4th shift	7/1/2023	17	N/A	Waiting until a 4th shift is needed	0	195,295	195,295

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2677	1.00	Miller - 4th shift	7/1/2023	17	N/A	Waiting until a 4th shift is needed	0	195,295	195,295
2678	1.00	Miller - 4th shift	7/1/2023	17	N/A	Waiting until a 4th shift is needed	0	195,295	195,295
2679	1.00	Assistant miller - 4th shift	7/1/2023	17	N/A	Waiting until a 4th shift is needed	0	192,378	192,378
2680	1.00	Grain cleaner - 4th shift	7/1/2023	17	N/A	Waiting until a 4th shift is needed	0	185,084	185,084
2672	1.00	Utility worker	7/1/2023	17	12/16/2024	Position filled	0	151,933	151,933
2673	1.00	Utility worker	7/1/2023	17	12/16/2024	Position filled	0	151,933	151,933
2674	1.00	Utility worker	7/1/2023	17	12/16/2024	Position filled	0	151,933	151,933
2675	1.00	Utility worker	7/1/2023	17	12/19/2024	Position filled	0	151,933	151,933
	10.00						$0	$1,775,981	$1,775,981
485 - Workforce Safety and Insurance									
5128	1.00	Nurse case manager	1/5/2024	11	N/A	On hold	$0	$188,382	$188,382
5200	1.00	Underwriter	12/1/2023	12	N/A	On hold	0	170,422	170,422
5315	1.00	Mail specialist	7/17/2023	16	N/A	On hold	0	114,320	114,320
5163	1.00	Paralegal	10/13/2023	13	N/A	On hold	0	164,200	164,200
5147	1.00	Paralegal	2/29/2024	9	N/A	On hold	0	164,200	164,200
5316	1.00	Document processing supervisor	5/17/2024	6	N/A	On hold	0	169,472	169,472
5216	0.62	Document processing specialist	7/18/2024	4	N/A	On hold	0	95,638	95,638
5269	1.00	Claims adjuster	4/4/2024	8	N/A	On hold	0	164,200	164,200
5231	1.00	Utilization review nurse	6/30/2024	5	N/A	On hold	0	184,020	184,020
5159	1.00	School coordinator	7/1/2024	5	N/A	On hold	0	193,620	193,620
5210	1.00	Senior medical bill auditor	7/12/2024	4	N/A	On hold	0	164,200	164,200
5213	1.00	Medical bill auditor	8/19/2024	3	N/A	On hold	0	169,168	169,168
28164	1.00	Safety consultant	8/19/2021	39	02/01/25	Recruiting	0	124,858	124,858
28162	1.00	Medical bill auditor	11/15/2024	0	12/30/24	Job filled	0	153,872	153,872
5116	1.00	Nurse case manager	6/10/2024	5	01/15/25	Recruiting	0	188,344	188,344
	14.62						$0	$2,408,916	$2,408,916
PUBLIC SAFETY									
504 - Highway Patrol									
31563	1.00	Trooper II	10/04/24	2	05/21/25	Advertising to fill position	$195,725	$31,862	$227,587
5422	1.00	Trooper II	10/04/24	2	05/21/25	Advertising to fill position	195,725	31,862	227,587
5477	1.00	Trooper II	10/21/24	1.5	05/21/25	Advertising to fill position	195,725	31,862	227,587
5488	1.00	Trooper II	10/31/24	1	05/21/25	Advertising to fill position	195,725	31,862	227,587
5509	1.00	Trooper II	11/26/24	1	05/21/25	Advertising to fill position	195,725	31,862	227,587
5539	1.00	Lieutenant	12/01/24	0	05/21/25	Advertising to fill position	306,831	49,949	356,780
85	1.00	Security officer I	09/27/24	2	12/23/24	Offer has been accepted - Starting employment 12/23/2024	129,542	31,862	161,404
	7.00						$1,414,998	$241,121	$1,656,119
530 - Department of Corrections and Rehabilitation									
1419	1.00	Juvenile case manager	11/30/2024	0	12/1/2024	Filled 12/1/2024	$209,238	$0	$209,238
5723	1.00	Juvenile institution resident specialist I	11/1/2024	1	1/2/2025	Recruitment efforts ongoing (lack of qualified applicants)	127,688	0	127,688
29706	1.00	Juvenile institution resident specialist I	11/1/2024	1	1/2/2025	Recruitment efforts ongoing (lack of qualified applicants)	175,004	0	175,004
5741	1.00	Human relations counselor	11/16/2024	1	2/3/2025	Job posting closes 12/18/2024	220,846	0	220,846
6055	1.00	Juvenile corrections specialist	11/1/2024	1	2/3/2025	Position changing to administrative assistant	198,798	0	198,798
6073	0.50	Juvenile corrections specialist	8/1/2024	4	N/A	Reviewing position	100,502	0	100,502
6077.00	1.00	Human relations counselor	8/27/2024	3	2/3/2025	Job posting closes 1/1/2025	208,772	0	208,772
29391	1.00	Parole probation officer II	10/28/2024	1	1/2/2025	Filled for 1/2/2025	210,910	0	210,910
28956	1.00	Resident treatment agent I	11/7/2024	1	1/2/2025	Recruitment efforts ongoing (lack of qualified applicants)	169,092	0	169,092
6003	1.00	Correctional officer II	10/1/2024	2	1/2/2025	Recruitment efforts ongoing (lack of qualified applicants)	170,050	0	170,050
5665	1.00	Administrative staff officer II	6/8/2024	6	N/A	Reviewing position	211,204	0	211,204
5711	1.00	Sergeant	9/1/2024	3	1/2/2025	Recruitment efforts ongoing (lack of qualified applicants)	162,764	0	162,764
10229	1.00	Correctional officer II	9/22/2023	14	1/2/2025	Recruitment efforts ongoing (lack of qualified applicants)	182,204	0	182,204
10236	1.00	Correctional officer II	10/30/2024	1	1/2/2025	Recruitment efforts ongoing (lack of qualified applicants)	124,910	0	124,910
23699	1.00	Licensed addiction counselor	2/1/2024	10	2/3/2025	Position changed to parole and probation officer; currently interviewing	227,004	0	227,004
29581	1.00	Human relations counselor	10/1/2024	2	1/2/2025	Position changing to licensed addiction counselor; will be posted for applications soon	189,790	0	189,790
30082	1.00	Sergeant	8/1/2024	4	1/2/2025	Recruitment efforts ongoing (lack of qualified applicants)	180,390	0	180,390
30103	1.00	Correctional officer II	11/26/2024	0	1/2/2025	Recruitment efforts ongoing (lack of qualified applicants)	158,320	0	158,320
5750	1.00	Correctional officer I	11/21/2024	1	1/2/2025	Recruitment efforts ongoing (lack of qualified applicants)	158,554	0	158,554
5918	1.00	Correctional officer I	11/15/2024	1	1/2/2025	Recruitment efforts ongoing (lack of qualified applicants)	158,320	0	158,320
5945	1.00	Correctional officer I	9/13/2024	3	1/2/2025	Recruitment efforts ongoing (lack of qualified applicants)	158,320	0	158,320
5983	1.00	Correctional officer II	10/12/2024	2	1/2/2025	Recruitment efforts ongoing (lack of qualified applicants)	157,224	0	157,224
6030	1.00	Correctional officer II	11/1/2024	1	1/2/2025	Recruitment efforts ongoing (lack of qualified applicants)	165,536	0	165,536
27010	1.00	Correctional officer II	11/1/2024	1	1/2/2025	Recruitment efforts ongoing (lack of qualified applicants)	165,536	0	165,536
28785	1.00	Correctional officer II	8/19/2024	4	1/2/2025	Recruitment efforts ongoing (lack of qualified applicants)	169,092	0	169,092

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28954	1.00	Correctional officer II	10/31/2024	1	1/2/2025	Recruitment efforts ongoing (lack of qualified applicants)	163,854	0	163,854
5367	1.00	Grants and contracts officer	11/28/2024	0	12/1/2024	Filled 12/1/2024	220,846	0	220,846
5671	1.00	Registered nurse II	8/6/2024	4	2/3/2025	Recruitment efforts ongoing (lack of qualified applicants)	247,552	0	247,552
5674	1.00	Registered nurse III	11/28/2024	0	2/3/2025	Recruitment efforts ongoing (lack of qualified applicants)	297,256	0	297,256
5703	1.00	Project manager	10/1/2023	14	1/2/2025	Filled for 1/2/2025	175,148	0	175,148
5712	1.00	Registered nurse II	10/1/2024	2	2/3/2025	Recruitment efforts ongoing (lack of qualified applicants)	215,558	0	215,558
29043	1.00	Registered nurse II	11/25/2024	0	2/3/2025	Recruitment efforts ongoing (lack of qualified applicants)	251,432	0	251,432
30080	1.00	Business analyst I	11/1/2024	1	1/2/2025	Second interviews 12/11/2024, plan to have offer out soon	236,919	0	236,919
	32.50						$6,168,633	$0	$6,168,633
540 - Adjutant General, including National Guard and Department of Emergency Services									
5623	1.00	Public safety telecommunicator II	10/19/2024	2	N/A	Pending advertisement	$116,675	$77,784	$194,459
5630	1.00	Public safety telecommunicator II	9/1/2024	3	12/26/2024	Filled	106,333	70,889	177,222
26275	1.00	Public safety telecommunicator II	6/23/2024	6	12/26/2024	Filled	102,085	68,057	170,142
24467	1.00	Emergency program specialist II	8/1/2023	16	N/A	Vacant	198,995	0	198,995
26355	1.00	Emergency program specialist II	11/14/2024	1	01/06/25	Filled	87,805	131,707	219,512
5658	1.00	Human resources business partner	10/19/2024	2	1/1/2025	Filled	90,815	191,570	282,385
6128	1.00	Custodial supervisor II	8/3/2024	4	N/A	Pending interviews	40,009	120,027	160,036
6146	1.00	General trades maintenance worker	12/1/2024	0	N/A	Advertised	0	163,538	163,538
6166	1.00	Engineer	9/1/2024	3	N/A	Pending interviews	0	342,695	342,695
6176	1.00	Heating plant operator II	11/18/2024	1	N/A	Advertised	0	189,742	189,742
6221	1.00	National Guard security	8/11/2024	4	N/A	Vacant	0	151,291	151,291
6222	1.00	National Guard security	6/2/2024	6	N/A	Vacant	0	158,588	158,588
6232	1.00	National Guard security	1/25/2024	11	N/A	Vacant	0	151,946	151,946
24462	1.00	National Guard security	8/1/2024	4	N/A	Vacant	0	165,858	165,858
	14.00						$742,717	$1,983,692	$2,726,409
AGRICULTURE AND ECONOMIC DEVELOPMENT									
601 - Department of Commerce									
6258	1.00	Graphic design specialist	09/01/24	3	12/10/24	Position filled. Start date was December 10, 2024.	$190,840	$0	$190,840
6276	1.00	Senior venture and credit analyst	05/07/24	7	02/01/25	Position has been posted twice - Each time an offer was extended. Candidates have turned down the offer.	0	257,408	257,408
6282	1.00	Program administrator	08/31/24	3	12/09/24	Position filled. Start Date was December 9, 2024.	270,264	0	270,264
6283	1.00	UAS business development manager	05/10/24	6	12/09/24	Position filled. Start Date was December 9, 2024.	245,318	0	245,318
6296	1.00	Workforce program manager	10/03/22	26	03/01/25	Transitioning role to meet new needs; exploring options for hiring.	189,286	0	189,286
31508	1.00	Program administrator - Temporary FTE position	09/04/24	3	03/01/25	Planning to post the position in January 2025. The 2023 Legislative Assembly appropriated $120 million of one-time funding from the federal Infrastructure Investment and Jobs Act and the Inflation Reduction Act and authorized 3 one-time FTE positions for weatherization and energy assistance programs during the 2023-25 biennium. Funding for this position is not included in the 2025-27 biennium base budget.	0	0	0
31528	1.00	Global talent coordinator	12/01/24	0	02/01/25	Position posted. Application closes January 15, 2025.	222,412	0	222,412
	7.00						$1,118,120	$257,408	$1,375,528
602 - Agriculture Commissioner									
6318	1.00	Fiscal specialist	11/20/24	0	02/01/25	Currently focused on redefining or updating the duties and responsibilities of the position to best support the department	$187,580	$0	$187,580
6334	1.00	Meat inspection manager	06/15/24	5	01/01/25	Filled	170,697	157,567	328,264
6341	1.00	Administrative assistant	10/31/24	1	01/31/25	Currently conducting interviews	134,894	7,100	141,994
6347	1.00	Local foods marketing specialist	12/01/24	0	01/06/25	Filled	74,932	112,398	187,330
12626	1.00	Grants and contracts specialist	09/21/24	2	02/01/25	Currently focused on redefining or updating the duties and responsibilities of the position to best support the department	208,112	0	208,112
26168	1.00	State meat inspector	07/27/24	4	N/A	On hold as federal funding from United States Department of Agriculture is insufficient and will require the state to fund a larger percent	83,903	90,895	174,798
28307	1.00	Fertilizer program inspector	11/01/24	0	12/06/24	Filled	0	199,370	199,370
	7.00						$860,118	$567,330	$1,427,448
627 - Upper Great Plains Transportation Institute									
27499	1.00	Research specialist	01/01/24	11	N/A	Dependent on project needs	$0	$172,020	$172,020
27968	0.80	Associate professor	07/01/24	5	N/A	Dependent on project needs	0	165,332	165,332
100717	1.00	Program assistant	09/10/22	27	N/A	Dependent on project needs	0	157,136	157,136
104437	1.00	Data scientist	02/24/24	9	N/A	Dependent on project needs	0	184,034	184,034
104699	1.00	Junior software developer	11/01/23	13	N/A	Dependent on project needs	0	172,020	172,020
104971	1.00	Grant writer	07/01/24	5	N/A	Dependent on project needs	0	178,034	178,034
	5.80						$0	$1,028,576	$1,028,576
628 - Branch research stations									

Agency Name and Position No.	FTE Position Count	Position Description	Date Vacated	Number of Months Vacant as of December 2024	Date Expected to Be Filled	Current Status/Agency Response	Salary and Fringe Benefit Amounts 2025-27 Biennium Base Level Funding		
							General Fund	Other Funds	Total
20843	1.00	Agriculture research technician	4/4/2023	20	N/A	Advertising to fill position	$151,886	$0	$151,886
18744	0.75	Office coordinator	10/15/2024	2	5/1/2025	Advertising to fill position	152,488	0	152,488
102353	1.00	Agronomy research specialist	1/6/2024	11	6/1/2025	Advertising to fill position	160,004	0	160,004
102743	1.00	Associate research extension center specialist	1/17/2024	11	7/1/2025	Advertising to fill position	272,764	0	272,764
105088	1.00	Plant pathologist research specialist	1/12/2024	11	6/1/2025	Advertising to fill position	14,284	132,364	146,648
105962	1.00	Agriculture research technician	10/11/2024	1	4/1/2025	Advertising to fill position	126,832	0	126,832
26067	1.00	Livestock research technician	7/22/2023	16	5/1/2025	Advertising to fill position	150,294	0	150,294
26092	0.60	Research extension center assistant specialist	10/8/2022	26	1/2/2025	Filled	156,328	0	156,328
26273	1.00	Agronomy research technician	9/19/2023	14	6/1/2025	Advertising to fill position	158,532	0	158,532
101050	1.00	Agronomy research technician	4/1/2023	20	6/1/2025	Advertising to fill position	0	148,078	148,078
105436	1.00	Research technician	5/15/2024	6	N/A	Advertising to fill position	141,556	0	141,556
	10.35						$1,484,968	$280,442	$1,765,410
630 - North Dakota State University Extension Service									
18515	1.00	Extension agent - Eddy and Foster Counties	5/1/2024	7	6/2/2025	Filled	$51,210	$149,458	$200,668
18662	1.00	Extension agent - Cavalier County	6/21/2024	5	1/6/2025	Filled	38,871	121,687	160,558
18745	0.25	Office coordinator	10/15/2024	2	5/1/2025	Advertising to fill position	47,642	0	47,642
18850	1.00	Extension agent - Walsh County	4/29/2023	19	12/9/2024	Filled	250,244	0	250,244
18852	1.00	Extension agent, family and community wellness - Dickey County	10/1/2024	2	5/27/2025	Filled	86,594	86,594	173,188
19160	1.00	Extension agent - McHenry County	9/21/2024	2	12/2/2024	Filled	42,578	139,926	182,504
19318	1.00	Administrative coordinator	10/31/2024	1	3/1/2025	Advertising to fill position	170,100	0	170,100
19682	0.90	Assistant professor	6/1/2024	6	8/1/2025	Offer extended	196,982	196,982	393,964
19732	1.00	Program director	4/17/2024	7	12/2/2024	Filled	223,146	0	223,146
20131	1.00	Extension agent, agriculture and natural resources - Cass County	5/11/2024	6	1/22/2025	Filled	33,137	132,549	165,686
20184	0.70	Assistant professor - Beef cattle specialist	2/10/2024	9	6/1/2025	In recruitment; interviews underway	180,106	0	180,106
20457	0.50	Administrative assistant	11/28/2024	0	3/1/2025	Advertising to fill position	76,604	0	76,604
20499	1.00	Extension agent, agriculture and natural resources - Pembina County	10/2/2024	2	1/24/2025	Offer extended	38,954	155,818	194,772
20518	0.75	Research specialist	7/10/2024	4	5/1/2025	Advertising to fill position	55,282	92,412	147,694
20704	1.00	Extension agent - Grand Forks County	10/26/2024	1	3/1/2025	Advertising to fill position	93,998	93,998	187,996
21305	1.00	Extension agent - Bottineau County	11/4/2024	1	2/1/2025	In recruitment; interviews underway	82,006	96,470	178,476
21556	1.00	Extension agent - Griggs County	10/1/2024	2	2/1/2025	Offer extended	38,210	152,838	191,048
26091	0.40	Assistant research extension center specialist	10/8/2022	26	1/2/2025	Filled	93,780	0	93,780
26579	1.00	Specialist and director	11/23/2024	0	5/1/2025	Advertising to fill position	45,583	182,331	227,914
106185	1.00	4-H youth development specialist	5/15/2024	6	3/1/2025	In recruitment; interviews underway	217,055	0	217,055
28526	0.80	Extension veterinarian - Livestock stewardship	7/3/2024	5	2/1/2025	In recruitment; interviews underway	134,150	134,150	268,300
100182	1.00	Extension agent - Family nutrition program	10/5/2024	2	5/1/2025	Advertising to fill position	0	171,040	171,040
101079	0.25	Associate business manager	9/14/2024	2	2/1/2025	In recruitment; applicants under review	54,236	0	54,236
101217	1.00	Research specialist	11/1/2024	1	5/1/2025	Advertising to fill position	0	143,522	143,522
106398	1.00	Nutrition education assistant	9/16/2023	14	3/1/2025	Redirected from extension agent; currently recruiting	0	164,674	164,674
104961	1.00	Program coordinator - Conservation	11/3/2023	13	12/9/2024	Filled	0	183,168	183,168
	22.55						$2,250,468	$2,397,617	$4,648,085
638 - Northern Crops Institute									
18694	1.00	Director	2/10/2024	9	1/31/2025	Recruiting	$486,462	$0	$486,462
27198	1.00	Food technologist	9/4/2024	2	1/10/2025	Filled	0	172,636	172,636
	2.00						$486,462	$172,636	$659,098
640 - Main Research Center									
18684	0.70	Nutritional epigenetics associate professor	11/5/2022	25	Unknown	Faculty position; currently being prioritized	$169,530	$0	$169,530
18906	0.90	Assistant professor	8/6/2022	28	8/1/2025	In recruitment; interviews underway	217,574	0	217,574
19065	1.00	Research specialist	11/30/2024	0	6/1/2025	Will be advertised	0	195,014	195,014
19331	0.70	Assistant professor	9/13/2022	27	6/1/2025	In recruitment; interviews underway	250,624	0	250,624
19430	0.90	Associate professor	7/2/2022	29	Unknown	Faculty position; currently being prioritized	241,278	0	241,278
19763	0.80	Professor	7/3/2024	5	Unknown	Faculty position; currently being prioritized	176,975	85,171	262,146
19910	1.00	Postdoctoral research fellow	10/1/2024	2	12/4/2024	Hired	155,004	0	155,004
20048	1.00	Research specialist	9/20/2024	3	5/1/2025	Will be advertised	196,106	0	196,106
20106	0.80	Associate director	5/16/2024	7	8/1/2025	Will be advertised	204,076	0	204,076
20185	0.30	Assistant professor - Beef cattle specialist	2/10/2024	9	5/1/2025	In recruitment; interviews underway	77,332	0	77,332
20602	0.70	Associate business manager	9/14/2024	3	1/31/2025	In recruitment	151,552	0	151,552
20652	1.00	Grant coordinator and office manager	2/17/2024	10	Unknown	Position under review	180,226	0	180,226
20668	1.00	Research assistant professor	11/1/2023	13	3/1/2025	In recruitment	247,420	0	247,420
20674	0.50	Communication and outreach coordinator	9/12/2022	27	Unknown	Position under review	109,438	0	109,438
20893	0.58	Academic administration coordinator	6/18/2024	6	1/31/2025	In recruitment	84,624	0	84,624
20937	1.00	Microbiologist	10/26/2024	1	2/1/2025	Will be advertised	10,879	152,721	163,600

Agency Name and Position No.	FTE Position Count	Position Description	Date Vacated	Number of Months Vacant as of December 2024	Date Expected to Be Filled	Current Status/Agency Response	Salary and Fringe Benefit Amounts 2025-27 Biennium Base Level Funding		
							General Fund	Other Funds	Total
20977	0.35	Assistant professor	4/16/2023	20	1/31/2025	Filled	79,384	0	79,384
21081	0.80	Professor	9/11/2024	3	Unknown	Faculty position; currently being prioritized	171,589	114,393	285,982
21575	1.00	Research specialist	4/1/2024	9	1/31/2025	In recruitment	0	166,578	166,578
21590	1.00	Research scientist	8/16/2023	16	4/1/2025	Will be advertised	0	184,034	184,034
21832	1.00	Assistant breeder	9/28/2024	2	1/2/2025	Filled	0	154,968	154,968
24679	0.70	Assistant professor	6/20/2024	5	Unknown	Faculty position; currently being prioritized	152,950	0	152,950
24680	0.85	Professor of climatological practice	1/6/2024	11	7/31/2025	Will be advertised	285,606	0	285,606
24801	1.00	Postdoctoral research fellow	8/26/2024	3	7/1/2025	Will be advertised	0	189,802	189,802
25067	1.00	Postdoctoral research fellow	9/2/2024	3	2/1/2025	Offer Extended	0	161,914	161,914
25592	0.90	Assistant professor - Pulse crop breeding	6/16/2024	6	3/1/2025	Will be advertised	323,546	0	323,546
26624	1.00	Postdoctoral research fellow	7/6/2023	17	7/1/2025	Will be advertised	0	145,946	145,946
27421	1.00	Physiology laboratory coordinator	9/18/2021	38	5/1/2025	In recruitment; hard to fill position	151,967	50,655	202,622
27547	1.00	Postdoctoral research fellow	11/6/2024	1	8/1/2025	Will be advertised	0	120,176	120,176
28399	1.00	Postdoctoral research fellow	3/1/2024	9	2/27/2025	Filled	0	154,590	154,590
28500	1.00	Assistant manager	9/23/2024	2	3/1/2025	In recruitment	122,454	40,818	163,272
28511	1.00	Postdoctoral research fellow	12/30/2023	11	1/31/2025	In recruitment	0	159,610	159,610
28527	0.20	Extension veterinarian - Livestock stewardship	7/3/2024	5	2/1/2025	In recruitment; interviews underway	64,572	0	64,572
101265	1.00	Postdoctoral research fellow	10/16/2023	13	2/1/2025	In recruitment	0	159,610	159,610
101663	1.00	Postdoctoral research fellow	11/1/2024	1	8/1/2025	Will be advertised	0	171,686	171,686
102425	1.00	Postdoctoral research associate	1/16/2024	11	8/1/2025	Will be advertised	0	171,678	171,678
102440	1.00	Postdoctoral research fellow	7/27/2022	28	1/2/2025	Filled	0	154,746	154,746
102647	0.40	Professor	11/5/2024	1	Unknown	Faculty position; currently being prioritized	164,228	0	164,228
103592	0.25	Research specialist	7/10/2024	4	5/1/2025	Will be advertised	3,047	46,505	49,552
104579	1.00	Research specialist	9/4/2024	3	5/1/2025	Will be advertised	143,589	65,085	208,674
105036	0.50	Nonacademic administrative coordinator	11/28/2024	0	2/28/2025	In recruitment	76,604	0	76,604
105514	1.00	Research specialist	2/16/2024	10	4/1/2025	Will be advertised	0	167,214	167,214
106376	1.00	Research assistant professor	1/6/2024	11	2/28/2025	In recruitment	232,900	0	232,900
	35.83						$4,445,074	$3,012,914	$7,457,988
649 - Agronomy Seed Farm									
21593	1.00	Director	6/1/2024	6	5/1/2025	Advertising to fill position	$0	$301,544	$301,544
	1.00						$0	$301,544	$301,544
670 - Racing Commission									
		None					$0	$0	$0
	0.00						$0	$0	$0
NATURAL RESOURCES AND HIGHWAYS									
701 - State Historical Society									
6500	1.00	Exhibition creative manager	08/10/24	4	02/03/25	Position application closed and reviewing applicants	$207,866	$0	$207,866
6502	1.00	Research historian	08/29/24	3	01/06/25	Interviewing applicants in mid-December 2024	207,866	0	207,866
	2.00						$415,732	$0	$415,732
709 - Council on the Arts									
		None					$0	$0	$0
	0.00						$0	$0	$0
720 - Game and Fish Department									
6542	1.00	Southwest district wildlife resource supervisor	10/31/24	1	01/15/25	Interviews scheduled January 7-8, 2025	$0	$142,294	$142,294
	1.00						$0	$142,294	$142,294
750 - Parks and Recreation Department									
6704	1.00	Park manager I	07/01/23	17	06/01/25	Posting again when park is completed in 2025	$204,396	$0	$204,396
27203	1.00	Park manager I	05/03/24	7	02/01/25	Posted 12/16/2024	234,536	0	234,536
6698	1.00	Park manager II	08/01/24	4	02/01/25	Posted 12/16/2024	278,421	0	278,421
	3.00						$717,353	$0	$717,353
770 - Department of Water Resources									
6781	1.00	Water resource engineer II	02/12/24	10.5	N/A	Job posting closed - Candidate interviewed and preparing job offer	$0	$277,574	$277,574
6804	1.00	Hydrologist II	10/30/24	2	01/06/25	Job posting closed - New hire starts employment on 1/6/2025	0	231,314	231,314
28960	1.00	Hydrologist II	06/24/24	6	01/06/25	Job posting closed - New hire starts employment on 1/6/2025	0	238,896	238,896
	3.00						$0	$747,784	$747,784
TRANSPORTATION									
801 - Department of Transportation									
6855	1.00	Traffic records fatality analysis reporting system analyst	10/21/2024	1.5	3/1/2025	Reposting after reclassification	$0	$236,948	$236,948

Agency Name and Position No.	FTE Position Count	Position Description	Date Vacated	Number of Months Vacant as of December 2024	Date Expected to Be Filled	Current Status/Agency Response	Salary and Fringe Benefit Amounts 2025-27 Biennium Base Level Funding		
							General Fund	Other Funds	Total
6994	1.00	Transportation engineer II	4/30/2024	7	2/3/2025	Interviewing	0	249,884	249,884
7053	1.00	Transportation engineer I	3/1/2024	9	12/2/2024	New hire started 12/2/2024	0	249,974	249,974
7061	1.00	Engineering technician IV	9/19/2024	2.5	2/17/2025	Posted; Closes 12/29/2024	0	205,052	205,052
7063	1.00	Transportation engineer II	11/1/2024	1	1/16/2025	New hire starting 1/16/2025	0	249,978	249,978
7068	1.00	Transportation engineer manager team lead	7/31/2024	4	2/3/2025	Posted; Closes 12/17/2024	0	304,180	304,180
7088	1.00	Talent acquisition manager	10/11/2024	1.5	1/16/2025	New hire starting 1/16/2025	0	256,594	256,594
7121	1.00	Transportation technician II	11/4/2024	1	1/2/2025	New hire starting 1/2/2025	0	183,502	183,502
7140	1.00	Transportation technician II	8/12/2024	3.5	2/3/2025	Posted; Closes 12/19/2024	0	182,138	182,138
7148	1.00	Transportation technician II	10/16/2024	1.5	12/2/2024	New hire started 12/2/2024	0	183,500	183,500
7165	1.00	Transportation technician I	10/31/2024	1	12/2/2024	New hire started 12/2/2024	0	186,230	186,230
7337	1.00	Transportation technician III	10/31/2024	1	2/3/2025	Interviewing	0	222,562	222,562
7374	1.00	Fleet equip tech III	6/3/2024	6	3/1/2025	Posted; Closes 12/25/2024	0	168,992	168,992
7383	1.00	Transportation technician I	6/1/2024	6	2/3/2025	Posted; Closes 12/16/2024	0	182,134	182,134
7428	1.00	Fleet equipment technician III	11/30/2024	0	2/3/2025	Posted; Closes 12/19/2024	0	211,142	211,142
7465	1.00	Account budget specialist II	9/9/2024	3	3/1/2025	Posted; Closes	0	210,998	210,998
7472	1.00	Account budget specialist II	9/30/2024	2	3/1/2025	Posted; Closes 12/25/2024	0	177,308	177,308
7518	1.00	Transportation technician in training	10/22/2024	1.5	12/16/2024	New hire starting 12/16/2024	0	182,138	182,138
7528	1.00	Fleet equip tech III	11/15/2024	0.5	6/2/2025	New hire starting 6/2/2025	0	202,812	202,812
7552	1.00	Storekeeper II	11/14/2024	0.5	2/3/2025	Interviewing	0	175,616	175,616
7596	1.00	Transportation manager team lead	5/31/2024	6	2/3/2025	Posted; Closes 12/19/2024	0	157,226	157,226
7604	1.00	Administrative assistant I	2/29/2024	9	3/1/2025	Pending request to fill	0	142,080	142,080
7647	1.00	Bridge inspector assistant	7/15/2024	4.5	1/2/2025	New hire starting 1/2/2025	0	224,208	224,208
7659	1.00	Transportation technician III	11/4/2024	1	12/2/2024	New hire started 12/2/2024	0	190,348	190,348
7676	1.00	Transportation technician manager team lead	6/1/2024	6	2/3/2025	Posted; Closes 12/19/2024	0	185,118	185,118
7749	1.00	Engineering technician II	9/3/2024	3	12/2/2024	New hire started 12/2/2024	0	249,978	249,978
7761	1.00	Transportation engineer III	11/1/2024	1	2/3/2025	Interviewing	0	271,590	271,590
7765	1.00	Transportation engineer I	11/1/2024	1	3/1/2025	Pending request to fill	0	189,358	189,358
7767	1.00	Transportation management officer II	11/29/2024	0	2/3/2025	Interviewing	0	253,374	253,374
7831	1.00	Engineering technician IV	11/1/2024	1	2/3/2025	Interviewing	0	203,484	203,484
7848	1.00	Transportation engineer I	5/31/2024	6	3/1/2025	Posted; Closes 12/23/2024	0	249,974	249,974
0317	1.00	Transportation engineer I	9/29/2023	14	6/2/2025	New hired starting 6/2/2025	0	211,294	211,294
6088	0.50	State Fleet dispatcher	11/16/2024	0.5	1/2/2025	New hire starts 1/02/2025	0	98,398	98,398
1548	1.00	Transportation technician in training	6/30/2024	5	12/2/2024	New hire started 12/2/2024	0	182,136	182,136
1549	1.00	Transportation technician II	8/10/2023	16	12/16/2024	New hire starting 12/16/2024	0	182,136	182,136
Total	34.50						$0	$7,212,384	$7,212,384
Total all agencies	**783.58**						**$90,999,019**	**$71,221,489**	**$162,220,508**

NOTE: This report does not include North Dakota University System campuses since University System salaries and wages are based on a credit-hour formula.

2025 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

HB 1012
1/20/2025

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

9: 01 a.m. Chairman J. Nelson called the hearing to order.

Members Present: Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Berg, Mitskog, Murphy, O' Brien, Wagner.

Discussion Topics:

- Prevention
- Forensic Examiner
- Immunizations
- Field Services
- Infectious Diseases and Epidemiology
- Sexually Transmitted and Bloodborne Diseases
- Budget requests
- Community Engagement
- Family Health and Wellness
- Health Promotion and Chronic Disease Prevention
- Special Health Service
- Budget request

9:04 a.m. Donna Aukland, Chief Financial Officer, Health and Human Services, spoke to budget changes #30123, #30124.

9:05 a.m. Kirby Krueger, Director, Disease Control and Forensic Pathology, Health and Human Services, testified and presented the department overview #29930.

9:28 a.m. Molly Howell, Immunization Director, Disease Control and Forensic Pathology, Health and Human Services spoke to vaccine rates in schools #29930.

9:36 a.m. Kirby Krueger, Director, Disease Control and Forensic Pathology, Health and Human Services continued with testimony #29930.

10:14 a.m. Stephnie Rasmussen, Accounting Manager, Health and Human Services, spoke to fund distribution #29930.

10:15 a.m. Kirby Krueger, Director, Disease Control and Forensic Pathology, Health and Human Services continued with testimony #29930.

10:16 a.m. Molly Howell, Immunization Director, Disease Control and Forensic Pathology, Health and Human Services spoke to the effectiveness of vaccines.

10:18 a.m. Kirby Krueger, Director, Disease Control and Forensic Pathology, Health and Human Services continued with testimony #29930.

10:43 a.m. Kim Mertz, Director, Healthy and Safe Communities, Public Health Division, Health and Human Services, presented and testified on the department overview #29979.

11:02 a.m. Natilie Jung, Director, Primary Care Office of Healthy and Safe Communities, Health and Human Services, testified in favor of the ND Healthcare loan repayment program #29979.

11:11 a.m. Kim Mertz, Director of Healthy and Safe Communities, Health and Human Services, continued with testimony #29979.

11:33 a.m. Deanna Askew, Director, Family Health and Wellness, Health and Human Services, testified on domestic violence #29979.

11:35 a.m. Kim Mertz, Director of Healthy and Safe Communities, Health and Human Services, continued with testimony #29979, #30187.

11:47 a.m. Niel Charvat, Director, Tobacco Prevention and Control Program, Health and Human Services, testified on vaping #29979.

11:57 a.m. Kim Mertz, Director of Healthy and Safe Communities, Health and Human Services, continued with testimony #29979.

Additional written testimony:

Seth O'Neill, Executive Director, North Dakota Domestic and Sexual Violence Coalition in favor #29939.

12:31 p.m. Chairman J. Nelson adjourned the hearing.

Jan Kamphuis, Committee Clerk



HB1012 Disease Control and Forensic Pathology Detail

Kirby Kruger, Director of Disease Control and Forensic Pathology
Jan. 20, 2025

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Our Vision

North Dakota is the healthiest state in the nation.

Our Mission

HHS fosters positive, comprehensive outcomes by promoting economic, behavioral and physical health, ensuring a holistic approach to individual and community well-being.

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Disease Control and Forensic Pathology Section Overview



Who we are

- Public Health
- Program and subject matter specialist
- Epidemiologists
- Investigators



Our role

- Better understand causes of disease and death
- Primary prevention
- Secondary and tertiary prevention



Services

- Autopsies
- Prevention measures and programs
- Disease patterns, data and reports



Partners | Providers

- County coroners
- Law enforcement
- Local public health
- Tribal Health
- Health care providers
- Other state agencies
- Schools, childcare

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Disease Control and Forensic Pathology

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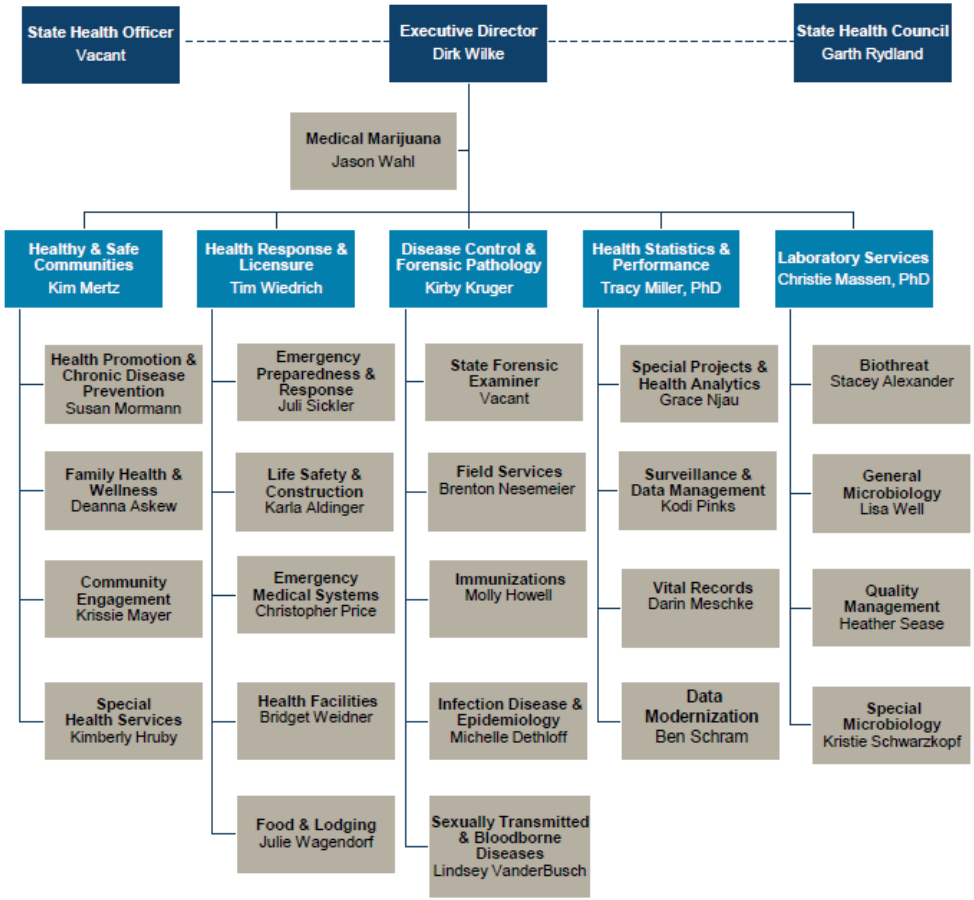
Public Health Division



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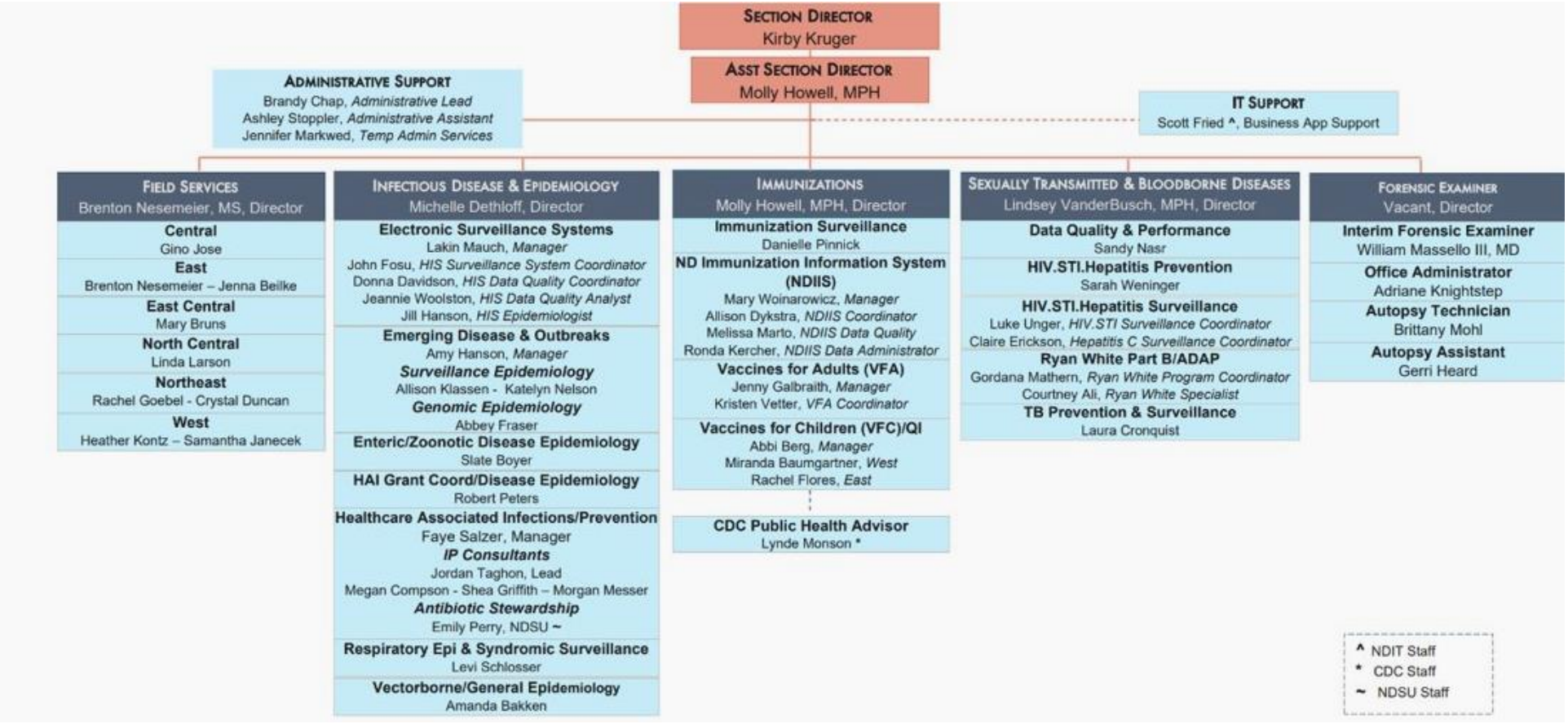
Disease Control and Forensic Pathology



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Disease Control and Forensic Pathology

Team Structure and Function

Section Name			
23-25 FTE	**25-27 FTE Requested**	**# of Temporary**	**# of Vacancies**
40	*40*	*19*	*1*

Average Age	*39*
Avg Years of Service	*9*
Retirement Risk	*2.5%*
Turnover 2023	*3.0%*
Turnover 2024	*10.0%*

Disease Control and Forensic Pathology Units

Forensic Examiner's Office

Immunization Unit

Field Services Unit

Infectious Diseases and Epidemiology Unit

Sexually Transmitted and Bloodborne Disease Unit

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Forensic Examiner's Office

Determine Cause and Manner of Death

- Non-natural deaths
- Work with county coroners
- Work with law enforcement
- Work with state's attorneys



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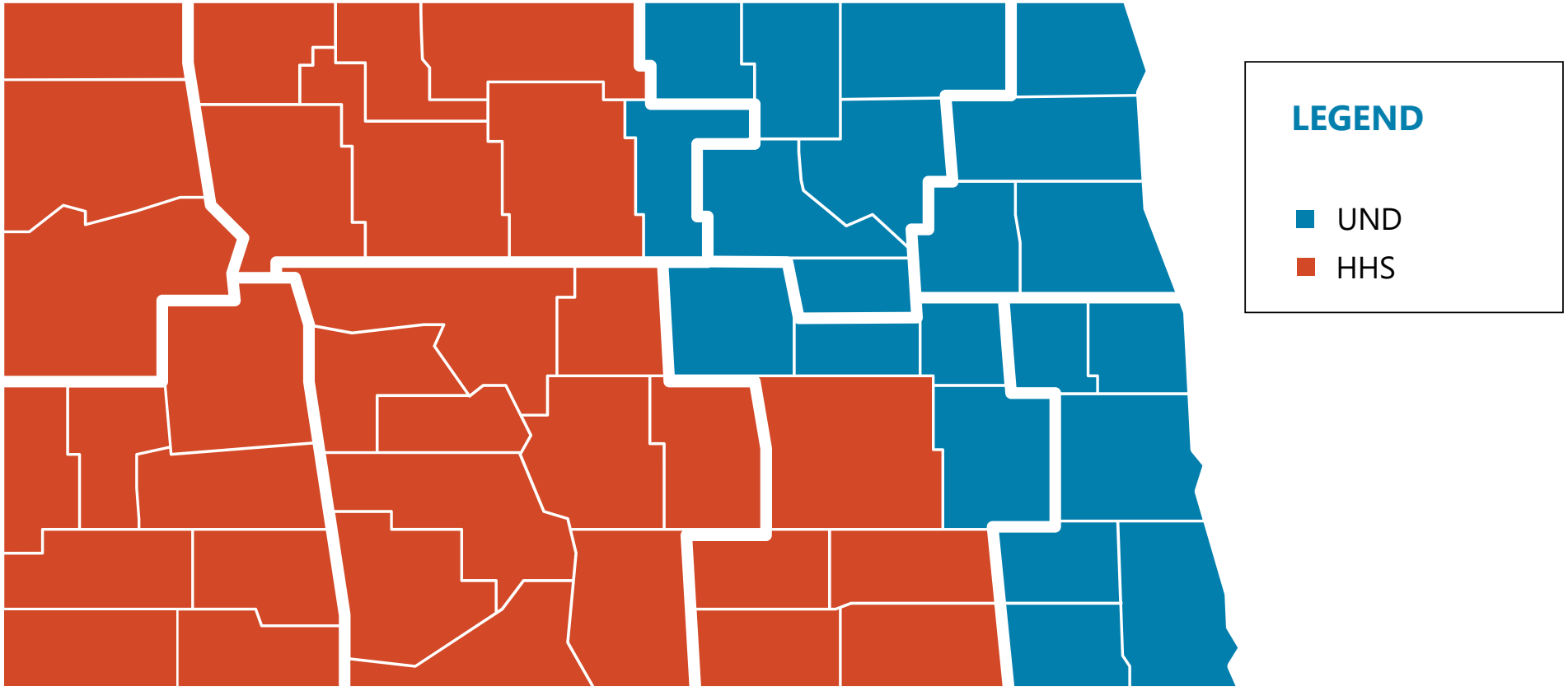
State Coverage for Forensic Pathology Services with UND and Health and Human Services



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Forensic Examiner's Office



Autopsies

- 2023 – 188
  - 272 at UND
- 2024 – 122 cases (48 referrals to UND)
  - 372 at UND
- Continued work with LifeSource on organ/tissue procurement



Building Improvements

- Updated the heating, ventilation, air conditioning system
- Updated security



Immunization Unit

- Working with local public health, health care providers and other key stakeholders to promote the prevention of severe disease and disability through immunizations
- Report immunization coverage rates and assure citizens and healthcare providers have access to immunization records
- Administer the federal Vaccines for Children Program (VFC) for North Dakota
- Provide the most up-to-date information on vaccine recommendations and schedules to citizens and health care providers
- Prevent and respond to vaccine-preventable diseases

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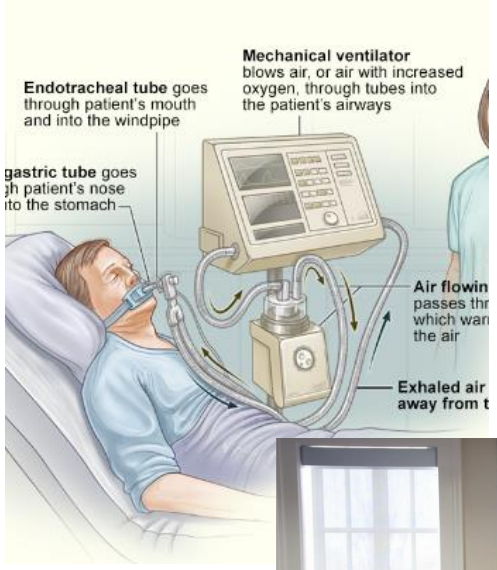
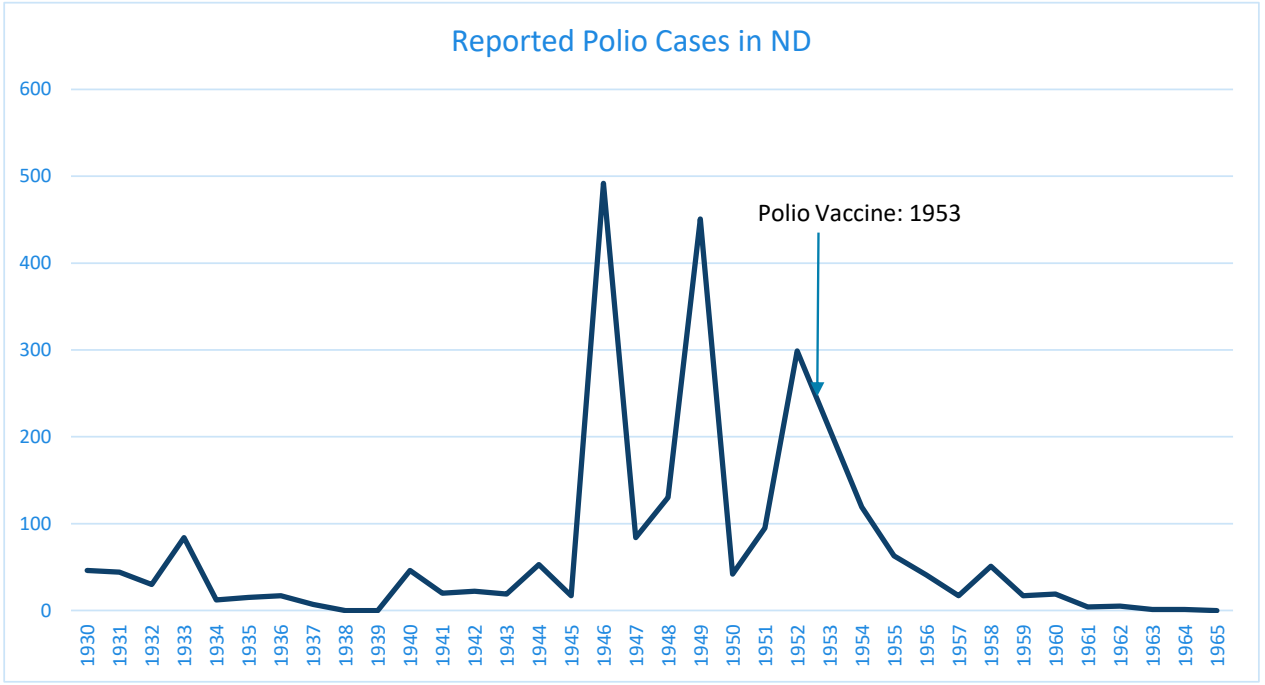
Impacts of Vaccines and Vaccination – Polio







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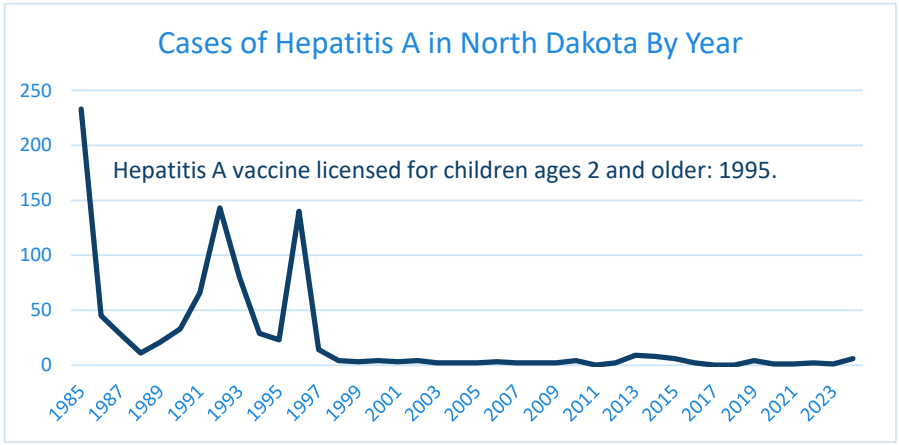
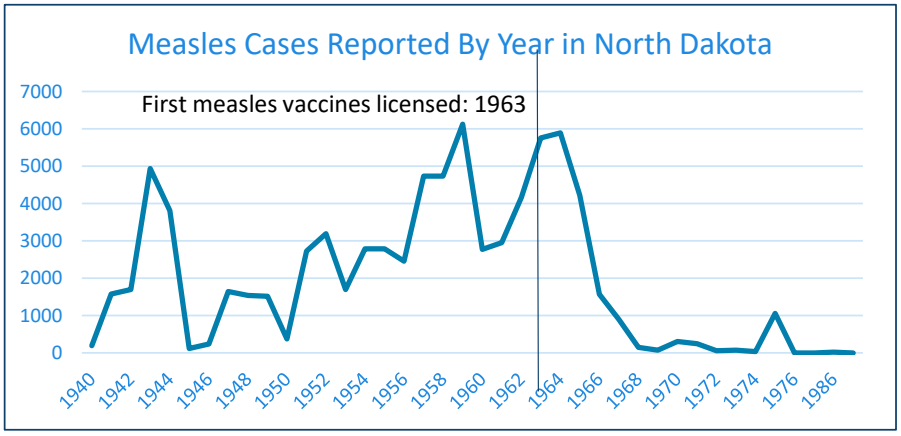
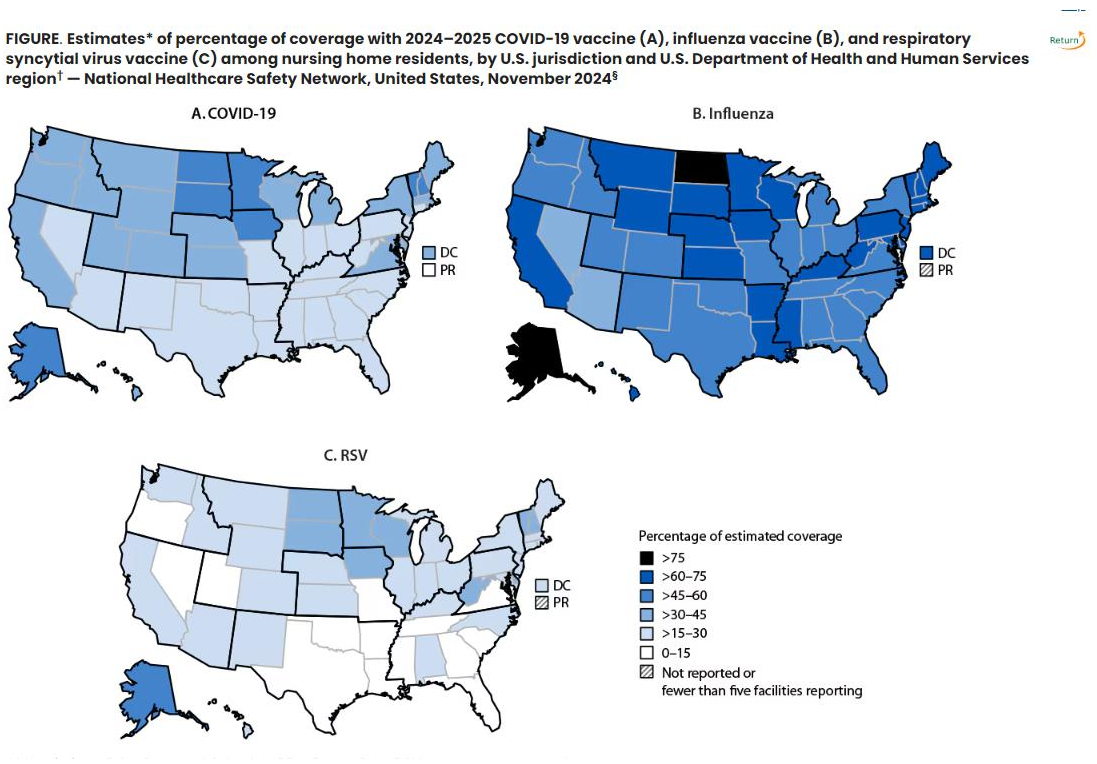
Impact of Vaccines and Vaccination







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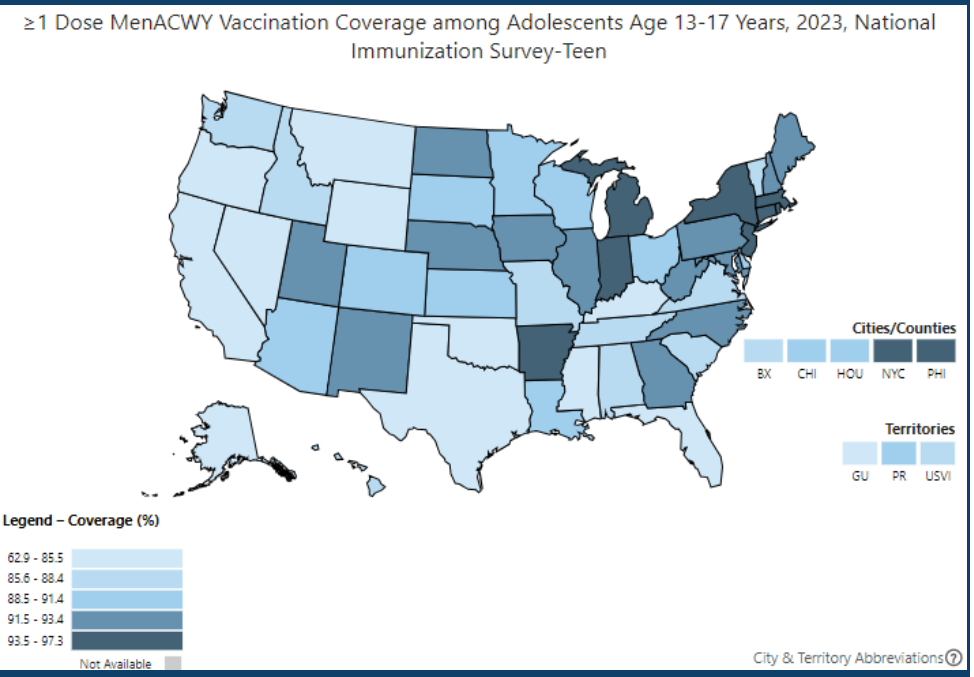
Immunization Unit Successes



- RSV combined immunization coverage in first year of availability for infants estimated at 55.4%; likely > 70% this year
- 2024 Immunization Conference - 313 attendees
- High adolescent immunization rates
- Fourth in the U.S. for COVID-19 vaccination rates amongst skilled nursing facility residents
- NDIIS Modernization
  - Go-live: November 18, 2024
  - 75 interoperable connections that impact 520 individual sites, 6,015 users and all North Dakotans (provided 761,176 immunization records since July 1, 2023)
  - Improved user experience and modernized security

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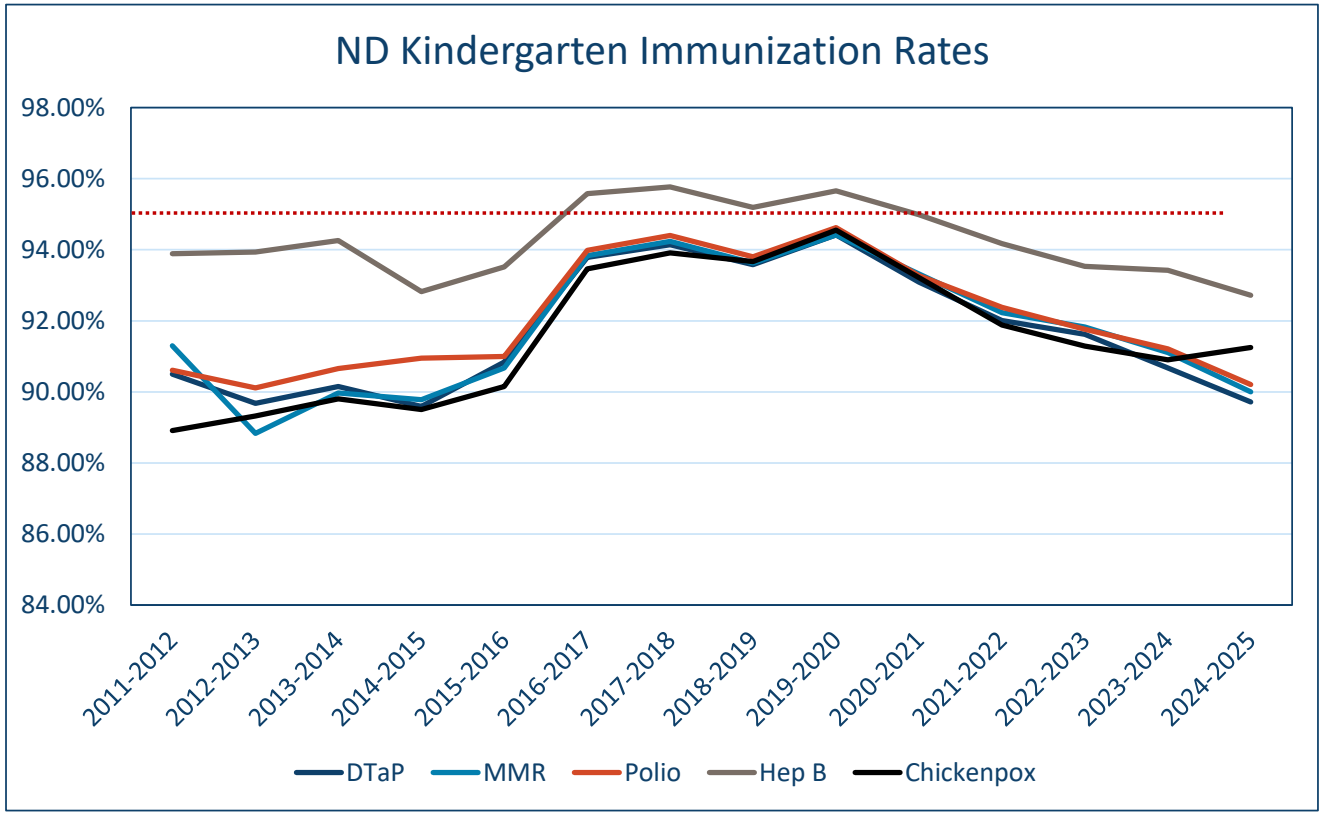
Immunization Unit Challenges

2024-2025 ND Kindergarten Immunization Rates By Vaccine:

DTaP	89.72%
MMR	90.00%
Polio	90.21%
Hep B	92.72%
Chickenpox	91.25%



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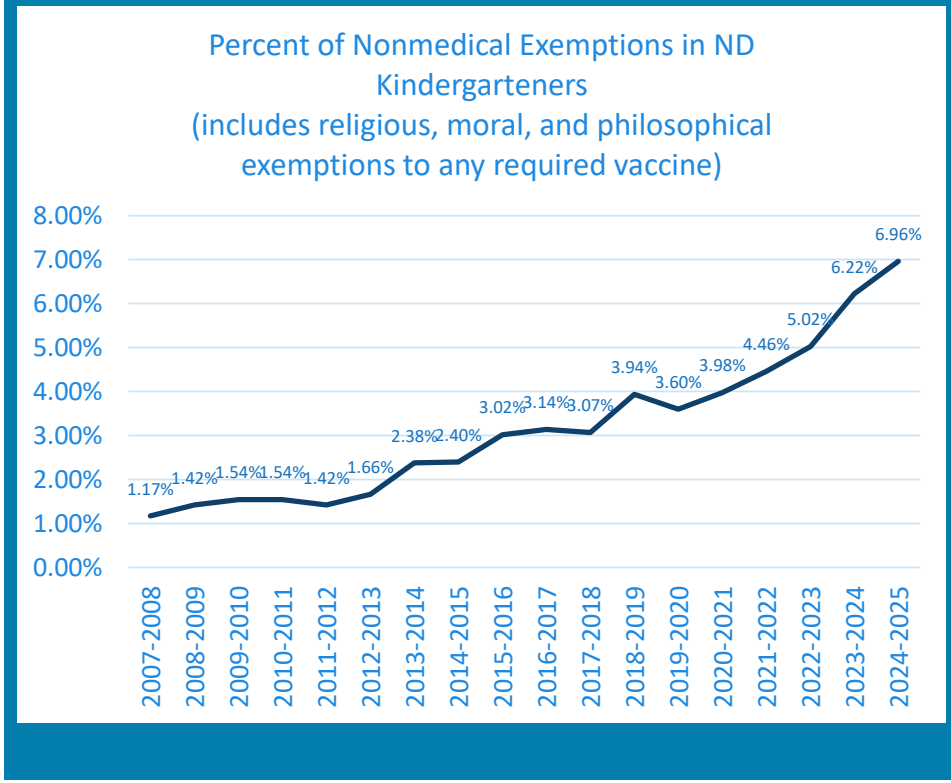
Preliminary school immunization survey data

Immunization Unit: Challenges

- Challenges:
  - Declining infant/pediatric immunization rates
  - Vaccine hesitancy/exemption rates
  - RSV immunization access at birthing hospitals
  - Access to all immunizations at medical home
  - Flat funding





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Immunization Challenges: VPDs in ND

- Pertussis– 148 cases in 2024
  - 13 infants
  - 8 hospitalizations (max 54 days)
- *Haemophilus influenzae* type B in 2023
  - Unvaccinated infant with meningitis
- Hepatitis A – 6 cases in 2024

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Immunization Unit Activities to Increase Rates



- Reminder/recall of infants, school-aged children and adolescents who are 30 or more days behind on immunizations
- Immunization Quality Improvement for Providers
- Collaboration to increase rates with key stakeholders: local public health, coalition, NDSU Center for Immunization Research and Education, children's science museum, etc.
- Immunization and motivational interviewing education of healthcare providers and at schools of health
- Get FACTSinated Campaign: A healthy dose of information about immunizations

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Infectious Disease and Epidemiology Unit

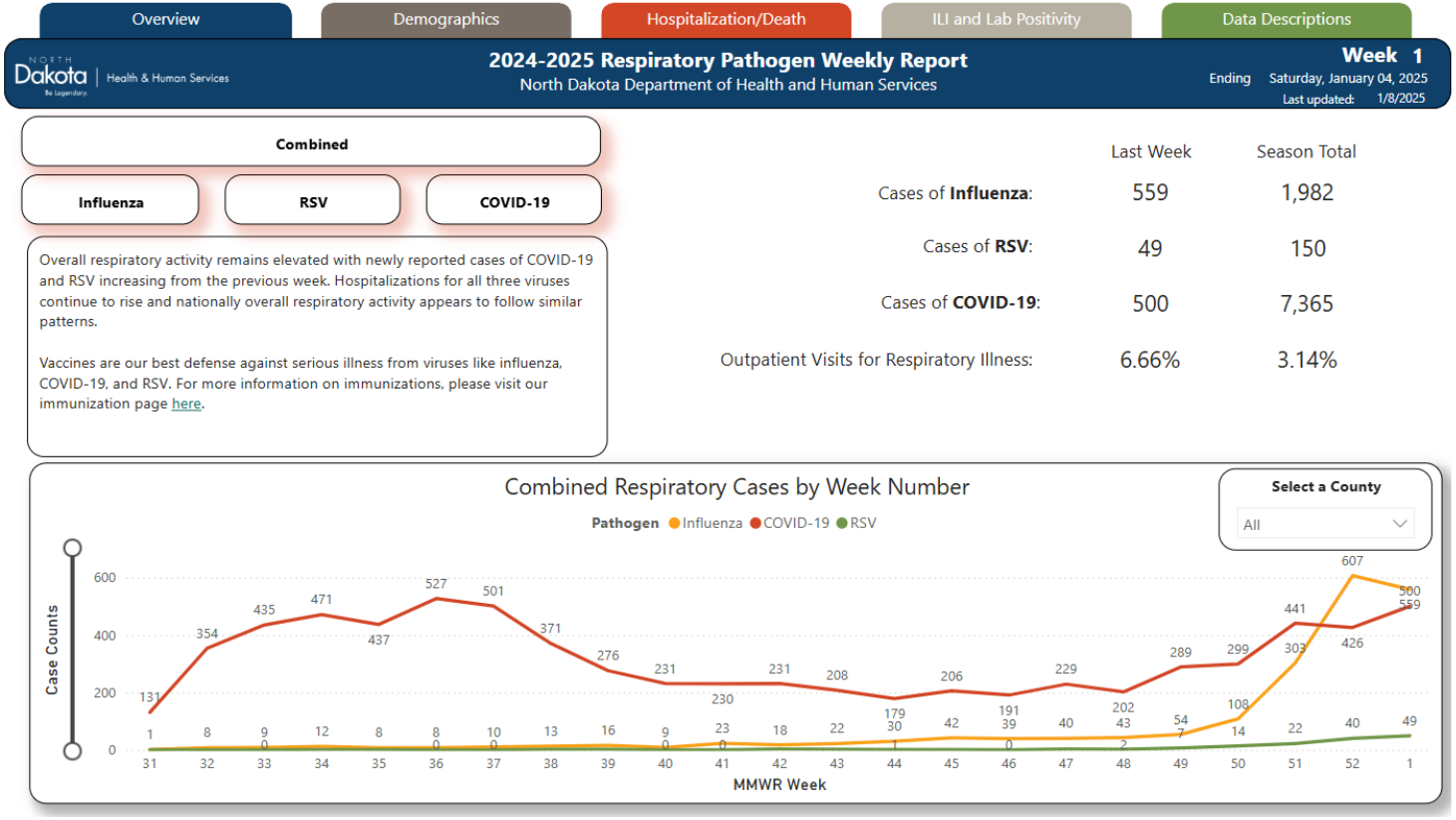
- Monitor disease trends and impacted populations/communities
- Provide technical guidance on reducing health care associated infections
- Promote antimicrobial stewardship
- Investigate sources of illness or outbreaks such as foodborne related infections
- Monitor disease vectors such as ticks, mosquitos and animal rabies cases

Infectious Diseases and Epidemiology
Disease Monitoring



Respiratory Dashboard

- Influenza
- RSV
- COVID-19



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Other Activities in Infectious Diseases and Epidemiology



Assisting with rabies investigation

- Human case – non-resident
- Health Care worker follow-up



Enteric Illnesses

- More than 500 reports in 2024
- Try to determine source and spread (DNA sequencing)
- Prevention



Health Care Associated Infections

- Work with facilities (ICARS)
- Assist with MDRO investigations



Antibiotic Stewardship

- Monitor prescribing trends
- Promote appropriate antibiotic prescribing

Antibiotic Stewardship Awards, North Dakota



Facility Type	Platinum	Gold	Silver	Bronze
Hospital	3	2	4	1
Long Term Care	2	2	4	3

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Infectious Diseases and Epidemiology Goals



- Modernize EDSS (Electronic Disease Surveillance System)
- Analyze antibiotic prescribing and use data for more targeted stewardship interventions
- Automate enteric sequencing data and metadata from SEDRIC to EDSS
- Finalize internal respiratory and enteric disease surveillance dashboards
- Develop comprehensive multi-year historical dashboard of tick surveillance data by species and county and make publicly available

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Field Services

- Verify diagnoses of reportable conditions
- Follow-up with people who have reportable conditions
- Work with people at increased risk for an infectious disease
- Primary, secondary and tertiary disease prevention
- Work with partners and stakeholders

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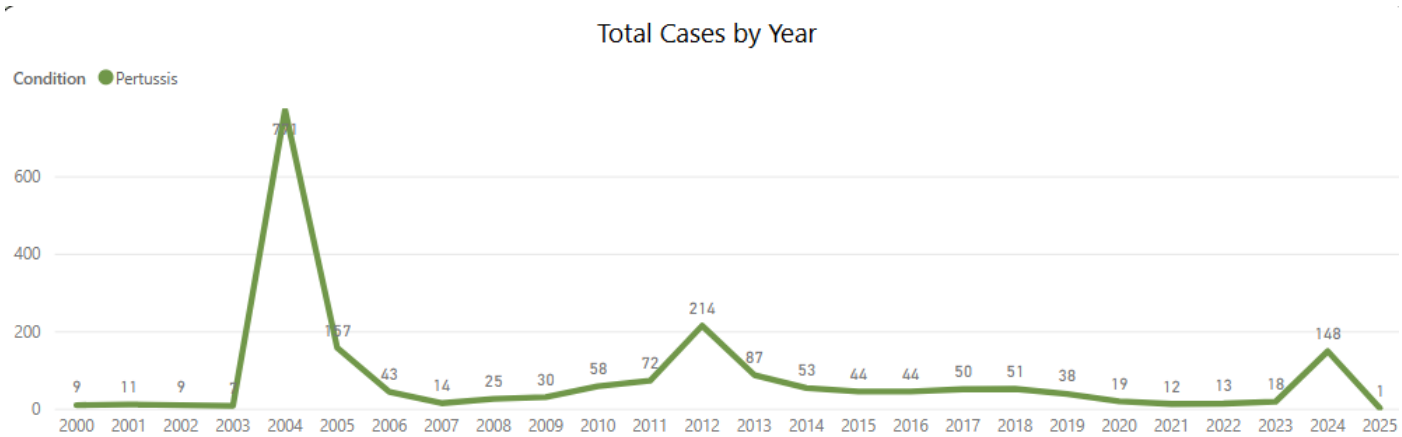

Field Services and Pertussis

- 148 cases of pertussis reported in 2024
- Work closely with the Immunization Unit and local public health
- Interview cases and or family members
- Notify contacts
- Work with schools and childcare facilities

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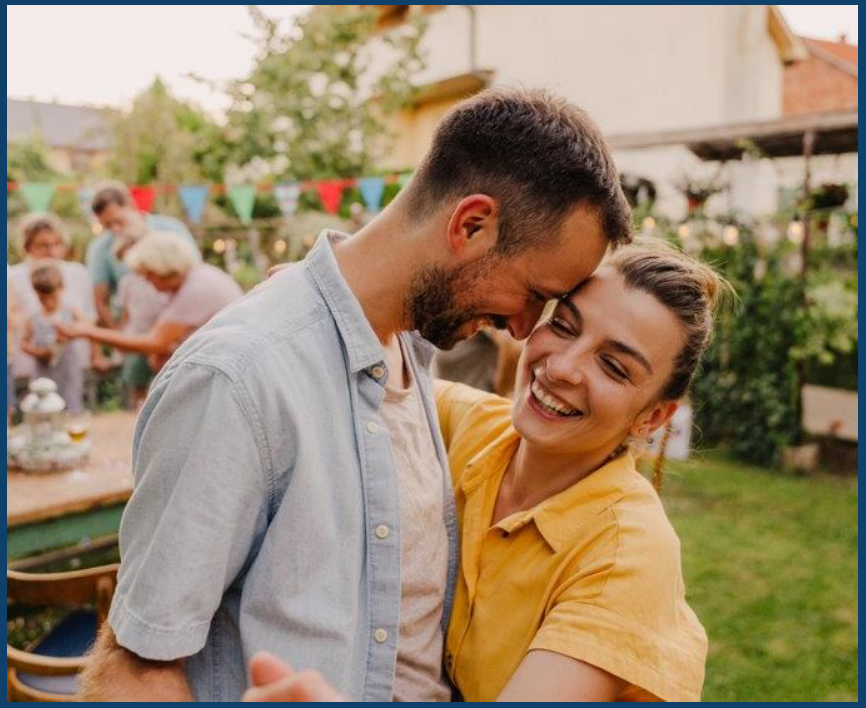
Field Services Goals



- Collaborating with local public health to bring Binx boxes to underserved regions of the state – Increase in testing and availability of testing for citizens
- Continue to work with community partners to prevent syphilis cases – especially cases in pregnant women/babies
- Conduct Field Visits and educate providers on importance of testing/treating

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Sexually Transmitted and Bloodborne Diseases (and TB)

Prevention through early detection and treatment

- Congenital Syphilis
- Late effects of syphilis
- Neonatal infections and infertility secondary to gonorrhea and chlamydia infections

- Reducing viral loads to non-detectable levels
  - Hepatitis C (elimination of hepatitis C infection)
  - HIV
- Working with local harm reduction programs
- Assuring TB cases are treated and contacts are notified and offered testing and treatment

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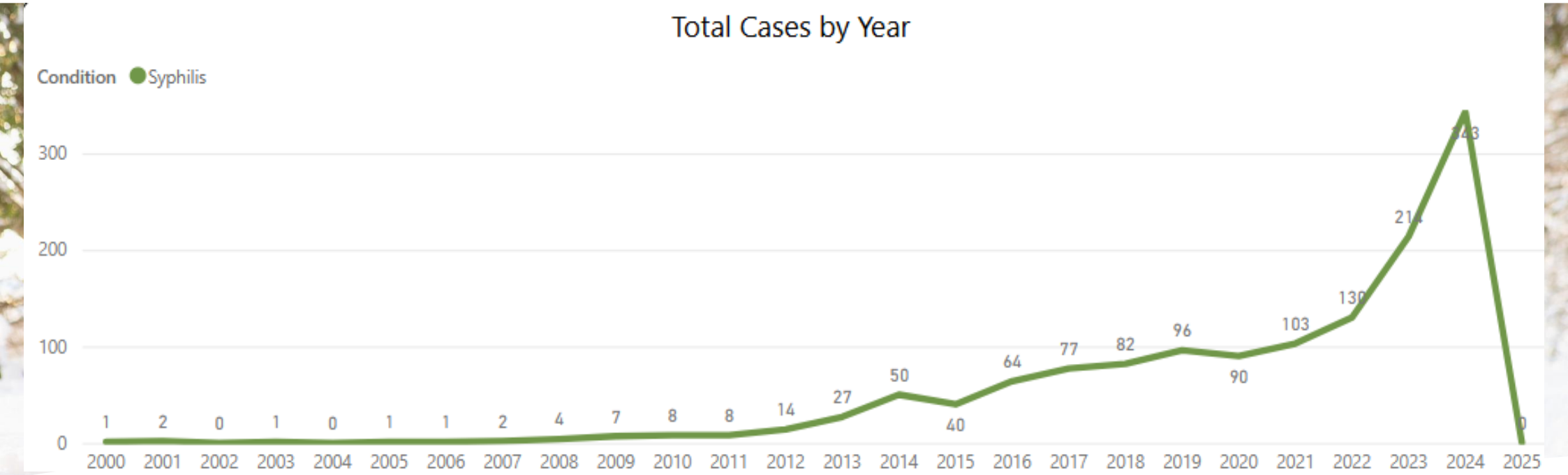

Syphilis In North Dakota

- 343 cases in 2024 up 60% from 2023
- 20% of new cases reported resulted from partner services
- 14/16 pregnant cases successfully treated prior to delivery
  - 2 cases of congenital syphilis in mothers with late or no prenatal care.

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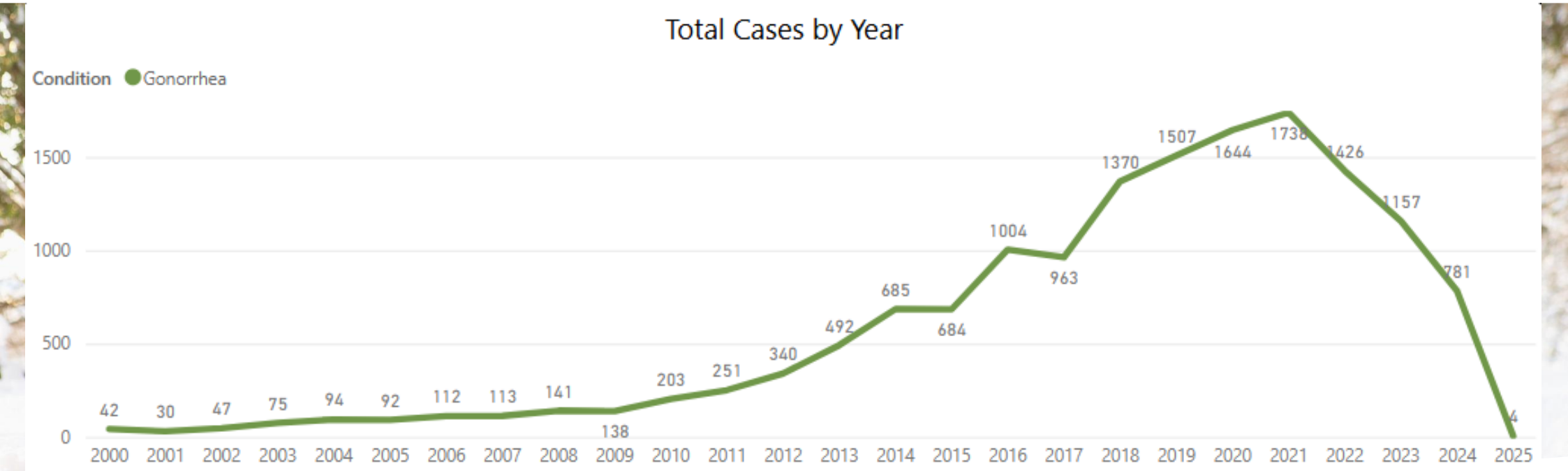

Gonorrhea in North Dakota

- 781 cases in 2024, down 32% from 2023
  - Down 55% from our peak in of 1,738 cases in 2021
  - 18% of cases resulting from partner notification
- Challenges continue with the emergence of strains resistant to main-line antibiotics

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Sexually Transmitted and Bloodborne Disease Goals



- Start Planning for 2026-2031 Integrated HIV Prevention & Care Plan
- Continue to push for community centered approach to syphilis
- Continue fostering collaboration with Community Engagement and Field Services Units

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Collaboration with our Internal Partners

- Medicaid
  - Immunizations
  - Ryan White
  - HIV and Hepatitis
  - Sexually Transmitted Infections
  - TB
  - Healthcare Associated Infections
- Child Care Services
  - Across all Disease Control Units
- Behavioral Health
  - Harm Reduction
  - STI and Bloodborne Diseases
  - Field Services



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Comparison of budgets and funding

By Major Expense

DESCRIPTION	2023-25 BASE BUDGET	INCREASE/DECREASE	2025-27 EXECUTIVE BUDGET RECOMMENDATION
Salaries and Benefits	$ 14,890,554	$ (1,119,796)	$ 13,770,758
Operating	12,248,518	3,450,898	15,699,416
IT Services	13,377,225	1,881,563	15,258,788
Capital Asset Expense	-	25,000	25,000
Capital Assets	-	278,000	278,000
Grants	23,758,800	(7,593,452)	16,165,348
TOTAL	**$ 64,275,097**	**$ (3,077,787)**	**$ 61,197,310**
GENERAL FUND	**$ 6,747,269**	**$ 37,155**	**$ 6,784,424**
FEDERAL FUNDS	**56,518,991**	**(7,464,191)**	**49,054,800**
OTHER FUNDS	**1,008,837**	**4,349,249**	**5,358,086**
TOTAL FUNDS	**$ 64,275,097**	**$ (3,077,787)**	**$ 61,197,310**

Decision Package Detail

By Ongoing, One-Time and Funding Source

Coordinated Immunization Access

- Purchasing of Hepatitis B and RSV vaccines for healthcare providers off federal contract
  - $2,213,930 ongoing Special Funds

Eastern ND Autopsy Contract

- Inflationary increase for University of North Dakota to perform autopsies
  - $1,866,156 ongoing Special Funds

Forensic Examiner Electronic Records System

- Purchase of electronic records system to record forensic cases
  - $278,000 one-time Special Funds

Executive Compensation Plan

- $565,324 ongoing General Fund

Comparison of budgets and funding

By Budget Account Code

DESCRIPTION	2023-25 BASE BUDGET	INCREASE/DECREASE	2025-27 EXECUTIVE BUDGET RECOMMENDATION
511x Salaries - Regular	$ 5,925,303	$ 517,129	$ 6,442,432
513x Salaries Temp	6,159,682	(1,883,408)	4,276,274
514x Salaries Overtime	193,770	(193,770)	-
516x Salaries Benefits	2,611,799	440,252	3,052,051
TOTAL SALARIES & BENEFITS	**$ 14,890,554**	**$ (1,119,796)**	**$ 13,770,758**
52x Travel	431,200	(134,997)	296,203
53x Supply	109,453	(63,377)	46,076
54x Postage & Printing	381,358	72,910	454,268
56x Utilities	84,562	317	84,879
58x Rent/Leases - Bldg/Equip	127,571	6,276	133,847
59x Repairs	110,850	(45,792)	65,058
61x Professional Development	167,480	(64,194)	103,286
62x Fees - Operating & Professional	10,836,044	3,679,755	14,515,799
53x Supplies	51,161	44,906	96,067
60x IT Expenses	13,326,064	1,836,657	15,162,721
68x Land, Building, Other Capital	-	25,000	25,000
69x Equipment Over $5,000	-	278,000	278,000
71x Grants, Benefits, & Claims	23,758,800	(7,593,452)	16,165,348
TOTAL OPERATING	**$ 49,384,543**	**$ (1,957,991)**	**$ 47,426,552**
TOTAL	**$ 64,275,097**	**$ (3,077,787)**	**$ 61,197,310**

Operating

DESCRIPTION	2023-25 BASE BUDGET	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE/ (DECREASE)
Interpreter, disease response, investigation and advertising fees	$ 40,700	$ 28,000	$ (12,700)
Vaccine Storage, Bridge Access Program and Letter of Agreements	106,850	109,022	2,172
Legal Fees	28,500	36,000	7,500
Hepatitis and other outbreaks - Case Management Follow-Up	80,000	80,000	-
Immunization - Purchase of agreements, State Conference and Media Campaign	1,254,000	560,000	(694,000)
HIV - Media Campaign and Prevention Walk	280,000	280,000	-
Sexually Transmitted Infections Education and Quality Management Detailing	250,000	50,000	(200,000)
Tuberculosis Case Management, Contract Pharmacy and Infection Coordinator	262,000	262,000	-
Electronic Verification of Vital Events (EVVE) - Data Cleansing	16,000	16,000	-
Ryan White Community Planning and Evaluation and 340B Consultant	60,000	60,000	-
HIV, Hepatitis and Sexually Transmitted Infections At Home Test Collection	1,050,000	800,000	(250,000)
Public Health Subject Matter Experts	715,000	527,000	(188,000)
Public Health Conference and Infection Prevention Conference and Training	40,000	30,000	(10,000)
Transportation for deceased	22,000	22,000	-
Toxicology testing, genetic testing, specimen samples and neuropathology	260,076	320,267	60,191
Autopsy contract for eastern ND	1,718,864	3,585,020	1,866,156
Medical Waste	25,729	34,210	8,481
Medical Supplies Forensic Pathology	47,065	19,272	(27,793)
Ryan White Pharmaceutical Payments and Insurance Premiums	4,145,410	5,049,228	903,818
HIV, Hepatitis, Tuberculosis test kits	433,850	433,850	-
Coordinated Immunization access for Hepatitis B and RSV	-	2,213,930	2,213,930
GENERAL FUND	**$ 1,077,234**	**$ 1,124,613**	**$ 47,379**
FEDERAL FUNDS	**8,758,810**	**8,311,100**	**(447,710)**
OTHER FUNDS	**1,000,000**	**5,080,086**	**4,080,086**
GRAND TOTAL	**$ 10,836,044**	**$ 14,515,799**	**$ 3,679,755**

Grants

DESCRIPTION	2023-25 BASE BUDGET	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE/ (DECREASE)
Immunization Program - provide assistance with surveillance and reporting vaccine preventable diseases, immunization disparities, and pediatric rates	$ 7,288,000	$ 7,110,000	$ (178,000)
Immunization Education campaign	5,705,000	2,000,000	(3,705,000)
Ryan White Case Management Contracts	2,875,000	3,400,000	525,000
Integrated HIV prevention and care advisory board community based education	100,000	250,000	150,000
State-wide antibiotic resistance prevention and stewardship activities	495,000	504,000	9,000
Tuberculosis Surveillance contracts	80,000	80,000	-
HIV Prevention Counseling Testing & Referral Contracts - patient testing/raid testing	325,000	450,000	125,000
Hepatitis Contracts	180,000	243,000	63,000
Sexually Transmitted Infections - at-home test collection and targeted marketing	480,000	350,000	(130,000)
COVID response and mitigation contracts for Local Public Health, confinement and homeless communities	6,230,000	1,500,000	(4,730,000)
Quantitative Molecular Surveillance of water collected from waste autosampler for analysis	-	200,000	200,000

GENERAL FUND	**$ 50,000**	**$ 50,000**	**$ -**
FEDERAL FUNDS	**23,708,000**	**16,037,000**	**(7,671,000)**
OTHER FUNDS			**-**
GRAND TOTAL	**$ 23,758,000**	**$ 16,087,000**	**$ (7,671,000)**

Contact Information

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Director, Disease Control and Forensic Pathology
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North Dakota Domestic & Sexual Violence Coalition

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Phone: 701.255.6240
Toll Free: 888.255.6240

nddsvc.org
contact@nddsvc.org

House Bill No. 1012
House Appropriations Committee – Human Resources Division
Written Testimony Presented Seth O'Neill, JD, MSW
Email: soneill@nddsvc.org
January 20, 2025

Chairman Nelson and Members of the House Appropriations Committee, my name is Seth O'Neill and I am representing the North Dakota Domestic & Sexual Violence Coalition in support of House Bill 1012 and more specifically the funding for domestic and sexual violence programs. Our coalition is comprised of the 19 domestic and sexual violence organizations in North Dakota. In January 2024, the Department of Health & Human Services reached out to the coalition in anticipation of our member agencies' intention to seek additional state funds in the next biennium. The current executive budget recommendations for the 69th Legislative Assembly include a $2.25 million increase for domestic and sexual violence. **However, this recommendation is a significant decrease from our original request of $19 million.** We are grateful that incoming Gov. Kelly Armstrong didn't reduce it further, and we'd like the Legislature to consider increasing funds in stronger alignment with our original request.

Currently, our programs have a $7.9M annual gap in which they attempt to seek private funding to fulfill growing client safety, protection and educational needs. In many cases, this private funding supports programming for which our agencies are the designated service provider for state mandated regulations (*see* addendum below). We request that the state consider additional dollars to support services that are provided in alignment with state laws and obligations designed to protect and safeguard North Dakota families.

The following is an itemized breakdown of the request and what each component will do for the more than 7,400 survivors and their families statewide.

Domestic Violence General Funds
Current Amount: $5,936,285 per biennium/Request: $10,820,160 per biennium
The domestic violence general funds allow our programs to provide essential services including 24-hour crisis intervention, counseling, accountability and education for those who have used violence, sexual assault response & advocacy, prevention & outreach, shelter and transitional housing.

Safe Haven
Current Amount: $425,000 per biennium/Request: $2,380,435 per biennium
The Safe Haven funds provide supervised parenting time and exchanges for families. Currently, only eight of our programs are able to provide this service. These programs provide a safe place for children and families to maintain a relationship while addressing underlying concerns. The appropriation amount has not increased since at least the 2013-2015 biennium. In communities without this service, a child may be left unsupervised with a violent parent or a domestic violence victim may have to contact their abuser for child exchanges exposing them to violence and increased lethality risk. The increased budget amount will allow the programs to sustain this service and for new programs to begin this vital service.

Sexual Violence Prevention
Current Amount: $200,000 per biennium/Request: $4,328,064 per biennium
Sexual violence prevention is severely underfunded at the state level. Increasing the funding for sexual violence prevention would better the health and safety of North Dakota and ultimately, move toward eradicating violence and its devastating impacts to the economic standing, health, and wellbeing of our communities.

Domestic Violence Intervention Programming
Current Amount: $1,000,000 per biennium/Request: $1,568,923 per biennium
Domestic violence intervention programs received a healthy increase during the current biennium. This has allowed our programs to sustain these services through staff retention and expanded programming.

North Dakota Domestic & Sexual Violence Coalition

521 E Main Ave, Suite 320
Bismarck, ND 58501

Phone: 701.255.6240
Toll Free: 888.255.6240

nddsvc.org
contact@nddsvc.org

2023–2025 DHHS Public Health Section
Domestic Violence & Sexual Assault Programs Request:

Program Category	Description of Service	Source of Funds	2023-2025 Biennium Request	2023 – 2025 Biennium Appropriation	2025-2027 Biennium Request
Domestic Violence & Sexual Assault	Crisis response, advocacy	State General Fund	$10,000,000	$4,596,285	$10,820,160
		Community Health Trust Fund		1,000,000	
		Domestic Violence Prevention Fund		340,000	
Safe Haven	Supervised visitation and exchange	State General Fund	2,200,000	425,000	2,380,435
Sexual Violence Prevention	Bystander intervention program	State General Fund	4,000,000	200,000	4,328,064
Domestic Violence Intervention Programming	Intervention for domestic violence offenders	Community Health Trust Fund	1,425,000	1,000,000	1,568,923
		Total	**$17,625,000.00**	**$7,561,285.00**	**$19,097,582.00**

Until the 2023-25 biennium, funding for domestic and sexual violence remained relatively flat throughout the past 10-12 years. In attempt to make up for increased growth in our programs, which has been significantly subsidized by private funds, we requested $17.5 million last session. This year, we're landing in a similar place based on the above, in addition to inflationary considerations. **The current budget puts us closer, but still $9 million shy of what is truly needed to adequately support survivors and their families.** We look forward to sharing additional data and anecdotal examples during public testimony. Please reach out if you have additional questions or thoughts you'd like us to consider.

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Addendum
North Dakota Century Code Mandates:

14-09-29. Parental rights and responsibilities - Best interests and welfare of child.
2. If the court finds that a parent has perpetrated domestic violence and that parent does not have residential responsibility, and there exists one incident of domestic violence which resulted in serious bodily injury or involved the use of a dangerous weapon or there exists a pattern of domestic violence within a reasonable time proximate to the proceeding, the court shall allow only supervised parenting time with that parent unless there is a showing by clear and convincing evidence that unsupervised parenting time would not endanger the child's physical or emotional health.

12.1-17-13. Mandated intervention program for domestic violence offenders.
2. The sentence for an offense under section 12.1-17-01, 12.1-17-01.1, 12.1-17-01.2, 12.1-17-02, 12.1-17-03, 12.1-17-04, 12.1-17-05, 12.1-17-07, 12.1-17-07.1, 12.1-18-02, 12.1-18-03, 12.1-21-05, 12.1-21-06.1, 12.1-31.2-01, 12.1-31.2-02, or 14-07.1-06 against an intimate partner, must include an order to complete a domestic violence offender assessment and intervention program as determined by the court. A court may not order the offender to attend anger management classes or individual counseling unless a domestic violence offender intervention program is not reasonably available to the defendant and the court makes findings for the record explaining why an order to complete a domestic violence offender intervention program would be inappropriate.
3. If an offender who is ordered to complete a domestic violence offender assessment and intervention program is assessed and determined to be inappropriate for the program by the program provider, a court may find the order to complete a domestic violence offender assessment and intervention program to be satisfied or may order the offender to complete other appropriate programming.

#29979



HB1012 Overview to House Appropriations

Kim Mertz | Section Director, Healthy and Safe Communities
Public Health Division - January 20, 2025

NORTH Dakota Be Legendary. | Health & Human Services

Our Vision

North Dakota is the healthiest state in the nation.

Our Mission

HHS fosters positive, comprehensive outcomes by promoting economic, behavioral and physical health, ensuring a holistic approach to individual and community well-being.

NORTH Dakota | Health & Human Services

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WHO WE ARE









EXPERTS

COLLABORATORS

INNOVATORS

TEAM ND

WHO WE SERVE









Individuals

Families

Communities

Healthy and Safe Communities/Public Health

Team Structure and Function

Healthy and Safe Communities			
23-25 FTE	**25-27 FTE Requested**	**# of Temporary**	**# of Vacancies**
58	*58*	*6*	*1*

Average Age	*45.00*
Avg Years of Service	*10.0*
Retirement Risk	*8.0%*
Turnover 2023	*4.0%*
Turnover 2024	*7.0%*

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Healthy & Safe Communities Section

Mission: The purpose of the Healthy & Safe Communities Section is to support individuals, families and communities by providing quality preventive programs and services that equitably protect and enhance the health and safety of all North Dakotans.

Organizational Chart
January 2025

+ NDIT Employee
* Non-Permanent Positions
** Assistant Unit Directors

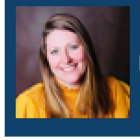


Kim Mertz, Section Director

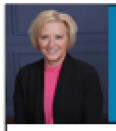
Lead Section Support Team
Brittany Martinez, Executive Assistant
Sara Upgren, Administrative Assistant



Jennifer Schmidt, Strengthening US Public Health Infrastructure, Workforce & Data Systems Grant Manager



Primary Care Office
Natalie Jung, Director
Kenneth Steiner, Healthcare Workforce Manager
Liza Root*, Workforce Coordinator



COMMUNITY ENGAGEMENT
Krissie Guerard, Director

Assistant Director
Alicia Belay**

Systems and Performance Program Director
Jo Gourneau

Special Populations Coordinator
Jorden Laducer

Community Engagement Specialist
Katarina Domitrovich

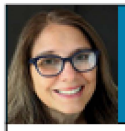
Quality Improvement and Accreditation Assistant
Rhoda Adewunmi

Community Engagement Coordinator
Hayden Kemp

Community Liaisons
Luisa Hoyos/Agnes Mason*/Nada Soliman*

Tribal Health Liaisons
Hunter Parisien/Cheyenne Smith
Luticia Mann/Rylee Dahlen

Administrative Support
Sara Upgren



FAMILY HEALTH & WELLNESS
Deanna Askew, Director

Breastfeeding/Childhood Obesity Prevention
Mikaela Schlosser/Sarah Massey

Child Passenger Safety/Vision Zero
Dawn Mayer

Domestic Violence/Rape Crisis
Deanna Askew/Mallory Sattler/Faye Kihne

Injury Prevention
Beth Oestreich

Reproductive Health/Family Planning
Men's Health
Cora Rabenberg**/Sarah Scott
Angela Reinarts

Special Supplemental Nutrition Program for Women, Infants & Children (WIC)
Amanda Varriano/Kristi Miller
Kim Hinnenkamp/Carley Metzger

Administrative Support
Janet Lucas/Kayla Conklin



HEALTH PROMOTION & CHRONIC DISEASE PREVENTION
Susan Mormann, Director

Community Clinical Coordination
Jesse Tran**

Colorectal Cancer Screening Initiative
Jesse Tran**

Comprehensive Cancer Control
Annette Clark/Mikaila McLaughlin

Diabetes Prevention & Control/
Preventive Health Block Grant
Brianna Monahan

Heart Disease & Stroke Prevention
Tiffany Knauf

Oral Health
Cheri Kiefer/Toni Hruby/Vanessa Bopp
Drew Goebel, DDS*
Mary Strube*/Vacant*

Tobacco Prevention & Control
Neil Charvat/Kara Hickel/Kara Backer/Abby Erickson

Women's Way
Susan Mormann/Paulette DeLeonardo
Barbara Steiner/Amy Keller

Administrative Support
Teri Arso/Kayla Conklin



SPECIAL HEALTH SERVICES
Kimberly Hruby, Director

TITLE V Maternal and Child Health (MCH)
Director
Kimberly Hruby

Coordinated Services
Danielle Hoff**/Heather Kapella
Dorothy Schneider*

Financial Coverage
Tina Feigitsch/Kristi Stamness

Newborn Screening & Follow-up
Joyal Meyer/Amy Burke
Tina Feigitsch/Heather Kapella

Title V/Children with Special Health Care Needs
System Enhancement
Danielle Hoff**/Heather Kapella
Amy Burke/Joyal Meyer

Medical Director
Joan Connell, MD

Administrative Support
Kelsie Morris

2023-2025 Biennium Impacts: Outcomes and Performance Data



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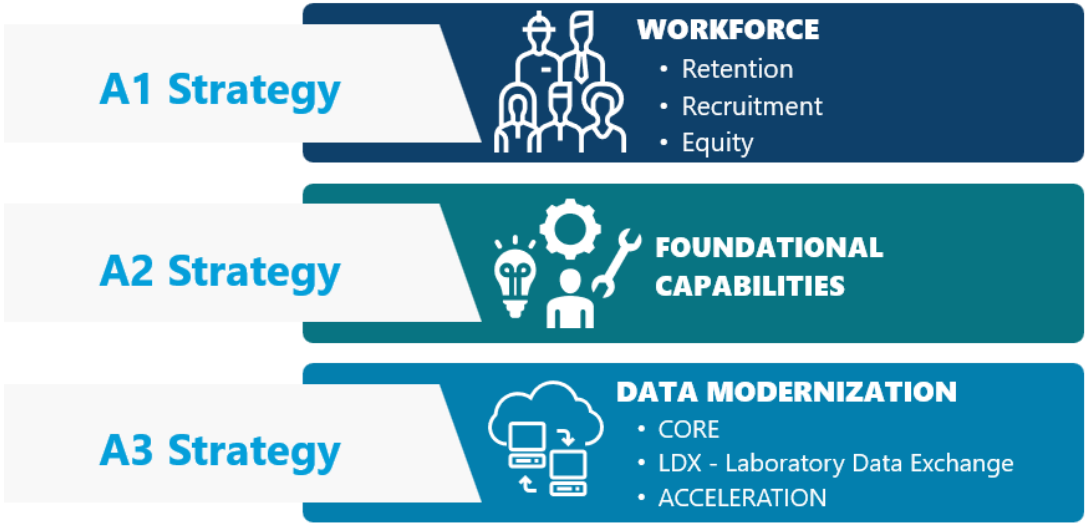


40% of funding to LPH: $3,373,462

Primary Care Office

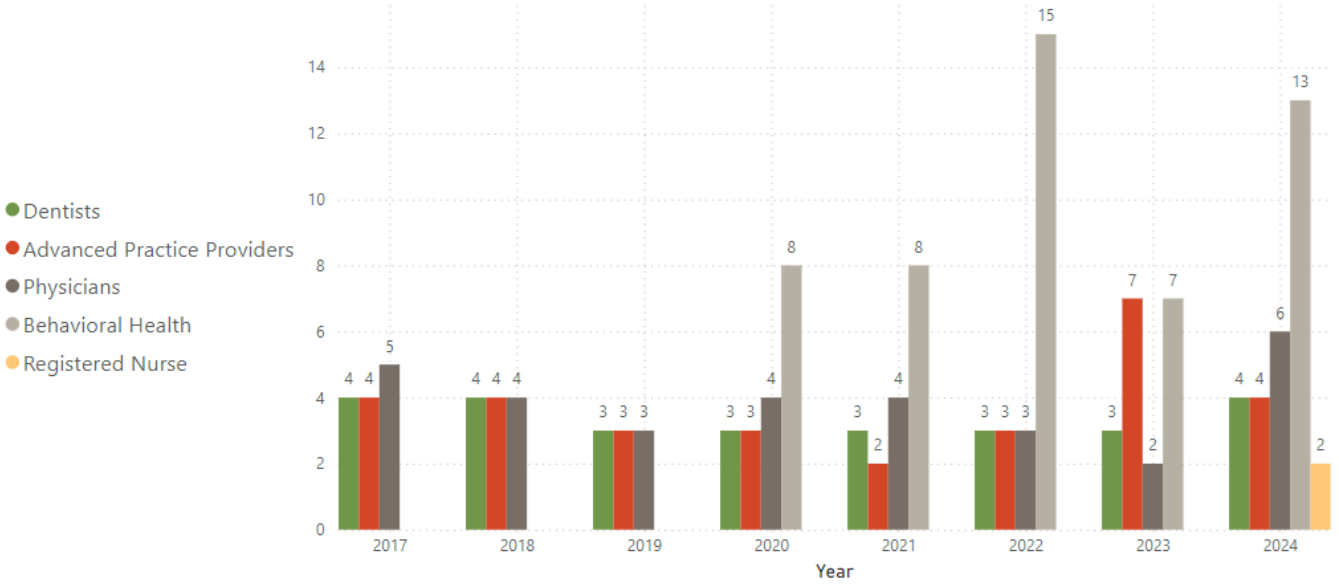
Mission: to improve primary care service delivery and workforce availability. This mission is accomplished by facilitating and coordinating activities related to improving access and delivery of primary care services and the recruitment and retention of critical health care providers.







North Dakota Healthcare Loan Repayment Program and Dental Loan Repayment Program participants - 2017-2024



Total providers: 141

Breakdown:

Dentists: 27

Advanced Practice Providers: 30*

Physicians: 31

Behavioral Health: 51**

Registered Nurse: 2

Key: *Advanced Practice Providers include Physician Assistant, Advanced Practice Registered Nurse, Certified Nurse Midwife, Certified Registered Nurse Anesthetist, Doctor of Nursing Practice, and Nurse Practitioner

** Behavioral Health includes Licensed Addiction Counselor, Licensed Professional Counselor, Licensed Social Worker, Behavioral Analyst, Behavioral Health Registered Nurse (Registered Nurse - Separate discipline added in 2023)

Community Engagement

State Health Assessment >

State Health Improvement Plan >

Multi-Partner Collaborative (MPHC)







APPLICATIONS NOW OPEN! Learn More & Apply »

North Dakota Public Health Leadership Academy

Elevate your impact in public health with the North Dakota Public Health Leadership Academy! This transformative five-month program is designed for emerging and current public health leaders who work in public health (local, state, tribal or academic), Federally Qualified Health Centers (FQHCs) and similar types of healthcare settings. Collaborate with a diverse cohort to tackle complex challenges in your community and implement effective systems change strategies.

Join us for an in-person kick-off on Jan. 16–17 in Bismarck, followed by four engaging virtual sessions. Participants will benefit from a CliftonStrengths assessment and group coaching to enhance their leadership skills.

Apply by Friday, Dec. 6 at 11:59 pm CT using this application link.

For questions, email: phperformance@nd.gov.

SCHEDULE

January – May 2025

In-person sessions:

Jan. 16	1–5 pm CT
Jan. 17	8:30 am–12:30 pm CT

Virtual sessions:

Feb. 20	9 am–12 pm CT
March 20	9 am–12 pm CT
April 17	9 am–12 pm CT
May 15	9 am–12 pm CT

COST

FREE for up to 40 emerging public health leaders.

Individuals who need their travel expenses covered for attending the in-person event can apply for travel reimbursement.

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RMPHTC
Rocky Mountain Public Health Training Center

Community Engagement

- Tribal and Health Liaisons
- Local Public Health Liaison
- Accreditation
- Public Health Leadership Academy

Family Health & Wellness



Women's and Men's Health

- Reproductive health services to 3,324 females/1,054 males; expanded services to homeless shelters and harm reduction centers
- Alternatives to Abortion Program served 2,313 clients for a total of 6,259 client visits (4,263 prebirth, 1,913 postbirth)
- Created a Maternal and Child Health and Men's Dashboard to monitor data and trends



Breastfeeding/Nutrition

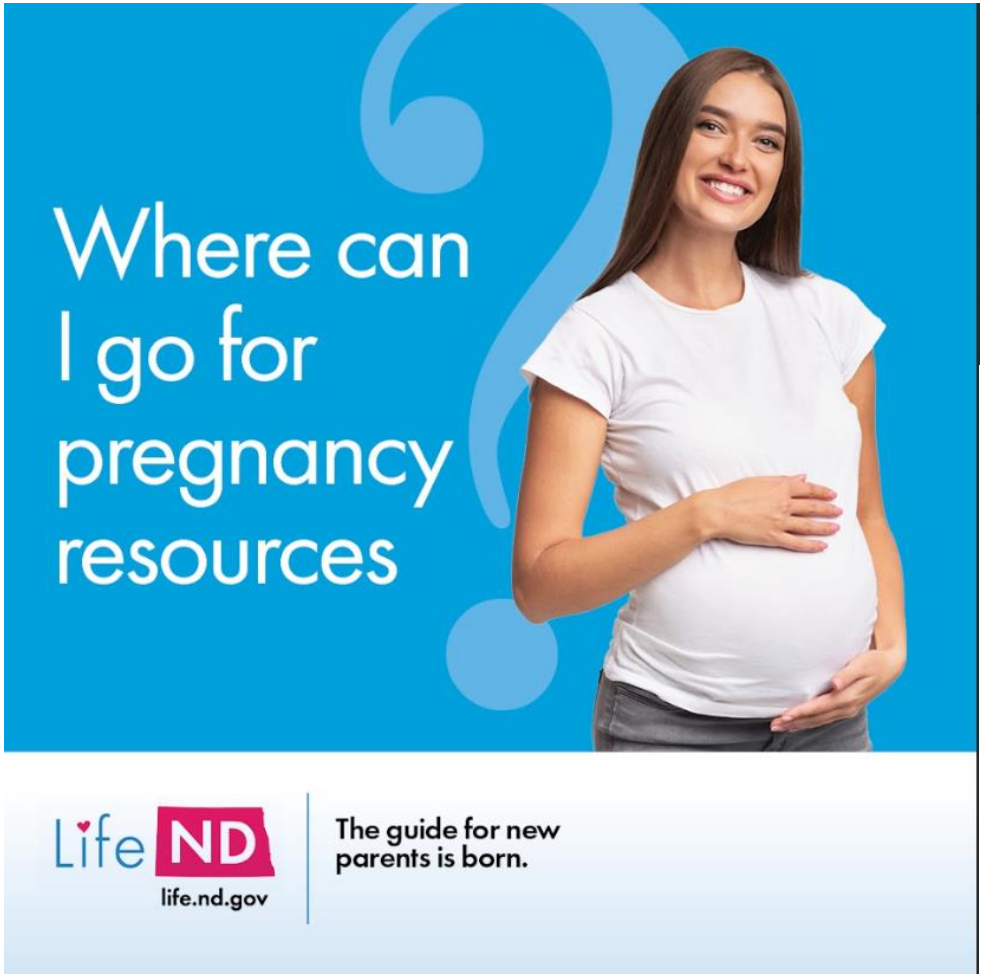
- WIC served 16,601 participants, including 4,877 infants
- 213 workplaces designated Infant Friendly impacting over 45,150 employees across North Dakota
- Supported 22 grantees to implement community strategies
- Seven LPHUs implemented Farm to School or Farm to Early Care and Education projects



Injury Prevention

- 30 car seat distribution programs provided 469 car seats to those who could not afford them
- Provided 341 pack-n-plays to families for infant safe sleep through 46 Cribs for Kids distribution sites (2,964 cribs distributed since program start in 2010)
- The Poison Hotline answered 6,056 calls

Welcome to North Dakota's Pregnancy and Parenting Website!



Parenting - Pregnancy - Financial
Behavioral Health - Resources - Locations

CAMPAIGN HIGHLIGHTS

September 2 – December 19, 2024

17,031

Page views across the homepage and 5 main sub-pages. That's an average of 4,866 views per month – over 9x more monthly page views during the campaign than the pre-campaign monthly average.

>1.0%

Click through rate (CTR) from Facebook and Instagram each month. This number is above industry benchmark and underscores the quality of the creative and the relevance of our audience.

99%

Of sessions were Engaged Sessions from Oct-Dec (meaning visitors stayed on site at least 10 seconds or viewed at least 2 pages). That's up from 47% in September and shows the campaign continued to gain traction.

23,471

Engagements with the campaign across all social channels: Facebook, Instagram, and Pinterest.

1,197

Clicks to hhs.nd.gov or another resource from life.nd.gov. This illustrates how Life ND helped connect people to the right resources.

Data Highlights

- In 2021, 45.2% of women reported a routine checkup in the year prior to becoming pregnant. (North Dakota Pregnancy Risk Assessment Monitoring System - PRAMS)
  - The period before getting pregnant is a critical time to seek preventative health services to ensure a healthy pregnancy and positive birth outcomes.

- In 2023, 79.2% of infants were born to women receiving adequate/adequate plus prenatal care. (March of Dimes Peristats)

- In 2023, 1 in 14 babies (7.1% of live births) was low birthweight (less than 5.5 pounds). (March of Dimes Peristats)

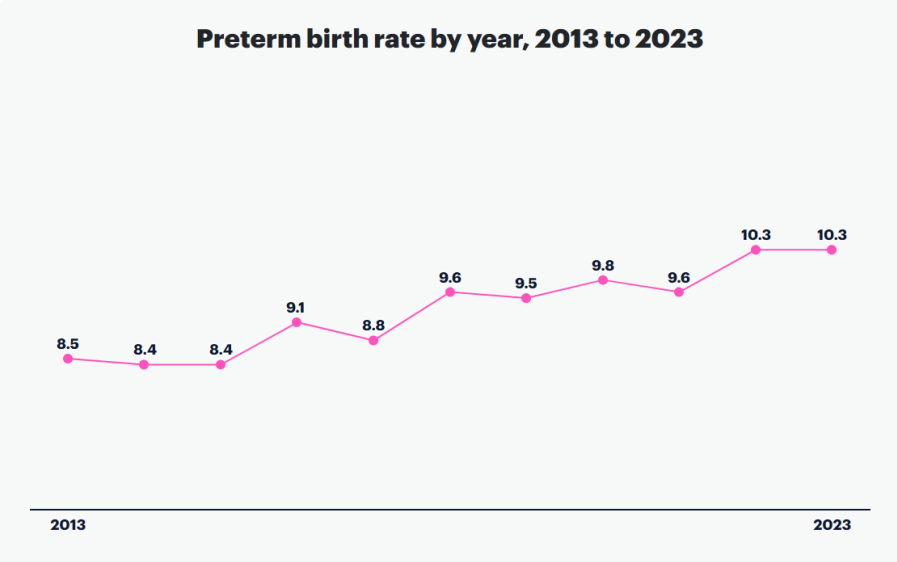
- Breastfeeding: American Indian mothers are less likely to initiate breastfeeding (74.7%), than mothers of other races (white mothers; 92.7%). (2022 PRAMS)

- Childhood Obesity: In 2022, 15.2% of North Dakota children ages 10-17 were obese (BMI at or above the 95th percentile) - an increase of 2.6% from 2020-2021. The national average is 16.6%. (National Survey of Children's Health)

2025-27 Executive Budget Highlight: $2,000,000 for Maternal and Child Health Programs

- Women's health services
- Preconception/reproductive health services
- Enhance postpartum services and recognize urgent maternal warning signs in the postpartum period
- Strengthen chronic disease prevention and management (chronic health conditions make people more likely to have a preterm birth)
- Screenings for obesity, tobacco use, drug and alcohol use, mental health, intimate partner violence, hypertension, substance use disorder, etc.

North Dakota Preterm Birth Rate by Year
(a birth occurring before 37 completed weeks of gestation)
2024 March of Dimes Peristats



Domestic Violence Facts | 2023

6,131
new victims

served by

19
Domestic Violence/Sexual Assault Crisis Centers

OF THOSE CASES:

- **83%** of the victims were women
- **105** women were pregnant at the time they were assaulted
- **21%** of new victims were people with disabilities
- At least **4,205** children were directly impacted by these incidents

A CLOSER LOOK

- At least **58%** of victims served were physically abused.
- Weapons were used in at least **11%** of the cases identified. Guns were used in **23%** of the cases and knives were used in **17%** of the cases involving weapons.
- In at least **33%** of cases, the abuser had a history of abusive behavior with other adults, including previous partners.
- Alcohol use by the abuser was indicated in **23%** of the new cases. Alcohol use by both the victim and offender was indicated at **4%** of the cases.

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Sexual Assault Facts | 2023

1,288 Primary Victims
+ 221 Secondary Victims

served by

19 Domestic Violence/Sexual Assault Crisis Centers

OF THOSE CASES:

- At least **1,042** victims were female
- **55%** of cases were male assailants (795), a female victim
- **221** assailants were female
- **6%** of cases were male assailants, a male victim

A CLOSER LOOK

- At least **242** of primary victims were under the age of 18 years old at the time of the assault(s).
- In adult cases, **6%** of assailants were strangers. In child cases, **4%** of the assailants were strangers.
- In at least **24%** of all cases, the assailant was a friend/acquaintance/date of the victim.
- At least **34%** of the assaults occurred in the victim's or assailant's home.
- **31%** of new victims were people with disabilities. Of those, **17%** were people with developmental disabilities, **29%** had physical disabilities, and **54%** were people with mental health disabilities.

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2025-27 Executive Budget Highlight: Increase of $2,250,000 for Domestic Violence/Sexual Assault

- Staff capacity and infrastructure
- Expand and add new services
  - Support groups
  - Transitional housing
  - Mobile advocacy
  - Transportation
  - Prevention
- Partnerships



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Health Promotion and Chronic Disease Prevention

North Dakota Comprehensive Cancer Control Program

- Completed a new 10-year statewide strategic cancer plan with input from over 70 partners and stakeholders across ND
- Established a new Lung Cancer Roundtable – Seven partner organizations are establishing priorities



- Expanded number of providers in network from 16 to 143
- Increased referrals from 31 in 2023 to 152 in 2024. Major referral sources are *Women's Way* and patients' primary care staff

WOMEN'S WAY
A Breast & Cervical Cancer Early Detection Program

- 998 individuals received breast and cervical cancer screening, including 93 Hispanic and 68 American Indian individuals
- Additionally, 328 individuals received patient navigation-only services, including 45 Hispanic and 63 American Indian individuals

Health Promotion and Chronic Disease Prevention



Diabetes Prevention and Control

- Of the partnering health systems, the grantee diabetes control rate is 76.3%; the national average for diabetes control is 67.8%



Cardiovascular Health

- Of the partnering health systems, the grantee hypertension control rate is 74.5%; this puts North Dakota in the top 10% of the country for hypertension control. The national average for hypertension control is 32%



Preventative Health Grant

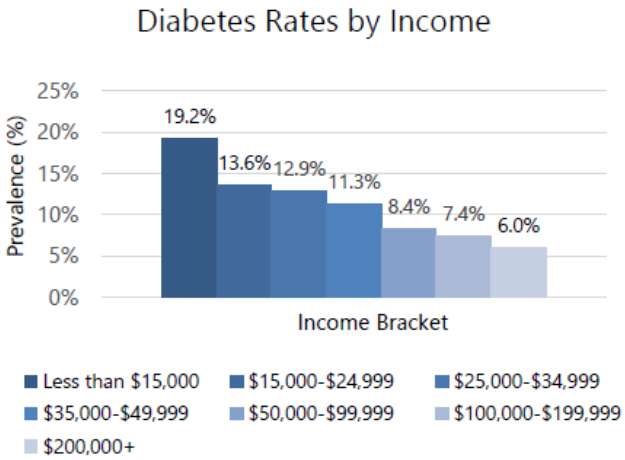
- Community gardens
- Food Security Summit
- Music on the Missouri
- Walk and Talk events
- Winter Solstice Walk
- Local public health regional collaboratives

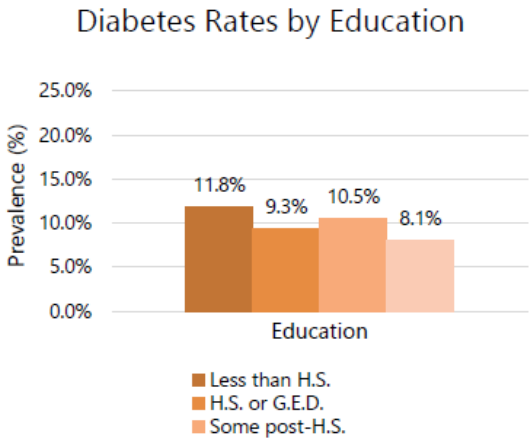
Data Highlight

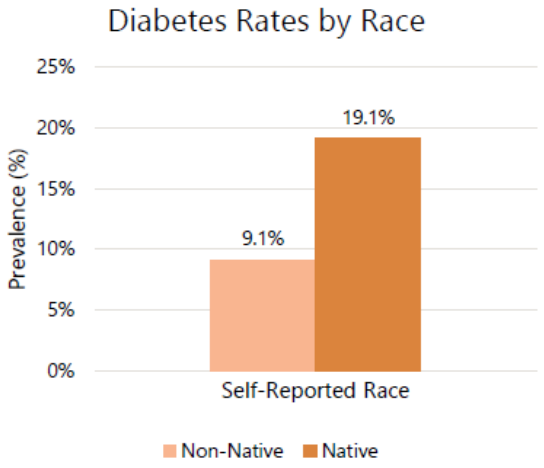
The overall rate of diabetes in North Dakota has consistently fallen below that of the United States average (9.6% vs 11.5% in 2022). (BRFSS)

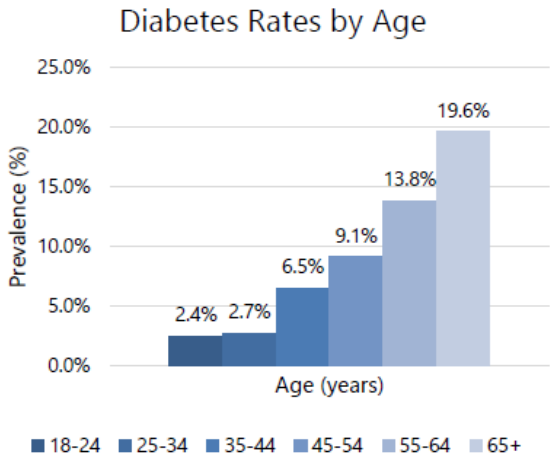
However, rates vary by demographics and significant disparities exist in the state.

The graphs below illustrate the degree to which the overall rates of diabetes among adults 18 years and older in North Dakota varied by demographic and geography in 2018-2022, based on Behavioral Risk Factor Surveillance System (BRFSS) data[3].

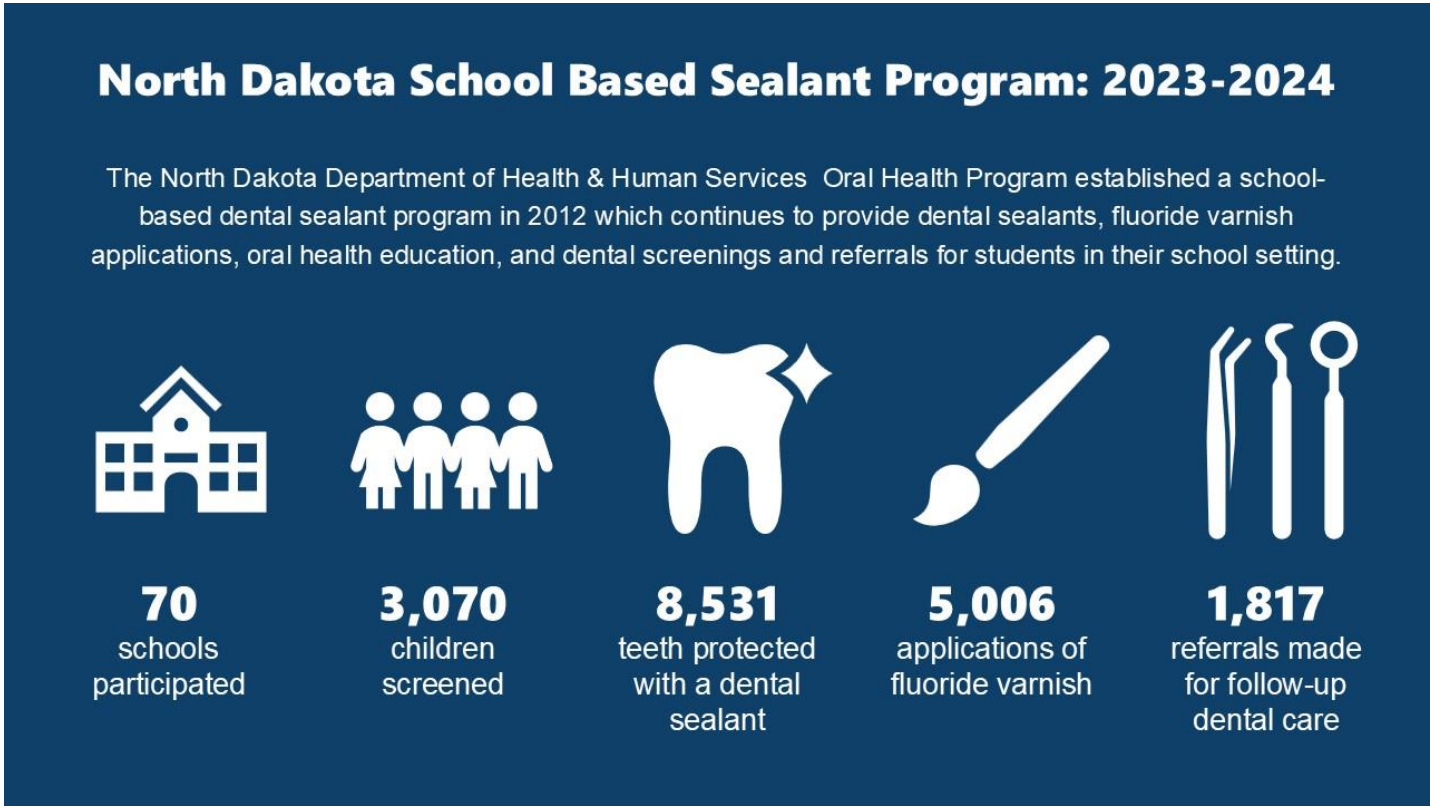








Oral Health: SEAL!ND
School-based Sealant and Fluoride Varnish Program



Donated Dental Services

Program history:

- Established in 1998
- 1,105 total patients served since inception
- $4,860,408 in total care donated by volunteers
- Volunteer network: 94 dentists and 7 laboratories

“I can smile, I can talk without hiding my mouth, I am able to eat without choking. Most of all I‘m regaining my confidence. This organization and the volunteer dental offices that help people like me need to know how greatly you affect so many lives. I am grateful beyond words.”

Ronald McDonald House Care Mobile

Between 7/1/2024 – 12/31/2024, the Care Mobile:

- Visited 13 sites
- Treated 437 children
- Provided a total value of $265,779 in dental services

- About 26% of the children were Medicaid eligible
- 1.5% had private insurance
- 72.5% were uninsured

Tobacco Prevention and Control



TABLE OF CONTENTS

INTRO

This biennial synthesis report of the North Dakota Tobacco Prevention and Control Program (TPCP) is a strategic evaluative effort that culminates in this summary report to the North Dakota Legislature, tobacco control partners, and the public.

01 Who is Using Tobacco Products?

Pages 4–8

+ Definitions in a shifting landscape
+ Youth are using different products
+ Adult use and chronic disease
+ American Indian commercial tobacco use

02 Nicotine Dependence Treatment

Pages 9–17

+ Effective treatment across products
+ Effective promotion
+ TTS trainings
+ NDQuits Cessation grantees

03 Expanding Access to Treatment

Pages 18–27

+ Building capacity within schools
+ Behavioral health
+ North Dakota Medicaid coverage
+ Building capacity in tribal nation
+ Maternal population

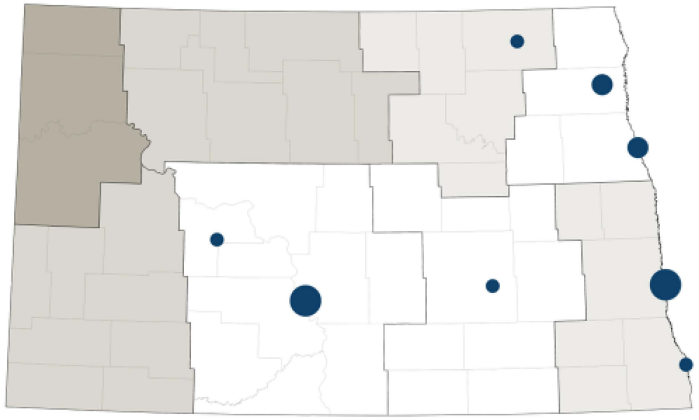
04 Innovative Collaborations to Increase Reach

Pages 28–37

+ Youth and young adults
+ Flavored tobacco products
+ Pharmacist pilot
+ Behavioral health providers
+ Innovative collaborations

Tobacco Treatment Specialists (TTS) Fill A Void for Health Care Staff

Prevalence of tobacco use by Human Service Region, overlaid with NDQC grantee locations. NDQC grantees utilize TTS to provide specialized treatment for tobacco and nicotine dependence.



Tobacco use by region:

○20-21% ○23% - 24% ●26% ●40%

ND BRFSS, 2023

Note: Larger dots indicate multiple grantees.

Since 2018, nearly 400 TTS have been trained to provide patient interventions for nicotine dependence.

A TTS training is approximately 35 hours of learning. The content includes the neurobiology of nicotine dependence, health benefits of quitting, recommendations and dosing for cessation medications, and motivational interviewing, which is an evidence-based counseling approach to help patients adhere to treatment recommendations.

TTS training improves a clinician's competency and confidence to offer treatment for nicotine dependence.

The Tobacco Prevention and Control Program continues to expand the treatment skills of its TTS by offering in-state education events and advanced training in motivational interviewing.

The motivational interviewing workshop provides education through staff and attendee interaction to enhance communication skills, which are essential in collaborative conversations between a patient and clinician to assist behavioral change.

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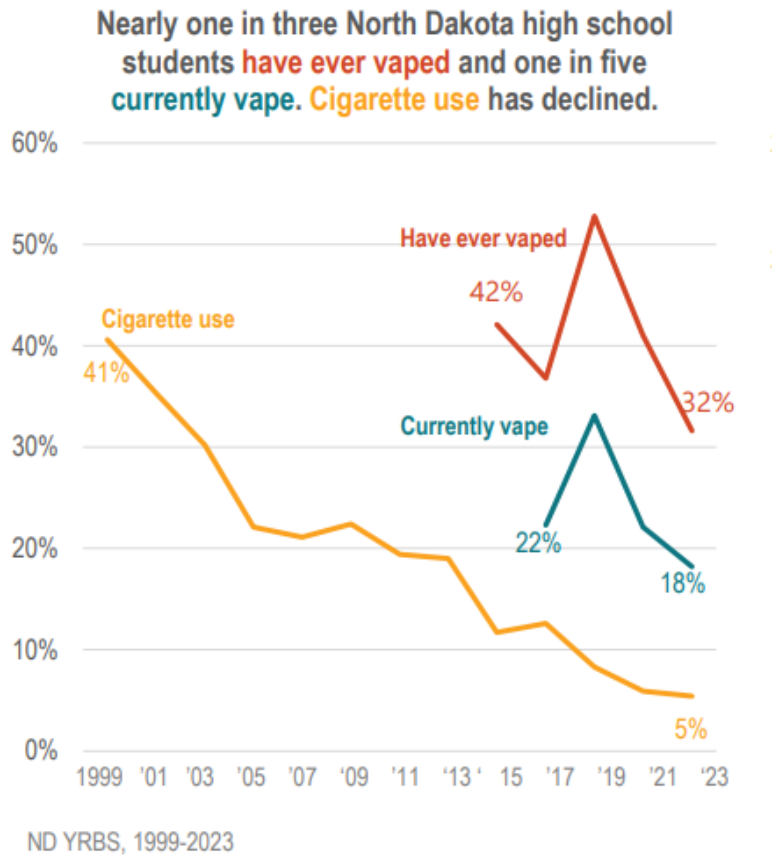
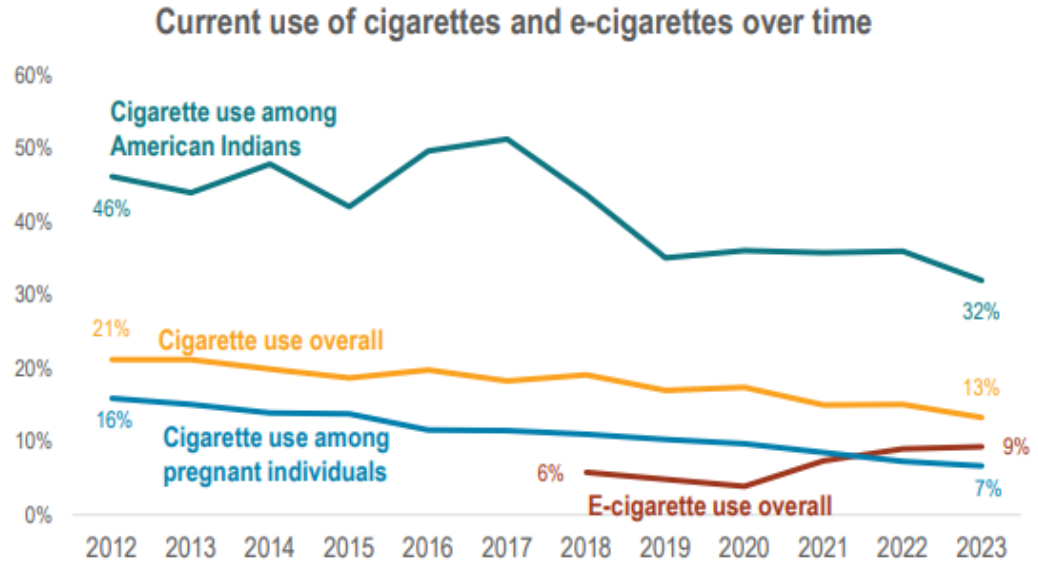
Data Highlights – Progress and Challenges



ND YRBS, 1999-2023



North Dakota BRFSS, 2012 – 2023

Special Health Services

Coordinated Services

- Provided 19 individuals with 90 requests for metabolic food
- 350 children had 1,440 visits to multidisciplinary clinics

Financial Coverage

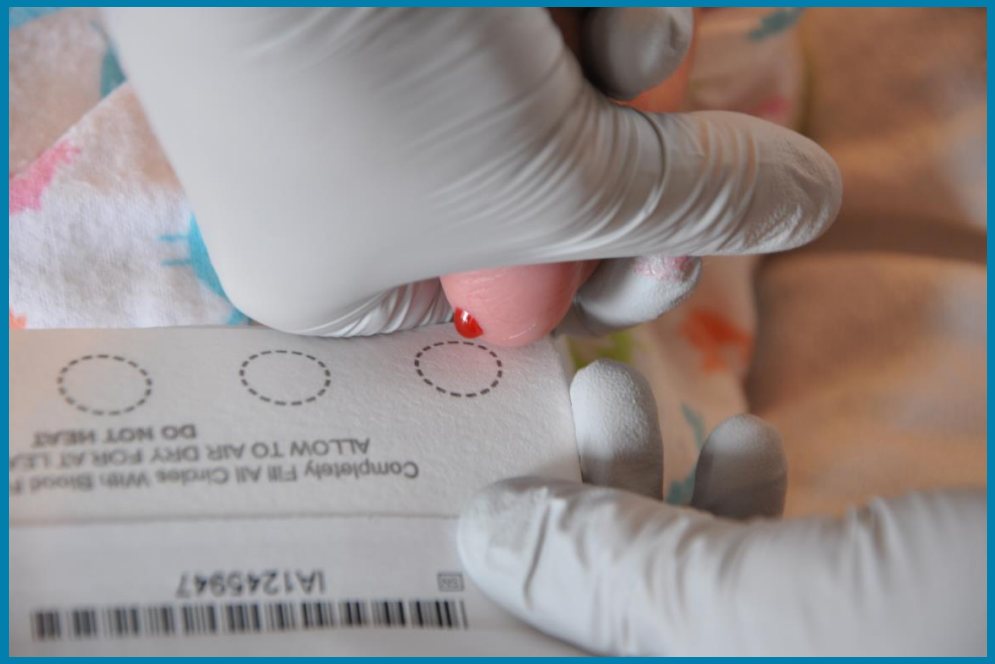
- Helped families pay for medical services for 272 eligible children, including health care visits and tests to diagnose chronic health conditions early and specialty care needed for treatment

System Enhancement

- 348 children received care coordination
- 390 information and referral requests were completed for families

Note: All data is from 2023





Newborn screening identifies conditions that can affect a child's long-term health or survival. Early detection, diagnosis, and intervention can prevent death or disability and enable children to reach their full potential.

Newborn Screening

- Screened 11,034 infants
- 61 children received long-term follow-up
- 34 conditions are included in North Dakota's newborn screening panel
- New grant to enhance and improve ND’s program

Data Highlight

Children with Special Healthcare Needs (CSHCN) Transition to Adult Care:

- 31.8% of North Dakota's CSHCN, ages 12 through 17, received services to prepare for the transition to adult health care, which is above the 2021-2022 percentage (25%) and above the national average (22.3%). (National Survey of Children's Health)



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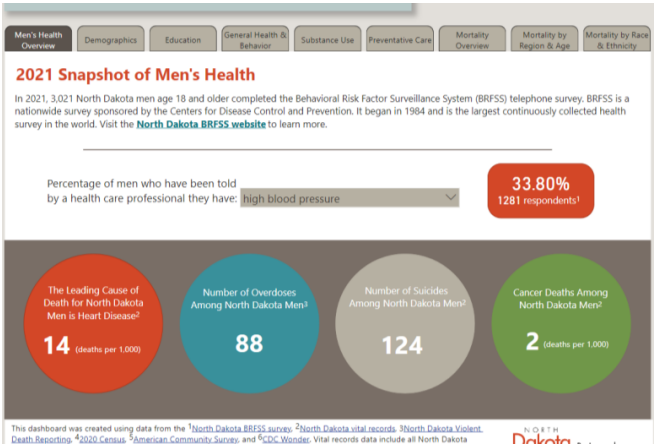
Monitoring and Evaluating Data





Maternal and Child Health Services Title V Block Grant

North Dakota

FY 2025 Application/ FY 2023 Annual Report

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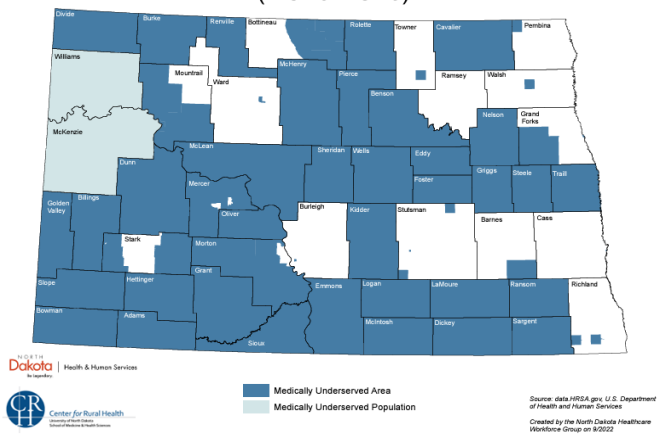
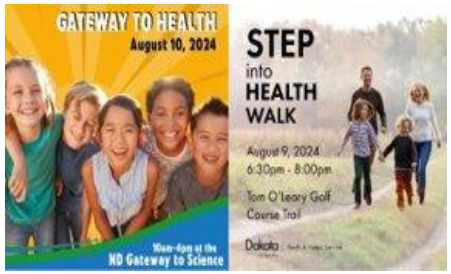
North Dakota Medically Underserved Areas/Populations (MUAs/MUPs)



Healthy and Safe Communities – Supports the advancement of strong, stable, healthy families and communities



Gateway to Health – a free community event to promote health and well-being.

"Fun and interactive booths! I thought this was an event for kids, but I learned things as well."



116 health professionals working in 28 counties across the state in 2024.

"My family and I are truly grateful for this opportunity."
"This program is an asset to the Dickinson community."



Child Passenger Safety – this ND family survived a roller crash in 2023.

"We survived the rollover crash because we were all buckled."

NDQuits
1-800-QUIT-NOW (1-800-784-8669)
hhs.nd.gov/ndquits

Quitting tobacco is a process. NDQuits can help with each step of the way.

"The quitline was a wonderful aid in being able to say I've not even had a one puff since August 20, 2023. Thank you NDQuits!

2025-2027 Biennium

Plans

- Enhanced community engagement
- Streamlined loan repayment application process
- Maternal and Child Health (MCH) Needs Assessment – new priorities
- 10-year Statewide Cancer Plan
- WIC participant portal, new food package, and updating MIS
- Youth nicotine prevention

Challenges

- Return to core public health services
- Childhood obesity
- Changing federal grants and requirements
- Ever expanding diversity of nicotine products
- Domestic Violence/Sexual Assault
- Maternal health care services



2025-2027 Budget request

The **program, systems and workforce support** necessary to continue to serve North Dakotans

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Strategies Driving Budget



Data and Evidence-based Decision Making

Core Public Health Functions

10 Essential Public Health Services



Community Engagement

Conversation, Community, and Collaboration



Policy, Systems and Environmental Changes

Designed to Promote Healthy Behaviors by Making Healthy Choices Readily Available and Easily Accessible

Key Strategies to Achieve the Goal of Making North Dakota the Healthiest State in the Nation!

NORTH Dakota Be Legendary. | Health & Human Services

Comparison of budgets and funding

By Major Expense

DESCRIPTION	2023-25 BASE BUDGET	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION
Salaries and Benefits	$ 11,991,872	$ 2,637,721	$ 14,629,593
Operating	30,846,651	(642,130)	30,204,521
IT Services	716,713	3,748,653	4,465,366
Capital Asset Expense	-	-	-
Capital Assets	-	-	-
Grants	79,139,993	(6,126,945)	73,013,048
Total	**$ 122,695,229**	**$ (382,701)**	**$ 122,312,528**
GENERAL FUND	**$ 19,527,231**	**$ 2,213,916**	**$ 21,741,147**
FEDERAL FUND	**83,378,383**	**(4,282,100)**	**79,096,283**
OTHER FUND	**19,789,615**	**1,685,483**	**21,475,098**
GRAND TOTAL	**$ 122,695,229**	**$ (382,701)**	**$ 122,312,528**

Decision Package Detail

By Ongoing, One-Time and Funding Source

Expanded support for Domestic and Sexual Violence Prevention

- $2,250,000 (ongoing) Special Fund (CHTF)

Partnerships with healthcare stakeholders to improve maternal and child health programs

- $2,000,000 (ongoing) General Fund

Executive Compensation Plan

- $717,974 General Fund

Comparison of budgets and funding

By Budget Account Code

Description	2023-25 BASE BUDGET	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION
511x Salaries - Regular	$ 7,868,110	$ 1,224,425	$ 9,092,535
513x Salaries Temp	500,529	559,023	1,059,552
514x Salaries Overtime	21,530	(21,530)	-
516x Salaries Benefits	3,601,704	875,802	4,477,506
Total Salaries & Benefits	**$ 11,991,872**	**$ 2,637,721**	**$ 14,629,593**
52x Travel	790,634	(81,100)	709,534
53x Supply	20,603,902	1,087,499	21,691,401
54x Postage & Printing	294,095	(15,281)	278,814
55x Equipment under $5,000	36,285	(500)	35,785
58x Rent/Leases - Bldg/Equip	150,837	-	150,837
59x Repairs	14,238	1,250	15,488
61x Professional Development	203,212	24,056	227,268
62x Fees - Operating & Professional	8,753,448	(1,658,054)	7,095,394
53x Supplies	49,905	(2,500)	47,405
60x IT Expenses	666,808	3,751,153	4,417,961
71x Grants, Benefits, & Claims	79,134,993	(6,126,945)	73,008,048
72x Transfers	5,000	-	5,000
Total Operating	**$ 110,703,357**	**$ (3,020,422)**	**$ 107,682,935**
Total	**$ 122,695,229**	**$ (382,701)**	**$ 122,312,528**

Operating Schedule

DESCRIPTION	2023-25 BASE BUDGET	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE/ (DECREASE)
Primary Care Office			
Community Announcements	$ 2,500	$ 7,000	$ 4,500
Workforce Recruitment	8,500	400,000	391,500
Health Promotion & Chronic Disease Prevention Class 32530			
Diabetes and Cardiovascular Prevention and Management	145,000	145,000	-
Oral Health program services and support	255,000	255,000	-
Sealant Program Supplies	85,000	88,047	3,047
Colorectal Cancer Screening Initiative	250,000	250,000	-
North Dakota Statewide Cancer Registry (NDSCR)	98,000	98,000	-
Women's Way program support and services	1,330,000	1,330,000	-
Comprehensive Control Cancer Program Evaluation	220,000	220,000	-
Health Promotion & Chronic Disease Prevention Class 32571			
NDQuits/Vendor Media	2,233,720	1,740,418	(493,302)
Tobacco Prevention Control Program Evaluation	520,000	520,000	-
Adult and Youth Tobacco Survey	193,000	193,000	-
Subscriptions, memberships and trainings	48,037	112,037	64,000
Community Engagement			
Certifications and legal fees	17,993	17,993	-
Community Engagement	1,735,500	117,000	(1,618,500)

Operating Schedule (Continued)

DESCRIPTION	2023-25 BASE BUDGET	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE/ (DECREASE)
Family Health & Wellness			
Poison Control Hotline	300,000	340,000	40,000
Child Passenger Safety and MCH outreach	135,000	212,500	77,500
Healthy Birth Day (Count the Kicks)	20,000	24,000	4,000
CORE Injury Prevention evaluator	-	15,050	15,050
Family Planning data support and clinical consultant	77,101	70,700	(6,401)
Women, Infants, and Children (WIC)	170,600	155,000	(15,600)
ASPHN Capacity Building Program (Nutrition)	60,000	30,000	(30,000)
Maternal and Child Health (MCH)-Nutrition and Physical Activity	103,848	-	(103,848)
Baby Safe Haven public awareness campaign (per Century Code)	-	10,000	10,000
Special Health Services			
Children with special health care needs services and support	68,099	63,442	(4,657)
Newborn Screening (NBS) program services and support	676,550	681,207	4,657
			-

GENERAL FUND	**$ 643,526**	**$ 651,431**	**$ 7,905**
FEDERAL FUND	**4,745,165**	**3,508,508**	**(1,236,657)**
OTHER FUND	**3,364,757**	**2,935,455**	**(429,302)**
GRAND TOTAL	**$ 8,753,448**	**$ 7,095,394**	**$ (1,658,054)**

Grants not on walkthrough

DESCRIPTION	2023-25 BASE BUDGET	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE/ (DECREASE)
Primary Care Office			
Healthcare Professional Loan Repayment Program	$ 1,221,980	$ 1,221,980	$ -
Dental Loan Repayment Program	585,200	585,200	-
Veterinarian Loan Repayment Program	480,000	480,000	-
Federal State Loan Repayment Program	1,500,000	2,000,000	500,000
HRSA for PCO passed through to UND	36,000	36,000	-
Preventive Health Block	464,000		(464,000)
Health Promotion & Chronic Disease Prevention			
Preventive Health Block Grant - Community Grants to entities	950,000	950,000	-
Support state cancer coalition for implementation of cancer control strategies	100,000	50,000	(50,000)
Funding to support statewide recruitment and enrollment to CRCSI	170,000	200,000	30,000
Administer and manage Women's Way to conduct the North Dakota Breast and Cervical Cancer Early Detection Program within its mutually agreed upon service area.	1,921,975	1,774,495	(147,480)
Donated dental services program	50,000	50,000	-
Mobile Dental Care for underserved children in Western North Dakota	100,000	100,000	-
Oral Health program services and support	650,000	610,400	(39,600)
Diabetes and Cardiovascular program services and support	2,600,000	2,807,080	207,080

Grants not on walkthrough (Continued)

DESCRIPTION	2023-25 BASE BUDGET	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE/ (DECREASE)
Health Promotion & Chronic Disease Prevention Class 32571			
Tobacco Prevention Grant-Grants to Tribes for working on tobacco best practice including staff time and doing activities in their grant application	528,000	720,000	192,000
Tobacco Control state plan support for cessation and community programs	1,563,000	1,659,722	96,722
SYNAR - Grants for tobacco compliance checks (LPHU)	75,000	75,000	-
Local public health unit community tobacco prevention grants	6,250,000	6,250,000	-
UND NDQuits	646,496	860,074	213,578
Service Enhancement Project Grant to ND Pharmacies	500,000	400,000	(100,000)
Youth Actions Summits focusing on e-cigarette/vaping issues	300,000	300,000	-
Community Engagement			
Public Health Infrastructure funds	1,500,000	3,689,524	2,189,524
Federally Qualified Health Centers	2,000,000	2,000,000	-
Community Engagement funds to support public health initiatives	675,000	1,585,476	910,476
National Initiative to address Health Disparities	11,525,230	3,000,000	(8,525,230)
Local Public Health State Aide	8,000,000	8,000,000	-
Preventive Health Block Grant to LPHU	184,000	184,000	-
Telehealth for Pediatric Mental Health Care	890,000	-	(890,000)

Grants not on walkthrough (Continued)

DESCRIPTION	2023-25 BASE BUDGET	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE/ (DECREASE)
Family Health & Wellness			
Domestic Violence/Rape Crisis (DVRC) funds disbursed to DVRC agencies and other entities	5,596,285	7,566,471	1,970,186
Domestic Violence prevention funds disbursed to domestic violence/rape crisis agencies-Fund 46	340,000	340,000	-
Funding for Family Violence prevention and services	3,098,836	1,860,000	(1,238,836)
Funding for rape prevention and education to local crisis agencies and other entities	370,000	230,000	(140,000)
Sexual Assault services for domestic violence/rape crisis programs	1,909,500	1,820,000	(89,500)
STOP Violence disbursed to domestic violence/rape crisis agencies and other entities	1,623,600	1,710,000	86,400
Safe Havens disbursed to domestic violence agencies and other entities for visitation services	425,000	425,000	-
Domestic Violence Offender Treatment Program	1,000,000	950,000	(50,000)
Prevention of Sexual Abuse of Children	563,430	563,430	-
Funding for rape prevention and education to local DVRC agencies and other entities	32,530	32,530	-
Sexual Violence Prevention	200,000	200,000	-
Contracts to local public health and healthcare organizations (DOT grants for CPS)	135,000	154,000	19,000
Core State Violence and Injury Prevention Program (SVIPP)	-	50,000	50,000
United States Department of Agriculture (USDA) funding dispersed to Woman, Infants, and Children (WIC) sites from WIC grant administration and WIC breastfeeding peer counseling	8,085,000	8,310,000	225,000
Maternal Child Health program to LPHU and other entities	1,580,000	1,391,000	(189,000)

Grants not on walkthrough (Continued)

DESCRIPTION	2023-25 BASE BUDGET	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE/ (DECREASE)
Family Health & Wellness (continued)			
Funding for family planning programs disbursed to family planning agencies	5,606,953	3,661,634	(1,945,319)
Partnership with healthcare stakeholders to improve maternal and child health programs	-	2,000,000	2,000,000
Obesity Prevention (population based/statewide obesity prevention)	800,000	-	(800,000)
Alternatives to Abortion program	757,488	900,000	142,512
ASPHN capacity building grants to LPHU	-	60,000	60,000
Special Health Services			
Children with special healthcare needs systems and service delivery	645,032	650,000	4,968
Grants to providers for claims payment through North Dakota Health Enterprise Medicaid Management Information System (MMIS)-Grants for Specialty Care Diagnostic and Treatment Program (Claims payment to health care providers and Health Systems)	480,000	475,032	(4,968)
Catastrophic Relief Funds (Health care providers and Health Systems)	75,000	75,000	-
North Dakota Fetal Alcohol Syndrome	350,458	-	(350,458)

GENERAL FUND	**$ 14,845,818**	**$ 16,405,836**	**$ 1,560,018**
FEDERAL FUND	**48,223,164**	**38,286,201**	**(9,936,963)**
OTHER FUND	**16,071,011**	**18,321,011**	**2,250,000**
GRAND TOTAL	**$ 79,139,993**	**$ 73,013,048**	**$ (6,126,945)**

Summary and Key Takeaways

Key Strategies and Needs:

- Community Engagement
- Data and Evidence-based decision making
- Policy, Systems and Environmental changes (PSE)
- Infrastructure, Workforce and Data Systems
- Increased support for Domestic Violence/Sexual Assault and maternal health services

Implementing these strategies and meeting these needs is essential to ensure that everyone has the chance to achieve their optimal health – and to make North Dakota the Healthiest State in the Nation!





Contact Information

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- kmertz@nd.gov

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Governor Armstrong Executive Budget Recommendation
2025-27 Biennium
January 15, 2025

Description	2025-27 Budget Base	Increase/ (Decrease)	2025-27 Executive Budget Request
Salaries and Benefits	$ 581,043,364	$ 45,241,409	$ 626,284,773
Operating	477,906,147	71,439,917	549,346,064
IT Services	210,519,114	49,087,498	259,606,612
Capital Asset Expense	2,197,293	1,684,480	3,881,773
Capital Assets	1,871,963	302,053,318	303,925,281
Grants	4,366,751,594	163,042,902	4,529,794,496
Total	**$ 5,640,289,475**	**$ 632,549,525**	**$ 6,272,838,999**

General Fund	**$ 2,127,222,463**	**$ 178,834,852**	**$ 2,306,057,315**
Federal Funds	**3,127,030,532**	**90,186,931**	**3,217,217,463**
Other Funds	**386,036,480**	**363,527,741**	**749,564,221**
Total Funds	**$ 5,640,289,475**	**$ 632,549,525**	**$ 6,272,838,999**

NORTH Dakota | Health & Human Services
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Governor Armstrong Executive Budget Recommendation
2025-27 BIENNIUM
January 15, 2025

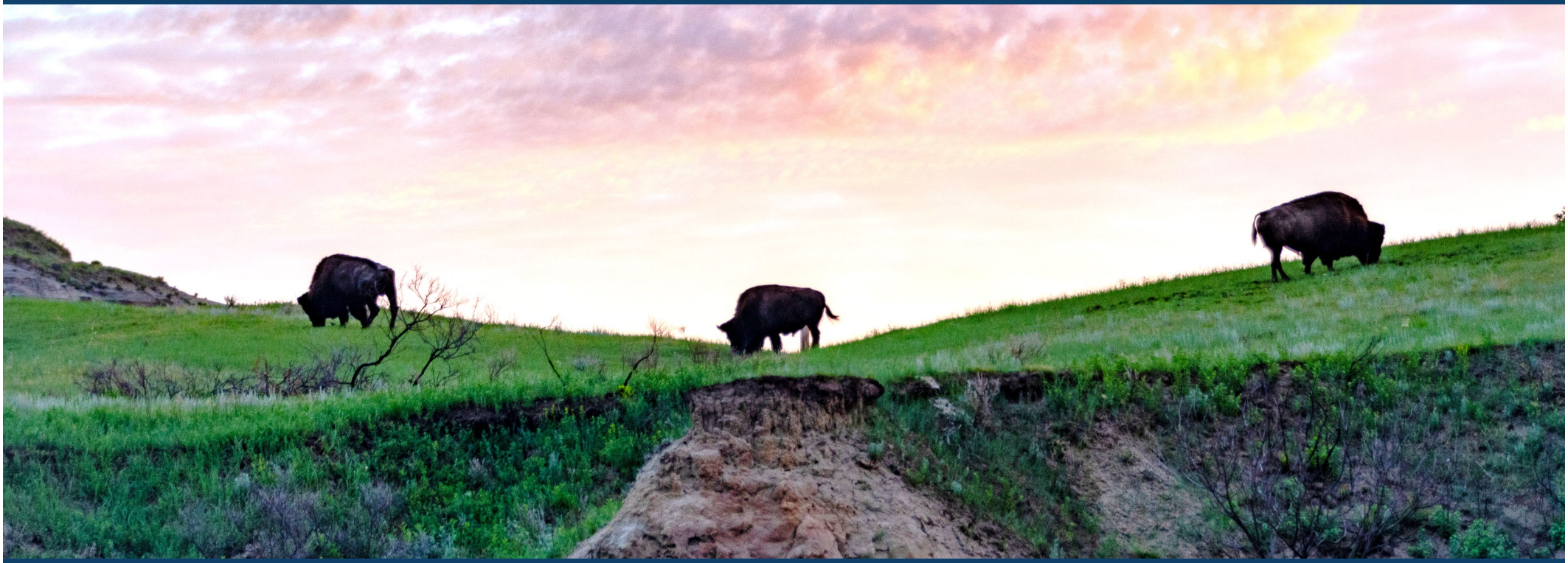
	Division	New FTE(s)	Ongoing				One-Time				Total All Decision Packages			
			Total	General	Federal	Special	Total	General	Federal	Special	Total	General	Federal	Special
Services - Cost to Continue														
AASK Contract Investment Increases	Human Services		4,883,205	4,883,205			-				4,883,205	4,883,205	-	-
Home and Community Based Services cost to continue growth	Medical Services		64,814,924	36,977,113	27,837,811		-				64,814,924	36,977,113	27,837,811	-
Bed Assessment Tax	Medical Services		7,209,580			7,209,580	-				7,209,580	-	-	7,209,580
Opioid Settlement	Behavioral Health		8,000,000			8,000,000	-				8,000,000	-	-	8,000,000
Services - Cost to Continue Total		-	84,907,709	41,860,318	27,837,811	15,209,580	-	-	-	-	84,907,709	41,860,318	27,837,811	15,209,580
IT - Existing														
Electronic Health Record / Pharmacy System Recovery and Backup - SIIF	Behavioral Health		-				500,000			500,000	500,000	-	-	500,000
IT Contractual inflationary increase (4 yrs.) - Cost to Continue	Business Operations		20,730,788	20,730,788			-				20,730,788	20,730,788	-	-
NDIT Rate Increases - Cost to Continue	Business Operations		4,012,147	4,012,147			-				4,012,147	4,012,147	-	-
Retire Economic Assistance Legacy Systems on Mainframe - SIIF	Human Services		-				2,000,000		1,000,000	1,000,000	2,000,000	-	1,000,000	1,000,000
Retire Electronic Health Record Legacy System Data Extraction & Migration on Mainframe - SIIF	Behavioral Health		-				1,000,000			1,000,000	1,000,000	-	-	1,000,000
Retire Medicaid Legacy Systems on Mainframe - SIIF	Medical Services		-				2,000,000		1,500,000	500,000	2,000,000	-	1,500,000	500,000
Retire Technical debt remediation, including mainframe and legacy systems - SIIF	Business Operations		-				10,000,000		5,000,000	5,000,000	10,000,000	-	5,000,000	5,000,000
State Hospital Network Redundancy - SIIF	Behavioral Health		-				500,000			500,000	500,000	-	-	500,000
IT - Existing Total		-	24,742,935				16,000,000	-	7,500,000	8,500,000	40,742,935	24,742,935	7,500,000	8,500,000
Services - Behavioral Health Current			-				-				-	-	-	-
Avel eCare rural crisis support continuation - CHTF	Behavioral Health		2,000,000			2,000,000	-				2,000,000	-	-	2,000,000
Inflation for vendors Crisis Residential Contract	Behavioral Health		706,233	706,233			-				706,233	706,233	-	-
Inflation for vendors Addiction Residential contract	Behavioral Health		917,786	917,786			-				917,786	917,786	-	-
Inflation for vendors Recovery/Rehab Contract	Behavioral Health		2,154,668	2,154,668			-				2,154,668	2,154,668	-	-
Substance Use Disorder (SUD) Voucher Expansion (utilization expansion)	Behavioral Health		2,500,000	2,500,000			-				2,500,000	2,500,000	-	-
Western ND behavioral health staffing compensation	Behavioral Health		250,536	250,536			-				250,536	250,536	-	-
Services - Behavioral Health Current		-	8,529,223	6,529,223	-	2,000,000	-	-	-	-	8,529,223	6,529,223	-	2,000,000
Children's Behavioral Health														
Development of Partial Hospitalization / Intensive Day Treatment	Behavioral Health		-				2,000,000			2,000,000	2,000,000	-	-	2,000,000
Treatment Collaborative for Traumatized Youth Expansion	Behavioral Health		408,000	408,000			-				408,000	408,000	-	-
Voluntary Treatment Program / QRTP access for private custody youth	Behavioral Health		1,351,997	1,351,997			-				1,351,997	1,351,997	-	-
Youth Crisis Stabilization Pilot	Behavioral Health		6,000,000	3,000,000	3,000,000		-				6,000,000	3,000,000	3,000,000	-
Children's Behavioral Health		-	7,759,997	4,759,997	3,000,000	-	2,000,000	-	-	2,000,000	9,759,997	4,759,997	3,000,000	2,000,000
Compliance & Quality														
Conversion of Developmental Disabilities eligibility assessment tool for kids (ICAP to SIS)	Human Services		-				400,000	200,000	200,000		400,000	200,000	200,000	-
Value-based purchasing - Medicaid	Medical Services		2,000,000	1,000,000	1,000,000		-				2,000,000	1,000,000	1,000,000	-
Compliance & Quality Total		-	2,000,000	1,000,000	1,000,000	-	400,000	200,000	200,000	-	2,400,000	1,200,000	1,200,000	-
Services - Care Coordination														
Continue existing levels of service in Free Through Recovery and Community Connect - Cost to Continue	Behavioral Health		4,761,081	4,761,081			-				4,761,081	4,761,081	-	-
Expanded Community Connect services	Behavioral Health		4,458,814	4,458,814			-				4,458,814	4,458,814	-	-
Expanded Free Through Recovery services	Behavioral Health		4,016,908	4,016,908			-				4,016,908	4,016,908	-	-
Peer Support	Behavioral Health		137,990	137,990			-				137,990	137,990	-	-
Services - Care Coordination		-	13,374,793	13,374,793	-	-	-	-	-	-	13,374,793	13,374,793	-	-
Services - DOJ														
Home Health/Private Duty Nursing Targeted Rate Increase	Medical Services		2,471,536	1,235,768	1,235,768		-				2,471,536	1,235,768	1,235,768	-
Housing assistance to support targeted population member transitions (DOJ)	Human Services		300,000	300,000			-				300,000	300,000	-	-
Qualified Service Provider (QSP)/HCBS Targeted Rate Increase	Medical Services		5,392,656	3,595,104	1,797,552		-				5,392,656	3,595,104	1,797,552	-
Services to support transition and diversion from institutional settings (DOJ)	Human Services		5,289,397	2,733,934	2,555,463		-				5,289,397	2,733,934	2,555,463	-
Services - DOJ		-	13,453,589	7,864,806	5,588,783	-	-	-	-	-	13,453,589	7,864,806	5,588,783	-
Services - Home and Community Based Services (HCBS)														
Cross-Disability Waiver Implementation	Medical Services		4,948,452	2,474,226	2,474,226		-				4,948,452	2,474,226	2,474,226	-
Implement a Host Home service in the DD HCBS waiver	Human Services		3,379,800	1,689,900	1,689,900		-				3,379,800	1,689,900	1,689,900	-
Services - Home and Community Based Services (HCBS)		-	8,328,252	4,164,126	4,164,126	-	-	-	-	-	8,328,252	4,164,126	4,164,126	-
HHS Operations														
Operational Underfund	Business Operations		6,950,000	6,950,000			-				6,950,000	6,950,000	-	-
FTE Block Grant Request	Business Operations		9,842,126	9,842,126			-				9,842,126	9,842,126	-	-
Office of Administrative Hearings (OAH) and Attorney General rate increase	Business Operations		190,590	190,590			-				190,590	190,590	-	-
HHS Operations Total		-	16,982,716	16,982,716	-	-	-	-	-	-	16,982,716	16,982,716	-	-
Services - Vulnerable Adults														
Adult Protective Services coverage (contracts)	Human Services		718,522	718,522			-				718,522	718,522	-	-
Expanded support for Domestic and Sexual Violence prevention - CHTF	Public Health		2,250,000			2,250,000	-				2,250,000	-	-	2,250,000
Services - Vulnerable Adults		-	2,968,522	718,522	-	2,250,000	-	-	-	-	2,968,522	718,522	-	2,250,000
Services - Families														
Investment in providing quality representation supports for families	Human Services		700,000	350,000	350,000		-				700,000	350,000	350,000	-
Partnerships with healthcare stakeholders to improve maternal and child health programs	Public Health		2,000,000	2,000,000			-				2,000,000	2,000,000	-	-
Services - Families		-	2,700,000	2,350,000	350,000	-	-	-	-	-	2,700,000	2,350,000	350,000	-

Services - Behavioral Health Expansion														
Drug Court Treatment support	Behavioral Health		200,000	200,000			-				200,000	200,000	-	-
Services - Behavioral Health Expansion		-	**200,000**	**200,000**	-	-	-	-	-	-	**200,000**	**200,000**	-	-
Public Health - Core														
Coordinated purchasing to support immunization access	Public Health		2,213,930			2,213,930	-				2,213,930	-	-	2,213,930
Create non-fatal toxicology services for ND	Public Health		-				251,500	151,500		100,000	251,500	151,500	-	100,000
Public Health Laboratory Transition-Related exp - SIIF	Public Health		-				2,962,304			2,962,304	2,962,304	-	-	2,962,304
Public Health - Core Total		-	**2,213,930**	-	-	**2,213,930**	**3,213,804**	**151,500**	-	**3,062,304**	**5,427,734**	**151,500**	-	**5,276,234**
Healthcare Workforce														
Rebase Targeted Medicaid Rate Increase for Ambulance Services	Medical Services		4,379,540	2,189,770	2,189,770		-				4,379,540	2,189,770	2,189,770	-
Healthcare Workforce Total		-	**4,379,540**	**2,189,770**	**2,189,770**	-	-	-	-	-	**4,379,540**	**2,189,770**	**2,189,770**	-
Forensic														
Forensic Examiner Electronic Records System - CHTF	Public Health		-				278,000			278,000	278,000	-	-	278,000
Forensic Pathology Contract with UND - CHTF	Public Health		1,866,156			1,866,156	-				1,866,156	-	-	1,866,156
Forensic Total		-	**1,866,156**	-	-	**1,866,156**	**278,000**	-	-	**278,000**	**2,144,156**	-	-	**2,144,156**
IT - New														
Food and Lodging Management Information System - SIIF	Public Health		-				335,000			335,000	335,000	-	-	335,000
Health Facilities/EMS Licensure Mgmt system - SIIF	Public Health		-				650,000			650,000	650,000	-	-	650,000
Implement comprehensive Vocational Rehab technology system - SIIF	Human Services		-				8,000,000		6,296,000	1,704,000	8,000,000	-	6,296,000	1,704,000
IT - New Total		-	-	-	-	-	**8,985,000**	-	**6,296,000**	**2,689,000**	**8,985,000**	-	**6,296,000**	**2,689,000**
Capital Projects														
Life Skills & Transition Center (LSTC) Roof for Cedar Grove - SIIF	Human Services		-				712,480			712,480	712,480	-	-	712,480
Southeast Clinic Bathroom Remodel Project - SIIF	Behavioral Health		-				972,000			972,000	972,000	-	-	972,000
Capital Projects Total		-	-	-	-	-	**1,684,480**	-	-	**1,684,480**	**1,684,480**	-	-	**1,684,480**
Child Care														
Best in Class program expansion	Human Services		-				6,000,000	6,000,000			6,000,000	6,000,000	-	-
Childcare grants, resources and shared services	Human Services		-				5,000,000	5,000,000			5,000,000	5,000,000	-	-
Early Childhood Quality infrastructure	Human Services		-				3,000,000	3,000,000			3,000,000	3,000,000	-	-
Maintaining expanded inclusion support for child care / children with special needs	Human Services		-				172,500	172,500			172,500	172,500	-	-
Offer quality rated child care programs access to Teaching Strategies outcomes measurement system	Human Services		-				100,000	100,000			100,000	100,000	-	-
Quality tiered payments for Child Care Assistance Program	Human Services		-				3,000,000	3,000,000			3,000,000	3,000,000	-	-
Child Care Total		-	-	-	-	-	**17,272,500**	**17,272,500**	-	-	**17,272,500**	**17,272,500**	-	-
Housing Initiative														
Housing assistance for people at risk of housing instability - SIIF	Human Services		-				10,000,000			10,000,000	10,000,000	-	-	10,000,000
Eviction prevention programs - SIIF	Human Services		-		-		3,500,000			3,500,000	3,500,000	-	-	3,500,000
Home renovation incentives for accessibility - SIIF	Human Services		-				1,000,000			1,000,000	1,000,000	-	-	1,000,000
Housing Initiative Total		-	-	-	-	-	**14,500,000**	-	-	**14,500,000**	**14,500,000**	-	-	**14,500,000**
State Hospital														
New State Hospital - Bond	Behavioral Health						300,000,000			300,000,000	300,000,000	-	-	300,000,000
State Hospital Total			-	-	-	-	**300,000,000**	-	-	**300,000,000**	**300,000,000**	-	-	**300,000,000**
Additional Executive Decision Packages														
Provider Inflation 1.5/1.5	All		43,656,800	21,890,162	21,750,748	15,890	-				43,656,800	21,890,162	21,750,748	15,890
FMAP Reduction	Medical Services		(10,000,000)	(12,100,000)	2,100,000							(12,100,000)	2,100,000	-
Executive Compensation Plan plus Zones - Includes 3/3 & Health Insurance	Human Services		5,002,833			5,002,833	-				5,002,833	-	-	5,002,833
Additional Executive Decision Packages		-	**38,659,633**	**9,790,162**	**23,850,748**	**5,018,723**	-	-	-	-	**48,659,633**	**9,790,162**	**23,850,748**	**5,018,723**
Grand Total		-	233,066,995	136,527,368	67,981,238	28,558,389	364,333,784	17,624,000	13,996,000	332,713,784	607,400,779	154,151,368	81,977,238	361,272,173

SIIF - Strategic Investment & Improvement Fund
CHTF - Community Health Trust Fund

The State of Tobacco Control in North Dakota: 2023 – 2025

Expanding Access To Treatment and Adapting in a Changing Landscape



Prepared for NORTH Dakota Be Legendary. Health & Human Services

Prepared by Professional Data Analysts

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This biennial synthesis report of the North Dakota Tobacco Prevention and Control Program (TPCP) is a strategic evaluative effort that culminates in this summary report to the North Dakota Legislature, tobacco control partners, and the public.

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+ Flavored tobacco products
+ Pharmacist pilot
+ Behavioral health providers
+ Innovative collaborations

PURPOSE OF THIS REPORT

This report is the culmination of a biennial evaluation and synthesis of the priorities, activities, and future planned work of the North Dakota Tobacco Prevention and Control Program (TPCP). The mission of the TPCP, outlined in the 2020-2025 state strategic plan, is "**to protect the health of North Dakotans by reducing the negative health and economic consequences of the state's No. 1 cause of preventable disease and death – tobacco use**."[1]

The TPCP contracts with an external evaluator, Professional Data Analysts (PDA), for a comprehensive program evaluation. This includes the design and implementation of data collection methods, analysis, and reporting.

PDA's evaluation and statistics teams analyze and make sense of the data so that the TPCP can make data-driven decisions. PDA has deep experience in various public health initiatives and has evaluated programs within the TPCP since 2011 and the entire TPCP since 2017.

This fourth synthesis report by PDA emphasizes the expansion of treatment within the state, aligned with the five guiding principles of North Dakota Health and Human Services (HHS). These principles, highlighted below, are integrated into each section of this report.



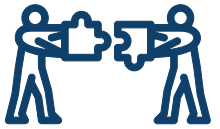
Continuous Improvement and Innovation



Responsible Stewardship



Transparent and Open Communication



Engaged Collaboration



Data-Centered Decisions

Questions about the Tobacco Prevention and Control Program should be directed to Neil Charvat, Director, Tobacco Prevention and Control Program, njcharvat@nd.gov.

Questions about the external evaluation should be directed to Melissa Chapman Haynes, PhD, Director of Evaluation, Professional Data Analysts (PDA), mchapman@pdastats.com.

[1] https://www.cdc.gov/mmwr/volumes/72/wr/mm7218a1.htm

Who is using tobacco products in North Dakota?



Responsible Stewardship



Data-Centered Decisions

In 2023, **nearly one in four North Dakota adults currently use at least one kind of tobacco product** (24%). Some groups have higher use – American Indians (32%), individuals with a high school diploma/equivalency or less education (37%), and those reporting poor mental health (43%). While cigarette smoking has continued to decrease for both adults and youth, the use of e-cigarettes has not seen significant changes since 2021.

1

Sources: North Dakota Behavior Risk Factor Surveillance System (ND BRFSS), 2023 and 2021 and North Dakota Youth Risk Behavior Survey (ND YRBS), 2023 and 2021.

THE TOBACCO PRODUCT LANDSCAPE HAS SHIFTED DRASTICALLY

Nicotine is a highly addictive drug that is hard to quit, and the variety of combustible, non-combustible, electronic, and synthetic products has exploded in the retail environment. Defining tobacco products, commercial tobacco, and having a clear position on vaping products is critical.

Tobacco Product

This report defines this as **any product or device** that can deliver nicotine to the human brain, whether derived from tobacco or another source, except for safe and effective nicotine replacement therapies approved by the U.S. Food and Drug Administration (FDA) for tobacco cessation. Tobacco products include, but are not limited to, e-cigarettes, cigarettes, cigars, smokeless tobacco, hookahs, pipe tobacco, heated tobacco products, and nicotine "tobacco-free" pouches.

From: NIDA. 2023, December 14. What is the scope of tobacco, nicotine, and e-cigarette use in the United States?. Retrieved from https://nida.nih.gov/publications/research-reports/tobacco-nicotine-e-cigarettes/what-scope-tobacco-use-its-cost-to-society

Commercial Tobacco

In this report, we distinguish the use of traditional or sacred tobacco by Indigenous people, including American Indians living in one of the five tribal nations in this geography. Practices vary by tribe, though often, the inner bark of red willow is used and referred to as sacred tobacco.

The National Native Network states "Traditional and commercial tobacco are different in the way that they are planted and grown, harvested, prepared, and used."

Any references to tobacco in this report refer to commercial tobacco unless otherwise noted.

TPCP Position on E-Cigarettes

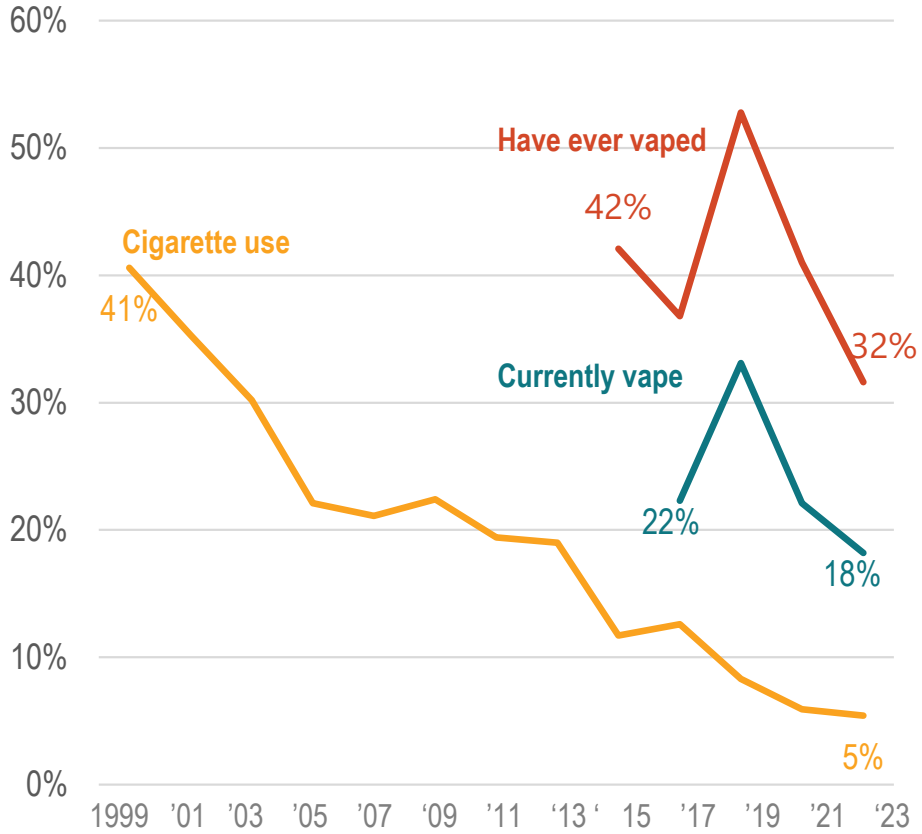
In September 2018, the TPCP took a data-informed position on Electronic Nicotine Delivery Systems (ENDS), now commonly known as vapes. Following additional studies, the risks outlined remain and ENDS are still not approved by the FDA as a nicotine treatment medication.

- The health risks from ENDS use have not been adequately studied.
- Nicotine from ENDS is highly variable and unregulated.
- Most ENDS products contain and emit potentially toxic substances.
- The FDA does not currently approve ENDS as a quit-smoking aid.

CIGARETTE USE IS HISTORICALLY LOW AMONG YOUTH, THOUGH ONE IN FIVE HIGH SCHOOLERS ARE VAPING

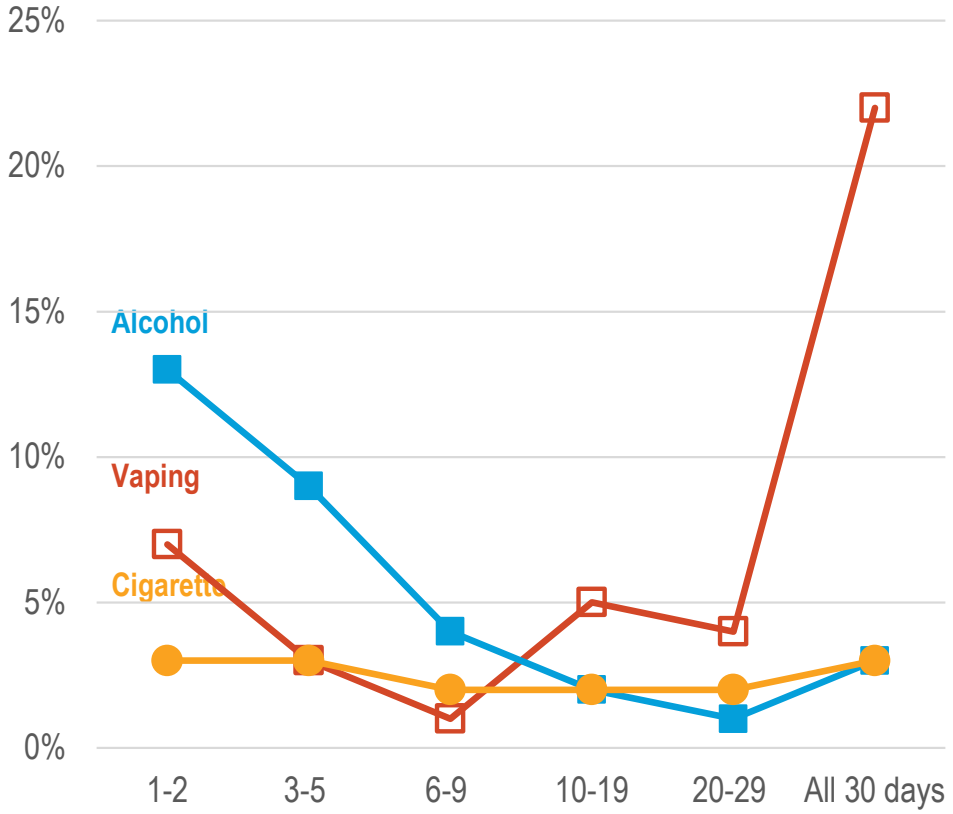
Prevention of use is critical since "tobacco use almost always starts in childhood or adolescence." [2] Further, North Dakotans reporting poor mental health reported a sharp increase in vaping.

Nearly one in three North Dakota high school students have ever vaped and one in five currently vape. Cigarette use has declined.



ND YRBS, 1999-2023

Vaping sharply increases with an increase in poor mental health days, whereas alcohol use declined and cigarette use was steady.



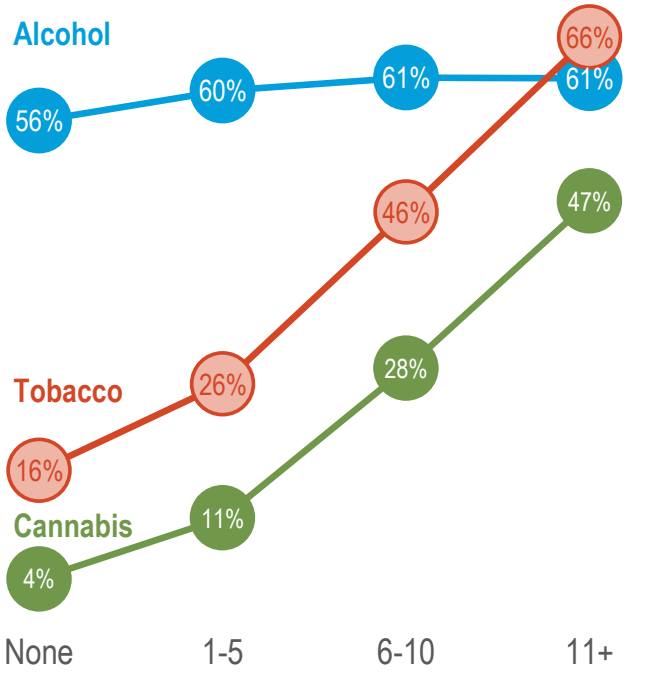
During the past 30 days, how often was your mental health not good

ND YRBS, 2023

[2] Jenssen, et al. (2023). Protecting Children and Adolescents from Nicotine and Tobacco, Pediatrics, 151(5), https://doi.org/10.1542/peds.2023-061804.

TOBACCO'S ROLE IN SUBSTANCE USE AND MENTAL HEALTH

North Dakota adult tobacco use sharply increases with additional ACEs, more so than with cannabis or alcohol



ND BRFSS, 2022

Data on the relationship between ACEs and substance use informs TPCP program priorities

The use of commercial tobacco and new nicotine products, such as nicotine pouches produced by the tobacco industry, disproportionately impacts individuals experiencing behavioral health conditions nationally and within North Dakota. To help address this issue, the TPCP focuses on those living with a behavioral health condition as a priority population in their tobacco prevention and control work.

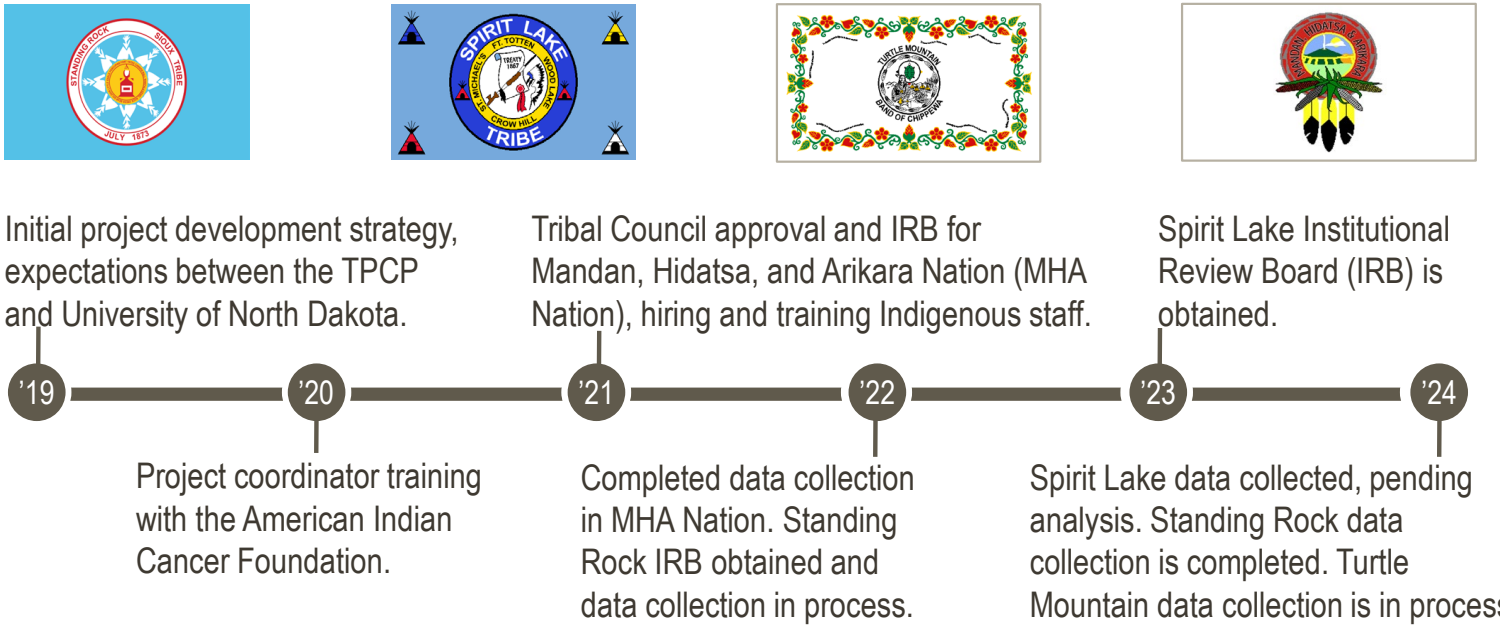
The Centers for Disease Control and Prevention (CDC) describes a behavioral health condition as a "mental health or substance use disorder." To inform programmatic priorities, in 2023 Professional Data Analysts (PDA) conducted interviews with nine Tobacco Treatment Specialists (TTS) who work at two Human Service Centers (HSC), North Central and Badlands, and two Federally Qualified Health Centers (FQHC), Coal County Community Health Center and Family HealthCare. The findings indicated patients valued TTS counseling:

> *We also have to be sensitive to people with post-traumatic stress disorder because if you're telling them 'You can't do this, this, this…' …They were told that their whole life. That's going to trigger them and make them not trust you. But if you take the time to hear them out and have the patience to understand their situation, they're more apt to open up to you."*
>
> —HSC TTS

BUILDING DATA SOVEREIGNTY AND CULTURAL CAPACITY

The Native American Adult Tobacco Survey (NA-ATS) is a critical, partnership-based effort. Over the past five years, not only has data been collected with nearly all the tribal nations, the very process of collecting the data has spurred discussions about commercial tobacco use within these communities.

One tribal nation with summarized data found that more than 65% of participants report using Sacred Tobacco within the context of ceremony, prayer, or other traditional practices. About half of Sacred Tobacco use was sourced from a commercial tobacco vendor.



> *I noticed getting the data from the surveys that a lot of people **didn't realize that tobacco is just as bad [as other substance use issues]**. It is something that I've noticed – there isn't that much information getting out to those on the reservation. And the information that is getting out, they're not really interested in sitting there and reading about it.*
>
> *I noticed that during the NA-ATS interviews they were asking me questions about tobacco, and now I'm able to give them a lot more information. And it's not like you're reading from a pamphlet, I'm just kind of like, 'Hey, here's some facts about this or that. If you allow me, I'll be more than glad to share that with you.' And they're like, 'oh, okay, yeah, go ahead.' And so, then I'll tell them. A lot of them are just like, 'wow, I didn't know that.'*
>
> —Tribal Commercial Tobacco Champion

Nicotine dependence treatment in North Dakota



Continuous Improvement and Innovation



Data-Centered Decisions

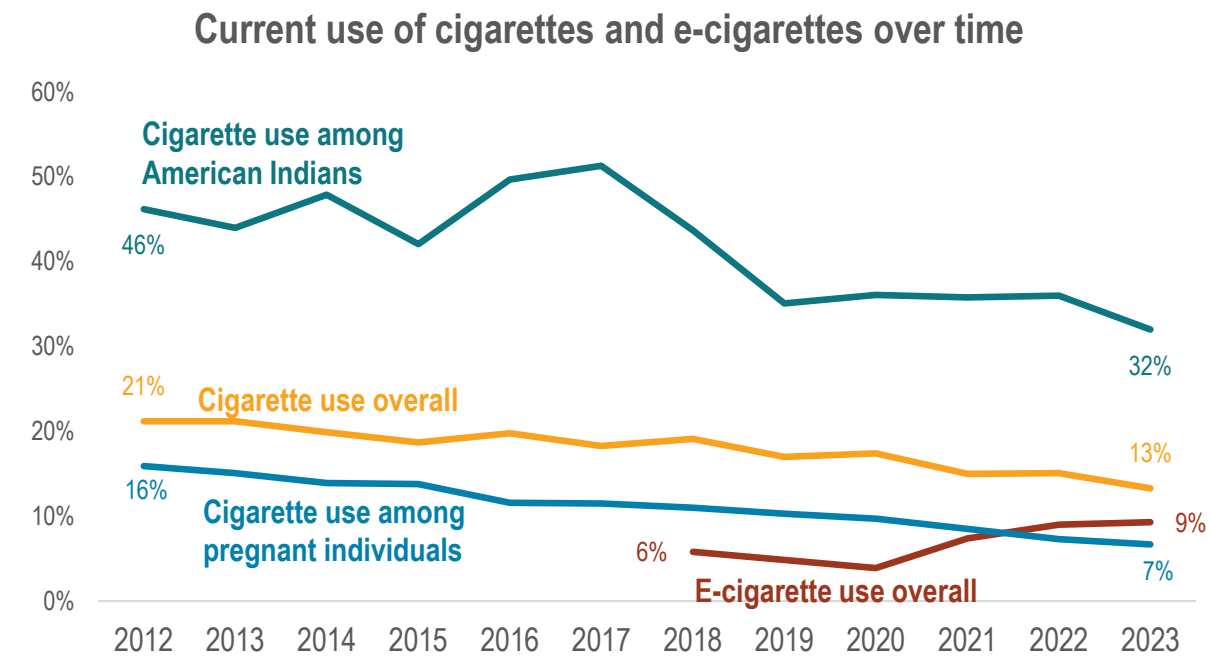
Incorporating cessation strategies into all commercial tobacco prevention and control efforts can help advance and support smoking cessation for all population groups. Tobacco dependence is a chronic, relapsing condition driven by nicotine addiction, and quitting can be difficult. [3]

2

[3] VanFrank B, Malarcher A, Cornelius ME, Schecter A, Jamal A, Tynan M. Adult Smoking Cessation — United States, 2022. MMWR Morb Mortal Wkly Rep 2024;73:633–641. DOI: http://dx.doi.org/10.15585/mmwr.mm7329a1

ADULT CIGARETTE USE IS TRENDING DOWN, WHILE VAPING IS INCREASING

Over the past decade, there has been a statistically significant reduction in adult cigarette smoking in North Dakota; trending increases in current adult use of electronic vaping products is of concern.



North Dakota BRFSS, 2012 – 2023

> *With all the stuff in my life going on, I started to get into bad anxiety and depression, and it makes it way harder to quit. I am seeing a doctor for it.*
>
> —NDQuits participant

Chronic disease and behavioral health

Commercial tobacco use has been shown to adversely affect both the physical and mental health of users, and there is substantial evidence highlighting the dangers of secondhand smoke for non-smokers. Smoking damages nearly every organ in the body,[4] and there is emerging evidence of the harmful effects of vaping, including the emissions from vaping products.

Two populations of interest in the state are American Indians and pregnant individuals.

[4] NIDA. 2021, What are the physical health consequences of tobacco use?

NORTH DAKOTA OFFERS MULTIPLE TREATMENT PROGRAMS TO "QUIT YOUR WAY"

Healthy People 2030 is the fifth version of a national public health set of priorities and objectives, which includes four nicotine dependence treatment objectives listed to the right. These objectives align well with the multi-decade effort in North Dakota to provide evidence-based treatment. This endeavor includes program availability, increasing treatment coverage through North Dakota Medicaid coverage, supporting health systems change to increase clinician engagement, and using data to inform programmatic decisions.

Addressing successful nicotine treatment is the transtheoretical model of behavior change. This model has been a widely used approach for moving individuals seeking treatment for nicotine addiction through the five stages of change as they move to prepare and take action to treat nicotine dependence. Use of Motivational Interviewing, a person-centered communication approach, helps meet people where they are and works within an individual's ambivalence to change. One of the tribal partners shared:

> *We did a little bit of motivational interviewing during the TTS training, but I went further and did a whole training. I went to Fargo, and they had a two-day training on motivational interviewing. That way when I talk to people, I can kind of pull them in without them feeling like I'm forcing them to talk.*

Healthy People 2030

1. Increase quit attempts
2. Increase successful quit attempts
3. Increase health care provider advice to quit
4. Increase treatment use

NDQuits

Resources are available through NDQuits to any North Dakotan ready to quit all tobacco products, including cigarettes, vapes, smokeless tobacco, and nicotine pouches.

TTS trainings

Beginning in 2018, the TPCP has provided 12 in-state Mayo Tobacco Treatment Specialist (TTS) trainings, adding nearly 400 TTS. TTS are key to in-person or local treatment access.

Clinical initiatives

Over a decade of building the NDQuits Cessation Grant Program has laid the groundwork for expanded tobacco use treatment, particularly in behavioral health and pharmacy locations.

Local support is key

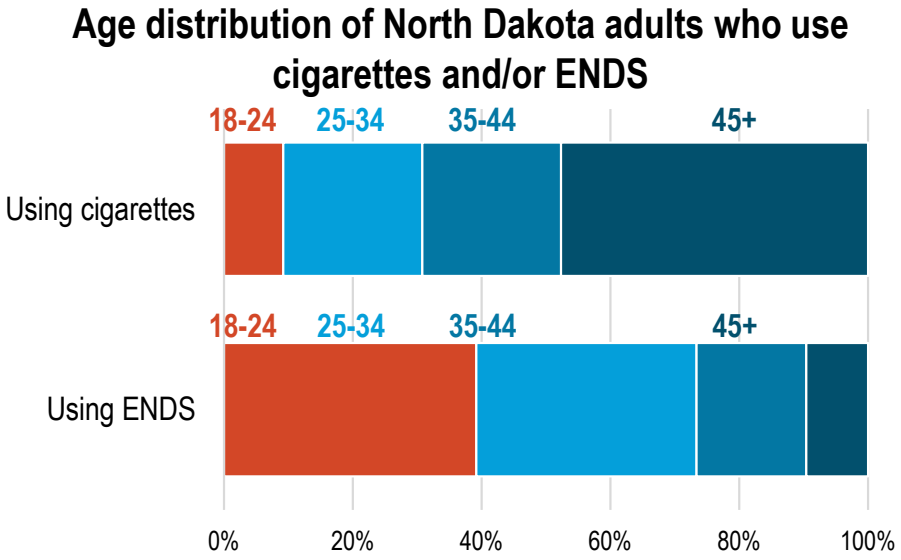
Local Public Health Units provide in-person treatment and/or support partners to build treatment support in the community.

NDQUITS PROVIDES TREATMENT AMONG CHANGING PRODUCT USE

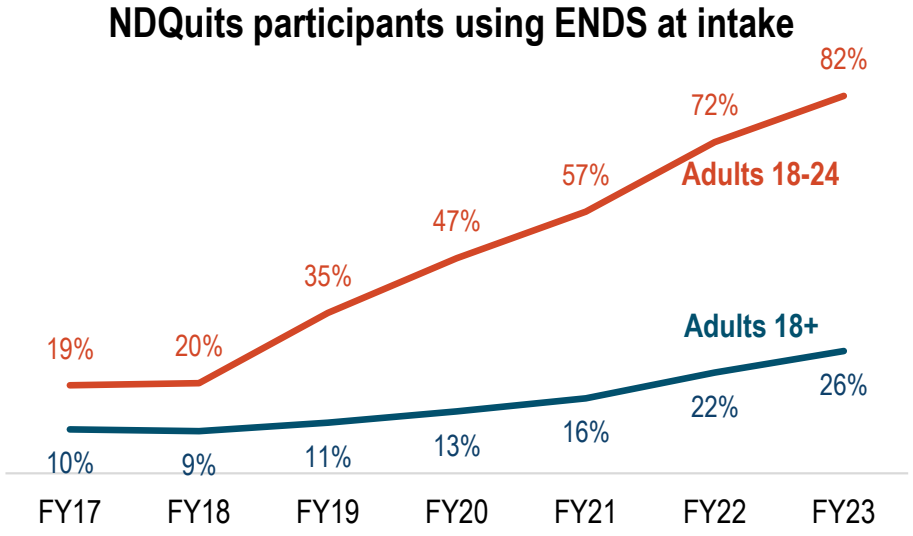
Nearly 2,000 unique North Dakotans called or went online to NDQuits annually during the 2021-2023 biennium. The quitline is cost-effective – **for every $1 spent on NDQuits, North Dakota saves $2.52 - $2.90** under the current tax rate ($0.44 per pack) by factoring in savings from tobacco cessation, such as decreased health care expenses and increased productivity. The landscape of tobacco control and available nicotine products on the market has been rapidly changing since 2017. Subsequently, the trend data for NDQuits enrollment patterns have been shifting since 2020, including the use of ENDS or vape products.

North Dakota adults who use ENDS are much younger than those who use cigarettes. Almost 80% of North Dakota adults who use ENDS are under age 35, compared to less than 30% of those who use cigarettes.

Since 2017, the percentage of young adults who enroll in NDQuits and report using ENDS has nearly tripled. NDQuits is an evidence-based cessation support for ENDS use with counseling and/or nicotine replacement therapy (NRT).



ND BRFSS, 2023



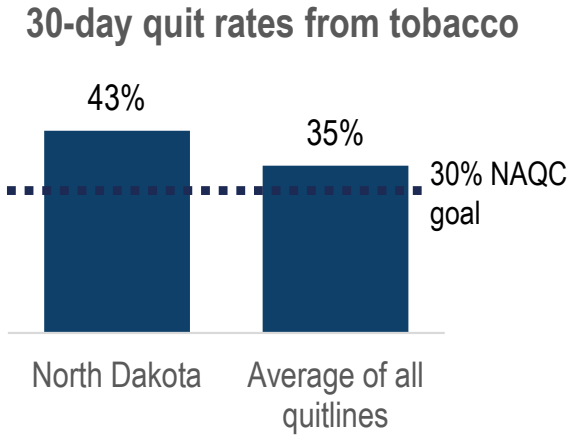
NDQuits enrollment data

NDQUITS PROVIDES EFFECTIVE SUPPORT, ACROSS PRODUCT TYPES

One measure of success is to evaluate the percentage of individuals who have quit all tobacco products seven months after enrolling. NDQuits has three 30-day quit rates to account for tobacco type(s) at registration. The quit rates for NDQuits exceed the national average and the benchmarks set by the National Quitline Consortium (NAQC).

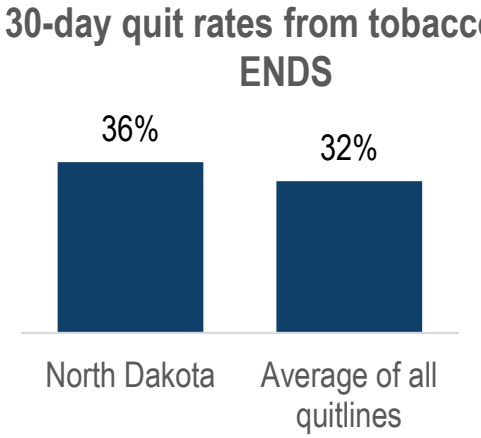
Individuals using cigarettes, cigars, and chew

NDQuits performed above the NAQC goal and the national average for 30-day quit rates.



Individuals using ENDS and cigarettes, cigars, and/or chew

NDQuits performed above the national average for 30-day quit rates that include ENDS.



Individuals who are exclusively using ENDS

Between February 2020 and December 2023, there were 104 North Dakotans who registered for NDQuits that only used ENDS. At 7-months after enrolling, the quit rate was:

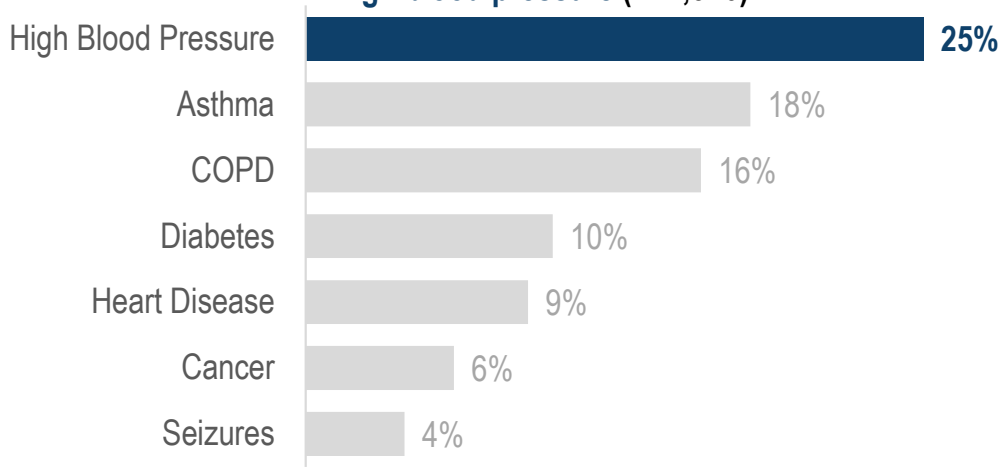
39.6%

> *The information NDQuits provides on the website about the negative impacts of vaping was really helpful. I have been using vaping as a method to help quit smoking cigarettes but did not realize how damaging and addictive the vaping products are. Though I am still smoking cigarettes, I feel the program prevented me from developing another harmful habit, and I am very grateful.*
>
> —NDQuits participant

> *[The quitline was a] wonderful aide in being able to say I've not even had one puff since August 20, 2023. Thank you NDQuits!!*
>
> —NDQuits participant

NDQUITS SERVES INDIVIDUALS LIVING WITH CHRONIC CONDITIONS AND/OR BEHAVIORAL HEALTH CHALLENGES

One in four individuals who used NDQuits and had a chronic disease reported having high blood pressure (n=2,346).

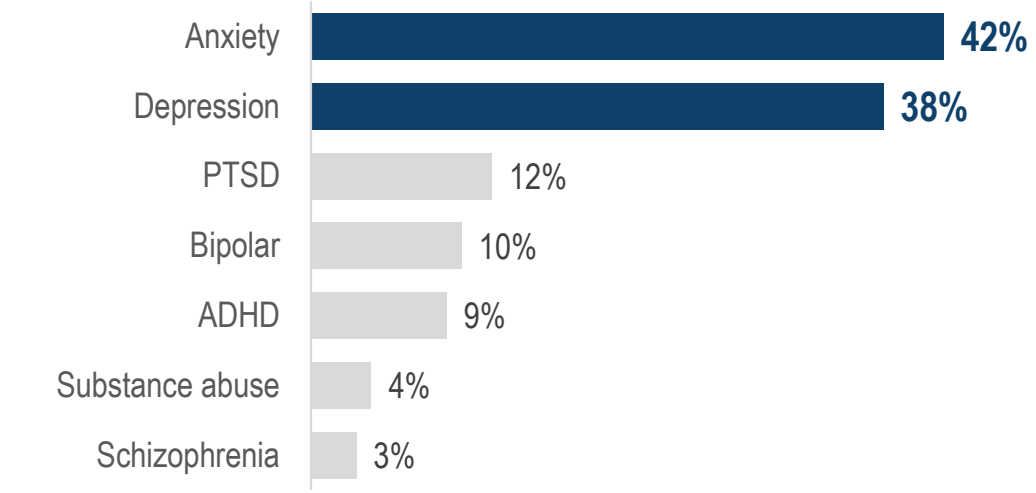


NDQuits enrollment data, 2020 - 2024

Between 2020 and 2024, a total of 9,427 North Dakotans used NDQuits. **Over half (51%) reported at least one chronic disease.**

There were 13% who reported two chronic diseases and 10% reported three or more. Those with Medicare were more likely to report high blood pressure (47%) as compared to Medicaid (27%) or private insurance (23%).

Anxiety and Depression were the most frequently reported mental health conditions reported among NDQuits registrants (n=3,792; n=3,443)



NDQuits enrollment data, 2020 - 2024

Between 2020 and 2024 a total of 9,427 North Dakotans used NDQuits. **Over half (53%) reported at least one behavioral health condition**.

Young adults reported anxiety at a higher percentage (58%) than those aged 25-54 (43%) or 65 or older (24%). Individuals reporting anxiety were vaping at a high percentage when they enrolled in NDQuits (54%).

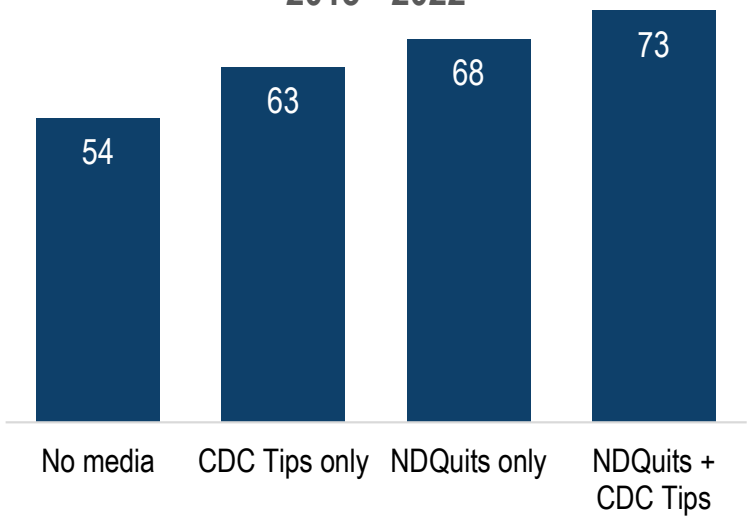
EFFECTIVE USE OF MEDIA TO SHARE NDQUITS RESOURCES

Health communications – broadcast, cable, digital, social, and earned media – is an essential and evidence-based component of helping people quit tobacco.

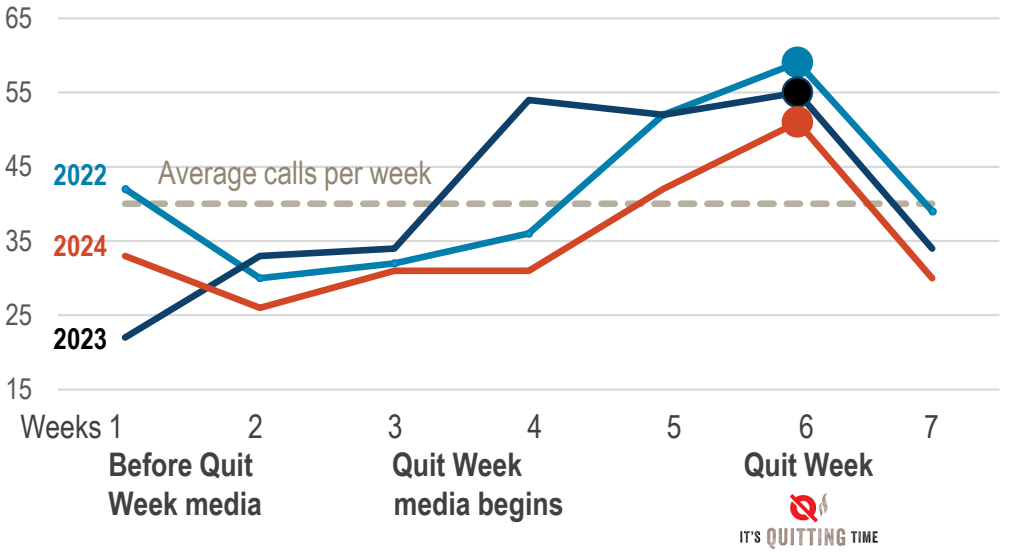
PDA examined the relationship between health communications and calls to NDQuits from July 2013 – December 2022. **When NDQuits television ads are running, there is an average of 14 more calls per week** than when no television ads are running. There are an **average of 19 more calls per week when both NDQuits and CDC Tips ads run**. Media, particularly television, remains essential to driving North Dakotans to NDQuits.

Quit Week is a coordinated media campaign that educates on cessation resources available to North Dakotans and encourages those that use tobacco to make a quit attempt. Messages are coordinated and shared via social media (Instagram, Facebook, Snapchat, YouTube), broadcast TV, radio, digital media, billboards, newspapers, and earned media. From 2020 to 2024, the "It's Quitting Time" brand was established, and engagement per post has improved. **Annually, for the past five years, the number of calls to NDQuits has peaked during Quit Week.**

Average number of calls to NDQuits per week, 2013 - 2022



Number of calls to NDQuits before and during the Quit Week campaign – Quit Week has consistently high calls to NDQuits.



TOBACCO TREATMENT SPECIALIST (TTS) TRAININGS AND ONGOING EDUCATION WITH MAYO CLINIC

TTS trainings

The TPCP began collaborating with the Mayo Nicotine Dependence Center to offer in-state education in North Dakota to facilitate clinician education and increase local access to treatment. Since 2018, nearly 400 TTS have been trained, including over 70 people completing the training in 2024.

A TTS training is approximately 35 hours of learning. The content includes the neurobiology of nicotine dependence, health benefits of quitting, recommendations and dosing for cessation medications, and motivational interviewing, which is an evidence-based counseling approach to help patients adhere to treatment recommendations.



Mayo staff facilitates a Motivational Interviewing exercise with a TTS participant.

Motivational Interviewing Workshop

The first in-person Advanced Motivational Interviewing Workshop occurred in May 2024. Thirty-two TTS attended the new two-day training by the Mayo Nicotine Dependence Center. The workshop provided education through staff and attendee interaction to enhance communication skills, which are essential in collaborative conversations between a patient and clinician to assist behavioral change.



Motivational Interviewing Workshop

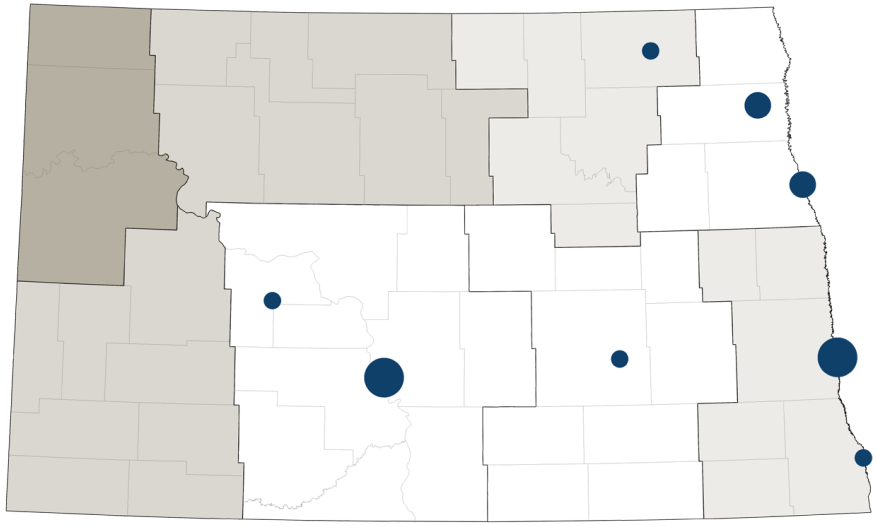
> *I will be more comfortable evoking for change talk and their own motivation and plan to quit tobacco after this training!*
>
> —Motivational Interviewing Workshop participant

NDQUITS BUILDS ON CAPACITY WITHIN THE STATE

North Dakota-specific grantees and counselors provide evidence-based cessation support across the state.

The NDQuits Cessation (NDQC) Grant Program is available throughout the state. The 18 NDQC grantees and other TPCP-funded grantees effectively refer tobacco users to NDQuits. The prevalence of tobacco use varies across the state, with a higher prevalence in the northwest. Of the 796 referrals to NDQuits in fiscal year 2024, **91%** were from TPCP-funded grantees.

Prevalence of tobacco use by Human Service Region, overlaid with NDQC grantee locations.



Tobacco use by region:

○ 20-21% ○ 23% - 24% ○ 26% ○ 40%

ND BRFSS, 2023

Note: Larger dots indicate multiple grantees.

The NDQC grantees also address ENDS use and vaping, which includes:

- Asking patients if they vape.
- Providing tobacco treatment (counseling, NRT) to those who only vape.
- Treating patients who vape and use combustible tobacco products (dual use).

Nicotine Dependence Conferences (NDC)

The TPCP has supported these conferences since 2016. The NDQC grantees plan the content for the two annual in-state NDCs, which include patient interventions, priority populations, and other relevant or emerging topics. Nearly 100 attendees participated in each conference in 2023 and 2024, indicating high interest and engagement around these topics.

> *This [conference] does help with my job performance on giving education and learning the right way to have the discussion on tobacco, vaping, and quitting.*
>
> —2024 NDC attendee

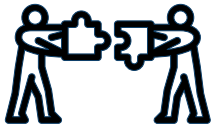
Expanding access to nicotine dependence treatment



Continuous Improvement and Innovation



Transparent and Open Communication



Engaged Collaboration

Quitting success is increased by health care provider intervention and by use of behavioral counseling and Food and Drug Administration - approved medications, particularly when these treatments are used together.[3]

3

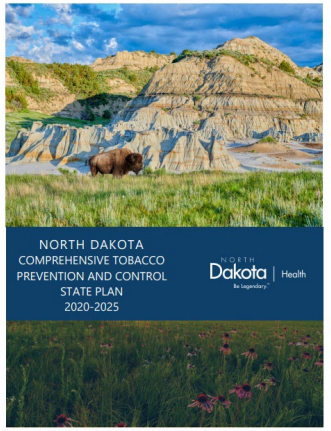
[3] VanFrank B, Malarcher A, Cornelius ME, Schecter A, Jamal A, Tynan M. Adult Smoking Cessation — United States, 2022. MMWR Morb Mortal Wkly Rep 2024;73:633–641. DOI: http://dx.doi.org/10.15585/mmwr.mm7329a1

NORTH DAKOTA HAS BEEN BUILDING ON ESTABLISHED TREATMENT PROGRAMS TO EXPAND ACCESS

As the tobacco product landscape continues to shift, the TPCP has engaged with partners, grounded in the data and evidence base of nicotine dependence treatment, to expand programming to reach specific North Dakotans collaboratively. In the North Dakota Comprehensive Tobacco Prevention and Control State Plan, 2020 – 2025, it is noted that tobacco initiation and use disparately affect subgroups of North Dakotans at higher rates.

The TPCP seeks to address the inequity of tobacco use in the following population groups in North Dakota:

- Youth and young adults
- Individuals with mental health and substance use disorders (Behavioral Health)
- Individuals with low socioeconomic status (Low SES)
- American Indians (AI)
- Pregnant tobacco users



The North Dakota Comprehensive Tobacco Prevention and Control State Plan, 2020 – 2025

> *I don't know that all administrators and teachers know how addictive this stuff is…how addicted a lot of our kids are…They don't realize what kids are going through and how much of a struggle it is.*
>
> —Beulah High School Principal

MEETING THE CHALLENGE OF ADDRESSING VAPING AND NICOTINE ADDICTION WITH YOUTH

A multi-method, comprehensive evaluation of youth nicotine treatment in North Dakota found that while existing treatment options were available for youth ready to take action, additional efforts are needed to support those who are not yet prepared to address their addiction.

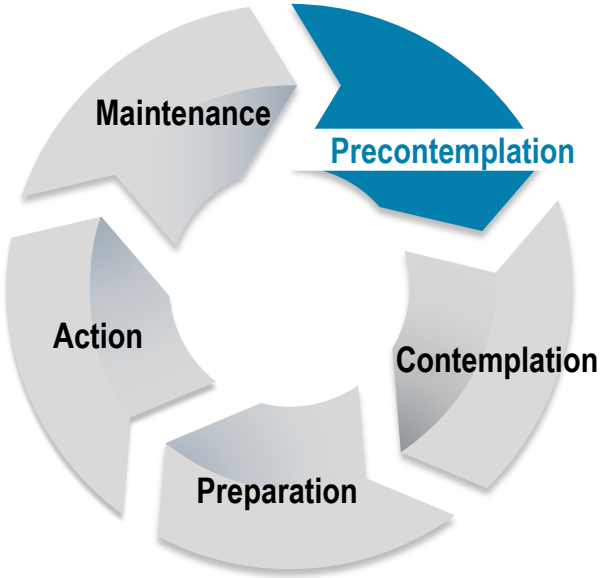
In the North Dakota case study, review of existing nicotine dependence treatment work was reviewed, and three cases were selected for a comparative, deep investigation into the work in three counties:

- Mercer County
- Ransom County
- Burleigh County

A cross-site result is that those involved in treatment efforts cited youth, parents, or school staff beliefs about vaping as a barrier to successful treatment. Many youth do not understand that vaping is harmful. Parents and older siblings often vape themselves and, in some cases, engage in vaping with youth as a bonding activity. There is also still a misunderstanding among school staff that simply taking away a vape will lead to quitting – more support to quit is needed.

> *People skip class to vape and don't realize that they are hurting themselves.*
>
> —Lisbon High School Student

In published literature, there is evidence that around **half of youth using e-cigarettes are in the pre-contemplation stage**, meaning the individual is not yet acknowledging that there is a problem behavior that would benefit from change. The evaluation of North Dakota youth treatment also found that many youth using tobacco products are at the pre-contemplation stage.



BUILDING CAPACITY WITHIN SCHOOLS TO REACH YOUTH

Community partners in three counties have built treatment for youth based on strong relationships, building resources within the school setting, and partnerships between organizations.

Mercer County

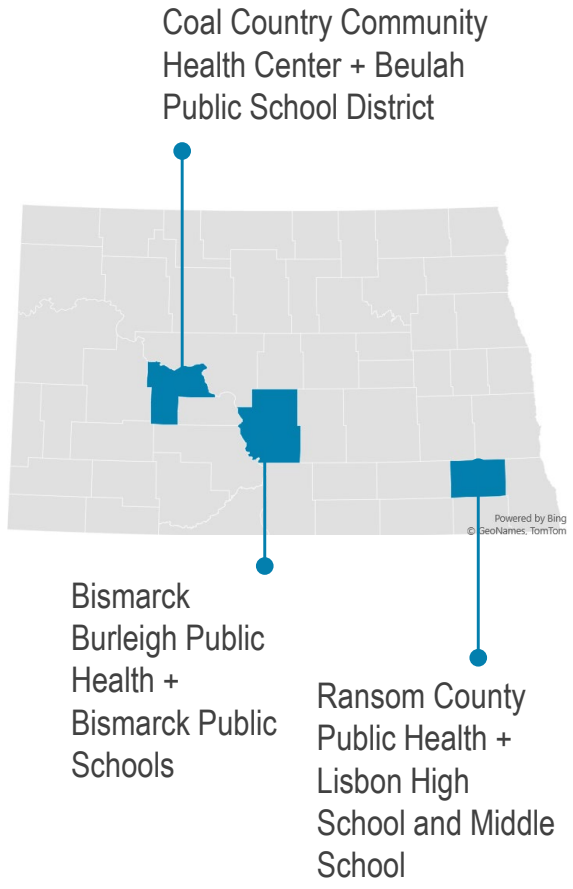
The Coal Country IMPACT School Nurse, a TTS, dedicates half the day at Beulah High School, and one of her responsibilities is delivering nicotine dependence treatment to students. If a student is found vaping, the student receives the option of a three-day, out-of-school suspension or to attend four youth nicotine dependence treatment classes, using the INDEPTH Program. Students are also referred to the NDQuits program for teens, My Life My Quit.

Ransom County

The Tobacco Prevention Coordinator from Ransom County Public Health works on-site at Lisbon Middle and High Schools to deliver both prevention and treatment programming using the INDEPTH Program. Students found vaping may accept either a three-day, in-school suspension as a disciplinary action or they may opt to attend four INDEPTH sessions to treat their nicotine addiction. Students are also referred to the NDQuits program for teens.

Burleigh County

The treatment program offered through schools using TTS-trained nurses within the schools is the most widespread treatment option. In addition, Bismarck Burleigh Public Health continues to provide the same treatment program at its clinic site. If a student is found vaping, they can avoid a citation by attending the treatment program. The student will be put on in-school suspension and will visit the School Resource Officer before meeting with the school nurse.



FACILITATORS AND BARRIERS TO YOUTH TREATMENT

Facilitators

Involved in the community. Successful TTS providers tended to be well-known in their communities (whether it be their small-town community, their school community, or both). One TTS had a child who went to the same school and was a same-aged peer to many of the students she interacted with. Another TTS mentioned that it benefited her in building trust with students when they saw her attending school or community events.

Dedicated space and/or time. It is essential to have protected time for the TTS to reach both students, as well as clear ways for other adults in the school to communicate with the TTS. In Burleigh County, Public Health emphasized the importance of having prearranged and reoccurring gatherings where these partners come together to coordinate efforts.

> *The tenacity [of the TTS] is what made this program stick.*
>
> —Lisbon School Principal

Barriers

Additional guidance on medication for youth under 18 is needed. Guidance from the American Academy of Pediatrics (AAP) supports prescribing youth nicotine medications in some cases. This prescribing guidance is not in place in the organizations in the three youth case study communities. To implement the AAP guidance the TPCP and partners will need to address the following: (1) identification of when prescribing nicotine replacement therapy to youth is appropriate, and (2) identification of the education and support providers (or health care systems) need.

Beliefs and attitudes. Many students, parents, and school staff do not understand how difficult it is to quit, especially e-cigarettes, which can contain higher levels of nicotine delivered to the body. Further, many of the kids who are found vaping have parents who are vaping or smoking; in some cases, students are getting these products from their parents. Generally, having these products around makes it more accessible to their kids. All sites reported that too many parents lack knowledge of the consequences of vaping and that with these cases, there is often a disconnect between what is acceptable at home versus school.

UNDERSTANDING HOW TO EXPAND TTS IN BEHAVIORAL HEALTH SETTINGS

The use of commercial tobacco and alternative nicotine products disproportionately impacts individuals living with behavioral health conditions nationally and within North Dakota. To help address this, the TPCP focuses on this group as a priority population in their tobacco prevention and control work. The CDC describes a behavioral health condition as a "mental health or substance use disorder."

In 2023, the external evaluator, PDA, interviewed nine TTS who work at two Human Service Centers, North Central and Badlands, and two Federally Qualified Health Centers, Coal County Community Health Center and Family HealthCare. The purpose of this evaluation was to explore the needs, supports, successes, and barriers to providing and accessing tobacco and nicotine dependence treatment for individuals experiencing behavioral health conditions. PDA analyzed qualitative data systematically to reveal key themes and patterns.

Overall key findings included:

- **Use of Motivational Interviewing and strength-based messaging was an essential skill.**
- **Incorporation of follow-up with continued support to help prevent and address relapse was critical, though it was implemented differently across sites.**
- **All sites and TTS empowered patients to return for subsequent treatment and recovery interventions.**

Supporting patients living with behavioral health conditions

A key finding from the interviews was that patients experiencing mental health conditions and substance use disorders often need more intensive, individualized support to recover from tobacco use disorder. A TTS fosters support through intentional relationship-building, empathy, compassion, trust, and a sense of safety.

> *I've had countless patients tell me that **the TTS saved their life.***
>
> *I called three patients in a row one day. They had been completely quit for at least a month - and that never happens.*
>
> *I have never had that many people in a day say, 'I don't know what I would've done without you.' They've been smoking for over a decade, said 'thank you so much. I appreciate it so much. I'm feeling really good. I'm feeling like even if anything happens, I can take this on.'*
>
> —Family HealthCare TTS

EXPANDING TTS IN BEHAVIORAL HEALTH SETTINGS: SCREENING AND CONNECTING TO TTS AND REFERRALS

TTS are well positioned to provide counseling and NRT, in some cases, that meet the tobacco and nicotine dependence treatment and recovery needs of patients living with behavioral health issues. Counseling and brief interventions that incorporate motivational interviewing, strengths-based messaging, and education can be effective for patients living with behavioral health conditions despite the many challenges they face.

Screening for tobacco use was the first step in patients receiving tobacco and nicotine treatment and support.

- Badlands Human Service Center uses an **integrated assessment** for all patients, including tobacco use questions at intake. Information is accessed and used to inform TTS services for each patient.
- Coal Country Community Health Center (CCCHC) staff learned about **features in the Epic electronic health record (EHR) system** that provide flow sheets and questions to ask patients to help with the screening and documentation process. The system flags patients when they have a change in tobacco status. Altru shared this EHR option at a past TPCP Quarterly Partners Meeting.

TTS services are adaptable to different settings and contexts. Having TTS in various clinic and non-clinic settings, including pharmacies, affiliate hospitals, residential care facilities, and schools, can help improve patient reach. TTS, located in retail pharmacies, is especially well-positioned to engage with patients when they pick up NRT.

- Family HealthCare connects patients with TTS by having **pharmacists** present when patients pick up their cessation medications. This interaction allows for a brief conversation with a TTS without making an appointment.
- At CCCHC, having a **TTS respiratory therapist** at the affiliate critical access hospital was beneficial when transitioning patients from an inpatient to an outpatient setting and vice versa.
- At North Central Human Service Center, patients receiving addiction treatment in the **residential facility** are easier to reach for in-person sessions with a TTS and maintain regular follow-up. In-person sessions held 2-3 times a week are more helpful than only once a week.
- At CCCHC, a **TTS school nurse** with the IMPACT program provides brief counseling and education to youth who are vaping in school instead of three days of suspension.

REMOVING BARRIERS FOR ACCESSING MEDICAID TOBACCO TREATMENT

North Dakota is a national leader in coverage of tobacco treatment through Medicaid coverage and was part of a national webinar hosted by the American Lung Association in 2024.

North Dakota is a national leader in reducing barriers to Medicaid coverage for evidence-based tobacco treatment, including counseling and FDA-approved nicotine cessation medication. North Dakota Medicaid's coverage includes:

- Nicotine patch (7mg, 14mg, 21mg)
- Nicotine gum (2mg and 4mg)
- Nicotine lozenge (2mg and 4mg)
- Nicotine nasal spray
- Bupropion
- Varenicline

All medications are included for North Dakota Medicaid recipients, and various providers, including pharmacists, can provide medication or counseling. North Dakota was invited to share its benefit with a national audience during a 2024 American Lung Association-sponsored webinar highlighting two states that provided this **tobacco treatment benefit coverage for all individuals, with no age limit**. A forthcoming brief will be published in 2025.

A 2024 Morbidity and Mortality Weekly Report (MMWR),[5] compared state Medicaid coverage for treatment and barriers. Areas for future work to remove barriers for treatment:

- Remove the annual limit on quit attempts
- Remove limits on duration
- Stepped care therapy

> *North Dakota Medicaid coverage has helped expand treatment access. We continue to observe primary nonadherence with patients not picking up prescriptions from the pharmacy when prescribed from the clinic side, so providing nicotine replacement therapy continues to remain of utmost importance for our patients. With the expansion of cessation services in Family HealthCare pharmacy, this has also proved to be a valuable patient access improvement, and coverage helps patients to get their medications on the spot.*
>
> —Brody Maack, Family HealthCare, Fargo

[5] DiGiulio A, Tynan MA, Schecter A, Williams KS, VanFrank B. State Medicaid Coverage for Tobacco Cessation Treatments and Barriers to Accessing Treatments — United States, 2018–2022. MMWR Morb Mortal Wkly Rep 2024;73:301–306. DOI: https://www.cdc.gov/mmwr/volumes/73/wr/mm7314a2.htm

EXPANDING TRIBAL CAPACITY

In 2019, the TPCP shifted strategies from grant giving to partnership-based collaboration with the five tribal nations.

In the TPCP's 2022 Strategic Plan, they identified the goal of having a “functioning health-focused coalition in each Tribal Nation in North Dakota." These coalitions would "assist in carrying out tobacco initiatives in tribal communities." This plan included action items, including further development of the coalition training mentioned prior. It also included a recruitment strategy, funding programming, and regular check-ins with key partners.

In 2023, tribal tobacco coalition-building continued as quarterly Tribal Tobacco Coalition Meetings were conducted. In June 2023, Tobacco Free North Dakota (TFND) hosted a TFND-certified trainer program through the United Tribes Technical College, with participants from the Turtle Mountain Band of Chippewa Indians (TMBCI), Spirit Lake, and Mandan, Hidatsa, Arikara Tribal Nation.

Tribal coalition meetings/trainings were held in January and April 2024,and meetings are planned to continue. The TPCP is currently working with Tribal Health directors to recruit new coalition members, who will include Tribal school nurses. The coalition identified ENDS use in schools as the #1 focus area.

> *Coalitions are action. You want to get action out of your members, then you need to identify those that are well vested into that public health initiative.*
>
> —Turtle Mountain Public Health Champion

2023-2024 outreach

- Shared TMBCI data regarding ENDS with Turtle Mountain Community College Public Health students and inviting students to become members of the newly formed Tobacco Prevention coalition.
- Held discussions with the TMBCI Public Health Communication Specialist identifying tribally specific educational material for vaping and tobacco use.
- Collaborated with TFND, TPCP, and TMBCI Respiratory Therapist to plan the Turtle Mountain Vaping 101 Seminar for youth in grades 6th-8th.

REACHING MATERNAL HEALTH POPULATION USING TOBACCO

North Dakota-specific approach to increase treatment access

North Dakota was one of the earliest states to adopt a program specifically for pregnant and postpartum individuals to treat nicotine dependence. North Dakota partnered with BABY & ME – Tobacco Free Program from 2011 to 2021.

The data from BABY & ME – Tobacco Free Program in North Dakota had some strong overall outcomes in significantly improving birth outcomes such as gestational age and birth weight. However, program implementation varied across sites and had high costs. TPCP developed a state-specific program, Maternal Tobacco Program, which was integrated into the existing NDQuits Cessation (NDQC) Program.

The TPCP continued to monitor the program-level and overall data. Due to continued high cost and overall quit rates that were similar to individuals quitting on their own, the TPCP ended the Maternal Tobacco Program in June 2024. NDQC grantees continue to receive funding to support tobacco and nicotine dependence treatment for all patients. Furthermore, pregnant individuals have access to a special treatment protocol within the NDQuits program.

Examples of building processes within clinics to reach maternal health patients

Sanford Southpointe in Fargo is expanding its treatment services from focusing solely on pregnant and postpartum patients to **all patients at its OBGYN clinics**. They recently trained two new TTS at a local TTS training.

Additionally, changes to the medical record include:

- reactivating the referral for TTS consult and treatment and a messaging system to connect with patients
- adding a passive smoke exposure measurement tool
- creating new smart phrases and electronic messaging tools for electronic communication related to tobacco cessation

> *We support women across the lifespan who use tobacco products by providing counseling, education, and engagement on an individualized basis in their cessation journey.*
>
> —Sanford Southpointe TTS

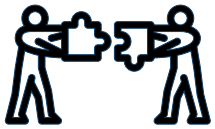
Innovative collaborations to reach youth and other populations



Continuous Improvement and Innovation



Transparent and Open Communication



Engaged Collaboration

Increasing and ensuring awareness of and access to tobacco cessation services, including counseling and medication, is important to maximizing the impact of commercial tobacco control policies…[this] can help advance and support smoking cessation for all population groups and has potential to reduce tobacco-related health disparities. [3]

4

[3] VanFrank B, Malarcher A, Cornelius ME, Schecter A, Jamal A, Tynan M. Adult Smoking Cessation — United States, 2022. MMWR Morb Mortal Wkly Rep 2024;73:633–641. DOI: http://dx.doi.org/10.15585/mmwr.mm7329a1

BUILDING CAPACITY TO SUSTAINABLY AND ACCURATELY MONITOR EFFECTIVENESS OF EXPANDED TREATMENT

Much progress in expansion of nicotine dependence treatment has occurred over the biennium. Initial outcomes and systems for tracking the effectiveness of this expansion are detailed in this section.

The measurement of the success of these efforts takes a **systems approach**, given the interconnected and interrelated programs and organizations at the national, state, and local levels working to reduce disease, disability, and death related to tobacco use. The impact of TPCP's work is measured by long-term outcomes in reduced tobacco product initiation and use (see Section 1). In addition, changes in the program pathways (scale, quality, and comprehensiveness of programs) are needed to improve the alignment and responsiveness between populations of focus and linkages to programs and policies.

Population of focus	Systems outcomes
Youth and young adults	Changing norms
Behavioral health	Reducing barriers to treatment
Low income	Increasing access to treatment
American Indian	Meeting people where they are using Motivational Interviewing and treating based on stage of change and readiness to quit
Pregnant	



CHANGING NORMS AROUND VAPING

The evolving tobacco product landscape, misinformation about nicotine in e-cigarettes, and intertwined behavioral health concerns present a complex challenge.

Vaping education

A significant barrier is that **many students, parents, and school staff do not understand how difficult it is to quit**, especially e-cigarettes, which can contain higher levels of nicotine delivered to the body.

> *I think too many people start using it too young. This causes addiction early and throughout their lives.*
>
> —Enderlin HS Student

> *The dopamine hit makes those feelings go away. And it feels better…until it doesn't. Then those feelings come back even stronger.*
>
> —Nurse Coordinator, Bismarck

Changing landscape

Schools and clinics across the state report challenges in keeping up with the emerging products and devices that deliver nicotine. **Vaping is easy to conceal** – vapes might look like highlighters, inhalers, pens, and the like. A principal noted that keeping up with the emerging nicotine and vape products is a formidable challenge. Further, all sites in the youth treatment evaluation reported **finding elementary-age students in possession of vaping devices**.

Mental health

Almost all students in the youth nicotine dependence treatment program evaluation have either anxiety, depression, or both. Many students in the treatment program also have a trauma history. Further, the use of nicotine products can actually increase anxiety and exacerbate many mental health challenges.[6]

> *Most kids also have some underlying mental health concerns. They need a trusted adult. That's often us.*
>
> —Nurse Coordinator, Bismarck Public Schools

[6] Bataineh, B.S.; Wilkinson, A.V.; Sumbe, A.; Clendennen, S.L.; Chen, B.; Messiah, S.E.; Harrell, M.B. (2023). The Association Between Tobacco and Cannabis Use and the Age of Onset of Depression and Anxiety Symptoms: Among Adolescents and Young Adults, *Nicotine & Tobacco Research*, Volume 25, Issue 8, Pages 1455–1464, https://doi.org/10.1093/ntr/ntad058

BUILDING SUCCESSFUL YOUTH OUTCOMES

For young individuals who are in the early stages of change and may not yet recognize the addictiveness of tobacco products, the desired outcome is to enhance student engagement and openness by fostering a trusted relationship with a knowledgeable adult.

Ransom County Public Health and Lisbon Middle and High School

Because most students engaged in this youth vaping treatment program appear to be operating at an early stage in the process of behavior change (i.e., precontemplation), the impact of this treatment program can be more comprehensively described through examples of changes in beliefs, attitudes, and thought patterns.

School staff credit the vaping education for (1) **students realizing that vaping can be harmful** and (2) students **identifying their vape use as an addiction** rather than a form of rebellion or "being cool."

Coal Country and Beulah Public Schools

The focus of change has been on increasing the interest of students to quit nicotine products, using the IMPACT program **to get students thinking about the impact of vaping and considering quitting.**

Five students have been found vaping. When given the choice between suspension or participating in the treatment program, **all students chose to engage in treatment**.

> *Students start to open up once they realize the things they tell me are confidential, but there's still a lot of secrecy around it.*
>
> —Coal Country School Nurse

Bismarck Burleigh Public Health and Bismarck Public Schools

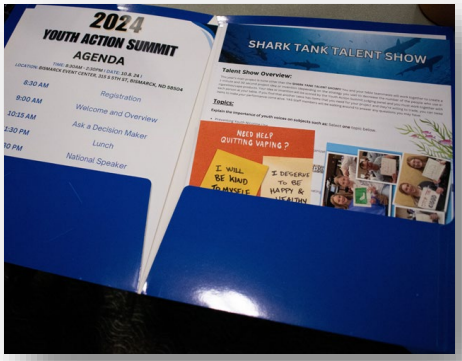
One way success is defined is the percentage of students who successfully quit by the end of the five treatment sessions. During the 2022-2023 school year, 111 Bismarck Public School students participated in the school treatment program. Of those participating, **20% successfully quit**.

Public Health provides education on vaping and nicotine addiction and coordinates efforts among partners. This ensures alternatives to youth purchase, use or possession laws to focus on helping youth access services rather than just penalizing youth found using these products.

YOUTH ACTION SUMMIT TO DEVELOP THE NEXT GENERATION OF LEADERS

The Break Free Youth Action Summit (YAS) has been a statewide annual event for six years. A one-day event is held in two areas of the state, and students and advisors from across the state travel to either Bismarck or Fargo to participate.

Tobacco Free North Dakota (TFND) supports for students representing schools across the state who want to travel to and attend the YAS.













> *Learning how much power us youth have to put an end to the use of nicotine and tobacco products [was valuable].*
>
> —YAS student participant

FLAVORED TOBACCO PRODUCTS

North Dakota State University (NDSU) report on menthol provides comprehensive review of evidence and available data

Menthol is a specific flavor additive common in tobacco products that tastes good and has a "cooling and painkilling effect." [7] In July 2024, a team of nursing researchers at NDSU published a report on the public health implications of menthol in tobacco products, focusing on populations within the state.[8] The TPCP funded the study.

The North Dakota Youth Tobacco Survey data showed that of the 7.3% of 9 – 12th grade youth who were current cigarette smokers in 2019, 44.1% usually smoked menthol cigarettes, 10.5% were unsure what type of cigarettes they smoked, and 45.4% did not smoke menthol cigarettes.[9]

In North Dakota, three communities have local ordinances restricting flavored tobacco products in some manner

- Cando
- Linton
- Valley City

Additionally, the mayors of Fargo, Bismarck, Grand Forks, and Minot, as members of the U.S. Conference of Mayors, supported a 2023 resolution prohibiting all flavored tobacco products, including menthol. The policy options for North Dakota with the greatest potential to reduce the public health harms from menthol tobacco products include sales prohibitions and restrictions.

Valley City residents vote to keep ban on flavored tobacco

In 2016, Valley City leaders banned the sale of flavored e-cigarettes in the city, with their appeal to youth being one of the reasons for passing this policy.

In 2023, the city commissioners discussed this policy and pressure from some retailers who wanted the city to review and reconsider the policy. The city commissioners decided to put the ban on the sale of flavored e-cigarettes to the voters during the next primary election. On June 11, 2024, the residents of Valley City voted. The results: **68% of voters wanted to keep the policy in place**, keeping the sale of flavored e-cigarettes banned in the city.

[7] Menthol cigarettes: The FDA's proposed ban and why they're more harmful. MD Anderson Cancer Center, https://www.mdanderson.org/cancerwise/menthol-cigarettes--the-food-and-drug-administration-fda-ban-and-why-they-are-more-harmful.h00-159460056.html.

[8] Buettner-Schmidt, K., Wolf, K., Schaeffer Fraase, K., Miller, D. R., Orr, M., Doan, J. & Unger, C. (2024). *Menthol in Tobacco Products: Public Health Implications for North Dakota. A Report to the NDDHHS.* Fargo: School of Nursing, North Dakota State University.

[9] ND Youth Tobacco Survey, 2019

DEVELOPMENT OF PHARMACY SERVICE ENHANCEMENT PROJECT

Background

In April 2023, the multidisciplinary pharmacy service enhancement project team, led by Brody Maack, PharmD, BCACP, CTTS, started piloting an education-based intervention to assist independent community pharmacies and other ambulatory care pharmacy practices in North Dakota with addressing tobacco use and cessation in their patients based on recommendations from stakeholders such as the U.S. Public Health Service and Centers for Disease Control and Prevention.

The project includes online and in-person education on tobacco cessation and service implementation; site visits for observation and documenting; and individual semi-structured interviews with pharmacy owners/pharmacists in charge.



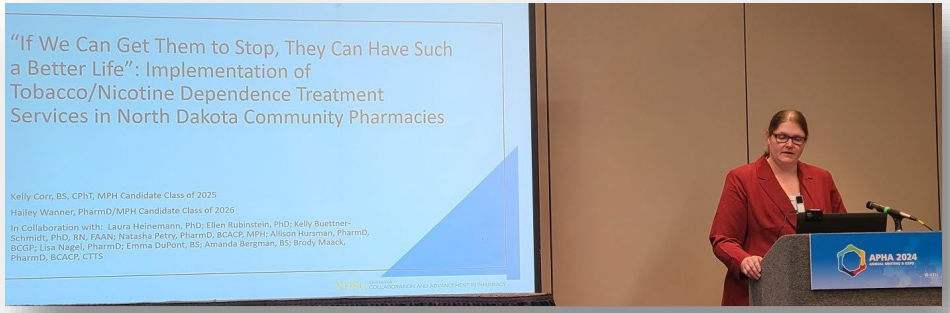
Poster presented by Natasha Petry, PharmD, MPH, BCACP, *Continuing to Pave the Way for Pharmacist Billing in North Dakota*

Progress to-date

The Pharmacy Service Enhancement pilot is running in six sites. It will continue through fiscal year 2025 and, depending on funding, potentially move to implementation. Baseline training modules and a website have been developed; both are resources for a broader audience.

Data metrics/outcomes have been developed and will be shared in fiscal year 2026:

- Number of patients encountered, asked, advised, referred/connected, counseled, and prescribed medications
- Pre-post questionnaire for staff completing baseline training
- Qualitative: site visits, interviews, coaching calls, observations



Presentation at the 2024 American Public Health Association Conference

EXPANDING CO-TREATMENT ACCESS IN BEHAVIORAL FACILITIES

Trauma-informed care education

From January to June 2024, TPCP and Heartview Foundation staff participated in a Trauma and Tobacco Community of Practice Project with the National Council for Mental Wellbeing to expand trauma-informed care in tobacco and nicotine dependence treatment.

Layn Sabot, Heartview Foundation staff and NDQC Grant Coordinator, utilized this project to develop an on-demand orientation training for all employees to prioritize nicotine dependence treatment. The training discusses adverse childhood experiences and trauma-informed care related to tobacco use and other substances. The education highlighted the importance of co-treatment of nicotine dependence treatment while describing how ACEs affect substance use rates. The North Dakota ACEs data was included in this training and is on page eight of this report. Addressing all substances during treatment improves long-term abstinence by 25%.[10] The TPCP plans to expand trauma-informed education to more behavioral health facilities.

Reaching behavioral health clinicians

The September 2024 Behavioral Health Conference featured two presentations by Jim Pavlik, a Senior Program and Policy Analyst at the Behavioral Health & Wellness Program at the University of Colorado.



Jim Pavlik

Mr. Pavlik described unique characteristics of nicotine. It is the first drug experience for many, develops cross-tolerance for other substances, and has rapid onset and withdrawal. High frequency of use creates cross-priming for other substances, such as opioids. Opioids and nicotine used together increase the euphoria associated with opioid use and speed up opioid clearance. Additionally, tobacco smoke affects various medications, including antipsychotics, antidepressants, and others such as insulin and warfarin.

Co-treatment includes trauma-informed approach and identifying inter-relatedness, treating the cause of the drug use. Nearly 90% of conference attendees who responded agreed the information was relevant and helpful.

[10] Prochaska JJ, Delucchi K, Hall SM. A meta-analysis of smoking cessation interventions with individuals in substance abuse treatment or recovery. J Consult Clin Psychol. 2004 Dec;72(6):1144-56. https://pubmed.ncbi.nlm.nih.gov/15612860/

INNOVATIVE COLLABORATIONS AND SUCCESSES

Tobacco and Nicotine Dependence Treatment is being integrated into many North Dakota settings by a variety of partners across the state.

NDSU tobacco-free policy passage

After seven years of efforts led by the NDSU associate director of campus well-being, NDSU passed a tobacco-free campus policy, a critical policy to protect student, staff, and faculty health and wellness on campus.

NDSU Doctor of Nursing Practice (DNP) curriculum

A recently graduated NDSU Doctor of Nursing Practice student completed her dissertation,[11] a practice improvement study on incorporating tobacco and nicotine dependence treatment education into the doctoral curriculum.

Radon outreach and research and NDQuits partnership

The University of North Dakota School of Medicine and NDQuits partnered to offer free radon tests to individuals using NDQuits between February 2021 and 2023. There were 75 radon tests sent in for testing. More than one-third of the test results were ≥ 4.0 pCi/L, the action level recommended by the EPA.

Only one in five respondents reported knowing that radon caused lung cancer. A brief article highlighting these results was published in Preventive Medicine.[12]

NDQuits Cessation grantee integrates TTS into cancer care

The TTS at Jamestown Regional Medical Center are integrating nicotine dependence treatment into the cancer center as part of a collaboration with the current NDSU DNP student's dissertation project. Further, one TTS was accepted to a training at Kettering Cancer Center in fall 2024.



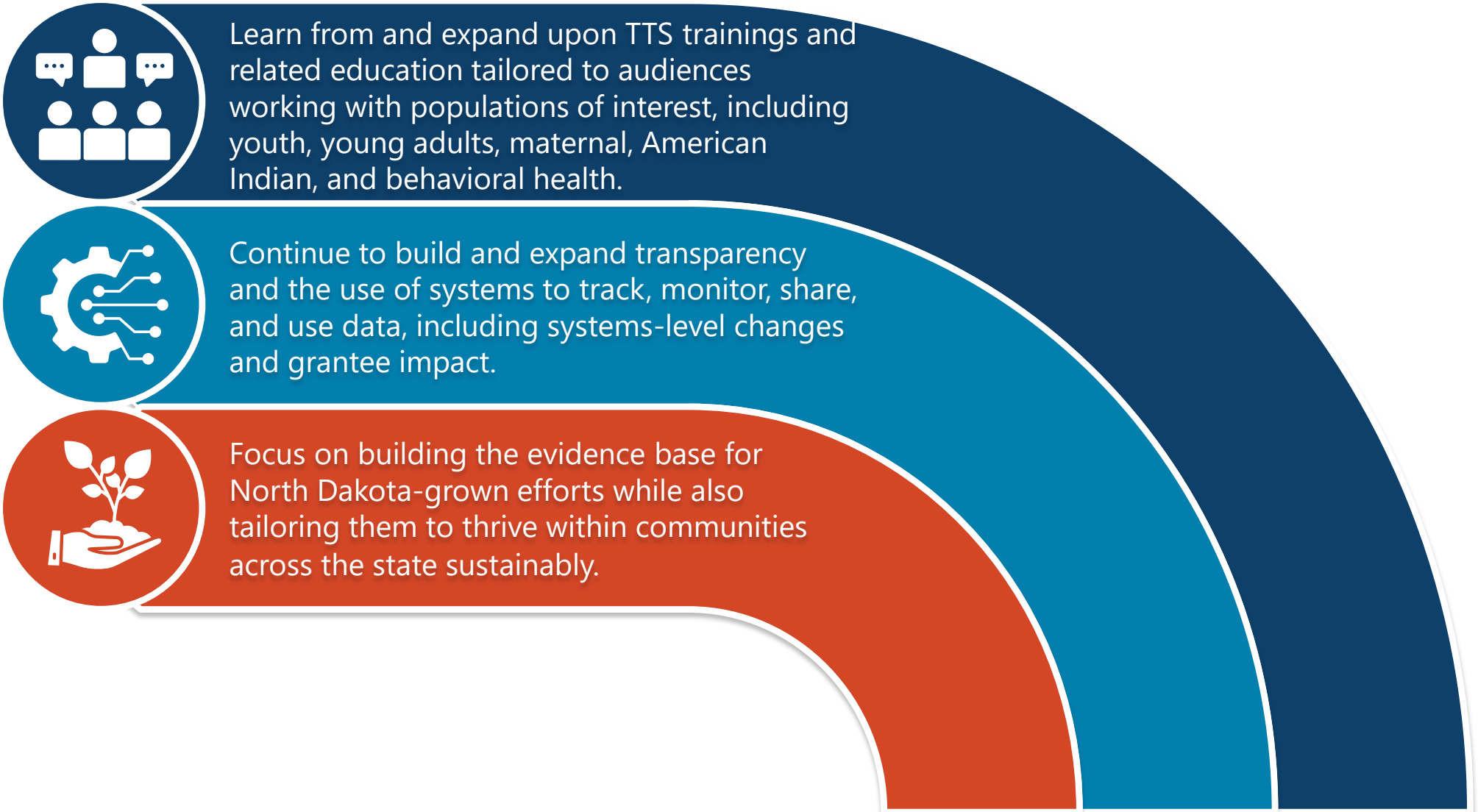
Jamestown Regional Medical Center TTS staff

[11] Bhattarai, K. (2024). A practice improvement project improving nicotine dependence treatment in a Doctor of Nursing Practice Program. Dissertation, NDSU.

[12] Schmitz D, Klug MG, Schwartz GG. Short Communication: Radon testing via a state tobacco quitline. Prev Med Rep. 2024 Apr 20;42:102738. doi: 10.1016/j.pmedr.2024.102738. PMID: 38689887; PMCID: PMC11059320

SUMMARY AND RECOMMENDATIONS

North Dakota TPCP has made notable progress on expanding access to nicotine dependence treatment across the state, using data to monitor how well efforts are working as tobacco product use shifts and ensuring populations of interest are being reached. Key recommendations to continue this progress are included below.



2025 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

HB 1012
1/20/2025

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

2:18 p.m. Chairman J. Nelson called the hearing to order.

Members Present: Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Berg, Mitskog, Murphy, O' Brien, Wagner.

Discussion Topics:

- Vital Records
- Special Projects and Health Analytics
- Data Modernization Unit
- Surveillance and Data Management
- Budget request
- State Laboratory Infrastructure
- Community Support
- Budget review

2:19 p.m. Tracy K. Miller, Director, State Epidemiologist, Health and Human Services, testified and presented a department overview #30163.

2:24 p.m. Dirk Wilke, Interim Health and Human Services Commissioner, spoke to federally funded CDC positions #30163.

2:25 p.m. Tracy K. Miller, Director, State Epidemiologist, Health and Human Services, continued with testimony #30163, #30287, #30284.

2:52 p.m. Kodi Pinks, Director, Surveillance and Data Management, Health and Human Services, spoke to toxicology deaths #30284.

2:53 p.m. Tracy K. Miller, Director, State Epidemiologist, Health and Human Services, continued with testimony #30163, #30284.

3:06 p.m. Donna Aukland, Chief Financial Officer, Health and Human Services, spoke to federally funded grants #30163.

3:16 p.m. Tracy K. Miller, Director, State Epidemiologist, Health and Human Services, continued with testimony #30163.

3:38 p.m. Christie Massen, Director, Laboratory Services, Health and Human Services, testified and presented a department overview # 30052.

3:49 p.m. Dirk Wilke, Interim Health and Human Services Commissioner, spoke to the repurposing of existing lab building #30052.

3:50 p.m. Christie Massen, Director, Laboratory Services, Health and Human Resources, continued with testimony #30052.

3:53 p.m. Karol Riedman, Assistant Chief Financial Officer, Health and Human Services spoke to rent of the new laboratory #30052.

3:54 p.m. Christie Massen, Director, Laboratory Services, Health and Human Resources, continued with testimony #30052.

4:03 p.m. Chairman J. Nelson adjourned the hearing.

Jan Kamphuis, Committee Clerk

#30052



HB1012 Laboratory Services Detail

Christie Massen, PhD, MS, MLS(ASCP)

January 2025

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Our **Vision**

North Dakota is the healthiest state in the nation.

Our **Mission**

HHS fosters positive, comprehensive outcomes by promoting economic, behavioral and physical health, ensuring a holistic approach to individual and community well-being.

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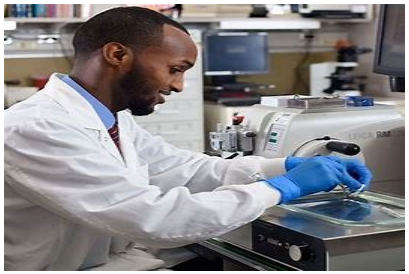
Section Overview



Who we are

- Medical Laboratory Technicians (MLT)
- Medical Laboratory Scientists (MLS)
- There are 1156 current licensees.



Our role

- Provide reference tests for clinics and hospitals
- Assist in outbreak detection and investigation



Services

- Human Diagnostic Tests
- Animal Tests
- Biothreat Response
- Environmental Tests
- Outbreak Response



Partners | Providers

- Clinic and Hospital Laboratories
- Local Public Health
- Veterinary Clinics
- Center for Disease Control and Prevention

LABORATORY SERVICES ORGANIZATIONAL CHART

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Section Director
Christie Massen, PhD, MLS(ASCP)

CLIA LABORATORY DIRECTOR
Laurie Linz, MD

BIOTERRORISM DIRECTOR
Stacey Alexander, MLS(ASCP)

- Erin Buehler, MLS(ASCP) — Laboratory Scientist
- Maggie Kukluk MLS(ASCP) — Laboratory Scientist
- Robert King MLT(ASCP) — Laboratory Scientist
- Wendy Vance, MLT(ASCP) — Laboratory Scientist

GENERAL MICROBIOLOGY DIRECTOR
LISA WELL, MLS(ASCP)

- Renee Snyder — Laboratory Analyst
- BreAnn Schultz, MLS(ASCP) — Laboratory Scientist
- Jennifer Lemer, MLS(ASCP) — Laboratory Scientist

QUALITY MANAGEMENT DIRECTOR
HEATHER SEASE, MLS(ASCP)

- Steve Flemmer — Administrative Assistant
- Jody McKee — Administrative Assistant
- Brett Stenberg, MLS(ASCP) — Laboratory Scientist
- Russell Meidinger, MLT(ASCP) — Laboratory Scientist
- Miranda Silbernagel* — Laboratory Support

SPECIAL MICROBIOLOGY DIRECTOR
KRISTIE SCHWARZKOPF, MLS(ASCP)

- Bruce Bjelland — Facility Manager
- Ashley Schuck, MS, MLS(ASCP) — Laboratory Scientist
- Kristi Bullinger, MS, MLS(ASCP) — Laboratory Scientist
- Lisa Wingerter, MLS(ASCP) — Laboratory Scientist
- Robin Ehrichs MLS(ASCP) — Laboratory Scientist
- Sarah Lawler, MLS(ASCP) — Laboratory Scientist
- Dawn Wilhelmi, MLT(ASCP) — Laboratory Scientist
- Patrick Kennelly — Laboratory Support
- Jared Rustad* — Laboratory Support

* Denotes Temporary Position

Laboratory Services Section:

Team Structure and Function

Section Name			
23-25 FTE	**25-27 FTE Requested**	**# of Temporary**	**# of Vacancies**
24.15	*24.15*	*4*	*0*

Average Age	*46*
Avg Years of Service	*12*
Retirement Risk	*12*
Turnover 2023	*0%*
Turnover 2024	*4%*

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Successes in the last year

- Began construction on new laboratory building
- Expanded COVID analyzers to additional test services
- Validated 47 new test methods
- Implemented a digital visitor sign in software system
- Improved waste-water test services
- Performed 176,723 diagnostic human tests



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Strategies driving budget



Improving Infrastructure

- State-of-the-art facility
- Reduction of rented warehouse space
- Expansion opportunities to close gaps in services available



Build community support

- Wastewater disease surveillance
- Outbreak investigation support
- Increased courier services across ND


STATE OF NORTH DAKOTA | STATE LABORATORY

State Laboratory Request

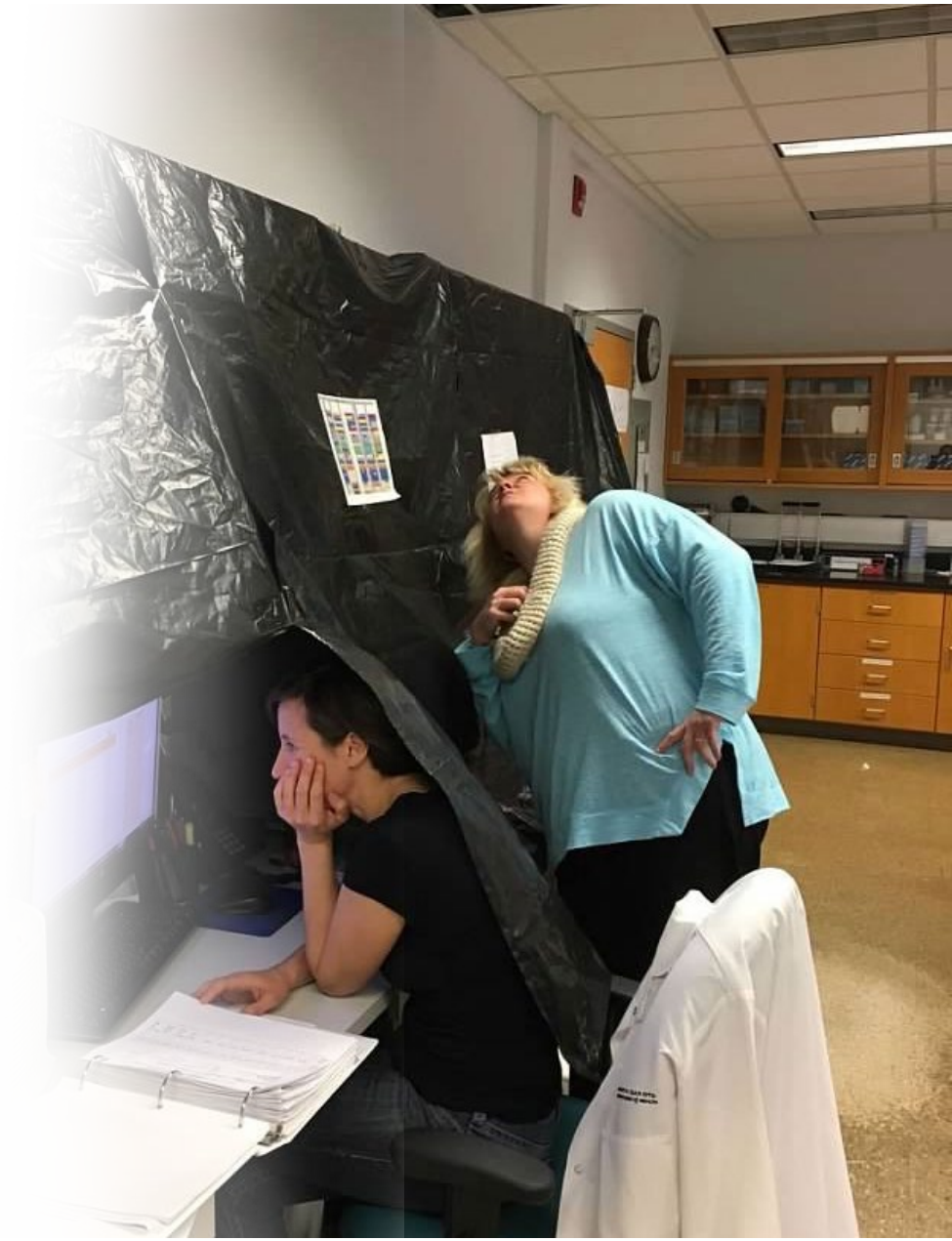
Current facility

The original building was built in 1974.
The addition was built in 2004.
Temporary trailers were added during the pandemic response to support testing needs in the state.

New State Lab

Regional, Ready & Responsive

Will increase the ability to be agile and to respond to changing demands in our region, increase the emergency preparedness of the laboratory, and allow for an expanded test menu in areas of toxicology, chemistry and hematology services.



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Ground-Breaking Ceremony



Beam Signing Ceremony

Budget review



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Comparison of budgets and funding

By Major Expense

DESCRIPTION	2023-25 BASE BUDGET	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION
Salaries and Benefits	$ 8,130,482	$ (2,503,636)	$ 5,626,846
Operating	26,413,120	33,763,021	60,176,141
IT Services	428,633	(60,644)	367,989
Capital Asset Expense	189,000	(89,000)	100,000
Capital Assets	775,000	857,818	1,632,818
Grants	10,000,000	(10,000,000)	-
TOTAL	**$ 45,936,235**	**$ 21,967,559**	**$ 67,903,794**
GENERAL FUND	**$ 4,575,563**	**$ 590,340**	**$ 5,165,903**
FEDERAL FUNDS	**39,726,760**	**18,613,047**	**58,339,807**
OTHER FUNDS	**1,633,912**	**2,764,172**	**4,398,084**
TOTAL FUNDS	**$ 45,936,235**	**$ 21,967,559**	**$ 67,903,794**

Decision Package Detail

By Ongoing, One-Time and Funding Source

Non-Fatal Toxicology Services

- $251,500 is one-time funding:
  - $151,500 General Fund
  - $100,00 Special Funds – Public Health Operating Fund

New Public Laboratory Transition Related Expenses

- $2,962,304 one-time funding is Strategic Investment and Improvement Funds (SIIF)

Executive Compensation Plan

- $241,860 ongoing General Fund

Comparison of budgets and funding

By Budget Account Code

DESCRIPTION	2023-25 BASE BUDGET	INCREASE/ (DECREASE)	2025-27 Executive Budget Recommendation
511x Salaries - Regular	$ 3,063,653	$ 307,311	$ 3,370,964
513x Salaries Temp	3,481,186	(2,977,102)	504,084
514x Salaries Overtime	36,501	(14,971)	21,530
516x Salaries Benefits	1,549,142	181,126	1,730,268
TOTAL SALARIES & BENEFITS	**$ 8,130,482**	**$ (2,503,636)**	**$ 5,626,846**
52x Travel	59,300	(2,300)	57,000
53x Supply	109,470	(26,307)	83,163
54x Postage & Printing	251,997	68,921	320,918
55x Equipment under $5,000	6,300	27,951	34,251
56x Utilities	586,920	295,632	882,552
58x Rent/Leases - Bldg/Equip	96,545	823,687	920,232
59x Repairs	3,231,126	180,033	3,411,159
61x Professional Development	33,746	7,720	41,466
62x Fees - Operating & Professional	22,037,716	32,387,684	54,425,400
53x Supplies	104,697	12,840	117,537
60x IT Expenses	323,936	(73,484)	250,452
68x Extraordinary Repairs	189,000	(89,000)	100,000
68x Land, Building, Other Capital	(0)	565,644	565,644
69x Equipment Over $5,000	775,000	292,174	1,067,174
71x Grants, Benefits, & Claims	10,000,000	(10,000,000)	-
TOTAL OPERATING	**$ 37,805,753**	**$ 24,471,195**	**$ 62,276,948**
TOTAL	**$ 45,936,235**	**$ 21,967,559**	**$ 67,903,794**

Operating Schedule

DESCRIPTION	2023-25 BASE BUDGET	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE/ (DECREASE)
Operating-Disposal landfill/hazordous materials/shredding/service awards	$ 7,560	$ 10,060	$ 2,500
Laboratorian state license & certification fees	4,000	2,000	(2,000)
Veterinary diagnostic lab analysis/Chemical hoods service/Hood Repair	26,632	3,000	(23,632)
Public Health Core Decision Package - Moving Costs	-	1,505,000	1,505,000
Testing & Collection - Nursing License, Misc	2,500	-	(2,500)
Association of Public Health Laboratories (APHL)/Lab proficiency testing	27,000	27,000	-
Legal fees - Attorney General	15,000	15,000	-
Laboratory Supplies for the Lab	1,695,054	1,873,456	178,402
COVID Laboratory supplies for the Lab	20,259,970	50,989,884	30,729,914

GENERAL FUND	**$ 743,518**	**$ 1,475,131**	**$ 731,613**
FEDERAL FUNDS	**20,906,306**	**51,422,645**	**30,516,339**
OTHER FUNDS	**387,892**	**1,527,624**	**1,139,732**
TOTAL FUNDS	**$ 22,037,716**	**$ 54,425,400**	**$ 32,387,684**

Grants Schedule

DESCRIPTION	2023-25 BASE BUDGET	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE/ (DECREASE)
Testing & Collection - COVID Central Regional Education Association	$ 10,000,000	$ -	$ (10,000,000)
GENERAL FUND	**$ -**	**$ -**	**$ -**
FEDERAL FUNDS	**10,000,000**	**-**	**(10,000,000)**
OTHER FUNDS	**-**	**-**	**-**
TOTAL FUNDS	**$ 10,000,000**	**$ -**	**$ (10,000,000)**

Contact Information

Christie Massen PhD, MS, MLS(ASCP)
Laboratory Services Section Director
clmassen@nd.gov



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HB1012 Health Statistics and Performance Detail

TRACY K. MILLER, MPH, PHD | STATE EPIDEMIOLOGIST/SECTION DIRECTOR

JAN. 20, 2025

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Health Statistics & Performance

State Epidemiologist
- Section Director of the HSP Section

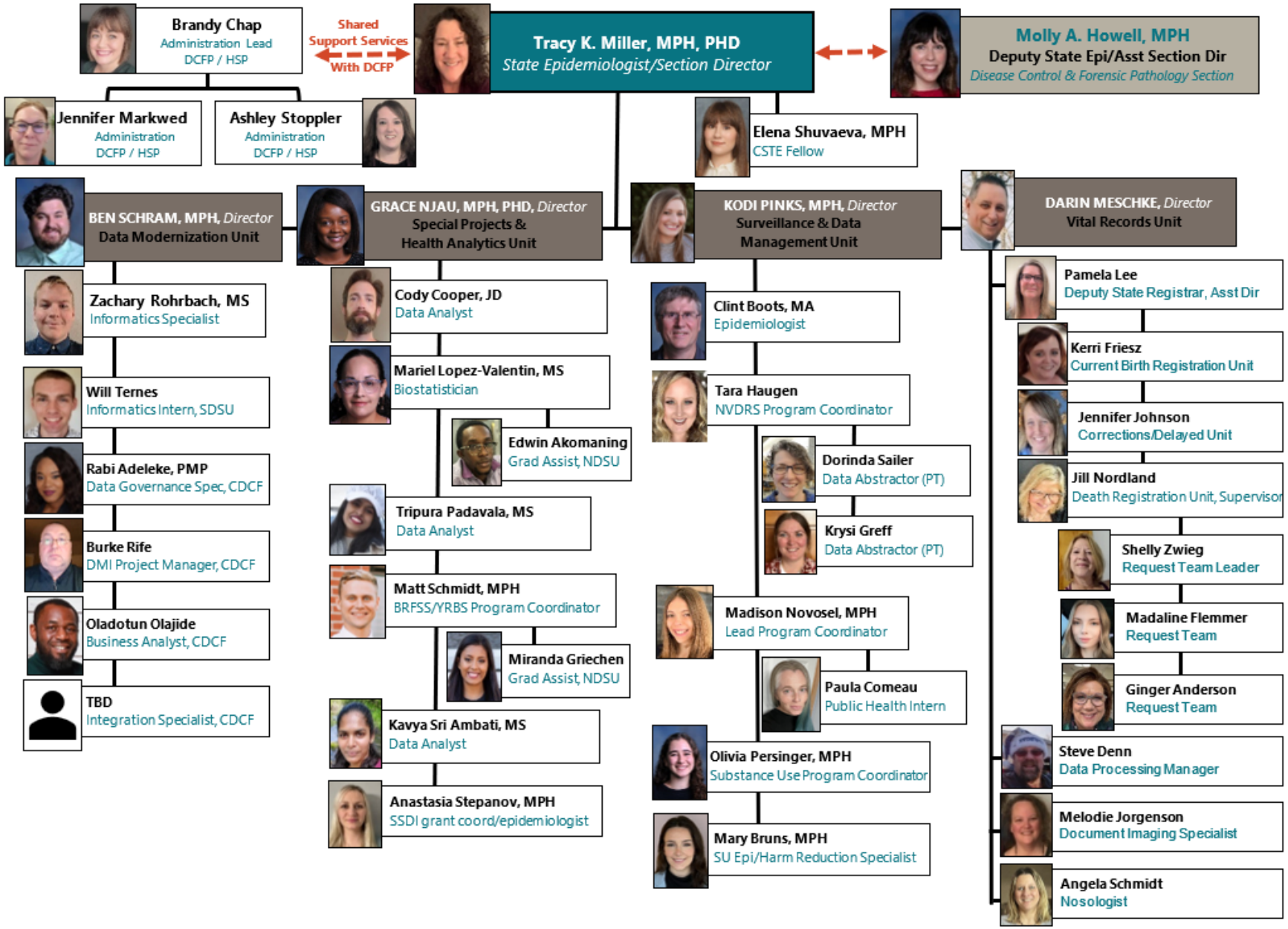
Deputy State Epidemiologist
- This position is not a part of the HSP section
- The SE and DSE have extensive ID knowledge and are usually the main points of contact for CDC and CSTE in the event of emergencies which are typically infectious disease-related. Having the DSE in the Disease Control Section ensures collaboration and timely information sharing between the two sections.

Team members in this section include:
- 5 FTE Unit Directors and Section Director
- 19 FTE Program Personnel
- 2 PT Temporary positions
- 2 FT Contract positions
- 1 FT ASTHO placement position
- 3 Shared Administration Personnel
- 1 CSTE Fellow
- 3 CDC Foundation placement positions
- 2 Graduate Assistants
- 2 Public Health Interns
- 1 current vacant position (1 CDC Foundation placement)



Health Statistics & Performance

Organizational Chart



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Health Statistics and Performance/Public Health:

Overview

Section Name			
23-25 FTE	**25-27 FTE Requested**	**# of Temporary**	**# of Vacancies**
24	*24*	*3*	*0*

Average Age	44
Avg Years of Service	12
Retirement Risk	*4%*
Turnover 2023	*10%*
Turnover 2024	*0%*

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WHO WE ARE AND WHAT WE DO

Data Modernization Office

Ben Schram, MPH



WHO WE ARE

- DATA MODERNIZATION OFFICE
- SPECIAL PROJECTS & HEALTH ANALYTICS
- SURVEILLANCE & DATA MANAGEMENT
- VITAL RECORDS

Special Projects & Health Analytics

Grace Njau, MPH, PHD



OUR ROLE

- DATA GOVERNANCE
- DATA ANALYTICS
- SURVEILLANCE AND PREVENTION
- CHRONIC DX/ENVIRON
- BIRTH & DEATHS
- FETAL DEATHS

Surveillance & Data Management

Kodi Pinks, MPH



SERVICES

- NEEDS ASSESSMENTS
- PROGRAM EVALUATIONS
- DATA TRAININGS
- STUDENT MENTORING
- INFORMATICS SUPPORT
- BIRTH/DEATH CERTIFICATES
- DATA VISUAL DEVELOPMENT

Vital Records

Darin Meschke



PARTNERS

- HOSPITALS/PHYSICIANS
- FUNERAL HOMES AND COUNTY CORONERS
- DPI/DOT
- INTERNAL DIVISIONS/ PROGRAMS
- UNIVERSITIES, SCHOOLS, COMMUNITY ACTION GROUPS

NORTH Dakota | Health & Human Services
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Vital Records







Vital Records

What We Do

- Responsible for three primary functions:
- Registration of Records
  - Births, deaths, fetal death, marriages, divorces, abortions
- Certification – Provide Certified Copies
  - Births, deaths, fetal deaths and fetal losses
- Statistics
  - National – NCHS, SSA
  - State agencies, researchers, media, legislative and public

What's NEW in Vital Records?

- Data Modernization Initiative
  - EVERS Modernization – NDIT
    - Originally implemented in 2006
  - HL7 FHIR Data Exchange – Altarum
    - Making use of existing department Rhapsody software

Vault Reconstruction

- Fire Suppression System
  - Room had to be redone to be airtight
  - Chance to reorganize vault area for efficiencies
- VR Accreditation coming in 2025.

Vital Records

Top Priorities - Now and in the next 18 Months

Now:

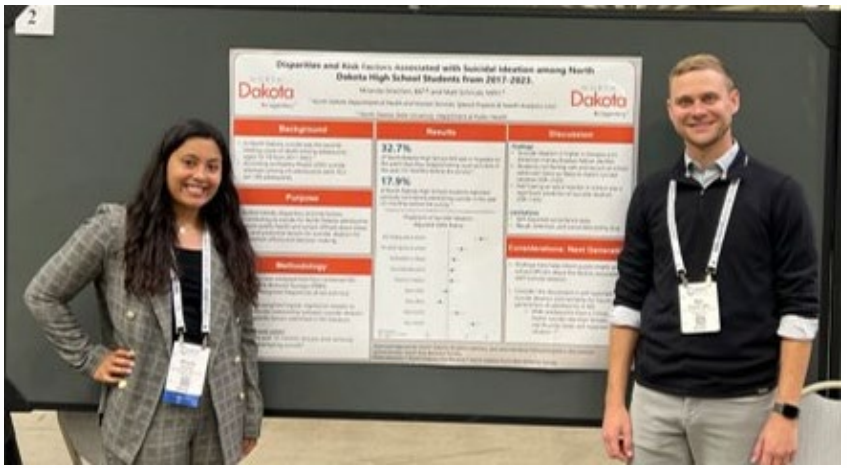
- Complete ELC Modernization – Phase 1
  - New version of EVERS and HL7 FHIR Implementation

18 Months:

- Complete VRHS Accreditation

Special Projects and Health Analytics











Special Projects & Health Analytics

What We Do

- Analytical Support, Program Evaluation and Quality Improvement of Program(s)
- Data analysis and data interpretation of special projects and emerging issues
  - Covid-19 Data Analyses and Modeling Projects
  - State Health Assessment & Improvement Plan
  - Pregnancy Risk Assessment Monitoring System
  - Youth Risk Behavior Survey
  - Behavioral Risk Factor Surveillance System
  - ND Fatherhood Survey
  - Study of Associated Risks of Stillbirth
  - MCH, Health Equity, and Other Program Evaluations

What's NEW in SPHA?

North Dakota State Health Improvement Plan

- Published in 2024 alongside the Office of Systems and Performance

Multi-Partner Health Collaborative

- Ongoing support of data-driven goals, objectives and outcomes

YRBS

- Since transition from DPI, SPHA has been implementing the Youth Risk Behavior Survey and disseminating data to other agencies, schools and communities.

ND Fatherhood Survey

- Implemented in 2024 to enhance early childhood initiatives
- Responses from 500 dads and counting

NORTH Dakota | Health & Human Services
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Special Projects & Health Analytics

Top Priorities - Now and in the next 18 Months

Now:

- Dissemination of data from studies on early childhood, youth and adulthood experiences (ND PRAMS, ND Fatherhood Survey, YRBS, BRFSS), and healthcare workforce

18 Months:

- Whole-person social and health data to inform ongoing State Health Improvement Plan initiatives, Multi-Partner Health Collaborative and the Public Health Strategic Plan

Data Modernization Unit











Data Modernization Unit

What We Do

- Lead the Public Health Division (PHD) in Data Modernization activities to establish a modern public health data ecosystem that is leveraged to equitably protect and improve health for North Dakotans and prepared for emergencies.
- Data Modernization Initiative:
  - Modernize Public Health Ecosystem
  - Advance Interoperability
  - Strengthen Data Governance

What's NEW in DM?

This office is new to the section. Established in November 2023

- Informatics Leadership and Support:
  - Provide leadership to drive the strategic goals of the Division.
  - Offer comprehensive support for informatics initiatives.
- Collaboration and Coordination:
  - Foster collaboration among internal teams and external partners.
  - Act as a liaison between the Public Health Division and relevant entities, including the North Dakota Information Technology (NDIT) and the HHS Executive Office.
  - Cultivate strong relationships with external stakeholders.
- Data Enablement and Governance Leadership:
  - Lead establishment and maintenance of robust data enablement and governance practices to ensure integrity, confidentiality, and availability of public health data.
  - Develop and enforce policies and procedures that support effective data management across the organization.

Data Modernization Unit

Top Priorities - Now and in the next 18 Months

Now:

- Collaborate with NDIT on Statewide Data Strategy Working Groups and HHS Data Strategy implementation efforts.
- Implement data literacy training program and resources for North Dakota's state, local, and tribal public health workforce

18 Months:

- Development and implementation of a modern data platform to make data more accessible, usable, and secure, improve data sharing and integration, ensure privacy and security control, and support evidence-based decision-making

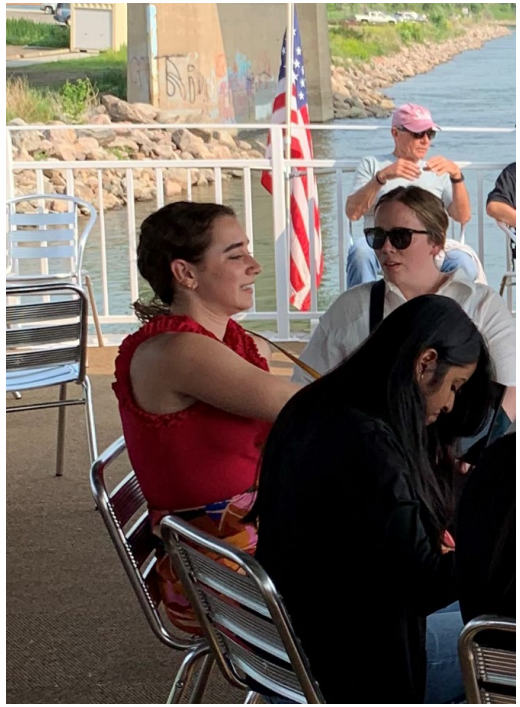
Surveillance and Data Management











Surveillance and Data Management

What We Do

- Responsible for data analysis and interpretation of non-infectious disease/conditions and injury/violence data

- Emergency room, hospital discharge and EMS data
- Health equity
- Lead Reporting Program
- Medical Marijuana
- Overdoses, suicides, homicides and other violent deaths
- Oral health, diabetes, stroke, MCH
- Trauma, stroke, and cardiac registry
- Tobacco

What's NEW in SDM?

Data Modernization Initiative

- Utilizing ADT feeds to provide electronic reportable chronic disease cases to Maven. These include autism, birth defects, NAS, FAS, non-fatal OD and suicides
- Collaboration with HIN, Rhapsody coder, Data Modernization Office, and NDIT

Lead Reporting Program

- Took on program in July 2023
- No Funding; ND one of 3 states; Current personnel funded through ASTHO. NOFO for CDC lead grant will be available summer 2026
- Currently, collaborating with ND Medicaid, Health Tracks, Refugee Health and WIC program.

Surveillance and Data Management

Top Priorities - Now and in the next 18 Months

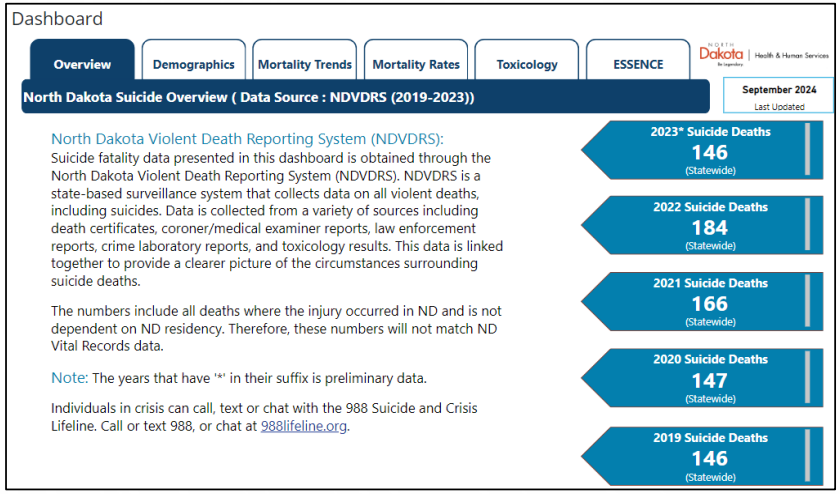
Now:

- Establish an occupation/injury surveillance program which includes data collection and analysis, and data dissemination (e.g., fact sheets, reports, and data dashboard).

18 Months:

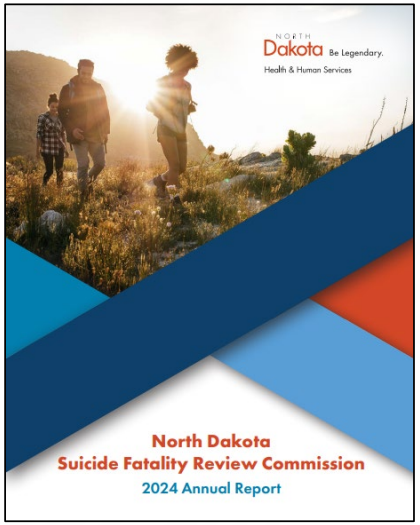
- Apply for funding to support the occupational/injury surveillance program (NIOSH's State Occupational Safety and Health Surveillance Program grant) and lead reporting program (CDC's Childhood Lead Poisoning Prevention and Surveillance of Blood Lead Levels in Children grant).

ND VIOLENT DEATH REPORTING SYSTEM (NDVDRS)



The NDVDRS links data on violent deaths (e.g., homicides, suicides, drug overdose deaths, etc.) from multiple sources into usable data.

- Data is collected from death certificates, as well as reports from coroner/medical examiner, law enforcement, crime laboratory, and toxicology results. Recently added reports from EMS and NDHIN.
- Violent deaths are mandatory reportable conditions
  - North Dakota Administrative Code 33-06-01, North Dakota Century Code 23-07-01
- Data collection started on January 1, 2019. Years with completed data are 2019-2022.



- Each year ND has ranked high for data quality and completeness. Across all 14 performance indicators, North Dakota scored an excellent with each indicator.
- Besides our first year, in which ND ranked 11th, ND has ranked in the top 5 of the nation for data quality and completeness.
- Data collected by this program is widely requested by various agencies because of the credibility of the data.
  - Recovery Reinvented
  - Suicide Fatality Review Commission
  - Military (VA, National Guard, ND Cares, etc.)
  - NDSLIC, LPH, HIDTA, etc.
- Partner with HHS's Division of Behavioral Health to help provide data for action.

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SUCCESSES IN THE LAST YEAR

OUR GOLD STARS!!

- SPHA:
  - SHA/SHIP/MPHC SUPPORT
  - 500 DADS AND COUNTING (NDFS)
- DMO – NEW NOV 2023
  - AWARDED 4 FTES THROUGH CDC FOUNDATION WORKFORCE ACCELERATION INITIATIVE (WAI)
  - HOSTED DATA STRATEGY AND ENABLEMENT WORKSHOP WITH PH DATA STEWARDS
- SDM
  - NVDRS 5TH IN NATION ON DATA COMPLETENESS AND TIMELINESS
  - LEAD PROGRAM DASHBOARD INDICATED TO BE THE GOLD STANDARD
- VITAL RECORDS
  - COMPLETED NEW FIREPROOF VAULT
  - BEGAN ACCREDITATION



Makenna Murray – Great Niece of Tracy Miller



AREAS FOR IMPROVEMENT

- INCREASE VISIBILITY OF AVAILABLE DATA
- IMPROVE PROCESS FOR DASHBOARD REVIEW
- IMPROVE DATA EXCHANGE WITH TRIBES
- INCREASE/IMPROVE INTERACTIONS WITH NON-PH PROGRAMS IN HHS
- ENSURING WORKFORCE IS GETTING THE NEEDED TRAINING

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SMART STRATEGIES TO IMPROVE SECTION OUTPUT AND DRIVE BUDGET

BUILD COMMUNITY SUPPORT

- SHIP/MPHC
- SUICIDE PREVENTION COALITION
- TRIBAL DATA USE AGREEMENTS
- LOCAL PUBLIC HEALTH COMMUNITY HEALTH ASSESSMENT DASHBOARD

INCREASE ACCESS POINTS

- AUTOMATED DATA OPTIONS
- INTEROPERABILITY
- PUBLIC USE DATA SETS
- TRAININGS

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BUDGET REVIEW



Emree Pinks – Daughter of Kodi Pinks

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COMPARISON OF BUDGETS AND FUNDING

BY MAJOR EXPENSE

Description	2023-25 BASE BUDGET	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION
Salaries and Benefits	$ 5,000,983	$ 1,546,547	$ 6,547,530
Operating	2,541,105	3,405,690	5,946,795
IT Services	3,138,204	782,772	3,920,976
Capital Asset Expense	-	-	-
Capital Assets	60,980	(60,980)	-
Grants	1,456,000	2,138,353	3,594,353
Total	**$ 12,197,272**	**$ 7,812,382**	**$ 20,009,654**
GENERAL FUND	**$ 807,958**	**$ 364,835**	**$ 1,172,793**
FEDERAL FUND	**8,311,108**	**7,069,273**	**15,380,381**
OTHER FUND	**3,078,206**	**378,274**	**3,456,480**
GRAND TOTAL	**$ 12,197,272**	**$ 7,812,382**	**$ 20,009,654**

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DECISION PACKAGE DETAIL
BY ONGOING, ONE-TIME AND FUNDING SOURCE

- Executive Compensation Package
  - $259,786 General Fund

COMPARISON OF BUDGETS AND FUNDING

BY BUDGET ACCOUNT CODE

DESCRIPTION	2023-25 BASE BUDGET	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION
511x Salaries - Regular	$ 2,709,856	$ 299,584	$ 3,009,440
513x Salaries Temp	903,609	1,051,891	1,955,499
516x Salaries Benefits	1,387,519	195,072	1,582,591
Total Salaries & Benefits	**$ 5,000,983**	**$ 1,546,547**	**$ 6,547,530**
52x Travel	88,538	9,062	97,600
53x Supply	85,837	-	85,837
54x Postage & Printing	266,048	-	266,048
55x Equipment under $5,000	30,800	-	30,800
58x Rent/Leases - Bldg/Equip	151,418	18,000	169,418
59x Repairs	13,119	867	13,986
61x Professional Development	55,371	143,400	198,771
62x Fees - Operating & Professional	1,849,974	3,234,361	5,084,335
53x Supplies	549,066	-	549,066
60x IT Expenses	2,589,138	782,772	3,371,910
69x Capital Assets Over $5,000	60,980	(60,980)	-
71x Grants, Benefits, & Claims	1,456,000	2,138,353	3,594,353
Total Operating	**$ 7,196,289**	**$ 6,265,835**	**$ 13,462,124**
Total	**$ 12,197,272**	**$ 7,812,382**	**$ 20,009,654**

OPERATING SCHEDULE

DESCRIPTION	2023-25 BASE BUDGET	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE/ (DECREASE)
Vital Records			
Public Health Stats and Info National Assoc	$ 26,000	$ 35,000	$ 9,000
Accreditation	29,749	26,500	(3,249)
Office of State Epidemiologists			
Shredding	1,082	-	(1,082)
Statistical Package for Social Sciences (SPSS)	-	2,500	2,500
Coroner Surveys	10,000	12,500	2,500
ArcGIS	-	3,000	3,000
Other	7,763	3,345	(4,418)
Behavorial Risk Factor Surveilliance System (BRFSS)	991,430	1,287,540	296,110
Pregnancy Risk Assesment Monitoring System (PRAMS)	100,000	100,000	-
Natiolnal Violent Death Reporting System (NVDRS)	60,000	60,000	-
National Insutitute for Occupational Safety and Health (NIOSH)	210,000	210,000	-

OPERATING SCHEDULE (CONTINUED)

DESCRIPTION	2023-25 BASE BUDGET	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE/ (DECREASE)
Office of State Epidemiologists (Continued)			
Other	22,450	22,450	-
North Dakota Health Information Network (NDHIN)	369,000	369,000	-
Youth Risk Behavioral Surveillance System (YRBS)	-	120,000	120,000
Injury	-	100,000	100,000
MoxieIT	-	310,000	310,000
Nexus Innovations	-	300,000	300,000
Large Project Oversight	-	100,000	100,000
Public Health Infrastructure Grant Projects	-	2,000,000	2,000,000
Medical Examiner Supplies	22,500	22,500	-
			-

GENERAL FUND	$ -	$ -	$ -
FEDERAL FUND	1,794,225	5,022,835	3,228,610
OTHER FUND	55,749	61,500	5,751
GRAND TOTAL	$ 1,849,974	$ 5,084,335	$ 3,234,361

GRANTS NOT ON WALKTHROUGH

DESCRIPTION	2023-25 BASE BUDGET	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE/ (DECREASE)
Office of State Epidemiologists			
Pregnancy Risk Assessment Monitoring System (PRAMS)-Survey	$ 325,000	$ 364,353	$ 39,353
PRAMS-Tribal Nations Research Group/Tribal	20,000	25,000	5,000
PRAMS-Survey Supplement	50,000	55,000	5,000
Youth Risk Behavorial Health Survelliance System (YRBS) - Survey	200,000	225,000	25,000
National Violent Death Reporting System (NVDRS)	30,000	30,000	-
Health Disparities	700,000	595,000	(105,000)
Enhanced Capacities	131,000	-	(131,000)
National Insutitute for Occupational Safety and Health (NIOSH)	-	100,000	100,000
Blood Lead Program	-	100,000	100,000
Injury	-	100,000	100,000
Public Health Infrastructure Grant Projects	-	2,000,000	2,000,000

GENERAL FUND	**$ -**	**$ -**	**$ -**
FEDERAL FUND	**1,456,000**	**3,594,353**	**2,138,353**
OTHER FUND	**-**	**-**	**-**
GRAND TOTAL	**$ 1,456,000**	**$ 3,594,353**	**$ 2,138,353**

THANK YOU

We “Woody” be happy to answer any questions.

Tracy K. Miller, MPH, PHD
tkmiller@nd.gov
(don’t forget the k) ☺

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Unintentional Drug Overdose Deaths
2024 Legislative Report

*Preliminary Data for 2022, 2023 and 2024
**Data through July 31, 2024

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Substances Involved in Drug Overdose Deaths 2019-2024*

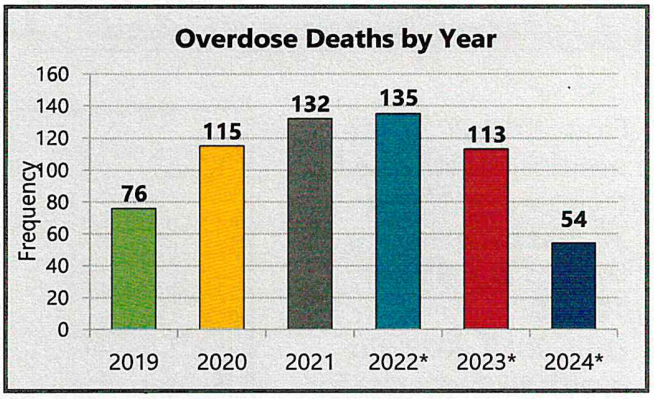
- **630** Total Number of Unintentional Drug Overdose Deaths[1]
- **490** Opioids
- **403** Fentanyl
- **347** Amphetamines
- **190** Alcohol
- **186** Marijuana
- **93** Benzodiazepines

[1]More than one substance may be present in a single case, so subsets will not equal the total.

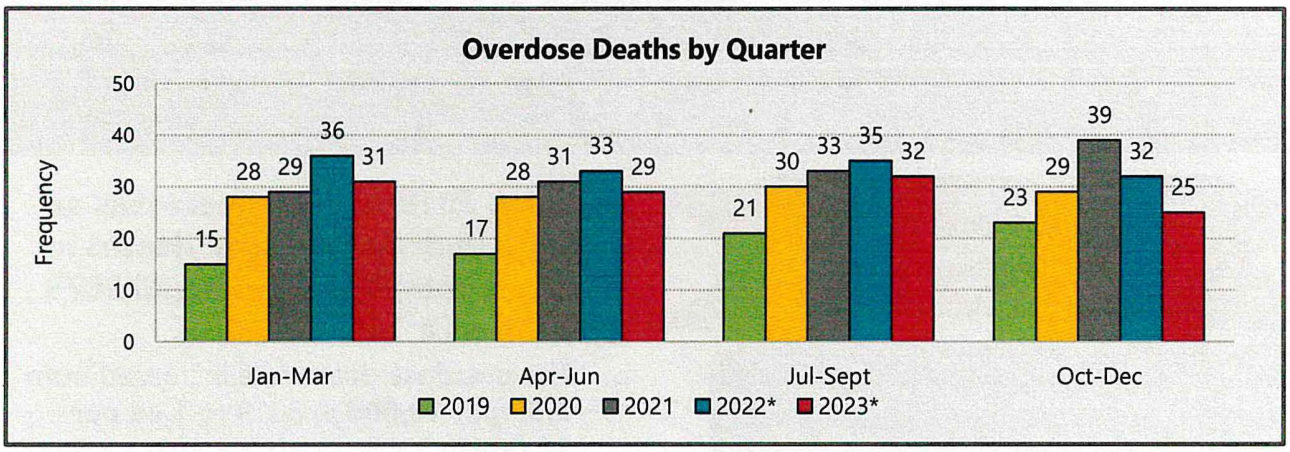
Majority of the deaths had more than one substance (polysubstance) identified in the toxicology results. The most common two-substance combination were **opioids and amphetamines (37%)**.

Between 2019 to 2022 there was an increase in drug overdose deaths in North Dakota, but provisional 2023 data shows a 16% decrease.

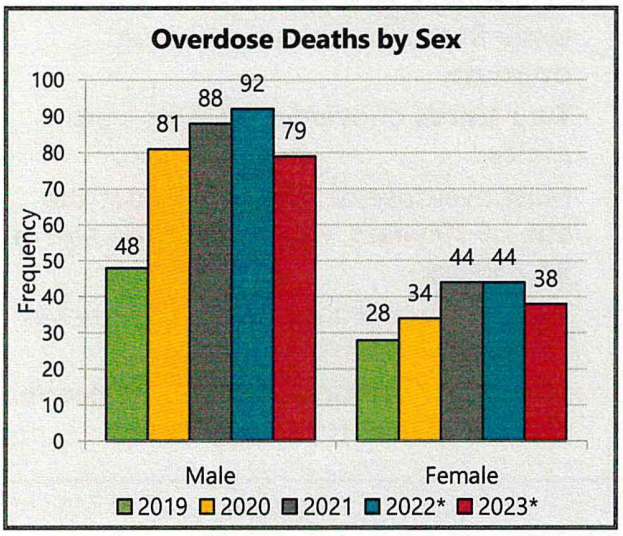
- The overdose death rate increased from **0.98 per 10,000** in 2019 to **1.44 per 10,000** in 2023, which is a **48% increase** during that five-year time period.
- On average, **2** North Dakotans **die each week** from an unintentional drug overdose.
- **Two-thirds** of overdose deaths were **males**.
- Most overdose deaths were **under the age of 39 years,** with an **average age** of **37.2 years**.
- **74%** of the overdose deaths occurred at **home or an apartment**.
- **30%** of the overdose deaths had **alcohol present** in their toxicology results.

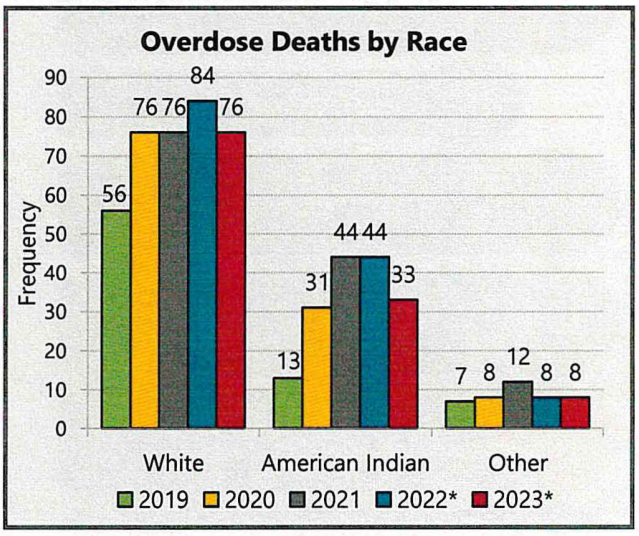


*The data from this report comes from the **North Dakota Violent Death Reporting System (NDVDRS)**. NDVDRS is a CDC funded, state-based surveillance program that collects data on all violent deaths (homicides, suicides, accidental firearm deaths, deaths of undetermined intent, deaths from legal intervention, and terrorism). NDVDRS collects data on violent deaths from a variety of sources including death certificates, coroner/medical examiner reports, law enforcement reports, crime laboratory reports, and toxicology results. Although not funded through this program, unintentional drug overdose death information is also collected and investigated as time allows.*

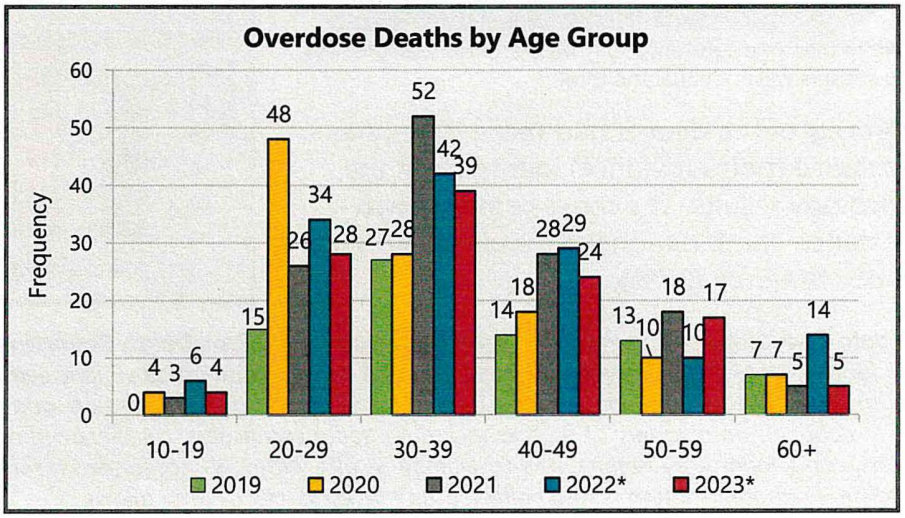


Demographic Characteristics of Unintentional Drug Overdose Deaths

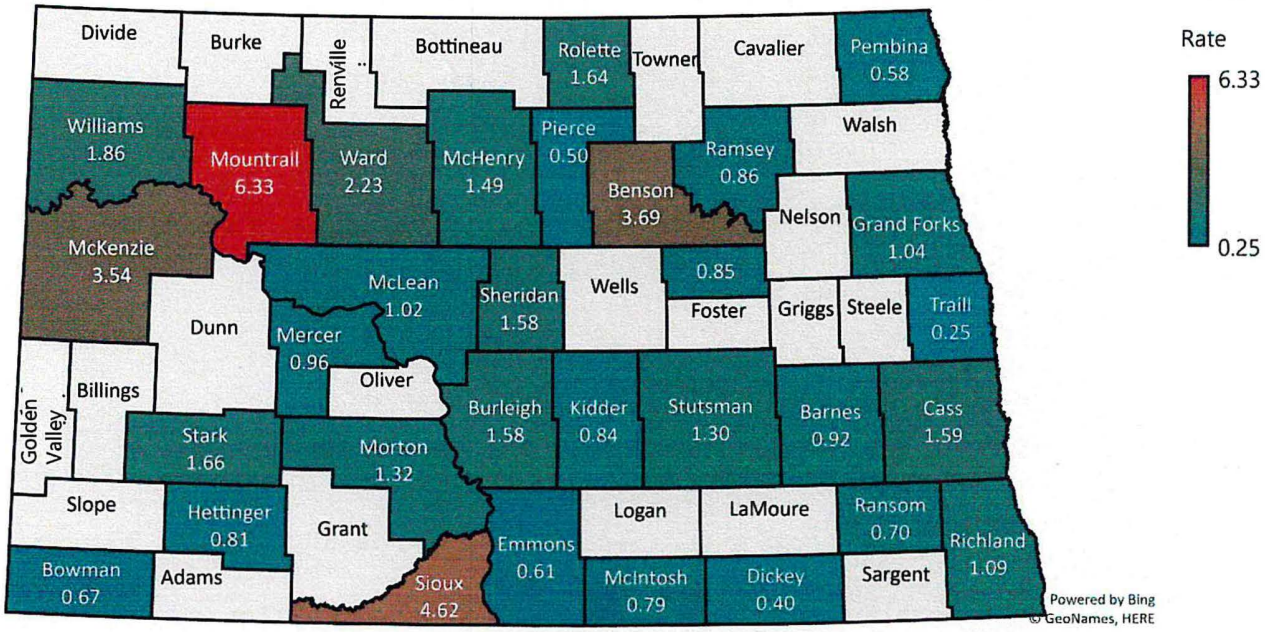




- From 2019-2023, the overdose death rate for males was **1.95 per 10,000** compared to females at **0.99 per 10,000**.
- From 2019-2023, the overdose death rate for the American Indian (AI) population was **8.48 per 10,000** compared to the White population at **1.14 per 10,000**.



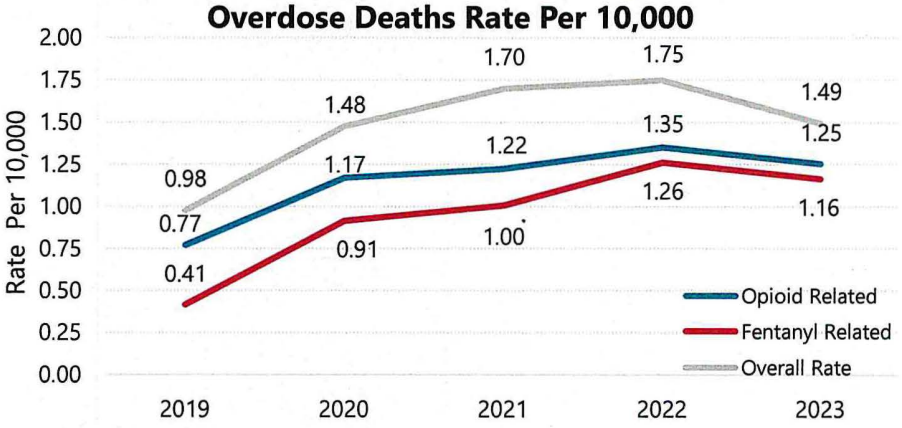
Overdose Deaths per 10,000 by County where Injury Occurred, 2019-2023



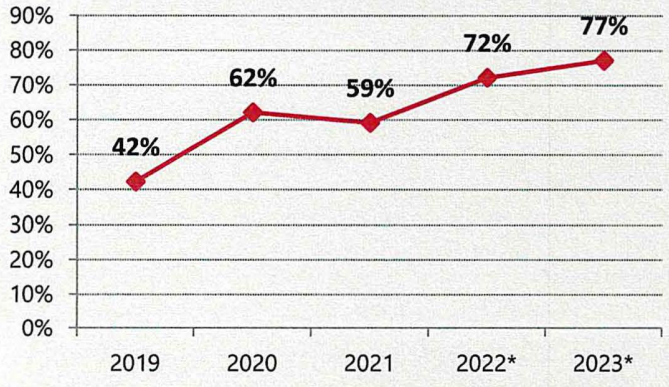
33 counties in North Dakota (ND) have recorded an overdose death since 2019.

Mountrail, Sioux, and **Benson** Counties have the highest rates of overdose deaths in ND since 2019 with over **2x** the state overdose death rate.

Overdose Deaths Rate Per 10,000



Fentanyl-Involved Deaths by Year



Fentanyl-Involved Overdose Deaths

Fentanyl-involved overdose deaths have risen significantly since 2019 to as high as **1.26 per 10,000 in 2022**. Since 2019, **64%** of the overdose deaths had Fentanyl present in their toxicology results.

Another emerging threat is xylazine; a non-opioid tranquilizer that is combined with fentanyl. Since 2019, ND has had **13 xylazine-positive** overdose deaths

Data source: North Dakota Violent Death Reporting System (NDVDRS); U.S. Census Bureau, Population Division

North Dakota Violent Death Reporting System Suicide Data

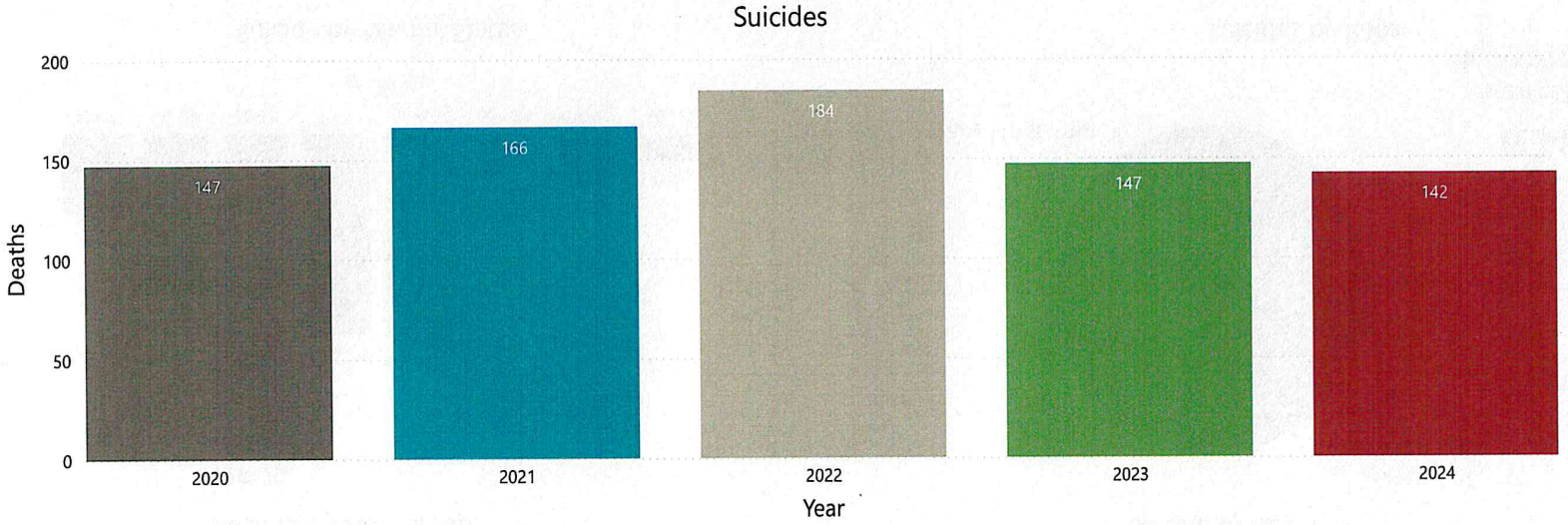
Data Notes: Finalized Data for 2019-2022

*Preliminary Data for 2023 and 2024

Numbers represent both ND residents and Out-of-State residents where initial injury occurred in ND

Data Source: Health Statistics and Performance

Last Updated: January 14, 2025



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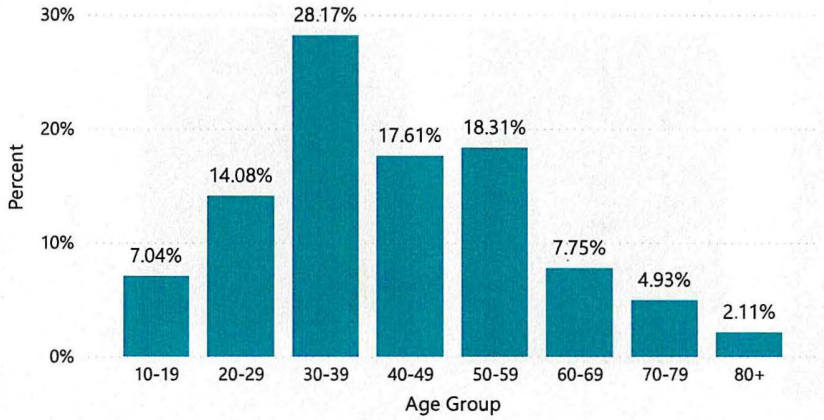
To learn more about the National Violent Death Reporting System, please visit:
www.cdc.gov/violenceprevention/datasources/nvdrs/index.html

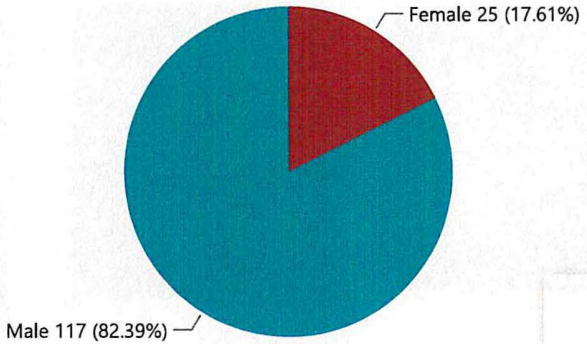
Overview | Demographics | Trends | Education | Injury Type | Location | Method | Toxicology | Circumstances | ESSENCE | Attempts | Attempts Map | Ideation

NDVDRS Suicide Demographics 42 Average Age All 2024 142 Suicides

Suicides by Age Group

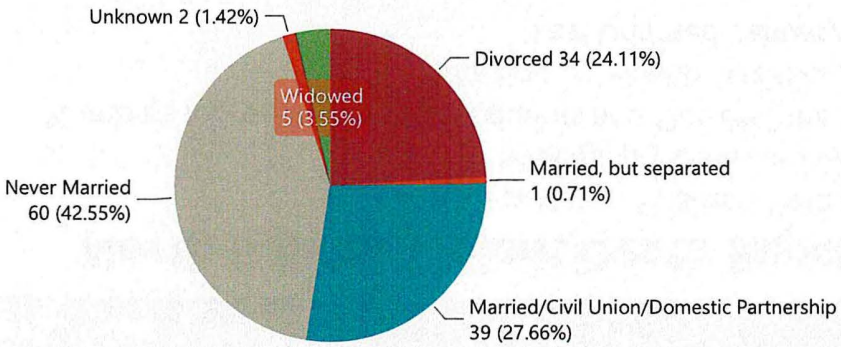


Suicide by Sex

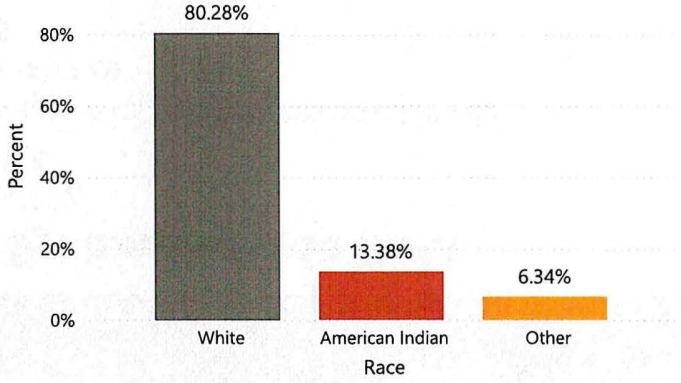


6.34%
Hispanic Ethnicity

Suicide by Marital Status



Suicides by Race



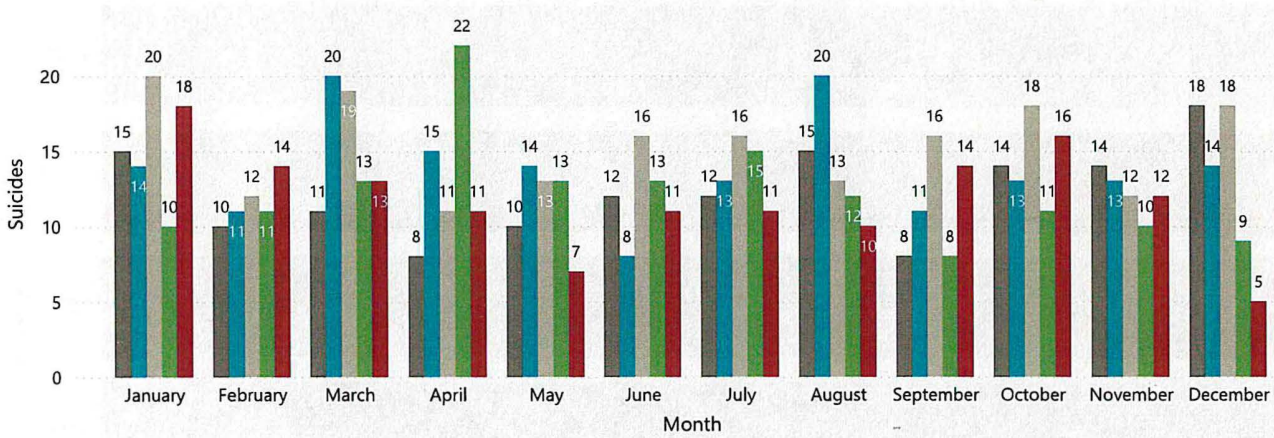
Overview | Demographics | Trends | Education | Injury Type | Location | Method | Toxicology | Circumstances | ESSENCE | Attempts | Attempts Map | Ideation

NDVDRS Suicide Trends

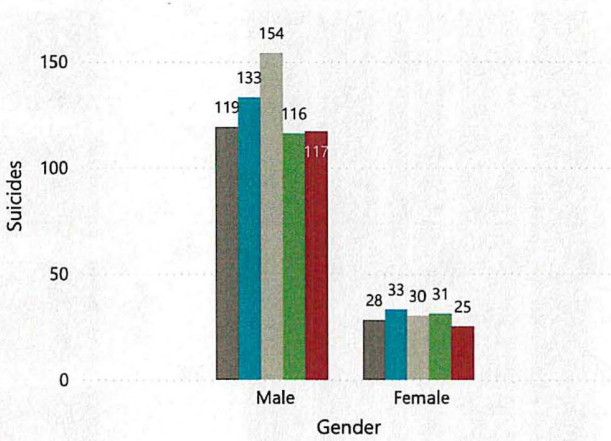
All

786 Suicides

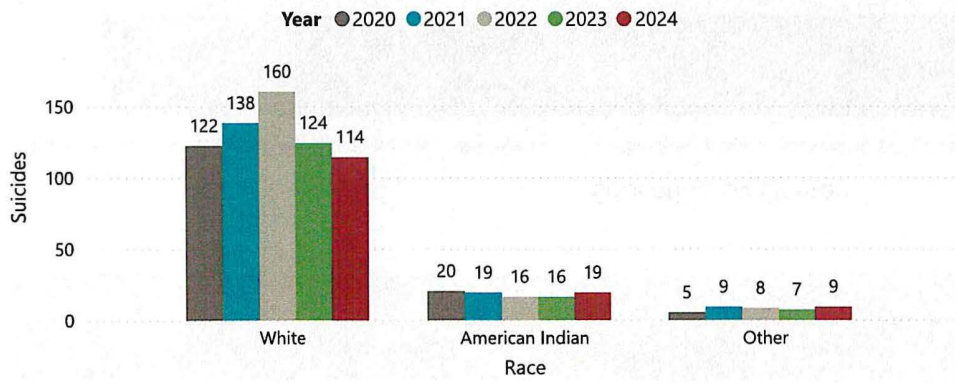
North Dakota Suicides



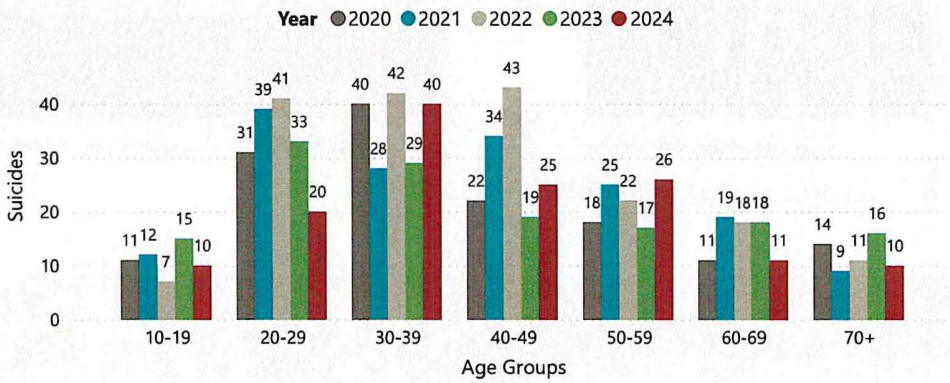
Suicide by Sex



Suicides by Race



Suicides by Age Group



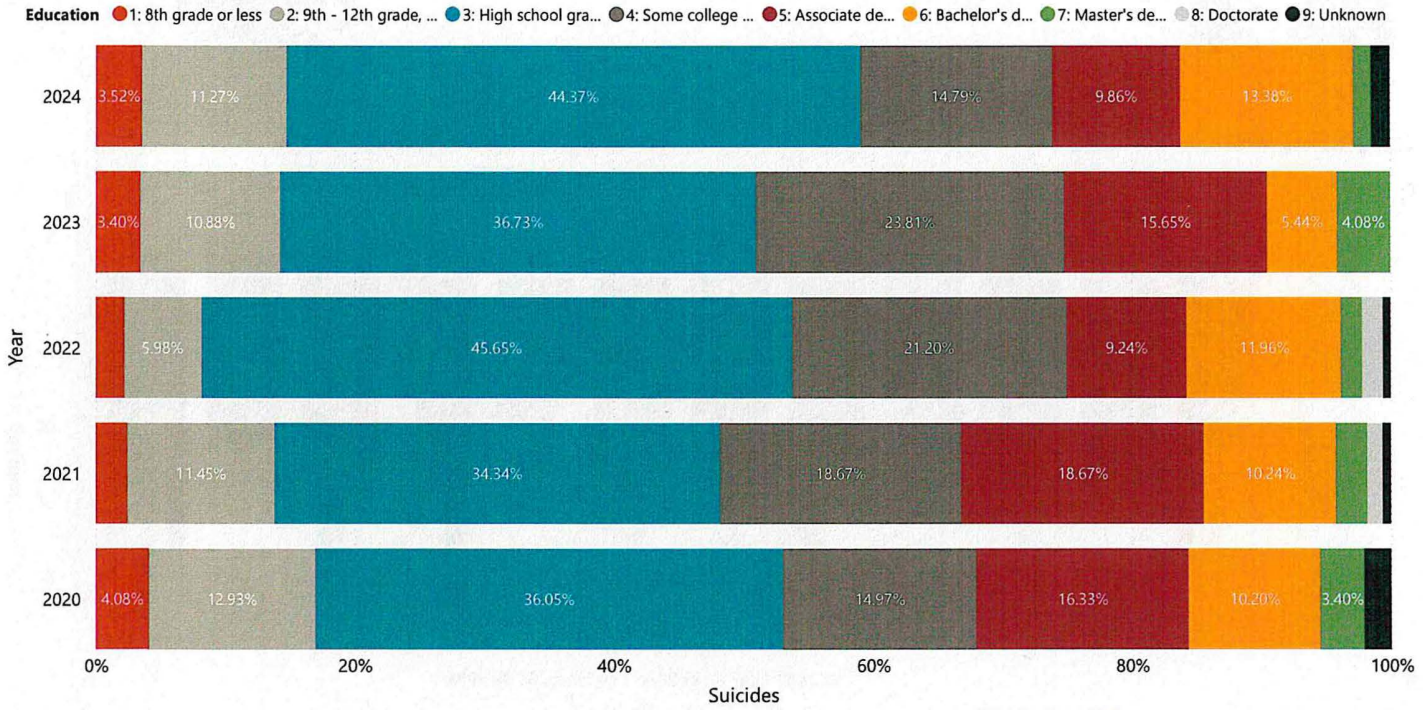
Overview | Demographics | Trends | Education | Injury Type | Location | Method | Toxicology | Circumstances | ESSENCE | Attempts | Attempts Map | Ideation

NDVDRS Suicide Education

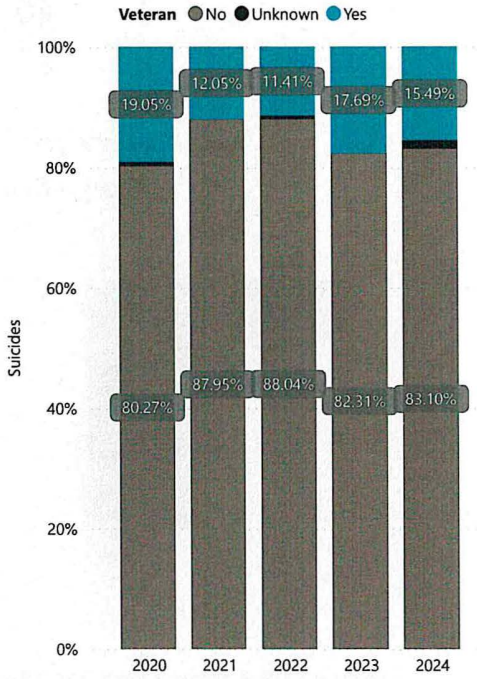
All

786 Suicides

Education by Degree



Current or Former Military



Race

Select all | American Indian | Other | White

Sex

- [ ] Select all
- [ ] Female
- [ ] Male

Age Group

Select all | 10-19 | 20-29 | 30-39 | 40-49 | 50-59 | 60-69 | 70+

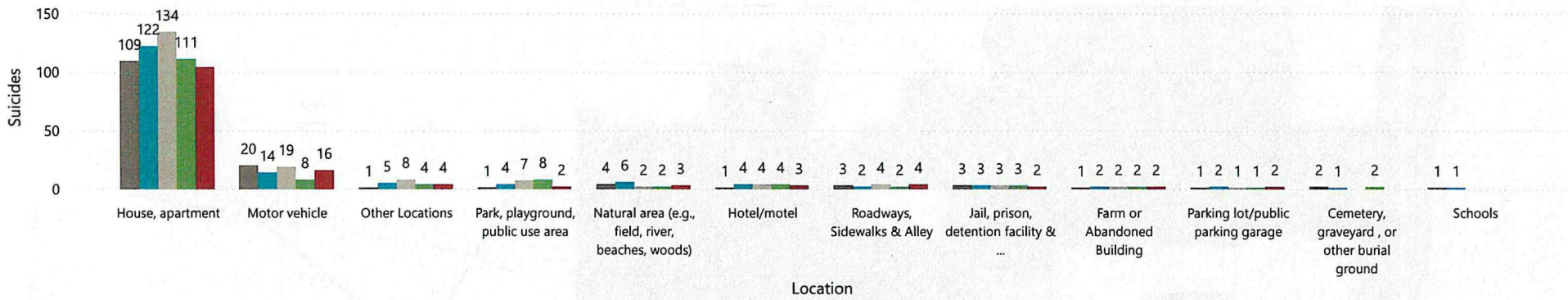
Overview | Demographics | Trends | Education | Injury Type | Location | Method | Toxicology | Circumstances | ESSENCE | Attempts | Attempts Map | Ideation

NDVDRS Suicide Injury Location Type

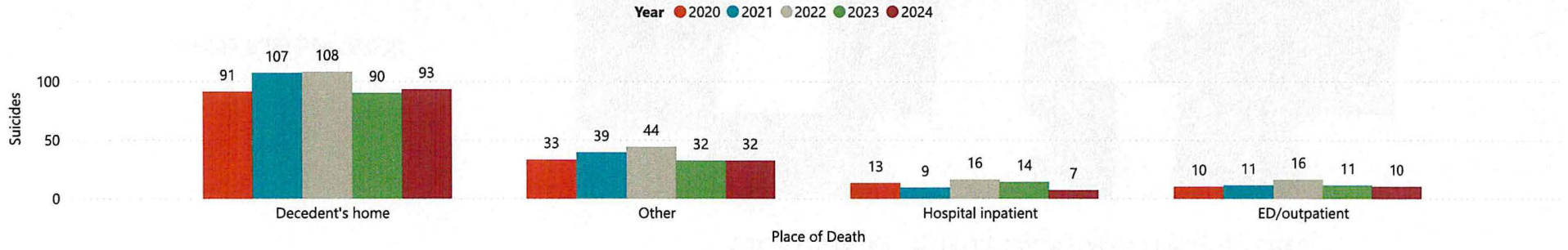
All

786 Suicides

Suicide Location Where Injury Occurred



Suicides by Place of Death



Race

Select all | American Indian | Other | White

Sex

- Select all
- Female
- Male

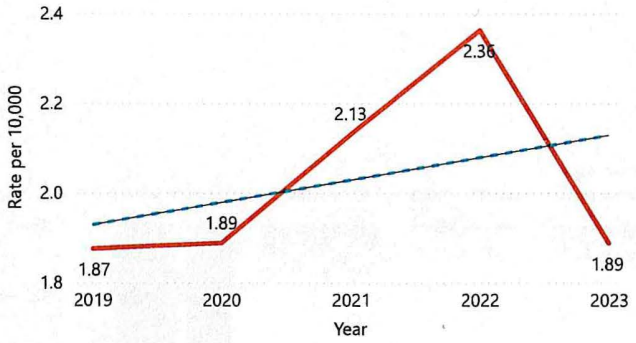
Age Group

Select all | 10-19 | 20-29 | 30-39 | 40-49 | 50-59 | 60-69 | 70+

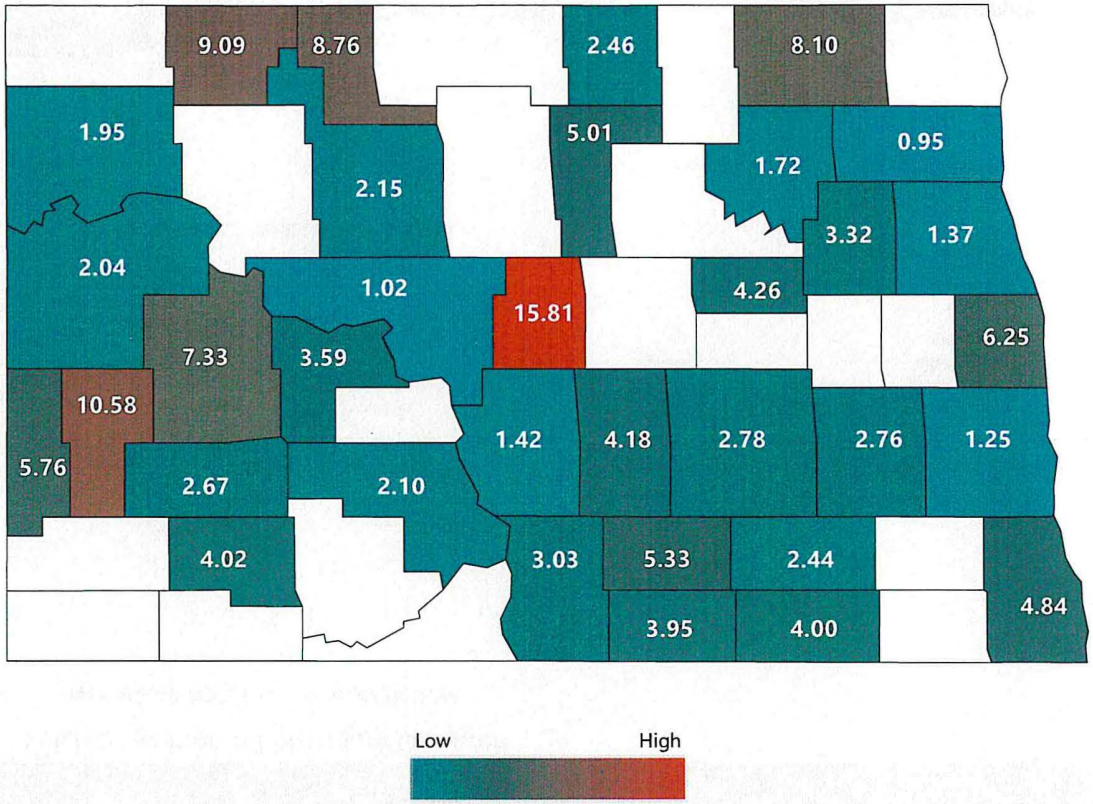
Overview | Demographics | Trends | Education | Injury Type | Location | Method | Toxicology | Circumstances | ESSENCE | Attempts | Attempts Map | Ideation

NDVDRS Suicide Location 779,094 Population 1.89 Rate per 10,000 2023 147 Suicides

Suicide Rate per 10,000



Suicide Rate per 10,000 by County Where Injury Occurred



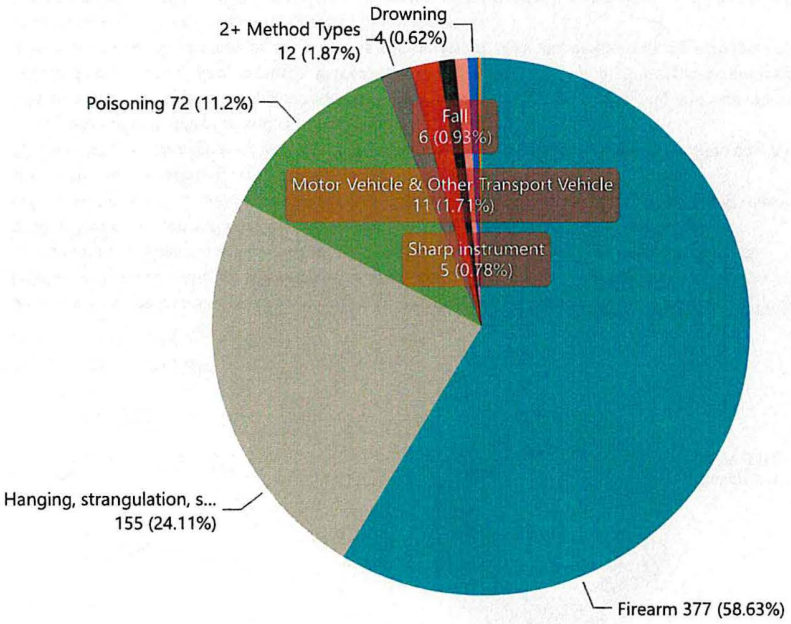
Overview | Demographics | Trends | Education | Injury Type | Location | Method | Toxicology | Circumstances | ESSENCE | Attempts | Attempts Map | Ideation

NDVDRS Suicide Method

Only 2019 - 2022 method data available at this time

All | Multiple selections | 643 Suicides

Suicide Method Type

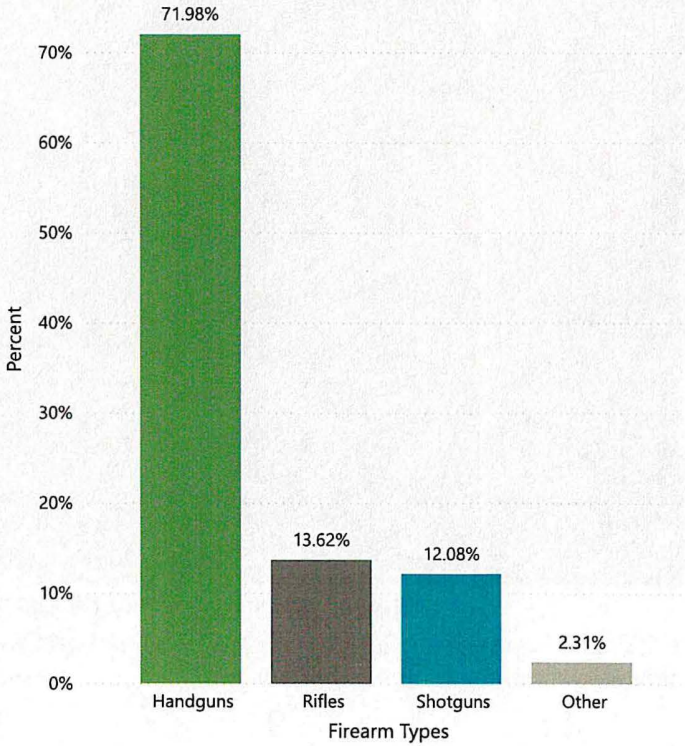


7
Stolen Firearms

71
Guns Stored Loaded

91
Guns Stored Not Locked

Firearm Type Used



Race
Select all | American Indian | Other | White

Sex
Select all
Female
Male

Age Group
Select all | 10-19 | 20-29 | 30-39 | 40-49 | 50-59 | 60-69 | 70+

Overview | Demographics | Trends | Education | Injury Type | Location | Method | Toxicology | Circumstances | ESSENCE | Attempts | Attempts Map | Ideation

NDVDRS Suicide Toxicology

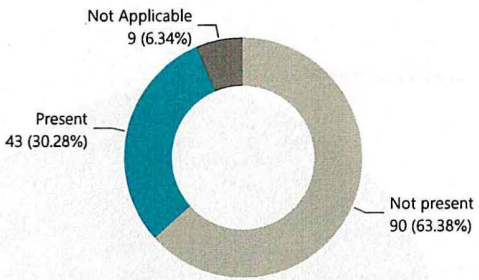
All | 2024 | 142 Suicides

0.05
Min of Alcohol BAC

0.35
Max of Alcohol BAC

0.18
Median of Alcohol BAC

Alcohol Involvement



0.02%: This is the lowest level of intoxication with some measurable impact on the brain and body.
0.05%: At this level behavior will become exaggerated with impaired judgement and reduction in coordination. Inhibitions will be lowered causing one to potentially engage in risky behaviors.
0.08%: This is the current legal limit in ND that it is considered illegal and unsafe to drive.
0.10%: At this level, reaction time and control will be reduced, speech slurred, thinking and reasoning are slower and coordination of arms and legs is poor.
0.15%: This is a very high level with much less control over balance and voluntary muscles so walking and talking are difficult. May fall and vomiting begins.
0.20%: Stupor, confusion, feeling dazed and disorientation are common. Standing and walking may require help and sensations of pain decrease. Blackouts begin at this level as well as choking/aspiration on vomit.
0.30%: At this level, you may be unconscious and potential for death increases along with loss of understanding, increased heart rate, loss of bladder control.
0.40% and over: This level may put you in a coma or cause sudden death because your heart or breathing will suddenly stop.

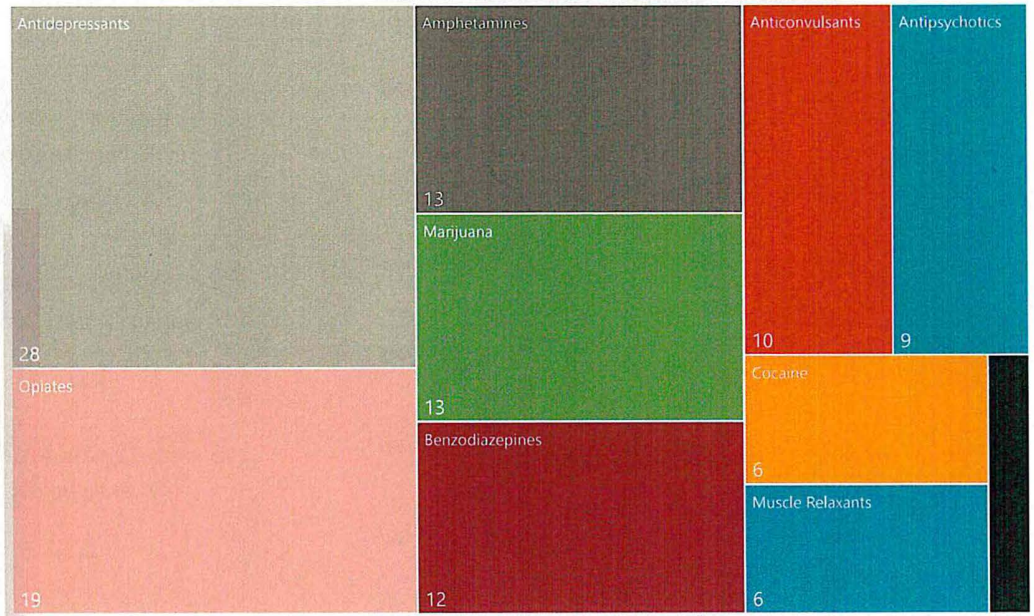
Toxicology Trends

1
Kratom Present

6
Fentanyl Present

11
Methamphetamine Present

Toxicology Present in Suicide Deaths



Race
Select all | American Indian | Other | White

Sex
Select all
Female
Male

Age Group
Select all | 10-19 | 20-29 | 30-39 | 40-49 | 50-59 | 60-69 | 70+

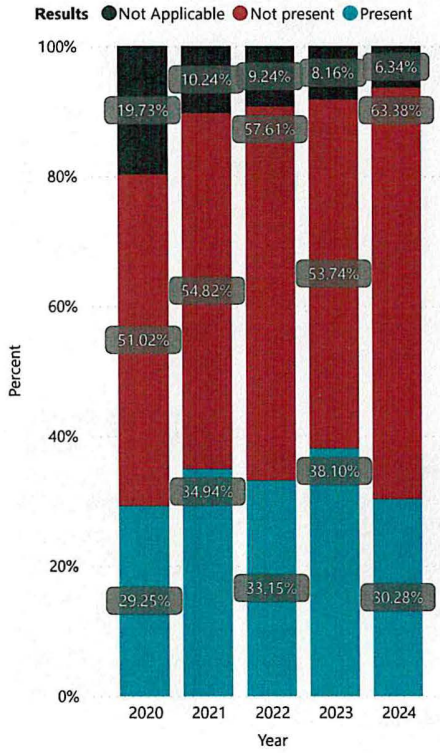
Overview | Demographics | Trends | Education | Injury Type | Location | Method | Toxicology | Circumstances | ESSENCE | Attempts | Attempts Map | Ideation

NDVDRS Suicide Toxicology Trends

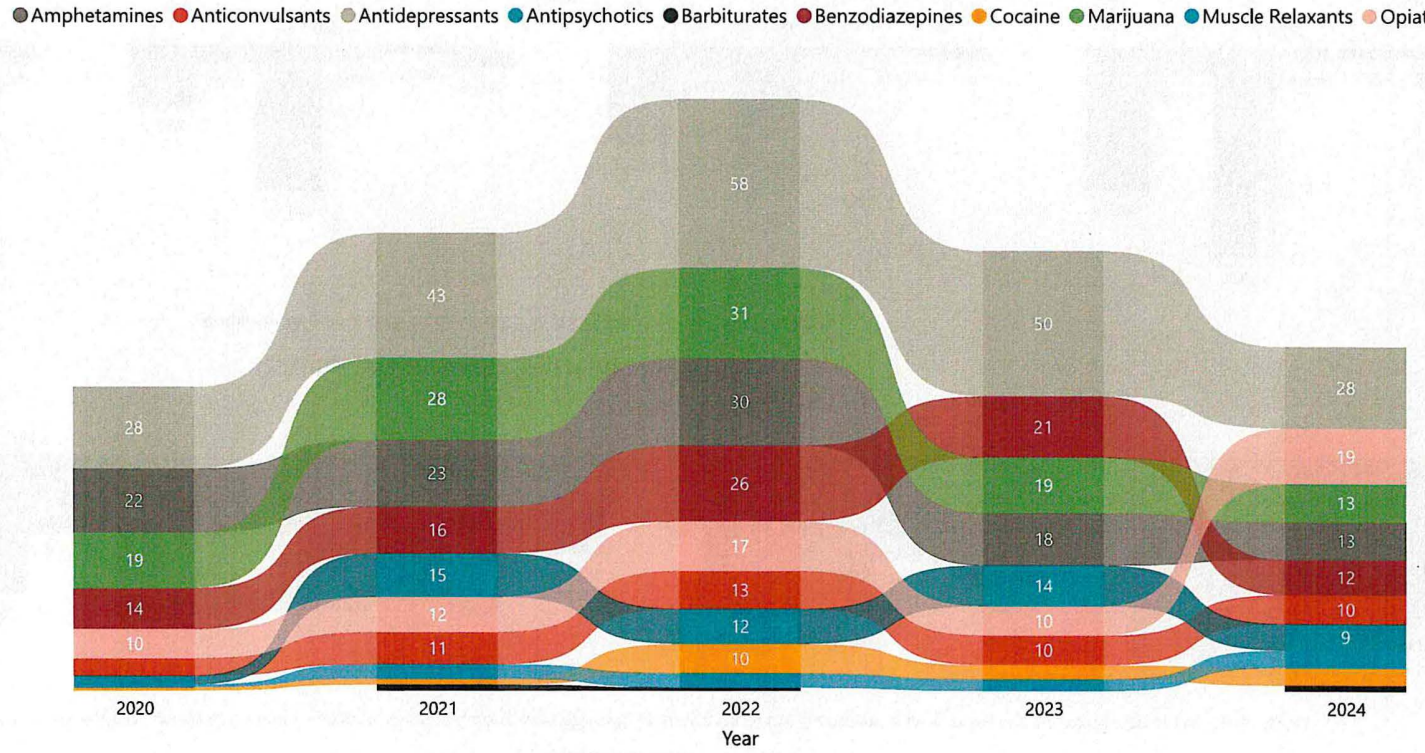
All

786 Suicides

Alcohol Involvement by Year



Toxicology Present in Suicide Deaths



Race

Select all | American Indian | Other | White

Sex

- [ ] Select all
- [ ] Female
- [ ] Male

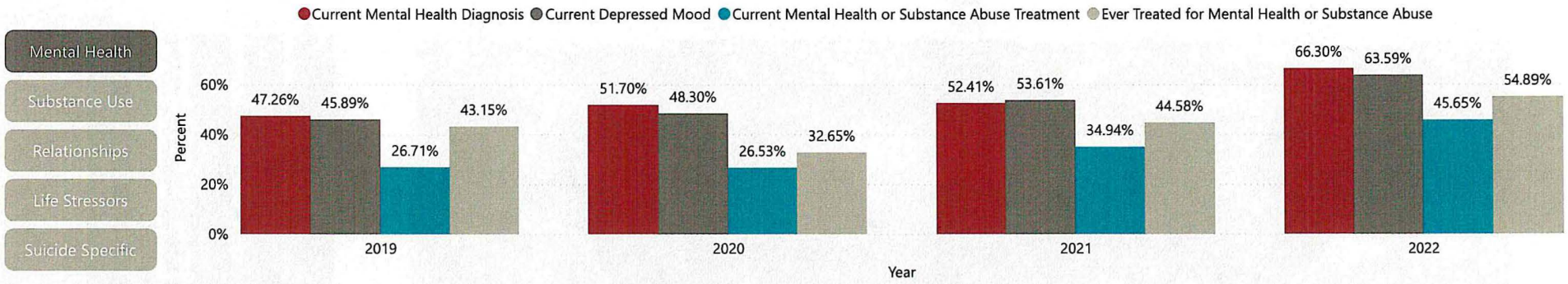
Age Group

Select all | 10-19 | 20-29 | 30-39 | 40-49 | 50-59 | 60-69 | 70+

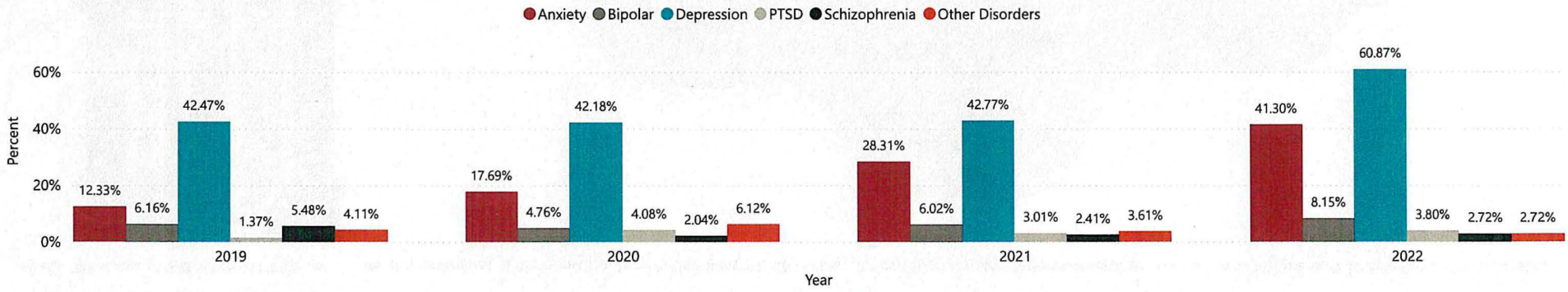
Overview | Demographics | Trends | Education | Injury Type | Location | Method | Toxicology | Circumstances | ESSENCE | Attempts | Attempts Map | Ideation

NDVDRS Suicide Circumstances *Only 2019-2022 circumstance data available at this time* All All 643 Suicides

Mental Health Circumstances



Current Diagnosed Mental Health Problem



Race: Select all | American Indian | Other | White

Sex: Select all | Female | Male

Age Group: Select all | 10-19 | 20-29 | 30-39 | 40-49 | 50-59 | 60-69 | 70+

North Dakota ESSENCE Data

The Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE), captures syndromic surveillance data from hospitals in the State. This includes data from all acute care and critical access hospitals. This data consists of emergency department, urgent care and walk-in-clinic visit information. The purpose is to capture and analyze health-indicator data to identify abnormal health conditions, events, and enable early detection of outbreaks.

The data provided on the "Attempts" and "Ideation" pages, was obtained from the ND ESSENCE. Please note the caveats of this data:

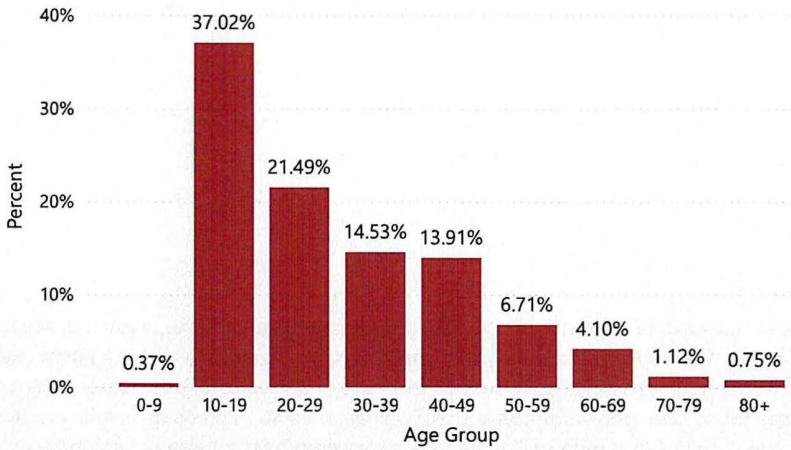
1. These numbers represent a syndrome definition that utilizes both ICD-10 codes and chief complaint which looks for key words. These **should not** be considered a true "number of cases." Syndromes may also contain "noise" meaning that the syndrome data may count actual non-related events.
2. NOT every hospital submits both ICD and chief complaint so some visits may be missing.
3. Some hospitals only submit data on ND residents. Transient populations may not be included; therefore, underestimating the impact.
4. Increase in number may be due to actual increases or it may be due to increase in number of facilities participating.

Back

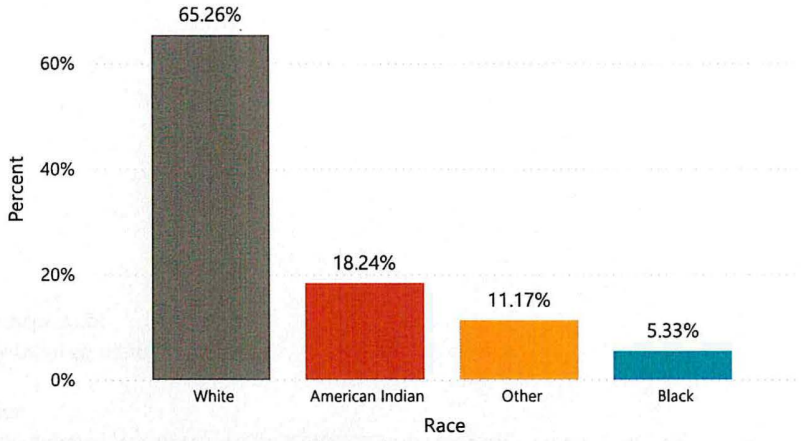
Overview | Demographics | Trends | Education | Injury Type | Location | Method | Toxicology | Circumstances | ESSENCE | Attempts | Attempts Map | Ideation

ESSENCE Suicide Attempts 30 Average Age 2024 806 Suicide Attempts

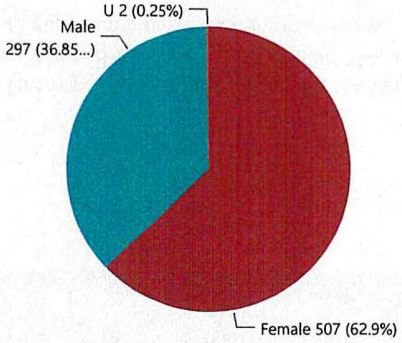
Suicide Attempt by Age Group



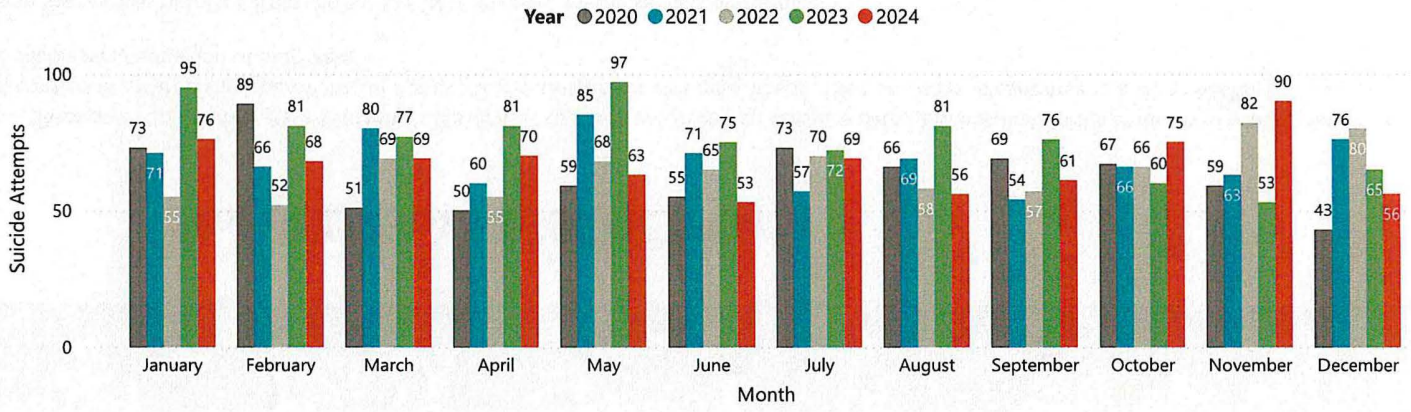
Suicide Attempt by Race



Suicide Attempt by Sex



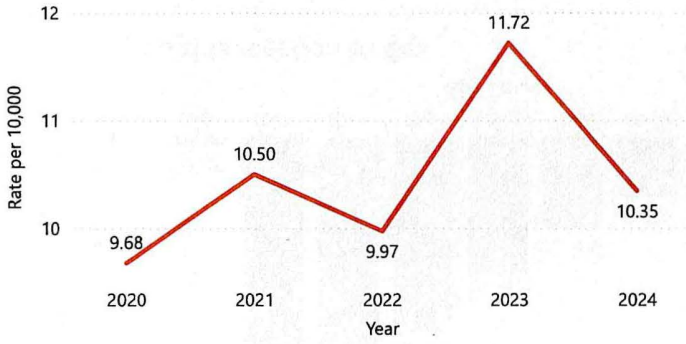
North Dakota Suicide Attempts



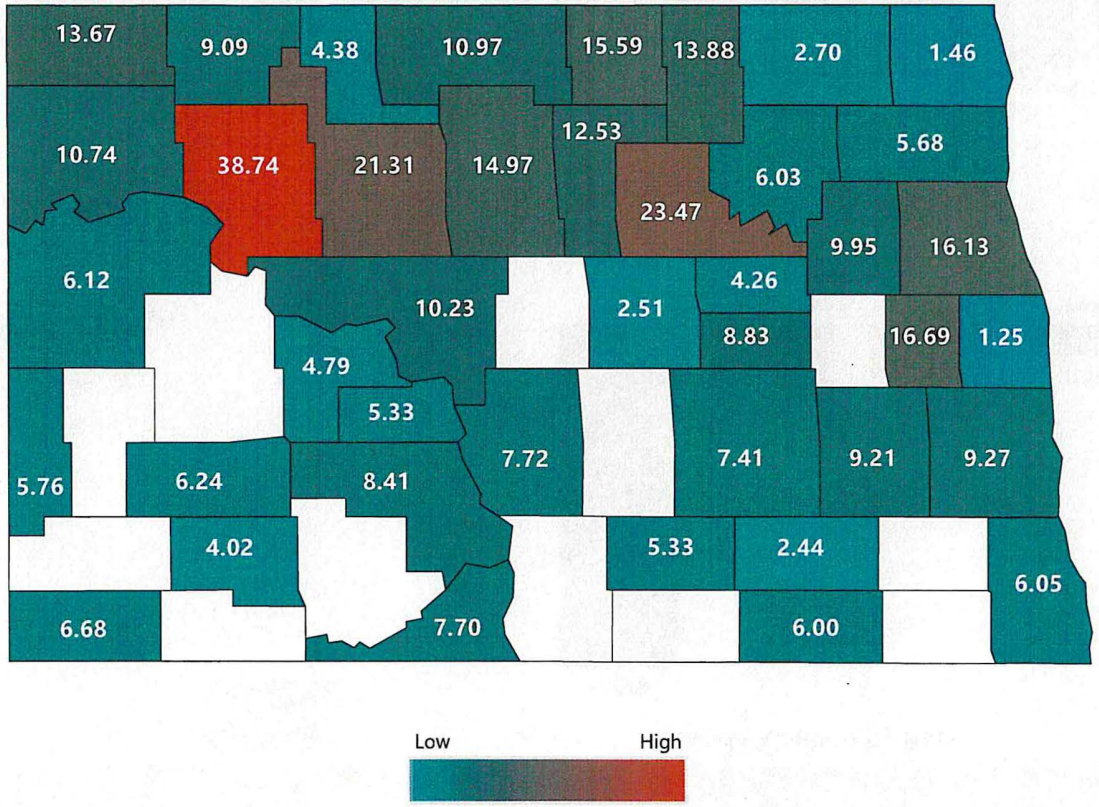
Overview | Demographics | Trends | Education | Injury Type | Location | Method | Toxicology | Circumstances | ESSENCE | Attempts | Attempts Map | Ideation

ESSENCE Suicide Attempts 779,094 Population 10.35 Rate per 10,000 2024 806 Suicide Attempts

Suicide Attempts Rate per 10,000



Suicide Attempt Rate per 10,000 by County Where Patient Lives

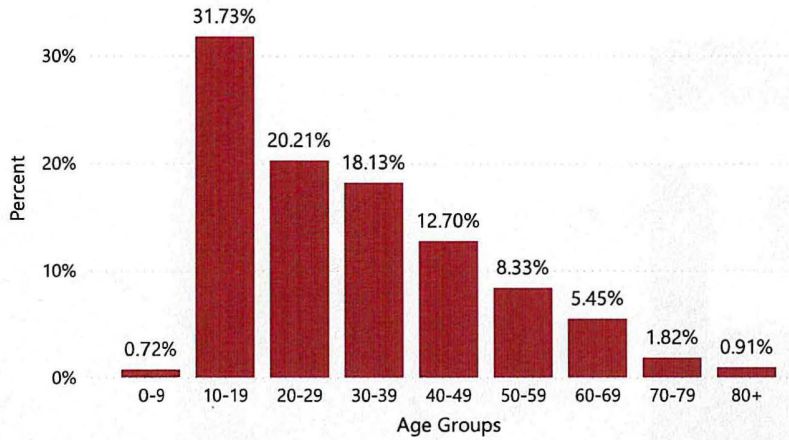


Overview | Demographics | Trends | Education | Injury Type | Location | Method | Toxicology | Circumstances | ESSENCE | Attempts | Attempts Map | Ideation

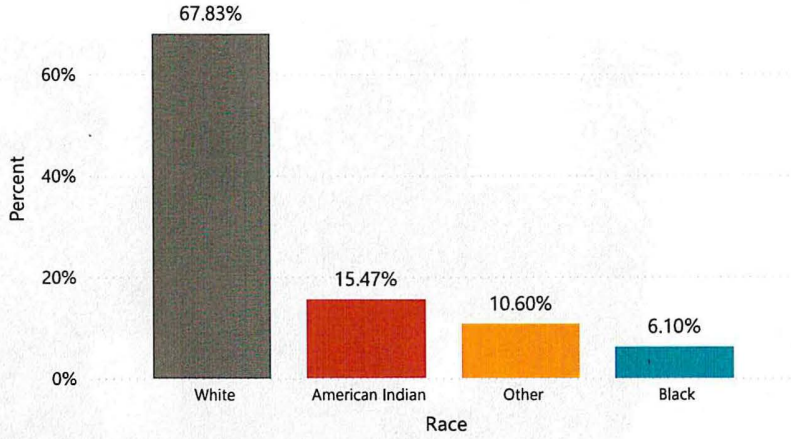
ESSENCE Suicide Ideation (i) 32 Average Age 2024 5726 Suicide Ideation

Ideation Map

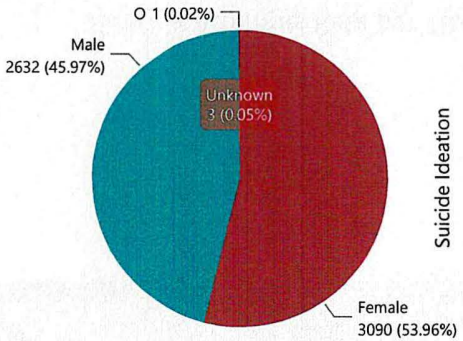
Suicide Ideation by Age Group



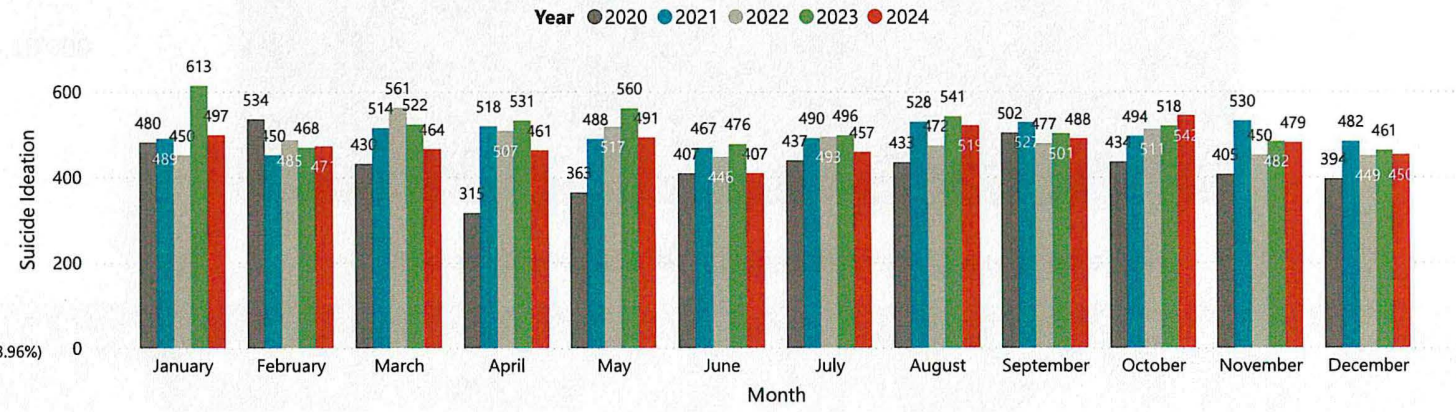
Suicide Ideation by Race



Suicide Ideation by Sex

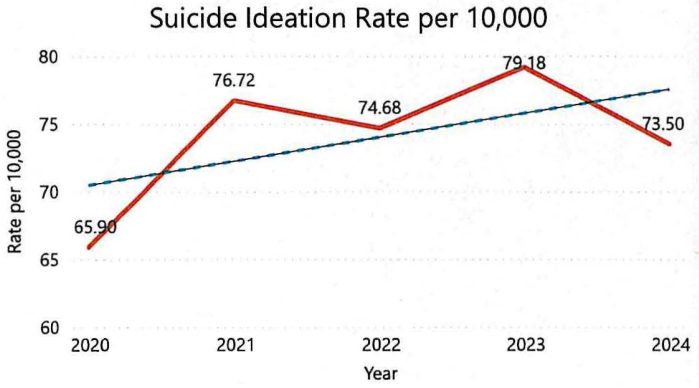


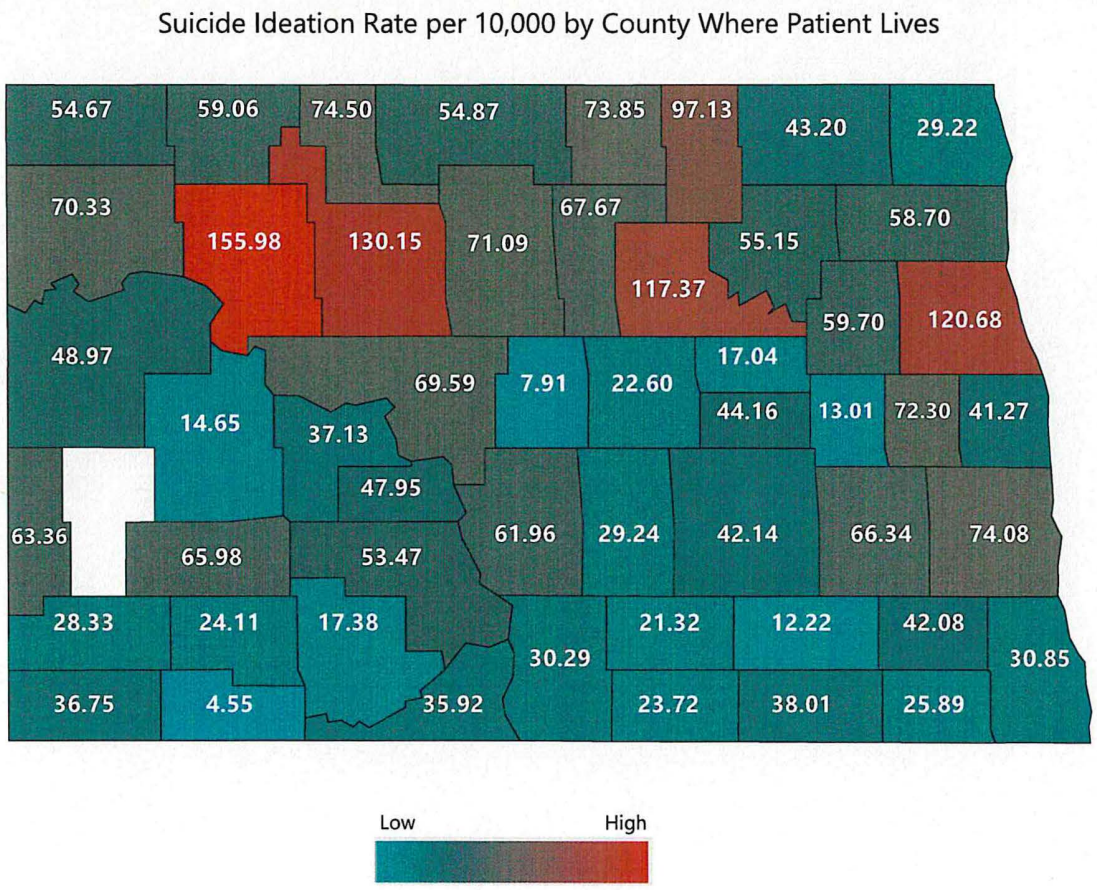
North Dakota Suicide Ideation



Overview | Demographics | Trends | Education | Injury Type | Location | Method | Toxicology | Circumstances | ESSENCE | Attempts | Attempts Map | Ideation

ESSENCE Suicide Ideation 779,094 Population 73.50 Rate per 10,000 2024 5726 Suicide Ideation





2025 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

HB 1012
1/21/2025

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

9:00 a.m. Chairman J. Nelson called the hearing to order.

Members Present: Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Berg, Mitskog, Murphy, O' Brien, Wagner.

Discussion Topics:

- Emergency Medical Systems
- Emergency Preparedness and Response
- Food and Lodging
- Life Safety and Construction
- Health Facilities
- Budget
- Human Service Centers
- Community Behavioral Health Services
- Budget Request

9:02 a.m. Tim Wiedrich, Director, Health Response and Licensure, Health and Human Services, testified and presented an overview of the department #30452.

9:24 a.m. Julie Wagendorf, Director, Food and Lodging, Health Response and Licensure, Health and Human Services testified to licensure fees #30452.

9:31 a.m. Tim Wiedrich, Director, Health Response and Licensure, Health and Human Services, continued with testimony #30452.

10:28 a.m. Julie Stickler, Director, Emergency Preparedness and Response, Health Response and Licensure, Health and Human Services testified to emergency response staffing #30452.

10:30 a.m. Tim Wiedrich, Director, Health Response and Licensure, Health and Human Services, continued with testimony #30452.

10:32 a.m. Julie Wagendorf, Director, Food and Lodging, Health Response and Licensure, Health and Human Services, testified to replacement software for inspection #30452.

10:38 a.m. Donna Aukland, Chief Financial Officer, Health and Human Services, testified that the funding for Food and Lodging would come from the Community Health Trust Fund #30452.

10:39 a.m. Tim Wiedrich, Director, Health Response and Licensure, Health and Human Services, continued with testimony #30452.

10:43 a.m. Donna Aukland, Chief Financial Officer, Health and Human Services, clarified a budget issue #30452.

10:48 a.m. Tim Wiedrich, Director, Health Response and Licensure, Health and Human Services, continued with testimony #30452.

11:08 a.m. Pam Sagness, Executive Director of Behavioral Health Division, Health and Human Services, gave a brief introduction of staff.

11:09 a.m. Antonia Berning Scilley, Director of Operational Development and Compliance, Behavioral Health Division, testified and presented an overview the Human Services Centers #30565.

11:42 a.m. Courtney Peterson, Assistant Chief Financial Officer, Behavioral Health Division, Health and Human Services testified to review carry over expenses #30565.

11:44 a.m. Antonia Berning Scilley, Director of Operational Development and Compliance, Behavioral Health Division, Health and Human Services, continued with testimony #30565.

11:46 a.m. Donna Aukland, Chief Financial Officer, Health and Human Services, testified to the provider inflation #30565.

11:50 a.m. Antonia Berning Scilley, Director of Operational Development and Compliance, Behavioral Health Division, Health and Human Services, continued with testimony #30565.

11:55 a.m. Donna Aukland, Chief Financial Officer, Behavioral Health Services, testified to the reconciliation of funds #30565.

11:59 a.m. Antonia Berning Scilley, Director of Operational Development and Compliance, Behavioral Health Division, Health and Human Services, continued with testimony #30565.

12: 02 p.m. Chairman J. Nelson adjourned the hearing.

Jan Kamphuis, Committee Clerk

#30452



HB1012 Overview to House Appropriations

Tim Wiedrich | Director, Health Response and Licensure Section
Jan. 20, 2025

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Our Vision

North Dakota is the healthiest state in the nation.

Our Mission

HHS fosters positive, comprehensive outcomes by promoting economic, behavioral and physical health, ensuring a holistic approach to individual and community well-being.

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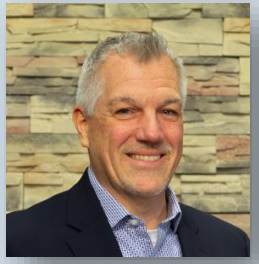
Who we are | who we serve



Tim Wiedrich

Emergency Medical Systems	Emergency Preparedness and Response	Food and Lodging	Life Safety & Construction	Health Facilities
				
Christopher Price	Juli Sickler	Julie Wagendorf	Karla Aldinger	Bridget Weidner

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Who we are | who we serve

HRL Section Totals
73 FTE
6 FT Temps
30 PT Temps

Emergency Medical Systems	Emergency Preparedness and Response	Food and Lodging	Life Safety & Construction	Health Facilities
8 FTEs 1 FT Temp	15 FTEs 4 FT Temps 29 PT Temps	12 FTEs 1 FT Temps	8 FTEs	30 FTEs 1 PT Temp

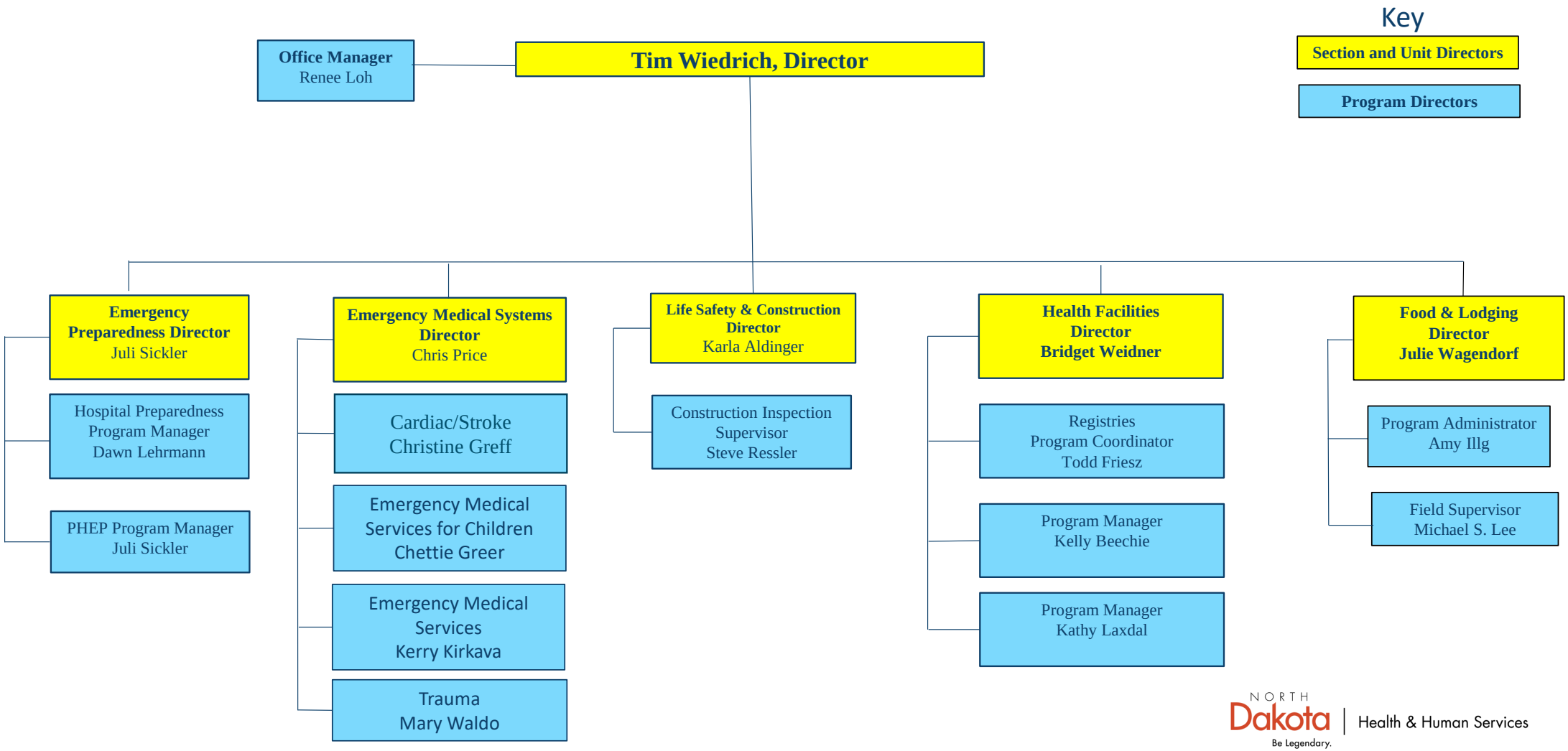
Who we are | who we serve

12 Positions were converted from Temp to FTE

Section Name			
23-25 FTE	**25-27 FTE Requested**	**# of Temporary**	**# of Vacancies**
73	*73*	*36*	*4*

Average Age	*55*
Avg Years of Service	*11*
Retirement Risk	*4%*
Turnover 2023	*3%*
Turnover 2024	*6%*

Who we are | who we serve



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Who we are | who we serve

$46,902,493
31% General
46% Federal
23% Other

Emergency Medical Systems	Emergency Preparedness and Response	Food and Lodging	Life Safety & Construction	Health Facilities
54% General 2% Federal 44% Other	7% General 93% Federal 0% Other	52% General 10% Federal 38% Other	16% General 31% Federal 53% Other	21% General 70% Federal 9% Other

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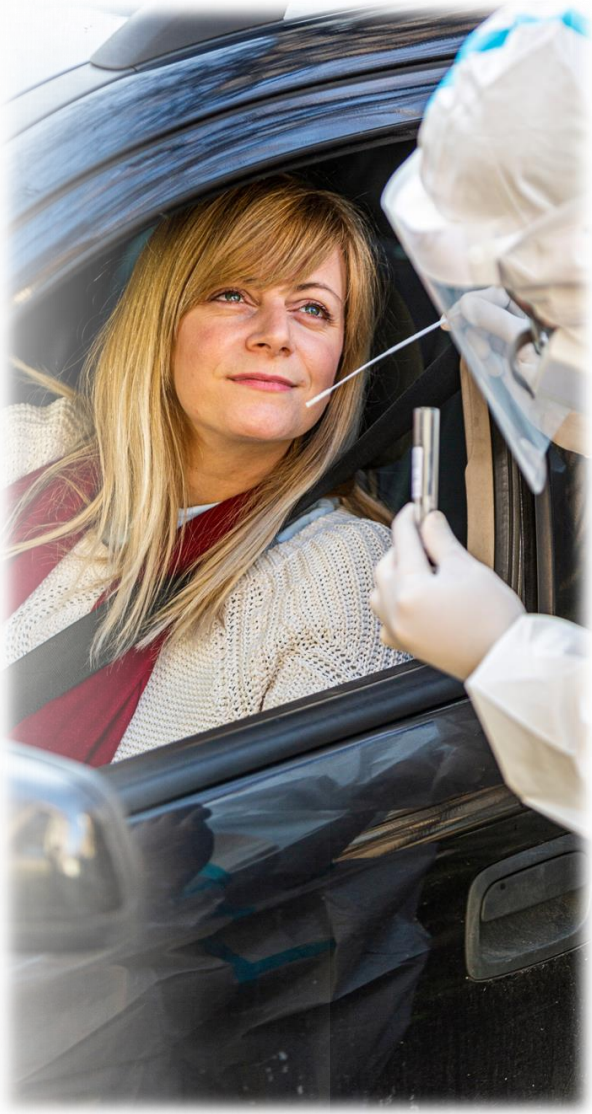
Improving the lives of North Dakotans

- Create and Maintain Public Health and Medical Emergency Response Systems
- Administer and Distribute Grant Funds
- Train, Certify and License Certain Medical and Other Providers
- Regulate and Designate Medical Systems of Care
- Regulate Food and Lodging Establishments



Improving the lives of North Dakotans

Emergency Response Projected 23-25 Biennium	Certification, Licensure, Registration & Designated Projected 23-25 Biennium
378 Medical Responses	5,505 Organizations
91 Response Events	7,960 Inspections/Surveys
25 Response Resources	828 Plans Reviewed
1,359 Courier Missions	27,490 Individuals
1,471 HAN Messages	771 Complaints



Improving the lives of North Dakotans

Partners and Providers

Associations	Providers	Government Agencies
~ 11 ND State and Federal Medical and Public Health	~600 ND Medical and Public Health	~10 ND State and Federal



Improving the lives of North Dakotans

Life Safety and Construction

- Met all plan review timelines
  - Reduced medium sized projects from 84.6 days to 30.6 days
  - Identified 373 issues



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Improving the lives of North Dakotans

Emergency Medical Systems

- Achieved the return of spontaneous circulation in 28% of witnessed out-of-hospital cardiac arrests



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Improving the lives of North Dakotans

Emergency Preparedness and Response

- Prevented evacuation/relocation of residents at 9 long-term care facilities



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Improving the lives of North Dakotans

Food and Lodging

- Provided industry access to more than 40 online retail food safety resources at no cost



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Improving the lives of North Dakotans

Health Facilities

- Maintained a stable, experienced workforce



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Top Health Response Section Concerns

Funding Source	Level Funding Start Year	Inflation Percentage To 2024	~Initial Annual Funding Level	~Current Purchasing Power	Difference
CMS	2015	32.55%	$1,700,000	$1,282,688	-$417,312
CDC	2019	22.89%	$5,000,000	$4,003,591	-$996,409
HHS	2020	21.39%	$1,063,632	$866,679	-$196,953
		Totals	$7,763,632	$6,152,958	-$1,610,674

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Top Health Response Section Concerns

- Infrequent Basic Care Facility Surveys (33-year inspection cycle)
- Lack of Assisted Living Licensure Standards
- Insufficient CMS Funding to Meet Federal Mandates new time frames related to federal site investigations

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Top Health Response Section Concerns

Health Facilities
28 Staff
July 1, 2023 - December 31, 2024

523 Complaints
522 Surveys Conducted
1,531 Organizations Licensed/Certified

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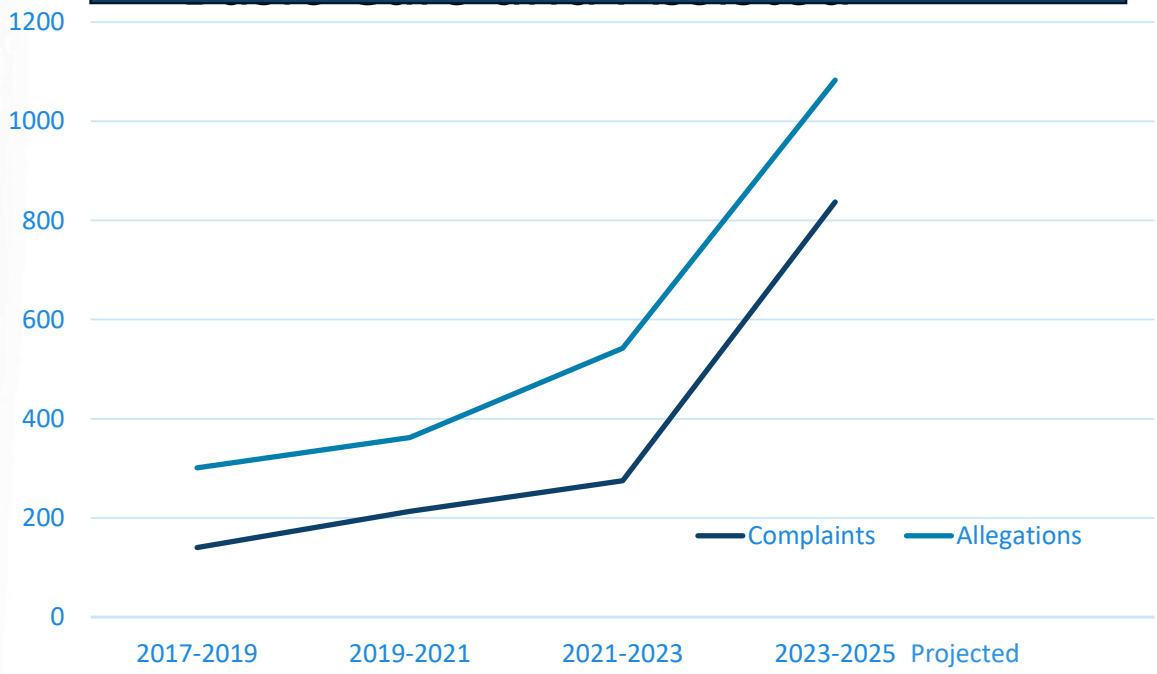
Top Health Response Section Concerns

Health Facility Complaints



2023 -2025 actual complaints 523 allegations 812 as of 12/31/24

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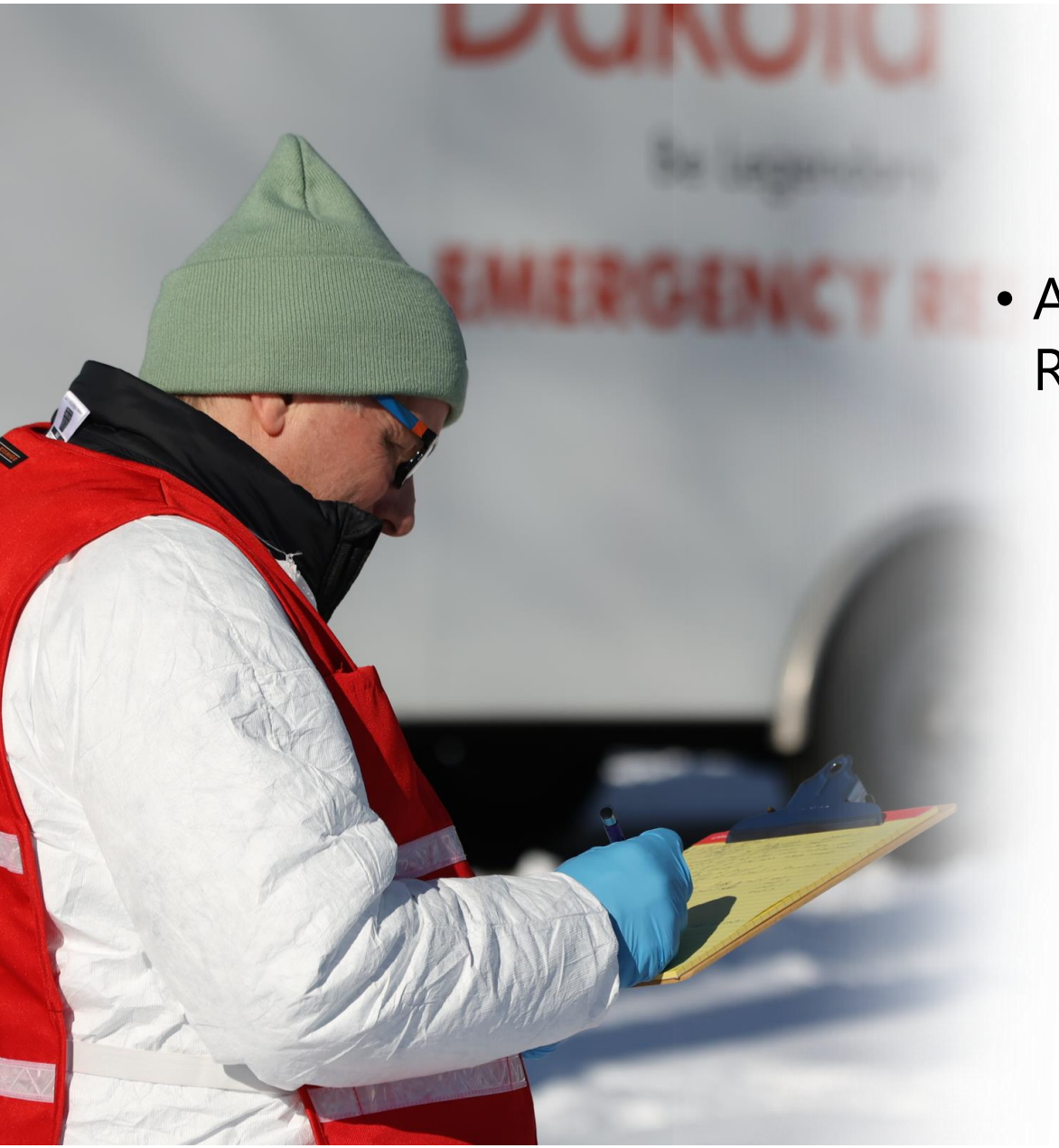

Top Health Response Section Concerns

- Alignment of Staffing Levels and Regulatory Responsibilities
  - Additional Mobile Home Park Requirements
  - Increased Court and Legal Enforcement Activities
  - 2013 Food and Lodging Audit Findings

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Top Health Response Section Concerns

Food and Lodging
12 FT, 1 Temp Staff
July 1, 2023 - December 31, 2024

7,159 Organizations Licensed/Certified
5,565 Inspections Conducted
299 Complaints
95 Formal Enforcement Actions

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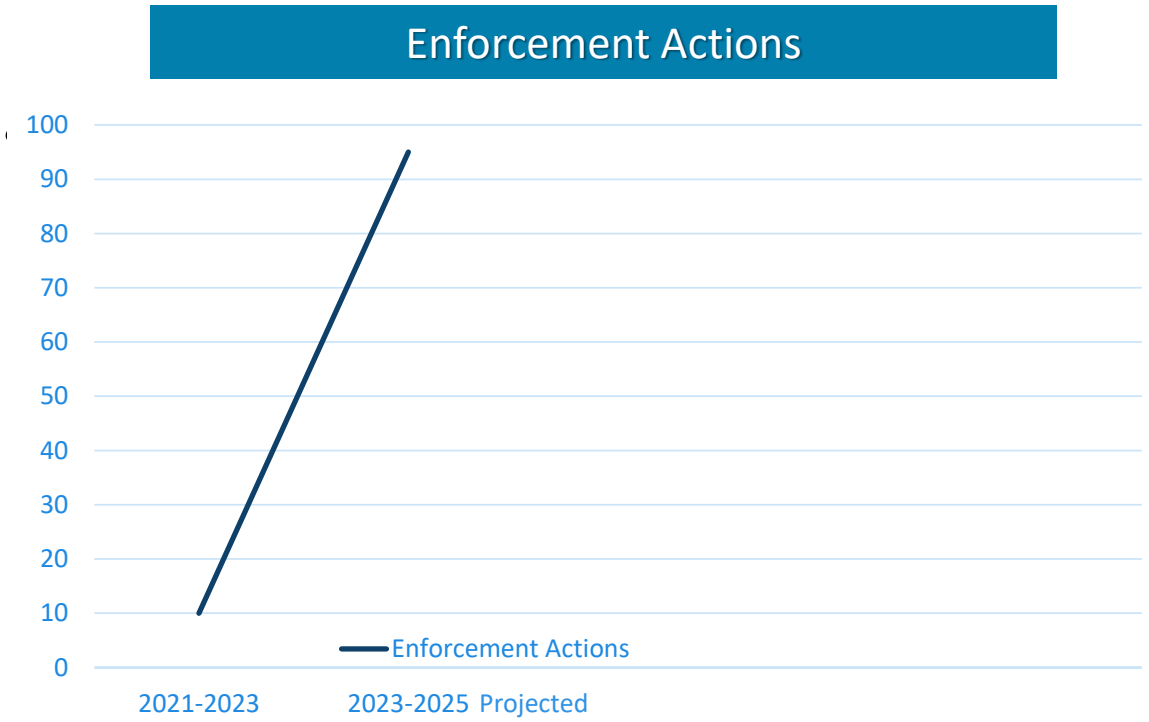
Top Health Response Section Concerns



2023 -2025 95 actual Enforcement actions as of 12/31/24

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Strategies driving budget

Advance access to high quality services and supports closer to home









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Strategies driving budget

Optimize disaster and epidemic response and recovery







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Budget



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Comparison of budgets and funding

By Major Expense

Description	2023-25 Budget Base	Increase/ (Decrease)	2025-27 Executive Budget
Salaries and Benefits	$ 16,172,206	$ (1,881,073)	$ 14,291,133
Operating	6,850,296	(1,039,710)	5,810,586
IT Services	2,465,191	2,571,074	5,036,265
Capital Assets	994,800	655,000	1,649,800
Grants	20,420,000	(673,620)	19,746,380
Total	**$ 46,902,493**	**$ (368,329)**	**$ 46,534,164**
General Fund	**$ 14,424,646**	**$ 2,648,281**	**$ 17,072,927**
Federal Funds	**21,589,372**	**(3,408,196)**	**18,181,176**
Other Funds	**10,888,475**	**391,586**	**11,280,061**
Total Funds	**$ 46,902,493**	**$ (368,329)**	**$ 46,534,164**

Decision Package Detail

By Ongoing, One-Time and Funding Source

Food & Lodging Management Information System

- $335,000 One-Time Special Funds
  - Strategic Investment & Improvement Fund

Licensure Management System

- $650,000 One-Time Special Funds
  - Strategic Investment & Improvement Fund

Executive Compensation Plan

- $308,742 Ongoing General Fund

Comparison of budgets and funding

By Budget Account Code

Description	2023-25 Budget Base	Increase/ (Decrease)	2025-27 Executive Budget
511x Salaries - Regular	$ 9,175,411	$ (372,251)	$ 8,803,160
513x Salaries Temp	2,373,975	(1,730,823)	643,153
514x Salaries Overtime	96,322	(4,294)	92,028
516x Salaries Benefits	4,526,497	226,295	4,752,793
Total Salaries & Benefits	**$ 16,172,206**	**$ (1,881,072)**	**$ 14,291,133**
52x Travel	1,028,425	(52,226)	976,199
53x Supply	310,163	(27,508)	282,655
54x Postage & Printing	49,565	(19,712)	29,853
55x Equipment under $5,000	1,000	7,930	8,930
56x Utilities	69,603	(3,864)	65,739
57x Insurance	136,400	2,200	138,600
58x Rent/Leases - Bldg/Equip	2,249,316	(436,100)	1,813,216
59x Repairs	260,947	29,985	290,932
61x Professional Development	107,959	51,291	159,250
62x Fees - Operating & Professional	2,636,918	(591,707)	2,045,211
53x Supplies	84,760	801,565	886,325
60x IT Expenses	2,380,431	1,769,509	4,149,940
69x Over	994,800	5,000	999,800
69x Equipment Over $5,000	-	650,000	650,000
71x Grants, Benefits, & Claims	20,420,000	(673,620)	19,746,380
Total Operating	**$ 30,730,287**	**$ 1,512,743**	**$ 32,243,030**
Total	**$ 46,902,493**	**$ (368,329)**	**$ 46,534,163**

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Operating Schedule

DESCRIPTION	2023-25 BASE BUDGET	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE/ (DECREASE)
Hazardous waste removal	$ 30,000	$ 10,000	(20,000)
HC Standard Software Suite (Hospital Preparedness Program)	-	230,653	230,653
Health Alert Network and Healthcare Coalition consulting	17,400	17,200	(200)
Snow removal services	-	15,600	15,600
Learning Management System	405,000	405,000	-
Medical cache	508,030	508,030	-
Instructor/Speaker Fees	8,664	5,000	(3,664)
Legal fees	71,500	95,283	23,783
Professional Services reclassified to IT Software	835,579	-	(835,579)
Cardiac and Stroke System of Care - Training	60,000	60,000	-
Cardiac and Stroke Site Visits	65,000	65,000	-
Trauma - Medical Directors, Advanced Life Support Training & site visits	199,805	199,805	-
Environmental Practitioner License and license processing	2,100	2,100	-
Southwestern Dist Health Unit - inspections	2,500	-	(2,500)
DOT vehicle purchases	189,000	189,000	-
Professional Services (shredding, scanning, advertising)	6,200	6,400	200
Professional Licenses	6,140	6,140	-
Professional Services Federal surveys	150,000	150,000	-

GENERAL FUND	**$ 1,496,343**	**$ 1,160,574**	**$ (335,769)**
FEDERAL FUND	**947,633**	**734,990**	**(212,643)**
OTHER FUND	**192,942**	**149,647**	**(43,295)**
GRAND TOTAL	**$ 2,636,918**	**$ 2,045,211**	**$ (591,707)**

Grants Schedule

DESCRIPTION	2023-25 BASE BUDGET	2025-2027 EXECUTIVE BUDGET RECOMMENDATION	INCREASE/ (DECREASE)
Local Public Health & Tribal Health Agencies - Regional and County Allocation	$ 3,676,196	$ 3,676,178	$ (18)
Local Public Health - City Readiness Iniative (CRI)	408,000	316,000	(92,000)
Local Public Health - Health Alert Network (HAN) connectivity	251,800	120,000	(131,800)
ND Hospital Association & Long Term Care Association - Local hospitals	779,272	524,836	(254,436)
Hospitals - Stroke Registry & Data Extraction	231,732	245,620	13,888
Ambulance Service - Training Grants local ambulance	846,000	846,000	-
Rural Assistance - local ambulance - General Fund	5,750,000	5,750,000	-
Rural Assistance - local ambulance - Insurance Tax Distribution Fund	1,125,000	1,125,000	-
Rural Assistance - local ambulance - Community Health Trust Fund	7,000,000	7,000,000	-
Cardiac Registry	52,000	52,000	-
Long Term Care Facilities - Civil Money Penalty Fund	300,000	90,746	(209,254)

GENERAL FUND	**$ 6,879,732**	**$ 6,893,620**	**$ 13,888**
FEDERAL FUND	**5,115,268**	**4,637,014**	**(478,254)**
OTHER FUND	**8,425,000**	**8,215,746**	**(209,254)**
GRAND TOTAL	**$ 20,420,000**	**$ 19,746,380**	**$ (673,620)**

Thank you

Tim Wiedrich
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Twiedric@nd.gov



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HB1012 Detail to House Appropriations

Antonia Berning Scilley | Director of Operational Development and Compliance | Behavioral Health Division
Jan. 21, 2025

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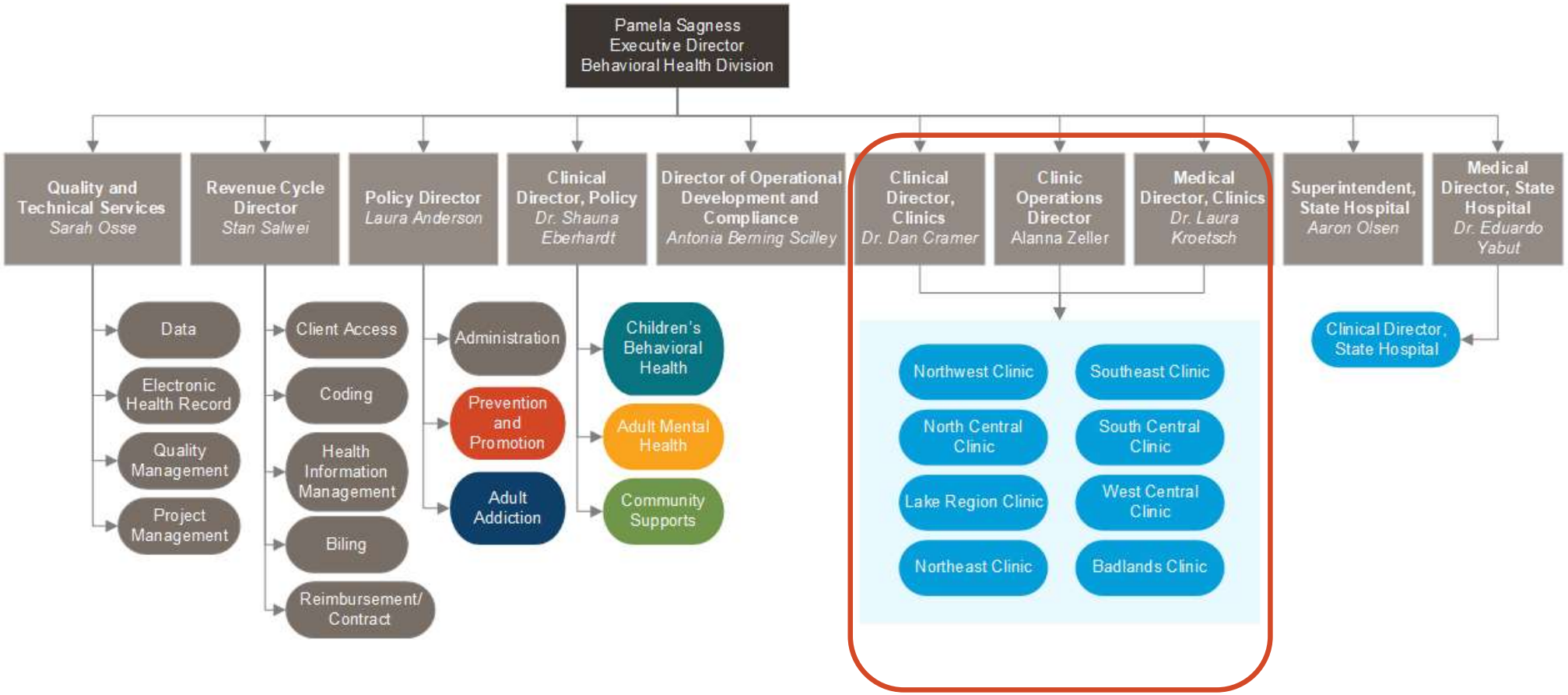
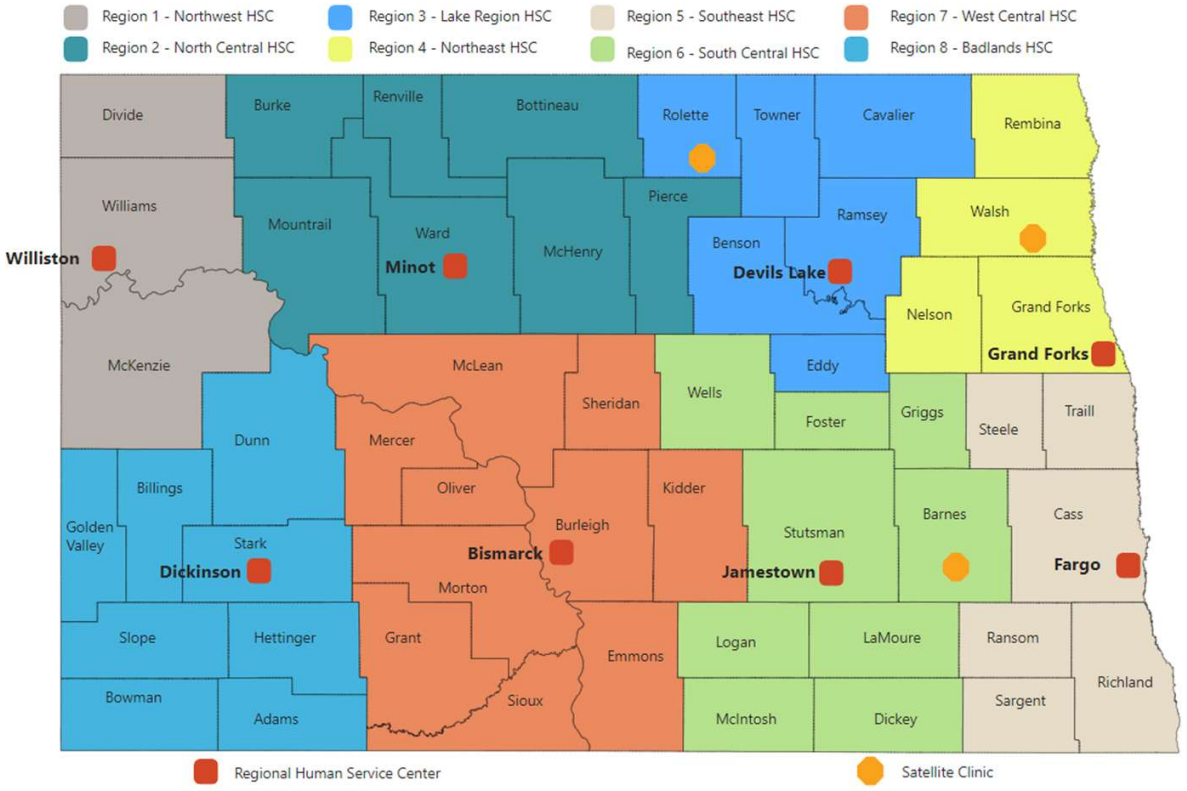
Behavioral Health Division



Human Service Center Locations



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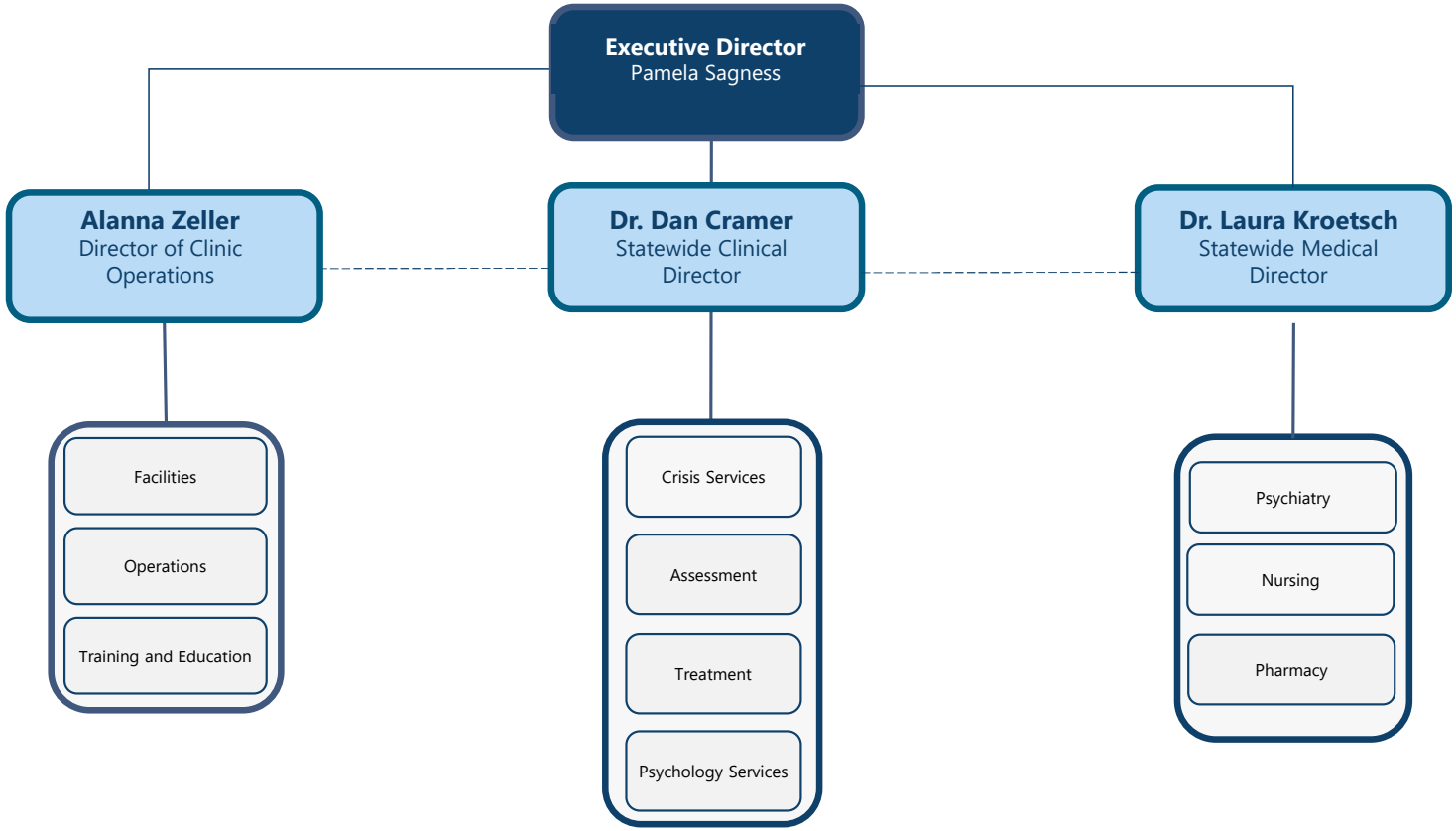
Effective January 2025

Human Service Center



Human Service Centers FTE

Position Numbers Assigned/ Funding Exists	Number of people filling positions	# of Vacancies	# of Temporary
778.65	*620.55*	*158.10*	*54*

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Statewide FTE

Position Numbers Assigned/ Funding Exists	Number of people filling positions	# of Vacancies	# of Temporary
22	*7*	*15*	*2*

Turnover 2023	*0%*
Turnover 2024	*0%*

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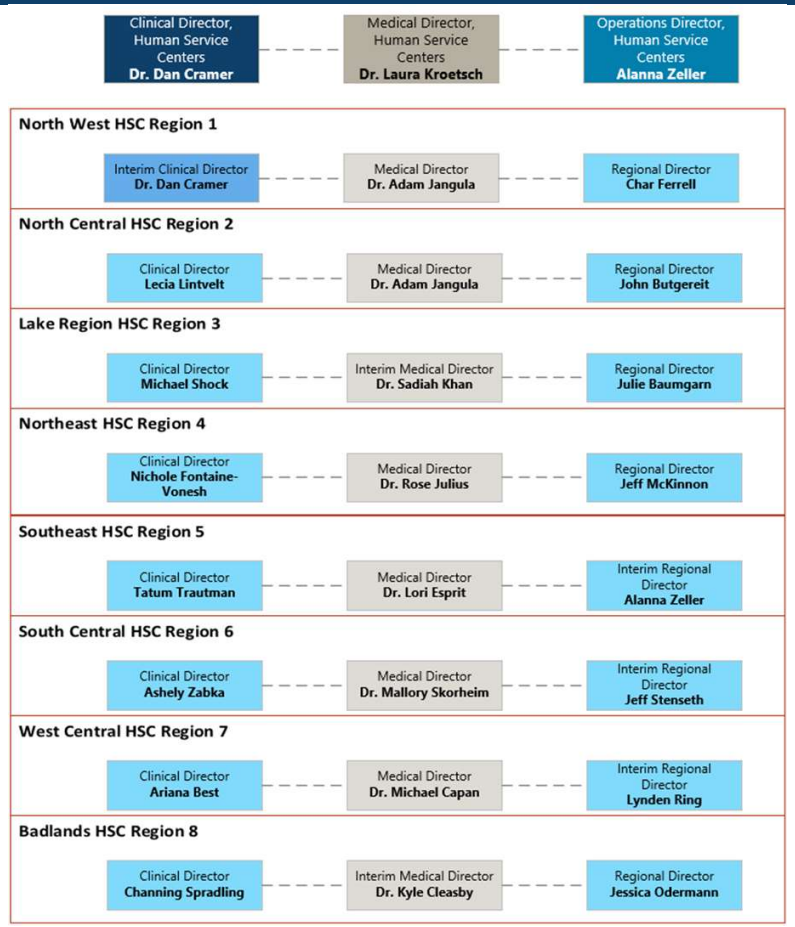
Human Service Center Leadership Structure



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Section Overview

Our Role



All 8 Clinics provide Community Behavioral Health Services and are state-operated providers of integrated mental health and substance use outpatient care.

Our mission is to provide timely and effective behavioral health services to citizens of North Dakota to improve the quality of life through achieving and sustaining recovery.

Responsible to comply with:

- NDCC 25-03.1
- NDCC 50-06
- NDAC 75-05,
- NDAC 75-09.1

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What We Do

Mental Health, Substance Use and Other Addictive Disorders

Outpatient Services

- Diagnostic Assessments
- Psychiatric Evaluations
- Psychiatric Medication Management
- Psychological Evaluations and Testing
- Case Management
- Care Coordination
- Rehabilitative Services
- Peer Support
- Individual, Group and Family Therapy



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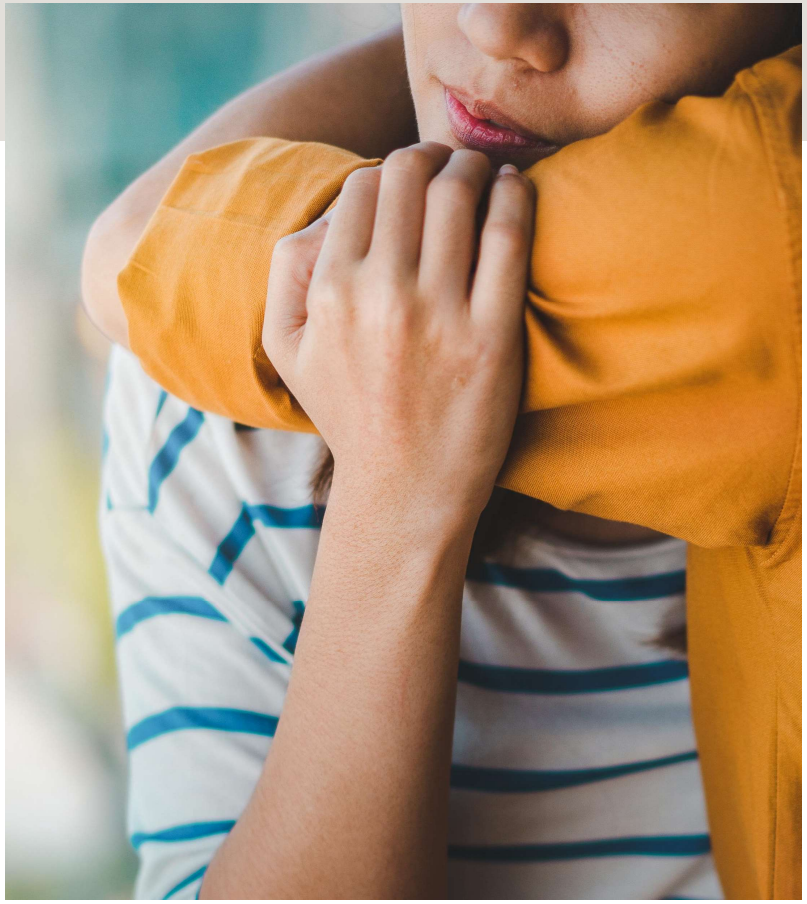
What We Do

Continued

- Youth and Family Services
- Crisis Services
- Regional Intervention Services (NDSH Admissions)
- Community Consultation and Education



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Individuals Served 7/2023-12/2024

10,382 adults served

231,860 adult services

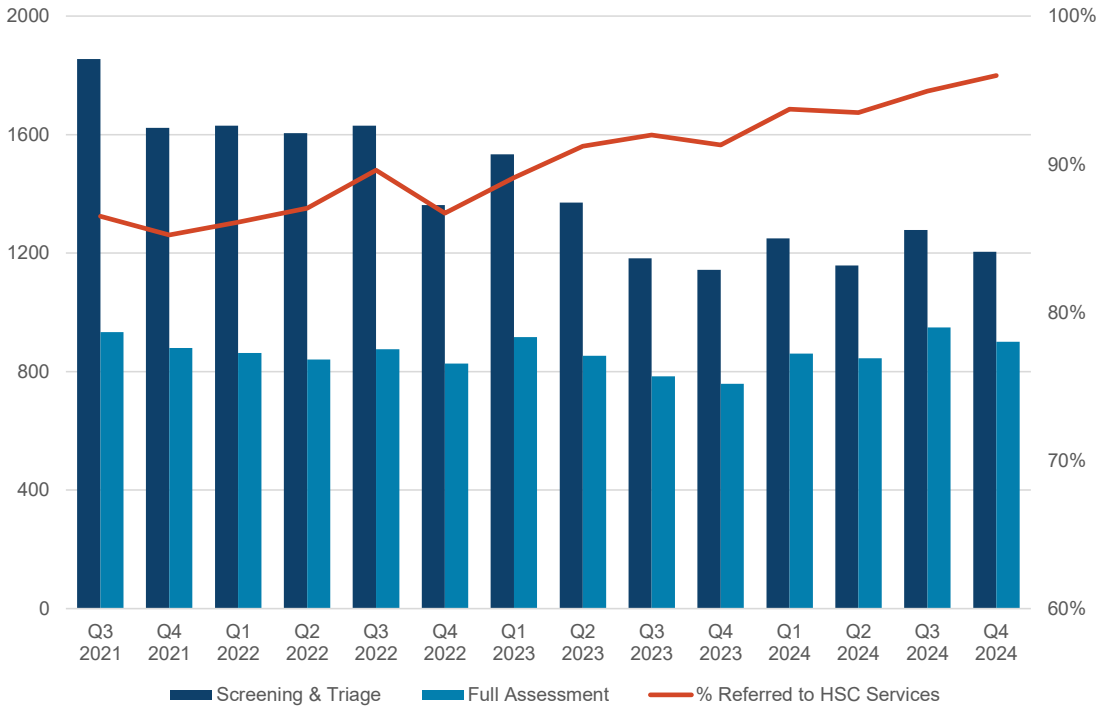
2,380 youth served

63,310 youth services

Behavioral Health Division

Clinics Overview: Our role/services

Assessment Services: Biennium Comparison (7/2021-6/2023 vs. 7/2023-12/2024)



- Reduction of individuals seeking services since last biennium
  - Due to community knowledge of previous access requirements
- Number of individuals referred to a full assessment after initial screening increased by 15% (from 55% to 70%).
- 93% of individuals are now recommended for services following a full assessment (previously 88%).

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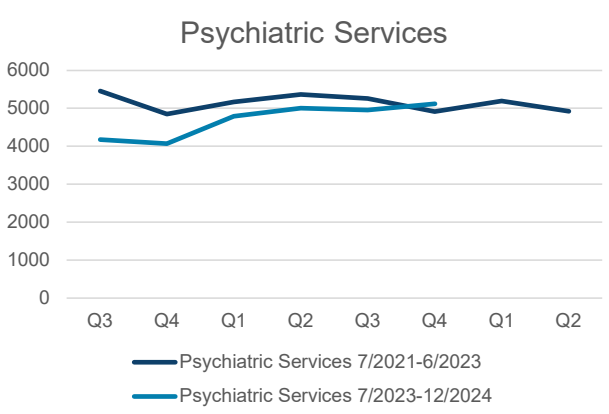
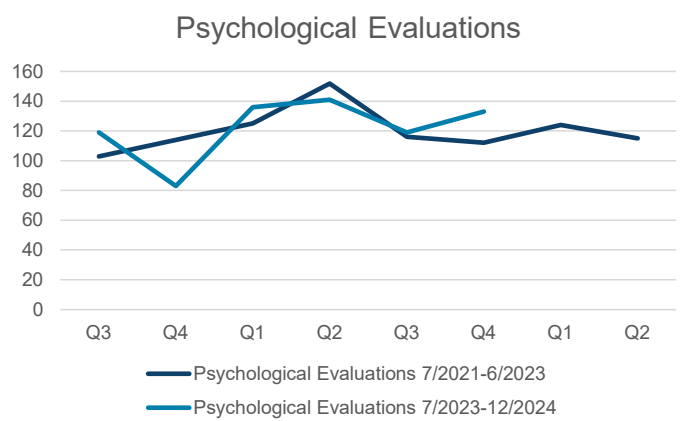
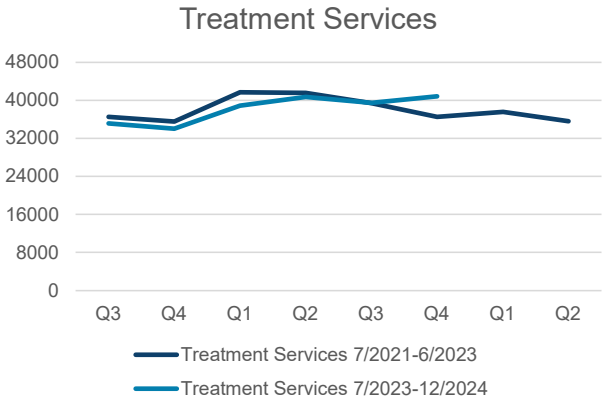
Behavioral Health Division

Clinics Overview: Our role/services

Specialized & Treatment Services: Biennium Comparison (7/2021-6/2023 vs. 7/2023-12/2024)







Psychiatric services saw a bit of a decrease due to turnover of psychiatric provider. Monthly average services dropped from 1713 to 1561, while the average number of people served declined from 846 to 793.

Statutorily required Psychological Evaluations have experienced an increase in need. Average services rose from 80 a month to 91, and the average number of people served remained steady from 35 a month to 36.

Treatment services include both mental health & SUD services, and services remained relatively stable, with a monthly average of 12,680 services provided a month in 2021-2023 to an average of 12,720



Location of Services

7/1/2023-12/31/2024

- 47%* of services completed in community or through telehealth
- 5957 services provided to individuals currently incarcerated
  - 791 of those services were provided through partnership with Integrated Telehealth Partners

*location of services identifies where the service started

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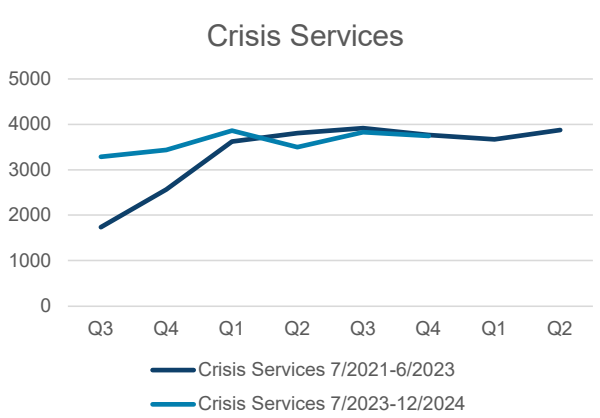
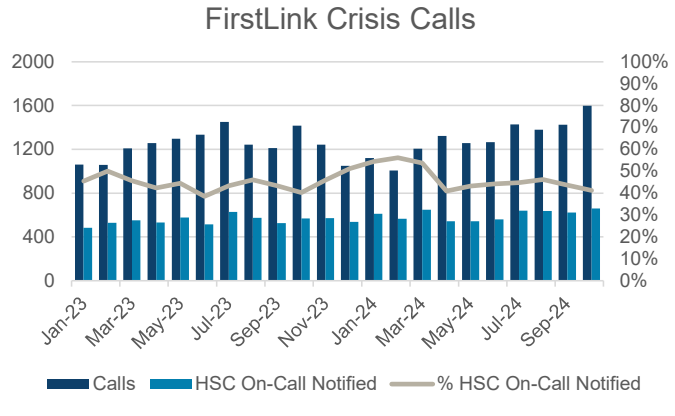
Behavioral Health Division

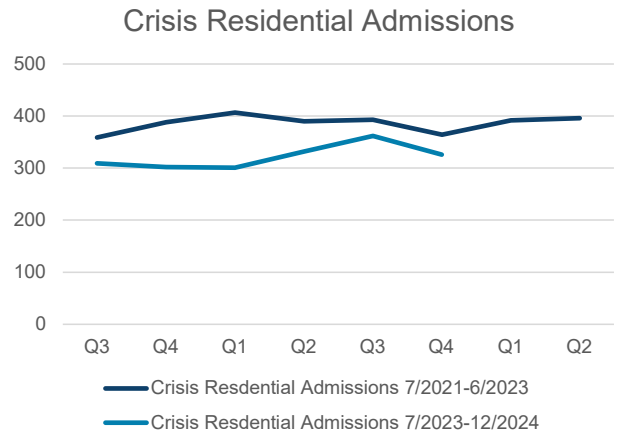
Clinics Overview: Our role/services

Crisis Services: Biennium Comparison (7/2021-6/2023 vs. 7/2023-12/2024)

**FirstLink data is from 1/2023 – 10/2024*







Crisis service utilization has increased since the start of the previous biennium. We are currently providing an average of 1,199 monthly crisis services this biennium, compared to 1,123 in the previous biennium.

The number of crisis calls into the crisis call center, FirstLink, has been steadily increasing. On average, 46% of these calls require notification of the HSC crisis on-call team.

Count of crisis residential admissions decreased since the last biennium, from a monthly average of 129 admissions to 106. However, two regions had extended periods without a residential facility during this biennium, impacting statewide census.

Behavioral Health Crisis Care

Updates by Region

Region 1:
Northwest-Williston
- In-Person Response: Active
- Crisis Unit: Active
- Drop-In: Active

Region 2:
North Central-Minot
- In-Person Response: Active
- Crisis Unit: Active
- Drop In: Active

Region 3:
Lake Region-Devils Lake
- In-Person Response: Active
- Crisis Unit: Not Active
  - RFP pending
- Drop-in: Not Active

Region 4:
Northeast-Grand Forks
- In-Person Response: Active
- Crisis Unit: Active
- Drop-in: Not Active

Region 5:
Southeast-Fargo
- In-Person Response: Active
- Crisis Unit: Active
- Drop-in: Active

Region 6:
South Central-Jamestown
- In-Person Response: Active
- Crisis Unit: Active
- Drop-in: Active

Region 7:
West Central-Bismarck
- In-Person Response: Active
- Crisis Unit: Active
- Drop-in: Active

Region 8:
Badlands-Dickinson
- In-Person Response: Active
- Crisis Unit: Active
- Drop-in: Not Fully Active
  - Accepting Coordinated Drop Offs

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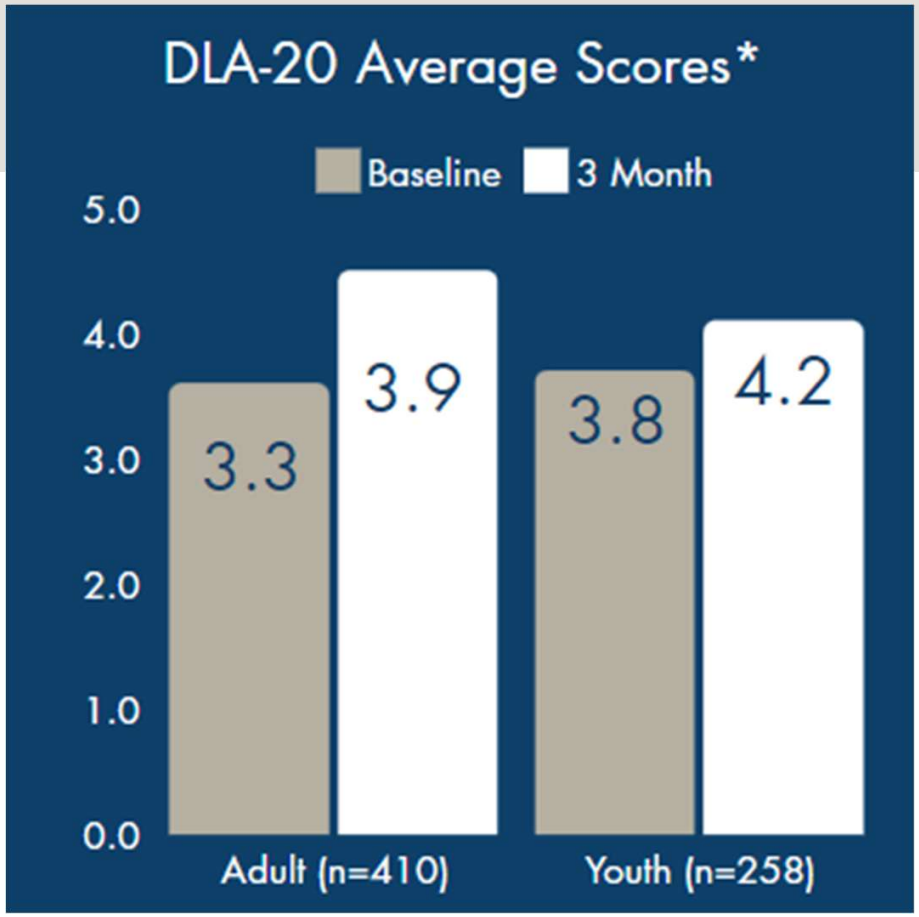
Improving Outcomes

DLA-20 Average Scores, 10/4/2023 – 12/31/2024

- The DLA-20 measures daily living skills across 20 areas, with scores ranging from 1 to 7, where higher scores indicate better functioning.
- 18 % increase in Adult DLA-20 Scores
- 10% increase in Youth DLA-20 Scores
- These increases of scores from baseline to DLA-20s taken again in 3 months suggests measurable progress and highlights the effectiveness of the intervention.



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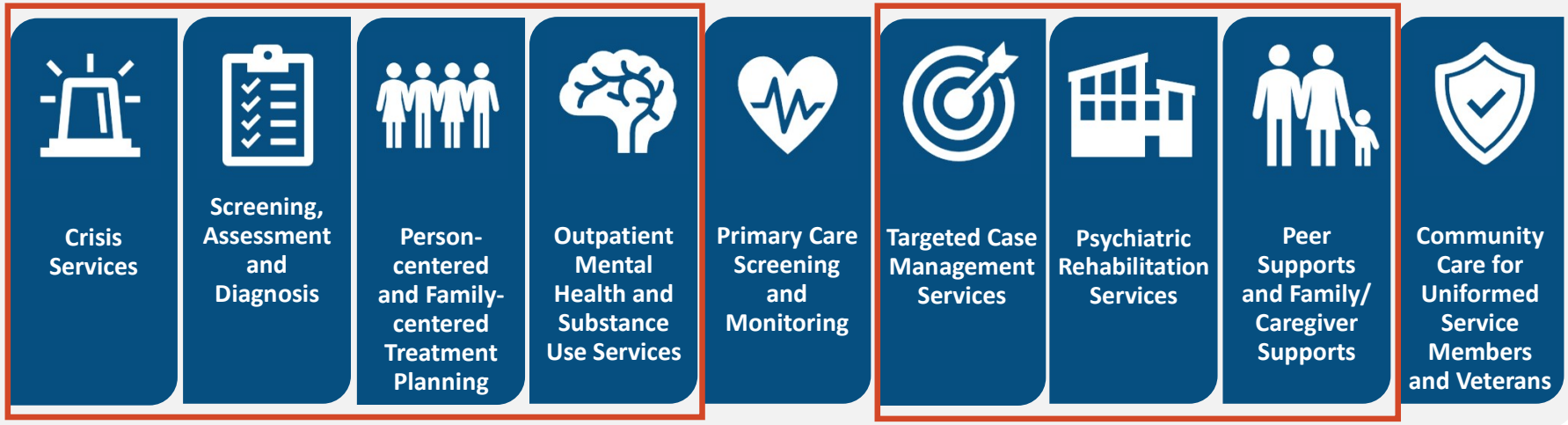
Partners | Providers

Recovery Centers	Contracted Crisis Units	Transitional Living Facilities	3.1 SUD Residential	Hospitals/ER's/Critical Access Hospitals
Community Inpatient Hospital	Crisis Psychiatric and Nursing (Legacy, LLC, FasPsych)	Consultants (MTM, NatCon, FFT LLC)	Crisis Services (Avel E-Care, Solutions mobile crisis)	Medical Detox (Clay County Receiving Center)
Employment Support (Vocational Rehabilitation)	Sex Offender Treatment (STAND)	Jail Behavioral Health Services (Integrated Telehealth Partners)	UND Med School (UND)	Other (med delivery, taxi, etc.)

Certified Community Behavioral Health Clinics

CCBHC

Services may be delivered directly by the CCBHC or by a Designated Collaborating Organization (DCO). CCBHCs are expected to directly deliver the majority of encounters.



Provision of all services is person- and family-centered.

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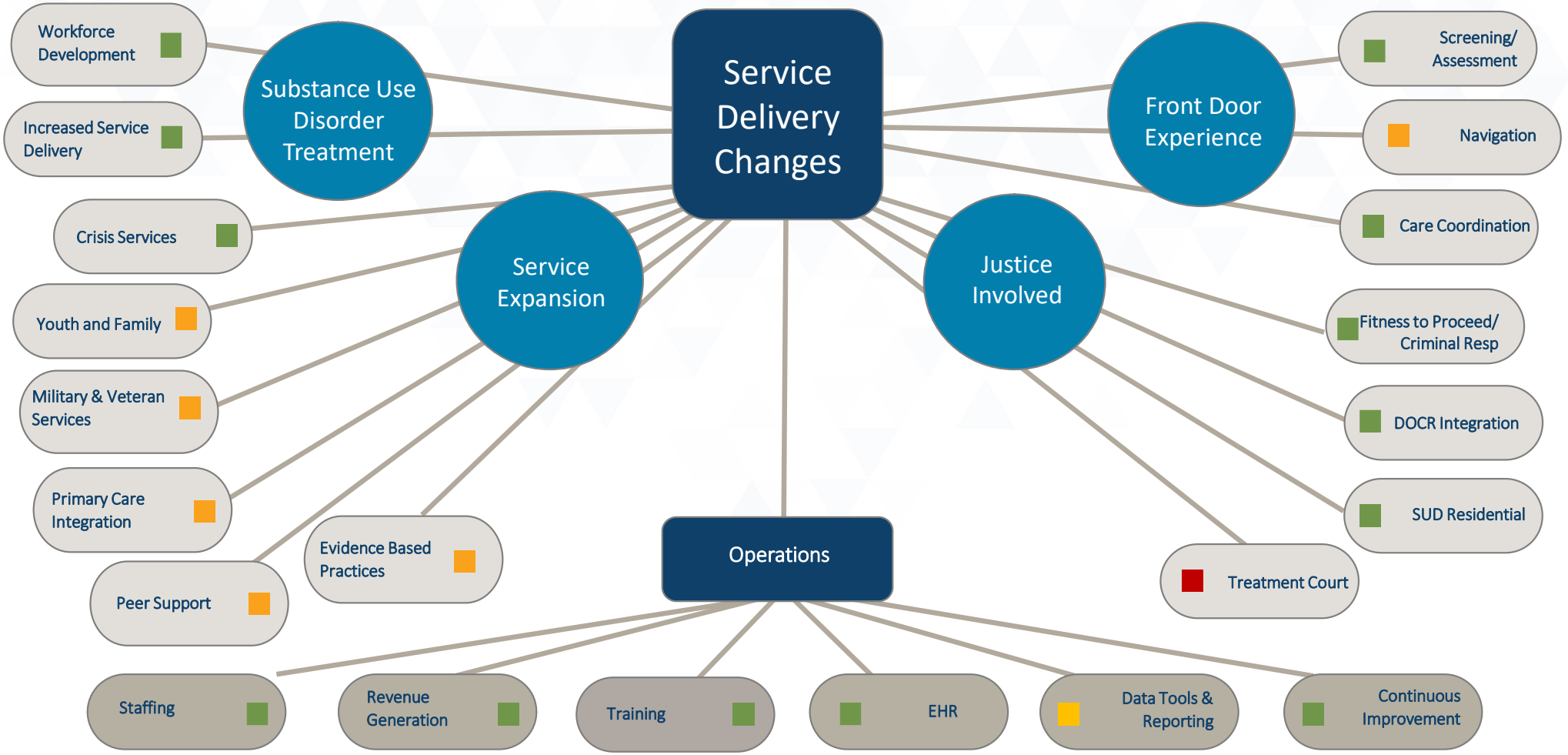
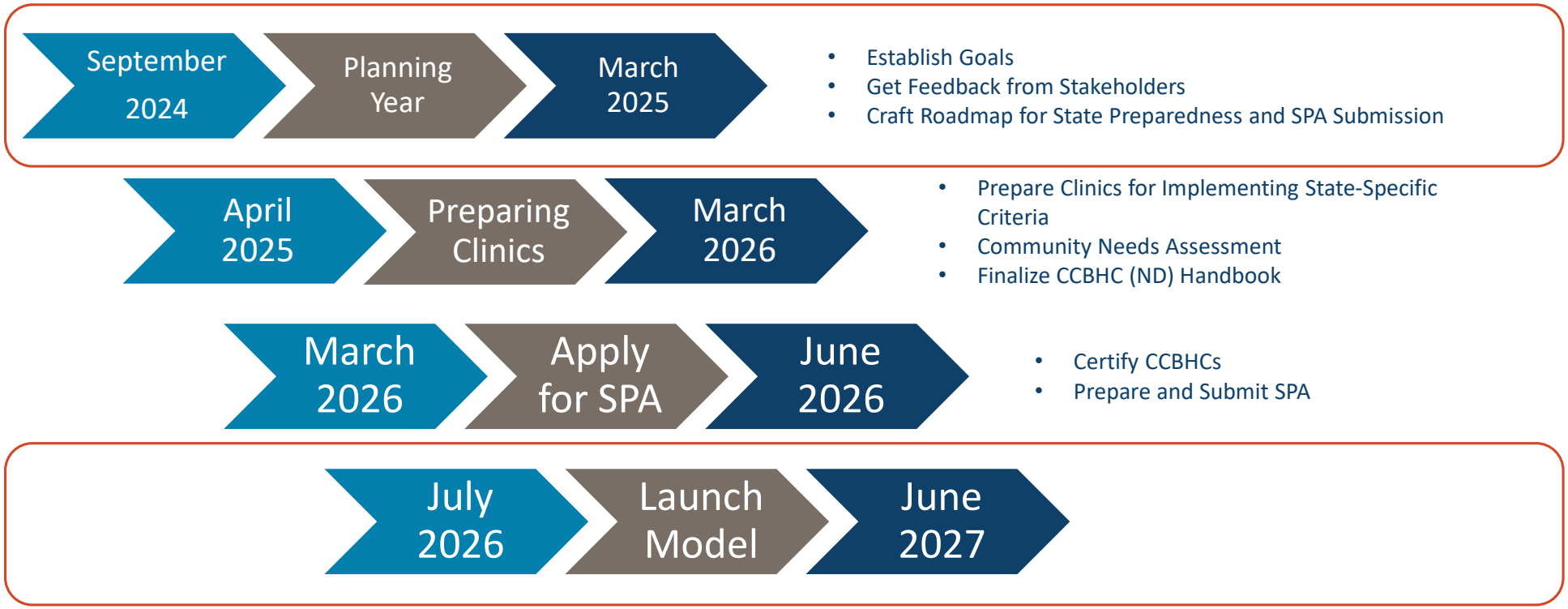
Clinic Service Enhancement Initiatives



ND PLANNING AND IMPLEMENTATION TIMELINE*



*THIS TIMELINE WAS PREPARED FOR NORTH DAKOTA BY NATIONAL COUNCIL FOR MENTAL WELLBEING BASED ON STANDARD PRACTICES

2025-2027
Budget Request

One Time Funding Items for Current Biennium



SEHSC Capital Projects

- $735,154
  - Parking lot resurfacing
    - Complete
  - Mechanical Safety System update
    - Complete
- $6,400,000
  - To be used for Badlands and Northwest CCBHC
    - Request to carry over, no expenditure to date
- $4,150,000
  - CCBHC 21-23 carryover appropriation

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Decision Package Detail

By Ongoing, One-Time and Funding Source

Provider Inflation

- 1.5%/1.5% = $814,210

Executive Compensation plan

- Includes 3%/3% & Health Insurance
  - $6,615,564

Capital Projects

- Southeast HSC Bathroom Remodel
  - $972,000 SIIF Funds
    - One time funding

Decision Package Detail (continued)

By Ongoing, One-Time and Funding Source

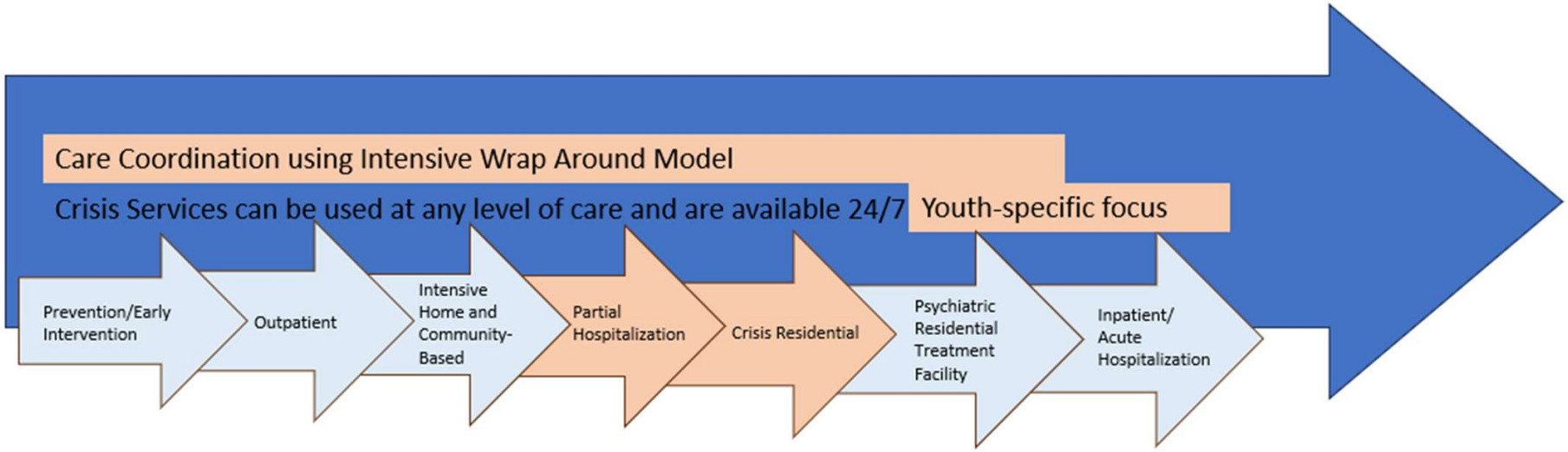
Services – Behavioral Health Current - $4,029,223

- Crisis Residential Contract Inflation - $706,233
- Addiction Residential Contract Inflation - $917,786
- Recovery/Rehab Contract Inflation - $2,154,668
- Western ND staffing compensation - $250,536

Children's Behavioral Health - $6,000,000

- Youth Crisis Stabilization Pilot
  - $3M General Fund
  - $3M Federal Fund

Youth Continuum of Care and Crisis Services



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Comparison of budgets and funding

By Budget Account Code

DESCRIPTION	2023-25 LEGISLATIVE BASE	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)
511x Salaries - Regular	$ 95,297,086	$ 108,024,073	$ 12,726,987
512x Salaries - Other	6,786,511	409,095	(6,377,416)
513x Salaries Temp	9,121,884	7,727,856	(1,394,029)
514x Salaries Overtime	960,688	1,399,151	438,463
516x Salaries Benefits	37,622,036	50,020,929	12,398,893
Total Salaries & Benefits	**$ 149,788,205**	**$ 167,581,103**	**$ 17,792,898**
52x Travel	1,790,117	2,616,486	826,368
53x Supply	976,622	1,068,054	91,431
54x Postage & Printing	178,137	116,756	(61,381)
55x Equipment under $5,000	110,594	172,080	61,486
56x Utilities	218,410	225,748	7,338
57x Insurance	7,646	3,750	(3,896)
58x Rent/Leases - Bldg/Equip	7,452,845	7,277,107	(175,738)
59x Repairs	682,082	721,221	39,139
61x Professional Development	304,382	771,899	467,517
62x Fees - Operating & Professional	33,448,756	49,743,237	16,294,480
53x Supplies	91,086	77,914	(13,172)
60x IT Expenses	1,255,060	881,714	(373,346)
68x Land, Building, Other Capital	80,000	1,052,000	972,000
69x Over	-	16,000	16,000
69x Equipment Over $5,000	-	20,000	20,000
Total Operating	**$ 46,595,738**	**$ 64,763,965**	**$ 18,168,227**
Total	**$ 196,383,943**	**$ 232,345,068**	**$ 35,961,124**
Total General	**$ 147,552,022**	**$ 174,704,515**	**$ 27,152,493**
Total Federal	**$ 32,716,523**	**$ 38,440,713**	**$ 5,724,190**
Total Other	**$ 16,115,400**	**$ 19,199,840**	**$ 3,084,439**

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Operating Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE/ (DECREASE)
Crisis Residential Contracts	$ 11,801,827	$ 12,102,208	$ 300,381
Transitional Living Residential Contracts	$ 4,756,725	$ 4,756,785	$ 60
Substance Use Treatment Contracts (SUPTRS)	$ 139,452	$ 7,825,962	$ 7,686,510
Medication Delivery Contracts	$ 428,890	$ 438,389	$ 9,499
Serenity Residential Contract	$ 523,002	$ 568,724	$ 45,722
Recovery Center Contracts	$ 2,352,411	$ 2,395,604	$ 43,193
Inpatient Hospitalization Contracts	$ 3,975,812	$ 5,059,792	$ 1,083,980
Mobile Crisis Contract	$ 427,985	$ 427,985	$ -
Sex Offender Treatment Services Contract	$ 1,087,024	$ 1,136,429	$ 49,405
WC Case Aide Transportation contract	$ 211,704	$ 211,704	$ -
Social Detox	$ 178,413	$ 260,000	$ 81,587
Extended Services Rocky Mtn Rehab Contract	$ 1,428,412	$ 1,428,412	$ -
DDCAT Case Western Training Contract	$ 60,000	$ 60,000	$ -
Therapeutic Options Contract	$ -	$ 20,328	$ 20,328
HSC Accrediation Contract	$ 180,850	$ 164,850	$ (16,000)
CARF Accreditation Fees for Ruth Meiers PRTF	$ 12,000	$ 7,500	$ (4,500)
Works Employment Training	$ 470,588	$ 470,588	$ -
FFT Consultant Contract	$ -	$ 216,500	$ 216,500
CCBHC Operating (moved to salaries)	$ 3,938,041	$ -	$ (3,938,041)
CCBHC Operating - federal grant authority	$ -	$ 2,000,000	$ 2,000,000

Operating Schedule (continued)

DESCRIPTION	2023-25 BIENNIUM AMOUNT	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE/ (DECREASE)
Expanding Mobile Crisis - Technology (Other Fund)	$ 117,500	$ 117,500	$ -
Real-time GPS technology-call center & mobile crisis team (Other Fund)	$ 500,000	$ 500,000	$ -
Adjustments made to tie to Legislative 23-25 Budget	$ (7,055,890)	$ -	$ 7,055,890
Respite Contracts/Provider Payments	$ 142,799	$ 39,436	$ (103,363)
Prime Time Healthcare (Tompkins)	$ -	$ 250,000	$ 250,000
Fargo Drug Court Services Contract	$ 395,194	$ 395,194	$ -
Psychiatry Resident Contract	$ 60,122	$ 60,122	$ -
Supportive Apartments	$ 67,227	$ 67,227	$ -
Youth & Family FLEX/WRAP Funds	$ 230,895	$ 256,895	$ 26,000
PATH Rent Assistance for Homeless Clients	$ 44,225	$ 24,225	$ (20,000)
SEHSC Drain Tax/Special Assesments	$ 30,878	$ 3,300	$ (27,578)
MST Annual Licenses	$ 14,300	$ 14,300	$ -
Service Awards/Staff Licenses/Other Operating	$ 293,323	$ 237,019	$ (56,304)
Pharmacy Inspections	$ 17,535	$ 18,255	$ 720
Operational Underfund	$ -	$ (3,121,940)	$ (3,121,940)
SUPTRS Contracts Duplicate funding	$ -	$ (5,400,000)	$ (5,400,000)
SCHSC Reduction of work services contract	$ -	$ (250,000)	$ (250,000)
WCHSC Inpatient Contract Savings	$ -	$ (23,340)	$ (23,340)
WCHSC Medication Contract Duplicate Reduction	$ -	$ (10,454)	$ (10,454)
NCHSC Inpatient Contract Savings	$ -	$ (371,567)	$ (371,567)

Operating Schedule(continued)

DESCRIPTION	2023-25 BIENNIUM AMOUNT	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE/ (DECREASE)
Provider Inflation	$ -	$ 814,210	$ 814,210
Decision Package - Svc - BH Current	$ -	$ 3,778,687	$ 3,778,687
Decision Package - Children's Behav Health - Youth Crisis Stabilization			
Pilot 50% general/federal	$ -	$ 6,000,000	$ 6,000,000
HSC Rate Setting Contract - Other Fund	$ -	$ 235,676	$ 235,676
On-Call Crisis Psychiatry Services	$ 3,874,500	$ 3,874,500	$ -
On-Call Crisis Nursing Services	$ 2,080,000	$ 2,080,000	$ -
Crisis Physician	$ 132,000	$ 132,000	$ -
Interpreter Services	$ 79,228	$ 61,951	$ (17,277)
SEHSC Security Services	$ 27,000	$ 32,000	$ 5,000
MST Consultants	$ 267,800	$ 150,000	$ (117,800)
Client meds/Medical/Pharmacy Suppplies	$ 95,633	$ 118,632	$ 22,999
Nicotene Replacement Therapies (NRT) Supplies	$ 56,000	$ 95,800	$ 39,800
Staff TB Testing	$ 3,100	$ 10,349	$ 7,249
Staff Preplacement Exams - RMAC	$ 2,252	$ 1,500	$ (752)

GENERAL FUND	**$ 32,831,257**	**$ 43,890,061**	**$ 11,058,804**
FEDERAL FUND	**617,500**	**5,000,000**	**5,000,000**
OTHER FUND	**617,500**	**853,176**	**235,676**
GRAND TOTAL	**$ 33,448,757**	**$ 49,743,237**	**$ 16,294,480**

Grants Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE/ (DECREASE)
Not applicable			$ -
			-
			-
			-
			-

GENERAL FUND			
FEDERAL FUND			
OTHER FUND			
GRAND TOTAL	**$ -**	**$ -**	**$ -**

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Comparison of budgets expenditures and projections

By Budget Account Code

DESCRIPTION	2023-25 LEGISLATIVE BASE	EXPENDED AS OF 12/31/2024	PROJECTION THROUGH 6/30/2025	UNDER / (OVER) BUDGET
511x Salaries - Regular	$ 95,297,086	$ 65,700,860	$ 90,558,889	$ 4,738,198
512x Salaries - Other	6,786,511	92,457	128,182	6,658,329
513x Salaries Temp	9,121,884	1,648,272	2,709,863	6,412,021
514x Salaries Overtime	960,688	1,151,829	1,396,244	(435,556)
516x Salaries Benefits	37,622,036	30,092,305	42,131,251	(4,509,215)
Total Salaries & Benefits	**$ 149,788,205**	**$ 98,685,723**	**$ 136,924,428**	**$ 12,863,777**
52x Travel	1,790,117	1,401,410	1,974,388	(184,271)
53x Supply	976,622	597,648	917,914	58,708
54x Postage & Printing	178,137	65,530	97,097	81,040
55x Equipment under $5,000	110,594	137,087	345,844	(235,250)
56x Utilities	218,410	144,983	198,969	19,441
57x Insurance	7,646	1,849	3,448	4,198
58x Rent/Leases - Bldg/Equip	7,452,845	6,379,167	8,564,187	(1,111,342)
59x Repairs	682,082	444,770	676,323	5,759
61x Professional Development	304,382	368,525	558,134	(253,752)
62x Fees - Operating & Professional	33,448,756	23,496,986	36,609,785	(3,161,028)
53x IT Supplies	91,086	65,783	83,698	7,388
60x IT Expenses	1,255,060	615,729	901,800	353,260
68x Land, Building, Other Capital	80,000	435,396	765,073	(685,073)
69x Equipment Over $5,000	-	61,562	61,562	(61,562)
Total Operating	**$ 46,595,738**	**$ 34,216,425**	**$ 51,758,221**	**$ (5,162,483)**
Total	**$ 196,383,943**	**132,902,148**	**$ 188,682,650**	**$ 7,701,294**
Total General	**$ 147,552,022**	**$ 103,104,895**	**$ 143,829,401**	**$ 3,722,621**
Total Federal	**$ 32,716,523**	**$ 15,605,390**	**$ 22,661,311**	**$ 10,055,213**
Total Other	**$ 16,115,400**	**$ 10,259,519**	**$ 17,438,423**	**$ (1,323,022)**

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Behavioral Health Division
Clinics

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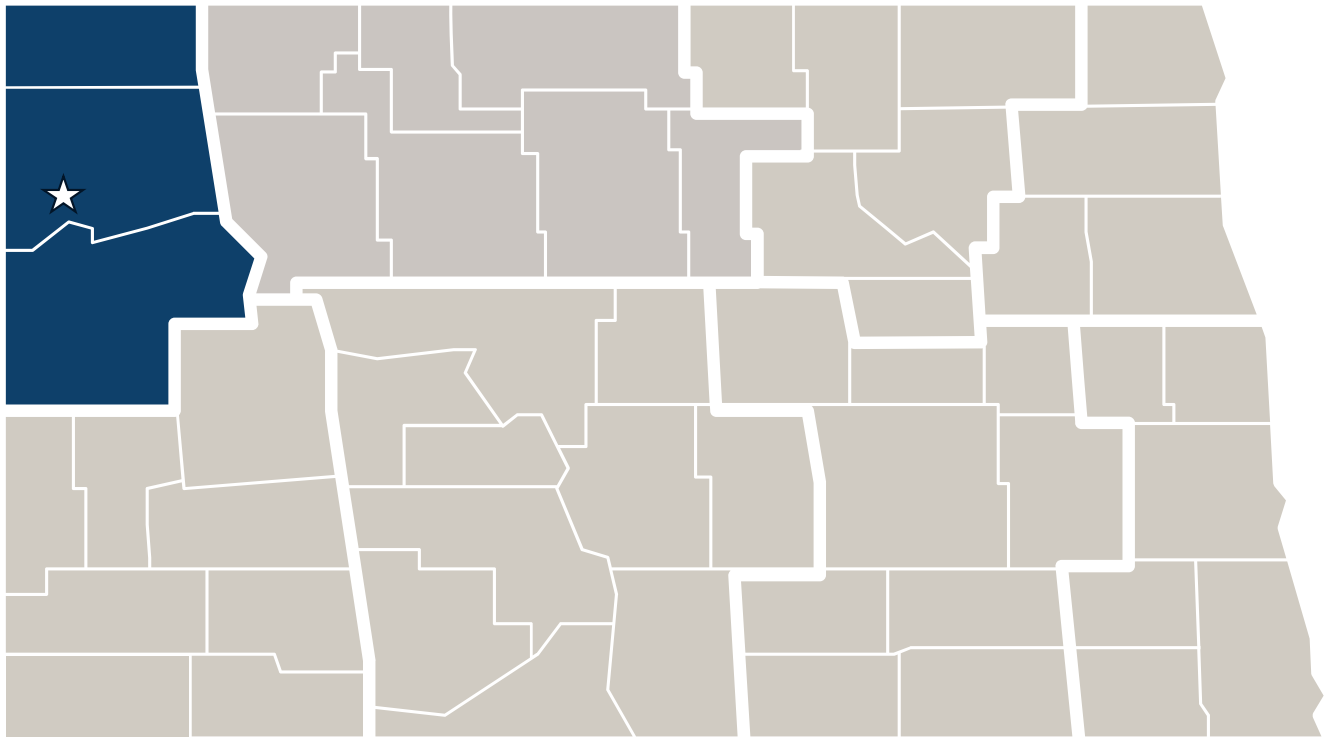

HB1012 Detail to House Appropriations

Char Ferrell | Regional Director – Northwest Human Service Center
Jan. 21, 2025

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Individuals Served 7/2023-12/2024

906 adults served

10,734 adult services

197 youth served

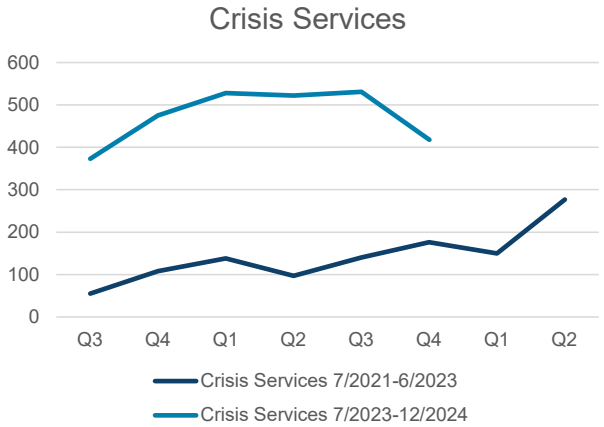
3,034 youth services

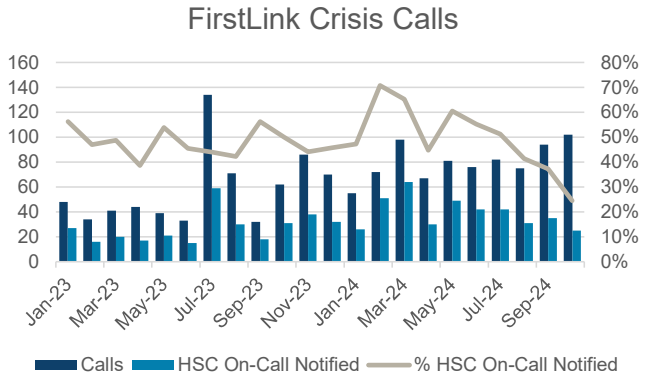
Northwest HSC

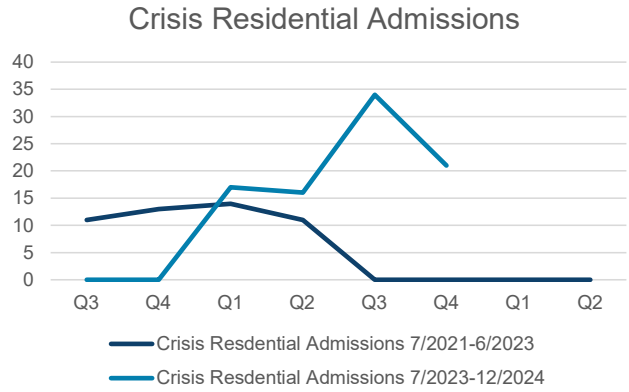
Clinics Overview: Our role/services

Crisis Services: Biennium Comparison (7/2021-6/2023 vs. 7/2023-12/2024)

**FirstLink data is from 1/2023 – 10/2024*







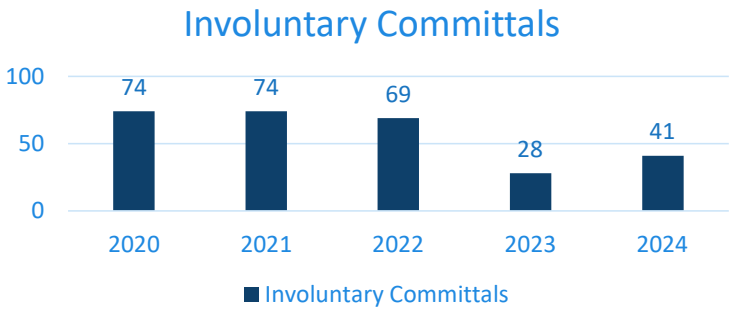
Crisis service utilization has significantly increased this biennium. We are currently providing an average of 158 monthly crisis services this biennium, compared to 48 in the previous biennium.

There is an average of 68 crisis calls a month to the crisis center, FirstLink . On average, 49% of these calls require notification of the HSC crisis on-call team.

This region was without a local crisis residential unit for 18 months. Since new contracted facility opened Jan 2024, admissions have increased to a monthly average admission count of 8.

Crisis Services

- ✓ Service Utilization improved from 48 services per month last biennium to 158 services per month current biennium
  - **229% increase in crisis services provided compared to last biennium**
- ✓ Able to respond outside of 45-mile radius during day
- ✓ Rural response managed virtually either by our crisis team, or Avel E-Care at night (next slide)
- ✓ Per Williams County State's Attorney's Office, substantial reduction in involuntary commitments



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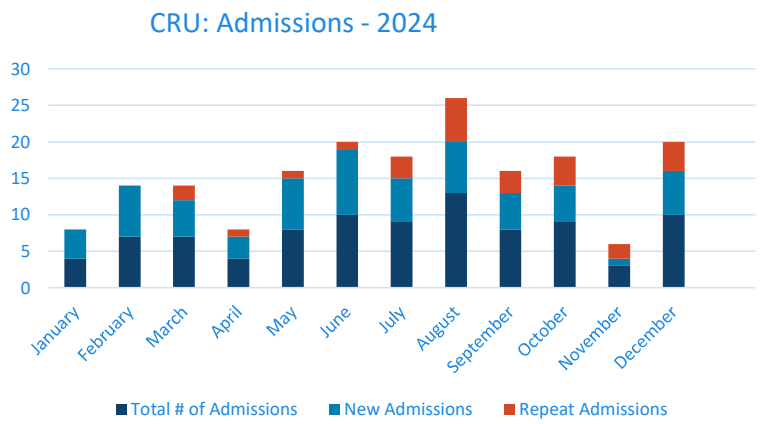
Avel E-Care

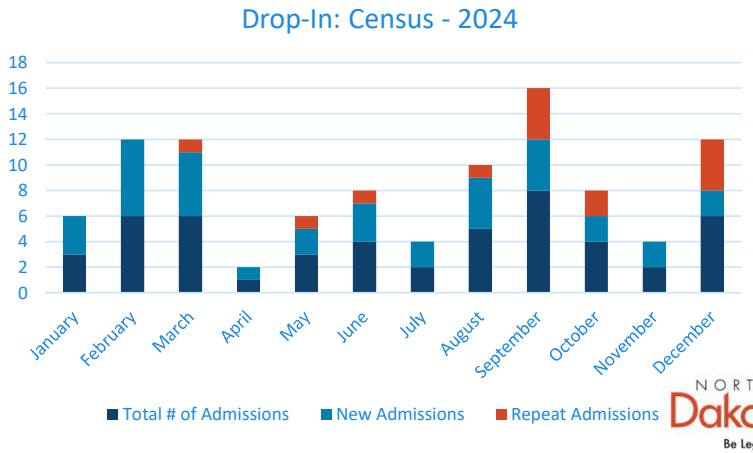
- Went Live February 2024, has had positive impact.
- McKenzie County Sheriff's Department has highest usage in the state
  - Other agencies utilizing
    - Divide County Sheriff's Department
    - Tioga Police Department
    - Williams County Sheriff's Department
    - Williston Police Department
- NW crisis staff notified of Avel interventions and follow up within 24 hours



Crisis Stabilization Unit

- Jan 15, 2025: One year mark of new vendor---Centre, Inc
  - Drop-In Center
    - fully functional
  - Residential
    - capacity for 10 total beds (7 crisis, 3 TL)





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Correctional Center Services

- Meet with Williams County Correctional Center (WCCC) weekly regarding needs.
  - WCCC utilizes statewide contract with Integrated Telehealth Partners to service basic depression/anxiety.
  - NWHSC provides services for the more severe inmates
    - 1,207 total services provided in the 2024
- Divide County inmates housed at WCCC
- Provide services as requested to McKenzie County Correctional Center
  - Primarily utilize Integrated Telehealth Partners to meet needs

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Progress Towards Certified Community Behavioral Health Clinic

Facility Assessment Needs



Contract to explore options to optimize dollars for space with expansion to CCBHC



Building is a former hospital

Oversized offices and hallways result in higher costs

Having Recovery Center onsite presents safety risk as members have free access to medical unit

Teams segregated by 4 stories



Old and tired facility

Paying one of highest leasing rates in the state

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Progress Towards CCBHC



- Letter of Intent submitted
- Psychiatric providers initiating Medication for Substance Use Disorder
- Crisis Drop-In Center fully functioning
- Additional FTE to position NW to meet increased demand
  - ✓Behavioral Health Liaison
  - ✓Community Care Coordinator
  - ✓2 additional Peer Support Specialists
  - ✓Continuous Quality Improvement Manager

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Family Functional Therapy

- 1 of 2 Family Functional Therapists hired
  - Full case load
  - On average 4 evenings per week to meet families
  - Works closely with Youth and Family Team



Recruitment & Retention

Hard-to-fill positions:

- **Licensed Addiction Counselor**—vacated Nov 2021, filled Dec 2024
  - heavily advocated for higher salary offer
  - Two prior applicants declined the equitable offer
- **Psychologist**—vacated 2021, hired telehealth April 2024
- **Independently licensed therapists**—
- **Clinical Director**—vacated Sept 2022, still vacant, 2 years 5 months

Recruitment Challenges

- Region 1 has a 16% higher cost of living

(NDLMI - North Dakota Cost of Living Dashboard)

Region	Per Single Person	Time Period	Cost	Percentage Compared to State Average
Region 1	1 Adult , 0 Children	Q2 2024	$29,754	116%
Region 2	1 Adult , 0 Children	Q2 2024	$26,361	103%
Region 3	1 Adult , 0 Children	Q2 2024	$21,865	85%
Region 4	1 Adult , 0 Children	Q2 2024	$24,868	97%
Region 5	1 Adult , 0 Children	Q2 2024	$24,970	97%
Region 6	1 Adult , 0 Children	Q2 2024	$23,000	90%
Region 7	1 Adult , 0 Children	Q2 2024	$26,618	104%
Region 8	1 Adult , 0 Children	Q2 2024	$26,565	104%
North Dakota	1 Adult (19-51 yrs, FT wrkr); 0 Children	Q2 2024	$25,632	100%

Local Wage Disparity

Agency	Registered Nurse	Licensed Therapist	Direct Care	Support Staff
NWHSC	$5,708	$7,178	$3,450	$3,629
Average Community Partner	$6,685	$7,664	$3,632	$4,281
Percentage Difference from NWHSC	14.61%	6.34%	31.28%	5.00%

Other Workforce Challenges

People we serve

- Diagnoses notably more severe than private practice
- it is not easy work

Counseling board

- Barriers to licensing clinicians coming from out of state

Success in Growing Staff Within

- **Tuition Reimbursement**
  - Psychometrist
  - LAC Spring 2025
  - Therapist 2026
  - PSS to LAC (just starting)
- **Internships**
  - 2 independently licensed therapists completed and stayed
  - 2 currently working toward licensure
- **Satisfaction Surveys**
  - Gallup
  - Triad Survey
  - Stay Interviews
- **Work Culture**
  - Trainings
  - Team-building exercises
  - Activities

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Northwest FTE

Position Numbers Assigned/ Funding Exists	Number of people filling positions	# of Vacancies	# of Temporary
51.05	*35.05*	*16*	*3*

Average Age	*43*
Avg Years of Service	*5.79*
Retirement Risk	*5.88%*
Turnover 2023	*18.96%*
Turnover 2024	*21.72%*

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2025-2027
Budget Request

Decision Package Detail

By Ongoing, One-Time and Funding Source

Services – Behavioral Health Current

- Western ND behavioral health staffing compensation $250,536

Additional Executive Decision Packages

- Provider Inflation 1.5%/1.5% $49,171

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Comparison of budgets and funding

By Budget Account Code

DESCRIPTION	2023-25 LEGISLATIVE BASE	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)
511x Salaries - Regular	$ 5,031,262	$ 5,955,147	$ 923,884
512x Salaries - Other	-	250,536	250,536
513x Salaries Temp	501,249	145,389	(355,860)
514x Salaries Overtime	93,319	107,650	14,331
516x Salaries Benefits	2,523,494	2,837,328	313,834
Total Salaries & Benefits	**$ 8,149,323**	**$ 9,296,050**	**$ 1,146,726**
52x Travel	78,300	134,987	56,687
53x Supply	41,807	48,668	6,860
54x Postage & Printing	15,600	11,600	(4,000)
55x Equipment under $5,000	7,000	8,500	1,500
57x Insurance	-	250	250
58x Rent/Leases - Bldg/Equip	967,571	1,052,308	84,737
59x Repairs	10,220	84,026	73,806
61x Professional Development	13,400	94,120	80,720
62x Fees - Operating & Professional	1,919,289	2,265,498	346,209
53x Supplies	12,000	10,580	(1,420)
60x IT Expenses	83,268	65,843	(17,425)
Total Operating	**$ 3,148,457**	**$ 3,776,380**	**$ 627,923**
Total	**$ 11,297,780**	**$ 13,072,430**	**$ 1,774,649**
Total General	**$ 9,023,253**	**$ 10,399,621**	**$ 1,376,368**
Total Federal	**$ 1,570,586**	**$ 1,814,026**	**$ 243,440**
Total Other	**$ 703,941**	**$ 858,782**	**$ 154,841**

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Operating Schedule

DESCRIPTION	2023-25 BUDGET BASE	INCREASE/ DECREASE	2025-27 EXECUTIVE BUDGET RECOMMENDATION
Crisis Residential Contracted	$ 1,876,954	$ 300,381	$ 2,177,335
Service awards, freight and other operating costs	$ 19,746	$ (2,908)	$ 16,838
Interpreter Services	$ 6,000	$ (250)	$ 5,750
Medical Budget including staff TB testing	$ 5,840	$ 4,160	$ 10,000
Decision Package - Provider Inflation 1.5/1.5	$ -	$ 49,171	$ 49,171
HHS Other Operating Costs	$ 10,749	$ (4,345)	$ 6,404
GENERAL FUND	**$ 1,919,289**	**$ 346,209**	**$ 2,265,498**
FEDERAL FUND		**-**	
OTHER FUND		**-**	
GRAND TOTAL	**$ 1,919,289**	**$ 346,209**	**$ 2,265,498**

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Grants Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE/ (DECREASE)
Not applicable			$ -
			-
			-
			-
			-

GENERAL FUND			
FEDERAL FUND			
OTHER FUND			
GRAND TOTAL	**$ -**	**$ -**	**$ -**

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Comparison of budgets expenditures and projections

By Budget Account Code

DESCRIPTION	2023-25 LEGISLATIVE BASE	EXPENDED AS OF 12/31/2024	PROJECTION THROUGH 6/30/2025	UNDER / (OVER) BUDGET
511x Salaries - Regular	$ 5,031,262	$ 3,294,165	$ 4,837,721	$ 193,541
512x Salaries - Other	-	-	-	-
513x Salaries Temp	501,249	32,113	117,221	384,028
514x Salaries Overtime	93,319	78,633	79,425	13,894
516x Salaries Benefits	2,523,494	1,586,385	2,302,616	220,878
Total Salaries & Benefits	**$ 8,149,323**	**$ 4,991,295**	**$ 7,336,982**	**$ 812,341**
52x Travel	78,300	60,484	84,446	(6,146)
53x Supply	41,808	27,937	42,913	(1,105)
54x Postage & Printing	15,600	5,326	7,984	7,616
55x Equipment under $5,000	7,000	17,312	21,312	(14,312)
57x Insurance	-	50	50	(50)
58x Rent/Leases - Bldg/Equip	967,571	771,746	993,617	(26,046)
59x Repairs	10,220	38,014	55,496	(45,276)
61x Professional Development	13,400	18,533	35,718	(22,318)
62x Fees - Operating & Professional	1,919,289	1,227,087	1,869,064	50,226
53x Supplies	12,000	1,582	3,058	8,942
60x IT Expenses	83,268	29,914	44,288	38,980
Total Operating	**$ 3,148,457**	**$ 2,197,986**	**$ 3,157,945**	**$ (9,488)**
Total	**$ 11,297,780**	**7,189,281**	**$ 10,494,927**	**$ 802,853**
Total General	**$ 9,023,253**	**$ 6,235,755**	**$ 8,784,965**	**$ 238,288**
Total Federal	**$ 1,570,586**	**$ 609,586**	**$ 1,129,162**	**$ 441,424**
Total Other	**$ 703,941**	**$ 343,941**	**$ 580,800**	**$ 123,141**

NORTH Dakota Be Legendary. | Health & Human Services

Contact Information:
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Regional Director
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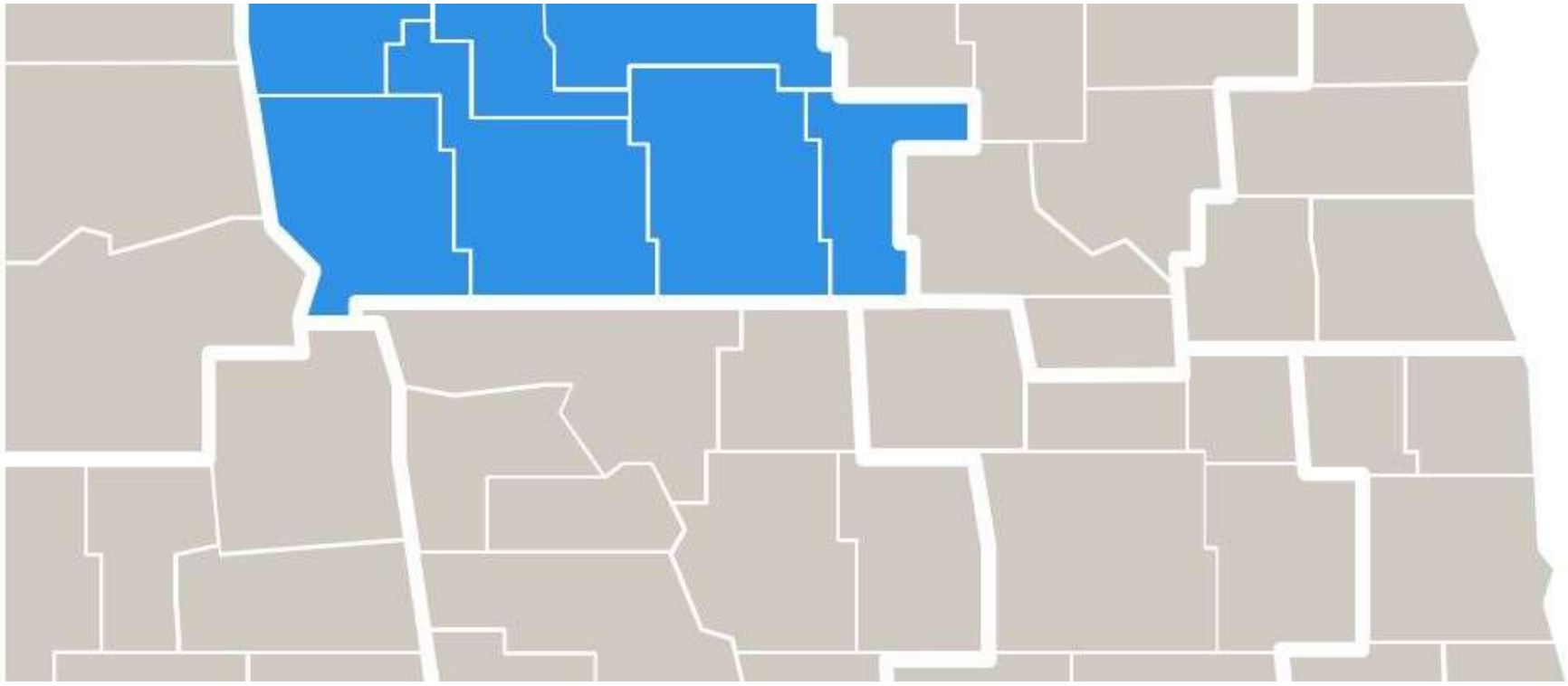
Region 2



HB1012 Detail to House Appropriations

John Butgereit | Regional Director- North Central Human Service Center
Jan. 21, 2025

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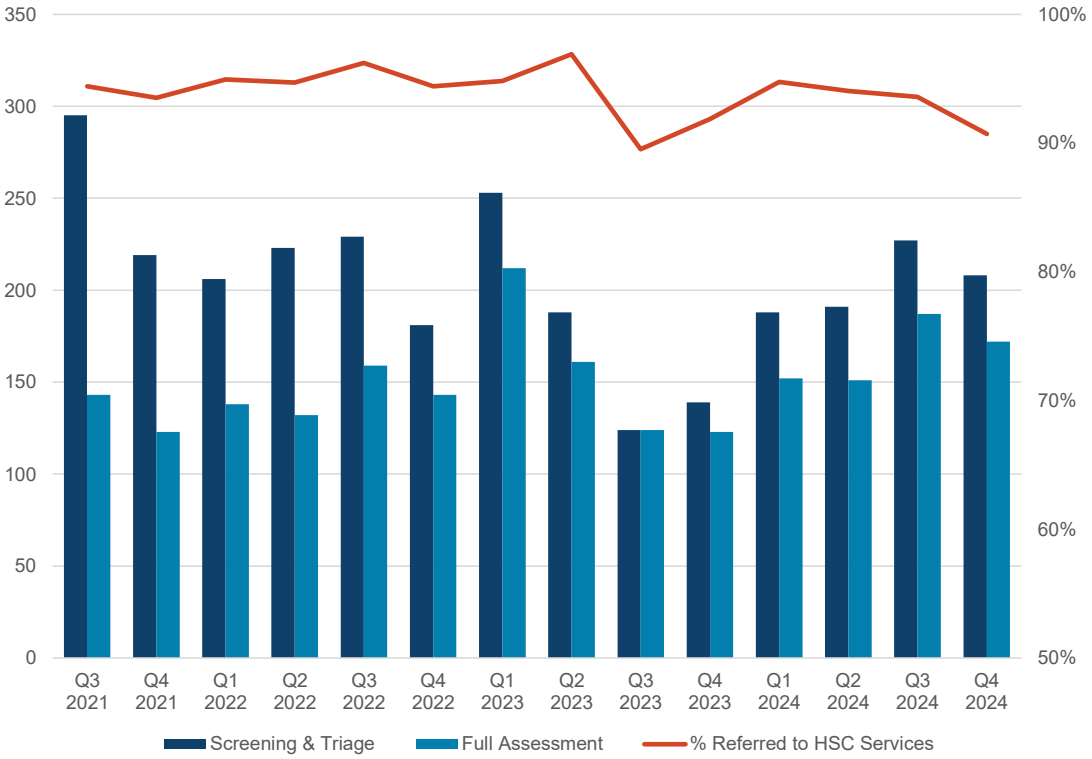
North Central HSC

Clinics Overview: Our role/services

Assessment Services: Biennium Comparison (7/2021-6/2023 vs. 7/2023-12/2024)



Increased Efficiency:

- While there was a slight reduction in requests for initial screen for services, the number of full assessments provide has maintained.
- Number of individuals who referred to a full assessment after initial screening increased by 22% (from 64% to 78%).

Enhanced Impact:

- 92% of individuals are now recommended for services following a full assessment.

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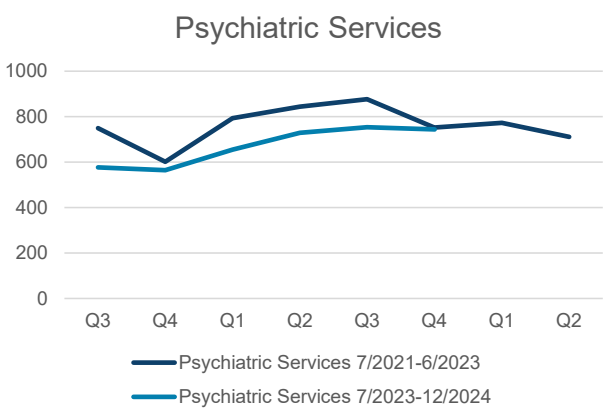
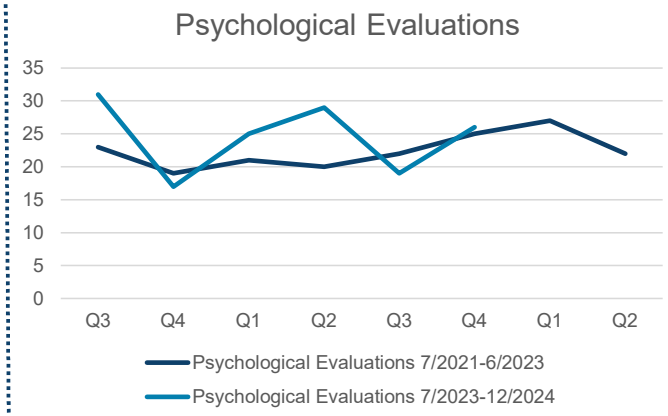
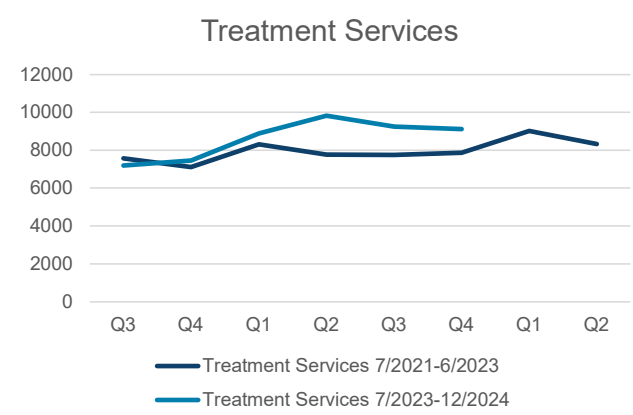
North Central HSC

Clinics Overview: Our role/services

Specialized & Treatment Services: Biennium Comparison (7/2021-6/2023 vs. 7/2023-12/2024)







Psychiatric services remained fairly steady with a monthly average of services dropped from 254 to 233, and the average number of people served decreased from 130 to 122.

Statutorily required Psychological Evaluations have remained fairly steady with a monthly average of services provided in 7/21-6/23 of 7 to 8 in 7/23-12/24.

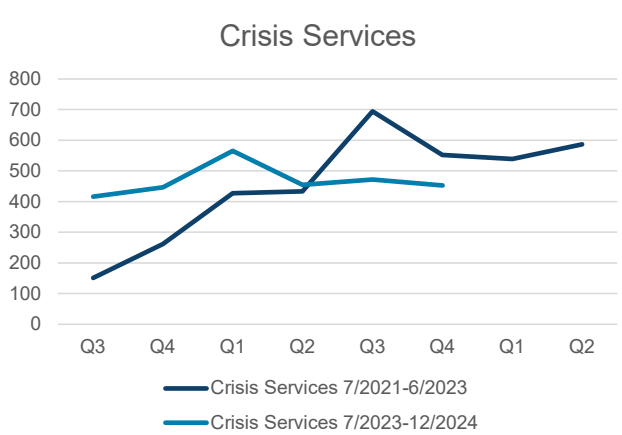
Treatment services include both mental health & SUD services, and services increased , with a monthly average of services provided in 7/21-6/23 of 2,655 to 2,872 in 7/23-12/24.

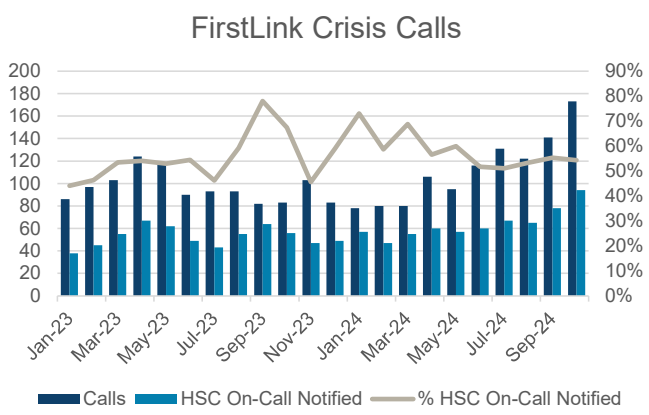
North Central HSC

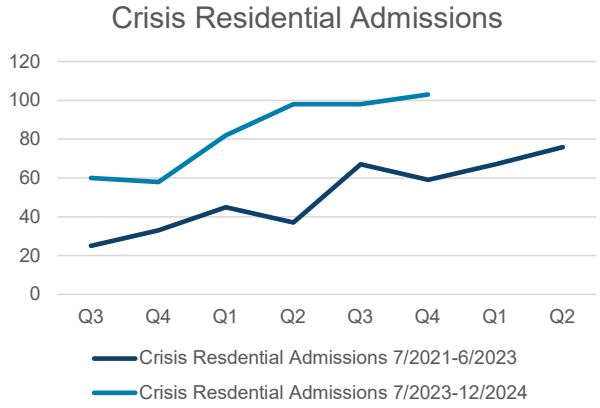
Clinics Overview: Our role/services

Crisis Services: Biennium Comparison (7/2021-6/2023 vs. 7/2023-12/2024)

**FirstLink data is from 1/2023 – 10/2024*







Crisis service utilization has increased slightly this biennium. We are currently providing an average of 156 monthly crisis services this biennium, compared to 152 in the previous biennium.

The number of crisis calls into the crisis call center, FirstLink, has been steadily increasing. On average, 57% of these calls require notification of the HSC crisis on-call team.

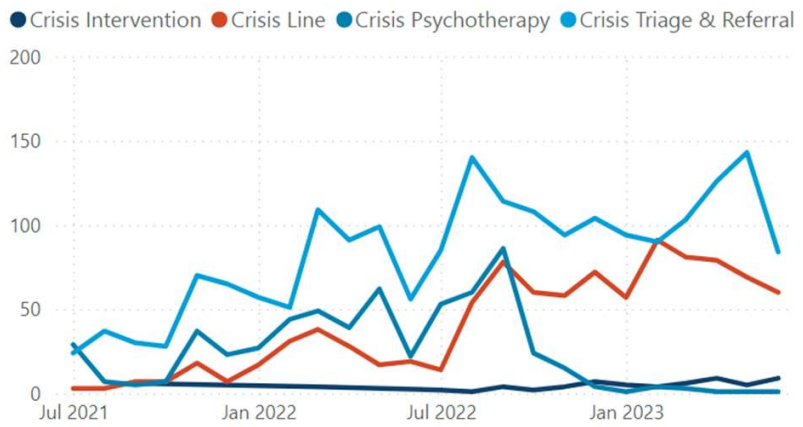
Count of crisis residential admissions has increased from the past biennium, with a monthly average admission count of 28 in 7/2023-12/2024 compared to 17 in 7/2021-6/2023.

North Central HSC

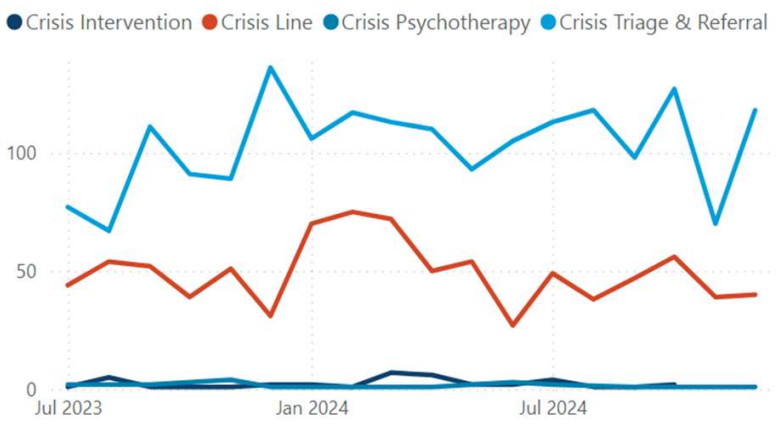
Clinics Overview: Our role/services

Crisis Services: Biennium Comparison (7/2021-6/2023 vs. 7/2023-12/2024)

Crisis Services by Type, 7/2021-6/2023



Crisis Services by Type, 7/2023-12/2024



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Crisis Services Continuum

Full region in-person crisis response (no longer limited to 45-mile radius)

Follow-up to all Avel E-Care activations

- Phone outreach at first
- In Person outreach if phone outreach unsuccessful

Crisis Stabilization Unit

- 1,508 hours of Crisis Stabilization Respite
- 24/7 Psychiatry with FasPsych
- Therapy Groups at facility

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Individuals Served 7/2023-12/2024

1,600 adults served

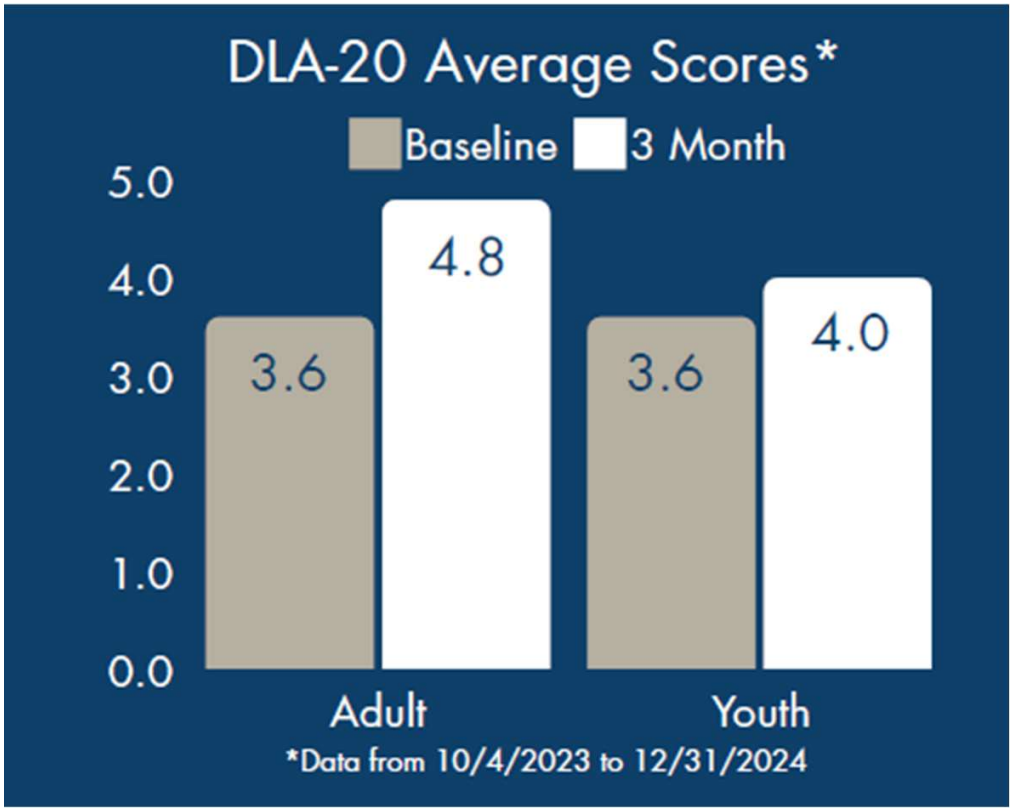
47,302 adult services

349 youth served

13,943 youth services

Improving Outcomes

DLA-20 Average Scores, 10/4/2023 – 12/31/2024



- The DLA-20 measures daily living skills across 20 areas, with scores ranging from 1 to 7, where higher scores indicate better functioning.
- 33 % increase in Adult DLA-20 Scores
- 11% increase in Youth DLA-20 Scores
- These increases of scores from baseline to DLA-20s taken again in 3 months suggests measurable progress and highlights the effectiveness of the intervention.

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North Central HSC:

Position Numbers Assigned/ Funding Exists	Number of people filling positions	# of Vacancies	# of Temporary
99.10	*83.10*	*16*	*7*

Average Age	*44*
Avg Years of Service	*7.21*
Retirement Risk	*2.44%*
Turnover 2023	*31.60%*
Turnover 2024	*12.18%*

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Workforce Strategies

- Utilizing a “Grow our own” philosophy- offering internships for employees and non-employees.

- Hiring staff in positions that don’t require licensure while they work towards licensure.

- Tuition Reimbursement and Retention bonuses for hard to fill positions.

CCBHC required services

Required Services

CCBHCs are responsible for providing all nine services, which can be provided directly or through formal relationships with Designated Collaborating Organization (DCOs):

1. Crisis Services
2. Treatment Planning
3. Screening, Assessment, Diagnosis & Risk Assessment
4. Outpatient Mental Health & Substance Use Services
5. Targeted Case Management
6. Outpatient Primary Care Screening and Monitoring
7. Community-Based Mental Health Care for Veterans
8. Peer, Family Support & Counselor Services
9. Psychiatric Rehabilitation Services

Service Expansion towards CCBHC

Peer Support

Medications for Opioid Use Disorder

Substance Use Disorder treatment

7,634 hour increase in overall service (28% increase)

385 Diagnostic Assessment with Medical Services increase of 91 from 2023 (31% increase)

98% satisfaction with Psychiatric Care

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CCBHC- Care Coordination Partnerships

- Ward County Jail Opioid Use Taskforce/Minot Area Recovery Community Organization (MARCO): **Peer Support services/Accessibility to Medication Assisted Treatment for Opioid Use Disorders (MOUD)**
- Minot Municipal Court/Drug Court; Domestic Violence Crisis Center; First District Health Unit; Minot Police Department/Ward County Sheriff: **Service Accessibility/Crisis Services**
- Independence Inc.; Minot Alliance to end Homelessness; Continuum of Care ND; Community Action; Minot Housing Authority; Souris Valley United Way: **Addressing the unhoused needs in Region 2**
- Elbowoods Health Clinic-Ft. Berthold Indican Reservation; Region 2 Sheriff Departments; Avel E-care: **Rural Service Accessibility/Crisis Services**
- Region 2 schools: **CCBHC education/Service Accessibility/Crisis Services/Family-Centered Services**
- Vets 4 Vets; Community Action; ND Cares; Harmony Center**: Veterans Support Services**
- Dakota Boys and Girls Ranch; Healthy Families ND; Families in Recovery: **Family-Centered Services**
- Trinity Health/Ward County State's Attorney/Behavioral Health Division: **Involuntary Committal Process**
- Alluma Health – Crookston MN: **CCBHC Modeling**
- Independence Inc.; MARCO; Harmony Center; Community Action-**Community Based Services**
- Ideal Options / Community Medical Services- **Medications for Opioid Use Disorder**

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Challenges

- Workforce- Additional professional staff including LACs, Mental Health Therapists, and Psychiatric Providers to achieve full CCBHC potential
- Youth Medication Services are limited
- Shelter for individuals without permanent housing is limited
- Medically managed SUD level of care

2025-2027
Budget Request

Decision Package Detail

By Ongoing, One-Time and Funding Source

Services – Behavioral Health Current

- Recovery/Rehab Contract Inflation $318,149

Additional Executive Decision Packages

- Provider Inflation 1.5%/1.5% $75,519

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Comparison of budgets and funding

By Budget Account Code

DESCRIPTION	2023-25 LEGISLATIVE BASE	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)
511x Salaries - Regular	$ 13,222,397	$ 13,706,502	$ 484,105
512x Salaries - Other	19,580	39,195	19,615
513x Salaries Temp	505,690	444,802	(60,888)
514x Salaries Overtime	168,205	168,472	267
516x Salaries Benefits	6,141,613	6,345,497	203,884
Total Salaries & Benefits	**$ 20,057,484**	**$ 20,704,468**	**$ 646,983**
52x Travel	144,194	322,823	178,629
53x Supply	172,039	131,740	(40,299)
54x Postage & Printing	13,000	19,000	6,000
55x Equipment under $5,000	12,730	28,180	15,450
56x Utilities	1,200	-	(1,200)
58x Rent/Leases - Bldg/Equip	1,241,274	1,058,927	(182,347)
59x Repairs	108,894	91,164	(17,730)
61x Professional Development	60,966	80,850	19,884
62x Fees - Operating & Professional	925,536	1,098,675	173,139
53x Supplies	7,000	7,000	-
60x IT Expenses	233,408	103,823	(129,585)
Total Operating	**$ 2,920,241**	**$ 2,942,182**	**$ 21,941**
Total	**$ 22,977,725**	**$ 23,646,649**	**$ 668,924**
Total General	**$ 16,116,369**	**$ 16,767,486**	**$ 651,117**
Total Federal	**$ 4,143,128**	**$ 4,293,911**	**$ 150,783**
Total Other	**$ 2,718,228**	**$ 2,585,252**	**$ (132,976)**

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Operating Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	EXECUTIVE BUDGET RECOMMENDATION	INCREASE/ (DECREASE)
Respite Contract	$ 29,417	$ 19,436	$ (9,981)
Recovery Center Contract	$ 287,214	$ 330,407	$ 43,193
SUPTRS 3.1 Residentials		$ 2,864,849	$ 2,864,849
Inpatient Contract	$ 496,567	$ 125,000	$ (371,567)
Staff Licenses	$ 11,400	$ 11,400	$ -
TV/Newspaper	$ 6,460	$ 6,460	$ -
HHS Operating	$ 34,978	$ 8,625	$ (26,353)
SUPTRS Contracts Duplicate Funding		$ (2,698,481)	$ (2,698,481)
Respite Providers	$ 35,000		$ (35,000)
Provider Inflation 1.5%/1.5%		$ 75,519	$ 75,519
Services - Behavioral Health Recovery/Rehab Contract Inflation		$ 318,149	$ 318,149
Interpreting Services	$ 2,200	$ 3,750	$ 1,550
NRTs/Medications	$ 10,000	$ 20,300	$ 10,300
Lab/Pharmacy First Aid Supplies/TB Tests	$ 12,300	$ 12,300	$ -
			$ -
			$ -

GENERAL FUND	**$ 901,036**	**$ 1,061,364**	**$ 160,328**
FEDERAL FUND			**-**
OTHER FUND	-		-
GRAND TOTAL	**$ 901,036**	**$ 1,061,364**	**$ 160,328**

NORTH Dakota Be Legendary. | Health & Human Services

Grants Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE/ (DECREASE)
Not applicable			$ -
			-
			-
			-
			-

GENERAL FUND			
FEDERAL FUND			
OTHER FUND			
GRAND TOTAL	**$ -**	**$ -**	**$ -**

NORTH Dakota Be Legendary. | Health & Human Services

Comparison of budgets expenditures and projections

By Budget Account Code

DESCRIPTION	2023-25 LEGISLATIVE BASE	EXPENDED AS OF 12/31/2024	PROJECTION THROUGH 6/30/2025	UNDER / (OVER) BUDGET
511x Salaries - Regular	$ 13,222,397	$ 8,160,068	$ 11,198,887	$ 2,023,509
512x Salaries - Other	19,580	23,085	33,713	(14,133)
513x Salaries Temp	505,690	114,263	156,513	349,177
514x Salaries Overtime	168,205	110,816	154,197	14,008
516x Salaries Benefits	6,141,613	3,786,673	5,272,908	868,705
Total Salaries & Benefits	**$ 20,057,484**	**$ 12,194,905**	**$ 16,816,217**	**$ 3,241,267**
52x Travel	144,194	108,480	155,137	(10,943)
53x Supply	172,039	85,663	124,877	47,162
54x Postage & Printing	13,000	7,456	10,378	2,622
55x Equipment under $5,000	12,730	3,976	7,822	4,908
56x Utilities	1,200	-	300	900
58x Rent/Leases - Bldg/Equip	1,241,274	779,198	1,035,684	205,590
59x Repairs	108,894	87,616	111,840	(2,946)
61x Professional Development	60,966	30,315	49,563	11,403
62x Fees - Operating & Professional	925,536	605,618	1,024,210	(98,674)
53x Supplies	7,000	1,619	3,544	3,456
60x IT Expenses	233,408	64,705	90,201	143,207
Total Operating	**$ 2,920,241**	**$ 1,774,645**	**$ 2,613,556**	**$ 306,685**
Total	**$ 22,977,725**	**13,969,551**	**$ 19,429,774**	**$ 3,547,952**
Total General	**$ 16,116,369**	**$ 10,824,806**	**$ 14,143,624**	**$ 1,972,745**
Total Federal	**$ 4,143,128**	**$ 1,423,885**	**$ 2,238,947**	**$ 1,904,181**
Total Other	**$ 2,718,228**	**$ 1,720,860**	**$ 3,047,202**	**$ (328,974)**

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Contact Information

- John Butgereit
- Regional Director
- jbutgereit@nd.gov

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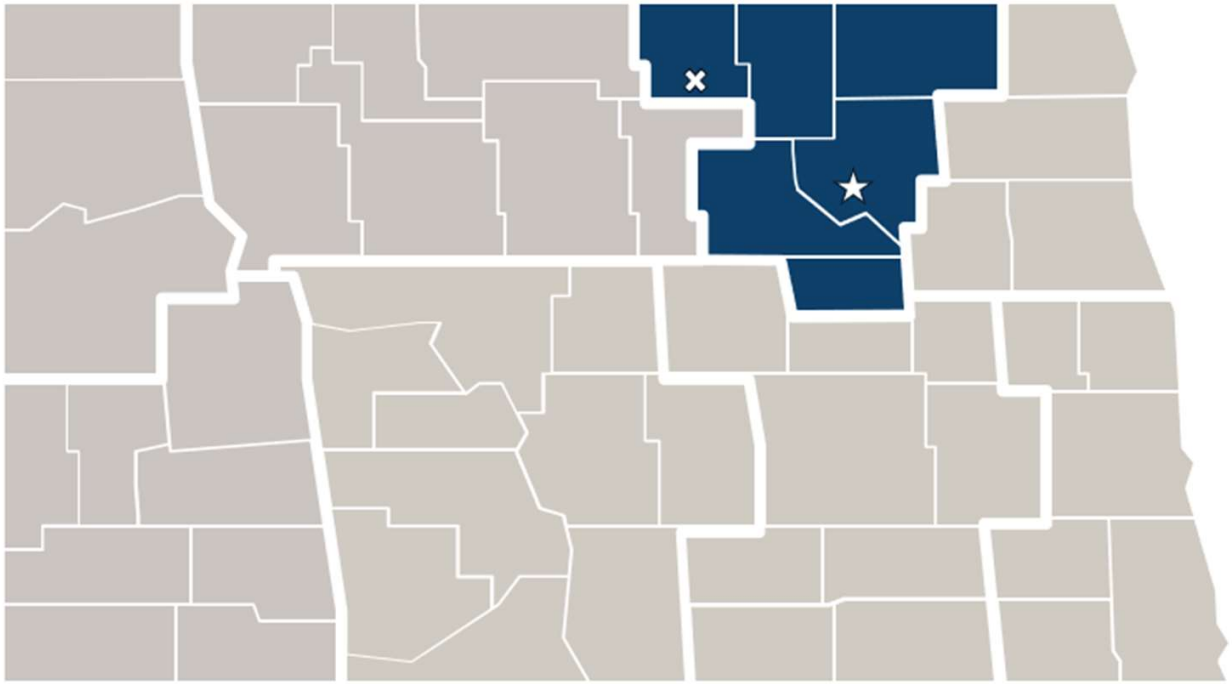

HB1012 Detail to House Appropriations

Julie Baumgarn, LPCC | Regional Director-Lake Region Human Service Center
Jan. 21, 2025

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Individuals Served 7/2023-12/2024

1,024 adults served

13,741 adult services

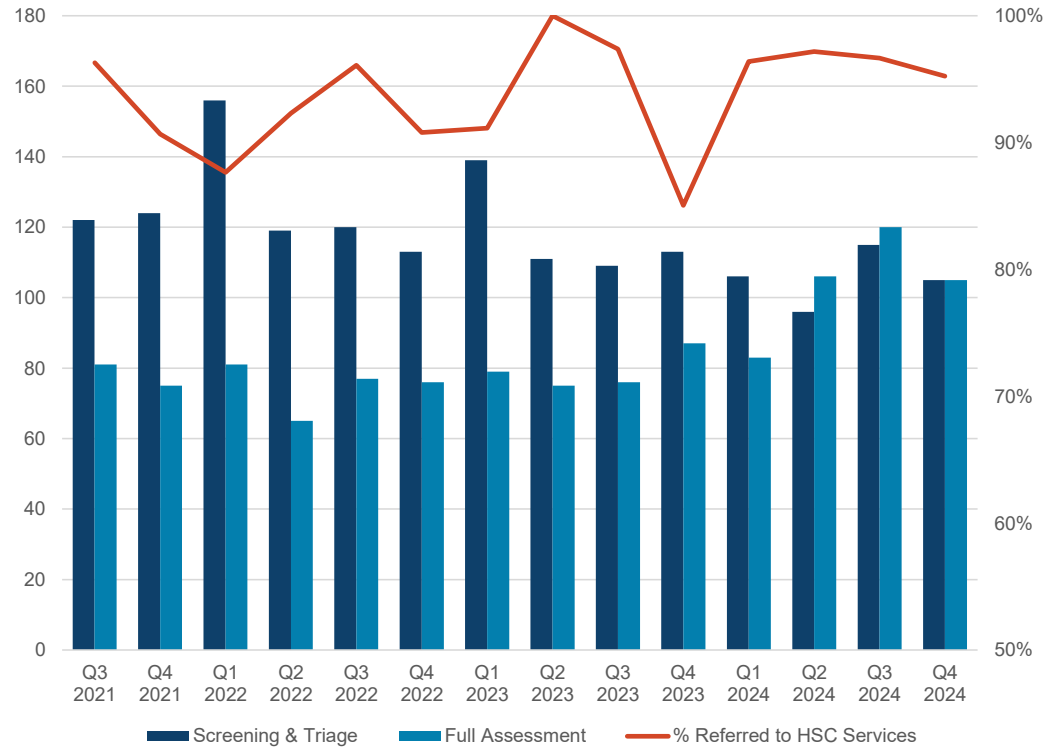
295 youth served

5,127 youth services

Lake Region HSC

Clinics Overview: Our role/services

Assessment Services: Biennium Comparison (7/2021-6/2023 vs. 7/2023-12/2024)



Increased Efficiency:

- While there was a slight reduction in requests for initial screen for services, the number of full assessments provided has maintained.
- Number of individuals who referred to a full assessment after initial screening increased by 25% (from 52% to 65%).

Enhanced Impact:

- 91% of individuals are now recommended for services following a full assessment (previously 90%).

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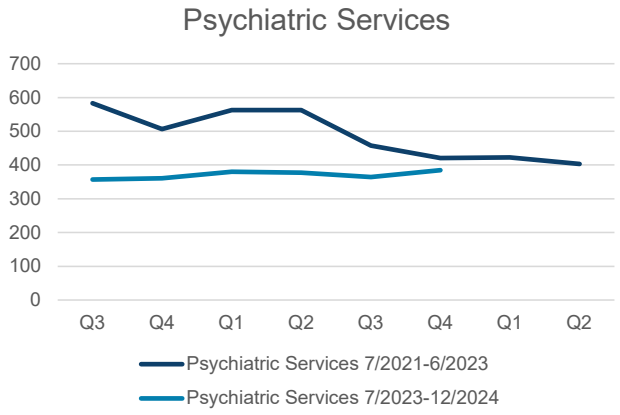
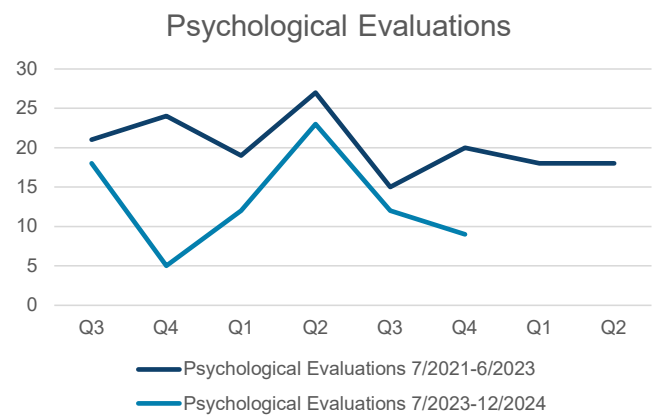
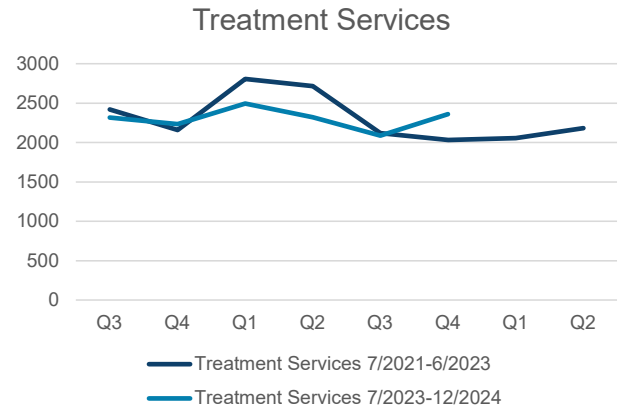
Lake Region HSC

Clinics Overview: Our role/services

Specialized & Treatment Services: Biennium Comparison (7/2021-6/2023 vs. 7/2023-12/2024)







Psychiatric services saw a bit of a decrease. Monthly average services dropped from 168 to 124, and the average number of people served decreased from 79 to 68.

Statutorily required Psychological Average services decreased slightly from an average of 7 services provided in a month in 7/21-6/23 to an average of 13 services from 7/23-12/24.

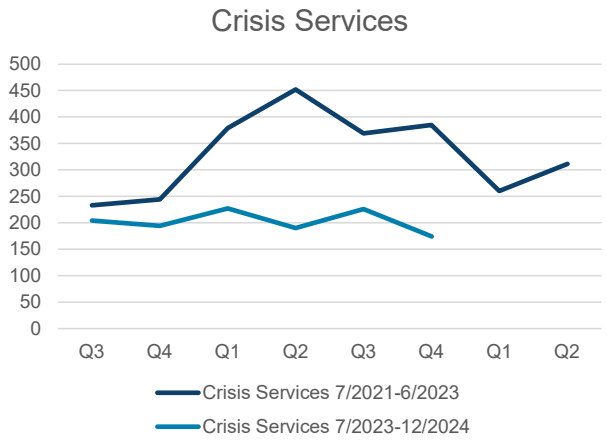
Treatment services include both mental health & SUD services, and services remained fairly steady with a monthly average of services provided in 7/21-6/23 of 771 to 768 in 7/23-12/24.

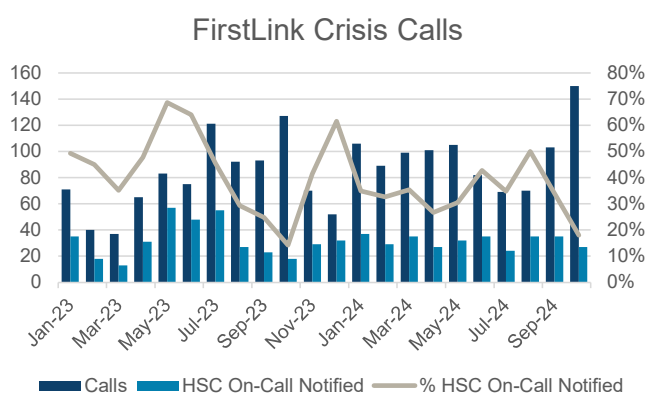
Lake Region HSC

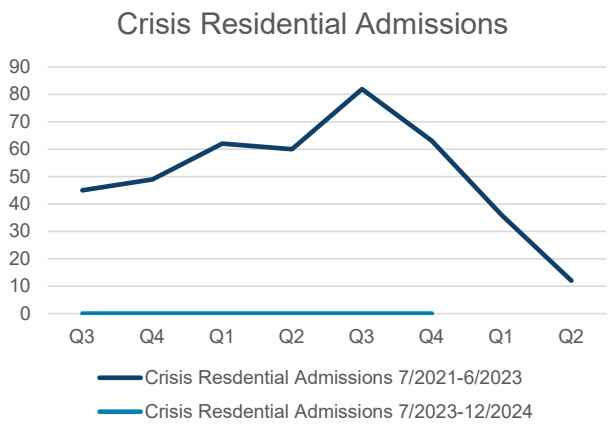
Clinics Overview: Our role/services

Crisis Services: Biennium Comparison (7/2021-6/2023 vs. 7/2023-12/2024)

**FirstLink data is from 1/2023 – 10/2024*







Crisis service utilization has decreased this biennium. We are currently providing an average of 68 monthly crisis services this biennium, compared to 110 in the previous biennium.

The monthly average number of crisis calls into the crisis call center, FirstLink, is 86 and on average, 39% of these calls require notification of the HSC crisis on-call team.

The local crisis residential facility closed, impacting census for this biennium.

Lake Region HSC:

Position Numbers Assigned/ Funding Exists	Number of people filling positions	# of Vacancies	# of Temporary
49	*43*	*6*	*3*

Average Age	*46*
Avg Years of Service	*9.19*
Retirement Risk	*2.50%*
Turnover 2023	*18.29%*
Turnover 2024	*15.63%*

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Regional Successes

- Filling vacancies
- Retaining talented interns
- Creativity in addressing service gaps
- Strong community partnerships
- Outreach to schools
- Expansion of crisis services

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Regional Challenges

Avel E-care low utilization

Rural drive time

Functional Family Therapy vacancy

Limited transportation options

No Crisis Stabilization Unit

Needed building upgrades for CCBHC expansion

Service Expansion Towards CCBHC

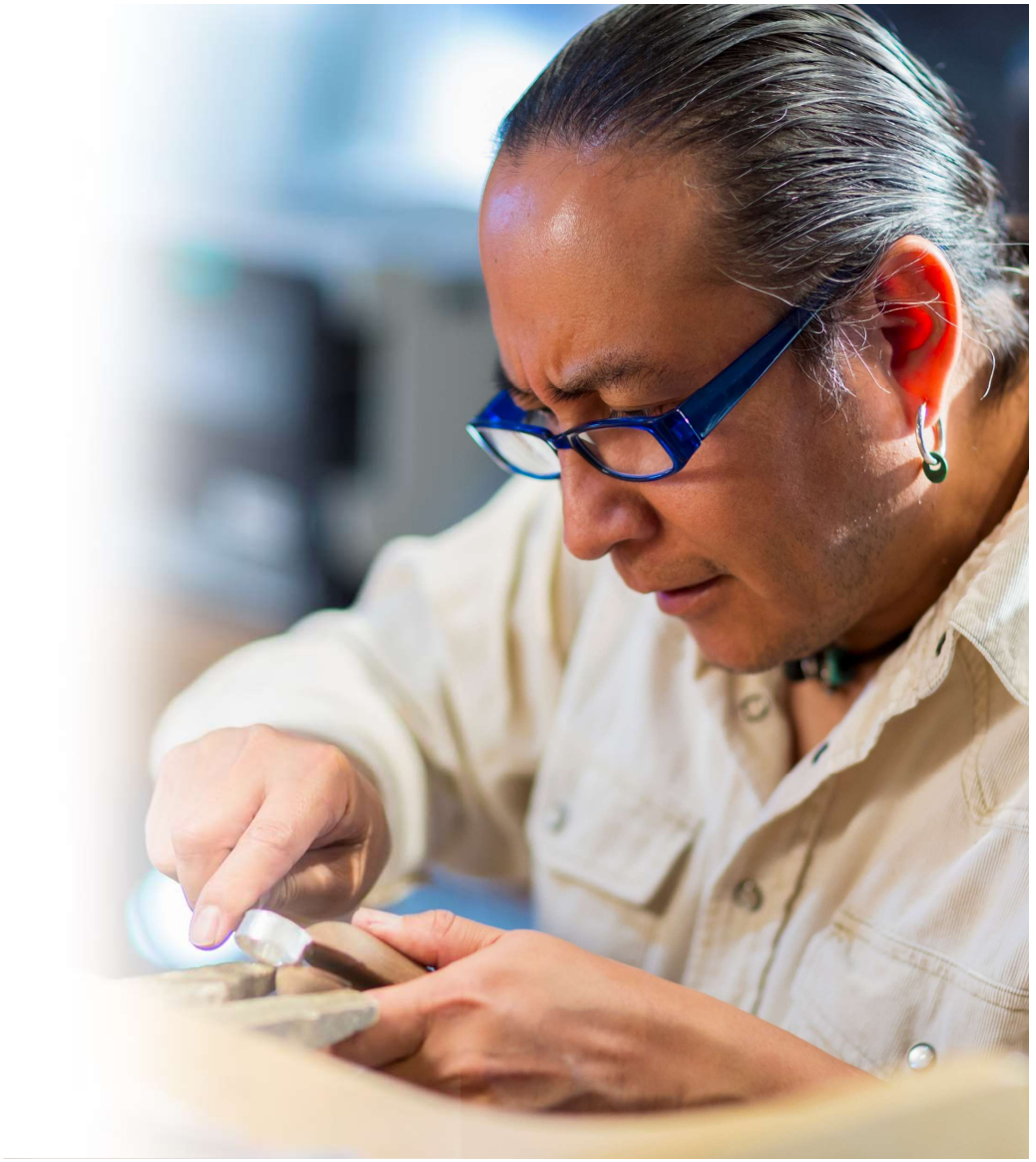
*Community Behavioral Health Liaison

*Clinical Care Coordinator

*Enhancing the Front Door Experience

*Expanding Substance Use Services

*Expanding Crisis Services



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2025-2027
Budget Request

Decision Package Detail

By Ongoing, One-Time and Funding Source

Services – Behavioral Health Current

- Recovery/Rehab Contract Inflation $126,091

Additional Executive Decision Packages

- Provider Inflation 1.5%/1.5% $65,840

NORTH Dakota Be Legendary. | Health & Human Services

Comparison of budgets and funding

By Budget Account Code

DESCRIPTION	2023-25 LEGISLATIVE BASE	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)
511x Salaries - Regular	$ 6,463,781	$ 7,126,471	$ 662,690
512x Salaries - Other	-	-	-
513x Salaries Temp	319,593	274,857	(44,736)
514x Salaries Overtime	20,000	21,530	1,530
516x Salaries Benefits	3,055,054	3,269,276	214,221
Total Salaries & Benefits	**$ 9,858,429**	**$ 10,692,134**	**$ 833,705**
52x Travel	147,141	247,475	100,334
53x Supply	53,452	28,000	(25,452)
54x Postage & Printing	8,500	14,430	5,930
55x Equipment under $5,000	16,000	15,500	(500)
57x Insurance	7,596	3,200	(4,396)
58x Rent/Leases - Bldg/Equip	731,904	649,596	(82,308)
59x Repairs	20,300	29,800	9,500
61x Professional Development	11,252	31,050	19,798
62x Fees - Operating & Professional	2,974,633	3,167,250	192,617
53x Supplies	6,000	6,000	-
60x IT Expenses	101,756	55,359	(46,397)
Total Operating	**$ 4,078,534**	**$ 4,247,660**	**$ 169,126**
Total	**$ 13,936,962**	**$ 14,939,793**	**$ 1,002,831**
Total General	**$ 9,924,191**	**$ 10,755,612**	**$ 831,421**
Total Federal	**$ 2,632,301**	**$ 3,037,184**	**$ 404,883**
Total Other	**$ 1,380,470**	**$ 1,146,997**	**$ (233,473)**

NORTH Dakota Be Legendary. | Health & Human Services

Operating Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE/ (DECREASE)
Crisis Residential Contract	$ 1,663,940	$ 1,663,940	$ -
Transitional Living Residential Contract	$ 953,722	$ 953,722	$ -
Recovery Center Contract	$ 294,017	$ 294,017	$ -
PATH Rent Assistance for Homeless Clients	$ 8,000	$ 8,000	$ -
Staff Licenses	$ 9,850	$ 9,850	$ -
HHS Operations	$ 33,279	$ 12,810	$ (20,469)
Provider Inflation		$ 65,840	$ 65,840
Services - Behavioral Health Current/Inflation for Vendors Recovery/Rehab Contracts		$ 126,091	$ 126,091
Professional Services - Interpreting Services	$ 1,000	$ 1,000	$ -
Nicotine Replacement Products	$ 10,000	$ 10,000	$ -
Medication Assisted Treatment		$ 10,000	$ 10,000
Pharmacy Supplies		$ 6,500	$ 6,500
Other Med/Dental/Optical	$ 825	$ 5,480	$ 4,655
GENERAL FUND	**$ 2,974,633**	**$ 3,167,250**	**$ 192,617**
FEDERAL FUND			**-**
OTHER FUND	**-**		**-**
GRAND TOTAL	**$ 2,974,633**	**$ 3,167,250**	**$ 192,617**

NORTH Dakota Be Legendary. | Health & Human Services

Grants Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE/ (DECREASE)
Not applicable			$ -
			-
			-
			-
			-

GENERAL FUND			
FEDERAL FUND			
OTHER FUND			
GRAND TOTAL	**$ -**	**$ -**	**$ -**

NORTH Dakota Be Legendary. | Health & Human Services

Comparison of budgets expenditures and projections

By Budget Account Code

DESCRIPTION	2023-25 LEGISLATIVE BASE	EXPENDED AS OF 12/31/2024	PROJECTION THROUGH 6/30/2025	UNDER / (OVER) BUDGET
511x Salaries - Regular	$ 6,463,781	$ 4,257,597	$ 5,851,733	$ 612,049
512x Salaries - Other	-	-	-	-
513x Salaries Temp	319,593	151,492	240,228	79,365
514x Salaries Overtime	20,000	9,859	16,659	3,341
516x Salaries Benefits	3,055,054	2,076,565	2,808,056	246,999
Total Salaries & Benefits	**$ 9,858,429**	**$ 6,495,512**	**$ 8,916,675**	**$ 941,753**
52x Travel	147,141	121,575	186,778	(39,637)
53x Supply	53,452	15,877	30,729	22,723
54x Postage & Printing	8,500	4,649	6,810	1,690
55x Equipment under $5,000	16,000	2,636	9,807	6,193
57x Insurance	7,596	1,599	3,198	4,398
58x Rent/Leases - Bldg/Equip	731,904	479,911	651,105	80,799
59x Repairs	20,300	16,470	22,663	(2,363)
61x Professional Development	11,252	7,887	11,166	86
62x Fees - Operating & Professional	2,974,633	607,548	2,672,755	301,878
53x Supplies	6,000	1,536	3,036	2,964
60x IT Expenses	101,756	46,861	64,082	37,674
Total Operating	**$ 4,078,534**	**$ 1,306,551**	**$ 3,662,130**	**$ 416,404**
Total	**$ 13,936,962**	**7,802,063**	**$ 12,578,805**	**$ 1,358,157**
Total General	**$ 9,924,191**	**$ 5,948,313**	**$ 9,873,249**	**$ 50,942**
Total Federal	**$ 2,632,301**	**$ 1,268,446**	**$ 1,784,632**	**$ 847,669**
Total Other	**$ 1,380,470**	**$ 585,304**	**$ 920,924**	**$ 459,546**

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Contact Information

Julie Baumgarn, LPCC
Regional Director
Jbaumgarn@nd.gov



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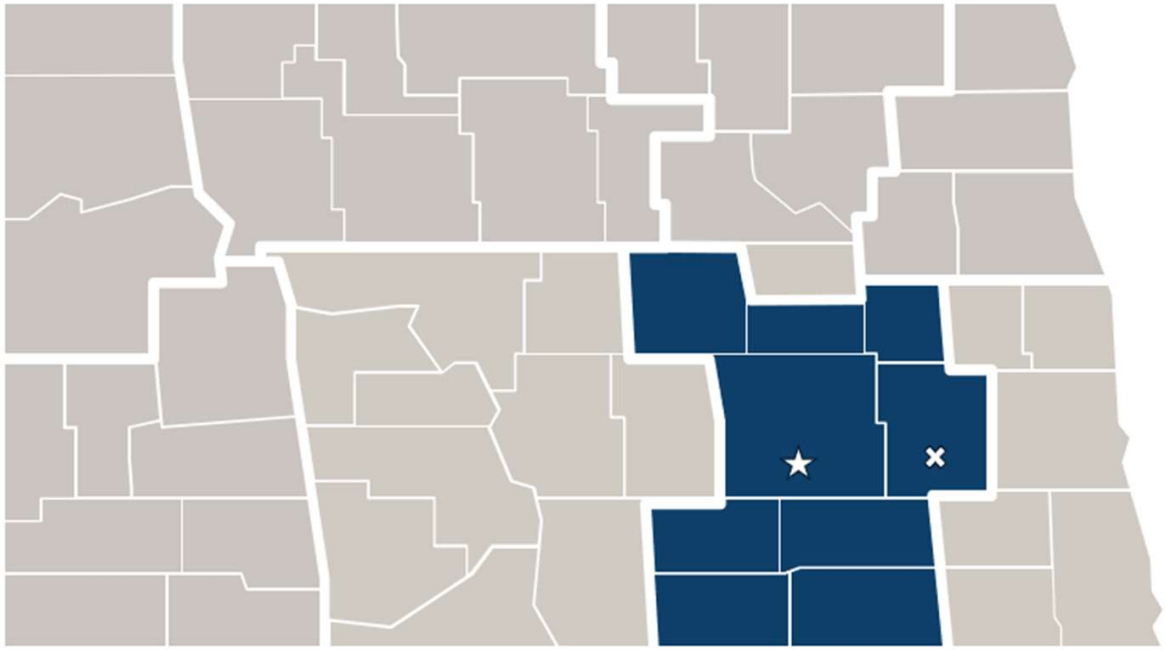

HB1012 Detail to House Appropriations

Ashley Zabka | Clinical Director – South Central Human Service Center
Jan. 21, 2025

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Individuals Served 7/2023-12/2024

1,017 adults served

29,738 adult services

244 youth served

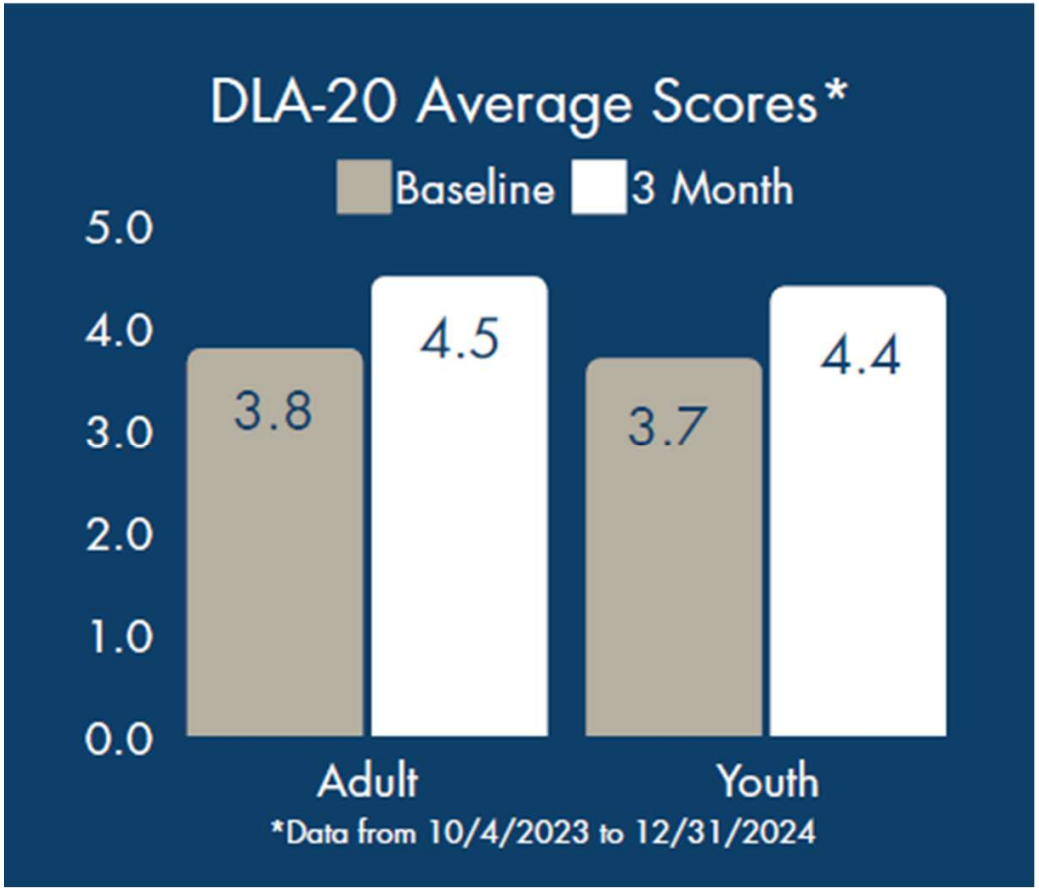
5,041 youth services

Crisis Services

- Avel E-Care
  - Follow-up occurs within 24 hours
  - Efforts to increase agencies utilizing this service continue to occur
- Provide in-person crisis services
  - All of Region 6 during business hours
  - Within 45-mile radius outside of business hours (telehealth services available)
- Crisis Stabilization Unit
  - Drop-in services available 24/7/365
  - Utilized for crisis residential and substance use residential services (social detox and low-intensity)
  - Individuals involved in individual and group treatment

Improving Outcomes

DLA-20 Average Scores, 10/4/2023 – 12/31/2024



- The DLA-20 measures daily living skills across 20 areas, with scores ranging from 1 to 7, where higher scores indicate better functioning.
- 18% increase in Adult DLA-20 Scores
- 19% increase in Youth DLA-20 Scores
- These increases of scores from baseline to DLA-20s taken again in 3 months suggests measurable progress and highlights the effectiveness of the intervention.

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Successes – Workforce Development

- Partnership with University of Jamestown
- Consortium Site for Addiction Counselors
- Supportive Efforts for Staff to Obtain Dual Licensure
- Internship and Licensing

South Central Clinic FTE:

Position Numbers Assigned/ Funding Exists	Number of people filling positions	# of Vacancies	# of Temporary
89	*63*	*26*	*6*

Average Age	*43*
Avg Years of Service	*9.48*
Retirement Risk	*4.92%*
Turnover 2023	*10%*
Turnover 2024	*14.47%*

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Successes – Expansion of Services

- Functional Family Therapy
- Expanded Treatment Groups
- Medication for Opioid Use Disorder
- Bridges to Recovery
- Buffalo City Transitional Living
- First Episode Psychosis

Community Partnership Expansion

- Buffalo Bridges Human Service Zone
- City County Health District
- Heartview Foundation
- Jamestown Area Ambulance
- Veteran's Affairs – Stutsman County
- Jamestown Regional Medical Center
- Nelson-Griggs District Health
- Cooperstown Regional Medical Center
- Community Action Partnership
- Legal Services of North Dakota
- Nelson-Griggs Suicide Prevention Coalition
- Stutsman/Oakes Parole and Probation
- Sheriff Departments
  - Barnes County
  - Griggs County
- Barnes County Correctional Center
- Roosevelt Elementary School – Stutsman County
- Jamestown High School
- Community Health Partnership – Stutsman County
- Great Plains Housing Authority
- Arkos Health
- Healthy Families of North Dakota

Successes – DOCR Collaborative Efforts

Rural Drug Court Program

Cooperative Treatment Release

Parole and Probation

County Jail Outreach

Rural Drug Court

2023	72% program success rate
	Stable employement increased from 28% to 94%
	8 reunifications with children
	2 GED completions
	2 participants in college
	69% did not have criminal arrests within 1 year of discharge (2022 participants)
2024	63% program success rate
	Stable employement increased from 31% to 81%
	6 reunifications with children
	1 substance free baby born
	1 participant in college
	94% did not have criminal arrests within 1 year of discharge (2023 Participants)

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Challenges

- Workforce Shortage
- Residential Youth Services
- Barriers with Licensing Boards
- Rural Travel
- Temporary Housing

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2025-2027
Budget Request

Decision Package Detail

By Ongoing, One-Time and Funding Source

Services – Behavioral Health Current

- Recovery/Rehab Contract Inflation $252,227

Additional Executive Decision Packages

- Provider Inflation 1.5%/1.5% $87,402

Comparison of budgets and funding

By Budget Account Code

DESCRIPTION	2023-25 LEGISLATIVE BASE	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)
511x Salaries - Regular	$ 9,302,138	$ 10,391,147	$ 1,089,009
512x Salaries - Other	85,609	39,195	(46,414)
513x Salaries Temp	616,488	1,045,715	429,227
514x Salaries Overtime	114,515	183,122	68,607
516x Salaries Benefits	4,091,836	4,854,891	763,055
Total Salaries & Benefits	**$ 14,210,586**	**$ 16,514,070**	**$ 2,303,484**
52x Travel	206,479	398,331	191,852
53x Supply	124,320	283,191	158,871
54x Postage & Printing	17,310	14,800	(2,510)
55x Equipment under $5,000	19,014	40,000	20,986
56x Utilities	1,888	-	(1,888)
58x Rent/Leases - Bldg/Equip	907,963	986,972	79,009
59x Repairs	31,339	21,000	(10,339)
61x Professional Development	13,097	41,469	28,372
62x Fees - Operating & Professional	4,161,509	4,530,772	369,263
53x Supplies	4,000	4,000	-
60x IT Expenses	127,878	88,710	(39,168)
Total Operating	**$ 5,614,797**	**$ 6,409,245**	**$ 794,448**
Total	**$ 19,825,383**	**$ 22,923,315**	**$ 3,097,931**
Total General	**$ 14,450,556**	**$ 17,937,107**	**$ 3,486,551**
Total Federal	**$ 4,172,460**	**$ 3,687,589**	**$ (484,871)**
Total Other	**$ 1,202,367**	**$ 1,298,618**	**$ 96,251**

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Operating Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	2025-2027 EXECUTIVE BUDGET RECOMMENDATION	INCREASE/ (DECREASE)
Crisis Residential	$ 2,014,116	$ 2,014,116	$ -
Recovery Center	$ 375,861	$ 375,861	$ -
Transitional Living	$ 1,254,658	$ 1,254,658	$ -
Works Employment Training	$ 470,588	$ 470,588	$ -
PATH Services for Homeless	$ 8,000	$ 8,000	$ -
HHS Operating	$ 20,163	$ 10,985	$ (9,178)
Staff Licenses	$ -	$ 10,735	$ 10,735
Client Activities	$ -	$ 6,400	$ 6,400
Temp Staffing Contract (Tompkins/Bridges to Recovery)	$ -	$ 250,000	$ 250,000
SCHSC Reduction of Work Services Contract		$ (250,000)	$ (250,000)
Decision Package - 1.5/1.5 Provider Inflation		$ 87,402	$ 87,402
Decision Package Svc - BH Current		$ 252,227	$ 252,227
Professional Services - Interpreter Service Contracts	$ 2,123	$ 500	$ (1,623)
Medical Dental Optical - Staff Tuberculosis (TB) Testing / Pharmacy Supplies	$ 2,800	$ 15,800	$ 13,000
Medical Dental Optical - Client Meds NRT/MAT/OTC	$ 13,200	$ 23,500	$ 10,300
			-
GENERAL FUND	**$ 4,161,509**	**$ 4,530,772**	**$ 369,263**
FEDERAL FUND			**-**
OTHER FUND	**-**		**-**
GRAND TOTAL	**$ 4,161,509**	**$ 4,530,772**	**$ 369,263**

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Grants Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE/ (DECREASE)
Not applicable			$ -
			-
			-
			-
			-

GENERAL FUND			
FEDERAL FUND			
OTHER FUND			
GRAND TOTAL	**$ -**	**$ -**	**$ -**

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Comparison of budgets expenditures and projections

By Budget Account Code

DESCRIPTION	2023-25 LEGISLATIVE BASE	EXPENDED AS OF 12/31/2024	PROJECTION THROUGH 6/30/2025	UNDER / (OVER) BUDGET
511x Salaries - Regular	$ 9,302,138	$ 6,736,157	$ 9,153,210	$ 148,928
512x Salaries - Other	85,609	11,843	36,940	48,669
513x Salaries Temp	616,488	105,495	154,995	461,493
514x Salaries Overtime	114,515	198,084	277,855	(163,340)
516x Salaries Benefits	4,091,836	3,054,225	4,263,221	(171,385)
Total Salaries & Benefits	**$ 14,210,586**	**$ 10,105,804**	**$ 13,886,221**	**$ 324,365**
52x Travel	206,479	130,490	187,901	18,578
53x Supply	124,320	41,546	120,944	3,376
54x Postage & Printing	17,310	9,374	13,241	4,069
55x Equipment under $5,000	19,014	20,111	105,980	(86,966)
56x Utilities	1,888	-	472	1,416
58x Rent/Leases - Bldg/Equip	907,963	615,699	1,033,145	(125,182)
59x Repairs	31,339	3,210	12,796	18,544
61x Professional Development	13,097	21,821	52,031	(38,934)
62x Fees - Operating & Professional	4,161,509	2,370,244	3,529,061	632,448
53x Supplies	4,000	91	1,091	2,909
60x IT Expenses	127,878	55,466	81,666	46,212
Total Operating	**$ 5,614,797**	**$ 3,268,050**	**$ 5,138,328**	**$ 476,470**
Total	**$ 19,825,383**	**13,373,854**	**$ 19,024,548**	**$ 800,835**
Total General	**$ 14,450,556**	**$ 11,133,338**	**$ 15,984,219**	**$ (1,533,663)**
Total Federal	**$ 4,172,460**	**$ 1,417,563**	**$ 1,651,331**	**$ 2,521,129**
Total Other	**$ 1,202,367**	**$ 822,953**	**$ 1,388,999**	**$ (186,631)**

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Contact Information

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2025 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

HB 1012
1/21/2025

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

2:01 p.m. Chairman J. Nelson called the hearing to order.

Members Present: Chairman J. Nelson, Vice Chairman Stemen, Representatives Berg, Mitskog, Murphy, O' Brien, Wagner.

Discussion Topics:

- Clinic Overview
- Crisis Services
- Challenges
- Budget Request

2:01 p.m. Char Ferrell, Regional Director, Northwest Human Service Center, Behavioral Health Division, Health and Human Services testified and presented the clinic overview previous testimony #30565 and #30602.

2:25 p.m. Donna Aukland, Chief Financial Officer, Health and Human Services, clarified budget detail #30602.

2:26 p.m. Char Ferrell, Regional Director, Northwest Human Service Center, Behavioral Health Division, Health and Human Services continued with testimony #30565.

2:39 p.m. Donna Aukland, Chief Financial Officer, Health and Human Services, clarified budget detail.

2:40 p.m. Char Ferrell, Regional Director, Northwest Human Service Center, Behavioral Health Division, Health and Human Services continued with testimony #30565.

2:42 p.m. Donna Aukland, Chief Financial Officer, Health and Human Services, clarified the underfunded section.

2:43 p.m. John Butgereit, Regional Director, North Central Human Services Center, Behavioral Health Division, Health and Human Services, testified and presented the clinic overview #30565.

3:24 p.m. Julie Baumgarn, Regional Director, Lake Region Human Service Center, Behavioral Health Division, Health and Human Services, testified and presented the clinic overview #30565.

3:49 p.m. Donna Aukland, Chief Financial Officer, requested that public testimony be held Monday on 01/27/25.

3:54 p.m. Chairman J. Nelson adjourned the hearing.

Jan Kamphuis, Committee Clerk

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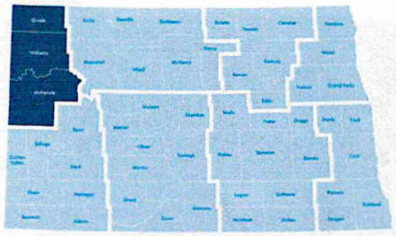
#30602

Northwest Human Service Center

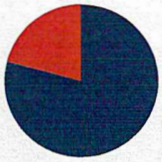


Northwest Human Service Center (NWHSC) provides services to individuals who live in Divide, Williams, and McKenzie counties. This region is comprised of 54,491 residents (7% of North Dakota's population) as estimated by 2021 U.S. Census Bureau.

January 2023 - December 2024

14,876 Services Provided **TO** **1,215** Clients

Services to Youth
3,092



Services to Adults
11,784

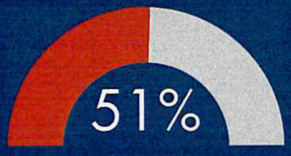
Assessment Services

776 Individuals Screened → **359** Full Assessments Completed → **347** Individuals referred to NWHSC following Full Assessment

NWHSC recommended establishing care and providing services for 45% of the individuals screened at their facility.

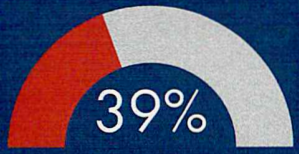
Crisis Services

Total number of Crisis Calls to Call Center → **1300**



of Crisis Calls Registered with Call Center resulted in HSC on-call being notified

Total Crisis Services Provided by HSC → **3274**



of Crisis Services resulted in Mobile Response

Increasing Service Needs

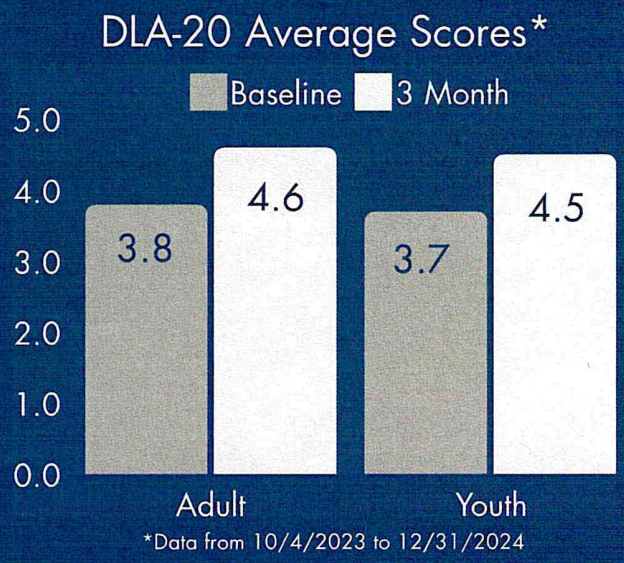
1207

Behavioral Health Services provided in Jails

Improving Outcomes

21% increase in Adult DLA-20 Scores

22% increase in Youth DLA-20 Scores



Successes/Challenges

SUCCESSES

- *Commitment to High Standards of Quality and Compliance:* Successfully maintained its re-accreditation, licensure, and NHSC recertification
- *Community-Driven Crisis Solutions:* Stood up a Crisis Stabilization Unit & partnered with community partners to redesign Crisis Services.
- *Streamlined Care & Enhanced Support:* Increased Clinical Teams productivity and implemented solid service provision within the jail, optimizing our operations and expanded access to high-quality mental health care for a wider range of individuals.

CHALLENGES

- *Staffing Shortages:* High turnover rates and difficulties in recruiting and retaining qualified staff are hindering service delivery.
- *Leadership Gaps*: Insufficient on-site leadership is impacting operational efficiency.
- *Capacity Constraints:* Clinical teams are consistently operating at full capacity, limiting the ability to serve new clients.

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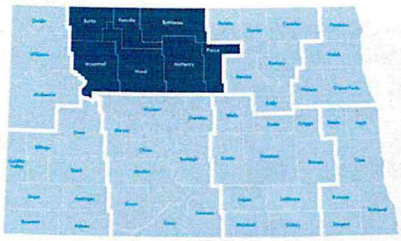
North Central Human Service Center

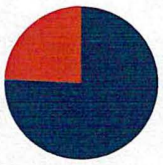


North Central Human Service Center (NCHSC) provides services to individuals who live in Bottineau, Burke, McHenry, Mountrail, Pierce, Renville & Ward counties. This region is comprised of 98,663 residents (13% of North Dakota's population) as estimated by 2021 U.S. Census Bureau.

January 2023 - December 2024

73,693 Services Provided **TO** **2,183** Clients

Services to Youth
17,811



Services to Adults
55,882

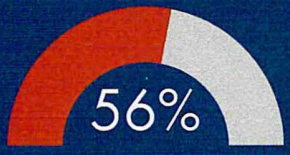
Assessment Services

1,515 Individuals Screened → **1,280** Full Assessments Completed → **1,224** Individuals referred to NCHSC following Full Assessment

NCHSC recommended establishing care and providing services for 81% of the individuals screened at their facility.

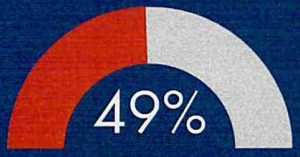
Crisis Services

Total number of Crisis Calls to Call Center → **1962**



of Crisis Calls Registered with Call Center resulted in HSC on-call being notified

Total Crisis Services Provided by HSC → **3933**



of Crisis Services resulted in Mobile Response

Increasing Service Needs

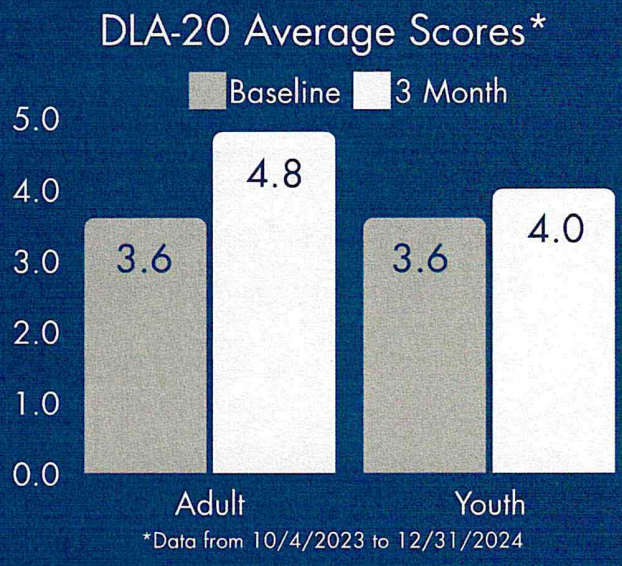
220

Behavioral Health Services provided in Jails

Improving Outcomes

33%
increase in Adult DLA-20 Scores

11%
increase in Youth DLA-20 Scores



Successes/Challenges

SUCCESSES

- *Reduced Out-of-Home Placements:* Collaboration between Zones and community providers to discuss youth cases has led to a reduction in out-of-home placements for Region 2.
- *Substance Use Disorder Services and Partnerships:* Contracts with three Low-Intensity Residential facilities (ASAM 3.1) for substance use treatment, offering a total of 32 beds. NCHSC also provides ASAM 1, 2.1, and Aftercare. NCHSC Psychiatrists can prescribe Suboxone, and the organization actively participates in community efforts to address substance use disorders among individuals in jail.
- *Enhanced Crisis Services:* NCHSC operates a Drop-In Crisis Unit and a 12-bed Crisis Stabilization Unit, providing essential support for individuals experiencing mental health and substance use crises.

CHALLENGES

- *Limited Higher-Level Care:* A shortage of higher-level care options for individuals with mental health and substance use disorders.
- *Insufficient Supported Housing:* A lack of available supported/recovery housing options for individuals seeking a structured living environment.
- *Homelessness Support Gap:* The absence of a homeless shelter within the region.
- *Youth Medication Service Limitations:* Limited access to medication services for youth with mental health needs.

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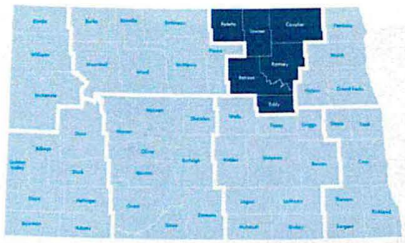
Lake Region Human Service Center

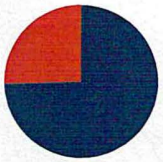


Lake Region Human Service Center (LRHSC) provides services to individuals who live in Benson, Cavalier, Eddy, Ramsey, Rolette, and Towner counties, including Spirit Lake Nation and Turtle Mountain Band of Chippewa. This region is comprised of 37,568 residents (5% of North Dakota's population) as estimated by 2021 U.S. Census Bureau.

January 2023 - December 2024

22,504 Services Provided **TO** **1,500** Clients

Services to Youth
5,743



Services to Adults
16,761

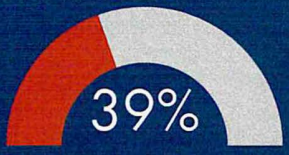
Assessment Services

972 Individuals Screened → **667** Full Assessments Completed → **607** Individuals referred to LRHSC following Full Assessment

LRHSC recommended establishing care and providing services for 62% of the individuals screened at their facility.

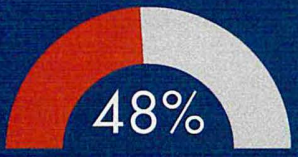
Crisis Services

Total number of Crisis Calls to Call Center → **1647**



of Crisis Calls Registered with Call Center resulted in HSC on-call being notified

otal Crisis Services Provided by HSC → **1786**



of Crisis Services resulted in Mobile Response

Increasing Service Needs

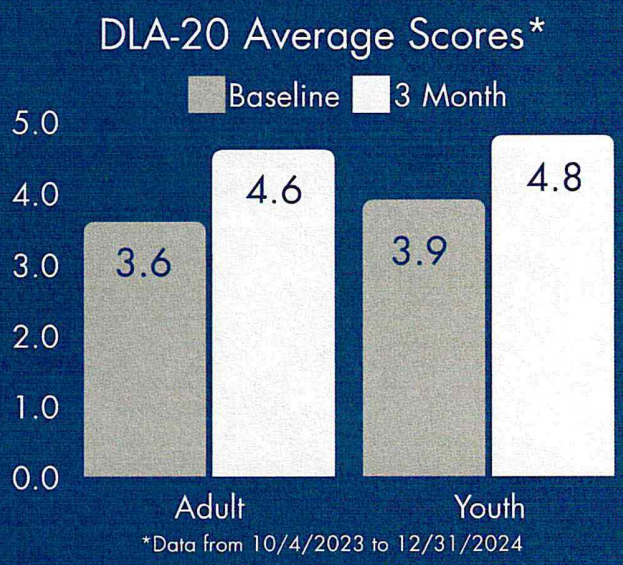
406

Behavioral Health Services provided in Jails

Improving Outcomes

28%
increase in Adult DLA-20 Scores

23%
increase in Youth DLA-20 Scores



Successes/Challenges

SUCCESSES

- *Staffing Successes and Identifying Service Gaps:* Has made progress in filling vacancies and has been successful in identifying and addressing key service needs within the community. Additionally, the agency has been successful in retaining talented interns, demonstrating a commitment to developing future mental health professionals from within.
- *Strong Community Partnerships and Collaboration:* Maintains positive working relationships with schools within the region and collaborates effectively with law enforcement, hospitals, and ambulance services during crisis situations. Additionally, they demonstrate a commitment to providing appropriate referrals and warm hand-offs to other service providers when necessary.

CHALLENGES

- *Avel E-crisis Services Utilization*: The usage of Avel E-crisis services has been relatively low in this region. Efforts are underway to identify and resolve barriers to utilization and increase usage.
- *Staffing Vacancies:* The organization currently has a vacancy for a daytime crisis position and a functional family therapy position.

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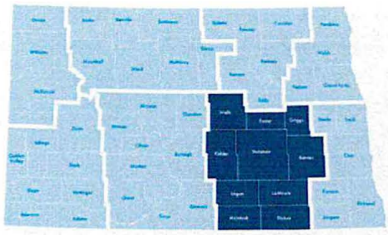
Be Legendary.

South Central Human Service Center

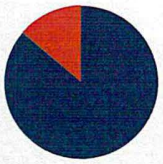


South Central Human Service Center (SCHSC) provides services to individuals who live in Barnes, Dickey, Foster, Griggs, LaMoure, Logan, McIntosh, Stutsman & Wells counties. This region is comprised of 55,291 residents (7% of North Dakota's population) as estimated by 2021 U.S. Census Bureau.

January 2023 - December 2024

39,196 Services Provided **TO** **1,385** Clients

Services to Youth
5,403



Services to Adults
33,793

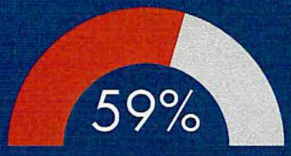
Assessment Services

785 Individuals Screened → **662** Full Assessments Completed → **639** Individuals referred to SCHSC following Full Assessment

SCHSC recommended establishing care and providing services for 81% of the individuals screened at their facility.

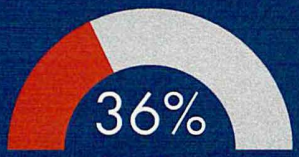
Crisis Services

Total number of Crisis Calls to Call Center → **1968**



of Crisis Calls Registered with Call Center resulted in HSC on-call being notified

Total Crisis Services Provided by HSC → **3358**



of Crisis Services resulted in Mobile Response

Increasing Service Needs

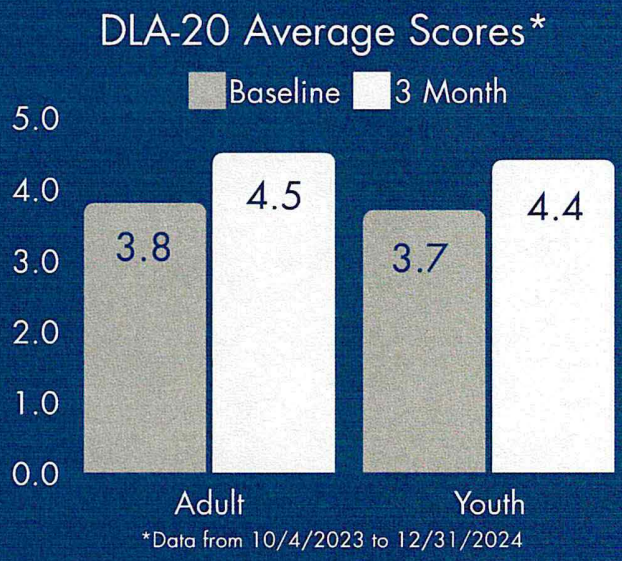
598

Behavioral Health Services provided in Jails

Improving Outcomes

18%
increase in Adult DLA-20 Scores

19%
increase in Youth DLA-20 Scores



Successes/Challenges

SUCCESSES

- *Enhancing Service Availability and Workforce Development:* Actively expanding service availability through continued collaboration with community providers and by expanding treatment teams. Efforts to increase the workforce of Mental Health and Addiction Clinicians by working with local colleges are also underway.
- *Expanding Treatment Programs:* The organization has seen increased participation in the Rural Drug Court Program and successfully transitioned the Cooperative Treatment Release Program with Stutsman County Correctional Center from NDSH to South Central
-

CHALLENGES

- *Staffing Challenges and Recruitment Difficulties:* Faces significant challenges in filling critical positions due to a shortage of qualified mental health professionals in the region, particularly Psychologists and Licensed Addiction Counselors. This shortage impacts service delivery, including difficulty staffing the crisis team and filling Residential Direct Care Staff positions.

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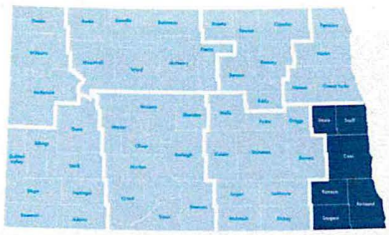
Southeast Human Service Center

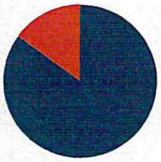


Southeast Human Service Center (SEHSC) provides services to individuals who live in Traill, Cass, Ransom, Sargent, Steele & Richland counties. This region is comprised of 222,439 residents (29% of North Dakota's population) as estimated by 2021 U.S. Census Bureau.

January 2023 - December 2024

76,772 Services Provided **TO** **2,872** Clients

Services to Youth
11,458



Services to Adults
65,314

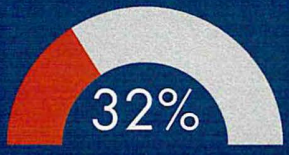
Assessment Services

1,688 Individuals Screened → **685** Full Assessments Completed → **626** Individuals referred to SEHSC following Full Assessment

SEHSC recommended establishing care and providing services for 37% of the individuals screened at their facility.

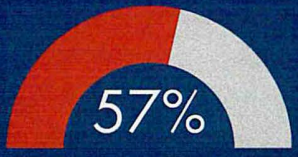
Crisis Services

Total number of Crisis Calls to Call Center → **9059**



of Crisis Calls Registered with Call Center resulted in HSC on-call being notified

Total Crisis Services Provided by HSC → **6312**



of Crisis Services resulted in Mobile Response

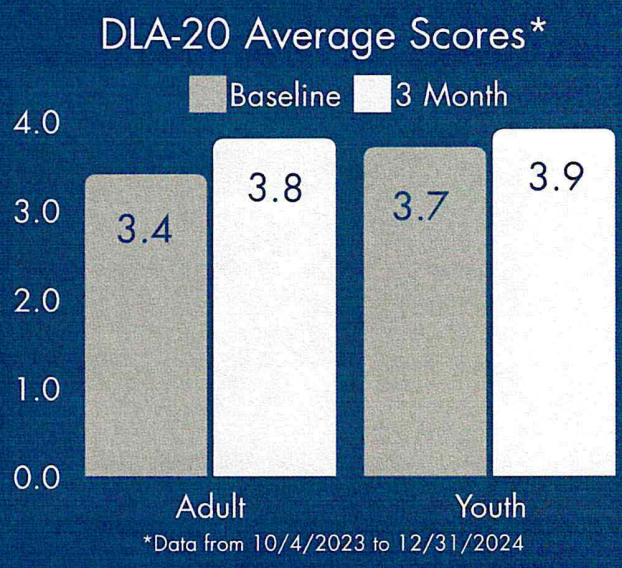
Increasing Service Needs

2,529
Behavioral Health Services provided in Jails

Improving Outcomes

11%
increase in Adult DLA-20 Scores

5%
increase in Youth DLA-20 Scores



Successes/Challenges

SUCCESSES

- *Expanding Services and Building a Stronger System:* Enhanced youth services by hiring a new family peer support role, continuing to provide evidence-based programming with the Multi Systemic therapy (MST), and expanding to offer Functional Family Therapy (FFT). The First Episode Psychosis (FEP) team hired an Employment Specialist and improved crisis support through the addition of an iPad through grant funding, allowing individuals in the program to have access to 988 and safety planning, and made strides towards becoming a CCBHC, hiring key personnel like Behavioral Health Liaisons and a Care Coordinator.
- *Enhancing Workforce and Maintaining Excellence:* Joined the Training Academy for Addiction Professionals to address workforce shortages and increase the number of Addiction Counselors, achieved 10-year APA Accreditation, and secured COA Re-Accreditation, demonstrating a commitment to professional development and maintaining high-quality services.
- *Enhanced Outreach to the Homeless Population:* Established a Downtown Engagement Team to proactively reach out to homeless individuals, reduce barriers to services, and provide risk assessments and crisis planning.

CHALLENGES

- *Operational and Capacity Constraints:* Workforce shortages leading to a significant waitlist of adult programs, insufficient licensed supervisory staff that limits staff training and development, and limit space are hindering the organization's ability to expand services to meet community needs.
- *Loss of Residential Treatment Options:* The closure of Serenity Residential Facility in June 2024 has reduced the availability of residential treatment bed options in the community.

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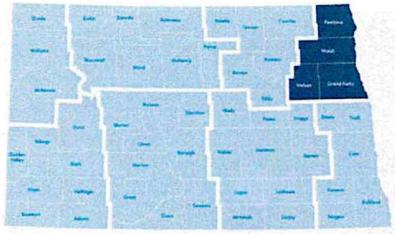
Northeast Human Service Center

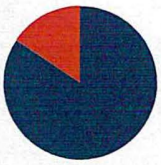


Northeast Human Service Center (NEHSC) provides services to individuals who live in Grand Forks, Walsh, Pembina & Nelson counties. This region is comprised of 92,995 residents (12% of North Dakota's population) as estimated by 2021 U.S. Census Bureau.

January 2023 - December 2024

45,571 Services Provided **TO** **1,779** Clients

Services to Youth
7,126



Services to Adults
38,445

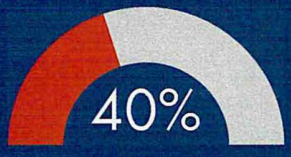
Assessment Services

1,478 Individuals Screened → **859** Full Assessments Completed → **826** Individuals referred to NEHSC following Full Assessment

NEHSC recommended establishing care and providing services for 56% of the individuals screened at their facility.

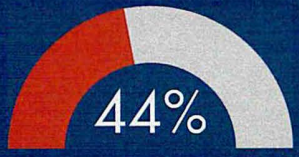
Crisis Services

Total number of Crisis Calls to Call Center → **2123**



of Crisis Calls Registered with Call Center resulted in HSC on-call being notified

Total Crisis Services Provided by HSC → **990**



of Crisis Services resulted in Mobile Response

Increasing Service Needs

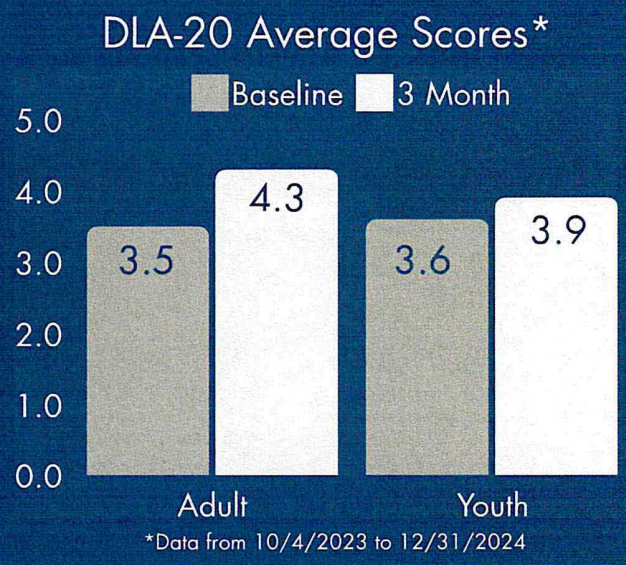
708

Behavioral Health Services provided in Jails

Improving Outcomes

23% increase in Adult DLA-20 Scores

8% increase in Youth DLA-20 Scores



Successes/Challenges

SUCCESSES

- *Enhanced Crisis Support and Community Recognition of Crisis Service Staff* - Improved its crisis support services by implementing full-time night and weekend clinicians, ensuring greater accessibility and responsiveness for individuals in need. This dedication to community well-being was further exemplified by the recognition of Crisis Services staff, Taytum Jones B-mod, and Heather Schake Peer Support with a citizenship award from the GFPD, highlighting the strong and mutually beneficial relationship between the organization and the community it serves.
- *Strengthened Community Partnerships* - Strengthened its relationships with key partners in the community, including a Spectra (FQHCS), law enforcement, and Altru Psychiatry. These strengthened partnerships improve coordination of care, communication, and resource sharing, ultimately benefiting the community and individuals served.

CHALLENGES

- *Lack of Medically Supervised Withdrawal Management:* The region lacks access to local facilities for individuals requiring medically supervised withdrawal management, forcing patients to travel long distances for treatment.
- *Operational and Staffing Crisis:* Facing a shortage of licensed professionals, particularly those willing to work in community-based roles. This staffing crisis, exacerbated by high turnover rates and difficulties in recruiting and retaining qualified personnel, is severely impacting service delivery. Concurrently, clinical teams are consistently operating at full capacity, limiting the ability to serve new clients.

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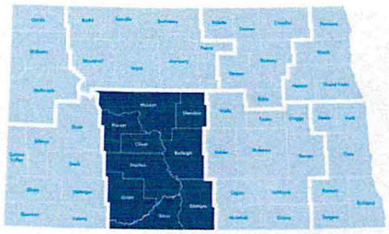
West Central Human Service Center

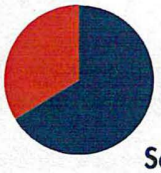


West Central Human Service Center (WCHSC) provides services to individuals who live in Burleigh, Emmons, Grant, Kidder, McLean, Mercer, Morton, Oliver, Sheridan, & Sioux counties. This region is comprised of 165,505 residents (21% of North Dakota's population) as estimated by 2021 U.S. Census Bureau.

January 2023 - December 2024

54,610 Services Provided **TO** **2,780** Clients

Services to Youth
18,436



Services to Adults
36,174

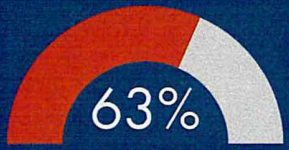
Assessment Services

1,901 Individuals Screened → **1,550** Full Assessments Completed → **1,429** Individuals referred to WCHSC following Full Assessment

WCHSC recommended establishing care and providing services for 75% of the individuals screened at their facility.

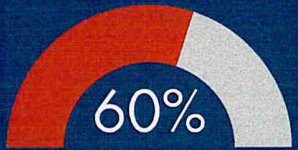
Crisis Services

Total number of Crisis Calls to Call Center → **4913**



of Crisis Calls Registered with Call Center resulted in HSC on-call being notified

Total Crisis Services Provided by HSC → **5718**



of Crisis Services resulted in Mobile Response

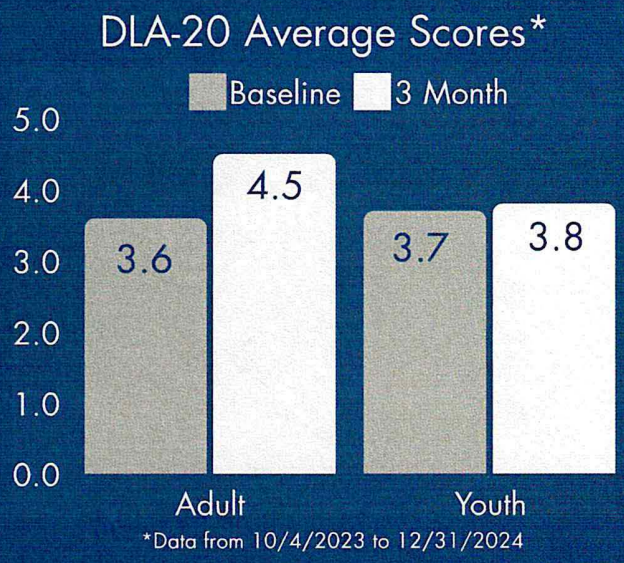
Increasing Service Needs

1,276
Behavioral Health Services provided in Jails

Improving Outcomes

25% increase in Adult DLA-20 Scores

3% increase in Youth DLA-20 Scores



Successes/Challenges

SUCCESSES

- *Enhanced Family Therapy Services:* The establishment of a Functional Family Therapy (FFT) Team signifies a significant step towards providing evidence-based treatment for families struggling with mental health challenges.
- *Expanded School Collaboration:* The extension of MOUs with Bismarck Public Schools demonstrates a commitment to strengthening school-based mental health services.
- *Improved Crisis Response:* The addition of a third overnight Crisis Services Therapist has enabled the team to function at full capacity, ensuring greater availability and responsiveness to individuals in crisis situations

CHALLENGES

- *Uncertainty regarding the current work location:* The listing of Prairie Hills Plaza for sale has created uncertainty about the future of the current work location.
- *Workforce shortages and competitive compensation:* Facing difficulties in recruiting and retaining qualified staff due to a competitive job market and the need to offer competitive compensation packages.
- *Lack of substance use disorder residential programming:* There is a gap in the availability of residential programs for individuals with substance use disorders in the region, limiting acc to essential treatment services for those in need.

NORTH Dakota | Health & Human Services
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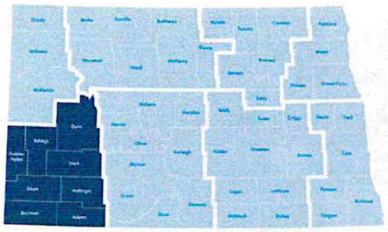
Badlands Human Service Center

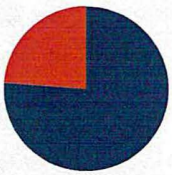


Badlands Human Service Center (BLHSC) provides services to individuals who live in Adams, Billings, Bowman, Dunn, Hettinger, Golden Valley, Slope, & Stark counties. This region is comprised of 47,996 residents (6% of North Dakota's population) as estimated by 2021 U.S. Census Bureau.

January 2023 - December 2024

22,083 Services Provided **TO** **1,375** Clients

Services to Youth
5,254



Services to Adults
16,829

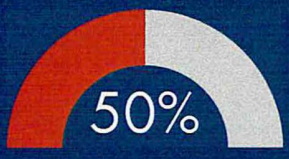
Assessment Services

893 Individuals Screened → **720** Full Assessments Completed → **690** Individuals referred to BLHSC following Full Assessment

BLHSC recommended establishing care and providing services for 77% of the individuals screened at their facility.

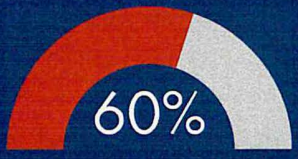
Crisis Services

Total number of Crisis Calls to Call Center → **1836**



of Crisis Calls Registered with Call Center resulted in HSC on-call being notified

otal Crisis Services Provided by HSC → **3298**



of Crisis Services resulted in Mobile Response

Increasing Service Needs

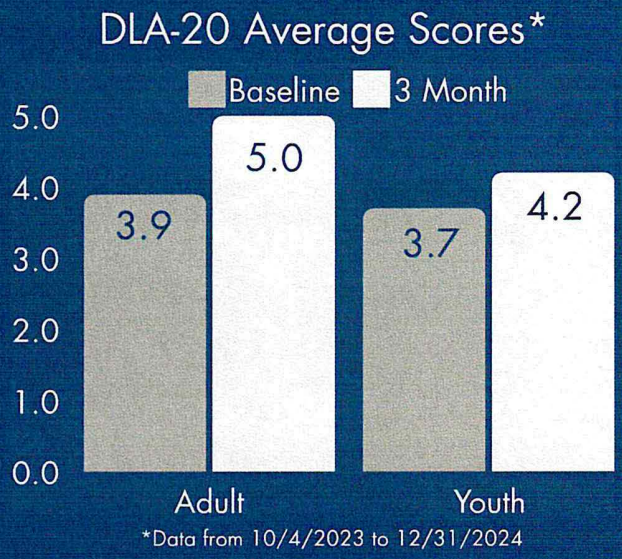
227

Behavioral Health Services provided in Jails

Improving Outcomes

28%
increase in Adult DLA-20 Scores

14%
increase in Youth DLA-20 Scores



*Data from 10/4/2023 to 12/31/2024

Successes/Challenges

SUCCESSES

- *Pioneering Suboxone Treatment and Expanding Access to Services:* Badlands was the first HSC to implement Suboxone prescribing and has significantly increased access to mental health services b eliminating "priority populations" and ensuring comprehensive assessments for nearly all screened individuals.
- *Staffing Successes and Internal Development:* Despite some vacancies, Badlands has successfully hired a psychologist and FFT therapists. The organization joined the TAAP and will soon have its first internal employee graduate as a Licensed Addiction Counselor (LAC) through the program, demonstrating the success of its internal development strategy. Additionally, two other employees are graduating with their MSWs and will enter supervision plans, further strengthening the clinical team through "growing our own" approach.
- *Expanded Group Programming:* Successfully expanded its group programming to both youth and adults, offering increased access to services through both daytime and evening hours.

CHALLENGES

- *Challenges in Recruiting Mental Health Professionals:* Inadequate access to child psychiatry services has resulted in longer wait times, reaching up to 30-60 days. Addressing this challenge requires collaboration with other regions for cross-coverage. Additionally, hiring and training qualified therapists pose significant challenges due to competitive salaries, limited applicant pools, and the time investment required to train trainees when unable to hired trained therapists.
- *Challenges with Current Residential Facility Layout:* The current residential facility lacks adequate space and layout to safely accommodate walk-ins or drop-offs, which is not aligned with SAMHSA best practices. Safety concerns related to line of sight also exist. The organization is currently working with JLG to address these issues.

2025 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

HB1012
1/22/2025

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

9:00 a.m. Chairman J. Nelson called the meeting to order.

Members Present: Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Berg, Mitskog, Murphy, O' Brien, Wagner.

Discussion Topics:

- Clinic overview
- Crisis Services
- Successes
- Challenges
- Budget review

9:01 a.m. Ashley Zabka, Clinical Director, South Central Human Service Center, Health and Human Services, testified and presented an over view of the clinic previous testimonies #30565, #30602.

9:45 a.m. Donna Aukland, Chief Financial Officer, Health and Human Services, provided information regarding travel nurse contracts.

9:45 a.m. Ashley Zabka, Clinical Director, South Central Human Service Center, Health and Human Services, continued with testimony #30565.

9: 46 Donna Aukland, Chief Financial Officer, Health and Human Resources, spoke to the impact of grants on Certified Community Behavioral Health Clincs.

9:48 a.m. Pam Sagness, Executive Director, Behavioral Health Services Division, Health and Human Services provided information regarding future grant opportunities.

9:49 a.m. Ashley Zabka, Clinical Director, South Central Human Service Center, Health and Human Services, continued with testimony #30565.

9:52 a.m. Chairman J. Nelson adjourned the hearing.

Jan Kamphuis, Committee Clerk

2025 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

HB 1012
1/22/2025

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

2:47 p.m. Vice Chairman Stemen called the hearing to order.

Members Present: Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Berg, Mitskog, Murphy, O' Brien, Wagner.

Discussion Topics:

- Clinic overview
- Crisis Services
- Successes
- Challenges
- Budget review

2:48 p.m. Jessica Obermann, Regional Director, Badlands Human Service Center, Health and Human Services, testified and presented the clinic overview #30699.

3:22 p.m. Alanna Zeller, Director of Clinic Operations, Southeast Human Service Center, Health and Human Services, testified and presented the clinic overview #30696, #31170.

3:53 p.m. Rebecca Bonde, Accountant, Behavioral Health Division, Health and Human Services clarified funding #30696.

3:54 p.m. Courtney Peterson, Assistant Chief Financial Officer, Behavioral Health Division, Health and Human Services spoke to additional funding #30696.

3:57 p.m. Alanna Zeller, Director of Clinic Operations, Southeast HUMAN Service Center, Health and Human Services continued testimony #30696.

4;00 p.m. Jeff McKinnon, Regional Director, Northeast Human Service Center, Health and Human Services, testified and presented the clinic overview #30697.

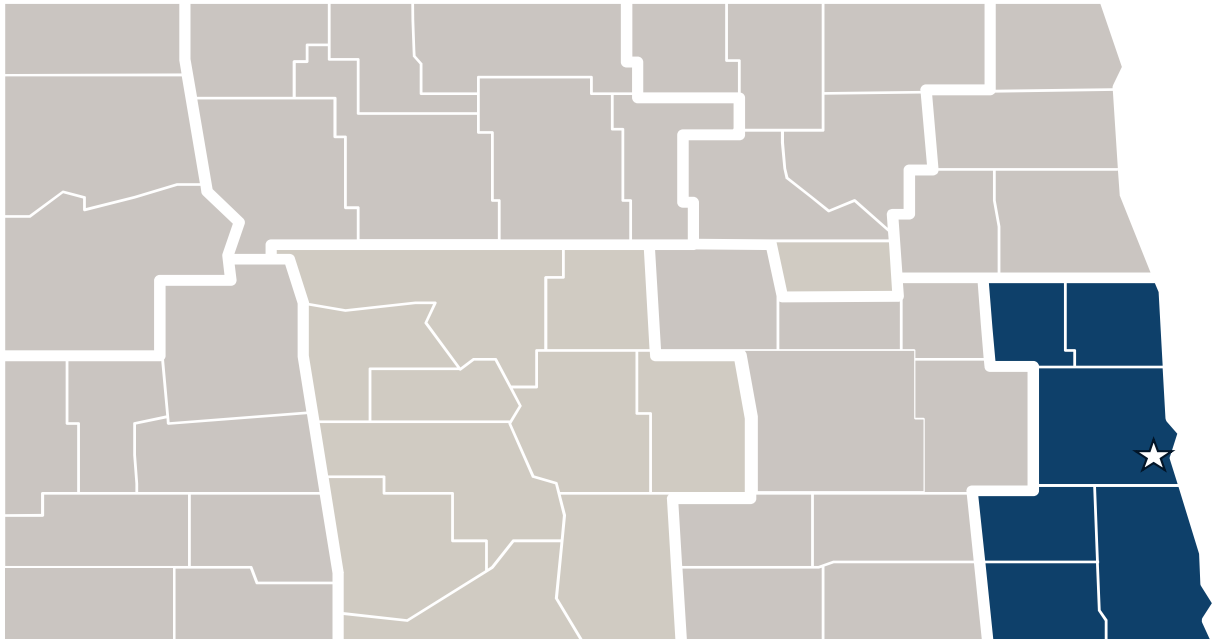
4:32 p.m. Courtney Peterson, Assistant Chief Financial Officer, Behavioral Health Division, Health and Human Services, spoke to contract labor.

4:33 p.m. Jeff McKinnon, Regional Director, Northeast Human Service Center, Health and Human Services, continued testimony # 30697.

4:39 p.m. Lynden Ring, Interim Regional Director, West Central Human Service Center, Health and Human Services, testified and presented the clinic overview #30698.

4:59 p.m. Chairman Jon Nelson adjourned the hearing.

Jan Kamphuis, Committee Clerk



HB1012 Detail to House Appropriations

Alanna Zeller | Director of Clinic Operations– Southeast Human Service Center
Jan. 22, 2025

NORTH Dakota Be Legendary. | Health & Human Services

Individuals Served 7/2023-12/2024

2,090 adults served

53,832 adult services

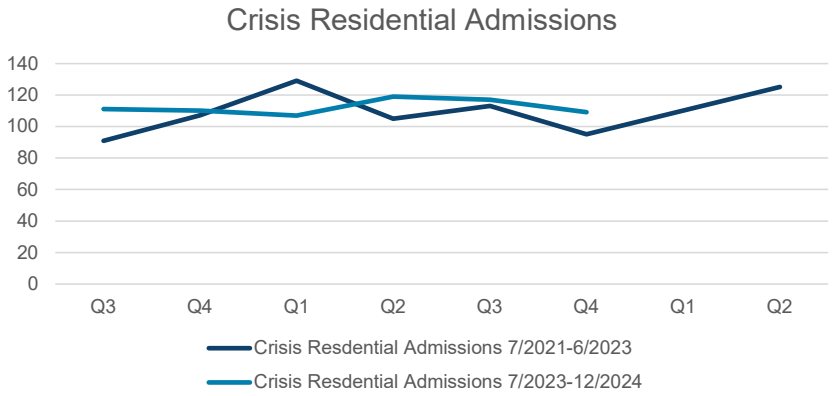
362 youth served

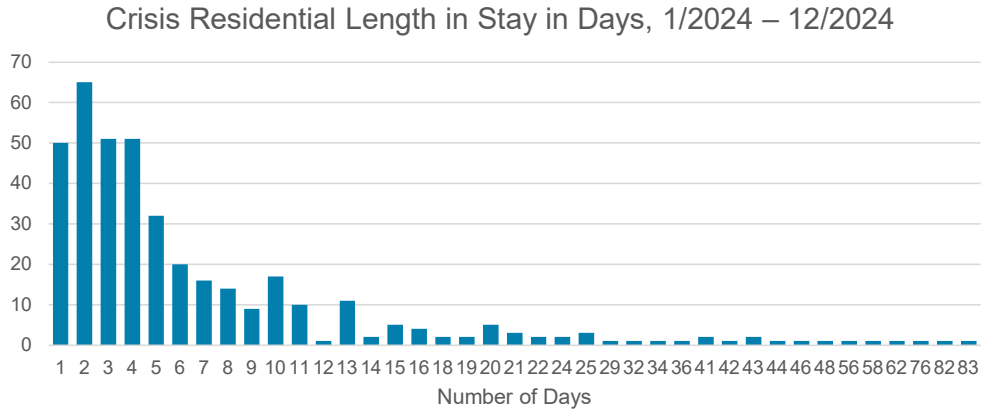
9,237 youth services

Southeast HSC

Clinics Overview: Our role/services

Crisis Residential Services: Biennium Comparison (7/2021-6/2023 vs. 7/2023-12/2024)



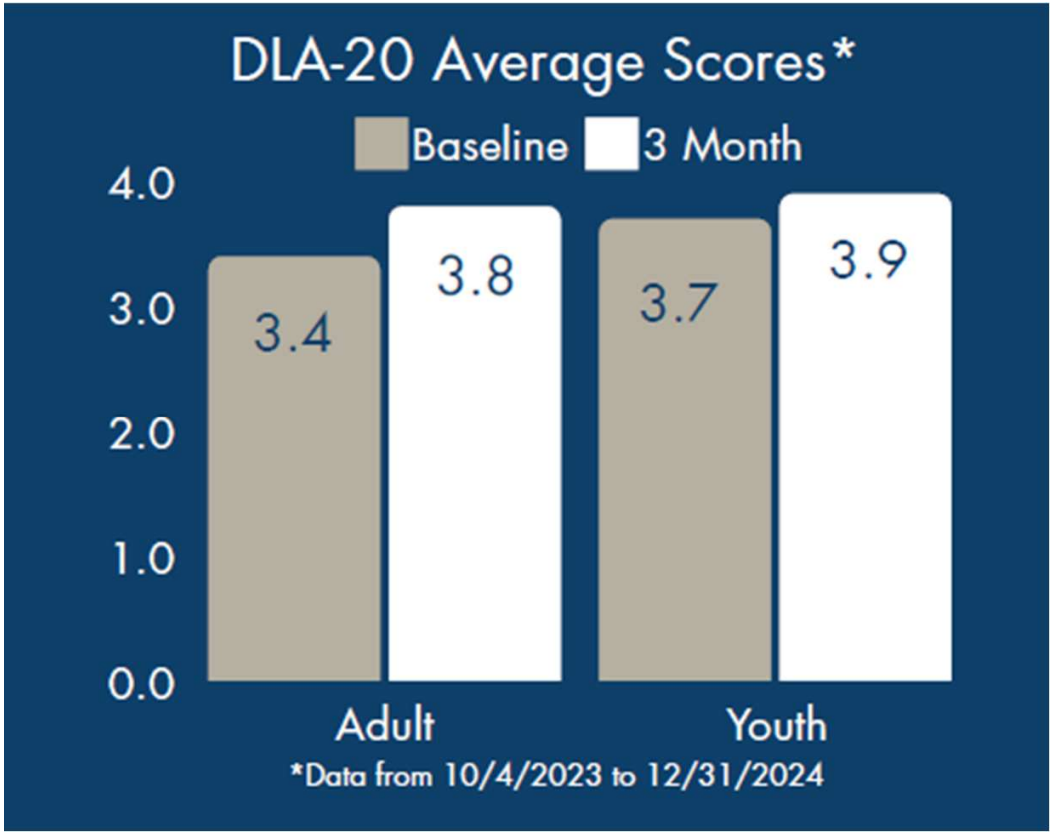


Admissions to the crisis residential facility have remained consistent, with an average monthly admission count of 36 in 7/2021-6/2023 and 37 in 7/2023-12/2024. However, capacity was reduced by around 33% the majority of this last biennium due to reduced staffing resources.

According to the *National Council for Mental Wellbeing Roadmap for the Ideal Crisis System*, the average length of stay in residential crisis programs range from 3-5 days to 7-10 days. While the majority of SE CRU length of stays do fall within this range, 28% of stays are longer than 10 days due to meeting a gap in care. These longer stays result in fewer beds available for new admissions.

Improving Outcomes

DLA-20 Average Scores, 10/4/2023 – 12/31/2024



- The DLA-20 measures daily living skills across 20 areas, with scores ranging from 1 to 7, where higher scores indicate better functioning.
- 11% increase in Adult DLA-20 Scores
- 5% increase in Youth DLA-20 Scores
- These increases of scores from baseline to DLA-20s taken again in 3 months suggests measurable progress and highlights the effectiveness of the intervention.

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Successes – Workforce Development

- Partnership with MSUM Nursing Program
- ND Training Academy for Addiction Professionals (TAAP)
- APA Internship Program
- UND School of Medicine Psychiatry Residency Program
- Internship and Licensing



Regional Successes

Expansion of Youth and Family Services

- First Episode Psychosis program
- Functional Family Therapy (FFT)
- Multisystemic Therapy (MST)

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Progress towards Certified Community Behavioral Health Clinic

Peer Support

Care Coordinator

Enhanced Relationships

Letter of Intent

Downtown Engagement Team

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Regional Successes

Law Enforcement Partnership

- Cass County and Richland County Jail Service Expansion
- Avel E Care
- Fargo Police Dept Collaboration
- Cass/Clay Threat Assessment Team

Regional Successes

Tobacco Treatment

Jul 2023-January 2025 **885** Nicotine Replacement Therapy services provided

37 trained Tobacco Treatment Specialists

SEHSC is the first Tobacco Treatment Specialist Training Program in ND

Cass Public Health Grant offers free Nicotine Replacement Therapy to clients

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Challenges

- Workforce shortage
- Recruitment retention
- Crisis Unit reduced capacity
- Service Contracts
  - Recovery Center
  - 3.1 Residential
  - Wellness Court
  - Clay County Receiving Center

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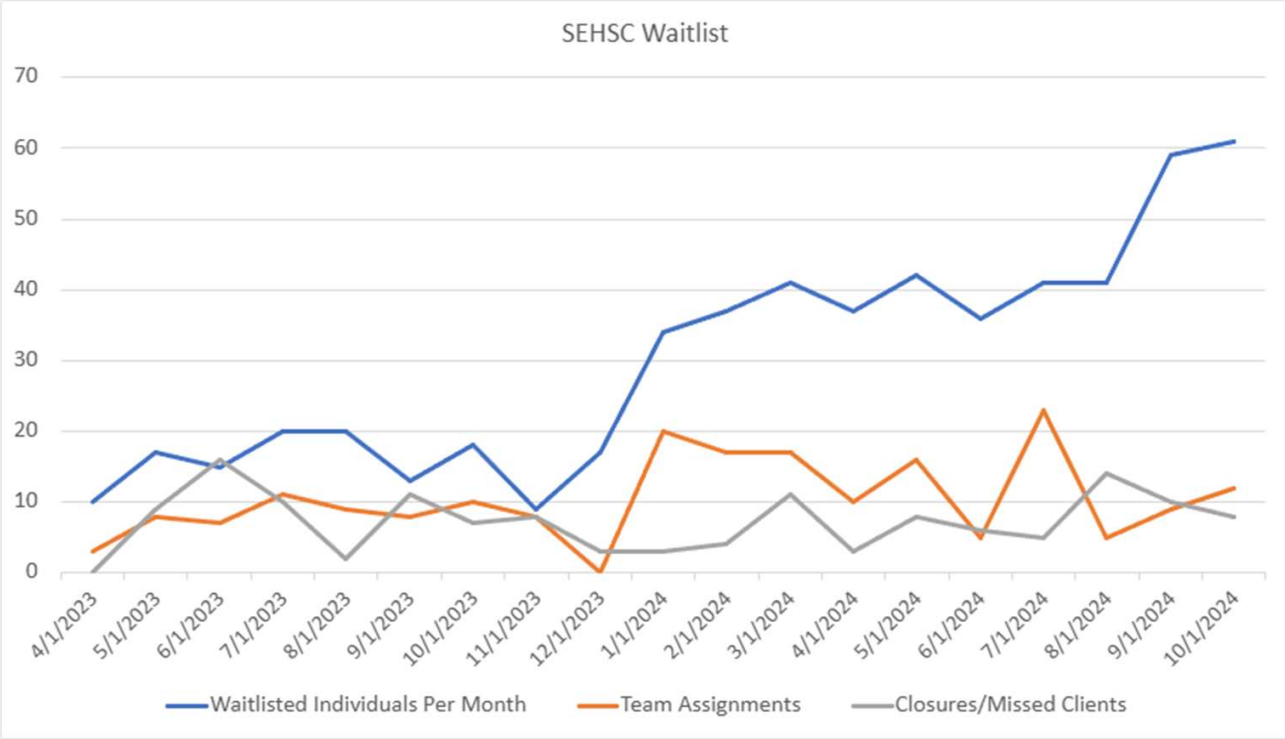
Regional Challenges - Waitlist



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2025-2027 Budget Request

Decision Package Detail

By Ongoing, One-Time and Funding Source

Services – Behavioral Health Current - $1,168,654

- Crisis Residential Contract Inflation - $422,208
- Addiction Residential Contract Inflation - $353,894
- Recovery/Rehab Contract Inflation - $392,552

Capital Projects

- Southeast HSC Bathroom Remodel
  - $972,000 SIIF Funds
  - One time funding

Additional Executive Decision Packages

- Provider Inflation 1.5%/1.5%
  - $296,256

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Comparison of budgets and funding

By Budget Account Code

DESCRIPTION	2023-25 LEGISLATIVE BASE	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)
511x Salaries - Regular	$ 20,340,194	$ 22,813,009	$ 2,472,815
512x Salaries - Other	-	-	-
513x Salaries Temp	3,548,738	1,223,845	(2,324,893)
514x Salaries Overtime	157,025	177,622	20,598
516x Salaries Benefits	9,197,924	10,249,182	1,051,259
Total Salaries & Benefits	**$ 33,243,880**	**$ 34,463,658**	**$ 1,219,778**
52x Travel	399,928	433,021	33,093
53x Supply	116,858	132,858	16,000
54x Postage & Printing	46,061	9,770	(36,291)
55x Equipment under $5,000	22,600	21,700	(900)
56x Utilities	166,648	166,648	-
58x Rent/Leases - Bldg/Equip	55,226	18,424	(36,802)
59x Repairs	252,840	258,693	5,853
61x Professional Development	59,292	131,546	72,254
62x Fees - Operating & Professional	9,152,403	13,658,892	4,506,489
53x Supplies	27,583	27,583	-
60x IT Expenses	245,100	220,576	(24,524)
68x Land, Building, Other Capital	80,000	1,052,000	972,000
Total Operating	**$ 10,624,540**	**$ 16,131,712**	**$ 5,507,173**
Total	**$ 43,868,420**	**$ 50,595,371**	**$ 6,726,951**
Total General	**$ 34,504,110**	**$ 38,478,005**	**$ 3,973,895**
Total Federal	**$ 6,634,727**	**$ 7,746,008**	**$ 1,111,281**
Total Other	**$ 2,729,583**	**$ 4,371,358**	**$ 1,641,775**

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Operating Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE/ (DECREASE)
Crisis Residential Contracted	$ 2,221,182	$ 2,221,182	$ -
Transitional Living Residential Contracted	850,148	850,148	-
Next Step 3.1 Residential Contracted	139,452	1,463,131	1,323,679
Medication delivery contract	213,538	213,538	-
Serenity Residential Contract	523,002	568,724	45,722
Recovery Center Contract	363,482	363,482	-
Detox/Withdrawal Management Contract	-	2,093,040	2,093,040
Mobile Crisis Contract	427,985	427,985	-
Drug Court Services Contract	395,194	395,194	-
Psychiatry Resident Contract	60,122	60,122	-
Inpatient Hospitalization Contract	3,161,473	4,245,453	1,083,980
Inpatient Hospitalization Contract	199,432	199,432	-
Wraparound Services	22,329	22,329	-
Supportive Apartments	55,227	55,227	-
Youth & Family FLEX Funds	48,474	48,474	-
PATH Rent Assistance for Homeless Clients	8,225	8,225	-
SEHSC Drain Tax/Special Assessments	30,878	3,300	(27,578)

Operating Schedule (continued)

DESCRIPTION	2023-25 BIENNIUM AMOUNT	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE/ (DECREASE)
MST Annual Licenses	14,300	14,300	-
Staff Licenses	20,000	20,000	-
Service Awards	7,808	7,808	-
Pharmacy Inspections	1,800	1,800	-
Freight Costs and other operating expenses	15,202	15,202	-
Duplicate funding for Next Step 3.1 Contract (Savings plan)	-	(1,378,164)	(1,378,164)
Contract Provider Inflation 1.5/1.5	-	296,256	296,256
Decision Package Svc-BH Current	-	1,168,654	1,168,654
Professional Services - Interpreter Service Contracts	41,350	41,350	-
Professional Services - SEHSC Security Contract	27,000	31,500	4,500
Professional Services - MST Consultant Contract	267,800	150,000	(117,800)
Medical - Client meds/medical/pharmacy supplies	10,000	20,000	10,000
Medical - Nicotene Replacement Therapies (NRT) Supplies	25,000	28,000	3,000
Medical - Staff Tuberculosis (TB) Testing	2,000	3,200	1,200

GENERAL FUND	**$**	**9,152,403**	**$**	**13,658,892**	**$ 4,506,489**
FEDERAL FUND					**$ -**
OTHER FUND	**$**	**-**			**$ -**
GRAND TOTAL	**$**	**9,152,403**	**$**	**13,658,892**	**$ 4,506,489**

Grants Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	2025-2027 EXECUTIVE BUDGET RECOMMENDATION	INCREASE/ (DECREASE)
Not applicable			$ -
			-
			-
			-
			-
			-
GENERAL FUND			
FEDERAL FUND			
OTHER FUND			
GRAND TOTAL	**$ -**	**$ -**	**$ -**

Comparison of budget expenditures and projections

By Budget Account Code

DESCRIPTION	2023-25 LEGISLATIVE BASE	EXPENDED AS OF 12/31/2024	PROJECTION THROUGH 6/30/2025	UNDER / (OVER) BUDGET
511x Salaries - Regular	$ 20,340,194	$ 14,949,220	$ 20,060,642	$ 279,552
512x Salaries - Other	-	275	275	(275)
513x Salaries Temp	3,548,738	466,194	775,238	2,773,500
514x Salaries Overtime	157,025	101,436	129,388	27,637
516x Salaries Benefits	9,197,924	6,779,895	9,218,331	(20,407)
Total Salaries & Benefits	**$ 33,243,880**	**$ 22,297,021**	**$ 30,183,873**	**$ 3,060,007**
52x Travel	399,928	259,620	345,118	54,810
53x Supply	116,857	73,175	100,528	16,329
54x Postage & Printing	46,061	8,583	12,129	33,932
55x Equipment under $5,000	22,600	17,022	21,136	1,464
56x Utilities	166,648	105,963	140,853	25,795
58x Rent/Leases - Bldg/Equip	55,226	40,959	54,662	564
59x Repairs	252,840	132,055	213,764	39,076
61x Professional Development	59,292	96,598	121,957	(62,665)
62x Fees - Operating & Professional	9,152,403	7,215,940	9,908,825	(756,422)
53x Supplies	27,584	3,340	9,811	17,773
60x IT Expenses	245,100	140,830	193,345	51,755
68x Land, Building, Other Capital	80,000	435,396	765,073	(685,073)
69x Equipment Over $5,000	-	61,562	61,562	(61,562)
Total Operating	**$ 10,624,540**	**$ 8,591,045**	**$ 11,948,764**	**$ (1,324,224)**
Total	**$ 43,868,420**	**30,888,066**	**$ 42,132,637**	**$ 1,735,783**
Total General	**$ 34,504,110**	**$ 24,261,205**	**$ 33,204,121**	**$ 1,299,989**
Total Federal	**$ 6,634,727**	**$ 3,987,639**	**$ 5,527,492**	**$ 1,107,235**
Total Other	**$ 2,729,583**	**$ 2,639,222**	**$ 3,401,025**	**$ (671,441)**

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Southeast HSC:

Position Numbers Assigned/ Funding Exists	Number of people filling positions	# of Vacancies	# of Temporary
167.90	*131*	*36.9*	*10*

Average Age	*42*
Avg Years of Service	*8.07*
Retirement Risk	*2.31%*
Turnover 2023	*13.50%*
Turnover 2024	*16.26%*

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Contact Information

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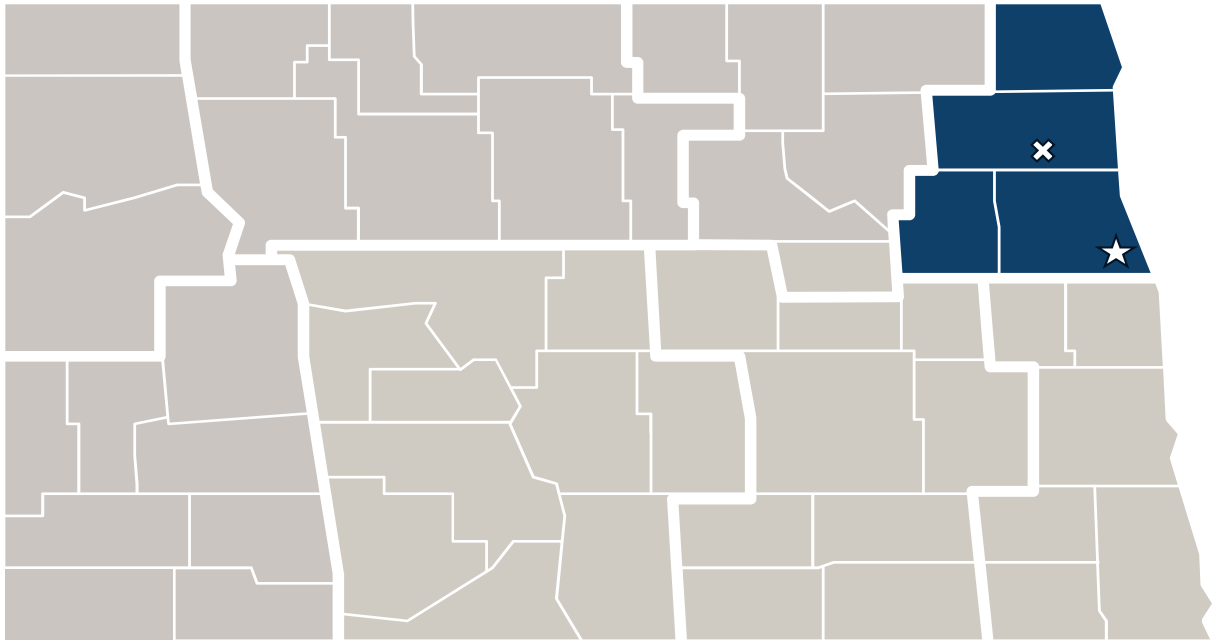

HB1012 Detail to House Appropriations

Jeff McKinnon | Regional Director – Northeast Human Service Center
Jan. 22, 2025

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Individuals Served 7/2023-12/2024

1,345 adults served

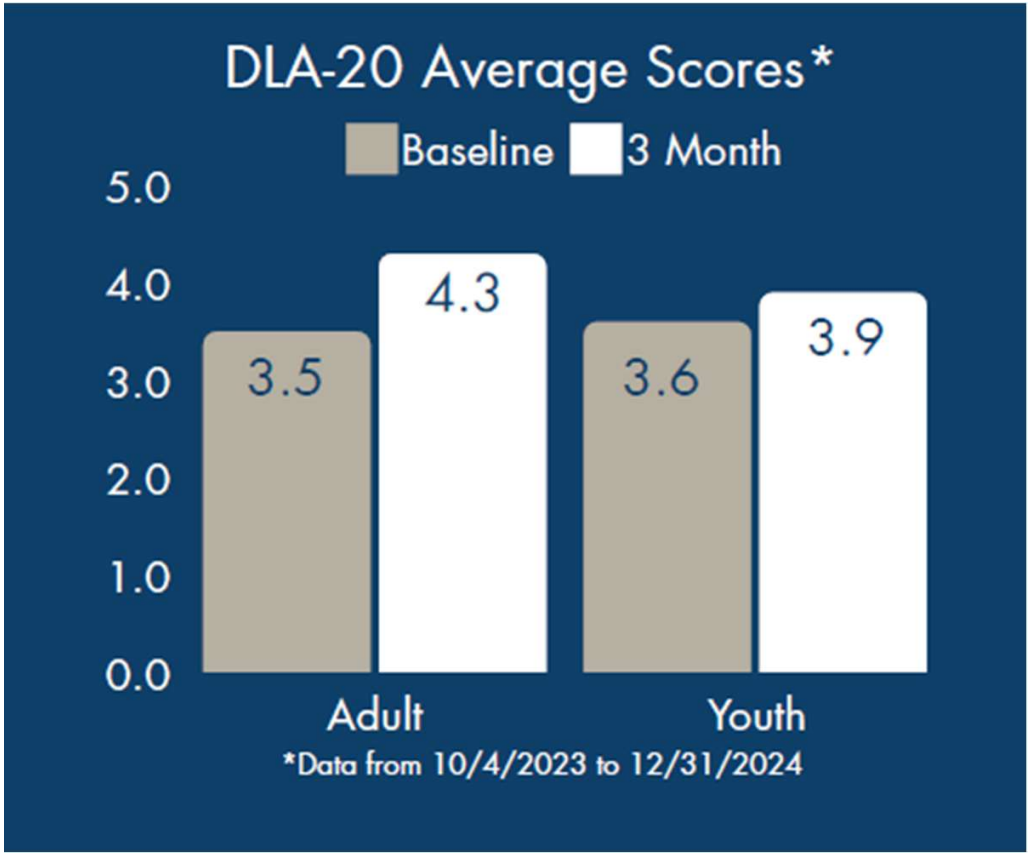
32,404 adult services

240 youth served

6,097 youth services

Improving Outcomes

DLA-20 Average Scores, 10/4/2023 – 12/31/2024



- The DLA-20 measures daily living skills across 20 areas, with scores ranging from 1 to 7, where higher scores indicate better functioning.
- 23 % increase in Adult DLA-20 Scores
- 8% increase in Youth DLA-20 Scores
- These increases of scores from baseline to DLA-20s taken again in 3 months suggests measurable progress and highlights the effectiveness of the intervention.

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Key Accomplishments

- Achieved 4-year Council on Accreditation (COA) expedited re-accreditation.
- Ruth Meier's Adolescent Center (RMAC) achieved a 3-year Commission on Accreditation of Rehabilitation Facilities (CARF) re-accreditation.
- Roll-out of Avel services in all regions in June 2024 to partner with local law enforcement to provide telehealth crisis support.
    - Walsh County Sherriff's Office
    - Grafton Police Department
    - Pembina County Sherriff's Office
    - Cavalier Police Department
    - Grand Forks County Sheriff's Office



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NEHSC Successes

Grafton Satellite Clinic Fully Staffed

RMAC Youth Residential remodeled and 10 beds

Psychiatrist active in Grand Forks County Jail

Functional Family Therapy hired

Enhanced Recruiting and Retaining Workforce

Substance Use Residential at 90% occupancy

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Service Expansion Towards CCBHC

- Licensed Addiction Counselors recruiting
- Peer Support
- Clinical Care Coordinator
- Behavioral Health Liaison
- Dr Julius experience in CCBHC
- Grafton Clinic Enhancement

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NEHSC Challenges

Crisis Stabilization Unit at 50%

(5 of 10 beds)

Addiction Counselors not applying

Rural Behavioral Health Stigma

Understaffed for Daytime Crisis Staff

RMAC Retention of Direct Care Staff

Higher Rate of Client No-Shows to Psychiatric Med Appointments

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Ruth Meiers Adolescent Center (RMAC)

- Construction Remodel
  - Total number of construction days - October 4, 2023, to November 15, 2024, is **409 days**.
  - 10 total beds for Youth



RMAC Positives & Challenges

Positives

- RMAC is a Safety Net
- 5 FTE Direct Care Associates worked at RMAC
- 3 FTE Direct Care Supervisors were hired at RMAC
- 5 additional Direct Care Associates were hired in the fall of 2024

Challenges

- Staff have experienced incidents of physical aggression from residents, including situations where they have been physically harmed while providing care and ensuring safety
- PrimeTime Healthcare Contracting Staff.
  - Aug 2023 to Nov 2024
  - Total Cost $587,601
- Based on current staffing – no contracted staff

Rural Behavioral Health

- **Positives:**
  - Grafton Satellite Clinic has a total of 12 staff on site. Includes therapist, Addiction Counselors, Peer Support, Registered Nurse, Skills Trainers/Integration
  - Attend Walsh County and Pembina County Behavioral Health Workgroup
  - Connected with Public Health (Pembina County, Walsh County, Nelson County) to gather information regarding clients being served and how to increase behavioral health services.

- **Pain Points:**
  - Rural population has an increase in behavioral health Stigma
  - Social Determinants of Health
    - Poverty and Economic Instability
    - Isolation and Loneliness
      - Mental health challenges like depression and anxiety.
    - Recruitment and Retention:
      - Rural areas struggle to attract and retain skilled behavioral health professionals.

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2025-2027 Budget Request

Decision Package Detail

By Ongoing, One-Time and Funding Source

Services – Behavioral Health Current

- Recovery/Rehab Contract Inflation $315,495

Provider Inflation

- 1.5%/1.5% $452,821

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Comparison of budgets and funding

By Budget Account Code

DESCRIPTION	2023-25 LEGISLATIVE BASE	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)
511x Salaries - Regular	$ 15,066,675	$ 15,418,420	$ 351,745
512x Salaries - Other	53,357	39,779	(13,579)
513x Salaries Temp	1,640,543	1,639,425	(1,118)
514x Salaries Overtime	229,219	377,933	148,714
516x Salaries Benefits	7,135,111	7,673,482	538,371
Total Salaries & Benefits	**$ 24,124,905**	**$ 25,149,039**	**$ 1,024,134**
52x Travel	335,412	310,600	(24,812)
53x Supply	253,078	200,109	(52,969)
54x Postage & Printing	29,510	10,100	(19,410)
55x Equipment under $5,000	8,000	29,450	21,450
56x Utilities	30,674	38,500	7,826
58x Rent/Leases - Bldg/Equip	1,372,691	1,287,204	(85,487)
59x Repairs	39,529	26,810	(12,719)
61x Professional Development	47,678	55,239	7,561
62x Fees - Operating & Professional	2,691,532	3,591,350	899,818
53x Supplies	12,500	-	(12,500)
60x IT Expenses	187,477	120,129	(67,348)
Total Operating	**$ 5,008,081**	**$ 5,669,490**	**$ 661,410**
Total	**$ 29,132,986**	**$ 30,818,529**	**$ 1,685,544**
Total General	**$ 20,978,124**	**$ 22,520,992**	**$ 1,542,867**
Total Federal	**$ 5,946,164**	**$ 5,036,630**	**$ (909,534)**
Total Other	**$ 2,208,697**	**$ 3,260,908**	**$ 1,052,211**

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Operating Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	EXECUTIVE BUDGET RECOMMENDATION	INCREASE/ (DECREASE)
Crisis Residential Contract	$ 1,881,416	$ 1,881,416	$ -
Substance Use Treatment Contract (SUPTRS)	$ -	$ 1,404,943	$ 1,404,943
Recovery Center Contract	$ 383,728	$ 383,728	$ -
Social Detox (Low-Barrier Shelter) Agreement	$ 178,413	$ 260,000	$ 81,587
CARF Accreditation Fees for Ruth Meiers PRTF	$ 12,000	$ 7,500	$ (4,500)
Youth & Family FLEX Funds	$ 33,669	$ 33,669	$ -
Wraparound Funds	$ 33,696	$ 33,696	$ -
PATH Rent Assistance for Homeless Clients	$ 8,000	$ 8,000	$ -
Lab Testing	$ 11,397	$ 3,000	$ (8,397)
Service Awards	$ 4,747	$ 4,000	$ (747)
Staff Licenses	$ 9,894	$ 9,894	$ -
Other operating expenses	$ 72,353	$ 78,501	$ 6,148
Decision Package - Svc - BH Current Provider Inflation		$ 768,316	$ 768,316
SUPTRS Duplicate funding for Centre Inc Contract		$ (1,323,355)	$ (1,323,355)
Interpreter Fees	$ 21,802	$ 2,601	$ (19,201)
Client meds/Medical/Pharmacy Supplies	$ 8,000	$ 10,000	$ 2,000
Ruth Meiers Medical Supplies	$ 4,165	$ 7,000	$ 2,835
Nicotene Replacement Therapies (NRT) Supplies	$ 26,000	$ 13,000	$ (13,000)
Other Medical Operating	$ 2,252	$ 5,441	$ 3,189
GENERAL FUND	**$ 2,691,532**	**$ 3,591,350**	**$ 899,818**
FEDERAL FUND			**-**
OTHER FUND			**-**
GRAND TOTAL	**$ 2,691,532**	**$ 3,591,350**	**$ 899,818**

Grants Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	2025-2027 EXECUTIVE BUDGET RECOMMENDATION	INCREASE/ (DECREASE)
Not applicable			$ -
			-
			-
			-
			-
			-

GENERAL FUND			
FEDERAL FUND			
OTHER FUND			
GRAND TOTAL	$ -	$ -	$ -

NORTH Dakota Be Legendary. | Health & Human Services

Comparison of budget expenditures and projections

By Budget Account Code

DESCRIPTION	2023-25 LEGISLATIVE BASE	EXPENDED AS OF 12/31/2024	PROJECTION THROUGH 6/30/2025	UNDER / (OVER) BUDGET
511x Salaries - Regular	$ 15,066,675	$ 10,301,637	$ 13,875,495	$ 1,191,180
512x Salaries - Other	53,357	32,665	32,665	20,692
513x Salaries Temp	1,640,543	303,093	640,852	999,691
514x Salaries Overtime	229,219	414,814	414,814	(185,595)
516x Salaries Benefits	7,135,111	4,757,532	6,720,655	414,456
Total Salaries & Benefits	**$ 24,124,905**	**$ 15,809,741**	**$ 21,684,481**	**$ 2,440,424**
52x Travel	335,412	180,564	260,049	75,363
53x Supply	253,078	122,263	165,159	87,919
54x Postage & Printing	29,510	7,183	9,395	20,115
55x Equipment under $5,000	8,000	32,467	39,010	(31,010)
56x Utilities	30,674	13,074	18,859	11,815
57x Insurance	-	50	50	(50)
58x Rent/Leases - Bldg/Equip	1,372,691	1,025,235	1,300,426	72,265
59x Repairs	39,529	21,850	31,772	7,757
61x Professional Development	47,678	57,167	83,932	(36,254)
62x Fees - Operating & Professional	2,691,532	2,654,820	2,981,779	(290,247)
53x Supplies	12,500	3,133	3,133	9,367
60x IT Expenses	187,477	75,652	126,642	60,835
Total Operating	**$ 5,008,081**	**$ 4,193,460**	**$ 5,020,208**	**$ (12,127)**
Total	**$ 29,132,986**	**20,003,200**	**$ 26,704,689**	**$ 2,428,297**
Total General	**$ 20,978,124**	**$ 15,307,878**	**$ 20,309,384**	**$ 668,741**
Total Federal	**$ 5,946,164**	**$ 2,791,030**	**$ 3,318,671**	**$ 2,627,493**
Total Other	**$ 2,208,697**	**$ 1,904,292**	**$ 3,076,635**	**$ (867,937)**

NORTH Dakota Be Legendary. | Health & Human Services

Northeast HSC:

Position Numbers Assigned/ Funding Exists	Number of people filling positions	# of Vacancies	# of Temporary
127.10	*107.10*	*20*	*16*

Average Age	*46*
Avg Years of Service	*8.35*
Retirement Risk	*3.92%*
Turnover 2023	*18.23%*
Turnover 2024	*17.69%*

NORTH Dakota Be Legendary. | Health & Human Services

Contact Information

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Regional Director
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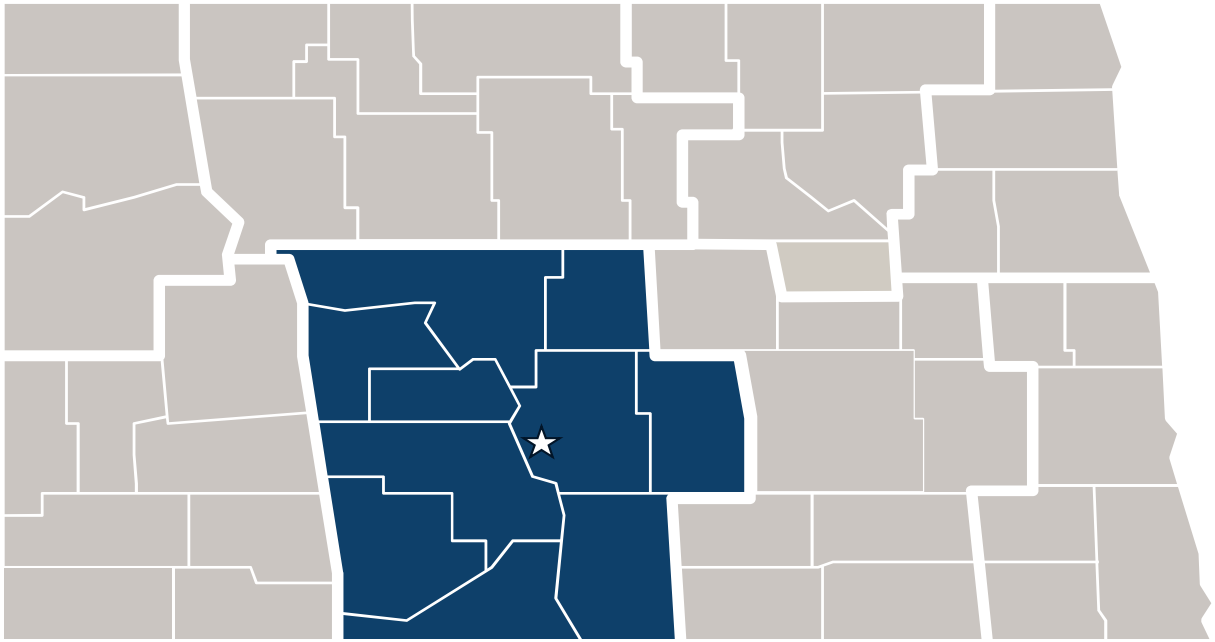
NORTH Dakota | Health & Human Services
Be Legendary.





HB1012 Detail to House Appropriations

Lynden Ring | Interim Regional Director – West Central Human Service Center
Jan. 22, 2025

NORTH Dakota Be Legendary. | Health & Human Services

Individuals Served 7/2023-12/2024

2,043 adults served

29,655 adult services

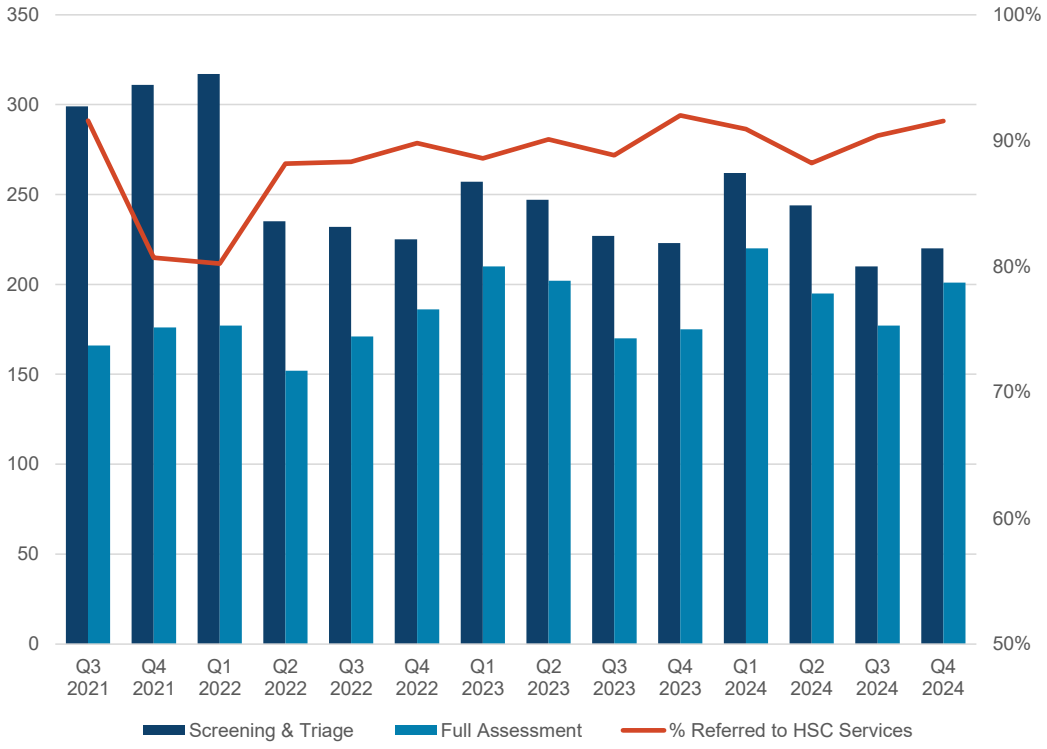
452 youth served

16,016 youth services

West Central HSC

Clinics Overview: Our role/services

Assessment Services: Biennium Comparison (7/2021-6/2023 vs. 7/2023-12/2024)



Increased Efficiency:

- Number of individuals who referred to a full assessment after initial screening increased by 25% (from 59% to 74%).

Enhanced Impact:

- 90% of individuals are now recommended for services following a full assessment.

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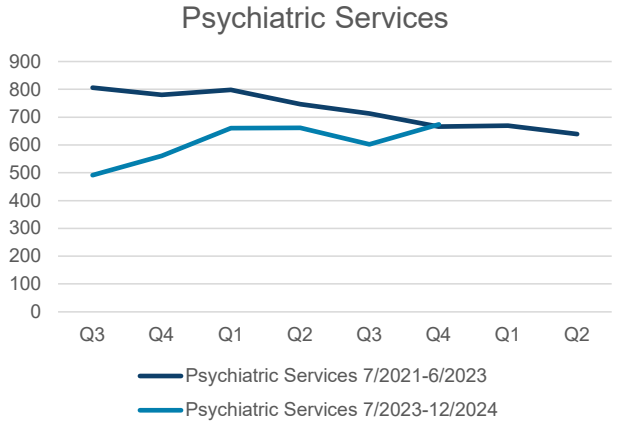
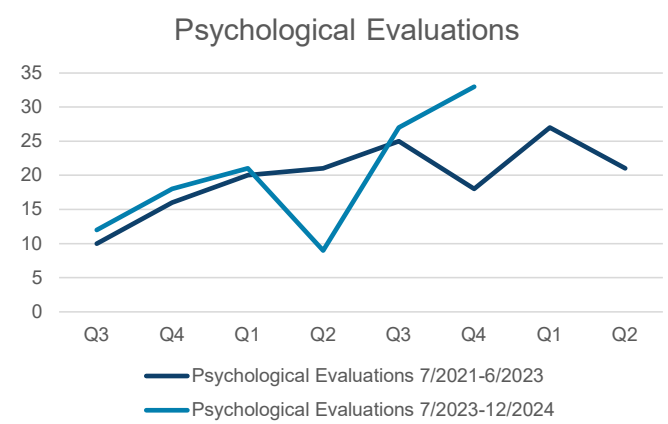
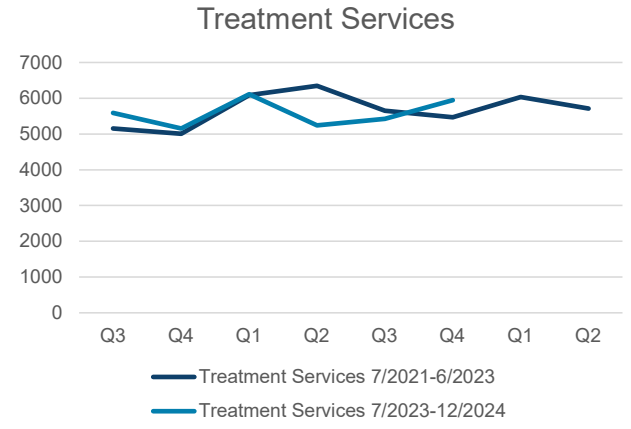
West Central HSC

Clinics Overview: Our role/services

Specialized & Treatment Services: Biennium Comparison (7/2021-6/2023 vs. 7/2023-12/2024)







Psychiatric services saw a bit of a decrease. Monthly average services dropped from 242 to 202, and the average number of people served decreased from 133 to 122.

Statutorily required Psychological Evaluations have remained steady over the past couple of bienniums with a monthly average of 7 services.

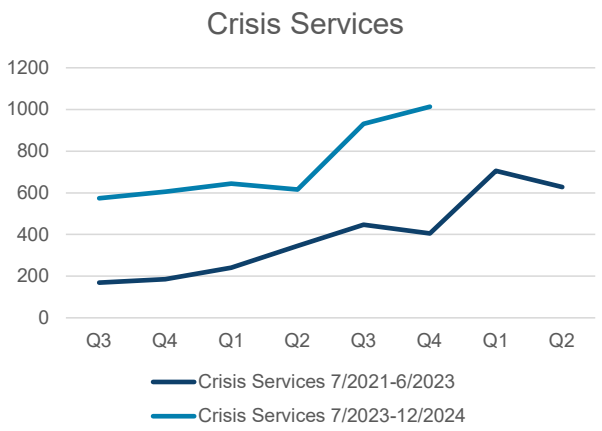
Treatment services include both mental health & SUD services, and the amount of services provided remained fairly steady with a monthly average of 1,894 services a month in 2021-2023, to 1,860 services a month.

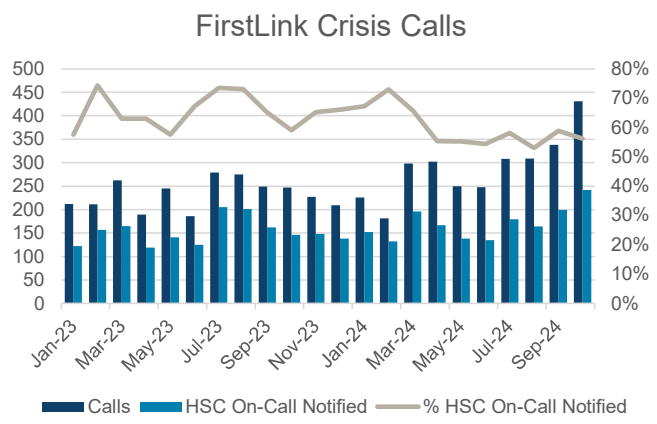
West Central HSC

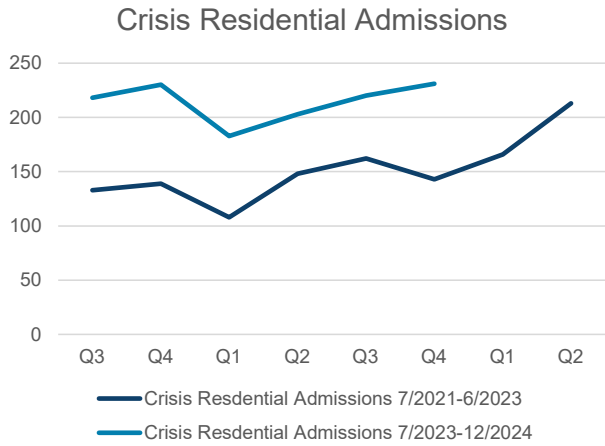
Clinics Overview: Our role/services

Crisis Services: Biennium Comparison (7/2021-6/2023 vs. 7/2023-12/2024)

**FirstLink data is from 1/2023 – 10/2024*







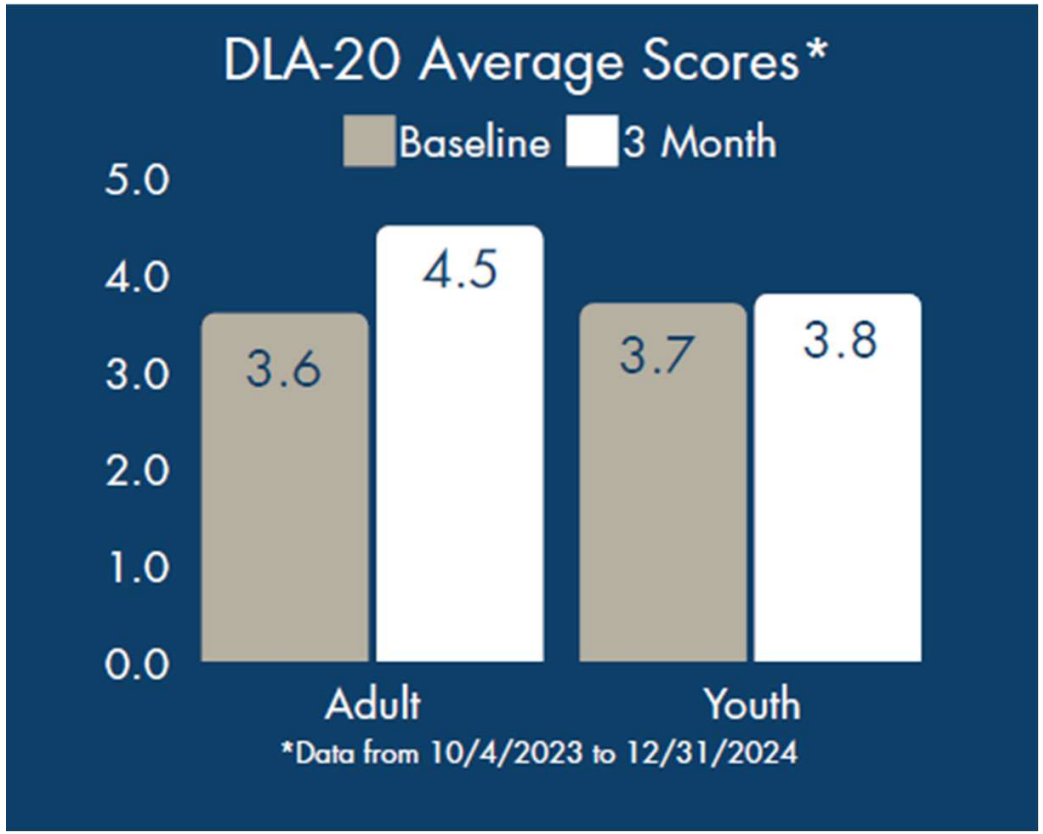
Crisis service utilization has increased this biennium. We are currently providing an average of 244 monthly crisis services this biennium, compared to 130 in the previous biennium.

There is an average of 258 crisis calls a month to the crisis center, FirstLink . On average, 63% of these calls require notification of the HSC crisis on-call team.

Monthly average admissions to the crisis residential facility have increased, from 51 in 7/2021-6/2023 to 72 in 6/2023-12/2024.

Improving Outcomes

DLA-20 Average Scores, 10/4/2023 – 12/31/2024



- The DLA-20 measures daily living skills across 20 areas, with scores ranging from 1 to 7, where higher scores indicate better functioning.
- 25% increase in Adult DLA-20 Scores
- 3% increase in Youth DLA-20 Scores
- These increases of scores from baseline to DLA-20s taken again in 3 months suggests measurable progress and highlights the effectiveness of the intervention.

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Successes – Workforce Development



Filling vital positions. MD-PhD with expanded use of telehealth (North Dakota Staff Connections)



Additional staff enrolled in National Health Service Corps for student loan repayment (Therapists and LACs)



Growing our own staff with tuition assistance and clinical supervision contracts



UND School of Medicine Psychiatry Residency Program and medical student shadow program

Successes in Preparing for CCBHC

Peer Support

Care Coordinators

Behavioral Health Liaison

Additional LAC's

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Service Expansion Successes

Expansion of Youth and Family Services

- Family Functional Therapy (FFT)
- Memorandums of understanding with Bismarck Public Schools (10 plus 1)

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Regional Successes

- Mobile Crisis Response Team
- Tobacco Cessation Treatment
- Nicotine Replacement Therapy
- Provision of Social Withdrawal Management Services

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Regional Successes

- Avel E Care
- Bismarck Police Department Collaboration/Training
- Crisis Intervention Training for Officers and First Responders
- Crisis Services Orientation Training for Law Enforcement Regarding 988 and Mobile Response Team
- Psychology Team Centralized Scheduling to Cover for other HSC's

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Regional Challenges

- Workforce Shortages
- Crisis Stabilization Unit Reduced Bed Capacity
- Staff Recruitment and Retention
- 3.1 level of care SUD Residential

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West Central HSC:

Position Numbers Assigned/ Funding Exists	Number of people filling positions	# of Vacancies	# of Temporary
102	*92.80*	*9.2*	*4*

Average Age	*42*
Avg Years of Service	*8.64*
Retirement Risk	*4.35%*
Turnover 2023	*12.20%*
Turnover 2024	*11.46%*

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2025-2027 Budget Request

Decision Package Detail

By Ongoing, One-Time and Funding Source

Services – Behavioral Health Current

- Crisis Residential Contract Inflation $76,947
- Recovery/Rehab Contract Inflation $1,026,668

Additional Executive Decision Packages

- Provider Inflation 1.5%/1.5% $108,422

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Comparison of budgets and funding

By Budget Account Code

DESCRIPTION	2023-25 LEGISLATIVE BASE	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)
511x Salaries - Regular	$ 14,283,658	$ 15,316,615	$ 1,032,957
512x Salaries - Other	-	-	-
513x Salaries Temp	897,612	707,675	(189,937)
514x Salaries Overtime	12,918	47,371	34,454
516x Salaries Benefits	6,290,519	6,863,763	573,243
Total Salaries & Benefits	**$ 21,484,707**	**$ 22,935,424**	**$ 1,450,718**
52x Travel	238,134	409,187	171,053
53x Supply	56,259	52,950	(3,309)
54x Postage & Printing	33,000	21,500	(11,500)
55x Equipment under $5,000	15,000	15,000	-
58x Rent/Leases - Bldg/Equip	1,291,729	1,317,230	25,501
59x Repairs	8,000	8,000	-
61x Professional Development	66,195	155,195	89,000
62x Fees - Operating & Professional	4,901,668	6,096,415	1,194,747
53x Supplies	13,000	13,750	750
60x IT Expenses	156,156	125,894	(30,262)
69x Over Equipment Over $5,000	-	16,000	16,000
Total Operating	**$ 6,779,142**	**$ 8,231,121**	**$ 1,451,979**
Total	**$ 28,263,849**	**$ 31,166,545**	**$ 2,902,697**
Total General	**$ 20,139,257**	**$ 21,934,151**	**$ 1,794,894**
Total Federal	**$ 6,107,438**	**$ 5,488,397**	**$ (619,041)**
Total Other	**$ 2,017,156**	**$ 3,743,997**	**$ 1,726,841**

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Operating Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE/ (DECREASE)
Crisis Residential Contracted	$ 2,144,218	$ 2,144,218	$ -
Transitional Living Residential Contracted - Arbor House	887,227	887,226	(1)
Transitional Living Residential Contracted - Sahnish House	810,970	811,030	60
Medication Delivery Contract	215,352	224,851	9,499
Recovery Center Contracted	343,016	343,016	-
Inpatient Hospitalization Contract - Sanford	103,940	103,940	-
Inpatient Hospitalization Contract - St Alexius	14,400	14,400	-
WC Case Aide Transportation contract	211,704	211,704	-
Respite Contract	12,545	15,000	2,455
Supportive Apartments	12,000	12,000	-
Flex Funds for Youth contract	62,727	62,727	-
Medication Supplies and Pharmacy Inspection contract	10,455	10,455	-
Wraparound Services	15,000	15,000	-
HHS Other Operating Costs	19,031	23,435	4,404
Staff Licenses	12,232	19,171	6,939
Youth Respite	13,000	5,000	(8,000)

Operating Schedule(continued)

DESCRIPTION	2023-25 BIENNIUM AMOUNT	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE/ (DECREASE)
Medication, Dental and Optical	13,855	15,000	1,145
WCHSC Inpatient Contract Savings	-	(23,340)	(23,340)
WCHSC Medication Contract Duplicate Reduction	-	(10,454)	(10,454)
Decision Package - Inflation for vendors Crisis Residential Contract	-	76,947	76,947
Decision Package - Inflation for vendors Recovery/Rehab Contract	-	1,026,668	1,026,668
Decision Package - Provider Inflation 1.5/1.5	-	108,422	108,422

GENERAL FUND	**$ 4,901,672**	**$ 6,096,416**	**$ 1,194,744**
FEDERAL FUND			**-**
OTHER FUND			**-**
GRAND TOTAL	**$ 4,901,672**	**$ 6,096,416**	**$ 1,194,744**

Grants Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	2025-2027 EXECUTIVE BUDGET RECOMMENDATION	INCREASE/ (DECREASE)
Not applicable			$ -
			-
			-
			-
			-
			-
GENERAL FUND			
FEDERAL FUND			
OTHER FUND			
GRAND TOTAL	**$ -**	**$ -**	**$ -**

Comparison of budget expenditures and projections

By Budget Account Code

DESCRIPTION	2023-25 LEGISLATIVE BASE	EXPENDED AS OF 12/31/2024	PROJECTION THROUGH 6/30/2025	UNDER / (OVER) BUDGET
511x Salaries - Regular	$ 14,283,658	$ 9,758,627	$ 13,694,687	$ 588,971
512x Salaries - Other	-	-	-	-
513x Salaries Temp	897,612	288,550	387,916	509,696
514x Salaries Overtime	12,918	27,455	34,475	(21,558)
516x Salaries Benefits	6,290,519	4,381,340	6,165,710	124,809
Total Salaries & Benefits	**$ 21,484,707**	**$ 14,455,972**	**$ 20,282,788**	**$ 1,201,919**
52x Travel	238,134	202,853	275,719	(37,585)
53x Supply	56,259	15,470	32,619	23,640
54x Postage & Printing	33,000	10,068	19,283	13,717
55x Equipment under $5,000	15,000	8,704	17,483	(2,483)
58x Rent/Leases - Bldg/Equip	1,291,729	947,546	1,281,561	10,168
59x Repairs	8,000	1,260	3,529	4,471
61x Professional Development	66,195	39,305	66,770	(575)
62x Fees - Operating & Professional	4,901,668	3,145,546	4,480,054	421,614
53x Supplies	13,000	2,861	7,138	5,862
60x IT Expenses	156,156	74,257	103,895	52,261
Total Operating	**$ 6,779,142**	**$ 4,447,869**	**$ 6,288,052**	**$ 491,090**
Total	**$ 28,263,849**	**18,903,841**	**$ 26,570,840**	**$ 1,693,008**
Total General	**$ 20,139,257**	**$ 13,632,424**	**$ 17,655,792**	**$ 2,483,465**
Total Federal	**$ 6,107,438**	**$ 3,093,720**	**$ 5,117,356**	**$ 990,082**
Total Other	**$ 2,017,156**	**$ 2,177,698**	**$ 3,797,693**	**$ (1,780,537)**

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Contact Information

Lynden Ring
Interim Regional Director
lring@nd.gov



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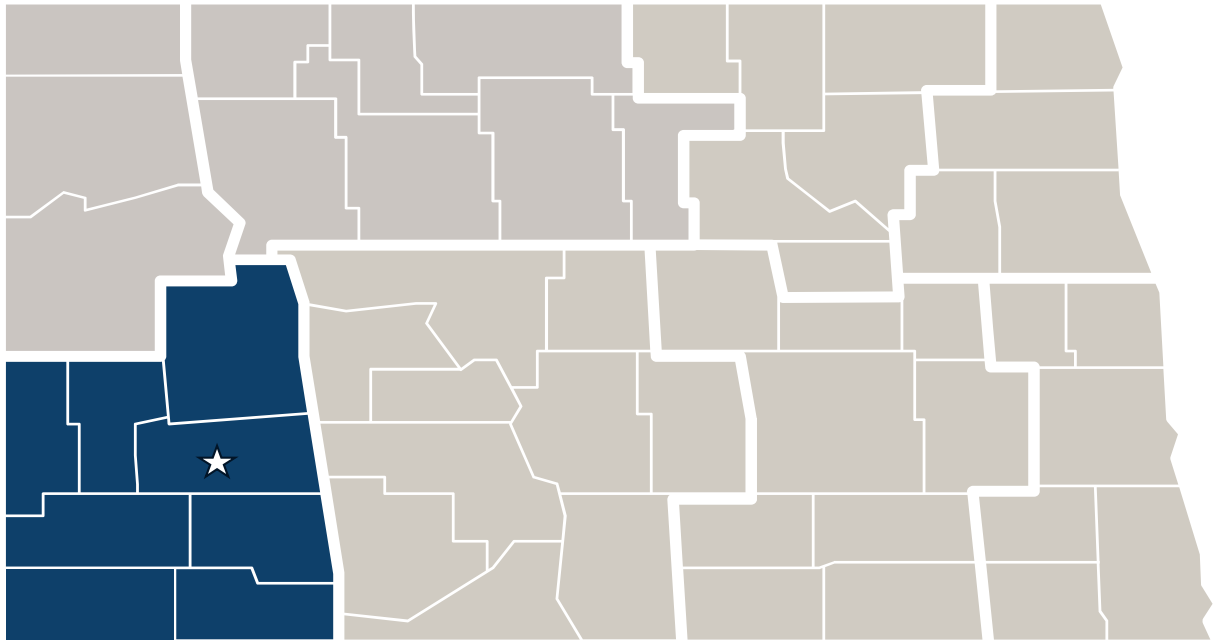

HB1012 Detail to House Appropriations

Jessica Odermann | Regional Director – Badlands Human Service Center
Jan. 22, 2025

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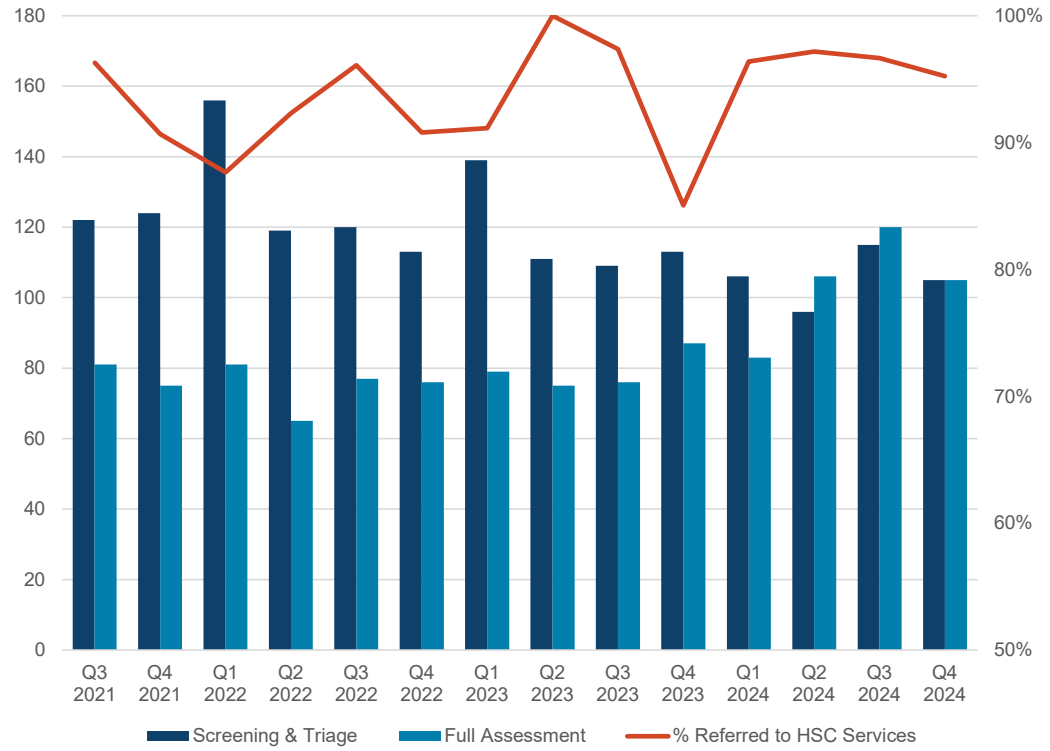
Badlands HSC

Clinics Overview: Our role/services

Assessment Services: Biennium Comparison (7/2021-6/2023 vs. 7/2023-12/2024)



Increased Efficiency:

- While there was a reduction in requests for initial screen for services, the number of full assessments provide has maintained.
- Number of individuals who referred to a full assessment after initial screening increased by 52% (from 55% to 85%).

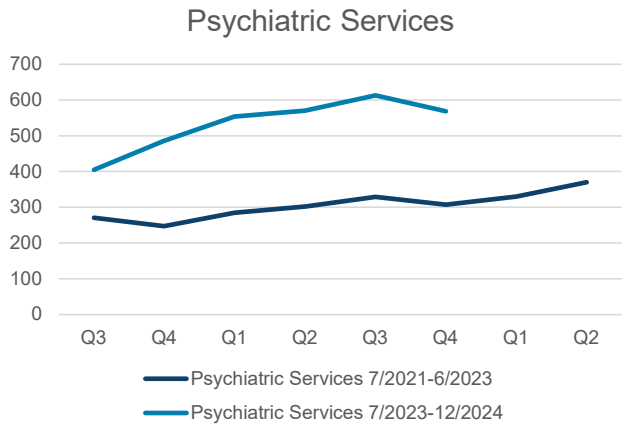
Enhanced Impact:

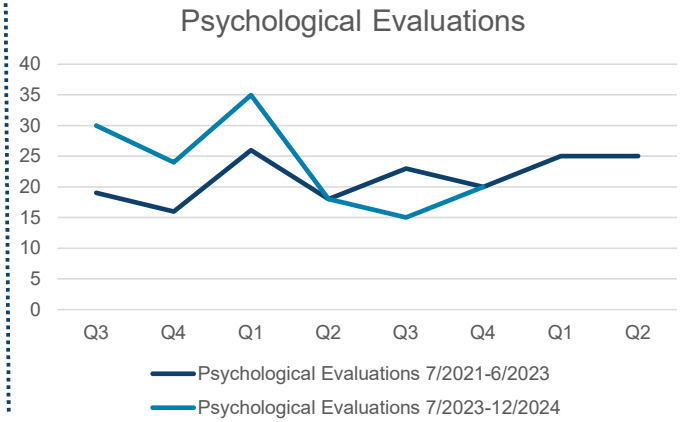
- 95% of individuals are now recommended for services following a full assessment (previously 93%).

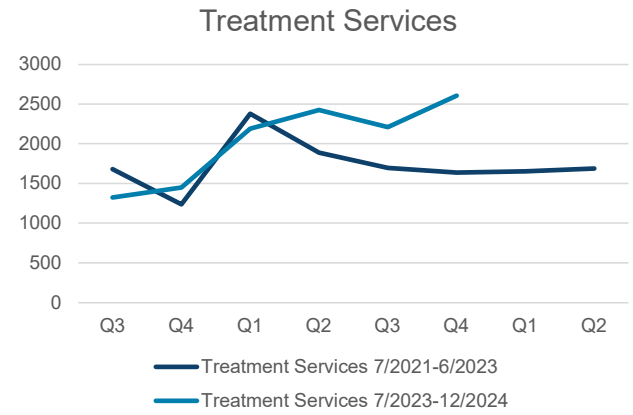
Badlands HSC

Clinics Overview: Our role/services

Specialized & Treatment Services: Biennium Comparison (7/2021-6/2023 vs. 7/2023-12/2024)







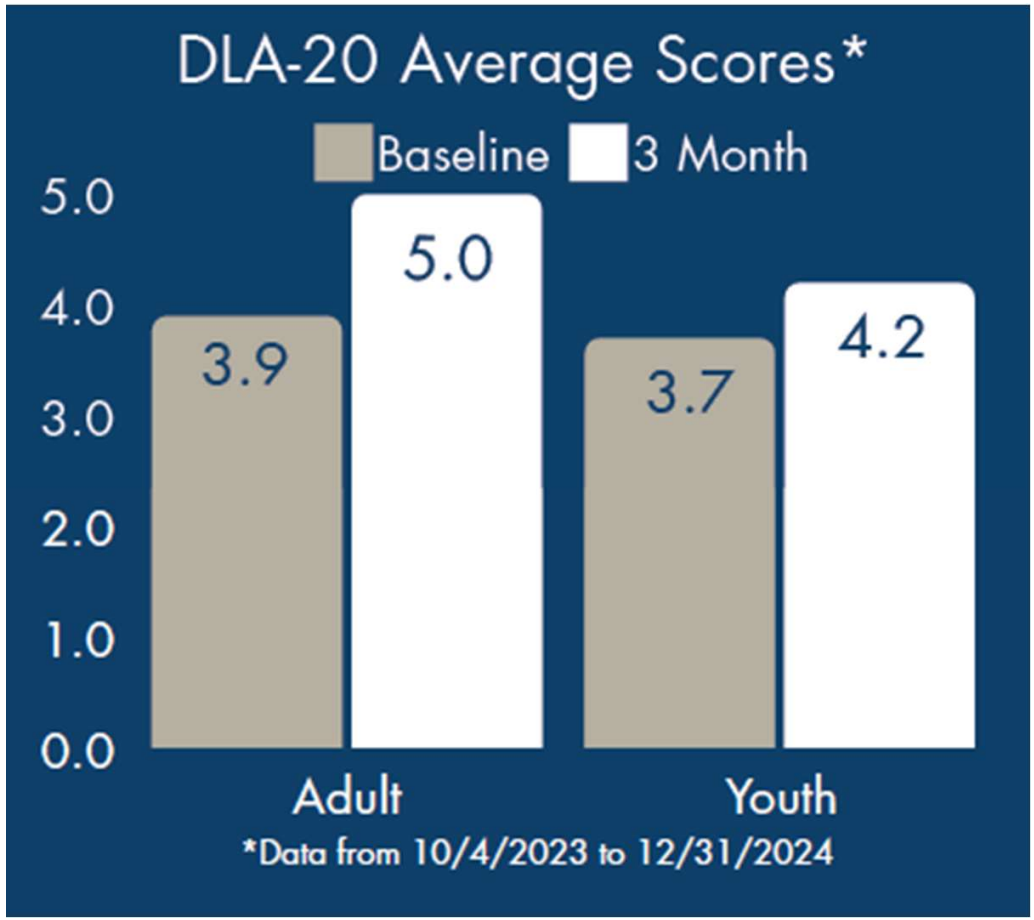
Psychiatric services saw an increase. Monthly average services rose from 102 to 178, and the average number of people served increased from 64 to 85.

Statutorily required Psychological Average services stayed steady at an average of 8 a month. The average number of people served a month in 7/2021 – 6/2023 was 7 compared to an average of 8 from 7/2023 - 12/2024.

Treatment services include both mental health & SUD services, and services increased, with a monthly average of 578 services provided a month in 2021-2023 to an average of 679.

Improving Outcomes

DLA-20 Average Scores, 10/4/2023 – 12/31/2024



- The DLA-20 measures daily living skills across 20 areas, with scores ranging from 1 to 7, where higher scores indicate better functioning.
- 28 % increase in Adult DLA-20 Scores
- 14% increase in Youth DLA-20 Scores
- These increases of scores from baseline to DLA-20s taken again in 3 months suggests measurable progress and highlights the effectiveness of the intervention.

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Badlands HSC:

Position Numbers Assigned/ Funding Exists	Number of people filling positions	# of Vacancies	# of Temporary
71.50	*58.50*	*13*	*3*

Average Age	*44*
Avg Years of Service	*5.72*
Retirement Risk	*3.85%*
Turnover 2023	*17.88%*
Turnover 2024	*11.29%*

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Successes – Workforce Development

- Two Functional Family Therapy (FFT) providers
- Licensed Psychologist (telehealth)
- Internal growth: “Growing our Own” – focus on retention
- ND Training Academy for Addiction Professionals (TAAP)
- Internship and Licensing

Regional Successes

First Human Service Center to Introduce Suboxone Clinic

Hired a psychiatric mental health nurse practitioner to increase psychiatric services and subsequently has been the first provider to initiate Suboxone prescribing to individuals with an Opioid Use Disorder (OUD).

- Currently serving 29 individuals in the Suboxone clinic.
- Utilizing safety net funds to assist individuals with paying for first month, as needed to ensure access to prescriptions.
- Services are concurrent with substance use treatment with a licensed addiction counselor.
- Working toward enhancement of full care team with prescriber, LAC, case manager, care coordinator, and peer support.

Regional Challenges

Recruiting Licensed Providers

- Functional Family Therapy Wait List
  - High demand for this service throughout full region
- Mental Health Wait List
  - Two mental health therapist vacancies (one youth and one adult)
  - Wait list one week to thirty days depending on intakes
  - Weekly clinical staffing to match individuals to availability and need/specialization
- Youth Psychiatry Wait List
  - Wait list up to six weeks to see provider (previous was up to three months)
  - Working with UND Residency to advocate for maintaining youth rotation
  - Successfully advocated for additional hours of youth psychiatry
- Location, licensing challenges and competitive pay are contributing factors

Regional Challenges

Crisis Drop-In Infrastructure Needs

- Crisis Stabilization Facility (CSU) is not compliant to SAMHSA's National Behavioral Health Crisis Care Guidance to provide crisis drop-in.
  - Space limitations and layout limit the ability to provide a dedicated space for confidentiality and individual safety and security
  - Will offer coordinated drop-in if needed
- Jack-and-Jill bathrooms joining two double-occupancy rooms limit admissions
  - Line of sight issues pose safety risk
  - Limited admission flexibility
  - Individuals in crisis do not tolerate roommates well
- Reduction in bed capacity due to use of room space occupied for other needs such as intake/consult space, telehealth, nursing assessment, director and crisis staff workspace, and waiting area.

Progress Towards Certified Community Behavioral Health Clinic

- Improving Access to Services
- Care Coordination
- Enhancing Relationships
- Expanding Services
- Crisis Services Expansion
- Letter of Intent

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Improving Access to Services



Expand Front Door Access

- No priority population
- Care Coordination first contact
- Risk Screenings and Triage
- Financial Counseling



Time to First Services

- Procedure changes with focus on efficiency in scheduling
- First service within two business days



Evening services

- Expanded on-site hours M-Th
- Continuing FFT and community-based services

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Care Coordination Integration

- Access Team Development
  - Three clinical care coordinators
  - Two triage specialists
- Care Coordination is “The Golden Thread”
  - All individuals meet with a care coordinator at the front door to discuss individual needs and preferences
  - Assist with addressing basic needs and access to financial counseling
  - Walks with individual in community and throughout entire duration of receiving services at the clinic
  - Serves as the connector to all services and supports as primary point of contact
  - Coordinates collaboration with client, care team, external providers, and natural supports
  - Ensures seamless access to various services so the individual can drive their own care
  - Coordinates between transitions in services and levels of care

Enhancing Stakeholder Relationships

- Public-private stakeholder partnerships are essential to CCBHC
  - Hired a full-time Community Behavioral Health Liaison in December 2024 to maintain, foster, and improve relationships with stakeholders throughout entire region
  - Care Coordination agreements with existing and new stakeholders to ensure "the golden thread" connects individuals for better care
  - Engage in consistent and ongoing communication with stakeholders to bridge communication and improve processes to better serve individuals

- Emphasis on developing strategies for working with multiple sectors:
  - ✓ Consumers/Community Members/Businesses
  - ✓ Law Enforcement
  - ✓ Criminal Justice
  - ✓ Schools
  - ✓ Healthcare
  - ✓ State, local, tribal services
  - ✓ Veteran serving agencies
  - ✓ Media
  - ✓ Religious, fraternal, civic, and volunteer organizations
  - ✓ Private/Non-profit Human Service organizations



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Expanding Services



SUD Services

- Exploring gaps in SUD services regionally
- Suboxone Clinic
- Aftercare subgroup
- SUD group programming



Services for Families

- Functional Family Therapy (FFT)
- Parent/Caregiver Support Role
- Focus on child and parent/caregiver



Miliary Culture and Veteran Service

- STAR Behavioral Health Tier 1 by all staff
- STAR Behavioral Health Tier 2 for all licensed staff

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Crisis Services Goals and Initiatives



Full region daytime in person response

- Goal to add three afterhours Peer Support Specialists



Stakeholder Collaboration

- Rural police and sheriff departments
- Avel e-Care
- Emergency Departments



Drop-In Infrastructure Needs

- Contract with JLG Architects
- Modified drop-in availability



Afterhours CSU Services

- Statewide Contract with FasPsych/Legacy Aspire
- On site daily processing group offerings

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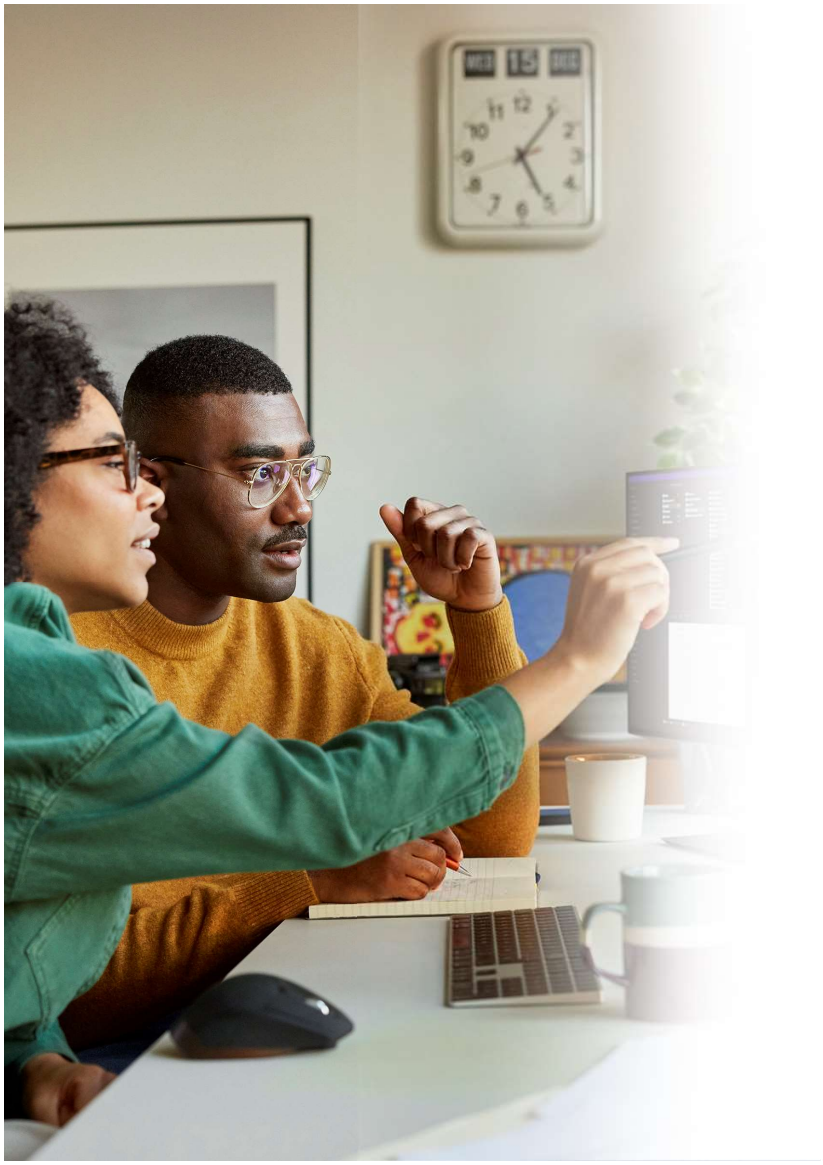

Intent to Pursue CCBHC Certification

- Intent to Pursue Certification
  - Letter of Intent to pursue certification
  - Demonstration of alignment to certification criteria
  - Goals and objectives to implement or enhance criteria
  - Stakeholder letters of support

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2025-2027 Budget Request

Decision Package Detail

By Ongoing, One-Time and Funding Source

Services – Behavioral Health Current

- Recovery/Rehab Contract Inflation $41,635

Additional Executive Decision Packages

- Provider Inflation 1.5%/1.5% $6,899

Comparison of budgets and funding

By Budget Account Code

DESCRIPTION	2023-25 LEGISLATIVE BASE	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)
511x Salaries - Regular	$ 8,014,629	$ 8,649,357	$ 634,728
512x Salaries - Other	37,375	40,389	3,015
513x Salaries Temp	1,091,971	1,349,239	257,267
514x Salaries Overtime	165,488	310,068	144,580
516x Salaries Benefits	3,978,564	4,248,297	269,734
Total Salaries & Benefits	**$ 13,288,027**	**$ 14,597,350**	**$ 1,309,323**
52x Travel	134,946	254,479	119,533
53x Supply	109,450	115,000	5,550
54x Postage & Printing	10,000	10,400	400
55x Equipment under $5,000	10,250	13,750	3,500
56x Utilities	18,000	20,000	2,000
58x Rent/Leases - Bldg/Equip	884,487	895,392	10,905
59x Repairs	210,960	200,827	(10,133)
61x Professional Development	18,352	144,280	125,928
62x Fees - Operating & Professional	364,299	416,182	51,883
53x Supplies	9,000	9,000	-
60x IT Expenses	96,719	80,680	(16,039)
69x Equipment Over $5,000	-	20,000	20,000
Total Operating	**$ 1,866,463**	**$ 2,179,990**	**$ 313,527**
Total	**$ 15,154,490**	**$ 16,777,340**	**$ 1,622,850**
Total General	**$ 12,251,880**	**$ 13,359,621**	**$ 1,107,741**
Total Federal	**$ 1,615,153**	**$ 2,336,969**	**$ 721,816**
Total Other	**$ 1,287,457**	**$ 1,080,750**	**$ (206,707)**

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Operating Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE/ (DECREASE)
Recovery Center Contracted	$ 305,093	$ 305,093	$ -
Service Awards, CEU Approved Provider, Pharmacy Inspection, RCC home supplies, carpet cleaning, Rent Assistance, RCC TV, annual public notice, license renewals	28,011	-	(28,011)
Staff Licenses	-	8,126	8,126
Service awards, freight and other operating costs	-	12,349	12,349
Wraparound Services	13,000	26,000	13,000
Medical Budget including staff TB testing	13,000	9,800	(3,200)
Decision Package - Inflation for Recovery Center Contract		41,635	41,635
Decision Package - 1.5/1.5 Provider Inflation		6,899	6,899
HHS Other Operating Costs	5,195	6,280	1,085

GENERAL FUND	**$ 364,299**	**$ 416,182**	**$ 51,883**
FEDERAL FUND			**-**
OTHER FUND			**-**
GRAND TOTAL	**$ 364,299**	**$ 416,182**	**$ 51,883**

Grants Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	2025-2027 EXECUTIVE BUDGET RECOMMENDATION	INCREASE/ (DECREASE)
Not applicable			$ -
			-
			-
			-
			-
			-
GENERAL FUND			
FEDERAL FUND			
OTHER FUND			
GRAND TOTAL	**$ -**	**$ -**	**$ -**

Comparison of budget expenditures and projections

By Budget Account Code

DESCRIPTION	2023-25 LEGISLATIVE BASE	EXPENDED AS OF 12/31/2024	PROJECTION THROUGH 6/30/2025	UNDER / (OVER) BUDGET
511x Salaries - Regular	$ 8,014,629	$ 5,548,890	$ 7,775,242	$ 239,387
512x Salaries - Other	37,375	24,589	24,589	12,785
513x Salaries Temp	1,091,971	187,073	236,901	855,071
514x Salaries Overtime	165,488	204,058	282,758	(117,270)
516x Salaries Benefits	3,978,564	2,714,415	3,848,980	129,584
Total Salaries & Benefits	**$ 13,288,027**	**$ 8,679,025**	**$ 12,168,470**	**$ 1,119,557**
52x Travel	134,946	96,995	140,297	(5,351)
53x Supply	109,450	55,392	94,703	14,747
54x Postage & Printing	10,000	4,288	5,772	4,228
55x Equipment under $5,000	10,250	1,496	83,388	(73,138)
56x Utilities	18,000	12,475	19,086	(1,086)
58x Rent/Leases - Bldg/Equip	884,487	693,356	913,276	(28,789)
59x Repairs	210,960	122,036	192,159	18,801
61x Professional Development	18,352	18,858	30,178	(11,826)
62x Fees - Operating & Professional	364,299	227,638	350,999	13,300
53x Supplies	9,000	1,285	2,248	6,752
60x IT Expenses	96,719	48,571	65,573	31,147
Total Operating	**$ 1,866,463**	**$ 1,282,390**	**$ 1,897,677**	**$ (31,213)**
Total	**$ 15,154,490**	**9,961,416**	**$ 14,066,147**	**$ 1,088,344**
Total General	**$ 12,251,880**	**$ 8,899,033**	**$ 11,272,421**	**$ 979,459**
Total Federal	**$ 1,615,153**	**$ 1,013,522**	**$ 1,893,720**	**$ (278,567)**
Total Other	**$ 1,287,457**	**$ 48,861**	**$ 900,006**	**$ 387,451**

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Contact Information

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jodermann@nd.gov



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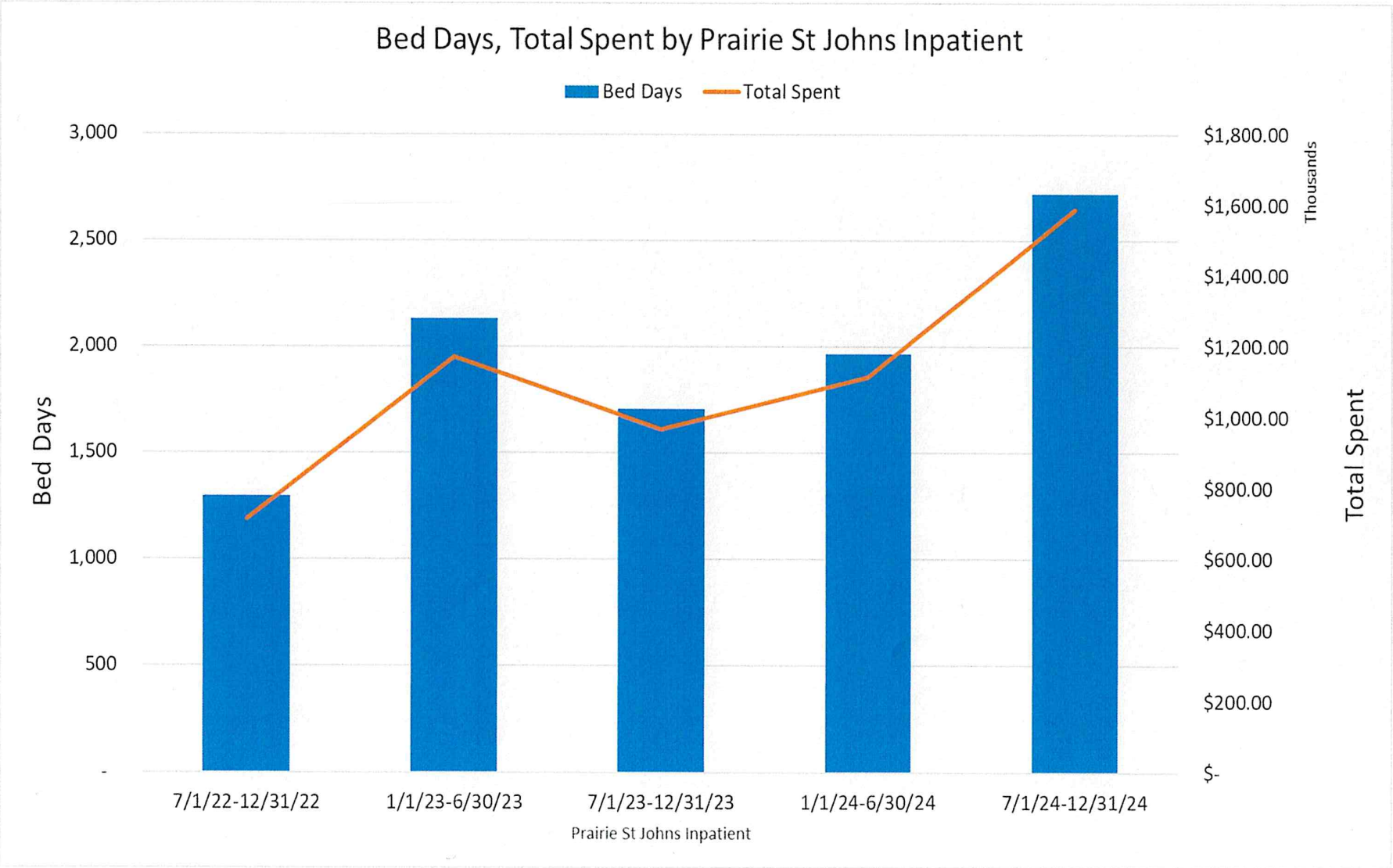
Bed Days and Total Spent

Prairie St Johns Inpatient Contract Southeast Human Service Center



2025 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

HB 1012
1/23/2025

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

8:28 a.m. Chairman J. Nelson called the hearing to order.

Members Present: Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Berg, Mitskog, Murphy, O' Brien, Wagner.

Discussion Topics:

- Workforce challenges
- Home and Community Based Services
- Aging and Disability Resource Link
- Older American Act Services
- Adult Protective Services
- Medicaid Tenets
- Long Term Care
- Medical Services

8:30 a.m. Nancy Nikolas Maier, Director, Adult and Aging Service, Health and Human Services, testified and presented a department overview on Long Term Care #30895.

10:28 a.m. Eric Haas, Assistant Chief Financial Officer, Health and Human Services, spoke to funding #30895.

10:29 a.m. Nancy Nikolas Maier, Director, Adult and Aging Service, Health and Human Services, continued with testimony #30895.

10:49 a.m. Melanie Gaebe, North Dakota Policy Director for the Minnesota-North Dakota Chapter of the Alzheimer's Association testified in favor of the Adult and Aging Services budget #30786, #30794.

11:00 a.m. Sarah Aker, Executive Director, Medical Services Division, Health and Human Services, testified and presented a department overview #30888.

11:13 a.m. Nancy Nikolas Maier, Director, Adult and Aging Service, Health and Human Services, testified on home and community-based services #30888.

11:51 a.m. Chairman J. Nelson adjourned the hearing.

Jan Kamphuis, Committee Clerk

ALZHEIMER'S ASSOCIATION
Minnesota - North Dakota Chapter

Testimony
House Bill 1012
House Appropriations
Human Services Division
Rep. Jon O. Nelson, Chairman
January 23, 2025

Good morning Chairman Nelson and members of the committee. My name is Melanie Gaebe and I am the North Dakota Policy Director for the Minnesota-North Dakota Chapter of the Alzheimer's Association**.** We have eight staff who provide programs and support to North Dakota residents impacted by Alzheimer's and other dementia, and their caregivers. Thank you for the opportunity to speak to you today in support of House Bill 1012. I stand here in support of the Adults and Aging Services budget proposals, in general and the Dementia Care Services Program funding specifically.

The Adults and Aging Services division administers our contract but we partner in so many ways beyond that one contract. There are many programs administered by the division who refer clients to us for assistance and we refer many clients to their support programs and services. This partnership continues to be a vital part of how we support people living with dementia and their caregivers.

Alzheimer's and dementia touch our lives as caregivers, loved ones, friends, and family; for those in the room today, please raise your hand if your life has been touched by this disease. And for those of you who may be new to the HR division, this is one of our standard questions. In the 2009 session, the legislature had the forethought to acknowledge how difficult Alzheimer's and other dementias are for the people living with the disease and their caregivers. That acknowledgement turned into action and the Dementia Care Services Program was the result.

The Dementia Care Services Program began in 2010, and we appreciate the continued funding included in this bill for the Dementia Care Services Program. Through the 15 year partnership between the State and the Alzheimer's Association, we have provided a lifeline for thousands of North Dakota families facing the unknown of living with or caring for someone with memory loss. The map provided shows the number of unduplicated caregivers and people living with dementia in each county who have received services since July 1, 2023. The Dementia Care Services Program has also provided dementia education for tens of thousands of community members and professionals across the state.

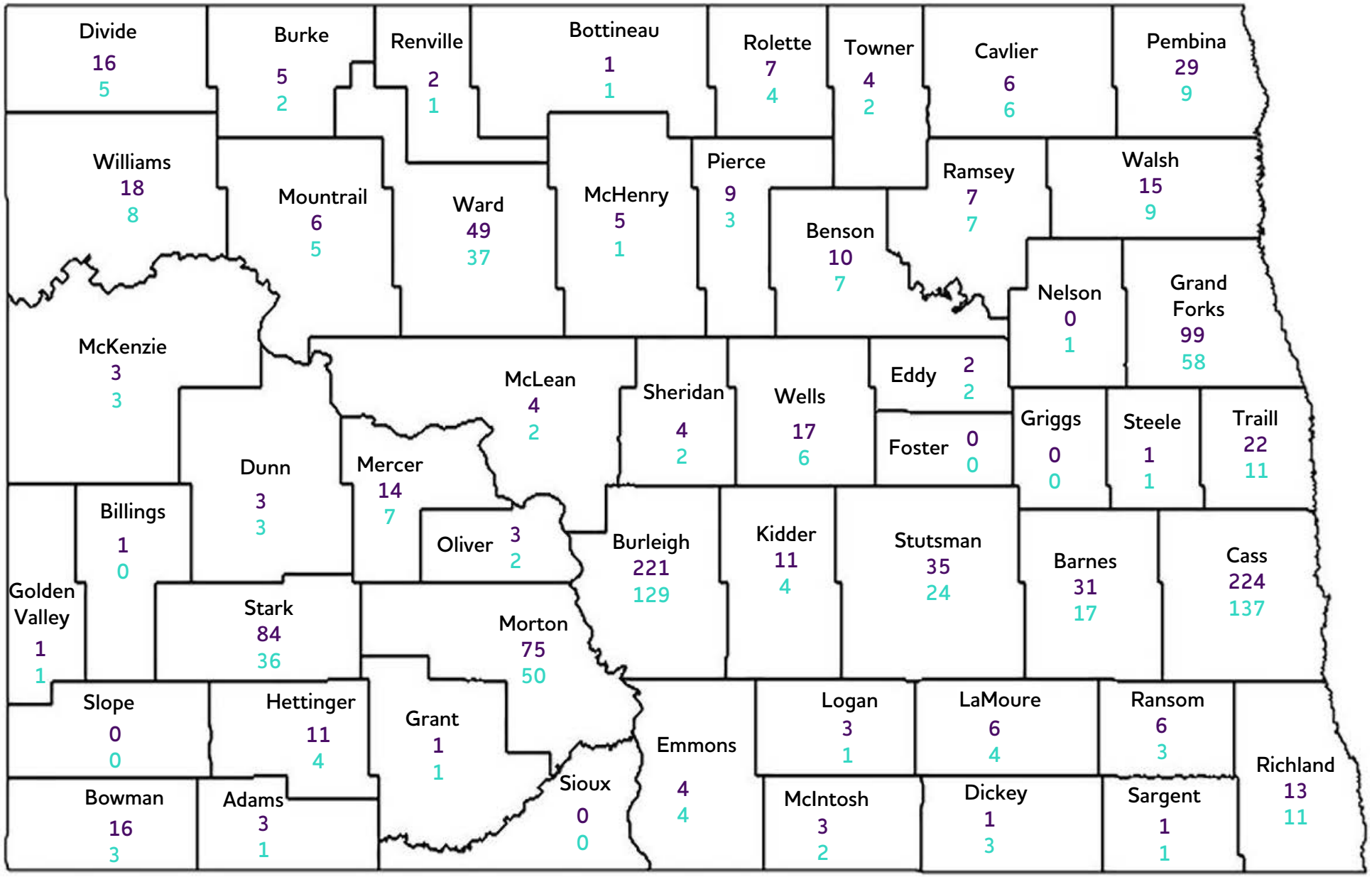
The Dementia Care Services Program has a number of goals. We provide information and education to professionals and the public regarding the symptoms of Alzheimer's disease and related dementias, the benefits of early detection and diagnosis, the availability of treatments, research opportunities, and available services. We also provide individuals with symptoms in alignment with mild cognitive impairment or dementia and their caregivers with consultation services and facilitate referrals to support their needs. Finally, we offer on demand training to direct care providers who manage and provide for the care of individuals with symptoms in alignment with mild cognitive impairment or dementia. The innovative services we provide allow people to remain safely in their homes and communities, delaying the need to be placed in long-term care facilities.

Dementia that is unmanaged negatively impacts the individual living with the disease, their caregivers, and ultimately creates a costly toll for communities and on the economy. The Dementia Care Services Program can help reduce higher costs related to dementia care. For example, studies have consistently shown that active management of dementia can improve the quality of life of affected individuals and their caregivers. Consider, for the current contract period, July 1, 2023 through December 31, 2024, this program has:

- Delivered **2,020** Care Consultations and Information and Referrals - for **1,217** caregivers on behalf of **698** people living with dementia, including **17** veterans living with dementia;
- Educated **2,932** community members across the state;
- Trained **110** law enforcement and **818** health care professionals; and
- Referred **57** people directly to the Aging and Disability Resource LINK.

The need for care and support across North Dakota continues to grow. Currently, just over eleven percent of our citizens over the age of 65 are living with dementia. As the number of people over the age of 65 grows, it will mean an increasing need for the services we provide.

Thank you again for the opportunity to be here today. I am happy to take any questions you might have.



- Caregivers (unduplicated) served by the DCSP
- Persons living with Dementia (unduplicated) served by the DCSP

#30888



House Bill 1012

House Appropriations | Human Resources Division
Representative Nelson, Chairman

Medical Services Detail | Sarah Aker | Executive Director

January 23-34, 2025

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Our **Vision**

North Dakota is the healthiest state in the nation.

Our **Mission**

HHS fosters positive, comprehensive outcomes by promoting economic, behavioral and physical health, ensuring a holistic approach to individual and community well-being.

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Acronyms

ADL – Activity of Daily Living
AMP - Average Manufacturer Price
BCBS ND – Blue Cross Blue Shield of North Dakota
CAH – Critical Access Hospital
CCBHC – Certified Community Behavioral Health Clinic
CFR – Code of Federal Regulation
CMS – Centers for Medicare & Medicaid Services
CON – Certificate of Need
CY – Calendar Year
DME – Durable Medical Equipment
DOCR – ND Department of Corrections & Rehabilitation
DRG – Diagnosis Related Group
DSH – Disproportionate Share Hospital
D-SNP – Dual Eligible Special Needs Plan
DUR – Drug Use Review
EAPG – Enhanced Ambulatory Patient Groups
EPSDT – Early, Periodic, Screening, Diagnosis, & Treatment
FFM – Federally Facilitated Marketplace
FFP – Federal Financial Participation
FFS – Fee for Service
FFY – Federal Fiscal Year (October 1 – September 30)
FMAP – Federal Medical Assistance Percentage
FPL – Federal Poverty Level
FQHC – Federally Qualified Health Center
FTE – Full Time Equivalent
GME – Graduate Medical Education
HCBS – Home and Community Based Services
HHS – ND Department of Health & Human Services
HIE – Health Information Exchange
HIN – Health Information Network
HSC – Human Service Center
HSZ – Human Service Zone
IAPD – Implementation Advance Planning Document
ICF – Intermediate Care Facility
IHS – Indian Health Services
IMD – Institution for Mental Disease
LOC – Level of Care
LS – Long Stay
LTC – Long Term Care
MCO – Managed Care Organization
MDRP - Medicaid Drug Rebate Agreement
MFCU – Medicaid Fraud Control Unit
MLR – Medical Loss Ratio
MMIS – Medicaid Management Information System (Claims Processing System)
MOE – Maintenance of Effort
NEMT – Non-Emergency Medical Transportation
NF – Nursing Facility
NFIP – Nursing Facility Incentive Program
OAPD – Operational Advance Planning Document
OOS – Out of State
PACE – Program of All Inclusive Care for the Elderly
PA – Prior Authorization
Part D – Medicare Prescription Drug Program
PDL – Preferred Drug List
PDMP – Prescription Drug Monitoring Program
PDPM – Patient Driven Payment Model
PDN – Private Duty Nursing
PERM – Payment Error Rate Measurement
PHE – Public Health Emergency
PMPM – Per Member Per Month
PPS – Prospective Payment System
PRTF – Psychiatric Residential Treatment Program
PUPM – Per Utilizer Per Month
QRTP – Qualified Residential Treatment Program
QSP – Qualified Service Provider
RFP – Request for Proposal
RHC – Rural Health Clinic
RVU – Relative Value Unit
Rx - Prescription
SA – Service Authorization
SFY – State Fiscal Year (July 1 – June 30)
SNAP – Supplemental Nutritional Assistance Program
SPA – State Plan Amendment
SSA – Social Security Administration
SSP – Self Service Portal
SSI – Supplemental Security Income
TANF – Temporary Assistance for Needy Families
Title XIX – Medicaid
Title XXI (CHIP) – Children's Health Insurance Program
TMSIS – Transformed Medicaid Statistical Information System
TPL – Third Party Liability
UPL – Upper Payment Limit
UR – Utilization Review
UTI – Urinary Track Infection
VBP – Value Based Purchasing
WIC – Women, Infant, Children Program

Medical Services Presentation Roadmap

- Key Medicaid Tenets
- Long Term Care
  - 2025 – 2027 Budget & Other Resource Requirements
- Medical Services
  - 2025 – 2027 Budget & Other Resource Requirements
- Summary



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Key Medicaid Tenets

- Entitlement Program
  - Anyone who meets eligibility rules has a right to enroll and be served in Medicaid
    - HCBS waivers can be limited by a total number of slots.
  - Federal financial support
- Partnership with the Federal Government
  - Federal mandates and regulations obligate state action and expenditures
  - Federal approval required for changes to Medicaid program
- Not a traditional grant
  - Open ended funding source; no cap on total federal funds
  - Cost sharing model; State funding match required for use of federal funds

Rate Methodology Guiding Principles: Traditional Medicaid

- Predictable
- Consistent
- Transparent
- Data Driven
- Population Focused
- Quality & Outcomes Oriented
- Incentivizes Innovation, Efficiency & Community Based Care

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Long Term Care

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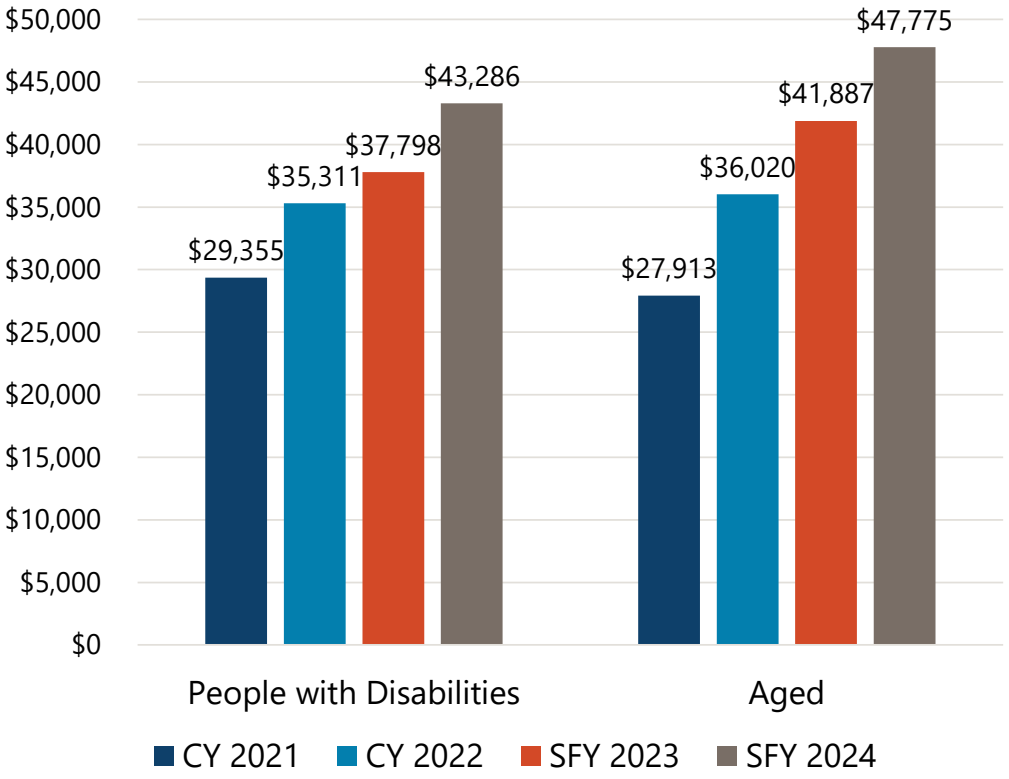
Per Capita Expenditures: Aged & People with Disabilities



- ND Medicaid ranked **1st for Aged per capita** expenditures.
- ND Medicaid ranked **7th for People with Disabilities per capita** expenditures.

Note: CY 2021 and CY 2022 Data obtained from Medicaid and CHIP Scorecard - Medicaid Per Capita Expenditures. SFY 2023 and SFY 2024 numbers calculated from ND TMSIS data.

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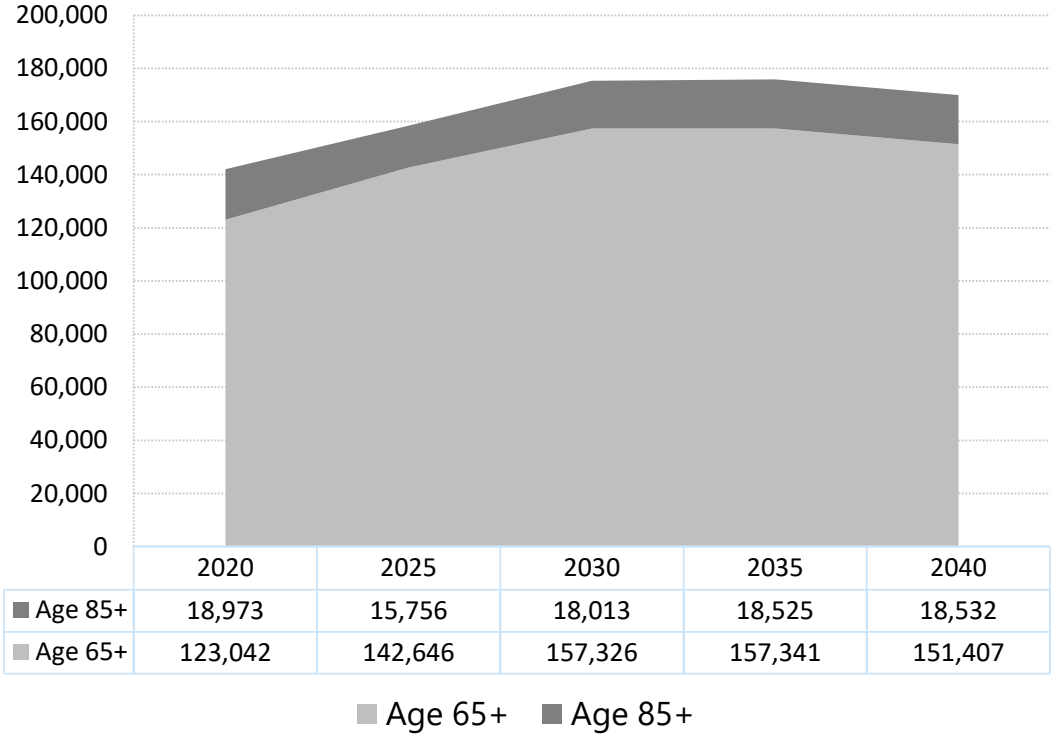
Who we serve

Older adults and adults with physical disabilities make up a growing percentage of North Dakota's population



	2020	2025	2030	2035	2040
Age 85+	18,973	15,756	18,013	18,525	18,532
Age 65+	123,042	142,646	157,326	157,341	151,407

Source: 2024 ND State Data Center Population Projections

- The population age 65+ is expected to experience the **largest period of growth between now and 2035**
  - People age 65+ represent 18-19% of ND population
  - **Age 85+** consistently represents approx. 15% of total pop age 65+ but the **number of people** in that age group will **grow by 3,000** between now and **2035**

7 in 10

Americans 65+ will need LTC services for an average of 5 years

Long Term Care Eligibility

Functional Need

- Individuals must have a level of care that indicates a need for long term care.
- Assessments are used to measure an individual's needs. The assessment can help shape the care plan in addition to verifying eligibility.
- Functional needs can also drive acuity-based payments to providers.

+

Financial Need

Income Limit

Income is any item an individual receives in cash or in-kind that can be used to meet basic needs.

Some Medicaid members must "spend down" their income to qualify for Medicaid. Members in an institution retain a personal needs allowance.

Asset Limit

Single: $3,000
Married: $6,000

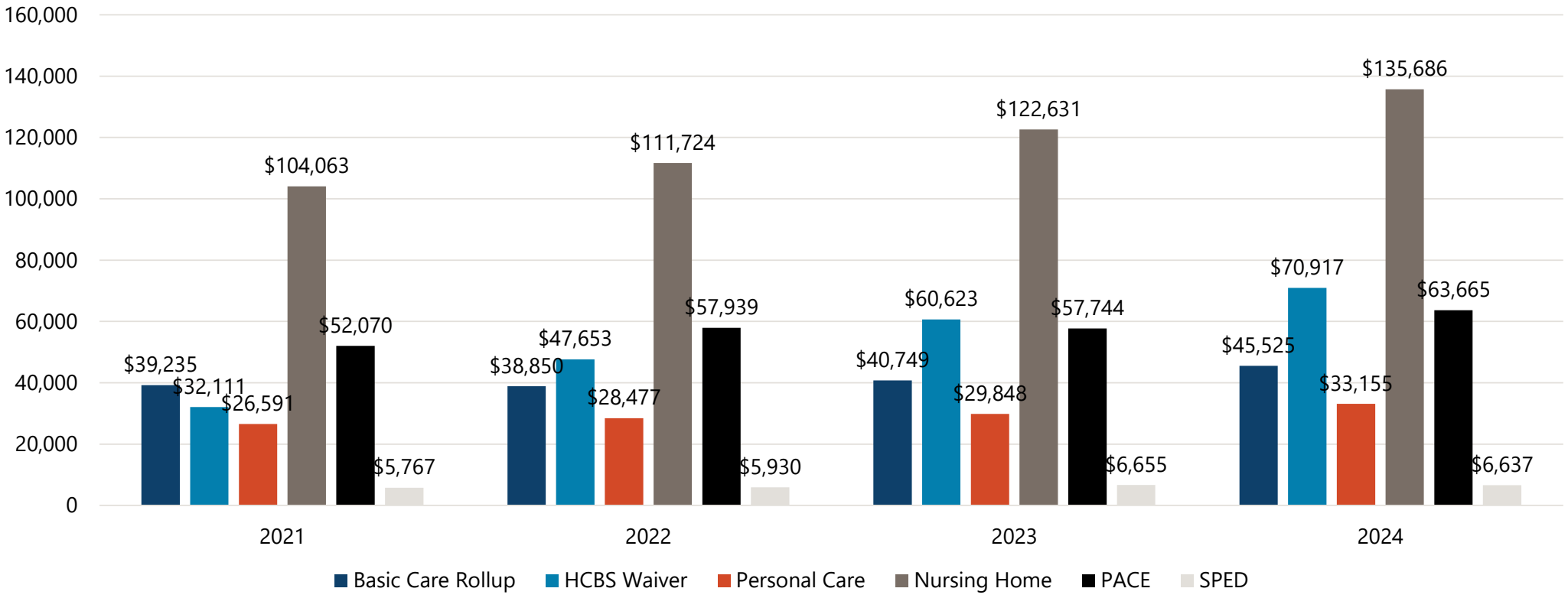
Note: Special Spousal Impoverishment rules apply when the individual's spouse is not applying or not in a medical facility.

Medicaid LTC eligibility includes a 5-year lookback period to ensure that assets were not gifted or sold under fair market value.

Related Bill:
House Bill 1485 | Relating to the Personal Needs Allowance Amount for Eligible Beneficiaries

Where the Long-Term Care Budget Goes

Average Cost per Person



Note: Basic Care Rollup includes both Basic Care Personal Care and Room and Board

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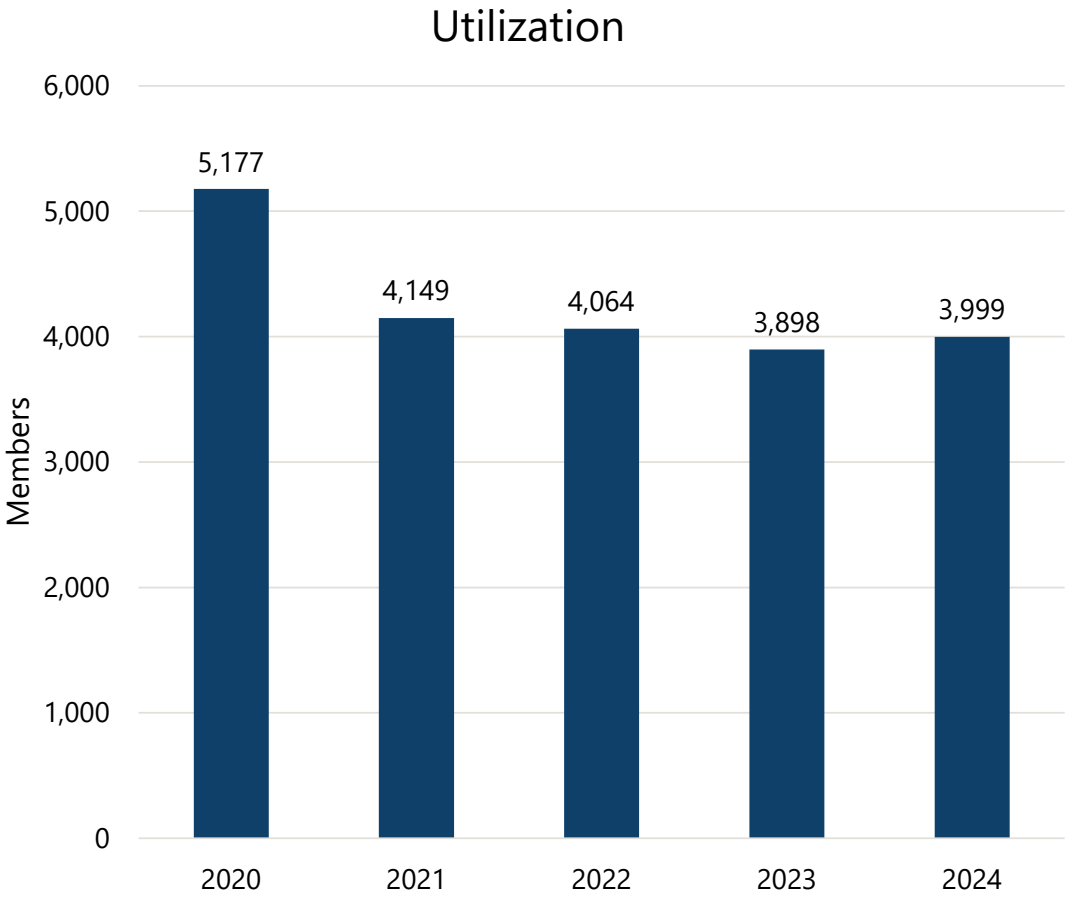
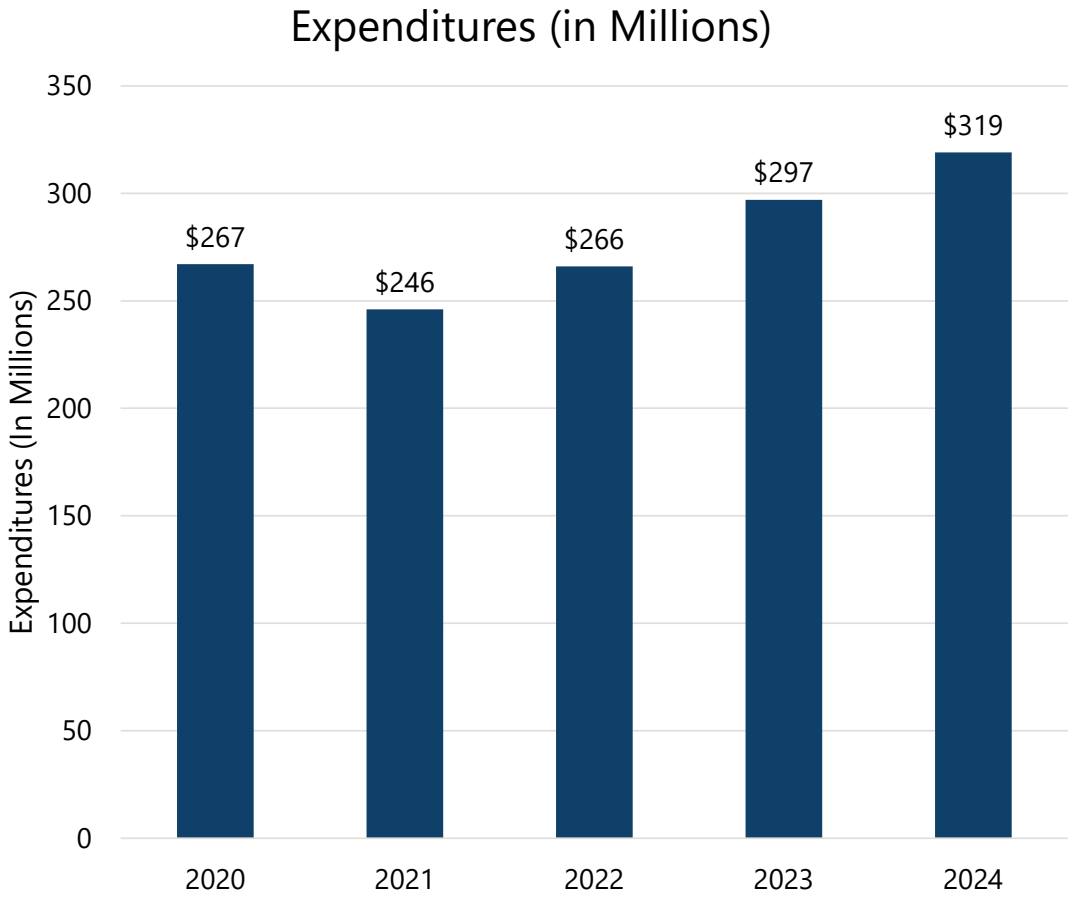
Nursing Facility Utilization & Expenditures





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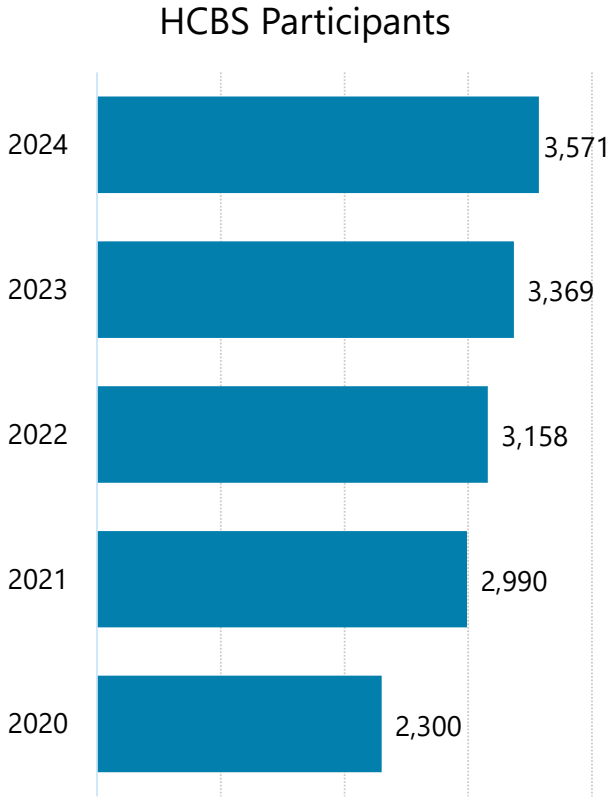
More North Dakotans are choosing home-based community care options every year

- ✓ The **demand** for in-home and community-based services has continued to **increase.**
- ✓ More HCBS participants have **complex needs** (medical and behavioral health) that increase the amount of time and skills necessary to provide **quality services.**
- ✓ **Rising acuity levels** have created a demand for more **complex services** and providers who can employ higher trained staff including **nurses and supervisory** staff.



54% increase since 2020

What is HCBS?
Services delivered in an **integrated setting**.

What is an integrated setting?
A private home, apartment etc., owned or rented by the individual or their family, or an individual adult foster care setting.

Cost to Continue: Home and Community Based Services Growth

Ongoing

Total	$64,814,924
General	$36,977,113
Federal	$27,837,811

The original submission of cost-to-continue related costs for HHS neglected to include HCBS Growth that is typically part of the calculation; the omission was an error and not reflective of change in policy or operation.

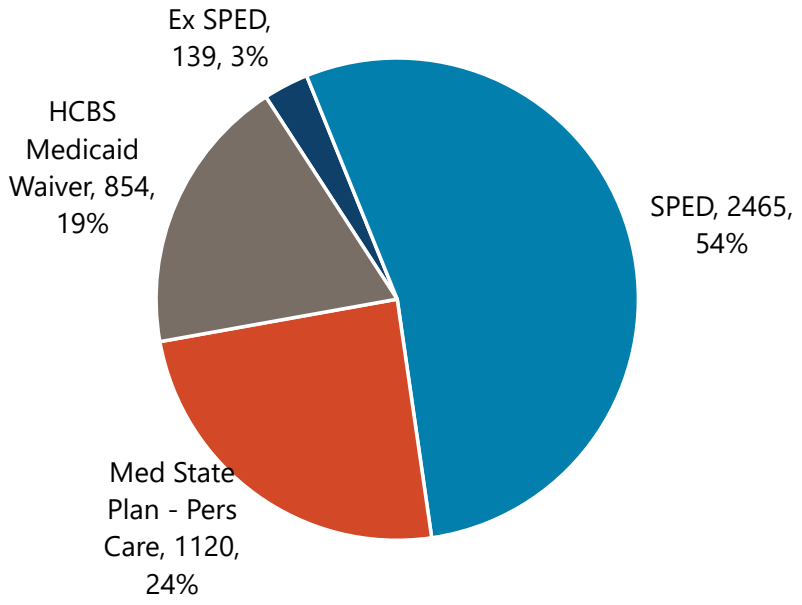
Demand for home and community-based services has continued to increase.

This is reflective of the growing number of North Dakota residents who are entering age ranges where health issues become more prevalent, as well as the success of the state's efforts to both divert and transition people from living in institutional settings.

Home-based community care options older adults and adults with physical disabilities

3,571

Number of people supported by HCBS in CY2024



Source: NDHHS HCBS Caseload Data Nov 2024 (unduplicated count)

- Primarily serves older adults and individuals with physical disabilities
- Recipients must be both functionally and financially eligible
- May have client cost share based on income
- Federal and state funds
- Recipients range in age from 17-104 years old

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Adult & Aging Services

HCBS Case Management

HCBS Case Managers

Provide the support and structure needed to connect eligible people in need of in-home and community- based care to qualified service providers (QSPs) in their community.

What do they do?

- Determine eligibility
- Conduct person-centered planning
- Assess needs
- Authorize services
- Monitor for health and safety
- Provide support and guidance to family caregivers

73 and **4**

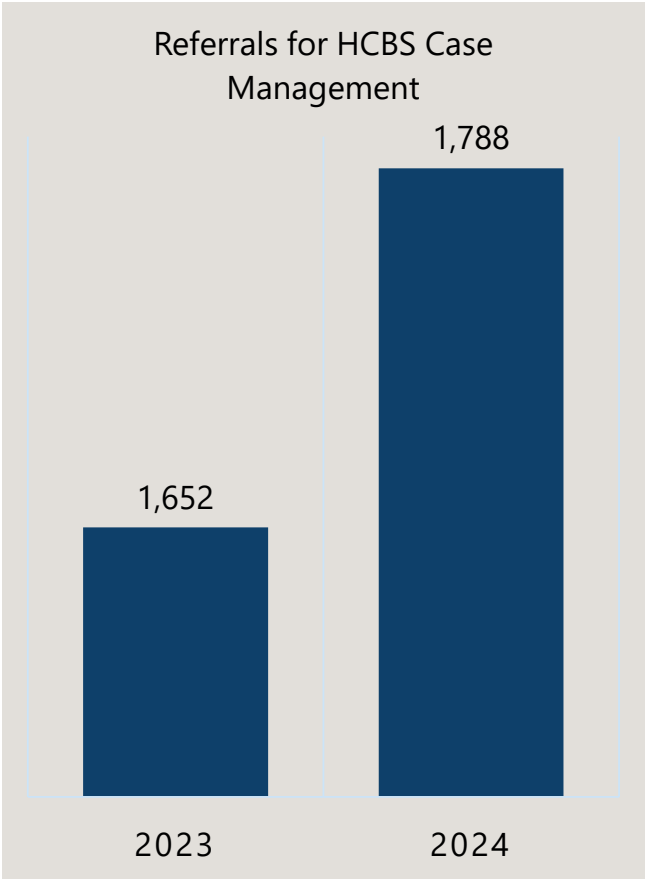
73 HCBS case managers and 4 Basic Care case managers are supervised by Adult & Aging Services

150 and **80**

On average, 150 new referrals and 80 new cases opened for HCBS each month

4,329

Provided Case Management to **3,538** HCBS recipients and **791** Medicaid Basic Care residents in 2024

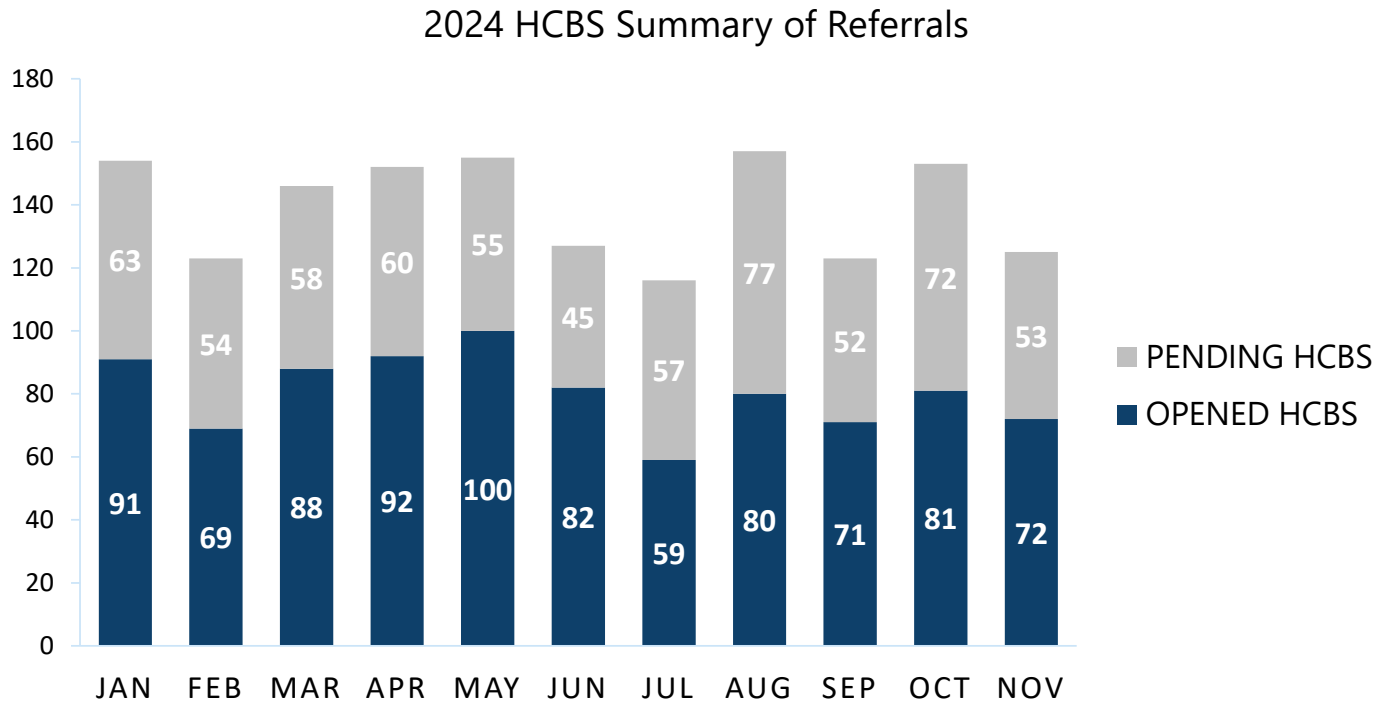


Adult & Aging Services

HCBS Case Managers handle pending cases, new referrals and case closures

The nature of HCBS work means that caseloads are constantly changing -- there are many cases opening and closing each month due to:

- ✓ Changes in chronic health conditions
- ✓ Medical emergencies (stroke, falls) that increase level of disability and need for assistance
- ✓ Death



Adult & Aging Services

Supporting QSPs who deliver care is a top priority







Qualified Service Providers (QSPs)

Agency and individual independent contractors who enroll to provide various HCBS

1,359
Qualified Services Providers (QSPs) provide services

206
Agency QSPs

1,153
Individual QSPs

What motivates individual QSPs to enroll as a provider?
Someone important to them needed care.

Agency QSPs ranked the rate of compensation as the most important factor to retain employees.

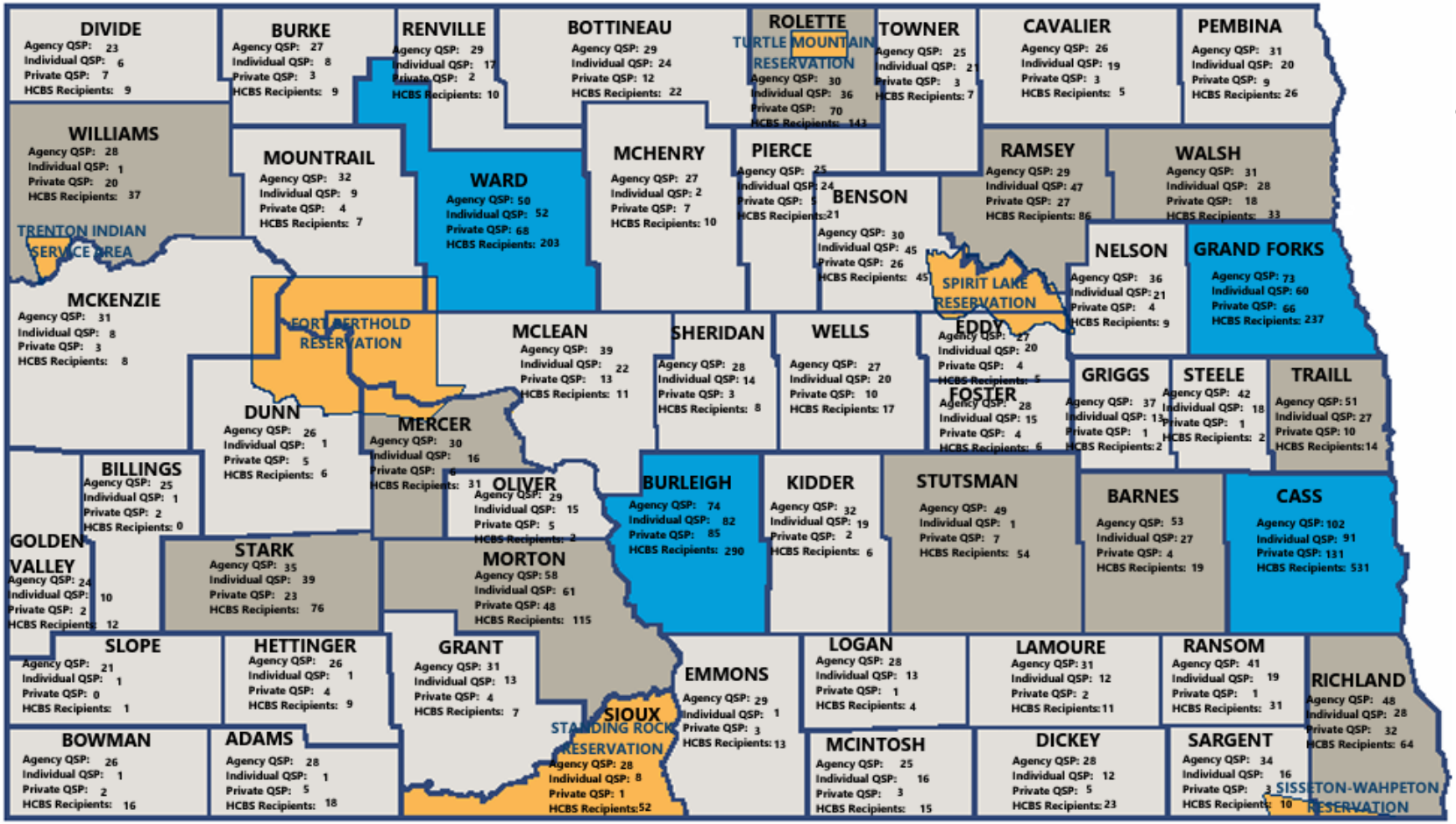
UND Independent QSP Survey Oct 2024







HCBS Qualified Service Providers (QSPs) by County



QSP map available on HHS website

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Types of SUPPORT SERVICES available via HCBS

Adult Day Care	Adult Foster Care	Adult Residential Care	Homemaker	Home Delivered Meals	Non-Medical Transportation
Case Management	Chore	Community Support Services/ Residential Habilitation	Non - Medical Transportation Escort	Nurse Education	Personal Care - daily rate
Community Transition Services	Companionship	Emergency Response System	Personal Care - unit rate	Personal Care - Assisted Living	Respite
Environmental Modification	Extended Personal Care	Family Home Care	Supervision	Supported Employment	Transitional Living

Note: Lighter blue shading indicates service included in EBR *Qualified Service Provider Targeted Rate Increase* request

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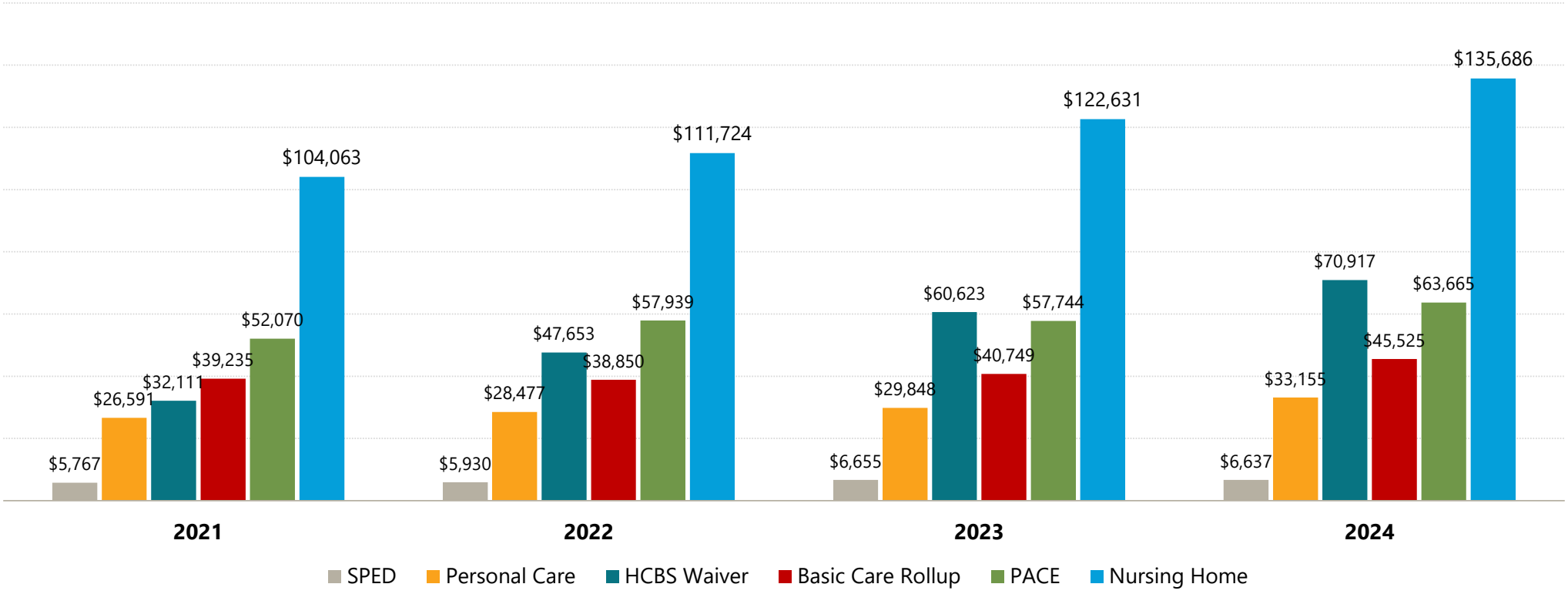
Average spending per person per year

Long-Term Care services and supports



Note: Basic Care Rollup includes both Basic Care Personal Care and Room and Board

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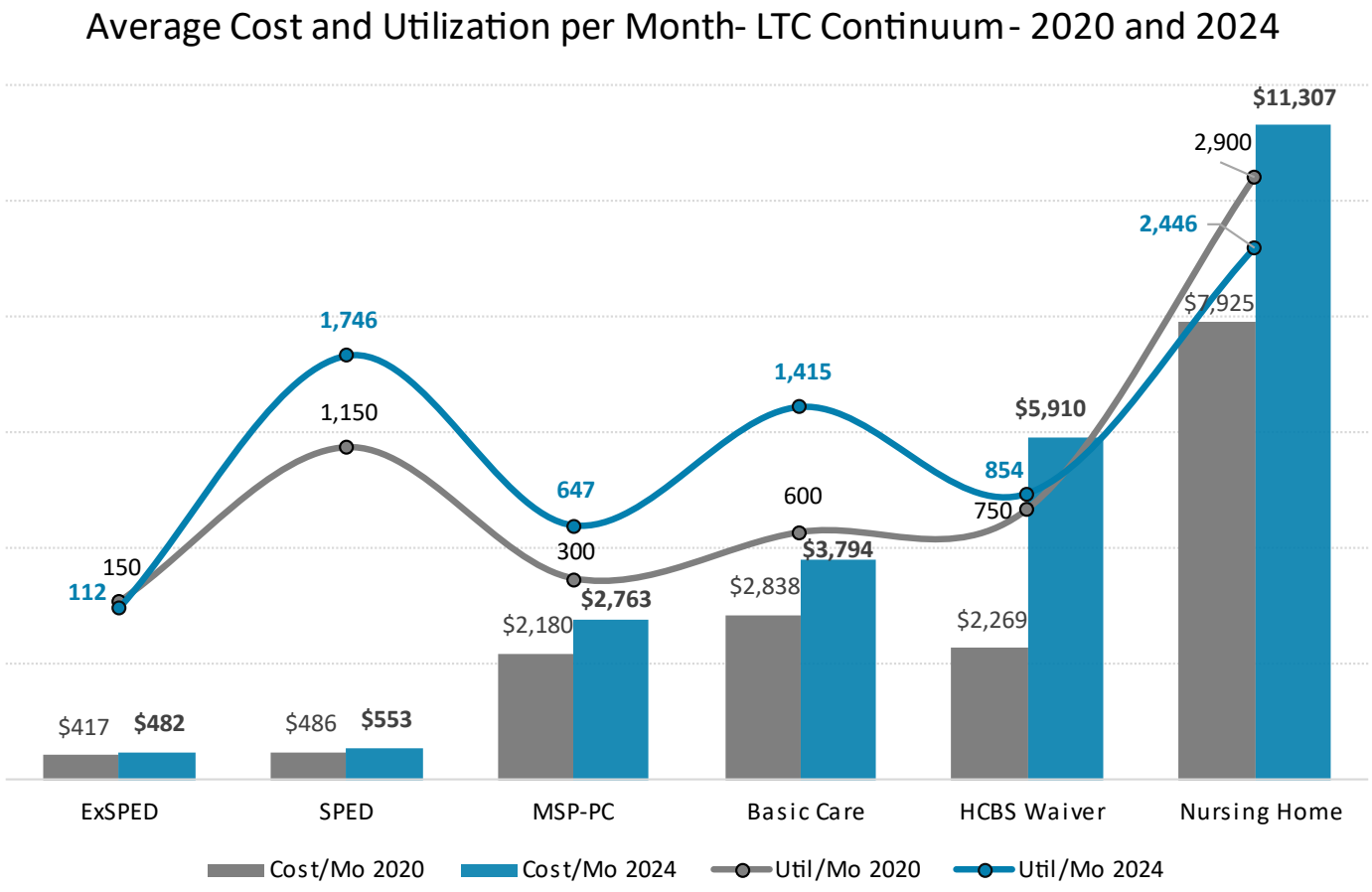
Connecting the Housing-Service Continuum to Budget

Long Term Care Services and Supports

Analysis of State Fiscal Year (SFY) 2020 and 2024 claims data | Average cost/month | Avg utilization/month



Between 2020 and 2024, North Dakota saw an increase in utilization of services at the entry-levels of the continuum of long term services and supports and a decrease in utilization of nursing home care.

Costs continued to increase across all service lines with the most significant increases associated with care types that serve the highest acuity levels.

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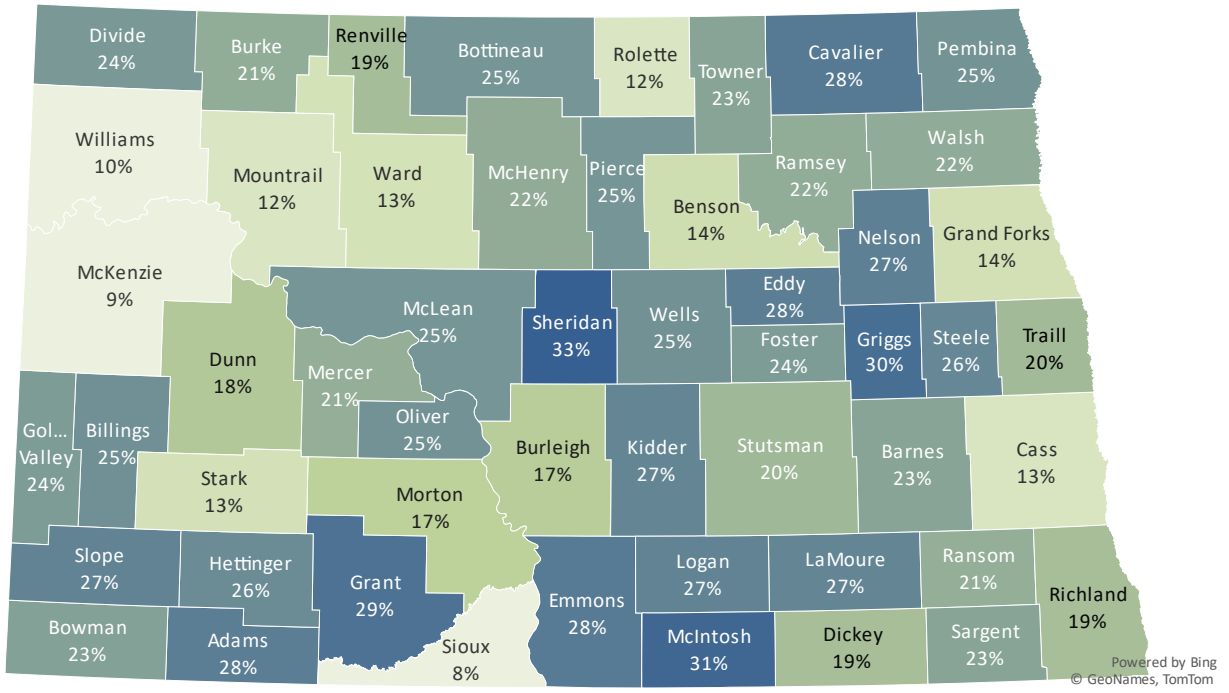
There are several factors driving the need for the full array of Adult/Aging services and for HCBS generally

1. Population characteristics
   - % of people living alone
   - Age distribution
   - Disability prevalence
2. Demand
   - Shifting expectations about where/how to receive services
   - Technology-enabled environmental modifications
   - # of people needing services
3. Complexity of care needed
   - Co-occurrence of behavioral and physical health diagnoses

15.9% of ND population was age 65+ in 2022

% of population age 65+ by county



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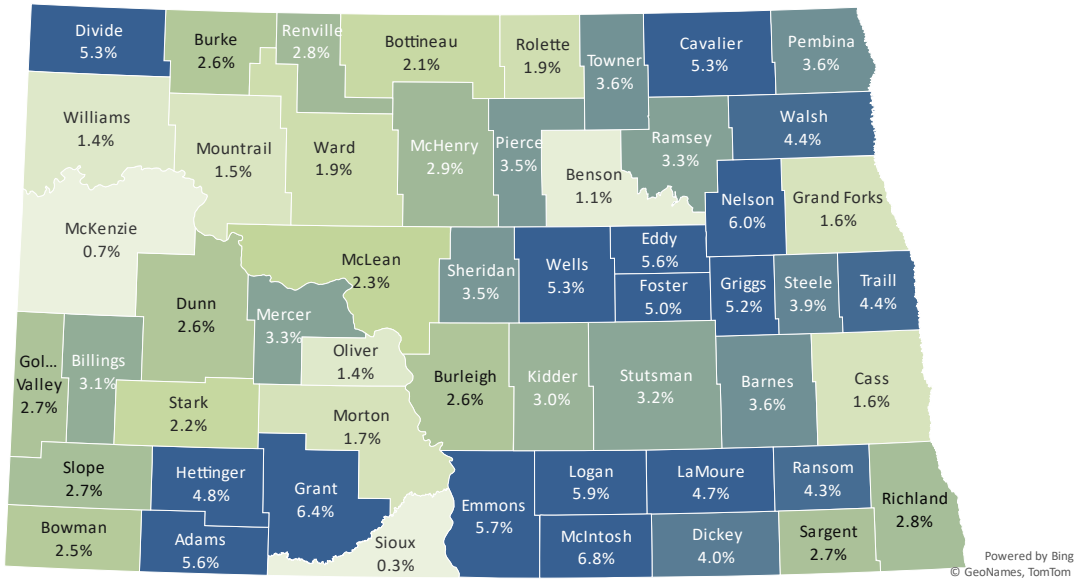
The next 10 years will represent the most significant shift in demographics for ND and most US states

The patterns represented here (2022 data) will become more exaggerated between now and 2035

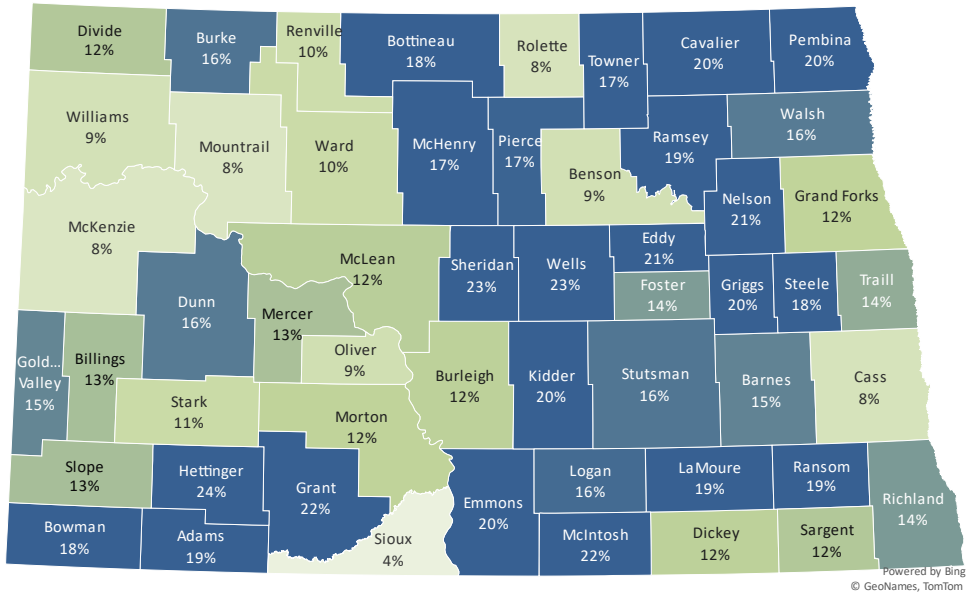
2.3% of ND population was age 85+ in 2022

% of population age 85+ by county



11.8% of ND households are someone age 65+ who is living alone

% of households by county consisting of a person age 65+ who is living alone (2022)



59% of current HCBS recipients **live alone** this is *above the national average* of 48%. → Lack of natural supports increases the need and amount of paid care necessary to maintain health and safety.

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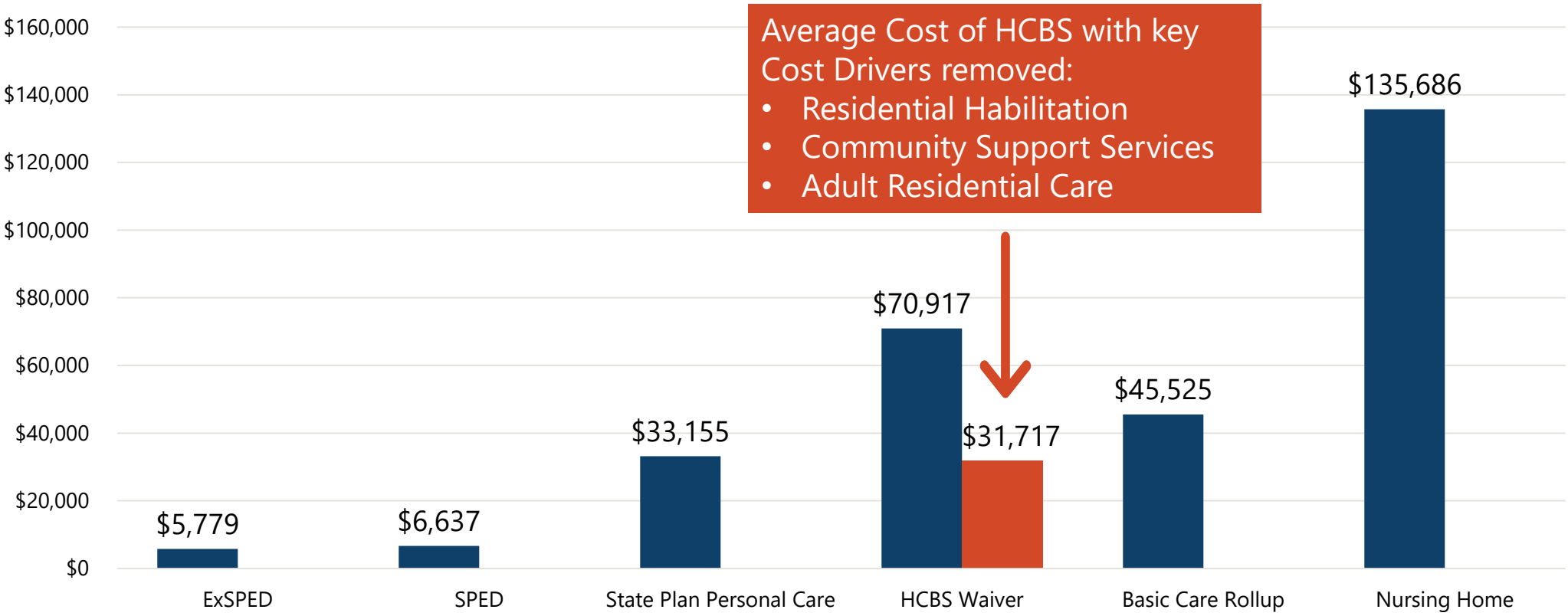
SFY 2024 Long Term Care Continuum

Average Cost Per Person



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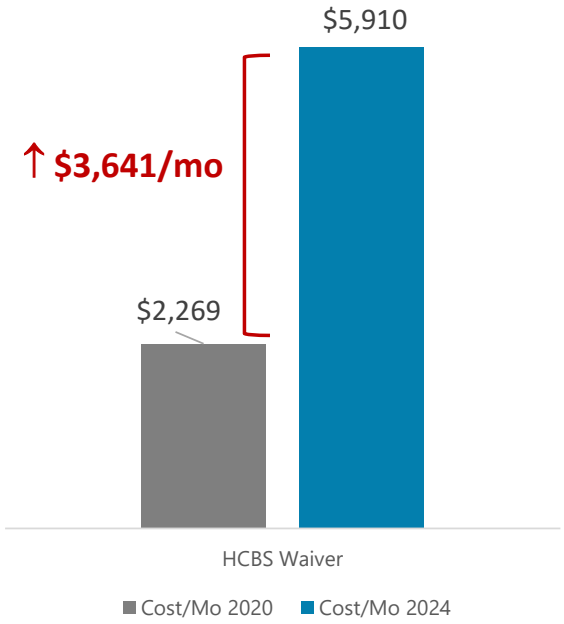
What's driving HCBS Waiver cost growth?

Today's HCBS Waiver serves individuals with **unique and complex needs**, including individuals:

- Transitioning from the State hospital
- Discharging from local hospitals
- Transitioning home from a nursing facility
- Who have received a "needs cannot be met" denial from a nursing facility

From 2020 to 2024, average monthly per person HCBS Waiver costs grew by 160%



Top HCBS Cost Drivers

1. **24-hour** delivery of complex cares
2. Prevalence of **serious mental illness** and **substance use disorder** in HCBS recipients
3. Increasing number of HCBS recipients with **complex medical** needs

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Cost driver #1

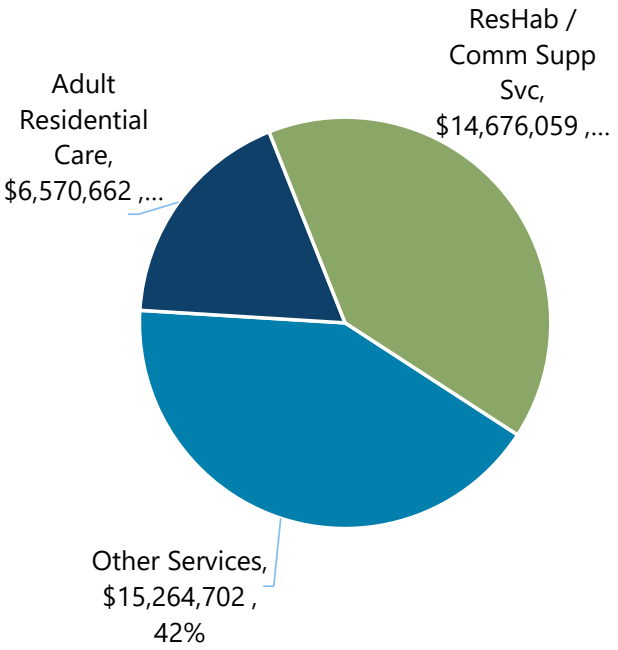
24-hour delivery of complex cares

Adult Residential Care

- 24-hour residential services for individual with memory impairment or traumatic brain injury.
- Individuals have a daily need for a safe supervised structured environment, personal care, and medication supports.
- In SFY 24 **29%** (224) **of waiver participants** were enrolled in this service.
- Average cost per person per year = **$29,333**

Residential Habilitation and Community Support Svcs

- Up to 24-hour all inclusive supports for individuals who meet a nursing facility level of care and require daily services.
- Service requires providers to have a nurse and a care coordinator with a minimum of a 4-year degree.
- In SFY 24 **16%** (121) of waiver participants are enrolled in this service.
- Average cost per person per year = **$121,290**



16% of waiver **participants** account for **40%** of the **cost** of care

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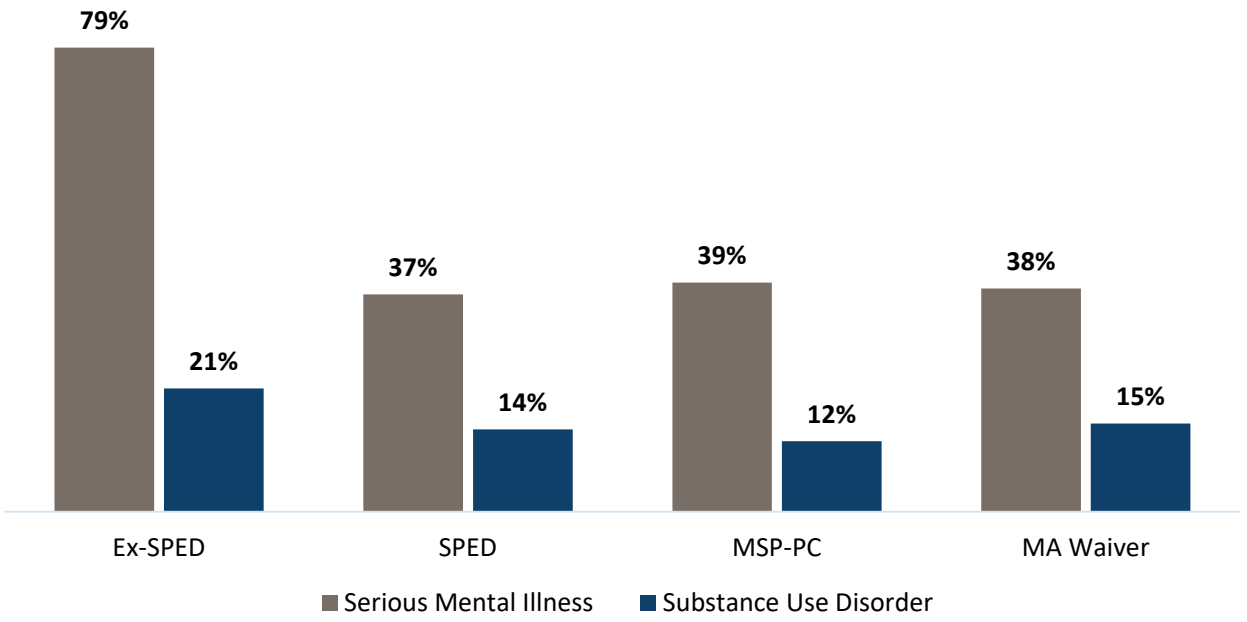
Cost driver #2

Prevalence of Behavioral Health Needs

- An increasing number of individuals seeking HCBS services have significant behavioral health needs, including diagnoses of serious mental illness and substance use disorders.
- Family home care and other family caregiver service modes are common modes of service delivery.
- Appropriate caregiver training is essential to prevent caregiver burnout but upskilling and supporting QSPs remains a barrier.

% of HCBS participants by type of service reporting Serious Mental Illness (SMI) or Substance Use Disorder (SUD) as a primary issue



Source: NDHHS HCBS Case Management data system, 2024

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Cost driver #3

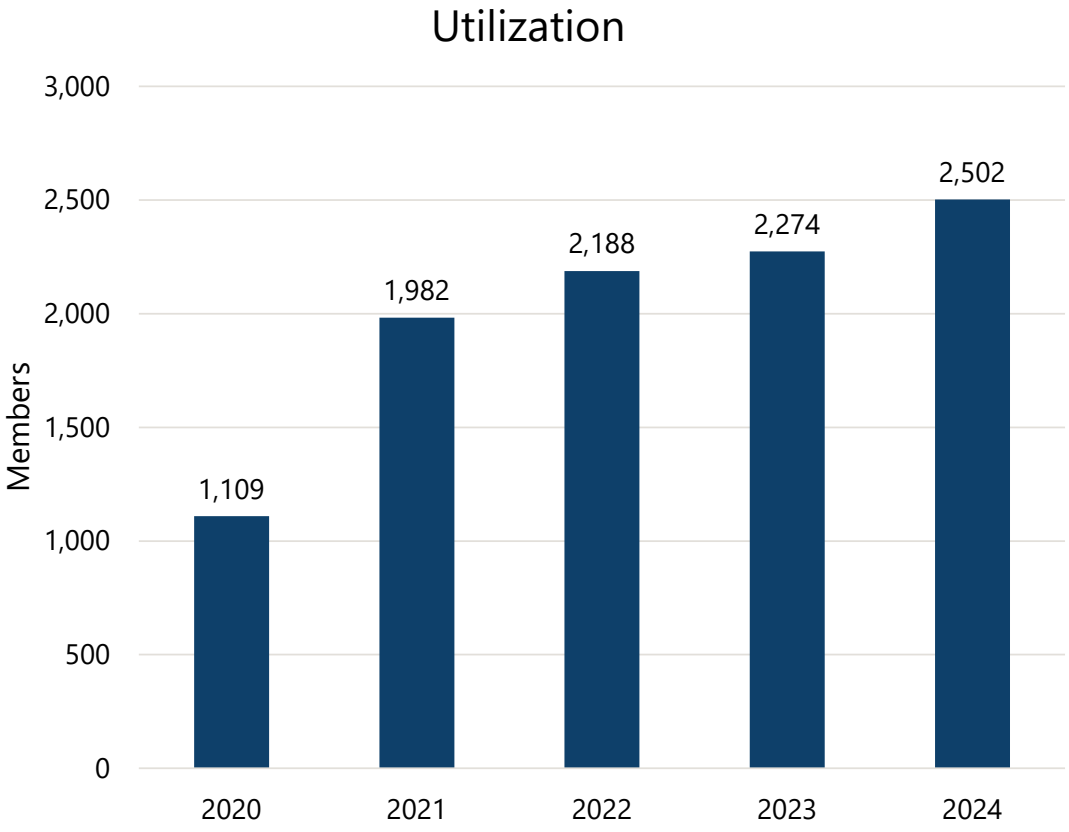
Prevalence of Complex Medical Needs

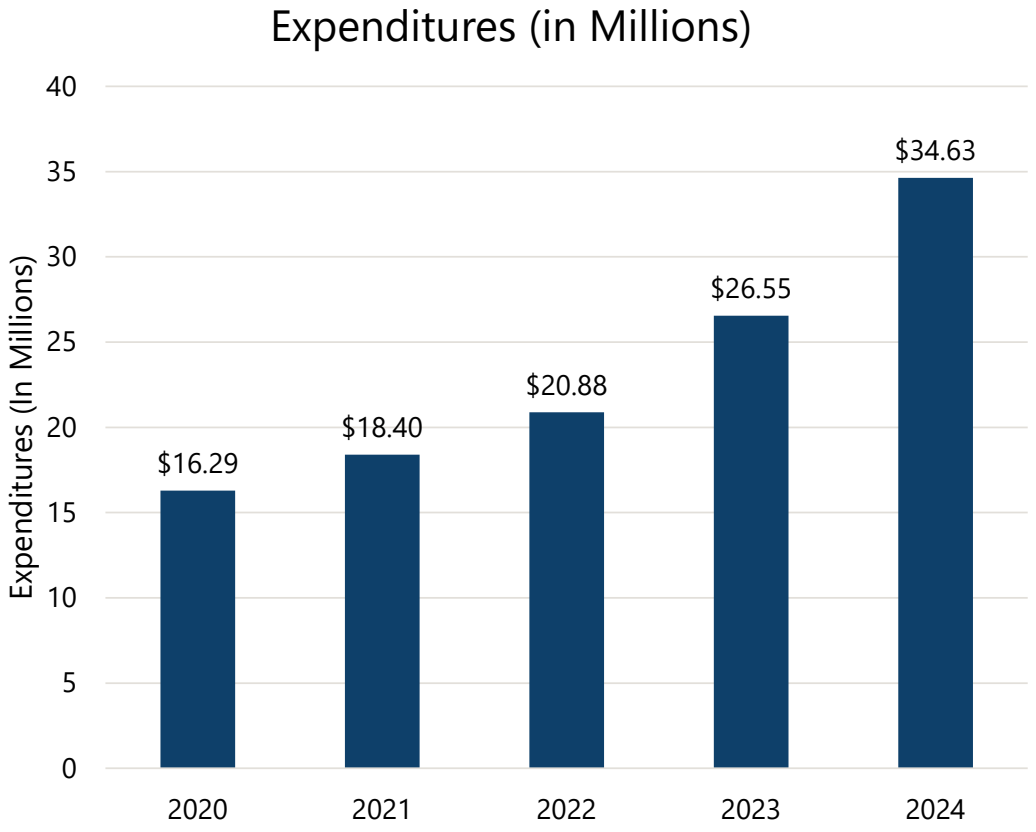
Common medical conditions reported by HCBS participants
Osteo arthritis
Chronic obstructive pulmonary disease (COPD)
Stroke
Type 2 diabetes
Paralysis
Heart Failure
Age related physical impairment
Dementia
Brain Injury

Common medical tasks completed for HCBS participants
Medication Administration
Tracheostomy cares and suctioning
PEG tube feedings and medications
Insulin administration including sliding scale
Port dressing changes
Wound care
IV Therapy
Care coordination/ medical escort
Foley catheter

Primarily served with Residential Habilitation and Community Support services, with additional support from extended personal care and nurse education services

Qualified Service Provider Utilization & Expenditures





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Qualified Service Providers Targeted Rate Increase

Ongoing

Total	$5,392,656
General	$3,595,104
Federal	$1,797,552

Increase impacts the HCBS Waiver, DD Waiver, Autism Waiver, SPED, and Ex-SPED. Services impacted include nursing, personal care, respite, companionship, and homemaker services.

- ND's rates lag states in the region.
  - South Dakota did a comprehensive rate study of in-home providers in 2023 that reviewed baseline and benchmark wages and other costs for Qualified Service Provider services.

Select Qualified Service Provider Agency Rates per 15-minute unit					
	ND	MN	MT	SD	WY
Personal Care	$8.05	$5.95	$8.92	$10.88	$8.53
Homemaker	$7.14	$7.90	-	$10.88	$6.62
Respite	$7.93	$9.64	$6.02	$10.53	$7.50
Companion	$7.14	$7.90	-	$10.53	$7.60
Nursing	$17.64	$12.46	$19.30	$22.60	$19.15

QSP rate increases target areas of highest need



QSP Nursing Services

- **Nurse Education** – assessment, nursing plan of care development and training
- **Extended Personal Care** - hands-on medical care tailored to individual's needs, including skilled or nursing care
- **Updated Agency Rate -** $19.71 per 15-min unit



QSP Aide Services

- **Homemaker** – housework, meal prep, laundry, shopping assistance
- **Chore** – Heavy cleaning, snow removal, lawn care
- **Personal Care** (unit rate) – help with personal hygiene, mobility etc.
- **Respite** – short break for caregivers
- **Supported Employment** – on the job support to remain employed
- **Transitional Living** – independent living skills training
- **Updated Agency Rate -** $9.40 per 15-min unit



QSP Companion Services

- **Non-Medical Transportation – Escort** – help with mobility while shopping, banking etc.
- **Companionship** – socialization to reduce isolation
- **Supervision**- monitoring to ensure safety for people with cognitive impairment
- **Updated Agency Rate -** $9.10 per 15-min unit

Private Duty Nursing & Home Health Targeted Rate Increase

Ongoing

Total	$2,471,536
General	$1,235,768
Federal	$1,235,768

Increase rebases home health rates based on cost report information and aligns private duty nursing rates with home health skilled nursing.

Included in Medical Services Budget

- Private Duty Nursing rates lag Home Health which may disincentivize agencies from serving patients with long term care needs.

Home Health Rate, RN	Private Duty Nursing, RN
$140.57 (per visit)	$66.83 (per hour)

- Home Health rates have not been rebased since 2004.
- Current SFY25 average rate for Home Health is $140.57 per visit.
  - Rebase projected to increase average rate to $219 per visit.

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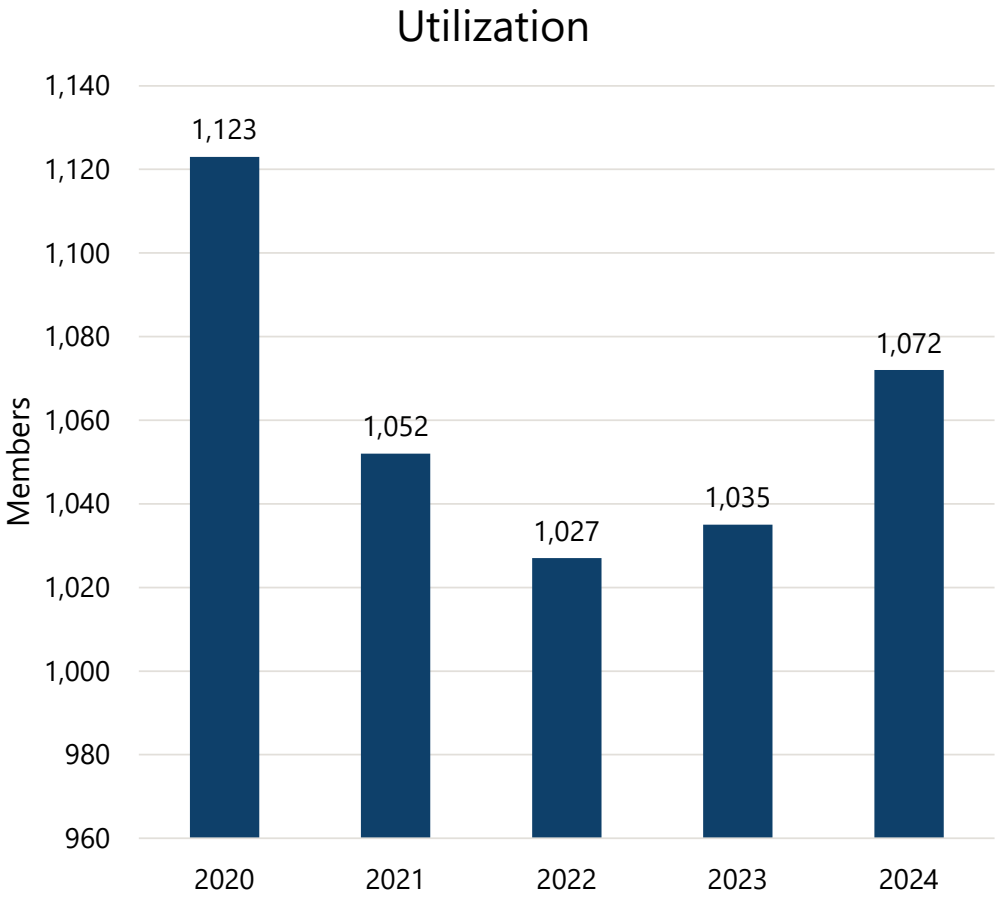
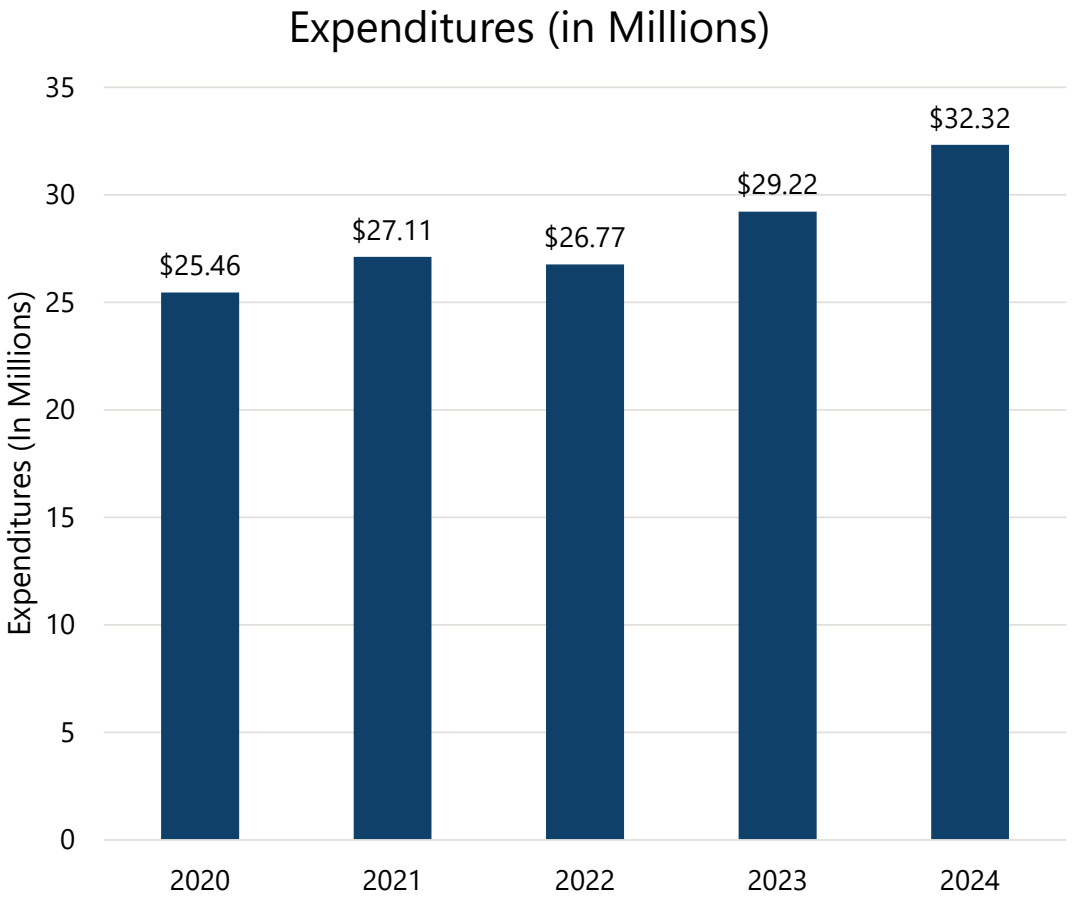
Basic Care Utilization & Expenditures





Note: Basic Care Expenditures include both Basic Care Personal Care and Room and Board

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Basic Care, Assisted Living & Adult Residential Concerns

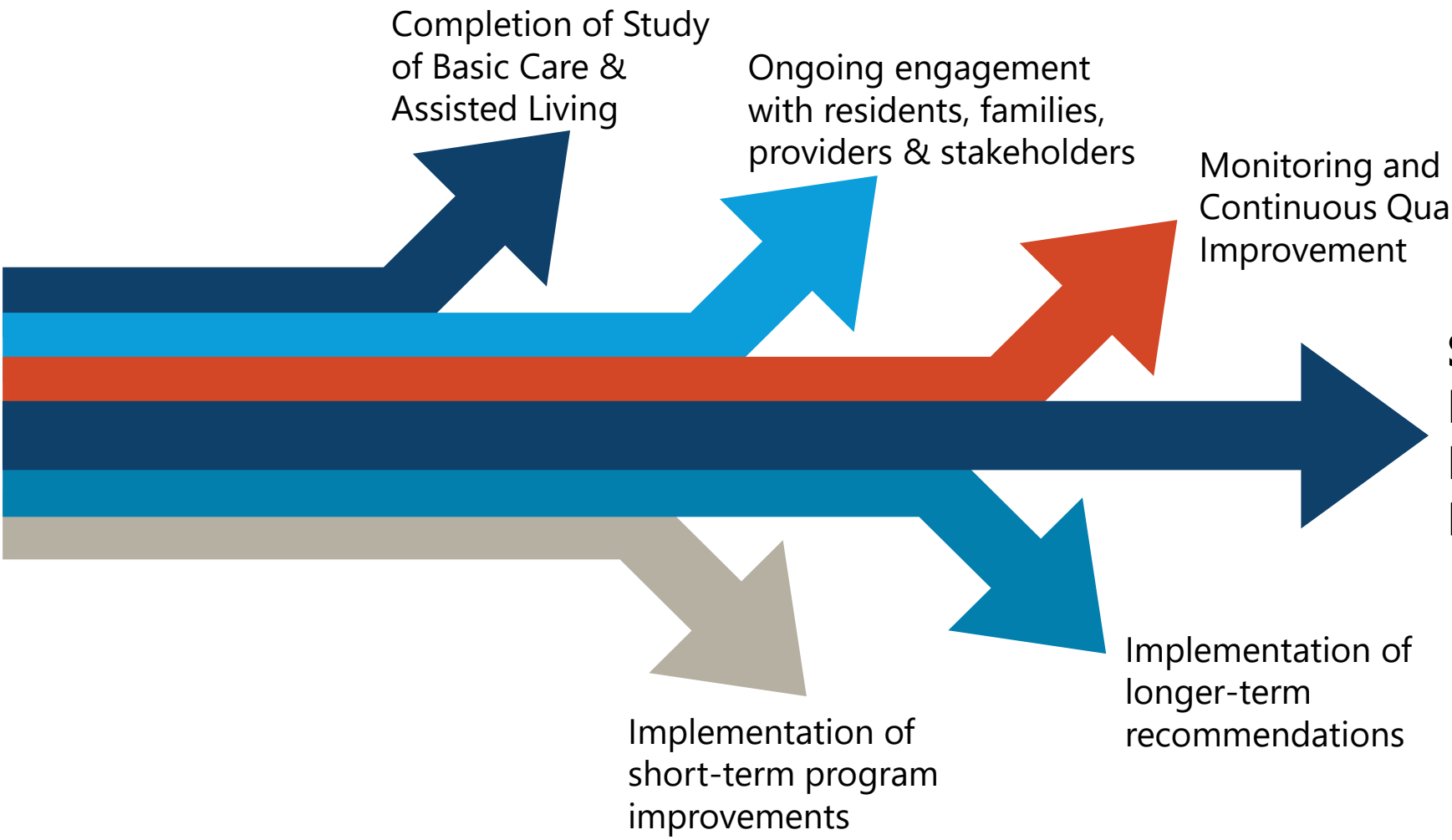
Top Health Response Section Concerns

- Infrequent Basic Care Facility Surveys (33-year inspection cycle)
- Lack of Assisted Living Licensure Standards

Top Medical Services Division Concerns

- Family Confusion
- Licensure Based on Payer Source
- Federal Funding Risk
- HCBS Settings Rule Compliance
- Department of Justice Risk

Basic Care Strategy



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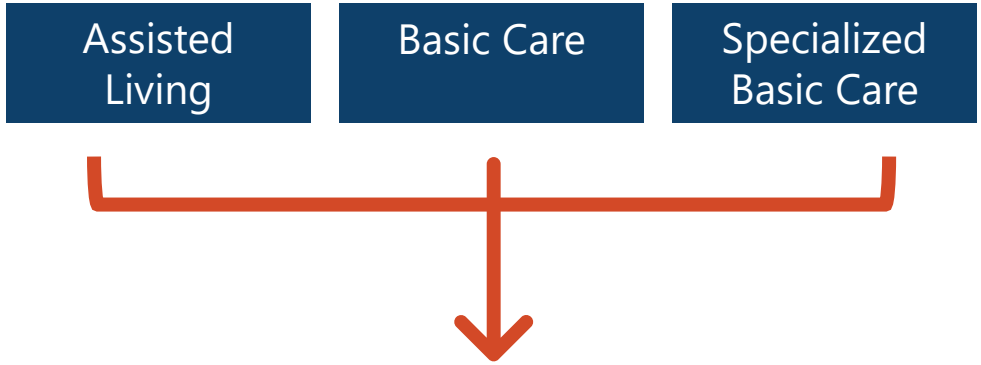
Basic Care Study Recommendations

1. Streamline licensing by creating a new single licensure type to cover both assisted living and Basic Care facilities.
2. Strengthen existing assisted living and Basic Care policy and create additional policies to reflect current requirements within the program, incorporate best practices, and align with State and federal requirements, as applicable.
3. Develop and implement State-led universal assisted living and Basic Care training and materials to educate all stakeholders.
4. Adopt strategies to improve and expand the current service and programmatic array within Basic Care to integrate residents more comprehensively into the community.
5. Update regulatory oversight process based on implementation of recommendations.



New Streamlined Licensure

- HCBS Focused; Reduced Institutional Licensure Requirements
- Regulatory Partnership based on Collaboration & Incremental Enforcement
- Eligible for HCBS Waiver Participation & Reimbursement
- Allows Providers to Design their Service Array
- Supports More Choices for Elders & Families

Basic Care Study Recommendations

6. Implement quality improvement initiative requirements for Basic Care facilities to improve quality of care and align facilities with best practices.
7. Update regulations to use publicly available indexes for cost trending to align more consistently with observed trends in provider costs.
8. Implement a Fair Rental Value (FRV) methodology to reimburse Basic Care provider property costs.
9. Implement tiered add-on payments for residents with increased ADLs care need and align reimbursement methodologies.

Related Bills:
House Bill 1550 | Relating to a nursing and basic care facility loan guarantee program
House Bill 1619 | Relating to a long-term care facility infrastructure loan fund

New Streamlined Licensure

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Person-Centered Sustainable
Funding Model
Incentivizing Continued Improvement & Innovation

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Provider Inflation
Ongoing

Total	$5,396,854
General	$3,294,874
Federal	$2,101,980

Increase includes the following inflation of provider rates for the 2025-2027 biennium:

- SFY 2026: 1.5%
- SFY 2027: 1.5%

- Provider inflation is applied to provider rates in accordance with the rate methodology for the service.
  - Most provider rates paid from a fee schedule are updated each July 1.
  - Inflation is used as the adjustment factor to inflate costs forward from provider cost reports for most cost-based providers.
    - Some providers use a standardized index in place of inflation.

Appropriated Inflation, SFY 2019 - 2024					
2019	2020	2021	2022	2023	2024
2.0%	2.5%	2.0%	0.25%	3.0%	3.0%

2025 – 2027 Budget & Other Resource Requirements

Long Term Care

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Decision Package Detail

By Ongoing, One-Time and Funding Source

Decision Package	Decision Package Grouping	General	Federal	Total	
HCBS Growth	Cost to Continue	$36,977,113	$27,837,811	$64,814,924	Ongoing
Value Based Purchasing[1]	Compliance & Quality	$1,000,000	$1,000,000	$2,000,000	Ongoing
QSP/HCBS Targeted Rate Increase	Services - DOJ	$3,595,104	$1,797,552	$5,392,656	Ongoing
Provider Inflation	Additional Executive Decision Packages	$3,294,874	$2,101,980	$5,396,854	Ongoing
Private Duty Nursing & Home Health Targeted Rate Increase[2]	Services - DOJ	$1,235,768	$1,235,768	$2,471,536	Ongoing

Note:
1. Value Based Purchasing will be included in the Medical Services Budget slides.
2. Private Duty Nursing & Home Health Targeted Rate Increase is located in the Medical Services Budget.

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Comparison of budgets and funding

By Budget Account Code

DESCRIPTION	2023-2025 LEGISLATIVE BASE	2025-27 EXECUTIVE BUDGET RECOMMENDATION	Increase/ (Decrease)
71x Grants, Benefits, & Claims	962,042,944	1,067,715,015	105,672,070
Total Operating & Grants	**$ 962,042,944**	**$ 1,067,715,015**	**$ 105,672,070**
Total	**$ 962,042,944**	**$ 1,067,715,015**	**$ 105,672,070**
Total General	**$ 486,676,583**	**$ 562,728,792**	**$ 76,052,209**
Total Federal	**$ 474,554,361**	**$ 504,086,223**	**$ 29,531,861**
Total Other	**$ 812,000**	**$ 900,000**	**$ 88,000**

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Grants

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
Community of Care	$ 330,000	$ -	330,000	$ 330,000	$ -	$ -
Personal Needs Allowance SSI	193,200	-	193,200	193,200	-	-
GENERAL FUND	**$ 523,200**	**$ -**	**$ 523,200**	**$ 523,200**	**$ -**	**$ -**
FEDERAL FUND	**-**	**-**	**-**	**-**	**-**	**-**
OTHER FUND	**-**	**-**	**-**	**-**	**-**	**-**
GRAND TOTAL	**$ 523,200**	**$ -**	**$ 523,200**	**$ 523,200**	**$ -**	**$ -**

Grants on a Walkthrough

DESCRIPTION	2025-27 BASE BUDGET	COST TO CONTINUE	FMAP	SAVINGS PLAN	UNDERFUNDING	TOTAL CHANGES	TO GOVERNOR
NURSING FACILITIES	$ 734,744,666	$ 24,671,319	$ (2,541,549)	$ (8,000,000)	$ -	$ 14,129,770	$ 748,874,436
BASIC CARE	72,887,128	(6,415,521)	-	-	-	(6,415,521)	66,471,607
PACE PYMT ALL-INCL CARE ELDRLY	29,356,221	(5,620,776)	-	-	-	(5,620,776)	23,735,445
AGED & DISABLED WAIVER	54,112,132	19,524,971	-	-	-	19,524,971	73,637,103
SPED	22,402,748	(628,767)	-	-	-	(628,767)	21,773,981
EXPANDED SPED	1,313,728	(3,238)	-	-	-	(3,238)	1,310,490
PERSONAL CARE SERVICES	33,664,038	7,277,063	-	-	-	7,277,063	40,941,101
TARGETED CASE MANAGEMENT	940,828	359,559	-	-	-	359,559	1,300,387
CHILDREN'S MED FRAGILE WAIVER	814,760	(434,562)	-	-	-	(434,562)	380,198
CHILDREN'S HOSPICE WAIVER	76,950	(5,425)	-	-	-	(5,425)	71,525
AUTISM WAIVER	10,906,545	962	-	-	-	962	10,907,507
AUTISM VOUCHER	-	-	-	-	-	-	-
TOTAL FUNDS	**$ 961,219,744**	**$ 38,725,585**	**$ (2,541,549)**	**$ (8,000,000)**	**$ -**	**$ 28,184,036**	**$ 989,403,780**
GENERAL FUND	**$ 484,992,253**	**$ 28,188,129**	**$ 15,974,519**	**$ (12,000,000)**	**$ -**	**$ 32,162,648**	**$ 517,154,901**

DESCRIPTION	TO GOVERNOR	INFLATION	SERVICES - COST TO CONTINUE	COMPLIANCE & QUALITY	SVC - DOJ	TOTAL CHANGES	TO HOUSE
NURSING FACILITIES	$ 748,874,436	$ -	$ -	$ 2,000,000	$ -	$ 2,000,000	$ 750,874,436
BASIC CARE	66,471,607	1,502,258	-	-	-	1,502,258	67,973,865
PACE PYMT ALL-INCL CARE ELDRLY	23,735,445	536,421	-	-	-	536,421	24,271,866
AGED & DISABLED WAIVER	73,637,103	1,624,836	51,432,058	-	5,392,656	58,449,550	132,086,653
SPED	21,773,981	492,092	7,863,400	-	-	8,355,492	30,129,473
EXPANDED SPED	1,310,490	29,617	(15,134)	-	-	14,483	1,324,973
PERSONAL CARE SERVICES	40,941,101	925,269	14,913,272	-	-	15,838,541	56,779,642
TARGETED CASE MANAGEMENT	1,300,387	29,389	-	-	-	29,389	1,329,776
CHILDREN'S MED FRAGILE WAIVER	380,198	8,592	380,198	-	-	388,790	768,988
CHILDREN'S HOSPICE WAIVER	71,525	1,616	6,502	-	-	8,118	79,644
AUTISM WAIVER	10,907,507	246,763	(9,765,372)	-	-	(9,518,609)	1,388,898
AUTISM VOUCHER	-	-	-	-	-	-	-
TOTAL FUNDS	**$ 989,403,780**	**$ 5,396,854**	**$ 64,814,924**	**$ 2,000,000**	**$ 5,392,656**	**$ 77,604,434**	**$ 1,067,008,214**
GENERAL FUND	**$ 517,154,901**	**$ 3,294,874**	**$ 36,977,113**	**$ 1,000,000**	**$ 3,595,104**	**$ 44,867,091**	**$ 562,021,992**

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Comparison of budget expenditures and projections

By Budget Account Code

DESCRIPTION	2023-25 LEGISLATIVE BASE	Expended as of 12/31/2024	PROJECTION THROUGH 6/30/2025	UNDER/(OVER) BUDGET
71x Grants, Benefits, & Claims	962,042,944	641,912,745	936,626,339	25,416,605
Total Operating & Grants	**$ 962,042,944**	**$ 641,912,745**	**$ 936,626,339**	**$ 25,416,605**
Total	**$ 962,042,944**	**641,912,745**	**$ 936,626,339**	**$ 25,416,605**
Total General	**$ 486,676,583**	**$ 318,917,543**	**$ 471,597,723**	**$ 15,078,860**
Total Federal	**$ 474,554,361**	**$ 322,995,202**	**$ 464,216,616**	**$ 10,337,745**
Total Other	**$ 812,000**		**$ 812,000**	**$ (0)**

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Who We Serve

Medical Services

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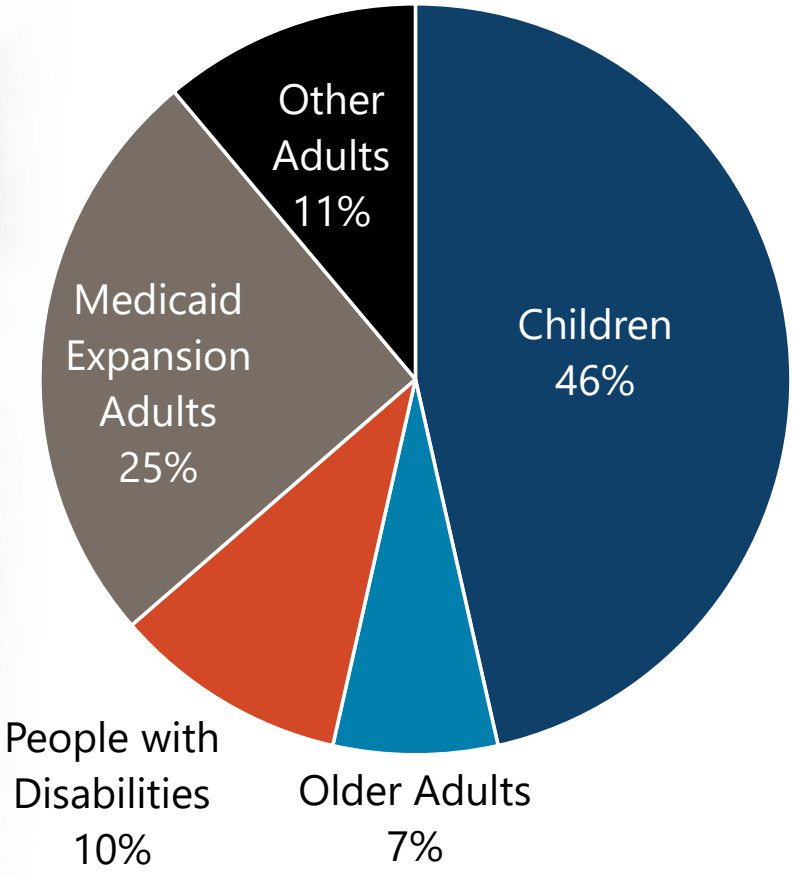
Who is covered by North Dakota Medicaid?



State Fiscal Year 2024

- 152,273 Unduplicated Individuals
- 112,558 Average Monthly Enrollment

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Who We Serve



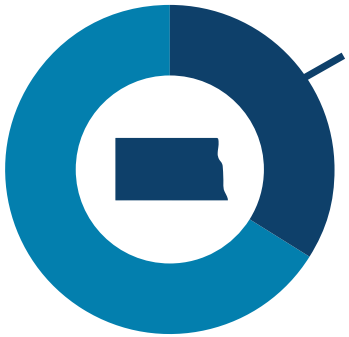
Nearly **1 in 7 North Dakotans** in any given month will have health coverage through Medicaid or CHIP



Up to **1 of every 3 children** under the age of 19 in North Dakota has health coverage through Medicaid or CHIP



52.5% nursing facility residents are paid by Medicaid



34% of children born in North Dakota will be on Medicaid or CHIP during their first year of life

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Federal Poverty Level & HHS Programs

2024 CALENDAR YEAR FEDERAL POVERTY GUIDELINES

Annual Amount at Various Income Percentage Levels

Family Size	34%	100%	130%	138%	175%	185%	205%
1	$5,120	$15,060	$19,578	$20,783	$26,355	$27,861	$30,873
2	$6,950	$20,440	$26,572	$28,207	$35,770	$37,814	$41,902
3	$8,779	$25,820	$33,566	$35,632	$45,185	$47,767	$52,931
4	$10,608	$31,200	$40,560	$43,056	$54,600	$57,720	$63,960
5	$12,437	$36,580	$47,554	$50,480	$64,015	$67,673	$74,989
6	$14,266	$41,960	$54,548	$57,905	$73,430	$77,626	$86,018
7	$16,096	$47,340	$61,542	$65,329	$82,845	$87,579	$97,047
8	$17,925	$52,720	$68,536	$72,754	$92,260	$97,532	$108,076

Children	**205%**
Parent/Caretaker	**34%**
Expansion Adults	**138%**
Pregnant Women	**175%**
SNAP	**130%**
WIC	**185%**

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North Dakota Medicaid Waivers

1915(c) Home and Community Based Services (HCBS) Waivers

- Autism Spectrum Disorder Waiver
- Children's Hospice Waiver
- Waiver for Medically Fragile Children
- Waiver for Home and Community Based Services
- Traditional Intellectual Disabilities and Developmental Disabilities HCBS Waiver

- 1915(c) waivers have two components of eligibility:
  - Functional Need
    - Assessments are used to measure an individual's needs. The assessment helps shape the care plan in addition to verifying eligibility.
  - Financial
    - For waivers, only the income of the individual applying for the waiver's income is used to determine financial eligibility.
    - Allows coverage of disabled individuals at incomes higher than those that would traditionally qualify for Medicaid.

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HCBS Programs and Populations

	Intellectual and Developmental Disabilities	Physical Disabilities	Behavioral Health
	Medicaid State Plan		
Adults	Traditional Intellectual Disabilities and Developmental Disabilities HCBS Waiver	Waiver for Home and Community Based Services	1915(i)
		Programs for All Inclusive Care for the Elderly (PACE)	
	Medicaid State Plan		
Children	Traditional Intellectual Disabilities and Developmental Disabilities HCBS Waiver	Waiver for Medically Fragile Children	1915(i)
	Autism Spectrum Disorder Waiver		

Children's Hospice Waiver



Money Follows the Person



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Medicaid Children Waiver Service Comparison

Developmental Disabilities

- Residential Habilitation
- Extended Home Health Care
- Behavioral Consultation
- Environmental Modifications
  - $40K for 5 years
- Equipment And Supplies
  - $5K per year
- Family Care Option
- In-home Supports
  - 300 hours per month
- Infant Development
- Respite
  - 600 hours per year

Medically Fragile

- Program cap of $25,300.00 to be used towards all waiver services except Case Management per fiscal year
- Case Management
- Institutional Respite
- Dietary Supplements
- Environmental Modifications
- Equipment & Supplies
- Individual and Family Counseling
- Transportation Services

Autism

- Respite
  - 40 hours per month
- Service Management
  - 16 hours per month
- Assistive Technology
  - $5K duration of waiver
- Community Connector
- Remote Monitoring

Serving Children with Disabilities

2021

SB 2256: Legislative Management Study of Developmental Disability Services and Autism Spectrum Disorder Waiver and Voucher Programs

2022

North Dakota Developmental Disabilities Study
Recommended Children's Cross Disability Waiver to provide individual and family supports.

2023

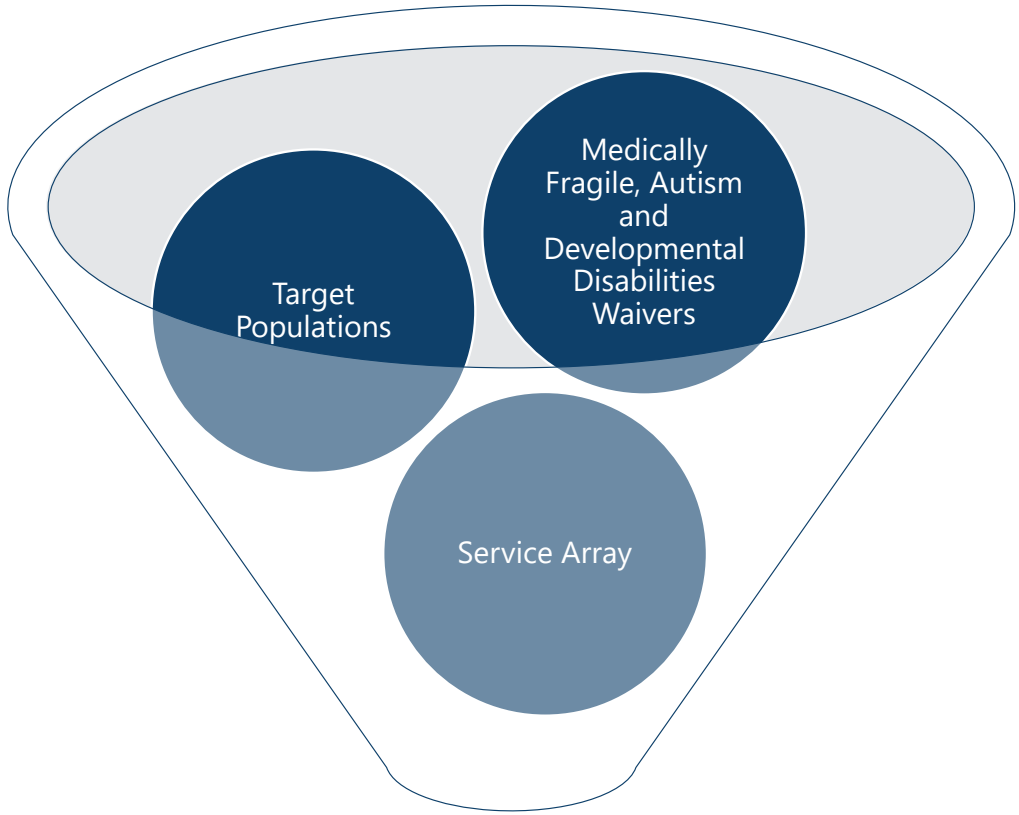
SB 2276: Established Cross Disability Advisory Council

2024

Cross Disability Advisory Council met monthly from December 2023 – May 2024 to provide input regarding design of new cross disability waiver.

Cross Disability Advisory Council compiled detailed recommendations in design of a potential new cross-disability children's waiver.

2025



Cross Disability Children's Waiver helps children and families gain independence, self-determination, social capital, economic sufficiency, and community inclusion.

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Cross Disability Advisory Council

Related Bills:
Senate Bill 2113 | Relating to [...] Membership of the Cross Disability Advisory Council
Senate Bill 2305 | Relating to the family paid caregiver program and the cross-disability advisory council

- Ensure the right people are getting the right amount of care, in the right environment
- Combine Existing Non-Residential Services in Current Children's Waivers
- Focus on Gaining Independence & Navigating Transitions
  - Family Training & Skill Building
- Flexibility for Families
- Case Management & Family Navigation
- Person and family focused outcomes

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Cross Disability Waiver Implementation

Ongoing

Total	$4,948,452
General	$2,474,226
Federal	$2,474,226

The Children's Cross-Disability Waiver is being designed to address existing disparities in access to home and community-based services for children with disabilities. This innovative waiver transforms the way support is provided, ensuring equitable access to essential services for children aged 3 to 21 who have mild to moderate support needs.

2023-2025 Biennium Activities:

1. Design and Test New Level of Care for Cross Disability Waiver and Developmental Disabilities Waiver
2. Design Cross Disability Waiver
   - Service Array
   - Access
   - Quality
   - Provider Qualifications & Rates
3. Start Building Service Infrastructure

Funding will support:

- Subject Matter Expertise
- Cross Disability Advisory Council Facilitator
- Service Infrastructure Development

Who We Are

Medical Services Division

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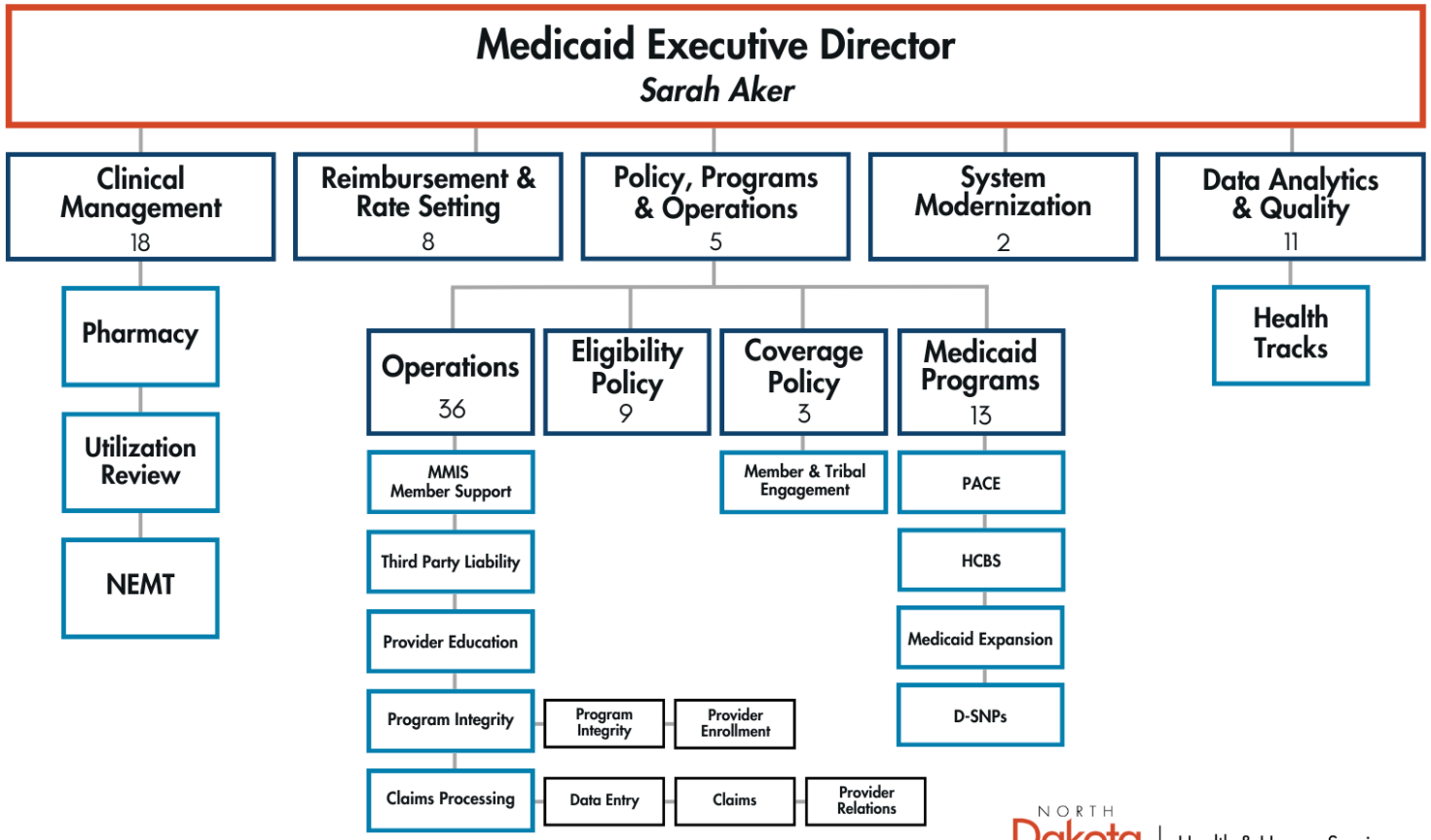
Medical Services Division

Team Structure and Function

Medical Services Division			
Position #s Assigned/ Funding Exists	Positions Filled	# of Vacancies	# of Temporary Staff
106	*95.85*	*10**	*12**

*As of 12/01/2024

Average Age	*48*
Avg Years of Service	*11*
Retirement Risk	*12%*
Turnover 2021	*1%*
Turnover 2022	*6%*
Turnover 2023	*11%*
Turnover 2024	*7%*



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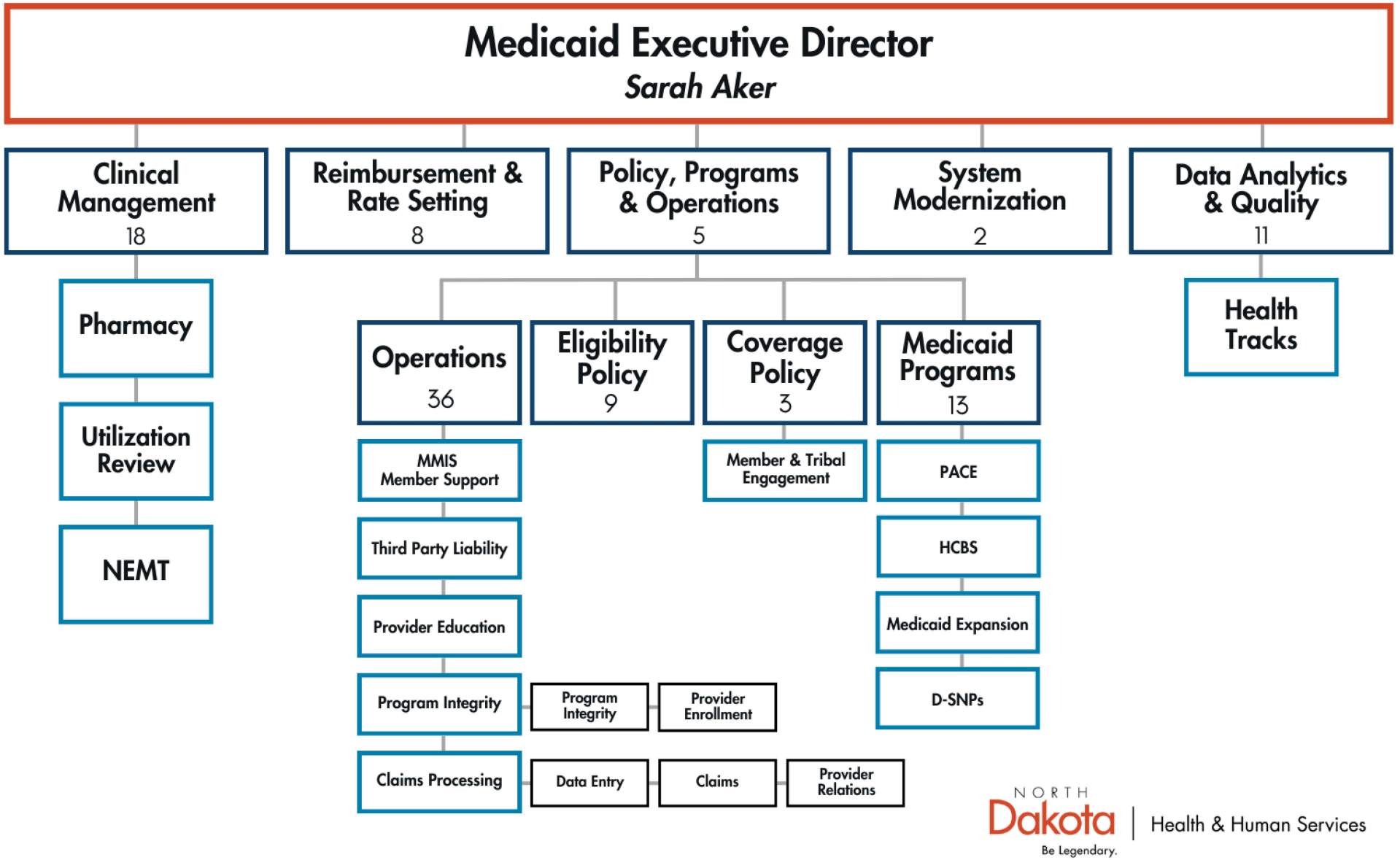

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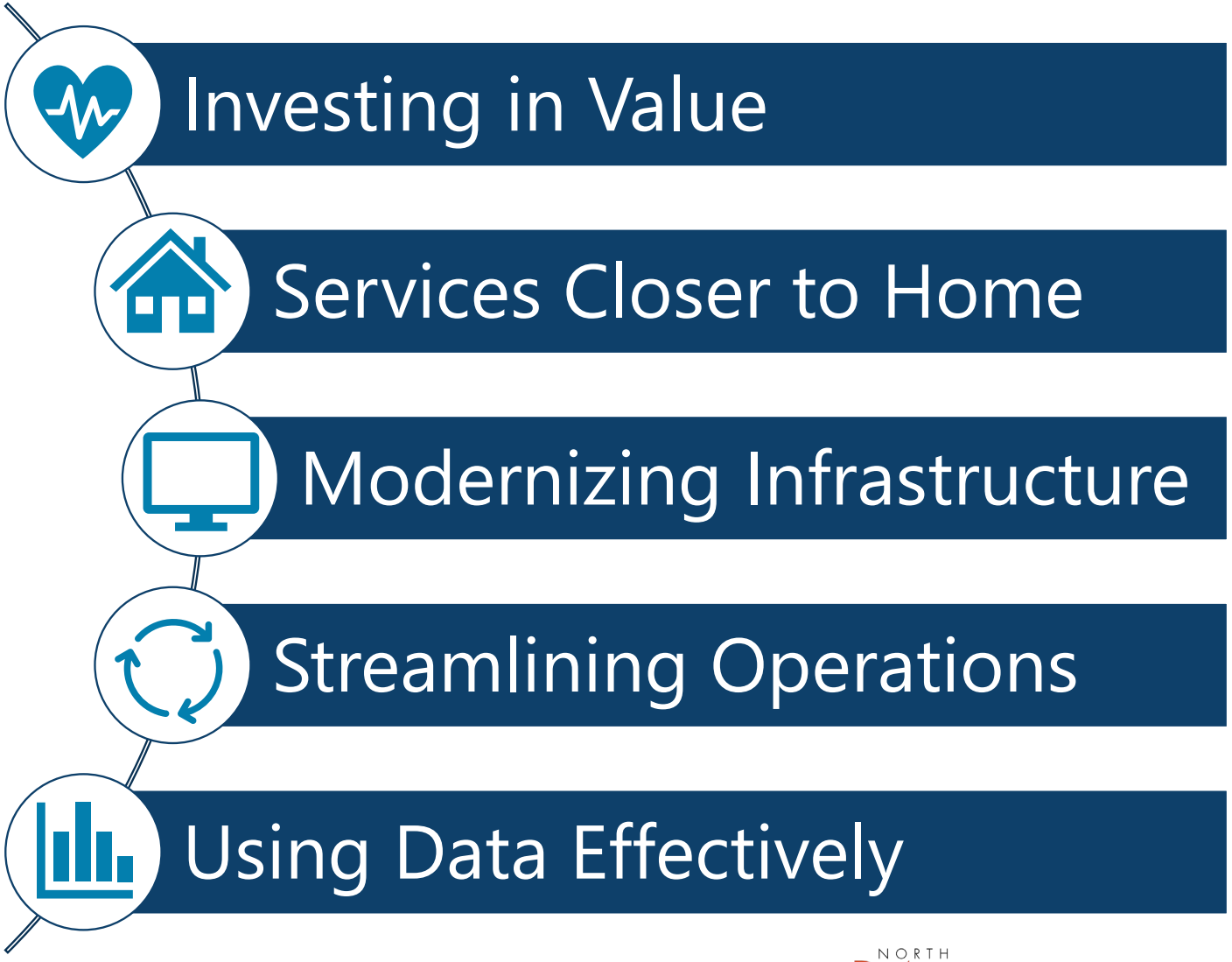
Our Key Priorities



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Goals for the Next Biennium

- Bending the Cost Curve
- Delivering Whole Person Care
- Promoting Sustainability & Value
- Improving the Member & Provider Experience



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Improving the Lives of North Dakotans

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Eligibles & Unwinding

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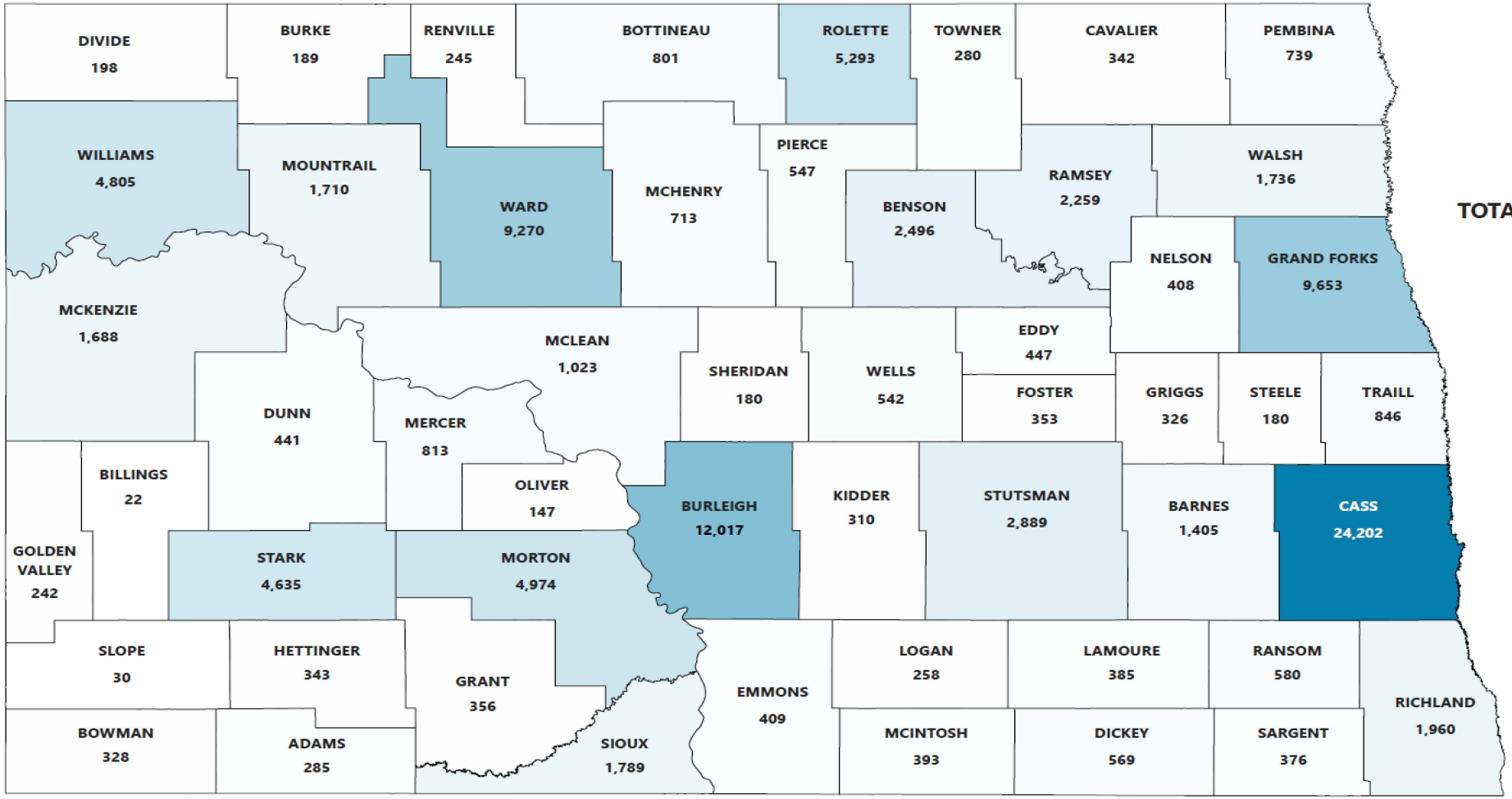
Last updated: 01/04/2024

MEDICAID ELIGIBLES BY COUNTY

December 2024



TOTAL ELIGIBLES

107,619

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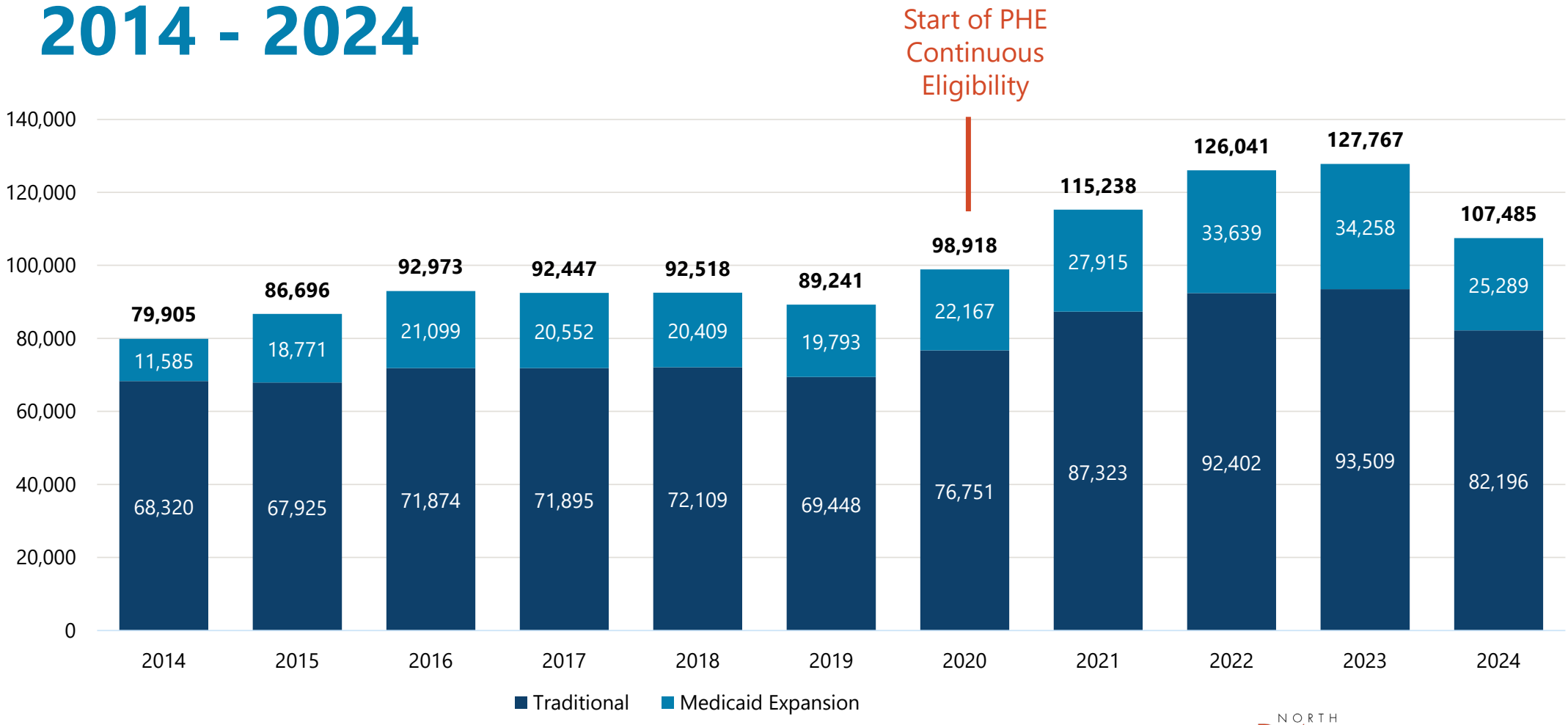
Public Health Emergency Continuous Eligibility Requirement

The Families First Coronavirus Response Act (FFCRA) passed in March 2020 provided an additional 6.2% FMAP to states.

- To receive the enhanced FMAP, states had to meet certain Maintenance of Effort requirements including continuous coverage of all individuals enrolled on or after March 2020.
  - Members could only be disenrolled from a state's Medicaid program if they asked to be disenrolled, moved out of state, or died.
- In December 2022, Congress delinked the Medicaid continuous coverage requirement from the PHE, allowing states to resume Medicaid coverage terminations effective April 1, 2023.
- "Unwinding" is a term used to refer to the return to normal Medicaid eligibility rules.

ND Medicaid Average Monthly Enrollment 2014 - 2024



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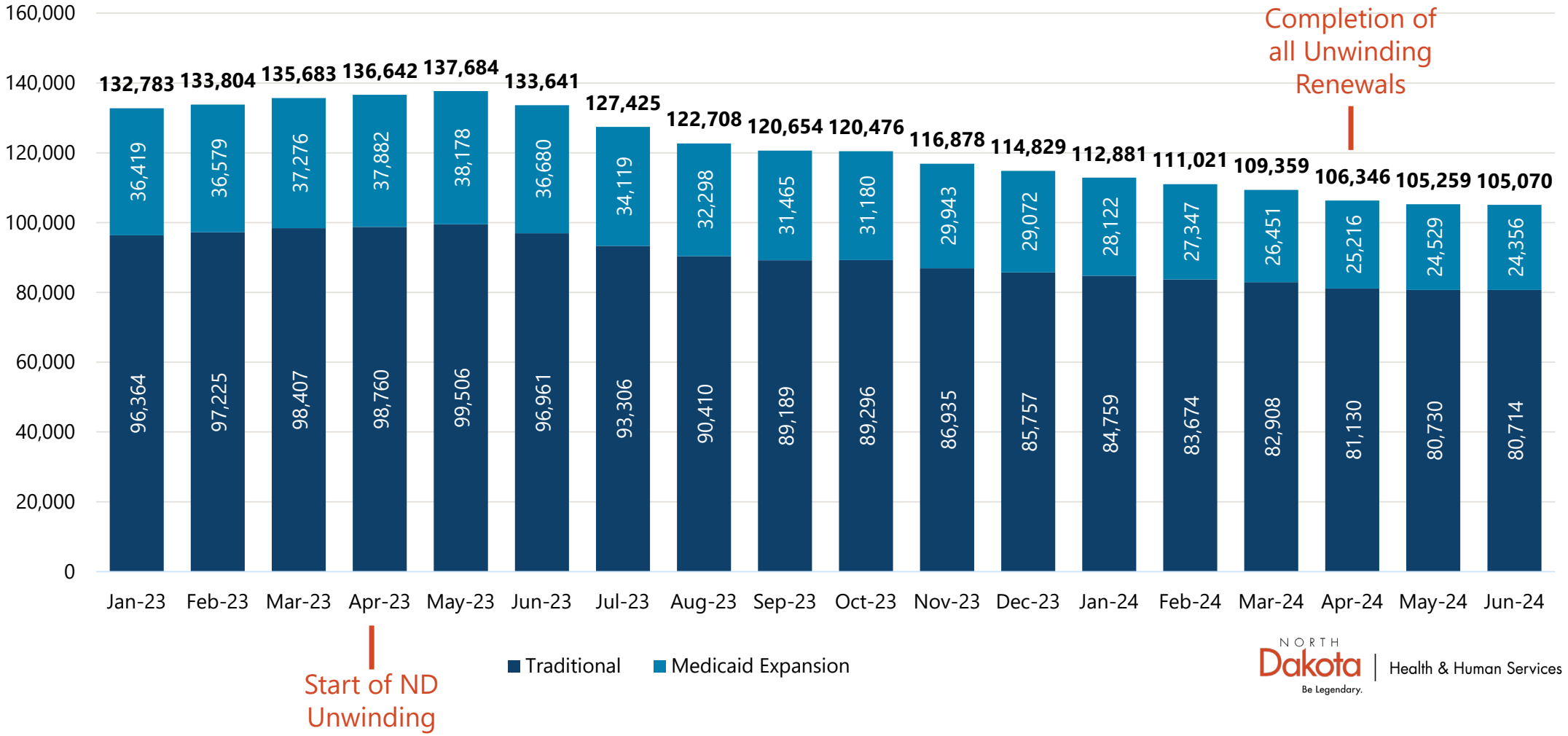
Monthly Enrollment
January 2023 – June 2024



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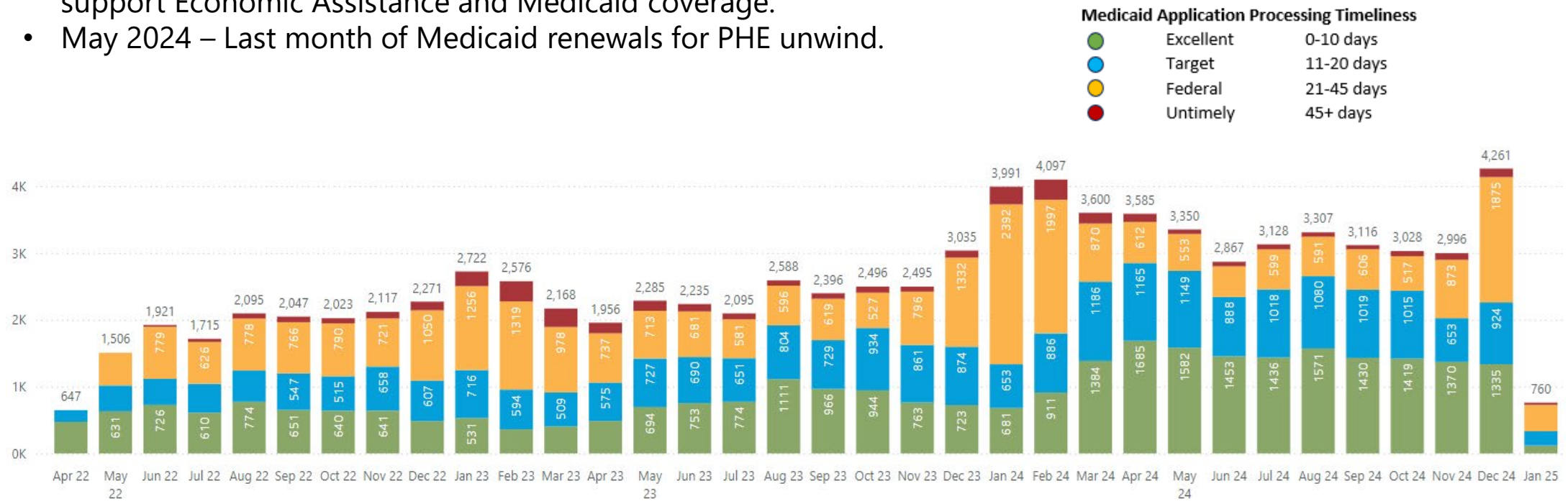
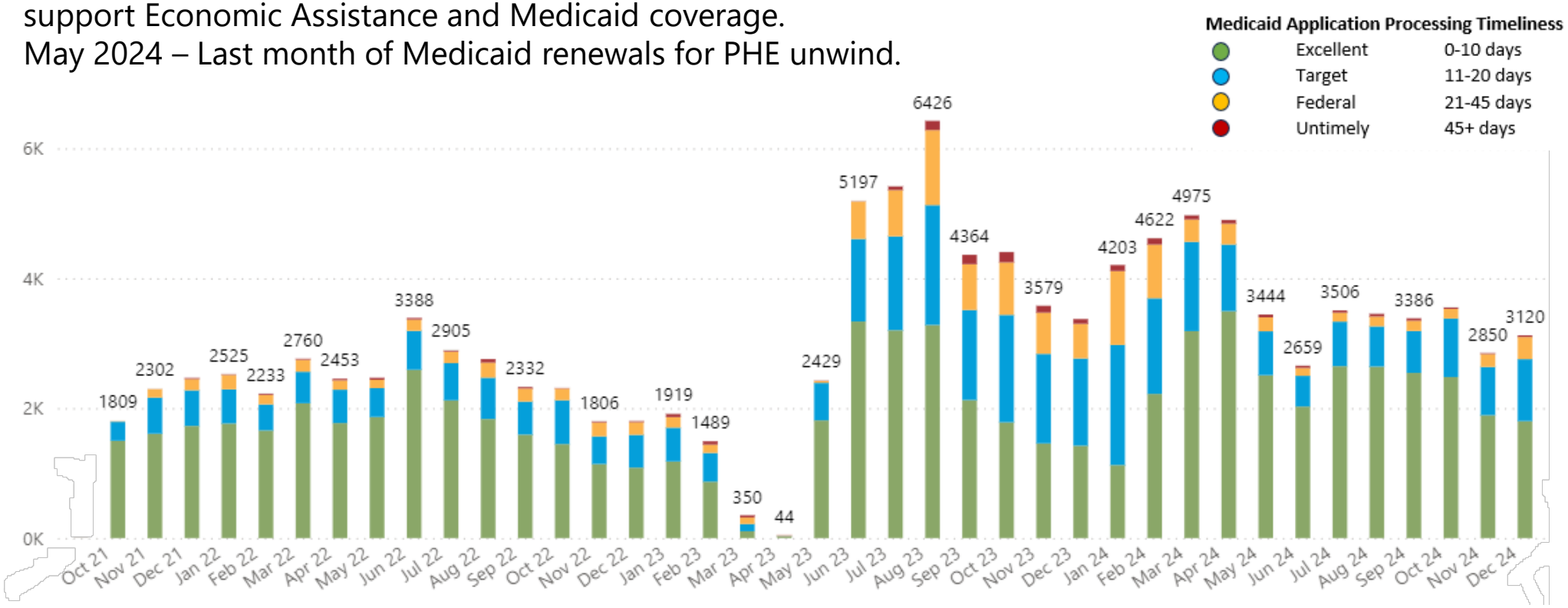
Medicaid Application Processing

- February 2023 – HHS and HSZ's worked together to develop a regional service delivery model to support Economic Assistance and Medicaid coverage.
- May 2023 – First month participants were required to complete a Medicaid renewal, after the temporary Medicaid coverage extension due to the PHE.
- October 2023 – HHS and HSZ's moved from a regional to a statewide service delivery model to support Economic Assistance and Medicaid coverage.
- May 2024 – Last month of Medicaid renewals for PHE unwind.

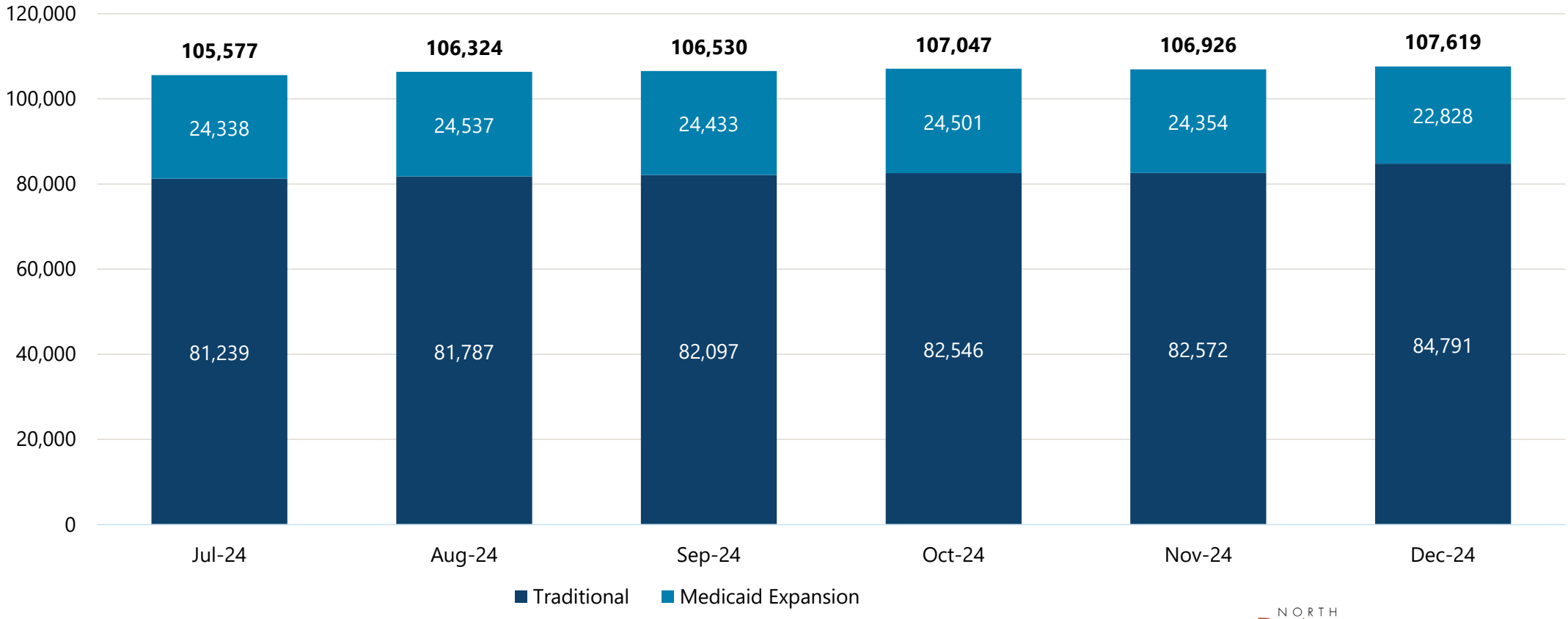


Medicaid Review Processing

- February 2023 – HHS and HSZ's worked together to develop a regional service delivery model to support Economic Assistance and Medicaid coverage.
- May 2023 – First month participants were required to complete a Medicaid renewal, after the temporary Medicaid coverage extension due to the PHE.
- October 2023 – HHS and HSZ's moved from a regional to a statewide service delivery model to support Economic Assistance and Medicaid coverage.
- May 2024 – Last month of Medicaid renewals for PHE unwind.



Monthly Enrollment
July 2024 – December 2024



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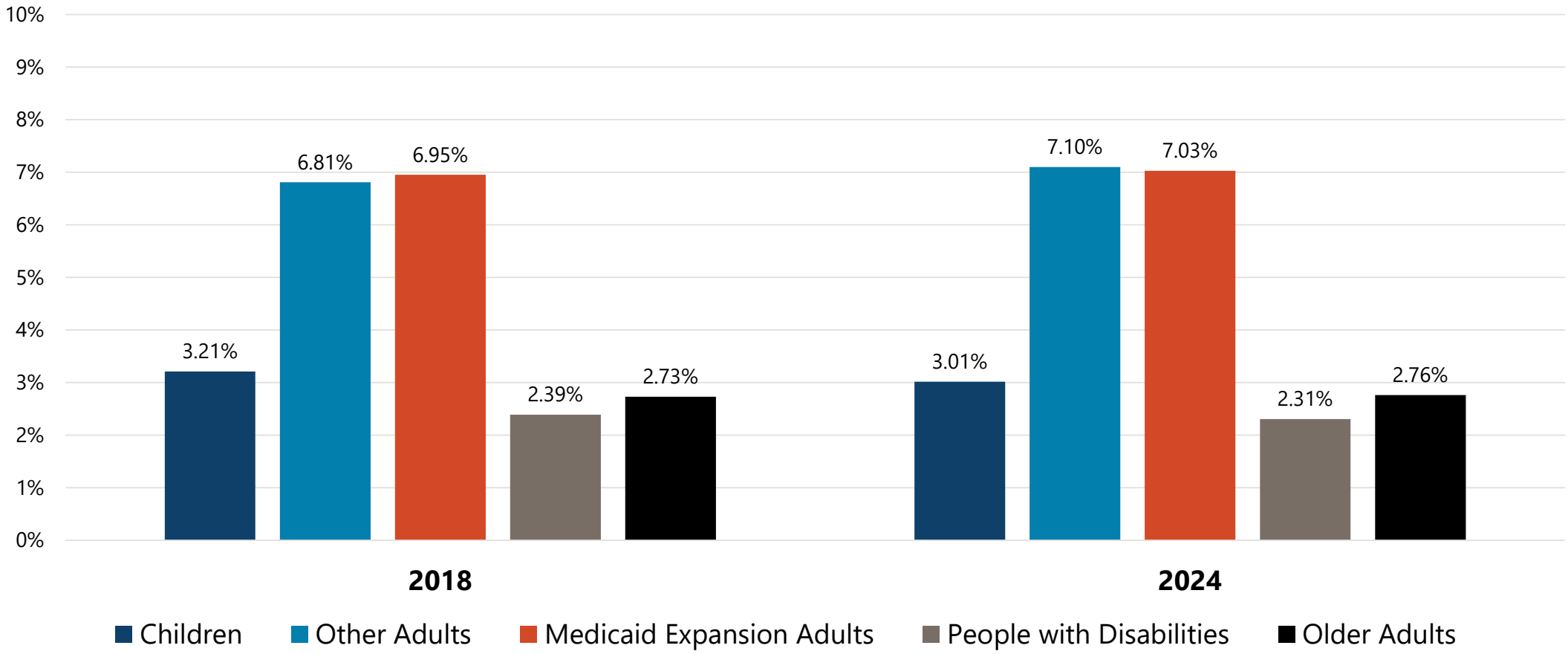
Medicaid Churn: 2018 vs. 2024



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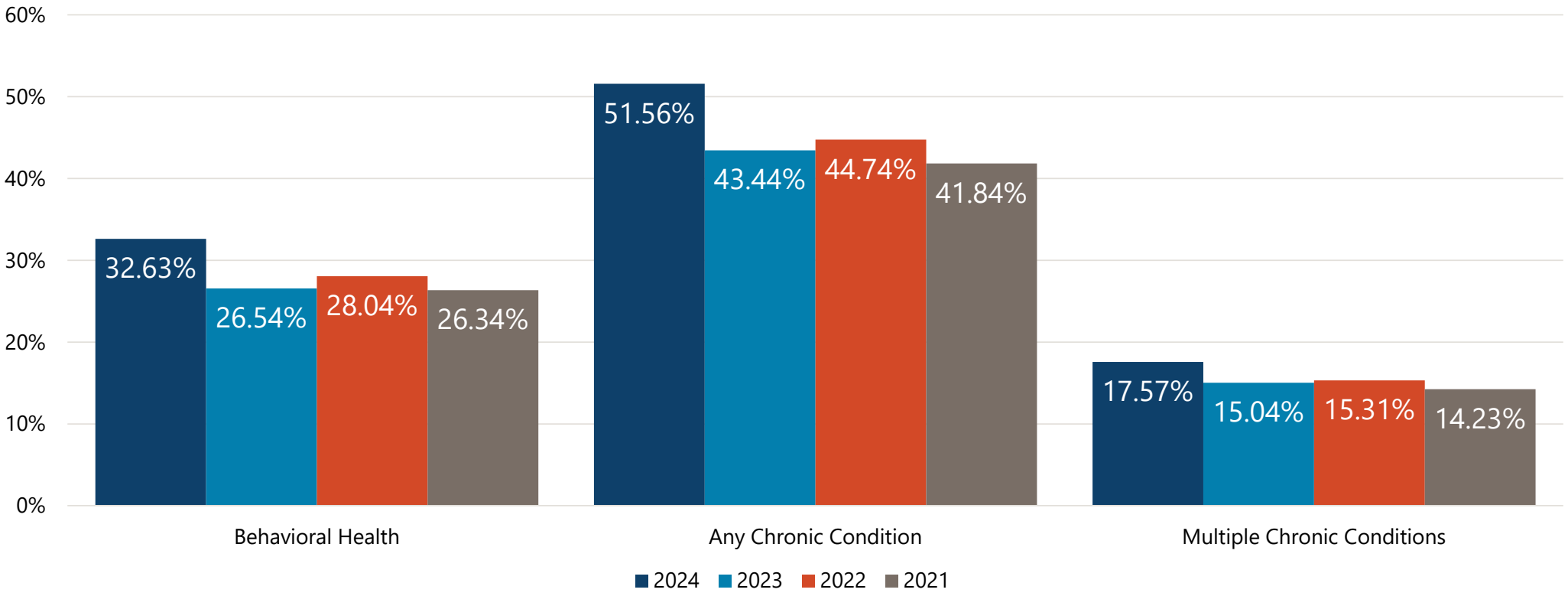
Traditional Medicaid: Chronic Conditions
Percent of Members with Diagnosis



Note: Chronic Conditions include Mental Health, Substance Use Disorder, Asthma, COPD, Diabetes, Heart Disease, Hypertension, Obesity, Pain Conditions

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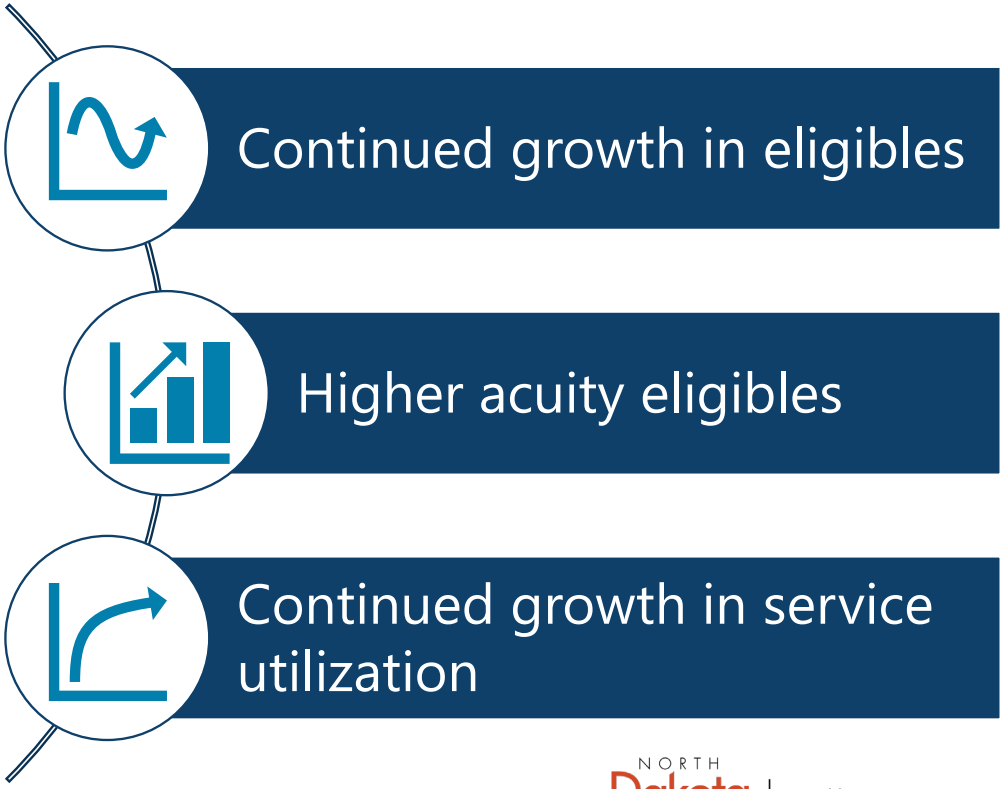
Unwinding Impact on ND Medicaid Budget

- Lower Enrollment
- Higher Utilizers

Eligibility Assumptions for 2025 – 2027 Biennium Base Budget



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Medicaid & Incarceration

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Federal Fund Restrictions for Inmates

Federal Medicaid funds may not be used to pay for services for people while they are inmates of a public institution.

- Incarceration does **not** make a person ineligible. People who are held involuntarily in a correctional facility may be eligible for and enrolled in Medicaid.
  - ND Medicaid suspends Medicaid eligibility while an individual is incarcerated.
- Medicaid can make medical payments for incarcerated individuals when they are inpatients in a medical institution for 24 hours or more.
- There are some limited exceptions that allow the use of federal Medicaid funds for youth and young adults who are incarcerated.

Youth and Young Adults in Carceral Settings
Section 5121 of the Consolidated Appropriations Act, 2023

	Section 5121
Who is included?	Medicaid members under age 21 and former foster care youth* through age 26.
What Medicaid services are included?	Limited screenings, diagnostic services and case management.
When are the services covered?	*Post-adjudication*, 30 days prior to and following release.

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*Youth who age out of foster care at age 18 may receive Medicaid coverage through age 26.

Youth and Young Adults in Carceral Settings

Section 5121 of the Consolidated Appropriations Act, 2023

State Medicaid programs are required to:

1. Exchange data with all settings where the eligible population could be – state-run facilities, county jails and tribal jails.
2. Work with facilities to help people enroll in Medicaid if they are not already enrolled.
3. Work with facilities to provide access to covered services for the eligible group.

States must create an internal operational plan that shows how they will achieve compliance with estimated timeframes.

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Federal Grant

State Grants to Support Continuity of Care for Medicaid Members Following Incarceration

- *Total Award:* $5M (all federal, no state match required. ND received maximum award)
- *Grant Period:* January 2025 to December 2028
- *Goal:* Bidirectional data exchange with all DOCR facilities and county/tribal jails by the end of 2028

Related Bill:
House Bill 1549 | Relating to [...] criminal justice data collection

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Next Steps



Focus on IT and automation



Create more tools, guidance and resources for correctional facilities



Partner across HHS – Medical Services, Economic Assistance, Zones and Human Service Centers – to ensure that correctional facilities are well-equipped to help people apply for and renew their Medicaid and become connected to services and support upon release.

Medicaid Financing

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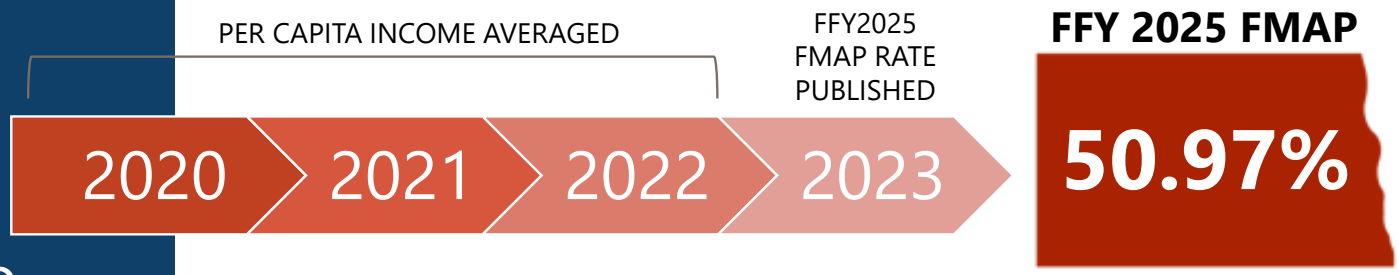
What is the FMAP?

The federal government's share of a state's Medicaid expenditures is called the Federal Medical Assistance Percentage (FMAP).

States must contribute the remaining portion to qualify for federal funding.

The FMAP changes each federal fiscal year (October 1 – September 30) and is based on a funding formula related to a state's per capita income relative to the national average over a 3 year period.

$$FMAP = 1 - 0.45 \times \left(\frac{State\ Per\ Capita\ Income^2}{US\ Per\ Capita\ Income^2}\right)$$



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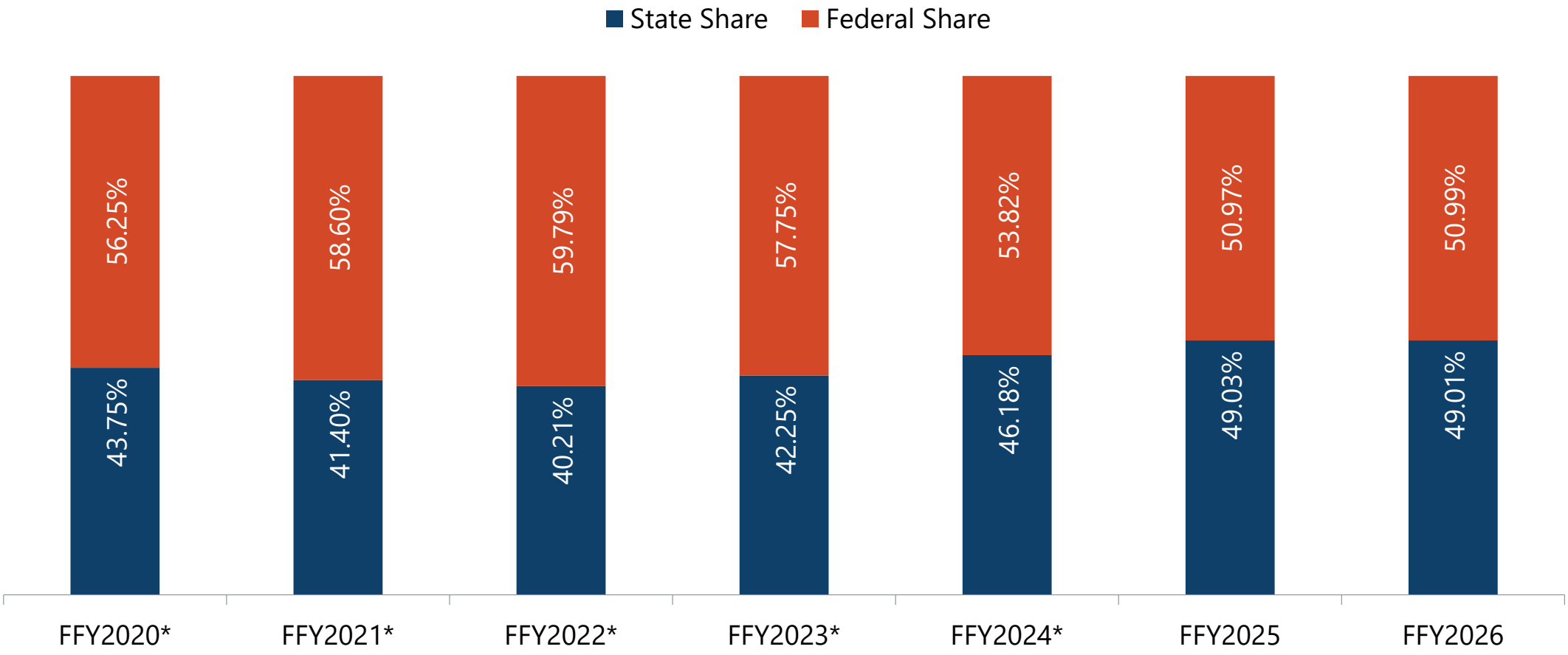
FMAP



*The FMAP for FFY 2020 – 2023 includes a 6.2% increase due to the CARES Act during the Public Health Emergency. The FMAP was stepped down during the Unwinding period in FFY2023 and FFY2024

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FMAP

Most services are funded with the state's regular FMAP. Certain services, populations, systems and administrative functions are funded with a different percentage:

- Children's Health Insurance Program (CHIP) Members
- Medicaid Expansion Members
- Services Received through Indian Health Service or a Tribal 638 Provider
- Administration
- Professional Medical Staff
- Certified Systems

Medicaid as a Funding Source

Medicaid federal regulation authorizes federal funding for administrative activities "as found necessary by the Secretary for the proper and efficient administration of the state plan."

Medicaid Administrative Claiming Examples:

- NDQuits
- School Based Administrative Claiming
- Nurse Aide Registry
- Waiver Case Management Staff

Tribal Care Coordination

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Tribal Care Coordination FMAP Background

In 2016, the Centers for Medicare and Medicaid Services (CMS) released State Health Official (SHO) letter #16-002 updating policy related to federal funding available for Medicaid eligible American Indians/Alaska Natives (AI/AN) for services "received through" an Indian Health Service (IHS) or Tribal facility, allowing care delivered under a care coordination agreement to qualify for 100% federal funding.

- Tribal Care Coordination legislation was passed in North Dakota in 2019 and amended in 2021.
- Section 50-24.1-40 of North Dakota Century Code requires 80% of savings generated by care coordination agreements to be directed to the Tribal Care Coordination Fund; the remaining 20% returns to the state general fund.

Tribal Care Coordination Savings Example



51% Federal 49% State

Under a **<u>care coordination agreement</u>** between the referring tribal health care organization and the non-tribal health care provider, traditional Medicaid FMAP is converted to 100% Federal Funding.



100% Federal

$49 is generated in savings due to conversion to 100% federal funding.



$49 Total State Savings

Savings is distributed under a **<u>tribal health care coordination fund agreement</u>** between ND Health and Human Services (HHS) and a tribal government:

$39.20 (80%) is allocated to the Tribal Care Coordination Fund.

$9.80 (20%) returns to the State General Fund.

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Direct Service & Self-Governance

Direct Service	Self-Governance
Tribes that either in whole or in part, receive primary health care directly from the Indian Health Service (IHS).	Tribes that negotiate with IHS and assume funding and control over programs, services, functions or activities or portions thereof, that IHS would otherwise provide.
Tribal care coordination agreements between Great Plains Indian Health Service and non-tribal healthcare providers. Tribes must authorize Great Plains IHS to enter into care coordination agreements on their behalf by either adding language to the fund agreement or by separate tribal resolution.	Tribal care coordination agreements are between the tribe and non-tribal healthcare providers.
• Turtle Mountain Band of Chippewa Indians • Sisseton-Wahpeton Oyate • Standing Rock Sioux Tribe	• Spirit Lake Nation • Mandan, Hidatsa and Arikara Nation (Three Affiliated Tribes)

Care Coordination & Tribal Health Care Coordination Fund Agreements

Care Coordination Agreements

Agreement between non-tribal provider and referring Tribal health care organization. Allows the state to convert regular FMAP into 100% federal funding and generate savings.

- Sanford and Great Plains Indian Health Service (2018)
- St. Alexius and Great Plains Indian Health Service (2018)
- Sanford and Mandan, Hidatsa and Arikara Nation (2021)

Tribal Health Care Coordination Agreement

Agreement between Tribe and ND HHS distributing 80% of savings into the Tribal Health Care Coordination Fund. Specifies the purposes that the funds can be used for, the requirement for annual reports and audit reports.

- Turtle Mountain Band of Chippewa Indians and ND HHS (2022)
- Mandan, Hidatsa and Arikara Nation and ND HHS (2024)
- Standing Rock Sioux Tribe and ND HHS (2024)

Tribal Health Care Coordination Fund

- The first distributions will be for claims from October 2022 through September 2024.
- Reports from tribes will be due every year by August 30 starting in 2025.
- Audits will be due every two years beginning in 2026.

Related Bills:
House Bill 1252 | Relating to Tribal Health Care Coordination Fund
House Bill 1461 | Relating to Tribal Health Care Coordination Fund

Tribes can use funding from the Tribal Health Care Coordination Fund for:

- Ten Essential Services of Public Health as defined by the Centers of Disease Control & Prevention
  1. Assess and monitor population health status, factors that influence health, and community needs and assets
  2. Investigate, diagnose, and address health problems and hazards affecting the population
  3. Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it
  4. Strengthen, support, and mobilize communities and partnerships to improve health
  5. Create, champion, and implement policies, plans, and laws that impact health
  6. Utilize legal and regulatory actions designed to improve and protect the public's health
  7. Assure an effective system that enables equitable access to the individual services and care needed to be healthy
  8. Build and support a diverse and skilled public health workforce
  9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement
  10. Build and maintain a strong organizational infrastructure for public health
- Development or enhancement of Community Health Representative (CHR) programs or services.

Note: No more than 50% of funds may be used for capital construction through June 30, 2025. Beginning July 1, 2025, no more than 35% of funds may be used for capital construction.

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Tribal Health Care Coordination Fund Claims through September 30, 2024

Tribal Nation	Mandan, Hidatsa and Arikara Nation	Turtle Mountain Band of Chippewa Indians	Standing Rock Sioux Tribe	Total
State Savings Generated through 9/30/2024	$176,731.09	$45,900.29	$378,503.28	$601,134.66
Tribal Health Care Fund (80%)	$141,384.87	$36,720.23	$302,802.62	$480,907.72
State General Fund (20%)	$35,346.22	$9,180.06	$75,700.66	$120,226.94

Notes:
1. Claiming for state savings is restricted to the time frame that the Centers for Medicare and Medicaid Services (CMS) allows for the financial reporting to be adjusted on the CMS-64 Report.
2. ND Medicaid is working with providers to analyze provider records of care coordination claims compared to those in the ND Medicaid data set.

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Costs & Outcomes

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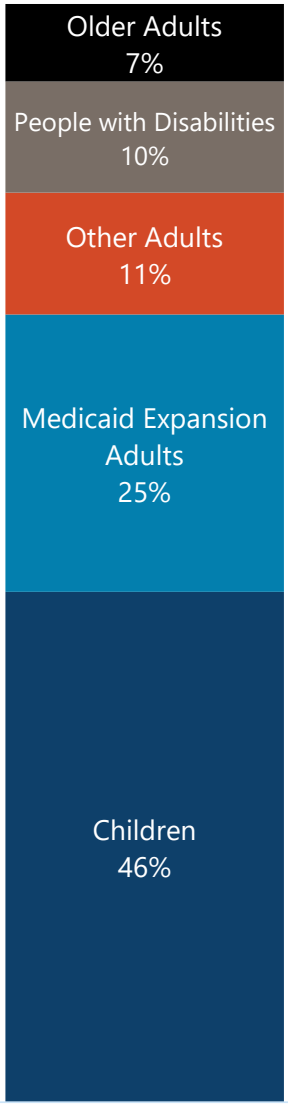
How do we measure results in Medicaid?

Expenditures & Outcomes

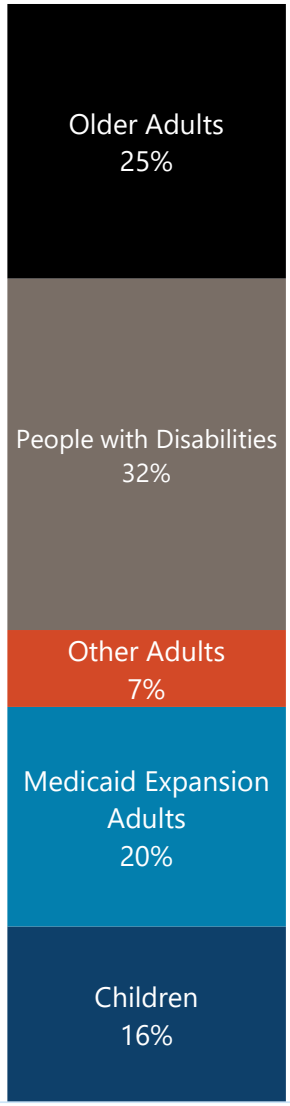
The Center for Medicare and Medicaid Services (CMS) collects and publishes data related to both expenditures and outcomes on the Medicaid & CHIP Scorecard.

- Expenditure data comes from TMSIS and CMS-64 Reports.
  - Expenditures in Medicaid are influenced by both rates and utilization.
- Outcome measures include nationally standardized metrics outlined in the Core Set and other reports.
- Data lags current performance.
  - Most recent data available is for CY 2022 and Core Set Year 2023 (Services in CY 2022).

North Dakota Medicaid Enrollment and Expenditures SFY 2024

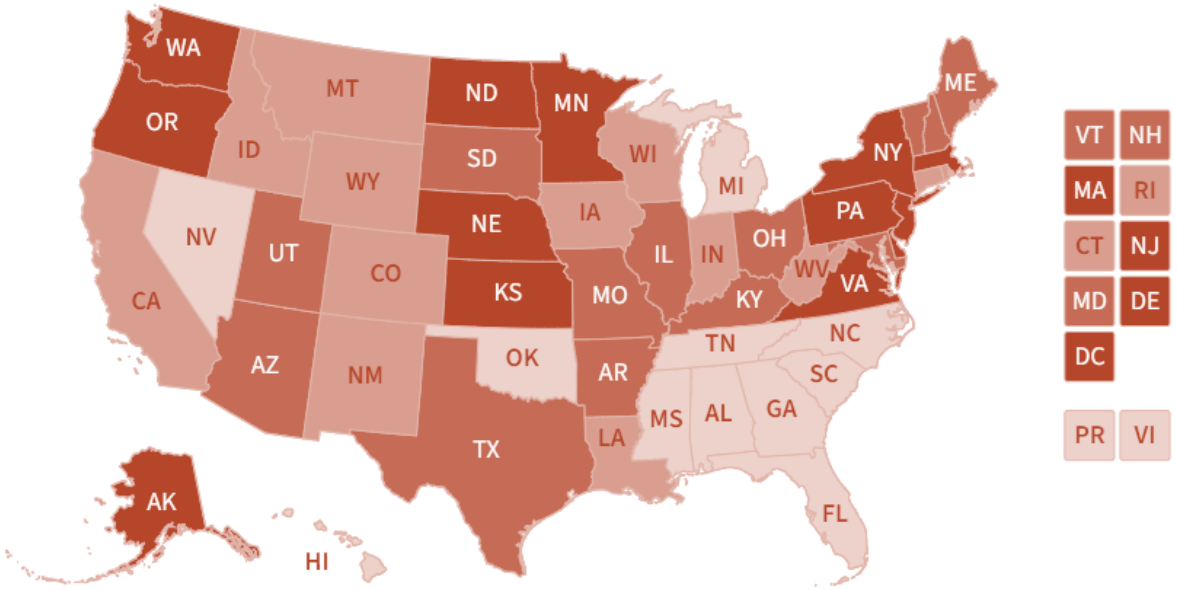


Enrollment



Expenditures

Per Capita Expenditures: CY 2022



- North Dakota ranked **2nd** in the nation for highest total per capita expenditures.
  - North Dakota ranked **1st for Medicaid Expansion per capita** expenditures
  - ND Medicaid ranked **1st for Aged per capita** expenditures.
  - ND Medicaid ranked 7th for People with Disabilities expenditures.

	Total	Children	Traditional Adults	Medicaid Expansion	Aged	People with Disabilities
North Dakota	**$13,097**	**$4,003**	**$6,207**	**$14,120**	**$36,020**	**$35,311**
National Median	$9,108	$3,822	$6,207	$7,818	$19,079	$25,639
Difference	$3,989	$181	$0	$6,302	$16,941	$9,672

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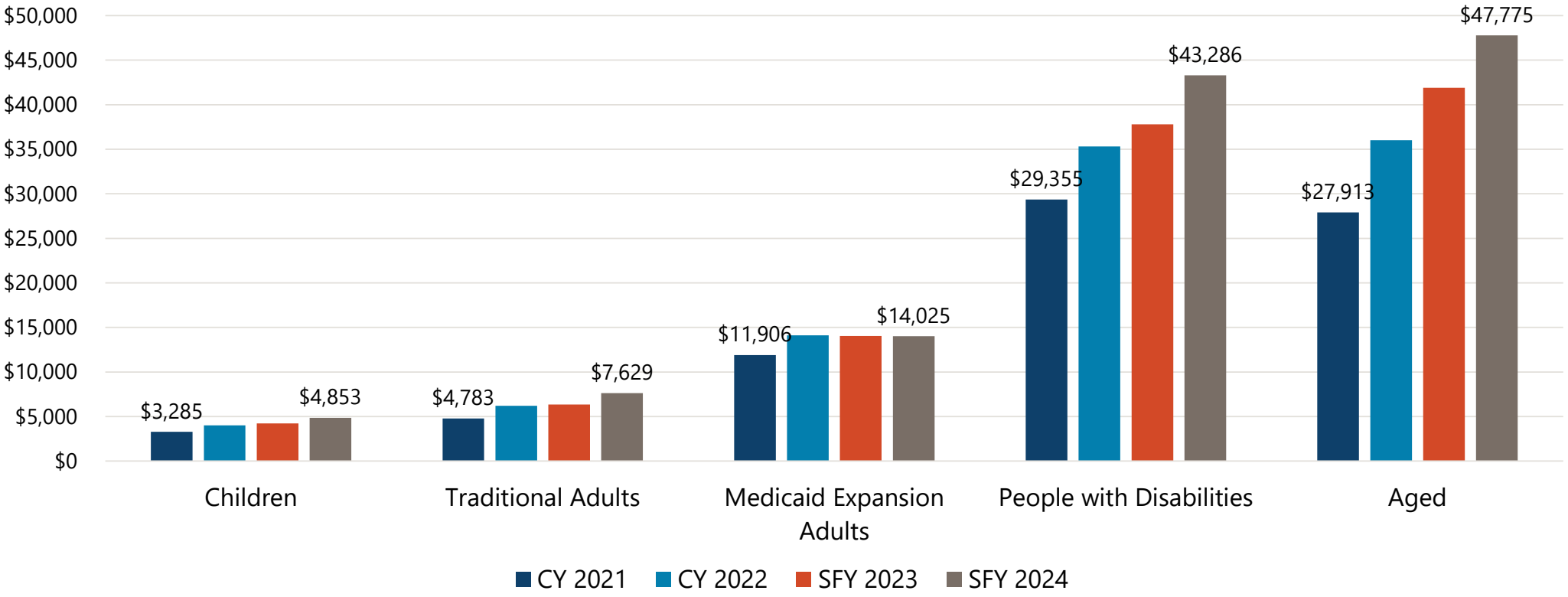
Medicaid and CHIP Scorecard - Medicaid Per Capita Expenditures

Per Capita Expenditures



Note: CY 2021 and CY 2022 Data obtained from Medicaid and CHIP Scorecard - Medicaid Per Capita Expenditures. SFY 2023 and SFY 2024 numbers calculated from ND TMSIS data.

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Top 25 High Cost Claims vs. Top 25 High Cost People

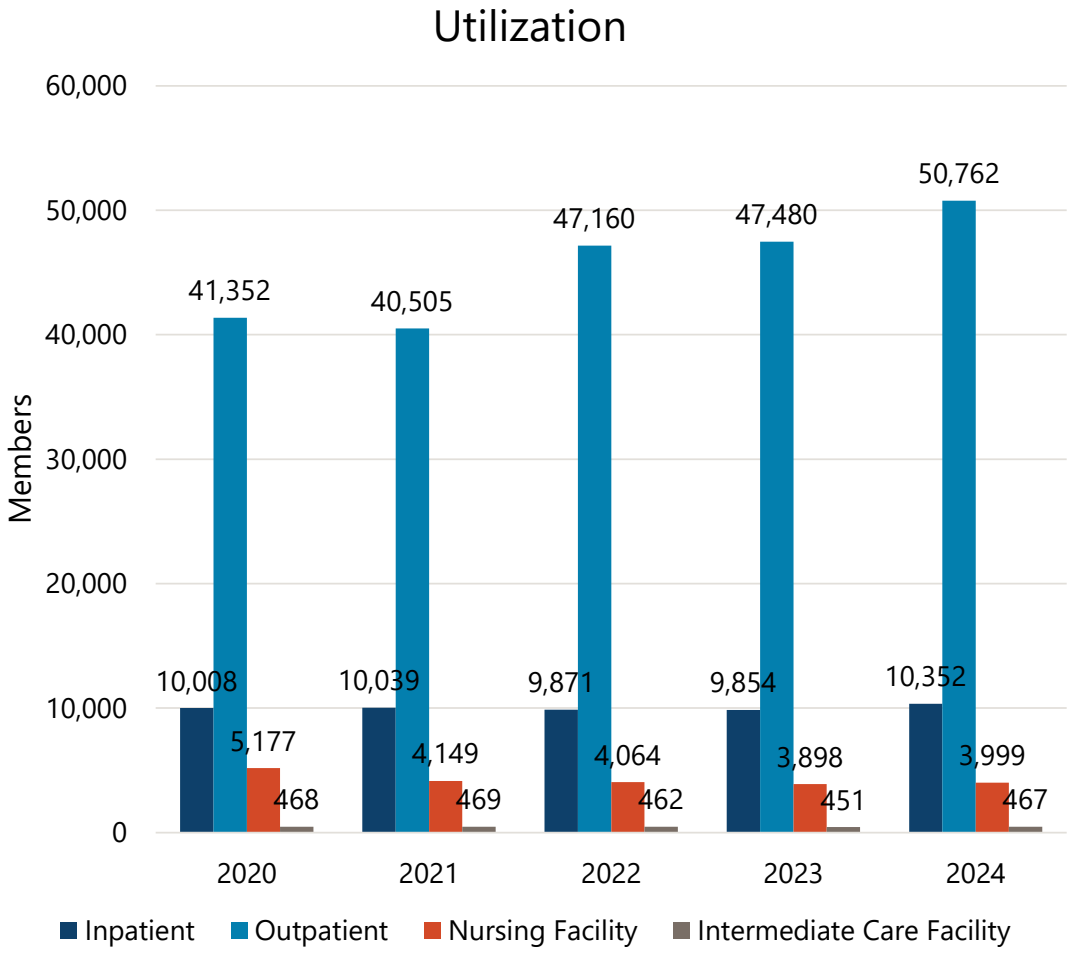
Top 25 Claims

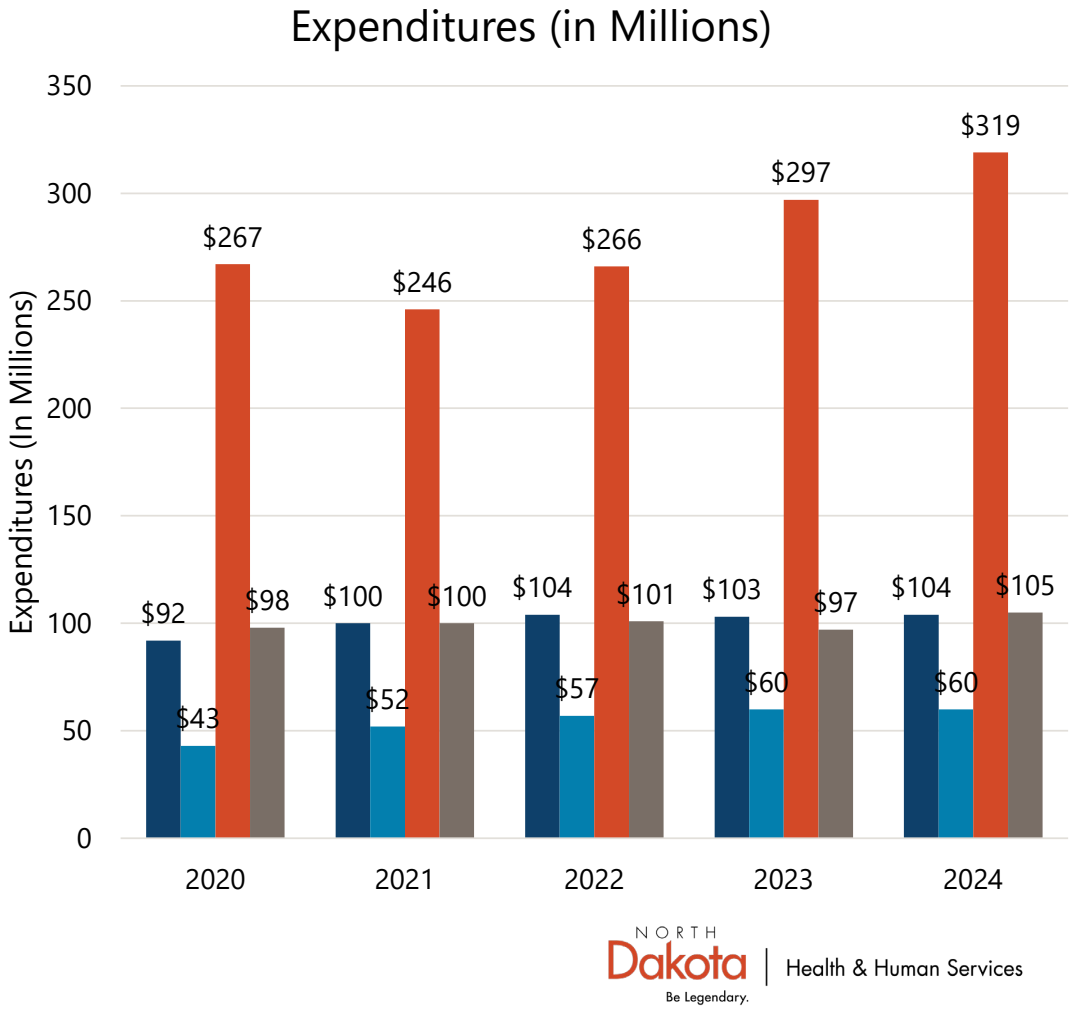
- Average Amount: $309,949
- 64% were for infants
- 60% related to cardiovascular disorders or disease
- Other diseases included: Cancer, End Stage Renal Disease (ERSD), and other rare conditions

Top 25 People

- Average Amount: $801,645
- 8% were for infants
- 24% related to cardiovascular disorders or disease
- 40% related to traumatic brain injury or other developmental or intellectual disabilities
- Other diseases included respiratory disorders, cancer, and kidney disease.

Utilization and Expenditures





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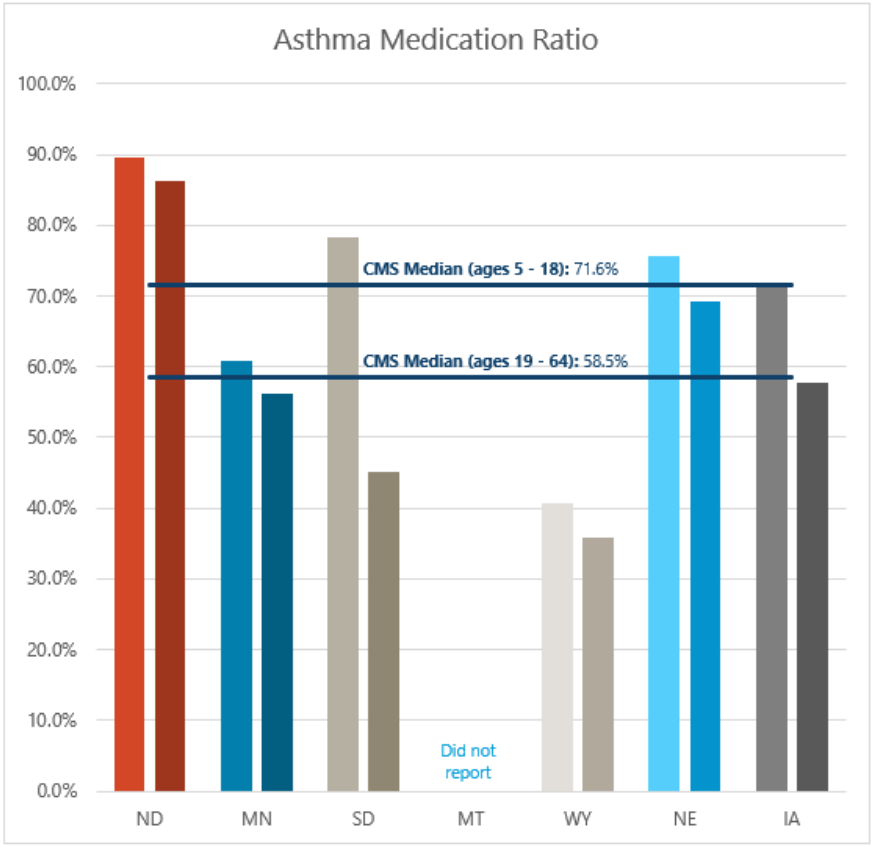
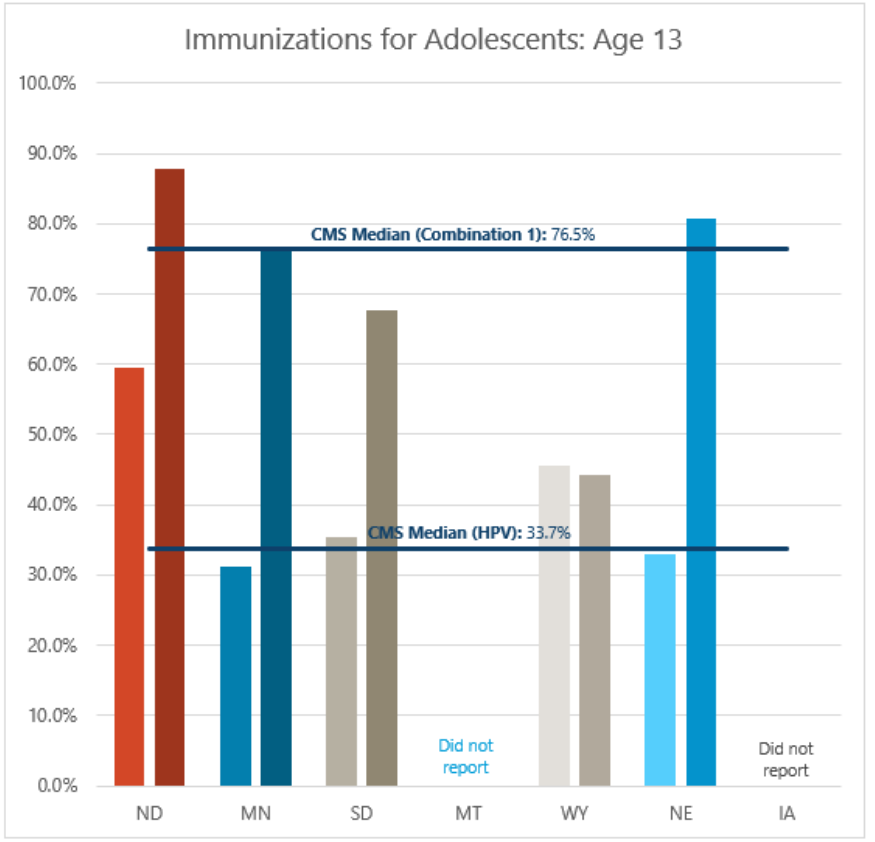
Outcomes: Medicaid and CHIP Scorecard

- ND Medicaid reported 100 metrics across the Child and Adult Core Set for FFY 2023.
  - ND Medicaid rated above the National Median in 35 measures (35%).
    - ND is in the top quartile for 16 measures.
  - ND Medicaid rated below the National Median in 57 measures (57%).
    - ND is in the bottom quartile for 34 measures.
  - Due to small denominator sizes, 8 measures have their data suppressed

Top Quartile Outcomes: FFY 2023



	ND	MN	SD	MT	WY	NE	IA
Ages 5 - 18	89.5%	60.8%	78.2%		40.8%	75.6%	71.9%
Ages 19 - 64	86.3%	56.1%	45.2%		35.8%	69.3%	57.7%



	ND	MN	SD	MT	WY	NE	IA
HPV	59.5%	31.1%	35.4%		45.5%	33.0%	
Combination 1	87.9%	76.5%	67.6%		44.3%	80.7%	

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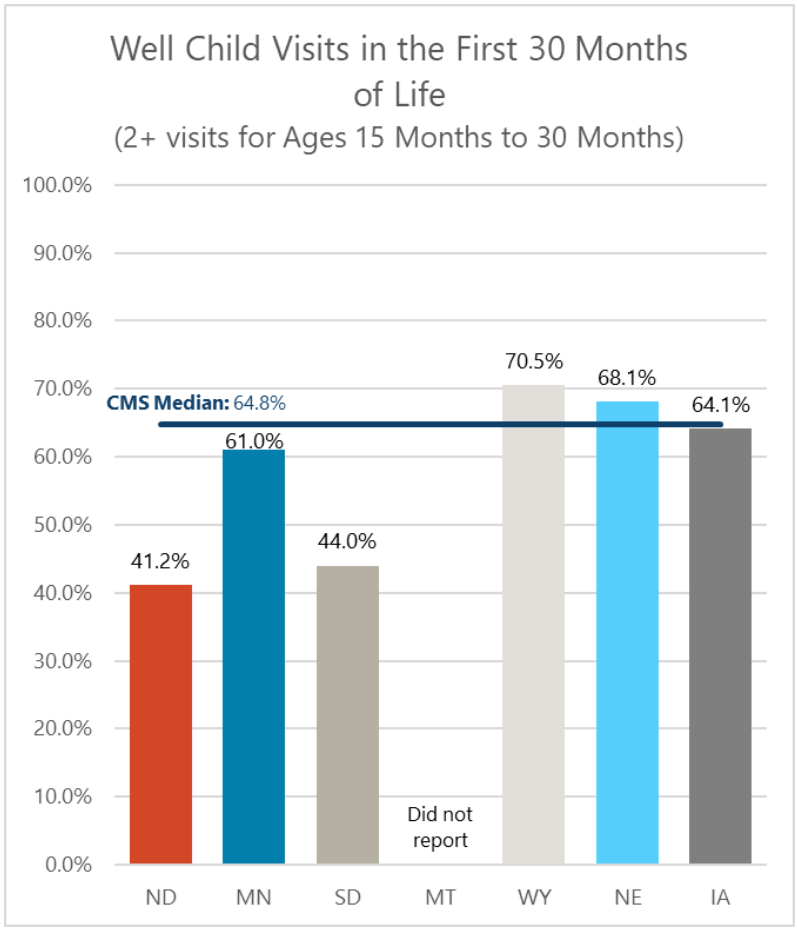
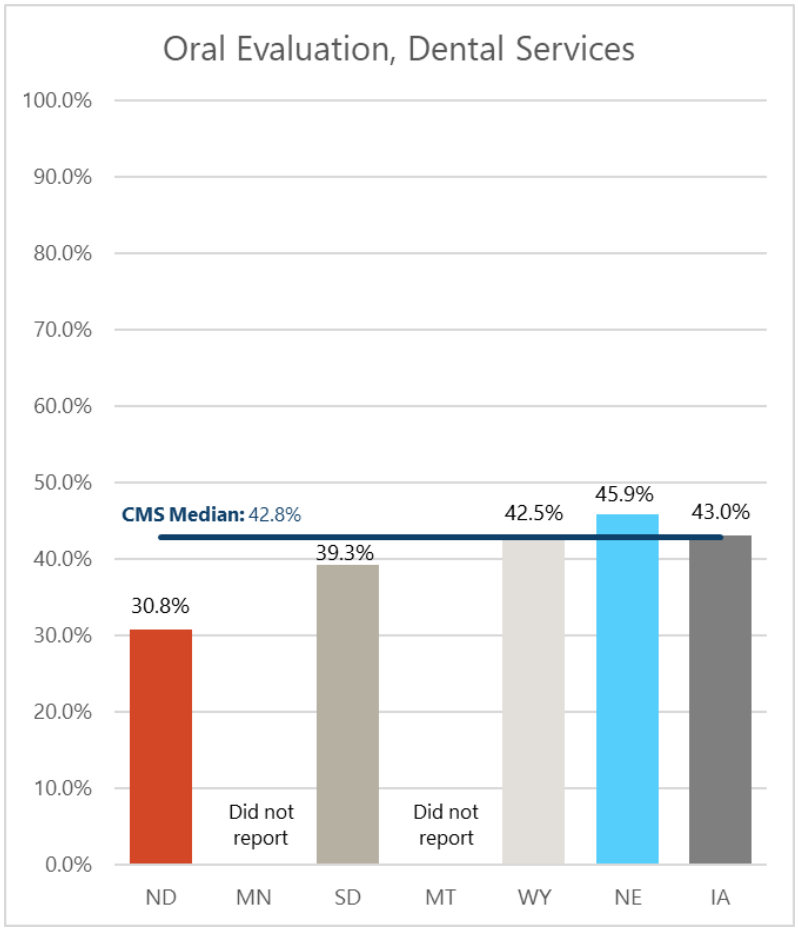
Bottom Quartile Outcomes: FFY 2023





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Value Based Programs

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Why Value Based Care?



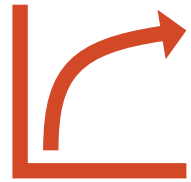
Accountability for Enhanced Care Delivery



Improved Patient Experiences & Outcomes



Stable & Predictable Funding for Providers



Lower Long Term Costs Achieved by Shifting the Cost Curve

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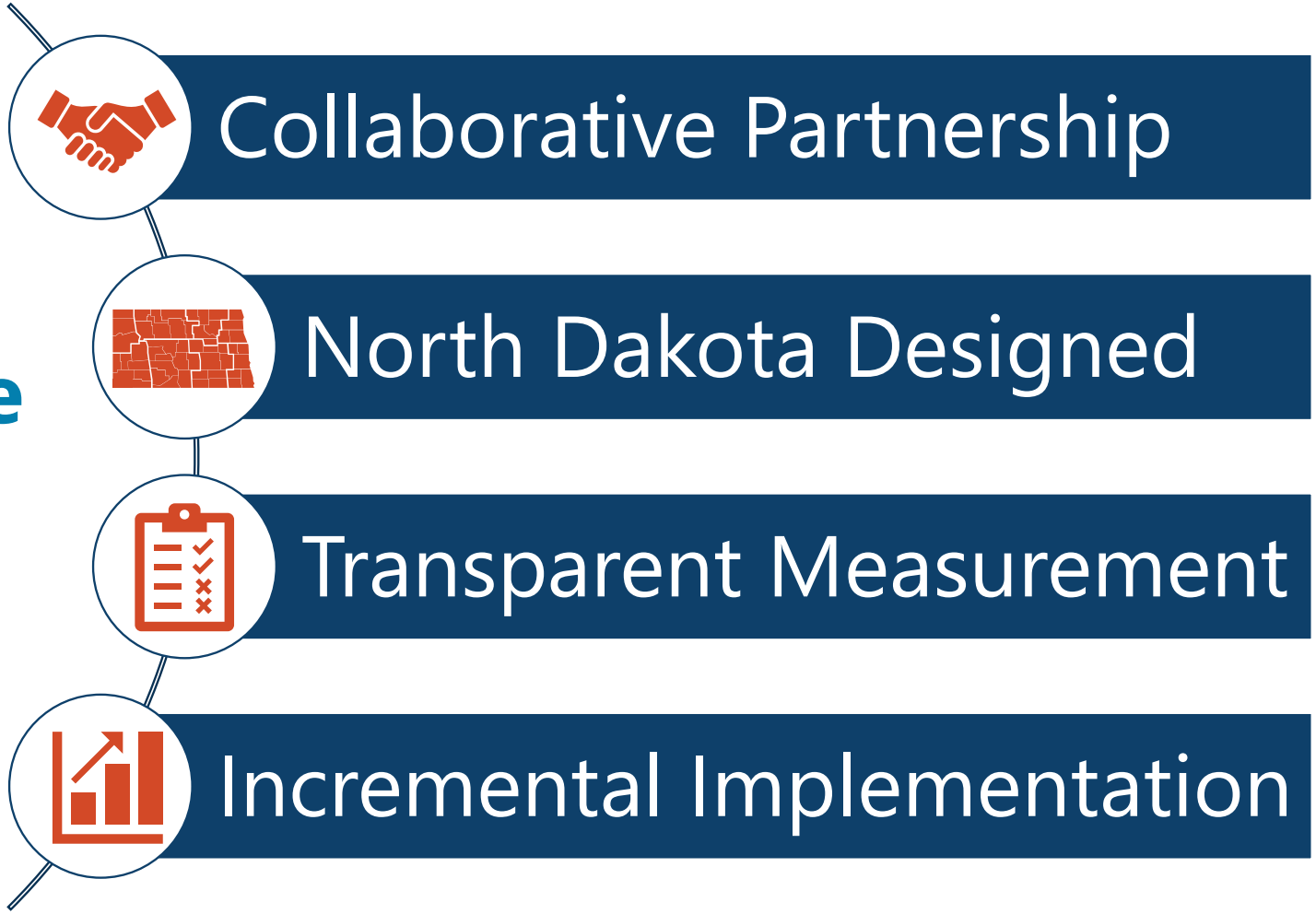
North Dakota Medicaid Value Based Care Approach



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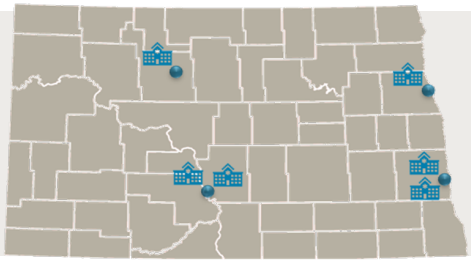
Health System Value-Based Purchasing

Program Start Date: July 1st, 2023

6 Prospective Payment System (PPS) Health Systems are mandatory participants in the model

The PPS Hospital System VBP Program puts a portion of hospital payments at risk for performance on a suite of quality measures for their ND Medicaid patient population. PPS Hospital Systems will see no loss of funding if they meet specific success criteria.



2024
Pay for Reporting

1. Submit Quality Improvement Plans through VBP Reporting Tool
2. VBP Quality Improvement Outcomes Meeting
3. Supplemental Data Submission

2025

Pay for Reporting

+

Pay for Performance
(Initial Measure Set)

2026
Pay for Performance

Initial Measure Set
Well-Child Visits First 15 Months of Life
Child & Adolescent Well-Care Visit
Breast Cancer Screening
Postpartum Care: Prenatal & Postpartum Care
Screening for Depression & Documented Follow-up Plan
Ambulatory Care Emergency Department (ED) Visits
Plan All-Cause Readmissions
Topical Fluoride for Children

Expanded Measure Set
Colorectal Cancer Screening
Controlling High Blood Pressure
Maternal Health Services Optional Measures: (systems must select 1) 1. Prenatal Care: Prenatal Care & Postpartum Care 2. Contraceptive Care: Postpartum Women 3. Structural Measure: Perinatal Collaborative Participation
Behavioral Health Services Optional Measures: (systems must select 1) 1. Follow-up After Emergency Department Visit for Alcohol & Other Drugs Abuse or Dependence 2. Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment

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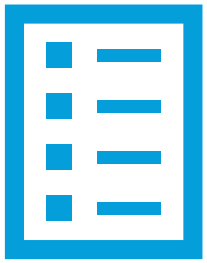
2024 Pay for Reporting Components



Quality Improvement Plan Submission

February 2024

All 6 PPS Hospital Systems submitted QIPs by the last day in February.



VBP Quality Improvement Outcomes Meeting

Oct - Nov 2024

6 out of 6 PPS Hospital Systems have completed their Outcomes Meetings .



Supplemental Data Submission

January 2025

6 out of 6 PPS Hospital Systems submitted supplemental data.

If the system satisfies the pay-for-reporting requirements, the system retains 100% of the at-risk funding.

If the system does not satisfy all of the reporting requirements, the system must pay the State 100% of the at-risk funds

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Health System Value-Based Purchasing Outcomes

		State Goal	System A	System B	System C	System D	System E	System F	Combined System Rate
*	Ambulatory Care: Emergency Department Utilization (AMB-CH)	31.90	27.95	28.82	39.49	40.90	36.77	31.27	32.80
	Breast Cancer Screening (BCS-AD)	52.20%	24.64%	23.60%	33.22%	25.78%	45.61%	24.41%	29.00%
	Child & Adolescent Well-Care Visits (WCV-CH)	48.07%	31.33%	31.25%	26.50%	23.92%	35.39%	31.81%	30.79%
*	Plan All-Cause Readmissions (PCR-AD)	0.9850	0.7372	0.8939	0.7519	0.5563	0.4736	0.8055	0.7377
	Postpartum Care: Prenatal and Postpartum Care (PPC)	78.10%	74.31%	40.49%	35.55%	51.85%	61.22%	72.84%	57.61%
	Screening for Depression & Documented Follow-up Plan (CDF)	72.60%	6.95%	0.26%	0.19%	5.66%	51.35%	5.80%	12.16%
	Topical Fluoride for Children (TFL-CH)	19.30%	3.61%	4.67%	2.79%	2.39%	4.90%	4.11%	3.86%
	Well-Child Visit First 15 Months (W30-CH)	66.76%	42.28%	51.74%	50.53%	41.38%	56.52%	46.54%	48.07%
	Well-Child Visit 15 – 30 Months of Life (W30-CH)	58.38%	58.33%	66.15%	59.57%	40.74%	66.67%	55.83%	59.20%

Performance Timeframe: January 2024 – August 2024 (8-month performance snapshot)
2024 final performance will be produced in May 2025 which allows the systems 12 months to close care gaps

Meeting State Goal | Improvement from CY 2023

** Lower Performance is better*

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Nursing Facility Incentive Program

Improve resident outcomes through an incentive payment based on specific quality measures.

- Incentive program; no payments are at risk.
- All Medicare/Medicaid certified facilities that have been open 10 months will participate.

- Incentive fund distribution is done annually in June.
- Annual payments based on Quality Measure performance:
  - Tier 1: 100% of incentive payment
  - Tier 2: 85% of incentive payment
  - Tier 3: 60% of incentive payment
  - Tier 4: Not eligible for an incentive payment
- Nursing Facility Quality Measures:
  - Patient Care Measures
    - Long-Stay Urinary Tract Infections
    - Long-Stay Antipsychotic use
    - Long-Stay Pressure Ulcers
  - Facility Process Measures
    - Long-Stay Hospitalizations
    - ACHA/NCAL National Quality Award (Baldrige Framework)

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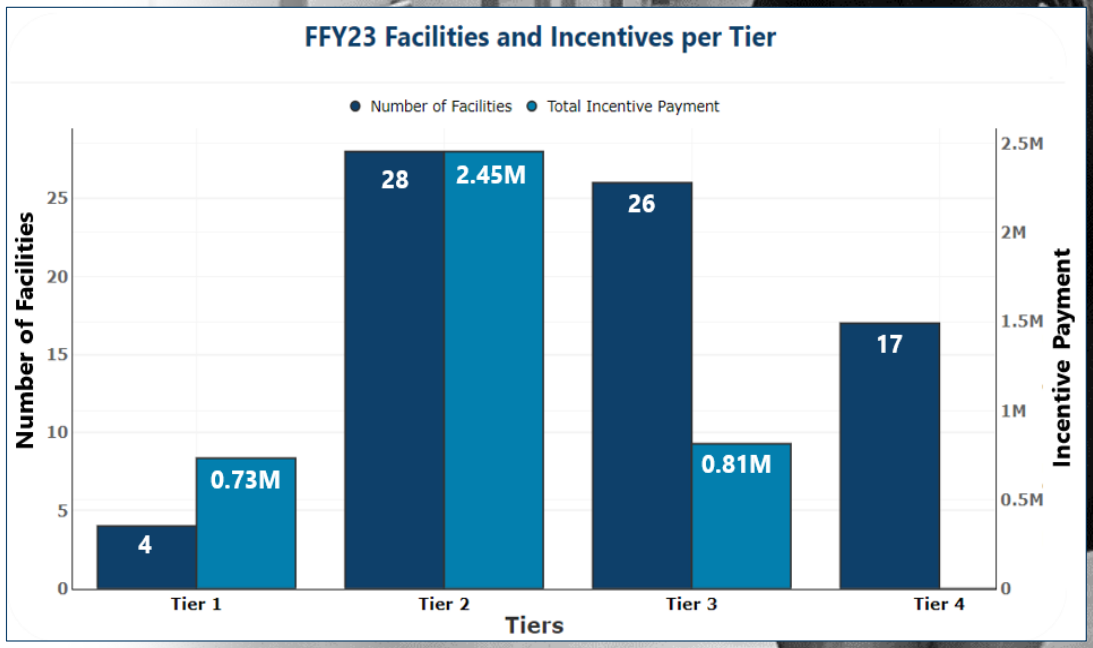
Initial Outcomes

- $4 million dollars distributed in June 2024
- 58 out of 75 Nursing Facilities received incentives to improve quality of care for residents
- Examples of reported use of funds include
  - New mattresses for entire facility
  - Staff bonuses
  - Building renovation
  - Staff training



Carrie Zazeski, Administrator, Elm Crest Manor, New Salem

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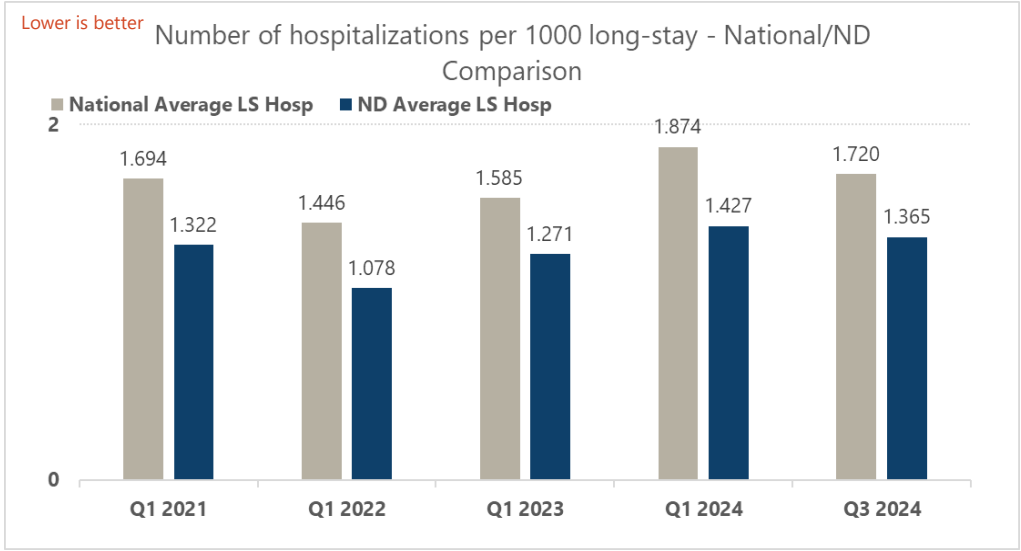
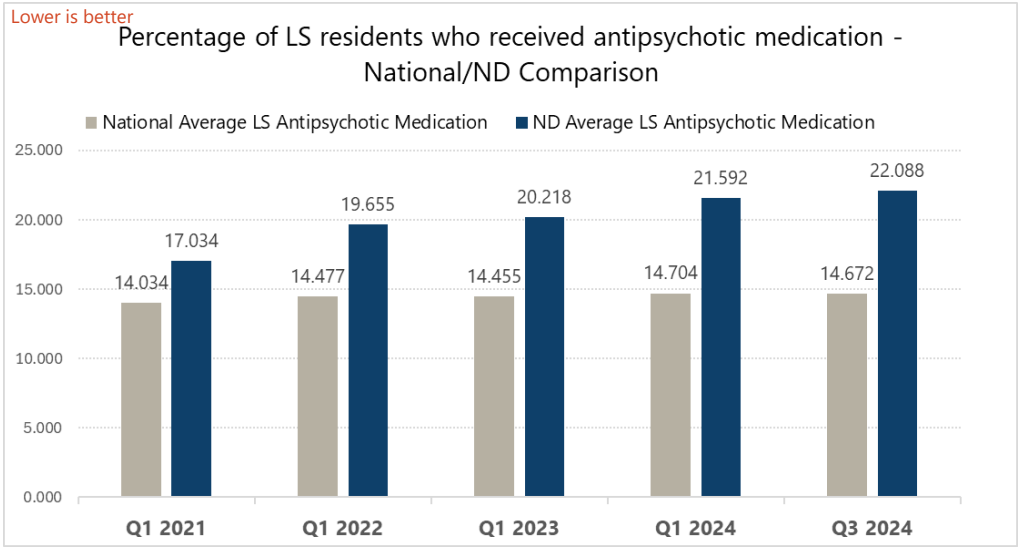
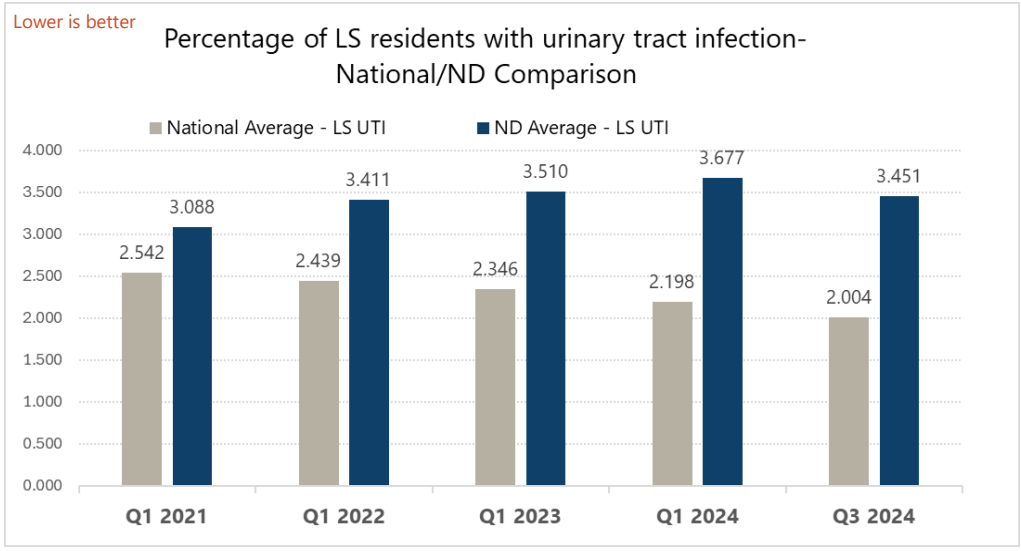
Nursing Facility Incentive Program Initial Outcomes







What's next in Value Based Care?



Refinement and Expansion of Current Programs

Exploration of New Provider Groups

- High-Cost Services
- Opportunity to Impact Care Outcomes and Improve Services
- Ability to Incentivize Innovation
- Need to Stabilize Funding

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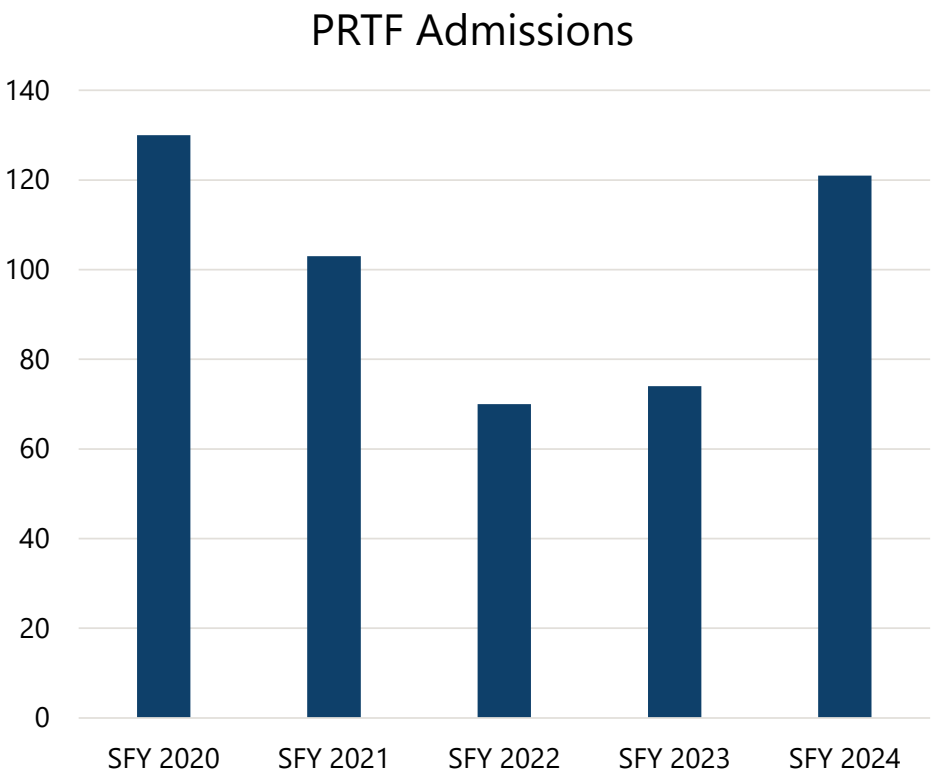
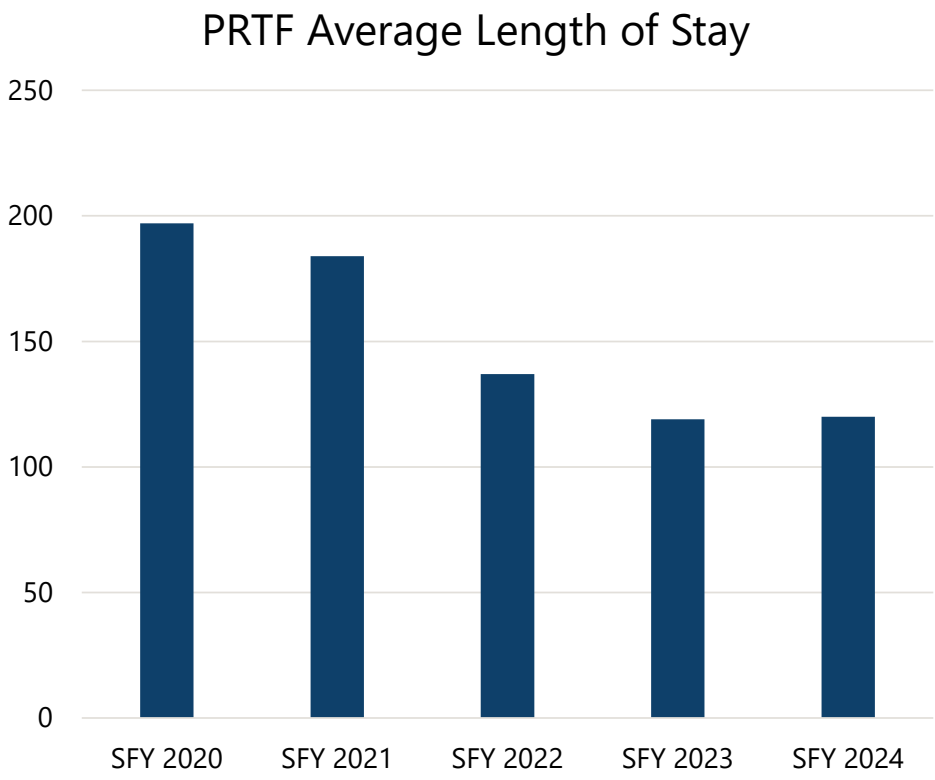
Psychiatric Residential Treatment Facilities





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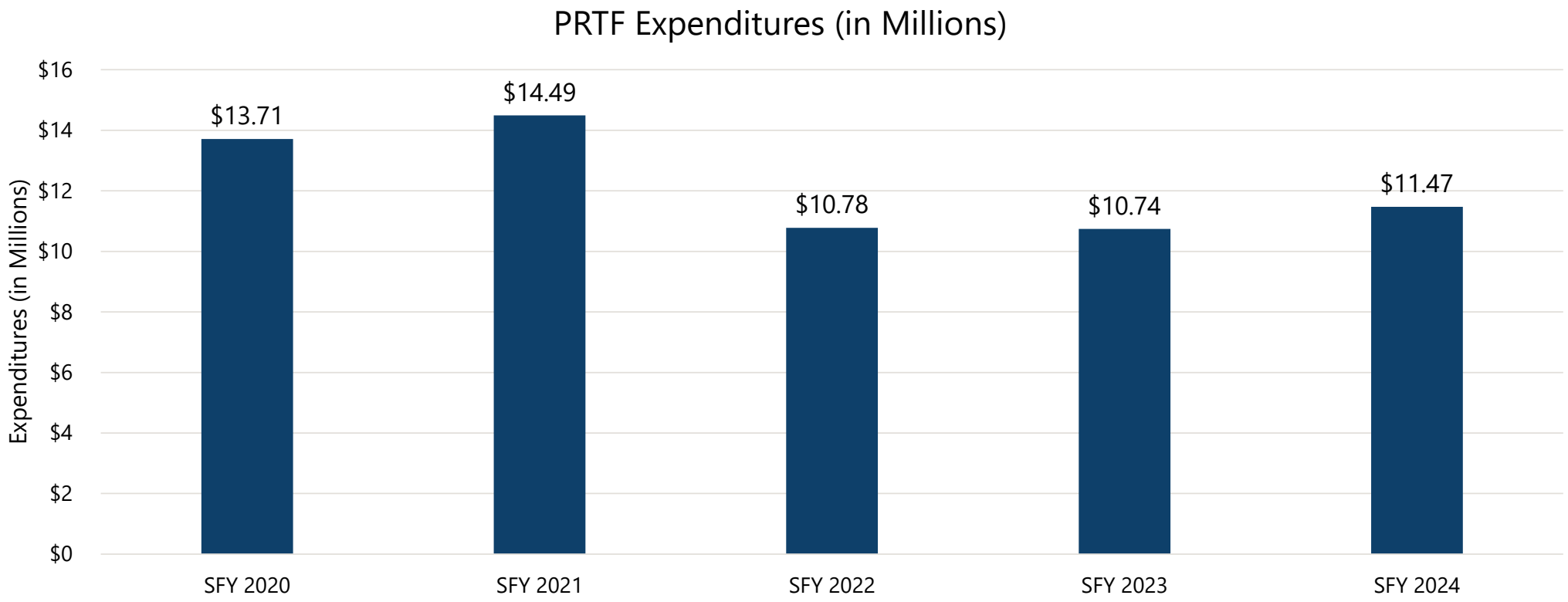
Psychiatric Residential Treatment Facility Expenditures



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Value Based Care
Ongoing

Total	$2,000,000
General	$1,000,000
Federal	$1,000,000

Expand care focused on value to additional provider groups and continue to refine current programs to ensure populations are supported with person-centered care and support.

Included in Long Term Care Budget

Refinement and Expansion of Current Programs

- Continue to grow and refine current value-based programs.
- Review attributed populations and supports available to individuals with complex health care needs.
- Strengthen care coordination to ensure service delivery provides comprehensive, person-centered care focused on ensuring access and appropriate follow-up supports across multiple delivery systems.

Exploration of New Provider Groups

- Expand health system value-based program to rural delivery system to include critical access hospitals and associated primary care providers. Ensure rural VBP design builds on the current program to improve healthcare quality, accessibility, and sustainability in rural areas.
- Explore a value-based purchasing model with PRTFs and QRTP providers to drive towards enhanced services and outcomes for youth while ensuring stability of safety net service delivery for children with behavioral health needs in North Dakota.

Funding will support:

- Subject Matter Expertise
- Value Based Program Provider Workgroup Facilitator
- Service Infrastructure Development

Rates & Reimbursement

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How does ND Medicaid pay for services?

Traditional Medicaid: Fee For Service (FFS)	**Medicaid Expansion: Managed Care Organization (MCO)**
State pays providers directly for each covered service received by a Medicaid member.	State pays a monthly fee called a capitation payment to the managed care organization (MCO).
Only services received by members are paid.	Monthly fee is paid to MCO regardless of member use of services.

Rate Methodology Guiding Principles Traditional Medicaid

- Predictable
- Consistent
- Transparent
- Data Driven
- Population Focused
- Quality & Outcomes Oriented
- Incentivizes Innovation, Efficiency & Community Based Care

Rate Methodologies in Fee For Service Medicaid

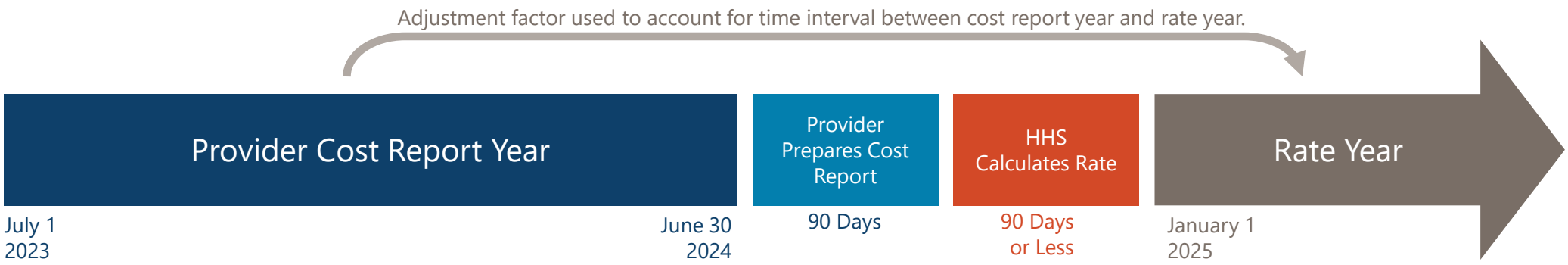
- **Cost Based Per Diem** – Uses cost reports as the basis for setting individual facility per diem payments. Per diem payments may be adjusted to account for patient acuity.
- **Classification System** – Defines an episode (ex. inpatient admission or outpatient visit) and assigns a classification based on services provided. May be used in conjunction with cost reports to assign facility specific base rates.
- **Relative Value Units** – Defines the resource intensity of a service. Used in conjunction with a conversion factor.
- **Fees –** List of reimbursements correlated to a nationally defined code set.
- **Percent of Charge –** Uses a defined percentage to reimburse based on billed charges.
- **Cost Settlement –** Compares provider costs to payments made by ND Medicaid.

What is a cost report?

A cost report is a financial document submitted by health care providers and outline the expenses incurred in delivering patient care and include data on operating costs, salaries, supplies, and other expenditures. Cost report data is used to set provider reimbursement rates.

- Cost reports cover a defined time period and are used to detail provider costs during that timeframe.
- Costs are generally broken into a few distinct categories:
  - Direct Care
  - Indirect Care
  - Property
  - Other

How are cost reports used to set rates?



The rate methodology for the service uses cost report data to calculate provider rates.

- An adjustment factor is used to inflate costs forward from the cost report year to the rate year.
- Some costs are not allowable (ex. lobbying) for use in calculating reimbursement rates.
- Cost categories have limits to ensure that costs are reasonable and efficient.
- Provider cost reports and underlying data may be audited to ensure that costs were appropriately reported and allocated.
- The department must prepare/calculate rates for multiple providers within the same 90 day timeframe.

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Upper Payment Limit

- Medicaid payments are required to be "consistent with efficiency, economy, and quality of care."
- CMS requires states to demonstrate compliance that payments for certain providers do not exceed an upper payment limit (UPL).
- The UPL is a reasonable estimate of the amount that would have been paid for the same service under Medicare payment principles.

Required Upper Payment Limit Demonstrations in North Dakota:

- Inpatient Hospital Services
- Outpatient Hospital Services
- Nursing Facility Services
- Institutions for Mental Disease (IMD)
- Clinic Services
- Intermediate Care Facility for the Individuals with Intellectual Disabilities (ICF/IID)
- Psychiatric Residential Treatment Facility (PRTF)

Federal Financial Participation Limit:

- Durable Medical Equipment

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Fee for Service: Inpatient Hospital Reimbursement

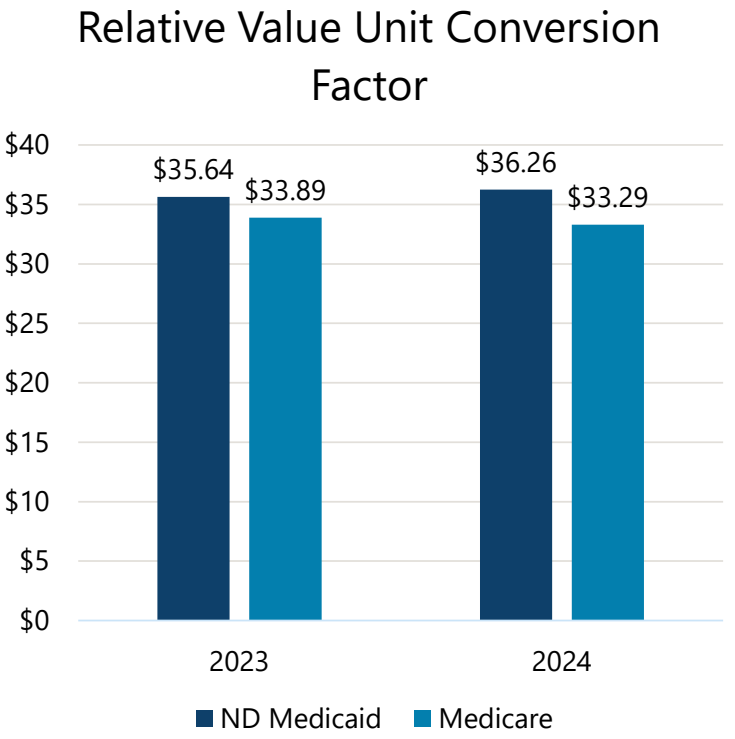
- Prospective Payment System (PPS) Hospitals – DRG per stay
- Critical Access Hospitals – Interim per diem with cost settlement when Medicare cost report is finalized
- Psychiatric Hospitals – Per diem
- Rehab Hospitals – Per diem
- Long Term Care Acute Hospitals – Percentage of charges
- Out-of-State Hospitals – Percentage of charges

Fee for Service: Outpatient Hospital Reimbursement

- Prospective Payment System (PPS) Hospitals – Enhanced Ambulatory Payment Groups (EAPG) per visit
- Critical Access Hospitals – Interim percentage of charges with cost settlement when Medicare cost report is finalized
- Psychiatric Hospitals – Percentage of charges
- Rehab Hospitals – Percentage of charges
- Long Term Care Acute Hospitals – Percentage of charges
- Out-of-State Hospitals – Percentage of charges

Fee for Service: Professional Services and Clinics

- Professional services
  - Relative Value Unit (RVU) and Conversion Factor used for most practitioner services
  - Fee (dental, transportation)
  - Center for Medicare and Medicaid Services (CMS) rates (labs, vaccines)
- RHCs and FQHCS
  - Encounter rate, one payment for all services the provider delivers on that day
  - FQHCs can be reimbursed for a medical visit, behavioral health visit and a dental visits on the same day



Provider Inflation
Ongoing

Total	$16,215,764
General	$6,949,693
Federal	$9,266,071

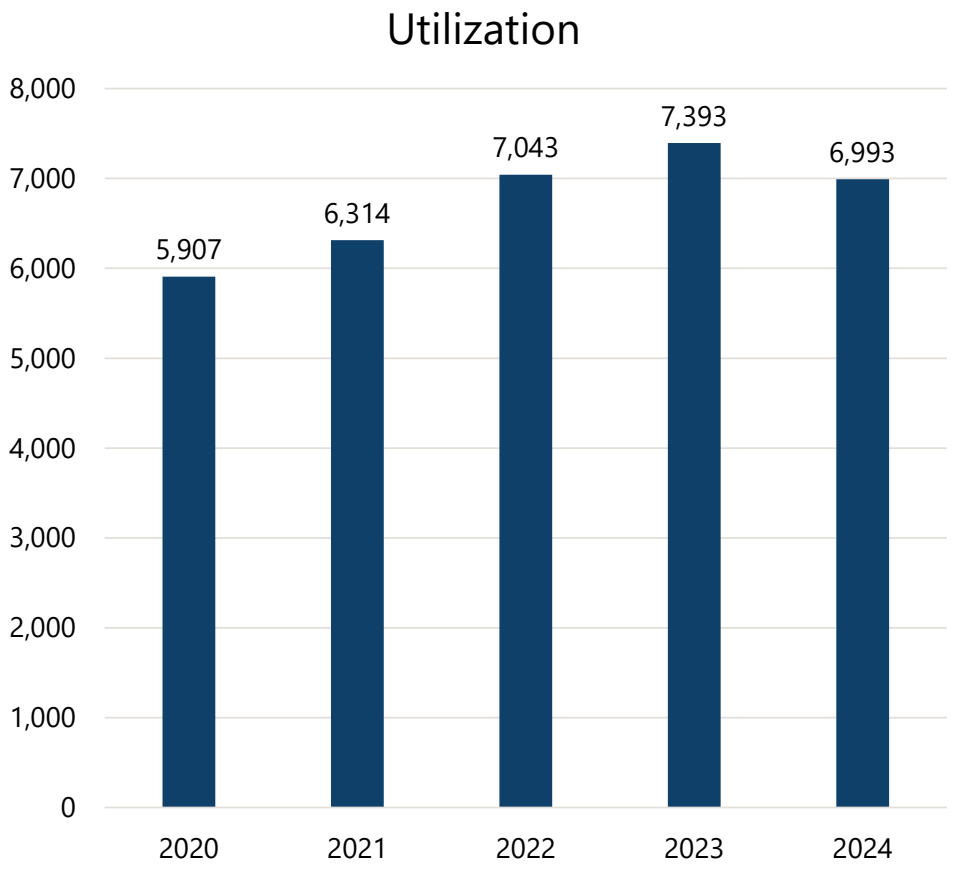
Increase includes the following inflation of provider rates for the 2025-2027 biennium:

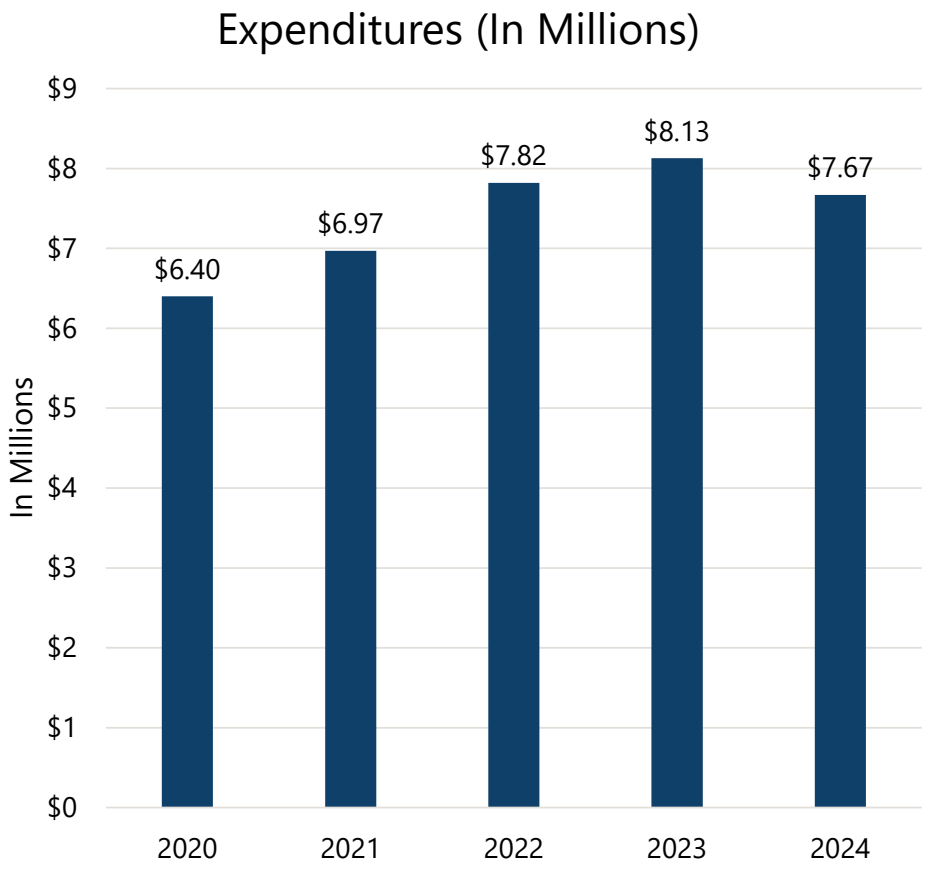
- SFY 2026: 1.5%
- SFY 2027: 1.5%

- Provider inflation is applied to provider rates in accordance with the rate methodology for the service.
  - Most provider rates paid from a fee schedule are updated each July 1.
  - Inflation is used as the adjustment factor to inflate costs forward from provider cost reports for most cost-based providers.
    - Some providers use a standardized index in place of inflation.

Appropriated Inflation, SFY 2019 - 2024					
2019	2020	2021	2022	2023	2024
2.0%	2.5%	2.0%	0.25%	3.0%	3.0%

Ambulance Utilization & Expenditures





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Ambulance Targeted Rate Increase

Ongoing

Total	**$**4,379,540
General	$2,189,770
Federal	$2,189,770

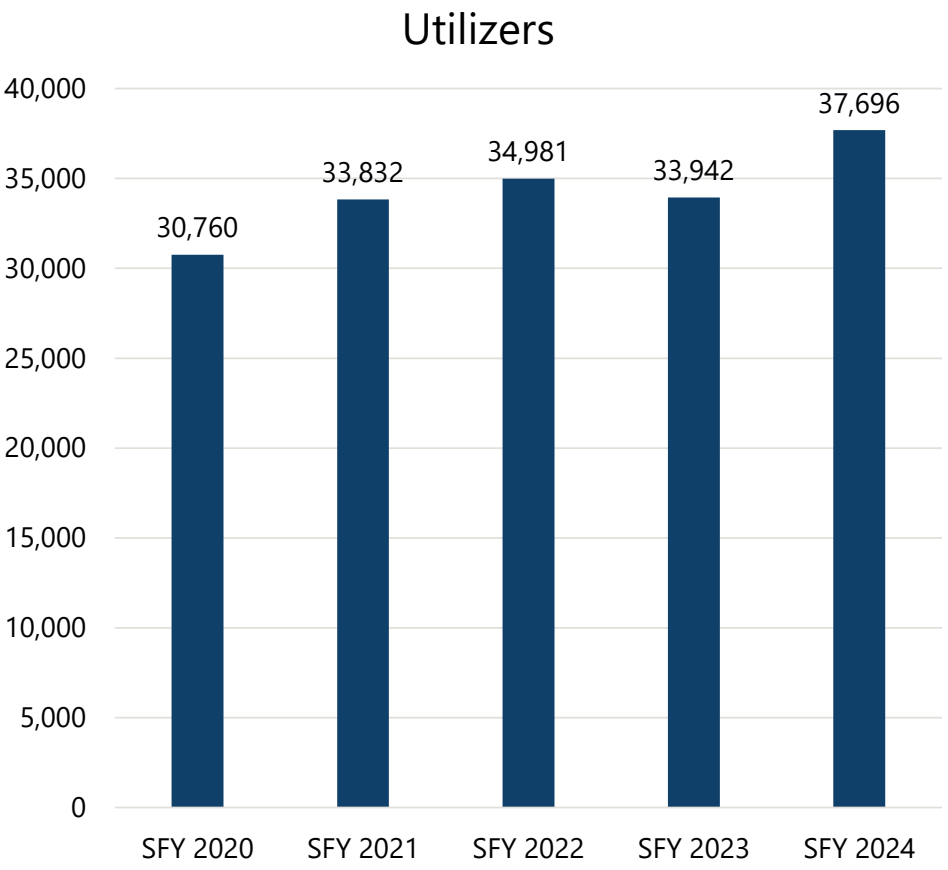
Increase rebases ambulance rates to the Lowest Quartile Medicare Rural Base Rate.

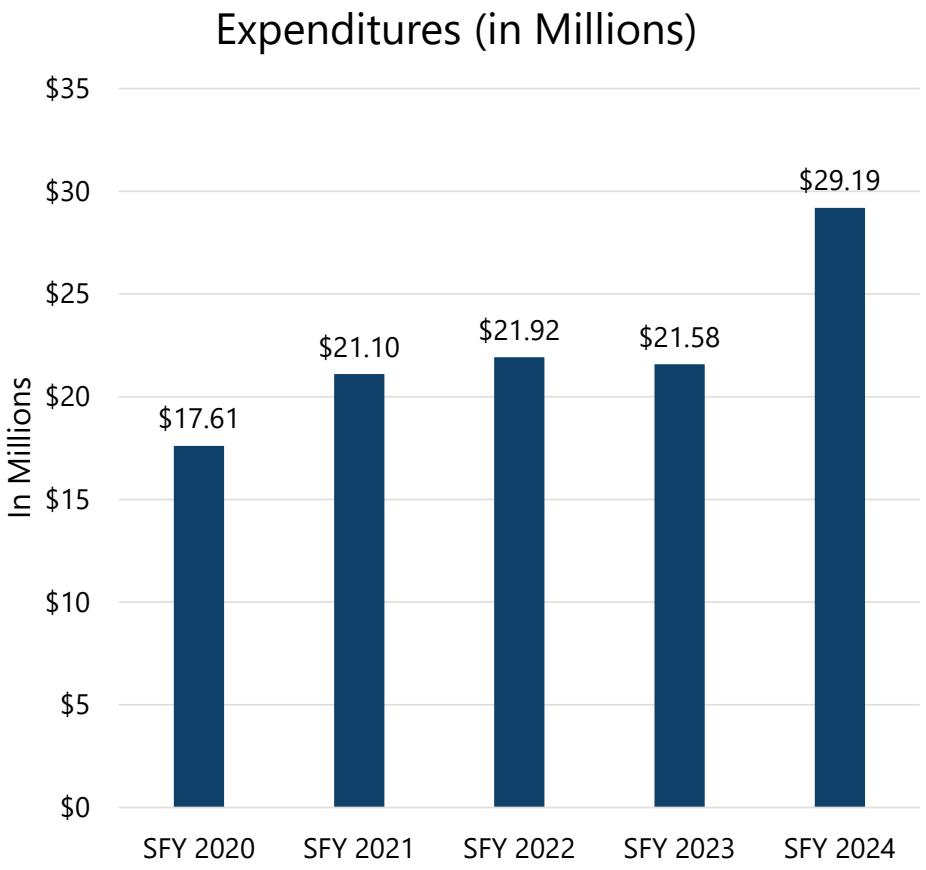
Related Bills:
House Bill 1322 | Relating to Ambulance Service Provider Reimbursement
Note: HB 1322 does not apply to Medicaid.

A0427: Ambulance Service, Advanced Life Support, Emergency Transport, Level 1 Base Rate					
North Dakota Medicaid	Medicare Rural – Lowest Quartile	Minnesota Medicaid	Montana Medicaid	South Dakota Medicaid	Wyoming Medicaid
$602.19	$669.35	$530.06	$280.94	$479.85	$291.24

A0429: Ambulance Service, Basic Life Support, Emergency Transport Base Rate					
North Dakota Medicaid	Medicare Rural – Lowest Quartile	Minnesota Medicaid	Montana Medicaid	South Dakota Medicaid	Wyoming Medicaid
$507.10	$563.67	$446.36	$236.58	$404.08	$245.26

Dental Utilization & Expenditures





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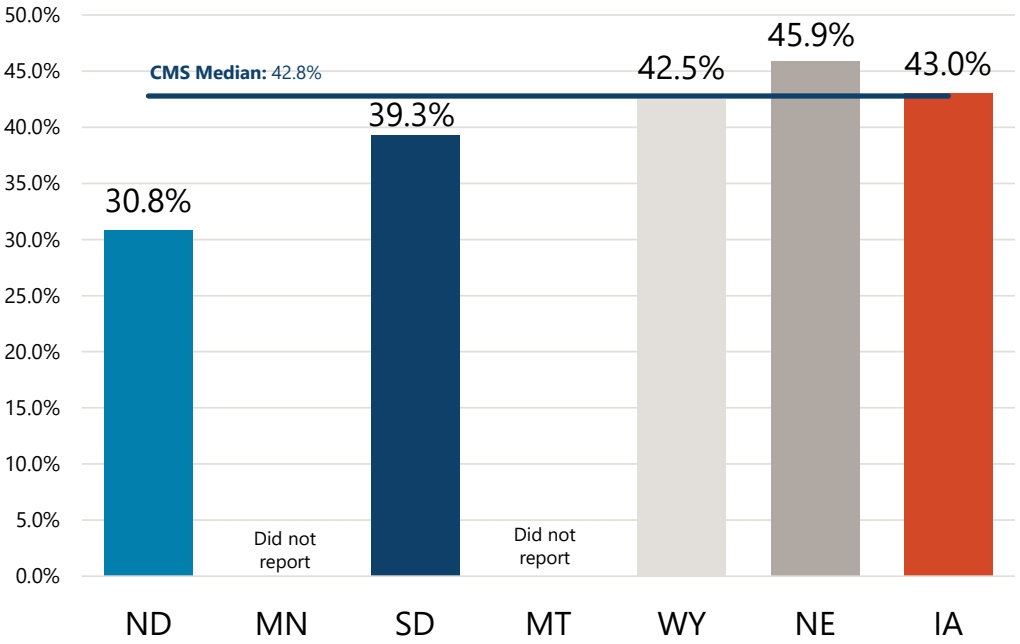
Dental Outcomes & Rates

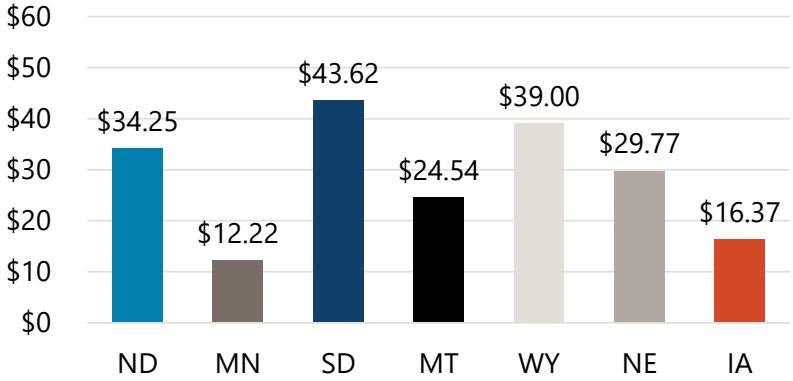
ND Medicaid Dental Rates were last rebased in 2009. Dental rates have increased approximately 42% since last rebase.

Oral Evaluation, Dental Services, FFY 2023

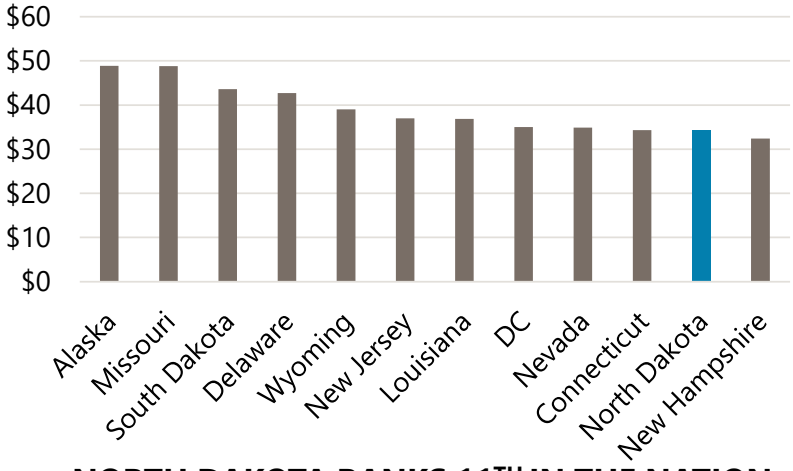


Related Bills:
House Bill 1567 | Relating to Dental and Oral Health Care Status among Medicaid Recipients and Workforce Support to Improve Access for Low-Income Children
Senate Bill 1322 | Relating to Covered Services for Medical Assistance

Medicaid Reimbursement Rate: D0120 Periodic Oral Evaluation, SFY2025



NORTH DAKOTA RANKS 3RD IN THE REGION



NORTH DAKOTA RANKS 11TH IN THE NATION

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Managed Care & Medicaid Expansion

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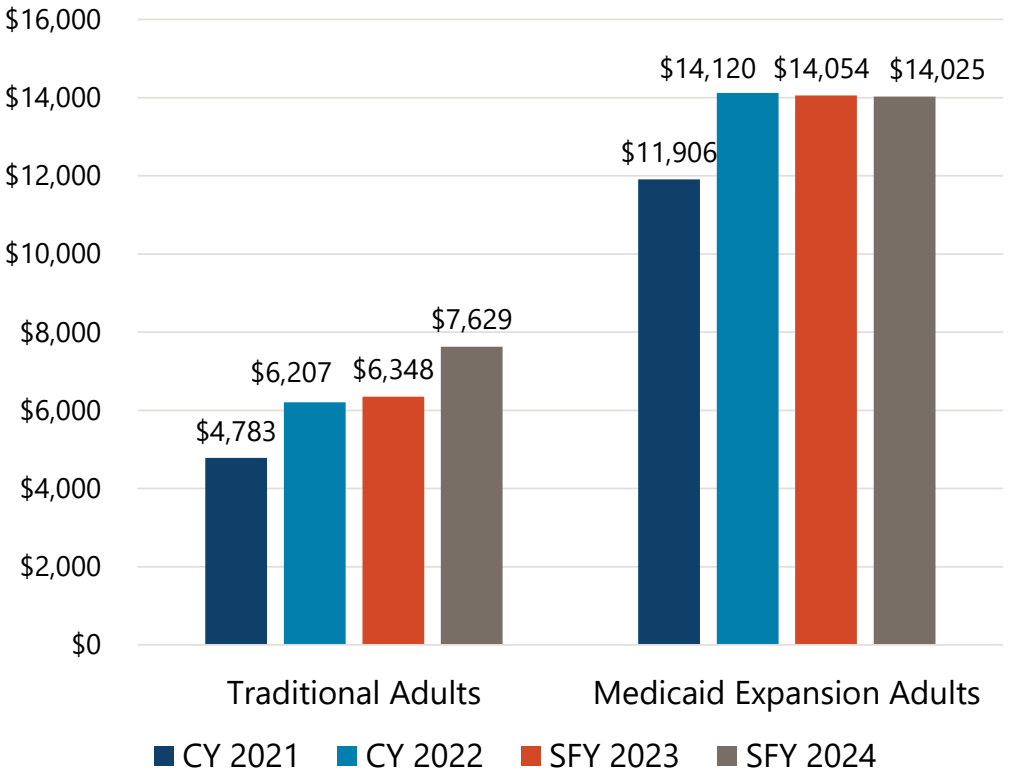
Per Capita Expenditures: Medicaid Expansion & Traditional Adults



- ND Medicaid ranked **1st for Medicaid Expansion per capita** expenditures.
- ND Medicaid ranked 25th **for Traditional Adult** expenditures.

Note: CY 2021 and CY 2022 Data obtained from Medicaid and CHIP Scorecard - Medicaid Per Capita Expenditures. SFY 2023 and SFY 2024 numbers calculated from ND TMSIS data.

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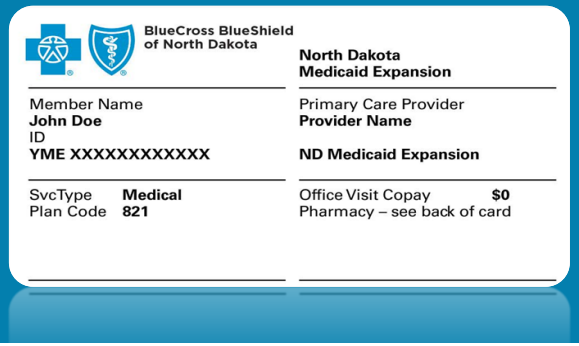
Medicaid Expansion Coverage

North Dakota provides Medicaid Expansion through risk based Managed Care.

- Current Vendor: Blue Cross Blue Shield of North Dakota (BCBS ND)



- There are a few key differences between Medicaid Expansion and traditional Medicaid.
- Medicaid Expansion **does not** cover:
  - Skilled Nursing Facility Services[1]
  - Dental Services[2]
  - Vision Services[2]
  - Any waiver services
  - Long Term Care services

[1] Only covers up to 30 days and only covers a skilled level of care
[2] Only covered for 19- and 20-year-olds

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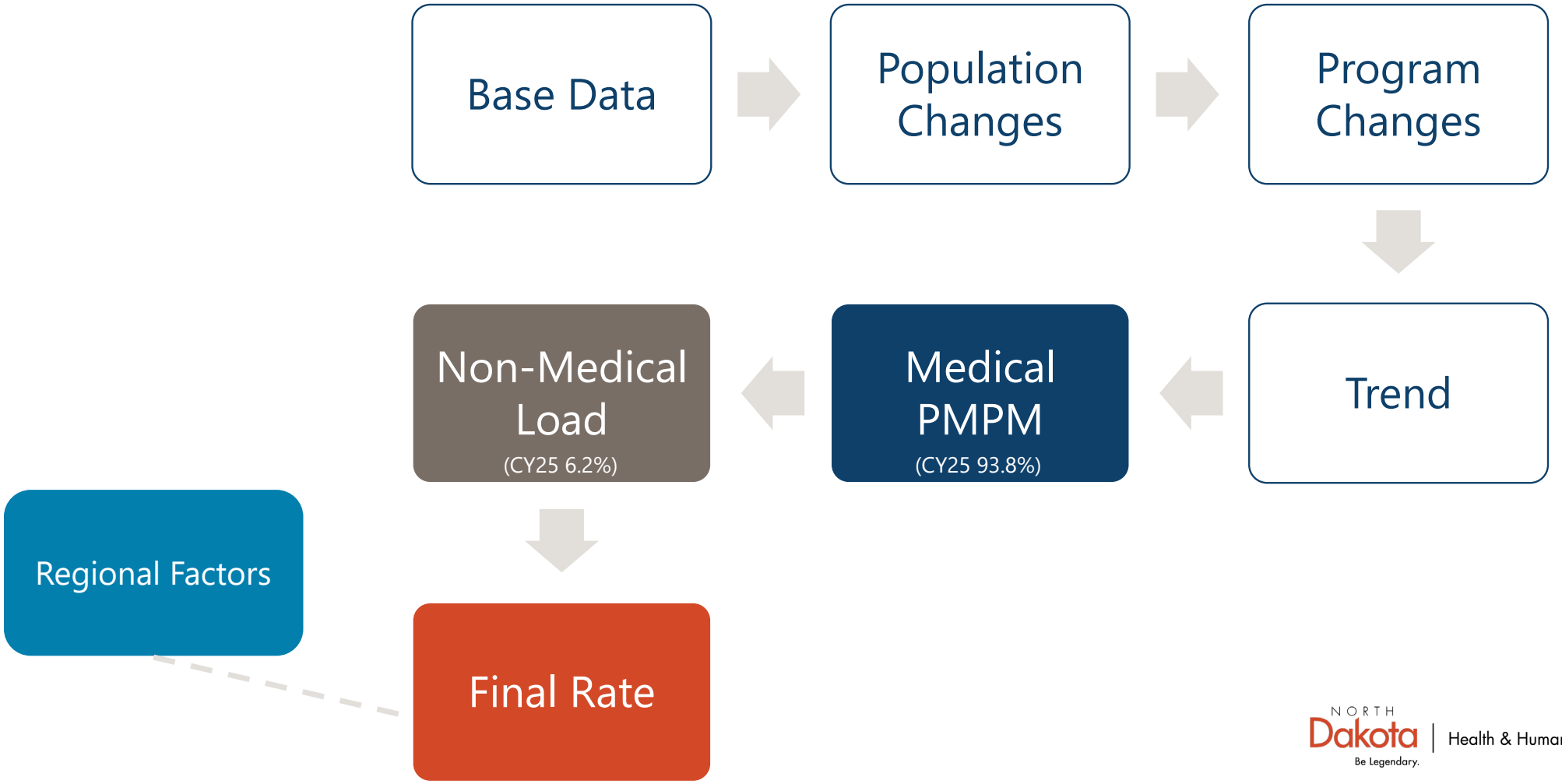
Managed Care

- **Managed Care Plans use their own provider networks.** Providers must enroll in Blue Cross Blue Shield to provide care to Medicaid Expansion members.
- **Managed Care Plans use their own coverage criteria, authorization process, and limits.** Providers must follow Blue Cross Blue Shield policies for Medicaid Expansion members.
- **Managed Care Plans use their own reimbursement methodology and fee schedules.** Providers are paid according to Blue Cross Blue Shield's policy for Medicaid Expansion members.
- **North Dakota Medicaid has carved out pharmacy benefits for Medicaid Expansion members.** Pharmacy benefits are the same for Medicaid Expansion and traditional Medicaid.

How does ND Medicaid pay for services?

Traditional Medicaid: Fee For Service (FFS)	**Medicaid Expansion: Managed Care Organization (MCO)**
State pays providers directly for each covered service received by a Medicaid member.	State pays a monthly fee called a capitation payment to the managed care organization (MCO).
Only services received by members are paid.	Monthly fee is paid to MCO regardless of member use of services.

Capitation Rate Development Process



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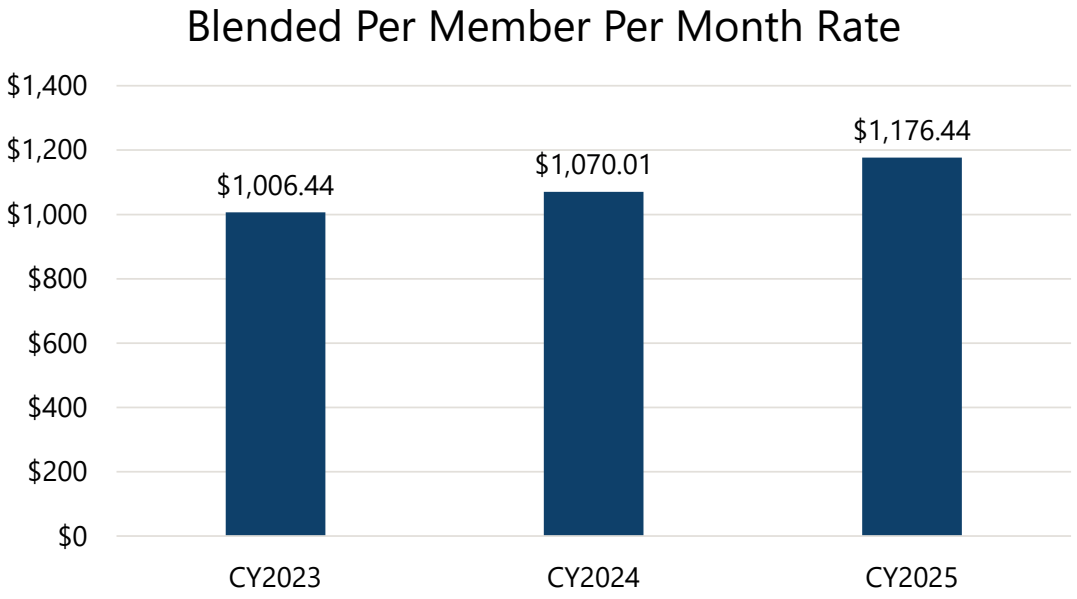
2025 Capitation Rates

CY2025 capitation rates are in development by our actuary in conjunction with HHS and BCBSND.

- CY2025 capitation rates implement Senate Bill 2012 provision to ensure that the capitation rate calculation assumes that MCO rates will not exceed 145% of Medicare reimbursement, except for services noted in Section 22.

- No decrease to the CY2025 Capitation Rates to comply with 145% of Medicare requirement.
  - Actuarial analysis showed BCBS was already at 144.5% in aggregate of Medicare.
- Overall, 9.1% increase in rates for CY2025.



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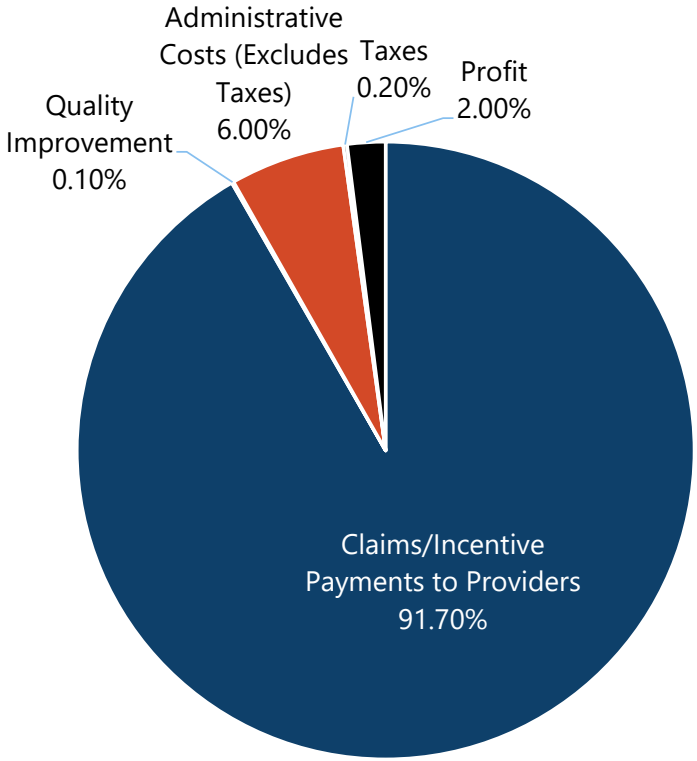
Medical Loss Ratio (MLR) & Profit Cap

- Since reprocuring the Medicaid Expansion contract in 2022, ND Medicaid has used both a Medical Loss Ratio (MLR) and Profit Cap to protect the state.
  - Profit Cap: Overall limit on the amount of profit that can be retained by the plan.
  - Medical Loss Ratio: Requires a specific percentage of the total capitation is spent on services and quality improvement. Protects states from paying for excessive administrative expenses or profits.
- While providing overall protection to the state, a profit cap can be a disincentive to continued innovation and lowering administrative costs.
- For CY 2025, ND Medicaid will use a robust MLR as the key Managed Care risk mitigation strategy.

Allocation of Retained MCO Revenue



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Performance Withhold: 2023

- 2% of Capitation Payments were withheld from the monthly premium.
- MCO had opportunity to earn back funds based on meeting quality goals.

Quality Rating	Earn Back Percent	Quality Performance
◆	0%	MCO rate below NCQA Quality Compass National Average
◆◆	50%	MCO rate equals or exceeds NCQA Quality Compass National Average, but is less than 75th percentile
◆◆◆	75%	MCO rate equals or exceeds NCQA Quality Compass 75th percentile but does not meet 90th percentile
◆◆◆◆	100%	MCO rate equals or exceeds NCQA Quality Compass 90th percentile

Measure	CY2023 Quality Rating
Initiation and Engagement of Substance Use Disorder (SUD) Treatment	◆◆
Follow up after ER Visit for SUD	◆◆◆
Follow up after ER Visit for Mental Illness	◆
Controlling High Blood Pressure	◆
Hemoglobin A1c Control for Patients with Diabetes	◆
Eye Exam for Patients with Diabetes	◆
Plan All Cause Readmissions	◆
Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate	◆◆◆
Diabetes Short Term Complications Admissions Rate	◆

22.93% Total Earn Back for CY 2023

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2023 – 2025 Medicaid Expansion Budget Assumptions

ND Medicaid developed the budget recommendation for the 2023 – 2025 Biennium in Spring & Summer 2022.

- Assumed PHE Unwinding was to begin **January 2024**
- Assumed:
  - 1.25% increase for 10 months during continued MOE.
  - 0.87% ramp down for 14 months of unwinding the PHE.
- Assumption ended the biennium (June 2025) at approximately 25,000 eligibles
- Projected Turnback:

Total	General	Federal
$157,548,409	$15,723,314	$141,825,096

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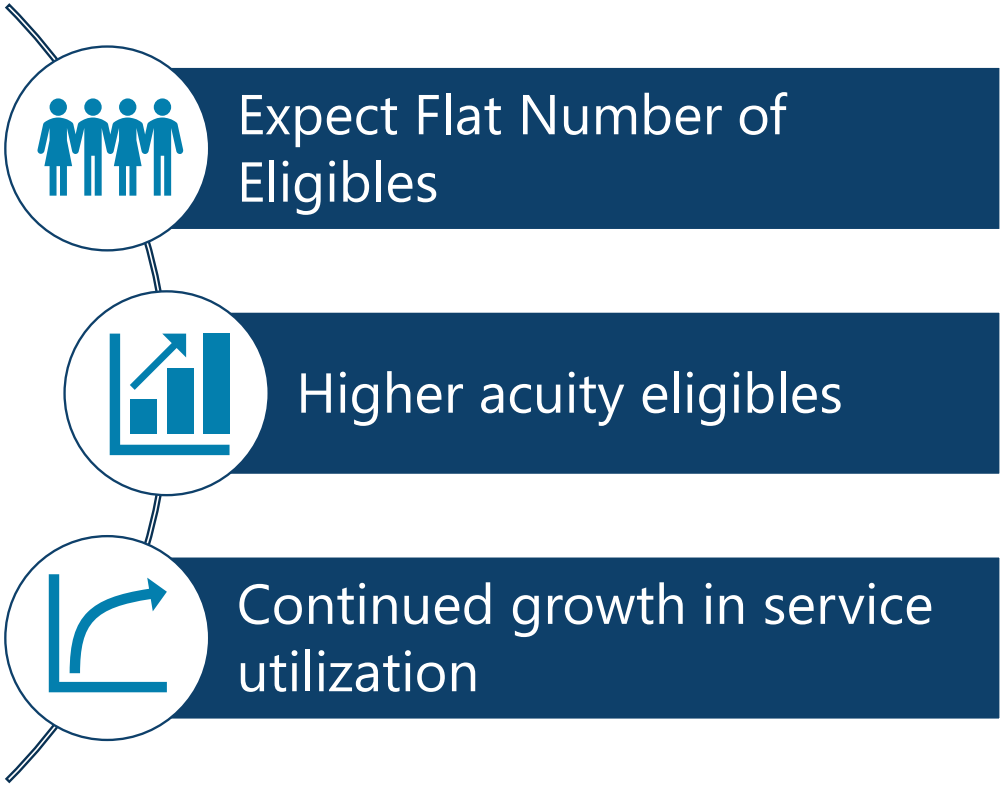
2025 – 2027 Medicaid Expansion Budget Assumptions



Medical Services budget assumes no increase to Medicaid Expansion provider rates.

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Drugs

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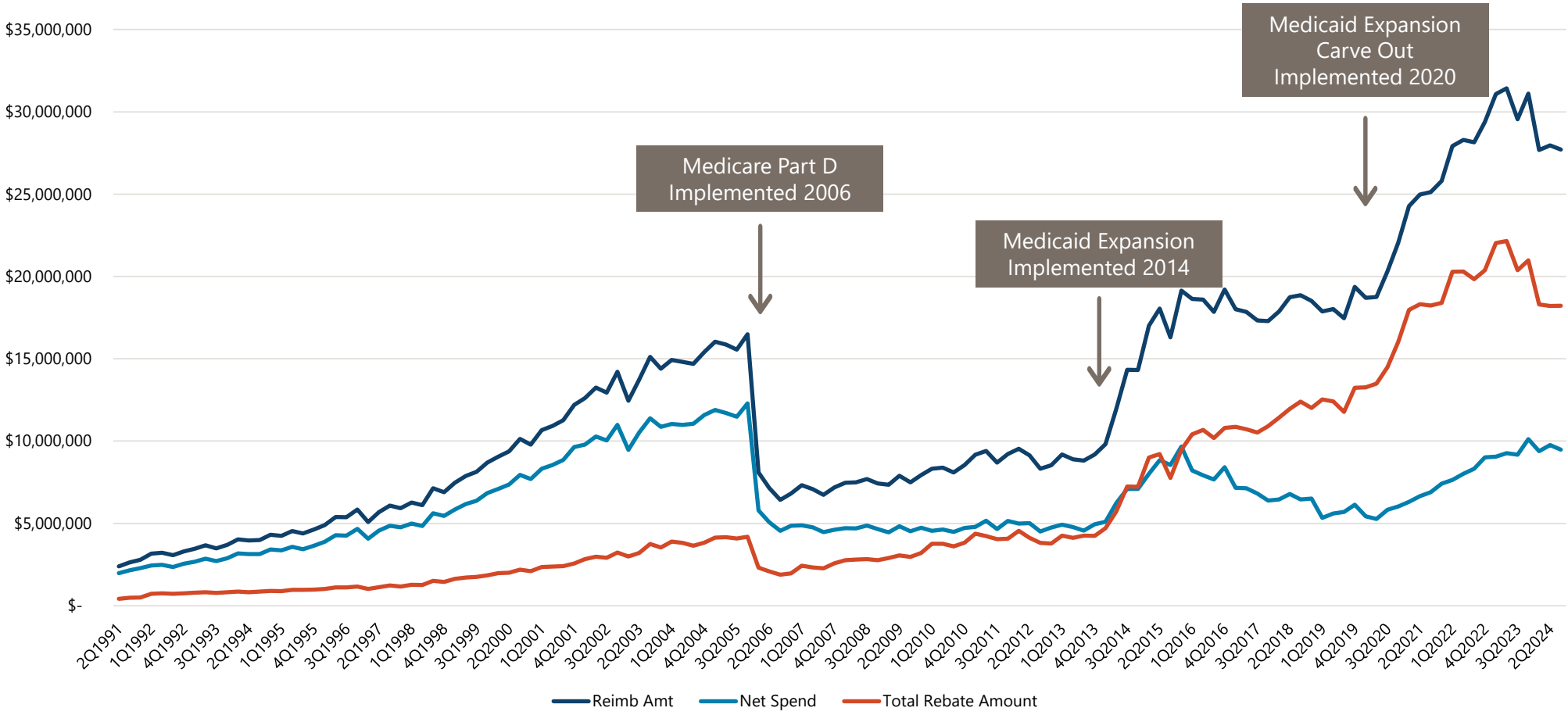
Coverage

- **Prescription Only/Legend Drugs:** federal law requires Medicaid to cover all legend drugs of manufacturers who have signed a Medicaid Drug Rebate Agreement (MDRP)
  - Essentially all legend drugs are covered as most manufacturers participate in the MDRP
- **Over-the-Counter Drugs:** some are covered if they are part of the MDRP as outlined in the Pharmacy Provider Manual
- **Supplements/Vitamins:** some are covered as outlined in the Pharmacy Provider Manual
  - Medicaid works with the health division to cover some supplements required for treatment of diseases
- **Diabetic Supplies:** glucose test strips, meters, lancets, continuous glucose monitors, insulin syringes, tubeless insulin pumps, and pen needles as outlined in the Preferred Drug List (PDL)
- **Other:** inhaler spacers, injectable medication supplies (syringes, needles)

Drug Use Review

- **Drug Use Review (DUR) Board:**
  - Mandated by federal and state law; board meets quarterly to provide recommendations on our pharmacy prior authorization (PA) program and our DUR program. Six physicians and six pharmacists are voting members of the DUR Board.
- **Prior Authorization (PA):**
  - Over 900 PAs received in December 2024
  - A Preferred Drug List (PDL) is a requirement for supplemental drug rebate agreements. ND has decided to use it for our entire PA program. The PDL outlines coverage parameters for many medications, including PA criteria.
- **DUR Program:** Mandated by federal law; includes prospective and retrospective education on therapeutic duplication, drug-disease contraindication, drug-drug interaction, incorrect drug dosage, incorrect duration of drug treatment, drug-allergy, and clinical abuse/misuse edits
  - **Prospective DUR:** Prospective DUR requirements to ensure appropriate payment and provision of prescription drugs as well as drug counseling and patient profile requirements
  - **Retrospective DUR:** Roughly 400 cases reviewed two of every three months; once a quarter, a targeted mailing is done; letters are mailed to pharmacists and prescribers

Overall Spend History (Includes Expansion)



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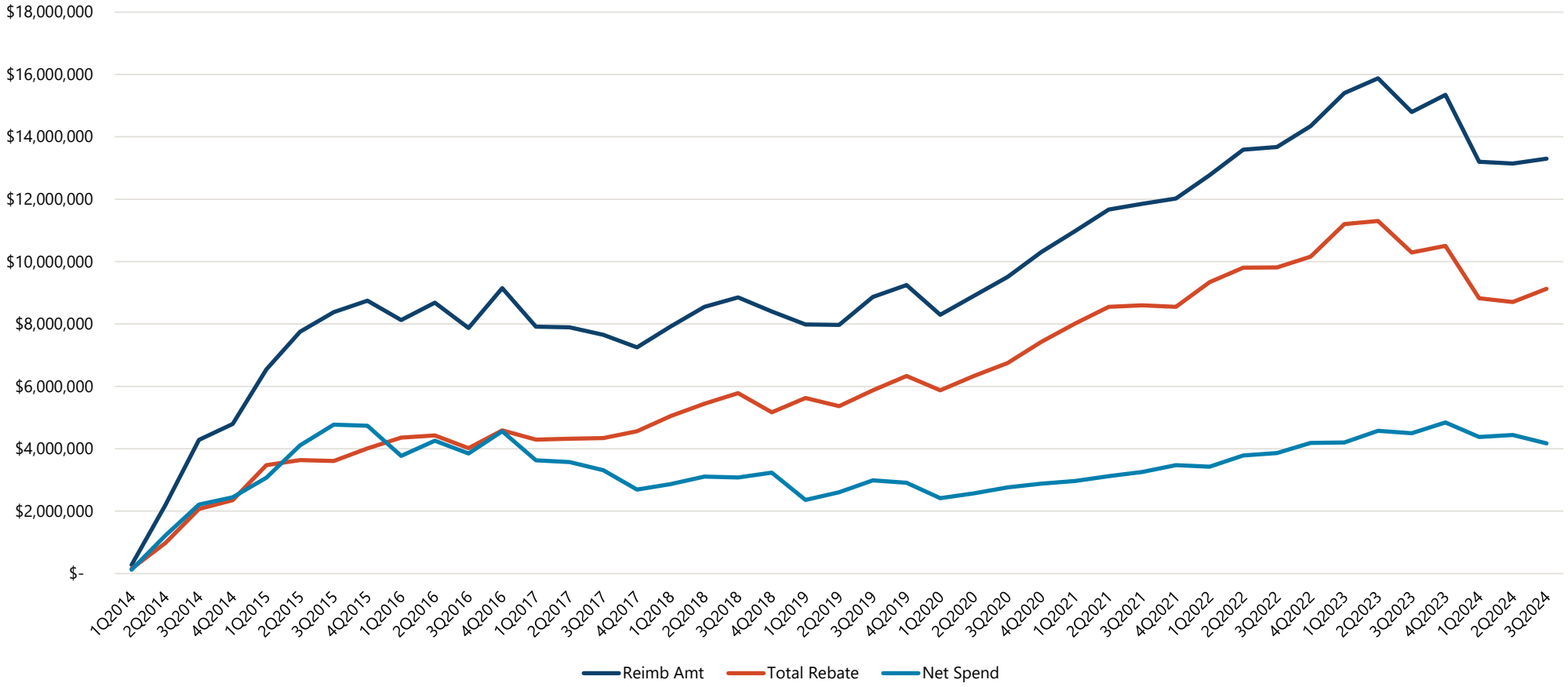
Overall Expansion Spend History



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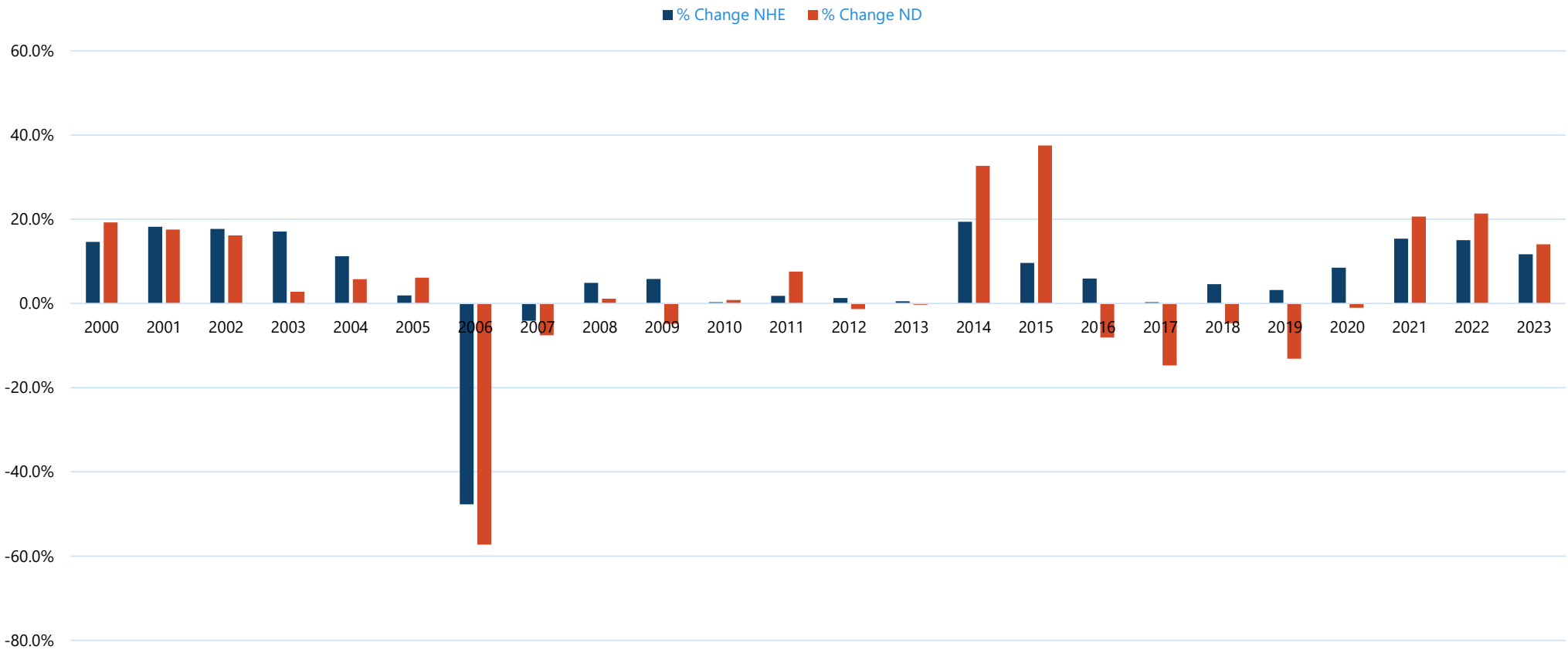
Savings from Medicaid Expansion Prescription Drug Carve Out

- Expected Total Savings
  - Claims = $3.018 million (> $2.1 million projected in 2019 session)
  - Indian Health Service (IHS) = $7.2 million (*New savings)
  - Premiums = $3.4 million (*New savings)
  - Admin = $3.441 million (< $3.991 million projected in 2019 session due to Health Insurance Provider's Fee going away in 2021)

- Total = $17.059 million (> $6.091 million projected in 2019 session)

ND Medicaid Growth vs. National Growth

Medicaid Pharmacy



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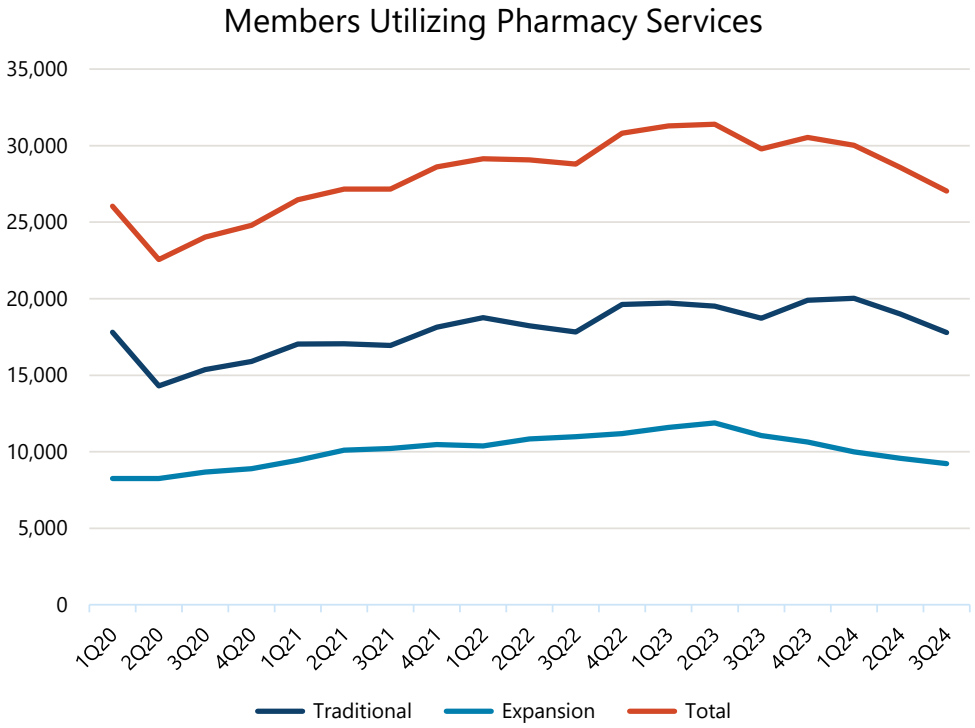
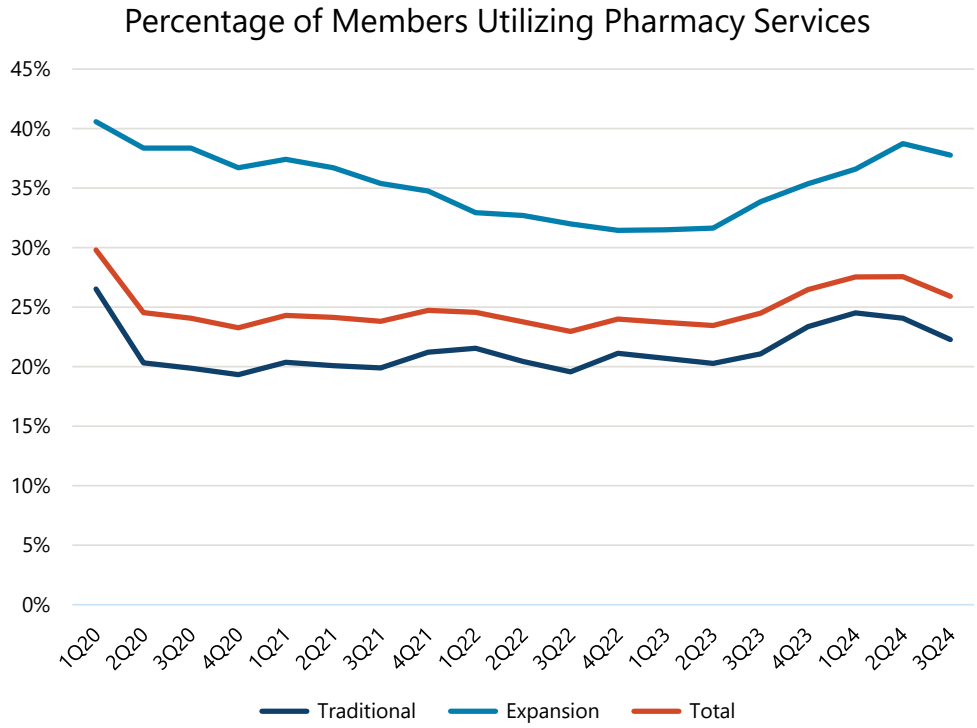
Utilizers of Pharmacy Services





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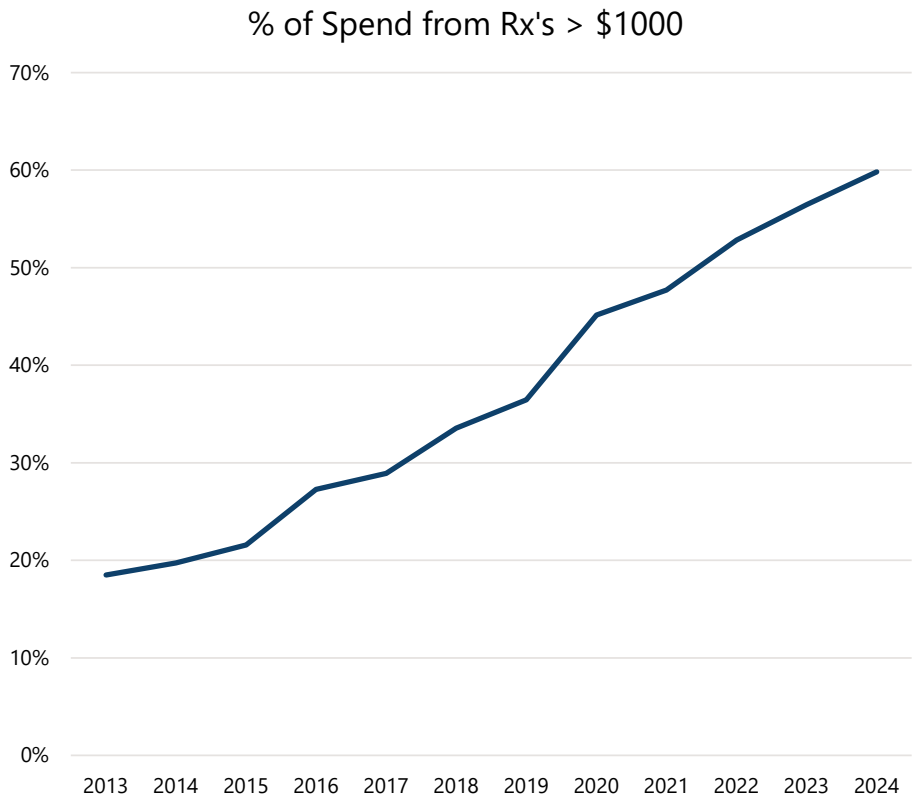
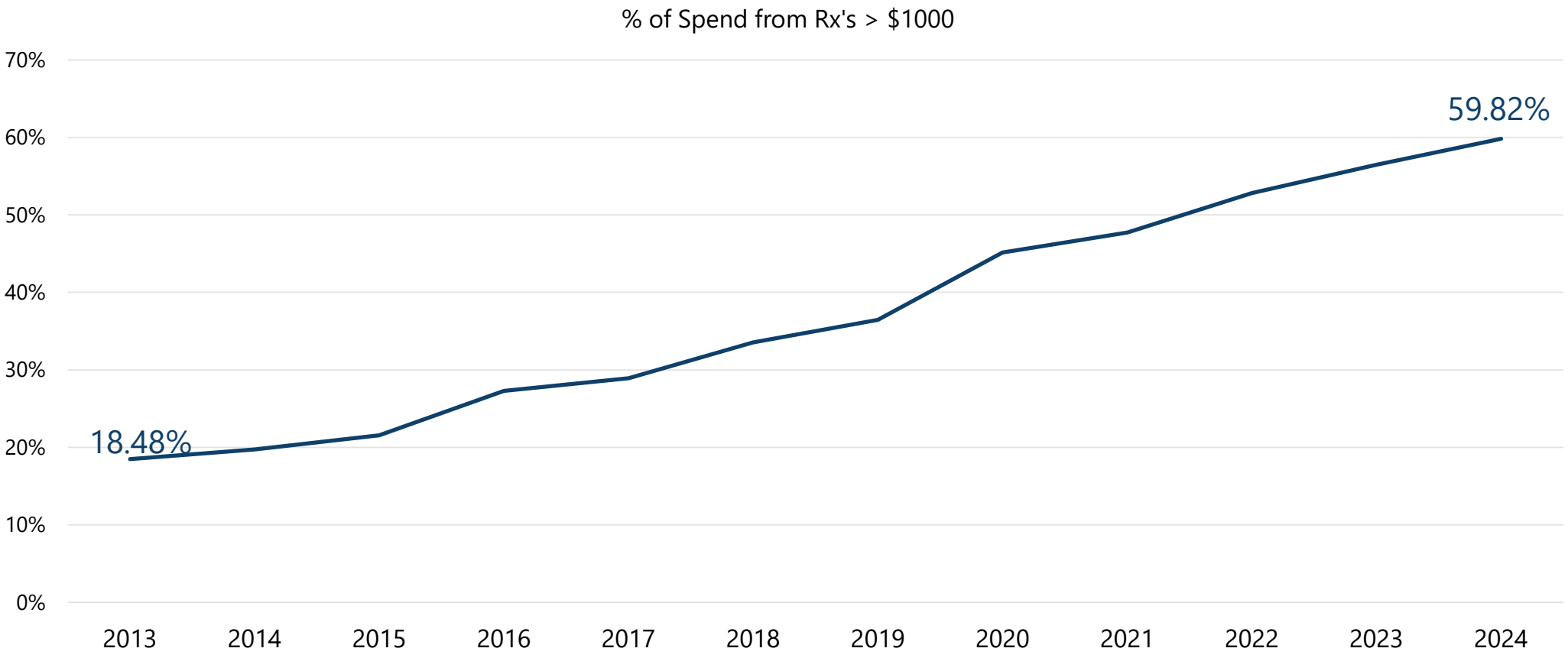
Cost Drivers

- **6 Drug Classes:** 6 drug classes make up 36.3% of the drug budget (4Q23 to 3Q24):
  - Cystic Fibrosis, Immunomodulators, Migraine, Non-Insulin Diabetes, Pulmonary Hypertension, Tardive Dyskinesia
  - Spend for these classes increased by 138% between 1Q2020 and 3Q2024 to $10 million per quarter
  - During the same period, claims volume for drugs in these classes only increased by 14%
- **50 Hyper-Cost Drugs:** 50 hyper-cost drugs make up 33.7% of the drug budget (4Q23 to 3Q24):
  - Over $950,000 spent on 22 claims from 4Q23 to 3Q24 on just 3 drugs: Daybue, Gattex, and Oxervate



High-Cost Drugs Continue to Climb



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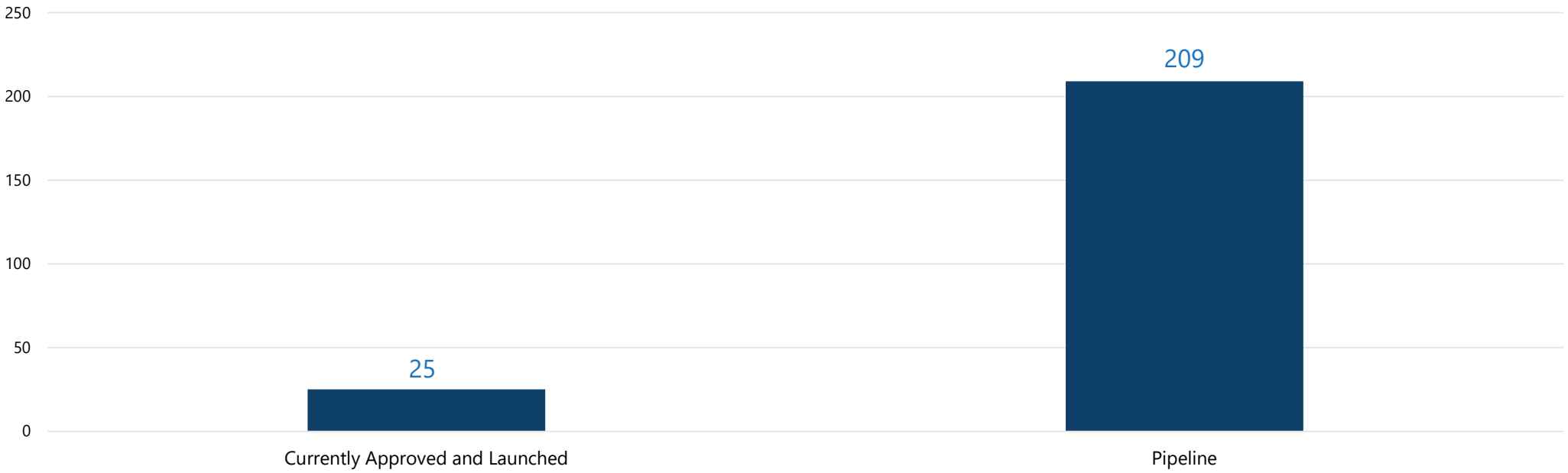
Cell and Gene Therapies

- 25 total drugs: 11 of them cost > $2 million
- Many more coming



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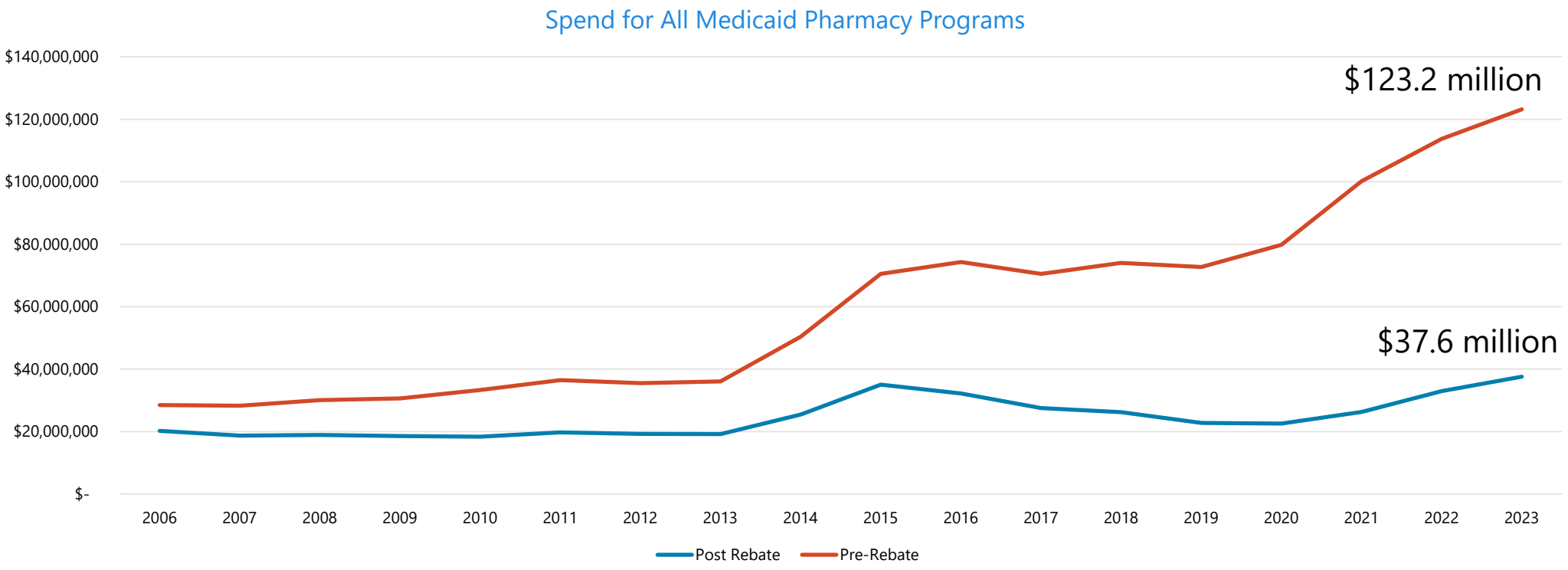
Drug Rebates are Increasingly Important

- Pre-rebate spend growing much faster than post-rebate spend



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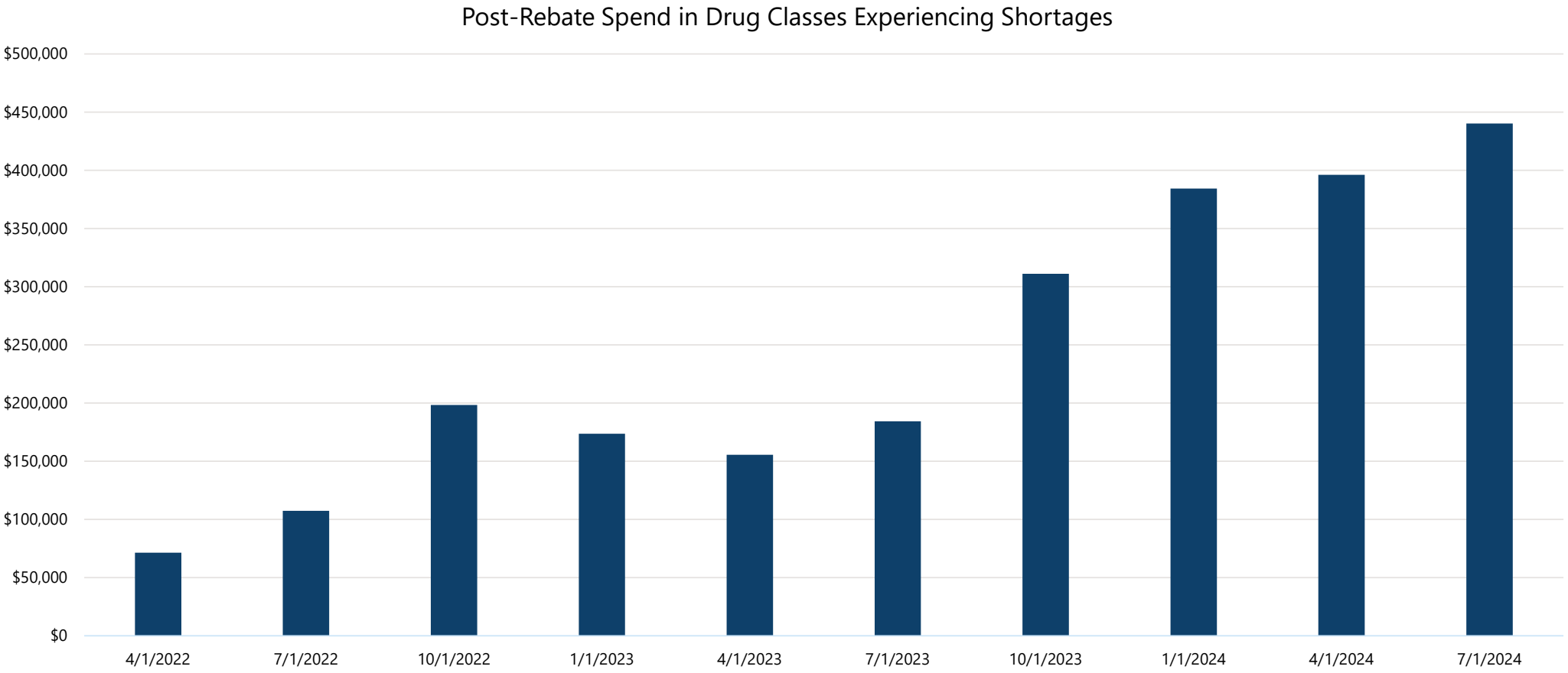
Total Prescription Drug Rebates

- Collected $811 million in total drug rebates since 1991.
  - Since Part D carved out, $700 million saved. (2006)
  - Since Medicaid Expansion, $594 million saved. (2014)
  - Since COVID, $351 million. (2020)
- More than 1/3rd of total rebate savings since the beginning of the program were collected in the last 4 years.
- Net spend for prescription drugs is $848 million since 1991.
- Total payment to providers is $1.659 billion since 1991.

Value Based Agreements - “Warranties”

- Currently 4 in place, 2 more offers
- Challenges:
  - Time consuming tracking of outcomes and negotiation of terms
  - Churn of eligibility limits length of warranty
  - Slow uptake by manufacturers:
    - Manufacturers won’t work with small states
    - Manufacturers won’t give offers to multi-state pools
    - Manufacturers are picking “one state to start with”

Drug Shortages Increase Post-Rebate Spend



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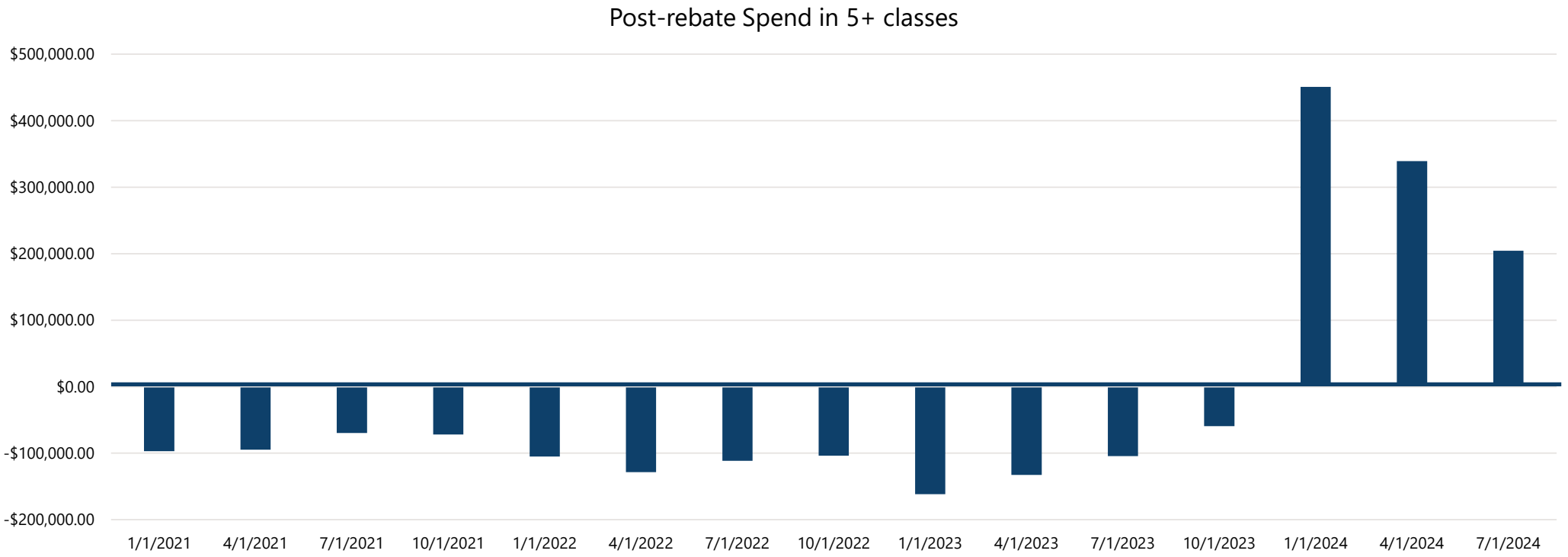
Congressional Changes

- Average Manufacturer Price (AMP) cap removal caused increase in net spend



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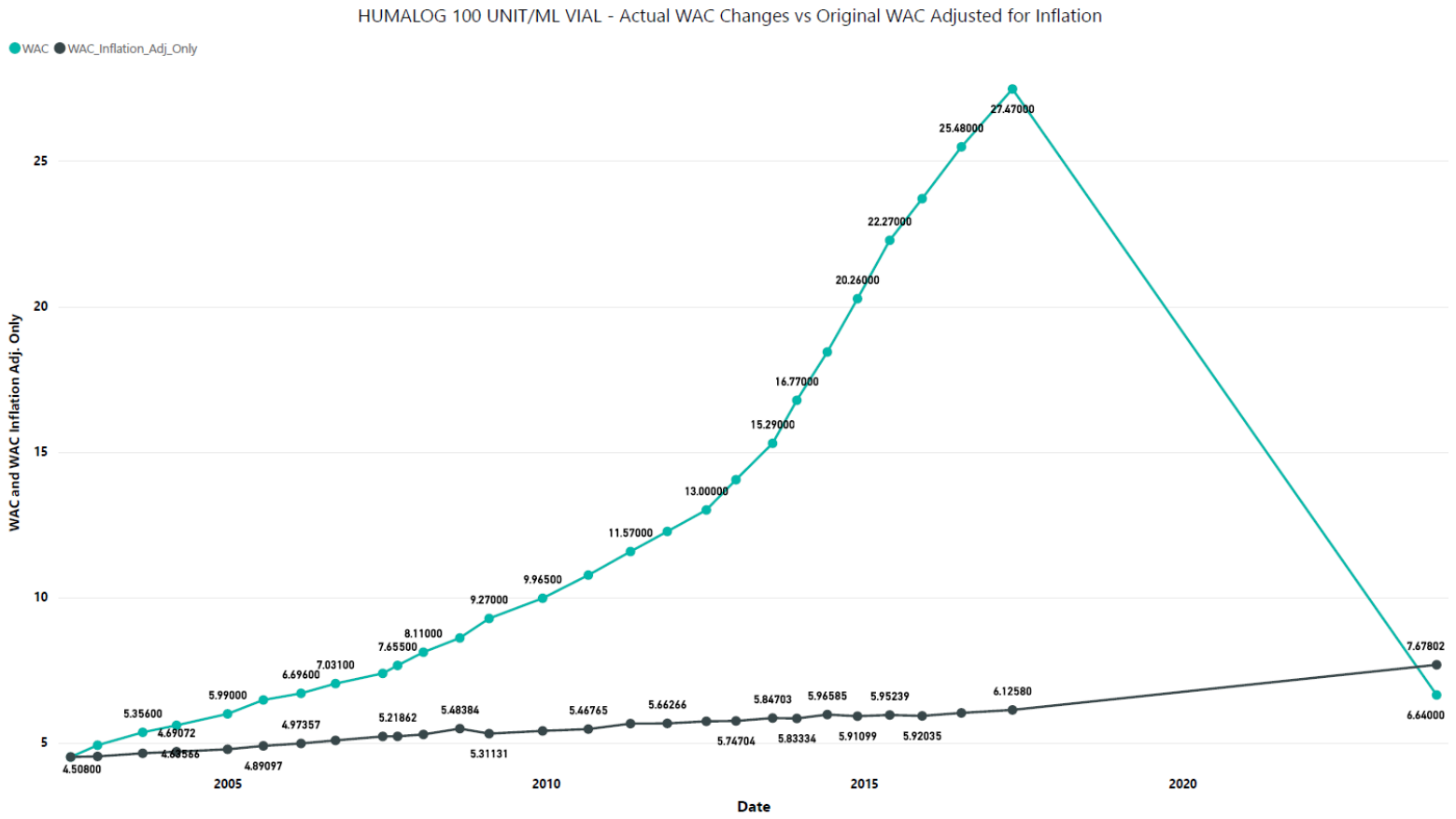
Congressional Changes – AMP Visual



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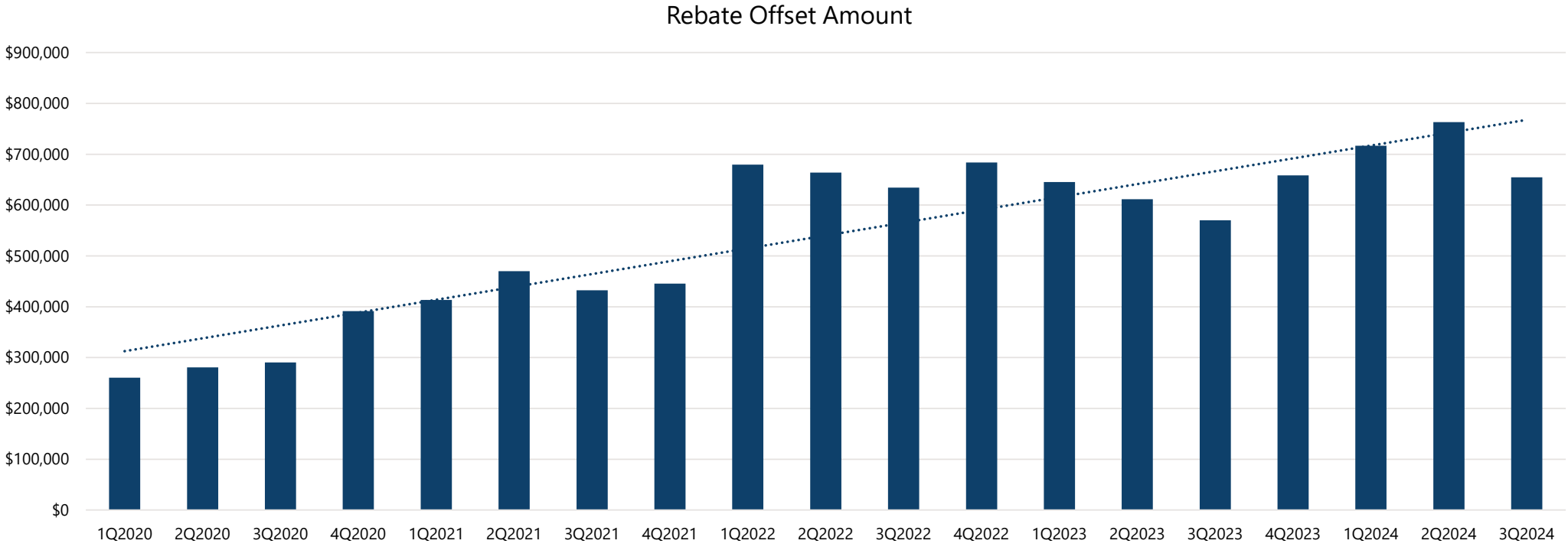
Congressional Changes

- CMS Unit Rebate Offset Amount Increasing (portion of the rebate collection that is 100% federal share); Complicates Evaluation of Coverage



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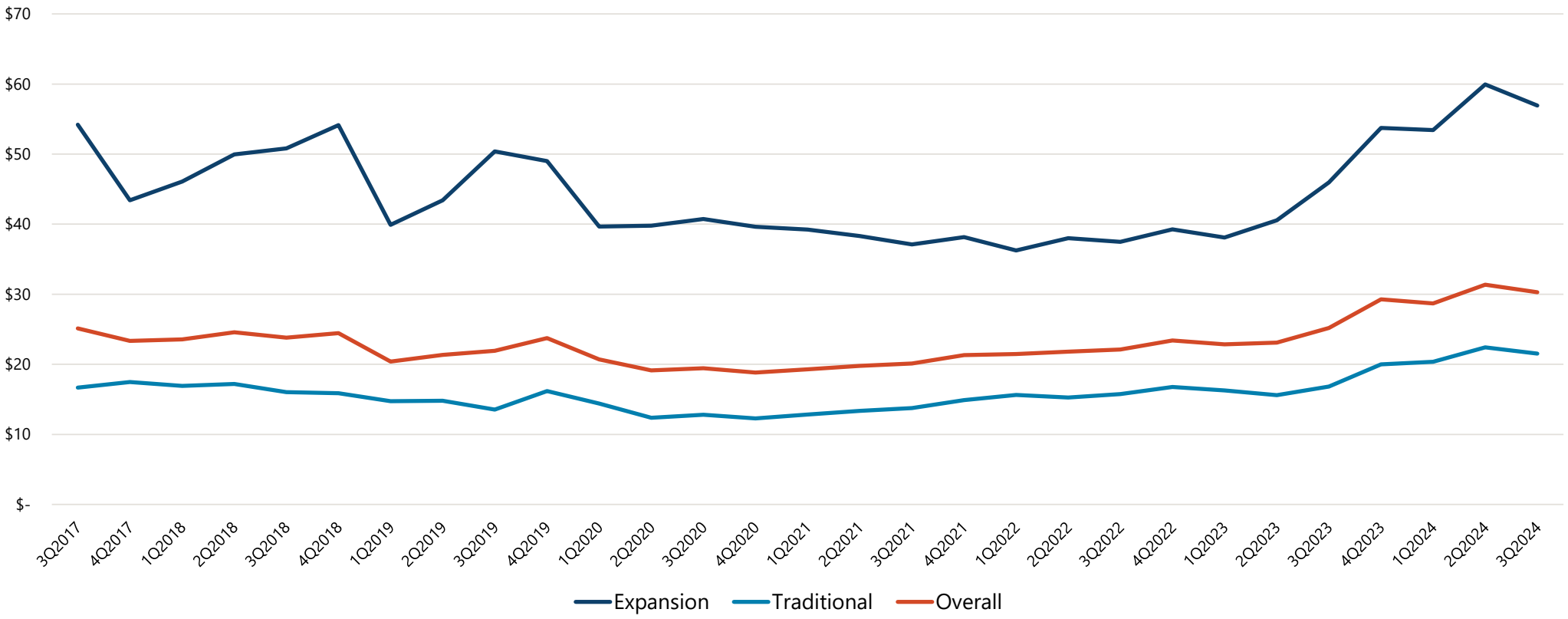
Cost Per Member Per Month (PMPM) Climbing



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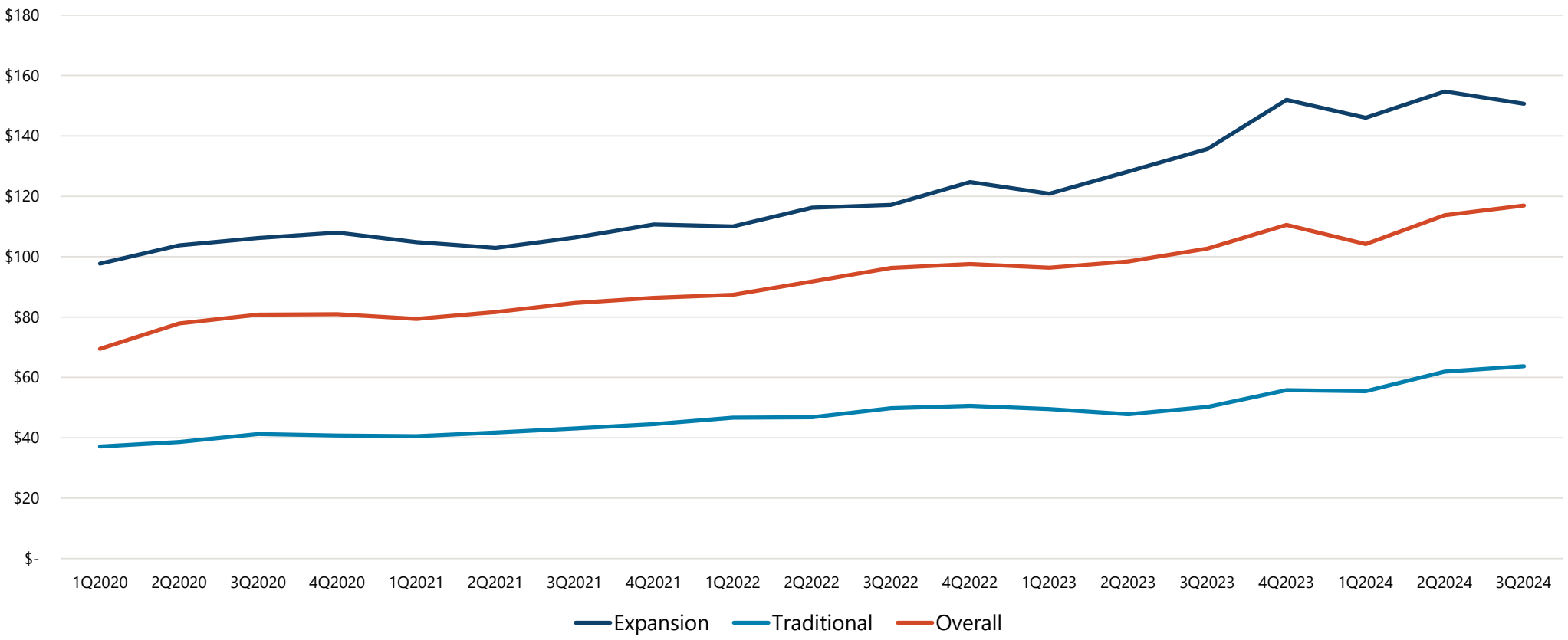
Cost Per Utilizer Per Month (PUPM) Climbing



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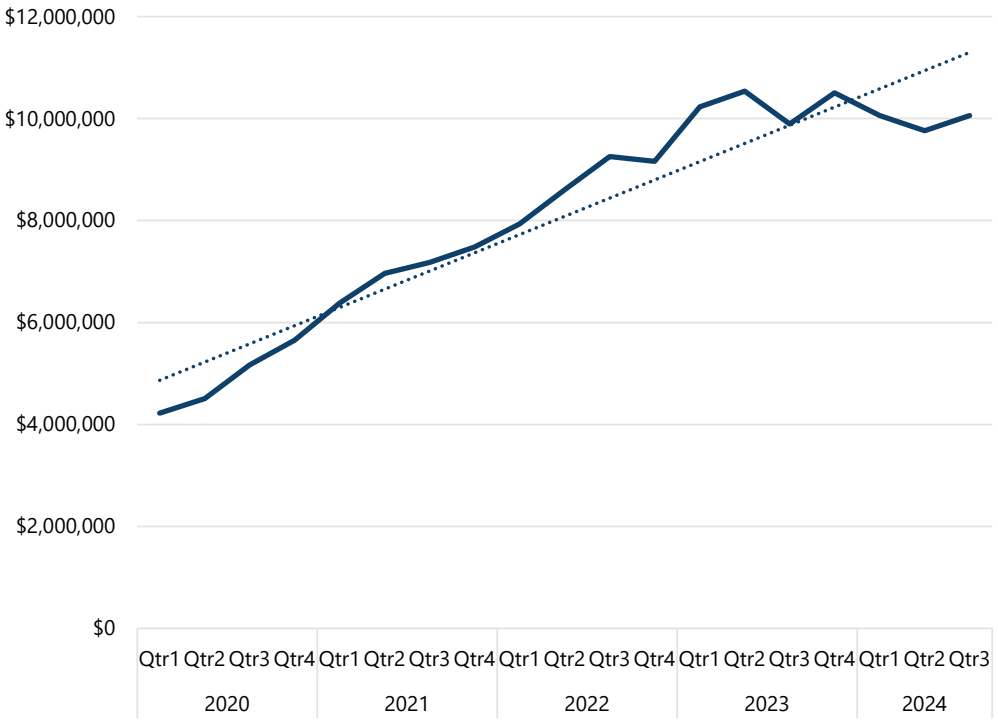
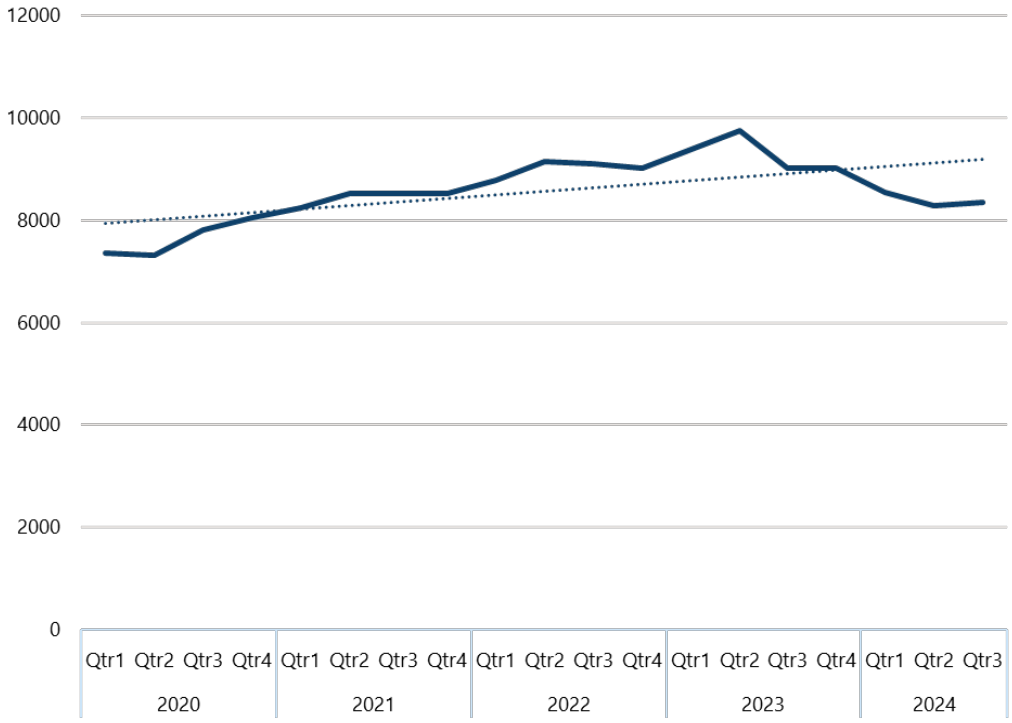
Spend Increasing Faster Than Member Growth

- Cystic Fibrosis, Immunomodulators, Migraine, Non-Insulin Diabetes, Pulmonary Hypertension, Tardive Dyskinesia

Spend increased by 138% ($6 million per quarter)



Claims increased by 14%



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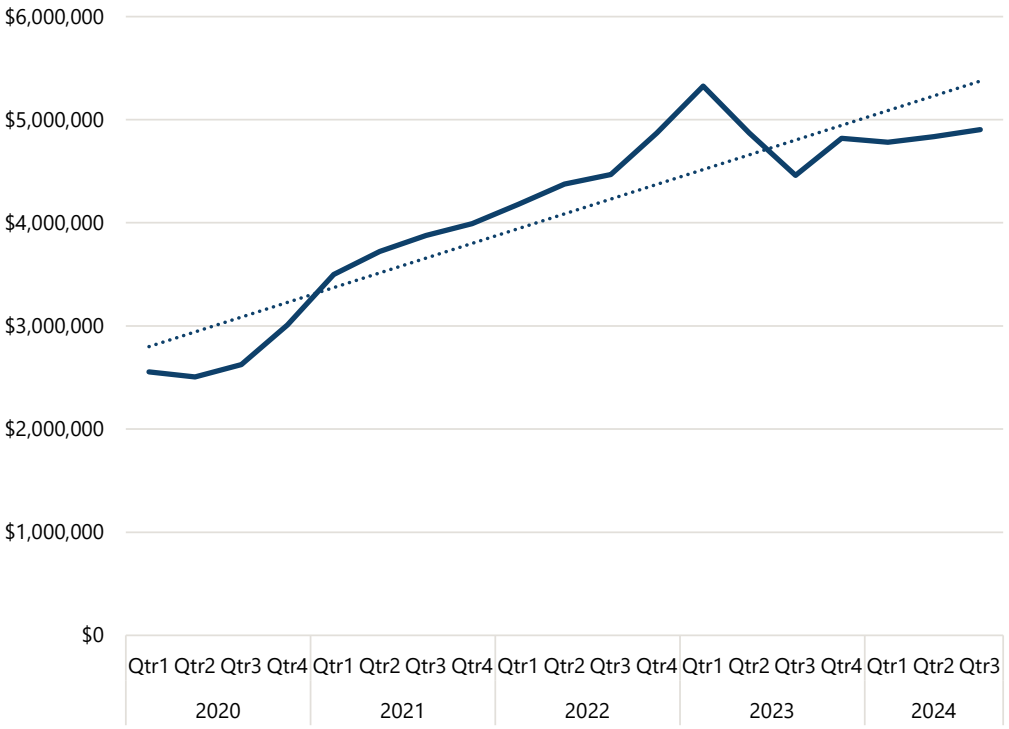
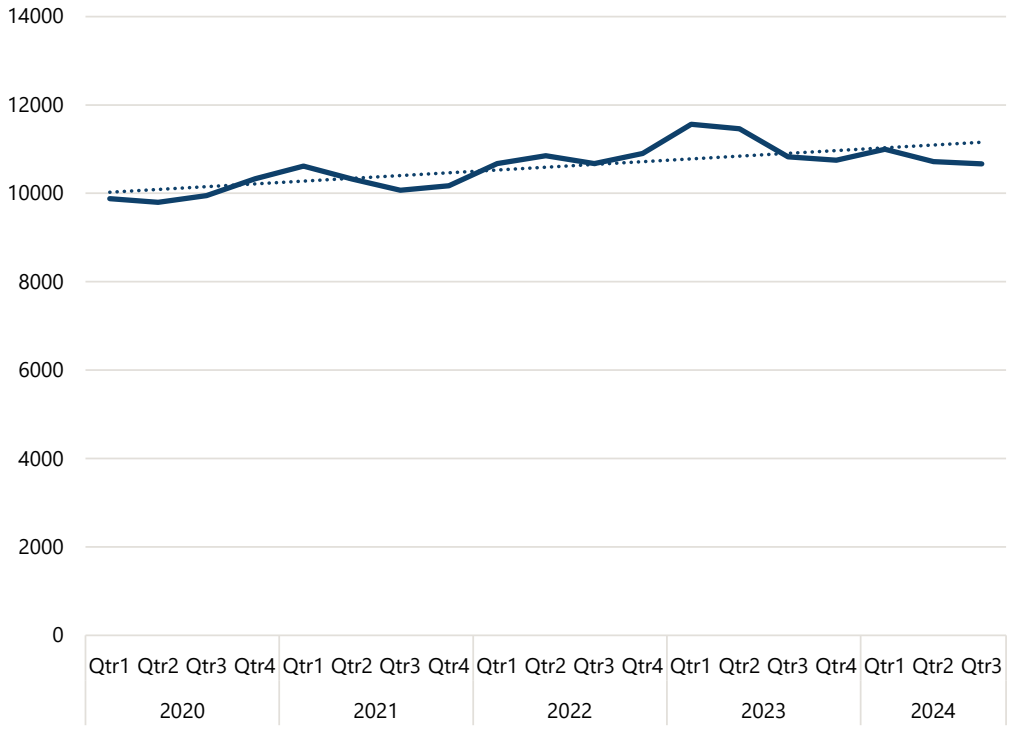
Spend Increasing Faster Than Member Growth

- Antipsychotics, HIV, Oncology (Excluded Prior Authorization Classes)

Spend increased by 92% ($2.3 million per quarter)



Claims increased by 8%



Related Bills:
Senate Bill 2076 | Relating to Prior Authorization

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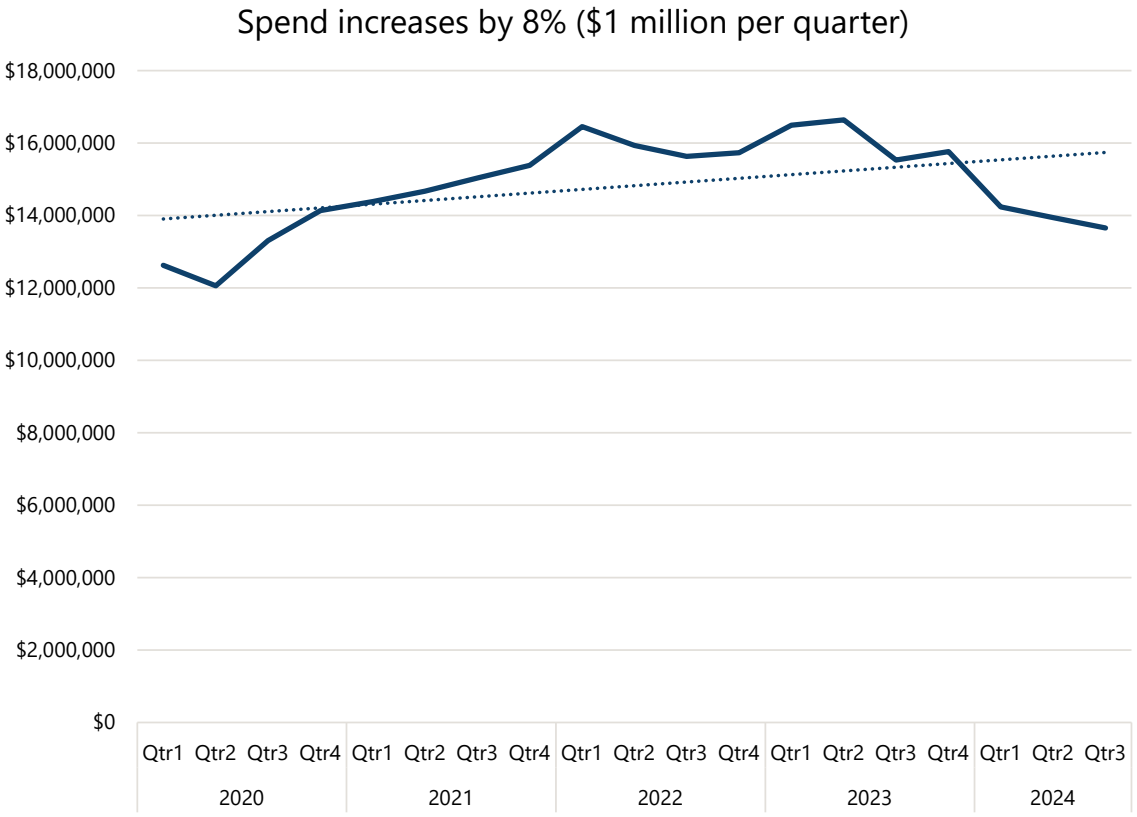
Spend Increasing Faster than Member Growth

- All Other Classes



Category	Increase in Spend
3 Excluded Classes	92%
6 Cost Driver Classes	138%
All Other Classes	8%

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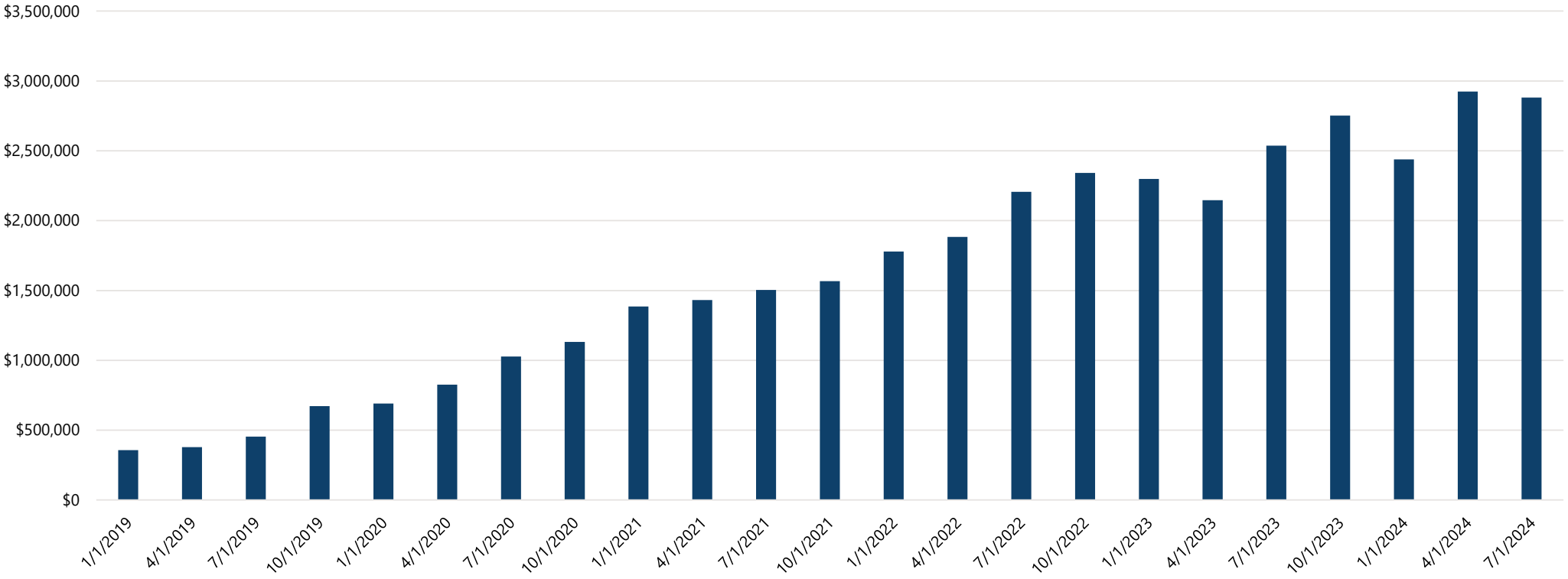
Spend Increased in Cost Driver Classes

- Post-Rebate Spend increased over 800% in 5+ Cost Driver Classes



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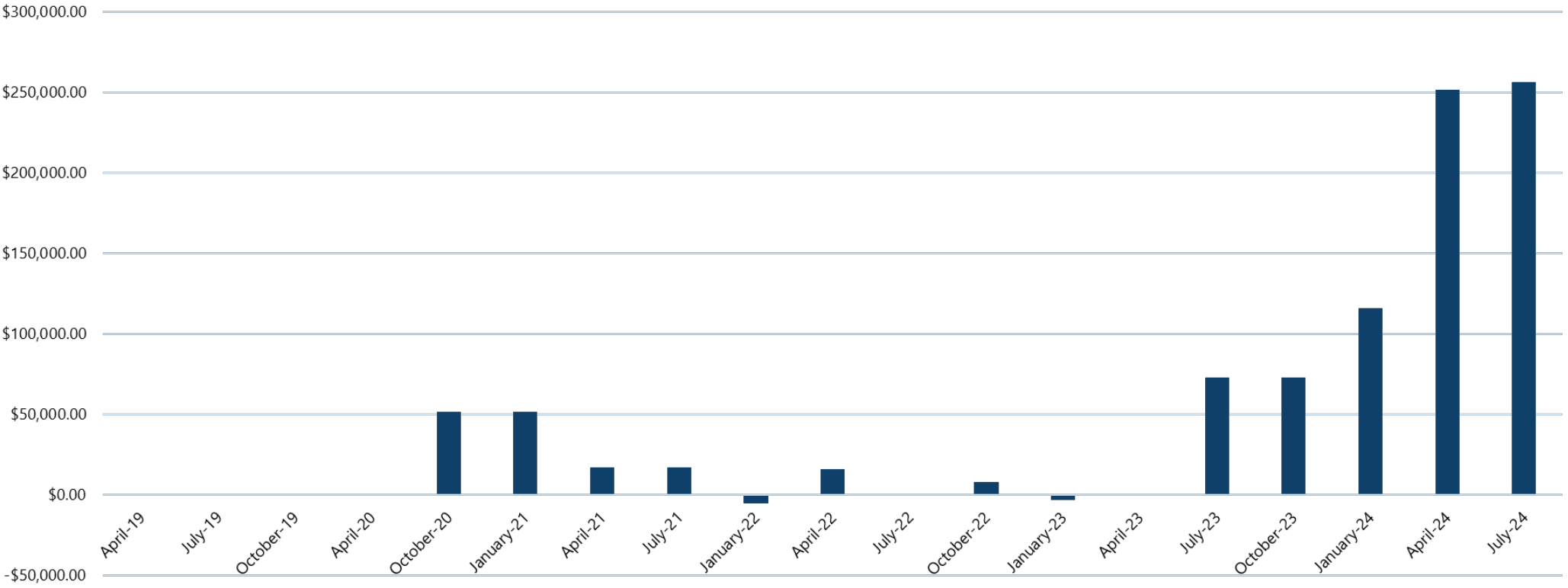
Spend Increased for Rare Disease Classes

- Post-rebate spend for rare disease classes increased to $250,000 per quarter



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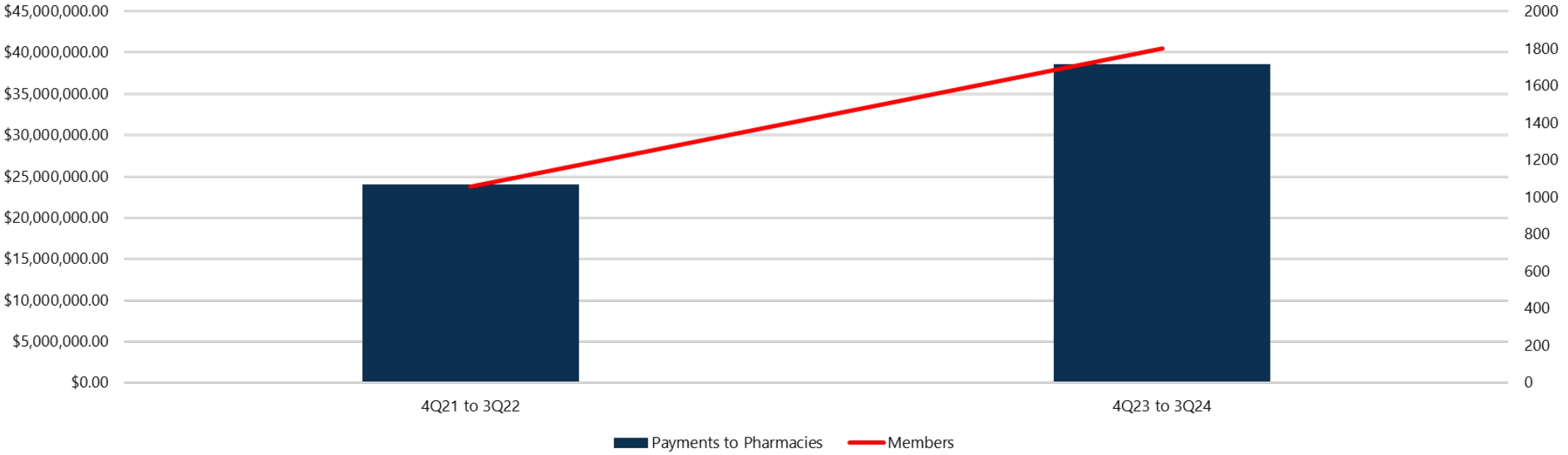
TV ad spending in 2023

1. Skyrizi - $383.7 million (plaque psoriasis, psoriatic arthritis, Chron's disease, ulcerative colitis)
2. Rinvoq ER - $351.1 million (4 types of arthritis, Chron's and UC, others)
3. Dupixent - $307.2 million (COPD, asthma, atopic dermatitis, others)
4. Jardiance - $146.7 million (type 2 diabetes, heart failure and kidney disease protection)
5. Rexulti - $141.2 million (antipsychotic class, major depressive disorder, agitation with dementia assoc with Alzheimer's)
6. Sotyktu - $132.5 million (plaque psoriasis)
7. Ozempic - $130.3 million (type 2 diabetes)
8. Vraylar - $126.6 million (antipsychotic class, bipolar 1, major depressive disorder)
9. Mounjaro - $114.8 million (type 2 diabetes)
10. Trelegy – $114.4 million (COPD, asthma)

Areas of Focus – Hyper Cost Drugs

For the same 50 hyper-cost drugs

- Over $24.0 million spend for 1058 members in 4Q21 to 3Q22
- Over $38.5 million spend for 1799 members in 4Q23 to 3Q24



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Areas of Focus – Hyper Cost Drugs

- These 50 hyper-cost drugs make up 33.7% of the drug budget (4Q23 to 3Q24)
  - Antipsychotics (Caplyta, Long-acting injectable aripiprazole, paliperidone and risperidone, Lybalvi, Rexulti, Vraylar)
    - Over $9.5 million for 1116 members
  - Cystic Fibrosis (Kalydeco, Orkambi, Trikafta)
    - Over $3.3 million for 21 members
  - Hemophilia (Jivi)
    - Over $800,000 for 1 member
  - Hepatitis C (sofosbuvir-velpatasvir)
    - Over $3.2 million for 144 members

Areas of Focus – Hyper Cost Drugs (cont.)

- HIV (Biktarvy, Dovato, Genvoya, Triumeq)
  - Over $2.6 million for 123 members
- Immunomodulators (Cosentyx, Dupixent, Rinvoq ER, Skyrizi, Stelara, Taltz, Tremfya)
  - Over $10.6 million for 247 members
- Multiple Sclerosis (Kesimpta)
  - Over $600,000 for 7 members
- Opioid Use Disorder (Brixadi, Sublocade)
  - Over $1.2 million for 171 members

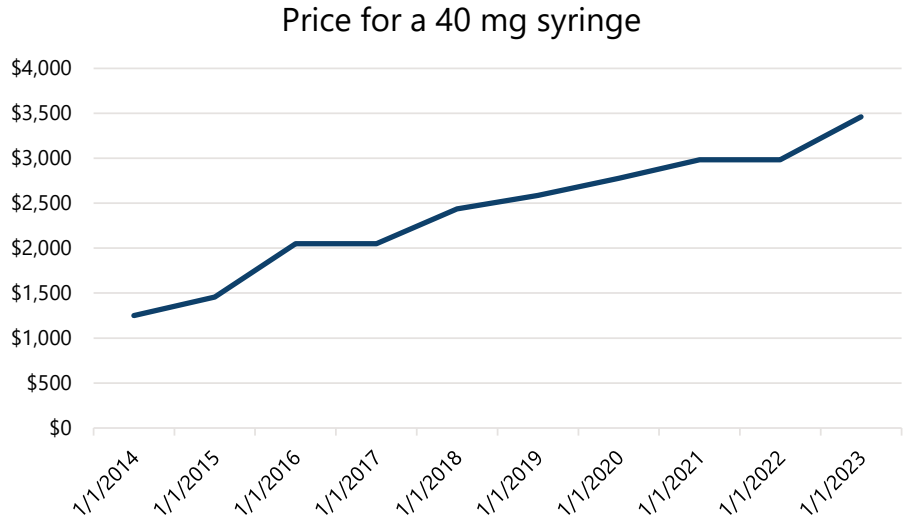
Areas of Focus – Hyper Cost Drugs (cont.)

- Oncology (Imbruvica, Inlyta, Lonsurf, Lyparza, Revlimid, Tagrisso, Tibsovo, Xtandi, Xejula)
  - Over $1.9 million for 18 members
- Pulmonary Hypertension (Adempas, Remodulin, Tyvaso, Uptravi)
  - Over $800,000 for 8 members
- Tardive Dyskinesia (Austedo, Ingrezza)
  - Over $1.7 million for 32 members
- Others (Daybue, Epidiolex, Gattex, Hizentra, Koselugo, Ocaliva, Oxervate, Prevymis, Winrevair)
  - Over $2 million for 33 members

Areas of Focus – Drug Price Increases

- Indication Expansion and Interval Creep

  Humira has increased its price by 177% since 2014 despite having 11 indication expansions and interval creep
  - 2009 FDA approved for 40 mg every 2 weeks
  - 2025 compendia supported for 80 mg every week
  - With interval creep – **potential spend has increased by over 1000%**



Year	Dosing schedule	Annual Cost
2014	40 mg every 2 weeks	$32,533.93
2025	80 mg every week	$359,977.02

Areas of Focus – Drug Price Increases (cont.)

- Indication Expansion and Interval Creep

Stelara has increased its price by 130% since 2013 despite having 6 indication expansions and interval creep

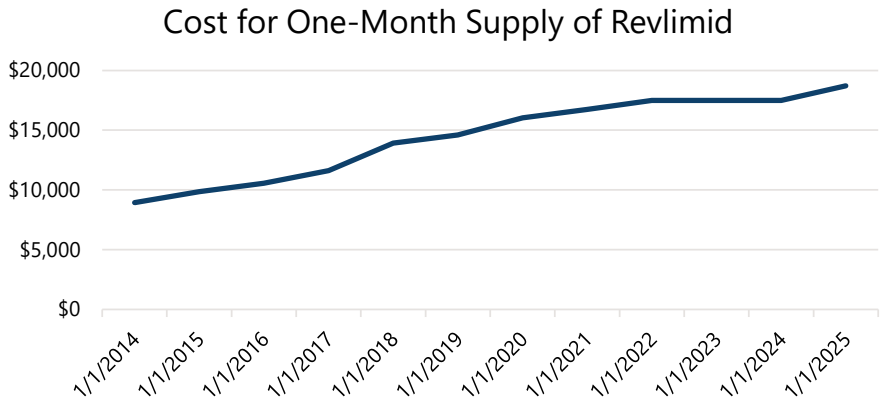
- 2009 FDA approved for every 12-weeks
- 2016 FDA approved for every 8-weeks
- 2024 compendia supported for every 4-weeks
- With interval creep – **potential spend has increased by almost 700%**

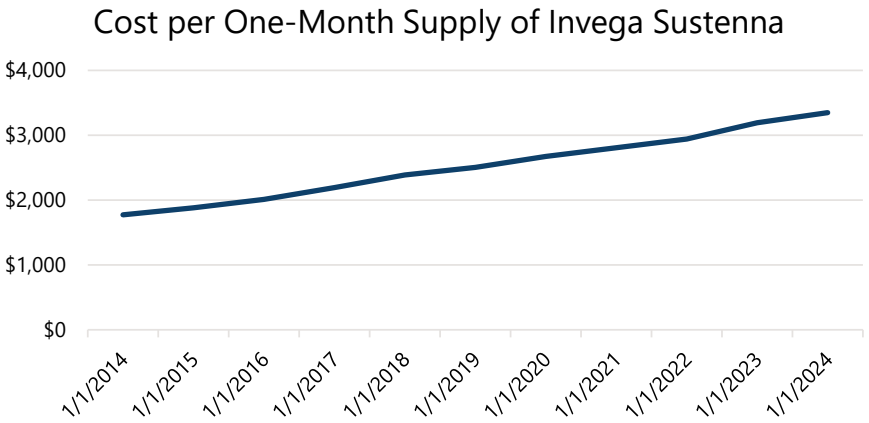
Year	Dosing schedule	Annual Cost
2013	every 12-week dosing	$52,311.48
2025	every 4-week dosing	$361,957.05

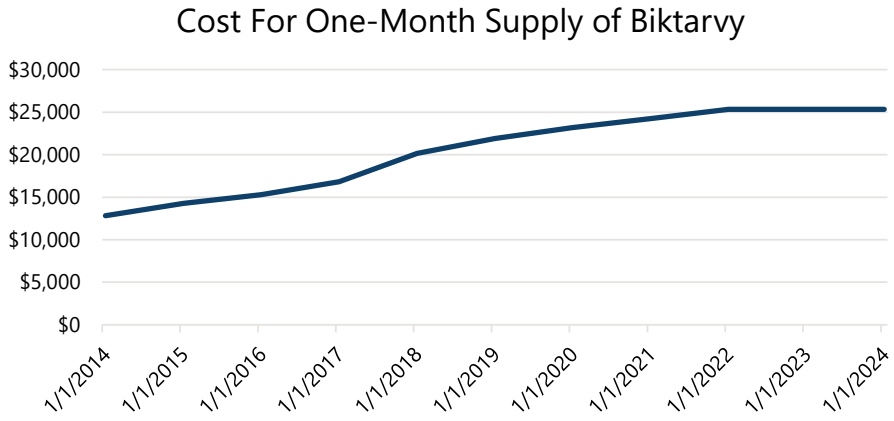
Cosentyx has received 6 indication expansions since 2015 and has increased its price by over 116%
Dupixent has received 13 indication expansions since 2017 and has increased its price by over 33%

Areas of Focus – Drug Price Increases

- Drug price increases of drugs are also notable in prior authorization excluded classes – Antipsychotics, HIV and Oncology







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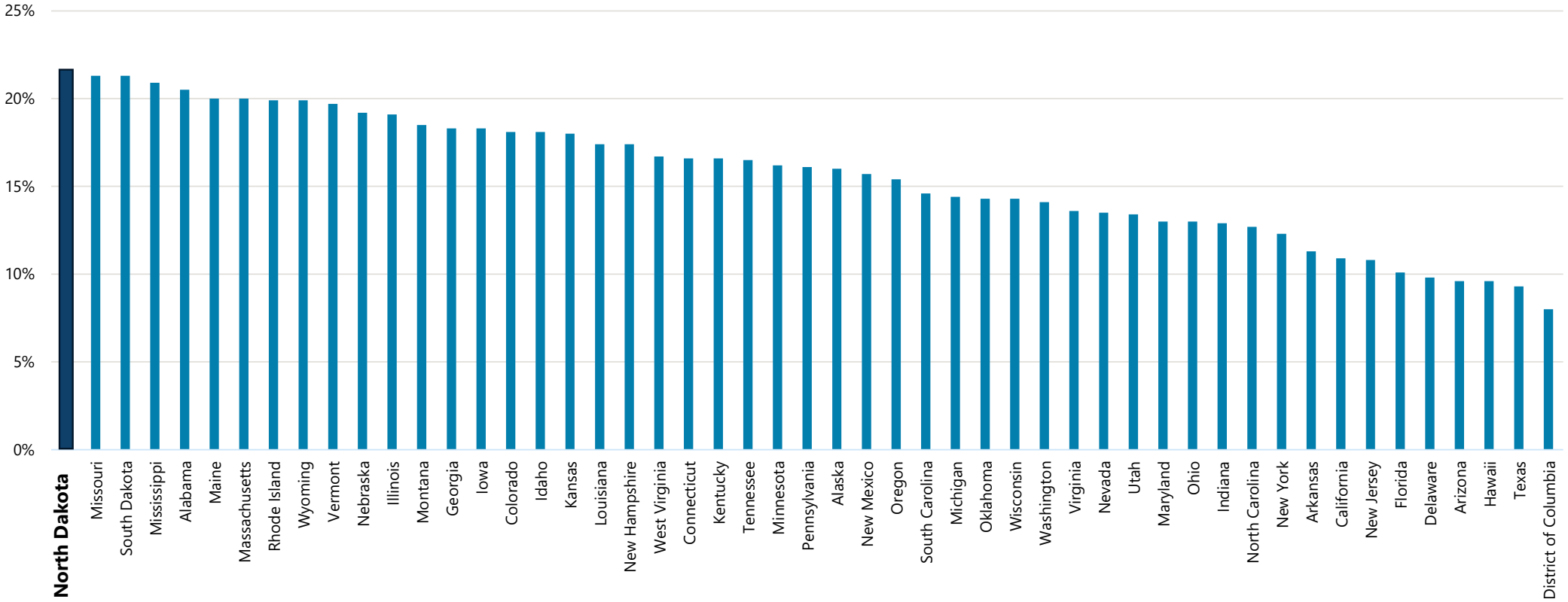
Areas of Focus – Core Measures

Percentage of Long-Stay Nursing Home Residents Who Received an Antipsychotic Medication – FFY 2023



Note: Lower is better

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Areas of Focus – Accelerated Approval

- Approved off surrogate endpoints rather than clinical outcomes, so confirmatory trials are necessary to establish efficacy and safety

- According to a 2022 Office of Inspector General Report:
  - 278 drugs have been granted accelerated approval as of 2021
    - 13% have been withdrawn
    - 34% of accelerated approval drugs have at least one confirmatory trial past its original planned complete date
    - $3.6 billion has been spent nationally from Medicaid from 2018 to 2021 on 18 of the drugs with delayed confirmatory trials

Areas of Focus – Accelerated Approval (cont.)

- Exondys 51 –
  - Approved in 2016 for Duchenne Muscular Dystrophy based on trials involving a total of 12 patients on Exondys 51 with continued approval based on verification of confirmatory trials
  - Failed to show difference in clinical outcome from placebo and external control group, median increase in dystropin levels after 48 weeks was 0.1%
  - Confirmatory trial results expected end of 2026 (original deadline 2020)
  - Annual Cost: $1.2 million for a 50 kg (110 lb) child

- Oxbryta –
  - FDA approved in 2019 for Sickle Cell Disease for the surrogate endpoint of increased hemoglobin
  - Removed from market in 2024 after showing a higher number of deaths than placebo
  - Annual Cost: $125,000

Summary

- Drugs continue to get more expensive due to many factors:
  - New drugs continue to list at higher and higher prices
  - The drugs being used are more expensive as newer more effective drugs are available
  - Many more cell and gene therapies are coming with limited opportunity for value-based agreements
  - More drugs are being approved for rare diseases and oncology at very expensive list prices, some without evidence of efficacy
  - Congressional changes (AMP cap removal and increased offset amounts)
  - Shortages

- Tools to minimize growth in spend:
  - Finding rebate opportunities
  - Utilization management
  - Eliminating fraud, waste, or abuse potential

Related Bills:
House Bill 1451 | Relating to medical assistance prescription drug benefits for antiobesity medication

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2025 – 2027 Budget & Other Resource Requirements

Medical Services

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Decision Package Detail

By Ongoing, One-Time and Funding Source

Decision Package	Decision Package Grouping	General	Federal	Total	
Private Duty Nursing & Home Health Targeted Rate Increase[1]	Services - DOJ	$1,235,768	$1,235,768	$2,471,536	Ongoing
Cross Disability Waiver Implementation	Services – Home and Community Based Services (HCBS)	$2,474,226	$2,474,226	$4,948,452	Ongoing
Targeted Medicaid Rate Increase for Ambulance Services	Healthcare Workforce	$2,189,770	$2,189,770	$4,379,540	Ongoing
Provider Inflation	Additional Executive Decision Packages	$6,949,693	$9,266,071	$16,215,764	Ongoing
Value Based Purchasing[2]	Compliance & Quality	$1,000,000	$1,000,000	$2,000,000	Ongoing

Note:
1. Private Duty Nursing & Home Health Targeted Rate Increase was discussed in Long Term Care Budget slides.
2. Value Based Purchasing is located in the Long Term Care Budget.

Comparison of budgets and funding

By Budget Account Code

DESCRIPTION	2023-2025 LEGISLATIVE BASE	2025-27 EXECUTIVE BUDGET RECOMMENDATION	Increase/ (Decrease)
511x Salaries - Regular	$ 13,729,287	$ 16,077,000	$ 2,347,713
513x Salaries Temp	1,307,533	1,277,132	(30,401)
516x Salaries Benefits	5,971,524	7,446,311	1,474,787
Total Salaries & Benefits	**$ 21,008,344**	**$ 24,800,444**	**$ 3,792,100**
52x Travel	94,824	94,824	-
53x Supply	20,628	24,166	3,538
54x Postage & Printing	162,889	168,714	5,825
55x Equipment under $5,000	2,100	2,100	-
58x Rent/Leases - Bldg/Equip	12,036	43,866	31,830
61x Professional Development	77,192	94,489	17,297
62x Fees - Operating & Professional	70,423,976	92,650,619	22,226,643
53x Supplies	10,334	4,724	(5,610)
60x IT Expenses	3,997	70,089,037	70,085,040
71x Grants, Benefits, & Claims	1,722,386,862	1,615,753,456	(106,633,406)
Total Operating & Grants	**$ 1,793,194,838**	**$ 1,778,925,995**	**$ (14,268,843)**
Total	**$ 1,814,203,182**	**$ 1,803,726,439**	**$ (10,476,743)**
Total General	**$ 471,540,015**	**$ 488,714,780**	**$ 17,174,765**
Total Federal	**$ 1,283,426,536**	**$ 1,254,437,540**	**$ (28,988,996)**
Total Other	**$ 59,236,632**	**$ 60,574,119**	**$ 1,337,487**

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Operating Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION			
			TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
Customer Support Contracts	$ 3,432,000	$ 810,810	$ 4,242,810	$ 4,242,810	$ -	
Direct Service Support Contracts	1,086,895	$ 595,130	1,682,025	841,013	841,013	-
Federally Required Activity Contracts	13,456,994	$ 8,865,307	22,322,301	10,418,289	11,904,012	-
Professional Services Contracts	6,202	$ 1,798	8,000	4,000	4,000	-
Quality Improvement Contracts	945,108	$ 162,407	1,107,515	643,453	464,063	-
Quality Improvement (one-time) Contracts	1,861,657	$ -	1,861,657	1,861,657	-	-
Subject Matter Expert Contracts	1,987,726	$ 1,144,757	3,132,483	1,566,242	1,566,242	-
Clawback	49,291,723	$ 9,002,105	58,293,828	58,293,828	-	-
	-	$ -	-	-	-	-
GENERAL FUND	**$ -**	**$ -**	**$ 77,871,291**	**$ 77,871,291**	**$ -**	**$ -**
FEDERAL FUND	**-**	**14,779,329**	**14,779,329**	**-**	**14,779,329**	**-**
OTHER FUND	**-**	**-**	**-**	**-**	**-**	**-**
GRAND TOTAL	**$ 72,068,305**	**$ 20,582,314**	**$ 92,650,619**	**$ 77,871,291**	**$ 14,779,329**	**$ -**

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Grants Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
County Jail Claims	$ 1,000,000	$ -	1,000,000	$ -	$ -	$ 1,000,000
Health Tracks	127,804	-	127,804	63,902	63,902	-
GENERAL FUND	**$ 63,902**	**$ -**	**$ 63,902**	**$ 63,902**	**$ -**	**$ -**
FEDERAL FUND	**63,902**	**-**	**63,902**	**-**	**63,902**	**-**
OTHER FUND	**1,000,000**	**-**	**1,000,000**	**-**	**-**	**1,000,000**
GRAND TOTAL	**$ 1,127,804**	**$ -**	**$ 1,127,804**	**$ 63,902**	**$ 63,902**	**$ 1,000,000**

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Grants on a Walkthrough

DESCRIPTION	2025-27 BASE BUDGET	COST TO CONTINUE	FMAP	SAVINGS PLAN	UNDERFUNDING	TOTAL CHANGES	TO GOVERNOR
TRADITIONAL MEDICAID	$ 918,642,286	$ 45,160,756	$ (3,913,031)	$ (8,709,580)	$ (28,930,539)	$ 3,607,606	$ 922,249,892
INPATIENT HOSPITAL	227,650,273	3,082,453	-	-	-	3,082,453	230,732,726
OUTPATIENT HOSPITAL	125,343,902	131,436	-	-	-	131,436	125,475,338
PROFESSIONAL SERVICES	137,991,523	10,212,973	-	-	-	10,212,973	148,204,496
DRUGS	84,898,305	3,344,118	-	(1,500,000)	-	1,844,118	86,742,423
INDIAN HEALTH SERVICES	58,583,364	33,871,506	-	-	-	33,871,506	92,454,870
PRTF SERVICES	24,340,239	(3,368,924)	-	-	-	(3,368,924)	20,971,315
DENTAL SERVICES	36,094,013	81,672	-	-	-	81,672	36,175,685
PREMIUMS	54,734,853	1,960,057	-	-	-	1,960,057	56,694,910
OTHER SERVICES	169,005,814	(4,154,535)	(3,913,031)	(7,209,580)	(28,930,539)	(44,207,685)	124,798,129
EXPANSION MEDICAID	802,616,834	(140,517,494)	-	-	-	(140,517,494)	662,099,340
TOTAL FUNDS	**$ 1,721,259,120**	**$ (95,356,738)**	**$ (3,913,031)**	**$ (8,709,580)**	**$ (28,930,539)**	**$ (136,909,888)**	**$ 1,584,349,232**
GENERAL FUND	**$ 408,309,812**	**$ (6,464,511)**	**$ 15,065,244**	**$ (450,000)**	**$ (28,930,539)**	**$ (20,779,806)**	**$ 387,530,006**

DESCRIPTION	TO GOVERNOR	INFLATION	SERVICES - COST TO CONTINUE	SERVICES- DOJ	HEALTHCARE WORKFORCE	TOTAL CHANGES	TO HOUSE
TRADITIONAL MEDICAID	$ 922,249,892	$ 16,215,764	$ 7,209,580	$ 2,471,536	$ 4,379,540	$ 30,276,420	$ 952,526,312
INPATIENT HOSPITAL	230,732,726	4,703,996	-	-	-	4,703,996	235,436,722
OUTPATIENT HOSPITAL	125,475,338	1,646,360	-	-	-	1,646,360	127,121,698
PROFESSIONAL SERVICES	148,204,496	3,349,422	-	-	-	3,349,422	151,553,918
DRUGS	86,742,423	-	-	-	-	-	86,742,423
INDIAN HEALTH SERVICES	92,454,870	2,099,873	-	-	-	2,099,873	94,554,743
PRTF SERVICES	20,971,315	473,952	-	-	-	473,952	21,445,267
DENTAL SERVICES	36,175,685	817,570	-	-	-	817,570	36,993,255
PREMIUMS	56,694,910	-	-	-	-	-	56,694,910
OTHER SERVICES	124,798,129	3,124,592	7,209,580	2,471,536	4,379,540	17,185,248	141,983,377
EXPANSION MEDICAID	662,099,340	-	-	-	-	-	662,099,340
TOTAL FUNDS	**$ 1,584,349,232**	**$ 16,215,764**	**$ 7,209,580**	**$ 2,471,536**	**$ 4,379,540**	**$ 30,276,420**	**$ 1,614,625,652**
GENERAL FUND	**$ 387,530,006**	**$ 6,949,693**	**$ -**	**$ 1,235,768**	**$ 2,189,770**	**$ 10,375,231**	**$ 397,905,237**

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Comparison of budget expenditures and projections

By Budget Account Code

DESCRIPTION	2023-25 LEGISLATIVE BASE	Expended as of 12/31/2024	PROJECTION THROUGH 6/30/2025	UNDER/(OVER) BUDGET
511x Salaries - Regular	$ 13,729,287	$ 10,037,320	$ 13,702,435	$ 26,852
513x Salaries Temp	1,307,533	572,729	1,250,080	57,453
514x Salaries Overtime	-	79,463	79,463	(79,463)
516x Salaries Benefits	5,971,524	4,662,337	6,531,713	(560,189)
Total Salaries & Benefits	**$ 21,008,344**	**$ 15,351,849**	**$ 21,563,691**	**$ (555,347)**
52x Travel	94,824	70,220	112,975	(18,151)
53x Supply	20,628	5,530	11,866	8,762
54x Postage & Printing	162,889	71,960	132,125	30,764
55x Equipment under $5,000	2,100	1,615	2,665	(565)
58x Rent/Leases - Bldg/Equip	12,036	34,717	45,679	(33,643)
61x Professional Development	77,192	69,830	88,513	(11,321)
62x Fees - Operating & Professional	70,423,976	48,881,778	74,403,826	(3,979,850)
53x Supplies	14,331	5,433	12,440	1,891
71x Grants, Benefits, & Claims	1,722,386,862	1,113,295,489	1,559,610,024	162,776,838
Total Operating & Grants	**$ 1,793,194,838**	**$ 1,162,436,570**	**$ 1,634,420,112**	**$ 158,774,726**
Total	**$ 1,814,203,182**	**1,177,788,419**	**$ 1,655,983,803**	**$ 158,219,380**
Total General	**$ 471,540,015**	**$ 332,007,548**	**$ 435,257,475**	**$ 36,282,540**
Total Federal	**$ 1,283,426,536**	**$ 830,447,937**	**$ 1,158,157,412**	**$ 125,269,124**
Total Other	**$ 59,236,632**	**$ 15,332,933**	**$ 62,568,915**	**$ (3,332,283)**

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Legislative Bills with Potential Budget Impact

•HB 1067 – allows Medicaid coverage for otherwise eligible children lawfully present in the US and extends the Autism Spectrum Disorder waiver age to 21.

•HB 1451 – requires Medicaid coverage for antiobesity medication.

•HB 1454 – would prohibit step therapy for medications.

•HB 1464 – requires coverage of doula services in Medicaid & Medicaid Expansion.

•HB 1485 – increases personal needs allowance by $10.

•SB 2096 – creates regional acute psychiatric treatment and residential supportive housing services.

•SB 2190 – mandates coverage of ABA services for a variety of psychological and medical diagnoses.

•SB 2231 – adds select dental services for Medicaid Expansion members.

•SB 2271 – revises adults residential rate methodology.

•SB 2305 – requires Medicaid waivers to include paid family caregiving.

•SB 2316 – requires Medicaid to contract for regional providers for ventilator and psychiatric long term care.

Summary

Key Budget Drivers & Take Aways

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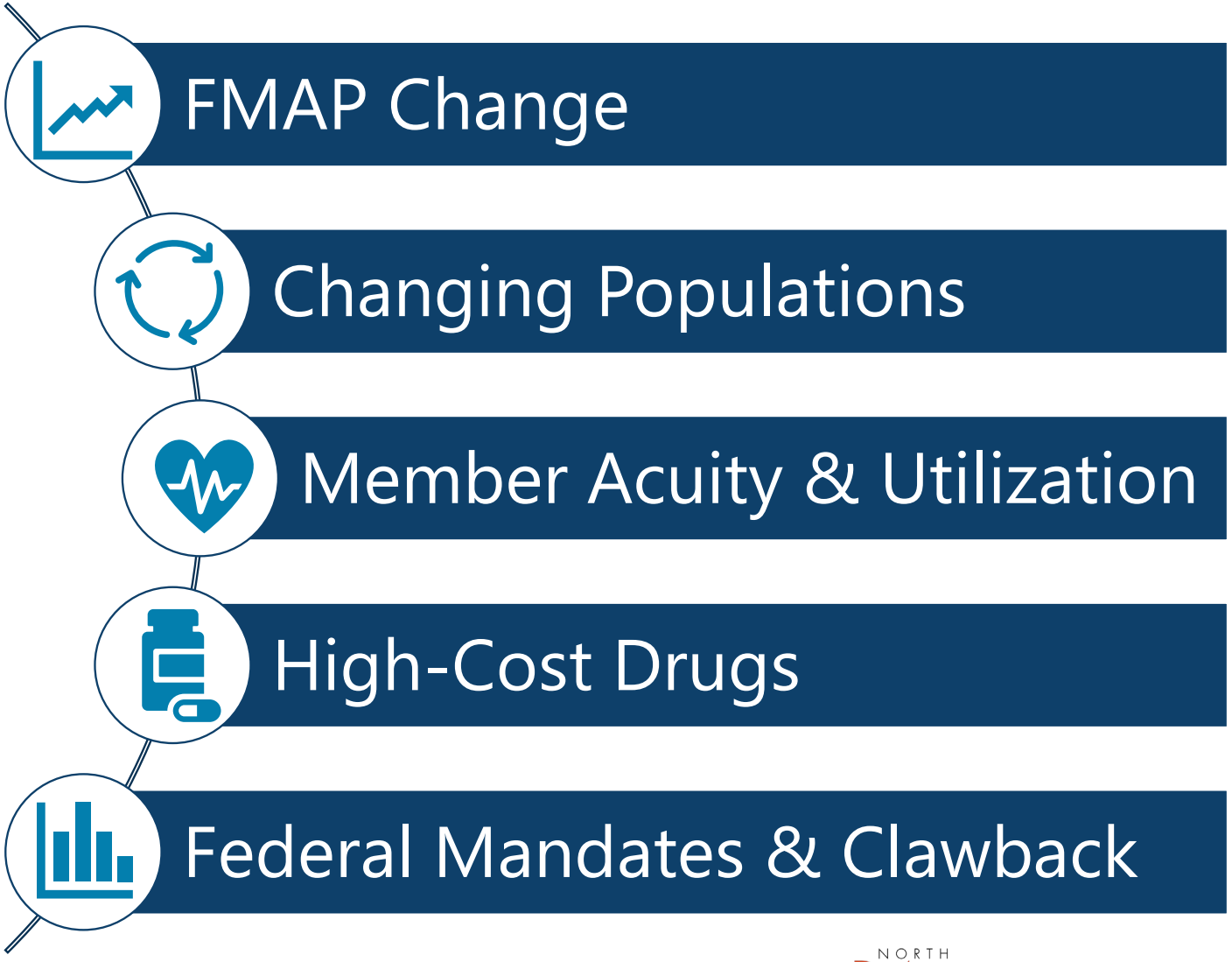
Key Budget Drivers



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Take-Aways

- Bending the Cost Curve
  - Value Based Care
- Delivering Whole Person Care
  - Cross Disability Waiver
- Promoting Sustainability & Value
  - Targeted Provider Rate Increases: Home Health and Private Duty Nursing, Qualified Service Providers, Ambulance
- Improving the Member & Provider Experience



Contact information

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#30895



HB1012 Overview to House Appropriations

House Appropriations | Human Resources Division
Representative Nelson, Chairman

January 23, 2025, Nancy Nikolas Maier | Director, Adult and Aging Services Section

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The Adult and Aging Services Section is designated as the State Unit on Aging. We administer and deliver more than 40 in-home and community-based services to eligible North Dakotans.

We also protect the health, safety, welfare and rights of vulnerable adults in the community and long-term care residents.

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ND Century Code Chapters

Chapter	Chapter Name
50-06	Department of Human Services
50-06.2	Comprehensive Human Services Programs
50-10.2	Rights of Health Care Facility Residents
50-10.2-02 (1)	Nursing Homes and Basic Care Facilities
50-11	Foster Care Homes for Children and Adults
50-24.1	Medical Assistance for Needy Persons
50-24.7	Expanded Service Payments for the Elderly and Disabled
50-25.2	Vulnerable Adult Protective Services
50-24.5	Aid to Aged, Blind, and Disabled Persons



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Providing programs that help adults access services closer to home



Administer Older Americans Act Services

- Contract with local providers for nutrition services, health maintenance and assistive technology
- Legal assistance, evidence-based falls prevention classes, CAPABLE program
- Companionship services



Support Caregivers

- Family Caregiver Support Program
- Lifespan Respite
- Dementia Care Services



Protect Vulnerable Adults

- Long-term Care Ombudsman
- Adult Protective Services
- Guardianship Establishment Fund



Support in-home and community –based living

- Service Payments to the Elderly and Disabled (SPED)/ Expanded SPED (ex-SPED)
- HCBS Medicaid waiver/ State Plan-Personal Care
- Money Follows the Person

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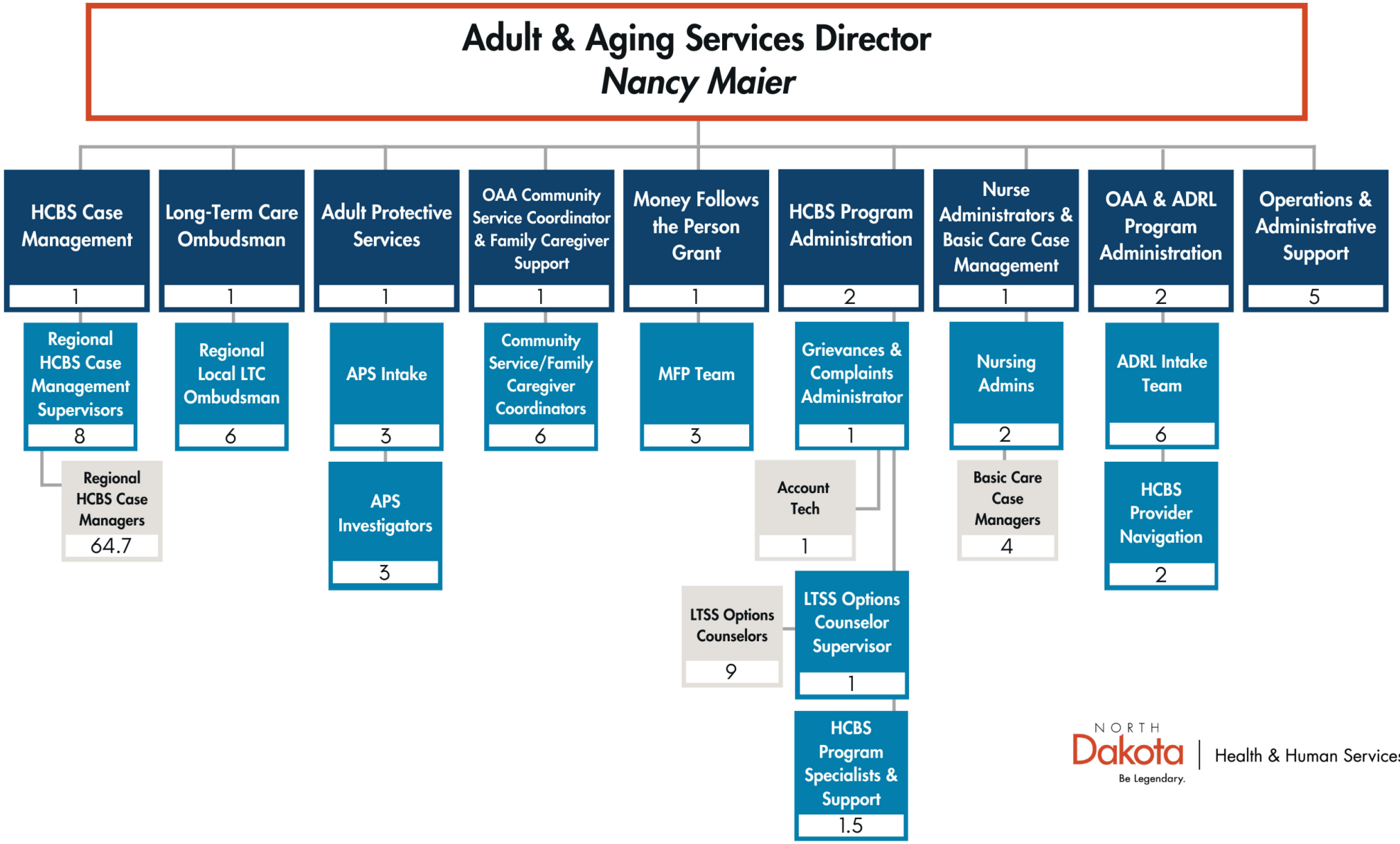

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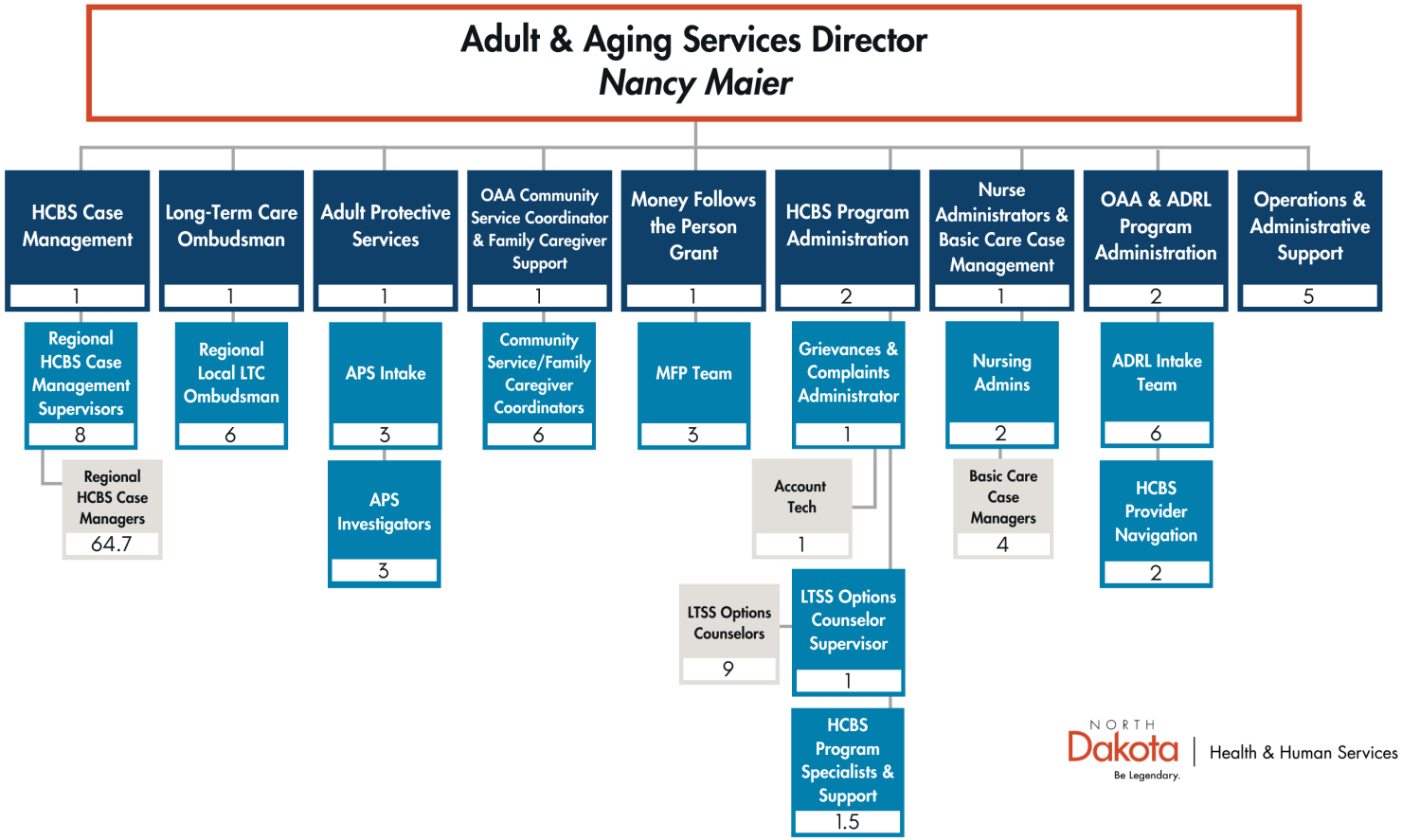
Adult & Aging Services:

Team Structure and Function

Adult & Aging Services Section			
Position #s Assigned/ Funding Exists	Positions Filled	# of Vacancies	# of Temporary Staff
*144.65***	*142.9*	*1.75**	*4**

*As of 12/01/2024
** 74 FTE in HSZ budget

Average Age	46
Avg Years of Service	*6*
Retirement Risk	*2%*
Turnover 2021	*7%*
Turnover 2022	*4%*
Turnover 2023	*7%*
Turnover 2024	*6%*



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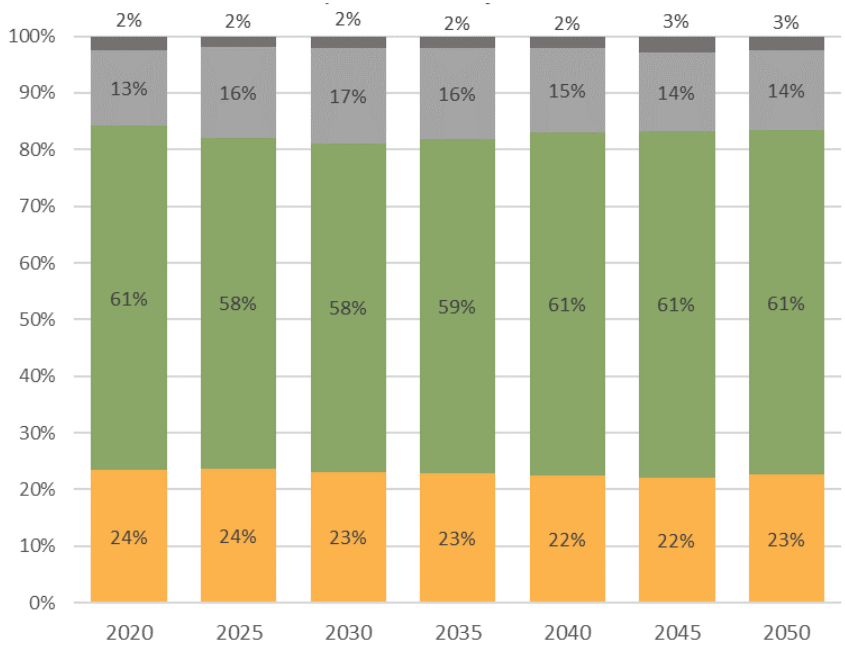
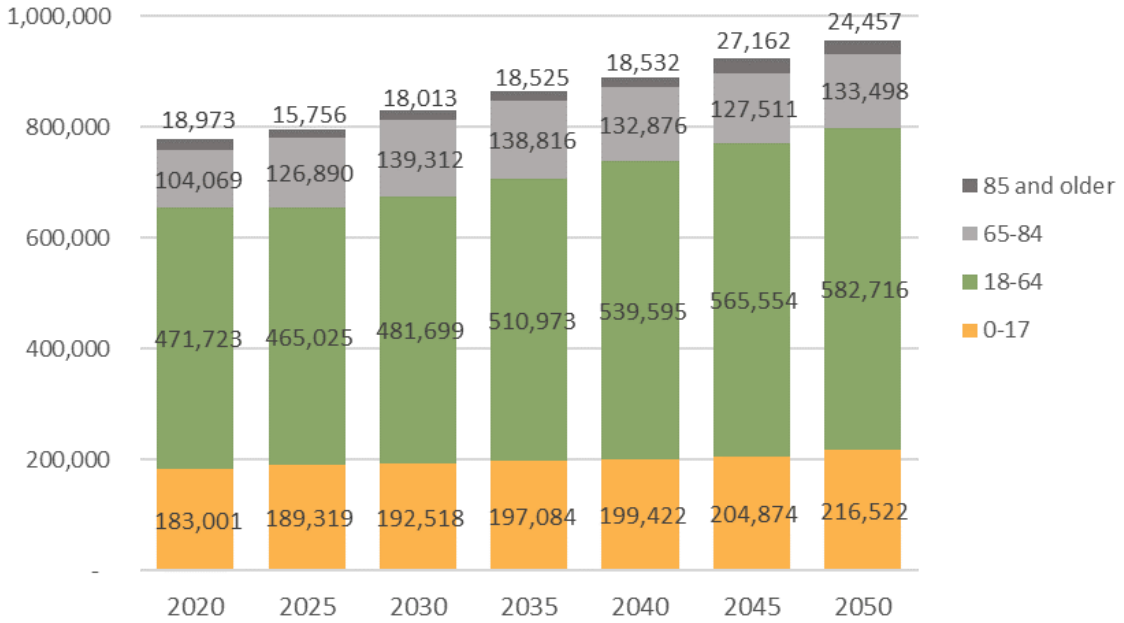
North Dakota demographic trends will contribute to the state's workforce challenges

North Dakota Population Projections 2020-2050 | ND Department of Commerce State Data Center





Source: ND 2024 Population Projection | State Data Center

The age shifts from 2020-2030 translate to **24-26,000 fewer people** in the peak "workforce ages" of **18-64**

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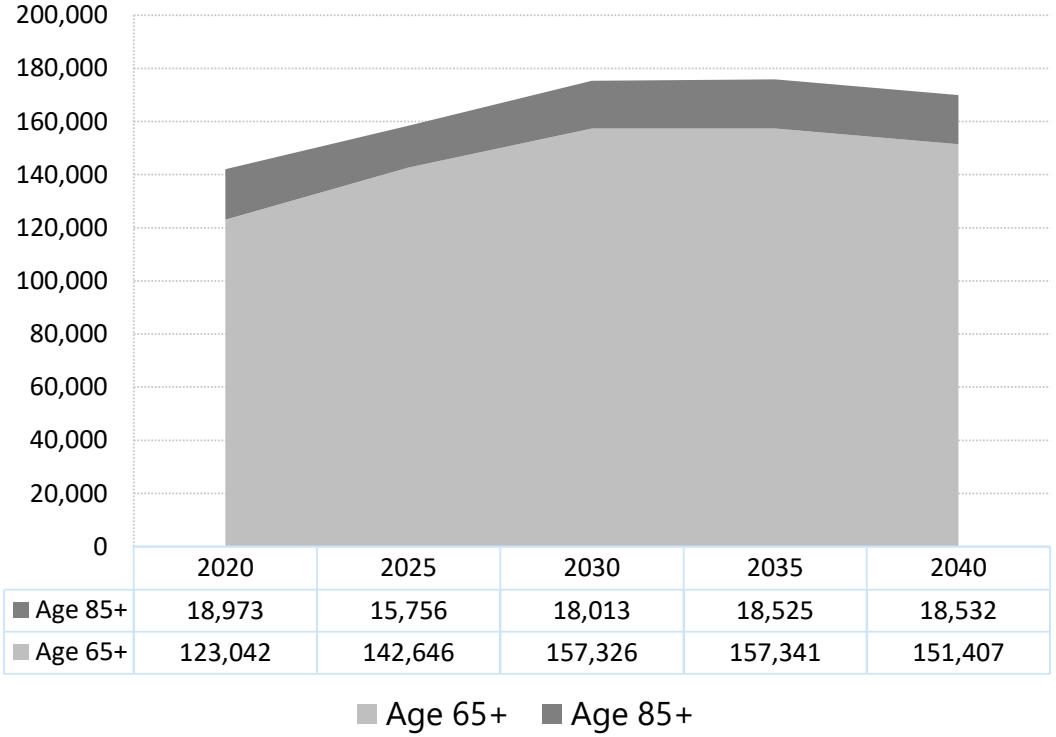
Who we serve

Older adults and adults with physical disabilities make up a growing percentage of North Dakota's population



	2020	2025	2030	2035	2040
Age 85+	18,973	15,756	18,013	18,525	18,532
Age 65+	123,042	142,646	157,326	157,341	151,407

Source: 2024 ND State Data Center Population Projections

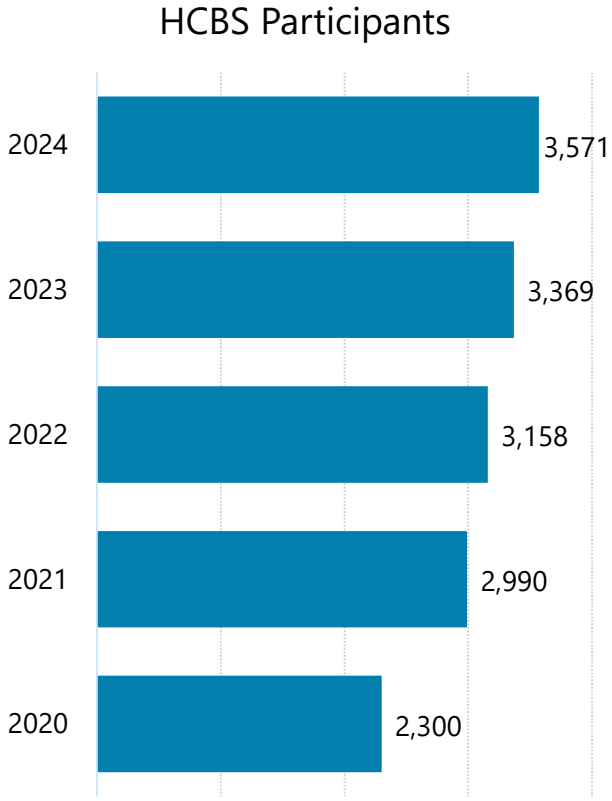
- The population age 65+ is expected to experience the **largest period of growth between now and 2035**
  - People age 65+ represent 18-19% of ND population
  - **Age 85+** consistently represents approx. 15% of total pop age 65+ but the **number of people** in that age group will **grow by 3,000** between now and **2035**

7 in 10

Americans 65+ will need LTC services for an average of 5 years

More North Dakotans are choosing home-based community care options every year

- ✓ The **demand** for in-home and community-based services has continued to **increase.**
- ✓ More HCBS participants have **complex needs** (medical and behavioral health) that increase the amount of time and skills necessary to provide **quality services.**
- ✓ **Rising acuity levels** have created a demand for more **complex services** and providers who can employ higher trained staff including **nurses and supervisory** staff.



54% increase since 2020

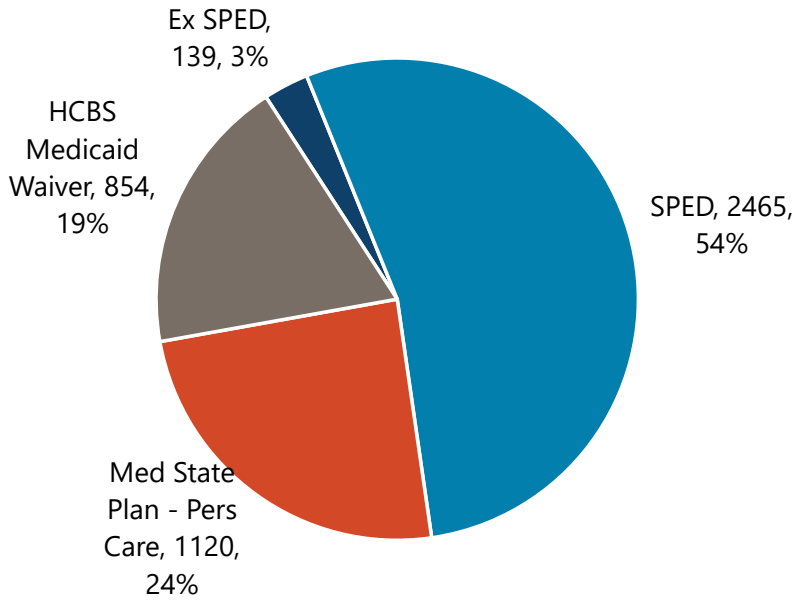
What is HCBS?
Services delivered in an **integrated setting**.

What is an integrated setting?
A private home, apartment etc., owned or rented by the individual or their family, or an individual adult foster care setting.

Home-based community care options older adults and adults with physical disabilities

3,571

Number of people supported by HCBS in CY2024



Source: NDHHS HCBS Caseload Data Nov 2024 (unduplicated count)

- Primarily serves older adults and individuals with physical disabilities
- Recipients must be both functionally and financially eligible
- May have client cost share based on income
- Federal and state funds
- Recipients range in age from 17-104 years old

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Adult & Aging Services

HCBS Case Management

HCBS Case Managers

Provide the support and structure needed to connect eligible people in need of in-home and community- based care to qualified service providers (QSPs) in their community.

What do they do?

- Determine eligibility
- Conduct person-centered planning
- Assess needs
- Authorize services
- Monitor for health and safety
- Provide support and guidance to family caregivers

73 and **4**

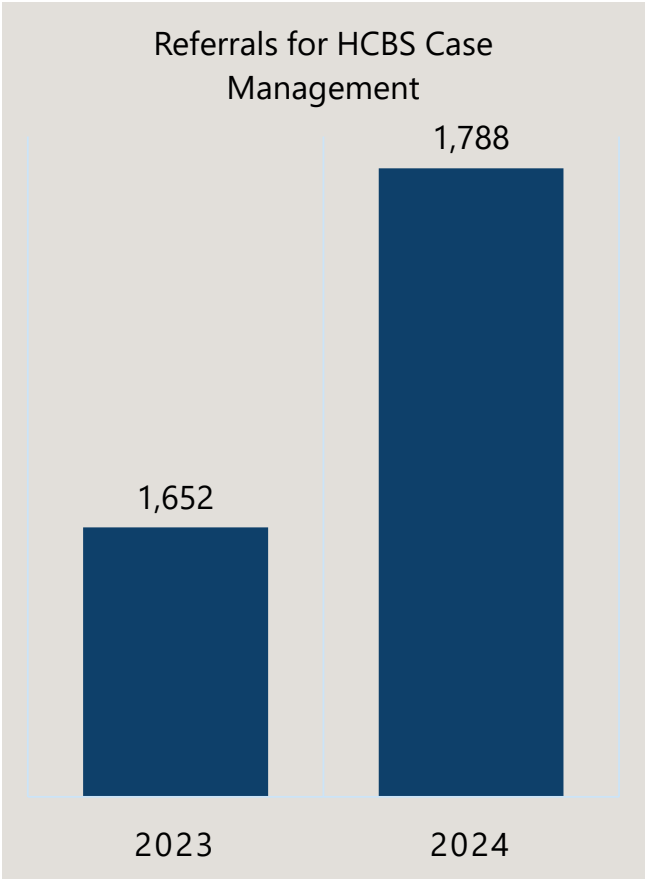
73 HCBS case managers and 4 Basic Care case managers are supervised by Adult & Aging Services

150 and **80**

On average, 150 new referrals and 80 new cases opened for HCBS each month

4,329

Provided Case Management to **3,538** HCBS recipients and **791** Medicaid Basic Care residents in 2024

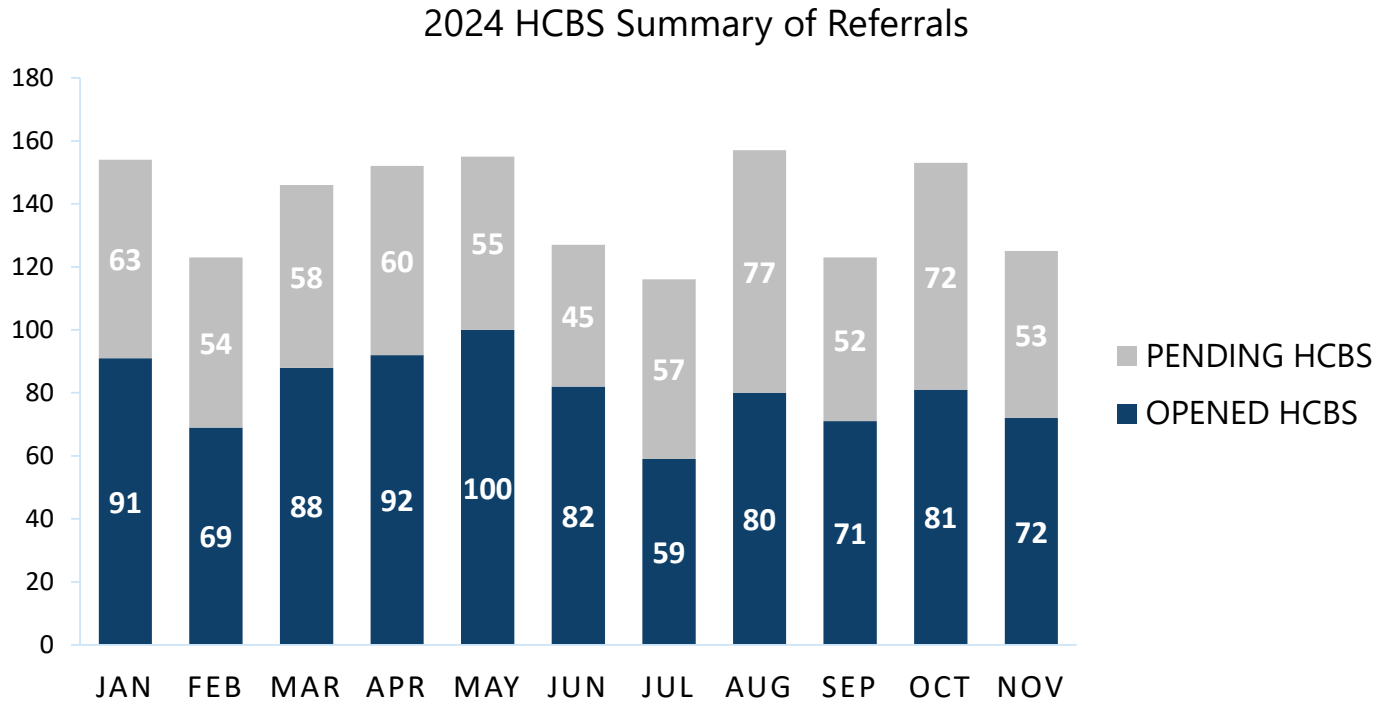


Adult & Aging Services

HCBS Case Managers handle pending cases, new referrals and case closures

The nature of HCBS work means that caseloads are constantly changing -- there are many cases opening and closing each month due to:

- ✓ Changes in chronic health conditions
- ✓ Medical emergencies (stroke, falls) that increase level of disability and need for assistance
- ✓ Death

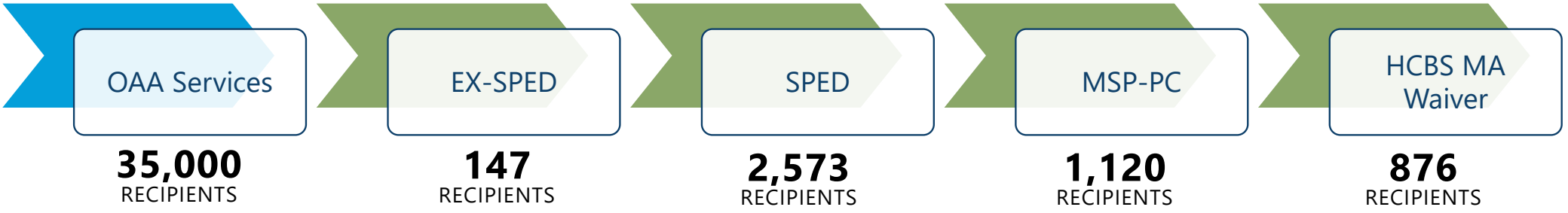


Continuum of home-based services available from early intervention to nursing facility *level of care*

Source: ND HHS, OAA FFY23 Report, HCBS Recipients CY2024

Early Intervention and preventative supports

24 hour supports
All inclusive services
TBI and Memory Care facilities
Adult Residential / Community Supports



Older American Act = OAA
Meals (group setting and at home), dementia supports, fall prevention, assistive tech, respite, fitness and preventative health care

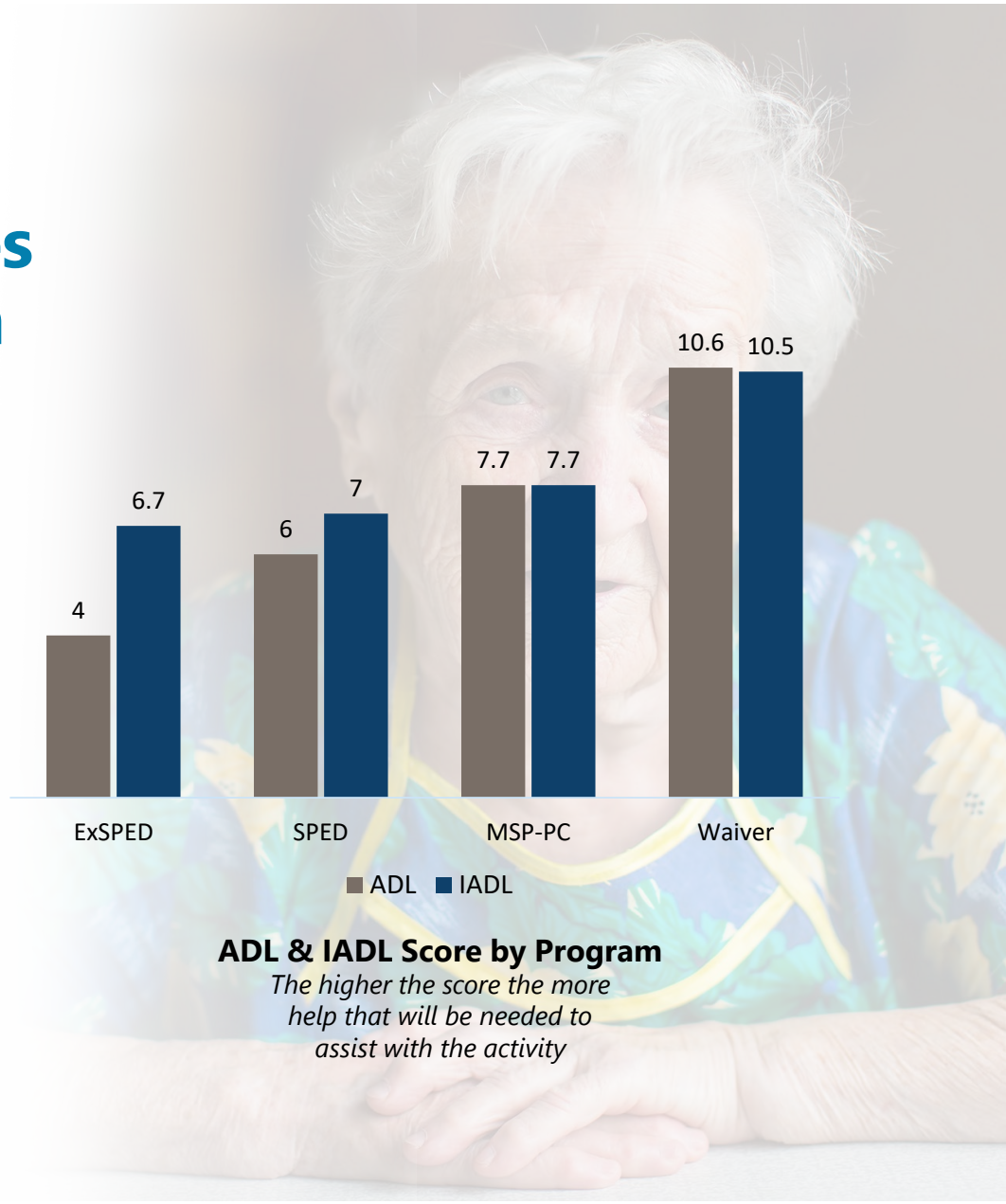
SPED, Expanded SPED and Medicaid State Plan Personal Care (MSP-PC)
House cleaning, snow removal, lawn care companionship, emergency response system, rides to essential services, help with personal care (bathing, dressing, toileting)

HCBS Medicaid Waiver
Personal care (more extensive), supervision for wandering and intermittent care needs, education from a nurse, nurse-performed medical tasks. Up to 24-hour care.

Overall acuity level and the complexity of needs increases across the service continuum

Activities of Daily Living(ADL) and Instrumental Activities of Daily Living (IADLs):

- Tasks we do to stay alive and well.
  - Eating, going to the bathroom,
  - Moving from place to place, shopping, housekeeping and meal preparation
- Difficulties with these tasks correspond to how much help, supervision, and hands-on care an older adult or adult with physical disability needs.
- Cooccurrence of behavioral health and complex medical needs increases the challenge of providing appropriate and effective care.



ADL & IADL Score by Program

The higher the score the more help that will be needed to assist with the activity

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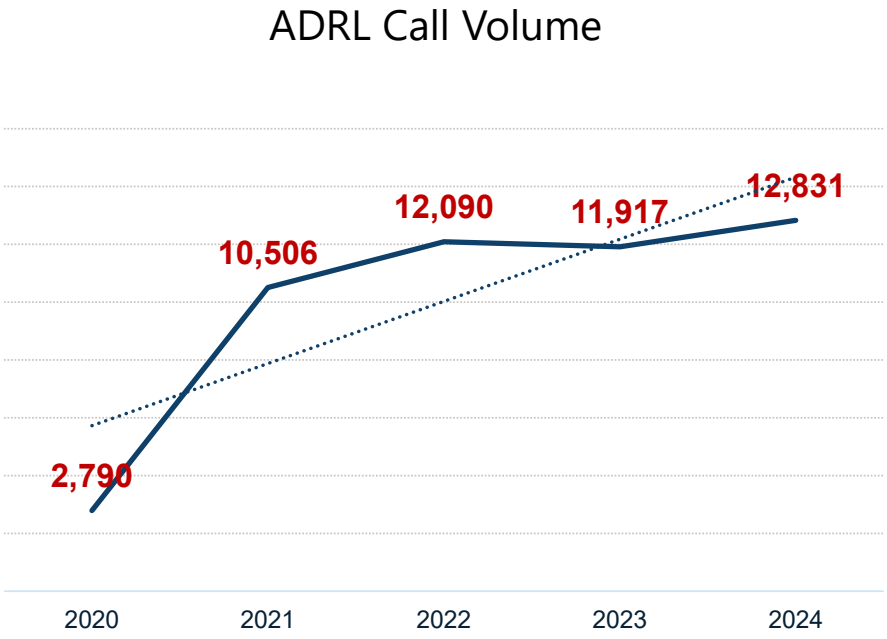
Aging and Disability Resource Link (ADRL) is a simplified access point for info about services

ADRL's Dual Purpose

- Process to receive and route referrals for services (centralized intake for HCBS services for programs administered by Adult/Aging services)
- Help guide North Dakotans to services that can help them stay independent as long as possible

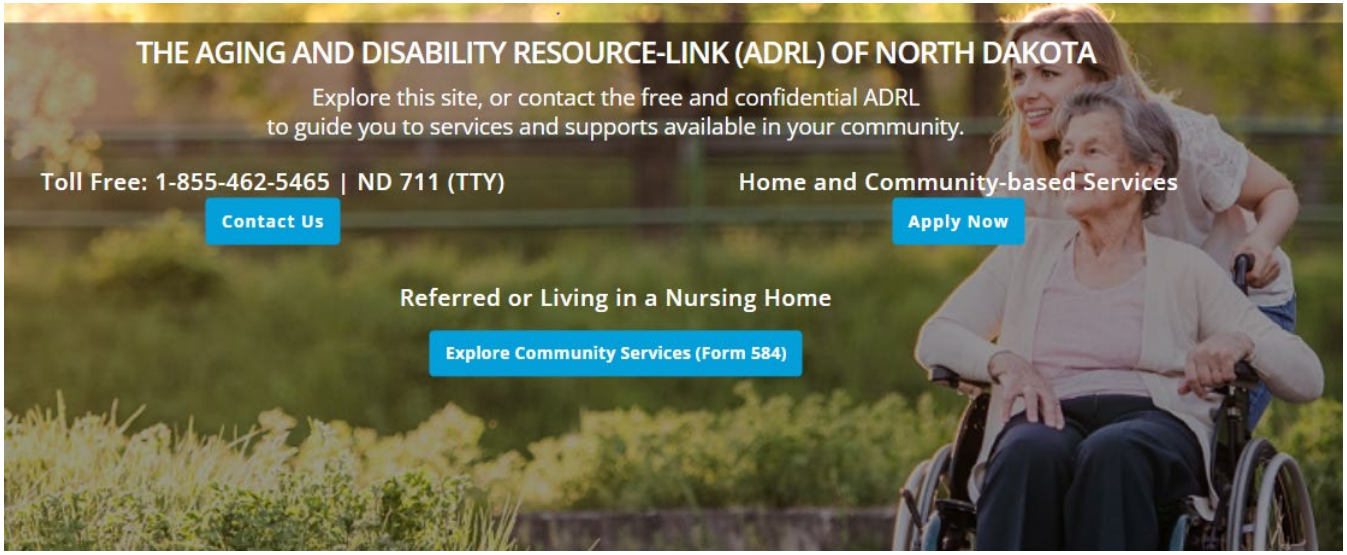
ND ADRL: 855-462-5465

- ✓ Based on "no wrong door" approach
- ✓ 6 people staff the ADRL (calls and emails)
  - FY2020-2024 = 50,134 calls, 48,768 unique website hits, 1,602 web intakes



The average wait time for the ADRL is 1 minute

ADRL – How it works



Who calls ADRL?

- 34% Self
- 30% Family/friends
- 18% Other Govt Svc
- 16% Healthcare Prof
- 2% SNFs

- 27% - age 0-60
- 37% - age 60-74
- 22% - age 75-84
- 14% - age 85+

Why are people calling?

- How can I find help for my parents...
- I am calling because I don't know where to begin....
- Help with what?
  - Household chores (cleaning, meal prep, buying groceries)
  - Personal care (ex. bathing, toileting, moving around their home and help getting outside)
  - Rent help and home modifications
  - Transportation to buy necessities and to medical appointments

- The ADRL team offers information, assistance, community referrals, and manages HCBS intake
- ADRL specialists assess HCBS eligibility by asking targeted questions
  - What's going on that made you decide to call?
  - Why do you need help?
  - What are your support systems? Resources? Where do you live?
- Referrals are sent to HCBS Case Managers who make a home visit, assess eligibility, create a care plan, and connect individuals with service providers

ADRL – How do people find out about it?

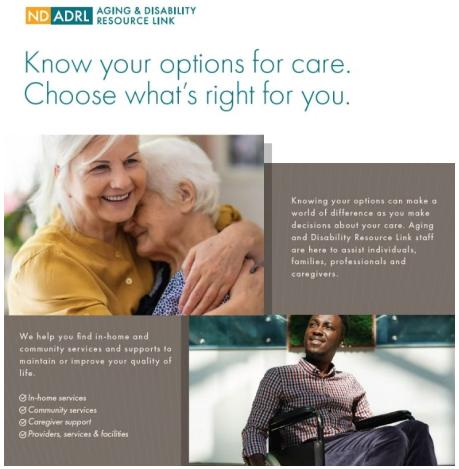
- Social Media Posts and Ads
- Community Partners and Providers
- Healthcare Professionals
- Community Events
- Professional Conferences
- Word of mouth
- Direct Mail
- Other Govt Agencies



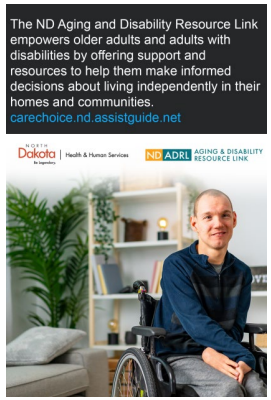
Aging and Disability Resource Link

Get connected to services and find information.

ADRL on HHS website









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Older Americans Act Services (OAA)

35,064
Older adults served in FFY 23

=

↑ **15%**
increase since FFY 22

- Serves people age 60+
- No income limits
  - Voluntary contribution
  - Cannot deny service due to unwillingness or inability to contribute
- Federal, state, local funds, and voluntary contributions (approx. $19 million federal grant per year)



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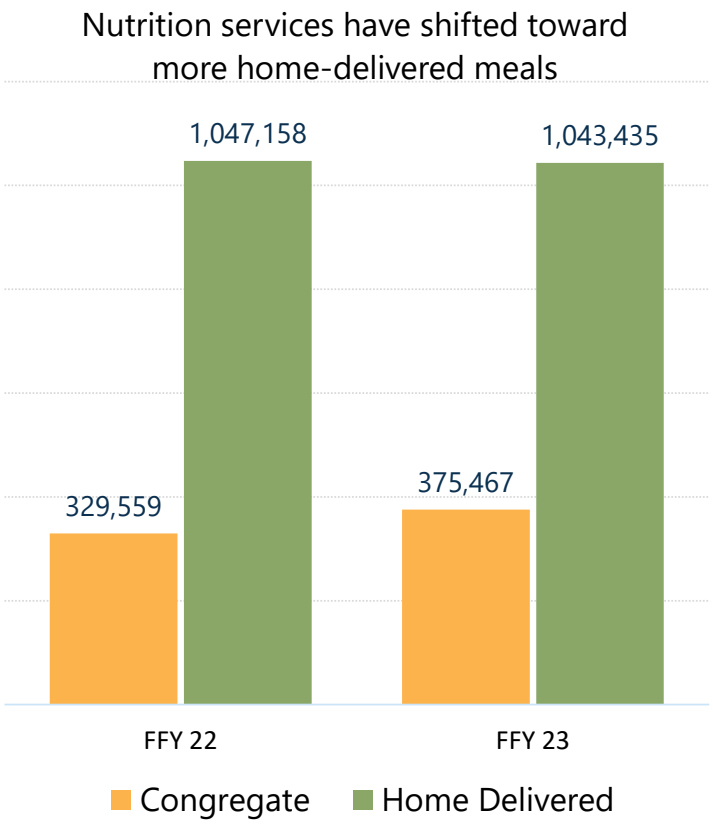
Older Americans Act Services

Senior Meals are delivered in a variety of ways

- Congregate meal site
- Home delivered
- Pre-packaged grab-and-go
- Take out meals
- Frozen meal options

1,418,902
Meals served FFY2023

19,059
Consumers served

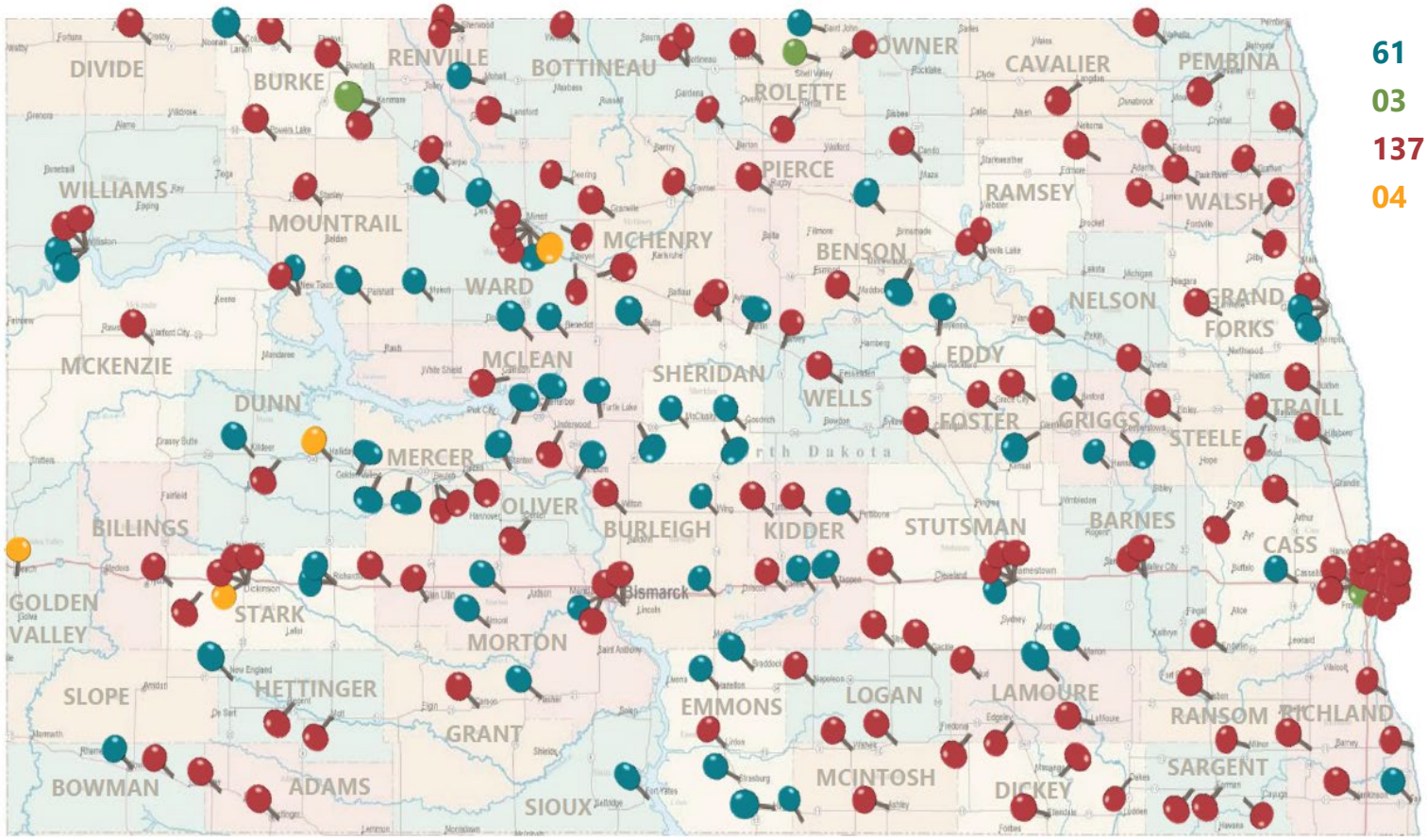




Services Delivered By: 8 Senior Nutrition Service Providers

Older Americans Act Services

There are 205 Senior Nutrition sites active in ND



61 Home Delivered Meals (HDM) Only

03 Congregate Nutrition Sites Only

137 Both Congregate and HDM Options

04 Café 60 Nutrition Sites

LAST UPDATED JULY 1st, 2024

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Older Americans Act Services

Senior Nutrition Services Funding

North Dakota Department of Human Services
Changes in Nutrition Services from 2023-2025 Appropriation to 2025-2027 Executive Budget

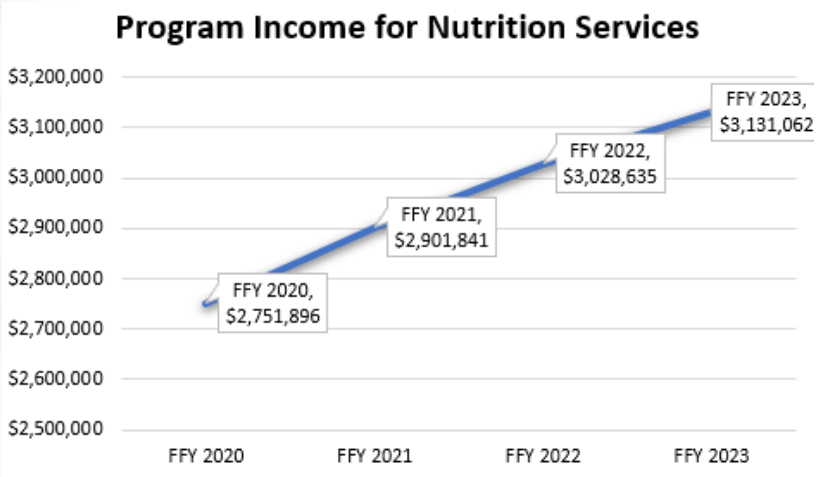
Service Description	2023-2025 Appropriation	Changes in federal funds	Changes in general fund	Total Changes	2025-2027 Budget to OMB	Inflation 4%/3%	2025-2027 Budget
Congregate Meals	7,743,245	1,473,746	(1,357,413)	116,333	7,859,578	0	7,859,578
Home Delivered Meals	14,737,382	320,340	1,597,108	1,917,448	16,654,830	0	16,654,830
Nutrition Services Incentives	1,717,891	(120,071)		(120,071)	1,597,820	0	1,597,820
State Funds to Providers	1,486,268		(761,194)	(761,194)	657,523	67,551	725,074
Total	25,684,786	1,674,015	(521,499)	1,152,516	26,769,751	67,551	26,837,302
General Funds	17,131,180	0	(521,499)	(521,499)	16,542,130	67,551	16,609,681



Older Americans Act Services

Senior Nutrition Services Funding

- Older adults are asked to contribute toward the cost of the meal.
- Services cannot be denied if no contribution is received.
- Each site posts their suggested donation rate and the full cost of the meal.
- Donations must be used to deliver additional services.



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Older Americans Act Services

Preventative Health

Community Aging in Place – Advancing Better Living for Elders (CAPABLE)

- **10** home visits from an **occupational therapist**, a **registered nurse**, and a **handyman** to help develop strategies to help "**age in place**" **11** individuals served in FFY23
- Evidence-based program produces results
  - Better **function**
  - Increased **motivation**
  - Reduced **depressive symptoms**, and
  - **Lower healthcare utilization**.

Falls Prevention Classes

- *Stepping On*
- *Tai Ji Quan*
- *Fit and Strong*

Family Caregiver Training

- *Powerful Tools for Caregivers*
- **364** individuals received falls prevention classes or caregiver training FFY23

Falls are the leading cause of injury among older adults.



Services Delivered By: ND Assistive, NDSU Extension, Master trainers certified to teach evidence-based classes

Older Americans Act Services

Supportive Services

Health Maintenance

Preventative services to assess and **maintain** the **health** and **well-being** of older adults

- Blood pressure/pulse/rapid inspection
- Foot care
- Home visits
- Medication set-up
- **3,663** individuals received health maintenance FFY23

Companionship

Services **reduce** social **isolation** for older adults and individuals with physical disabilities.

- Improves physical and mental health
- Helps prevent institutional placement
- **311** individuals received companionship FFY23



Services Delivered By: Senior Service Providers, Public Health, Qualified Service Providers (enrolled as companionship providers)

Older Americans Act Services

Assistive Devices and Telecommunications

Assistive Safety Devices Distribution

- Adaptive and **preventive health devices** for individuals aged 60 and older to support **independent living**
- Trained staff assist with purchasing, delivering, and installing devices such as grab bars, emergency response systems, medication dispensers, voice amplifiers, and seat lifts.
- **857** eligible individuals received **1,522** Assistive Safety Devices FFY23

Senior Safety Program - North Dakota Assistive

Telecommunications Equipment Distribution

- Specialized **telecommunications equipment** for individuals with **communication impairments**, including those who are deaf, hearing, speech, or mobility impaired.
- **232** eligible individuals received **320** telecommunications devices FFY23



Funded with OAA and state/federal telecom taxes assessed to landline and cell phone users

Services Delivered By: ND Assistive

Older Americans Act Services

Supportive Services

Legal Assistance Services

- **Legal advice** and **representation** for older adults with financial or social needs.
- Can assist with **legal issues** such as abuse, age discrimination, guardianship defense, health care, housing, income, long-term care, neglect, nutrition, protective services, and utilities.
- Advance Directive Workshops
- **826** individuals served in FFY23

Options Counseling

- Helped **509** older individuals, adults with physical disabilities, and their families **access** community services **and plan** for future care needs **--** regardless of income.
- Staff **assess needs** during home or virtual visits and **connect** individuals to **resources.**
- **522** visits were conducted statewide FFY23



Most common requests = help in finding in-home services and service providers

Services Delivered By: Legal Services of North Dakota, 6.5 HHS staff (Adult and Aging Services)

Caregiver Supports

Dementia Care Services

- Average **631** care consultations/information and assistance services per month for family caregivers and facility staff
- Average **107** attendees per month for their public and professional training SFY23

Lifespan Respite Grant

- Provides information and respite – short breaks for caregivers.

Family Caregiver Support

- **451** caregivers received care coordination, respite, and help paying for supplies, in FFY23

19,000 caregivers support 13,700 individuals 65+ who are living with Alzheimer's in ND.

Source: Alzheimer's Association (2024)

62,000 family caregivers in ND providing 58 million hours of unpaid family care.

Source: AARP (2024)



Services Delivered By: MN/ND Chapter Alzheimer's Association, Qualified Service Providers

Protect Vulnerable Adults

Long-Term Care Ombudsman Program

ND Long-Term Care System

5,047	Nursing Facility Beds
676	Swing Beds
2,104	Basic Care Beds
2,922	Assisted Living Units

- **7** LTC Ombudsman made **1,059** site visits to **247** facilities in FFY2023 where they connected with **6,255** residents.

Most Common Complaint Categories

- Care
- Autonomy, Choice, Rights
- Admission, Transfer, Discharge, Eviction

Top Topics for Individual Information & Assistance

- Resident Rights & Transfer/Discharge
- Quality of Care Issues
- Abuse/Neglect/Exploitation

---

783 Information & Assistance to individuals

537 Information & Assistance to Facility Staff

445 Complaints Received

308 Cases Closed

Services Delivered By: 1 FTE State LTC Ombudsman, 6 FTE Local LTC Ombudsman Adult and Aging Services Section

Protect Vulnerable Adults

Adult Protective Services (APS)

19 state and contracted staff

1,522 investigations

1,766 allegations

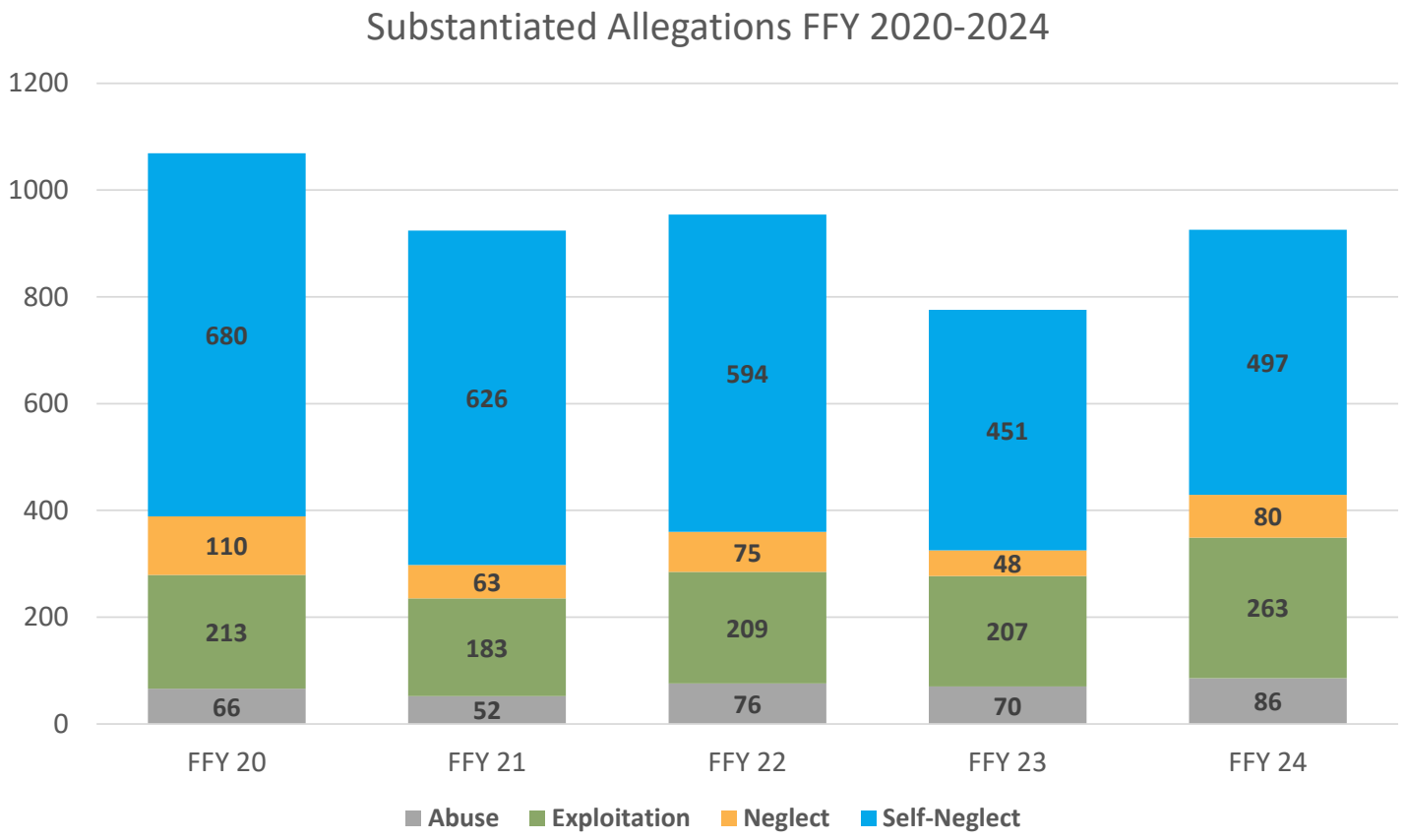
926 substantiated

Most common allegations:

Self Neglect

Exploitation

3 state staff conduct intake
APS program received
5,978 reports in SFY2024



Services Delivered By: Cass County Human Services Zone (HSZ), Mountrail McKenzie HSZ, Hart Counseling, HHS Adult/Aging Services (10 APS Investigator, 3 APS Intake



Protect Vulnerable Adults

Guardianship Establishment Fund

Fund pays legal costs associated with petitioning for guardianship for income-eligible adults who are incapacitated

Demand for guardianship establishment has been growing

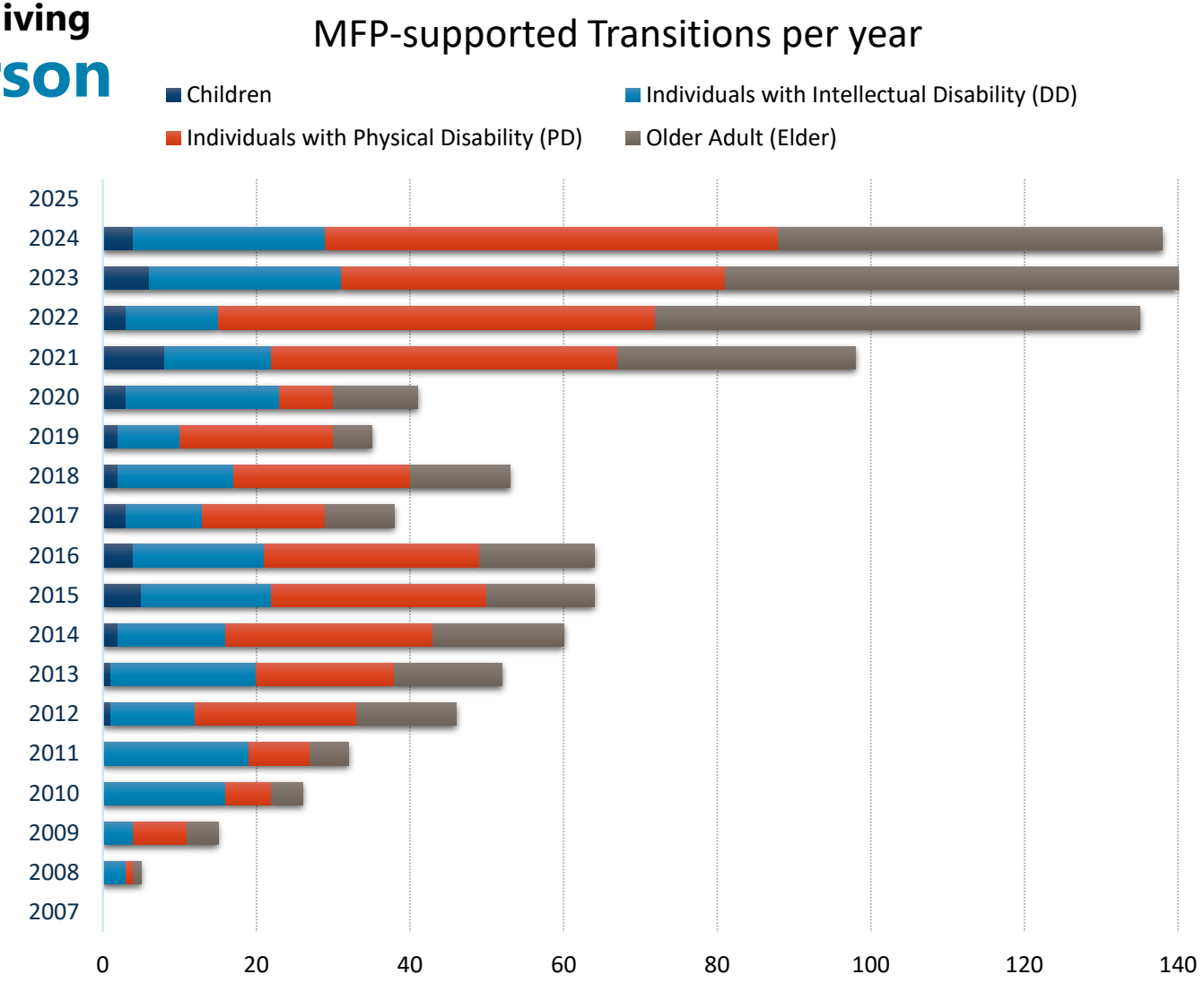
- 142 adults served by this Fund in 2021-23
- **261** adults served July 2023 – Dec 2024
- Current funds have almost been fully expended; HHS anticipates a wait list

$3,000 max petitioning cost per person *(increased by 23-25 legislature; previous cap was $2,500)*

Supporting in-home/community-based living

Money Follows the Person Grant

- Federal grant helps states expand HCBS usage to support LTSS and rebalance care systems.
- Eliminates barriers that prevent individuals from receiving LTSS in the setting of their choice
- MFP Grant started 2007 – ND award was $8.9 million
- Total award through 2024 - $60.5 million (fed) and $4.6 million (state)
- Supported transition out of institutional setting for 1,040 individuals over the past 17 years
- 38% of those transitions were done in the last 4 years.



Services Delivered By: Centers for Independent Living, ND Center for Persons with Disability Minot State, Qualified Service Providers

US DOJ Settlement Agreement Americans with Disabilities Act

- The Americans with Disabilities Act (ADA) requires public agencies to **eliminate unnecessary segregation** of persons with disabilities and provide services in the **most integrated setting appropriate** to the needs of the individual.
- In **1999** the Federal Supreme Court **Olmstead** decision **affirmed** the **ADA** requirements.
- Most **integrated setting** is an individual or family home



Implementing the Settlement Agreement between U.S. DOJ & State of North Dakota

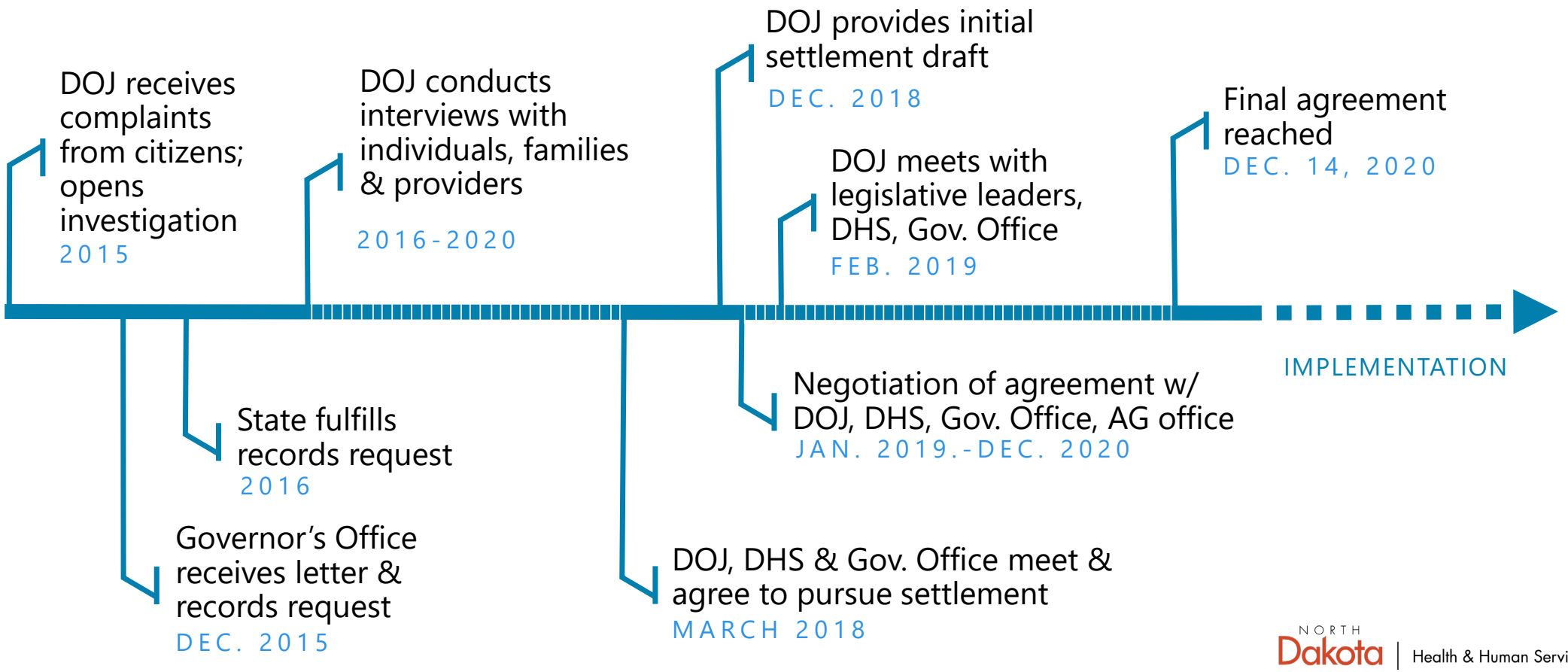
PURPOSE is to ensure that ND will **meet Americans with Disabilities Act (ADA) requirements** by providing services, programs, and activities for individuals with physical disabilities in the most integrated setting appropriate to their needs.

Effective Dec. 14, 2020

Agreement will terminate eight years after effective date if Parties agree that the state has attained substantial compliance with all provisions and maintained that compliance for a period of one year.



DOJ Settlement Agreement Timeline



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Settlement Agreement developed based on a variety of concerns

EXAMPLES PROVIDED BY DOJ

- **Unnecessary segregation** of disabled individuals in skilled nursing facilities
- Adults in skilled nursing facilities who would **rather be in their community**
- **Imbalance of funds** to skilled nursing facilities and community-based services
- **Lack of awareness** about existing transition services and available tools

Who are we trying to reach?

Target population members (TPMs)



Basic Eligibility

- Individual with physical disability
- Over age 21
- Eligible or likely to become eligible to receive Medicaid long-term services and supports (LTSS)
- Is likely to require LTSS for at least 90 days.

IF in skilled nursing setting

- Receive Medicaid-funded nursing facility services AND
  - Likely to require long term services and supports
- Receive nursing facility services AND
  - Likely to become eligible for Medicaid within 90 days, have submitted a Medicaid application, and have approval for a long-term nursing facility stay

IF in hospital or home setting

- Referred for a nursing facility level of care determination AND
  - Likely to need services long term
- Need services to continue living in the community AND
  - Currently have a HCBS Case Manager or have contacted the ADRL

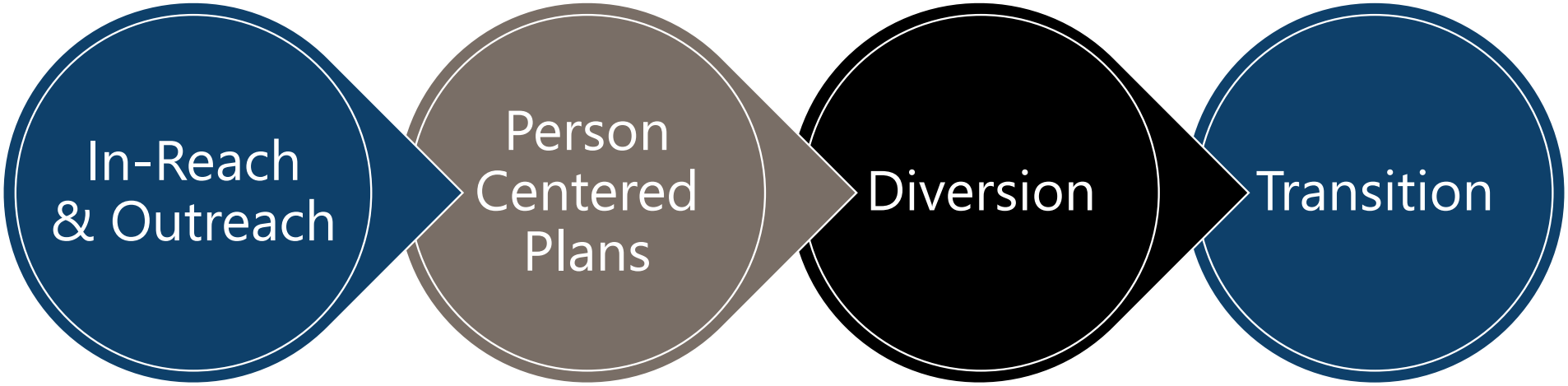
49
PER 1000

PEOPLE OVER 65 IN CERTIFIED NURSING FACILITIES

HIGHEST RATE IN THE U.S. **IN 2015**

Sources: Henry J Kaiser Foundation, US Census Bureau (2016)

ND & DOJ Settlement Agreement Implementation Strategy



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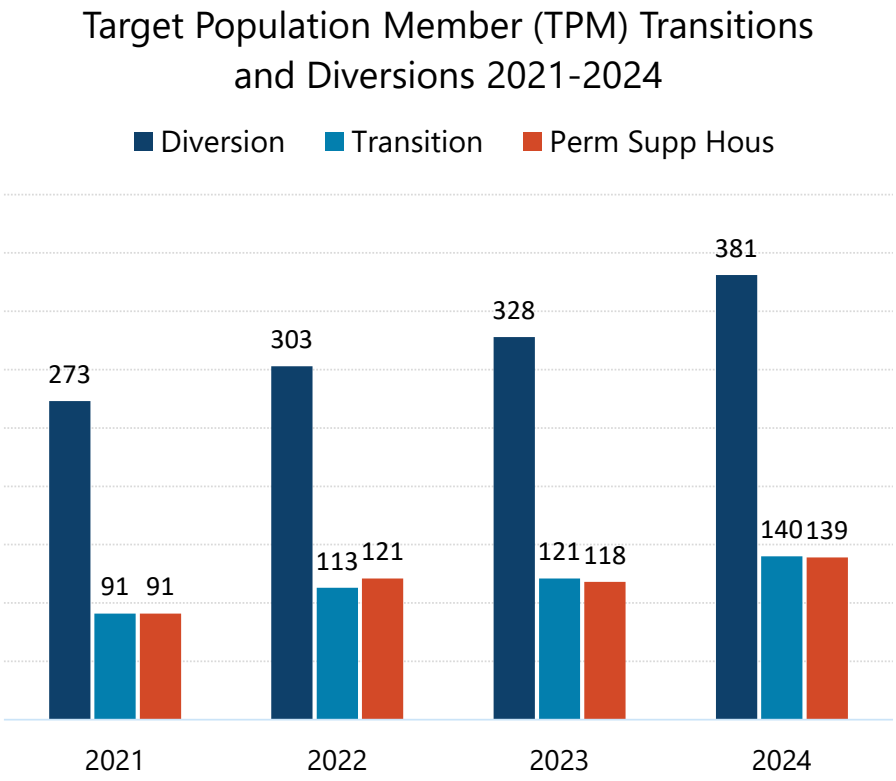
DOJ Settlement Agreement

HCBS is supporting increase in Transition and Diversion from institutional settings

"**Diversion**" happens when a Medicaid eligible individual who screens at a nursing facility level of care receives a set of services (HCBS, housing etc.) that allows them to remain in an integrated setting and avoid institutionalization.

"Transition" happens when a Medicaid eligible individual who resides at a nursing facility receives transition supports and a set of services (HCBS, housing etc.) that allows them to move to an integrated setting in the community.

"**Permanent Supported Housing**" is providing affordable housing, rental assistance, meeting with landlords, application assistance etc., in addition to other traditional HCBS that allows an individual to live in a private residence alone or with family, their significant other or roommates of their choosing.



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DOJ Settlement Agreement Benchmarks

2020-2024

- **Transition at least 100 TPMs** by the end of **year 2 (2022)**, and by the end of **year 4 (2024) transition at least 60%** of those requesting to transition out of the SNF (within 120 days of request).
- **Divert** at least **100** TPMs within **2 years (2022)** and an **additional 150** by the end of **year 4 (2024)** who are choosing to receive care in the community.
- Provide permanent supported housing (rental assistance) to **20 TPMs in year 1 (2021)**, **30 in year 2 (2022), 60 in year 3 (2023).**

2025-2028

- **Transition 70% of TPMs by year 6 (2026) and 85% by year 7 (2027)** who are requesting transition out of the SNF (within 120 days of request).
- **Divert** an **additional 150 TPMs** to community-based services by **year 6** (2026) and **continue to divert** all who are **choosing to receive care in the community.**
- **Provide** permanent supported housing **(rental assistance)** to additional TPMs based on the aggregate need. *Note: Almost all transitions require some type of state or federally funded rental assistance.*

The Agreement will terminate **eight years (Dec 13, 2028)** after the effective date if the Parties agree that the State has attained substantial compliance with all provisions and maintained that compliance for a period of one year.

Included in Executive Budget Request

Rental assistance funds to support transition/diversion

US DOJ Settlement Agreement requires the State to provide permanent supported housing (PSH), including rental assistance as necessary, to a specified number of target population members each year.

- Year 1 – 20 people
- Year 2 – 30 people
- Year 3 – 60 people
- Year 4+ - # based on aggregate of need

Total	General	Federal	Other
$300,000	$300,000	$0	$0

This is an ongoing funding request.

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State-Funded Rental Assistance to support community living for TPMs

State funded Rental Assistance helps individuals pay for affordable housing in the community when the cost of housing is putting them at risk of housing instability.

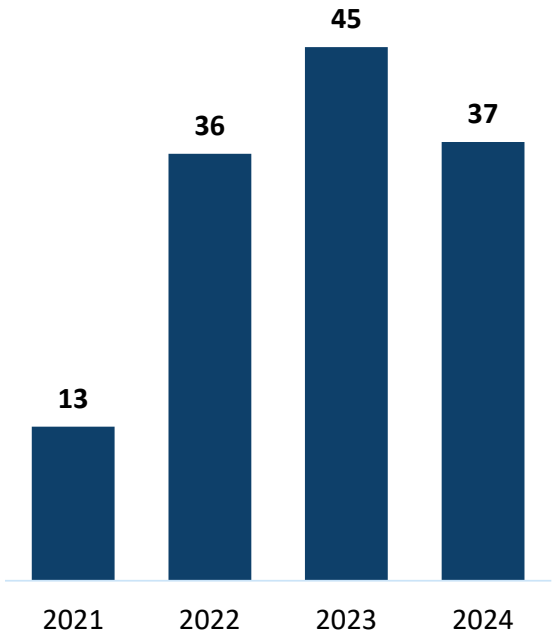
This flexible housing resource also supports diversion efforts by paying housing costs during an institutional stay, to assure the individual does not lose their place to live in the community while they are recovering from an injury or other circumstance that causes them to be out of their home temporarily.

Top 5 Housing Barriers for TPMs

1. Finding an accessible unit
2. Credit issues
3. Rental assistance
4. Eviction History
5. Need for Environmental Mod

About 80% of TPMs list "housing" as a barrier

TPMs accessing
State-funded rental assistance



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Included in Executive Budget Request

Adult Protective Services

HHS maintains responsibility for providing Adult Protective Services (APS) across North Dakota, which involves response to reports of abuse or neglect (including self-neglect) of vulnerable adults.

The APS unit has seen a growth in the number of report of suspected abuse/neglect over the last several years, with the most common types of reports related to self-neglect (i.e., inability to care for oneself) and financial abuse by others.

This request would allow HHS to more appropriately staff to the demand by adding resources to the **contracts** maintained with Mountrail/McKenzie and Cass Human Service Zones **for APS coverage**.

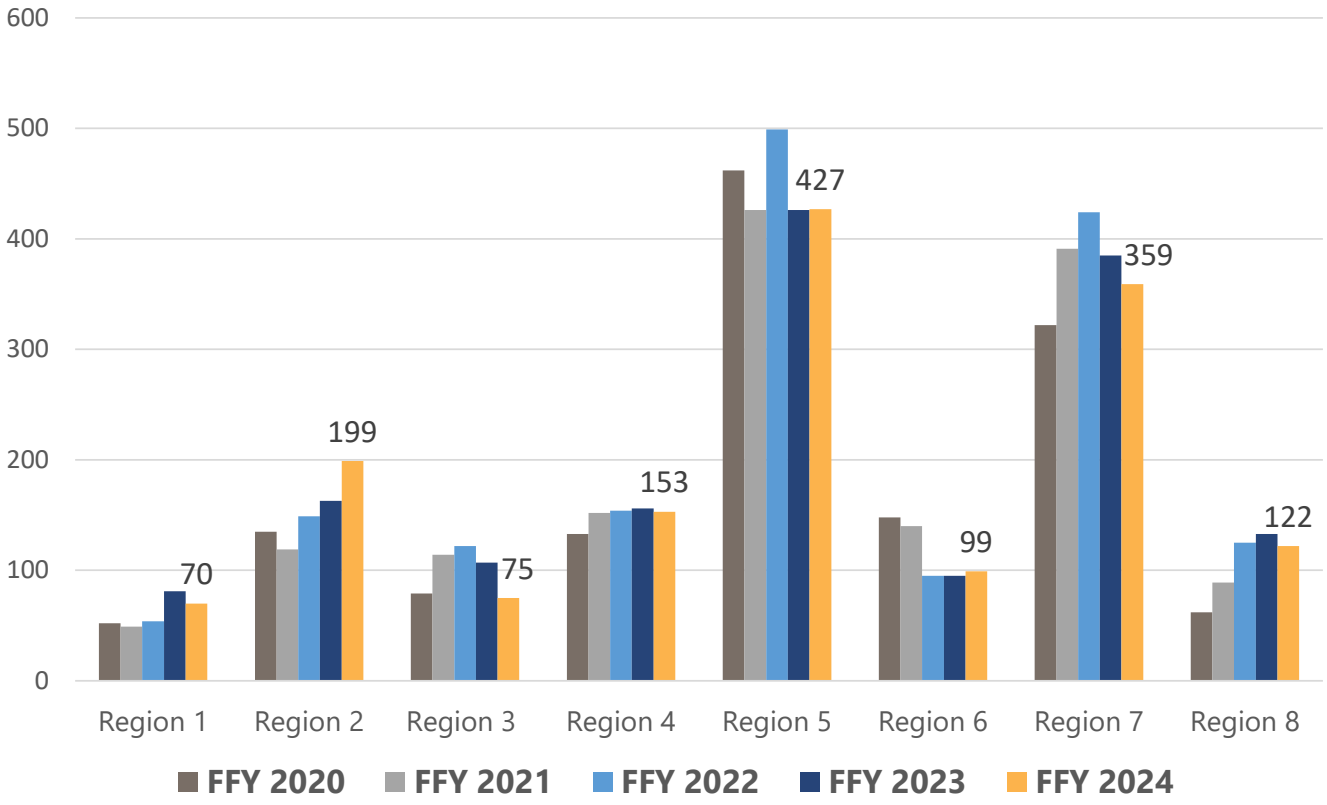
Total	General	Federal	Other
$718,522	$718,522	$0	$0

This is an ongoing funding request.



Protect Vulnerable Adults

APS Investigations by region and FFY



Region 1 & 2: Mountrail McKenzie HSZ

- 269 Investigations SFY24
- Rural territory, significant travel
- Lack of community resources

Region 6: Hart Counseling

- 99 Investigations SFY24
- Rural territory, significant travel
- Lack of community resources

Region 5: Cass HSZ

- 427 Investigations
- Reports have increased
- Complexity of cases is increasing

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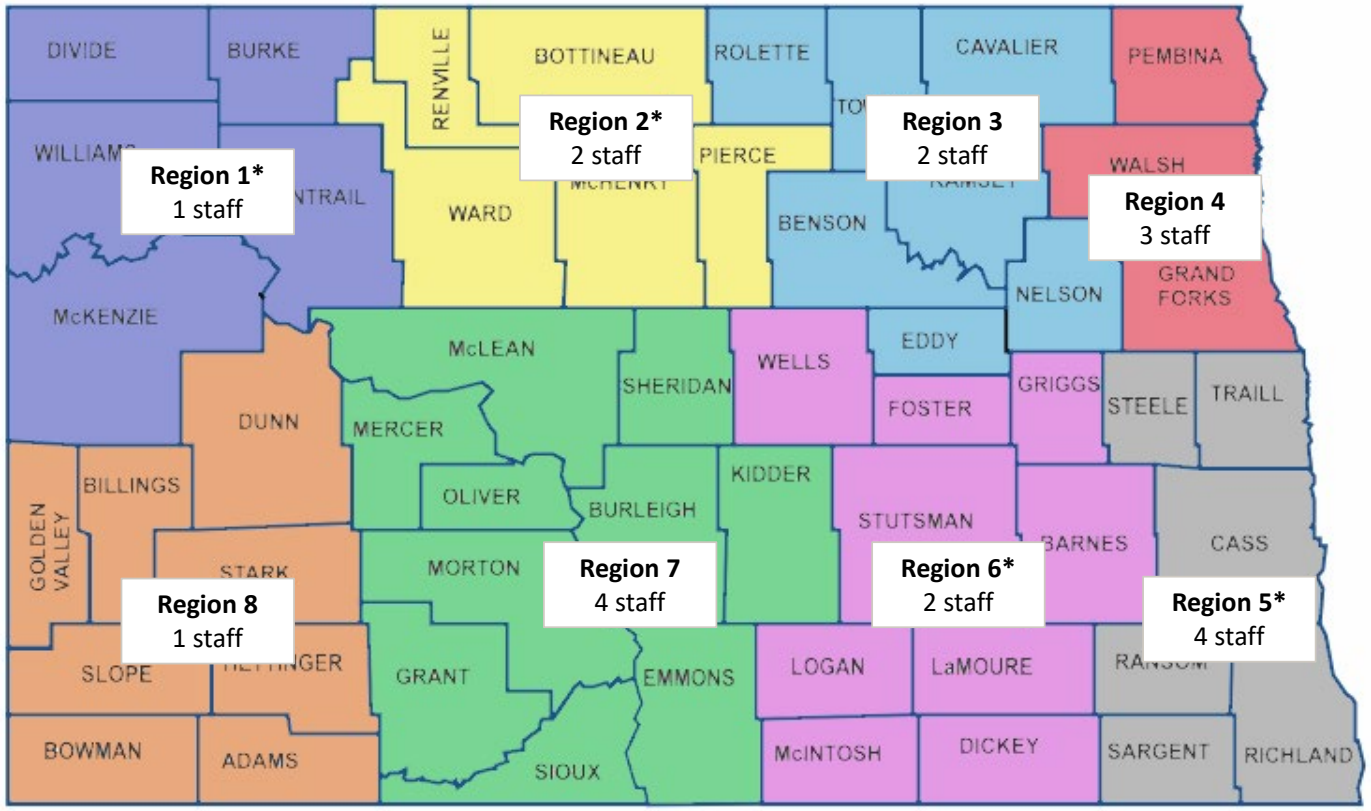
Protect Vulnerable Adults

APS Regional Coverage



** Territory served by contracted staff*

- ✓ HHS APS received almost 6,000 calls for a vulnerable adult report in 2024
  - Justice involvement
  - Homelessness
  - Housing providers
  - Family / Neighbors
- ✓ Rural areas are difficult for APS staff as there are not enough support services in rural communities, so they end up being more of a higher priority service as no one else can respond to concerns.

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Included in Executive Budget Request

Transition and Diversion support services

Flexible services designed to make it possible for people with special, and often significant, health needs to move out of institutional settings (like nursing homes, basic care facilities, and DD group homes) to community-based settings (owned or rented home).

The same set of services has been deployed to stop people from ever having to move to an institution (diversion) by supporting home mods to or moves between community settings.

The request anticipates funding sufficient to complete an estimated 500 transitions/diversions over the course of the biennium; this assumes an average cost per person served of $10,500. History from the pilot phase of this work show that most transitions assist individuals with a physical disability, support people at risk of homelessness or survivors of domestic violence. Most referrals come from HCBS case managers, from substance use treatment providers, centers for independent living, domestic violence centers, and community-based care coordinators (ex. Free Through Recovery).

Total	General	Federal	Other
$5,289,397	$2,733,934	$2,555,463	$0

This is an ongoing funding request.

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ND Options for Transition and Diversion

	HCBS Waivers (ID/DD & HCBS)	MFP	Transition/Diversion Project	Medicaid State Plan (incl 1915i)	Other Varied
Transition	Yes	Yes	Yes	Yes	Yes
Diversion	Yes	No	Yes	Yes	Yes
Allowable expenses?	• Home modifications • Assistive tech/devices • Services to support independence, including transition coord services	• Home modifications • Assistive tech/devices • Services to support independence • Rent and related housing deposits/fees	• Deposits (utility/rental) • Home modifications • Assistive technology • Household furnishings/supplies • Moving-related exp • Svc $ while Medicaid is pending	• Home modifications • Assistive tech/devices • Services to support independence	• Depends on program; most often includes care coordination, housing coord & financial planning

Who is eligible?	• Living in a Skilled Nursing Facility (SNF), Intermediate care facility (ICF), or hospital.
	• Waiver- eligible (Screen at Skilled Nursing Facility or Intermediate Care Facility (ICF), or hospital LOC and elig for Medicaid)
		• Living in a SNF, ICF, or hospital setting 60+ days
		• Medicaid eligible (NOT Medicaid Expansion)
		• Child or Adult with disability and meet institutional LOC
			• Institutional setting **even if <60 days**
			• **Alt congregate setting** or **already at home** but need supports to maintain
			• Child or Adult with Disability based on fed definition (**not necessarily LOC-based**)
			  • Medicaid elig (incl Expansion)
			  • Child w/disability (recv waiver svc)
			  • Adult – age 65+, w/physical disability or with ID/DD
				• Medicaid eligible includes Medicaid Expansion
				• Must be moving out of a Medicaid facility to qualify.
					• Free Through Recovery
					• Comm Connect
					• ND Rent Help
					• DD Trans/Div coord
					• HSZ child welfare coord

Funding	Medicaid	MFP Grant	ARPA 10% Fund + 2025-27 EBR	Medicaid	Various

What gap does the pilot fill?

Individuals who need some help attaining stability in home/community setting and who **do NOT meet eligibility criteria for other T/D resources** or have **needs NOT covered** by the other programs.

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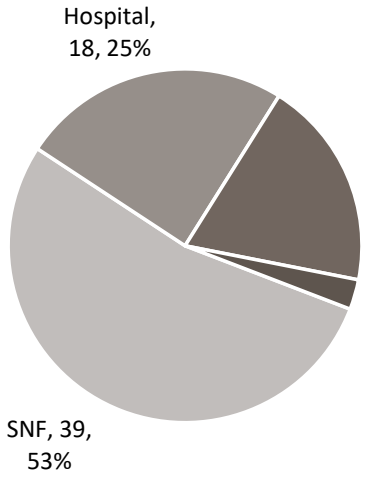
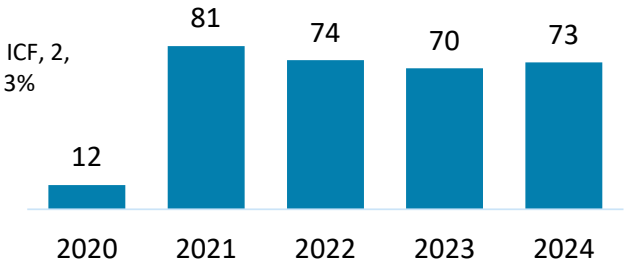
Impact of Transition and Diversion efforts

Transitions 2020-24

In SFY2024 people transitioned from:

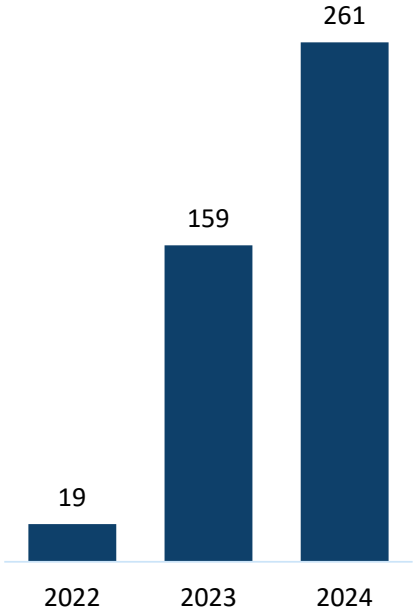




$3,002

Average spent/transition (SFY24)

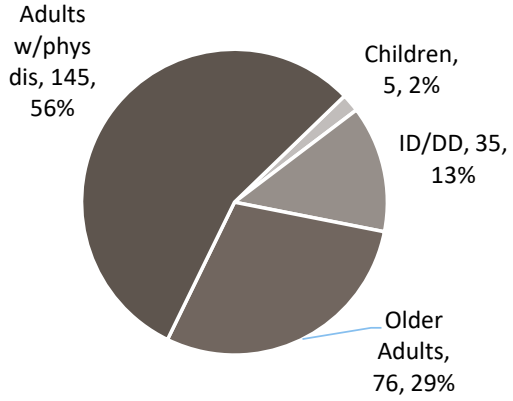
Diversions 2022-24



$3,742

Average spent/diversion (SFY24)

SFY2024 Diversions were completed for…



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Transition and Diversion (T/D) Project

Flexible resources designed to help Medicaid-eligible individuals who are not eligible for or have needs not covered by other T/D services, become or remain stably housed in the community.

Who benefits from the T/D Project?

- In an institutional setting <60 days
- In an "alt congregate setting" (ex. basic care, agency adult foster care, DD-ICF) or already at home but need supports to maintain
- Child or Adult with Disability (based on fed definition) but is NOT necessary to meet a SNF-LOC to access services
- Covered by Medicaid Expansion

What else makes the T/D Project unique?

Can provide help with:

- Housing costs (deposits including first month's rent, app fees)
- Getting-started household furnishings and supplies
- Support services while Medicaid coverage is pending



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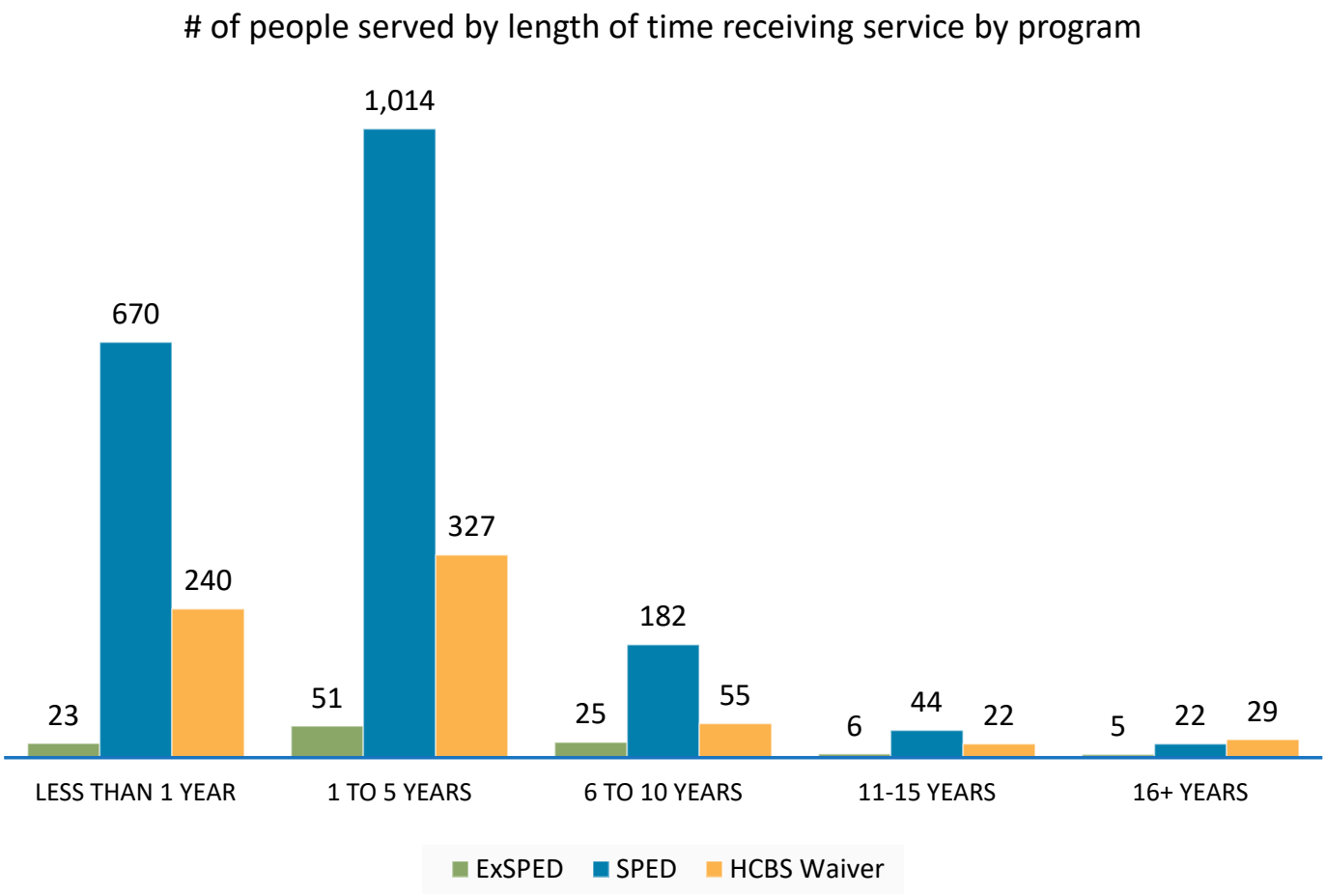
1-5 years is the typical duration of HCBS service to an individual



If people get the right supports in the beginning of the care continuum, people will stay out of later stage care longer.

If we can meet someone's needs in an earlier-stage service model, we will spend less over time than if they had to move to a later-stage service earlier than is necessary.

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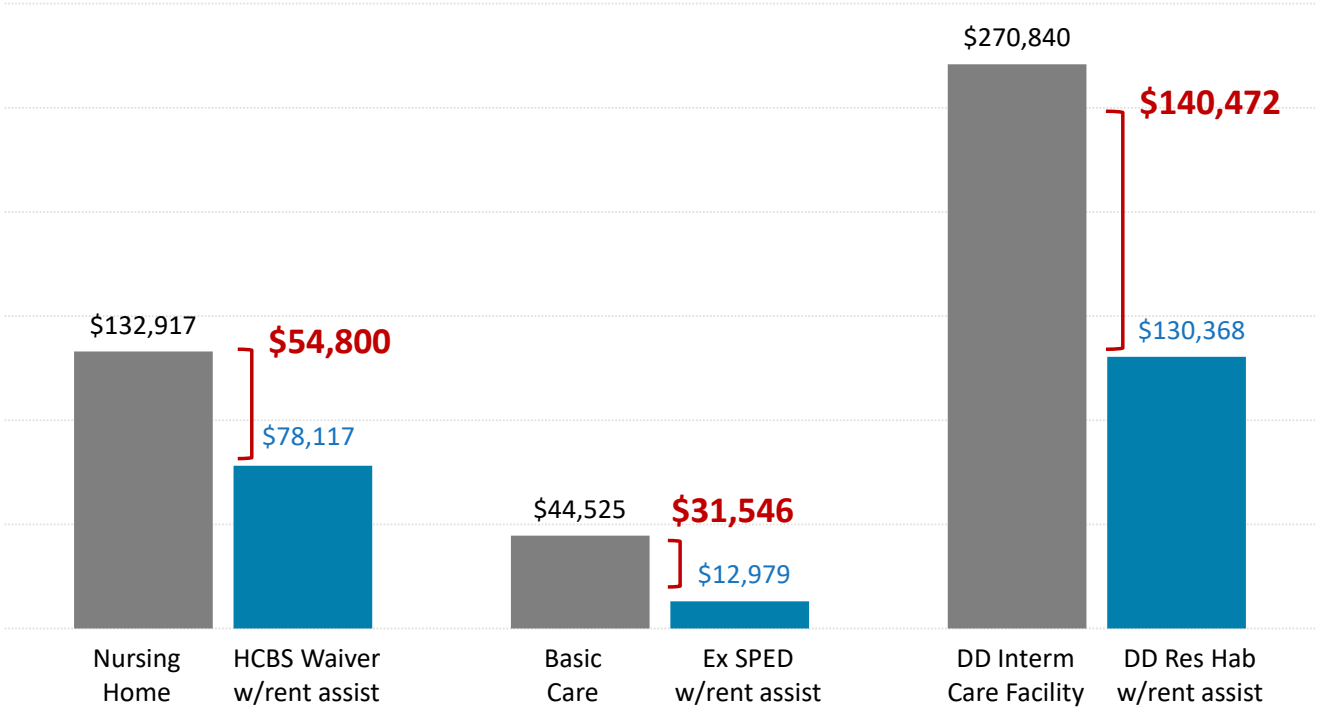
Financial Impact of Transition & Diversion

Simulated **per person per year cost savings** associated with living and receiving services in a more integrated vs a less integrated setting



Note: Simulation assumes average annual cost for each service type (HHS 2024) plus an assumed average monthly payment for housing assistance for each community-based service (HCBS waiver, Ex SPED and DD Res Hab)

Transition and Diversion can be accomplished when resources are flexible enough to meet unique needs and broad enough to address barriers holistically.

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Comparison of budgets and funding

By Budget Account Code

Description	2023-25 Legislative Base	2025-27 Executive Recommendation	Increase/ (Decrease)
511x Salaries - Regular	$ 6,923,252	$ 9,998,826	$ 3,075,574
513x Salaries Temp	2,351,736	123,552	(2,228,184)
514x Salaries Overtime	-	30,000	30,000
516x Salaries Benefits	3,392,244	5,018,911	1,626,667
Total Salaries & Benefits	**$ 12,667,232**	**$ 15,171,290**	**$ 2,504,057**
52x Travel	119,417	257,477	138,060
53x Supply	5,881	15,920	10,039
54x Postage & Printing	12,174	9,970	(2,204)
55x Equipment under $5,000	1,000	5,000	4,000
57x Insurance	3,300	-	(3,300)
58x Rent/Leases - Bldg/Equip	289,299	248,916	(40,383)
59x Repairs	-	1,817	1,817
61x Professional Development	42,463	40,964	(1,499)
62x Fees - Operating & Professional	44,411,855	54,323,360	9,911,505
53x Supplies	3,000	3,000	-
60x IT Expenses	22,800	509,712	486,912
71x Grants, Benefits, & Claims	3,804,695	4,379,984	575,289
Total Operating	**$ 48,715,884**	**$ 59,796,120**	**$ 11,080,236**
Total	**$ 61,383,116**	**$ 74,967,409**	**$ 13,584,293**
Total General	**$ 26,606,768**	**$ 32,690,891**	**$ 6,084,123**
Total Federal	**$ 32,970,714**	**$ 41,976,517**	**$ 9,005,804**
Total Other	**$ 1,805,634**	**$ 300,000**	**$ (1,505,634)**

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Operating Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
Money Follows the Person Service Contracts	$ 13,032,828	$ 1,975,395	$ 15,008,223		$ 15,008,223	
Services to support transition and diversion from institutional settings (DOJ)	-	5,289,397	5,289,397	2,733,934	2,555,463	
Housing Assistance to support targeted population member transitions (DOJ)	-	300,000	300,000	300,000		
DOJ - Consultant Contract	511,388	(8,580)	502,808	387,162	115,646	
Guardianship Service Providers	423,000	-	423,000	423,000		
Adult Protective Service Contracts	239,929	470,670	710,599	390,829	319,770	
Health/Nutrition Provider Contracts	27,957,786	2,933,343	30,891,129	18,323,804	12,567,325	
Family Caregiver Support Providers	2,087,398	196,602	2,284,000	991,256	1,292,744	
Marketing Service Contracts	60,000	-	60,000	42,000	18,000	
Admin Services (Advertising, Background checks, Interpreters, service awards)	99,526	(79,112)	20,414	6,906	13,508	
Operation Underfund		(1,166,210)	(1,166,210)	(1,166,210)		
		-				
GENERAL FUND	**$ 18,248,893**	**$ 4,183,788**	**$ 22,432,681**	**$ 22,432,681**		
FEDERAL FUND	**24,729,351**	**7,161,328**	**31,890,679**		**31,890,679**	
OTHER FUND	**1,433,611**	**(1,433,611)**	**-**			**-**
GRAND TOTAL	**$ 44,411,855**	**$ 9,911,505**	**$ 54,323,360**	**$ 22,432,681**	**$ 31,890,679**	**$ -**

NORTH Dakota Be Legendary. | Health & Human Services

Grants Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
Adult Protective Services Grants	$ 1,176,698	$ 217,507	1,394,205	$ 1,087,448	$ 306,757	
Telecommunication Equipment Distribution Grant	300,000	-	300,000			300,000
Preventitive Health - Contract	245,997	14,003	260,000		260,000	
Health and Nutrition Contracts	477,000	343,779	820,779	347,682	473,097	
Dementia Care Services - Alzheimer Association	1,605,000	-	1,605,000	1,605,000		
GENERAL FUND	**$ 2,125,365**	**$ 914,765**	**$ 3,040,130**	**$ 3,040,130**		
FEDERAL FUND	**1,379,330**	**(339,476)**	**1,039,854**		**1,039,854**	
OTHER FUND	**300,000**	**-**	**300,000**			**300,000**
GRAND TOTAL	**$ 3,804,695**	**$ 575,289**	**$ 4,379,984**	**$ 3,040,130**	**$ 1,039,854**	**$ 300,000**

NORTH Dakota | Health & Human Services
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Comparison of budget expenditures and projections

By Budget Account Code

Description	2023-25 Legislative Base	Expended as of 12/31/2024	Projection through 6/30/2025	Under/ (Over)
511x Salaries - Regular	$ 6,923,252	$ 6,700,335	$ 8,797,143	$ (1,873,891)
513x Salaries Temp	2,351,736	360,571	456,971	1,894,765
514x Salaries Overtime	-	46,104	46,104	(46,104)
516x Salaries Benefits	3,392,244	3,184,067	4,210,759	(818,515)
Total Salaries & Benefits	**$ 12,667,232**	**$ 10,291,077**	**$ 13,510,977**	**$ (843,745)**
52x Travel	119,417	247,294	329,451	(210,034)
53x Supply	5,881	22,774	29,554	(23,673)
54x Postage & Printing	12,174	9,189	11,424	750
55x Equipment under $5,000	1,000	11,600	11,600	(10,600)
57x Insurance	3,300	-	-	3,300
58x Rent/Leases - Bldg/Equip	289,299	178,788	238,618	50,681
59x Repairs	-	2,141	2,141	(2,141)
61x Professional Development	42,463	56,382	60,352	(17,889)
62x Fees - Operating & Professional	44,411,855	35,098,342	58,608,219	(14,196,364)
53x Supplies	3,000	3,474	4,624	(1,624)
60x IT Expenses	22,800	92,883	123,188	(100,388)
71x Grants, Benefits, & Claims	3,804,695	4,228,736	5,530,357	(1,725,662)
Total Operating	**$ 48,715,884**	**$ 39,951,602**	**$ 64,949,529**	**$ (16,233,645)**
Total	**$ 61,383,116**	**50,242,679**	**$ 78,460,506**	**$ (17,077,389)**
Total General	**$ 26,606,768**	**$ 24,896,281**	**$ 32,642,974**	**$ (6,036,205)**
Total Federal	**$ 32,970,714**	**$ 18,984,961**	**$ 28,515,897**	**$ 4,454,817**
Total Other	**$ 1,805,634**	**$ 6,361,438**	**$ 17,301,635**	**$ (15,496,001)**

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Summary of Service Contracts

Who provides the care?

- Eight OAA Senior Nutrition Program (senior meals)
- Six Health Maintenance providers (OAA support svc)
- Four Tribal Nutrition/Home visiting agencies
- Three Adult Protective Services agencies (APS)
- Four Centers for Independent Living (Money Follows the Person Transition Coordination)
- Alzheimer's Association (Dementia Care services)
- ND Center for Persons with Disabilities (Housing facilitation for transition/diversion)
- ND Assistive (Senior Safety and Telecommunications)
- Legal Services of North Dakota (Legal Assistance)
- NDSU Extension (OAA support svc)
- Community of Care



Policy bills impacting Adult and Aging Services appropriation

- SB 2138 – volunteer-driven community-supported services
  - Bill to increase the amount of general funds appropriated for the Community of Care Grant from $120,000 a biennium to $250,000 a biennium.

- HB 1433 – dementia care coordination
  - Bill to add $250,000 in general funds to the HHS budget to fund a dementia care coordination position.

- HB 1460 – caregiver requirements
  - Bill to make modifications to substitute caregiver and respite care requirements in adult foster homes, which would impact access to and payment for affected services.

On the horizon for Adults & Aging Services



- Meet the increased demand for services
- Meet the continued implementation and reporting requirements of the US DOJ SA.
- Shortage of QSPs in “service desert” areas of the state.
- Shortage of nurses and providers with behavioral health experience to meet complex needs of HCBS recipients.
- Improve the quality of HCBS by improving the training and onboarding experience for providers.
- Help adults understand the benefits of investing in services that can support them in the first stage of age-related functional impairment. Using services when needs first arise may decrease the need for costly higher levels of care.
- Address the lack of supported decision-making services and guardians for people who lack capacity to self-direct
- Lack of affordable accessible housing units
- Increased federal regulation and compliance requirements for HCBS system.

Contact Information

Nancy Maier, Director
ND HHS Adult and Aging Services Section
nmaier@nd.gov
701-328-4607
ADRL 855-462-5465



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2025 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

HB 1012
1/23/2025

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

2:05 p.m. Chairman J. Nelson opened the hearing.

Members Present: Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Berg, Mitskog, Murphy, O' Brien, Wagner

Discussion Topics:

- Basic Care
- Assisted Living
- Budget
- Medical Services
- Medicaid
- Eligibles and Unwinding
- Medicaid and Incarceration
- Medicaid Financing
- Tribal Care Coordination
- Cost and Outcomes
- Value Based Programs

2:05 p.m. Sara Aker, Executive Director, Medical Services Division, Health and Human Services, continued testimony on Long Term Care #30888.

2:30 p.m. Sara Aker, Executive Director, Medical Services Division, Health and Human Services, testified and presented a department overview on Medical Services #30888.

3:23 p.m. Donna Aukland, Chief Financial Officer, spoke to the FTE block grant and will discuss vacant FTE positions in the future.

3:36 p.m Sara Aker, Executive Director, Medical Services Division, Health and Human Services, continued with testimony #30888.

4:34 p.m. Chairman J. Nelson adjourned the hearing.

Jan Kamphuis, Committee Clerk

2025 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

HB 1012
1/24/2025

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

8:30 a.m. Chairman J. Nelson called the hearing to order.

Members Present: Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Berg, Mitskog, Murphy, O' Brien, Wagner.

Discussion Topics:

- Rates and Reimbursement
- Managed Care and Medical Expansion
- Drugs
- Budget

8:33 a.m. Sara Aker, Executive Director, Medical Services Division, Health and Human Services, continued testimony on Medical Services #30888.

9:15 a.m. Eric Elkins, Assistant Director, Medical Services Division, Health and Human Services, testified on insurance rates # 30888.

9:16 a.m. Sara Aker, Executive Director, Medical Services Division, Health and Human Services, continued testimony on Medical Services #30888.

9:22 a.m. Brendan Joyce, Director of Pharmacy and Clinical Services, Medical Services Division, Health and Human Services, presented and testified on drug coverage #30888.

10:12 a.m. Sara Aker, Executive Director, Medical Services Division, Health and Human Services, continued testimony on Medical Services #30888, #31304.

10: 31 a.m. Vice Chairman Stemen adjourned the hearing.

Jan Kamphuis, Committee Clerk

North Dakota Department of Health and Human Services
Medical Services
Unit and Cost Comparison
12 Month Average to Executive Budget Request (EBR) 2025 - 2027 Biennium

Program	12 Month Average in Units (April 2023 - March 2024)	Monthly average units for EBR 2025 - 2027	Change from EBR to 12 mo Avg units	12 Month Average in Cost per Unit (April 2023 - March 2024)	Monthly average cost per unit for EBR 2025 - 2027	Change from EBR to 12 mo Avg cost per unit	Monthly average units for first 14 months of 21-23	Monthly average unit cost for first 14 months of 23-25
INPATIENT HOSPITAL	4,775	4,962	187	$1,813.98	$1,977.00	$163.02	5,540	$1,672.64
OUTPATIENT HOSPITAL	231,057	239,415	8,358	$21.29	$22.12	$0.83	228,220	$23.65
PROFESSIONAL SERVICES	326,120	298,372	(27,748)	$17.47	$21.16	$3.69	383,782	$15.89
DRUGS	95,349	86,375	(8,974)	$67.73	$41.84	($25.89)	107,677	$57.74
INDIAN HEALTH SERVICES	23,383	25,582	2,199	$135.17	$154.01	$18.84	29,236	$119.10
1915i STATE PLAN SERVICES	2,748	13,023	10,275	$16.18	$22.91	$6.73	1,893	$16.50
PRTF SERVICES	1,230	1,270	40	$686.58	$703.58	$17.00	1,448	$634.55
DENTAL SERVICES	18,716	18,408	(308)	$80.43	$83.73	$3.30	20,370	$80.32
PREMIUMS	11,266	11,413	147	$171.61	$206.98	$35.37	11,603	$171.76
EXPANSION MEDICAID	30,675	23,500	(7,175)	$986.69	$1,173.94	$187.25	36,413	$1,049.26

North Dakota Department of Health and Human Services
Long Term Care
Unit and Cost Comparison
12 Month Average to Executive Budget Request (EBR) 2025 - 2027 Biennium

Program	12 Month Average in Units (April 2023 - March 2024)	Monthly average units for EBR 2025 - 2027	Change from EBR to 12 mo Avg units	12 Month Average in Cost per Unit (April 2023 - March 2024)	Monthly average cost per unit for EBR 2025 - 2027	Change from EBR to 12 mo Avg cost per unit	Monthly average units for first 14 months of 23-25	Monthly average unit cost for first 14 months of 23-25
NURSING HOME	79,579	79,061	(518)	$329.27	$386.33	$57.06	80,196	$319.49
BASIC CARE	46,805	46,177	(628)	$55.38	$52.13	($3.25)	46,937	$52.53
HCBS WAIVER	92,903	49,480	(43,423)	$28.91	$43.66	$14.75	69,827	$30.96
PACE PYMT ALL-INCL CARE ELDRLY	187	245	58	$4,986.75	$4,773.78	($212.97)	187	$4,847.32
SPED	87,052	62,076	(24,976)	$10.20	$15.52	$5.32	76,474	$10.64
EXPANDED SPED	4,735	4,126	(609)	$11.01	$12.69	$1.68	4,684	$11.38
PERSONAL CARE SERVICES	243,831	193,870	(49,961)	$6.73	$6.92	$0.19	230,621	$6.70
TARGETED CASE MANAGEMENT	2,618	1,699	(919)	$18.77	$22.07	$3.30	2,724	$17.53
CHILDREN'S MED FRAGILE WAIVER	42	93	51	$342.54	$356.81	$14.27	48	$310.71
CHILDREN'S HOSPICE WAIVER	0	1	1	$0.00	$3,066.88	$3,066.88	-	$0.00
AUTISM WAIVER	989	27,746	26,757	$19.09	$16.24	($2.85)	904	$19.17

2025 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

HB1012
1/27/2025

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

9:00 a.m. Chairman J. Nelson called the meeting to order.

Members Present: Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Berg, Mitskog, Murphy, O' Brien, Wagner.

Discussion Topics:

- Community HealthCare Association
- Family Voices
- Domestic and Sexual Violence
- Public Health
- Brain Injury Network
- Children's Mental Health
- Cross Disability Advisory Council
- Fetal Alcohol Spectrum Disorder

9:02 a.m. Courtney Koebele, Executive Director, North Dakota Medical Association, Community Health Centers of North Dakota introduced members of the Community HealthCare Association of the Dakotas.

9:03 a.m. Shannon Bacon, Director of External Affairs, Community HealthCare Association of the Dakotas, testified in favor of HB 1012 and submitted testimony #31550, #31551.

9:14 a.m. Rachel Thomas, Chief Financial Officer, Northland Health Center testified in favor in HB 1012 and submitted testimony #31527.

9:18 a.m. Jennie Cornell, Behavioral Health Supervisor of Northland Health Centers, testified in favor of HB 1012 and submitted testimony #31528.

9:23 a.m. Donene Feist, Director for Family Voices of North Dakota, testified in favor of HB 1012 and submitted testimony #31371, #31488.

9:44 a.m. Seth O'Neill, Executive Director, North Dakota Domestic and Sexual Violence Coalition testified in favor of HB 1012 and submitted testimony #31454. #31724.

9:58 a.m. Coiya Tompkins, President and Chief Executive Officer, Community Violence Intervention Center, Volunteer, North Dakota Domestic and Sexual Violence Coalition testified in favor HB 1012 and continued with testimony #31454.

10:12 a.m. Seth O'Neill, Executive Director, North Dakota Domestic and Sexual Violence Coalition stood in support of HB 1012.

10:13 a.m. Coiya Tompkins, President and Chief Executive Officer, Community Violence Intervention Center, Volunteer, North Dakota Domestic and Sexual Violence Coalition, testified in favor HB 1012 https://www.youtube.com/watch?v=Ajmybk12Z7M

10:33 a.m. Sherry Adams, Executive Officer for Southwestern District Unit, testified in favor HB 1012 and submitted testimony # 31788, # 31834, 31835.

10:46 a.m. Javayne Oyloe, Executive Officer of Upper Missouri District Health Unit, testified in favor on HB 1012 and submitted testimony #31555.

10:53 a.m. Erin Ourada, Administrator, Western Plains Public Health, testified in favor of HB 1012 and submitted testimony, #31572.

11:00 a.m. Mary Korsmo Executive Director, North Dakota State Association of City and County Health Officials, North Dakota Association of Counties, stood in support of HB 1012.

11:04 a.m. Rebecca Quinn, Associate Director, Center for Rural Health, UND School of Medicine, Brain Injury Network testified in favor of HB 1012 and submitted testimony #31335, #31336.

11:21 a.m. Carlotta McCleary, Executive Director of Mental Health of America of North Dakota and Executive Director of North Dakota Federation of Families for Children's Mental Health, speaking on behalf of Mental Health Advocacy Network testified in favor HB 1012 and submitted testimony #31588.

11:30 a.m. Carlotta McCleary, Executive Director of Mental Health of America of North Dakota and Executive Director of North Dakota Federation of Families for Children's Mental Health, speaking on behalf of Mental Health America of North Dakota testified in favor HB 1012 and submitted testimony #31589.

11:40 a.m. Kristen Dvorak, Executive Director, The Arc of North Dakota, testified in favor of HB 1012 and submitted testimony #31736.

11:45 a.m. Kandia Qual, Program Administrator for Dacotah Foundation, testified in favor of HB 1012 and submitted testimony # 31836.

11:58 a.m. Carl Young, Executive Director, North Dakota Family Services Network, testified in favor of HB 1012 and submitted testimony #31657,31658.

Additional written testimony:

Brenda Stallman, Executive Officer, Trail District Health, Hillsboro, ND, neutral #31459.
Shelly Ten Napel, CEO Community HealthCare Association of Dakotas, in favor #31547.
Barbara Frydenlund, Administrator, Rolette County Public Health District, in favor #31591.

12:13 p.m. Chairman J. Nelson closed the hearing.

Jan Kamphuis, Committee Clerk

NDBIN Update
January 27, 2025

REBECCA QUINN, LMSW, CBIST

www.ndbin.org • 1 (855) 866-1884 • info@ndbin.org

NORTH DAKOTA BRAIN INJURY NETWORK

NDBIN role…..

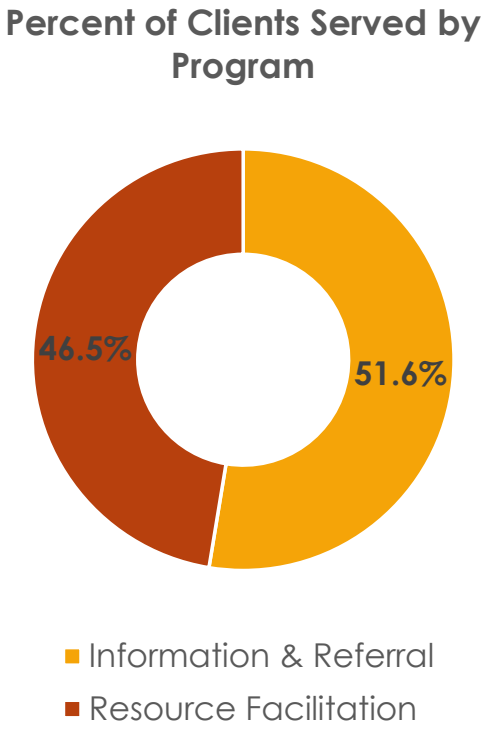
- Contracted by HHS to serve as the central source of brain injury information, support, and training in the state.
- Developed because there had been identified a **lack of awareness, lack of training, and a lack of coordination across existing services.**

NDBIN meets these needs

- Outreach
- Toll-free number, website with searchable directory
- Informal supports and resource facilitation
- Education and training for individuals, family, and providers

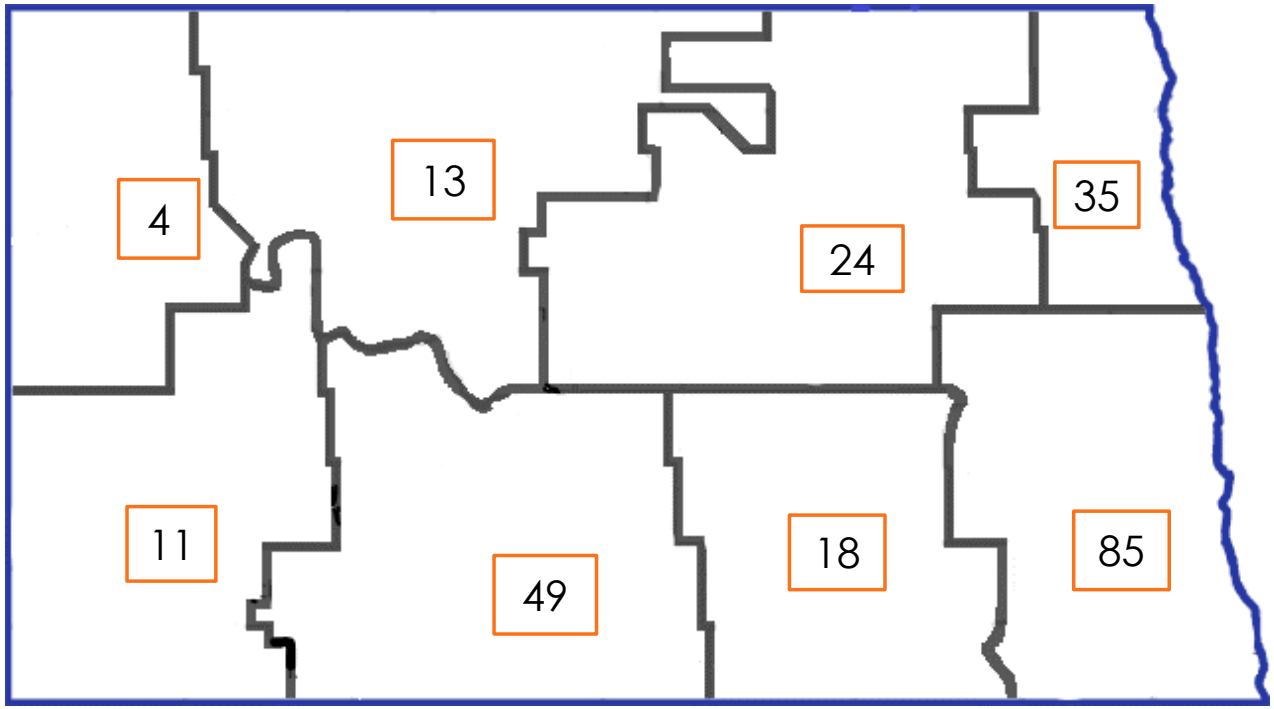
Summary of Clients Served

- **244** unduplicated clients served from July 1, 2023 – December 31, 2024
  - **126** Information & Referral clients
  - **118** Resource Facilitation clients



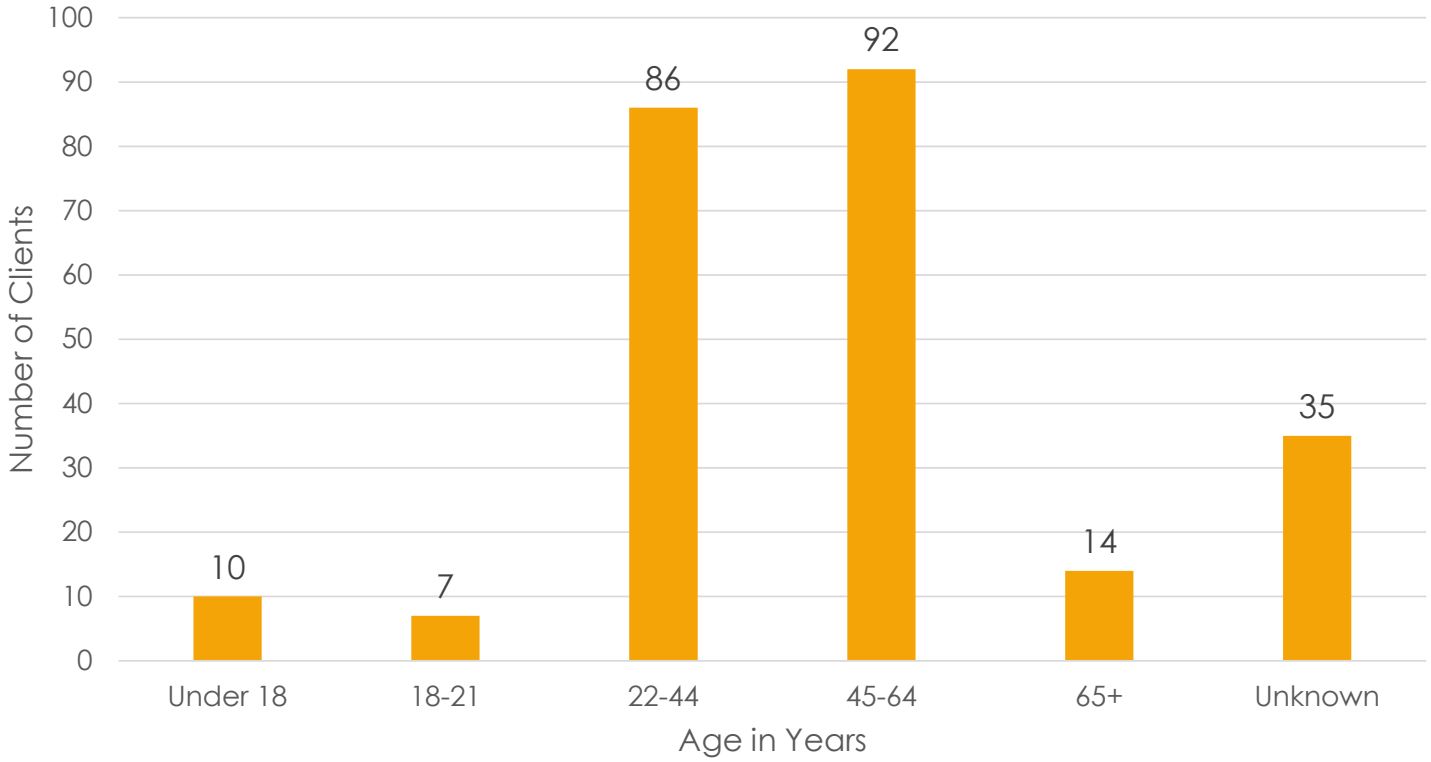
Clients Served by Region

34% of clients served were located in Region 5 (Fargo)



4 individuals we worked with were located out of state and looking to transition back to ND and 1 was unknown

Clients Served by Age

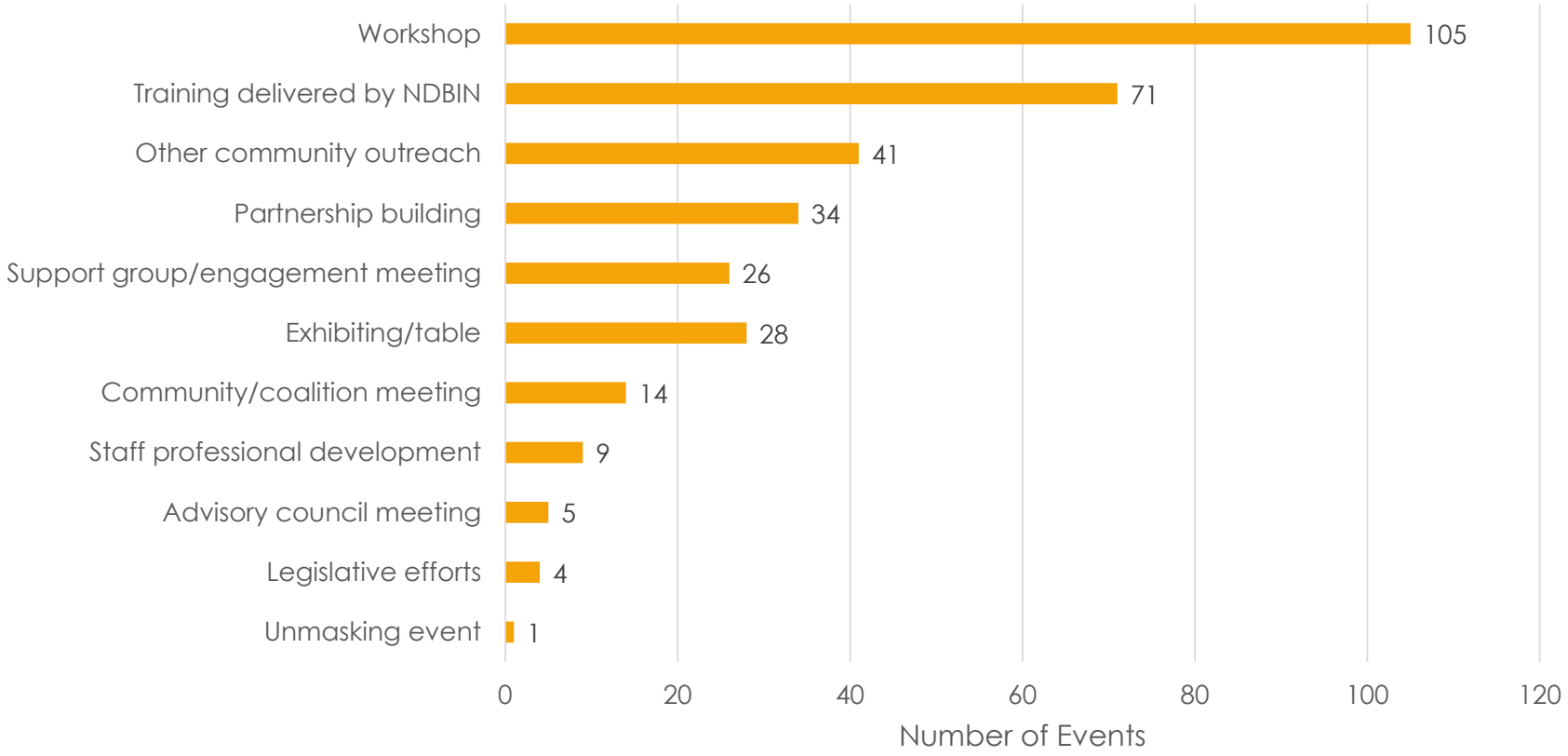


37.7% of clients served were between the ages of 45 and 64 years old

Community Outreach Summary

- **334** community outreach events from July 1, 2023 – December 31, 2024
- **4,100** individuals attended community outreach events

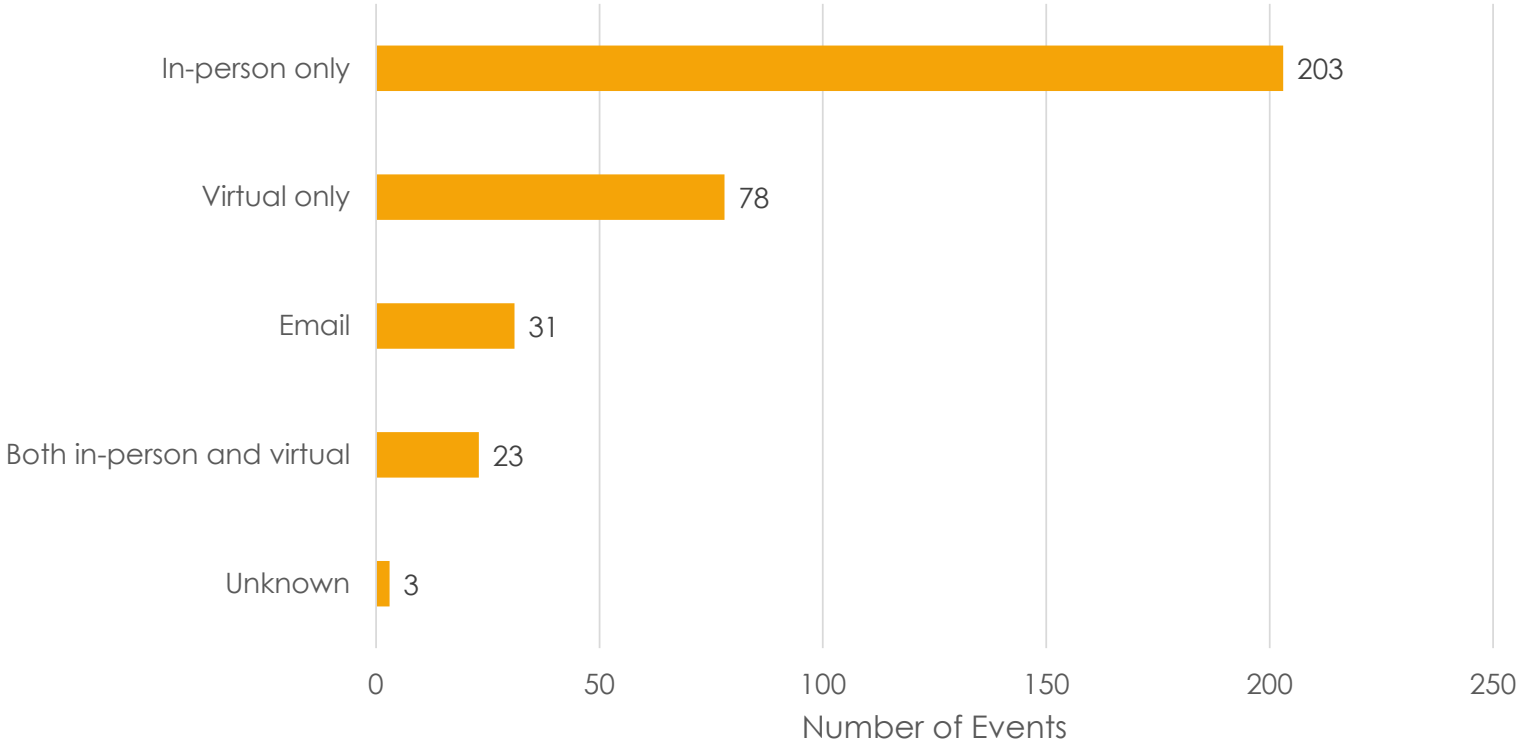
Community Outreach Events by Type



31.0% of outreach events were workshops

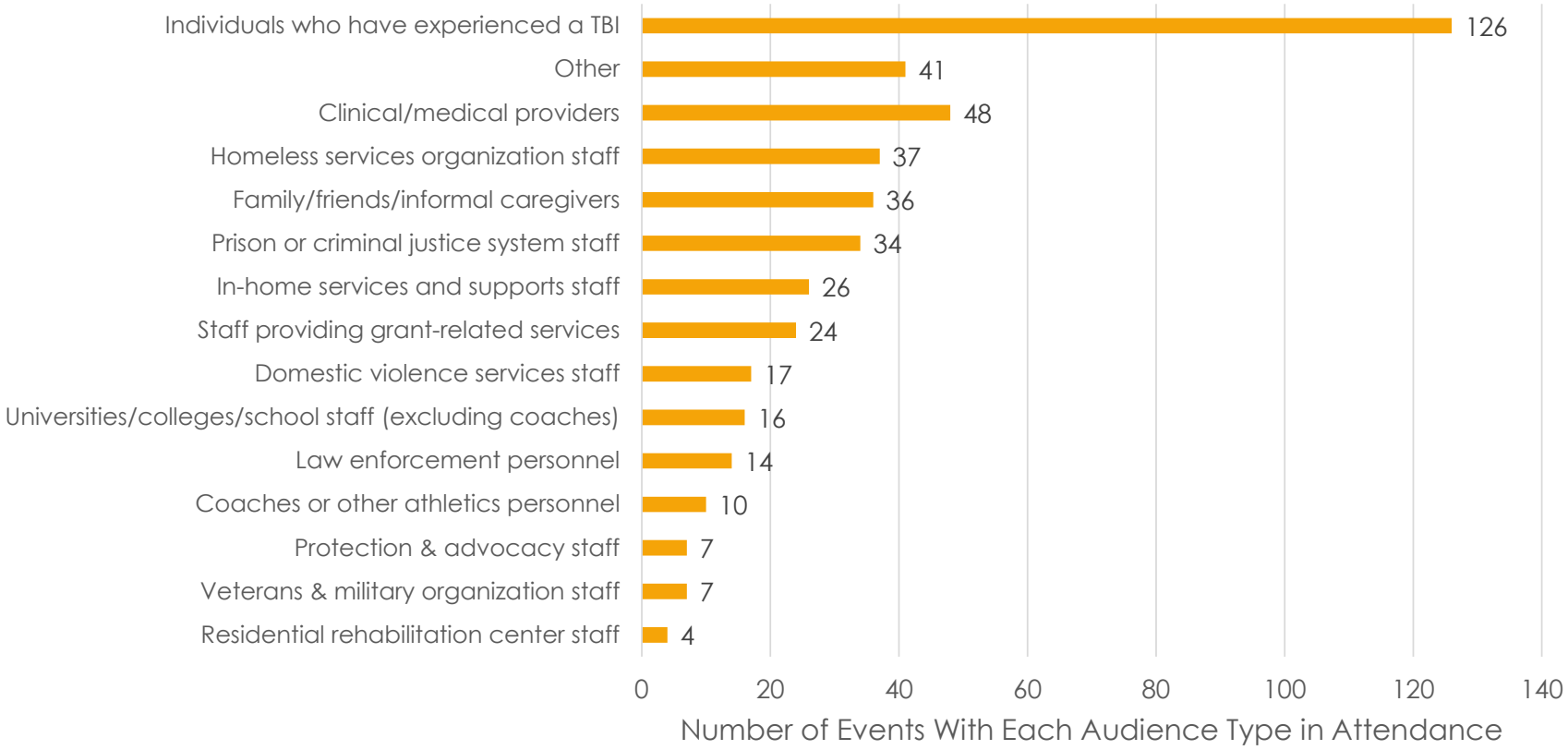
21% of outreach events were trainings delivered by NDBIN

Community Outreach Events by Format



60% of outreach events took pace in-person only

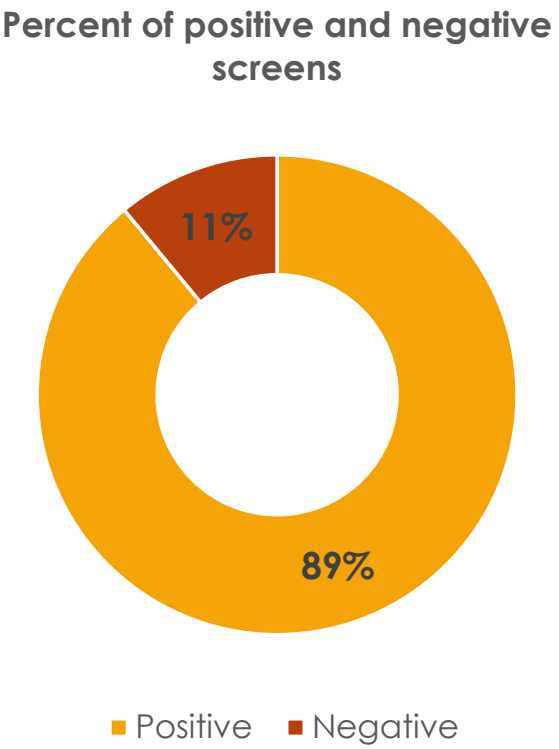
Community Outreach Events by Audience Type



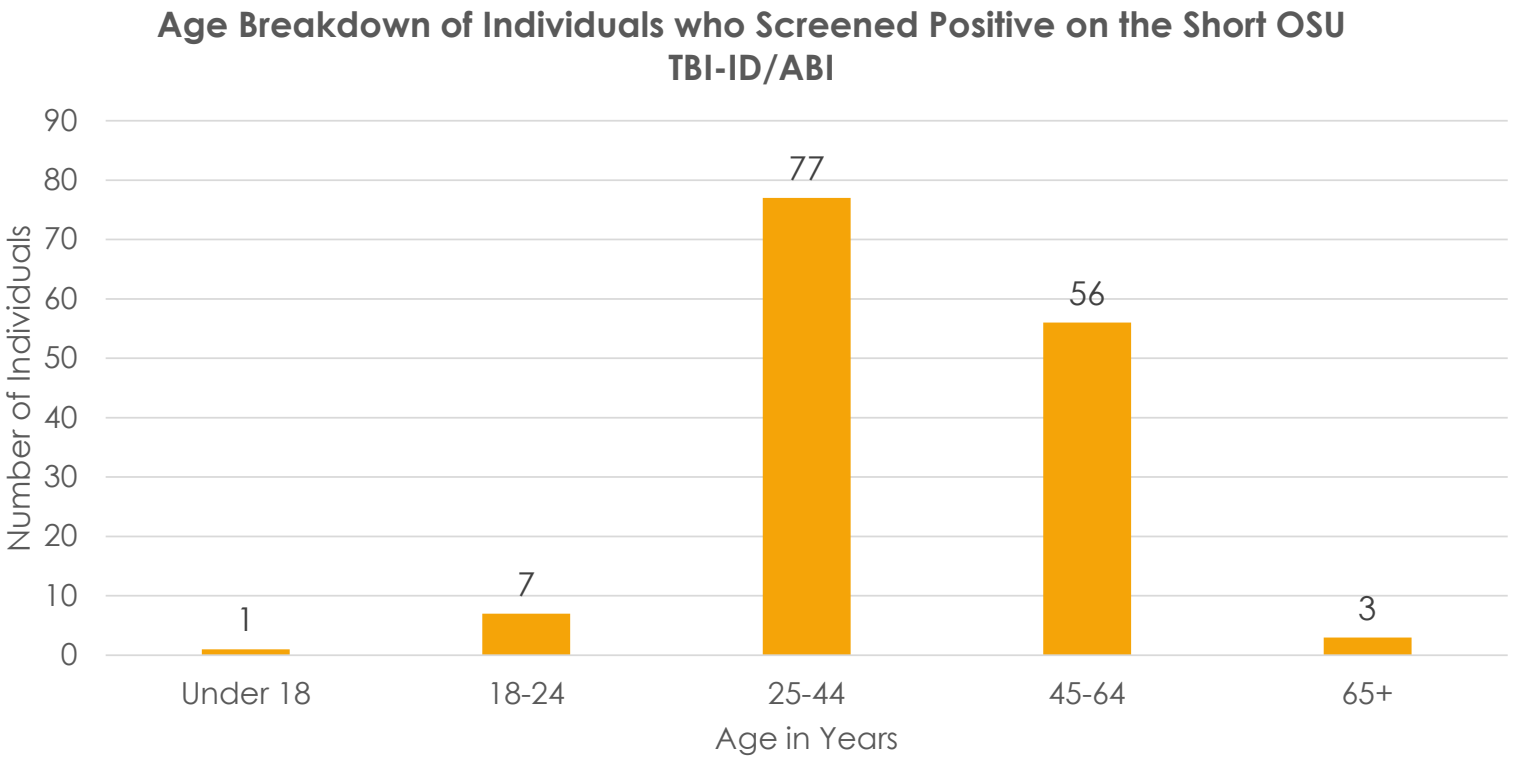
Individuals who have experienced a TBI were the most common audience type at community outreach events

Brain Injury Screening

- Short OSU TBI-ID/ABI used to screen individuals for brain injury
- **159** individuals screened from July 1, 2023 – September 30, 2024
  - **141** screened positive/likely to have a brain injury
  - **18** screened negative/unlikely to have a brain injury



Brain Injury Screening



48.4% of individuals who screened positive for TBI were between the ages of 25 and 44 years old

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Testimony
House Bill 1012
House Appropriations Human Services Division
Rep. Jon O. Nelson, Chairman
January 27, 2025

Chairman Nelson and members of the committee, my name is Rebecca Quinn, and I serve as the associate director for behavioral health at the Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences. My testimony today is on behalf of all the individuals and families impacted by brain injury in North Dakota.

Brain injury impacts every facet of an individual's life and individuals with brain injury are represented across all service systems. Depending on the age of the injury, deficits the person may have, and resources available an individual may qualify for various service systems creating a vast array of available options. Throughout the development of North Dakota's brain injury services, there has been identified the need for a centralized brain injury hub to provide information, support, and training. The North Dakota Brain Injury Network meets these needs by providing a centralized, statewide source of information regarding brain injury and delivers resource facilitation services to individuals with brain injuries. The importance of NDBIN is to help individuals with brain jury, their families and the professionals working with them to navigate the complex system of care and resources that might be available.

During this biennium the budget for NDBIN was increased and with that was able to hire two new staff. We now have a total of five staff located throughout the state. This increase has allow for us to a much more regional approach and provide many more in person services and opportunities.

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For the period of July 1, 2023 through Dec 31, 2023 the program has:

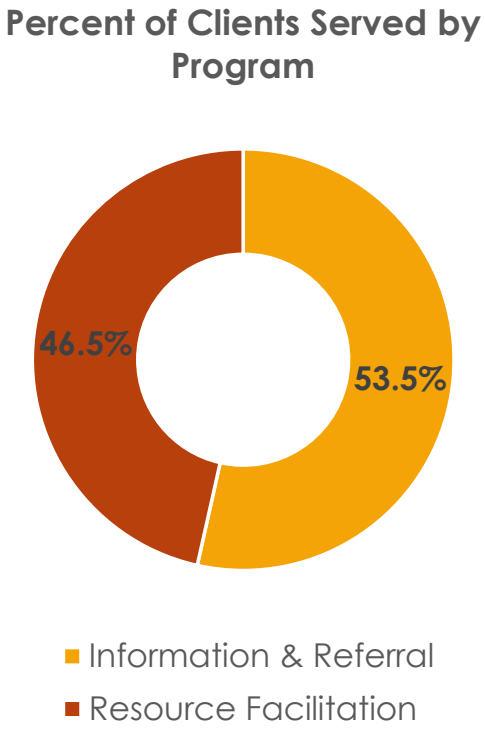
- Switched to a custom designed data tracking system that is currently in use by 11 other state brain injury programs. This has allowed us to be more effective, efficient, and accurate in tracking our data.
- 244 individuals with brain injury served with information and referral or resource facilitation services.
- Developed a Survivor Engagement Group that meets monthly to assist survivors in becoming more involved in advocacy
- 338 varied events provided to over 4,000 participants:
    - 112 support groups, Living Life Fully or Lunch and Learn sessions; this includes a session of Living Life Fully provide to the peer support specialist at the North Dakota State Penitentiary
    - 3 survivor focused book clubs
    - 3 Certified Brain Injury Specialist trainings and developed a new training course for Medicaid service providers
    - Annual Mind Matters Conference and virtual Concussion Symposium
- Continued to host and support our virtual brain injury screening platform and most recently developed a virtual brain injury in education platform to support educators working with students with brain injury
- Contracted for the completion of a Systems Study to help guide future efforts and gain feedback on current programing
- Applied for and received a Department of Justice Grant to partner with ND DOCR on integrating brain injury screening and training within DOCR.

Thank you for your consideration,

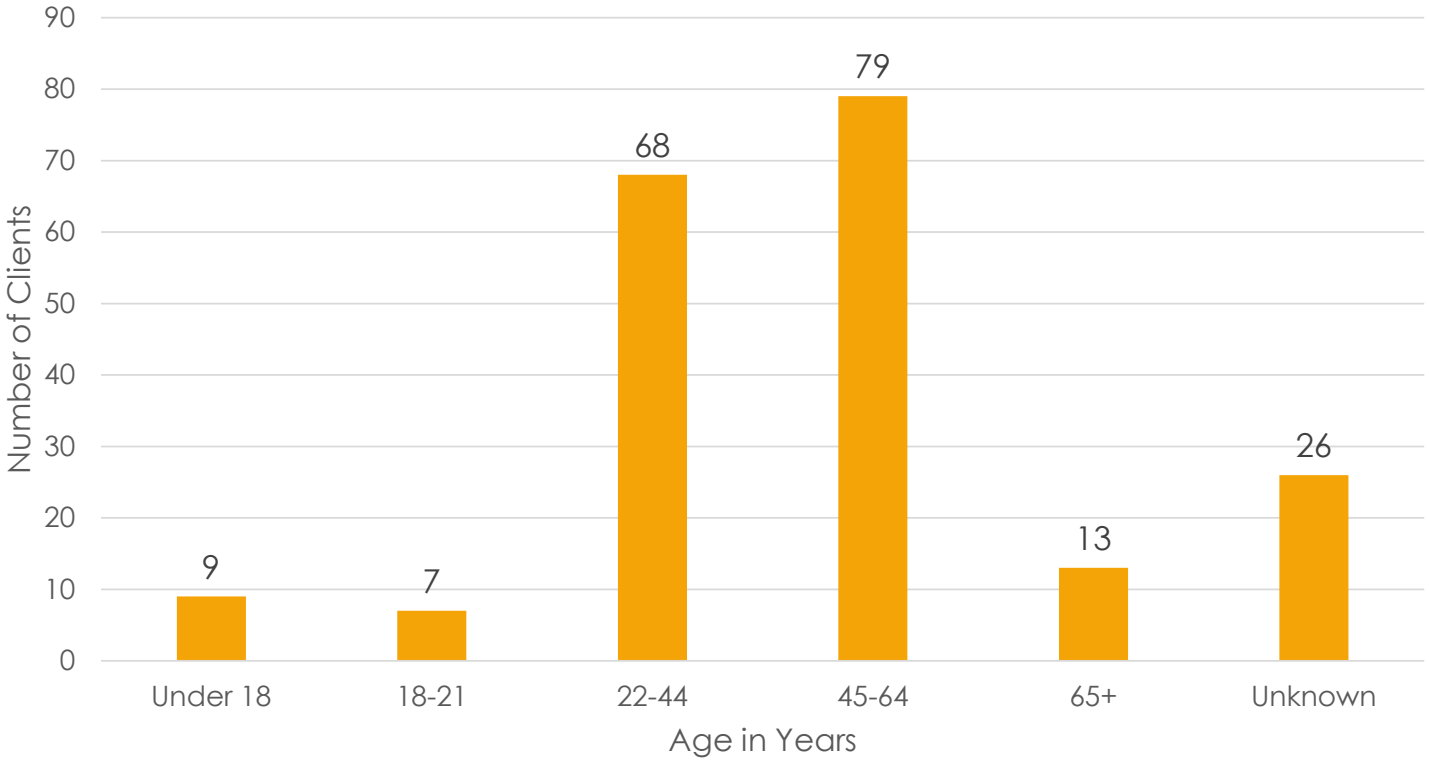
Rebecca Quinn; LMSW, CBIST
Center for Rural Health
1301 N Columbia Road, Stop 9037
Grand Forks, ND 58202-9037

Summary of Clients Served

- **202** unduplicated clients served from July 1, 2023 – September 30, 2024
  - **108** Information & Referral clients
  - **94** Resource Facilitation clients



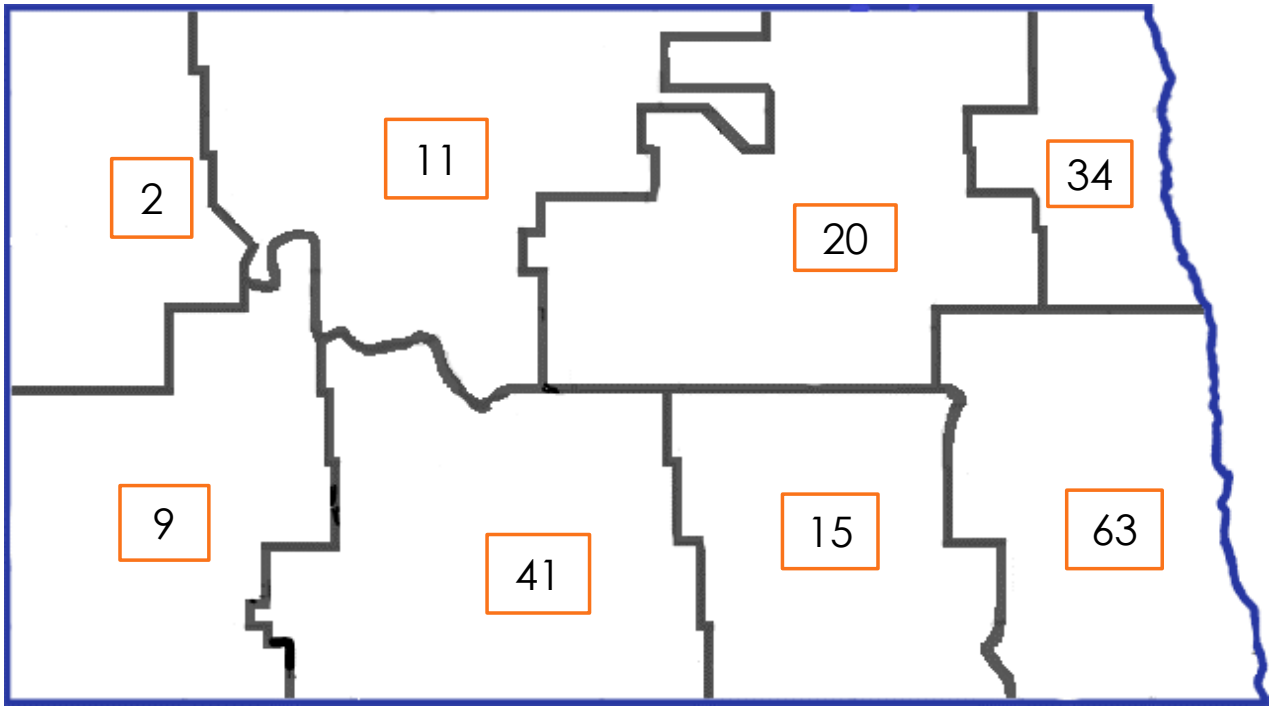
Clients Served by Age



39.1% of clients served were between the ages of 45 and 64 years old

Clients Served by Region

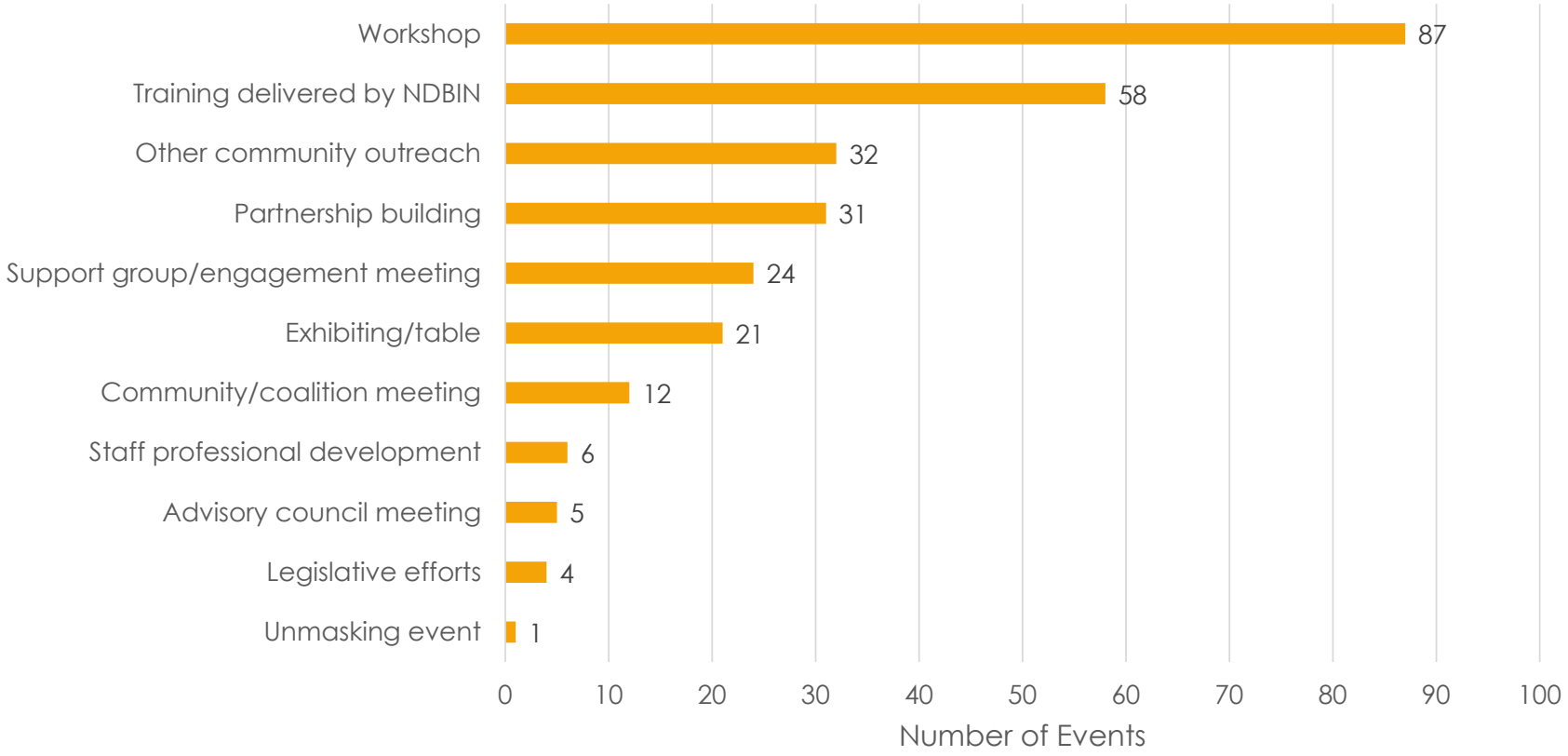
31.2% of clients served were located in Region 5 (Fargo)



Community Outreach Summary

- **334** community outreach events from July 1, 2023 – December 31, 2024
- **4,100** individuals attended community outreach events

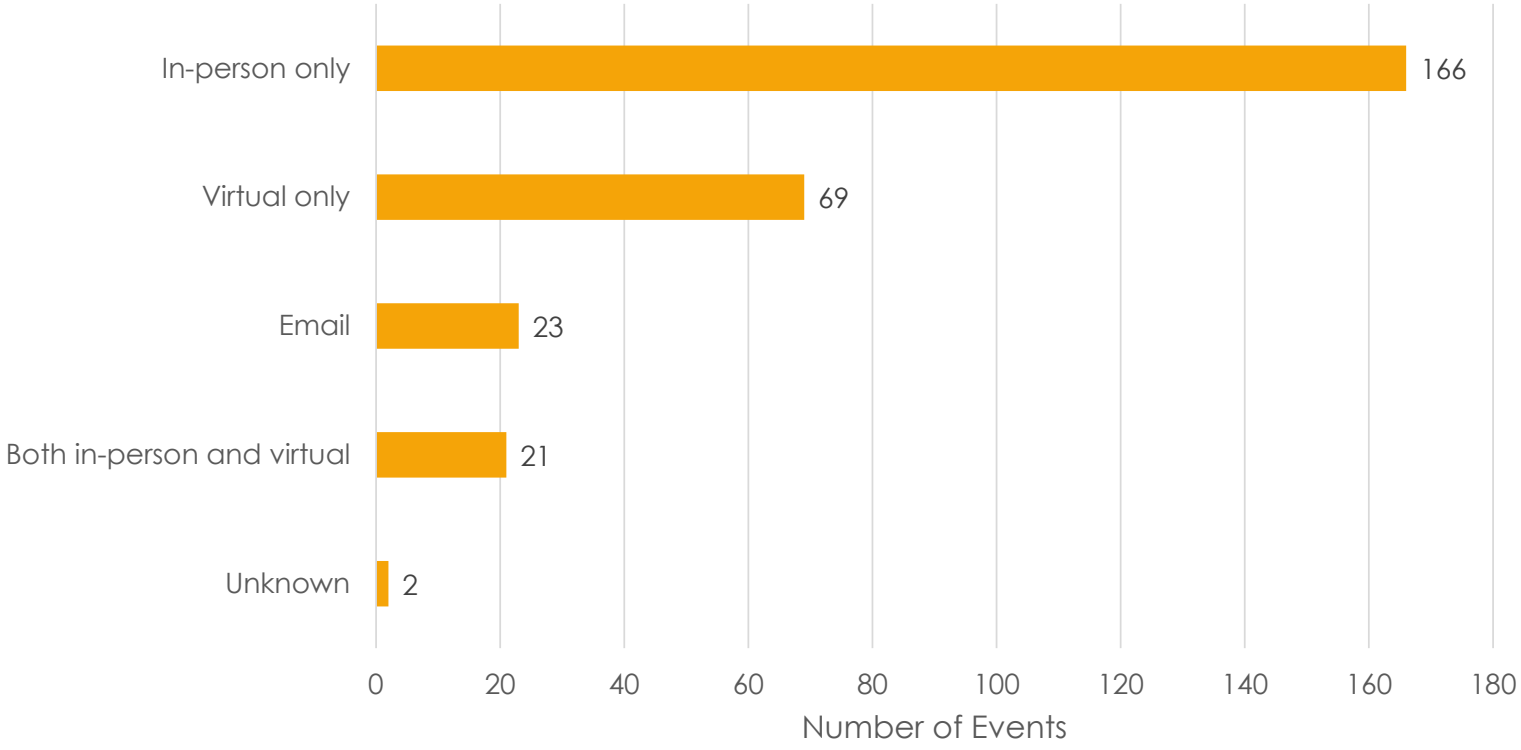
Community Outreach Events by Type



31.0% of outreach events were workshops

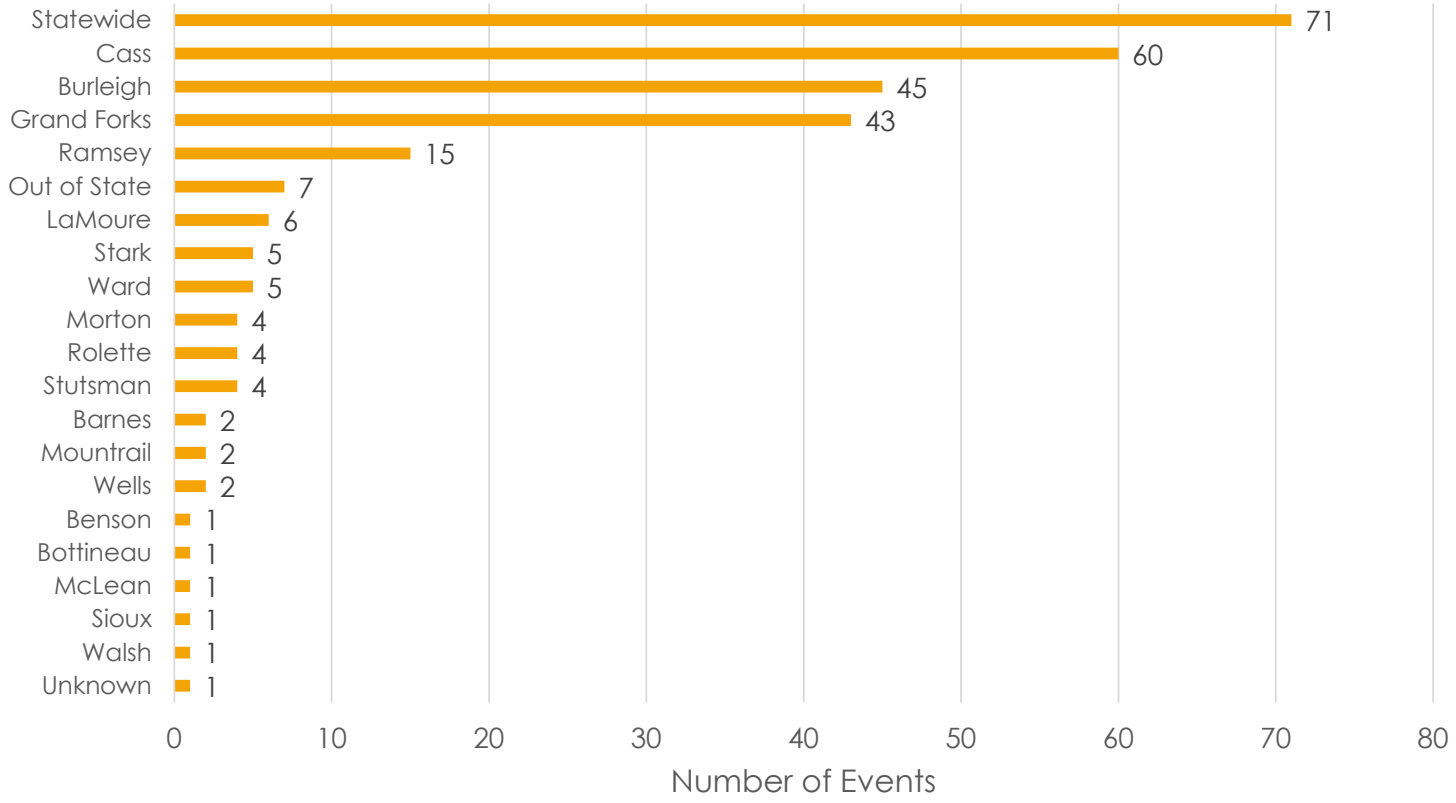
20.6% of outreach events were trainings delivered by NDBIN

Community Outreach Events by Format



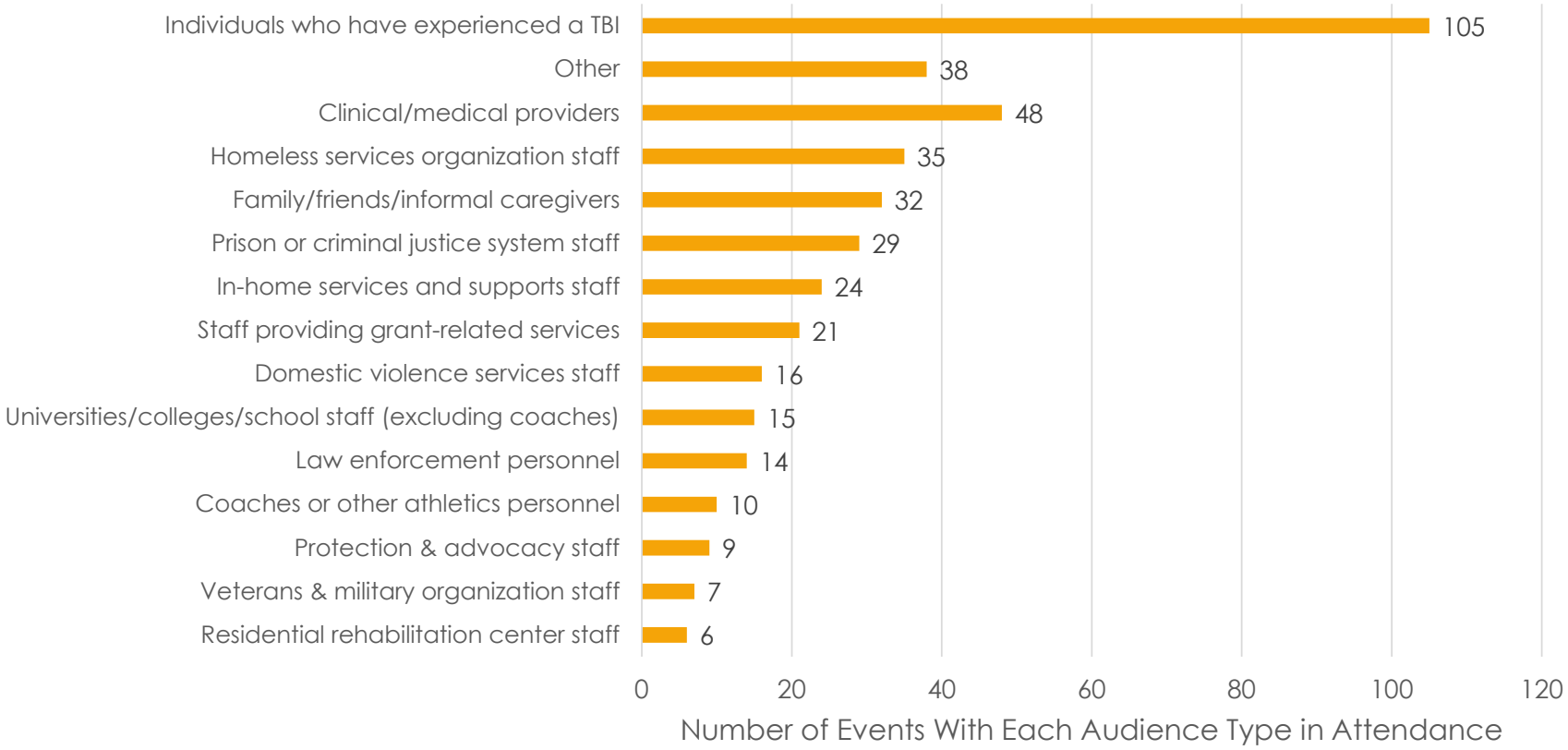
59.1% of outreach events took pace in-person only

Community Outreach Events by Location



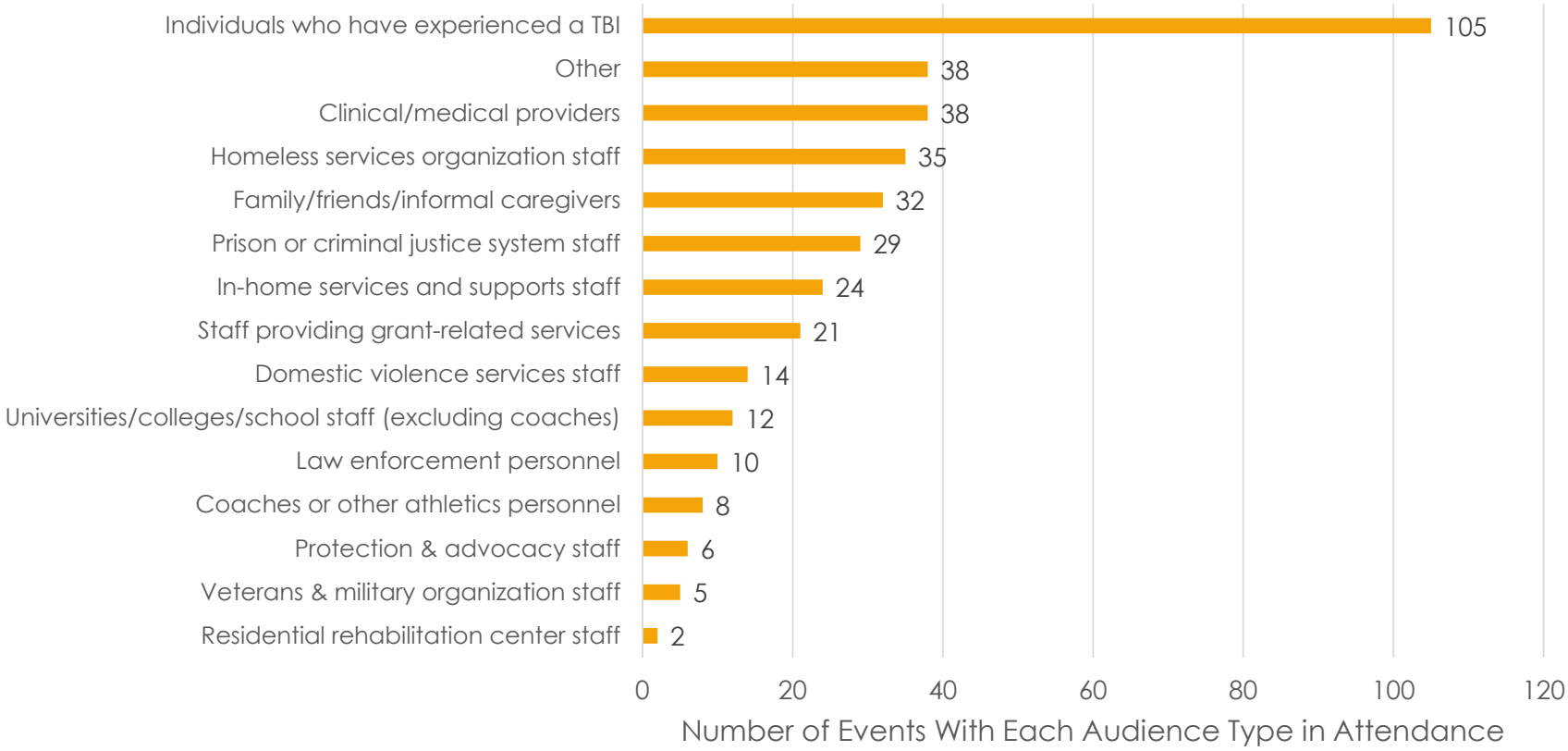
25.3% of community outreach events were statewide

Community Outreach Events by Audience Type



Individuals who have experienced a TBI were the most common audience type at community outreach events

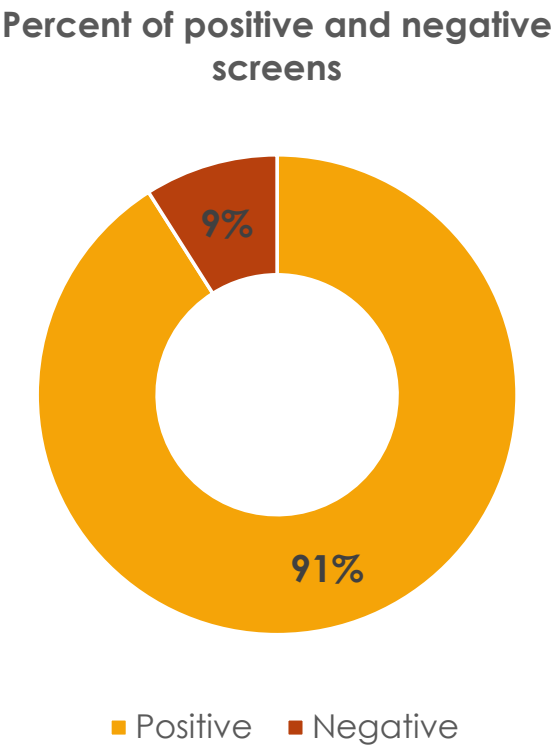
Community Outreach Events by Audience Type



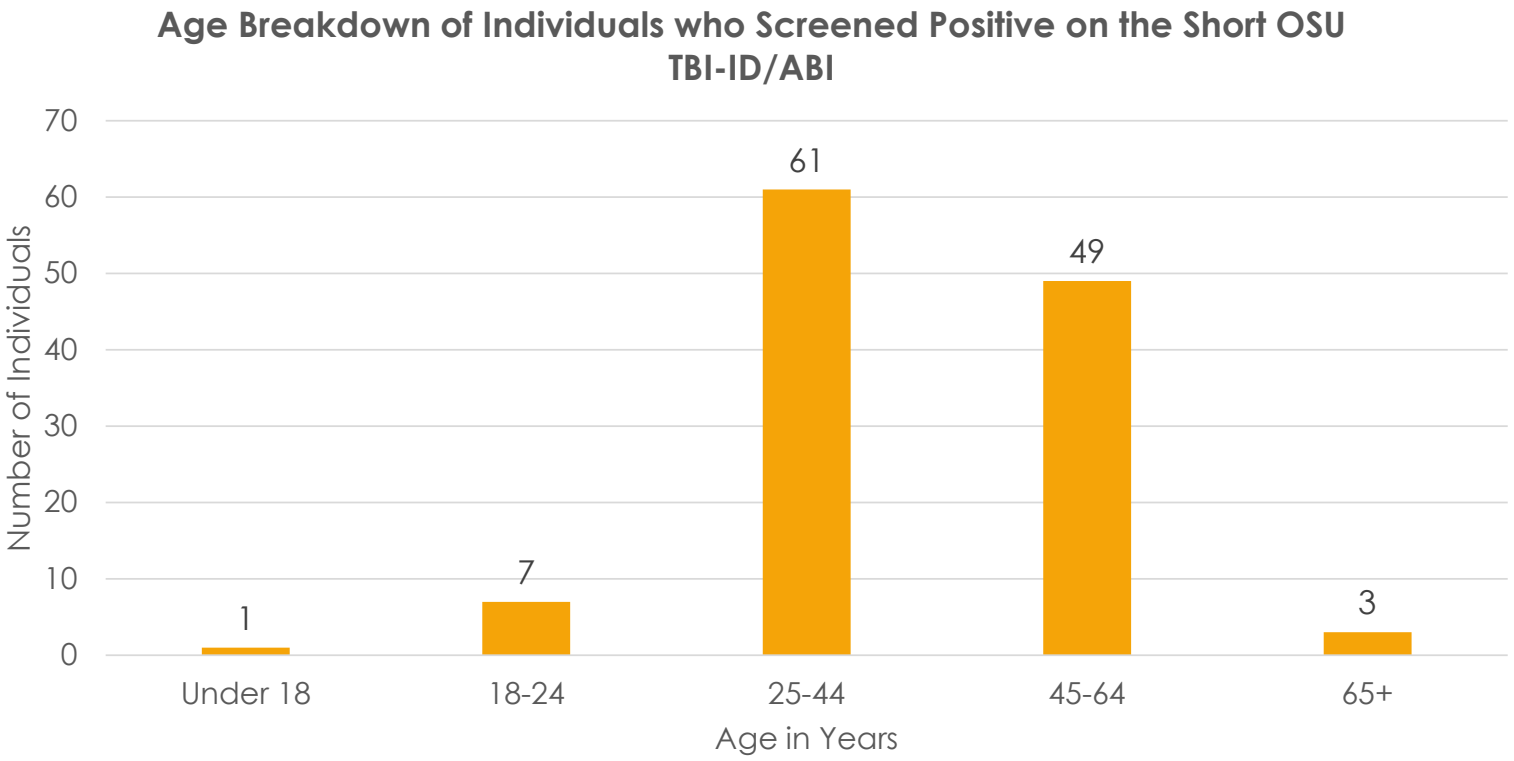
Individuals who have experienced a TBI were the most common audience type at community outreach events

Brain Injury Screening

- Short OSU TBI-ID/ABI used to screen individuals for brain injury
- **133** individuals screened from July 1, 2023 – September 30, 2024
  - **121** screened positive/likely to have a brain injury
  - **12** screened negative/unlikely to have a brain injury



Brain Injury Screening



50.4% of individuals who screened positive for TBI were between the ages of 25 and 44 years old

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Testimony on HB1012
2025 Legislative Session
January 27, 2025
Rep Nelson, House Appropriations Human Resource
Committee Chairperson

Representative Nelson and members of the Committee,

My name is Donene Feist and I am the Director for Family Voices of North Dakota (FVND), Inc. I want to provide to you today testimony on HB 1012 and the Special Health Services (SHS) Division within the Department of Health and Human Services. In my testimony will be providing input on the services of the SHS Division in addition to information on Family Voices of ND and the general fund dollars that flow through the SHS Division.

Family Voices of ND provides educational, informational, and peer support to families of children with special health care needs, medically complex or have a disability. For many years, a vital partner for us as an organization is the Department of Health and Human Services, specifically SHS. Family Voices of North Dakota is statewide family to family health information and education center who serves families of children with special health care needs in ND. Each state in the country and our territories has one family organization that has been designated as a family to family health information and education center. We are that entity for ND.

National prevalence data estimates from the National Survey obtained through the Data Resource Center indicate there is an estimated 39,467 children and youth with special health care needs (CYSHCN) in ND. One in five families in North Dakota (ND) has a child with special health care needs.

Indicator 1.11: Does this child have special health care needs (CSHCN) based on the CSHCN Screener?

	Children with special health care needs (CSHCN)	Non-CSHCN	Total %
%	**21.8**	**78.2**	**100.0**
C.I.	19.2 - 24.7	75.3 - 80.8	
Sample Count	346	1,179	
Pop. Est.	39,467	141,451	

C.I. = 95% Confidence Interval.
Percentages and population estimates (Pop.Est.) are weighted to represent child population in US.

Indicator 1.11: Does this child have special health care needs (CSHCN) based on the CSHCN Screener?

		Children with special health care needs (CSHCN)	Non-CSHCN	Total %
North Dakota	%	**21.8**	**78.2**	**100.0**
	C.I.	19.2 - 24.7	75.3 - 80.8	
	Sample Count	346	1,179	
	Pop. Est.	39,467	141,451	
Nationwide	%	**20.8**	**79.2**	**100.0**
	C.I.	20.4 - 21.3	78.7 - 79.6	
	Sample Count	26,489	82,776	
	Pop. Est.	15,144,222	57,591,048	

C.I. = 95% Confidence Interval.
Percentages and population estimates (Pop.Est.) are weighted to represent child population in US.

As you can see from the comparison charts we have a higher number of children with special health care needs, chronic conditions and disabilities than nationwide.
https://www.childhealthdata.org/

The Special Health Services Division has provided services to many of the families we serve for many years. They have been a partner with Family Voices of North Dakota since its beginning in 2001. A continued investment in this program is encouraged and supported. The programs offered within the Department should not go unnoticed. It is our belief these services play a crucial role for families of CYSHCN in the state. Services to families often serve a role in gap filling of necessary services not otherwise obtained.

Some of these services are:
Financial Coverage Program--helps families pay for medical services for eligible children. They can help pay for health visits and tests needed to diagnose many chronic health conditions. It may also provide the specialty care that is treated for an eligible condition, based on medical and financial eligibility. When there is suspicion of a diagnosis, it is a great comfort to know there is a resource that can assist with the diagnosis and treatment.
- **Diagnostic Services** – Provides coverage for services that promote early diagnosis of SHS eligible medical conditions to all children who meet medical and financial eligibility criteria.
- **Treatment Services** – Provides coverage for services to children with chronic health conditions who meet medical and financial eligibility criteria.

Multidisciplinary Clinics-our staff provides outreach to families at many of the multidisciplinary clinics. We repeatedly hear from families how wonderful it is to have these clinics throughout the state. These clinics allow families to see a number of providers regarding the child's condition

along with expertise in a manner that is easily accessible. Seeing providers at one time, avoiding multiple appointments decreases stress for the family. Examples of these clinics: Asthma, Down Syndrome, Cleft Palate, Spina Bifida, Cerebral Palsy, Muscular Dystrophy, and Cystic Fibrosis. Families remain positive regarding these clinics and are grateful that they are available across ND.

Russell Silver Syndrome and Metabolic Food Program- the Metabolic Food Program provides medical food and low-protein modified food products to individuals with Phenylketonuria (PKU) and Maple Syrup Urine Disease (MSUD). Russell Silver provides growth hormone treatment for children with Russell Silver Syndrome.

In addition to the services above provided, they also partner with many efforts across the state such as: Autism initiatives, Newborn Hearing Screens, Newborn Screens, and Medical Home initiatives. The Division provides to other agencies and community members a wealth of knowledge in implementation of care for children and youth with special health care needs and disabilities.

Newborn Screening and Follow-up- program is to identify conditions at an early age when treatment and intervention can prevent health problems, support early development, and save lives. Newborn screening is a very important test that every baby can benefit from. The testing involves a heel prick on a newborn between 24 and 48 hours after birth that can identify certain metabolic or genetic disorders that can cause serious illness, disability or death to the baby if not identified early. Newborn screening is a screening test and if there is an abnormal result, the newborn always requires further testing to confirm whether he or she has a disorder. There is a treatment available for all of the disorders that are screened, although some treatments may be lifelong.

Newborn screening consists of three simple tests:

Blood Spot – Newborns are screened for nearly 50 genetic and metabolic conditions.

Hearing Screening – Newborns are screened for hearing loss.

Pulse Oximetry Screening – Measures the amount of oxygen in a newborn's blood and can identify serious heart problems. This is also known as Critical Congenital Heart Disease (CCHD) screening.

Family Voices of ND plays a role as advisory members of the New Born Screen and Early Hearing Detection and Intervention. In both of these programs we assist with care coordination for these new families as they are receiving a new diagnosis and connection to services and follow up.

Care Coordination-Care coordination provided through SHS helps families access services and resources in their community, and when needed, across multiple service delivery settings. Although the primary focus of the care coordination is on the health care of the child, this service also attempts to meet the needs of the family.

There are many children who have very complex medical needs. The needs for families are many. While FVND also provides care coordination assistance, it cannot be understated, that care

coordination for children with special health care needs is a vital component to continued access of services. The needs are very much increasing each and every year.

Family Advisory-SHS has a family advisory committee. This committee advises and provides valuable input as family members on the ongoing services that is provided by the SHS Division. These families also provide valuable input to any changes that may take place and how would this affect families. There are not enough words that can be expressed for the valuable input of this committee. It also cannot be understated the enormous respect that the Division provides as equal collaborative partners at the table to families for their input. In my opinion a model for other state agencies. The SHS Division truly embrace family-centered care and the components of it.

In addition to the programs that are provided through SHS, it also is charged by the federal government to monitor and provide education and services on the following six core outcomes of children with special health care needs. The SHS Division has the expertise and knowledge, as well as partners, in all these areas. We encourage the legislative body moving forward on legislation for children with special health care needs to understand the following core outcomes and the technical assistance that can be provided by SHS.

Six Core Outcomes for children with special health care needs:
1-Children with Special Health Care Needs (CSHCN) whose families are partners in shared decision-making for child's optimal health. In all of SHS' work, the value placed on family is immeasurable.
2-CSHCN who receive coordinated, ongoing, comprehensive care within a medical home. SHS has provided expertise and continues to participate in development of medical home and the importance of comprehensive care.
3-CSHCN whose families have consistent and adequate private and/or public insurance to pay for the services they need. SHS understand the critical importance of both private and public funding to assure care for this population.
4-CSHCN who are screened early and continuously for special health care needs. SHS embraces the importance of identifying and treating children early and continuously.
5-CSHCN who can easily access community-based services. Many of the issues that both SHS and FVND hear from families are access to services. In ND, in a geographically vast state, access is not always easy. ND also does not always have the specialty providers available needed by this population of children.
6-Youth with special health care needs will receive the services necessary to make appropriate transitions to adult health care, work and independence. This is crucial for our youth who are transiting into adulthood.

While policies are fluid and ever changing we have moved beyond the Six Core Outcomes of children with special health care needs to a Blueprint for Change by the Federal Maternal and Child Health Bureau. The Blueprint for Change presents a vision for how to improve the system of services for CYSHCN through improved equity, access, quality of life and family well-being and financing. For more information on the Blueprint for Change a link to the National Center is here: https://www.aap.org/en/patient-care/national-center-for-a-system-of-services-for-children-and-youth-with-special-health-care-needs/

SHS supports school nursing initiatives and promotes the connection between health and academic achievement by ensuring nursing care is safely and effectively delivered to schools, particularly in rural communities.

The SHS Division is a model program that provides a great deal of services with a limited budget. FVND over the years has participated in the Block Grant and Needs Assessment process, which the Division takes very seriously. I hope you would consider an increase in the investment made to this program. It makes a huge impact for families of children with special health care needs and the children themselves. It is a model for agencies to replicate. Your ongoing support for this program is vital to families and children.

For the new members of the committee a little about Family Voices of North Dakota. We are one of three statewide parent organizations in the state. Last biennium we received $175,000 in general funds that flowed through the SHS Division.

In addition to the support and 1:1 assistance we provide to families, we also provide various trainings and workshops, which help families understand how systems work so that they can also be good stewards of state dollars and the programs of which their children are enrolled. This is done under the Family to Family Health Information Centers. There is one Family to Family in every state across the country. We are a chapter of Family Voices National who oversees all of the Health Information and Education Centers.

Our staff, who all are parents to children with special health care needs, medical complexities and disabilities provides assistance to families by helping them access and navigate services; explaining what the services mean, how systems work, and where the funding comes from. We provide emotional support to assist with their unique and individual needs. In many ways, we also have an Ombudsman type resource as when things go awry or something goes wrong our staff are often who is contacted to help them sort through and navigate this very complex system of care. We have staff in Fargo, Grand Forks, Bismarck, Dickinson, Williston and myself in Edgeley. Staff in Bismarck cover the Minot area, and I cover the Jamestown and Devils Lake area.

All of our services under the auspices of the statewide health information and education center are performed through a parent-to-parent or peer to peer mechanisms through our staff. Additionally, we operate a parent-to-parent matching program called North Dakota Parent-to-Parent which provides connection of one parent to another as a mentor for emotional support. Sanctioned by Parent to Parent USA. Additionally, in partnership with Designer Genes since 2012, we provide support through a project called Project Carson. Project Carson provides emotional and informational support to families who may receive a ***prenatal diagnosis or an at birth diagnosis***.

Families desperately need a place to go to get the help that they need. We often encounter families who are in crisis and experiencing difficulty accessing services because of denials and ineligibilities.

Again according to the 2022-2023 National Survey of Children's Health, there is approximately 39,467 children and youth who have a special health care need. FVND follows the Maternal and Child Health definition of children with special health care needs, which is those children and youth who have a chronic condition of at least one year, a physical disability or mental health/behavior health diagnosis. Additionally, there are many children and youth who may have a physical disability and a chronic health illness but also may have a co-occurring mental health diagnosis. Because of many families have a co-occurring condition, it often leaves families having to understand and navigate many systems and complicated silos. We receive our referrals through agencies, physician offices, out of state hospitals where a child/youth may be receiving services.

National Outcome Measure: Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system

		CSHCN who receive care in a well-functioning system	CSHCN who do not receive care in a well-functioning system	Total %
CSHCN qualifying on mental health criteria	%	**17.4**	**82.6**	**100.0**
	C.I.	10.5 - 27.5	72.5 - 89.5	
	Sample Count	23	144	
	Pop. Est.	3,642	17,285	
CSHCN NOT qualifying on mental health criteria	%	**21.2**	**78.8**	**100.0**
	C.I.	14.5 - 30.0	70.0 - 85.5	
	Sample Count	34	145	
	Pop. Est.	3,938	14,603	

C.I. = 95% Confidence Interval.
Percentages and population estimates (Pop.Est.) are weighted to represent child population in US.

That data also indicates that:

29.1% of this population utilize public insurance (this may include income eligible Medicaid and waivered Medicaid
17.5% use only private insurance
50.2% of this population use both private and public
27.2% of this population were currently at the time of the survey uninsured.
The number of uninsured for this population has doubled since my last testimony. One of the reasons may be that from the start of the pandemic as it was deemed a public health emergency, they may have been covered through public insurance.

***People cannot access what they do not know exists*.** In essence, we do assist families, one of our most vulnerable population in accessing services they will need in raising their child with a chronic

illness and disability. A common theme we here from families is they were not told where to go to access services. If we were not available to provide that assistance, who then would provide this service to families?

Total Encounters of all calls from 6/1/22-5/31/24	**6/1/22-5/31/24**		
Families unduplicated	**2302**	**First time callers or new families to us**	
Families duplicated	**20704**	**This was in part due to the end of the public health emergency**	
Of the total number of families served/trained, instances of service related to the following issues:			
Individualized assistance (Includes one-on-one instruction, consultation, emotional support, care coordination and mentoring)	**9896**	**Partnering/decision making with providers**	**15042**
Basic contact information and referrals	**340**	**Accessing a medical home**	**4587**
Group training opportunities	**1772**	**Financing for needed health services**	**6133**
Meetings/Conferences and Public Events (includes outreach events and presentations)	**7926**	**Early and continuous screening**	**3625**
		Navigating systems/accessing community services easily	**14528**
		Adolescent transition issues	**2000**

As stated earlier, many times, our encounters with families are heightened because the family is in crisis. We have noted that the issues being presented by families today are being increasingly complex.

Our staff work with a large number of families who experience gaps in service, have difficulty understanding the complexities of our Medicaid systems and Medicaid waivers, and their private insurance who have children with very complex medical issues.

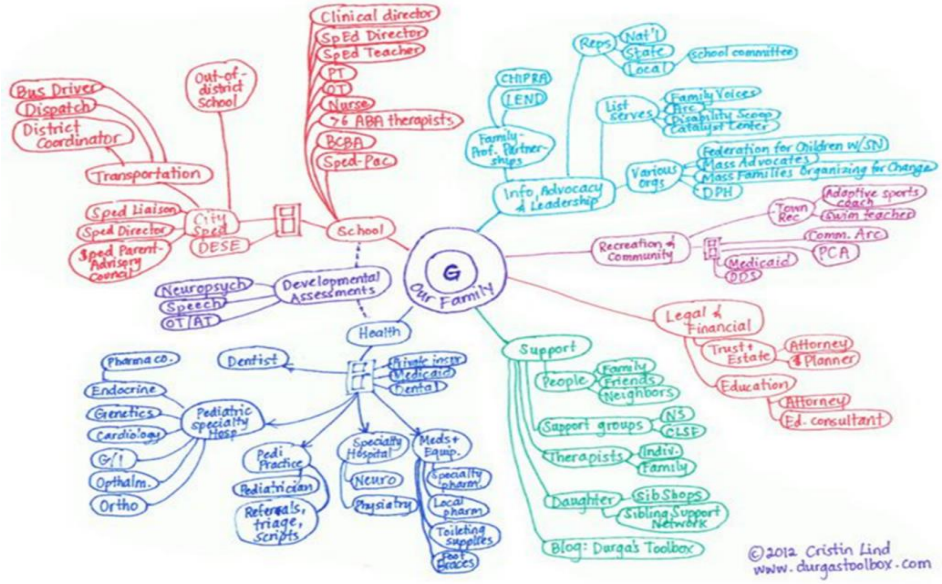
Many providers contact us to make a referral or to assist them in locating resources for families they are working with. Families often do not know where to begin. We will partner with them in making those connections to community resources, possible eligibility criteria and programs, assist them with the application process, follow up with them to assure their family needs are being met, and provide ongoing emotional and informational support.

This table is an example of the categories of calls, trainings and meetings with providers.

Table 2. Provider calls

Our organization provided health care information/education to providers to assist them in better providing services for CSHCN	**6/1/22-5/31/24**
Professionals unduplicated	**1532**
Professionals duplicated	**22479**
Of the total number of providers served/trained, instances of service related to the following issues:	
Partnering/decision making with providers	**14947**
Accessing a medical home	**4084**
Financing for needed health services	**7316**
Early and continuous screening	**4116**
Navigating systems/accessing community services easily	**12416**
Adolescent transition issues	**4780**

In the diagram below you will see children with a chronic condition or disability utilize many services. Most services that families encounter are in silos.



We know and can identify as best practice that families thrive when supported by others with lived experience. We also know that families build capacity, strength and confidence through support and coaching from another parent. Active engagement with families through responsive listening from others who have walked in the same shoes assists families in a manner that allows them to receive services necessary to meet their family and child's needs.

Families across North Dakota have repeatedly shared the difficulty in locating and accessing services when they call our offices. Raising a child or youth with special health care needs, accessing quality services and paying for them while still meeting the needs of the entire family and maintain employment is stressful. Following the pandemic emergency as the system changes within the Department as a whole this has been especially true. It has been most difficult for families to navigate this very complex system.

Representative Nelson and members of the committee, I have stood before you all for many years. The needs for families to live, thrive and survive in their community has also increased. We often **hope for the best, but don't know what the future holds in a world and system that wasn't built for our children.** There is no handbook or parenting book about raising a child with special health care needs and disabilities.

Most of our children don't fit a mold. All are uniquely their own, and many have multiple diseases or disorders so rare that often doctors have never seen. Early on families realize with a heavy heart, the world we live in isn't built for our children. Each and every day families are fighting someone about some aspect of their care. It could be a doctor, nurse, therapist, educator, or an insurance

company. Every day families launch battles for what we know our children need to thrive, and sometimes our fight ends in defeat.

Every day many families are fighting a battle against a disability, disease or chronic illness that we will never beat. Most of families know the very real implications of what can happen to our children at any given time.

Our role is not only to provide support, assistance in navigating and connecting to services to families, but through or various trainings and workshops, help families understand how systems work so that they can also be good stewards of state dollars and the programs of which their children are enrolled. A valued provider has stated "It is important to ensure that there are adequate supports for families, as these strengthen the family unit as a whole. This results in a decreased demand for providers as you are creating lasting change within the family unit."

We are requesting continued support of general fund dollars through SHS. The need for family support is not going away. Do the most vulnerable families in the state not deserve assistance? Our staff does incredible work in helping families with emotional and informational support. I couldn't be prouder of them.

In closing, let us remember as each of us makes decisions that will affect children—whether we are parents, educators, health professionals, or government officials—it is our duty to consider if that decision either affirms or denies a child's most basic human rights. Families are not looking for handouts, but they do often need a rope to hang on to, to keep from drowning in an every changing system. Family support is vital to help them live, thrive and survive in an every changing world.
Again, we are most appreciative of our partnership with SHS Division and their work.

Thank you for your consideration
Donene Feist
Family Voices of North Dakota, Director
701-493-2634
fvnd@drtel.net or donene@fvnd.org
L-292

#31454

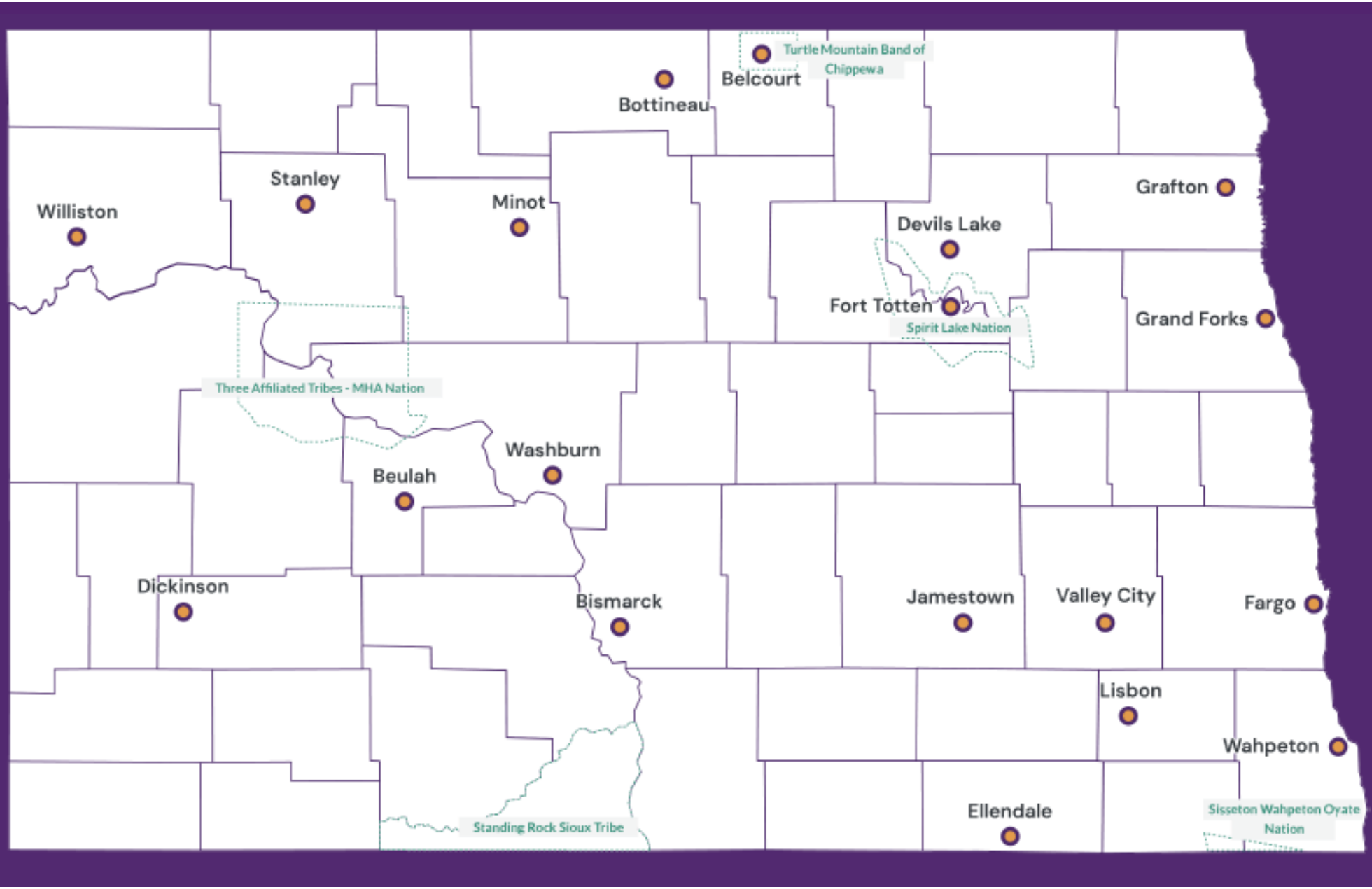
North Dakota Domestic & Sexual Violence Coalition

House Appropriations Committee Human Resources Division

January 27, 2025

Presented by: Seth O'Neill, JD, MSW,
Executive Director, North Dakota Domestic & Sexual Violence Coalition
Coiya Tompkins Inman, MBA, CFRE,
President/CEO, Community Violence Intervention Center
nddsvc.org




Turtle Mountain Band of Chippewa
Belcourt
Bottineau
Stanley
Williston
Minot
Grafton
Devils Lake
Fort Totten
Spirit Lake Nation
Grand Forks
Three Affiliated Tribes - MHA Nation
Washburn
Beulah
Dickinson
Bismarck
Jamestown
Valley City
Fargo
Lisbon
Wahpeton
Ellendale
Sisseton Wahpeton Oyate Nation
Standing Rock Sioux Tribe

NDDSVC

Member Program Overview

Serve	· More than 7,400 survivors of domestic violence/sexual assault
Educate	· More than 49,000 community members and professionals annually
Employ	· More than 330 employees
Provide	· Safety, healing, and education to all 53 counties and 3 tribal nations.
Represent	· More than 700 years of service (urban and rural communities)

NDDSVC

Domestic Violence Statistics (2023)

6,131 new victims

6,131 new victims* of domestic violence were served by 19 domestic violence advocacy centers across North Dakota.

**new = unduplicated for calendar year*



105

105 women were pregnant at the time they were assaulted.



4,205

At least 4,205 children were directly impacted by these incidents.

NDDSVC

Sexual Assault Statistics (2023)

1,288 primary victims

1,288 primary victims* and 221 secondary victims were served by 19 sexual assault advocacy centers across North Dakota.



242

At least 242 of primary victims were under the age of 18 years old at the time of the assault(s).



20,274

At least 20,274 services were provided to primary victims by advocacy center advocates from January to December 2023.

Statistics represent new victims served in 2023. New = unduplicated for calendar year. Primary victims refers to the victim/survivor whom the sexual assault and/or child sexual abuse was directed at. Secondary victims refers to those who are indirectly affected by the sexual assault—i.e., children, siblings, spouses or intimate partners, grandparents, other affected relatives, friends, neighbors, etc.

NDDSVC

Domestic & Sexual Violence-Related Deaths & Lethality Risks

FARGO

Murder suspect called police, admitted to killing girlfriend in Fargo apartment, court docs say

A review of previous incidents involving the suspect, Randall Duffy, and the victim, Jody Campbell, shows the two had a long history of domestic disputes, dating back to 2018.

Jun 10 · *By Tasha Carvell*

North Dakota Attorney General Drew Wrigley says crime is steadily increasing in the state

Wrigley cited a lack of respect for law enforcement as a factor in the reported crime hike

6d ago · *By Michael McGurran*

Man accused of shooting at Grand Forks SWAT team tells judge: 'I respect law enforcement'

Police say 30-year-old Jeffrey Simpson got into a 15-second gunfight on Friday, March 22, as they tried to arrest him on domestic assault charges.

Mar 25 · *By Matt Henson*

Bismarck man sentenced to prison after pleading guilty to assaulting woman

BRAD NYGAARD | Jun 25, 2024

Grand Forks man requests change of venue in criminal case alleging he abused wife

Court documents filed by the defense argue that media attention, particularly following the alleged victim's death, has created an unjust environment for Joshua Temple to face prosecution in.

Jun 17 · *By Sav Kelly*

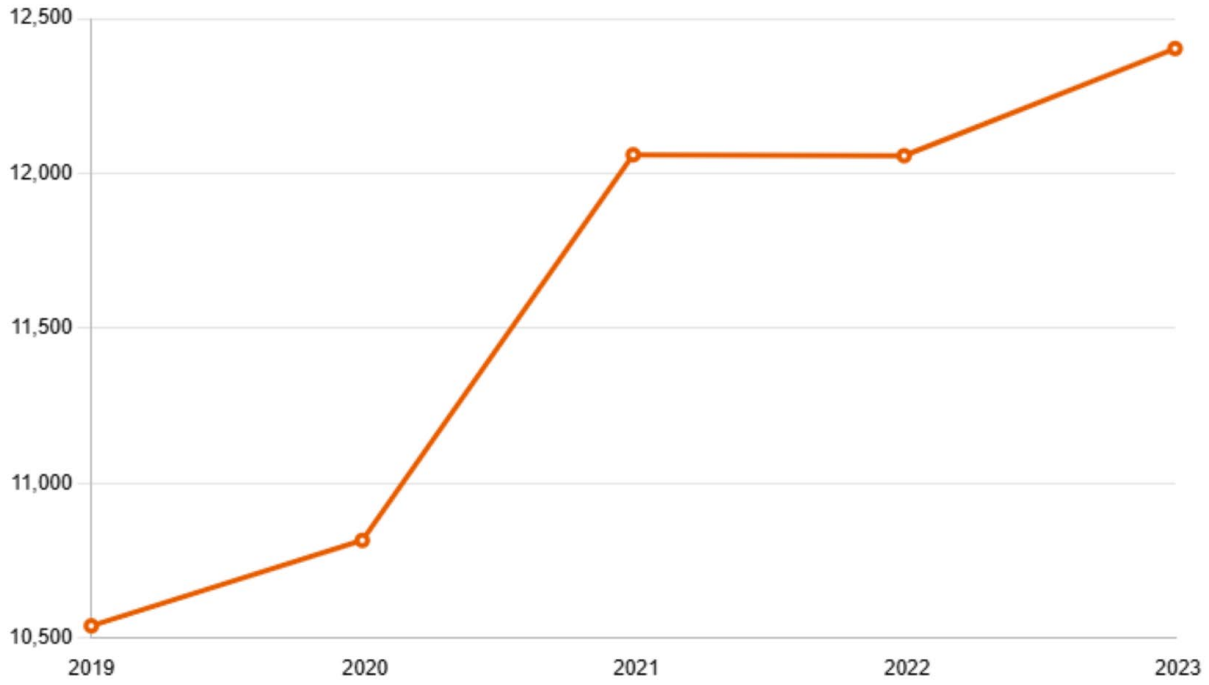
Standoff in Wahpeton leads to arrest following alleged domestic assault

Officers responded when Nathan Vancleave Deemer III, 20, allegedly assaulted his 14-year-old sister and then pointed a gun at her.

May 31 · *By Forum staff*

NDDSVC

Crimes Against Persons Total Offenses (2019-2023)



Data retrieved from *Crime in North Dakota, 2023* report from the Office of Attorney General, Bureau of Criminal Investigation

NDDSVC

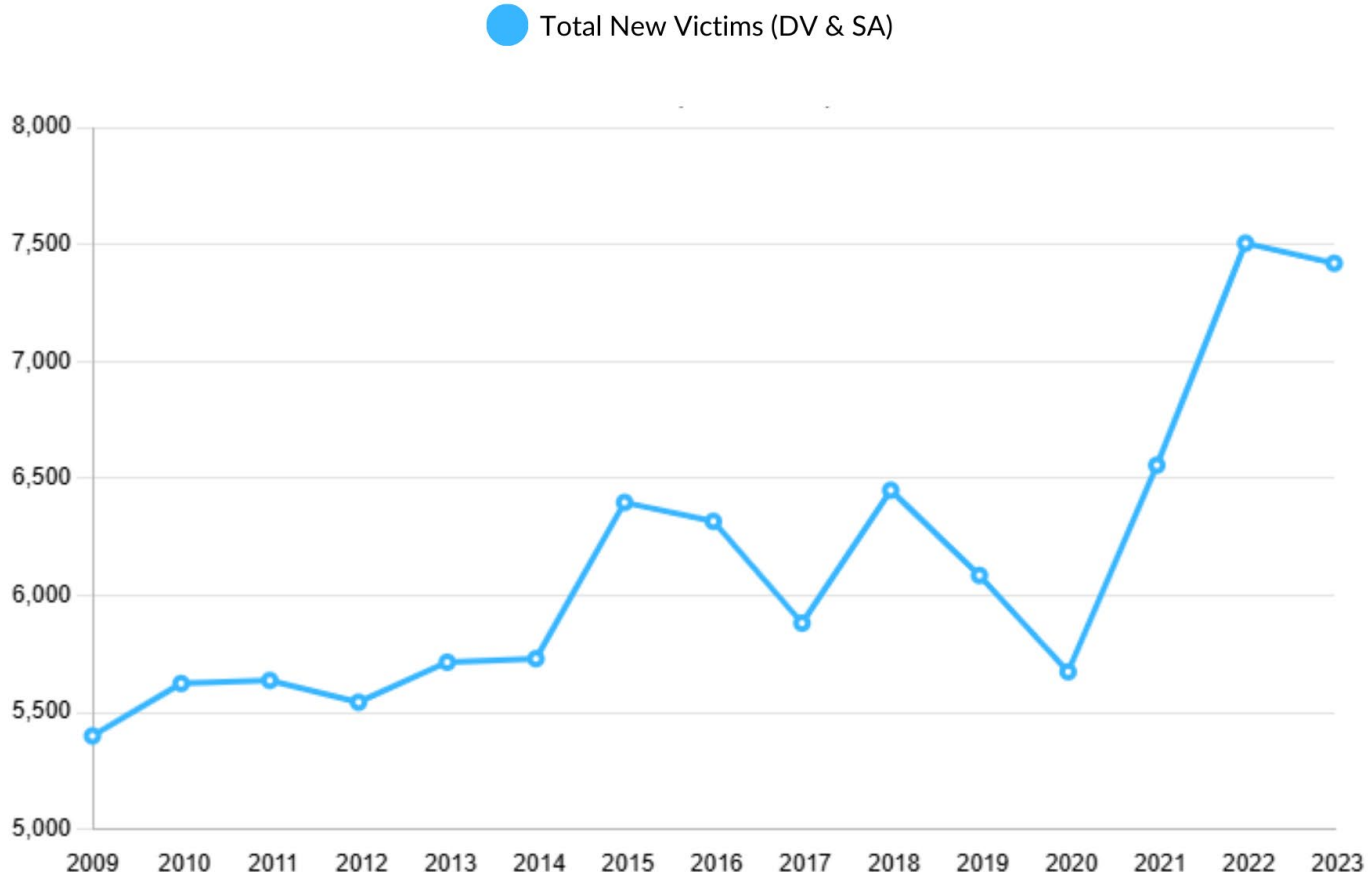
Domestic Violence Homicides, 2004-2023

Year	Domestic	Non-Domestic	No Assailant Identified	Homicide Total
2004	6	4		10
2005	6	7	1	14
2006	4	4	1	9
2007	7	10		17
2008		4		4
2009	12	3		15
2010	6	6		12
2011	7	7	1	15
2012	6	13		19
2013	7	7		14
2014	6	12	1	19
2015	9	11	2	22
2016	2	14		16
2017	4	9		13
2018	12	5		17
2019	10	16		26
2020	15	14	3	32
2021	3	13	1	17
2022	11	17	3	31
2023	5	19		24
Total 2004-2023	**138**	**195**	**13**	**346**

See Homicide in North Dakota, 2023.

NDDSVC

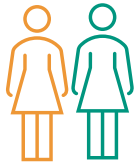
Victims Served (2009–2023)



NDDSVC

Interpersonal Violence in North Dakota

41% of women



26% of men



Impacted by domestic or sexual violence in their lifetime

[National Intimate Partner and Sexual Violence Survey, 2024.]

Population of North Dakota:

779,261

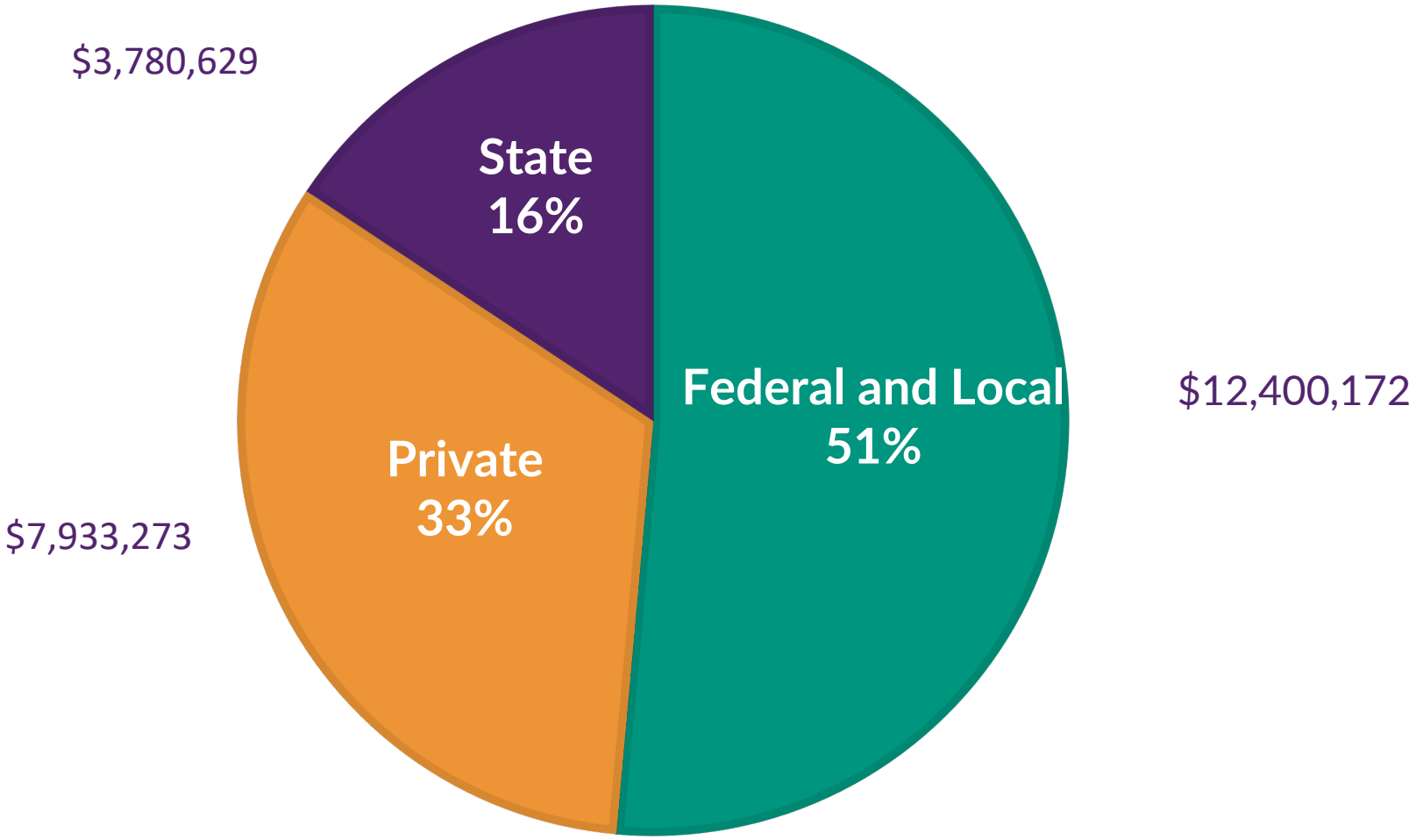
North Dakotans Impacted by domestic or sexual violence in their lifetime:

259,558

[U.S. Census Bureau, American Community Survey, 2022.]

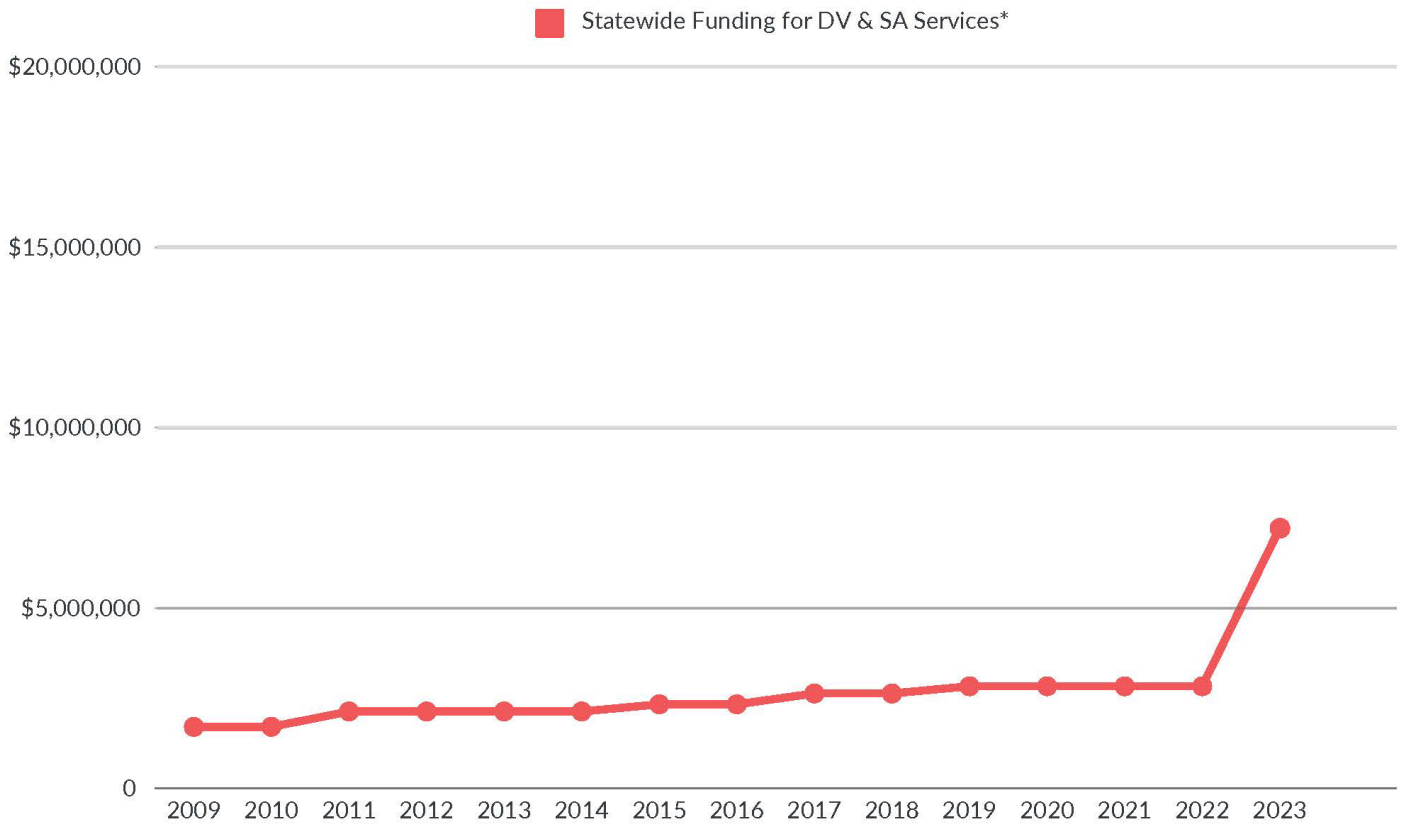
NDDSVC

19 Member Programs
Annual Funding Sources



NDDSVC

Statewide Funding for DV & SA Services (2009-2023)



*There is also an estimated additional $340,000 distributed from the marriage license fees. This amount changes based on what is collected.

NDDSVC

2023 Funding Increase Impacts:

competitive wages, health insurance, additional staff to serve

"We were understaffed by 5 advocates at one point last spring and we weren't receiving ANY applications much less qualified applicants. Once we increased the wages, it was easier to hire and we have been fully staffed since then. It definitely helped retain the advocates we had as well." – AARC, Bismarck

"The increase in funding allowed us to hire a prevention specialist that is based in a school and they have a class called
'Empower Hour.' This is a class that focuses on healthy behaviors and helps social emotional learning using evidenced based curriculum...The class has been so well received and our staff member was even chosen 'teacher of the month' voted on by students." – ARN, Lisbon

"We were able to fill positions, after being understaffed by 25% for a year by making salaries more competitive. We were able to enhance our benefits package to include short term disability as well as retain our RST programming for our direct services team to address issues of vicarious trauma. This truly prevented potential closure of programming for victims due to lack of staffing and funding." – DVCC, Minot

NDDSVC

Average Starting Salary for DV/SA Advocate

$20.85

Based on a survey of 14 member programs, January 2025.

NDDSVC

69th Legislative Assembly
2025 HHS Funding Request

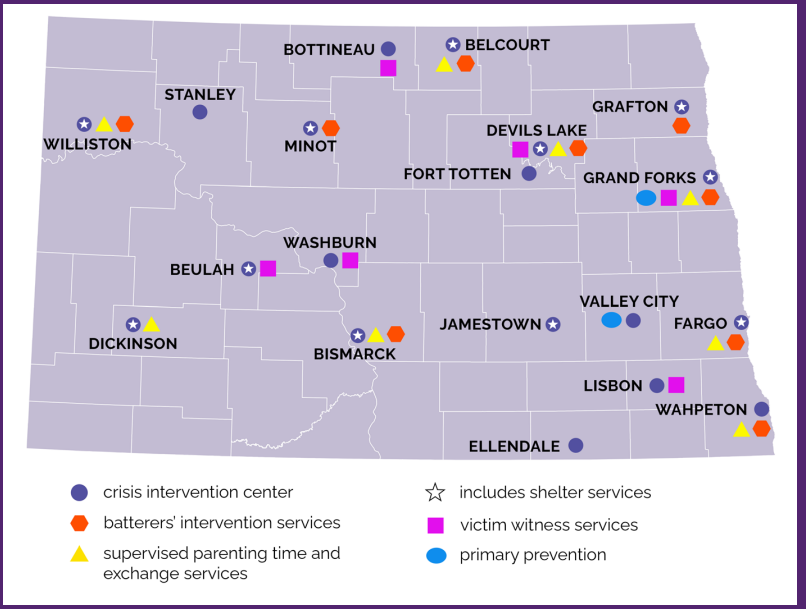
Program Category	Description of Service	Source of Funds	2023-2025 Biennium Request	2023 – 2025 Biennium Appropriation	2025-2027 Biennium Request
Domestic Violence & Sexual Assault	Crisis response, advocacy	State General Fund	$10,000,000	$4,596,285	$10,820,160
		Community Health Trust Fund		1,000,000	
		Domestic Violence Prevention Fund		340,000	
Safe Haven	Supervised visitation and exchange	State General Fund	2,200,000	425,000	2,380,435
Sexual Violence Prevention	Bystander intervention program	State General Fund	4,000,000	200,000	4,328,064
Domestic Violence Intervention Programming	Intervention for domestic violence offenders	Community Health Trust Fund	1,425,000	1,000,000	1,568,923
		Total	**$17,625,000.00**	**$7,561,285.00**	**$19,097,582.00**

NDDSVC

Domestic Violence General Funds

Provides essential services including:

- 24-hour crisis intervention,
- counseling,
- accountability and education for offenders,
- sexual assault response & advocacy,
- prevention & outreach, and
- shelter and transitional housing.



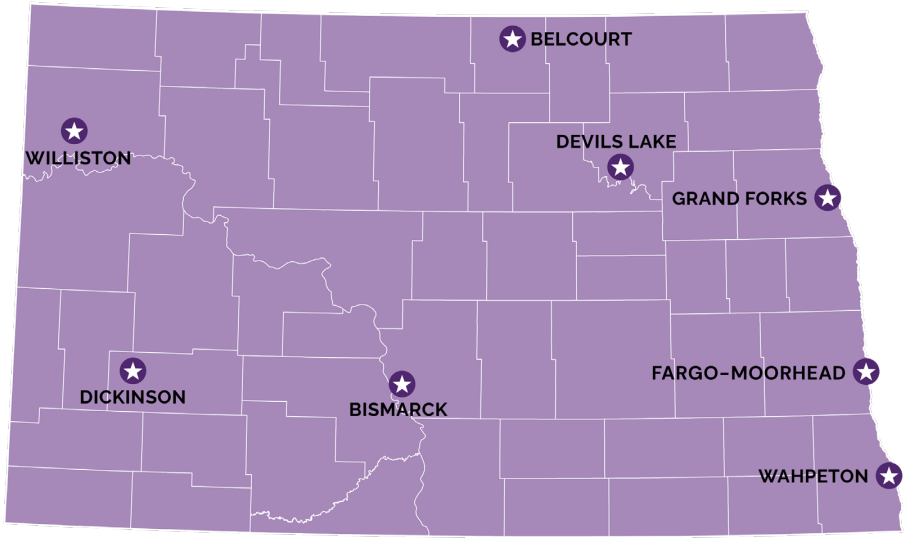
Department of Health and Human Services
Current Appropriation: $5,936,285
Request: $10,820,160

NDDSVC

Safe Haven Funds
Supervised Parenting Time & Exchanges

The Safe Havens funds provide supervised parenting time and exchanges for families. These programs provide a safe place for children and families to maintain a relationship while addressing underlying concerns.

The appropriation amount has not increased since at least the 2013-2015 biennium. In communities without this service, a child may be left unsupervised with a violent parent or a domestic violence victim may have to contact their abuser for child exchanges exposing them to violence and increased lethality risk.



Department of Health and Human Services
Current Appropriation: $425,000
Request: $2,380,435
Century code: 14-09-29.
Parental rights and responsibilities - Best interests and welfare of child.

NDDSVC

Safe Haven Funds
Supervised Parenting Time & Exchanges

	Williston	Dickinson	Bismarck	Grand Forks	Wahpeton	Fargo	Devils Lake	Turtle Mtn	Total
Hours of services	1,500.25	930.5	1,405.25	2,174.50	611	1,928.75	68.25	496	**9,114.50**
Families Served	53	67	56	85	28	136	6		**431**
Children Served	98	67	82	165	45	221	11		**689**
DV Cases	30	40	42	74	19	53	2		**255**
FT Staff	2	2	1	2	1	2	0		**10**
PT Staff	3	0	4	6	4	9	2		**28**

NDDSVC

Sexual Violence Prevention Funds

Sexual violence prevention is severely underfunded at the state level.

Increasing the funding for sexual violence prevention would improve the health and safety of North Dakota.

Help us transition from serving nearly 7,400 primary victims to creating a ND with thriving, healthy relationships.

Department of Health and Human Services
Current Appropriation: $200,000
Request: $4,328,064

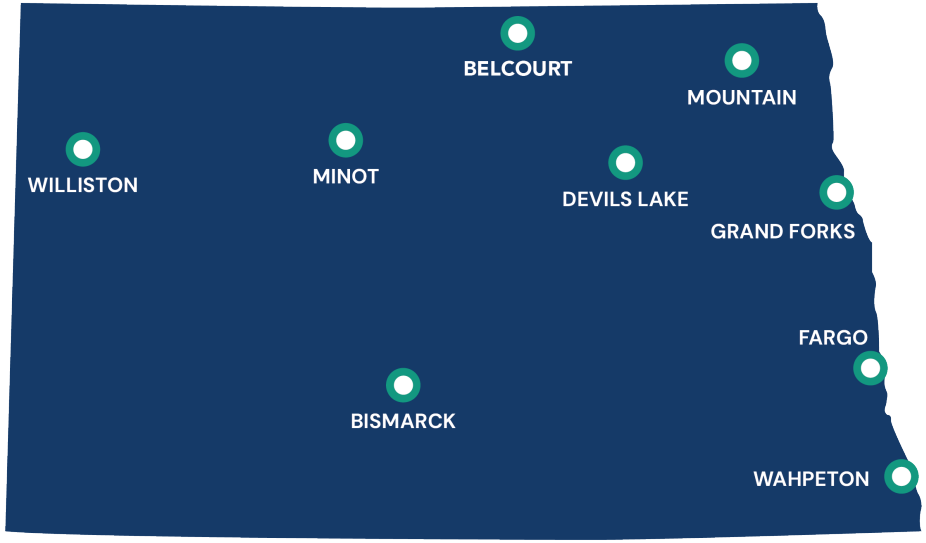
NDDSVC

Domestic Violence Intervention Funds

Domestic violence intervention programs received an increase during the current biennium.

703 participants (35% increase) were served by ten programs during the first half of the biennium.

Increased funds made it possible to start a tribal program in Belcourt.



= In Compliance with ND Battering Intervention Standards

Department of Health and Human Services
Current Appropriation: $1,000,000
Request: $1,568,923
Century Code: 12.1-17-13.
Mandated intervention program for domestic violence offenders.

Thank You!

North Dakota Domestic & Sexual Violence Coalition

Please reach out if you're looking for more information.

Seth O'Neill, Executive Director

Email soneill@nddsvc.org

Phone 701.255.6240 ext. 1016

Follow NDDSVC

House Bill 1012
House Appropriations—Human Resource Division
January 27, 2025
Brenda Stallman, Traill District Health Unit

Good morning, Chair Nelson and members of the House Appropriations—Human Resource Division Committee. My name is Brenda Stallman, and I am the Executive Officer for Traill District Health Unit located in Hillsboro. Traill District Health Unit provides public health services for the communities of Hillsboro, Mayville, Hatton, Clifford, Galesburg, Grandin, Buxton, and Reynolds.

NURSE HOME VISITS. SCHOOL NURSING. TB RESPONSE.
DISEASE PREVENTION. HEALTH EDUCATION.
JAIL NURSING. CAR SEAT DISTRIBUTION. VACCINATIONS.
STAFF SALARIES & BENEFITS. NUISANCE COMPLAINTS.

Members of the Committee, these are just a few of the responsibilities local public health units have that do not have designated funding for. We all juggle grants that change in scope and availability, but many of the duties we take on, like the previously mentioned items, do not have funding earmarked for them.

This is why state aid assistance provided by the ND legislature is so imperative. While what was appropriated in past sessions has been very carefully allocated to the needs of our individual units, an additional $2 million was sought in Governor Burgum's budget to cover the increased cost of delivering our services. Because this request is not

currently in the budget, we are asking that the additional $2 million requested be restored for a total of $10 million.

Ten million dollars divided over 28 health units that provide public health services to all 53 North Dakota Counties is a very wise investment. An investment that is necessary to help keep our seniors in their homes, diseases out of our schools, churches, and communities, and our citizens safe and healthy.

At Traill District Health Unit, state aid funds represent 6% of our total budget. We are facing loss of some of our current grant funding, yet the needs of the residents in our communities do not diminish. Instead, as people grow older and family members do not reside close by, our aging population seeks additional services. Our jails are full, and the medical needs of the inmates are complex and costly to manage. All three of the nurses at our agency, me included, have been working at TDHU for 30 plus years. Staff turnover is costly and will be substantial moving forward. Hiring professionals in public health and rural communities is difficult and costly.

I hope you agree that public health is a needed investment to keep our communities strong. We work closely and successfully with our community partners to be as efficient as possible. Thank you for your consideration of adding $2 million to state aid to local public health units.

Please reach out to me any time if you have questions. Thank you for the opportunity to provide this testimony.

Proposed Amendment

SECTION 1. AMENDMENT. Section 50-24.5-02.3 of the North Dakota Century Code is amended and reenacted as follows:

50-24.5-02.3. **Basic care payment rates.**

1. The department shall determine limits for the care of residents of basic care facilities that qualify as vendors of an aged, blind, and disabled persons program and for implementing provisions of this chapter based on data demonstrating the most recent costs that must be incurred for the care of residents in efficiently and economically operated basic care facilities. The department shall determine the limits every four years by July first, beginning with July 1, 2023.

2. The department shall establish the limits by using the median rates from the most recent data available. The direct care limit must be the median plus eighteen percent. The indirect care limit must be the median plus twelve percent.

3. For the rate year beginning July 1, 2023~~3~~5, the department shall increase rates and limits ~~three and one-half~~ four percent for inflation. For the rate year beginning July 1, 2024~~6~~, the department shall increase rates and limits three ~~and one-half~~ percent for inflation.

4. The department shall provide a rate increase in the amount of five dollars per day for the period beginning July 1, 2023~~3~~5, and ending June 30, 2025~~7~~, after which the increase is not effective. This rate increase may not be included in any calculation of inflation increase.

5. Within the limits of legislative appropriations, the department shall establish an uncompensated care expense of three hundred sixty-five days.

6. For the rate year beginning July 1, 2025, the department shall provide an operating margin of three percent based on the lessor of the actual direct and indirect care

categories or the direct and indirect care limits established for the rate year plus the food, utilities, and repairs and maintenance portions of the room and board rate all exclusive of the adjustment factor.

SECTION 2. APPROPRIATION. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, and from special funds derived from federal funds and other income the sum of $6,520,000, or so much of the sum as may be necessary, to North Dakota health and human services for the purpose of basic care payment, for the biennium beginning July 1, 2025, and ending June 30, 2027.

ND Nursing Facilities

January 27, 2025

House Appropriations, Human Resource Division

Presented by Nikki Wegner, President, ND Long Term Care Association

North Dakota Long Term Care ASSOCIATION

Nursing Facility Costs

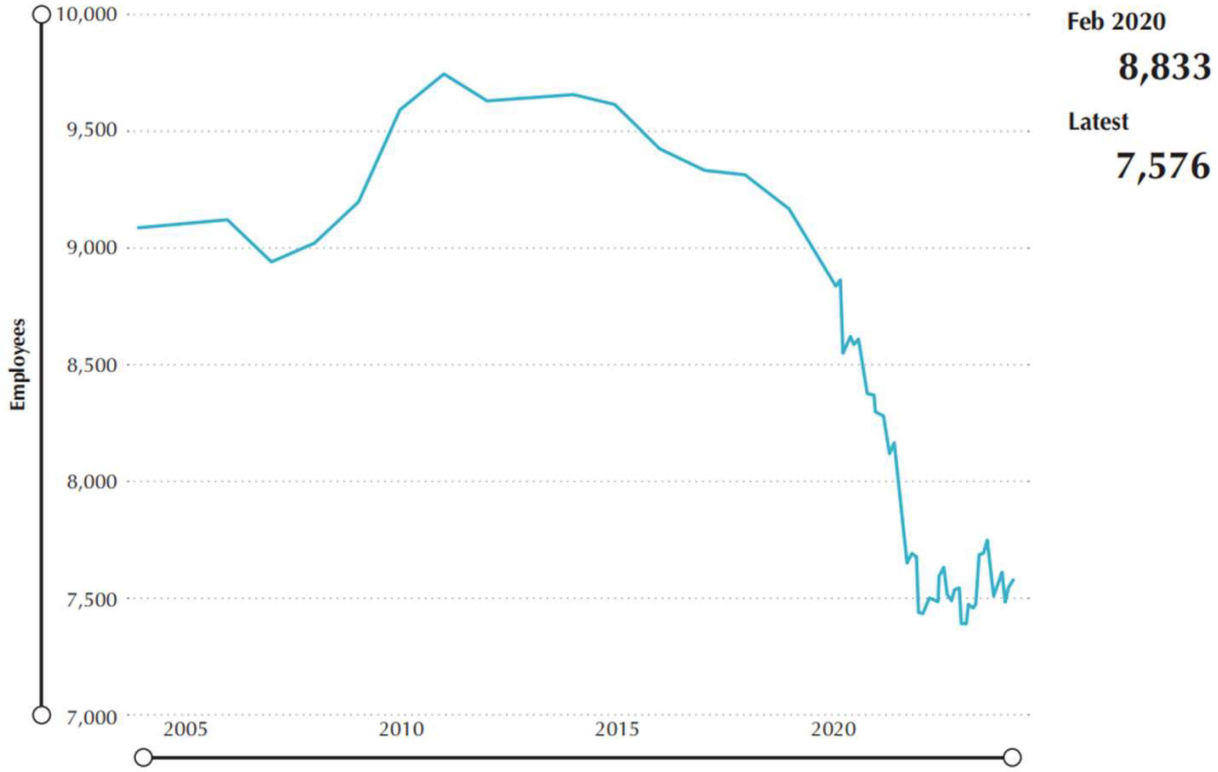
- Comprehensive 24/7 Care
- Regulatory Compliance
- Higher Acuity Levels
- Infrastructure Costs
- Labor Costs

Contract Nursing Costs	2023	2022	2021	2020
	$73,489,180	$63,814,506	$27,676,565	$24,200,946
		14.4%	176.6%	28.7%

Contract nursing % change each year

Workers Needed:

1,257 nursing home workers are required in ND to return to pre-pandemic levels.



Source: Bureau of Labor Statistics, Quarterly Census of Employment and Wages. NAICS Industries 623, 6231



- North Dakota Trends: Urban nursing homes show better staffing recovery than rural facilities, where competition for limited local workers is a significant challenge.

Nursing Hours







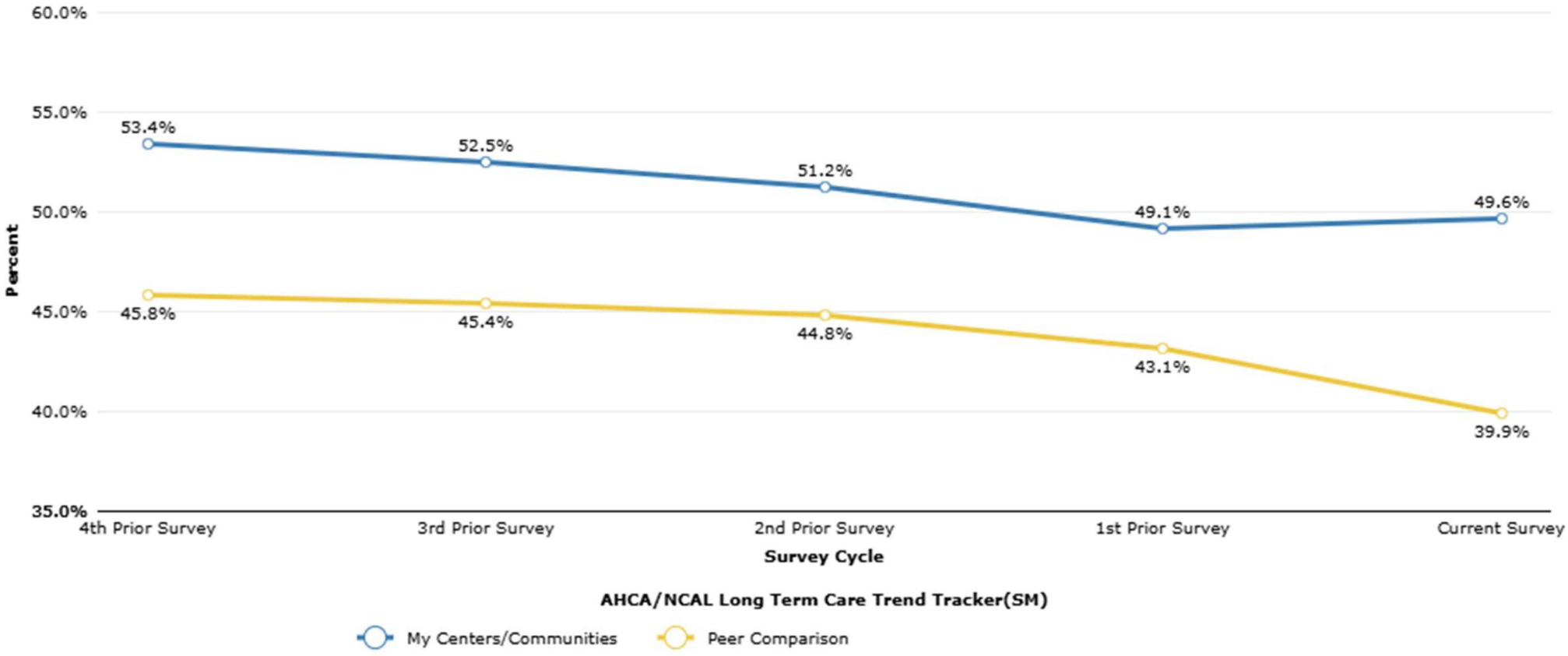
CMS tracks the hours worked by different types of staff in nursing facilities.

These hours are used to calculate a ratio of staffing hours per resident per day. Hours per resident per day described the average amount of time staff are available to spend with each resident per day.

- ND Nurse hours per day 5.12 *- US Nurse hours per day 3.89*

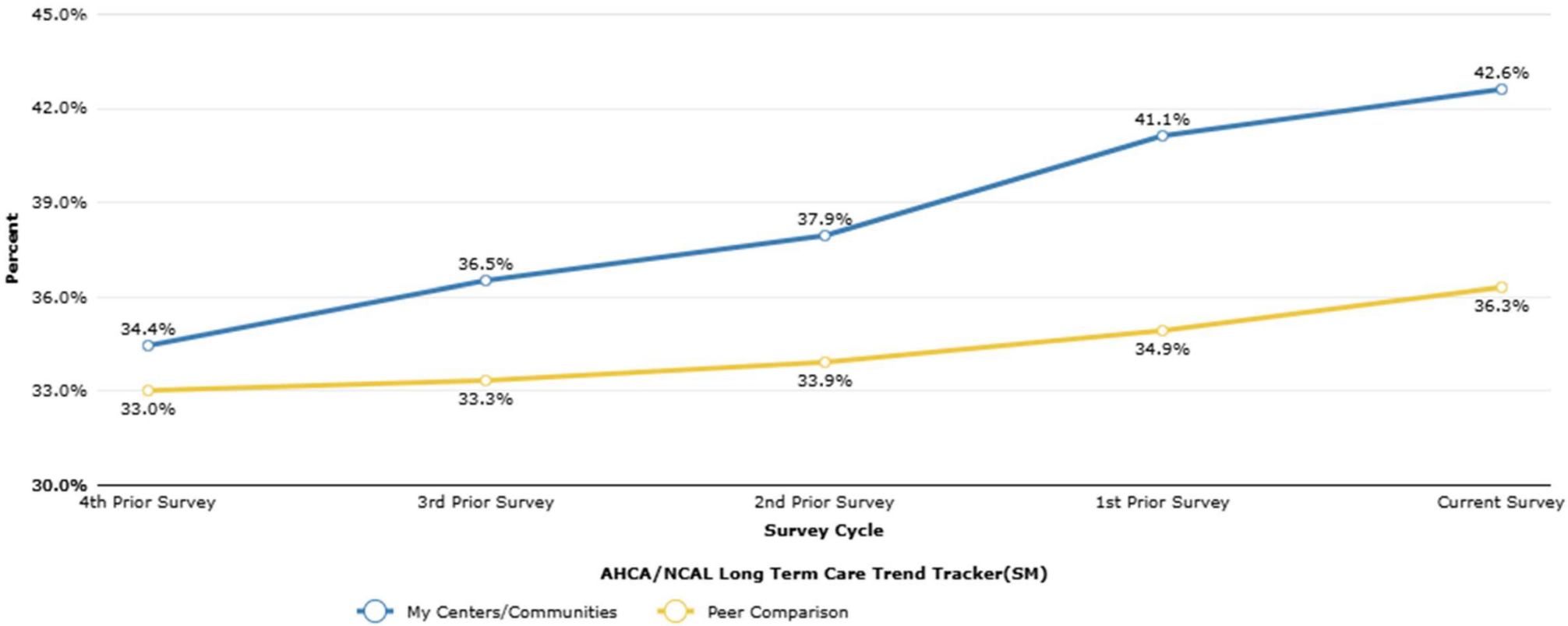
SNF Resident Characteristics Report: Report Summary - Casper Resident - Dementia - Survey Cycles

My Buildings: NORTH DAKOTA LONG TERM CARE ASSOCIATION (75 Currently Active Buildings). Peers: Peers in Entire Nation; No peer type restriction; Centers from My Org are not included in peer group (14845 Currently Active Buildings).



SNF Resident Characteristics Report: Report Summary - Casper Resident - Psychiatric Disorders (Documented) - Survey Cycles

My Buildings: NORTH DAKOTA LONG TERM CARE ASSOCIATION (75 Currently Active Buildings). Peers: Peers in Entire Nation; No peer type restriction; Centers from My Org are not included in peer group (14845 Currently Active Buildings).



When residents are discharged from a skilled nursing facility, where do they go?

49% of ND nursing home residents are ***discharged to the community.***

Nursing Facilities

North Dakota is ranking high
Resident Satisfaction

Item	*Rating Value*	*North Dakota*	*United States*
Overall Satisfaction	4 & 5	**91%**	73%
Nursing Care	4 & 5	**94%**	82%
Cleanliness	4 & 5	**95%**	84%
Dignity & Respect	4 & 5	**96%**	88%
Recommend to Others	4 & 5	**94%**	77%
Safety & Security	4 & 5	**97%**	90%
Quality of Food	4 & 5	**72%**	56%

ND Basic Care Facilities

January 27, 2025

House Appropriations, Human Resource Division

Presented by Nikki Wegner, President, ND Long Term Care Association

North Dakota Long Term Care ASSOCIATION

Care Needs of Basic Care Residents

- **60%** of residents have impaired mental status, ranging from early stage dementia to disorientation.
- **30%** of residents have a mental health diagnosis.
- **94%** of residents need full assistance with medication administration.
- **50%** of residents receive psychoactive drugs.
- **12** the number of medications the average basic care resident takes.
- **61%** of residents are independent in dressing, with 2% requiring extensive assistance.
- **41%** of residents are ambulatory and do not need any staff assistance, 68% use a walker or cane, and 12% use a wheelchair.
- **91%** of residents are independent in transferring and 86% are independent with toileting.
- **63%** of residents need assistance with bathing.

Basic Care Average Costs and State Reimbursement Rates

$	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
Average Cost	$121.64	$130.52	$124.52	$133.92	$149.25	$167.29	$247.89
Average Rate	$117.13	$123.80	$122.83	$129.12	$137.56	$161.25	$164.76
Difference	-$4.51	-$6.72	-$1.69	-$4.80	-$8.69	-$6.04	-$83.13

2023-2024 Basic Care Payment Study

- The study was intended to address:
  - How property would be reimbursed.
  - The process of establishing annual inflationary adjustments.
  - Determine how the operating margin should be calculated.

NDLTCA Members' Proposed Solutions

1. Implement Annual Inflators

For the rate year beginning July 1, 2025, the department shall increase rates and limits **four** percent for inflation. For the rate year beginning July 1, 2026, the department shall increase rates and limits **three** percent for inflation.

Estimated Cost: $2.72 million additional state general funds

2. Continue the $5/Day Add-On for Basic Care

The Department shall provide a rate increase in the amount of **five** dollars per day for the period beginning July 1, 2025 and ending June 30, 2027.

Estimated Cost: $2.68 million for the biennium in state general funds.

3. Expand the 3% Operating Margin Across All Rate Components

For the rate year beginning July 1, 2025, the department shall provide an operating margin of **three** percent based on all the rate components except property.

Estimated Cost: $1.12 million of state general funds for the biennium.

Thank you

Nikki Wegner, ND Long Term Care Association

nikki@ndltca.org

701.354.9773

Testimony on Solutions for Financial Challenges in Basic Care
House Appropriations-Human Resources Division
January 27, 2025
HB 1012

Chairman Nelson and members of the Committee. My name is Nikki Wegner, President of the North Dakota Long Term Care Association. We represent 53 of the 66 basic care facilities in North Dakota. Thank you for the opportunity to testify in support of HB 1012 with an amendment to address the financial challenges facing basic care providers.

Basic care facilities play a vital role in supporting older adults and individuals with disabilities by providing a cost-effective alternative to nursing facility care. There are **2,097** licensed beds with an average occupancy of **72%**. These facilities are ideal for individuals who need assistance with daily living activities but do not require intensive medical oversight.

Top Reasons for Admission:

1. **Needs Assistance with Instrumental Activities of Daily Living**: Tasks such as managing finances, housekeeping, and daily nutritious meals.
2. **Needs assistance with Activities of Daily Living:** Personal care to maintain hygiene and routine activities like bathing, dressing, and medication management.
3. **Need for Supervision:** Ensuring safety and providing oversight for individuals with cognitive or physical limitations.

Basic care facilities are congregate residential settings providing 24-hour staffing. They are a critical component of the long term care continuum, providing quality support in a cost-effective and compassionate manner.

The age of basic care residents ranges from 27 to 104 years, with an average age of 79. Women make up 50% of basic care residents, compared to 64% in nursing facilities. Additionally, 60% of residents experience some level of cognitive impairment, and 30% have a mental health diagnosis.

Persistent financial shortfalls threaten the sustainability of these essential services. In 2024, basic care facilities received an average rate of **$164.76** per resident per day, while the average cost of care was **$247.89**, creating a significant shortfall of **$83.13** per resident daily.

Basic Care Average Costs and State Reimbursement Rates

$	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
Average Cost	$121.64	$130.52	$124.52	$133.92	$149.25	$167.29	$247.89
Average Rate	$117.13	$123.80	$122.83	$129.12	$137.56	$161.25	$164.76
Difference	-$4.51	-$6.72	-$1.69	-$4.80	-$8.69	-$6.04	-$83.13

These ongoing losses, compounded over the past seven years, are placing an unsustainable strain on providers. Without adequate funding adjustments, facilities will face increasing challenges in continuing to serve residents who rely on the program. Investing in this program is not just necessary, it is critical to ensure the long-term viability of basic care in North Dakota.

Today, I will outline three critical solutions to stabilize and strengthen the basic care system, however first I will give you some background.

Background

In the 2023 session you approved $600,000 for a study of the basic care payment system. We were counting on that study to bring forward recommendations for addressing the payment shortfalls and implementing vital improvements. As shared with many of you during the interim, the study failed to address the payment deficiencies or provide solutions. Therefore, we are returning to request your support for urgent relief for basic care providers to ensure continued care for almost over 1,000 North Dakotans each year.

The study was intended to address:

- How property would be reimbursed.
- The process of establishing annual inflationary adjustments.
- Determine how the operating margin should be calculated.

Our solutions below begin to address these issues. Much work still needs to continue so we'd further recommend you add language to HB 1012, directing the department to work with basic care providers and the association to bring forth payment solutions to the 2027 legislative session.

Attached please see a proposed amendment, solutions for stabilizing basic care payments. Let me explain the three solutions in the amendment:

1. Implement Annual Inflators

For the rate year beginning July 1, 2025, the department shall increase rates and limits four percent for inflation. For the rate year beginning July 1, 2026, the department shall increase rates and limits three percent for inflation.

Rationale: Inflationary adjustments of 1.5% provided in the Armstrong Budget is inadequate for addressing chronic labor shortages, low wages, and the cost of food and medical supplies.

Estimated Cost: $2.72 million additional state general funds

2. Continue the $5/Day Add-On for Basic Care

The Department shall provide a rate increase in the amount of five dollars per day for the period beginning July 1, 2025 and ending June 30, 2027.

Rationale: Until a comprehensive property component system, such as a fair rental value system, can be implemented, the $5/day add-on remains essential. This temporary measure provides critical relief for providers who are chronically underfunded, allowing them to sustain operations and meet the needs of their residents.

This add-on has proven to be an effective stopgap and should remain in place until a permanent solution is developed.

Estimated Cost: $2.68 million for the biennium in state general funds.

3. Expand the 3% Operating Margin Across All Rate Components

For the rate year beginning July 1, 2025, the department shall provide an operating margin of three percent based on all the rate components except property.

Rationale:

Currently, the 3% operating margin is not applied across all rate components, leaving critical cost areas, such as food, utilities, and other operational needs, not allowed in the calculation. The average operating margin is $1.90, leaving minimal revenue to address critical needs such as wage increases, enhanced activity programming, and expanded food options to meet residents' preferences. Additionally, there is a two-year delay before providers are reimbursed for their costs. Expanding the margin to cover these other components is vital.

We recognize that North Dakota Department of Health and Human Services may need to request a Medicaid State Plan Amendment from the Centers for Medicare and Medicaid Services, potentially putting federal funds for basic care at risk. To mitigate this concern, we propose using state

general funds to implement the expanded margin, ensuring continued compliance with federal guidelines while supporting our providers.

Estimated Cost: $1.12 million of state general funds for the biennium.

Total for the biennium: $6.52 million

Conclusion

Together, these three features contained in the amendment represent a pragmatic and necessary approach to addressing the financial challenges faced by basic care providers. By aligning reimbursement rates with actual costs, expanding operating margins, and continuing targeted relief measures, we can ensure the long-term viability of basic care services in North Dakota.

I urge this committee to prioritize these solutions to safeguard access to quality care for residents who need a little assistance in a cost-effective environment. Thank you for your time and consideration. I am happy to answer any questions you may have.

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Testimony on HB1012
2025 Legislative Session
January 27, 2025
Rep Nelson, House Appropriations Human Resource
Committee Chairperson

Representative Nelson and members of the Committee,

My name is Donene Feist and I am the Director for Family Voices of North Dakota (FVND), Inc. I want to provide to you today testimony on HB 1012 and the Special Health Services (SHS) Division within the Department of Health and Human Services. In my testimony will be providing input on the services of the SHS Division in addition to information on Family Voices of ND and the general fund dollars that flow through the SHS Division.

Family Voices of ND provides educational, informational, and peer support to families of children with special health care needs, medically complex or have a disability. For many years, a vital partner for us as an organization is the Department of Health and Human Services, specifically SHS. Family Voices of North Dakota is statewide family to family health information and education center who serves families of children with special health care needs in ND. Each state in the country and our territories has one family organization that has been designated as a family to family health information and education center. We are that entity for ND.

National prevalence data estimates from the National Survey obtained through the Data Resource Center indicate there is an estimated 39,467 children and youth with special health care needs (CYSHCN) in ND. One in five families in North Dakota (ND) has a child with special health care needs.

Indicator 1.11: Does this child have special health care needs (CSHCN) based on the CSHCN Screener?

	Children with special health care needs (CSHCN)	Non-CSHCN	Total %
%	**21.8**	**78.2**	**100.0**
C.I.	19.2 - 24.7	75.3 - 80.8	
Sample Count	346	1,179	
Pop. Est.	39,467	141,451	

C.I. = 95% Confidence Interval.
Percentages and population estimates (Pop.Est.) are weighted to represent child population in US.

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North Dakota	%	**21.8**	**78.2**	**100.0**
	C.I.	19.2 - 24.7	75.3 - 80.8	
	Sample Count	346	1,179	
	Pop. Est.	39,467	141,451	
Nationwide	%	**20.8**	**79.2**	**100.0**
	C.I.	20.4 - 21.3	78.7 - 79.6	
	Sample Count	26,489	82,776	
	Pop. Est.	15,144,222	57,591,048	

C.I. = 95% Confidence Interval.
Percentages and population estimates (Pop.Est.) are weighted to represent child population in US.

As you can see from the comparison charts we have a higher number of children with special health care needs, chronic conditions and disabilities than nationwide. https://www.childhealthdata.org/

The Special Health Services Division has provided services to many of the families we serve for many years. They have been a partner with Family Voices of North Dakota since its beginning in 2001. A continued investment in this program is encouraged and supported. The programs offered within the Department should not go unnoticed. It is our belief these services play a crucial role for families of

CYSHCN in the state. Services to families often serve a role in gap filling of necessary services not otherwise obtained.

Some of these services are:
Financial Coverage Program--helps families pay for medical services for eligible children. They can help pay for health visits and tests needed to diagnose many chronic health conditions. It may also provide the specialty care that is treated for an eligible condition, based on medical and financial eligibility. When there is suspicion of a diagnosis, it is a great comfort to know there is a resource that can assist with the diagnosis and treatment.

- **Diagnostic Services** – Provides coverage for services that promote early diagnosis of SHS eligible medical conditions to all children who meet medical and financial eligibility criteria.
- **Treatment Services** – Provides coverage for services to children with chronic health conditions who meet medical and financial eligibility criteria.

Multidisciplinary Clinics-our staff provides outreach to families at many of the multidisciplinary clinics. We repeatedly hear from families how wonderful it is to have these clinics throughout the state. These clinics allow families to see a number of providers regarding the child's condition along with expertise in a manner that is easily accessible. Seeing providers at one time, avoiding multiple appointments decreases stress for the family. Examples of these clinics: Asthma, Down Syndrome, Cleft Palate, Spina Bifida, Cerebral Palsy, Muscular Dystrophy, and Cystic Fibrosis. Families remain positive regarding these clinics and are grateful that they are available across ND.

Russell Silver Syndrome and Metabolic Food Program- the Metabolic Food Program provides medical food and low-protein modified food products to individuals with Phenylketonuria (PKU) and Maple Syrup Urine Disease (MSUD). Russell Silver provides growth hormone treatment for children with Russell Silver Syndrome.

In addition to the services above provided, they also partner with many efforts across the state such as: Autism initiatives, Newborn Hearing Screens, Newborn Screens, and Medical Home initiatives. The Division provides to other agencies and community members a wealth of knowledge in implementation of care for children and youth with special health care needs and disabilities.

Newborn Screening and Follow-up- program is to identify conditions at an early age when treatment and intervention can prevent health problems, support early

development, and save lives. Newborn screening is a very important test that every baby can benefit from. The testing involves a heel prick on a newborn between 24 and 48 hours after birth that can identify certain metabolic or genetic disorders that can cause serious illness, disability or death to the baby if not identified early. Newborn screening is a screening test and if there is an abnormal result, the newborn always requires further testing to confirm whether he or she has a disorder. There is a treatment available for all of the disorders that are screened, although some treatments may be lifelong.

Newborn screening consists of three simple tests:

Blood Spot – Newborns are screened for nearly 50 genetic and metabolic conditions.

Hearing Screening – Newborns are screened for hearing loss.

Pulse Oximetry Screening – Measures the amount of oxygen in a newborn's blood and can identify serious heart problems. This is also known as Critical Congenital Heart Disease (CCHD) screening.

Family Voices of ND plays a role as advisory members of the New Born Screen and Early Hearing Detection and Intervention. In both of these programs we assist with care coordination for these new families as they are receiving a new diagnosis and connection to services and follow up.

Care Coordination-Care coordination provided through SHS helps families access services and resources in their community, and when needed, across multiple service delivery settings. Although the primary focus of the care coordination is on the health care of the child, this service also attempts to meet the needs of the family.

There are many children who have very complex medical needs. The needs for families are many. While FVND also provides care coordination assistance, it cannot be understated, that care coordination for children with special health care needs is a vital component to continued access of services. The needs are very much increasing each and every year.

Family Advisory-SHS has a family advisory committee. This committee advises and provides valuable input as family members on the ongoing services that is provided by the SHS Division. These families also provide valuable input to any changes that may take place and how would this affect families. There are not enough words that can be expressed for the valuable input of this committee. It also

cannot be understated the enormous respect that the Division provides as equal collaborative partners at the table to families for their input. In my opinion a model for other state agencies. The SHS Division truly embrace family-centered care and the components of it.

In addition to the programs that are provided through SHS, it also is charged by the federal government to monitor and provide education and services on the following six core outcomes of children with special health care needs. The SHS Division has the expertise and knowledge, as well as partners, in all these areas. We encourage the legislative body moving forward on legislation for children with special health care needs to understand the following core outcomes and the technical assistance that can be provided by SHS.

Six Core Outcomes for children with special health care needs:
1-Children with Special Health Care Needs (CSHCN) whose families are partners in shared decision-making for child's optimal health. In all of SHS' work, the value placed on family is immeasurable.
2-CSHCN who receive coordinated, ongoing, comprehensive care within a medical home. SHS has provided expertise and continues to participate in development of medical home and the importance of comprehensive care.
3-CSHCN whose families have consistent and adequate private and/or public insurance to pay for the services they need. SHS understand the critical importance of both private and public funding to assure care for this population.
4-CSHCN who are screened early and continuously for special health care needs. SHS embraces the importance of identifying and treating children early and continuously.
5-CSHCN who can easily access community-based services. Many of the issues that both SHS and FVND hear from families are access to services. In ND, in a geographically vast state, access is not always easy. ND also does not always have the specialty providers available needed by this population of children.
6-Youth with special health care needs will receive the services necessary to make appropriate transitions to adult health care, work and independence. This is crucial for our youth who are transiting into adulthood.

While policies are fluid and ever changing we have moved beyond the Six Core Outcomes of children with special health care needs to a Blueprint for Change by the Federal Maternal and Child Health Bureau. The Blueprint for Change presents a vision for how to improve the system of services for CYSHCN through improved equity, access, quality of life and family well-being and financing. For more information on the Blueprint for Change a link to the National Center is here:

https://www.aap.org/en/patient-care/national-center-for-a-system-of-services-for-children-and-youth-with-special-health-care-needs/

SHS supports school nursing initiatives and promotes the connection between health and academic achievement by ensuring nursing care is safely and effectively delivered to schools, particularly in rural communities.

The SHS Division is a model program that provides a great deal of services with a limited budget. FVND over the years has participated in the Block Grant and Needs Assessment process, which the Division takes very seriously. I hope you would consider an increase in the investment made to this program. It makes a huge impact for families of children with special health care needs and the children themselves. It is a model for agencies to replicate. Your ongoing support for this program is vital to families and children.

For the new members of the committee a little about Family Voices of North Dakota. We are one of three statewide parent organizations in the state. Last biennium we received $175,000 in general funds that flowed through the SHS Division.

In addition to the support and 1:1 assistance we provide to families, we also provide various trainings and workshops, which help families understand how systems work so that they can also be good stewards of state dollars and the programs of which their children are enrolled. This is done under the Family to Family Health Information Centers. There is one Family to Family in every state across the country. We are a chapter of Family Voices National who oversees all of the Health Information and Education Centers.

Our staff, who all are parents to children with special health care needs, medical complexities and disabilities provides assistance to families by helping them access and navigate services; explaining what the services mean, how systems work, and where the funding comes from. We provide emotional support to assist with their unique and individual needs. In many ways, we also have an Ombudsman type resource as when things go awry or something goes wrong our staff are often who is contacted to help them sort through and navigate this very complex system of care. We have staff in Fargo, Grand Forks, Bismarck, Dickinson, Williston and myself in Edgeley. Staff in Bismarck cover the Minot area, and I cover the Jamestown and Devils Lake area.

All of our services under the auspices of the statewide health information and education center are performed through a parent-to-parent or peer to peer mechanisms through our staff. Additionally, we operate a parent-to-parent matching program called North Dakota Parent-to-Parent which provides connection of one parent to another as a mentor for emotional support. Sanctioned by Parent to Parent USA. Additionally, in partnership with Designer Genes since 2012, we provide support through a project called Project Carson. Project Carson provides emotional and informational support to families who may receive a ***prenatal diagnosis or an at birth diagnosis***.

Families desperately need a place to go to get the help that they need. We often encounter families who are in crisis and experiencing difficulty accessing services because of denials and ineligibilities.

Again according to the 2022-2023 National Survey of Children's Health, there is approximately 39,467 children and youth who have a special health care need. FVND follows the Maternal and Child Health definition of children with special health care needs, which is those children and youth who have a chronic condition of at least one year, a physical disability or mental health/behavior health diagnosis. Additionally, there are many children and youth who may have a physical disability and a chronic health illness but also may have a co-occurring mental health diagnosis. Because of many families have a co-occurring condition, it often leaves families having to understand and navigate many systems and complicated silos. We receive our referrals through agencies, physician offices, out of state hospitals where a child/youth may be receiving services.

National Outcome Measure: Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system

		CSHCN who receive care in a well-functioning system	CSHCN who do not receive care in a well-functioning system	Total %
CSHCN qualifying on mental health criteria	%	**17.4**	**82.6**	**100.0**
	C.I.	10.5 - 27.5	72.5 - 89.5	
	Sample Count	23	144	
	Pop. Est.	3,642	17,285	
CSHCN NOT qualifying on mental health criteria	%	**21.2**	**78.8**	**100.0**
	C.I.	14.5 - 30.0	70.0 - 85.5	
	Sample Count	34	145	
	Pop. Est.	3,938	14,603	

C.I. = 95% Confidence Interval.
Percentages and population estimates (Pop.Est.) are weighted to represent child population in US.

That data also indicates that:

29.1% of this population utilize public insurance (this may include income eligible Medicaid and waivered Medicaid
17.5% use only private insurance
50.2% of this population use both private and public
27.2% of this population were currently at the time of the survey uninsured.
The number of uninsured for this population has doubled since my last testimony. One of the reasons may be that from the start of the pandemic as it was deemed a public health emergency, they may have been covered through public insurance.

People cannot access what they do not know exists. In essence, we do assist families, one of our most vulnerable population in accessing services they will need in raising their child with a chronic illness and disability. A common theme we here from families is they were not told where to go to access services. If we were not available to provide that assistance, who then would provide this service to families?

Total Encounters of all calls from 6/1/22-5/31/24	**6/1/22-5/31/24**		
Families unduplicated	**2302**	**First time callers or new families to us**	
Families duplicated	**20704**		
Of the total number of families served/trained, instances of service related to the following issues:			
Individualized assistance (Includes one-on-one instruction, consultation, emotional support, care coordination and mentoring)	**9896**	**Partnering/decision making with providers**	**15042**
Basic contact information and referrals	**340**	**Accessing a medical home**	**4587**
Group training opportunities	**1772**	**Financing for needed health services**	**6133**
Meetings/Conferences and Public Events (includes outreach events and presentations)	**7926**	**Early and continuous screening**	**3625**
		Navigating systems/accessing community services easily	**14528**
		Adolescent transition issues	**2000**

As stated earlier, many times, our encounters with families are heightened because the family is in crisis. We have noted that the issues being presented by families today are being increasingly complex.

Our staff work with a large number of families who experience gaps in service, have difficulty understanding the complexities of our Medicaid systems and Medicaid waivers, and their private insurance who have children with very complex medical issues.

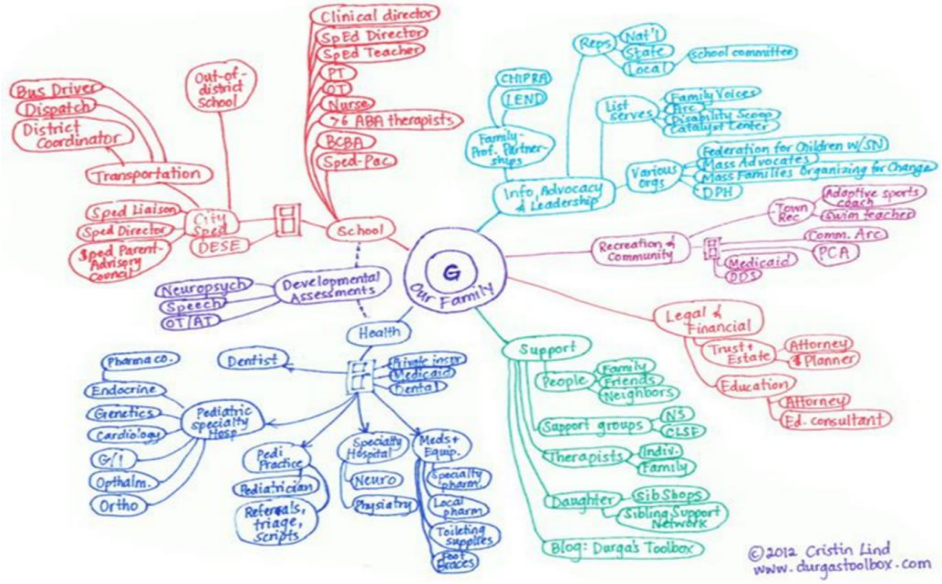
Many providers contact us to make a referral or to assist them in locating resources for families they are working with. Families often do not know where to begin. We will partner with them in making those connections to community resources, possible eligibility criteria and programs, assist them with the application process, follow up with them to assure their family needs are being met, and provide ongoing emotional and informational support.

This table is an example of the categories of calls, trainings and meetings with providers.

Table 2. Provider calls

Our organization provided health care information/education to providers to assist them in better providing services for CSHCN	**6/1/22-5/31/24**
Professionals unduplicated	**1532**
Professionals duplicated	**22479**
Of the total number of providers served/trained, instances of service related to the following issues:	
Partnering/decision making with providers	**14947**
Accessing a medical home	**4084**
Financing for needed health services	**7316**
Early and continuous screening	**4116**
Navigating systems/accessing community services easily	**12416**
Adolescent transition issues	**4780**

In the diagram below you will see children with a chronic condition or disability utilize many services. Most services that families encounter are in silos.



We know and can identify as best practice that families thrive when supported by others with lived experience. We also know that families build capacity, strength and confidence through support and coaching from another parent. Active engagement with families through responsive listening from others who have walked in the same shoes assists families in a manner that allows them to receive services necessary to meet their family and child's needs.

Families across North Dakota have repeatedly shared the difficulty in locating and accessing services when they call our offices. Raising a child or youth with special health care needs, accessing quality services and paying for them while still meeting the needs of the entire family and maintain employment is stressful. Following the pandemic emergency as the system changes within the Department as a whole this has been especially true. It has been most difficult for families to navigate this very complex system.

Representative Nelson and members of the committee, I have stood before you all for many years. The needs for families to live, thrive and survive in their community has also increased. We often hope for the best, but don't know what the future holds in a world and system that wasn't built for our children. There is no handbook or parenting book about raising a child with special health care needs and disabilities.

Most of our children don't fit a mold. All are uniquely their own, and many have multiple diseases or disorders so rare that often doctors have never seen. Early on families realize with a heavy heart, the world we live in isn't built for our children. Each and every day families are fighting someone about some aspect of their care. It could be a doctor, nurse, therapist, educator, or an insurance company. Every day families launch battles for what we know our children need to thrive, and sometimes our fight ends in defeat.

Every day many families are fighting a battle against a disability, disease or chronic illness that we will never beat. Most of families know the very real implications of what can happen to our children at any given time.

Our role is not only to provide support, assistance in navigating and connecting to services to families, but through or various trainings and workshops, help families understand how systems work so that they can also be good stewards of state dollars and the programs of which their children are enrolled. A valued provider has stated "It is important to ensure that there are adequate supports for families, as these strengthen the family unit as a whole. This results in a decreased demand for providers as you are creating lasting change within the family unit."

We are requesting continued support of general fund dollars through SHS. The need for family support is not going away. Do the most vulnerable families in the state not deserve assistance? Our staff does incredible work in helping families with emotional and informational support. I couldn't be prouder of them.

A few things following other testimony by Departments: We are pleased that there is funding to move forward with the Cross Disability Waiver. We feel this is a vital step in closing the gaps in many areas for our families across the state. We are pleased also with the Family Caregiver Pilot that has transpired over the interim and that we hope will become active regularly within the waiver.

We are very concerned with the decrease of dollars in the autism waiver, as were told there are still at least 68 that remain on a wait list to access the waiver and can receive as many as 15-20 new applications per month. From the number of calls that we receive regarding new families diagnosed with autism, we believe this to be true. We realize that the cause is from utilization, however we feel if respite would move

to in home supports utilization would be increased. In our other 1915c waivers, respite assists in home support according to their person centered plan. It also provides respite when a caregiver needs a break, a night out per se. Families need both. For many families with autism, they need respite for in home support which is not currently an option.

While the system as a whole particular for SNAP, TANF and Medicaid, am sure a new call center automated system is great but we hear from families and have experienced ourselves that when things go awry it is very difficult to get the answers that our families need. During the renewals at the end of the pandemic and the reauthorizations one could be on hold over an hour and still not get the assistance they needed. Just last week, one staff was on hold over 45 minutes. Some of the folks on the call center did not have the expertise needed to get the help that was needed. We have requested a specific line or toll free number for the incidents that are difficult to help navigate an error, or identify how to help a family. Specifically to speak to someone in house with that expertise. Sometimes when families are in a crisis for time sensitive information or an approval to go out of state a call center is not helpful.

We hope in the future the state will really work hard to eliminate the gaps in services for children and youth across the board. While we have made huge strides for the adult systems including the mental health system, for children and youth we feel more could be done in this area.

Families are not looking for handouts, but they often need a rope to hang on to, to keep from drowning in an every changing system. Family support and assistance in service navigation is vital to help them live, thrive and survive in an every changing world. Again, we are most appreciative of our partnership with SHS Division and their work, and DHHS who work toward filling the gaps for children.

Thank you for your consideration

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L-292

Testimony in support of:

House Bill 1012, with the 2025-27 Health & Human Services Executive Budget Recommendation for Appropriations to Federally Qualified Health Centers

January 27, 2025

Chairman Nelson, Vice Chair Stemen, and Committee Members:

My name is Rachel Thomas, and I work for Northland Health Centers as the Chief Financial Officer. Northland Health Centers serves eight communities in the central and northern areas of the state, with most of these communities having less than 500 individuals in the cities' populations. We provide primary medical, dental, and behavioral health care services, as well as medication-assisted treatment services in nearly all our communities.

On behalf of Northland Health Centers and our patients, I want to express our appreciation for the previous appropriations of state resources to community health centers. Our care teams and patients have seen firsthand the positive impact of these state appropriations, which have helped us fill gaps and respond to unmet needs in our communities.

Thanks to the state appropriations, we have been able to expand our behavioral health department. By the end of this spring, our behavioral health team will have nearly doubled. We plan to use our current year two funding towards opening a second location here in Bismarck, where the primary focus will be behavioral health care. By providing hometown behavioral health services as part of primary care, we can reduce the risk of preventable ER admissions and costly treatments.

In addition to gaps in behavioral health, our team observed another trend in rural communities – Individuals, including Veterans, struggling to access dentures. This can lead to difficulty eating and speaking clearly, among other challenges. In response, we were able to leverage our state investment to increase access to dentures for Veterans in our communities. This was deeply appreciated by patients. One patient commented, "I really really appreciate what you guys are doing. Once I am all done and get 'em fitted, it's going to change things quite a bit. I will be able to eat something besides soup!" Comments like this are why we do what we do everyday.

Today, we ask for your continued support for appropriating funds to community health centers, as listed in the 2025-2027 Health & Human Services Executive Budget Recommendation. This will allow us to expand our reach, invest in our communities, and fill gaps in care. Thank you for your consideration.

Testimony in support of:

House Bill 1012, with the 2025-27 Health & Human Services Executive Budget Recommendation for Appropriations to Federally Qualified Health Centers

January 27, 2025

Chairman Nelson, Vice Chair Stemen, and Committee Members:

My name is Jennie Cornell, and I am the Behavioral Health Supervisor at Northland Health Centers, as well as a licensed clinical social worker and licensed master addiction counselor. In my role as both a practicing provider and supervisor, I witness firsthand the growing need for mental health and substance use treatment in western North Dakota. As demand for these services continues to rise, Northland Health Centers is committed to expanding our behavioral health services to meet these critical needs and enhance the well-being of our communities.

North Dakota is experiencing a behavioral health crisis, with high rates of substance use disorders (SUDs) and mental health conditions, such as depression, anxiety, and trauma, affecting individuals across our state. However, many people—especially in rural and underserved areas—lack access to the care they need. As a provider of integrated primary and behavioral health care, I see the consequences of this daily, including long waitlists, geographic isolation, and financial barriers that prevent individuals from seeking help. This often leads to delayed treatment, which exacerbates the problem and results in preventable crises.

In response to this growing need, Northland Health Centers is expanding our behavioral health services to provide more accessible care to those in need. One of the key components of our expansion is the establishment of a new clinic in Bismarck. This new clinic will significantly increase our capacity to provide mental health and substance use treatment, offering much-needed space to serve more individuals and families in the region.

By opening this new facility, we will be able to offer a broader range of behavioral health services, including counseling, therapy, medication management, and substance use treatment, all under one roof. This integrated care approach is crucial to ensuring that individuals with mental health and substance use concerns receive comprehensive treatment in a timely manner. The Bismarck clinic will also help address the increasing demand for care in this urban area, where many individuals have struggled to find available services due to capacity limitations.

Expanding our services in Bismarck, in addition to our other locations, will reduce wait times and improve access to treatment for those living in both rural and urban parts of our region. We are confident that this expansion will have a positive impact not only on individual patients but also on the overall health of our community by addressing behavioral health needs earlier and more effectively.

Northland Health Centers remains dedicated to providing high-quality, integrated care to those facing mental health and substance use challenges. With the establishment of our new Bismarck clinic and our continued expansion of services, we are better equipped to meet the urgent need for treatment and improve outcomes for individuals throughout western North Dakota.

Thank you for your ongoing support as we continue to grow and enhance the services that are so vital to the health and well-being of our communities.

Community HealthCare Association of the Dakotas

House Appropriations Committee Human Resources Division
House Bill No. 1012

Testimony by:

Shelly Ten Napel, CEO
Community HealthCare Association of the Dakotas
January 27, 2025

Chairman Nelson and Members of the Committee. My name is Shelly Ten Napel, and I am the CEO of Community HealthCare Association of the Dakotas (CHAD). I am offering written testimony in support of the Dental Loan Repayment Program and the Health Care Professionals Loan Repayment Program.

CHAD is a non-profit membership organization that serves as the Primary Care Association for North Dakota and South Dakota, supporting community health centers across both states in their efforts to provide health care to underserved and low-income populations. The health centers we represent have locations in both urban and rural communities.

Community health centers (CHCs) are non-profit, community-driven primary care clinics that serve all individuals, regardless of their insurance status or ability to pay. North Dakota is home to five community health center organizations that provide comprehensive, integrated care to more than 36,000 individuals at 22 locations in 20 communities across the state. Sixteen percent of those patients are uninsured and about 40 percent have family incomes below the federal poverty level.

The community health center integrated care model includes primary care, mental health and substance use treatment, dental care, pharmacy services, and a range of case management services that can include help with transportation, finding social services, or assistance with insurance and financial enrollments. As a result, health centers employ a range of health professionals. Because we work in communities that are, by definition, underserved by the health care system, recruitment and retention of good staff is both challenging and critical to our ability to fulfill our mission of access to high quality health care for ALL North Dakotans. Our members share with us that support related to workforce recruitment and retention is their number one need.

Loan repayment programs are a great investment. They bring providers into underserved North Dakota communities for a fraction of the cost of providing a full health care services education. In rural communities, access to health care can support the long-term viability of a community, sustaining a vibrant main street. Rural providers often serve multiple roles by sustaining access to primary care, supporting the viability of nursing homes and hospitals, and possibly supporting local emergency services provider and public health. The need for additional dental providers and behavioral health providers across North Dakota is well documented.

Community HealthCare Association of the Dakotas

If the committee is seeking to increase the impact of the state's loan repayment programs, providers have shared feedback with the Department of Health and others that the state should consider increasing the amount of loan repayment to meet the continued rising cost of medical education. Decreasing the required numbers of years of service could also make the North Dakota loan repayment programs more competitive with those offered in other states.

In conclusion, I would like to emphasize the importance of loan repayment programs to the community health centers of North Dakota. This investment aligns with other state programs such as Area Health Education Centers, which help generate interest among students in health professions, and the range of other state investments in health services training. Those programs increase the *supply* of providers, which is definitely needed. Loan repayment plays a particular role in the *distribution* of the health care workforce because it provides targeted and high-value incentives for young professionals to start their careers in underserved communities and health professional shortage areas. Our mission as health centers is to provide care to populations and communities that otherwise could be left behind, but we cannot meet that mission without qualified health professionals willing to serve in those communities. We encourage the committee to support full funding for its loan repayment programs, and we would welcome the opportunity to work with the committee on maximizing the value and impact of those state investments.

Thank you!

Shelly Ten Napel, CEO
Community HealthCare Association of the Dakotas (CHAD)

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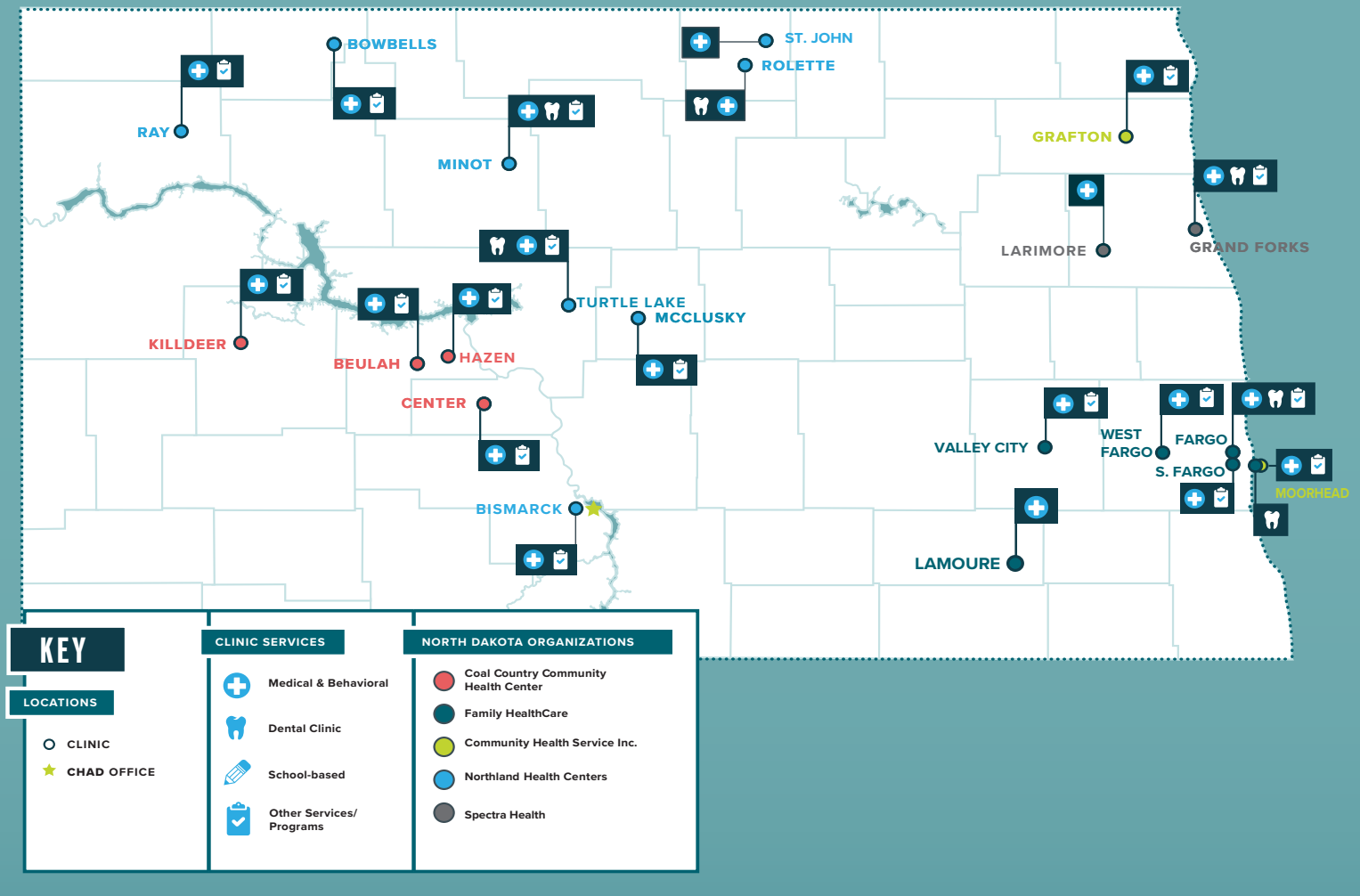
CHAD



WHAT IS A COMMUNITY HEALTH CENTER?

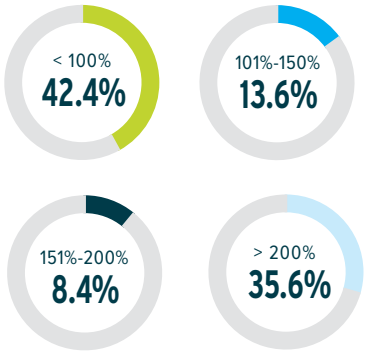
Community health centers (CHCs) are non-profit, community-driven primary care clinics that provide high-quality primary and preventive care to all individuals, regardless of their insurance status or ability to pay. Health centers are located in underserved and low-income urban and rural areas across North Dakota, providing access to affordable, quality health care for those who need it most. The centers serve as essential medical homes where patients can receive a wide array of services including medical, behavioral, and dental care along with help with transportation, interpretation, and other case management and care coordination services. In rural communities, health centers support a community's ability to retain local health care options, supporting access to health care where rural Dakotans live and work. North Dakota's network of five health center organizations provides care to over 36,000 patients each year at 22 locations in 20 communities across North Dakota.



NORTH DAKOTA PATIENTS

Source: 2023 UDS Preliminary Reports

PATIENTS BY POVERTY LEVEL

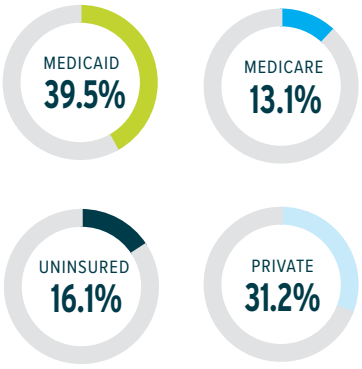


This represents a distribution of patients for whom income is known. Income is unknown for 47.0% of patients.

TOTAL PATIENTS 36,376

37.9% of total patients served are people of color

PATIENTS BY PAYOR SOURCE



ECONOMIC VIABLILITY

Source: Calculations based on 2023 UDS Reports

In addition to the actual dollars that flow to local communities through health centers, their role in maintaining access to health care can have an enormous impact on the long-term economic viability of rural and urban communities throughout North Dakota. For our smaller communities, access to local health care is crucial to a town's ability to recruit new companies and maintain a healthy workforce without long out-of-town trips to the doctors or to pick up prescriptions. When a small town is able to retain access to health care, it can serve as a main street anchor, keeping other small businesses viable. Across rural and urban communities, CHCs keep health care affordable by providing health care services regardless of ability to pay and by helping patients find health coverage options that are right for them.

STATEWIDE IMPACT

North Dakota CHCs had a total annual economic impact on the state of

$101,966,207 IN 2023







NORTH DAKOTA CHCs DIRECTLY GENERATED:

387 full-time jobs

AND SUPPORTED AN ADDITIONAL

229 jobs in other business

616 total jobs

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Community HealthCare Association of the Dakotas

Testimony:
In Support of House Bill 1012, with the 2025-27 Health & Human Services Executive Budget Recommendation for Appropriations to Federally Qualified Health Centers

House Appropriations Committee Human Resources Sub Committee
Representative Jon Nelson, Chair
January 27, 2025

Chairman Nelson, Vice Chair Stemen, and Members of the Committee:

My name is Shannon Bacon, and I serve as Director of External Affairs with the Community HealthCare Association of the Dakotas (CHAD). For over 35 years, CHAD has served as the non-profit primary care association representing our member Federally Qualified Health Centers (also known as community health centers) across North Dakota and South Dakota. These non-profit, community-driven clinics provide high-quality primary and preventive care to all individuals, regardless of their ability to pay. Health centers provide a sliding fee scale to individuals who are uninsured or underinsured, and they also provide care to individuals with a variety of insurance types.

I appreciate the opportunity today to express our members' appreciation for previous state appropriations and to ask for your continued support, as recommended by the Department of Health and Human Services executive budget in House Bill 1012.

Here in North Dakota, five FQHCs provide care at 22 delivery sites in 20 communities, located in both rural and urban areas of our state. Rural health centers support a community's ability to retain local health care options, enabling people to access hometown primary care. In urban areas, they tend to care for underserved populations. FQHCs work to fit into the fabric of each community they serve, and they do that by building partnerships and working to strengthen and support existing services while filling gaps in care and addressing community-based needs.

In 2023, our member health centers provided comprehensive primary care, including medical, dental, behavioral health, and substance use treatment to over 36,000 unique patients with over 126,000 visits. Nearly 40% of these patients have Medicaid and 16% are uninsured. A recent study found that, on average, Medicaid patients receiving care at a health center saved the health care system 24% annually.

You'll hear directly from our member Northland Health Centers today about the real impact of these appropriations on their patients and communities. In addition, I want to share a few highlights of how this funding is helping our fellow North Dakotans:

- Coal Country Community Health Centers has utilized these state appropriations to support their Community Care Services program, which provides personalized chronic care management services to aging seniors. Participants receive support from nurses, a social worker, and a community health worker, to help them achieve their chronic care management goals and maintain independence in their homes. This can include referrals to community resources, nursing check-ins by phone or in-person, and coordination of care between the patients' pharmacy, specialists, testing centers, hospitals, and more.
- Family HealthCare has used state appropriations to expand medical, dental, and behavioral health services in innovative ways. This includes a new primary care clinic in LaMoure, which was established in 2024 through a partnership with LaMoure Public Health Unit.
- And thanks to state appropriations, Family HealthCare has been able to expand mobile health unit services, including the addition of optometry services. Their mobile health unit makes visits to schools, head start programs, and more. With two exam rooms, it is equipped to provide high-quality, comprehensive medical and dental care.
- Spectra Health has leveraged state appropriations to expand access to primary medical, behavioral health, and dental care. This includes expansion of psychiatric services within primary care through a Collaborative Care Model. In this model, a registry of patients with certain behavioral health diagnoses is created and discussed in regularly scheduled team meetings with a consultant psychiatrist. The psychiatrist reviews provider notes, patient history, and other information to provide recommendations on medications, laboratory testing, and treatment goals. Formal recommendations are recorded in the patient record as a resource for any member of the team. In addition to the regularly scheduled meetings, any team member can request a "curbside" consult regarding a patient who may not be demonstrating improvement or who has a more emergent need. This access to specialty consultation allows for faster, more efficient and cost-effective care for patients who would otherwise wait weeks to months for a specialist appointment.

These are just a few examples of how state funds are being used efficiently and effectively to improve access to care and reduce the costs of avoidable emergency or specialty care.

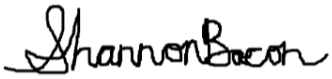
Community HealthCare Association of the Dakotas

From both a health and economic perspective, health centers are a smart investment.

Today, we ask for your continued support for appropriating funds to community health centers, as listed in the 2025-27 Health & Human Services Executive Budget Recommendation. This will allow us to expand our reach, invest in our communities, and fill gaps in care, all while contributing to the economic vitality of local communities.

Thank you for your consideration, and next you will hear from our member Northland Health Centers about the impact of this funding on their patients. I also welcome any questions.

Shannon Bacon



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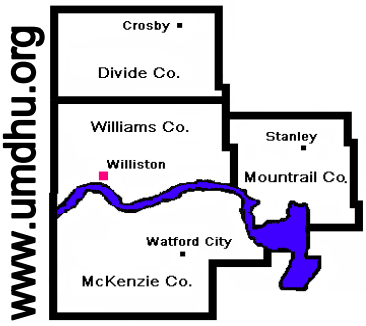

Upper Missouri District Health Unit

"Your Public Health Professionals"

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18 2nd Ave SE
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Testimony
House Bill 1012
House Appropriations—Human Resources Division
January 27, 2025

Good morning, Chairman Nelson and members of the committee. I am Javayne Oyloe, Executive Officer of Upper Missouri District Health Unit (UMDHU). I have worked in public health for nearly 29 years. UMDHU provides local public health services to Divide, McKenzie, Mountrail and Williams Counties.

I am in support of the mission of the Public Health Division and the funding needed. Local public health made a request through the DHHS budget that was presented to Governor Burgum for an additional $2 million in state aid which would bring the total to $10 million. Although the additional funding wasn't in the governor's budget, state aid is needed to meet the local needs in our communities. State aid makes up 10% of the UMDHU budget for about $335,000 per year.

Each community has a few stories where local public health provided a safety net for local needs. For instance, when oil activity ramped up in our area UMDHU approved 1100 septic permits up from around 40 per year. Recently there was an active TB case where a group of our nurses and emergency response employees and a couple state employees helped to screen a couple hundred people in the community.

With a younger average age and the addition of new cultures in NWND Upper Missouri has adapted to meet the needs. We assist people who speak other languages with the use of interpreters, update records from other countries and assist schools often without reimbursement for these tasks.

Local public health works with many partners to address community needs and help to diminish healthcare costs by assisting with Medicaid and Medicare clients, the uninsured, provide outreach and after-hours clinics and meet people where they're at. There are times when we are the only provider people see. We help connect people to services and programs. We also help to allow the elderly to stay in their homes. UMDHU works very closely with partners from the Mandan, Hidatsa, and Arikara Tribes. The Public Health Division depends on us to be engaged with our communities every day with programs like WIC, disease prevention, septic systems, reproductive health, child passenger safety, emergency preparedness and tobacco and substance misuse prevention.

Local public health appreciates your support that helps us to maintain our role as a community safety net.

Testimony
HB 1012
House Appropriations-Human Resources Division
January 27, 2025

Chairperson Nelson and Members of the House Appropriations-Human Resources Division Committee:

My name is Erin Ourada, and I am the administrator at Western Plains Public Health, the local public health unit that covers Grant, Mercer, Morton, Oliver, and Sioux Counties. We employ a variety of public health professionals such as environmental health practitioners, dieticians, nurses, tobacco prevention specialists, and administrative support staff. These individuals implement the core functions of public health which are communicable disease control, chronic disease and injury prevention, environmental public health, maternal, child and family health, and access to clinical care.

I am in support of HB 1012 which includes $8,000,000 state aid to local public health units. However, I would like to encourage consideration to increase this amount to $10,000,000. State aid is one of our only flexible funding sources and fills gaps that other funding can't cover. In 2024 state aid only made up 13% of our annual collections. The flexibility of this funding allows us to adapt our programming to our community's needs. The needs of our communities sometimes vary greatly across the five counties we serve. One community may need more state aid devoted to newborn home visiting whereas the next community may need more state aid devoted to home visits and medication management with the elderly. Many other funding sources do not allow for this type of flexibility and thus our community's needs cannot always be uniquely met. Federal funding for instance often comes with strict eligibility criteria and restrictions, limiting our ability to respond to emergent or unique community needs.

My family was able to benefit from one of the programs implemented by WPPH with state aid funding. WPPH nurses use a special tool to screen certain elementary grades at almost every school in our jurisdiction. Recently, our daughter received a vision screen in 1st grade at her school and she failed the screening which prompted us to visit an eye doctor for an exam. This exam showed us that my daughter's right eye is not working well and so her left eye is being overworked. We had no idea as she wasn't having issues in school and was not showing any signs of having problems seeing. Thankfully, the doctor feels glasses should correct and prevent any long-term issues because we caught it in time. But it wasn't us that caught it, it was the preventative screen she had at school. The screen that we didn't have

to pay for, but which was provided by WPPH with state aid funding. Many don't see public health at work, but without it, we would all notice in one way or another.

Western Plains Public Health appreciates your support and is extremely grateful for state aid funding. We ensure that every dollar of state aid is used responsibly, tracking outcomes to demonstrate its value to the community. Thank you for your time and I can now answer any questions you may have.

Respectfully submitted,

Erin Ourada, MPH, REHS/RS
403 Burlington St SE
Mandan, ND 58554
701-667-3370

Mental Health Advocacy Network

Consumer & Family Network
Mental Health America of ND
Youth Move Beyond
The Arc of Bismarck
Federation of Families for Children's Mental Health
Protection & Advocacy Project
ND Association of Community Providers
Fraser, Ltd.
Individual Consumers & Families

House Appropriations-Human Resources Committee
HB 1012 Testimony
January 27, 2025
Representative Nelson, Chair

Good morning, Chairman Nelson and Members of the House Appropriations- Human Resources Committee. I am Carlotta McCleary, Executive Director of Mental Health America of North Dakota and Executive Director of the North Dakota Federation of Families for Children's Mental Health. Today I speak on behalf of the Mental Health Advocacy Network (MHAN). MHAN advocates for a consumer/family driven mental health system of care that provides an array of service choices that are timely, responsive and effective. Our vision is for every North Dakotan to have access to the right service—whether it be preventative, treatment, or recovery; at the right time—when the service is needed; and at the right place—as near his or her home as possible.

MHAN is testifying in support of HB 2012. Our priorities and recommendations rely on implementing best practice models of service delivery, including continued pursuit of Certified Community Behavioral Health Clinics in all eight regions of North Dakota and maintaining the IMD Exclusion. Best practices understand that we first need to ensure our citizens receive assistance before they have emergencies. We must have a robust community mental health system of care so that we can reduce the reliance on our costly, intensive institutional care settings. We must have substantial and multifaceted mental health workforce, which includes utilizing those with lived experience to help people navigate services and embark on their recovery.

SAMHSA's best practices models also include crisis response systems. When a crisis emerges, we must rely on three pillars of crisis response. Those pillars are: 1) a place to call (988), 2) someone to respond (mobile crisis teams), 3) a place to go (crisis stabilization beds/safe beds).

MHAN Priorities For 69th Legislative Assembly

MHAN has realized that while we are not done making improvements to the adult mental health system, the efforts over the last decade have created a solid foundation for further progress. It is now time to expend the same energy in creating a solid foundation for the North Dakota children's mental health system.

Children's Mental Health Services: MHAN urges the state of North Dakota to make a substantial investment in community-based mental health services for children and youth with Serious Emotional Disturbance (SED). One in ten children in North Dakota has a SED, which is over 18,000 children. According to the most recent and corrected data from DHHS, during the 2023-2024 fiscal year, 1,086 children with SED received case management services through the Human Service Centers.

There is a need for high-fidelity wraparound services for children that are individualized to meet a child and family's needs. These are not simply children who have any mental illness or moderate mental illness, they are those with the most significant mental health challenges. When out-of-home placements are to occur, they should be as near their home as possible. A proper crisis response system can divert many from needing more costly out-of-home placements such as hospitalization.

Cross-Disability Waiver: MHAN is supporting the establishment of a cross-disability waiver and that it be inclusive of children with mental health needs. As stated earlier, North Dakota is lacking a full continuum of care for children's mental health services in both the public and private sector. Families who have a child with a mental health challenge are expected to make tremendous sacrifices to get their child access to care. Specifically including children with mental health needs into the cross-disability waiver will go a long way to address existing service gaps.

Family Support Organizations: Family organizations that serve children with mental health needs do great work with small budgets for families throughout the state of North Dakota. Those organizations and programs should continue to be supported and funded so that children with mental health needs and their families can receive assistance. Families would be lost without them.

Peer Support: MHAN supports efforts to make peer support more accessible. This could include making coverage for peer support eligible through standard Medicaid. MHAN believes that employers should be paid a reimbursement rate that allows for all peer support specialist positions to have a living wage with benefits. MHAN also supports the expansion of certification for family peer support specialists, who will be providing support for families raising children with mental health needs. ND Federation of Families has been providing this evidence-based practice to families since 1994 and wants to be part of the solution to needed children's mental health services.

Mobile Crisis Teams: MHAN strongly supports the continued expansion of mobile crisis teams statewide, especially in rural communities. MHAN also supports efforts to make

mobile crisis teams more functional and accessible for families with a child experiencing a mental health crisis.

Crisis Stabilization Beds: We want to build an appropriate regionalized children's crisis bed stabilization system that is responsive to the needs of children experiencing a mental health crisis. These crisis stabilization beds are the third pillar of SAMHSA's crisis response system. This prevents the escalation of crisis within the family unit, ER visits and hospitalizations. This allows for youth having a mental health crisis to have treatment at the most appropriate level on the continuum of care to meet their needs.

Supported Housing: MHAN supports the continuum of services required to support individuals to obtain and maintain housing. This would be a financial savings to the state, considering the cost of institutional care vs. community-based placements. This would also assist institutions to be able to offer successful transitioning to the community for persons. Additional supported housing is needed for persons with mental health needs including those that are justice involved and those transitioning out of institutional facilities to allow persons to live in the most integrated setting. This would assist in addressing current gaps related to housing and the service delivery system.

New State Hospital: MHAN supports the establishment of a new State Hospital that is both therapeutic and separated from any prison complex. The physical conditions at the existing State Hospital are as such that North Dakota has a significant risk of a catastrophic systems failure at any time. The expenses of repairing those facilities are so extensive that building a new facility became necessary. MHAN urges the legislature to build a new State Hospital.

This concludes my testimony, and I will be happy to answer any questions you may have.

Carlotta McCleary
Mental Health Advocacy Network, Spokesperson
E-Mail: cmccleary@ndffcmh.com
Phone: (701) 222-3310

HB 1012 Testimony
House Appropriations-Human Resources Division
Representative Nelson, Chairman
January 27, 2025

Chairman Nelson and members of the House Appropriations-Human Resources Division Committee, my name is Carlotta McCleary. I am the Executive Director for both North Dakota Federation of Families for Children's Mental Health (NDFFCMH) and Mental Health America of North Dakota (MHAND). NDFFCMH is a parent run organization focused on the needs of children and youth with emotional, behavioral, or mental disorders and their families. MHAND's mission is to promote mental health through education, advocacy, understanding and access to quality care for all individuals. Today I am testifying as the Executive Director for Mental Health America of North Dakota.

MHAND supports HB 1012 but has concerns with the proposed budget for the Mountainbrooke Recovery Center operated in Grand Forks, North Dakota. MHAND operates Mountainbrooke Recovery Center, under contract from Northeast Human Service Center. Recovery Centers are referred to as psycho-social rehabilitation centers in North Dakota Century Code and North Dakota Administrative Code, are part of an integrated, multi-disciplinary continuum of services for individuals with serious mental illness and/or those struggling with co-occurring disorders. There are eight regional recovery centers in North Dakota. Recovery Centers are a place where consumers can become educated about their mental illness and its treatment and where consumers can learn about the resources, they need to achieve their individualized recovery goals. They offer a range of skill-building and recovery activities. Mountainbrooke Recovery Center is one of the largest recovery centers in the state, with 230 members and an average daily

attendance of 30 to 35. Mountainbrooke has a staff of 5: 1 full-time employee and 4 part-time employees. All Mountainbrooke staff are individuals with lived experience.

From 2015 to 2019, MHAND did not receive an increase in the budget. During the last biennium, MHAND received an $16,672 inflationary increase over the biennium, but our rent increase surpassed that amount, to $22,320 for the biennium. To be clear, that rent increase is still at nearly half market value. However, our landlord has asked us to increase it to market value. Our monthly expenses are $18,730, but we currently receive $15,752.39 in contract reimbursement. That shows we are nearly $3,000 in the red every month. Our health insurance premiums have increased 7.5% each year and our electricity costs have increased about 10% since the last biennium. Due to the number of members present each day, we try to have two staff on at all times. We could use more staff for additional coverage, but our budget constraints do not allow it.

MHAND has addressed this with Northeast Human Service Center during the interim, providing documentation about our current expenses and our desire to both address the current shortfall and our needs for the upcoming biennium. Ultimately these requests were not included in the Governor's budget.

Mental Health America of ND believes that this is an integral service, and our staff believe in the mission of the recovery centers. However, MHAND does not have enough funds to continue operating Mountainbrooke Recovery Center at a loss.

Thank you for your time and I will be happy to answer any questions you may have.

Carlotta McCleary, Executive Director
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1720 Burnt Boat Drive, Suite 108
Bismarck ND 58503

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Phone: (701) 255-3692

Testimony
House Bill 1012
House Appropriations
Monday, January 27, 2025
Rolette County Public Health District

Testimony on the Importance of Enhanced State Aid Support
for Local Public Health

Chairman Vigesaa and members of House Appropriation committee. Thank you for the opportunity to submit written testimony today on the critical importance of state aid support for the Rolette County Public Health District. My name is Barbara Frydenlund, Administrator and I represent the Rolette County Public Health District, serving the county of Rolette and dedicated to safeguarding the global health and well-being of our county.

As with all Public health entities in North Dakota, Rolette County Public Health is fundamental to the well-being of our community. We provide services including immunizations, maternal and child health programs, disease prevention, health education and prevention programs, and emergency preparedness. These services are crucial in promoting public health, preventing outbreaks, and ensuring that all community members have access to preventive health services.

Rolette County continues to be one of the poorest counties within the state and country. Our mill levy value is limited by our low land values and non-taxable tribal lands within our county. Despite the federal designation of tribal lands in Rolette County, federal impact aid in lieu of tax base from tribal lands is not available to public health services. This is in sharp contrast to federal impact aid allocated to school districts within our service area. Though this is an important part of public-school finances we do have to be cognizant of the fact that children must be healthy to learn effectively. Current state aid does not factor in the poverty rate and health status of our population. The greater poverty the greater the health needs.

Currently Rolette County state aid payment accounts for three(3%) percent ($57,000.00) of our annual budget. As per the North Dakota Century Code, the max levy of local tax dollars that may be allocated to local public health is five mills and for us that equates to approximately $117,000.00. With currently no additional local dollars available to our agency, the importance of state aid is monumental. For reference thirty-three (33%) of our revenue is generated by a fee for service. Currently fifty-one (51%) of our revenue is received through federal to state passthrough grants. These grants are decreasing in availability. Again, for your reference our current immunization grant funding is $4800.00 per year, Emergency preparedness funding $3704.00 per year, Maternal Child Health funding is $17,500.00 with a required match of $13,125.00. From the above description you can see why supplemental funding such as state aid is essential to the viability of Rolette County Public Health.

State aid and local tax dollars are the only flexible funding available to local public health to address grant funding match, local community health priorities and foundational public health services. These two sources also supplement many of our programs including programs such as North Dakota health tracks and immunizations, in which state reimbursement does not equate with the costs of delivery of these essential services . For us these funds are extremely limited and pose a barrier to providing some local services and having adequate match for grants.

Our public health workforce has been reduced due to lack of available funding and additional cuts are inevitable, with decreased federal and state funding, increasing cost of supplies, the cost of living, the ever-increasing health insurance costs and non-competitive local public health salaries.

In addition to the above fiscal description, our public health district acts as a gap filler for individuals. We find ourselves spending much more time providing case management for families, connecting people to services within or outside of the area, providing educational services that do not have a funding source. Some of these services include chronic disease services, school health services, mental health first aid, CPR, fluoride varnish applications, car seat programs, babysitting programs, clinical care such as dressing changes, injections, sexual disease testing, just to name a few. Without additional local public health funding these services simply can't continue.

Immunization is one of the most effective public health interventions. It prevents the spread of infectious diseases and protects vulnerable populations. State aid support enables Rolette County Public Health District to procure vaccines and run immunization clinics, ensuring high vaccination coverage and herd immunity.

Maternal and child health programs are vital for reducing infant and maternal mortality rates. State funding ensures that these essential services are accessible to all mothers and children in the county, regardless of their socio-economic status.

Preventing diseases before they occur is more cost-effective than treating them after they have manifested. Rolette County Public Health District runs various health education programs, including those focused on chronic disease management, nutrition, and physical activity. State aid support facilitates these educational campaigns, helping to reduce the incidence of diseases such as diabetes, heart disease, and obesity.

We know only too well that in times of crisis, such as natural disasters or pandemics, local public health districts are on the front lines of response. Adequate state aid can ensure that Rolette County Public Health District is well-prepared with emergency plans, supplies, and trained personnel to handle such situations efficiently and effectively.

State aid support is a lifeline for public health districts. It ensures that they have the financial resources necessary to maintain and/or expand their services. For Rolette County Public Health District, <u>increased</u> state aid means:

1. Ensuring a competent workforce
2. Delivering effective public health strategies to engage the community in prevention programming
3. Addressing the health disparities that exist within our community, ensuring that everyone has the equal opportunity to achieve optimal health

Without an increase in state aid funding, Rolette County Public Health District would face significant challenges:

1. A lack of funding would force the district to cut back on services, leaving many community members without essential healthcare. Immunization rates could drop, disease outbreaks could rise, and maternal and child health programs could suffer.

2. Health inequities could widen as vulnerable populations lose access to critical services. This would exacerbate existing disparities and lead to poorer health outcomes for the community.

3. Without preventive services, more people would rely on emergency care for conditions that could have been managed or prevented. This would strain the healthcare system and increase costs for both individuals and the state.

4. State aid support is crucial for the sustainability and effectiveness of Rolette County Public Health District. It enables the district to provide comprehensive, high-quality care to all community members, regardless of their circumstances.

Investing in public health through state aid not only improves individual health outcomes but also strengthens the entire community, leading to a thriving and healthier future for all.

The importance of state aid support cannot be overstated. It is the backbone of public health infrastructure, ensuring that districts like Rolette County Public Health can continue to serve their communities effectively.

By securing and enhancing state aid support, we invest in a healthier, more resilient future for everyone.

Thank you for your time and consideration of allocating an additional $2,000,000.00 for local public health state aid to the NDHHS for the 2025-2027 biennium.

Fetal Alcohol Spectrum Disorders (FASD) In North Dakota: A 2025 Fact Sheet

Prevalence of Alcohol Use in Pregnancy		Reference
Early pregnancy alcohol use	42.4%	1,32
Alcohol use at end of pregnancy	8.4%	2,3,4
Women drinking during pregnancy identified by prenatal care providers	Unknown-Likely less than 1 in 10	

Neonatal Risks Associated with Prenatal Alcohol Exposure (PAE)		
Developing FASD among exposed children	1 in 13	5,32
Risk for stillbirth	40% higher	6,7
Drinking at the end of pregnancy and risk of SIDS for siblings of child with FASD	10.2x higher	7,10
Drinking at the end of pregnancy and risk of death from infectious diseases for siblings of child with FASD	13.7x higher	7,10,11
Mortality risk for sibling of a child with FAS	6.3x higher	7,11
Risk of recurrence in families with one affected child (FASD)	35% higher	1,5,10

Fetal Alcohol Spectrum Disorder (FASD)		
Prevalence and Incidence Estimates		
Newborns identified in NICU with FASD each year	< 5 per year	Estimated
New FASD cases per year	1% prevalence = 107 5% prevalence = 535	See Calculation *2
North Dakota FASD population: Children/youth (Birth – 18 yrs)	1% prevalence = 1,926 5% prevalence = 9,630	See Calculation *3
North Dakota FASD population: Adults with FASD (19-64 yrs)	1% prevalence = 4,815 5% prevalence = 24,075	See Calculation *4
North Dakota FASD population: Elderly with FASD (65+)	1% prevalence = 245 5% prevalence = 749	See Calculation *5
Pregnant women's chance of being screened for substance use at an emergency room visit	51% less likely	12,13

FASD and Health and Mental Health Impairments		
Number of comorbid disease conditions associated with FASD	Over 400	14,15

Risk of child or adolescent psychosis	24.5x higher	[15]
Risk of intellectual disability	23x higher (23%)	[15]
Risk of ADHD (Attention Deficit Hyperactivity Disorder)	10x higher (52%)	[15]
Risk of anxiety disorder	11x higher (35%)	[15]
Risk of FASD if ACEs score: 2-6 (Adverse childhood experiences)	2.1x higher	[17]
Risk of FASD if ACEs score: 7-10 (Adverse childhood experiences)	8.1x higher	[17]

Economic Costs For FASD North Dakota		
Annual cost of care per child	$22,810	[18]
Annual cost of care for children with FASD	1% prevalence= $43,932,060 5% prevalence= $219,660,300	See Calculation *6
Annual cost of care per adult	$24,308	[18]
Annual cost of care for adults with FASD	1% prevalence= $117,043,020 5% prevalence= $585,215,100	See Calculation *7
Cost of care per diagnosed individual by age 43	Over $1 million	See Calculation *6
Cost to prevent one case of FASD in a mother with a previous birth with FASD	$20,200	[18]
Cost to prevent one case of FASD in a mother with a previous birth with FASD a using programmatic intervention	$47,615	[18]
Net savings of lifetime cost per case from prevention	$1,235,800	[1,5,18]

Special Sub-populations		
Children/youth with FASD in foster care placement	32-40% higher than in general population (18.8%)	[33]
Children/youth with FASD in special education	10x higher than in general population	[19]

Children/youth with FASD in Canadian juvenile corrections	16x higher risk of incarceration	[20]
Diagnosed with FASD in adult prison	.0009%	[22]
Undiagnosed/misdiagnosed in adult prison	99.9%	[22]

Mortality Rates		
Individuals with FASD	4.3x higher	Calculated based on [7,10,11]
Siblings of individuals with FASD	5.3x higher	[7,10]
Birth mother of individual with FASD	44.8 x higher	[23,25]
Sudden Infant Death Syndrome	11.79 x	[28]
Stillbirth	2.78 x	[6]

North Dakota Diagnostic Demand and Capacity		
FASD diagnostic demand Annual Birth Cohort	1% prevalence 2/week 5% prevalence 2/day	[1]
FASD diagnostic capacity: Children/youth	1% prevalence 10/day	[1]
FASD diagnostic capacity: Juvenile corrections	2/month	[1]
FASD diagnostic capacity: Adult corrections	4/ month	[1]
Time to screen using the One Question Screen	1 minute	[29]
Time to screen using the E-FAST	3 minutes	[30]
Time to screen using the FASD Mini	3 minutes	[31]

ADHD: attention deficit hyperactivity disorder
FAS: Fetal Alcohol Syndrome
NICU: neonatal intensive care unit
SIDS: sudden infant death syndrome

*1. 7.6% women who drink in late pregnancy x 10,680 births= 812 women/7=116. Each year in North Dakota 116 women drink on the day they deliver.

*2. 1% Prevalence: 10,680 births x 0.01= 108
5% Prevalence: 10,680 births x 0.05= 535

*3. 1% Prevalence: 10,680 births x 0.01 x 18 years =1,926

5% Prevalence: 10,680 births x 0.05 x 18 years =9,630

*4. 1% Prevalence: 10,680 births x 0.01 x 45 years = 4,815
5% Prevalence: 10,680 births x 0.05 x 45 years =24,075

*5. 1% Prevalence: 10,680 births x 0.01 x 7 years =245
5% Prevalence: 10,680 births x 0.05 x 7 years =749

*6. 1% Prevalence: $22,810 cost per child x 1,926= $43,932,060
5% Prevalence: $22,810 cost per child x 9,630=$219,660,300

*7. 1% Prevalence: $24,308 cost per adult x 4,815=$117,043,020
5% Prevalence: $24,308 cost per adult x 24,075=$585,215,100

*8 Annual cost of care for children and youth = $22,810 (birth through 20) and cost for adults =$24,308 (from 21 and up) [19] ($22,810 x 20 years) + ($24,308 x 23 years) = $1,015,284.

Costs of FASD

Annually: $53,683 per Child and $49,077 per Adult.
Includes $25,993 in unreimbursed costs to family.

329% higher than ADHD

318% higher than autism

20 X higher than asthma

270% higher than diabetes

538% higher than epilepsy

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Jan 27, 2025

Chairman Nelson, Members of the Committee, my name is Carl Young. I am the Executive Director of the Family Services Network here in North Dakota. In my work within the Fetal Alcohol Spectrum Disorder (FASD) space I work with people from every region of the state. I provide parent to parent support, Individualized Education Plan advocacy, and training for social workers and educators.

Through my work I frequently find it necessary to refer clients to the FAS Center at UND.

I speak to you today asking your committee to fund the FAS Center at UND, which was established by North Dakota law in 1993. The North Dakota Legislature established the FAS Center via the passage of House Bill 1313. Dr. Larry Burd is the Center's director. Through his efforts, many people have been able to get a proper diagnosis. However he is only able to see clients 2 days a week, with a third day dedicated to paperwork and follow-up with clients. The Center currently has a wait list of 2 months.

Through my work, which is not funded through the Center, I have been able to assist more than 50 families in the last year. I follow a multi-step process when referring clients to the Center. First, I have them schedule an appointment. Then I have them complete a pre-assessment that is offered through the University of California San Diego. It takes approximately 3 weeks to get the results of the pre-assessment. Pre-assessment helps give families hope.

Almost all the families I work with are either in a foster/adopt or a kinship care situation. Where fostercare is the situation, those families are travelling on the state costs to get care for the kids. Without the FAS Center at UND, these families would need to either travel to Minneapolis with the hopes of getting an appointment with Dr. Jeff Wozniak at the University of Minnesota or they would need to travel to Sioux Falls and the University of South Dakota. There are other options, however they don’t accept ND Medicaid, and it gets expensive taking kids to other states to get a diagnosis. When the kids are in care, that expense falls to the State of North Dakota.

How do I know about FASD? My son was diagnosed at the Center 8 years ago. We adopted him through foster care here in North Dakota. Before that diagnosis, he had been diagnosed with a significant number of mental health disorders and autism. The Centers for Disease Control and a large number of academic research papers show that the prevalence rate is at least 1 in 20 children. According to the National Center for Education Statistics in our school system, the average classroom size ranges from 19.3 in the self-contained classrooms to 20.4 students in departmentalized classrooms like we would see in middle school or high school levels. This would indicate that FASD affects at least one child in every classroom. Most of these children are undiagnosed. They are typically seen as extreme behaviors, not symptoms of a disorder.

What is the cost of care for a child with FASD? I would ask that you review the information in the

Carl Young - carl@fasdnd.com Glimpses of FASD - Meet Carl
https://youtu.be/irPey82-KcU?si=vu_5BGPmBjW0tQPL

charts in my supplemental handout which is available to each of you in the packet of files I gave you. I'll reference those numbers now.

The FAS Center at UND provides a significant service to our state. Last biennium the appropriation through the Legislature was $350,458. For whatever reason, this session the Department cut the funding from the budget. I am not here to question that logic. I am here to ask that you reinstate an appropriation for the Center. In my view, $350,458 is not enough, I'd like to see a higher number.

Currently in our state, other than the work I do, which doesn't include the Center, and is not funded by the Center, Dr. Burd is the only practitioner that I have been able to connect with who is working with this population. He doesn't provide support, the center only does diagnosis. While I am certain that there are people who are listening to this testimony, who would say they work with the population, I am not aware of who they are. I can't make referrals if I don't know there are professionals.

Right now, the FAS Center is the answer for so many kids.

I conclude with a few facts. During the last legislative session, this body saw fit to place Fetal Alcohol Spectrum Disorder in the state code as a developmental disability. We must ensure this population is served. We don't have special health care clinics like the Autism Pediatric Specialty Clinic.

A bit about my son for those of you who have never heard his story. He was born substance exposed right here in Bismarck. He is 23, and yes, I have his permission to talk about his case. By age 3, we began to see some significant behavioral challenges. By age 5 he was on adult doses of some psychotropic medications. At age 7 he first encountered the criminal justice system. At age 8, he had his first Psychiatric Residential Treatment Facility stay. He would have more. He was eventually diagnosed with Autism, where he was able to get some services, but not the correct services for his needs. At age 17, he left home. Since then, he has spent every Christmas and birthday in a detention facility. He has periods where he is free in society.

He does not have services or support. He does have a Developmental Disability case manager who checks in with him. In jail, he doesn't get support for his disability. His IQ is too high.

What areas of his life are affected: (this is typical in some way for most of those affected by prenatal alcohol exposure) my son has issues with Executive Function, Adaptive Life Skills, Understanding Cause and Effect, as well as Dysmaturity (while he is 23, developmental maturity is at approximately age 12)

He has other symptoms that are too numerous to mention.

Our children with FASD deserve a level of basic care that includes diagnosis. If you take away the diagnostic clinic by not funding it, you end that basic level of care in our state. There is no

Carl Young - carl@fasdnd.com Glimpses of FASD - Meet Carl
https://youtu.be/irPey82-KcU?si=vu_5BGPmBjW0tQPL

one else. I am no therapist, clinician or doctor.

I am a parent with the lived experience of raising a child with the disorder. A disorder that is severely misunderstood, misdiagnosed, or under diagnosed across the state.

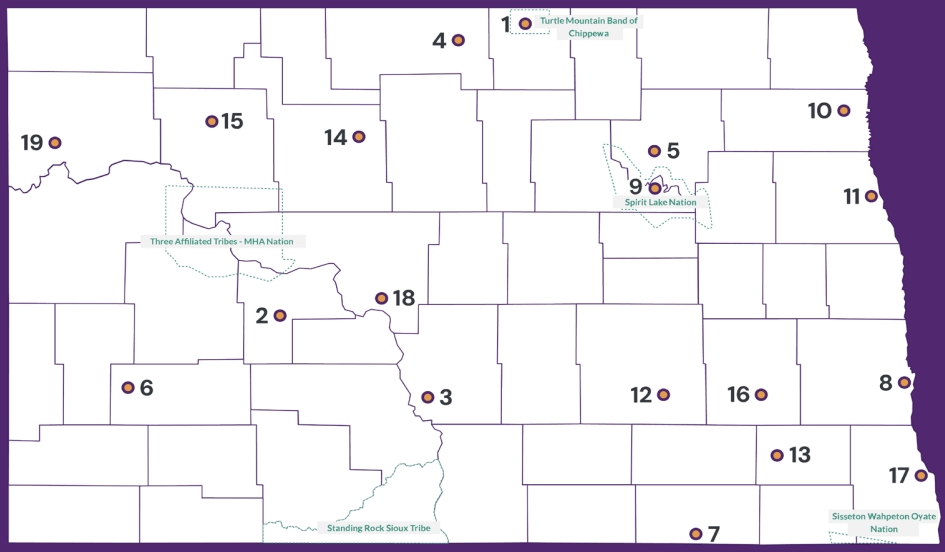
Our children deserve a diagnosis as early as possible, they shouldn't have to travel with their families to another state to get that diagnosis.

I thank you for your time and will stand for any questions.

Carl Young - carl@fasdnd.com Glimpses of FASD - Meet Carl
https://youtu.be/irPey82-KcU?si=vu_5BGPmBjW0tQPL

North Dakota Domestic & Sexual Violence Coalition

Domestic Violence/Sexual Assault Victim Advocacy Centers



1. **Hearts of Hope**
   Belcourt - Turtle Mountain Band of Chippewa
   Crisis Line: 701.477.0002
   Office: 701.477.0002
   Email: gourneau@utma.com

2. **Women's Action & Resource Center**
   Beulah
   Crisis Line: 701.873.2274
   Office: 701.873.2274
   mercerwarc.com

3. **Abused Adult Resource Center**
   Bismarck
   Crisis Line: 866.341.7009
   Office: 701.222.8370
   abusedadultresourcecenter.com

4. **Family Crisis Center**
   Bottineau
   Crisis Line: 800.398.1098
   Office: 701.228.2028
   famcrisiscenter.org

5. **Safe Alternatives for Abused Families**
   Devils Lake
   Crisis Line: 701.409.0665
   Office: 701.662.7378
   saafnd.org

6. **Domestic Violence & Rape Crisis Center**
   Dickinson
   Crisis Line: 888.225.4506
   Office: 701.225.4506
   dvrccnd.com

7. **Kedish House**
   Ellendale
   Crisis Line: 877.349.4729
   Office: 701.349.4729
   kedish-house.com

8. **Rape & Abuse Crisis Center**
   Fargo
   Crisis Line: 800.344.7273
   Office: 701.293.7273
   raccfm.com

9. **Spirit Lake Victim Assistance**
   Fort Totten - Spirit Lake Nation
   Crisis Line: 701.766.1816
   Office: 701.766.1816
   spiritlakenation.com/programs/spirit-lake-victim-assistance/

10. **Domestic Violence & Abuse Center Inc.**
    Grafton
    Crisis Line: 866.435.7490
    Office: 701.331.0466
    dvacnd.org

11. **Community Violence Intervention Center**
    Grand Forks
    Crisis Line: 866.746.8900
    Office: 701.746.0405
    cviconline.org

12. **Safe Shelter**
    Jamestown
    Crisis Line: 888.353.7233
    Office: 701.251.2300
    safeshelterjamestown.org

13. **Abuse Resource Network**
    Lisbon
    Crisis Line: 701.683.5061
    Office: 701.683.5061
    abuseresourcenetwork.org

14. **Domestic Violence Crisis Center**
    Minot
    Crisis Line: 701.852.2258
    Office: 701.852.2258
    courage4change.org

15. **Domestic Violence Program NW ND**
    Stanley
    Crisis Line: 800.273.8232
    Office: 701.628.3233
    dvpnwnd.weebly.com

16. **Abused Persons Outreach Center**
    Valley City
    Crisis Line: 701.845.0072
    Office: 701.845.0078
    apocnd.org

17. **Three Rivers Crisis Center**
    Wahpeton
    Crisis Line: 701.642.2115
    Office: 701.642.2115
    threeriverscrisiscenter.com

18. **McLean Family Resource Center**
    Washburn
    Crisis Line: 701.462.8643
    Office: 701.462.8643
    mcleanfrc.weebly.com

19. **Family Crisis Shelter**
    Williston
    Crisis Line: 701.770.5180
    Office: 701.572.0757
    familycrisisshelter.com

North Dakota Domestic & Sexual Violence Coalition

North Dakota Domestic Violence Statistics 2023

6,131 new victims

6,131 new victims* of domestic violence were served by 19 domestic violence advocacy centers across North Dakota.

83%

83% of victims were women.

105

105 women were pregnant at the time they were assaulted.

4,205

At least 4,205 children were directly impacted by these incidents.

13%

At least 13% of victims were under the age of 25; 3% were under the age of 18.

21%

21% of new victims were people with disabilities. Of those, 13% were people with developmental disabilities, 35% had physical disabilities, and 52% were people with mental health disabilities.

**Statistics represent new victims served in 2023. New = unduplicated for calendar year.*

A closer look

At least 58% of victims were physically abused.

In at least 33% of cases, the abuser had a history of abusive behavior with other adults, including prior partners.

Weapons were used in at least 11% of cases. Of those, guns were used in 23% of cases, and knives were used in 17% of cases.

Alcohol use by the abuser was indicated in 23% of cases. Alcohol use by both the victim and abuser was indicated in 4% of cases.

Advocacy

29% of victims were self-referred to DV advocacy centers; 18% were referred by law enforcement.

Domestic violence advocacy centers provided victim assistance with 431 emergency protection orders.

NDDSVC

March 2024. Domestic violence statistics are compiled by the North Dakota Domestic & Sexual Violence Coalition (NDDSVC).
521 E Main Ave, Suite 320, Bismarck, ND 58501 | 701.255.6240 | www.nddsvc.org

This project was supported by Grant No. 15JOVW-22-GG-00907-MUMU awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication are those of the author and do not necessarily reflect the views of the U.S. Department of Justice.

North Dakota Domestic & Sexual Violence Coalition

North Dakota Sexual Assault Statistics 2023

1,288 primary victims

1,288 primary victims* and 221 secondary victims were served by 19 sexual assault advocacy centers across North Dakota.

- At least **1,042** victims were female.
- At least **795** assailants were male.
- **55%** of cases were male assailant, female victim.
- **6%** of cases were male assailant, male victim.
- **16%** of cases were female assailant, female victim.
- **1%** of cases were female assailant, male victim.

Victim or assailant's gender was not identified in some cases.

A closer look

At least 34% of the assaults occurred in the victim or assailant's home.

At least 242 of primary victims were under the age of 18 years old at the time of the assault(s).

In adult cases, 6% of the assailants were strangers. In child cases, 4% of the assailants were strangers.

In at least 24% of all cases, the assailant was a friend/acquaintance/ date of the victim.

31% of new victims were people with disabilities. Of those, 17% were people with developmental disabilities, 29% had physical disabilities, and 54% were people with mental health disabilities.

Advocacy

45% of the crimes were reported to law enforcement.

At least 20,274 services were provided to primary victims by advocacy center advocates from January to December 2023.

At least 29% of the victims were referred to sexual assault service providers by themselves, friends, or family members.

27% of adult victims contacted the sexual assault advocacy center about the crime within 2 days of the assault. 14% of adult victims contacted a sexual assault advocacy center within 3-30 days after the assault.

NDDSVC

**Statistics represent new victims served in 2023. New = unduplicated for calendar year. Primary victims refers to the victim/survivor whom the sexual assault and/or child sexual abuse was directed at. Secondary victims refers to those who are indirectly affected by the sexual assault—i.e., children, siblings, spouses or intimate partners, grandparents, other affected relatives, friends, neighbors, etc.*

March 2024. Sexual assault statistics are compiled by the North Dakota Domestic & Sexual Violence Coalition (NDDSVC).
521 E Main Ave, Suite 320, Bismarck, ND 58501 | 701.255.6240 | www.nddsvc.org

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The Arc
North Dakota

House Appropriations - Human Resources Division
HB 1012 – Medical Services
January 27, 2025

Chairperson Rep. Nelson and Members of the Committee,

I am Kirsten Dvorak, executive director of The Arc of North Dakota. For 65 years, we have championed the human rights of individuals with intellectual and developmental disabilities (IDD), advocating for services and supports that empower them to lead meaningful, independent lives across North Dakota.

While opportunities for collaboration have been created through the Cross-Disability Advisory Council (CDAC), access to home and community-based services remains inadequate. Significant gaps persist in areas such as mental health services for children with Severe Mental Illness (SMI) and support for families navigating complex care needs. These challenges must be addressed to ensure that all North Dakotans with disabilities have access to comprehensive care. Refining the Level of Care criteria, which determines eligibility for specific services based on an individual's functional needs and medical conditions, is essential to closing service gaps and guaranteeing support for everyone in need, from birth to death.

The Arc of North Dakota strongly supports full funding for the CDAC and its efforts to advise the department toward a new waiver. Through collaboration with stakeholders, families, and service providers, the CDAC has fostered meaningful change. Over the biennium, the council established a strong foundation for the new cross-disability waiver by delivering actionable recommendations to streamline services, enhance access, and improve outcomes statewide.

This journey began with the 2021 legislative study under SB 2256, which proposed the Children’s Cross-Disability Waiver and continued with the creation of the CDAC through SB 2276 in 2023. These initiatives have already fostered collaboration and innovation, addressing systemic disparities and ensuring equitable care for children aged 3 to 21 with disabilities and complex health needs. Fully funding this initiative will streamline services, boost efficiency, and establish a cohesive care system statewide.

A foundational element of the newly proposed waiver is paid family caregiving, acknowledging the critical role families play in providing care and supporting the well-being of their loved ones. The findings from Alvarez and Marsal's review of the Department of Human Services (DHS) waiver system underscored significant service gaps for children with social deficits. It emphasized the need for family-centered education and support. These findings reinforce the importance of creating a robust and inclusive support network tailored to individual and family needs.

The proposed changes to the CDAC (SB2113) will focus on refining its mission to address the Level of Care criteria, ensuring that individuals with lived experience, such as adults with disabilities and family members of children receiving Medicaid services, contribute critical perspectives to this work. These new members will bring vital perspectives to the council's work, mainly refining the Level of Care criteria. By incorporating firsthand insights, CDAC aims to develop practical, equitable solutions to address service gaps and create a more inclusive care system. Their contributions will be pivotal in ensuring that the council's recommendations reflect the diverse needs of North Dakotans.

Investing in this initiative strengthens individual futures while fostering inclusive and supportive communities throughout North Dakota. The Arc of North Dakota urges the committee to prioritize funding for the Cross-Disability Advisory Council and the Children's Waiver. These initiatives exemplify North Dakota's commitment to valuing all its citizens' dignity, potential, and rights.

Thank you for your time and consideration. I am happy to answer any questions you may have.

Kirsten Dvorak
Executive Director
The Arc of North Dakota
701-222-1854

Testimony
House Bill 1012
House Appropriations—Human Resource Division
January 27, 2025
Southwestern District Health Unit

Good morning, Chairman Nelson and members of the Committee. My name is Sherry Adams and I am the Executive Officer for Southwestern District Health Unit (SWDHU). My health unit covers the eight counties of the Southwest which includes Adams, Billings, Golden Valley, Bowman, Slope, Dunn, Hettinger and Stark. I am writing to increase Local Public Health State Aid by two million dollars, which would bring the eight million dollars in the Governor's Budget to ten million dollars. We had submitted the ten-million-dollar request through the HHS budget process, but it was not brought over within the Governor's budget.

Local and state governmental public health agencies are recognized nationally as having the primary responsibility for promoting and protecting the public's health. We are the "boots on the ground" and serve as the foundation to the local public health system in a public health emergency. Local Public Health units work with numerous community partners to address community needs. Our local community health needs continue to grow and have become more complex, and increases in state aid funding is needed to ensure we are able to continue to support those needs. State aid is one of the few flexible streams of funding that local public health unit have and fills gaps not covered by other funding sources. (See attached Handouts)

Southwestern District Health Unit relies on State Aid Funding for a multitude of services. Some of those specific to our health unit are for Suicide Screening and referral, supplemental funds for communicable disease response (such as TB), environmental health services to outlying counties etc. Every Health Unit is able to use the funds for whatever gaps in their community that they have.

Local Public Health continues to struggle to fill vacant positions, primarily as we can not compete with private industry or sign-on bonuses. Much of our workforce has retired or will retire and we no longer see the longevity of new hires.

Another concern that is the uncertainty of future federal grants, whether or not we can get any increases of mill levy with property tax reform, and increased demands on local public health without additional funding.

Local Public Health is very passionate to be able to help meet the needs of our communities, but unfortunately without additional increases somewhere---like State Aid, we will either have to look at decreasing staff and or programs or both.

Thank you for the opportunity to provide comments. I would be happy to answer any questions you may have.

#31834





BUILDING HEALTHY COMMUNITIES
NORTH DAKOTA LOCAL PUBLIC HEALTH

2023 FUNDING STREAMS

5%
STATE AID

This provides local public health with funding to support the needs in our communities based on a report from 26/28 local public health units.

32%	FEDERAL
31%	LOCAL
24%	FEES
4%	TOBACCO
4%	GRANTS

Federal: Money received directly from Federal goverment or as a pass through from NDHHS.
Local: Money received from local county, city or school funding.
State Funding: State aid received from ND Health, Environmental Health and local programs.
Tobacco Funding: Local Tobacco Program Funding for program staff.
Grants: Other grants from private foundation, not associated with above funding.
Fees: Payment for services (ie, environmental health licensing, nursing payments, lab fees).

2025 LEGISLATIVE PRIORITIES

Behavioral Health

Local public health units support **investments** and efforts for additional **community-based behavioral health services**.

Tobacco & Substance Use Prevention

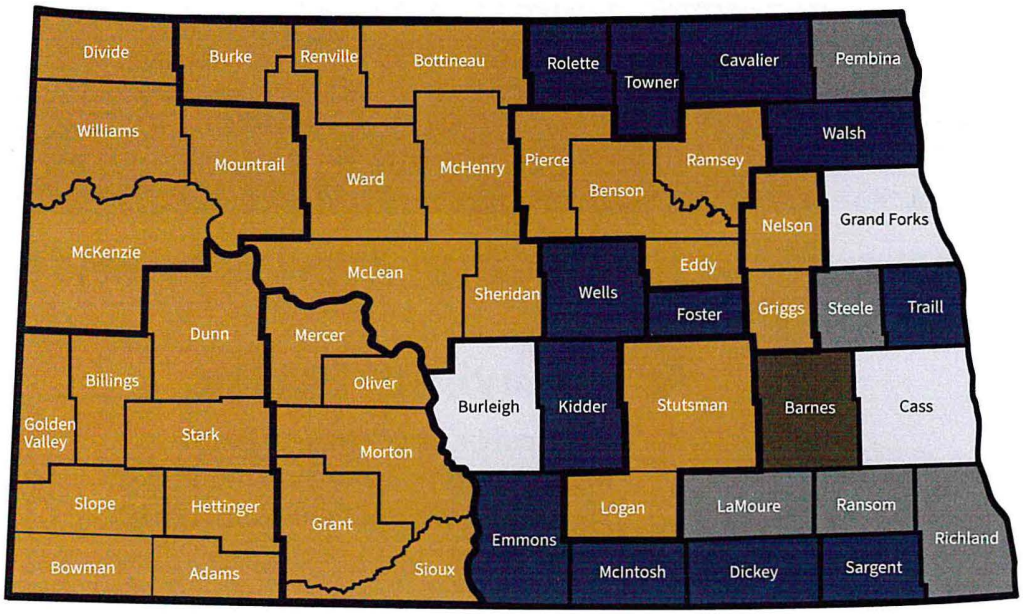
Local public health units support investments in **substance use prevention** activities including efforts to **decrease access to nicotine/tobacco products** and to **reduce substance abuse deaths**.
Local public health units also support sustaining **indoor smoke-free air law**.

Environmental Health

Improper installation of onsite wastewater systems is a health threat to all of North Dakota's citizens and natural water resources. Local public health units support the **development** and **adoption** of **updated statewide onsite wastewater treatment standards** and for **statewide licensure** and **education** of onsite wastewater installers.

North Dakota State Association of City and County Health Officials
(701) 425-0828 | NDSACCHO.ORG

BUILDING HEALTHY COMMUNITIES
NORTH DAKOTA LOCAL PUBLIC HEALTH



ND Local Public Health Units Contact Info

STATE AID SUPPORTS LOCAL PUBLIC HEALTH CORE FUNCTIONS

- Communicable Disease Control
- Chronic Disease & Injury Prevention
- Environmental Public Health
- Maternal, Child, Family Health
- Access to Clinical Care

LPH MEETS PEOPLE WHERE THEY ARE IN THE COMMUNITY

Photo caption (front page): Cavalier County Health District partnered with Langdon Area High School Technology Department, Family and Consumer Science Department and NDSU Extension to build and plant community garden boxes to teach students farm to table gardening and increase access of community members to fresh fruits and vegetables.

NEARLY 50% OF AMERICANS SUFFER FROM PREVENTABLE, CHRONIC DISEASE.

ONLY 3% OF HEALTH CARE SPENDING IS ON PREVENTION AND PUBLIC HEALTH PROGRAMS.

North Dakota State Association of City and County Health Officials

(701) 425-0828 | NDSACCHO.ORG

State Aid Support for Local Public Health Units

Why should state aid be increased from $8M to $10M for this biennium? (increase based on lost revenue (federal), retirement and insurance increases over the biennium)

Readiness and response

- Local public health works with local (school, city, county), state and tribal partners and leaders to coordinate efficient response to local emergencies.
- Ensure ability to respond to emergent public health needs across the state including but not limited to floods, tornadoes, winter storms, formula shortages, drug abuse/misuse response, food and housing insecurity response, etc.
- Need to build capacity to have the ability to respond to local needs and adapt to situations as they arise.

Attracting and retaining local public health professional workforce

- Retention of local public health professionals and qualified workforce has increased in cost due to economic factors, like inflation, and competition within the segment due to shortages. As with many agencies, the increase in insurance and retirement costs have added a fiscal burden. These benefits continue to be critically important for recruitment and retention of the workforce.
- Turnover in local public health workforce due to non-competitive salaries compared to private companies.
- Salary and fringe for staff needs to further increase provide a living wage that is competitive with private industry to retain the needed workforce. The cost of living has increased in the 2024 first quarter by 3.25%.
- Emphasizing and offering healthy living is helpful in attracting businesses and people to ND which increases the State's workforce. Efforts to cultivate wellness also help to "achieve the overarching goal of making North Dakota the healthiest state in the nation." (hhs.nd.gov/SHIP, page 2)

Addressing public health challenges

- Local public health units reported that the top health issue identified in their community health assessments are mental health, behavioral health and obesity.
- Local public health continues to see public health challenges of obesity, diabetes, substance use, lack of preventive screenings, etc.
- The state of North Dakota has been investing in growing the economy and attracting businesses to the state. Local public health serves a critical role in supporting growth in these communities. Local public health often fills gaps in our communities and increases access to services for those in need in our communities, e.g., helping senior citizens remain in their homes.

- Funding is essential to provide the level of fundamental public health services and programs that are needed. More outreach and services are required to meet the community's needs.
- North Dakota has seen an increase in state population through births and immigration. The staff available to serve communities needs to be retained both for community response and work in areas of prevention and screening.
- Many local public health units serve as regional hubs for many public health services. This highlights the importance of strong staffing levels, not only for emergency response, but also to rebuild the many other health department and community health priorities that have been impacted in recent years.

How will local public health use these funds?

- State aid funds are used to address community health priorities and community-based services not typically funded through grant sources or community partners.
- State aid dollars are used for grant matches.
- State aid funds are used largely for activities to reach disadvantaged, marginalized and disparate populations. These activities are not reimbursed through other mechanisms and require more staff time and travel, along with personal care and other practical assistance for children, young people and adults who need extra support: local public health focuses on meeting the client where they are at.
- State aid funds help decrease the cost burden of city/county governments as these entities are covering large portions of local public health budgets in some areas.

What is the risk if state aid is not increased?

- Every North Dakota citizen has the right to live a healthy and safe life. Local public health makes this right possible through the use of this funding as we are responsible for providing the following core functions as detailed out in NDCC 23-35-02:
    - Communicable disease control
    - Chronic disease and injury prevention
    - Environmental public health
    - Maternal, child, and family health
    - Access to clinical care
- Local public health response in the last two years included team members working to serve communities during shortages of infant formula, flooding, drought, winter storm outages, and disease mitigation and prevention services to implement routine programs.
    - These team members also conduct home visits for medication administration and foot care; serve families and foster families through health tracks for vision screenings and oral health screenings; they conduct nursing and developmental screenings; support schools with health screenings and routine wellness immunization clinics; and conduct environmental health inspections.
- Underfunding local public health will hinder the ability to respond to community needs.

- The need for local public health services has increased over the decades due to community growth, increased need for public health services and to assist with local needs.
- Local public health units are managed and administered locally to provide efficient and nimble response as necessary. Cities and counties support much of what local public health does which is augmented by the additional State contribution to reduce local financial burdens. There is growing concern among local jurisdictions about increasing local public health funding without more state investment especially with the outcry for lower property taxes and the Property Tax Elimination measure.
- Dedicated State Aid for Environmental Health is needed to address unfunded, locally emerging issues such as partnering with Department of Environmental Quality on Harmful Algal Blooms, nuisance complaints, education on Avian Influenza and other issues as they develop. Other areas of focus funded only by license/permit fees for our Environmental Health programs are onsite septic systems, safety inspections for food and beverage establishments, aquatic venues, tanning/body art establishments, lodging, and mobile home/RV campgrounds.

ND Local Public Health State Aid Funding History

	Biennium								
	2007-09	2009-2011	2011-13	2013-15	2015-17	2017-19	2019-21	2021-23	2023-25
General	1,900,000	2,400,000	3,000,000	4,000,000	4,250,000	3,250,000	4,725,000	4,725,000	4,725,000
Community Health Trust Fund								525,000	3,275,000
Tobacco Prevention & Control Trust Fund						2,000,000	525,000		
Total	1,900,000	2,400,000	3,000,000	4,000,000	4,250,000	5,250,000	5,250,000	5,250,000	8,000,000

- **Local public health cannot continue to meet the needs of the growing population without a strategic investment in State Aid to support workforce and program resources.**

HOUSE HUMAN RESOURCES
APPROPRIATIONS COMMITTEE

JANUARY 24, 2025

Chairman Nelson and members of the Committee, my name is Kandia Qual, Program Administrator for the Dacotah Foundation. My role within our agency is to oversee program operations within both the Fargo and Bismarck regions.

I am here to lend my support to the proposed budget presented by the Department of Health and Human Services.

First, I want to thank you for the many years of support your committee has given to the Department of Health and Human Services and the Regional Human Service Centers. I have been with our agency for more than 20 years and have worked closely with the Human Service Centers and presented to several of you throughout that time so I understand the constraints everyone is working within. The services our agency collaboratively provides would not be possible without your ongoing support. The funding we receive through our Human Service Center contracts allows us to provide essential recovery-based and residential services to the individuals in our communities who need it the most but who also experience many barriers to accessing assistance within private sector programs.

Throughout recent testimony, we have been hearing providers across the state voice the need for continued and strengthened funding. I am here to add my voice and support to that request. You have been provided a lot of data showing the changes over the past biennium in workforce trends as well as inflation costs associated in providing programs and services within the State of ND. While this is essential information to understand the concerns and issues as well as how to address them, I am going to speak from a slightly different perspective concerning the need for ongoing and strengthened funding support. I come from the 'boots on the ground' view as someone who is in the day-to-day operations trying to staff, maintain, and improve the programs in the regions I oversee.

Throughout my time with the agency, I have had the most direct experience within the Fargo region as that is where I am home-based. It is also the more competitive region for the job market so although transferrable across the state, I am most familiar to speak to what we are experiencing there. Dacotah Foundation, in Fargo, used to be able to maintain a staffing roster of approximately 90-95 employees. Our staff were frequently asking for extra hours to work and there were seldom any shifts open for them to pick up. We were competitive within the job market both in wages and benefits. Recruiting within the multi-college community was relatively easy. Fast forward through the pandemic, we now have an average staff roster of 55-60 employees. Due to the cost of inflation in all areas of life for our employees as well as us, as an agency, experiencing those same levels of inflation for our expenses, we are now struggling to recruit and retain employees. We are no longer able to be competitive with wages and benefits. The average starting wage in Fargo, regardless of the field of business, is $2-4/hour higher than we are able to start our employees at currently. Due to this, the

employees we are able to recruit now are coming to us with less experience and less education than what we were previously able to recruit. This equates to a need for more training hours on the front end to be at the necessary level of competency which is an added burden to our already strained budgets. Within the past month, we have had 4 interviews turn down offers we made for positions due to being offered $4-6/hour higher from another company. Also, within the past month, we have had 3 staff give their notice because they received offers with higher wages elsewhere now that they gained some minimal experience and education through us. We are in this constant state of recruitment and training only to have people leave within the first several months to a year because they now have the training for a higher wage elsewhere. I have been told by exiting staff that they love our agency and wish they could stay but they just can't turn down the financial gain of going elsewhere due to the current costs of living. On any given weekly schedule I post, we have approximately 20 open shifts that we don't have staff to fill. That equates to 160 direct care hours every week that we have to try to bargain and barter with staff to fill, offer overtime for or we are picking them up ourselves as supervisors and administrators. We don't mind working a direct care role side by side with our staff but this not only puts us into 12-16 hour work days multiple days a week but it takes us away from being able to complete other administrative and supervisory duties that assist in things such as interviewing, hiring, supporting staff growth and development and providing the quality management and development to the programs. I am seeing higher levels of burnout in both the direct care level and the supervisory level than I have seen over my many years with the agency. We are seeing people change positions, step down to less responsibility, or leave the field all together due to this. We desperately need to be able to increase our wages to become competitive again and maintain an adequate staffing roster to not only continue operations but to grow and strengthen the services we offer.

While the staffing issues and workforce changes have presented a hefty operational challenge within itself, inflation in general is also causing great concerns within our ability to operate in an adequate manner. The cost of goods, utilities, and repairs have increased dramatically. The cost of a gallon of milk was approximately $2.45 in 2018 (pre-pandemic), the cost of a gallon of milk now is approximately $4.78. We buy 25 gallons of milk per week between all of our Fargo programs, that's $233.00 more per month, or $2,796.00 more per year just for 1 grocery item that we have to purchase every month. Now consider the increase in meat prices, egg prices, and vegetable prices. You can see how quickly this adds up.

Regarding increased maintenance costs, our crisis units regularly serve individuals that are experiencing very intense symptoms of their mental health and are often agitated, escalated and in situations of distress while they are attempting to stabilize their symptomology. This often results in behaviors that cause damage to our property. This might be destruction of property as a result of violence or damage because of symptoms of their illness. Some examples of the day-to-day things we encounter are things such as someone stuffed almost a whole roll of paper towels down the toilet because they were experiencing delusions about the toilet or an individual tore apart the fabric on their mattress because they were paranoid there was a listening device implanted in it. We have had 3 large, expensive windows broken out this year by individuals that were escalated but didn't want to hurt anyone else so they

punched out a glass window before we could intervene. All of these scenarios are part of our day-to-day experiences while we attempt to help individuals stabilize the symptoms of their mental health but they also cost a significant amount of money to repair and replace, particularly with inflation costs. We are as creative as we can get with repairs. We have had painting parties instead of hiring painters, we have sought out donations of supplies needed, I have plunged and snaked more toilets than the average person and we have all worked together to learn how to do as much maintenance as we can in the most creative and inexpensive ways possible. Even with those solutions, we have had approximately $20,000 in repair expenses at the crisis unit so far this year. This expense is just related to the crisis unit, our other programs, both in Fargo and Bismarck all experience the same concerns with maintenance, destruction of property, and increased food and supply costs due to the intense inflation the nation has experienced.

Those of us who work in this field have a passion for what we do. We believe there is hope, we believe in recovery, and we believe everyone deserves the opportunity to not only survive but to thrive within their life. Programs such as ours provide stabilization, a solid base for recovery and we give support and hope to those that need it most in their most dire times. However, in order to continue to provide these essential services, today we are asking for and needing your support towards the funding increases in the North Dakota DHHS budget. Without these funding increases to counteract the intense inflation levels and workforce concerns we have all faced, programs such as ours will not be able to continue to provide the essential services we do to our most vulnerable populations which will begin to impact communities as a whole in many concerning ways.

2025 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

HB 1012
1/27/2025

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

2:30 p.m. Vice Chairman Stemen called the hearing to order.

Members Present: Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Berg, Mitskog, Murphy, O' Brien, Wagner.

Discussion Topics:

- Long Term Care
- Heartview Foundation
- Tobacco Free North Dakota
- Dakota Boys and Girls Ranch
- Fraser Stepping Stones Resource Center
- Designer Genes

2:31 p.m. Nikki Wegner, President, North Dakota Long Term Care Association, testified in favor of HB 1012 and submitted testimony #31883 and continued with previous testimony #31470, #31471, #31469.

2:58 p.m. Kiara Tuchscherer, Administrator, Good Samaritan Society, Fargo, ND, testified in favor of HB 1012 and submitted testimony # 31333.

3:01 p.m. Kurt Snyder, Chief Executive Officer, Heartview Foundation, testified in favor of HB 1012 and submitted testimony #31928.

3:17 p.m. Heather Austin, Executive Director, Tobacco Free North Dakota, testified in favor of HB 1012 and submitted testimony #31618, # 31938.

3:28 p.m. Tim Gienger, Senior Director of Residential Partnerships, Dakota Boys and Girls Ranch, took a neutral stance on HB 1012 and submitted testimony #31318.

3:53 p.m. Bruce Murry, Lobbyist, Fraser, Ltd, Fargo, ND, testified in favor of HB 1012 and Submitted testimony #31840.

3:58 p.m. Roxane Romanick, Organization Representative, Designer Genes of North Dakota, testified in favor of HB 1012and submitted testimony #31651.

4:04 p.m. Dave Marion, Business Development Director, Prairie Recovery Center, testified in favor of HB 1012 and submitted testimony #31571.

Katie Jo Armbrust, Grand Forks Housing Authority testified in favor of HB 1012 and submitted testimony #31861.

Bruce Murry, Lobbyist, Elevate Nursing, LLC, testified verbally in favor of HB 1012.

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Additional written testimony:

Tina Kostad, submitted testimony in favor HB 1012, #31763.

4:16 p.m. Vice Chairman Stemen closed the meeting.

Jan Kamphuis, Committee Clerk

Neutral Testimony for

HB 1012

January 27, 2025

Greetings Chairman Nelson and Members of the committee,

My name is Tim Gienger, Senior Director of Residential Partnerships at Dakota Boys and Girls Ranch. Dakota Boys and Girls Ranch provides two levels of residential treatment to kids from all over the great state of North Dakota, Psychiatric Residential Treatment Facilities (PRTF) and Qualified Residential Treatment Facilities (QRTP).

Some of my testimony today, provided on the heels of the testimony you heard from the Department of Human Services over the last two weeks, is in support of what the department reported. And, some of it will bring to light the impact these policies, created with the money appropriated, have had on North Dakota children and families.

Psychiatric Residential Treatment Facilities provide a medical level of care for children who are suffering from psychiatric issues, most often brought on by horrendous trauma. These children may be living with bio parents, adoptive or foster parents, or family members. The vast majority of children served by Ranch PRTFs in Minot, Fargo, and Bismarck, are not in public custody or wards of the state but are from families privately asking for medical care. These are kids from your local communities—children who are hurting and who often draw heavily on the resources of local law enforcement, hospitals, schools, and human service agencies.

Dakota Boys and Girls Ranch also operates a Qualified Residential Treatment Program (QRTP) on its Minot campus. QRTP is a federally defined level of foster care and operates similarly to our PRTF's. We are currently licensed for 12 beds.

As you can imagine, these kids have high needs, which comes at a cost. We, and other North Dakota PRTF's are committed to providing high quality care and treatment to these children, but the financial cost is not sustainable. Until now, the Dakota Boys and Girls Ranch Foundation has been able to underwrite the best-in-class care and treatment these children need. We budget for a $2.5 million shortfall each year and rely heavily on the foundation to make up the difference. That means that in a good year, the foundation grants $2.5 million to the Ranch to care for North Dakota kids. Last year, the foundation granted $7.5 million to the Ranch. While our foundation has been strong, we have depleted the unrestricted funds and another year like that is not sustainable. Last year, we cared for 135 North Dakota children. What will happen to those children if we cannot provide them with the mental and behavioral health care they desperately need?

Neutral Testimony for

HB 1012

Rate Setting

The PRTF rate setting process was developed 30 years ago, a time when the economy was less volatile, children had fewer challenges, and we didn't have electronic health records, HIPPA regulations, and cybersecurity issues to manage. Accreditation, audits, billing, and the cost report have all become more complicated, requiring significant increases in staffing to meet regulations and best practices. These additional requirements, as well as erratic costs, specifically labor costs, put the burden on private providers to underwrite the increased costs of caring for the state's most vulnerable children and to manage cash flow until the new rates are put into place at least 16 months after the service is provided.

At the same time, North Dakota children come into PRTF's with much more challenging behaviors. In the last ten years, we have closed the state hospital, reduced QRTP and Life Skills and Transition Center beds, and refrained from placing kids in out-of-state facilities. The children with the most challenging behaviors have had to go somewhere, and private providers like the Ranch have picked up the slack. To do this, and keep our children and staff safe, we have had to increase staffing levels, including professional staff. We are also providing increased training, both to meet updated licensure requirements and to ensure our staff are prepared to meet the needs of the kids who come through our doors.

We had several meetings with Medical Services to address these issues and went through the administrative rules process with minimal success. A Senate Bill is being introduced this session to address the language written in the Century Code and to align this process with current practice while staying within federal Medicaid guidelines.

Parents accessing Medicaid

Some of the families we work with need to access Medicaid to cover the cost of their child's treatment. Parents are frustrated with Medical Services' new automated and centralized system. They tell us they want a consistent contact who can answer some of their ongoing questions regarding Medicaid. When we call to check coverages and claims, we are running into the same issues. Every time we call, we talk to a different person, and we rarely find someone who understands residential treatment coverage so get bounced around. We used to be assigned a point person who was responsive and able to answer our questions in a timely manner.

Behavioral Health Navigator/One Assessment

You heard Pam Sagness' testimony last week regarding the Behavioral Health Navigators. On July 1, 2024, DHHS implemented the One Assessment process, making it mandatory for the behavioral health navigators to be involved in admitting kids into a PRTF. Prior to July 2024, families would contact us directly, we would help them gather the information and records they needed for the Universal application and submit the information to Maximus to determine if the PRTF level of care was appropriate. We used this process with thousands of kids over the years, and a child was rarely

denied Medicaid services after we determined them to be eligible. I believe we had a 10-year stretch with no denials, so it is safe to say we had an almost 100% success rate when we screened them.

In June of 2024, we had 48 kids in PRTF care, which put us at capacity. By August 2024, our census dropped to 35 and we have struggled to get above 40 since the implementation of the One Assessment process, which includes the requirement that all applications go through the behavioral health navigator.

Pam reported last week that the navigators helped 304 people from October 2023-December 2024. Since July 1, 2024, 499 families/custodians have contacted us. We have referred 214 of those to the navigators. During that time, 98 kids who would have been admitted into PRTF treatment were not admitted. Frustrated families report that their children were not admitted into care for a variety of reasons.

The creation of behavioral health navigator positions has caused an undue burden on children and families who are trying to seek services. The services they so desperately need are available, however overregulation by the department is creating unnecessary barriers that make it difficult for children and families to receive care.

Voluntary Treatment Program

Last biennium, $453,424 was appropriated for the voluntary treatment program (VTP). This year, the request is a little over $1.3 million, which is a step in the right direction. These VTP funds are vital for families trying to access the QRTP level of care for their children.

System of Care Grant

The Ranch received funds from the System of Care Grant, which has allowed us to create a pilot project for aftercare services for children in our Bismarck PRTF program. Aftercare serves families for six months after their child is discharged from our treatment program, ensuring they are receiving the services they need to be successful in their home and at school. We ask that aftercare services be included in the PRTF rate so all children who receive PRTF treatment have the support they need to be successful.

Solutions

Rate strategy was identified in Sara Aker's testimony for medical services. It would be beneficial for us to work with medical services to find a rate structure that fits with today's PRTF operations.

The Ranch receives more family and referral contacts than the navigators and is able to provide navigation services that meet families' technology, literacy, and transportation needs. Perhaps funds should be appropriated to the Ranch for that service, which would allow DHHS to provide navigation services for a different population. Removing the requirement to go through DHHS' navigators would remove unnecessary government interference, thereby ensuring that children and families are connected to the right service at the right time and without undue delays. Families trying to access

services for their children are in crisis. They need help navigating the process so they can access services for their children in a timely manner.

I am not suggesting we provide services for children who don't need them, but that we remove barriers and unnecessary hoops for families whose children need the PRTF level of care. Families are being required to use technology they don't have. They are being asked to understand things that are not possible for them to understand, especially when they are in a state of crisis. They are being asked to access services that aren't available to them before they can be approved for the services they need. They are being asked to resubmit information because they used an outdated form, even though the information requested is the same. They are being asked to call during hours that don't work for them, and to recall information that is unrecallable and unnecessary.

These are just a few of the barriers families have had to endure. They get frustrated and often give up. Since July 1 of 2024, the State of North Dakota has made it harder for families to get their children the help they need. We owe it to them to do better. I recommend that the department revert to its previous way of admitting kids into the PRTF level of care, thereby removing the state-run barriers that make it difficult to impossible for children to access care.

Tim Gienger, LCSW

Senior Director of Residential Partnerships

Dakota Boys and Girls Ranch

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HB 1012: Testimony on Solutions for Financial Challenges in Basic Care

House Appropriations-Human Resources Division

January 27, 2025

Good Afternoon Chairman Nelson and Members of the House Appropriations, Human Resource Division,

My name is Kiara Tuchscherer, and I'm the Administrator for the Good Samaritan Society in Fargo, where we've been providing care to residents aged 55 and older for over 17 years. We are a one-level Basic Care and Assisted Living facility with 72 apartments. As the Basic Care Director at Large for the ND Long Term Care Association and someone who works closely with residents, I thank you for the opportunity to speak to you today in support of HB 1012 with three critical amendments for basic care funding.

Let me share a couple of stories; I have changed these resident names in my testimonial. "John," a retired teacher, has been with us for four years. He's an active participant in our book club and exercise programs. John's experience shows the value of congregate care, he's able to stay engaged both mentally and physically in a community setting, which helps him thrive.

"Betty," who is 82 and has dementia, came to us after struggling in a more isolated living situation. Now, she has the social support she needs to stay safe and connected, and her family is grateful for the care and dignity we provide her. Expanding the **3% operating rate across all components, excluding property costs**, would provide about $1.12 million in financial support over the biennium. This would allow us to expand programs that keep residents like John and Betty engaged, active, and socially connected.

The **$5 per day add-on** for Basic Care rates in 2026 and 2027 would offer another $2.68 million, ensuring we can continue to meet residents' needs. Additionally, the 1.5% in Governor's Armstrong's budget the proposed **4%** inflator for 2026 and **3%** for 2027 would help us keep up with rising costs, ensuring we can maintain and recruit quality staff.

We are in constant competition with other healthcare facilities for staff, and without these increases, it's challenging to attract and retain the dedicated caregivers who provide the compassionate care our residents deserve. Financial support is essential for maintaining the staff that makes a real difference in residents' lives and for continuing the high level of care we offer.

Residents choose Good Samaritan Society because they want more than just a place to live, they want a community where they can stay connected, safe, and engaged. These proposed amendments will help us continue providing that, ensuring we can offer the personalized care, stability, and dignity our residents need.

I urge the adoption of these amendments to ensure Basic Care continues to thrive and meet the needs of residents like John and Betty.

Thank you for your time today. I'd be happy to answer any questions.

Kiara Tuchscherer
Administrator, Senior Living
NCAL ND State Leader & Award Examiner
P: 701.282.2651
Kiara.Tuchscherer@SanfordHealth.org

Written Testimony on HB1012 relating to Substance Use Disorder Voucher (1-27-2025)

Chairman Nelson and members of the House Human Resources Committee, for the record my name is Dave Marion, and I have the great fortune of working for the Prairie Recovery Center, located in rural Raleigh, North Dakota. Prairie Recovery Center is a one of a kind, committed residential agency working with individuals seeking addiction and mental health services. PRC provides short-term one of a kind residential service in a rural environment for recovery with committed staff and therapists experienced in substance use, mental health and trauma informed work. We pride ourselves on not being a cookie cutter program and client centered.

We are in support of the full funding of the ND Substance Use Disorder Voucher Program and its amazing impact that it has on so many through ND that received treatment in a timely manner and not sit on waiting lists. The SUD Voucher Program has served as a safety net for those without health insurance or adequate resources to access addiction treatment in ND and has been lifesaving. Many of these individuals are referred to us by parents, parole and probation, regional human service center and physicians. Most of these individuals have experienced an overdose in their lives and are at extreme risk and are referred to by professionals that find a lack of services for those most extreme needs. Over 210 individuals have been helped since July 2023 at the Prairie Recovery Center from the SUD Voucher. The ND SUD Voucher is one the most important tools in serving the increasing need for North Dakotans who have a substance use disorder. The voucher provides not only the ability of patients to obtain critical services in a timely manner, but it provides provider choice so patients can stay close to home and families as well of the bottle neck of waiting lists in the past. In addition, the voucher serves as a resource to keep patients out of emergency rooms, hospital beds and revolving doors in jails, and courts and get the treatment they need to change their life and get the confidence to do great things.

It is imperative that we not create more hurdles or restrict individuals from getting great quality services, at whatever level that is in the continuum of care. The SUD Voucher was established and supported by the Dept of Health and Human Services to address barriers to treatment and increase the ability of people to access treatment and services for substance use disorders. With one of the goals being to allow the individual to choose a provider with objectives to increase the number of providers and service options and those options communicated to individuals. Another Goal being able to improve access to quality services with objectives of SUD providers to provide evidence-based services on an individual need, in addition to reduce financial barriers for individuals accessing needed services.

With the ongoing pandemic that compounded, high alcoholism rates, Opioid Crisis and Meth resurgence we respectfully ask your support of full request for the voucher. Though some may see a significant cost, the effect on less emergency room visits, revolving door jail and court visits has been impactful. For those of us who serve patients that want better and are committed to changing their path know that The SUD Voucher has and will continue save lives and Prairie Recovery Center is a committed and a proven provider to do so.

Respectfully,

Dave Marion



P.O. Box 3237
Bismarck, ND 58502
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January 27, 2025
2:00pm CST
House Appropriations – Human Resources Division Committee for the 69th ND Legislative Assembly

Chairman Nelson, and members of the House Appropriations – Human Resources Division Committee hello, my name is Heather Austin, and I am the Executive Director for Tobacco Free North Dakota. The mission of Tobacco Free North Dakota is to improve and protect the public health of all North Dakotans by reducing the serious health and economic consequences of tobacco use, the state's number one cause of preventable disease and death. We work to facilitate coalitions and to promote policy discussions across North Dakota, along with providing education and resources that are used to help prevent kids from ever starting the dangerous addiction to tobacco and nicotine. Thank you so much for your time today.

I am here to encourage continued, sustainable, and sufficient funding for the State Tobacco Prevention and Control Program in HB 1012, the bill relating to Department of Health and Human Services Budget and its Tobacco Prevention and Control Program.

Since the tobacco control program, with reduced funding, was restructured under the Department of Health back in 2017, TFND, ND Local Public Health Units, health system partners, and other DHHS grantees, continue to collaborate to accomplish the goals outlined in our State Plan for Tobacco Prevention and Control. The program has dealt remarkably well with doing the same work, or in some cases even more work, with less resources and funds. We have made great strides in what we accomplish for our citizens. Today we encourage a continued advancement of funding to address targeted issues facing our citizens, such as were identified by this body in 2023 to address youth prevention engagement and pharmacological access in rural communities.

To support these efforts, TFND is taking a lead alongside several partners fulfilling work in our communities and schools educating and advocating for policy that would reduce e-cigarettes and vaping (ENDS) among our youth while also highlighting the dangers of these products. With the additional funding allocated to this effort in last biennium's budget, we have continued to address the "vaping epidemic" announced by the FDA in 2018. TFND launched a "Train the Trainer" program in addition to our regular webinar series for continuing prevention education and our online resource hub. Combining efforts to empower local experts we can exponentially affect needs across ND. We hope to continue these efforts in the next biennium because we know that there is still more work to be done to save the newest generation from the serious health and economic consequences of a lifelong addiction to tobacco.

Another initiative TFND launched recently was designed to help young people with an additional resource to fight nicotine addiction, is a partnership with Truth Initiative, a national advocacy organization, to bring the "This is Quitting" program in North Dakota. "This is Quitting" is a free, confidential, text to quit vaping program meant for youth and young adults aged 13-24. They simply text VAPEFREEND to 88709 and can enroll in 12 weeks of daily interactive, customized, text messages

meant to give them tips and support to quit vaping and tobacco products. TFND views sponsoring this program as an important tool to help our kids, along with the proposed continued funding our comprehensive prevention and cessation programming in North Dakota.

Again, I am encouraged to see funding for both youth prevention and cessation treatment in the recommended budget for this biennium. I hope this committee approves those recommendations and continues to look for further ways to advance good investments in tobacco prevention and control in our state. I would also encourage the committee not to allow the proposed cut to the TCPC media line item. Educating North Dakotans about the dangers of nicotine for all citizens is still vital to reducing overall use. It would be a shame to lose the momentum gained in this area over the past several years, as new products continue to come out at a lightning pace to entice new users.

I hope my time in front of you today highlights that there is much being done for tobacco prevention and cessation policy in North Dakota, but that there is still so much more to do, and I think our combined efforts and collaborations are so important to continue to support with our time, talent, and treasure. Just think of the health impacts and potential for lives saved any increase in funding could provide for our state.

Along with my testimony, you are also receiving a copy of our Resolution of Support for a fully Funded Tobacco Prevention and Control Program for ND. The following organizations/entities signed TFND's resolution. (Attached): Bismarck Tobacco Free Coalition, Blue Zones Projects Grand Forks, Cavalier County Commission, C+K Counseling, Grand Forks Tobacco Free Coalition, Legacy High Stop the Cloud, Nelson-Griggs Board of Health, North Dakota Medical Association, Upper Missouri District Health Unit, Walsh County Board of Health, Walsh County Tobacco Free Coalition, Walsh County District Health, Walsh County Substance Use Prevention Coalition, and Western Plains Board of Health.

Again, thank you for this time in front of you, Chairman Nelson, and the Committee. It is very appreciated. Please vote Do Pass with continued funding for Tobacco Prevention and Control included in HB 1012.

May I take any questions?

Heather Austin
Executive Director, Tobacco Free North Dakota
Cell: 701-527-2811
heather@tfnd.org
www.tfnd.org

[1] Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Programs—2014. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.

HB 1012
House Appropriations – Human Resources Division
Monday, January 20, 2025
Representative Jon Nelson, Chair

Chairman Nelson and Members of the House Appropriations – Human Resources Division:

My name is Roxane Romanick and I'm writing as the representative for Designer Genes of ND, Inc. Designer Genes' membership represents individuals with Down syndrome that either live in our state or are represented by family members in North Dakota. Designer Genes' mission is to strengthen opportunities for individuals with Down syndrome and those who support them to earn, learn, and belong.

We estimate that there are about 600 individuals with Down syndrome live in North Dakota and a majority of those individuals are screened to the Individuals with Intellectual Disabilities/Developmental Disabilities (IID/DD) 1915c Medicaid Waiver. One thing that is important to note is that our families who have individuals eligible for our Medicaid waivers depend on the service options within the waivers, but also depend on having access to State Plan Medicaid for their loved ones. Quality waiver service and State Plan options are one of our advocacy priorities as individuals with Down syndrome and their families are able to achieve quality lives in their communities with the formal supports of the Medicaid waivers and State Plan Medicaid.

Cross Disability Advisory Council and Waiver (Reference – Sarah Aker's Medical Services detail): First off, I'd like to thank you for your work and investment in the Cross Disability Advisory Council and continuing work towards a Cross-Disability 1915c Medicaid Waiver for children who fall through the eligibility cracks of our current waiver system. Designer Genes has been talking about this issue for many sessions because we have families whose children with Down syndrome fall off of waiver services when they turn 3. We appreciate the investment in the study by Alvarez and Marsal in the 2021-2022 interim and their continued work with the Cross Disability Advisory Council during the 2023 – 2024 interim. We support the Governor's budget request for continued work on the Cross Disability Waiver.

Special Health Services (Reference – Kim Mertz's Healthy and Safe Communities detail): We are in support of continued funding for Family Voices of North Dakota. Their partnership is invaluable when

supporting and educating our families. We partner with them on Project Carson, which seeks to support families across the state who receive a prenatal diagnosis. This is especially important for our organization as one of our priorities is to support all new diagnoses of Down syndrome which now are primarily happening pre-birth. We also partner with the Special Health Services Section to place new baby support packages into birthing hospitals across North Dakota. There is no state funding involved with this collaboration, but we appreciate the ability to work with the Newborn Screening team to make sure families have needed information when they find out their baby will have Down syndrome.

Autism Waiver (Reference Sarah Aker's Medical Services detail): While most of our families depend on the IID/DD Medicaid Waiver, never less we are concerned about the loss of $9 million dollars in the Autism Waiver line item. Any loss of funding for individuals with disabilities is concerning and also leaves a footprint for future funding decisions across disability populations. You questioned this decrease with the Department last week and it appears that it's due to a lack of providers and utilization. This is concerning, because we know that we have autistic individuals who struggle to remain in their communities and being institutionalized. We have students who are experiencing seclusion, restraint, expulsion and suspension in schools. We have need and there are reported to be 65 children on the wait list. Also, HB 1067 extends the age limit to 21 years of age for the Autism Waiver if passed. It is important to note that if a child can't use a waiver service option, then they are high risk for falling off the waiver and then also losing State Plan Medicaid benefits. The access to Applied Behavioral Analysis services is only through State Plan Medicaid benefits so falling off a Medicaid Waiver is high stakes for many families. North Dakota does have an option for families of children with disabilities to buy-in to State Plan Medicaid, but it is highly complicated to access and presently only 3 families are eligible for this option. This has been in place since 2007.

I'm afraid that you will hear from me again with additional comments on other sections of HB 1012, but until then I would answer any questions.

Roxane Romanick
Designer Genes of ND, Inc.
701-391-7421
info@designergenesnd.com

To whom it may concern,

My name is Tina Kostad and I am the mother of 3 adult children, 2 grandsons and a 10-year-old little boy who has FASD. At this point we do not know if he'll ever live on his own and although the chances are very slim, we will continue working as hard as we can to make his world the best it can be.

When Jaxson came into our lives, we didn't know how exposure would affect him and we did not care. We saw a beautiful little boy who needed love, and we so needed him. He went through a few long weeks of miserable withdrawals. It was heartbreaking to watch, but we had no idea the what the future held for him or us.

2 ½ years later, he was with us since birth, his tummy mom had become sober and asked us to officially adopt him. It was a wonderful day for everyone and a month after his 3rd birthday he became a Kostad! And the same week we finalized the sale of our home to pay for his adoption and expenses. It was meant to be.

Jaxson has struggled in so many areas. We have had his pediatrician voice that he has the most extreme ADHD he's ever seen. He has multiple diagnosis's including FASD and Autism level 2. He has a sleep disorder, sensory disorder, lacks impulse control and learning disability. When his meds are working the true little boy can be seen. He's got so much love and kindness. But unfortunately, he metabolizes them very quickly making his daily life a huge struggle.

I have tried to hold down even a part time job from home but unfortunately, I end up having to decide to quit to provide for Jaxson. We tried school last year and after 3 days we realized this would not be a possibility due to his needs therefore I've home-schooled him for the past 4years. You can imagine the financial drain that is on a family with a child who has special needs. And once again we may have to choose to lose the home, we purchased 4 years ago to make sure we can provide for his needs and appointments.

Our whole life is completely different. We've attended many classes to learn how to parent a child with a disability like this, we plan our whole day on what will help Jaxson best succeed. Such as we wake up at 5, sometimes we don't sleep because Jaxson can't sleep and needs to be closely watched all night long and day. We don't go to many public events

that will overwhelm him. This includes how we do our normal shopping. We don't spend much time with friends and family as it's hard for others to understand him. Going out for anything after 5 is almost never done because this is the time his meds wear off and he's unable to handle his surroundings.

May I add the most important thing that has happened since this beautiful boy came into our lives? He has taught us to be better people. We never judge a child who is struggling in a store or in public as we know they are doing their best. We know all about invisible disabilities. We know how to parent in more than one way. We know unconditional love. Life would never be this great without him in our lives and we thank every day, even the hardest days, that we were trusted to make his life better. He's given us more than we can ever give him.

His tummy mom is now pregnant with her 4th child and after seeing that drinking while pregnant has affected her last 2 children, especially Jaxson, she has been alcohol free this pregnancy. She hurts when she sees how her 2 little boys struggle but is so proud that she has overcome and will finally be able to give this baby a life without FASD. She NEVER wanted any of her children to suffer like this. She was uneducated. She is selfless and cared more about her children than the pain of letting others raise them. She has so much love and we are so proud of her.

Education is crucial for the future of our country. We need to give future moms the knowledge of the possible effects of any alcohol consumption during pregnancy. They deserve it, the children deserve it, as does everyone. FASD effects EVERYONE. We need to do better for our children, our state, and our country. It does start with one person. We can be that person.

I could go on and on about how FASD effects our son, our family, you, etc. but I've taken up so much of your time already. I appreciate you learning about our wonderful boy and how you can help out families like ours. And just like Jaxson, be the change for the better.

Sincerely,

Tina L. Kostad

1-27-25

SB 1012 (2025 LEGISLATIVE ASSEMBLY)
HUMAN RESOURCES DIVISION
HOUSE APPROPRIATIONS COMMITTEE
HONORABLE JON NELSON, CHAIRMAN
JANUARY 27, 2025
TESTIMONY OF BRUCE MURRY FOR FRASER, LTD

Good Afternoon, Chairman Nelson and members of the Human Resources Division of the House Appropriations Committee. I am Bruce Murry, a registered lobbyist for Fraser, Ltd. (Fraser) of Fargo, North Dakota. Fraser supports children, youth, and adults on their life's journey towards independence through four main programs: independent living, transitional youth services, mental health, and childcare.

Fraser's Stepping Stones Resource Center serves young adults (18-26) at risk of homelessness and other crises. We weave food, clothing, winter shelter, case management, employment supports, and onsite mental health professional visits into a unique center using the Transition to Independence Process. Our evidence-based process shares common features with the State's much-welcomed Certified Community Behavioral Health Centers. We often serve as a destination for police safety interventions, mental health treatment discharges, and emergency stabilization while awaiting other services.

We ask you to amend HB 1012 to renew funding for this unique program at $300,000 ($150,000 per year) on an ongoing basis. We will continue multiplying your investment to serve hundreds of threatened young adults from around the state. Private donations fund the majority of the Stepping Stones Resource Center's operations. The State's commitment reassures private donors that the program is broadly supported.

Our Valley Hope Counseling Services increase Fraser's ability to provide services to people with behavioral health needs with much quicker access to

professional mental health services. We appreciate this bill's increased access to behavioral telehealth services and urge you and the Department to continue that expansion. We also appreciate incentives for developing the workforce for professional behavioral health services in this and other bills.

Fraser supports the legislative platform of the North Dakota Association of Community Providers. North Dakota's efforts to ensure citizens with intellectual and developmental disabilities receive appropriate services in the least restrictive environment are extensive. The funding you've provided the Department and their expertise helps us build and retain our limited workforce. We also recognize the Life Skills and Transition Center's role as a safety net for the people we serve. Relying upon LSTC, providers can take the organizational risk to serve people with the highest needs in their communities.

In addition, Fraser wishes to thank the Legislative Assembly for its investments in developing the childcare workforce. Childcare supports the workforce for all of our other programs. Fraser's Child Care Center also struggles to find adequate staffing, and we appreciate the assistance to child care programs within the HB 1012 budget.

Thank you for the chance to address you today. I am happy to answer any of your questions now or as you deliberate. I will find the best expert at Fraser to answer any questions that I cannot.

GRAND FORKS
HOUSING AUTHORITY

Commissioners
Joan Johnson, Chair
Bret Weber, Vice Chair
Tricia Berg
Kimisean Liggett
Jennifer Tarlin

Testimony in Support of HB 1012
House Appropriations – Human Resources Division

January 27th, 2025

Chairman Nelson and members of the committee,

My name is Katie Jo Armbrust and I work for the Grand Forks Housing Authority. Our organization provides housing assistance and services for more than 2,000 households in the Grand Forks area, primarily for those earning extremely low income.

This testimony reflects our support for the $260,000 in funding for 2025-2027 included in HB 1012 under Northeast Clinic's budget for operations of The Nest, our recently opened low-barrier emergency shelter for adult individuals. This program developed in 2024 to meet a community-wide need; The City recognized withdrawal management was not being utilized for its original purpose, for those in need of supervision while going through withdrawal, so much as a place being sought for shelter by people who were unable to access alternate resources in the community.

The Nest is a 24/7 emergency shelter that serves people who may be under the influence of substances as well as those who may be struggling with their mental health, unlike other shelters within the region. Staff work incredibly closely with partners such as the Grand Forks Police Department, Northeast, Altru Health System, Spectra Health, and other homeless providers. The Nest has received financial support from City of Grand Forks, County of Grand Forks, the State, and Altru Health System.

Since opening on October 2nd, 2024, we have supported 87 individuals in our 16-bed facility. Of the 114 days in operations, we have been at maximum capacity most of those days and have been over-capacity 29 of those days. As we work with a larger group to navigate a comprehensive response for people experiencing homelessness across the state, we appreciate the support from Northeast and the incredible collaboration to shelter those we mutually serve from the region.

Respectfully submitted,

Katie Jo Armbrust

#31883





2025

North Dakota Long Term Care

FACTS & FIGURES





North Dakota Long Term Care Association

1900 North 11th Street, Bismarck, ND 58501

(701) 222-0660 ▪ www.NDLTCA.org

About NDLTCA

About the North Dakota Long Term Care Association

The North Dakota Long Term Care Association (NDLTCA) is a non-profit trade association representing long term care facilities in North Dakota. Membership includes nursing facilities, basic care facilities, and assisted living facilities. NDLTCA began operating in 1977 and currently represents 184 nursing, basic care, and assisted living facilities. NDLTCA works closely with State and Federal government agencies along with other professional associations in its efforts to advocate on behalf of long term care and promote sound legislative and regulatory policies. NDLTCA is an affiliate of the American Health Care Association (AHCA) and the National Centers for Assisted Living (NCAL). AHCA and NCAL, located in Washington, D.C., are the largest organizations of long term care facilities in the nation. NDLTCA is governed by a 13 member Board elected by the membership. Overall policy of the NDLTCA is the responsibility of the Board. NDLTCA is dedicated to serving our members who strive to maintain the highest quality of care for the elderly and disabled.

Mission Statement

The North Dakota Long Term Care Association is a professional association of long term care and community service providers who enhance the lives of people we serve thorough collaboration, education and advocacy.

Vision Statement

The North Dakota Long Term Care Association continues to be recognized as an innovative leader in the continuum of care which has a positive impact on the quality of life of those we serve.

Core Values

- Competence
- Honesty
- Integrity
- Responsiveness
- Trust

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Resources Most of the information provided in this publication was gathered from a comprehensive survey of assisted living, basic care and nursing facility members, completed in the Fall of 2024. Additional information was gathered from the US Census Bureau - 2020, Nursing Facility cost reports, Pinnacle Quality Insight and CMS/Medicare.com.

Introduction

Greetings to All

North Dakota Long Term Care Association

As we embark on another year, we are pleased to introduce our new leadership. Nikki Wegner serves as the President, and Amy Kreidt is our Chair. Under their guidance, the North Dakota Long Term Care Association (NDLTCA) continues its mission to support our members and enhance the quality of care provided across our state.

Reflecting on the past year, we celebrate several notable successes, thanks in part to the support from the Legislative General Assembly. The Nursing Facility Incentive Program has played a pivotal role in driving positive changes and improving quality in our facilities. Additionally, the Fair Rental Value system for nursing homes has enabled many facilities to make much-needed updates and improvements to their buildings, further enhancing the care environment for residents.

We'd also like to extend a special thanks to Eide Bailly and LeeAnn Thiel for providing data that was instrumental in creating this publication.

However, the last couple of years has also brought its share of challenges. The finalization of the minimum staffing rule, ongoing workforce shortages, and reimbursement issues in basic care remain significant concerns. Despite these hurdles, our providers persevere, demonstrating resilience and commitment to the communities they serve.

We look forward to continued collaboration with legislators this session to address these challenges. By working together, we aim to support nursing homes, basic care, and assisted living providers, ensuring they can maintain, and improve the quality of care for North Dakota's aging population.

Thank you for your dedication and support as we strive to make a difference in long term care.

Warm regards,



Nikki Wegner
President



Amy Kreidt
Chair

Long Term Care Facts

Aging In America

The aging of America, together with extended life expectancy, will result in unprecedented demand for long term care.

Long term care services are provided in a variety of settings, including nursing facilities, basic care, assisted living, swing beds, and home and community based settings.

The nation as a whole grew as the oldest Baby Boomers became seniors. For the first time in the US history older adults requiring long term care will outpace the number of available workforce participants.

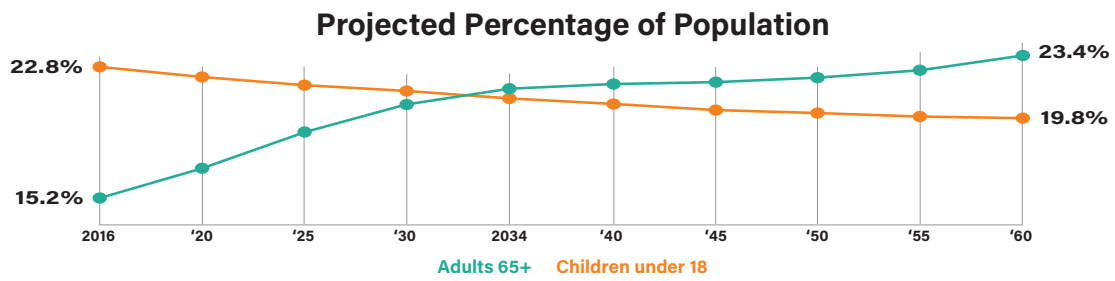
17.1%
of North Dakota's population is made up of individuals 65+



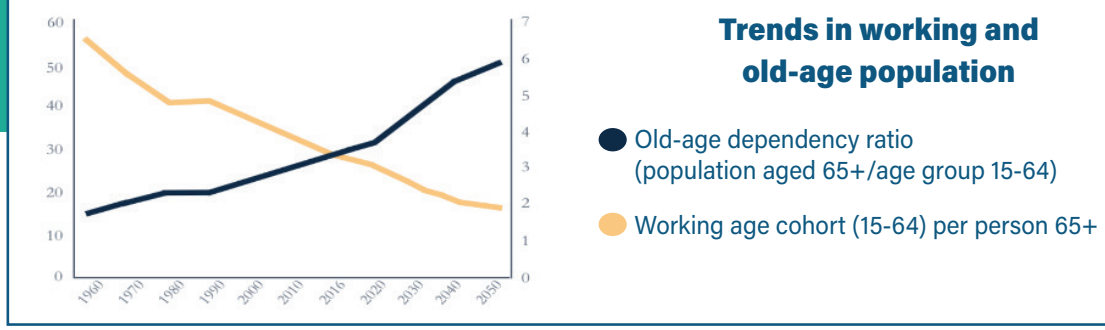
1 out of 2 North Dakotans
will need long term care sometime during their lives

AN AGING NATION

For the first time in U.S. history, older adults are projected to outnumber children in 2034



The Future Workforce



Long Term Care Facts

Caregivers of North Dakota



- Workforce is the number one issue facing long term care facilities.
- RN turnover is *34%* vs US RN turnover of 46%.
- **CNA turnover** in nursing facilities is *70%*.
- The oldest employee in long term care is **93 years old** in ND.



- ND nursing facilities use an average *13%* contract nursing vs. *8%* nationwide.
- ND had an increase of *14%* in contract nursing costs from 2022-2023 compared to *176%* from 2021-2022.
- Almost one-third *(26%)* of caregivers in ND long term care are age 50 or older.
- *13%* of the ND long term care workforce is at or over the age of 60.







Who Needs Care?

There are 1,290,000 people living in a nursing home in the US today, according to the 2020 US Census. This number is expected to almost double by 2050.

The need for personal assistance with everyday activities increases with age.

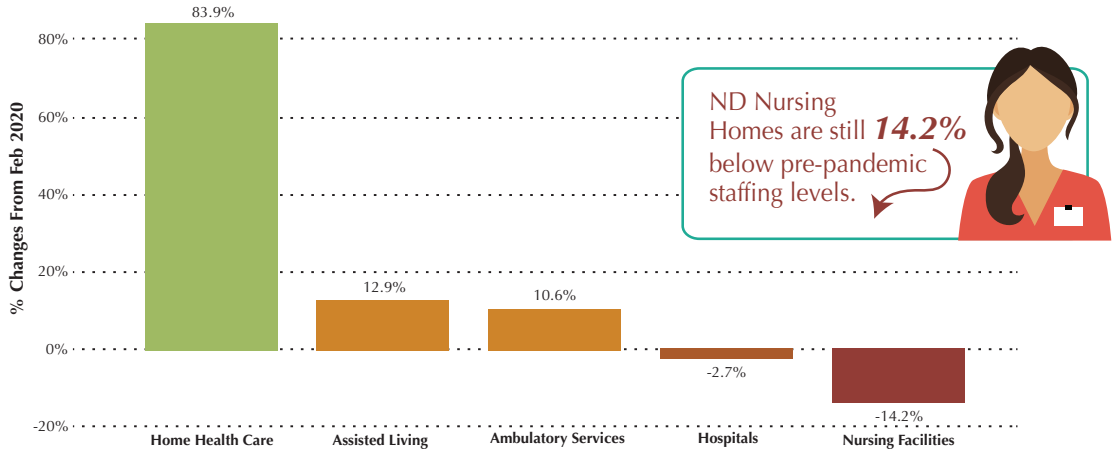
Risk factors for nursing home placement includes: Advanced age, female gender, living alone, cognitive impairment, dependence on assistance with activities of daily living, and behavioral changes.

The most common reasons given for nursing home placement are the need for assistance with daily care all day long, complex medical needs, and the need for constant supervision.

North Dakota nursing homes are caring for an older population, with the average age being 82 years old, compared nationally to 79 years old.

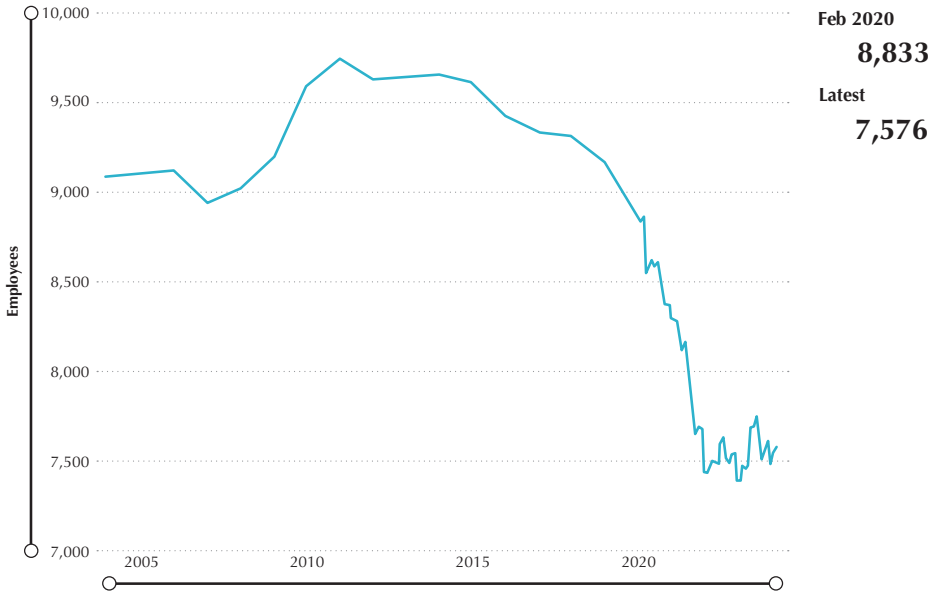
Workforce
Challenges and Solutions

Statewide Staffing Shortages



Workers Needed:

1,257 nursing home workers are required in ND to return to pre-pandemic levels.



Source: Bureau of Labor Statistics, Quarterly Census of Employment and Wages. NAICS Industries 623, 6231



- North Dakota Trends: Urban nursing homes show better staffing recovery than rural facilities, where competition for limited local workers is a significant challenge.

Workforce

Strategies to Address Staffing Shortages



- Reducing reliance on contract staff.
- Competitive sign-on bonuses and wage increases.
- Foreign nurse recruitment.
- Recruiting from underemployed U.S. regions, offering relocation assistance and housing support.
- Workforce development initiatives:
  - Partnerships with schools for on-the-job training, virtual learning, and apprenticeships.
  - A state database connecting students with local long term care positions to build community loyalty.



Ongoing Challenges

- Facilities continue to rely on temporary contract staff while navigating logistical, financial, and cultural barriers.
- Long-term solutions require sustained investment in workforce development and innovative recruitment strategies.

Commitment to Quality Care

Despite workforce challenges, long term care facilities in North Dakota and across the nation remain dedicated to providing high-quality care to residents.

Assisted Living Facts

ASSISTED LIVING AT A GLANCE

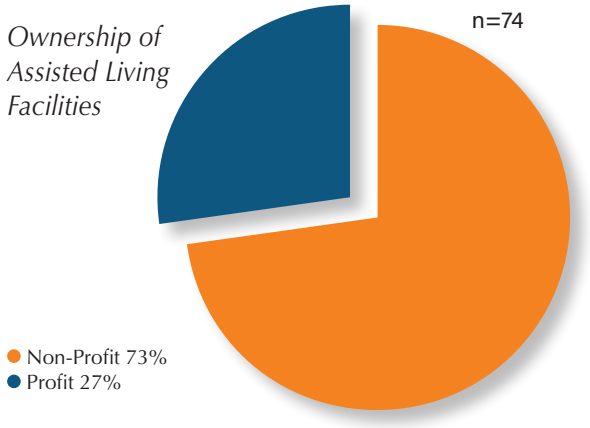
74 licensed assisted living facilities

3,020 licensed units

2024 average occupancy was **79%**

n=19

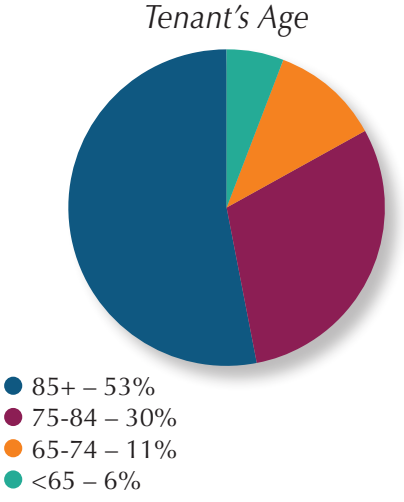
Ownership of Assisted Living Facilities



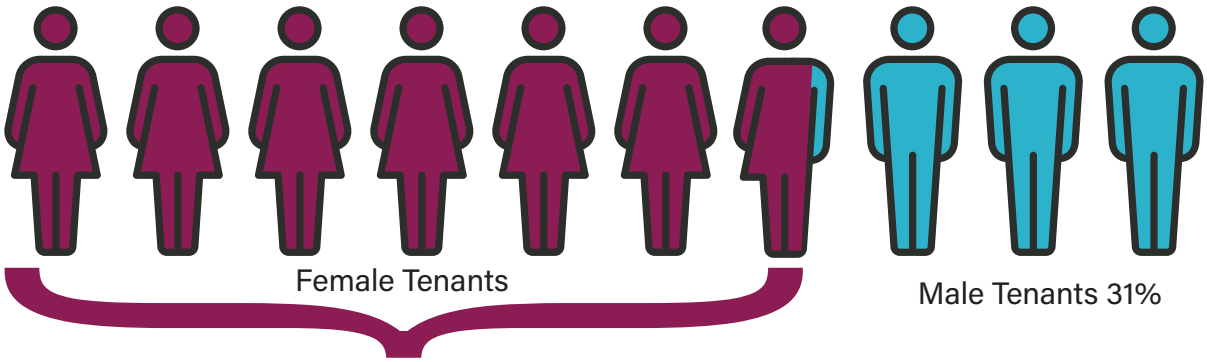
Assisted Living Facts

- An assisted living facility is a congregate residential setting with private apartments and contracted services.
- A la carte services are contracted based upon an agreed upon service plan.
- A typical rental package includes meals, housekeeping, activities, transportation, and laundry.
- Facilities provide a full range of services from bathing to medication management to hospice care.
- Assistance with instrumental activities of daily living (IADL*), personal care, falls, isolation, depression, and the need for supervision are the top issues precipitating the desire to move into an assisted living facility.
- Current tenants in ND range in age from 53 to 110 with the average age being 86.

Tenant's Age



Gender of Assisted Living Tenants



69% of tenants in North Dakota ASSISTED LIVING are female.

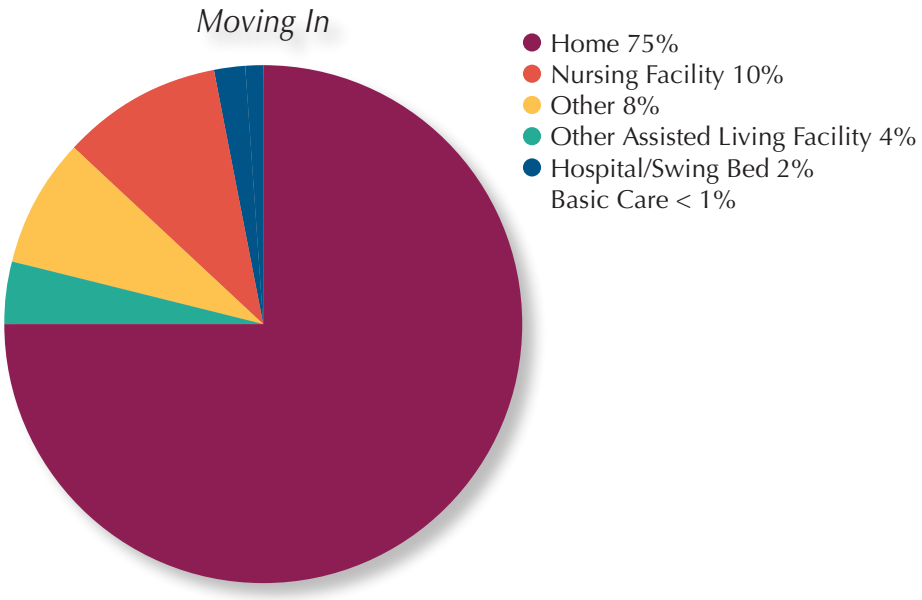
** Instrumental activities of Daily Living include: using the phone, shopping, meal preparation, managing medication, cleaning, transportation, managing money, caring for pets.*

Tenants - Moving In and Out

When individuals move into an assisted living facility, ***where do they come from?***

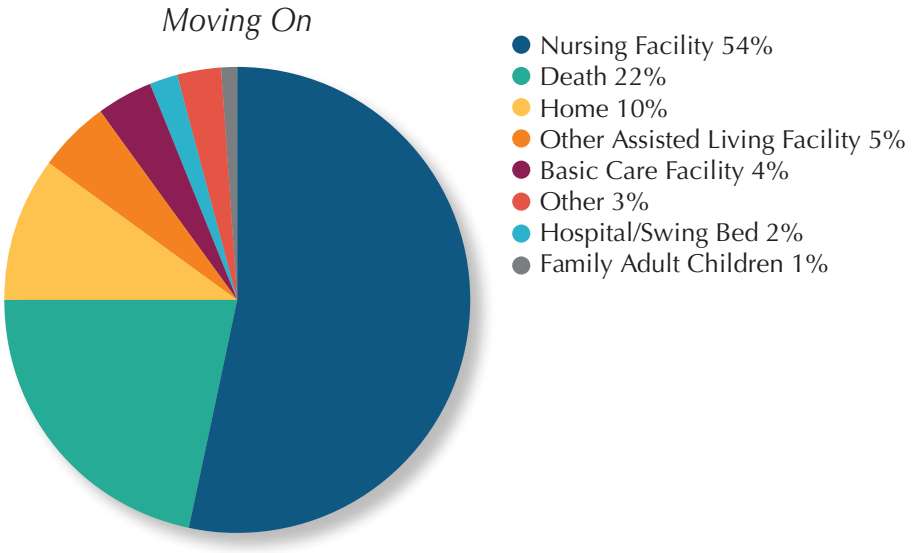
Most individuals were living in their own home prior to moving into an assisted living facility. The top four reasons for assisted living move-in:

1) Assistance with daily care
2) Needs assistance with IADLs
3) Falls
4) Social isolation/depression



When individuals move out of an assisted living facility, ***where do they go?***

Almost half of the individuals moving out of assisted living facilities are admitted to a skilled nursing facility. Advancing medical needs and changes in cognition necessitate the move to a higher level of care.



Assisted Living Facts

Care Needs of Assisted Living Tenants

39% of tenants have impaired mental status ranging from mild confusion or forgetfulness to a mental health diagnosis.

49% of tenants need full assistance with medication administration. These tenants on average take 10 over-the-counter and prescription medications daily.

94% of tenants are fully independent in eating, 97% independent with transferring, 95% with toileting, and 65% with dressing.

66% of tenants periodically use the assistance of a walker or cane.

38% of tenants need some assistance with bathing.



Assisted Living WORKFORCE

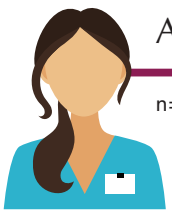


- Top issues impacting assisted living facilities are workforce, occupancy, and financial viability.
- As of August 1, 2024, 19 assisted living facilities reported the average time a nurse is onsite is 12 hours per day.
- In 2024 the mid-point CNA wage is $21.03.

Economic Impact

"*Total impact is the sum of direct, indirect, and induced effects on the economy of the state. Sources: CDC/ NCHS, National Post-acute and Long Term Care Study (2020), State Licensure Website, IMPLAN Economic Impact Data and Software"

WORKFORCE	ECONOMIC ACTIVITY	TAX REVENUE
704 jobs direct	$59.8 million direct	$2 million state/local
970 jobs total*	$104.2 million total*	$10 million federal



Age of Assisted Living Workforce

n=1,127

AGE	7%	17%	21%	23%	18%	15%
	≤19	20-29	30-39	40-49	50-59	60≥

Assisted Living Facts

Assisted Living COST

In 2024, the average rent in an assisted living facility was $3,668 per month.

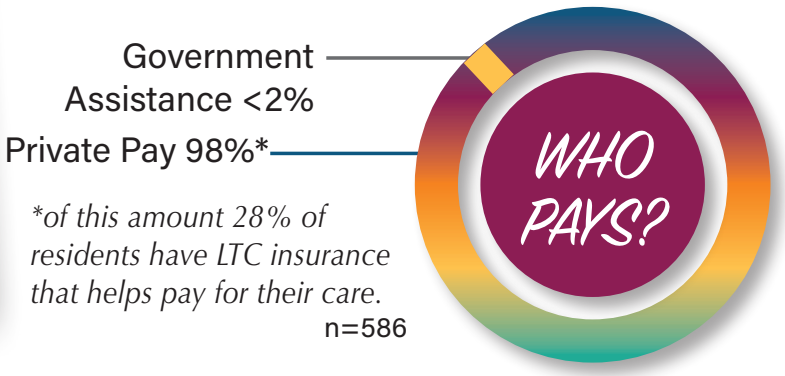
The cost for services in an assisted living facility varies dramatically, with an average of $2,248 per month.

The cost of assisted living is highly dependent on the size of the living space, the location in North Dakota, and the amenities in the rental and service package.





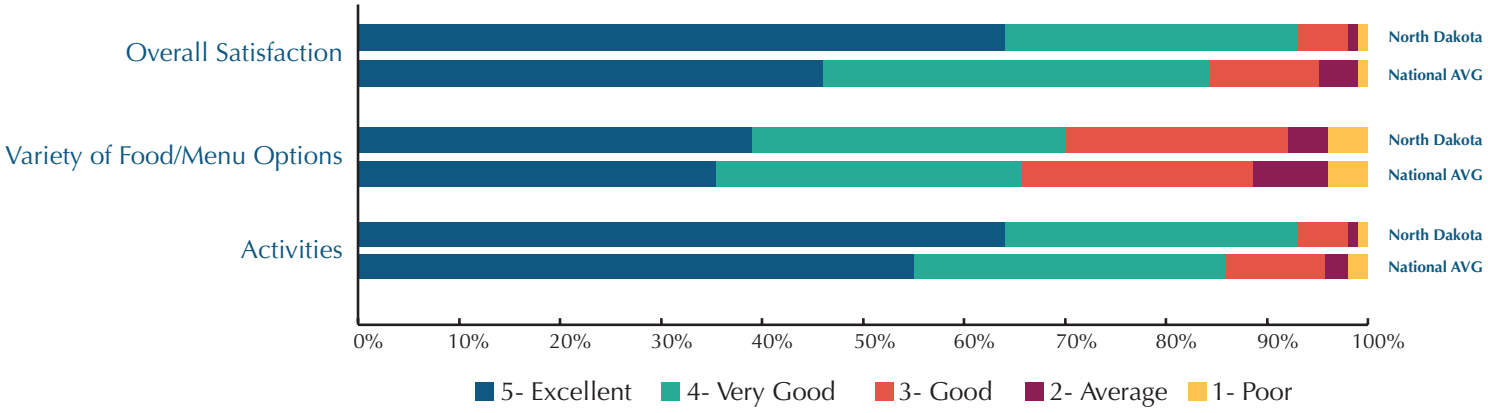
Who Pays the Bill in Assisted Living Facilities?



**of this amount 28% of residents have LTC insurance that helps pay for their care.*

n=586

Assisted Living Satisfaction Survey Results

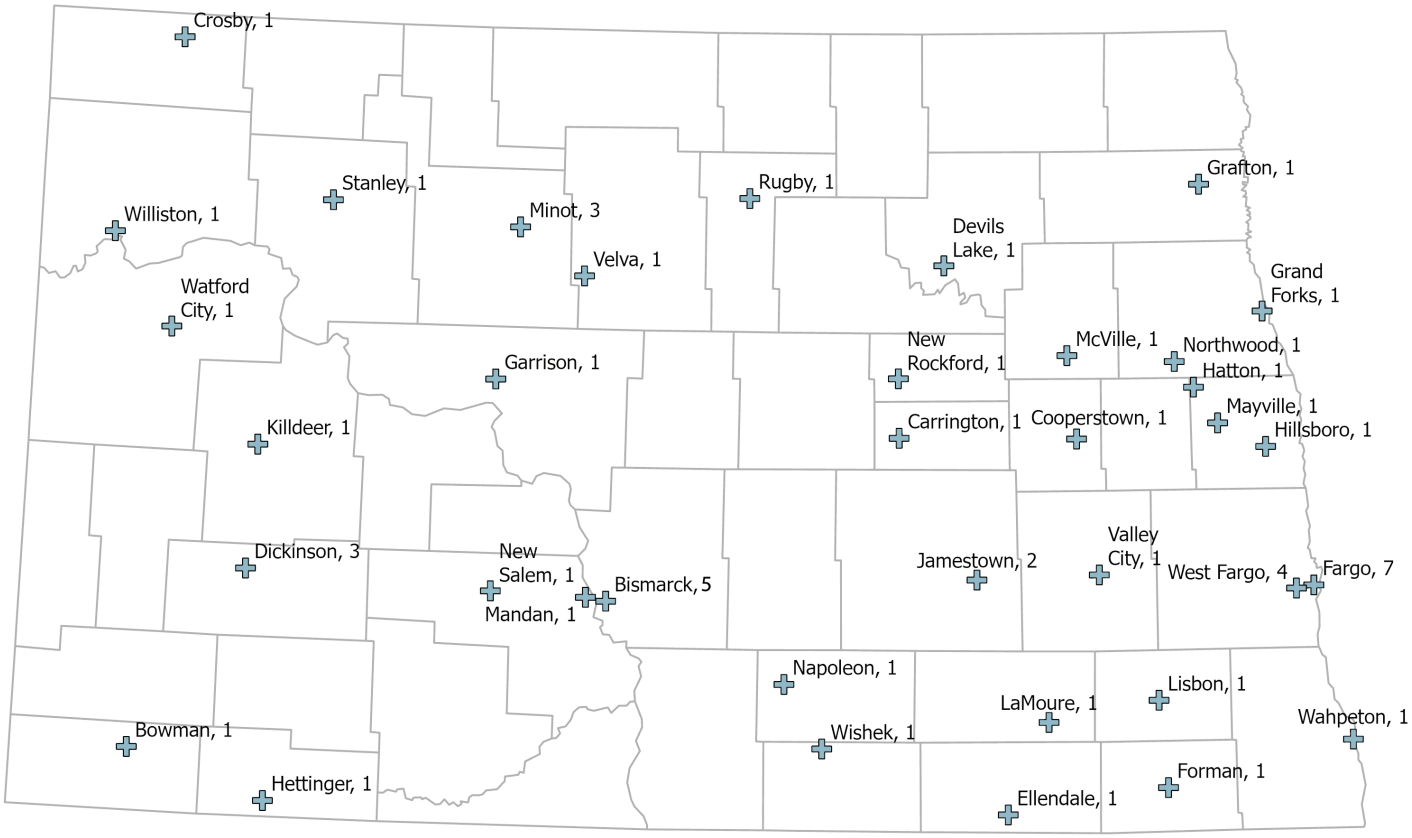


NDLTCA Members **Assisted Living**

City	Facility Name
Bismarck	Good Samaritan Society - Augusta Place
Bismarck	Prairie Pointe
Bismarck	Benedictine Living Community – Bismarck
Bismarck	Touchmark on West Century
Bismarck	Missouri Slope Assisted Living
Bowman	Sunrise Village Assisted Living
Carrington	Golden Acres Estate
Cooperstown	Park Place Assisted Living
Crosby	Northern Lights Villa
Devils Lake	Eventide Heartland Courts
Dickinson	Benedictine Living Community – Dickinson
Dickinson	Benedict Court
Dickinson	Park Avenue Villa
Ellendale	Benedictine Evergreen Place and Assisted Living
Fargo	Bethany Gables
Fargo	Bethany Towers
Fargo	Eventide Fargo
Fargo	Good Samaritan Society - Fargo
Fargo	Fargo Elim – Assisted Living
Fargo	CHI Riverview Place
Fargo	Touchmark at Harwood Groves
Forman	Four Seasons Healthcare Center
Garrison	Benedictine - The Meadows
Grafton	Leisure Estates
Grand Forks	Wheatland Terrace
Hatton	Hatton Prairie Village
Hettinger	Western Horizons Assisted Living
Hillsboro	Sanford Health Hillsboro Care Center
Jamestown	Eventide Jamestown
Jamestown	SMP Health Ave Maria
Killdeer	Hill Top Home of Comfort
LaMoure	Benedictine Living Community of LaMoure -Rosewood
Lisbon	Beverly Anne Assisted Living Center
Mandan	Lakewood Landing Assisted Living
Mayville	Luther Memorial Home - Sun Center
McVille	The Summerfield Assisted Living
Minot	Elison Assisted Living of Minot
Minot	ProHealth Home Care Assisted Living
Minot	The View on Elk Drive
Napoleon	Wentz Living Center
New Rockford	Heritage House
New Salem	Elm Crest Assisted Living
Northwood	Northwood Deaconess Health Center
Rugby	Haaland Estates - Assisted Living
Stanley	Rosen Plan on 8th
Valley City	The Legacy Place, LLC
Velva	Valley View Manor
Wahpeton	Bendictine Living Community of Wahpeton -Siena Court
Watford City	Horizon Assisted Living
West Fargo	Eventide at Sheyenne Crossings
West Fargo	Kind-er Care Home
West Fargo	Kind-er Care Home 2
West Fargo	New Perspective West Fargo
Williston	Arbor House
Wishek	Prairie Hills Assisted Living

Assisted Living Map

North Dakota Assisted Living Facilities, 2024



North Dakota Long Term Care Association

City, Assisted Living Facilities

Source: North Dakota Long Term Care Association
Created by the North Dakota Healthcare Workforce Group on 8/13/2024

Basic Care Facts

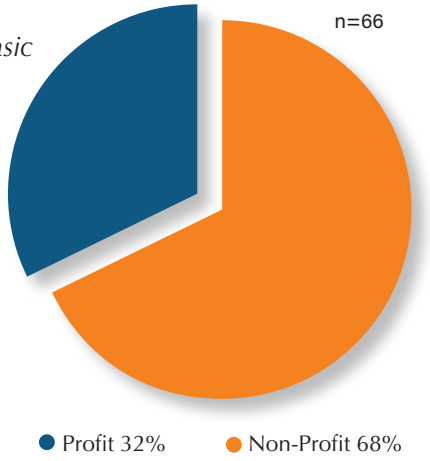
BASIC CARE AT A GLANCE

66 licensed basic care facilities

2,097 licensed units

2022 average occupancy was **72%**

Ownership of Basic Care Facilities

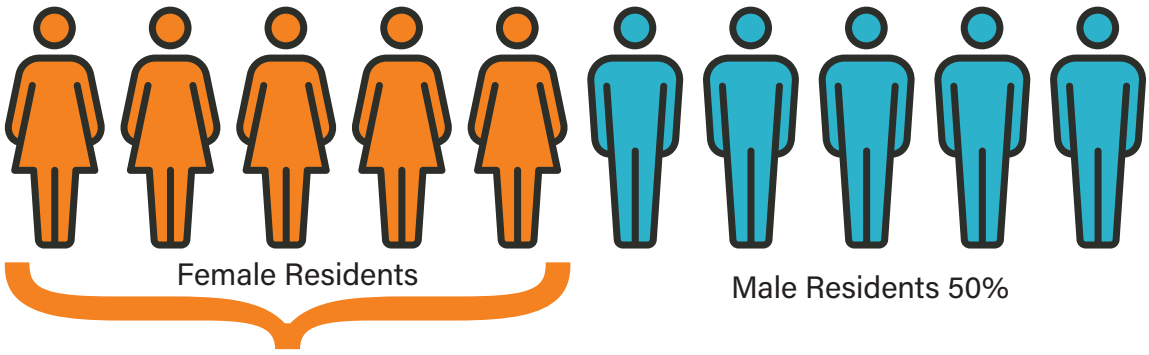


Basic Care Facts

- A basic care facility is a congregate residential setting with private and semi-private rooms, providing 24-hour staffing.
- Congregate residential settings like basic care significantly reduce isolation, which is linked to improved mental and physical health outcomes for older adults. According to studies, social engagement in group living environments lowers the risk of depression by providing regular social interaction and a sense of community. Additionally, these settings help alleviate the healthcare workforce crisis by centralizing care delivery, thus reducing the need for in-home services and emergency hospital visits.*
- Current residents range in age from 27 to 104 years old, with the average age being 79.



Gender of Basic Care Residents



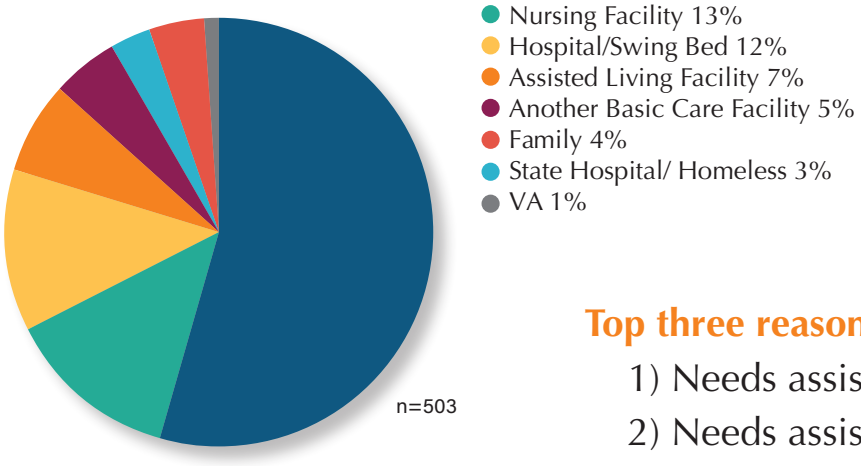
50% of residents in North Dakota BASIC CARE are female

*Source: Centers for Disease Control and Prevention (CDC). (2021). Loneliness and Social Isolation Linked to Serious Health Conditions. Available at: CDC

Basic Care Facts

When individuals move into a basic care facility, ***where do they come from?***

Moving In



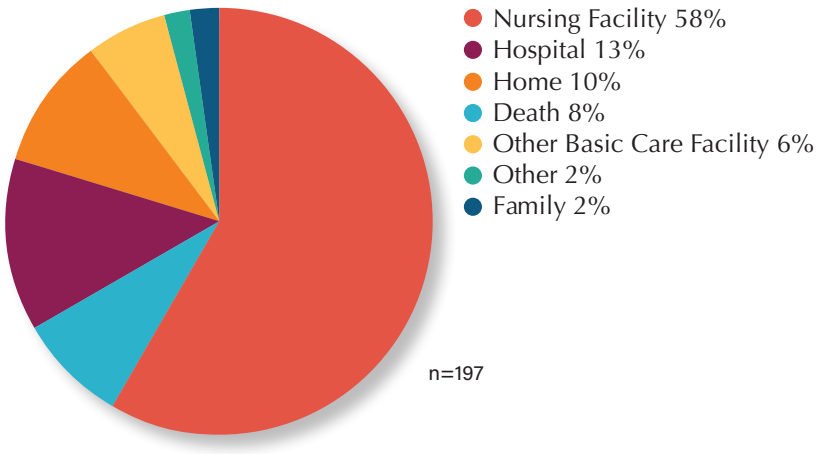
Top three reasons for basic care admission:

1) Needs assistance with IADLs
2) Needs assistance with daily care
3) Needs supervision

When individuals move out of a basic care facility, ***where do they go?***

Over half of residents discharged from a basic care facility are admitted to a skilled nursing facility. Medical needs, physical limitations, and growing cognitive issues necessitate the admission to a higher level of care.

Moving On



Basic Care Facts

Care Needs of Basic Care Residents

- **60%** of residents have impaired mental status, ranging from early stage dementia to disorientation.
- **30%** of residents have a mental health diagnosis.
- **94%** of residents need full assistance with medication administration.
- **50%** of residents receive psychoactive drugs.
- **12** the number of medications the average basic care resident takes.
- **61%** of residents are independent in dressing, with 2% requiring extensive assistance.
- **41%** of residents are ambulatory and do not need any staff assistance, 68% use a walker or cane, and 12% use a wheelchair.
- **91%** of residents are independent in transferring and 86% are independent with toileting.
- **63%** of residents need assistance with bathing.



Basic Care WORKFORCE



- The top issues facing basic care facilities are workforce, occupancy, and reimbursement.
- 664 individuals are employed in 16 basic care facilities.
- In 2024 the midpoint CNA wage is $21.03.
- The youngest employee is 14 years old and the oldest is 77 years old.



Age of Basic Care Workforce

n=711

AGE	≤19	20-29	30-39	40-49	50-59	60≥
	14%	20%	18%	19%	17%	13%

Basic Care Facts

Basic Care COST

Seventy-four percent of residents living in basic care need assistance to pay for their care. After removing outliers, the average basic care assistance rate on July 1, 2023 is $158.69 per day. The average cost for providing care is $170.44 so for each resident served, the facility is losing almost $11.75 per resident per day.

All of our basic care facilities are operating at a loss.

Fewer than half of basic care facilities charge extra for private-pay residents. Among those that do, the average additional cost is $18 per day.

And 18% of basic care facilities charge an additional fee for private rooms, with an average cost of $15 per day.



Does LTC Insurance pay in Basic Care Facilities?

**8% of residents have LTC insurance that helps pay for their care.*

Basic Care Average Costs and State Reimbursement Rates

$	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
Average Cost	$121.64	$130.52	$124.52	$133.92	$149.25	$167.29	$247.89
Average Rate	$117.13	$123.80	$122.83	$129.12	$137.56	$161.25	$164.76
Difference	-$4.51	-$6.72	-$1.69	-$4.80	-$8.69	-$6.04	-$83.13

*Continued losses of the **past 7 years** are making it almost impossible to care for the residents with Basic Care Assistance Program as a payment source.*

Basic Care Reported Resident Likes and Wants

The top four reported likes:

1) Friendly, safe environment
2) Assisted with housekeeping & laundry
3) Freedom to do what they would like throughout the day
4) Privacy

The top four reported wants:

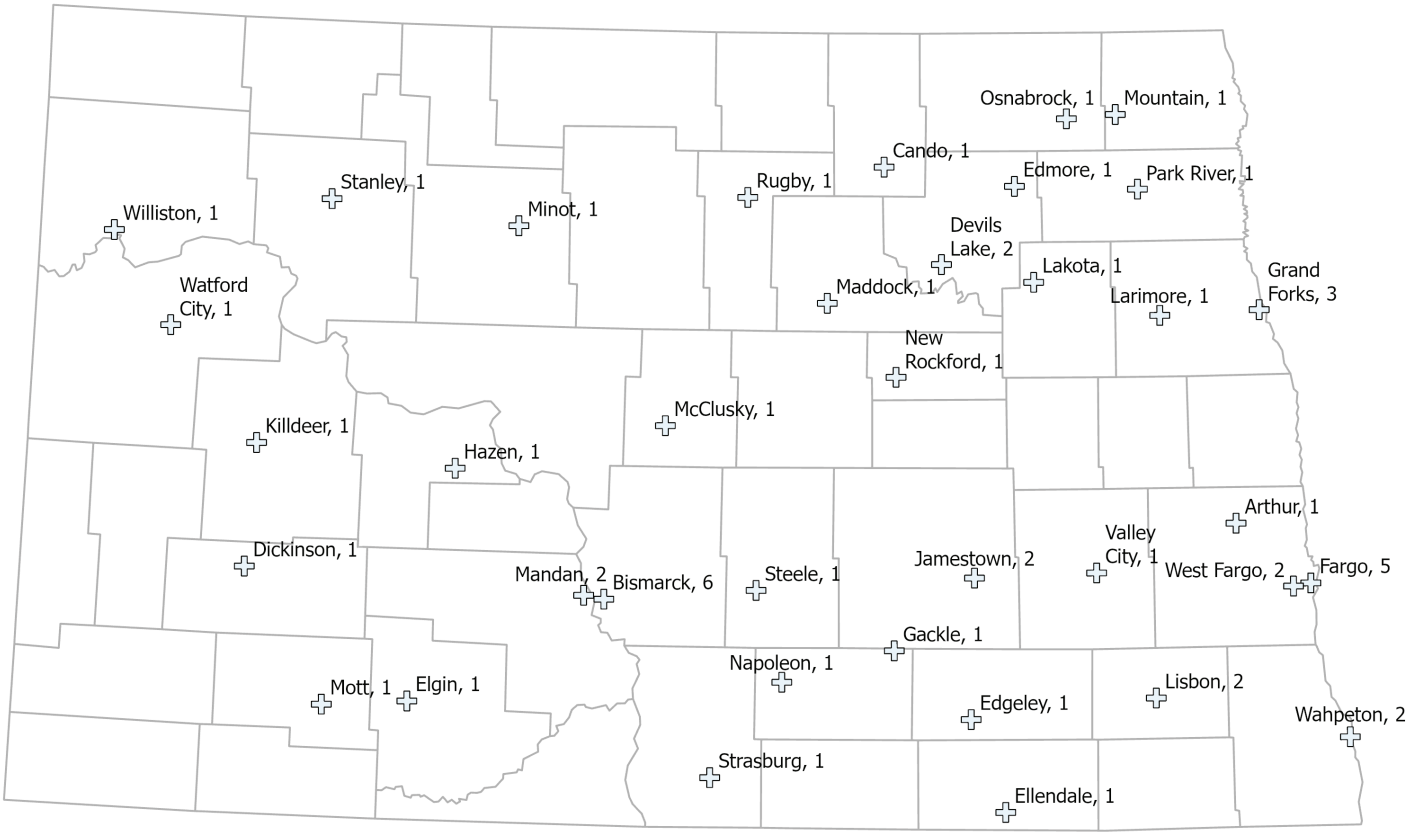
1) Healthier food options
2) Flexible meal options
3) Updates to building
4) More activity options

NDLTCA Members **Basic Care Facilities**

City	Facility Name
Arthur	Good Samaritan Society - Arthur/Prairie
Bismarck	Villa Good Samaritan Society - Augusta Place
Bismarck	Maple View Memory Care Community
Bismarck	Prairie Pointe
Bismarck	Benedictine LIving Community – Bismarck
Bismarck	The Terrace
Bismarck	Touchmark on West Century
Cando	St. Francis Residence
Devils Lake	Eventide - Lake Country Manor
Devils Lake	Odd Fellows Home
Dickinson	Country House
Edgeley	Manor St. Joseph
Edmore	Edmore Memorial Rest Home
Elgin	Dakota Hill Housing
Ellendale	Benedictine Evergreen Place & Assisted Living
Fargo	Bethany Towers
Fargo	Ecumen Evergreens of Fargo
Fargo	Good Samaritan Society - Fargo
Fargo	Maple View Memory Care
Fargo	Touchmark at Harwood Groves
Gackle	Gackle Care Center
Grand Forks	Maple View Memory Care
Grand Forks	St. Anne's Guest Home
Grand Forks	Tufte Manor
Hazen	Senior Suites at Sakakawea Medical Center
Jamestown	Rock of Ages
Jamestown	Shipley Basic Care, Inc DBA Rosedale
Killdeer	Hilltop Home of Comfort
Lakota	Good Samaritan Society - Lakota
Larimore	Good Samaritan Society - Larimore
Lisbon	North Dakota Veterans Home
Lisbon	Parkside Lutheran Home
Maddock	Maddock Memorial Home
Mandan	Dakota Pointe
Mandan	Lakewood Landing Assisted Living
McClusky	Sheridan Memorial Home
Minot	Maple View Memory Care
Mott	Mott Helath Care Center
Mountain	Borg Pioneer Memorial Home
Napoleon	Wentz Living Center
New Rockford	Lutheran Home of the Good Shepherd
Osnabrock	Osnabrock Comunity Living Center
Park River	Good Samaritan Society - Park River
Rugby	Haaland Estates - Basic Care
Stanley	Mountrail Bethel Home
Steele	Golden Manor Inc.
Strasburg	Strasburg Care Center
Valley City	Hi Soaring Eagle Ranch
Wahpeton	The Leach Home
Wahpeton	Benedictine Living Community of Wahpeton - Siena Court
Watford City	McKenzie County Healthcare Systems LTC
West Fargo	Sheyenne Crossings
West Fargo	New Perspective West Fargo
Williston	Bethel Lutheran Nursing & Rehabilitation Center

Basic Care Map

North Dakota Basic Care Facilities, 2024



North Dakota Long Term Care Association

City, Basic Care Facilities

Source: North Dakota Long Term Care Association
Created by the North Dakota Healthcare Workforce Group on 4/22/2024

Nursing Facility Facts

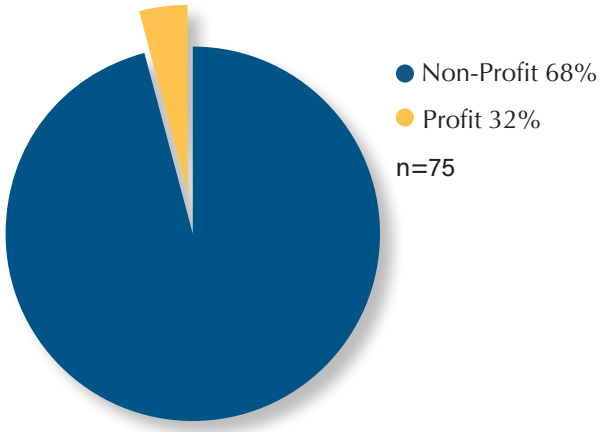
Nursing Facilities AT A GLANCE

75 licensed nursing facilities

5,226 licensed beds

2024 average occupancy was **89.7%**

Ownership of Nursing Facility



Nursing Facility Facts

- Resident needs are complex and require 24-hour nursing care.
- More then half of residents are admitted directly from a hospital.
- The most significant issue necessitating admission to a nursing facility is the need for care throughout the day. Residents are unable to meet their own needs for dressing, toileting, eating, and remaining safe. Most often their medical needs are complex, requiring continuous attention.
- Current residents range in age from 30 years to 105 years old, with the average age being 68.
- Thirty of the 75 reporting facilities discharged 1,799 residents in the 12-month period ending June 30, 2024.
- North Dakota's nurse hours per resident day is 4.95, compared to the US average 3.85.

Gender of Nursing Facility Residents

n=1,855



64% of residents in North Dakota NURSING FACILITIES are female

Nursing Facility Facts



Nursing Facility WORKFORCE



- The top issue facing nursing facilities is workforce and reimbursement.
- 23% of nursing facilities stopped admissions in 2024 because of lack of staff.
- During the pandemic, nursing facilities lost 15.3% of their staff and they have not returned.
- 26% of the workforce is age 50 or older, with the oldest employee being 93.
- 16% of nursing hours in 2023 were contracted staff.
- In 2024, 2 facilities have closed due to financial viability, staffing, and burdensome regulations.

Contract Nursing Costs	2023	2022	2021	2020
	$73,489,180	$63,814,506	$27,676,565	$24,200,946
		14.4%	176.6%	28.7%

Contract nursing % change each year



Age of Nursing Facility Workforce

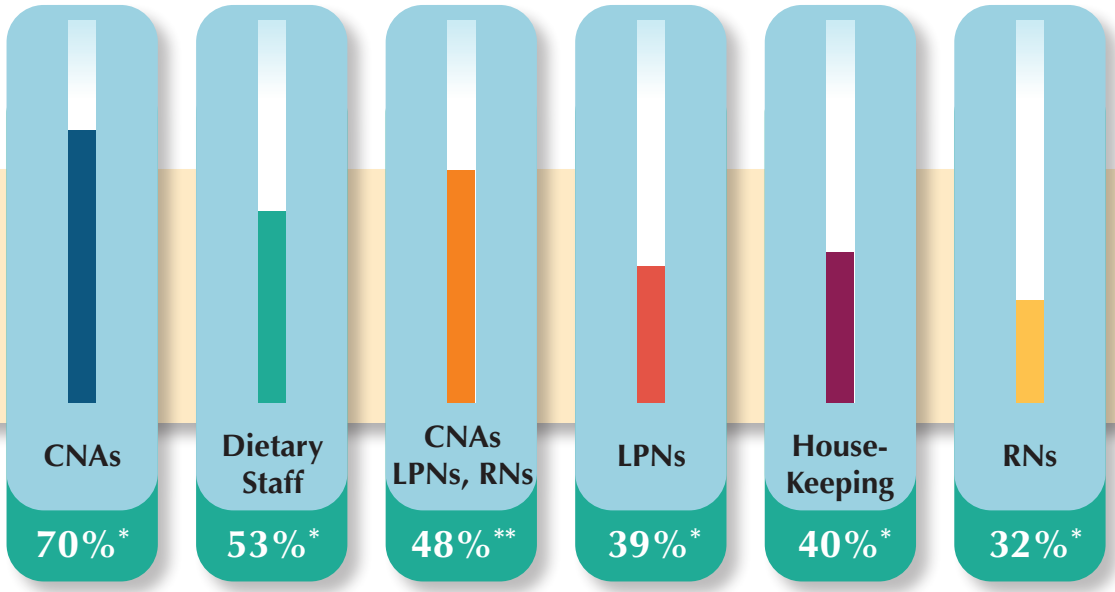
n=4,630

12%	26%	19%	16%	13%	13%
≤19	20-29	30-39	40-49	50-59	60≥

AGE

2024 Nursing Facility Staff Turnover

*NDLTCA Survey
**CMA PBJ Reporting



Nursing Facility Facts

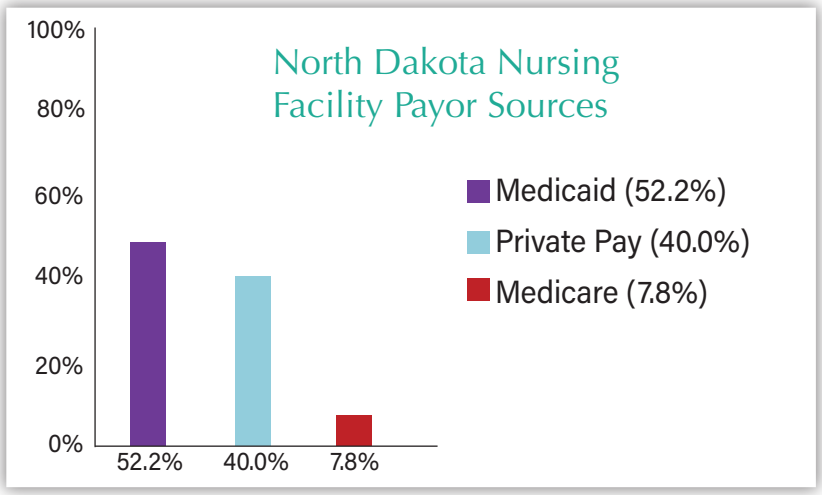
Nursing Facility COST

In 2024, **14%** of residents had a long term care insurance policy paying for a portion of their care.

In 2024,
the average cost for
ONE DAY of
nursing facility care is
$403.19







Why do individuals move into a nursing facility?

The top three reasons for nursing facility admission:

1) Assistance with daily care
2) Complex medical needs
3) Needs continuous supervision

When residents are discharged from a skilled nursing facility, where do they go?

49% of ND nursing home residents are ***discharged to the community.***

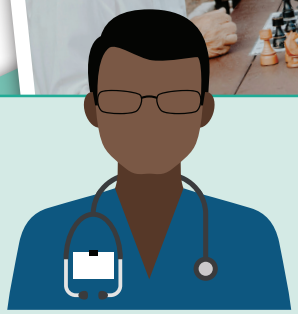
Nursing Facilities

North Dakota is ranking high
Resident Satisfaction

Item	*Rating Value*	*North Dakota*	*United States*
Overall Satisfaction	4 & 5	**91%**	73%
Nursing Care	4 & 5	**94%**	82%
Cleanliness	4 & 5	**95%**	84%
Dignity & Respect	4 & 5	**96%**	88%
Recommend to Others	4 & 5	**94%**	77%
Safety & Security	4 & 5	**97%**	90%
Quality of Food	4 & 5	**72%**	56%







CMS tracks the hours worked by different types of staff in nursing facilities.

These hours are used to calculate a ratio of staffing hours per resident per day. Hours per resident per day described the average amount of time staff are available to spend with each resident per day.

- ND Nurse hours per day 5.12 *- US Nurse hours per day 3.89*

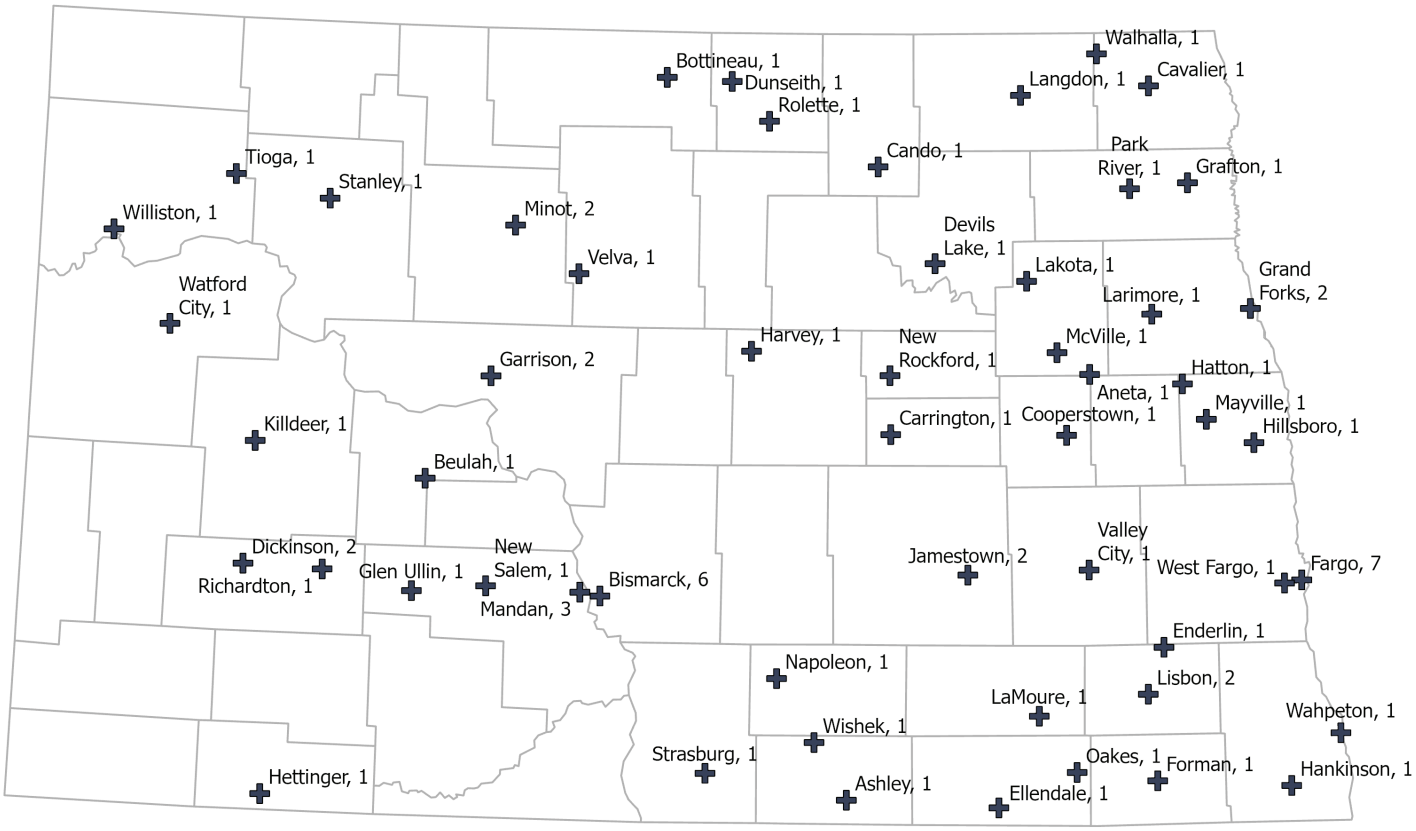
NDLTCA Members **Nursing Facilities**

City	Facility Name
Aneta	Aneta Parkview Health Center
Ashley	Ashley Medical Center
Beulah	Knife River Care Center
Bismarck	Good Samaritan Society - Augusta Place
Bismarck	Good Samaritan Society - St. Vincent's
Bismarck	Baptist Health & Rehab
Bismarck	Missouri Slope - Hillview Campus
Bismarck	Missouri Slope - Washington Campus
Bismarck	Benedictine Living Community - Bismarck
Bottineau	Good Samaritan Society - Bottineau
Cando	Towner County Living Center
Carrington	Golden Acres Manor
Cavalier	Wedgewood Manor
Cooperstown	Griggs County Care Center
Devils Lake	Eventide Heartland Care Center
Dickinson	Benedictine Living Community - Dickinson
Dickinson	St. Luke's Home
Dunseith	Dunseith Community Nursing Home
Ellendale	Benedictine Living Community - Ellendale
Enderlin	SMP Health - Maryhill
Fargo	Bethany on 42nd Skilled Care
Fargo	Bethany on University Skilled Care
Fargo	Elim Care
Fargo	Eventide Fargo
Fargo	The Meadows on University
Fargo	SMP Health - St. Catherine - North
Fargo	SMP Health - St. Catherine - South
Forman	Four Seasons Healthcare Center
Garrison	Benedictine Living Center of Garrison
Garrison	CHI St. Alexius - Garrison
Glen Ullin	Marian Manor Healthcare Center
Grafton	Lutheran Sunset Home
Grand Forks	Valley Senior Living on Columbia
Grand Forks	Woodside Village
Hankinson	St. Gerard's Community of Care
Harvey	SMP Health - St. Aloisius
Hatton	Hatton Prairie Village

City	Facility Name
Hettinger	Western Horizons Care Center
Hillsboro	Sanford Health Hillsboro Care Center
Jamestown	SMP Health - Ave Maria
Jamestown	Eventide - Jamestown
Killdeer	Hill Top Home of Comfort
Lakota	Good Samaritan Society - Lakota
LaMoure	Benedictine Living Community of LaMoure - Rosewood
Langdon	Maple Manor Care Center
Larimore	Good Samaritan Society - Larimore
Lisbon	North Dakota Veterans Home
Lisbon	Parkside Lutheran Home
Mandan	Dakota Alpha
Mandan	Good Samaritan Society -Miller Pointe
Mandan	Good Samaritan Society -Sunset Drive
Mayville	Luther Memorial Home
McVille	Nelson County Health Systems Care Center
Minot	Minot Health and Rehab
Minot	Trinity Homes
Napoleon	Wentz Living Center
New Rockford	Lutheran Home of the Good Shepherd
New Salem	Elm Crest Manor
Oakes	Good Samaritan Society - Oakes
Park River	Good Samaritan Society - Park River
Richardton	Richardton Health Center
Rolette	Rolette Community Care Center
Stanley	Mountrail Bethel Home
Strasburg	Strasburg Care Center
Tioga	Tioga Medical Center Long Term Care
Valley City	SMP Health - St. Raphael
Velva	Souris Valley Care Center
Wahpeton	Benedictine Living Community of Wahpeton – St Catherine's Living Center
Walhalla	Pembilier Nursing Center
Watford City	McKenzie County Healthcare Systems
West Fargo	Sheyenne Crossings Care Center & TCU
Williston	Bethel Lutheran Nursing & Rehabilitation Center
Wishek	Wishek Living Center

Nursing Facility Map

North Dakota Nursing Facilities, 2024



North Dakota Long Term Care Association

City, Nursing Facilities

Source: North Dakota Long Term Care Association
Created by the North Dakota Healthcare Workforce Group on 4/22/2024

Continuing Care Community

Providing Comfort and Continuity of Care
THROUGHOUT THE SEASONS

Living in North Dakota comes with its unique challenges, especially when it comes to the harsh extremes of winter and summer. For older adults, navigating icy sidewalks, harsh winds, or sweltering heat can make getting out and about difficult—even hazardous. **Continuing Care Retirement Communities (CCRCs)** provide a solution by offering multiple levels of care under one roof, allowing seniors to stay connected, safe, and comfortable year-round.



Why Consumers Choose a Continuing Care Community

- **A Seamless Transition Between Care Levels**

  In CCRCs, spouses who require different levels of care can live in close proximity. For example, if one partner needs skilled nursing care while the other remains more independent in basic care or assisted living, they can continue to see each other daily by simply walking down the hall. This continuity helps maintain emotional bonds and reduces the stress associated with transitioning to different facilities.

- **Access to Comprehensive Services and Amenities**

  Tenants living in lower levels of care, such as basic care, assisted living, or independent living, can still access the many services and amenities available in the attached skilled nursing facilities or on-site clinics. These include:

  - Medical Services: Routine health check-ups and specialist consultations without having to leave the community.
  - Rehabilitation Therapy: Physical, occupational, or speech therapy conveniently accessible.
  - Social Activities: Shared community events, fitness classes, and social clubs that promote well-being and prevent isolation.

Continuing Care Community

More Than Just a Place to Live
A LIFESTYLE HUB



Enhanced Amenities for an Enriched Life

Many CCRCs are designed with vibrant, community-centered living in mind. These communities often feature:

- Restaurants and Cafes: On-site dining options allow residents to enjoy meals without braving the cold or heat.
- Movie Theaters: Entertainment options that are just a short walk away.
- Outdoor Spaces: Beautifully maintained gardens and walking paths for residents to enjoy when the weather permits.

Did You Know?

All of North Dakota's CCRCs include amenities like on-site clinics, therapy services, and/or indoor entertainment options, allowing residents to enjoy an active and fulfilling lifestyle year-round—without ever having to leave the comfort of their community if they so choose.

Safety and Convenience

With everything located within one community, residents can avoid the challenges of driving in severe weather conditions. Access to services, social activities, and essential care under one roof offers peace of mind for residents and families and ensures that residents can continue to enjoy their independence without sacrificing safety.

The Value of Continuity and Community

Continuing Care Retirement Communities in North Dakota provide more than just a living space—they offer peace of mind for seniors and their families, knowing that all levels of care are readily available. This means seniors can age in place, surrounded by friends, familiar faces, and the comforts of home, even as their care needs change.



2025 NDLTCA Board Members

Amy Kreidt, Chair
St. Luke's Home, Dickinson | (701) 483-5000

Tim Kennedy, Vice Chair
Parkside Lutheran Home, Lisbon | (701) 683-5239

Richard Regner, Secretary/Treasurer
Napoleon Care Center, Napoleon | (701) 754-2381

Joyce Linnerud Fowler, Assisted Living Director-At-Large
Bethany Gables, Fargo | (701) 478-8900

Kiara Tuchscherer, Basic Care Director-At-Large
Good Samaritan Society - Fargo, Fargo | (701) 282-2651

Stephanie Edland, Nursing Facility Director-At-Large
Aneta Parkview Health Center, Aneta | (701) 326-4713

Jac McTaggart, Hospital Attached Director-At-Large
Sanford Health Hillsboro Care Center, Hillsboro | (701) 636-3200

Belinda Moen, Region I Director
Bethel Lutheran Nursing & Rehabilitation Center, Williston | (701) 527-6766

Debra Fraser, Region II Director
Pembilier Nursing Center, Walhalla | (701) 549-3831

Blake Kragnes, Region III Director
Knife River Care Center, Beulah | (701) 873-3172

Kaylene Kitelinger, Region IV Director
St. Vincent's Care Center, Bismarck | (701) 323-1999

Tonie Stoen, Region V Director
SMP Health - Ave Maria, Jamestown | (701) 252-5660

Brittany Ness, Region VI Director
Lutheran Memorial Home, Mayville | (701) 786-3401

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Education Director



Vanessa Raile
Director of Emergency Planning



Stacy Irey
Office Manager

North Dakota Long Term Care Association

1900 North 11th Street, Bismarck, ND 58501
(701) 222-0660 ▪ www.NDLTCA.org

HEARTVIEW
A NEW LIFE
701-222-0386
www.heartview.org

Testimony of Kurt Snyder

Heartview Foundation

In Support of HB 1012

House Appropriations Committee- Human Resources Division

Jan. 27, 2025

Chair Nelson and members of the House Appropriations Committee- Human Resources Division:

My name is Kurt Snyder and I am the Chief Executive Officer of the Heartview Foundation. I would like to express Heartview Foundation's support of HB 1012, specifically for the Behavioral Health Division. The Heartview Foundation is a 501(c)3 nonprofit substance use treatment facility in North Dakota that was established in 1964. We currently have over 180 employees and offer a wide array of community-based services as well as 61 residential treatment beds. Our four locations in Bismarck-Mandan, Cando, and Dickinson, each have 16 beds or fewer and can serve individuals with Medicaid and Medicaid Expansion.

Mental health and substance abuse are growing issues, 17% of Americans had a substance use disorder in 2022. Heartview greatly benefits from the Behavioral Health Division's work in North Dakota, and we would like to focus our testimony on the major programs which benefit our clients.

SUD Voucher

In 2024, Heartview served 369 individuals with the SUD voucher program. Of those, 256 did not have other insurance and did not qualify for Medicaid or Medicaid Expansion. Heartview has several staff members who work directly with clients to ensure they are covered by private health insurance or apply for Medicaid or the SUD voucher. This program is vital to filling gaps of service and reducing barriers to care.

Opioid Settlement Funds

The Governor's recommendation includes $8 million to be distributed by the opioid settlement fund committee. During the last distribution period, Heartview received two grants. The first was for $426,000 to expand outpatient services in western North Dakota. We officially launched outpatient services and expanded access to medication for opioid use disorder this week on the third floor of St. Joe's Plaza in Dickinson. We have hired three additional addiction counselors and are now offering both residential and outpatient services in Dickinson. The second grant was for the Training Academy for Addiction Professionals (TAAP), which consists of Heartview and 15 other clinical training sites, received $613,000 to provide scholarships and a living wage for addiction counselor trainees. The goal of the grant was to fund 10 scholarships and 10 training positions. However, TAAP was able to fund 15

scholarships and 28 addiction counseling trainees. This provided a major boost to the pipeline and number of addiction counselors seeking and obtaining a license.

Medicaid/Medicaid Expansion Rates

Approximately 67% of Heartview patients in residential and day treatment (Heartview's highest levels of care) utilize Medicaid or Medicaid Expansion. Heartview is the largest substance abuse treatment center in North Dakota eligible to accept Medicaid and Medicaid Expansion and the program has been invaluable for us to serve the increased need in our state. No changes to Medicaid and Medicaid Expansion rates are currently included in this bill; Heartview supports a continuation of past rates for behavioral health needs.

Other Programs

With a growing addiction problem in North Dakota, it is imperative that access to addiction treatment is readily available. A strong state behavioral health division is invaluable to support the services available in North Dakota. Heartview also supports:

- Community Connect and Free Through Recovery- Peer support services can be an important piece of recovery
- Human Services Research Institute (HSRI)- Heartview supports HSRI and the Division of Behavioral Health's strategic plan, especially efforts to recruit and retain qualified behavioral health workforce.
- Certified Community Behavioral Health Clinics and the State Hospital- These programs provide a much-needed safety net for low-income individuals in crisis, as well as for individuals with mental health needs beyond our capacity.

Heartview Foundation encourages the committee to support the Behavioral Health budget to best serve North Dakota citizens. We are always willing to answer questions and any legislators who would like to learn more about Heartview are invited to call us to set up a tour. Thank you for your commitment to addressing the substance abuse crisis in our state.

NDTAAP

North Dakota Training Academy *for* Addiction Professionals

TAAP is a consortium of addiction counseling agencies in North Dakota collaboratively working together to offer quality learning experiences for licensed addiction counselor trainees in the state. The consortium aims to enhance education and opportunities available to individuals pursuing careers in addiction counseling by pooling resources, expertise and networking connections among participating agencies.



- Combines coursework & clinical experience
- Variety of training sites available
- Commitment to education & training
- Open application cycle
- Unique program designed to ensure trainee success

TAAP aims to prepare addiction counselor trainees for real life careers in the addiction field

Denise Andress
TAAP Director
denisea@heartview.org
701.751.5702

Beth Stroup-Menge
Workforce Development
beth@heartview.org
701.928.0641

HEARTVIEW
A NEW LIFE

Training Academy for Addiction Professionals

OPIOID SETTLEMENT FUND GRANT

Project Report

AS OF DECEMBER 2024

NDTAAP
North Dakota Training Academy *for* Addiction Professionals

The TAAP Consortium is increasing North Dakota's workforce by training the next generation of addiction counselors.

	PROJECTS	DETAILS	OUTCOME
15 Academic Scholarships	Scholarships awarded between $1,700-$10,000	OSF funded for one class to one year of school	**Goal to be met Aug. 2024** • DSU, UMary, UND, MSU, BSC, USD, & GCU
28 Paid Trainees	Clinical trainees have completed, are active or will be starting prior to June 20, 2024	OSF funded 10 training positions	**Goal to be met June 2025** • Remaining 16 training positions paid by partner organizations
16 Clinical Training Sites	Increase the number of TAAP Clinical Training Sites	Creates opportunity for trainees to train near home	**Goal Met June 2024** • Active application to increase training sites
19 Additional Clinical Supervisors	Increase the number of Clinical Supervisors	Provided 15 clinical supervisors for training students	**Goal Met June 2024** • Clinical Supervisors supporting ND workforce
250 College & High School Students	Visit 4 college campuses and 10 high schools	Presented addiction workforce education to HOSA-Future Health Professionals	**Goal Met October 2024** • HOSA Fall Leadership Conference • 22 high schools • 4 colleges/universities

Path to Addiction Counseling Licensure

Enrolled Junior/Senior College Student

Bachelor's Degree Graduate

Non-Degree Seeking Student

Dual Licensure Professional

Denise Andress, TAAP Director denisea@heartview.org 701-928-0830 www.ndtaap.org

Training Academy for Addiction Professionals

OPIOID SETTLEMENT FUND GRANT

Statewide Program

5 YEAR PROJECTION

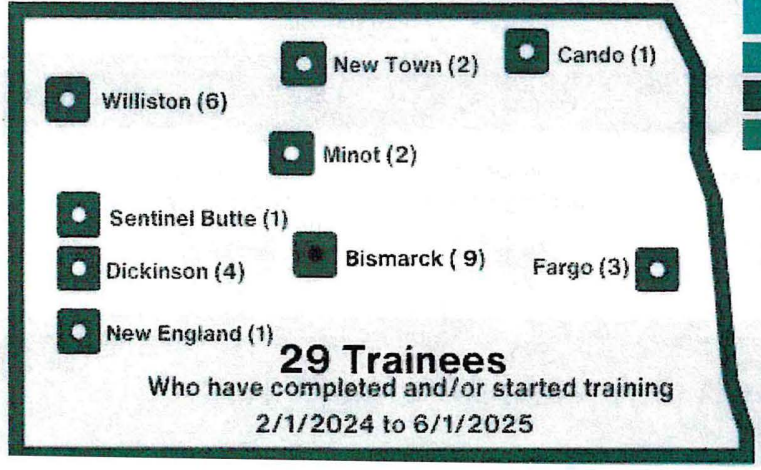
NDTAAP
North Dakota Training Academy *for* Addiction Professionals

The TAAP Consortium is increasing North Dakota's workforce by training the next generation of addiction counselors.

	PROJECTS	DETAILS	OUTCOME
20 TAAP Consortium Trainees	TAAP will increase the number of trainees from 10 to 20 trainees per year	TAAP will achieve 28 trainees this OSF Funding cycle	**Goal to complete 20 licensed addiction counselors in ND each year**
25 Trainees in the 5 other regional ND Consortiums	Provide funding to each of the other 5 ND Consortiums	TAAP distributes $100,000 to each consortium for trainee living wage	**Provide inclusive funding for addiction counselor trainees in the state-goal of other consortiums have an additional 25 trainees complete**
50 Additional Clinical Supervisors	Increase the number of Clinical Supervisors	Clinical supervisors paid $200 per week for full time and $200 per week for part time	**Recruit additional 50 clinical supervisors through financial incentive**

Investment

OSF Funding	Heartview	Partners
$613,000	$150,000	$75,000



Future Funding Needed
$1.5 M/Year

TAAP to ncrease paid trainee positions by 10 (total = 20)

TAAP to award 20 scholarships ranging from $1700-$10,000

Fund the 5 other ND consortiums to support addiction counselor trainees (5 trainees per consortium)

Additional administrative support

Additional funding for clinical supervision support

RESULT

North Dakota ADDING 40 licensed addiction counselors in the workforce per year.

The Board of Addiction Counseling Examiners are currently licensing 25 NEW licenses per year.

Denise Andress, TAAP Director
denisea@heartview.org 701-928-0830 www.ndtaap.org

Tobacco Free North Dakota

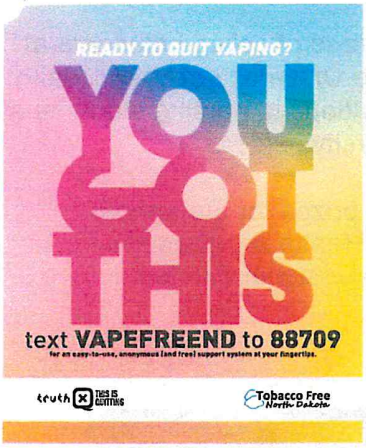
TOBACCO FREE NORTH DAKOTA

TOBACCO PREVENTION AND CONTROL PROGRAM

MAKING A DIFFERENCE

THIS IS QUITTING

On April 1, 2022 in partnership with Truth Initiative, TFND launched "This Is Quitting" in North Dakota. We are one of a handful of states offering this program. TIQ is a text-to-quit resource for people aged 13-24. The program is specifically tailored for this age group and proven more effective than quitting alone. It it free and confidential.



As of April 1, 2024, 127 people have subscribed to "This Is Quitting," with more than half of 13-24 year olds enrolling in the program.

Changes will be coming to the program in 2025 to help grow its reach.

Tribal Partnerships and Collaboration

- Host quarterly webinar series with tribal partners covering issues unique to their communities.
- Also utilized TFND's train the trainer program and resources to develop local experts and a customized resources hub.
- Collaborating to co-host a customized Youth Action Summit for tribal youth next year.

COMMUNITY OUTREACH AND TRAINING

- Quit Week media campaign raising awareness to available cessation resources. The campaign has shown a marked increase in calls to NDQuits in the time surrounding the campaign. TFND's role is to help organize the social media and earned media with our grassroots partners. 2024 was our most successful earned media year.
- Hosted a 2-day tribal coalition training in June 2023 with representatives from three North Dakota tribes. TFND provided financial assistance to each community project
  - Spirit Lake Nation's project led to multiple community education sessions on the dangers of tobacco products, which resulted in one member attempting to quit vaping
- Hosted a full-day youth engagement workshop for local public health partners in April.
- Created a webinar training series-which is ongoing-covering topics from talking to youth, cessation best practices, lessons learned from Quit Week. These webinars are used to help train new tobacco coordinators at local public health units and the recordings are available on TFND's website and Youtube page.
- Assisted Professional Data Analysts in the creation of *The State of Tobacco Control in North Dakota* report
- Sponsored multiple tobacco treatment specialist trainings, resulting in more than 200 healthcare providers receiving TTS credentials

TOBACCO FREE NORTH DAKOTA

TOBACCO PREVENTION AND CONTROL PROGRAM

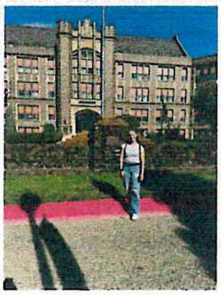
ACHIEVEMENTS

YOUTH INVESTMENT

- We continued our annual Video Essay Contest for high school seniors for the opportunity to win a college scholarship. Since the 2017-18 school year, we have awarded more than $10,000 in prize money to students.



TFND Executive Director Heather Austin with 2022 winner Madeline Erickson



Our 2024 winner Tia at Dickinson State University

- TFND traveled all around the state doing school presentations: from 2017-2023 we've presented to more than 3,000 K-12 students at a number of events. We have now transitioned to a train the trainer program empowering local experts to use TFND resources in their community presentations to area schools. Through these efforts, we estimate we've reach several thousand more students.
- We've also reached hundreds of college students at community events, like the University of Mary Health Fair, and through presentations to nursing students at North Dakota State University.
- We continued sponsoring prizes for the annual Bismarck-Burleigh Public Health Big Tobacco Exposed College Graphic Designer Contest

YOUTH ACTION SUMMITS

The Break Free Youth Action Summits bring youth from around the state to learn how to become an advocate in their communities. Since the first summit in 2018, more than 1,200 students have learned about the importance of getting involved.

TFND hosted the summits in 2023 again with more than 250 people attending. With the help of guest speakers from Truth Initiative and Stanford REACH Lab, students learned valuable skills like peer to peer communication and how to get involved in their community advocacy.

Bismarck hosted its summit in October 2024, learning more about the legislative session. Fargo will be hosting its next summit in March 2025. These events are an invaluable resource to engage young people in outside advocacy.



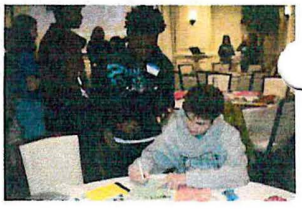
Sen. Michelle Axtman and Rep. Glenn Bosch speak to students about how they became legislators



Students present their idea on how to encourage young people to stay away from nicotine products.



Our 2023 presenters stop for a photo during the Fargo summit



Teamwork makes the dream work

Vaping-Related Lung Injury in Vermont: Documenting the Harms

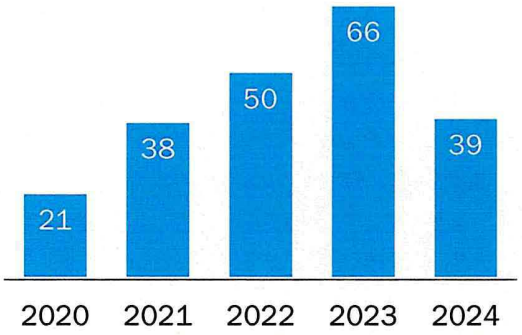
Despite mixed messaging, vaping is not harmless.

Vaping can lead to severe adverse health effects in the short-term and long-term, which includes injury to the lungs and pulmonary system. The rise of cases of e-cigarette or vaping product use-associated lung injury in 2019 led to the development of a medical code in 2020 (U07.0) that health care practitioners can use to **diagnose, treat or manage dabbing or vaping related lung injury.** This brief documents the use of the vaping-related injury claim code in Vermont from 2020 - 2024 using data from Komodo's Healthcare Map®. The Komodo Healthcare Map® is limited to patients that have at least two tobacco and nicotine dependence codes, so the number of patients and claims included in these analyses may represent an undercount of the number of vaping-related injury claims and patients, especially among youth.

Vaping-related injury health care claims have increased since 2020.

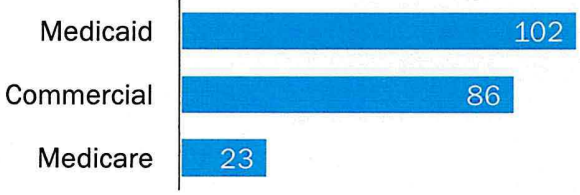
There have been **214 patients** across five years who have received at least one vaping-related injury code in Vermont.

Number of patients in Vermont with at least one vaping-related disorder claim



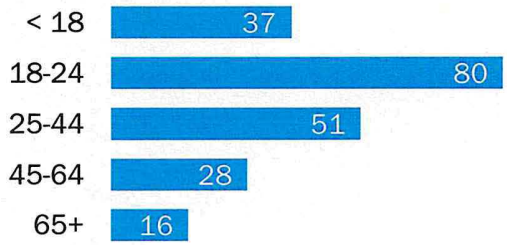
Over half of patients (55%) were insured through government insurance programs.

Number of patients by insurance type*



*Insurance type was missing for 3 patients

Age at first vaping-related injury code*



*Age was missing for 2 patients

58 patients **(27%) had at least two health care visits** where they received the vaping injury related claim, and of those, 31 patients (15%) had at least three visits.

Commercial Insurer Makeup

Individuals insured by the Veterans Health Administration and those who are uninsured are missing from this analysis. The most frequently used commercial providers in Vermont are included in the claims data, including Blue Cross Blue Shied VT, Cigna and MVP.

VERMONT
DEPARTMENT OF HEALTH

2025 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

HB 1012
1/28/2025

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

8:30 a.m. Chairman J. Nelson called the meeting to order.

Members Present: Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Berg, Mitskog, Murphy, O' Brien, Wagner.

Discussion Topics:

- Public testimony
- FTE Block Grant
- Vacancy Report
- Business Operations

8:30 a.m. Chelsea Ridge, Chair of ND Public Health Association Alcohol, Tobacco and Other Drug Section, provided neutral testimony for HB 1012, 31745.

8:35 a.m. Sara Stolt, Deputy Commissioner, Health and Human Services, testified and presented on business operations and the FTE block grant #32002, #32534.

9:08 a.m. Donna Aukland, Chief Financial Officer, Health and Human Services, testified on the block grant #32534.

9:25 a.m. Sara Stolt, Deputy Commissioner, Health and Human Services, continued with testimony #32002.

9:31 a.m. Marcie Wuitschick, Chief Human Resource Officer, spoke to FTE vacancies #32002.

9:33 a.m. Sara Stolt, Deputy Commissioner, Health and Human Services, continued with testimony #32002.

9:43 a.m. Donna Aukland, Chief Financial Officer, Health and Human Resources, clarified that they can make budget adjustments to travel professionals #32002.

9:49 a.m. Sara Stolt, Deputy Commissioner, Health and Human Services, continued with testimony #32002, # 32321, 32322, 32323, #32533.

10:48 a.m. Donna Aukland, Chief Financial Officer, Health and Human Services, presented the salary block grant financial report #32324. #32531.

11:03 a.m. Sara Stolt, Deputy Commissioner, Health and Human Services, continued with testimony #32002, #32535, #32325, #32326.

11:28 a.m. Donna Aukland, Chief Financial Officer, Health and Human Services spoke to existing square footage.

11: 30 a.m. Chairman J. Nelson adjourned the hearing.

Jan Kamphuis, Committee Clerk

Neutral Testimony of HB 1012

Chelsea Ridge
North Dakota Public Health Association
Alcohol, Tobacco and Other Drugs Section, Chair
Williston, ND

Chairman Nelson, and members of the House Appropriations- Human Resources Division,

My name is Chelsea Ridge, and I am the chairwoman of the North Dakota Public Health Association (NDPHA) Alcohol, Tobacco, and Other Drugs Section. The mission of NDPHA is to improve, promote and protect health for residents of North Dakota through leadership in policy, partnerships, and best practices. I am here to provide neutral testimony to House Bill 1012, relating to the Department of Health and Human Services Budget, in hopes of restoring funding to local public health units through the Tobacco Prevention and Control Policy budget.

North Dakota was one of thirty-four states and territories that participated in a $438.5 million dollar settlement with JUUL Labs Inc., in which North Dakota will receive $6 million dollars over 6-10years. JUUL Labs Inc. was found guilty of willfully engaging in deceptive marking practices of addictive nicotine products to appeal to youth. In North Dakota, 18% of youth used ENDS products in the previous 30 days, many of whom using flavored products that have been marketed to kids by the tobacco industry, of whom an estimated 14,000 ND kids currently under 18 will die prematurely from tobacco related causes. E-cigarettes produce several dangerous chemicals including acetaldehyde, acrolein, and formaldehyde. These aldehydes can cause lung disease, as well as cardiovascular (heart) disease.

During the 2023 Legislature in HB 1004, 80% of the JUUL Lab Settlement funds were transferred from the Attorney General's Budget into the Community Health Trust and have not been allocated. On behalf of the members of the North Dakota Public Health Association we kindly request transparency and accountability in the allocation and utilization of JUUL Settlement funds, ensuring that resources are effectively utilized to achieve measurable outcomes in reducing tobacco and vaping use and improving public health outcomes in our youth statewide. We recommend the appropriation of JUUL Settlement funds, currently sitting in the Community Health Trust Fund and any future settlement allocations, be distributed in grants to local public health units specifically for youth tobacco prevention.

Thank you for your time and consideration

Sincerely,

Chelsea Ridge

Chelsea Ridge
North Dakota Public Health Association
Alcohol, Tobacco and Other Drugs Section, Chair
chelsearidge113@gmail.com

Resolution of Support to Appropriate JUUL Settlement Dollars for Youth Tobacco Prevention

Whereas JUUL Labs Inc. willfully engaged in deceptive marketing practices that appealed to youth.[1]

Whereas North Dakota was one of 34 states and territories that participated in a $438.5 million dollar settlement with JUUL Labs Inc., in which ND will receive $6 million dollars over 6-10 years.[2]

Whereas during the 2023 Legislature in HB 1004, 80% of the JUUL Lab Settlement funds were transferred into the Community Health Trust and have not been allocated.[3]

Whereas E-cigarettes produce several dangerous chemicals including acetaldehyde, acrolein, and formaldehyde. These aldehydes can cause lung disease, as well as cardiovascular (heart) disease.[4]

Whereas 18% of youth in ND used ENDS products in the previous 30 days, many of whom using flavored products that have been marketed to kids by the tobacco industry, of whom an estimated 14,000 ND kids currently under 18 will die prematurely from tobacco related causes.[5]

Therefore, let it be resolved that the North Dakota Public Health Association recommends:

1. Transparency and accountability in the allocation and utilization of settlement funds, ensuring that resources are effectively utilized to achieve measurable outcomes in reducing tobacco and vaping use and improving public health outcomes statewide.

2. The allocation of all JUUL Settlement funds, currently in the Community Health Trust Fund and any future JUUL Settlement allocations, be distributed to local public health youth tobacco prevention activities.

NDPHA
Name of Organization

Chelsea Ridge
Signature of Representative

1/15/25
Date

53-Yes, 1-No

[1] Attorney General Jamer Secures $462 Million from JUUL for Its Role in the Youth Vaping Epidemic. Accessed on September 25, 2024, at: ag.ny.gov/press-release/2023/attorney-general-james-secures-462-million-juul-its-role-youth-vaping-epidemic

[2] Attorney General Drew Wrigley Reaches Settlement Agreement With JUUL Labs. Accessed on September 25, 2024, at: attorneygeneral.nd.gov/attorney-general-drew-wrigley-reaches-settlement-agreement-with-juul-labs/

[3] Sixty-eighth Legislative Assembly of North Dakota In Regular Session Commencing Tuesday, January 3, 2023. House Bill NO. 1004. Section 9-10. Accessed on September 25, 2024, at: ndlegis.gov/assembly/68-2023/regular/documents/23-0233-04000.pdf

[4] Ogunwale, Mumiye A et al. (2017) Aldehyde Detection in Electronic Cigarette Aerosols. ACS omega 2(3): 1207-1214. doi: 10.1021/acsomega.6b00489]. Accessed on September 25, 2024, at: lung.org/quit-smoking/e-cigarettes-vaping/impact-of-e-cigarettes-on-lung

[5] Campaign For Tobacco Free Kids. Accessed on September 25, 2024, at: tobaccofreekids.org/problem/toll-us/north_dakota

#32002



HB1012 FTE Detail and Business Operations Detail to House Appropriations

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Sara Stolt | Deputy Commissioner
Jan. 28, 2025

Our Vision

North Dakota is the healthiest state in the nation.

Our Mission

HHS fosters positive, comprehensive outcomes by promoting economic, behavioral and physical health, ensuring a holistic approach to individual and community well-being.

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Our **Strategic Priorities**

Support the advancement of strong, stable, healthy families and communities.

Advance the foundations of well-being through access to high-quality services and supports closer to home.

Optimize disaster and epidemic response and recovery.

Advance excellence in agency infrastructure and operations.

Deliver best-in-class, customer-centered experiences.

Foster a culture of excellence where every team member has a voice, adds value and is empowered to make a difference.

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FTE Block Grant

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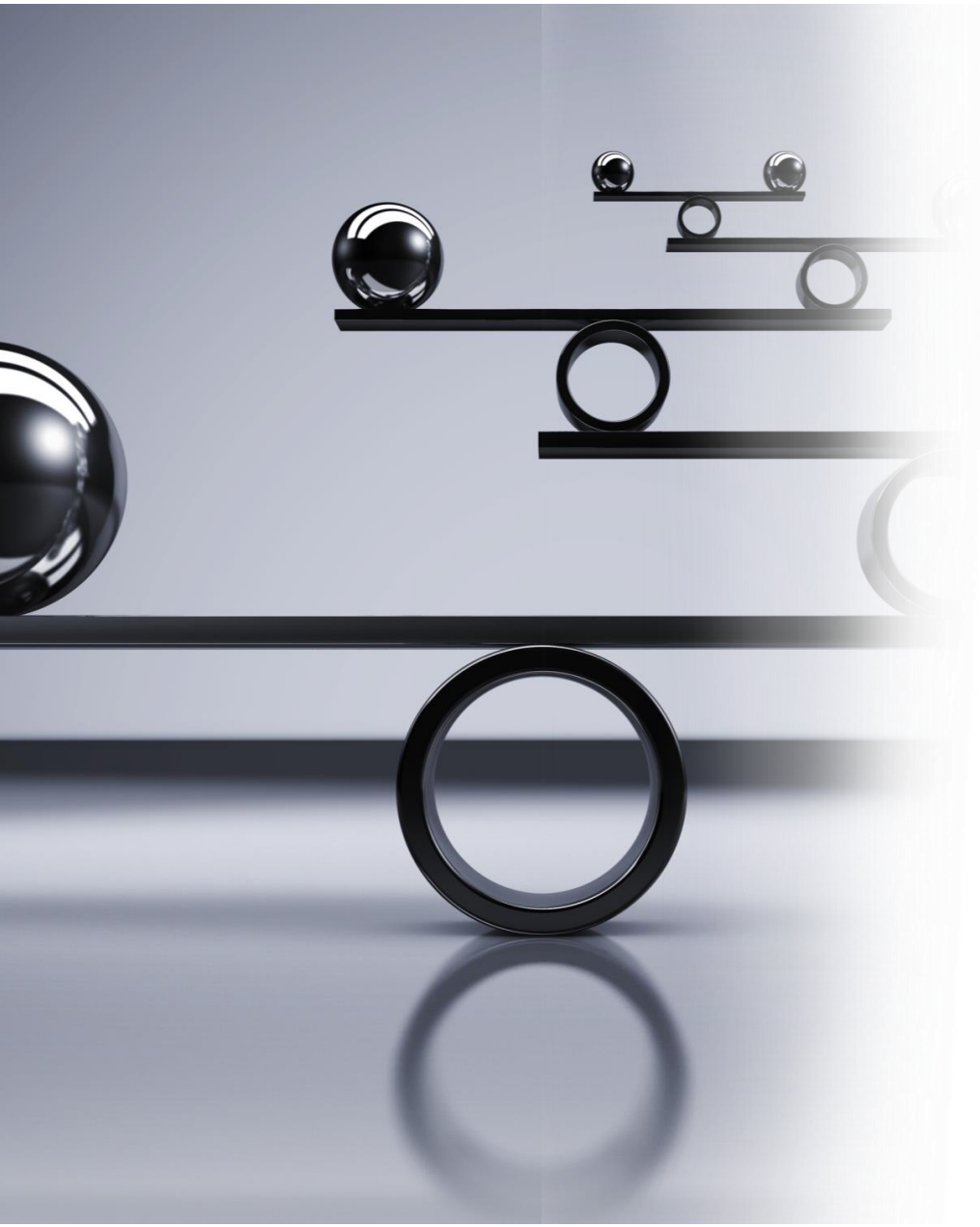
Agency FTE Reports

5. Discuss any new positions approved for your agency for the 2023-25 biennium by the 2023 Legislative Assembly, the timing of filling the positions, amounts transferred from the OMB pool for the filled positions, and funding appropriated and the amount estimated to be spent for each position for the 2023-25 biennium.

6. Discuss employee turnover and the number of vacant positions during the 2023-25 biennium to date, the amount of savings relating to the vacant positions and employee turnover to date compared to the vacant position savings removed from your agency's budget by the 2023 Legislative Assembly, the amount of vacant position saving spent for

Terminology

- **FTE** full time equivalent position.
- **Position numbers** represent the jobs that have assigned position numbers, even if they aren't actively being filled. All open position numbers are counted in our vacancies. All positions have a unique position number.
- **Filled positions** are the actual number of positions that have people working in them today.
- **Churn** refers to turnover and salary savings that allows us to repurpose dollars to areas of emerging and critical need.



Alignment

- Legislative Council Reports
- OMB Reports
- HHS Reports

Vacancy Report Example

Position A:

- Budgeted $200,000 for the 23-25 biennium
- Budgeted for 24 months
- Utilized 12 months of budgeted salary and benefits

Position B:

- Not budgeted for in the 23-25 biennium
- Added in June 2024 to address a critical need within a program
- Utilizing salary savings ($100,000) from Position A to fund the position
- Accounting for this full salary in our vacancy report double counts Position A's salary
- The salary for Position B should not be accounted for on the vacancy report.

Current FTE vacancies - point in time (12-1-24)

374.63 Vacant Positions – Phases summarized as follows:

Phase	Description	Number
1	Part of current budget, position number established, job description completed and in process of being classified then posted	109.00
2	Position posted; actively recruiting and has not yet closed	112.52
3	Position posting closed; applications being reviewed and interviews scheduled	42.9
4	Position has been offered and offer is pending	16
5	Position is filled; new team member not started as of 12/1/24	79.5
Remove	Not budgeted for in 23-25 and/or can be deleted	11.71
Freeze	Federal Hiring Freeze does not allow for filling position(s)	3.0
	TOTAL	**374.63**

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What is the HHS FTE block grant?

During the 2023 Legislative Session, lawmakers:

- Approved the HHS salary appropriation
- Removed the **total number** of FTE appropriation

RESULT: HHS is responsible for staying within our salary appropriation but now has flexibility on total number of FTEs

NOTE: Block grant includes all compensation, overtime, bonuses paid, promotional increases, health insurance premiums, etc.

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Why is this important?

Historically limited by a total cap on FTEs each biennium:

- Prohibits adding necessary positions in a timely manner
- Limits repurposing positions
- Inability to be nimble in addressing staffing needs based on client acuity or need

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The FTE Block Grant has allowed HHS …



To quickly respond and hire for immediate or emerging business needs

Flexibility to support new work

To support state workforce by transitioning long-term temp employees to FTE

To address overtime and team member capacity by adding essential positions

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How does it work?



Group A: Temporary converting to FTE

- Position is already working 30+ hours per week
- Anticipated to exist for more than 3 years
- Long-term funding is available (now and in future)
- Prioritized within established goals of HHS
- Complete SFN 50



Group B: Refilling basic vacancies

- Natural turnover
- Positions that are being filled with the same role as the previous incumbent
- Repurpose existing vacant position (1.0 FTE)
- Positions must be currently funded in the division's salary budget
- Hiring can occur within HR-established vacancy thresholds
- Complete SFN 50



Group C: Short-term needs

- Short-term
- Less than 720 hours (emergency status)
- Interns, summer students, co-op
- Position is budgeted for or sufficient rollup exists to cover cost
- Prioritized within established goals of HHS
- Complete SFN 50

EXECUTIVE DIRECTOR APPROVAL



Group D: Requesting New FTE

- New FTE requests
- Long-term full-time temp request
- Repurposing more than 1.0 existing FTE
- Prioritized based on identified goals of HHS
- Reviewed for approval by a committee including Operations, Program, Finance, HR and Commissioner.
- Established threshold for turnover/vacancy exists for each operations, direct service and program

COMMITTEE APPROVAL

Example of Repurposing Position with Block Grant

- A full time FTE with benefits is available in a rural city in ND. The position has been posted twice with no candidates applying. Historically we would have limited options in how to address this.
- With the block grant, we can explore two college students with alternate schedules who might be each interested in 20 hours per week. They choose to remain on their parents' health insurance.
- We are then able to hire them at an hourly rate, no benefits are paid out, and the client is still receiving the service locally. We have saved ourselves the cost of health insurance and not utilized an FTE, but utilized the block grant to be creative in filling the role.
- **This FTE can now be utilized for a different programmatic need as long as budgeted dollars still exist.**

Salary appropriation for 2023-2025 Biennium

- Total HHS Salary + Benefits = $551,714,842

NOTE: Block grant includes all compensation, overtime, promotional increases, health insurance premiums, bonuses, etc.

Timeline of FTE

23-25 Session	Beginning of Block Grant + FTE Committee July 2023-Present	Current State – As of 12/1/24
Beginning: 2475.83 FTE + 53 Temp to FTE + 53 New FTE 2581.83 Ending FTE*	• 50 long-term vacancies within the Behavioral Health Division were repurposed to fill new needs within Behavioral Health. • 50 additional long-term temps were transferred to FTE • Approved 92.5 new FTE, which are in various phases of being filled • Approved 56 new FTE in Behavioral Health	• 374.63 Vacant FTES • All requests are reviewed by the FTE committee for need and budget • HHS churn (turnover) allows us to be flexible in filling positions and utilize the unspent salary budget • Current filled positions is under 2581.83

*While the appropriation for the 107 (53.5 plus 53.5) new FTEs was added to the budget bill, the actual number of FTEs were not added because of the conversion to the FTE block grant for HHS.

Budget review to support FTE pool process

Process to reconcile the headcount with the dollars being spent:

- Actual Expenditures analyzed month by HHS leadership
- Compared to budgets for each section and by HHS as a whole
- Projections are established and then modified by trends over the biennium
- Finance reports are available by the fourth week of every month
- Section Director reviews monthly with Finance team accountant





Detailed FTE Reports

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FTE by the Numbers

1 - Vacancy Report

2- Vacancies by Division

3 - Conversion of Temporary to FTE

4 -Reconciliation Report

5 – Repurposing Positions within BHD

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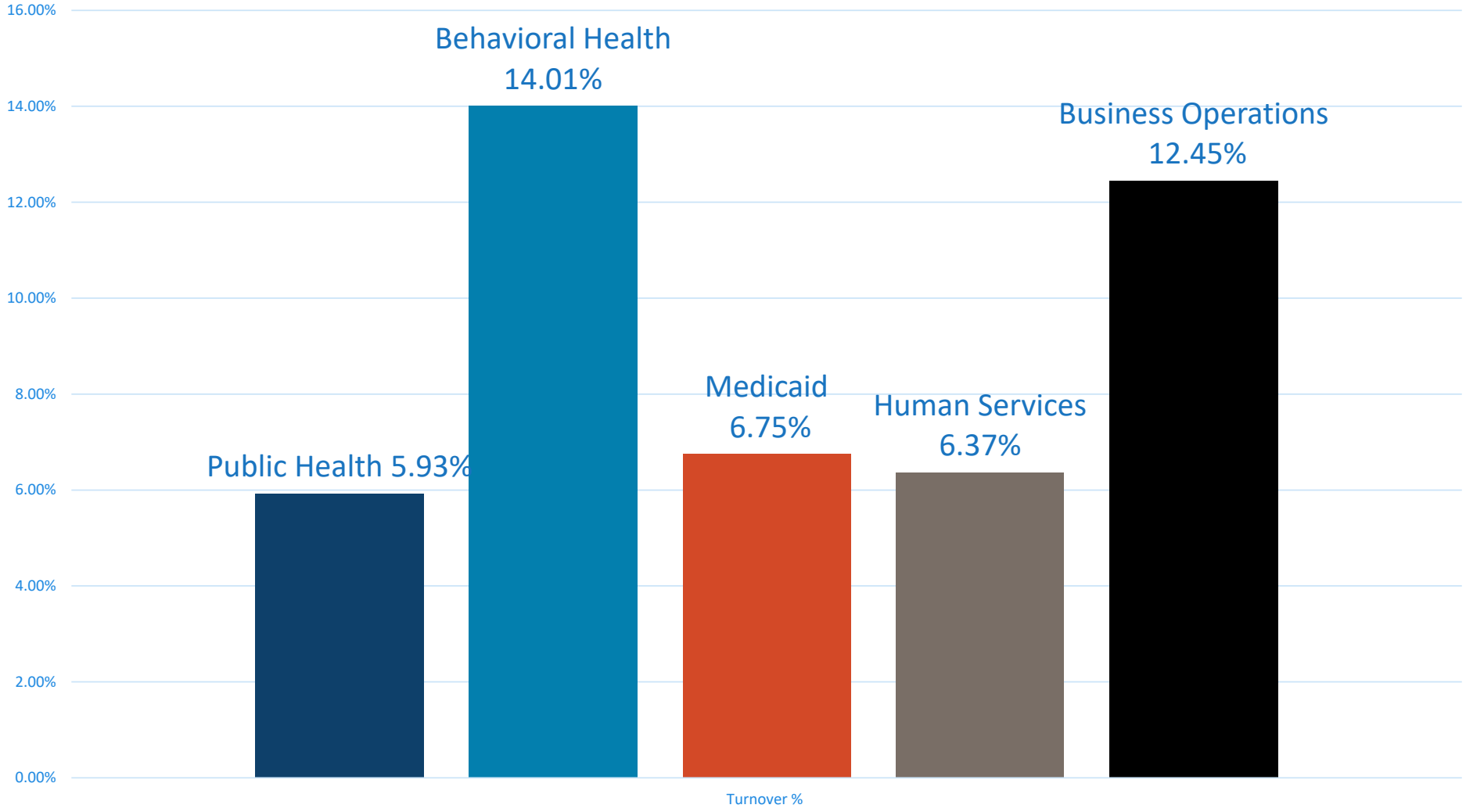
ND Department of Health & Human Services
Turnover 2024



Bonuses + Tuition Assistance 7/1/2023-12/31/2024

Bonus Type	Amount
Performance	769,500.00
Recruitment	1,296,972.75
Referral	116,199.98
Retention	1,518,789.16
Grand Total	3,701,461.89

Tuition Assistance $307,461.78

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Salary Appropriation Reports

- 23-25 Legislative Base Budget
- 23-25 Expenditures
- 25-27 Budget Request

FTE Recap

1. HHS has never exceeded our salary appropriation nor exceeded the 23-25 FTE allocation.
2. The vacancy report provided by Legislative Council double counts salaries giving an inaccurate salary rollup total.
3. HHS went through a rigorous process to build out FTE block grant plan that was vetted with OMB and the Governor's Office.
4. The flexibility of this block grant has made a significant impact on our ability to serve North Dakotans



Business Operations

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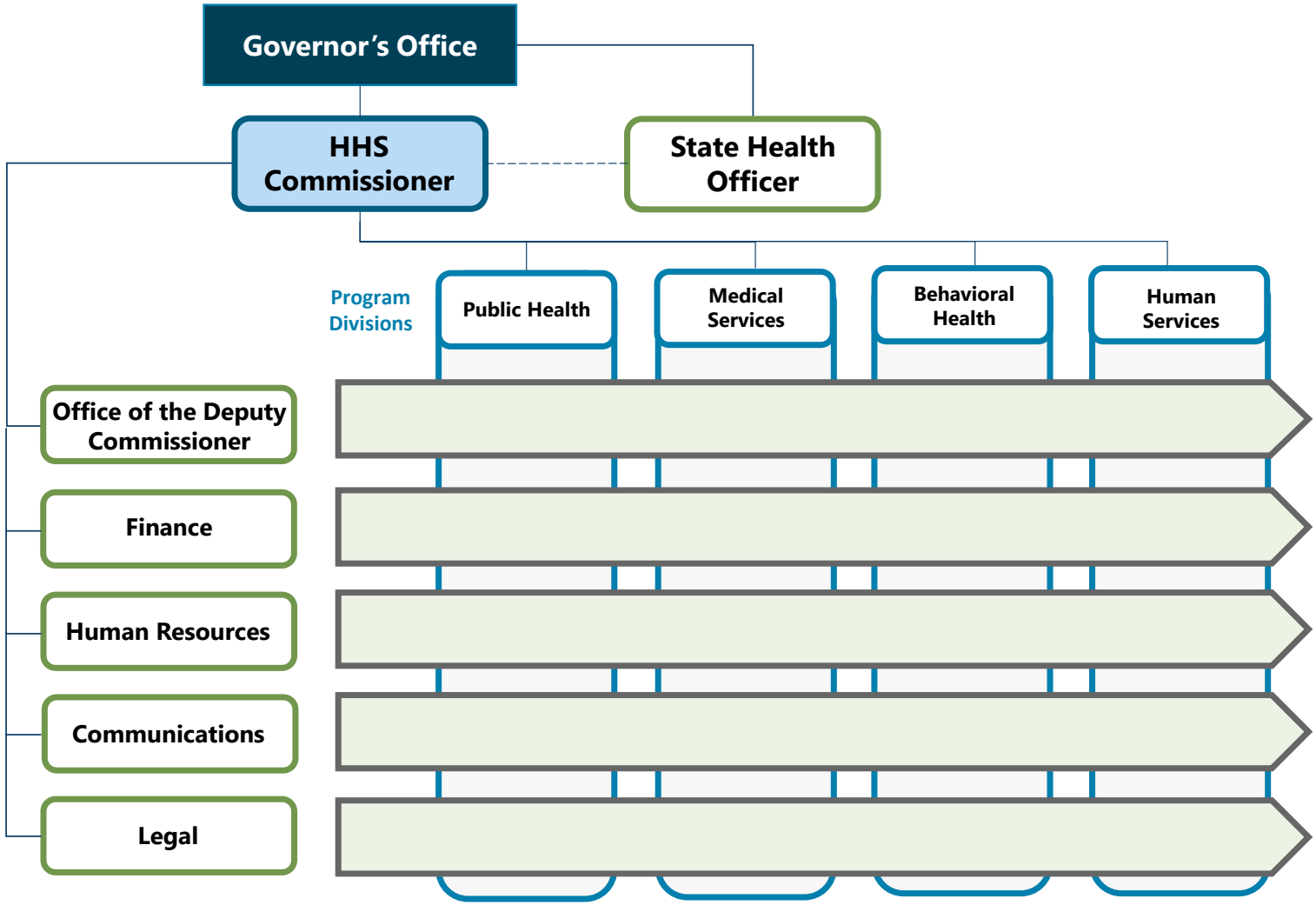
Operations Divisions model supports core business functions across HHS



The Foundation for Success

Operations

- Strong hiring and retention practices
- Serve the employee life cycle
- Sound financial management
- Essential IT Systems
- Safe facilities and spaces
- Legal counsel and support
- Core communications

Program + Policy



Direct Services

Benefits + Supports

"A company can seize extra-ordinary opportunities only if it is very good at the ordinary operations." - Marcel Telles

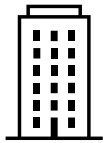
Drive Quality, Efficiency and Effectiveness



Citizen engagement on hhs.nd.gov has double from 600k to 1.5M from 2023 to 2024.



The finance team manages over 400 funds coming into HHS and more than 4,000 contracts for providers, vendors and grantees.



Human Resources has posted 973 jobs in 2024; average applicants per post has gone up from 6.3 in 2022, to 9.6 in 2024.



The estate recovery team in legal has increased our estate recovery by 15%.

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Business Operations Divisions

Section Name			
Position Numbers Assigned	**Filled Positions**	**# of temporary staff**	**# of Vacancies**
187.25	*156.05*	*14*	*31.2*

Average Age	43
Avg Years of Service	*12.2*
Retirement Risk	*4%*

- **Office of Commissioner**
- **Office of Deputy Commissioner**
- **Finance Division**
- **Communications Division**
- **Human Resource Division**
- **Legal Division**



Divisional Overviews

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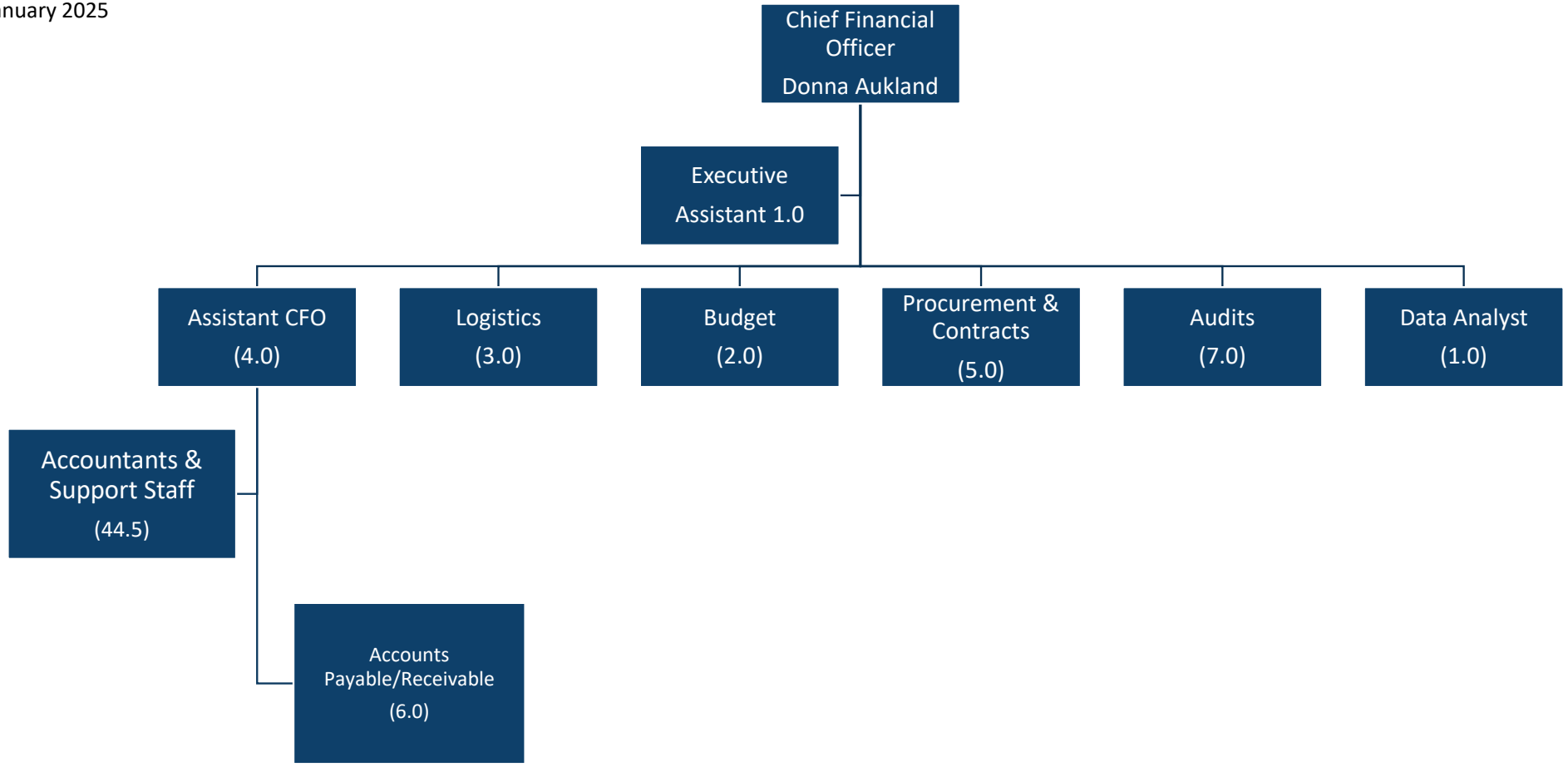
ND Department of Health & Human Services
Finance Division

Effective January 2025



Finance Opportunities

- Procurement | Contract Governance
- Audit Governance
- Responsible Resource Management
- Grants Governance
- Digitization
- Collaboration



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Finance Challenges

- Manual Processes
- Financial Integration Between Agencies (ongoing)
- Responsible Resource Management
- Turnover | Retirements
- Increased Workload



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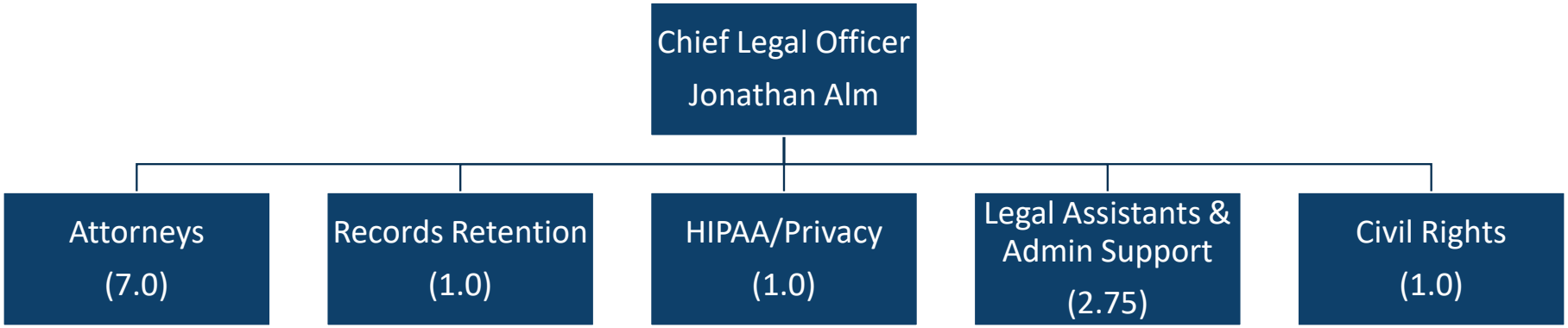
ND Department of Health & Human Services
Legal Division

Effective January 2025



Legal Division

Restructured job duties to embed specific attorneys within the Department's divisions to:

- Increase response times back to Department staff, which translate into faster responses back to applicants, recipients, and our community partners;
- Create subject matter experts for each division to rely upon;
- Reduce involvement of direct care staff being involved in legal matters; and
- Be available to our legal community partners.

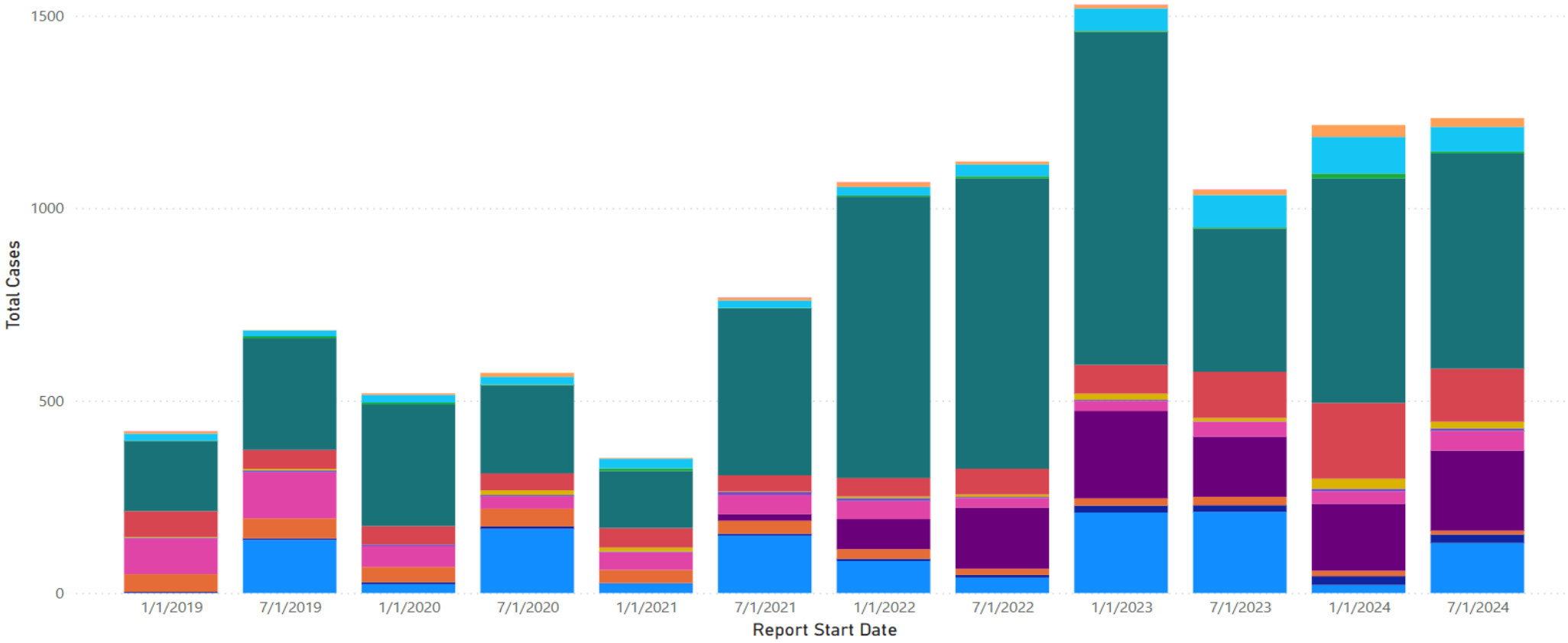


Legal Division – Challenges

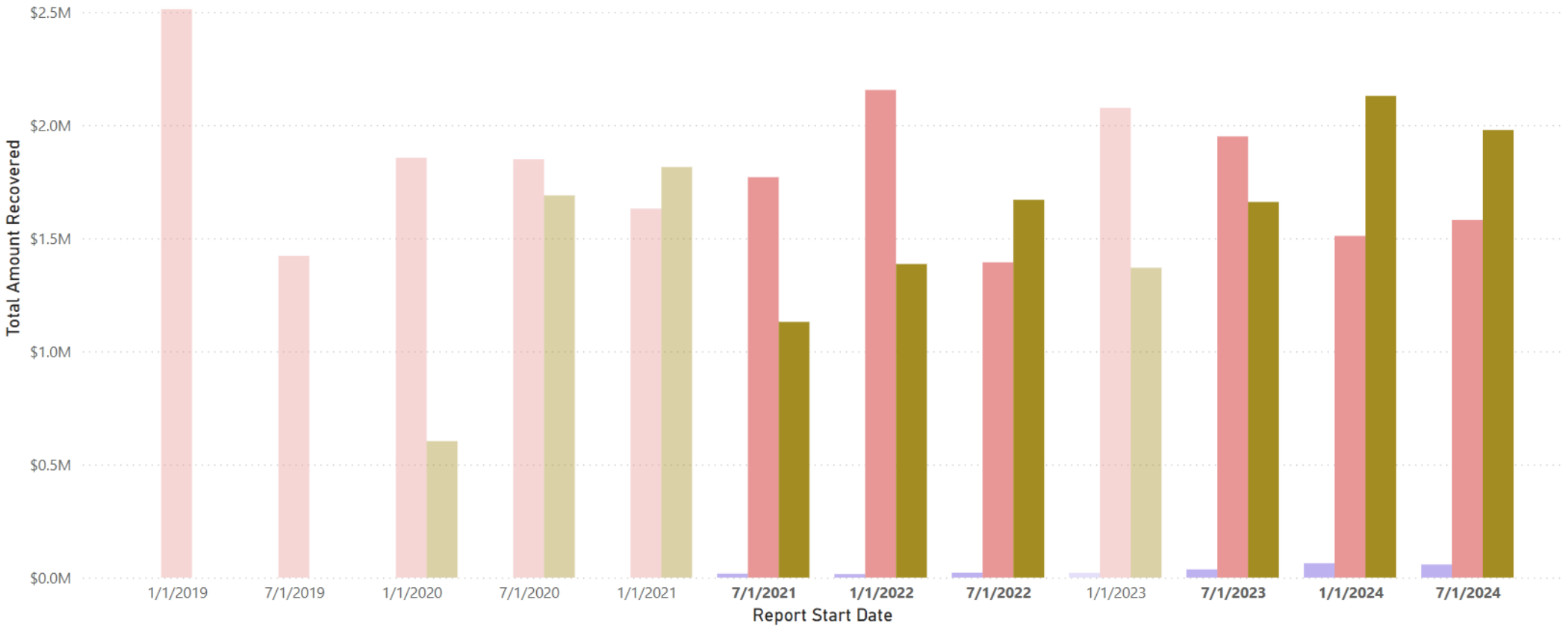
- Increase in workload due to changes to federal and state law and regulations, new programs, or increase in appropriation to provide additional services and supports.
- Increase in the number of appeals, intentional program violations, and trust reviews.
- Finding legal solutions to address the ability to provide services or assistance to individuals with more complex needs.



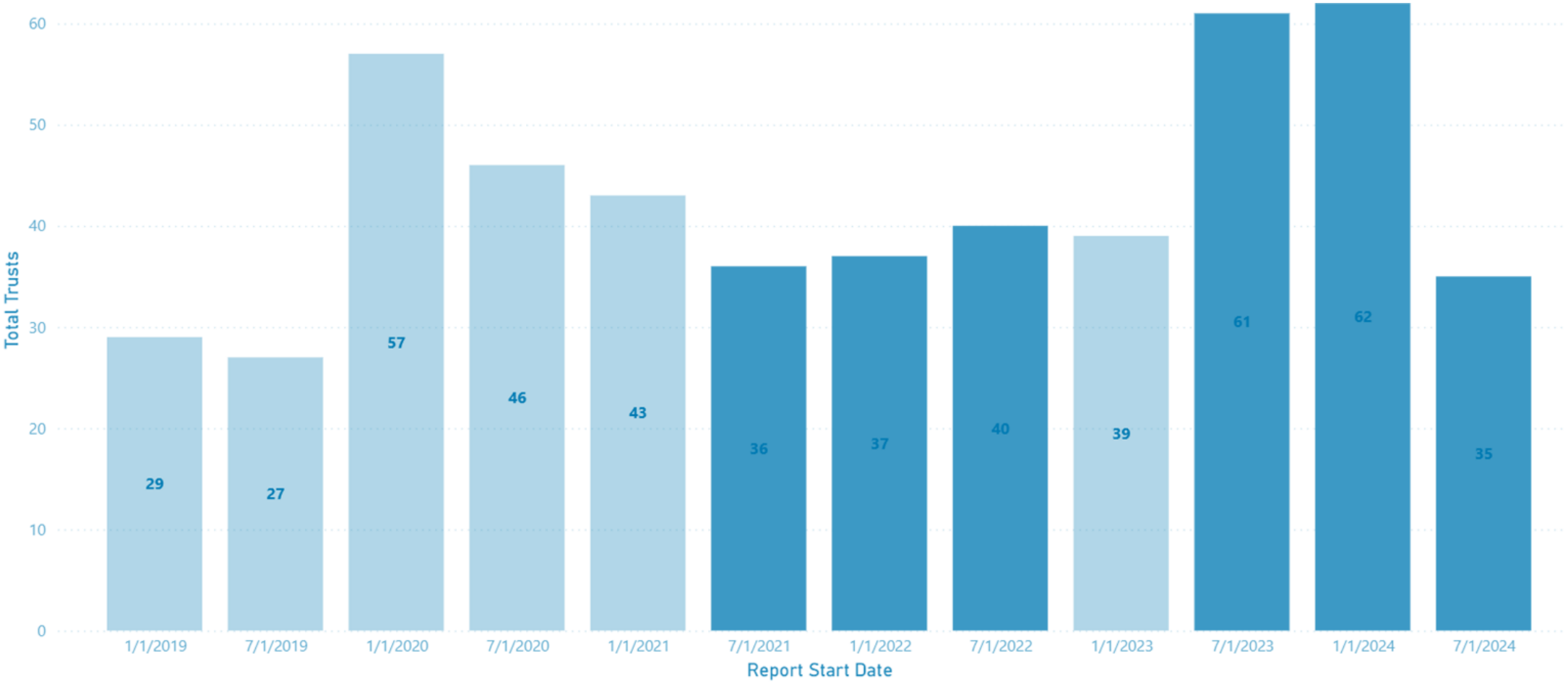
Appeals and Intentional Program Violations



Total Amount Recovered Estate Recovery



Trust Reviews for Eligibility Purposes



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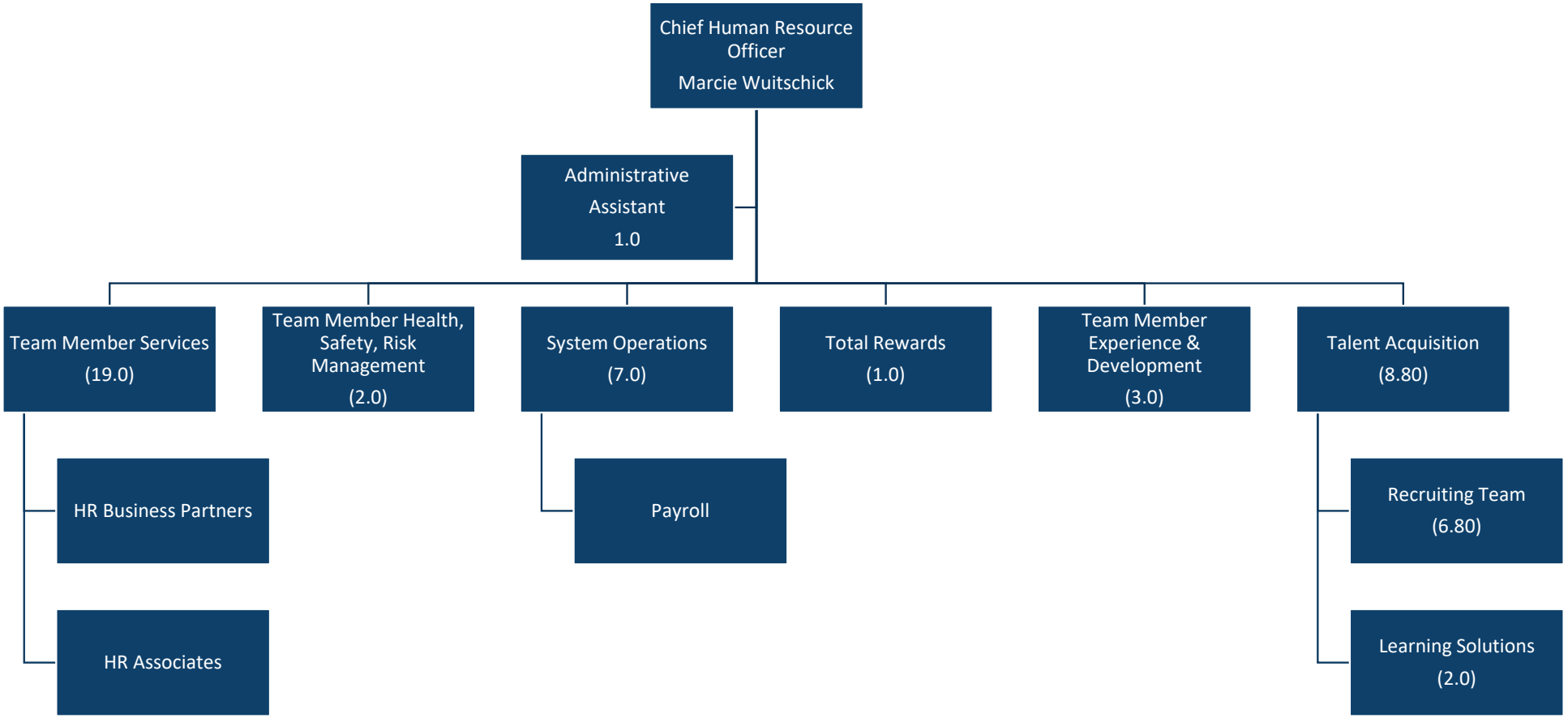
ND Department of Health & Human Services
Human Resource Division

Effective January 2025



The Employee Life Cycle



Human Resources Opportunities



- Team Member Experience (onboarding, development, offboarding)
- Automating Standard HR Processes
- Leadership & Manager Development
- Employee Engagement

Human Resources Challenges



- Low unemployment | attracting talent
- Manual processes
- Amount of change | helping teams adapt

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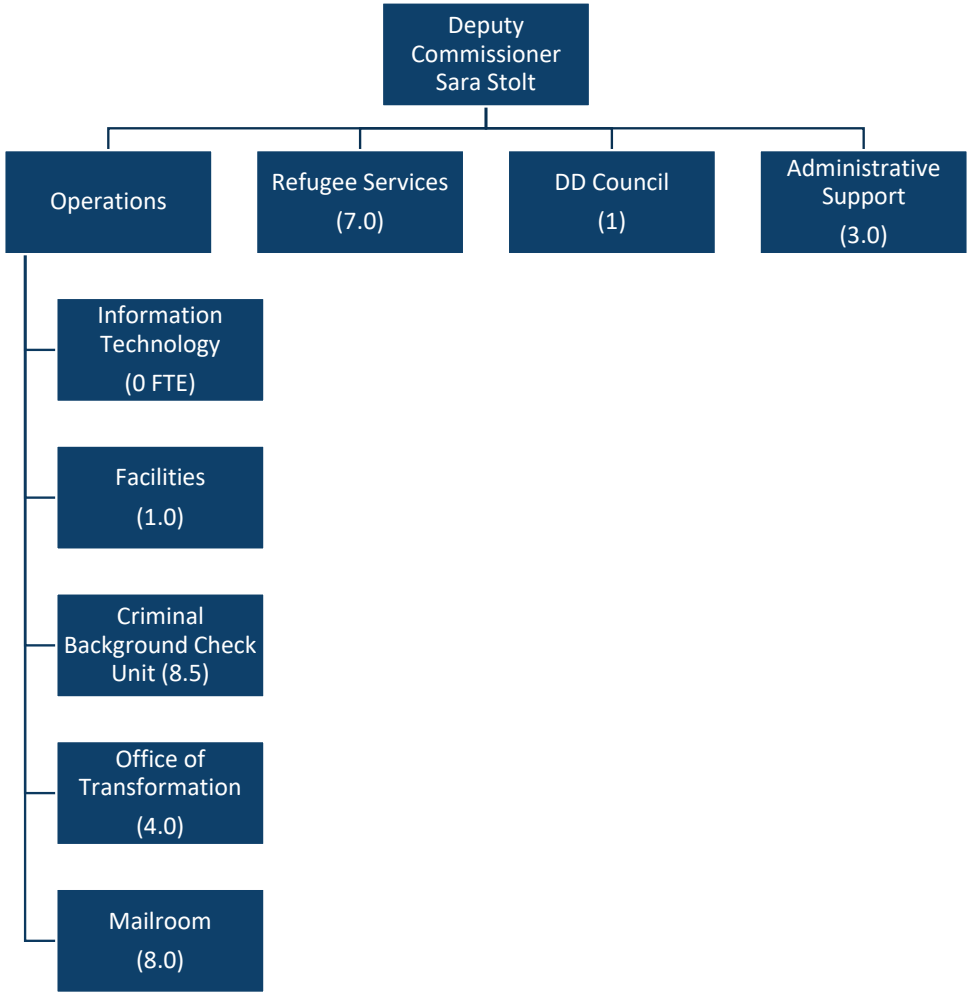
Health & Human Services

Effective January 2025

ND Department of Health & Human Services
Office of Deputy Commissioner





IT + Project Governance

- Technology solutions support the core services HHS provides
- Align resources to support the right technology at the right time
- Retire legacy systems and the mainframe
- Establish, in collaboration with NDIT, the IT strategic direction

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Office of Transformation

- Ensure successful implementation of major HHS initiatives
- Support change management, process improvement and project management across HHS



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Criminal Background Check Unit

- Ensures compliance with all federal and state laws related to required background checks
- Increased timeliness and quality
- Moving to an automated solution in 2025

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Facilities Management

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Leased Space Overview

- 44 Leased Spaces
- 442,250 total sq ft





Owned Space Overview

- State Hospital = 554,675 sq ft
  - 31 separate buildings
- LSCTC = 407,838 sq ft
  - 22 separate buildings
  - Tunnels = 801,253 sq ft
- SEHSC = 50,796 sq ft
- Public Health Buildings = 40,534 sq ft
  - Current State Lab
  - Morgue
  - Mobile Medical Labs (3)

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One-Time Funding Requests

Retire Legacy Systems - $10 M ($5M Fed and $5M SIIF)

Other Bills Impact

13. Discuss any other bills being considered by the Legislative Assembly and their potential budgetary impact on your agency.

See Report

Decision Package Detail

By Ongoing, One-Time and Funding Source

HHS OPERATIONS

- Operational underfund $6,950,000;
  - ongoing
  - General;
    - $6,950,000

HHS OPERATIONS

- FTE Block Grant Request $9,842,126;
  - ongoing
  - General;
    - $9,842,126

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Decision Package Detail

By Ongoing, One-Time and Funding Source

HHS OPERATIONS

- Office of Administrative Hearings and Attorney General rate increase $190,590;
  - ongoing
  - General;
    - $190,590

IT EXISTING

- IT Contractual inflationary increase – cost to continue $20,730,88;
  - ongoing
  - General;
    - $20,730,788

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Decision Package Detail

By Ongoing, One-Time and Funding Source

IT EXISTING

- NDIT Rate increases - Cost to Continue $4,012,147;
  - ongoing
  - General;
    - $4,012,147

IT EXISTING

- Retire Technical debt remediation (including mainframe and legacy systems) $20,000,000;
  - One-time
  - General;
    - $10,000,000
  - Federal;
    - $5,000,000
  - Special;
    - $5,000,000

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Comparison of budgets and funding

By Budget Account Code

DESCRIPTION	2023-25 LEGISLATIVE BASE	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE/(DECREASE)
511x Salaries - Regular	16,433,663	$ 34,140,960	$ 17,707,297
512x Salaries - Other	0	$ 9,842,126	$ 9,842,126
513x Salaries Temp	419,625	$ 716,788	$ 297,163
516x Salaries Benefits	7,742,063	$ 13,337,320	$ 5,595,257
Total Salaries & Benefits	**$ 24,595,351**	**$ 58,037,194**	**$ 33,441,843**
52x Travel	935,467	1,495,182	559,715
53x Supply	112,941	286,688	173,747
54x Postage & Printing	2,555,049	2,862,909	307,860
55x Equipment under $5,000	5,800	5,075	(725)
57x Insurance	235,400	592,472	357,072
58x Rent/Leases - Bldg/Equip	1,265,474	1,333,749	68,275
59x Repairs	27,904	152,100	124,196
61x Professional Development	88,494	157,270	68,776
62x Fees - Operating & Professional	(9,726,328)	11,819,360	21,545,688
53x Supplies	104,969	70,135	(34,834)
60x IT Expenses	158,896,418	65,060,479	(93,835,939)
69x Equipment Over $5,000	108,934	-	(108,934)
Total Operating	**$ 154,610,522**	**$ 83,835,419**	**$ (70,775,103)**
Total	**$ 179,205,873**	**$ 141,872,613**	**$ (37,333,260)**
Total General	**$ 74,099,008**	**$ 102,320,395**	**$ 28,221,387**
Total Federal	**$ 102,033,269**	**$ 35,793,816**	**$ (66,239,453)**
Total Other	**$ 3,073,596**	**$ 3,758,402**	**$ 684,806**

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Operating Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
OFFICE OF COMMISSIONER	$310,015	$ 540,641	$850,656	$ 663,512	$ 170,131	$ 17,013
OFFICE OF DEPUTY COMMISSIONER - CRIMINAL BACKGROUND CHECK UNIT	409,599	(91,952)	317,647	203,294	98,471	15,882
OFFICE OF TRANSFORMATION		325,227	325,227	260,182	58,541	6,505
COMMUNICATIONS	202,000	48,000	250,000	197,500	52,500	-
LEGAL	128,571	1,639,592	1,768,163	1,078,579	689,584	-
HUMAN RESOURCES	269,000	100,028	369,028	298,913	70,115	-
FINANCE	86,802	1,049,938	1,136,740	625,207	443,329	68,204
OPERATIONAL UNDERFUND			6,801,959	6,801,959		
GENERAL FUND	$ 590,515	$ 9,538,631	$ 10,129,145	$ 10,129,145		
FEDERAL FUND	759,233	823,437	1,582,670		1,582,670	
OTHER FUND	56,239	51,365	107,604			107,604
GRAND TOTAL	$ 1,405,987	$ 10,413,433	$ 11,819,420	$ 10,129,145	$ 1,582,670	$ 107,604

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BUSINESS OPERATIONS

Information Technology

- IT Costs = $65M
  - $33.2M for Decision Packages approved in Exec Budget Recommendation
  - $15.3M
    - $9.1M related to legacy mainframe maintenance
    - $2.2M related to Hosting costs
    - $1.6M NDIT MOU agreement
    - $2.0M Pass through bills/One-time setup & licensing costs
  - $14M
    - Desktop Support, ConnectND, MS 365
  - $2.2M
    - Telephone (MS Voice)
  - $.3M
    - Budget and Projection System annual maintenance

Grants Schedule

NOT APPLICABLE

Comparison of budget expenditures and projections

By Budget Account Code

DESCRIPTION	2023-25 LEGISLATIVE BASE	EXPENDED AS OF 12/31/2024	PROJECTION THROUGH 6/30/2025	UNDER/ (OVER) BUDGET	Explanation of Variances
511x Salaries - Regular	16,433,663	16,777,089	30,095,439	(13,661,776)	
513x Salaries Temp	419,625	400,976	705,107	(285,482)	
514x Salaries Overtime	-	136,142	146,434	(146,434)	
516x Salaries Benefits	7,742,063	7,937,700	11,169,663	(3,427,600)	
Total Salaries & Benefits	$ 24,595,351	$ 25,251,907	$ 42,116,643	$ (17,521,292)	
52x Travel	935,467	959,277	1,279,244	(343,777)	
53x Supply	112,941	1,279,391	219,703	(106,762)	
54x Postage & Printing	2,555,049	2,036,400	2,732,801	(177,752)	
55x Equipment under $5,000	5,800	6,864	8,764	(2,964)	
57x Insurance	235,400	205,426	205,476	29,924	
58x Rent/Leases - Bldg/Equip	1,265,474	661,115	985,885	279,589	
59x Repairs	27,904	120,334	162,625	(134,721)	
61x Professional Development	88,494	113,036	141,608	(53,114)	
62x Fees - Operating & Professional	(9,726,328)	7,567,136	16,365,792	(26,092,120)	
53x Supplies	104,969	27,534	116,665	(11,696)	
60x IT Expenses	158,896,418	148,607,279	334,022,855	(175,126,437)	
69x Equipment Over $5,000	108,934	375,895	413,395	(304,461)	
Total Operating	$ 154,610,522	$ 161,959,687	$ 356,654,813	$ (202,044,291)	
Total	$ 179,205,873	187,211,594	$ 398,771,456	$ (219,565,584)	

Total General	$ 74,099,008	$ 78,015,244	$ 132,676,215	$ (58,577,207)
Total Federal	$ 102,033,269	$ 102,852,389	$ 223,512,348	$ (121,479,079)
Total Other	$ 3,073,596	$ 5,224,242	$ 42,582,894	$ (39,509,298)

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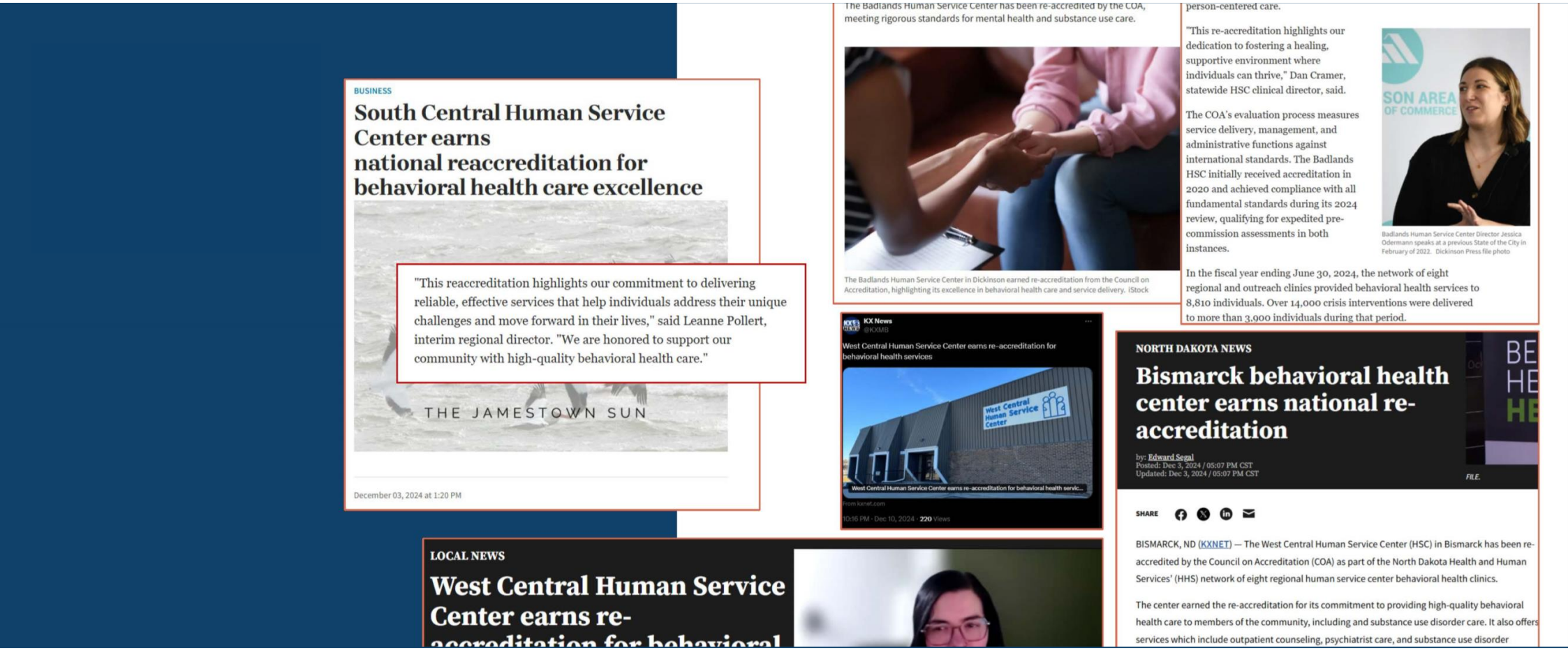

Communications Division

Lynn Bargmann – Chief Communications Officer

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Today's focus:

- Communications Division operations model | core functions
- FTE overview and organization chart
- Key benefits of strategic communications
- Who we serve | How we collaborate | Where to improve
- Making an impact on North Dakotans
- Planning for the 2025-2027 biennium

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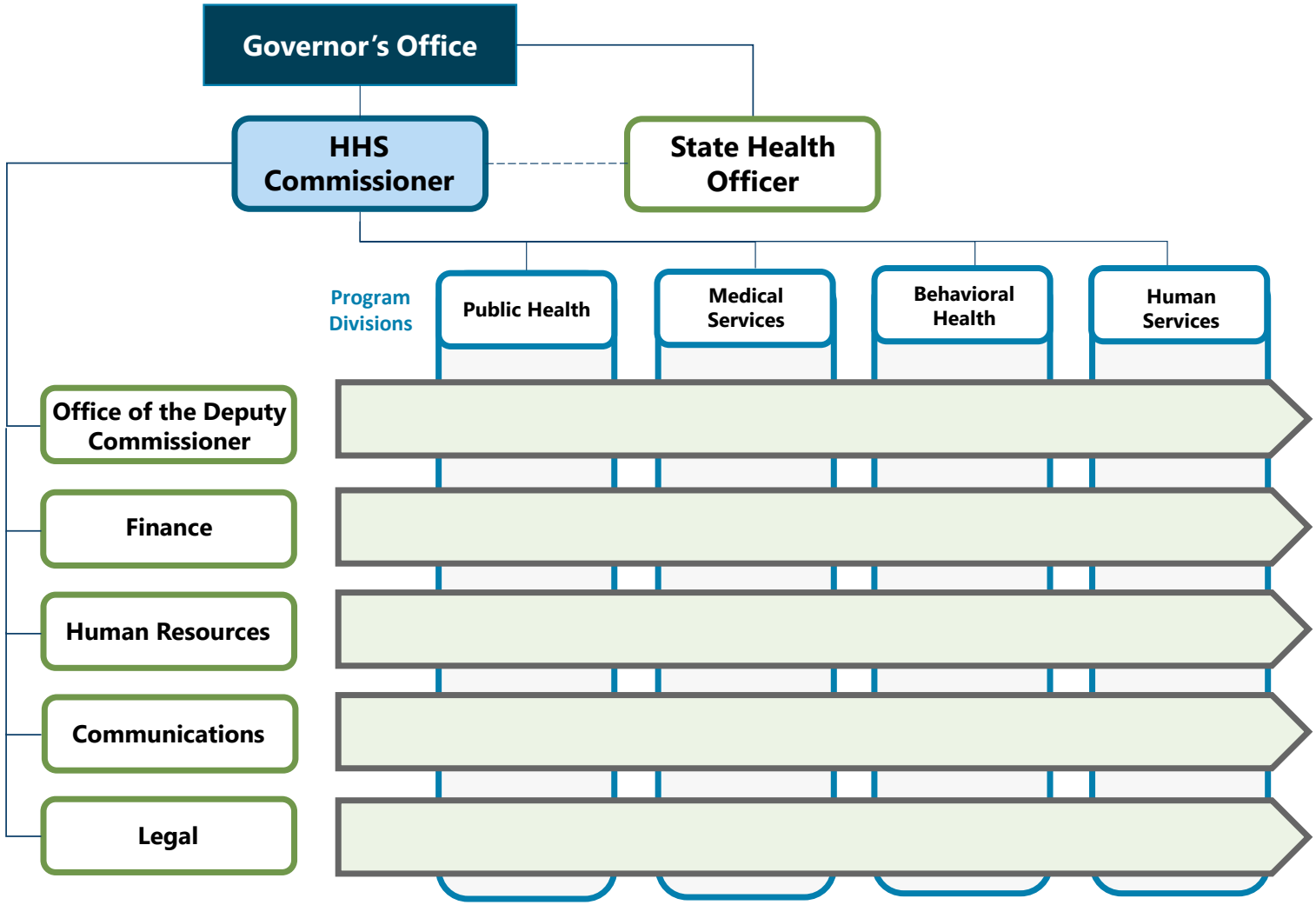
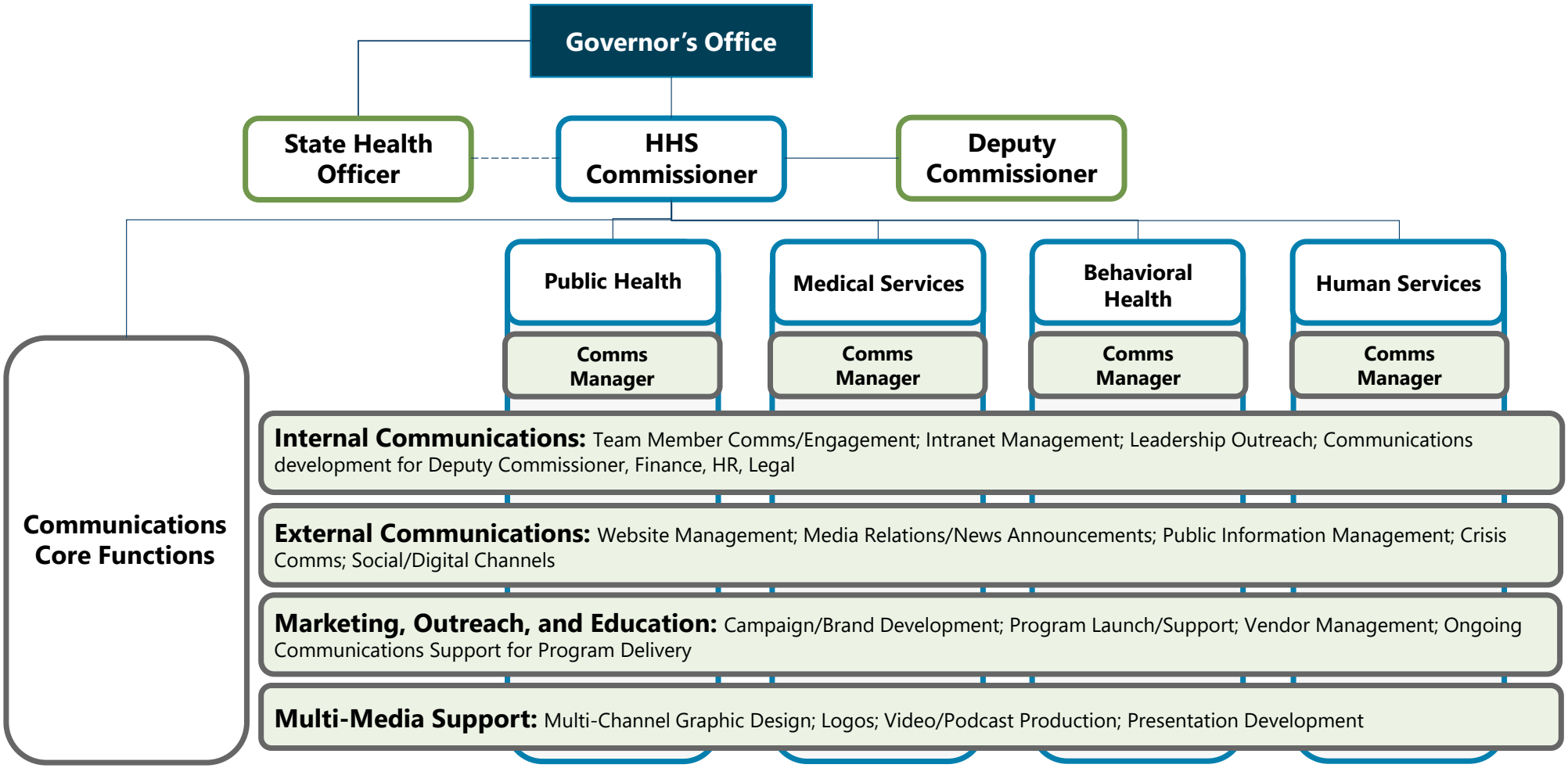
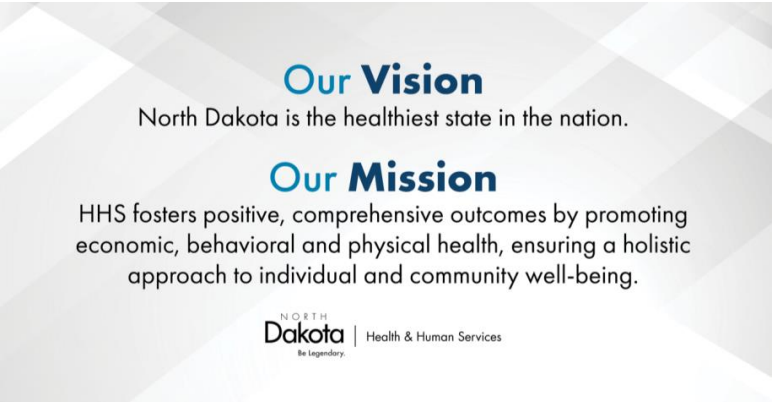
Operations Divisions model supports core business functions across HHS



Communications Division core functions









- **FTE Overview**
- **Organization Chart**

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HHS Communications Division team member changes since last biennium

HHS Communications Division team members
September 2022

- 8 FTE
- 4 temporary team members

= **12 total**

HHS Communications Division team members
Today

- **11 FTE filled positions**
- 3 FTE (not filled, in process of hiring)

= 14 total

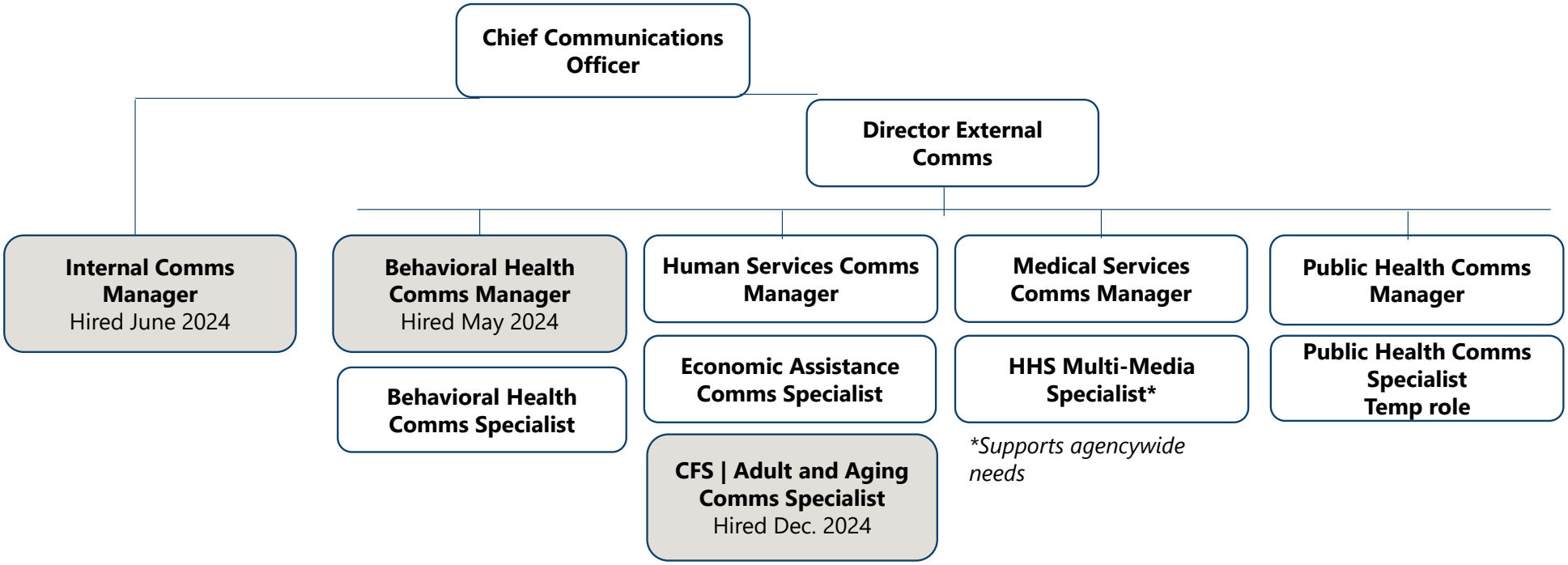
- 1 temporary team member *(grant-funded through June 2026)*

= **15 total**

HHS Communications Team: January 2025

11 FTE filled positions

1 Temporary team member



FTE reallocated from FTE block grant in 2024

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Three FTE were reallocated from FTE block grant and onboarded to the Communications Division in 2024

Behavioral Health Communications Manager
Hired May 2024

- Collaborate with Behavioral Health team members to develop and deploy communications plans to reach North Dakotans.
- Cross walk behavioral health programs and services into agencywide marketing collateral.
- Craft stories to communicate successful outcomes and impact on the behavioral health and well-being of North Dakotans.

Internal Communications Manager
Hired June 2024

- Strengthen team member communications to more fully inform, mobilize and increase brand advocacy.
- Highlight team member accomplishments, best practices and success in serving North Dakotans.
- Support agencywide operations communications.
- Enhance HHS intranet (HHS Insider) and other channels.

Human Services Communications Specialist
Hired December 2024

- Provide dedicated support for children and family services and adult and aging services sections.
- Develop content for social media and strengthen qualified service provider newsletters.
- Support the development of communications for case management redesign and new program launches.
- Develop content to strengthen citizen experience on hhs.nd.gov.

Behavioral Health and Communications Divisions: Collaborating to improve the health and well-being of North Dakotans



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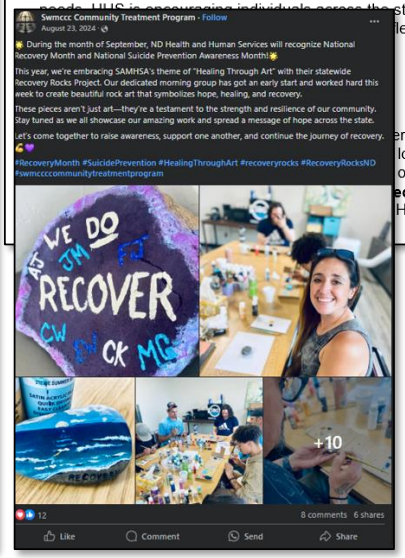
NEWS RELEASE | FOR IMMEDIATE RELEASE | SEPTEMBER 11, 2024

VIEW THIS RELEASE ONLINE: hhs.nd.gov

Recovery Rocks ND project aims to spread hope and encouragement during National Recovery Month

BISMARCK, ND - In recognition of National Recovery Month this September, North Dakota Health and Human Services (HHS) is launching **Recovery Rocks ND**, a statewide community engagement initiative aimed at celebrating recovery and reducing the stigma around seeking help for substance use and mental health



Partner social media posts amplify coverage

Sneak peek coming in February:

"How we deliver crisis services" story telling series

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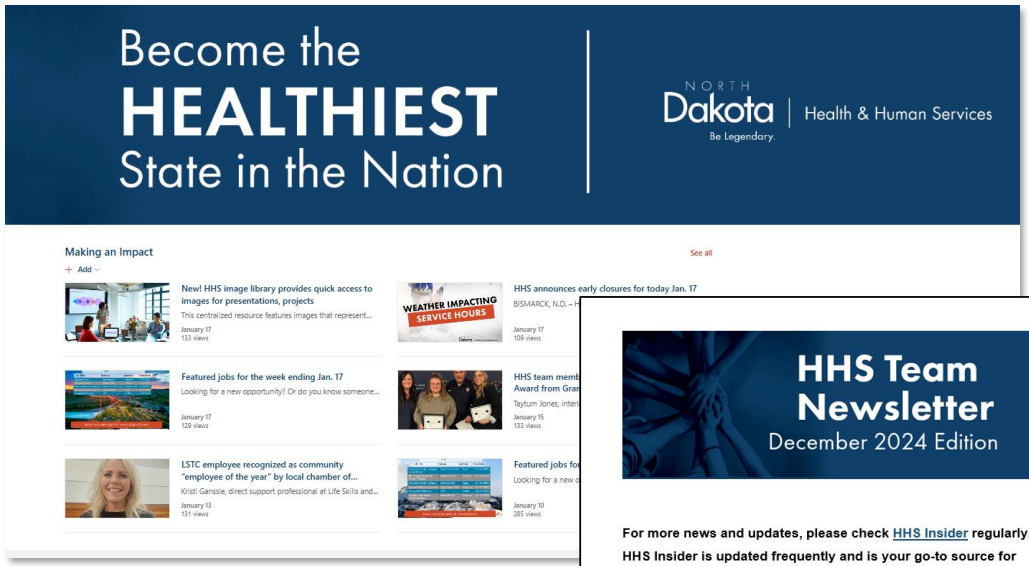
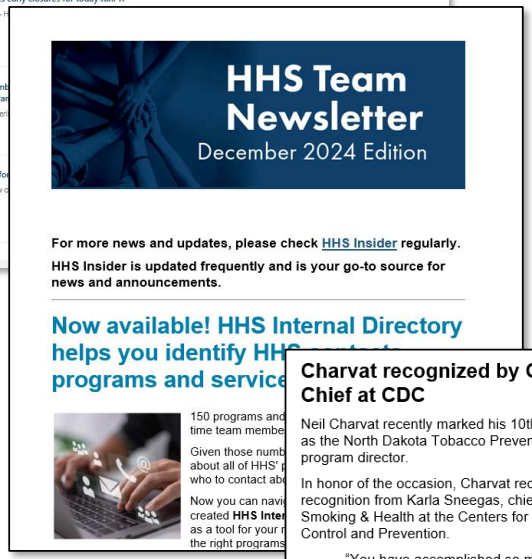
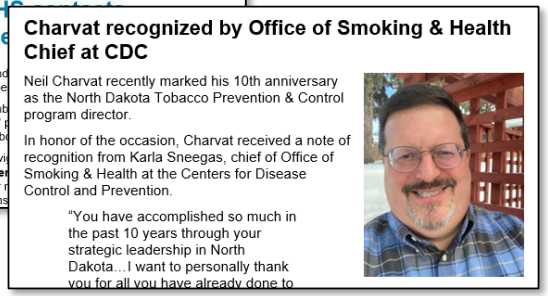
Fully informed team members are an agency's No. 1 brand advocate



HHS Insider Intranet





Monthly newsletter



Video story telling

Team member recognition is our most popular content

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- Develop content to strengthen citizen experience on hhs.nd.gov.

Three FTE are in the hiring process

ND State Hospital Communications Specialist
Estimate to hire: February

- Provide dedicated support to the ND State Hospital team.
- Collaborate with human resources and State Hospital teams to develop communications plans and content to drive initiatives in workforce development and team member culture.
- Manage local media relations, crisis communications and local public community engagement.
- Collaborate with State Hospital Superintendent to strengthen internal operational communications.

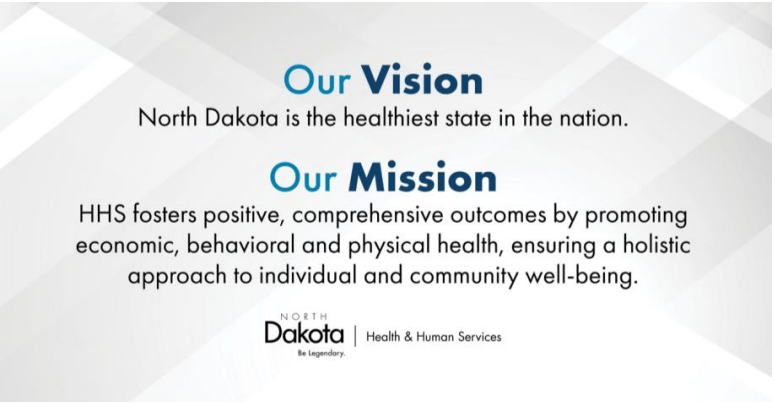
Human Service Zones Communications Specialist
Estimate to hire: March

- Collaborate with the Director of Human Service Zone Operations and program teams to develop and strengthen communications and communications delivery structure to support our Human Service Zone partners.
- Strengthen content on HHS Insider intranet, including for key focus areas such as Medicaid, 1915i home and community-based services; basic care assistance; and child welfare.
- Develop content to strengthen citizen experience on hhs.nd.gov.

Marketing Specialist ADA Compliance | Analytics
Estimate to hire: March/April

- Collaborate with legal team to ensure that hhs.nd.gov, social media, and other HHS communications meet Americans with Disabilities Act (ADA) compliance requirements.
- Track, analyze and report on communications metrics to help inform decisions and more fully optimize communications performance in serving North Dakotans.
- Ensure positive citizen experience on hhs.nd.gov in collaboration with NDIT.







- **Benefits of strategic communications planning | collaboration**
- **Who we serve**
- **How we collaborate**
- **Where to improve**

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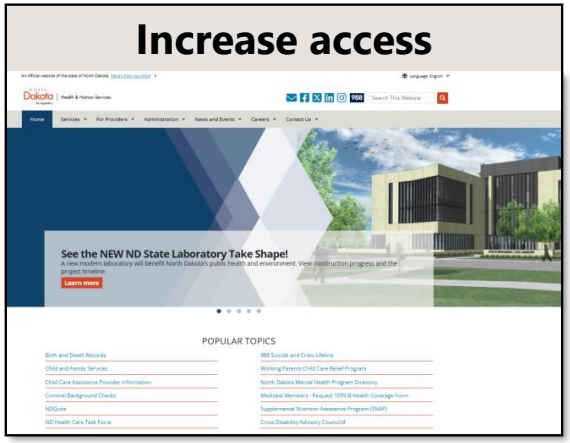
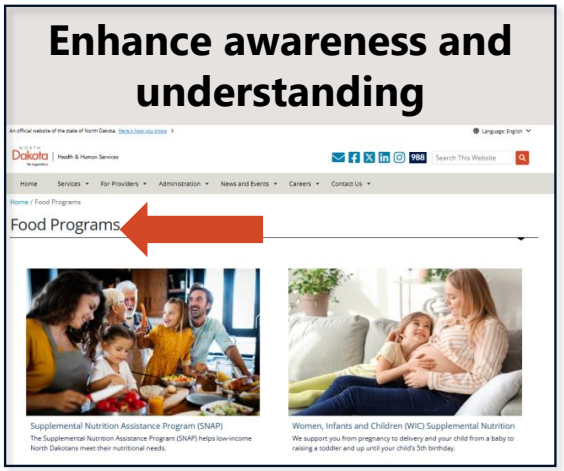
Strong communications planning and collaboration benefits North Dakotans



Standalone websites integrated to one welcome door of service at **hhs.nd.gov**



SNAP and WIC promoted in **citizen-focused language** as food programs

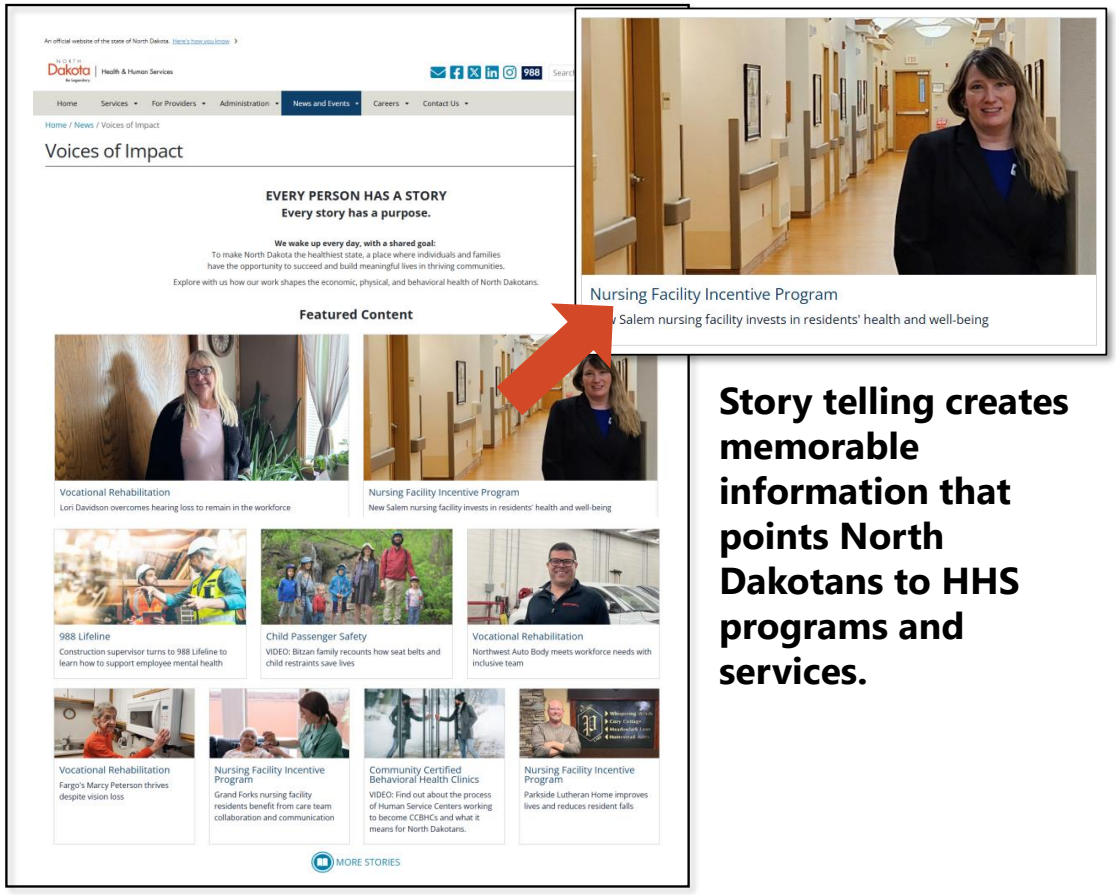


Clear action steps



Embed in standard operations

Effective communications produce outcomes and measurable returns for HHS



Story telling creates memorable information that points North Dakotans to HHS programs and services.



Monthly | Quarterly communications performance updates

Our team provides communications support for HHS and North Dakotans

More than 150 programs and services

- Adult and Aging Services
- Behavioral Health Clinics
- Behavioral Health Policy
- Child Support
- Children and Family Services
- Criminal Background Check Unit
- Intellectual and Developmental Disabilities
- Disability Determination Services
- Disease Control and Forensic Pathology
- Early Childhood
- Economic Assistance
- Health Response and Licensure
- Health Statistics and Performance
- Healthy and Safe Communities
- Human Service Zone Operations
- Laboratory Services
- Life Skills and Transition Center
- Medicaid
- Medical Marijuana
- Ruth Meiers Adolescent Center
- State Council on Developmental Disabilities
- State Hospital
- Office of Refugee Services
- Vocational Rehabilitation



Over the past two years, we've focused on:

- Moving from reactive toward a more proactive communications approach; and
- Prioritizing our resources to core services and critical needs in collaboration with program teams.

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Timely collaboration is the key to a successful communication strategy

The agency has been transitioning from reactive toward more proactive engagement strategies

Communications team joins toward the end of the process

Moving from **reactive**

Communicate to North Dakotans

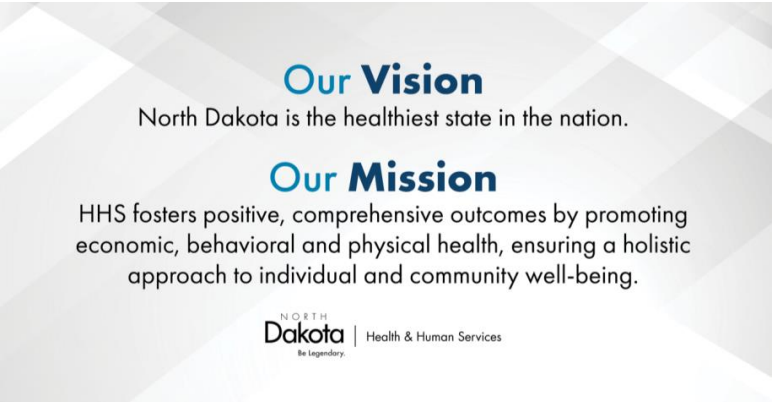
Toward a more **proactive approach**

Communicate to North Dakotans



Communications team is embedded as part of the planning process







Where is this working well?

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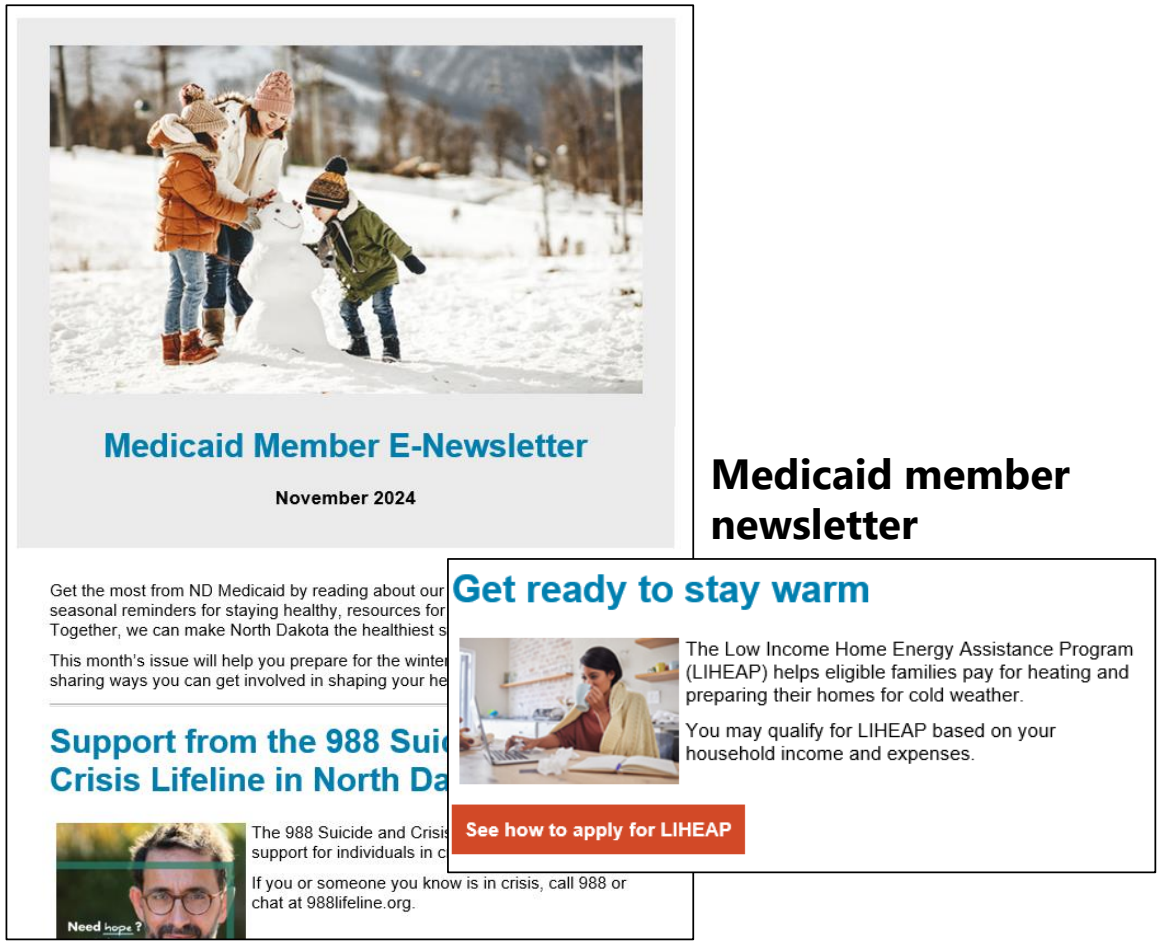
Proactive communications planning and collaboration with Medicaid team put information into the hands of North Dakotans



Stay Covered ND
Medicaid Redetermination Campaign

- One-year campaign
- Supported the redetermination of more than **130,000 Medicaid participants**
- Leveraged partners and providers as critical communications touchpoints
- Tested text messaging as a way to reach North Dakotans – now adopted as a standard operation.

Cross walking HHS programs within Medicaid communications boosts awareness of resources for other health and well-being needs



Medicaid member newsletter

Social media



Medicaid and oral health programs featured together during Children's Dental Health Month

Increasing well-child visits: Medicaid Health Tracks seventh-year birthday card

Early claims data indicates increase in scheduled well-child visits for this age group.



What are we planning for now?

- The **refresh and relaunch of hhs.nd.gov**
- Department of Justice **Americans with Disability Act (ADA) compliance requirements taking effect April 2026**. We must meet legal requirements for all government communications including websites, enrollment portals, social media and beyond.
- The opening of the **new ND State Lab**
- Transition of Human Service Centers to **Behavioral Health Clinics**
- Communications enhancements for **human service zones and local public health units**
- Strengthened **media engagement**
- Informed decisions with **analytics**

Learn More at HHS.ND.GOV



Contact Information

Lynn Bargmann
Chief Communications Officer
lmbargmann@nd.gov



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Report 2 - Vacancies by Division

This report lists the total number of position numbers assigned to each division and the total number of positions filled.

	2780.91	2411.24	4.96	374.63
	# of position numbers assigned (includes those added through block grant)	# of filled positions	Internal adjustments + or -	Vacancies, as reported to LC as of 12-1-24
Behavioral Health Division	**1202.17**	**968.76**	**3.41**	**236.82**
BLHSC	71.50	58.50	0.00	13.00
LRHSC	49.00	42.60	-0.40	6.00
NCHSC	99.10	82.70	-0.40	16.00
NEHSC	127.10	106.59	-0.51	20.00
NWHSC	51.05	37.05	2.00	16.00
SCHSC	89.00	64.00	1.00	26.00
SEHSC	167.90	131.95	0.95	36.90
WCHSC	102.00	93.20	0.40	9.20
Policy	100.00	70.47	1.47	31.00
Statewide	22.00	8.00	1.00	15.00
State Hospital	323.52	273.70	-2.10	47.72
*Internal Adjustment			3.41	
Operations	**187.25**	**157.05**	**1.00**	**31.20**
Communications	14.00	9.00	0.00	5.00
Office of Deputy Commissioner	32.50	28.00	0.00	4.50
Office of Commissioner	9.70	8.00	-1.00	0.70
Finance	74.50	67.50	2.00	9.00
Legal	13.75	12.75	0.00	1.00
Human Resources	42.80	31.80	0.00	11.00
*Internal Adjustment			1.00	
Medical Services	**106.00**	**95.75**	**-0.25**	**10.00**
*Internal Adjustment			-0.25	
Public Health	**232.05**	**221.95**	**0.90**	**11.00**
Administration	10.00	7.00	0.00	3.00
Disease Control	39.80	38.80	1.00	2.00
Health Response & Licensure	74.00	71.00	-1.00	2.00
Health Statistics & Performance	24.00	23.00	2.00	3.00
Healthy & Safe Communities	60.00	58.00	-1.00	1.00
Laboratory Services	24.25	24.15	-0.10	0.00
*Internal Adjustment			**0.90**	
Human Services	**1053.44**	**967.73**	**-0.10**	**85.61**
Adult & Aging Services	144.65	142.90	0.00	1.75
Child Support	161.20	156.20	0.00	5.00
Children & Family Services	84.00	82.00	0.00	2.00
Developmental Disabilities	144.15	141.15	0.00	3.00
Disability Determination Services	23.00	20.00	0.00	3.00
Early Childhood	47.00	46.00	0.00	1.00
Economic Assistance	86.00	77.00	0.00	9.00
Vocational Rehabilitation	87.00	77.00	0.00	10.00
Life Skills & Transition Center	276.44	225.48	-0.10	50.86
*Internal Adjustment			-0.10	

**Internal adjustments refers to situations where a request through the block grant was approved and subsequently withdrawn, either in whole or part; as well as unique situations with employees who are temporarily working less than their alloted FTE (i.e. medical LOA, light duty, etc) and renumbering*

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Report 3: Conversion of Long Term Temp to FTE
This report provides a list of all Long Term Temp that have been converted to FTE, by division.

	53.50	+	55.00	=	108.50
	53.5 Approved during 23-25 (takes us to the 2581.83)		Approved as part of block grant		Total approved conversions from temp to FTE
Behavioral Health Division					
BLHSC	2.00		2.00		4.00
LRHSC	2.00		0.00		2.00
NCHSC	3.50		0.00		3.50
NEHSC	6.00		3.00		9.00
NWHSC	2.00		0.00		2.00
SCHSC	4.00		0.00		4.00
SEHSC	18.00		1.00		19.00
WCHSC	7.00		0.00		7.00
Policy	1.00		0.00		1.00
Statewide	0.00		0.00		0.00
State Hospital	0.00		0.00		0.00
Operations					
Office of Commissioner	0.00		0.00		0.00
Office of Deputy Commissioner	1.00		0.00		1.00
Communications	0.00		0.00		0.00
Finance	0.00		2.00		2.00
Legal	0.00		0.00		0.00
Human Resources	0.00		0.00		0.00
Medical Services	0.00		4.00		4.00
Public Health					
Administration	0.00		1.00		1.00
Disease Control	1.00		6.00		7.00
Health Response & Licensure	0.00		8.00		8.00
Health Statistics & Performance	0.00		2.00		2.00
Healthy & Safe Communities	4.00		6.00		10.00
Laboratory Services	0.00		3.00		3.00
Human Services					
Adult & Aging Services	2.00		2.00		4.00
Child Support	0.00		0.00		0.00
Children & Family Services	0.00		4.00		4.00
Developmental Disabilities	0.00		8.00		8.00
Disability Determination Services	0.00		0.00		0.00
Early Childhood	0.00		1.00		1.00
Economic Assistance	0.00		2.00		2.00
Vocational Rehabilitation	0.00		0.00		0.00
Life Skills & Transition Center	0.00		0.00		0.00

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Report 5: Repurposed Positions within Behavioral

Behavioral Health Division	
BH Policy to Medical Services	1
NCHSC to Statewide Clinic	1
SEHSC to Statewide Clinic	1
WCHSC to NEHSC	1
Statewide HSC to BHD Policy	2
Statewide to NWHSC	1
Statewide to SEHSC	2
State Hospital to BHD Policy	9
State Hospital to BLHSC	3
State Hospital to NCHSC	2
State Hospital to NEHSC	9
State Hospital to NWHSC	3
State Hospital to SCHSC	11
State Hospital to SEHSC	5
State Hospital to WCHSC	2
TOTAL Transfers within BHD	**53**

25.0156.01000

Sixty-ninth
Legislative Assembly
of North Dakota

HOUSE BILL NO. 1012

Introduced by

Appropriations Committee

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. APPROPRIATION. The funds provided in this section, or so much of the funds as may be necessary, are appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, and from other funds derived from special funds and federal funds, to the department of health and human services for the purpose of defraying the expenses of its various divisions, for the biennium beginning July 1, 2025, and ending June 30, 2027, as follows:

Subdivision 1.

BUSINESS OPERATIONS

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$25,763,358	$0	$25,763,358
Operating expenses	155,308,399	0	155,308,399
Capital assets	108,934	0	108,934
Grants	11,812,627	0	11,812,627
Total all funds	192,993,318	0	192,993,318
Less other funds	118,894,310	0	118,894,310
Total general fund	$74,099,008	$0	$74,099,008

Subdivision 2.

BEHAVIORAL HEALTH

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$8,792,675	$0	$8,792,675
Operating expenses	79,381,458	0	79,381,458
Grants	40,476,298	0	40,476,298
Behavioral health clinics	196,383,945	0	196,383,945
State hospital	94,826,973	0	94,826,973
Opioid addiction prevention	2,000,000	0	2,000,000
Total all funds	421,861,349	0	421,861,349
Less other funds	113,955,941	0	113,955,941
Total general fund	$307,905,408	0	$307,905,408

Subdivision 3.

HUMAN SERVICES

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$168,325,918	$0	$168,325,918
Operating expenses	88,885,469	0	88,885,469
Capital assets	10,000	0	10,000
Grants	621,189,007	0	621,189,007
Life skills and transition center	44,992,263	0	44,992,263
Grants - medical assistance	742,793,564	0	742,793,564
County social services	197,663,661	0	197,663,661
Total all funds	1,863,859,882	0	1,863,859,882
Less other funds	1,240,409,529	0	1,240,409,529
Total general fund	$623,450,353	0	$623,450,353

Subdivision 4.

MEDICAL SERVICES

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$21,008,344	$0	$21,008,344
Operating expenses	70,807,977	0	70,807,977

Grants	1,651,004	0	1,651,004
Grants - medical assistance	2,682,778,803	0	2,682,778,803
Total all funds	2,776,246,128	0	2,776,246,128
Less other funds	1,818,029,530	0	1,818,029,530
Total general fund	$958,216,598	0	$958,216,598

Subdivision 5.

PUBLIC HEALTH

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$60,415,388	$0	$60,415,388
Operating expenses	37,721,213	0	37,721,213
Capital assets	1,469,780	0	1,469,780
Grants	81,718,145	0	81,718,145
Tobacco prevention	13,063,162	0	13,063,162
Women, infants, and children food payments	19,900,000	0	19,900,000
Cares Act/COVID-19	83,909,182	0	83,909,182
Total all funds	$298,196,870	0	298,196,870
Less other funds	250,440,690	0	250,440,690
Total general fund	$47,756,180	$0	$47,756,180

TOTAL - SECTION 1

	Base Level	Adjustments or Enhancements	Appropriation
Grand total all funds	$5,553,157,547	$0	$5,553,157,547
Grand total other funds	3,541,730,000	0	3,541,730,000
Grand total general fund	$2,011,427,547	$0	$2,011,427,547
Full-time equivalent positions	2,483.83	0.00	2,483.83

SECTION 2. FUNDING TRANSFERS - EXEMPTION - AUTHORIZATION - REPORT. Notwithstanding section 54-16-04, the director of the office of management and budget shall transfer appropriation authority between line items within subdivisions 1, 2, 3, 4, and 5 of section 1 of this Act for the biennium beginning July 1, 2025, and ending June 30, 2027, as

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Department of Health and Human Services
Owned Buildings

State Hospital Buildings	Year Built	Sq. Feet	Building #
Learning Resource Center	1916	43,710	6
Lahaug Building	1984	138,627	9
16 West - Engineering Offices	1930	39,990	13
Superintendent Cottage / Garage	1917	6,476	18
Power House / Smoke Stack	1914/1981	39,285	19
Engineering Warehouse	1925	23,760	23
Warehouse	1929	6,020	26
Implement Shed	1926	5,370	35
Motor Vehicle Maintenance Shop	1949	4,650	39
Cottage 77-1 / Garage	1954	2,857	41
Cottage 77-2 / Garage	1954	2,857	42
Cottage 77-3 / Garage	1954	2,857	43
Cottage 77-4	1957	3,020	44
Cottage 77-5	1957	3,020	45
Cottage #78	1954	3,900	46
Grounds Maintenance Shop	1956	3,200	47
Nurses Residence	1956	34,660	48
Gronewald/Middleton Bldg	1956	82,670	49
Sewage Lift Station	1958	312	52
Double Garage - Cottage 77-4	1959	680	53
All Faith Church	1961	15,450	54
Cottage #88	1962	2,254	56
Cottage #89	1962	3,028	57
Swimming Pool	1968	6,800	59
New Horizons (Adolescent Center)	1969	72,524	60
Electrical Distribution Bldg	1984	1,800	64
Engineering Warehouse	1981	3,130	65
Double Garage - Cottage 77-5	1988	676	66
Single Garage - Cottage 78	1962	308	68
Smoking Station	2001	91	69
Pump House	2001	693	70
Total		**554,675**	

SEHSC	**1992**	**50,796**

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Department of Health and Human Services
Owned Buildings

LSTC BUILDING INFORMATION			
Building	**Year Built/Remodel**	**Sq. Feet**	**Building #**
Cedar Grove	1982/2020	40,713	39
Central Receiving/Warehouse -	1950/1987	12,240	21
Chapel	1971	11,136	37
Collette	1967/1987	27,020	36
D.E. Aluminum Recycling Ctr	1960/2013	1,426	11
Health Service Center	1950/1984	32,352	22
Laundry	1966/1986	12,780	33
Maplewood	1982/2020	40,713	40
Midway	1909-1973	8,880	9
New Horizons	1959/1984	28,096	10
Nutrition Services	1973/1987	29,651	38
Powerhouse	1932/1983	15,456	4
Prairieview	1960/1984	33,108	31
Professional Services Bldg	1979/1998	31,680	1
Physical/Occupational Therapy	1982	10,440	41
Sunset	1937/1987	34,898	3
Vehicle Maintenance Shop	1985	18,631	34
Cottage 1	1953	2,570	23
Cottage 2	1954	2,570	24
Cottage 3	1954	3,170	25
Cottage 4	1955	2,570	26
Cottage 5	1955	2,570	27
Cottage 6	1959	5,168	30
Total		**407,838**	

Tunnels	1968/1987	801,253	

Shelter Areas			
Pedestrian Tunnel Shelter	1987	320	
Screened Shelter	1992	864	
Screened Shelter	1992	864	
Open Picnic Shelter	1987	768	

Public Health Buildings	**Year Built**	**Sq. Feet**
State Lab (current location)	1976	31,980
Morgue	2005	4,837
Mobile Medical Labs (3)	2020	1,770 (Each)

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Bills with Fiscal note, Appropriation or Potential Fiscal Impact
As of January 26, 2025

Bill Number	Bill Title	Fiscal Impact	Total	General	Federal/Other
1034	Reestablishment of Parental Rights	Minimal	-		
1037	Autonomous Vehicles		750,000	750,000	
1066	Minimum wage paid by the Department		213,038		213,038
1067	Medical assistance benefits and Medicaid waivers		961,320	356,491	604,829
1070	Children's health insurance program		-		
1071	Tattooing, body piercing, branding, subdermal implants and scarification		-		
1072	Foster care homes for children and adults		-		
1109	Residential care and services for the developmentally disabled		-		
1119	Early childhood services and child care assistance		225,826	225,826	
1203	Regulating edible medical marijuana products		-		
1205	Abandonment of infants in newborn safety devices		50,000	50,000	
1249	Autonomous technology grants		750,000	750,000	
1268	Mandatory drug testing by human service zones		100,000	100,000	
1306	Fees assessed for open records requests		-		
1321	Medical marijuana limitations	Continuing Appropriation	-		
1337	Mental health services for incarcerated individuals		10,000,000	10,000,000	
1413	Safe food donation program		240,377	240,377	
1425	Prosecution led diversion programs, deflection process and supervision for presentence programs		750,000	750,000	
1433	Creation of a dementia response program		250,000	250,000	
1451	Medical assistance prescription drug benefits for antiobesity programs		8,862,000	3,053,476	5,808,524
1460	Substitute caregiver and respite care provider requirements in foster homes for adults		-		
1464	Postpartum doula certification and medical assistance benefits		280,800	137,620	143,180
1467	Recording and reporting vaccine adverse event data		100,000	100,000	
1468	Behavioral health facility grant		16,000,000	16,000,000	
1485	Personal needs allowance amount for eligible beneficiaries	Fiscal note	-		
1519	Death and vaccination records		503,278	503,278	
1548	Fitness center grant for Life Skills and Transition Center	SIIF Fund	10,000,000		10,000,000
1566	Relating to the regulation of kratom	Fiscal note			

Bill Number	Bill Title	Fiscal Impact	Total	General	Federal/Other
1567	Dental and oral health care status among Medicaid recipients and workforce support to improve access for low-income children		97,000	97,000	
1570	Creation of a tobacco tax distribution behavioral health fund	Undetermined	-		
1597	Distribution of state financial assistance to eligible ambulance service operations.	Undetermined	-		
1606	Sick leave for state employees	Undetermined	-		
2031	Nursing services agencies		240,737	240,737	
2033	Distressed ambulance service program		209,842	209,842	
2036	Fitness to proceed and remediation of juveniles		5,580,000	4,580,000	1,000,000
2037	Juvenile court petitions, fitness to proceed in juvenile court proceedings, and collateral consequences the juvenile court may order;		350,328	350,328	
2096	State hospital facilities and to provide for regional acute psychiatric treatment and residential supportive housing services.		105,000,000	105,000,000	
2112	Relating to the life skills and transition center		87,969	87,969	
2113	Relating to certified community behavioral health clinics and the financing of health and human services		300,000	300,000	
2138	Grants to organizations providing care for the elderly		250,000	250,000	
2190	Relating to medical assistance benefits		10,721,304	5,308,800	5,412,504
2192	Accreditation grants for community providers		240,000	240,000	
2200	Creation of the 988 crisis hotline program and the 988 crisis stabilization fund and the imposition of a 988 access fee		4,484,958		4,484,958
2205	Charitable gaming operating fund	Continuing Appropriation	-		
2231	Covered services for medical assistance	Amendment	7,113	711	6,402
2271	Adult residential facility payment rates		2,200,000	2,200,000	
2294	Qualifying senior and nonresident medical marijuana patients	Continuing Appropriation	-		
2305	Family paid caregiver service program and the cross-disability advisory council		22,417,003	13,067,837	9,349,166
2306	Establishment of a child care workforce recruitment and retention program		23,935,162	23,935,162	
2316	Long-term care services for patients with ventilator or psychiatric needs		1,500,000	750,000	750,000
2318	Paid family caregiver services		-		
	Grand Total all Bills		**227,658,055**	**189,885,454**	**37,772,601**

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Salary Block Grant Financial Report

HB 1012 Subdivision	Section	23-25 Underfund	23-25 Legislative Base	Internal Budget Alignments	23-25 Budget	Exp through Dec 2024	Project 23-25	(Over)/ Under Budget	23-25 Projected Travel Contracts	Cost to Continue 4%	2023-2025 HB 1004 Salary Pool Reduction	2023-2025 SB 2012 Salary Underfund	Governor's Compensation Package	Armstrong Executive Budget Decision Packages	25-27 Executive Budget Budget
Business Operations	Commissioner	(81,900)	1,711,091	2,938,956	4,650,047	3,282,472	3,820,370	829,678		86,598		81,900	99,258	9,842,126	14,385,246
	Communications	(58,500)	1,226,321	542,406	1,768,727	1,490,158	2,299,249	(530,522)		32,939		58,500	172,638		3,219,945
	DD Council		305,723	0	305,723	216,128	291,934	13,789		5,693					591,333
	Deputy Commissioner	(52,650)	1,782,497	1,208,712	2,991,209	2,151,842	3,777,546	(786,337)		55,705		52,650	594,482		6,055,381
	Finance	(514,800)	11,370,481	4,216,933	15,587,415	11,167,657	16,106,533	(519,119)		290,285	344,736	514,800	1,059,704		22,752,088
	Human Resources	(312,000)	5,754,539	414,515	6,169,054	5,070,131	6,868,571	(699,518)		114,886		312,000	442,642		7,950,404
	Legal	(101,400)	2,762,778	149,395	2,912,173	2,089,648	2,991,555	(79,382)		54,233		101,400	212,221		3,674,130
	Refugee Services		864,930	0	864,930	863,858	1,107,219	(242,289)		16,108					1,712,837
Business Operations Total		**(1,121,250)**	**25,778,360**	**9,470,917**	**35,249,277**	**26,331,895**	**37,262,978**	**(2,013,700)**	**-**	**656,447**	**344,736**	**1,121,250**	**2,580,945**	**9,842,126**	**60,341,364**
Behavioral Health	0 - Statewide Clinic	(731,250)	6,563,547	0	6,563,547	3,656,448	5,648,720	914,827		122,233		731,250	996,952		13,228,911
	1 - Northwest Clinic	(376,350)	8,149,323	0	8,149,323	4,991,295	7,236,476	912,847		151,765		376,350	513,098	250,536	9,296,050
	2 - North Central Clinic	(875,550)	20,057,484	0	20,057,484	12,194,905	16,816,217	3,241,267		373,531		875,550	1,193,683		20,704,468
	3 - Lake Region Clinic	(378,300)	9,858,429	(240,443)	9,617,986	6,495,512	8,916,675	701,311		179,116		378,300	515,756		10,692,134
	4 - Northeast Clinic	(1,043,250)	24,124,905	(221,930)	23,902,975	15,809,741	21,684,481	2,218,494	799,647	445,145		1,043,250	1,422,318		25,149,039
	5- Southeast Clinic	(1,575,600)	33,243,880	(365,326)	32,878,554	22,297,021	30,183,873	2,694,681		612,298		1,575,600	2,148,099		34,463,658
	6 - South Central Clinic	(680,550)	14,210,586	0	14,210,586	10,105,804	13,886,221	324,365	384,577	264,644		680,550	927,830		16,514,070
	7 - West Central Clinic	(863,850)	21,484,707	(374,379)	21,110,328	14,455,972	20,289,088	821,240		393,138		863,850	1,177,732		22,935,424
	8 - Badlands Clinic	(661,050)	13,288,027	0	13,288,027	8,679,025	12,168,470	1,119,557		247,463		661,050	901,244		14,597,350
	Policy	(542,100)	8,792,675	1,414,989	10,207,664	7,667,481	10,247,462	(39,799)		190,097		542,100	1,202,740		17,267,167
	State Hospital	(5,200,650)	76,156,747	(852,892)	75,303,855	50,255,216	68,163,314	7,140,541	6,105,126	1,402,384		5,200,650	4,157,833		73,941,551
Behavioral Health Total		**(12,928,500)**	**235,930,310**	**(639,981)**	**235,290,328**	**156,608,420**	**215,240,999**	**20,049,330**	**7,289,350**	**4,381,814**	**-**	**12,928,500**	**15,157,285**	**250,536**	**258,789,821**
Human Services	Aging Services	(380,250)	12,686,548	0	12,686,548	10,291,077	13,510,977	(824,429)		236,262		380,250	15,370		15,171,289
	Child Support	(544,050)	31,111,386	0	31,111,386	22,942,958	30,644,087	467,299		579,388		544,050	2,090,506		33,349,319
	Children and Family Services	(274,950)	7,880,690	0	7,880,690	6,250,949	8,491,793	(611,103)		146,762		274,950	585,942		9,735,168
	Developmental Disabilities	(852,150)	26,050,507	0	26,050,507	20,515,919	27,775,091	(1,724,584)		485,139		852,150	1,662,448		30,994,223
	Disability Determination Services		4,786,632	0	4,786,632	3,287,099	4,400,227	386,405		89,141			292,016		5,218,891
	Early Childhood	(208,650)	4,120,692	0	4,120,692	3,144,843	4,408,151	(287,459)		76,740		208,650	260,099		5,169,207
	Economic Assistance	(200,850)	10,376,918	(177,648)	10,199,270	11,637,287	15,701,433	(5,502,163)		189,941		200,850	729,488		12,531,872
	Human Service Zones	(83,850)	34,086,800	(807,719)	33,279,081	25,992,897	34,449,927	(1,170,846)		619,757		83,850	2,235,626		36,392,274
	Life Skills & Transition Center	(1,464,450)	53,846,296	(1,062,147)	52,784,149	39,602,042	52,918,995	(134,846)	4,455,932	983,000		1,464,450	3,252,179		57,799,213
	Voc Rehab	(196,950)	18,185,556	0	18,185,556	12,655,612	17,079,896	1,105,660		338,670		196,950	1,995,579		21,125,828
Human Services Total		**(4,206,150)**	**203,132,025**	**(2,047,514)**	**201,084,511**	**156,320,684**	**209,380,577**	**(8,296,066)**	**4,455,932**	**3,744,800**	**-**	**4,206,150**	**13,119,253**		**227,487,284**
Medical Services	Medical Services	(534,300)	21,072,281	0	21,072,281	15,351,849	21,563,691	(491,410)		392,429		534,300	1,394,040		24,800,444
Medical Services Total		**(534,300)**	**21,072,281**	**0**	**21,072,281**	**15,351,849**	**21,563,691**	**(491,410)**	**-**	**392,429**	**-**	**534,300**	**1,394,040**		**24,800,444**
Public Health	Disease Control	(130,650)	14,890,554	0	14,890,554	8,537,737	11,680,125	3,210,429		277,307	378,512	130,650	565,359		13,770,758
	Health Response & Licensure	(296,400)	16,172,206	0	16,172,206	13,677,184	17,953,714	(1,781,508)		301,175	688,689	296,400	966,103		14,291,133
	Health Statistics & Performance	(13,650)	5,000,982	0	5,000,982	2,989,916	4,247,672	753,310		93,133	172,062	13,650	259,803		6,547,530
	Healthy & Safe Communities	(74,100)	12,175,658	(183,786)	11,991,872	9,306,983	12,750,900	(759,028)		223,325	530,476	74,100	791,046		14,629,593
	Lab Services	(195,000)	8,130,482	0	8,130,482	3,899,804	5,216,954	2,913,528		151,414	324,552	195,000	314,915		5,626,846
	Public Health Administration Section		6,599,636	(6,599,636)	0										
Public Health Total		**(709,800)**	**62,969,518**	**(6,783,422)**	**56,186,096**	**38,411,625**	**51,849,364**	**4,336,732**	**-**	**1,046,354**	**2,094,291**	**709,800**	**2,897,226**		**54,865,860**
Grand Total		**(19,500,000)**	**548,882,494**	**0**	**548,882,494**	**393,024,473**	**535,297,608**	**13,584,886**	**11,745,282**	**10,221,844**	**2,439,027**	**19,500,000**	**35,148,749**	**10,092,662**	**626,284,773**

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Report 4: Reconciliation Report

	53.50	+	53.50	*Internal adjustments + or - 0.75	=	2581.83	+	55.00	+	143.43	*Internal adjustments + or - 0.65	=	2780.91
	53.5 Temp to FTE effective 7-1-23 (authorized in 23-25 session)		53.5 New FTE effective 7-1-23 (authorized in 23-25 session)			FINAL 2023-25 Starting Point		Temp to FTE added through block grant up until 12-31-24		Non-temp FTE added through block grant up until 12-31-24			Current Position Numbers Assigned
Business Operations													
Office Of Commissioner	0.00		0.00			1.00		0.00		2.00			9.7
Office Of Deputy Commissioner	1.00		1.50			32.00		0.00		5.50			32.5
Communications	0.00		0.00			9.00		0.00		6.00			14
Legal	0.00		0.00			10.75		0.00		3.00			13.75
Human Resources	0.00		0.00			29.80		0.00		12.50			42.8
Finance	0.00		0.00			67.85		2.00		11.00			74.5
Behavioral Health Division													
Behavioral Health Policy & Administration	1.00		7.00			71.00		0.00		16.00			100
Human Service Clinics	44.50		26.00			667.75		6.00		48.00			778.65
State Hospital	0.00		0.00			358.12		0.00		1.00			323.52
Human Services Division													
Administration	0.00		0.00			0.00		0.00		3.00			0
Economic Assistance	0.00		0.00			56.00		2.00		13.20			86
Child Support	0.00		0.00			160.20		0.00		0.00			161.2
Aging & Adult Services	2.00		8.00			65.95		2.00		5.70			144.65
Children And Family Services	0.00		0.00			40.00		4.00		0.00			84
Vocational Rehabilitation	0.00		0.00			85.00		0.00		1.00			87
Developmental Disabilities	0.00		5.00			140.12		8.00		4.03			144.15
Disability Determination Services	0.00		0.00			23.00		0.00		0.00			23
Early Childhood	0.00		1.00			22.00		1.00		2.00			47
Life Skills & Transition Center	0.00		0.00			275.54		0.00		0.00			276.44
Human Service Zone Operations	0.00		0.00			157.00		0.00		0.00			
Medical Services Division													
Medical Services	0.00		5.00			95.00		4.00		5.50			106
Long Term Care	0.00		0.00			0.00		0.00		0.00			0
Public Health Division													
Public Health Administration	0.00		0.00			0.00		1.00		0.00			10
Disease Control & Forensic Path	1.00		0.00			39.00		6.00		1.00			39.8
Health Statistics & Performance	0.00		0.00			24.00		2.00		0.00			24
Healthy And Safe Communities	4.00		0.00			54.00		6.00		2.00			60
Laboratory Services	0.00		0.00			25.50		3.00		0.00			24.25
Health Resources And Response	0.00		0.00			71.50		8.00		1.00			74
Internal adjustment				**0.75**		**0.75**					**0.65**		

**Internal adjustments refers to situations where a request through the block grant was approved and subsequently withdrawn, either in whole or part; as well as unique situations with employees who are temporarily working less than their alloted FTE (i.e. medical LOA, light duty, etc) and renumbering*

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Agency Number: 32500
Agency Name: Health & Human Services
Contact Person: Marcie Wuitschick
Contact Number: 701-328-1290

Report 1: HHS Vacancy Report
This report reflects vacancies for HHS as of 12/1/2024. All open positions, that have been assigned a position number, are reflected in the vacancy report.
This report is submitted to Legislative Council and OMB.

Positions Vacant as of December 1, 2024

Position FTE No.	Position FTE Count	Position FTE Title	Employing Unit	Date Vacated	Vacant Number of Months December 2024	Expected Date To Be Filled	Current Status	General 2025-27 Biennium Base Level Funding Fund	Other Funds	Total	Salary	Benefits	Estimated Biennial Cost	General	Federal	Other
00032107	1.00	Assistant Director	Human Services/Adult & Aging Services	11/24	1	4/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	0	0	0	$196,872.00	$79,415.04	$276,287.04	$124,240.73	$152,046.31	$0.00
'00031961	1.00	Financial Counselor	Behavioral Health/Policy	5/24	7	3/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	0	0	0	$115,632.00	$63,240.24	$178,872.24	$156,972.91	$21,899.33	$0.00
'00031987	1.00	Mental Health Manager	Behavioral Health/Policy	6/24	6	3/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	0	0	0	$137,208.00	$67,535.76	$204,743.76	$179,676.98	$25,066.78	$0.00
'00031988	1.00	Recovery Administrator	Behavioral Health/Policy	6/24	6	2/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	0	0	0	$163,848.00	$72,839.76	$236,687.76	$207,710.07	$28,977.69	$0.00
'00031984	1.00	Statewide Continuous QI Mgr	Behavioral Health/Policy	6/24	6	12/24	Phase 5 - position is filled and new team member hasn't started by 12-1-24	0	0	0	$196,872.00	$79,415.04	$276,287.04	$242,461.21	$33,825.83	$0.00
'00032026	1.00	Credentialing Specialist	Behavioral Health/Policy	9/24	3	12/24	Phase 5 - position is filled and new team member hasn't started by 12-1-24	0	0	0	$137,208.00	$67,535.76	$204,743.76	$179,676.98	$25,066.78	$0.00
'00032065	1.00	Administrative Assistant	Behavioral Health/Policy	11/24	1	3/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	0	0	0	$97,248.00	$59,579.76	$156,827.76	$137,627.34	$19,200.42	$0.00
'00032073	1.00	Certified Medical Coder	Behavioral Health/Policy	11/24	1	3/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	0	0	0	$137,208.00	$67,535.76	$204,743.76	$179,676.98	$25,066.78	$0.00
'00032074	1.00	Certified Medical Coder	Behavioral Health/Policy	11/24	1	4/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	0	0	0	$137,208.00	$67,535.76	$204,743.76	$179,676.98	$25,066.78	$0.00
'00032066	1.00	Client Access Lead	Behavioral Health/Policy	11/24	1	4/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	0	0	0	$115,632.00	$63,240.24	$178,872.24	$156,972.91	$21,899.33	$0.00
'00032067	1.00	Client Access Lead	Behavioral Health/Policy	11/24	1	4/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	0	0	0	$115,632.00	$63,240.24	$178,872.24	$156,972.91	$21,899.33	$0.00
'00032068	1.00	Client Access Lead	Behavioral Health/Policy	11/24	1	4/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	0	0	0	$115,632.00	$63,240.24	$178,872.24	$156,972.91	$21,899.33	$0.00
'00032069	1.00	Client Access Lead	Behavioral Health/Policy	11/24	1	4/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	0	0	0	$115,632.00	$63,240.24	$178,872.24	$156,972.91	$21,899.33	$0.00
'00032070	1.00	Client Access Lead	Behavioral Health/Policy	11/24	1	4/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	0	0	0	$115,632.00	$63,240.24	$178,872.24	$156,972.91	$21,899.33	$0.00
'00032071	1.00	Client Access Lead	Behavioral Health/Policy	11/24	1	4/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	0	0	0	$115,632.00	$63,240.24	$178,872.24	$156,972.91	$21,899.33	$0.00
'00032072	1.00	Client Access Lead	Behavioral Health/Policy	11/24	1	4/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	0	0	0	$115,632.00	$63,240.24	$178,872.24	$156,972.91	$21,899.33	$0.00
'00032048	1.00	Family Navigator	Behavioral Health/Policy	11/24	1	3/25	Phase 3 - position posting closed; applications being reviewed and interviews scheduled	0	0	0	$137,208.00	$67,535.76	$204,743.76	$179,676.98	$25,066.78	$0.00
'00032075	1.00	Financial Counselor	Behavioral Health/Policy	11/24	1	3/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	0	0	0	$115,632.00	$63,240.24	$178,872.24	$156,972.91	$21,899.33	$0.00
'00032076	1.00	Financial Counselor	Behavioral Health/Policy	11/24	1	3/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	0	0	0	$115,632.00	$63,240.24	$178,872.24	$156,972.91	$21,899.33	$0.00
'00032077	1.00	Insurance Billing Specialist	Behavioral Health/Policy	11/24	1	3/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	0	0	0	$115,632.00	$63,240.24	$178,872.24	$156,972.91	$21,899.33	$0.00
'00032078	1.00	Procurement and Contract Spec	Behavioral Health/Policy	11/24	1	3/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	0	0	0	$192,000.00	$78,444.96	$270,444.96	$237,334.38	$33,110.58	$0.00
'00032063	1.00	LAC	Behavioral Health/BLHSC	11/24	1	3/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	0	0	0	$163,848.00	$72,839.76	$236,687.76	$161,851.08	$49,248.72	$25,587.97
'00032064	1.00	Psychometrist	Behavioral Health/BLHSC	11/24	1	3/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	0	0	0	$137,208.00	$67,535.76	$204,743.76	$140,007.23	$42,601.98	$22,134.55

Positions Vacant as of December 1, 2024

Position FTE No.	Position FTE Count	Position FTE Title	Employing Unit	Date Vacated	Vacant Number of Months December 2024	Expected Date To Be Filled	Current Status	General 2025-27 Biennium Base Level Funding Fund	Other Funds	Total	Salary	Benefits	Estimated Biennial Cost	General	Federal	Other
'00032049	1.00	Communications Specialist	Communications	11/24	1	3/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	0	0	0	$137,208.00	$67,535.76	$204,743.76	$161,437.27	$43,306.49	$0.00
'00032050	1.00	Communications Specialist	Communications	11/24	1	12/24	Phase 5 - position is filled and new team member hasn't started by 12-1-24	0	0	0	$137,208.00	$67,535.76	$204,743.76	$161,437.27	$43,306.49	$0.00
'00032060	1.00	Communications Specialist	Communications	11/24	1	2/25	Phase 3 - position posting closed; applications being reviewed and interviews scheduled	0	0	0	$137,208.00	$67,535.76	$204,743.76	$161,437.27	$43,306.49	$0.00
'00032061	1.00	Marketing Specialist	Communications	11/24	1	3/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	0	0	0	$137,208.00	$67,535.76	$204,743.76	$161,437.27	$43,306.49	$0.00
'00032116	1.00	Inclusion Administrator	Office of Deputy Commissioner (DD Council)	12/24	0	2/25	Phase 2 - position posted; actively recruiting and has not yet closed	0	0	0	$144,000.00	$68,888.16	$212,888.16	0	$212,888.16	0
'00031982	1.00	Incident Review Speicalist	Human Services/Developmental Disabilities	6/24	6	12/24	Phase 5 - position is filled and new team member hasn't started by 12-1-24	0	0	0	$182,280.00	$76,509.84	$258,789.84	$124,864.55	$133,541.02	$384.27
'00032044	1.00	DD Program Manager II	Human Services/Developmental Disabilities	10/24	2	12/24	Phase 5 - position is filled and new team member hasn't started by 12-1-24	0	0	0	$137,208.00	$67,535.76	$204,743.76	$98,787.64	$105,652.10	$304.02
'00032045	1.00	DD Program Manager II	Human Services/Developmental Disabilities	10/24	2	12/24	Phase 5 - position is filled and new team member hasn't started by 12-1-24	0	0	0	$137,208.00	$67,535.76	$204,743.76	$98,787.64	$105,652.10	$304.02
'00032039	1.00	CCAP TANF Compliance Ofr	Human Services/Economic Assistance	10/24	2	1/25	Phase 5 - position is filled and new team member hasn't started by 12-1-24	0	0	0	$154,800.00	$71,038.56	$225,838.56	$81,390.84	$144,447.72	$0.00
'00032038	1.00	Compliance Officer	Human Services/Economic Assistance	10/24	2	12/24	Phase 5 - position is filled and new team member hasn't started by 12-1-24	0	0	0	$159,600.00	$71,994.24	$231,594.24	$83,465.15	$148,129.09	$0.00
'00032041	1.00	Learning and Development Spec	Human Services/Economic Assistance	10/24	2	1/25	Phase 5 - position is filled and new team member hasn't started by 12-1-24	0	0	0	$139,200.00	$67,932.48	$207,132.48	$74,649.28	$132,483.20	$0.00
'00032042	1.00	Learning and Development Spec	Human Services/Economic Assistance	10/24	2	1/25	Phase 4 - position has been offered and offer is pending	0	0	0	$141,600.00	$68,410.32	$210,010.32	$75,686.43	$134,323.89	$0.00
'00032040	1.00	LIHEAP Compliance Officer	Human Services/Economic Assistance	10/24	2	1/25	Phase 5 - position is filled and new team member hasn't started by 12-1-24	0	0	0	$144,000.00	$68,888.16	$212,888.16	$76,723.59	$136,164.57	$0.00
'00032036	1.00	UAT Test Analyst	Human Services/Economic Assistance	10/24	2	4/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	0	0	0	$180,216.00	$76,098.72	$256,314.72	$92,374.26	$163,940.46	$0.00
'00032037	1.00	UAT Test Analyst	Human Services/Economic Assistance	10/24	2	4/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	0	0	0	$180,216.00	$76,098.72	$256,314.72	$92,374.26	$163,940.46	$0.00
'00032106	1.00	SNAP Ed Prog Adminr	Human Services/Economic Assistance	11/24	1	1/25	Phase 3 - position posting closed; applications being reviewed and interviews scheduled	0	0	0	$163,848.00	$72,839.76	$236,687.76	$85,300.82	$151,386.94	$0.00
00032024	1.00	Fiscal Manager	Finance	9/24	3	12/24	Phase 5 - position is filled and new team member hasn't started by 12-1-24	0	0	0	$163,848.00	$72,839.76	$236,687.76	$124,747.47	$111,940.29	$0.00
'00032103	1.00	Compliance Officer	FInance	11/24	1	2/25	Phase 3 - position posting closed; applications being reviewed and interviews scheduled	0	0	0	$163,848.00	$72,839.76	$236,687.76	$124,747.47	$111,940.29	$0.00
'00032113	1.00	Global Process Owner	Finance	12/24	0	1/25	Phase 2 - position posted; actively recruiting and has not yet closed	0	0	0	$213,600.00	$82,745.52	$296,345.52	$156,190.40	$140,155.12	$0.00
'00031924	1.00	HR Generalist	Human Resources	5/24	7	3/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	0	0	0	$163,848.00	$72,839.76	$236,687.76	$192,279.14	$44,408.62	$0.00
'00032059	1.00	Executive Administrative Asst	Human Resources	11/24	1	4/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	0	0	0	$132,000.00	$7,938.80	$139,938.80	$113,682.74	$26,256.06	$0.00
'00032055	1.00	HR Generalist	Human Resources	11/24	1	3/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	0	0	0	$163,848.00	$72,839.76	$236,687.76	$192,279.14	$44,408.62	$0.00
'00032056	1.00	HR Generalist	Human Resources	11/24	1	3/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	0	0	0	$163,872.00	$72,844.80	$236,716.80	$192,302.73	$44,414.07	$0.00
'00032057	1.00	HR Generalist	Human Resources	11/24	1	3/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	0	0	0	$163,848.00	$72,839.76	$236,687.76	$192,279.14	$44,408.62	$0.00
'00032058	1.00	HR Generalist	Human Resources	11/24	1	4/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	0	0	0	$163,848.00	$72,839.76	$236,687.76	$192,279.14	$44,408.62	$0.00
'00032052	1.00	Safety/Security Specialist	Human Resources	11/24	1	3/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	0	0	0	$163,848.00	$72,839.76	$236,687.76	$192,279.14	$44,408.62	$0.00
'00032053	1.00	Talent Management Specialist	Human Resources	11/24	1	4/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	0	0	0	$163,848.00	$72,839.76	$236,687.76	$192,279.14	$44,408.62	$0.00
'00032054	1.00	Talent Management Specialist	Human Resources	11/24	1	6/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	0	0	0	$163,848.00	$72,839.76	$236,687.76	$192,279.14	$44,408.62	$0.00
'00032051	1.00	Total Rewards Manager	Human Resources	11/24	1	3/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	0	0	0	$196,800.00	$79,400.64	$276,200.64	$224,378.41	$51,822.23	$0.00

Positions Vacant as of December 1, 2024

Position FTE No.	Position FTE Count	Position FTE Title	Employing Unit	Date Vacated	Vacant Number of Months December 2024	Expected Date To Be Filled	Current Status	General 2025-27 Biennium Base Level Funding Fund	Other Funds	Total	Salary	Benefits	Estimated Biennial Cost	General	Federal	Other
'00002206	1.00	Direct Support Professional	Human Services/Life Skills & Transition Center	8/24	4	3/25	Phase 2 - position posted; actively recruiting and has not yet closed	20	24	44	$97,248.00	$59,579.76	$156,827.76	$69,099.51	$80,575.76	$7,152.48
'00002401	1.00	Life Skills Manager	Human Services/Life Skills & Transition Center	8/24	4	3/25	Phase 2 - position posted; actively recruiting and has not yet closed	0	0	0	$115,632.00	$63,240.24	$178,872.24	$78,812.48	$91,901.89	$8,157.87
'00002281	1.00	Direct Support Professional	Human Services/Life Skills & Transition Center	9/24	3	3/25	Phase 2 - position posted; actively recruiting and has not yet closed	20	24	44	$97,248.00	$59,579.76	$156,827.76	$69,099.51	$80,575.76	$7,152.48
'00002028	1.00	Direct Support Professional	Human Services/Life Skills & Transition Center	10/24	2	3/25	Phase 2 - position posted; actively recruiting and has not yet closed	20	24	44	$97,248.00	$59,579.76	$156,827.76	$69,099.51	$80,575.76	$7,152.48
'00002496	1.00	Direct Support Professional	Human Services/Life Skills & Transition Center	11/24	1	3/25	Phase 2 - position posted; actively recruiting and has not yet closed	20	24	44	$97,248.00	$59,579.76	$156,827.76	$69,099.51	$80,575.76	$7,152.48
'00002147	1.00	Custodian	Human Services/Life Skills & Transition Center	3/23	21	3/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	20	24	44	$69,792.00	$54,113.52	$123,905.52	$54,593.72	$63,660.81	$5,650.99
'00010208	1.00	Registered Nurse II	Human Services/Life Skills & Transition Center	4/23	20	3/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	20	24	44	$163,848.00	$72,839.76	$236,687.76	$104,286.44	$121,606.64	$10,794.68
'00002304	1.00	Human Relations Counselor	Human Services/Life Skills & Transition Center	5/23	19	3/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	20	24	44	$163,848.00	$72,839.76	$236,687.76	$104,286.44	$121,606.64	$10,794.68
'00002329	1.00	Direct Care Associate III	Human Services/Life Skills & Transition Center	12/23	12	3/25	Phase 2 - position posted; actively recruiting and has not yet closed	20	24	44	$97,248.00	$59,579.76	$156,827.76	$69,099.51	$80,575.76	$7,152.48
'00002047	1.00	Direct Care Associate III	Human Services/Life Skills & Transition Center	1/24	11	3/25	Phase 2 - position posted; actively recruiting and has not yet closed	20	24	44	$97,248.00	$59,579.76	$156,827.76	$69,099.51	$80,575.76	$7,152.48
'00002098	1.00	Cook I	Human Services/Life Skills & Transition Center	3/24	9	3/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	20	24	44	$90,552.00	$58,246.80	$148,798.80	$65,561.89	$76,450.60	$6,786.31
'00002103	1.00	Cook I	Human Services/Life Skills & Transition Center	4/24	8	1/25	Phase 3 - position posting closed; applications being reviewed and interviews scheduled	20	24	44	$90,552.00	$58,246.80	$148,798.80	$65,561.89	$76,450.60	$6,786.31
'00032023	1.00	Child Waiver Rural Case Mgr	Medical Services	8/24	4	12/24	Phase 5 - position is filled and new team member hasn't started by 12-1-24	0	0	0	$127,200.00	$65,543.28	$192,743.28	$80,893.42	$111,849.86	$0.00
'00032101	1.00	Claims Specialist	Medical Services	11/24	1	4/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	0	0	0	$115,632.00	$63,240.24	$178,872.24	$75,071.81	$103,800.43	$0.00
'00032100	1.00	HCBS Compliance Analyst	Medical Services	11/24	1	4/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	0	0	0	$196,872.00	$79,415.04	$276,287.04	$115,956.33	$160,330.71	$0.00
'00032102	1.00	MMIS Business Analyst	Medical Services	11/24	1	4/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	0	0	0	$163,848.00	$72,839.76	$236,687.76	$99,336.70	$137,351.06	$0.00
'00032099	1.00	Special Projects Coordinator	Medical Services	11/24	1	4/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	0	0	0	$163,848.00	$72,839.76	$236,687.76	$99,336.70	$137,351.06	$0.00
'00002821	1.00	Case Manager	Behavioral Health/NCHSC	3/24	9	2/25	Phase 3 - position posting closed; applications being reviewed and interviews scheduled	44	0	44	$137,208.00	$67,535.76	$204,743.76	$140,007.23	$42,601.98	$22,134.55
'00002988	1.00	Case Manager	Behavioral Health/NEHSC	4/24	8	2/25	Phase 3 - position posting closed; applications being reviewed and interviews scheduled	44	0	44	$137,208.00	$67,535.76	$204,743.76	$140,007.23	$42,601.98	$22,134.55
'00032079	1.00	LAC	Behavioral Health/NEHSC	11/24	1	3/25	Phase 2 - position posted; actively recruiting and has not yet closed	0	0	0	$163,848.00	$72,839.76	$236,687.76	$161,851.08	$49,248.72	$25,587.97
'00032080	1.00	LAC	Behavioral Health/NEHSC	11/24	1	5/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	0	0	0	$163,848.00	$72,839.76	$236,687.76	$161,851.08	$49,248.72	$25,587.97
'00032081	1.00	Psychometrist	Behavioral Health/NEHSC	11/24	1	3/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	0	0	0	$137,208.00	$67,535.76	$204,743.76	$140,007.23	$42,601.98	$22,134.55
'00031952	1.00	Community BH Liaison	Behavioral Health/NWHSC	5/24	7	1/25	Phase 5 - position is filled and new team member hasn't started by 12-1-24	0	0	0	$163,848.00	$72,839.76	$236,687.76	$161,851.08	$49,248.72	$25,587.97
'00032082	1.00	Behavioral Mod Spec	Behavioral Health/NWHSC	11/24	1	3/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	0	0	0	$137,208.00	$67,535.76	$204,743.76	$140,007.23	$42,601.98	$22,134.55
'00032083	1.00	Behavioral Mod Spec	Behavioral Health/NWHSC	11/24	1	2/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	0	0	0	$137,208.00	$67,535.76	$204,743.76	$140,007.23	$42,601.98	$22,134.55
'00032084	1.00	BH Therapist	Behavioral Health/NWHSC	11/24	1	3/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	0	0	0	$196,872.00	$79,415.04	$276,287.04	$188,929.73	$57,488.32	$29,868.99
'00032085	1.00	BH Therapist	Behavioral Health/NWHSC	11/24	1	4/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	0	0	0	$196,872.00	$79,415.04	$276,287.04	$188,929.73	$57,488.32	$29,868.99
'00032086	1.00	BH Therapist	Behavioral Health/NWHSC	11/24	1	5/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	0	0	0	$196,872.00	$79,415.04	$276,287.04	$188,929.73	$57,488.32	$29,868.99
'00032032	1.00	Refugee Career Navigator	Office of Deputy Commissioner	9/24	3	12/24	Phase 5 - position is filled and new team member hasn't started by 12-1-24	0	0	0	$137,208.00	$67,535.76	$204,743.76	$101,147.77	$100,032.30	$3,563.68

Positions Vacant as of December 1, 2024

Position FTE No.	Position FTE Count	Position FTE Title	Employing Unit	Date Vacated	Vacant Number of Months December 2024	Expected Date To Be Filled	Current Status	General 2025-27 Biennium Base Level Funding Fund	Other Funds	Total	Salary	Benefits	Estimated Biennial Cost	General	Federal	Other
00031857	1.00	Grants Management Specialist	Public Health/Administration	3/24	9	3/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	0	0	0	$163,848.00	$72,839.76	$236,687.76	$82,121.60	$141,697.20	$12,868.96
'00032030	1.00	Harm Reduction Epidemiologist	Public Health/Healthy & Safe Communities	9/24	3	2/25	Phase 3 - position posting closed; applications being reviewed and interviews scheduled	0	0	0	$163,848.00	$72,839.76	$236,687.76	$82,121.60	$141,697.20	$12,868.96
'00032105	1.00	Environ Health Pract II	Public Health/Health Statistics & Performance	11/24	1	2/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	0	0	0	$163,848.00	$72,839.76	$236,687.76	$82,121.60	$141,697.20	$12,868.96
'00002960	1.00	Occupational Therapist	Behavioral Health/SCHSC	6/22	30	3/25	Phase 2 - position posted; actively recruiting and has not yet closed	44	0	44	$163,848.00	$72,839.76	$236,687.76	$161,851.08	$49,248.72	$25,587.97
'00002657	1.00	Regional Director	Behavioral Health/SCHSC	7/22	29	2/25	Phase 2 - position posted; actively recruiting and has not yet closed	44	0	44	$235,512.00	$87,108.00	$322,620.00	$220,612.99	$67,129.03	$34,877.98
'00002972	1.00	Residential Director	Behavioral Health/SCHSC	7/22	29	12/24	Phase 5 - position is filled and new team member hasn't started by 12-1-24	44	0	44	$196,872.00	$79,415.04	$276,287.04	$188,929.73	$57,488.32	$29,868.99
'00002890	1.00	Direct Care Associate III	Behavioral Health/SCHSC	2/24	10	2/25	Phase 3 - position posting closed; applications being reviewed and interviews scheduled	44	0	44	$97,248.00	$59,579.76	$156,827.76	$107,241.46	$32,631.88	$16,954.42
'00031953	1.00	Clinical Care Coordinator	Behavioral Health/SCHSC	5/24	7	12/24	Phase 5 - position is filled and new team member hasn't started by 12-1-24	0	0	0	$163,848.00	$72,839.76	$236,687.76	$161,851.08	$49,248.72	$25,587.97
'00032087	1.00	BH Therapist	Behavioral Health/SCHSC	11/24	1	2/25	Phase 2 - position posted; actively recruiting and has not yet closed	0	0	0	$196,872.00	$79,415.04	$276,287.04	$188,929.73	$57,488.32	$29,868.99
'00032088	1.00	BH Therapist	Behavioral Health/SCHSC	11/24	1	3/25	Phase 2 - position posted; actively recruiting and has not yet closed	0	0	0	$196,872.00	$79,415.04	$276,287.04	$188,929.73	$57,488.32	$29,868.99
'00032089	1.00	BH Therapist	Behavioral Health/SCHSC	11/24	1	3/25	Phase 2 - position posted; actively recruiting and has not yet closed	0	0	0	$196,872.00	$79,415.04	$276,287.04	$188,929.73	$57,488.32	$29,868.99
'00002685	1.00	Regional Director	Behavioral Health/SEHSC	1/22	35	2/25	Phase 3 - position posting closed; applications being reviewed and interviews scheduled	44	0	44	$235,512.00	$87,108.00	$322,620.00	$220,612.99	$67,129.03	$34,877.98
'00002544	1.00	Administrative Assistant I	Behavioral Health/SEHSC	5/23	19	2/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	44	0	44	$97,248.00	$59,579.76	$156,827.76	$107,241.46	$32,631.88	$16,954.42
'00031955	1.00	Clinical Care Coordinator	Behavioral Health/SEHSC	5/24	7	3/25	Phase 3 - position posting closed; applications being reviewed and interviews scheduled	0	0	0	$163,848.00	$72,839.76	$236,687.76	$161,851.08	$49,248.72	$25,587.97
'00032001	1.00	Case Manager - Adult	Behavioral Health/SEHSC	7/24	5	12/24	Phase 5 - position is filled and new team member hasn't started by 12-1-24	0	0	0	$137,208.00	$67,535.76	$204,743.76	$140,007.23	$42,601.98	$22,134.55
'00032003	1.00	Clinical Care Coordinator	Behavioral Health/SEHSC	7/24	5	2/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	0	0	0	$137,208.00	$67,535.76	$204,743.76	$140,007.23	$42,601.98	$22,134.55
'00032093	1.00	BH Therapist	Behavioral Health/SEHSC	11/24	1	3/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	0	0	0	$196,872.00	$79,415.04	$276,287.04	$188,929.73	$57,488.32	$29,868.99
'00032090	1.00	Case Manager	Behavioral Health/SEHSC	11/24	1	3/25	Phase 2 - position posted; actively recruiting and has not yet closed	0	0	0	$137,208.00	$67,535.76	$204,743.76	$140,007.23	$42,601.98	$22,134.55
'00032091	1.00	Case Manager	Behavioral Health/SEHSC	11/24	1	3/25	Phase 2 - position posted; actively recruiting and has not yet closed	0	0	0	$137,208.00	$67,535.76	$204,743.76	$140,007.23	$42,601.98	$22,134.55
'00032092	1.00	Case Manager	Behavioral Health/SEHSC	11/24	1	3/25	Phase 2 - position posted; actively recruiting and has not yet closed	0	0	0	$137,208.00	$67,535.76	$204,743.76	$140,007.23	$42,601.98	$22,134.55
'00032094	1.00	LAC	Behavioral Health/SEHSC	11/24	1	4/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	0	0	0	$163,848.00	$72,839.76	$236,687.76	$161,851.08	$49,248.72	$25,587.97
'00032095	1.00	LAC	Behavioral Health/SEHSC	11/24	1	4/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	0	0	0	$163,848.00	$72,839.76	$236,687.76	$161,851.08	$49,248.72	$25,587.97
'00002836	1.00	Direct Care Associate I	Behavioral Health/State Hospital	3/23	21	12/24	Phase 5 - position is filled and new team member hasn't started by 12-1-24	44	0	44	$82,320.00	$56,607.84	$138,927.84	$107,979.07	$3,989.78	$26,958.98
'00002658	1.00	Program Administrator	Behavioral Health/State Hospital	4/23	20	2/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	44	0	44	$163,848.00	$72,839.76	$236,687.76	$183,961.15	$6,797.29	$45,929.32
'00002829	1.00	Activity Assistant II	Behavioral Health/State Hospital	5/23	19	1/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	44	0	44	$196,872.00	$79,415.04	$276,287.04	$214,738.95	$7,934.52	$53,613.57
'00002854	1.00	Direct Care Associate	Behavioral Health/State Hospital	7/23	17	1/25	Phase 2 - position posted; actively recruiting and has not yet closed	44	0	44	$82,320.00	$56,607.84	$138,927.84	$107,979.07	$3,989.78	$26,958.98
'00002687	1.00	Activity Therapist II	Behavioral Health/State Hospital	11/23	13	12/24	Phase 5 - position is filled and new team member hasn't started by 12-1-24	44	0	44	$137,208.00	$67,535.76	$204,743.76	$159,133.27	$5,879.91	$39,730.58
'00002936	1.00	Direct Care Associate I	Behavioral Health/State Hospital	11/23	13	1/25	Phase 5 - position is filled and new team member hasn't started by 12-1-24	44	0	44	$82,320.00	$56,607.84	$138,927.84	$107,979.07	$3,989.78	$26,958.98
'00002896	1.00	Case Manager	Behavioral Health/State Hospital	12/23	12	2/25	Phase 3 - position posting closed; applications being reviewed and interviews scheduled	44	0	44	$137,208.00	$67,535.76	$204,743.76	$159,133.27	$5,879.91	$39,730.58
'00002986	1.00	Client Access Lead	Behavioral Health/State Hospital	1/24	11	3/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	44	0	44	$115,632.00	$63,240.24	$178,872.24	$139,025.11	$5,136.92	$34,710.20
'00002891	1.00	Client Access Supervisor	Behavioral Health/State Hospital	1/24	11	2/25	Phase 2 - position posted; actively recruiting and has not yet closed	44	0	44	$163,848.00	$72,839.76	$236,687.76	$183,961.15	$6,797.29	$45,929.32

Positions Vacant as of December 1, 2024

Position FTE No.	Position FTE Count	Position FTE Title	Employing Unit	Date Vacated	Vacant Number of Months December 2024	Expected Date To Be Filled	Current Status	General 2025-27 Biennium Base Level Funding Fund	Other Funds	Total	Salary	Benefits	Estimated Biennial Cost	General	Federal	Other
'00002900	0.62	Direct Care Associate III	Behavioral Health/State Hospital	2/24	10	3/25	Phase 2 - position posted; actively recruiting and has not yet closed	44	0	44	$97,248.00	$59,579.76	$156,827.76	$121,891.45	$4,503.84	$30,432.47
'00002786	1.00	Direct Care Associate	Behavioral Health/State Hospital	3/24	9	1/25	Phase 2 - position posted; actively recruiting and has not yet closed	44	0	44	$82,320.00	$56,607.84	$138,927.84	$107,979.07	$3,989.78	$26,958.98
'00002761	1.00	Registered Nurse II	Behavioral Health/State Hospital	3/24	9	2/25	Phase 2 - position posted; actively recruiting and has not yet closed	44	0	44	$163,848.00	$72,839.76	$236,687.76	$183,961.15	$6,797.29	$45,929.32
'00002770	0.50	Registered Nurse II	Behavioral Health/State Hospital	5/24	7	2/25	Phase 2 - position posted; actively recruiting and has not yet closed	44	0	44	$163,848.00	$72,839.76	$236,687.76	$183,961.15	$6,797.29	$45,929.32
'00002775	0.60	Registered Nurse II	Behavioral Health/State Hospital	9/24	3	2/25	Phase 2 - position posted; actively recruiting and has not yet closed	44	0	44	$163,848.00	$72,839.76	$236,687.76	$183,961.15	$6,797.29	$45,929.32
'00032097	1.00	BMod-Restoration	Behavioral Health/State Hospital	11/24	1	2/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	0	0	0	$137,208.00	$67,535.76	$204,743.76	$159,133.27	$5,879.91	$39,730.58
'00031962	1.00	Certified Medical Coder	Behavioral Health/Statewide HSC Administration	5/24	7	1/25	Phase 5 - position is filled and new team member hasn't started by 12-1-24	0	0	0	$137,208.00	$67,535.76	$204,743.76	$140,007.23	$42,601.98	$22,134.55
'00031949	1.00	Clinical Care Coordinator	Behavioral Health/Statewide HSC Administration	5/24	7	12/24	Phase 5 - position is filled and new team member hasn't started by 12-1-24	0	0	0	$163,848.00	$72,839.76	$236,687.76	$161,851.08	$49,248.72	$25,587.97
'00031946	1.00	Clinical Care Coordinator	Behavioral Health/Statewide HSC Administration	5/24	7	1/25	Phase 5 - position is filled and new team member hasn't started by 12-1-24	0	0	0	$163,848.00	$72,839.76	$236,687.76	$161,851.08	$49,248.72	$25,587.97
'00031947	1.00	Clinical Care Coordinator	Behavioral Health/Statewide HSC Administration	5/24	7	2/25	Phase 4 - position has been offered and offer is pending	0	0	0	$163,848.00	$72,839.76	$236,687.76	$161,851.08	$49,248.72	$25,587.97
'00031948	1.00	Clinical Care Coordinator	Behavioral Health/Statewide HSC Administration	5/24	7	3/25	Phase 2 - position posted; actively recruiting and has not yet closed	0	0	0	$163,848.00	$72,839.76	$236,687.76	$161,851.08	$49,248.72	$25,587.97
'00031951	1.00	Clinical Care Coordinator	Behavioral Health/Statewide HSC Administration	5/24	7	3/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	0	0	0	$163,848.00	$72,839.76	$236,687.76	$161,851.08	$49,248.72	$25,587.97
'00031954	1.00	Clinical Care Coordinator	Behavioral Health/Statewide HSC Administration	5/24	7	4/25	Phase 2 - position posted; actively recruiting and has not yet closed	0	0	0	$163,848.00	$72,839.76	$236,687.76	$161,851.08	$49,248.72	$25,587.97
'00031956	1.00	Clinical Care Coordinator	Behavioral Health/Statewide HSC Administration	5/24	7	3/25	Phase 2 - position posted; actively recruiting and has not yet closed	0	0	0	$163,848.00	$72,839.76	$236,687.76	$161,851.08	$49,248.72	$25,587.97
'00031957	1.00	Clinical Care Coordinator	Behavioral Health/Statewide HSC Administration	5/24	7	3/25	Phase 2 - position posted; actively recruiting and has not yet closed	0	0	0	$163,848.00	$72,839.76	$236,687.76	$161,851.08	$49,248.72	$25,587.97
'00031959	1.00	Clinical Care Coordinator	Behavioral Health/Statewide HSC Administration	5/24	7	2/25	Phase 3 - position posting closed; applications being reviewed and interviews scheduled	0	0	0	$163,848.00	$72,839.76	$236,687.76	$161,851.08	$49,248.72	$25,587.97
'00031960	1.00	Clinical Care Coordinator	Behavioral Health/Statewide HSC Administration	5/24	7	2/25	Phase 3 - position posting closed; applications being reviewed and interviews scheduled	0	0	0	$163,848.00	$72,839.76	$236,687.76	$161,851.08	$49,248.72	$25,587.97
'00031963	1.00	Clinical Trainer	Behavioral Health/Statewide HSC Administration	5/24	7	1/25	Phase 5 - position is filled and new team member hasn't started by 12-1-24	0	0	0	$137,208.00	$67,535.76	$204,743.76	$140,007.23	$42,601.98	$22,134.55
'00031964	1.00	Clinical Trainer	Behavioral Health/Statewide HSC Administration	5/24	7	1/25	Phase 5 - position is filled and new team member hasn't started by 12-1-24	0	0	0	$137,208.00	$67,535.76	$204,743.76	$140,007.23	$42,601.98	$22,134.55
'00031965	1.00	Peer Support Spec - CCBHC	Behavioral Health/Statewide HSC Administration	5/24	7	3/25	Phase 2 - position posted; actively recruiting and has not yet closed	0	0	0	$97,248.00	$59,579.76	$156,827.76	$107,241.46	$32,631.88	$16,954.42
'00032096	1.00	Clinical Scvs Initiative Coord	Behavioral Health/Statewide HSC Administration	11/24	1	4/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	0	0	0	$163,848.00	$72,839.76	$236,687.76	$161,851.08	$49,248.72	$25,587.97
'00002805	1.00	LAC	Behavioral Health/WCHSC	5/24	7	2/25	Phase 5 - position is filled and new team member hasn't started by 12-1-24	44	0	44	$163,848.00	$72,839.76	$236,687.76	$161,851.08	$49,248.72	$25,587.97
'00002333	1.00	Enhanced Case Mgmt Supervisor	Human Services/Children & Family Services	9/20	51	5/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	187,313	20,813	208,126						
'00030342	1.00	SS - Public Info Spec IV	Communications	2/21	46	N/A	Note 1 - not budgeted for in 23-25 and/or can be deleted	160,283	41,027	201,310						
'00030790	1.00	BUDGETED-PENDING CLASSF'N	Office of Deputy Commissioner	7/21	41	N/A	Note 1 - not budgeted for in 23-25 and/or can be deleted	0	0	0						
'00030832	0.70	EC Research and Evaluation	Executive Office	7/21	41	N/A	Note 1 - not budgeted for in 23-25 and/or can be removed	0	39,478	39,478						
'00002366	1.00	Enhanced Case Mgmt Specialist	Human Services/Children & Family Services	8/21	40	5/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	187,313	20,813	208,126						
'00002066	1.00	Executive Assistant	Human Services/Life Skills & Transition Center	8/21	40	3/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	89,670	106,888	196,558						
'00010199	0.50	Cook I	Human Services/Life Skills & Transition Center	11/21	37	N/A	Note 1 - not budgeted for in 23-25 and/or can be deleted	20	24	44						
'00002816	1.00	Direct Care Associate III	Behavioral Health/NEHSC	12/21	36	2/25	Phase 2 - position posted; actively recruiting and has not yet closed	12,047	0	12,047						
'00002935	1.00	Direct Care Associate III	Behavioral Health/SCHSC	12/21	36	2/25	Phase 2 - position posted; actively recruiting and has not yet closed	145,996	0	145,996						
'00002704	1.00	Financial Counselor	Behavioral Health/Policy	1/22	35	4/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	181,410	0	181,410						

Positions Vacant as of December 1, 2024

Position FTE No.	Position FTE Count	Position FTE Title	Employing Unit	Date Vacated	Vacant Number of Months December 2024	Expected Date To Be Filled	Current Status	General 2025-27 Biennium Base Level Funding Fund	Other Funds	Total
'00002096	1.00	Cook II	Human Services/Life Skills & Transition Center	2/22	34	3/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	64,351	76,707	141,058
'00003310	1.00	Addiction Counselor II	Behavioral Health/Policy	3/22	33	3/25	Phase 2 - position posted; actively recruiting and has not yet closed	211,884	0	211,884
'00031386	0.20	PHYSICIAN-NOT CLASSIFIED	Behavioral Health/WCHSC	6/22	30	N/A	Note 1 - not budgeted for in 23-25 and/or can be deleted	418,188	0	418,188
'00002925	1.00	Unit Program Coord	Behavioral Health/SCHSC	6/22	30	3/25	Phase 2 - position posted; actively recruiting and has not yet closed	19,749	0	19,749
'00010197	0.50	Cook I	Human Services/Life Skills & Transition Center	7/22	29	N/A	Note 1 - not budgeted for in 23-25 and/or can be deleted	16,637	19,832	36,469
'00002037	0.30	LPN II	Human Services/Life Skills & Transition Center	9/22	27	N/A	Note 1 - not budgeted for in 23-25 and/or can be deleted	19,633	23,403	43,036
'00003969	1.00	Physician	Behavioral Health/WCHSC	9/22	27	3/25	Phase 5 - position is filled and new team member hasn't started by 12-1-24	778,621	0	778,621
'00002858	1.00	Residential Direct Care Assoc	Behavioral Health/NEHSC	9/22	27	1/25	Phase 5 - position is filled and new team member hasn't started by 12-1-24	11,857	0	11,857
'00003955	1.00	Advanced Clinical Spec	Behavioral Health/NWHSC	10/22	26	2/25	Phase 3 - position posting closed; applications being reviewed and interviews scheduled	275,666	0	275,666
'00002253	0.26	Direct Care Associate III	Human Services/Life Skills & Transition Center	10/22	26	N/A	Note 1 - not budgeted for in 23-25 and/or can be deleted	20	24	44
'00002426	1.00	Direct Care Associate III	Human Services/Life Skills & Transition Center	10/22	26	3/25	Phase 2 - position posted; actively recruiting and has not yet closed	18,010	21,468	39,478
'00002681	1.00	Activity Assistant II	Behavioral Health/State Hospital	12/22	24	1/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	10,260	0	10,260
'00002117	0.50	Cook I	Human Services/Life Skills & Transition Center	12/22	24	N/A	Note 1 - not budgeted for in 23-25 and/or can be deleted	38,252	45,598	83,850
'00002313	1.00	Direct Care Associate I	Human Services/Life Skills & Transition Center	12/22	24	N/A	Note 1 - not budgeted for in 23-25 and/or can be deleted	18,010	21,468	39,478
'00029525	1.00	Addiction Counselor III	Behavioral Health/State Hospital	3/23	21	4/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	245,689	0	245,689
'00002975	1.00	BH Therapist	Behavioral Health/SEHSC	3/23	21	3/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	171,406	0	171,406
'00030225	1.00	Advanced Clinical Specialist	Behavioral Health/NEHSC	4/23	20	4/25	Phase 2 - position posted; actively recruiting and has not yet closed	237,959	0	237,959
'00030215	1.00	BH Therapist	Behavioral Health/NCHSC	4/23	20	12/24	Phase 5 - position is filled and new team member hasn't started by 12-1-24	245,081	0	245,081
'00002102	1.00	Food Service Assistant	Human Services/Life Skills & Transition Center	4/23	20	1/25	Phase 3 - position posting closed; applications being reviewed and interviews scheduled	26,934	32,105	59,039
'00029523	1.00	Reimbursement and Contract Mgr	Behavioral Health/State Hospital	4/23	20	4/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	150,207	0	150,207
'00024593	1.00	Direct Care Associate III	Behavioral Health/State Hospital	5/23	19	3/25	Phase 2 - position posted; actively recruiting and has not yet closed	12,567	0	12,567
'00002427	1.00	Life Skills Manager	Human Services/Life Skills & Transition Center	5/23	19	3/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	43,317	51,635	94,952
'00003899	1.00	Addiction Counselor II	Behavioral Health/WCHSC	6/23	18	3/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	112,332	0	112,332
00031619	1.00	Admin Assistant	Office of Deputy Commissioner	6/23	18	2/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	107,505	59,066	166,571
'00003302	1.00	Advanced Clinical Spec	Behavioral Health/NCHSC	6/23	18	2/25	Phase 4 - position has been offered and offer is pending	245,081	0	245,081
'00004385	1.00	Advanced Clinical Specialist	Behavioral Health/NEHSC	6/23	18	2/24	Phase 3 - position posting closed; applications being reviewed and interviews scheduled	39,478	0	39,478
'00004218	1.00	Continuous QI Specialist	Behavioral Health/SEHSC	6/23	18	12/24	Phase 5 - position is filled and new team member hasn't started by 12-1-24	296,385	0	296,385
'00002223	1.00	Direct Care Associate III	Human Services/Life Skills & Transition Center	7/23	17	3/25	Phase 2 - position posted; actively recruiting and has not yet closed	18,010	21,468	39,478
'00002208	1.00	Direct Care Associate III	Human Services/Life Skills & Transition Center	7/23	17	3/25	Phase 2 - position posted; actively recruiting and has not yet closed	69,508	82,855	152,363
'00003485	1.00	Disability Claims Analyst I	Human Services/Disability Determination	7/23	17	Unknown	Note 2 - federal hiring freeze; inability to post and fill	0	190,781	190,781
'00002055	1.00	L P Nurse II	Human Services/Life Skills & Transition Center	7/23	17	1/25	Phase 3 - position posting closed; applications being reviewed and interviews scheduled	82,481	98,320	180,801
'00002797	1.00	Residential Direct Care Assoc	Behavioral Health/SCHSC	7/23	17	3/25	Phase 3 - position posting closed; applications being reviewed and interviews scheduled	150,207	0	150,207

Salary	Benefits	Estimated Biennial Cost	General	Federal	Other

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Position FTE No.	Position FTE Count	Position FTE Title	Employing Unit	Date Vacated	Vacant Number of Months December 2024	Expected Date To Be Filled	Current Status	General 2025-27 Biennium Base Level Funding Fund	Other Funds	Total
'00024586	1.00	Residential Direct Care Assoc	Behavioral Health/SCHSC	7/23	17	1/25	Phase 4 - position has been offered and offer is pending	12,808	0	12,808
'00003819	1.00	Addiction Counselor I	Behavioral Health/NEHSC	8/23	16	4/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	39,478	0	39,478
'00002195	1.00	Direct Care Associate III	Human Services/Life Skills & Transition Center	8/23	16	3/25	Phase 2 - position posted; actively recruiting and has not yet closed	18,010	21,468	39,478
'00002080	0.80	Occupational Therapist	Human Services/Life Skills & Transition Center	9/23	15	2/25	Phase 2 - position posted; actively recruiting and has not yet closed	99,453	118,550	218,003
'00002725	1.00	Direct Care Associate III	Behavioral Health/SCHSC	10/23	14	3/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	150,207	0	150,207
'00004128	1.00	Human Relations Counselor	Behavioral Health/NCHSC	10/23	14	12/24	Phase 5 - position is filled and new team member hasn't started by 12-1-24	208,866	0	208,866
'00026317	1.00	LAC	Behavioral Health/WCHSC	10/23	14	3/25	Phase 2 - position posted; actively recruiting and has not yet closed	12,286	0	12,286
'00004350	1.00	Advanced Clinical Specialist	Behavioral Health/NEHSC	11/23	13	4/25	Phase 2 - position posted; actively recruiting and has not yet closed	39,478	0	39,478
'00002798	1.00	Direct Care Associate	Behavioral Health/State Hospital	11/23	13	12/24	Phase 5 - position is filled and new team member hasn't started by 12-1-24	139,148	0	139,148
'00002831	1.00	Direct Care Associate I	Behavioral Health/State Hospital	11/23	13	2/25	Phase 2 - position posted; actively recruiting and has not yet closed	139,148	0	139,148
'00002765	1.00	Direct Care Associate I	Behavioral Health/State Hospital	11/23	13	1/25	Phase 2 - position posted; actively recruiting and has not yet closed	139,148	0	139,148
'00001878	1.00	HR Associate	Public Health/Administration	11/23	13	3/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	93,078	79,073	172,151
'00002811	1.00	Registered Nurse II	Behavioral Health/SCHSC	11/23	13	1/25	Phase 5 - position is filled and new team member hasn't started by 12-1-24	219,772	0	219,772
'00003641	0.00	Advanced Clinical Spec	Behavioral Health/BLHSC	12/23	12	N/A	Note 1 - not budgeted for in 23-25 and/or can be deleted	44	0	44
'00026315	1.00	Residential Direct Care Assoc	Behavioral Health/SCHSC	12/23	12	1/25	Phase 4 - position has been offered and offer is pending	12,879	0	12,879
'00001763	1.00	Admin Assistant I	Public Health/Health Response & Licensure	1/24	11	7/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	0	143,856	143,856
'00003677	1.00	BH Therapist - Adult	Behavioral Health/SCHSC	1/24	11	3/25	Phase 2 - position posted; actively recruiting and has not yet closed	245,081	0	245,081
'00002881	1.00	Case Manager	Behavioral Health/BLHSC	1/24	11	3/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	13,237	0	13,237
'00002815	1.00	Direct Care Associate III	Behavioral Health/NWHSC	1/24	11	2/25	Phase 3 - position posting closed; applications being reviewed and interviews scheduled	13,321	0	13,321
'00028216	1.00	HC Data Systems Analyst	Medical Services	1/24	11	3/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	82,230	183,933	266,163
'00002697	1.00	Health Hmn Svcs Prgm Admin VI	Behavioral Health/State Hospital	1/24	11	2/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	333,179	0	333,179
'00029519	1.00	Direct Care Associate III	Behavioral Health/SEHSC	2/24	10	2/25	Phase 3 - position posting closed; applications being reviewed and interviews scheduled	150,207	0	150,207
'00031816	0.75	Ombudsman	Human Services/Adult & Aging Services	2/24	10	N/A	Note 1 - not budgeted for in 23-25 and/or can be deleted	0	0	0
'00031871	1.00	Community BH Liaison	Behavioral Health/BLHSC	3/24	9	12/24	Phase 5 - position is filled and new team member hasn't started by 12-1-24	147,811	0	147,811
'00002484	1.00	Direct Support Professional	Human Services/Life Skills & Transition Center	3/24	9	3/25	Phase 2 - position posted; actively recruiting and has not yet closed	83,884	99,992	183,876
'00029659	1.00	Free Through Rec Adminr - Lead	Behavioral Health/Policy	3/24	9	1/25	Phase 5 - position is filled and new team member hasn't started by 12-1-24	247,039	0	247,039
00031000	1.00	Psychiatrist	Behavioral Health/State Hospital	3/24	9	N/A	Note 1 - not budgeted for in 23-25 and/or can be deleted	44	0	44
'00031849	1.00	Vision Rehab Specialist I	Human Services/Vocational Rehabilitation	3/24	9	N/A	Note 1 - not budgeted for in 23-25 and/or can be deleted	0	0	0
'00003154	1.00	BH Counselor - Crisis - Lead	Behavioral Health/LRHSC	4/24	8	1/25	Phase 5 - position is filled and new team member hasn't started by 12-1-24	251,117	0	251,117
'00003740	1.00	BH Therapist - Adult - Lead	Behavioral Health/NEHSC	4/24	8	3/25	Phase 2 - position posted; actively recruiting and has not yet closed	39,478	0	39,478
'00031883	1.00	BH Therapist - FFT	Behavioral Health/NCHSC	4/24	8	2/25	Phase 3 - position posting closed; applications being reviewed and interviews scheduled	263,537	0	263,537
'00031884	1.00	BH Therapist - FFT	Behavioral Health/NCHSC	4/24	8	3/25	Phase 2 - position posted; actively recruiting and has not yet closed	263,537	0	263,537
'00031885	1.00	BH Therapist - FFT	Behavioral Health/NCHSC	4/24	8	3/25	Phase 2 - position posted; actively recruiting and has not yet closed	263,537	0	263,537

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Position FTE No.	Position FTE Count	Position FTE Title	Employing Unit	Date Vacated	Vacant Number of Months December 2024	Expected Date To Be Filled	Current Status	General 2025-27 Biennium Base Level Funding Fund	Other Funds	Total
'00031898	1.00	BH Therapist - FFT	Behavioral Health/LRHSC	4/24	8	3/25	Phase 2 - position posted; actively recruiting and has not yet closed	263,537	0	263,537
'00031886	1.00	BH Therapist - FFT	Behavioral Health/NEHSC	4/24	8	1/25	Phase 4 - position has been offered and offer is pending	263,550	0	263,550
'00031887	1.00	BH Therapist - FFT	Behavioral Health/NEHSC	4/24	8	2/25	Phase 5 - position is filled and new team member hasn't started by 12-1-24	263,550	0	263,550
'00031888	1.00	BH Therapist - FFT	Behavioral Health/NEHSC	4/24	8	2/25	Phase 2 - position posted; actively recruiting and has not yet closed	263,550	0	263,550
'00031890	1.00	BH Therapist - FFT	Behavioral Health/SEHSC	4/24	8	3/25	Phase 2 - position posted; actively recruiting and has not yet closed	263,550	0	263,550
'00031891	1.00	BH Therapist - FFT	Behavioral Health/SEHSC	4/24	8	3/25	Phase 2 - position posted; actively recruiting and has not yet closed	263,550	0	263,550
'00031892	1.00	BH Therapist - FFT	Behavioral Health/SCHSC	4/24	8	1/25	Phase 5 - position is filled and new team member hasn't started by 12-1-24	263,537	0	263,537
'00031882	1.00	BH Therapist - FFT	Behavioral Health/NWHSC	4/24	8	4/25	Phase 2 - position posted; actively recruiting and has not yet closed	260,261	0	260,261
'00004308	1.00	Clinical Director	Behavioral Health/SCHSC	4/24	8	4/25	Phase 2 - position posted; actively recruiting and has not yet closed	347,603	0	347,603
'00002463	1.00	HR Business Partner Manager	Human Resources	4/24	8	6/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	218,413	47,750	266,163
'00002218	1.00	Human Service Program Admin IV	Human Services/Life Skills & Transition Center	4/24	8	3/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	119,495	142,441	261,936
'00003404	1.00	Mental Health Technician	Behavioral Health/LRHSC	4/24	8	4/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	139,555	0	139,555
'00001649	1.00	Physician	Public Health/Disease Control & Forensic Pathology	4/24	8	3/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	801,789	0	801,789
'00031917	1.00	Procurement Officer	Finance	4/24	8	12/24	Phase 5 - position is filled and new team member hasn't started by 12-1-24	127,590	108,393	235,983
'00003175	1.00	Admin Assistant I	Behavioral Health/LRHSC	5/24	7	2/25	Phase 2 - position posted; actively recruiting and has not yet closed	145,954	0	145,954
'00031969	1.00	Attorney	Legal	5/24	7	12/24	Phase 5 - position is filled and new team member hasn't started by 12-1-24	197,065	117,384	314,449
'00003482	1.00	BH Counselor - Crisis	Behavioral Health/WCHSC	5/24	7	2/25	Phase 3 - position posting closed; applications being reviewed and interviews scheduled	224,246	0	224,246
'00004018	1.00	BH Therapist - Adult	Behavioral Health/SEHSC	5/24	7	2/25	Phase 3 - position posting closed; applications being reviewed and interviews scheduled	245,081	0	245,081
'00031934	1.00	BH Therapist - Crisis	Behavioral Health/NCHSC	5/24	7	2/25	Phase 4 - position has been offered and offer is pending	292,236	0	292,236
'00031935	1.00	BH Therapist - Crisis	Behavioral Health/LRHSC	5/24	7	3/25	Phase 2 - position posted; actively recruiting and has not yet closed	292,281	0	292,281
'00031937	1.00	BH Therapist - Crisis	Behavioral Health/SCHSC	5/24	7	1/25	Phase 4 - position has been offered and offer is pending	292,265	0	292,265
'00031938	1.00	BH Therapist - Crisis	Behavioral Health/WCHSC	5/24	7	12/24	Phase 5 - position is filled and new team member hasn't started by 12-1-24	251,117	0	251,117
'00031939	1.00	BH Therapist - Crisis	Behavioral Health/NWHSC	5/24	7	2/25	Phase 3 - position posting closed; applications being reviewed and interviews scheduled	288,903	0	288,903
'00003719	1.00	BH Therapist - Youth - Lead	Behavioral Health/BLHSC	5/24	7	4/25	Phase 2 - position posted; actively recruiting and has not yet closed	239,829	0	239,829
'00031972	1.00	Data Analyst	Finance	5/24	7	12/24	Phase 5 - position is filled and new team member hasn't started by 12-1-24	131,670	111,859	243,529
'00003554	1.00	Disability Claims Analyst	Human Services/Disability Determination	5/24	7	Unknown	Note 2 - federal hiring freeze; inability to post and fill	0	190,775	190,775
'00003365	1.00	LAC- Adult	Behavioral Health/LRHSC	5/24	7	12/24	Phase 5 - position is filled and new team member hasn't started by 12-1-24	211,129	0	211,129
'00002998	1.00	Licensed Forensic Psychologist	Behavioral Health/State Hospital	5/24	7	4/25	Phase 2 - position posted; actively recruiting and has not yet closed	333,179	0	333,179
'00001801	1.00	PH Engagement Specialist	Public Health/Administration	5/24	7	3/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	28,934	197,996	226,930
'00002759	1.00	Accounts Receivable Supervisor	Behavioral Health/Policy	6/24	6	3/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	319,080	0	319,080
'00002662	1.00	Applied Behavior Analyst I	Behavioral Health/State Hospital	6/24	6	2/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	194,169	0	194,169
'00031718	0.50	Background Check Specialist	Office of Deputy Commissioner	6/24	6	12/24	Phase 5 - position is filled and new team member hasn't started by 12-1-24	71,879	39,493	111,372
'00004171	1.00	Behavioral Mod Spec - Adult	Behavioral Health/SCHSC	6/24	6	2/25	Phase 2 - position posted; actively recruiting and has not yet closed	155,986	0	155,986

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'00002961	1.00	BH Therapist	Behavioral Health/NWHSC	6/24	6	4/25	Phase 2 - position posted; actively recruiting and has not yet closed	201,074	0	201,074
'00002920	1.00	Direct Care Associate	Behavioral Health/SCHSC	6/24	6	1/25	Phase 5 - position is filled and new team member hasn't started by 12-1-24	156,558	0	156,558
'00001772	1.00	Health Hmn Svcs Prgm Admin II	Public Health/Disease Control & Forensic Pathology	6/24	6	12/24	Phase 5 - position is filled and new team member hasn't started by 12-1-24	40,766	163,065	203,831
'00002814	1.00	L P Nurse II	Behavioral Health/State Hospital	6/24	6	2/25	Phase 2 - position posted; actively recruiting and has not yet closed	188,886	0	188,886
'00002907	1.00	LAC	Behavioral Health/NCHSC	6/24	6	3/25	Phase 2 - position posted; actively recruiting and has not yet closed	187,787	0	187,787
'00003226	1.00	PI Audit Supervisor	Medical Services	6/24	6	3/25	Phase 2 - position posted; actively recruiting and has not yet closed	83,793	83,793	167,586
'00003943	1.00	Quality Manager	Behavioral Health/NCHSC	6/24	6	4/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	217,727	0	217,727
'00002979	1.00	Registered Nurse II	Behavioral Health/State Hospital	6/24	6	3/25	Phase 2 - position posted; actively recruiting and has not yet closed	251,238	0	251,238
'00002192	1.00	Vocational OT	Human Services/Life Skills & Transition Center	6/24	6	3/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	108,388	129,201	237,589
'00003979	1.00	Vocational Rehab Director	Human Services/Vocational Rehabilitation	6/24	6	5/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	103,693	241,949	345,642
'00002753	1.00	Admin Assistant II	Behavioral Health/Policy	7/24	5	1/25	Phase 4 - position has been offered and offer is pending	172,022	0	172,022
'00002255	1.00	Applied Behavioral Analyst I	Human Services/Life Skills & Transition Center	7/24	5	5/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	89,272	106,415	195,687
'00025822	1.00	Attorney	Human Services/Child Support	7/24	5	12/24	Phase 5 - position is filled and new team member hasn't started by 12-1-24	90,816	176,291	267,107
'00003764	1.00	Case Manager - Youth	Behavioral Health/NCHSC	7/24	5	2/25	Phase 3 - position posting closed; applications being reviewed and interviews scheduled	185,361	0	185,361
'00002848	1.00	Certified Medical Coder	Behavioral Health/Policy	7/24	5	2/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	156,571	0	156,571
'00002139	1.00	Direct Care Associate III	Behavioral Health/BLHSC	7/24	5	1/25	Phase 5 - position is filled and new team member hasn't started by 12-1-24	152,373	0	152,373
'00002141	1.00	General Trades Maint Worker II	Human Services/Life Skills & Transition Center	7/24	5	3/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	82,733	98,620	181,353
'00003983	1.00	LBSW - Adult	Behavioral Health/BLHSC	7/24	5	3/25	Phase 2 - position posted; actively recruiting and has not yet closed	211,246	0	211,246
'00030231	1.00	LBSW - Crisis	Behavioral Health/BLHSC	7/24	5	3/25	Phase 2 - position posted; actively recruiting and has not yet closed	254,047	0	254,047
'00002476	1.00	Admin Assistant I	Human Services/Life Skills & Transition Center	8/24	4	3/25	Phase 2 - position posted; actively recruiting and has not yet closed	64,113	76,424	140,537
'00025826	1.00	Administrative Assistant	Human Services/Child Support	8/24	4	12/24	Phase 5 - position is filled and new team member hasn't started by 12-1-24	46,486	90,237	136,723
'00025809	1.00	Attorney	Human Services/Child Support	8/24	4	N/A	Note 1 - not budgeted for in 23-25 and/or can be deleted	95,385	185,158	280,543
'00003972	1.00	Behavioral Mod Spec - Crisis	Behavioral Health/NWHSC	8/24	4	2/25	Phase 3 - position posting closed; applications being reviewed and interviews scheduled	227,003	0	227,003
'00003320	1.00	BH Counselor - Adult	Behavioral Health/WCHSC	8/24	4	2/25	Phase 3 - position posting closed; applications being reviewed and interviews scheduled	209,417	0	209,417
'00003672	1.00	BH Therapist - Adult	Behavioral Health/SEHSC	8/24	4	12/24	Phase 5 - position is filled and new team member hasn't started by 12-1-24	245,081	0	245,081
'00003333	1.00	BH Therapist - Adult - Lead	Behavioral Health/SEHSC	8/24	4	12/24	Phase 5 - position is filled and new team member hasn't started by 12-1-24	258,209	0	258,209
'00003861	1.00	BH Therapist - Crisis	Behavioral Health/NWHSC	8/24	4	3/25	Phase 2 - position posted; actively recruiting and has not yet closed	190,033	0	190,033
'00004135	1.00	Case Manager - Adult	Behavioral Health/NCHSC	8/24	4	1/25	Phase 5 - position is filled and new team member hasn't started by 12-1-24	185,357	0	185,357
'00003782	1.00	Case Manager - Adult	Behavioral Health/SEHSC	8/24	4	1/25	Phase 5 - position is filled and new team member hasn't started by 12-1-24	185,296	0	185,296
'00002723	1.00	Client Accounts Supervisor	Behavioral Health/State Hospital	8/24	4	3/25	Phase 2 - position posted; actively recruiting and has not yet closed	179,475	0	179,475
'00025776	1.00	CS Outgoing Interstate Sup	Human Services/Child Support	8/24	4	N/A	Note 1 - not budgeted for in 23-25 and/or can be deleted	68,488	132,948	201,436
'00002435	1.00	Direct Support Professional	Human Services/Life Skills & Transition Center	8/24	4	3/25	Phase 2 - position posted; actively recruiting and has not yet closed	66,198	78,909	145,107
'00001255	1.00	EC Family & School Engmt Admin	Human Services/Early Childhood	8/24	4	2/25	Phase 5 - position is filled and new team member hasn't started by 12-1-24	125,956	125,956	251,912

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'00004109	1.00	MI Case Manager II	Behavioral Health/NWHSC	8/24	4	3/25	Phase 2 - position posted; actively recruiting and has not yet closed	196,794	0	196,794
'00031667	1.00	Peer Support Spec	Behavioral Health/NCHSC	8/24	4	1/25	Phase 5 - position is filled and new team member hasn't started by 12-1-24	141,103	0	141,103
'00003736	1.00	Peer Support Spec	Behavioral Health/SEHSC	8/24	4	2/25	Phase 3 - position posting closed; applications being reviewed and interviews scheduled	133,993	0	133,993
'00031673	1.00	Peer Support Spec	Behavioral Health/NEHSC	8/24	4	3/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	143,765	0	143,765
'00002445	1.00	QIDP	Human Services/Life Skills & Transition Center	8/24	4	1/25	Phase 4 - position has been offered and offer is pending	110,758	132,026	242,784
'00003509	1.00	Regional Administrator	Human Services/Vocational Rehabilitation	8/24	4	3/25	Phase 2 - position posted; actively recruiting and has not yet closed	56,055	205,883	261,938
'00002036	1.00	Registered Nurse III	Human Services/Life Skills & Transition Center	8/24	4	3/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	113,723	135,560	249,283
'00002838	1.00	Residential Direct Care Assoc	Behavioral Health/SCHSC	8/24	4	2/25	Phase 4 - position has been offered and offer is pending	142,956	0	142,956
'00002928	1.00	Security Officer	Behavioral Health/State Hospital	8/24	4	2/25	Phase 2 - position posted; actively recruiting and has not yet closed	158,914	0	158,914
'00004049	1.00	1915i Navigator	Medical Services	9/24	3	2/25	Phase 4 - position has been offered and offer is pending	96,293	96,293	192,586
'00002434	1.00	Activity Assistant II	Human Services/Life Skills & Transition Center	9/24	3	3/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	63,329	75,490	138,819
'00004230	1.00	Admin Officer II	Behavioral Health/SEHSC	9/24	3	2/25	Phase 3 - position posting closed; applications being reviewed and interviews scheduled	182,346	0	182,346
00030154	1.00	Behavioral Health Adminr	Behavioral Health/Policy	9/24	3	7/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	121,546	121,546	243,092
'00003652	1.00	Behavioral Mod Spec - Youth	Behavioral Health/SEHSC	9/24	3	3/25	Phase 2 - position posted; actively recruiting and has not yet closed	184,649	0	184,649
'00030232	1.00	BH Therapist - Crisis	Behavioral Health/BLHSC	9/24	3	12/24	Phase 5 - position is filled and new team member hasn't started by 12-1-24	290,192	0	290,192
'00003789	1.00	Case Manager - Adult	Behavioral Health/SEHSC	9/24	3	2/25	Phase 3 - position posting closed; applications being reviewed and interviews scheduled	185,296	0	185,296
'00003585	1.00	Claims Supervisor	Medical Services	9/24	3	1/25	Phase 5 - position is filled and new team member hasn't started by 12-1-24	49,592	134,629	184,221
'00002529	1.00	Clinical Coordinator NDSH	Behavioral Health/State Hospital	9/24	3	2/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	246,335	0	246,335
'00002910	1.00	Direct Care Associate III	Behavioral Health/State Hospital	9/24	3	3/25	Phase 2 - position posted; actively recruiting and has not yet closed	156,571	0	156,571
'00002284	1.00	Direct Support Professional	Human Services/Life Skills & Transition Center	9/24	3	3/25	Phase 2 - position posted; actively recruiting and has not yet closed	63,483	75,673	139,156
'00002429	1.00	Direct Support Professional	Human Services/Life Skills & Transition Center	9/24	3	3/25	Phase 2 - position posted; actively recruiting and has not yet closed	71,427	85,143	156,570
'00002298	1.00	Direct Support Professional	Human Services/Life Skills & Transition Center	9/24	3	3/25	Phase 2 - position posted; actively recruiting and has not yet closed	69,654	83,028	152,682
'00002295	1.00	Direct Support Professional	Human Services/Life Skills & Transition Center	9/24	3	3/25	Phase 2 - position posted; actively recruiting and has not yet closed	43,317	51,635	94,952
'00029664	1.00	Free Through Recovery Adminr	Behavioral Health/Policy	9/24	3	2/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	206,152	0	206,152
'00003898	1.00	MI Case Manager II	Behavioral Health/BLHSC	9/24	3	2/25	Phase 3 - position posting closed; applications being reviewed and interviews scheduled	190,758	0	190,758
'00002738	1.00	Nursing NDSH Director	Behavioral Health/State Hospital	9/24	3	3/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	371,959	0	371,959
'00031693	1.00	Pharmacy Tech	Behavioral Health/SEHSC	9/24	3	12/24	Phase 5 - position is filled and new team member hasn't started by 12-1-24	151,526	0	151,526
'00031836	1.00	Program Manager	Public Health/Health Statistics & Performance	9/24	3	1/25	Phase 5 - position is filled and new team member hasn't started by 12-1-24	194,783	1,968	196,751
'00002776	1.00	Registered Nurse II	Behavioral Health/State Hospital	9/24	3	3/25	Phase 2 - position posted; actively recruiting and has not yet closed	226,757	0	226,757
'00004428	1.00	Residential Dual Lic Therapist	Behavioral Health/NEHSC	9/24	3	3/25	Phase 2 - position posted; actively recruiting and has not yet closed	243,778	0	243,778
'00002238	1.00	Residential Scheduler	Human Services/Life Skills & Transition Center	9/24	3	12/24	Phase 5 - position is filled and new team member hasn't started by 12-1-24	90,927	108,387	199,314
'00030954	1.00	Tribal Health Liaison	Public Health/Health Response & Licensure	9/24	3	1/25	Phase 5 - position is filled and new team member hasn't started by 12-1-24	26,817	183,514	210,331
'00030155	1.00	1915i Administrator	Medical Services	10/24	2	1/25	Phase 5 - position is filled and new team member hasn't started by 12-1-24	124,853	124,853	249,706

Salary	Benefits	Estimated Biennial Cost	General	Federal	Other

Positions Vacant as of December 1, 2024

Position FTE No.	Position FTE Count	Position FTE Title	Employing Unit	Date Vacated	Vacant Number of Months December 2024	Expected Date To Be Filled	Current Status	General 2025-27 Biennium Base Level Funding Fund	Other Funds	Total
'00002914	1.00	Activity Assistant II	Behavioral Health/State Hospital	10/24	2	1/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	155,512	0	155,512
'00003617	1.00	Admin Assistant I	Behavioral Health/SEHSC	10/24	2	2/25	Phase 3 - position posting closed; applications being reviewed and interviews scheduled	136,130	0	136,130
'00001990	1.00	Admin Assistant II	Human Services/Life Skills & Transition Center	10/24	2	1/25	Phase 4 - position has been offered and offer is pending	75,902	90,476	166,378
'00004300	1.00	Administrative Assistant	Behavioral Health/SCHSC	10/24	2	12/24	Phase 5 - position is filled and new team member hasn't started by 12-1-24	143,977	0	143,977
'00004345	1.00	Administrative Assistant I	Behavioral Health/NEHSC	10/24	2	9/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	93,132	0	93,132
'00003545	1.00	Administrative Assistant I	Human Services/Vocational Rehabilitation	10/24	2	3/25	Phase 2 - position posted; actively recruiting and has not yet closed	36,596	134,413	171,009
'00001907	1.00	Administrative Assistant I	Public Health/Health Statistics & Performance	10/24	2	2/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	145,686	0	145,686
'00003829	1.00	Behavioral Mod Spec - Adult	Behavioral Health/WCHSC	10/24	2	2/25	Phase 2 - position posted; actively recruiting and has not yet closed	186,232	0	186,232
'00004309	1.00	BH Therapist - Crisis	Behavioral Health/SCHSC	10/24	2	3/25	Phase 2 - position posted; actively recruiting and has not yet closed	237,325	0	237,325
'00003848	1.00	Claims and Client Accounts Mgr	Behavioral Health/Policy	10/24	2	1/25	Phase 5 - position is filled and new team member hasn't started by 12-1-24	224,086	0	224,086
'00002640	1.00	Custodian	Behavioral Health/State Hospital	10/24	2	1/25	Phase 2 - position posted; actively recruiting and has not yet closed	139,542	0	139,542
'00004338	1.00	Customer Support Specialist	Human Services/Child Support	10/24	2	12/24	Phase 5 - position is filled and new team member hasn't started by 12-1-24	56,864	100,654	157,518
'00002828	1.00	Direct Care Associate III	Behavioral Health/State Hospital	10/24	2	2/25	Phase 2 - position posted; actively recruiting and has not yet closed	139,148	0	139,148
'00002297	1.00	Direct Support Professional	Human Services/Life Skills & Transition Center	10/24	2	3/25	Phase 2 - position posted; actively recruiting and has not yet closed	63,483	75,673	139,156
'00029408	1.00	Direct Support Professional	Human Services/Life Skills & Transition Center	10/24	2	3/25	Phase 2 - position posted; actively recruiting and has not yet closed	43,317	51,635	94,952
'00002015	1.00	Direct Support Professional	Human Services/Life Skills & Transition Center	10/24	2	3/25	Phase 2 - position posted; actively recruiting and has not yet closed	68,521	81,678	150,199
'00002460	1.00	Direct Support Professional	Human Services/Life Skills & Transition Center	10/24	2	3/25	Phase 2 - position posted; actively recruiting and has not yet closed	66,198	78,909	145,107
'00002315	1.00	Direct Support Professional	Human Services/Life Skills & Transition Center	10/24	2	3/25	Phase 2 - position posted; actively recruiting and has not yet closed	77,782	92,717	170,499
'00024983	1.00	LAC - Adult - TC	Behavioral Health/WCHSC	10/24	2	3/25	Phase 2 - position posted; actively recruiting and has not yet closed	223,941	0	223,941
'00002769	1.00	Nurse Practitioner	Behavioral Health/State Hospital	10/24	2	1/25	Phase 4 - position has been offered and offer is pending	357,573	0	357,573
'00003557	1.00	Office Assistant III	Human Services/Vocational Rehabilitation	10/24	2	12/24	Phase 2 - position posted; actively recruiting and has not yet closed	34,690	127,414	162,104
'00004409	1.00	Peer Support Spec	Behavioral Health/NEHSC	10/24	2	12/24	Phase 5 - position is filled and new team member hasn't started by 12-1-24	219,338	0	219,338
'00004355	1.00	Psychiatrist	Behavioral Health/NEHSC	10/24	2	7/25	Phase 2 - position posted; actively recruiting and has not yet closed	713,717	0	713,717
'00025463	1.00	Residential Direct Care Assoc	Behavioral Health/NCHSC	10/24	2	2/25	Phase 2 - position posted; actively recruiting and has not yet closed	141,586	0	141,586
'00031873	1.00	Residential Direct Care Assoc	Behavioral Health/BLHSC	10/24	2	12/24	Phase 5 - position is filled and new team member hasn't started by 12-1-24	144,190	0	144,190
'00002930	1.00	Security Officer	Behavioral Health/State Hospital	10/24	2	1/25	Phase 2 - position posted; actively recruiting and has not yet closed	152,402	0	152,402
'00002549	1.00	Treatment Unit Director	Behavioral Health/State Hospital	10/24	2	1/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	321,191	0	321,191
'00001836	1.00	Accounting Systems Manager	Finance	11/24	1	3/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	152,933	129,923	282,856
'00031941	1.00	Acctg Budget Spec III	Finance	11/24	1	12/24	Phase 5 - position is filled and new team member hasn't started by 12-1-24	115,666	98,263	213,929
'00003565	1.00	Administrative Assistant	Human Services/Vocational Rehabilitation	11/24	1	2/25	Phase 2 - position posted; actively recruiting and has not yet closed	34,690	127,414	162,104
'00031377	1.00	Administrative Assistant I	Behavioral Health/NWHSC	11/24	1	1/25	Phase 5 - position is filled and new team member hasn't started by 12-1-24	148,689	0	148,689
'00003166	1.00	Behavioral Mod Spec - Adult	Behavioral Health/NEHSC	11/24	1	2/25	Phase 3 - position posting closed; applications being reviewed and interviews scheduled	177,118	0	177,118
'00004146	1.00	Behavioral Mod Spec - Youth	Behavioral Health/NCHSC	11/24	1	2/25	Phase 2 - position posted; actively recruiting and has not yet closed	185,326	0	185,326
'00003922	1.00	Behavioral Modification Spec	Behavioral Health/BLHSC	11/24	1	2/25	Phase 2 - position posted; actively recruiting and has not yet closed	146,727	0	146,727

Estimated Biennial Cost			
Salary	Benefits	General	Federal	Other

Positions Vacant as of December 1, 2024

Position FTE No.	Position FTE Count	Position FTE Title	Employing Unit	Date Vacated	Vacant Number of Months December 2024	Expected Date To Be Filled	Current Status	General 2025-27 Biennium Base Level Funding Fund	Other Funds	Total
'00003665	1.00	BH Counselor - Adult	Behavioral Health/SEHSC	11/24	1	2/25	Phase 3 - position posting closed; applications being reviewed and interviews scheduled	245,081	0	245,081
'00004197	1.00	BH Therapist - Adult	Behavioral Health/SEHSC	11/24	1	1/25	Phase 5 - position is filled and new team member hasn't started by 12-1-24	245,081	0	245,081
'00004289	1.00	BH Therapist - Assess	Behavioral Health/SCHSC	11/24	1	2/25	Phase 3 - position posting closed; applications being reviewed and interviews scheduled	246,329	0	246,329
'00003616	1.00	BH Therapist - Crisis	Behavioral Health/SEHSC	11/24	1	2/25	Phase 3 - position posting closed; applications being reviewed and interviews scheduled	267,655	0	267,655
'00004110	1.00	Case Manager	Behavioral Health/SEHSC	11/24	1	3/25	Phase 3 - position posting closed; applications being reviewed and interviews scheduled	204,339	0	204,339
'00003334	1.00	Case Manager	Behavioral Health/NWHSC	11/24	1	1/25	Phase 5 - position is filled and new team member hasn't started by 12-1-24	196,794	0	196,794
'00031687	1.00	Certified Nursing Assistant	Behavioral Health/SEHSC	11/24	1	1/25	Phase 5 - position is filled and new team member hasn't started by 12-1-24	133,993	0	133,993
'00003210	1.00	Community Prevention Adminr	Behavioral Health/Policy	11/24	1	2/25	Phase 3 - position posting closed; applications being reviewed and interviews scheduled	0	204,353	204,353
'00002995	1.00	Custodian	Behavioral Health/State Hospital	11/24	1	1/25	Phase 2 - position posted; actively recruiting and has not yet closed	136,383	0	136,383
'00002982	1.00	Direct Care Associate III	Behavioral Health/State Hospital	11/24	1	3/25	Phase 2 - position posted; actively recruiting and has not yet closed	150,207	0	150,207
'00029518	1.00	Direct Care Associate III	Behavioral Health/State Hospital	11/24	1	3/25	Phase 2 - position posted; actively recruiting and has not yet closed	106,207	0	106,207
'00003317	1.00	Direct Care Associate III	Behavioral Health/State Hospital	11/24	1	3/25	Phase 2 - position posted; actively recruiting and has not yet closed	161,017	0	161,017
'00002489	1.00	Direct Support Professional	Human Services/Life Skills & Transition Center	11/24	1	3/25	Phase 2 - position posted; actively recruiting and has not yet closed	71,427	85,143	156,570
'00003595	1.00	Disability Claims Analyst	Human Services/Disability Determination	11/24	1	Unknown	Note 2 - federal hiring freeze; inability to post and fill	0	187,635	187,635
'00004220	1.00	Dual Lic Therap - Adult - Lead	Behavioral Health/SEHSC	11/24	1	1/25	Phase 5 - position is filled and new team member hasn't started by 12-1-24	263,333	0	263,333
'00002095	1.00	Food Services Assistant	Human Services/Life Skills & Transition Center	11/24	1	N/A	Note 1 - not budgeted for in 23-25 and/or can be deleted	51,980	61,961	113,941
'00002541	1.00	Health Hmn Svcs Prgm Admin III	Behavioral Health/Policy	11/24	1	7/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	213,620	0	213,620
'00004020	1.00	LBSW - Adult	Behavioral Health/SEHSC	11/24	1	2/25	Phase 3 - position posting closed; applications being reviewed and interviews scheduled	187,915	0	187,915
'00002926	1.00	Logistics Manager	Finance	11/24	1	2/25	Phase 3 - position posting closed; applications being reviewed and interviews scheduled	126,115	107,140	233,255
'00002956	1.00	Maintenance Worker II	Behavioral Health/State Hospital	11/24	1	2/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	162,382	0	162,382
'00003388	1.00	Office Assistant	Finance	11/24	1	1/25	Phase 5 - position is filled and new team member hasn't started by 12-1-24	81,902	69,579	151,481
'00004214	0.90	Office Assistant III	Behavioral Health/SEHSC	11/24	1	2/25	Phase 3 - position posting closed; applications being reviewed and interviews scheduled	142,929	0	142,929
'00002877	1.00	Office Assistant III	Behavioral Health/State Hospital	11/24	1	12/24	Phase 5 - position is filled and new team member hasn't started by 12-1-24	144,310	0	144,310
'00031678	1.00	Peer Support Spec	Behavioral Health/SEHSC	11/24	1	3/25	Phase 3 - position posting closed; applications being reviewed and interviews scheduled	131,000	0	131,000
'00002421	1.00	QIDP	Human Services/Life Skills & Transition Center	11/24	1	1/25	Phase 4 - position has been offered and offer is pending	98,367	117,256	215,623
'00002257	1.00	QIDP	Human Services/Life Skills & Transition Center	11/24	1	3/25	Phase 1 - part of current budget, position number established, job description completed and in process of being classified then posted	98,367	117,256	215,623
'00004259	1.00	Registered Nurse	Behavioral Health/NCHSC	11/24	1	2/25	Phase 2 - position posted; actively recruiting and has not yet closed	208,111	0	208,111
'00003664	1.00	Registered Nurse	Behavioral Health/SEHSC	11/24	1	1/25	Phase 5 - position is filled and new team member hasn't started by 12-1-24	213,920	0	213,920
'00003730	1.00	Registered Nurse	Behavioral Health/SEHSC	11/24	1	2/25	Phase 4 - position has been offered and offer is pending	213,514	0	213,514
'00002771	1.00	Registered Nurse II	Behavioral Health/State Hospital	11/24	1	2/25	Phase 2 - position posted; actively recruiting and has not yet closed	247,326	0	247,326
'00003512	1.00	Rehab Tech	Human Services/Vocational Rehabilitation	11/24	1	3/25	Phase 2 - position posted; actively recruiting and has not yet closed	35,754	131,321	167,075
'00003921	1.00	Residential Administrator	Behavioral Health/BLHSC	11/24	1	3/25	Phase 2 - position posted; actively recruiting and has not yet closed	241,756	0	241,756
'00024589	1.00	Residential Direct Care Assoc	Behavioral Health/SCHSC	11/24	1	2/25	Phase 2 - position posted; actively recruiting and has not yet closed	156,909	0	156,909
'00002391	1.00	Security Officer I	Behavioral Health/State Hospital	11/24	1	1/25	Phase 2 - position posted; actively recruiting and has not yet closed	158,682	0	158,682
'00002741	1.00	Social Worker II	Human Services/Life Skills & Transition Center	11/24	1	2/25	Phase 2 - position posted; actively recruiting and has not yet closed	89,577	106,777	196,354

Salary	Benefits	Estimated Biennial Cost	General	Federal	Other

Positions Vacant as of December 1, 2024

Position FTE No.	Position FTE Count	Position FTE Title	Employing Unit	Date Vacated	Vacant Number of Months December 2024	Expected Date To Be Filled	Current Status	General 2025-27 Biennium Base Level Funding Fund	Other Funds	Total
'00003542	1.00	Sr Vocational Rehab Counselor	Human Services/Vocational Rehabilitation	11/24	1	1/25	Phase 5 - position is filled and new team member hasn't started by 12-1-24	48,152	176,857	225,009
'00003493	1.00	Vocational Rehab Coordinator	Human Services/Vocational Rehabilitation	11/24	1	12/24	Phase 5 - position is filled and new team member hasn't started by 12-1-24	43,835	161,003	204,838
'00003994	1.00	Vocational Rehab Counselor	Human Services/Vocational Rehabilitation	11/24	1	3/25	Phase 2 - position posted; actively recruiting and has not yet closed	44,832	164,662	209,494
'00010276	1.00	Maintenance Mechanic	Behavioral Health/State Hospital	12/24	0	1/25	Phase 5 - position is filled and new team member hasn't started by 12-1-24	194,991	0	194,991
'00030358	1.00	SS - LTC Elig Team Lead	Human Services/Economic Assistance	12/24	0	1/25	Phase 5 - position is filled and new team member hasn't started by 12-1-24	0	217,588	217,588
							Salary and Fringe Benefit Amounts			
										0
Total	**374.63**							**$37,670,695**	**$8,979,294**	**$46,649,989**

Salary	Benefits	Estimated Biennial Cost	General	Federal	Other

[1]These amounts should only include base level funding for current positions for the 2025-27 biennium. **Please do not include salary and health insurance increases recommended in the executive budget and please do not include new positions added in the executive budget recommendations.**

[2]Please enter NONE if no positions were vacant as of this

Additional narrative explanations, if necessary:

See tab 2 titled "Phase Descriptions"

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2023-2025
DHHS LEASES - Office Space

DIVISION / HSC	LANDLORD NAME	COUNTY	LEASED PREMISES	CONTRACT #	SQUARE FEET	ANNUAL RENT	MONTHLY	PSF	TERM	EXP. DATE	TYPE
Badlands HSC	Driscoll Services LLC	STARK	1463 I-94 Business Loop East, Dickinson, ND	980-11684	24,000	$355,920.00	$29,660.00	$14.83	6 years (1 6-year renewal and 5 2-year renewals)	6/30/2026	Human Service Center
Badlands HSC (Vocational Rehabilitation)	KD Builders, LLP	STARK	1674 15th Street West ,Unit E Dickinson, ND 58601	980-09125	2,022	$22,909.32	$1,909.11	$11.33	5 years (1 of 1 five-year renewal options; 2 of 4 one-year renewal options)	6/30/2025	OFFICE
Badlands HSC	Marquis Property & Development LLP	STARK	1468 21st Street West Dickinson, ND 58601	980-06675	4,752	$111,600.00	$9,300.00	$23.48	2 years (8 of 10 renewals)	6/30/2025	CMI FACILITIES
Child Support	Workforce Safety & Insurance	BURLEIGH	1600 East Century Avenue Suite #5 and #7 Bismarck, ND 58506	420-05819	7,671 (office) 393 (storage)	$122,736 $1,965	$10,391.75	$16.00 & $5.00	unlimited 24 month renewals	6/30/2025	OFFICE AND STORAGE
Central Office and West Central HSC	Capitol Lanes Partnership DBA Prairie Hills Plaza	BURLEIGH	Capitol Lanes Plaza 1237 W Divide Avenue Bismarck, ND	610-05907	58,950	$1,125,358.55	approx $93,779.87	$19.09	2 years (10th of 10 renewals)	6/30/2027	Human Service Center
Child Support	BWW LLC	RAMSEY	1820 Walnut Street E,Suite 4 Devils Lake, ND	420-12842	3,400	$39,100.00	$3,258.33	$11.50	3 years	6/30/2025	OFFICE
Child Support	Ladi Properties, LLP	GRAND FORKS	3001 32nd Avenue South Grand Forks, ND 58201	420-11039	3,900	$77,025.00	$6,418.75	$19.75	77 months	11/30/2025	OFFICE
Child Support	Times Square LLP	CASS	Time Square East 4950 13th Avenue South Fargo, ND	420-13077	1,009	$17,657.50	$1,471.46	$17.50	5 years	1/31/2028	OFFICE
Developmental Disabilities	Community Homes of Bismarck, Inc.	BURLEIGH	233 W Bowen Ave, Unit #108, Bismarck, ND 58504	610-13173	N/A	$6,204.00	$517.00	N/A	24 months	6/30/2025	DD CRISIS BED
Developmental Disabilities	Community Homes of Bismarck, Inc.	BURLEIGH	3931 N 19th St, Unit #105 Bismarck, ND 58503	610-13174	N/A	$6,204.00	$517.00	N/A	24 months	6/30/2025	DD CRISIS BED
Developmental Disabilities	Housing Authority of the City of Grand Forks	GRAND FORKS	1114 22nd Ave S, Unit #1 Grand Forks, ND 58201	610-13175	N/A	$6,600.00	$550.00	N/A	24 months	6/30/2025	DD CRISIS BED
Developmental Disabilities	Prairiewood Offices	CASS	1401 32nd St S Fargo, ND 58103	610-13181	2,778	$38,854.92	$3,237.91	$13.98	24 months (0 of 5 24-month renewals)	6/30/2025	OFFICE
Lake Region HSC	Munro, Paul E.	ROLETTE	1102 Main Avenue West Rolla, ND	930-09624	5,060	$76,911.96	$6,409.33	$15.20	July 1, 2023-June 30, 2025	6/30/2033	OFFICE
Lake Region HSC	Hamilton Enterprise Central LLC	RAMSEY	200 Hwy 2 SW Devils Lake, ND	930-13177	18,236	$255,304.00	$21,275.33	$14.00	2 years	6/30/2025	Human Service Center
Lake Region HSC	Job Service North Dakota	RAMSEY	301 S College Drive Devils Lake, ND 58103	930-11409	1,797	$25,158.00	$2,096.50	$14.00	25 months (2 of 4 renewal options)	6/30/2025	OFFICE
Life Skills and Transition Center	BJS Properties, LLC	WALSH	600 Hill Avenue Grafton, ND 58237	990-13149	2,800	$12,600.00	$1,050.00	$4.50	2 years	6/30/2025	COMMERCIAL (TROPHY SHOP)
Northeast HSC	Grand Forks County Commission	GRAND FORKS	Parking Ramp adjacent to the County Office Building	940-11277	89 spaces	$33,120.00	$2,665 MAR-NOV, $3,045 DEC-FEB	N/A	24 months (2 of 5 renewals)	6/30/2025	AUTO/AUTO SPACES
Northeast HSC	Grand Forks County Commission	GRAND FORKS	151 S 4th Street Grand Forks, ND 58201	940-11284	32,059 (office) 658 (storage)	$524,164.65 (office) $3,355.80 (storage)	$43,960.03	$16.35 (office) $5.10 (storage)	24 months (2 of 9, 24-month renewals)	6/30/2025	Human Service Center
Northeast HSC (Ruth Meier Adolescent Facility)	Housing Authority of the City of Grand Forks	GRAND FORKS	770 S 14th St Grand Forks, ND	940-13217	9,352	$112,875.00	$9,406.25	$12.07	2 years (5 renewals)	6/30/2025	ATC FACILITIES
Northeast HSC	Job Service North Dakota	GRAND FORKS	1501 29th Avenue South Grand Forks, ND, 58201	940-11346	3,306	$42,978.00	$3,581.50	$13.00	25 months (2 of 4 renewal options)	6/30/2025	OFFICE
Northwest HSC	Gray Building, The	MCKENZIE	109 5th Street SW Watford City, ND	910-09507	336	$7,200.00	$600.00	$21.43	2 years (5th of 5 renewals)	6/30/2025	OFFICE
Northwest HSC	Metro 316, LLC	WILLIAMS	316 2nd Ave W Williston, ND 58801	910-09833	26,221	$540,181.32	$45,015.11	$20.60	July 1, 2023-June 30, 2025	6/30/2025	Human Service Center
North Central HSC	Elm Developments LLC	WARD	18 3rd St SE, Suite 300 Minot, ND	920-13985	4,471	$65,544.84	$5,462.07	$14.66	2 years (3 of 6 renewals)	6/30/2025	TRANSITIONAL LIVING
North Central HSC	Bethel Lutheran Church	MOUNTRAIL	228 Eagle Drive New Town, ND 58763	920-11466	215	$1,200.00	$100.00	$5.58	2 years (2 of 5, 24-month renewals)	6/30/2025	OFFICE
North Central HSC	Minot Town & Country Investors, LLP	WARD	1015 South Broadway Minot, ND 58701	920-11398	45,536	$545,521.32	$45,460.11	$11.98	2 years (2 of 5, 24-month renewals)	6/30/2025	Human Service Center
Public Health	Stealth Properties	BURLEIGH	1720 Burlington Ave Bismarck, ND	N/A	20,344	$284,816.00	$23,734.67	$14.00		6/30/2025	OFFICE (Emergency Preparedness)
Public Health	Miller & Son's Storage Property	BURLEIGH	313 Airport Rd Bismarck, ND	N/A	2,080	$4,680.00	$390.00	$2.25	4 years (1 of 1 renewal option)	6/30/2027	STORAGE
Public Health	Jobber's Warehouse Company	BURLEIGH	1200 Industrial Ave Bismarck, ND	N/A	19,900	$134,325.00	$11,193.75	$6.75	2 years	6/30/2025	STORAGE
Public Health	Jobber's Warehouse Company	BURLEIGH	1200 Industrial Ave Bismarck, ND	N/A	varies	varies	$100 minimum	$10 per pallet / $100 per month minimum	2 years	6/30/2025	STORAGE

NORTH Dakota | Health & Human Services
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2023-2025
DHHS LEASES - Office Space

DIVISION / HSC	LANDLORD NAME	COUNTY	LEASED PREMISES	CONTRACT #	SQUARE FEET	ANNUAL RENT	MONTHLY	PSF	TERM	EXP. DATE	TYPE
Public Health	HD Real Estate Investment, Inc.	BURLEIGH	Airway and Grumman Lane Bismarck, ND	N/A	62,475	$499,800.00	$41,650.00	$8.00	2 years (3 of 10 24 month renewal	6/30/2025	STORAGE
Public Health	ND Department of Emergency Services	BURLEIGH	1751 93rd Street SE Bismarck, ND	N/A	2,000	$4,560.00	$380.00	$0.19	until termination	until termination	STORAGE
Public Health	Dakota Country Properties	BURLEIGH	722 S. 26th St Bismarck, ND	N/A	10,781	$129,375.00	$10,781.00	$17.25	1 year(1 of 1 renewal option)	6/30/2025	STORAGE
Public Health	Fargo Cass Public Health	CASS	1240 25th St S Fargo ND 58103	N/A	162	$3,000.00	$250.00	$1.54	17 months(0 of 2 12 month renewals)	6/30/2026	OFFICE
Southeast HSC (Vocational Rehabilitation)	Capital Square Holdings LLC (fka Capital Building Four, LLC)	CASS	1655 43rd Street South Fargo, ND	950-10252	6,450	$99,652.40	$8,304.38	$15.45	4 of 10 renewals (2 years)	6/30/2025	OFFICE
South Central HSC	N & F Construction	STUTSMAN	520 3rd St NW Jamestown, ND 58401	960-13171	27,577(office) 2,340 (garage)	$425,355.00	$35,446.25	$15 and $5	2 years	6/30/2025	Human Service Center and Garages
South Central HSC	PROGRESS ENTERPRISES INC	STUTSMAN	428 1/2 2ND ST SW Jamestown, ND 58701	960-13999	3,436	$52,800.00	$4,400.00	$15.37	12 months	6/30/2025	TRANSITIONAL LIVING
South Central HSC	PROGRESS ENTERPRISES INC	STUTSMAN	606 14th St NE Jamestown, ND 58701	960-14251	4,952	$54,000.00	$4,500.00	$10.90	30 months	6/30/2027	TRANSITIONAL LIVING
South Central HSC	City-County Health District	BARNES	415 2nd Avenue Northeast Valley City, ND 58072	960-10992	2,947	$30,943.80	$2,578.65	$10.50	13 months (3rd of 5 renewals)	6/30/2025	OFFICE
Vocational Rehabilitation and Economic Assistance	Job Service North Dakota	BURLEIGH	1000 E Divide Avenue Bismarck, ND, 58501	400-11692	10,710	$192,780.00	$16,065.00	$18.00	27 months (2 of 5 renewal options)	6/30/2026	OFFICE
Vocational Rehabilitation	Job Service North Dakota	BURLEIGH	1601 E Century Ave Bismarck, ND	700-14012	66	$1,914.00	$159.50	$29.00	12 months (1 renewal)	6/30/2025	OFFICE
West Central HSC	Capitol Lanes Partnership DBA Prairie Hills Plaza	BURLEIGH	1237 East Divide Avenue Bismarck, ND 58501	610-07806	1,000	$6,480.00	$540.00	$6.48	2 years (7 of 10 renewals)	6/30/2025	STORAGE

2025 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

HB 1012
1/28/2025

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

2:34 p.m. Chairman J. Nelson called the hearing to order.

Members Present: Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Berg, Mitskog, Murphy, O' Brien, Wagner.

Discussion Topics:

- Budget
- Communications

2:34 p.m. Sara Stolt, Deputy Commissioner, Health and Human Services, continued with previous testimony on Business Operations #32002, #32326.

2:44 p.m. Donna Aukland, Chief Financial Officer, Health and Human Services, presented budget projections #32002.

3:06 p.m. Lynn Bargmann, Chief Communications Officer, presented and testified on the Communications Division #32002.

Additional written testimony:

Bailee A. Saltzman, Surrey, ND in opposition #32071

Tania S. Zerr, Fargo, ND in favor #32161

Cale Dunwoody, Fargo, ND in favor #32057

Linda Schroeder, West Fargo, ND in favor #32075

Michele Klabo, Jamestown, ND in favor #32108

Kari Kapp, Jamestown, ND in favor #32111

Nicole Darling, Fargo, ND in favor #32147

Krystal Hayes, Dickinson, ND in favor #32170

Ashley Isrig, Fargo, ND in opposition #32199

Trisha York, West Fargo, ND in opposition #32206

Kay Larson, Director, Early Childhood Section, Health and Human Services, submitted testimony #32188 in favor.

4:00 p.m. Chairman J. Nelson adjourned the meeting.

Jan Kamphuis, Committee Clerk

THE CHAMBER
FARGO MOORHEAD WEST FARGO

Letter of Support – HB 1012

Tuesday, January 28, 2025

Chairman Nelson and members of the House Appropriations - Human Resources Division Committee,

For the record, my name is Cale Dunwoody, and I have the distinct pleasure of serving as the Vice President of Public Policy for the Fargo Moorhead West Fargo Chamber of Commerce (FMWF Chamber). On behalf of our over 1,700 members, I respectfully offer testimony in support of House Bill 1012.

At the FMWF Chamber, our mission is to protect and promote business, inspire individuals, cultivate communities, and influence action. We commend the 68th Legislative Assembly for their critical investments to address the need for accessible, affordable, and quality childcare throughout our state. Childcare is central to the state's workforce challenges, and in order to adequately address workforce shortages, the state must also address childcare.

North Dakota continues to grapple with the shortage of childcare slots, particularly for infants and toddlers, due to the high costs associated with providing these essential services. Between 2017-2024 the cost of childcare in North Dakota increased 40% at traditional day care centers, and as much as 50% at home day care centers. A survey conducted by the Greater Fargo Moorhead Economic Development Corporation and the Southeastern Education Cooperative reported 71% of respondents identified high costs as a barrier to accessing childcare. This illustrates the impact rising prices has on the availability and stability of our state's workforce.

Awareness of available programs is also a barrier for families to access the care they require. Data from the same study indicated only 41% of respondents were aware CCAP and the working parent relief program were available to them. Lack of awareness is not isolated to our region as the Greater North Dakota Chamber reported only 33% of respondents statewide knew about these programs. Lack of adequate information on these programs inhibits economic growth as it limits the number of individuals participating in the labor force.

Addressing North Dakota's childcare shortage is a vital part of solving the workforce issue. Passage of this bill offers additional support to employers and working families, showing the state's commitment to investing in our future. We respectfully urge this committee and the 69th Legislative Assembly to continue to strategically invest into critical economic assistance opportunities and early childhood programs that reduce cost and increase access to quality childcare throughout North Dakota by giving this bill a DO PASS.

Thank you for your attention to this matter and your commitment to North Dakota.

THE CHAMBER
FARGO MOORHEAD WEST FARGO



Sincerely,

Cale Dunwoody
Vice President of Public Policy
Fargo Moorhead West Fargo Chamber of Commerce

#32071

1/27/2025

To whom it may concern,

This letter is in regard to the bill HB1012, which could cut funding on grants given by North Dakota Health and Human Services. The Inclusion grant is one that we current receive to help our children.

I have worked at a daycare for over 5 years. I started when it was a small at home daycare with 13 children. Now our daycare is at 2 locations with up to 30 children at each location. Since I have started working at a daycare, the number of children needing more 1 on 1 care has increased substantially. We currently have 15 children in our care that have more needs than many daycares can work with.

Whether it is speech delays, OT services, or behavioral needs, the Inclusion grant has been able to provide our daycare with the ability to not only buy specialized supplies that help the children grow, but to be able to keep on more staff so that the children with needs get more care.

Many daycares' staff to children ratios are around 1:10, whereas our daycare has been able to have ratios of around 1:5. This not only helps the children to have that extra support from us, but it helps the mental wellbeing of the staff members. Daycare work is very rewarding, but it is also very mentally and physically exhausting.

We all know that quality daycares in the state are very much needed. Having grants like the Inclusion grant help daycares out in so many ways.

Please do not take away much needed funding that helps the children that need it most.

Thank you for your time,

Bailee Saltzman

Kids 1st Daycare, LLC

Surrey, ND

House Appropriations – Human Resources Division

HB 1012 and funding for Early Childhood Education.

My name is Linda Schroeder. I live in West Fargo, and I have operated my in-home childcare business for 34 years or about 82,000 hours invested in providing care to children and supporting their families. It was not until Covid that childcare started to receive appreciation and support for the service that is provided to children and families. I like to think it was a piece of silver lining in a time that was very challenging. I never closed my program during Covid. The parents of the families were working at the hospital, banks, maintenance, driving trucks, and many other providers were right there on the front line's day in and day out. Without quality childcare people can't show up for work. The unfortunate result during this time was that many of the people that pulled their kids and stopped paying for childcare, yet they were still being paid and receiving unemployment. Many providers did not initially qualify for unemployment. As a result, they left childcare because of no income. When the workforce took steps to reestablish itself many providers took other jobs that paid more than what they are making caring for children.

North Dakota started to really look at childcare and recognize how vital it is in the process of building a strong economy, establishing and reaching goals. Each year more opportunities, programs and support systems are included in this crucial business that supports our workforce. This needs to be addressed annually with steps for improvement in the forefront of our minds.

It is my hope that you fully fund the Early Childhood Programs and not consider any recommended cuts. The needs of the children, providers and families continue to escalate. Food prices are constantly increasing. Ongoing training is needed to navigate the many behavioral, emotional and academic needs of children. I have more therapists than ever before coming into my program to provide services and offer support to children. The challenges that schools deal within unprecedented numbers we see in our programs first as they are with us before entering school. We are faced with trying to navigate the growth and development of children while trying to support the families which are often overwhelmed. We need help with supplies, equipment, and training. School systems have a staff an in-home provider does all of this alone. My day starts with self-care for kids as many come straight from bed without even having used the bathroom. Their hair still has the ponytails that I put in the day before. This care and nurturing continue throughout the day. I have washed and changed clothes, clipped nails, brushed teeth and provided dignity to children and grace to overwhelmed parents. These and many more challenges are present in 90% of the families I have supported.

When discussing and allocating funds please think of your children, grandchildren, nieces and nephews, friends and neighbors now and in the future. We need to focus on not only recruiting early childhood educators but also supporting the providers we have so that they don't leave the early childhood workforce. Our future depends on it. North Dakota can lead the way!

Smiles
Linda Schroeder

January 27, 2025

To whom it may concern,

My name is Michelle Klabo, I am a licensed group provider located in Jamestown. I currently care for 9 children full time. I have been a childcare provider for almost 11 ½ years. I have a bachelor's degree in early childhood education and have been a Step 4 provider on the QRIS rating system with Bright and Early program for 7 years.

I am writing in favor of fully funding the bill with the original $7 million budget and not cut funding by 2 million. Early childhood is vital for our state to continue to grow and build high quality childcare in North Dakota.

I appreciate our state's support over the last couple of years with additional grants we received. I believe early childhood education is essential to keep the workforce continuing in North Dakota and additional funds from these grants helps us achieve higher quality-based environments. Parents can go to work knowing they are leaving their child in a high-quality childcare focusing on safety, environments, development, connections, and relationships.

The quality improvement grants I received in the past 7 years have been around 10K. With this funding, I have been able to purchase materials for the children, a rainbow playset, outside toys, educational materials, and art supplies. Over the last 2 years, I have been able to keep my rates lower for my parents. My program rate is significantly less than other providers in my area. This additional funding from Bright and Early and other state programs helped me maintain a lower rate, but also to use the funds to purchase additional materials needed. Being a quality rated program children in my care can meet their academic, social-emotional, physical, and cognitive goals.

State programs like Bright and Early are necessary to keep children on the right path, 90% of a child's brain is developed in the first five years of life. These years count and by having high-quality step 4 programs help with this. This additional state funding is necessary to make a child's experience in the childcare industry a success for their future in life.

Sincerely,

Michelle Klabo, Owner

ABC Learn-N-Play

Kari Kapp
515 7th Ave SE
Jamestown ND 58401
701-658-9095
Kari.kapp16@gmail.com

1/27/2025

To whom it may concern,

My name is Kari Kapp, and I live in Jamestown ND and I am asking to continue to fully fund the bill with the original proposed amount of $7 million dollars.

I have been in the Early childhood profession for over 30 years, and I run an in-home childcare that is going on 25 years this June. I do not have any staff and wear many hats in my quality rated program. I am currently licensed for 16, and on a typical day average 10 children.

I have participated in Bright & Early since it started, for I was one of the first in-home childcare to participate in the QRIS. My Program is one of 2 Nationally Accredited in the state, and I have my Associates Degree in Early Childhood. I did receive money in the past for renewing my step 4 and staying Quality Rated with an estimated amount of $10,000 and it was very nice to receive the $3000 in 2024. Being a step 4 Provider and having a family on assistance has been a nice little incentive bonus too.

Receiving these funds from state programs and the QRIS has helped me in many ways! Being Nationally Accredited, it helps me afford to stay accredited, and purchase items for my program to make sure that the children are in a safe, healthy, and social environment. This is very important for the social emotional area in a child's mental development. These funds also allow me to charge less than the going (market) rate in the area to make childcare affordable to parents.

Respectfully,

Kari Kapp

To whom it may concern,

I am the Site Coordinator at Hope Center for Learning-South in Fargo, ND. We have been licensed since August 2010. Our licensed capacity is 99 and we are currently serving 56 during the school year. We have been participating in Bright & Early since 2017. We are currently rated Step 3 and began working on Step 4 Rating in January 2025. I am writing to this to ask to approve of the ORIGINAL amount that was being awarded ($7 million), not the reduced to the amount of $5million.

I have been the coordinator at Hope Center for Learning-South since 2021. One thing I appreciated from the beginning was the high standard of care that was being provided. As I was getting to know the policies and procedures of the center something I heard frequently was that we do this because of what we've learned through involvement in Bright and Early. The support provided for the staff from the Bright and Early coaches and educators has been an invaluable asset to us providing high quality care to our children and families.

In addition to the support and education provided to us from Bright and Early coaches is the funding that we receive to help us continue to provide a high level of care for the children and families we serve. We received $8,000 in quality Improvement grants in 2022, 2023, and 2024. Past grant dollars have been used to maintain childcare spaces such as adding new carpeting and having the rooms painted. We have also used this funding to purchase additional furnishing including shelving, chairs, changing station, etc.

The 2024 grant dollars will be used to send all full-time staff (14 staff total) to the ND Early Childhood Conference in Bismarck in April 2025. With these funds we will be able to pay for wages, lodging, food, registration, etc. Being able to provide teachers with quality education opportunities helps us retain high quality early childhood teachers which is the key to any early childhood program. Funding to help us provide education and opportunities for staff is especially important now, when it seems like being able to hire qualified staff is becoming increasingly difficult.

Thank you for your time and consideration in this matter.

Nicole Darling

Written Testimony for North Dakota HB 1012

Submitted by: YMCA of the Northern Sky

Good morning, members of the Committee,
My name is Tania Zerr, and I am the Executive Director of Child Care Programs for the YMCA of the Northern Sky. I am writing to share how Quality Improvement Grants have positively impacted our programs and to strongly encourage you to maintain funding for these vital initiatives.

Overview of Our Programs
The YMCA of the Northern Sky serves over 2,300 children annually daily across our communities of Fargo, West Fargo, and Moorhead. We employ over 450 staff members, both full- and part-time, and operate:

- **4 Early Childhood Learning Centers**, two of which also provide afterschool care.
- **21 school-age afterschool programs** which are located throughout those communities.

Here is an overview of the children served at each Early Childhood location:

- **Fercho YMCA** (licensed since 1986): 8 infants, 10 toddlers, 75 preschoolers, 75 school-age children.
- **Schlossman YMCA** (licensed since 1997): 68 preschoolers, 80 school-age children.
- **West Fargo YMCA** (licensed since 2002): 24 infants, 20 toddlers, 128 preschoolers.
- **South at Urban Plains** (licensed since June 2023): 32 infants, 30 toddlers, 122 preschoolers, 60 school-age children. (Previously YMCA South (licensed since 1999) and (Previously YMCA Calvary (licensed since 2012)

All of our programs have historically been accredited by the National Association for the Education of Young Children (NAEYC). However, as the state introduced its Quality Rating System, we shifted our focus to Bright & Early ND due to the financial feasibility and the invaluable support it provides.

Achievements Through Bright & Early ND
We have been actively participating in the Bright & Early ND Quality Rating System since its inception. Three of our four Early Childhood programs are proud to be Step 3 programs, with one location actively working toward Step 3. The coaching, technical assistance, training, and funding provided by this initiative have been instrumental in helping us maintain high-quality programming for the children and families we serve.

Use of Quality Improvement Grants
In 2023, we received grant funding that allowed us to make critical investments in our programs. Specifically:

- **Expansion and Growth:** We added infant classrooms at both our West Fargo location and our South at Urban Plains location using GROW Grant funding. This expansion would not have been possible without this financial support, which enabled us to meet increasing community demand for child care.

- **Facility Improvements:** Remodeling projects are prohibitively expensive for child care programs. For example, adding a single sink and tiling to a classroom at our West Fargo location cost $35,000. Without grant funds, these essential improvements would not have been possible.

- **Equipment and Supplies:** We updated outdated equipment, shelving, cribs, chairs, and tables—some of which had been in use since our programs first opened.

Why These Grants Matter
Child care programs operate on extremely tight budgets, with 90% of revenue coming from parent tuition fees. Our largest expenses are staff salaries and benefits. Without Quality Improvement Grants, we could not afford the updates and investments necessary to provide safe, high-quality learning environments for our children. These grants ensure that we can meet state standards, expand our capacity, and offer the resources our staff need to deliver excellent care.

Impact on the Community
The funding provided through these grants doesn't just benefit our programs; it strengthens the entire community. When we can expand infant care, update equipment, and train our staff, we directly support working families and contribute to the development of the next generation.

Closing
I urge you to maintain funding for Quality Improvement Grants. The $2 million being considered for cuts would jeopardize the progress child care providers like the YMCA of the Northern Sky have made in enhancing the quality of care. These grants are not just investments in programs—they are investments in children, families, and the future of North Dakota.

Thank you for your time and consideration. I am happy to answer any questions.

Sincerely,

Tania Zerr
YMCA Learning Center
Executive Director
zerr@ymcanorthernsky.org
218-359-2331

Krystal Hayes
Dickinson, ND
Niki_sweetrose@hotmail.com
1/28/2025

To whom it may concern,

My name is Krystal (Niki) Hayes, and I live in Dickinson, ND and I am asking to continue to fully fund the bill with the original proposed amount of $7 million dollars. I have been in the Early Childhood profession for over 15 years. I have worked at home care, group care and preschool. During that time our programs severely depended on the funding we received through many programs offered by the state. We stayed open during Covid because of funding and that allowed others in ND to continue working while we cared for their children. Not only do I believe that Early Childcare is the one of the major backbones of our society, our country literally couldn't function without childcare.

All children deserve quality care, this isn't an area that cutting funding should even be an option. This truly is a thankless industry filled with loving and caring providers that deserve resources and more importantly all the support that can be offered. I will always be in favor of supporting our children's caregivers and educators.

Thank you,

Krystal Hayes

#32188



HB1012 Overview – Early Childhood

House Appropriations | Human Resources Division
Representative Jon Nelson, Chairman

NORTH Dakota | Health & Human Services
Be Legendary.

January 28, 2025, Kay Larson | Director, Early Childhood Section

Early Childhood Purpose and Century Code

Facilitate delivery of programs and services so kids ages 0-5 from all backgrounds and circumstances, their families, and those who support them, have the opportunity to realize their potential.

Chapter	Chapter Name
50-06	Department of Health and Human Services
50-11.1	Early Childhood Services



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Early Childhood Section Services:



Help families access early childhood services so they can go to school or participate in ND's workforce

- Child care referrals
- Navigating early intervention and early childhood special needs
- Partner with employers to support working parents



Support early childhood experience providers in their day-to-day work with children

- Training and Professional Development
- Coaching on health, safety, inclusion and quality improvement
- Access to grants and resources to support business operations



Support children's optimal development and school readiness

- Developmental screening and referrals
- Supporting program staff with tools and resources to assess and plan for child outcomes

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Early Childhood Programs and Services



Licensing

Health and safety-oriented oversight designed to reduce the risk of children being cared for in an unsafe environment



Professional Development

Maintain workforce registry and vet trainers and training, offer technical assistance to potential and existing providers, establish EC career pathways



Quality

Operate quality improvement system, maintain early childhood standards, support inclusive child care



Best in Class

Support to offer quality experiences in the year before kindergarten focused on child outcomes



Family Support and Education

Consumer ed, child care referrals, early intervention & early special education svc, head start collaboration



EC Operations

CCDF state plan, EC technology coordination and systems support

In ND early childhood is a mixed delivery system, involving both public and private partners using both federal and state funds

ND HHS team	Training and Early Childhood Supports	Early Childhood Experience Providers	ND Department of Public Instruction
• Children & Family Services (Home Visitation, Child Protection, Abuse Prevention) • Developmental Disabilities (Early Intervention, In-Home supports) • Economic Assistance (Child Care Assistance Program) • Public Health (Maternal & Child Health) • Medicaid (Right Track, CHIP / Healthy Steps)	Trainers, coaches, mentors, consultants • Health and wellness • Business success • Quality improvement • Inclusive child care Consumer education resource and referral	• Early childhood programs including center- and home-based programs • Four-Year-Old Programs in Public and Private Schools • Early Childhood Special Education services • Head Start and Early Head Start • Home visiting, DD & Early Intervention providers	• Office of Specialized Services • PK-12 Strategic Vision • K-12 coordinating council • Comprehensive State Literacy Development Program • Child and Adult Care Food Program • Family Engagement Council

NORTH Dakota Be Legendary. | Health & Human Services

Contracted Partners help deliver core services

Child care resource and referral

- Provide referrals and consumer education to families searching for child care
- Consultation and resources for existing and potential licensed providers to support their day-to-day work with special attention to health and safety in group child care settings, child care environments, interactions with children and families, and business essentials.
- Contract held by South East Education Cooperative.

QRIS Coaching and Assessment

- Continuous quality improvement coaching and assessment of programs participating in QRIS cohorts
- Contract held by Community Action Program Lakes and Prairies.

Inclusive Child Care Support

- Consultation, coaching and resources to support providers in caring for children with physical, developmental, or behavioral needs.
- Contract held by USpireND.

ChildCare Aware® OF NORTH DAKOTA

Bright & Early NORTH DAKOTA

USpireND INCLUSION SUPPORT

NORTH Dakota Be Legendary. | Health & Human Services

Early Childhood Vendors offer tools that support quality early experiences

- **Teaching Strategies.** GOLD Online Assessment Portfolios, Creative Curriculum, Professional Development.
- **Waterford Upstart.** Recruitment, educational technology, software, training and support for parents, progress monitoring.
- **New World Now, LLC.** Insight Data System that powers Early Childhood Workforce Registry, QRIS and other Quality Initiatives, Learning Management System, Grants Administration, soon to include referral and licensing modules.

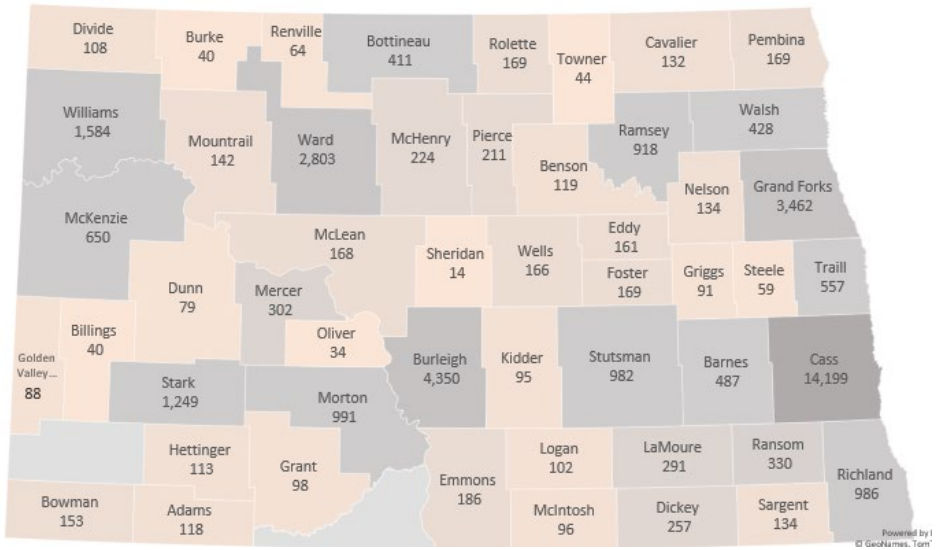


Stanley| Best in Class

NORTH Dakota | Health & Human Services
Be Legendary.

Early Childhood by the Numbers (as of December 2024)

1,183 Licensed & Self Dec Child Care Programs
Licensed Child Care Capacity – 38,957



Source: Work Life Systems Resource and Referral Registry, 1-4-25

606
Pregnant women and children served in Early Head Start

1,566
Children ages three to five years old served in Head Start

103
Schools with Four-Year-Old Program Approval

8,631
Growing Futures members

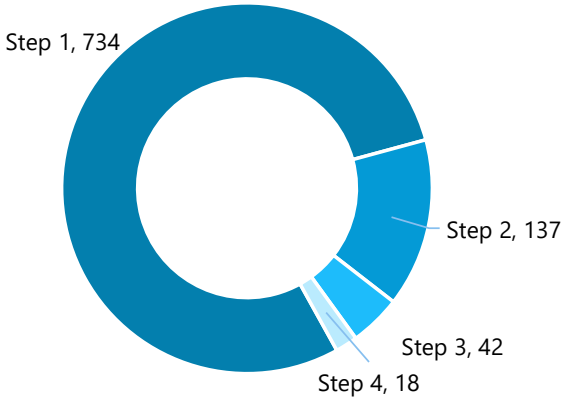
2,419
Hours of TA delivered by our contracted partners

3,405
Children supported by IDEA Part C Early Intervention

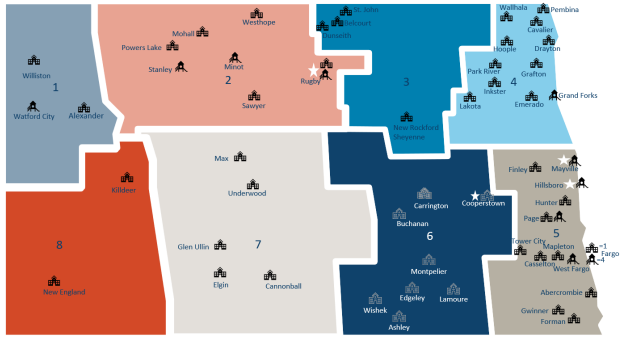
1,754
Children supported by IDEA Part B 619 services

1,066
Waterford Upstart households representing all but two counties

931 Quality Rated Programs



57 Best in Class Programs 2024-2025



NORTH Dakota | Health & Human Services
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Start-up and Expansion Grants

1540 **Availability**

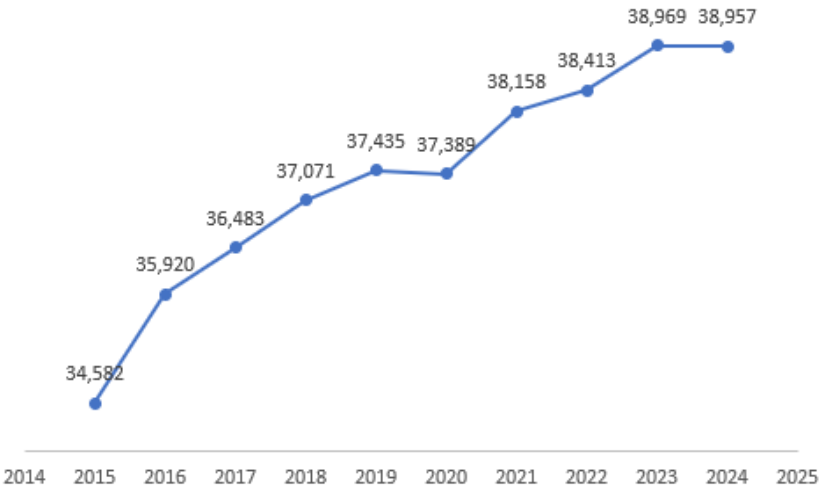
Grants to new and existing licensed child care programs to add capacity. Funds can support purchase of supplies and equipment, and operating costs related to start-up or expansion.

Grow Grants

# of children served:	720 newly available child care spots
Provider involvement:	28 grants
Expenditures:	$892,438
Measurable outcomes:	468 spots created in programs located in underserved areas (“child care deserts”), 112 new infant slots, 140 new toddler slots

- ✓ Grants from $20,000 - $100,000
- ✓ Applicant must work with Child Care Aware® business consultant
- ✓ Eligible: New programs in under-served counties (Benson, Dunn, Kidder, McKenzie, McLean, Morton, Mountrail, Oliver, Renville, Rolette, Sioux, Stark, Towner, Williams, Walsh)
- ✓ Eligible: New infant/toddler spaces in new or expanding programs (any location)

Licensed Child Care Capacity



Note: Annual capacity shapshot taken in June each year, 2024 capacity as of December 31, 2024

NORTH Dakota Be Legendary. | Health & Human Services

Facility Grants

1540 **Availability**

Grants to existing licensed child care programs to address facility improvement, minor renovations, related equipment and services, and costs to meet health, safety, and licensing needs

# of children served:	9,305
Provider involvement:	259 programs
Expenditures:	$1,996,430
Measurable outcomes:	• 26% replacement of child-sized furnishings • 15% heating, cooling, and kitchen appliances • 11% natural playscapes and outdoor shade, • 6–7% each: asphalt, doors, flooring, fencing
Other data:	133 applications still under review; awarding as funds available

Milnor| Licensed Home-Based





BEFORE
steps cracked, chipped, and sunk, jammed screen on door, railing too wide

AFTER

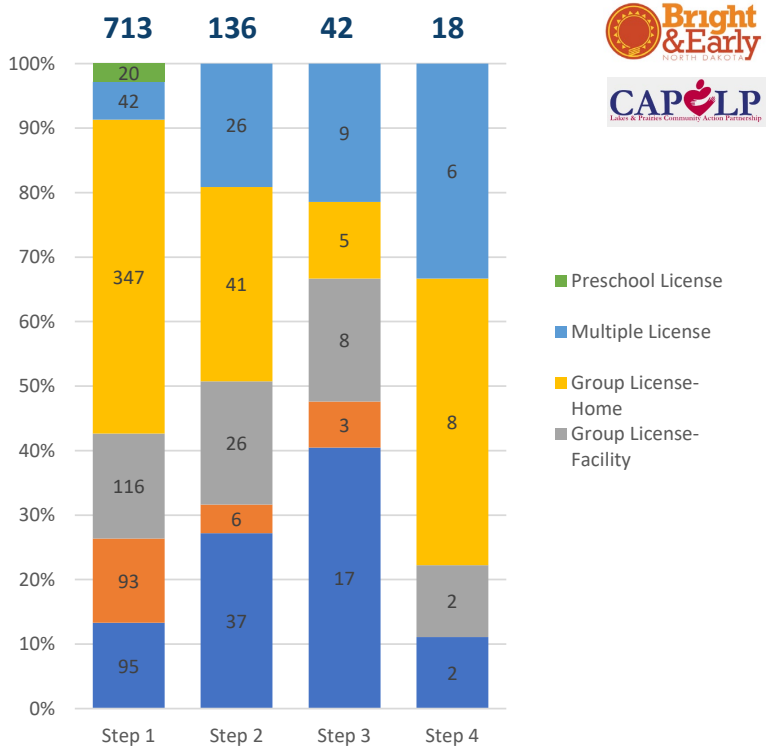
NORTH Dakota Be Legendary. | Health & Human Services

Quality Recognition

1540 Quality

Bright & Early ND is ND's Quality Rating and Improvement System (QRIS). A QRIS is a systematic approach to assess, improve, and communicate the level of quality in early childhood programs. Bright & Early ND was developed to help early childhood programs offer high-quality care that supports each child's learning and development. ND's quality efforts are supported with a variety of grants, incentives and supports.

# of children served:	11,500 spaces in programs that have achieved Step 2, 3 or 4
Provider involvement:	931 providers participating in QRIS
Expenditures:	185 quality grant awards - $595,000 (FY 2023-2025) $2.7 million for QRIS coaching supports (FY2023-25)
Measurable outcomes:	91 programs are actively renewing or pursuing the next quality step, which includes 42 in the January 2025 cohort • 41 - Step 2 • 36 - Step 3 • 14 - Step 4 In CY2024, participating programs received 1,386 hours of coaching support.
Other data:	In 2023, 128 observations were completed, and by 2024, that number rose to 182, marking a 42% increase in the number of programs able to use data to inform quality improvement



Bright & Early North Dakota

CAPLP Lakes & Prairies Community Action Partnership

NORTH Dakota Be Legendary. | Health & Human Services



Stanley| Best in Class

25% growth in QRIS participation

Here's what Heather Reyes from Wolf Pup Daycare in Watford City has to say...

"The coaches were there the entire time and helped answer any questions I had, and helped provide support in areas that I didn't know I needed. As a childcare director, it isn't easy especially when it comes to being on a strict budget. It can also be challenging to keep staff if there aren't any benefits to offer them.

When the incentives were offered to all staff, it was so greatly appreciated by everyone who received it. The incentives and grants have helped our facility in so many ways. We were able to replace old furniture and toys with new ones and get our classrooms new equipment and quality materials that we haven't been able to have before. We noticed a huge difference in the children's behavior and how excited each child was engaging with the new materials. It honestly felt like a whole new environment. We care for children from the ages of 0-5 and have 16 classrooms and over 150 kids so you can only imagine how these benefits are much needed and how much they do help and benefit us. Having these benefits honestly helps make things less stressful!"

Deb Habedank from Center for Child Development at NDSU, Fargo adds...

"Coaching professionals who meet face-to-face with our team to guide and support quality improvement... reviewed the Bright & Early ND process with us, helped prepare our program for the assessments, and held our team accountable to making long term improvements that are developmentally appropriate for young children. The coach also provided resources and effective support which was only a phone call away; Our educators were excited and proud to share the QRIS process and results with our parents, administration, and the community."

Jody Cymbaluk from Little Scholars Preschool in Williston says...

"The quality of care that this funding has helped increase has been monumental. Our childcare facility has been able to offer a lower teacher/student ratio, hire staff with higher education, offer ongoing staff training opportunities, retain staff, offer family engagement opportunities, and nurture relationships with parents to promote a positive diverse learning experience for their children.

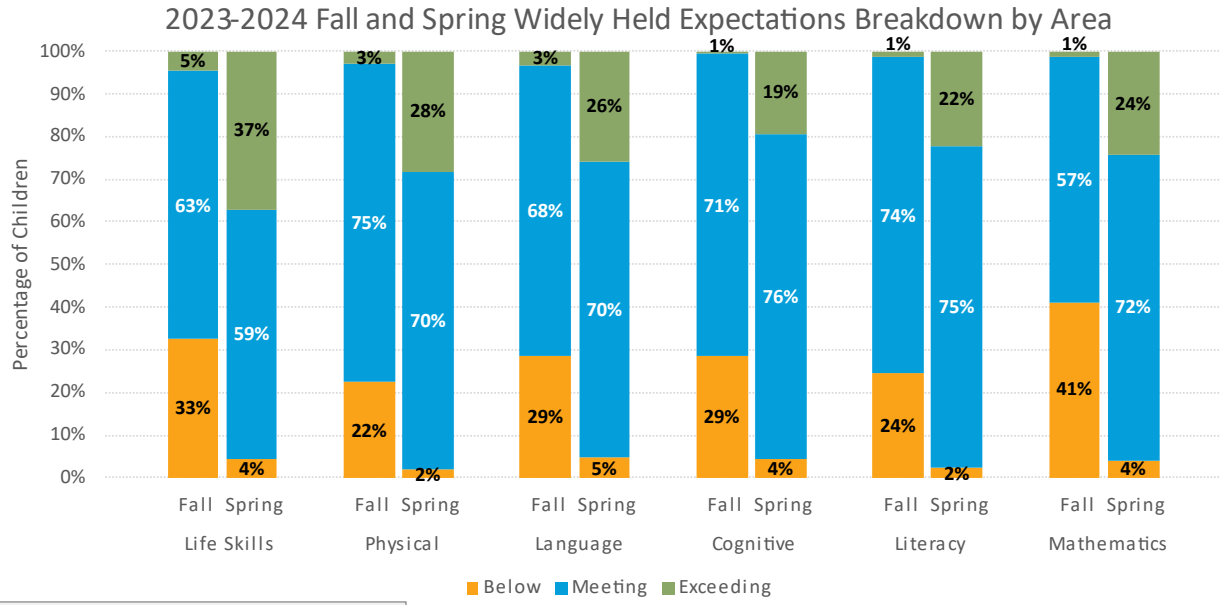
This productive combination has in return fostered a happier staff, less stress for working parents & enabled a higher quality childcare setting in what is an oil impacted county."

Best in Class

Quality

Best in Class is a targeted state investment in programs committed to delivering the highest quality experiences to children and their families in the year before kindergarten. It includes focused efforts to serve children who might be least likely to have the opportunity to access high quality experiences like those offered in Best in Class settings.

# of children served:	1164 (2024-25)
Provider involvement:	57 program awards - 22 small & 59 large groups
Costs and benefits:	$6.21 M (2024-25)
Measurable outcomes:	Fall/Winter/Spring progress checks Shown to the right, Fall 2023-Spring 2024



2021-22	2022-23	2023-24	2024-25	2025-26 (est)
23 programs *18 small groups *11 large groups	33 programs *29 small groups *15 large groups	45 programs *15 small groups *50 large groups	57 programs *22 small groups *59 large groups	68 programs *28 small groups *69 large groups
371 children $2.2M grants*	546 children $2M grants*	878 children $4.9M grants*	1,164 children $6.2M grants*	1,300 children $7.6M grants*

**Programs also receive coaching resources, and various program supports in addition to grants*

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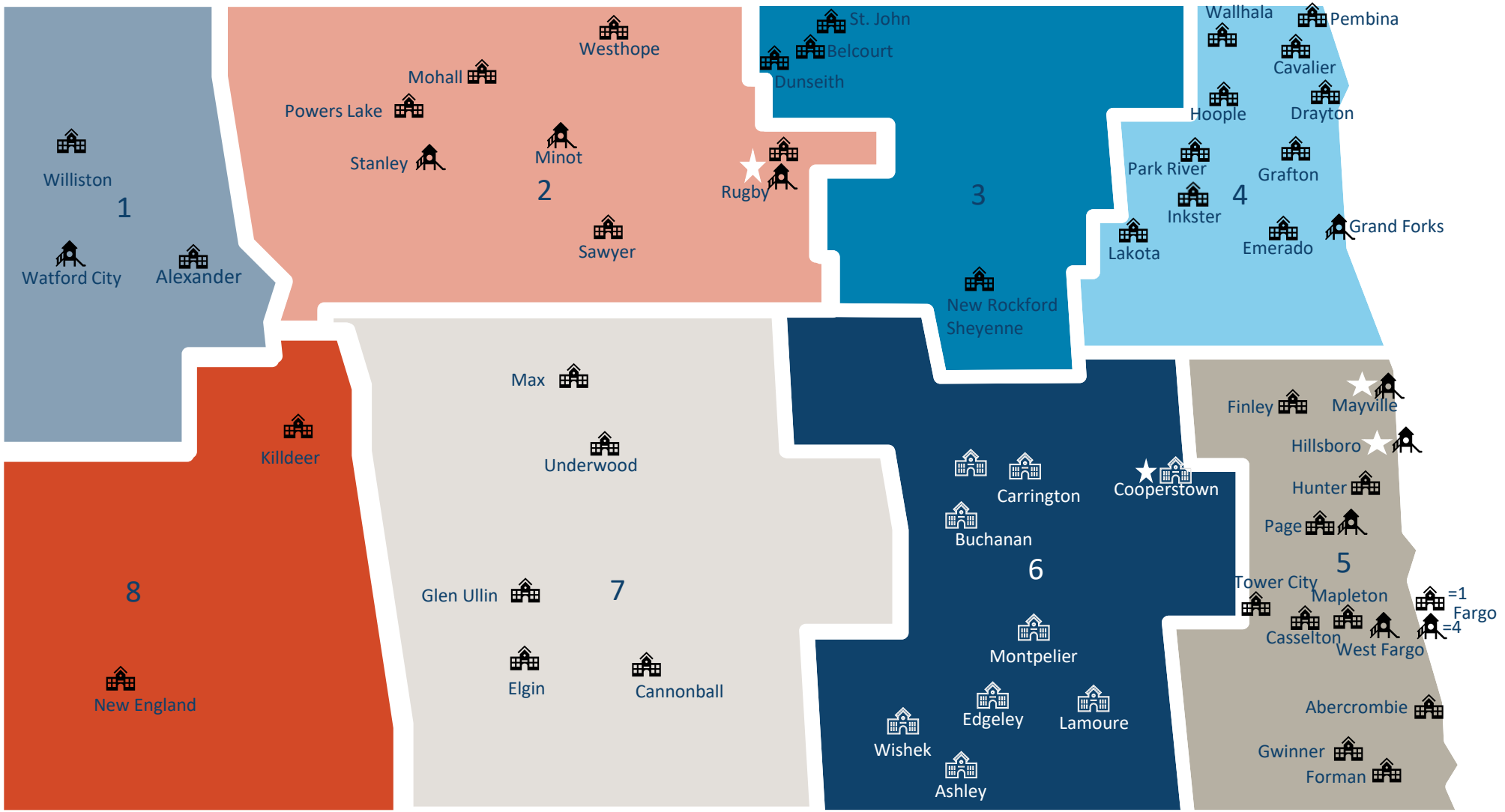
2024-2025 Best in Class = 57 programs with 81 classrooms



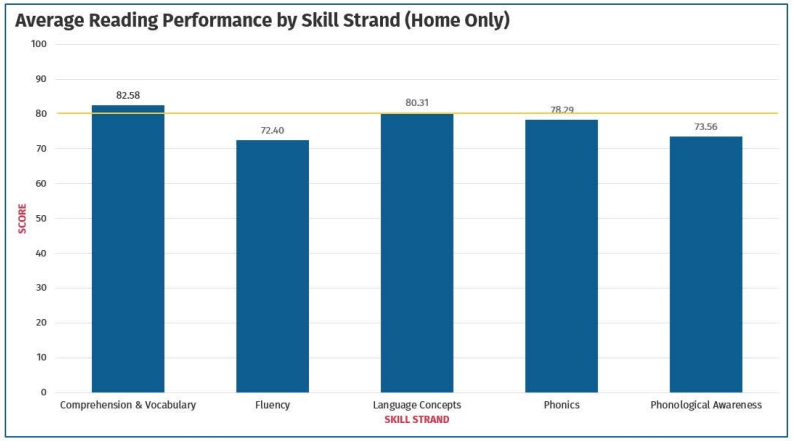
9 **child care only** classrooms ★ 4 classrooms **child care with Head Start** and/**or 4-year-old approval**

Waterford Upstart

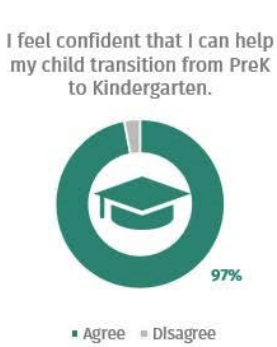
Quality

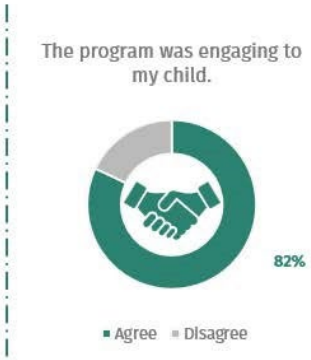
A family-based kindergarten readiness program that helps children in the year before kindergarten develop the cognitive and mindset skills they need for school success. Waterford Upstart is delivered fully in the home, leveraging adaptive software and providing tailored coaching to support families as their child's first teacher.

# of children served:	2292
Provider involvement:	2,292 families (2023-25)
Costs and benefits:	$2.4M (2023-25)
Measurable outcomes:	Usage and Milestones – children who use the software for at least 1,000 minutes experience an average of 2 levels of growth
Other data:	93% of children live in rural communities; 17% live in households with income <200% of federal poverty level (2024-25 cohort)



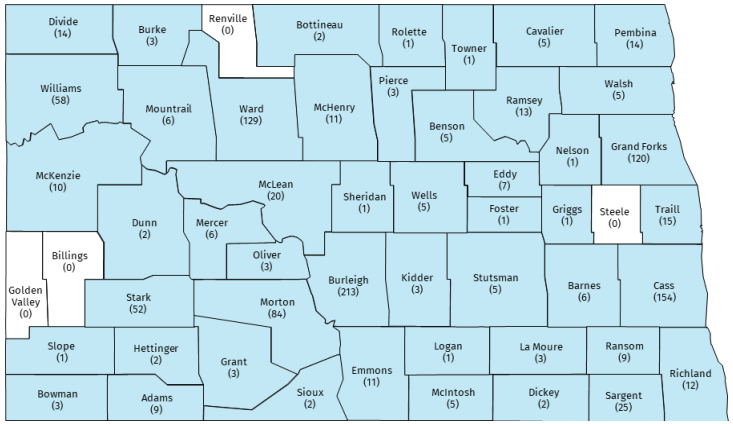








2024-2025 Participation



Child Care Coaching, Resource and Referral

Availability

Provide in-the-field training and technical assistance to child care providers, including TA related to licensing violations. Operate a resource and referral service to help parents find and evaluate child care options.

# of children served:	All children in licensed child care
Provider involvement:	834 face-to-face courses; 5,349 online self-paced courses; 170 health safety hours to 8 programs (2023-25)
Costs and benefits:	$3.1 million contract for resource and referral (2023-25)
Other data:	89,857 online and specialist performed referrals (2023-25)

SEEC SOUTH EAST EDUCATION COOPERATIVE

ChildCare Aware OF NORTH DAKOTA

Did you know?
ND child care licensing specialists process an average of 21 new licenses and 61 license renewals every month



Shared Services Alliance

1540 **Availability**

Support services designed to support child care entrepreneurs' business success and sustainability

Provider involvement: *(participation to date)*	43 programs – Women's Business Center Coaching 105 programs – Procare child care management solution 22 programs – Parachute child care management solution 177 programs – Learning Beyond/Lakeshore
Costs and benefits:	$1.5 million to support delivery of shared services
Measurable outcomes:	Program launched Sept 2023 Additional cohorts starting in January and March/April

1. Business Training and Coaching by the ND Women's Business Center
2. Access to the Procare Child Care Management technology platform to enable contactless check-in/out, automated invoicing, fee collection and payment processing, family connection tools, and document management. Parachute available to smaller programs.
3. Access to curriculum and environment materials to support service delivery by Learning Beyond and Lakeshore

SEEC SOUTH EAST EDUCATION COOPERATIVE

ChildCare Aware® OF NORTH DAKOTA

Procare SOLUTIONS

NORTH DAKOTA Women's Business CENTER

Learning BEYOND

Lakeshore®

Free Business Consultants to help with Child Care Start-ups and Expansions

Business consultants from Child Care Aware® of North Dakota offer guidance and assistance to new and existing child care entrepreneurs.

Their expertise is in the business of child care. They can offer help:

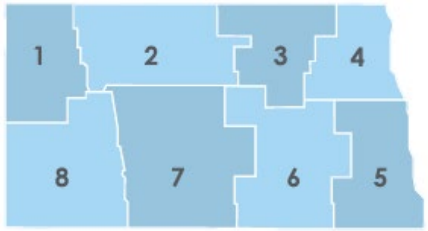
- Identifying demand (i.e., community need),
- Understanding licensing requirements,
- Space planning to optimize the environment for young children,
- Developing strategies for staff recruitment and training,
- Thinking through curriculum considerations, and
- Business planning (including start-up and operational budgets).

Training and Professional Development

1540 **Quality**

North Dakota's Child Care Workforce Registry (Growing Futures) works to promotes the growth of a qualified early childhood workforce with a range of services and resources, including career pathways, an early childhood training gallery.

# of children served:	All children in licensed child care
Provider involvement:	8,631 Growing Futures members 1597 training stipends paid
Costs and benefits:	$748k (2024-25)
Measurable outcomes:	% of workforce completing career pathway levels

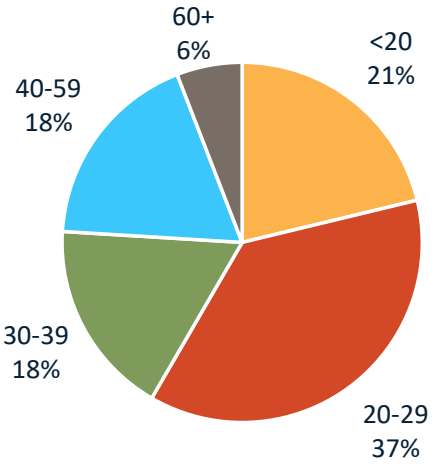


North Dakota's eight Social Services Regions

Growing Futures

6,368
Employment Positions

Age of child care workforce



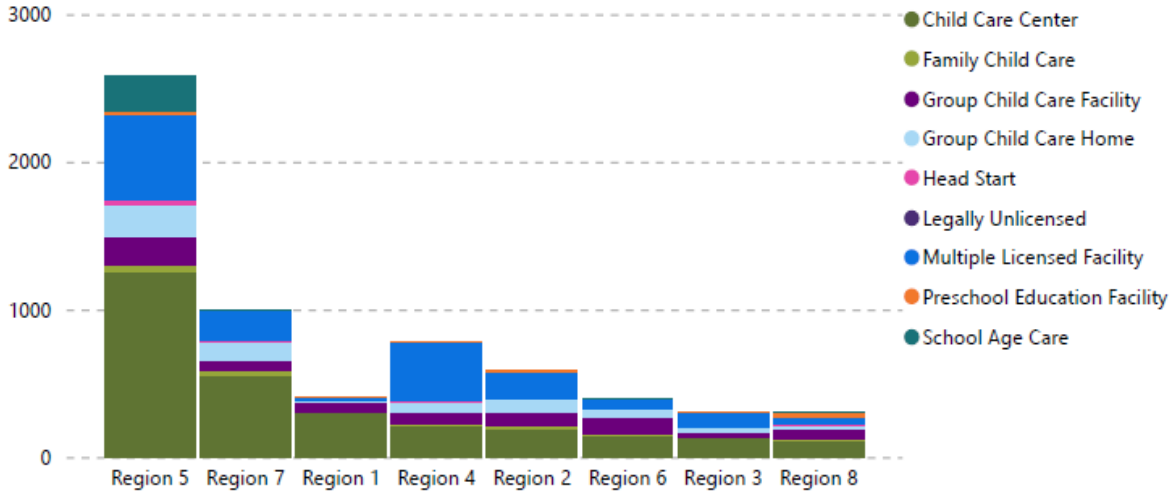
Q4 2024

4,214
Clock Hours

915
Training Events

38
Training Sponsors

Employees by Program License Type per Employer Region

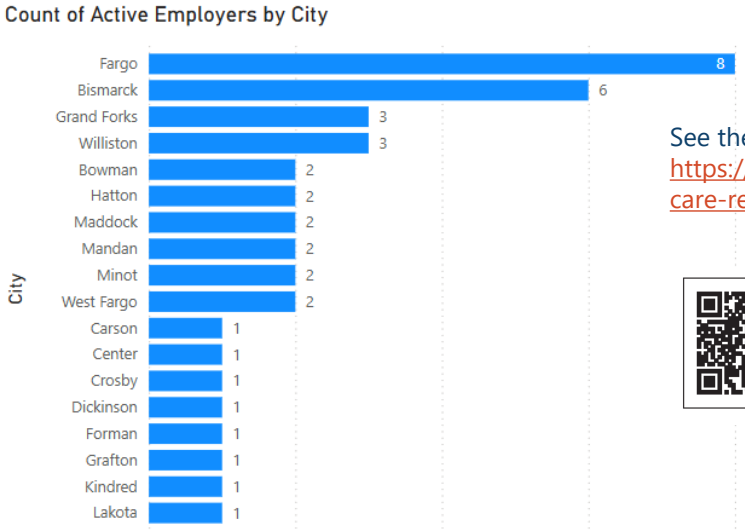


Working Parents Child Care Relief

1540 **Affordability**

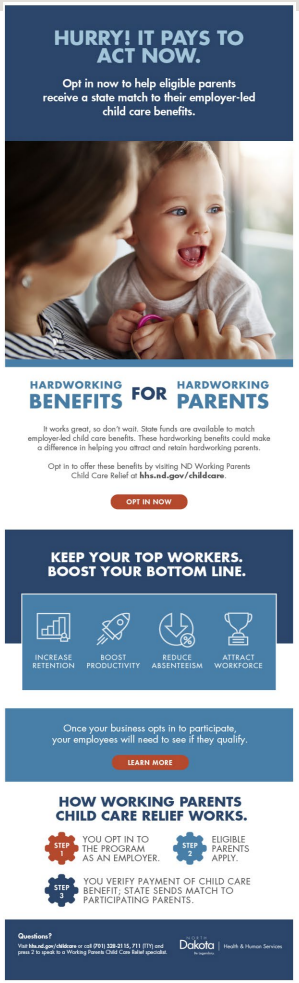
State match to employer-led child care benefits to offset child care costs

# of employers participating:	49
# of working parents supported:	395 parents working for 49 businesses in 18 communities
Costs and benefits:	$1,185,905
Measurable outcomes:	$300 - $600 for child care costs based on employer program ($150/$150 or $300/$300)



See the list of current participating employers - https://www.hhs.nd.gov/nd-working-parents-child-care-relief-program-employers-choice

HOW CAN EMPLOYERS BEGIN OFFERING THIS BENEFIT?
Visit hhs.nd.gov/wpccr/employers.



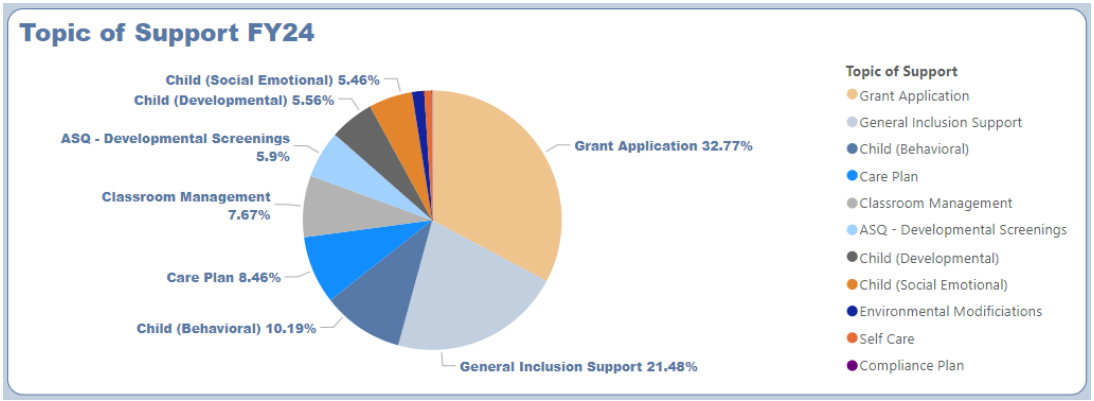


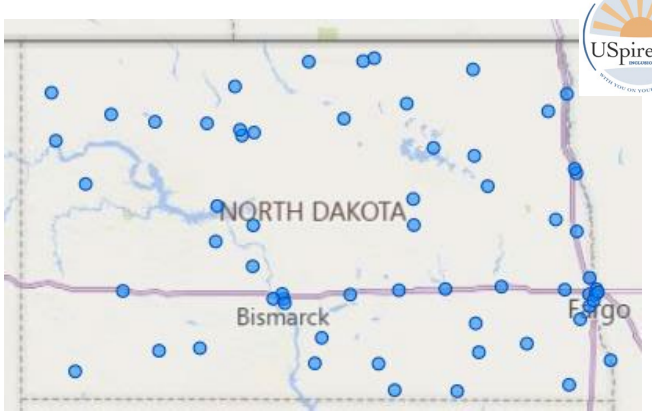
Child Care Inclusion

1540 **Availability**

Support, information, resources and coaching for child care providers who are caring for children with unique needs. Child Care inclusion coaches also serve as a facilitator of ND Child Care Inclusion grants

# of children served:	1718 inclusion support instances (FY24)
Provider involvement:	259 child care programs received inclusion support (FY24) 44 providers trained in developmental screening ASQ (FY24)
Costs and benefits:	$1,333,215 inclusion awards to 76 programs (2023-25) $880,000 inclusion coaching and supports (2023-25)
Measurable outcomes:	Care maintained in 97% of cases (3% of cases resulted in expulsion) 209% increase in inclusion support instances in FY 24; 47% more programs served in FY 24
Other data:	3-4 years-olds represent 34% of requested support for specific children; followed closely by 1-2 year-olds (31%)





"Getting the help we needed to make sure we are doing what is best for all children, while also making sure all children are included in all activities is the best aspect of receiving Inclusion Support."

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Non-Traditional Hours Care

1540 Availability

Grants to child care providers who are offering expanded care during evenings, overnights, weekends, and early mornings.

# of children served:	64 (fall 2024)
Provider involvement:	4 child care providers received pilot grants
Costs and benefits:	$1,800,000 awards to 4 programs
Measurable outcomes:	These programs are experiencing enrollment growth with the availability of extended hours
Other data:	All of these programs currently operate traditional hours. One pilot program open 24/7; others until 11 or 11:30 p.m.



Jasmin Child Care | Fargo
15 enrolled in non-trad. hr. care
Room for up to 63

Victorious Christian Kids Academy | Fargo
7 enrolled in non-trad. hr. care
Room for up to 40

Gifted Stars Child Care Fargo
33 enrolled in non-trad. hr. care | Room for up to 60

Ready, Set, Grow Oakes
9 enrolled in non-trad. hr. care
Room for up to 23

Learning from these pioneers as they scale up

- Staffing – recruiting quality staff for non-traditional hours, onboarding and providing OJT during day shifts
- Environment – facility space/logistics and comfortable space for extended rest periods
- Transportation to get kids from school to program so parents can work non-traditional hours
- Marketing - helping non-traditional hour workers know they can depend on care

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PDG-funded initiatives

PDG | Infrastructure

Preschool Development Grant – Birth to Five supports state systems building. HHS conducted a needs assessment, and is engaging in activities to support family engagement, quality improvement, workforce supports, and direct services to young children.

Update and Revise

- Core Competencies for Early Childhood Practitioners
- Career Pathways
- Quality Improvement System
- Mandated Health and Safety Training

Develop

- Core Competencies for licensing specialists and coaches
- Coursework: licensing, early learning standards, adult learning principals
- Early Childhood Integrated Dataset (ECIDS)
- One-stop shop for providers – Insight Data Systems Enhancement Project
- Family Engagement and Kindergarten Transition resources

Expand/Offer

- More professional development opportunities
- Courses and resources available in languages other than English
- Statewide conference for early childhood mixed delivery system
- Opportunities for providers to participate in rule making processes

Included in Executive Budget Request

Best in Class program expansion

- Since its inception in 2021, Best in Class has grown to serve more than 1,200 children (in 2024-25), with programs in 53 ND communities, 49 of which are rural.
- This request would allow more programs to apply to become Best in Class sites
- Best in Class participation would be expected to grow to serve approximately 1,500 children in year 1 of the biennium and 1,800 children by year 2, with approximately 80-90 total program sites anticipated.
- This request represents an expanded investment of $6 M (over the base budget level of $12 M).

Total	General	Federal	Other
$6,000,000	$6,000,000	$0	$0

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



Stanley| Best in Class

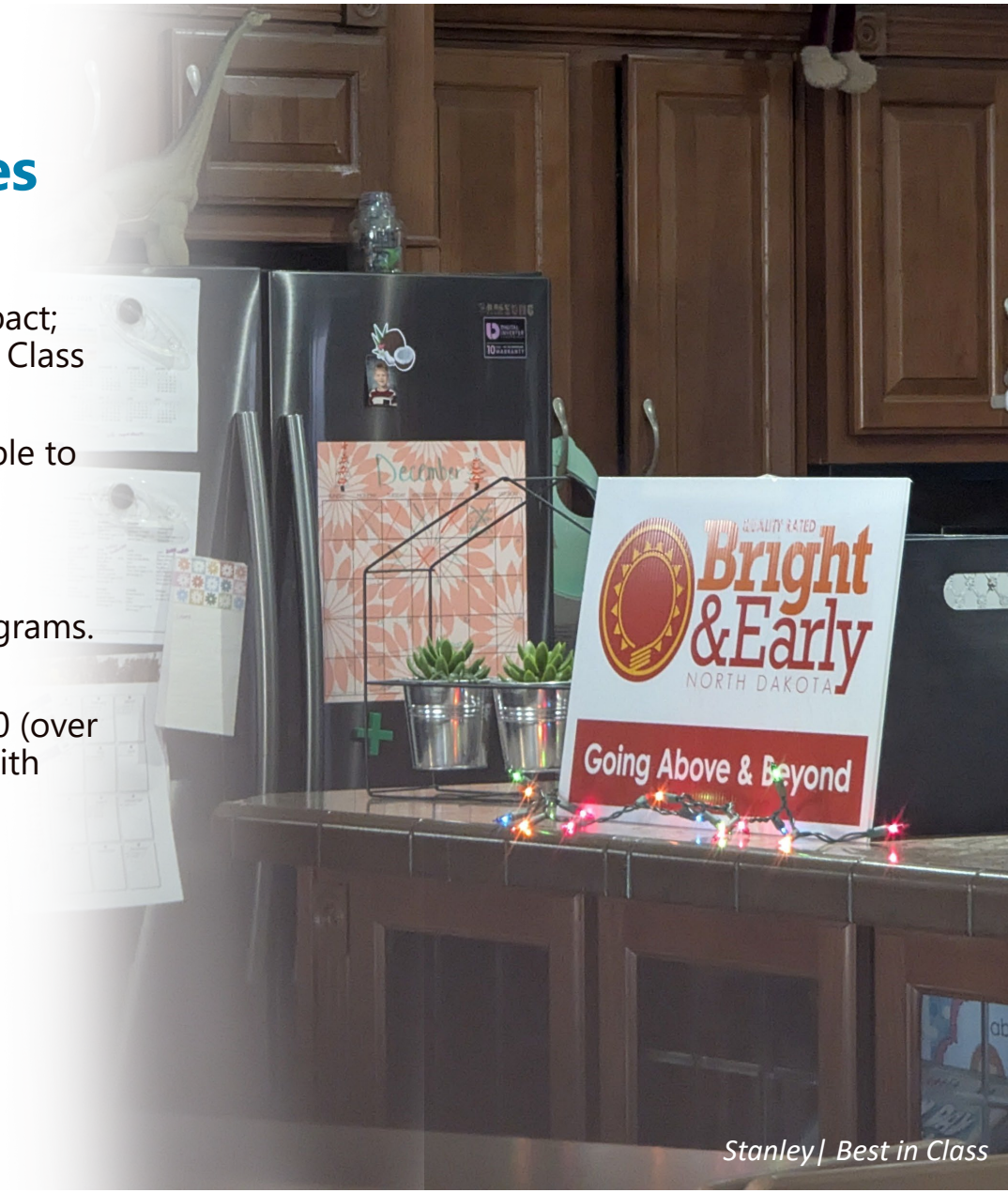
Included in Executive Budget Request

Expand access to Teaching Strategies outcome measurement tool

- Capturing good data is essential to our ability to measure impact; the state makes Teaching Strategies GOLD available to Best in Class and Step 3-4 quality rated programs to accomplish this goal.
- This request increases the number of programs who will be able to use Teaching Strategies for **data collection on quality and outcomes.**
- Adding access to outcome reporting tools would add data collection capacity for 2,000 children in new quality rated programs.
- Data collection portfolios to support quality and outcome measurement represents an expanded investment of $100,000 (over the base budget level of $372,000, which is partially funded with federal dollars).

Total	General	Federal	Other
$100,000	$100,000	$0	$0

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



Stanley| Best in Class

Included in Executive Budget Request

Inclusion support for child care providers

Inclusion Supports connect private child care programs and families with both coaching and financial resources designed to help assure that children with special needs can maintain their place in an integrated child care setting.

- Today there are 5 inclusion coaches who support the more than 1,100 child care programs across ND
- 1 of those coaching roles is supported with funding that expires in 2025. This request would allow us to maintain the current network of 5 inclusion specialists serving the state.
- Inclusion supports are used by 100-200 providers/families each year; the inclusion specialist funded in this request would likely work directly with 30-40 families/providers over the course of the biennium.

Total	General	Federal	Other
$172,500	$172,500	$0	$0

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



Included in Executive Budget Request

Investing in early childhood infrastructure supports

The added investment in infrastructure capacity has eliminated the waiting list. Since HB 1540, any provider who wants to join a quality cohort has been able to do so.

- The number of programs actively pursuing the "next " quality step has **doubled** in the last year, with each cohort full to capacity.
- This means more quality-rated programs were eligible for grant support as well as enhanced CCAP reimbursement based on quality tiers.
- Children and families have the added benefit of improved quality in their local child care environments.

- Quality infrastructure supports impact the majority of licensed providers in some way, with more intensive supports going to quality cohort participants and providers receiving intensive coaching (estimated 200 providers per biennium)

Total	General	Federal	Other
$3,000,000	$3,000,000	$0	$0

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

This item was included in 2023-25 HB 1540 as one time funding of $3 million)



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Included in Executive Budget Request

Child Care Provider Grants

- Grants and resources to child care providers has made possible hundreds of facility, quality and inclusion grants, a brand new shared services infrastructure as well as child care start-ups and expansions.
- The grants and incentives are designed to be flexible and responsive to program needs.
- This request would allow HHS to continue to support not only new program start-ups and existing program expansions, but also preservation of programs at risk of closure through transition/transfer.
- The grant/incentive funding for providers would be expected to impact 400-500 child care programs.

Total	General	Federal	Other
$5,000,000	$5,000,000	$0	$0

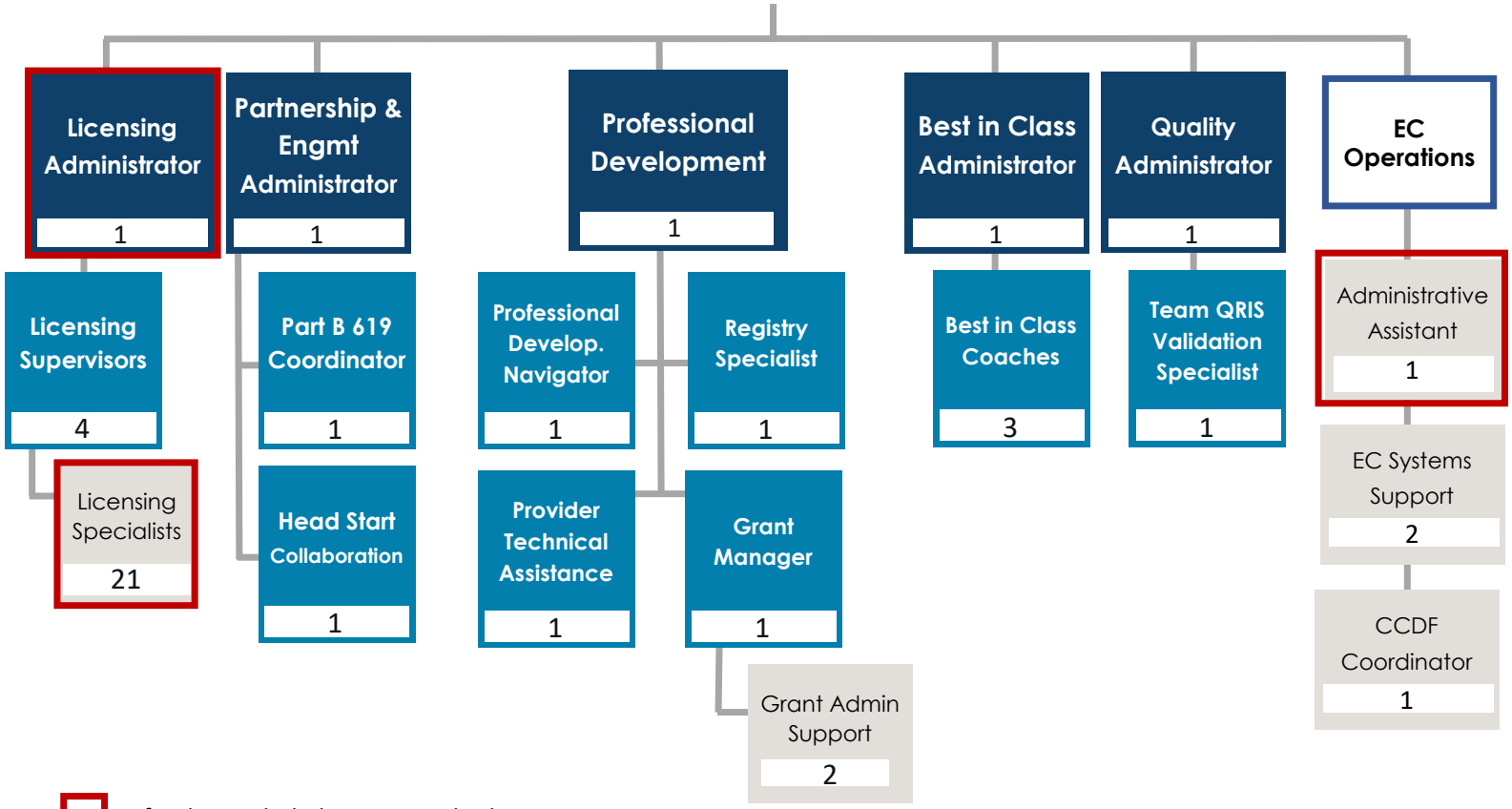
This is a one-time funding request. (SIIF)

This item was included in 2023-25 HB 1540 as one time funding of $7 million)



Casselton| Best in Class

Early Childhood Director
Kay Larson



= funding included in HSZ Ops budget

Position Numbers Assigned /Funded	Filled Pos-itions	# of Vac-ancies	# of Temp Staff
*47***	*46*	*1**	*1**

numbers as of 12/1/2024
***25 positions funded via the HSZ Ops budget*

Average Age	*48*
Avg Years of Service	7.7
Retirement Risk	*7%*
Turnover 2021	*6.25%*
Turnover 2022	*2%*
Turnover 2023	*4%*
Turnover 2024	*8%*

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Comparison of Budgets and Funding

By Budget Account Code

DESCRIPTION	2023-25 LEGISLATIVE BASE	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)
511x Salaries - Regular	$ 2,630,566	$ 3,359,926	$ 729,360
513x Salaries Temp	176,140	123,200	(52,940)
516x Salaries Benefits	1,313,986	1,686,081	372,095
Total Salaries & Benefits	**$ 4,120,692**	**$ 5,169,207**	**$ 1,048,515**
52x Travel	251,151	246,159	(4,992)
53x Supply	10,600	4,100	(6,500)
54x Postage & Printing	6,214	2,000	(4,214)
58x Rent/Leases - Bldg/Equip	-	3,000	3,000
61x Professional Development	31,460	40,500	9,040
62x Fees - Operating & Professional	21,393,228	24,650,538	3,257,310
60x IT Expenses	-	1,650,872	1,650,872
71x Grants, Benefits, & Claims	28,216,994	23,542,277	(4,674,717)
Total Operating	**$ 49,909,647**	**$ 50,139,446**	**$ 229,799**
Total	**$ 54,030,339**	**$ 55,308,653**	**$ 1,278,314**
Total General	**$ 25,711,417**	**$ 44,150,275**	**$ 18,438,858**
Total Federal	**$ 28,318,922**	**$ 11,158,378**	**$ (17,160,544)**
Total Other	**$ -**	**$ -**	**$ -**

Budget as % of HHS Budget

0.9%

Budget Funding Source

General	73.0%
Federal	27.0%
Other	0.0%

Budget By Pass Through

Paid to Private Providers	44.6%
HHS Direct Service	42.6%
HHS Admin	9.9%
HHS Technology	3.0%

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Early Childhood

Summary of Federal Funding Sources

Federal Funding Source	Purpose	Spending Deadline	Grant Year 2024 Deadline	Grant Year 2024 Award
Child Care Development Fund (CCDF) *CCDF funds are used in Economic Assistance and Early Childhood*	Primary Federal Program specifically devoted to providing families with child care subsidy and funding supports to states to improve quality. Total Federal = $22,449,928 Total State = $5,294,582 Requirements: 3% Infant Toddler Quality 9% Quality 5% Admin 70% Direct Service	Discretionary (100% Federal) By end of 3rd Federal Fiscal Year	9/30/2026	$15,420,486
		Mandatory (100% Federal) No specific liquidation date requirement.	N/A	$ 2,506,022
		Matching – Federal/State Match (based on Federal Medicaid Assistance Percentage) By end of 2nd Federal Fiscal Year	9/30/2025	Federal: $ 5,653,714 State: $ 4,751,449
		Maintenance of Effort (MOE) By end of 1st Federal Fiscal Year	9/30/2024	$ 1,017,036
Head Start State Collaboration Grant	Facilitate collaboration among Head Start agencies and entities that carry out activities designed to benefit low-income children from birth to school entry, and their families.	100% Federal Annual awards March 1 – Feb 28	2/28/2025	$ 125,000

Early Childhood

Summary of Federal Funding Sources

Federal Funding Source	Purpose	Spending Deadline	Grant Year 2024 Award
Office of Special Education Programs (OSEP) Part B Section 619 and Section 611 *HHS interdepartmental billing to ND Department of Public Instruction for joint supervision of state requirement*	Assist the State in ensuring the oversight and provisions of all requirements under IDEA, including the assurance of a free appropriate public education (FAPE) in the least restrictive environment, are granted to children with disabilities ages 3-5.	Federal allocation is awarded annually to NDDPI. Federal IDEA, Part B-619 funds are directly distributed to the 31 Special Education Units and the ND School for the Deaf. Section 611 Administrative set aside funds the NDHHS 619 Coordinator position.	$62,675

Operating Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION			
			TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
Worklife, New World, Braunugh, Level & Other Service Contracts	$ 192,028	$ 2,709,538	$ 2,901,566	$ 2,093,630	$ 807,936	$ -
Best in Class & Provider Payments	18,801,200	547,772	19,348,972	$ 19,348,972	-	-
Waterford Contract	2,400,000	-	2,400,000	$ 2,400,000	-	-

GENERAL FUND	$ 21,297,214	$ 2,545,388	$ 23,842,602	$ 23,842,602	$ -	$ -
FEDERAL FUND	96,014	711,922	807,936	-	807,936	-
OTHER FUND	-	-	-	-	-	-
GRAND TOTAL	$ 21,393,228	$ 3,257,310	$ 24,650,538	$ 23,842,602	$ 807,936	$ -

Grants Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION			
			TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
Uspire, SEEC, CAPLP, Other Contracts	$ 6,451,519	$ 4,540,758	$ 10,992,277	$ 4,396,911	$ 6,595,366	$ -
Provider Grants/Contracts	21,514,027	(8,964,027)	12,550,000	12,550,000	-	-
Tribal Program	251,448	(251,448)	-	-	-	-
GENERAL FUND	**$ 24,739,787**	**$ (6,693,648)**	**$ 12,550,000**	**$ 16,946,911**	**$ -**	**$ -**
FEDERAL FUND	**3,477,208**	**2,018,931**	**10,992,277**	**-**	**6,595,366**	**-**
OTHER FUND	**-**	**-**	**-**	**-**	**-**	**-**
GRAND TOTAL	**$ 28,216,994**	**$ (4,674,717)**	**$ 23,542,277**	**$ 16,946,911**	**$ 6,595,366**	**$ -**

Comparison of Budget Expenditures and Projections

By Budget Account Code

DESCRIPTION	2023-25 LEGISLATIVE BASE	EXPENDED AS OF 12/31/2024	PROJECTION THROUGH 6/30/2025	UNDER / (OVER) BUDGET
511x Salaries - Regular	$ 2,630,566	$ 2,144,704	$ 2,958,383	$ (327,817)
513x Salaries Temp	176,140	58,617	124,925	51,215
514x Salaries Overtime	-	1,072	1,072	(1,072)
516x Salaries Benefits	1,313,986	940,450	1,323,771	(9,785)
Total Salaries & Benefits	**$ 4,120,692**	**$ 3,144,843**	**$ 4,408,151**	**$ (287,459)**
52x Travel	251,151	141,975	222,541	28,610
53x Supply	10,600	1,192	2,217	8,383
54x Postage & Printing	6,214	2,367	3,887	2,327
58x Rent/Leases - Bldg/Equip	-	1,910	1,910	(1,910)
61x Professional Development	31,460	21,939	55,154	(23,694)
62x Fees - Operating & Professional	23,793,228	25,581,590	27,327,391	(3,534,163)
60x IT Expenses	-	7,427	7,427	(7,427)
71x Grants, Benefits, & Claims	28,216,994	9,249,389	24,738,182	3,478,812
Total Operating	**$ 52,309,647**	**$ 35,007,789**	**$ 52,358,709**	**$ (49,062)**
Total	**$ 56,430,339**	**38,152,632**	**$ 56,766,860**	**$ (336,521)**
Total General	**$ 25,711,417**	**$ 18,227,687**	**$ 29,876,263**	**$ (4,164,846)**
Total Federal	**$ 28,318,922**	**$ 19,924,944**	**$ 26,890,597**	**$ 1,428,325**
Total Other	**$ -**	**$ -**	**$ -**	**$ -**

Note: Because the projection uses the 2023-25 legislative base as its starting point, one-time funds and carryover are not included. However, expenses associated with those items are included.

For Early Childhood, the Preschool Development Grant (PDG) of $21,514,027 is not included in this table. Adding $21,514,027 of PDG to the Operating source line will return the projection to a status of “under budget”.

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Child Care Initiative Budget/Expenditure Summary

	Legislative Origin	HHS Budget Section	23-25 Appropriation	2023-25 Expended (through Dec 2024)	25-27 Exec Budget Request (Armstrong Administration)	
Child Care Assistance Enhancements (CCAP)	HB 1540	Econ Assistance	$39,300,000	$25,773,275	$39,300,000	
Quality based pmts in CCAP	HB 1540	Econ Assistance	$3,000,000*	$1,155,346	$3,000,000*	
CCAP app outreach & assistance	HB 1540	Econ Assistance	$500,000	$90,424	$500,000	
Provider grants & shared svc	**HB 1540**	**Early Childhood**	**$7,000,000***	**$5,293,069**	**$5,000,000***	
Non-traditional hours grants	**HB 1540**	**Early Childhood**	**$1,800,000**	**$1,300,000**	**$1,800,000**	
Training / Worker stipends	**HB 1540**	**Early Childhood**	**$2,000,000**	**$1,006,268**	**$2,000,000**	
Quality infrastructure	**HB 1540**	**Early Childhood**	**$3,000,000***	**$1,335,164**	**$3,000,000***	
Evidence based programs in Year Before Kindergarten	**SB 2012**	**Early Childhood**	**$14,400,000**	**$10,161,409**	**$20,400,000****	
Employer-led child care cost sharing program	**HB 1540**	**Early Childhood**	**$5,000,000***			**Carryover request**
Background Check Automation & State Employer Share WPCCR	HB 1540	Admin	$1,000,000*	$15,220		Carryover request
			$80,000,000	$47,620,411	$75,000,000	

** = one-time funding*
*** = partial one-time funding*

Note: *This summary does note include CCAP base budget / expenditure originating from SB2012*



Early Childhood-related Policy Bills with Budget Impact

		Federal	General
SB 2306	Child care worker recruitment and retention grants		$23,935,162 (fiscal note est)
HB 1119	Potential increase in CCAP reimbursement to child care providers whose license type changes as a result of child care license framework simplification		$225,826 (fiscal note est)



Continued investment in child care makes a difference!

Our goal when children are not with their parents, is that they are in safe and engaging care environments.

State investments in quality, inclusive care, facilities, start up, above and beyond training, infrastructure and shared services make it possible for child care providers to create and sustain nurturing environments for children.



Stanley | Licensed Home Based

NORTH Dakota | Health & Human Services
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Contact Information

Kay Larson
Early Childhood Director
kaylarson@nd.gov

Child Care Resource and Referral
800-997-8515



Grafton | Best in Class

NORTH Dakota | Health & Human Services
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Appendix

Early Childhood Timeline
July 2023-Dec 2024



Early Childhood Progress and Accomplishments July 2023 – Dec 2024

July 2023

- Launch of Best in Class '23-'24 cohort (71 sections in 50 programs)
- Tribal CCDF collaboration with Turtle Mountain
- Launched ND Pyramid Model State Leadership Team
- 107 programs, consisting of 352 classrooms, working towards a QRIS Step 2, 3, or 4 Quality Rating
  For more info on QRIS: https://www.hhs.nd.gov/cfs/early-childhood-services/brightnd

August 2023

- Wrap up COVID-funded child care grants and prepare to launch new round of state-funded grants
- Pipeline to Career presentation at CTE Professional Dev conference
- Conducting statewide survey on transition from Part C to Part B 619 services
- Tribal CCDF Collaboration with Trenton Indian Service Area
- Revised Early Childhood outcomes training for Early Childhood Special Education and posted on DPI PD Hub
- Commissioner Jones moderated a panel and breakout session on Best in Class at the Governor's Summit on Innovative Education
- Completed procurement for Early Childhood Integrated Dataset project; set to kickoff in September

Early Childhood Career Pathway Pipeline Development

HHS Early Childhood is partnering with Department of Career and Technical Education, DPI, and higher ed to improve career pathway opportunities for students interested in pursuing careers in the field – including opportunities that may provide on-the-job training, in partnership with local child care programs.

Team members presented to a room of 75+ family consumer science teachers at the Career and Technical Education Professional Development Conference



Early Childhood Progress and Accomplishments

Sept. 2023

- QRIS cohort began
- Tribal CCDF Consultation with Spirit Lake and Three Affiliated Tribes
- Completed PDG-r Year 2 non-complete continuation application
- Final liquidation of CRRSA and ARPA Stabilization funds

Oct. 2023

- Participating with NDDPI in a national Kindergarten Sturdy Bridge Learning Community
- Launched annual market rate survey
- Shared Services kick off meeting with Child Care Aware of North Dakota
- Additional live scan machines for Cass County and full-time staff person in place

Nov. 2023

- Hosted an Early Childhood Emergency Preparedness Table Top Exercise
- Supported Early Childhood Council Meeting
- Launched CCAP Tiered Quality Based Bonuses for providers participating in North Dakota's Quality Rating and Improvement System

Dec. 2023

- Submitted annual CCDF Quality Progress Report
- Attended PDG B-5 Convening
- Public Hearing for administrative rules

Tribal CCDF Consultation



Re-established relationships with Tribal CCDF Administrators to increase coordination between STATE and tribes in implementing CCDF-funded child care services. Discussed subsidy, background checks, professional development offerings that are accessible to CCDF eligible child care providers, and more.

Criminal Background Check Efficiency



Criminal Background Check Unit increased ability to process and complete background checks in a more timely manner.

New additional live scan machines were installed in Cass County and a full-time staff person was hired at South East Human Service Center to better assist individuals completing the fingerprinting process.

Early Childhood Progress and Accomplishments

Jan. 2024

- Shared the key findings from the North Dakota PDG Needs Assessment
- Campaign to raise awareness of Child Care Assistance
- NDIT and SERVOS Early Childhood Solution Workshop
- QRIS cohort began

Feb. 2024

- Began organizing paper licensing records for digitization and ease of future records retention
- Admins participated in Microsoft Project training and began developing workplans for outstanding PDG activities
- Kicked off writing of CCDF Triennial state plan draft

March 2024

- Attended the Administrative Rules hearing; new rules go into effect April 1
- Completed PDG-r annual report
- Awarded 2024.2025 Best in Class recipients
- Applications rolling in for Facility Grants
- Final preparation for Office of Child Care Triennial monitoring visit in April.



2023 PDG Needs Assessment

See what matters most to families and providers, opportunities, and recommendations at https://www.hhs.nd.gov/cfs/early-childhood-services/pdgb5



Partnering with licensed child care providers to raise awareness of Child Care Assistance Program (CCAP)

Marketing material packages were sent to licensed child care programs to distribute to current and prospective families to help ensure all families have access to resources that support working families and strengthen our workforce.

Early Childhood Progress and Accomplishments

April 2024

- Begin approving Facility Improvement Grants
- Supported the ND Early Childhood Council meeting
- Participated in Office of Child Care onsite monitoring visit

May 2024

- Maxed our initial budget of $1M for Facility Improvement Grants
- Hosted a public comment period on the CCDF Triennial Plan
- Onsite Kindergarten Sturdy Bridge visit at Grafton Public School

June 2024

- Convened the Professional Development Work Group to update Core Competencies
- Field Trip with Commissioner Salter to highlight supports starting in early childhood through graduation and into adulthood, emphasizing the transformational narrative that emerges when we prioritize comprehensive support from the beginning

July 2024

- Revised grants and resources budget, allocating an additional $1M to Facility Improvement Grants
- Participated in a panel at the Hunt Institute Legislative Retreat
- Announced first non-traditional hour child care partnership pilot
- Hosted a Professional Development Day for Best in Class teachers to learn about the Creative Curriculum for PreK

Best in Class and Early Childhood Special Education Field Trip Showcase



HHS Early Childhood and HHS Life Skills and Transition Center hosted area legislators for a field trip to see first hard the effective ways Grafton Public Schools, Upper Valley Special Education, NDDPI, and HHS support kids starting in early childhood all the way through graduation. Our first stop was at Grafton Public Schools early childhood wing to learn about the impact Best in Class has had for their community, the growth they've seen in children, the satisfaction of staff participating in Best in Class, successful kindergarten transition and how they transitioned their early childhood special education services for three year olds.

Celebrating Innovation: Non-Traditional Hour Child Care Pilot



Early Childhood Progress and Accomplishments

Aug 2024

- Presented "Serving Children in the Years Before Kindergarten" at Back to School Drill Down for school administrators and leaders
- Launched a data system and workflow to manage Best in Class applications and milestones.
- Promoted Child Care Assistance and the new Employer Toolkit at MainStreet Summit.

Sept 2024

- Presented an Early Childhood Update to the Interim Education Committee as part of ND DPI's PreK-12 Strategic Vision Framework
- Hired a Lead Data Systems Specialist to manage Early Childhood Integrated Data Sets (ECIDS)
- Final liquidation of ARPA CCDF Supplemental funding

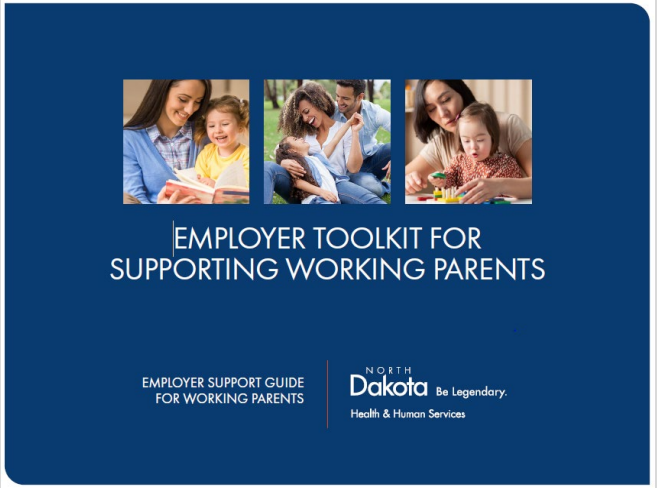
Oct 2024

- Selected a vendor for Instructional Design to create our first ever child care licensing courses, early learning standards, principals of adult learning, and update mandated training, to include training available in other languages
- Met with state Head Start directors to learn about the impacts and effects of new performance standards
- Awarded three additional non-traditional hour child care pilot grants and participated in an evening site visit at Gifted Stars in Fargo to see them in action

HHS unveils Employer Toolkit for supporting Working Parents

A quick, easy guide focused on resources and programs employers can use to support working parents and help their business recruit and retain valuable employees, foster a supportive work environment, and position their business as a sought-after employer of choice.

https://www.hhs.nd.gov/supporting-working-parents



Early Childhood Progress and Accomplishments

Nov 2024

- Hosted Early Childhood Special Education unit directors in Fargo
- Preparation for federal Office of Special Education Programs monitoring in January
- Convened the Professional Development Workgroup to continue review and update recommendations for the Core Competencies for Early Childhood Practitioners.

Dec 2024

- Finalized a large IT project and state contract with vendor for Insight Data System Enhancements
- Sneak peek at ECIDS dashboards
- Best in Class tour in child care settings
- Discussed Department Early Childhood policy bill and decoupling training from license renewal with the Early Childhood Services Advisory Board

What's next

- Launch an application for LEAs to participate in a Kindergarten Transition program funded by the PDG grant
- Host an Early Childhood Conference April 11 -12 in conjunction with Week of the Young Child



Stanley | Best in Class

Best in Class

HHS invited local legislators to join a Best in Class tour of child care settings in Stanley and Rugby.

Both programs have been able to retain and attract staff thanks in part to the Child Care Worker Benefit that launched in July.

This benefit is available to any child care staff working 25+ hrs/week and is equal to Child Care Assistance Program state max rate.


Rugby | Best in Class

To whom it may concern,

My name is Ashley Isgrig, and I am the Site Coordinator at Hope Center for Learning-North in Fargo, ND. We have been a licensed childcare facility since August 2009, with a licensed capacity of 111 children. Currently, we serve 49 children during the school year. Since 2017, we have proudly participated in the Bright & Early program and are currently on Step 3.

I have been at Hope Center for Learning since February 2018. In June 2024, I stepped into the role of Site Coordinator after serving as the lead preschool teacher for several years. I began my career in early childhood education without formal training, and Bright & Early was a game-changer for me. The program's coaching and resources helped me develop the skills and knowledge necessary to create a high-quality classroom environment, which has been invaluable in my professional journey. I will forever be grateful for the guidance I received from my coach, and I know that Bright & Early continues to be a vital resource for the ongoing development of both new and experienced educators.

In addition to the training and support Bright & Early provides, the funding we receive through this program has played a crucial role in helping us maintain the high standard of care we offer to the children and families we serve. In the past three years, we've received $8,000 annually in Quality Improvement grants, which have been essential for maintaining our childcare spaces. These funds have allowed us to update the learning environment by installing new carpeting, painting classrooms, and purchasing new furnishings such as shelves, chairs, and changing stations—improvements that directly impact the quality of care we provide.

The grant funding for 2024 will be used to send all 14 full-time staff members to the ND Early Childhood Conference in Bismarck. This investment in our staff's professional development is crucial. It enables us to cover wages, lodging, meals, and registration costs, providing our teachers with access to valuable learning opportunities that would otherwise be unaffordable. Continuing education for our staff is essential, not only for their professional growth but for the continued success of our center. Well-educated, well-trained teachers are critical to improving outcomes for children, and these opportunities allow us to attract and retain qualified professionals in an industry plagued by high turnover and underfunding.

The challenges facing early childhood educators—underpaid and often undereducated—are real, and without the support of programs like Bright & Early, it would be much more difficult to provide the quality care and education that young children need during these

formative years. The impact of this funding is profound: it empowers teachers, enhances the learning environment, and, ultimately, sets up children for success in their educational journeys.

I urge you to consider the long-term benefits of sustaining funding for early education programs like Bright & Early. The future of our children depends on the quality of care and education they receive in their early years. Without continued funding, we risk losing essential resources that help create and maintain high-quality learning environments that children need to thrive.

Thank you for your time and consideration.

Sincerely,
Ashley Isgrig
Site Coordinator
Hope Center for Learning-North

To Whom it May Concern:

My name is Trisha York, and I am the Director/Owner of Learning Universe Childcare in West Fargo, ND. We are located at 705 Main Ave E Suite A, West Fargo, ND 58078 and have been in operation for 18.5 years. We have been licensed since 2006, are licensed for 78 children, and currently have 10 staff. We are currently Step 2 in Bright and Early ND and have been participating since 2012. We received $3000 for completing and executing our Step 2, we have also received $3000 in Inclusion Grant money, and $9920 from the Facility Improvement Grant.

We have used this money for so many things throughout the Center. We have used it to add money to our hourly pay to help retain and keep teachers at the Center. We used it to help purchase sensory and educational items for our kiddos that have Autism and hearing loss. We bought Nugget couches and Nugget Chunks to help with climbing and exploring, along with making a safe quiet space for those who need it most. We also used it to replace all the crib mattresses in our infant room, purchase new cots for our toddler classroom, replace all the bathroom fixtures in 3 bathrooms along with replacing the floor in those 3 bathrooms. We replaced our fridges and freezers with commercial grade ones and added 1 full stand-up fridge and 1 full stand-up freezer. We also replaced our 10-year-old shed that stores our outdoor toys along with a 6-seat stroller for our infant classroom.

This money has had such a positive impact on not only the kiddos and their families, but also the teachers at the Center. How amazing is it when a kiddo comes into the Center and has new toys to play with and explore all while learning and educating themselves with those toys. Teachers also need that extra hourly wage to help make a living wage to be able to continue to work in early childhood. They also enjoy getting new items to help educate our littlest learners in their classrooms. This money also helps keep the early childhood field in competition with any other entry level job in the community. I appreciate all the grants the state has given us thus far and hope the state can continue to these awesome opportunities not only for our Home, Group, and Centers in North Dakota but most importantly for our earliest learners in our state. I am in favor of fully funding the 7 million dollars that was originally allocated for this bill, not the cutting the 2 million dollars.

Trisha York

2025 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

HB 1012
1/29/2025

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

8:30 a.m. Chairman J. Nelson called the meeting to order.

Members Present: Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Berg, Mitskog, Murphy, O' Brien, Wagner.

Discussion Topics:

- Economic Assistance
- Temporary Assistance for Needy Families
- Low-Income Home Energy Assistance Program
- Child Care Assistance Program
- Housing Stability Program
- Budget

8:33 a.m. Michele Gee, Director, Economic Assistance Division, Health and Human Services, presented and testified on the division of Economic Assistance, #32202.

11:23 a.m. Eric Haas, Assistant Chief Financial Officer, Health and Human Services, testified to underfunding #32202.

11:23 a.m. Michele Gee, Director, Economic Assistance Division, Health and Human Services, continued with testimony #32202.

11:30 a.m. Donna Aukland, Chief Financial Officer, Health and Human Services, spoke to one time funding.

11:32 a.m. Michele Gee, Director, Economic Assistance Division, Health and Human Services, continued with testimony #32202.

11:38 a.m. Jessica Thomasson, Executive Director, Human Services Division, Health and Human Services discussed schedule adjustments #32188.

11:40 a.m. Kay Larson, Director, Early Childhood Section, Health and Human Services, presented and testified on the budget section of Early Childhood previous #32188.

Additional written testimony:

Lori and Jeff Kenney, Parents/Guardians, Audubon, MN, in favor of HB 1012 #32453.

11:53 a.m. Chairman J. Nelson adjourned the hearing.

Jan Kamphuis, Committee Clerk



HB1012 Overview – Economic Assistance

House Appropriations | Human Resources Division
Representative Jon Nelson, Chairman

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January 28, 2025, Michele Gee | Director, Economic Assistance Section

Economic Assistance

Helping lower-income North Dakotans when they are struggling to make ends meet by connecting them to resources that can help meet their basic needs preventing greater and more damaging crises.

<u>Core Programs:</u>

- Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF) Program
- Low-Income Home Energy Assistance Program (LIHEAP)
- Child Care Assistance Program (CCAP)
- Housing Stability Program

+ Eligibility determination process for Medicaid



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Our Work

Economic Assistance is a section of the Human Services Division. Our teams work can be categorized into three different focuses:

Program Administration

- Federal Compliance
- State Law & Administrative Rules
- State Plan
- Federal Reporting
- Federal & State Agreements

Supporting Service Delivery

- Program & Policy Support
- Learning & Development
- Benefit Issuance
- Integrated Eligibility System Development & Maintenance

Program Integrity & Performance

- Program Monitoring
- Federal & State Quality Reviews
- Federal & State Audits
- Performance Improvement

Chapter	Chapter Name
50-06	Department of Heath and Human Services
50-09	Aid to Dependent Children ((Includes TANF)
50-33	Child Care Assistance

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Medicaid Renewals Dashboard

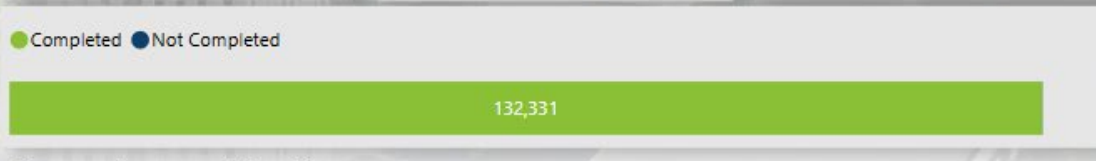
Data as of date
December 31, 2024

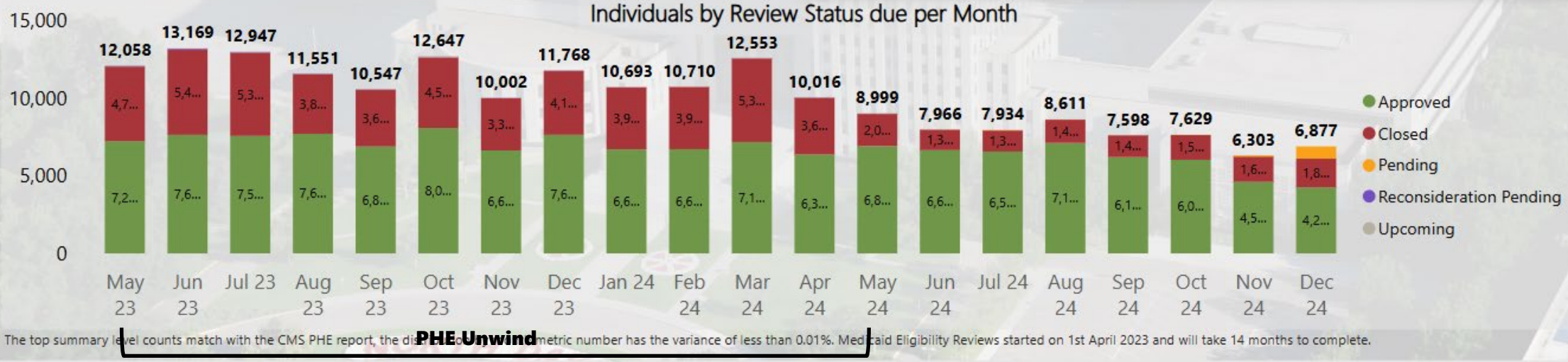
Total Medicaid Individuals Due For Review

132,378
Individuals

Medicaid Individuals By Review Status

132,331	47	0
Completed	Pending	Upcoming





PHE Unwind

The top summary level counts match with the CMS PHE report, the dis... metric number has the variance of less than 0.01%. Medicaid Eligibility Reviews started on 1st April 2023 and will take 14 months to complete.

Individuals: The number of individuals who were enrolled as of March 31*st* when the continuous coverage ended, whose benefits were to be reviewed during the 14-month PHE unwinding period.
Approved: The number of Individuals whose renewal was processed and approved.
Pending: The number of Individual whose benefits review has started but is not completed.
Closed: The number of Individuals whose renewal was processed and denied.

Upcoming: The number of Individuals whose benefits will be reviewed but the renewal process has not yet started.
Completed: The number of Individuals whose review is completed. Includes both approved and closed individuals.
Reconsideration Pending: People whose eligibility is being reconsidered in "90-day reconsideration period" (individual submitted their forms after their initial due date).
*Web users can right click the graph and select 'Show as a table' to view the details of the Reconsideration Pending Reviews counts.

Public Health Emergency Continuous Eligibility Requirement

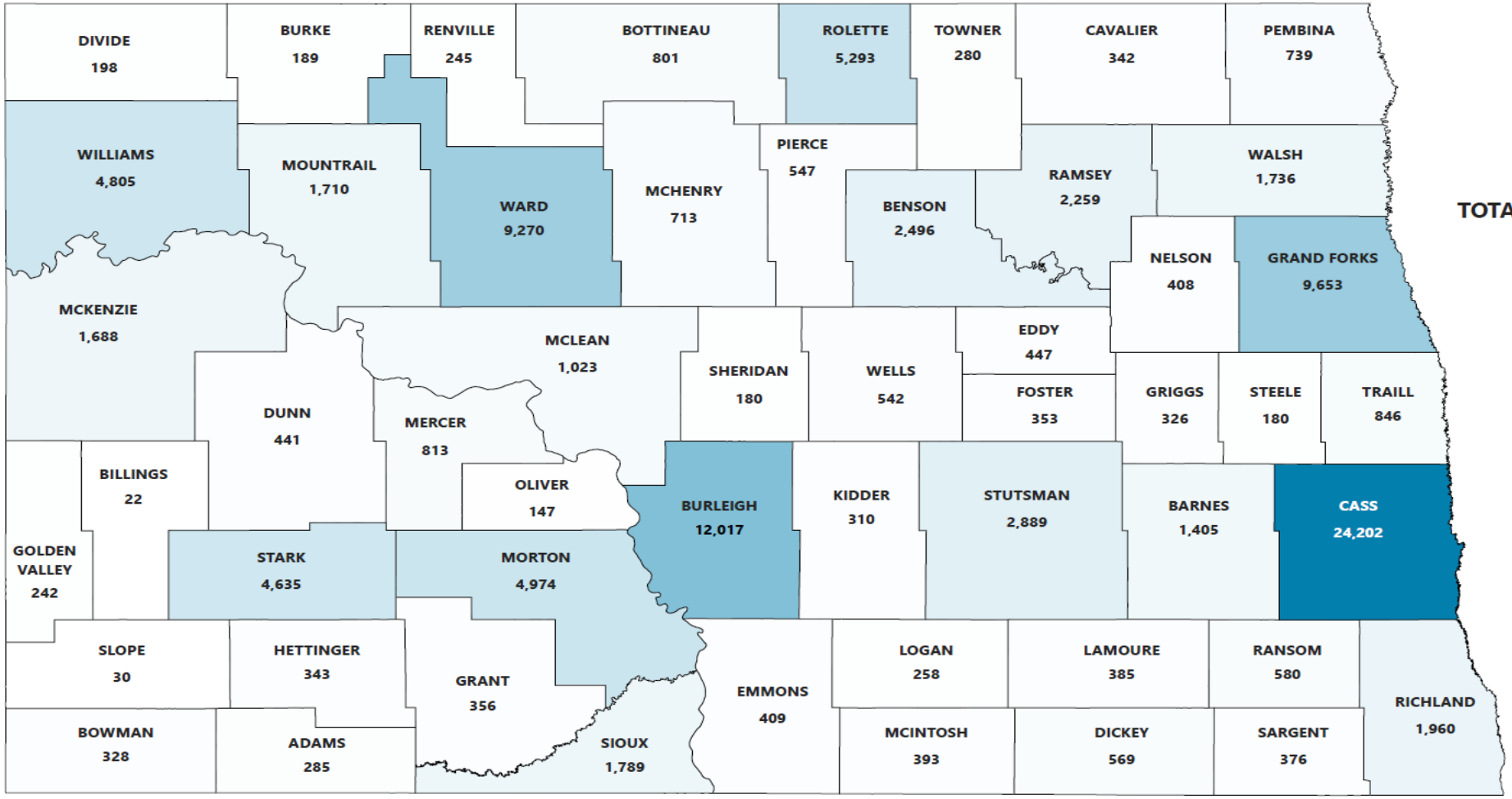
The Families First Coronavirus Response Act (FFCRA) passed in March 2020 provided an additional 6.2% FMAP to states.

- To receive the enhanced FMAP, states had to meet certain Maintenance of Effort requirements including continuous coverage of all individuals enrolled on or after March 2020.
    - Members could only be disenrolled from a state's Medicaid program if they asked to be disenrolled, moved out of state, or died.
- In December 2022, Congress delinked the Medicaid continuous coverage requirement from the PHE, allowing states to resume Medicaid coverage terminations effective April 1, 2023.
- "Unwinding" is a term used to refer to the return to normal Medicaid eligibility rules.

Last updated: 01/04/2024

MEDICAID ELIGIBLES BY COUNTY

December 2024



TOTAL ELIGIBLES

107,619

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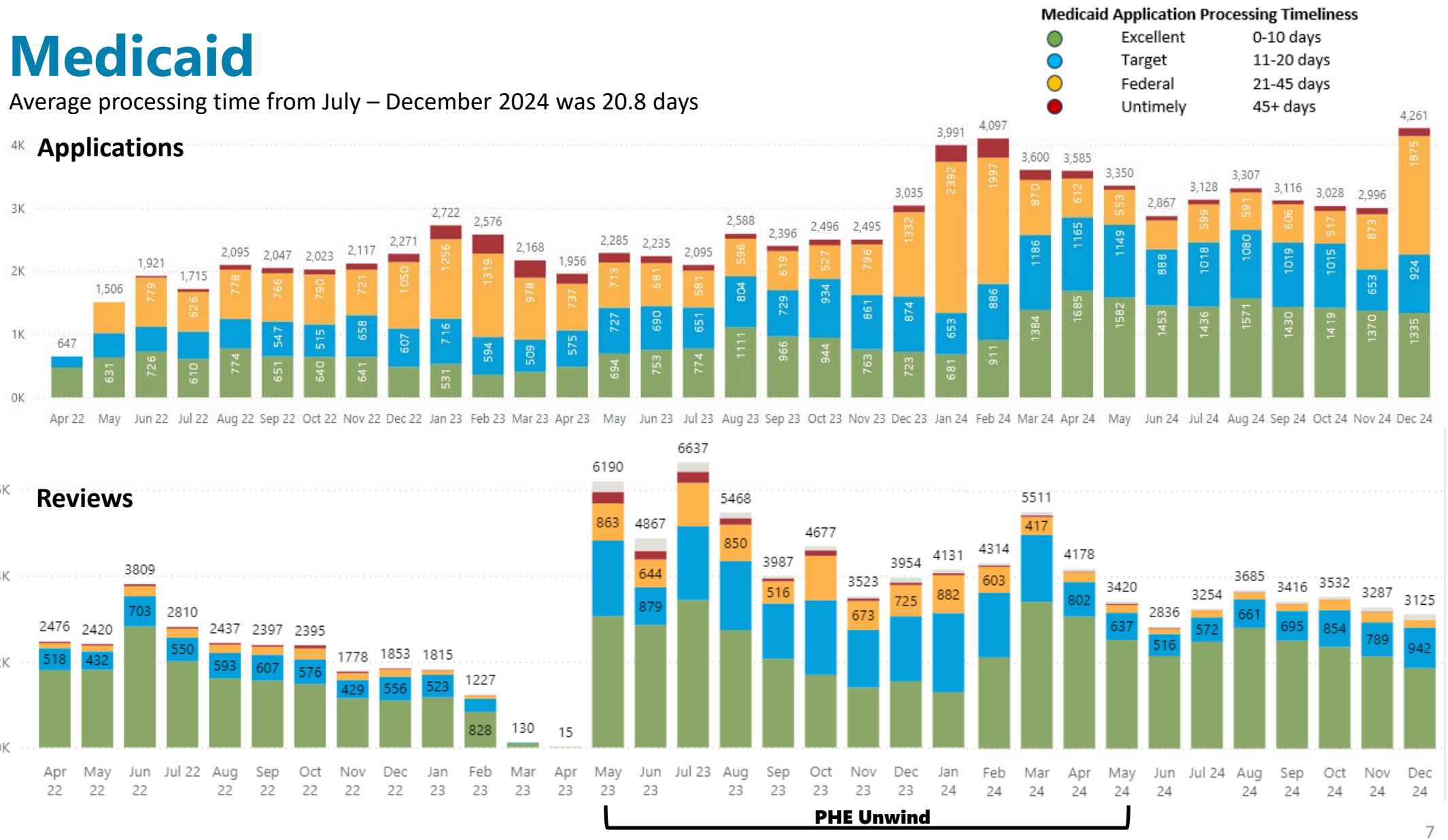
Medicaid

Average processing time from July – December 2024 was 20.8 days





Program Administration

Low Income Home Energy Assistance Program (LIHEAP)

Help households with home heating costs by paying a portion of their heating bills and assisting with home modifications to support energy efficiency.

2024 LIHEAP Heating Season

(October 2023 – May 2024)

- **14,118** - Households served
- **$794** - Average payment per household
- **$11.2 million** - Total LIHEAP dollars supporting North Dakotans
- **16.5%** - Households with a child **under age 5**
- **33%** - Households with an individual **65 or older**

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Other LIHEAP Services

There are over 230 service vendors participating in LIHEAP, providing the following services.

Cooling Devices

Eligible households can receive help with the cost of purchasing and repairing air conditioners and other cooling devices.

Furnace Issues

Repair or replacement of unsafe furnaces or those that cannot be repaired.

Furnace & Chimney Cleaning

Home Weatherization

Energy-saving improvements such as proper insulation and sealing windows and doors

Emergency Assistance

Prevent shut-offs, purchase or rental of supplemental heating devices, temporary shelter outside the home.

Outreach

Application assistance to families in their community or homes.

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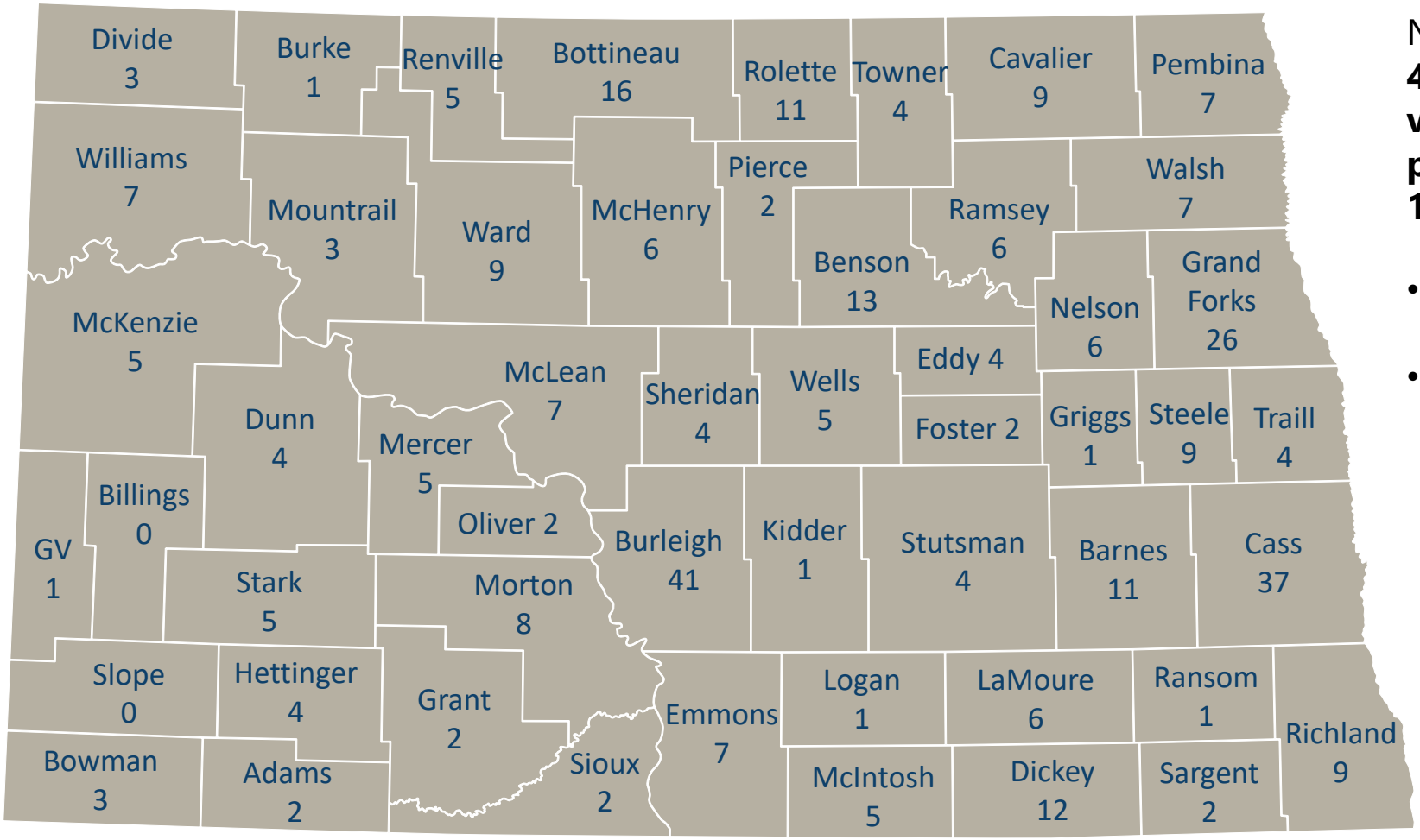
LIHEAP Impacts Local Economies

Authorized Service & Energy Providers by County



North Dakota has **450+** participating **vendors and utility providers**, serving **14,000+ households**

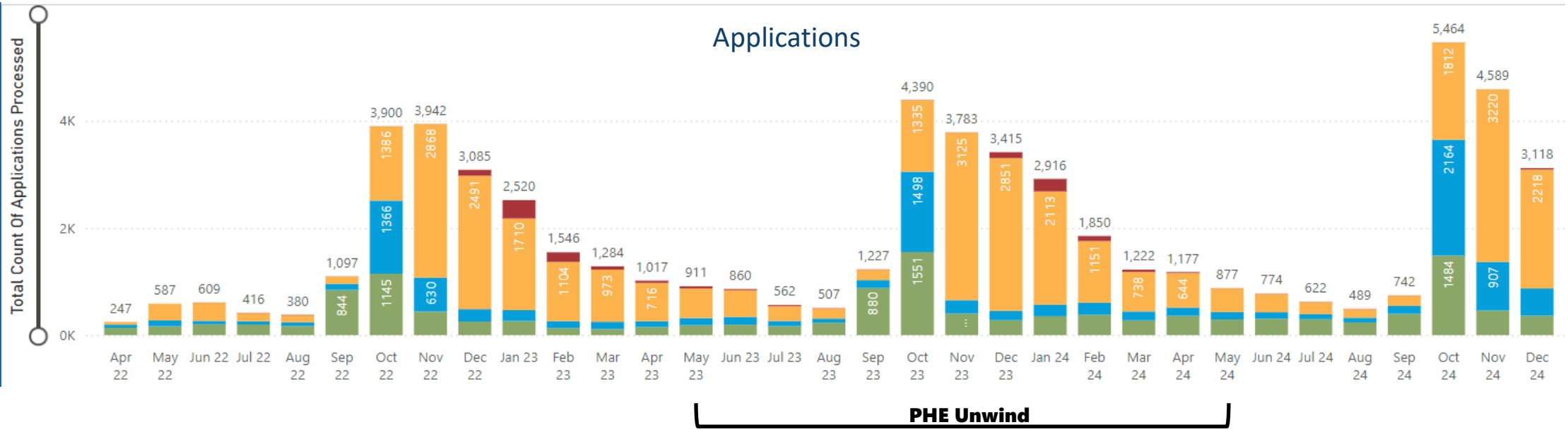
- 258 Fuel Vendors
- 232 Service Vendors

LIHEAP Processing

Average processing time from July – December 2024 was 18.7 days

LIHEAP Application Processing Timeliness

Excellent	0-5 days
Target	6-10 days
Federal	11-45 days
Untimely	45+ days



Program Integrity and Performance

LIHEAP Quality Control Reviews

State reviews of LIHEAP are conducted by the Economic Assistance Policy Division Quality Control Unit (QC).

State Reviews

- Occur each year
- 25 cases sampled monthly
- Measures are taken to ensure at least one case from each human service zone office is selected yearly



LIHEAP Performance

Accuracy of case processing is measured as an improper payment error rate.

How is an error rate calculated?

$$\text{error rate} = \frac{\text{improper payments for reviews completed}}{\text{total payments of reviews completed}}$$

FFY 22	FFY 23	FFY 24
4.2% Overall Error Rate	0.85% Overall Error Rate	*3.12% Overall Error Rate
State Review	State Review	State Review

* QC Reviews thru 07/2024

**LIHEAP does not have a federally-established target rate*



LIHEAP Looking Ahead:
Changes & Improvements

- Supporting affordable housing by limiting energy burden to **6% or less of the family's total income** *(effective October 2024)*
- Converting ND LIHEAP from a partial-year (i.e., heating season) to a **year-round program** *(effective Summer 2025)*
    - Families will no longer need to reapply for LIHEAP at the beginning of every heating season.
    - Eligibility will be determined on an annual review cycle (similar to other programs).
    - Expands access to financial support for cooling costs during the summer months.

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Child Care Assistance Program (CCAP)

Pays a portion of child care costs for working families and those in training or education programs, with no co-pay required for families at or below 30% of the state median income.



June-November 2024

- **6,178** – Average # children served/month
- **3,812** - Average # families served/month
- **$882** - Average payment per child/month
- **$32.6 million** - Total CCAP dollars supporting families
- **1,032** – Providers receiving CCAP payment(s)/month
- **49%** - % of payments are to kids age 0-3 (32% ages 3-5, 19% ages 6+)
- **35%** - % of children who benefit from CCAP each month (38% ages 3-5, 28% ages 6+)

HB 1540 CCAP Improvements & Innovations

2023 July

Eliminated co-pays for families with income at or below 30% of State Median Income.

Average, per month:
- 1,660 children
- 954 families

August 2023

Increased the infant-toddler state maximum rate to help offset costs for child care providers

November 2023

Enhanced payment to child care providers who are quality rating.

Average per month:
- 127 providers

February 2024

Allow up to four months of child care assistance for families when they are looking for work or education.

April 2024

Allow families applying for CCAP up to 30 days to provide documentation necessary to support the eligibility determination.

April 2024

Extended eligibility periods from 12 to 18 months, increasing the timeframe between required re-application periods.

June 2024

Implemented the Child Care Workforce Benefit., providing individuals working at least 25 hours/week in licensed child care setting a CCAP benefit covering 100% of the state maximium rate for their own family.

As of 12/2024:
- 1,661 children
- 744 working individuals

June 2024

Enhanced payment of 30% to providers caring for infant-toddlers.

July 2024

Families experiencing homelessness are allowed 90 days to provide verification and can receive four months of child care during that time.

July 2024

Reduced co-pays for families above 30% SMI.

CCAP Co-Payments by State Median Income (SMI) and Household Size – July 2024

	0% -30% SMI	31% - 40% SMI		41% - 50% SMI		51% - 60% SMI		61%- 69% SMI		70% -75% SMI	
HH Size	Copay	Lowest Copay	Highest Copay	Lowest Copay	Highest Copay	Lowest Copay	Highest Copay	Lowest Copay	Highest Copay	Lowest Copay	Highest Copay
		2% of Income		2% of Income		2% of Income		4% of Income		6% of Income	
1	$0	$32	$41	$43	$51	$107	$124	$192	$215	$221	$234
2	$0	$42	$53	$56	$67	$140	$162	$251	$280	$289	$306
3	$0	$52	$66	$69	$83	$172	$200	$310	$346	$357	$377
4	$0	$62	$78	$82	$99	$205	$238	$369	$412	$425	$449
5	$0	$71	$90	$95	$114	$238	$276	$428	$478	$493	$521
6	$0	$81	$103	$108	$130	$271	$314	$488	$544	$561	$593
7	$0	$83	$105	$111	$133	$277	$321	$499	$557	$573	$607
8	$0	$85	$108	$113	$136	$283	$328	$510	$569	$586	$620

Family of 3 with monthly income of $6,011 would have a CCAP co-pay of $377

Economic Assistance Programs Income Eligibility Limits FFY2025

TANF – 50% FPL
SNAP – 200% FPL
LIHEAP – 60% SMI
CCAP – 75% SMI

30% State Median Income (SMI) is roughly equivalent to 100% of the Federal Poverty Level (FPL)
60% State Median Income (SMI) is roughly equivalent to 250% of the Federal Poverty Level (FPL)

	TANF				SNAP		LIHEAP		CCAP			
Household Size	**50% FPL**		**100% FPL**		**200% FPL**		**60% SMI**		**75% SMI**		**85% SMI**	
	Monthly	**Hourly**	**Monthly**	**Hourly**	**Monthly**	**Hourly**	**Monthly**	**Hourly**	**Monthly**	**Hourly**	**Monthly**	**Hourly**
1	$ 628	$ 3.62	$ 1,255	$ 7.24	$ 2,510	$ 14.48	$ 2,977	$ 17.18	$ 3,722	$ 21.47	$ 4,218	$ 24.33
2	$ 852	$ 4.92	$ 1,704	$ 9.83	$ 3,408	$ 19.66	$ 3,893	$ 22.46	$ 4,867	$ 28.08	$ 5,516	$ 31.82
3	$ 1,076	$ 6.21	$ 2,152	$ 12.42	$ 4,304	$ 24.83	$ 4,809	$ 27.74	$ 6,011	$ 34.68	$ 6,813	$ 39.31
4	$ 1,300	$ 7.50	$ 2,600	$ 15.00	$ 5,200	$ 30.00	$ 5,725	$ 33.03	$ 7,157	$ 41.29	$ 8,111	$ 46.79
5	$ 1,525	$ 8.80	$ 3,049	$ 17.59	$ 6,098	$ 35.18	$ 6,641	$ 38.31	$ 8,302	$ 47.90	$ 9,409	$ 54.28
6	$ 1,749	$ 10.09	$ 3,497	$ 20.18	$ 6,994	$ 40.35	$ 7,557	$ 43.60	$ 9,446	$ 54.50	$ 10,706	$ 61.77
7	$ 1,973	$ 11.38	$ 3,945	$ 22.76	$ 7,890	$ 45.52	$ 7,729	$ 44.59	$ 9,662	$ 55.74	$ 10,950	$ 63.17
8	$ 2,197	$ 12.68	$ 4,394	$ 25.35	$ 8,788	$ 50.70	$ 7,900	$ 45.58	$ 9,876	$ 56.98	$ 11,193	$ 64.58

Family of 3 with monthly income of $6,011 would have a CCAP co-pay of $377

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40% of jobs in the ND labor market pay an average wage of $22/hour or less







Less than $16 / hour	$16 - $22 / hour	$22 - $30 / hour	$30 - $38 / hour	>$38 / hour
Childcare worker	Home health/PT aide	Carpenter	Rotary drill operator	Industrial Engineer
Waiter/Waitress	Personal care aide	Loan processor	HR specialist	Constr mgr
Dishwasher	Receptionist/secretary	Correctional officers	Accountant	Gen/Op mgr
Bartender	Restaurant cook	Auto service tech	Electrician	Dental hygienist
Fast food cooks	Preschool teacher	Surgical tech	PR specialist	Loan officer
Cashiers	Assemblers	EMTs & paramedics	Counselor	Lawyer
Hotel clerk	Maintenance workers	Roofer	Police	Sales mgr
Maid/Housecleaner	Nursing assistant	Real Estate Sales	Registered Nurse	Software dev
Farm Worker/Laborers	Substitute teacher	Lic Practical Nurse	Comp network specialist	Veterinarian
	Stocker/order filler	Dental assistant	Speech pathologist	Pharmacist
	Landscaping/grounds	Firefighter	Production supervisor	Physician
	Janitor	Clergy	Occupational therapist	Dentist
	Laundry/Dry cleaning	Architectural drafter		Psychologist
	Legal secretary	Social worker		
		Hotel manager		
		Light Truck driver		
47,960	**112,430**	**121,150**	**64,390**	**52,920**
# of people employed in a job with average wage of <$16/hour *represents* *12% of total jobs*	*28%*	*30%*	*16%*	*13%*

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Source: Job Service ND 2023 Employment and Wages by Occupation dataset | median wage by occupation; 386,920 jobs included in statewide wage summary

Child Care Workforce Benefit Experience

November 2024, Economic Assistance Child Care team hosted two listening sessions to hear from providers on their experiences, feedback and insights with the Child Care Assistance Program.

Provider quotes on the **Child Care Workforce Benefit's impact** on **staff recruitment, retention, and operational sustainability**

"This has been life-changing for our center as far as hiring and recruitment."

"The workforce benefit, has kept us open... This is life-changing for us."

"The benefit has helped me give bonuses to staff. I can't guarantee raises because it's grant funding, but bonuses have been really nice."

"It's helping providers actually be able to stay open and support their staff."

"I love the childcare workforce benefit."

"It makes a big difference for our employees, and it's great that income isn't a factor for them to qualify"

"This benefit has kept us afloat. We've talked about closing in the past, but this has really made a difference"

"It's a big help for us. This has helped us sustain operations during tough times."

"It's great to see something so supportive for staff, it's made a big difference in retaining employees"

"It would be great to have more assurance that the benefit will last long-term so we can confidently plan."

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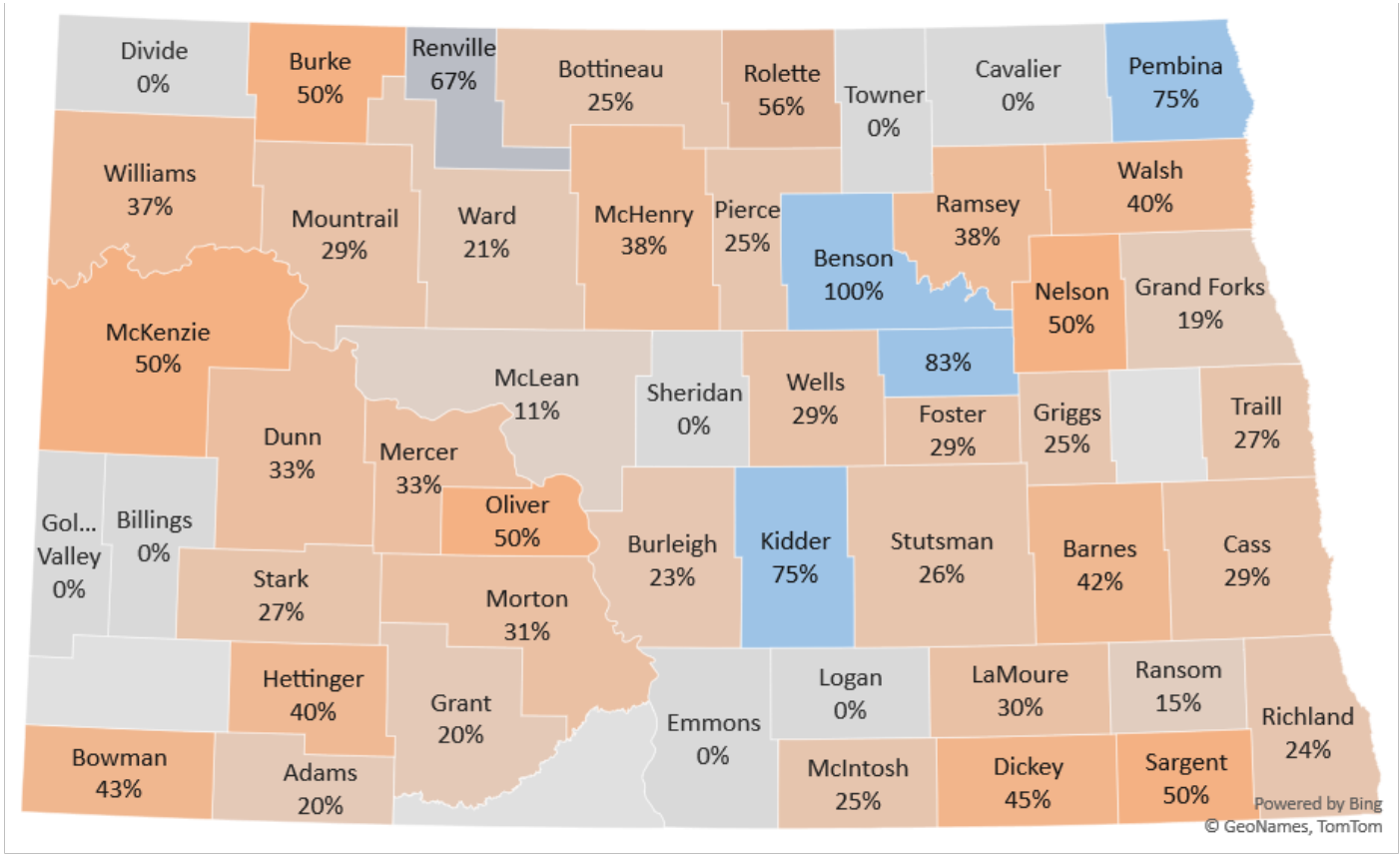
Key Indicator: Child Care Staffing

Child Care Worker Benefit

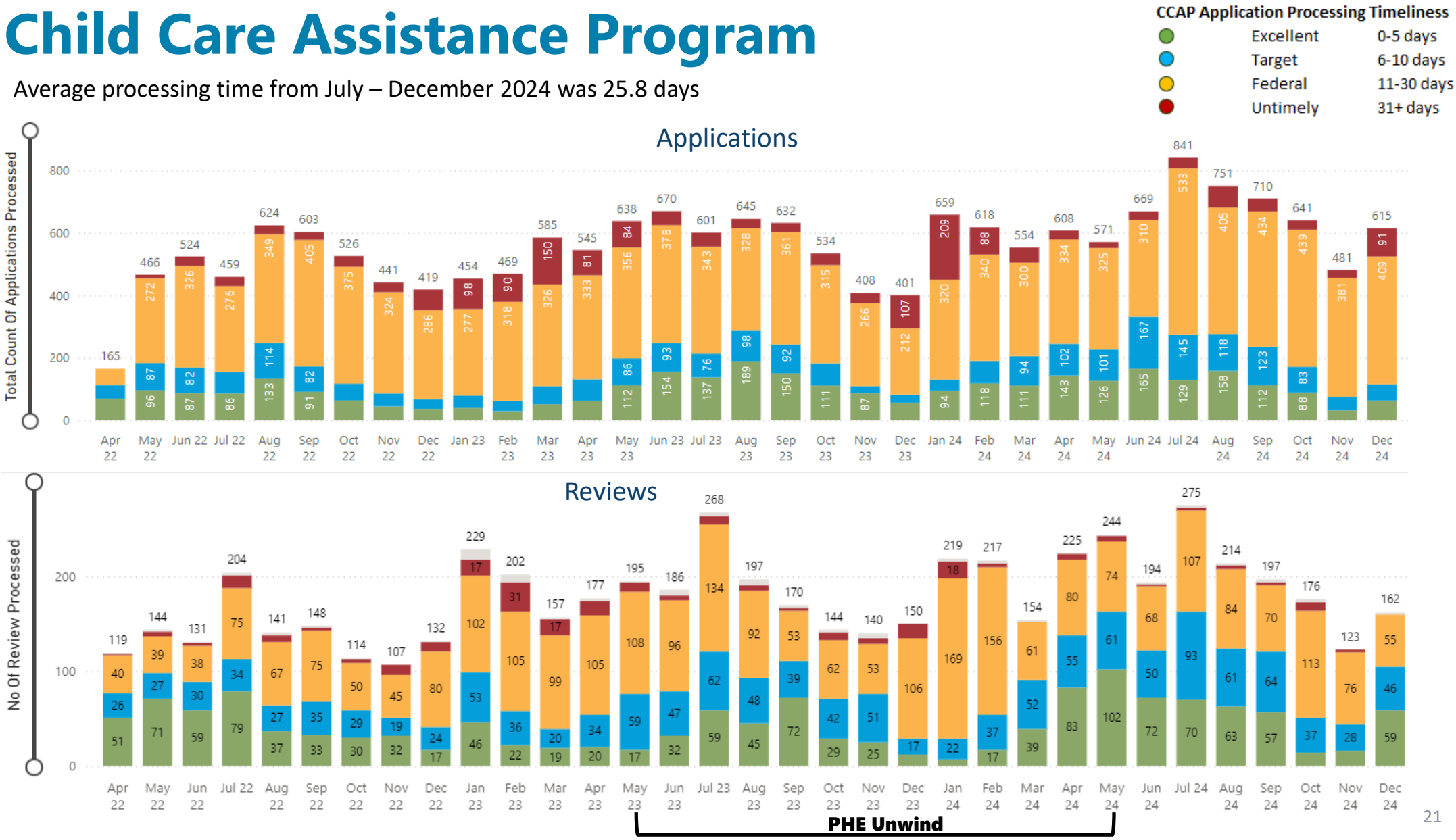
% Licensed Child Care Providers who have workers utilizing the CCAP Child Care Worker Benefit June-Dec 2024

- **744 workers** employed by 302 providers
- Receiving assistance with child care costs for 1,661 children
- Average monthly assistance / worker = **$1,400** which is the **equivalent** to an **$8/hr wage increase**



Child Care Assistance Program

Average processing time from July – December 2024 was 25.8 days



Program Integrity and Performance

CCAP Quality Control Reviews

Federal and state reviews of CCAP are conducted by the Economic Assistance Policy Division Quality Control Unit (QC).

Federal Reviews vs. State Reviews



Federal Reviews

- Occur every three years
- 23 randomly selected cases monthly
- There is no guarantee a case from each human service zone office will be selected for review



State Reviews

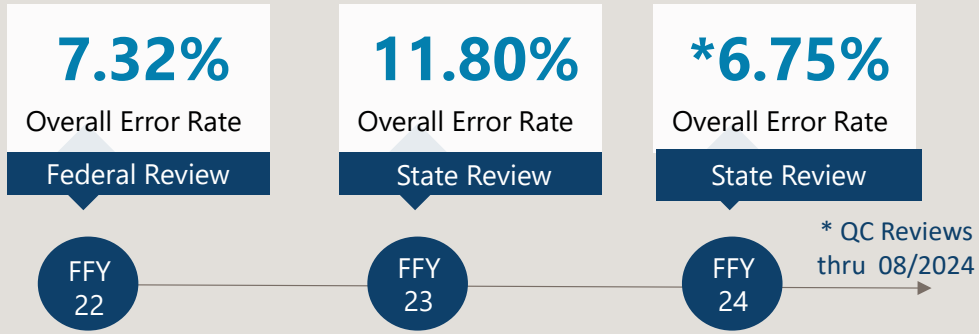
- Occur during non-federal years
- 30 cases sampled monthly
- Measures are taken to ensure at least one case from each human service zone office is selected yearly

CCAP Performance

Accuracy of case processing is measured as an improper payment error rate.

How is an error rate calculated?

$$\text{error rate} = \frac{\text{improper payments for reviews completed}}{\text{total payments of reviews completed}}$$



The federal target for CCAP error rates is less than 10%.

Temporary Assistance for Needy Families (TANF)

Serving families with children who are deprived of parental support or care due to divorce, separation, death or one or both parents being aged or disabled.

From June – November 2024 the TANF Program provided support to:

- Households served: **695**
- Average payment per household: **$640**
- Average support service payment per household: **$63**
- **51%** of the TANF households are child only



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TANF Program Changes as per 2023-25 Legislative Session actions

- August 2023, implemented an increase in the TANF benefit amount, essentially doubling the amount for eligible families.
    - A caretaker with 2 children, working 40 hours per at $7.25 per hour or $1,160 per month is eligible for a benefit amount of $896 per month. Prior to this change, the family would have received a $448 benefit.
- October 2023, eliminated the benefit cap provision, preventing an increase in TANF when a child is born to a household member who was receiving TANF during the probable month of conception.
- October 2023, provide eligibility for pregnant women from the start of their pregnancy.
- October 2023, allow for an additional 12 months of earned income disregard as a work incentive.

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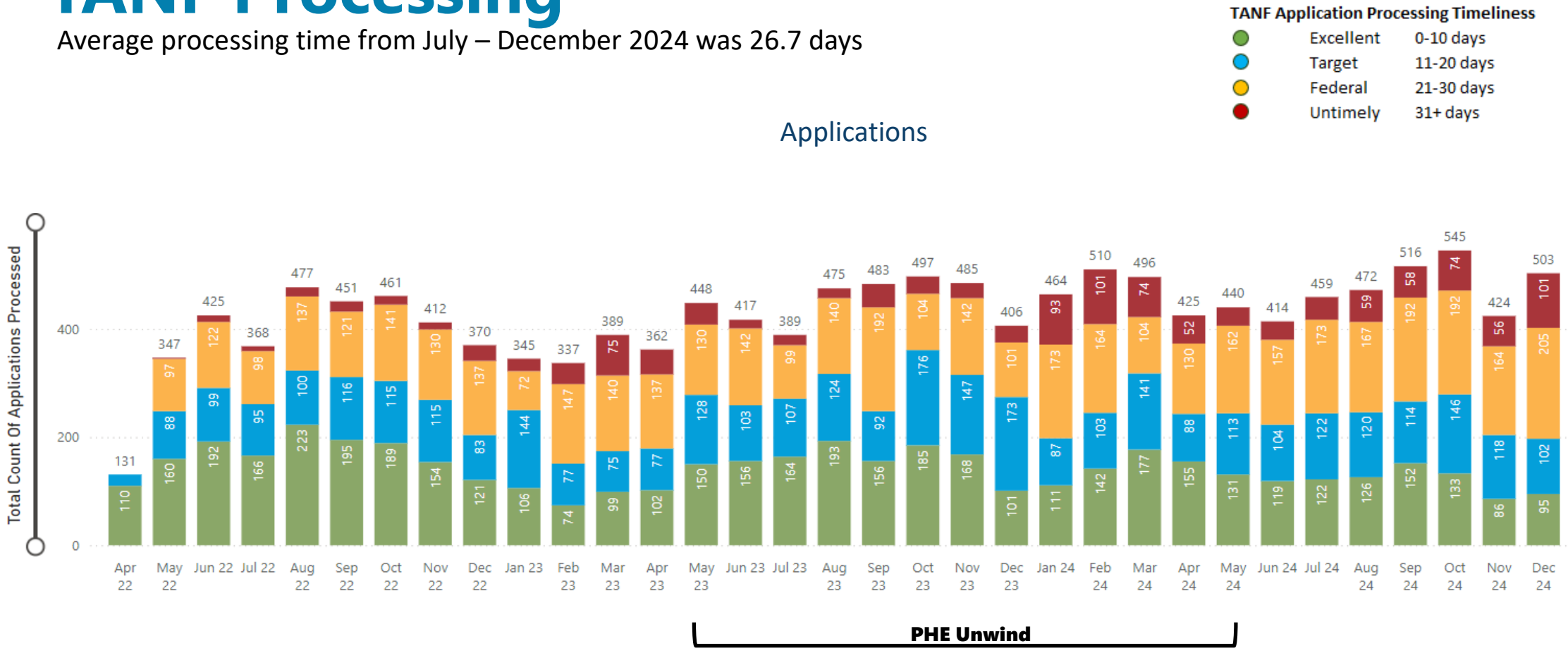
TANF Processing

Average processing time from July – December 2024 was 26.7 days



Program Integrity and Performance

TANF Quality Control Reviews

State reviews of TANF are conducted by the Economic Assistance Policy Division Quality Control Unit (QC).

State Reviews

- Occur each year
- 16 cases sampled monthly
- Measures are taken to ensure at least one case from each human service zone office is selected yearly



TANF Performance

Accuracy of case processing is measured as an improper payment error rate.

How is an error rate calculated?

$$\text{error rate} = \frac{\text{improper payments for reviews completed}}{\text{total payments of reviews completed}}$$

FFY 22	FFY 23	FFY 24
3.55% Overall Error Rate	5.53% Overall Error Rate	*3.86% Overall Error Rate
State Review	State Review	State Review

* QC Reviews thru 06/2024

**TANF does not have a federally-established target rate*

TANF Looking Ahead

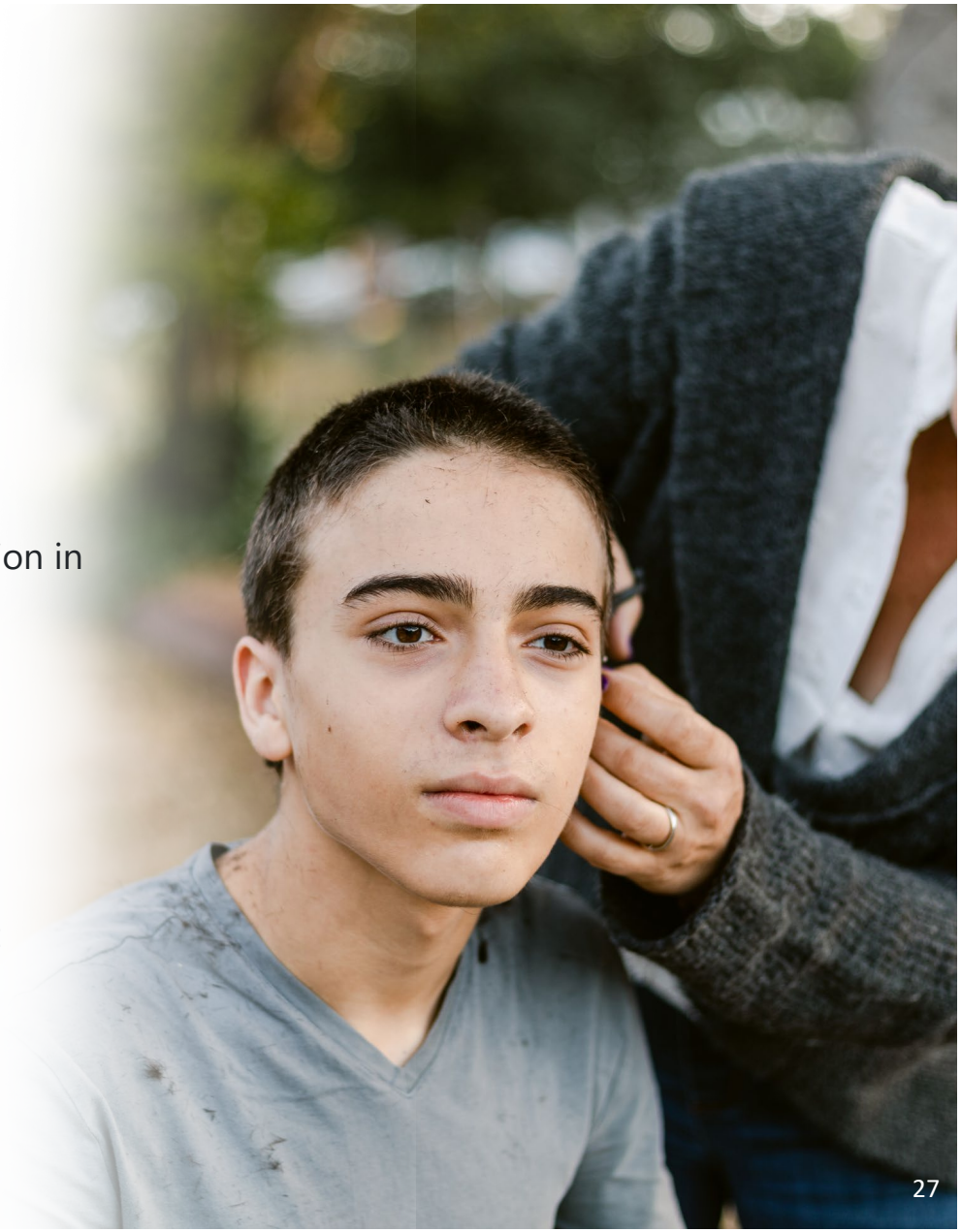
Changes & Improvements

Enhanced Support for TANF Families:

- For families currently receiving TANF, the state retains the full monthly child support amount.
- ND retains about $1.3 million in child support per biennium.
- An investment of $70,000 in state funds could direct all $1.3 million in support to TANF families.

Other Efforts:

- Reduce burden on families and eligibility workers by eliminating monthly reporting
- Enhancing work support through motivational interviewing and supportive services
- Annual increase for benefit level to sustain progress made in last legislative session





Supplemental Nutrition Assistance Program (SNAP)

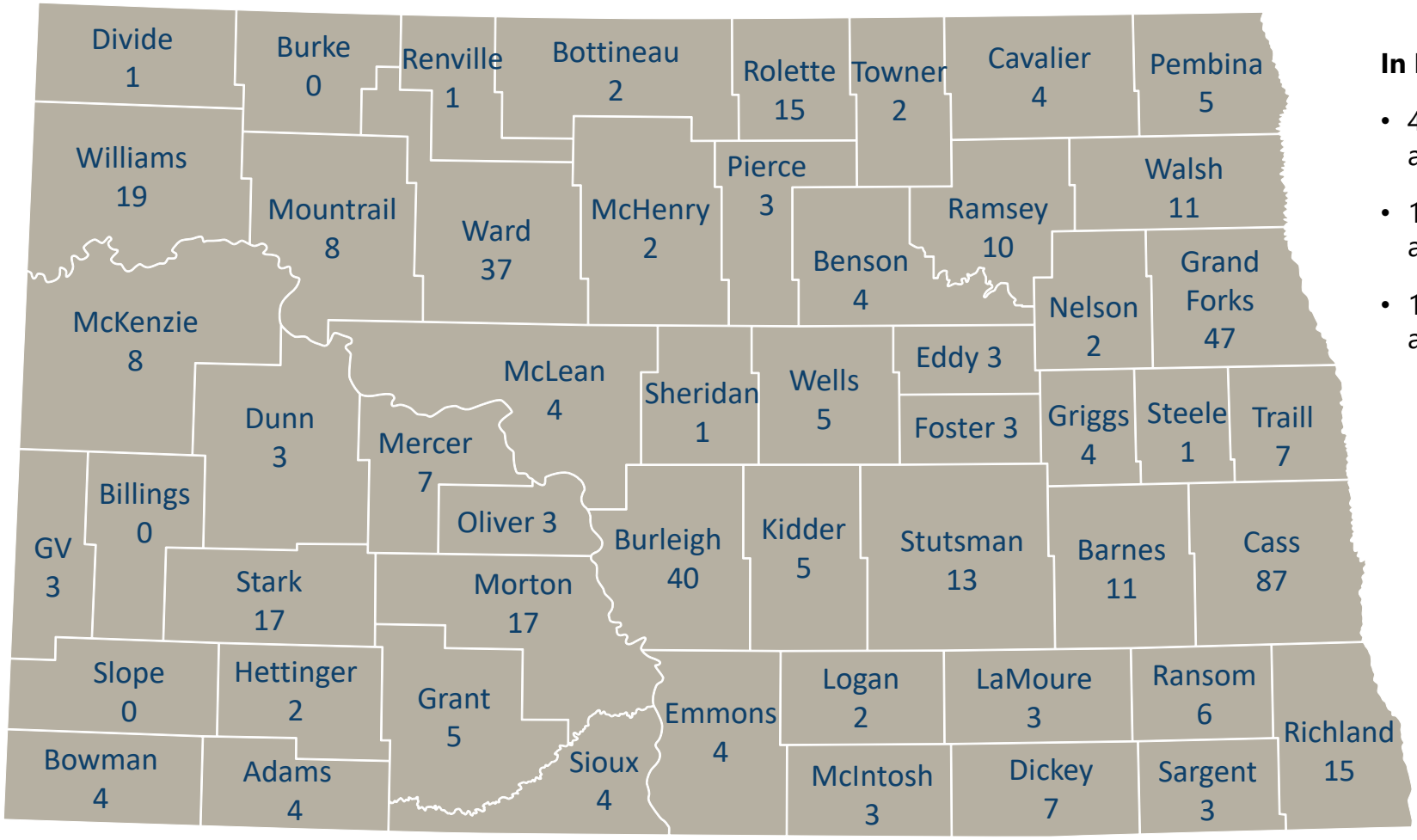
Provide nutrition benefits to supplement the food budget of lower-income families so they can purchase healthy food and move towards self-sufficiency.

During the last six months (June – November 2024), on average/month SNAP provided support to:

- Number of Households: **26,330** (average/month)
  - 36.2% include a child under age 18
  - 22.42% include an individual 60+
  - 36.60% have earned income
- Number of Individuals: **50,733** (average/month)
- Benefit per Household: $**376** (average/month)
- Total SNAP dollars: $9.9 million (average/month)

SNAP Impacts Local Economies

Authorized SNAP Retailers by County



In ND, there are:

- 477 retail food stores authorized to accept SNAP benefits.
- 12 famer's markets authorized to accept SNAP benefits.
- 14 retail food stores authorized to accept SNAP benefit online.

According to the Food Research & Action Center (FRAC), each dollar in federally funded SNAP benefits generates **$1.79 in economic activity**.

Source: Food Research & Action Center, *The Positive Effect of SNAP Benefits on Participants and Communities,* https://frac.org

Sun Bucks (Summer EBT)

The Summer Electronic Benefits Transfer Program, or SUN Bucks provides food assistance to households with **school-age children** who are **eligible for free or reduced-priced school meals during the summer,** when they don't have access to meals at school.

- New Program available through USDA, Food and Nutrition Services (FNS).
- Partnership with the Department of Public Instruction to develop and implement the program in ND, the first year of availability which was summer 2024.
- **38,412** children and their families received $4.6M in benefits. FNS established a benefit level of **$120 per child**.
- Children receiving, SNAP, TANF, Medicaid or free or reduced-price meals are directly certified for Sun Bucks.
- Children who are not directly certified who may be eligible for Sun Bucks can still apply for the Program.
- Summer 2025 – anticipating **44,000** children will benefit.



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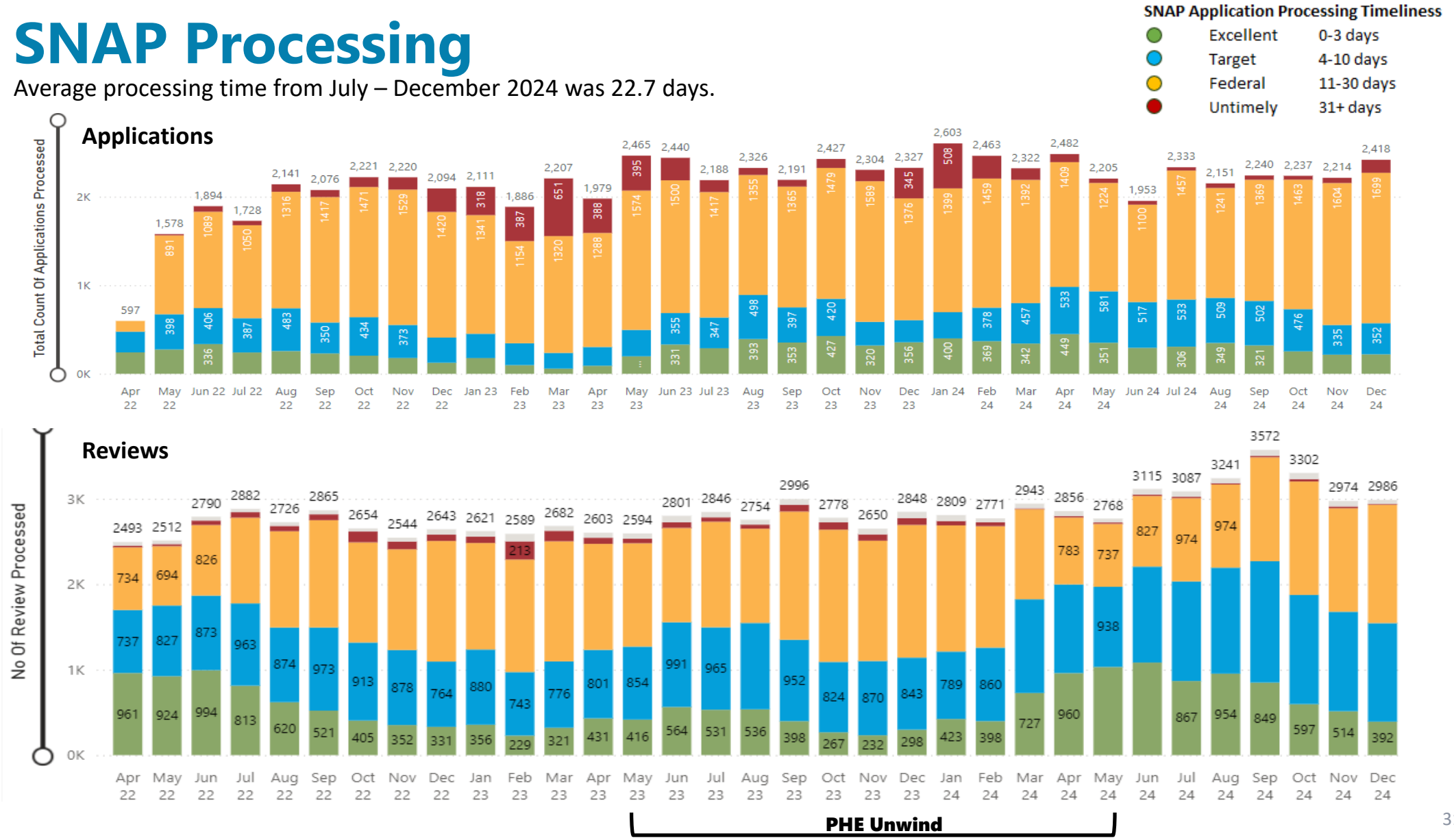
SNAP Processing

Average processing time from July – December 2024 was 22.7 days.



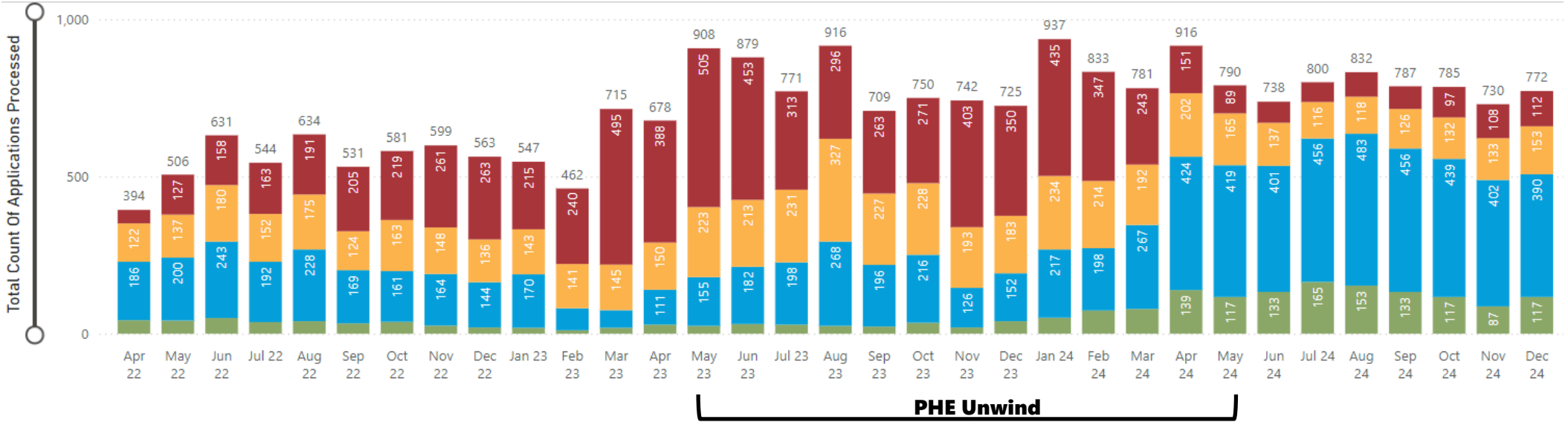
Expedited SNAP Processing

Average processing time from July – December 2024 was 5.5 days.

Expedited SNAP Processing Timeliness

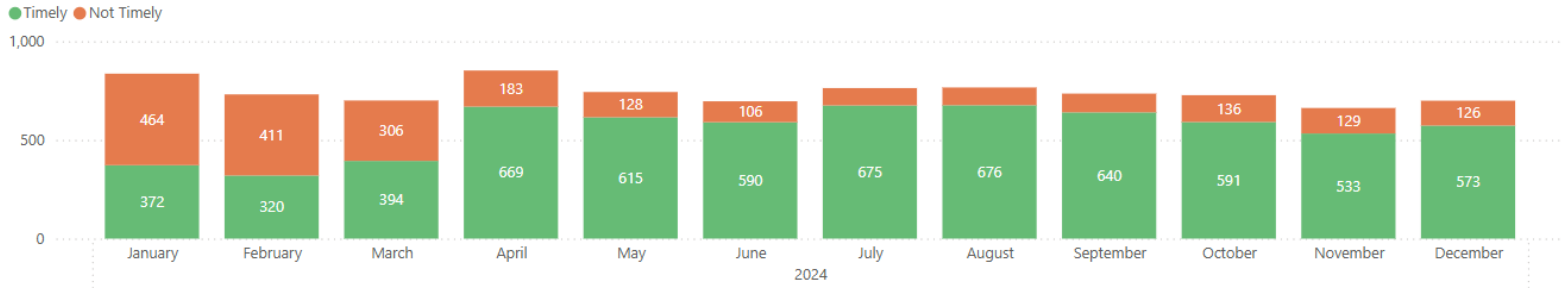
Excellent	0 days
Target	1-3 days
Federal	4-7 days
Untimely	8+ days

Expedited Applications



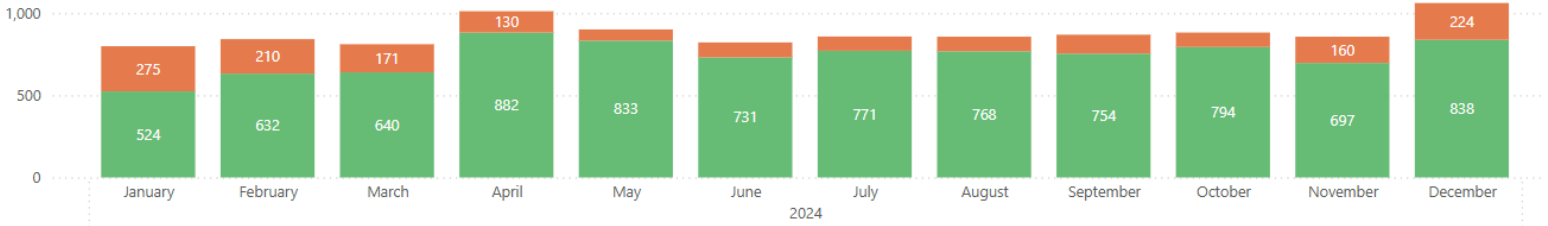
SNAP Application Processing Timeliness (APT) is a key federal performance measure

Expedited SNAP



Year	2024												Total
	January	February	March	April	May	June	July	August	September	October	November	December	
Approved Timely	372	320	394	669	615	590	675	676	640	591	533	573	6,648
Total Approved	836	731	700	852	743	696	763	766	735	727	662	699	8,910
Application Processing Timeliness (APT)	44.50%	43.78%	56.29%	78.52%	82.77%	84.77%	88.47%	88.25%	87.07%	81.29%	80.51%	81.97%	74.61%

Regular SNAP (non-expedited)



Year	2024												Total
	January	February	March	April	May	June	July	August	September	October	November	December	
Total Approved	799	842	811	1,012	901	822	858	857	869	882	857	1,062	10,572
Approved Timely	524	632	640	882	833	731	771	768	754	794	697	838	8,864
Application Processing Timeliness (APT)	65.58%	75.06%	78.91%	87.15%	92.45%	88.93%	89.86%	89.61%	86.77%	90.02%	81.33%	78.91%	83.84%

Application Processing Timeliness (APT)
A federally defined measure that looks at the timeliness of eligibility determination for new applications that are approved each month.

Timely application processing is essential for families struggling to put food on their table. USDA, FNS's timeliness standard is set at **95%**.

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Program Integrity and Performance

SNAP Quality Control Reviews

Federally mandated reviews of SNAP are conducted by the Economic Assistance Policy Division Quality Control Unit (QC).

How are SNAP Quality Control Reviews Completed?



Reviews are completed and a sample size is determined each year by Food and Nutrition Services (FNS). The sample size can change from year to year, as it is based on a calculation using the average monthly caseload size which can vary.

Both Active and Negative Cases are Reviewed for accuracy and timeliness

Active Case	Negative Case	Timeliness
Household received benefits during the sample month.	Household's participation was denied or closed during the sample month.	Household received their eligibility determination within Federal timelines.
The measurement of active case reviews is called the active payment error rate.	The measurement of negative case reviews is called case and procedural error rate (CAPER).	The measurement of timeliness is called the application processing timeliness (APT) rate.
Active payment error rate measures how accurately states determine eligibility and benefit amount.	The CAPER rate reflects the number of cases that were not properly closed or denied.	The APT percentage reflects the number of applications approved timely compared to the total number approved.



Program Integrity and Performance

SNAP Quality Control Reviews

Federal Target Rates

- Active Payment Error Rate: 6% or better
- CAPER Error Rate: below national average
- Timeliness Rate: 95% or better

2022-24 Summary of SNAP Performance Measures

Active Case

$$\text{error rate} = \frac{\text{improper payments for reviews completed}}{\text{total payments of reviews completed}}$$

FFY	ND	National Average
2022	9.51%	11.54%
2023	9.51%	11.68%
2024*	8.09%	10.83%

* QC Reviews thru 08/2024

CAPER/Negative Case

$$\text{error rate} = \frac{\text{number of cases denied or terminated in error}}{\text{total number of cases reviewed}}$$

FFY	ND	National Average
2022	34.10%	44.12%
2023	57.77%	44.52%
2024*	54.77%	42.62%

* QC Reviews thru 08/2024

Application Processing Timeliness

$$\text{error rate} = \frac{\text{number of applications processed untimely}}{\text{total number of applications processed}}$$

FFY	ND	National Average
2022	75.78%	90.29%
2023	52.94%	82.76%
2024*	55.56%	78.87%

* QC Reviews thru 06/2024

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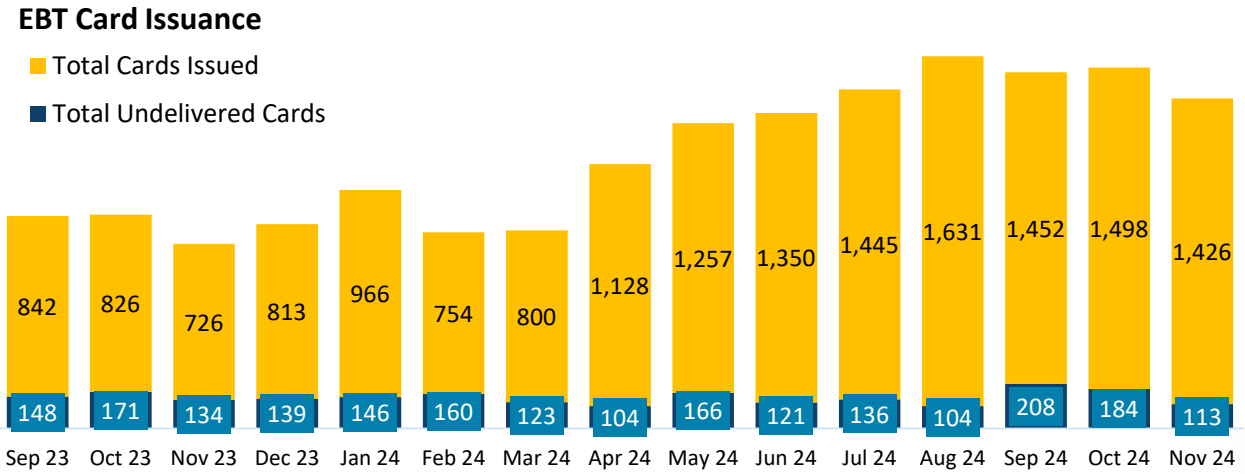
SNAP Looking Ahead

Changes & Improvement

Partnering with HSZ's to develop a **hybrid EBT issuance model**, to ensure individual can meet their family's food needs that considers:

- Elderly or Disabled
- Individuals experiencing homelessness
- Applicants who meet the federal definition of expedited, requiring a determination within 7 days:
  - Households with less than $150 in countable income
  - Households whose shelter costs are more than their income





Housing Stability

The NDRH Housing Stability Program (NDRH) offers housing facilitation, household coaching and financial assistance to North Dakota households experiencing homelessness that need to obtain and maintain stable housing and households that are at imminent risk of homelessness.

Housing Stability Funding was made available from the U.S. Department of Treasury. Eligibility Criteria include:

- Individuals experiencing homelessness.
- Individuals facing eviction.
- Income equal to or less than 30% area median income.
- Eligible households can receive up to 6 months of rental assistance.

During SFY 2024, the Housing Stability Program impacted:

- Number of average households served: **1,049** (average/month)
- Payment: **$653** (average/month)
- Total dollars supporting households: **$11 million**
- Households with children: **29%**



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Help for Homeowners

Helps homeowners who are at risk of housing instability due to past due mortgage, utilities, or related property expenses or who may be struggling to maintain stable housing for other financial reasons.

Homeowner Assistance Funding was made available from the U.S. Department of Treasury.

Eligibility Criteria:

- Owner occupied properties in ND.
- Income equal to or less than 150% area median income.
- Experienced a financial hardship related to pandemic.
- One-time lump sum mortgage and utility reinstatement assistance grant up to $40,000.

During SFY 2024, the Help for Homeowners Program impacted:

- Number of average households served: **45** (average/month)
- Average Foreclosure Payment Prevention: **$6,067**
- Total dollars supporting homeowners: $9.2 million

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Human Service Zones

Serving North Dakota individuals and families is a partnership. Economic Assistance administers programs, while Human Service Zones determine eligibility to deliver benefits.

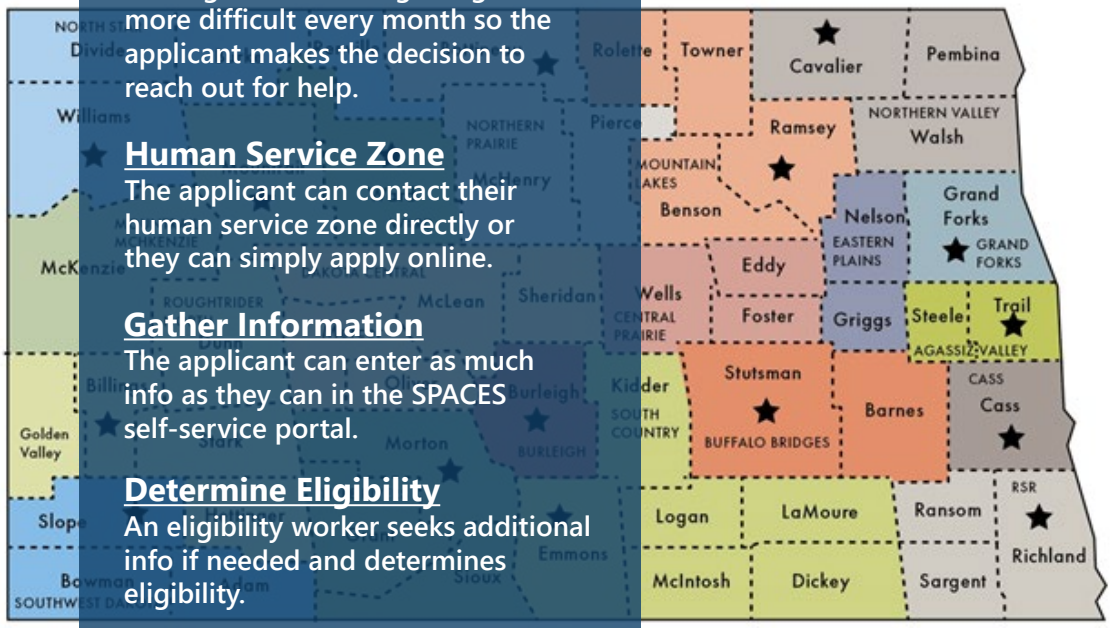
Person Decides to Apply
Making ends meet is getting more difficult every month so the applicant makes the decision to reach out for help.

Human Service Zone
The applicant can contact their human service zone directly or they can simply apply online.

Gather Information
The applicant can enter as much info as they can in the SPACES self-service portal.

Determine Eligibility
An eligibility worker seeks additional info if needed and determines eligibility.

Issue Benefits
If eligible, the state will issue the benefit in the appropriate manner.



How Clients Access Services

One Address. One Phone Number. No Wrong Door.
Eligibility redesign makes it easier for families to get help by simplifying access points.

Centralized Mail Unit

One mail and email address for document submission

Customer Support Center

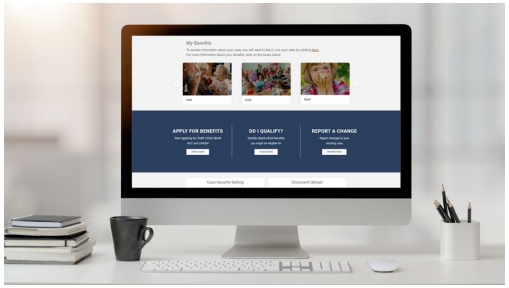
One phone number to speak to an expert

Local Support

Local offices will remain open for in-person support

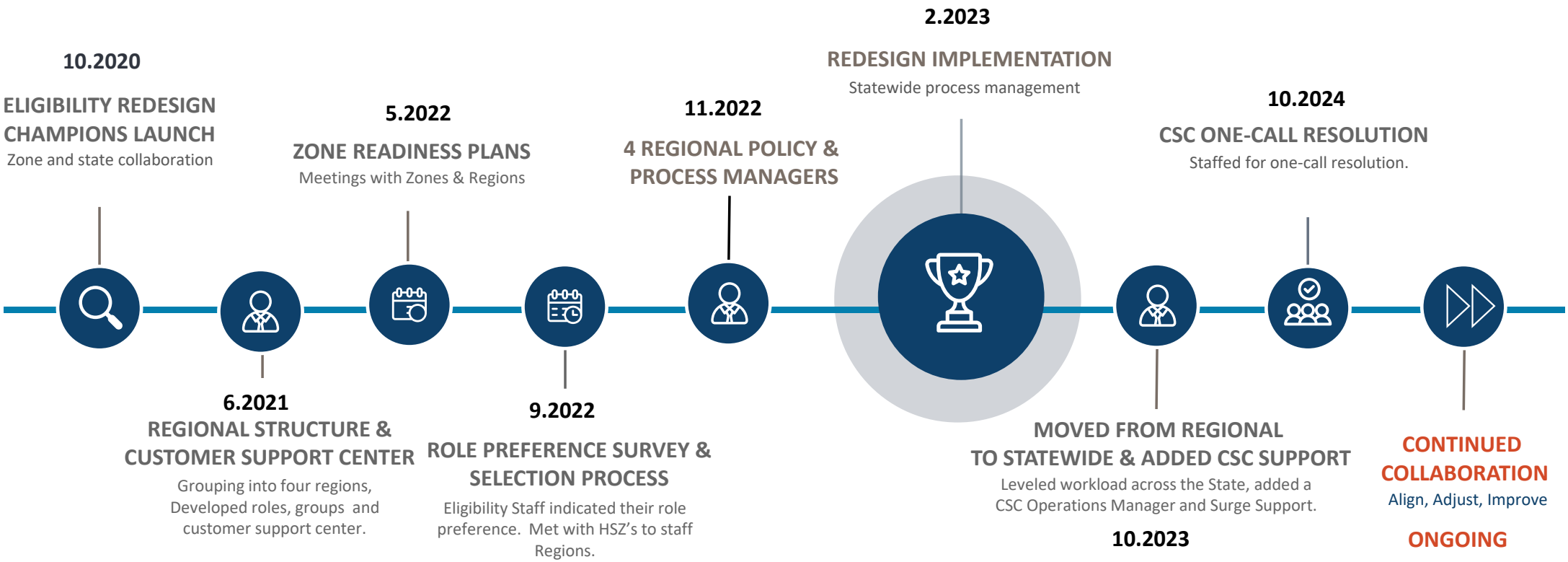
Self-Service Portal

Individuals can use the self-service portal to apply, report changes, renew their benefits, view notices, upload documentation, and check their eligibility and benefits.
Dec 2024 SSP Adoption Rate – 47.13%

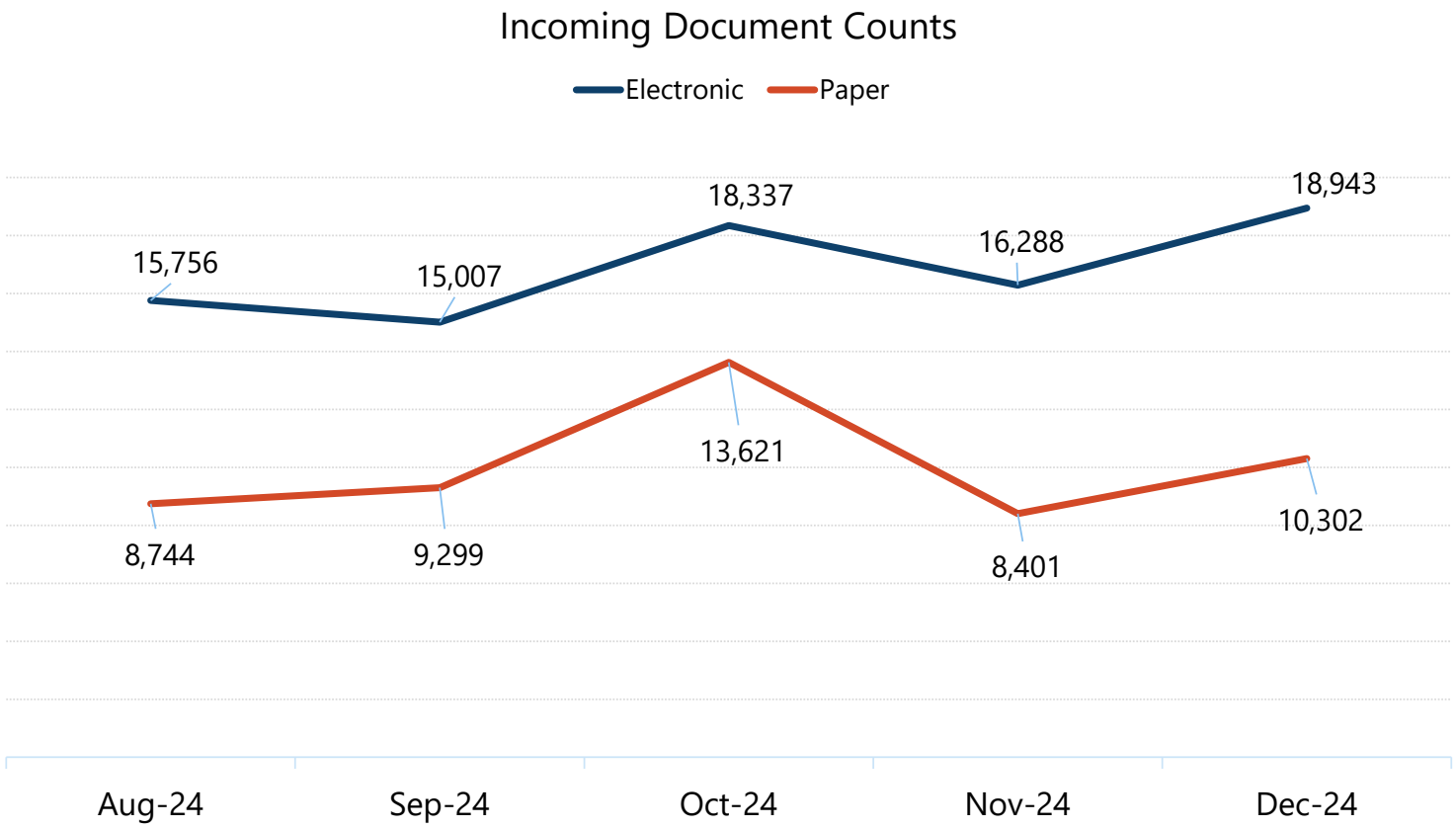


Redesigning the way we work together to deliver resources accurately and efficiently

KEY MILESTONES



Centralized Mail Team assures seamless routing of documents across the state



4 Digital Mail Specialists (HHS)
+
36 Support Specialists (HSZ)
+
3 Support Specialist Sups (HSZ)

(1) Scan

- Scan paper applications and documentation sent to the central mail unit or to HSZ Office

(2) Index

- Team indexes scanned documents to a work queue.
- Automatic indexing to work queue of electronic submissions via self service portal (SSP)

(3) Assign

- Batch process assigns work from the queue to the eligibility worker based on their role and group assignment

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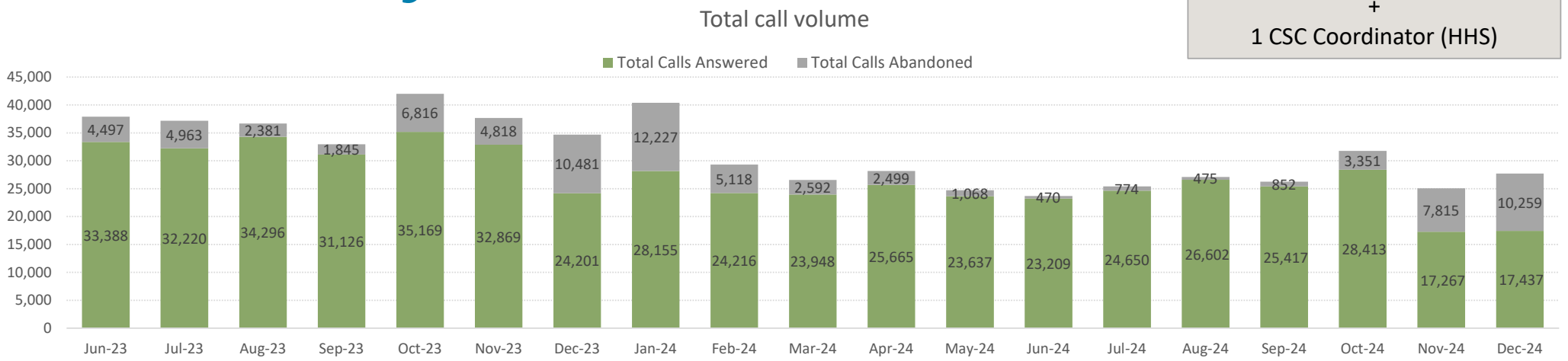
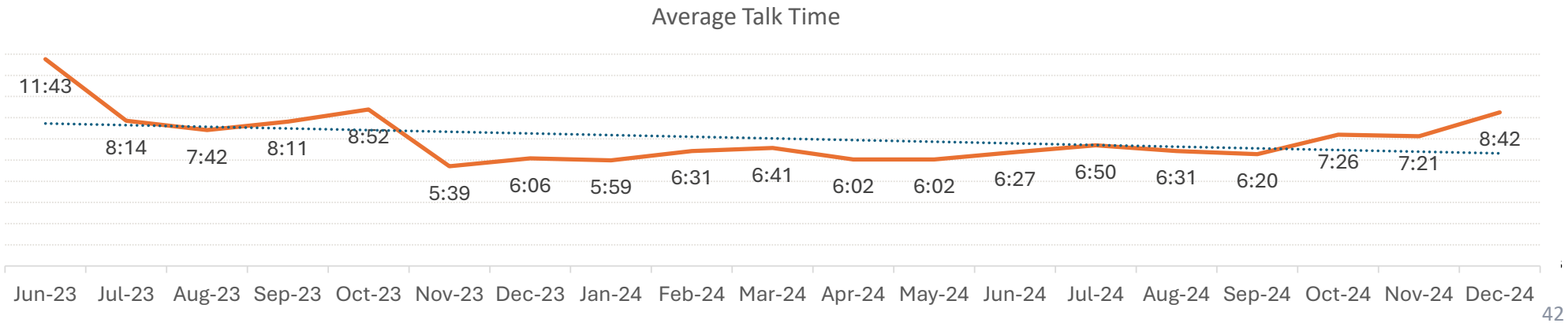
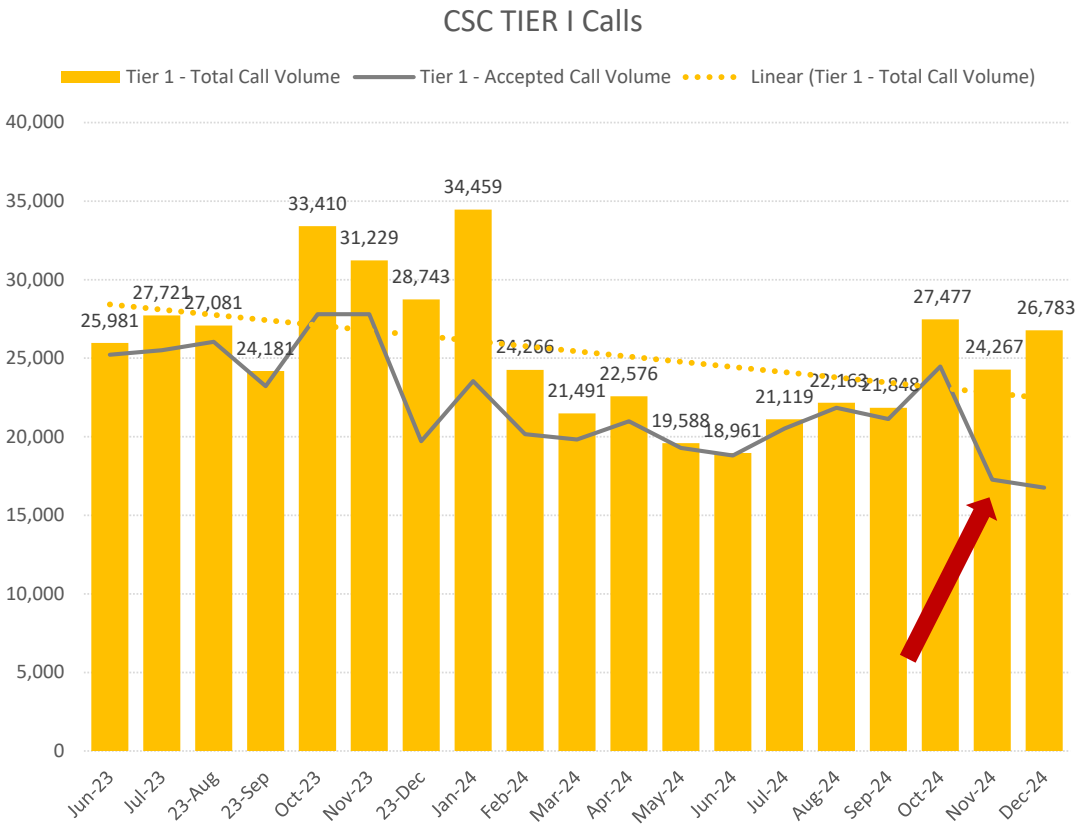
Customer Support team serves as a resource to tens of thousands of North Dakotans every month

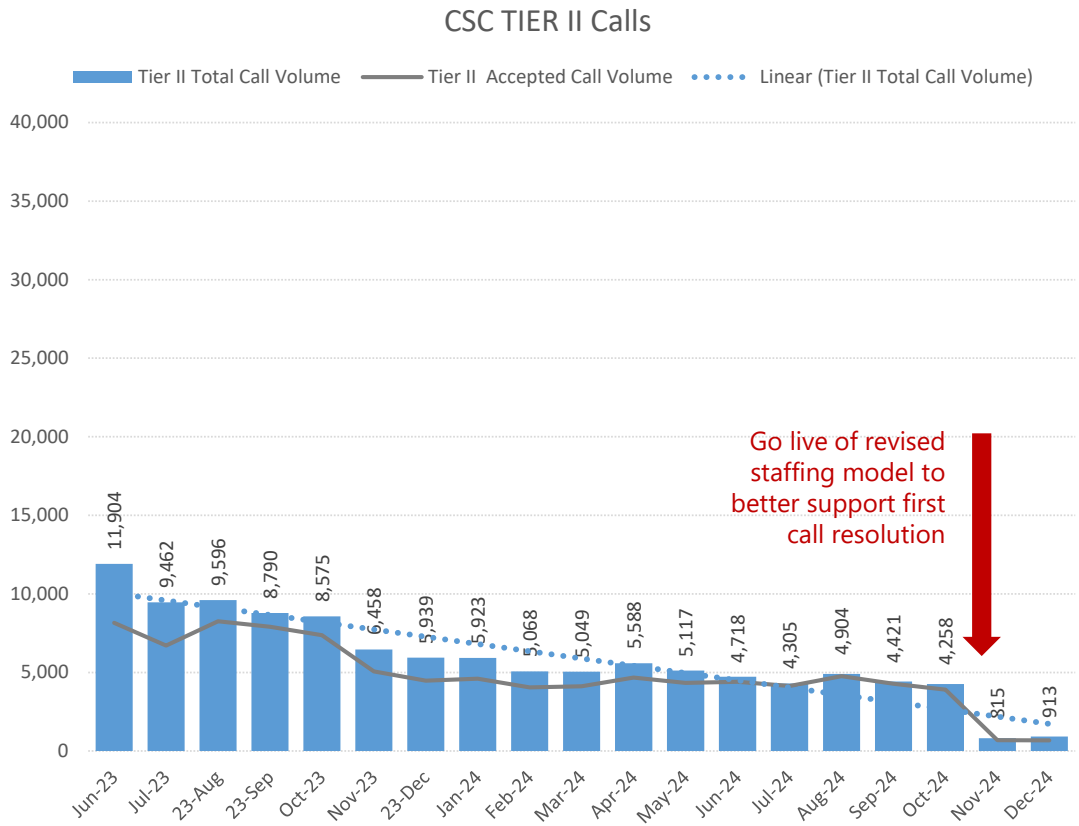
39 CSC agents (37 HSZ, 2 HHS)
+
9 CSC Leads & Sups (HSZ)
+
1 CSC Coordinator (HHS)



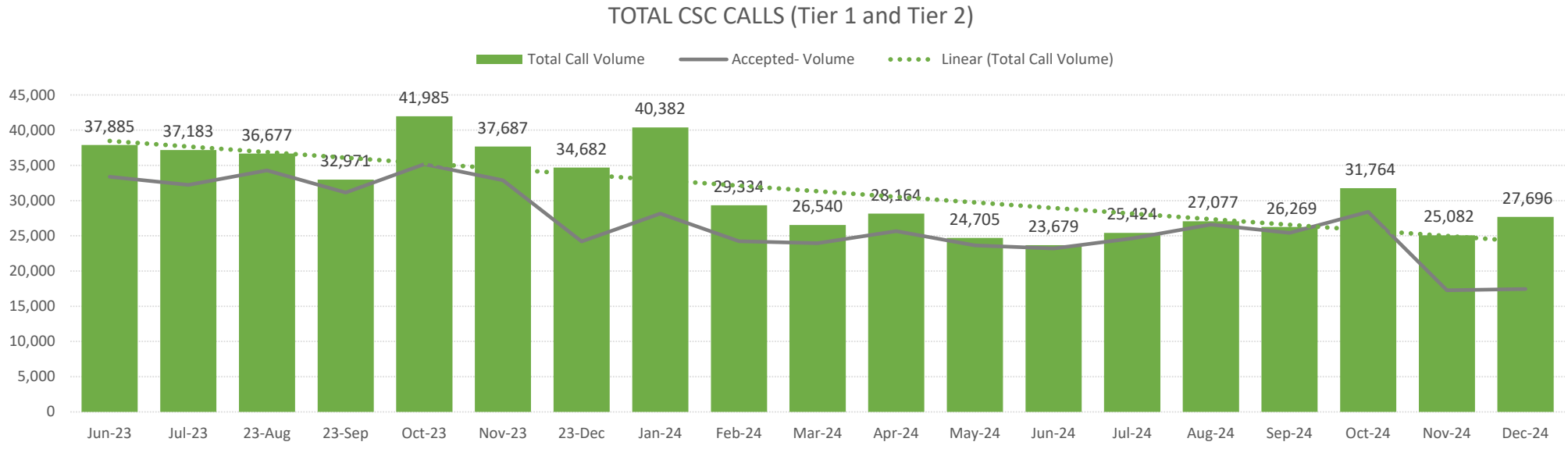


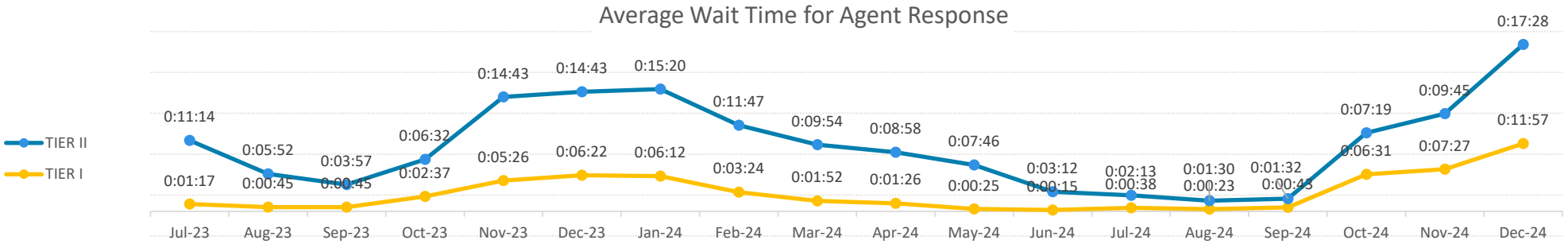
First-call resolution helps assure callers get the answers they need





Average wait times have increased since transitioning to the first call resolution framework





Eligibility teams determine eligibility for 16-18,000 apps & reviews per month by processing 60-70,000+ work items

Centralized Mail Team

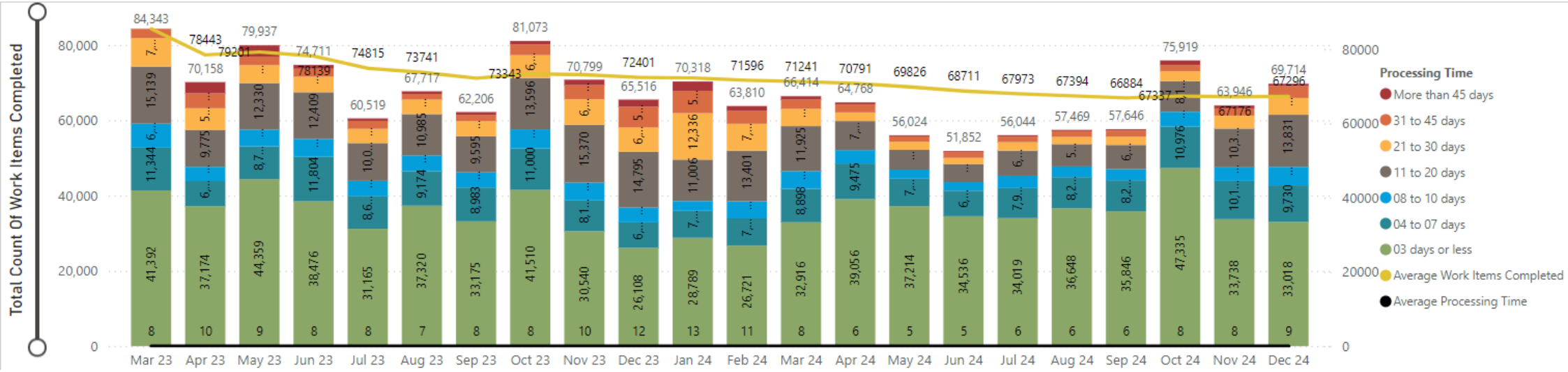
4 Digital Mail Specialists (HHS)
+
36 Support Specialists (HSZ)
+
3 Support Specialist Sups (HSZ)

Customer Support Team

39 CSC agents (37 HSZ, 2 HHS)
+
9 CSC Leads & Sups (HSZ)
+
1 CSC Coordinator (HHS)

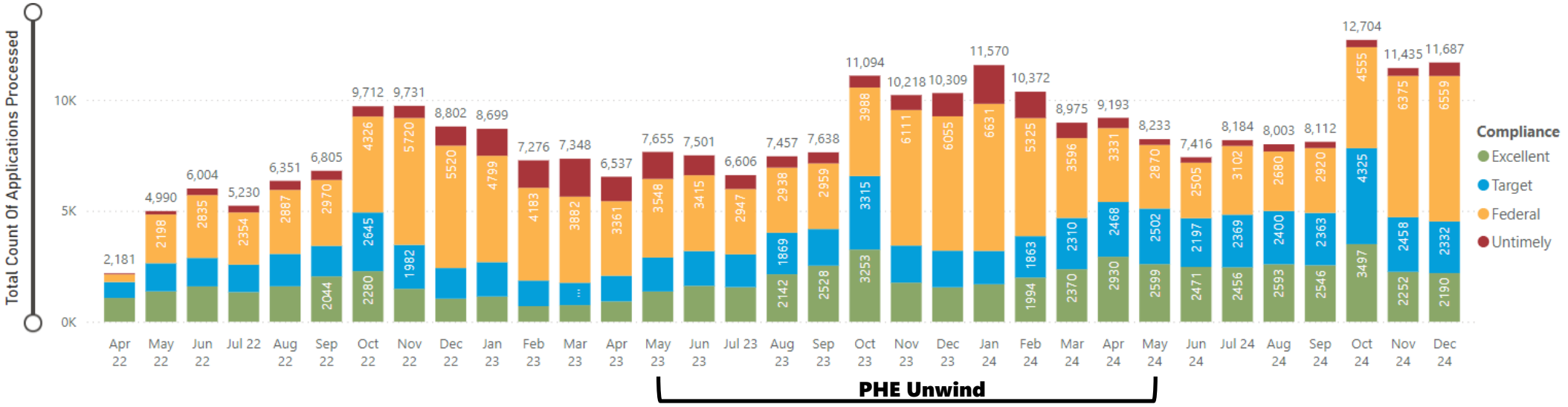
Eligibility Team

124 App processors (HSZ)
+
156 Maint processors (HSZ)
+
20 Long Term Care elig (HHS)



Application Processing - All Programs

- February 2023 – HHS and HSZ's worked together to develop a regional service delivery model to support Economic Assistance and Medicaid coverage.
- May 2023 – First month participants were required to complete a Medicaid renewal, after the temporary Medicaid coverage extension due to the PHE.
- October 2023 – HHS and HSZ's moved from a regional to a statewide service delivery model to support Economic Assistance and Medicaid coverage.
- May 2024 – Last month of Medicaid renewals for PHE unwind.



Supporting Service Delivery

Service Delivery Team

Learning & Development

- Developed 40 new program & system learning modules.
- SNAP, Medicaid and SPACES virtual classroom trainings held monthly.
- Continuous updates to SPACES on-line help, including job aids on complex processes.
- Partnered with HSZ Supervisors & Lead workers to develop a new eligibility worker onboarding plan.
- Meet with supervisors & lead workers monthly to review policy and system changes.

LTC Eligibility Team

- Improved average processing time for applications by 43.77% and reviews by 42.89%.
- Community Outreach and Education:
  - Presented at Statewide, along with the East & West LTC Association Conference
  - Presented at Aging Services Informational Collaboration with facilities, care providers and participants.
  - 23 facility visits over last 2 years.

Regional Policy & Process Managers

Collaboration with HSZs to continuously improve service delivery:

- Shift from regional process to statewide processing – achieving level caseloads statewide.
- Continuous monitoring and escalation of work items to ensure timeliness.
- In-person meetings and training for community partners.

CSC Operations

- Implementation of in-person on-boarding.
- Development of CSC scripting.
- Holiday coverage
- Implemented a supervisor review process.

Policy & System Support Help Desk

Provided policy and technical support to the HSZ eligibility teams.

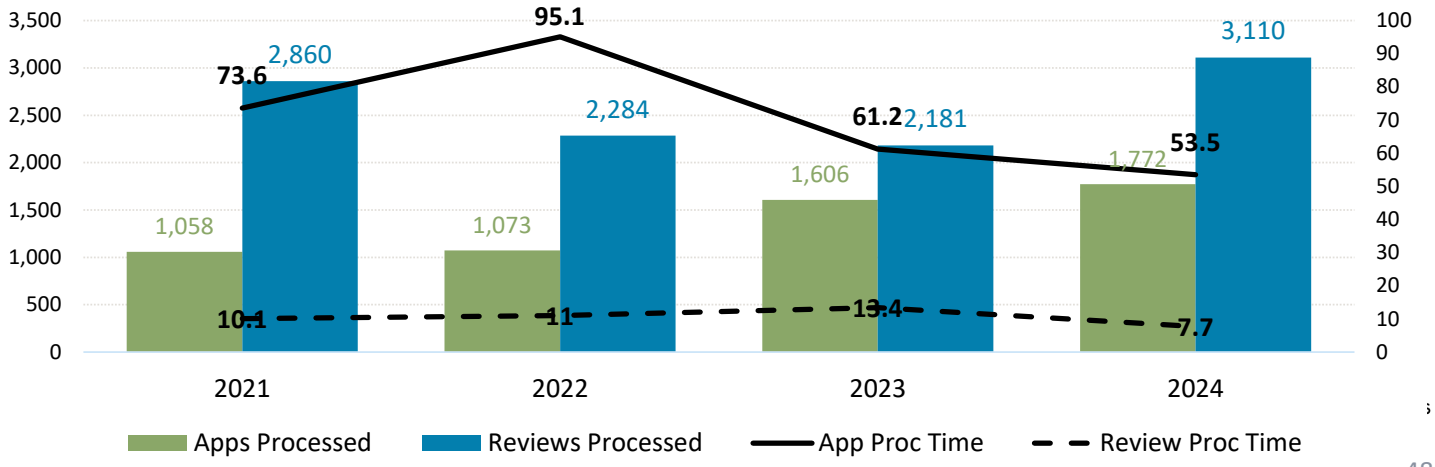
- 34,754 support tickets closed in 2023
- 24,455 support tickets closed in 2024

Supporting Service Delivery

Long-Term Care Eligibility Unit

- Formed in February 2020 as part of Social Service Redesign
- Responsible for determining Medicaid eligibility for individuals who are in:
  - Skilled nursing facilities
  - Memory care
  - Basic care
  - Swing beds, and
  - Individuals receiving home and community based waiver services
- Today, staffed by 17 eligibility workers, 2 supervisors and 1 unit supervisor (HHS)

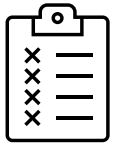
	2021	2022	2023	2024
Applications Processed:	1,058	1,073	1,606	1,772
Average Application Processing Time:	73.6 days	95.1 days	61.2 days	53.5 days
Reviews Processed in Year:	2,860	2,284	2,181	3,110
Avg Reviews Processing Time:	10.1 days	11.0 days	13.4 days	7.7 days



Supporting Service Delivery

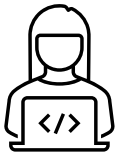
Self-Service Portal & Combined Eligibility System (SPACES)

161,000
North Dakotans utilized SPACES to access Economic Assistance and Medicaid coverage during SFY 2024



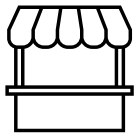
Self-Service Portal

- Screening to help individuals understand what assistance they may qualify to received.
- Dynamic application, gathers information based on the program the individual or family is applying for and their responses.
- Allows individuals to received notices electronically and to receive text messages.
- Participants can report changes, upload documents and complete reviews.
- Mobile Friendly



Worker Portal

- Used by 375 HSZ eligibility team members to determine eligibility and level of benefits for families seeking CCAP, LIHEAP, Medicaid, SNAP and TANF.
- Interfaces with 50+ systems, including MMIS, Child Support Social Security, Vital Records, IRS, EBT/EPC Vendors, etc.
- Case narratives to support eligibility for historical and audit purposes.
- Create and send notices requesting information, informing individuals of their eligibility, referrals, etc.



Provider Portal

- Associate as a provider for children eligible for CCAP and for households receiving LIHEAP.
- Certify enrollment.
- Submit billings.
- View payment history.
- Submit attendance records.
- Mobile Friendly



Referral Portal

- SNAP & TANF work eligible individuals referred to employment and training partners.
- Programs focus on work readiness, training and job placement services.
- Job Service ND, Community Options, Turtle Mountain Employment and Training, receive referrals and maintain individual participation records.
- Support services for work readiness.



Supporting Service Delivery

SPACES Improvements 2023-25

- Process alignment to support the **statewide eligibility redesign**
- Implemented enhancements in line with CMS and state-identified enrollment strategies for the 12-month unwinding period. This included **passive renewals**, **automating 35% of eligibility determinations**.
- **Social security interface** automation, reducing the number of work items by 80%.
- Successful and timely **implementation of legislative changes** for CCAP, TANF and Medicaid.
- **Self-Service Portal** enhancements driving **adoption rate** from 10.5% to 47.1% in one year

SPACES "Behind the Scenes" Impact

Integrated Eligibility system automation removes need for paper apps



Sun Bucks

(summer SNAP)

- Summer 2024 - 38,000 children ($4.6M, 100% fed)
- Direct certification process for Summer 2025 = 44,000 children projected to benefit
  - ✓ 24,000 children will be directly certified because they are eligible for SNAP and TANF
  - ✓ Plus 6-8,000 children will be directly certified as eligible for Medicaid-only



Direct Certification for Free/Reduced Meals

- Nov 2024 added automated data exchange to remove the need for children who are already Medicaid eligible to have to apply again for Free / Reduced Meals from their school
- DPI and HHS exchange data between technology systems to eliminate need for families to complete an additional paper application

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SPACES Looking Ahead

Continuous Improvement is necessary to maintain compliance and improve customer experience



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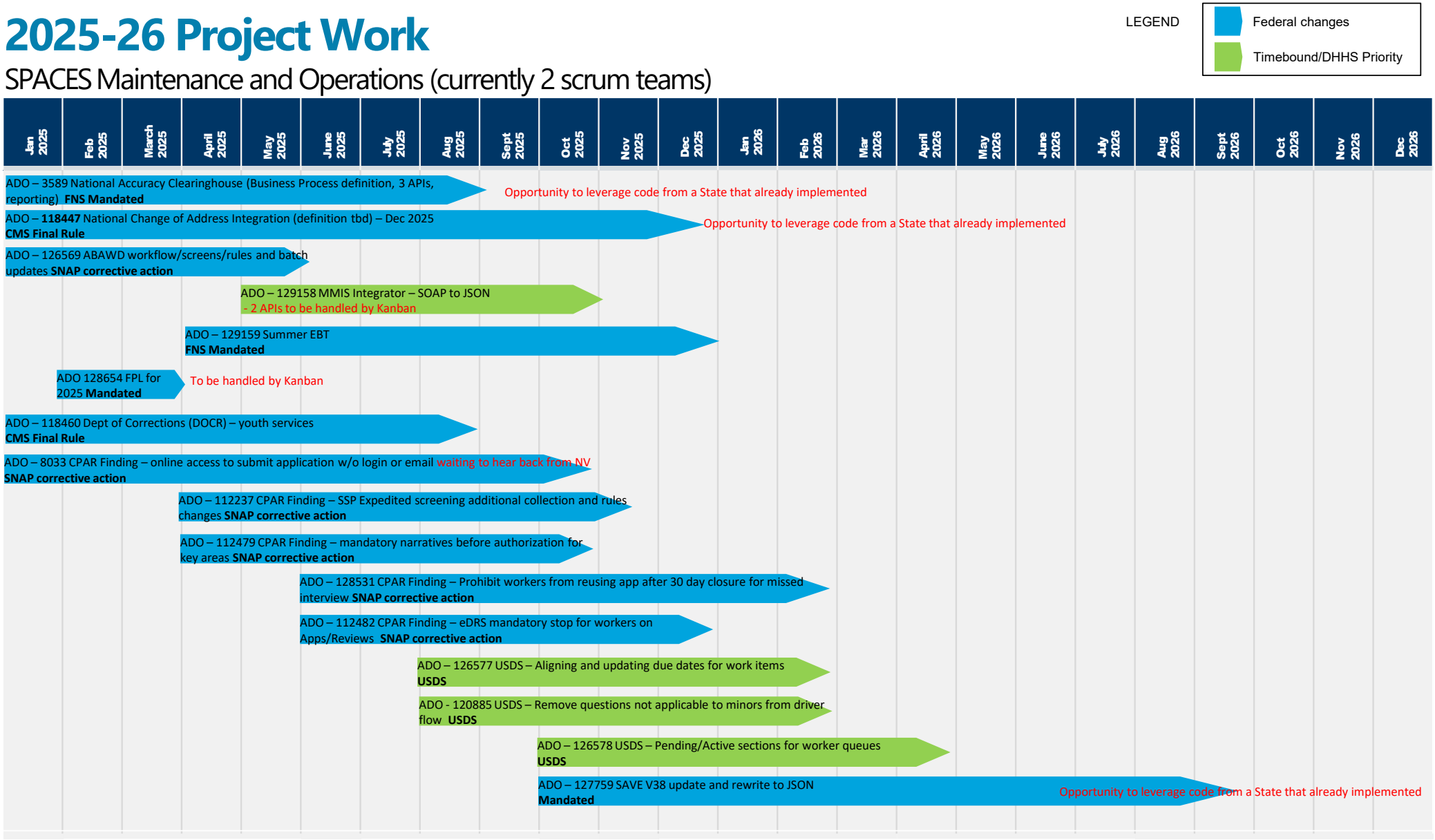
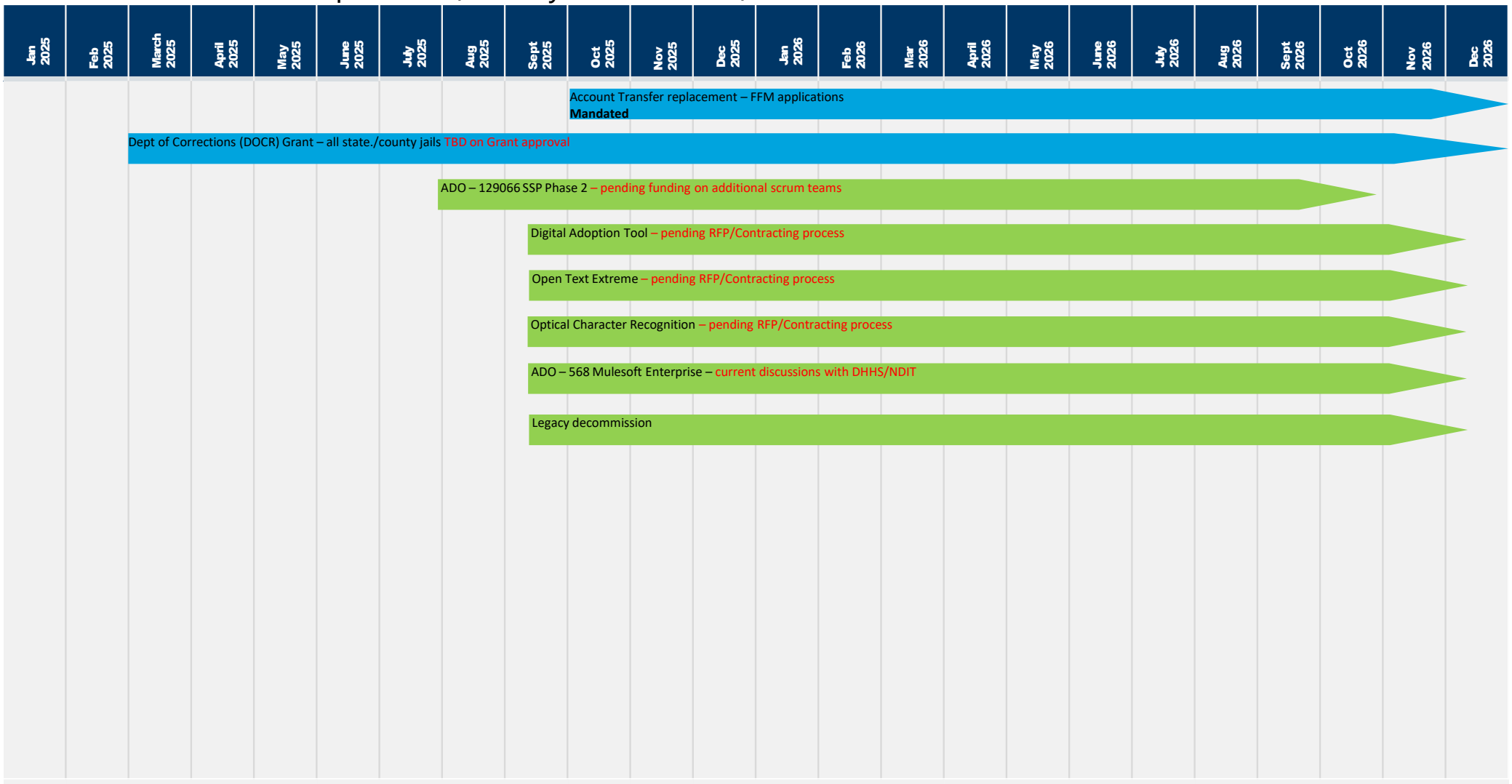
2025-26 Project Work

SPACES Maintenance and Operations (currently 2 scrum teams)



2025-26 Project Work

SPACES Maintenance and Operations (currently 2 scrum teams)



Dec 2024 snapshot showing highest priority changes that are currently in SPACES backlog.

As capacity to address becomes available, operations team will triage items based on a waterfall of decision criteria.

	Title 1	State	Created Date	Progra
7	MMIS FATAL ERROR Prevent sending duplicate data in transactions	New	11/6/2024	
3	[ND-228636] Same individual is Eligible for Multiple COE	New	4/24/2024	MEDICAID
9	MMIS Eligibility Determination needs correct Net Income for children	New	11/6/2024	
8	ND-216021 - Change Reporting Changes_CWD/WWD	New	4/19/2024	MEDICAID
6	ND-140051 - CR 1600: Wiping out of disqualification when there is no Penalty	New	4/19/2024	MEDICAID
8	CAPP Policy change to allow Mat. Leave at App/Reviews	New	9/30/2024	
0	[ND-214477] Mass update closing Work items	New	8/9/2024	
6	CCAP Need ability to move to a child only case.	New	10/28/2024	
4	ND-137463 BENDEX BEER - work item generation	New	11/12/2024	
3	MEDICAID: Changes to SSP for ACA non-applicants.	New	6/25/2024	
6	ND-208829 - HCC - Passive Review Automation of SSI Individuals on Categorically Needy Benefit	New	4/19/2024	MEDICAID
2	Multi Program Driver Flow Changes	New	8/21/2024	
0	TANF - Work Outcomes of TANF Exiters Report (Quarterly)	New	9/3/2024	
1	TANF- Secondary School Diploma or its Recognized Equivalent Attainment Rate (Annual)	New	9/3/2024	
7	TANF-Supplemental Work Outcomes Report (Annual)	New	9/3/2024	
1	[ND-224516] BABY BOT Twins (More than 1 newborn) Pregnancy & SSN Newborn	New	2/20/2024	ALL
8	Penny Bot SSP Analysis - [ND-227849] Conflict Panel - Database Mapping Modifications	New	4/10/2024	ALL
3	Education Summary Screen Logic Enhancement	New	8/7/2024	
9	Eligibility Override creating Cannot Change Segment due to 'Benefits Cannot be changed because of Change in COE'	New	6/10/2024	
9	Messaging needed for SSP for August payments - Dashboard display	New	7/19/2024	
4	ND-183795 - Single Parent Adoption is not considered deprivation for TANF	New	5/22/2024	
2	ND-203049 - ND Verify: Store the request and response XML in the database	New	4/19/2024	ALL
4	ND-223949 - Client Portal | Case linking not available while first application in progress	New	4/19/2024	ALL
3	SNAP EXPEDITED (ND-189135, ND-176503, ND-228647)	New	5/21/2024	SNAP
2	ND-189135 - Income converting and using converted amount to determine expedite status	New	5/21/2024	SNAP
1	ND-191529 - Work Program - Reevaluation of rules for when a person needs to be disenrolled from the JOBS program.	New	5/22/2024	
6	CCAP - QRIS Bonus Payment - Update	New	7/26/2024	
5	Global Change - SAVE should not stop the eligibility determination process while verification is pending.	New	7/28/2024	
7	Education Details - Cancel vs Continue Button Difference Enhancement Logic	New	8/14/2024	
5	CCAP Changes for Non-compliance issues	New	8/22/2024	
8	SNAP – Provisions in the Consolidated Appropriations Act, 2024	New	8/22/2024	
2	Modifying the provider SSP to give updates on when an associated family is due for review.	New	8/22/2024	
9	Absent Parent Update 2.0	New	8/5/2024	
5	Electronic Signature Language needed on SPACES forms	New	9/24/2024	
3	ND-194539 - TANF payment issued incorrectly - $45.00 Out of Home Allowance issued for Long Term Care Arrangement to Ineligible Caretaker as they were considered in Filing Unit	New	5/22/2024	
7	ND-192198 - TANF - removal of selection of MHA Tribal NEW Program for JOBS referral	New	5/22/2024	
5	ND-196188 - TANF Transition budgeting error – child care expenses are not taken into consideration when earned income eligibility for TANF Transition determined	New	5/22/2024	
6	ND-193635 - System must allow JOBS Transportation Allowance to sanctioned individual to cure JOBS sanction in second pending month when application is pending	New	5/22/2024	
0	ND-192135 - TANF issues with children > 16 and JOBS Requirements and school requirement	New	5/22/2024	
0	CCAP-Providers Portal: Unable to edit Pre-Certifications in SSP	New	10/28/2024	
3	CCAP children with a Disability	New	10/28/2024	
2	TBQ data for Bendex	New	11/4/2024	
6	MSP Modifications using TBQ data	New	11/6/2024	
2	Defect / Enhancement: Unearned Income Source - Reimbursement	New	10/26/2024	
7	Remove Option to Limit the Number of Reasonable Opportunity Periods	New	11/14/2024	
8	ABAWD Exemptions questions for Homeless, Foster Child to be mandatory in SPACES	New	11/19/2024	
9	SNAP Tribal Food Distributions - SPACES and SSP Changes	New	11/19/2024	
4	Global Change - Remove References to NDVerify	New	7/26/2024	
2	ND-222191 WORK ITEM: new medical work item/process is needed	New	7/11/2024	
0	FNS Timeliness Technical Assistance Request - Ending 1- and 2-month certification periods to improve timeliness rates	New	11/27/2024	
3	CHIP Coverage when Reported Change in Circumstance is Other Health Insurance	New	12/1/2024	
5	CCAP Add SFN 433 as an option to attach to notices	New	12/1/2024	
9	SSP All Portals | Document Upload | Prevent password protected documents from upload	New	10/31/2024	

Included in Executive Budget Request

Retire Legacy Systems from Mainframe

- While the majority of the Economic Assistance transactional systems no longer operate on the mainframe, there are legacy system tails that need to be retired, including both programmatic data and process interfaces.
- The effort of retiring mainframe systems will require teams to reverse engineer old technology processes and methodically retire older solutions, transferring or purging data as necessary.

Total	General	Federal	Other
$2,000,000	$2,000,000	$0	$0

This is a one-time funding request.



Included in Executive Budget Request

Quality-tiers for Child Care Assistance payments (HB1540)

- Quality-based CCAP bonus available to providers that participate in Bright & Early ND
- One-Time Funding of $3 million appropriated in 2023 Legislative Session – HB 1540
- Implemented November 2023 with expenditures through June 2024 of $407,000.
- July 2024, 116 providers received payment, up from 59 providers in the initial month.

Total	General	Federal	Other
$3,000,000	$3,000,000	$0	$0

This is a one-time funding request.



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Included in Executive Budget Request

Eviction prevention and housing stabilization

Strategically targeting interventions that address household budget gaps can prevent the spread of crisis and instability.

- Eviction prevention - $3.5 million
- Targeted rent assistance for people at highest risk of housing instability - $10 million
- Home Renovation incentives to address accessibility modifications - $1 million

Total	General	Federal	Other
$14,500,000	$14,500,000	$0	$0

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



Housing crisis is a reality for families of all kinds of backgrounds, in communities across the state

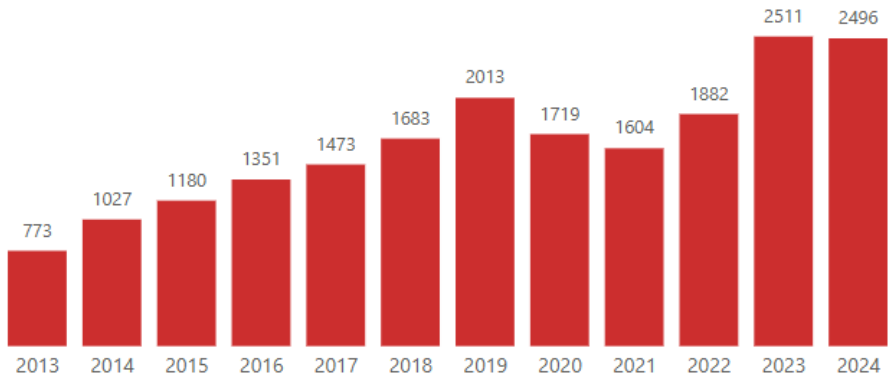
46%

Households that applied have children age 0-18

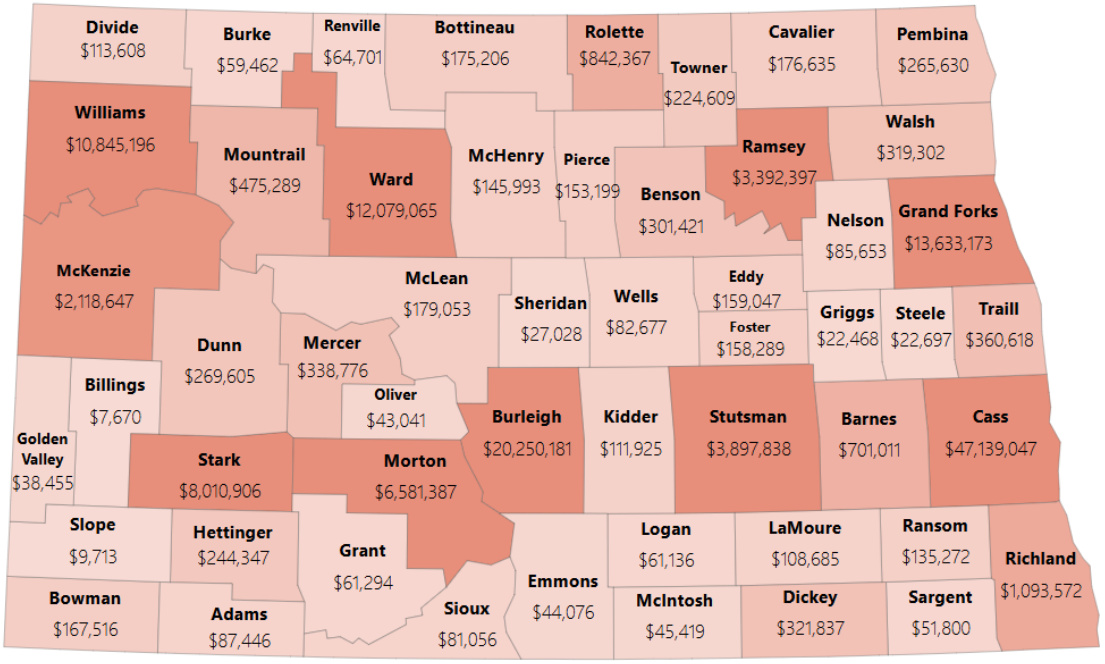
4%

Renters who applied for help & were age 65+

ND Eviction Judgments by Calendar Year



Housing Stability Resources Invested by County Dec 2021-Dec 2024



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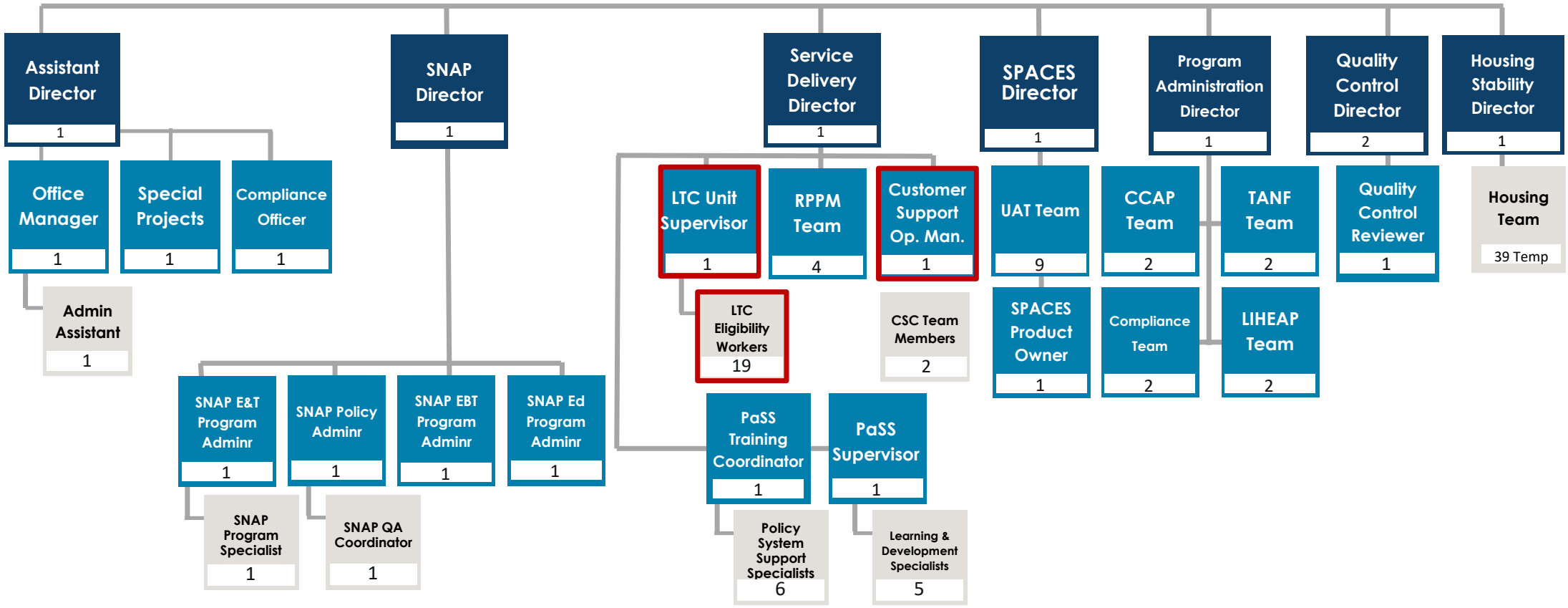
New Federal Spending Awards

SNAP infrastructure grants

- **$55,725** to support the cost of third-party earnings verification with an expenditure date of 9/30/2025.
- **$1.1 M** technology grant to enhance the Sun Bucks solution, reducing manual intervention with an expenditure date of 9/30/2028.
- **$123,725** to enhance the application and verification process and improve communications, including the ability to text message individual with an expenditure date of 9/30/2025.

These new grant funds will help offset expenditures related to required SNAP infrastructure investments.

Economic Assistance Director
Michele Gee



= funding included in HSZ Ops budget

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Economic Assistance Team Metrics

Economic Assistance			
Position Numbers Assigned/ Funding Exists	**Filled Positions**	**# of Vacancies**	**# of Temporary Staff**
*86***	*77*	*9**	*39**

***Numbers as of 12/1/2024**
***21 FTE in HSZ budget section*

Average Age	*47*
Avg Years of Service	7.4
Retirement Risk	*3.5%*
Turnover 2021	*2%*
Turnover 2022	*3%*
Turnover 2023	*7%*
Turnover 2024	*1%*

6 of 9 vacancies noted here have been filled since December 1

- 1 - LTC Elig Team Supervisor (refill)
- 1 – Compliance Officer – New position responsible for managing federal agreements with CMS, IRS, SSA, etc. Ensure compliance and proper security protocols
- 1 – CCAP Provider and TANF Vendor Compliance (new to comply with enhanced federal requirements)
- 1 - LIHEAP Vendor Compliance (new to comply with advanced federal requirements)
- 2 - Learning and Development Specialists (new to better support HSZ training)

- 3 are in active recruitment / hiring
  - 2 User Acceptance Testers to support SPACES maintenance and operations efforts
  - 1 SNAP Nutrition Education Administrator

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Comparison of Budgets and Funding – By Account

DESCRIPTION	2023-25 LEGISLATIVE BASE	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)
511x Salaries - Regular	$ 6,889,230	$ 8,278,893	$ 1,389,663
513x Salaries Temp	312,520	219,868	(92,652)
516x Salaries Benefits	3,175,168	4,033,111	857,943
Total Salaries & Benefits	**$ 10,376,918**	**$ 12,531,872**	**$ 2,154,954**
52x Travel	218,556	351,324	132,768
53x Supply	10,000	1,600	(8,400)
54x Postage & Printing	303,200	457,621	154,421
58x Rent/Leases - Bldg/Equip	169,200	169,317	117
61x Professional Development	282,000	380,840	98,840
62x Fees - Operating & Professional	8,789,294	11,675,421	2,886,127
53x Supplies-IT	8,000	22,208	14,208
60x IT Expenses	6,000	51,508,995	51,502,995
71x Grants, Benefits, & Claims	384,437,762	460,391,146	75,953,384
72x Transfers	10,000,000	10,000,000	
Total Operating	**$ 404,224,012**	**$ 534,958,473**	**$ 130,734,461**
Total	**$ 414,600,930**	**$ 547,490,344**	**$ 132,889,415**
Total General	**$ 59,248,641**	**$ 95,444,214**	**$ 36,195,573**
Total Federal	**$ 334,748,232**	**$ 414,917,110**	**$ 80,168,878**
Total Other	**$ 20,604,057**	**$ 37,129,020**	**$ 16,524,963**

EA Budget as % of HHS Budget

8.7%

Budget Funding Source

General	17.4%
Federal	78.3%
Other	4.3%

Budget By Pass Through

Paid to Private Providers	2.1%
HHS Direct Service	85.9%
HHS Admin	2.5%
HHS Technology	9.4%

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Operating Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION			
			TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
Contracted Services for Required Data Matches	$633,304	$(587,802)	$45,502	$12,968	$32,534	
CCAP Cost and Market Rate Study		280,103	280,103		280,103	
LIHEAP Marketing		1,000,000	1,000,000		1,000,000	
Contracted Employment & Training Service	7,898,027	1,468,125	9,366,152		2,366,152	7,000,000
Contract for SNAP Electronic Benefit Transfer	257,963	767,851	1,025,814	512,907	512,907	
Workforce Safety & Insurance Fees for Employment and Training Participants		6,500	6,500	-	6,500	
Operation Underfund		(48,650)	(48,650)	(48,650)		
GENERAL FUND	**$309,473**	**$167,752**	**$477,225**	**$477,225**	**$-**	**$-**
FEDERAL FUND	**4,779,821**	**(581,624)**	**4,198,196**		**4,198,196**	
OTHER FUND	**3,700,000**	**3,300,000**	**7,000,000**			**7,000,000**
GRAND TOTAL	**$8,789,294**	**$2,886,127**	**$11,675,421**	**$477,225**	**$4,198,196**	**$7,000,000**

Economic Assistance: Overview of Federal Funding Sources

Federal Funding Source	Purpose	Spending Deadline	Grant Year 2024 Deadline	Grant Year 2024 Award
Child Care Development Fund (CCDF) *CCDF funds are used in Economic Assistance and Early Childhood*	Primary Federal Program specifically devoted to providing families with child care subsidy and funding supports to states to improve quality. Total Federal = $22,449,928 Total State = $5,294,582	Discretionary (100% Federal) By end of 3rd Federal Fiscal Year	9/30/2026	$15,420,486
		Mandatory (100% Federal) No specific liquidation date requirement.	N/A	$2,506,022
		Matching – Federal/State Match (based on Federal Medicaid Assistance Percentage) By end of 2nd Federal Fiscal Year	9/30/2025	Federal: $5,653,714 State: $4,751,449
		Maintenance of Effort (MOE) By end of 1st Federal Fiscal Year	9/30/2024	$1,017,036
Low Income Home Energy Assistance (LIHEAP) Grant	To assist low income households, particularly those with the lowest incomes that pay a high proportion of household income for home energy, primarily in meeting their immediate home energy needs.	100% Federal By end of 6th Federal Fiscal Year	9/30/2029	$23,703,987

Economic Assistance: Overview of Federal Funding Sources

Federal Funding Source	Purpose	Spending Deadline	Grant Year 2024 Deadline	Grant Year 2024 Award
Supplemental Nutrition Assistance Program (SNAP)	SNAP is designed to promote the general welfare and to safeguard the health and well being of the Nation's population by raising the levels of nutrition among low-income households.	Benefits are 100% Federal Administration is 50-50 Drawn from a Letter of Credit	N/A	N/A
Temporary Assistance for Needy Families (TANF) Grant *TANF grant is utilizes by Economic Assistance and Children & Family Services*	Four purposes of TANF: • Provide assistance to needy families so that children can be cared for in their own homes or in the homes of relatives • End the dependence of needy parents on government benefits by promoting job preparation, work, and marriage • Prevent and reduce the incidence of out-of-wedlock pregnancies • Encourage the formation and maintenance of two-parent families	No requirement to liquidate by a specific date.	N/A	Federal: $26,300,000 State MOE: $9,069,286

Grants on a Walkthrough

DESCRIPTION	2025-27 BASE BUDGET	COST TO CONTINUE	TOTAL CHANGES	TO GOVERNOR	TOTAL CHANGES	TO HOUSE
Temporary Assistance for Needy Families (TANF) Regular	$ 14,828,741	$ 2,305,054	$ 2,305,054	$ 17,133,795	$ -	$ 17,133,795
Temporary Assistance for Needy Families (TANF) Diversion	60,000	69,180	69,180	129,180	-	129,180
Child Care Assistance Program (CCAP)	90,611,262	21,595,266	21,595,266	112,206,528	-	112,206,528
Kinship Care	2,980,800	(2,260,800)	(2,260,800)	720,000	-	720,000
Supplemental Nutirion Assistance Program (SNAP)	220,820,292	31,116,588	31,116,588	251,936,880	-	251,936,880
Sun Bucks (Summer EBT)	-	11,031,265	11,031,265	11,031,265	-	11,031,265
Low Income Home Energy Assistance Program (LIHEAP)	33,999,168	9,215,599	9,215,599	43,214,767	-	43,214,767
TOTAL FUNDS	**$ 363,300,263**	**$ 73,072,152**	**$ 73,072,152**	**$ 436,372,415**	**$ -**	**$436,372,415**
GENERAL FUND	**$ 52,362,359**	**$ 24,044,441**	**$ 23,954,441**	**$ 76,316,800**	**$ -**	**$ 76,316,800**

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Other Grants

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION			
			TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
Supplemental Nutrition Assistance Program (SNAP) Nutrition Education	$2,400,000	$100,000	$2,500,000	$0	$2,500,000	$0
Supplemental Nutrition Assistance Program (SNAP) Outreach	160,000		160,000		160,000	
Supplemental Nutrition Assistance Program (SNAP) Employment & Training	3,324,756	(528,252)	2,796,504	1,296,040	1,500,464	
Temporary Assistance for Needy Families (TANF) Supportive Services	1,552,772	(490,544)	1,062,228		1,062,228	
Low Income Home Energy Assistance (LIHEAP) Weatherization, Furnace Repair & Replacement, Outreach	11,000,000	(1,000,000)	10,000,000		10,000,000	
Child Care Assistance Program (CCAP) Quality Tier Provider Payments		3,000,000	3,000,000	3,000,000		
Housing Initiative, Eviction Prevention & Housing Stabilization		14,500,000	14,500,000	14,500,000		
GENERAL FUND	**$370,052**	**$(188,279)**	**$181,773**	**$18,796,040**	**$-**	**$-**
FEDERAL FUND	**18,067,476**	**12,769,483**	**30,836,959**	**-**	**15,222,692**	**-**
OTHER FUND	**-**	**-**	**-**	**-**	**-**	**-**
GRAND TOTAL	**$18,437,528**	**$12,581,204**	**$31,018,732**	**$18,796,040**	**$15,222,692**	**$-**

Comparison of Budget Expenditures and Projections

By Budget Account Code

DESCRIPTION	2023-25 LEGISLATIVE BASE	EXPENDED AS OF 12/31/2024	PROJECTION THROUGH 6/30/2025	UNDER / (OVER) BUDGET
511x Salaries - Regular	$ 6,889,230	$ 6,107,239	$ 8,133,364	$ (1,244,134)
513x Salaries Temp	312,520	$ 2,329,243	3,275,113	(2,962,593)
514x Salaries Overtime	-	$ 162,865	162,865	(162,865)
516x Salaries Benefits	3,175,168	$ 3,037,939	4,130,091	(954,923)
Total Salaries & Benefits	**$ 10,376,918**	**$ 11,637,287**	**$ 15,701,433**	**$ (5,324,515)**
52x Travel	218,556	109,417	261,076	(42,520)
53x Supply	10,000	481	2,981	7,019
54x Postage & Printing	303,200	243,681	300,981	2,219
58x Rent/Leases - Bldg/Equip	169,200	126,907	169,207	(7)
61x Professional Development	282,000	31,320	251,820	30,180
62x Fees - Operating & Professional	8,789,294	19,402,843	21,517,495	(12,728,201)
53x Supplies-IT	8,000	2,501	5,111	2,889
60x IT Expenses	6,000	414	1,914	4,086
71x Grants, Benefits, & Claims	384,437,762	299,660,408	412,413,255	(27,975,493)
72x Transfers	10,000,000	9,496,414	10,000,000	0
Total Operating	**$ 404,224,012**	**$ 329,074,386**	**$ 444,923,839**	**$ (40,699,827)**
Total	**$ 414,600,930**	**340,711,673**	**$ 460,625,272**	**$ (46,024,343)**

Total General	**$ 59,248,641**	**$ 37,464,091**	**$ 62,409,968**	**$ (3,161,327)**
Total Federal	**$ 334,748,232**	**$ 291,721,917**	**$ 384,851,227**	**$ (50,102,995)**
Total Other	**$ 20,604,057**	**$ 11,525,664**	**$ 13,364,077**	**$ 7,239,979**

Note: Because the projection uses the 2023-25 legislative base as its starting point, one-time funds and carryover are not included. However, expenses associated with those items are included.

For Economic Assistance, the housing funds from US Treasury (ERAP/HAF) and Other COVID-related emergency funds ($92,250,000) are not included in the 2023-2025 Legislative Base. Adding $22,114,400 to the Operating Carryover and $70,135,600 in Grants Carryover will return the projection to a status of "under budget."

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Child Care Initiative Budget/Expenditure Summary

	Legislative Origin	HHS Budget Section	23-25 Appropriation	2023-25 Expended (through Dec 2024)	25-27 Exec Budget Request (Armstrong Administration)	
Child Care Assistance Enhancements (CCAP)	**HB 1540**	**Econ Assistance**	**$39,300,000**	**$25,773,275**	**$39,300,000**	
Quality based pmts in CCAP	**HB 1540**	**Econ Assistance**	**$3,000,000***	**$1,155,346**	**$3,000,000***	
CCAP app outreach & assistance	**HB 1540**	**Econ Assistance**	**$500,000**	**$90,424**	**$500,000**	
Provider grants & shared svc	HB 1540	Early Childhood	$7,000,000*	$5,293,069	$5,000,000*	
Non-traditional hours grants	HB 1540	Early Childhood	$1,800,000	$1,300,000	$1,800,000	
Training / Worker stipends	HB 1540	Early Childhood	$2,000,000	$1,006,268	$2,000,000	
Quality infrastructure	HB 1540	Early Childhood	$3,000,000*	$1,335,164	$3,000,000*	
Evidence based programs in Year Before Kindergarten	SB 2012	Early Childhood	$14,400,000	$10,161,409	$20,400,000**	
Employer-led child care cost sharing program	HB 1540	Early Childhood	$5,000,000*			Carryover request
Background Check Automation & State Employer Share WPCCR	HB 1540	Admin	$1,000,000*	$15,220		Carryover request
			$80,000,000	$47,620,411	$75,000,000	

** = one time funding*
*** = partial one-time funding*

Note: *This summary does note include CCAP base budget / expenditure originating from SB2012*

One Time State and Local Relief Funds

- ARPA State Local Relief Funds yet to expend = $0
  - Child Care Assistance - $7.4 million; 100% expended
- Other time-limited funds - $10.8 million, carryover into 2025-2027
  - Housing Stability and Eviction Prevention – 9/30/25 expenditure deadline; $200 million original award; 3.7% remaining; anticipate 100% expenditure by end of grant period
  - Homeowner Assistance Fund – 9/30/26 expenditure deadline; $50 million original award; 5.8% remaining; anticipate 100% expenditure by end of grant award period



Policy Bills with Budget Impact

		Federal	General
HB 1119 (CCAP)	Potential increase in CCAP reimbursement to child care providers whose license type changes as a result of child care license framework simplification		$225,826 (fiscal note est)



Contact Information

Michele Gee
Economic Assistance Director
mgee@nd.gov

Apply for Help
866-614-6005



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Appendix

Economic Assistance Resources



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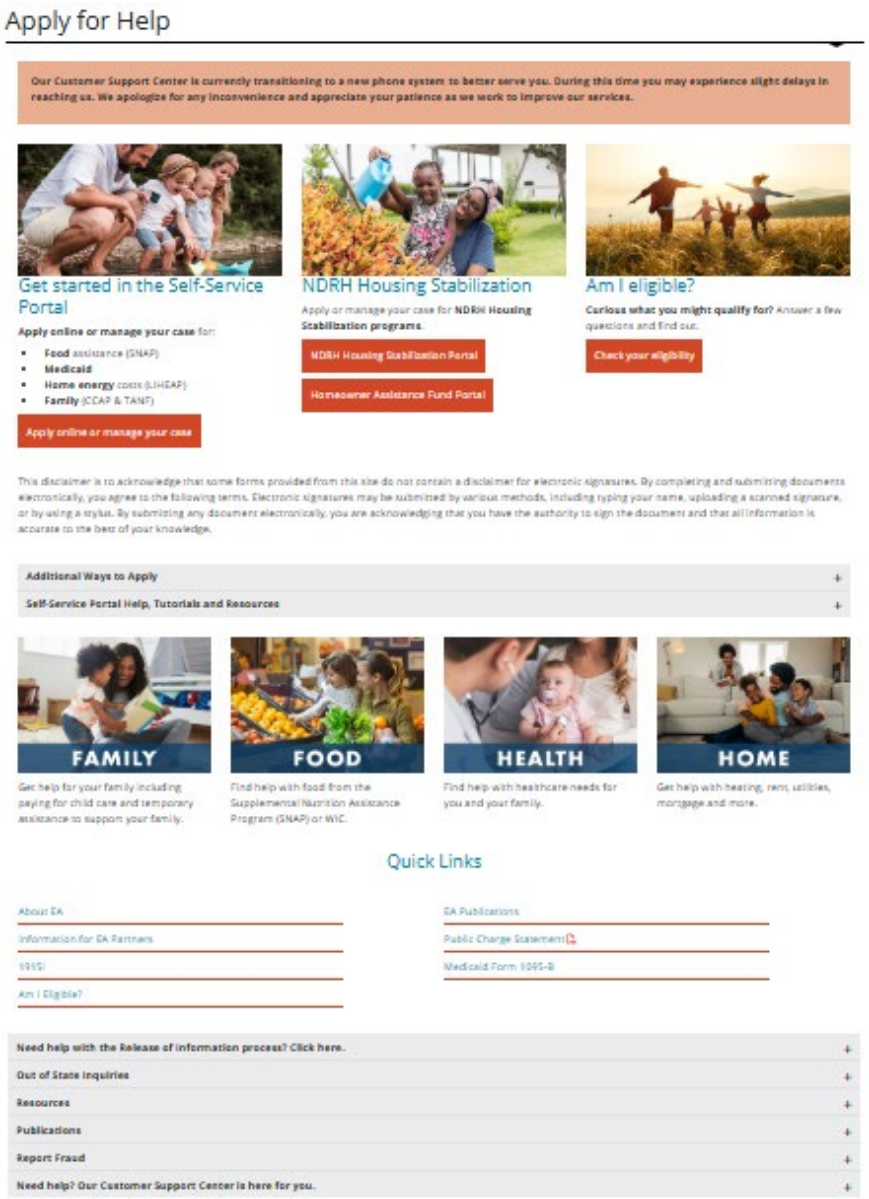

ApplyforHelp.nd.gov

- Online Applications
- Videos and resources to assist with the online application.
- Tool to help individuals understand the assistance they may qualify to receive.
- Program Information, including income eligibility limits by program.
- Information on other ways to apply and how to get assistance applying.

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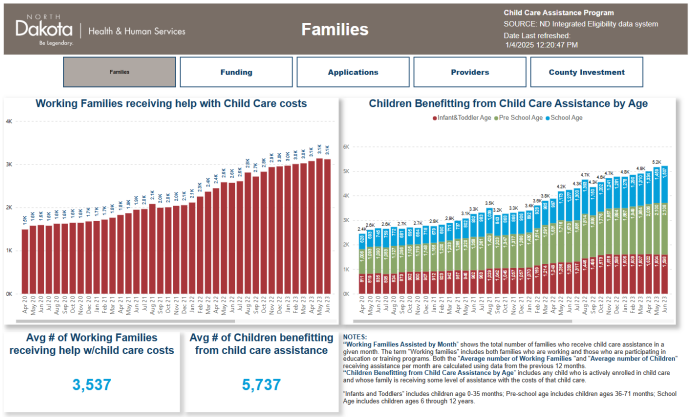
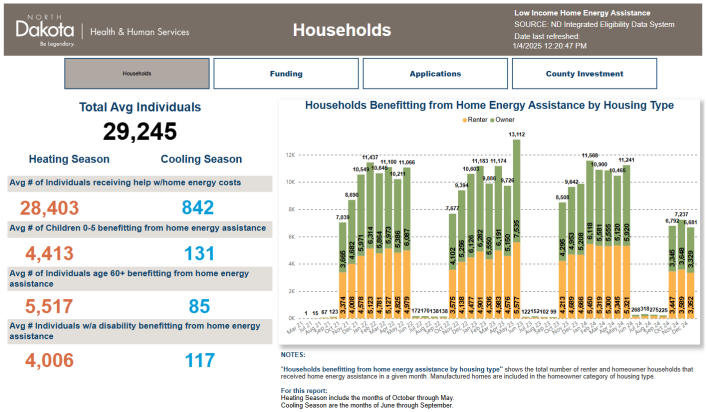
Data Dashboards

Coming soon: TANF and SNAP

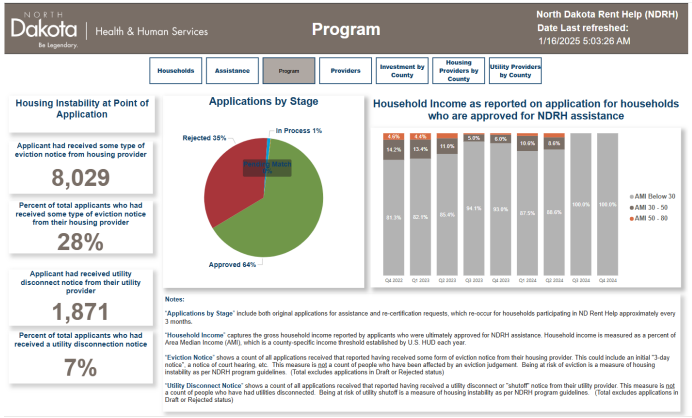
CCAP: applyforhelp/ccap



LIHEAP: applyforhelp/liheap



NDHS: applyforhelp/ndrh-housing-stability



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Program Integrity and Performance

Audit Findings | 2021-22 Single Audit

- **2022-014 Low-Income Home Energy Assistance**. Coordinate with the Department of Commerce to properly report subawards of the state under the LIHEAP program for FFATA reporting. *Reviewed processes and adjusted staffing.*
- **2022-015 Low-Income Home Energy Assistance**. Ensure adequate rental documentation is on file and proper eligibility determinations of the Low-Income Home Energy Assistance Program (LIHEAP) are made. *Reviewed processes and provided additional training.*
- **2022-016 Low-Income Home Energy Assistance**. Ensure policies and procedures prevent duplicate payments from being applied to LIHEAP cases. We also recommend the Department of Human Services ensure required documentation is obtained for individuals appearing in multiple cases in accordance with state LIHEAP Policy. *Reviewed processes and provided additional training. LIHEAP Business Process Redesign in process.*
- **2022-017 Low-Income Home Energy Assistance**. Ensure eligibility is verified through the State NDVerify system prior to approval of all LIHEAP applications or revise the State Plan to identify the use of NDVerify as optional for approval by the Federal awarding agency. *Revised Plan; LIHEAP Business Process Redesign in process.*
- **2022-018 Emergency Rental Assistance Program**. Ensure monthly payment amounts are calculated correctly and reviewed for accuracy. Additionally, we recommend the Department ensure the improper payments are recouped through the ERA program's refunding process. *Reviewed processes and adjusted staffing.*

Testimony HB1012
House Appropriations Human Services Division
1/27/2025

Chairman Representative Jon Nelson and Members of the House Appropriations Committee ; Human Services Division,

Thank you for taking my testimony regarding Medicaid, 1915i and the DD waiver.

While we live across the border in Audubon, MN, our two adult children live in Fargo & West Fargo ND. My husband and I are guardians of both of them, adopted through ND foster care in Cass County, ND in 1998 and 2003.

When our children moved back over to ND, we were used to the system in MN, as our son had been on a DD waiver in MN. We were completely unprepared for the difficulty & roadblocks of the ND application system and its call center in ND. The SSP is cumbersome, impractical, incomplete, and all around hard to use. The system that you have now have instated where you contact a "call center" and someone wholly unfamiliar with your case tries to help you - instead of keeping it to your local human service zone, and having ONE case worker work your case, is ill-considered and is not working for those in need in ND, their families or the eligibility workers trying to help us.

We have been working with the ND portal/HHS system for about the past 16 months since we have a son on the DD Waiver and a daughter who is on the 1915i program and both are on Medicaid. We have expressed our frustration to their workers, and to Vicki Peterson from Family Voices of ND who is gathering information from everyone on their experience with the system. We have also expressed our frustration to eligibility workers and the acting head of 1915i, Mandy Dendy.

It would be too long to tell you all the details of what we've experienced so we will try to summarize just some of my experiences with the below bullet points.

- It took us a total of 6 months to be approved for medicaid for our intellectually disabled son - but a full 126 days to be approved for WWD Medicaid as nobody seemed to understand the type of Medicaid he qualified for (and there is nothing on the SSP that explains or gives a choice for WWD.) So we applied for the wrong type, he was denied, and then reapplied for WWD, (the call center was so unhelpful and didn't offer solutions during this time, nor were they aware of WWD or how it worked and never suggested it as an option for us). He went 3.5 months without any services in Fargo due to nobody understanding the issue. Finally after much work by myself & his DDPM, RSI in Minot had to step in and let us know he needed to apply for WWD, so we did and were finally approved.

- My son is Native American, and I just found out this week that if you are in an enrolled tribe (which he is) you do not have to pay the enrollment fee OR the monthly premium payments for WWD Medicaid. *We've been paying WWD premiums since November of 2023*. Even though we put his enrollment number on the initial application, they missed this and never told us it was even a policy. We just informed the call center

yesterday, who had to ask a supervisor if that is their policy, as the representative who answered did not know until she looked it up and called a supervisor. A supervisor called us yesterday and we are getting all his premiums reimbursed.

- We have made so many calls to the call center (way too many to document) and multiple times the phone representative did not know the answer to our question and we didn't learn for a while to ask for an "eligibility supervisor" or a "supervisor review." Nobody mentioned we could, and we would end the call feeling frustrated. Many times we would be on hold for an hour.

- It took 6+ months for a LIHEAP check to arrive for my daughter due to a series of errors on both my daughter's part (losing the check) and on the part of ND (not reissuing the check and not knowing what happened to the paperwork). Countless calls finally led me to Peggy in Economic assistance, who was tracking this on her end, but it took the call center **at least 2 months of repeated calls to them asking where the check was** for someone to tell me to contact economic assistance, and another 2 months for the check to finally arrive in our hands.

- The SSP application system has confusing questions, is difficult at best to fill out, doesn't leave room for "notes" or exceptions to the questions we are answering. We have no disabilities yet we greatly struggle with the SSP. I don't feel anyone with special needs or disabilities could fill out and manage the portal, I know my kids could not have navigated it. Each time a new letter comes in, you have to download it to your computer to even read it. The system is frustrating at best.

- We have gotten notices that both of our kids' medicaid will be closed due to a technical and/or human error (this just happened for both of them last week). This should NEVER happen. My daughter lost her services for a time period due to these errors in 2024 and could not get her medication, all due to a computer error. Had a caseworker been assigned to this, it would not have happened.

- As far as 1915i, it would be better to be structured more like the DD Waiver. Having a DDPM who oversees all our son's services, and isn't only billing when she sees him, is an excellent policy. I think 1915i was meant to be similar, but I've had so many more issues with 1915i than the DD waiver, as I documented to Mandy Dendy in a long email. My daughter went through 7 workers in 8 months (some left their job, some we fired, some terminated her) - each time we had to fill in a new worker on my daughter's status and we lost valuable time helping my daughter. The housing support coordinator allowed her to become homeless as he was absolutely no help in finding her housing (he would "meet" with her to talk about life, do ice breakers, have coffee - not look at apartments and tell her where the no-income, low-income housing was. I believe it had to do with billing, he can "bill" when he is with the client so he met her once a week to "bill" but did not help her find housing).

- The next housing support assigned to my daughter did not want to work with **me** as a guardian, so they terminated my daughter's case "effective immediately" (against policy - a 30 day notice is required) and this happened while she was homeless, all due to me asking clarifying questions on email & correcting the housing coordinator when she the details of the apartment were wrong. The housing coordinator didn't

want to "deal with the guardian" (and didn't feel she should have to). This agency is no longer providing housing supports, and has been reprimanded for the way they terminated our daughter.

- The workers in 1915i are not being taught how to work with the guardians. As stated above, one agency terminated my daughter because I was assisting them in finding an apartment for her, and I've also had a supervisor question my involvement in my daughter's life. I take great offence at this as we have been her guardians for 9 years and all the responsibilities fall back on the guardian, not a worker who meets with them 1 hour per week. She is also in jeopardy of losing 1915i right now for not engaging with the care coordinator, peer support or housing support. There should be a period of time the case is always open and the client can engage as needed.

  As it's set up - 1915i can only **bill** when they see the client - but my daughter is completely overwhelmed with all the appointments she needs to keep in order to stay eligible for the services. A supervisor keeps telling us, we can't "Bill" when we talk to you - the guardians - so please back off. And yet, we are responsible for our daughters well-being, care and daily needs.

- When losing her Care Coordinator and her Housing Support all at once, she became homeless and I became her "main coordinator' for a period of at least 6 weeks and have been acting as co-coordinator for 13 months now. ***Yes, this is my choice, but had I not been a safety net to keep the services afloat (paperwork, calls, etc.), she would have fallen through each and every crack of 1915i as care coordinators / housing supports came and went.*** I was able to find her a HUD apartment, applied for ND Housing Stability, made sure her benefits were still coming, and have worked hundreds of hours in 2024 helping my daughter who has mental illness, addiction issues and brain injury.

- My daughter was just determined disabled by SS and is now on SSDI so we are changing over from Medicaid Expansion to Traditional Medicaid. Her case is very complicated as she also had ND Housing Stability, and SNAP. A case worker was needed to work her case and get her annual renewal application approved. **An amazing**, ***wonderful case worker was assigned to her case who thoroughly helped me and has agreed to stay with me through my transition to traditional medicare. I don't understand why the clients in ND cannot be assigned a caseworker who understands each case and can "work it" when there are issues. The complexity of the information she gave me regarding what my daughter was eligible for in the upcoming months (and the paperwork needed to accomplish it) was mind-boggling and having this gal on my team has given me so much hope that it will be done correctly. Each client in ND needs someone like this.***

We respectfully make the following recommendations:

PLEASE get rid of the current SSP system, & go back to each person having their own case worker and a local one from their human service zone so we can find help in time of need and not a "new worker" after being on hold for 1 - 2 hours at a call center.

We know this is what North Dakotans need and what eligibility workers want.

Please revamp 1915i, it's full of concerns and is inefficient in really helping the people that need it most (those with mental illness and behavioral issues, which is already a difficult population to work with).

Please train your workers more thoroughly, and hire call center personnel we can understand and will get to the bottom of an issue for us, or will find a supervisor who can.

Please give those experienced long-term eligibility workers bonuses, raises and recognition as they are the ones who really care that it is done right for the client and who put in the hours to help even when it's out of their scope (I have run into a few of these angles).

Consider embedding a policy maker in the life of someone who is on the Medicaid program. Follow them, walk through their annual review with them, ask how they like their programs, and if the programs are working, if they can navigate the SSP, how well they are receiving services from their care coordinators, & their agencies. Send out surveys to clients and their guardians asking these questions.

Note: This email is intended to help ND improve their SSP and processes for people applying for help. There have also been some amazing people who have helped along the way, who have pointed us in the right direction, who have bent over backwards to assist us in the past 16 months, for which we are grateful. We also very much appreciate our adult children's current care team, they are excellent people.

Thank you.

Lori & Jeff Kenney
Parents/Guardians
13696 County Highway 11
Audubon, MN 56511
701-238-8046 Lori
701-361-9534 Jeff

2025 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

HB 1012
1/29/2025

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

2:21 p.m. Chairman J. Nelson called the hearing to order.

Members Present: Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Berg, Mitskog, Murphy, O' Brien, Wagner.

Discussion Topics:

- Prevention and Promotion
- Children's Behavioral Health
- Adult Mental Health
- Adult Addiction
- Community Supports
- Budget

2:21 p.m. Pam Sagness, Executive Director, Behavioral Health Division, Health and Human Services testified and presented Policy and Administration #32602.

2:24 p.m. Laura Anderson, Policy Director, Behavioral Health Division, Health and Human Services testified and presented Behavioral Health Policy #32602, # 32650, 32651.

2:43 p.m. Pam Sagness, Executive Director of Behavioral Health Division, Health and Human Services testified on the substance use disorder voucher and billable services #32602.

2:47 p.m. Laura Anderson, Policy Director, Behavioral Health Division, Health and Human Services, continued with testimony #32602.

2:59 p.m. Donna Aukland, Chief Financial Officer, Health and Human Services spoke to funds that are redistributed.

3:00 p.m. Pam Sagness, Executive Director, Behavioral Health Division , Health and Human Services, testified on wrap around services and other community-based services for individuals who may need extended services.

3:07 p.m. Laura Anderson, Policy Director, Behavioral Health Division, Health and Human Services, continued with testimony #32602.

3:21 p.m. Dr. Shauna Eberhardt, Clinical Director Policy, Behavioral Health Division, Health and Human Services, testified that there was a wait list for Community Connect #32602.

3:21 p.m. Laura Anderson, Policy Director, Behavioral Health Division, Health and Human Services, continued with testimony #32602.

3:35 p.m. Pam Sagness, Executive Director, Behavioral Health Division, Health and Human Services clarified a funding question.

3:37 p.m. Laura Anderson, Policy Director, Behavioral Health Division, Health and Human Services, continued with testimony #32602.

3:58 p.m. Dr. Shauna Eberhardt, Clinical Director Policy, Behavioral Health Division, Health and Human Services, testified on support services #32602.

4:13 p.m. Dr Mellisa Kainz, Utilization Review Administrator, Behavioral Health Division, Health and Human Services, testified on One Assessment # 32602.

4:21 p.m. Dr. Shauna Eberhardt, Clinical Director Policy, Behavioral Health Division, Health and Human Services clarified untreated patients.

4:22 p.m. Dr. Mellisa Kainz, Utilization Review Administrator, Behavioral Health Division, Health and Human Services, continued with testimony # 32602.

4:23 p.m. Dr. Shauna Eberhardt, Clinical Director Policy, Behavioral Health Division, Health and Human Services, testified on specialty programs #32602.

4:33 p.m. Pam Sagness, Executive Director, Behavioral Health Division, Health and Human Services, clarified inpatient and residential levels of care.

4:34 p.m. Dr. Shauna Eberhardt, Clinical Director Policy, Behavioral Health Division, Health and Human Services, continued testimony #32602.

4:43 p.m. Laura Anderson, Policy Director, Behavioral Health Division, Health and Human Services, continued with testimony #32602.

4:56 p.m. Pam Sagness, Executive Director, Behavioral Health Division, Health and Human Services, testified on the current spend on Avel eCare and was requested to compile a comprehensive list of costs across the state for the committee.

4:58 p.m. Laura Anderson, Policy Director, Behavioral Health Division, Health and Human Services, continued with testimony #32602.

Additional written testimony:

Dave Marion, Prairie Recovery Center, submitted testimony in favor #32327.

Chaz Brobst, submitted testimony in favor #32562.

Melanie Gaebe, Chair of Behavioral Health Planning Council, submitted testimony in favor #32592, #32593.

5:04 p.m. Chairman J. Nelson adjourned the meeting.

Jan Kamphuis, Committee Clerk

Written Testimony on HB1012 relating to Substance Use Disorder Voucher (1-29-2025)

Chairman Nelson and members of the House Human Resources Committee, for the record my name is Dave Marion, and I have the great fortune of working for the Prairie Recovery Center, located in rural Raleigh, North Dakota. Prairie Recovery Center is a one of a kind, committed residential agency working with individuals seeking addiction and mental health services. PRC provides short-term one of a kind residential service in a rural environment for recovery with committed staff and therapists experienced in substance use, mental health and trauma informed work. We pride ourselves on not being a cookie cutter program and client centered.

We are in support of the full funding of the ND Substance Use Disorder Voucher Program and its amazing impact that it has on so many through ND that received treatment in a timely manner and not sit on waiting lists. The SUD Voucher Program has served as a safety net for those without health insurance or adequate resources to access addiction treatment in ND and has been lifesaving. Many of these individuals are referred to us by parents, parole and probation, regional human service center and physicians. Most of these individuals have experienced an overdose in their lives and are at extreme risk and are referred to by professionals that find a lack of services for those most extreme needs. Over 210 individuals have been helped since July 2023 at the Prairie Recovery Center from the SUD Voucher. The ND SUD Voucher is one the most important tools in serving the increasing need for North Dakotans who have a substance use disorder. The voucher provides not only the ability of patients to obtain critical services in a timely manner, but it provides provider choice so patients can stay close to home and families as well of the bottle neck of waiting lists in the past. In addition, the voucher serves as a resource to keep patients out of emergency rooms, hospital beds and revolving doors in jails, and courts and get the treatment they need to change their life and get the confidence to do great things.

It is imperative that we not create more hurdles or restrict individuals from getting great quality services, at whatever level that is in the continuum of care. The SUD Voucher was established and supported by the Dept of Health and Human Services to address barriers to treatment and increase the ability of people to access treatment and services for substance use disorders. With one of the goals being to allow the individual to choose a provider with objectives to increase the number of providers and service options and those options communicated to individuals. Another Goal being able to improve access to quality services with objectives of SUD providers to provide evidence-based services on an individual need, in addition to reduce financial barriers for individuals accessing needed services.

With the ongoing pandemic that compounded, high alcoholism rates, Opioid Crisis and Meth resurgence we respectfully ask your support of full request for the voucher. Though some may see a significant cost, the effect on less emergency room visits, revolving door jail and court visits has been impactful. For those of us who serve patients that want better and are committed to changing their path know that The SUD Voucher has and will continue save lives and Prairie Recovery Center is a committed and a proven provider to do so.

Respectfully,

Dave Marion

Testimony
HB 1012
January 28, 2025

Chairperson Rep. Nelson and Members of the Committee

My name is Chaz Brobst. I am encouraging you to pass HB 1012. There are many pieces of this bill that are near and dear to my heart. As an individual who has dealt with serious mental illness for over half my life at this point, I know how important funding is for Behavioral Health. Things like 988, mobile crisis units, Peer Support, Behavioral Health Clinics and others. I know what it is like to have to go out of state for mental health care because services have not been offered in North Dakota. This should not be happening. If the Vision of Health and Human Services is really to be the healthiest state, then we need to be providing the funding in order to provide the services to do just that. Without this funding symptoms of mental illness will increase and this would include suicide rates in our state. They are already too high. I have gotten lucky that none of my attempts have ended my life. For that I am grateful. I have been given the chance to provide testimony asking you to continue to fund these programs. To some it may be dollar signs, to others it is more time. More time to spend with a loved one. More time for doing the things they enjoy. It is another day on earth. Without funding for behavioral health lives will be cut short because they cannot receive the care, they need in a reasonable amount of time. Until someone has been to that very dark hole you don't know just how long a 5-minute hold while trying to access critical mental health care really is. Or how long a month wait is to see a counselor is until every breath seems like an eternity and breathing seems too difficult to do. Funding programs like Mental Health America of ND (MHAND) and Consumer Family Network (CFN) not only provides a place for people to turn to find services and navigate the system but also gives hope. Hope is found within the people. Continued funding of the State Hospital is also necessary. While never a pleasant experience it is a place that is needed for those that need it. Funding HB 1012 is absolutely necessary for every person with any sort of mental health need.

I have also worked with individuals with disabilities all of my adult life. Continuing to fund services such as the Developmental Disability Council, Family Voices, Autism Waiver, Fetal Alcohol Services, Special Education and so many more things is critical to leading happy, healthy lives. The people that benefit from these services want nothing else than to be a productive member of their community. They want to be healthy and happy like every other person in the state, country and world. They want the opportunity to make a difference. Let's give them the chance to do just that.

I urge you to pass HB 1012 to make ND the healthiest state in the nation.

Thank you for your time.

Chaz Brobst
chazbrophotos@gmail.com
701-320-0013

behavioral health
planning council

Monitoring, reviewing, and evaluating the allocation and adequacy of mental health and substance abuse services in North Dakota
Focusing on wellness and recovery that is consumer and family driven
For more information: https://www.hhs.nd.gov/bhpc

Testimony
House Bill 1012
House Appropriations
Human Resources Division
Rep Jon O. Nelson, Chair
January 29, 2025

Good morning, Chairman Nelson and members of the committee. My name is Melanie Gaebe and I am the Chair of the Behavioral Health Planning Council (Council). I am providing testimony on behalf of the Council in support of HB 1012.

For those who may be unfamiliar with the Council, every state receiving federal Mental Health Block Grant funds is required to have a planning and advisory council. North Dakota expanded the focus of the council to include services for substance use disorders under the encouragement of the Federal Substance Abuse and Mental Health Services Administration. This expanded focus moved us toward a behavioral health planning and advisory structure that integrates mental health and substance abuse services.

The Council consists of thirty members who are appointed by the Governor. We have a diverse membership representing a wide array of state agencies, stakeholder groups, mental health providers, as well as consumers who have lived experience with mental health and substance use disorders. Our objective is to monitor, review, and evaluate the allocation and adequacy of mental health and substance abuse services in North Dakota.

The second piece of my testimony outlines the priority areas the Behavioral Health Planning Council is supporting this legislative session. The Council members are available to assist you with questions or concerns you have with these priorities. As noted on the priority document, please direct questions to the Council's contracted facilitator, Janell Regimbal at janell@insighttosolutions.com. She will be able to direct your questions to the Council members best able to provide you with the information you request.

Thank you,
Melanie Gaebe
Chair, Behavioral Health Planning Council

behavioral health
planning council

Monitoring, reviewing, and evaluating the allocation and adequacy of mental health and substance abuse services in North Dakota
Focusing on wellness and recovery that is consumer and family driven
For more information: https://www.hhs.nd.gov/bhpc

What is Behavioral Health?

- Refers to mental health and substance use disorders, life stressors and crises, and stress-related physical symptoms. Behavioral health care refers to the prevention, diagnosis and treatment of those conditions. (https://www.ama-assn.org/delivering-care/public-health/what-behavioral-health)
    - Behavioral health and mental health are often used in the same way, but mental health is really a piece of the overall picture of behavioral health

2025 Behavioral Health Planning Council Legislative Priorities

- Full funding of Health and Human Services Behavioral Health agency priorities to include:
    - State hospital replacement funding
    - Expanded school-based behavioral health services
    - Collaboration with housing initiatives to integrate behavioral health systems with housing plans
- Identified Gaps in Statewide Minimum Service Expectations
    - Crisis Services – limitations on the distance mobile crisis units travel mean the majority of the state does not have access
    - Local care options – investments in local options for care will help ease the overcrowding at the state hospital
        - Residential and Partial Hospitalization Programs
        - Expansion of geriatric psychiatric facilities
        - Community-based residential programs for court-ordered treatment
        - Increase capacity for medical detoxification in underserved areas
    - Programs for underserved populations
        - Youth, pregnant/parenting individuals, and rural populations
    - Inclusion of culturally responsive behavioral health traditional healing services in state funded recovery
    - Supported housing
        - Access and equity in recovery housing programs
        - Integration of behavioral health services with ongoing housing plan
- IMD Waiver – The Council continues to oppose the IMD Waiver, but support other options to reach the same goals
    - State plan changes to increase days of care
    - SUD voucher set aside for IMDs
    - Increased flexibility to address gaps
    - Increased coordination between providers and the state
    - Establish rigorous monitoring framework

To be in contact with leadership of the Behavioral Health Planning Council to respond to your questions or for requests for further information, email the Council's contracted facilitator, Janell Regimbal at janell@insighttosolutions.com.



HB 1012

House Appropriations – Human Resources Division Committee
Senator Nelson, Chairman

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Behavioral Health Division, **Policy & Administration** | January 29, 2025

Our Vision

North Dakota is the healthiest state in the nation.

Our Mission

HHS fosters positive, comprehensive outcomes by promoting economic, behavioral and physical health, ensuring a holistic approach to individual and community well-being.

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Partnerships



Formal Collaborations

- Behavioral Health Planning Council
- Opioid Settlement Committee
- Suicide Fatality Review Commission
- Child Fatality Review
- State Highway Traffic Safety Plan
- Problem Gambling Advisory Council
- Pk-12 Education Steering Committee
- Taskforce on Mental Health
- Children's Cabinet
- Interdisciplinary Specialized Docket Committee
- ND Cares

Informal Collaborations

- HHS/DOCR
- Treatment Court Collaboration
- Behavioral Health Collaboration (LTC, Hospitals)

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Collaboratives

North Dakota Long-Term Care and Psychiatric Facility Collaborative – Behavioral Health

Collaborative members: ND Long Term Care Association, ND Hospital Association, Alzheimer's Association, Health & Human Services-Behavioral Health, Good Samaritan Society, Sanford Health, Prairie St. John's, SMP Health-St. Raphael, Dept of Corrections & Rehabilitation, Altru, Hill Top Home-Killdeer, LTC State Ombudsman, Benedictine Living-Ellendale

Purpose of Collaborative: Identify and address behavioral health specific issues impacting populations served by long term care facilities and psychiatric facilities in North Dakota.

Ongoing Work of the Collaborative:

- Definitions Workgroup (stable, acute, level of care, safety)
- Engage Medicaid
- Data Gathering
- Length of Stay Review
- Strategize Solutions
- State Hospital Role

WHO	**Justice-involved** (DOCR and civilly committed sex offender population)	**Residents with Challenging Behavior** (not specifically gero-psych)	**Gero-Psych**	**Community-Based**
CONSIDERATIONS / PROBLEM STATEMENTS	Individuals who are justice-involved currently or by history remain in state facilities due to a lack of options. • Aging DOCR • Sex-Offenders • Violent Crime History Facility proximity to schools can be an issue in community. Insurance issues for long term care providers. • Case by case review but mostly no.	Medicaid eligibility delays. Medicaid residents under 65 that are hospitalized, SNFs cannot bill for bed hold days. Provider hesitancy to support individuals with difficult behaviors due to concern support won't be available if things escalate. CMS very low risk tolerance for potential harm in SNFs. Lack of care coordination to assist individuals across systems. Need for consulting specialists to assist facilities in maintaining or returning individuals with high need. Reimbursement considerations.	When acute situations arise, the closest inpatient facility isn't necessarily best care for this population (mixed milieu). Neuro-cognitive disorder difficulty. Gero-psych language does not represent current population with many younger individuals. Connecting with peers of similar age is limited in current system. Specialty contracted beds located in existing Long-Term Care facilities are full. (3 providers) Reimbursement considerations. There is a significant delay in discharge/admission to a facility while reapplying for Medicaid which adds cost to the state and reduces revenue for the facility. NDCC 50-24.4-29 edit to avoid NDSH admission prior to Gero-psych admission.	Missing level of service for long term therapeutic interventions? Transitional living facility identity – what is a transitional time frame for a chronic disease? Does ND need Intermediate Care Facilities (ICF) for individuals with mental health conditions? Risk mitigation fund for gero-psych if qualifying issues? "Basic care for SMI"

Roadmap

- Policy Division: Who we are
- Overview of programs
  - Including Executive Budget Request items
- 2025-2027 Budget review
  - Federal Funding
  - Decision Package Detail



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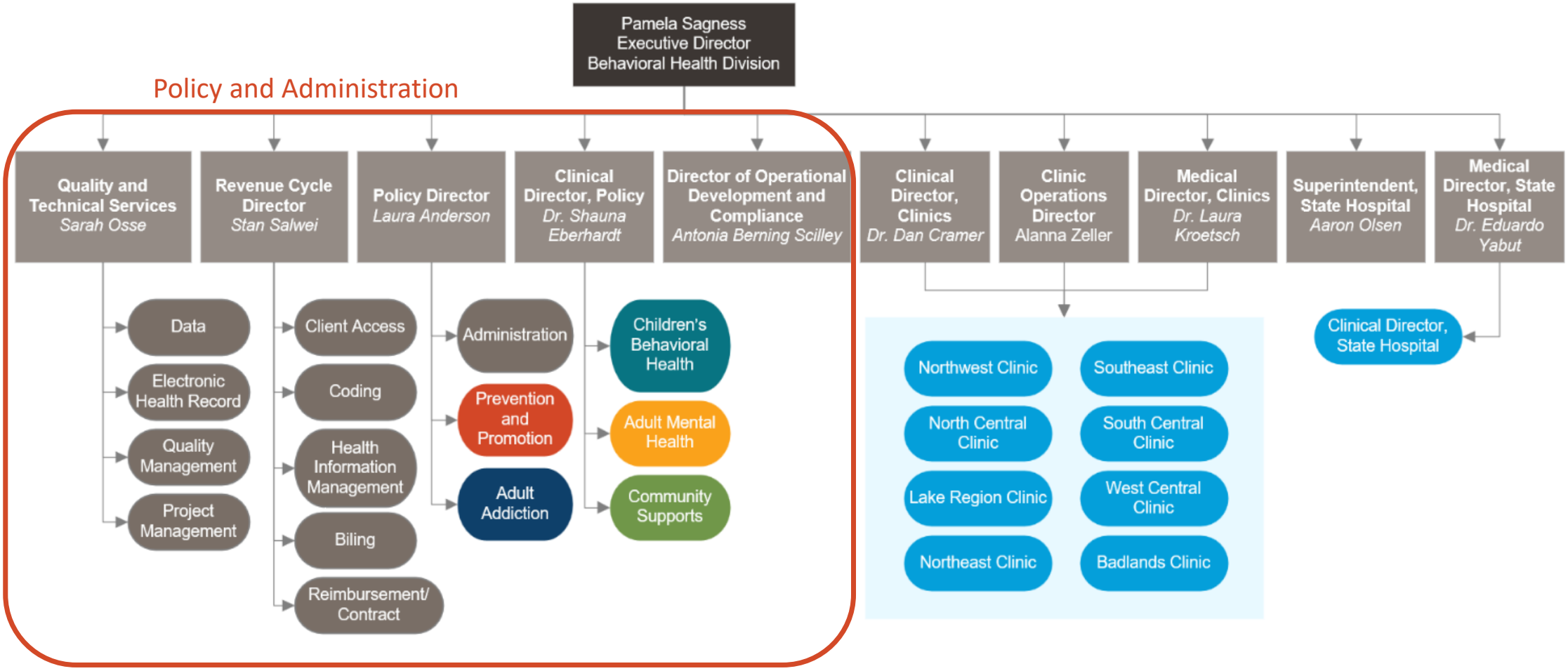
Behavioral Health Division



Behavioral Health Division Policy Team
Purpose & NDCC References

NDCC 50-06-01.43 establishes a Policy Division responsible for:



Reviewing and **identifying service needs and activities** in the state's behavioral health system in an effort to ensure:

- health and safety,
- access to services, and
- quality services.



Establishing **quality assurance standards** for the licensure of substance use disorder program services and facilities

NDCC 50-31

Substance Abuse Treatment Programs



Providing **policy leadership** in partnership with public and private entities

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Behavioral Health Division

Policy & Administration Overview: Our role/services



- Regulation
- Certification
- Administration of State & Federal funding/programs
- Payer of behavioral health services
- Training & Technical Assistance
- Revenue Cycle for Clinics and State Hospital
- Quality Improvement
- Data, evaluation and electronic health record

POLICY

REVENUE CYCLE

QUALITY & TECHNICAL SERVICES

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Behavioral Health Policy & Administration
FTE Overview

Position Numbers Assigned/ Funding Exists	Number of people filling positions	# of Vacancies	# of Temporary
100	69	31	0

Average Age	43
Avg Years of Service	7.26
Retirement Risk	0%
Turnover 2023	2.9%
Turnover 2024	6.5%

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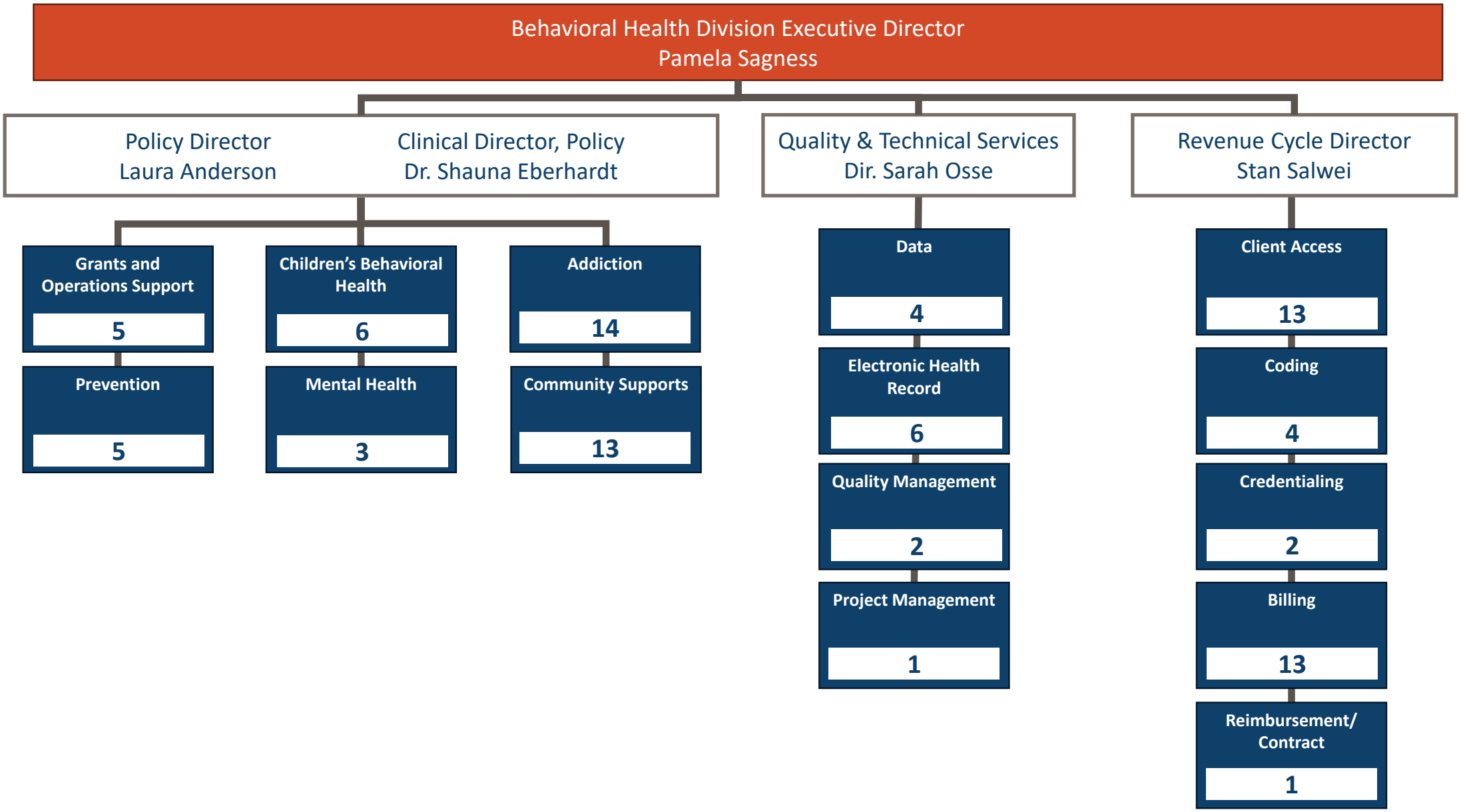
Behavioral Health Division Executive Director
Pamela Sagness
Policy Director
Laura Anderson
Clinical Director, Policy
Dr. Shauna Eberhardt
Quality & Technical Services
Dir. Sarah Osse
Revenue Cycle Director
Stan Salwei
Grants and Operations Support
5
Prevention
5
Children's Behavioral Health
6
Mental Health
3
Addiction
14
Community Supports
13
Data
4
Electronic Health Record
6
Quality Management
2
Project Management
1
Client Access
13
Coding
4
Credentialing
2
Billing
13
Reimbursement/ Contract
1

Policy

Prevention and Promotion James Knopik & Laura Anderson	Children's Behavioral Health Kelli Ulberg	Adult Mental Health Dr. Shauna Eberhardt	Adult Addiction James Knopik & Lacresha Graham	Community Supports Heather Brandt

• Suicide Prevention
• Partnership for Success Grant
• Substance Use Prevention Treatment & Recovery Services (SUPTRS) Block Grant)
• Parents Lead
• MIP and DUI Education Provider Certification
• Opioid efforts (State Opioid Response Grant and Opioid Settlement)
	• Education initiatives
	  • School Behavioral Health Grant
	  • B-HERO
	  • Prevention and Early Intervention Pilot
	• Voluntary Treatment Program
	• Treatment Collaborative for Traumatized Youth (TCTY)
	• PRTF Licensing
	• System of Care Grant
	• Pediatric Mental Healthcare Access Grant
		• Brain Injury
		• Human Service Center Licensing
		• Mental Health Block Grant
		• PATH Grant
		• Avel eCare rural crisis expansion
		• Jail tele-psychiatry
		• Behavioral Health Facility (Williston)
			• SUD Voucher
			• Recovery Housing Assistance Program
			• SUD Treatment Program Licensing
			• OTP Program Licensing
			• Substance Use Prevention Treatment & Recovery Services (SUPTRS) Block Grant)
			• Opioid efforts (State Opioid Response Grant and Opioid Settlement)
			• Gambling Disorder Treatment
				• Free Through Recovery
				• Community Connect
				• Peer Support Certification
				• Permanent Supportive Housing

Enhanced operational support through Revenue Cycle and Quality & Technical Service teams

<u>Quality & Technical Services</u>

- Quality & Technical Services Director hired Dec 2023

<u>Revenue Cycle Management</u>

- Eide Bailly Assessment Report received Fall 2023
- Revenue Cycle Director hired February 2024



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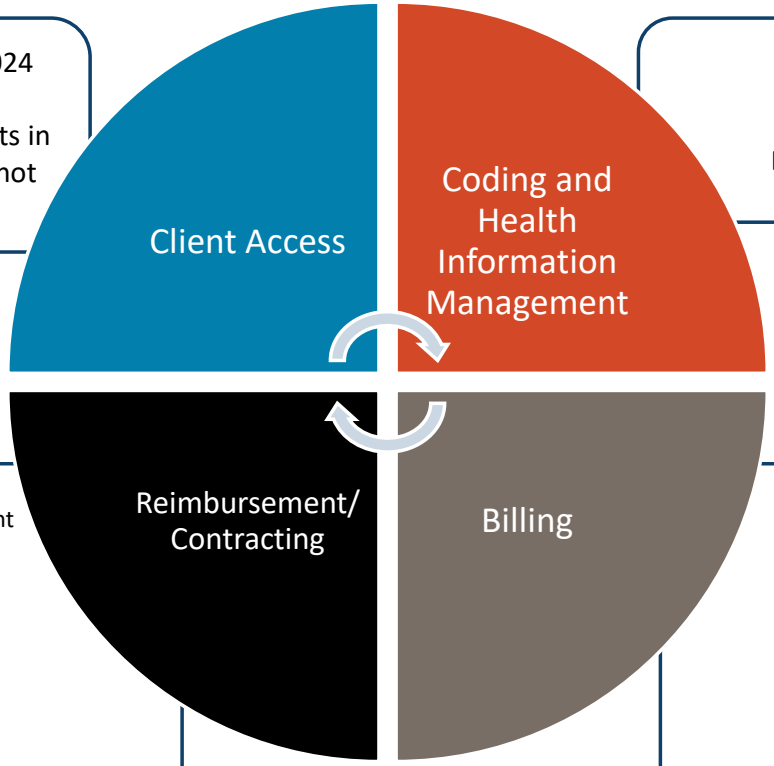
Quality and Technical Services Functions



Revenue Cycle Management

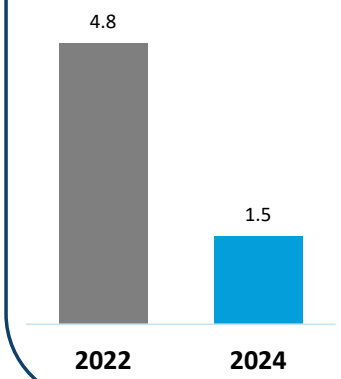
New focused capacity starting Nov. 2024

- Enrolled over 20 clients on commercial and Medicaid products in 2 months to pay for services and not be self-pay

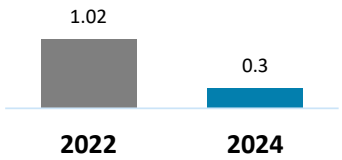


Creation of pre-billing coding model within Electronic Health Record

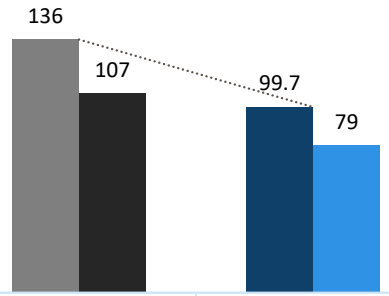
Timely Filing Improvement
(in millions)



Credentialing Improvement
(in millions)



Accounts Receivable Improvement in 2024
(in millions)



	March	December
Total	136	99.7
Over 120 days old	107	79

Revenue Cycle Current Initiatives

Client Access

- Increase utilization of Financial Counseling at all clinics
- Start providing Pre-Visit or Financial Clearance capabilities to update client information before the visit
- Use system technology to verify insurance eligibility on the front end of the revenue cycle

Coding and Health Information Management

- Pre-Bill coding for all services before the claim goes out to insurance to ensure all codes are added, modified and correct to submit a clean claim
- Coding education to providers

Billing

- Implement claim and coding scrubbers to ensure corrections prior to submission to improve Account Receivable dollars
- Continue work with software vendor on turning on appropriate switches in the system that will improve end-user production and efficiency
- Continue work with software vendor to build dashboards and reports
- Improve the Client Self-Pay statement, letters and communication with responsible clients to improve their experience

Roadmap

- Policy Division: Who we are
- Overview of programs
  - Including Executive Budget Request items
- 2025-2027 Budget review
  - Federal Funding
  - Decision Package Detail



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Improving the lives of North Dakotans



Support the Full Continuum of Care



Increase Community-Based Services



Prevent Criminal Justice Involvement for Individuals with a Behavioral Health Condition

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Free Through Recovery



FREE THROUGH Recovery

Free Through Recovery is a community based behavioral health program designed to increase recovery support services to individuals involved with the criminal justice system who have behavioral health concerns.

The mission of Free Through Recovery is to:

- improve healthcare outcomes
- reduce recidivism

ELIBILITY

- 18+
- criminal justice system involvement
- behavioral health condition
- daily living challenges

REFERRALS

- by a parole and probation officer
- if the person is transitioning from prison, through an internal assessment process at DOCR



FREE THROUGH Recovery

7,380 Individuals served to date

1,451 Current participants

52 Providers

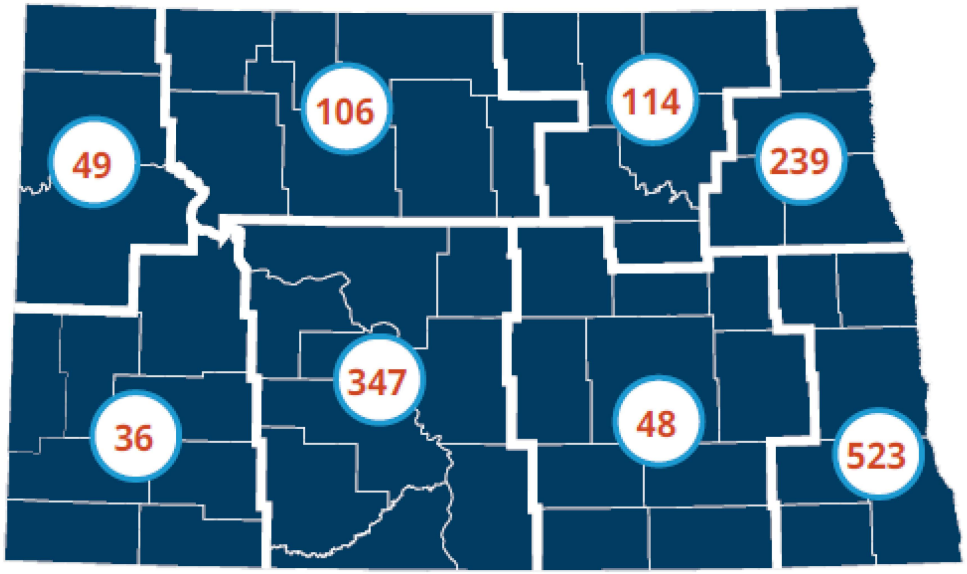
1/15/2025



FREE THROUGH Recovery

Referrals by Region

Of the 1,462 individuals currently being served



(As of Nov. 20, 2024)

Behavioral Health Needs



- Co-occurring - **42%**
- Substance Use - **47%**
- Mental Health - **10%**



FREE THROUGH Recovery

March 2018 - Sept. 2024 Outcomes



- Met 3 or 4 outcomes - 69%
- Met < 3 outcomes- 31%

Positive outcomes were achieved by:

- **75%** of the participants in the housing domain
- **67%** of the participants in the employment domain
- **71%** of the participants in the recovery domain
- **73%** of the participants in the law enforcement domain

Overall, from March 2018 through September 2024, 69% of the time participants achieved 3 of the 4 outcomes.

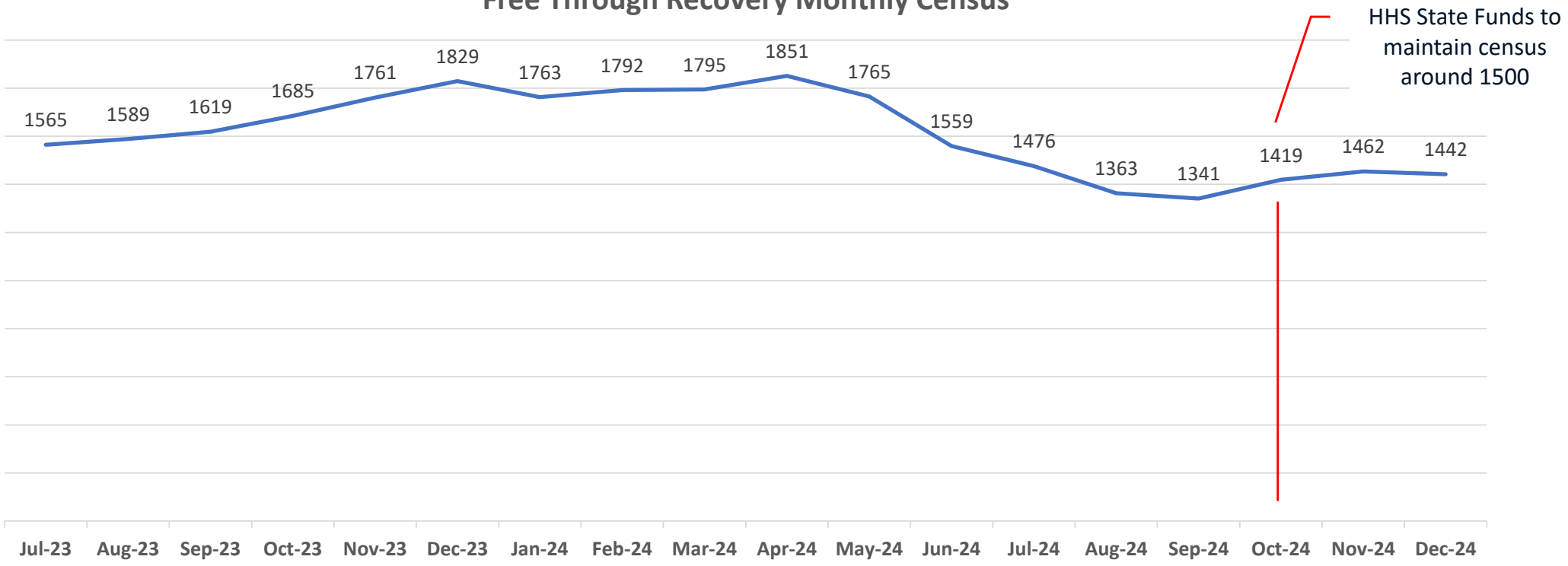
FTR corresponds with reduced reincarceration rates for participating individuals.*

*Stanford Computational Policy Lab; July 27, 2020



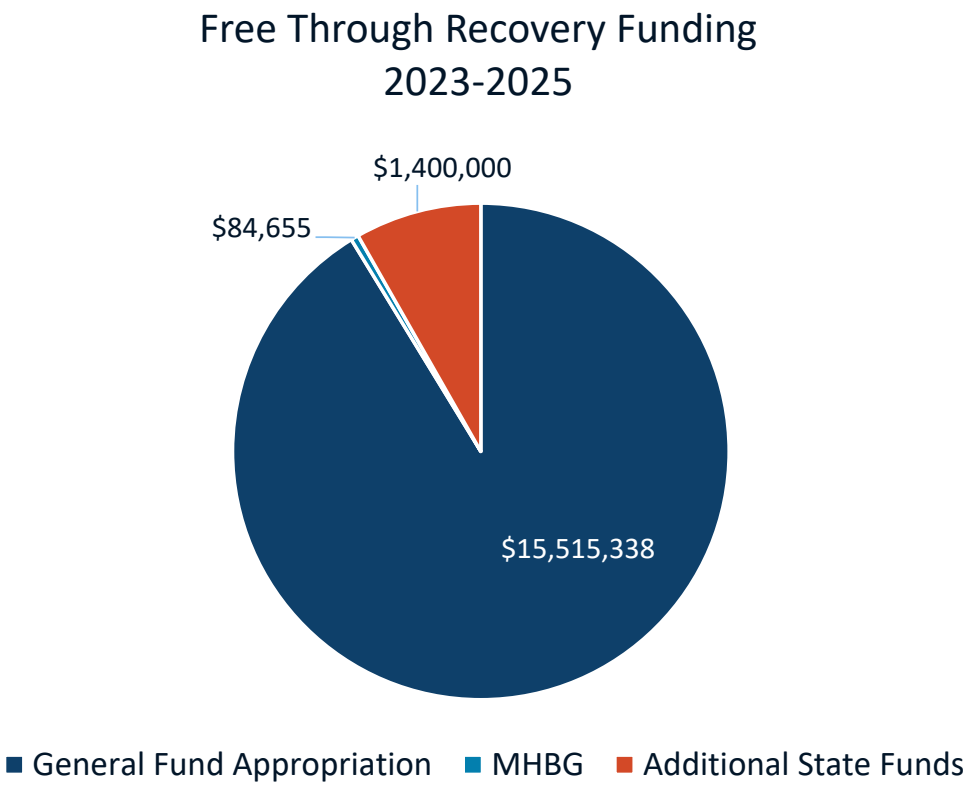
FREE THROUGH Recovery

Free Through Recovery Monthly Census





FREE THROUGH Recovery



2023-2025 Biennium

Amount of Funding	Type of Funding
$15,515,338	General Fund Appropriation
$84,655	Mental Health Block Grant

Additional HHS general funding of $1,400,000 to maintain census around 1,500

TOTAL FUNDING	17,003,018



FREE THROUGH Recovery

2025-2027 Biennium Budget Request

Would support average monthly census of 1,500

Increase the monthly census to 2,000 by May 2026 through the end of the biennium

	Base Budget	Executive Budget Request **Provider Inflation** (1.5%/1.5%)	Decision Package to **MAINTAIN**	Decision Package to **EXPAND**	**TOTAL 2025-2027 BIENNIUM PROPOSAL**
Free Through Recovery	15,515,338	319,444	2,423,144	4,016,908	**22,274,834**

Community Connect

CommunityConnect
My Recovery. My Story.



Community Connect is a community based behavioral health program designed to increase recovery support services to individuals who have behavioral health concerns.

The mission of Community Connect is to provide quality, community-based behavioral health services to meet the needs of each person.

ELIGIBILITY

- Be 18 years of age or older
- Reside in North Dakota
- Have a mental health or substance use disorder impacting functionality in multiple domains, including housing, employment, parenting, physical health, and/or community connections.

CommunityConnect

My Recovery. My Story.



7,878 Individuals served to date

1,418 Current participants

57 Providers

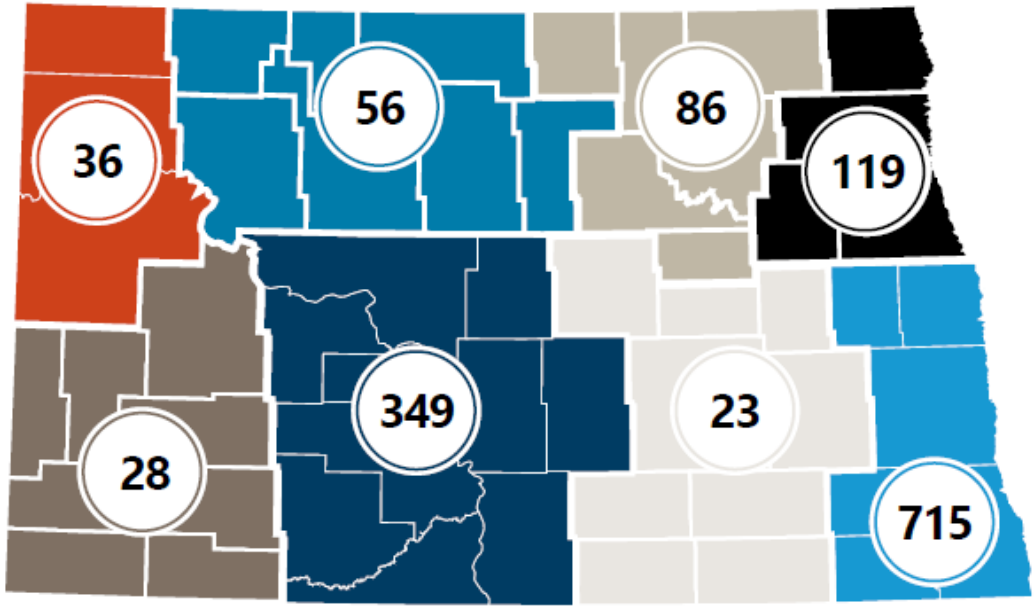
1/15/2025

CommunityConnect

My Recovery. My Story.



Location of 1,412 active participants Community Connect (Nov. 25, 2024)



53%

Living Status

At the time of their application for eligibility, 53% of program participants indicate they are homeless.

CommunityConnect

My Recovery. My Story.



Of participants actively engaged in services:

78% of participants are actively addressing their housing needs.

75% of participants are actively addressing their employment/ financial needs.

77% of participants have had no negative contact with law enforcement.

76% of participants are actively addressing their recovery needs.

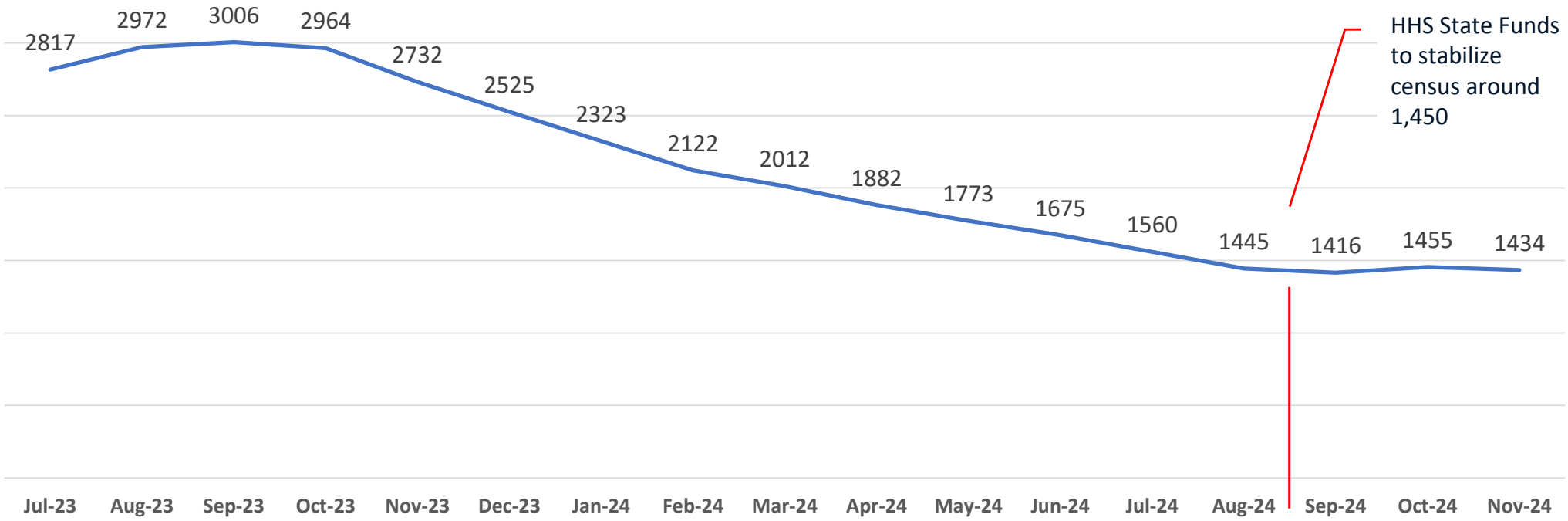
At six months, **80% of participants self-report improvement** in these domains, which include housing stability, employment/financial stability, physical health, community connections, parenting, use of emergency services, and feelings of worry or anxiety in their daily life.

CommunityConnect

My Recovery. My Story.



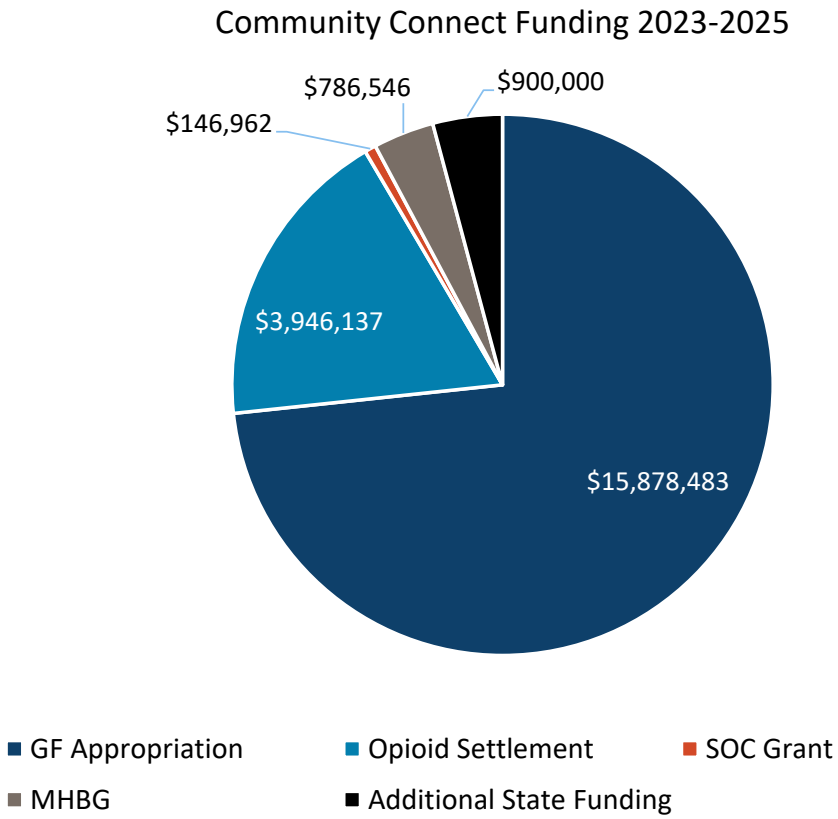
Community Connect Monthly Census



CommunityConnect

My Recovery. My Story.





2023-2025 Biennium

Funding	Type of funding
$15,878,483	General Fund Appropriation
$3,946,137	Opioid Settlement
$146,962	System of Care (SOC) Grant
$786,546	Mental Health Block Grant (MHBG)

Additional HHS general funding of $900,000 to stabilize census around 1,450

TOTAL FUNDING	$21,308,162

CommunityConnect
My Recovery. My Story.



2025-2027 Biennium Budget Request

Would support average monthly census of 1,500

Increase the monthly census to 2,000 by May 2026 through the end of the biennium

	Base Budget	Executive Budget Request **Provider Inflation** (1.5%/1.5%)	Decision Package to **MAINTAIN**	Decision Package to **EXPAND**	**TOTAL 2025-2027 BIENNIUM PROPOSAL**
Community Connect	15,425,679	324,672	2,337,937	4,458,814	22,547,102

Peer Support

Peer Support
What is it?

A Peer Support Specialist is a person or family member who uses his or her lived experience of recovery from mental illness, substance use and/or brain injury and skills learned in formal training to deliver services to promote mind-body recovery and resiliency.

Peer Support is **Effective**

Peer Support compliments and is supplemental to clinical services. The role of a peer support specialist is distinct and does not replace the clinician.

Role of a Peer Support Specialist

- Provide support and encouragement to achieve goals
- Assist with connecting to clinical care and community resources
- Teach skills such as stress management, conflict resolution, and parenting
- Offer proactive, flexible, and long-term follow-up

Peer Support
Behavioral Health Policy Team Role

TRAINING

- Over **1,200** individuals trained in the core training since 2018
  - 11 sessions since July 2023, including tribal and DOCR partnerships
- Continuing education
  - 25 free training events since July 2023
- Peer support supervision
  - 7 sessions since July 2023

CERTIFICATION

Administrative Rule 75-03-43 outlines the requirements and process for two levels of peer support specialist certification:

- Certified Peer Support Specialist I (CPSS I): **408**
- Certified Peer Support Specialist II (CPSS II): **39**

REIMBURSEMENT

- Community Connect
- Free Through Recovery
- Substance Use Disorder Voucher

Reimbursement also available through 1915(i) Medicaid State Plan Amendment; Medicaid Expansion; Blue Cross Blue Shield

Peer Support
A part of Behavioral Health Workforce





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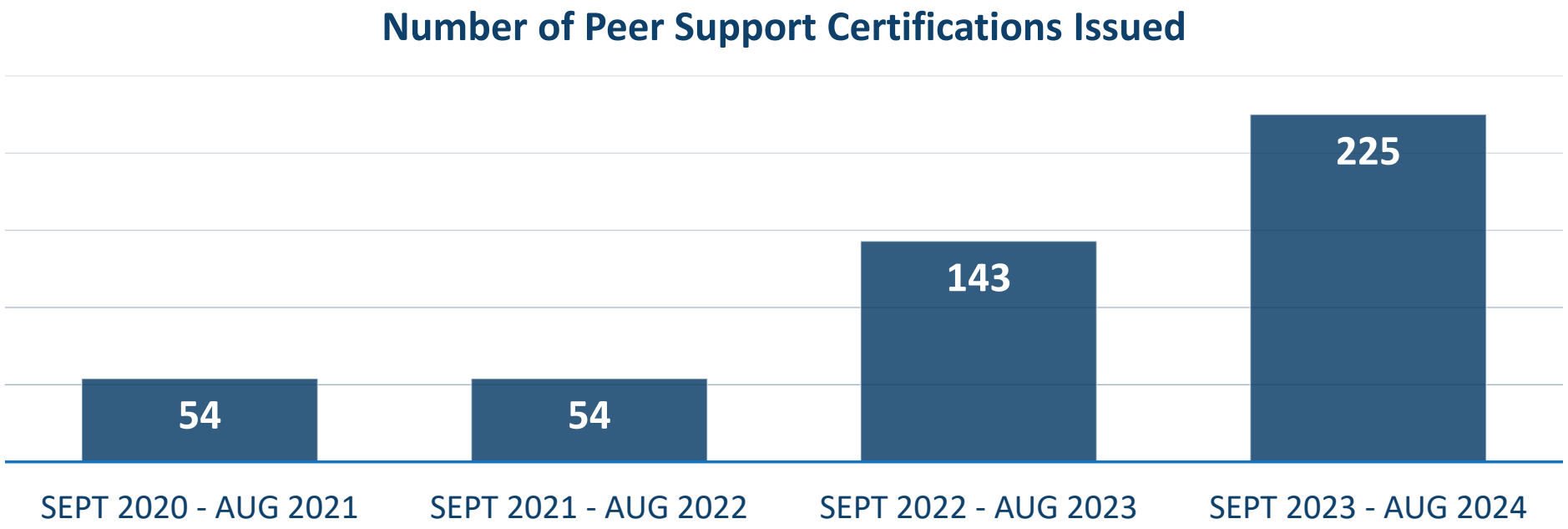
Peer Support



	Base Budget	Decision Package	TOTAL 2025-2027 BIENNIUM PROPOSAL
Peer Support	162,010	137,990	**300,000**

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Substance Use Disorder (SUD) Voucher

SUD Voucher

The SUD Voucher program was established to:

- improve access to quality services
- allow for individual choice of providers

The SUD Voucher is a payer of addiction treatment and recovery services when funding is a barrier to accessing services.

41 providers
(45% of eligible addiction treatment providers)

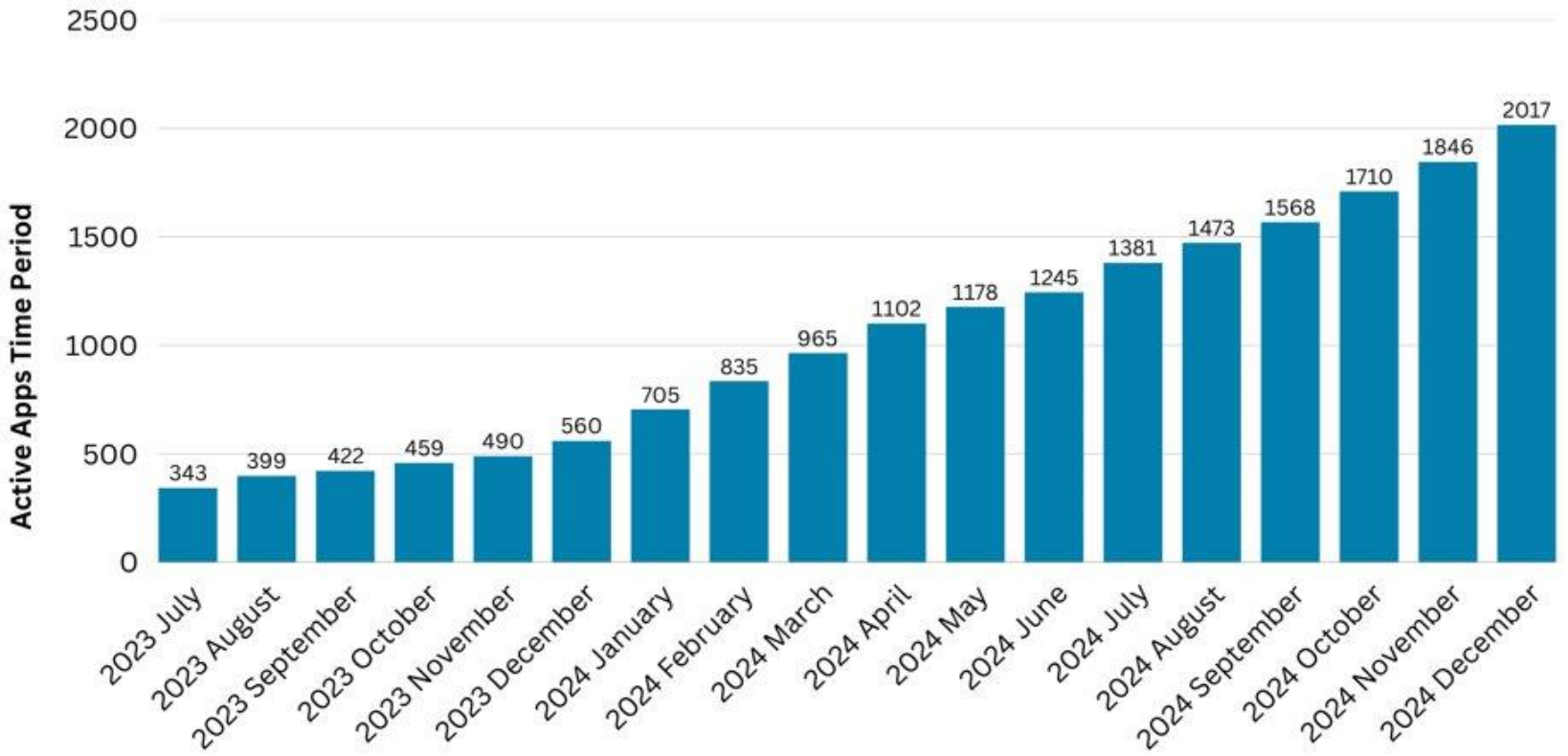
9,168 individuals approved for services since inception in July 2016

3,900 individuals
active in this biennium

*As of 1/20/2025

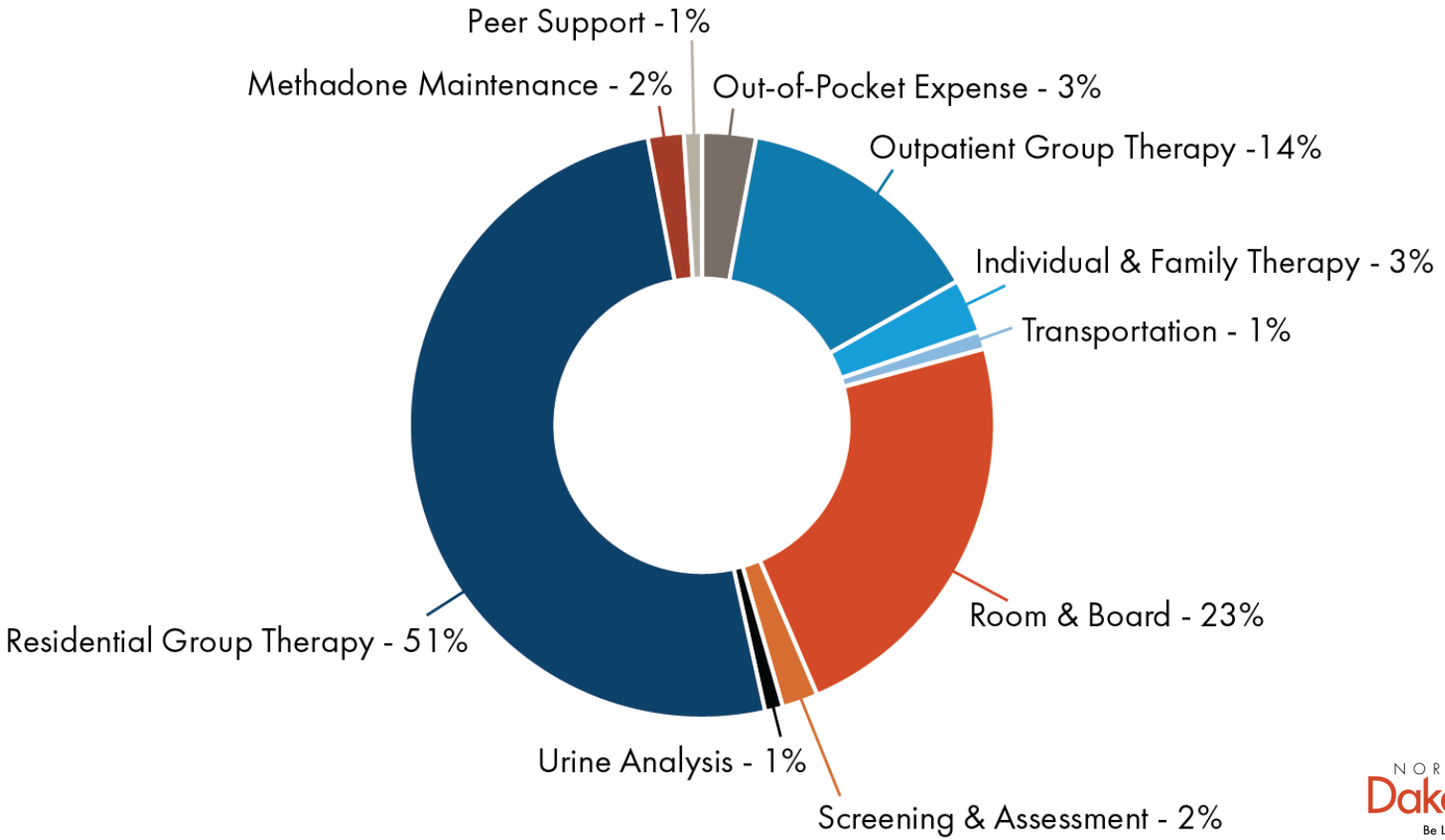
SUD Voucher

Approved Individuals (July 2023 – December 2024)



SUD Voucher

Expenditures by Service Type (July 2023 – December 2024)



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SUD Voucher

Percent of Individuals Served by Service Type

July 1, 2023 - December 31, 2024



59.12%
Screening and Assessment



42.05%
Room and Board



41.85%
Urine Analysis



29.13%
Individual and Family Therapy



28.26%
Residential Group Therapy



27.59%
Outpatient Group Therapy



11.85%
Methadone Maintenance



9.20%
Out-of-Pocket Expense



6.44%
Peer Support



2.86%
Transportation

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n = 2,057

SUD Voucher

Outcomes

Baseline and discharge ratings using a 5-point rating scale (1 lowest to 5 highest).

The following charts show the average baseline and discharge ratings for participants with complete baseline and discharge records, where the discharge occurred during the 2023-2025 biennium (n=836).

PURPOSE

Identify the extent to which the individual participates in meaningful daily activities (employment, school, volunteering, family caretaking, other activities, etc.).



COMMUNITY

Identify the extent to which the individual's relationships and social networks provide support, friendship, love, and hope for overall wellbeing.



HEALTH

Identify how well the individual makes informed healthy choices supporting their physical health and emotional wellbeing (physical activity, attending medical appointments, taking medications as prescribed etc.)



HOME

Identify the stability and safety of the individual's living environment.



Pre Post

SUD Voucher

2023-2025 Biennium Appropriation: **$18,147,874**

During 67th Legislative Assembly, NDCC 50-06-42. was updated to include:

5. *The department shall allocate funding appropriated for the substance use disorder treatment voucher as follows:*
   a) *No more than **forty-five percent** of the appropriated amount may be allocated for **residential substance use disorder services administered by licensed substance abuse treatment programs with more than sixteen beds.***
   b) *The remaining appropriation must be allocated for residential programs with sixteen or fewer beds, nonresidential outpatient, and ancillary substance use disorder services administered by licensed substance abuse treatment programs.*

IMD* Services	Non-IMD Services
45%	55%
$8,166,543	$9,981,311

**Institutions for Mental Disease*

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SUD Voucher

2023 – 2025 Biennium Expenditures

2023-2025 Biennium Appropriation: **$18,147,874**

	IMD Services	Non-IMD Services
Percentage allocated	**45%**	**55%**
Funding amount	$8,166,543	$9,981,311
Paid invoices*	$7,134,780	$6,393,525
Refunds to Date*	$804	$361,399
Budget Remaining*	$1,032,567	$3,949,184
Estimated funding at end of biennium	*[funding will be expended by March 2025]*	$1,634,816

*program-based estimate

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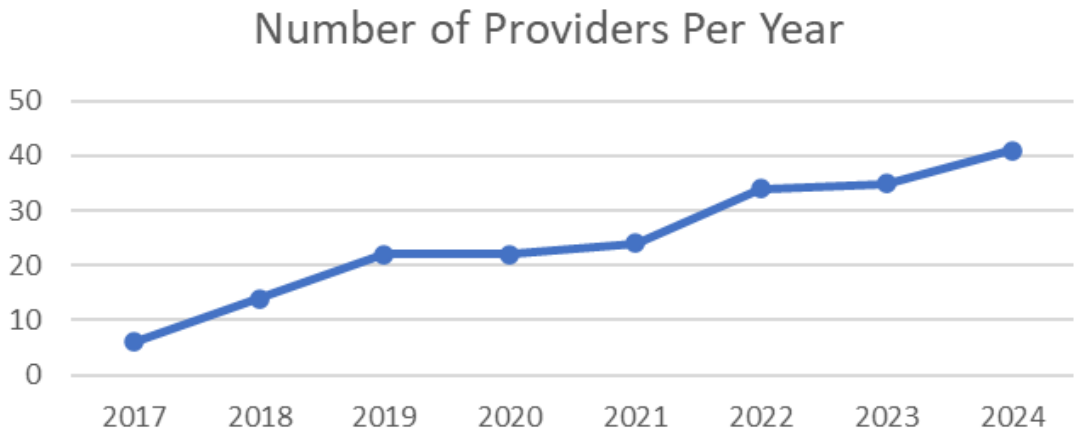
SUD Voucher



45% IMD = 9,476,209
55% non-IMD = 11,582,033

	Base Budget	Executive Budget Request Provider Inflation (1.5%/1.5%)	Decision Package	TOTAL 2025-2027 BIENNIUM PROPOSAL
SUD Voucher	18,147,874	410,369	2,500,000	**21,058,243**

Recovery Housing Assistance Program (RHAP)

Recovery Housing Assistance Program (RHAP)

What is Recovery Housing?
Supportive living environment for individuals wanting to initiate and sustain recovery from addiction.



Substance-free Home Environment



Space to Focus on Continued Growth and Healing



24-hour Peer-Led Support and Connection



Resources to Support Individual Life Goals

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Recovery Housing Assistance Program (RHAP)
Background and Eligibility

Developed through the 66th Legislative Assembly for the purpose of:
- Increasing evidence-based addiction recovery support services; and
- Addressing housing needs alongside addiction recovery support



Program started in May 2022



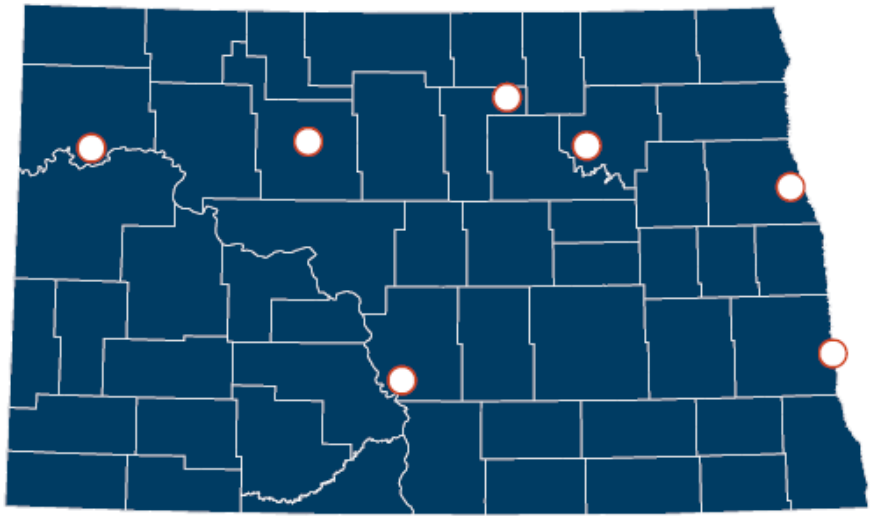
Pays up to 12 weeks of an eligible individual's living expenses at an approved Recovery Housing provider.



Eligibility
- ND Resident;
- Age 18 or older;
- Have a substance use disorder; and
- One of the following:
  - Currently enrolled in a HHS public assistance program; or
  - Currently enrolled in a BHD substance use disorder or community program; or
  - Household income is at or below 200% Federal Poverty Guidelines

Recovery Housing Assistance Program (RHAP)
Providers

9 Approved RHAP Providers ~ **29** Recovery Homes
265 Approved Beds



Bismarck – **18**
Devils Lake – **1**
Fargo – **2**
Grand Forks – **1**
Minot – **3**
Watford City – **3**
Wolford – **1**

WAITLIST	Est. # of Houses	Est. Bed Capacity
Current Providers	6	72
New Providers	10	224

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Recovery Housing Assistance Program (RHAP)

1,297
- Individuals approved for program since May 2022

967
- Individuals received services July 2023 – December 2024

189
- Current individuals currently being served

- At baseline, 30% of participants reported being employed. Following RHAP participation, 71% of individuals reported being employed.
- 88% of participants either maintain no substance use, or reduce their substance use, while in the RHAP.



Recovery Housing Assistance Program (RHAP)

2023-2025 Biennium

Funding	Type of funding
$1,509,088	General Fund Appropriation

Additional HHS State Funding of $580,339

TOTAL FUNDING	$2,089,427

Would support approximately 172 approved beds.

	Base Budget	Executive Budget Request Provider Inflation (1.5%/1.5%)	TOTAL 2025-2027 BIENNIUM PROPOSAL
RHAP	1,509,088	34,124	**1,543,212**

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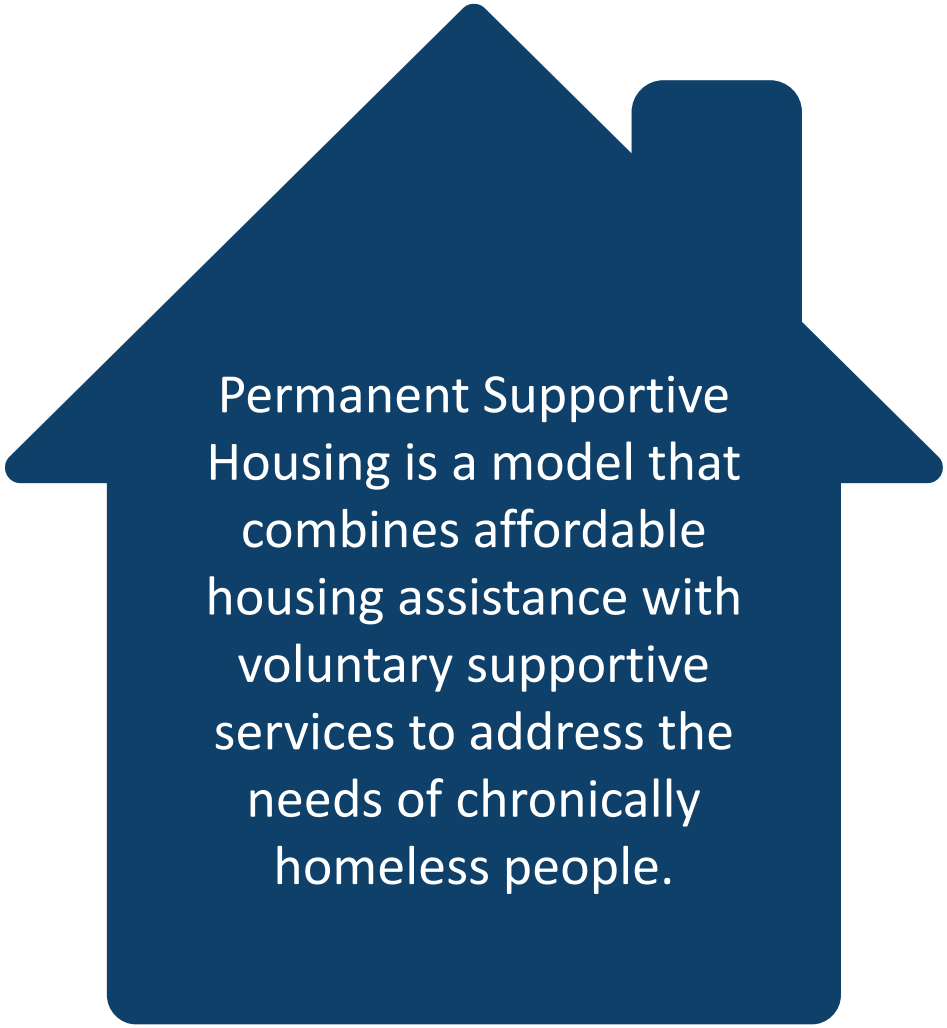
Permanent Supportive Housing

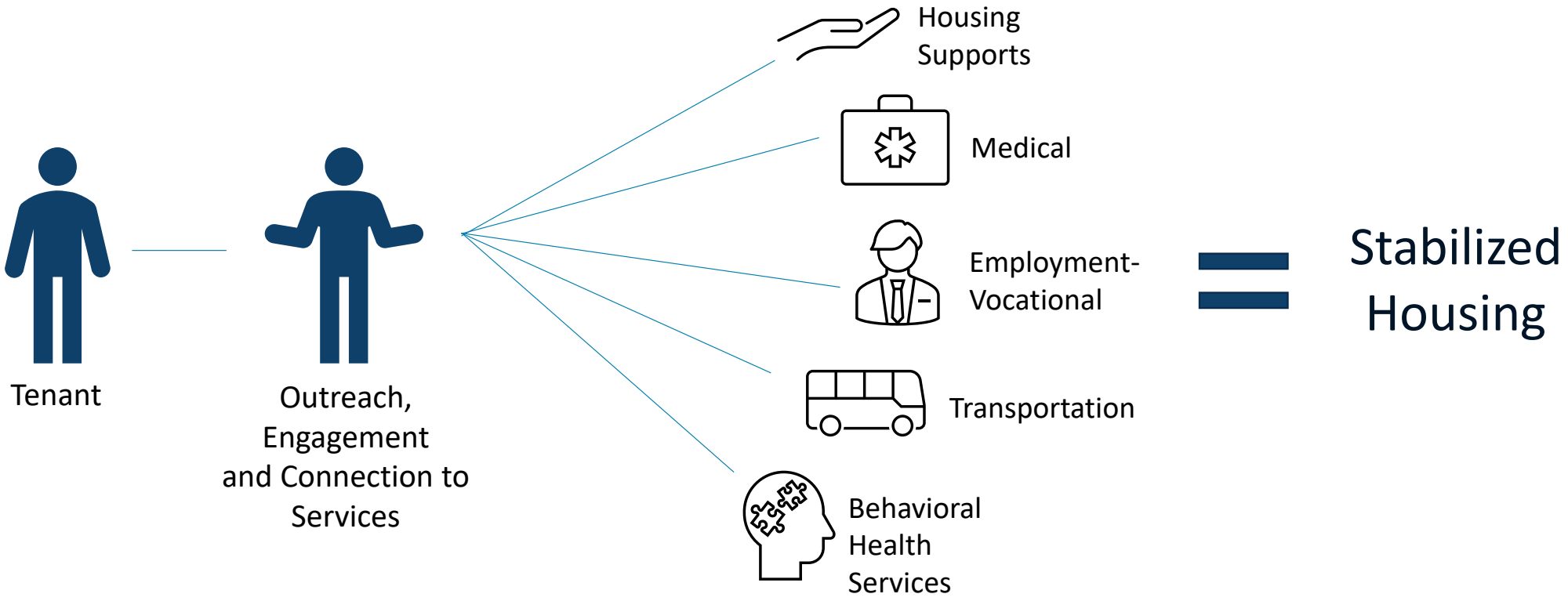
Permanent Supportive Housing

During the 2021 legislative session, Health and Human Services Behavioral Health Division was directed to distribute funding to qualified entities that:

- ☑ utilize best practices for permanent supportive housing,
- ☑ provide recovery-oriented and person-centered services,
- ☑ submit process and outcome measures to the department, and
- ☑ authorize the department to conduct onsite visits to review program operations.



Tenant Experience at Permanent Supportive Housing



Permanent Supportive Housing
Current Contracts



Grantee	Number of Units
Prairie Harvest (Stern Place & Harvest Homes)	21
Grand Forks Housing Authority (LaGrave on First)	42
Beyond Shelter (Cooper House)	42
Burleigh County Housing Authority (Edwinton)	40
Fargo Housing Authority (scattered site)*	40

**began November 2024*

2025-2027 Base Budget Request: **$4,672,536**
No proposed change from 2023-2025 biennium

Suicide Prevention

Suicide Prevention

Suicide Fatality Review Commission (SFRC)

- A group of multidisciplinary professionals and community members appointed by HHS Commissioner that meets to evaluate the circumstances leading to and causing deaths by suicide in North Dakota to improve community and service systems and to take action to prevent further suicides.
- The first SFRC report was released January 2025.

Suicide Prevention Training Contracts

- Partner agencies:
  - American Foundation for Suicide Prevention (AFSP)
  - FirstLink
  - Haugen Performance Consulting, PLLC
- As of December 1, 2024, 31 trainings have been provided to 626 individuals throughout the state.

Community-level Suicide Prevention

- Six grants were awarded in early 2024.
- Populations of focus include:
  - Middle and High School Students
  - Parents and Families
  - Farmers and Ranchers
  - Collegiate Athletes
  - Individuals with disabilities
  - Veterans

Statewide Community Outreach

- Suicide prevention awareness messaging
- Community partnerships and collaboration
- Suicide prevention training and technical assistance

2025-2027 Base Budget Request: **$1,313,026.00**

No proposed change from 2023-2025 biennium

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Suicide Prevention
988 [Firstlink]







2025-2027 Base Budget Request: **$2,043,330**
No proposed change from 2023-2025 biennium

988 Federal Grant: **$838,072 annually** *(current award ends 9/2025)*

Opioid Settlement Fund

Opioid Settlement Fund

Current settlements with 13 manufacturers, distributors or pharmacies (one still pending)

ND has received 22.7M and expected to receive additional 40M.



$8M was appropriated in the 2023-2025 biennium to HHS

- at least 20% to be used for opioid use prevention and overdose prevention, including best practices relating to fentanyl drug overdose, and workforce development.

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Opioid Settlement Advisory Committee
Listening Sessions

The role of the Advisory Committee is to provide recommendations to HHS on use of appropriated settlement funding.

The Advisory Committee hosted listening sessions in the summer/fall of 2023 to gather public feedback.



- Themes of input included:
  - Prevention
  - Syringe Service Programs
  - Access to treatment

- Themes of input included:
  - Access to treatment and recovery services including for those in the criminal justice system
  - Enhance behavioral health workforce

- Themes of input included:
  - Syringe Service Programs
  - Access to treatment
  - Set aside for tribes

Email comments were also accepted

Opioid Settlement Committee
Funding Recommendations

Opioid Settlement Advisory Committee approved the following use of funds:

- Purchase of naloxone for community distribution *($635,380)*
- Tribal implementation of opioid efforts including prevention, treatment and recovery *($310,833)*
- Opioid Settlement Fund (OSF) grant *($7,053,7878)*

Advisory Committee Priority Recommendations

1. Utilize opioid settlement funds to increase access to **community-based treatment and recovery services in rural areas.**
2. Utilize opioid settlement funds to increase access to **treatment and recovery services in jails**.
3. Utilize opioid settlement funds for **prevention activities**, including coalitions, community work, and prevention activities for youth.
4. Utilize opioid settlement funds to enhance the **behavioral health workforce**.
5. Utilize opioid settlement funds to support **Syringe Service Programs.**
6. Utilize opioid settlement funds to increase access to **community-based treatment and recovery services** in non-rural areas.

List of Opioid Remediation Uses

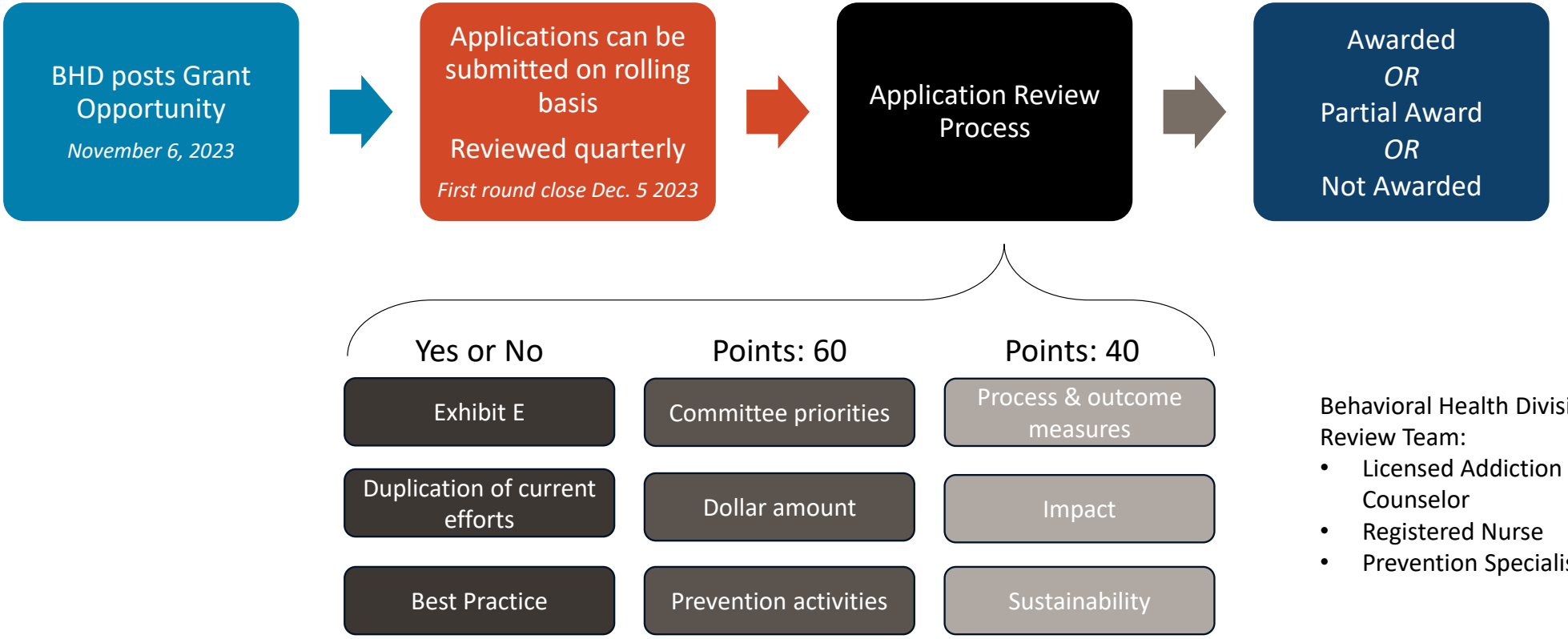
Exhibit E



Allowable opioid abatement and remediation strategies categorized by the following:

1. **Core strategies**
   - Examples:
     - Purchase, training, and distribution of naloxone or other FDA-approved drug to reverse opioid overdoses
     - Treatment for incarcerated populations with opioid use disorder
2. **Treatment**
   - Examples:
     - Support treatment for opioid use disorder
     - Support workforce development for addiction professionals who work with persons with opioid use disorder
     - Support individuals in recovery from opioid use disorder
3. **Prevention**
   - Example:
     - Prevent overprescribing, misuse of opioids, and opioid overdose deaths
4. **Other**
   - Example:
     - Provide education and training to abate the opioid epidemic

Opioid Settlement Grant Process



Behavioral Health Division Review Team:

- Licensed Addiction Counselor
- Registered Nurse
- Prevention Specialist

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Opioid Settlement Funding Grant Highlights

14 applicants were awarded February 2024

- **Endeavor Sober Living** – Supported 21 pregnant and parenting women in their recovery journey with a recovery house. All women have seen an improvement in their employment status and 10 women have been reunified with their children. Looking at opening a second location.
- **USpire** – Supported 61 family units, including parents who are incarcerated, to build skills.
- **Heartview/TAAP** – Enhanced the behavioral health workforce by adding 8 new Licensed Addiction Counselor (LAC) training sites, adding 15 new clinical supervisors, providing 15 scholarships and 26 individual stipends
- **Heartview Dickinson** – began providing outpatient Substance Use Disorder treatment services January 27th
- **ONE Program** – connected with several tribal leaders and placed 171 ONE Boxes throughout tribal communities
- **Community Connect Providers** – 51 providers have served 942 individuals
- **Sanford Medical Center Fargo** – Became licensed as an outpatient Substance Use Disorder Treatment provider. They have connected 86 individuals to treatment services.

Opioid Settlement Grant
Community Connect Providers

Provider	Region(s) serving	Payment
Better Together ND	Grand Forks, Fargo, Bismarck	419,399.00
All of Us In Recovery	All 8 regions	224,528.00
F5 Project	All 8 regions	209,581.00
Community Options	All 8 regions	173,550.00
Face It Together	Fargo, Bismarck	164,217.00
Advocates For Change	Fargo, Jamestown	83,522.00
Ridge Treatment and Reentry Center	Fargo	83,421.00
Native, Inc.	Fargo, Bismarck	76,378.00
Freedom Through Recovery	Fargo	74,572.00
Building Community Resilience LLC	Fargo	73,416.00
Seeds of Eden (no longer a provider)	Minot, Bismarck, Dickinson	71,088.00
You Shine Too	Grand Forks	60,587.00
Way of Life	Fargo	57,006.00
Light House Recovery Services	Fargo	55,137.00
NIAM	Fargo	41,467.00
Turtle Mountain Mikinaak Ode Shelter (Rolette County Only)	Devils Lake	39,962.00
Deep Roots LLC	Fargo	35,206.00
Arise Above Consulting	Grand Forks	26,982.00
Centre	Grand Forks, Fargo	26,938.00
Sunny-Side Center	Fargo	24,844.00
Revive (Aabiziishin) LLC	Devils Lake	24,800.00
Maza, LLC	Bismarck	23,860.00
Healing Circle Psychiatric Services	Fargo	22,786.00
Fraser	Fargo	22,512.00
Choice Recovery	Williston	18,405.00

Provider	Region(s) serving	Payment
Dylen's Crossing (no longer a provider)	Dickinson	18,162.00
Supportive Outreach Services (SOS)	Bismarck	16,918.00
Community Uplift Program	Fargo	16,769.00
Blessed Builders	Bismarck	15,632.00
Recovery Works	Fargo	12,078.00
Hopes Landing	Dickinson	11,308.00
Styled with Strength	Fargo	11,297.00
Cass Clay Integration Center	Fargo	9,766.00
Restore (no longer a provider)	Fargo	9,678.00
MARCO	Minot	8,899.00
Seasons in Life	Devils Lake	8,652.00
A New Creation	Devils Lake	8,310.00
Independence	Minot	7,324.00
Southwest Multi-County Correction Center (SWMCCC)	Dickinson	7,024.00
The Lotus Center	Fargo	5,182.00
Tied for Second Recovery Support	Bismarck	5,054.00
Your Pal Kal	Grand Forks	4,926.00
Northland Health Centers	Minot	4,326.00
Ministry on the Margins	Bismarck	3,682.00
Coal Country Community Health Center (CCCHC-Oliver, Mercer & Dunn counties only)	Bismarck	2,698.00
Firm Foundations	Jamestown	2,045.00
Flourishing Growth (no longer a provider)	Devils Lake	1,028.00
The Healing Center	Fargo	1,028.00
Lost & Found Recovery Center	Fargo	856.00
United Way Dickinson	Dickinson	783.00
Spectra Health	Grand Forks	214.00

Opioid Settlement Funds
Spend to Date



Item	Obligation	Total Expended through Dec. 31, 2024
Tribal implementation	$310,833.00	$310,833.00
Narcan purchasing	$634,834.00	$634,834.00
OSF Grant*	$7,053,787.00	$4,307,909.86
Administration**		$546.00
Total	**$7,999,454.00**	**$5,254,122.86**

*Does not include pending reimbursements for Dec. 2024
**Travel to Listening Sessions

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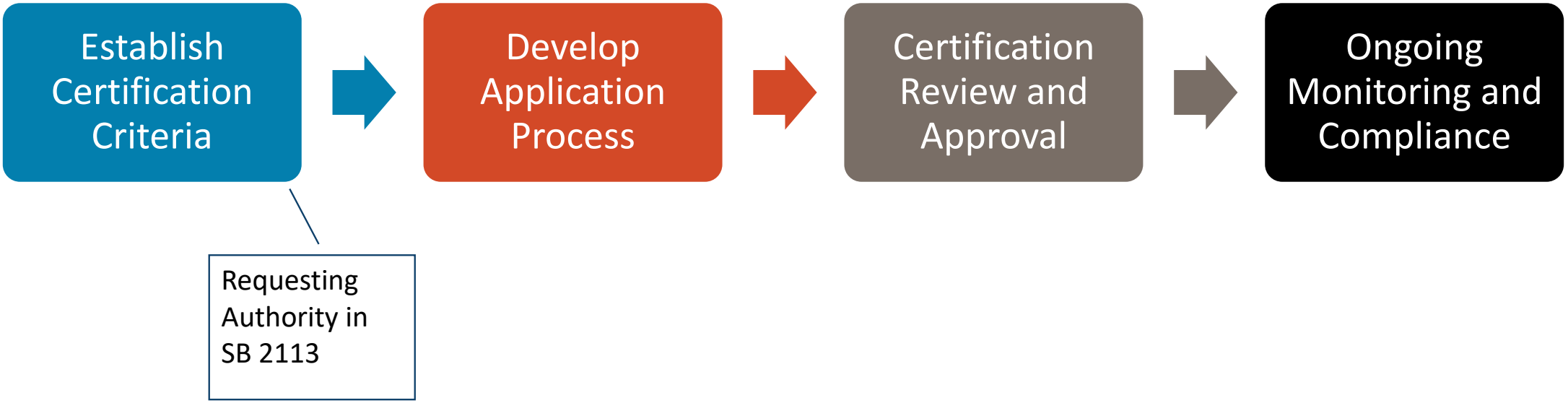
Certified Community Behavioral Health Clinic (CCBHC) Certification

Certified Community Behavioral Health Clinics (CCBHC) – BHD Policy Role

Certification Process Components



The National CCBHC Criteria

- **Staffing**
- **Availability & Accessibility of Services**
- **Care Coordination**
- **Scope of Services**
- **Quality & Other Reporting**
- **Organizational Authority, Accreditation & Governance**

Throughout the criteria, emphasis on:

- Designing requirements to meet state/local needs
- Person-centered care
- Delivery of services outside the clinic
- Innovative partnerships
- Reaching individuals not currently in care
- Measurement-informed care

CCBHC
Federal Grant Efforts

May 2022

NOT AWARDED

BHD submitted three federal grant applications for the FY 2022 Certified Community Behavioral Health Clinic Planning, Development, and Implementation Grant (CCBHC-PDI) NOFO No. SM-22-002 for **Badlands**, **South Central** and **Northeast** Human Service Centers.

Dec 2022

NOT AWARDED

BHD submitted a federal grant application for FY 2023 Cooperative Agreements for Certified Community Behavioral Health Clinic Planning Grants (CCBHC Planning Grants) NOFO No. SM-23-015.

May 2023

NOT AWARDED

BHD submitted three federal grant applications for the FY 2023 Certified Community Behavioral Health Clinic Planning, Development, and Implementation Grant (CCBHC-PDI) NOFO No. SM-23-024 for **Badlands**, **Northwest** and **Northeast** Human Service Centers.

December 2024

AWARDED

FY2025 Cooperative Agreements for Certified Community Behavioral Health Clinic (CCBHC) Planning Grants (Short Title: CCBHC Planning Grants) is posted. The purpose of this program is to support states in developing and implementing certification systems for CCBHCs, establish Prospective Payment Systems (PPS) for Medicaid reimbursable behavioral health services, and prepare an application to participate in a four-year CCBHC Demonstration program. NOFO No. SM-25-001

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CCBHC Planning Grant

Grant Dates: 12/31/2024 – 12/30/2025
Funding: $1,000,000

Solicit	Solicit input from people with lived experience of mental health, substance use disorders, family members, providers and other stakeholders
Identify	Identify and select clinics to participate in the Demonstration Program
Certify	Develop process for certifying clinics as CCBHC
Develop	Develop a Prospective Payment System (PPS) for services furnished by a CCBHC [ND Medicaid]
Establish	Establish capacity to provide behavioral health services that meet Certification Criteria
Ensure	Ensure data collection and reporting capacity necessary for evaluation

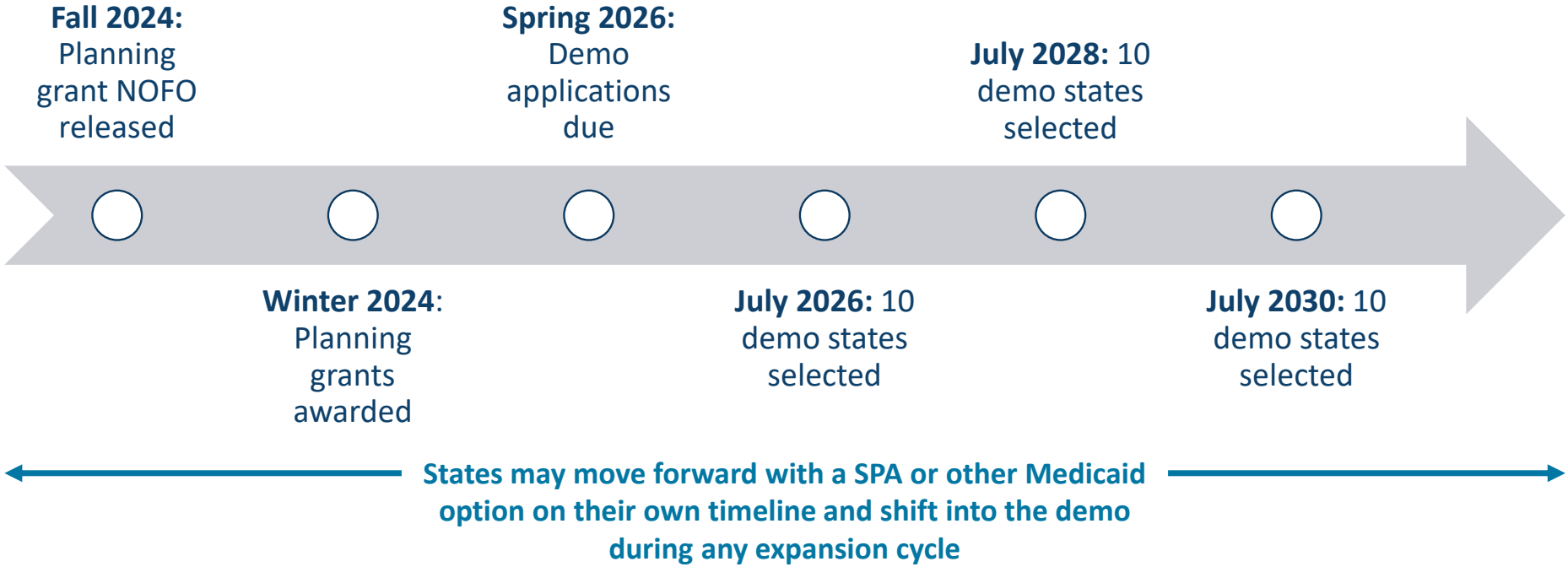
Implementation Pathways
Medicaid CCBHC Options

Medicaid Demonstration
Next application opportunity in 2026
4-year demonstration with enhanced FMAP (65.68% for ND)
States must receive $1M planning grant to apply for demo
States and clinics meet federal demo guidance (w/ opportunity to tailor model to state/local needs)
Clinics receive Medicaid PPS
States may begin small with 2+ CCBHCs and scale up over time

Medicaid SPA: CCBHC Option
Effective March 9, 2024
States may add CCBHC services to their Medicaid state plan
Statutory definition tied to SAMHSA certification criteria
Does not require PPS at this time, but states can elect to use PPS
All normal Medicaid requirements apply
Standard FMAP applies (50.97% for ND)
Add'l CMS guidance forthcoming

Other Medicaid Authorities
Includes Medicaid SPA under rehab option; Section 1115 waiver; managed care directed payment
State must specify inclusion of selected CCBHC services (some may not otherwise be included in the plan)
States can elect to use bundled payment modeled on PPS (with CMS approval)
Standard requirements of the selected Medicaid authority apply
Standard FMAP applies

Timeline: Federal Demonstration Expansion



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Drug Court

Drug Court



- Partnership with DOCR and Courts
- 6 Drug Courts across 5 regions

	2025-2027 Biennium Decision Package
Drug Court treatment	**200,000**

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Avel eCare

Behavioral Health Crisis Continuum

SOMEONE TO TALK TO

988

SOMEONE TO RESPOND

Mobile Crisis Response (Human Service Center)

Avel E-care

A SAFE PLACE FOR HELP

Crisis Receiving Centers

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Rural Crisis Care – Avel eCare

Total encounters: 141

- Remain in Place: 84
- Voluntary Admissions: 30
- Involuntary Admissions: 7
- Unable to complete assessment: 20

Region	Total Agencies	Regional encounters
Region 1-Northwest	5	29
Region 2- North Central	9	21
Region 3- Lake Region	5	4
Region 4- Northeast	3	11
Region 5- Southeast	10	25
Region 6- Southcentral	12	10
Region 7- West Central	6	9
Region 8- Badlands	10	12

1/1/2024-12/31/2024

	2025-2027 Biennium Decision Package [COMMUNITY HEALTH TRUST FUNDS]
Rural Crisis Care (Avel eCare)	2,000,000

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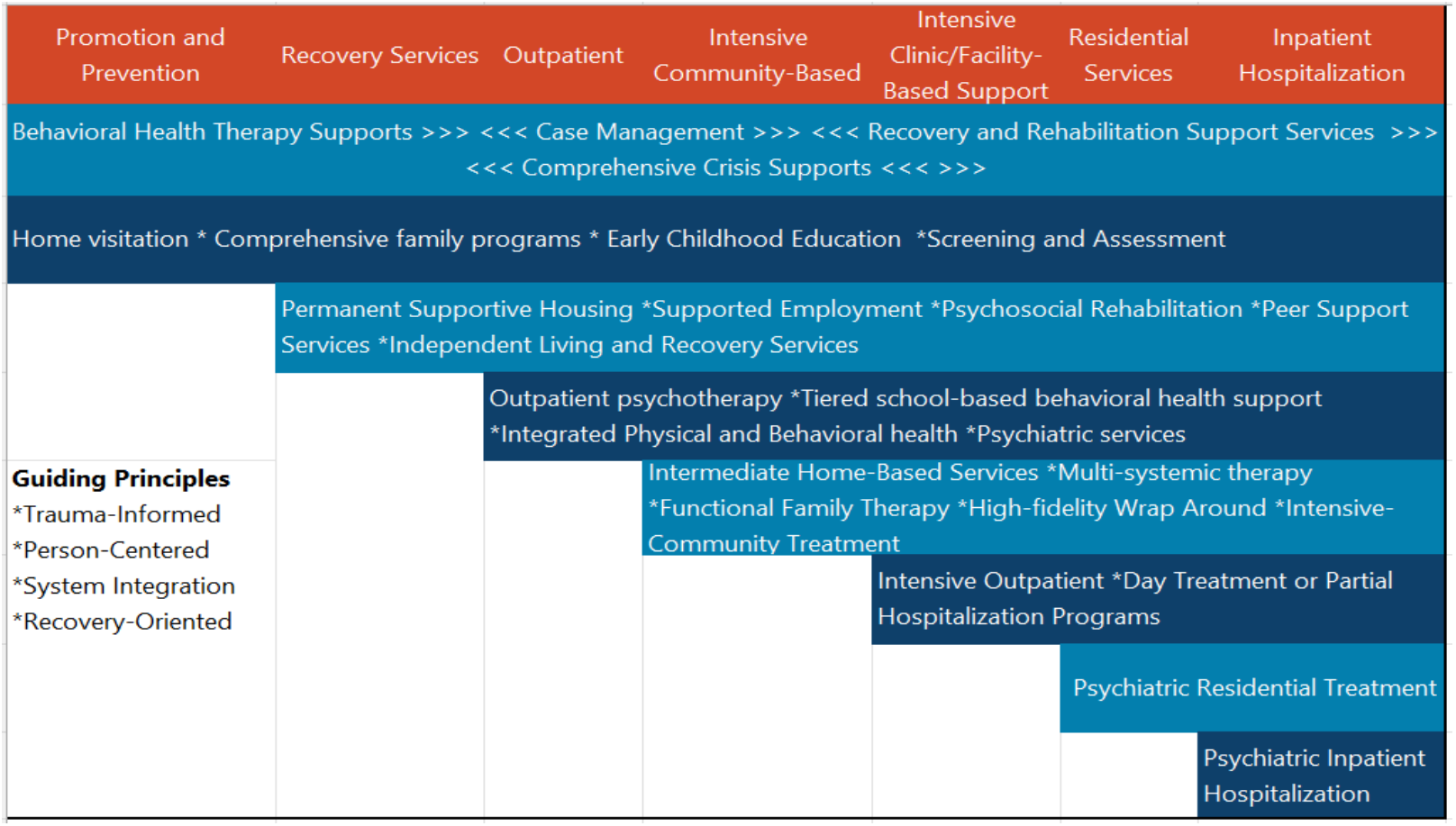
Children's Behavioral Health

Behavioral Health Continuum of Care



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Behavioral Health Navigator

Through 68th ND Legislative Assembly action, HHS created a behavioral health navigator role.

- Facilitate connection to care by identifying resources for individuals and families and helping them navigate through behavioral health care services.
- Assist in interpreting clinical language to ensure individuals can navigate to the appropriate level of care or service.
- Position is overseen by a Licensed Professional Clinical Counselor

From Oct. 2023 through Dec 2024, the behavioral health navigator assisted **304 individuals**.



Behavioral Health Navigator

In July, 2024, a request was made for BHD to screen private family referrals through the new process known as One Assessment or the Children's Treatment Services Level of Care.

- No additional resource was available
- Walk through process

Behavioral Health Navigator **temporarily** screens youth from private homes

Screening includes:

- Youth connection to community resources
- Recommendations made by clinician
- Recent (past 90 day) history of crisis services, ER visits, or hospitalizations

Private Screenings to Maximus	
Met screening-sent to Maximus	79
Open-pending	6
Connected to community-based services	23
N/A (Zone custody)	5
Insufficient info-attempts to contact	15
Parents rescinded	5
Admitted to PRTF emergently (bypassed screening)	4
Admitted to other LOC (LSTC)	1
TOTAL SCREENINGS	**138**

Children's Treatment Services Level of Care Determinations (CTS LOC)



NORTH Dakota | Health & Human Services
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House Bill 1012

House Appropriations | Human Resources Division
Representative Nelson, Chairman

North Dakota Children's One Assessment | Melissa Kainz, DNP, MSN, RN
January 29, 2025

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Federal Requirements for Youth Behavioral Health Inpatient and Residential Services

- 42 CFR Part 441 Subpart D requires state Medicaid programs to have an independent team certify the need for services when a youth under age 21 is admitted to inpatient psychiatric services.
  - Inpatient psychiatric services include services provided in hospitals and psychiatric residential treatment facilities (PRTF).
  - ND Medicaid also issues a level of care for youth served in Qualified Residential Treatment Programs (QRTPs).

Level of Care Process

Pre One Assessment
Services before July 1, 2024

- **Fragmented and Inconsistent**. Prior to the one assessment, North Dakota had separate entry points and review processes for PRTF and QRTP levels of care. Additionally, the review and documentation process differed substantially between settings. PRTF reviews were based on narrative documentation only and referral information was submitted by the PRTF provider while QRTP reviews included interviews with families and youth.
- **Not Person Centered.** PRTF reviews did not include interviews of youth and families.
- **Potential for Bias.** PRTF reviews only focused on narrative documentation, not medical records.
- **Duplication.** Multiple assessments and dual determinations for the same youth.

Post One Assessment
Services After July 1, 2024

- **Streamlined approach.** One assessment and evaluation, regardless of the type inpatient or residential behavioral health treatment requested.
- **Independent.** Medical documentation review is completed by an independent third party and is broader than a narrative description.
- **Family and person-centered.** Includes interviews with youth and families. Ensures care is provided in the least restrictive, most appropriate setting to meet the youth's needs.
- **Consistent.** Clinical criteria are applied consistently for all youth across North Dakota. Eliminates variance in provider interpretation of clinical criteria.

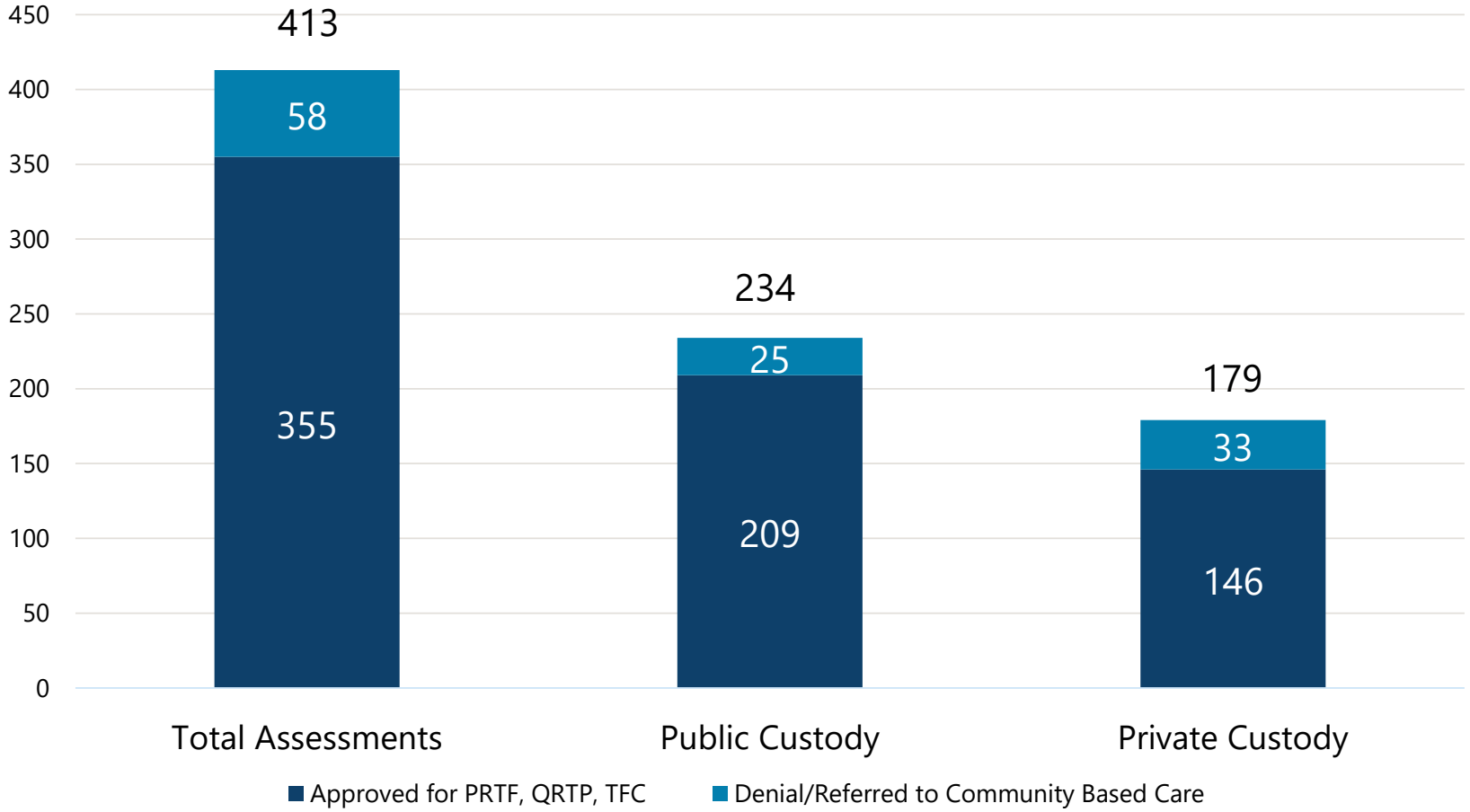
One Assessment Transition

Did clinical criteria change?	No, the one assessment is a process change only and did not change the clinical criteria for PRTF or QRTP admission. The clinical criteria for PRTFs were updated in June 2023 and providers were trained in the criteria at that time and have had a year to adjust to the clinical criteria. The one assessment adds independent verification of clinical criteria and provider submitted information through review of clinical notes and an interview with youth and families but does not change the certificate of need (CON) clinical requirements in place prior to the one assessment.
How does this change impact the care of kids?	The new assessment will allow better supports for youth and families entering treatment service by streamlining entry and ensuring the right care at the right time, provided in the least restrictive, most appropriate setting. The one assessment creates an opportunity for NDHHS to assist families who do not qualify for PRTF level of care to identify other treatment options and resources in the community. NDHHS will also have more data related to youth entering services to allow the state to monitor and identify trends related to service delivery across the continuum of care.
What has ND HHS done to help facilities and families?	NDHHS has collaborated with providers and families to navigate changing processes. NDHHS provided multiple educational sessions to providers before, during, and after implementation of the One Assessment, with opportunities to provide feedback and ask clarifying questions. NDHHS has added a Behavioral Health Navigator to support families in determining the right source of care. NDHHS continues to assess the behavioral health landscape of North Dakota and has included stakeholders in discussions to consider further enhancements to ensure youth have the right care at the right time, provided in the least restrictive, most appropriate setting.

One Assessment

- The new process is one assessment for both PRTF and QRTP levels of care, along with the addition of Treatment Foster Care.
  - The process change to one assessment is centered around streamlining services for youth and families and ensuring that care is provided in the least restrictive, most appropriate setting.
  - This new process will ensure families and youth come through a single point of entry, allowing ND HHS to have better data about PRTF admissions and denials and an opportunity to assess and help ensure youth with behavioral health needs are directed to appropriate supports at all levels of care.
  - Under the one assessment, referrals for Children's Treatment Services assessment will go to one 3rd Party Vendor. The vendor will assess for PRTF, QRTP, and TFC level of care, and complete independent interviews with youth and families and review additional required documentation to limit bias to ensure that clinical criteria are applied appropriately and consistently for all youth across the state.

Children's Treatment Services Level of Care
July 1, 2024 -December 31, 2024



85.9%
Approved for PRTF, QRTP, and TFC

14.1%
Denials/Referred to Community Based Care

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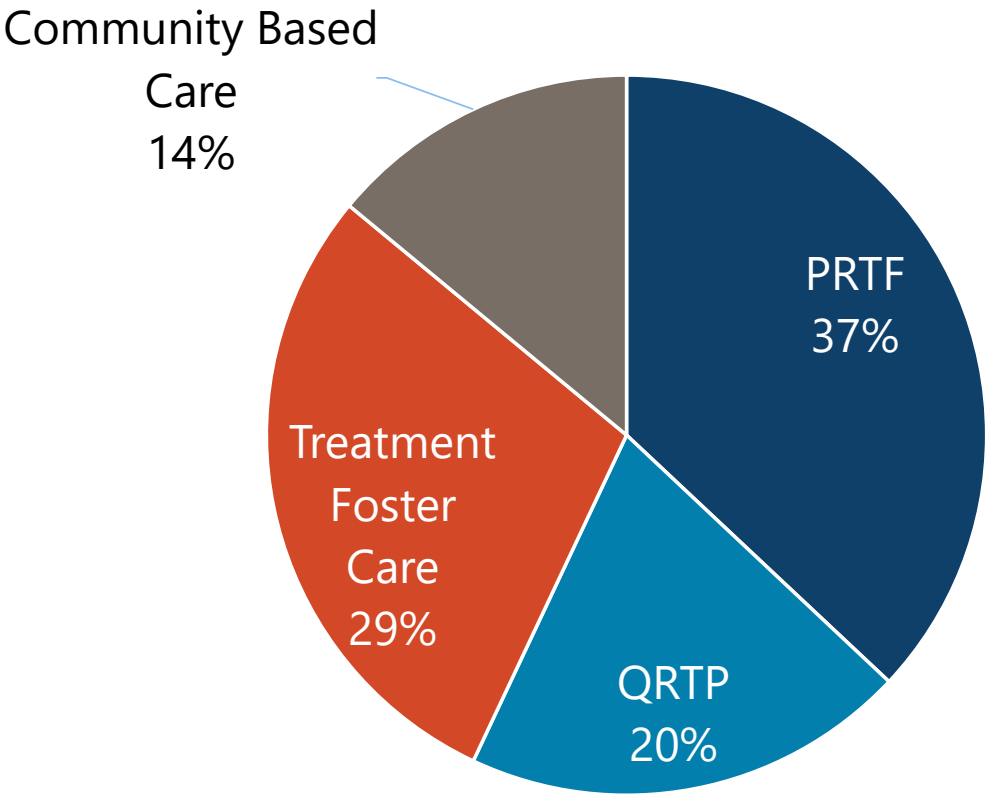
One Assessment Determinations
July 1, 2024 – December 31, 2024

Determination	Assessments
Community Based Care Appropriate	58
PRTF Appropriate	153
QRTP Appropriate: Difficulty of Care Level: Base	9
QRTP Appropriate: Difficulty of Care Level: 2	55
QRTP Appropriate: Difficulty of Care Level: 3	19
Treatment Foster Care Appropriate	119
TOTAL	**413**



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Contact information

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Voluntary Treatment Program

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Voluntary Treatment Program

Provides out of home residential services for Medicaid-eligible children with a serious emotional disorder without requiring parents to relinquish custody (NDCC 50-06-06.13).

- The VTP will pay for maintenance costs of the treatment episode and Medicaid will pay for the treatment costs in accordance with the state plan.
- Providers include Qualified Residential Treatment Providers (QRTPs).

ELIGIBILITY

- Up to the age of 18;
- Currently have a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified in the DSM 5; and
- The functional impairment substantially interferes with or limits the child's role or functioning in the family, school and community activities.
- Youth are unable to be effectively served in the community



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Voluntary Treatment Program

2023-2025 Biennium Appropriation: $453,424

Through September 30, 2024, (75% of the biennium) 100% of the allocation has been expended.

- $265,103.00 of MHBG funding has been used to support youth through December 31, 2024.
- To continue the program through June 2025, it is estimated that an additional $600,000 of MHBG funding will be needed to support youth currently in the program and 4 additional youth.

Average 30-day cost of a child in a QRTP	Average length of stay for a child in a QRTP	Average total cost for a child at a QRTP
$16,117.00*	4.4 months*	$70,914.80*

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**These numbers are based off the 23-25 biennium data through September 2024.*

Voluntary Treatment Program



Increase from 5 youth approved for VTP July 1, 2023, to June 30, 2024, to 9 youth approved from July 1, 2024-January 2025.

If approved, a total of 25 youth will be able to be served based on average.

	Base Budget	Decision Package	**TOTAL 2025-2027 BIENNIUM PROPOSAL**
Voluntary Treatment Program	453,424	1,351,997	**1,805,421**

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Psychiatric Residential Treatment Facilities

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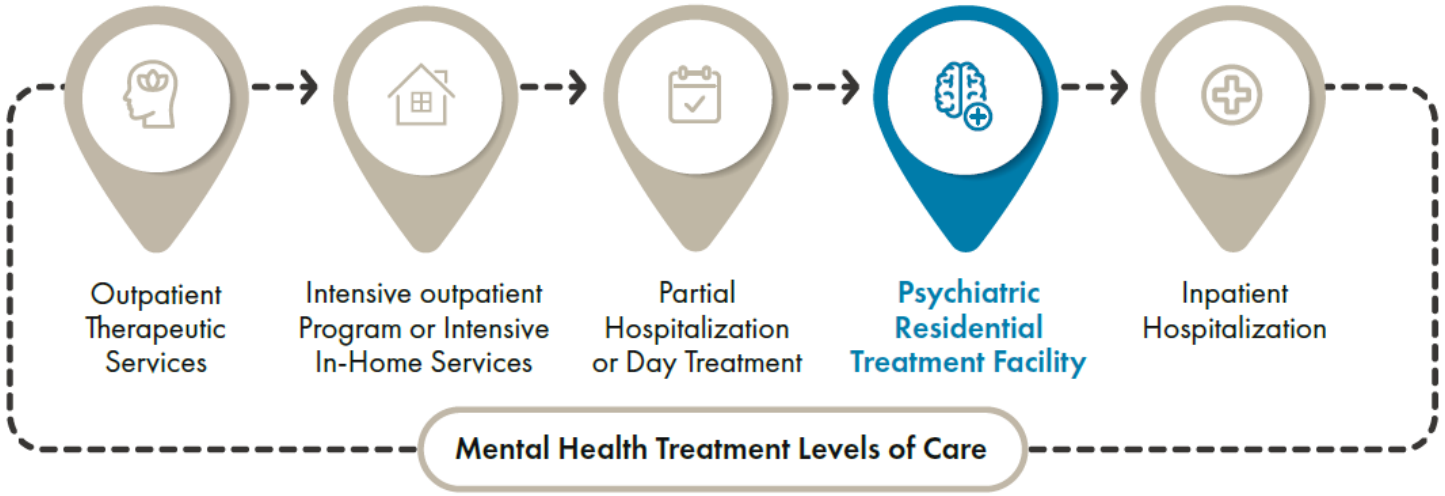
Psychiatric Residential Treatment Facilities (PRTF)



NDCC 25-03.2-02 requires Health & Human Services to adopt rules and standards for the licensing of Psychiatric Residential Treatment Facilities for Children (PRTFs) operating in North Dakota.

NDAC 75-03-17 Psychiatric Residential Treatment Facilities for Children are the rules that establish the standards governing PRTFs.

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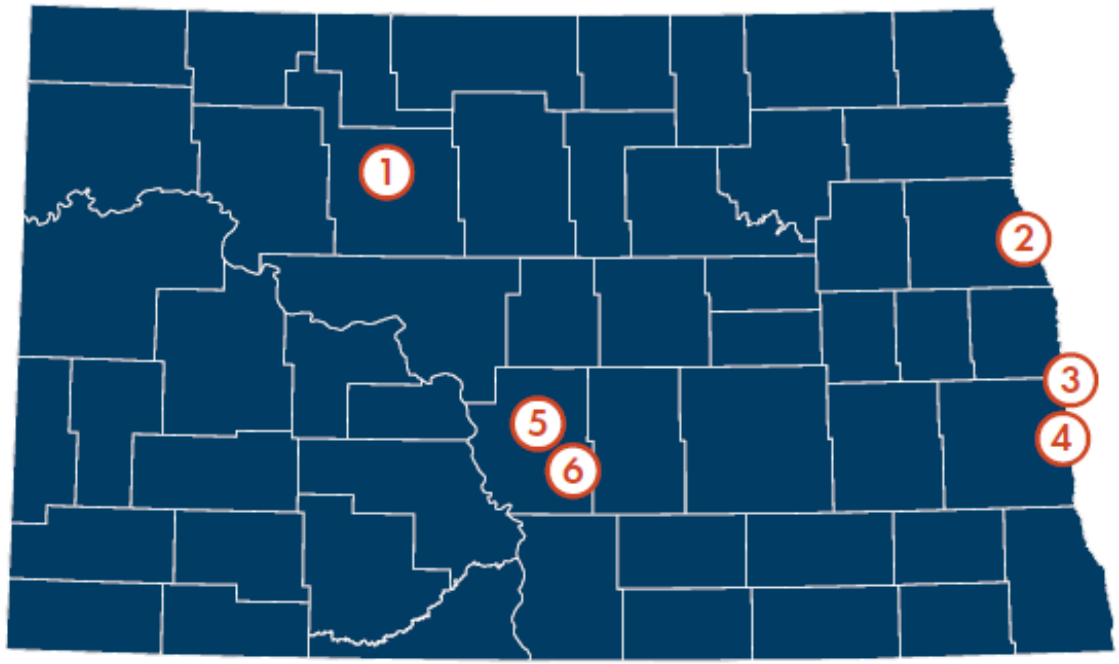
Psychiatric Residential Treatment Facilities (PRTF)



1. Dakota Boys and Girls Ranch (Minot)
2. Ruth Meiers Adolescent Center (Grand Forks)
3. Dakota Boys and Girls Ranch (Fargo)
4. Luther Hall (Fargo)
5. Dakota Boys and Girls Ranch (Bismarck)
6. Pride Manchester (Bismarck)



Development of Partial Hospitalization/ Intensive Day Treatment

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Partial Hospitalization/ Intensive Day Treatment

Partial Hospitalization Programs (PHP) and intensive day treatment programs provide intensive, community-based therapeutic services that respond to the chronicity and severity of an individual's behavioral health condition. PHP and day treatment programs can be for mental health conditions, substance use disorders, and co-occurring disorders.

- There is currently limited access to PHP programs for children and adolescents across the state. Fargo (current) and Bismarck (opening in early 2025).
- Projected Impact
  - Increase frequency and intensity of behavioral health services by multidisciplinary treatment teams closer to home.
  - Reduce costly emergency room visits, and inpatient hospitalization stays.
  - Reduce Emergency Department boarding and length of hospital and residential stays.
- Funding for start-up costs as treatment services are reimbursable.

	2025-2027 Biennium Decision Package [ONE-TIME FUNDING]
Development of PHP/ Intensive Day Treatment	2,000,000





Youth Crisis Services

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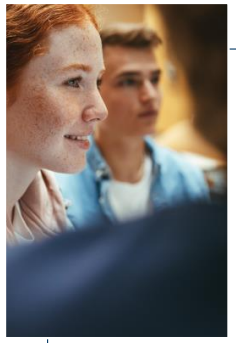
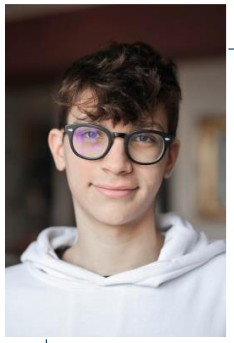
Youth Crisis Services



Nationwide best practice for youth crisis services includes:

- Someone to Contact
- Someone to Respond
- A Safe Place for Help



Youth crisis stabilization centers focus on initial response, triage, screening, assessment, and intervention to rapidly address the needs of the youth in crisis and promote de-escalation and stabilization.

	Decision Package	**TOTAL 2025-2027 BIENNIUM PROPOSAL**
Youth Crisis Services	3,000,000 (GF) 3,000,000 (FF)	**6,000,000**



Treatment Collaborative for Traumatized Youth (TCTY)

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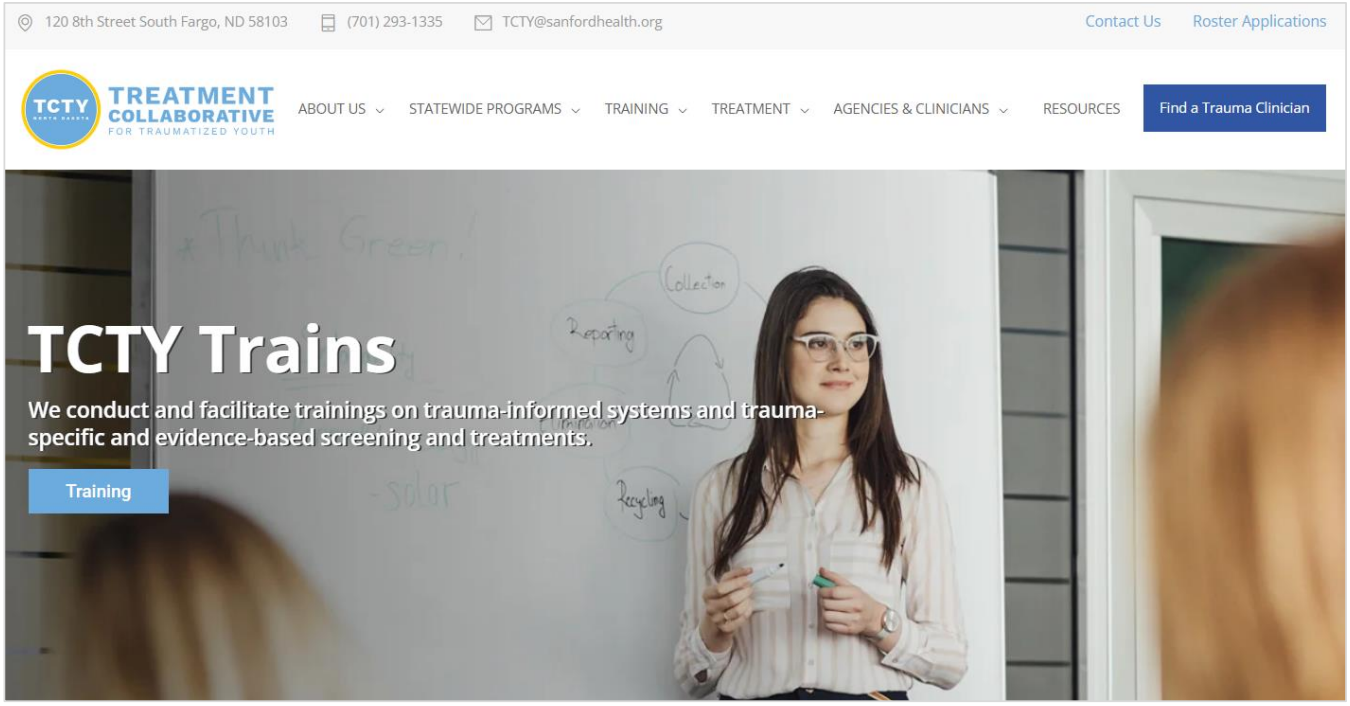
Treatment Collaborative for Traumatized Youth

The Treatment Collaborative for Traumatized Youth (TCTY) mission is to enhance the availability of evidence-based mental health treatment for traumatized individuals in North Dakota through implementing evidence-based treatments and building a multidisciplinary collaborative network across the region.

www.tcty-nd.org

Contract with Sanford Research North



Treatment Collaborative for Traumatized Youth

	Base Budget	Decision Package to **EXPAND**	TOTAL 2025-2027 BIENNIUM PROPOSAL
TCTY	200,000	408,000	608,000

25-27 Expansion

- Focus on supporting TCTY's expert team in enhancing previous trainings and roster maintenance by adding ongoing education and resource dissemination.
- Expand TF-CBT training to offer a TF-CBT training on the western part of the state
- Add an in-person advanced TF-CBT training workshop for previously trained and newly trained mental health professionals.

This new proposal will produce the following outcomes:

- 110 TF-CBT trained,
- 180 Advanced TF-CBT trained,
- 200 attended the two-year Education Series, and
- 14,400 exposures to Awareness/Resource Messaging.

Electronic Health Record

EHR Legacy System Data Extraction & Migration

MyAvatar was implemented in 2019, at which point decision was made to leave some historical data in the legacy systems (ROAP and AIMS). In 2023, HHS was notified by the vendor that vendor support for the legacy system would end. Since that time, NDIT has provided support to the extent of their ability and BHD has provided continued funding for this system, which presents increasing data security concerns. Today, the data infrastructure of this legacy system is antiquated and is no longer able to be adequately supported by NDIT.

Project Risks	• It is assumed that the longer this initiative is delayed, the more expensive it will be to complete the initiative due to diminishing subject matter expertise on the legacy system • HHS may become out of compliance with retention laws. • PHI will be lost or violated
Anticipated Benefits	• Reduce maintenance funds allocated to legacy system support. • Continue to maintain compliance with retention regulations. • Reduce PHI security risk.

	2025-2027 Biennium Decision Package [ONE TIME FUNDING]
EHR Legacy System Data Extraction & Migration	$1,000,000

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State Hospital Network Redundancy

The State Hospital does not currently have a redundant network, which contributes to increased patient safety and legal risk in the event of network loss (e.g. the network cable is cut). Without access to internet, State Hospital staff are cut off from access to the patient medical record within the Electronic Health Record (EHR). This decision package would create a redundant network line for failover in the event of primary network loss or instability.

Project Risks	• Single network failure could contribute to increased patient safety risks if access to the EHR is not able to be quickly restored • State Hospital staff will continue to experience interruptions with EHR connectivity, which reduced efficiency and leads to staff dissatisfaction.
Anticipated Benefits	• Reduced potential patient safety and legal risk. • Improved EHR performance.

2025-2027 Biennium Decision Package [ONE TIME FUNDING]	
State Hospital Network Redundancy	$500,000

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EHR System Recovery and Backup Solution

The Behavioral Health Division's Electronic Health Record (EHR) data is hosted by the vendor, Netsmart with no current on-premise data backup or recovery solution. Currently, the State Hospital does not have a viable option for immediate access to critical patient safety data, which contributes to increased patient safety and legal risk. This funding request is to develop a solution to create a data backup, which would be owned and maintained by the State, to ensure immediate access to critical patient data is readily accessible.

Project Risks	• Citizens served at the State Hospital may be subjected to undue safety risks in the event of an EHR service interruption.
Anticipated Benefits	• Secure patient safety in the event of EHR service/ network interruptions.

	2025-2027 Biennium Decision Package [ONE TIME FUNDING]
EHR System Recovery and Backup Solution	$500,000

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Roadmap

- Policy Division: Who we are
- Overview of programs
  - Including Executive Budget Request items
- 2025-2027 Budget review
  - Federal Funding
  - Decision Package Detail



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Federal Funding for 2025-2027 Biennium

Federal Funding Source	Purpose	Current Award Deadline	Current Award
Substance Use Prevention, Treatment and Recovery Services Grant (SUPTRS)	Provide priority treatment and support services for individuals without insurance; provide primary prevention for persons not identified as needing treatment.	September 2025	$7,530,548
Mental Health Block Grant (MHBG)	Provide comprehensive, community-based mental health services to adults with serious mental illnesses (SMI) and to children with serious emotional disturbances (SED) and to monitor progress in implementing a comprehensive, community-based mental health system.	September 2025	$1,762,814
State Opioid Response Grant (SOR)	Address the opioid overdose crisis by providing resources to states and territories for increasing access to FDA-approved medications for the treatment of opioid use disorder (MOUD), and for supporting the continuum of prevention, harm reduction, treatment, and recovery support services for opioid use disorder (OUD) and other concurrent substance use disorders.	September 2025	$4,000,000
System of Care Grant (SOC)	Provide resources to improve the mental health outcomes for children and youth, birth through age 21, with serious emotional disturbances (SED), and their families.	September 2025	$3,000,000
988 Grant	Improve state and territory response to 988 contacts (including calls, chats, and texts)	September 2025	$838,072

Federal Funding for 2025-2027 Biennium

Federal Funding Source	Purpose	Current Award Deadline	Current Award
PATH	Support community-based outreach, mental health and substance abuse referral/treatment, case management and other support services, as well as a limited set of housing services for adults who are homeless or at imminent risk of homelessness and have a serious mental illness.	July 2025	$300,000
Traumatic Brain Injury State Partnership Program	Create and strengthen person-centered, culturally competent systems of services and supports that maximize the independence and overall health and well-being of all people with TBI across the lifespan, their family members, and their support networks.	July 2025	$200,178
Cooperative Agreements for Certified Community Behavioral Health Clinic Planning Grants	Support states to develop and implement certification systems for CCBHCs, establish Prospective Payment Systems (PPS) for Medicaid reimbursable services, and prepare an application to participate in a four-year CCBHC Demonstration program	December 2025	$1,000,000
Strategic Prevention Framework-Partnerships for Success	Reduce the onset and progression of substance misuse and its related problems by supporting the development and delivery of state and community substance misuse prevention and mental health promotion services.	September 2025	$1,250,000
Pediatric Mental Health Care Access Grant	Intended to promote behavioral health integration into pediatric primary care by using telehealth services to provide high quality and timely detection, assessment, treatment and referral for children and adolescents, with behavioral health conditions, using evidence-based practices and methods.	September 2025	$858,000

Decision Package Detail

By Ongoing, One-Time and Funding Source

Decision Package	Decision Package Grouping	General	Other	Total	
Electronic Health Record / Pharmacy System Recovery and Backup	IT		500,000 (SIIF)		One-Time
Retire Electronic Health Record Legacy System Data Extraction & Migration on Mainframe	IT		1,000,000 (SIIF)		One-Time
State Hospital Network Redundancy	IT		500,000 (SIIF)		One-Time
Development of Partial Hospitalization/ Intensive Day Treatment	Children's Behavioral Health		2,000,000 (CHTF)	**2,000,000**	One-Time
Opioid Settlement	Cost to Continue		8,000,000	**8,000,000**	Ongoing
Avel eCare rural crisis support continuation	Behavioral Health Services		2,000,000 (CHTF)	**2,000,000**	Ongoing
Substance Use Disorder (SUD) Voucher	Behavioral Health Services	2,500,000		**2,500,000**	Ongoing
Treatment Collaborative for Traumatized Youth Expansion	Children's Behavioral Health	408,000		**408,000**	Ongoing
Voluntary Treatment Program	Children's Behavioral Health	1,351,997		**1,351,997**	Ongoing
Continue existing levels of service in Free Through Recovery and Community Connect	Services – Care Coordination	4,761,081		**4,761,081**	Ongoing
Free Through Recovery	Services – Care Coordination	4,016,908		**4,016,908**	Ongoing
Community Connect	Services – Care Coordination	4,458,814		**4,458,814**	Ongoing
Peer Support	Services – Care Coordination	137,900		**137,900**	Ongoing

Comparison of budgets and funding

By Budget Account Code

Description	2023-25 Legislative Base	2025-27 Executive Recommendation	Increase/ (Decrease)
511x Salaries - Regular	$ 5,783,715	$ 11,553,902	$ 5,770,187
512x Salaries - Other	-	-	-
513x Salaries Temp	289,100	111,290	(177,810)
514x Salaries Overtime	-	-	-
516x Salaries Benefits	2,719,860	5,601,975	2,882,114
Total Salaries & Benefits	**$ 8,792,676**	**$ 17,267,167**	**$ 8,474,492**
52x Travel	40,000	174,685	134,685
53x Supply	6,000	18,037	12,037
54x Postage & Printing	15,000	15,000	-
58x Rent/Leases - Bldg/Equip	-	6,480	6,480
61x Professional Development	60,000	179,209	119,209
62x Fees - Operating & Professional	81,260,458	95,968,688	14,708,230
60x IT Expenses	-	19,042,285	19,042,285
71x Grants, Benefits, & Claims	40,476,298	43,905,620	3,429,322
Total Operating	**$ 121,857,756**	**$ 159,310,004**	**$ 37,452,248**
Total	**$ 130,650,431**	**$ 176,577,171**	**$ 45,926,740**
Total General	**$ 78,668,634**	**$ 116,775,231**	**$ 38,106,598**
Total Federal	**$ 40,703,315**	**$ 42,277,919**	**$ 1,574,604**
Total Other	**$ 11,278,483**	**$ 17,524,021**	**$ 6,245,538**

Operating Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION			
			TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
BH Strategic Plan Implementation	$ 250,000	$ -	$ 250,000	$ 250,000		
Person Centered Planning	300,000	-	300,000	300,000		
Trauma Informed Practices (TCTY)	200,000	408,000	608,000	608,000		
NDCARES	85,000	-	85,000	85,000		
B-HERO	400,000	-	400,000	400,000		
Peer Support	162,010	137,990	300,000	300,000		
Prevention and Early Intervention	300,000	-	300,000	300,000		
Licensing/Certification	77,500	-	77,500	77,500		
Task Forces, Commissions, etc.	46,000	(24,750)	21,250	21,250		
Telehealth	1,500,000	-	1,500,000	1,500,000		
Suicide Prevention	1,092,132	-	1,092,132	1,092,132		
Crisis	2,043,330	-	2,043,330	2,043,330		
ND Brain Injury Network	996,483	-	996,483	996,483		
Supported Housing	4,672,536	-	4,672,536	4,672,536		
Recovery Housing Assistance Program	1,509,088	34,124	1,543,212	1,543,212		
Pregnant and Parenting Women	600,000	-	600,000	600,000		
Free Through Recovery	14,700,173	6,186,180	20,886,353	20,886,353		
Community Connect	14,364,747	7,114,737	21,479,484	21,479,484		
PATH	5,000	-	5,000		5,000	
Mental Health Block Grant	3,058,872	360,612	3,419,484		3,419,484	
Substance Use Prevention Treatment and Recovery	12,494,756	1,480,142	13,974,898		13,974,898	
Partnership for Success	2,500,000	1,000,000	3,500,000		3,500,000	
988 Improvement	252,759	1,497,241	1,750,000		1,750,000	
State Opioid Response	8,000,000	(246,034)	7,753,966		7,753,966	
State Epidimeological Outcomes Workgroup	500,000	-	500,000		500,000	
Opioid Settlement	10,000,000	(2,000,000)	8,000,000			8,000,000
Revenue Cycle Consultant	-	39,700	39,700	39,700		
Parent's LEAD	200,000	(200,000)	-			
Brain Injury Grant	450,072	(450,072)	-			
Compulsive Gambling	500,000	(500,000)	-			
BH Crisis Care for Law Enforcement (Avel eCare)		2,000,000	2,000,000			2,000,000
Drug Court		200,000	200,000	200,000		
Operating Underfund		(2,329,640)	(2,329,640)	(2,329,640)		

GENERAL FUND	**$ 43,498,999**	**$ 11,566,341**	**$ 55,065,340**	**$ 55,065,340**		
FEDERAL FUND	**27,261,459**	**3,641,889**	**30,903,348**		**30,903,348**	
OTHER FUND	**10,500,000**	**(500,000)**	**10,000,000**			**10,000,000**
GRAND TOTAL	**$ 81,260,458**	**$ 14,708,230**	**$ 95,968,688**	**$ 55,065,340**	**$ 30,903,348**	**$ 10,000,000**

Grants Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
Voluntary Treatment Program	$ 453,424	$ 1,351,997	1,805,421	$ 1,805,421		
Parent to Parent	75,000	-	75,000	75,000		
Behavioral Health School Grants	9,500,000	-	9,500,000	9,500,000		
School Pilot	300,000	-	300,000	300,000		
Substance Use Disorder Voucher	18,147,874	2,910,369	21,058,243	21,058,243		
System of Care	6,000,000	1,066,956	7,066,956		7,066,956	
Pediatric Mental Healthcare Acccess	-	2,100,000	2,100,000		2,100,000	
CCBHC Federal Grant	6,000,000	(6,000,000)	-			
Partial Hospitalization / Intensive Day Treatment	-	2,000,000	2,000,000			2,000,000
GENERAL FUND	**$ 28,476,298**	**$ 4,262,366**	**$ 32,738,664**	**$ 32,738,664**		
FEDERAL FUND	**12,000,000**	**(2,833,044)**	**9,166,956**		**9,166,956**	
OTHER FUND		**2,000,000**	**2,000,000**			**2,000,000**
GRAND TOTAL	**$ 40,476,298**	**$ 3,429,322**	**$ 43,905,620**	**$ 32,738,664**	**$ 9,166,956**	**$ 2,000,000**

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Comparison of budget expenditures and projections

By Budget Account Code

Description	2023-25 Legislative Base	Expended as of 12/31/2024	Projection through 6/30/2025	Under/ (Over) Budget
511x Salaries - Regular	$ 5,783,715	$ 5,241,524	$ 6,979,625	$ (1,195,910)
513x Salaries Temp	289,100	45,240	70,400	218,700
514x Salaries Overtime	-	10,984	10,984	(10,984)
516x Salaries Benefits	2,719,860	2,369,733	3,176,143	(456,282)
Total Salaries & Benefits	**$ 8,792,676**	**$ 7,667,481**	**$ 10,237,152**	**$ (1,444,476)**
52x Travel	40,000	389,126	401,626	(361,626)
53x Supply	6,000	134,065	135,565	(129,565)
54x Postage & Printing	15,000	108,502	113,002	(98,002)
55x Equipment under $5,000	-	56,475	56,475	(56,475)
58x Rent/Leases - Bldg/Equip	-	33,597	33,597	(33,597)
61x Professional Development	60,000	202,151	217,151	(157,151)
62x Fees - Operating & Professional	81,260,458	52,811,692	82,004,677	(744,219)
60x IT Expenses	-	2,208	2,208	(2,208)
69x Equipment Over $5,000	-	519,400	519,400	(519,400)
71x Grants, Benefits, & Claims	40,476,298	24,707,391	41,228,912	(752,614)
Total Operating	**$ 121,857,756**	**$ 78,964,606**	**$ 124,712,612**	**$ (2,854,856)**
Total	**$ 130,650,431**	**86,632,087**	**$ 134,949,764**	**$ (4,299,332)**
Total General	**$ 78,668,634**	**$ 53,012,375**	**$ 77,328,641**	**$ 1,339,993**
Total Federal	**$ 40,703,315**	**$ 28,360,954**	**$ 43,578,572**	**$ (2,875,258)**
Total Other	**$ 11,278,483**	**$ 5,258,759**	**$ 14,042,551**	**$ (2,764,068)**



Contact Information

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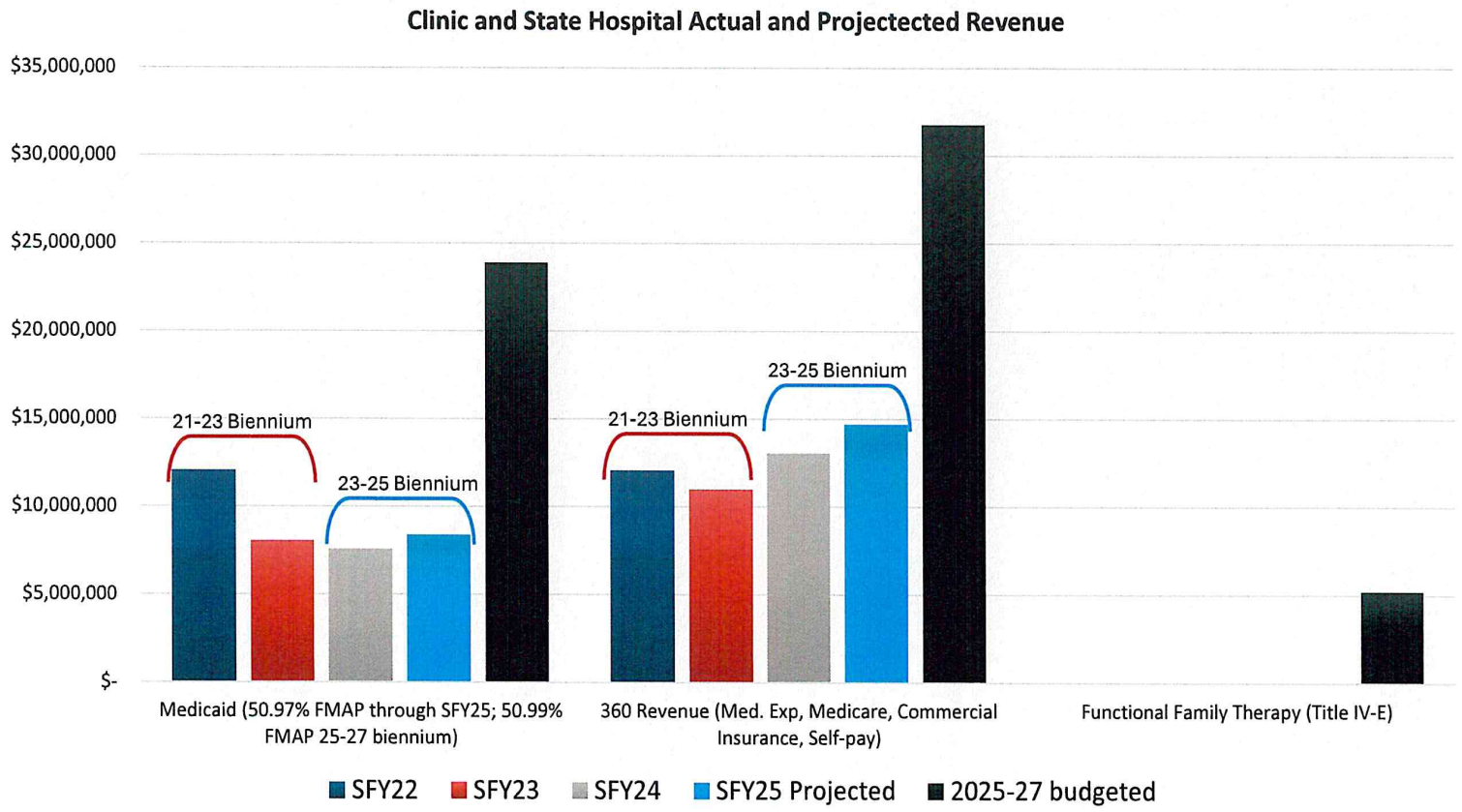
North Dakota Department of Health and Human Services
Behavioral Health Division



One Assessment for Level of Care Assessment for Youth Behavioral Health Inpatient and Residential Services

42 CFR Part 441 Subpart D requires state Medicaid programs to have an independent team certify the need for services when a youth under age 21 is admitted to inpatient psychiatric services. Inpatient psychiatric services include services provided in hospitals and psychiatric residential treatment facilities (PRTF). ND Medicaid also issues a level of care for youth served in Qualified Residential Treatment Programs (QRTPs).

On July 1, 2024, the North Dakota Department of Health and Human Services (NDHHS) began using One Assessment for youth entering inpatient or residential behavioral health treatment.

What is the one assessment?	The one assessment is a streamlined approach to assessing level of care. Under the one assessment, referrals for inpatient or residential behavioral health treatment go through one evaluation process. An independent vendor assesses the level of care, completes independent interviews with youth and families, and reviews medical documentation. The one assessment is designed to limit bias to ensure that clinical criteria are applied appropriately and consistently for all youth across North Dakota.
Why did ND HHS make this change?	Prior to the one assessment, North Dakota had separate entry points and review processes for PRTF and QRTP levels of care. The separate processes were fragmented and resulted in multiple assessments and dual determinations for the same youth. Additionally, the review and documentation process differed substantially between settings. PRTF reviews were based on narrative documentation only and referral information was submitted by the PRTF provider while QRTP reviews included interviews with families and youth. The differences in documentation and review requirements resulted in inconsistent application of clinical criteria across the state. The new process for one assessment is centered around streamlining the point of entry for youth and families, applying clinical criteria consistently, and ensuring that care is provided in the least restrictive, most appropriate setting.
Did clinical criteria change?	No, the one assessment is a process change only and did not change the clinical criteria for PRTF or QRTP admission. The clinical criteria for PRTFs were updated in June 2023 and providers were trained in the criteria at that time and have had a year to adjust to the clinical criteria. The one assessment adds independent verification of clinical criteria and provider submitted information through review of clinical notes and an interview with youth and families but does not change the certificate of need (CON) clinical requirements in place prior to the one assessment.
How does this change impact the care of kids?	The new assessment will allow better supports for youth and families entering treatment service by streamlining entry and ensuring the right care at the right time, provided in the least restrictive, most appropriate setting. The one assessment creates an opportunity for NDHHS to assist families who do not qualify for PRTF level of care to identify other treatment options and resources in the community. NDHHS will also have more data related to youth entering services to allow the state to monitor and identify trends related to service delivery across the continuum of care.
What has ND HHS done to help facilities and families?	NDHHS has collaborated with providers and families to navigate changing processes. NDHHS provided multiple educational sessions to providers before, during, and after implementation of the One Assessment, with opportunities to provide feedback and ask clarifying questions. NDHHS has added a Behavioral Health Navigator to support families in determining the right source of care. NDHHS continues to assess the behavioral health landscape of North Dakota and has included stakeholders in discussions to consider further enhancements to ensure youth have the right care at the right time, provided in the least restrictive, most appropriate setting.

2025 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

HB 1012
1/30/2025

HB A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

10:32 am Chairman J. Nelson called the meeting to order.

Members Present: Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Berg, Mitskog, Murphy, O' Brien, Wagner.

Discussion Topics:

- Mixed delivery system
- Contracted partners
- Grants
- Quality Recognition

10:33 a.m. Kay Larson, Director, Early Childhood Section, Health and Human Services, presented and continued with previous testimony on the Early Childhood Division, #32188.

10:52 a.m. Jessica Thomasson, Executive Director, Human Services Division, Health and Human Services, spoke to grant funding.

10:55 a.m. Kay Larson, Director, Early Childhood Section, testified and continued with testimony #32188.

11:21 a.m. Jessica Thomasson, Executive Director, Human Services Division, Health and Human Services, spoke to targeting goals.

11:23 a.m. Kay Larson, Director, Early Childhood Section, testified and continued with testimony #32188.

11:36 a.m. Jessica Thomasson, Executive Director, Human Services Division, Health and Human Services, spoke to out-of-state businesses participating in the state match to employer-led childcare benefits.

11:41 a.m. Kay Larson, Director, Early Childhood Section, testified and continued with testimony #32188.

11:47 a.m. Donna Aukland, Chief Financial Officer, Health and Human Services, spoke to one time funding.

11:48 a.m. Kay Larson, Director, Early Childhood Section, testified and continued with testimony #32188.

11:58 a.m. Chairman J. Nelson closed the hearing.

Jan Kamphuis, Committee Clerk

2025 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

HB 1012
1/30/2025

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

2:44 p.m. Chairman J. Nelson called the hearing to order.

Members Present: Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Berg, Mitskog, Murphy, O' Brien, Wagner.

Discussion Topics:

- Safety
- Prevention
- Permanency
- Well-being
- Budget
- Human Service Zone structure
- Zone budgeting process

2:44 p.m. Jessica Thomasson, Executive Director, Human Services Division, Health and Human Services, introduced online speaker Corey Pedersen #32760.

2:45 p.m. Corey Pedersen, Director, Children and Family Services, Health and Human Services, testified and presented on Children and Family Services Division # 32760,#33067.

3:28 p.m. Jessica Thomasson, Executive Director, Human Services Division, Health and Human Services, testified on census data for non-foster placement.

3:29 p.m. Corey Pedersen, Director, Children and Family Services, Health and Human Services, testified and continued with testimony #32760.

4:05 p.m. Eric Haas, Assistant Chief Financial Officer, Health and Human Services, testified on the calculation from the state cost of continuous program #32670.

4:07 p.m. Donna Aukland, Chief Financial Officer, Health and Human Resources, testified to the increase to the base budget #32670.

4:07 p.m. Corey Pedersen, Director, Children and Family Services, Health and Human Services, testified and continued with testimony #32760.

4:13 p.m. Jason Coffey, Fiscal Zone Operations Team, Health and Human Services, spoke to funding #32670.

4:16 p.m. Corey Pedersen, Director, Children and Family Services, Health and Human Services, testified and continued with testimony #32760.

4:20 p.m. Donna Aukland, Chief Financial Officer, Health and Human Services, spoke to open ended funding sources.

4:21 p.m. Corey Pedersen, Director, Children and Family Services, Health and Human Services, testified and continued with testimony #32760.

4:26 p.m. Kristen HasBargen, Director, Human Service Zone Operations, Health and Human Services, testified and presented on Human Service Zone Operations #32758.

5:02 p.m. Donna Aukland, Chief Financial Officer, Health and Human Services, spoke to funding sources.

5:03 p.m. Kristen HasBargen, Director, Human Service Zone Operations, Health and Human Services, testified and continued with testimony #32758.

5:10 p.m. Jessica Thomasson, Executive Director, Human Services Division, Health and Human, services will provide the committee with turnover data.

5:11 p.m. Kristen HasBargen, Director, Human Service Zone Operations, Health and Human Services, testified and continued with testimony #32758.

Additional written testimony:

Julianne Horntvedt, Executive Director, North Dakota State Council on Developmental Disabilities in favor #31721.

5:15 p.m. Chairman J. Nelson adjourned the meeting.

Jan Kamphuis, Committee Clerk

Testimony
House Bill 1012
January 27, 2025

My name is Julianne Horntvedt and I am the Executive Director of the North Dakota State Council on Developmental Disabilities. I am submitting testimony on behalf of our Advocacy Committee.

A few comments about HB1012:

1) We are glad to see the Governor's budget request for continued support of the Cross Disability Waiver. We feel that this is an important step to provide support to individuals and families who may "fall through the cracks" of the current waiver system
2) We support the continued funding for Family Voices of ND. Their support to families in this state is unmatched and we often refer calls we receive to them for parent support, to provide information on waiver services, ABLE accounts, trainings, etc.
3) We have concern about the decrease in the budget for the Autism Waiver. With families already on a waitlist, a cut to funding will provide less support to those who need services. We realize the staffing shortage is a real crisis, perhaps we can be creative about how we recruit/train/and retain staff in the state so they can provide the needed support so more individuals can utilize services.
4) We have concern about the decrease in funding to the FASD Center at UND. The Council has chosen Fetal Alcohol Spectrum Disorder as our targeted disparity group in our current 5-year plan. This means we have dedicated resources in different ways to provide education, training, and awareness to families, educators, foster parents, state staff, etc. We hope to see this funding restored so individuals and families have a place to go for diagnosis and support.

Sincerely,

Julianne Horntvedt

701-328-4847

jhorntvedt@nd.gov



HB1012 Overview – Human Service Zone Operations

House Appropriations | Human Resources Division
Representative Jon Nelson, Chairman

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January 30, 2025, Kristen Hasbargen | Director, Human Service Zone Operations

Human Service Zone Purpose and ND Century Code Reference(s)

In order to provide optimum service, reduce program costs, and benefit recipients of human services within this state, counties shall combine and consolidate their county agencies into human service zones in the manner provided in this chapter.

Chapter	Chapter Name
50-01.1	Human Service Zones
50-35	State-Funded Human Services
50-06	Department of Human Services



Dakota Central Human Service Zone

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Who we are and what we do



Zone Ops Team

- Kristen Hasbargen
- Jason Coffey, Fiscal
- Alicia Baumann, HR
- Joelle Hammer, Fiscal
- Jessica Thomasson



Our role

- Serve as liaison between Zones, Zone Boards, and HHS, including collaborative budget work
- Provide directives, leadership, mentoring and technical assistance to Zones, Zone directors, and HSZ boards
- Mediate between Zones to support function and capacity across system
- Collaborate on visioning, evaluating and solution identifying of services delivered by Zones.



Partners

- Human Service Zone Directors
- HHS Program and Policy (Children and Family Services, Economic Assistance, Legal and Medical Services)
- HSZ Board members and County Officials (Commissioners, Auditors, State's Attorneys)

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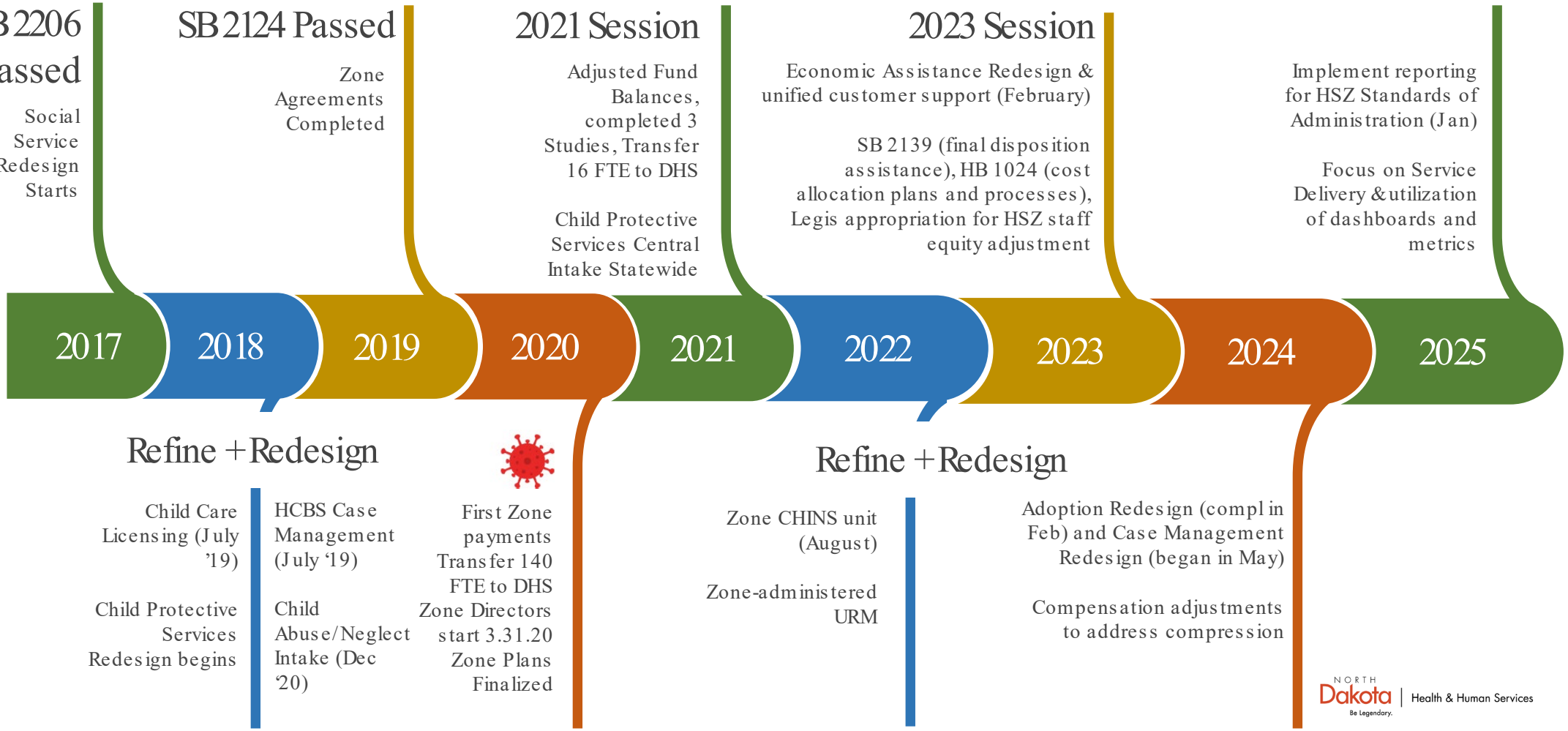
ND Human Service Zone Implementation Continues



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Social Service Redesign set the stage for Counties and the State to work together to serve North Dakotans through the Human Service Zone structure

- Standardization
- Consistency
- Shared services + workload
- Increased access and resources for clients
- Decreased multi-function jobs and allowed for specialization/expertise – reduced # of hats
- Clear program performance measurements
- Increased state collaboration + oversight
- Property Tax Relief

	Host County	Zone	HHS
Employer	✖		
Benefits	✖		
HR Policy Manual		✖	✖
HP Policy Addendums - Submitted by Zone/ DHS Approval		✖	
Merit System Requirements			✖
Office Closure	✖	✖	
Supervision of Staff		✖	
Mileage/Reimbursement	✖		
Bonuses (Performance, Retention, etc,...)		✖	✖
Programmatic Policy			✖

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What does it mean to work together?

Human Service Zone Board Role



- Serve as an Advisory Board
- Representative of those served by the Zones
- Co-manage Zone Director Performance, Hiring and Termination

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What does it mean to work together?

Host County Role



- State's Attorney (employee issues, child welfare, contracts)
- Host County Employer
- Host County Auditor
- Payroll + Benefit administration
- Retirement Provider
- Physical Space
- HR Support (varies by Zone)
- EAP Provider (if offered)

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What does it mean to work together?

What it means to be a Zone Employee



HR Policies

- The Zone HR Policy Manual was created in July of 2020 with HHS and Zone representation
- All of the policies are based on Admin Code, Best Practice or State/Federal Laws
- The Zones must follow the established Zone HR Policy Manual, but each Zone has the ability to create addendums (changes) to certain areas of the policy manual
- Example: Dress Code, Weather Related Closures, Benefits
- The Host County determines office closures related to weather or other incidents
- Telecommute workers are required to work when the office is closed due to weather related or other closures

What does it mean to work together?

FTE Committee (HR)



Hiring

- SB 2124 directed: "The department of health and human services shall develop a process to review a request from a human service zone for any proposed increase in staff."
- Zones assisted in development of both process and group composition. The committee consists of 4 Zone Directors and 4 members of the HHS Zone Team.
- Salary offers need approval from FTE committee only if above midpoint of salary range.
- Committee meets twice per week.
- This group reviews all FTE requests, salary increases, and temporary hires.

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What does it mean to work together?

HHS/State Role



- Establish policy and procedure for programs based on law and administrative rule
- Support programs teams in the zones with technical assistance, hands on training and reviews, including quality reviews
- Administer and adhere to the state merit system for human resource management
- Provide HR technical assistance and support as needed
- Provide official posting and ranking of Zone candidates for interview

New state responsibilities since SB2124

- Funder of all direct costs for delivery of human services
- Provide fiscal support for budgeting and purchasing
- Partner with the zone board on zone director performance management, hiring and terminations

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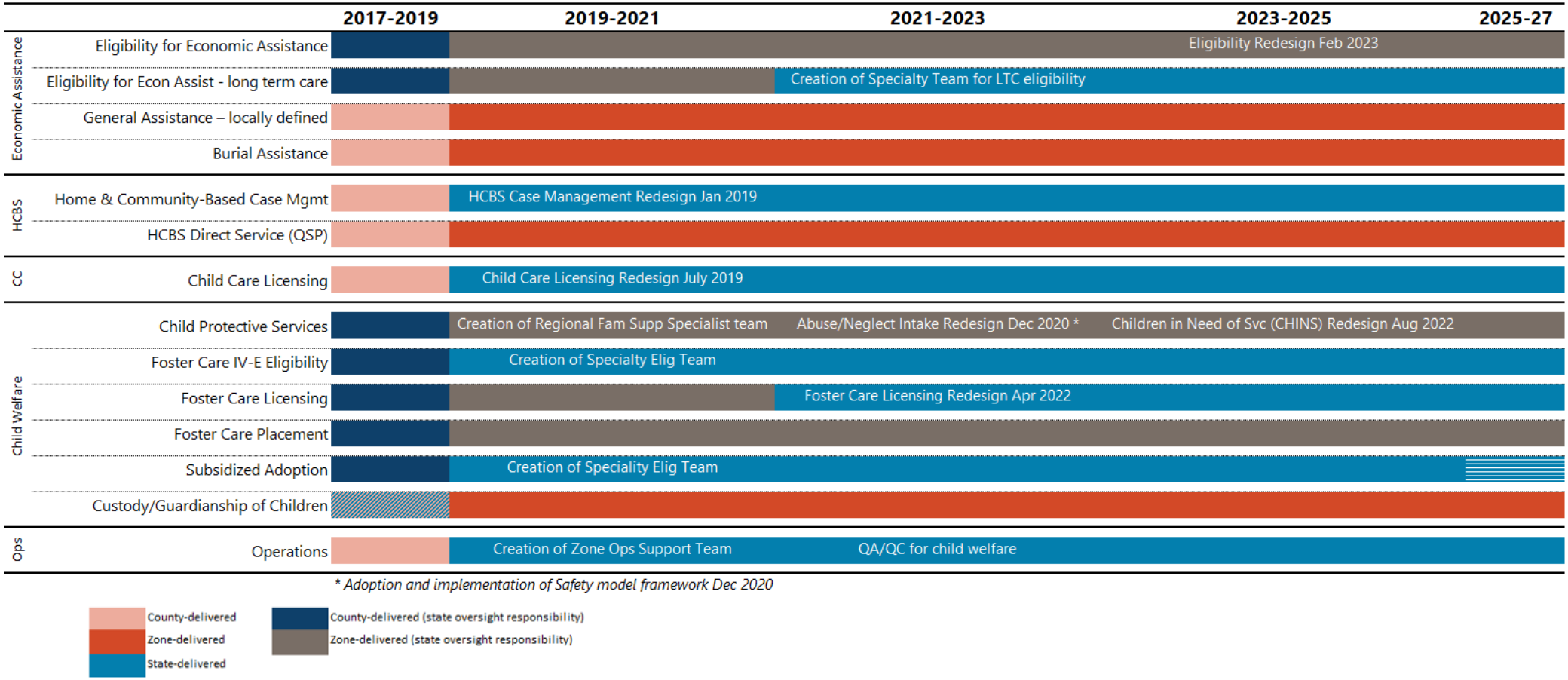
North Dakota's model of human service delivery is characterized by shared roles and responsibilities



Successes in the last year

Increased access to data

- Position Control Log in SharePoint, HSZ page
- Data dashboards

Support and Stabilization of Cass CPS team

- HHS and other HSZ members assistance
- New staff onboarding model-now duplicated

Staffing Collaboration amongst Zones

- Cross-Zonal Supervision in both child welfare and EA
- Transfer of FTEs for difficult to fill positions (CSC Call Center, Eligibility workers)

March Madness

- Data driven conversations which led to identification of cases that were not being processed timely
- Transparency in assigned work which allowed for designating focus daily (i.e. types of cases or reviews)

Successful PHE Unwinding



Successes this biennium

- Uniform on-call policy and pay for child welfare team members
- Meeting Federal Face-to-Face in person case worker visitation standard of 95%, Zones met this goal reaching 96%.
- Redaction of records, creating a state-wide unit for expertise and support
- Provision of QSP services from neighboring Zones
- Tools allowed for recruitment and retention were not allowed at the county level but are for Zones



Roughrider Human Service Zone

Preparing for Re-entry

Human Service Zone/DOCR Collaboration

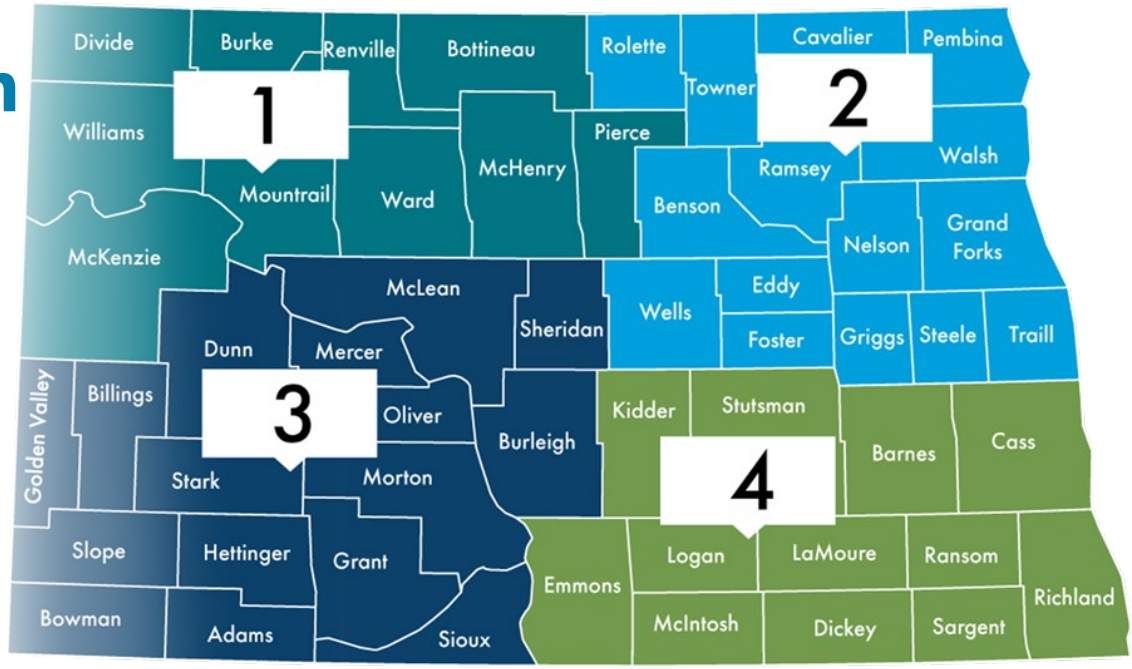
- Buffalo Bridges HSZ monthly visit to James River Correctional Center for application assistance
- Burleigh HSZ recently began 2 Eligibility Workers going to State Penitentiary to assist with apps prior to re-entry
- Zones discussing outreach Dakota Women's Correctional Center in New England and Heart River in Mandan



Eligibility Processing

Human Service Zone/Economic Assistance Collaboration

- High work volume in one group – How to adjust
- Staffing decisions regionally – What Zone/employer? Where do they work?
- CSC – Staffing to trends and metrics.
- Development of new Eligibility Worker training. Lesson Plan from HHS; Zones looking at Benchmarks and Competencies.



Child Welfare

Human Service Zone/Children Family Services Collaboration

- Cross Zonal Supervision of front line child welfare staff
- Support during a vacancy and mentoring of new team members
- Assist each other in visiting youth in the community where they have placement, both foster and residential facilities. Transportation coordination.
- Shared On Call



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Surge Support

Statewide Collab / HHS and HSZs

Information provided courtesy of Cass County Human Service Zone

Cass County CPS Support and Stabilization Plan

The Support & Stabilization Plan operated through May 2024, decreasing the backlog by over 86%

At least 15 workers from 10 Zones assisted with case assignment, working over 145 cases

3 Zones provided onboarding support for 10 new CPS Assessment Workers

At least 7 State partners assisted in completing Tool 3's to aide in case closure (process management support.) 169 were sent to process management during this timeframe

6 FSS State team members provided case supervision while Cass CPS Supervisors participated in case



North Star Human Service Zone

Top pain points

Collaborative decision making across the Human Service Zone network

- 18 Zone Directors acting as one in decision-making
- Definition of processes
- Consistent Communication

Staff preparedness

- Recruitment, retention and strengthening of team members

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Cass Human Service Zone

More on Staff Turnover

In 2022, Zones gathered data regarding Staff turnover/retention:

- Child Welfare positions - 37.5% turnover
- Economic Assistance - 23.6% turnover

<u>An indicator of progress…</u>

Cass Human Service Zone has created a dashboard to track retention in their Zone and has documented significant progress over the last couple years.

	2022	2024
Child Welfare	65%	15%
Economic Assistance	39%	7%

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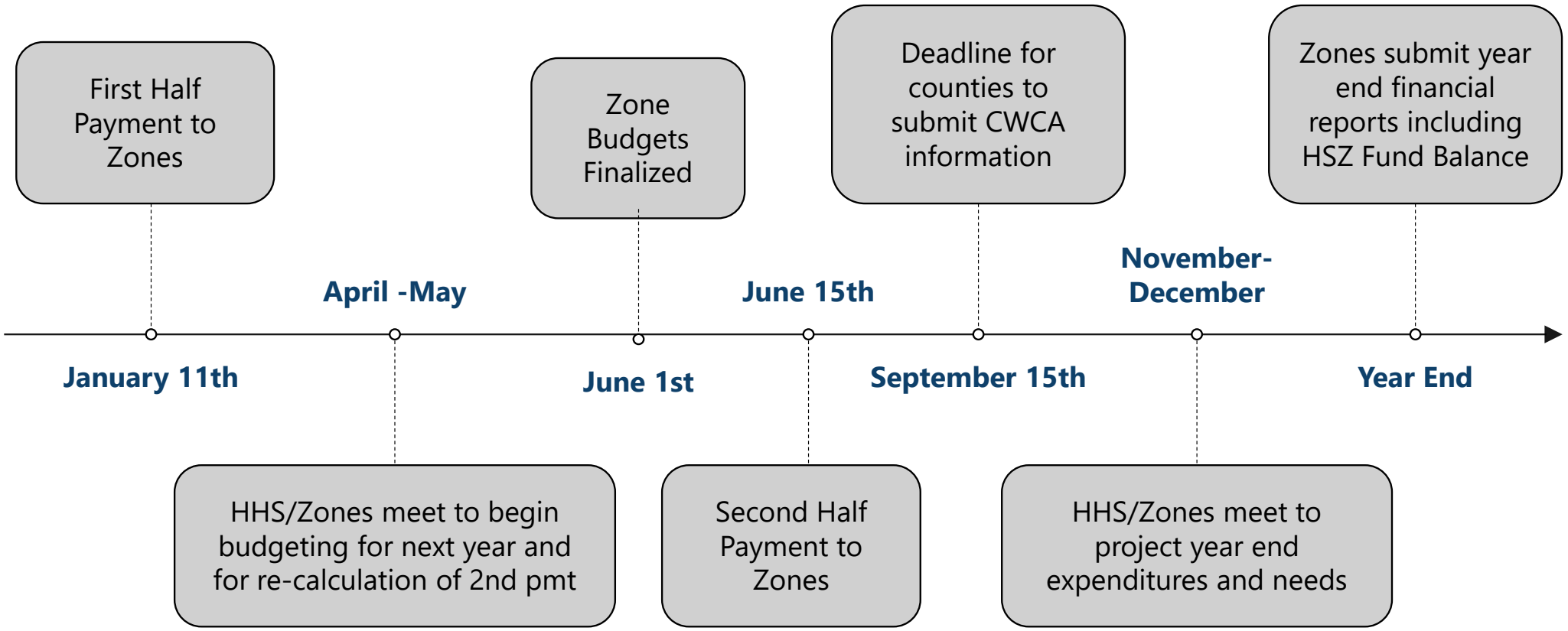
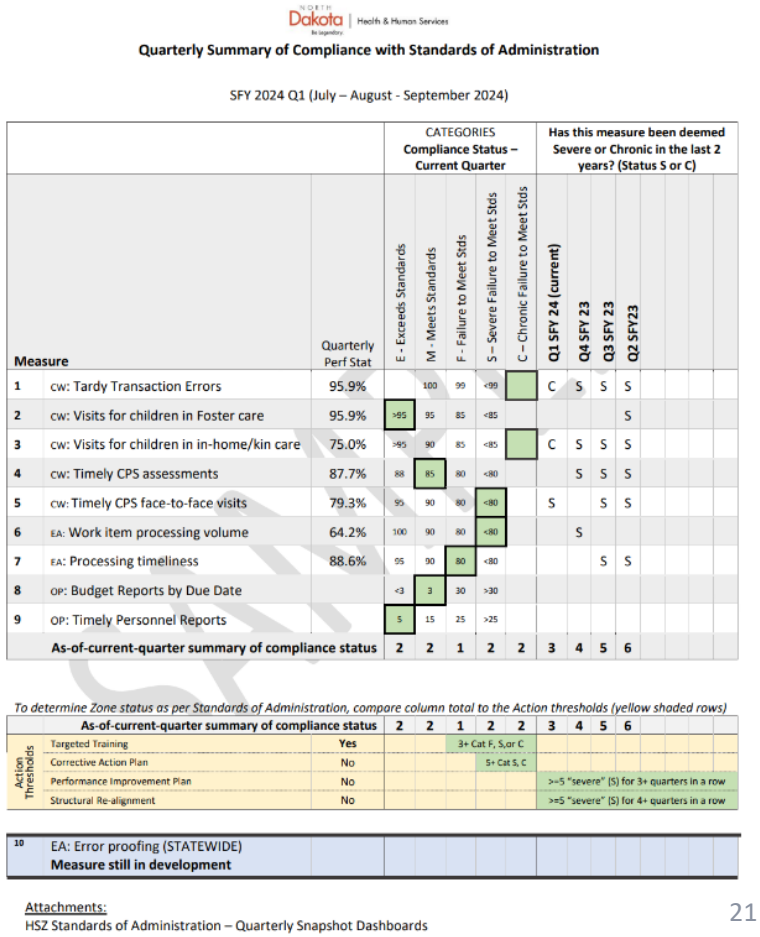
Zone Budgeting Process



Developed Standards of Administration for Human Services delivered by Human Service Zones

Human Service Zone Standards of Administration include measures that describe basic standards as they apply to HSZ delivery of Human Services, including Child Welfare services, Economic Assistance services, and HSZ Operations.

- Measures 1 - 5 relate to Child Welfare
- Measures 6 and 7 relate to Determining Eligibility
- Measure 8 and 9 relate to Operating
- Measure 10 is in development and will relate to Error Proofing in Determining Eligibility



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Quarterly Summary of Compliance with Standards of Administration

SFY 2024 Q1 (July – August - September 2024)

	Measure	Quarterly Perf Stat	E - Exceeds Standards	M - Meets Standards	F - Failure to Meet Stds	S – Severe Failure to Meet Stds	C – Chronic Failure to Meet Stds	Q1 SFY 24 (current)	Q4 SFY 23	Q3 SFY 23	Q2 SFY23
			CATEGORIES Compliance Status – Current Quarter					Has this measure been deemed Severe or Chronic in the last 2 years? (Status S or C)			
1	CW: Tardy Transaction Errors	95.9%		100	99	<99		C	S	S	S
2	CW: Visits for children in Foster care	95.9%	>95	95	85	<85					S
3	CW: Visits for children in in-home/kin care	75.0%	>95	90	85	<85		C	S	S	S
4	CW: Timely CPS assessments	87.7%	88	85	80	<80			S	S	S
5	CW: Timely CPS face-to-face visits	79.3%	95	90	80	<80		S		S	S
6	EA: Work item processing volume	64.2%	100	90	80	<80			S		
7	EA: Processing timeliness	88.6%	95	90	80	<80				S	S
8	OP: Budget Reports by Due Date		<3	3	30	>30					
9	OP: Timely Personnel Reports		5	15	25	>25					
	As-of-current-quarter summary of compliance status		**2**	**2**	**1**	**2**	**2**	**3**	**4**	**5**	**6**

To determine Zone status as per Standards of Administration, compare column total to the Action thresholds (yellow shaded rows)

	As-of-current-quarter summary of compliance status		2	2	1	2	2	3	4	5	6
Action Thresholds	Targeted Training	Yes			3+ Cat F, S,or C						
	Corrective Action Plan	No				5+ Cat S, C					
	Performance Improvement Plan	No						>=5 "severe" (S) for 3+ quarters in a row			
	Structural Re-alignment	No						>=5 "severe" (S) for 4+ quarters in a row			

10	EA: Error proofing (STATEWIDE) **Measure still in development**										

Attachments:
HSZ Standards of Administration – Quarterly Snapshot Dashboards

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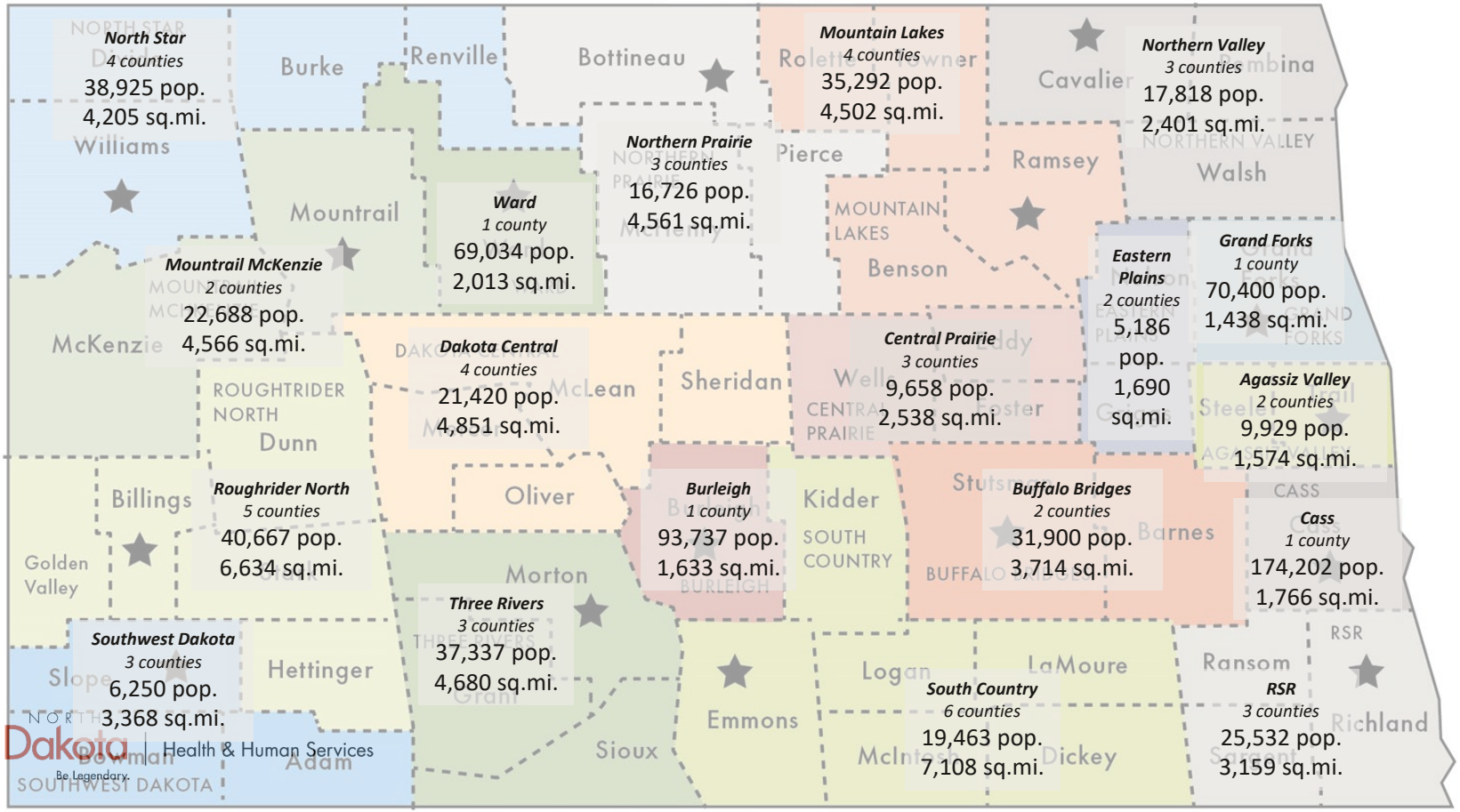
19 unique Human Service Zones work together to serve every corner of ND



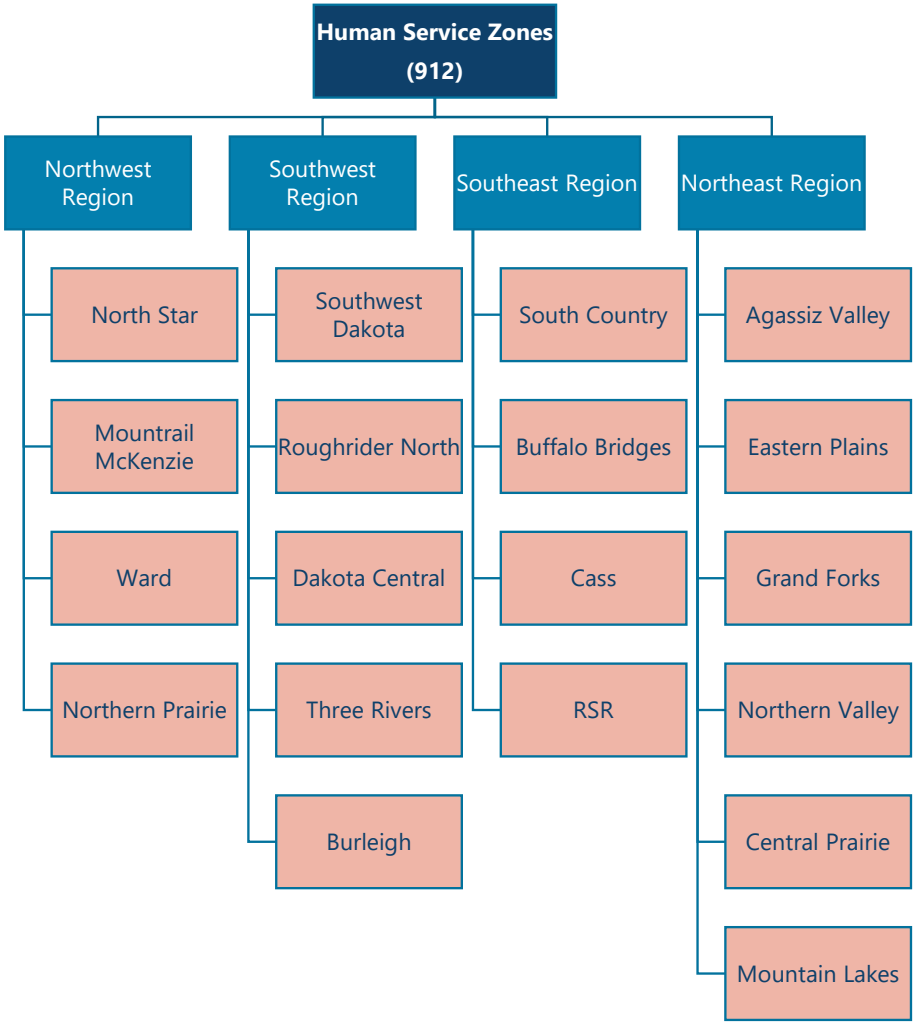
Population:
5,186 to 174,202

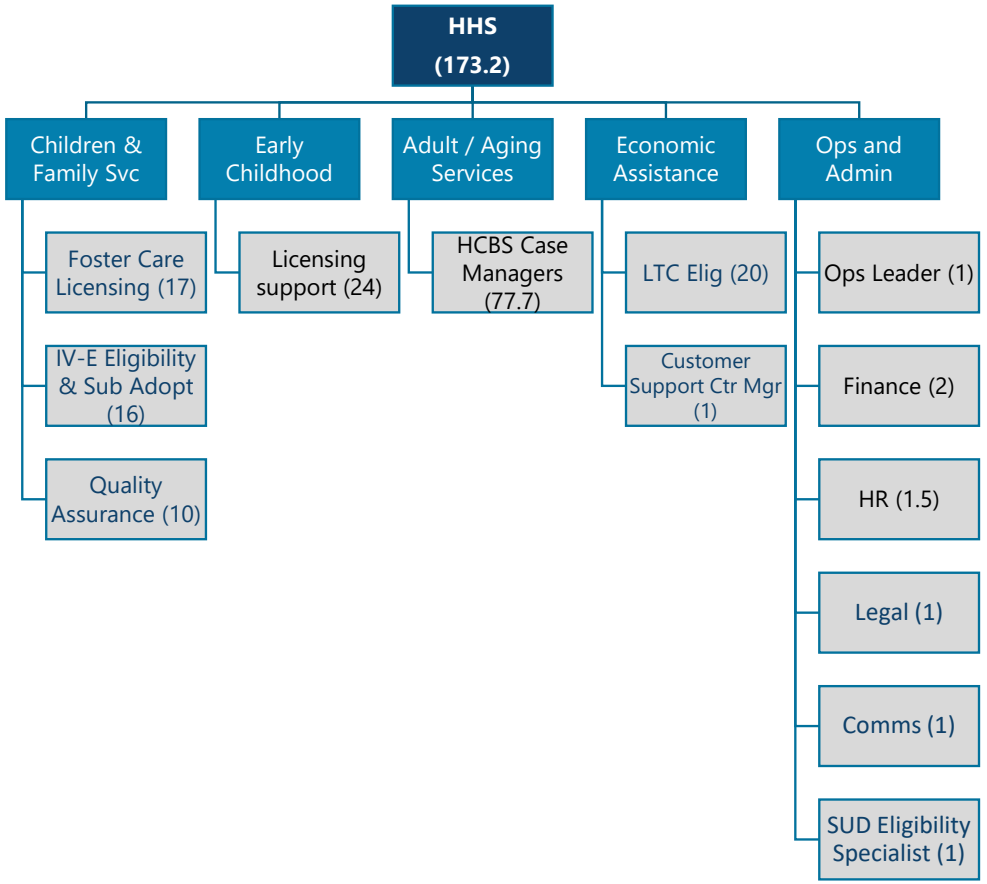
County collaborations:
1 to 6

Square miles of geography covered:
1,438 to 7,108

Positions funded via the Human Services Fund (457)

Human Service Delivery Staffing and Team Structure





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Budget review



Northern Prairie Human Service Zone

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Property Tax Relief Fund established to fund Human Service delivery via Social Service Redesign

(SB 2206 – 65th Legislative Assembly)

- OMB transfers funds into HHS' Human Services Fund (aka "457 Fund") based on budget request
  - Services are delivered by both Human Service Zone and HHS staff
  - Funding for Human Service Zone delivered services are captured in a single budget line (grants)
  - Funding for HHS-delivered services are itemized in more detailed budget lines as per HHS practice
- The Property Tax Relief Fund was capped at $250 M in the 2023-25 session





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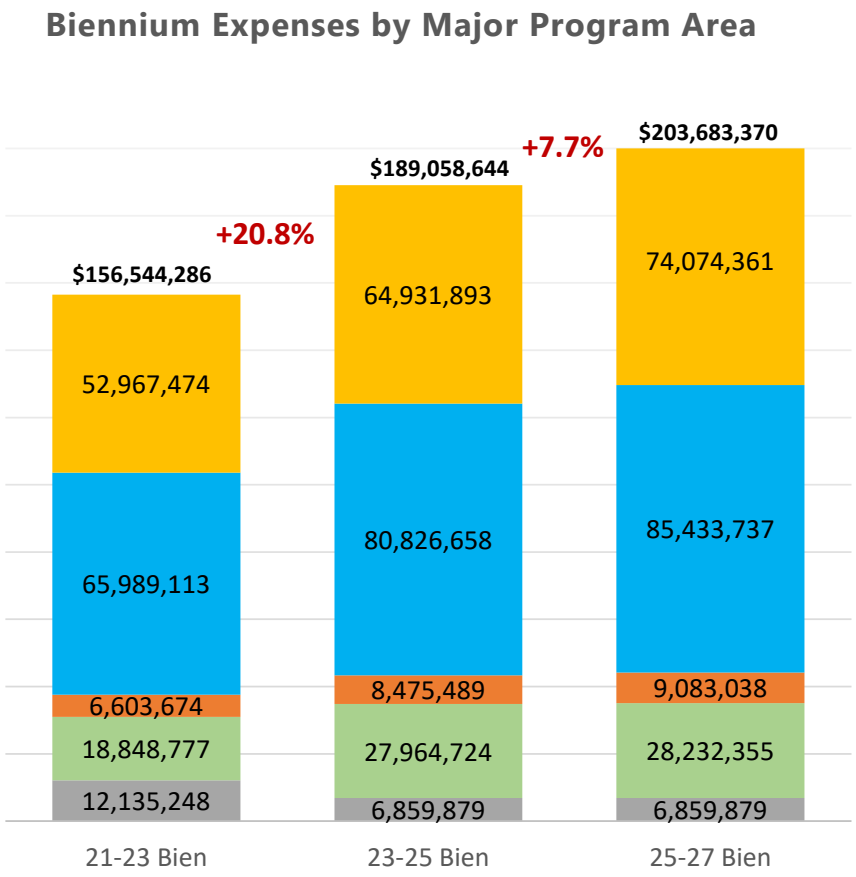
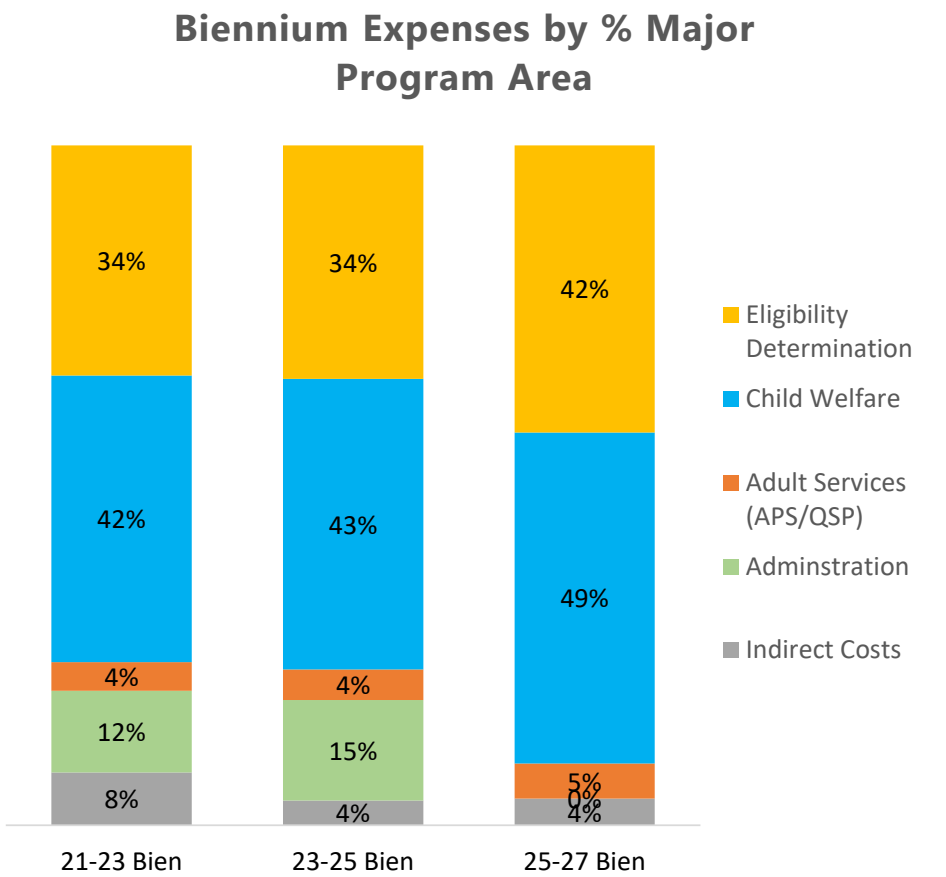
Zone Operations by Type of Service





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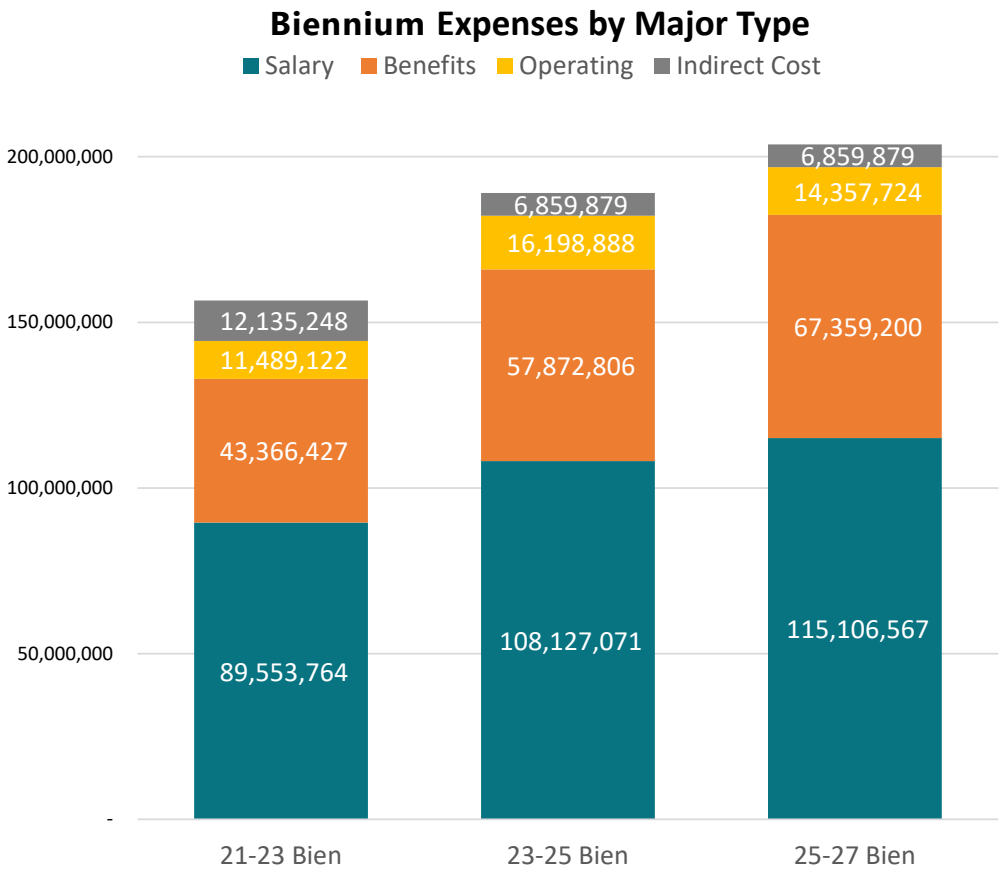
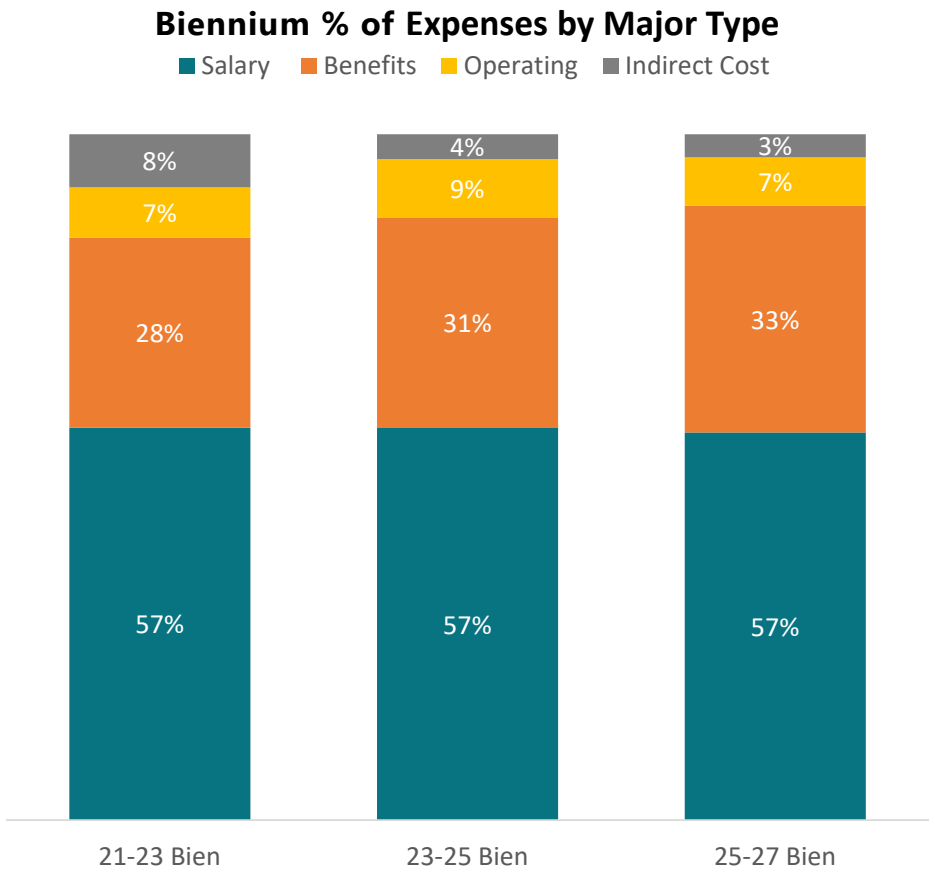
Zone Operations by Expense Type





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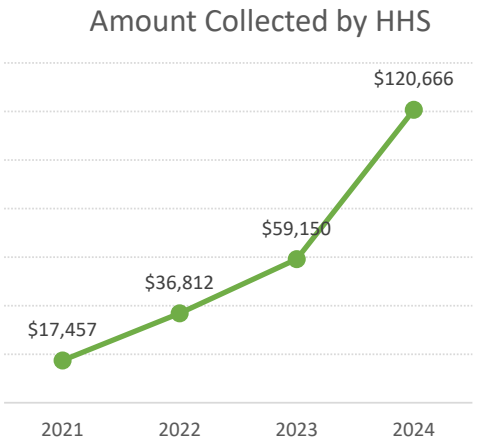
Burial Assistance Trends

Row Labels	Sum of 2022 # of individuals	Sum of 2023 # of individuals	Sum of 2024 # of individuals	Sum of 2025 Estimate
Agassiz_Valley	8	5	4	6
Buffalo_Bridges	11	5	19	13
Burleigh	15	29		25
Cass	58	93	97	78
Central Prairie	5	0	3	3
Dakota_Central	6	4	14	7
Eastern_Plains	1	2	1	3
Grand_Forks	43	39	59	51
Mountain_Lakes	15	11	43	21
Mountrail_McKenzie	9	4		8
North_Star	9	10		8
Northern_Prairie	8	7	9	8
Northern_Valley	8	17	17	14
RoughRider_North	7	7	23	14
RSR	5	12	15	11
South_Country	9	3	10	7
Southwest_Dakota	1	0	2	3
Three_Rivers	12	11	22	12
Ward	38	38	50	41
Grand Total	**268**	**297**	**388**	**333**

Row Labels	Sum of 2022 GA Burial costs	Sum of 2023 GA Burial costs	Sum of 2024 GA Burial costs	Sum of 2025 GA Burial costs
Agassiz_Valley	15,455	6,125	17,500	21,000
Buffalo_Bridges	21,768	12,340	60,175	45,500
Burleigh	28,750	78,211	107,904	87,500
Cass	136,100	279,114	275,394	273,000
Central Prairie	10,977	0	10,105	10,500
Dakota_Central	15,500	13,250	38,080	24,500
Eastern_Plains	2,961	12,220	6,896	10,500
Grand_Forks	102,585	79,327	219,348	178,500
Mountain_Lakes	37,510	39,090	119,875	73,500
Mountrail_McKenzie	23,500	13,500	14,000	28,000
North_Star	28,275	32,404	70,000	28,000
Northern_Prairie	18,250	16,400	33,893	28,000
Northern_Valley	17,360	42,650	50,357	49,000
RoughRider_North	14,750	19,359	71,518	49,000
RSR	11,053	35,589	35,244	38,500
South_Country	16,541	8,000	29,357	24,500
Southwest_Dakota	1,950	0	10,500	10,500
Three_Rivers	17,135	29,053	66,625	42,000
Ward	103,600	116,993	165,182	143,500
Grand Total	**624,019**	**833,626**	**1,401,955**	**1,165,500**






North Star Human Service Zone

Zone Revenue-Generating Efforts

- 14 Zones are QSPs (Qualified Service Providers)
- 12 Zones are Providers of Targeted Case Management
- 4 Zones are providers of NEMT Non-Emergent Medical Transportation
- Estate Recovery Process finalized for Final Disposition

Zone Revenue

Revenue Type	Revenue	CY 2021 Actuals	CY 2022 Actuals	CY 2023 Actuals	CY 2024 Recalculation	CY 2025 Budget	CY 2026 Budget	CY 2027 Budget
Billed	Targeted Case Management (TCM)	162,120	155,207	171,979	258,760	377,650	400,000	400,000
Billed	QSP services	790,165	754,329	788,889	824,608	769,000	800,000	800,000
Billed	Homemaker Services private pay	82,235	289,180	120,822	60,790	109,700	109,700	109,700
Other	Misc. Revenue	166,733	64,474	109,787	88,722	265,900	265,900	265,900
Other	General Assistance Estate Recovery	26,554	6,437	56,580	116,975	41,100	41,100	41,100
Interest	Interest Income	-	27,179	374,055	393,913	60,500	60,500	60,500
Contract	APS / VAPS	569,768	658,711	645,253	641,349	974,115	974,115	974,115
Billed	Companion Care	-	-	-	3,156	7,000	7,000	7,000
	Totals	**1,797,575**	**1,955,517**	**2,267,366**	**2,388,274**	**2,604,965**	**2,658,315**	**2,658,315**
	Totals W/O APS/VAPS	*1,227,806*	*1,296,806*	*1,622,112*	*1,746,925*	*1,630,850*	*1,684,200*	*1,684,200*

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Comparison of budgets and funding (HSZ)

By Budget Account Code

Description	2023-25 Legislative Base	2025-27 Executive Recommendation	Increase/ (Decrease)
Salaries - Regular	$ 109,030,027	$ 115,106,567	$ 6,076,540
Salaries Benefits	58,780,889	67,359,200	8,578,311
Total Salaries & Benefits	**$ 167,810,916**	**$ 182,465,768**	**$ 14,654,852**
Travel	2,385,449	2,030,980	(354,469)
Supply	840,587	864,293	23,706
Postage & Printing	185,222	221,900	36,678
Child Care	225,346	253,500	28,154
General Assistance Burials (Indigent)	2,595,942	2,162,000	(433,942)
Drug & Background Testing	258,063	291,706	33,643
Insurance*	337,339	346,342	9,003
Admin Other (Interprater,Legal, Service Awards Ect)	307,003	318,880	11,877
Professional Development	241,484	322,680	81,196
Client Services	1,679,729	1,177,498	(502,231)
Non-Covered Medical	205,279	204,590	(689)
Placements	1,650,630	1,135,000	(515,630)
Safety Permanancy	510,363	581,900	71,537
IT Expenses	1,890,693	1,968,671	77,978
Telecommunications	989,185	1,037,813	48,628
Maintenance*	288,166	293,770	5,604
Zone Board	53,142	56,200	3,058
Equipment Over $5,000*	1,555,265	1,090,000	(465,265)
Indirect Costs	11,839,184	6,859,879	(4,979,306)
Zone Generated Revenue		(5,000,000)	(5,000,000)
Total Operating	**$ 28,038,072**	**$ 16,217,602**	**$ (11,820,470)**
Total	**$ 195,848,988**	**$ 198,683,370**	**$ 2,834,381**

Total General	**$ -**	**$ -**	**$ -**
Total Federal	**$ -**	**$ -**	**$ -**
Total Other	**$ 195,848,988**	**$ 198,683,370**	**$ 2,834,381**

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Travel Budget | Human Svc Delivery (HSZ)

By Budget Account Code

REASON FOR TRAVEL	IN-STATE/OUT-OF-STATE	2023-25 BIENNIUM AMOUNT	2025-27 BASE BUDGET	INCREASE/ (DECREASE)	EXECUTIVE BUDGET RECOMMENDATION	INCREASE/ (DECREASE)
						$ -
Client service visits, Meetings & Training	IN-STATE	$ 2,385,449	$ 2,030,980	(354,469)	$ 2,030,980	(354,469)
						-
						-
						-
						-
GENERAL FUND		**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
FEDERAL FUND		**-**	**-**	**-**	**-**	**-**
OTHER FUND		**2,385,449**	**2,030,980**	**(354,469)**	**2,030,980**	**(354,469)**
GRAND TOTAL		**$ 2,385,449**	**$ 2,030,980**		**$ 2,030,980**	**$ (354,469)**

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Operating Budget | Human Svc Delivery (HSZ)

By Budget Account Code

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
Supply	$ 840,587	$ 23,706	$ 864,293			$ 864,293
Postage & Printing	185,222	36,678	221,900			$ 221,900
Child Care	225,346	28,154	253,500			$ 253,500
General Assistance Burials (Indigent)	2,595,942	(433,942)	2,162,000			$ 2,162,000
Drug & Background Testing	258,063	33,643	291,706			$ 291,706
Insurance*	337,339	9,003	346,342			$ 346,342
Admin Other (Interprater,Legal, Service Awards Ect)	307,003	11,877	318,880			$ 318,880
Professional Development	241,484	81,196	322,680			$ 322,680
Client Services	1,679,729	(502,231)	1,177,498			$ 1,177,498
Non Covered Medical	205,279	(689)	204,590			$ 204,590
Placements	1,650,630	(515,630)	1,135,000			$ 1,135,000
Safety Permanancy	510,363	71,537	581,900			$ 581,900
IT Expenses	1,890,693	77,978	1,968,671			$ 1,968,671
Telecommunications	989,185	48,628	1,037,813			$ 1,037,813
Maintenance*	288,166	5,604	293,770			$ 293,770
Zone Board	53,142	3,058	56,200			$ 56,200
Equipment Over $5,000*	1,555,265	(465,265)	1,090,000			$ 1,090,000
Indirect Costs	11,839,184	(4,979,306)	6,859,879			$ 6,859,879
Zone Generated Revenue		(5,000,000)	(5,000,000)			$ (5,000,000)
GENERAL FUND	$ -					
FEDERAL FUND						
OTHER FUND	25,652,623	(11,466,001)	14,186,622	-	-	14,186,622
GRAND TOTAL	$ 25,652,623	$ (11,466,001)	$ 14,186,622	$ -	$ -	$ 14,186,622

Comparison of budget expenditures and projections (HSZ)

By Budget Account Code

Description	2023-25 Legislative Base	Expended as of 12/31/2024	Projection through 6/30/2025	Increase/ (Decrease)
Salaries - Regular	$ 109,030,027	$ 51,030,358	$ 108,127,071	$ 902,956
Salaries Benefits	58,780,889	26,302,100	57,872,806	908,083
Total Salaries & Benefits	**$ 167,810,916**	**$ 77,332,458**	**$ 165,999,877**	**$ 1,811,039**
Travel	2,385,449	1,127,676	2,393,166	(7,717)
Supply	840,587	407,981	890,128	(49,541)
Postage & Printing	185,222	70,649	181,599	3,623
Child Care	225,346	103,024	229,774	(4,428)
General Assistance Burials (Indigent)	2,595,942	1,484,093	2,665,093	(69,151)
Drug & Background Testing	258,063	110,305	256,158	1,906
Insurance*	337,339	132,373	330,544	6,795
Admin Other (Interprater,Legal, Servic	307,003	150,807	288,827	18,176
Professional Development	241,484	73,318	234,658	6,826
Client Services	1,679,729	726,270	1,521,319	158,409
Non Covered Medical	205,279	108,066	210,361	(5,082)
Placements	1,650,630	898,239	1,665,739	(15,108)
Safety Permanancy	510,363	214,112	505,062	5,301
IT Expenses	1,890,693	847,619	1,906,954	(16,261)
Telecommunications	989,185	466,175	985,082	4,103
Maintenance*	288,166	147,128	294,013	(5,846)
Zone Board	53,142	25,832	53,932	
69x Equipment Over $5,000*	1,555,265	941,480	1,586,480	(31,215)
Indirect Costs	11,839,184	3,429,939	3,688,412	8,150,772
Zone Generated Revenue	-	(2,612,506)	(5,217,471)	5,217,471
Total Operating	**$ 28,038,072**	**$ 8,852,579**	**$ 14,669,829**	**$ 13,369,033**
Total	**$ 195,848,988**	**86,185,037**	**$ 180,669,706**	**$ 15,180,072**
Total General	**$ -**	**$ -**	**$ -**	**$ -**
Total Federal	**$ -**	**$ -**	**$ -**	**$ -**
Total Other	**$ 195,848,988**	**$ 86,185,037**	**$ 180,669,706**	**$ 15,179,282**

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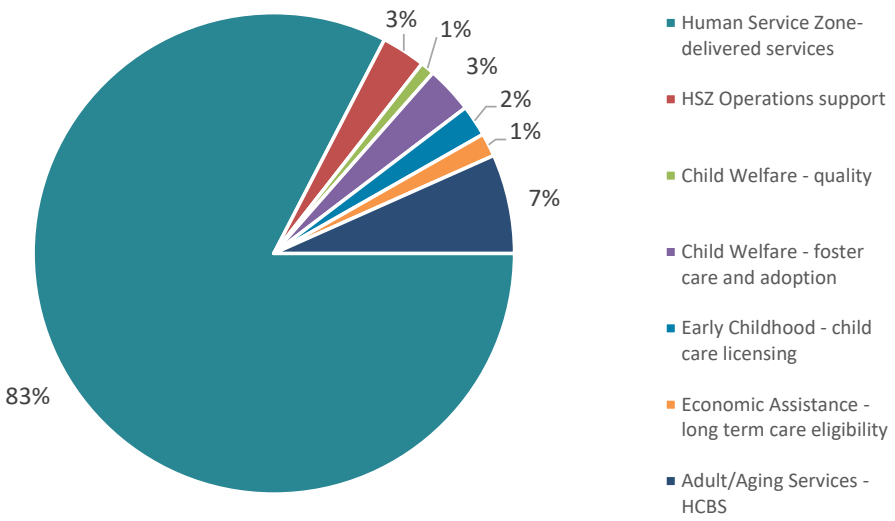
Proposed 25-27 Budgeted Use of Human Services Fund (457)

Section	2025-27 Budget	Notes
Human Service Zone-delivered services	$ 198,683,370	Incl 21 new positions added 23-24; 12 additional projected 25-27
HSZ Operations support	$ 7,100,923	Incl $3.2 million allocated IT costs- office 365, Teams Voice, etc
Child Welfare - quality	$ 2,273,650	
Child Welfare - foster care and adoption	$ 7,585,539	
Early Childhood - child care licensing	$ 5,078,274	
Economic Assistance - long term care eligibility	$ 3,781,490	
Adult/Aging Services - HCBS	$ 16,030,409	Incl 8 positions in 23-25 & 8 in 25-27
	$ 240,533,655	



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Comparison of budgets and funding (HSZ and HHS)

Budget Account Code

Description	2023-25 Legislative Base	2025-27 Executive Recommendation	Increase/ (Decrease)
511x Salaries - Regular	$ 22,463,715	$ 23,769,280	$ 1,305,565
512x Salaries - Other	38,826	-	(38,826)
514x Salaries Overtime	116,262	-	(116,262)
516x Salaries Benefits	11,467,996	12,622,994	1,154,997
Total Salaries & Benefits	**$ 34,086,800**	**$ 36,392,274**	**$ 2,305,474**
52x Travel	346,285	637,108	290,823
53x Supply	4,205	7,905	3,700
54x Postage & Printing	745	3,745	3,000
55x Equipment under $5,000	1,500	1,850	350
58x Rent/Leases - Bldg/Equip	3,242	0	(3,242)
61x Professional Development	49,125	54,325	5,200
62x Fees - Operating & Professional	1,392,442	1,922,905	530,463
53x Supplies	-	24,000	24,000
60x IT Expenses	17,128	3,257,073	3,239,945
71x Grants, Benefits, & Claims	195,848,988	198,683,370	2,834,381
Total Operating	**$ 197,663,661**	**$ 204,592,282**	**$ 6,928,621**
Total	**$ 231,750,461**	**$ 240,984,555**	**$ 9,234,095**
Total General	**$ 1,876,289**	**$ -**	**$ (1,876,289)**
Total Federal	**$ 1,620,055**	**$ 2,872,526**	**$ 1,252,470**
Total Other	**$ 228,254,116**	**$ 238,112,030**	**$ 9,857,913**

Costs for HHS-delivered service

Costs for Zone-delivered service

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Operating Budget | Human Svc Delivery (HHS)

By Budget Account Code

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION			
			TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
CA00- Contract for County Wide Cost Allocation Plans	1,014,116	(674,116)	340,000			$ 340,000
CA23- Contract with UND for Foster Care Training	377,900	73,000	450,900			$ 450,900
CA42- Family Firs t/ LOC Contract	-	1,121,029	1,121,029			$ 1,121,029
Other Operating Items	406	10,570	10,976			$ 10,976
						$ -
		-				

GENERAL FUND	$ -	$ -	$ -	$ -		
FEDERAL FUND	-	-	-		-	
OTHER FUND	1,392,422	530,483	1,922,905			1,922,905
GRAND TOTAL	$ 1,392,422	$ 530,483	$ 1,922,905	$ -	$ -	$ 1,922,905

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Travel Budget | Human Svc Delivery (HHS)

By Budget Account Code

REASON FOR TRAVEL	IN-STATE/OUT-OF-STATE	2023-25 BIENNIUM AMOUNT	2025-27 BASE BUDGET	INCREASE/ (DECREASE)	EXECUTIVE BUDGET RECOMMENDATION	INCREASE/ (DECREASE)
						$ -
CA00- Misc Travel for Meeting & Training	IN-STATE	$ 27,795	$ 27,795	-	$ 27,795	-
CA21- Travel for Reviews & Training	IN-STATE	$ 2,290	$ 18,500	16,210	$ 18,500	16,210
CA26- Travel for Inspections, Licensing & Trair	IN-STATE	$ 70,660	$ 183,907	113,247	$ 183,907	113,247
CA42- Training & Meetings	IN-STATE	$ 5,500	$ 7,700	2,200	$ 7,700	2,200
CA42- Training, Meetings & In-person Site vis	IN-STATE	$ 57,600	$ 65,000	7,400	$ 65,000	7,400
CA61-Client Visits	IN-STATE	$ 182,440	$ 334,206	151,766	$ 334,206	151,766

GENERAL FUND	**$ -**	**$ -**		**$ -**	**$ -**
FEDERAL FUND	**-**	**-**		**-**	**-**
OTHER FUND	**346,285**	**637,108**		**637,108**	**290,823**
GRAND TOTAL	**$ 346,285**	**$ 637,108**		**$ 637,108**	**$ 290,823**

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On the horizon for Human Service Zones and HHS



- Economic Assistance Redesign Refinement:
  - Adjust
  - Align
  - Improve
- HSZ Data Snapshots – key program measures of effectiveness and impact. Continued awareness, training and analysis to assist in data driven decision making.
- Integrated HR data system for Zones
- Working together to problem solve
  - Case mgmt for children with complex needs | Timeliness of child protection visits| Ongoing recruitment and retention of child welfare team members

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Contact Information

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https://www.hhs.nd.gov/human-service/zones

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HB1012 Overview – Children & Family Svc

House Appropriations | Human Resources Division
Representative Jon Nelson, Chairman

NORTH Dakota | Health & Human Services
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January 30, 2025, Cory Pedersen | Director, Children & Family Services Section

CFS Program Purpose and ND Century Code Reference(s)

Facilitate delivery of services that support child safety, child permanency, and well-being, which together are designed to prevent and reduce the incidence of child abuse and neglect and support family reunification and stability whenever possible.

Chapter	Chapter Name
50-25.1	Child Abuse and Neglect
50-11	Foster Care
14-15	Adoption for Children
27-20.3	Children in Need of Services (CHINS)



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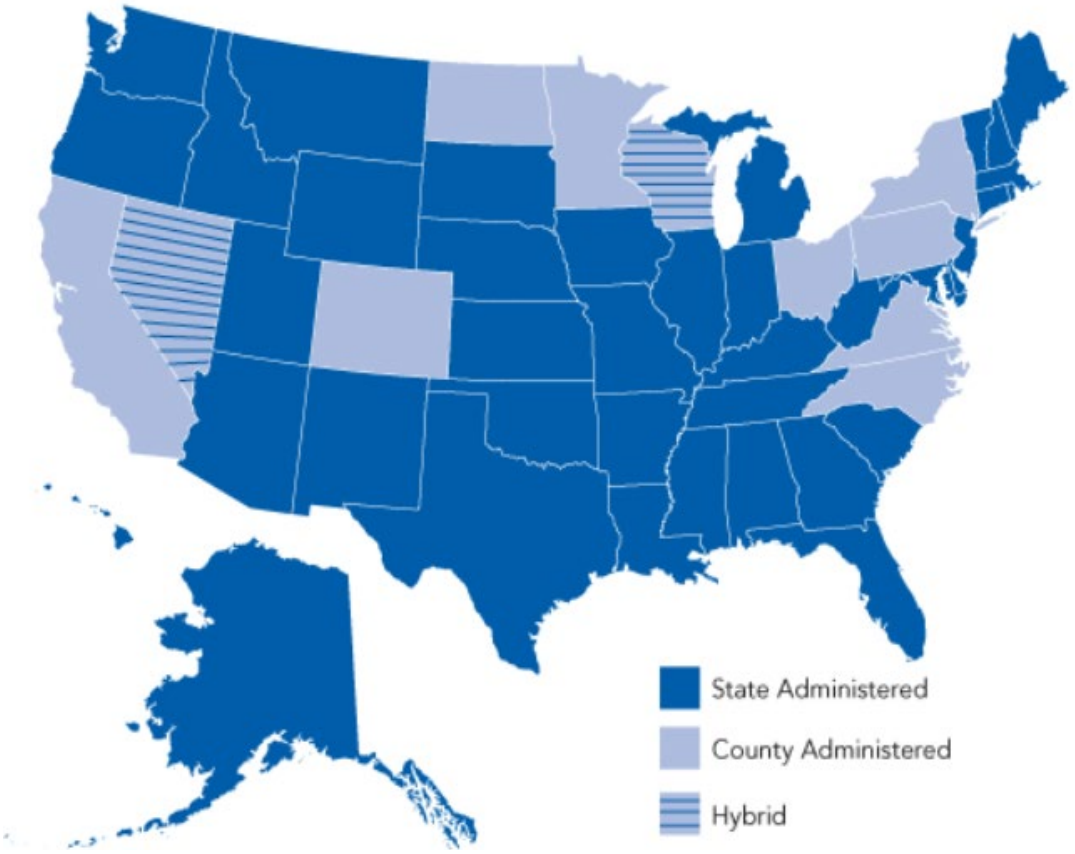
2

Administrative Structure for Child Welfare

- All States are responsible for compliance with Federal and State requirements; however, they may differ in the way child welfare services are operated and delivered.
- Client Serving Child Welfare Functions in ND are delivered by Human Service Zones
  - Hotline to report suspected abuse or neglect
  - Screening and determining need for response
  - Conducting assessments
  - Safety/risk and family functioning assessments
  - Assigning cases to response track



Source: "State vs. County Administration of Child Welfare Services", Fact Sheet from Child Welfare Information Gateway, 2018.



ND Child Welfare System Mission: Safe Children and Strong Families

Safety

Protection

- Child protection services
- Safe Planning with Families
- Shelter Care
- Foster Care
- Child fatality review panel

Prevention

- Parent Resource Centers
  - Home Visiting Services
  - Behavioral Health & Substance Abuse Services
  - In-home Service
  - IV-E Prevention Services
  - Kinship ND

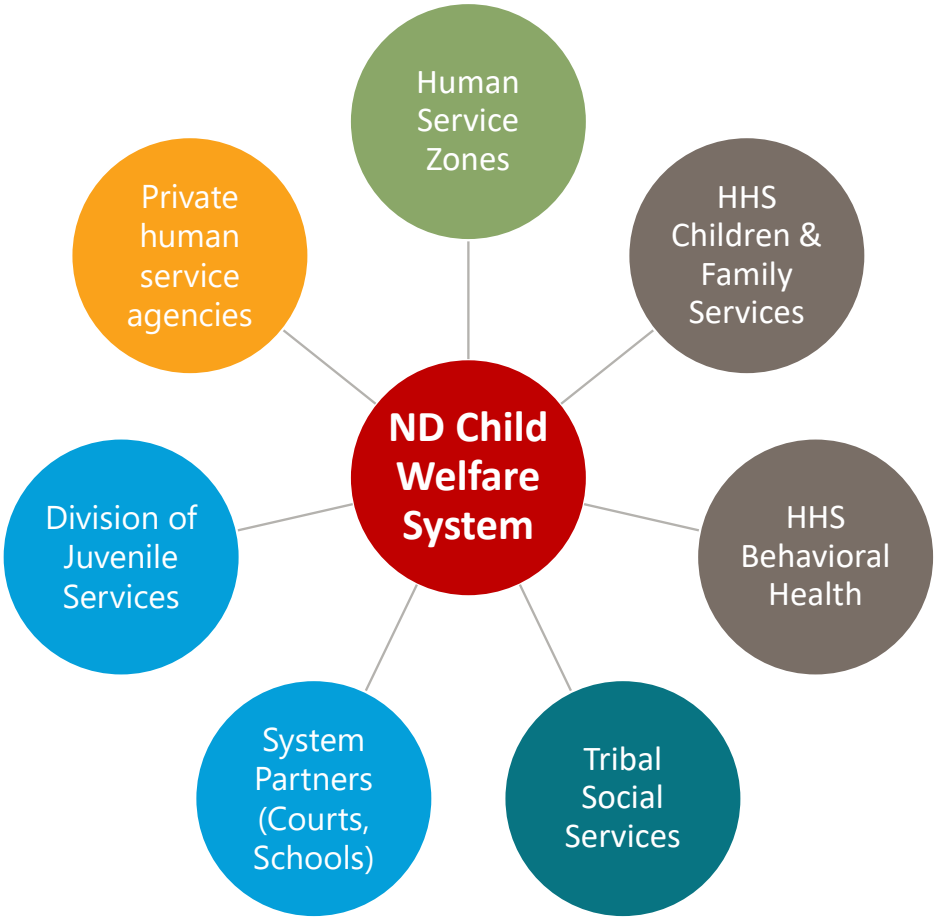
Permanency

- Family Reunification
- Adoption
- Guardianships
- Interstate compacts for the placement of children
- Independent living services
- Licensing for Foster homes, QRTPs and LCPAs

Well-being

- Family preservation services
- In-home case management
- Children in Need of Services
- Respite care
- Nurturing Parent programs
- Parent aides
- ICWA Family Preservationist (IFP)
- Family centered engagement

The Child Welfare System in North Dakota includes both public and private sector partners



- **627** children receiving **prevention** service through FFPSA
- Serving over **950** approved **kinship caregivers** who are caring for **1,700 children**
- **750** licensed **foster providers** caring for **1,170 children**
- **36** licensed Qualified Residential Treatment Program (**QRTP**) beds available; 75% average utilization rate
- **0 children in out of state placements**

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North Dakota Child Welfare System

Dept of Health & Human Services

Human Service Centers
- Crisis teams
- Intensive In-home services (therapy & treatment, skills training, behavior mod)
- Targeted case management
- FFT/MSFT

Children & Family Services
- Training/coaching of field staff
- Oversee quality service and system delivery
- Administration of policy
- License foster homes
- IV-E and Adoption Eligibility

Private Providers

- Foster homes, including therapeutic foster care
- Safe shelter for crisis
- Human trafficking supports
- Targeted case management
- Adoption services for children in foster care and the families adopting them
- Title IV-E Prevention Services

Tribal Social Services

- FRAME entry and foster eligibility determinations
- Joint practice model and ICWA training
- Native American Training Institute supports (training, billing, IEP (ICWA Family Preservation)
- FMAP service contracting
- IV-E agreements boost access to funding

Human Service Zones

- Assess present and impending danger
- Safety planning
- Case management
- Assess and build parent capacities
- Provide safe supports for children and families
- In home supports
- Parent aides
- Recruitment and Retention
- Intake for child abuse and neglect reports
- CHINS (Children in Need of Services)

Division of Juvenile Services (DJS)

CFS works closely with DJS specific to children in need of out of home treatment, which results in a foster care placement.

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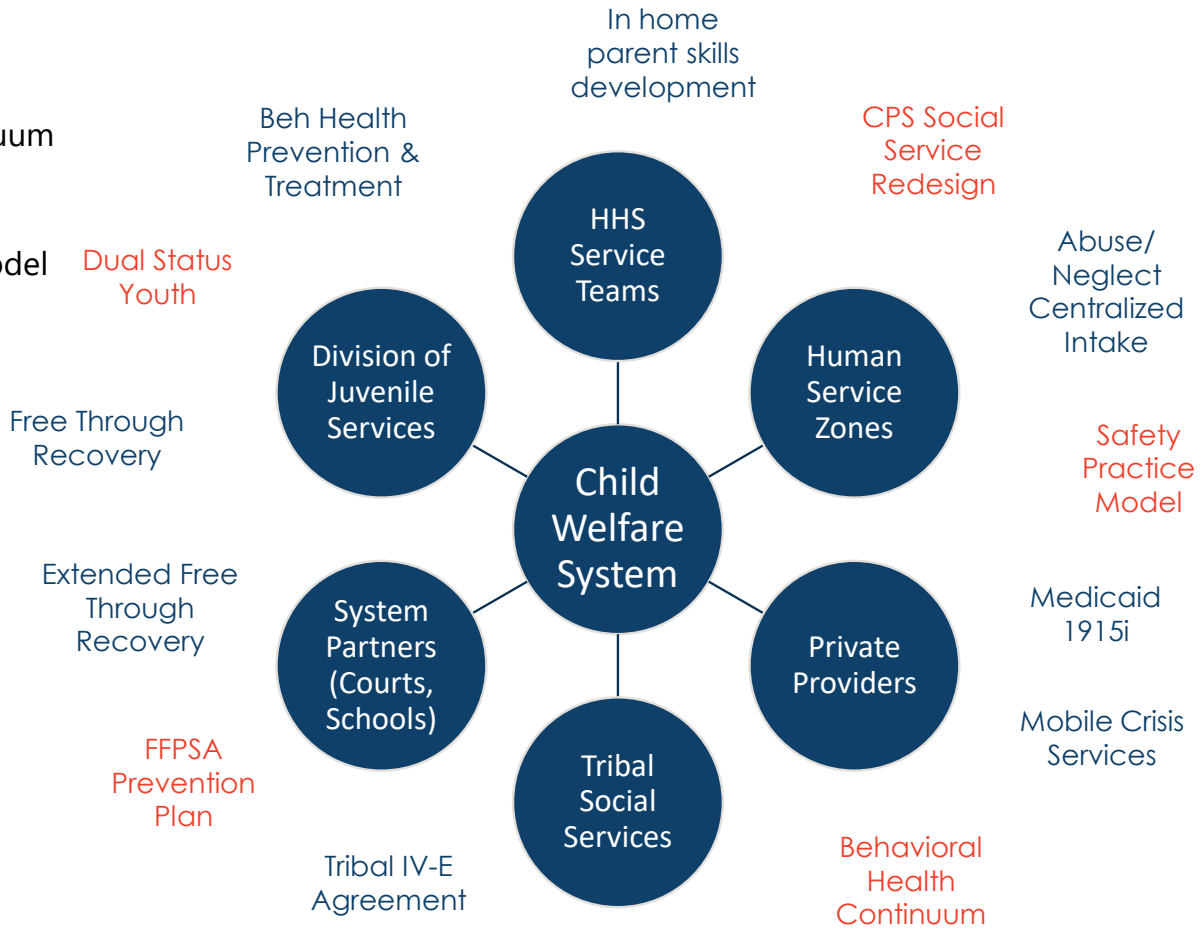
Helping keep kids with their families is a massive undertaking that requires Multi-System Change over a period of years

Strategy

Dual Status Youth
Behavioral Health Continuum
FFPSA Prevention
Social Svc Redesign
Child Welfare Practice Model



Services

Medicaid 1915i
Free Through Recovery
Community Connect
Mobile Crisis
Abuse/Neglect Intake
In-home parent skills dev
Beh Health Prev/Trtmnt
Tribal IV-E Agreement



What's the Big Idea?

- ✓ Keep families **together** whenever possible
- ✓ Prioritize safety and family **reunification whenever possible**
- ✓ **Prevent** kids **from** ever **entering** the child welfare system

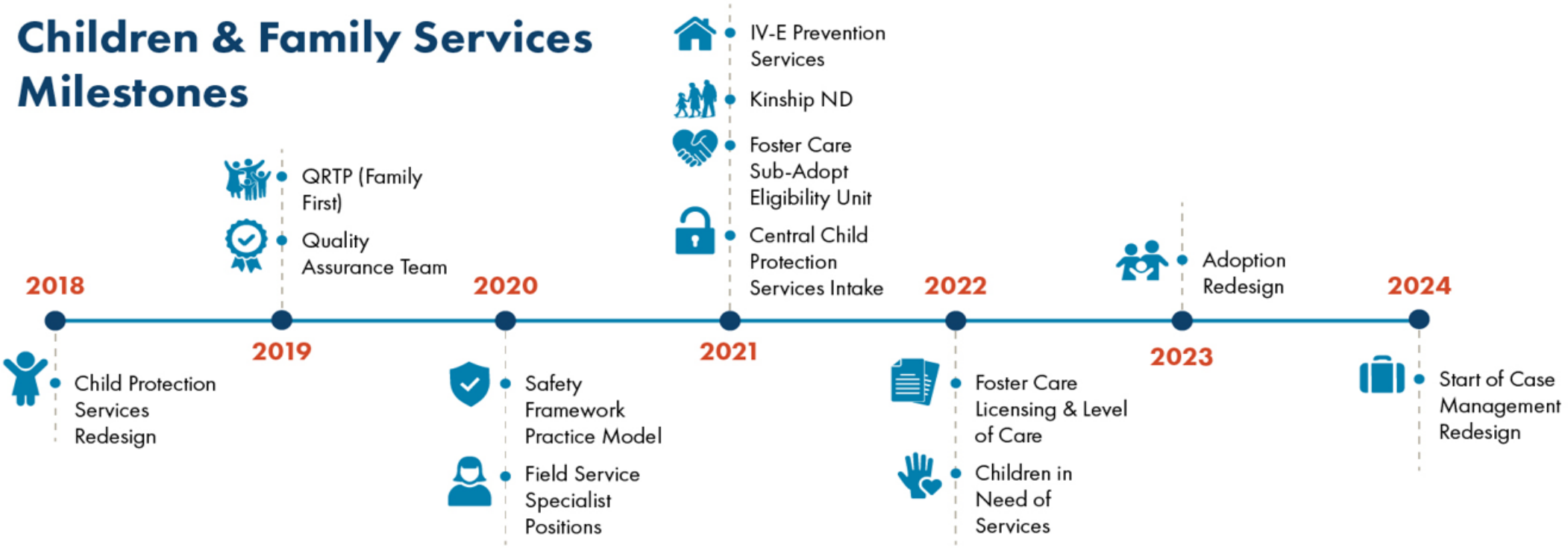


In Child Welfare:

What does "progress" look like?

- Reduce Foster Care Safely
- Reduce Institutional Placements
- Reduce Out of State Placements
- Reduce Substance Abuse as Abuse/Neglect factor
- Increase Kids receiving evidence-based supports
- Increase Kinship services

North Dakota continues to make progress toward a more family-oriented system of care



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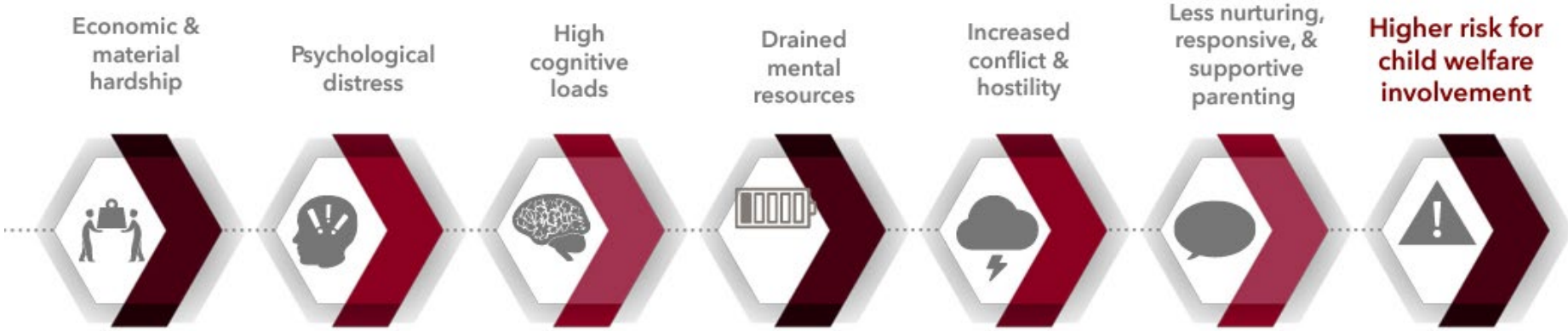
Another frontier to explore

How might economic and material hardship impact parenting and child wellbeing?

Family Stress Model



> It's not that people who are struggling to make end meet aren't well-qualified parents. It's that lack of financial resources creates stressors that make it more difficult to solve problems.

(Conger, 1994) (Neppl, 2016) (Duncan, 2014) (Mistry, 2002)

Data aggregated by: Anderson, C., Grewal-Kök, Y., Cusick, G., Weiner, D., & Thomas, K. (2023). Family and child well-being system: Economic and concrete supports as a core component. [Power Point slides]. Chapin Hall at the University of Chicago.

Connecting what we see and what we need to do



Community-Based Service

Expand outpatient and community-based services; Grow evidence-based service options

Prevention

Invest in prevention and early intervention, including attention to economic wellbeing of families

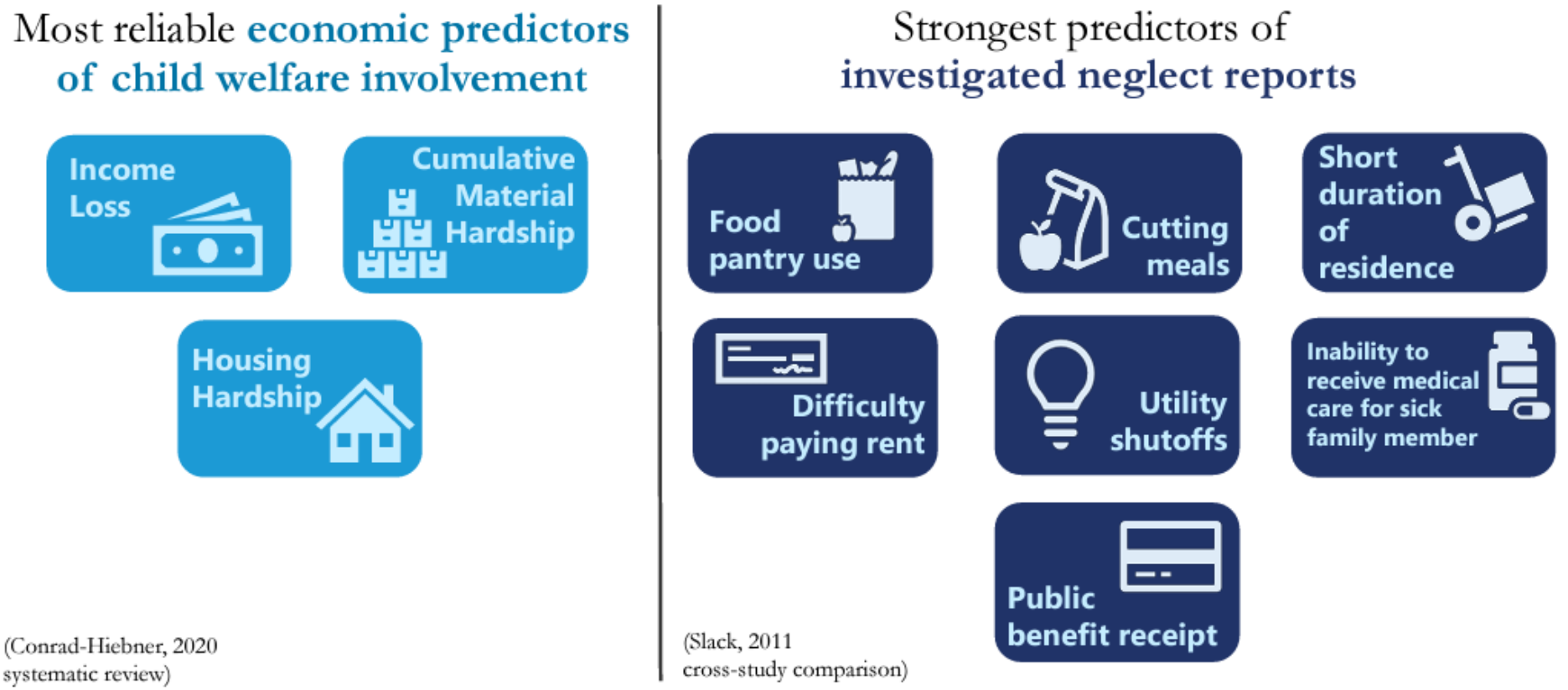
Access

Ensure all children and families have timely access to Behavioral Health svc; Expand quality child care; Connect housing and employment

Integration

Enhance and streamline system of care for children and youth; Align assessment and eligibility practices; Embrace quality frameworks and tools to measure impact

Opportunity for differentiated response to prevent crisis from spreading



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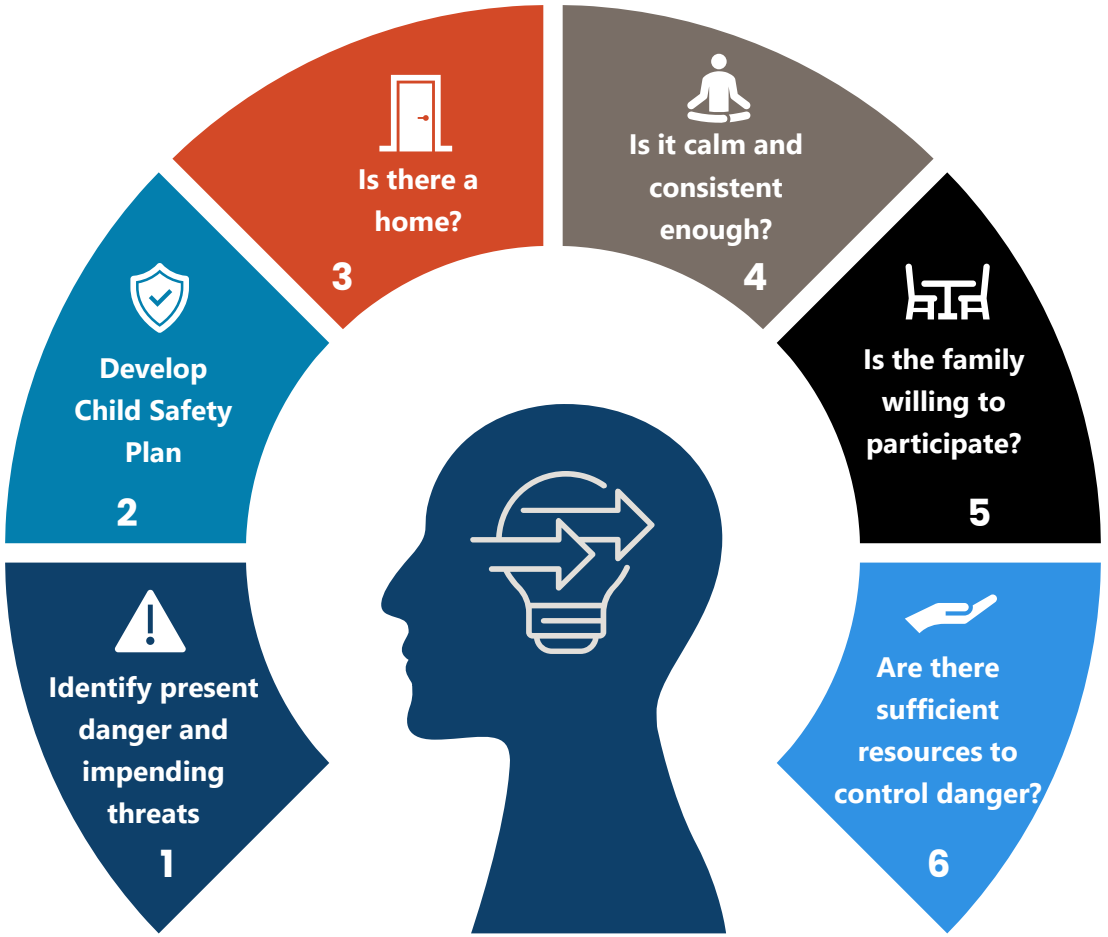
What is Safety?

When can a child remain safely at home and when is removal necessary



What is Safety?

When can a child remain safely at home and when is removal necessary

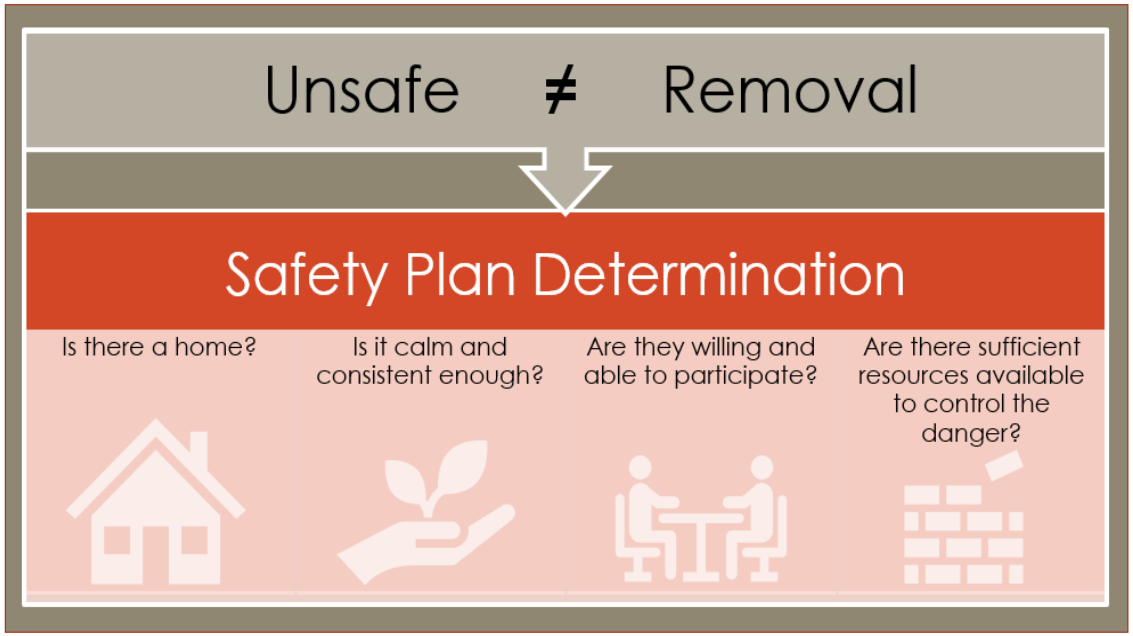
What does it look like when a child is:

SAFE

- ✓ No threats of danger exist within the family, or
- ✓ Parents/caregivers possess sufficient protective capacities to control any threat, or
- ✓ The child is not vulnerable to the existing danger.

UNSAFE

- ✓ Threats of danger exist within the family, and
- ✓ Children are vulnerable to such threats, and
- ✓ Parents/caregivers have insufficient protective capacities to manage or control the threats.



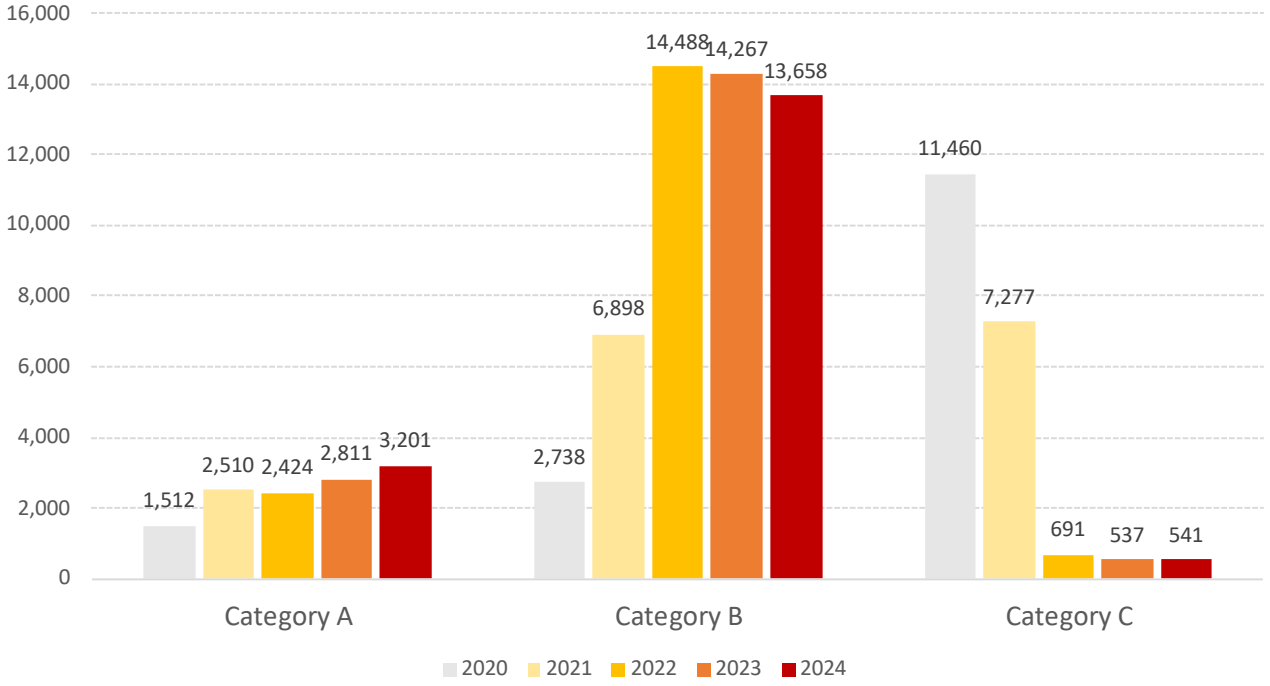
IF ALL QUESTIONS ARE "YES" - Child can remain in the home with necessary supports in place

IF ANY QUESTION IS "NO" - Child safety not assured so removal is necessary

HHS Operational Audit

Finding 2023-03 | Children in suspected abuse situations not contacted timely

The Distribution of cases between Categories A, B and C has shifted with the adoption of a new child welfare practice model



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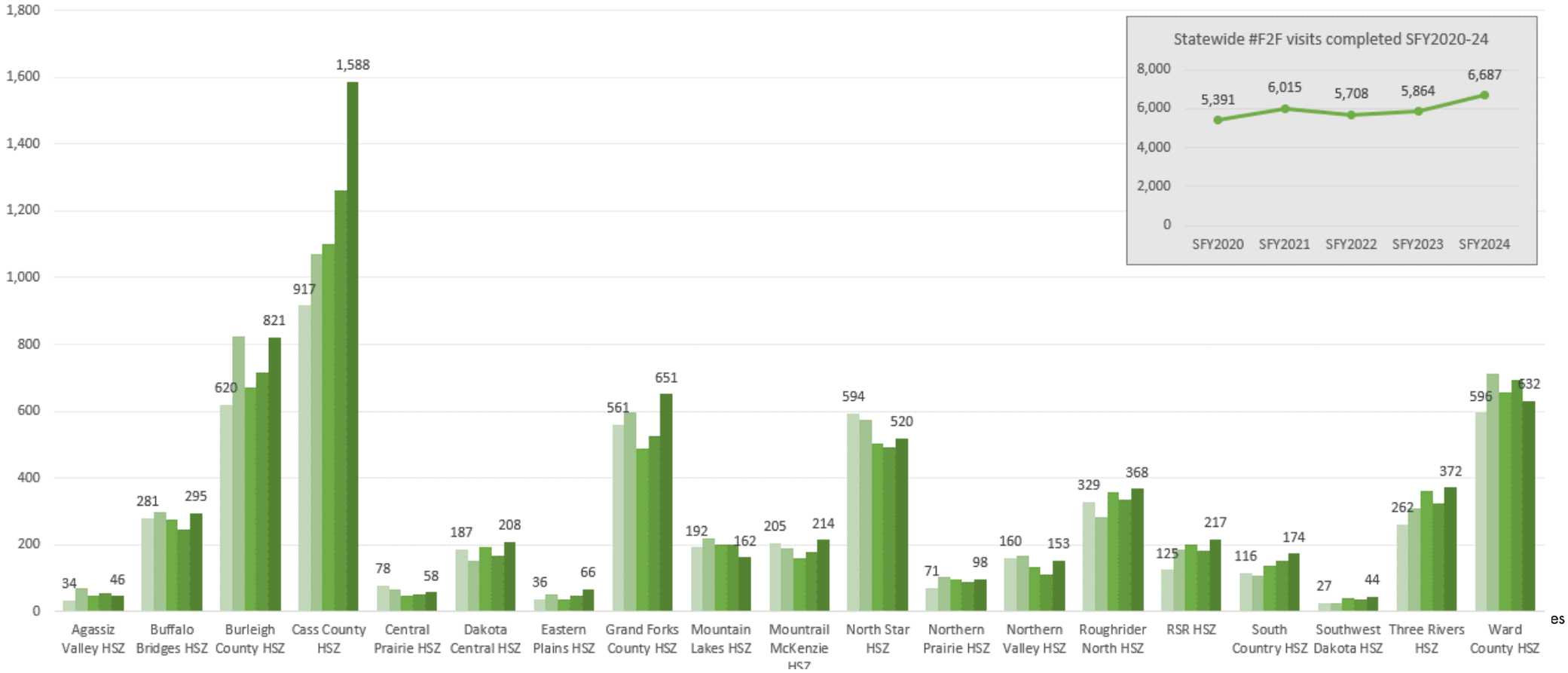
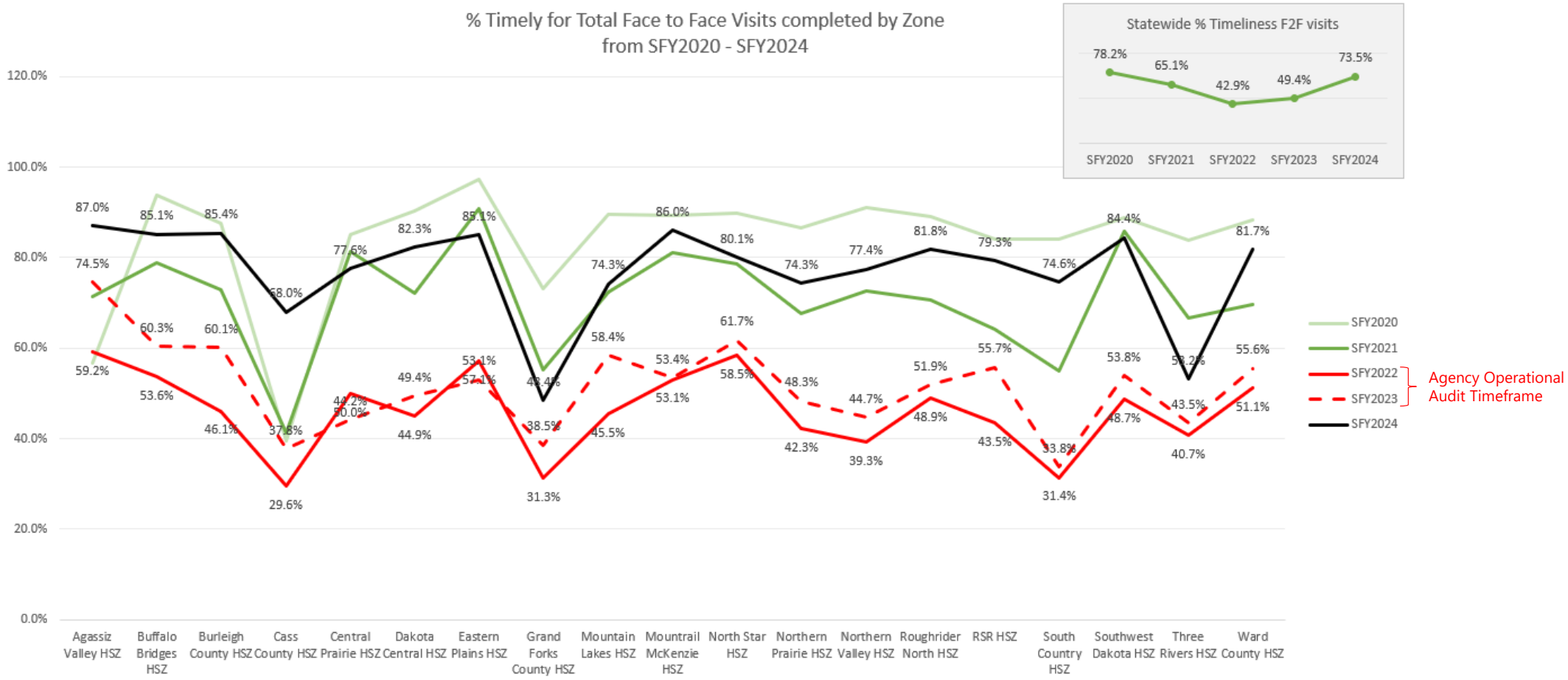
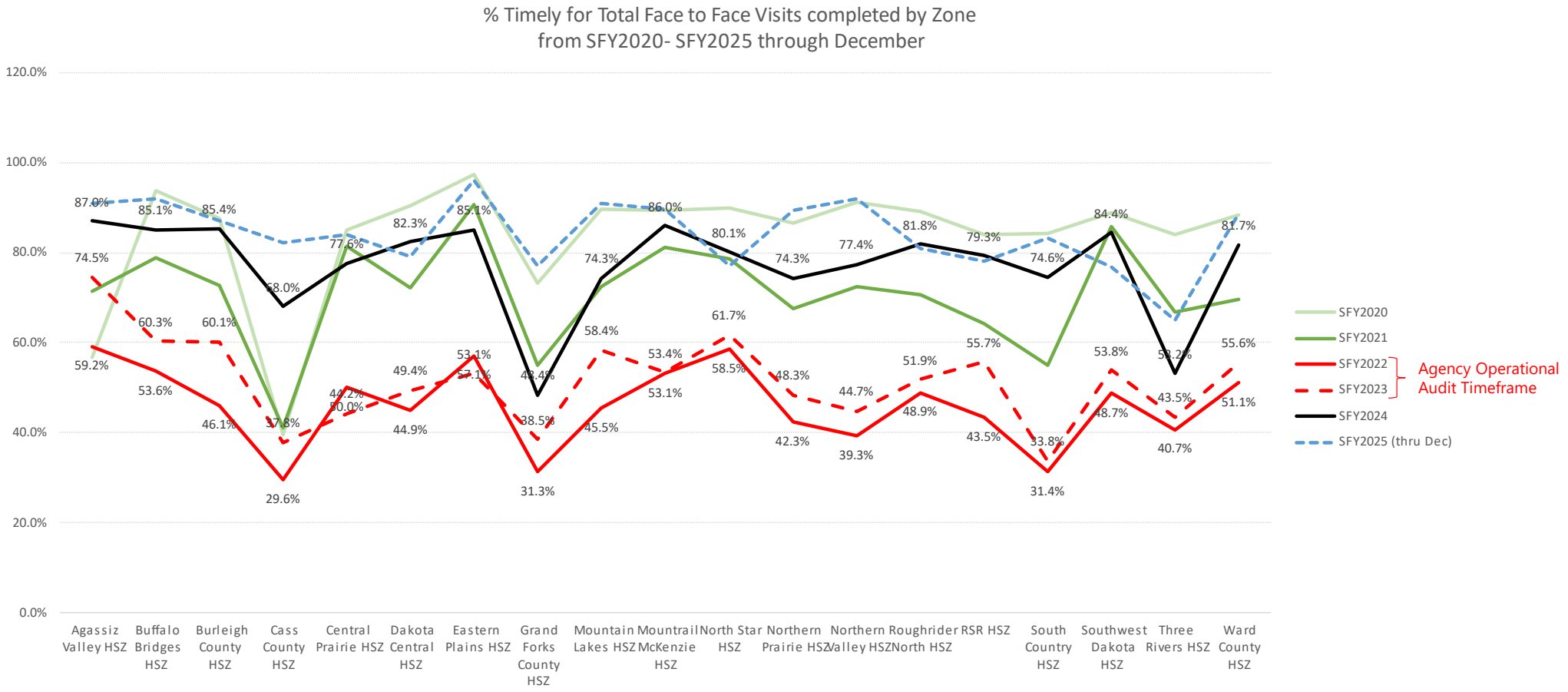
Number of Face-to-Face visits completed by Zone from SFY 2020 – SFY 2024 increased by 24%



Statewide timeliness rates for face to face CPS visits are highly influenced by large population centers

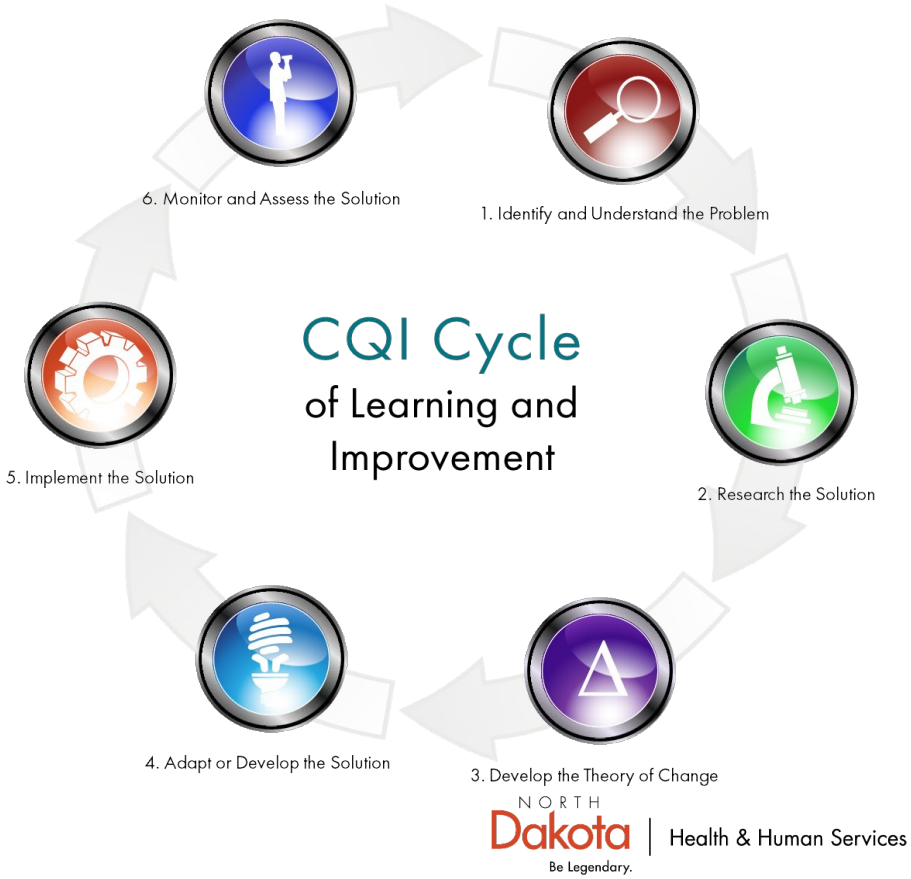


The first few months of SFY2025 suggest that the positive trend toward stronger performance will continue



CFS Quality Assurance team conducts ongoing reviews for 7 outcome measures around safety, permanency and wellbeing of children

- Full review of 65 randomly selected cases every 6 months
- Reviewing for compliance with 7 federal outcome measures
- QA results shared with HSZs upon completion to help inform practice
- CQI Cross-Zonal teams take the results from the reviews and run through the CQI process



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Results of QA Reviews on Safety Outcome 1 (timeliness of face-to-face visits)

Safety outcome 1: Timeliness to initiate a CPS response

Review period	# cases in sample	# that required a face-to-face visit (Measure 1 applicable)	Compliance with standard achieved
Jan 2020 - Mar 2020 (ND QA)	65	26	77%
Jun 2020 – Mar 2021 (ND QA)	65	32	40%
Oct 2020 – Sept 2021 (ND QA)	65	32	44%
Jun 2021 – Mar 2022 (ND QA)	65	27	67%
Oct 2021 – Sept 2022 (ND QA)	65	22	68%
2024 (ND Adhoc)	73	73	92%
2024 (CFSR R4 – 50% compl)	38	9	89%

PIP Compliance Benchmark: **82%**

ND's Target Compliance Benchmark: **90%**

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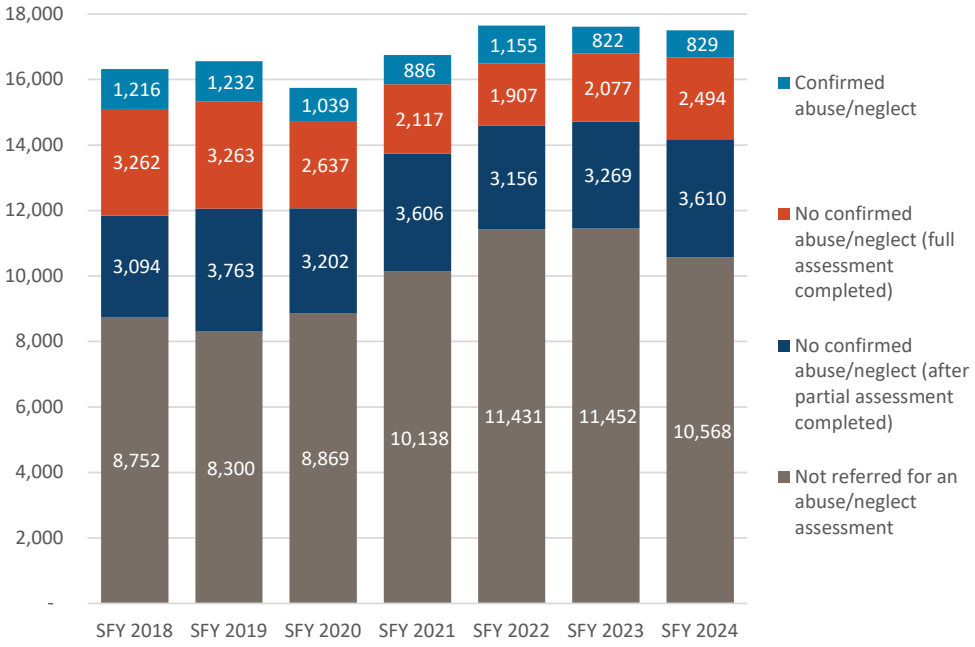
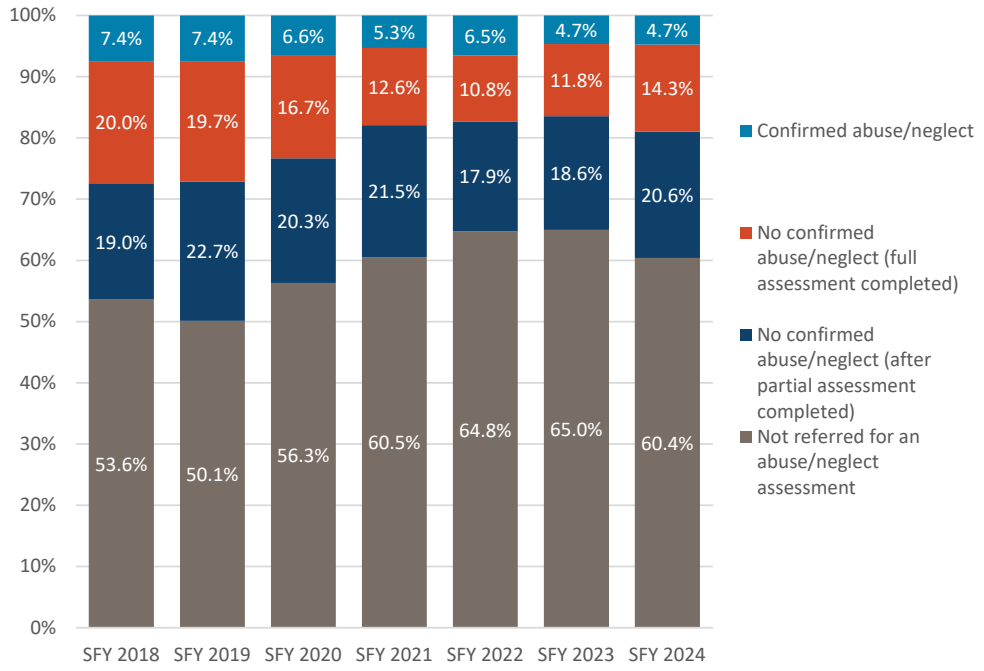
ND sees approximately 800-900 confirmed cases of child abuse or neglect each year

Confirmed cases represent an average of 5% of total reports received

Over the last two years, ND has seen approximately 825 confirmed cases of child abuse and/or neglect each year



Over the last two years, 4.7% of reports of suspected child abuse/neglect are ultimately confirmed



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The body of evidence related to a concrete connection between material hardship and family distress has reached a tipping point

"Mothers entering substance use treatment who have difficulty securing child care are **82% more likely to self-report child neglect** *(compared to mothers entering treatment who don't have this difficulty)*"

"Difficulty finding child care was a stronger predictor of maternal neglect than almost any other factor measured in this study, including mental health and severity of drug use."

-Cash, 2003

"Nearly 85% of families investigated by child protective services have **incomes** below 200% of the federal poverty line ($49,720 for a family of 3 in 2023) "

-Dolan, 2011 – Nat'l Survey of Child & Adolescent Well-Being II Baseline

"Households that will experience a foreclosure filing in the next 6-12 months are at **70% greater risk of a CPS investigation** *(compared to households that will not)*"

-Berger, 2015 (WI data 2008-2011)

"Almost **70%** of families with incomes below 200% of the federal poverty line report experiencing a **material hardship** in the past year (difficulty paying for housing, utilities, food, or medical care. Of these families, **61%** experienced a **financial shock** in the past year."

-Urban Institute, 2018

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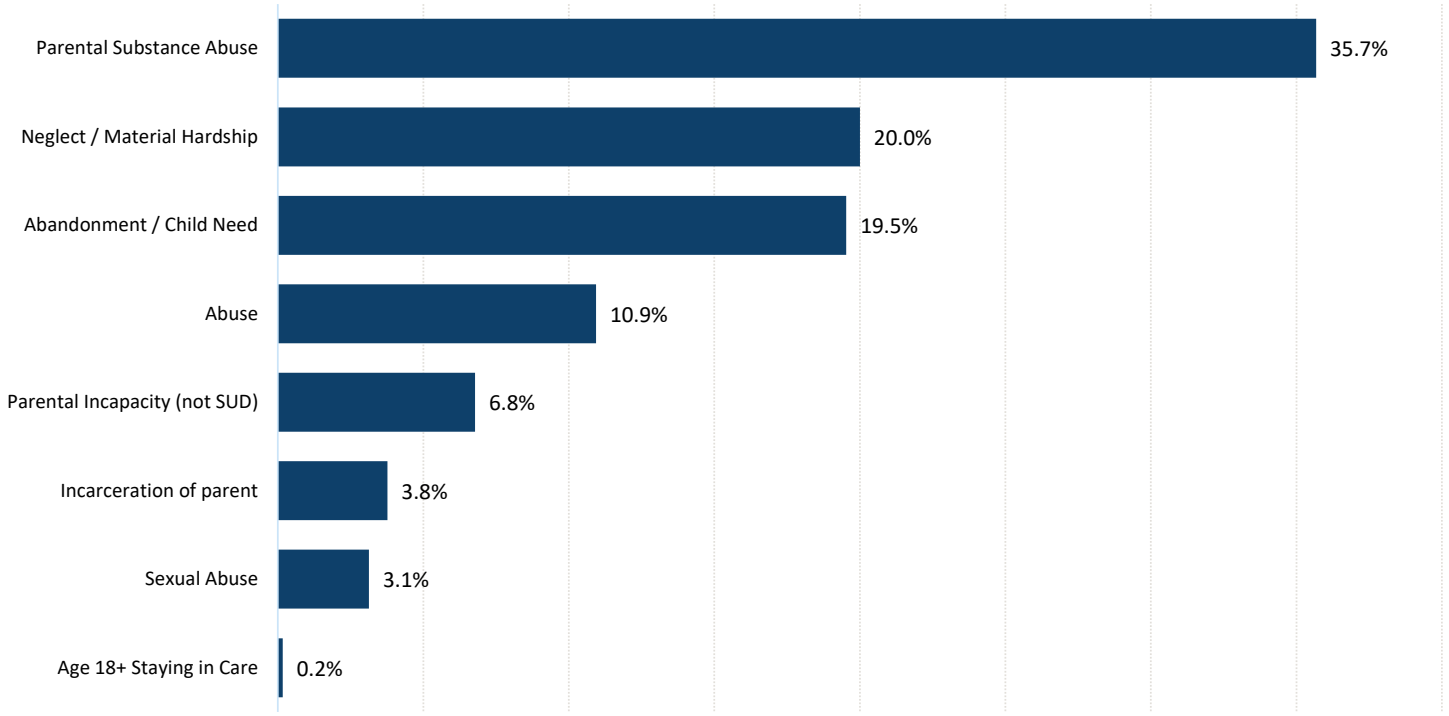
Data aggregated by: Anderson, C., Grewal-Kök, Y., Cusick, G., Weiner, D., & Thomas, K. (2023). Family and child well-being system: Economic and concrete supports as a core component. [Power Point slides]. Chapin Hall at the University of Chicago.

Substance abuse and unaddressed mental health needs are major de-stabilizing forces in families

Primary Removal Reasons

Percent of children entering care for each removal reason: SFY2023



Rethink child welfare

We need to **connect** behavioral health **resources to families** who are struggling while doing everything we can to help them **stay together safely.**

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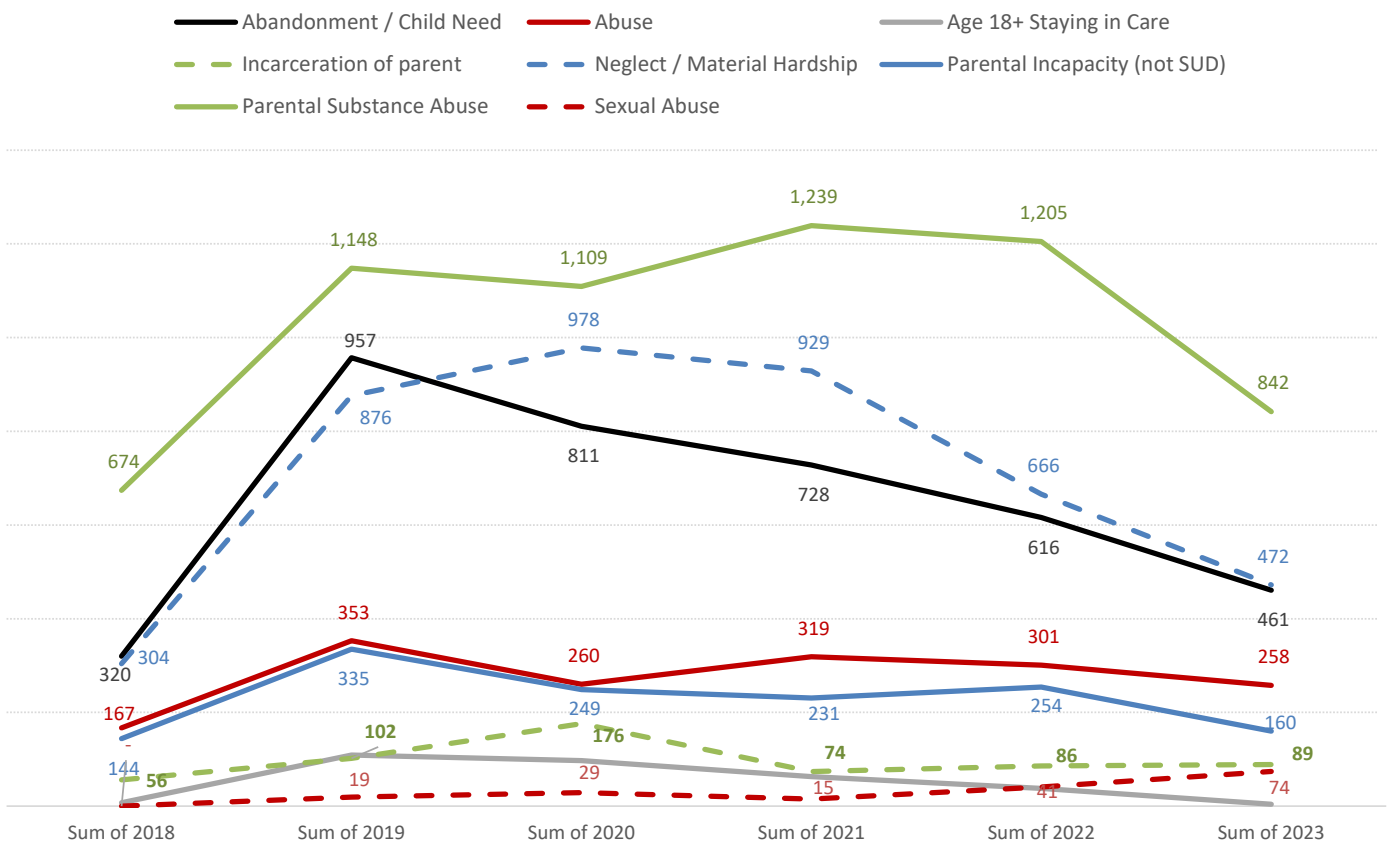
Primary reasons for removal to foster care represent both changes in practice and changes in family needs



Abandonment / Child Need
- Alcohol Abuse - Child
- Child Behavior Problem
- Child Disability/Handicap
- Drug Abuse - Child
- Failure to Return
- Parental Abandonment
- Parental Rights Relinquishment
- Runaway
- Safe Haven Infant
- Whereabouts Unknown

Abuse
- Physical Abuse
- Psychological or Emotional Abuse

Age 18+ Staying in Care
- 18+ Continued Care - Education
- 18+ Continued Care - Employment
- 18+ Continued Care - Empl Prep Program
- 18+ Continued Care - Medical Cond/Disab

Incarceration of parent

Neglect / Material Hardship
- Domestic Violence
- Homelessness
- Housing/Financial Hardship
- Medical Neglect
- Neglect
- Tribal Title IV-E Agreement

Parental Incapacity (not SUD)
- Caretaker's Significant Impairment - Cognitive
- Caretaker's Signif Impair - Physical/Emotional
- Child Requested Placement
- Death of Caretaker
- Inadequate Access to Mental Health Svc

Parental Substance Abuse
- Alcohol Abuse - Caretaker
- Drug Abuse - Caretaker
- Meth Impact (use, selling, manufacturing)
- Prenatal Drug Exposure

Sexual Abuse

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Family foster homes provide care for 68% of children affected by an out-of-home placement

North Dakota Child Welfare System Continuum of Care



Relative Kinship Care

20%



Family Foster Home

52%

(20% are licensed relatives)



Treatment Foster Home

10%



Qualified Residential Treatment (QRTP)

3%



Non-Foster

(PRTF, DD, Job Corp, Detention, Hospital)

13%



18+Continued Foster Care

2%

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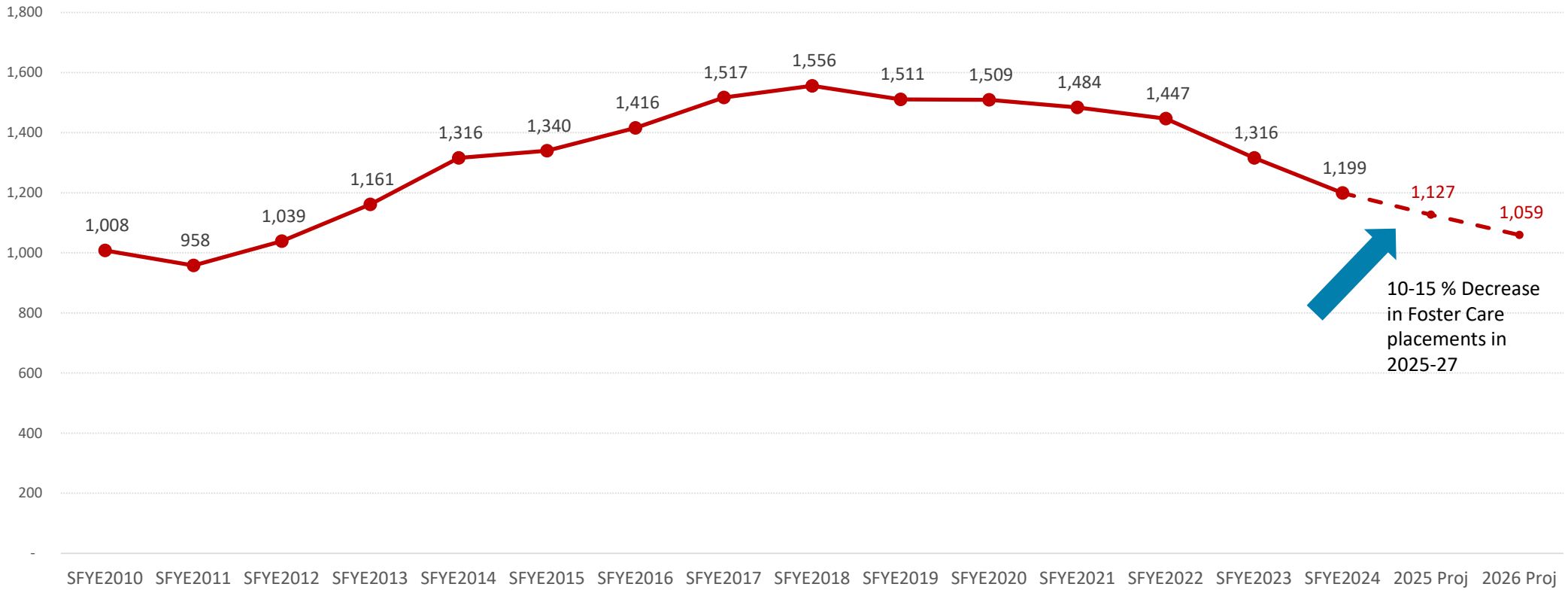
The 25-27 budget anticipates a modest but steady reduction in foster care and residential placements



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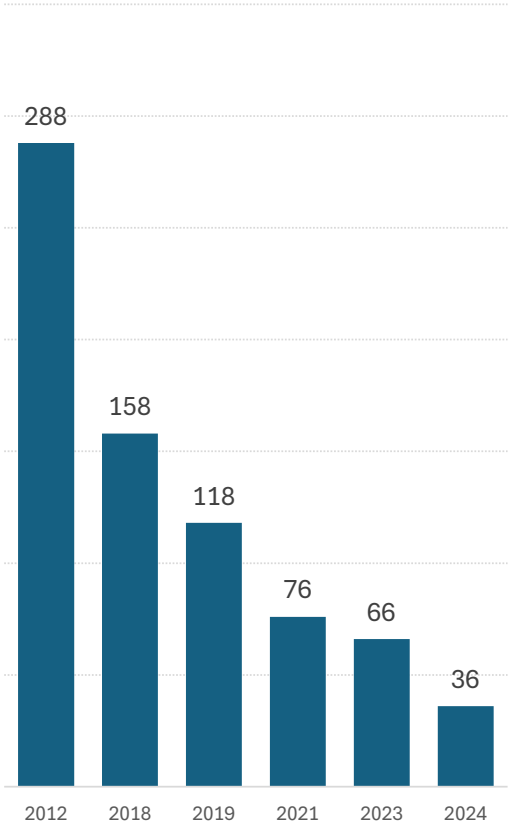
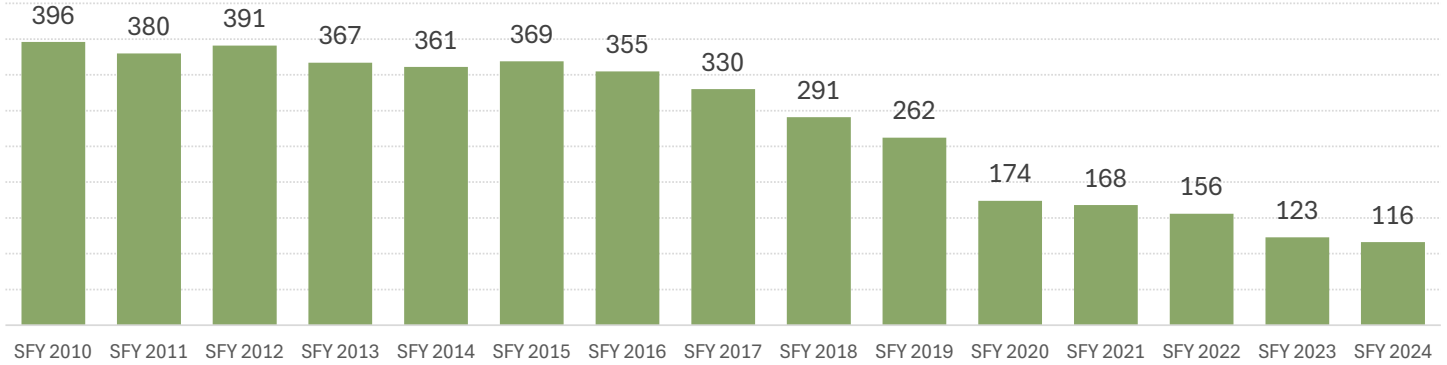
Implementation of Family First Prevention Act marked a shift in utilization of congregate care for children

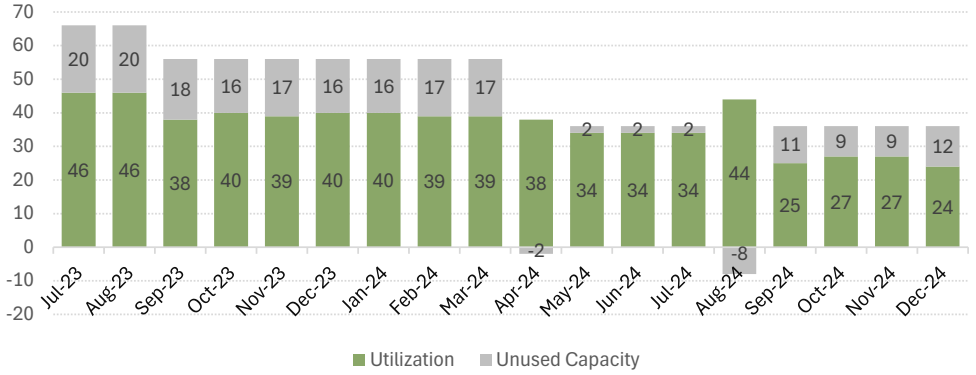
ND RCCF/QRTP Beds 2012-2024



Children in Foster Care Placed in RCCF/QRTP



QRTP Utilization July 2023 - Dec 2024



Rethink child welfare

In 2024, **3%** of children in child welfare utilized a QRTP setting

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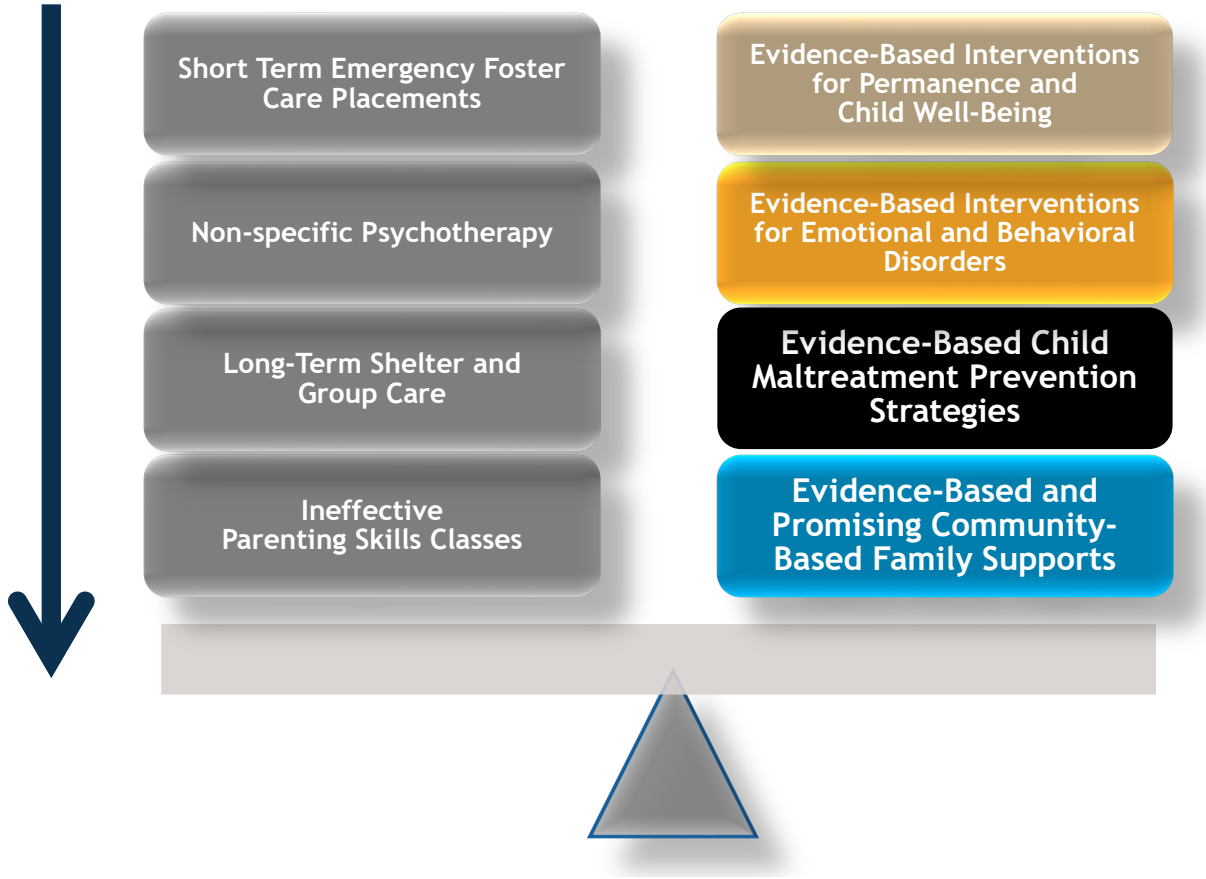
Children and Family Services

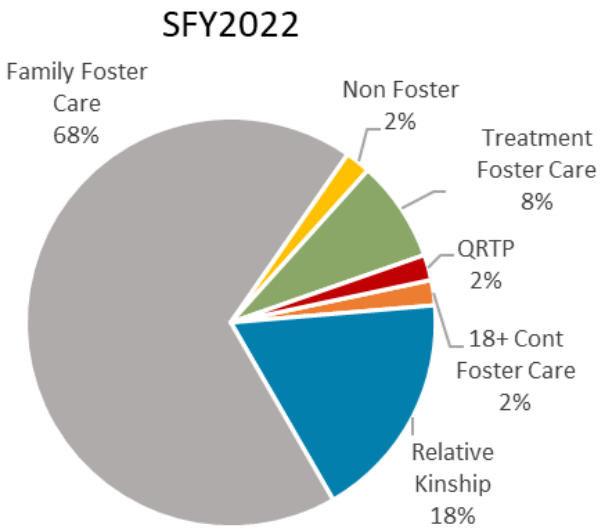
Shifting Resources to Support What Research Indicates since 2018 has shown success for Children and Families

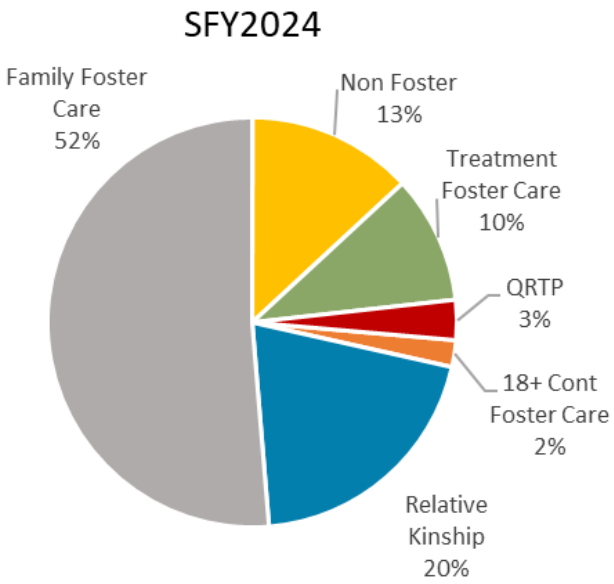
De-scale investment in **approaches** that are **not proven effective**

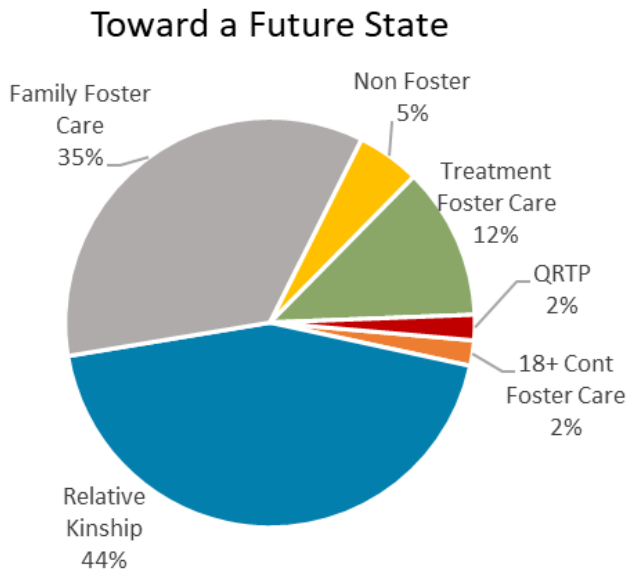


Invest in approaches with **proven results** for the populations being served

Increasing the prevalence of Relative / Kinship Care in ND should support more positive outcomes for kids







Rethink child welfare Finding ways for kids to be cared for by relatives or other adults with whom they have existing, significant relationships creates better outcomes

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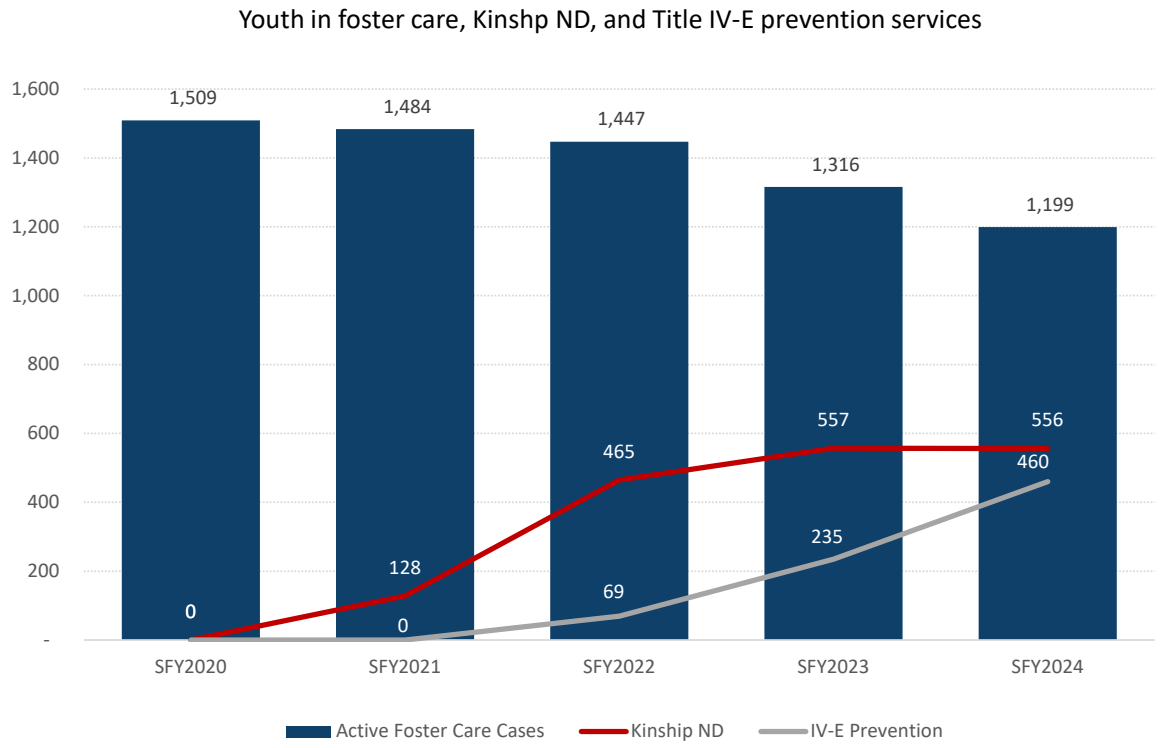
Kin caregiving represents an increasing portion of services to children

Progress and Improvements for Children and Families





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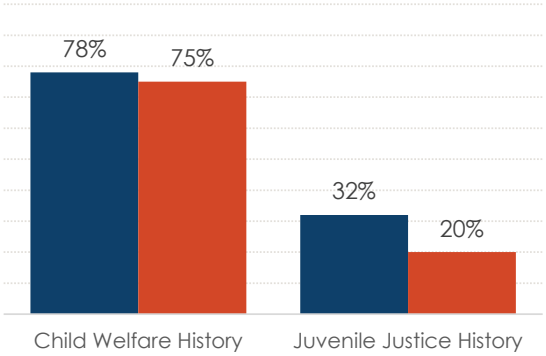
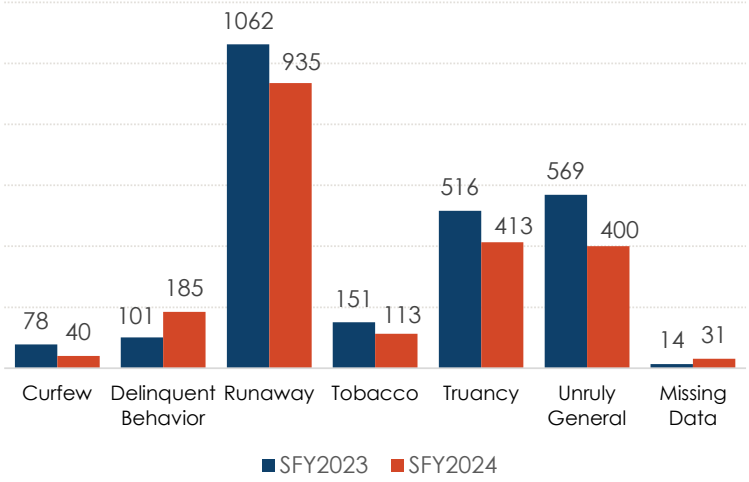
Diverting children from "system" involvement can have long-lasting positive impacts

CHINS
As part of *Juvenile Justice Reform* efforts in North Dakota, the 2021 Legislature approved changes to NDCC 27-20.3 for services to be provided by the child welfare system so that **children** in need of services **who have not committed crimes** can be **served** in the community and be maintained **outside of the Juvenile Court system**.





CHINS Program Goals

- **Connect** children and their families **to appropriate services** in the community;
- Focus on **prevention**, **treatment** services and **support**; and
- **Divert** individuals **from** entering the **foster care** and **juvenile justice** system.

Child behaviors appropriate for CHINS program

- Truancy from school
- Regularly disobeying their parents
- Using and possessing tobacco and related products under 14
- Running away/Curfew

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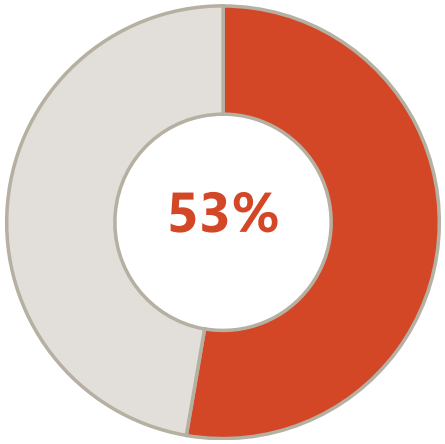
Foster Care in North Dakota – 2024 Snapshot

645



1 in 2 age 0-7

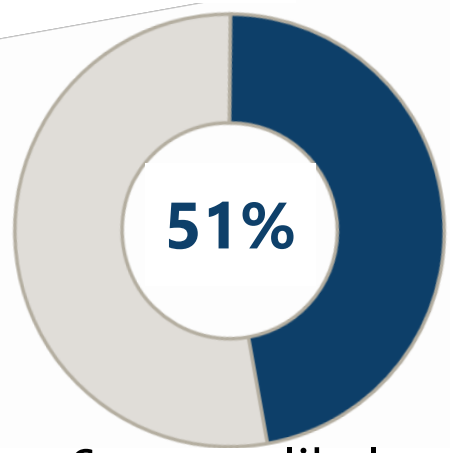
Half of the 1,199 children in foster care in North Dakota are age 7 or younger. (SFY2024)

44%

Intense level of care

Of the 169 kids receiving treatment foster care in SFY2024, 74 (44%) were age 7 or younger.

615

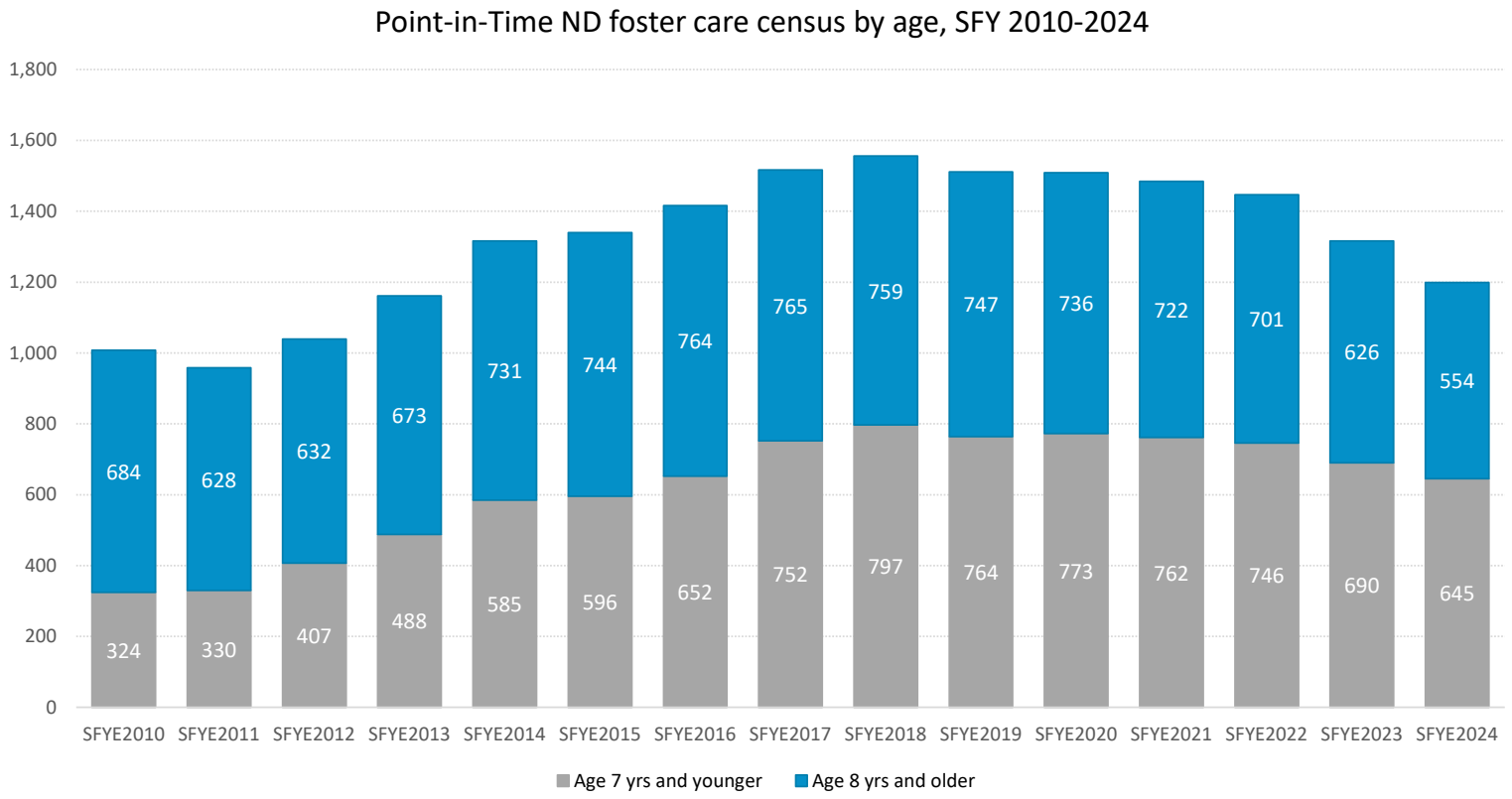


6x more likely

Native American children make up 47% of the total number of children in foster care in ND (615 of 1,199).

Native American children make up 8% of kids under age 18 in ND.

In FY24 54% of the 1,199 children in foster care are younger than age 7



Rethink child welfare

Early interventions with young families are key to reducing foster care placement for the youngest children.

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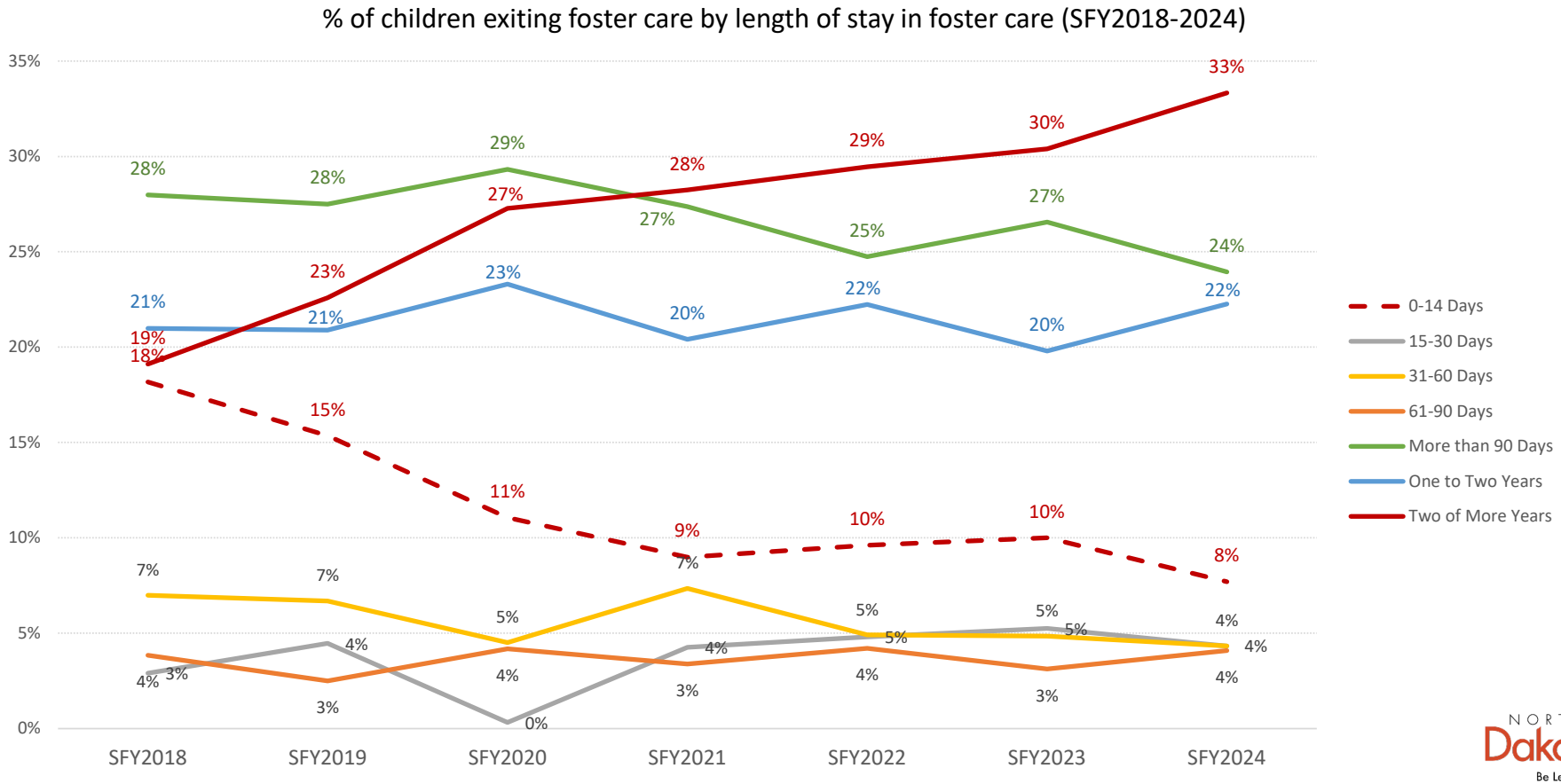
Changes in the child welfare practice model are resulting in fewer short-stay placements and more long-stay exits



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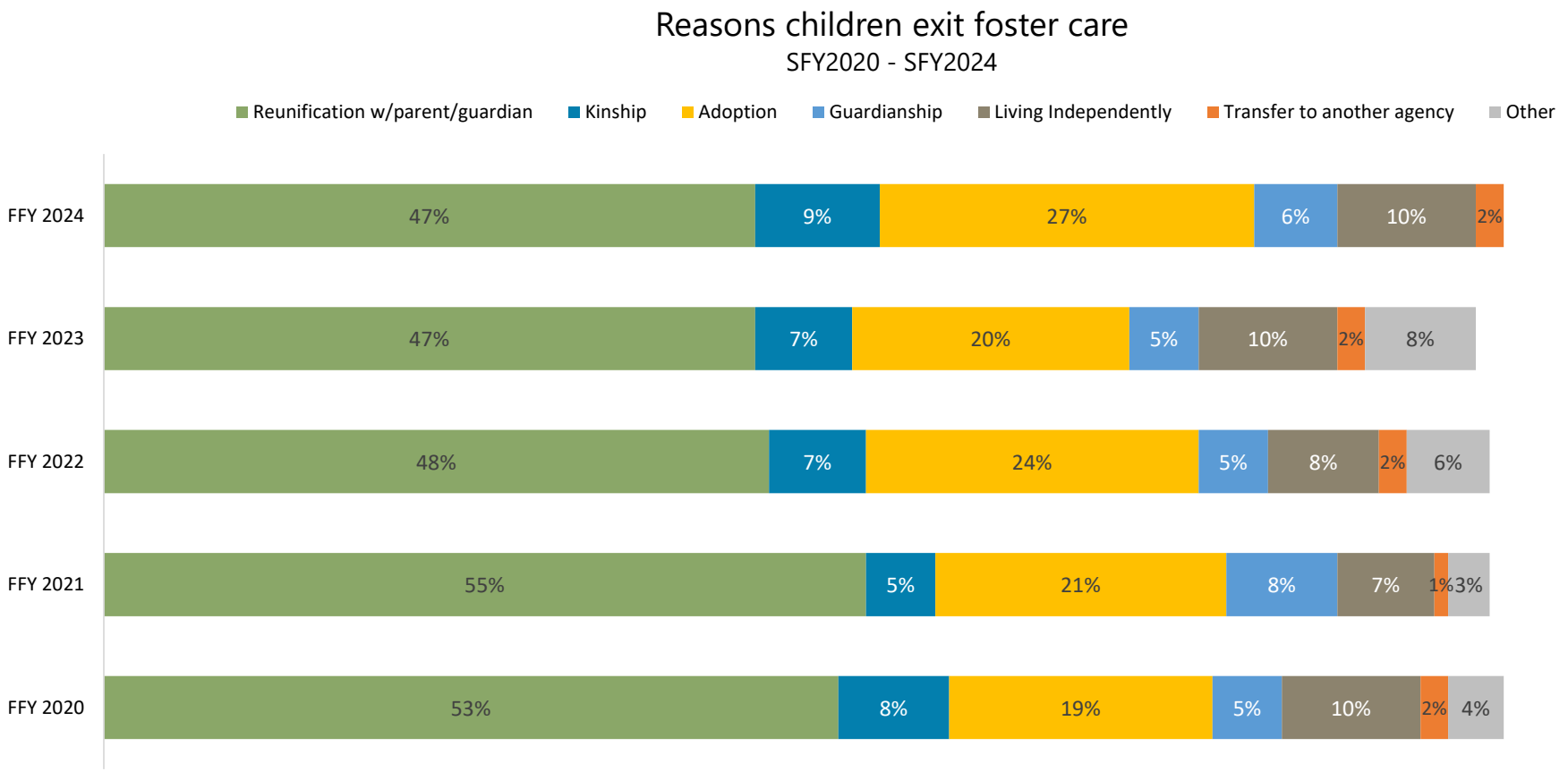
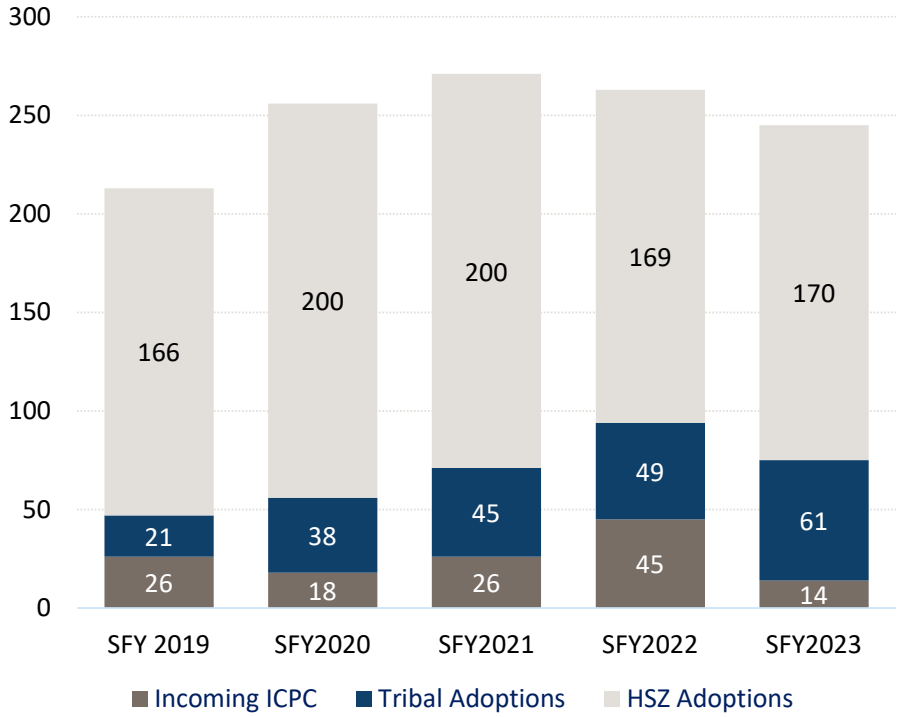
Almost half of children in foster care exit to reunify with family



Source: HHS FRAME, Jan 2025

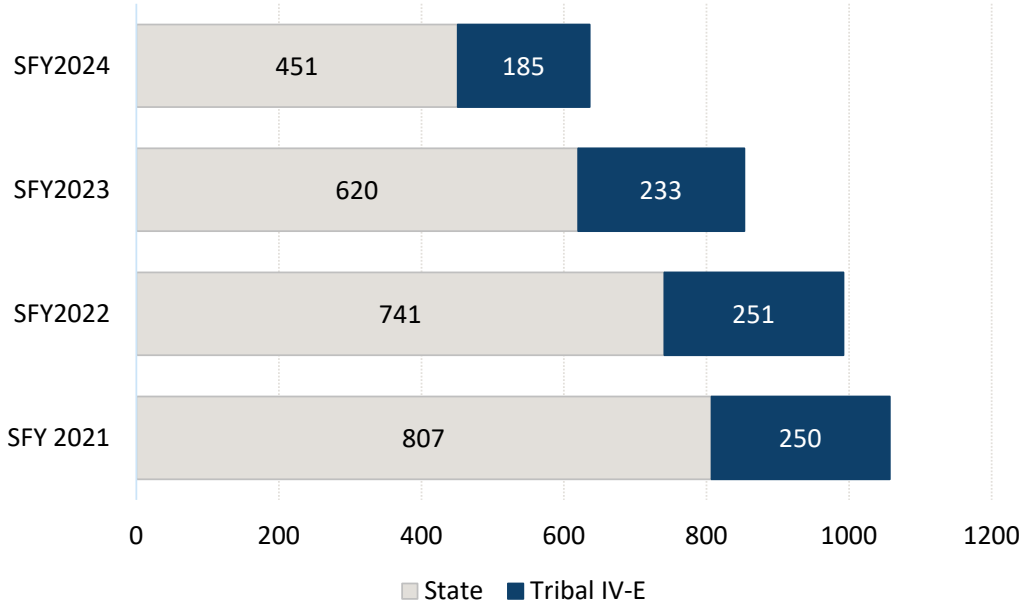
ND is seeing the impact of increased adoptions out of foster care and efforts to exit long-stayers

Finalizations of Public Agency Adoptions



Source: 2023 AASK Agency Report

Children in Foster Care w/TPR & Goal of Adoption



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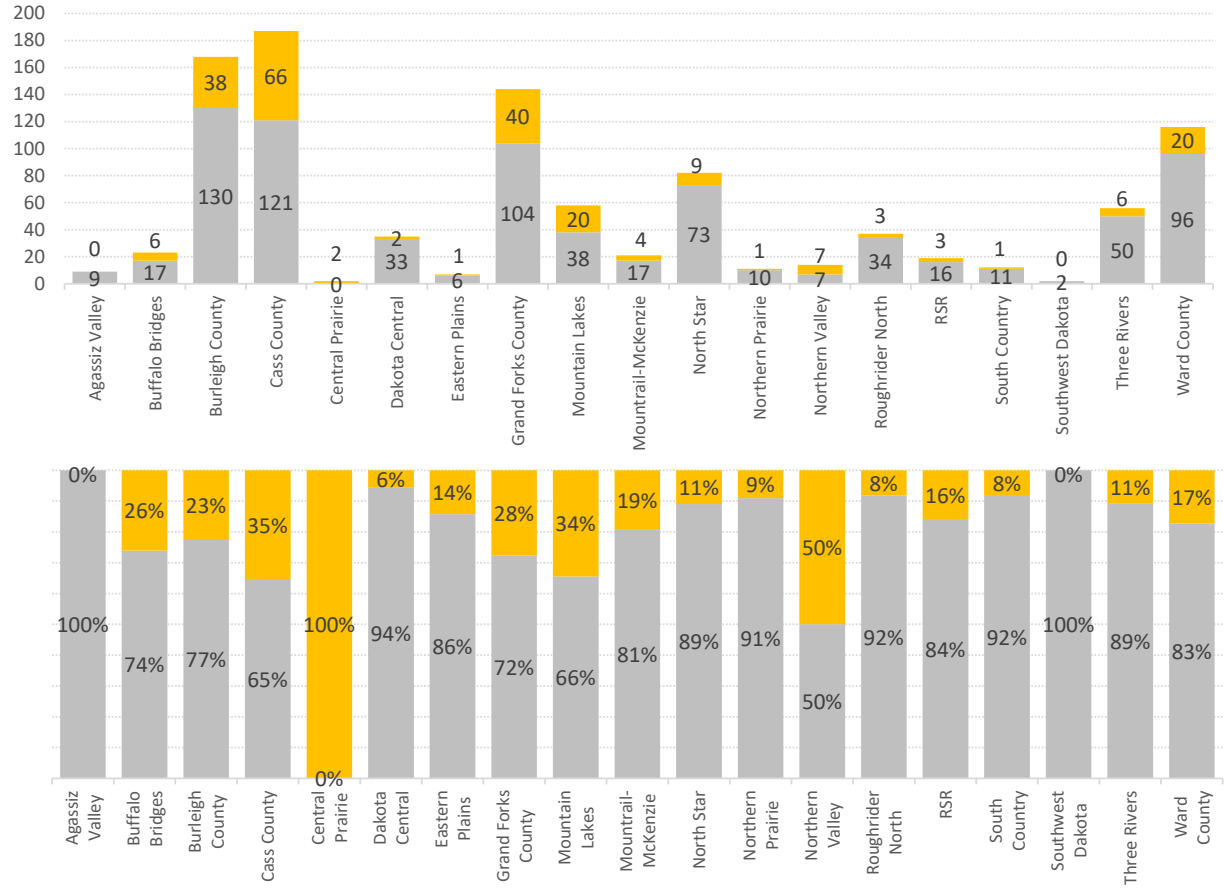
Children who are orphaned as a result of TPR (termination of parental rights) comprise 23% of all children in ND's foster care system in FY24

23%

Parental Rights Terminated

Of the **1,003** children under the custody of the HSZs at the end of SFY2024, 229 (23%) have no legal connection to their biological parents due to Termination of Parental Rights (TPR).



Rethink child welfare

There are both positive and negative consequences associated with terminating parental rights – the balance is different for every child

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Budget review



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Successes in the last year

- Cass HSZ Stabilization Plan
- Kinship First State
- Increase Prevention Services
- IV-E Federal Audit



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Re-thinking Child Welfare

Why | Who | How

The Big Idea

- Why is this difficult?

Moving from Idea to Reality:

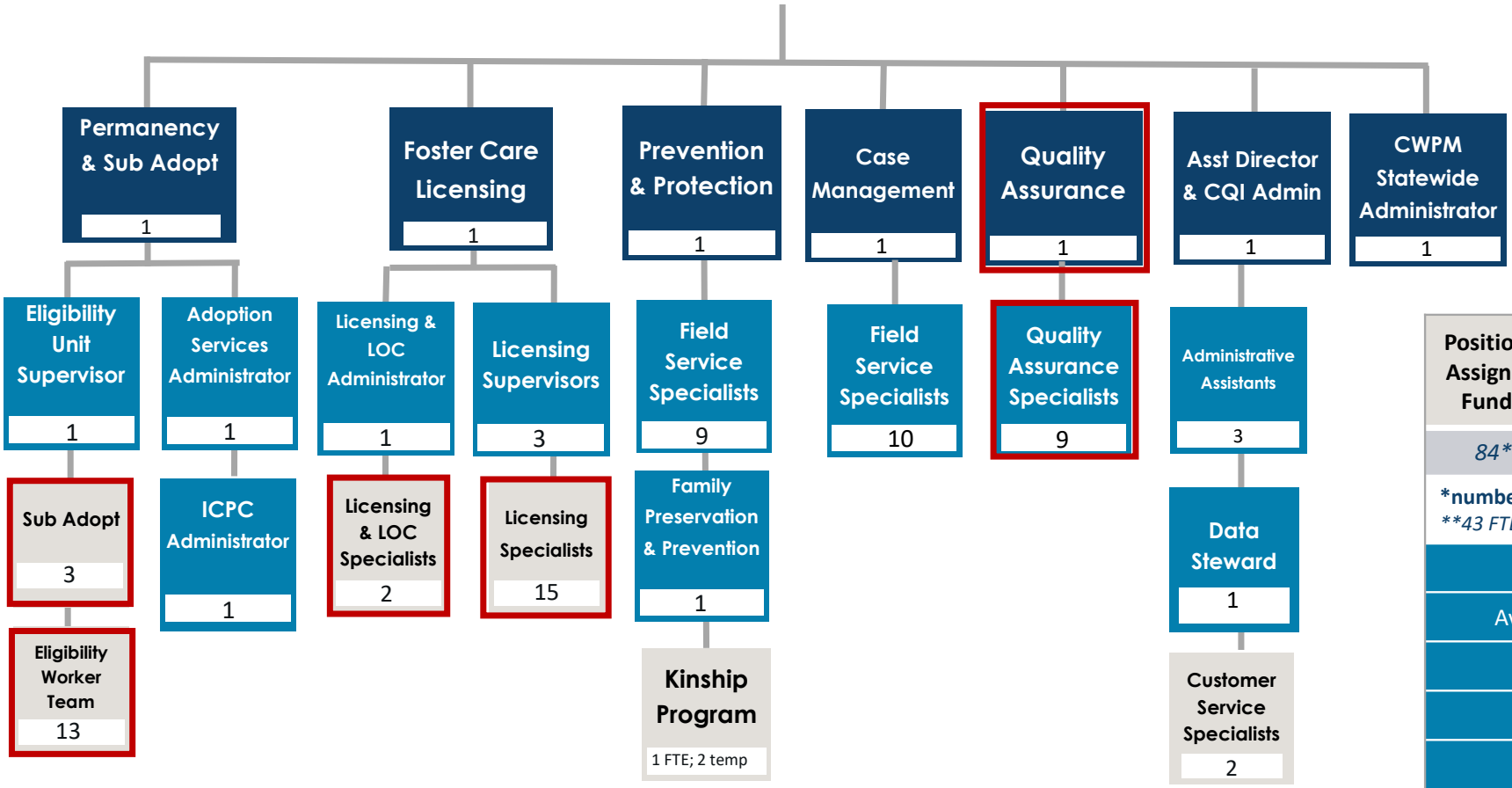
Do more of what works

- Foster Care
- Kin Care
- Family First IV-E Prevention Services
- Family Engagement
- Certified Shelter Care

On the Horizon

- Redesign Case Management
- Opportunities to improve quality of customer service
- Best of Field

Children & Family Services Director
Cory Pedersen



= funding included in HSZ Ops budget

Position #s Assigned / Funded	Posi-tions Filled	# of Vacan-cies	# of Temp Staff
*84***	*82*	*2**	*2**

numbers as of 12/1/2024
*****43 FTE in the HSZ Budget*

Average Age	*46*
Avg Years of Service	*11.7*
Retirement Risk	*3.5%*
Turnover 2021	*6%*
Turnover 2022	*5%*
Turnover 2023	*1%*
Turnover 2024	*3.5%*

Included in Executive Budget Request

Quality Representation for Families

- States can leverage federal IV-E funds to make sure that families are well represented through what can be a complex and life-changing legal process.
- This request would support 2 defense attorneys to be contracted by ND Indigent Defense; the attorneys would be trained to specialize in child welfare law. These attorneys would be supported by a licensed social worker and parent with lived experience, to support the connection with families throughout the life of the case.
- The Quality Legal Representation team would utilize federal IV-E match; all funds would be passed through to ND Indigent Defense as the implementation partner for the initiative (50/50 match; total $700,000).
- While the investment in legal representation for families is a new endeavor, HHS expects this group to be able to work with approximately 75-100 families over the course of the biennium (accounting for time it would take to start-up).

Total	General	Federal	Other
$700,000	$350,000	$350,000	$0

This is an ongoing funding request.



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Included in Executive Budget Request

Cost to Continue Budget Correction / Adoption Savings delinked funding

- Post Adoption Services
- Statewide ICWA Family Preservationist (NATI)
- Pre-Petition Legal Representation (Legal Serivces ND)
- UND SW Stipends
- Kinship Legal Representation for Legal Guardianship
- Nexus PATH – Chaffee/IL

Total	General	Federal	Other
$4,883,205	$4,883,205	$0	$0

This is an ongoing funding request.



Comparison of budgets and funding

By Budget Account Code

Total General	**$**	**90,947,415**	**$**	**103,526,347**	**$** **12,578,931**
Total Federal	**$**	**82,736,976**	**$**	**105,821,987**	**$** **23,085,011**
Total Other	**$**	**2,840,345**	**$**	**698,753**	**$** **(2,141,592)**

Description	2023-25 Legislative Base	2025-27 Executive Recommendation	Increase/ (Decrease)
511x Salaries - Regular	$ 5,100,229	$ 6,642,743	$ 1,542,515
513x Salaries Temp	499,055	217,800	(281,255)
516x Salaries Benefits	2,281,406	2,874,625	593,219
Total Salaries & Benefits	**$ 7,880,690**	**$ 9,735,168**	**$ 1,854,478**
52x Travel	218,645	215,645	(3,000)
53x Supply	27,891	41,941	14,050
54x Postage & Printing	22,342	12,342	(10,000)
57x Insurance	24,000	30,000	6,000
58x Rent/Leases - Bldg/Equip	32,616	107,616	75,000
61x Professional Development	76,850	105,350	28,500
62x Fees - Operating & Professional	6,147,730	16,401,980	10,254,250
60x IT Expenses	-	2,651,285	2,651,285
71x Grants, Benefits, & Claims	162,093,973	180,745,760	18,651,786
Total Operating	**$ 168,644,047**	**$ 200,311,919**	**$ 31,667,872**
Total	**$ 176,524,737**	**$ 210,047,087**	**$ 33,522,350**

Children Family Service Budget as % of HHS Budget

3.3%

Budgeted by Funding Source

- General 49%
- Federal 51%

Budget by Pass-Through

- 83% Paid to Private/Public providers
- 11% HHS Admin
- 5% HHS Direct Service's
- 1% Technology

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Operating Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	EXECUTIVE BUDGET RECOMMENDATION	INCREASE/ (DECREASE)
Adoption AASK Contract & De-link Adoption Savings	$ 1,687,362	$ 6,565,207	$ 4,877,845
Pre-Petition Legal Representation	-	700,000	700,000
Special needs adoptions	4,168,368	5,020,603	852,235
Qualified Residential Treatment Program – Performance Based Contracts and Training – moved from Grants	30,000	2,459,670	2,429,670
Quality Legal representation for Indigent Children	-	800,000	800,000
Family's First Prevention Services – increasing prevention services for children and families	-	800,000	800,000
Adoption and birth parent	262,000	56,500	(205,500)

GENERAL FUND	**$ 3,438,291**	**$ 11,390,574**	**$ 7,952,283**
FEDERAL FUND	**2,709,439**	**5,011,406**	**2,301,967**
OTHER FUND	**-**		**-**
GRAND TOTAL	**$ 6,147,730**	**$ 16,401,980**	**$ 10,254,250**

Grants Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	EXECUTIVE BUDGET RECOMMENDATION	INCREASE/ (DECREASE)
FFT, family prevention therapy, Well being- HSC (Clinics)	$ 6,819,069	$ 9,350,978	$ 2,531,909
PCAND, nurturing parent	808,556	838,446	29,890
CBCAP – Community- Based Child Abuse Prevention – Parent and Family Resource Centers - NDSU	467,924	549,924	82,000
Child Advocacy Center	4,100,000	4,100,000	-
Nexus-Path	869,266	1,089,266	220,000
UND Training, NATI	2,226,991	2,226,991	-
Respite care/Shelter Care	1,000,000	3,000,000	2,000,000
Education Grants ETV	303,958	303,958	-
Tribal Family Preservation –IV-B Prevention	600,000	600,000	-
USPire – Healthy Families	600,000	600,000	-
Kinship, Care giver	1,630,006	2,330,006	700,000
Tribal Social Services - IV-E Agreements	2,583,918	2,583,918	-
NATI State Tribal Relationships	1,353,185	1,353,185	-
Juvenile Serivces – IV-E pass through	414,000	764,000	350,000
Juvenile Crisis Intervention	200,000	200,000	-
Delinked (Moved to Operating) Adoptions Savings	8,134,219	2,569,012	(5,565,207)
GENERAL FUND	**$ 22,390,437**	**$ 20,281,648**	**$ (1,428,780)**
FEDERAL FUND	**9,720,655**	**12,178,036**	**1,777,372**
OTHER FUND			
GRAND TOTAL	**$ 32,111,092**	**$ 32,459,684**	**$ 348,592**

Grants on a walkthrough

DESCRIPTION	2025-27 BASE BUDGET	COST CHANGES	CASELOAD CHANGES	COST TO CONTINUE	TOTAL CHANGES	TO GOVERNOR	INFLATION	TOTAL CHANGES	TO HOUSE
	$	$	$	$	$	$	$	$	$
Foster Care IV-E	30,124,809	3,838,071	(4,397,859)	(559,788)	(559,788)	29,565,021	673,667	673,667	30,238,688
Foster Care Regular	34,614,099	11,132,631	(2,592,009)	8,540,622	8,540,622	43,154,721	984,302	984,302	44,139,023
QRTP	1,737,206	(982,406)	3,529,200	2,546,794	2,546,794	4,284,000	98,734	98,734	4,382,734
Therapeutic Foster Care	4,470,849	(1,746,376)	167,395	(1,578,981)	(1,578,981)	2,891,868	60,878	60,878	2,952,746
Subsidized Guardianship	1,466,490	254,341	(95,137)	159,204	159,204	1,625,694	27,200	27,200	1,652,894
Foster Care IMD	362,578	61,712	411,433	473,145	473,145	835,723	18,887	18,887	854,610
Subsidized Adoption (w/fed match)	47,503,645	12,633,563	(4,449,949)	8,183,614	8,183,614	55,687,259	1,264,528	1,264,528	56,951,787
Subsidized Adoption (no fed match)	6,527,435	800,017	(372,434)	427,583	427,583	6,955,018	158,576	158,576	7,113,594
	$	**$**	**$**	**$**	**$**	**$**	**$**	**$**	**$**
TOTAL FUNDS	**126,807,111**	**25,991,553**	**(7,799,360)**	**18,192,193**	**18,192,193**	**144,999,304**	**3,286,772**	**3,286,772**	**148,286,076**
	$	**$**	**$**	**$**	**$**	**$**	**$**	**$**	**$**
GENERAL FUND	**58,898,531**	**9,366,165**	**476,190**	**9,842,355**	**2,497,418**	**61,395,949**	**1,417,116**	**1,417,116**	**62,813,065**

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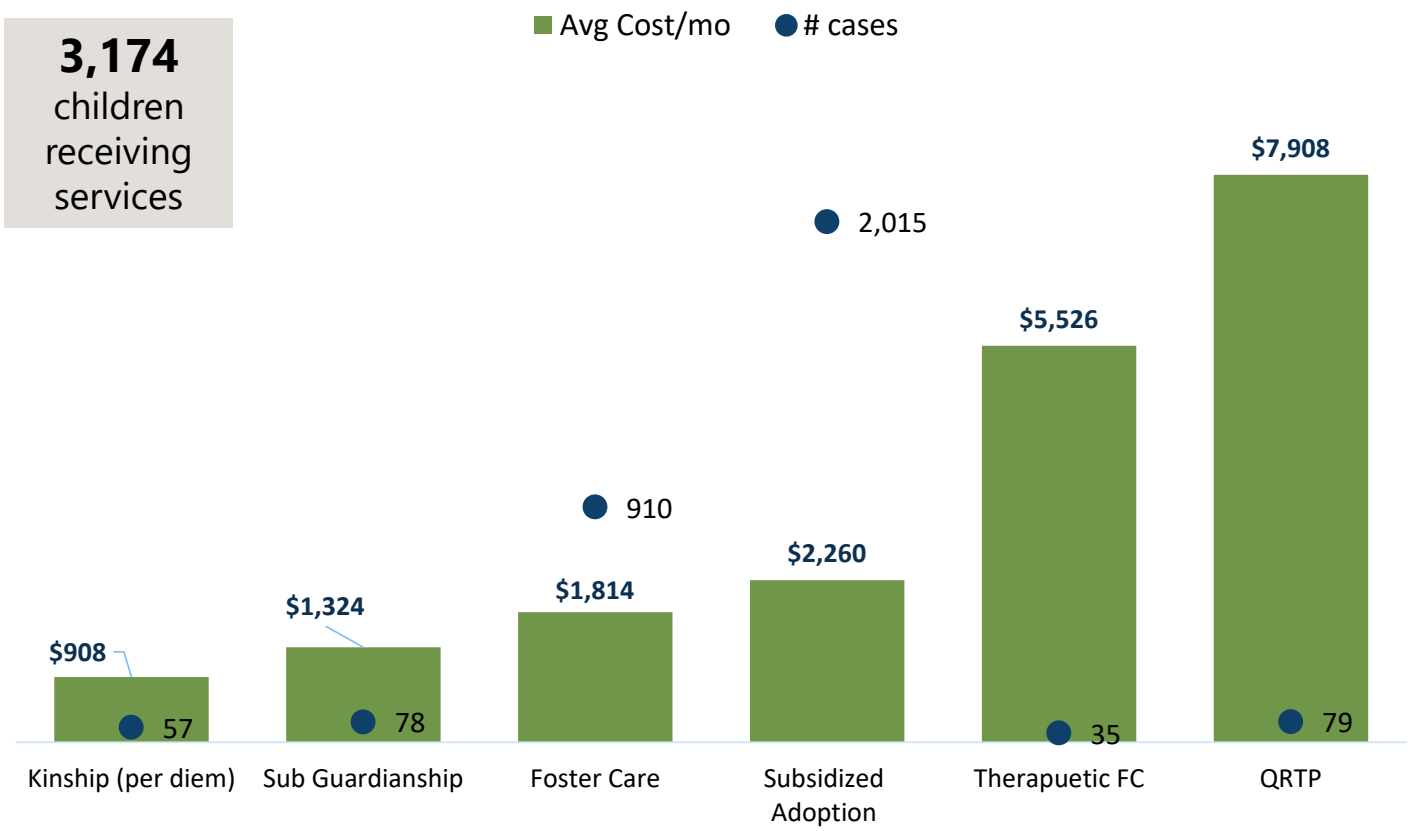
Child Welfare Service Continuum

Cost per month per person per type of service – SFY24

3,174 children receiving services









Comparison of budget expenditures and projections

By Budget Account Code

Description	2023-25 Legislative Base	Expended as of 12/31/2024	Projection through 6/30/2025	Under/ (Over) Budget
511x Salaries - Regular	$ 5,100,229	$ 4,814,342	$ 6,238,230	$ (1,138,001)
513x Salaries Temp	499,055	205,654	383,962	115,093
514x Salaries Overtime	-	6,305	7,055	(7,055)
516x Salaries Benefits	2,281,406	1,799,861	2,437,757	(156,351)
Total Salaries & Benefits	**$ 7,880,690**	**$ 6,826,161**	**$ 9,067,005**	**$ (1,186,315)**
52x Travel	218,645	75,624	134,580	84,065
53x Supply	27,891	3,977	18,827	9,064
54x Postage & Printing	22,342	7,567	13,238	9,104
57x Insurance	24,000	27,012	33,012	(9,012)
58x Rent/Leases - Bldg/Equip	32,616	56,675	79,374	(46,758)
61x Professional Development	76,850	67,765	92,550	(15,700)
62x Fees - Operating & Professional	6,147,730	7,283,052	9,368,329	(3,220,599)
60x IT Expenses	-	49,150	51,650	(51,650)
71x Grants, Benefits, & Claims	162,093,973	92,386,551	139,876,474	22,217,499
Total Operating	**$ 168,644,047**	**$ 99,957,373**	**$ 149,668,033**	**$ 18,976,014**
Total	**$ 176,524,737**	**106,783,535**	**$ 158,735,038**	**$ 17,789,699**

Total General	**$ 90,947,415**	**$ 47,249,909**	**$ 71,893,434**	**$ 19,053,981**
Total Federal	**$ 82,736,976**	**$ 58,025,615**	**$ 84,911,783**	**$ (2,174,806)**
Total Other	**$ 2,840,345**	**$ 1,508,011**	**$ 1,929,821**	**$ 910,524**

NORTH Dakota | Health & Human Services
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CFS/HSZ-related Policy Bills with Budget Impact

		Federal	General
HB 1205	Safety devices for Abandon Infants		$100,000
HB 1268	Drug Testing Parents		$100,000
HB 1328	Expanding CHINS referrals by adding Schools at guardians in NDCC 27-20.3		Unknown
SB 2036	Juvenile competency add to CHIPS definition	$965,538	$965,538 (fiscal note est)



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Contact Info

Cory Pedersen
Director, Children and Family Services Section

ctpedersen@nd.gov

Child Abuse & Neglect Line
833-958-3500



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North Dakota Child Welfare Glossary

CHILD PROTECTION

- **ASSESSMENT:** A fact finding process designed to gather information that allows for staff to determine if a child meets the definition of an abused or neglected child. A determination either unconfirmed or confirmed where the subject's name is placed on the ND CPS Index. An assessment could be terminated in progress, which would result in case closure with no further action required.
- **CHILD PROTECTION SERVICES (CPS):** Services performed by an agency after a report of child abuse or neglect has been conducted. Services include assessments, planning, referral of treatment, coordination with referral sources, monitoring and delivery of services.
- **CPS CENTRALIZED INTAKE:** North Dakota's CPS call center where professional staff accept reports of suspected child abuse and neglect over the phone via 1-833-958-3500.
- **CONFIRMED:** It is determined a child meets the definition of an abused or neglected child based on the evidence gathered.
- **UNCONFIRMED:** It is determined based upon the evidence, that a child does not meet the definition of an abused or neglected child.

SERVICES/CASE MANAGEMENT

- **ADOPTION:** Safety decision when the court determines that a child in public custody will not be reunited with their parents. Adoption may be legally granted to an identified family as one of their own.
- **CASE MANAGEMENT:** Agency staff assigned to work with the family to determine the needs and services required to achieve a safe outcome. Staff is responsible to organize visitation, meet regularly with the parent and child/ren, work closely with referral sources for services, provide updates to the Court and coordinate various aspects of the case plan.
- **CASE PLAN:** Individualized set of goals developed with the family to enhance parental protective capacities and establish safety in the home.
- **CUSTODIAN:** Means a person or agency, other than a parent or legal guardian, given legal custody of the child by order of the Court. ND custodial agencies include a Human Service Zone, Division of Juvenile Services or a federally recognized Tribe.
- **GUARDIANSHIP:** Safety decision where the court determines that a child in public custody will not be reunited with their parents. Legal guardianship is permanent custody granted to a caregiver, but the child's parental rights remain intact.
- **PLACEMENT:** When it is determined a child is unsafe, a decision must be made regarding placement. A child may remain in their home with in-home safety plan and supports or a child may be placed in out-of-home care with relatives, placed in a licensed foster home, residential treatment facility, Supervised Independent Living setting, or other.
- **REUNIFICATION:** Safety decision to return the child to the parental home after determining impending danger threats can be controlled and the parent/caregiver protective capacities have been sufficiently enhanced.
- **SAFETY PLAN:** A written arrangement between parents/caregivers and the agency when a child is determined to be unsafe. A safety plan remains active as long as danger threats exist and may include in home or out of home placement arrangements.
- **SAFE CHILD:** When no threats of danger exist within the home, or parents/caregivers can protect the child from threats of danger, or the child is not vulnerable (age/development) to such threats.
- **UNSAFE CHILD:** When threats of danger exist in the home, and the child is vulnerable (age/development) to such threats, and parents/caregivers are unable to protect the child from the threats of danger.

North Dakota Child Welfare Glossary

NORTH Dakota | Health & Human Services
Be Legendary.

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NORTH Dakota
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Who Does What in Child Welfare?

ROLES IN NORTH DAKOTA'S HUMAN SERVICE SYSTEM

HUMAN SERVICE ZONES (HSZ) TEAM MEMBERS

☆ *Child Protection Services (CPS) Workers:* Provide protective services for children under age 18, including child protection assessments in response to reports of suspected child abuse or neglect and follow-up services to families.

☆ *CPS Central Intake Unit:* (*Statewide HSZ team*) Is the intake point for reports of suspected child abuse or neglect. Collects facts and provides details to CPS workers at the local HSZ level.

☆ *Child Welfare/CPS Supervisor:* Supervise and support child welfare staff in HSZs.

Foster Care Case Manager: Manages case and is main point of contact for child, parents and foster care provider. *Child is not in the home.*

Child Welfare Case Manager: *(Also called Family/In-Home/ Wrap-around/Family Preservation Case Manager)* Focuses on internal family stability, parental capacities, and identifying needed supports and services. *Child is in the home.*

Family Support/Parent Aide: *(Also called Human Service Aide /Transportation Aide)* Assist parents in building parental capacities and skills to maintain or reunify child with family. Not located in all HSZs. Some only provide transportation to support child and family connections and visits. ■

ND HEALTH AND HUMAN SERVICES (HHS) TEAM

Foster Care Licensing Specialist: Recruits, supports, guides and assesses foster parents through the licensing and renewal process. Works in the HHS Children and Family Services (CFS) Licensing Unit.

☆ *Field Service Specialist:* Monitors fidelity and quality of work related to the Safety Framework child welfare practice model and ND policy, in addition to providing technical assistance to the foster care, child protection and in-home case management units within the Human Service Zones and Division of Juvenile Services (DJS). Is employed by HHS – CFS. ■

Other Non-Child Welfare Support to Families

Children in Need of Services (CHINS): HSZ team connects families and children (whose behaviors Include truancy, disobeying parents, running away and/ or using tobacco products) to local services. hhs.nd.gov/cfs

OTHER INFORMATION

☆ OUT OF HOME PLACEMENT:

- Legal authority to remove a child is authorized by Juvenile Court or Law Enforcement and affirmed by the Courts.
- Deprivation matters are brought forth by the HSZ CPS workers to the removing authorities.
- Out-of-home placements could occur with relatives, kinship care, foster homes, therapeutic foster homes, or QRTP/PRTFs.

CUSTODIAL AGENCY:
In ND, foster children are placed under the public custody of three public agencies:

- *Human Service Zones:* ND's 19 Human Service Zones that represent 53 counties serve the greatest volume of foster children in ND's foster care system.
- *Division of Juvenile Services*
- *Tribal Social Services:* North Dakota has a formal State-Tribal Title IV-E agreement with four Tribal Nations: Standing Rock Sioux Tribe, Spirit Lake Nation, Turtle Mountain Band of Chippewa and MHA Nation.

GUARDIAN AD LITEM:
Appointed by the court to advocate for the best interests of a child in a juvenile court proceeding.

☆CPS TEAM

OVERALL RANK **11**

2023 KIDS COUNT® DATA PROFILE

NORTH DAKOTA

THE ANNIE E. CASEY FOUNDATION

ECONOMIC WELL-BEING — RANK 6

	UNITED STATES			NORTH DAKOTA		
Children in poverty US 12,243,000 | ND 19,000	17% 2019	17% 2021	= SAME	10% 2019	10% 2021	= SAME
Children whose parents lack secure employment US 21,143,000 | ND 37,000	26% 2019	29% 2021	↑ WORSE	21% 2019	20% 2021	↓ BETTER
Children living in households with a high housing cost burden US 21,857,000 | ND 36,000	30% 2019	30% 2021	= SAME	16% 2019	20% 2021	↑ WORSE
Teens not in school and not working US 1,234,000 | ND 3,000	6% 2019	7% 2021	↑ WORSE	4% 2019	7% 2021	↑ WORSE

EDUCATION — RANK 35

	UNITED STATES			NORTH DAKOTA		
Young children (ages 3 and 4) not in school US 4,380,000 | ND 15,000	53% 2012–16	54% 2017–21	↑ WORSE	64% 2012–16	69% 2017–21	↑ WORSE
Fourth-graders not proficient in reading US N.A. | ND N.A.	66% 2019	68% 2022	↑ WORSE	66% 2019	69% 2022	↑ WORSE
Eighth-graders not proficient in math US N.A. | ND N.A.	67% 2019	74% 2022	↑ WORSE	63% 2019	72% 2022	↑ WORSE
High school students not graduating on time* US N.A. | ND N.A.	14% 2018–19	14% 2019–20	= SAME	12% 2018–19	11% 2019–20	↓ BETTER

N.A.: Not available **Graduation data may not be comparable across time due to the impact of the COVID-19 pandemic.*

Explore data on children and families at **datacenter.aecf.org.**

HEALTH

RANK 19

	UNITED STATES			NORTH DAKOTA		
Low birth-weight babies US 311,932 | ND 672	8.3% 2019	8.5% 2021	↑ WORSE	6.8% 2019	6.6% 2021	↓ BETTER
Children without health insurance US 4,165,000 | ND 14,000	6% 2019	5% 2021	↓ BETTER	8% 2019	7% 2021	↓ BETTER
Child and teen deaths per 100,000 US 23,198 | ND 58	25 2019	30 2021	↑ WORSE	28 2019	29 2021	↑ WORSE
Children and teens (ages 10 to 17) who are overweight or obese US N.A. | ND N.A.	31% 2018–19	33% 2020–21	↑ WORSE	28% 2018–19	29% 2020–21	↑ WORSE

FAMILY AND COMMUNITY

RANK 6

	UNITED STATES			NORTH DAKOTA		
Children in single-parent families US 23,626,000 | ND 48,000	34% 2019	34% 2021	= SAME	28% 2019	27% 2021	↓ BETTER
Children in families where the household head lacks a high school diploma US 8,269,000 | ND 8,000	12% 2019	11% 2021	↓ BETTER	5% 2019	4% 2021	↓ BETTER
Children living in high-poverty areas US 6,086,000 | ND 8,000	13% 2012–16	8% 2017–21	↓ BETTER	5% 2012–16	4% 2017–21	↓ BETTER
Teen births per 1,000 US 146,973 | ND 317	17 2019	14 2021	↓ BETTER	16 2019	13 2021	↓ BETTER

N.A.: Not available

Montana Budget & Policy Center | **ndkidscount.org** | 406.422.5848

Find additional data on this state's children and families at **datacenter.aecf.org/ND.**

Learn about child well-being and state rankings at **www.aecf.org/databook.**

CONNECTING CHILDREN TO HELP

Who Do I Contact?

If a Child is Acting Out

CALL CHILDREN IN NEED OF SERVICES (CHINS) TEAM

CHILD'S BEHAVIORS MAY INCLUDE:

- Truant from school (youth is old enough to get self to and from school)
- Possession/use of tobacco and related products by youth ages 10-13
- Disobeying parents, or
- Running away

REFER TO THE CHILDREN IN NEED OF SERVICES (CHINS) TEAM

1. **Complete** the referral form and learn more.
   Visit: www.hhs.nd.gov/cfs/children-need-services
2. **Submit** referral form by **Fax:** 701.328.0104 or **Email:** chins@nd.gov

Staffed Monday-Friday
8 a.m. - 5 p.m. Central Time
(7 a.m.- 4 p.m. Mountain Time)

IMPORTANT:
In a behavioral health crisis, call 211/988

WHY MAKE A REFERRAL:

- Voluntarily connect children and families to helpful community services
- Divert children/youth from juvenile justice system

LEARN MORE: NDCC 27-20.3

If a Person is Abusing or Neglecting a Child

CALL CHILD PROTECTION SERVICES (CPS) TEAM

A PERSON RESPONSIBLE FOR A CHILD'S WELFARE IS SUSPECTED OF:

- Abuse, causing physical injury
- Educational neglect, failure to make arrangements and/or provide for a child's education
- Emotional abuse
- Neglect, lack of supervision or care
- Sexual abuse

CONTACT CPS INTAKE TEAM

Call: 833.958.3500 toll-free, 711 (TTY)
Fax: 701.328.0361

Staffed Monday-Friday
8 a.m.- 5 p.m., Central Time
(7 a.m.- 4 p.m. Mountain Time)

IMPORTANT:
If it's an EMERGENCY and a child is in immediate danger, CALL 911 NOW

LAW ENFORCEMENT OR MEDICAL PERSONNEL:

- If you need a Child Protection Worker to respond to your location immediately, contact your local Human Service Zone office directly.

LEARN MORE: NDCC 50-25.1

Dakota | Health & Human Services
Be Legendary.



CHILDREN & FAMILY SERVICES

Kinship-ND

NORTH Dakota | Health & Human Services
Be Legendary.

North Dakota has utilized a yearly grant fund under Family First Prevention Services Act (FFPSA) Title IV-B, as well as state funding to create the Kinship-ND program, which assists both relative and fictive kinship caregivers who have taken on full time care of a child who is not their own.

Kinship-ND assists the caregiver with navigating their journey in three main ways:

- 1 on 1 support
- Assistance with resources and information based on their needs
- Limited financial support (2 different funding options: Reimbursement & Allowance)

According to childwelfare.org, "Relatives are the preferred resource for children who must be removed from their birth parents because it helps maintain the children's connections with their families, increases stability, and overall minimizes the trauma of family separation. It is imperative that kinship caregivers have the supports they need when a child is placed in their care."

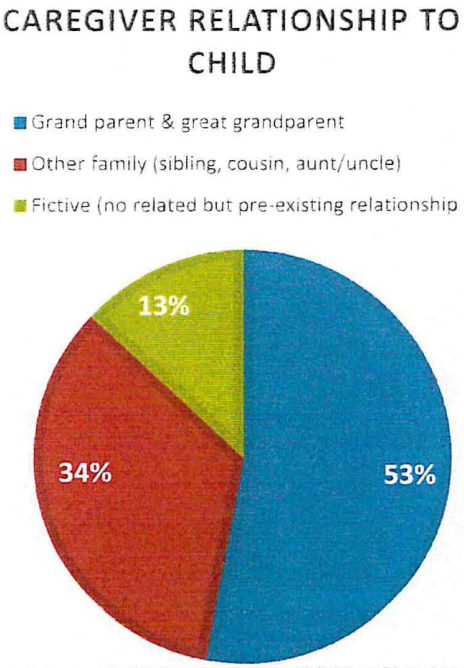
Top needs

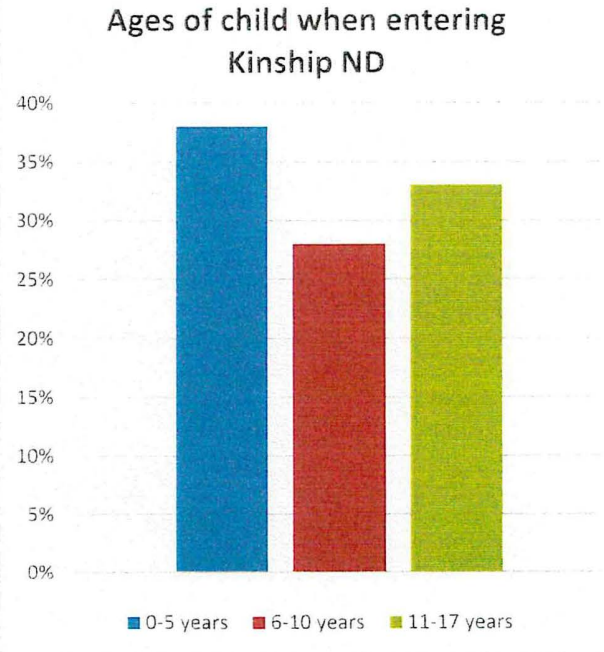
- Financial
- Supplies/ food
- Childcare
- Legal
- Mental health

Kinship-ND has been serving caregivers since March 17, 2021

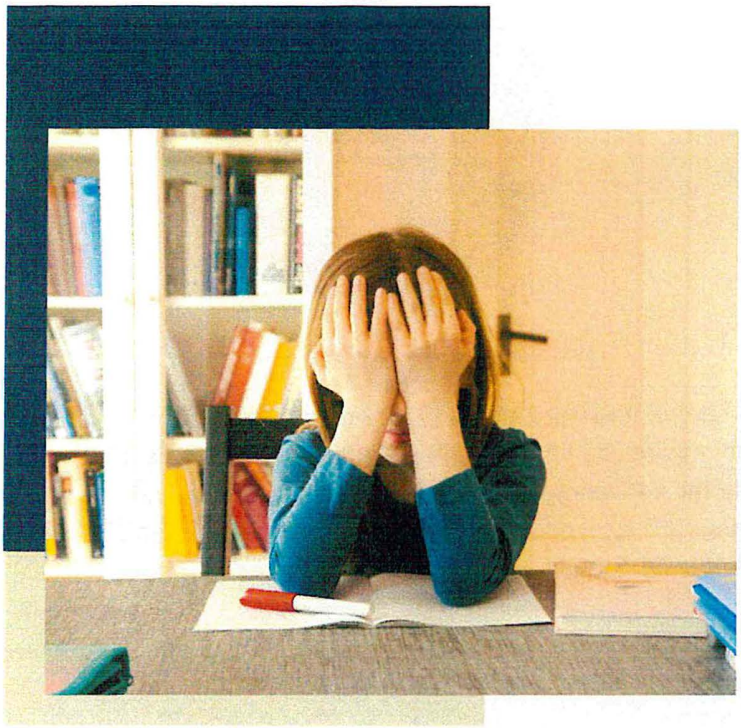
From 3/17/21 – 7/5/24 we have served 937 Caregiver homes with 1,719 Children.

Of those homes there still 635 caregivers who are still caring for 1,134 children in a kinship placement





Grandfamilies.org estimates in North Dakota there are 6,000 children being raised by kin with no parent present and over 9,600 children live in a home where a relative is the head of household.



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Children's Treatment Services Level of Care Determinations

Children's Treatment Services- Level of Care Determination

North Dakota Health and Human Services, Behavioral Health, Children and Family Services and Medical Services partnered across sections to implement a unified clinical assessment to aid in securing treatment services for children.

Purpose

- Determine the least restrictive most appropriate level of care.
- Ensure community services have been exhausted before seeking out-of-home or residential treatment for children.
- Ensure children receive the right services, at the right time, for the right duration.

Eligibility

- Children aged 6 through 17 in need of treatment services.
- Families or case workers seeking out-of-home or residential treatment for a child in their care.

Assessments by Third Party Vendor (Maximus)

- Contracted employees residing in ND use an evidence-based assessment tool.
- Interview with the child, family, therapist, and treatment providers.
- Review clinical and treatment services supporting documentation.
- Review every 90 days when a child is in a residential treatment facility (QRTP/PRTF)
- Review every 180 days when a child is in treatment foster care (TFC)

Placements

- Emergency placements can occur, while the assessment is taking place.
- TFC and QRTP, emergency placements can occur for up to 30 days.
- PRTF, emergency placements can occur for up to 10 days.

Changing the Trajectory

- Data and outcomes show that children do better in family settings. Research indicating placement in institutional/group setting are associated with poorer outcomes.
- Treatment in out-of-home or residential treatment should be short-term.
- Supporting HHS mission in providing services closer to home.

HHS Clinical Alignment Team

The HHS Clinical Alignment Team has employees from Behavioral Health, Children and Family Services, Medical Services and Maximus. The team meets weekly to review cases, the clinical decision support model, trainings for stakeholders, process changes or policy modifications.

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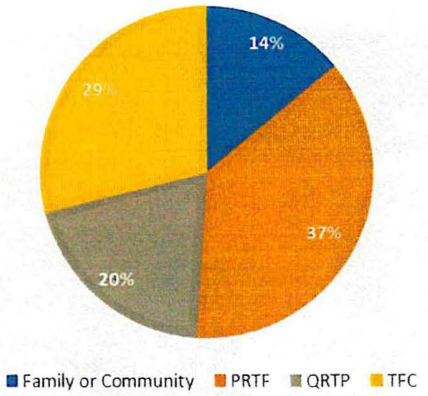
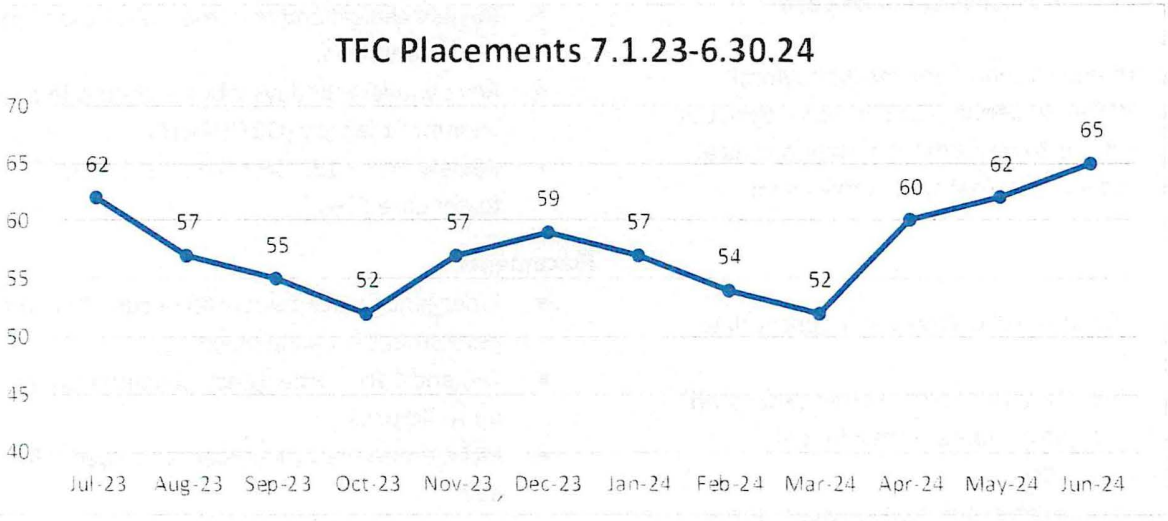
https://maximusclinicalservices.com/svcs/north_dakota_cts
https://www.hhs.nd.gov/childrens-treatment-services

CTS-LOC Determinations issued since July 1, 2024
Since July 1, 2024, there have been 413 assessments, completed **234 (57%)** for children in public custody. Majority 89% have been approved for treatment to remain in or enter a PRTF, QRTP or TFC foster home.



Treatment Foster Care
Treatment Foster Care is provided by Nexus PATH Family Healing as a Licensed Child Placing Agency (LCPA) licensed and paid for by HHS Children and Family Services. Treatment Foster Care (TFC) providers receive extra training and support by the agency as children placed in their home require additional in-home supports and services. TFC is an alternative to institutional and residential facilities offering a home environment to meet the complex mental and behavioral health needs of children in a least restrictive family setting. This level of care is for children ages six through 17 who experience frequent, co-occurring symptoms and behaviors that result in the need for increased services, supports and provider training to address complex trauma.

From July 1, 2023, to June 30, 2024, the chart below shows the number of children served in treatment foster care through Nexus PATH Family Healing:



Qualified Residential Treatment Programs
North Dakota has two Qualified Residential Treatment Programs (QRTP), Home on the Range located in Sentinel Butte averaging 94% occupancy in the last six months and Dakota Boys and Girls Ranch located in Minot averaging 69% occupancy in the last six months.

QRTP's are licensed and paid for by HHS Children and Family Services. QRTP's are **short-term** residential treatment providers offering trauma-informed treatment designed to address the serious complex behavioral health needs of children ages 10 through 17. QRTPs must have a trauma-informed treatment model, a registered or licensed nurse and other clinical staff available 24/7. QRTP's must facilitate participation of family members in a child's treatment program, and provide aftercare supports for at least 6 months post discharge.



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Interstate Compact for the Placement of Children (ICPC)

General Information:

The Interstate Compact for the Placement of Children (ICPC) is a contract between all 50 states that allow them to work together to ensure that children who are placed across state lines, who are in the care or custody of a state public child welfare agency, for foster care or adoption receive adequate protection and support services. The ICPC establishes procedures for the placement of children and fixes responsibility for agencies and individuals involved in placing children. The purpose of the ICPC is to protect the child and the party states in the interstate placement of children so that:

- The child is placed in a suitable environment;
- The receiving state has the opportunity to assess that the proposed placement is not contrary to the interests of the child and that its applicable laws and policies have been followed before it approves the placement;
- The sending state obtains enough information to evaluate the proposed placement;
- The care of the child is promoted through appropriate jurisdictional arrangements; and
- The sending agency or individual guarantees the child legal and financial protection

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Placement options for which an ICPC be requested:

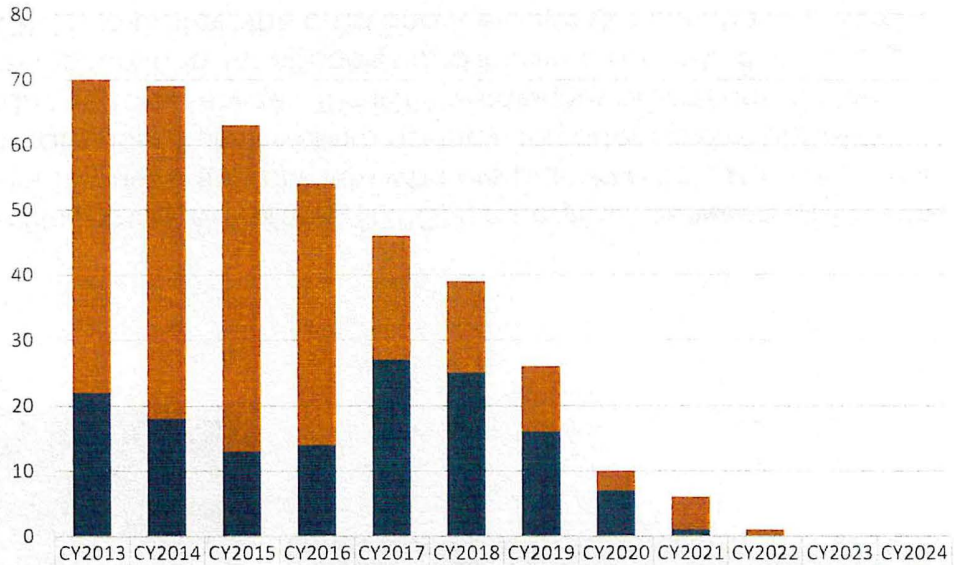
ICPC can be requested to support several potential placement options

- Parent home
- Relative home
- Foster care provider home
- Adoptive home
- Qualified Residential Treatment Program Facility

ICPC requests processed by North Dakota

- Foster Care and Relative Care – 600 per year (50 per month) both incoming and outgoing
- Adoption – 80 per year both incoming and outgoing
- Out of State Residential Facility Placement – See below

Out-of-State Residential Facility Placements
CY2013-CY2024



	CY2013	CY2014	CY2015	CY2016	CY2017	CY2018	CY2019	CY2020	CY2021	CY2022	CY2023	CY2024
Qualified Residential Treatment Program	48	51	50	40	19	14	10	3	5	1	0	0
Psychiatric Residential Treatment Facility	22	18	13	14	27	25	16	7	1	0	0	0

CHILDREN IN NEED OF SERVICES (CHINS)



BACKGROUND

As part of Juvenile Justice Reform efforts in North Dakota, the 2021 Legislature approved changes to NDCC 27-20.3 for services to be provided by the child welfare system so that children in need of services who have not committed crimes can be served in the community and be maintained outside of the Juvenile Court system.

CHINS PROGRAM GOALS

- Connect children and their families to appropriate services in the community;
- Focus on prevention, treatment services and support; and
- Divert individuals from entering the foster care and juvenile justice system.

CHILD BEHAVIORS APPROPRIATE FOR THE CHINS PROGRAM

- Truancy from school
- Regularly disobeying their parents
- Using and possessing tobacco and related products
- Running away

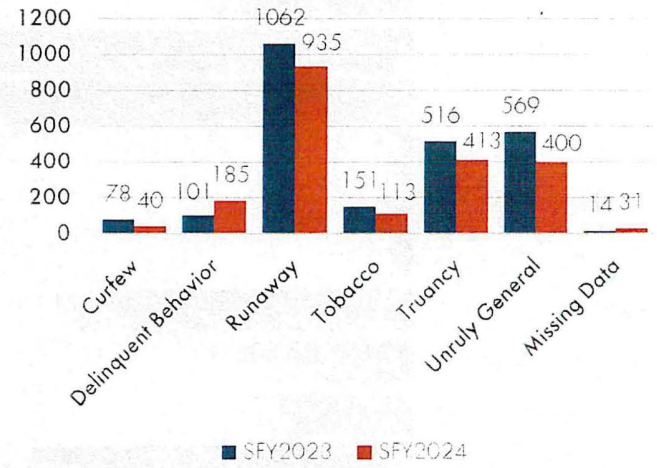
TO REFER TO THE CHINS PROGRAM

Parents, guardians, law enforcement officers, and school officials can refer children to the CHINS Team, staffed statewide by Human Service Zone professionals.

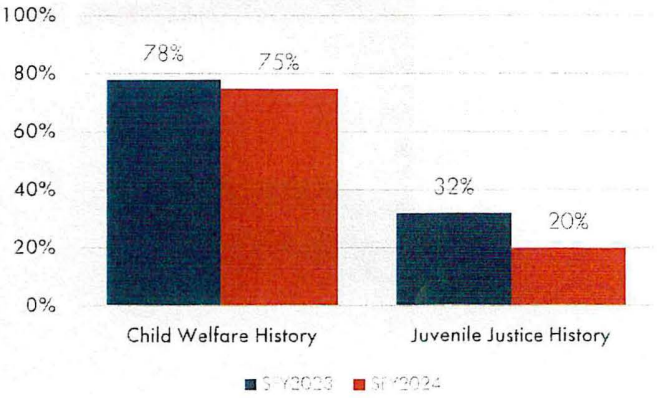
1. Complete a CHINS Referral Form
2. Submit the Referral Form
   - Fax: (701) 328-0104
   - Email: chins@nd.gov
3. Questions regarding the program or referrals can be sent via email to chins@nd.gov or by calling 701-889-9864.

	SFY2023	SFY2024
Total Referrals	2,491	2,117
Total Children	1,493	1,452
Median Age	14 Years	15 Years
Top Living Situation	In Home (89%)	In Home (91%)
Top Referral Source	Law Enforcement (67%)	Law Enforcement (67%)

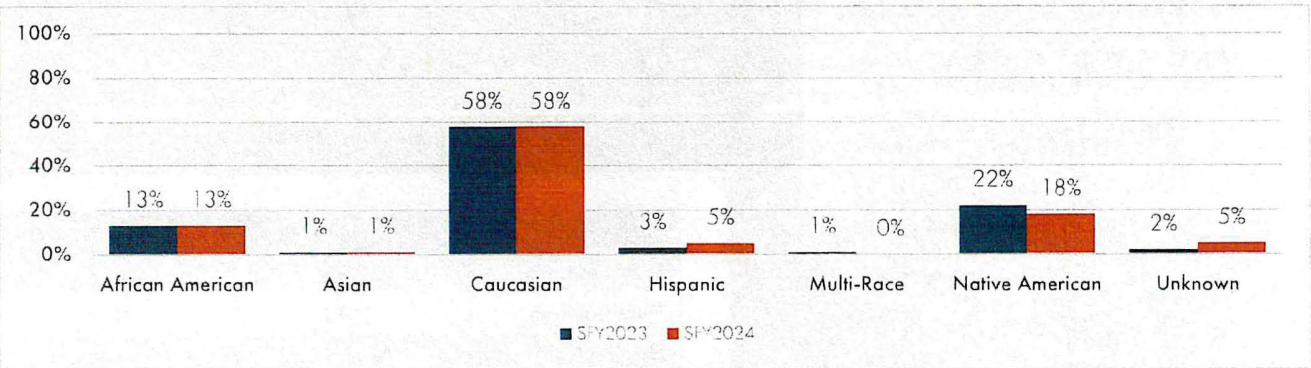
Total Referrals by Category



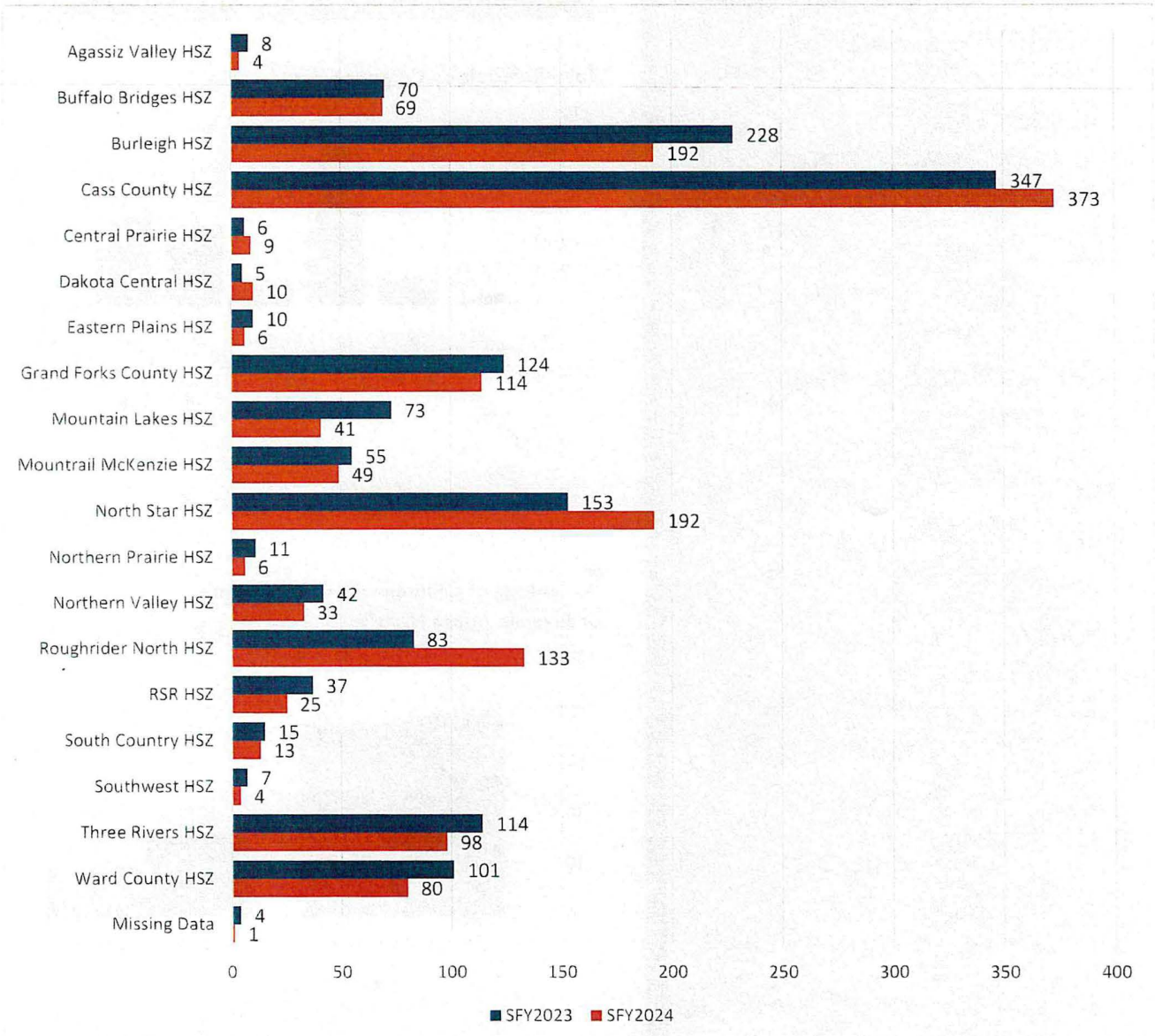
Percentage of Children with Child Welfare or Juvenile Justice History



Total Children by Race



Total Children by Human Service Zone



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Child Protection Services



Child Protection Services (CPS) is committed to ensuring the safety and well-being of children by conducting comprehensive assessments upon receipt of a report of suspected child abuse and/or neglect. The purpose of CPS is to assess safety and protect children (anyone under 18 years old) from further maltreatment and identify any ongoing safety threats.

CENTRALIZED INTAKE

This statewide child abuse and neglect reporting line consists of individuals who are specialized to gather comprehensive information to support the workers in their response to children who are maltreated, unsafe, and/or in need of protection and services.

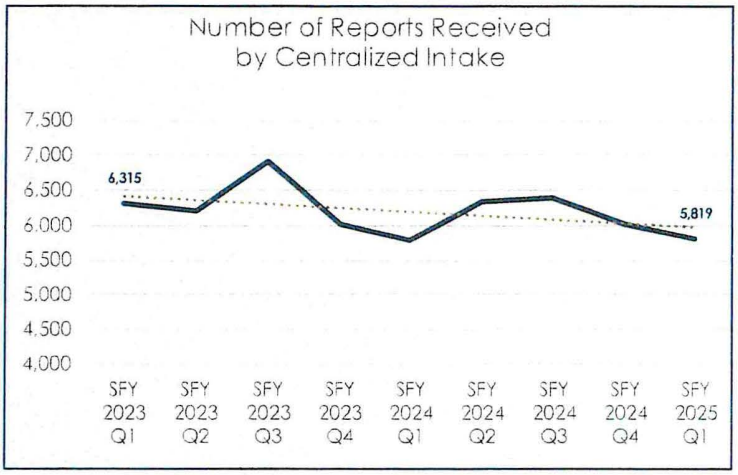
CPS ASSESSMENT

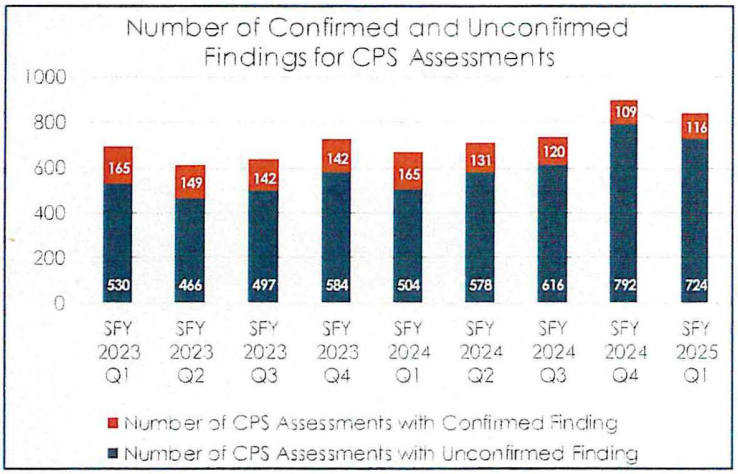
The 19 Human Service Zones are North Dakota's authorized agents who must respond to all reports of suspected child abuse and/or neglect. Zone staff must initiate a CPS assessment of these reports when the information meets the criteria outlined in state statute (NDCC 50-25.1). In most situations, a finding of either "Confirmed" (child was a victim of maltreatment) or "Unconfirmed" (child was not a victim of maltreatment) is made.

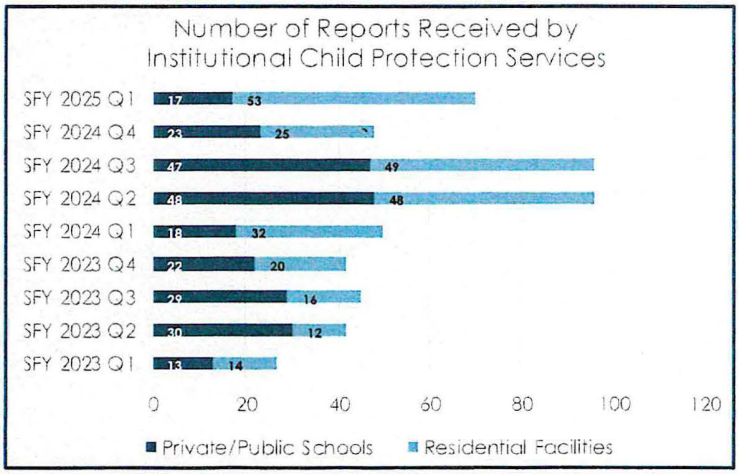
INSTITUTIONAL CHILD PROTECTION SERVICES

Institutional Child Protection Services (ICPS) assesses reports of abuse and/or neglect at institutions that provide services to children to include schools and residential treatment centers. An assessment is completed to assure the children are safe and the institutions adhere to regulations and policies designed to protect the welfare of the children under their care.

DATA



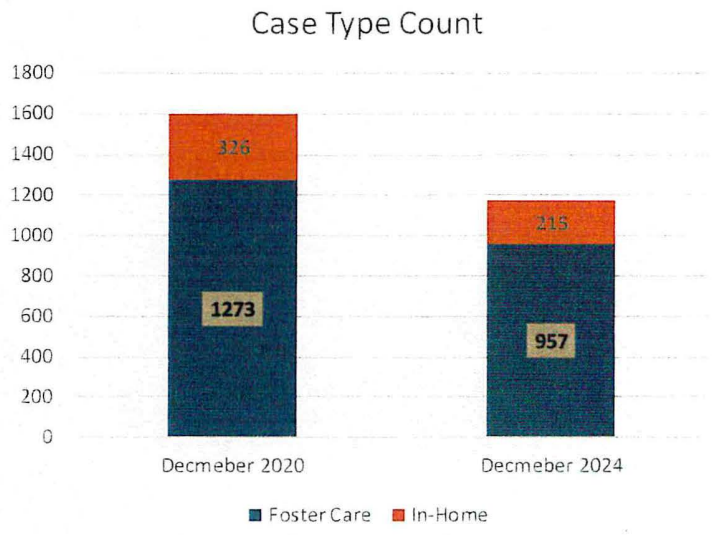


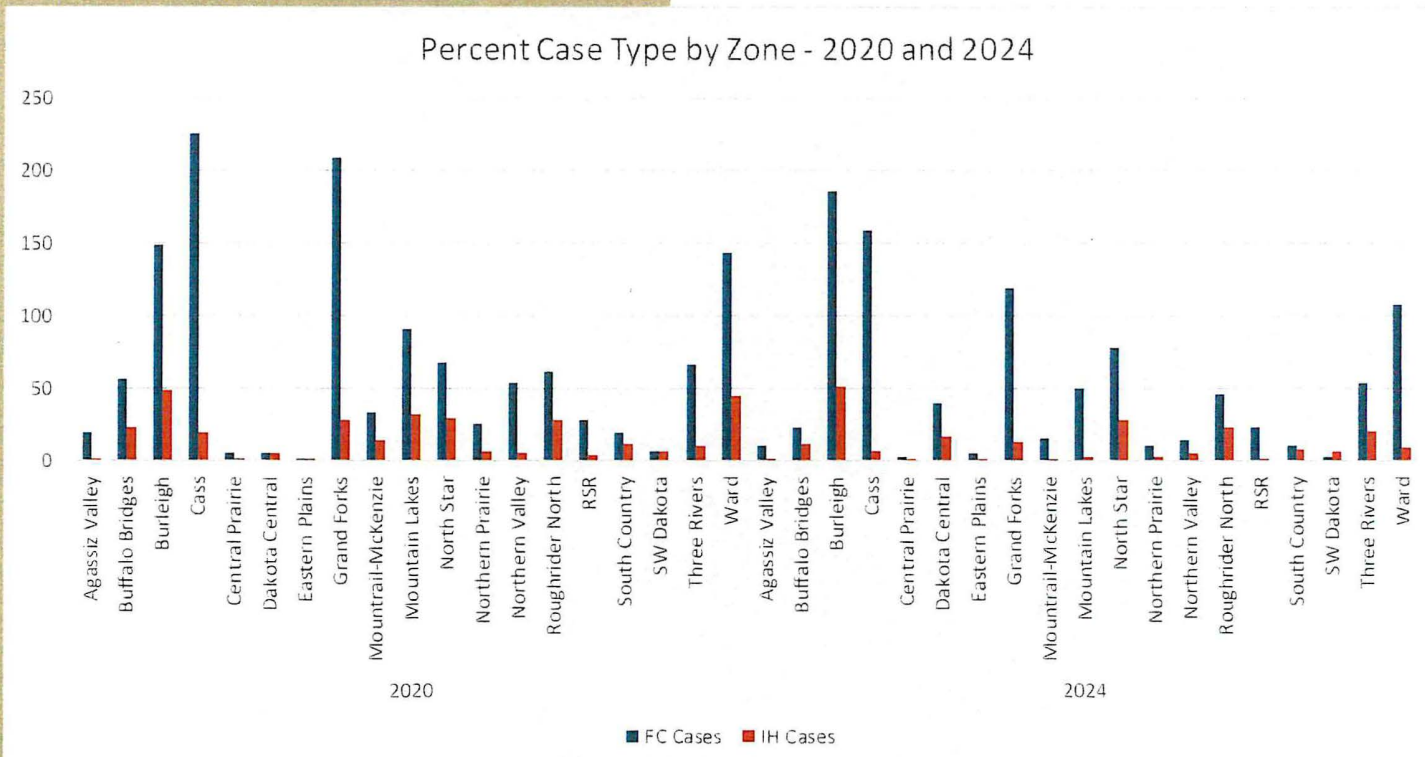


ND Case Management Data Trends – Comparing 2020 to Present



The following data trends represent both foster care and in-home case types with point-in-time data from December 1, 2020 compared to December 1, 2024. In December 2020, the North Dakota child welfare system adopted a new practice model to ensure that services are targeting the right families at the appropriate level of intrusion. Over the past 4 years, implementation training has been maintained and adapted based on the needs of the child welfare workforce. In December 2020, in-home cases constituted 25.6% of all open cases, while in December 2024 this decreased to 22.5%. The total number of cases overall has decreased as well.



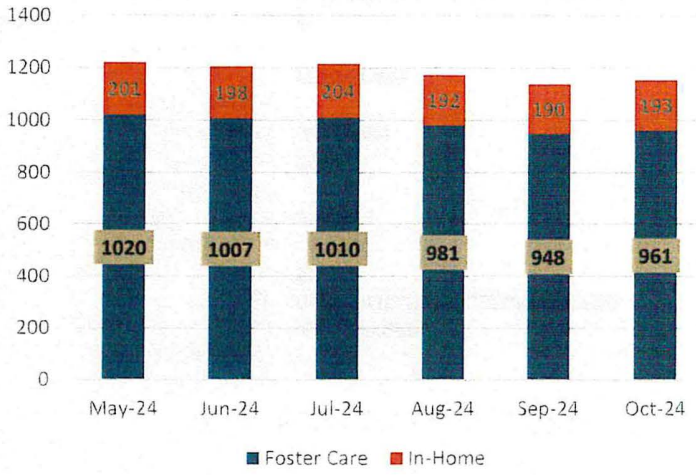


ND Case Management Data Trends

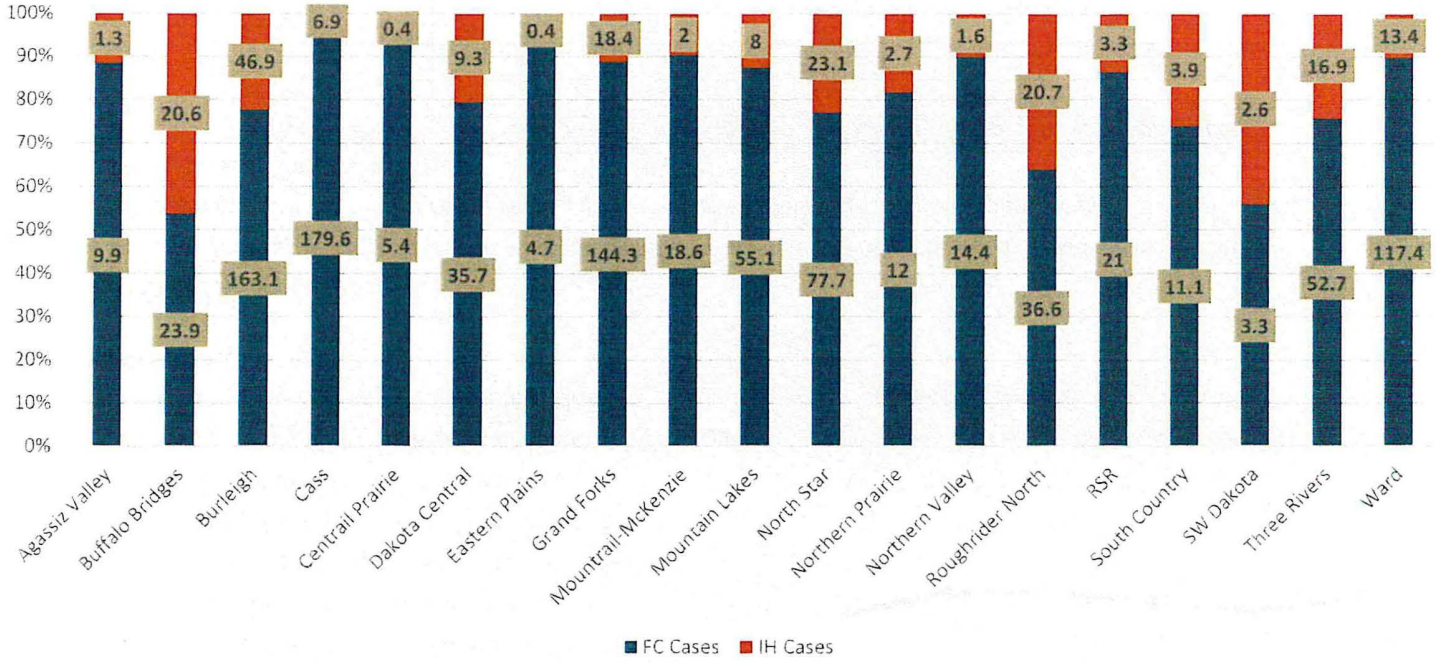


In the North Dakota child welfare system, case management case types are distinguished between in-home and foster care cases. Foster care data tracks the total number of children in each family unit that have entered the foster care system. In-home data focuses on the family unit as a whole, and each family is counted as a single case regardless of the number of children involved with that family. For additional in-depth data trend reporting, in-home cases are sometimes separated out to include the number of children included in each case, as well as the type of safety plan being utilized.

Case Type Count



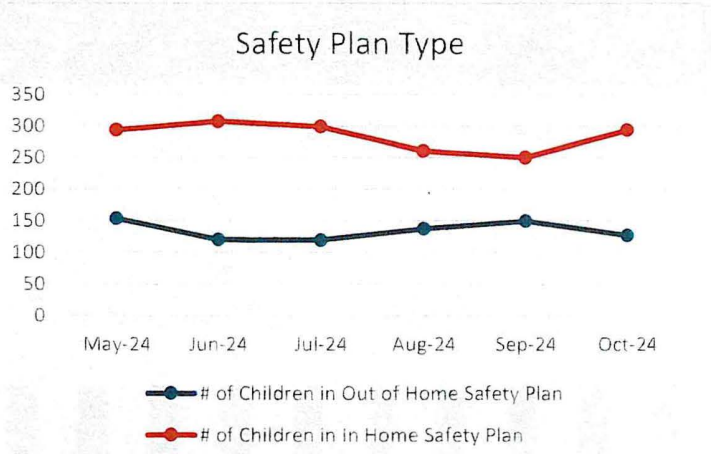
Average Percent Case Type by Zone



Case type average from May-October 2024

Types of Safety Plans

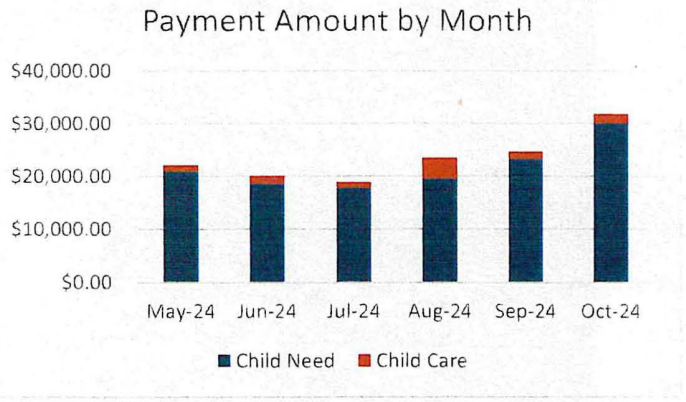
When in-home cases are reported for data tracking purposes, the safety plan type is also considered, as well as how many children that safety plan type involves. This is when it can be more effective to track total number of children in the family unit as opposed to identifying the whole family as the case unit, since there may be situations in which some children in the family unit remain in the home with a safety plan, while other children may need to have an out-of-home safety plan implemented.



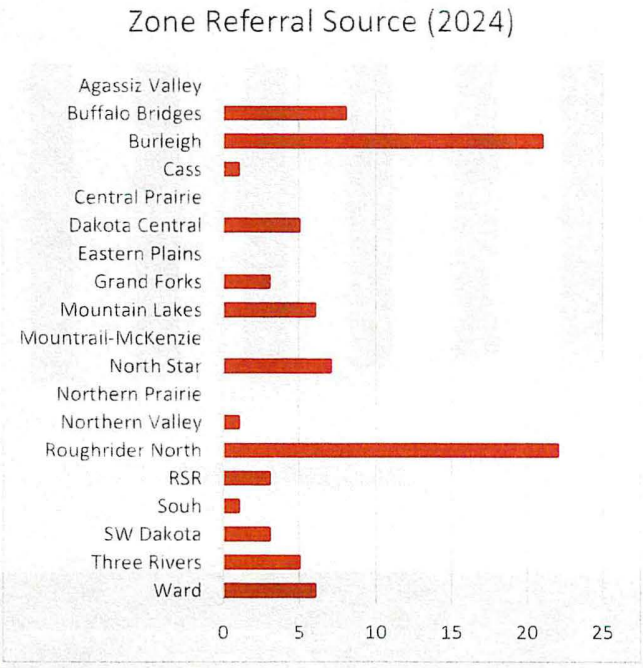
Kinship-ND

Kinship-ND is a program that can be utilized to support families in a variety of ways, including supporting kinship providers with children being served in out-of-home safety plans without agency custody, therefore reducing the level of intrusion into the family unit.

Month (2024)	*# of Caregivers*	*# of Children*	*# Cases Closed*	*# New Applications*
May	29	50	5	1
June	25	44	54	4
July	28	43	3	5
August	30	46	6	8
September	39	64	7	1
October	34	56	11	7



*Child Need rate was increased starting with Oct 2024 payments



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SAFETY FRAMEWORK PRACTICE MODEL



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Safety Framework Practice Model (SFPM) was implemented December 2020 per Social Services Redesign (SB 2124, 2019). SFPM brings consistent child welfare practice for all Human Service Zones whereby they intervene in families with children who are unsafe based on the presence of uncontrolled danger threats. SFPM uses standardized tools and decision-making criteria to make well-founded child safety decisions to ensure we intervene in families' lives only when necessary. Caseworkers must consider specific, key questions to determine the least intrusive and most appropriate level of intervention.

SFPM reinforces safety planning within the home to reduce further trauma to the child. Removing children from their parents/caregivers and family home occurs only after a comprehensive assessment indicates in-home safety planning is not possible. When **1)** the family has made significant progress in achieving the expected outcomes of the case; **2)** child safety is being sustained in the child's home; and **3)** the child's safety can be maintained without the ongoing intervention of safety service providers, the case is closed.

IMPACT/OUTCOMES

CFS tracks whether SFPM is having the intended impact and data trends since implementation are encouraging:

- Reduction in the use of paid foster care;
- Increase in the use of kinship caregivers; and
- Progressive approaches for managing child safety, supporting parents in becoming protective and receiving needed services, and ensuring family well-being.

TRAINING & TECHNICAL ASSISTANCE

100% of Human Service Zone staff must complete Child Welfare Certification Training within the first year of employment. SFPM practice requirements are woven throughout the 6-week curriculum.

607-05 Child Welfare Practice Policy Manual includes the SFPM requirements for child welfare workers and supervisors.

The ND SFPM Field Guide was published and disseminated to the workforce in March 2024 to provide further procedural guidance. In addition, tools, forms, and technical assistance opportunities that are consistently offered to the child welfare workforce.

FIDELITY SUPPORT

In July 2023 CFS implemented Courageous Case Management Site Visits (CCMs). CCMs involve Field Service Specialists and the SFPM Statewide Administrator traveling onsite to meet with Human Service Zone case managers, supervisors, and directors to build on their strengths, address any challenges or barriers to implementing SFPM with fidelity, and foster collaborative relationships.

During CCMs, the CFS team meets with zone staff about case situations that are particularly challenging with the end goal of determining which children continue to require our services and which can move/remain home safely with no further agency intervention.

CCMs have been well-received. In 2023, CFS completed seven CCM Site Visits from July-December 2023. Nine additional Human Service Zones have requested CCMs in 2024.

Title IV-E Prevention Services

Under the Family First Prevention Services Act of 2018



The North Dakota Title IV-E Prevention Services Plan allows ND Department of Health and Human Services access to federal Title IV-E funding for approved evidence-based services to children/youth at risk of out of home placement.

DHHS -Children and Family Services Section is responsible for program administration of the Title IV-E Prevention Services Plan. This includes determining eligibility, monitoring agreements with approved providers, meeting federal requirements, completing QA reviews, and funding Title IV-E prevention services.

North Dakota's approved prevention services are:

- Healthy Families
- Parents as Teachers
- Nurse-Family Partnership
- Homebuilders
- Brief Strategic Family Therapy
- Parent-Child Interaction Therapy
- Multisystemic Therapy
- Functional Family Therapy
- Family Check-Up/Everyday Parenting

RECRUITMENT OF PROVIDERS

Title IV-E prevention services are available in select areas of the state. Recruitment of public and private providers continues. Grants have been awarded to agencies in an effort to grow the number of providers in implementing and delivering evidence-based Title IV-E prevention services.

ELIGIBLE CHILDREN

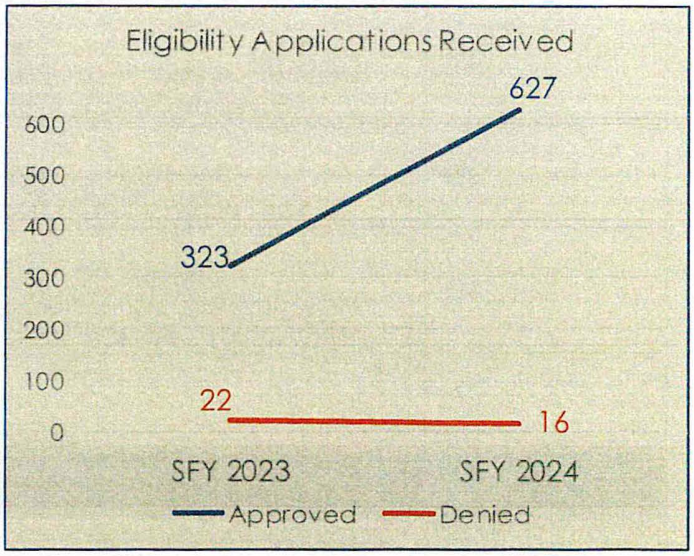
Federal guidance defines child eligibility criteria. Children eligible for Title IV-E prevention services must meet the following:

- Birth through 17 years of age;
- Resident of North Dakota and a US citizen;
- Not in an open foster care program *(Exception: A youth who is pregnant or parenting)*;
- Lives in the home of a parent/caregiver; and
- Is at risk of out of home placement if preventative services are not offered.

Once the above criteria are met, a determination of eligibility is completed based on circumstances and characteristics of the child and their parents/caregiver.

APPROVED APPLICATIONS

From SFY 2023 to SFY 2024 North Dakota saw a 94% increase in the number of applications approved for Title IV-E prevention services.



PROGRAMS/SERVICES AND LOCATIONS

Services are provided to both children and their parents/caregivers, based upon their identified needs. Each of the services below has specific outcomes measurements identified as a goal for that service.

PREVENTION SERVICE	LOCATIONS	NUMBER OF CHILDREN SERVED
Healthy Families Home visitation program to strengthen family functioning, reduce risks and build parent protective factors. Target Population: birth-5yrs.	Statewide	312
Brief Strategic Family Therapy Intensive family intervention for youth with behavior/conduct concerns, substance abuse and delinquency. Target population: 6-17yrs.	Bismarck, Dickinson, Fargo, Grand Forks, Jamestown, Mandan, Minot, Watford City, Williston	119
Parent-Child Interaction Therapy Therapy that coaches' parents with children experiencing emotional and behavioral concerns. Target Population: 2-7yrs.	Bismarck, Fargo, Grand Forks, Jamestown, West Fargo	168
Family Check-Up/Everyday Parenting Brief, strengths-based intervention for families with children with emotional, behavioral, and academic concerns and supports positive parenting. Target population: 2-17yrs.	Bismarck, Fargo, Grand Forks, Mandan, Minot, Valley City, West Fargo	123
Multisystemic Therapy Intensive treatment and intervention for high-risk youth that addresses the core causes of delinquent and antisocial conduct. Target Population: 12-17yrs.	Southeast Region: Cass, Richland, Ransom, Traill, Sargent	46
Nurse Family Partnership Home visitation by nurses to improve health, relationships and economic well-being of mothers and their infants. Target Population: birth-2yrs.	Bismarck, Grant, Mercer, Morton, Oliver, and Sioux Counties	1
Functional Family Therapy *(started September 2024)* Family therapy for youth experiencing behavioral or emotional concerns. Target Population: 11-17yrs.	Counties serviced by these Regional Human Service Centers: Badlands, Lake Region, Northwest, South Central, Southeast, West Central	27

List of providers can be found at: https://www.hhs.nd.gov/cfs/title-iv-e-prevention-services

IMPACT/OUTCOMES

DHHS-CFS collects data to monitor effectiveness in reaching the desired outcomes for children and parents/caregivers. Below is the outcome data that shows the average change from initial contact with the child and parents/caregivers to 1) last entered survey, or 2) when the service ended.

Since the prevention plan began, just **3%** of the children served have entered foster care at the 12 or 24mth mark after receiving one or more of the above prevention services. NDHHS-CFS is encouraged by this response and will continue to monitor the effectiveness of these prevention services in helping to reduce the number of children entering foster care. Other promising outcomes include:

- **35%** improvement in demonstrated positive parenting practices
- **39%** increase in demonstrated parent skill development
- **29%** improvement in child's physical and mental health
- **43%** improvement in child's participation in routine and expectations

Family Foster Home Licensing & Certification



North Dakota has three Levels of Licensure administered by Children and Family Services for family foster care providers:

License - Full
- Care to up to six children in need of out of home placement, which may include long term placements, respite or shelter care.
- Care to children in need of treatment by specialized providers thru Nexus PATH.

License – Relative
- Care to up to six relative children only.
- No placement maximums unless in treatment foster care.

Certified
- Care to up to three children in need of an out of home safety plan, short-term only; 30 days or less.
- Emergency shelter care is offered during a crisis for 14 days or less.
- Respite care is planned and offered for 4 days or less.

The CFS Licensing Unit works with Tribal Nations and Nexus PATH to approve family foster homes based on NDCC 50-11, NDAC 75-03-36 and licensing policy 622-05.

Eligibility
- Individuals must be age 21.
- Approved fingerprint based criminal background check, including passed child abuse and neglect index check.
- Approved home study assessment.
- Financially stable with reasonable resources to meet the needs of your home.
- Demonstrate the ability to interpret and understand the laws, rules and policies, child case plans, medication labels, etc.

Services
- Family foster care
- Respite care
- Emergency/ Shelter care on-call
- Treatment foster care
- Specialized care to children with complex behavioral health needs, medically fragile and adolescents under the custody of Division of Juvenile Services.

Roles and Responsibilities
- Provide safe care and basic needs.
- Provide daily cares and supervision.
- Provide transportation to school, visitation, activities and medical appointments.
- Communicate with professionals to ensure services are met for the child.
- Participate in case planning meetings.
- Participate in cultural activities for the child.
- Acknowledge foster care is intended to be temporary and offering foster care is a safety service to the community.

Interested in More Information?
- Inquiry Line: 1-833-378-4663
- CFS Licensing Unit: 701-328-2322 or email cfslicensing@nd.gov

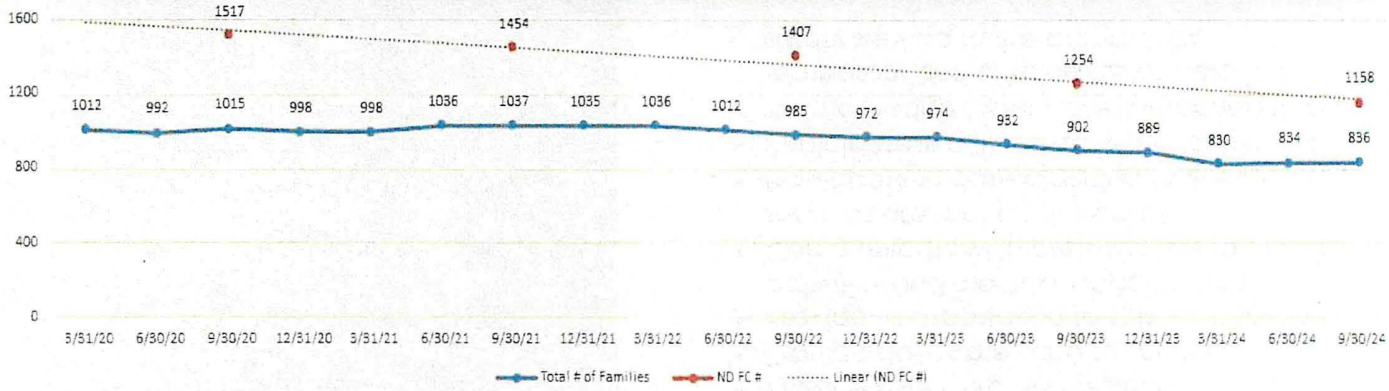
That's a Fact

On any given day in North Dakota, we have roughly:

- 1,150 children in foster care
- 150 licensed relatives
- 600 licensed providers

The data below indicates the volume children in North Dakota foster care is trending downward. This consistent trend is helpful, but there is constant effort made toe ensure provider homes are available and willing to meet the needs of the children in care based on age, gender and complexity of needs.

Children In North Dakota Foster Care vs. Provider Trendline



On average, North Dakota data representing children in foster care includes:

Ages of Children

- 39% ages 5 and under
- 35% ages 6 - 12
- 20% ages 13 - 17
- 6% ages 18+

Custodian of Children

- 81% Human Service Zone and 18+
- 18% Tribal IV-E
- 1% Division of Juvenile Services

Length of Stay for the children in care

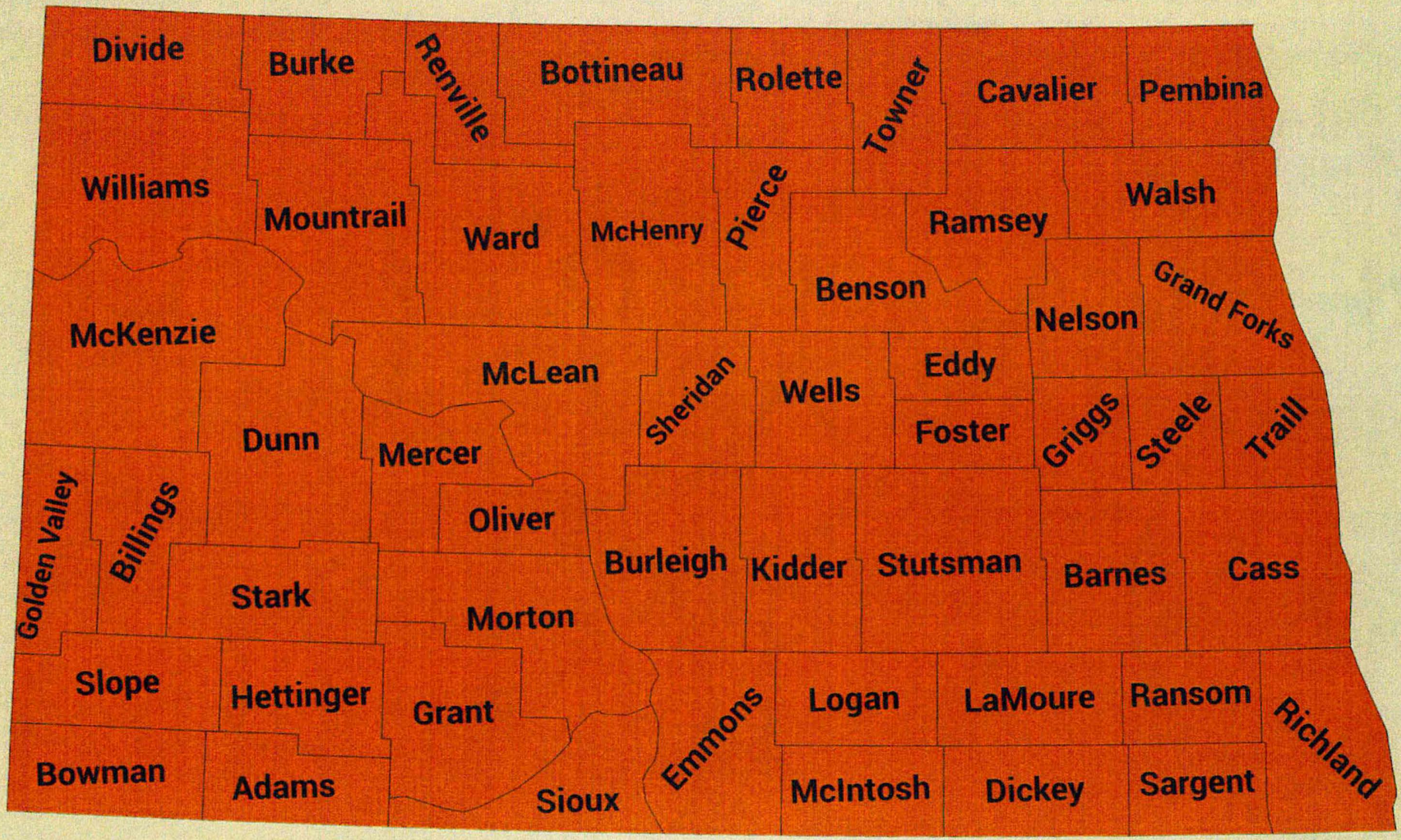
- 43% in care less than one year, with 33% of those cases in care 90 days or less
- 23% in care over 1 year, less than 2 years
- 14% in care over 2 years, less than 3 years
- 19% in care greater than 3 years; longest time for a child is 4682 (12.8 years). These cases present with a variety of complex needs, one contributing factor is their length of stay without permanency.

Majority (95%) of the children are placed in a family setting; 16% unlicensed caregivers, 75% with a licensed foster home (relative or unrelated), and 3% in supervised independent living apartments. Case managers work diligently to place children in the least restrictive level of care to meet the child's needs. Since 2019, HHS has seen a reduction in the number of children placed in long term residential settings and an increase in the number of relatives or known caregivers!



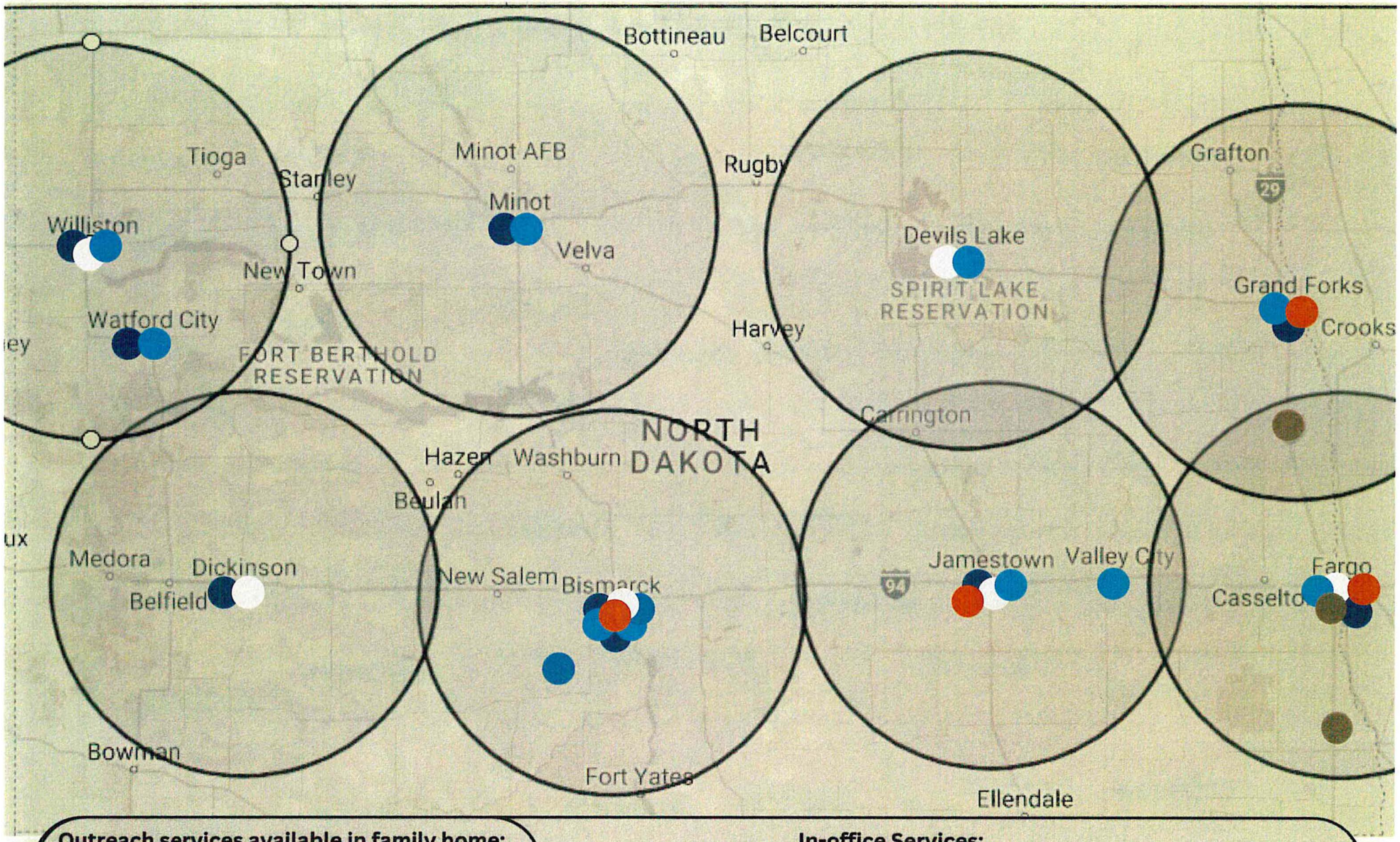
Children and Family Services Section
600 East Boulevard Avenue, Dept. 325 ~ Bismarck, ND 58505-0250
Phone: (701) 328-2316 Fax: (701) 328-3538 Email: hhscfs@nd.gov

Healthy Families - Statewide



Home visitation program to strengthen family functioning,
reduce risks and build parent protective factors.
Target Population: birth-5yrs
Number of Children Served: 312

IV-E Prevention Services



Outreach services available in family home:

- Brief Strategic Family Therapy
- Functional Family Therapy

Healthy Families available statewide

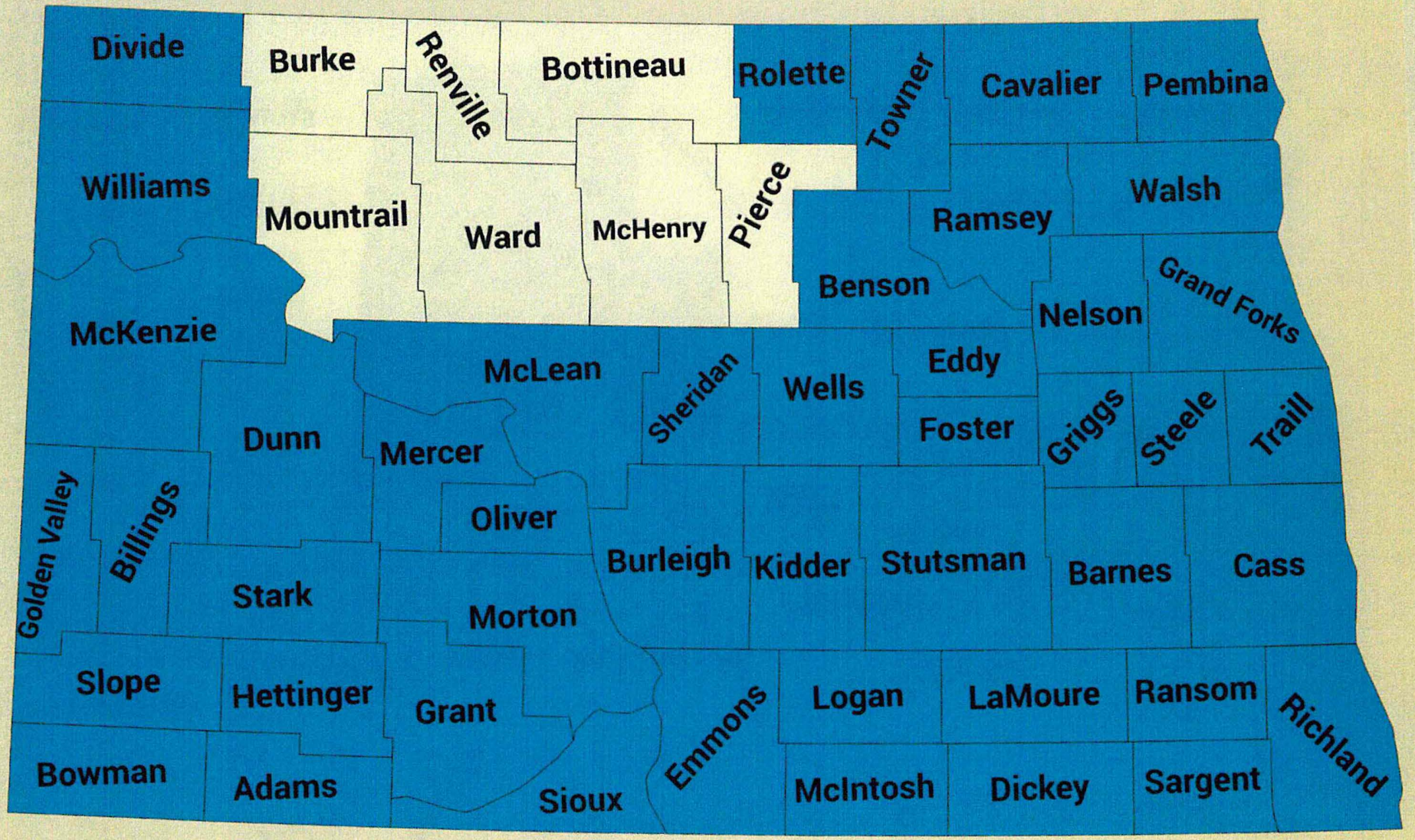
In-office Services:

- Family Check-Up/Everyday Parenting
- Multisystemic Therapy
- Nurse Family Partnership
- Parent Child Interaction Therapy

Screening Provider available statewide

(Circles represent 50 mile radius)

Functional Family Therapy

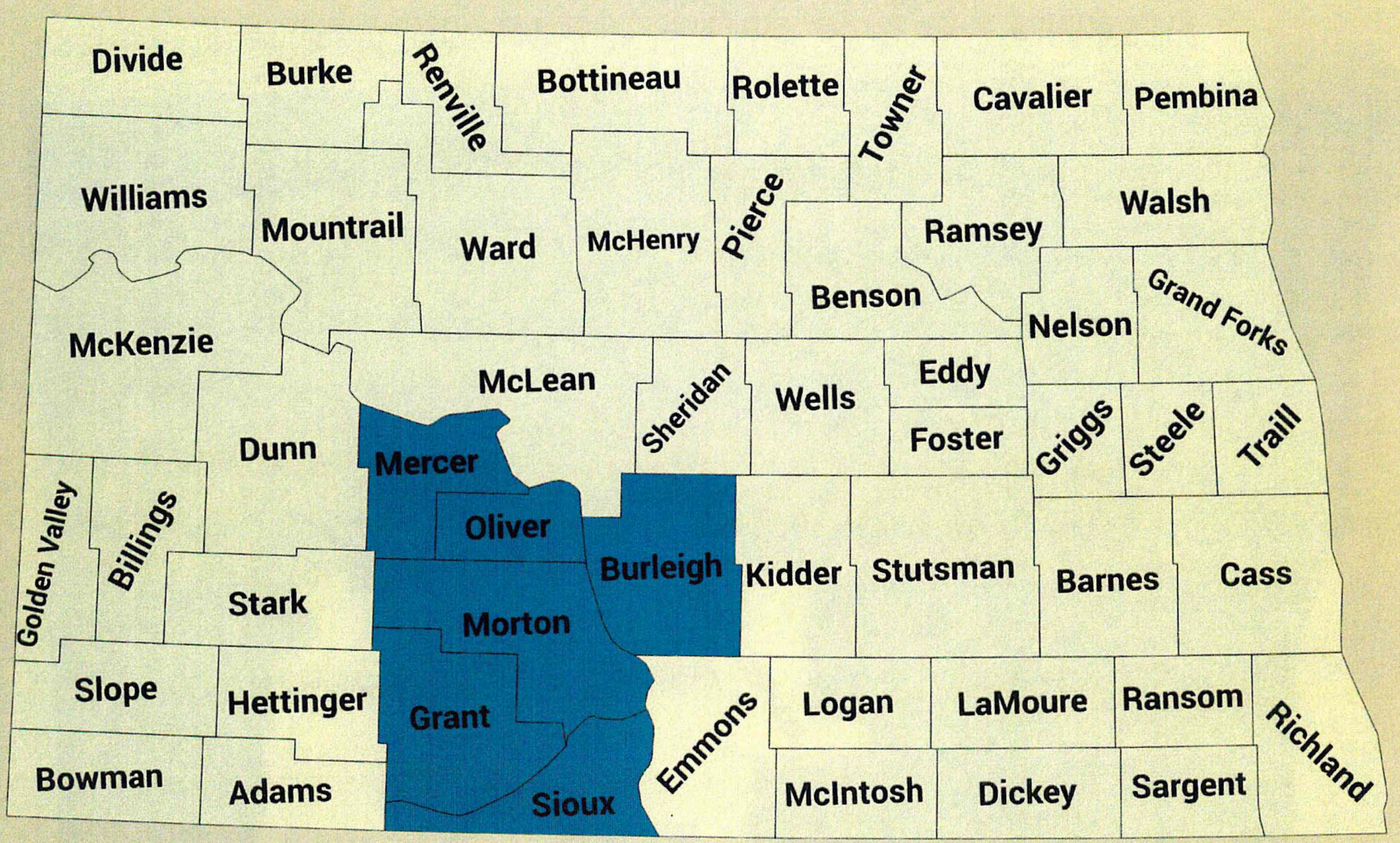


Beginning in September 2024, family therapy for youth experiencing behavioral or emotional concerns.

Target Population: 11-17yrs

Number of Children Served: 27

Nurse Family Partnership

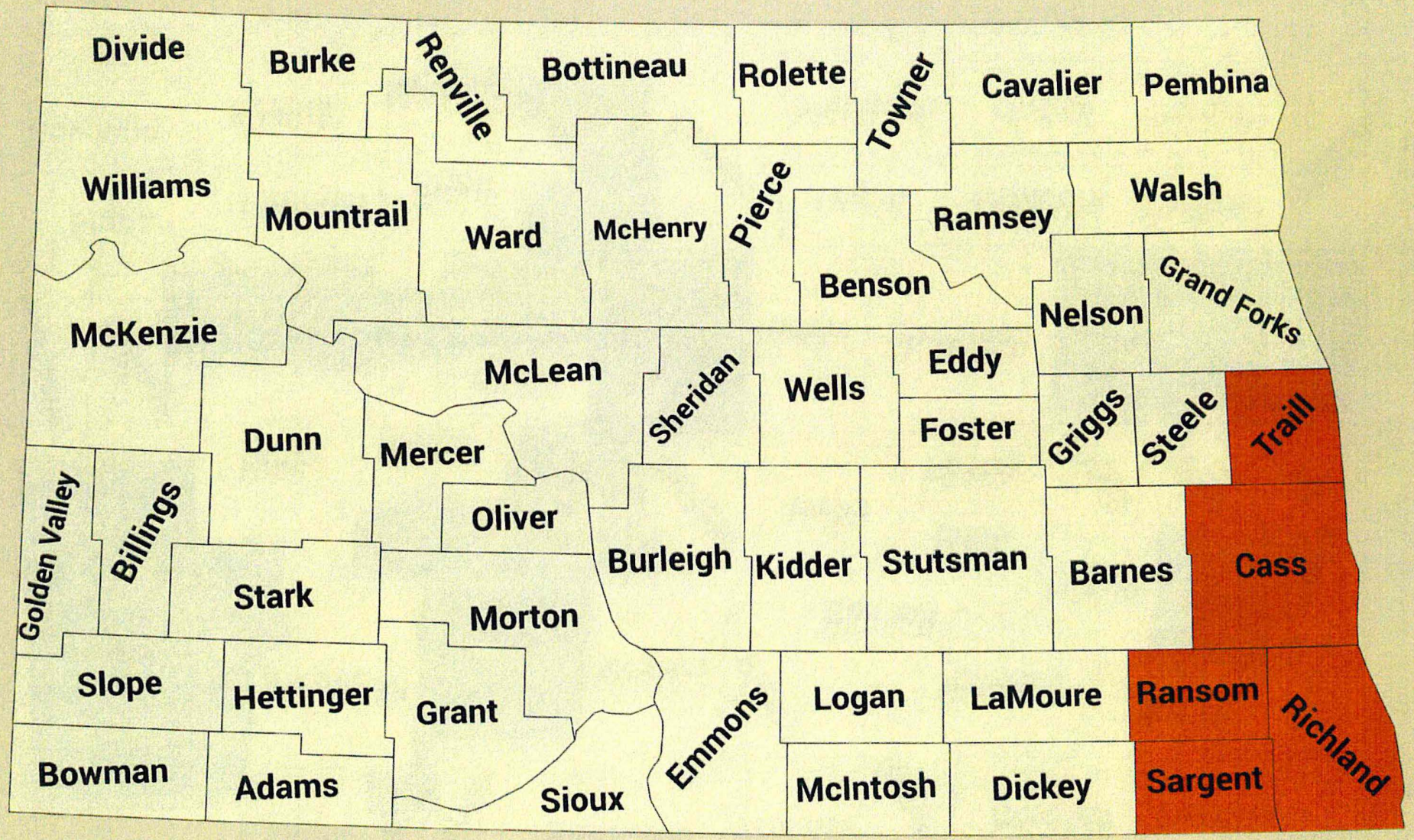


Home visitation by nurses to improve health, relationships and economic well-being of mothers and their infants.

Target Population: birth-2yrs

Number of Children Served: 1

Multisystemic Therapy

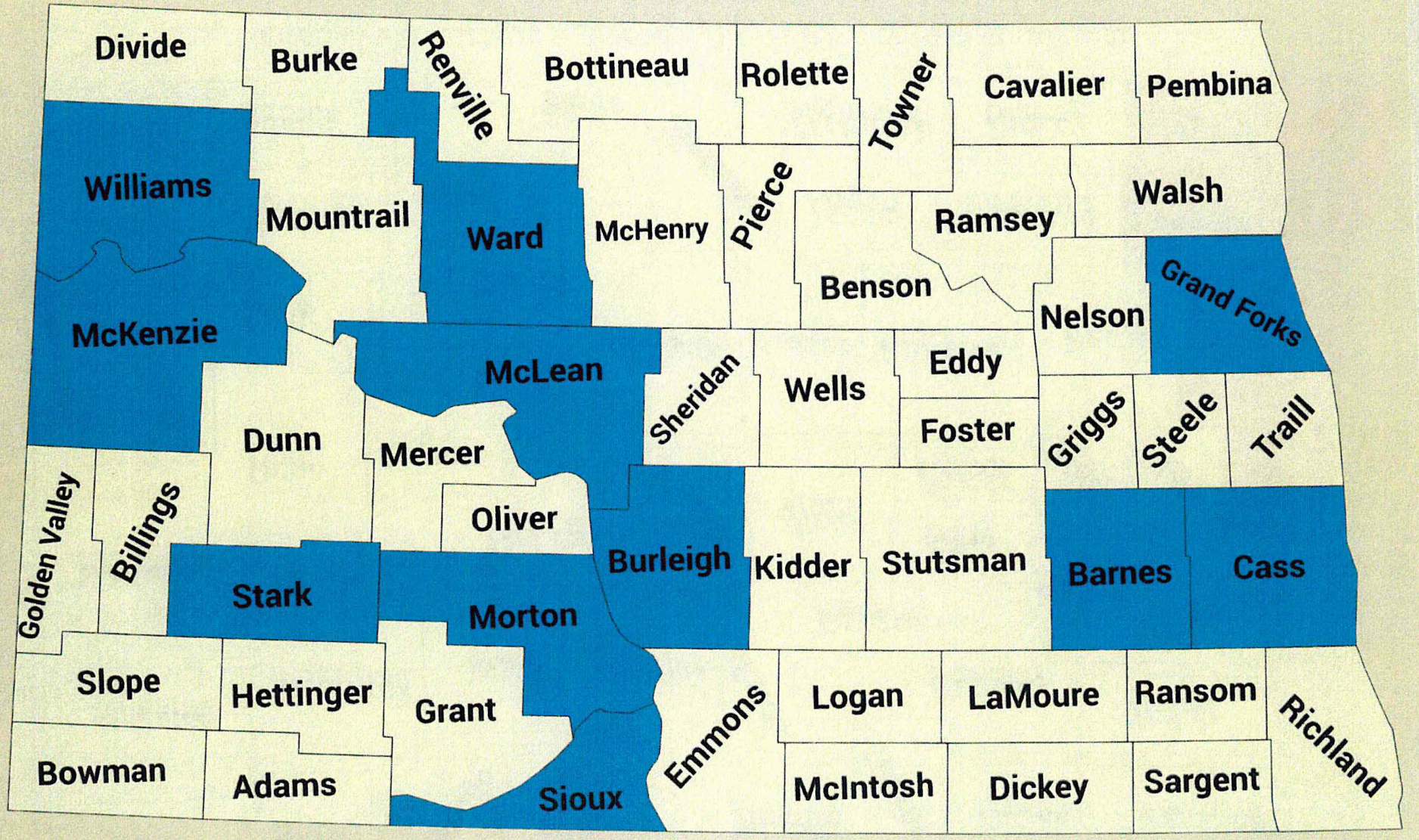


Intensive treatment and intervention for high-risk youth that addresses the core causes of delinquent and antisocial conduct.

Target Population: 12-17yrs

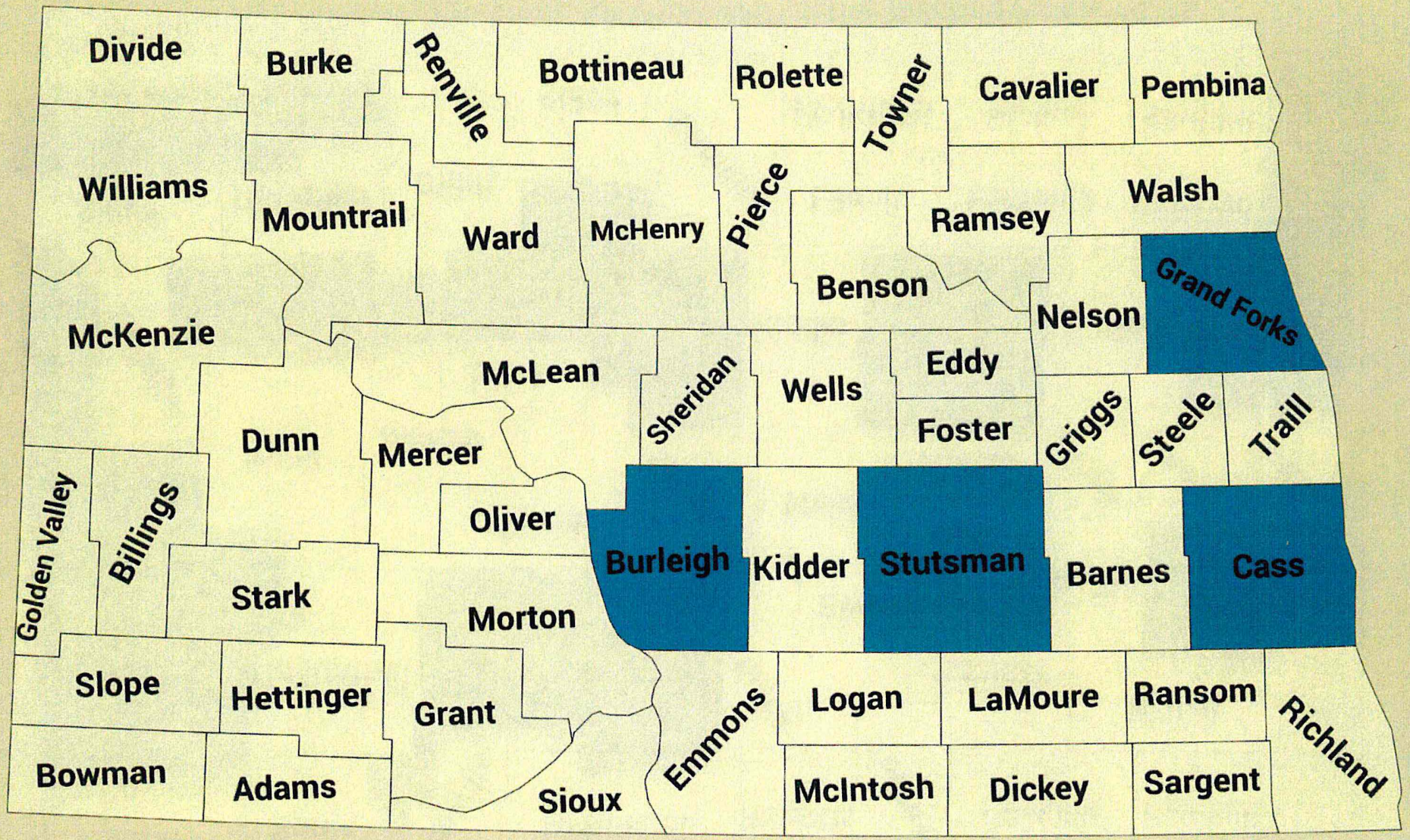
Number of Children Served: 46

Family Check-Up/Everyday Parenting



Brief, strengths-based intervention for families with children
with emotional, behavioral, and academic concerns and supports positive parenting.
Target population: 2-17yrs
Number of Children Served: 123

Parent Child Interaction Therapy

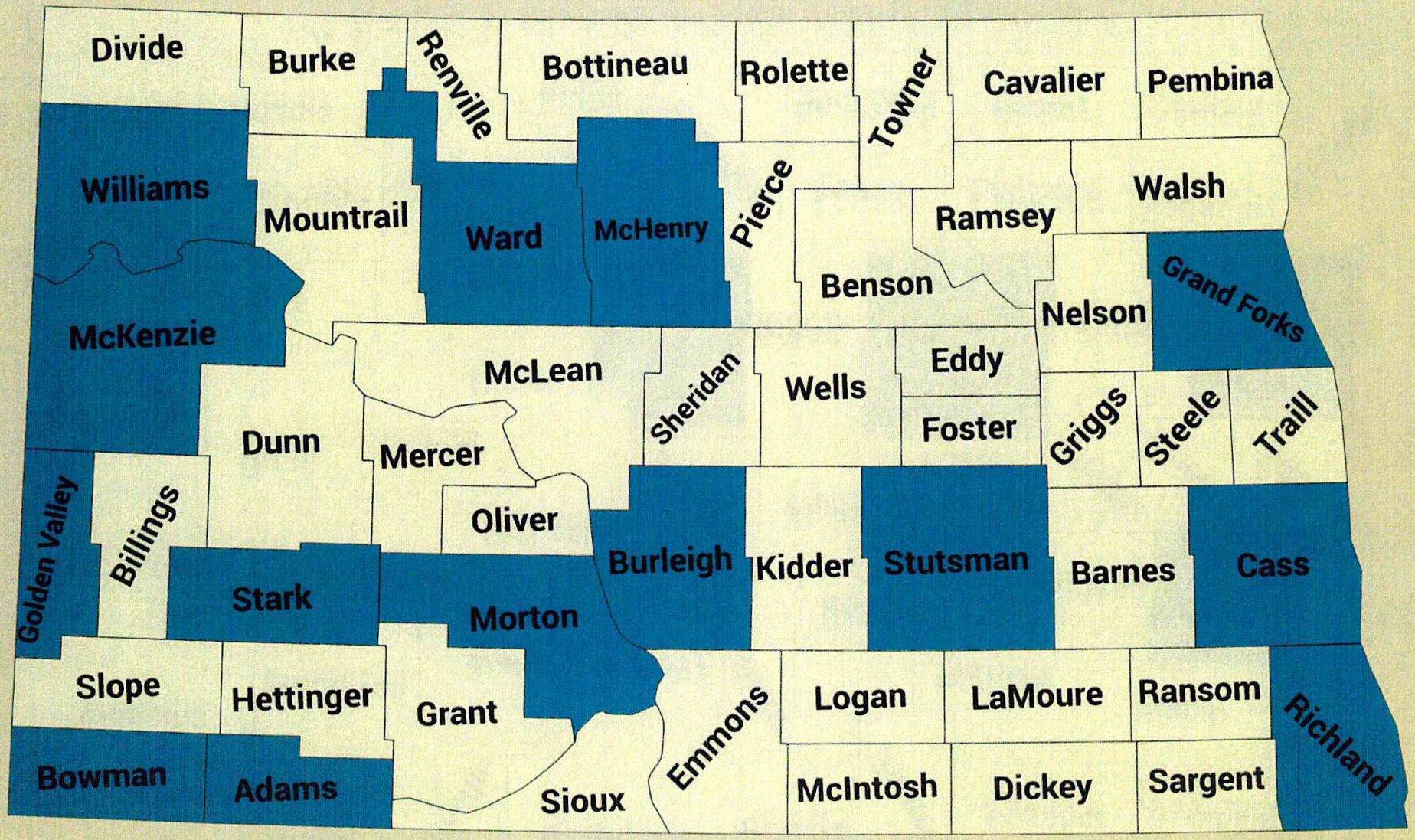


Therapy that coaches' parents with children experiencing emotional and behavioral concerns.

Target Population: 2-7yrs

Number of Children Served: 168

Brief Strategic Family Therapy



Intensive family intervention for youth with behavior/conduct concerns, substance abuse and delinquency.

Target population: 6-17yrs

Number of Children Served: 119

2025 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

HB 1012
013125

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report**.**

8:31 a.m. Chairman J. Nelson called the meeting to order.

Members Present: Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Berg, Mitskog, Murphy, O' Brien, Wagner.

Discussion Topics:

- Outcome Addiction
- Behavioral Health Services
- State Hospital Design
- Project Guiding Principles
- Cost Validation
- Overview of North Dakota State Hospital
- Budget

8:32 a.m. Pam Sagness, Executive Director, Behavioral Health Division, Health and Human Services, followed up with committee requests #33156, # 33217, #33216.

8:43 a.m. Mike Van Klei, Tegra Group, testified and presented the plan for the proposed North Dakota State Hospital #33156.

8:48 a.m. Mark Honzay, Principal Healthcare Architect, JLG Architect, testified and presented the design process for the proposed North Dakota State Hospital # 33156.

9:05 a.m. Todd Medd, Health Practice Leader, JLG Architect, testified and presented the design overview for the proposed North Dakota State Hospital # 33156.

9:45 a.m. Joanna Slominski, General Manager, Mortenson Construction, testified and presented projected total project cost for the proposed North Dakota State Hospital #33156.

9:54 a.m. Mark Honzay, Principal Healthcare Architect, JLG Architect, testified on the project schedule of the proposed North Dakota State Hospital #33156.

10:06 a.m. Joanna Slominski, General Manager, Mortenson Construction, testified to the use of local contractors #33156.

10:08 a.m. Mark Honzay, Principal Healthcare Architect, JLG Architect, testified on future progress of the proposed North Dakota State Hospital #33156.

10:08 a.m. Dr. Eduardo Yabut, Medical Director, Behavioral Health Division, Health and Human Services. testified on the future delivery of care in the proposed North Dakota State Hospital #33156.

10:20 a.m. Pam Sagness, Executive Director, Behavioral Health Division, Health and Human Services, gave closing comments.

10:32 a.m. Pam Sagness, Executive Director, Behavioral Health Division, Health and Human Services, introduced the current State Hospital leadership team # 33157.

10:32 a.m. Dr. Eduardo Yabut, Medical Director, North Dakota State Hospital, Behavioral Health Division, Health and Human Services, presented and testified on the current state of the North Dakota State Hospital #33157.

10:46 a.m. Aaron Olson, Superintendent, North Dakota State Hospital, Behavioral Health Division, spoke to a recent article that highlighted Minnesota's experience that he will share with the committee.

10:49 a.m. Pam Sagness, Executive Director, Behavioral Health Division, Health and Human Services, spoke to the four regions that the State Hospital provides acute services for.

10:50 a.m. Dr. Eduardo Yabut, Medical Director, North Dakota State Hospital, Behavioral Health Division, Health and Human Services testified and continued with testimony #33157.

11:26 p.m. Aaron Olson, Superintendent, North Dakota State Hospital, Behavioral Health Division, Health and Human Services testified and presented the budget overview #33157.

11:37 a.m. Courtney Pedersen, Assistant Chief Operating Officer, Health and Human Services spoke to the operational salary budget.

11:38 a.m. Aaron Olson, Superintendent, North Dakota State Hospital, Behavioral Health Division, Health and Human Services testified and continued with testimony #33157.

11:40 a.m. Donna Aukland, Chief Financial Officer, Health and Human Services, testified to overtime #33157.

11:41 a.m. Aaron Olson, Superintendent, North Dakota State Hospital, Behavioral Health Division, Health and Human Services testified and continued with testimony #33157.

11:45 a.m. Dr. Eduardo Yabut, Medical Director, North Dakota State Hospital, Behavioral Health Division, Health and Human Services addressed salon services.

11:46 a.m. Aaron Olson, Superintendent, North Dakota State Hospital, Behavioral Health Division, Health and Human Services testified and continued with testimony #33157.

11:49 a.m. Donna Aukland, Chief Financial Officer, Health and Human Services, spoke to overtime testified about one-time expenses.

11:51 a.m. Aaron Olson, Superintendent, North Dakota State Hospital, Behavioral Health Division, Health and Human Services testified and continued with testimony #33157.

11:53 a.m. Dr. Eduardo Yabut, Medical Director, North Dakota State Hospital, Behavioral Health Division, Health and Human Services, responded to future growth.

11:54 a.m. Aaron Olson, Superintendent, North Dakota State Hospital, Behavioral Health Division, Health and Human Services testified and continued with testimony #33157.

11:56 a.m. Pam Sagness, Executive Director, Behavioral Health Division, Health and Human Services, distributed the State Hospital revenue #33270.

11:57 a.m. Courtney Peterson, Assistant Chief Financial Officer, Health and Human Services testified to the State Hospital revenue #33270.

Additional written testimony:
Tim Mathern, North Dakota Senator, in opposition #33072.

12:00 p.m. Chairman J. Nelson adjourned the meeting.

Jan Kamphuis, Committee Clerk

January 31, 2025

House Appropriations Committee, Human Resource Division, State Hospital Discussion

Chairman Nelson and members of the Committee,

My name is Tim Mathern. For 50 years I have been working in the field of behavioral health including being guardian ad litem for persons at the state hospital and working as a social worker in outpatient and inpatient settings. Also, I am the senator from District 11.

HB 1012 presents us with a pivotal and historic opportunity to shape a behavioral health care system that will meet the needs of North Dakotans with efficiency, equity, and sustainability for generations to come. I urge you to support a regional psychiatric system of care which suggests a small number of beds needed at the state hospital.

I suspect we share a commitment to finding solutions to a behavioral health crisis. While a new centralized state hospital in Jamestown has been proposed, I believe that approach does not address the long-term needs of our state. Evidence and experience show that centralized care models often fail to provide the accessibility, resilience, and cost-effectiveness required in a state as geographically vast and rural as ours. I am afraid making a big investment at the state hospital takes our legislative eyes and spending off of the bigger picture.

A regional approach aligns with the Council of State Governments' recommendations, which emphasizes the critical role states play in building local crisis systems that move beyond stand-alone services to create comprehensive systems with an integrated continuum of care (Blandford & Ueberall, 2024). Key components include:

Investments in Regional Care: We need to incentivize health facilities in each of the four regions anchored with the largest cities of Fargo, Grand Forks, Minot and Bismarck. Some suggest too that we need to prevent large medical facilities from denying care for persons who suffer from mental illness.

A Focused Role for the State Hospital: Transitioning Jamestown State Hospital to specialize in forensic evaluations, correctional custody, and civil commitments.

Empowering Regional Solutions: Allowing the Department of Health and Human Services to collaborate with local providers on region-specific care models, some acute, some residential, and some outpatient.

This approach ensures that behavioral health care is rooted in the communities it serves. Decentralized care is supported by research, with a study showing a 65% reduction in hospital days and a 50% reduction in costs compared to centralized models (Integrityinc.org, 2015). It also connects individuals to local resources, family networks, and social supports, key elements in achieving and maintaining lasting recovery.

A large facility would outdo specialized staffing resources available in the city of Jamestown and be outdated before even fully operational. By contrast, decentralizing care into our four regions ensures resilience, scalability, and adaptability to changing needs over time. Our present facility in Jamestown is not fully staffed and another sister agency, DOCR, has testified to us in the Senate, that finding staff in Jamestown is the most difficult of the cities they operate in.

This session is more than a debate about infrastructure, it is a chance to build a legacy rooted in North Dakota's values of resilience, innovation, and care for our communities. Are there other important ingredients? Yes, and I note three, 1. Stable top leadership at our largest state agency, ND DHHS, 2. Implementation of the Certified Community Behavioral Health Clinic system, and 3, a Medicaid amendment regarding the IMD, 1965 Institute for Mental Disease provision, which would introduce market principles resulting in additional behavioral health facilities.

Governor Armstrong has urged us to be innovate and bold. I invite you to make this vision a reality. We can lead the way in creating a system that prioritizes accessibility, sustainability, and the well-being of all North Dakotans.

Thank you for your dedication to our state and your leadership on this critical issue.



North Dakota State Hospital

Design Update: January 31, 2025



Mike Van Klei
Tegra Group



Joanna Slominski
Mortenson



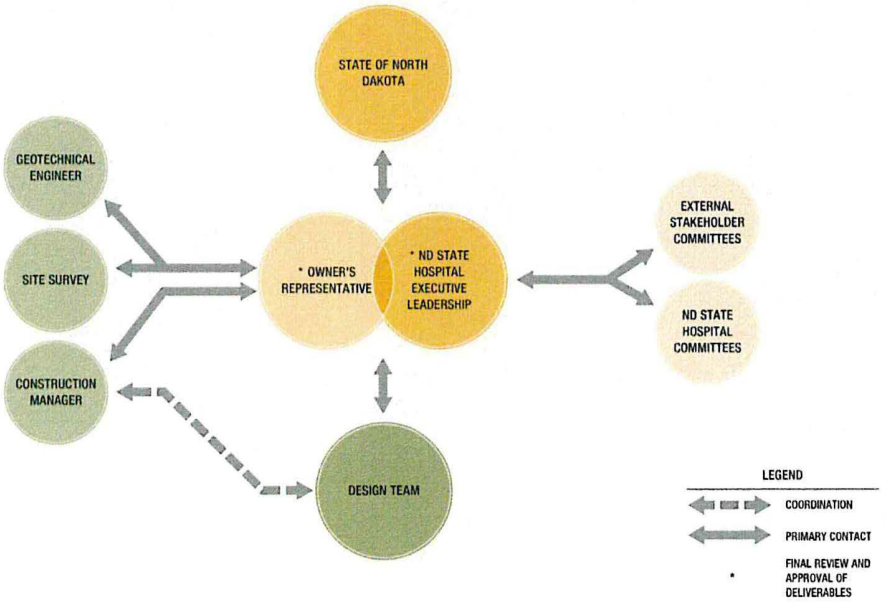
Todd Medd
JLG Architects



Mark Honzay
JLG Architects

OWNER	OWNER REPRESENTATIVE	CONSTRUCTION MANAGER	DESIGN TEAM
NORTH Dakota Be Legendary.™	TEGRA GROUP	Mortenson	JLG Architects Architect of Record Project Manager Furniture Planning & Design
			architecture + Behavioral Health Design Expert Furniture, Equipment, Signage Planning & Design
			Heyer Engineering Structural Engineer
			Interstate Engineering Civil Engineer Site Survey
			CMTA Mechanical Engineer Electrical Engineer
			Confluence Landscape Architect
			Foodservice Concept Design Food Service Designer

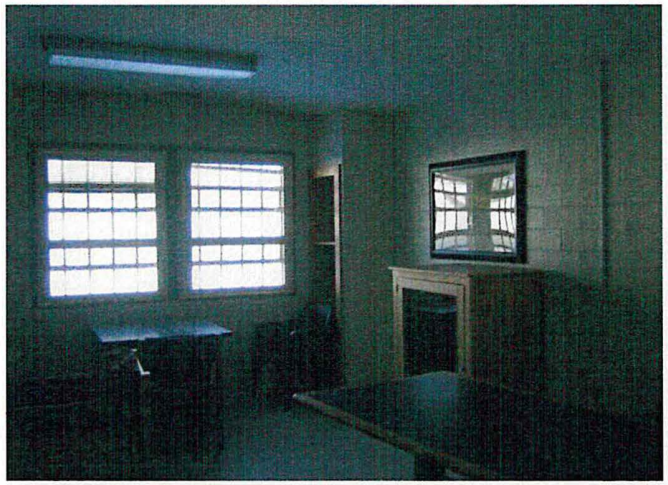
TEAM ORGANIZATION



Service	Description	Vendor	Step 1 Through $12.5M	Step 2 (+3M) $12.5M to $15.5M
SOFT COSTS			**$ 12,193,125**	**$ 2,697,676**
Site Investigation			**$ 140,900**	**$ -**
Environmental Investigations	Phase 1 Assessment	Terracon	$ 3,900	
Geotechnical Investigations	Soil Borings & Analysis	Terracon	$ 85,000	
Site Survey		Interstate Engineering	$ 24,000	
Wetland Delineation Study		Interstate Engineering	$ 28,000	
Professional Fees			**$ 11,982,225**	**$ 2,697,676**
Architect & Engineering	Predesign	Design Team	$ 625,000	
Architect & Engineering	Food Service - Current Ops	Design Team	$ 5,810	$ 3,927
Architect & Engineering	Schematic Design	Design Team	$ 2,942,400	
Architect & Engineering	Design Development	Design Team	$ 5,712,000	
Architect & Engineering	Construction Documents	Design Team	$ 1,390,747	$ 2,017,437
Architect & Engineering	Furniture Design	Design Team	$ 159,575	$ 40,925
Architect & Engineering	Medical Equip Design	Design Team	$ 40,000	$ 25,396
Architect & Engineering	Wayfinding & Signage Design	Design Team	$ 10,000	$ 33,250
Architect & Engineering	Kitchen Shell Design	Design Team		$ 5,698
Architect & Engineering	Low Voltage Design	Design Team	$ 204,058	$ 183,652
Design Reimbursables		Design Team	$ 70,483	$ 25,500
Physcist (X-Ray)				$ 10,000
MEP Systems Commissioning				$ 20,570
Building Envelope Commissioning				$ 85,867
Project Management Services			$ 735,000	$ 220,000
Project Management Services Reimbursables			$ 17,553	$ 5,254
Facility Tours			$ 35,000	
Mock Ups			$ 34,600	$ 20,200
Low Voltage / Technology / Audio/Video			**$ 70,000**	**$ -**
NDIT Fees			$ 70,000	
CONSTRUCTION COSTS			**$ 306,875**	**$ 200,875**
Construction	Preconstruction	Mortenson	$ 306,875	$ 108,125
State Health Department Plan Review and Permit Fees				$ 92,750
OWNER HELD CONTINGENCIES & ALLOWANCES			**$ -**	**$ 101,449**
Owner Contingency				$ 57,971
Design Contingency				$ 43,478
GRAND TOTAL			**$ 12,500,000**	**$ 3,000,000**

OUTCOME OF THE 68TH NORTH DAKOTA LEGISLATIVE ASSEMBLY

- State of ND approved resources to begin design of new state hospital
- JLG Architects was engaged to lead the design process
- Began design process in July of 2023
- JLG teamed with architecture+ out of New York - National psychiatric hospital design expert
- The team was asked to lead an open, engaging, and collaborative design process
- Listen to NDSH and ND HHS stakeholders and users, understand current and future needs
- Understand challenges, goals, opportunities
- Benchmarked program against national public psychiatric hospitals and evidence-based design solutions
- State Procured Owners Representative – Tegra and Construction Manager – Mortenson to understand the construction and total project cost for the determined design solution





The Design Process

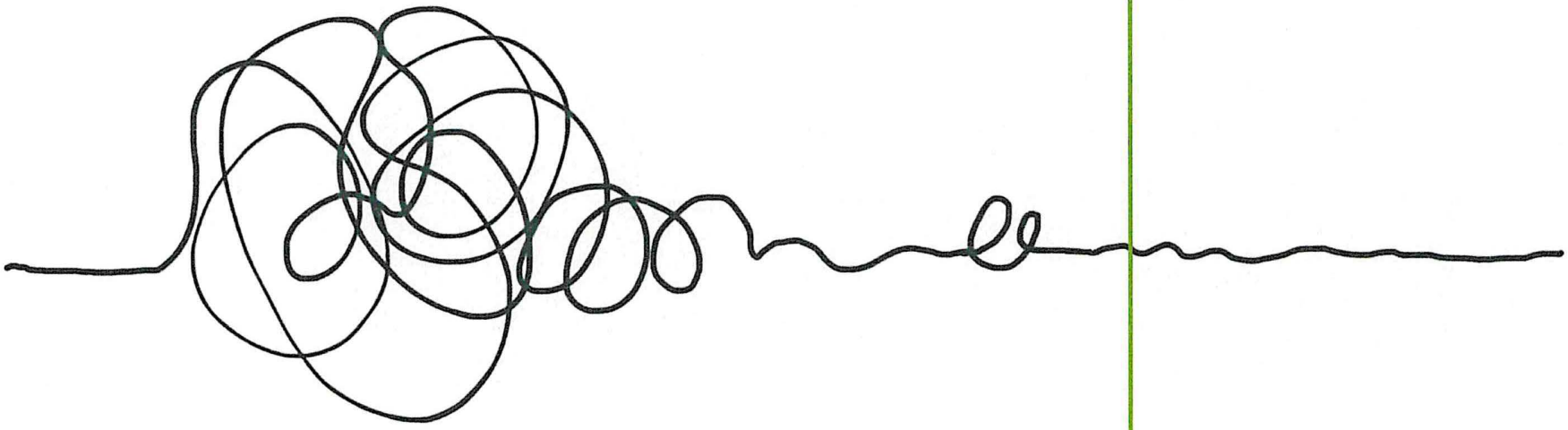
Site Selection & Design Overview

Benchmarks & Cost Validation

Project Scope Update

DESIGN PHASES

WE ARE HERE



PREDESIGN

Understand the Problem
Establish the Program
Understand the Budget
Evaluate the Site

SCHEMATIC DESIGN

Refine the Project Scope
Define Space Relationships
Define the Flow of Spaces
Identify Basic Building Systems
Verify the Project Budget

DESIGN DEVELOPMENT

Develop Detailed Plans, Sections, Elevations
Refine Exterior Image/Character
Establish Finishes
Coordinate Building Systems
Confirm Budget
Mock-Ups

CONSTRUCTION DOCUMENTS

Develop Construction Details and Product Specs
Final Systems Coordination
Perform Final Quality Assurance Review
Verify Construction Cost and Project Budget
Issue for Plan Review and Bidding

PROJECT GUIDING PRINCIPLES

"OUR MISSION IS DEDICATED TO THE CARE, TREATMENT, AND SUPPORT OF EACH INDIVIDUAL'S JOURNEY TOWARD WELLNESS AND RECOVERY WITHIN A SAFE ENVIRONMENT THAT PROMOTES REINTEGRATION IN THE COMMUNITY."



RECOVERY

Foster the reintegration of clients into the community by empowering them to develop the skills and awareness needed to lead successful lives despite illness or injury. The building should facilitate this by ensuring separation from the prison system and incorporating features like enclosed courtyards, outdoor spaces, and natural light to create a supportive environment.



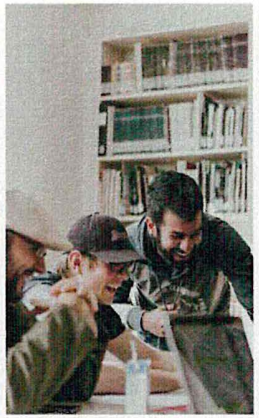
REINTEGRATION

Facilitate individualized reintegration at various levels by designing a home-like environment, offering access to community spaces, creating a familiar and less traumatizing setting, and providing a testing ground for tailored caregiver-patient interactions.



SAFETY

Prioritize comprehensive safety for staff, clients, visitors, contractors, and the community by implementing anti-ligature measures, minimizing blind spots, ensuring the proximity of staff to clients, and integrating alert systems, duress systems, and tracking mechanisms for both clients and staff.



FLEXIBILITY & EFFICIENCY

Maximize space flexibility and efficiency by creating adaptable units capable of shifting or opening specialized care, incorporating smart technology, and strategically placing spaces to enable more efficient and responsive healthcare delivery, and ensuring a dynamic response to changing needs.



COURAGE EVOLUTION & EXPLORATION

Leverage research insights to design an innovative and entirely new environment that actively supports clients in their recovery, fostering a space that encourages courage, exploration, and personal evolution rather than merely rebuilding or rehashing existing models.



CLIENTS FIRST

Prioritize clients by placing their needs and experiences at the forefront of every aspect so that decisions are centered on enhancing the overall client experience.

INTEGRATION | EQUITABLE COMMUNITIES | WELL-BEING | CHANGE | DISCOVERY | ECOSYSTEMS | WATER | ENERGY | RESOURCES | ECONOMY

THE WHY

IMPROVED CARE & EXPERIENCE

- Increase client capacity without significant staff increases
- Increased capacity will contribute to reducing the wait list for admissions
- Improve client & staff safety, security and well-being
- Modern healthcare facility design, appropriate technology, enhanced security and modern amenities including private client rooms, advanced treatment areas, and therapeutic spaces

EFFICIENCY

- The building will be more efficient to maintain, heat, and cool
- More efficient and concise layout which will make it easier to safely and effectively staff the facility
- Consolidated building footprint which will reduce time, staff redundancy, and steps, allowing staff to care for clients more effectively

COST-EFFECTIVE SOLUTION

- Renovating the existing building to the level that's needed is cost prohibitive
- Renovation would be a significant disruption and will likely reduce bed capacity during a long construction period
- New location will visually disassociate the hospital from JRCC, but would still allow specific service agreements & efficiencies to remain
- More cost effective to operate, staff, and maintain a single 295,815 SF facility vs. the existing multi-building 546,037 SF NDSH campus.

1 HENRY LAHAUG BUILDING
142,762 SF

2 NEW HORIZONS BUILDING
75,485 SF

3 GM BUILDING
82,670 SF

4 LRC BUILDING
40,800 SF

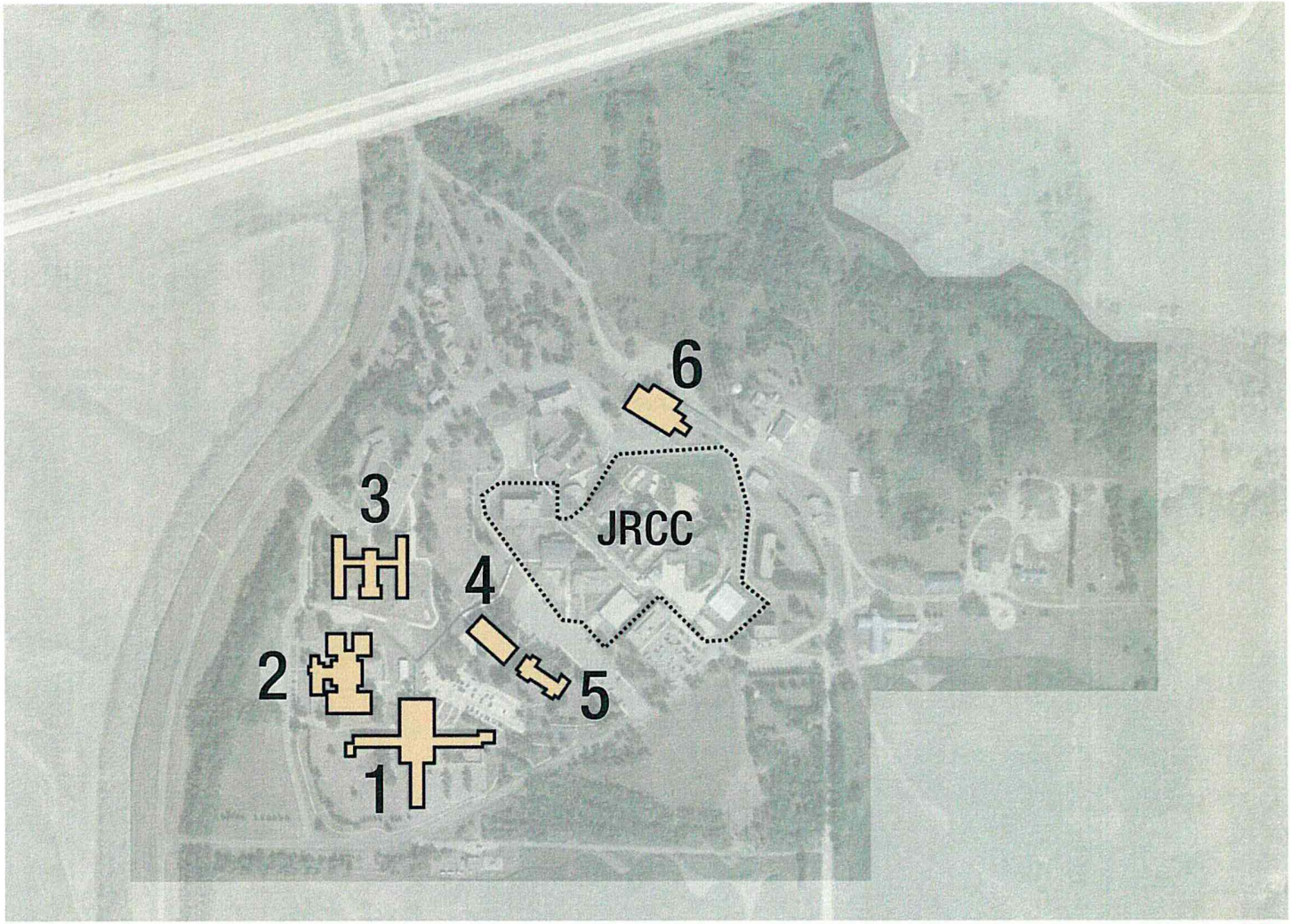
5 16 WEST BUILDING
39,900 SF

6 POWER PLANT BUILDING
40,085 SF

24 ADDITIONAL BUILDINGS
124,335 SF

TOTAL EXISTING
546,037 SF

NEW HOSPITAL PROGRAM
295,815 SF



OPERATING AND MAINTENANCE COSTS

Location	Size (SF)	Plant Ops, Capital Improvements, Emergency Repairs	Utilities	Total	Notes
Existing Campus	546,037	$3,875,360	$1,278,688	$5,154,048	2022/2023 Biennium actual costs
New Hospital	295,815	$857,503	$1,180,332	$2,037,835	Projected costs (calculated in 2022/2023 dollars)
			Project Operating Savings Per Biennium	**$3,116,213**	**Calculated in 2022/2023 dollars**

DEFERRED MAINTENANCE COSTS (EXISTING NDSH CAMPUS)

Location (Current Campus)	Cost	Notes
LaHaug Building	$16,500,000	Data from "NDSH Building Use" report. Date Unknown
Learning Resource Center	$5,250,000	Data from "NDSH Building Use" report. Date Unknown
16 West – Engineering Offices	$6,320,000	Data from "NDSH Building Use" report. Date Unknown
GM Building (SOTEP)	$10,250,000	Data from "NDSH Building Use" report. Date Unknown
New Horizons	$6,750,000	Data from "NDSH Building Use" report. Date Unknown
Swimming Pool	$1,940,000	Data from "NDSH Building Use" report. Date Unknown
Total of Current Campus	**$47,010,000**	**Data from "NDSH Building Use" report. Date Unknown**

PROJECT TEAM - STAKEHOLDERS

STATE OF NORTH DAKOTA

Wayne Salter	NDHHS Commissioner
Sara Stolt	NDHHS Deputy Commissioner

ND STATE HOSPITAL EXECUTIVE LEADERSHIP

Pam Sagness	NDHHS Behavioral Health Executive Director
Dr. Eduardo Yabut	Medical Director
Aaron Olson	Superintendent

OWNER'S REPRESENTATIVE

TEGRA GROUP

Mike Van Klei	Director
Carolyn Wolf	Director
Connie Shields	FFE Coordinator

ND STATE HOSPITAL GOVERNING BODY

Pam Sagness	Chair
Aaron Olson	Superintendent
Dr. Eduardo Yabut	Medical Director
Carlotta McCleary	Executive Director
Karen Rohr	Representative
Courtney Peterson	Assistant CFO
Jeff Stenseth	Operation Director
Wayne Salter	NDHHS Commissioner

ND STATE HOSPITAL COMMITTEES

ND Health & Human Services:

Jonathan Alm	Chief Legal Officer
Robert Hobbelman	Director of Technology
Amy Jangula Johnson	Procurement Officer

User Group Assembly/Steering Committee:

Dr. Eduardo Yabut	Medical Director
Aaron Olson	Superintendent
Jeff Comer	Plant Services
Deb Eissinger	QM Director
Melanie Flynn	Director of Res. Services
Beth Satrom	Director of Nursing

User Group: Inpatient Services

Beth Satrom	Director of Nursing
Cari Hanson	Admissions
Kim Matroni	Director of IPS
Cora Courage	Clinical Director
Jessica Graves	Nursing
Carrie Christianson	Nursing/RA

User Group: Adjunct Therapy

Kim Matroni	Director of IPS
Cindy Sperle-Gee	Volunteers
Michael Jan	Library
Joy Johnson	Chaplain

User Group: Clinical Ancillaries

Sara Odin	Radiology/Dental
Jodi Ronningen	Lab Director
Sash Krapp	Lab
Amy Johnson	Pharmacy Director
Jessica Graves	IC/CC
Mackenzie Hanson	Nutrition Services

ND STATE HOSPITAL COMMITTEES

User Group: SOTEP

Melanie Flynn	Director of Res. Services
Katie Banet	Residential Services

User Group: I.T. Med. Records

Eric Ova	IT
Jeremy Drew	IT
Deb Eissinger	QM Director
Jim Cofield	QM
Sheila Moser	Edu/Staff Development

User Group: Facilities MGMT

Joshua Miller	Safety
Larry Culp	Safety & Security
Jeff Comer	Plant Services
Jessica Graves	IC/CC
Javier Dialo	Environmental Services
Amanda Krueger	Central Service Inventory

User Group: Administration

Donna Aukland	Asst CFO
Ruleen McMillan	Admin Assistant
Carie Hanson	Admission/Switchboard
Kelly Rode	Court Proceedings
Bernice Monson	Business Office
Mary Pinlac	Business Office

EXTERNAL STAKEHOLDER COMMITTEES

State and Local AHJ:

Karla Aldinger	NDHSS Director
Tom Blackmore	Jamestown Inspector
Jim Reuther	Jamestown Fire Chief
Doug Nelson	State Fire Marshal

EXTERNAL STAKEHOLDER COMMITTEES

Legislator Engagement:

Michelle Strinden	Representative
Alisa Mitskog	Representative
Karen Rohr	Representative
Robin Weisz	Representative
Jon Nelson	Representative
Bernie Satrom	Representative
Don Vigesaa	Representative
Mitch Ostlie	Representative
Sean Cleary	Senator
Kyle Davison	Senator
Tim Mathern	Senator
Judy Lee	Senator
Dick Dever	Senator
Terry Wanzek	Senator
Cole Conley	Senator

ND DOCR:

Chad Pringle	JRCC Warden

NDIT:

Doran Eberle	
John Sheldon	Communications Manager
Doug Hay	
Tana Sorgaard	IT Team Lead
Brian Hieber	

North Dakota Forest Service:

Lezlee Johnson	Team Lead

State Historical Society of North Dakota:

Andrew Clark	Director/Deputy SHPO
Kimberly Jondahl Director	
Bill Peterson	Director/ND SHPO

Stutsman Title:

Jenny Mathias	Title Processor

Stutsman Rural Water District

Geneva Kaiser	General Manager
Jesse Hewson	Distribution Manager

PROJECT TEAM – DESIGN AND CONSTRUCTION CONSULTANTS

DESIGN TEAM

JLG Architects	**Architect of record**
Todd Medd	Principal In Charge
Mark Honzay	Principal
Michael Vetter	Project Manager
Shauntel Fett	Project Architect
Helen White	Job Captain
Zoe Huber	Job Captain
Jill Yri	Job Captain
Zach Nelson	Project Associate
Kerry Kennedy	Project Associate
Madeline Knoll	Intern Architect
architecture +	**Behavioral Health Expert**
Francis Pitts	Principal
Michael Bergen	Principal
Alethea Splittgerber	Senior Project Coor.
Hiroki Sawai	Project Architect
Julie Borden	Interior Designer
Lauren Brock	Interior Designer
Malik Sanders	Job Captain
Interstate Eng.	**Civil Engineer**
Travis Dillman	Principal Engineer
Ben Aaseth	Project Engineer
Heyer Engineering	**Structural Engineer**
Darren Neff	Principal
Isabella Skoblik	Engineer Intern
CMTA	**Mechanical Engineer**
Steve Hoepfner	Project Manager
Jorge Fossland	Mechanical Designer
CMTA	**Electrical Engineer**
Tony Nelson	Director Operations
Derek Gooselaw	Electrical Designer
Ben Larson	Electrical Designer

DESIGN TEAM

Confluence	**Landscape Architect**
Maelo Maldonado	Principal
Laura Bowles	Associate
FCD	**Food Service Designer**
Bryce Van Klein	Principal
Emily Rebb	BIM Manager
JLG/a+	**Furniture Planning & Design**
Karen Mutschelknaus	Designer
Jessi Larson	Designer
Alison Carlson	Designer
Sara Wengert	Principal
Julie Borden	Interior Designer
Lauren Brock	Interior Designer
architecture +	**Equipment Planning & Design**
Sara Wengert	Principal
Julie Borden	Interior Designer
Lauren Brock	Interior Designer
Architecture +	**Signage Planning & Design**
Michael Bergen	Principal
Hiroki Sawai	Project Architect
Julie Borden	Interior Designer
TBD	**Low Voltage**
TBD	
TBD	**Enclosure**
TBD	
TBD	**Commissioning**

CONSTRUCTION MANAGER

Mortenson	
Joanna Slominski	General Manager
Travis Cleem	Project Executive
Kevin Heisdorffer	Senior Design Phase Manager
Kevin Smith	MEP Design Phase Manager
Brian Boe	General Superintendent
Rachel Iverson	Project Manager

GEOTECHNICAL ENGINEER

Terracon	
Bill Olson	Department Manager
Hilary Clifton	Senior Associate
Jason Bivens	Project Manager

SITE SURVEY & WETLANDS DELINEATION

Interstate Engineering	
Travis Dillman	Principal Engineer
Ben Aaseth	Project Engineer
Nick Chicos	Survey Manager
Jason Bivens	Project Manager

KEY LEGISLATOR, GOVERNING BODY, GOVERNOR'S OFFICE, AND COMMUNITY ENGAGEMENT DATES

2023

Kick-off Meeting with HHS Commissioner
August 8, 2023
Governing Body Meeting
September 11, 2023
Governor's Office Meeting
December 19, 2023



Jamestown City & Public Community Engagement
June 25, 2024

2024

SD Workshop #2 - Legislator Design Update Meeting
February 6, 2024
Governing Body Meeting
March 11, 2024
Governor's Office & HHS Commissioner On site Meeting
April 17, 2024
NDSH Staff Engagement & Legislator Design Update Meeting
May 8 - 9, 2024
DD Workshop #2 - Legislator Design Update Meeting
June 4, 2024
Jamestown City & Public Community Engagement
June 25, 2024
ND HHS Budget Decision Package
August 2024
DD Package Submission
August 16, 2024
Governor's Office Design Update Meeting
October 24, 2024
Governor's Office Review Meeting
November 4, 2024
Governor's Office & Legislator Design Update Meeting
November 14, 2024

- Over 110 meetings between design & construction team and key stakeholders
- Governing Body Updates Every Quarter



ND State Hospital Staff Engagement
May 8-9, 2024

MEETING HISTORY

	MEETING TITLE	DATE	LOCATION	AUDIENCE *(see project team pages for specific individuals)*	HIGH-LEVEL MEETING SUMMARY *(meeting minutes provided in appendix)*
PREDESIGN PHASE MEETINGS	Project Kick-off	June 26, 2023	ND State Capitol, Bismarck, ND	Chris Jones, Mona Sara Stoll, Pam Sagness, Sally Meier, Julie Howe, Todd Medd, Mark Hanzey	Reviewed Project Scope (goals, program), Schedule, Site Selection Process, Stakeholders, Owner's Representatives, construction delivery method, professional services, and next steps.
	Owner Kick-off	August 8, 2023	Remote via MS Teams	Chris Jones, Todd Medd, Mark Hanzey	Reviewed Stakeholders, Owner's Rep timeline, CMAR RFQ and Timeline, Schedule and Workshops, Site Selection Process updates, Professional Services updates, and communication plan.
	Owner Meeting	August 15, 2023	Remote via MS Teams	Chris Jones, Mark Hanzey	Reviewed Stakeholders, Owner's Rep timeline, CMAR RFQ and Timeline, Schedule and Workshops, Site Selection Process updates, Professional Services updates, and communication plan.
	Pre Design Kick-off Workshop	August 16, 2023	Remote via MS Teams	Chris Jones, Pam Sagness, Dr. Eduardo Vallat, Maria Neuet, Todd Medd, Mark Hanzey, Shountel Fett, Frank Pitt, Michael Berger	Introductions, project kick-off, establish project context and preliminary guardrails and guidance. Discuss schedule, preliminary benchmarking, establish user groups, and next steps.
	Owner Meeting	August 22, 2023	Remote via MS Teams	Chris Jones, Todd Medd, Mark Hanzey	Reviewed Stakeholders, Owner's Rep timeline, CMAR RFQ and Timeline, Future Workshops, Site Selection Process updates, Professional Services updates, and communication plan.
	Owner Meeting	August 29, 2023	Remote via MS Teams	Sara Stoll, Amy Jongeling Johnson, Dr. Vallat, Aaron Olson, Ben Tatum, Todd Medd, Mark Hanzey	Reviewed Stakeholders, Owner's Rep timeline, CMAR RFQ and Timeline, Future Workshops, Site Selection Meeting, Professional Services updates, and feedback on first design work session.
	Owner Meeting	September 5, 2023	Remote via MS Teams	Chris Jones, Pam Sagness, Sara Stoll, Amy Jongeling Johnson, Dr. Vallat, Todd Medd, Mark Hanzey	Reviewed Stakeholders, Owner's Rep timeline, CMAR RFQ and Timeline, Future Workshops, Site Selection Meeting, Professional Services updates.
	Governing Body Meeting	September 11, 2023	Remote via MS Teams	ND State Hospital Governing Body	Project updates
	Owner Meeting	September 12, 2023	Remote via MS Teams	Reps from the State of North Dakota, ND Health & Human Services, NDSH Executive Leadership, JLG	Reviewed Stakeholders, Owner's Rep timeline, CMAR RFQ and Timeline, Future Workshops, Site Selection Meeting, Professional Services updates.
	Pre Design Workshop #1	September 13 & 14, 2023	Onsite at NDSH	NDSH Executive Leadership, JLG, architecture+, A.I. NDSH User Groups	The existing NDSH facilities were toured, and team members visited a number of potential relocation sites. After a virtual visit to some peer hospitals and a discussion about the vision and drivers of those projects and an review of the benchmarks that would help to target NDSH's probable size and cost, participants confirmed the project's key programming drivers in terms of things like the project's overarching vision, goals, and adjacencies together with the number and distribution of beds and other data driving individual program elements. Using questionnaires, individual User Group meetings focused on identifying performance criteria and issues that would influence each department's space program.
	Owner Meeting	September 19, 2023	Remote via MS Teams	Reps from the State of North Dakota, ND Health & Human Services, NDSH Executive Leadership, JLG	Reviewed Stakeholders, Owner's Rep timeline, CMAR RFQ and Timeline, Future Workshops, Site Selection Meeting, Professional Services updates.
	Site Selection Meeting	September 22, 2023	Remote via MS Teams	Reps from the State of North Dakota, ND Health & Human Services, NDSH Executive Leadership, JLG	JLG read a site analysis presentation which considered 6 potential options that had been recommended by the NDSH team. Items that were discussed for each site where it's the land currently owned by the State of ND, is the site within city limits, what are the adjacent land uses, access to existing utilities, distances from both JRCC and the existing NDSH campus, access to the site, the buildability of the site, and the potential to creating a healing environment. A site selection scorecard would be created with the topics previously listed for the NDSH team to review and fill out. A follow up meeting with the governor's office was discussed to be scheduled to review the site analysis and selection.
	Owner Meeting	September 26, 2023	Remote via MS Teams	Reps from the State of North Dakota, ND Health & Human Services, NDSH Executive Leadership, JLG	Reviewed Stakeholders, Owner's Rep timeline, CMAR RFQ and Timeline, Future Workshops, Site Selection Meeting, Professional Services updates.
	Owner Meeting	October 3, 2023	Remote via MS Teams	Reps from the State of North Dakota, ND Health & Human Services, NDSH Executive Leadership, JLG	Reviewed Stakeholders, Owner's Rep timeline, CMAR Update, Future Workshops, Site Selection Meeting, Professional Services updates.
	Owner Meeting	October 10, 2023	Remote via MS Teams	Reps from the State of North Dakota, ND Health & Human Services, NDSH Executive Leadership, JLG	Reviewed Stakeholders, Owner's Rep timeline, CMAR Update, Future Workshops, Site Selection Meeting, Professional Services updates.
	Pre Design Workshop #2	October 12 & 13, 2023	Onsite at NDSH	NDSH Executive Leadership, JLG, architecture+, A.I. NDSH User Groups	Updated cost and facility use benchmarks based on the project's more refined scope were shared. Project elements were confirmed as exercised within the updated space program. Leadership confirmed continuing the following operations with existing facilities rather than add to new hospital: Museum, Pool, Tompkins Programs, ECT, lot, community hospitality kitchen, laundry. Updated departmental space programs were reviewed and updated to reflect review comments with all user groups.
	Owner Meeting	October 24, 2023	Remote via MS Teams	Reps from the State of North Dakota, ND Health & Human Services, NDSH Executive Leadership, JLG	Reviewed Stakeholders, Owner's Rep timeline, CMAR Update, Future Workshops, Site Selection Meeting, Professional Services updates, review workshop 2
	Pre Design Workshop #3	October 31 & November 1 and 2, 2023	Onsite at NDSH	NDSH Executive Leadership, JLG, architecture+, A.I. NDSH User Groups	Potential sites were discussed and evaluated as to suitability as a measure meant to prioritize the options at hand and influence further exploration. Leadership and user groups reviewed the client space program conforming changes made during the last workshop and making some additional changes reflecting more current thinking about the project. Leadership and the individual user groups also reviewed building configurations for peer hospitals as a basis for confirming the overall likely organizational pattern of the hospital and the relationships between the parts of the hospital as well as narrowing down the preferred organizational model for inpatient/residential treatment units.
	Owner Meeting	November 7, 2023	Remote via MS Teams	Reps from the State of North Dakota, ND Health & Human Services, NDSH Executive Leadership, JLG	Reviewed Stakeholders, Owner's Rep timeline, CMAR Update, Future Workshops, Site Selection Meeting, Professional Services updates, review workshop 2

MEETING HISTORY

PREDESIGN PHASE MEETINGS	Owner Meeting	November 14, 2023	Remote via MS Teams	Reps from the State of North Dakota, ND Health & Human Services, NDSH executive leadership, JLG	Reviewed Stakeholders, Owner's Rep Interview, CMAR update, Future Workshops, Site Selection Meeting, Professional Services update.
	Fit Design Workshop #4	November 15-16, 2023	Onsite at NDSH	NDSH Executive Leadership, JLG, architecture+, All NDSH User Groups	The updated space program was reviewed by user groups with some additional changes. Detailed diagrams of the preferred adult inpatient unit types were reviewed with an eye toward establishing patterns that were functional for purpose, flexible for future changes and with respect to the ability to stack dissimilar user types, and capable of being paired with a workable "whole" hospital armature. A preference was expressed for using the "wedge" model for paired inpatient units with a "butterfly" version of the wedge selected for the stacking of the SOTEP and Geriatric inpatient units. NDSH and DOCR representatives met to confirm integration of support services between the two institutions as anticipated by the draft spoke program for the new NDSH building.
	Owner Meeting	November 21, 2023	Remote via MS Teams	Reps from the State of North Dakota, ND H&HS, NDSH Executive Leadership, Tegra Group, and JLG	Reviewed Stakeholders, CMAR Updates, Future Workshops, Site Selection Meeting, Professional Services updates.
	Owner Meeting	November 28, 2023	Remote via MS Teams	Reps from the State of North Dakota, ND H&HS, NDSH Executive Leadership, Tegra Group, and JLG	Reviewed Stakeholders, CMAR Updates, Future Workshops, Site Selection Meeting, Professional Services updates.
	Owner Meeting	December 5, 2023	Remote via MS Teams	Reps from the State of North Dakota, ND H&HS, NDSH Executive Leadership, Tegra Group, and JLG	Reviewed Stakeholders, CMAR Updates, Future Workshops, Site Selection Meeting, Professional Services updates.
	SOTEP User Meeting	December 5, 2023	Remote via MS Teams	JLG, architecture+, NDSH Executive Leadership, SOTEP User Group	Reviewed Illustrations for SOTEP wing.
	CMAR Onboarding Meeting	December 6, 2023	Remote via MS Teams	architecture+ team, JLG Team, Tegra Team	Prep for CMAR joining the project.
SCHEMATIC DESIGN PHASE MEETINGS	Owner Leadership Meeting	December 13, 2023	Remote via MS Teams	NDSH Executive Leadership, architecture+, JLG, Tegra Group	Walkthrough of predesign report dated 12/8. Review of building concept, site configurations, virtual tour of site visit, conversation around community engagement, approval to move into Schematic Design, SD workshop.
	Governor Meeting	December 19, 2023	Remote via MS Teams	Doug Burgum, Tammy Miller, Jodi Bochler, Mariaa Neset, NDSH Executive Leadership, architecture+, JLG, Tegra Group	Introduction of project team, Site Selection Process, Governor's Office Questions and Comments, Next Steps.
	Owner Meeting	December 19, 2023	Remote via MS Teams	Representatives from the State of North Dakota, ND Health & Human Services, NDSH Executive Leadership, Tegra Group, and JLG	Reviewed Stakeholders, CMAR Updates, Future Workshops, Site Selection Meeting, Professional Services updates, Potential site visits.
	Owner Meeting	January 2, 2023	Remote via MS Teams	Representatives from the State of North Dakota, ND Health & Human Services, NDSH Executive Leadership, Tegra Group, and JLG	Reviewed Stakeholders, CMAR Updates, Future Workshops, Site Selection Meeting, Professional Services updates, Potential site visits.
	SD Workshop #1	January 16-17, 2024	Onsite at NDSH	NDSH Executive Leadership, JLG, architecture+, All NDSH User Groups	The construction manager started to look at preliminary plans so they could start working on a high-level estimate. There were code discussions about the State Hospital being a statutory hospital and what codes were applicable. The team recognized the importance of community engagement. User groups were brought in to review and react to high-level whole hospital block diagrams. A series of building layout options were reviewed, and the design group gathered feedback from the user groups.
	State Attorney Meeting	January 24, 2023	Remote via MS Teams	NDSH Leadership team, JLG Team, architecture+ team, Tegra Team	Review current regulations and how the will influence the design.
	SD Workshop #2	February 6-8, 2024	Onsite at NDSH	NDSH Executive Leadership, JLG, architecture+, All NDSH User Groups, Tegra Group	Efficiencies in the proposed building design were reviewed. Mortenson presented the current cost model/estimate, architecture+ presented some past projects, experience, and program benchmarks, user groups reviewed developed plans and provided feedback. Civil, mechanical, and electrical systems were reviewed.
	SD Design Systems Workshop	February 21, 2024	Onsite at NDSH	NDSH Executive Leadership, NDSH User Group Assembly, JLG, architecture+, NDSH Facilities MGMT, Tegra Group, Mortenson, CMTA	Electrical systems, including wiring, generators, UPS, lighting, and communications, were discussed with NDSH facilities staff. Mechanical systems, including boilers, chillers, humidifiers, and plumbing fixtures were discussed with NDSH facilities staff. Room data sheets were introduced. Patient safety and security needs were discussed.
	Owner IPU Meeting	February 22, 2023	Remote via MS Teams	NDSH Executive Leadership, JLG, architecture+, Tegra Group	Reviewed current plans and assigned decisions to date.
	SD Workshop #3	March 5-6, 2024	Onsite at NDSH	NDSH Executive Leadership, NDSH User Group Assembly, JLG, architecture+, NDSH Facilities MGMT, Tegra Group, Mortenson, CMTA	The site plan was reviewed and discussed, including parking, courtyards, and the loading dock. Staff from North Dakota Department of Health & Human Services discussed the status of the State Hospital being a statutory hospital and some items in the North Dakota Administrative Code that pose challenges for this building type. Unresolved decisions were discussed, including single vs. double rooms. SOTEP explained that the total number of beds, user groups, we're brought into review more articulated departmental plans including major furniture and assessment and provide feedback.
	Schematic Design User Meetings	March 19-22, 2024	Remote via MS Teams	NDSH Executive Leadership, ALL NDSH user Groups, Tegra Group, JLG, architecture+, Mortenson	User Group meetings were held with each department to discuss Room Data Sheets.
	Preliminary Code Review with AHJ	March 26, 2024	Remote via MS Teams	State and Local AHJ, JLG	Introduction to project, overview of initial code information, questions/comments from AHJs.
	Owner SD Page Turn and Estimate	April 10, 2024	Remote via MS Teams	NDSH Executive Leadership, JLG, architecture+, Tegra Group, Mortenson	Reviewed SD Set and SD Estimate to date.

MEETING HISTORY

DESIGN DEVELOPMENT PHASE MEETINGS	NDIT Meeting	April 17, 2024	Remote via MS Teams	ND Health & Human Services (Robert Hobbelman), NDSH Executive Leadership, Mortenson, Tegra, JLG	Started conversation around responsibilities between NDIT and NDSH
	Governor's Office Meeting & Site Tour	April 17, 2024	On site at NDSH	Tammy Miller, Commissioner Wayne Sitter, State Health Officer Dr. Wahlin, Deputy Commissioner Sara Stolt, NDSH Executive Leadership, architecture+, JLG, Tegra Group	Project Update presentation, Governor's Office Questions and Comments, Next Steps discussion, on-site tour of existing facilities
	Owner SD Scope and Alternate Review	April 19, 2024	Remote via MS Teams	NDSH Executive Leadership, NDSH Facilities MGMT, architecture+, JLG, architecture+, Mortenson, Tegra,	Review potential options for Scope Reduction and Alternates
	Hospital Security	April 19, 2024	Remote via MS Teams	NDSH Executive Leadership, NDSH User Group, architecture+, JLG, Mortenson, Tegra	Safety and Security Review Meeting with architecture+
	Low Voltage Security	April 19, 2024	Remote via MS Teams	NDSH Executive Leadership, NDSH User Group, architecture+, JLG, Mortenson, Tegra	Safety and Security Review Meeting with architecture+
	Risk Management Zones	April 23, 2024	Remote via MS Teams	NDSH Executive Leadership, NDSH User Group, architecture+, JLG, Mortenson, Tegra	Safety and Security Review Meeting with architecture+
	Patient Safety - Plumbing and Sprinklers	April 23, 2024	Remote via MS Teams	NDSH Executive Leadership, NDSH User Group, architecture+, JLG, Mortenson, Tegra	Safety and Security Review Meeting with architecture+
	Patient Safety Overview	April 23, 2024	Remote via MS Teams	NDSH Executive Leadership, NDSH User Group, architecture+, JLG, Mortenson, Tegra	Safety and Security Review Meeting with architecture+
	Patient Safety - Terminal Devices	April 24, 2024	Remote via MS Teams	NDSH Executive Leadership, NDSH User Group, architecture+, JLG, Mortenson, Tegra	Safety and Security Review Meeting with architecture+
	Patient Safety - Windows and Glazing	April 24, 2024	Remote via MS Teams	NDSH Executive Leadership, NDSH User Group, architecture+, JLG, Mortenson, Tegra	Safety and Security Review Meeting with architecture+
	Patient Safety - Anti-Barricade and Seclusion	April 26, 2024	Remote via MS Teams	NDSH Executive Leadership, NDSH User Group, architecture+, JLG, Mortenson, Tegra	Safety and Security Review Meeting with architecture+
	Texas Site Visits	April 30, 2024	On-Site at Texas Facilities	NDSH Executive Leadership, Representatives from NDSH User Group Assembly, architecture+, JLG, Mortenson, Tegra	In-person site visits to four Texas State Hospital facilities
	Patient Safety - Bathrooms and Specialties	May 6, 2024	Remote via MS Teams	NDSH Executive Leadership, NDSH User Group, architecture+, JLG, Mortenson, Tegra	Safety and Security Review Meeting with architecture+
	Patient Safety - Electrical systems and lighting	May 7, 2024	Remote via MS Teams	NDSH Executive Leadership, NDSH User Group, architecture+, JLG, Mortenson, Tegra	Safety and Security Review Meeting with architecture+
	Site and Mechanical Decisions	May 7, 2024	Remote via MS Teams	NDSH Executive Leadership, NDSH Facilities MGMT, architecture+, JLG, CMTA, Mortenson, Tegra	Review options for Site and Mechanical Systems for decision and direction
	Patient Safety - Door hardware	May 8, 2024	Remote via MS Teams	NDSH Executive Leadership, NDSH User Group, architecture+, JLG, Mortenson, Tegra	Safety and Security Review Meeting with architecture+
	Patient Safety - Fasteners Sealants and Finishes	May 8, 2024	Remote via MS Teams	NDSH Executive Leadership, NDSH User Group, architecture+, JLG, Mortenson, Tegra	Safety and Security Review Meeting with architecture+
	DD Workshop #1	May 8-9, 2024	On site at NDSH	NDSH Executive Leadership, NDSH User Group Assembly, JLG, architecture+, NDSH User Groups, Tegra Group, Mortenson, CMTA	JLG and NDSH leadership set up and hosted an NDSH employee community engagement session. The sessions where open house-style where NDSH employees where able to review the presentation documents, engage with the design team and NDSH leadership and provide feedback to the design team. Feedback was collected in three methods: Post-it notes on a white board, note cards in a collection box, and a survey monkey survey.
	Representative Nelson Meeting	May 9, 2024		Jon Nelson, NDSH Executive Leadership, Tegra, Mortenson, JLG	Introductions, Presentation on project progress, possible presentation to legislators, questions
	NDIT Alignment	May 9, 2024	Remote via MS Teams	NDSH Leadership, architecture+ Team, JLG Team, CMTA Mortenson, Tegra	Review Responsibility Matrix between NDSH and NDIT
	ND Forestry Meeting	May 12, 2024	Remote via MS Teams	NDSH Leadership, architecture+, JLG, Tegra, ND Forest Service	Review ND Forestry guidelines and engagement
	Room Data Sheet - Dental	May 29, 2024	Remote via MS Teams	NDSH Executive Leadership, NDSH User Group, architecture+, JLG, Mortenson, Tegra	Room Type detailed information review
	Room Data Sheet - Geriatric	May 29, 2024	Remote via MS Teams	NDSH Executive Leadership, NDSH User Group, architecture+, JLG, Mortenson, Tegra	Room Type detailed information review
	Room Data Sheet - SOTEP	May 29, 2024	Remote via MS Teams	NDSH Executive Leadership, NDSH User Group, architecture+, JLG, Mortenson, Tegra	Room Type detailed information review
	Room Data Sheet - Courtroom	May 30, 2024	Remote via MS Teams	NDSH Executive Leadership, NDSH User Group, architecture+, JLG, Mortenson, Tegra	Room Type detailed information review
	Food Service Kick-off	May 30, 2024	Remote via MS Teams	NDSH Executive Leadership, NDSH Clinical Ancillaries, architecture+, JLG, F/C/D, Mortenson, Tegra	Review of Food Service areas
	Room Names and Numbers	May 30, 2024	Remote via MS Teams	NDSH Executive Leadership, NDSH Facilities MGMT, architecture+, JLG, Tegra, Mortenson	Review of Room Names and Numbering conventions

MEETING HISTORY

DESIGN DEVELOPMENT PHASE MEETINGS (CONTINUED)	All Room Meeting	May 31, 2024	Remote via MS Teams	NDSH Executive Leadership, NDSH Inpatient Services, architecture+, JLG, Tegra, Mortenson	Review of options for All Room solutions
	Safety and Security	May 31, 2024	Remote via MS Teams	NDSH Executive Leadership, NDSH Facilities MGMT, architecture+, JLG, Mortenson, Tegra	Review security plan and risk levels
	DD Workshop #2	June 3-5, 2024	On-site at NDSH	NDSH Executive Leadership, NDSH User Group Assembly, JLG architecture+, NDSH User Groups, Tegra Group, Mortenson, CMTA, Legislative Engagement	JLG and Architecture+ hosted a two-day workshop with NDSH leadership and user group staff. The design team provided updates on the overall design, reviewed physical exterior materials, landscape design, interior and room updates. The design team with NDSH leadership hosted a townhall session to provide a project update. Detailed user group meetings where held that discussed room data sheet refinement doors, as well as furniture and equipment integration
	Room Data Sheet - Lab	June 7, 2024	Remote via MS Teams	NDSH Executive Leadership, NDSH User Group, architecture+, JLG, Mortenson, Tegra	Room type detailed information review
	Room Data Sheet - Pharmacy	June 7, 2024	Remote via MS Teams	NDSH Executive Leadership, NDSH User Group, architecture+, JLG, Mortenson, Tegra	Room type detailed information review
	Room Data Sheet - Teaching Kitchen	June 12, 2024	Remote via MS Teams	NDSH Executive Leadership, NDSH User Group, architecture+, JLG, Mortenson, Tegra	Room type detailed information review
	Room Data Sheet - Music Therapy and Greenhouse	June 12, 2024	Remote via MS Teams	NDSH Executive Leadership, NDSH User Group, architecture+, JLG, Mortenson, Tegra	Room type detailed information review
	Room Data Sheet - Vocational	June 12, 2024	Remote via MS Teams	NDSH Executive Leadership, NDSH User Group, architecture+, JLG, Mortenson, Tegra	Room type detailed information review
	Room Data Sheet - Gym	June 13, 2024	Remote via MS Teams	NDSH Executive Leadership, NDSH User Group, architecture+, JLG, Mortenson, Tegra	Room type detailed information review
	Existing Utilities Meeting	June 17, 2024	Remote via MS Teams	architecture+, NDSH Executive Leadership, NDSH Facilities MGMT, Tegra, JLG, CMTA	Review existing utilities on the NDSH Campus
	Staff Entry and Locker Security	June 18, 2024	Remote via MS Teams	NDSH Executive Leadership, NDSH Facilities MGMT, architecture+, JLG, Mortenson, Tegra	Room type detailed information review
	Room Data Sheet - Laundry and Linen	June 19, 2024	Remote via MS Teams	NDSH Executive Leadership, NDSH User Group, architecture+, JLG, Mortenson, Tegra	Room type detailed information review
	DD Workshop #3	June 25-27, 2024	On-site at NDSH	NDSH Executive Leadership, NDSH User Group Assembly, JLG architecture+, NDSH User Groups, Tegra Group, Mortenson, CMTA	JLG and Architecture+ hosted a three day workshop with NDSH leadership and user group staff. These where focused meetings that where material on plan elevation and 3D views to cover room layout, doors, windows, casework, furniture, equipment, technology, mechanical and electrical devices.
	Food Service Review	July 1, 2024	Remote via MS Teams	NDSH Executive Leadership, NDSH Clinical Ancillaries, architecture+, JLG, FyCO, Mortenson, Tegra	Review Food Service design
	Heat Recovery Chiller Review	July 15, 2024	Remote via MS Teams	NDSH Executive Leadership, NDSH Facilities MGMT, JLG, Tegra, Mortenson	Review HRC options and direction
	DD Code Review with City of Jamestown	July 16, 2024	Remote via MS Teams	State and Local AHJ, JLG, architecture+	Overview of Current Project, Code Items, Questions/concerns with City of Jamestown AHJ
	DD Code Review with ND DoH	July 17, 2024	Remote via MS Teams	State and Local AHJ, JLG, architecture+	Overview of Current Project, Code Items, Questions/concerns with ND Dept of Health
	Room Data Sheet - Lab	July 17, 2024	Remote via MS Teams	NDSH Executive Leadership, NDSH User Group, architecture+, JLG, Mortenson, Tegra	Room type detailed information review
	Room Data Sheet - Maintenance Shop	July 17, 2024	Remote via MS Teams	NDSH Executive Leadership, NDSH User Group, architecture+, JLG, Mortenson, Tegra	Room type detailed information review
	Room Data Sheet - Medical Storage	July 18, 2024	Remote via MS Teams	NDSH Executive Leadership, NDSH User Group, architecture+, JLG, Mortenson, Tegra	Room type detailed information review
	Room Data Sheet - Pharmacy	July 22, 2024	Remote via MS Teams	NDSH Executive Leadership, NDSH User Group, architecture+, JLG, Mortenson, Tegra	Room type detailed information review
	Room Data Sheet - Therapy	July 22, 2024	Remote via MS Teams	NDSH Executive Leadership, NDSH User Group, architecture+, JLG, Mortenson, Tegra	Room type detailed information review
	Patient Safety Wrap-up	July 22, 2024	Remote via MS Teams	NDSH Executive Leadership, NDSH User Group, architecture+, JLG, Mortenson, Tegra	Summary Review and Wrap-up of Patient Safety Meeting Series
	NDIT Meeting	July 26, 2024	Remote via MS Teams	ND Health & Human Services, NDIT, NDSH Executive Leadership, Mortenson, Tegra, JLG, architecture+, CMTA	Review NDIT Scoping and responsibility matrix
	DD Workshop #4	July 30-31, 2024	On-site at NDSH	NDSH Executive Leadership, NDSH User Groups, ND DOCR, Tegra, Mortenson, JLG, architecture+	JLG and Architecture+ hosted a two-day workshop with NDSH leadership and user group staff. The first day, was focused on interior finishes. Material types and locations of all finishes were reviewed and discussed. The second day of the workshop was a review of the physical mock-up that was built in the basement of the Lofthus building. The design team and NDSH Leadership met with JLCC to tour the current kitchen, loading dock, and farm that soon will be required to travel for the new location of the state hospital.
	IHE Project Meeting	August 13, 2024	Remote via MS Teams	NDIA Executive Leadership, JLG (Design and Furniture Teams), Tegra, architecture+	Prepare for IHE site visit
	Patient Safety	August 21, 2024	Remote via MS Teams	NDSH Executive Leadership, NDSH Facilities MGMT, architecture+, JLG, Mortenson, Tegra	Review Micrel forensic patient safety products and design decisions
	Fire Protection Review	August 29, 2024	Remote via MS Teams	State and Local AHJ, CMTA, Interstate, JLG	Review of Misc. Items related to fire and building fire protection
	Patient Safety - Inperson product Review	September 18, 2024	Inperson and architecture+ office	NDSH Facilities MGMT, NDSH Inpatient Services, JLG, architecture+	In person review of safety products and safety report

The Design Process

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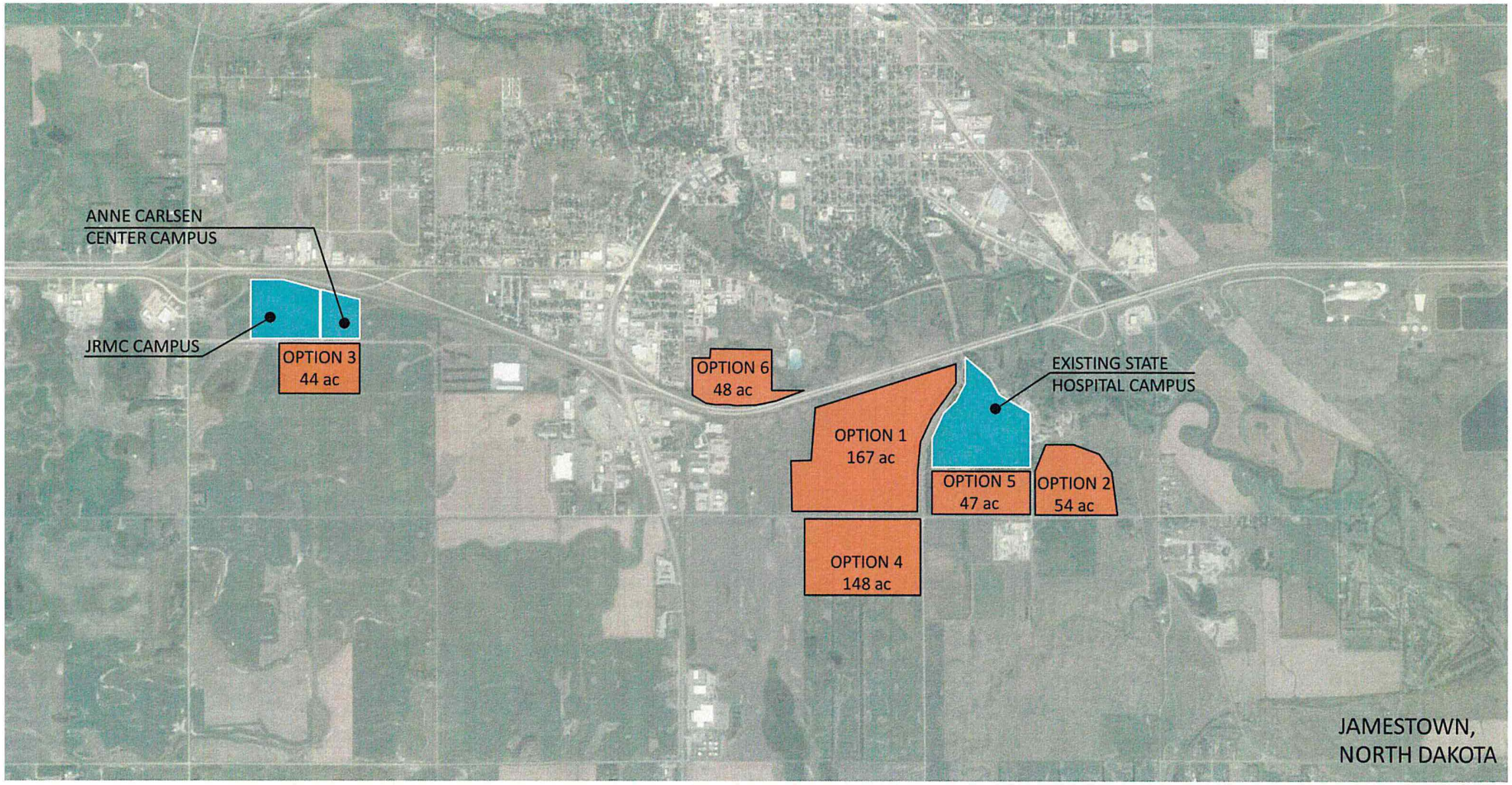
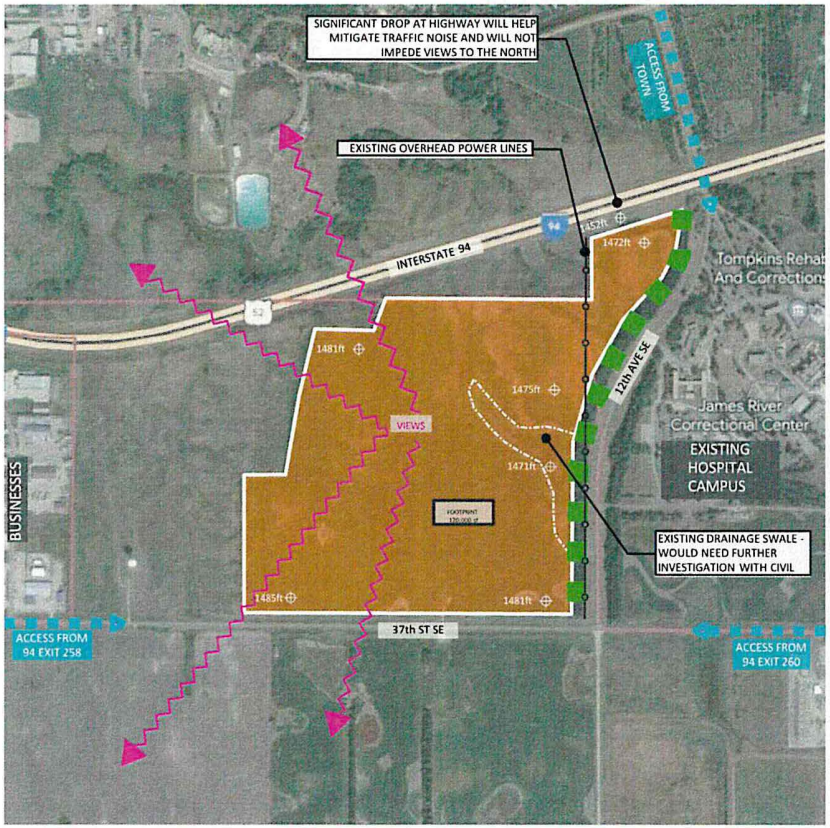
Project Scope Update



NORTH DAKOTA STATE HOSPITAL | SITE SELECTION



SIZE: 136 ACRES

OWNER: ND State Hospital. Currently Operated by Reimers General Partnership

MAIN ACCESS ROAD/INTERSECTION: Access could be from12th Ave or 37th St

ZONING: Out of City Limits - One Mile Extraterritorial Limits POC (Public, Open Development and Conservation District)

STATS:

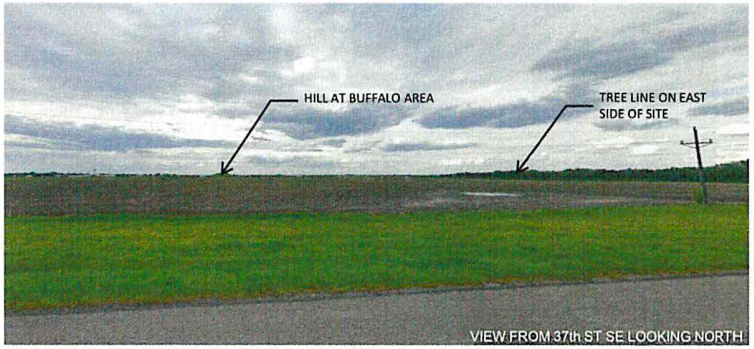
- Owned by the State of ND: Yes
- Within City Limits: Portion of lot is.
- Distance to Existing Hospital: 0.8 miles
- Distance to JRMC: 3.2 miles
- Excellent Vehicle access from Interstate and City
- Minimal site elevation change
- Easy access to Water & Sewer
- Adjacent land: Public, Agriculture
- Minimal Interstate noise pollution

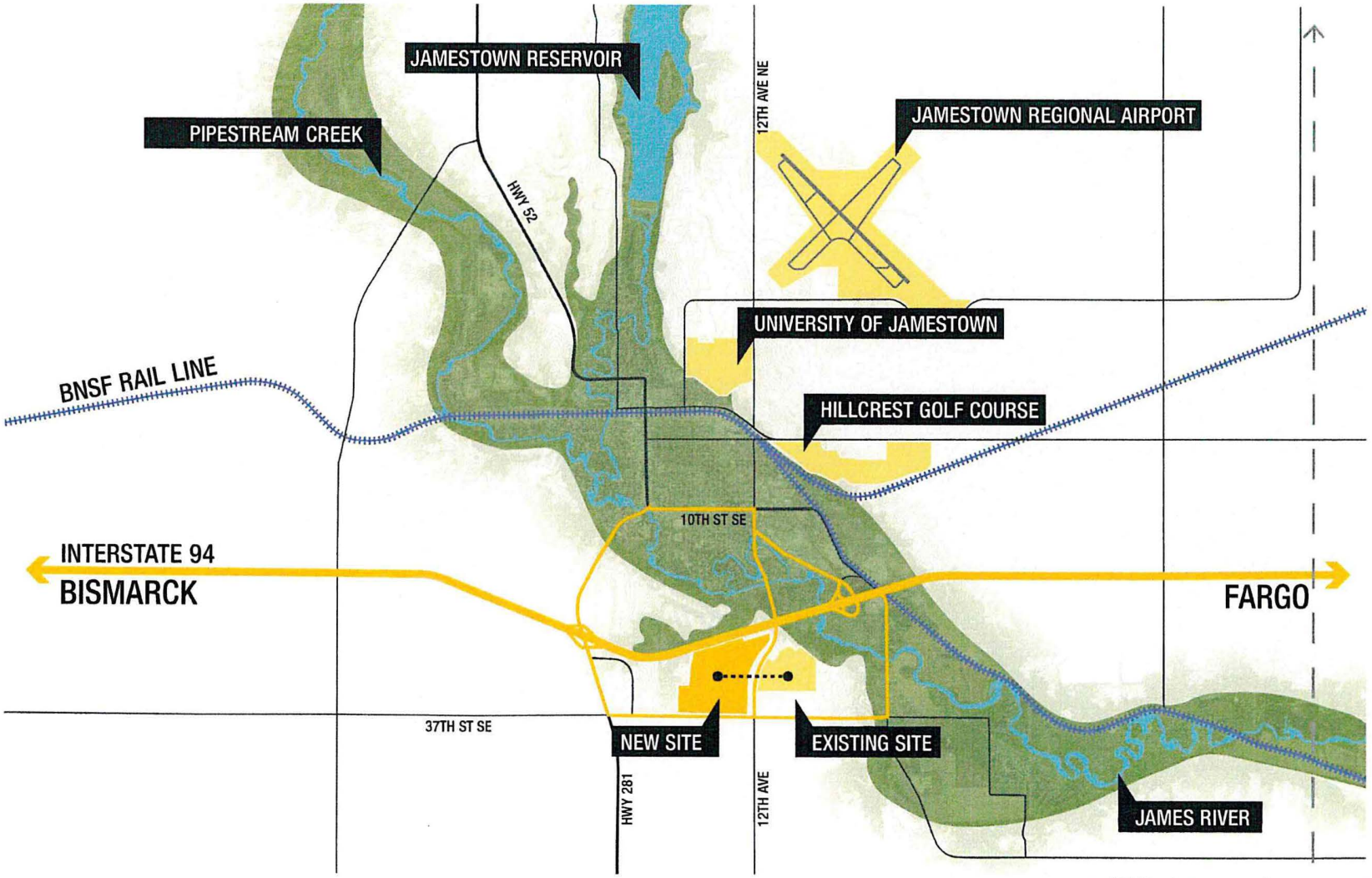
PROS:

- Close proximity to existing/remaining campus functions
- Scenic Views
- Near main traffic corridor but elevated above
- Thick tree line on east side of site
- Excellent Vehicle access from Interstate and City
- Large, relatively flat site.

CONS:

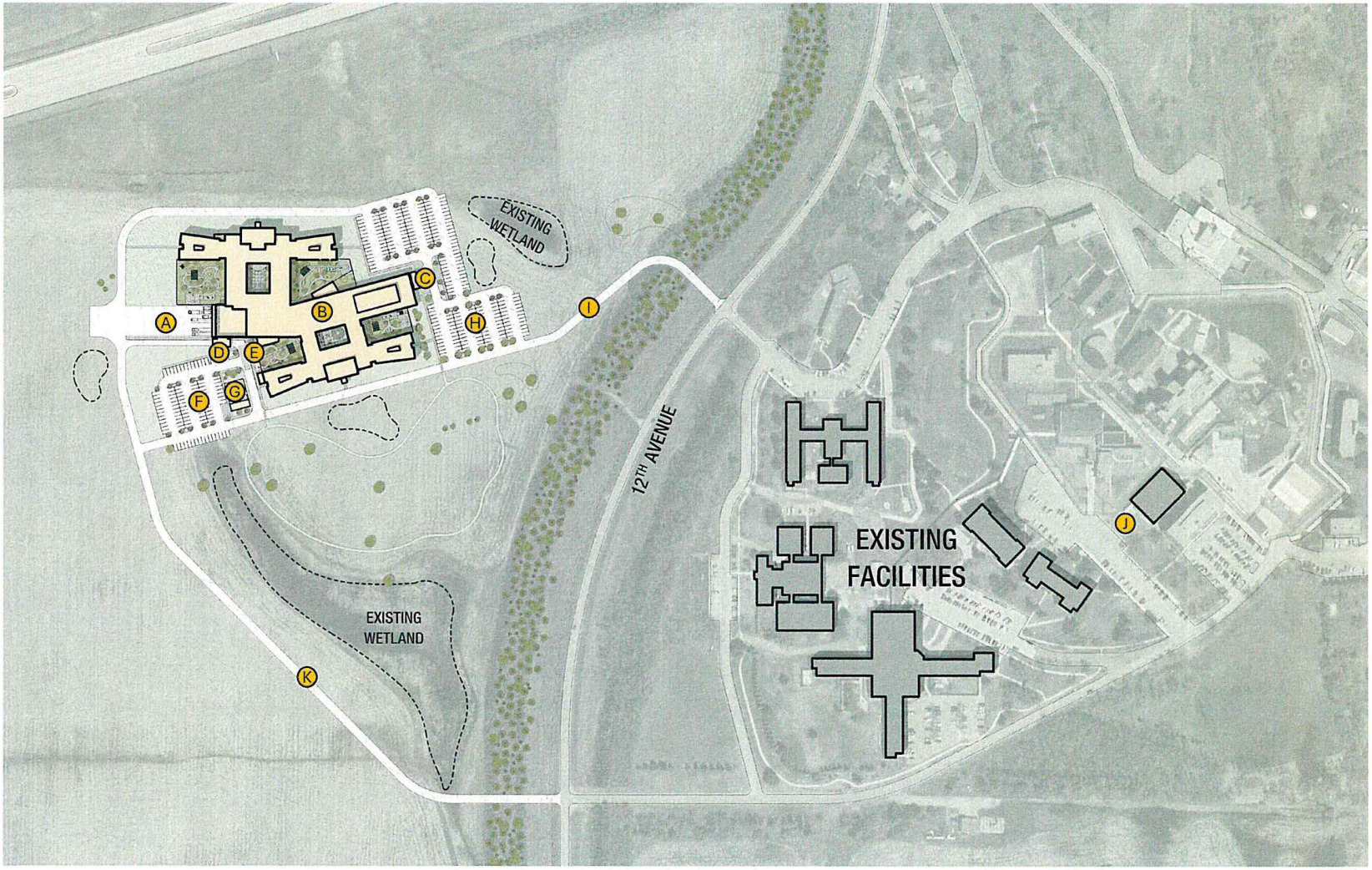
- Proximity to Correctional Center
- Potion of lot outside of City limits
- Minimal Interstate noise pollution



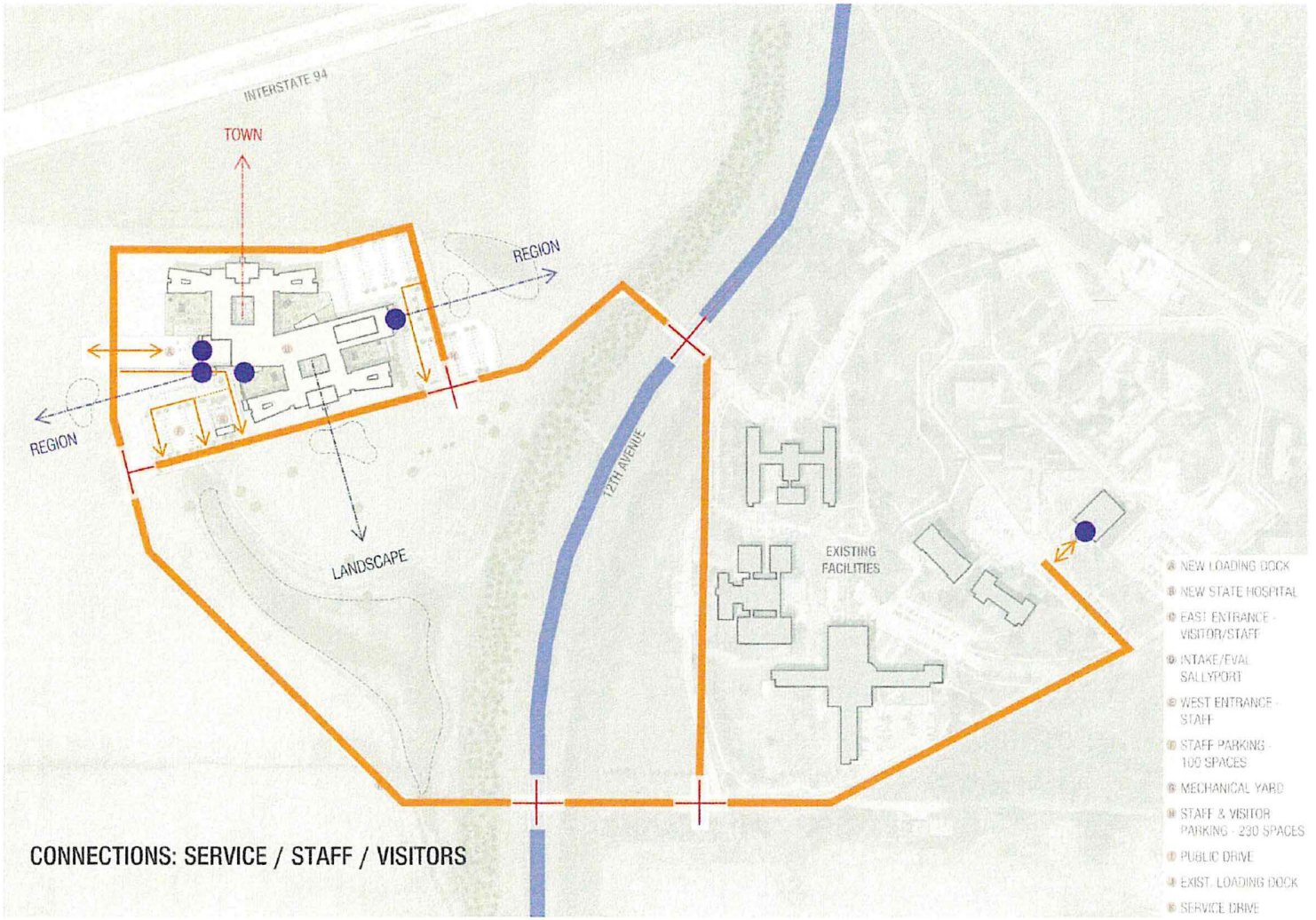


NORTH DAKOTA STATE HOSPITAL | PROJECT SITE VICINITY MAP

- (A) NEW LOADING DOCK
- (B) NEW STATE HOSPITAL
- (C) EAST ENTRACE – VISITOR/STAFF
- (D) INTAKE/EVALUATION SALLYPORT
- (E) WEST ENTRANCE - STAFF
- (F) STAFF PARKING – 100 SPACES
- (G) MECHANICAL YARD
- (H) STAFF & VISITOR PARKING – 230 SPACES
- (I) PUBLIC DRIVE
- (J) EXISTING LOADING DOCK
- (K) SERVICE DRIVE



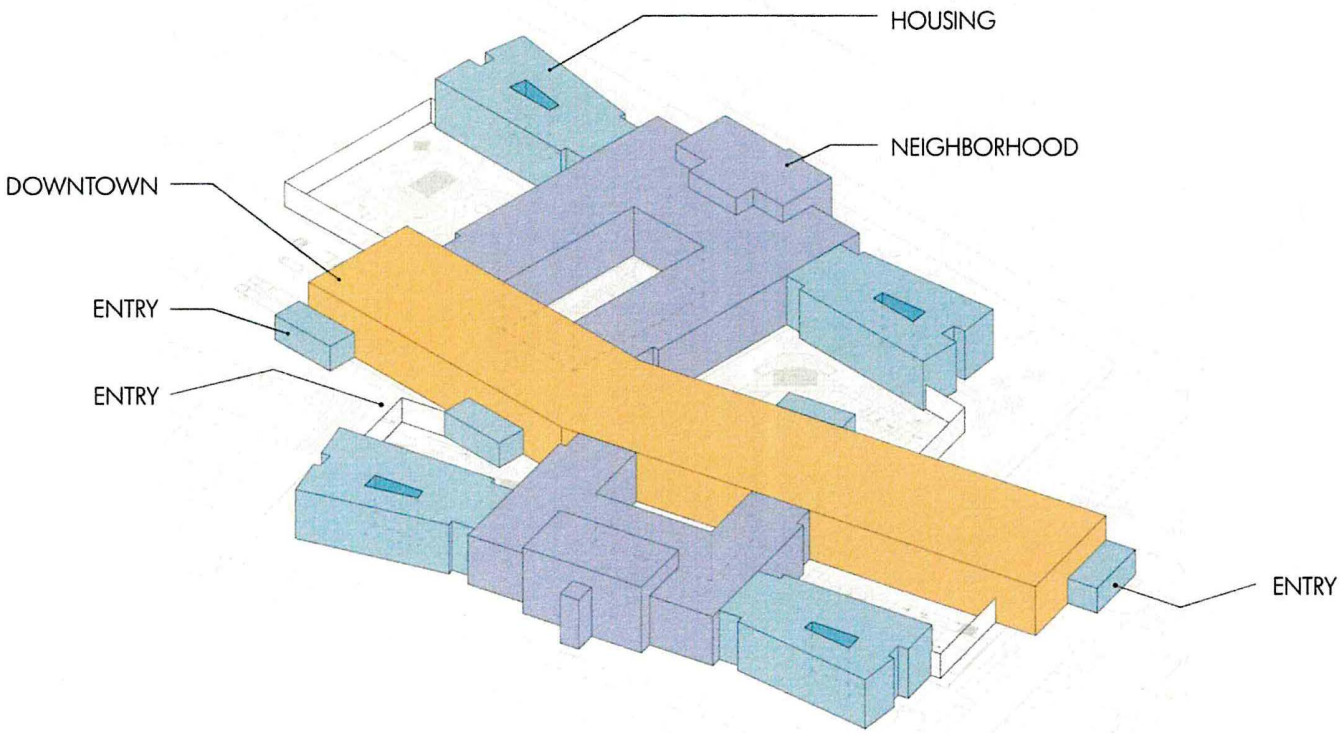
NORTH DAKOTA STATE HOSPITAL | SITE PLAN



NORTH DAKOTA STATE HOSPITAL | SITE CONNECTIONS

BUILDING CONCEPT: A HEALING COMMUNITY SETTLED IN THE LIGHT AND LANDSCAPE ABOVE JAMESTOWN

The building is organized around three major programs: Housing, Neighborhood, and Downtown. This organization mimics the sequence in a typical town with Downtown as the primary hub or heartbeat of the facility, servicing as the primary connections to the outside. The Neighborhoods, serve as a transition from the active Downtown to the more intimate spaces of the Housing wings.

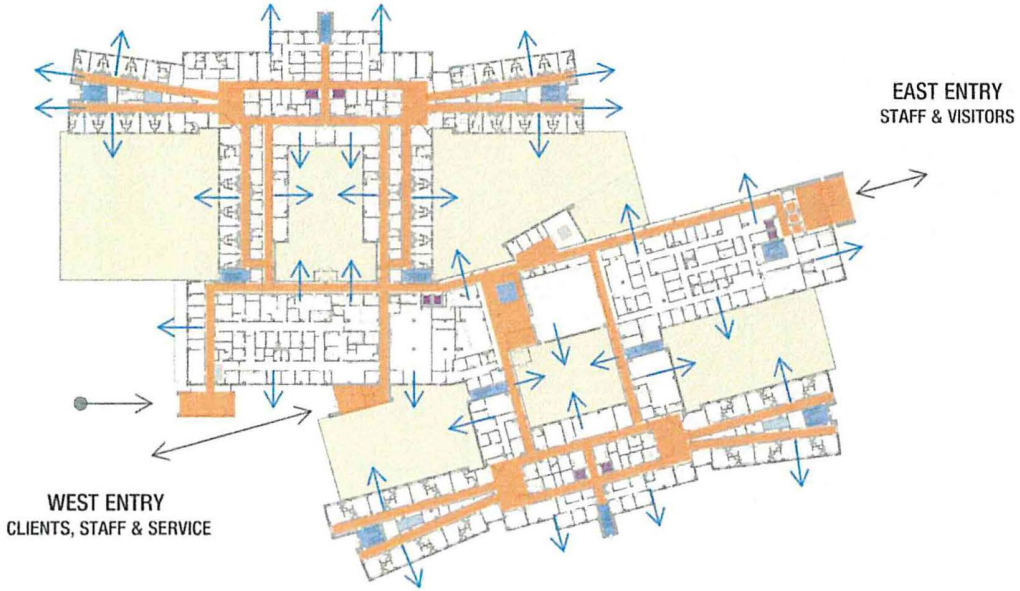


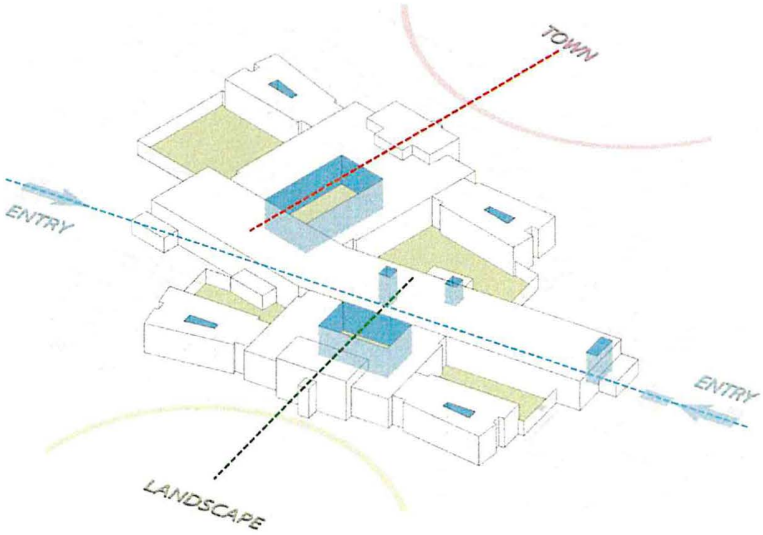
100% PRIVATE BEDROOMS

- Improved sleep.
- Reduction in general violence and aggression
- Reduction in person-on-person patient room predation
- Increased social interaction and therapy participation
- Infection control (having an all-private environment was a boon during the pandemic)
- Greater flexibility in room assignment and resulting higher occupancy rates and shorter wait times for hospitalization
- Improved patient satisfaction
- Reduced average length of stay
- Easier to use a patient-safe bathroom door while safeguarding patient toileting privacy in a private bedroom

CONNECTIONS: MOVEMENT/DAYLIGHT/VIEW

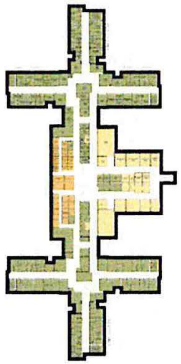
As part of the healing experience, access to natural light and outdoor space is an important goal. Each Housing wing hosts a central lightwell with adjacent quiet spaces to bring sunlight into the center of these areas. Each of the Neighborhoods then provides access to dedicated courtyards for different patient groups, simultaneously providing more access to views and light.



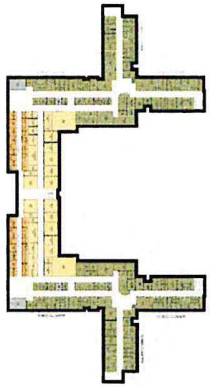


INPATIENT UNIT (IPU) LAYOUT ANALYSIS

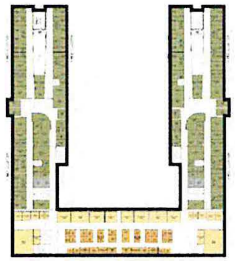
The design team, NDSH Leadership, and NDSH staff reviewed 7 options on layouts for the Inpatient Units. The 'WEDGE' layout was selected for various reasons related to patient care and safety and also was the most efficient layout.



IPU – t
43,142 SF
50 BEDS
863 SF/BED



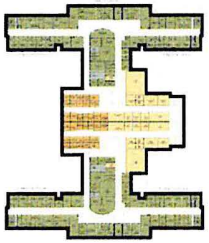
IPU – L
46,504 SF
50 BEDS
930 SF/BED



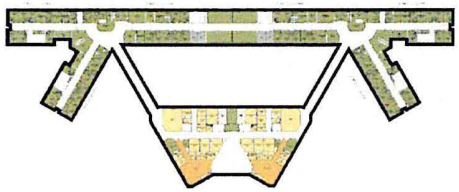
IPU – BAR 1
50,211 SF
50 BEDS
1,004 SF/BED



IPU – BAR 2
46,312 SF
50 BEDS
926 SF/BED



IPU – FLATTEN T
43,912 SF
50 BEDS
878 SF/BED



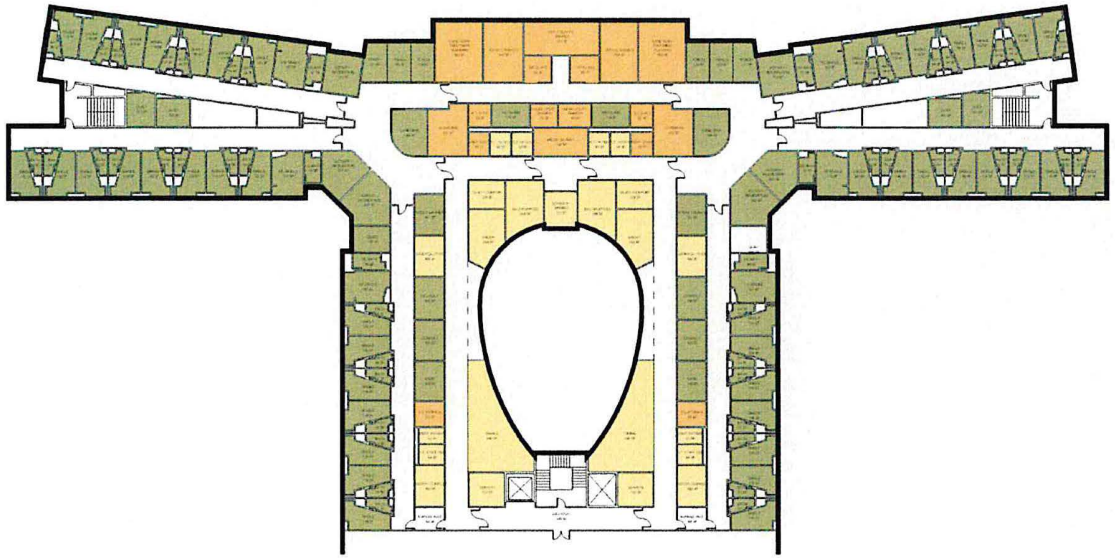
IPU – Y
51,884 SF
50 BEDS
1,038 SF/BED

SELECTED DESIGN



IPU – WEDGE
38,445 SF **Unit SF**
50 BEDS # of Beds
769 SF/BED SF per BED

INPATIENT UNIT (IPU) LAYOUT ANALYSIS



SELECTED DESIGN

IPU – WEDGE

38,445 SF	**Unit SF**
50 BEDS	# of Beds
769 SF/BED	SF per BED

- Selected by NDSH staff and leadership as most aligned to care model
- Most efficient construction/cost
  - Smallest footprint
  - Smallest wall to floor ratio
  - Least expensive option
- Efficient to staff: No client bedrooms are across the hall from each other – less client agitation = less staff intervention
- Evidence Based Care Results: 7 to 9 client subclusters allow smaller relationship circles = less disruption and conflict

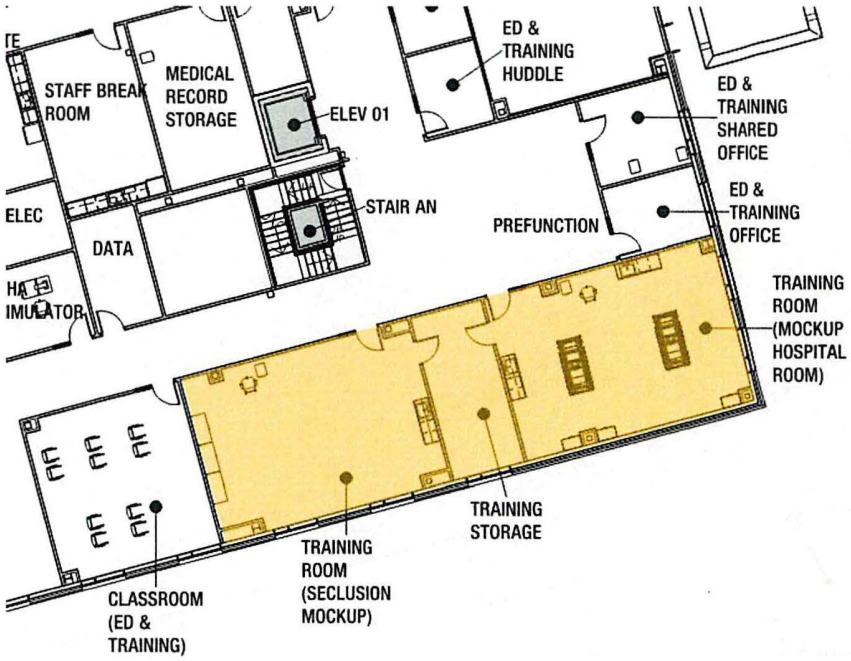
GROWING THE WORKFORCE, TRAIN, AND RECRUIT

- The new State Hospital Design features dedicated, flexible, and state of the art training and simulation spaces

- NDSH is the only public health care institution in ND that provides inpatient training and education for medical, nursing, and university students
  - School of medicine
  - Nursing schools
  - High school students
  - Private college students

- 40 students per biennium come to NDSH for training for inpatient psychiatric education training

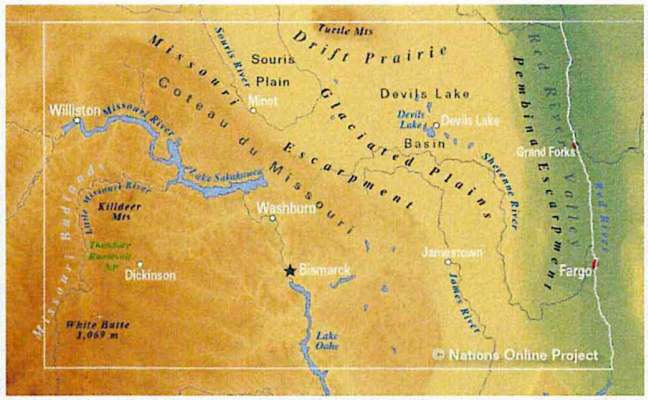
- Allowing them to train and receive on-site residency programs in North Dakota, and at NDSH, improves the likelihood of those future health care providers remaining in ND to practice

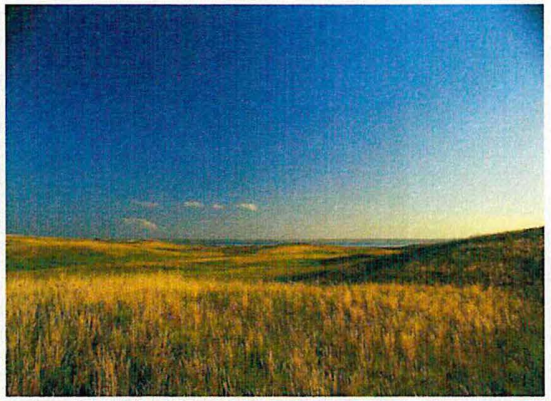


REGIONAL CONTEXT

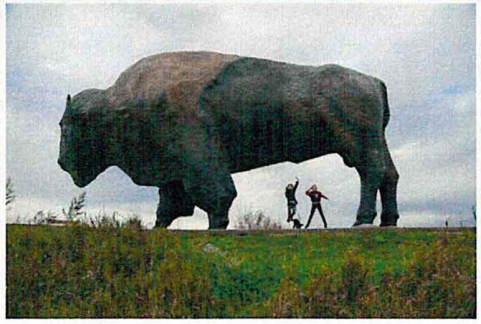
The new facility is being planned south of Interstate 94, overlooking the James River Valley and surrounding glaciated plains. The design draws inspiration from the North Dakota prairies and the existing brick structures within Jamestown, celebrating the state's culture and history.

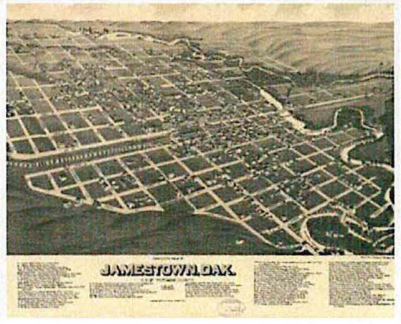








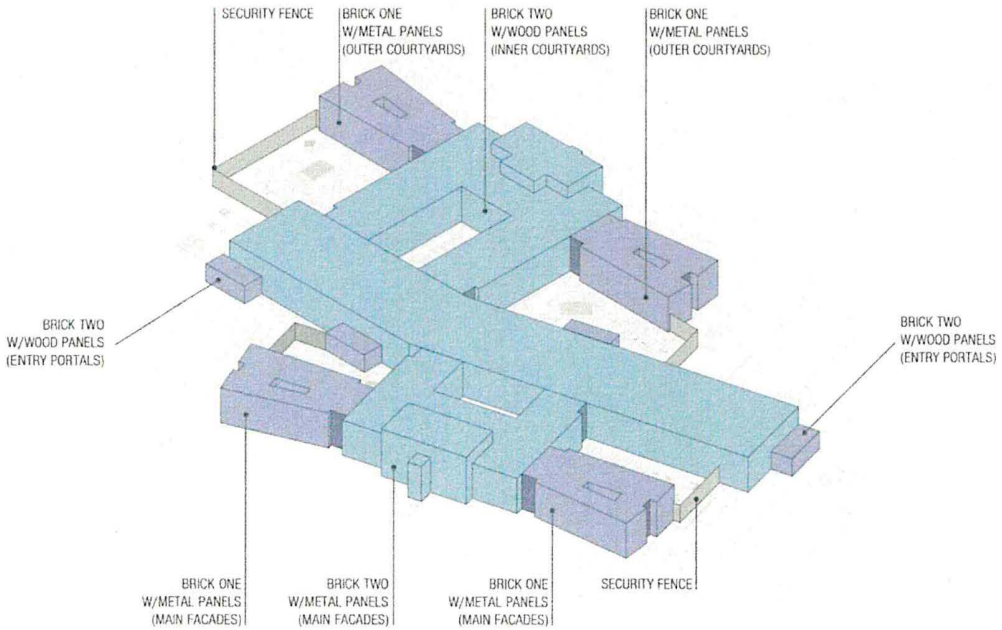




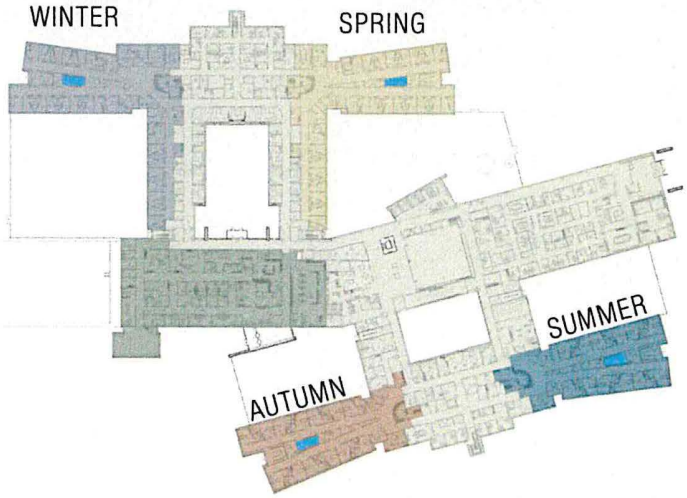


MATERIAL THEME

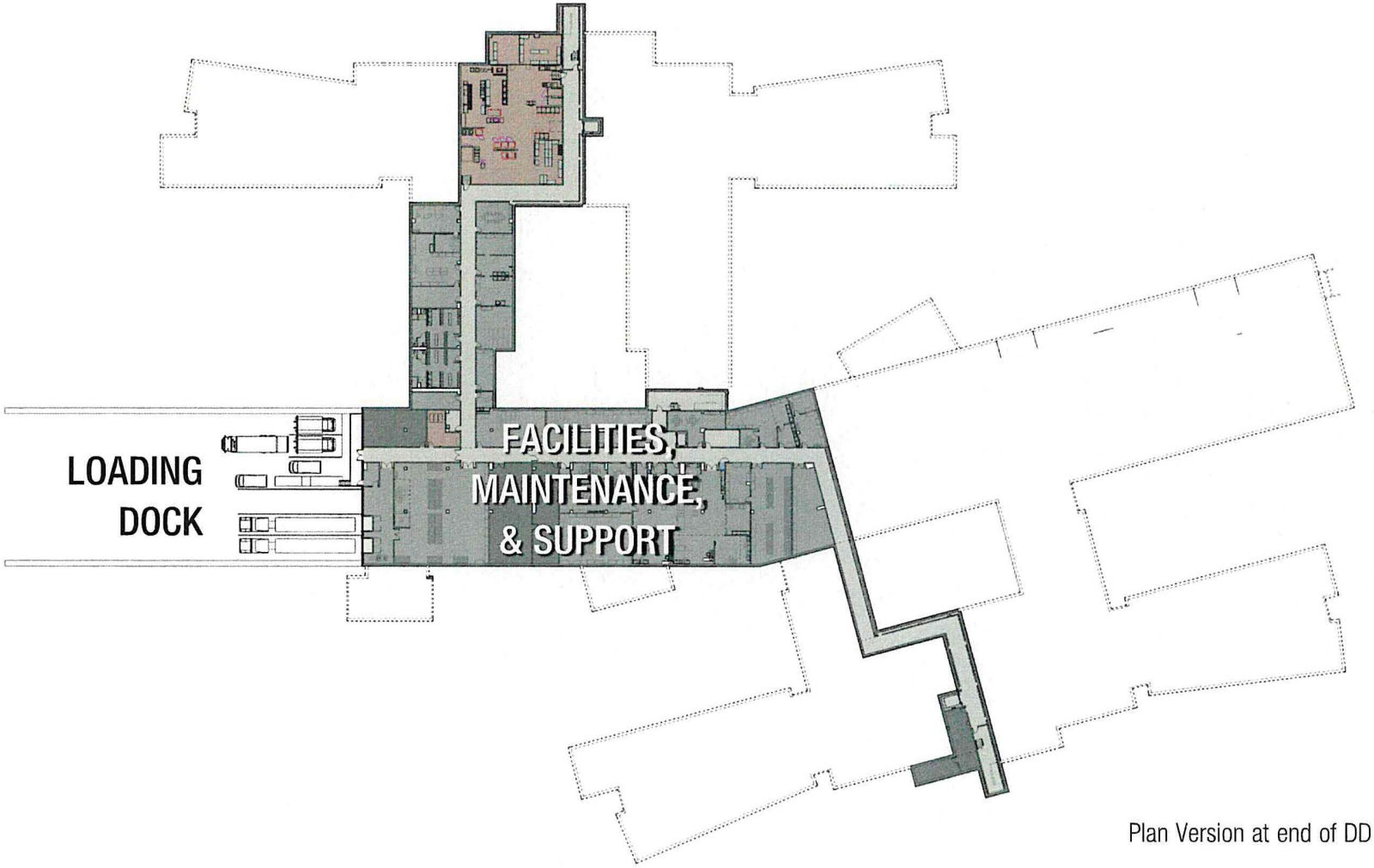






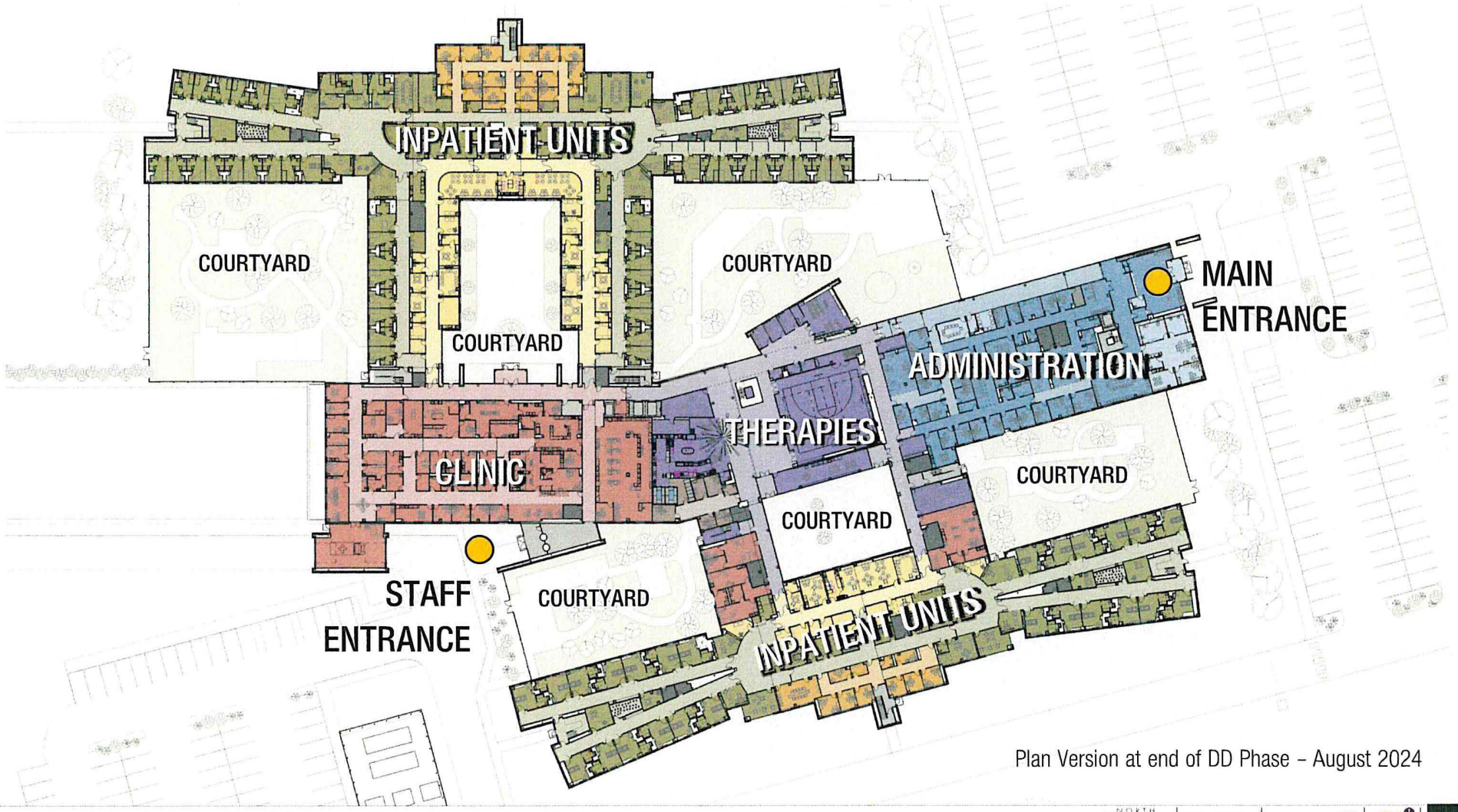


NORTH DAKOTA STATE HOSPITAL | ARCHITECTURAL DESIGN CONCEPT



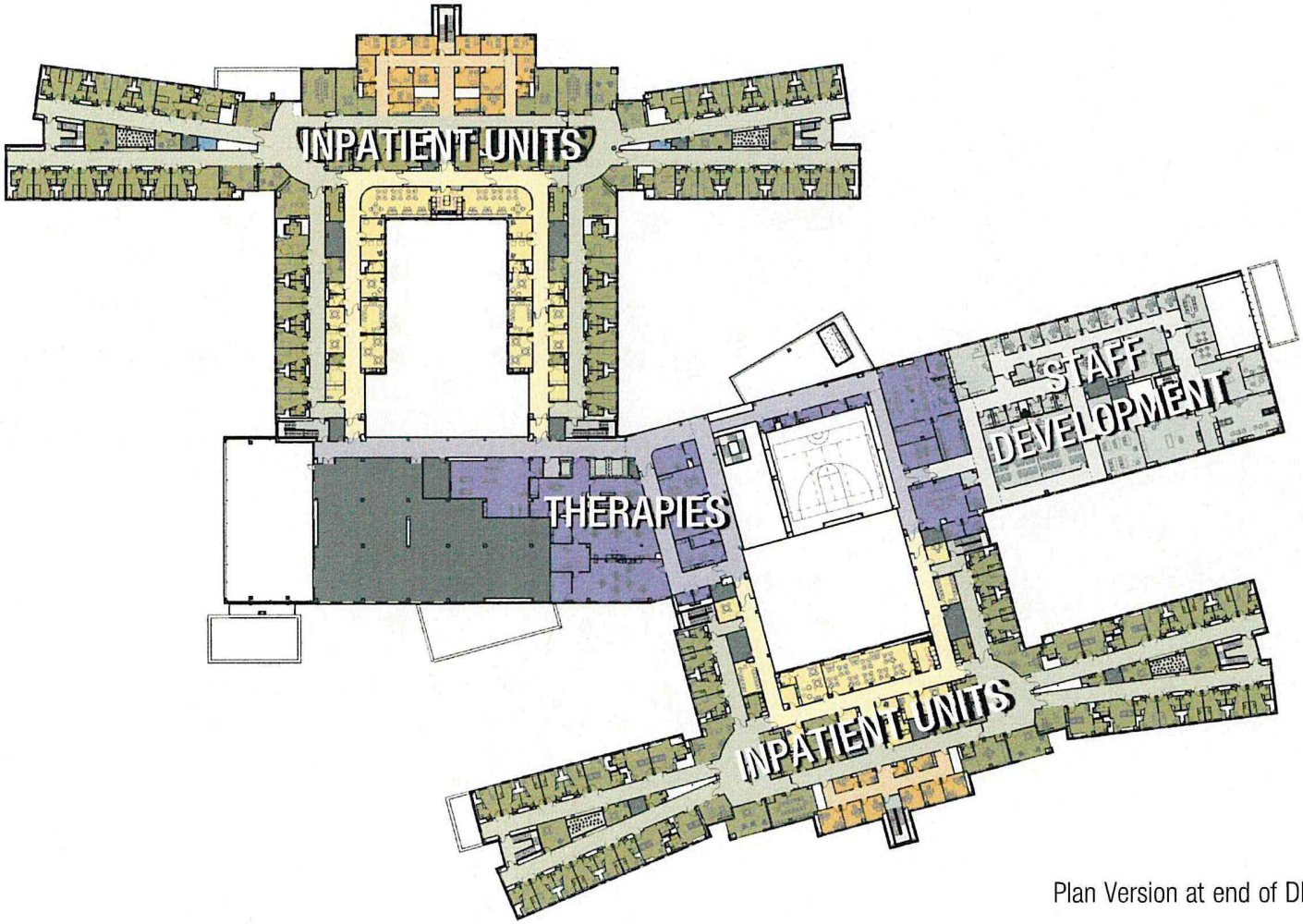
Plan Version at end of DD Phase – August 2024

NORTH DAKOTA STATE HOSPITAL | LOWER LEVEL FLOOR PLAN



Plan Version at end of DD Phase – August 2024

NORTH DAKOTA STATE HOSPITAL | FIRST FLOOR PLAN



Plan Version at end of DD Phase – August 2024

NORTH DAKOTA STATE HOSPITAL | SECOND FLOOR PLAN



NORTH DAKOTA STATE HOSPITAL | OVERALL AERIAL VIEW FROM SOUTH



NORTH DAKOTA STATE HOSPITAL | VIEW FROM EAST

NORTH Dakota Be Legendary. | TEGRA | Mortenson | a+ | JLG ARCHITECTS



NORTH DAKOTA STATE HOSPITAL | COMMONS



NORTH DAKOTA STATE HOSPITAL | CHAPEL



NORTH DAKOTA STATE HOSPITAL | PATIENT BEDROOM

NORTH Dakota Be Legendary. | TEGRA | Mortenson | JLG architects

The Design Process

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Project Scope Update

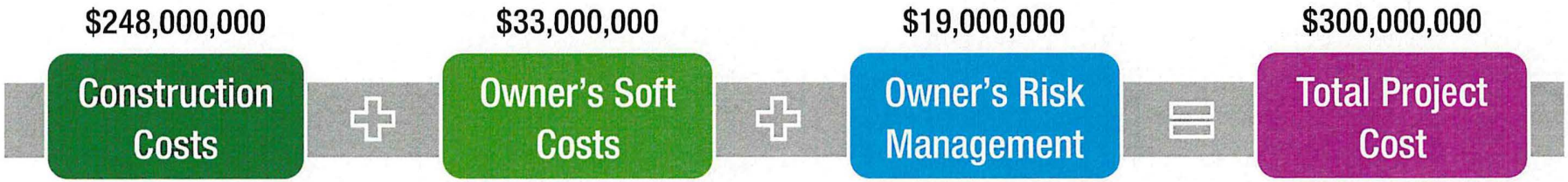
NORTH DAKOTA STATE HOSPITAL

PROGRAM ALIGNMENT

The following list of spaces and building elements were, at one point in the design process, requested by NDSH staff, users, or leadership stakeholders. After the design team reviewed the requests against National Inpatient Psychiatric Hospital benchmarks and project goals, these spaces and building elements were either eliminated or reduced in size from the original request to better align with the project goals.

1. All office and workstation sizes were standardized based upon general practice in new state hospitals elsewhere. Many existing offices and workstations are currently larger than what is planned in the new NDSH
2. Shared offices for part-time staff in lieu of private offices
3. Vocational Technology space size and scope reduced to reflect current needs and practices
4. Movement studio and staff/client exercise spaces adjusted in size and number reflecting more efficient use patterns and actual likely usage by staff and clients
5. The total number of elevators was reduced
6. Size of main gymnasium reduced from a full-sized basketball court to a half-sized basketball court to reflect practices at peer state hospitals
7. Recreation and Social space provided in amounts consistent with peer state hospitals
8. Aquatics/Pool Eliminated
9. Grounds Building reduced in size to only support equipment needing in the immediate proximity of the new hospital
10. Transportation/Fleet Vehicle Storage Building eliminated
11. Artifact/Museum not provided
12. SUD (Residential Treatment) Facility/Wing not included in project
13. Central Laundry not included in project
14. Full Central Kitchen not included in project
15. Warehousing beyond the immediate needs for the new hospital with longer term warehousing retained elsewhere on campus
16. Even as the number of handicapped-accessible and skilled nursing bedrooms increased, we've managed to minimize impacts on overall project sizes by optimizing during design with a series of small adjustments:
    a. Reduced the number of Medication Rooms in Geriatric Psychiatry
    b. Shared support space between units at core space within the Adult IPU's
    c. Fine tuning of support staff accommodations within the building basement

PROJECTED TOTAL PROJECT COSTS

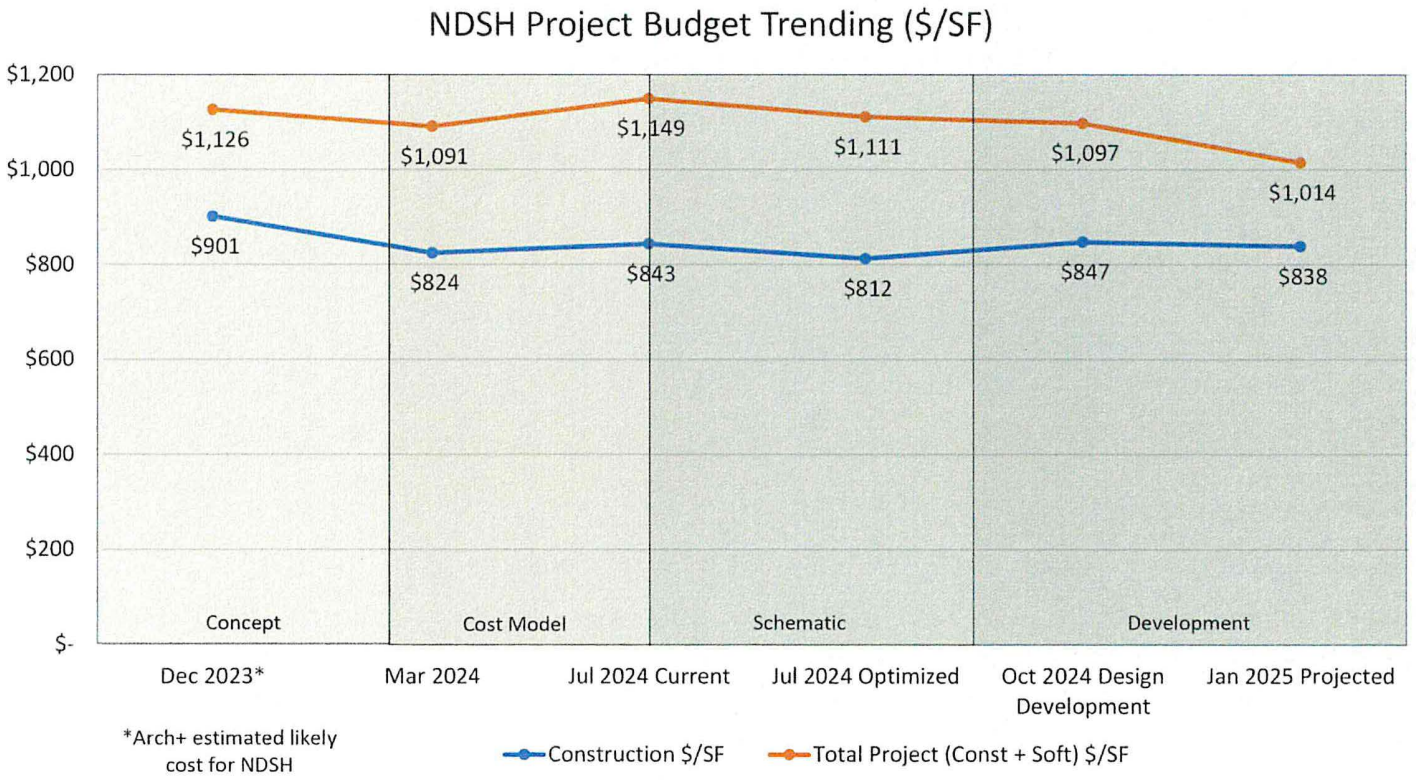


Site Services
Site Work
Structure/Envelope
Interior Environment
Mechanical
Electrical

Furniture, Fixtures & Equipment
Construction Testing
Professional Fees
Low Voltage
Commissioning

Contingencies:

- Escalation
- Bidding Market & Subcontractor involvement
- Unforeseen Conditions
- Errors and Omissions
- Design Changes
- Project Changes


NDSH Project Budget Trending ($/SF)
$1,200
$1,000
$800
$600
$400
$200
$-
$1,126
$1,091
$1,149
$1,111
$1,097
$1,014
$901
$824
$843
$812
$847
$838
Concept
Cost Model
Schematic
Development
Dec 2023*
Mar 2024
Jul 2024 Current
Jul 2024 Optimized
Oct 2024 Design Development
Jan 2025 Projected
*Arch+ estimated likely cost for NDSH
Construction $/SF
Total Project (Const + Soft) $/SF

Name	Location	Beds	Construction Cost	Year of Cost	Construction Cost for 2025 and Adjusted for Jamestown	Construction Costs Per Bed	Total Project Costs Per Bed	Construction Costs Per SF	Comments
Caro Center	Caro, MI	100	$69,698,852	2021	$110,269,551	$1,102,696	$1,433,504		Worked into a budget developed on the basis of an erroneous assumption. Cut corners at every opportunity. This is a new building on an existing campus that is relying on services and supports from elsewhere on the campus. As such, the investment in food support services, administrative spaces, and adjunctive therapy spaces is far less than at NDSH.
Eastern State Hospital, Kentucky	Lexington, KY	230	$108,000,000	2011	$289,192,888	$1,257,360	$1,634,568		Less expensive RTF beds are a significant part of the project, nearly 20% of the bed complement. This is an older project budgeted by the State with more than half the bds being semi-private
Center for Forensic Psychiatry	Ann Arbor, MI	210	$93,000,000	2002	$326,979,811	$1,557,047	$2,024,160		
Rusk State Hospital	Rusk, TX	200	$168,681,096	2020	$320,714,388	$1,603,572	$2,084,643	$954	This is a new bed building on an existing campus with clinical ancillary services, adjunctive therapies, administration, IT, Ed and Training and building/hotel support services being provided elsewhere on the campus.
North Dakota State Hospital	**Jamestown, ND**	**141**	**$248,000,000**	**2024**	**$248,000,000**	**$1,758,865**	**$2,127,660**	**$838**	
Austin State Hospital	Austin, TX	240	$210,000,000	2020	$389,641,095	$1,623,505	$2,110,555	$861	This is a new bed building on an existing campus with building/hotel support services being provided elsewhere on the campus.
San Antonio State Hospital	San Antonio, TX	296	$282,224,723	2020	$532,721,236	$1,799,734	$2,339,654	$990	Comparable to NDSH, but adds kitchen and warehousing supporting the hospital.
Hawaii State Hospital, Forensic Patient Care Facility	Kaneohe, Hawaii	144	$140,000,000	2017	$260,256,686	$1,807,338	$2,349,539		
UW/MC Northwest Behavioral Health Teaching Facility	Seattle, WA	150	$224,500,000	2021	$290,354,217	$1,935,695	$2,516,403		

If values are left blank, that indicates that no information was available to be shared

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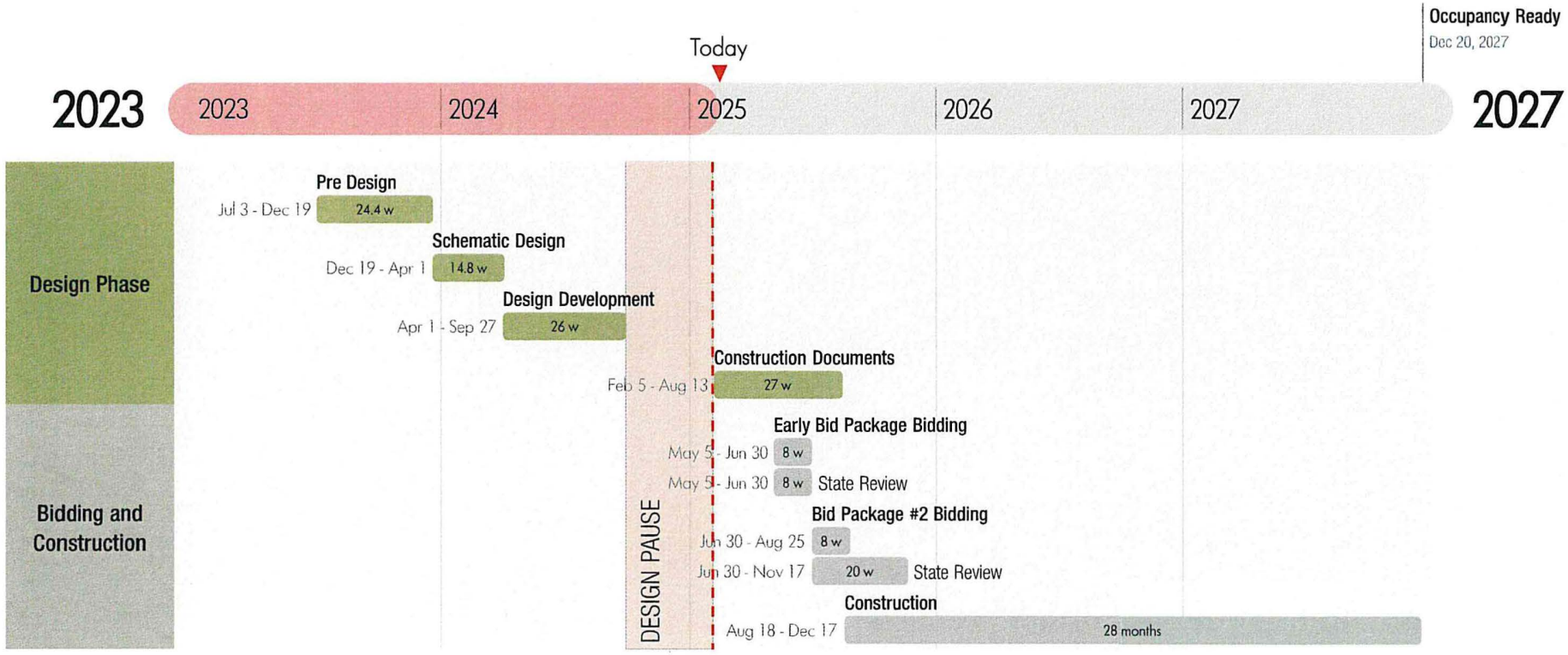
Project Scope Update

Bed Count	Total Project Budget	Requires Early Bid Packages	Construction Start Date	Occupancy Ready
141	$300M	Yes	August 2025	December 2027



NORTH DAKOTA STATE HOSPITAL | UPDATED SCHEDULE

TOTAL BEDS

EXISTING HOSPITAL	122
NEW HOSPITAL	141

TOTAL PROJECT COST

$332M - $32M = **$300M**

$12M Reduction in Scope/Program

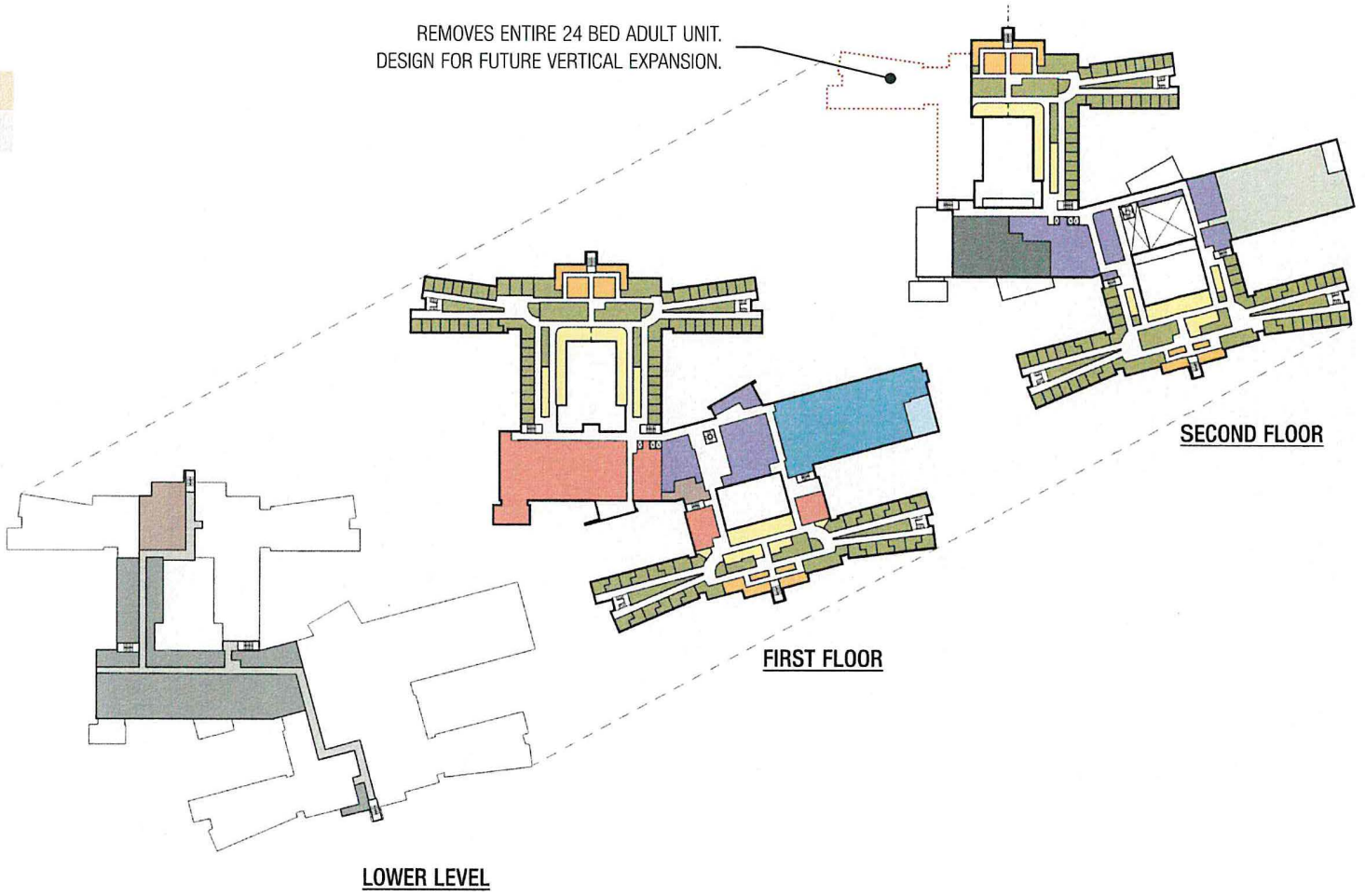
- Removes One inpatient Unit

$8M Reduction in Features/Quality

- Site access road, type of pavement
- Finishes and materials

$12M Reduction in Soft Costs/Equipment

- JRCC Loading Dock enhancements
- Equipment and Furniture
- Contingency



NORTH DAKOTA STATE HOSPITAL | PATH FORWARD

$	332,000,000	Current Total Project (CTP) Estimate
$	(32,163,504)	Proposed Changes
$	299,836,496	Adjusted CTP with Proposed Changes
$	300,000,000	Total Project Budget Goal

PROGRAM/SCOPE CHANGE OPTIONS			
Remove Greenhouse from Project	$	(551,250)	Remove program space from building. Clients and staff would not be able to utilize plants for year round therapy and treatment activities.
Remove Fit Up of 1 Courtyard	$	(350,000)	This will include the removal of benches, plantings, trees, client exercise equipment, and shade structures.
Remove Fit Up of 1 Additional Courtyard	$	(350,000)	This will include the removal of benches, plantings, trees, client exercise equipment, and shade structures.
Eliminate Maintenance Out Building	$	(300,000)	This building was requested to provide on-site storage for maintenance equipment needed in the immediate vicinity of the new building.
Remove 24 Psych Rehab Beds on 2nd Floor (Provide Design Provisions for future Vertical	$	(9,373,200)	Remove entire 24
PROGRAM/SCOPE CHANGE TOTALS:	**$**	**(10,924,450)**	

BUILDING QUALITY CHANGE OPTIONS			
Remove South Site Access Loop Road	$	(900,000)	This will eliminate the dedicated site service road. Public, staff, and service traffic will need to share a single road into site from the east. This will increase potential traffic conflicts between service, staff, and visitor vehicles.
Provide Asphalt Paving at site	$	(1,700,000)	Provide asphalt paving in lieu of concrete paving. This will increase maintenance costs (seal coat every 5 - 10 years, mill and overlay every 15 years)
Remove Irrigation System	$	(891,000)	This will remove 100% of the irrigation planned for planted outdoor spaces. This will require NDSH to have staff manually water landscaping/turf areas or hire a contractor on a yearly basis to water these areas.
Remove Screenwall At Mechanical Yard	$	(322,000)	Removal of this screen will make the generators, electrical transformers, and CT cabinets exposed to view in staff parking lot.
Remove Screenwall At Second Story Mechanical Yard	$	(300,000)	Removal of this screen will make the chillers and rooftop equipment exposed to view.
Remove Second Patient Window	$	(400,000)	This will decrease the amount of natural light available in client bedrooms by 16%.
Reduce Interior Glazing by 10%	$	(250,000)	Removing glazing from the major public spaces on the interior of the building.
Reduce Exterior Glazing by 10%	$	(500,000)	Removing glazing from the major public spaces on the exterior of the building.
Replace Terrazzo flooring with Ceramic Tile	$	(300,000)	This material is being planned in the high traffic public and staff/client circulation spaces. Replacing with Ceramic Tile will increase grout lines and joints and will increase maintenance and cleaning frequency and costs.
Replace Solid Surface Shower surround with Ceramic Tile	$	(513,000)	Solid surface was selected to reduce the grout lines required to be cleaned in all client rooms. Changing to ceramic tile will increase grout lines and joints and will increase maintenance and cleaning frequency and costs.
Reduce quantity of wood pane by 25%	$	(200,000)	Removing a portion of wood paneling from the major public spaces.
Remove Wall and Door Protection	$	(176,000)	Removes all hand rails, bumper rails, wall protection sheets, and corner guards (except hand rails at geriatric unit). This will increase the amount of damage the wall will be susceptible to and increase maintenance and patching/repair costs.
Remove Folding Partition (Training Room)	$	(106,000)	Removes room divider in admin training/conference room. This will eliminate 2 medium sized rooms from the room inventory, which will increase scheduling challenges and may require NDSH to rent space off campus for certain meetings.
Reduce VAVs by 10%	$	(750,000)	This will remove about 10% of HVAC zoning throughout the building, which will limit individual temperature control zones. This may increase the frequency of staff/client human comfort complaints, which add to staff and maintenance workload.
Remove Snow Melt System	$	(270,000)	This will remove the exterior below slab snow melt systems from the project. This will increase the workload for facilities staff to clear snow and may lead to decreased response times and access issues during snow/ice events.
Remove Heat Recovery Chiller	$	(500,000)	This would remove the heat recovery chiller from the project, reduce chilled water redundancy and impact energy use and operational cost.
Backup Generator (Life Safety Only)	$	(250,000)	This will remove electrical redundancy for full facility backup and limit the amount of electrical devices not provided with generator backup. This may lead to loss of supplies, features, and functions during power outages.
Defer Saloon Bathroom Doors at Client Rooms to next Biennium	$	(310,000)	Defer purchasing of client toilet room doors.
BUILDING QUALITY CHANGE TOTALS:	**$**	**(8,638,000)**	

$	332,000,000	Current Total Project (CTP) Estimate
$	(32,163,504)	Proposed Changes
$	299,836,496	Adjusted CTP with Proposed Changes
$	300,000,000	Total Project Budget Goal

PROJECT SOFT COST CHANGE OPTIONS			
Reduce Project Contingencies aligned with budget/scope reduction	$	(5,700,000)	Reduction of contingency based on reduction of overall project scope and cost.
Furniture Reduction for Bed Count Reduction	$	(220,400)	Remove 44 bedrooms and 2nd Floor Psych Rehab Wing Furniture
Furniture Budget Alignment	$	(1,329,765)	Original Budget was $7,978,589, New Estimate is $6,648,824. Align with new estimate.
Low Voltage/IT Design Service Fee Reduction	$	(235,709)	Original Fee was $816,230, New Fee is $580,521. Align with new fee.
Move all Vehicles to Owner Budget, not Project Budget	$	(410,000)	Expense could be delayed until a subsequent biennium or moved to an operations budget. This includes forklifts, delivery trucks, bobcats, etc.
Building Envelope Commissioning	$	(124,467)	Remove all building envelope commissioning items above code minimum. This eliminates initial costs, but also eliminates the potential savings of $50,000 per year of reduced energy costs to heat/cool the building.
FS Smallware's	$	(100,000)	Expense could be delayed until a subsequent biennium. Procurement and installation would need to be managed by NDSH.
Equipment Relocation Expense (Medical Equipment)	$	(80,000)	Expense could be delayed until a subsequent biennium. Procurement and installation would need to be managed by NDSH.
Equipment Relocation Expense (Facilities Equipment)	$	(30,000)	Expense could be delayed until a subsequent biennium. Procurement and installation would need to be managed by NDSH.
Moving Expense Delayed until next Biennium	$	(300,000)	Expense could be delayed until a subsequent biennium. Procurement and installation would need to be managed by NDSH.
Specialty Equipment	$	(250,000)	Remove from project budget, NDSH would need to manage procurement and installation, or plan for as a future operating expense.
Artwork Expense Delayed until next Biennium	$	(400,000)	Remove from project, NDSH will manage procurement and installation directly.
Disposal of existing equipment	$	(175,000)	Remove from project, NDSH will manage directly.
Specialty Technology Relocation	$	(150,000)	Remove from project, NDSH will manage internally.
Network Printers / Copiers	$	(151,875)	Remove from project , NDSH will manage internally.
Duress Alarm System (Panic/Personal Protection)	$	(230,857)	Remove from project NDSH will need to continue to use existing radios.
Public Address System	$	(958,246)	Remove from project. Will require staff to use cell phones, walkie-talkies, fire alarm system, or other means to communicate across entire facility.
Sound Masking	$	(329,735)	Remove from project. Will reduce the acoustic performance of some spaces which may lead to increased client and staff concerns with privacy and acoustic separation.
JRCC Loading Dock (Existing Loading Dock at Warehouse)	$	(1,425,000)	Remove from project. NDSH & JRCC will need to finalize an operational plan to utilize the existing loading dock, or plan for this as a stand-alone project.
PROJECT SOFT COST CHANGE TOTALS:	**$**	**(12,601,054)**	

THANK YOU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JLG
architects



HB 1012 Detail to House Appropriations

Behavioral Health Division – State Hospital

January 31, 2025

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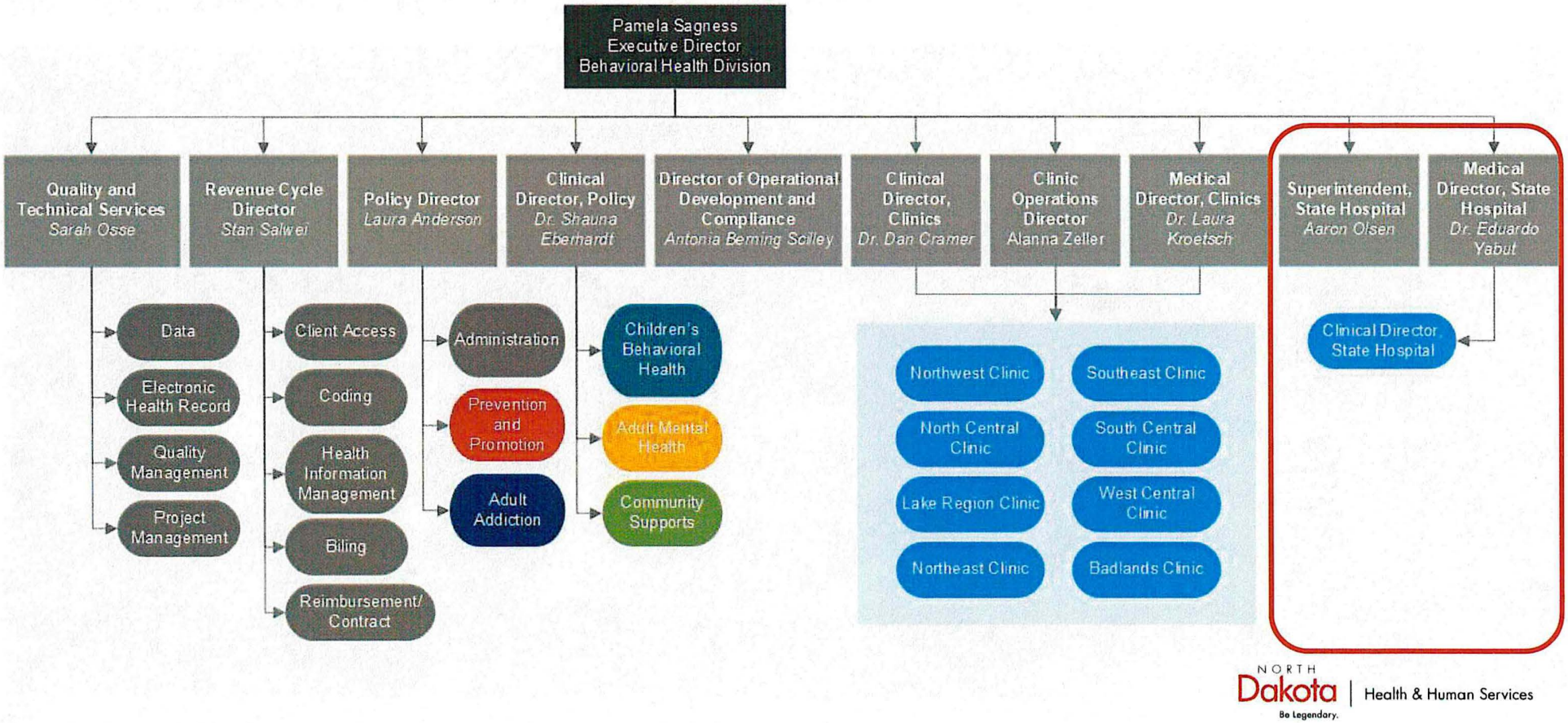
Behavioral Health Division



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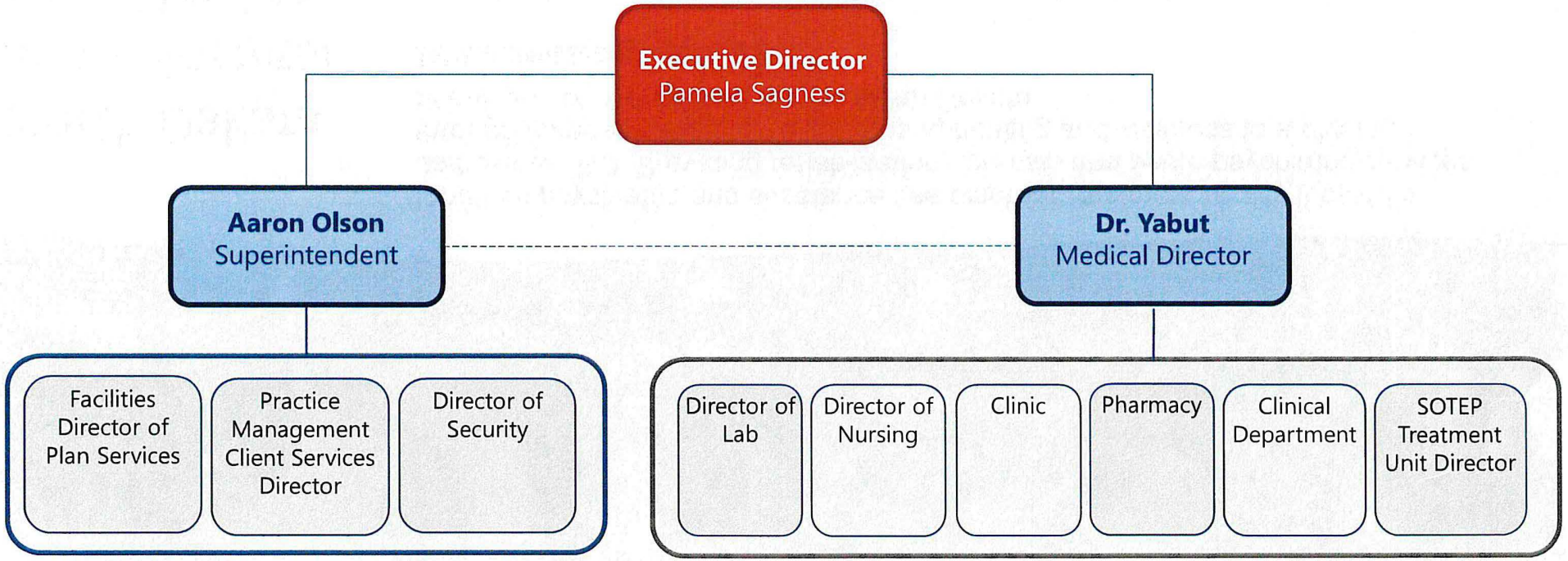
North Dakota State Hospital



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North Dakota State Hospital

Who We Are

Inpatient psychiatric and substance use disorder treatment facility located in Jamestown ND. Providing rehabilitation, forensic and acute psychiatric services through compassionate care, promoting healing and wellness to a diverse population of clients from across North Dakota.

Total Current Team 339.8 (12/1/2024)

- Psychologists
- Psychiatrists
- Registered Nurses
- Licensed Nurse Practitioner
- Licensed Addiction Counselor
- Social Worker's
- Grounds
- Facilities
- Maintenance
- Security
- Direct Care Assistant
- Occupational Therapist
- Ancillary
- Activities

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North Dakota State Hospital

Who We Serve

Civil Patients:

Suspected of being a danger to themselves or others due to serious mental illness.

- Emergency
- Court Ordered
- Found to be a Danger to Self or Others
- Involuntary Civil Commitment by Judge

Forensic Patients:

Suspected or determined to have a serious mental illness who are involved in with the Criminal Justice system.

- Court Ordered Evaluation
- Unfit to Proceed
- Pre-Sentence Evaluation
- Guilty But Mentally Ill
- Not Guilty by Lack of Criminal Responsibility

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Programs and Services








- Acute Psychiatric Services
- Geriatric Psychiatric Services
- Forensic Services
- Psychiatric Rehabilitation Services
- Sex Offender Residential Treatment
- Substance Use Disorder Residential Treatment

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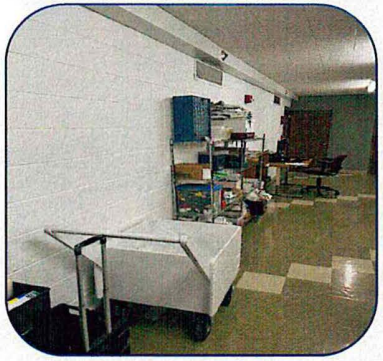
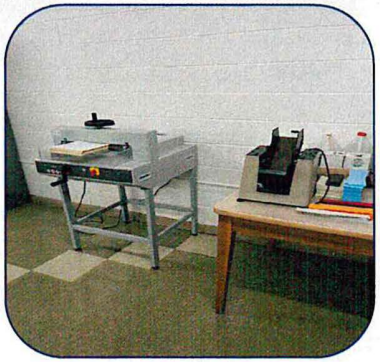
Psychiatric Rehabilitation Services

Vocational Rehabilitation Shop and Print Shop





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Psychiatric Rehabilitation Services













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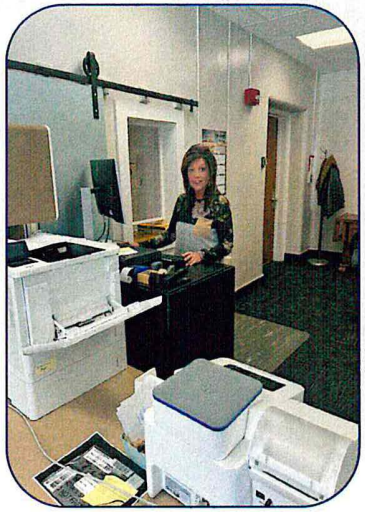
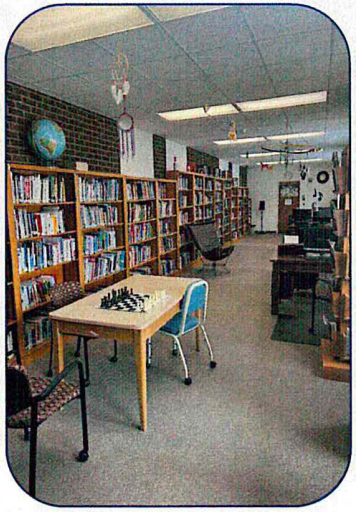
Allied Rehab Services



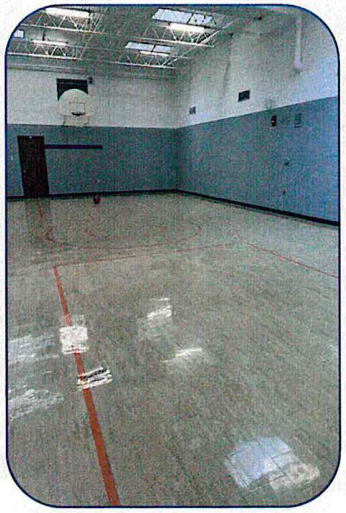
Business/Bank Office



Gobbler/Cafe



Library



Rec/Gym



Chaplaincy

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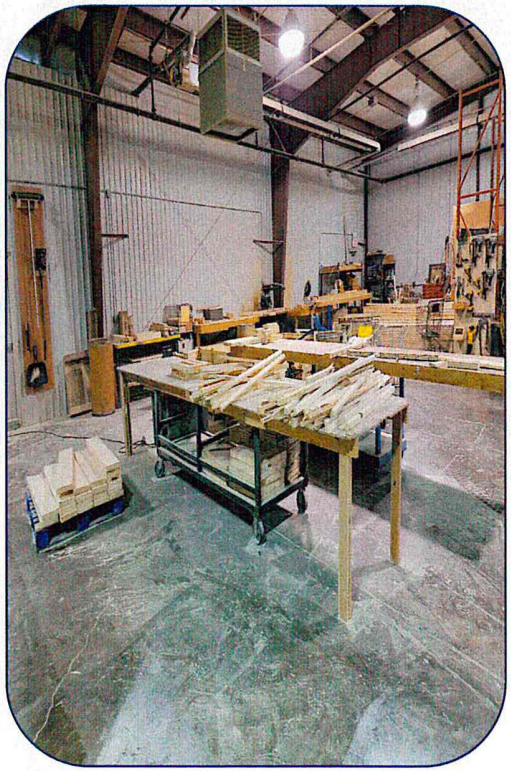
Community Supported Work Program







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Treatment Programming



Coping Skills Development



Cognitive Restructuring



Interpersonal Skills



Decision Making



Evidence Based Therapy Services



Restoration Programming

Medication Education



Physical Health

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Admissions Biennium

2021-2023 Biennium

Total

860



2023-2025 Biennium*

Total

588



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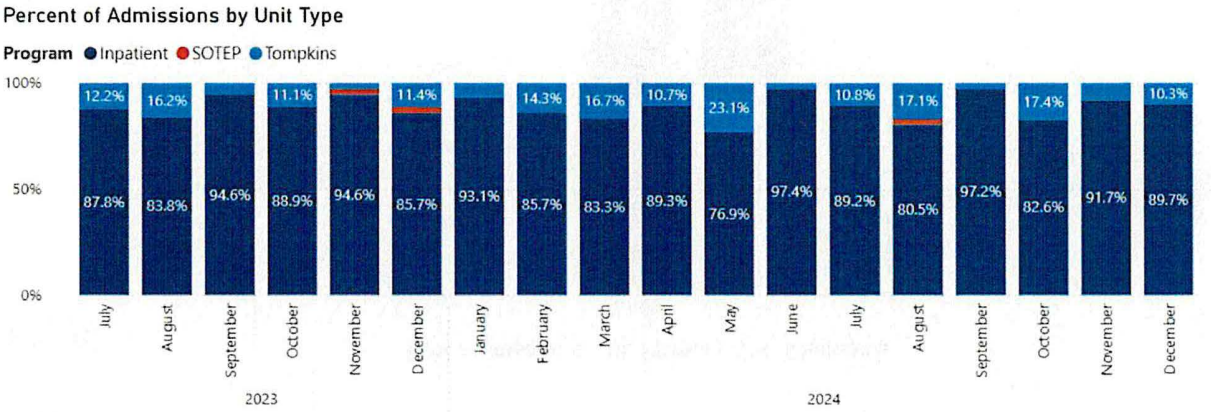
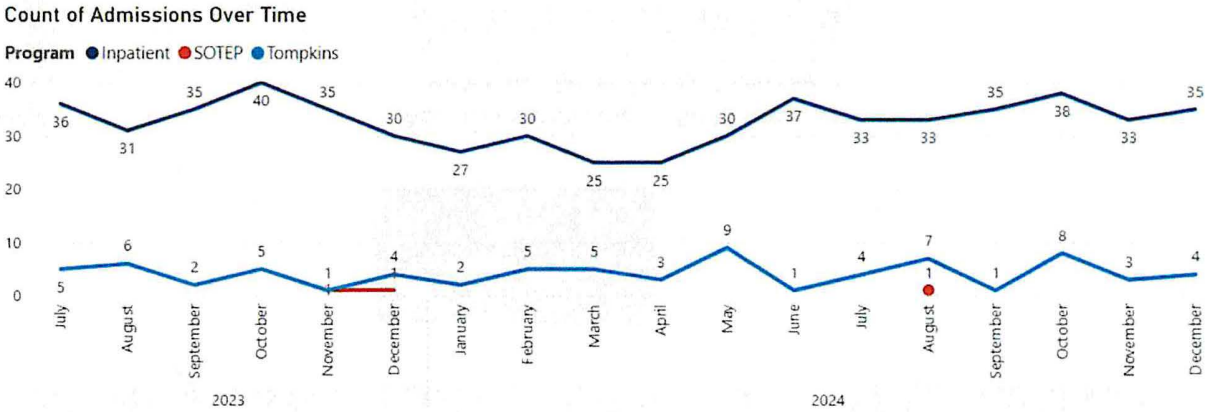
*through 12/31/2024

Admissions by Program

Current Occupancy

- **Psych**: 588
- **SOTEP/ CTC**: 3
- **Tompkins**: 75





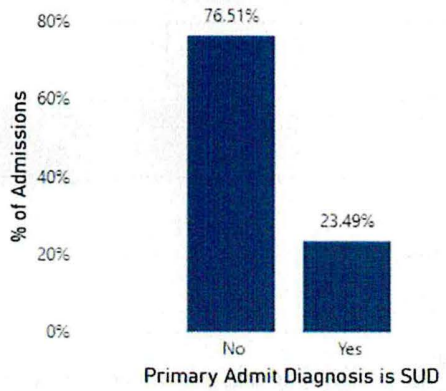
Admissions by Primary Substance Use Disorder (SUD)

2021-2023 Biennium

Admissions with Primary SUD Diagnosis

Primary Admit Diagnosis SUD Flag	Count of PATID
No	658
Yes	202
Total	**860**

% of Admissions with Primary SUD Diagnosis

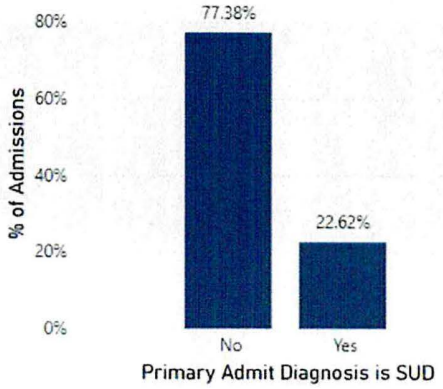


2023-2025 Biennium*

Admissions with Primary SUD Diagnosis

Primary Admit Diagnosis SUD Flag	Count of PATID
No	455
Yes	133
Total	**588**

% of Admissions with Primary SUD Diagnosis



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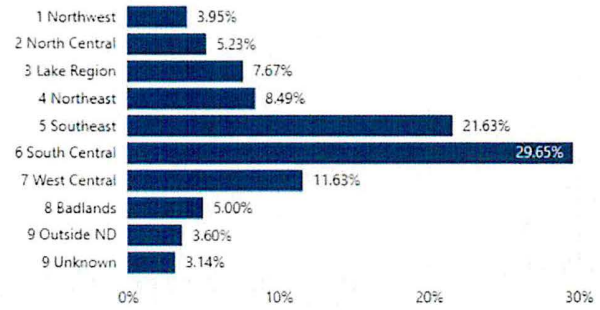
*through 12/31/2024

Admissions by Human Service Center Region

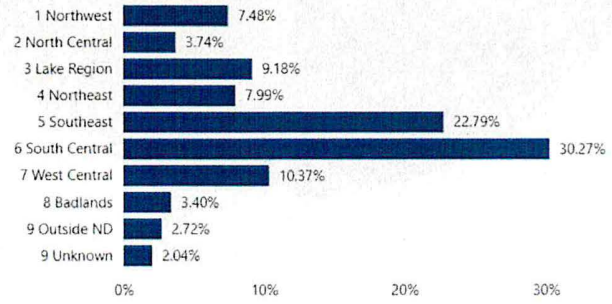
2021-2023 Biennium

1 Northwest	34
2 North Central	45
3 Lake Region	66
4 Northeast	73
5 Southeast	186
6 South Central	255
7 West Central	100
8 Badlands	43
9 Outside ND	31
9 Unknown	27
Total	**860**



2023-2025 Biennium*

1 Northwest	44
2 North Central	22
3 Lake Region	54
4 Northeast	47
5 Southeast	134
6 South Central	178
7 West Central	61
8 Badlands	20
9 Outside ND	16
9 Unknown	12
Total	**588**



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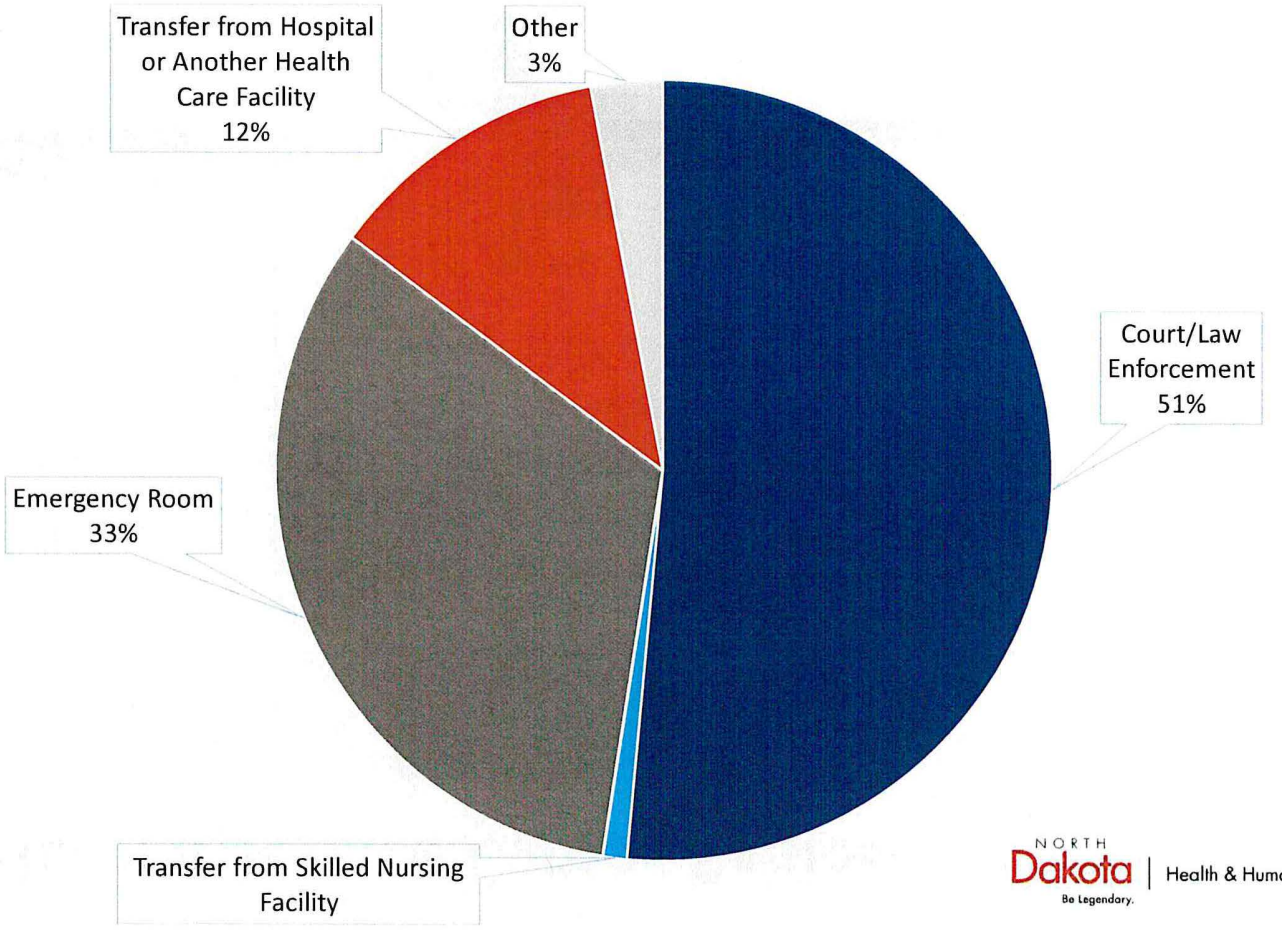
**through 12/31/2024*

Inpatient Admissions

By Referral Source



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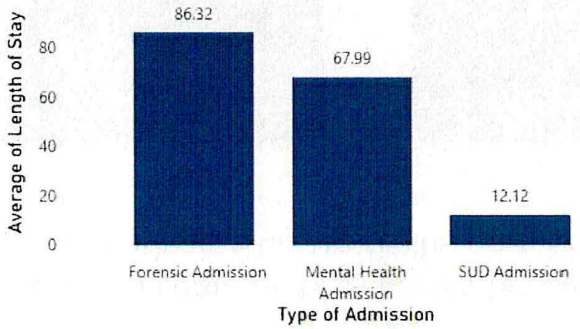
7/1/2023-12/31/2024

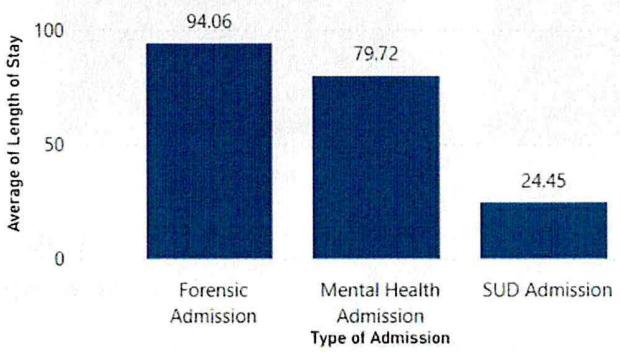
Average Length of Stay by Admission Type

(By Days)

2021-2023 Biennium



2023-2025 Biennium*



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Sex Offender Residential Treatment
(SOTEP)

- 2 units and a community transition house for a total of 49 beds
- Serves individuals who are civilly committed sexual offenders



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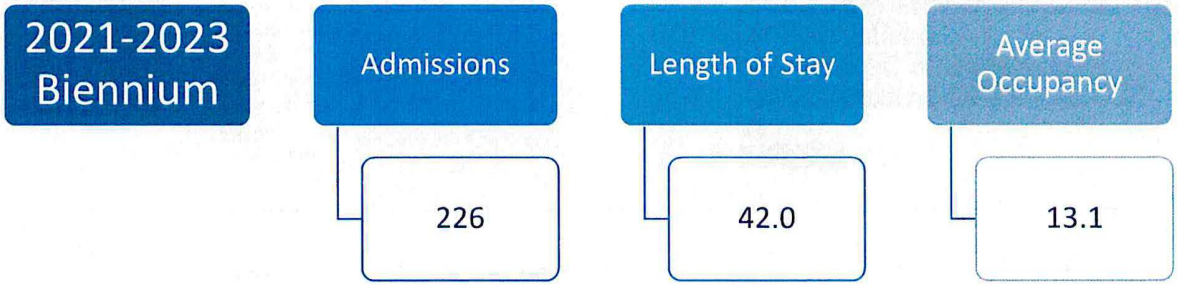
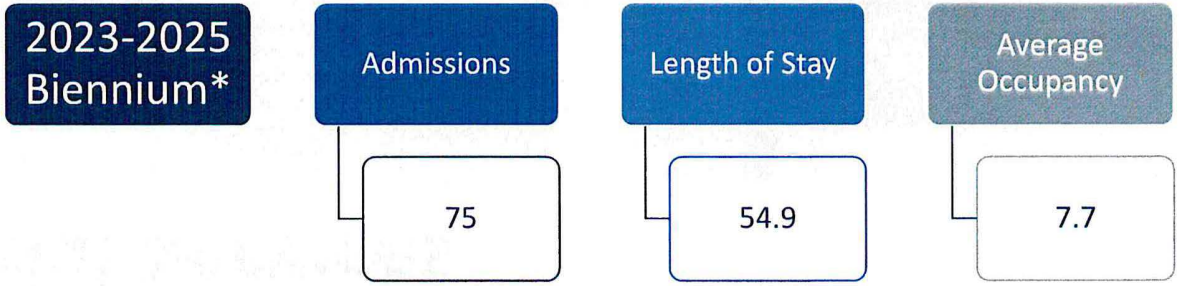
7/1/2023-12/31/2024

Substance Use Disorder (SUD) Residential Services





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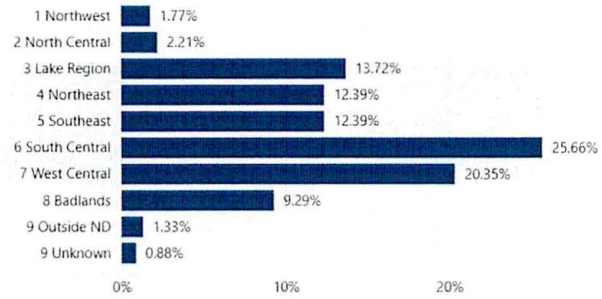
*through 12/31/2024

Substance Use Disorder (SUD) Residential Services

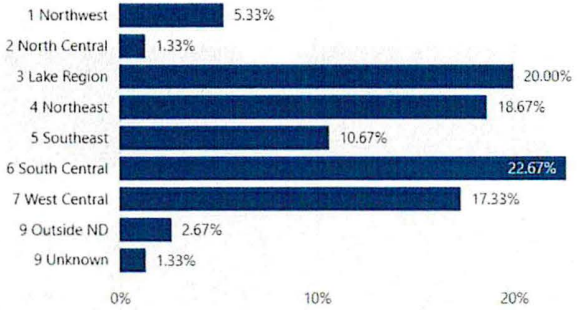
2021-2023 Biennium

1 Northwest	4
2 North Central	5
3 Lake Region	31
4 Northeast	28
5 Southeast	28
6 South Central	58
7 West Central	46
8 Badlands	21
9 Outside ND	3
9 Unknown	2
Total	**226**



2023-2025 Biennium*

1 Northwest	4
2 North Central	1
3 Lake Region	15
4 Northeast	14
5 Southeast	8
6 South Central	17
7 West Central	13
9 Outside ND	2
9 Unknown	1
Total	**75**



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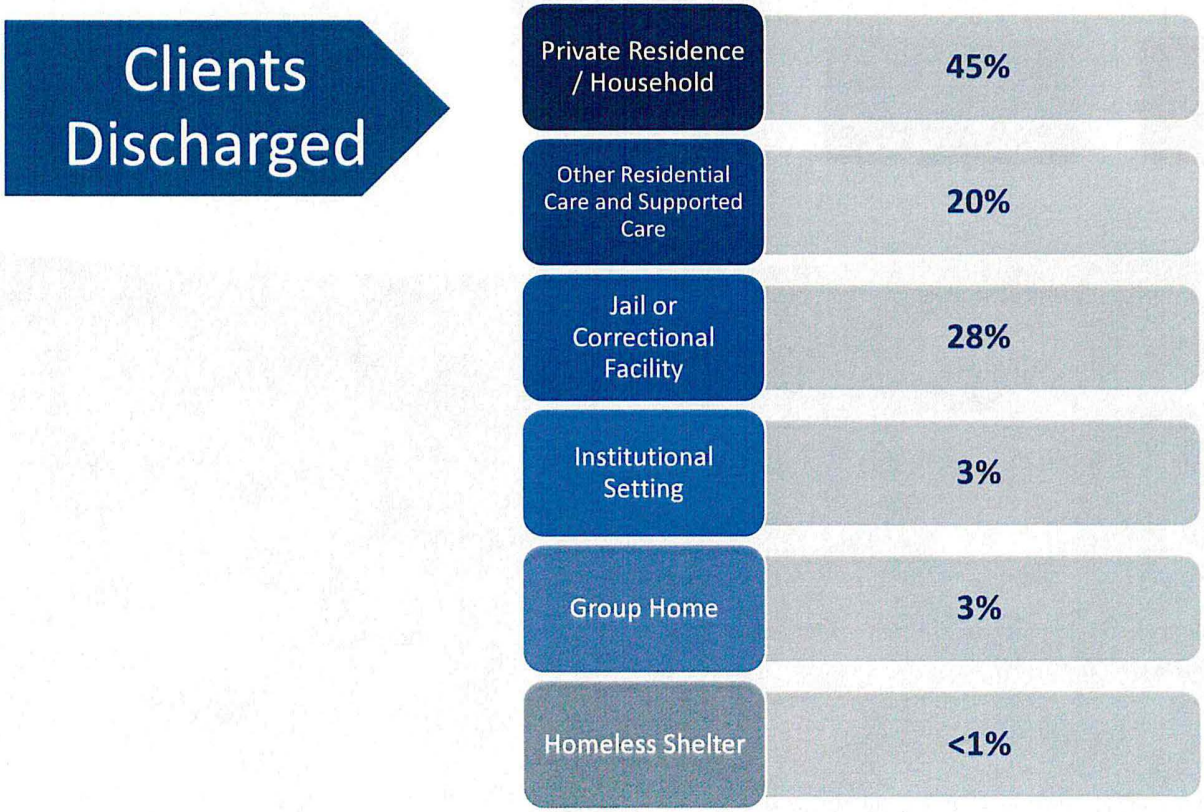
Hospital Discharges



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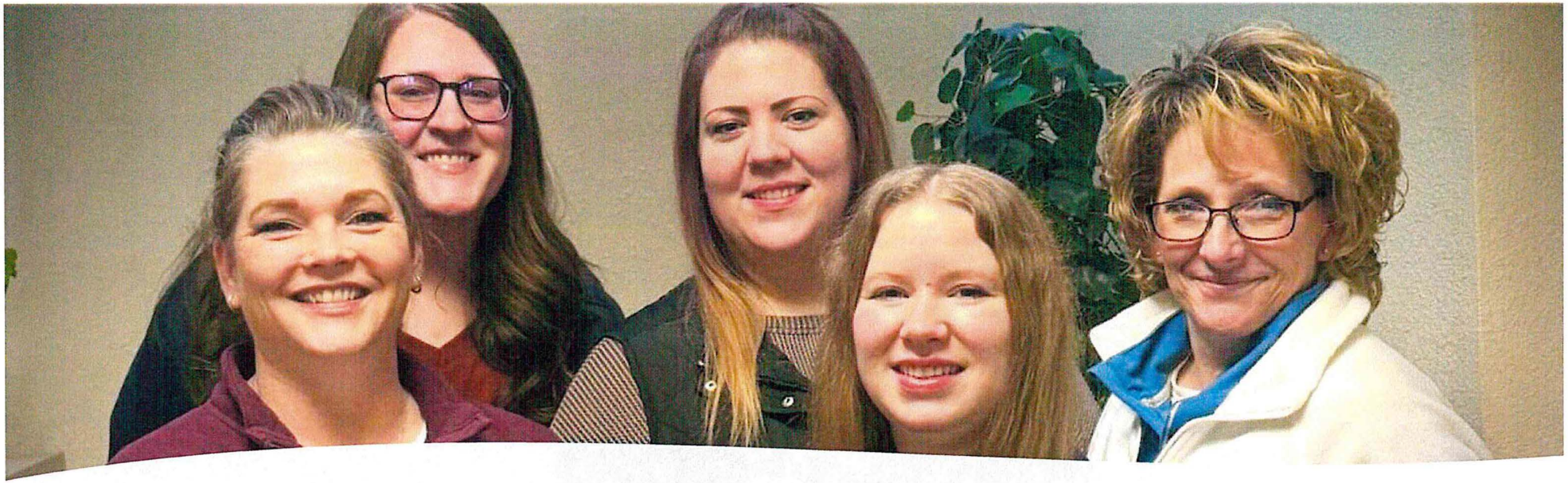

Forensic Services

2023-2025 Biennium*

Forensic Evaluation Orders

Competency	Criminal Responsibility	Risk Assessments
427	287	31

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*through 12/31/2024

Forensic Evaluations

	Evaluations per Month	Restorations per Month	Restoration Length of Stay
2021-2023 Biennium	32.0	4.3	105.2 Days
2023-2025 Biennium	25.3	5.9	88.0 Days

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*through 12/31/2024

Restoration Admission Locations



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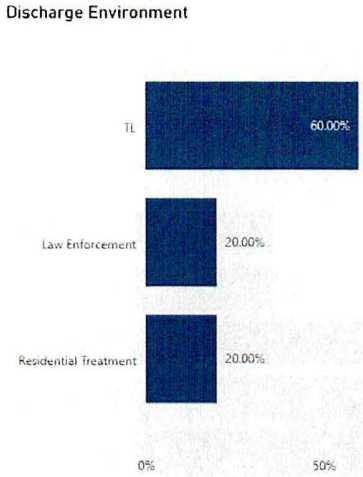
*through 12/31/2024

Not Guilty by Lack of Criminal Responsibility Discharges

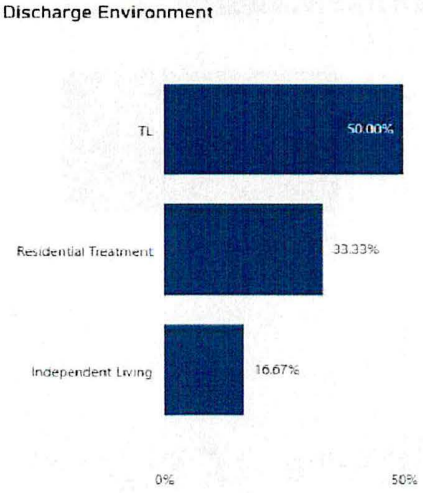
2021-2023 Biennium



Discharges by Environment

Consolidated Discharge Location	Count of PATID
TL	3
Law Enforcement	1
Residential Treatment	1
Total	**5**

2023-2025 Biennium*



Discharges by Environment

Consolidated Discharge Location	Count of PATID
TL	3
Residential Treatment	2
Independent Living	1
Total	**6**

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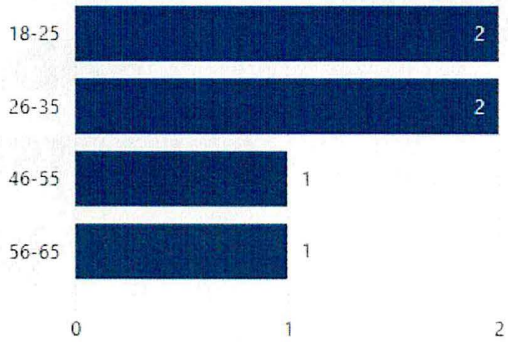
*through 12/31/2024

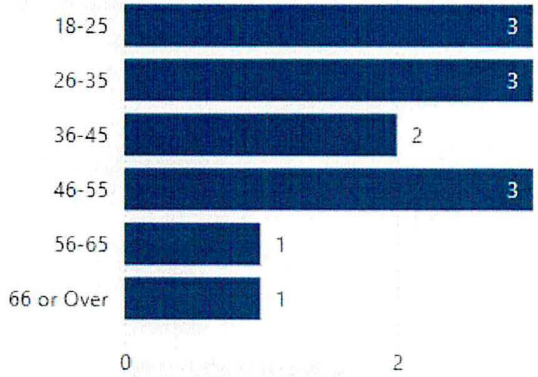
Not Guilty by Lack of Criminal Responsibility

By Age

2021-2023 Biennium



2023-2025 Biennium*



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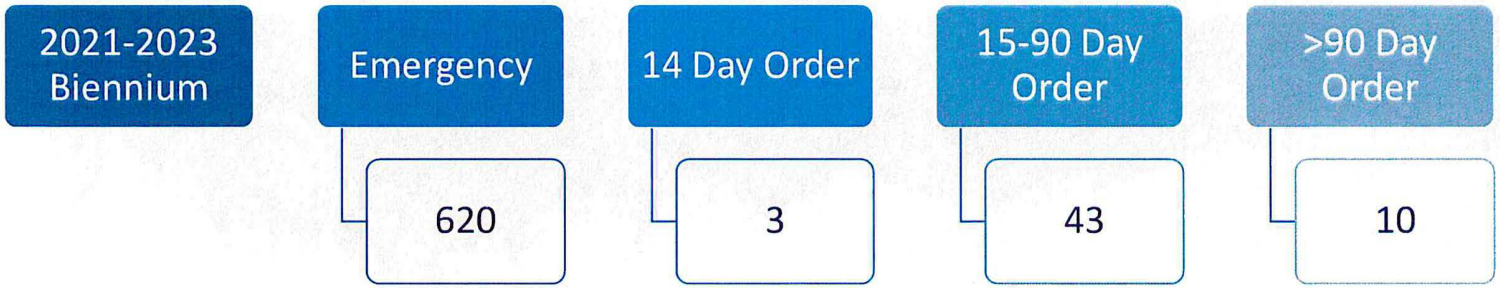
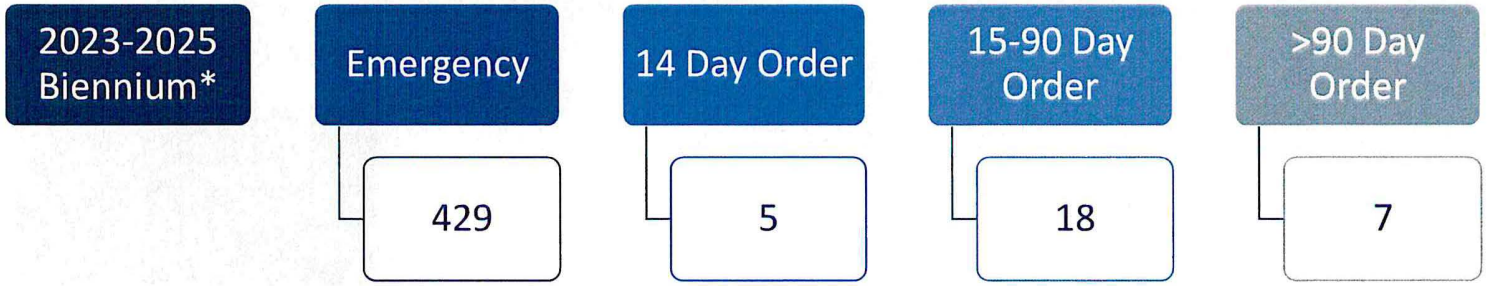
*through 12/31/2024

Admissions by Civil Order Type





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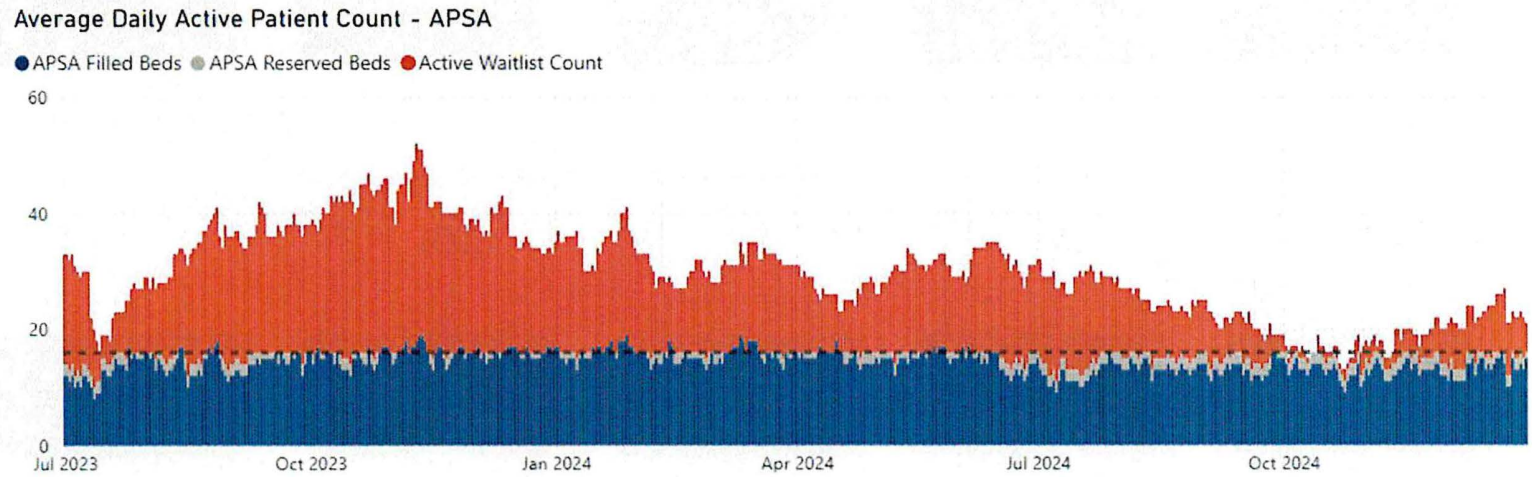
Pending Admissions vs. Admissions L100 (APSA) Occupancy

2023-2025 Biennium*



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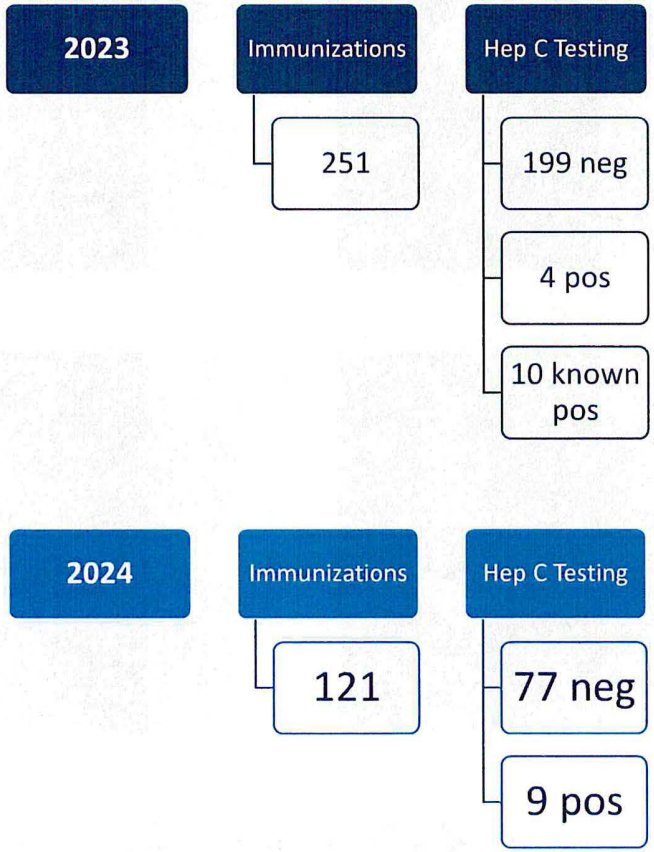
*through 12/31/2024

Primary Care



Dental Appointment Type	TOTAL
Exam	78
Prophy / FMD	9
Extraction	91
Filling	23
Xray	147
Adjust Denture	3
Impressions	4
Send out labs	3
Other	1
TOTAL:	359

Dental Appointment Type	TOTAL
Exam	233
Prophy / FMD	31
Extraction	235
Filling	76
Xray	603
Adjust Denture	4
Impressions	12
Send out labs	12
Other	5
TOTAL:	1211

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Off Campus Appointments

Eye Exams	85
CT	28
MRI	28
Orthopedic	28
Ultrasound	21

Cardiology	16
OB	13
Endocrinology	13
Neurology	13
Colonoscopy	12

Holter Monitor	7
DEXA Scan	7
Nephrology	9
Neurosurgery	12
Hematology	5

EGD	3
Interventional Radiology	3
PET Scan	3
Oral Surgery	2

Surgical Consult/follow up	17
Brace/Shoe Fitting	12
Urology	34
Oncology	31
Wound Clinic	20

ENT	10
Podiatry	9
Sleep Medicine/Study	9
Audiology	10
Dermatology	9

Neuropsych	5
Pulmonary	7
Echo	9
GI	4
Mammogram	5

Total for 2023-2024	499

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Discharges by Long Acting Injectable

2021-2023 Biennium

Generic Name	Count of Patients
aripiprazole	15
aripiprazole er	2
aripiprazole lauroxil	22
haloperidol	153
haloperidol decanoate	45
haloperidol lactate	9
paliperidone palmitate	91
Total	**265**

2023-2025 Biennium*

Generic Name	Count of Patients
aripiprazole	12
aripiprazole er	5
aripiprazole lauroxil	6
haloperidol	92
haloperidol decanoate	19
paliperidone palmitate	76
Total	**174**

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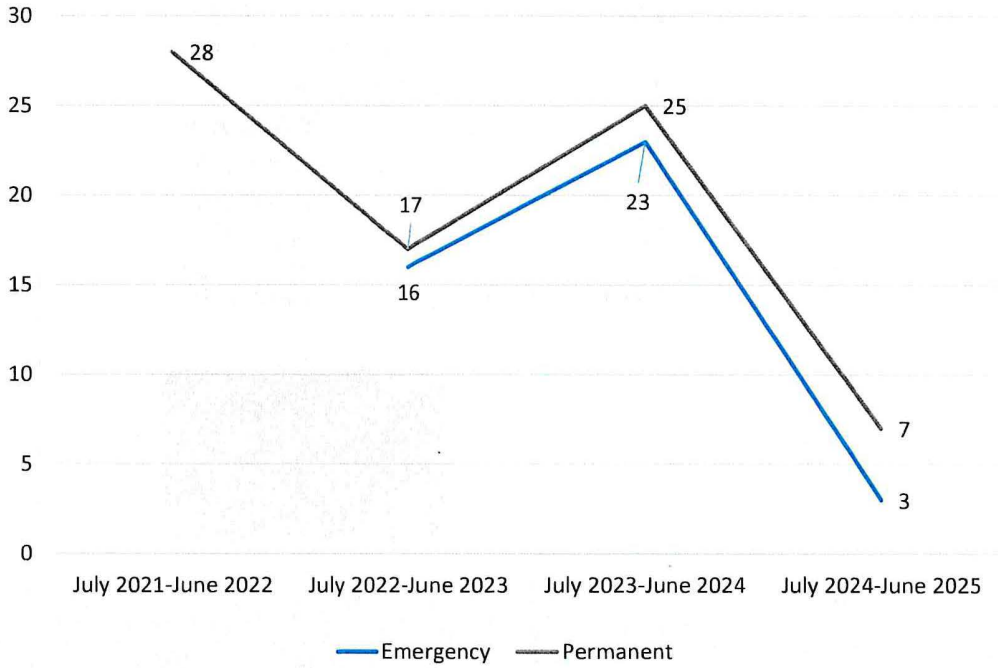
*through 12/31/2024

Guardianships

July 2021 - June 2023		
	Emergency	Permanent
July 2021 - June 2022		28
July 2022 - June 2023	16	17
Cost	$14,400.00	$90,000.00
July 2023 - June 2025		
July 2023 - June 2024	23	25
July 2024 - June 2025	3	7
Cost	$23,400.00	$64,000.00



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Institution of Learning

Student Training & Education

Students from UND Department of Psychiatry & Behavioral Science

- 40 3rd year medical students in 2023
- 9 residents in 2023

Nursing Students

- 6,052 hours
- 349 students
- Representing 9 schools

Nurse Practitioners

- 500+ hours

Pharmacy Students

- 1,400 Hours

Counseling Students

- 1,485 hours

SW Students

- 1,158 hours

High School Students

- 3 hours



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A note of Thanks to all staff and
residents that had become friends
of
Received numerous sympathy
Cards from friends
Was appreciated very much
Thank you to everyone who
contact with through out
the years, May rest in place
Happy New year to all,

Gd Bless you all
mom.

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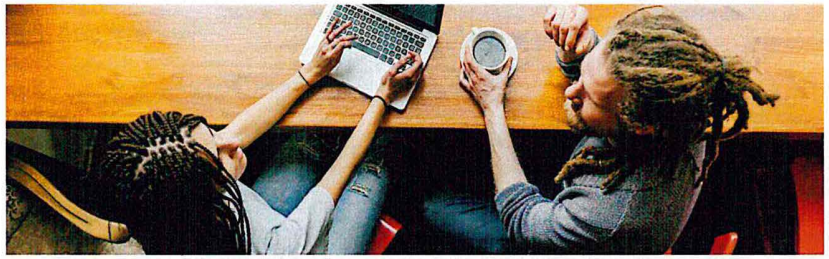
Strategies driving budget



Comprehensive Budget Planning
Accounting for all costs (staffing, medical equip, charges)

Revenue Optimization
Capturing reimbursement

Data Driven Decision Making
KPI's/Metrics to make financial decisions

Risk Management
Mitigate financial risk related to patient care

Regular Audits and Reviews
Conduct audits and performance reviews



Transparent Communication
Inform the community about State Hospital and HSC's

Educational Partnerships
Educational Institutions, internships, career development

Patient Success Stories
Testimonials

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Successes in the last year

Optometrist & Optometry Equipment

Reestablishing Relationships
(Courts/Attorneys/HSC's/Community)

Organizational Culture Change

Patient Outcomes

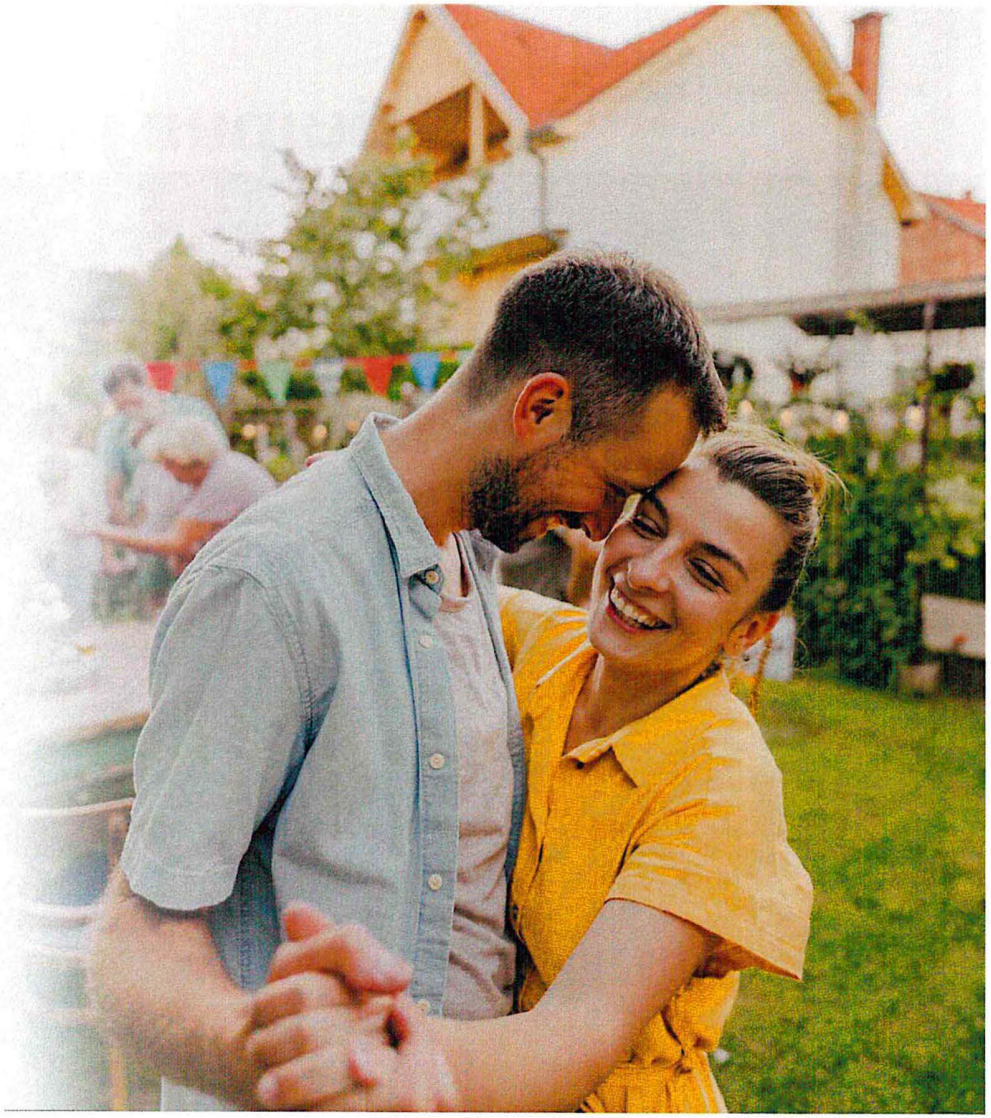
Quality of Care

Operational Efficiency





Budget review



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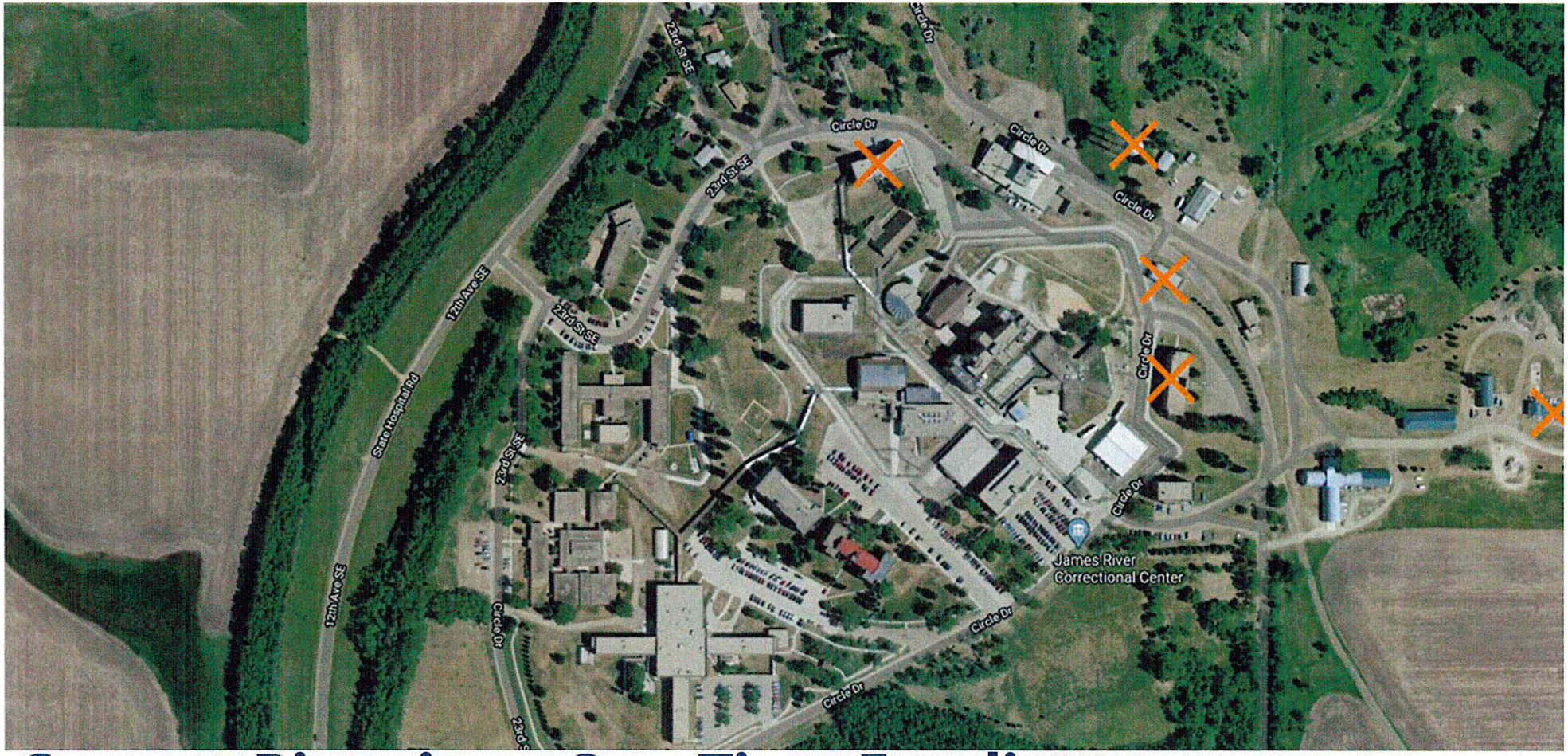

Current Biennium: One Time Funding

Demolition-Complete

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Decision Package Detail

By Ongoing, One-Time and Funding Source

STATE HOSPITAL

- NEW STATE HOSPITAL BOND $300,000,000;
  - ONE-TIME
  - OTHER FUNDS

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Comparison of budgets and funding

By Budget Account Code

DESCRIPTION	2023-25 LEGISLATIVE BASE	2025-27 EXECUTIVE RECOMMENDATION	INCREASE/ (DECREASE)
511x Salaries - Regular	$ 45,878,557	$ 39,204,257	$ (6,674,299)
512x Salaries - Other	629,276	544,128	(85,148)
513x Salaries Temp	1,021,969	2,388,482	1,366,513
514x Salaries Overtime	986,143	8,375,172	7,389,030
516x Salaries Benefits	27,640,802	23,429,512	(4,211,290)
Total Salaries & Benefits	**$ 76,156,747**	**$ 73,941,551**	**$ (2,215,195)**
52x Travel	380,629	373,999	(6,630)
53x Supply	2,700,417	3,424,866	724,449
54x Postage & Printing	46,440	44,412	(2,028)
55x Equipment under $5,000	157,503	146,493	(11,010)
56x Utilities	1,468,114	1,591,604	123,490
57x Insurance	155,282	309,264	153,982
58x Rent/Leases - Bldg/Equip	68,582	71,338	2,756
59x Repairs	460,090	527,165	67,075
61x Professional Development	365,038	371,237	6,199
62x Fees - Operating & Professional	11,224,013	12,347,346	1,123,333
53x IT Supplies	18,477	18,477	-
60x IT Expenses	272,342	300,656	28,314
68x Land, Building, Other Capital	1,292,499	301,292,499	300,000,000
69x Equipment Over $5,000	60,800	60,800	-
Total Operating	**$ 18,670,226**	**$ 320,880,155**	**$ 302,209,929**
Total	**$ 94,826,972**	**$ 394,821,706**	**$ 299,994,734**
Total General	**$ 81,684,752**	**$ 79,276,031**	**$ (2,408,721)**
Total Federal	**$ 2,545,855**	**$ 2,004,083**	**$ (541,772)**
Total Other	**$ 10,596,365**	**$ 313,541,592**	**$ 302,945,227**

State Hospital budget as % of HHS Budget

- 6.3% of Total HHS Budget

Budget by Funding Source

- 20% General
- 1% Federal
- 79% Other

Budget by Pass Through

- 3% Paid to private providers
- 18% Direct Service
- 3% Admin
- 76% Capital Projects & Equipment

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Operating Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION			
			TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
NURSING TRAVEL STAFFING	$ 2,393,522	$ 318,101	$ 2,711,623	$ 2,711,623		
PSYCHOLOGIST AND PSYCHIATRIST STAFFING	3,640,304	-	3,640,304	3,640,304		
PROPERTY TAXES	260,966	-	260,966	260,966		
FIT TO PROCEED EVALUATIONS		212,187	212,187	212,187		
FACILITY MAINTENANCE CONTRACTS	210,082	-	210,082	210,082		
RADIOLOGY EQUIPMENT SERVICE CONTRACT		72,056	72,056	72,056		
STAFFING FEES	82,202	-	82,202	82,202		
CLIENT EMPLOYMENT SERVICES CONTRACT	72,000	-	72,000	72,000		
LAB SERVICES CONTRACT	72,000	-	72,000	72,000		
CATHOLIC CHAPLAIN CONTRACT	31,480	3,708	35,188	35,188		
INFECTIOUS DISEASE CONTROL	29,011	-	29,011	29,011		
HAIR CUTTING SERVICES		23,916	23,916	23,916		
OPAL X-RAY IMAGE STORAGE		11,000	11,000	11,000		
PSYCHOLOGICAL EVALUATIONS	863,934	-	863,934	863,934		

Operating Schedule(continued)

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION			
			TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
CLIENT MEDICATION	1,839,596	216,761	2,056,357	2,056,357		
PT/OT/XRAY/SPEECH THERAPY	158,676	-	158,676	158,676		
PATIENT MEDICAL SERVICES EXTERNAL PROVIDERS	1,111,633	183,483	1,295,116	1,295,116		
RESIDENCY CONTRACT	100,000	-	100,000	100,000		
ESTABLISHING GUARDIANSHIPS	118,641	23,728	142,369	142,369		
LAB SUPPLIES	69,324	45,997	115,321	115,321		
LEGAL SERVICES FOR PATIENT HEARINGS	111,982	22,396	134,378	134,378		
OTHER PROFESSIONAL FEES AND SERVICES	38,544	-	38,544	28,544		
OTHER MEDICAL DENTAL AND OPTICAL	20,116	-	20,116	20,116		

GENERAL FUND	**$ 11,224,013**	**$ 1,133,333**	**$12,357,346**	**$ 12,347,346**		
FEDERAL FUND					**-**	
OTHER FUND						**-**
GRAND TOTAL	**$ 11,224,013**	**$ 1,133,333**	**$12,357,346**	**$ 12,347,346**	**$ -**	**$ -**

Grants Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
NOT APPLICABLE						

GENERAL FUND				$ -		
FEDERAL FUND					-	
OTHER FUND						-
GRAND TOTAL	$ -	$ -	$ -	$ -	$ -	$ -

Comparison of budget expenditures and projections

By Budget Account Code

DESCRIPTION	2023-25 LEGISLATIVE BASE	EXPENDED AS OF 12/31/2024	PROJECTION THROUGH 6/30/2025	UNDER/ (OVER) BUDGET
511x Salaries - Regular	$ 45,878,557	$ 27,789,234	$ 35,359,321	$ 10,519,236
512x Salaries - Other	629,276	388,401	426,299	202,977
513x Salaries Temp	1,021,969	1,671,429	2,530,706	(1,508,737)
514x Salaries Overtime	986,143	5,919,875	7,975,459	(6,989,316)
516x Salaries Benefits	27,640,802	14,486,309	20,766,530	6,874,272
Total Salaries & Benefits	**$ 76,156,747**	**$ 50,255,248**	**$ 67,058,315**	**$ 9,098,432**
52x Travel	380,629	274,676	369,733	10,896
53x Supply	2,700,417	2,054,245	2,841,384	(140,967)
54x Postage & Printing	46,440	17,019	24,417	22,023
55x Equipment under $5,000	157,503	142,520	207,206	(49,703)
56x Utilities	1,468,114	1,040,532	1,374,663	93,451
57x Insurance	155,282	146,174	229,228	(73,946)
58x Rent/Leases - Bldg/Equip	68,582	48,086	62,840	5,742
59x Repairs	460,090	218,403	278,143	181,947
61x Professional Development	365,038	85,655	166,148	198,890
62x Fees - Operating & Professional	11,224,013	8,842,214	12,934,189	(1,710,177)
53x IT Supplies	18,477	2,950	4,114	14,363
60x IT Expenses	272,342	231,617	311,673	(39,331)
68x Land, Building, Other Capital	1,292,499	12,729,006	18,822,809	(17,530,310)
69x Equipment Over $5,000	60,800	93,292	129,766	(68,966)
Total Operating	**$ 18,670,226**	**$ 25,926,389**	**$ 37,756,314**	**$ (19,086,089)**
Total	**$ 94,826,972**	**76,181,638**	**$ 104,814,629**	**$ (9,987,657)**
Total General	**$ 81,684,752**	**$ 68,013,138**	**$ 86,953,563**	**$ (5,268,811)**
Total Federal	**$ 2,545,855**	**$ 376,003**	**$ 1,232,430**	**$ 1,313,426**
Total Other	**$ 10,596,365**	**$ 7,792,497**	**$ 16,628,636**	**$ (6,032,271)**

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North Dakota State Hospital FTE

Section Name			
Position Numbers Assigned/ Funding Exists	**Number of people filling positions**	**# of Vacancies**	**# of Temporary**
323.52	*275.80*	*47.72*	*64*

Average Age	*45.63*
Avg Years of Service	*11.00*
Retirement Risk	*5.52%*
Turnover 2023	*23.37%*
Turnover 2024	*16.0%*

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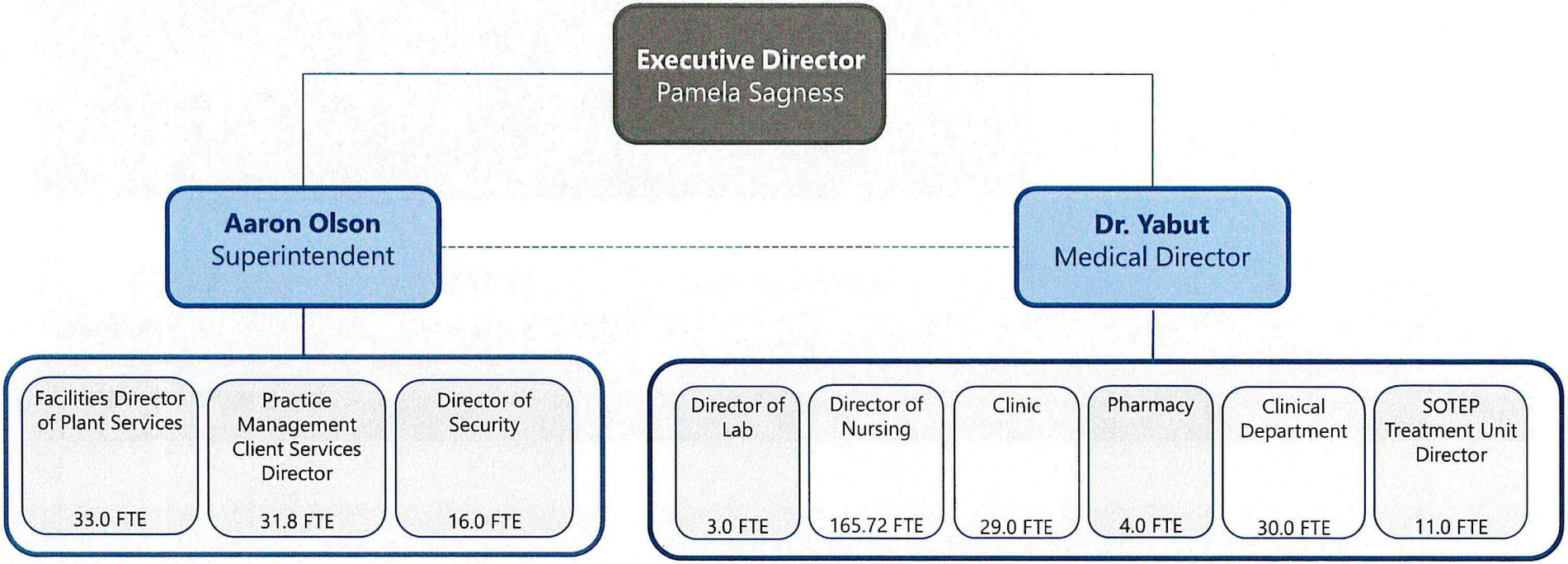
North Dakota State Hospital



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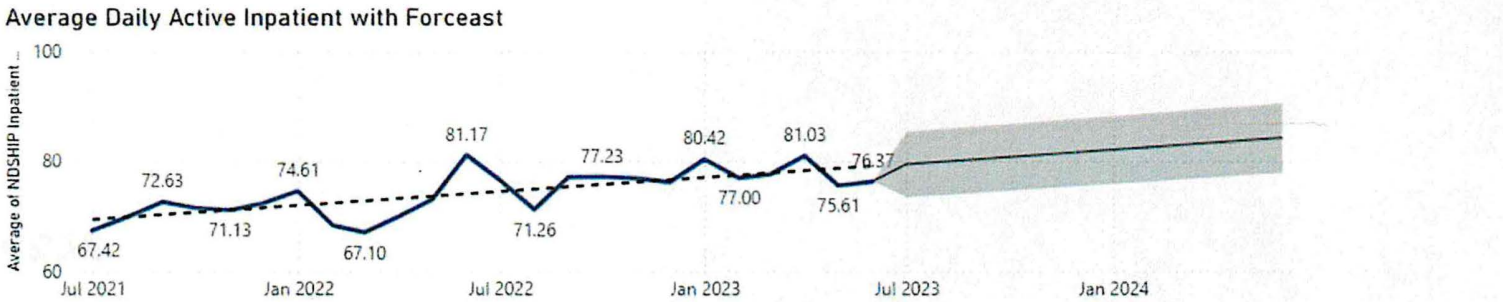
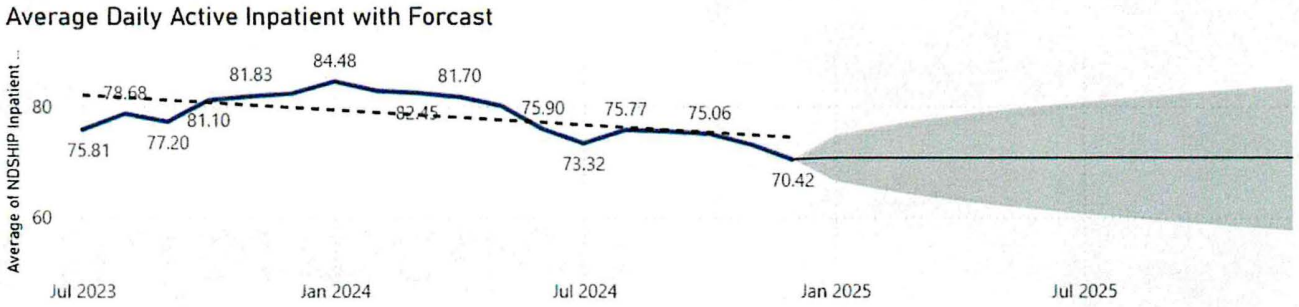
Average Daily Census

2021-2023 Biennium



2023-2025 Biennium*



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*through 12/31/2024

Contact Information

Superintendent
Aaron Olson
olsonaaron@nd.gov

Medical Director
Dr. Eduardo Yabut
eyabut@nd.gov



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North Dakota Outcomes in Addiction - 2024 Wrap Up & Data

Although not a new problem, addiction has been a growing concern across the United States and unfortunately, North Dakota is not immune. It is estimated that 20% of ND's adult population will struggle with addiction.

ce 2014 there has been a coordinated approach to improve behavioral health. While the state has made great strides in expanding services, we know the needs continue to grow amid our nation's mental health crisis. Legislators are engaged and have identified solutions and championed new programs in partnership with the executive branch.

- Since 2016, addiction treatment services have expanded, from 75 licensed programs, including 25 residential programs, to 107 with 40 residential, in 2024.
- The first Opioid Treatment Program in the state opened in 2016, and we now have four programs serving 1,125 individuals.
- The legislature authorized a substance use disorder voucher program (SUDV) which has created opportunity for 8,500 individuals to access treatment from private providers.
- Recovery support programs have also been implemented including Free Through Recovery, launched in 2018, and Community Connect, launched in 2021. These programs have provided care coordination, peer support, and recovery support for over 14,000 North Dakotans. These programs reimburse community providers based on outcomes and show consistent monthly success of 70% of participants achieving 3 of 4 goals (housing, employment, recovery, and criminal justice domains).
- A recovery housing assistance program (RHAP) was launched in 2022 and has supported over 1,100 individuals. 58% of RHAP participants saw improvement in their employment status with average income growth of 149%. 72% saw improvement with their criminal justice involvement, 81% report reduction in their emergency room use for non-emergent needs, and 90% saw improvement with overdose risk.
- As a recent participant shared, "When I arrived I was hopeless, addicted to meth, depressed, I was a broken man. I literally didn't care if I lived or died. I had $12 to my name. The SUDV paid for my treatment and RHAP paid for my first three months of sober living. I am clean, sober, healthy, I have three jobs, am happy, I'm a dad again, I am hopeful for tomorrow. Thank you for your generosity and saving my life!"

Like the rest of the country, ND is facing a growing workforce shortage. However, we continue to take steps to address this need.

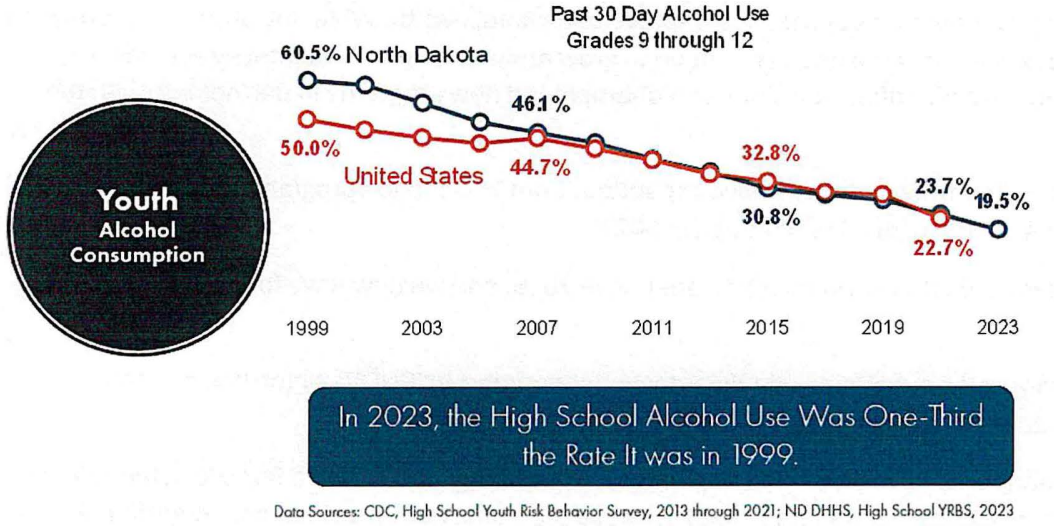
- Since 2018, over 1,200 individuals have been trained as peer support specialists, expanding recovery support into rural areas of the state.
- Through Opioid Settlement Funds, the Training Academy of Addiction Professionals has 28 trainees working towards licensure and offers 16 clinical training sites.

For the first time in years, we have seen a decrease in deaths by drug overdose and suicide.

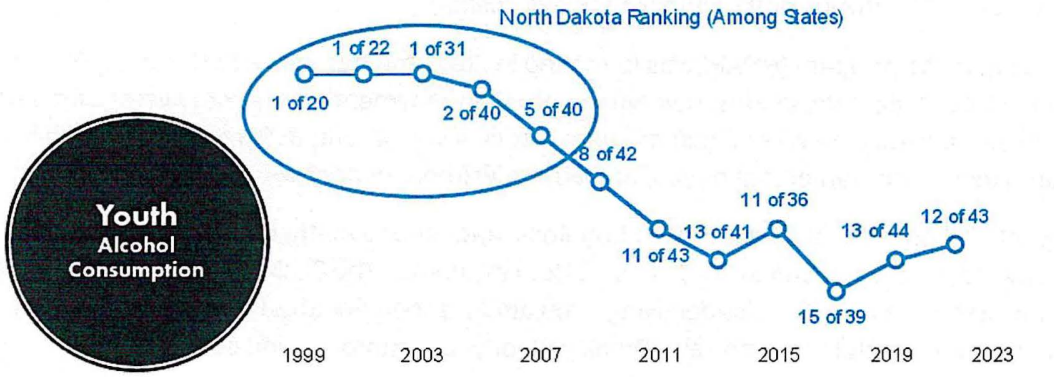
- HHS has disseminated an average of 11,000 naloxone kits annually leading to 3,292 known overdose reversals since 2017.

As presented at the recent Day For Prevention, North Dakota has also made significant progress in youth alcohol consumption. In 2023 the High School alcohol use was 1/3 the rate it was in 1999.

North Dakota Outcomes in Addiction - 2024 Wrap Up & Data



Data Sources: CDC, High School Youth Risk Behavior Survey, 2013 through 2021; ND DHHS, High School YRBS, 2023



Data Sources: CDC, High School Youth Risk Behavior Survey, 2013 through 2021; ND DHHS, High School YRBS, 2023

Even with these advances, there is much work to do. Current estimates suggest only 22% of those needing addiction treatment in the state receive it. As you are all aware, we cannot continue to use the criminal justice system as a behavioral health intervention. Solutions will require comprehensive system collaboration with community and state leadership.

Thank you for your leadership and advocacy.

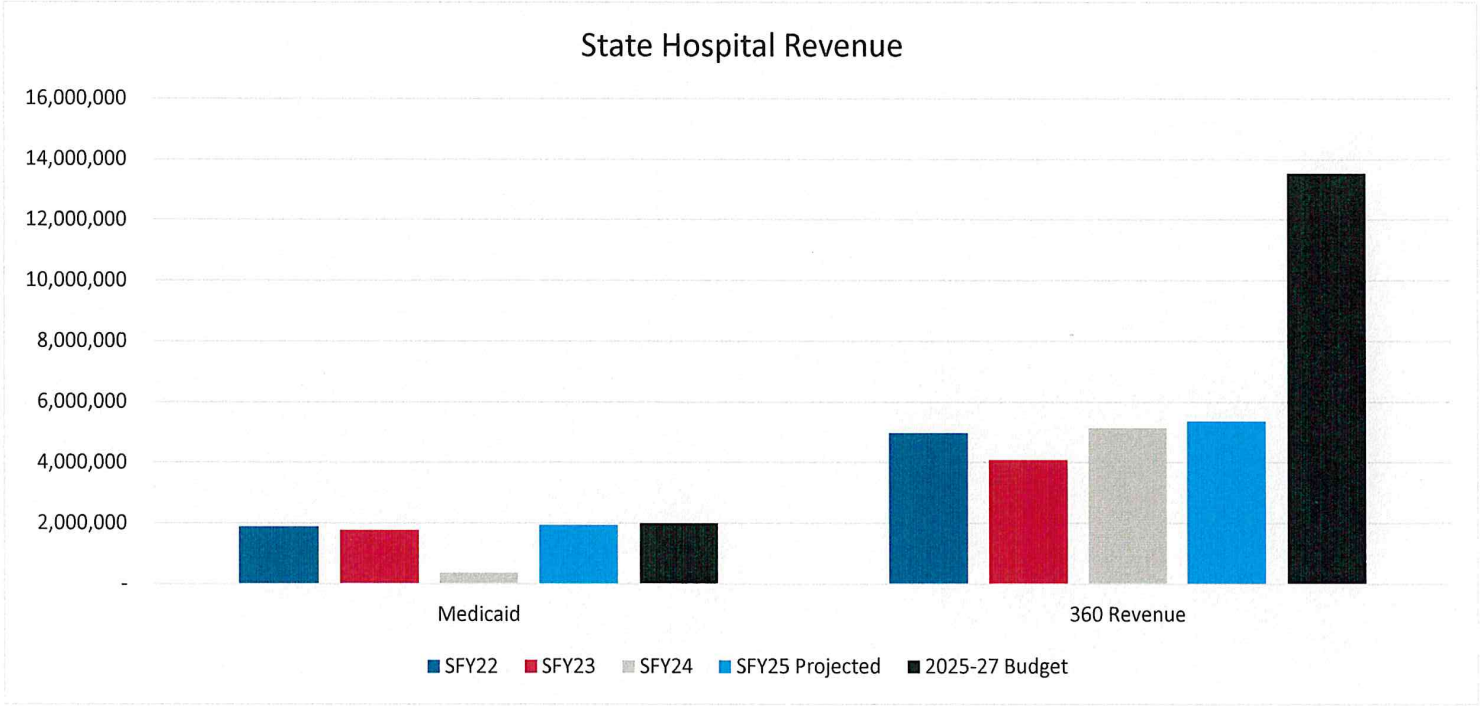
Pamela Sagness
Executive Director, Behavioral Health
Department of Health & Human Services

North Dakota Health & Human Services
Behavioral Health Division

Behavioral Health Services

Level of Service	Program/Service	Date Launched	Location	Number of People Served to Date
Community & Residential Treatment Services	Substance Use Disorder (SUD) Voucher	2016	Statewide	9,168
Community Recovery Support Services	Free Through Recovery	2018	Statewide	7,380
Community Recovery Support Services	Community Connect	2021	Statewide	7,878
Community Recovery Support Services	1915(i) Medicaid State Amendment	2021	Statewide	
Community Recovery Support Services	Permanent Supportive Housing Grants	2021	Regions 4, 5 and 7	
Community Recovery Support Services	Recovery Housing Assistance Program	2022	Statewide	1,297
Assessment & Treatment Services - Jail	Tele-psychiatry services in jail settings	2024	Statewide	791 visits
Community Crisis Services	Tele-health crisis service expansion	2024	Statewide	141 encounters
Community Crisis Services	988 Suicide and Crisis Lifeline	2022		17,347
Private Inpatient Service	Williston Inpatient Behavioral Health	2023	Region 1	
Private Inpatient Service	Contracts with Private Hospitals for Inpatient Services		Regions 2, 4, 5 and 7	
Community Treatment Services	Opioid Treatment Program Development & Expansion		Regions 2, 4, 5 and 7	
Community Treatment Services - Youth	Behavioral Health School Grants	2019	Statewide	
Community Treatment Services - Youth	Partial Hospitalization Program - youth	2024	Region 7	
Residential Treatment Services - Youth	Ruth Meier Adolescent Center (RMAC) Enhancement			
Community & Residential Treatment Services	Certified Community Behavioral Health Center		Regions 2 and 5	
Proposals	*Geriatric Psychiatric Facility Expansion*			
Proposals	*Long Term Residential Facility Development*			
Proposals	*Private Inpatient Hospital Expansion (2 providers)*			
Proposals	*Skilled Nursing Facility for Individuals with Significant Criminal History*			
Proposals	*Certified Community Behavioral Health Center Expansion (all regions)*			

State Hospital	SFY22	SFY23	SFY24	SFY25 Projected	2025-27 Budget
Medicaid	1,884,393.88	1,758,491.19	375,988.12	1,941,063.66	2,004,083.00
360 Revenue	4,965,901.11	4,085,069.26	5,148,757.34	5,357,886.58	13,541,592.00



2025 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

HB 1012
2/3/2025

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

2:34 p.m. Chairman J. Nelson called the meeting to order.

Members Present: Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Berg, Mitskog, Murphy, O' Brien, Wagner.

Discussion Topics:

- Early Intervention
- Program Management
- Corporate Guardianship
- Intermediate Care Facilities
- Home and Community Based Waiver Services
- Developmental Disabilities Budget
- Residential
- Non-Residential
- Crisis and Stabilization Services
- Life Skills Budget

2:35 p.m. Tina Bay, Director, Developmental Disabilities Section, Health and Human Services, testified and presented on Developmental Disabilities #33838.

3:32 p.m. Eric Haas, Assistant Chief Financial Officer, Health and Human Services, addressed overtime.

3:33 p.m. Tina Bay, Director, Developmental Disabilities, Health and Human Services, testified and continued with testimony #33838.

3:37 p.m. Donna Aukland, Chief Financial Officer, Health and Human Services, spoke to the Information Technology expenses.

3:38 p.m. Tina Bay, Director, Developmental Disabilities, Health and Human Services, testified and continued with testimony #33838.

3:54 p.m. Donna Aukland, Chief Financial Officer, Health and Human Services, testified on utilization and budget projection.

3:56 p.m. Tina Bay, Director, Developmental Disabilities, Health and Human Services, testified and continued with testimony #33838.

4:06 p.m. Heather Jenkins, Superintendent, Life Skills Transition Center, Health and Human Resources, Health and Human Services, testified and presented on Life Skills Transition #34020.

5:18 p.m. Jessica Thomasson, Executive Director, Human Services Division, Health and Human Services, addressed SB 2112.

5:24 p.m. Heather Jenkins, Superintendent, Life Skills Transition Center, Health and Human Resources, Health and Human Services, testified and continued with testimony # 34020.

Additional written testimony:

Ashley Rasmussen, Ericka Sickler, Inspiration Station, Dickinson, ND, in favor #33147.
Bailee Saltzman, Kids First Daycare, Surrey, ND, in favor #33254.
Cody Kurtz, Program Director, Dakota Center for Independent Living, Bismarck ND, in favor #33920.

5:26 p.m. Chairman J. Nelson adjourned the meeting.

Jan Kamphuis, Committee Clerk

House Appropriations – Human Resources Division
HB 1012 and funding for Early Childhood Education

Introduction

The Inspiration Station LLC is a daycare and preschool center located in Dickinson, ND, owned and operated by Ashley Rasmussen and Erika Sickler. We have been providing childcare services for a combined 8+ years. We started out as a small in-home, group daycare ran out of Ashley's house. We were able to care for 12 children under our license. Ms. Ashley "gave up" her home to provide these services – to follow code and licensure requirements, Ashley had to install flood lights, No Smoking stickers, floor plans, etc. throughout her house – all of which you would not find in a normal household. All the "extras" not only created a burden on her home, but it also created a financial burden that we were expected to come up with funds to make sure we were up to code. During that time, we were able to use a government supported grant to help offset the costs.

Fast forward to 2025, we have been operating The Inspiration Station for 2.5 years and able to care for up to 57 children under our license in our new facility. The decision to expand was not made easy. During the process, we researched many statistics and ran many business plans to make sure we could be financially stable as childcare is an expensive business to run. We had to consider our own personal bills at home, and the expenses included in running a small business. Please note on top of the usual water, heat, and internet bills, we also had to consider nutritious and delicious groceries, a large printer for all the fun activities, large playground equipment, and most importantly a fair wage to ensure reliable, dedicated staff. Although our license can hold up to 57 children, that does not mean we can meet that number without appropriate staffing. We have relied heavily on grants such as the Quality Improvement Grants and the Inclusion Grants to purchase adequate materials, needed supplies, and costly business expenses to help keep our tuition low but also maintain our dedicated staff by supporting their classroom needs.

The Effect

There are many statistics reporting that childcare is becoming more and more unaffordable for families due to high operating costs, staffing shortages, and inadequate public funding. Many workplaces can offer annual raises and a benefit package, and as a childcare center we always hope we can do the same for our employees. Childcare is the foundation for our children's future. Childcare workers are some of the most important people in the children's lives as 90% of brain development happens before age 5. To maintain a high quality, reliable staff, we have always kept up on training and other programs that help us improve. Some of the programs and grants we have worked with include the Bright and Early, Quality Improvement Grant, Inclusion Grant and working with USpire. Currently we are rated a Step 2 and would love to continue to achieve a Step 3 status. If the funding of 7 million is reduced to 5 million, many childcare programs would be placed in a burden. These funds have helped so many facilities improve their program through supportive training and resourceful materials. To continue this kind of care, childcare programs would have no other option than to increase tuition, putting families into a burden on whether it works in their budget to pay for childcare. This creates a domino effect. A mother, who works as a nurse, decided she must stay home now to watch over her children, leading to the ER being short staffed when your grandmother needs immediate care. A trucking company, who has lost too many drivers due to

not having reliable childcare, can no longer make deadlines for delivery. Whether you have children or not, everyone needs childcare, everyone is relying on that worker to show up to their shift to create that chain reaction and make things happen. Don't be the first domino. Don't reduce childcare funding.

Conclusion

The Inspiration Station has a total of 7 employees. Some of whom are mothers to children, and others young adults just starting out. We like to brag about how wonderful and dedicated our staff truly is – showing up to work each day for a below average wage. We do it because we truly love and care about the children in our care, just as you show up to fight for the people, because you have a passion for the job. And just like politics, childcare is not a business for the faint of heart. We have relied on the childcare funding for materials, supplies, and staffing throughout all our years of providing childcare. We are asking for continued support of the funds at $7 million. Reducing funding will have a very heavy impact on childcare facilities to operate at a safe ratio, finding reliable staff, and being able to provide affordable care to families in need. Inspiration Station is a place where little minds are inspired to learn and create brilliant ideas; a fun and caring childcare center for children to play and explore. This is our motto we live by daily, please help us continue.

Thank you for your time and consideration,

Ashley Rasmussen & Erika Sickler

#33254

1/27/2025

To whom it may concern,

This letter is in regard to the bill HB1012. The Inclusion grant is one that we current receive from ND Health & Human Services, and it is of great help our children.

I have worked at a daycare for over 5 years. I started when it was a small at home daycare with 13 children. Now our daycare is at 2 locations with up to 30 children at each location. Since I have started working at a daycare, the number of children needing more 1 on 1 care has increased substantially. We currently have 15 children in our care that have more needs than many daycares can work with.

Whether it is speech delays, OT services, or behavioral needs, the Inclusion grant has been able to provide our daycare with the ability to not only buy specialized supplies that help the children grow, but to be able to keep on more staff so that the children with needs get more care.

Many daycares' staff to children ratios are around 1:10, whereas our daycare has been able to have ratios of around 1:5. This not only helps the children to have that extra support from us, but it helps the mental wellbeing of the staff members. Daycare work is very rewarding, but it is also very mentally and physically exhausting.

We all know that quality daycares in the state are very much needed. Having grants like the Inclusion grant help daycares out in so many ways.

Please do not take away much needed funding that helps the children that need it most.

Thank you for your time,

Bailee Saltzman

Kids 1st Daycare, LLC

Surrey, ND



HB1012 Overview – Developmental Disabilities

House Appropriations | Human Resources Division
Representative Jon Nelson, Chairman

NORTH Dakota | Health & Human Services
Be Legendary.

February 3, 2025, Tina Bay | Director, Developmental Disabilities Section

Developmental Disabilities Section

NDCC Reference and Purpose

The developmental disabilities section is dedicated to ensuring that individuals with developmental and intellectual disabilities have access to comprehensive, person-centered services that promote independence, inclusion, and quality of life.

Chapter	Chapter Name
25-01.2	Developmental Disability
25-04	Care of Developmentally Disabled
25-16	Residential Care and Services for Developmentally Disabled
25-16.1	Receivers for Developmentally Disabled Facilities
25-18	Fee for Service Rate setting for Developmentally Disabled Facilities
50-06	Department of Health and Human Services



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Developmental Disabilities programs and services



Early Intervention

Services in a family's home, teaching parents' hands-on activities that they can do with their child (birth through age 2) to promote child development.



Program Management

Provides information, referral and support to eligible individuals so they can access services and achieve their outcomes.



Corporate Guardianship

Support vulnerable individuals 18 years and older who need assistance making life choices.



Intermediate Care Facilities

Residential facility that provides health or rehabilitative services for individuals who require active treatment.

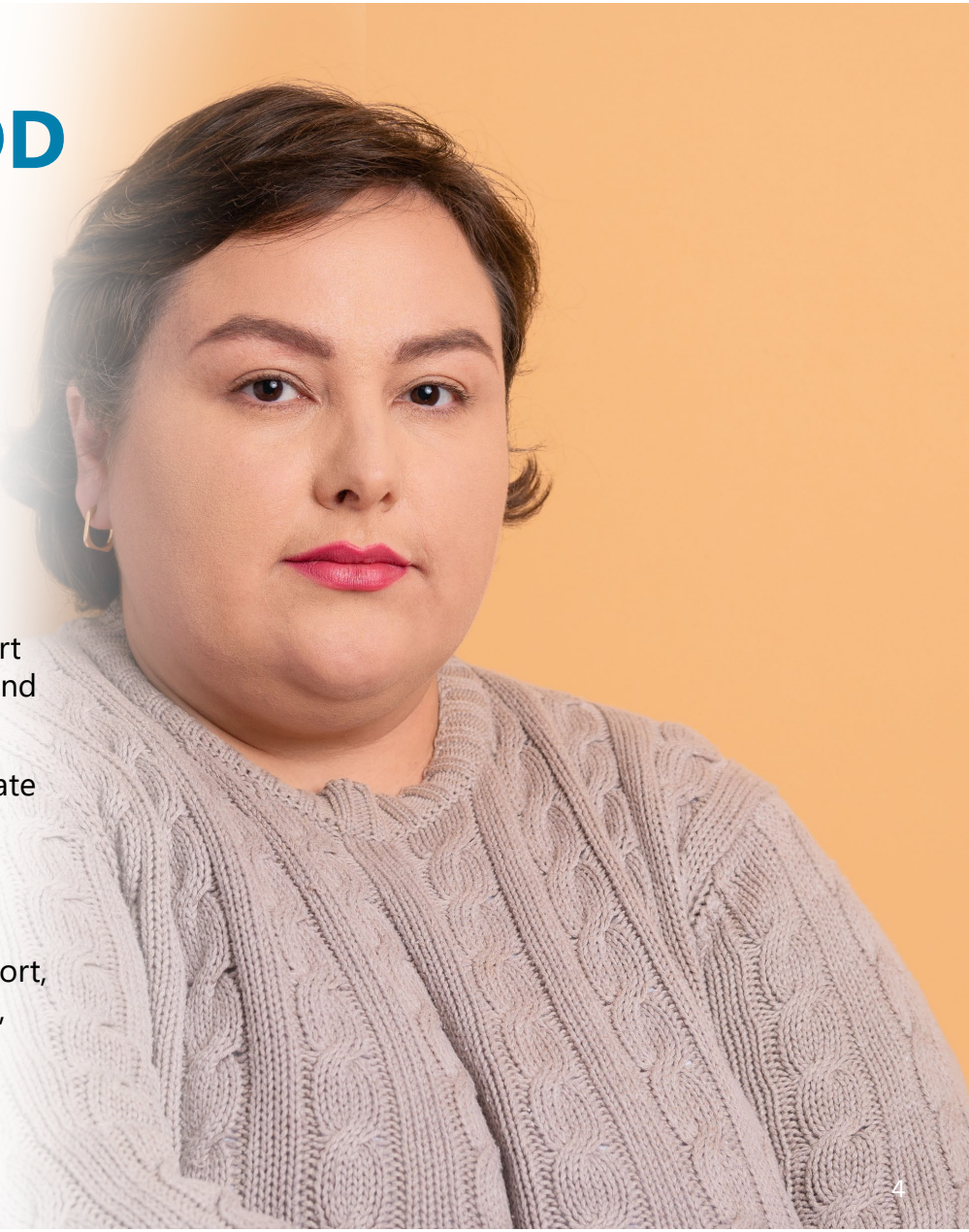


Home and Community Based Waiver Services

Provides individuals the opportunity to receive services in their own home and community rather than an institution.

What does it mean to be "DD Eligible" in ND

- To qualify to receive **case management supports** from a DD Program Manager (i.e., **DDPM-eligible**):
  - Determined to have either (1) an intellectual disability or (2) related condition such as autism, cerebral palsy, etc., which also results in substantial functional limitations in 3 or more areas of major life activities.
  - Eligibility defined in: NDAC 75-04-06
  - Services available: assistance with locating and coordinating support services, providing general information, and monitoring supports and services.
- To qualify for **residential and non-residential services** via an Intermediate Care Facility or the DD HCBS Waiver (i.e., **DD-eligible**):
  - DDPM-Eligible and determined to need an "ICF/IID level of care".
  - "ICF/IID level of care" defined in: 42 CFR §440.150(a)(2)
  - Services available: range of DD authorized services like family support, intermediate care facility, residential habilitation, day programming, employment supports, respite, and equipment and supplies.



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Developmental Disabilities

Program Administration

Program administration helps make delivery of services possible by serving as the state's primary liaison to the federal funder.

Administration

- Provider licensing
- Provider enrollment
- Technical assistance
- Policy development
- Contract management
- Waiver administration
- Service authorization
- Guardianship
- Appeals

Program Integrity

- Quality assurance
- Accreditation
- National Core Indicators (NCI)
- Home and Community Based Services (HCBS) Survey
- Regulatory compliance
- Provider audits
- Case reviews
- Federal & State Audits

Partnerships

- Community Providers
- North Dakota Interagency Coordinating Council
- Cross Disability Council
- Money Follows the Person

Developmental Disabilities

Program Management (DDPM)

DD Program Managers

Assist clients, families, and guardians in navigating available services, with a focus on helping clients maintain their health and safety while working toward achieving their personal goals.

What do they do?

- Intake & eligibility
- Conduct person-centered planning
- Service authorization
- Crisis support planning
- Referrals to provider agencies
- Face to face visits with clients
- Direct care

117

DD program managers

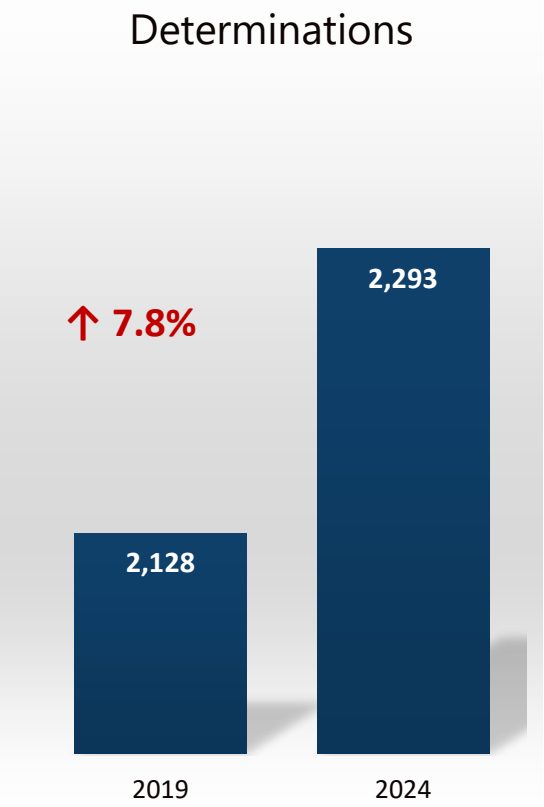
240 and **191**

On average, 240 new referrals and 191 new eligibilities conducted each month

8,410

Individuals with developmental disabilities receiving case management services

DD Eligibility Determinations



Developmental Disabilities

Program Supervision (DDPA)

- Network with community providers
- Intake for referrals
- Appeals
- Approval of service authorization
- Quality case reviews
- On-site environmental scans of all licensed group homes
- Crisis support planning
- Supervision of DDPMs



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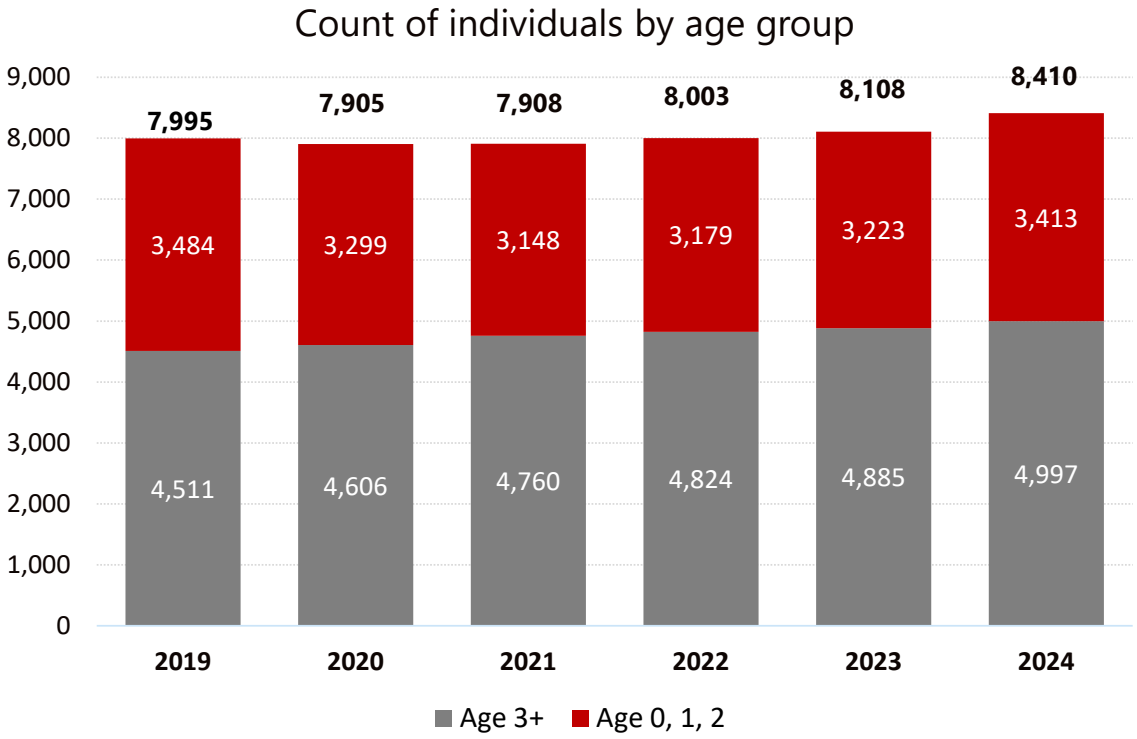
Developmental Disabilities Program Managers served over 8,400 children and adults in SFY 2024

NDs 1915(c) waivered services for people with a range of developmental disabilities are coordinated by **117 DD program managers** and delivered by **45 licensed providers** and **580 self directed** providers who served **8,400 people** ages 0-90+ in 2024

41%
of individuals served are younger than age 3



**Age is calculated at the beginning of each SFY and may not reflect age at time service was active*

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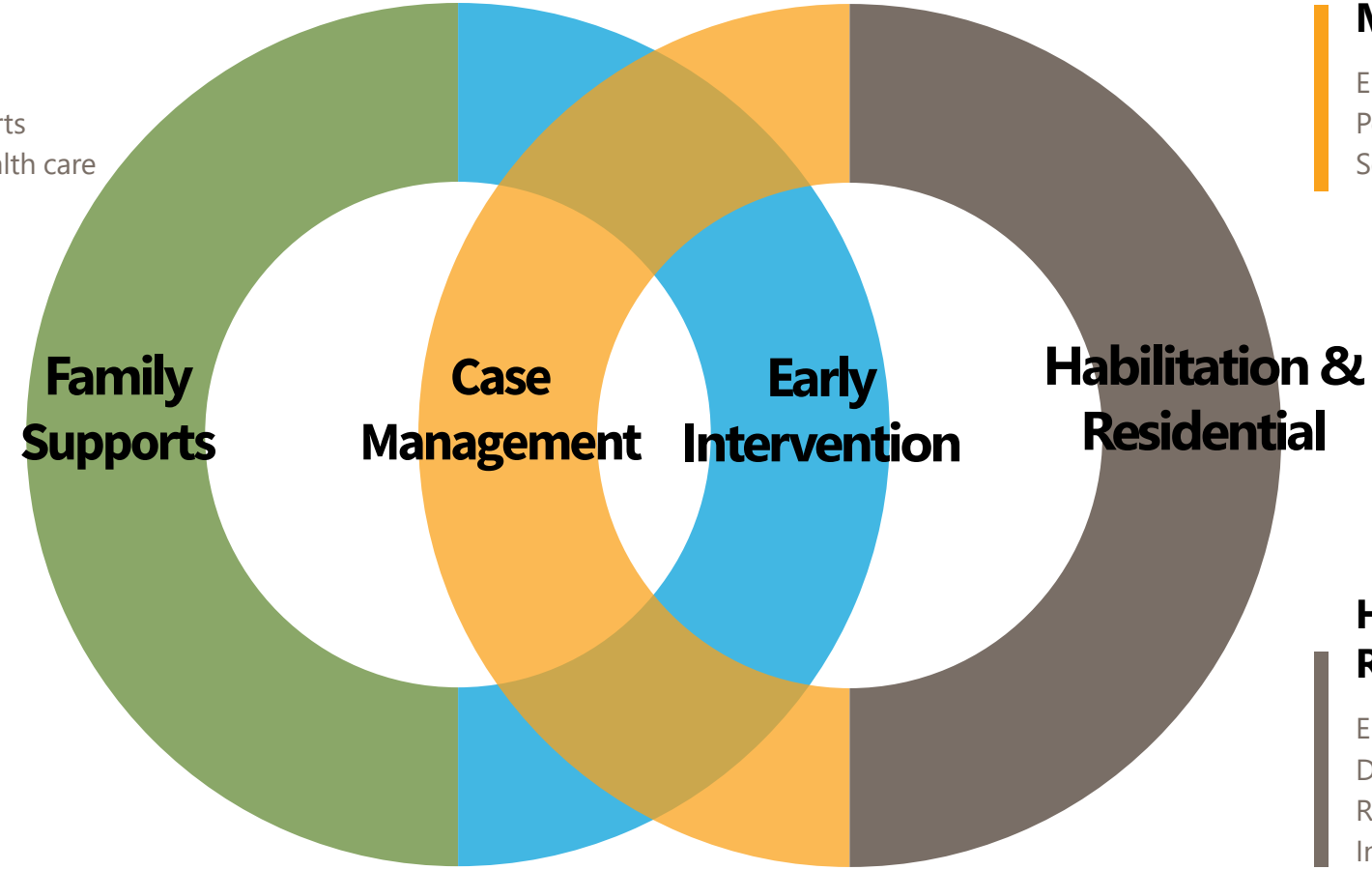
Program management and early intervention are a key intersection within the continuum of services available to people with Developmental Disabilities

Family Supports

In-home supports
Self-Directed supports
Extended Home Health care
Respite

Case Management

Eligibility
Person Centered Planning
Service Authorization



Early Intervention

Birth review
Right Track
Infant Development

Habilitation & Residential

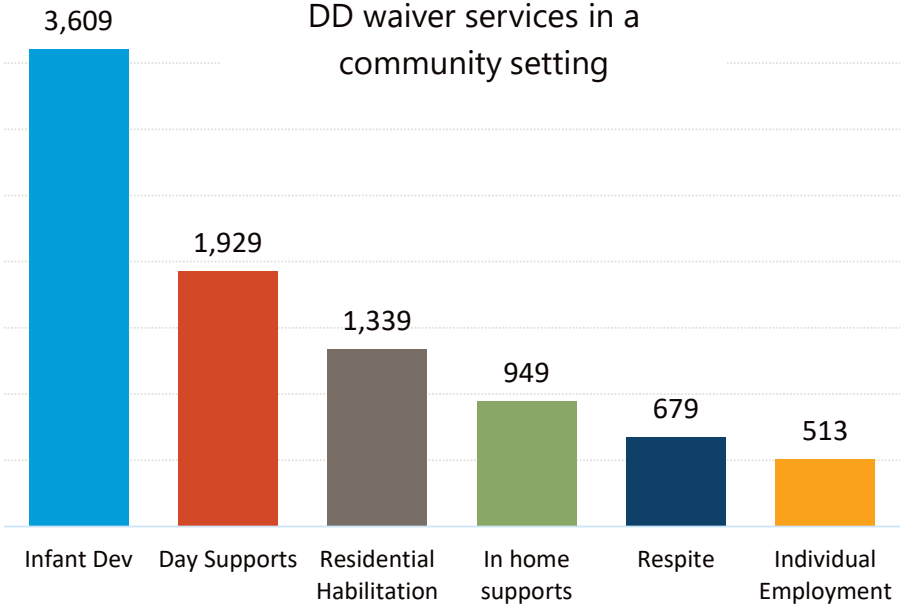
Employment
Day Services
Residential
Intermediate Care Facility

ID/DD Home and Community Based Services Waiver (aka "DD Waiver")

- Serves individuals across the life span (birth to death)
- Offers a variety of services that are available based on the person's needs and preferences
- Recipients must be both functionally and financially eligible.
  - Note: Parental income and assets are disregarded when determining financial eligibility for children utilizing waiver service.
- Federal funds matched with state funds (FMAP)

6,314

Number of people supported by DD waiver services in a community setting



**Note: Data includes duplicated individuals as it represents individuals receiving each type of service*

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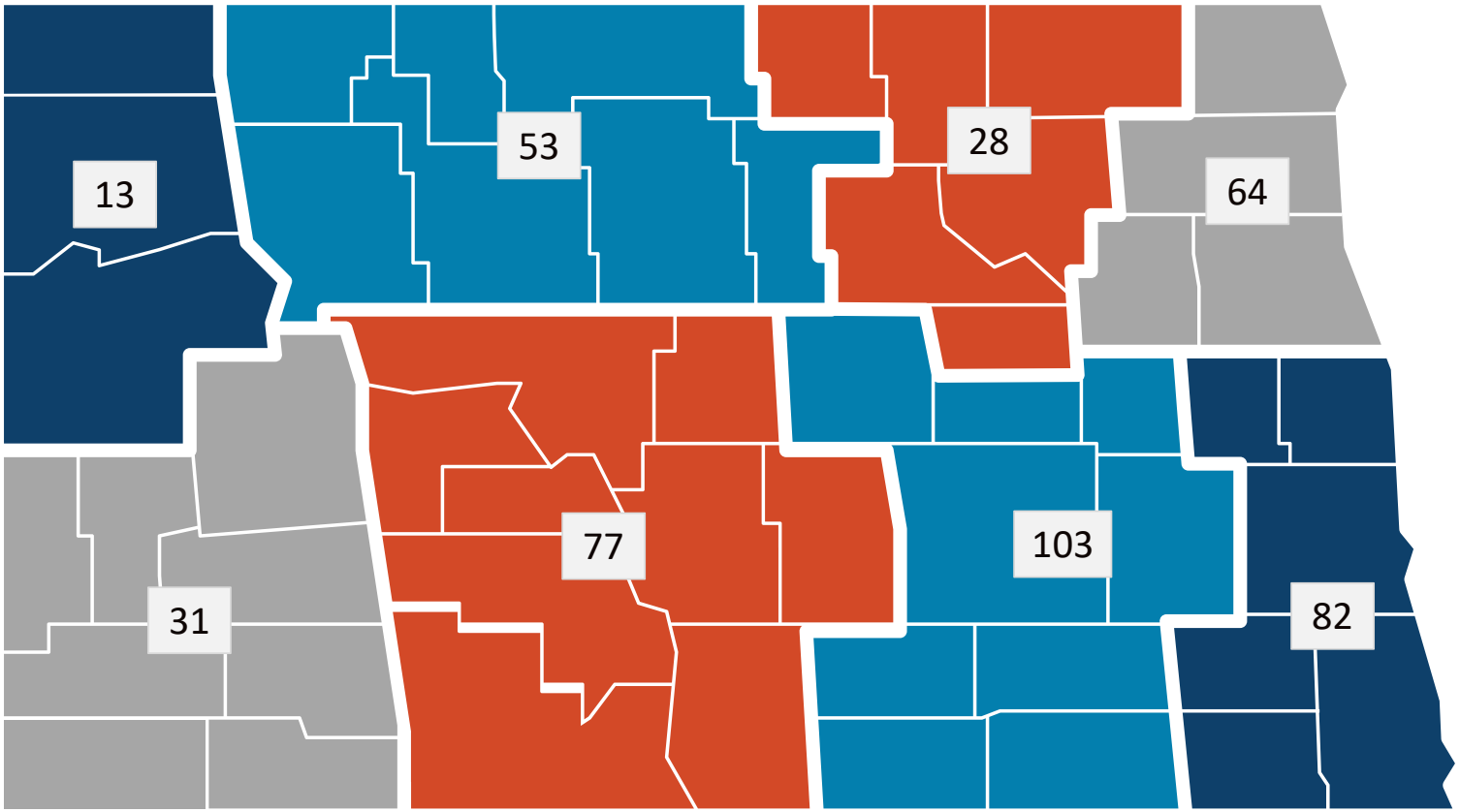
Intermediate Care Facilities licensed bed capacity by region



451 licensed beds

The average monthly bed usage July 23 – June 24
389

(**86%** utilization rate)

One area we would like to explore is whether there is a way to repurpose the available beds for crisis situations, while still avoiding the incentivization of institutional services.

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Where do people served by the DD section live?

people served over 12 mo period by type of service by type of residence | Jul 2018-June 2019 and Jul 2023-Jun 2024

	2019		2024	
Intermediate Care Facility (ICF) (Provider-owned facility, daily rate)	565	7%	530	6%
Residential Habilitation (Pvt housing, provider-supported daily rate)	1,313	16%	1,278	15%
Family/Own Home (Provider-supported, incl Ind Hab)	≈1,600	20%	≈1,100	13%
Family/Own Home (DDPM only)	≈600	8%	≈620	7%
Family Home (Self-Directed)	310	4%	622	7%
Family Home (Infant Development)	≈3,830	47%	≈4,250	51%
TOTAL	≈8,000		≈8,400	



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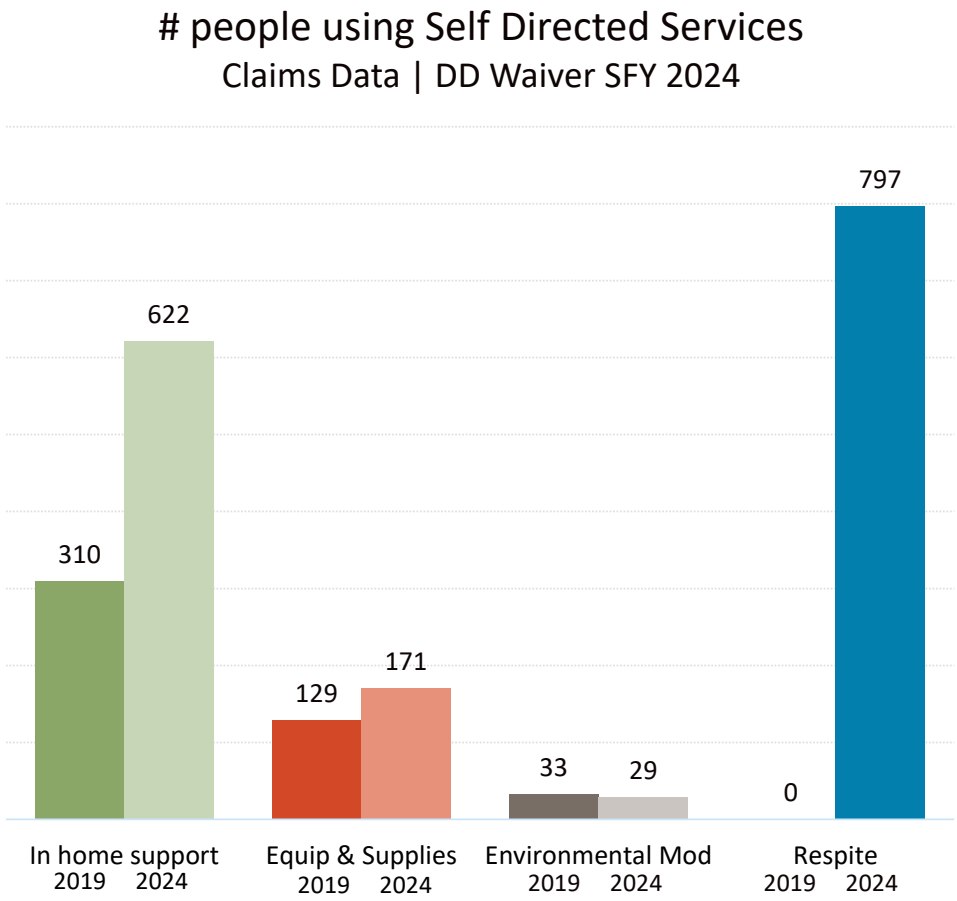
Self Directed Services are a mode of service delivery that is growing in terms of utilization in the DD Waiver



What are "Self Directed Services"?

With the support of a fiscal agent, families can hire their own staff, set wages, provide training, and create schedules for staff they hire, offering greater flexibility and personalization in the care and support they receive.

- **Respite & In home supports**
- **Equipment & Supplies**
  - Nutritional supplements
  - Adaptive kitchen utensils
  - Switches/adaptive controls
  - Sensory items (noise cancelling headphones, weighted vests/blankets)
  - Assistive technology (smart thermostat, smart lock, smart lights, sensors, alarms, automatic soap dispenser, switches, and iGuard stove controller)
- **Environmental Modifications**
  - Widening of doorways in homes
  - Track lift system
  - Lifts for vehicles
  - Accessible showers
  - Ramps

How does the supportive role of the DDPM change based on the setting where someone lives?

Task	DDPM Only	SNF	Personal Care (MSP)	LSTC	ICF/IID	Waiver-provider	Waiver- without provider (SDS)	Infant Development	Medically Fragile
Avg Utilization	**400-800**	**100-150**	**50-100**	**60-80**	**450-500**	**2,200-2,600**	**800-1,000**	**3,200-3,800**	**20-30**
Face to Face Visits	Annual	Annual & with each PASRR	Every 6 months	Annual	Annual	Every 3 months	Every 3 months	Every 3 months	Every 3 months
Direct Care	As needed	NA	NA	NA	NA	As needed (primarily Indep Hab)	NA	NA	NA
Guardian Contacts	Annual	Annual and with each PASRR	Every 6 months	Annual	Annual	Every 3 months	Every 3 months	Every 3 months	Every 3 months
Service Plan Development	Develops Svc Plan – initial & annual (short-version)	Develops Service Plan – initial, annual & options counseling	Develops Service Plan – initial, every 6 months & annual	Develops Service Plan – initial & annual (short-version)	Plan Approver	Plan Approver	Develops Service Plan –initial & annual (either full or short version)	Plan Approver – initial, annual, every 6 months and 2-7 and 2-9 transition	Develops Service Plan – initial & annual (full version)
Risk Assessment	Initial	Initial & annual	Initial, 6 mo & annual	Initial	Initial & annual	Initial & annual	Initial & annual	Initial & annual	Initial & annual
PAR (Level of Care)	NA	NA	Annual	NA	Annual	Annual	Annual	Annual	NA
Case Actions	NA	NA	Initial & annual	NA	Initial & annual	Initial & annual	Initial & annual	Initial & annual	Initial & annual
QER	NA	NA	NA	NA	Annual	Every 6 months	Every 6 months	Every 6 months	Every 6 months
Service authorizations	NA	NA	NA	NA	Yes	Yes	Yes	Yes	Yes



Accomplishments: Filling Gaps & Improving Services

Enhancements to DD HCBS Waiver

In-Home Supports

- New flexibility: Individuals can now utilize both Provider managed and Self-Directed services.

Equipment & Supplies

- Increase in limit: from $4,000 to $5,000 per waiver year.

Environmental Modifications

- Increase in limit: from $20,000 to $40,000 per waiver period (5 years)
- Added that modifications can be made to homes rented by participant or primary caregiver.

Respite Service

- Created stand-alone service that allows for 600 hours per year of support.

What might 600 hours of respite mean for a family?
600 hours/year =
50 hrs / month OR
11.5 hrs/week OR
3.5 wks/year

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Accomplishments: Filling Gaps & Improving Services

Enhancements to DD services

Youth Social Supports & Community Integration Grant

- Grant provided funding to three agencies aimed at supporting community integration for youth aged 12-21.
- 46 youth participated
- Participants took part in various community activities, including visits to local parks, water parks, street fairs, movies, fishing trips, and the zoo.
- The pilot was operational from June 1 – August 31, 2024. *Funding Source: ARPA 10% HCBS Fund*

Guardianship Establishment Fund

- Provides funds to cover petitioning costs for family and friends who are willing to serve as guardian but may not have the financial resources to complete the legal process.
- $3,000 max per request; 112 requests approved



Accomplishments: Filling Gaps & Improving Services

Family Caregiver Pilot

Pilot start date 4/1/2024; Data as of 12/3/2024

Submitted applications: 444

Waiver*:
Traditional IID/DD HCBS Waiver:
342 (Total enrolled: 6106) = 5.6%
Autism Waiver:
40 (Total enrolled: 345) = 12%
Medically Fragile Waiver:
24 (Total enrolled: 26) = 92%
Children's Hospice Waiver:
0 (Total enrolled: 0) = 0%
Unknown: 38
**Based on the waiver selected in the application by the person applying.*

Age:
0-17: 76%
18+: 24%

Approved Applications: 50*

Waiver:
Traditional IID/DD HCBS Waiver: 96%
Autism Waiver: 2%
Medically Fragile Waiver: 2%

Age:
0-17: 62%
18+: 38%
**This includes 50 paid caregivers (49 applicants – 1 applicant/ 2 different households).*

Daily Rate:
Age: 0-17—$77.45/day
Annual average of $20,137
Age: 18+ = $154.89/day
Annual average of $40,271

Pending Applications: 17

Waiver:
Traditional IID/DD HCBS Waiver: 16
Autism Waiver: 1

Age:
0-17: 71%
18+: 29%

Additional applications reviewed once funding from appeals is able to be released.

Waitlist: 182

Denied: 172
Primary Denial Reason:
Applicant not enrolled in a 1915c waiver: 62
Assessed needs did not meet extraordinary care criteria: 97
Support needs are otherwise compensated: 4
Program funds not available: 0
Application incomplete: 0
Family Caregiver did not meet program requirements: 9

Revoked: 2
Withdrawn: 17
Closed: 4

Appeals: 21*
$256,741.55 currently held in appeals

$352,389.70 currently held in appeal rights timelines

**Anyone who has been denied for an appealable reason would have appeal rights where the funding is held until 30 days after the decision date (unless appealed further, then the funding continues to be held)*

Cost of appeals from the Attorney General (AG) and Office of Administrative Hearings (OAH)*:
$35,614.93
Costs are through October 2024.

**Funds to cover these costs do not come from the funding allocated through Senate Bill 2276. These costs are covered using HHS funding.*

Total Funds Appropriated for Direct Service: $2,200,000

Total Funds Authorized: $1,252,245.67

Held for Appeals: $609,131.25

Held for Pending Applications: $338,623.08

Implementation costs from Senate Bill 2276:
IT – Portal: $73,401.03*
**Does not include IT maintenance & operations for portal.*
FTE/Salary Costs: $81,072.30

Portal Functionality
Within the Family Paid Caregiver Portal, an applicant can:
- Submit an application
  - Extraordinary Care Assessment and Child Abuse and Neglect Background Inquiry documents can be uploaded for review.
- View status of submitted application(s)
- View authorization(s)
- Request payments
- View payment status

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Accomplishments: Filling Gaps & Improving Services

Supporting Provider Operations

Accreditation Options

- Expanded the number of options DD providers can consider for securing accreditation of services.
  - Select the entity that best aligns with their needs and objectives.
  - Select an entity that offers the support and resources necessary for their success.

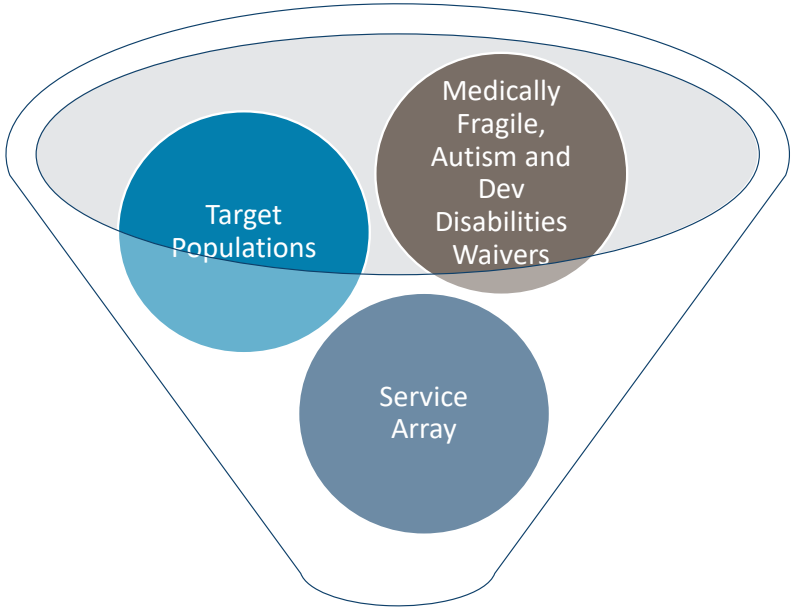
Person-centered approach to Risk Toolkit

- Resource to provide guidance re how to think about / manage risk
  - Geared toward people receiving DD services, guardians, family members, and service planning team members
  - Available online: PCP Risk Toolkit



Accomplishments: Filling Gaps & Improving Services

Preparing for a Cross Disability Waiver



Cross Disability Children's Waiver helps children and families gain independence, self-determination, social capital, economic sufficiency, and community inclusion.



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Components of Quality

How are we doing?
Can we do it better?

National Standards

Evidence Based Practices

Applying or translating research findings into care practices and decision making that will result in the best client outcomes

Accreditation

Assures quality, consistency and relevant approaches through application of research-based standards and a peer-review process

State Standards

Licensure and Certification

Granting of authority to practice within health and safety guidelines and/or scope of practice

Incident Reporting

Tracking of health and safety events that occur in the course of delivering care to clients



Outputs and Outcomes

National Core Indicators

Standard measures used across states to assess the outcomes of services provided to individuals and families

Core Set Performance Measures

National standards of care and treatment processes for common health conditions

Processes

Quality Assurance / Quality Control

Monitoring desired level of quality in service delivery by examination of processes and procedures

Accreditation as part of the ND Quality Framework

Accreditation is about more than regulatory compliance. It represents a quality standard that evaluates how well an agency is supporting the people it serves.

- Allows for an outside, unbiased, third-party review of policies and practices and the experiences of those receiving services.
- Measures these items against national practices, experiences, and established standards. In turn, this allows for the ability to keep North Dakota services and supports truly person-centered.
- Encourages providers to collect data and use the data to make informed decisions or changes toward policy and practices.

Regulatory Monitoring

Licensing, monitoring and training, and the HCBS survey process focus on ensuring that providers meet minimum standards for health, safety, and compliance with state policies.

Accreditation

Accreditation goes further by emphasizing person-centered care and aligning practices with nationally recognized best practices.



Discharge can be Voluntary or Involuntary

Voluntary Discharge: the person chooses to exit services or choose another provider

- Personal preference
- Move to a different city
- Move to a short term stay in a skilled nursing facility (ex. rehab, recovery)

Involuntary Discharge: the person is discharged from services against his or her own wishes.

- Provider "not able to meet needs"
  - Short staffing
  - Safety needs for both client and staff
  - Client-to-client interactions
  - Guardian or family challenges, including preventing the provider from providing supports

Involuntary Discharges (July-December 2024)**: 9**
People living in ICF or ResHab setting (12-31-24 snapshot): **5,527**

	Total	Details
Total Involuntary Discharges	**9**	**1-Medical Needs 1-Substance Abuse 7-Behavior**
Continued with Provider	2	Team Problem Solving Resulted in Stabilization
Accepted by a New Provider	5	
Back with Family	1	
At LSTC (Life Skills and Transition Center)	0	
At NDSH (North Dakota State Hospital)	0	
Homeless	1	Due to Substance Abuse

**Involuntary Discharge means that the individual's care team did not concur with the discharge decision.*

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Examining opportunities to think differently about discharge

- HHS assembled a “Discharge Policy Work Group” to develop recommendations to improve involuntary discharge practices and policy. Work group is examining:
  - Reasons for involuntary discharge
  - Current challenges in the system related to involuntary discharge
  - Multiple case studies of those that have been given notice of involuntary discharge
- Work Group membership includes: HHS DD section policy (2) and field staff (2), P&A (2), DD provider CEOs (3), Guardians (2), LSTC (1)
- Results from the group’s recommendations could potentially lead to policy change.

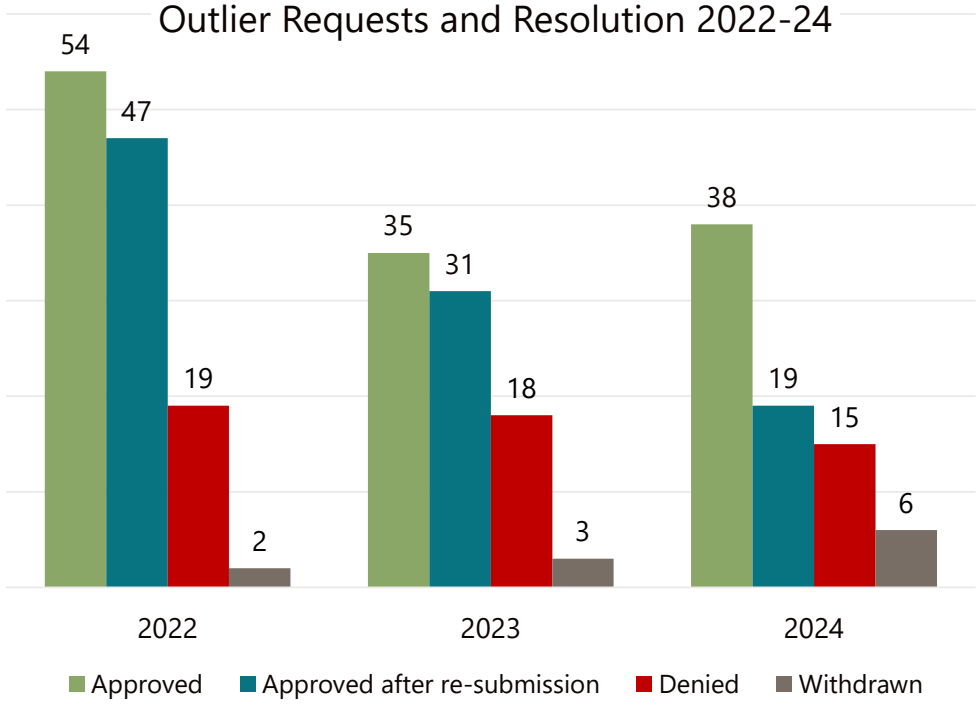


Outlier Requests are a systematized part of the service auth process designed to account for extraordinary needs

If an individual's needs exceed the support service hours authorized as per the information gleaned from the SIS or ICAP assessment, they can request consideration for additional Medicaid-funded staff support.

1. Meet a medical or behavioral qualifier, and
2. Pose an imminent risk of harm to health/safety (self or others), and
3. Support needs exceed hours identified, and
4. Other mitigation options were pursued before requesting additional staffing

The Outlier Policy helps ND **apply consistent principles** *across unique situations* and helps ensure that the system is supporting the **least restrictive level of staffing** that is *necessary to meet a person's needs*.



Common Denial reasons

- Hours in setting meet the level of staffing requested
- No data included or it is incomplete
- Frequency or intensity does not meet the policy requirements

Assistive devices and technologies are opening up new avenues for people to support their “life activity” needs without relying on staffing as the sole solution

Assistive devices and various home and vehicle modifications have always been part of how families and providers have worked together to modify the physical environment to meet a person’s unique needs.

- Ramps and Lifts
- No-step showers, grab bars
- Walkers, canes and

The environment, expectations, and opportunities surrounding environmental modification are ever-changing

- Sensory issues
- Technology-enabled devices
- Smart-home improvements paired with physical home modification



Access to assistive devices/technologies is growing.

Navigating how to access a growing array of options can be difficult for families.

	Medicaid State Plan	DD waiver	Autism waiver	Med Fragile waiver	Aged & Disabled waiver	Other (MFP, SPED, ExSPED)	Other (housing rehab)
Benefit Limits	Specific to individual need	Equip & Supplies - $5k/yr Env Mod - $40k (over 5 yrs)	Assistive Tech - $5k (over 5 yrs)	Assistive Tech & Env Mod - $25,300/waiver yr (all services)	Specific to individual need	Unique to each program	Unique to each program
Eligible settings	Own home (rent or own)	Own home (rent or own)	Own home (rent or own)	Own home (if mod cannot be moved, must own)	Own home (rent or own)	Unique to each program	Unique to each program
How to access	Enroll as Medicaid provider	Veridian (contracted intermediary)	Purchased by HHS and shipped to home	Veridian (contracted intermediary)	Enroll as Medicaid provider	Each program has a pathway	Each program has a pathway
Eligible items	Medically necessary as defined in NDAC 75-02-02	All 4 Medicaid 1915c waivers note that approval of any item is dependent on the disability and the need (i.e., prevent institutionalization by addressing ADL/IADLs)				Unique to each program	Unique to each program

- For waivers that serve children, if an item is generic, availability depends in part on the age of the participant. As a general principle, if a child without a disability would need it, Medicaid will not cover it because the need is not specific to a child's disability. (ex. a highchair for a 3-year-old v a 15-year-old)

Example: Eligibility across programs

List of items noted by P&A during budget presentation related to ARPA-funded pilot project

Item from P&A List	DD waiver	A&D waiver	Autism	Med Fragile
Accessible Blinds	Yes	Yes	Yes (blackout)	No
Air Purifier	Yes	Yes	No	Yes
Amazon Echo/Show	Yes if it is needed to access AT	Yes if it is needed to access AT	Yes if it is needed to access AT	Yes if it is needed to access AT
Automatic Door Opener	Yes under environmental mod	Yes under environmental mod	No	Yes
Bathing Chair	Yes	Yes	No	No
Bean Bag	Yes	No	Yes	No
Bike Basket	Yes	Yes	Yes	Yes
Bike Cargo Rack	No?	No	No	No
Bike Lock	No	No	No	No
Bluetooth Neckband	No	No	No	No
Brick	Yes	Yes	No	No
Cabinet Lock w/Code	Yes	Yes	Yes	Yes
Cabinet Lock w/Key	Yes	Yes	Yes	Yes
Cable Management	Yes	Yes	Yes	Yes
Colored Wall Lights	Yes	Yes	Yes	Yes
Door Security Bar	Yes	Yes	Yes	Yes
Door Sensor	Yes	Yes	Yes	Yes
Dry Erase Calendar	No - generic	No	Yes	No
Echo Wall Mount	Yes if it is needed to access AT	Yes	Yes if it is needed to access AT	Yes if it is needed to access AT
Fidgets	Yes	No	Yes	Yes
Floor Lamp	Yes if accessibility features for on/off	Yes if accessibility features for on/off	Yes if accessibility features for on/off	Yes if accessibility features for on/off
Grocery Bag Carriers	Yes	Yes	No	No
Hearing Protection	Yes	Yes	Yes	Yes
Hospital Bed	Yes	Yes	No	No

Item from P&A List	DD waiver	A&D waiver	Autism	Med Fragile
LEVO tablet stand	Yes	Yes	Yes	Yes
Montessori Knives	Yes	Yes	No	No
No Drill Furniture Anchors	Yes	Yes	Yes	Yes
Open Sesame Accessory - Standard Transmitter	Yes	Yes	Yes	Yes
Phone Mount	Yes	Yes	Yes	Yes
Pull Down Shelf – 5pd Series	Yes	Yes	Yes	Yes
Recliner Switch	Yes	Yes	Yes	Yes
Ring Doorbell	Yes	Yes	Yes	Yes
Ring Doorbell Mount	Yes	Yes	Yes	Yes
Smart Bulbs	Yes	Yes	Yes	Yes
Smart Lock	Yes	Yes	Yes	Yes
Smart Plugs	Yes	Yes	Yes	Yes
Sofa Armrest Organizer	Yes	Yes	Yes	Yes
Stair Climber Cruiser Cart	Yes	Yes	Yes	Yes
Switch Bot	Yes	Yes	Yes	Yes
Timer	Yes	Yes	Yes	Yes
Veggie Chopper	Yes	Yes	No	Yes
Visual "Stop" Banner	Yes	Yes	Yes	No
Weighted Blanket	Yes	Yes	Yes	Yes
Wyze Lock	Yes	Yes	Yes	Yes

Included in Executive Budget Request

Convert the DD Youth Assessment Tool from ICAP to SIS-C

- Currently HHS-DD section uses the ICAP assessment for the resource allocation process for children birth - 15.
- The tool was selected in 2018 in part because the child-version of the SIS assessment (which ND uses for adults) was not yet available. As of 2024, the ICAP is no longer being normed or updated.
- HHS has proposed replacing the ICAP with the child-SIS (SIS-C) to reduce the impact of changing from the child assessment to adult, as both assessments will focus on support needs rather than deficiencies.
- This is expected to be a multi-year project that involves both testing the new assessment and adjusting the allocation formula based on the scoring results in the new assessment. This funding is for the use of the assessment and the consultant needed to do the allocation work.

Total	General	Federal	Other
$400,000	$200,000	$200,000	$0

This is a one-time funding request.



Included in Executive Budget Request

Implement a Host Home Service in the DD HCBS Waiver

- One of the highest priority gaps in the DD service delivery system involves appropriate service settings for youth who need at least some level of residential care outside of their family home.
- This request establishes a host home service in the DD waiver; it replaces the Family Care Option service which has been a part of the DD waiver for many years but has not effectively deployed.
- Host homes will infuse therapeutic level supports for both the youth and for the youth's family / support system to foster continued opportunities for family involvement as the youth navigates challenging symptoms and nears adulthood.
- Funds are for service delivery (paid to providers) in support of 20 operational host homes serving approximately 20 youth.

Total	General	Federal	Other
$3,379,800	$1,689,900	$1,689,900	$0

This is an ongoing funding request.



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Included in Executive Budget Request

Provider Inflation

- Provider Inflation 1.5%/1.5%
  - 45 agency providers
  - 580 individual providers (self-directed)

Total	General	Federal	Other
$16,808,241	$8,293,006	$8,515,235	$0

This is an ongoing funding request.



Included in Executive Budget Request

Cross Disability Waiver Implementation

- Address existing disparities in access to home and community-based services for children with disabilities, taking meaningful steps to expand access and resources to people who may not be well served by the current system of care.
- Modernize the current system, ensuring equitable access to essential services for children aged 3 to 21 who have mild to moderate support needs.

2025-2027 Biennium Activities:

1. Design and Test New Level of Care for Cross Disability Waiver and Developmental Disabilities Waiver
2. Design Cross Disability Waiver (Service Array, Access, Quality, Provider Qualifications & Rates)
3. Start Building Service Infrastructure

- Anticipated start date for delivery of services is July 2028.

Total	General	Federal	Other
$4,948,452	$2,474,226	$2,474,226	$0

This is an ongoing funding request.



Part of the Cross-Disability Waiver work will change what it means to be "DD-eligible"

Modifying and Refining Level of Care



CURRENT STATE

North Dakota uses an older federal definition of developmental disability to decide who qualifies for services. This definition focuses mainly on things like learning, self-care, and mobility.

NEXT STEP

Update North Dakota's definition to match more modern standards, like those used by the AAIDD, DSM-5, and ICD-11.

- The update will include "social" functioning as part of what qualifies someone for services.
- This change will help the state better identify and support people with intellectual and developmental disabilities.

HOW DO WE GET THERE?

To make this happen, the state will work with a contracted entity to:

- ✓ Review the best practices from across the country,
- ✓ Test new tools alongside the current system,
- ✓ Select a new tool, and
- ✓ Develop an implementation plan.

What does it actually mean to modify the DD "level of care"?

4 primary domains affect a person's ability to execute life activities

	ND Today	ND Future
1 Intellectual or Developmental Significant limitations in both Intellectual functioning (general mental capacity) & adaptive behavior; originates before age 22	✓	✓
	+	+
2 Conceptual Language and literacy, money, time, number concepts, self direction	✓	✓
		+
3 Social Interpersonal skills, social responsibility, self-esteem, gullibility, naivete (wariness), social problem solving, ability to follow rules/obey laws, avoid victimization		✓
	+	+
4 Practical Activities of daily living (personal care), occupational skills, healthcare, travel/transportation, schedules/routines, safety, use of money, use of the telephone	✓	✓



What stays the same?

- Definition of and understanding of each individual element of diagnosis / deficit
- Definition of an ICF/IDD level of care

What changes?

Our understanding, assessment and recognition of the interplay between the diagnosis of intellectual disability and various adaptive deficits (conceptual, social, practical), and the impact the cumulative effect has on a person's ability to execute life activities

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Budget review



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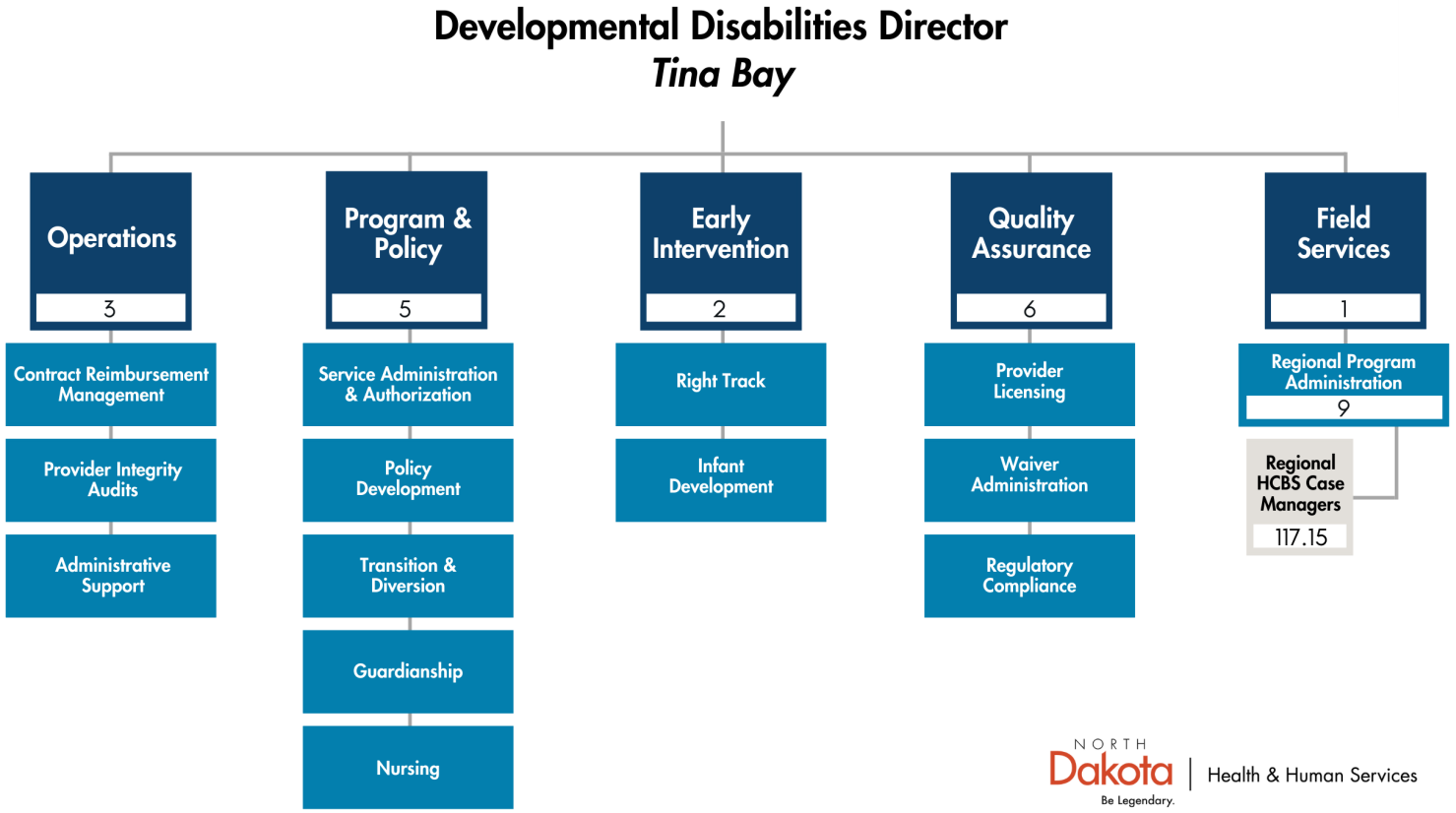
Developmental Disabilities Section

Team Structure and Function

Position #s Assigned / Funding Exists	Positions Filled	# of Vacancies	# of Temporary Staff
144.15	*141.15*	*3**	*3**

*As of 12/01/2024

Average Age	*42*
Avg Years of Service	*11*
Retirement Risk	*6%*
Turnover 2021	*4%*
Turnover 2022	*3%*
Turnover 2023	*6%*
Turnover 2024	*7%*



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Comparison of budgets and funding

By Budget Account Code

DESCRIPTION	2023-25 LEGISLATIVE BASE	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE/ (DECREASE)
Total General	**$ 372,688,337**	**$ 399,078,048**	**$ 26,389,711**
Total Federal	**$ 409,372,626**	**$ 411,040,033**	**$ 1,667,407**
Total Other	**$ 137,500**	**$ 521,747**	**$ 384,247**
511x Salaries - Regular	$ 16,348,674	$ 20,543,343	$ 4,194,669
513x Salaries Temp	989,717	156,134	(833,583)
514x Salaries Overtime	108,056	-	(108,056)
516x Salaries Benefits	8,304,060	10,294,746	1,990,686
Total Salaries & Benefits	**$ 25,750,507**	**$ 30,994,223**	**$ 5,243,716**
52x Travel	273,175	618,545	345,370
53x Supply	110,046	134,794	24,748
54x Postage & Printing	10,249	29,281	19,032
55x Equipment under $5,000	4,000	4,000	-
58x Rent/Leases - Bldg/Equip	462,442	562,180	99,738
59x Repairs	44,951	84,951	40,000
61x Professional Development	62,504	74,861	12,357
62x Fees - Operating & Professional	11,515,177	12,165,182	650,005
53x Supplies	2,250	4,250	2,000
60x IT Expenses	189,600	2,534,541	2,344,941
69x Equipment Over 5K	10,000	10,000	-
71x Grants, Benefits, & Claims	743,763,562	763,423,020	19,659,458
Total Operating	**$ 756,447,956**	**$ 779,645,605**	**$ 23,197,649**
Total	**$ 782,198,463**	**$ 810,639,828**	**$ 28,441,365**

Developmental Disabilities Budget as % of HHS Budget
12.92%

Budget by Funding Source
- 49.2% - General
- 50.7% - Federal
- 0.1% - Other

Budget by Pass Through
- 1.7% - Paid to Contracted Vendors
- 94.0% - Paid to Private Providers for Direct Services
- 4.0% - HHS Admin
- 0.3% - HHS Technology

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Operating Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
Guardianship Services	$ 4,792,200	$ 1,317,155	$ 6,109,355	$ 6,109,355	$ -	$ -
Assessments and Fiscal Agent Services	6,722,977	(667,150)	6,055,827	1,071,655	4,737,172	247,000
GENERAL FUND	**$ 6,526,151**	**$ 654,859**	**$ 7,181,010**	**$ 7,181,010**	**$ -**	**$ -**
FEDERAL FUND	**4,989,026**	**(251,854)**	**4,737,172**	**-**	**4,737,172**	**-**
OTHER FUND	**-**	**247,000**	**247,000**	**-**	**-**	**247,000**
GRAND TOTAL	**$ 11,515,177**	**$ 650,005**	**$ 12,165,182**	**$ 7,181,010**	**$ 4,737,172**	**$ 247,000**

Grants Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
Various Grants	$ 2,969,242	$ (1,883,130)	$ 1,086,112	$ 139,840	$ 715,272	$ 231,000
Federal Fund Match for Protection & Advocacy	200,000	20,000	220,000	-	220,000	-
GENERAL FUND	**$ 2,598,826**	**$ (2,458,986)**	**$ 139,840**	**$ 139,840**	**$ -**	**$ -**
FEDERAL FUND	**570,416**	**364,856**	**935,272**	**-**	**935,272**	**-**
OTHER FUND	**-**	**231,000**	**231,000**	**-**	**-**	**231,000**
GRAND TOTAL	**$ 3,169,242**	**$ (1,863,130)**	**$ 1,306,112**	**$ 139,840**	**$ 935,272**	**$ 231,000**

Grants on a walkthrough

DESCRIPTION	2025-27 BASE BUDGET	COST TO CONTINUE	FMAP	SAVINGS PLAN	UNDERFUNDING	TOTAL CHANGES	TO GOVERNOR
ICF/ID	$ 233,291,959	$ (18,500,231)	-	-	-	$ (18,500,231)	$ 214,791,728
DD HOME AND COMMUNITY BASE SERVICES	514,123,745	16,620,019	-	-	-	16,620,019	530,743,764
RESIDENTIAL HABILITATION	284,026,875	(1,727,474)	-	-	-	(1,727,474)	282,299,401
DAY PROGRAMS	117,517,263	1,077,483	-	-	-	1,077,483	118,594,746
INFANT DEVELOPMENT	36,888,505	852,360	-	-	-	852,360	37,740,865
FAMILY SUPPORT SERVICES - IN HOME SUPPORTS	36,704,331	(3,512,172)	-	-	-	(3,512,172)	33,192,159
REMAINING SERVICES*	38,986,771	19,929,822	-	-	-	19,929,822	58,916,593
COST SETTLE, DISC SERV, & UNDERFUNDING	(4,622,143)	4,622,143	(3,545,420)	-	-	1,076,723	(3,545,420)
TOTAL FUNDS	**$ 742,793,561**	**$ 2,741,931**	**$ (3,545,420)**	**$ -**	**$ -**	**$ (803,489)**	**$ 741,990,072**
GENERAL FUND	**$ 351,680,400**	**$ (132,057)**	**$ 13,683,876**	**$ -**	**$ -**	**$ 13,551,819**	**$ 365,232,219**

DESCRIPTION	TO GOVERNOR	INFLATION	SERVICES - HCBS	TOTAL CHANGES	TO HOUSE
ICF/ID	$ 214,791,728	$ 4,865,574	-	$ 4,865,574	$ 219,657,302
DD HOME AND COMMUNITY BASE SERVICES	530,743,764	11,881,461	-	11,881,461	542,625,225
RESIDENTIAL HABILITATION	282,299,401	6,394,310	-	6,394,310	288,693,711
DAY PROGRAMS	118,594,746	2,684,341	-	2,684,341	121,279,087
INFANT DEVELOPMENT	37,740,865	854,952	-	854,952	38,595,817
FAMILY SUPPORT SERVICES - IN HOME SUPPORTS	33,192,159	756,729	-	756,729	33,948,888
REMAINING SERVICES*	58,916,593	1,191,129	-	1,191,129	60,107,722
COST SETTLE, DISC SERV, & UNDERFUNDING	(3,545,420)	-	3,379,800	3,379,800	(165,620)
TOTAL FUNDS	**$ 741,990,072**	**$ 16,747,035**	**$ 3,379,800**	**$ 20,126,835**	**$ 762,116,907**
GENERAL FUND	**$ 365,232,219**	**$ 8,287,885**	**$ 1,689,900**	**$ 9,977,785**	**$ 375,210,004**

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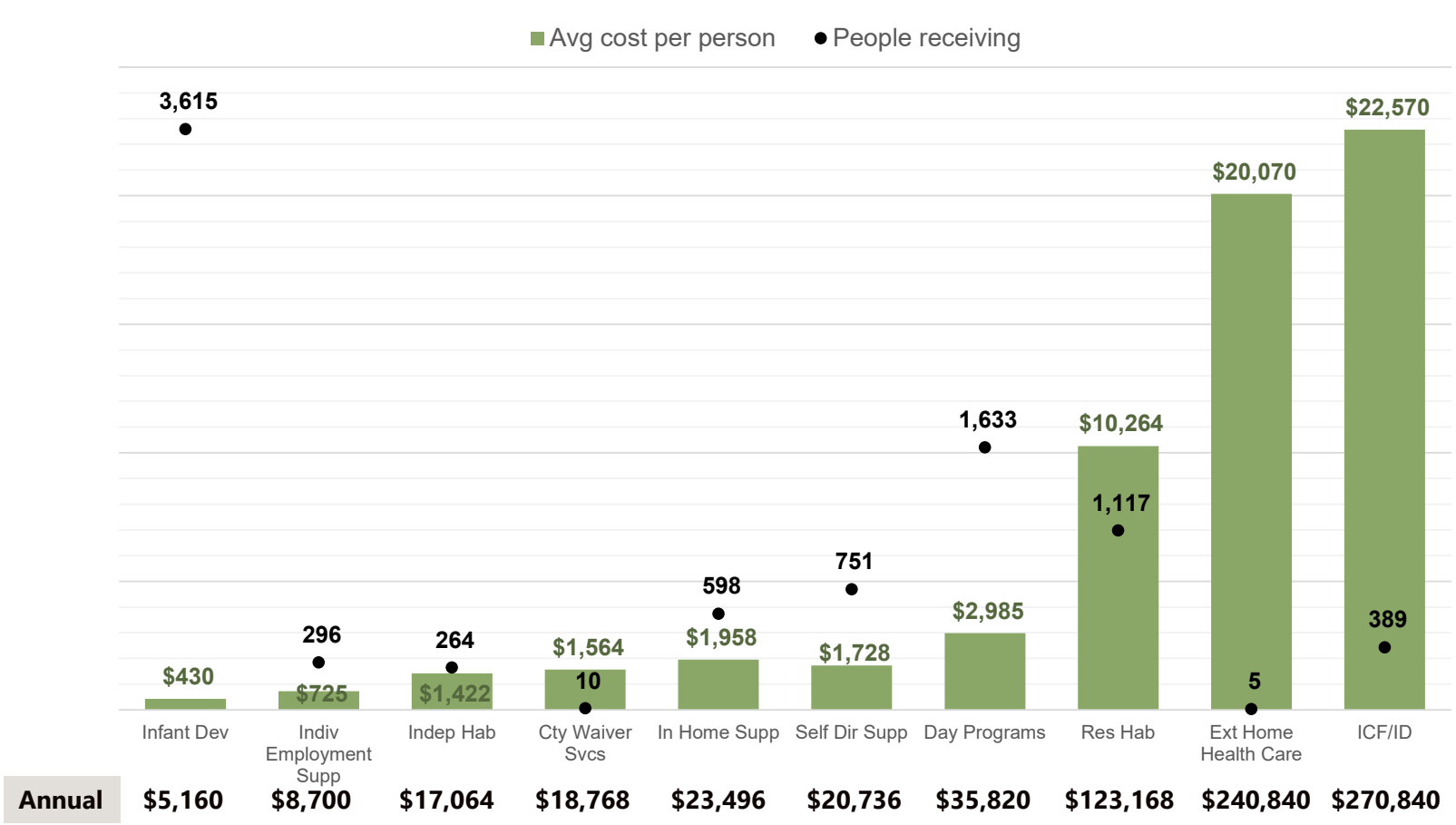
Developmental Disabilities Service Continuum

Cost per month per person per type of service – SFY24









Top Services

North Dakota Department of Health and Human Services
Developmental Disabilities
Unit and Cost Comparison
12 Month Average to Executive Budget Request (EBR) 2025 - 2027 Biennium

Program	12 Month Average in Units (April 2023 - March 2024)	Monthly average units for EBR 2025 - 2027	Change from EBR to 12 mo Avg units	12 Month Average in Cost per Unit (April 2023 - March 2024)	Monthly average cost per unit for EBR 2025 - 2027	Change from EBR to 12 mo Avg cost per unit	Monthly average units for first 14 months of 23-25	Monthly average unit cost for first 14 months of 23-25
ICF/ID (Daily)	12,207	12,505	298	$689.90	$731.90	$42.00	12,536	$705.75
Residential Habilitation (Daily)	35,139	36,107	968	$313.69	$333.15	$19.46	35,383	$322.01
Day Programs (15 min.)	657,065	669,190	12,125	$7.09	$7.55	$0.46	668,822	$7.27
Infant Development (Pay point)	6,331	6,503	172	$230.64	$247.29	$16.65	6,633	$234.61
Family Support - In Home Supports (15 min.)	121,005	137,887	16,882	$9.63	$10.26	$0.63	120,746	$9.81

Comparison of budget expenditures and projections

By Budget Account Code

DESCRIPTION	2023-25 LEGISLATIVE BASE	EXPENDED AS OF 12/31/2024	PROJECTION THROUGH 6/30/2025	UNDER / (OVER) BUDGET
511x Salaries - Regular	$16,348,674	$13,356,498	$18,180,530	$(1,831,856)
513x Salaries Temp	989,717	379,374	438,829	550,888
514x Salaries Overtime	108,056	111,081	111,081	(3,025)
516x Salaries Benefits	8,304,060	6,668,966	9,044,651	(740,591)
Total Salaries & Benefits	**$25,750,507**	**$20,515,919**	**$27,775,091**	**$(2,024,584)**
52x Travel	273,175	381,515	475,049	(201,874)
53x Supply	110,046	123,385	288,368	(178,322)
54x Postage & Printing	10,249	26,902	34,032	(23,783)
55x Equipment under $5,000	4,000	-	670	3,330
58x Rent/Leases - Bldg/Equip	462,442	305,610	391,893	70,549
59x Repairs	44,951	110,195	142,531	(97,580)
61x Professional Development	62,504	29,520	39,005	23,499
62x Fees - Operating & Professional	11,515,177	6,857,684	11,462,744	52,433
53x Supplies	2,250	16,617	18,247	(15,997)
60x IT Expenses	189,600	402	25,872	163,728
69x Equipment Over 5K	10,000	-	2,500	7,500
71x Grants, Benefits, & Claims	743,763,562	516,679,618	733,786,374	9,977,188
Total Operating	**$756,447,956**	**$524,531,448**	**$746,667,285**	**$9,780,671**
Total	**$782,198,463**	**545,047,367**	**774,442,376**	**$7,756,087**
Total General	**$372,688,337**	**$250,628,070**	**$360,755,509**	**$11,932,828**
Total Federal	**$409,372,626**	**$293,928,034**	**$413,168,148**	**$(3,795,522)**
Total Other	**$137,500**	**$491,263**	**$518,719**	**$(381,219)**

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DD-related Policy Bills with Budget Impact

		Federal	General
SB 2305	Family Paid Caregiver Pilot		TBD
SB 2192	Grants for Provider Accreditation		$240,000





On the horizon for DD

- Host homes
- Level of Care redesign
- Cross disability waiver design
- Process redesign for DD system
- Youth-oriented Employment / Day Services

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Contact Info

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Appendix

More about the ND Level of Care for DD eligibility, excerpted from Alvarez and Marsal reports.

- ND Developmental Disabilities Study, presented to ND Legislature on June 30, 2022 (Alvarez and Marsal)
- Cross-Disability Children's Waiver Update, presented to ND Legislature on September 25, 2024 (Alvarez and Marsal)



Understanding Level of Care

- In order to receive waiver services, eligible individuals must demonstrate the need for a Level of Care (LOC) that would meet the state's eligibility requirements for services in an institutional setting.
  - Waivers target a population of people in need of LTSS (for example: people with intellectual and developmental disabilities; people with autism; people with physical disabilities; seniors) and use functional eligibility criteria (LOC)
  - Eligibility for Medicaid HCBS waivers is directly linked to institutional level of care, because waivers are an alternative to institutionalization in facilities like Intermediate Care Facilities for Individuals with Intellectual Disabilities and Nursing Facilities
  - Level of Care is determined initially at admission and then recertified annually.
- The overall goal of Level of Care determinations is to ensure that the right people are getting the right amount of care, in the right environment.
  - People most in need have access to Long Term Services & Supports (LTSS)
  - Limited state resources are used to provide LTSS for that population of people
  - Those people have the opportunity to receive LTSS in the least restrictive environment that meets their needs

Modernizing the DD Definition to Recognize Adaptive Social Deficits

FUTURE STATE	• Update definition of developmental disability to match AAIDD, DSM-5, & ICD-11 definition. • Continue to require that a person meet at least 3 functional limitations. • Add requirement that functional limitations cross two adaptive areas.

- North Dakota currently uses the federal definition of developmental disability from the Developmental Disabilities Assistance and Bill of Rights Act of 2000 as part of determining eligibility for services. The definition aligns major life activities with adaptive deficits that are conceptual: receptive and expressive language, learning, and self-direction; and practical: self-care, mobility, capacity of independent living, and economic self-sufficiency.
- The AAIDD, DSM-5, and ICD-11 definitions also consider adaptive deficits in social functioning. Examples include: interpersonal skills, social responsibility, self-esteem, gullibility, naïveté (i.e., wariness), social problem solving, and the ability to follow rules/obey laws and to avoid being victimized.
- A&M recommends **modernizing the statutory definition of developmental disability and**, accordingly, level of care, to align with these more modern definitions, **requiring significant functional limitations in two of the following three areas of adaptive functioning: conceptual, social, and practical**.
- Examples of peer states that use all three categories of adaptive deficits include: Nebraska, Iowa, Kansas, and South Dakota.

Intellectual or Developmental Disability Definitions (1 of 2)

	North Dakota	AAIDD
Intellectual or Developmental Disability Definition **Recommendation**: 1. Recognize adaptive social deficits 2. Require substantial functional limitations in 3 or more major life activities, that cross at least 2 of the 3 domains: conceptual, social, and practical	The term "developmental disability" means a severe, chronic disability of a person which: A. is attributable to a mental or physical impairment or combination of mental and physical impairments; B. is manifested before the person attains age twenty-two; C. is likely to continue indefinitely; D. results in **substantial functional limitations in three or more of the following areas of major life activity**: [SEE BELOW] E. reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.	Intellectual disability is a disability characterized by **significant limitations in** both intellectual functioning and in **adaptive behavior**, which covers many everyday social and practical skills. This disability originates before the age of 18. Intellectual functioning—also called intelligence—refers to general mental capacity, such as learning, reasoning, problem solving, and so on. One way to measure intellectual functioning is an IQ test. Generally, an IQ test score of around 70 or as high as 75 indicates a limitation in intellectual functioning.
Adaptive Deficit: Conceptual	Receptive and expressive language Learning Self-direction	Conceptual skills—language and literacy; money, time, and number concepts; and self-direction.
Adaptive Deficit: Social		Social skills—interpersonal skills, social responsibility, self-esteem, gullibility, naïveté (i.e., wariness), social problem solving, and the ability to follow rules/obey laws and to avoid being victimized.
Adaptive Deficit: Practical	Self-care Mobility Capacity of independent living, and Economic self-sufficiency	Practical skills—activities of daily living (personal care), occupational skills, healthcare, travel/transportation, schedules/routines, safety, use of money, use of the telephone.

Intellectual or Developmental Disability Definitions (2 of 2)

	DSM-5	ICD-11
Intellectual or Developmental Disability Definition	Intellectual disability involves impairments of general mental abilities **that impact adaptive functioning in three domains, or areas.** These domains determine how well an individual copes with everyday tasks. While intellectual disability does not have a specific age requirement, an individual's symptoms must begin during the developmental period and are diagnosed based on the severity of deficits in adaptive functioning.	Neurodevelopmental disorders are behavioral and cognitive disorders that arise during the developmental period that involve significant difficulties in the acquisition and execution of **specific intellectual, motor, or social functions.** Although behavioral and cognitive deficits are present in many mental and behavioral disorders that can arise during the developmental period (e.g., Schizophrenia, Bipolar disorder), only disorders whose core features are neurodevelopmental are included in this grouping. The presumptive etiology for neurodevelopmental disorders is complex, and in many individual cases is unknown.
Adaptive Deficit: Conceptual	The conceptual domain includes skills in language, reading, writing, math, reasoning, knowledge, and memory.	Conceptual skills are related to the application of knowledge (e.g., reading, writing, calculating, solving problems, decision-making) and communication
Adaptive Deficit: Social	The social domain refers to empathy, social judgment, interpersonal communication skills, the ability to make and retain friendships, and similar capacities.	Social skills are those related to managing interpersonal interactions, relationships, social responsibility, following rules, obeying laws as well as avoiding victimization.
Adaptive Deficit: Practical	The practical domain centers on self-management in areas such as personal care, job responsibilities, money management, recreation, and organizing school and work tasks.	Practical skills are those related to activities such as self-care, health and safety, occupational skills, recreation, use of money, transportation, and use of home appliances and devices.

See Appendix, Intellectual & Developmental Disabilities Definitions, for peer state examples.

House Bill 1012
House Appropriations – Human Resource Division
Representative Jon Nelson, Chairman

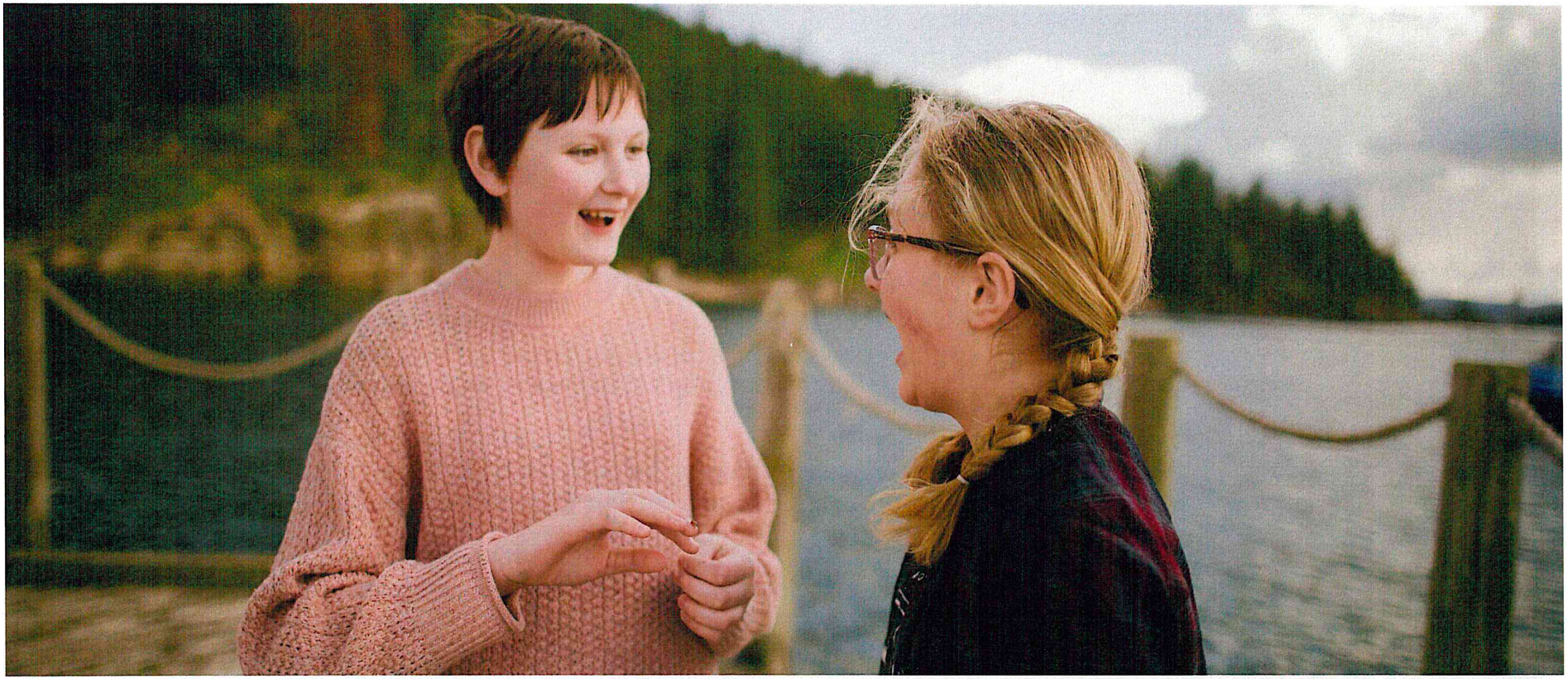
Chairman Nelson and members of the House Appropriations – Human Resource Division Committee. My name is Cody Kurtz, and I am the MFP/NDPP Program Director for the Dakota Center for Independent Living. Dakota Center for Independent Living, along with the other three Centers for Independent Living throughout the state of North Dakota have been working with the North Dakota Department of Human Services to provide contractual work for the grant program called the North Dakota Transition and Diversion Pilot Project. This project started out with dollars from COVID and has continued for the last few years. The intentions of the grant program are to assist low-income individuals either on Medicaid, Medicaid Expansion, or receiving services through ND Aging Services Home and Community Based Cares. The program is intended to provide assistance to help keep individuals eligible for the program, living independently in their homes, and preventing them from having to go to a more restrictive environment like a Basic Care or Skilled Nursing Facility.

The program has provided individuals with funding to build ramps onto their homes, do bathroom modifications to make them more accessible for them, and has put in stair lifts. The program also provides assistive equipment for individuals, such as shower chairs, Hoyer lifts, PAL lifts, grab bars, and a number of other equipment that they may not be able to afford themselves. The ultimate goal of the program is to assist individuals to be more independent in their homes for longer and to reduce the need for long term care in a facility setting.

Dakota Center for Independent Living completed 82 diversions through this program from 10/1/2023 to 9/30/2024, the last reporting year for numbers with that program. However, we continue to do the same work this reporting year with similar results.

This program is crucial for residents of North Dakota who are low-income and could not otherwise afford to pay for the items mentioned and would likely need to move into a more restrictive environment. Although Basic Care, Assisted Living, and Skilled Nursing facilities may serve some individuals well, they are not for everyone, and sometimes staying in your own home is the most important place to keep your quality of life high.

Cody Kurtz
MFP/NDPP Program Director
Dakota Center for Independent Living
701 222 – 3636



HB1012 Overview – Life Skills Transition Center

House Appropriations | Human Resources Division
Representative Jon Nelson, Chairman

NORTH Dakota | Health & Human Services
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February 3, 2025, Heather Jenkins | Superintendent, Life Skills Transition Center

LSTC Purpose and Century Code

Chapter	Chapter Name
25-04	Care of Developmentally Disabled

- Serve as a specialized crisis and stabilization resource to the network of private residential facilities and the thousands of families who are caregivers for a loved one with intellectual and/or developmental disabilities.
- Provide critical, temporary support for children and adults with complex and co-occurring disabilities who are not always well-served by the current service system.
- LSTC is not a permanent home, but rather the right service at the right time, helping individuals stabilize, build skills, and prepare for future independence.

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

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



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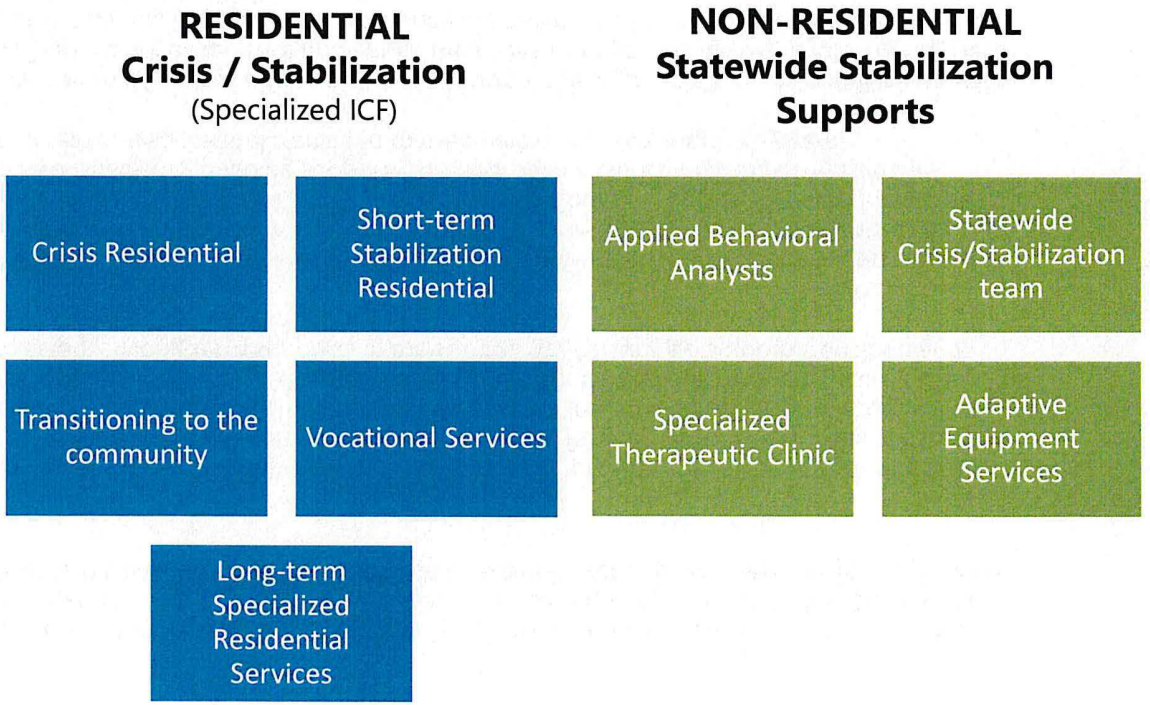
LSTC provides both Residential and Non-Residential services

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

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

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



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Residential Services | Crisis/Stabilization

Crisis Residential

$$ Medicaid (fed/gen)

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

Short-term Stabilization

$$ Medicaid (fed/gen)

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

Transition Supports

$$ General Fund

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

Vocational Services

$$ Medicaid (fed/gen)

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

Long-term Specialized Res

$$ Medicaid (fed/gen)

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

JTO

Non-Residential Services

Applied Behavioral Analysts

$$ Medicaid (fed/gen)

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

Statewide Crisis/ Stabilization Team

$$ General Fund

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

JTO

Therapeutic Clinic

$$ Private Insurance / Contracts

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

Adaptive Equipment Services

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

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



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

LSTC Census Snapshot

Characteristics of people receiving Residential Services | December 2024

Current Census as of 12-31-24

46

32 Adults (age 22+)
14 Youth (age 13-21)

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

Admission Timeframe

33% - 15 ppl admitted in 2024
43% - 20 ppl between 2010 & 2023
24% - 11 ppl before 2010

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

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

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

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

Key terms defined

Census	# of people receiving Residential Services at the LSTC-operated specialized ICF in Grafton. Census data is a snapshot in time.
Individuals Served	# of people entering and exiting services over a specific period of time.
Residential Capacity	# of people that can be served at the LSTC-operated specialized ICF, based on a combination of physical space available and staff that are needed to meet the unique needs of each individual.

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Census is more than a number

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

Data from July 2023- December 2024

55

July 2023

→

46

December 2024

+22

Admissions

-31

Transitions Completed

-21

Admissions Diverted

11

Transitions Planned (In Process) / On Hold/ Cancelled

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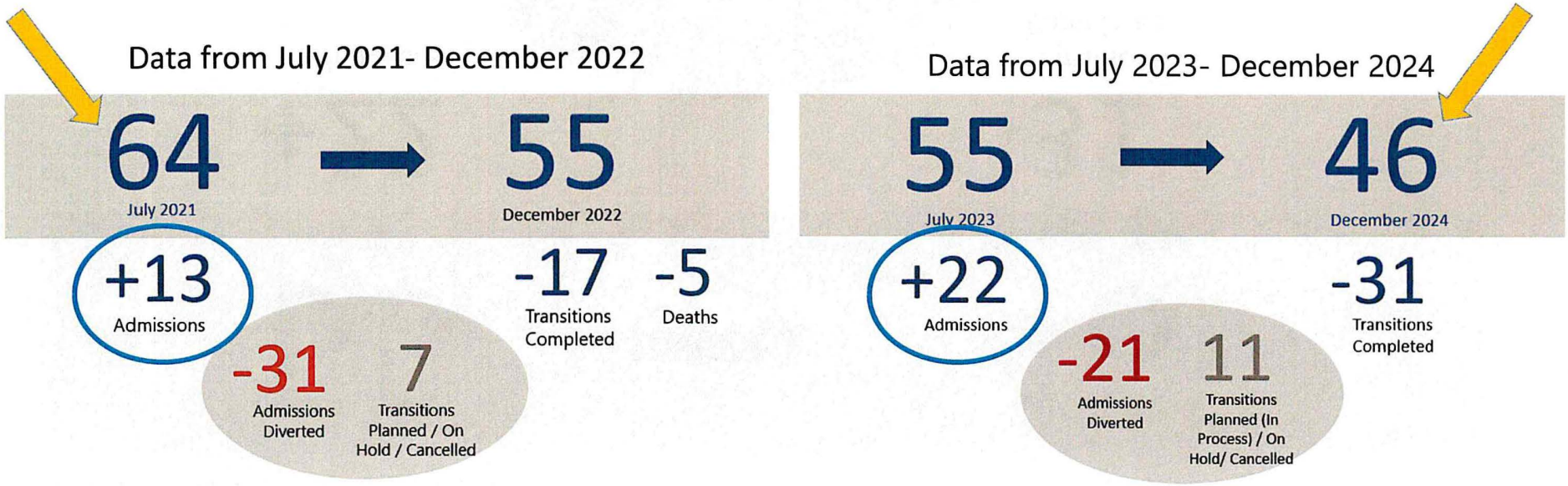
Since July 2021, LSTC's point in time Census has declined by 16% even as admissions have increased by 69%

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



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LSTC Admission Data

Characteristics of people admitted July 2023- December 2024

New Admissions

22

14 Adults (age 22+)
8 Youth (age 14-21)

Admissions **from** setting type

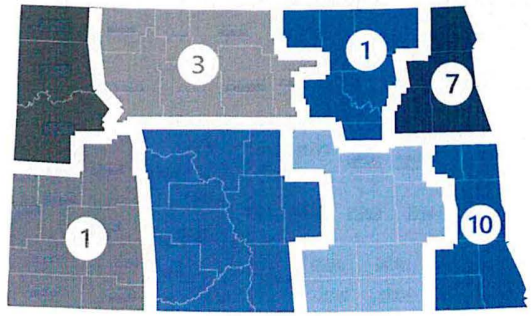
23% - Res Hab
5% - ICF
27% - Family Home
14% - Psych Res Trtmt Fac (PRTF)
14% - State Hospital
5% - Medical Hospital
5% - Juvenile Detention
9% - Homeless

Admissions by **type of guardian**

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

ADULT
64% - corporate guardianship
36% - family guardians

Admissions **from** home region



Reasons provided for admission by those referring the person (people admitted to LSTC as of July 2023)	
Harm to Others	59%
Harm to Self	18%
Elopement	18%
Sexual Inappropriate	9%
Other Health	5%
Unforeseen Circumstances Homelessness, Loss of family caregiver, Provider closed, Individual not accepting of supports offered	27%

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

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Youth Served at LSTC

New Admissions July 2023- December 2024

Reason for Youth Admission

6 – Danger to Self or Others

2 – Unforeseen circumstances

Type of Custody Arrangement upon Admission to LSTC

4 – Family

2 – Human Service Zone

2 – Legally appointed custodian (age 18-21)

Type of Residential Setting being admitted from

4 – Family home

2 – Psychiatric Hospital

1 – Residential Habilitation

1 – Juvenile Detention Center

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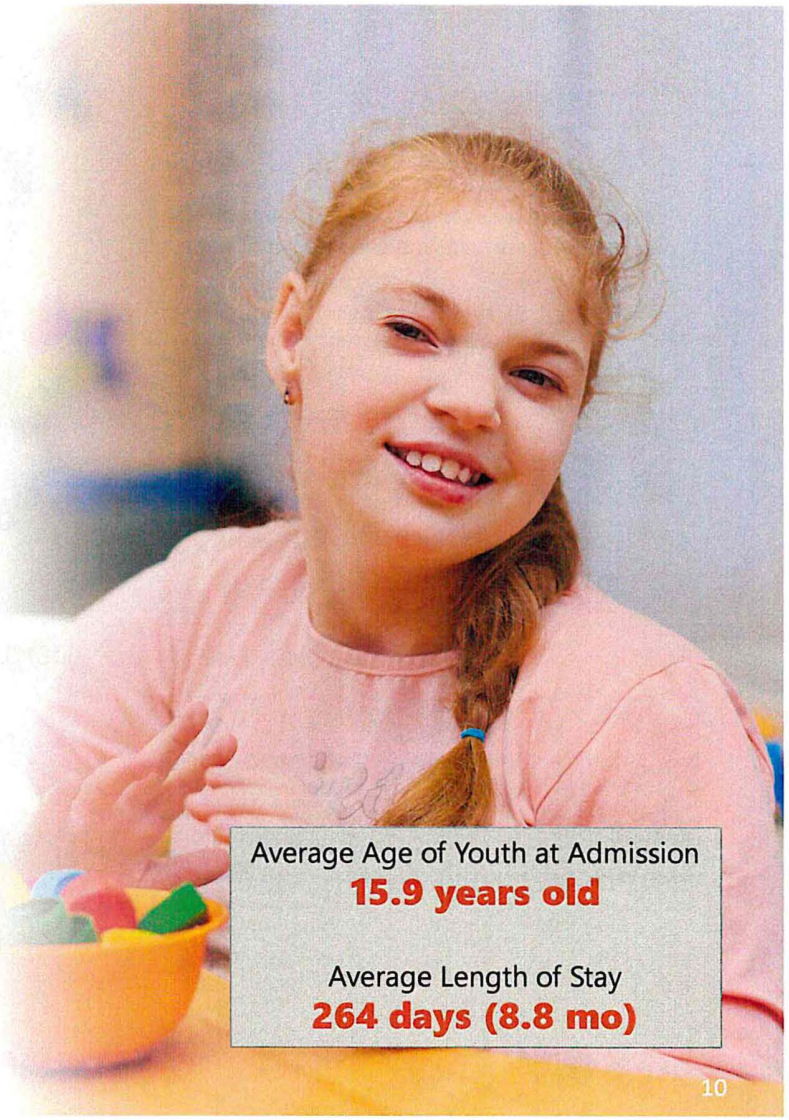

Residential Services

Short-term Crisis Stabilization Admission Services

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

Crisis Admissions
July 2023-Dec 2024

9

8 discharged
1 active admission

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

100% - Adults
0% - Youth

Services are Medicaid billable



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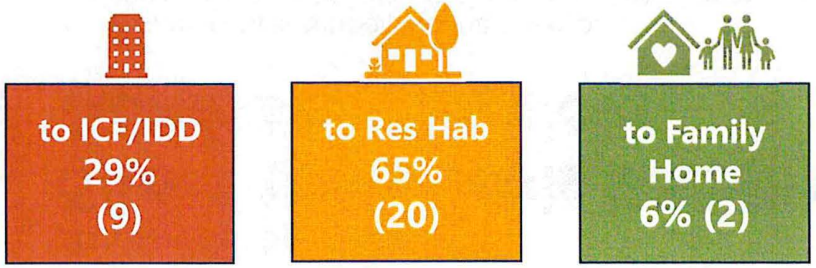
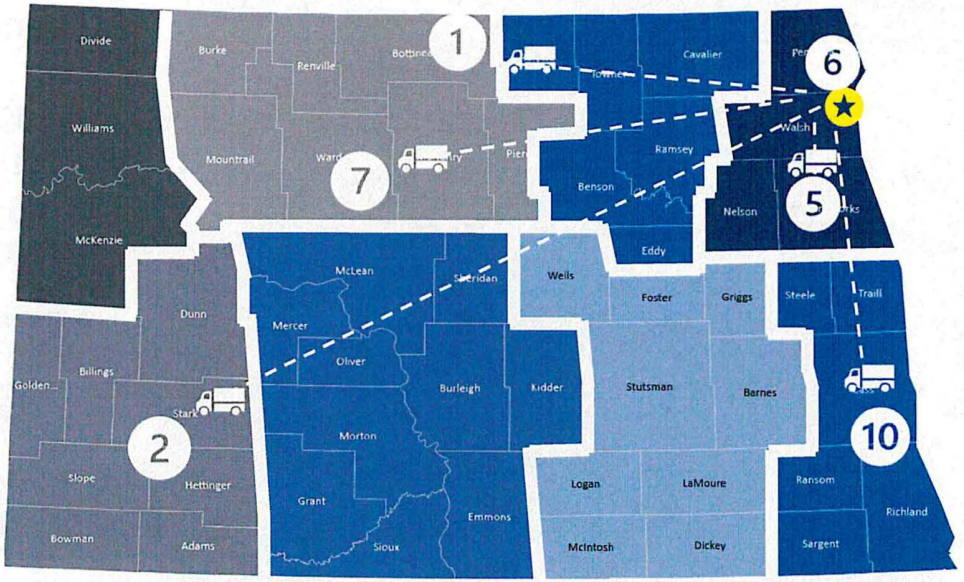
Non-residential Services

Transition Services to support a person's move to another setting

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

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



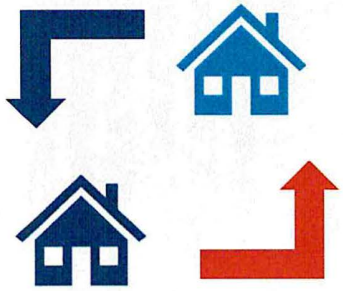


Average Days of Support	Average Hours of Support	Days of Support Range	Hours of Support range
9.6	115	1 to 32	1 to 46,935

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

Residential Services

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



5.5%

Re-admission rate

*People discharged 2023-2024

66%

Diversion rate

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



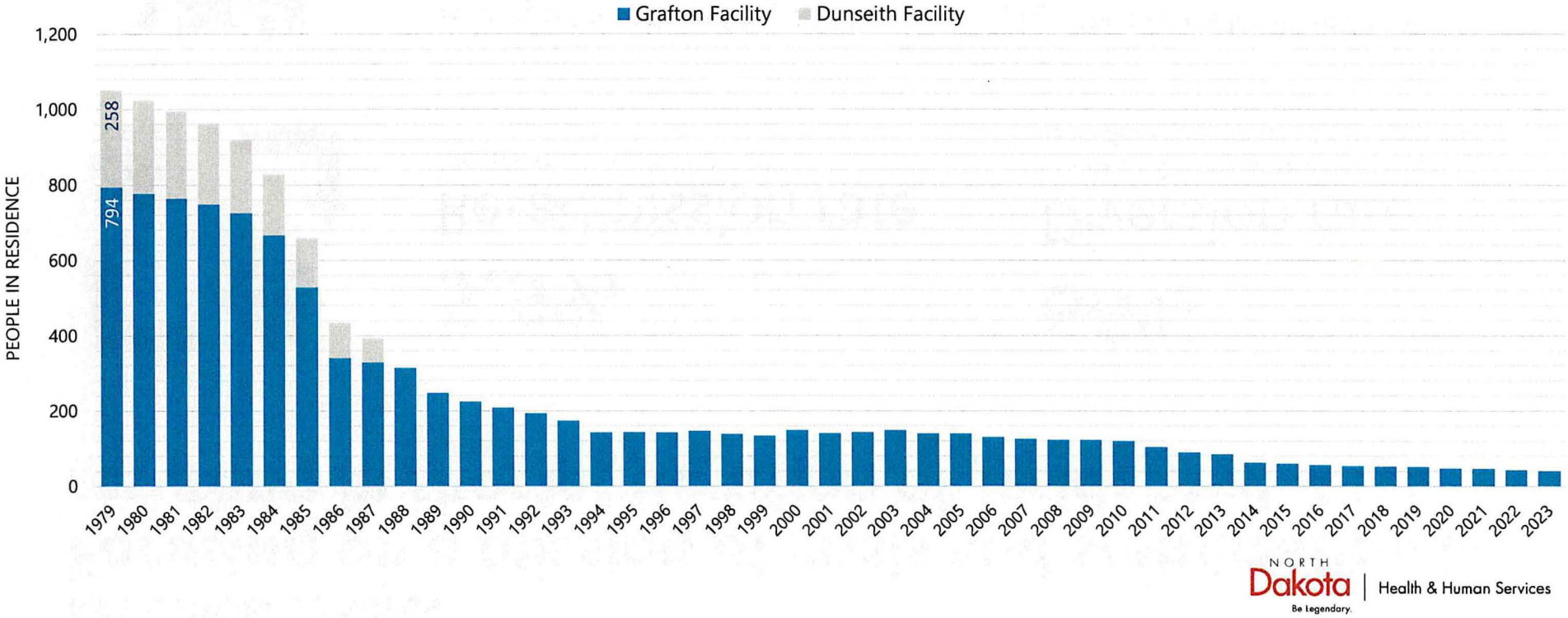
Average Length of Stay at LSTC

2023: **8.1 years**
2024: **2.4 years**

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

LSTC's role in ND has changed significantly in the last 40 years

1979 - 2023 Census | Grafton & Dunseith



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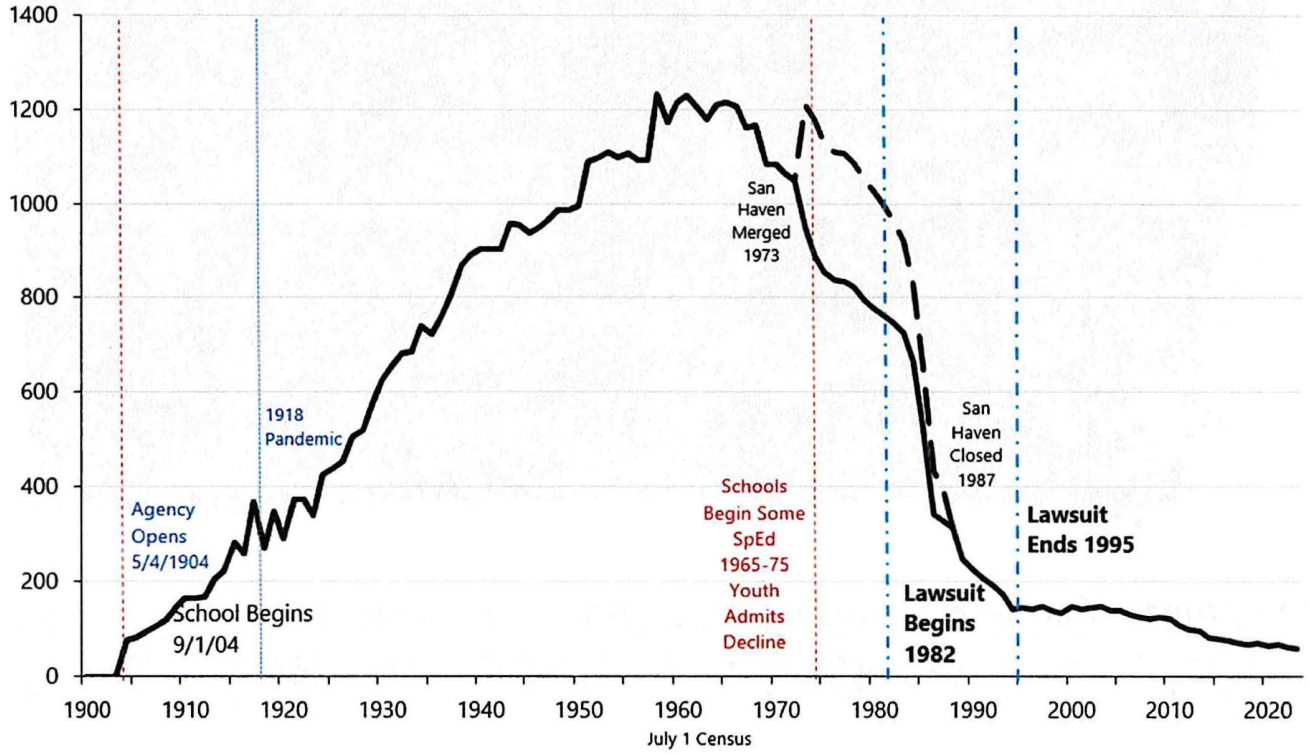
LSTC reached its peak census in 1958, when 1,231 children and adults lived in the state's residential institution



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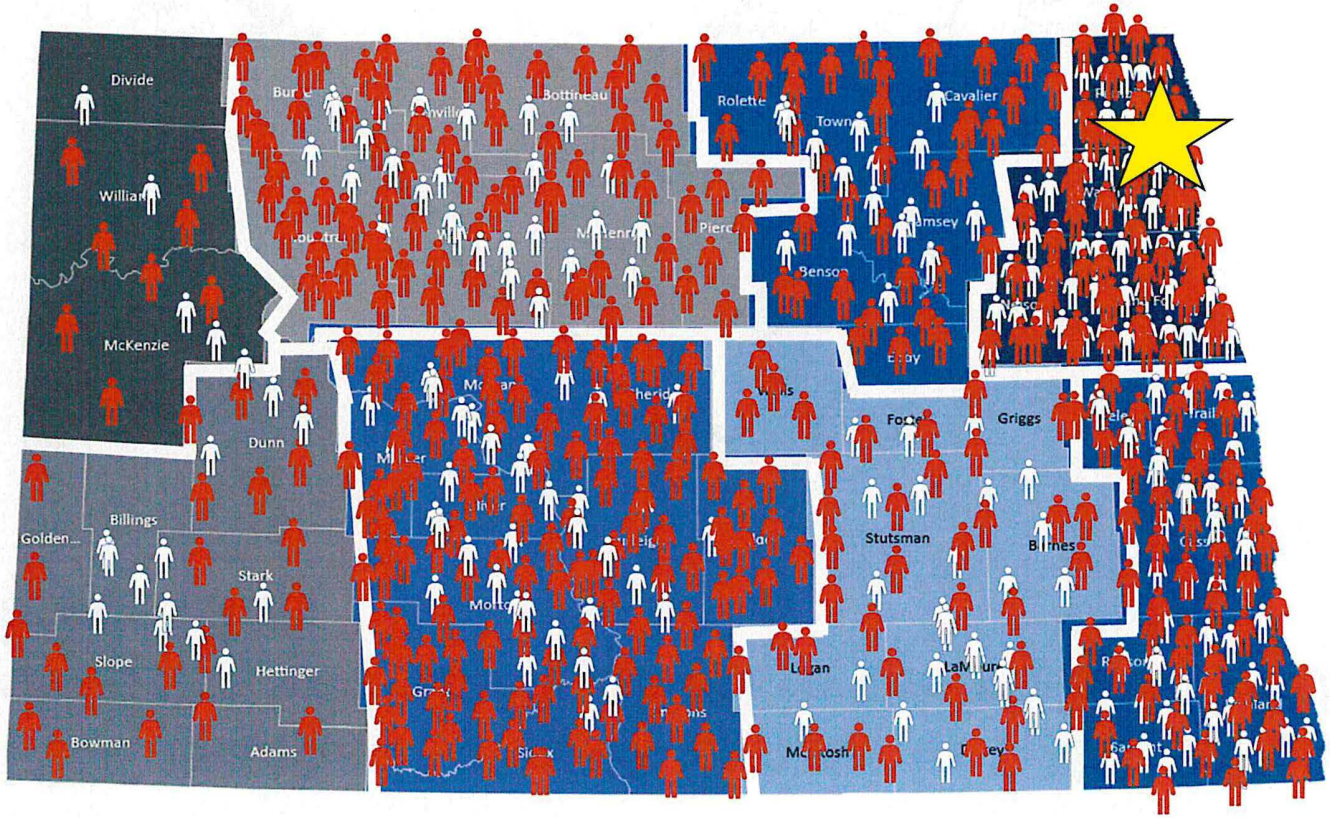
Statewide outreach is a hallmark of LSTCs work today

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



Impact this biennium
July 2023 – Dec 2024

346

Customized Adaptive Equipment (assessment, fitting, design, development, delivery)

225

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

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Non-Residential Services

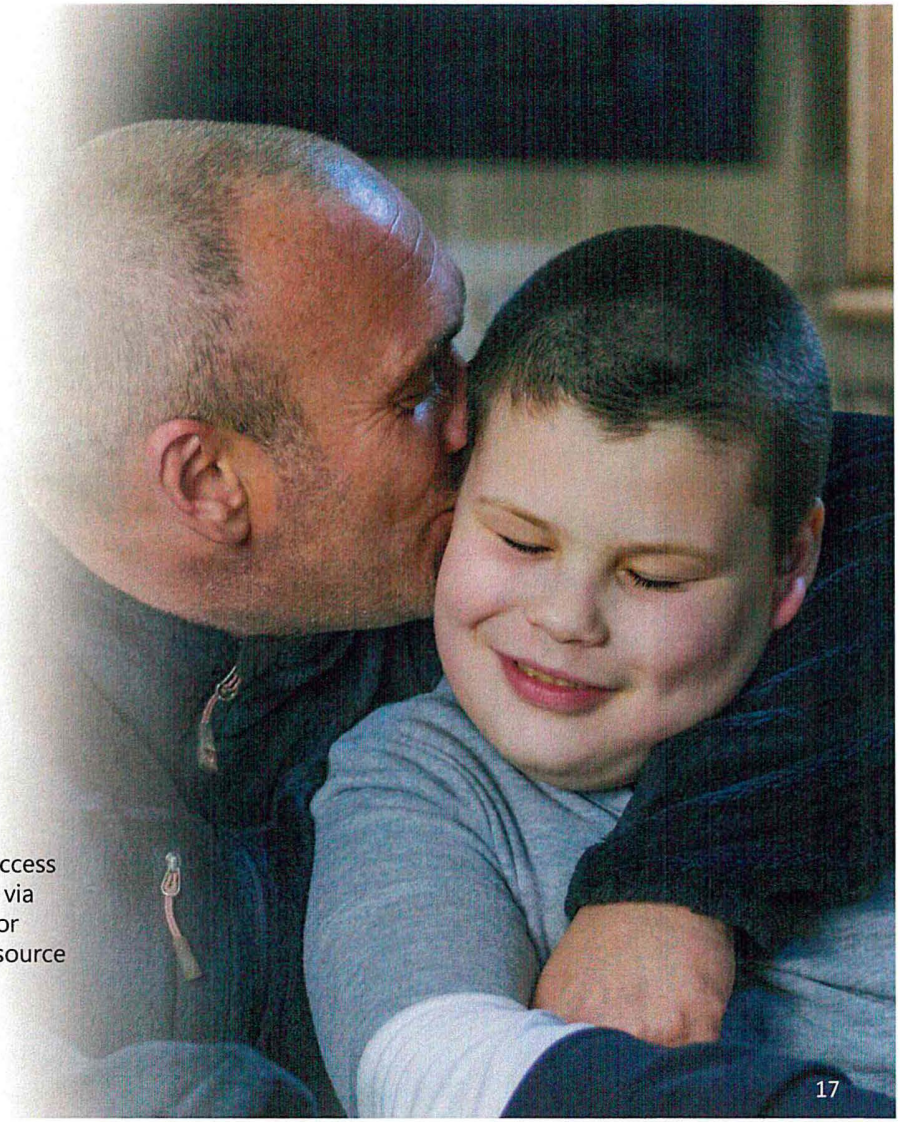
Statewide Crisis and Stabilization Services (CSC)

- Provide response to people with intellectual/developmental disabilities who are experiencing a de-stabilizing crisis while in their home setting.

- CSC's work with families, providers and community partners to provide individualized and responsive services to help people live successfully in their communities.
  - Program & Behavior Plan Consultation
  - Staff Training and personal coaching
  - Specialized resources for complex healthcare needs, significant behavioral issues, and inappropriate sexual behaviors

- Services paid for with General Fund (i.e., not Medicaid-billable).

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



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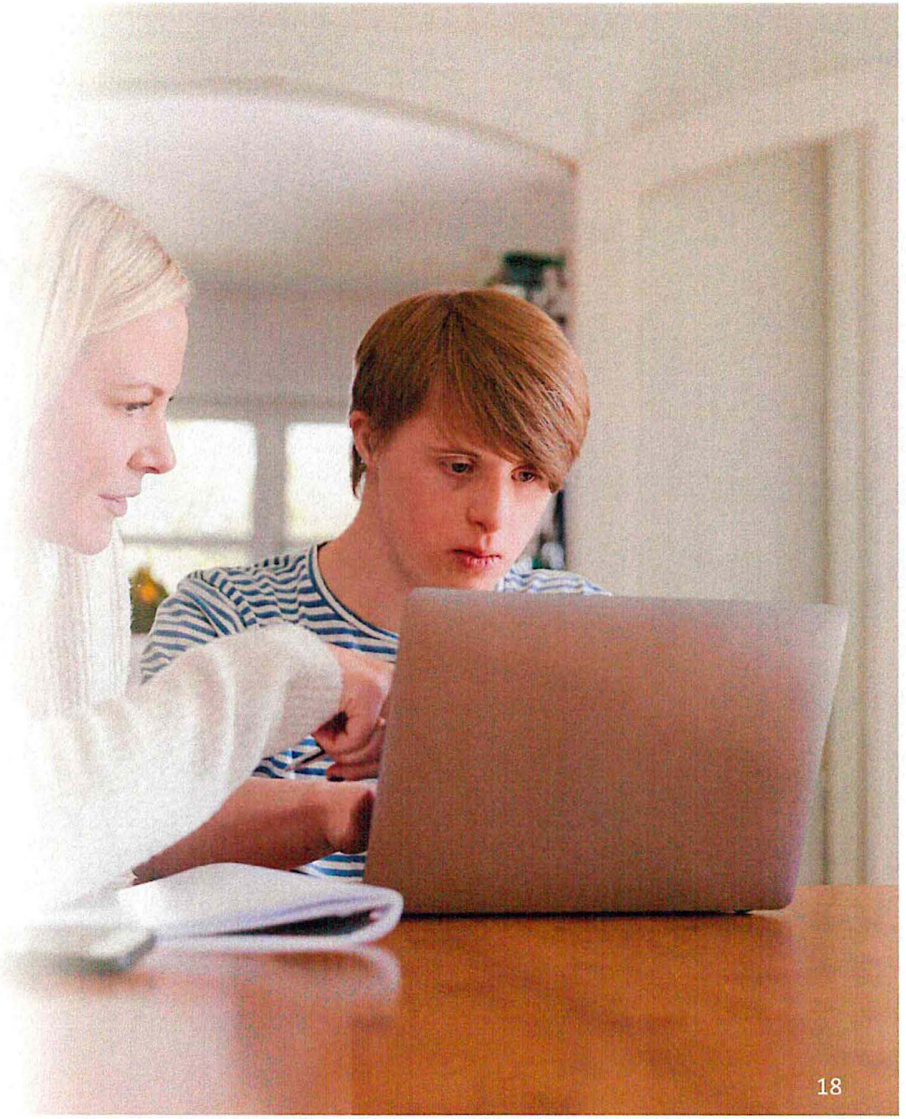
Non-Residential Services

Statewide Applied Behavior Analysts (ABA)

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



Non-Residential Services

Adaptive Equipment Center

- Creation of customized equipment that helps improve a person's mobility and supports independence.
- LSTC Physical and Occupational therapists work hand-in-hand with a team of custom fabricators to custom-build or modify existing equipment.
- Assessments most often occur wherever the person is living, going to school, or receiving care as that is the environment they are adapting to,
- Services are provided on a sliding fee scale, based on ability to pay. LSTC is accredited by Medicare to bill for custom-seating systems. General Funds pay for balance of service costs.

LSTC is also an AT4All provider, offering free access to gently used adaptive equipment for short-term use.













Non-Residential Services

Adaptive Equipment Center

July 2023- December 2024

Individuals Served (excl LSTC resid)

346

239 Adults (age 22 y +)
107 Youth (age 6 m-21 y)

Where do people live?

65% - Family Home
243 people

18% - Skilled Nursing Facility
68 people

16% - ICF
61 people

Projects completed

410

- 122 – Wheelchairs (30%)
- 31 – Molded Seating System (8%)
- 42 – Chairs (Shower-Toilet, Mealtime, Activity) (10%)
- 124 – Other Positioning aids (Standers, Joggers, Wedges, etc.) (30%)
- 91 – General Modifications (22%)

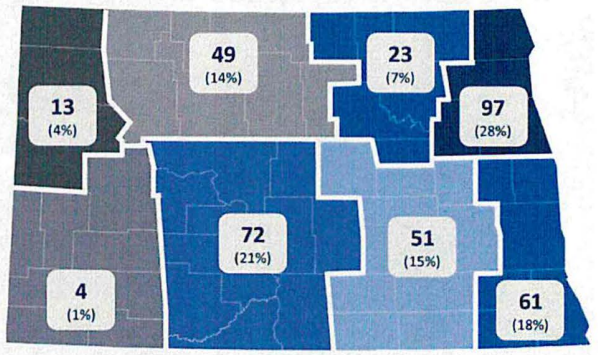
Follow-up/Fit-up Tasks

1,548

320 at LSTC (21%)
1,228 Mobile (79%)

Modifications, repairs, fabrications, molds, consults, fittings, and follow-up visits/installs/pickups

Individuals served by Region



Adams	Griggs	Oliver	Stark
Benson	Hettinger	Pembina	Stutsman
Bottineau	Kidder	Pierce	Traill
Burleigh	McHenry	Ramsey	Walsh
Cass	McIntosh	Ransom	Ward
Cavalier	McLean	Renville	Wells
Eddy	Mercer	Richland	Williams
Emmons	Morton	Rolette	
Foster	Mountrail	Sargent	
Grand Forks	Nelson	Sioux	

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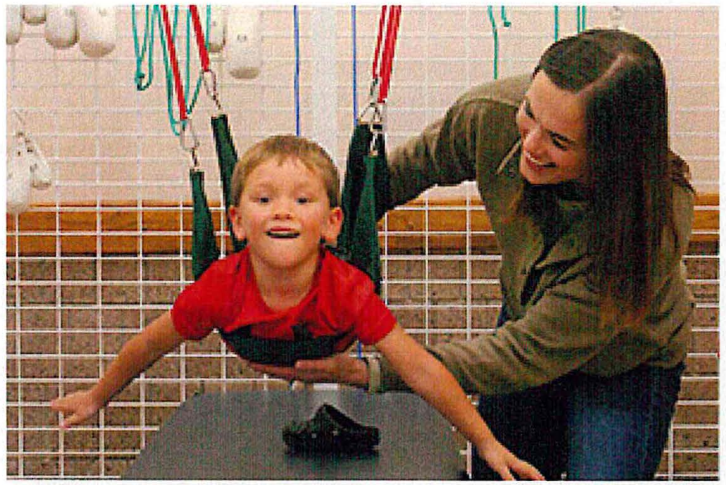
Non-Residential Services

Specialized Therapy Clinic



Provide a range of therapy services, serving infants through older adults, both at LSTC and in community. Team has specialized experience serving people with developmental disabilities, integrating across various disciplines.

- Physical therapy (helps people function and move better)
- Occupational therapy (makes it easier to do daily living activities)
- Speech therapy (improves communication skills)
- Aquatic therapy (therapy in an environment that allows people to move in ways they're not able to on land)
- Universal Exercise Unit (improves movement by decreasing the effects of gravity on the body)
- Sensory processing (helps adjust to different kinds of information, like smells, touch, sounds, movement and body awareness)





Services available upon referral from other providers who are not able to meet a person's needs. Services are billed to each individual's insurance or can be private pay.

LSTC Staffing Patterns and Highlights

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

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

LSTC staff by function

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

LSTC staffing goal is to rely on:

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

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

2 LSTC job types experience higher than average vacancy rates:

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

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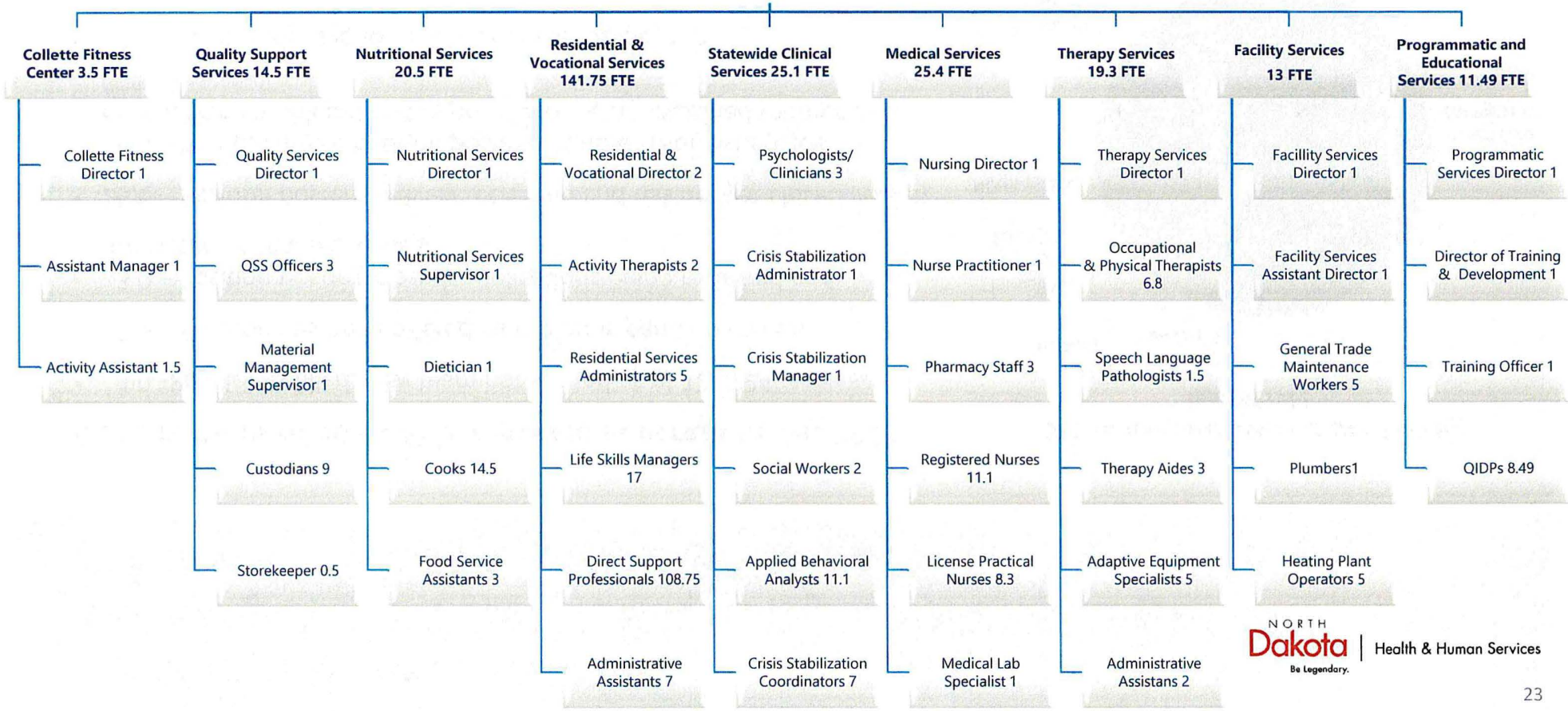
Superintendent of LSTC
Heather Jenkins



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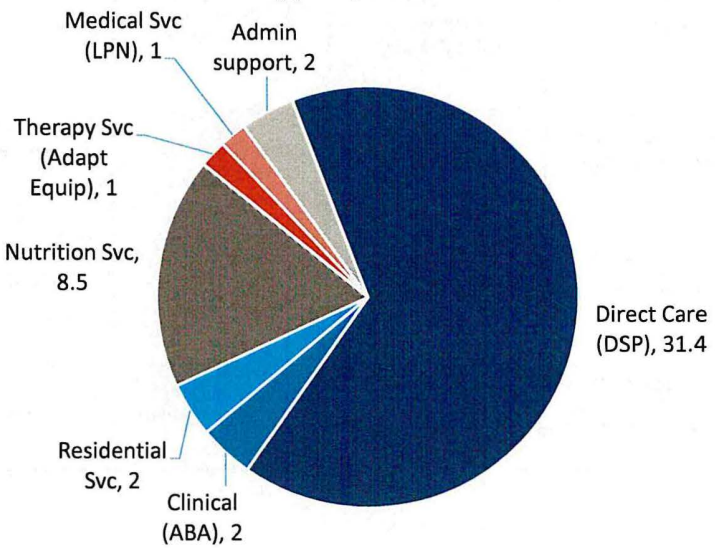
Life Skills & Transition Center

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

Current status of 50.86 FTEs reported as vacant in Dec 2024

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

LSTC vacant positions as of Dec 2024 by type of role



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

276.44

FTE

# of full-time equivalent positions assigned to LSTC

81.6%	18.4%
Filled	**Vacant**
225.48	50.86

24

Current Contracted Employees

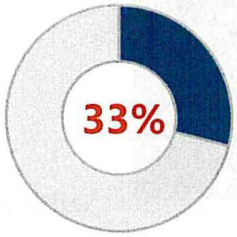
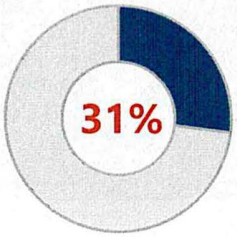
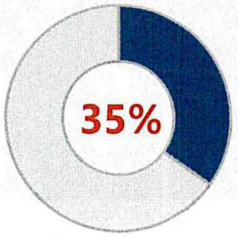
56.4%

Extended Contract

3,060

8-hour DSP shifts to fill each month

To fulfill the care needs of the current census at LSTC

October 2024	November 2024	December 2024
		
33%	31%	35%
Shifts unfilled	**Shifts unfilled**	**Shifts unfilled**
After all employees scheduled	After all employees scheduled	After all employees scheduled
1,009 hours	**968 hours**	**1,084 hours**
Mandatory Overtime	**Mandatory Overtime**	**Mandatory Overtime**

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Comprehensive Approach to Workforce Challenges

- Required Mandatory Overtime both direct care and for professional level positions
- Utilizing Staffing Contracts to assist filling staffing needs
- Talent Acquisition, Retention and Employee engagement strategies
  - Recruitment bonuses for hard to fill positions
  - Retention Bonuses for current employees
  - Equity Study/Review to assure current employees are being paid fairly
  - Outreach events (Career Fairs; School visits)
  - Sourcing Data collected during application process
  - Employee referral program activated
  - Local Movie Theater Campaign
  - Increased Social media presence
  - Source on all Job Boards
  - Updated Webpage



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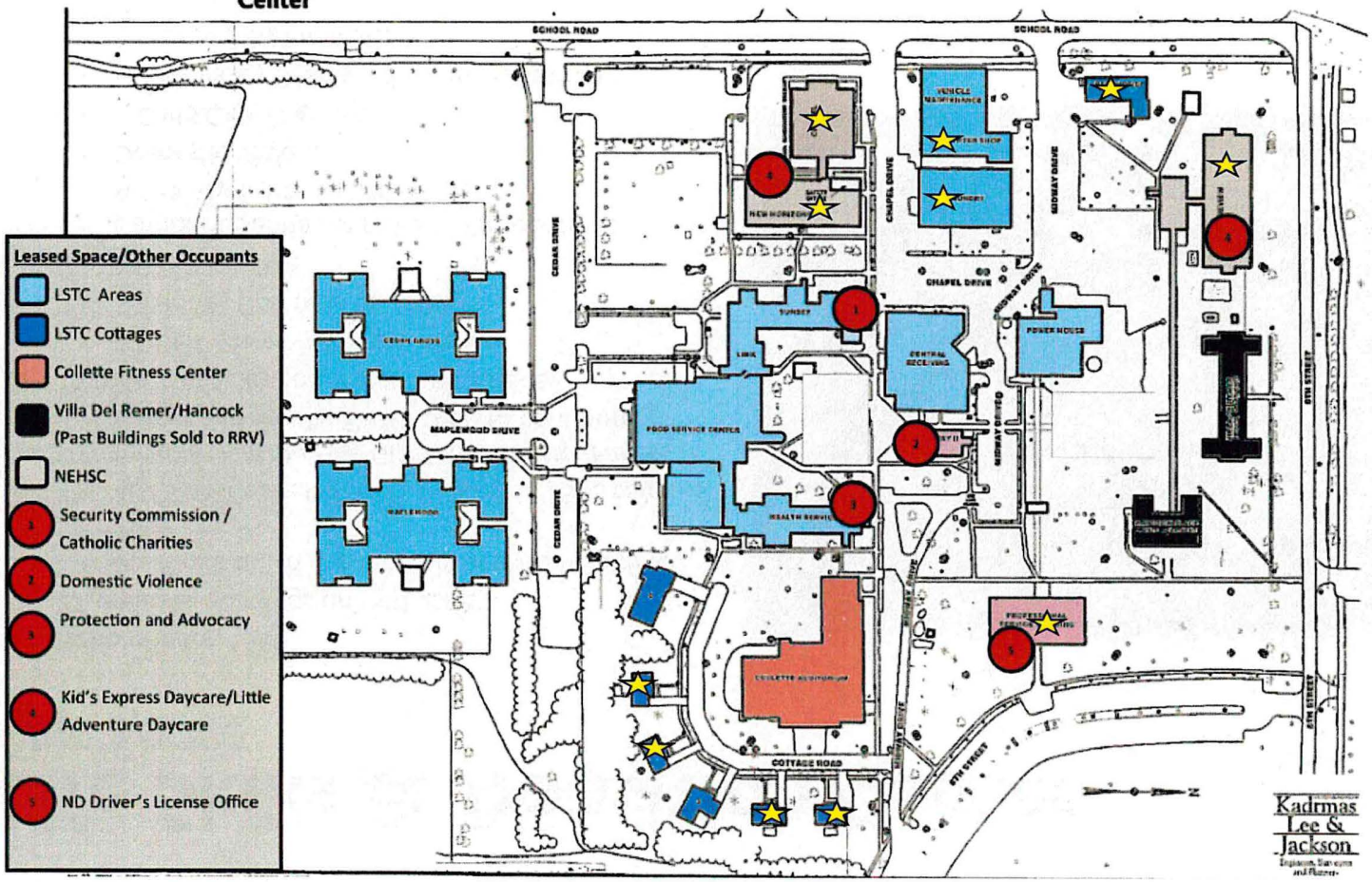
Life Skills & Transition Center
Our Space

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



Life Skills & Transition Center

Life Skills and Transition Center
Grafton, ND



Buildings minimally used by LSTC, if used at all

Kadrmas Lee & Jackson

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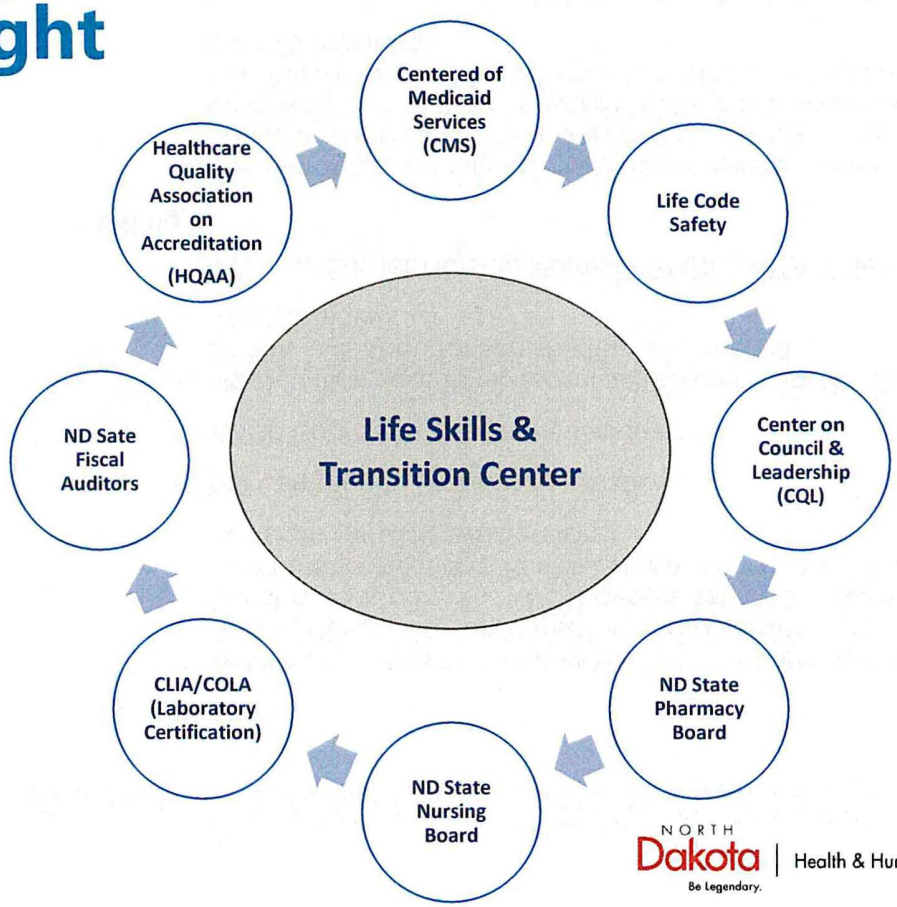
LSTC operations are subject to several level of federal and state oversight

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



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Life Skills & Transition Center

2023-2025 Outcomes and Accomplishments

Transitions & Diversions

- ✓ **31 Transitions and 21 Diversions completed**

Facilities

- ✓ Underground repairs completed
- ✓ Cooling Tower Pumps Replaced
- ✓ Fire Panel Repair and Replacement Projects- Midway & Prairieview
- ✓ Parking lot improvements

Operations

- ✓ CQL Accreditation (45 out of 46 Indicators Present) in January 2024
- ✓ Implemented real-time scheduling software (CareWare).
- ✓ Expanded statewide crisis/stabilization supports and adaptive equipment services
- ✓ Statewide referrals for all individuals served residing at LSTC

Staffing

- ✓ Increased success hiring (**55 in 2024**, 49 in 2023)
- ✓ Stable staffing Contracts; recruitment

JTO

Collaborations

- ✓ Work closely with many other HHS partners, Behavioral Health, DD Division on Transition and Diversions, NDSH on Transition Supports for ID/DD people served to return to the community, Vocational Rehabilitation services and HHS/DOH oversight for LSTC Lab Services
- ✓ ND Community Provider Association
- ✓ Walsh County Behavioral Health Team
- ✓ North Valley Vocational/Technical Program/ Grafton Public School in Grafton for Job shadow and Internship opportunities
- ✓ Lutheran Sunset Nursing Home in Grafton (PT/OT Services)

Billing

- ✓ Made progress on billing for services delivered wherever possible to increase service and reduce reliance on general fund. New accreditation through HQAA has allowed us to now bill for our molded wheelchair systems through within the AES program.
- ✓ In process establishing a billing system for Applied Behavior Analyst (ABA) support in schools.

Included in Executive Budget Request

LSTC Cedar Grove Roof Replacement

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

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

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



Comparison of budgets and funding

By Budget Account Code

Total General	$ 27,286,911	$ 32,399,562	$ 5,112,650
Total Federal	$ 34,045,429	$ 36,570,368	$ 2,524,939
Total Other	$ 2,936,176	$ 4,036,941	$ 1,100,765

DESCRIPTION	2023-2025 LEGISLATIVE BASE	2025-27 EXECUTIVE RECOMMENDATION	INCREASE / (DECREASE)
511x Salaries - Regular	$ 32,212,011	$ 30,328,131	$ (1,883,880)
512x Salaries - Other	1,175,380	743,765	(431,614)
513x Salaries Temp	1,430,701	1,427,042	(3,659)
514x Salaries Overtime	689,876	6,058,980	5,369,104
516x Salaries Benefits	18,338,327	19,241,295	902,968
Total Salaries & Benefits	**$ 53,846,296**	**$ 57,799,213**	**$ 3,952,918**
52x Travel	587,336	638,234	50,898
53x Supply	1,485,244	1,468,896	(16,348)
54x Postage & Printing	28,108	16,338	(11,770)
55x Equipment under $5,000	115,294	137,723	22,429
56x Utilities	1,343,738	1,496,692	152,954
57x Insurance	76,410	135,674	59,264
58x Rent/Leases - Bldg/Equip	64,080	50,717	(13,363)
59x Repairs	147,565	122,219	(25,346)
61x Professional Development	119,436	51,796	(67,640)
62x Fees - Operating & Professional	5,411,987	8,940,413	3,528,426
53x Supplies	33,581	3,043	(30,538)
60x IT Expenses	163,311	475,775	312,464
68x Land, Building, Other Capital	682,979	1,523,800	840,821
69x Equipment Over $5,000	163,152	146,337	(16,815)
Total Operating	**$ 10,422,221**	**$ 15,207,657**	**$ 4,785,436**
Total	**$ 64,268,517**	**$ 73,006,871**	**$ 8,738,354**

1.16%

Life Skills & Transition Center budget is 1.16 % of HHS Budget

LSTC Budget by Funding Source

- 44.4 % General
- 50.1 % Federal
- 5.5 % Other

LSTC Budget by Pass Through

- 0.0% - Pd to Private Providers
- 99.3% - Direct Service
- 0.0% - Admin (not related to direct svc)
- 0.7% - Technology

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

2023-25

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

2025-27

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

	23-25 Legislative Base	Projection through 6-30-25	Diff (Over)/Under	25-27 Exec Budget Request
Salaries - Reg & other	$33,387,402	$28,548,662	$4,838,729	$31,071,896
Salaries – OT	$698,876	$6,110,277	$(5,420,401)	$6,058,980
Salaries – Temp	$1,430,701	$2,238,727	$(808,026)	$1,427,042
Benefits	$18,328,327	$15,971,829	$2,366,498	$19,241,295
TOTAL	**$53,846,296**	**$52,869,495**	**$976,801**	**$57,799,213**
Contract staffing for direct care/support	$0	$3,394,984	$(3,394,984)	$2,861,736
TOTAL STAFFING	**$53,846,296**	**$56,274,469**	**$(2,418,183)**	**$60,660,949**
		+4.6% over 23-25 budget		**+12.7%** over 23-25 budget **+7.8%** over 23-25 6-30 projection

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Operating Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
Provider Assessment	$ 3,770,498	$ 617,802	$ 4,388,300	$ 2,016,424	$ 2,174,841	$ 197,035
Residential Service Contracts	73,543	2,788,193	2,861,736	1,314,968	1,418,276	128,492
Respiratory Therapy Contracts	34,000	(4,000)	30,000	13,785	14,868	1,347
CQL Contract	50,000	(10,000)	40,000	18,380	19,824	1,796
Licenses and Taxes	32,702	-	32,702	15,027	16,207	1,468
Plant Contracts	337,848	34,631	372,479	171,154	184,601	16,724
Trophy Shop Rent	22,800	1,425	24,225	11,131	12,006	1,088
Freight	20,516	2,000	22,516	10,346	11,159	1,011
Service Awards	19,000	-	19,000	8,731	9,416	853
Dues/Memberships	7,000	-	7,000	3,217	3,469	314
Stipends	-	4,800	4,800	2,206	2,379	216
Professional Development	112,436	(72,440)	39,996	18,378	19,822	1,796
Outside Doctor Services	19,071	1,972	21,043	9,669	10,429	945
Medical, Dental & Optical	834,881	198,212	1,033,093	474,706	512,001	46,386
Fees - Professional Fees & Services	49,687	(6,164)	43,523	19,999	21,570	1,954
GENERAL FUND	**$ 2,300,576**	**$ 1,519,663**	**$ 4,108,120**	**$ 4,108,120**		
FEDERAL FUND	**2,838,974**	**1,875,306**	**4,430,869**		**4,430,869**	
OTHER FUND	**244,433**	**161,462**	**401,425**			**401,425**
GRAND TOTAL	**$ 5,383,982**	**$ 3,556,431**	**$ 8,940,413**	**$ 4,108,120**	**$ 4,430,869**	**$ 401,425**

Life Skills & Transition Center

Contracts

Medical Contracts

- Medical Director, Physician on call, lab instruments
- Respiratory Therapy
- Dental
- Medication Vial Packaging
- Lab Chemistry analyzer
- Pharmacy

Other Contracts

- Guardianship
- ASL Interpreting
- Trophy Shop Rent
- Accreditation
- Religious contracts

Plant Services Contracts

- Preventative Elevator Maintenance
- Facility Utilities
- HVAC, System Management & Controls
- Fire Protection, Temp Controls, Preventative Maintenance
- Water, Energy and air Improvement
- Electrical
- Pest control

Staffing Contracts-

- Contracted Staffing

Grants Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION			
			TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
Not applicable						

GENERAL FUND						
FEDERAL FUND						
OTHER FUND						
GRAND TOTAL						

Comparison of budget expenditures and projections

By Budget Account Code

Description	2023-25 LEGISLATIVE BASE	EXPENDED AS OF 12/31/2024	PROJECTION THROUGH 6/30/2025	UNDER/ (OVER) BUDGET
511x Salaries - Regular	$ 32,212,011	$ 21,418,554	$ 27,757,420	$ 4,454,591
512x Salaries - Other	1,175,380	605,761	791,242	384,138
513x Salaries Temp	1,430,701	1,290,035	2,238,727	(808,026)
514x Salaries Overtime	689,876	4,600,057	6,110,277	(5,420,401)
516x Salaries Benefits	18,338,327	11,687,635	15,971,829	2,366,498
Total Salaries & Benefits	**$ 53,846,296**	**$ 39,602,042**	**$ 52,869,495**	**$ 976,801**
52x Travel	587,336	442,549	604,659	(17,323)
53x Supply	1,485,244	1,051,294	1,440,728	44,516
54x Postage & Printing	28,108	10,687	15,419	12,689
55x Equipment under $5,000	115,294	57,879	87,395	27,899
56x Utilities	1,343,738	917,877	1,273,812	69,926
57x Insurance	76,410	98,511	98,699	(22,289)
58x Rent/Leases - Bldg/Equip	64,080	29,957	39,921	24,159
59x Repairs	147,565	61,323	98,214	49,351
61x Professional Development	119,436	45,761	75,816	43,620
62x Fees - Operating & Professional	5,411,987	7,516,710	9,570,510	(4,158,523)
53x Supplies	33,581	8,597	16,803	16,778
60x IT Expenses	163,311	120,571	161,399	1,912
68x Land, Building, Other Capital	682,979	472,516	1,486,936	(803,957)
69x Equipment Over $5,000	163,152	43,459	163,152	0
Total Operating	**$ 10,422,221**	**$ 10,877,691**	**$ 15,133,464**	**$ (4,711,243)**
Total	**$ 64,268,517**	**50,479,734**	**$ 68,002,959**	**$ (3,734,442)**
Total General	**$ 27,286,911**	**$ 34,450,509**	**$ 29,822,489**	**$ (2,535,577)**
Total Federal	**$ 34,045,429**	**$ 14,414,543**	**$ 35,098,274**	**$ (1,052,845)**
Total Other	**$ 2,936,176**	**$ 1,614,681**	**$ 3,082,196**	**$ (146,020)**

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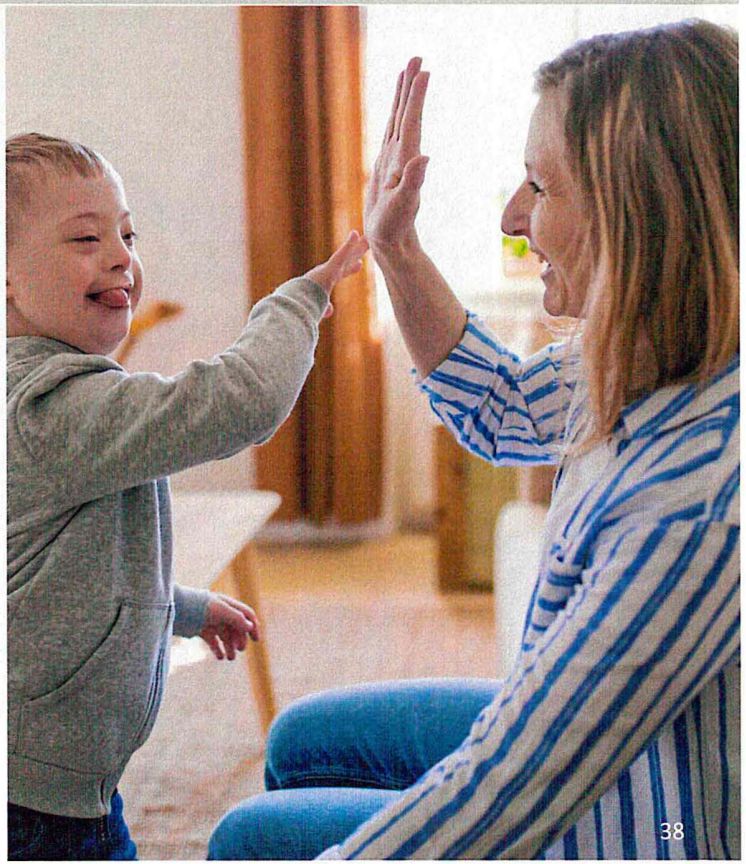
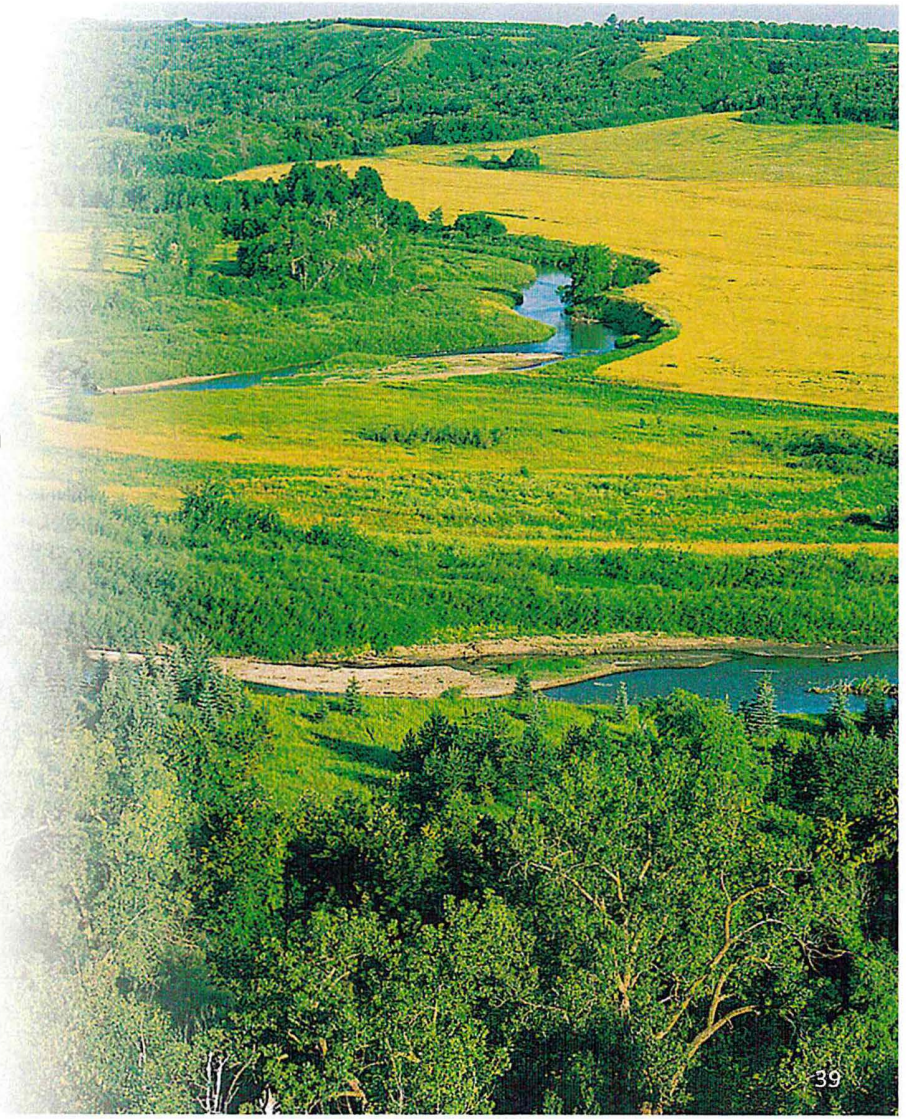
LSTC-related Policy Bills with Budget Impact

		Federal	General
HB 1548	A BILL for an Act to provide an appropriation to the department of health and human services for a fitness center grant at the life skills and transition center.		$10,000,000 *(proposed one-time appropriation)*
SB 2112	Amend NDCC to allow non-DD eligible individuals to be served by LSTC with approval of Commissioner		$87,969



On the horizon for LSTC

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



Contact Information

Heather Jenkins
Superintendent,
Life Skills & Transition Center
hcjenkins@nd.gov

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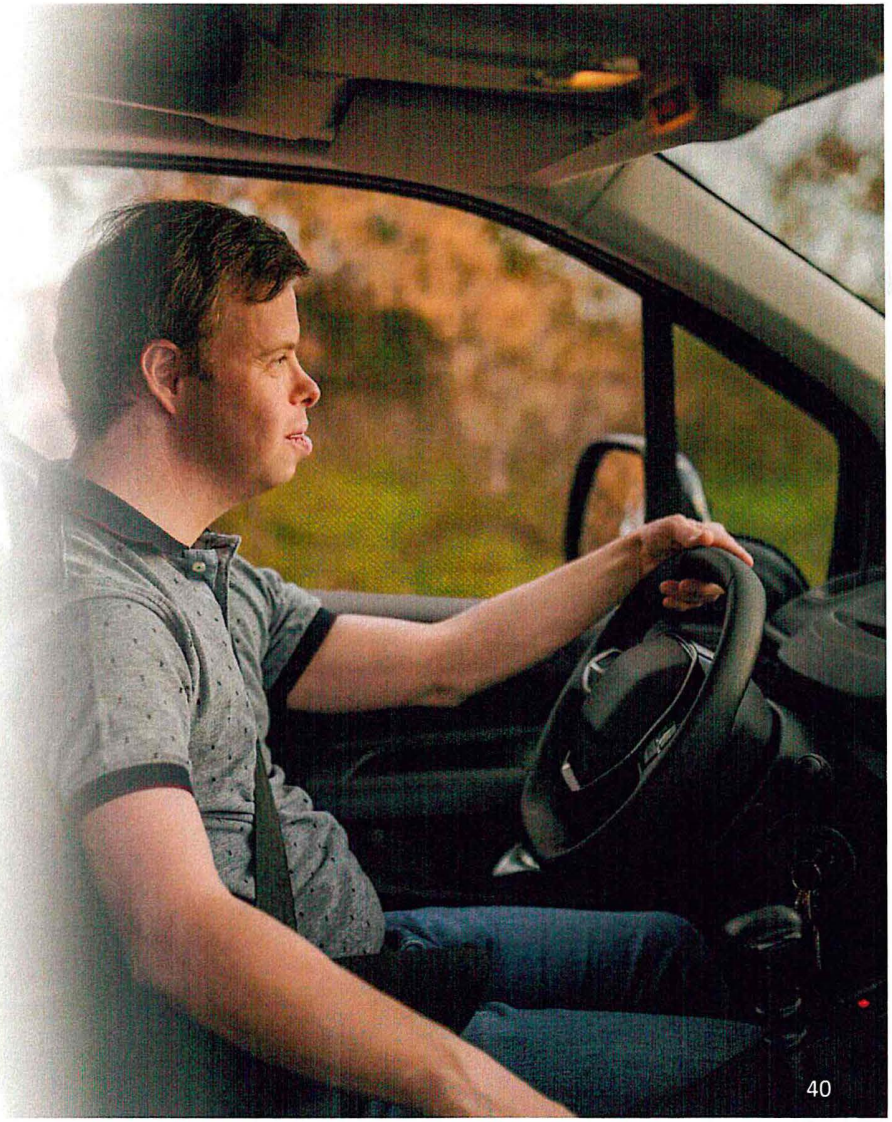


2025 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

HB 1012
2/4/2025

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

8:29 a.m. Chairman J. Nelson called the meeting to order.

Members Present: Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Berg, Mitskog, Murphy, O' Brien, Wagner.

Discussion Topics:

- Paternity
- Customer Service
- Establish Court Orders
- Enforcement
- Account Management
- Child Support Budget
- Pre-employment Transition Services
- Services to Business
- Supported and Customized Employment
- Vision Services
- Specialized Programs
- Vocational Rehabilitation Budget

8:30 a.m. Jim Fleming, Director, Child Support Section, Health and Human Services, testified and presented on the Child Support Section #34425.

9:39 a.m. Jim Fleming, Interim Director, Vocational Rehabilitation Section, Health and Human Services testified and presented on the Vocational Rehabilitation Section #34466.

10:16 a.m. Donna Aukland, Chief Financial Officer, Health and Human Services, addressed the future funding for technology.

10:17 a.m. Jim Fleming, Interim Director, Vocational Rehabilitation Section, Health and Human Services, testified and continued with testimony #34466.

10:24 a.m. April Haring, Account Budget Specialist, Health and Human Services explained the reduction of other fees #34466.

10:25 a.m. Jim Fleming, Interim Director, Vocational Rehabilitation Section, Health and Human Services, testified and continued with testimony #34466.

10:49 a.m. April Haring, Account Budget Specialist, Health and Human Services, discussed the increase of the federal grant award.

10:51 a.m. Jim Fleming, Interim Director, Vocational Rehabilitation Section, Health and Human Services, testified and continued with testimony #34466.

10:55 a.m. Allan Peterson, North Dakota Association of the Blind, testified in favor of HB 1012, #33981, #33982.

11:01 a.m. Nikki Wegner, President of the North Dakota Long Term Care Association testified in support of an amendment to HB 1012 that would allow for an implementation of a specialized behavioral health program #34421.

11:07 a.m. Dr. Kristina Kovacs, Chief Clinical Officer and Co-Founder, Behavioral Health Solutions, testified and presented on a behavioral complex care program #34096.

11:34 a.m. Nikki Wegner, President of Long Term Care Association, spoke to potential pilot sites.

11:38 a.m. Dr. Kristina Kovacs, Chief Clinical Officer and Co-Founder, Behavioral Health Solutions, continued with testimony #34096.

11:48 a.m. Nikki Wegner, President of Long Term Care Association, requested the committee consider the proposal.

11:49 a.m. Chairman J. Nelson adjourned the hearing.

Jan Kamphuis, Committee Clerk

Testimony HB1012 Older Individuals Who Are Blind (OIB) Program Appropriation.

To: Representative Jon Nelson, Chair, and Members of the ND House Appropriations Subcommittee, Human Resources Division, 69th Legislative Session.

From: Allan Peterson, Legislative Representative, North Dakota Association of the Blind (NDAB). Home address: 7009 Horseshoe Bend, Horace, ND 58047.
H: 701-282-4644; c: 701-429-7209; Email: allan.c.peterson@gmail.com

Re: Testimony in support of the state Appropriation for the Older Individuals Who Are Blind (OIB) Program, Division of Vocational Rehabilitation, Dept. of Human Services

Greetings Chair Jon Nelson, Vice Chair Bert Anderson, Representatives Mike Berg, Alisa Mitskog, Eric Murphy, Emily O'Brien, Gregory Stemen, Scott Wagner members of the House Appropriations Subcommittee, Human Resources Division.

We are testifying on our own behalf, as well as, to represent the advocacy goals of the North Dakota Association of the Blind (NDAB). This testimony is given in **support of the Appropriation** for the Older Individuals Who Are Blind Program within the Division of Vocational Rehabilitation for its operation in the next biennium of 2025-2027.

Included with this testimony is a resolution adopted at our 2024 Convention which supports the appropriation request of the OIB Program in North Dakota.

In North Dakota, the OIB Program is administrated by the Division of Vocational Rehabilitation within the Department of Human Services. Funding for the program is generated through a 90% grant from the federal government which requires a minimum state appropriation of 10%. Federal funding for the program is authorized under the U.S. Rehabilitation Act.

Federal funding for the Older Individuals Who Are Blind program is allocated to the states based on population size. Because North Dakota's population base is small in comparison to other more populated states, it receives what is termed a minimal distribution. Minimal federal funding is a problem for the program here in North Dakota because our state is geographically large in relation to its population size. Second, our state has a higher proportion of people in the older age categories, which experience a significantly higher incidence of sight loss. The Older Individuals Who Are Blind Program is specifically directed to serve individuals who are 55 years of age and older.

Another major deterrent the OIB program continues to experience is that federal funding for the program has not increased since 1987. This is in the light of the fact that expenses to operate the program have risen significantly for all costs since then.

Although many significant advances in eye care are being made, sight problems such as macular degeneration, diabetic retinopathy, glaucoma, & cataracts continue to be primary sources of sight loss, particularly, for people who are 55 and older, and this is the segment of the population which is **disproportionately** increasing in size.

The professional staff who are trained to provide the services for the Older Blind Program are classified as vision rehabilitation specialists. In North Dakota there are currently 7 vision rehabilitation specialists assigned to work in each of the state's 8 defined Human Service regions. Vision specialists, employed in the older blind program, travel to a client's home to do an assessment of needs, and provide the services and counseling that is needed in that person's home environment. The services of this program have helped thousands of our older citizens, who after having lost some or all their eyesight, have been able to enjoy more independence and a productive life.

The skills and aids that the vision rehabilitation specialists provide to older citizens with sight loss helps them stay in their own homes and postpone or avoid institutionalized nursing home care. The cost savings that are gained by postponing or avoiding institutionalized care and the increased sense of wellbeing and dignity that are realized by being more independent are compelling reasons for the state to provide the appropriation needed for this program in North Dakota. In most instances, the clients served are elderly and live on very fixed incomes so for them to purchase a vision aid that would help them is difficult or impossible. The rural character of ND and limitations on access to public transportation, can mean those who experience severe sight loss are isolated and very dependent on others.

. Demographics indicate that the average age of North Dakotans is increasing and that the need for this program will steadily increase in the next biennium and beyond.

In 2023 the population of North Dakota was estimated to be 783,926. Credible studies have demonstrated that, conservatively, **3.3%** among the general population will have medical conditions that mildly, moderately, or severely compromise their eyesight – which would mean that more than 20,000 individuals in North Dakota could be affected by some degree of uncorrectable sight loss and that a quarter of them, about 5,000, may have significant sight loss and/or are "legally blind". Undoubtedly, many affected would benefit from the services of the OIB program.

NDAB Resolution 2022-03:

State 2025 – 2027 Appropriation for the Older Individuals Who Are Blind (OIB) Program in North Dakota

Whereas, demographically, North Dakota is among the states that has the highest proportion of people per capita who are 55 years of age and older, and this is the subpopulation of people who have the highest incidence of significant sight loss that is not medically correctable; and,

Whereas seniors who receive rehabilitation skills training to adjust to sight loss can postpone or avoid institutionalized care and live more productive and fulfilling lives; and,

Whereas, the appropriation that is made for the Older Individuals Who Are Blind (OIB) program in the state budget is critical to meet the costs that this program realizes because, (1) the federal government funds the program in North Dakota at a minimal base level rate due to the size of our population compared to other states, and (2) travel costs are significant because the vision specialists employed in the program need to meet in the client's home setting to make a proper evaluation to assess the skills training needed for that individual person;

Now, be it resolved by the North Dakota Association of the Blind in Convention assembled at the Enchanted Castle in Regent, ND on this Sunday, June 9, 2024, that we, given the increasing demand for vision rehabilitation skills training services available from the Older Individuals Who Are Blind Program, strongly urge the newly elected Governor and the 69th State Legislature that will convene on January 7, 2025, to maintain and increase the state appropriation that is allocated in the 2025-2027 biennial budget within the SB2012 Human Services budget for the Older Individuals Who Are Blind (OIB) Program and that our state appropriation for this program be increased to a 25% match of the federal appropriation that North Dakota receives for this program.

Further be it resolved that we urge our elected federal congressional delegation, to work to maintain and increase the appropriation for the Older Blind Program in the federal budget and that they would work to have the formula for the federal appropriation be based, not only on the state's population size, but also on a state's per capita percentage of people who are 55 years of age and older.

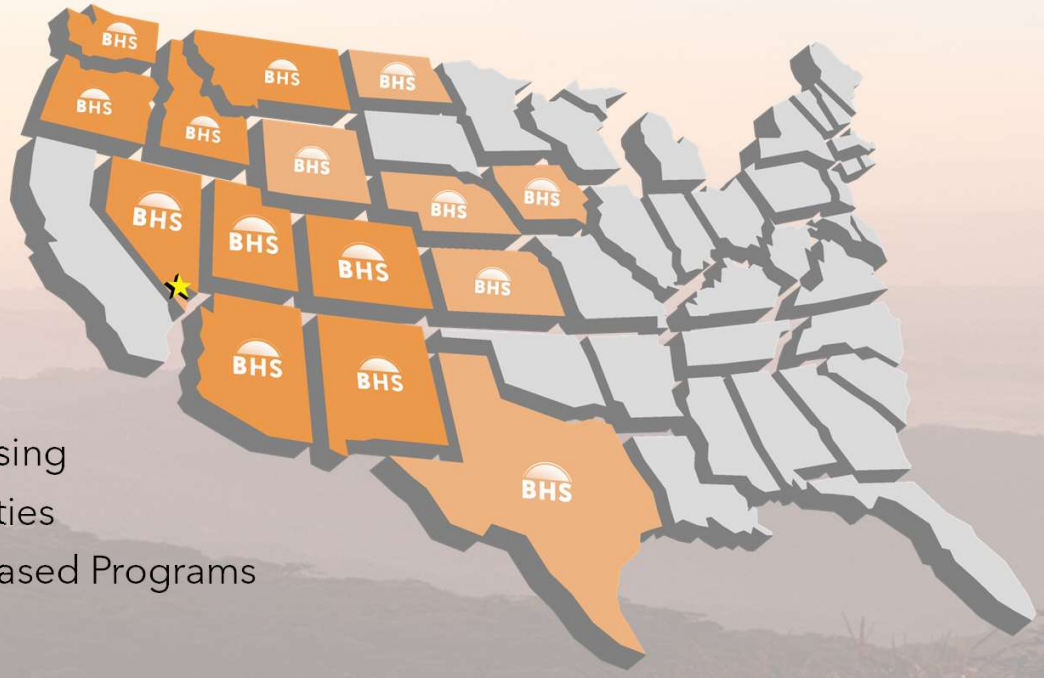

BEHAVIORAL
HEALTH SOLUTIONS
North Dakota Program

Behavioral Health Solutions

Who we are

Established in 2017 through the development of a specialized program within Skilled Nursing Facilities (SNFs), Behavioral Health Solutions (BHS) has become a trusted provider in behavioral health. With its roots in Henderson, Nevada, BHS has steadily expanded its reach and now provides services to over 350 Skilled Nursing Facilities across 9 states. This growth reflects the commitment of BHS to delivering high-quality behavioral health solutions to the communities it serves.

- **Services**
  - Administration of Behavioral Programs
  - Psychiatry
  - Medication Management
  - Therapy
- **Areas of Expertise**
  - Behavioral Health Programs in Skilled Nursing
  - Skilled Nursing and Long-Term Care Facilities
  - Stabilization of Residents through Value-Based Programs



Behavioral Health and Facility Trends

- **Younger demographic** is entering facilities due to SUD and conditions
- **Increased demand** for behavioral health services due to the psychological effects of COVID-19, such as social isolation, trauma, and stress
- **Complex patient populations** with co-occurring mental and physical health conditions, such as homelessness, substance abuse disorder, dementia, and chronic diseases
- **Staffing challenges** due to the nursing shortage, staff turnover, burnout, and lack of education and training on behavioral health issues
- **Regulatory changes** that require SNFs to provide behavioral health services as part of the comprehensive person-centered care plan, and to monitor and report the quality of those services

Patient Demographic

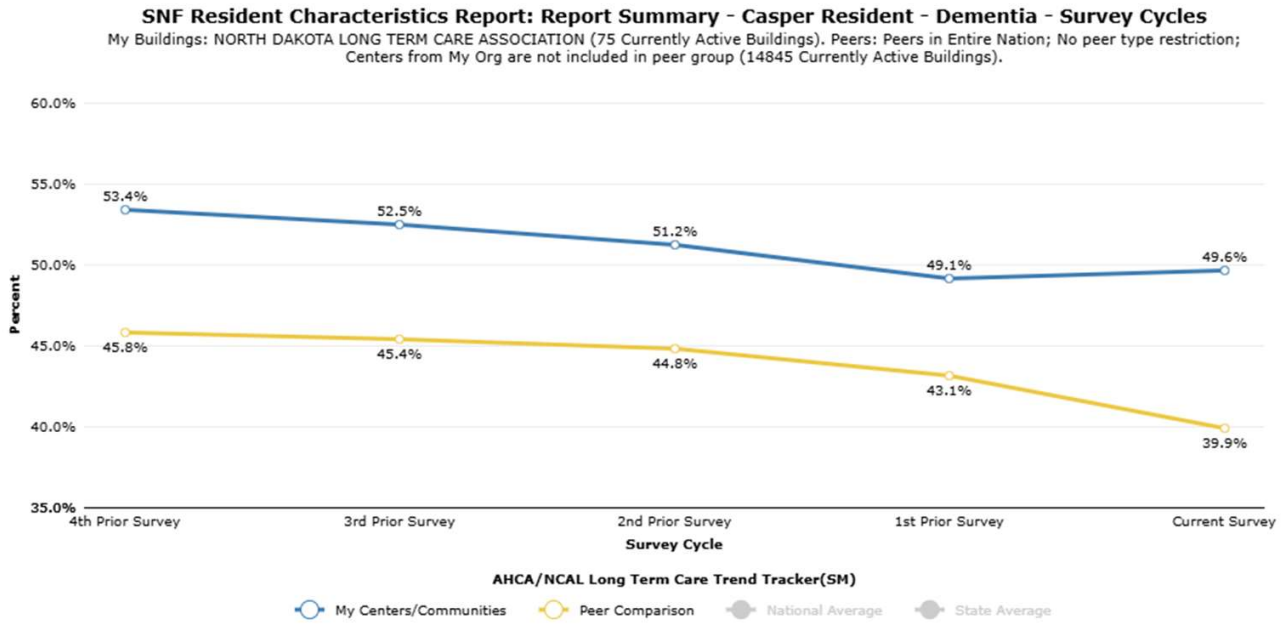
Facility trends

- **Rising Prevalence of Dementia:**
  - With the increasing median age of nursing facility residents, there's a notable surge in the prevalence of dementia at later stages.
  - Residents aged over 85 face a 50/50 chance of developing Alzheimer's disease, underlining the need for specialized care.
- **Impact of State Inpatient Facility Closures:**
  - The closure of state inpatient facilities has led to a shift in the landscape, with nursing facilities now catering to a diverse range of patients, including the Chronically Mentally Ill (CMI).
- **Rehabilitation Trends:**
  - Conditions like traumatic brain injury, stroke, and other rehabilitative needs are increasingly being addressed in long-term care (LTC) facilities rather than hospital-based settings, reflecting a shift in the delivery of specialized care.
- **Psychiatric Disorders on the Rise:**
  - Recent studies illuminate a concerning trend, indicating that over 70% of residents in LTC facilities grapple with various psychiatric disorders or disturbances that demand specialized treatment.
  - A comprehensive study published in the Journal of Long-Term Care revealed that more than 51% of LTC facility residents are prescribed psychoactive medications, emphasizing the critical role of mental health care in these settings.

North Dakota Long Term Care Association

NDLTCA Facts and Figures

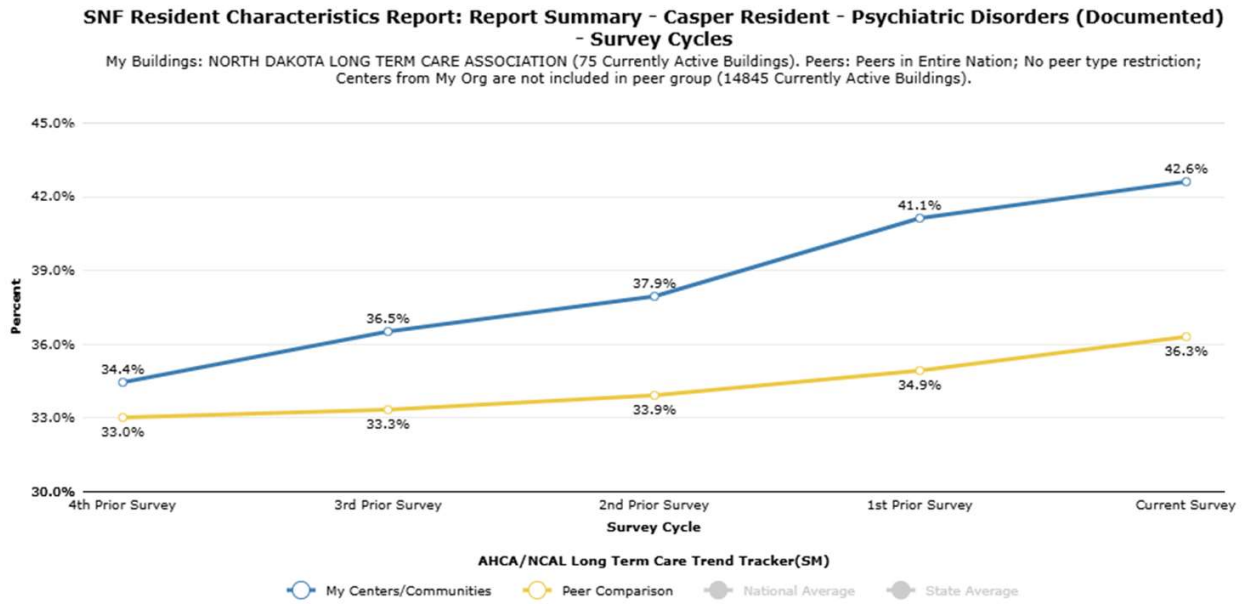
- North Dakota nursing facilities care for a higher number of people living with dementia, almost half vs. 40% nationally.



North Dakota Long Term Care Association

NDLTCA Facts and Figures

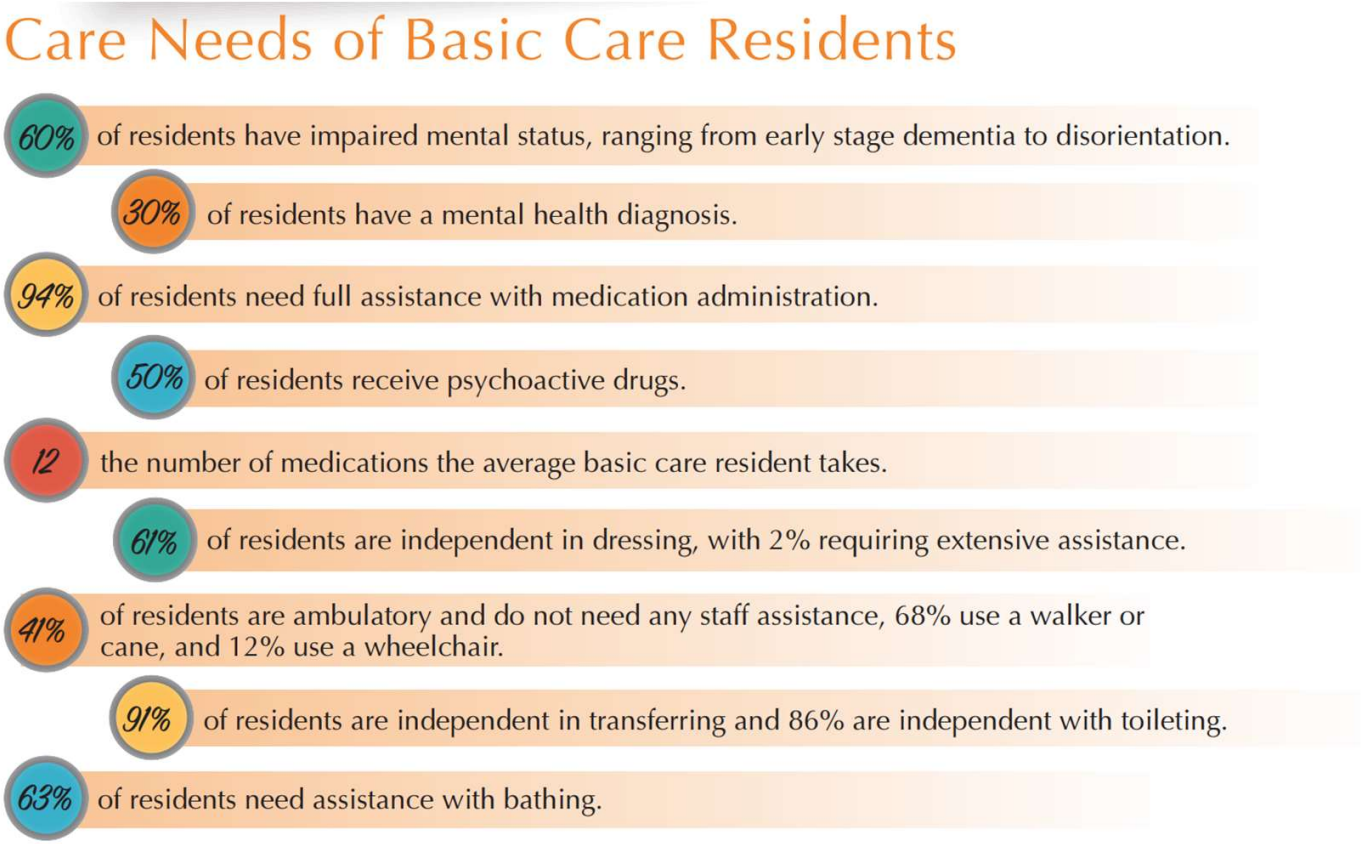
- North Dakota nursing facilities also care for a higher percentage of people with psychiatric disorders than their peers nationally. 42.6% in ND vs. 36.3% nationally, this likely explains why ND has a higher rate of antipsychotic use than other states.



North Dakota Long Term Care Association

NDLTCA Facts and Figures

- Basic care providers report 60% of the residents have impaired mental status and 30% have a mental health diagnosis.



Benefits of State Behavioral Programs



- Allows SNFs to better partner with acute hospitals to address difficult to discharge patients
- Provides funding to increase resources to behaviorally complex patients
- Increases staff retention through additional funding, training, and staff resources
- Reduces acute transfers and decreases acute length of stay
- Reduces out of state placements
- Helps to stabilize patients in the lowest care setting
- Overall savings to the healthcare system

Behavioral Health Programs

Current programs and rates

BEHAVIORAL HEALTH SOLUTIONS

Expanded Behavioral Supports (EBS & EBS+)
Add-on Rate: $80 - $175

Medicaid Nursing Facility Add-on
Add-on Rate: $80 - $225

Extraordinary Care Negotiated Rate: **Per-Diem**

Locked Specialized Units (ECU)
Rate: $765

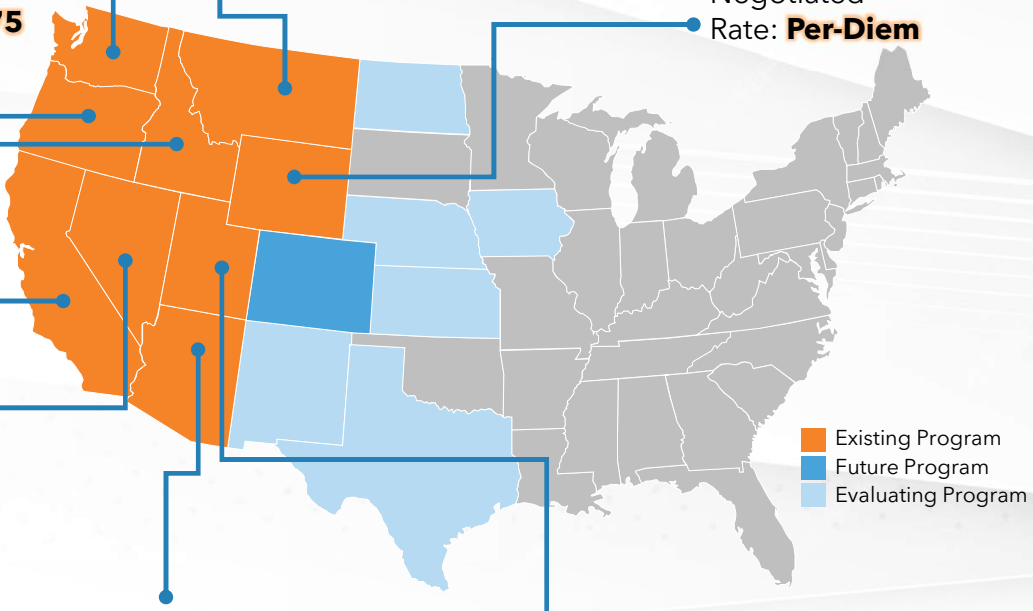
Behavioral Care Units (BCU's)
Add-on Rate: $150 - $200

STP/PATCH Program
Add-on Rate: $200 - $800

Behaviorally Complex Care Program (BCCP)
Add-on Rate: $111 - $326

Behavioral Care Units (locked units)
Negotiated Enhanced Rate: $125 - $500

Behaviorally Complex Program (BCP)
Add-on Rate: $7.50



- States are creating behavioral health programs to assist with consistent challenges:
  - Difficult to discharge patients
  - Lack of available behavioral care
  - High utilizers bouncing from acute to homelessness to jails to psych hospital
  - Significant inpatient lengths of stay

NV Impact Study

SUD Patients

- Study highlights SUD treatment outcomes from NV nursing home residents- Nov 2022 through Oct 2023.
- Data includes patient demographics, reduction in antipsychotic use, and an overall savings to healthcare system.



Impact Study

SUD Treatment Demographics

Nevada Nursing Facility Program Participants

Study Dates: November 2022 – October 2023

Impact Study

Behavioral Health Solutions commenced an impact study in collaboration with 3x Advisors, an independent consulting firm, focusing on Nevada nursing facilities. The objective is to showcase the efficacy of state funding programs when combined with behavioral health supportive services. Preliminary findings highlight a positive influence on individual patient well-being, along with a significant and favorable economic impact on the financial landscape of the healthcare system.

Substance Abuse Landscape

As per the Centers for Disease Control and Prevention, Nevada stands in the top 10 states for drug use, experiencing a concerning 55% surge in drug overdose deaths from 2019 to 2020. The Nevada Department of Health and Human Services further revealed that among the individuals who succumbed in 2020, half had associated mental health concerns.

In top **10**

1 in 2 suffered with their mental health

Geographical Focus

Seventeen Nevada facilities actively engaged in the state-funded behavioral program, which included mental health services provided by Behavioral Health Solutions, contributed data spanning from November 2022 to October 2023 for the purposes of this study.

Statistical Data (NV Program Patients)

# Facilities	Patients	Age Range
17	7,798	19 – 97

882 patients under 60 years old

Male	Female
48.7%	51.3%

Healthcare System Result

$125,752 est. savings to the healthcare system (per 8 patients)

Estimated hospital stay is **$15,719**

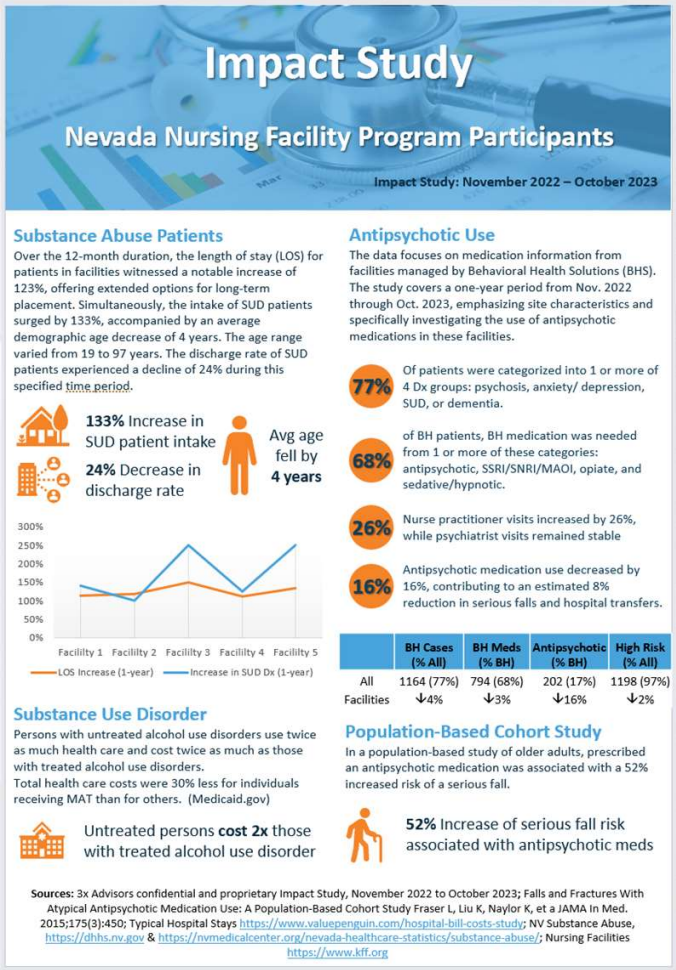
The partnership between BHS and BCCP facilities resulted in the prevention of 8 hospital admissions per 100 SUD patients over the 1-year period. For every 8 patient admissions avoided this resulted in a savings of $125,752 to the healthcare system. **If modeled across the 68 SNF's it would result in a cost savings of $3,073,379.**

68 facilities

2,444 Est. SUD Patients

$3,073,379 estimated total 12-month savings to healthcare system

Description	Data
Nevada Study Data	
NV facilities in study	17
SUD population over 12 months	611
Average # SUD patients per SNF	35.94
Facility Estimates	
# of facilities	68
Total # of SUD patients (Est. SUD per facility ratio)	2,444
Avoided Admissions (8 admits per 100 SUD patients)	196
Cost of hospital stay	$15,719
Savings over 12 months	**$3,073,379**



Impact Study

Nevada Nursing Facility Program Participants

Impact Study: November 2022 – October 2023

Substance Abuse Patients

Over the 12-month duration, the length of stay (LOS) for patients in facilities witnessed a notable increase of 123%, offering extended options for long-term placement. Simultaneously, the intake of SUD patients surged by 133%, accompanied by an average demographic age decrease of 4 years. The age range varied from 19 to 97 years. The discharge rate of SUD patients experienced a decline of 24% during this specified time period.

133% Increase in SUD patient intake

24% Decrease in discharge rate

Avg age fell by **4 years**

Substance Use Disorder

Persons with untreated alcohol use disorders use twice as much health care and cost twice as much as those with treated alcohol use disorders.
Total health care costs were 30% less for individuals receiving MAT than for others. (Medicaid.gov)

Untreated persons **cost 2x** those with treated alcohol use disorder

Antipsychotic Use

The data focuses on medication information from facilities managed by Behavioral Health Solutions (BHS). The study covers a one-year period from Nov. 2022 through Oct. 2023, emphasizing site characteristics and specifically investigating the use of antipsychotic medications in these facilities.

77% Of patients were categorized into 1 or more of 4 Dx groups: psychosis, anxiety/ depression, SUD, or dementia.

68% of BH patients, BH medication was needed from 1 or more of these categories: antipsychotic, SSRI/SNRI/MAOI, opiate, and sedative/hypnotic.

26% Nurse practitioner visits increased by 26%, while psychiatrist visits remained stable

16% Antipsychotic medication use decreased by 16%, contributing to an estimated 8% reduction in serious falls and hospital transfers.

	BH Cases (% All)	BH Meds (% BH)	Antipsychotic (% BH)	High Risk (% All)
All Facilities	1164 (77%) ↓4%	794 (68%) ↓3%	202 (17%) ↓16%	1198 (97%) ↓2%

Population-Based Cohort Study

In a population-based study of older adults, prescribed an antipsychotic medication was associated with a 52% increased risk of a serious fall.

52% Increase of serious fall risk associated with antipsychotic meds

Sources: 3x Advisors confidential and proprietary Impact Study, November 2022 to October 2023; Falls and Fractures With Atypical Antipsychotic Medication Use: A Population-Based Cohort Study Fraser L, Liu K, Naylor K, et a JAMA In Med. 2015;175(3):450; Typical Hospital Stays https://www.valuepenguin.com/hospital-bill-costs-study; NV Substance Abuse, https://dhhs.nv.gov & https://nvmedicalcenter.org/nevada-healthcare-statistics/substance-abuse/; Nursing Facilities https://www.kff.org

Establishing a Significant Emergency Room Impact

Impact Study: November 2022 – October 2023

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ER Visits:

Reviewed ER visits for 3,899 patients in 9 Nevada facilities.

Finding:

- BCCP + BHS effectively manages behavioral health issues in the facility rather than the emergency department.

ER Admissions

On Program	Not On Program
2.7%	9.5%

Reduced ER visits by 72%

BCCP v non-BCCP participants

Program Ramp
North Dakota

Rate: $100 per patient per day

Cost Savings and Impact:
Effective patient management within the SNF/Basic Care setting reduces expenses related to readmissions and acute care interventions contributing to overall lower healthcare costs.

Month	Patients	Add-On Rate	Patient Days	Reduced Costs	Actual State Costs (Savings)
July	5	$ 15,500	155	$ (11,161)	$ 4,339
August	10	31,000	310	(22,323)	8,677
September	15	45,000	450	(33,484)	11,516
October	20	62,000	620	(44,645)	17,355
November	25	75,000	750	(55,806)	19,194
December	30	93,000	930	(66,968)	26,032
January	35	108,500	1085	(78,129)	30,371
February	40	112,000	1120	(89,290)	22,710
March	45	139,500	1395	(100,451)	39,049
April	50	150,000	1500	(111,613)	38,387
May	50	155,000	1550	(111,613)	43,387
June	50	150,000	1500	(111,613)	38,387
Total		$ 1,136,500	11365	$ (837,095)	$ 299,405

Month	Patients	Add-On Rate	Patient Days	Reduced Costs	Actual State Costs (Savings)
July	50	$ 155,000	1550	$ (111,613)	$ 43,387
August	50	155,000	1550	(111,613)	43,387
September	50	150,000	1500	(111,613)	38,387
October	50	155,000	1550	(111,613)	43,387
November	50	150,000	1500	(111,613)	38,387
December	50	155,000	1550	(111,613)	43,387
January	50	155,000	1550	(111,613)	43,387
February	50	140,000	1400	(111,613)	28,387
March	50	155,000	1550	(111,613)	43,387
April	50	150,000	1500	(111,613)	38,387
May	50	155,000	1550	(111,613)	43,387
June	50	150,000	1500	(111,613)	38,387
Total		$ 1,825,000	18250	$ (1,339,351)	$ 485,649

Total		$ 2,961,500.00	29615	$ (2,176,445.97)	$ 785,054.03

Program Ramp
North Dakota

BEHAVIORAL HEALTH SOLUTIONS

Length of Stay in Acute Care Settings

- The CMS 2024 Measure Updates and Specifications Report for the SNF Value-Based Purchasing Program highlights prior hospital lengths of stay (LOS) distribution for SNF patients:

1–3 days: **23.1%**	4–7 days: **44.3%** (largest segment)	8–14 days: **23.4%**	>14 days: **9.2%**

- A focus on proactive care seeks to minimize acute care transfers, enabling patients to remain in lower-cost, high-quality SNF settings for the entirety of their care needs.

Reduction in ER Transfers and Visits

The NV Impact Study (2023) demonstrated a significant reduction in ER transfers, driven by:

- Enhanced care coordination and proactive oversight, particularly for behavioral health needs.
- Advanced patient monitoring and early interventions to address potential acute episodes before escalation.

Acute Length of Stay- SNF: https://www.cms.gov/files/document/snfrm-pdf.pdf

BHS Services to Support Program
Under Capitated Model

- Staffing training on topics related to managing difficult behaviors (de-escalation, management of psychiatric disorders, trauma informed care, substance use disorder, etc.)
- Creation of person-centered behavioral support and modification plans
- Creation of crisis plans
- Training individual care givers on behavioral modification plans and interventions for behaviorally complex patients
- 1:1 psychosocial activities and application of behavioral interventions by paraprofessionals
- Group psychosocial activities
- CMS regulatory compliance guidance related to behavioral services (i.e.. schizophrenia audits)
- Assistance with resolving urgent facility, resident, or family concerns related to behavioral complexities

Clinical Services Offered to Facility

- Consistent and available Psychotherapy
- Routine Psychiatric Care & Medication Management
- Neuropsychological Assessment
- Cognitive Care Planning
- Peer Support Services
- Collaborative Care Needs
- Crisis or Urgent Care Planning
- Monthly Gradual Dose Reduction Meetings




BEHAVIORAL
HEALTH SOLUTIONS
THANK YOU



House Bill 1012 – Child Support

House Appropriations Committee| HR Division
Representative Jon Nelson, Chairman

February 4, 2025 | Jim Fleming, Director | Child Support Section

NORTH Dakota | Health & Human Services
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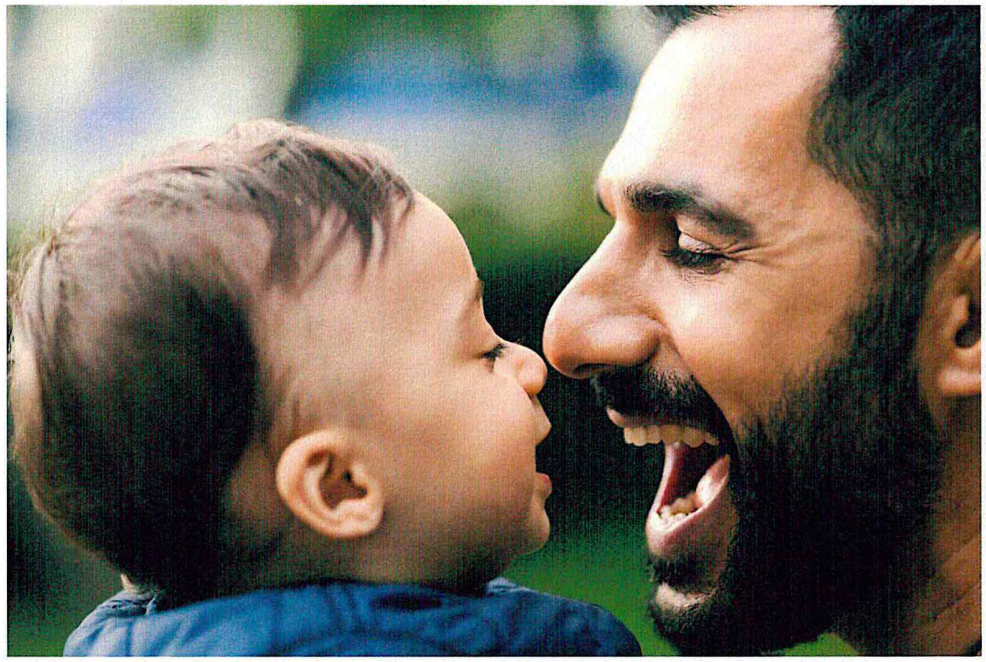
Who we serve

As of 2024, the Child Support section delivers programs and services to:

- 66,325 children
- 85,211 parents
- 50,805 cases (1/1/2025)
  - Full service. – 29,925
  - Limited service – 20,880
- Employers 87,258



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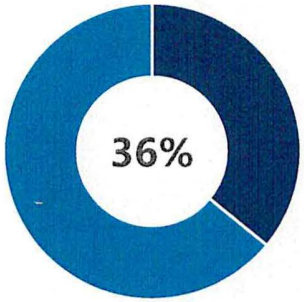
Child Support - Who We Serve

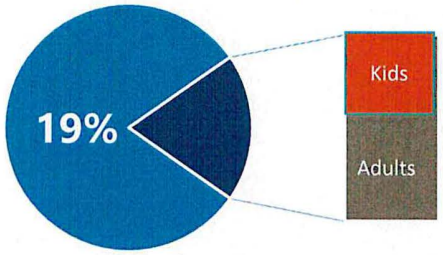
66,325



1 in 3 ND kids

In 2024, 66,325 children received child support services. That is more than 1 of every 3 children under age 18 in the state.

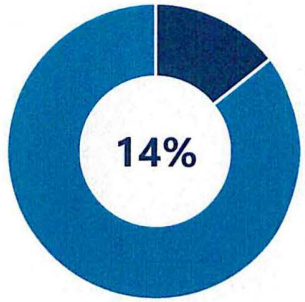
151,536



1 in 5 North Dakotans

151,536 people received child support services in North Dakota in 2024.

85,211



1 in 7 ND adults

In 2024, 85,211 parents received child support services. That means nearly 1 of every 7 adults (age 18+) in the state has a connection to the child support division.

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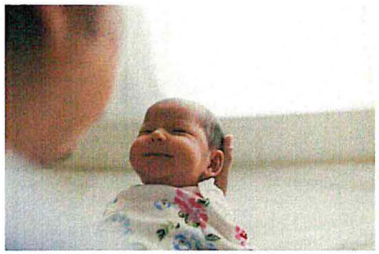
Child Support section provides services that promote family self sufficiency



Establish paternity

- In-hospital paternity acknowledgment program
- Genetic tests
- Paternity judgment



Customer Service

- 24/7/365 information on website and interactive phone system
- Customer service call center
- Appointments



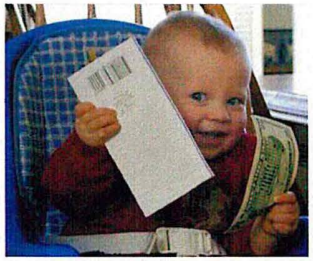
Establish and modify court orders for child and medical support

- Child Support guidelines
- Periodic reviews



Enforcement

- Income withholding
- Tax refunds
- License suspension
- Employment assistance



Account Management

- Receive payments
- Maintain payment ledger
- Disburse payments

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Child Support
Opening a Full-Service case

- TANF Referral
- Medicaid Referral
- Foster Care Referral
- Referral from another state or tribal or international child support program
- Application by a parent



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What we do – Full Service and Limited Service

All Cases

- Customer service
- Income withholding
- Account management

Full-Service Cases

- Establishment of paternity
- Establishment of a child support and medical support order
- Other enforcement actions such as tax refund offset and license suspension
- Employment services
- Periodic review and modification of child support obligation



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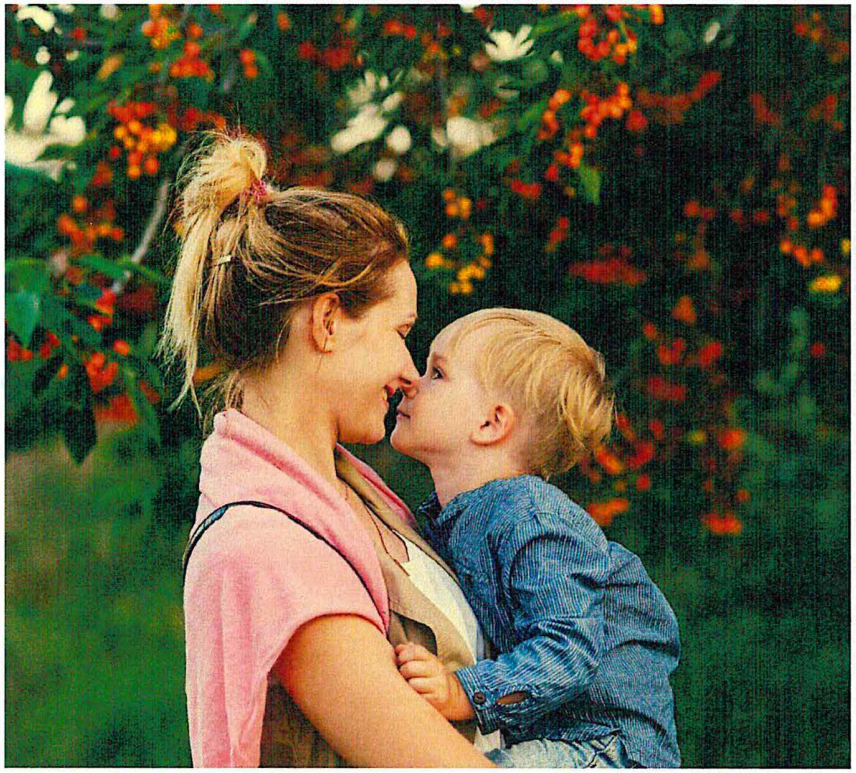
Meet Bobbi Jo & Tanner



Bobbi Jo is 22 years old and lives in Devils Lake. She used to live with the father of her two-year old son Tanner.

Tanner's father acknowledged his paternity in the hospital when Tanner was born but broke up with Bobbi Jo when Tanner was a baby.

Bobbi Jo has a part-time job at a local convenience store. She is receiving health coverage for herself and Tanner under the Medicaid program.

She is struggling to make ends meet, but currently makes too much income to be eligible for SNAP or TANF.

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Meet Molly and Mark

Molly and Mark's dad got divorced when Mark was 5. Mark's dad has been in and out of jail and has not been a regular part of Mark's life since the divorce.

Molly lost her job and started drinking too much. Eventually, Mark was placed in Foster Care at age 16.

HHS is working with Molly, who is committed to overcoming her addiction, regaining employment, and reuniting with Mark in her home.

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Supportive Services for Homeless Veterans

- Community Action Partnership of North Dakota
- Improving Communication, including Delivery of Legal Notices
- Understanding Child Support Guidelines and the Modification Process

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Child Support Partners



- Employers
- Judges
- Clerks of court
- Sheriffs
- ND state and local government agencies
- Other state and tribal child support programs
- Private attorneys
- Car dealers
- Gaming operators

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Child Support Tribal Partnerships

- "Lack of jurisdiction" cases are excluded from federal performance measures
- Partnership with Three Affiliated Tribes and Standing Rock Sioux Tribe child support programs
- Bring actions in Turtle Mountain and Spirit Lake tribal courts
- Host Tribal Offset Partnership so tribes can access federal offset services



Child Support Return on Investment

When child support is received, the child is able to grow up in a more secure and stable environment.

- Studies have shown that for every **$1.00** a family **receive**s in child support, **$0.19** is **saved** in reduced need for TANF, SNAP, Medicaid and other programs (nearly $20 million in FY 2024)
- Every **$1.00 spent** on Child Support generated **$6.52 for family recipients**
- Every **$1.00 in state General Funds spent** on Child Support generates **$19.18 in support for family** recipients



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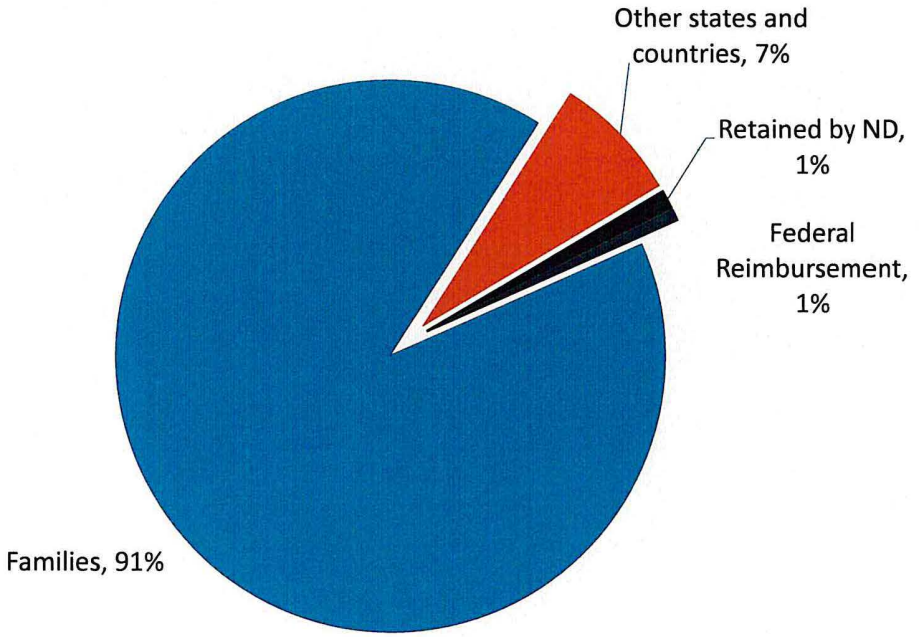
Collections - Where the $115 million goes (FY 2024)

Child support agencies work collaboratively, across state lines, to ensure that families receive the child support they are owed regardless of where they live.



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Child Support Performance Measures

	Orders Established	Paternity Established	Current Support	Cases with Arrears Collection	Cost Benefit
ND FFY 2024	90.43%	109.95%	78.55%	70.73%	$6.52
ND FFY 2023	91.36% (13)	107.46% (5)	77.36% (2)	68.52% (10)	$5.64 (11)
#1 State	95.07%	179.27%	82.21%	83.24%	$10.74
#5 State	94.28%	107.46%	73.39%	75.67%	$7.75
#10 State	91.70%	101.52%	70.79%	68.52%	$5.83
US FFY 2023	86.37%	99.52%	65.07%	64.04%	$4.37

Collections continue to increase



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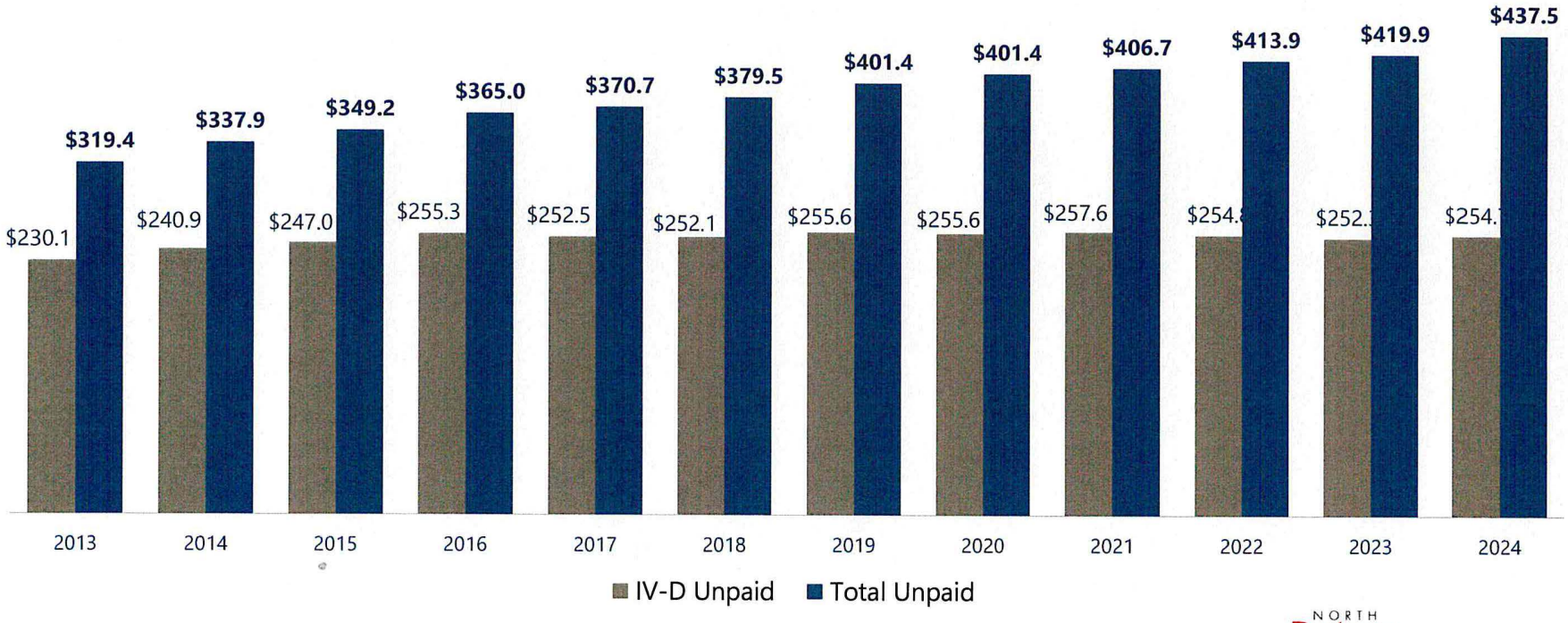
Unpaid support in full-service cases is being contained



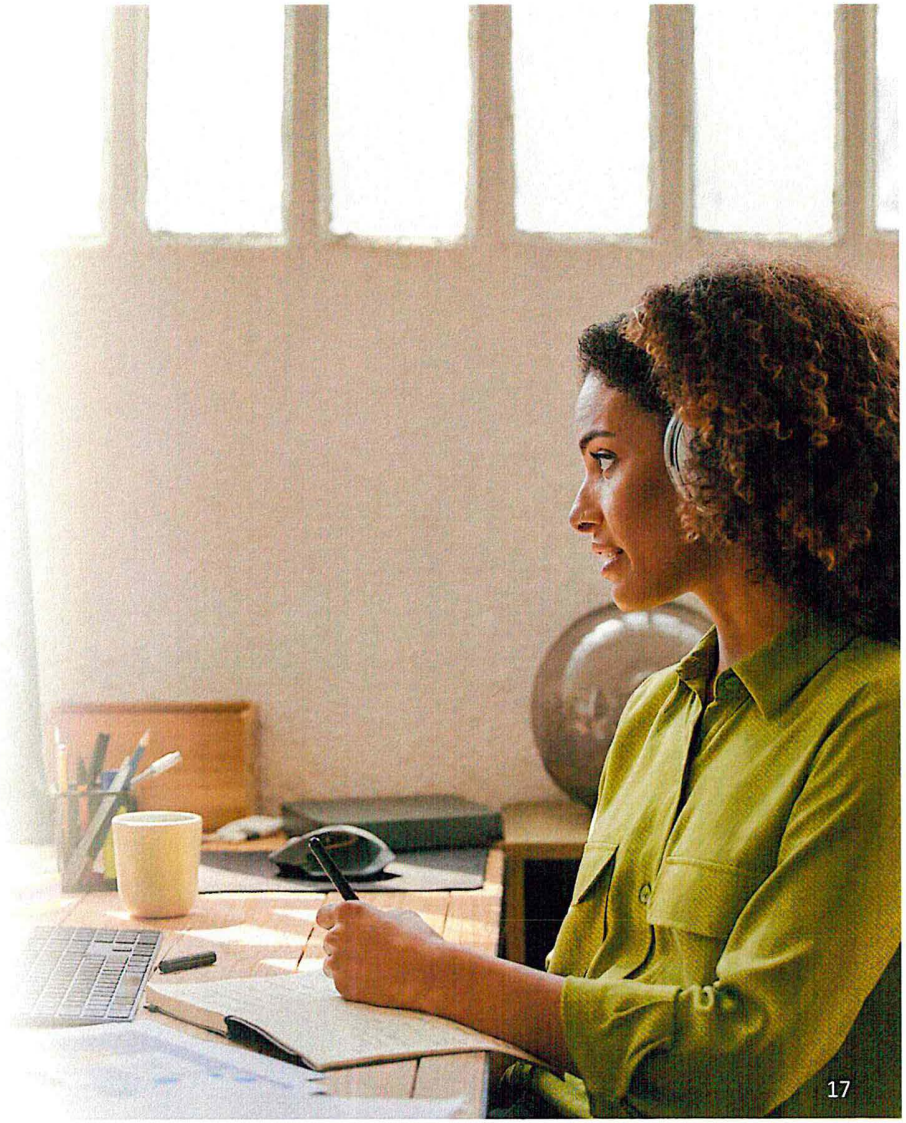
NORTH Dakota Be Legendary. | Health & Human Services

Team Structure and Function

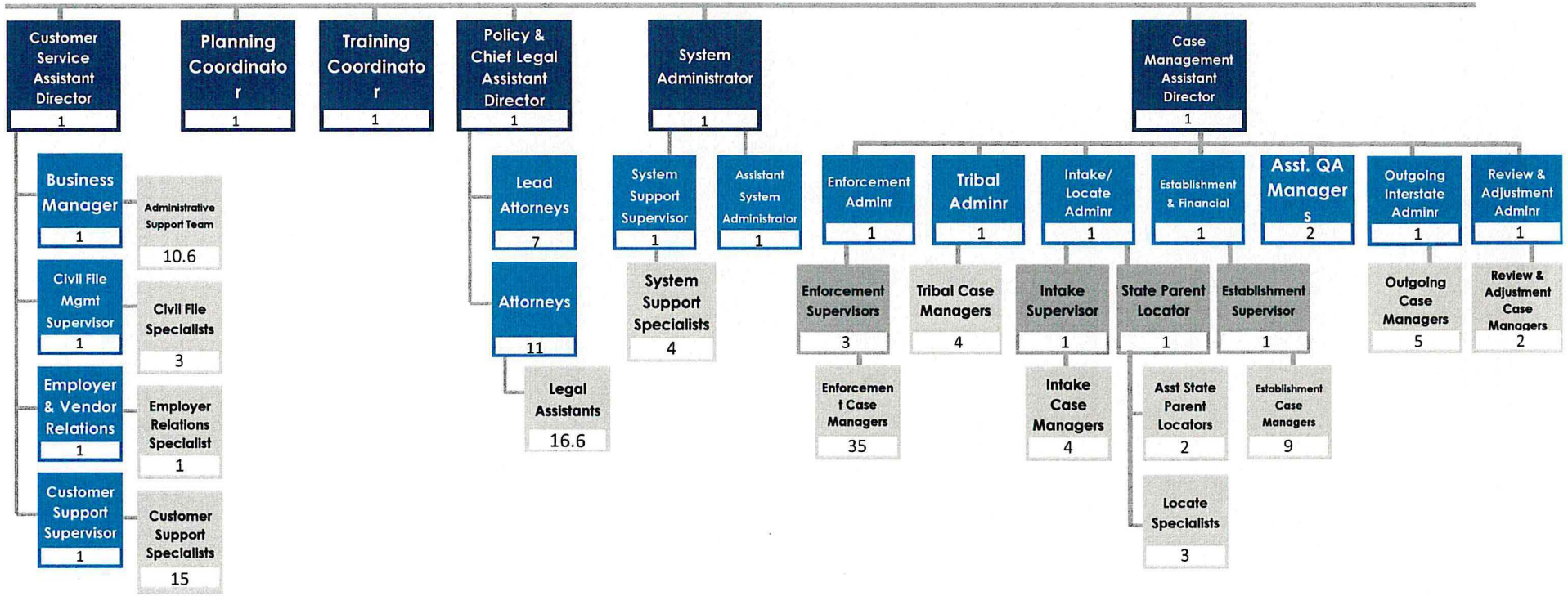
Position Numbers Assigned/ Funding Exists	Positions Filled	# of Vacancies	# of Temporary Staff
161.2	*156.2*	*5**	*4**

*Numbers as of 12/1/2024

Average Age	49
Avg Years of Service	13.2
Retirement Risk	*5%*
Turnover 2021	*5%*
Turnover 2022	*7%*
Turnover 2023	*7%*
Turnover 2024	*7%*



Child Support Director
James Fleming



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Comparison of Budgets and Funding

By Budget Account Code

DESCRIPTION	2023-25 LEGISLATIVE BASE	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)
511x Salaries - Regular	$ 20,250,328	$ 21,612,401	$ 1,362,073
513x Salaries Temp	136,900	95,744	(41,156)
516x Salaries Benefits	10,724,158	11,641,175	917,017
Total Salaries & Benefits	**$ 31,111,386**	**$ 33,349,319**	**$ 2,237,934**
52x Travel	39,897	92,013	52,116
53x Supply	25,294	20,464	(4,830)
54x Postage & Printing	160,470	156,673	(3,797)
55x Equipment under $5,000	7,250	3,000	(4,250)
57x Insurance	650	250	(400)
58x Rent/Leases - Bldg/Equip	653,449	565,324	(88,125)
59x Repairs	45,941	32,704	(13,237)
61x Professional Development	21,780	18,210	(3,570)
62x Fees - Operating & Professional	1,550,975	1,088,492	(462,483)
53x Supplies-IT	100,000	110,726	10,726
60x IT Expenses	65,053	3,754,149	3,689,096
Total Operating	**$ 2,670,759**	**$ 5,842,005**	**$ 3,171,246**
Total	**$ 33,782,145**	**$ 39,191,324**	**$ 5,409,180**
Total General	**$ 9,412,781**	**$ 10,970,726**	**$ 1,557,945**
Total Federal	**$ 20,455,789**	**$ 22,889,228**	**$ 2,433,439**
Total Other	**$ 3,913,575**	**$ 5,331,370**	**$ 1,417,795**

Budget as % of HHS Budget

0.6%

Budget Funding Source

General	26.1%
Federal	54.9%
Other	13.6%

Budget Bypass-Through

Paid to Private Providers	2.8%
HHS Direct Service	0.0%
HHS Admin	87.4%
HHS Technology	9.9%

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Operating Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
LexisNexis, HMS Contract, Supreme Court, Access & Visitation, Labcorp, Informatix, Interpreters	$ 1,588,873	$ (500,381)	$ 1,088,492	$ 370,087	$ 718,405	$ -
		-				
GENERAL FUND	$ 540,217	$ (170,130)	$ 370,087	$ 370,087	$ -	$ -
FEDERAL FUND	1,048,656	(330,251)	718,405	-	718,405	-
OTHER FUND	-	-	-	-	-	-
GRAND TOTAL	$ 1,588,873	$ (500,381)	$1,088,492	$ 370,087	$ 718,405	$ -

Grants Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION			
			TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
Not applicable	$ -	$ -	$ -	$ -	$ -	$ -

GENERAL FUND	$ -	$ -	$ -	$ -	$ -	$ -
FEDERAL FUND	-	-		-	-	-
OTHER FUND	-	-		-	-	-
GRAND TOTAL	$ -	$ -	$ -	$ -	$ -	$ -

Comparison of Budget Expenditures and Projections

By Budget Account Code

DESCRIPTION	2023-25 LEGISLATIVE BASE	EXPENDED AS OF 12/31/2024	PROJECTION THROUGH 6/30/2025	UNDER / (OVER) BUDGET
511x Salaries - Regular	$ 20,250,328	$ 15,140,425	$ 20,135,477	$ 114,851
513x Salaries Temp	136,900	98,405	174,677	(37,777)
514x Salaries Overtime	-	19,038	19,038	(19,038)
516x Salaries Benefits	10,724,158	7,685,090	10,314,896	409,262
Total Salaries & Benefits	**$ 31,111,386**	**$ 22,942,958**	**$ 30,644,087**	**$ 467,299**
52x Travel	39,897	44,425	54,400	(14,503)
53x Supply	25,294	25,145	33,280	(7,986)
54x Postage & Printing	160,470	144,658	184,775	(24,305)
55x Equipment under $5,000	7,250	-	-	7,250
57x Insurance	650	150	313	338
58x Rent/Leases - Bldg/Equip	653,449	446,635	607,411	46,038
59x Repairs	45,941	23,044	34,529	11,412
61x Professional Development	21,780	120,141	125,586	(103,806)
62x Fees - Operating & Professional	1,588,873	434,888	832,106	756,767
53x Supplies-IT	100,000	56,507	81,507	18,493
60x IT Expenses	27,155	6,682	13,471	13,684
Total Operating	**$ 2,670,759**	**$ 1,302,274**	**$ 1,967,377**	**$ 703,382**
Total	**$ 33,782,145**	**24,245,232**	**$ 32,611,463**	**$ 1,170,681**
Total General	**$ 9,412,781**	**$ 7,502,500**	**$ 9,488,960**	**$ (76,179)**
Total Federal	**$ 20,455,789**	**$ 14,133,059**	**$ 19,233,899**	**$ 1,221,890**
Total Other	**$ 3,913,575**	**$ 2,609,673**	**$ 3,888,605**	**$ 24,970**

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On the Horizon

Supporting Family Stability & Economic Health

20,000

Over 20,000 families who are owed child support are not receiving the program's full services

$25.5 million

More than $25.5 million in child support per year is not received in the month when it is due

$254 million

More than $254 million is owed in past-due support in full-service cases and over $437.4 million total in all cases

Summary and key takeaways

- **Program efficiency** continues to improve
- **Revised referral strategies** will further improve program integration
- **Program performance** is strong but has further room for improvement
- **Service improvements** are anticipated from a modern case management system



Contact Info

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Director, Child Support Section

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Email Us

childsupport@nd.gov

Call us

(800) 231-4255

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House Bill 1012 – Vocational Rehabilitation

House Appropriations Committee| HR Division
Representative Jon Nelson, Chairman

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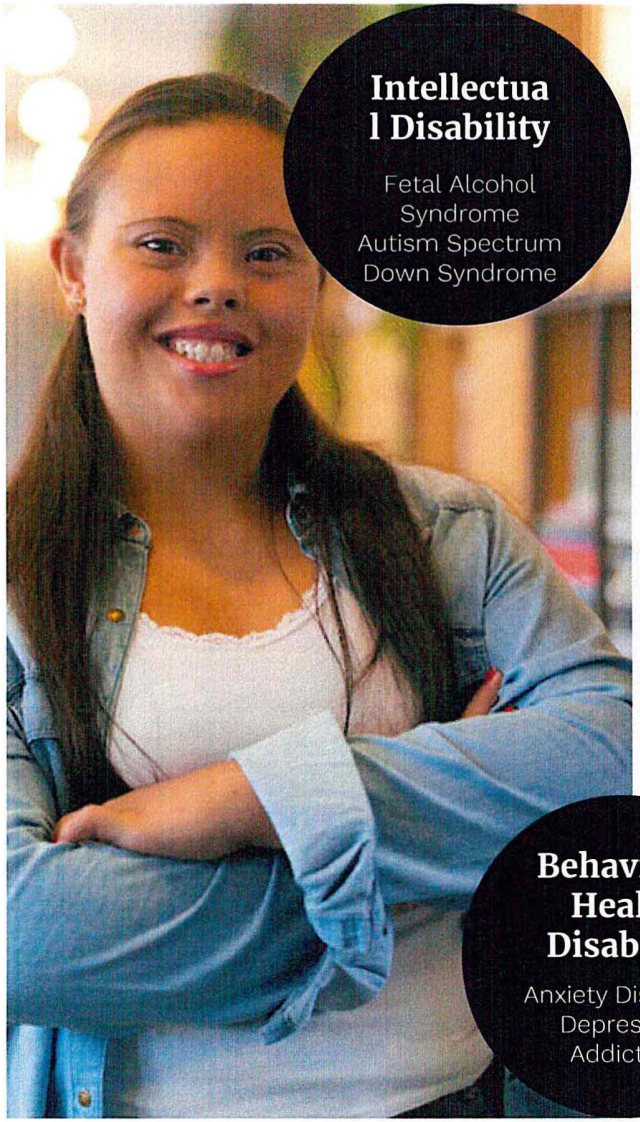
February 4, 2025 | Jim Fleming, Interim Director | Vocational Rehabilitation Section

HHS serves people with Disabilities



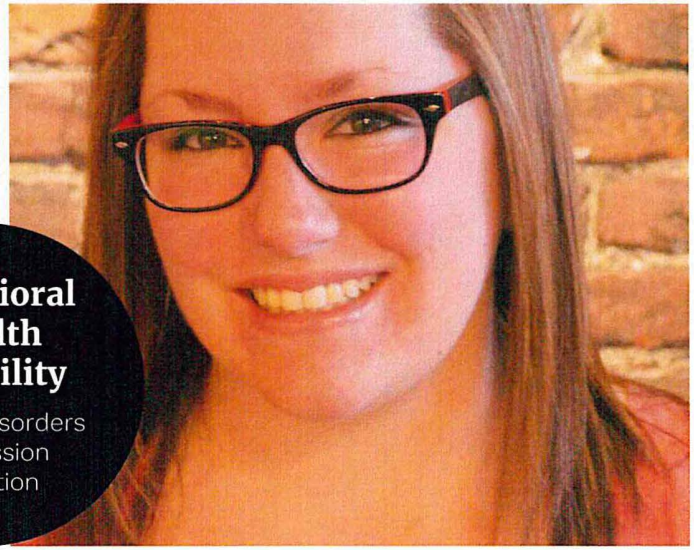
Intellectual Disability

Fetal Alcohol Syndrome
Autism Spectrum
Down Syndrome



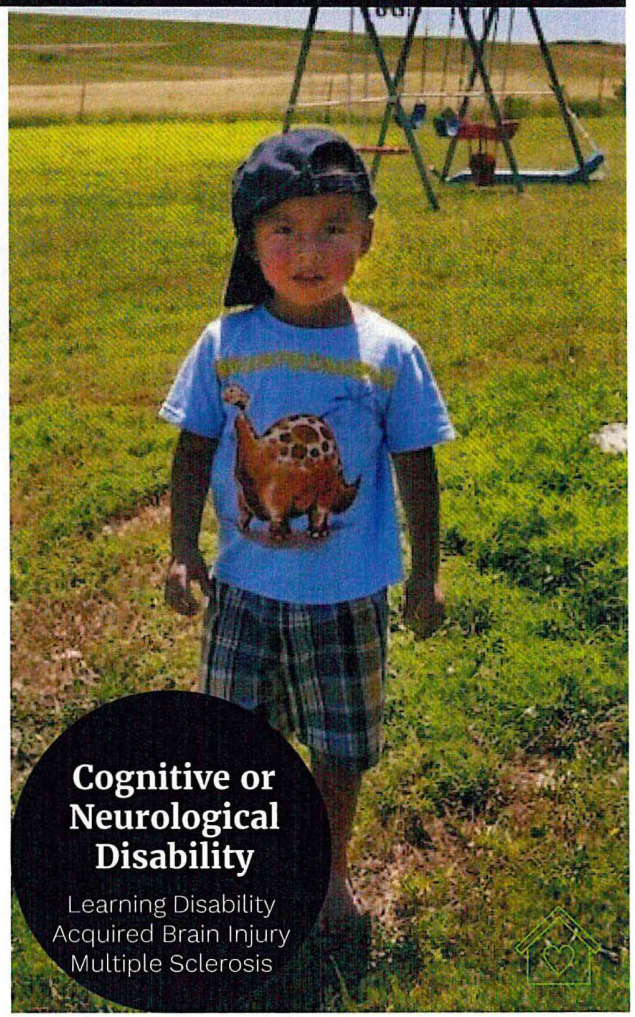
Physical or Sensory Disability

Mobility Impairment
Vision Impairment
Hearing Impairment



Behavioral Health Disability

Anxiety Disorders
Depression
Addiction



Cognitive or Neurological Disability

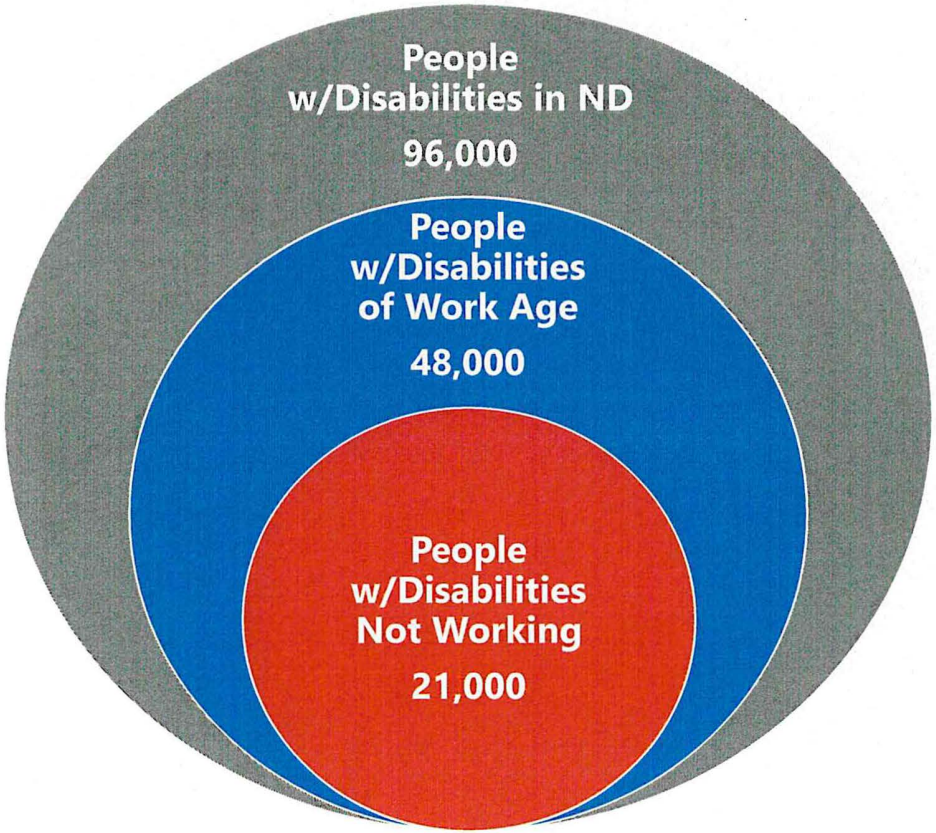
Learning Disability
Acquired Brain Injury
Multiple Sclerosis

Who might choose to seek services from Voc Rehab?



- Individual seeking service can have a congenital or acquired disability
- Services are inclusive of all types of disability – learning, developmental, physical, cognitive, behavioral
- Barrier to seeking, maintaining, or advancing in employment due to disability
- Jobs acquired are from entry-level to professional
- Clients can come back through the process for career progression, change in career goal or job situation

Vocational Rehabilitation: An Essential Part of the Workforce Solution



Source: 2024 Disability Statistics Compendium (2022 data)

Connecting with Employers: Services to Businesses

Any ND employer is eligible for VR services (non-profit or for-profit business or government agency)

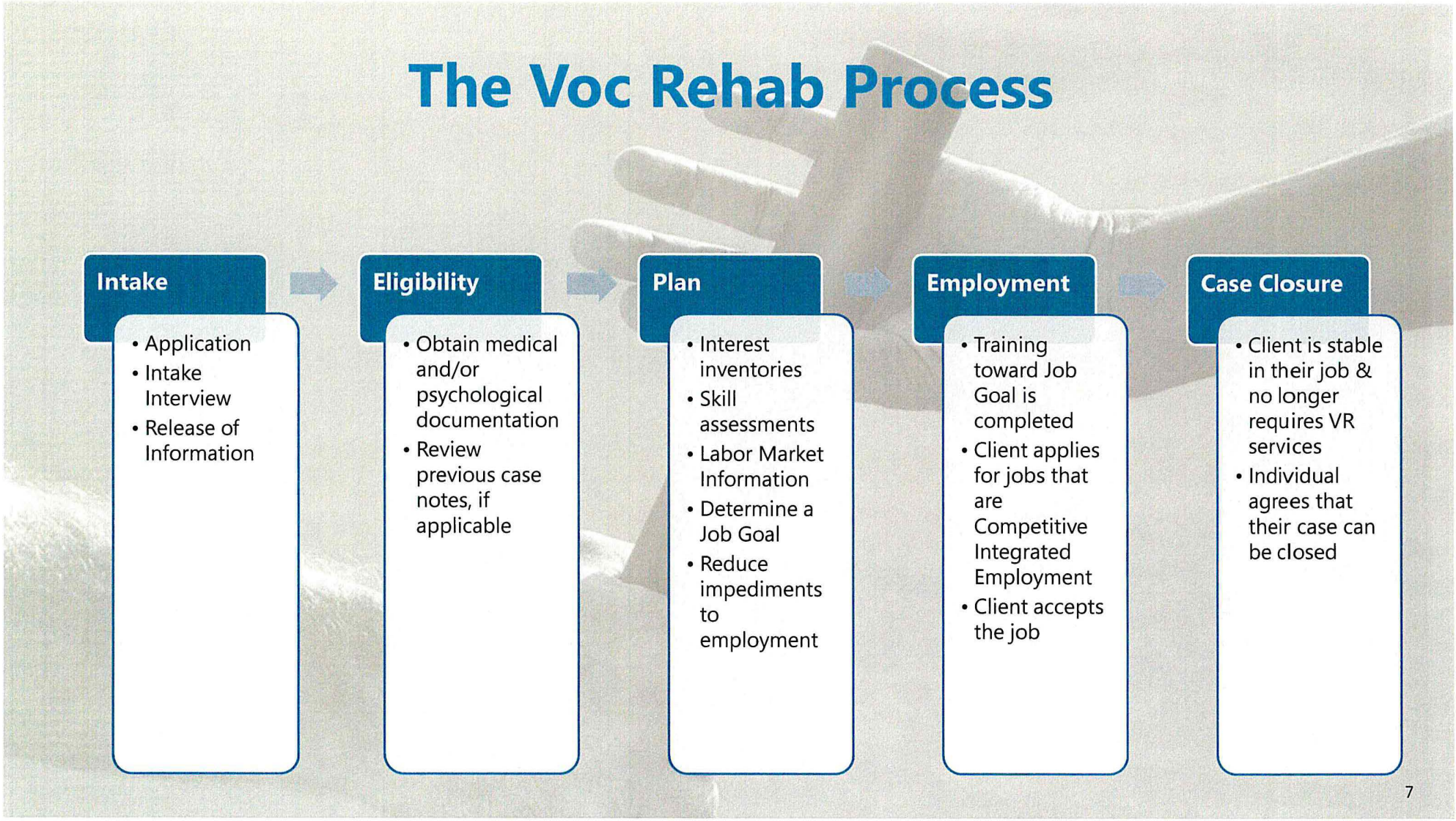
- Assist employers in connecting to an untapped labor pool of people with disabilities
- Retaining existing, well-trained and productive workers who may have developed or have a worsening disability
- Providing education on disability awareness, tax incentives and the Americans with Disabilities Act



What is Vocational Rehabilitation? What do we do?

Pre-employment Transition Services (Pre-ETS)	Services to Business	Supported Employment/ Customized Employment	Vision Services (OIB-Older Individuals who are Blind)	Specialized Programs
• Students ages 14-21 • Job exploration • Job readiness training • VR has contracts w/ 71 school in ND	• Connect to qualified applicants • Retaining existing employees w/ developed or have a worsening disability • ADA accommodation consultation • Education on disability awareness, tax incentives	• Additional support during Rehab Process • Job search, interviewing skills, resume writing, tuition assistance, negotiate job tasks w/employer, on-the-job training, etc. • Coordinate supports once VR case is closed	• Individuals 55+ with a significant visual impairment • Home or environmental accommodations/ equipment • Assistive technology – magnifiers, lighting • Communication skills	• Senior Community Service Employment Program (SCSEP) – part of Older Americans Act – 55+, unskilled • Randolph-Sheppard – blind vendors in cafeteria settings in federal buildings

The Voc Rehab Process



Additional Programs

Senior Community Service Employment Program (SCSEP)

- Adults age 55+, and below 125% of poverty threshold, gain skills toward re-entering the workforce. Participants may not necessarily have a disability.

Federal Plan Responsibility

- WIOA Unified State Plan for Workforce – DOL (along with JSND, Adult Education and English Literacy, Dept of Commerce, and DPI)
- State Plan for Independent Living – Admin for Comm Living/HHS

North Dakota Assistive

Randolph-Sheppard

Councils and Commissions

- Statewide Rehabilitation Council
- State Independent Living Council

Designated State Entity for Centers for Independent Living

- Independent living skills training
- Information and referrals for orientation and mobility
- Transition services – from institutions to home/community based; also youth transition to independent living
- Peer mentoring
- Advocacy

About Voc Rehab Contracts

- Independent Living Centers
- ND Assistive
- Pre-Employment Transition Students
- Market Decisions - satisfaction surveys
- Motivational Interviewing
- Customized Employment – NDCPD
- Benefits Planning – RSI
- Client Assistive Program (CAP)
- VR Development Group – online training
- World of Work Inventory (WOWI)



VR Expands Workforce and Improves Lives

Employer Assistance:

Northwest Auto Body

Business Success Story - Northwest Auto Body

Fargo business meets workforce needs with inclusive team



Located on Fargo's busy Main Avenue, Northwest Auto Body is a family-owned collision repair business that is having an impact on the community.

Inside, it's more than just a repair shop, which is why they were named 2024 North Dakota Vocational Rehabilitation (VR) Employer of the Year.

Manager Scott Johnson and his team have made it a warm and welcoming place for people of all abilities.

Being familiar with VR, Johnson was excited at the opportunity to work with VR to help people with disabilities gain valuable work experience.

"People need chances, and I feel that just giving someone a shot is important," Johnson said. "In this industry, there are so many different jobs that a person can do."

VR Expands Workforce and Improves Lives

Hearing Assistance:

Lori Davidson

Client Success Story - Lori Davidson

Overcoming hearing loss to remain in the workforce



Having crystal-clear hearing at work is a must for Lori Davidson. She spends her workday answering phone calls and interacting face-to-face with patients at a Grand Forks clinic.

"I love working with people," she said.

Three years ago, she noticed that her hearing started to change. It began impacting her work productivity, performance and efficiency.

"I was struggling to hear on the phone and had to ask people to repeat themselves to make sure I heard their information correctly," she said.

Davidson is not alone. Last year, nearly one in four people who were successfully employed and received services from North Dakota Health and Human Services' Vocational Rehabilitation Program (VR) were deaf or hard of hearing, which impacted their job.

To continue working, Davidson knew she needed help. She made an appointment with an audiologist who did an assessment and recommended hearing aids, but the cost was too much and not covered by her

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VR Expands Workforce and Improves Lives

Vision Assistance:

Marcy Peterson

Client Success Story - Marcy Peterson

Inspirational Fargo woman thrives despite vision loss



There is not a day that goes by that 91-year-old Marcy Peterson isn't either writing, painting or cooking in the comfort of her own home.

"I try to learn something new every day," she said.

Twenty years ago, she helped care for her husband as he battled the challenges of macular degeneration.

Little did she know that she would soon walk in his shoes. Life with legal blindness created obstacles, but she didn't let them stop her from remaining independent.

"I'm determined, and that's what keeps me going," she said. "You find a way of doing things that you never thought of before, and you have to be willing to not only look for help but to accept it."

Simple solutions that support independence



In 2011, Marcy and her husband moved to Fargo and two years later he went into nursing home. Afraid to live

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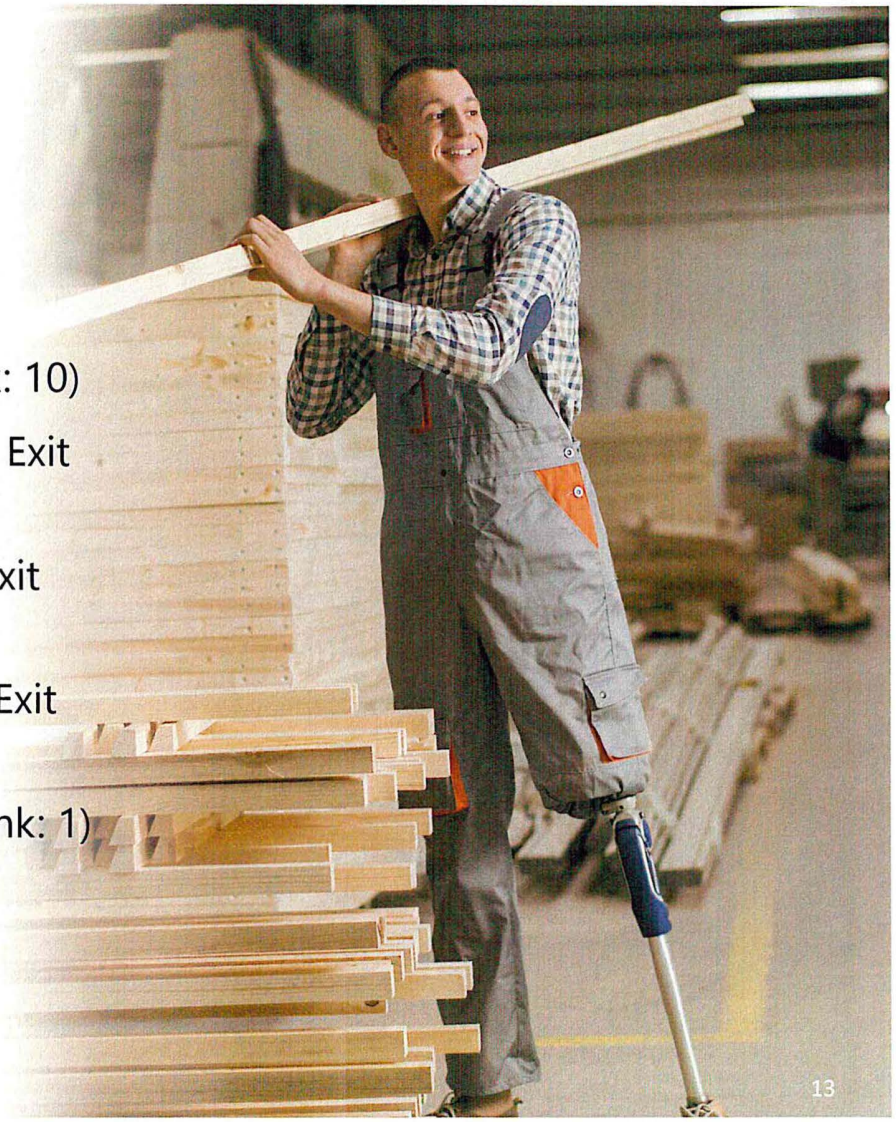
North Dakota VR is the Top Performing Program in the Country

- **66.3%** - Measurable Skill Gain Rate (National rank: 10)
- **67.49%** - Employment Rate Second Quarter After Exit (National rank: 3)
- **$6,253** - Median Earnings Second Quarter After Exit (National rank: 14)
- **69.07%** - Employment Rate Fourth Quarter After Exit (National rank: 1)
- **71.46%** - Credential Attainment Rate (National rank: 1)



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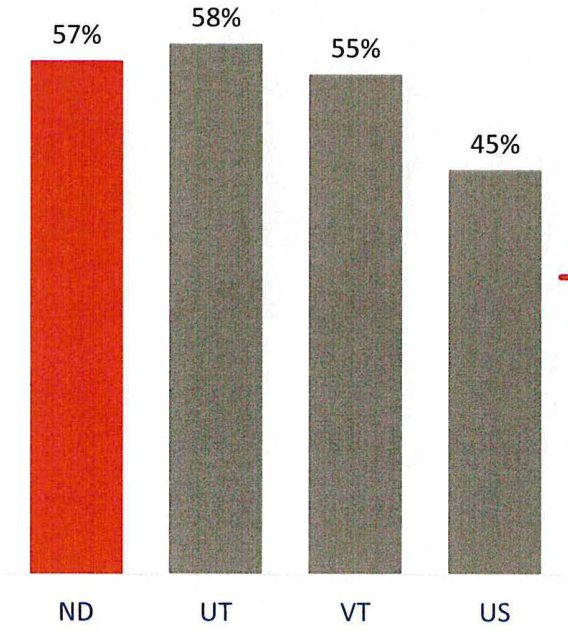
ND is 2nd in the U.S. by % of People with disabilities who are employed



Source: Annual Disability Statistics Compendium, 2023

Rethink What's Possible

In ND we aspire to see the labor force participation rate for people with disabilities be equal to the state's overall rate.

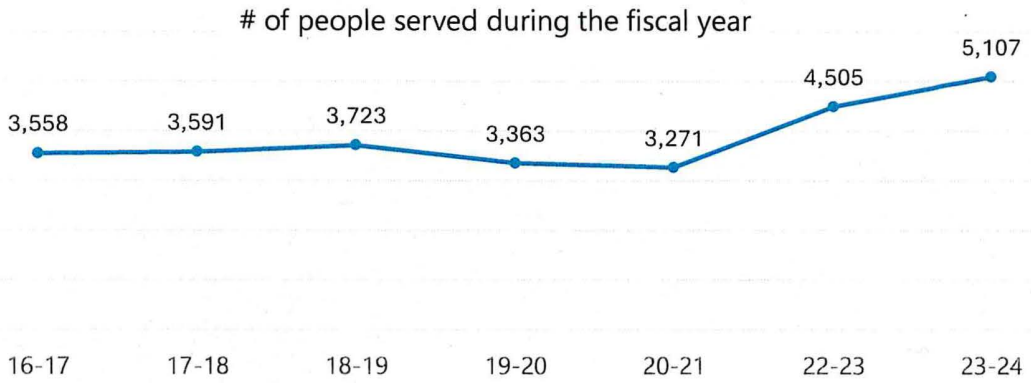


Vocational Rehabilitation Section

Growing Caseload | Return on Investment

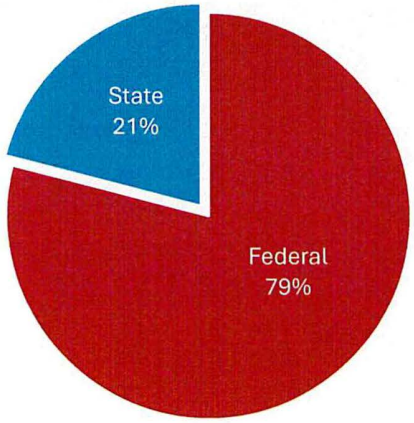
39%

Increase in
VR cases
2021 to 2024



For every **one dollar spent** on Vocational Rehab services Clients **earnings increase** by **$10.82/hour**

For every **one dollar spent** on Vocational Rehab services Clients **pay $2.16 in taxes**



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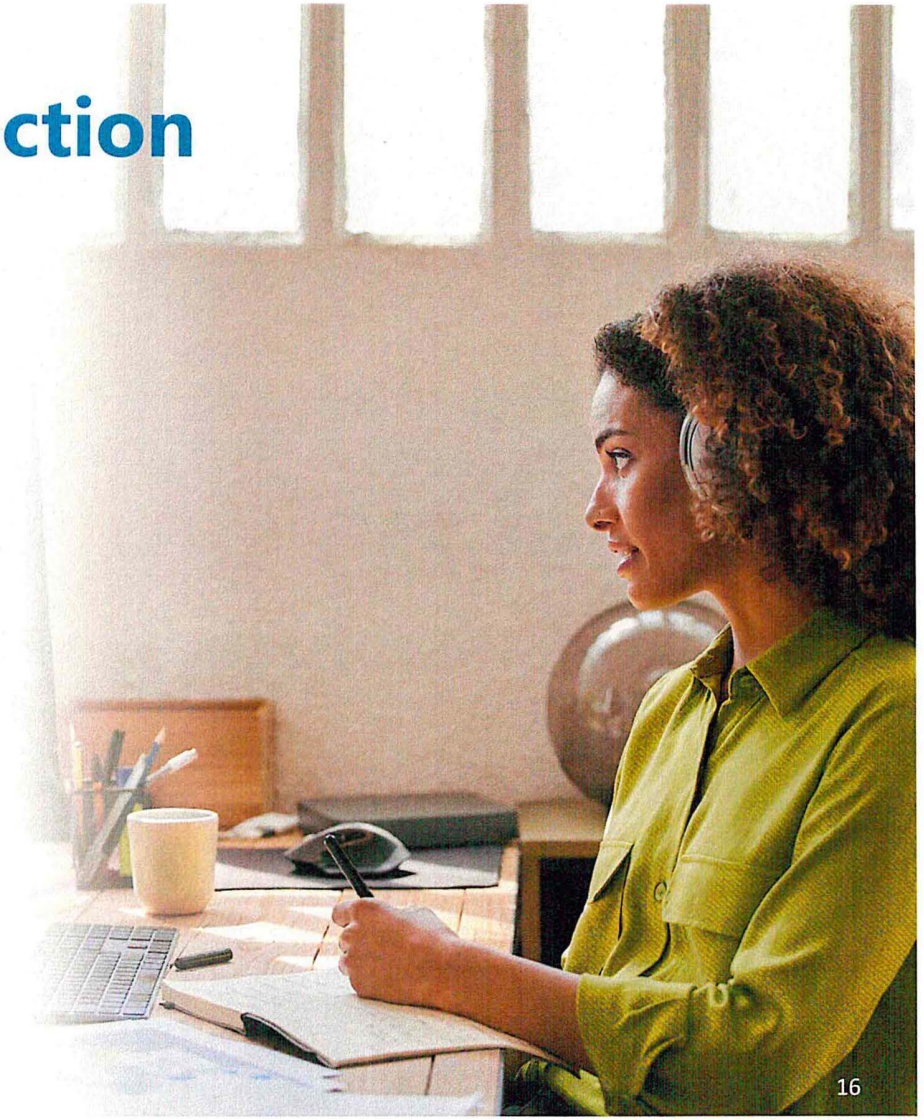
Team Structure and Function

Position Numbers Assigned/ Funding Exists	Positions Filled	# of Vacancies	# of Temporary Staff
87	*78*	*9**	*3**

*Numbers as of 12/1/2024

Average Age	47
Avg Years of Service	7.3
Retirement Risk	*8%*
Turnover 2021	*9%*
Turnover 2022	*15%*
Turnover 2023	*10%*
Turnover 2024	*12%*



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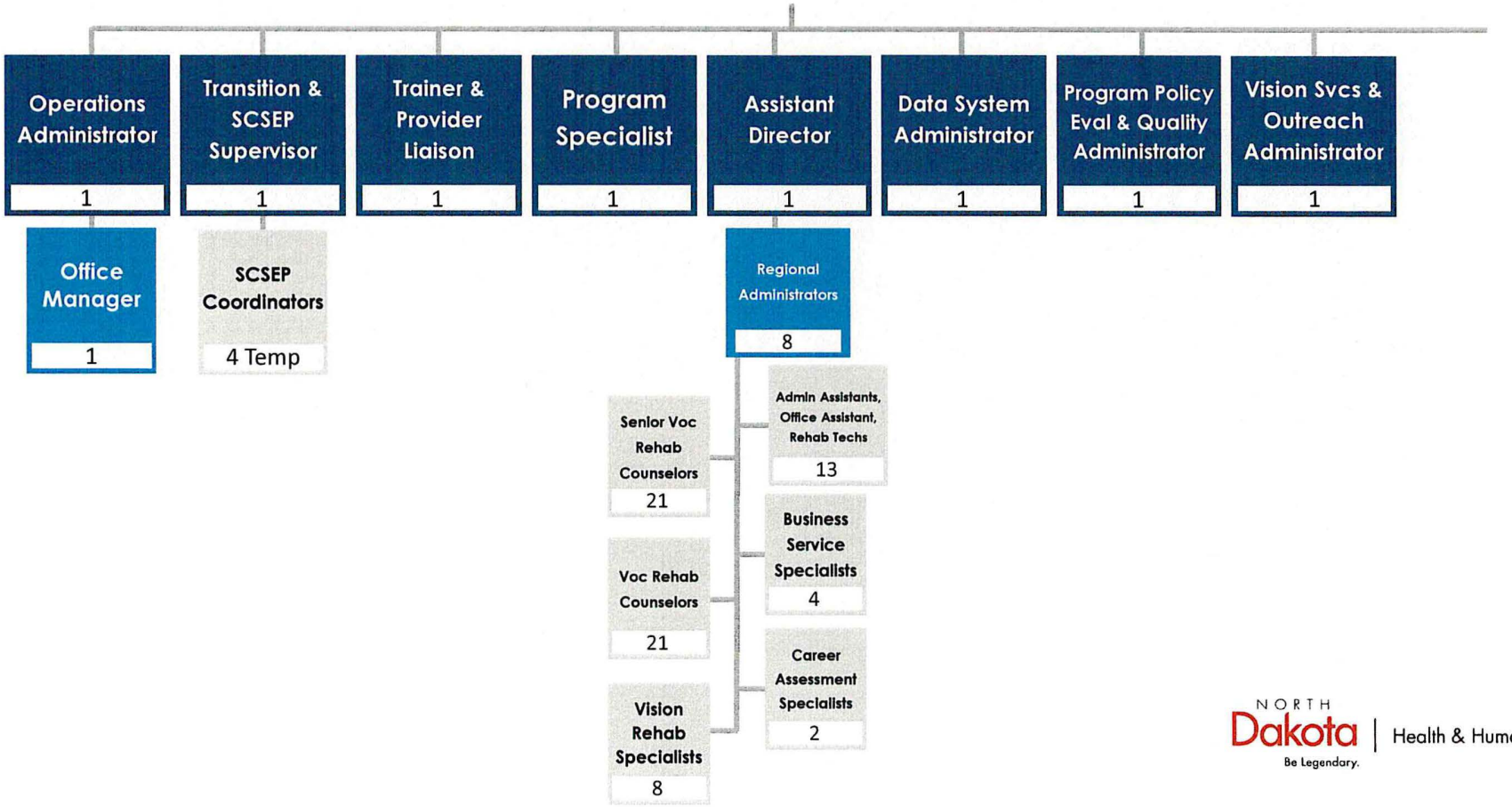
Vocational Rehabilitation Director (interim)
James Fleming



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Included in Executive Budget Request

Implement Comprehensive Vocational Rehab Technology System

- Implement a comprehensive Vocational Rehab technology system that can support the work of connecting people with disabilities to employment.
- Develop customer portals to facilitate more efficient access points that align with expectations of modern systems.

Total	General	Federal	Other
$8,000,000	$0	$6,296,000	$1,704,000

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

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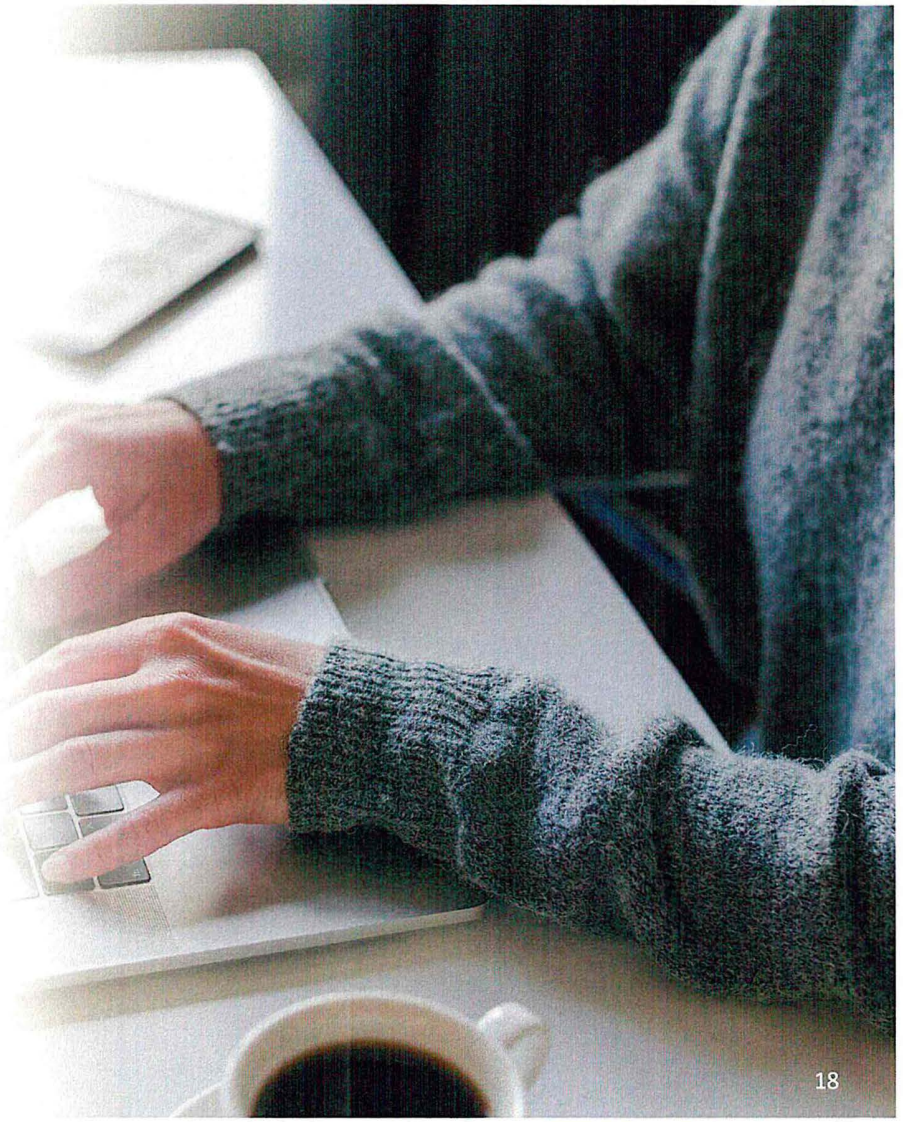

Comparison of Budgets and Funding

By Budget Account Code

DESCRIPTION	2023-25 LEGISLATIVE BASE	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)
511x Salaries - Regular	$ 11,817,973	$ 13,750,195	$ 1,932,223
513x Salaries Temp	861,777	942,890	81,113
516x Salaries Benefits	5,505,806	6,432,742	926,936
Total Salaries & Benefits	**$ 18,185,556**	**$ 21,125,828**	**$ 2,940,272**
52x Travel	472,624	546,852	74,228
53x Supply	95,142	82,250	(12,892)
54x Postage & Printing	47,000	58,100	11,100
56x Utilities	5,400	4,659	(741)
58x Rent/Leases - Bldg/Equip	1,117,780	1,199,449	81,669
59x Repairs	28,042	40,531	12,489
61x Professional Development	416,965	465,437	48,472
62x Fees - Operating & Professional	6,102,739	6,557,715	454,976
53x Supplies-IT	8,000	-	(8,000)
60x IT Expenses	-	8,458,707	8,458,707
71x Grants, Benefits, & Claims	10,799,683	14,980,245	4,180,562
Total Operating	**$ 19,093,375**	**$ 32,393,946**	**$ 13,300,571**
Total	**$ 37,278,931**	**$ 53,519,774**	**$ 16,240,843**
Total General	**$ 9,630,168**	**$ 11,341,566**	**$ 1,711,398**
Total Federal	**$ 27,312,864**	**$ 40,210,880**	**$ 12,898,016**
Total Other	**$ 335,899**	**$ 1,967,328**	**$ 1,631,429**

Budget as % of HHS Budget

0.9%

Budget Funding Source

General	24.4%
Federal	73.8%
Other	0.6%

Budget Bypass-Through

Paid to Private Providers	12.3%
HHS Direct Service	28.0%
HHS Admin	44.0%
HHS Technology	15.8%

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Operating Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
Training Contracts, Software, Service Contracts	$ 2,071,651	$ 136,468	$ 2,208,119	$ 470,329	$ 1,737,790	$ -
PreETS Contracts	3,500,000	500,000	4,000,000	$ 852,000	$ 3,148,000	$ -
Client Assistance Contracts, Outreach	511,360	(206,948)	304,412	$ 64,840	$ 239,572	$ -
Interpreters & Document Translation	13,728	25,456	39,184	$ 8,346	$ 30,838	$ -
Randolph Sheppard Tech Assistance	6,000	-	6,000	$ -	$ -	$ 6,000
GENERAL FUND	**$ 1,298,605**	**$ 96,910**	**$ 1,395,515**	**$ 1,395,515**	**$ -**	**$ -**
FEDERAL FUND	**4,798,134**	**358,066**	**5,156,200**	**-**	**5,156,200**	**-**
OTHER FUND	**6,000**	**-**	**6,000**	**-**	**-**	**6,000**
GRAND TOTAL	**$ 6,102,739**	**$ 454,976**	**$ 6,557,715**	**$ 1,395,515**	**$ 5,156,200**	**$ 6,000**

Grants Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION			
			TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
Client AT Devices for Vision Services (45% General)	$ 100,000	$ 225,000	$ 325,000	$ 146,250	$ 178,750	-
Supportive Employment Adult & Youth (10% General)	6,383,332	4,096,502	10,479,834	1,047,983	9,431,851	-
Bottineau Winter Park (100% General)-Savings Plan	200,000	(200,000)	-	-	-	-
CIE Contracts funded by Parking Fees/Fines (100% Other)	160,000	(60,000)	100,000	-	-	100,000
IL Center Contracts ($1,754,821.00 General)**	2,553,336	(102,395)	2,450,941	1,754,821	696,120	-
Commission to Blind Vendors (100% Other)	124,000	-	124,000	-	-	$ 124,000
Assistive Technology Contract ($660,000 General)**	1,279,015	221,455	1,500,470	660,000	840,470	-

**General Funds set by Legislature, not Match/MOE

GENERAL FUND	$ 3,298,154	$ 310,900	$ 3,609,054	$ 3,609,054	$ -	$ -
FEDERAL FUND	7,217,529	3,929,662	11,147,191	-	11,147,191	-
OTHER FUND	284,000	(60,000)	224,000	-	-	224,000
GRAND TOTAL	$ 10,799,683	$ 4,180,562	$ 14,980,245	$ 3,609,054	$ 11,147,191	$ 224,000

Comparison of Budget Expenditures and Projections

By Budget Account Code

DESCRIPTION	2023-25 LEGISLATIVE BASE	EXPENDED AS OF 12/31/2024	PROJECTION THROUGH 6/30/2025	UNDER / (OVER) BUDGET
511x Salaries - Regular	$ 11,817,973	$ 8,480,609	$ 11,454,966	$ 363,006
513x Salaries Temp	861,777	185,995	224,823	636,954
514x Salaries Overtime	-	9,959	9,959	(9,959)
516x Salaries Benefits	5,505,806	3,979,049	5,398,438	107,368
Total Salaries & Benefits	**$ 18,185,556**	**$ 12,655,612**	**$ 17,088,187**	**$ 1,097,369**
52x Travel	472,624	208,387	448,704	23,920
53x Supply	95,142	137,000	158,826	(63,684)
54x Postage & Printing	47,000	36,165	48,065	(1,065)
56x Utilities	5,400	3,746	5,276	124
58x Rent/Leases - Bldg/Equip	1,117,780	826,262	1,105,247	12,533
59x Repairs	28,042	23,781	30,791	(2,749)
61x Professional Development	416,965	236,817	341,058	75,907
62x Fees - Operating & Professional	6,102,739	3,395,436	6,359,206	(256,467)
53x Supplies-IT	8,000	1,911	3,911	4,089
60x IT Expenses	-	142,052	142,052	(142,052)
71x Grants, Benefits, & Claims	10,799,683	8,247,879	10,994,682	(194,999)
Total Operating	**$ 19,093,375**	**$ 13,259,436**	**$ 19,637,819**	**$ (544,444)**
Total	**$ 37,278,931**	**25,915,048**	**$ 36,726,006**	**$ 552,925**
Total General	**$ 9,630,168**	**$ 7,607,115**	**$ 9,623,713**	**$ 6,454**
Total Federal	**$ 27,312,864**	**$ 18,211,949**	**$ 26,922,842**	**$ 390,022**
Total Other	**$ 335,899**	**$ 95,984**	**$ 179,451**	**$ 156,449**

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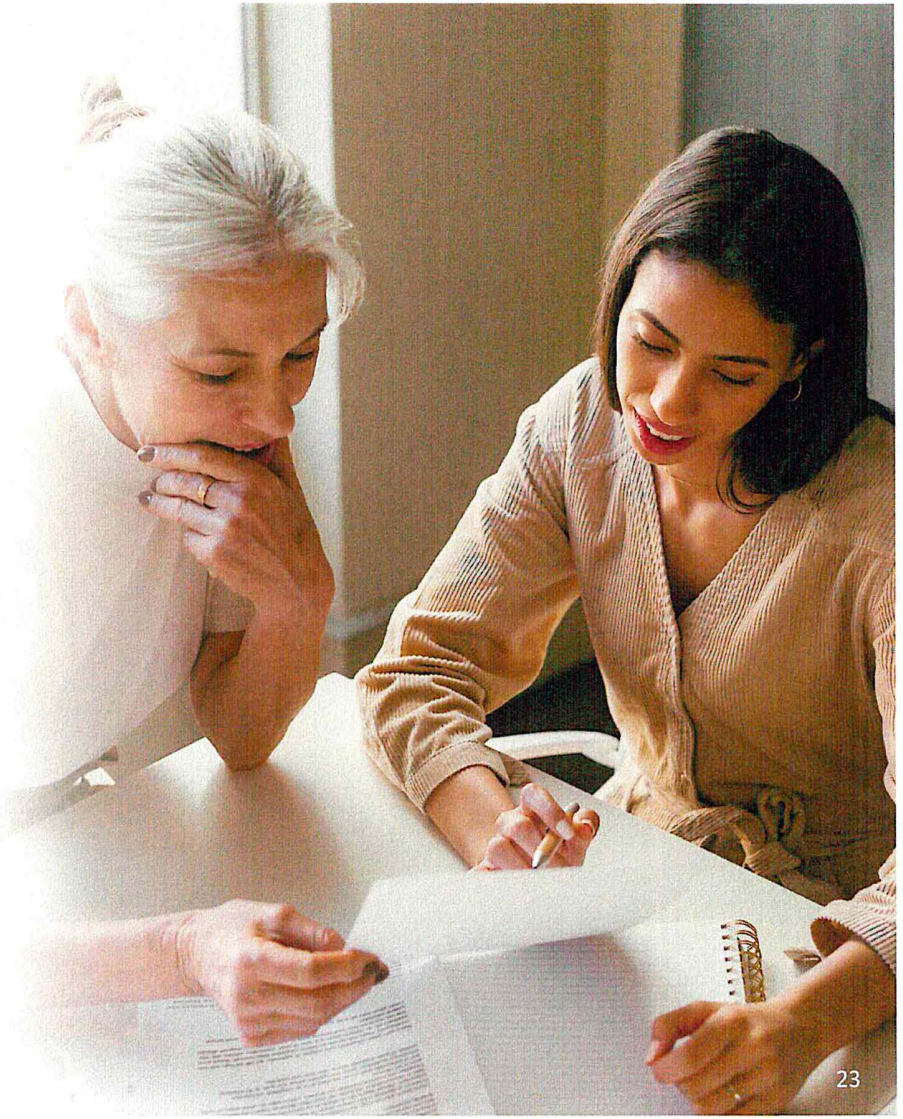
Policy Bills with Bud Impact

		Federal	General	Other
HB 1066	Senior Employment Program – establishment of minimum rate of compensation			$213,038

- Total Federal Grant
- Cap on administrative costs
- Applicable rate of compensation
- Initial rate of $12 per hour with later adjustments by Administrative Rule





On The Horizon

- Increase Service Capacity to Manage Growing Caseloads
  - Technology Support
  - Centralization/Specialization
  - Internal cost savings
- Improve Support for Business Community
- Develop grants and additional Social Security reimbursements to offset costs

Summary and key takeaways

- **Federal Funding** continues to be a concern
- **Demand for Vision Services** will continue to exceed federal funding
- **Program performance** is strong but needs continued effort given growing caseload
- **Internal Efficiencies** are anticipated from a modern case management system



Contact Info

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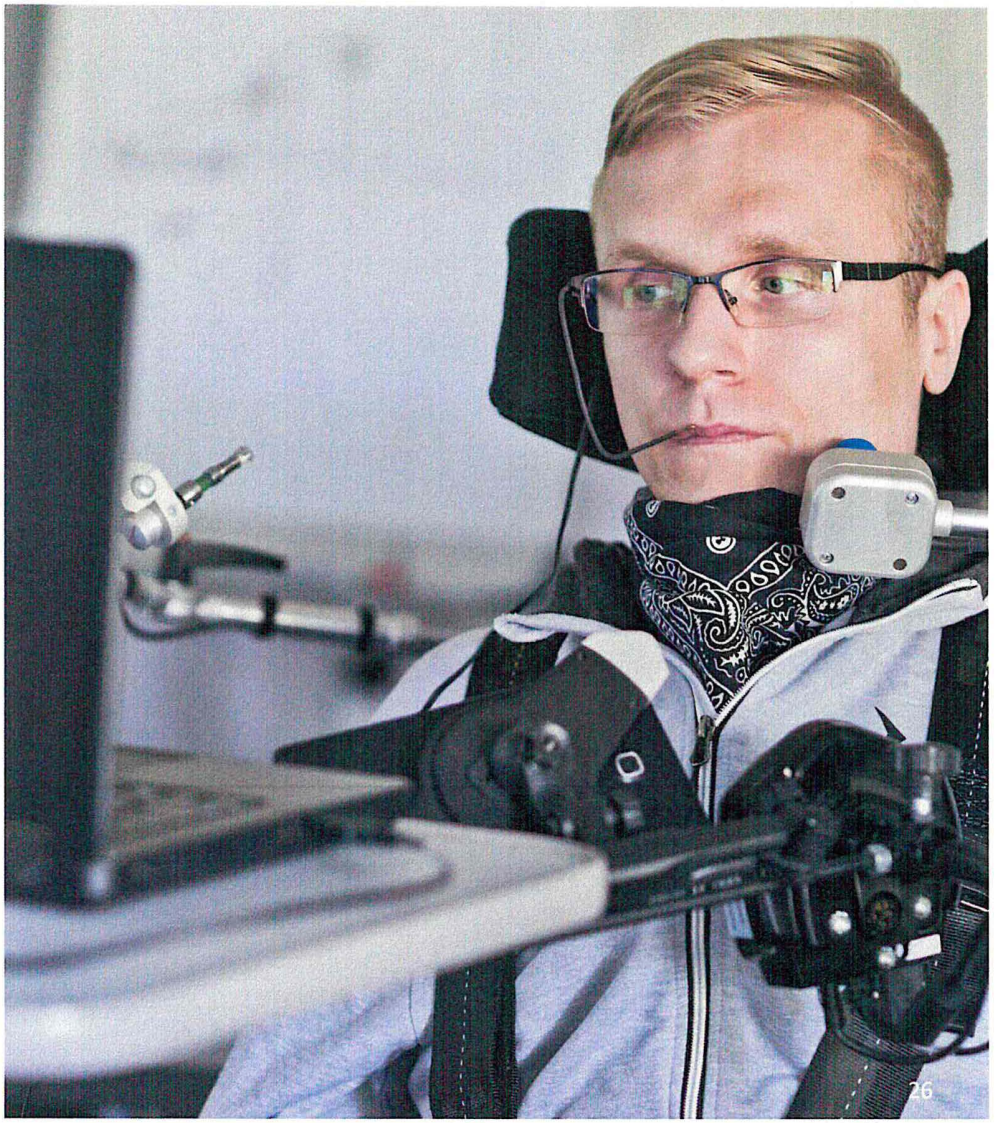

#34421

Testimony on Behavioral Health Funding for Nursing Facilities and Basic Care
House Appropriations Human Resources Division
February 4, 2025
House Bill 1012

Chairman Nelson and members of the Committee, my name is Nikki Wegner, President of the North Dakota Long Term Care Association (NDLTCA). Thank you for the opportunity to testify. I represent 182 nursing, basic care, and assisted living facilities. I urge support for an amendment to HB 1012, allocating $3 million to implement a specialized behavioral health program for individuals with complex behavioral symptoms in skilled nursing and basic care settings. This proven approach will enhance care while reducing overall healthcare costs.

Background

As Pam Sagness mentioned last week, a diverse group of stakeholders have been working together to identify and address persistent challenges experienced by long term care and hospital providers, some of which were also highlighted in North Dakota's behavioral health studies.

North Dakota Long-Term Care and Psychiatric Facility Collaborative – Behavioral Health

Collaborative members: ND Long Term Care Association, ND Hospital Association, Alzheimer's Association, Health & Human Services-Behavioral Health, Good Samaritan Society, Sanford Health, Prairie St. John's, SMP Health-St. Raphael, Dept of Corrections & Rehabilitation, Altru, Hill Top Home-Killdeer, LTC State Ombudsman, Benedictine Living-Ellendale

Purpose of Collaborative: Identify and address behavioral health specific issues impacting populations served by long term care facilities and psychiatric facilities in North Dakota.

Ongoing Work of the Collaborative:

- Definitions Workgroup (stable, acute, level of care, safety)
- Engage Medicaid
- Data Gathering
- Length of Stay Review
- Strategize Solutions
- State Hospital Role

WHO	**Justice-involved** (DOCR and civilly committed sex offender population)	**Residents with Challenging Behavior** (not specifically gero-psych)	**Gero-Psych**	**Community-Based**
CONSIDERATIONS / PROBLEM STATEMENTS	Individuals who are justice-involved currently or by history remain in state facilities due to a lack of options. • Aging DOCR • Sex-Offenders • Violent Crime History Facility proximity to schools can be an issue in community. Insurance issues for long term care providers. • Case by case review but mostly no.	Medicaid eligibility delays. Medicaid residents under 65 that are hospitalized, SNFs cannot bill for bed hold days. Provider hesitancy to support individuals with difficult behaviors due to concern support won't be available if things escalate. CMS very low risk tolerance for potential harm in SNFs. Lack of care coordination to assist individuals across systems. Need for consulting specialists to assist facilities in maintaining or returning individuals with high need. Reimbursement considerations.	When acute situations arise, the closest inpatient facility isn't necessarily best care for this population (mixed milieu). Neuro-cognitive disorder difficulty. Gero-psych language does not represent current population with many younger individuals. Connecting with peers of similar age is limited in current system. Specialty contracted beds located in existing Long-Term Care facilities are full. (3 providers) Reimbursement considerations. There is a significant delay in discharge/admission to a facility while reapplying for Medicaid which adds cost to the state and reduces revenue for the facility. NDCC 50-24.4-29 edit to avoid NDSH admission prior to Gero-psych admission.	Missing level of service for long term therapeutic interventions? Transitional living facility identity – what is a transitional time frame for a chronic disease? Does ND need Intermediate Care Facilities (ICF) for individuals with mental health conditions? Risk mitigation fund for gero-psych if qualifying issues? "Basic care for SMI"

Regulatory & Discharge Challenges

Nursing (NF) and basic care (BC) facilities and psychiatric providers report major challenges in accessing crisis response services and timely inpatient psychiatric care, creating unsafe situations for both residents and staff. When NF and BC residents experience acute psychiatric episodes—characterized by severe agitation, aggression, or self-harm—facilities often lack the necessary resources to provide effective interventions.

Strict regulations require NFs to maintain an environment free from abuse or the threat of abuse, making it extremely difficult to care for individuals who exhibit or have a history of exhibiting violent verbal or physical behaviors. Facilities risk citations and penalties, creating a barrier to admission for residents with complex behavioral health needs.

LTC facilities and hospitals struggle with delays in transferring patients to the appropriate setting, whether for long term care placement or inpatient psychiatric stabilization. These delays are worsened by Medicaid eligibility delays, and an overburdened State Hospital system, which operates at full capacity due to a lack of step-down options for patients who no longer need hospitalization and cannot safely transition elsewhere. This situation is not only costly but also prevents these individuals from receiving the specialized and consistent care they require in a more home-like setting.

This crisis stems from a shortage of behavioral health specialists and reimbursement barriers. While some necessary services are billable, many essential interventions are not. Facilities must contract for these services, yet current payment structures do not cover these costs.

LTC providers operate under tight financial constraints, making it impossible to fund non-billable but essential behavioral health services, including:

- Training caregivers in behavioral interventions
- One-on-one and group psychosocial activities
- Acute assessment and referrals for uninsured individuals
- Compliance guidance for CMS schizophrenia audits
- Crisis resolution for residents and families

Other states have successfully addressed this gap with add-on payments, ensuring residents receive appropriate care. They've demonstrated that targeted behavioral health programs in long term care facilities can:

- Stabilize residents with behavioral health needs.
- Reduce reliance on emergency departments and hospital admissions.
- Enhance the quality of care and outcomes for residents while decreasing costs to the healthcare system.

Proposed Model

The requested $3 million will provide funding for this biennium to launch and scale a proven care model, demonstrating its effectiveness and cost-saving potential. By starting on a targeted scale, we can fine-tune implementation, gather meaningful data, and build a compelling case for future statewide expansion.

Other states have **proven cost savings** from implementing similar behavioral health support programs. In Nevada, emergency room visits among participating residents dropped **by 72%**, reducing unnecessary hospitalizations and **saving millions in healthcare costs**. A similar approach here in North Dakota will allow us to:

- **Decrease costly acute care transfers** and stabilize residents in lower-cost settings.
- **Equip nursing and basic cares facilities with specialized behavioral health training** to manage complex cases.
- **Reduce staff turnover** by ensuring facilities have the resources to safely care for residents with behavioral health needs.

This isn't just a funding request—it's a solution to a growing problem that, if left unaddressed, will continue to burden **hospitals, emergency departments, and the state's budget**.

To expand on the specifics, I now introduce **Dr. Kristina Kovacs**, who will share data from Behavioral Health Solutions and outline the significant return on investment for implementing targeted behavioral health services in our long term care facilities.

I respectfully urge your **support for this $3 million funding request**, which will **save money, improve care, and prevent avoidable hospitalizations**.

Thank you for your time, and I welcome any questions.

Nikki Wegner MS, OTR/L, President
North Dakota Long Term Care Association
1900 North 11th Street, Bismarck, ND 58501
(701) 222-0660; nikki@ndltca.org

2025 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

HB 1012
2/4/2025

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

2:39 p.m. Chairman J. Nelson called the hearing to order.

Members Present: Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Berg, Mitskog, Murphy, O' Brien, Wagner.

Discussion Topics:

- Availability
- Affordability
- Quality
- Stability

2:39 p.m. Jessica Thomasson, Executive Director, Human Services Division, Health and Human Services testified and presented on removing childcare and housing as barriers to work #34704, #34792.

4:08 p.m. Donna Aukland, Chief Financial Officer, Health and Human Services, responded to cost to continue and turnback.

4:19 p.m. Jessica Thomasson, Executive Director, Human Services Division, Health and Human Services Division, testified and continued with testimony #34704.

Additional written testimony:
Tania Zerr, Executive Director, YMCA Learning Center, Fargo, ND, in favor #33865.
Kathy Busche, The Children's Playhouse, Hazen, ND, in favor #33957.
Carol Mauer, Ragamuffins Ranch Daycare, Stanely, ND, in favor #33986.

5:13 p.m. Chairman J. Nelson adjourned the meeting.

Jan Kamphuis, Committee Clerk

Written Testimony for North Dakota HB 1012

Submitted by: YMCA of the Northern Sky

Good morning, Chair and Members of the Committee,
My name is Tania Zerr, and I am the Executive Director of Child Care Programs for the YMCA of the Northern Sky. I want to thank you for the opportunity to share how the Best in Class (BIC) program has positively impacted our organization, the children and families we serve, and our community as a whole. I strongly urge your continued support of this vital initiative and we fully support this bill.

Overview of Our Child Care Programs
The YMCA of the Northern Sky provides care for approximately 2,500 children daily across the community. With four Early Childhood Learning Centers and 21 school-age programs, we are deeply committed to providing high-quality care and education for children of all backgrounds.

The Best-in-Class program has been transformative for our organization, especially as we face a national child care staffing crisis and increasing demands for quality in early childhood education.

Benefits of Best in Class (BIC) for Children and Families

The Best in Class (BIC) program is a transformative initiative that benefits not only children and families but also early childhood educators and the profession as a whole. By investing in high-quality early childhood education, we are fostering developmental growth, school readiness, and long-term success for young learners while strengthening the child care workforce and advancing the field of early education.

The BIC program ensures that children receive individualized, developmentally appropriate instruction and support, fostering their cognitive, social-emotional, and physical growth. Early learning environments enriched by BIC practices promote:

- **Early Skill Development:** Children gain foundational literacy and numeracy skills, social-emotional regulation, and motor development, preparing them for future academic success.
- **Health and Developmental Screenings:** Early identification of potential delays allows for timely interventions, reducing long-term educational disparities.
- **Parental Support and Engagement:** Families receive guidance and resources to reinforce learning at home, creating a cohesive support system between educators and parents.

Testimonial from Kari and Douglas Uzzle

The BIC program's impact is best illustrated through real-life experiences. One such story comes from Kari Uzzle, whose daughter, Charlotte, benefited immensely from the YMCA's Early Learning program:

"Our daughter, Charlotte, was born prematurely at 30 weeks and spent three months in the NICU. She faced challenges with feeding and slow growth. While Early Intervention Services provided valuable support, we noticed significant growth in Charlotte after she started at the YMCA's Early Learning program. Before enrolling, she was making good progress but still slightly behind her peers. However, at the YMCA, she blossomed! Her speech improved dramatically; she went from using single words to forming full sentences. Her fine motor skills also developed significantly, and she even learned to jump!

We were initially concerned about her readiness for kindergarten, but the YMCA program instilled in her the confidence and social skills she needed to thrive. She grew in her color knowledge, number and letter recognition, and even sight words! Her teachers were incredibly knowledgeable and supportive, providing regular updates on her progress and offering valuable guidance for us to support her learning at home.

Thanks to the Best-in-Class program's health screenings, we discovered Charlotte had mild hearing loss. This early detection will allow her to receive necessary treatment (ear tubes) before the start of her kindergarten year, preventing potential academic delays. We are incredibly grateful for the positive impact the YMCA's Early Learning Program has had on Charlotte's development and our family's peace of mind. We highly recommend their programs to any family seeking a nurturing and enriching environment for their child."

Financial Support for Families
The sliding fee scale plays a vital role in ensuring families of all income levels can access high-quality early childhood education. For many families in our community, this has been transformative, providing affordable care they might not otherwise be able to afford.

Benefits for Educators and the Early Childhood Profession

The BIC program provides invaluable support to child care staff and strengthens the early childhood education profession by:

- **Enhanced Professional Development:** Teachers receive ongoing training in best practices, including curriculum implementation, behavior guidance, and inclusive teaching strategies.
- **Teacher Coaching and Professional Development**
    - Best in Class provides coaches who work directly with our teachers to:
        - Ensure the curriculum supports all areas of development and aligns with the North Dakota Early Learning Standards.
        - Foster inclusive environments.
        - Administer Ages and Stages screenings for developmental progress.
        - Deliver specialized training for BIC teachers, which enhances their ability to support children and families.
        - Through this support, we've seen measurable improvements in teacher effectiveness and classroom quality.
- **Increased Job Satisfaction and Retention:** Supportive work environments, clear pathways for advancement, and access to resources empower educators and reduce turnover.
- **Strengthened Workforce Pipeline:** By prioritizing workforce development, the BIC program attracts and retains skilled professionals, ensuring consistent, high-quality care for children.
- **Classroom Enhancements**
    - In 2023 and 2024, BIC grant dollars allowed us to invest in classroom furniture, materials, and equipment, updating and improving our learning environments.

  - Teachers collaborate with coaches to create prioritized purchasing lists based on need and budget.
  - Coaches guide teachers in implementing new materials effectively.
- **Increased Teacher Wages**
  - Thanks to Best-in-Class funding, we have been able to increase wages for our early childhood teachers significantly: Licensing requires minimum qualifications, at the YMCA we have three levels of teacher based upon their credentials with wages ranging from $17.74 to $22.05.
  - This has allowed us to better recruit and retain qualified staff in a highly competitive job market. However, we know that we will never be able to return to pre-BIC pay rates. Sustaining these wage increases is critical to maintaining a stable workforce and ensuring consistent, high-quality care.

Strengthening Early Childhood Education for the Future

The passage of House Bill 1497 would further the mission of the BIC program, ensuring more children and families benefit from high-quality early learning experiences. By investing in this initiative, we are not only supporting our youngest learners but also building a stronger, more resilient early childhood education system that benefits children, families, educators, and society as a whole.

Closing
The benefits of the Best-in-Class program extend beyond individual child care centers—they strengthen families, prepare children for school, and build a foundation for future community success.

Sincerely,

Tania Zerr
YMCA Learning Center
Executive Director
zerr@ymcanorthernsky.org / 218-359-2331

Chairman Nelson and Members of the House Appropriation Committee – Human Resource Division:

My name is Kathy Busche. I own and operate two childcare programs in Hazen. One program is a group facility licensed for 30. I own the facility and operate a 0-5 program with a current enrollment of 33 children. The second program is my home where I operate a school age program with a license for 30 with 25 children enrolled. The facility is Step 2 in Bright and Early QRIS. Our home program is Step 1 QRIS. I have been operating my business out of my home since 2007 and purchased and renovated the facility opening the second location in January 2022. I have a bachelor's degree in early childhood education from MSUM and providing quality childcare is my passion.

I am sorry I cannot be present to testify in person, but unfortunately, I do not have the backup staff required to be away from our programs at the present time.

I am writing today to urge you to approve HB 1012, specifically funding for childcare. During the previous biennium funding was approved that greatly impacted my ability to provide childcare in an area where childcare is lacking. Mercer county is known as a childcare desert and because of the funding approved in 2023 I have been able to continue to care for 60 children in our community. Some of the funding that has been most beneficial was funding related to CCAP for employees. I currently employ 11 individuals. Five of them have children who are of childcare age. In previous years I would not have gotten paid for those spots in our program. I have increased my income by five spots. I have also been receiving increased income from CCAP in the form of quality rating payments and increased payment for infants and toddlers. The combination of these three funding sources has allowed me the ability to give my staff monthly bonuses to retain quality staff which has made providing quality early childhood experiences to the children in our community much easier.

The second funding source that has been of great importance to our program is the inclusion grant. Of the 60 children in our programs currently 21 of them have some kind of special needs ranging from speech delays to non-verbal autism. Caring for children with special needs is a passion of mine and having extra funding to provide staffing to care for these children has been essential. Currently ratio requires us to have 5 or 6 staff each day and because of the inclusion grant we are able to staff our program with 7 or 8 staff each day. This has allowed my staff to work one on one with children who have disabilities.

I greatly appreciate all that North Dakota has done in the past to support child care and urge you to continue to invest in the children of North Dakota at the previous biennium funding of $7mil.

Thank you for your time, if you have any questions please reach out as I would be happy to discuss this more.

Kathy Busche

701-748-2084

kathybusche@gmail.com

To Whom it may concern.

We currently have the capacity for 30 Children and are a QRIS Step 3 Program We are a second term (each term being 3 years' time), Step 3 Program. April / 2024 completing a 10-month cohort to recertify, our Step 3 Quality. Step 1-3 are 10-month cohorts individually. I explain this to help the reader understand our level of commitment to quality practices. Currently we are active in our Step 4 Cohort. Each Cohort (Step) is a 10-month process of onsite coaching, classes, assessments and observations of our program implementing short- and long-term goals, ensuring best practices are always being met. We are a Best-In-Class Kindergarten readiness program offering a sliding fee scale for the Best-In-Class children in the program, we are a member of the Childcare Aware Alliance program offering The Learning Beyond Paper Curriculum for our 0–4-year-old children incorporating purposeful play and meaningful teaching. We work with inclusions (Uspire), also Early Childhood intervention for speech. We are a Unique Program going above and beyond the day-to-day operations in childcare as the programs we participate in are not mandatory rather voluntary it takes a tremendous amount of dedication, time and effort to continue our education in maintaining Quality Practices, our goal is to provide a Quality Childcare Center with a focus on early childhood development incorporating social and emotional growth educating the whole child. We follow the practices of the ND Learning Standards in our curriculum, individual learning plans, documentations and assessments being purposeful in filling all the gaps the year before kindergarten.

We are a unique group of staff members; we are a very strong unit as a team effort in training all new staff. We have a 7-year staff member who came to us as a stay home mom wanting to get social for her young child, she is now nearing completion of her (CDA) Child Development Associates Certificate, We have a 3-year staff member with her Degree in Early Childhood Development, we have a 5-year Staff working towards her (CDA) who started with us through the high school work program part time and is now full time, and a one-year staff who came to us wanting to work nearer to young children with a focus in college on inclusions in early childhood development, alongside myself with 21 years of experience in childcare holding a (CDA). These walks of life are potential staff we seek out as they are the puzzle pieces that help to create quality care in childcare. This is what makes Ragamuffins Ranch Daycare Unique! We will be starting our new building of a center offering 120 spots for children in our area Mountrail County, we are a rural area and the needs are tremendous! We utilize the services through Bright and Early, Uspire, Right Track and take children on the CCA (Childcare Assistance). We remained committed to childcare services throughout Covid 19 and believe beyond a shadow of a doubt that the service and grant funding is what has held us above water and has been fortunate to remain open for 12 years in our rural area.

Carol Maurer

#34704

Aligning our Efforts to Remove Child Care & Housing as Barriers to Work

February 4, 2025

House Appropriations | HR Division

Representative Jon Nelson, Chairman

Presentation by Jessica Thomasson, Executive Director,
Human Services Division



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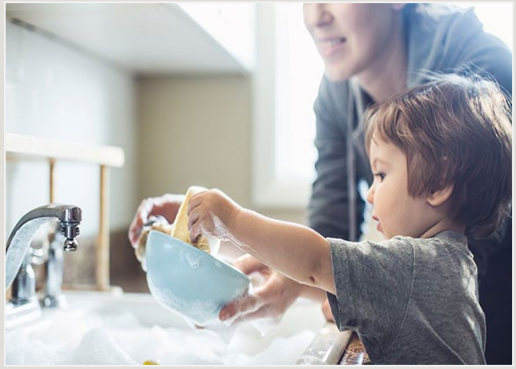
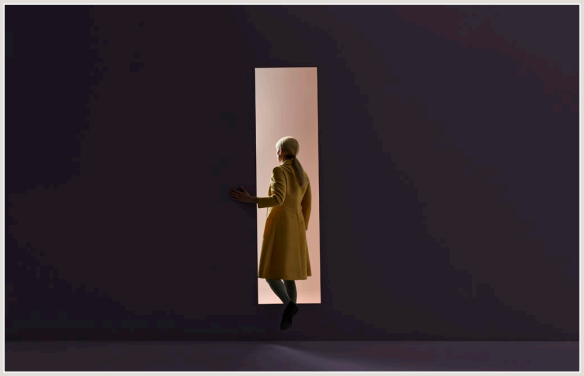
HSD Threads relevant to Appropriations



1 Growing a strong, stable workforce requires strong, stable families

- Family caregiving supports
- Child care as a stable resource
- Housing stability



2 Filling gaps in the system of care can prevent crisis

- Evolving safety net for targeted needs
- Preventing justice system involvement
- Complexity of layered / co-occurring factors
- Transition & diversion across housing-service continuum



3 Pushing toward simplicity improves citizen experience

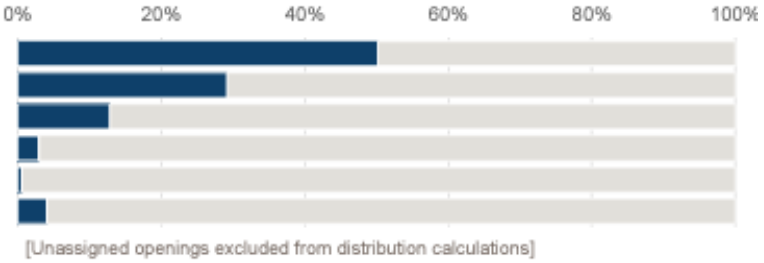
- Incremental progress
- Person centered design
- Reduced administrative burden

46% of ND job openings pay an average hiring wage of <$20/hr and require minimal training/education to start

December 2024 Job Openings Report

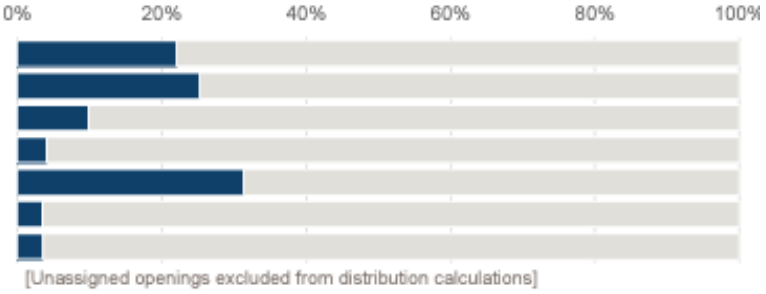
Distribution of Job openings by typical training required

TOTAL	13,156	
No training	6,582	50.2
Short-term on-the-job training	3,830	29.2
Moderate-term on-the-job training	1,693	12.9
Long-term on-the-job training	399	3.0
Apprenticeship	80	0.6
Internship/residency	541	4.1
Unassigned	31	

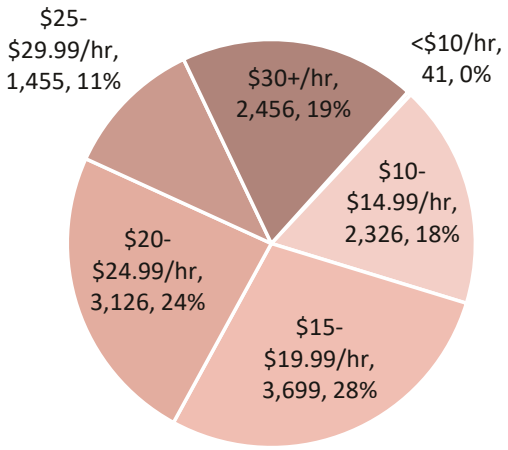


Distribution of Job openings by typical entry level education

TOTAL	13,156	
No formal educational credential	2,901	22.1
High school diploma or equivalent	3,323	25.3
Postsecondary nondegree award	1,305	9.9
Associate's degree	536	4.1
Bachelor's degree	4,124	31.4
Master's degree	464	3.5
Doctoral or professional degree	472	3.6
Unassigned	31	



Distribution of Job openings by typical average wage



Source: Labor Market Information Center | Job Service ND | Dec 2024 Job Openings Report

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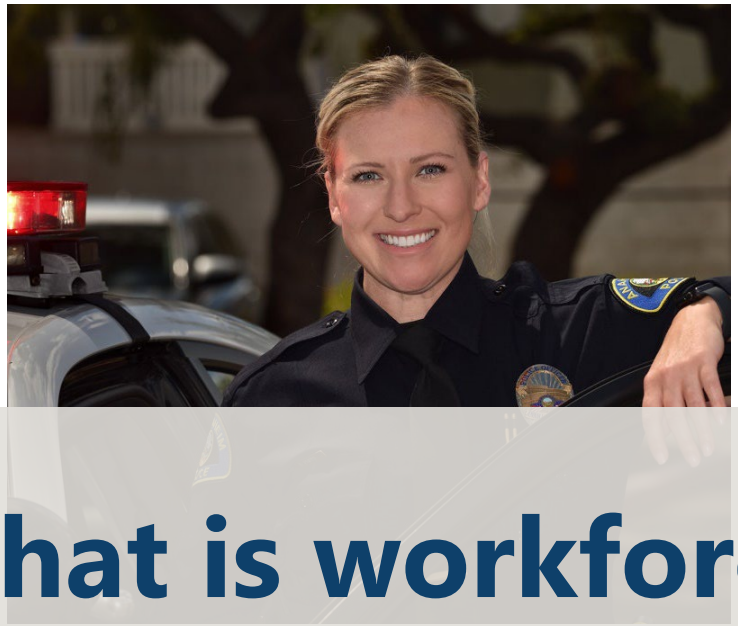


What is workforce? It’s workers.





Affordability

70% of jobs in the ND labor market pay an average wage of $30/hour or less







Less than $16 / hour	$16 - $22 / hour	$22 - $30 / hour	$30 - $38 / hour	>$38 / hour
Childcare worker	Home health/PT aide	Carpenter	Rotary drill operator	Industrial Engineer
Waiter/Waitress	Personal care aide	Loan processor	HR specialist	Constr mgr
Dishwasher	Receptionist/secretary	Correctional officers	Accountant	Gen/Op mgr
Bartender	Restaurant cook	Auto service tech	Electrician	Dental hygienist
Fast food cooks	Preschool teacher	Surgical tech	PR specialist	Loan officer
Cashiers	Assemblers	EMTs & paramedics	Counselor	Lawyer
Hotel clerk	Maintenance workers	Roofer	Police	Sales mgr
Maid/Housecleaner	Nursing assistant	Real Estate Sales	Registered Nurse	Software dev
Farm Worker/Laborers	Substitute teacher	Lic Practical Nurse	Comp network specialist	Veterinarian
	Stocker/order filler	Dental assistant	Speech pathologist	Pharmacist
	Landscaping/grounds	Firefighter	Production supervisor	Physician
	Janitor	Clergy	Occupational therapist	Dentist
	Laundry/Dry cleaning	Architectural drafter		Psychologist
	Legal secretary	Social worker		
		Hotel manager		
		Light Truck driver		
47,960	**112,430**	**121,150**	**64,390**	**52,920**
# of people employed in a job with average wage of <$16/hour	*28%*	*30%*	*16%*	*13%*
represents 12% of total jobs				

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Source: Job Service ND 2023 Employment and Wages by Occupation dataset | median wage by occupation; 386,920 jobs included in statewide wage summary





What do people want?

To **build a life** for themselves & their families.





What does it take to **Build a Life?**



2021

- Best in Class (HB 1466)
- Consolidate many early childhood functions (HB 1416)

2023

- Investments in Child Care Assistance, provider grants, and child care infrastructure (HB 1540)
- Research informed year-before-kindergarten programs *(Best in Class / Waterford Upstart)* (SB 2012)

2025

- Continue pushing toward a healthier child care sector and becoming a state where child care is not a barrier to work



North Dakota | Health & Human Services

Child care is a workforce solution that can make a difference for ND employers



Affordability

Connect more working families to child care assistance to keep the cost of child care within 7% of household income



Availability

Make it easier for working families to find child care when and where they need it



Quality

Help kids realize their potential by supporting quality early childhood experiences

ND Child Care Strategy is both comprehensive and targeted



Target investments to ages 0-3

- ✓ Age of highest developmental return for children
- ✓ Period of greatest economic pressure for most young families
- ✓ Critical decision point for individual-level decisions about how/if to rejoin the labor force
- ✓ Focus on working families employed in occupations where compensation doesn't offset the cost of child care needed to enable work



Embrace an all-of-the-above approach to child care

- ✓ Quality early experiences can happen anywhere.
- ✓ Working families should have meaningful choices about child care.
- ✓ Principles of quality are knowable and transferrable to any setting.
- ✓ Sustainable child care businesses will support more sustainability within the workforce.



Help working parents provide for their families by supporting employment, training and education goals

- ✓ Benefits are scaled to family need.
- ✓ Employers have meaningful vehicles to remediate child care as a barrier to work.
- ✓ There are opportunities for children who are least likely to have access to quality early childhood experiences.

The state of child care in North Dakota

2023-25 Snapshot

STRENGTH

- **Help with child care costs** for larger number of working parents
- More **resources to support** quality rated programs
- Increased state-supported options for children and families in **year before kindergarten**

WEAKNESS

- **Uneven distribution** of child care assistance across ND
- Severe mismatch between child care **supply and demand** in many communities
- Lack of timely, consistent cross-system **data**

S W T O

THREAT

- Local **labor market realities** and childcare workforce **wage scale**
- Impact of staff **turnover** on **quality** of care
- **Shifts in age** of children **served** in all-ages child care settings (infant/toddler, school age)

OPPORTUNITY

- Improved **user experience** / **outreach** to working parents re **child care assistance** options
- Coordinated approach to greater **operational sustainability** for child care **businesses**
- Strengthen **stability** of child care **workforce**

What indicators characterize a "healthy" child care sector?



- Broad availability of quality licensed care for infants and toddlers
- Mix of provider types who are licensed
- % of licensed programs operating to full capacity
- Very few/no child care deserts (i.e., areas with critical shortages)
- Equitable distribution of child care assistance statewide
- Inclusion supports that create access for children with special needs
- Growth in capacity is greater than loss of capacity
- Active quality efforts in increasing % of licensed child care slots
- Child care rates cover the cost of delivering quality care
- Increasing % of child care workforce credentialed for promotion
- Parents have options to consider when and where they need them
- Working families w/young children pay no more than 7% of income for quality care

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What does "progress" look like?



- Statewide child care payment model that rewards quality
- Increased # of infant and preschool slots in highest quality settings
- Reduced rates of staff turnover in licensed child care programs
- Increased % of children who are achieving widely held developmental milestones
- Widespread adoption of kindergarten assessment tool by public and private kindergarten programs
- Sector-wide identification and understanding of child care health/safety compliance
- Families have the information they need to feel like they "know what to look for" when seeking quality early childhood experiences for their kids
- Increase in kindergarten readiness on day 1 of kindergarten
- Fewer people who report "child care" as a barrier to work
- Average wage for front line child care workers equal to the average wage for direct care paraprofessionals in other fields (ex. DSP, CNA, QSP)

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Child Care Availability | Capacity

Measure:

Increased availability of child care

Increase in the number of spaces available to serve children and families

↑ Licensed child care

↑ Infant/Toddler care

Licensing | Career Pathways | Grants | Shared Svc | CCAP rates

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Key Indicator: Child Care Availability | Licensed Capacity

Licensed Child Care capacity by county

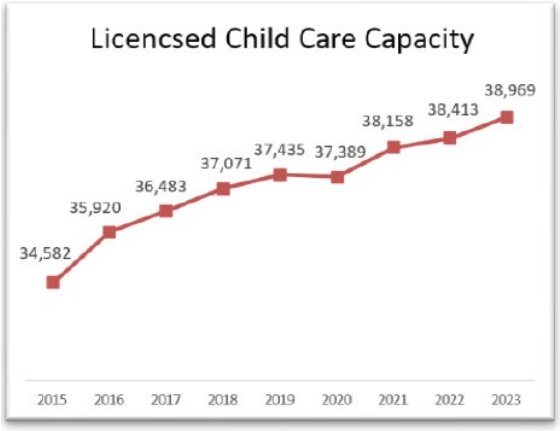
1,122

licensed providers are approved to provide child care for

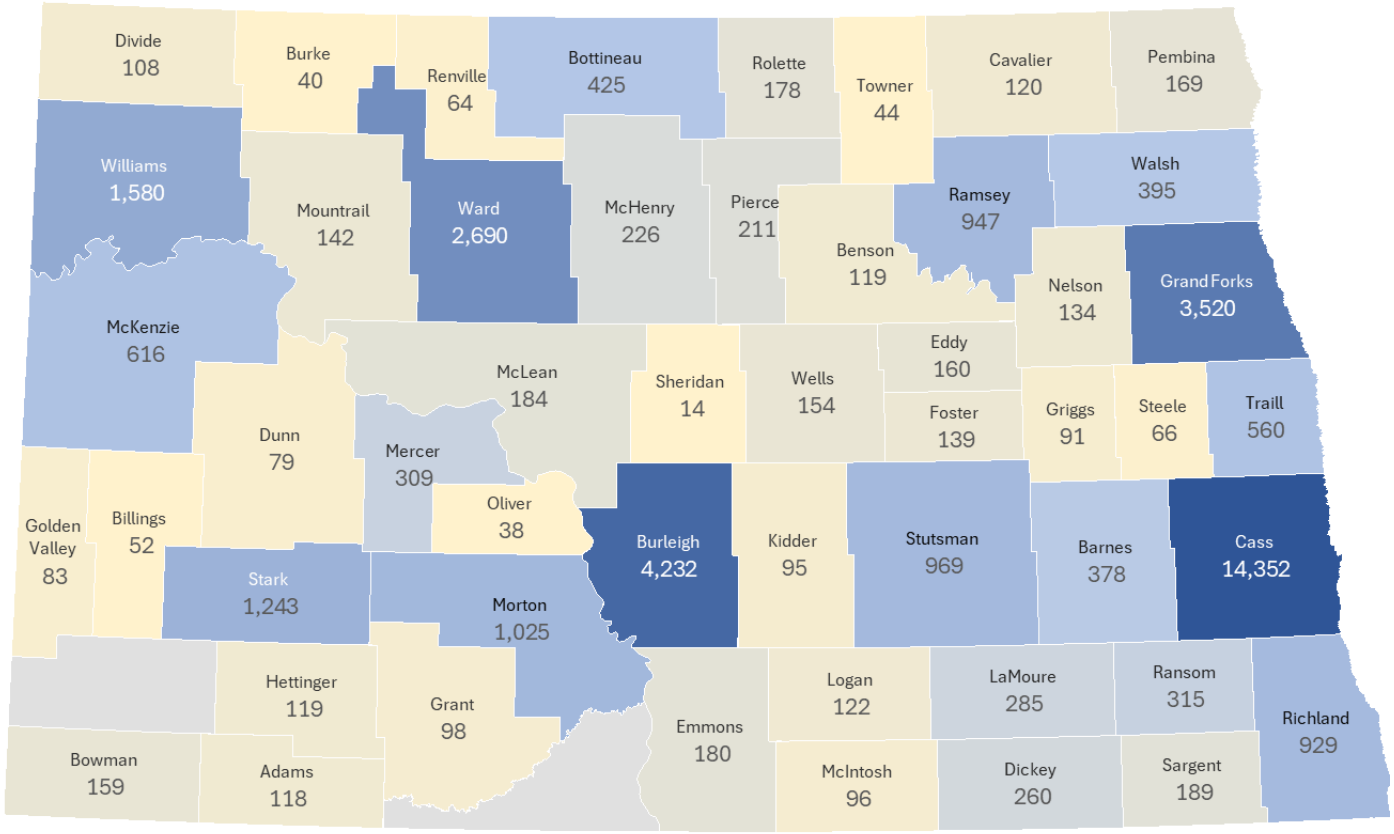
38,821

children ages 0-12

Last updated: Dec 2024



Note: Annual capacity snapshot taken in June each year; 2023 capacity is through October

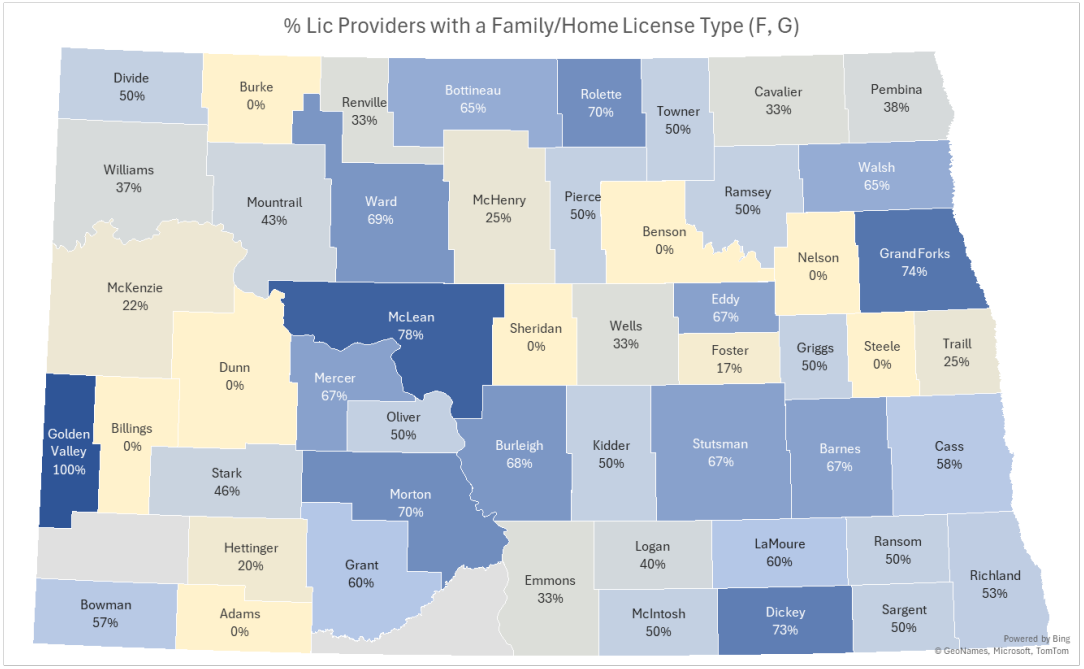


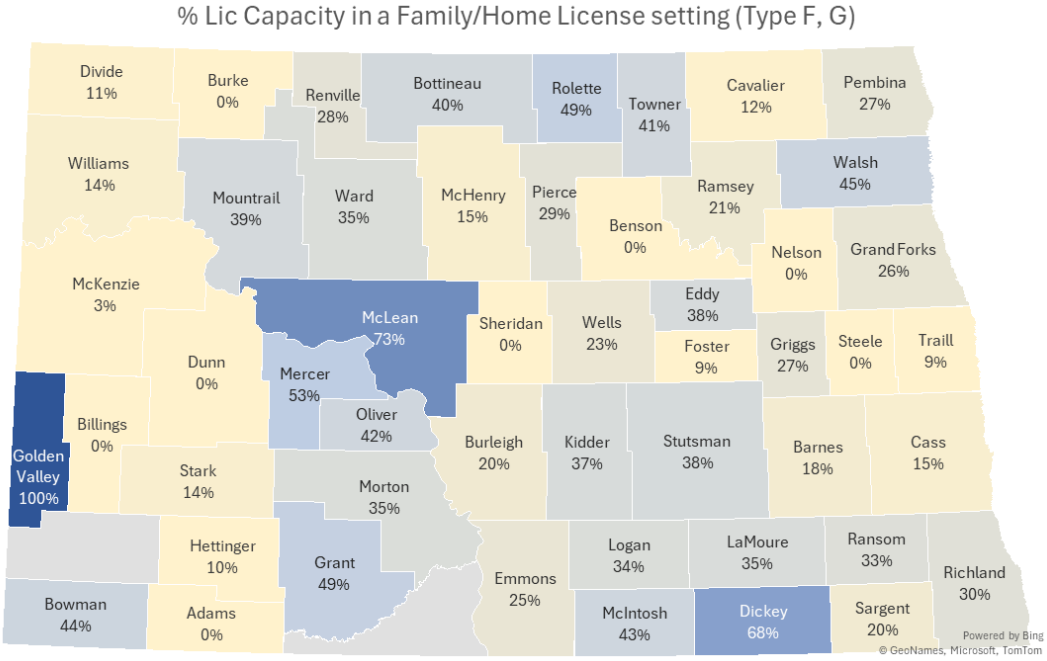
**Source: WLS; excludes Tribally licensed providers, Head Start programs (not state licensed), School-based Pre-K programs*

Availability

Key Indicator: Child Care Availability | Licensed Capacity

Home-based child care is an important part of the service delivery system





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Availability

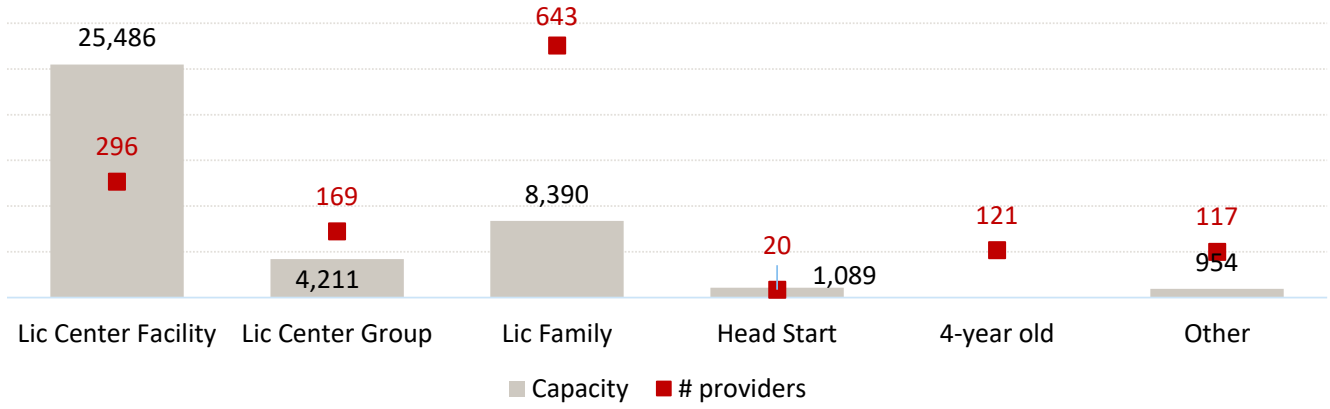
Key Indicator: Child Care Availability | Mixed Delivery

Child Care capacity by type of provider

1,366
providers are approved to provide child care for
40,490
children ages 0-12

Last updated: Dec 2024

	# providers	Capacity
Licensed CC – Center Facility (CEKM)	296	25,846
Licensed CC – Center Group (H)	169	4,211
Licensed CC – Family (FG)	643	8,390
Head Start	20	1,089
4-year old program	121	
Other (ex. non-lic after school)	117	954



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Child Care Availability | Staffing

Measure:

Reduced worker vacancy and turnover

Care capacity in licensed child cares is not constrained by workforce shortages

Desired Capacity – Normal Vacancy = Actual Capacity

↑ Net Capacity

Training incentives |
Child Care Assistance for CC workforce



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Availability

Key Indicator: Child Care Availability | Staffing

Staffing shortages are a significant driver of lower-than-capacity enrollment of children in licensed settings

Nursing Assistant

10th percentile	Median	*90th percentile*
$16.24	$19.54	$23.02

Teacher's Assistant

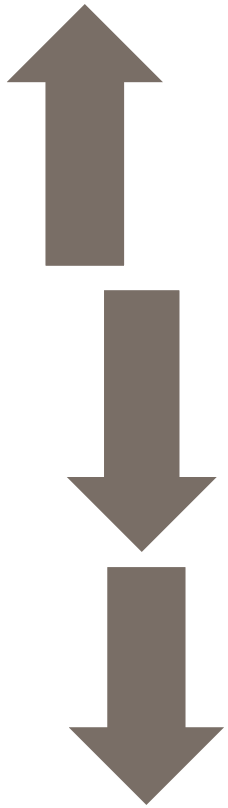
10th percentile	Median	*90th percentile*
$14.57	$18.03	$23.25

Home health aide

10th percentile	Median	*90th percentile*
$15.02	$17.89	$22.00

Child care worker

10th percentile	Median	*90th percentile*
$11.35	**$14.05**	$18.37



"Licensed Capacity"

38,821

"Desired Capacity"

31,489

"Actual Active Capacity"

??

Present Day Potential for **20.3%** increase in capacity (based solely on licensing space requirements)

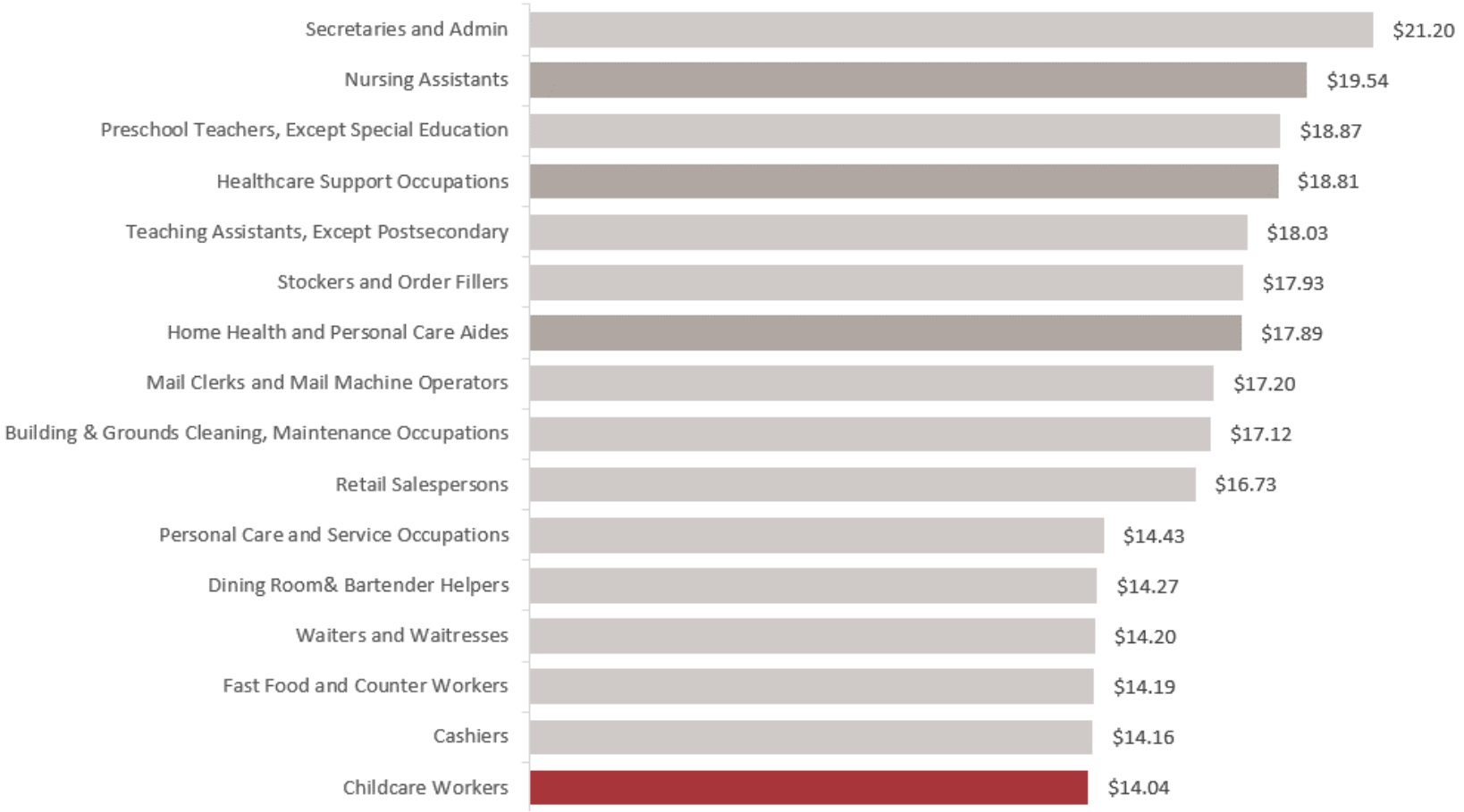
ND Median Wage for Select Occupations | JSND Labor Market Information | Employment and Wage by Occupation 2023

Key Indicator: Child Care Availability | Staffing

Availability

Child care workers are amongst the lowest paid workers in the North Dakota labor force

ND Median Wage for Select Occupations | JSND Labor Market Information | Employment and Wage by Occupation 2023



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Key Indicator: Child Care Availability | Staffing

Availability

Child Care worker pay is relatively consistent across the state

*ND **Median** Wage for Select Occupations | JSND Labor Market Information | Employment and Wage by Occupation **2023***

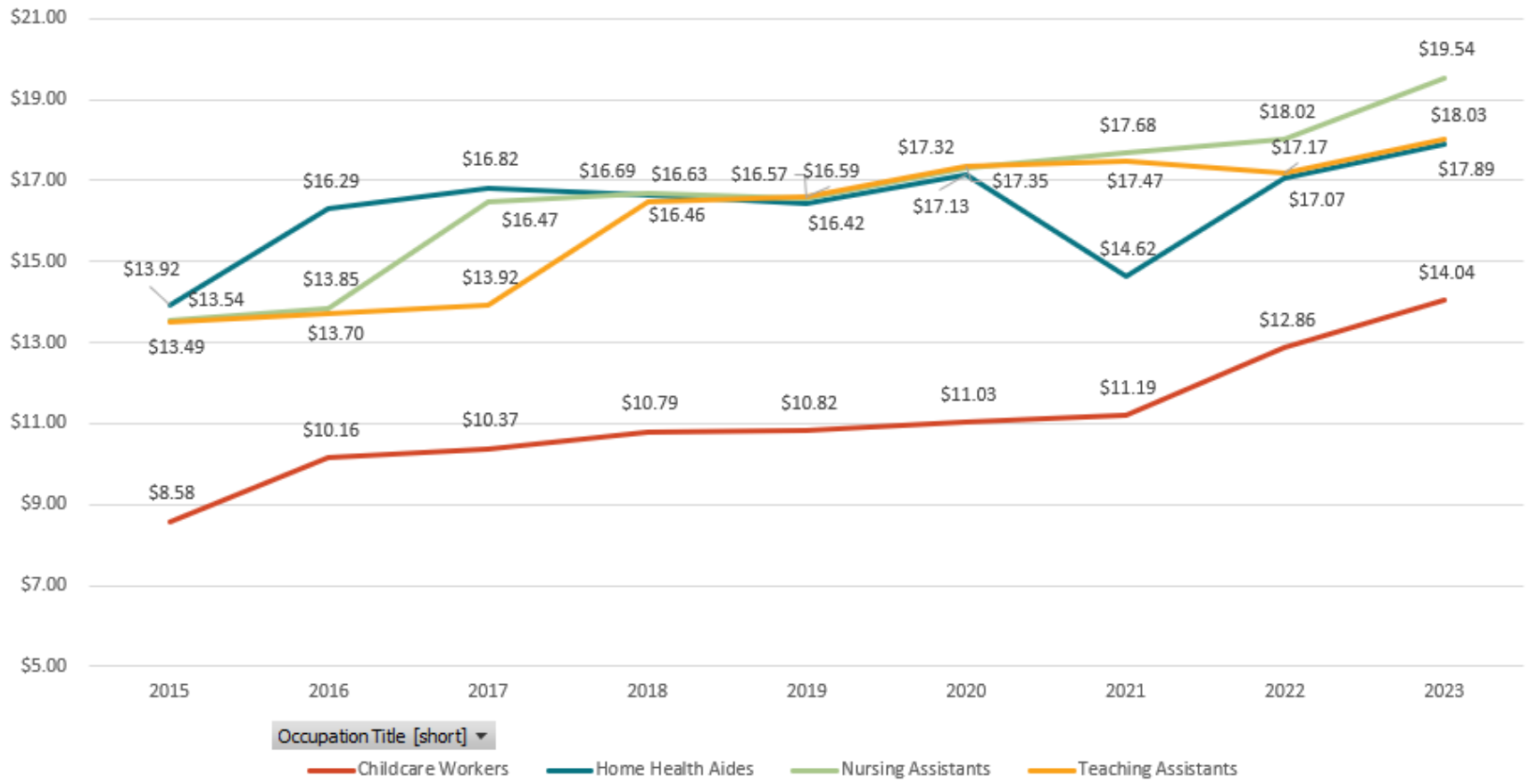
	# of workers	Statewide wage	Reg 1 (Williston)	Reg 2 (Minot)	Reg 3 (Devils Lake)	Reg 4 (Grand Forks)	Reg 5 (Fargo)	Reg 6 (Jamestown)	Reg 7 (Bismarck)	Reg 8 (Dickinson)
Child Care worker	3,380	$14.05	$14.84	$14.24	$13.88	$13.59	$14.15	$13.83	$14.03	$13.88
Teacher's Assistant	5,880	$18.03	$17.83	$19.02	$17.59	$17.47	$17.27	$15.97	$19.31	$18.37
Nursing Assistant	8,630	$19.54	$18.96	$18.70	$20.95	$20.91	$19.21	$21.20	$20.70	$21.71
Home Health Aide	6,720	$17.89	$19.61	$17.76	$18.13	$18.89	$18.32	$18.74	$17.66	$17.76
Preschool Teachers, Except Special Education	570	$18.87	$22.38	$22.11	$19.69	$19.63	$17.08	$22.05	$18.30	$22.05
Education & Childcare Administrators, Preschool & Daycare	250	$29.59	n/a	$21.81	$21.95	$51.92	$29.01	$21.76	$31.11	n/a
Kindergarten teacher	580	$25.97	$29.44	$30.66	$25.04	$24.27	$25.29	$23.90	$30.04	$26.13

Availability

Key Indicator: Child Care Availability | Staffing

Child care worker wages rising but not closing the gap

ND **Median** Wage for Select Occupations | JSND Labor Market Information | Employment & Wage by Occupation **2015-23**



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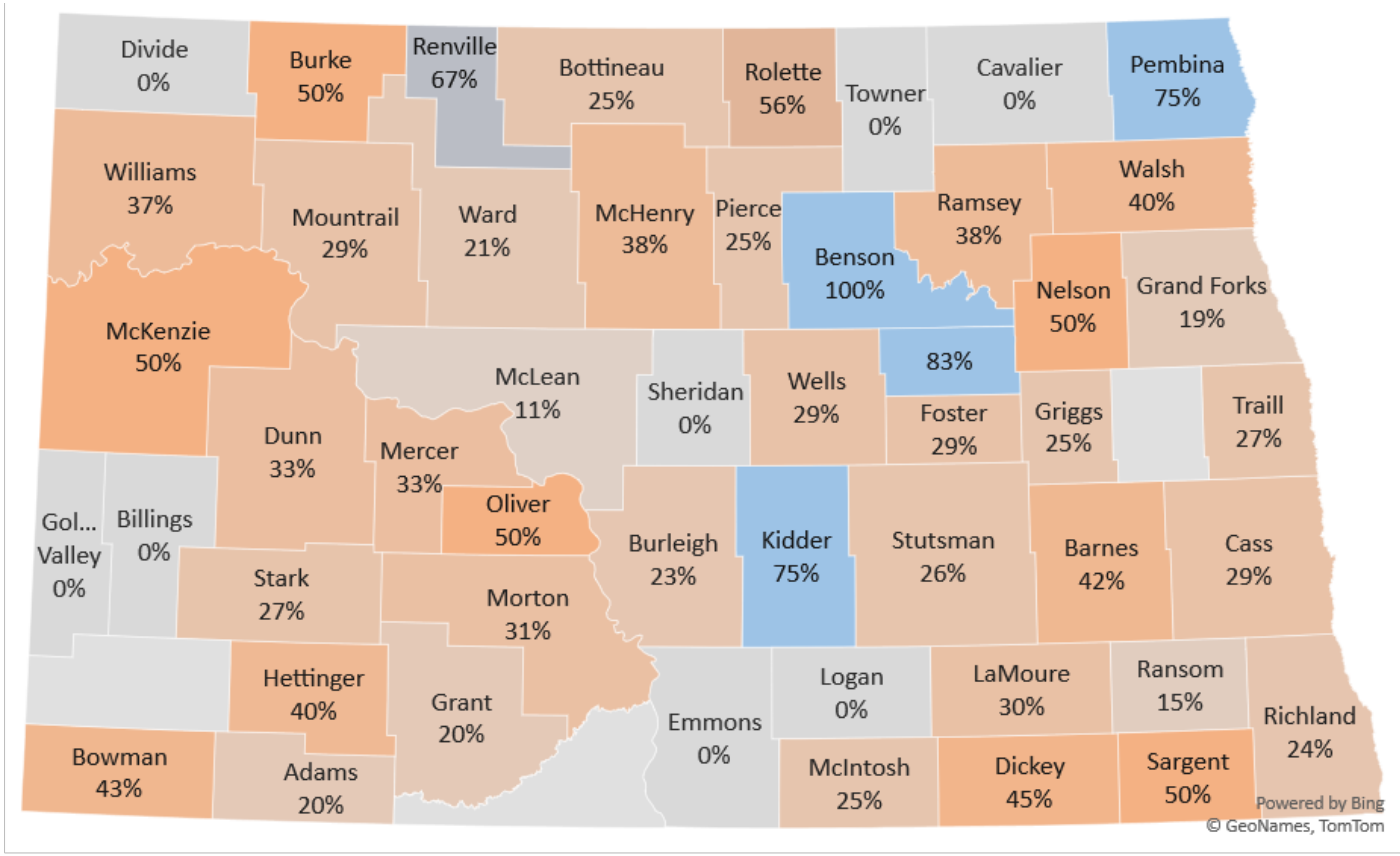
Availability

Key Indicator: Child Care Availability | Staffing

Child Care Worker Benefit is making an impact

% Licensed Child Care Providers who have workers utilizing the CCAP Child Care Worker Benefit June-Dec 2024

- 744 workers employed by 302 providers
- Receiving assistance with child care costs for 1,661 children
- Average monthly assistance / worker = **$1,400** which is the **equivalent** to an **$8/hr wage increase**



Child Care Availability | Net Change

Measure:

Better alignment of supply & demand

Increases in licensed child care capacity are greater than decreases in capacity

(Start-ups + Expansions) > Closures

↑ Net Capacity

Licensing | Career Pathways | Grants | Shared Svc | CCAP rates



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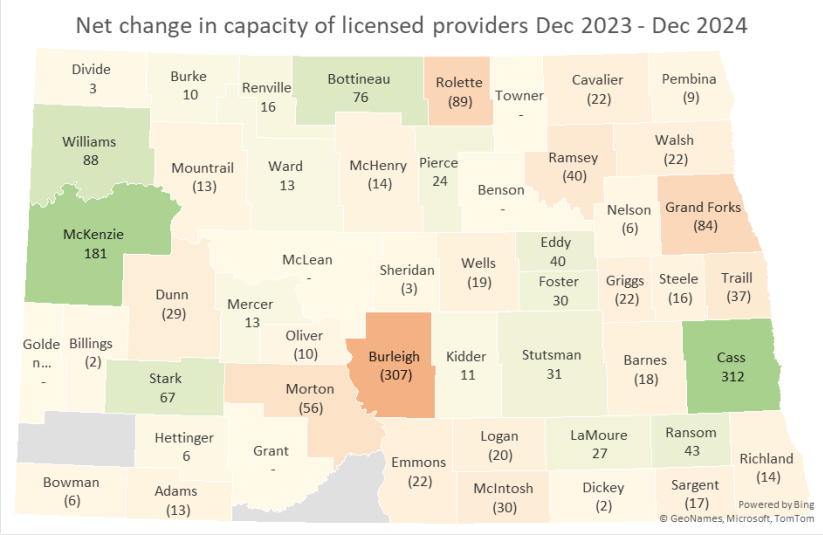
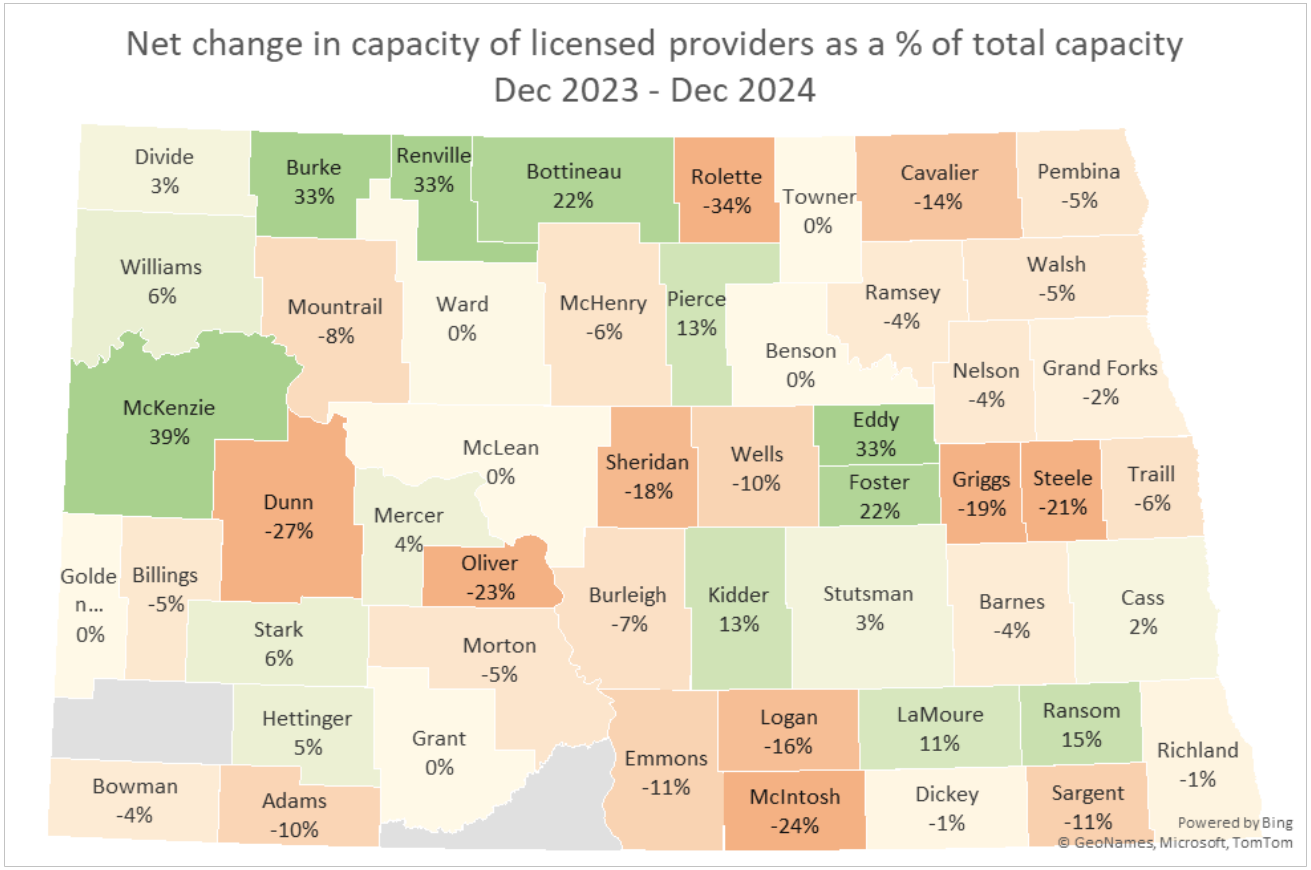
Key Indicator: Child Care Availability | Net Change

Availability

While statewide capacity as a whole was stable in 2024, geographic fluctuations show gains and losses

December 2023 – December 2024





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Availability

Key Indicator: Child Care Availability | Net Change

Net change in capacity of licensed child care

December 2023 – December 2024

County	Net change in Lic Providers	Net change as % of total providers	Net change in Lic Capacity	Net change as % of total capacity
Adams	-1	-16.7%	-13	-10%
Barnes	-1	-8.3%	-18	-4%
Benson	0	0.0%	0	0%
Billings	0	0.0%	-2	-5%
Bottineau	0	0.0%	76	22%
Bowman	0	0.0%	-6	-4%
Burke	1	100.0%	10	33%
Burleigh	-13	-10.0%	-307	-7%
Cass	7	2.1%	312	2%
Cavalier	-2	-33.3%	-22	-14%
Dickey	-1	-8.3%	-2	-1%
Divide	0	0.0%	3	3%
Dunn	-1	-25.0%	-29	-27%
Eddy	0	0.0%	40	33%
Emmons	-2	-18.2%	-22	-11%
Foster	0	0.0%	30	22%
Golden Valley	0	0.0%	0	0%

County	Net change in Lic Providers	Net change as % of total providers	Net change in Lic Capacity	Net change as % of total capacity
Grand Fork	-1	-1.0%	-84	-2%
Grant	0	0.0%	0	0%
Griggs	-2	-33.3%	-22	-19%
Hettinger	0	0.0%	6	5%
Kidder	0	0.0%	11	13%
LaMoure	-1	-9.1%	27	11%
Logan	-1	-20.0%	-20	-16%
McHenry	-1	-11.1%	-14	-6%
McIntosh	-1	-20.0%	-30	-24%
McKenzie	0	0.0%	181	39%
McLean	0	0.0%	0	0%
Mercer	1	9.1%	13	4%
Morton	-2	-3.9%	-56	-5%
Mountrail	-1	-12.5%	-13	-8%
Nelson	0	0.0%	-6	-4%
Oliver	-1	-33.3%	-10	-23%
Pembina	0	0.0%	-9	-5%

County	Net change in Lic Providers	Net change as % of total providers	Net change in Lic Capacity	Net change as % of total capacity
Pierce	0	0.0%	24	13%
Ramsey	-1	-3.7%	-40	-4%
Ransom	0	0.0%	43	15%
Renville	1	50.0%	16	33%
Richland	-1	-2.4%	-14	-1%
Rolette	-2	-18.2%	-89	-34%
Sargent	-1	-20.0%	-17	-11%
Sheridan	-1	-100.0%	-3	-18%
Stark	-4	-8.7%	67	6%
Steele	0	0.0%	-16	-21%
Stutsman	0	0.0%	31	3%
Towner	0	0.0%	0	0%
Traill	-1	-6.3%	-37	-6%
Walsh	0	0.0%	-22	-5%
Ward	1	1.0%	13	0%
Wells	-3	-37.5%	-19	-10%
Williams	-12	-27.3%	88	6%

2024 = Stable

Net change of +49 licensed spaces statewide

Net change of -47 providers statewide

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Availability

Key Indicator: Child Care Capacity

Grants available to support child care operations

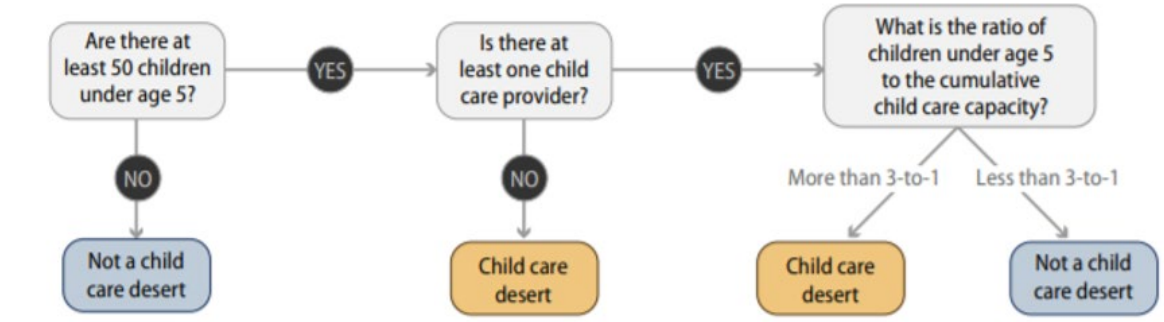
	HHS					Commerce
	Facility	Grow	Quality	Non-Trad Hrs	Inclusion	RWIP
Dollars available	$2.5 million	$1 million	$1.3 million	$1.8 million	$1.8 million	$7.73 million
# awards made	259	28	185	4	76	21
Max award amt	$20,000	$100,000	$12,000	$500,000	$10,000 env. mods $1,500 equipment $500/quarter/child	$500,000
Avg award amt	$7,708	$31,873	$3,216	$450,000	$17,542	$368,148 match requirement 25%
Impact	Awardees licensed to serve 9,305 children	720 newly available child care spaces (112 infant, 140 toddler, 468 desert)	42% increase in programs using data to inform qual impr; 30% of all licensed spaces are now in Step 2, 3 or 4 rated programs	Increasing child care spaces outside the hours of 7:30 a.m.- 5:30 p.m.	Care maintained in 97% of cases; 47% increase in programs served	521 newly available child care spaces (6 new programs (272 spaces), 5 facility updates (0 new spaces), 10 expansions (249 new spaces)

Child Care Availability | Desert

Measure:

Eliminate conditions of severe undersupply

Communities have sufficient child care capacity to eliminate severe shortages (known as "child care deserts")





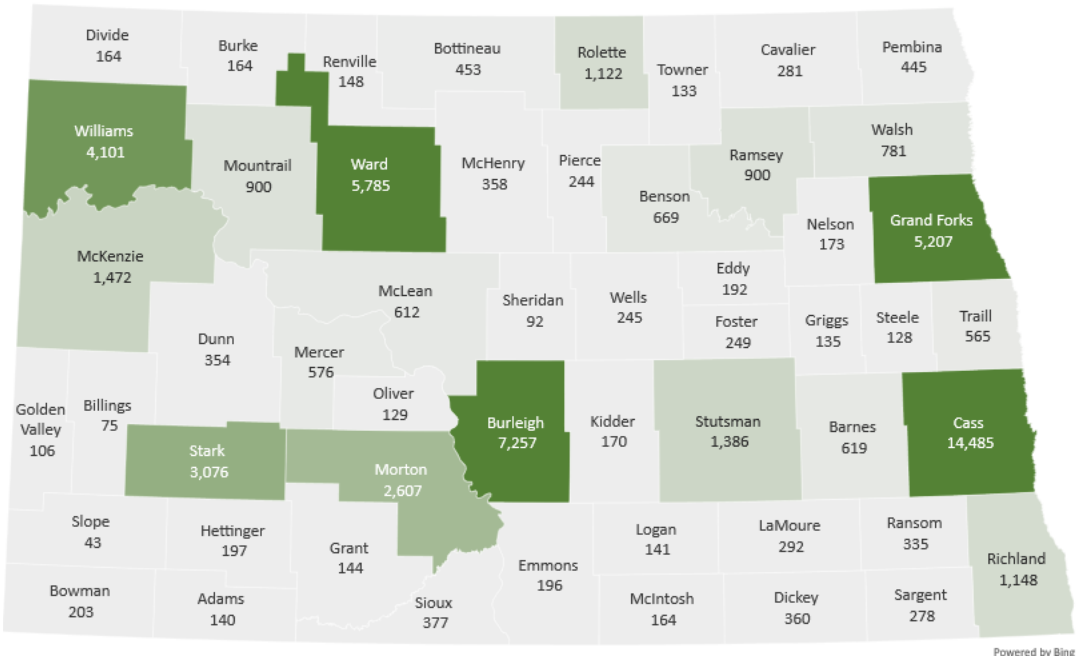
Key Indicator: Child Care Availability | Deserts

Availability

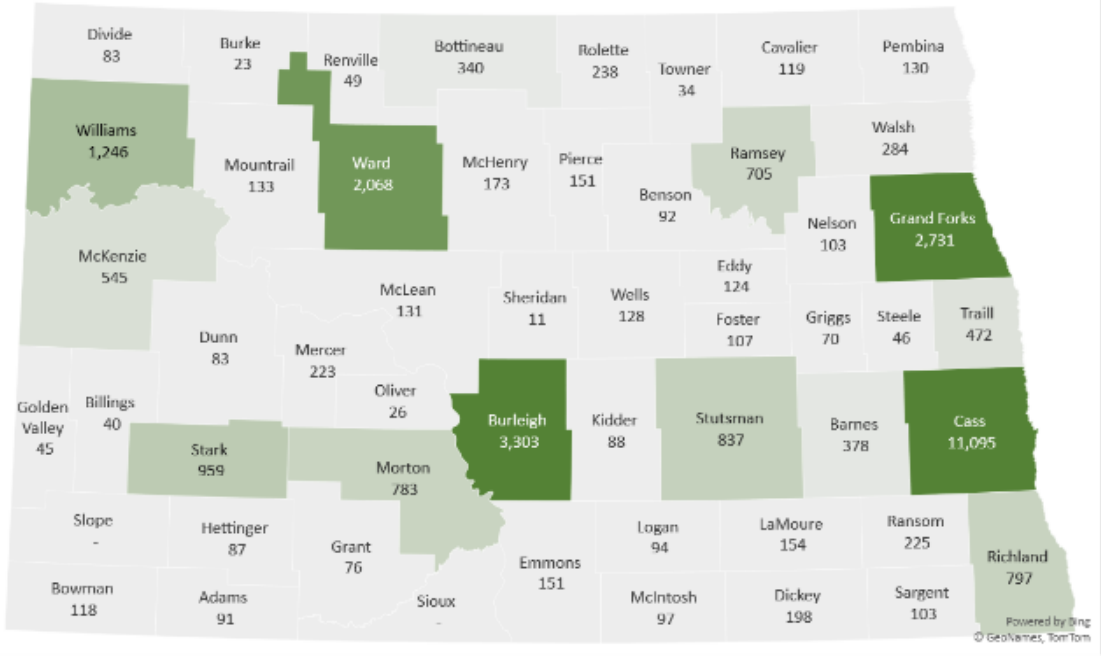
Population age 0-5 and Child Care assumed available to 0-5

Factors necessary to determine degrees of child care shortage

In 2022 ND was home to 60,576 children ages 0-5



In 2024 ND's 1,198 licensed child care providers offered 30,391 child care spaces to children age 0-5 *(assumes 77% of 39,377 total licensed spaces)*



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Key Indicator: Child Care Availability | Deserts

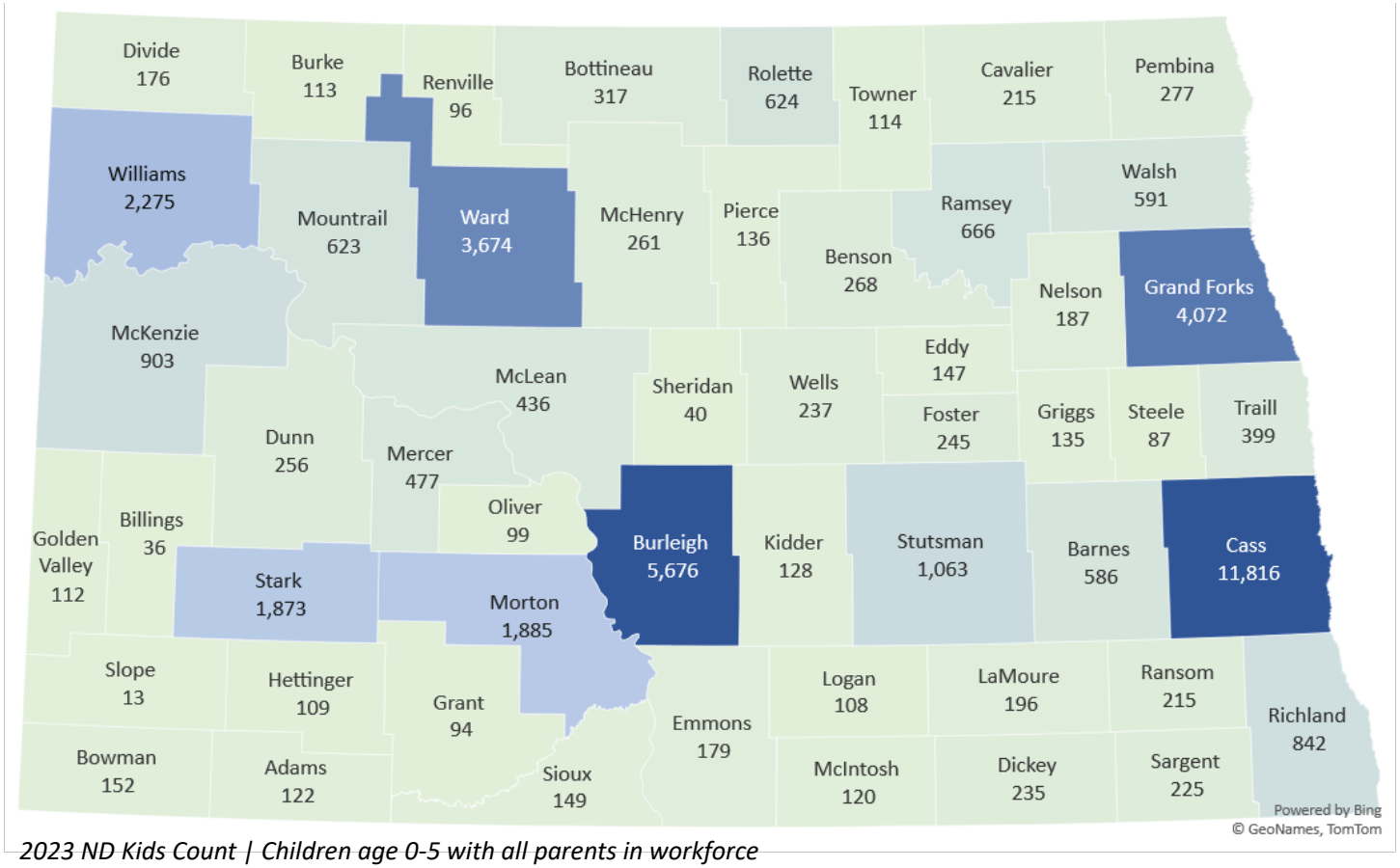
Availability

In ND there are 44,080 children age 0-5 who may potentially need child care

Factors necessary to determine degrees of child care shortage

% of children ages 0 through 5 with all parents in labor force

73%



2023 ND Kids Count | Children age 0-5 with all parents in workforce

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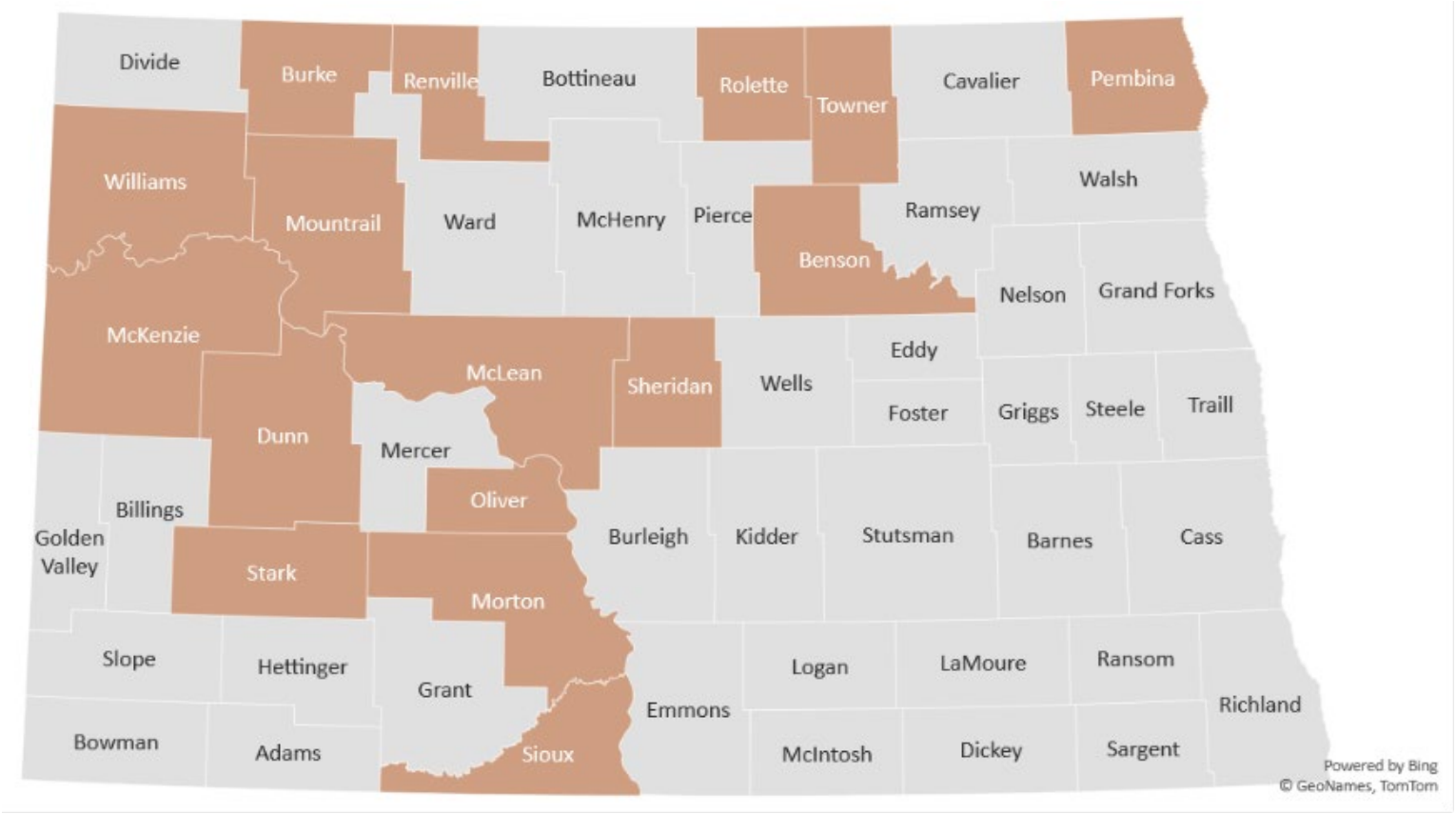
Availability

Key Indicator: Child Care Availability | Deserts

Child Care Desert Designation

1 child care space (assumed to be available for children younger than 5) for every 3 children ages 0-5

16 of North Dakota's 53 counties are considered child care deserts



Child Care desert calculation based on:

Population data: children ages 0-5, ACS/Census 2022

Child care capacity data: licensed capacity, HHS administrative records Sept 2024

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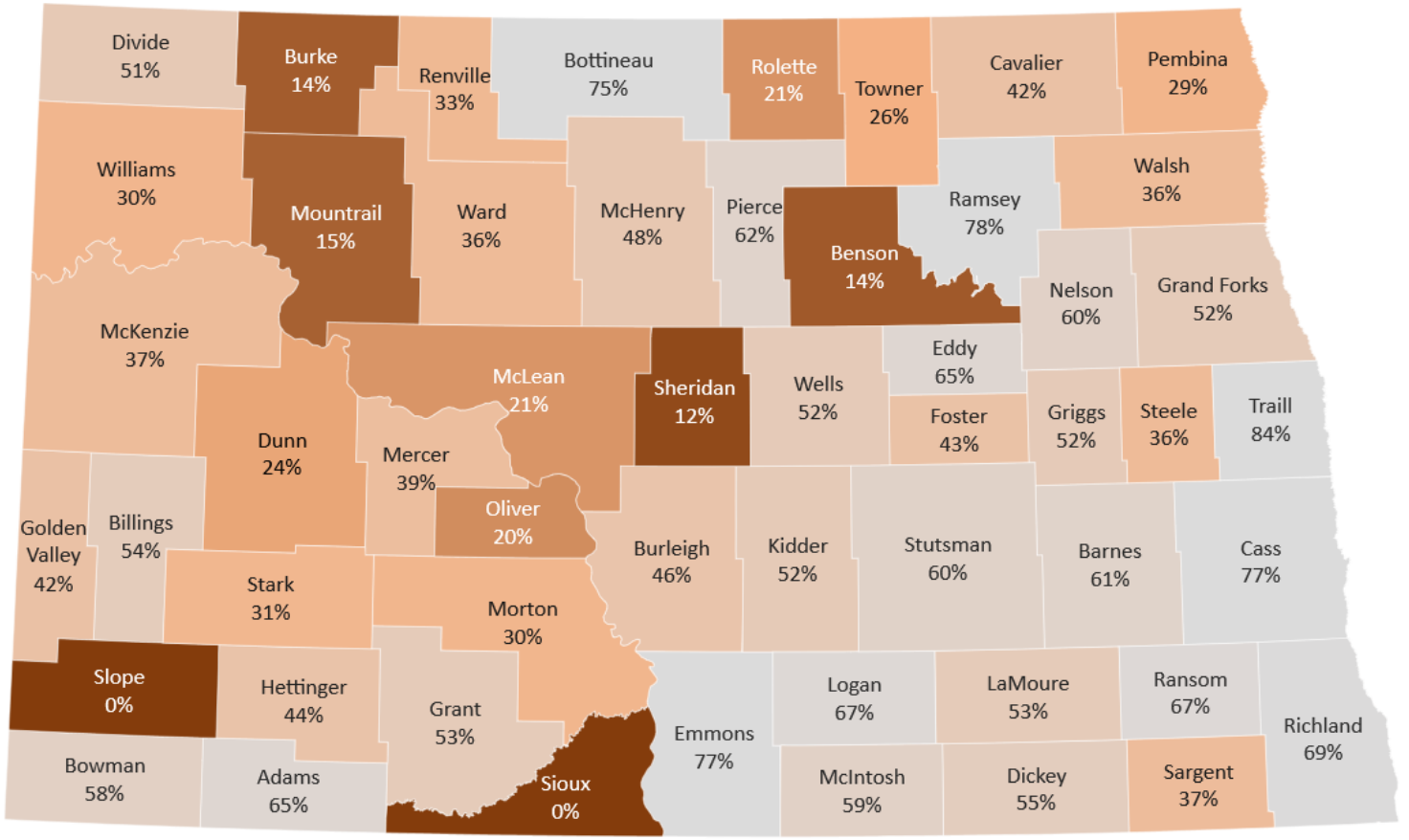
Availability

Key Indicator: Child Care Availability | Deserts

Severity of Underserved Areas

2022 population / 2024 child care capacity

The cumulative licensed child care capacity as a % of children age 0-5 can help us go beyond the basic “desert” calculation to understand the severity of child care shortages by geography.



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Key Indicator: Child Care Availability | Deserts

Severity of Underserved Areas

What are ND goals for access and supply?

What is ND's Capacity Target?

60,576	Children ages 0-5
30,391	Licensed Child Care Capacity assumed available to children 0-5 (based on currently reported enrollment trends)
35%	Threshold for severe child care "undersupply", warranting designation as a "child care desert"
9,189	Statewide capacity in excess of desert threshold

- ✓ Role of spatial barriers to access? Relevance of place.
- ✓ Intersection of cost and quality barriers with access barriers?
- ✓ 3:1 is severe – what is "adequate"?
- ✓ Actual capacity v potential capacity – accounting for child care workforce impacts
- ✓ Kids 6-13? Kids with special needs? Extended hours?



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Availability

Key Indicator: Child Care Availability | Deserts

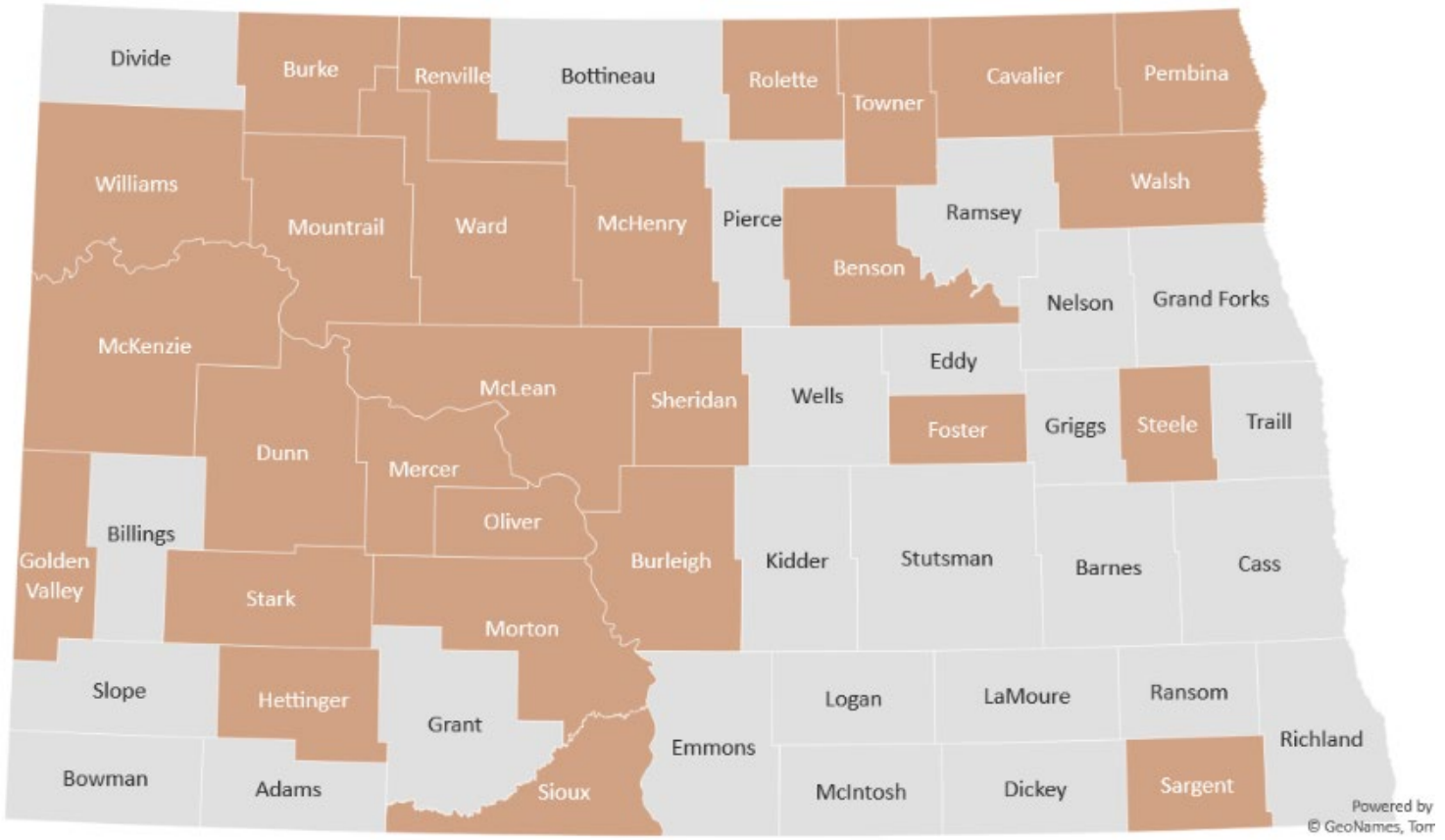
Child Care Shortage – Alternative definition?

How does the picture of "shortage" change when the goal is 1 space per 2 children (rather than 1 space for 3 children)

Child Care desert calculation based on:

Population data: children ages 0-5, ACS/Census 2022

Child care capacity data: licensed capacity, HHS administrative records Sept 2024



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Availability

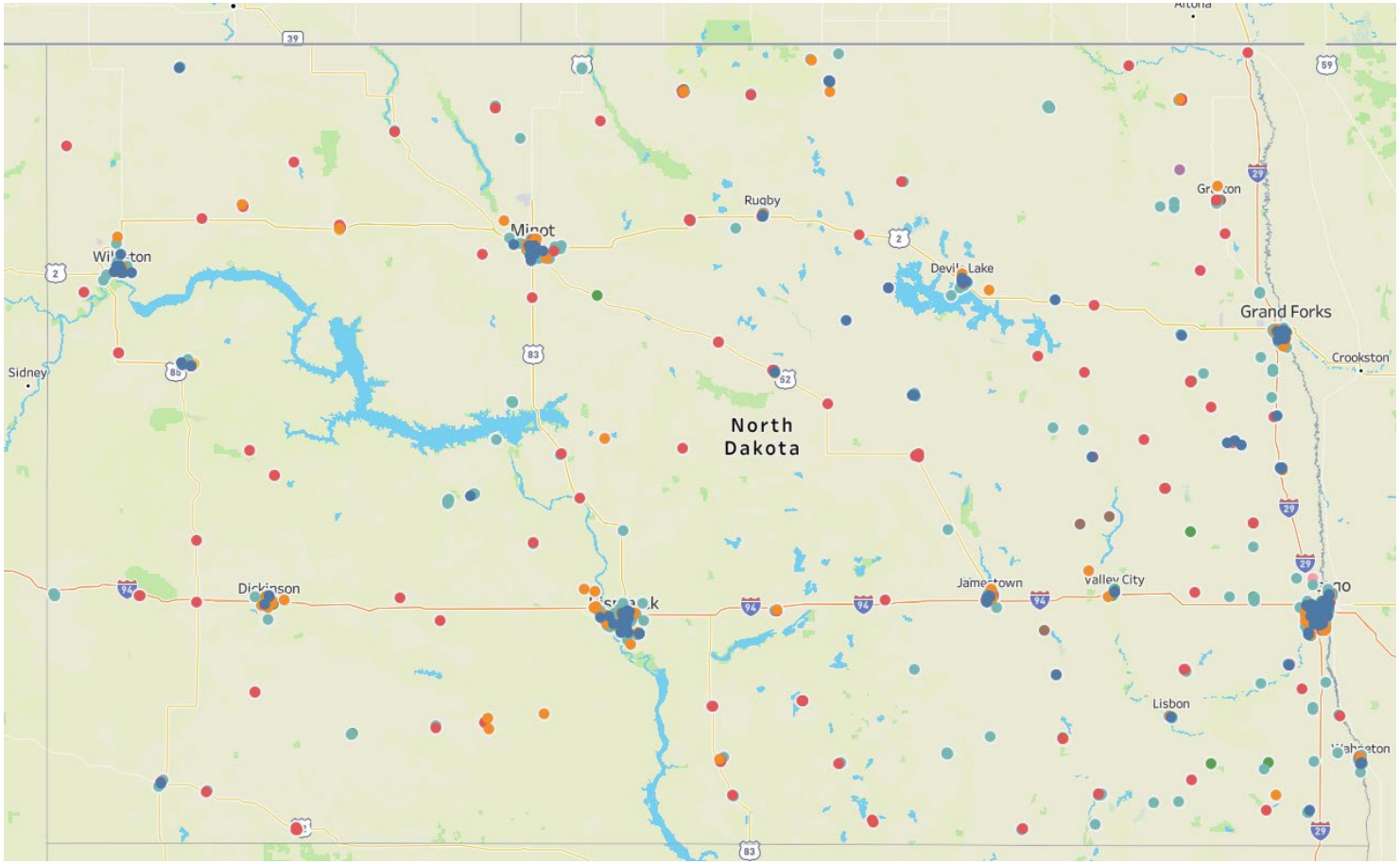
Key Indicator: Child Care Availability | Spatial

Licensed Child Care Providers by type

1,198 Licensed Providers

158	Center
168	Family
176	Group (facility)
500	Group (home)
90	Multiple
30	Preschool
2	Provisional Center
37	School Age
37	Self Declared

As of 9-23-24



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Availability

Key Indicator: Child Care Availability | Spatial

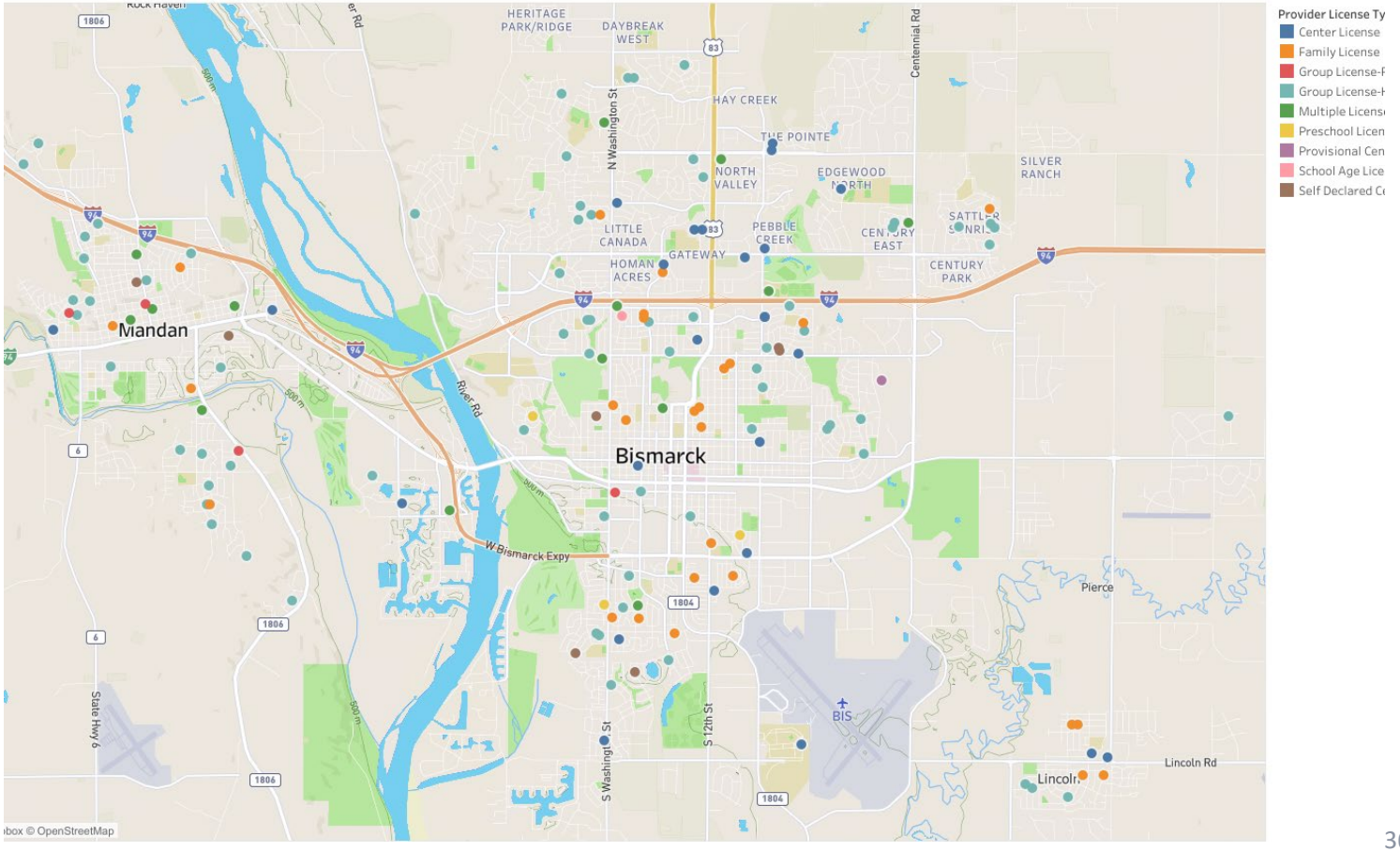
Licensed Child Care Providers – Bismarck Mandan

154 Licensed Providers
(Sept 2024)

5,088 Licensed Capacity
(Sept 2024)

7,193 Children 0-5 (2022)
7.3% of total pop

98,931 Population (2022)



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Availability

Key Indicator: Child Care Availability | Spatial

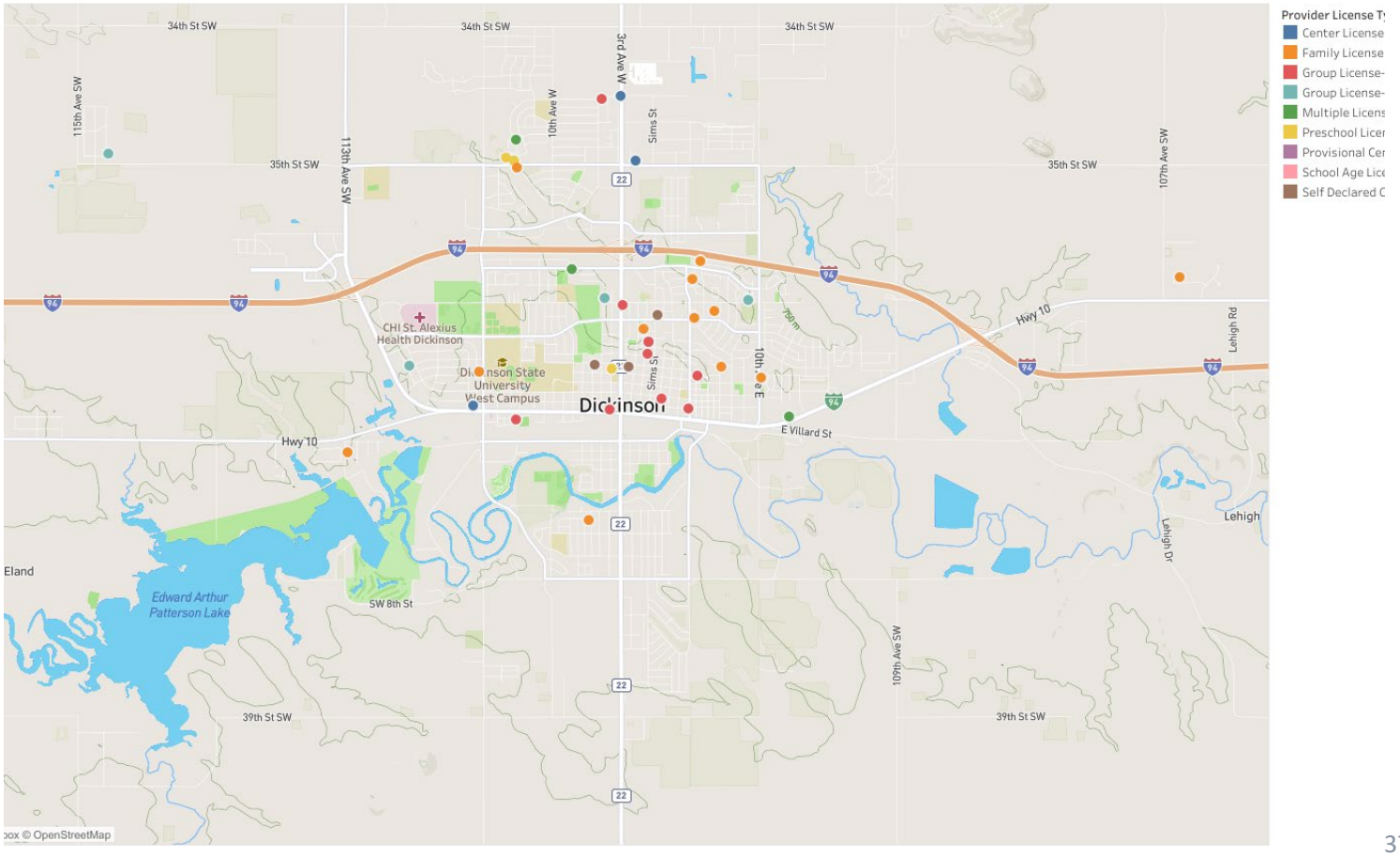
Licensed Child Care Providers - Dickinson

39 Licensed Providers
(Sept 2024)

1,230 Licensed Capacity
(Sept 2024)

2,107 Children 0-5 (2022)
8.7% of total pop

24,903 Population (2022)



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Key Indicator: Child Care Availability | Spatial

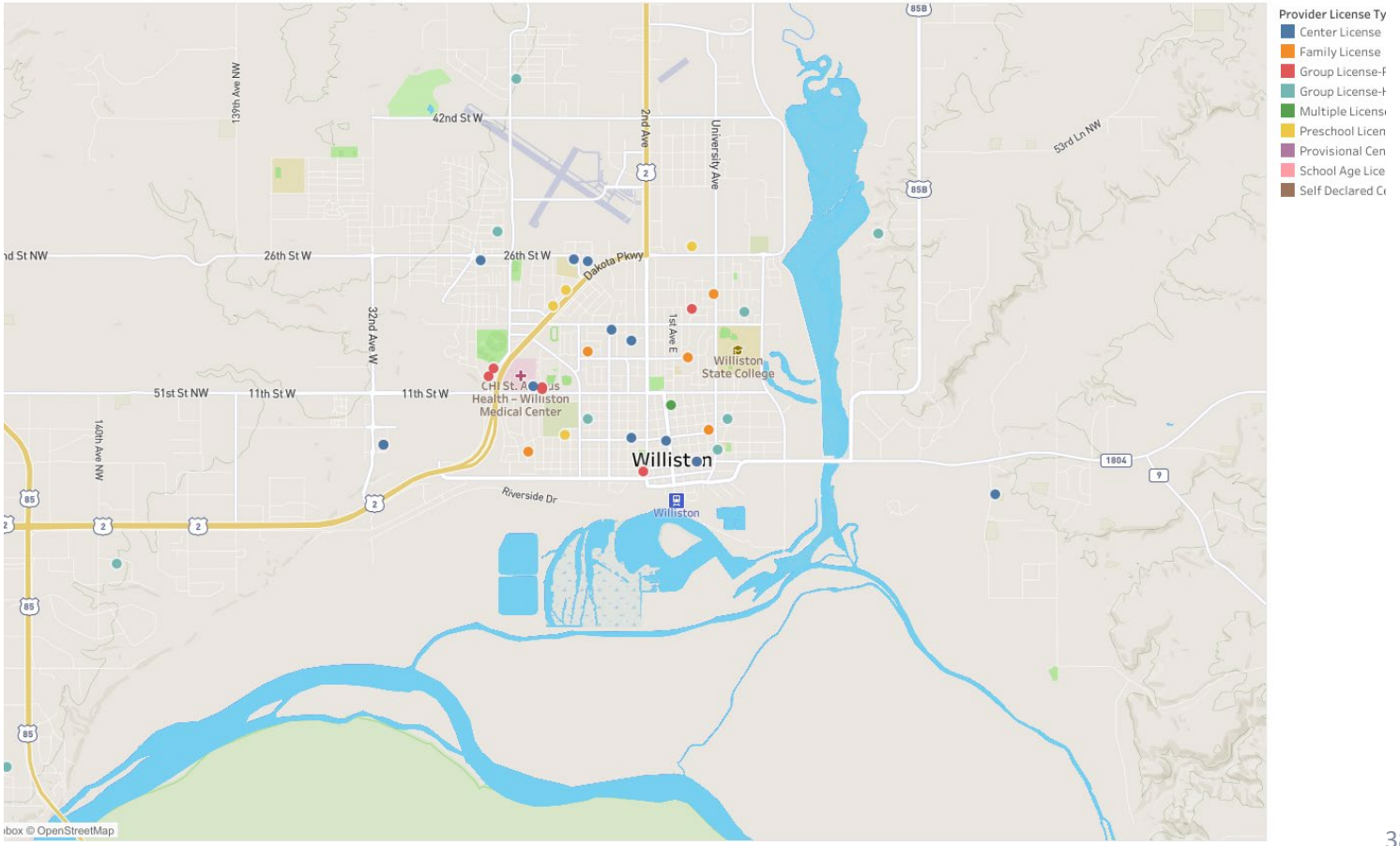
Licensed Child Care Providers - Williston

41 Licensed Providers
(Sept 2024)

1,483 Licensed Capacity
(Sept 2024)

2,477 Children 0-5 (2022)
9.1% of total pop

27,169 Population (2022)



NORTH Dakota | Health & Human Services
Be Legendary.

Availability

Key Indicator: Child Care Availability | Spatial

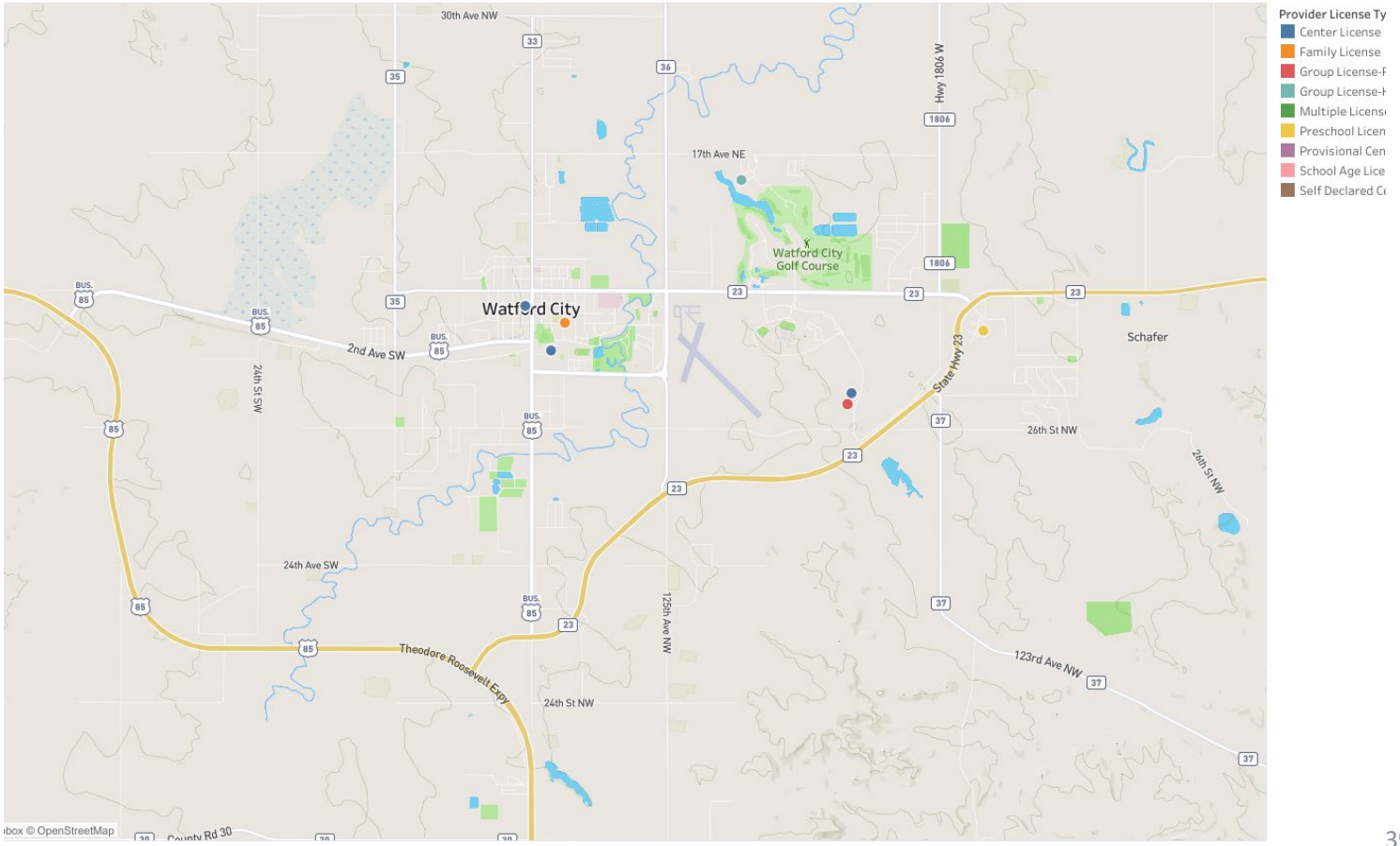
Licensed Child Care Providers – Watford City

9 Licensed Providers
(Sept 2024)

674 Licensed Capacity
(Sept 2024)

622 Children 0-5 (2022)
10.3% of total pop

6,020 Population (2022)



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Availability

Key Indicator: Child Care Availability | Spatial

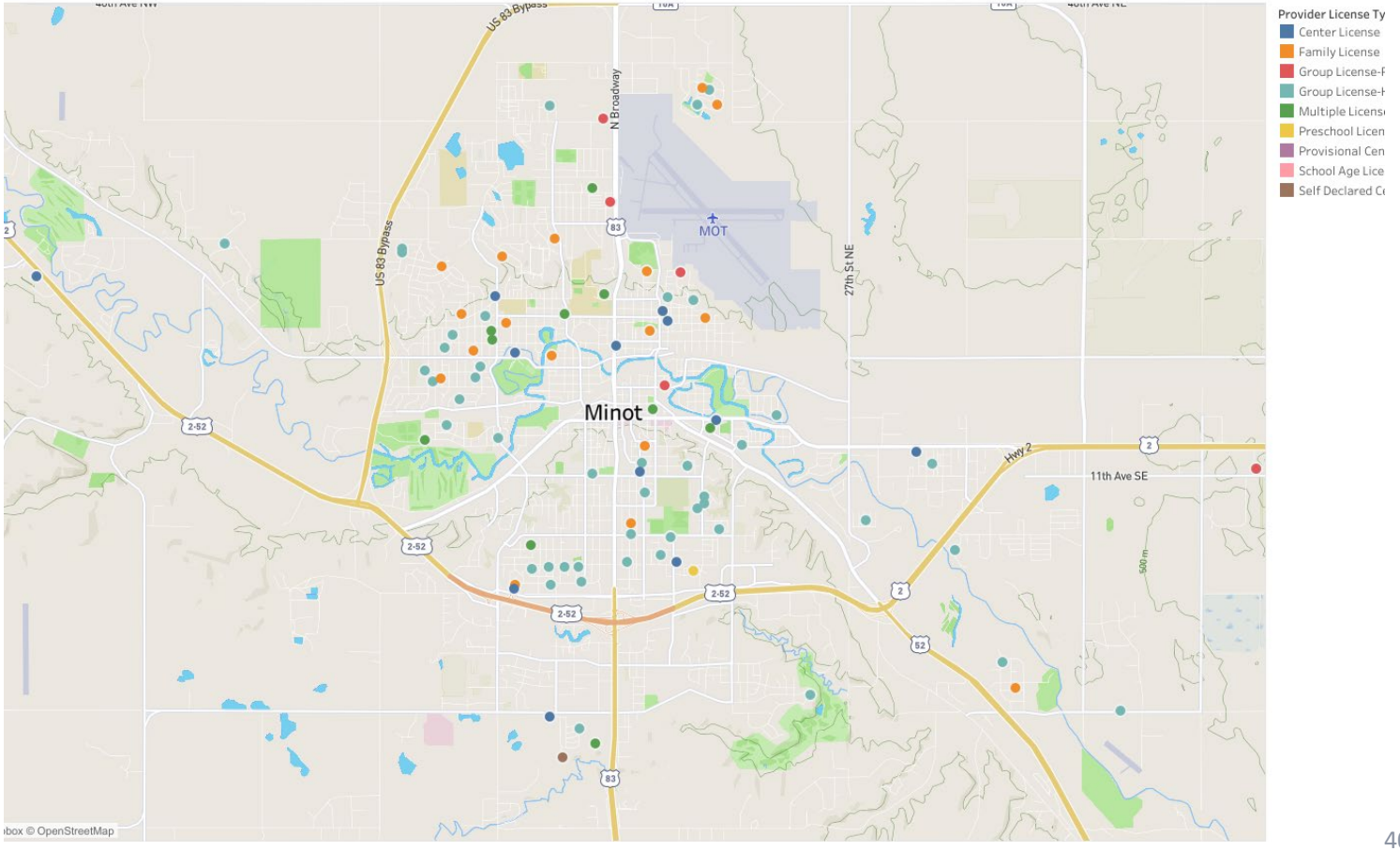
Licensed Child Care Providers – Minot

98 Licensed Providers
(Sept 2024)

2,585 Licensed Capacity
(Sept 2024)

3,038 Children 0-5 (2022)
6.4% of total pop

47,373 Population (2022)



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Availability

Key Indicator: Child Care Availability | Spatial

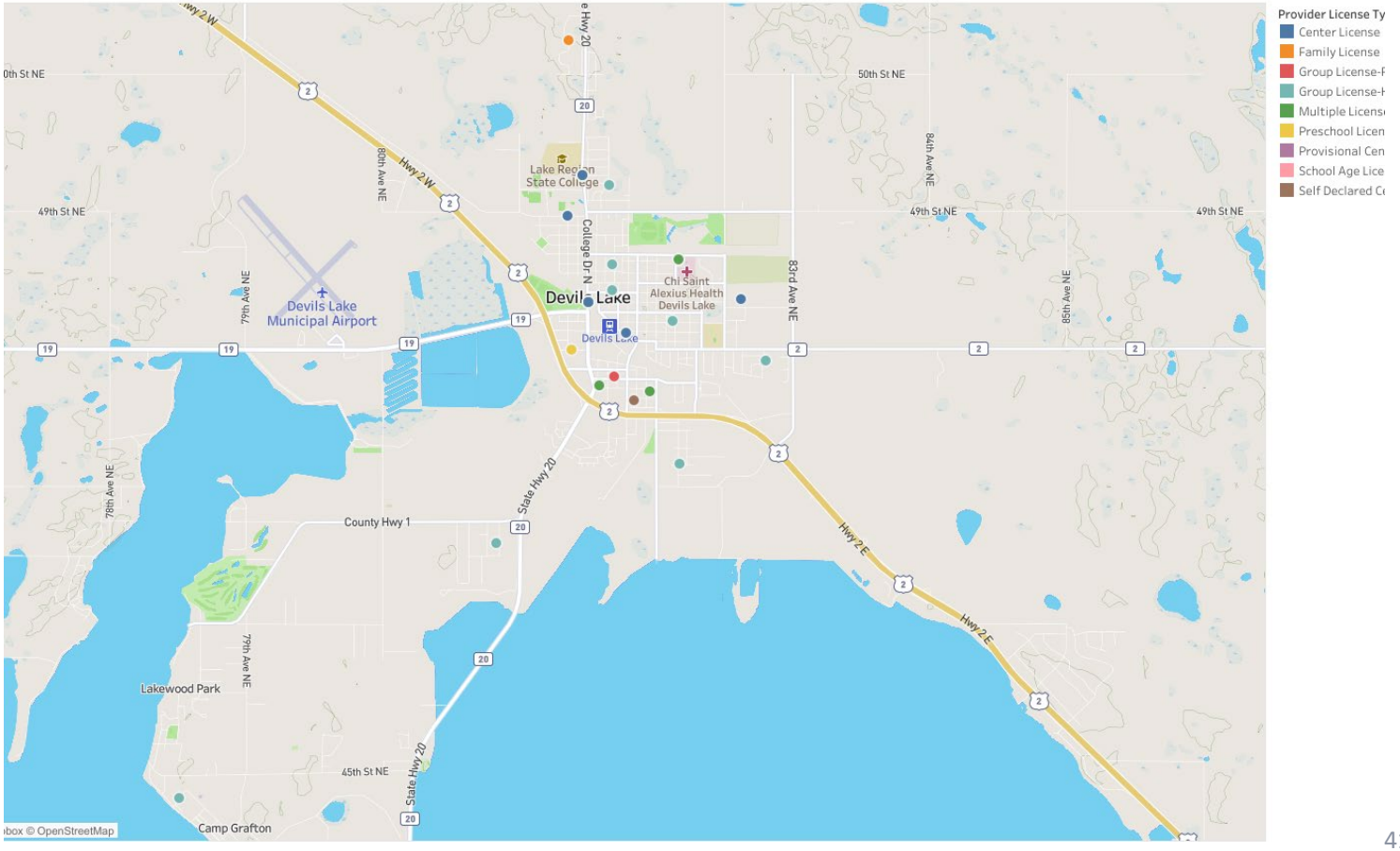
Licensed Child Care Providers – Devils Lake

24 Licensed Providers
(Sept 2024)

914 Licensed Capacity
(Sept 2024)

423 Children 0-5 (2022)
5.9% of total pop

7,135 Population (2022)



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Key Indicator: Child Care Availability | Spatial

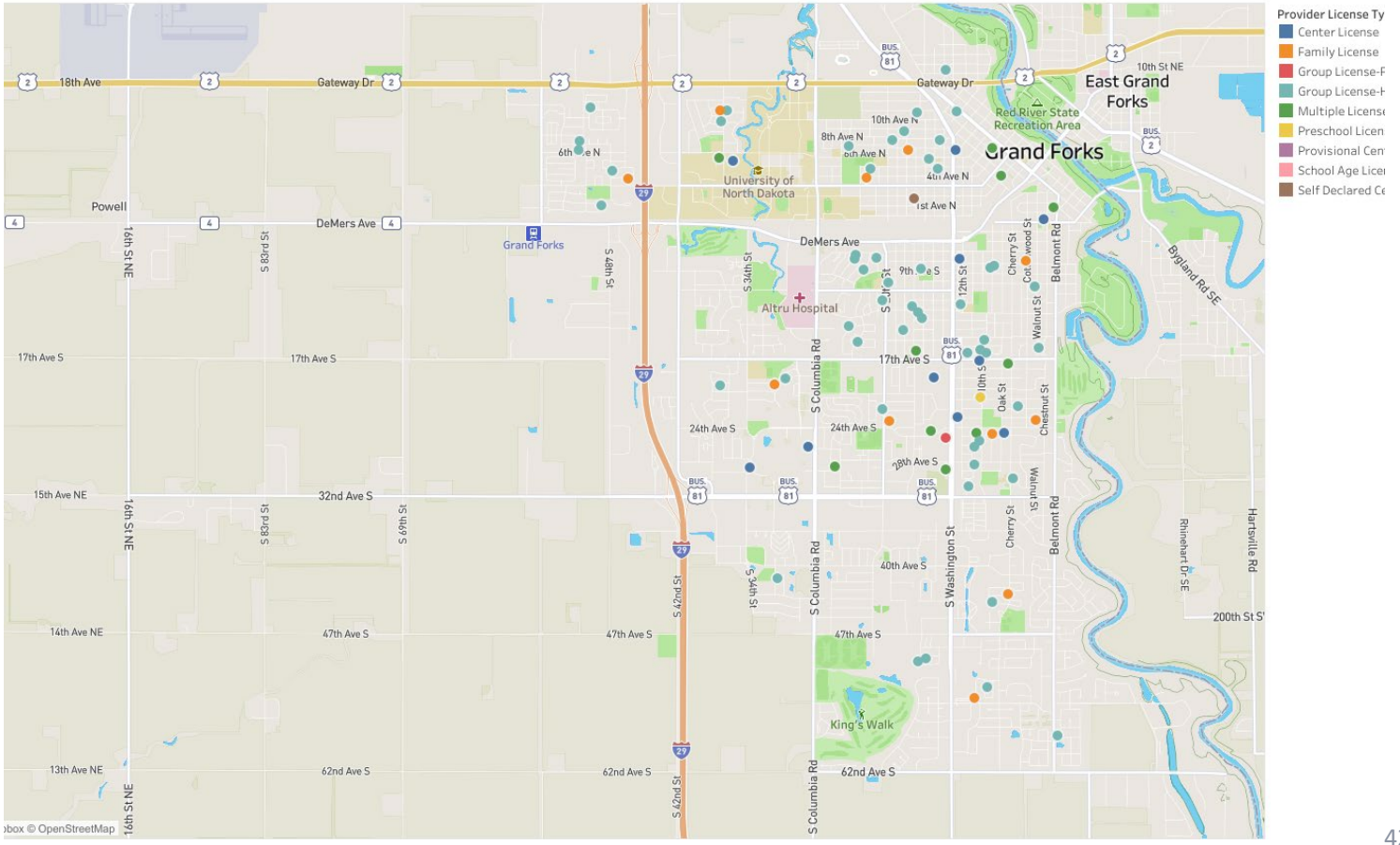
Licensed Child Care Providers – Grand Forks

89 Licensed Providers
(Sept 2024)

3,212 Licensed Capacity
(Sept 2024)

3,565 Children 0-5 (2022)
6.1% of total pop

58,847 Population (2022)



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Availability

Key Indicator: Child Care Availability | Spatial

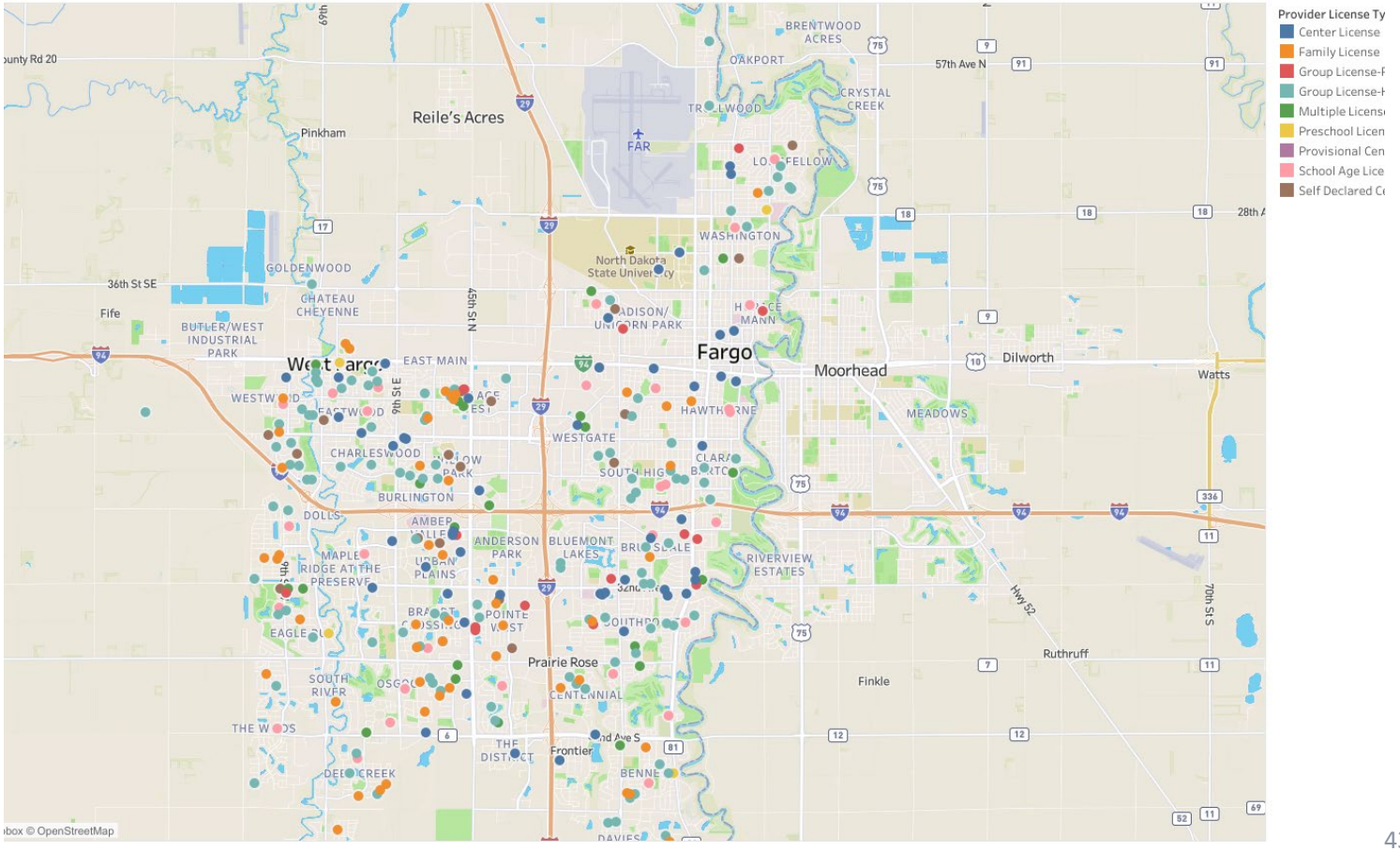
Licensed Child Care Providers – Fargo West Fargo

307 Licensed Providers
(Sept 2024)

13125 Licensed Capacity
(Sept 2024)

10,647 Children 0-5 (2022)
6.1% of total pop

174,089 Population (2022)



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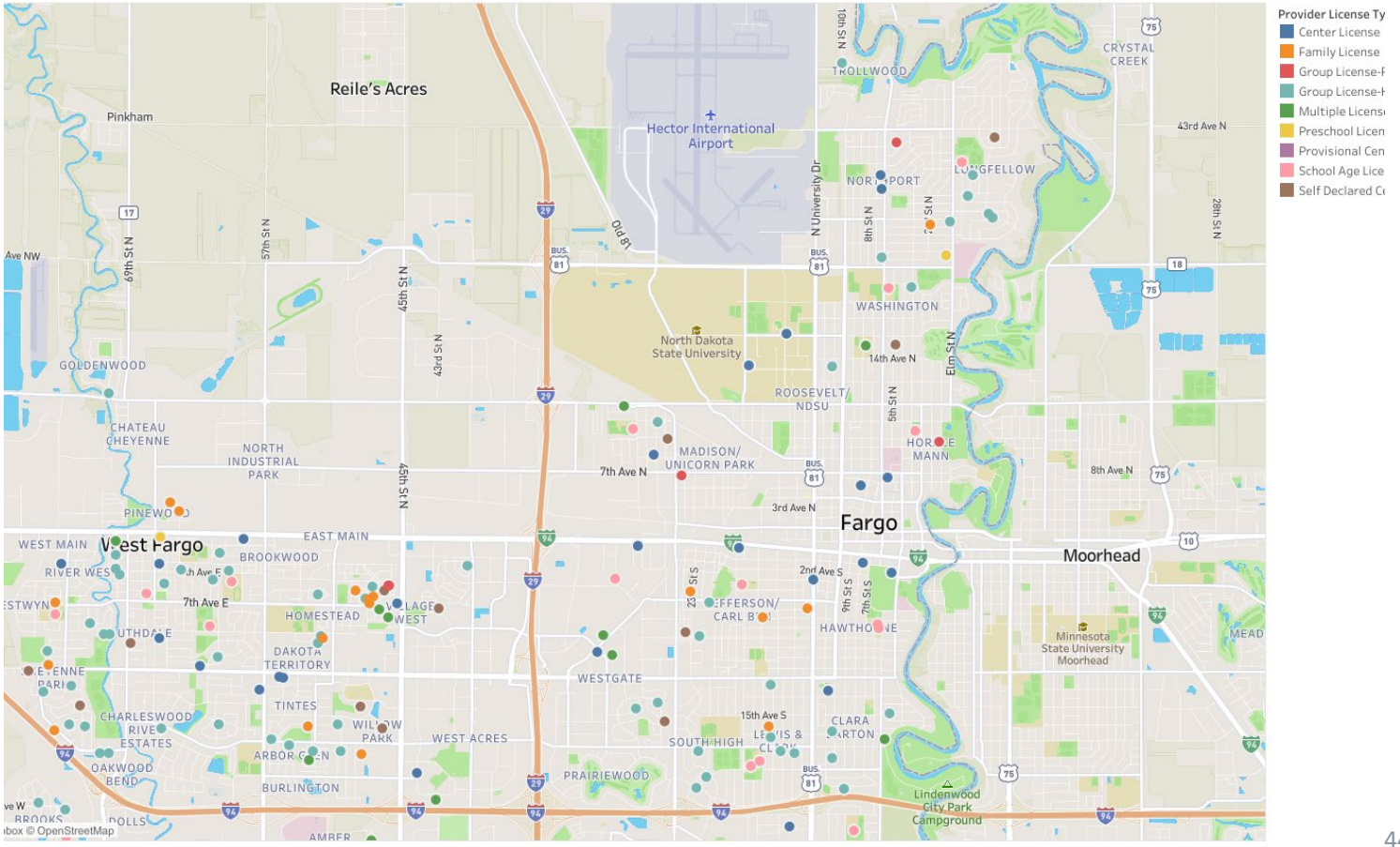
Key Indicator: Child Care Availability | Spatial

Availability

Licensed Child Care Providers – Fargo West Fargo North metro



Note: Fargo West Fargo map split between north and south metro to offer a comparable geographic scale for comparison with other community maps (approx. 6 miles north/south by 10 miles east/west)

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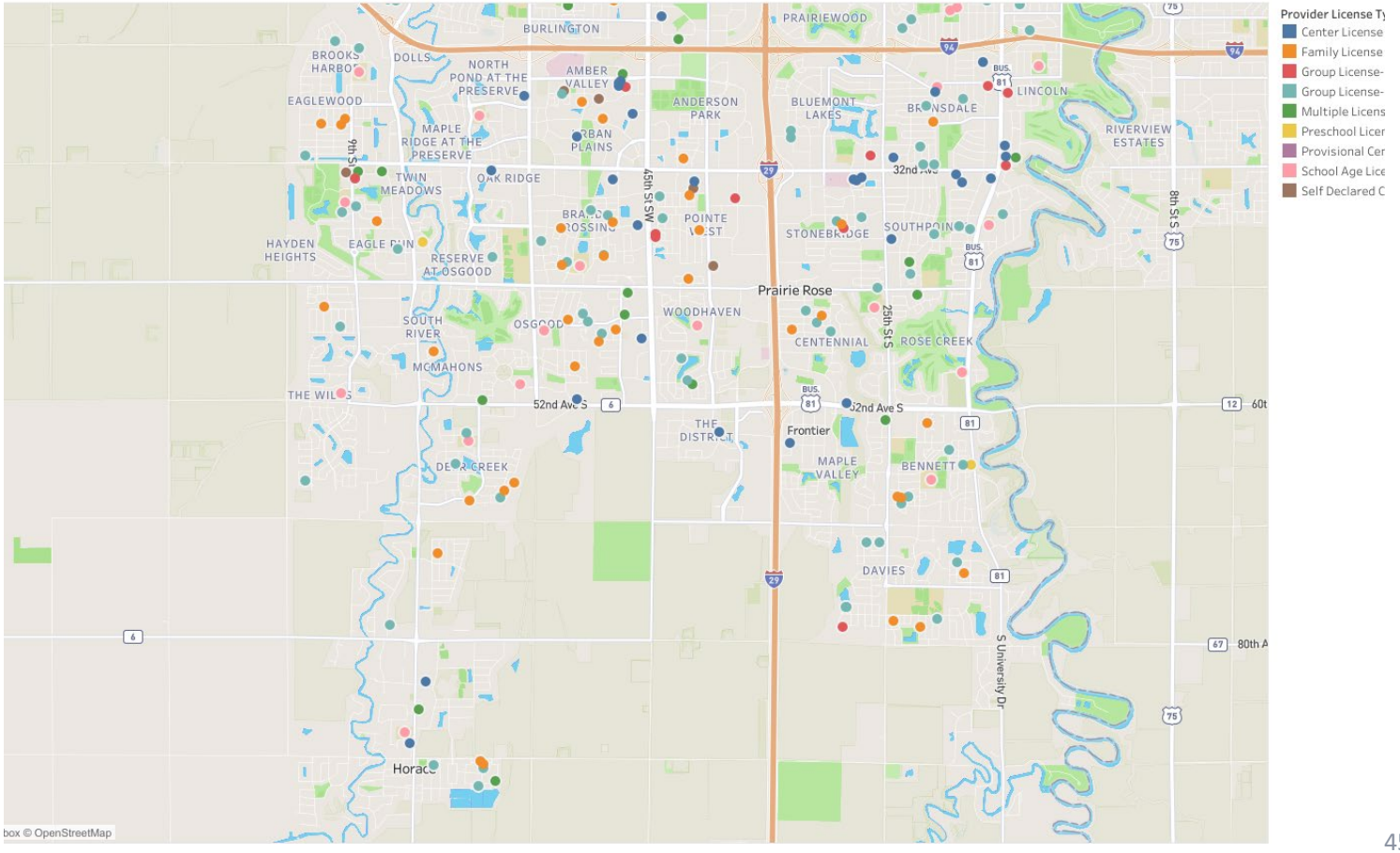
Key Indicator: Child Care Access | Spatial

Availability

Licensed Child Care Providers – Fargo West Fargo South metro



Note: Fargo West Fargo map split between north and south metro to offer a comparable geographic scale for comparison with other community maps (approx. 6 miles north/south by 10 miles east/west)

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Availability

Key Indicator: Child Care Availability | Spatial

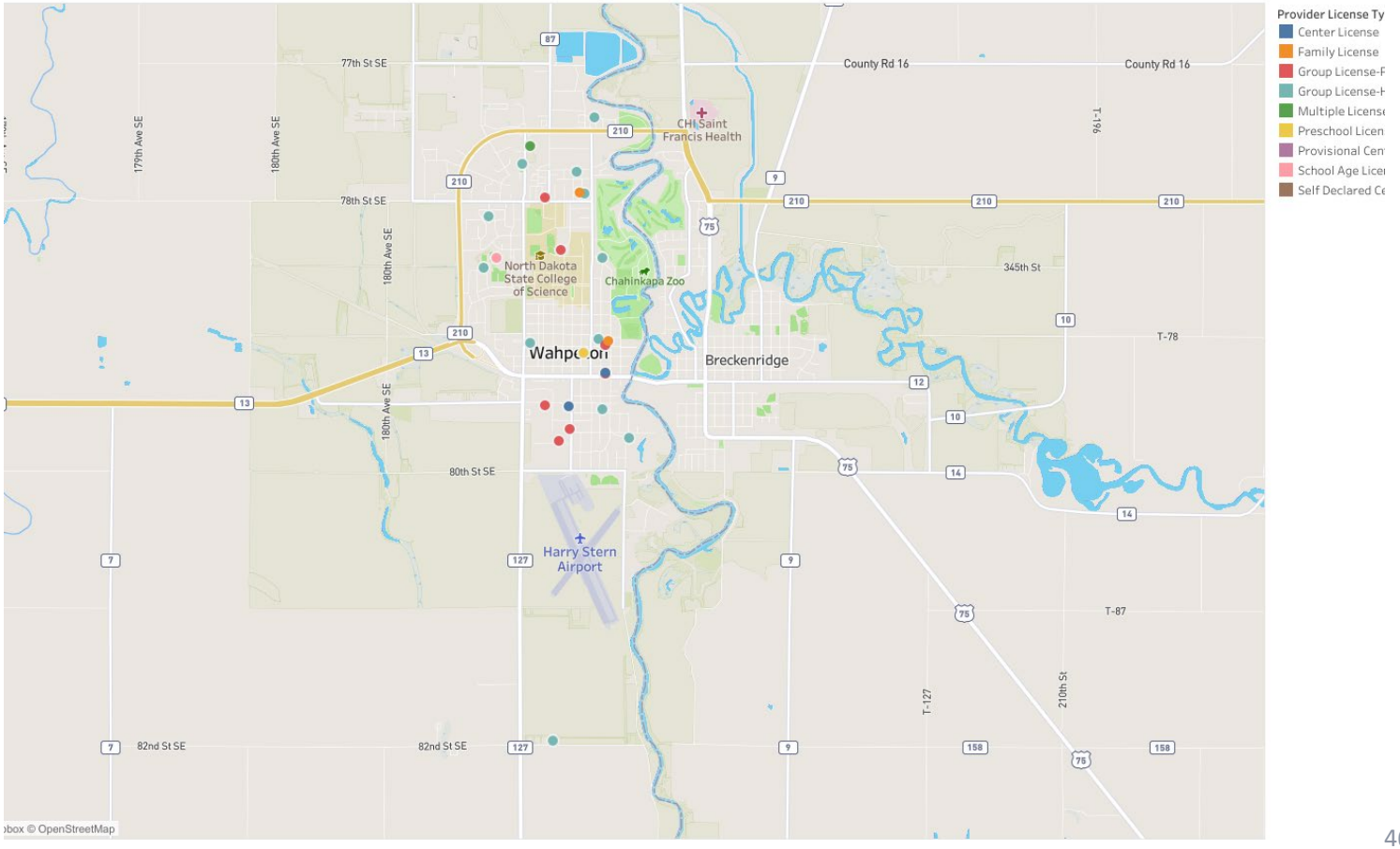
Licensed Child Care Providers – Wahpeton

29 Licensed Providers (Sept 2024)

723 Licensed Capacity (Sept 2024)

344 Children 0-5 (2022)
4.3% of total pop

7,994 Population (2022)



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Availability

Key Indicator: Child Care Availability | Spatial

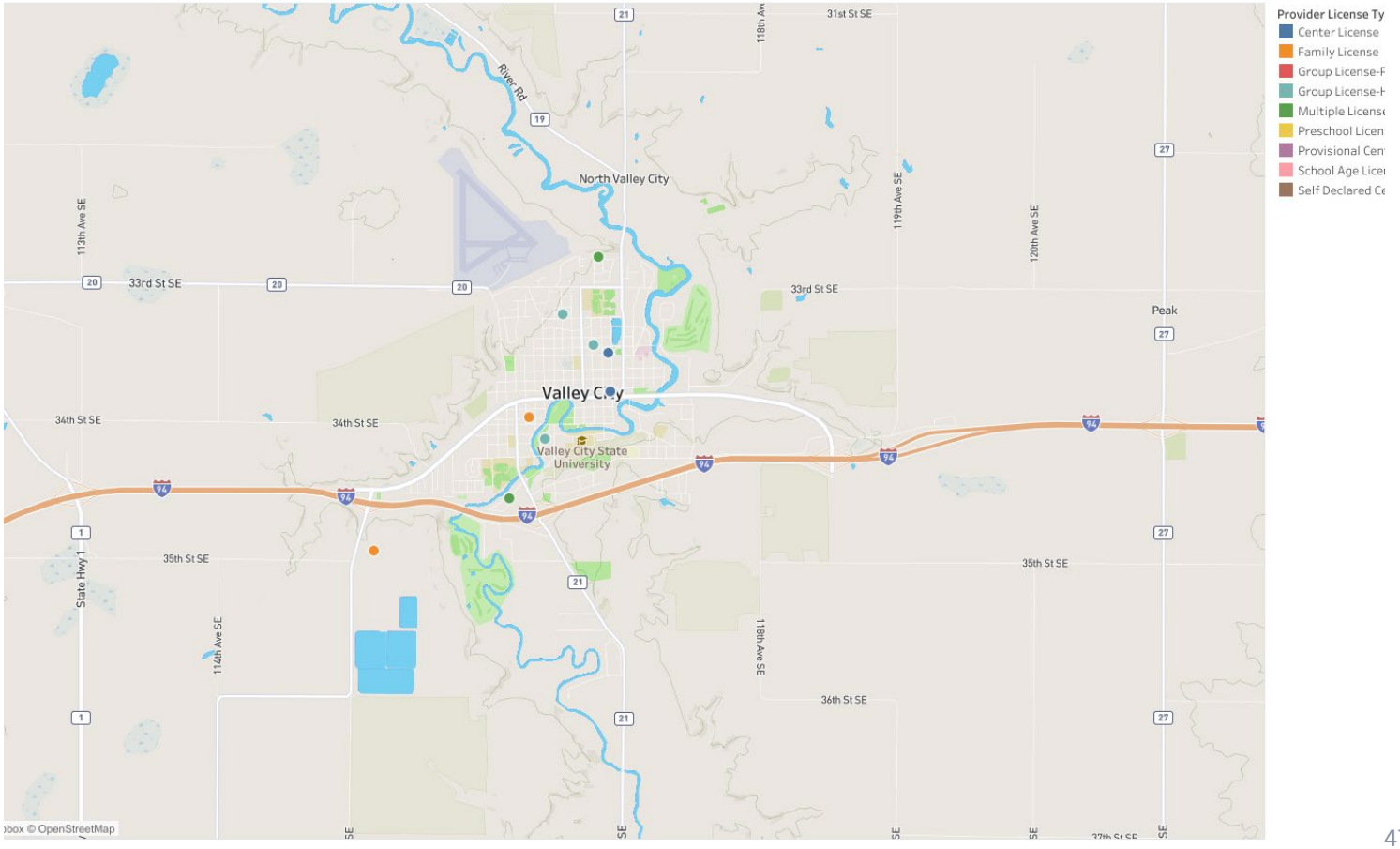
Licensed Child Care Providers – Valley City

10 Licensed Providers
(Sept 2024)

475 Licensed Capacity
(Sept 2024)

336 Children 0-5 (2022)
5.1% of total pop

6,551 Population (2022)



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Availability

Key Indicator: Child Care Availability | Spatial

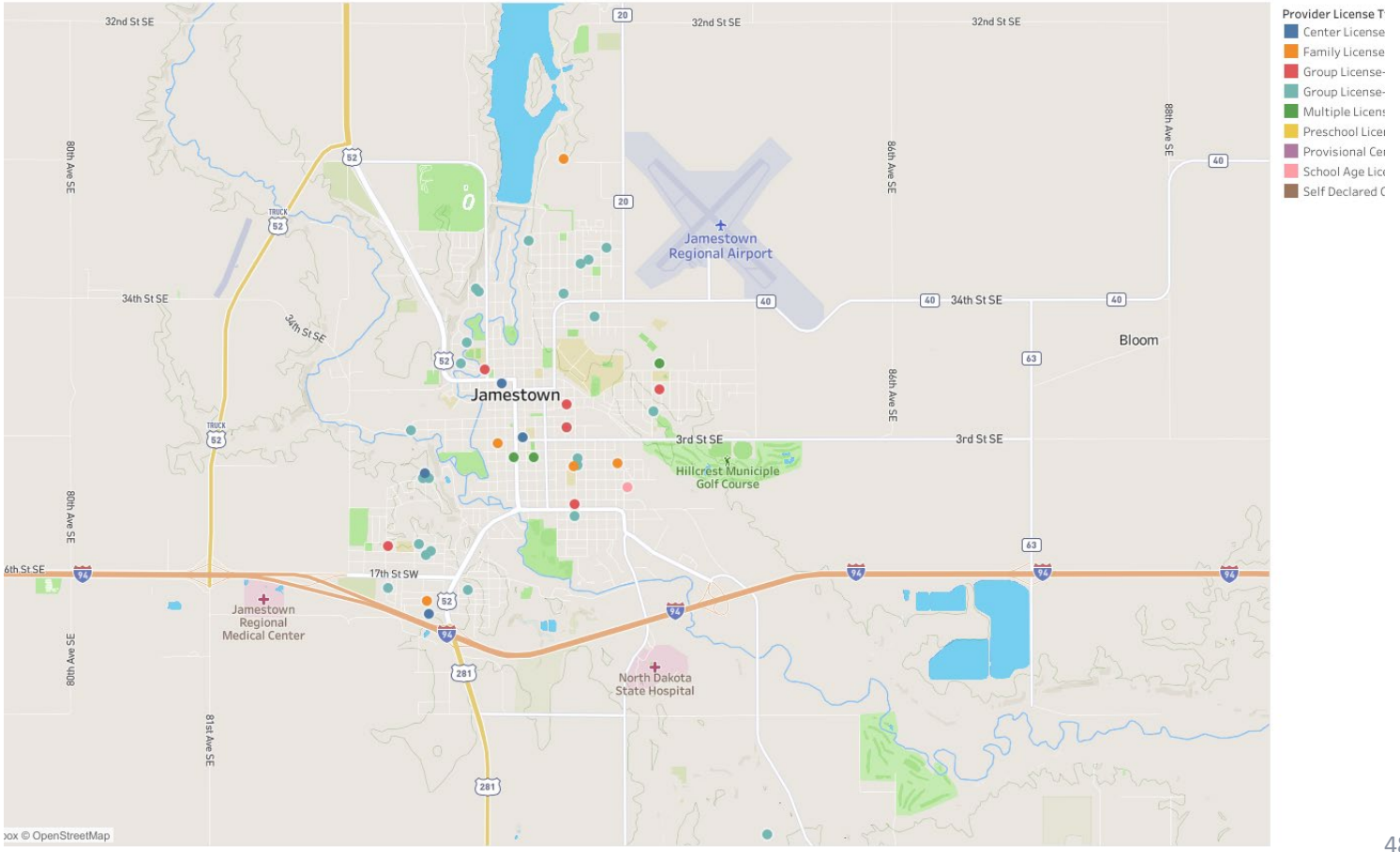
Licensed Child Care Providers – Jamestown

43 Licensed Providers
(Sept 2024)

971 Licensed Capacity
(Sept 2024)

842 Children 0-5 (2022)
5.4% of total pop

15,651 Population (2022)



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Affordability

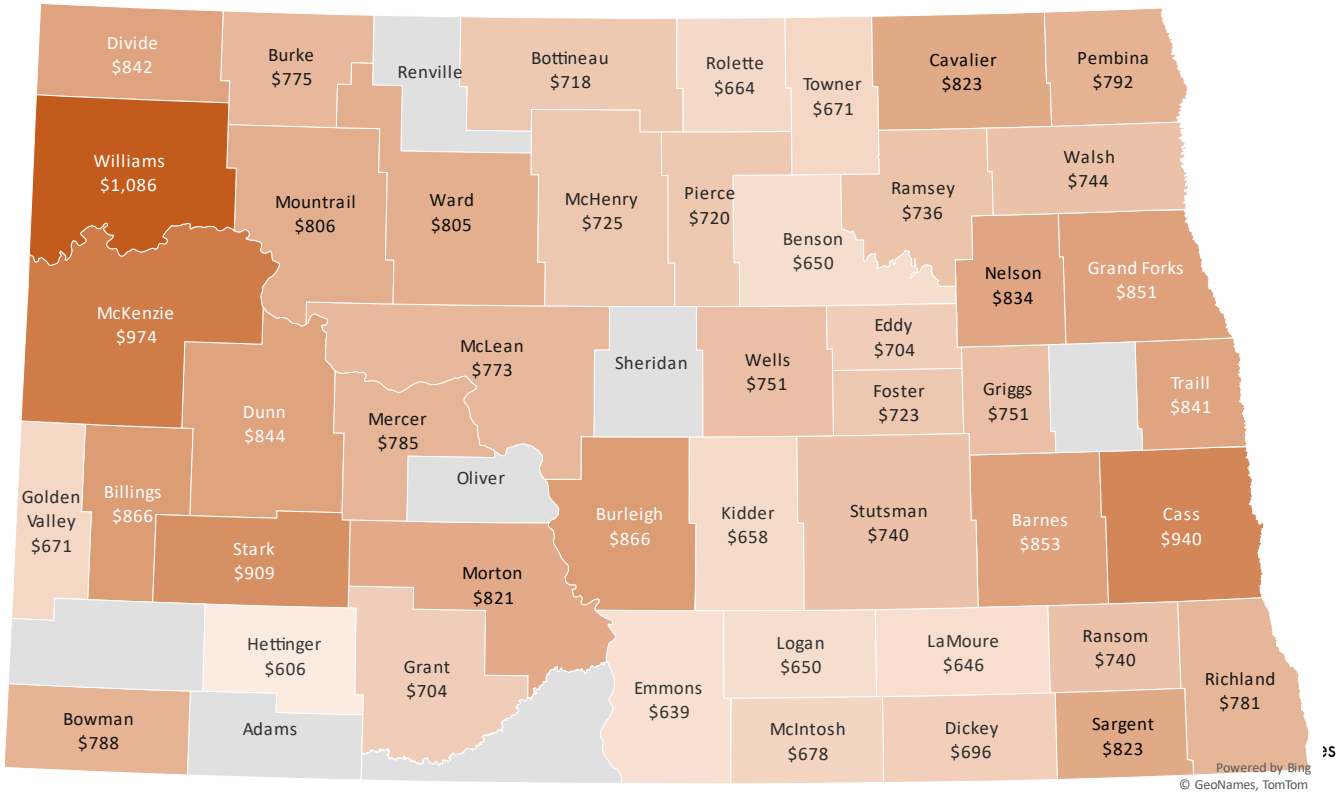
Child care is one of the largest monthly costs for families with young children

WHAT DOES CHILD CARE COST?

Age 0-17 months	Age 18-35 months
Center-based	*Center-based*
$606 - $1,835	$606 - $1,675
Avg: $1,065	**Avg: $1,015**
Family/Group-based	*Family/Group-based*
$520 - $1,410	$599 - $1,300
Avg: $802	**Avg: $791**

Source: Oct 2024 Child Care Market Study conducted for ND Child Care Assistance Program

2024 Average monthly cost of licensed child care for infants (0\17 mo) - All license types



Most all households earning less than 150% of state median income (SMI) will struggle with costs of child care

Affordability

	Families potentially eligible for CCAP						CCAP to WPCCR Jul 2025		WPCCR			
	30% SMI		60% SMI		75% SMI		85% SMI		100% SMI		150% SMI	
Household Size	Annual Income	Hourly Wage	Annual Income	Hourly Wage	Annual Income	Hourly Wage	Annual Income	Hourly Wage	Annual Income	Hourly Wage	Annual Income	Hourly Wage
2	$ 23,359	$11.23	$ 46,717	$22.46	$ 58,397	$28.08	$ 66,183	$ 31.82	$ 77,862	$37.43	$ 116,793	$ 56.15
3	$ 28,855	$13.87	$ 57,710	$27.74	$ 72,137	$34.68	$ 81,755	$ 39.31	$ 96,183	$46.24	$ 144,274	$ 69.36
4	$ 34,351	$16.51	$ 68,702	$33.03	$ 85,877	$41.29	$ 97,328	$ 46.79	$ 114,503	$55.05	$ 171,755	$ 82.57
5	$ 39,847	$19.16	$ 79,694	$38.31	$ 99,618	$47.89	$ 112,900	$ 54.28	$ 132,823	$63.86	$ 199,235	$ 95.79
6	$ 45,343	$21.80	$ 90,686	$43.60	$ 113,358	$54.50	$ 128,472	$ 61.77	$ 151,144	$72.67	$ 226,716	$ 109.00
7	$ 46,374	$22.30	$ 92,747	$44.59	$ 115,934	$55.74	$ 131,392	$ 63.17	$ 154,579	$74.32	$ 231,869	$ 111.48
8	$ 47,404	$22.79	$ 94,808	$45.58	$ 118,511	$56.98	$ 134,312	$ 64.57	$ 158,014	$75.97	$ 237,021	$ 113.95
9	$ 48,435	$23.29	$ 96,870	$46.57	$ 121,087	$58.21	$ 137,232	$ 65.98	$ 161,449	$77.62	$ 242,174	$ 116.43
10	$ 49,465	$23.78	$ 98,931	$47.56	$ 123,663	$59.45	$ 140,152	$ 67.38	$ 164,884	$79.27	$ 247,326	$ 118.91
Family Co-Pay	*$0*		*7% of HH inc*		*7% of HH inc*		*7% of HH inc*		*Costs >WPCCR stipend*		*Costs >WPCCR stipend*	

2023-24 State Median Income (SMI); Hourly wage is calculated assuming 2,080 hours worked per year per annual income range noted

Multiple wage earners could combine earnings to attain the noted household (HH) income / hourly wage.

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When is child care affordable?

Average monthly cost of infant and toddler care in a Child Care Center compared to household affordability (shown as 7% and 15% of before-tax household income)

2021



1 child (9-month-old)

Center-based avg		*Household income needed?*	= *combined hourly wage of*
$838	→	**@7%... $143,600**	**$69/hr**
		@15%... *$67,040*	*$32/hr*



1 child (3-year-old)

Center-based avg		*Household income needed?*	= *combined hourly wage of*
$726	→	**@7%... $124,400**	**$60/hr**
		@15%... *$58,080*	*$28/hr*



2 children (1-year-old and 4-year old)

Center-based avg		*Household income needed?*	= *combined hourly wage of*
$1,564	→	**@7%... $268,100**	**$129/hr**
		@15%... *$125,120*	*$60/hr*

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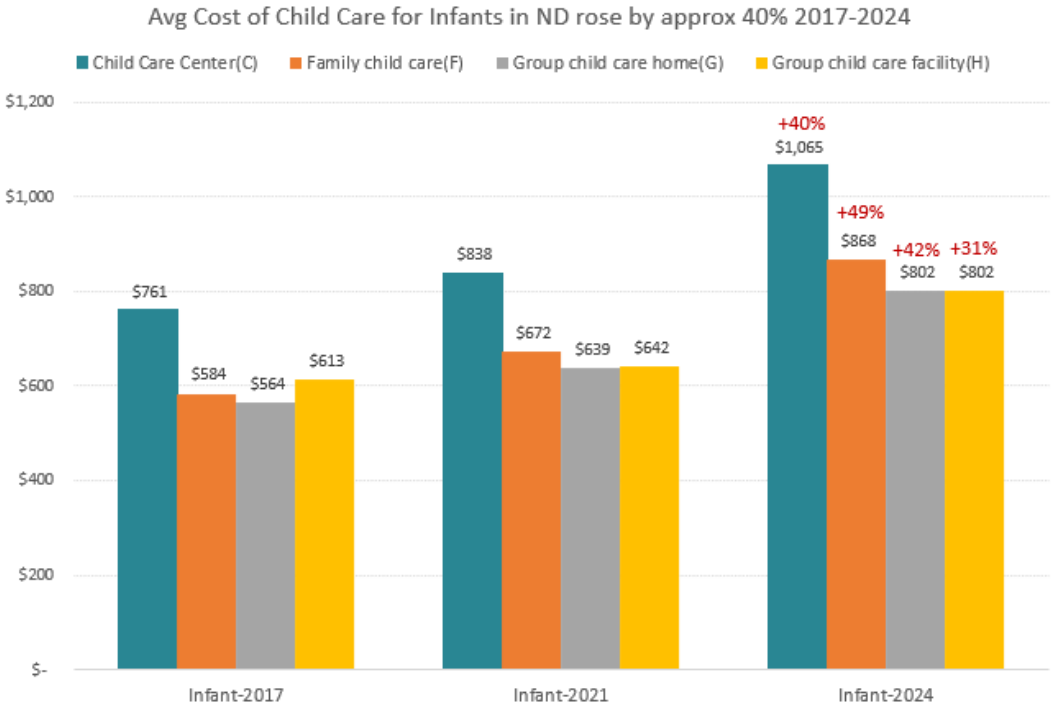
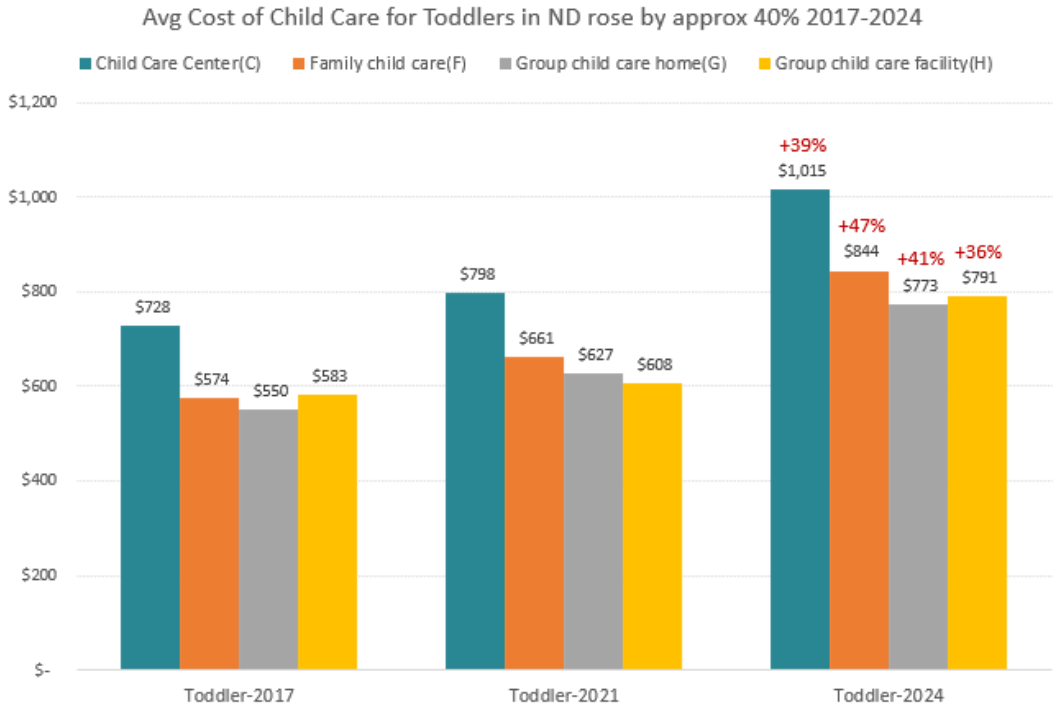
Affordability

Key Indicator: Child Care Access: Cost of Care

Average Cost of Child Care by Type of Provider

Average Infant and Toddler rates for 4 provider types as per triennial market rate survey





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When is child care affordable?

Average monthly cost of infant and toddler care in a Child Care Center compared to household affordability (shown as 7% and 15% of before-tax household income)

2024



1 child (9-month-old)

Center-based avg		*Household income needed?*		= *combined hourly wage of*
$1,082	→	**@7%...**	**$185,400**	**$89/hr**
		@15%...	*$86,560*	*$41/hr*



1 child (3-year-old)

Center-based avg		*Household income needed?*		= *combined hourly wage of*
$1,015	→	**@7%...**	**$174,000**	**$83/hr**
		@15%...	*$81,200*	*$39/hr*



2 children (1-year-old and 4-year old)

Center-based avg		*Household income needed?*		= *combined hourly wage of*
$2,097	→	**@7%...**	**$359,400**	**$172/hr**
		@15%...	*$167,760*	*$80/hr*

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Comparing the cost of child care to the cost of tuition/fees at a 4 year university in the NDUS

Affordability

ND HHS Child Care Market Study Oct 2024 | NDUS Tuition/Fee Schedules 2024-25 academic year



	Annual cost of child care (all license types)
Age 0-1	$10,368
Age 1-2	$10,368
Age 2-3	$10,028
Age 3-4	$9,521
TOTAL	**$40,285**



	Annual cost of tuition/fees (NDUS 4 yr institutions)
Freshman	$8,829
Sophomore	$8,829
Junior	$8,829
Senior	$8,829
TOTAL	**$35,318**

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Child care Affordability | Utilization

Measure:

Utilization of Child Care Assistance

Working families are accessing child care assistance to help offset child care costs

↑ Affordability

Child Care Assistance| Working parent child care relief | Child Care Workforce Benefit| Foster care/kin care



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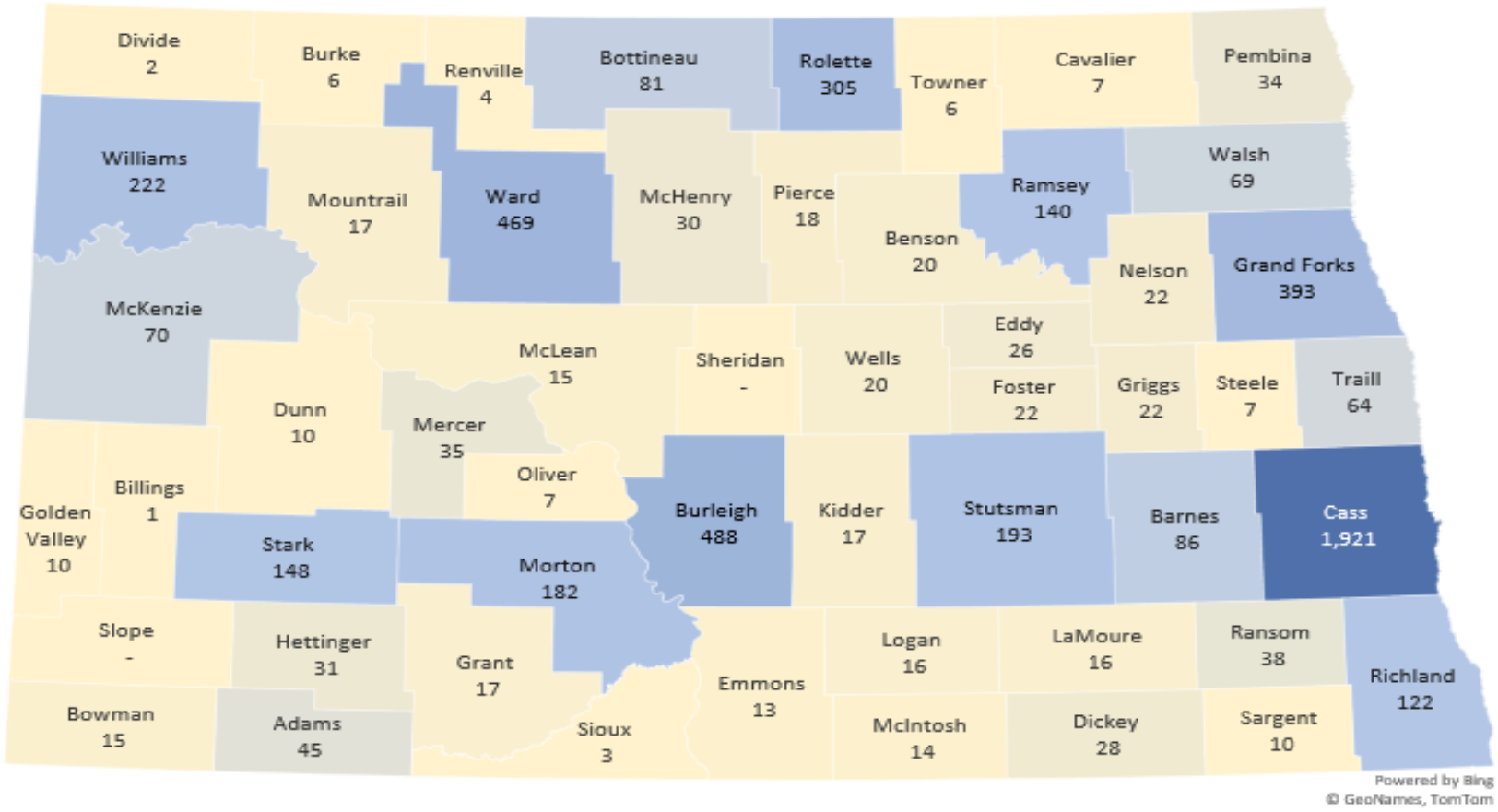
Key Indicator: Child Care Affordability | CCAP Utilization

Child Care Assistance by County

Monthly average number of children benefitting from CCAP Jan 24 – Dec 24

5,556

Average number of children benefitting from CCAP each month



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Affordability

Key Indicator: Child Care Affordability | CCAP Utilization

Child Care Assistance by Month

Number of children benefitting from CCAP by age by month | July 2023 - December 2024

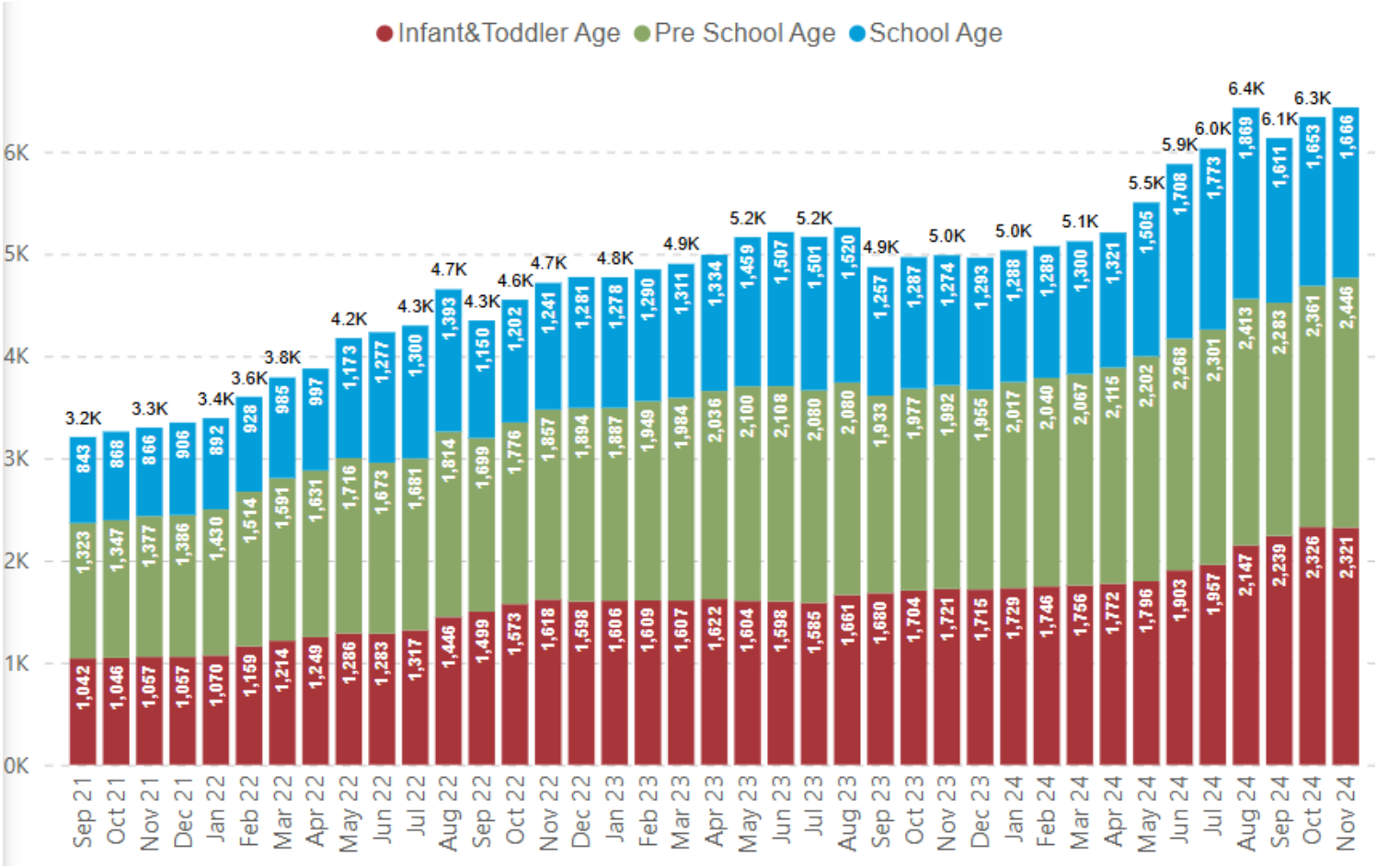
5,760

Average # of children benefitting from child care assistance each month

3,545

Average # of families receiving help with child care costs each month

Source: hhs.nd.gov/data, Child Care Assistance dashboard. 12-mo average Nov 23 – Nov 24



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Affordability

Key Indicator: Child Care Affordability | CCAP Providers

Child Care Assistance by Type of Providers

July 2023 - December 2024

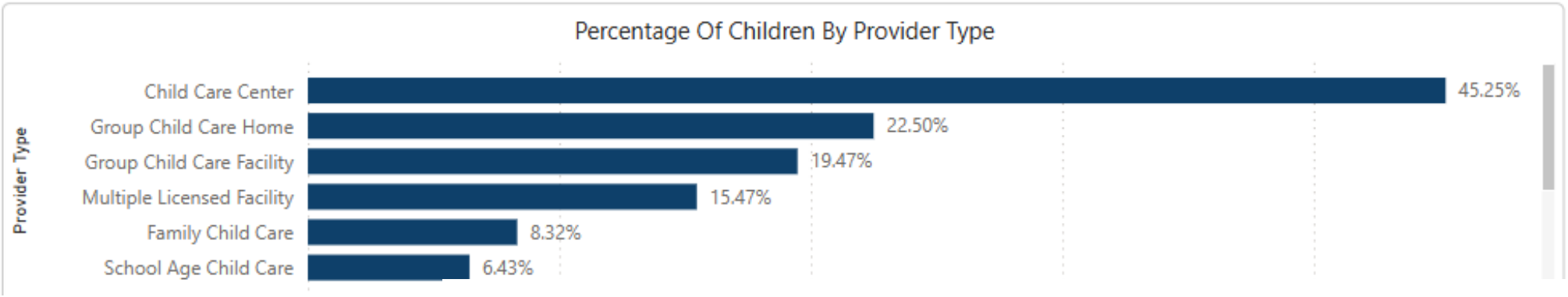
Number Of Families	Number Of Children	Total Providers	Total Issuance Amount
6,058	10,080	1,147	$72.82M

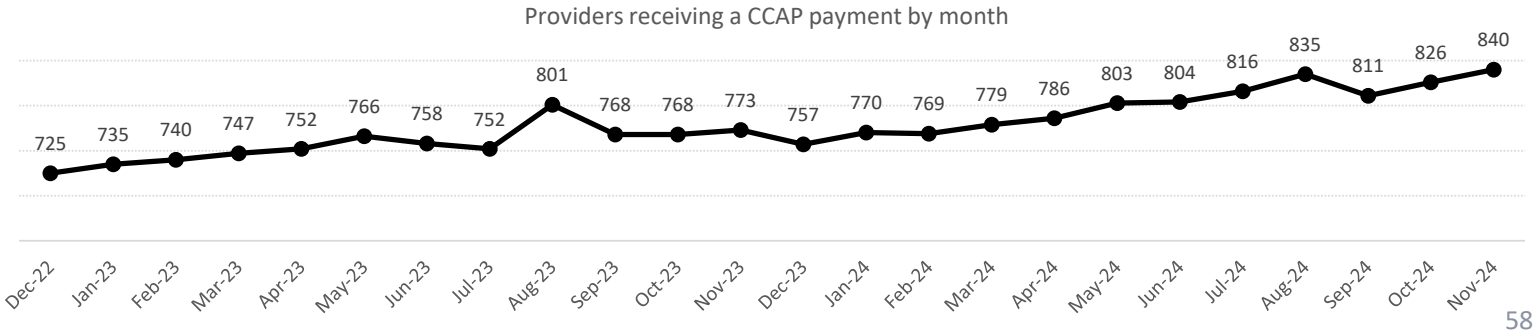
Reporting Range

Custom

Custom

7/1/2023 — 12/31/2024





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Affordability

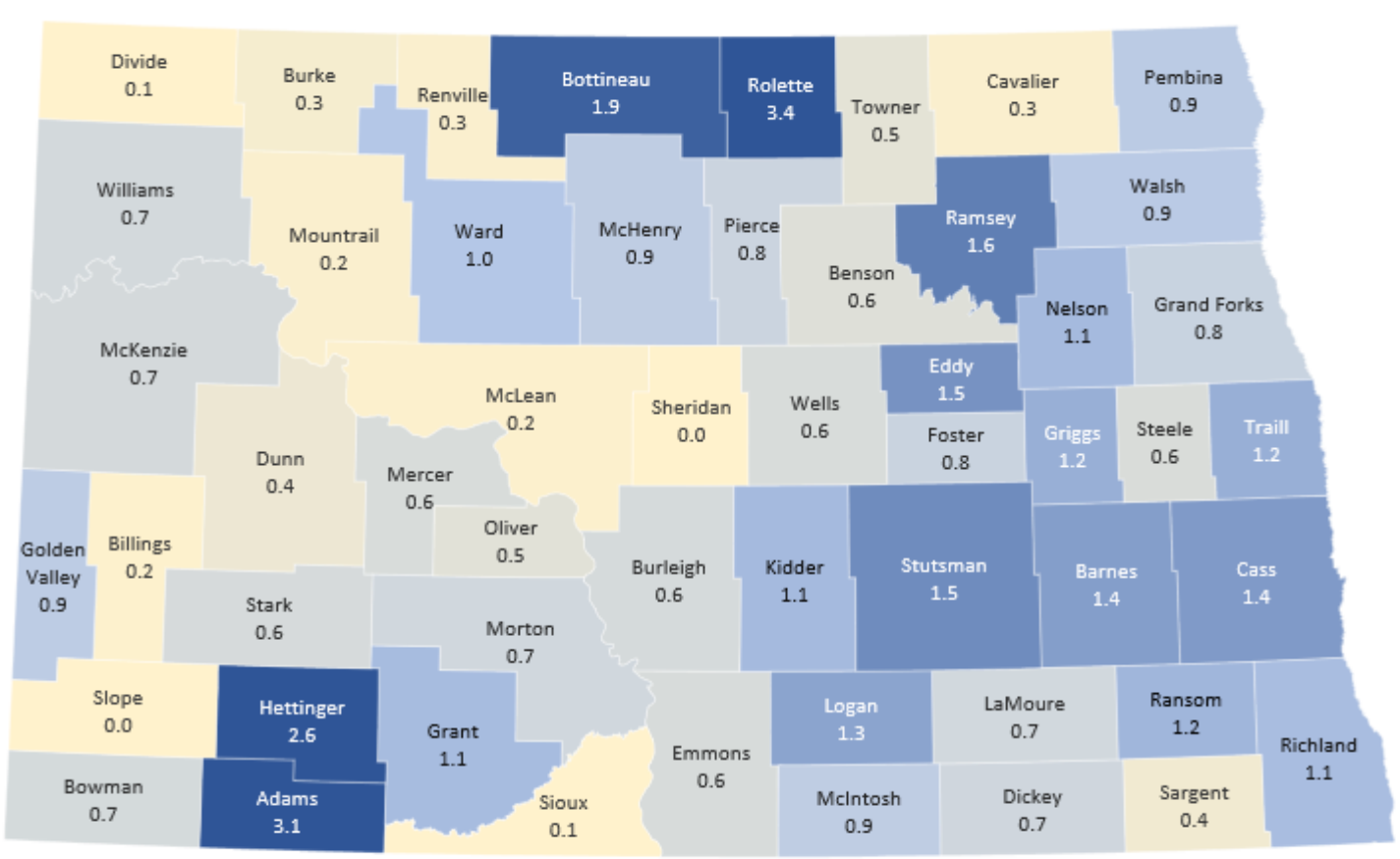
Key Indicator: Child Care Affordability | CCAP Utilization

Child Care Assistance as a proportion of population

of children benefitting from CCAP (age 0-12) compared to # of children likely to need CC (all parents in LF) *[2024 analysis]*

Is the rate of utilization what we would expect, based on total # of children age 0-13 with all parents in workforce?

1.0 = yes



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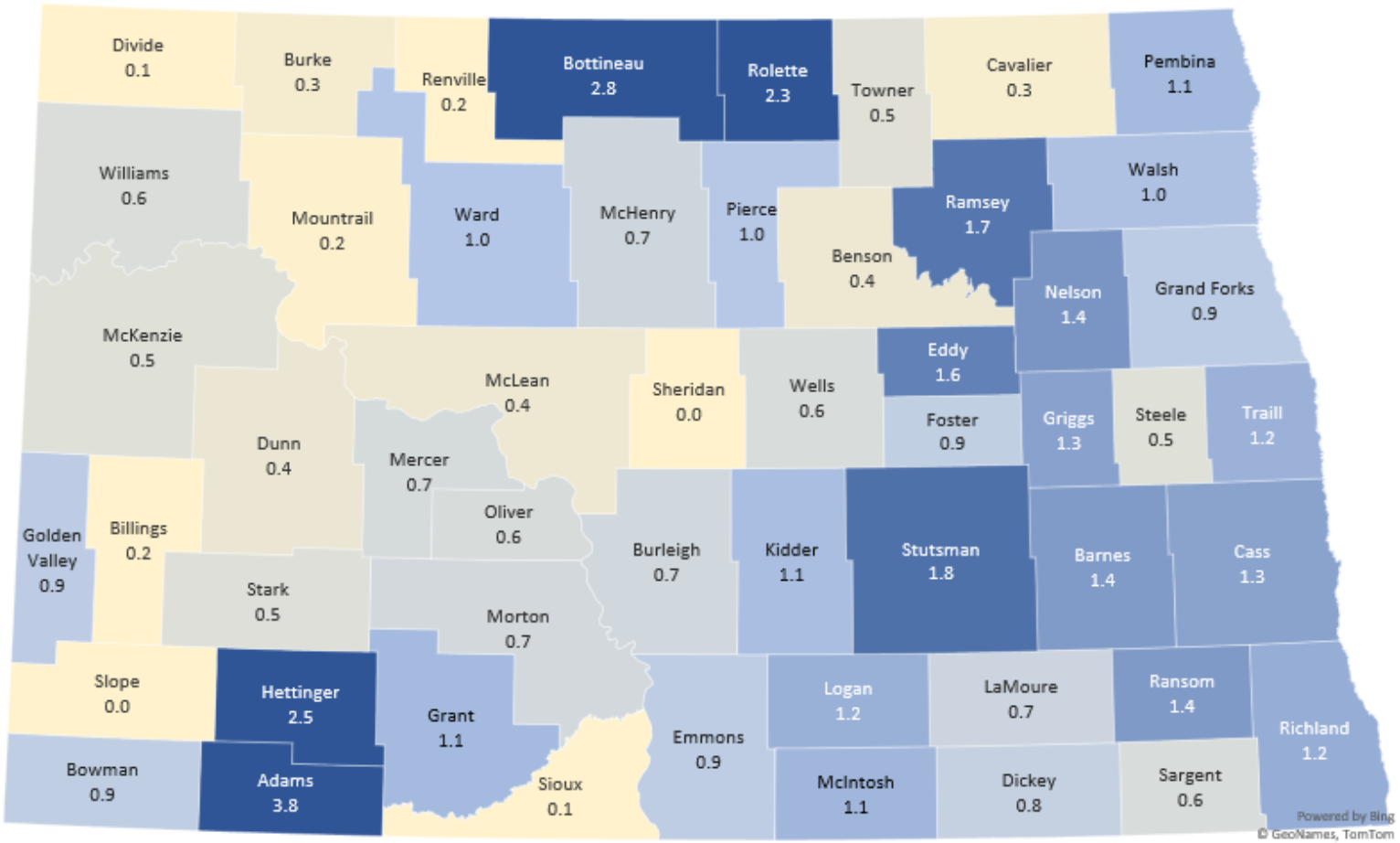
Key Indicator: Child Care Affordability | CCAP Utilization

Child Care Assistance as a proportion of population

of children benefitting from CCAP (age 0-12) compared to # likely to need CC (all parents in LF), **adjusting for income** *[2024 analysis]*

Is the rate of utilization what we would expect, based on total # of children age 0-13 with all parents in workforce, *adjusting for household income <80% AMI*?

1.0 = yes



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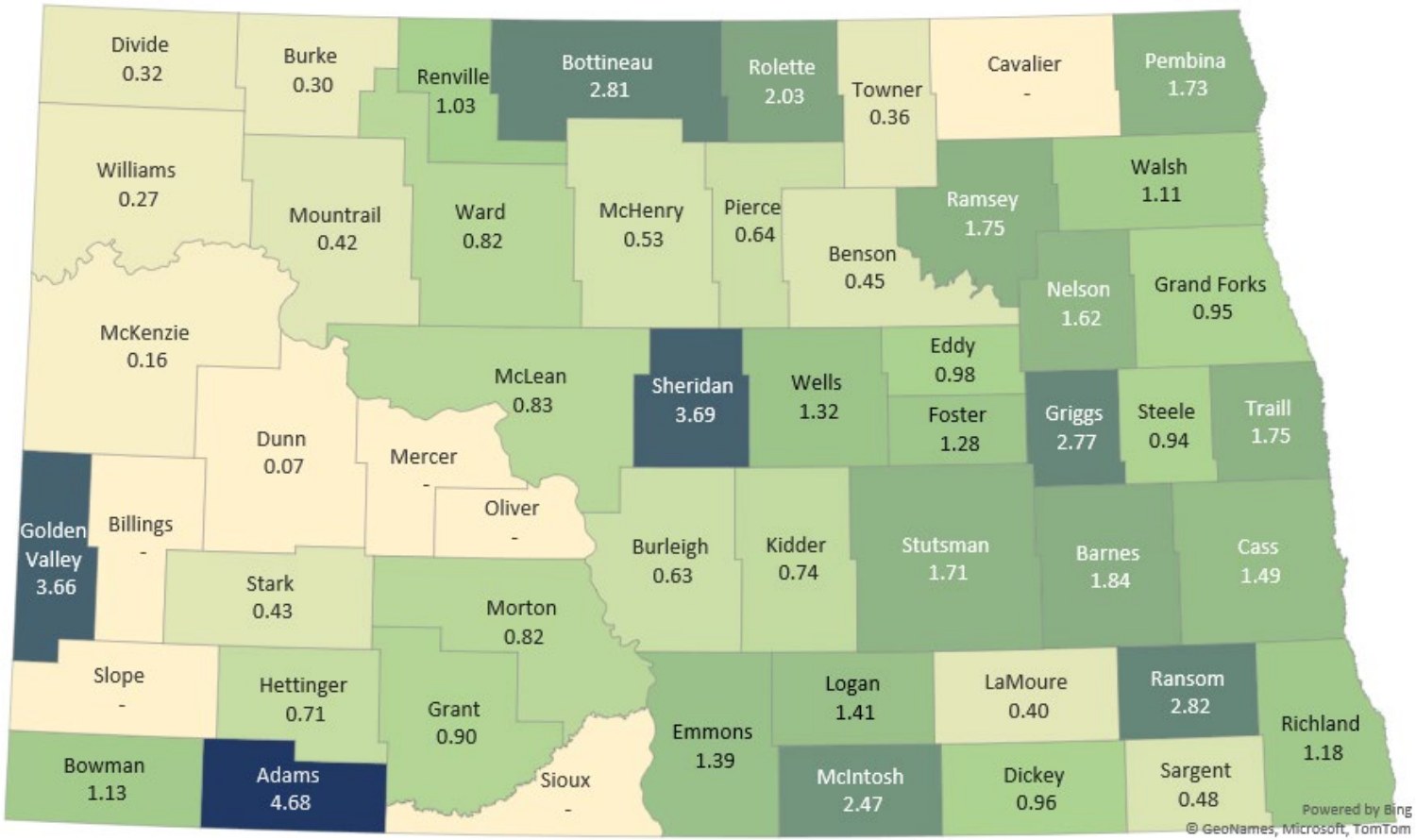
Key Indicator: Child Care Affordability | CCAP Utilization

Child Care Assistance as a proportion of population

of children benefitting from CCAP **(0-5)** compared to # likely to need CC (all parents in LF), **adjusting for income** ***[2020-21 analysis]***



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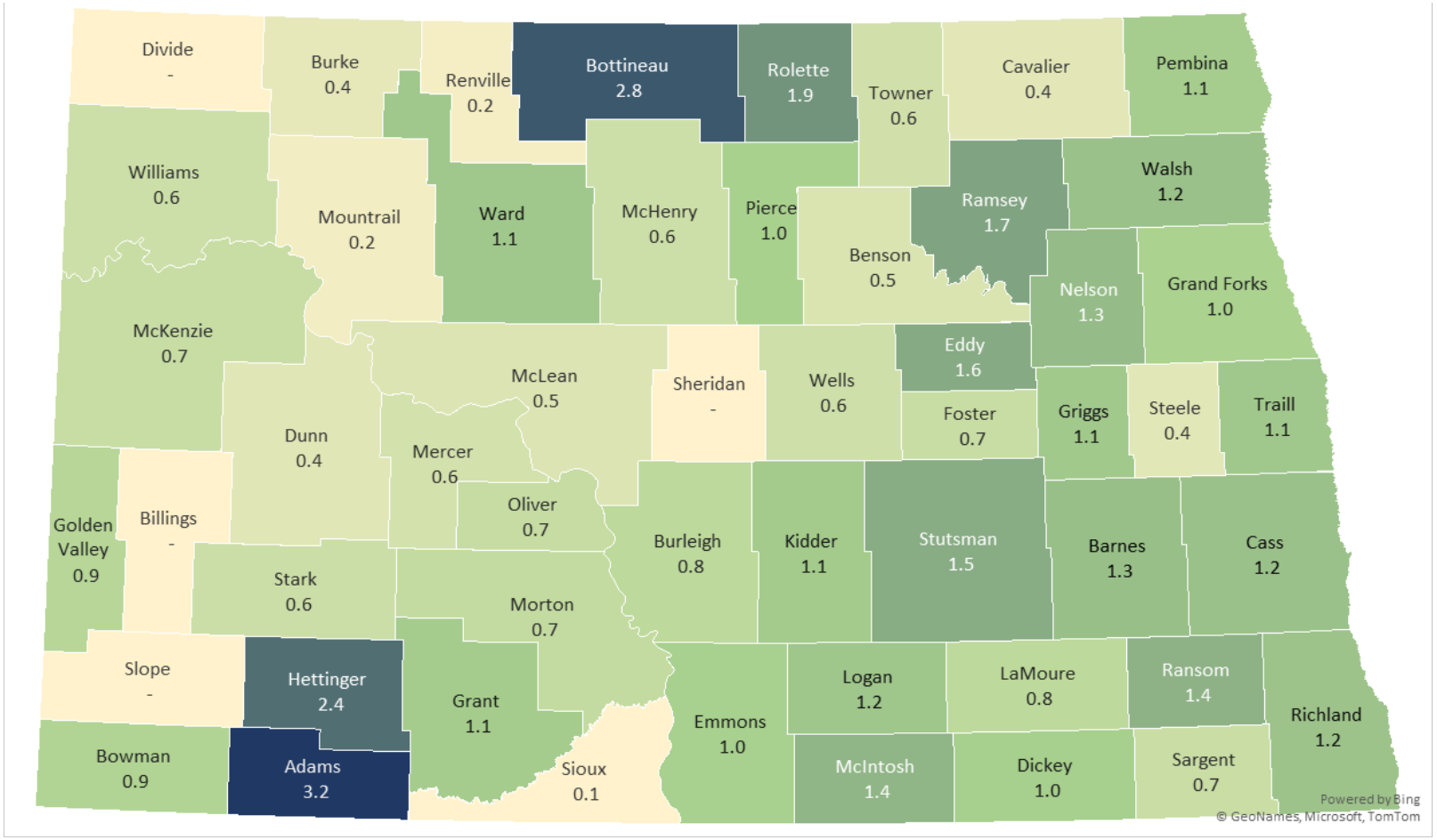
Key Indicator: Child Care Affordability | CCAP Utilization

Child Care Assistance as a proportion of population

of children benefitting from CCAP **(0-5)** compared to # likely to need CC (all parents in LF), **adjusting for income** ***[2024 analysis]***



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Affordability

Estimating demand

Approximately 30% of ND children younger than age 5 likely need and are eligible for child care assistance

All kids ages 0-5
64,724

74% of kids have all parents in labor force (64,724 x 74%) 47,896	&	**30% likely to have informal child care arrangements** (47,896 x 30%) 14,369	=	**50% of all kids ages 0-5 likely to need child care of some kind** (47,896 – 14,369) 33,527

57% of kids ages 0-5 are likely eligible for CCAP per state rules
(33,527 x 57%)
19,110



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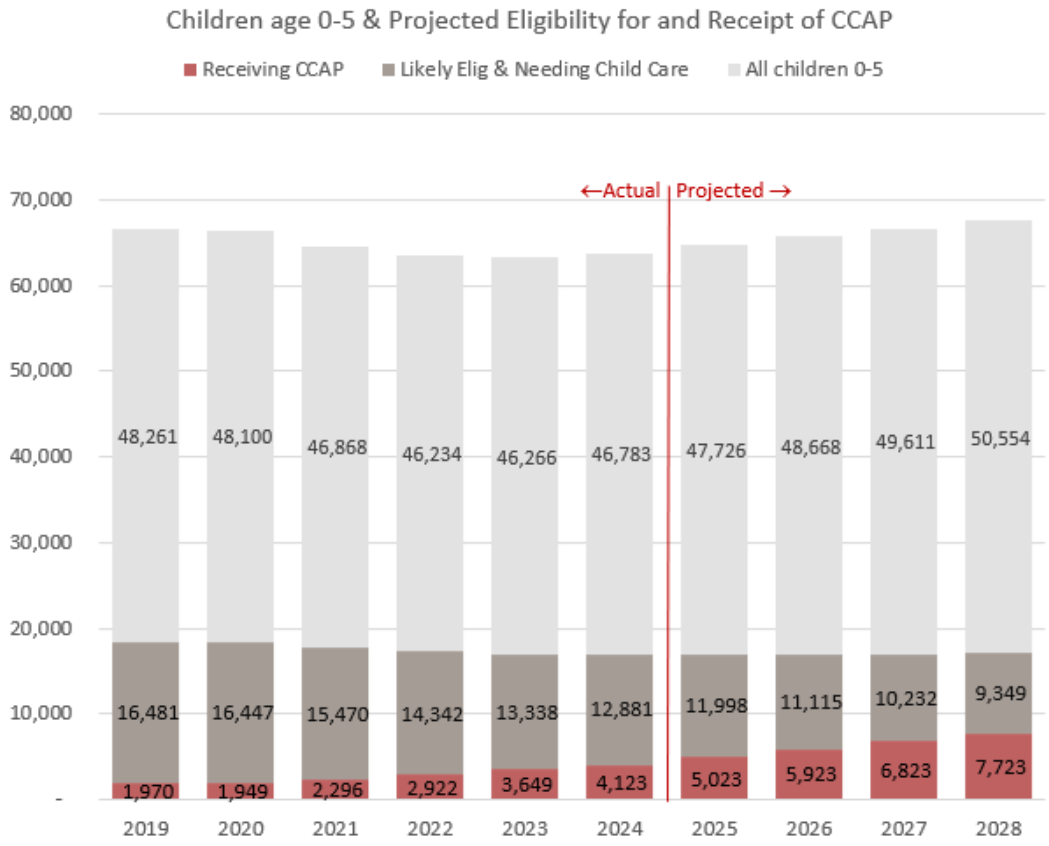
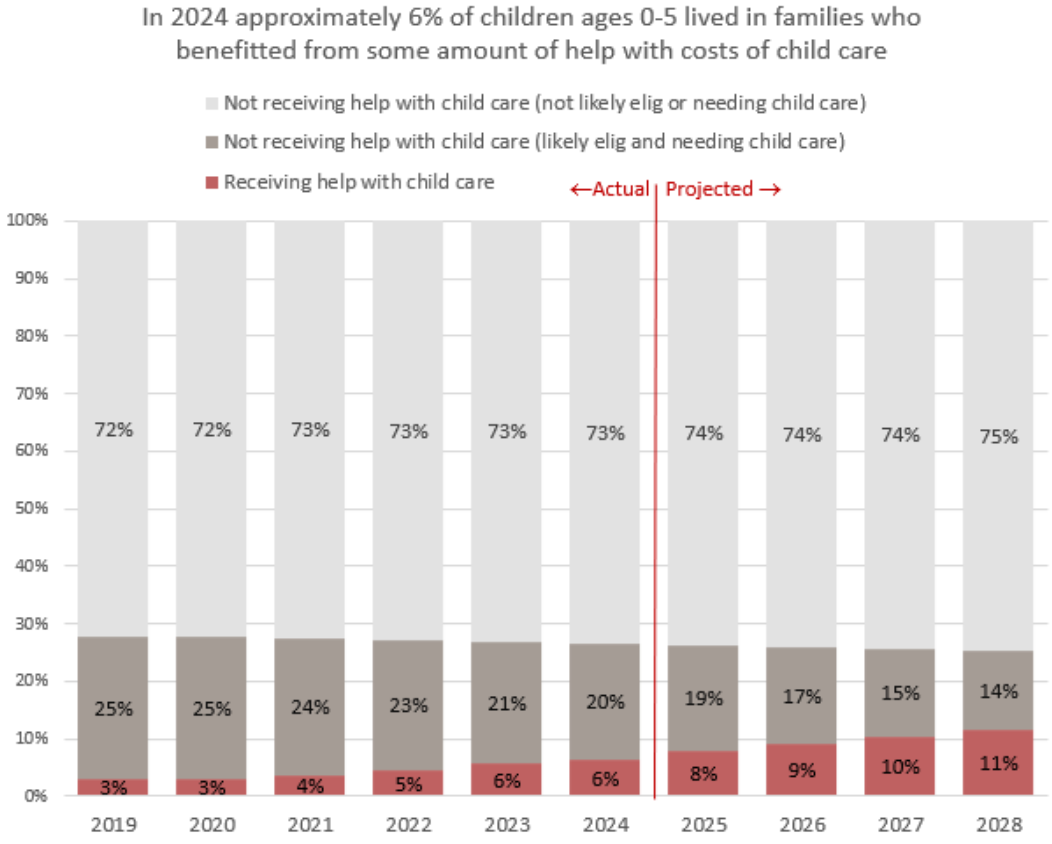
Estimating Demand

In 2024 approximately 6% of children ages 0-5 lived in families who benefitted from some amount of help with costs of child care

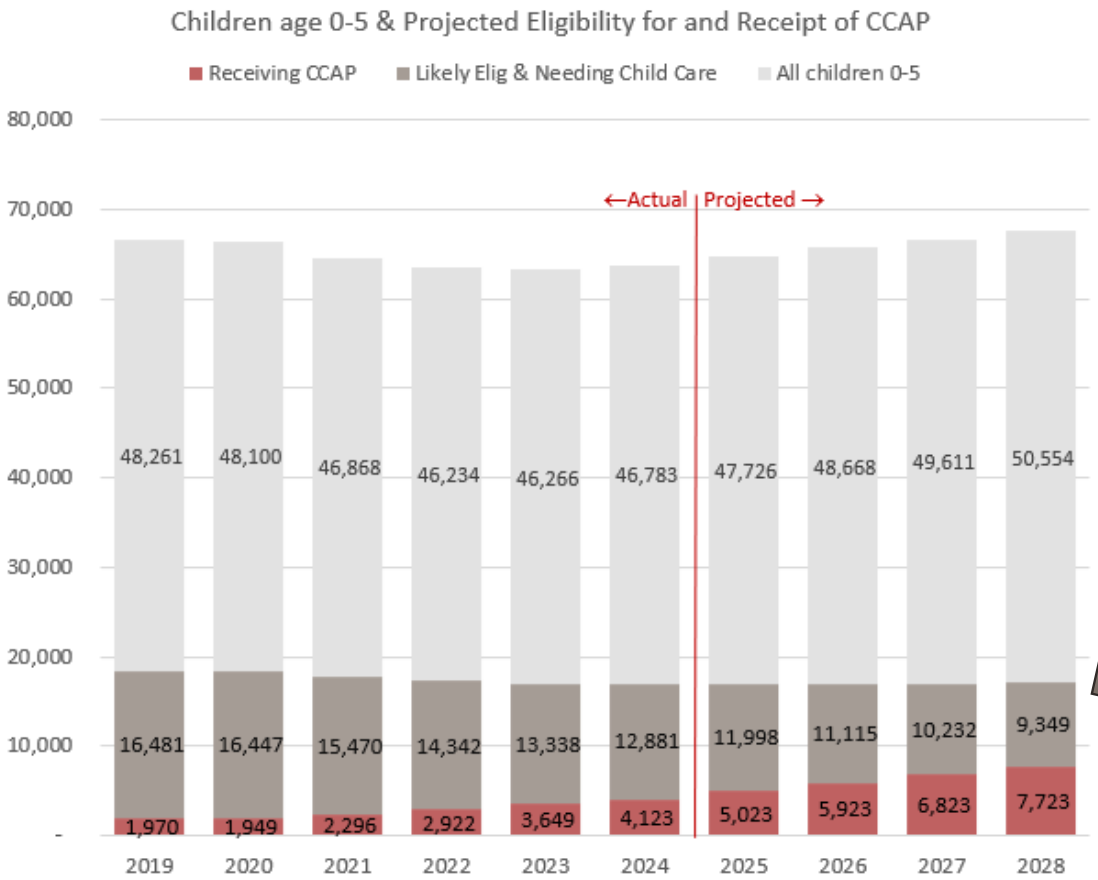
Affordability





Estimating Demand

Since 2021 the number of potentially eligible families receiving assistance with child care costs has doubled



Children 0-5 potentially eligible and likely to need child care but not receiving CCAP

- What % of eligible children should be benefitting from CCAP?
- Does the goal vary by age (i.e., 0-3, 0-5, 0-11)?
- What % of needs should we assume are met with alternatives to licensed care? (i.e., care not eligible for CCAP)

ND HHS analysis based on U.S. Census data (ND Kids Count Population by single year of age) and CCAP utilization data (SPACES data warehouse

Assumptions:

- 0.1% - Population change 0-5 per year
- 50% - % of children age 0-5 likely to need some type of child care
- 57% - % of children 0-5 likely eligible for CCAP as per State program rules

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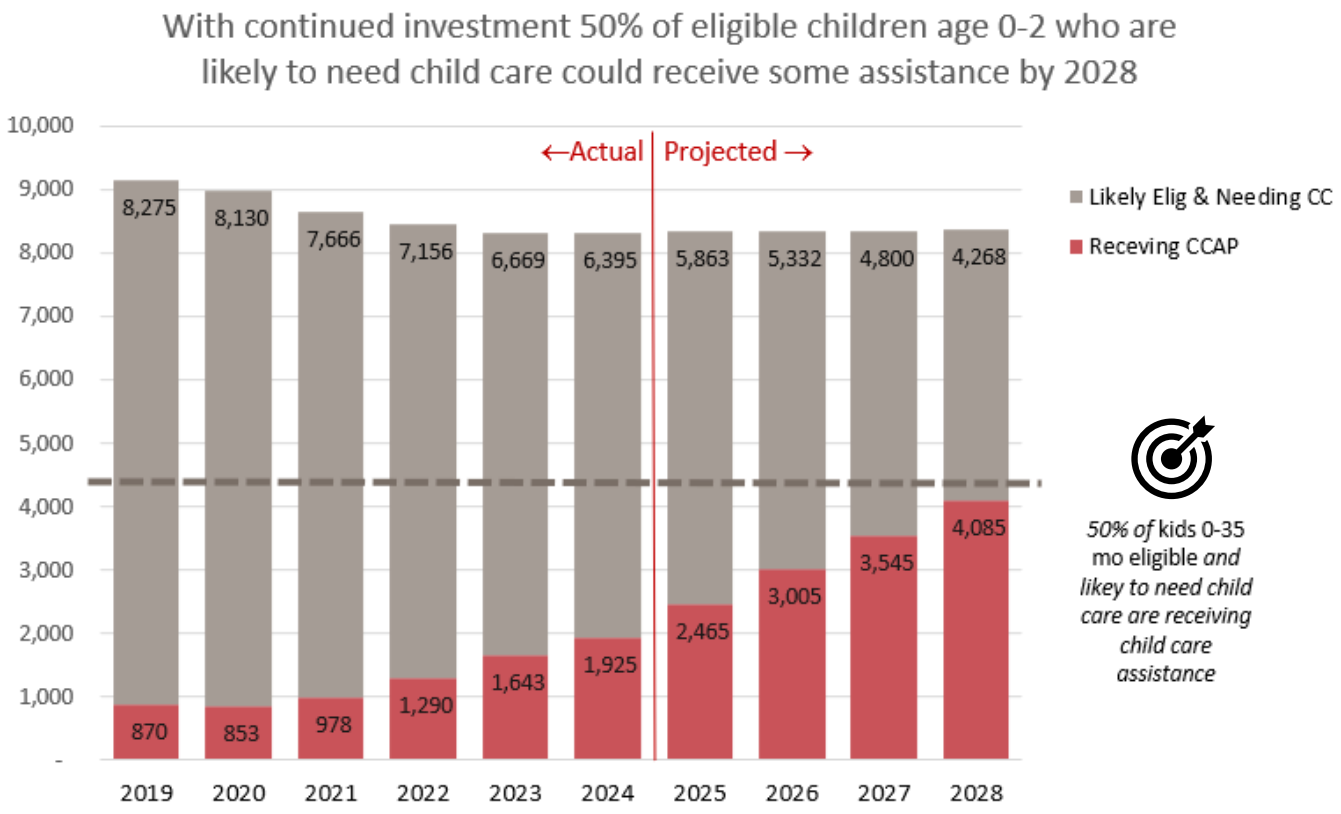
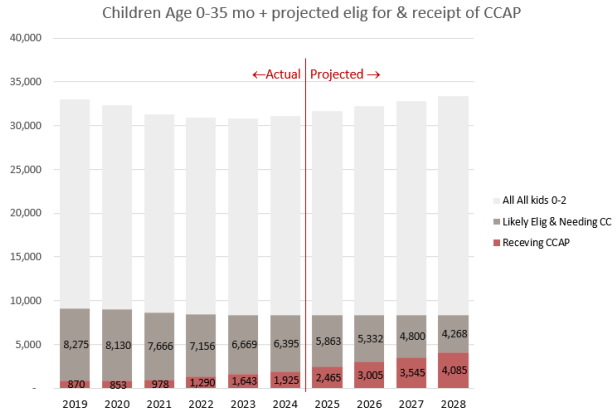
Affordability

Estimating Demand

A higher proportion of families with young children are accessing child care assistance



50% of kids 0-35 mo eligible *and likey to need child care are receiving child care assistance*



ND HHS analysis based on U.S. Census data (ND Kids Count: Population by single age) and Child Care Assistance Program utilization data (SPACES data warehouse)

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Child care Affordability | Co-pay

Measure:

Family share of child care costs

Working families are able to limit child care costs to 7% of their household income

Gross household income x 7% = Max out of pocket child care cost

↑ Affordability

Child Care Assistance| Working parent child care relief | Child Care Assistance for CC workforce | Foster care/kin care



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CCAP Co-Payments by State Median Income (SMI) and Household Size – July 2024

	0% -30% SMI	31% - 40% SMI		41% - 50% SMI		51% - 60% SMI		61%- 69% SMI		70% -75% SMI	
HH Size	Copay	Lowest Copay	Highest Copay	Lowest Copay	Highest Copay	Lowest Copay	Highest Copay	Lowest Copay	Highest Copay	Lowest Copay	Highest Copay
		2% of Income		2% of Income		2% of Income		4% of Income		6% of Income	
Average # families by SMI Jul-Dec 2024	**1,100**	**520**		**500**		**434**		**365**		**95**	
1	$0	$32	$41	$43	$51	$107	$124	$192	$215	$221	$234
2	$0	$42	$53	$56	$67	$140	$162	$251	$280	$289	$306
3	$0	$52	$66	$69	$83	$172	$200	$310	$346	$357	$377
4	$0	$62	$78	$82	$99	$205	$238	$369	$412	$425	$449
5	$0	$71	$90	$95	$114	$238	$276	$428	$478	$493	$521
6	$0	$81	$103	$108	$130	$271	$314	$488	$544	$561	$593
7	$0	$83	$105	$111	$133	$277	$321	$499	$557	$573	$607
8	$0	$85	$108	$113	$136	$283	$328	$510	$569	$586	$620

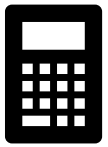
Income Eligibility Limits FFY2025

HHS Economic Assistance programs

TANF – 50% FPL
SNAP – 200% FPL
LIHEAP – 60% SMI
CCAP – 75% SMI

NOTE:
30% State Median Income (SMI) is roughly equivalent to 100% of the Federal Poverty Level (FPL)
60% State Median Income (SMI) is roughly equivalent to 250% of the Federal Poverty Level (FPL)

	TANF				SNAP		LIHEAP		CCAP			
Household Size	**50% FPL**		**100% FPL**		**200% FPL**		**60% SMI**		**75% SMI**		**85% SMI**	
	Monthly	**Hourly**	**Monthly**	**Hourly**	**Monthly**	**Hourly**	**Monthly**	**Hourly**	**Monthly**	**Hourly**	**Monthly**	**Hourly**
1	$ 628	$ 3.62	$ 1,255	$ 7.24	$ 2,510	$ 14.48	$ 2,977	$ 17.18	$ 3,722	$ 21.47	$ 4,218	$ 24.33
2	$ 852	$ 4.92	$ 1,704	$ 9.83	$ 3,408	$ 19.66	$ 3,893	$ 22.46	$ 4,867	$ 28.08	$ 5,516	$ 31.82
3	$ 1,076	$ 6.21	$ 2,152	$ 12.42	$ 4,304	$ 24.83	$ 4,809	$ 27.74	$ 6,011	$ 34.68	$ 6,813	$ 39.31
4	$ 1,300	$ 7.50	$ 2,600	$ 15.00	$ 5,200	$ 30.00	$ 5,725	$ 33.03	$ 7,157	$ 41.29	$ 8,111	$ 46.79
5	$ 1,525	$ 8.80	$ 3,049	$ 17.59	$ 6,098	$ 35.18	$ 6,641	$ 38.31	$ 8,302	$ 47.90	$ 9,409	$ 54.28
6	$ 1,749	$ 10.09	$ 3,497	$ 20.18	$ 6,994	$ 40.35	$ 7,557	$ 43.60	$ 9,446	$ 54.50	$ 10,706	$ 61.77
7	$ 1,973	$ 11.38	$ 3,945	$ 22.76	$ 7,890	$ 45.52	$ 7,729	$ 44.59	$ 9,662	$ 55.74	$ 10,950	$ 63.17
8	$ 2,197	$ 12.68	$ 4,394	$ 25.35	$ 8,788	$ 50.70	$ 7,900	$ 45.58	$ 9,876	$ 56.98	$ 11,193	$ 64.58



$377

Family of 3 with monthly income of $6,011 would have a CCAP co-pay of $377
If monthly cost of care = $1,082 (average center / infant)
Family pays $377; CCAP pays $705

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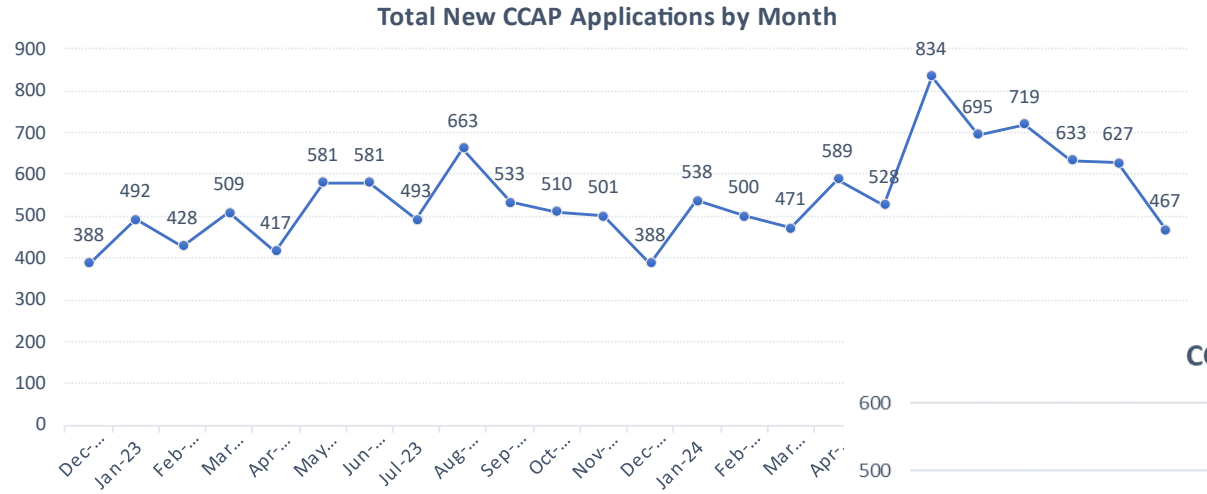
Affordability

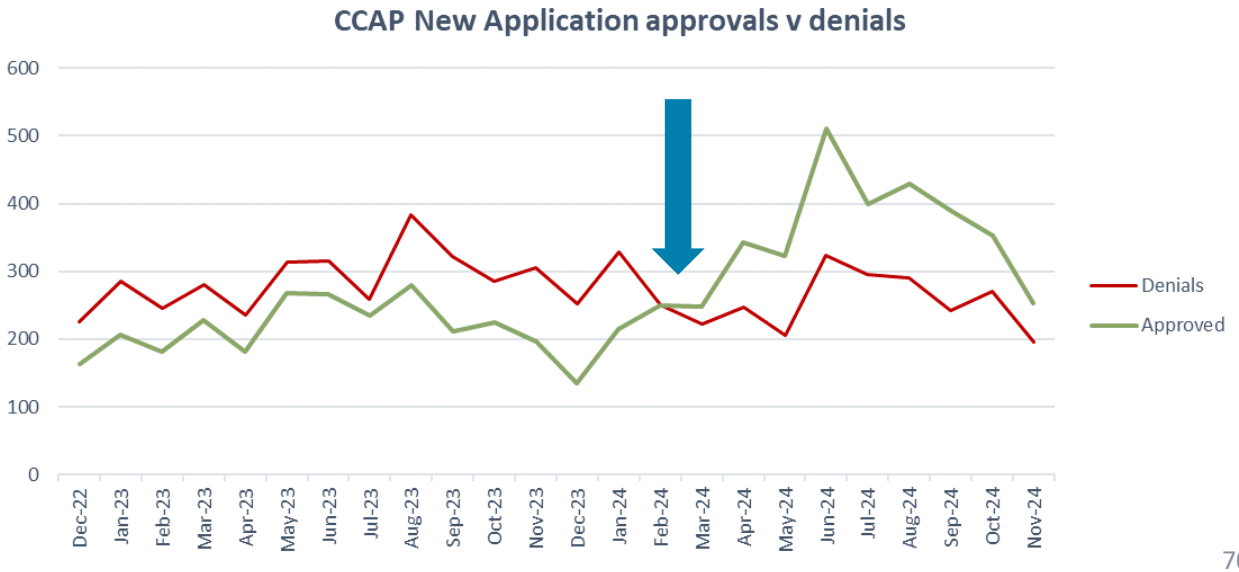
Key Indicator: Child Care Affordability | CCAP Access

Administrative changes impact application success rates

ND Child Care Initiative progress during 23-25 interim



- 30 days to submit documentation
- 18 mo eligibility period
- Job search allowed as eligible activity
- Focus groups to help redesign portal
- 90 day grace period for families in housing crisis to provide verifications
- Adjusting co-pays to no more than 6% of family income
- Redesign of notices



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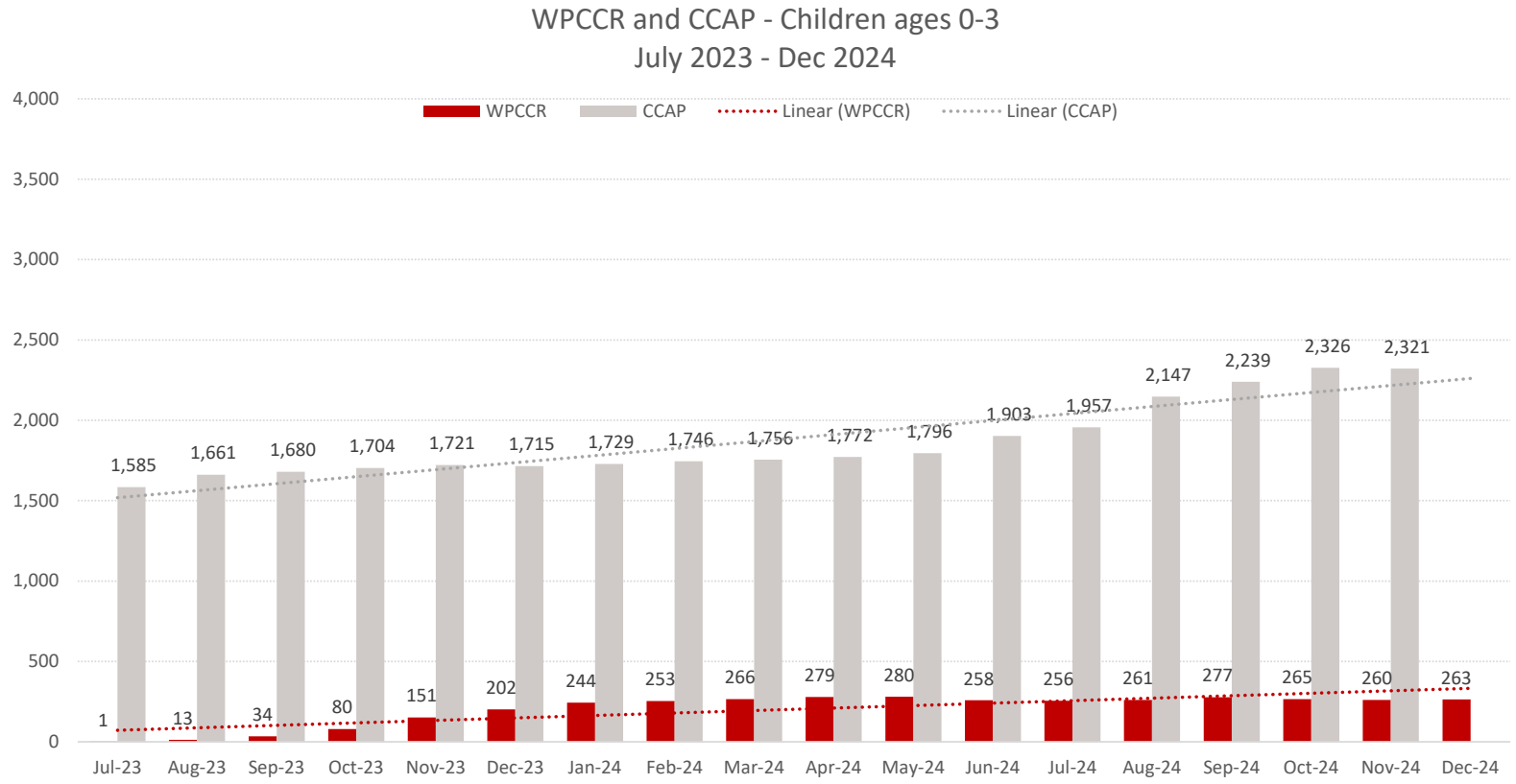
Affordability

Key Indicator: Child Care Affordability | WPCCR

Working Parent Child Care Relief has grown to serve 4-4.5% of the total number of infants and toddlers who benefit from CCAP



How it works

1. Employer Opts In
2. Employee Applies
3. HHS reviews/approves
4. Employer and state each send employee $300/mo
5. Employee pays child care provider

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Quality child care | QRIS

Measure:

Quality rated programs

Increase in number of programs with a quality rating

- ↑ Programs pursuing Step 2
- ↑ % of infant/toddler rooms Step 2+
- ↑ QRIS across program types

QRIS 2, 3, 4 | TSG | BIC | Professional Dev



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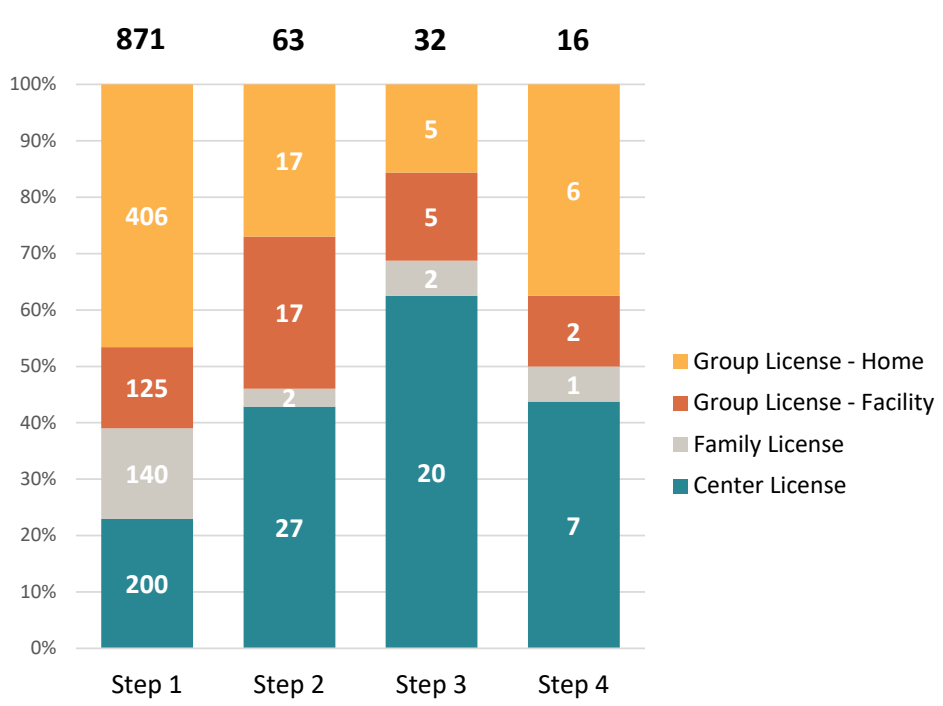
Key Indicator: Child Care Quality | Expanding Access

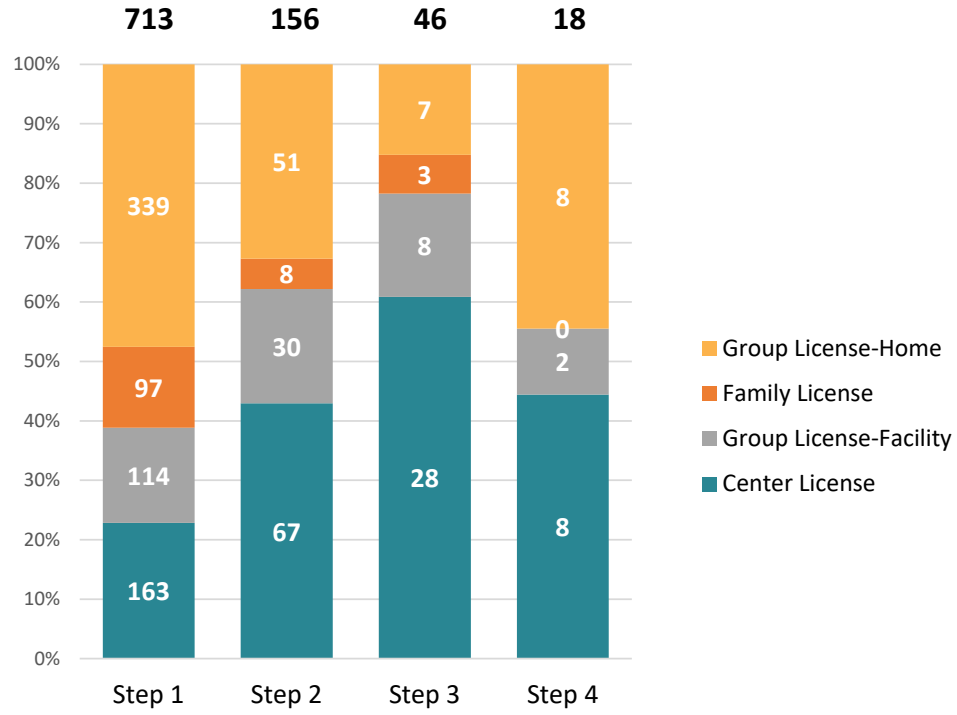
Quality

77% increase in the number of licensed providers with a Step 2, 3 or 4 quality rating

of licensed providers by QRIS rating | July 1 2023 and Feb 1 2025



July 1, 2023
111 programs
Step 2, 3, 4
(982 total)



February 1, 2025
196 programs
Step 2, 3, 4
(933 total)

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Key Indicator: Child Care Quality | Expanding Access

13 additional counties now have at least one quality-rated program

Quality

July 2023 – February 2025 | Step 2, 3 4 QRIS providers and capacity by county

County	# providers w/ Step 2, 3, 4 QRIS			Lic capacity of Step 2, 3, 4 QRIS		
	7/1/2023	2/1/2025	Net change	7/1/2023	2/1/2025	Net change
Adams	0	1	**1**	-	20	**20**
Barnes	2	3	**1**	160	220	**60**
Billings	0	1	**1**	-	30	**30**
Bottineau	0	1	**1**	-	16	**16**
Bowman	0	1	**1**	-	15	**15**
Burleigh	9	16	**7**	1,015	1,334	**319**
Cass	31	50	**19**	2,373	4,024	**1,651**
Cavalier	0	1	**1**	-	86	**86**
Dickey	1	3	**2**	30	68	**38**
Divide	0	1	**1**	-	96	**96**
Dunn	0	1	**1**	-	30	**30**
Eddy	0	1	**1**	-	70	**70**
Emmons	1	4	**3**	18	83	**65**
Foster	2	2	**0**	42	42	-
Grand Forks	15	25	**10**	1,185	1,659	**474**
Griggs	0	1	**1**	-	36	**36**
Hettinger	1	1	**0**	30	30	-
LaMoure	1	1	**0**	9	9	-
McHenry	3	3	**0**	77	77	-
McIntosh	0	1	**1**	-	25	**25**
McKenzie	1	4	**3**	17	255	**238**

County	# providers w/ Step 2, 3, 4 QRIS			Lic capacity of Step 2, 3, 4 QRIS		
	7/1/2023	2/1/2025	Net change	7/1/2023	2/1/2025	Net change
McLean	0	1	**1**	-	28	**28**
Mercer	3	3	**0**	137	137	-
Morton	2	6	**4**	92	172	**80**
Mountrail	1	1	**0**	30	30	-
Nelson	2	3	**1**	80	110	**30**
Pierce	2	3	**1**	58	70	**12**
Ramsey	2	7	**5**	199	497	**298**
Ransom	1	1	**0**	55	55	-
Richland	1	4	**3**	149	231	**82**
Rolette	1	2	**1**	20	38	**18**
Sargent	1	3	**2**	30	177	**147**
Stark	0	3	**3**	-	87	**87**
Steele	0	2	**2**	-	50	**50**
Stutsman	5	11	**6**	185	280	**95**
Towner	1	1	**0**	26	26	-
Traill	3	7	**4**	79	278	**199**
Walsh	3	4	**1**	120	142	**22**
Ward	7	22	**15**	394	1,033	**639**
Wells	1	1	**0**	17	17	-
Williams	3	13	**10**	134	713	**579**
TOTAL	**106**	**220**	**114**	**6,761**	**12,396**	**5,635**

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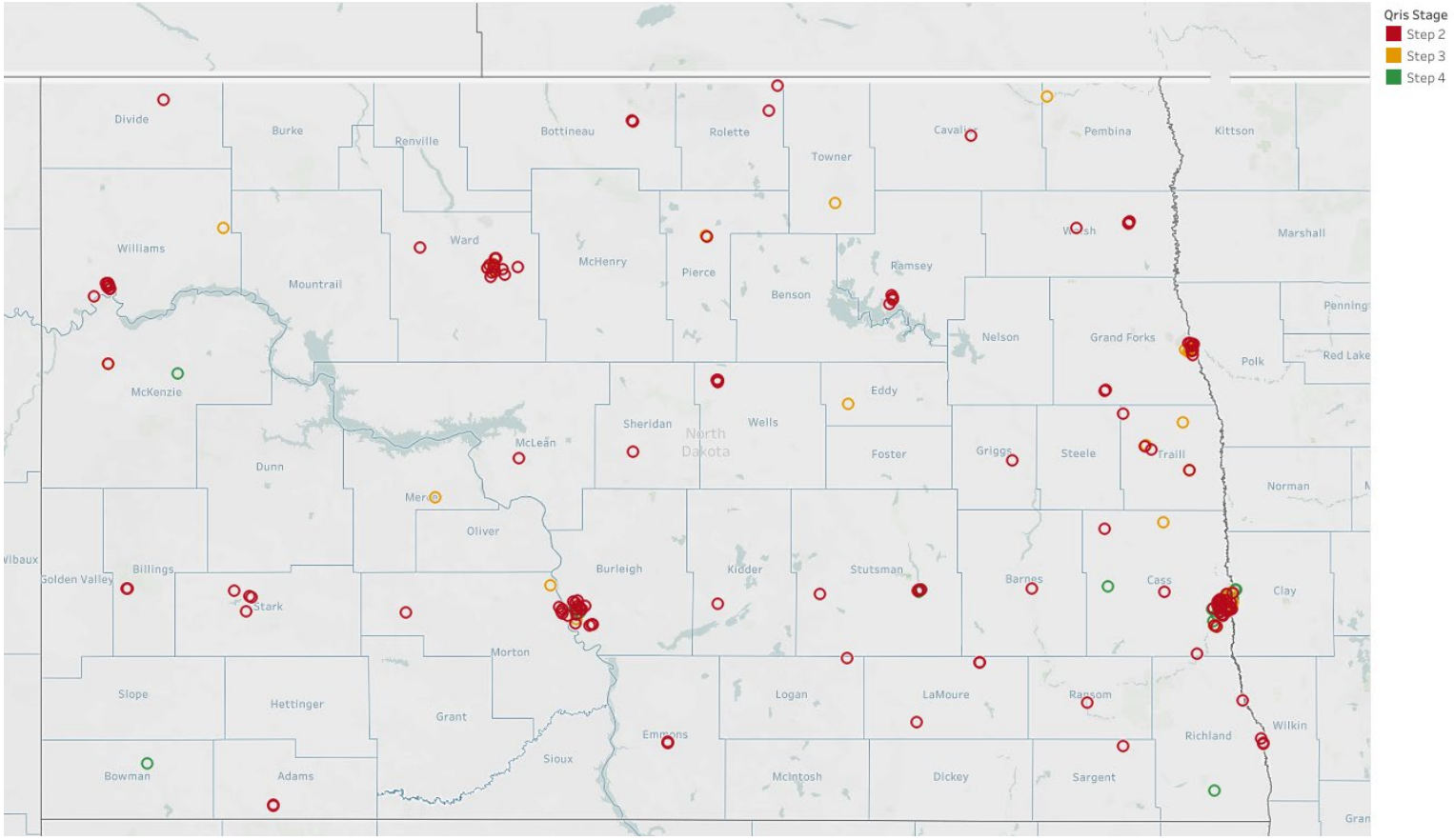
Key Indicator: Child Care Quality | Expanding Access

30% of all licensed child care spaces have achieved a Step 2, 3 or 4 rating

Quality



11,500

spaces in licensed programs with a Step 2, 3 or 4 rating

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Quality child care | Milestones

Measure:

Children meeting widely held expectations (WHE)

Increase in number of children meeting or exceeding WHE

↑ Ages 0-5 meeting or exceeding WHE

↑ Age 4-5 kindergarten readiness

QRIS 2, 3, 4 | TSG | Waterford | BIC | Professional Dev



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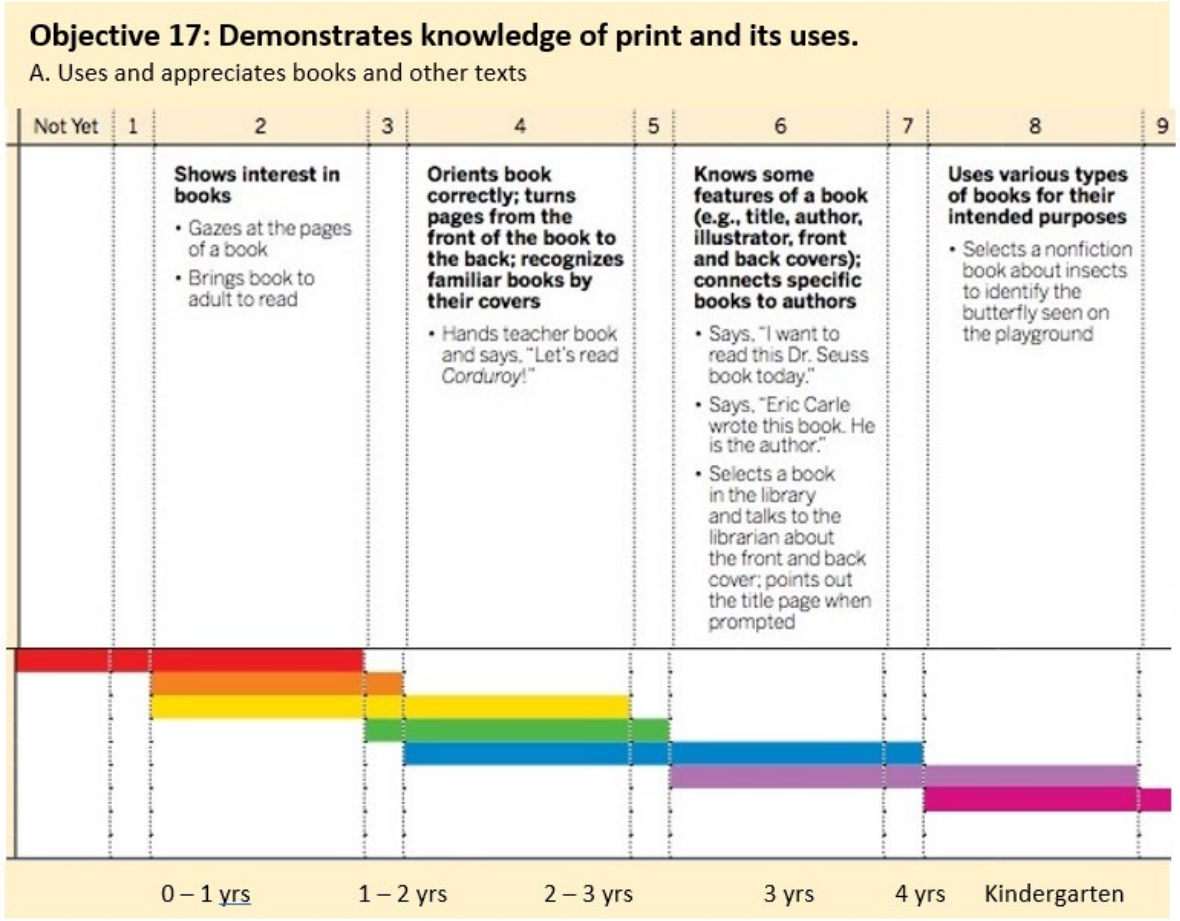
Key Indicator: Child Care Quality | Milestones

Child outcomes associated with early childhood investments are closely linked with program quality.

Quality



What are Widely Held Expectations?

Widely-Held Expectations describe the **range of knowledge, skills, and abilities that children of a particular age typically demonstrate over a year of life**.

These expectations are based on the latest research in early childhood and are **frames of reference** that help parents and teachers **focus on the development of the individual child.**

- ✓ Unique to each child
- ✓ Observation based
- ✓ Inter-rater reliability
- ✓ Benchmarks
- ✓ Supporting materials

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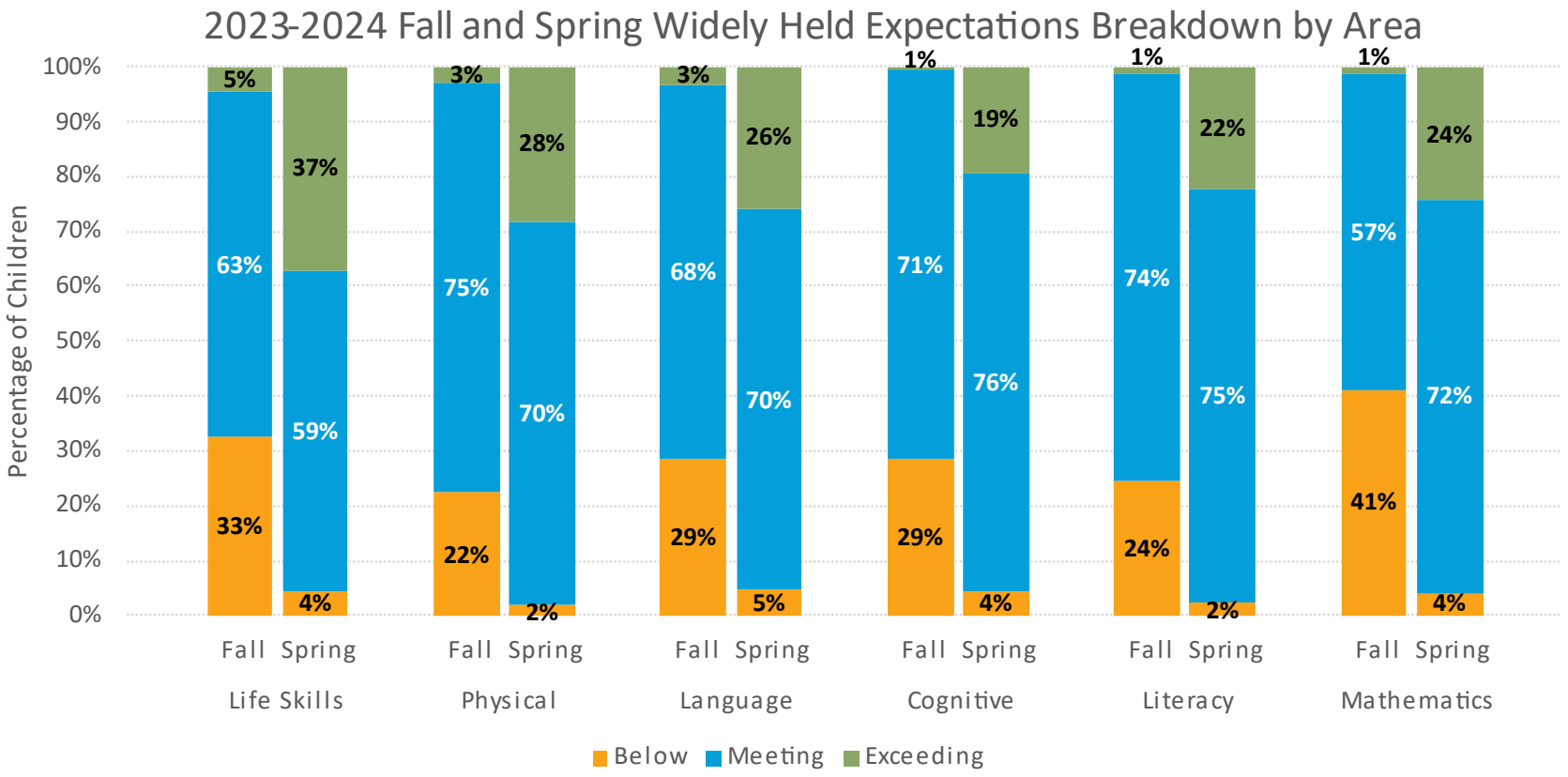
Key Indicator: Child Care Quality | WHE

All Best in Class programs utilize a validated tool to measure progress for each child

Quality



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Customer Experience

How are we communicating with providers?

ND Child Care Initiative progress during 23-25 interim

- Early Childhood Advisory Committee
- E-Newsletter
- Licensing dashboard
- Insight dashboard
- CCAP dashboard
- Licensing specialist visits
- Child Care Aware coaching and technical assistance
- Direct Mail
- CCAP provider resources on website (guidebooks, videos)



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Customer Experience

How are we communicating with families?

ND Child Care Initiative progress during 23-25 interim

- Social Media
- Take home CCAP material via child care provider and employers
- Vroom / Parents Lead
- Life.nd.gov
- CCAP notices in Self Service Portal and US mail (text messaging coming soon)
- Family resources on website (how to apply for CCAP, how to use the self service portal, etc)



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Customer Experience

How are we communicating with employers and other stakeholders

ND Child Care Initiative progress during 23-25 interim

- Employer toolkit
- Pre-designed content employers can use for employee communication re child care
- Online app process for WPCCR
- Early Childhood Council
- Individualized training on CCAP application process and self service portal for various providers and stakeholder groups



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Program Changes

What are we doing to reduce administrative burden?

ND Child Care Initiative progress during 23-25 interim and going forward

IN PROGRESS / COMPLETE

- Deploying mobile fingerprint units to each region to assist rural providers with staff screenings.
- Automated EC data exchange with CCAP to share base provider information required for CCAP registration

PROPOSED

- Reducing number of license types from 8 to 3 (HB 1119)
- Decoupling training requirement timing from licensing timing.
- Eliminating need for duplicate entry for resource and referral licensing workforce registry quality.



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Program Changes

Child Care Providers

ND Child Care Initiative progress during 23-25 interim

CCAP

- Prospective payment
- Enrollment-based payment
- Mobile-friendly Provider Portal redesign (register, certify enrollment, check pmt status and maintain info)
- Empower customer support to share information about CCAP status of families with providers

Provider Resources

- Business training and child care business mgmt. tools through Shared Service alliance
- Grants for facility improvements, supplies, equipment
- Deploying mobile fingerprint units to each region to assist rural providers with staff screenings



Program Changes

Child Care Workers

ND Child Care Initiative progress during 23-25 interim

- CCAP Child Care worker benefit available to anyone working 25+ hrs/wk in licensed child care
- Above and beyond training stipends
- Mobile friendly access to Growing Futures workforce registry and training courses
- Improved processing times for fingerprinting



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Child Care Initiative Budget/Expenditure Summary

	Legislative Origin	HHS Budget Section	23-25 Appropriation	2023-25 Expended (through Dec 2024)	25-27 Exec Budget Request (Armstrong Administration)	
Child Care Assistance Enhancements (CCAP)	HB 1540	Econ Assistance	$39,300,000	$25,773,275	$39,300,000	
Quality based pmts in CCAP	HB 1540	Econ Assistance	$3,000,000*	$1,155,346	$3,000,000*	
CCAP app outreach & assistance	HB 1540	Econ Assistance	$500,000	$90,424	$500,000	
Provider grants & shared svc	HB 1540	Early Childhood	$7,000,000*	$5,293,069	$5,000,000*	
Non-traditional hours grants	HB 1540	Early Childhood	$1,800,000	$1,300,000	$1,800,000	
Training / Worker stipends	HB 1540	Early Childhood	$2,000,000	$1,006,268	$2,000,000	
Quality infrastructure	HB 1540	Early Childhood	$3,000,000*	$1,335,164	$3,000,000*	
Evidence based programs in Year Before Kindergarten	SB 2012	Early Childhood	$14,400,000	$10,161,409	$20,400,000**	
Employer-led child care cost sharing program	HB 1540	Early Childhood	$5,000,000*			Carryover request
Background Check Automation & State Employer Share WPCCR	HB 1540	Admin	$1,000,000*	$15,220		Carryover request
			$80,000,000	$47,620,411	$75,000,000	

** = one-time funding*
*** = partial one-time funding*

Note: *This summary does note include CCAP base budget / expenditure originating from SB2012*

Executive Budget Request

Child Care as Workforce Infrastructure ($17,272,500)

WHAT?

- ✓ Best in Class expansion - $6 million**
- ✓ Child care grants and shared services - $5 million**
- ✓ Early childhood quality infrastructure - $3 million**
- ✓ Inclusion support for child care - $172,500**
- ✓ Outcome measurement tools for quality rated child care programs - $100,000**
- ✓ Quality tiers in Child Care Assistance payments - $3 million**

*** - Designated as one-time funding / SIIF*

WHY?

Addressing child care as a barrier to work requires a comprehensive approach that tackles all 3 elements of the child care dilemma: Affordability, Availability & Quality.



Best in Class | Stanley, ND

Housing is a prerequisite for workforce growth

Can you find it?	*Can you afford it?*	*Can you keep it?*
		
Availability	**Affordability**	**Stability**
Population change Housing supply (new & existing) Housing mix Infrastructure Construction labor force	Housing costs Household income Life stage costs (child care, services) Budget constraints Regulation	Accessibility Income changes Health needs Homelessness Family disruption

HOUSING IS A WORKFORCE ISSUE.

- When workers don't have stable housing, they are universally less able to be fully engaged at work.
- Whether renting or owning, an inability to find, afford, and maintain your place to live is de-stabilizing.

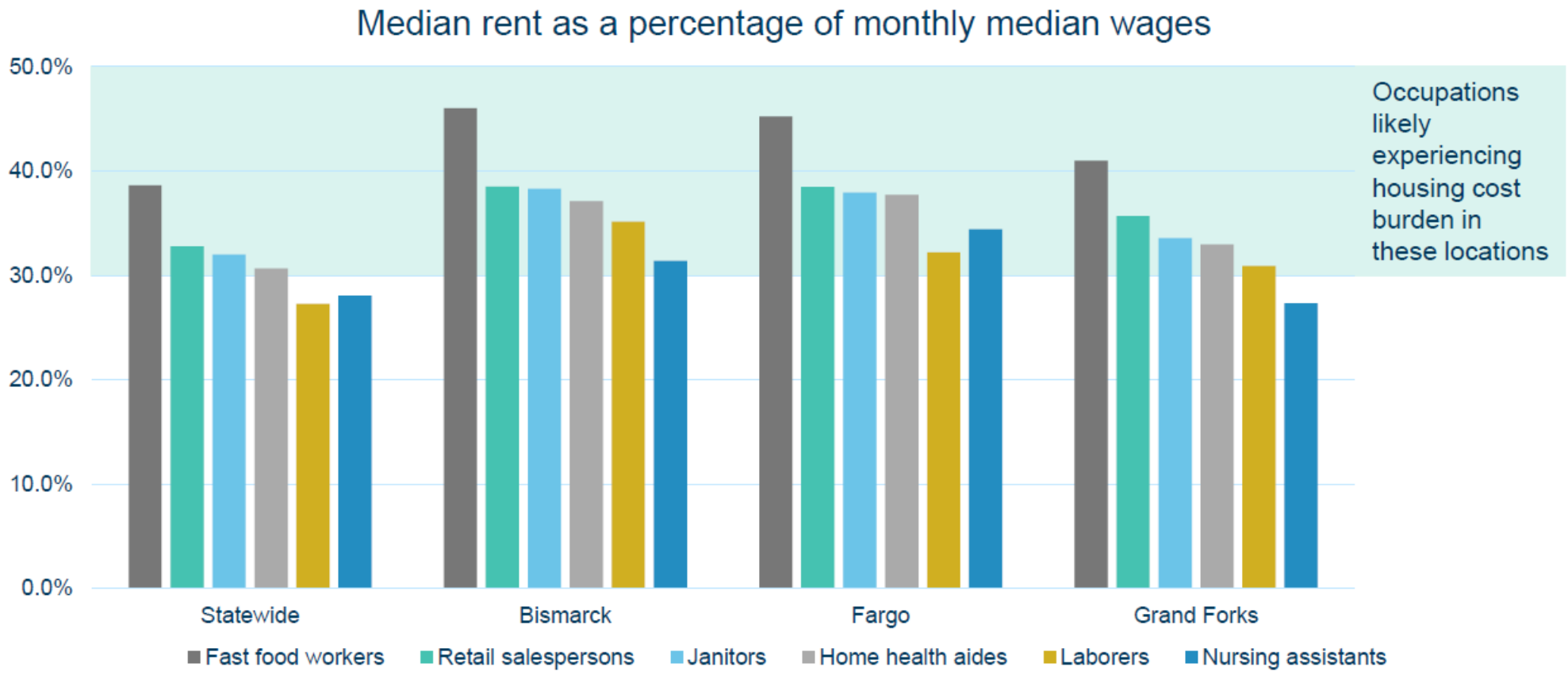


AFFORDABILITY AND THE WORKFORCE

Sample Job Types	Average Wage Range	Affordable Rent / Mortgage
Home Health Care and Personal Care Aides **Service** (retail, restaurants, cleaners) **Education** (child care staff, K-12 teaching assistants)	$37,000 or less ("Affordable" or "Deeply Affordable")	$1,100 or less
Transportation (truck drivers) **Education** (teachers) **Trades** (laborers, maintenance, carpenters, plumbers, roofers) **Administrative** (office workers, clerks)	$37,001 - $59,000 ("Affordable" or "Workforce")	$1,100 - $1,500
Health Care (nurses, dental hygenists) **Professional** (accountants, tech, analysts) **Trades** (electricians, supervisors, heavy equipment) **Energy** (oil and gas)	$59,201 - $89,000 ("Workforce")	$1,500 - $2,220

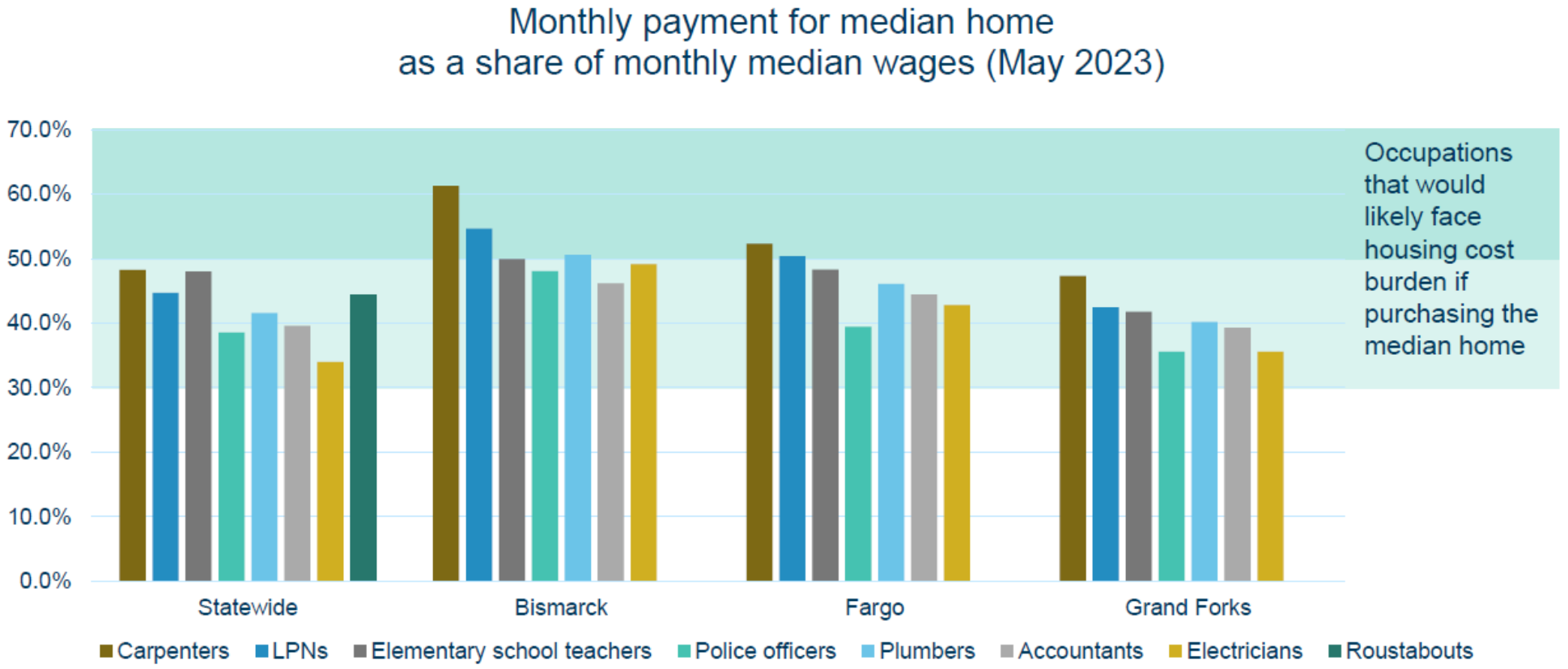
Sources: American Community Survey, North Dakota Job Service Labor Market Information

WAGES FOR LARGE OCCUPATIONS AND MEDIAN RENTS



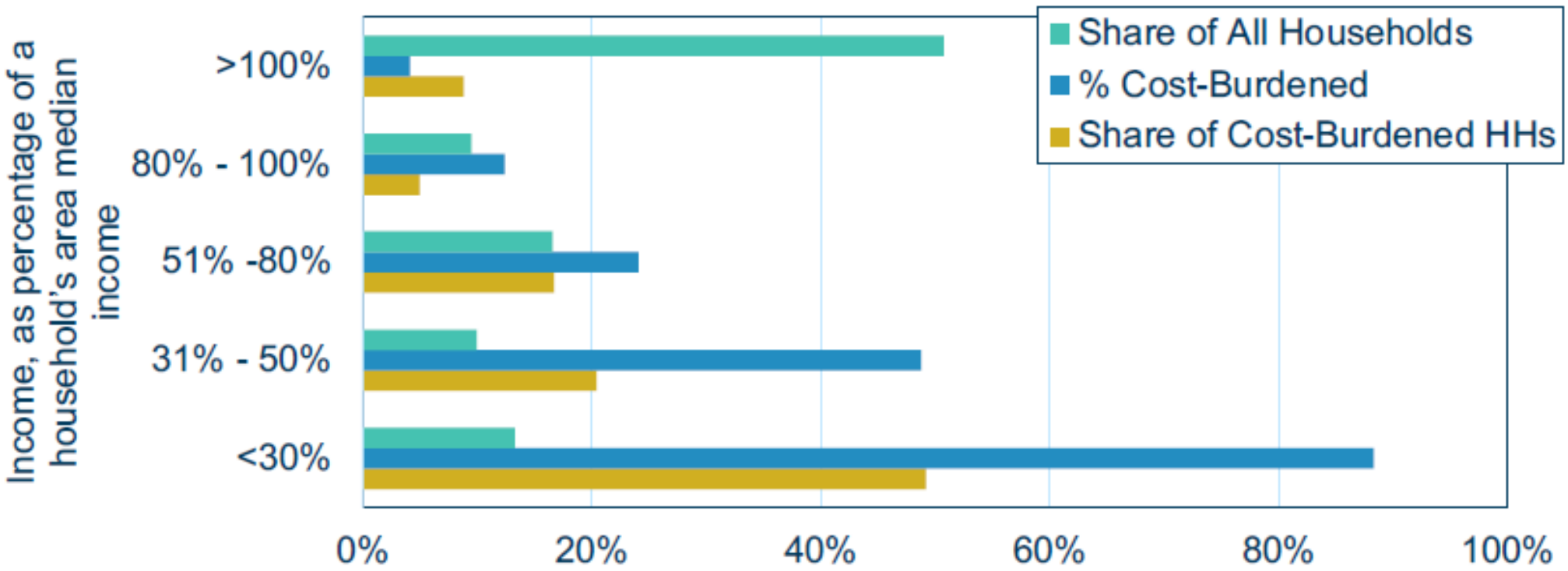
Source: Zillow, Zillow Observed Rent Index; Bureau of Labor Statistics, Occupational Employment and Wage Statistics (assumes 40 hours / week). All data for May 2023.

MIDDLE-CLASS INCOMES VS. MEDIAN HOME PRICES



Source: Zillow, Zillow Housing Value Index and Bureau of Labor Statistics, Occupational Employment and Wage Statistics.
Presumes a 10% downpayment and prevailing mortgage interest rates from May 2023, assumes a 40 hour / week

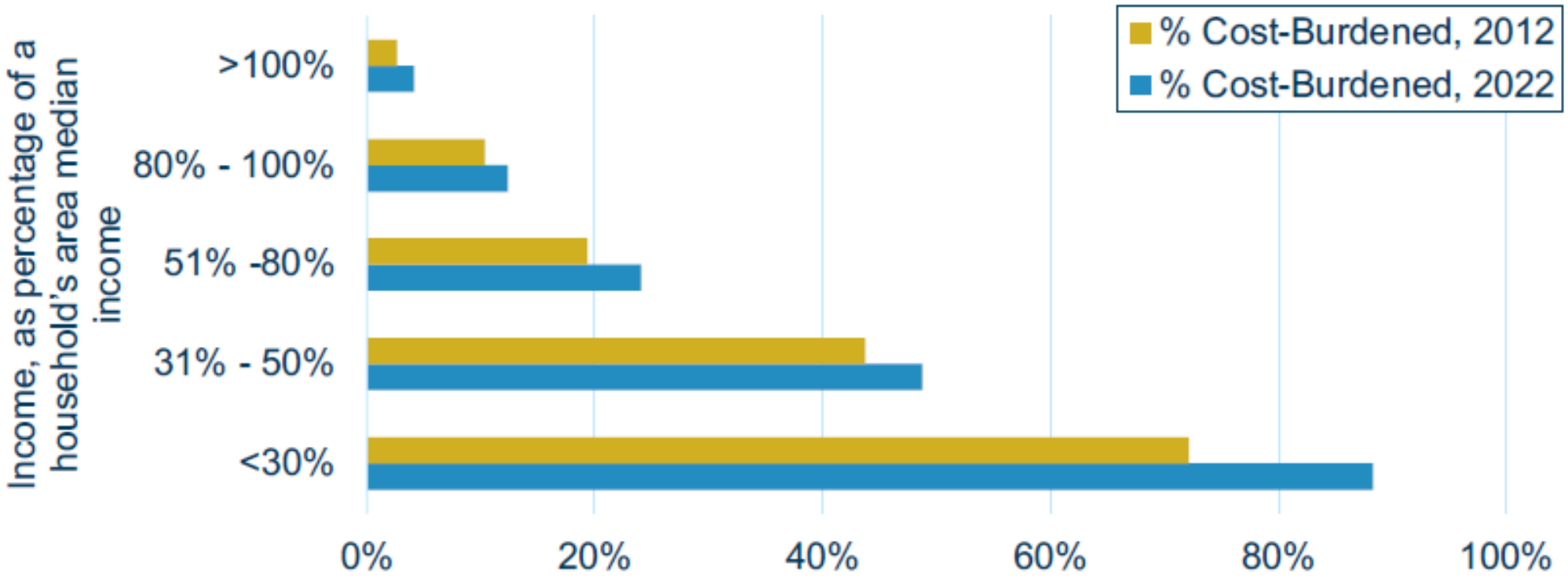
HOUSING COST-BURDEN IN NORTH DAKOTA: 2022



Source: Minneapolis Fed analysis of 2022 American Community Survey data

FEDERAL RESERVE BANK OF MINNEAPOLIS

HOUSING COST-BURDEN IN NORTH DAKOTA: 2012 VS. 2022



Source: Minneapolis Fed and HUD analysis of American Community Survey data

WHAT IS AN "AFFORDABLE" HOUSING PAYMENT

MONTHLY PAYMENT - Affordable Housing cost <= 30% of gross income

Assume: Housing payment must include cost of all utilities

	Percent of Median Income								
HH size	**120%**	**110%**	**100%**	**80%**	**70%**	**60%**	**50%**	**40%**	**30%**
1	$2,187	$2,005	$1,823	$1,459	$1,275	$1,095	$911	$730	$548
2	$2,499	$2,291	$2,083	$1,666	$1,458	$1,250	$1,041	$833	$625
3	$2,814	$2,580	$2,345	$1,875	$1,643	$1,408	$1,171	$938	$704
4	$3,123	$2,863	$2,603	$2,083	$1,823	$1,563	$1,301	$1,040	$781
5	$3,375	$3,094	$2,813	$2,250	$1,970	$1,757	$1,406	$1,125	$879
6	$3,624	$3,322	$3,020	$2,416	$2,115	$2,014	$1,510	$1,208	$1,007
7	$3,873	$3,550	$3,228	$2,583	$2,260	$2,271	$1,614	$1,290	$1,136
8	$4,125	$3,781	$3,438	$2,750	$2,408	$2,528	$1,719	$1,375	$1,264

Based on Household Income in Fargo Moorhead West Fargo Metro Area, October 2023

HOW MUCH HOUSE CAN YOU AFFORD?

Based on Household Income in Fargo Moorhead West Fargo Metro Area, October 2023

SIZE OF MORTGAGE - Affordable Housing cost <= 30% of income

Assume: 30 yr term; Taxes & Insurance = 25% of payment Interest rate: 5.0%

	Percent of Median Income								
HH size	120%	110%	100%	80%	70%	60%	50%	40%	30%
1	$305,548	$280,086	$254,624	$203,804	$178,132	$152,984	$127,312	$101,989	$76,492
2	$349,138	$320,043	$290,949	$232,794	$203,629	$174,639	$145,474	$116,310	$87,320
3	$393,147	$360,385	$327,623	$261,959	$229,476	$196,644	$163,637	$130,979	$98,322
4	$436,318	$399,958	$363,598	$290,949	$254,624	$218,299	$181,799	$145,300	$109,149
5	$471,525	$432,232	$392,938	$314,350	$275,231	$245,473	$196,469	$157,175	$122,736
6	$506,313	$464,121	$421,928	$337,577	$295,489	$281,378	$210,964	$168,701	$140,689
7	$541,102	$496,010	$450,918	$360,804	$315,747	$317,284	$225,459	$180,227	$158,642
8	$576,309	$528,283	$480,257	$384,206	$336,355	$353,190	$240,129	$192,103	$176,595

SIZE OF MORTGAGE - Affordable Housing cost <= 30% of income

Assume: 30 yr term; Taxes & Insurance = 25% of payment Interest rate: 7.0%

	Percent of Median Income								
HH size	120%	110%	100%	80%	70%	60%	50%	40%	30%
1	$246,542	$225,997	$205,452	$164,446	$143,732	$123,440	$102,726	$82,293	$61,720
2	$281,714	$258,238	$234,762	$187,837	$164,305	$140,913	$117,381	$93,848	$70,457
3	$317,224	$290,789	$264,353	$211,370	$185,160	$158,668	$132,036	$105,685	$79,334
4	$352,058	$322,720	$293,382	$234,762	$205,452	$176,142	$146,691	$117,240	$88,071
5	$380,466	$348,761	$317,055	$253,644	$222,079	$198,068	$158,528	$126,822	$99,034
6	$408,536	$374,491	$340,447	$272,385	$238,425	$227,040	$170,223	$136,122	$113,520
7	$436,606	$400,222	$363,838	$291,127	$254,771	$256,011	$181,919	$145,423	$128,006
8	$465,014	$426,263	$387,512	$310,009	$271,399	$284,983	$193,756	$155,005	$142,492

ALL NEW HOUSING CREATES OPPORTUNITIES.

- We need diverse supply to create affordability.
- Being able to move within markets allows more affordable units to open up as people seek options better suited to their life stage.
- People don't always *want* what they *need*. Preference matters. The most successful local markets are attuned to demand.



HOW NEW HOMES OPEN UP OPPORTUNITY

New housing, even luxury and market-rate units, frees up existing units for lower-income households to move into, thus expanding housing choices.



New market-rate construction

100 new units

Slightly older market-rate housing

Older housing

Within five years: 70 new vacancies in neighborhoods with household incomes below the metro median, including 39 new vacancies from neighborhoods with household incomes from the bottom fifth

Learn more: https://www.minneapolisfed.org/article/2024/how-new-apartments-create-opportunities-for-all

HOUSING MARKETS COUNT ON MOVEMENT.

- When fewer people can buy homes, more people remain in the rental market creating rental shortages, driving up costs.
- Housing cost burden is creeping up the income spectrum as housing price increases exceed income increases.



PRICE ONLY MATTERS IN THE CONTEXT OF INCOME.

- Solving housing challenges means that people need to find a place where they want to live that they can afford.
- Healthy markets have options to allow the market forces of supply and demand to work.
- Vital communities need all types of housing – all price points, forms, sizes, characteristics.



DISINVESTMENT IS EXPENSIVE. HOUSING REHAB IS PREVENTATIVE.

- Housing almost always ages into affordability.
- Healthy housing markets balance new construction and existing units.
- Preventing obsolescence during the aging process is key.
  - Functional – features people expect
  - Physical – elements of disrepair
  - Economic – context housing exists in



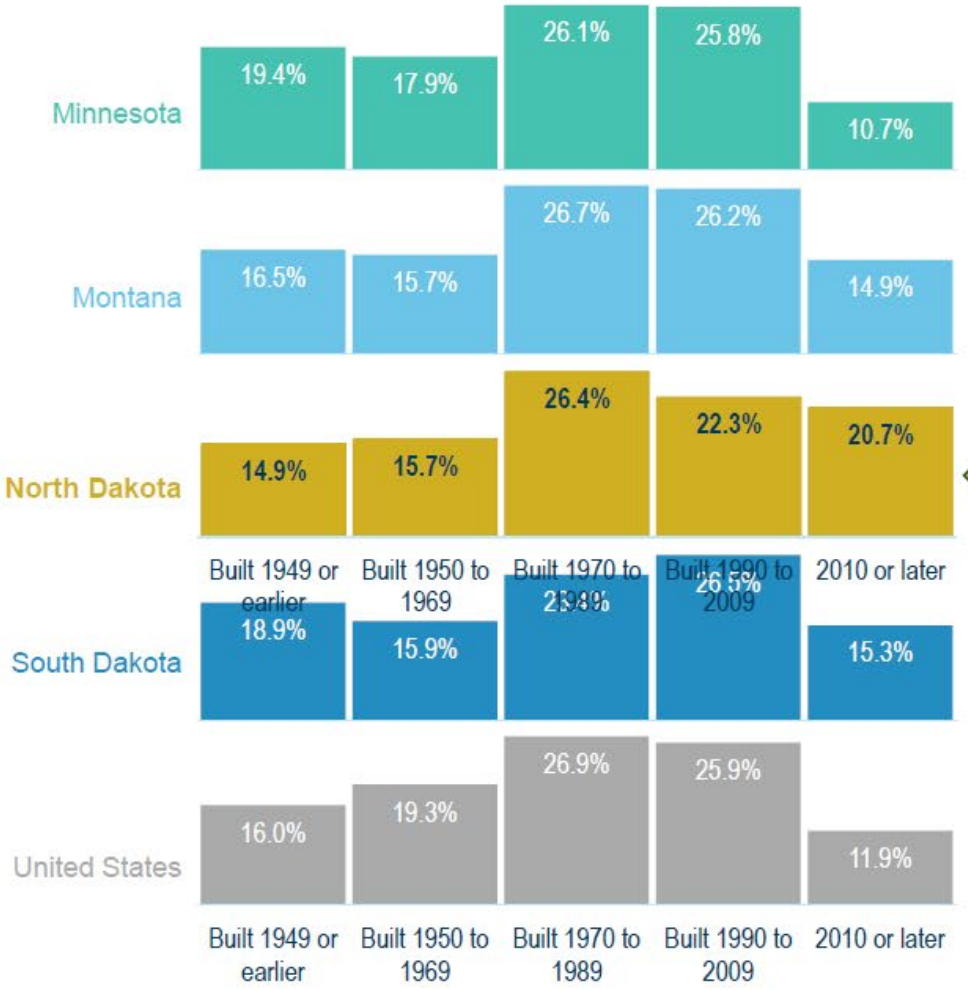
YOU CAN'T REPLACE YOUR MOST AFFORDABLE HOUSING INVENTORY LIKE FOR LIKE.

- If you have to build it new, you are going to have to be ready to pay for whatever affordability you seek (development or operating subsidy, or both).

- The cost of preserving affordability is – in almost all cases - substantially lower than having to build for affordability.



HOUSING IN NORTH DAKOTA IS YOUNGER THAN NEIGHBORS

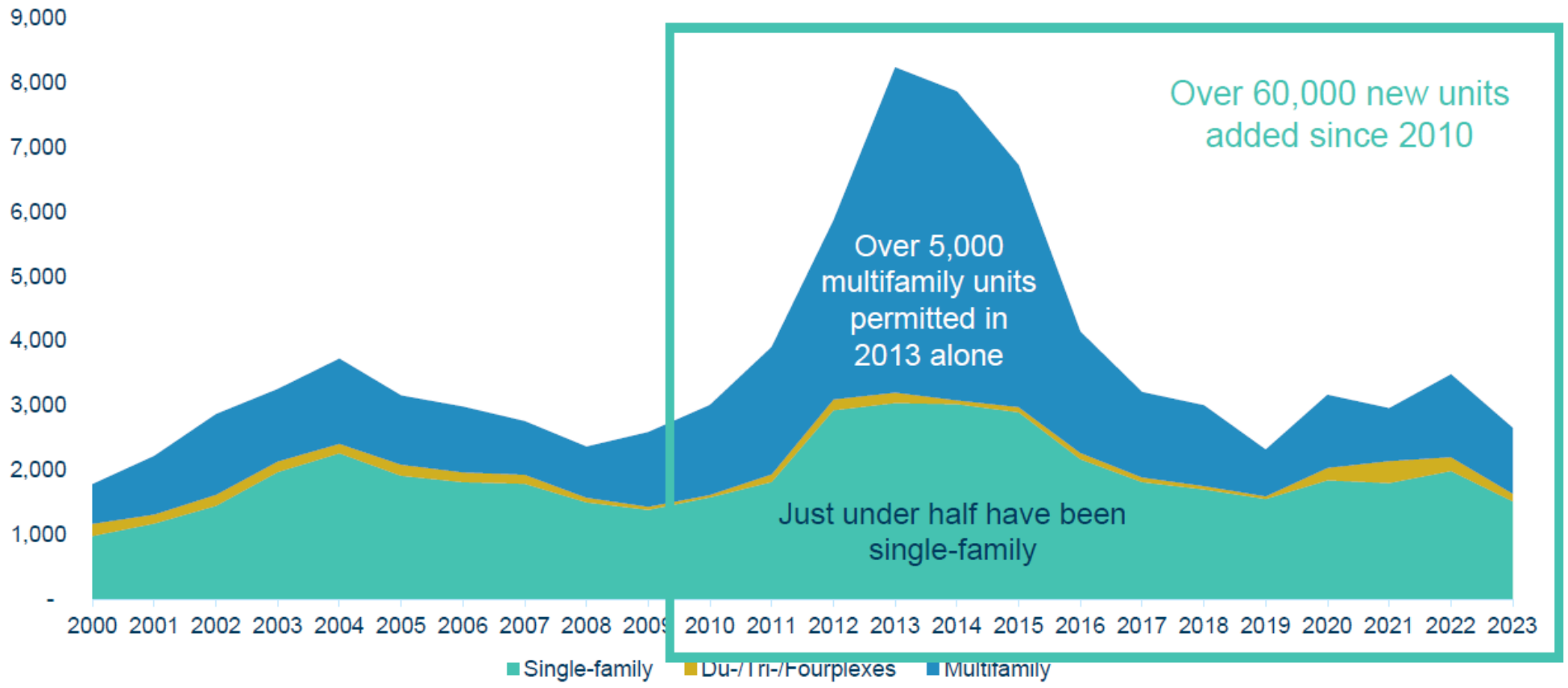


One in five housing units built since 2010

Source: U.S. Census Bureau, American Community Survey, 2022 (one-year data)

FEDERAL RESERVE BANK OF MINNEAPOLIS

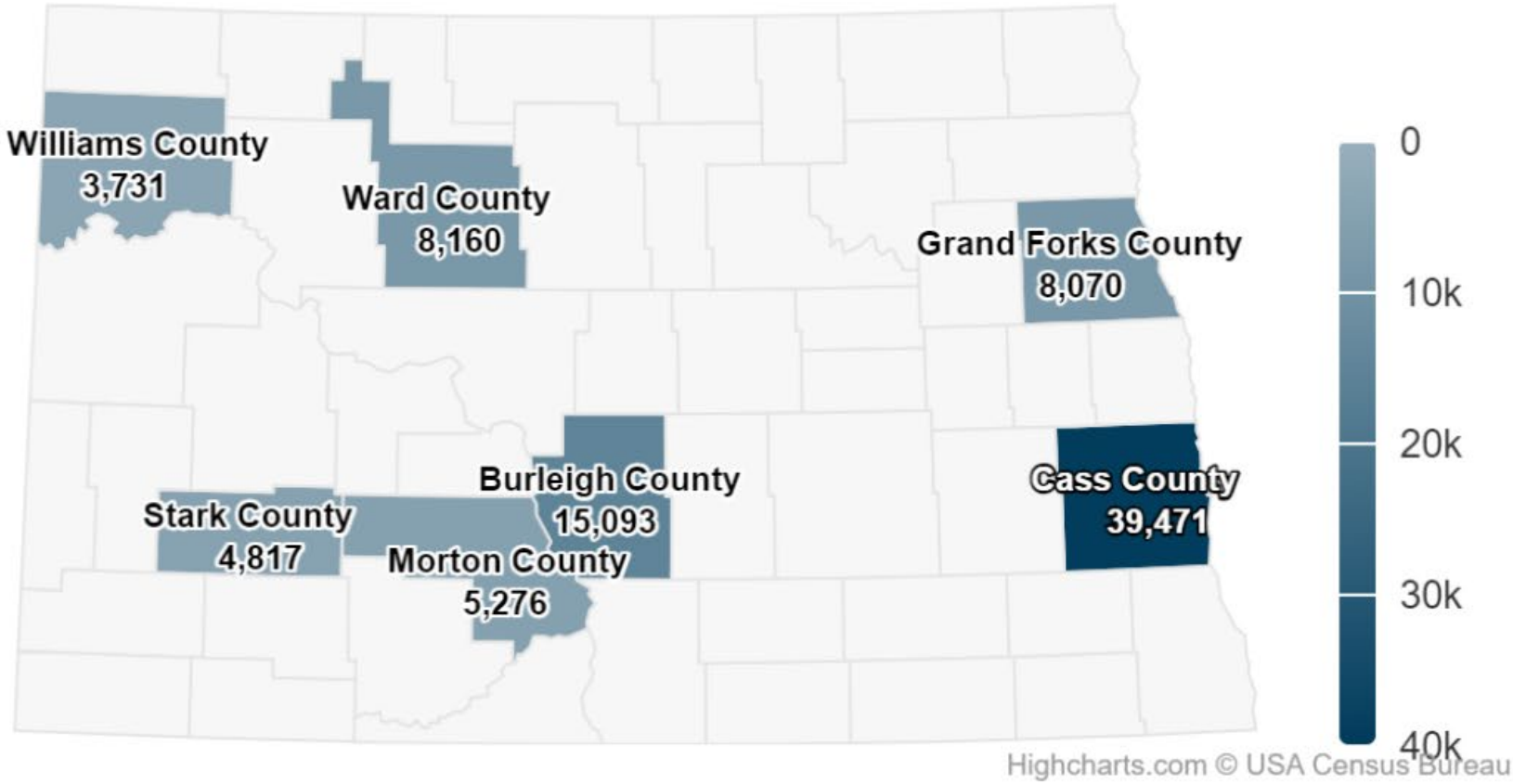
NEW HOUSING UNITS PERMITTED PEAKED A DECADE AGO



Source: U.S. Census Bureau, Building Permits Survey

FEDERAL RESERVE BANK OF MINNEAPOLIS

NEW HOUSING IS GEOGRAPHICALLY CONCENTRATED



These seven counties have seen the overwhelming majority of new housing units since 2000



Source: U.S. Census Bureau, Building Permits Survey

IN ND, HOUSING SUPPLY SHORTAGES ARE NOT THE MOST FUNDAMENTAL ISSUE.

- There are pockets of undersupply but in ND, affordability mismatches are the more widespread issue.
- In many markets there is a lack of necessary diversity in supply. Which means a lack of options for people to move, or to find what they need.



A FEW WAYS TO THINK ABOUT "ENOUGH" HOUSING:



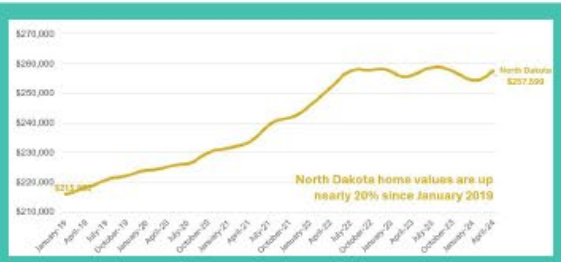
Demographically

- Does the stock of housing align with the needs of households?



Affordably

- Are there enough housing units to avoid demand outstripping supply and driving up prices?





Numerically

- Are there enough housing units for households (both today's and tomorrow's)?

$$\underbrace{\left[\text{Households} + \text{Missing Households}\right] \times 1.05}_{\text{TARGET NUMBER OF HOUSING UNITS}} \ominus \underbrace{\left[\text{Total Housing Units} - \text{2nd and Vacation Homes} - \text{Uninhabitable Units}\right]}_{\text{UNITS THAT ARE RENTER OR OWNER OCCUPIED}}$$

(1+ Target Vacancy Rate)

REALITIES OF PLACE MATTER.

- Some parts of ND have very limited residential construction infrastructure

- Adopt an all-of-the above strategy to maximize opportunity to build strong, diverse local markets.
  - Site built, modular, manufactured.
  - Professional, quasi-professional and DIY.
  - New construction, renovation, conversion, infill.



LOWEST INCOME RENTERS NEED HELP TO COMPETE IN THE MARKETPLACE.

- Someone's "willingness to pay" and "ability to pay" are not always the same thing.
- Competition for the lowest cost (market worthy) housing is always greatest.
- Lower income households can only shop in segments of the market where competition is greatest and vacancy rates are lowest.



HOUSING CRISIS IS REAL.

- It affects people all over the state
- Make sure when it occurs -- wherever it occurs -- that it's rare, brief and solvable.



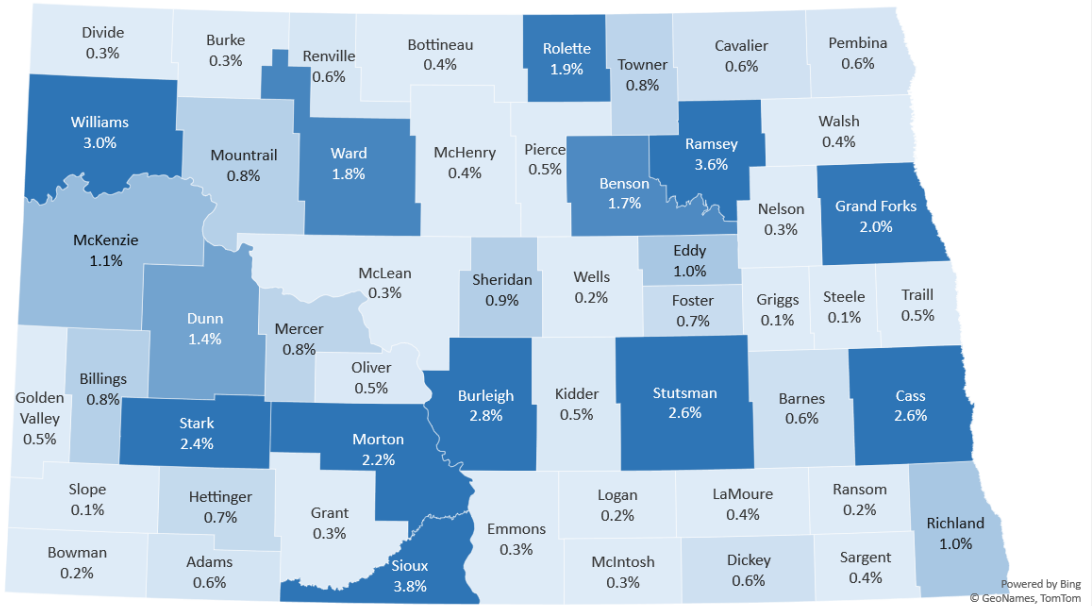


10% of people with income near or below poverty level will cycle in and out of homelessness every year

HOUSING CRISIS IS A DE-STABILIZING FORCE

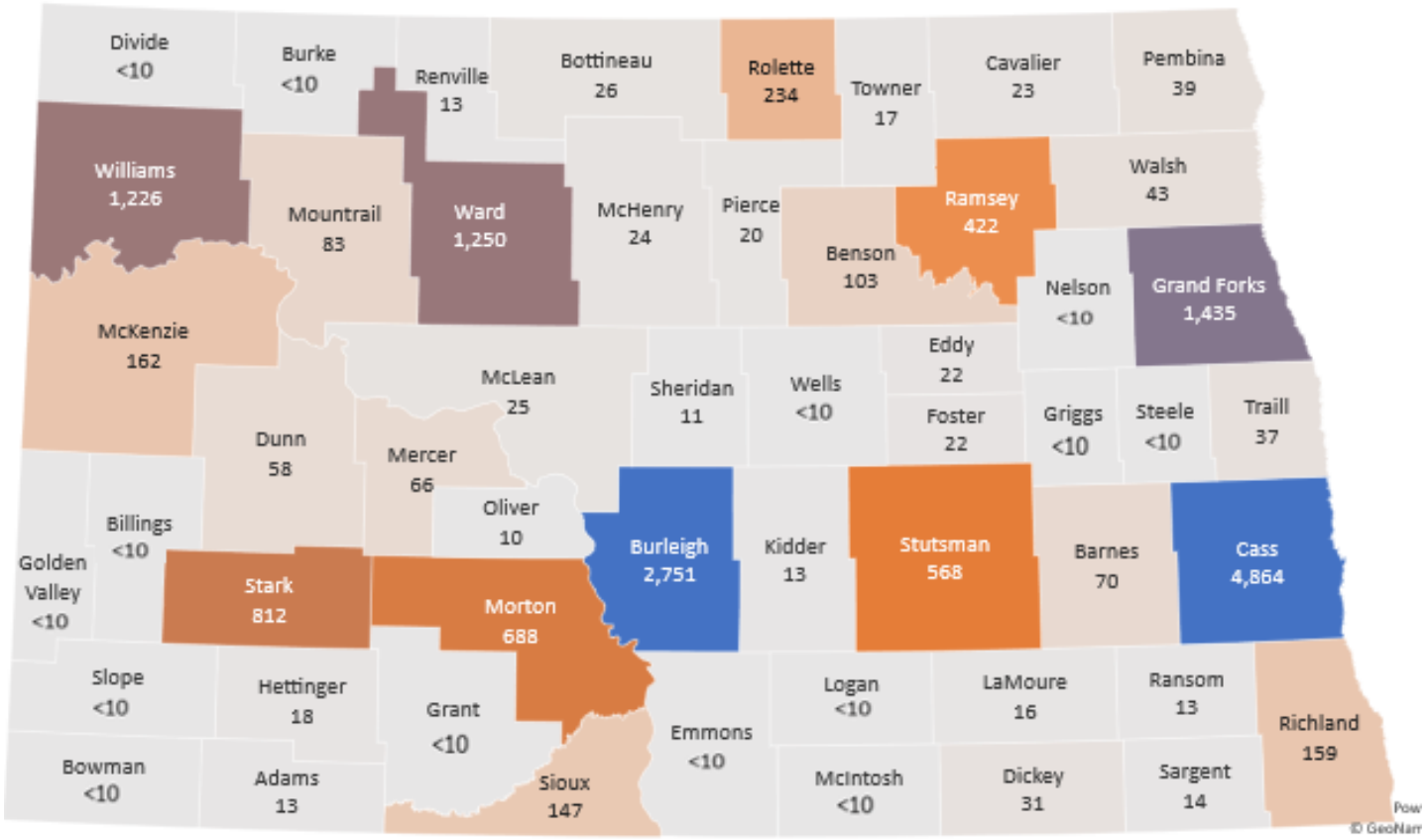
Homelessness

An individual or family who lacks a fixed, regular, adequate nighttime residence. This includes a living situation where you are temporarily doubled up with another household.

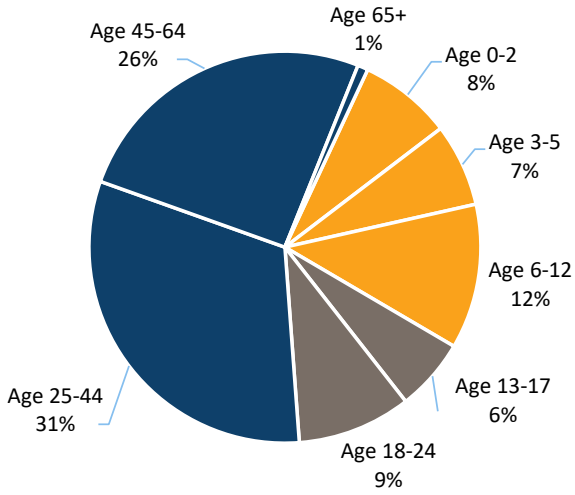


15,528 people were experiencing homelessness at time of NDRH app (Oct 21 – Dec 23)
Shown as a % of total population by county

28% OF THE PEOPLE EXPERIENCING HOMELESSNESS WERE YOUNGER THAN 12 YEARS OLD



Age at time of app



Living situations at time of app varied

- **17%** (1,588 households) **unsheltered** (living in vehicle or other public or private place)
- **44%** (4,156) **doubled up** (temporarily staying with friend of family)
- **9%** (810) reported living in **emergency shelter**

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A SINGLE SOLUTION WILL NOT SOLVE ALL PROBLEMS.

- Acknowledge and plan for differences in tools, resources, and approaches unique to each place.

- Build frameworks that allow local and tribal governments to align directionally while maintaining all the flexibility that is needed to address local circumstances.



A SUPPLY STRATEGY ALONE IS NOT ENOUGH.

- Lower income workers can't afford rent levels that even meet minimum property operating costs.
- Some market demand segments don't match up well to market price realities.
- You can't just build your way out of this market mismatch.



A DEMAND STRATEGY ALONE IS NOT ENOUGH.

- Demand side strategies can bridge many market gaps but, alone is not enough.
- People first need to find a place to live that meets their needs and then be able to pay for it.
- Appropriately flexible gap assistance can bridge affordability gaps.



SERVICES WITHOUT HOUSING ARE RARELY EFFECTIVE.

- A person can't focus on their physical health or their mental health if their most basic needs aren't met.
- Having a place to live is a first order need.
- Housing status is foundational to a person's ability to build a life for themselves and their family.



NORTH DAKOTA HOUSING MARKET IN SUMMARY

- Housing growth is keeping up with population growth – North Dakota has largely avoided underproduction of housing
- Home values and rents are rising, but less than nationally and in neighboring states
- Housing affordability is falling in North Dakota and homes are becoming unaffordable in some metros
- Mortgage interest rates may be constraining supply of for-sale homes in the state
- The scale of the housing challenges in North Dakota is still manageable



SUMMARY

- Housing matters for households' economic stability and opportunities.
- Relative to other states, North Dakota's supply of low-cost housing options is high.
- Specificity about affordability levels and subpopulations is important.
- A majority of households earning less than 50 percent of their area's median income are housing cost-burdened, as are 1 in 4 households earning 50-80 percent of their area's median income.
- There was an increase in the housing-burdened rate across all income categories over roughly the past decade (and that does not include data in the wake of more recent price increases).

2025-2027 - $104.5 million

SB 2014 – NDHFA budget
Housing Incentive Fund (HIF) ($25M) and Homelessness (emergency shelter operations) and Rapid Rehousing ($10M)

HB 1012 – HHS budget
Eviction prevention and targeted rental assistance ($13.5M) and home modification grants for accessibility ($1M)

SB 2018 – Dept of Commerce budget
Rural slum and blight program ($5 million)

SB 2225 – Housing for Opportunity, Mobility and Empowerment (**HOME**) program as a matched grant to help local governments create solutions to address housing needs (**Dept of Commerce**) ($50M)

Bank of North Dakota developing a secondary market alternative to help address appraisal gap issues for single family homes, particular in rural areas.



Housing is local. The State has a role.

Supply

NORTH DAKOTA housing FINANCE AGENCY

- Homeownership secondary market
- Financing and compliance for affordable housing (HIF, LIHTC, HTF, HOME, HUD)
- Homeless programs administrator

Demand

NORTH Dakota | Health & Human Services
Be Legendary.

- Utility/Rent/Homeowner assistance
- Housing navigators, outreach and financial coaching
- Home & comm-based services for renters and homeowners (physical & behavioral health)

Supply

BND Bank of North Dakota

- Development& Infrastructure financing
- Participating lender for housing related financing
- Financial literacy

Supply

NORTH Dakota | Commerce
Be Legendary.

- State Building Codes
- State Workforce Housing/Slum & Blight Removal grant and CDBG
- Main Street, Renaissance Zone
- Home weatherization and State Energy Rebates

Supply

NORTH DAKOTA
Career and Technical Education
Preparing Tomorrow's Workforce

- Construction trades training
- Workplace learning and apprenticeship

Supply

NORTH DAKOTA UNIVERSITY SYSTEM

- Skilled trades training and certification
- Education for housing industry workforce

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Be Legendary.

Connect people on the edge of crisis to private market units

Mediate
Educate
Mitigate
Close the $$ gap

Eviction prevention program
- Provider outreach
- Mediation
- Housing debt payment

Create rental assistance for people at risk of instability (quadrants B&C)
- Heavy focus on outreach at the right time
- Rent assistance is the key to engagement for longer term outcomes
- Housing coach, financial literacy, budget planning, employment advisement



Housing crisis is a reality for families of all kinds of backgrounds, in communities across the state

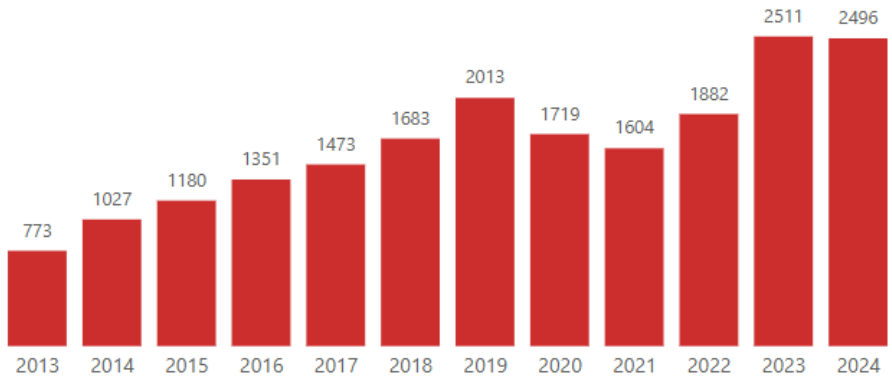
46%

Households that applied have children age 0-18

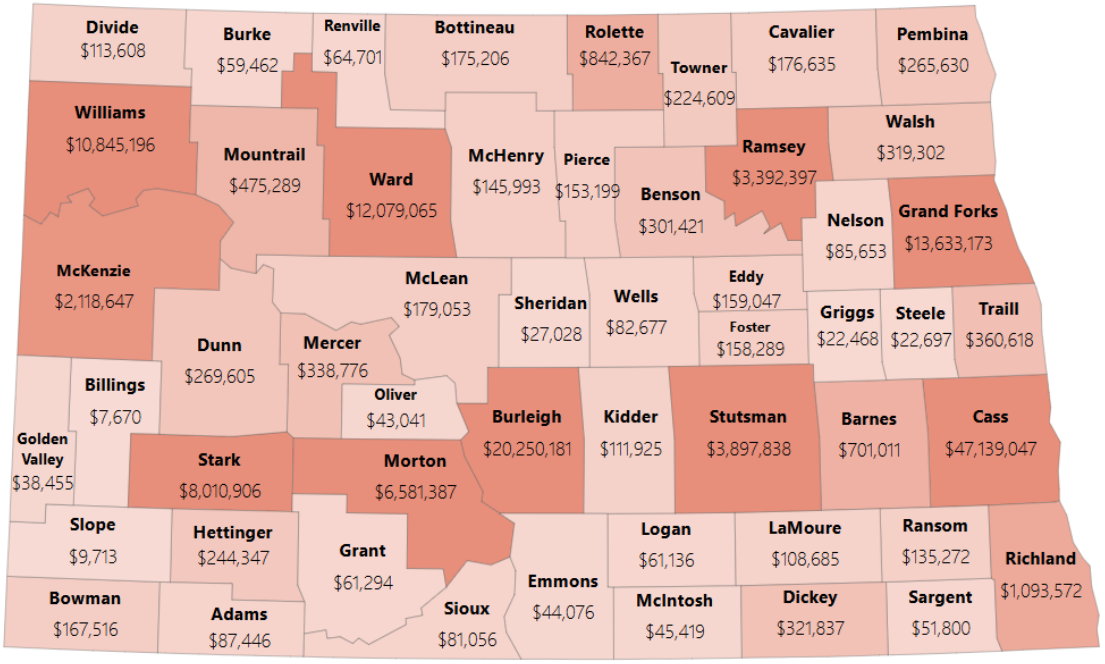
4%

Renters who applied for help & were age 65+

ND Eviction Judgments by Calendar Year



Housing Stability Resources Invested by County Dec 2021-Dec 2024



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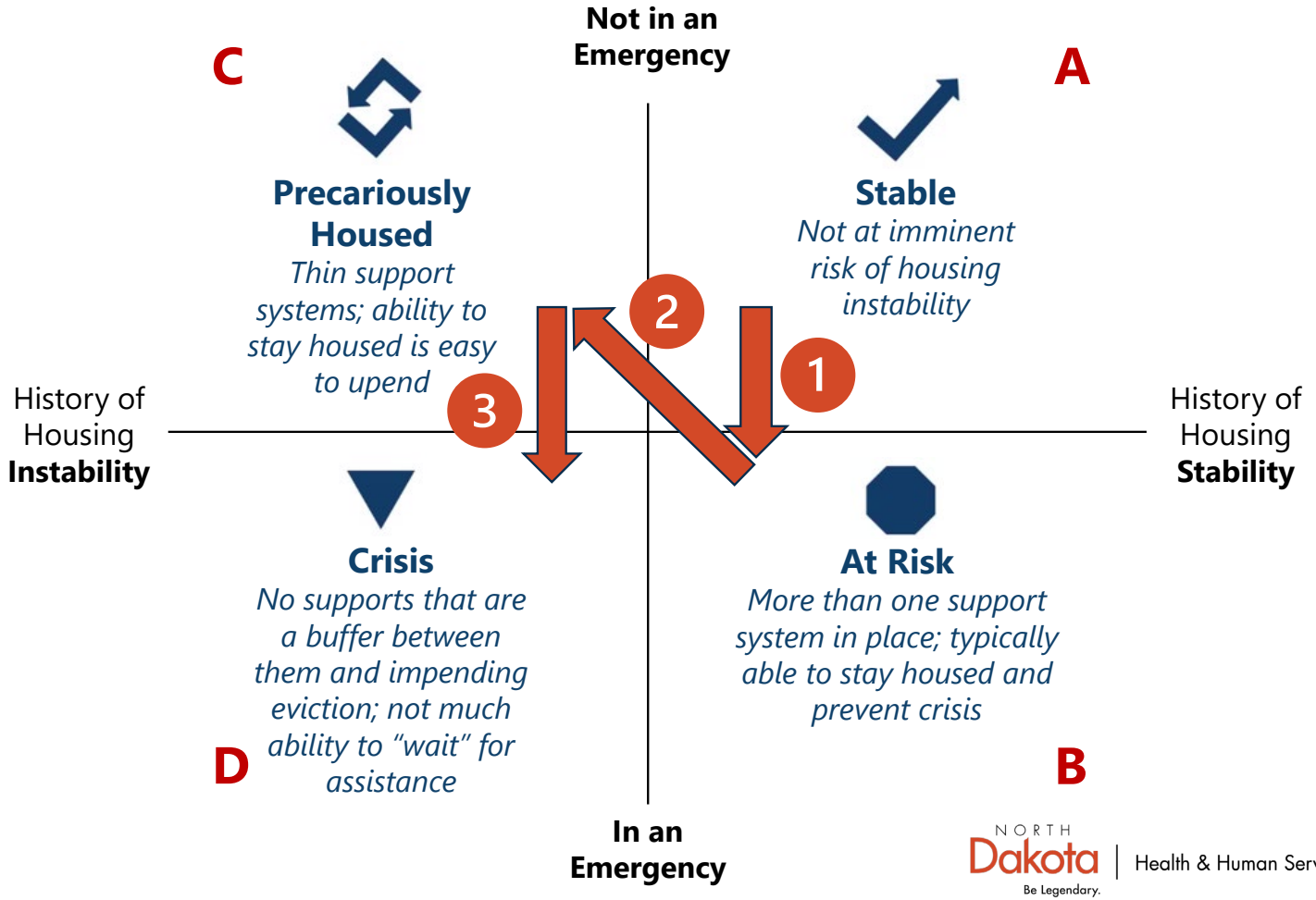
Piloting a statewide eviction prevention program helped document the nature of housing crises in ND

Scenario 1:
- Income interruption
- Health issue
- Caregiving change
- Unexpected expense

Scenario 2:
- Layering of disruptions – domestic violence, substance use, mental health, job loss, persistence of a health condition

Scenario 3:
- Persistent lack of resolution to family level disruptions – inability to maintain earnings, actions that trigger eviction, worsening health



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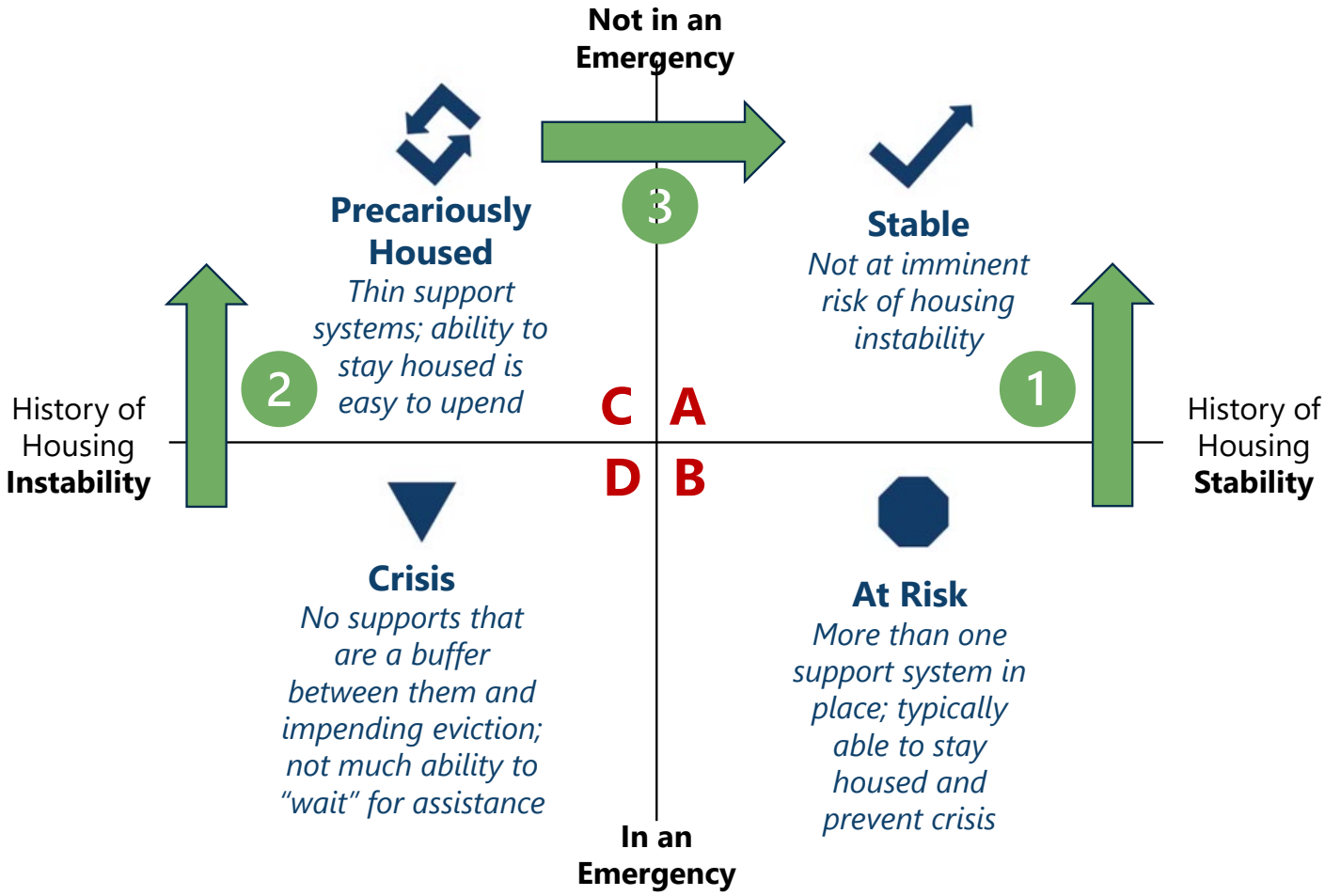
Intentional interventions can stop de-stabilizing events from taking hold

Scenario 1:
- Rent and utility assistance

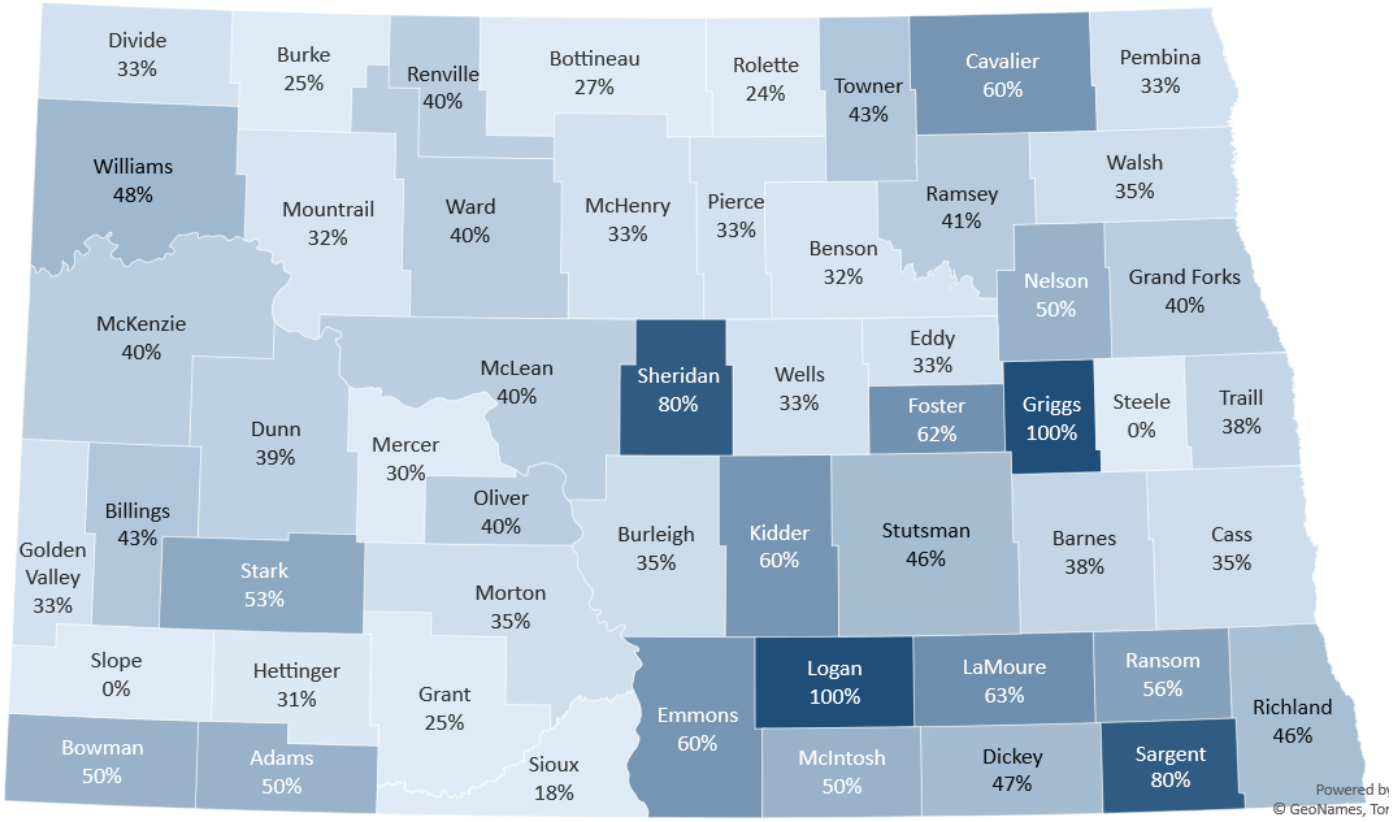
Scenario 2:
- Rent and utility assistance
- Back rent/housing debt
- Re-housing assistance
- Mediation
- Peer support/care coord
- Support services (more likely to have a chronic health or disabling condition)

Scenario 3:
- Rent and utility assistance
- Benefit cliff mitigation (income strategy)
- Potential for some support services



39% OF THE HOUSEHOLDS WHO WERE EXPERIENCING HOMELESSNESS AT THE TIME THEY APPLIED FOR ND RENT HELP OBTAINED HOUSING

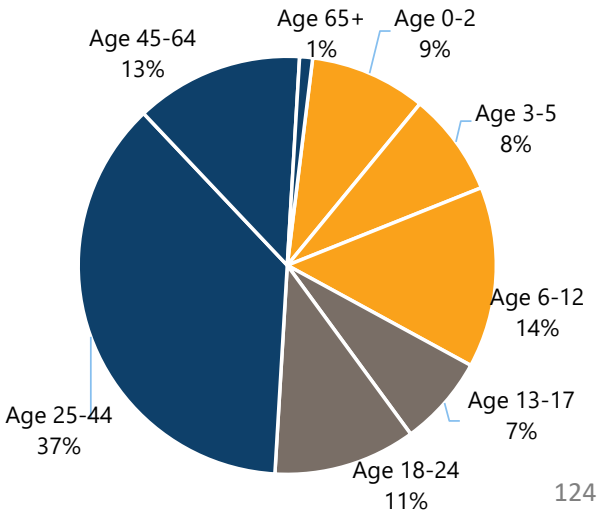
% of households experiencing homelessness who were able to obtain housing Oct 2021-Nov 2023



Formerly homeless now housed

3,627
Households

6,450
Individuals



Identify High Impact Inflection points for unique populations

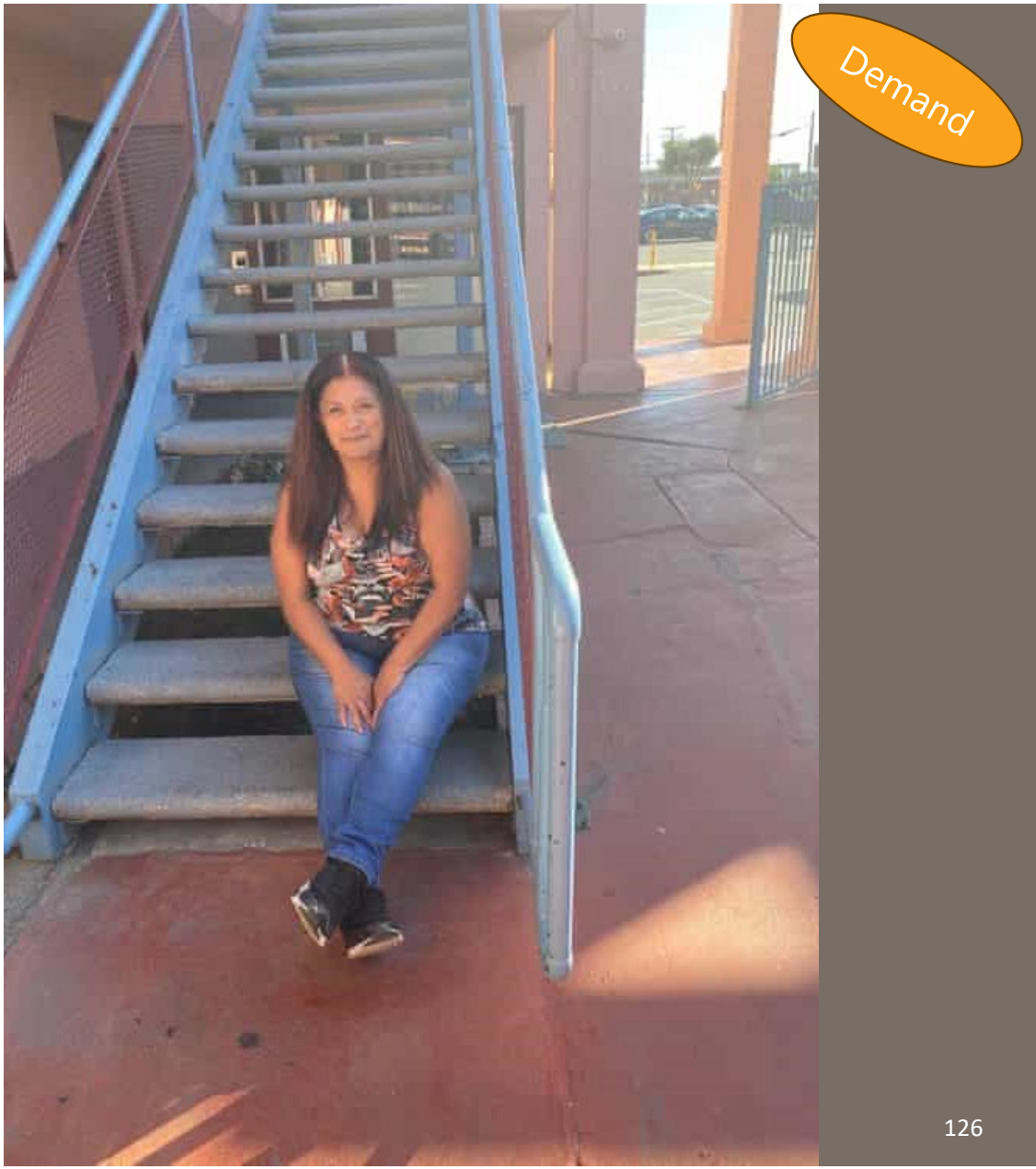
- Layer in housing assistance for transition age youth
- Flex funds for housing as part of FFPSA prevention work
- Layer in housing assistance for svc coord / peer support programs (Comm Connect, FTR, 1915i)
- Re-conceptualize service-connected “room and board” as “housing” and “service” payments
- Explore project-based services vouchers as an element of PSH
- Get clear on housing options (and how we pay) in institutional and non-institutional settings



Connect people in Housing crisis to emergency response built on housing first

- Strengthen funding model for emergency shelter to address immediate need (quadrant D)
- Connect every person in shelter setting with coordinated Rapid Rehousing response
- Letter of Commitment to assure availability of rent and utilities for 3 months
- Housing facilitator to help identify/secure unit
- Peer support/care coordination through existing non-shelter initiatives
- Transition for emergency response to stabilization supports after 3 months housed (no change in address – just in services designed to support ongoing success)

NORTH DAKOTA housing FINANCE AGENCY



Adopt proactive Life Stage Strategies: Aging into older adulthood

Transitions to "older adulthood" cohort will outweigh all else in the next 10 years.

Older Stay

KEY

- Home mods to existing housing
- Maintains ability to stay in your chosen home community as housing needs change
- Preserves existing housing infrastructure
- Creates more affordable option for some future buyer

Older Sell

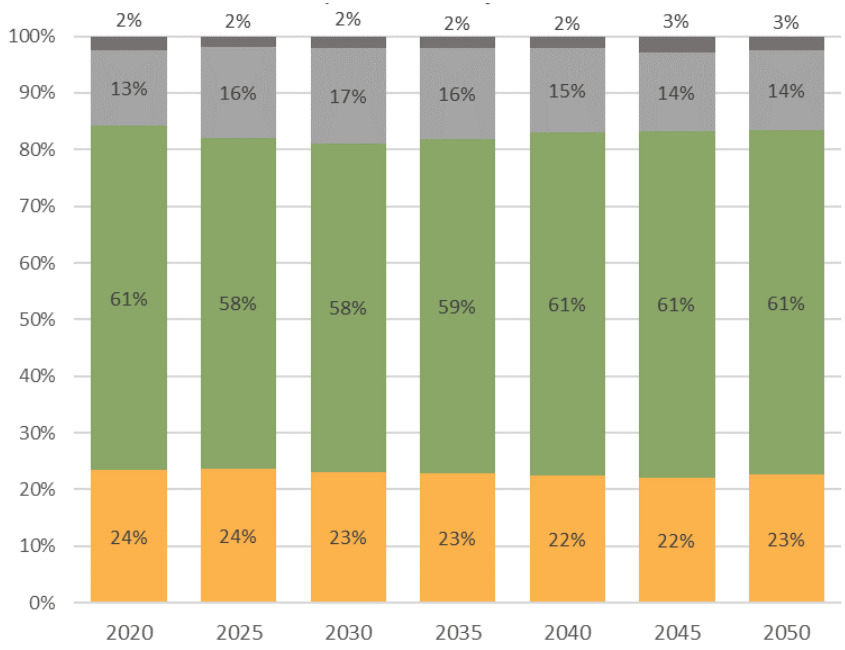
KEY

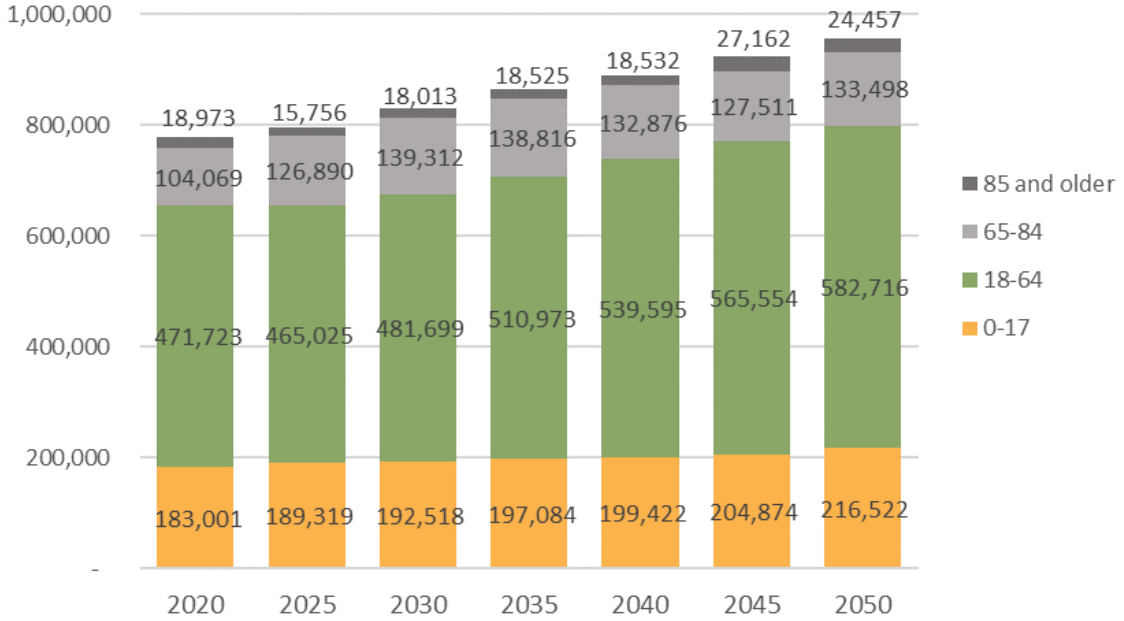
- Housing options with certain characteristics ("active adult" – not always service-enriched)
- Some change in location will occur
- Opens door for family formation/ younger buyers



NORTH DAKOTA DEMOGRAPHIC TRENDS WILL IMPACT HOUSING MARKETS

North Dakota Population Projections 2020-2050 | ND Department of Commerce State Data Center



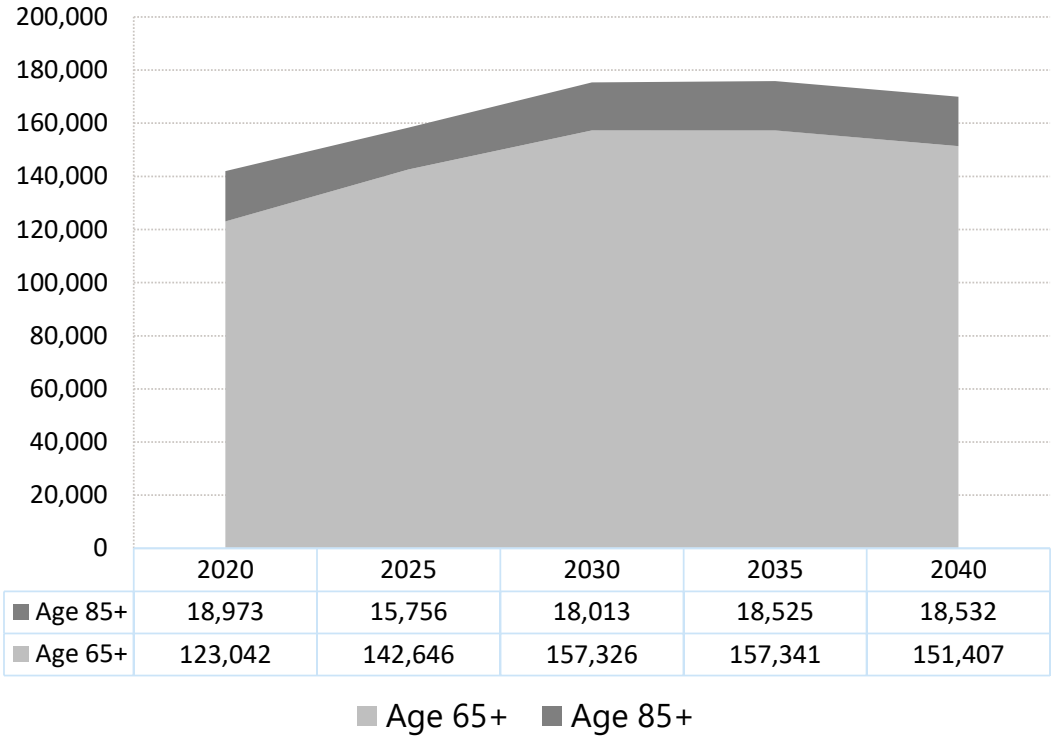


Source: ND 2024 Population Projection | State Data Center

The age shifts from 2020-2030 translate to **24-26,000 fewer people** in the peak "workforce ages" of **18-64**

NORTH Dakota Be Legendary. | Health & Human Services

OLDER ADULTS AND ADULTS WITH PHYSICAL DISABILITIES MAKE UP A GROWING PERCENTAGE OF ND'S POPULATION



	2020	2025	2030	2035	2040
Age 85+	18,973	15,756	18,013	18,525	18,532
Age 65+	123,042	142,646	157,326	157,341	151,407

Source: 2024 ND State Data Center Population Projections

The population age 65+ is expected to experience the **largest period of growth between now and 2035**

- People age 65+ represent 18-19% of ND population
- **Age 85+** consistently represents approx. 15% of total pop age 65+ but the **number of people** in that age group will **grow by 3,000** between now and **2035**

7 in 10

Americans 65+ will need LTC services for an average of 5 years

Adopt proactive Life Stage Strategies: Aging into Prime LFP/Family Formation

To reverse expected loss of ages 25-44 adopt housing policies geared to be attractive to this stage of life.

KEY

Housing that can offer expected characteristics

- Home / work spaces – flexible room layouts
- Access to outdoor rec/leisure (both public and private spaces)
- Kitchens and Baths
- Color schemes and materials
- Smart home features / wifi ready

KEY

Housing costs that align to available income

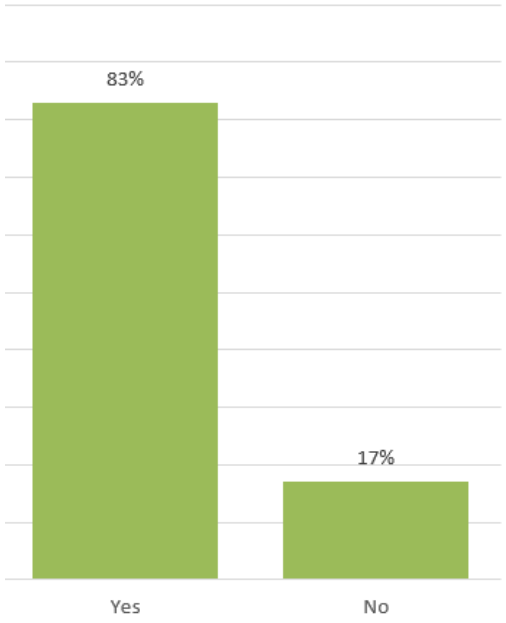
- First time buyer incentives
- Child care assistance for working parents
- Wealth-building strategies
- Community culture of home improvement



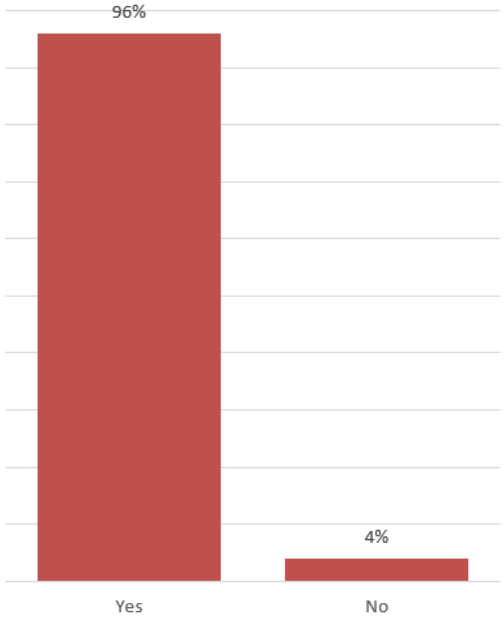
PUBLIC INPUT SURVEY (1,848 respondents, May-Sept 2024)

Q: Do you **worry about housing costs**?

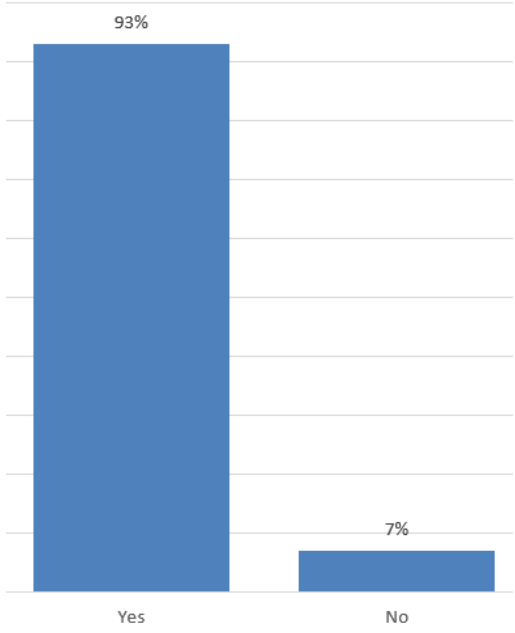
Owners



Renters



Experiencing Homelessness



NORTH DAKOTA HOUSING INITIATIVE

PUBLIC INPUT SURVEY

Q: What's the one thing you **wish** there was **more of** in your community?

Owners



Renters



Experiencing Homelessness



NORTH DAKOTA HOUSING INITIATIVE

PUBLIC INPUT SURVEY

Q: What do you **love most** about your current home?

Owners



Renters



Experiencing Homelessness



NORTH DAKOTA HOUSING INITIATIVE

PUBLIC INPUT SURVEY

Q: What do you **love least** about your current home?

Owners	Renters	Experiencing Homelessness







NORTH DAKOTA HOUSING INITIATIVE

PUBLIC INPUT SURVEY

Q: Is there **anything else** you'd like to share about housing in your community?

Owners



Renters



Experiencing Homelessness



NORTH DAKOTA HOUSING INITIATIVE

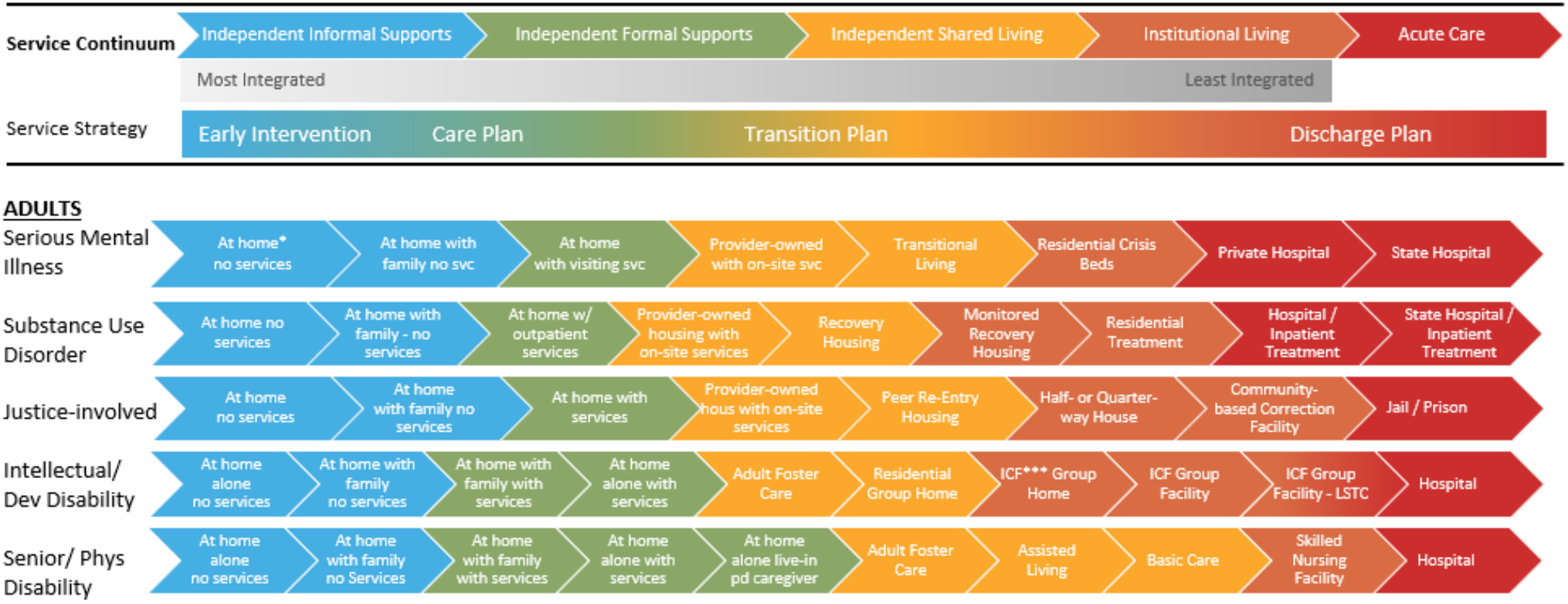
2 Filling gaps in the system of care can prevent crisis

- Evolving safety net for targeted needs
- Preventing justice system involvement / re-involvement
- Complexity of co-occurring factors
- Transition & diversion across housing-service continuum
- Addressing both root causes and immediate symptoms



The Housing-Service Continuum - Adults

A key concept defined



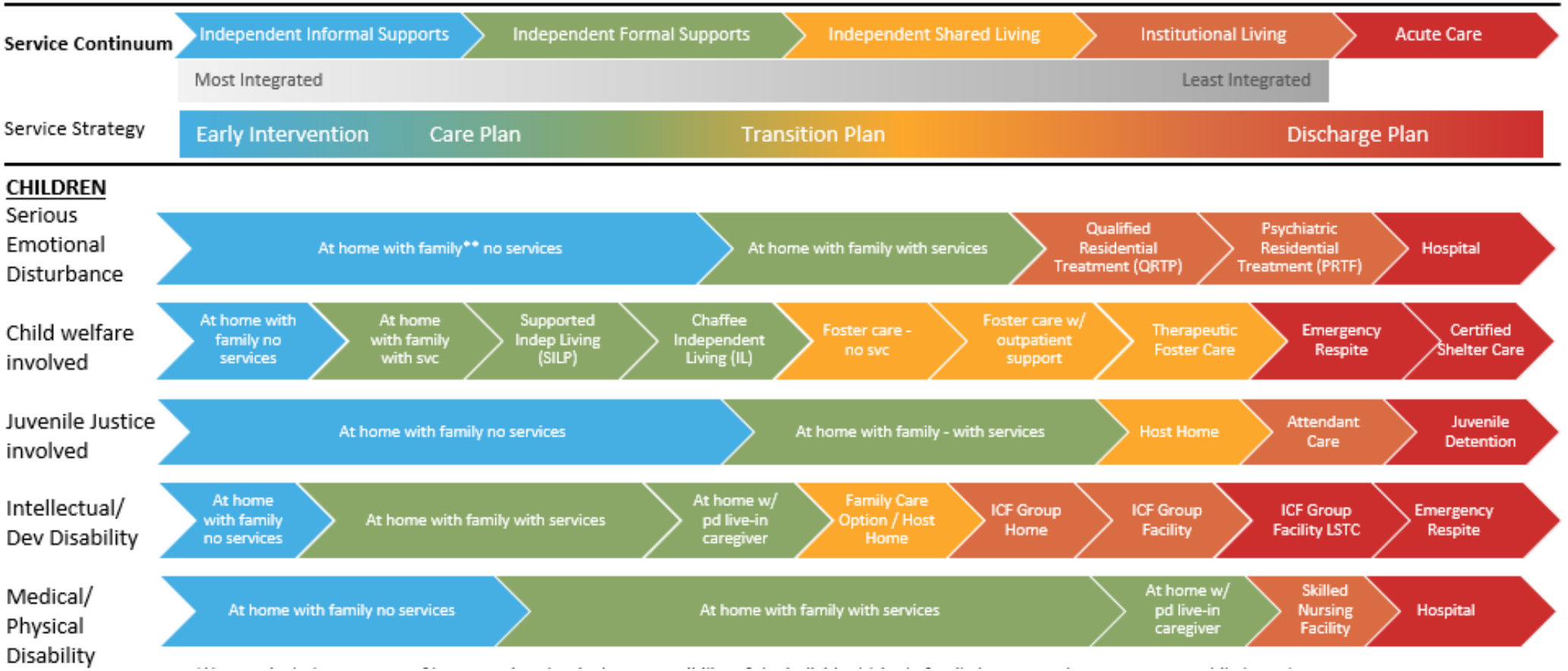
**Home = includes any type of home setting that is the responsibility of the individual (single family home, condo, apartment, mobile home)*

***Family = includes birth family, kin-caregiver, adopted family*

****ICF = Intermediate Care Facility. ICF Group Home (less than 8 people); ICF Group Facility (8 or more people); ICF LSTC (Life Skills Transition Center)*

The Housing-Service Continuum - Children

A key concept defined



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Connecting what we see and what we need to do



Community-Based Service

Expand outpatient and community-based services; Grow evidence-based service options

Prevention

Invest in prevention and early intervention, including attention to economic wellbeing of families

Access

Ensure all children and families have timely access to Behavioral Health svc; Expand quality child care; Connect housing and employment

Integration

Enhance and streamline system of care for children and youth; Align assessment and eligibility practices; Embrace quality frameworks and tools to measure impact

Executive Budget Request

Housing Initiative | Eviction prevention and Housing stabilization ($14.5 million)

WHAT?

- ✓ Eviction prevention - $3.5 million **
- ✓ Targeted rent assistance for people at highest risk of housing instability - $10 million **
- ✓ Home Renovation incentives to address accessibility modifications - $1 million **

*** - Designated as one-time funding / SIIF*



Housing is…

- The largest item in most household budgets (unless you have small children – then it's likely child care)
- A top barrier to transition from institution to community
- A risk factor in child neglect and a barrier to successful family reunification
- A challenge for successful transition from prison to community and a risk factor for criminal recidivism

WHY?

Strategically targeting interventions that address household budget gaps can prevent the spread of crisis and instability.

NORTH Dakota | Health & Human Services
Be Legendary.

Contact Info

Jessica Thomasson
Executive Director, Human Services Division
jthomasson@nd.gov

HHS child care communications and outreach summary

Consistent messaging on HHS social media since 2023

Child Care Assistance Program

Ongoing regular posts about the Child Care Assistance Program (CCAP) targeted at parents and/or guardians.
Categories include:

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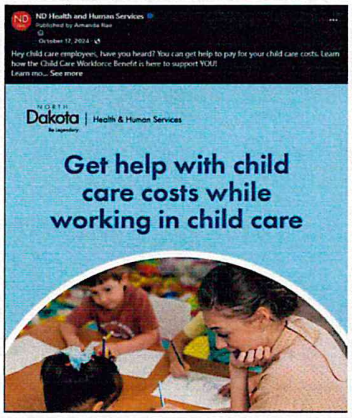

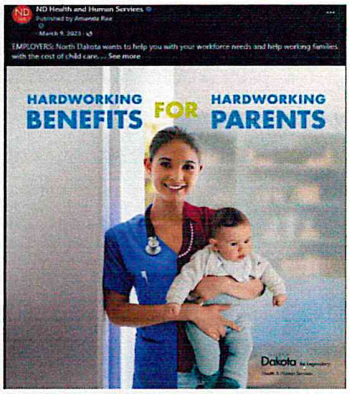





Other programs highlighted on HHS social media

- Working Parents Child Care Relief Program
- North Dakota Toolkit for Supporting Working Parents

Paid social media campaigns are delivering solid results

Great Kids Grow Here – Child Care Campaign (Aug. 26-Dec. 26, 2024)

- Directed **220,000 views** to hhs.nd.gov
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Health & Human Services

Traditional media – Releases to promote public awareness

Print | Radio | Broadcast

Headlines below:

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"HHS unveils Toolkit for Employers to streamline resources to support working parents"



(The Bismarck Tribune)



Child care expenses can be one of many factors that influence a person's decision to seek employment or stay in their current job. As a result, a labor shortage is making it difficult for some North Dakota employers to recruit and retain valuable employees.



To help solve this conundrum, NDHHS has launched the North Dakota Employer Toolkit to help businesses find financial assistance that can help cover some of the costs of childcare for their lower-income employees. (KX News)

Expanding reach to more parents through existing HHS communications channels

- Included Child Care Assistance Program information in the Medicaid Member newsletter which was mailed to more than **45,000 members.**
- Provide **quarterly updates** to 2,341 subscribers of Child Care Connections e-newsletter.
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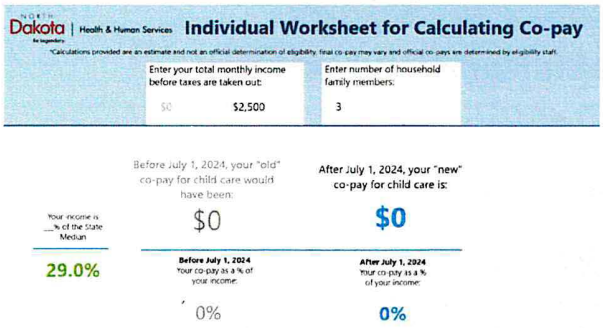

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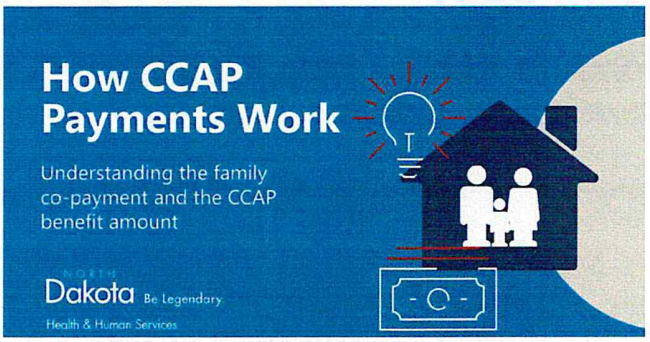

Video explaining how payments work

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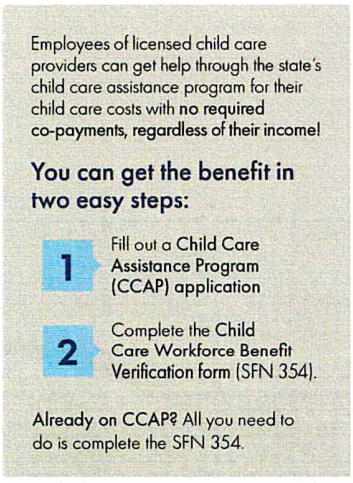
Digital copies of promotional materials are available on the Child Care Assistance Program provider webpage.

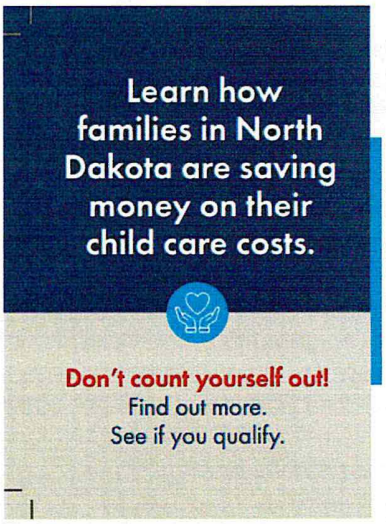
In addition, Child Care Assistance Program brochures are provided for all local human service zones.











Workforce outreach

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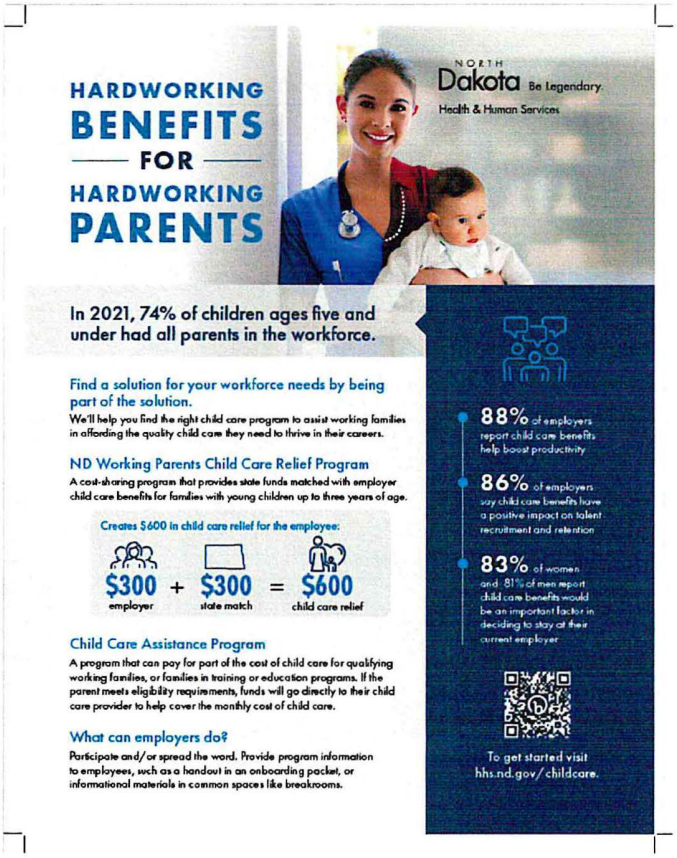

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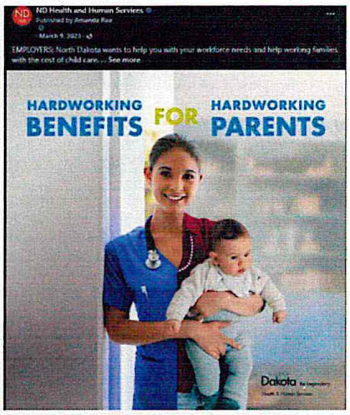



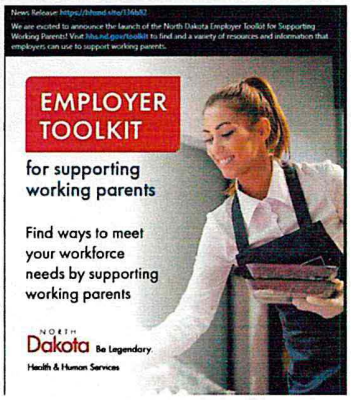

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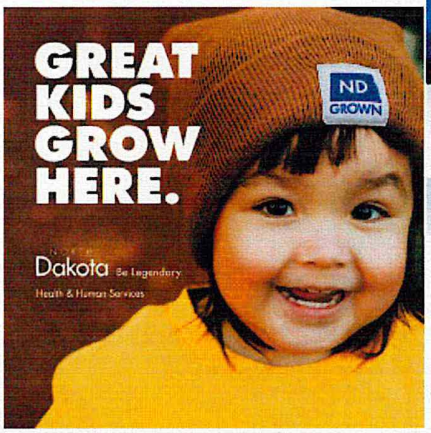

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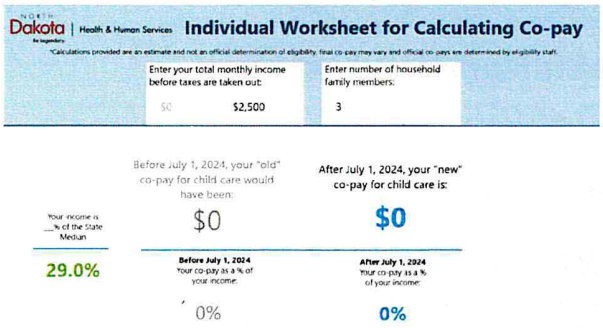

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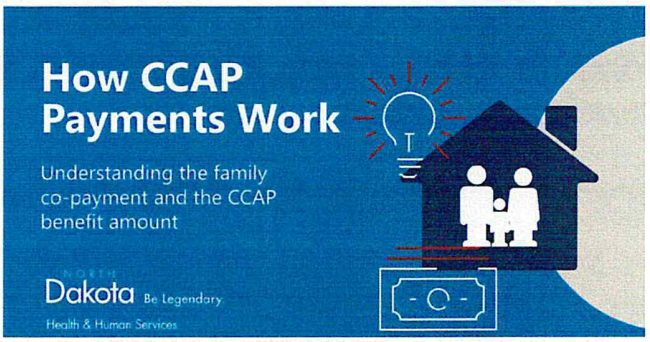

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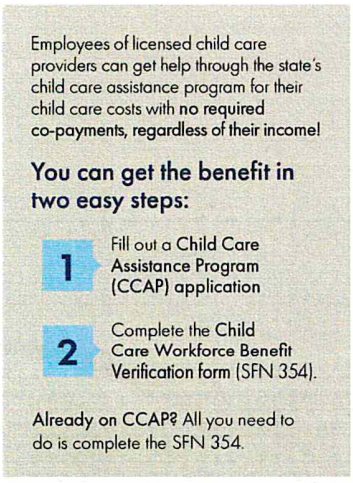



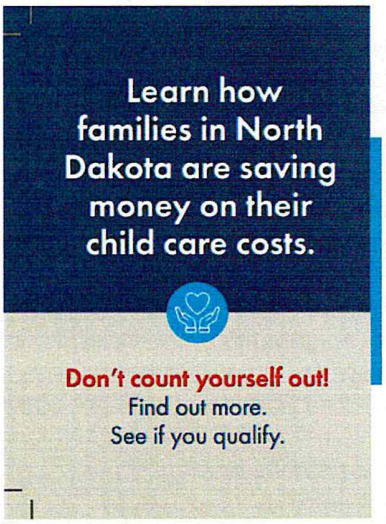

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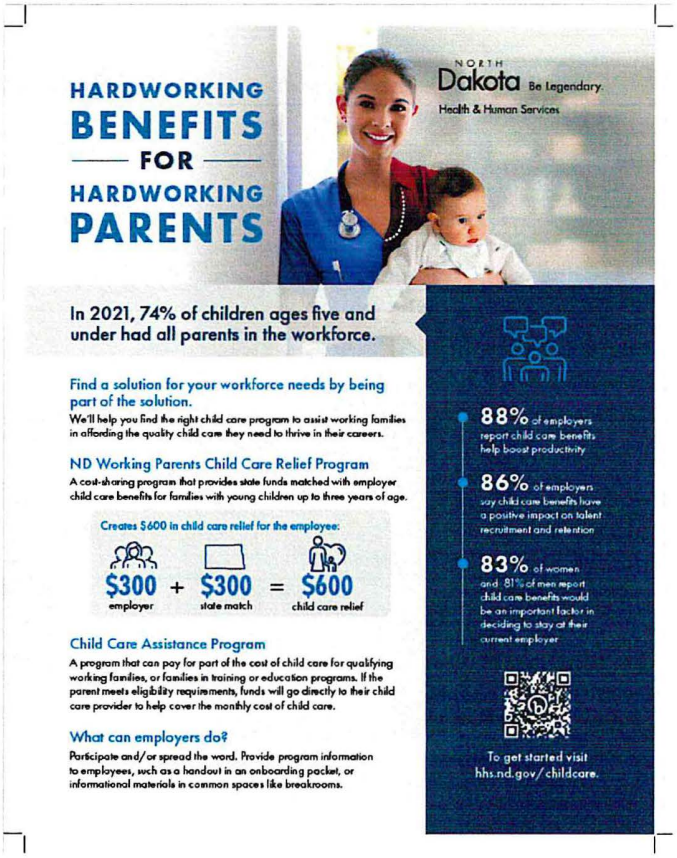


2025 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

HB 1012
2/5/2025

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

8:30 a.m. Chairman J. Nelson called the meeting to order.

Members Present: Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Berg, Mitskog, Murphy, O' Brien, Wagner.

Discussion Topics:

- Housing
- Public Health
- Rural Healthcare
- Crisis Prevention
- Juvenile Services

8:32 a.m. Katie Armbrust, Director of Program and Advocacy, testified in favor #35216.

8:35 a.m. Katie Armbrust, Lobbyist, North Dakota Coalition for Homeless People, testified in favor #35219.

8:40 a.m. Andrea Pfennig, Vice President of Governmental Affairs, Greater North Dakota Chamber, testified in favor #35031.

8:46 a.m. Tim Blasl, President of North Dakota Hospital Association, testified in favor #34869.

8:48 a.m. Todd Schaffer, President and Chief Executive Officer of Sanford Health, testified in favor #35082.

9:16 a.m. Mike Delfs, Chief Executive Officer Jamestown Regional Medical Center, testified in favor verbally.

9:28 a.m. Courtney Koebele, Executive Director, North Dakota Medical Association, testified in favor #34872, #34873.

9:33 a.m. Barbara Frydenlund, Administrator and Registered Nurse, Rolette Public Health, testified in favor #35105.

10:06 a.m. Donnel Preskey, Executive Director North Dakota Sheriff's and Deputies Association of Counties, testified in favor #34686.

10:10 a.m. Matthew Johansen, Sheriff, McKenzie County Sheriff's Office, testified in favor #35053.

10:15 a.m. Matthew Anderson, Chief of Police, Wahpeton Police Department, ND, testified in favor #34653.

10:19 a.m. Mark Johnston, Business Development Director of Government Affairs, Avel e-Care, in favor #34889.

10:27 a.m. Lisa Bjergaard, Director, Division of Juvenile Services of the North Dakota Corrections and Rehabilitation, in favor #34606.

10:29 a.m. Coiya Inman, Legislative Chair and Member of the Program of Community Violence Intervention Center, North Dakota Domestic and Sexual Violence Coalition, in favor #35118.

10:30 a.m. Andrew Schneider, Sheriff, Grand Forks County Sheriff's Office, testified in favor #34713.

10:32 a.m. Coiya Inman, Legislative Chair and Member of the Program of Community Violence Intervention Center, North Dakota Domestic and Sexual Violence Coalition, testified and continued with testimony in favor of #34977.

10:36 a.m. Seth O'Neill, Executive Director, North Dakota Domestic and Sexual Violence Coalition, testified in favor #35209.

10:37 a.m. Coiya Inman, Legislative Chair and Member of the Program of Community Violence Intervention Center, North Dakota Domestic and Sexual Violence Coalition, testified and continued with testimony #35209.

10:40 a.m. Rhona Allery, Director, Mountain Lake Human Service Zone, testified in favor #36822, #36823, #36824, #36825.

10:53 a.m. Alfred Sams, President, Roughrider High Value Network of Rural Health Association, testified in favor #35398.

10:58 a.m. Brittany Sachdeva, Chief Clinical Officer, Roughrider High Value Network of Rural Health Association, continued in favor #35398.

11:06 a.m. Alfred Sams President, Roughrider High Value Network of Rural Health Association, testified and continued with testimony #35398.

11:07 a.m. Adam Martin, Chief Executive Officer, F5 Project, testified in favor #34993.

11:13 a.m. Jeremy Traen, President and Chief Executive Officer, ShareHouse, testified in favor #35001.

11:22 a.m. Emma Quinn, Constituent and Mental Health Advocate and Business Development Manager, ShareHouse, testified in favor #35030.

11:34 a.m. Angela Dinius, Executive Director, North Dakota Association of Community Providers testified in favor #34910, #35457.

11:35 a.m. Tim Eissinger, President and Chief Executive Officer, Anne Carlsen, testified in favor #35227.

11:43 a.m. Donna Byzewski, Program Director, Corporate Guardianship Division/Intellectual Disabilities, Catholic Charities North Dakota, testified in favor #34678.

11:50 a.m. Tom Newberger, Executive Director for Red River Human Services Foundation in Fargo, West Fargo and Wahpeton, North Dakota testified in favor #35396.

11:57 a.m. Tom Newberger, Executive Director for Red River Human Services Foundation in Fargo, West Fargo and Wahpeton, North Dakota testified and continued with additional testimony in favor #35395.

Additional written testimony:
#34588, #34724, #33230,#33460, #33492, #34094, #34442, #34600, #34605, #34608 #34657, #34664, #34689, #33304, #34738, #34742, #34761, #34784, #34793, #34820, #34821, #34827, #34847, #34963, #34965, #35097, #35196, #35197, #34864, #34955, #35040, #35095, #35117, #34929, #35181.

12:05 p.m. Chairman J. Nelson adjourned the hearing.

Jan Kamphuis, Committee Clerk

Chairman Nelson and Members of the Committee,

My name is Aaron Hall, of Grand Forks. My business partner is Troy Fisher of Devils Lake. We represent All of Us In Recovery a state wide provider for Community Connect and Free Through Recovery programs for Peer Support and Care Coordination. We are in support of HB1012 and their budget expansions for Free Through Recovery and Community Connect.

Previously Troy and I have decades of serving this population in the Human Service field in rural regions. These two programs are a revolutionary bridge to existing services for any participants in rural regions of the state where recovery and mental health services are almost nonexistent. Both of these programs uniquely offer flexibility to remove barriers to the participants by meeting them at their problems and offering solutions.

We have seen the correlation between community-based resource funding caps and upticks in jail population. From our viewpoint, it is clear that every dollar spent on flexible community-based programs like Free Through Recovery and Community Connect lead to direct reductions in rural jails, law enforcement centers, and the State Penitentiary. Furthermore, these programs are cornerstone resources in rural areas where otherwise no other resources exist.

Conversely, when these programs are capped or underfunded, it is the rural regions like Rugby, Harvey, Northwood, Cooperstown, Carrington, Newtown, Hazen, Watford City etc who hurt the most – as they are often devoid of other options, unlike metro areas.

For these reasons, Troy and I support Free Through Recovery and Community Connect budget expansions.

Aaron Hall

Co-Founder

Troy Fisher

Co-Founder

To: Those members of the House Appropriations Committee
Re: Support of HB 1012
From: Amy Anderson

I live in Valley City where the **Open Door Center** serves about 90 individuals with Developmental Disabilities. Out of 180 employees, about 160 are Direct Support Professionals.

I am very familiar with the work DSP do as my 71 year old sister is Developmentally Disabled and lives in an ODC group home. There are 5 clients living in that group home and she is the only verbal client and one of 2 that is ambulatory. The other 3 are in wheelchairs, which makes staffing this group home a challenge. There are normally 3-4 staff on during the day when they are not at day activity plus there is always a need for overnight wake staff. Keeping staff is hard because of the following challenges: some are on feeding tubes; a risk of medication errors due to the number of meds administered throughout the day; transporting in wheelchairs is time consuming when going out during the day and to social functions within the community, and working on holidays and weekends.

I ask that you support a 4% pay raise for DSP. They have to go above and beyond in their work to care for those who cannot care for themselves. Without good pay it is almost impossible to find people willing to work these jobs. Please thoughtfully consider what it means to help those who cannot do for themselves.

Sincerely,
Amy Anderson
315 14 St NE
Valley City, ND 58072
701.840.8468

As parents of a daughter with Down Syndrome who utilizes services provided by the Open Door Center in Valley City, we implore you to increase the state funding in House Bill 1012. We are in strong support of agencies requesting 4% and 3% increases which correlate with federal inflation rates over the last two years.

The Open Door Center in Valley City has been critical in ensuring our daughter leads a purposeful, happy, healthy, and safe life. She is an active member of her community working at a pre-school and local restaurant. She volunteers at Sheyenne Valley Friends of Animals and the ARC thrift store. She participates in Special Olympics, the local wellness center and dance studio. This is only possible because of the dedicated staff at the Open Door Center. It is becoming more difficult to recruit and retain staff due to competing wages in other local businesses. In order to be competitive, they need these increases to continue to provide essential services to our daughter and others in their care. The staff at the Open Door Center helps our daughter live fully with as much independence as possible. Without these increases, potentially her current quality of life could be negatively impacted.

Budgets should not be balanced on the backs of the disability community. We encourage you to approve these inflationary increases so we can continue to move forward in protecting and ensuring a good quality of life for our most vulnerable citizens.

Thank you for your time and consideration, Andre and Marla DeLorme

House Appropriations Committee,

Samuel L. Ihry is my son. He is a client of the Open Door Center in Valley City. Sam has been a resident of the ODC for 15 years. Sam is 27 years old. Sam is non-verbal, not toilet trained, and eats a pureed diet. The ODC has been a blessing to him and to our family. Why??...THE STAFF.

The staff, and I quote one, Crystal, "I love my guys and spending my days with them". She could easily make more money and do less work if she went to McDonald's. However, she chose to apply and work at the ODC. The staff- Direct Support Professionals, of the Open Door Center consists of 165 men and women. Without the support and employment of Direct Support Professionals, 7,000 people of our most vulnerable population in our state could not receive the services and support that they require. The support of daily living, work placement, and most importantly being able to live independently and happily.

Direct Support Professionals work overnights, days and weekends. They are not drawing a large wage. They do it because they truly love their clients, my son, and the other individuals. Sam prays with Nicole and cooks with Michelle. Beka takes him to UND football games. Of Sam's core Direct Support Professionals, 4 of them have been with him all 15 years. These employees love their positions. Compensating them is the right thing to do. Direct Support Professionals have names and they have families. Please consider this when you discuss HB 1012. We need to retain quality staff for clients, my son, Sam.

Your support of a 4% inflationary increase is imperative. State employees may receive a 3% increase and many of them are not leaving the comfort of their kitchen to do their job. Please consider the hours and what fills the hours of Direct Support Professionals when you discuss HB 1012.

Thank you for your time and your support of the special needs community of North Dakota.

Dawn D. Ihry
1310 3rd Ave NW
Valley City ND 58072
(mom of Sam)

#34094

GRAND FORKS COUNTY
HEART OF THE RED RIVER VALLEY

Office of the State's Attorney

January 30, 2025

Rep. Jon Nelson, Chairman
North Dakota Legislature
House Appropriations Committee/Human Resources Division
600 East Boulevard Avenue
Bismarck, ND 58505

Dear Chairman Nelson and Members of the House Appropriations/HR Division,

As state's attorney for Grand Forks County, I have worked with the Community Violence Intervention Center's (CVIC's) crime victim witness team for several years. This team provides advocacy and emotional support to victims of crime. Our relationship has enabled us to serve a growing need for crime victims in Grand Forks County, which reached record nearly 1,500 individuals in 2024. Of the 1,499 victims served, roughly one-third of them are domestic & sexual assault survivors. CVIC's victim witness specialists attended 1,853 court hearings with or on behalf of crime victims and arranged and attended 339 meetings between crime victims and prosecutors.

We've also appreciated CVIC's support of domestic violence court and violence intervention in its work with those who use violence. In 2024, CVIC served 164 men and women through New Choices, domestic violence intervention programming, which addresses offenders' use of violence and holds them accountable for causing harm to others. Collectively, these participants are parents of more than 300 children. In addition, 92 participants were also ordered into Domestic Violence Court, the specialized post-sentencing review court that works to hold individuals accountable, monitor sentencing progress, and encourage successful completion. The New Choices partner contact reached out to 125 partners of New Choices participants to keep them informed of the participant's status and provide information about CVIC services. Of the partners contacted, 54 received CVIC advocacy services.

Please consider additional state resources to enable CVIC to continue supporting this important work on behalf of both victims and those who use violence.

Sincerely,

Haley Wamstad

Haley Wamstad
Grand Forks County State's Attorney

Chairman Nelson and Members of the Committee,

I am writing in support of HB 1012 and to share my experience with the ND Recovery Housing Assistance Program, which has had a profound impact on my life. Recovery housing has provided me with a stable and supportive environment, which has been crucial in my sobriety journey.

Living in a recovery house has given me access to a community of individuals who are also committed to their recovery. This sense of community has been incredibly beneficial and offers me the emotional support I need. The structured environment has helped me establish a routine, which has been essential in maintaining my focus and commitment to my recovery goals.

My goals in recovery have been focused on rebuilding my life and relationships. I aim to see my son on a regular basis, which motivates me to stay committed. Meeting with my sponsor once a week and completing the 12 steps are crucial in my recovery. I also make it a priority to attend support groups five days a week to stay connected and accountable. Additionally, I am dedicated to meeting sober friends and finding a healthier lifestyle to ensure long-term success in my recovery.

Honestly, I don't know where I would be today if I didn't have this opportunity that helped me change my life, be a better person, and be the best mom I can be. Thanks to the Recovery Housing Assistance Program and my sober living house I have 11 months of sobriety, a stable job, and a new outlook on life.

In conclusion, the 12 weeks of recovery housing has played a pivotal role in my recovery process, in helping get on my feet without the stress of additional financial burdens. It has not only provided me with a safe and supportive living environment but also fostered a sense of community and personal growth and changed my life. I am truly grateful for the opportunities and support that recovery housing has offered me.

Thank you for taking the time to read my letter.

Sincerely,

Kandace P

Chairman Nelson and Members of the Committee,

My name is Mark R. Carlson, I was born in Bismarck and now call Arnegard home. I love North Dakota, it is all I know and all I want to know, I was born here and I will die here. I am extremely proud of my home state!

I am writing you today in reference to HB 1012 for the SUD Voucher Program and the Recovery Housing Assistance Program. Thanks to these two programs I have a life today, they literally saved my life.

Please let me explain why I say saved. After being clean and sober for 17 years in January 2020 I relapsed on methamphetamine. A series of events led to this event, but ultimately the poor choice was made by me. I am no victim here; I am the creator of my problems. On June 20, 2023 I was arrested for drugs in my home in Bismarck and by that time I was a full blown drug addict. Looking back at all of this I like to use the statement I was saved, not arrested on that day. By the time law enforcement came through my door I was all but gone. I went from 240 pounds to 123. I had gone from the position of President of Operations overseeing five Little Caesars stores to unemployed. I crashed my truck, I lost my family, and I had no self-worth or self-respect. The only thing I had left at that point was my apartment, because I had managed the building for 18 years and the owner loved me, and I believe he thought I would beat my addictions. That is not true I would have died in my addiction if not for Law Enforcement and what happened next. After going to jail the court felt I was a good candidate for drug treatment and on October 17, 2023 I was taken to Providence House in Arnegard. When I arrived, I was 100% broken physically and mentally I was a wreck! I was granted this by two things, the ND SUD Voucher and God! I was not going to waste the chance to get better. And that's exactly what I did. I worked very hard in residential treatment, and I utilized all that was offered to me from Providence House. Slowly but surely my health got better, my brain got better, and I started to excel in my recovery. After one month of treatment I had a goal. My goal was to live my life drug free and to give back to the program that saved my life. The only problem is I still had a long, long way to go!

I wanted to go to Endeavor Sober Living to continue on this journey and complete what I had started. And once again North Dakota stepped in and saved me. I received funding through RHAP for 12 weeks of housing in a recovery house. These 12 weeks were the weeks that could have broke me, instead, they made me! In this time was able to focus on my recovery, I completed a day treatment program, and I got a job at a local gas station. Without the 12 weeks grace period I was given I truly believe I would have given up my recovery, at a minimum I would have faced far more difficult struggles during this time.

I hope now you see why I feel like without these two programs I could still be incarcerated and stuck in my meth addiction. Thank you for supporting these programs that saved my life and the lives of many others just like me in our state!

I am happy to report on where I am today. I have 477 days of sobriety. I still live at Endeavor Sober Living and have been promoted to assistant house manager. I help others in the program establish structure and accountability in their day to day lives and get to offer support for others just like me. I was offered a support staff position at Providence House and now I am able to give back to newcomers that come into this program daily. Also, what a journey from a hopeless meth addict to a person that helps people find there hope!

I owe my life to the programs and those that make them happen from the teams at Endeavor Sober Living and Providence House to the behavioral health team that work hard to ensure these programs are accessible and continued for those to come after me. It is almost impossible for me to express my gratitude in words so I try to show it in actions.

If any members of this committee would like to talk to me for additional information on how these programs saved me, I can be reached at (701) 934-7662. I am always willing to make a trip to Bismarck for a face to face meeting as well, I can sneak in time with my kids and family there at the same time! I love you all, thank you for making this possible and saving my life. I now have a life worth living! I will do anything to make sure these programs continue to help others just like me that are all worth saving too!

Sincerely,

Mark R. Carlson

House Bill 1012 Testimony

Amorelle Upton
Former Client, Rape & Abuse Crisis Center, Fargo
Alumnae of Alpha Chi Omega (domestic violence philanthropy focus), UND Campus
Partner/volunteer, Community Violence Intervention Center, Grand Forks

Hello everyone! My name is Amorelle Upton, and I want to start by saying that I am so lucky to be sharing my testimony with you today. I am now a voice for those who don't have one; because I was once that person.

Growing up in Fargo North Dakota with a loving family and a great group of friends was pretty fantastic. I was involved in a variety of activities including dance, swimming, gymnastics, tennis, church, and any new activity I could try. I was involved in clubs and held a multitude of leadership positions that contributed to an otherwise excellent high school experience. All told, my life was exactly what any 16-year-old could want. Unfortunately, a lot of this quickly changed five years ago. Without even knowing it was happening, I found myself in an abusive relationship during my junior year of high school. This is something that I never thought could happen and at first, I was convinced it wasn't happening.

Everything started out seemingly perfect; a relationship that I thought would be forever. In the beginning, signs of love and affection overflowed. I was bombarded with gifts, kindness, and appreciation. However, within weeks of him relocating to another state and without me even realizing it, I slowly began losing myself. I knew deep down I wasn't myself. Some of his demands seemed excessive and unreasonable, but I was doing this for someone I loved, so maybe it was OK.

The first signs seemed subtle. One day, when I was checking my Instagram and Snapchat, I noticed several of my friends missing from my feed. After looking into it a bit more, I discovered that he had blocked several of my friends. At first, I thought it was a protective gesture and didn't give it much thought. However, before I knew it my entire contact list had been wiped out.... family, friends, coaches, mentors, anyone who had meaning in my life. I complied to keep him happy. Afterall, he said he loved me. Brainwashed without even realizing it, I figured that would be the extent of his demands, but sadly, this was just the beginning.

Before I knew it, he was telling me to delete every single picture in my camera roll, my snapchat memories, and even the pictures on Instagram with other people. In his mind, if I really loved him, all I needed was his love, his pictures, his connections. His actions were designed to segregate me from my support system, people I loved and trusted. I knew this was sideways, but if this was all he needed to feel good about our relationship, what could it hurt to comply? The conflicting emotions of the situation were scary and confusing. None of this felt normal either, but maybe this was my new normal. Maybe I really DID only need him. I later learned that was manipulation talking, which I fell for over and over.
What came next stays on my mind to this very day. He demanded that I quit activities and sports. It started with swimming and then gymnastics. Unlike swimming, I loved gymnastics. I was making such great progress within the sport, being elected captain and a leader of my team. As much as I loved the sport, I would rationalize why it was all right to quit. After all, I wasn't planning to pursue the sport after high school.

I felt guilty for letting down my team, but in the back of my mind, it didn't matter because he was all I needed. I wish I had realized earlier how much I let myself down, too. Something that was my passion was lost in an instant. I remember one of my teammates, and best friends expressed to her mom that she was really concerned about me. She felt like something wasn't right. Her mom then reached out to my mom which is when my parents found out that something really was off. At first, I was really angry with my friend. Why would she tell my parents and ruin my so-called "happiness." What I didn't realize at the time is that she probably saved my life, and I'm forever grateful for her genuine concern.

You would not have recognized me back then. As I think about the months in that relationship, I don't either. Far from the person I am today, I don't recognize that girl or the lengths she went to keep peace, follow his rules, and avoid further fear. I wasn't showering, brushing my hair, or putting any effort into an everyday routine. I followed his dress code to a tee – literally – one specific pair of baggy, Under Armour joggers, rotating between two, extra-large shirts.

I was told I wouldn't enjoy the outcome if I were to not follow his rules. The threats became more and more frequent. He was managing my every move. He was miles away and yet constantly in my space. Every minute of every day was directed. I felt suffocated, even walking to class. He also forbid me to talk to anyone, including friends, peers, and even teachers. When I walked to class throughout the day, he required me to Facetime. When I didn't, he would yell and berate me. I remember one specific day on Facetime when I smiled at someone passing by. I immediately heard screaming coming from my phone and instantly regretted even smiling. The control became obsessive and constant.

Alongside my self-esteem, my grades and school performance suffered, too. Once a thriving 4.0 student, my grades plummeted to a 2.1 grade point average. This was far from the stellar track record I was so proud of and nothing I could have ever imagined. More and more people in my life started raising concerns. Consumed by his control, I shared my family's concerns with him. After that, segregating me from my friends was not enough. He wanted division and distance between me and my parents, too. He told me I needed to leave my parent's house and stay with my grandparents. He convinced me to make up a story and tell counselors at school that I didn't feel safe at home. This resulted in my parents being brought to the school and my whole life flipping upside down. I stayed at my grandparents for two weeks and that's when the results of the abuse began to surface, and I realized that something really wasn't right. I wasn't even talking to my parents or sister, all of whom loved me and just wanted the real me back.

The turning point was when I didn't even go home for Thanksgiving. I had never missed this family holiday. That's when I knew I needed to tell someone and get help… but who? All of my contacts were deleted. I no longer had a phone because it was with my parents, and the only form of communication I had with him was a shared google doc on my school computer. Out of some miracle, I remembered one of my teammates' phone numbers. In tears and distraught, I told her everything. I told her I didn't have the courage to end the relationship because I feared what he would do. She ended the relationship for me and in that moment, I felt pounds of weight lifted off my shoulders. I was terrified, I was nervous, I was hopeless, but I knew I needed to be done.

My school quickly introduced me to a counselor from the Rape and Abuse Crisis Center in Fargo. I was grateful for the support, but the healing process was slow. It was hard to face the severity of what had transpired so quickly and as glad as I was to be out of the relationship, I didn't want him to get in trouble. The Sunday after the relationship ended, I went to church for the first time in

eight months. As faith would have it, the lesson was on healing from toxicity and abuse. The pastor asked anyone who needed a healing hand to stand. I stood up and my dad stood up with me as tears started rolling down my face. In this moment, I knew I was ready to begin my healing process and reshape the fear that had become a daily experience.

When I had the courage, I shared my story on Facebook and Instagram. Several people came forward with similar experiences and asked me for help and advice. This is when I knew that the pain that I went through could be used to share hope for other survivors.
In addition to sharing my experience and leading others to abuse resources, I wanted to personally contribute. The following summer, I began fundraising for the Rape and Abuse Crisis Center, so that others could benefit from their free, confidential services. My senior year of high school, I joined Philanthropy and Youth where I had the opportunity to become a leader of the club and chose the topic of domestic violence nonprofits. I then started a mental health club at my school where the goal was to eliminate the stigma surrounding mental health disorders and focused on suicide prevention.
Once at UND, I went through the sorority recruitment process. I found a home away from home in Alpha Chi Omega, another organization who shared my passion for domestic violence awareness, its national philanthropy. The experience led me to an incredible group of women and enabled me to continue investing in a purpose and partnership with CVIC.

Without organizations like Alpha Chi Omega and CVIC, so many stories would go untold, and so many victims would feel stuck, like I was. When I think about the way my 16-year-old life transitioned from such a scary, confusing place to a community that welcomed me with open arms, I hardly recognize who I was. With meaningful prevention and intervention programs, healing can happen; lives can change. Thanks to organizations like Rape and Abuse Crisis Center, mine did.

Reflecting back five years ago, I truly wish that myself and those around me had been more educated on the topic of domestic violence. Although the resources were available to me after I had gotten out of the relationship and I am forever grateful for that, I often wonder if the circumstances would have been different if I were more educated. Would I have recognized the signs sooner? Would my peers in school avoid asking me “why didn’t you leave sooner?” or not have their first thought be to tell me “You’re being dramatic and quit talking about it.” I believe that the education now available through CVIC to all ages in our community could create a great impact on the upcoming generations.

If I would have told 16-year-old me, who thought her world was ending, that she’d be in doctorate program and surrounded by people each and every day that love and care about her, she wouldn’t have believed it. So, if you take one thing away from what I’ve stated today, I want you to know that it’s okay not to be okay. It’s okay to seek help, and it’s okay to feel lost. But it does get better even when it seems impossible. Opportunities are out there waiting for you, even if you feel hopeless. Lastly, help those around you and don’t be afraid to speak up, because you never know when it can save someone’s life. Thank you.

25.0156.01000

Sixty-ninth
Legislative Assembly
of North Dakota

HOUSE BILL NO. 1012

Introduced by

Appropriations Committee

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. APPROPRIATION. The funds provided in this section, or so much of the funds as may be necessary, are appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, and from other funds derived from special funds and federal funds, to the department of health and human services for the purpose of defraying the expenses of its various divisions, for the biennium beginning July 1, 2025, and ending June 30, 2027, as follows:

Subdivision 1.

BUSINESS OPERATIONS

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$25,763,358	$0	$25,763,358
Operating expenses	155,308,399	0	155,308,399
Capital assets	108,934	0	108,934
Grants	11,812,627	0	11,812,627
Total all funds	192,993,318	0	192,993,318
Less other funds	118,894,310	0	118,894,310
Total general fund	$74,099,008	$0	$74,099,008

Subdivision 2.

BEHAVIORAL HEALTH

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$8,792,675	$0	$8,792,675
Operating expenses	79,381,458	0	79,381,458
Grants	40,476,298	0	40,476,298
Behavioral health clinics	196,383,945	0	196,383,945
State hospital	94,826,973	0	94,826,973
Opioid addiction prevention	2,000,000	0	2,000,000
Total all funds	421,861,349	0	421,861,349
Less other funds	113,955,941	0	113,955,941
Total general fund	$307,905,408	0	$307,905,408

Subdivision 3.

HUMAN SERVICES

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$168,325,918	$0	$168,325,918
Operating expenses	88,885,469	0	88,885,469
Capital assets	10,000	0	10,000
Grants	621,189,007	0	621,189,007
Life skills and transition center	44,992,263	0	44,992,263
Grants - medical assistance	742,793,564	0	742,793,564
County social services	197,663,661	0	197,663,661
Total all funds	1,863,859,882	0	1,863,859,882
Less other funds	1,240,409,529	0	1,240,409,529
Total general fund	$623,450,353	0	$623,450,353

Subdivision 4.

MEDICAL SERVICES

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$21,008,344	$0	$21,008,344
Operating expenses	70,807,977	0	70,807,977

Grants	1,651,004	0	1,651,004
Grants - medical assistance	2,682,778,803	0	2,682,778,803
Total all funds	2,776,246,128	0	2,776,246,128
Less other funds	1,818,029,530	0	1,818,029,530
Total general fund	$958,216,598	0	$958,216,598

Subdivision 5.

PUBLIC HEALTH

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$60,415,388	$0	$60,415,388
Operating expenses	37,721,213	0	37,721,213
Capital assets	1,469,780	0	1,469,780
Grants	81,718,145	0	81,718,145
Tobacco prevention	13,063,162	0	13,063,162
Women, infants, and children food payments	19,900,000	0	19,900,000
Cares Act/COVID-19	83,909,182	0	83,909,182
Total all funds	$298,196,870	0	298,196,870
Less other funds	250,440,690	0	250,440,690
Total general fund	$47,756,180	$0	$47,756,180

TOTAL - SECTION 1

	Base Level	Adjustments or Enhancements	Appropriation
Grand total all funds	$5,553,157,547	$0	$5,553,157,547
Grand total other funds	3,541,730,000	0	3,541,730,000
Grand total general fund	$2,011,427,547	$0	$2,011,427,547
Full-time equivalent positions	2,483.83	0.00	2,483.83

SECTION 2. FUNDING TRANSFERS - EXEMPTION - AUTHORIZATION - REPORT. Notwithstanding section 54-16-04, the director of the office of management and budget shall transfer appropriation authority between line items within subdivisions 1, 2, 3, 4, and 5 of section 1 of this Act for the biennium beginning July 1, 2025, and ending June 30, 2027, as

requested by the department of health and human services. The department of health and human services shall notify the legislative council of any transfer made pursuant to this section. The department shall report to the budget section after June 30, 2026, any transfer made in excess of $50,000 and to the appropriations committees of the seventieth legislative assembly regarding any transfers made pursuant to this section.

SECTION 3. OTHER FUNDS - INSURANCE TAX DISTRIBUTION FUND. The other funds line item in subdivision 5 of section 1 of this Act includes the sum of $1,125,000 from the insurance tax distribution fund for rural emergency medical services grants.

SECTION 4. OTHER FUNDS - COMMUNITY HEALTH TRUST FUND. The other funds line item in subdivision 2 of section 1 of this Act includes the sum of $1,867,500 from the community health trust fund for the 988 crisis hotline program and subdivision 5 of section 1 of this Act includes the sum of $27,072,324 from the community health trust fund for the following programs:

Behavioral risk factor survey	$200,000
Behavioral health loan repayment	234,500
Domestic violence offender treatment	1,000,000
Domestic violence prevention	1,000,000
Women's way	329,500
Dentist's loan repayment	360,000
Local public health state aid	3,275,000
Rural emergency medical and ambulance services grants	7,000,000
Cancer programs	580,324
Forensic examiner contract	1,000,000
Tobacco cessation grants	500,000
Youth vaping prevention grants	300,000
Tobacco prevention and control	5,043,000
Tobacco prevention and control grants to local public health units	6,250,000
Total community health trust fund	$27,072,324

SECTION 5. OTHER FUNDS - HUMAN SERVICE FINANCE FUND. The other funds line item in subdivision 3 of section 1 of this Act includes the sum of $226,950,000 from the human service finance fund for state-paid economic assistance and social and human services.

SECTION 6. OTHER FUNDS - HEALTH CARE TRUST FUND. The other funds line item in subdivision 4 of section 1 of this Act includes the sum of $500,000 from the health care trust fund for basic care facility bad debt expense.

SECTION 7. OTHER FUNDS - CHARITABLE GAMING OPERATING FUND. The other funds line item in subdivision 2 of section 1 of this Act includes the sum of $500,000 from the charitable gaming operating fund for costs of gambling disorder prevention services.

SECTION 8. OTHER FUNDS - OPIOID SETTLEMENT FUND. The other funds line item in subdivision 2 of section 1 of this Act includes the sum of $8,000,000 from the opioid settlement fund for opioid remediation and abatement efforts.

HOUSE APPROPRIATIONS COMMITTEE
REPRESENTATIVE JON NELSON, CHAIR
FEBRUARY 3, 2025

NORTH DAKOTA DEPARTMENT OF CORRECTIONS AND REHABILITATION
LISA BJERGAARD, DIRECTOR, DIVISION OF JUVENILE SERVICES
PRESENTING TESTIMONY IN SUPPORT OF HOUSE BILL 1012

Chairman Nelson and members of the Appropriations Committee, my name is Lisa Bjergaard, and I am the Director of the Division of Juvenile Services (DJS) for the North Dakota Department of Corrections and Rehabilitation. I am here to testify in support of House Bill 1012, and more specifically, support for the ongoing Title IV-E match dollars that allow community-based services to grow.

The DJS has enjoyed a long and productive relationship with the Child and Family Services Division (CFS) of the North Dakota Health and Human Services Department. Most recently, DJS has partnered with CFS to deliver an in-home based family intervention, Brief Strategic Family Therapy.

Brief Strategic Family Therapy® (BSFT®):

Brief Strategic Family Therapy® (BSFT®), an evidenced-based, family-focused intervention that treats the family system as a whole and is designed to:

- Prevent, reduce, and/or treat youth behavior problems.
- Improve family functioning, including effective parental leadership and involvement with the youth (Improve youth's behavior by improving family relationships).

The BSFT® Program targets children and adolescents between the ages of 6 and 17 who are displaying or are at risk for developing behavior problems, including substance abuse, conduct problems and delinquency. The BSFT® Program has been implemented as a prevention, early intervention and intervention strategy for delinquent and substance-abusing adolescents.

DJS can provide clinicians that deliver the therapy, but without the Title IV-E reimbursements and the state paid portion of the match dollars, this effort would be untenable. The evidence-based prevention and intervention services supported by this budget show great promise, provide a tremendous “bang for the buck”, and form the beginnings of what many of us in the child serving world have long hoped for: a robust network of child and family services that families can access without having to involve formal child welfare and juvenile justice systems.

Thus far, the outcomes associated with the delivery of BSFT® are remarkable. BSFT® is designed to create change in the functioning of the entire identified family system. The clinical target is to develop stability in the family system and restore hierarchy of the parental figures. As of December 2024, 163 youth clients whose behaviors prompted referral to therapy were referred, and services impacted 411 family members. Families are reaching the clinical targets for their family plans after 3-4 months, and research suggests that progress towards symptom reduction will continue post intervention.

Thank you for your time and consideration. I am always grateful for the opportunity to share with you the activities and operations of the youth and family serving division of the Department of Corrections and Rehabilitation.

Chairman Nelson and Members of the Committee,

I am writing to you to let you know how the recovery housing assistance program has helped me move forward in my recovery. If it wasn't for RHAP it would have been a struggle to continue with my SUD treatment. It provided me with a structured and safe environment to work and concentrate on my recovery. After leveling down in treatment I'm able to work and start paying my bills, including rent. This is helping me prepare myself to live on my own again one day. Until then with the structure and safety of my sober living home my recovery is secured because I come home everyday to a safe living environment and for that I'm thankful to be working, working a program, going to treatment, and living a life of recovery from here on out.

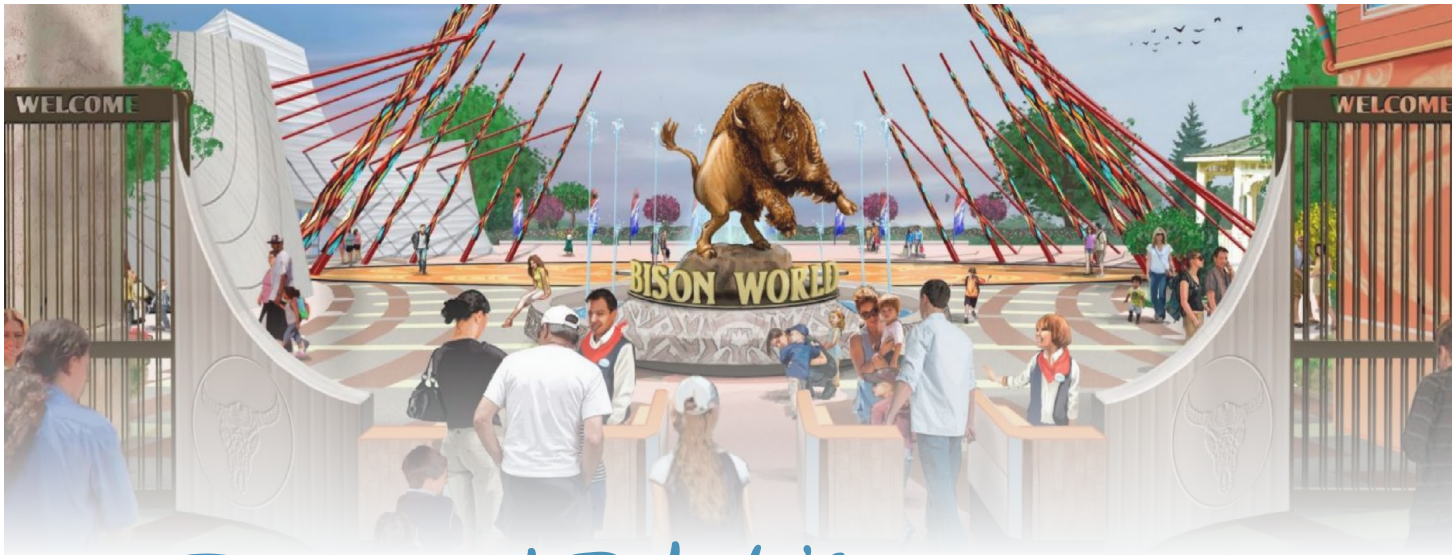
Thank you,

Ronni Ironshield

HB 1012 Amendment Request

50-06-06.6. Department may lease real and personal property.

The commissioner of the department or commissioner's designee may lease ~~surplus farm and pastureland at the state hospital and the life skills and transition center. The commissioner or designee also may enter into further leases of~~ real or personal property at the life skills and transition center or the state hospital upon a specific finding that the granting of each such leasehold interest will result in a net economic gain for the department, taking into account all identifiable costs. Any lease of space for the purpose of providing child care services must meet requirements as determined by the department. The commissioner of the department or commissioner's designee may prescribe the terms and conditions of any leases entered into pursuant to this section and may renew existing leases. ~~Any~~The term of any lease ~~entered into must be subject to renewal or cancelable each biennium~~may not exceed ninety-nine years.



North Dakota's BISON WORLD

TOURISM | REVENUE | ENTERTAINMENT | EDUCATION

Bison World is a planned "destination attraction" that will captivate and inspire visitors from all over the world. As the only theme park centered around America's national mammal, Bison World will deliver dynamic guest experiences featuring a Bison Discovery Center filled with interactive exhibits, a children's immersive play area, live entertainment, an aerial skyway and a safari ride offering guests "up close and personal" encounters with the majestic American Bison. Bison World offers visitors of all ages an exciting variety of entertaining and educational experiences at a world-class destination.

Attendance and Financial Highlights

325K VISITORS = 1.5% of ND visitor market share

First year projection of 1.5% of the North Dakota visitor market share consisting of 21.7 million visitors in 2021.

Adjacent Frontier Village draws an average of 240,000 visitors (without much promotion) to take picture with Bison monument annually.

$17M FIRST YEAR REVENUES

23% FIRST YEAR EBITA %

To learn more, scan or click the QR code below.

Location, Location, Location

Best Interstate Exit Left for Tourism Development

The 140 acres of vacant, state-owned land at Exit 258 is the only undeveloped interstate exit left in the country that would have a destination tourism attraction within three blocks of the exit ramp.

Building Upon 60 years of "Brand Equity"

WELL-KNOWN AS THE "BUFFALO CITY" The Jamestown area has over 60 years of 'brand equity" which is waiting to be leveraged and monetized with a new, modern tourism attraction. It is already well-known as the "Buffalo City" with the National Buffalo Museum and the world's largest buffalo monument. **240,000 tourists from all 50 states and 20 foreign countries already visit this roadside attraction annually,** but virtually no revenue is captured for the state from these visitors.

Tourism Gateway

8.8M PEOPLE **TRAVEL PAST EXIT 258 EVERY YEAR,** according to federal and state DOT data. Most of them are west-bound travelers – capturing them early at a destination attraction provides the state with an opportunity to promote other tourist attractions like Medora and the new TR Presidential Library... and everything in between. A separate attendance model shows that Bison World will capture over 3.6% of these travelers.

No Competition

A formal market study found that there is **virtually no competition for a regional themed destination in the eastern part of our state.** Bison World also sits at a "tourism crossroads" where east/west I-94 and north/south U.S 281 intersect.

Millions in Economic Impacts

An independent financial analysis of Bison World found that it passes the capital budgeting test, creates jobs and adds millions of dollars of value to the state of North Dakota.

Highest and Best Use of Land

The state is losing millions of dollars every year – and has been for 65 years since President Eisenhower built the interstate highway system – because it has not turned this extremely productive location into an economic development opportunity that produces revenue. **Real estate advisors have determined that the "highest and best use" for this tract of land is tourism.**

Can Bison World be profitable?

Yes. At 1.5% capture (325k visitors) means $17 million in operating revenue and a 23% profit margin/EBITDA.

Will Bison World Benefit the State of North Dakota?

Yes. At 1.5% capture, the result is 622 indirect jobs. GDP is $45.3 million and $4.6 million in state and local taxes.

Will Bison World Create Jobs?

Yes. A 1.5% capture creates between 30-44 year-round full-time employees and at least 244 part-time jobs.

Additional attendance and financial information along with formal disclosure and disclaimer statements for any information cited above can be attained from The Bison World Fund, P.O Box 293, Jamestown, ND 58402.

BISON WORLD

Designed, Planned and Analyzed by Leading National/International Experts

During the two-year planning process, The Bison World Fund Board of Directors brought in a number of national leaders in their respective fields. They include Apogee Attractions, considered by many to be the #1 theme park designer, developer and operator in the country; David Haukaas, a former senior executive at one of the world's largest sovereign wealth funds; and Eide Bailly, one of the nation's leading accounting and business advisory firms.





WAHPETON POLICE DEPARTMENT

920 3rd Avenue North • Wahpeton, ND 58075 • Phone: 701.642.7722 • Fax 701.642.7842

Protect and Serve

Members of the House Appropriations Committee Human Resources Division

I, Chief Matthew Anderson, representing the Wahpeton Police Department, am submitting testimony in favor of HB 1012 and in support of Avel eCare.

Avel eCare was implemented at our department in May 2024. Our officers utilized Avel eCare during 64% of the mental health calls for service in 2024 and have used it on 100% of the mental health calls for service in January 2025. When used, telehealth crisis care visits through Avel eCare resulted in citizens staying in their homes 66% of the time after the visit concluded.

Avel eCare has provided our officers with immediate access to mental health professionals for citizens when there is not an underlying threat to themselves or others. Of the people in crisis who spoke with a telehealth professional, our officers have only had one call back to the same individual. Additionally, some individuals who used Avel eCare have followed up with our office, thanking us for the service provided and how they were treated when in crisis.

Our department maintains a minimum mandatory staffing of two uniform officers on duty 24/7. Prior to using Avel eCare, officers had to transport a citizen in a mental health crisis to a medical facility outside our community. This process took an officer out of service for a minimum of 2.5 hours and required calling in another officer to cover the shift. Since implementing Avel eCare, we have significantly reduced the need to transport citizens to medical facilities and minimized the need to call in off-duty officers for coverage.

For a small police department with few local services available to us when someone is experiencing a mental health crisis, Avel eCare has been a game changer for our officers and community. I strongly encourage continued support for Avel eCare.

Thank you,

Matthew Anderson

Chief Matthew Anderson

Wahpeton Police Department

Honorable Members of the Legislature,

My name is Allison Wanner, and I am a Licensed Clinical Addiction Counselor here in North Dakota. I moved to North Dakota almost 12 years ago, and started out my career in this field at the Dakota Women's Correctional and Rehabilitation Center, where I worked as a human relations counselor for many years. I then transitioned and decided to further my career and became an addiction counselor in 2019. I transitioned from the prison, after being there for 10.5 years, and am currently working at the SWMCCC Community Treatment Program, in which we provide many supports and treatment groups for individuals in our county jail, NDSP inmates, parole and probation clients and many community members in Stark County, ND. The SUD voucher program is extremely important to our organization as it provides a financial mean for many of our clients to get the help they need and to start their life over on the right path to recovery.

As a licensed clinical addiction counselor dedicated to supporting individuals on their path to recovery, I urge you to recognize the critical importance of the Substance Use Disorder (SUD) voucher program in North Dakota. This initiative is not merely a financial tool; it is a lifeline for many of our most vulnerable citizens who struggle with substance use disorders and lack the financial resources to access essential treatment services.

Substance use disorder is a chronic, treatable condition that requires timely and comprehensive intervention. However, far too many individuals in our state face significant barriers to accessing care due to financial constraints and gaps in insurance coverage. The SUD voucher addresses these disparities by providing crucial funding for treatment services such as inpatient and outpatient care, peer support, and recovery housing. Without this program, many individuals—especially those in rural and underserved areas—would be left without viable treatment options, exacerbating the ongoing addiction crisis in North Dakota.

From a clinical perspective, early and sustained access to treatment significantly improves outcomes, reducing the social and economic burden of substance use disorders on families, communities, and the healthcare system. Studies consistently show that individuals who receive timely treatment are more likely to achieve long-term recovery, maintain employment, and avoid interactions with the criminal justice system. The SUD voucher directly contributes to these positive outcomes by eliminating financial barriers and ensuring that treatment is based on need rather than the ability to pay.

Furthermore, investing in the SUD voucher program is a fiscally responsible decision. The cost of untreated substance use disorders—including emergency room visits, incarceration, and lost productivity—far outweighs the cost of providing early and effective treatment. By continuing to support and expand this program, North Dakota can proactively address the addiction crisis, strengthen communities, and reduce the long-term economic impact of untreated substance use.

I urge you to support and advocate for continued funding and expansion of the SUD voucher program. This initiative is a testament to North Dakota's commitment to compassionate, evidence-based solutions that prioritize public health and community well-being. Our state must

stand firm in ensuring that all individuals struggling with substance use disorder have the opportunity to receive the treatment they need to reclaim their lives.

Thank you for your time and commitment to this critical issue.

Sincerely,
Allison Wanner, MS LCAC
SWMCCC Community Treatment Program

Honorable Members of the Legislature,

As the Jail Administrator at SWMCCC County Jail in Dickinson, ND, I urge you to recognize the critical importance of the Substance Use Disorder (SUD) voucher program in North Dakota. This initiative is not merely a financial tool; it is a vital resource that can help reduce incarceration rates by providing necessary treatment services to individuals struggling with substance use disorders.

Substance use disorder is a significant contributor to incarceration rates. Many individuals who enter our jail system do so because of offenses directly or indirectly related to substance abuse. Without access to proper treatment, these individuals often cycle through the criminal justice system, leading to higher recidivism rates and increased strain on correctional facilities. The SUD voucher addresses this issue by providing funding for essential treatment services such as inpatient and outpatient care, peer support, and recovery housing, ensuring that individuals receive the help they need before reoffending.

From a correctional perspective, access to early and sustained treatment can significantly reduce the burden on our jails. Studies consistently show that individuals who receive proper substance use disorder treatment are far less likely to return to the criminal justice system. By breaking the cycle of addiction through accessible treatment options, we can help individuals reintegrate into society successfully, maintain employment, and lead productive lives, ultimately reducing the demand for jail beds and law enforcement resources.

Moreover, supporting the SUD voucher program is a fiscally responsible decision. The cost of housing an inmate far exceeds the cost of providing substance use treatment. By prioritizing treatment over incarceration, we can allocate taxpayer dollars more effectively, reducing expenses associated with repeat incarcerations, emergency medical care, and court proceedings. This approach not only benefits individuals in recovery but also strengthens families and communities, making North Dakota a safer and more resilient state.

I strongly urge you to support and advocate for the continued funding and expansion of the SUD voucher program. By investing in effective treatment solutions, we can lower incarceration rates, reduce recidivism, and create a more just and efficient criminal justice system. It is imperative that we provide individuals struggling with substance use disorders the opportunity to reclaim their lives rather than perpetuate a costly cycle of incarceration.

Thank you for your time and commitment to this critical issue.

Sincerely,
Kara Simons
Jail Administrator
SWMCCC County Jail, Dickinson, ND

Catholic Charities North Dakota

House Appropriations – Human Resources Division

Testimony on House Bill 1012

Representative Jon Nelson – Chairman

February 5th, 2025

Chairman Nelson and members of the House Appropriations Committee – Human Resources Division, my name is Donna Byzewski and I am the Program Director of the corporate guardianship program for individuals with intellectual disabilities at Catholic Charities North Dakota. I am testifying in support of HB 1012 as it relates to funding for developmental disability services as well as corporate guardianship services for individuals with intellectual disabilities. The corporate guardianship contract funding in HB 1012 would have an immediate impact on reducing the waiting list for services.

For 37 years, the Developmental Disabilities (DD) Division has contracted with Catholic Charities ND to provide corporate guardianship services on behalf of adults with intellectual disabilities. The contract is very specific. We can only accept referrals from Developmental Disabilities Program Managers from the human service centers. There must be no other appropriate alternative such as family or friends who could serve as guardian. We are the guardian of last resort. The contract also specifies that we cannot refuse to serve a referral because of where that person might live – our services must be available statewide. There are critical times when a person may need the services of a guardian, and if no one else is available or appropriate, a corporate guardianship is a necessity.

On any particular day, a guardianship worker may be assisting an individual on their caseload in working through a diagnosis of a serious or life threatening medical condition which carries the responsibility of being the decision maker for difficult medical decisions which sometimes leads to end of life decisions; finding emergency housing as the person we serve is suddenly homeless and it is 10 below zero; spending hours trying to find inpatient treatment as an individual is struggling with severe alcohol and drug addictions; finding and accessing psychiatric services

COA Council on Accreditation Accredited Agency

United Way

when a person is experiencing mental health struggles (more than 74% of the individuals on our caseload receive the services of a psychiatrist); monitoring and reporting any incidents of suspected abuse, neglect and/or exploitation; as well as assisting an individual in obtaining restraining orders against abusive boyfriends or girlfriends or sexual predators. We are available 24 hours per day/365 days per year for emergencies or crises through our on-call system. Just in the past 6 months, our guardianship workers have made more than 722 calls or contacts after hours, weekends and holidays to manage emergency situations.

We have 16 guardianship workers who carry an average caseload of 33 people. Our guardianship workers must have a four-year degree and be either a licensed social worker or a Qualified Developmental Disabilities Professional (QDDP). They often travel 50 to 140 miles one way to visit each person on their caseload, attend team meetings, court hearings and medical appointments. Our guardianship workers' duties and responsibilities typically include the following: determining the individual's living arrangements; assuring that the person's medical needs are met and providing consent for all medical procedures, surgeries, treatments, medications, end of life decisions, etc.; arranging and authorizing educational and vocational opportunities; legal decision making; and making financial decisions as well as overseeing the individual's assets and social security benefits. Through the provision of guardianship services, we are able to intervene as necessary to ensure that the basic needs of individuals are met, that they have an appropriate place to live, that they have access to ongoing medical care and that they are receiving necessary support services.

Our waiting list continues to grow and, as of 12/31/24, our waiting list had the names of 142 people. To reduce the waiting list, we are respectfully requesting that this committee support the funding as detailed in the Developmental Disabilities portion of the ND Department of Health and Human Services budget.

The corporate guardianship program provides a very efficient, cost-effective and state-wide service. The process is streamlined with almost all of our resources being dedicated to the direct provision of guardianship services. We are a frugal program that takes very seriously that we be good stewards of the funds that we receive from the legislature. Thank you for the opportunity to stand before you today and I would be happy to try to answer any questions you may have.

Testimony prepared for:
House Appropriations – Human Resources Division
Donnell Preskey, NDACo
February 5, 2025

NDACo
NORTH DAKOTA ASSOCIATION OF COUNTIES

Re: HB 1012 – DHHS Children & Family Services Budget

Chair Nelson and committee members, as the Executive Director for the North Dakota Sheriff's and Deputies Association, I am providing testimony in support of House Bill 1012, specifically as it relates the funding for shelter care for Children in Need Services (CHINS). Currently, DHHS Children and Family Services covers all of the costs of shelter care for CHINS youth except for the first 24 hours of a placement made by local law enforcement. Although CHINS youth are not part of the juvenile justice system, there are times when law enforcement responds to situations involving CHINS youth that may result in a temporary placement in shelter care (i.e. runaway or ungovernable situations that involve parent/child conflict). Shelter care provides a safe place for CHINS youth to go so that law enforcement can get back to their regular duties, but the costs should be picked up by DHHS Children and Family Services, consistent with all other CHINS placements that are not made by law enforcement.

In addition, local law enforcement already covers the placement costs of delinquent youth who are part of the justice system; they should not have to cover the costs of CHINS youth who are not.

Mr. Chairman and committee we ask for your support of HB 1012 as it relates to the funding for shelter care costs for CHINS youth.

Grand Forks Police Department

122 South Fifth Street • P.O. Box 5548 • Grand Forks, ND 58206-5548
Jason Freedman, Chief of Police

TO: Chairman Jon Nelson, House Appropriations Committee, Human Resources Division

FROM: Jeremy Moe, Lieutenant, Grand Forks Police Department

DATE: Feb. 4, 2025

How our partnership impacts survivors and their families

- When a sexual assault is reported, we activate a Sexual Assault Response Team (SART). This multidisciplinary team includes members from law enforcement, medical professionals and advocates, responding together to ensure that victims of this invasive crime repeat the accounts of their experience the least number of times possible.
- This coordination ensures that evidence is collected, the chain of custody is followed, and evidence is preserved for prosecution, all while providing a trauma-informed response that gives victims the support they need.

What additional funding could do for our communities

- Law enforcement also supports the work of domestic violence and sexual assault organizations by responding to requests for welfare checks, providing police escorts in high danger situations, responding to security threats at shelters and offices when needed, serving and enforcing protection orders and much more.
- Related, our organizations count on the services of these agencies to provide safety, support, and guidance after our officers and deputies leave the scene.
- Through long-term support provided by domestic violence and sexual assault advocates, these complex patterns can be interrupted.

GRAND FORKS COUNTY SHERIFF'S OFFICE

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SHERIFFS.OFFICE@GFCOUNTY.ORG
PHONE: 701-780-8280 FAX: 701-780-8307

SHERIFF ANDY SCHNEIDER

To: House Appropriations – Human Resources Division
From: Sheriff Andy Schneider
RE: HB 1012
Date: 2/4/2025

Chairman Nelson and Members of the House Appropriations Committee,

My name is Andy Schneider, and I serve as the Sheriff of the Grand Forks County Sheriff's Office. I am writing in support of funding for North Dakota Domestic & Sexual Violence in reference to House Bill 1012.

Law enforcement agencies across the state collaborate almost daily with domestic violence and sexual assault agencies in our local communities. Our organizations work together for mutual benefit by providing shared training to staff, attending collaborative meetings, tracking criminal justice data, and making criminal justice system improvements on an ongoing basis.

Domestic violence cases are some of the most volatile and unpredictable calls for law enforcement. Having support from experienced, trauma-informed resources like CVIC is critical to our success as deputies. One of the biggest benefits to our partnership is our ability to work together to prevent further violence or possibly deaths related to domestic and sexual violence. We now do this more efficiently through the Lethality Assessment Program, connecting victims of violence with a domestic violence advocate at the time of the incident. This increases awareness of safety services available to survivors while decreasing the likelihood that they will be killed during a future incident.

Last year, law enforcement in Grand Forks County screened 132 individuals for potentially lethal risks and more than 80 of them were deemed to be in high-lethality situations. Please support House Bill 1012 and the North Dakota Domestic & Sexual Violence Coalition's request for additional funding.

Thank you for your service to our State and to your communities.

Sincerely,
Andy Schneider
Andy Schneider
Sheriff – Grand Forks County

HOUSE APPROPRIATIONS COMMITTEE
HUMAN RESOURCES DIVISION
REPRESENTATIVE JON NELSON, CHAIRMAN
HB 1012
TESTIMONY OF DORI LESLIE, CHI FRIENDSHIP (NDACP MEMBER)
FEBRUARY 4, 2025

Good morning Chairman Nelson and members of the committee. I am Dori Leslie, Executive Director of CHI Friendship, and I am grateful for the opportunity to share with you my thoughts on additional resources needed for the workforce for people with intellectual/developmental disabilities and how this has a direct impact on employment for people with disabilities. CHI Friendship has been providing services to people with disabilities in the Fargo and Grafton/Park River areas since 1974. Today we serve over 250 clients and have about 350 staff. Our major areas of service to people with developmental disabilities are in group homes, apartments, and in vocational/employment settings.

As a state, North Dakota can and should take great pride in the outstanding services it has provided over the years to people with disabilities. Among the reasons North Dakota has been recognized as such a strong leader in this field is because of the outstanding leadership from the Department of Human Services, the quality of care from providers, and the important ongoing support of our state legislators. Thank you. We cannot allow ourselves to slip away from the high benchmarks we have achieved together.

We have come so far in our field. As you are aware of our field's history, years ago, people would only get support for food, shelter, and personal hygiene. We then moved to a model of individualizing supports for the person and placing them into a community. Today, our state has something very exciting in front of us and we are on

the cusp of something very wonderful for people in our state – all people with disabilities becoming contributors to our community and not just consumers in our community.

Our greatest staff are challenging people to not only have good friends, but to be a good friend. Not only to receive from families, coworkers, and neighbors, but to give to our families, coworkers, and neighbors. But, one of the greatest joys we have seen is the smiles on the faces of people we support when they receive their first paycheck on the job. Whether it's Jay getting paid for making his candy bouquets, Dirk collecting his money for his vending business, or Todd getting paid after cleaning the food court at West Acres Mall, we cannot let this dream fade for all people because this is what people want and deserve.

This dream continues with our commitment to invest in our workforce by providing a respectable wage for Direct Support Professionals (DSPs). We need to continue to be able to hire quality staff, stop the revolving door, and keep the best staff that know and develop trust with the people they are working with. Inexperienced and unskilled staff have a direct correlation to people with disabilities achieving the American dream while having meaningful employment.

As the Executive Director, I can give you this personal testimony of how we are finding it increasingly difficult to find these qualified staff. This makes it very challenging to remain in compliance with our industrie's oversight systems in areas such as community integration. More importantly, I have observed how this negatively impacts the lives of people with disabilities. I have seen our clients lose their direct hire jobs and their self-employment businesses. One of the main reasons for this is we are

losing our best employees to jobs where they can earn more and work less. This has caused our vacancy rates to go up and our hiring standards to go down.

To say that Direct Support Professionals have difficult work would be a huge understatement. Direct Support Professionals are the backbone of our industry as they are responsible for administering medications, assisting with personal hygiene, behavior supports, keeping people safe, and helping each person find meaningful employment.

To continue to move momentum forward with our dream of decreasing staff dependency, and finding meaningful employment for all clients, we need qualified and tenured Direct Support Professionals. Direct Support Professionals are a must as this is where the rubber meets the road in our service delivery and they have the greatest impact by bridging a person with a disability to successful employment. Unfortunately, we have seen many of these staff walk away in recent years. Think for a moment how you chose your line of work. You most likely were exposed to a wide variety of options, you most likely changed courses many times, you assessed your strengths and weaknesses, and you followed your passions into the occupation where you are today. These are some of the reasons why finding employment for people with disabilities is such a difficult task.

There are many benefits to people with disabilities being employed. Ronald Reagan said that the best social program is a job and we couldn't agree more. We have seen over and over the impact that employment has on the lives of people with disabilities. Employment has a direct effect on a person's self-esteem, a meaningful life, and friendships. Employment is tied not only to income, but to self-worth, a sense

of accomplishment, and friendships. This is how we are supporting people with disabilities to contribute in our communities and increase their quality of life. We need to continue to partner together and remain committed to the integration mandate of the Olmstead decision, have people with disabilities embedded into the fabric of their communities, and ensure that all people of working age should work, regardless of their disability.

Robert Greenleaf once said that awareness is not a giver of solace, but it is a disturber and an awakener. We should all be awakened and disturbed by our diminishing workforce of our population's most vulnerable and the negative impact it is having. Let's all once again join together and continue to lead our field forward in the direction it needs to be to better employ, to better integrate, and to better dignify the lives of people with disabilities.

I ask that you support the 4% & 3% inflationary increases, to repair our workforce and enhance the extremely difficult service packages people need to succeed in their communities. It is essential to ensure that reimbursement rates are adjusted to account for inflation. Without these adjustments, the ability to recruit and retain qualified staff, as well as maintain service levels, is at serious risk. This increase aligns with the federal inflation levels for the previous two years.

Thank you.

129 3RD AVENUE NE • VALLEY CITY, ND 58072
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Excellence in serving people with disabilities by:
• Respecting dignity and rights • Providing opportunities for growth • Fostering independence

House Appropriations, HR Section
House Bill 1012
Wednesday, February 5, 2025

Chairman Nelson and members of the committee,

My name is Tracey Zaun, and I am the Executive Director of Open Door Center in Valley City, ND, and Lisbon, ND. Open Door Center is a community provider for 90 individuals with disabilities; we've proudly served some of North Dakota's most vulnerable individuals for the past 65 years. I am writing in support of HB 1012.

Open Door Center has struggled with staffing shortages due to wage competition and low unemployment. While we have roughly 160 outstanding, dedicated Direct Support Professionals (DSPs), we struggle to recruit and retain staff due to competitive area wages, low unemployment, and population stagnation in Valley City and Lisbon. Our Direct Support Professionals (DSPs) are heroes; they make it possible to ensure that the incredible people we support are afforded safe, healthy, and happy lives. Our DSP wages have done little to mitigate the effect of inflationary increases. It is essential to ensure that our **state reimbursement rates are adjusted to match 4% and 3%** federal inflation levels so that we can recruit and retain high-quality staff and ensure our services are maintained for the people we support.

Our DSPs work days, nights, weekends, and holidays. They assist people we support in living as independently as possible—from job coaching to assisting with meal preparation to assisting with personal cares. We serve as many people's family away from family; their guardians put a great deal of trust in us to care for and ensure the safety and happiness of their loved ones. We do so with pride. Many of our DSPs could make more money working at McDonalds; yet they chose to stay in their positions due to the genuine care they have for the people we support.

I urge you to support HB 1012, including the 4% and 3% reimbursement rate increases to the Division of Developmental Disabilities. The quality and sustainability of services for individuals with intellectual and developmental disabilities depend on it.

Tracey Zaun

Tracey Zaun
Executive Director, Open Door Center
tracey.zaun@odcvc.com

Open Door Center is an equal opportunity provider and employer.

House Appropriations, HR Section

House Bill 1012

Wednesday, February 5, 2025

Chairman Nelson and members of the committee,

My name is Tony Baker and I am the CEO of Pride, Inc. in Bismarck. Pride is one of 31 members of NDACP. Our members employ over 4000 DSP's and provide support to over 7000 of North Dakota's most vulnerable people. Thank you for the opportunity to submit testimony in favor of HB 1012.

1. Inflationary Increase of 4% and 3%

It is essential to ensure that reimbursement rates are adjusted to account for inflation. An increase of 4% and 3% will help providers manage rising costs (i.e. Pride is looking at a 30% increase in health insurance costs in July of this year) while continuing to provide high-quality services to those in need. This increase aligns with the federal inflation levels for the previous two years and helps us remain competitive in the labor market.

2. Increase Reimbursement Rates on ICF and Res Hab to 100%

When the payment system was first implemented back in 2018, a rate matrix was developed which provided an hourly rate for various services provided. $20.02 and $20.10 are used as the average hourly wage for staff providing ICF and Residential Habilitation services. Because the new payment system was to be budget neutral in 2018, the rates for these services were reduced. For Pride, this means we are reimbursed at an average of $18.41 per hour for our residential DSP's. Residential services are 24/7, nights, weekends, and holidays. These are the most difficult shifts to staff.

Pride is currently starting DSP's out at $16.50 an hour with no experience and our average DSP wage is $21.47 per hour. We are also paying $10.00 per hour for sleep time ($7.25 is built into the rate). Pride has about 250 DSPs. Over the last six months we have lost 68 DSPs. This is unsustainable, leads to increased burnout, lower quality, and less continuity for the State's most vulnerable people.

3. Remove the Requirement for Accreditation

The requirement for accreditation is outdated and burdensome for providers without contributing anything to the services we provide. In the last several years the State has

continued to add reviews, audits, and monitoring for providers. Below is a list of monitoring and reviews which have been added:

- Training and Monitoring: This review looks at medication errors/injuries and reports of Abuse, Neglect & Exploitation. These incidents are reviewed by the State, Protection & Advocacy Project, and Regional Program Management. All High-Level incidents have a rigorous review process to ensure health and safety, as well as implementation of risk management steps to ensure the likelihood of a similar incident is minimized.
- HCBS: The survey is just one part of the larger Developmental Disabilities (DD) Division's quality management system. The goal is to provide assurances to The Centers for Medicare and Medicaid Services (CMS) that DD licensed providers are providing, and meeting conditions set forth by the DD Division and to ensure improvement and sustainability of waiver services. The survey is a quality mechanism used for waiver services provided by DD licensed providers. Information gathered through the survey is based on observation, record review, and interview. The purpose of the survey is to: 1) determine the provider's organizational performance of service delivery and improvement; 2)ensure quality services to individuals and services are received as identified in plans; 3) assess compliance with state, federal, and waiver requirements; 4) identify trends and strategies for system-wide improvements; 5) identify and encourage positive practices; and 6) remediate and develop strategies for improvement where there are issues identified.
- Payment Error Rate Measurement (PERM): Completed on Providers to ensure services that are being billed are being provided.
- Provider Case Audit Reviews: The process where the state's Medicaid program examines a healthcare provider's medical records and billing practices to ensure compliance with regulations, identifying potential instances of fraud, waste, or abuse.
- Integrity Audits: Completed by the State of ND on Providers to ensure services that are being billed are being provided.
- Quality Enhancement Reviews (QER): Completed by the DD Program Managers, completed on behalf of the individual, and where applicable, the individual's guardian to assess satisfaction with services as well as implementation of services. QERs involve the state's Department of Human Services conducting regular monitoring of individual service plans, performing quality checks to ensure clients have choice in their services and providers, and actively reviewing provider compliance with regulations through case file reviews, all aimed at improving the overall quality of developmental disability services across the state.
- Office of Inspector General (OIG): This is an audit of ND Department of Health and Human Services, but it's providers and individuals who are being observed and gathering data.

- Environmental Scans: Required for licensure by the department showing that the premises are in fit, safe, sanitary condition, and properly equipped to provide good care and treatment.
- National Core Indicator (NCI) assessment: conducted by a third-party entity to assess satisfaction with services. With a focus on people-driven data, one of the goals is to improve the systems that improve lives.

I urge you to support these items to strengthen the services and support which so many individuals and families depend.

Tony Baker, CEO
Pride, Inc.
tonyb@prideinc.org

ministry
ON THE MARGINS

MINISTRY ON THE MARGINS
P.O. Box 3065
201 N. 24th St., Bismarck, ND 58501
701-223-6315 • MinistryOnTheMargins.com

Chairman Nelson and Members of the House Appropriations/HR Division,

My name is Nathan Mickelson, the Prison Reentry Manager at Ministry on the Margins (MOTM), a nonprofit in Bismarck – Mandan. As a local provider, administrator, and manager of Free Through Recovery and Community Connect programs, MOTM is in staunch support of the proposed budgetary expansions for these programs outlined in HB1012.

Ministry on the Margins has been a community staple serving the underserved, unhoused and re-entering populations for over 10 years. By utilizing Free Through Recovery and Community Connect with this at-risk population, MOTM has continued to help those "falling through the cracks." By identifying and pairing those most in need with wrap around services, gap funding, care coordination and peer support services, these two programs serve an integral part in addressing each participants' unique needs. Even in a "metro" area, identifying and delivering these resources remains a challenge yet with Free Through Recovery and Community Connect, MOTM can utilize these programs serving as a bridge to successful recovery, housing, employment, transportation, basic needs and mental-behavioral health resources.

In the previous biennium, as the budgets for these two programs were rapidly utilized, it became clear that additional financial support was needed. Waitlists and prioritization policies were instituted, leading to time lapses for referrals, often with some waiting months for services. With an overcrowded prison population, growth in the unhoused and dire need for access to mental-behavioral health programs statewide, Free Through Recovery and Community Connect require continued and additional financial support outlined in HB 1012.

Please consider additional state funding for these important programs to continue supporting the important work taking place here in the state of North Dakota.

Nate Mickelson

Prison Reentry Manager

Ministry on the Margins

701-390-4000

nathan@ministryonthemargins.org

House Appropriations, HR Section

House Bill 1012

Wednesday, February 5, 2025

Chairman Nelson and members of the committee,

My name is Brooke Austin, and I am the Executive Director at Community Living Services, Inc. (CLS), a non-profit organization providing community-based services for individuals with intellectual and developmental disabilities. Thank you for the opportunity to submit testimony in support of HB 1012.

I respectfully request your support for reimbursement rate adjustments that will significantly benefit services for people with disabilities. A proposed increase of 4% and 3% would enhance providers' ability to recruit, retain, and train qualified employees. Without these adjustments, providers may struggle to maintain current service levels and could be forced to decline new referrals, leaving vulnerable North Dakotans without the supports they need.

Additionally, I urge your support for increasing reimbursement rates to 100% for Residential Habilitation and ICF Services. Full reimbursement is essential for sustaining these critical services and ensuring providers can continue delivering care without financial strain.

The individuals who rely on support services to live and work independently within their communities deserve access to consistent, high-quality care. I strongly encourage your support of these rate changes so that CLS and other providers can continue to fulfill our mission of serving people with intellectual and developmental disabilities throughout North Dakota.

Thank you for your time and consideration.

Brooke Austin
Executive Director
baustin@clsnd.org

BETTER TOGETHER
NORTH DAKOTA

Members of the North Dakota Legislature,

My name is Mason Ware, and I am speaking today on behalf of Better Together ND, a provider of services through the North Dakota Community Connect and Free Through Recovery programs. Our organization has had the privilege of working with individuals who have faced housing instability, addiction, and justice system involvement. Through these programs, we have witnessed transformational success stories—clients who were once homeless now have stable housing, individuals battling addiction are achieving long-term recovery, and people who felt hopeless are now building better lives for themselves and their families.

What makes Community Connect and Free Through Recovery so effective is their comprehensive, person-centered approach. These programs address the root causes of instability, providing case management, peer support, and essential resources that empower individuals to rebuild their lives. Rather than simply reacting to crises, these programs proactively invest in people's success, preventing costly cycles of homelessness, incarceration, and emergency services.

At Better Together ND, we have seen firsthand how access to consistent support, housing assistance, and recovery services empowers individuals to break free from the barriers that once held them back. Many of our clients have transitioned from chronic instability to sustained independence—whether it's helping an individual secure stable housing after over 20 years of homelessness or guiding someone through their recovery journey to achieve long-term sobriety and financial independence, these life-changing outcomes are direct results of the resources, guidance, and ongoing support provided through Community Connect and Free Through Recovery.

Both Marie and I, co-founders of Better Together ND, are former North Dakota probation officers. Having worked within the justice system, we understand firsthand the long-term impact that these programs have, not only for the individuals they serve but for the entire community. When people receive the support they need to recover and reintegrate successfully, we see reduced recidivism, stronger families, and safer communities. The difference between someone returning to jail or becoming a thriving, contributing member of society often comes down to having access to the right support at the right time—and these programs provide exactly that.

We strongly encourage continued funding in Community Connect and Free Through Recovery. These initiatives are not just helping people survive; they are helping them rebuild their lives and contribute positively to our communities. North Dakota is stronger when we support those who need it most.

Thank you for your time, attention, and continued commitment to these life-changing programs.

Sincerely,
Mason Ware Co-Founder
Better Together ND

Legislative Testimony
In Support House Bill 1012
Presented to House Appropriations Committee

2/2/25
By: Danica Nelson

Chairperson Nelson and Members of the House Appropriations Committee,

Thank you for the opportunity to testify today in strong support of legislation providing behavioral health services and support grants to school districts. My name is Danica Nelson, and I am Bismarck Public Schools Student Support Services Director, speaking on behalf of students, families, educators, and mental health professionals who are witnessing firsthand the urgent need for increased behavioral health support in our schools.

The Growing Need for Behavioral Health Support in Schools

Schools are the frontline for identifying and addressing students' behavioral health needs. Over the past decade, we have seen a significant increase in students experiencing anxiety, depression, trauma, and other mental health challenges.

According to the National Alliance on Mental Illness (NAMI), one in six youth aged 6–17 experience a mental health disorder each year, yet less than half receive the necessary treatment. Without adequate support, these challenges impact students' academic achievement, relationships, and long-term well-being. Our educators are dedicated professionals, but they are not mental health experts. They need trained professionals and resources to effectively support students.

Bismarck Public Schools use the funding in HB 1012

Bismarck Public Schools has received $705,116.18 for the 23-24 and 24-25 school year. Investing in behavioral health services through school-based grants have enhanced Bismarck Public School systems by:

- An Increase Access to Mental Health Professionals
- Expansion of Intervention Programs
- Building of the RenewED Program
- Support School-Based Services
- Enhance Learning Through Curricular Materials
- Provide Calming Tools and Techniques
- Support Training for Educators

House Bill 1012: Strengthening School-Based Behavioral Health Services

House Bill 1012 includes a $9,500,000.00 budget item (page 2, line item 4 of the budget bill) to support school-based behavioral health services for districts participating in Medicaid billing. This additional funding recovers the 50% of Medicaid funding that school districts do not receive. By filling this funding gap, we can ensure that school districts have the necessary resources to provide sustainable behavioral health services for students in need.

The Economic and Social Benefits of Funding Behavioral Health

Failing to address students' mental health needs carries long-term costs for our communities. Students who struggle with untreated behavioral health issues are at higher risk for dropping out, substance abuse, and involvement in the juvenile justice system. By investing in school-based behavioral health support now, we can reduce these negative outcomes and create healthier, more resilient communities.

Conclusion

Supporting behavioral health services in schools is not just an educational issue—it is a public health imperative. School districts need dedicated funding to provide comprehensive, sustainable mental health support for all students. I urge this committee to prioritize this legislation and allocate the necessary resources to ensure every student has the opportunity to thrive.

Thank you for your time and consideration. I welcome any questions you may have.

House Appropriations, HR Section

House Bill 1012

Wednesday, February 5, 2025

Chairman Nelson and members of the committee,

My name is Jessica Dargis and I am the CEO of Enable Inc, located in Bismarck ND. Thank you for the opportunity to submit testimony in favor of HB 1012.

I am writing to express my strong support for initiatives aimed at improving the quality, accessibility, and sustainability of services for individuals with intellectual and developmental disabilities. These individuals rely on critical services and supports provided by organizations across the state, and it is essential that we continue to strengthen and expand these services to meet their needs."

Inflationary Increase of 4% and 3%

I stand before you advocating for an inflationary increase of 4% and 3% for this biennium for developmental disability service providers. These proposed increases are critical to ensure that providers can continue to attract and retain the highly skilled professionals necessary to deliver the essential services that individuals with developmental disabilities depend on. The job market is tough, and without this increase, we risk further destabilizing a workforce that is already underpaid and overburdened.

The job market today is more competitive than ever. Many sectors are experiencing labor shortages, but the developmental disability services sector faces an even more pressing challenge. We are competing for talent in a market where wages for direct care workers, case managers, therapists, and other support staff in the developmental disability field have remained stagnant for too long. The work these employees do is demanding, often requiring a high level of patience, skill, and emotional resilience. Yet, despite their critical role, compensation has not kept pace with the increasing cost of living or with the demands placed on workers.

This sector already has one of the highest turnover rates of any human services field with a 28% turnover rate for Day program and 45% for residential services based on data pulled from 16 developmental disability providers across the state of North Dakota. Without a substantial wage increase, providers will continue to struggle with workforce shortages, which directly impacts the quality of services delivered to individuals with disabilities.

Employees in the developmental disability sector are not just workers—they are caregivers, advocates, and lifelines to some of the most vulnerable individuals in our communities. These workers often go above and beyond, providing critical services that support independence, dignity, and quality of life for people with disabilities. The importance of their role cannot be overstated.

Without these professionals, the support systems that so many individuals rely on would crumble, leaving people with developmental disabilities at risk of isolation, reduced access to essential care, and a diminished quality of life.

Things we often take for granted, such as going to the mall or store to buy something we want, are being denied to the individuals we support due to staff shortages. We want those individuals to thrive in their homes and communities, but when we have to plan weeks in advance and hope no one gets sick just to take someone shopping, it becomes clear that we are not providing the least restrictive setting. Denying someone the opportunity to use their personal funds to buy a shirt they desire simply because of a lack of staffing is a denial of their basic rights. It is crucial that we have enough support to ensure these individuals can participate in everyday activities like shopping, which are important for their independence and well-being.

Recruiting and retaining qualified staff is one of the most pressing challenges developmental disability providers face today. Without competitive wages, providers will continue to lose talented workers to other industries that offer better pay and benefits with less responsibility. The result is a revolving door of staff that makes it impossible to maintain consistent care and disrupts the relationships that are essential to the well-being of individuals with disabilities.

By offering a 4% and 3% increase, we are not only acknowledging the work of current employees but also signaling to potential recruits that this is a career worth pursuing. Increased wages are a clear investment in the future of this sector and will lead to improved staff morale, better care outcomes, and reduced turnover.

When staff feel valued and supported, they are more likely to stay in their positions, develop strong, trusting relationships with clients, and improve the overall quality of care.

Inadequate pay, on the other hand, leads to burnout, stress, and emotional exhaustion, which can result in lower-quality services for individuals with developmental disabilities. The proposed increases will help combat these challenges, ensuring that the workforce remains strong and capable of providing the care that our most vulnerable citizens deserve.

I urge you to reevaluate the state's budget to allow for a 4% and 3% biennial increase for developmental disability providers. These increases are not just about raising wages—they

are about ensuring that the people who care for our most vulnerable individuals are supported, valued, and equipped to do their jobs effectively. The challenges in the job market are real, and if we do not act now, we risk further destabilizing an already fragile workforce.

Fully Funding ICF and Residential Habilitation Services

I'm also advocating for the full funding of Intermediate Care Facilities (ICF) and Residential Habilitation Services at 100% of the computed and intended rates.

Currently, ICF funding is 89.7% and Res Hab funding is 91.6% of the computed rates falls short of meeting the needs of the individuals we serve. This level of funding is not only insufficient but also sends a troubling message: that the individuals we support are somehow less worthy of the full investment they deserve. When funding is less than 100%, it implies that their care and well-being are not as important as others who are served on the same DD waivers, which is simply unfair and unjust. These individuals deserve the same level of care, respect, and support as anyone else, and that requires fully funding these programs at the rates originally intended.

The ICF and Residential Habilitation programs play a critical role in ensuring that individuals with complex needs receive the appropriate care, support, and opportunities for growth. However, the current funding levels have often fallen short of what is required to sustain and enhance the quality of these services. By fully funding these programs at the intended rates, we can ensure that these essential services remain available and are of the highest quality.

Adequate funding will not only allow providers to maintain service standards but also enable them to improve staffing, increase training, and implement best practices that support long-term outcomes for individuals. It will also reduce the burden on families and caregivers, ensuring that individuals with disabilities receive the attention they deserve.

I urge you to prioritize the full funding of ICF and Residential Habilitation Services at 100% of the computed/intended rates in this budget cycle. Doing so will help safeguard the well-being of those who rely on these services and promote fairness and equity in our healthcare system.

Why Accreditation is Not Necessary for Developmental Disability Providers

The final item I'm advocating for today is to remove the requirement for accreditation in the field of developmental disability services; It is not only unnecessary but may also create unintended barriers to effective and accessible care for individuals who rely on these services. While I acknowledge that quality assurance is critical in this field, accreditation as it stands today may not always be the most effective or efficient means to ensure service quality.

The accreditation process often involves lengthy and resource-intensive procedures that can disproportionately burden smaller, community-based organizations. These organizations are already operating on limited budgets, and the cost, time, and effort required to achieve and maintain accreditation can drain resources that would be better spent directly supporting individuals with developmental disabilities. By placing additional financial and administrative burdens on providers, we risk reducing the availability of services rather than improving their quality.

Developmental disability services cover a wide range of needs, from physical care to emotional and cognitive support, and no single accrediting body can fully address the unique needs of all individuals in every community. Local and state-specific requirements are often more in tune with the unique needs of populations than national standards. The flexibility of state and local oversight can often be more responsive to the specific challenges faced by providers and the individuals they support, rather than a one-size-fits-all accreditation standard.

While accreditation is often viewed as a mark of quality, it does not always guarantee better outcomes for individuals with developmental disabilities. Accreditation bodies typically focus on compliance with process-oriented standards, which may not be directly correlated with the effectiveness of the care being provided. Service providers may focus on meeting the checklist requirements for accreditation rather than on outcomes for individuals we support. This process could inadvertently lead to a situation where an accredited provider is meeting technical standards but may not actually be offering the best services for individuals.

Accreditation is only one form of oversight. Currently providers have the following oversights in place:

- Title XIX Surveys
- Claims Audits
- Financial Audits
- Office of Inspector General Audits

- Environmental Scans
- Health and Safety Inspections
- Home and Community Base Service Surveys
- Quality Enhancement Reviews
- Incident Reporting of Abuse, Neglect, or Exploitation with P & A Oversight & Determinations
- Child & Protective Services Reviews & Determinations
- Case Reviews
- High GERs (General Event Reports) are reviewed by DD Section staff
- Quality Assurance Response System (QARS) Review
- Regional DDPM's are members of all teams of each person in service
- Preemployment screening (background checks, etc.)
- Training requirements for employees

These systems are often more dynamic and capable of reacting to issues as they arise, rather than relying on a static set of standards established by accreditation bodies. These measures can ensure quality of care without the need for costly and time-consuming accreditation processes as the only item listed above that has a substantial out of pocket cost to the provider is Financial Audits.

The requirements for accreditation can sometimes stifle innovation by forcing providers to conform to standardized models of care that may not be appropriate for every individual. Developmental disability services require flexibility, and a rigid accreditation system could discourage providers from experimenting with new, potentially more effective approaches. Providers who are able to innovate within a less restrictive system may be more successful in developing new solutions that better meet the diverse needs of individuals with disabilities.

While accreditation in the developmental disability field may seem like a logical step toward ensuring quality services, it is not always the most effective or necessary approach. The costs and barriers it imposes on providers can limit service availability and innovation, while alternative forms of oversight and accountability are often more nimble and responsive to the real needs of individuals with disabilities. We must prioritize creating a system that balances quality with accessibility, and accreditation, in its current form, does not always contribute to this balance. Therefore, I urge you to reconsider the necessity of accreditation.

I want to thank you for your time and consideration of these items today and urge you to consider them before approving the section of the budget related to developmental disabilities.

Thank you,

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Chairman Nelson and Members of the House Appropriations Committee – Human Resources Division,

My name is Mike Chaussee, Executive Director at North Dakota Assistive the non-profit organization charged with administering the state's Assistive Technology Act program. ND Assistive is committed to helping people thrive despite their limitations. Through many programs, we empower individuals to live independently, gain and keep meaningful employment, succeed in school, and fully engage with their families and communities by helping them discover what's possible through adoption of assistive technology (AT). I am writing to express our support for House Bill 1012. While this testimony addresses our work primarily with Vocational Rehabilitation and Adult and Aging Services, we are also building our relationship with Services to Individuals with Disabilities, the Department of Public Instruction, and we see a path where assistive technology can truly benefit behavioral health services as well.

What I appreciate most about Adult and Aging Services is its vision. The agency constantly explores innovative solutions and takes meaningful action to support the independence and well-being of older North Dakotans. Considering the rapid growth of the aging population in the state, the high rate of dementia, rising costs, a workforce shortage, and an underappreciated stress on unpaid caregivers, the work being done in Adult and Aging Services cannot be supported enough. They understand that aging in place is not just a preference—it is a fundamental component of maintaining dignity and quality of life.

Additionally, ND Assistive works closely with Vocational Rehabilitation. We have noticed a dramatic increase in referrals. Through this partnership, we have successfully helped people with disabilities find and keep meaningful work in their communities benefiting not only the individuals involved, but also their employers and the stress on workforce. Our work together highlights the importance of investing in programs that empower North Dakotans to remain active and engaged.

Continued investment in human services is essential. Expanding access to home and community-based services, enhancing workforce recruitment and retention strategies, and leveraging assistive technology are all necessary steps to meet growing demands in North Dakota. The Human Services Division has already demonstrated remarkable leadership in these areas, but sustained legislative support is crucial to maintaining and expanding these vital services.

Thank you for your time and attention,

Mike Chaussee

Executive Director

North Dakota Assistive

Testimony on HB 1012 Behavioral Health Section (Current SUD Shortfall)

House Appropriations

Human Resources Committee

February 5th, 2025

Chairman Nelson and members of the House Human Resources Committee, for the record my name is Dave Marion, and I have privilege working for the Prairie Recovery Center, located near Raleigh, North Dakota. Prairie Recovery Center is a one of a kind, committed residential agency working with individuals seeking addiction and mental health services. PRC provides short-term one of a kind residential service and out-patient services in a rural environment for recovery. With committed staff and therapists experienced in substance use, mental health and trauma informed work. We pride ourselves on being client centered in all our service delivery.

We are in support of HB 1012, especially for the Behavioral Health Division. This includes the full funding of the ND Substance Use Disorder Voucher Program and its amazing impact that it has on so many through ND that received treatment in a timely manner and not sit on waiting lists. The SUD Voucher Program has served as a safety net for those without health insurance or adequate resources to access addiction treatment in ND and has been lifesaving. With the SUD voucher it has allowed more access as a diversion to jail or incarceration for chronic SUD offenses that have not been treated, which has been a major talking point, and the Voucher has made it possible to tackle this concern. Currently, approximately 65-70% of individuals fall into this area. The Prairie Recovery Center works alongside many law enforcement agencies and Parole and Probation to get individuals the help needed to get out of the cycle they are in along with a strong aftercare plan. The Prairie recovery Center also supports great partnerships and work with Community Connect, Free through Recovery and Peer Support services, which are valuable pieces to the continuum of care in recovery

The current funding for the voucher was split up into IMD (Institutions for Mental Disease and more than 16 beds) and Non IMD facilities (16 beds or less). The appropriated funds were split 55% for non IMD and 45% for non IMD's, not knowing how the utilization would be at that time. This opportunity for local providers like Prairie Recovery Center gave more individuals service in a timely manner without long delays to get services on waiting lists that were as long 6-8 weeks. The Dept has been great about letting us know of the dollars being used and the projected shortfall in the IMD provider side and a projected surplus on the non IMD provider side. During the interim committee talk it was brought up that this may need to be tweaked as they did not know what the utilization would be on the IMD side. The Prairie Recovery Center has served 235 individuals since July of 2023. The SUD Voucher is accomplishing its goals, and the shortfall really shows the great need and utilization for those that qualify for this funding for services. PRC works with law enforcement, jails, parole and probation as a diversion to the revolving door on jails and emergency rooms. The Departments SUD Voucher team works with PRC and looks at all the applications and the state qualify them for the voucher program. The SUD Voucher program is supported and endorsed by Dept. Health and Human Services, Behavioral Health Division and has been a great option for many

that want and need help with their Addiction and Mental health concerns at the time they need it. Knowing the Department has the authority to move these funds, we are hoping that the Department will use the surplus projected in non-IMD funds to make up the shortfall projected to the IMD provider side. This will be in the best interest of those needing help without going backwards and being denied access to open beds for services and treatment for their substance use disorder. Thanks for your time on this very important matter.

Dave Marion

House Appropriations, HR Section
House Bill 1012
Wednesday, February 5, 2025

Chariman Nelson and members of the committee,

My name is Kay Metcalf and I have worked for the Open Door Center in Valley City, ND since 1988 in many different capacities. Open Door Center currently serves 90 individuals with disabilities. I am writing in support of HB 1012.

Open Door Center has struggled with retaining staff due to higher wages being offered at less stressful and easier to obtain positions with fast food restaurants and the like. Starting wages for a Direct Support Professional (DSP) is lower than what our McDonalds if offering. We are required to take learning modules that most jobs don't require. I am manager of Thunderbird Ranch Gourmet Foods and Dakota Seasonings, two small dry ingredient food companies that is run by Open Door Center. These two small companies give our folks meaningful employment. But when we can't keep job coaches and DSP's because of the wages, it makes it difficult to keep staff to be able to assist our individuals in our kitchen and production settings.

I urge you to support HB 1012, including the 4% and 3% reimbursement rate increases to the Division of Developmental Disabilities. We need your help if we are to maintain services for our individuals with intellectual and developmental disabilities.

Kay Metcalf
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2025 HB 1012

House Appropriations – Human Resources Division

Representative Jon Nelson, Chairman

February 5, 2025

Chairman Nelson, Vice Chairman Stemen, and esteemed Committee Members,

My name is Mike Delfs, and I serve as the Chief Executive Officer of Jamestown Regional Medical Center. Thank you for the opportunity to speak today about the exceptional work hospitals in North Dakota are doing to improve quality, control costs, and provide outstanding care to our citizens.

Thanks in large part to the funding provided by the legislature, our hospitals and healthcare providers consistently deliver exceptional value. In preparing for this testimony, I compared cost and quality data from the Kaiser Family Foundation with the Bailit Health study for the North Dakota Legislative Healthcare Task Force. The results were identical lending validity to the work by healthcare providers across the state. Both illustrate a vitally important factor affecting cost is our state's smaller population combined with a larger geographic spread. This is true among all of the least populous states in the U.S. Among the ten states with the lowest population, North Dakota ranks as the fourth least populous. More notably, within this comparison group, we rank as the third least costly and the fourth best in quality. In short, North Dakota is achieving some of the best value—high quality care at very low cost—among states with similar population challenges.

This success is no accident. North Dakota healthcare providers are focused on key performance indicators, including:

- Readmission rates
- Preventative care measures (such as mammograms, cervical screenings, and immunizations)
- Management of chronic conditions like diabetes and hypertension
- Fall risk assessments

More specifically, rural and independent hospitals are further strengthening these efforts through collaboration. For example, the Rough Rider High Value Network enables more

than 20 hospitals to work together on quality initiatives, standardizing care and outcomes for all North Dakota citizens.

In addition to these quality initiatives, our hospitals are committed to controlling costs. Many of our programs—both quantitative and qualitative—directly lower healthcare costs by keeping our patients healthier. The results of the HCAHPS (Hospital Consumer Assessment of Healthcare Providers) survey mandated by the Centers for Medicare & Medicaid Services further underscores our success. North Dakota hospitals consistently score above national averages in:

- Communication with Nurses
- Communication with Doctors
- Responsiveness of Hospital Staff
- Communication About Medicines
- Cleanliness of the Hospital Environment
- Quietness of the Hospital
- Discharge Information
- Care Transition
- Willingness to Recommend the Hospital

These performance measures confirm that patients are well cared for and are being prepared for a successful transition from inpatient care. By improving patient management through enhanced access, wellness initiatives, and seamless transitions between healthcare settings, hospitals across North Dakota are actively reducing readmissions and preventing the worsening of medical conditions.

Access to specialty care is also a top priority. Rural and independent hospitals, much like larger systems, are dedicated to ensuring that patients can receive specialty services close to home. Jamestown Regional Medical Center is a prime example. By partnering with Sanford Health, Essentia Health, and the VA, JRMC provides a wide range of services, including:

- Orthopedic Surgery
- Urology
- Otolaryngology
- Podiatric Foot and Ankle Surgery
- Obstetrics & Gynecology
- Advanced Hyperbaric Wound Care
- Oncology
- Rehabilitation Services
- Home Care & Hospice
- Inpatient care along with advanced imaging and laboratory studies

Our approach of combining partnerships, collaboration, and independence increases access to quality healthcare services throughout our region. State funding plays a critical role in elevating care and ensuring that patients in rural areas receive the specialty services they need close to home.

I am also grateful for the legislature's work on enhancing the healthcare workforce. Initiatives such as the Nurse Licensure Compact and the Advanced Practice Registered Nurse (APRN) Compact are instrumental in strengthening our provider base and ensuring that quality medical care remains accessible in North Dakota.

In closing, North Dakota hospitals are delivering tremendous value to our state. We appreciate the continued support of this committee and the legislature, which makes our work possible.

Chairman Nelson, Vice Chairman Stemen, and esteemed Committee Members, I welcome any questions you may have.

Thank you.

House Appropriations

Human Resources Division

SB 1012

February 5, 2025

Chairman Nelson and Committee Members, I'm Courtney Koebele, and I serve as executive director of the North Dakota Medical Association. The North Dakota Medical Association is the professional membership organization for North Dakota physicians, residents, and medical students.

You've heard testimony today that underlines the importance of Medicaid and Medicaid Expansion. Expanding Medicaid provided the much-needed coverage to our low-income patients, improved access to care, improved the health and well-being of the newly insured, and improved the financial stability of our clinics and hospitals.

Medicaid expansion is not simply a budget issue. Lawmakers must also consider the real human effects of this decision, including the health and well-being of those who gain coverage under expansion. Medicaid expansion provided coverage to a population that never before had coverage, including behavioral health coverage.

Medicaid expansion is one of the most consequential state decisions in Medicaid history. The legislature's decision affected the health care and health status of 33,000 of

the state's citizens, with ripple effects throughout the entire healthcare system, the state budget, the economy, employers, and others paying for health insurance.

Our physicians provide the safety net medical services for the most vulnerable of our population – a population of patients who present unique, and often some of the most difficult, challenges. Our Medicaid patients benefit from the services physicians can provide them – from a North Dakota healthcare system that is recognized nationally as a high-quality, efficient healthcare system. However, we have unique healthcare workforce recruitment and retention challenges occurring in our state. Our capital needs continue to grow with aging facilities, technology, and equipment. Costs for medical equipment, new technology, and supplies continue to increase. We must pay the same rates for physicians, nurses, and other health care personnel as the rest of the country.

Physicians in North Dakota continue to do their part in providing good access to quality medical care for Medicaid beneficiaries and showing their ongoing commitment to the long-term sustainability of the Medicaid program. We look forward to working with the Committee to address the future needs for Medicaid medical services.

Thank you for the opportunity to address this committee. I would be happy to answer any questions.

#34873

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Physicians Dedicated to the Health of North Dakota

NDMA is a professional membership organization for North Dakota physicians, residents, and medical students. NDMA maintains a database of information on individual physicians and residents for many purposes. The data is comprised of new licensure information obtained routinely from the ND Board of Medicine, health systems and other facilities, and other sources.

Number of Physicians

As of February 4, 2025, North Dakota has an estimated 1,740 regular active physicians. This does not include retired physicians, residents, or medical students.

UND SMHS Graduates

Of the total 1,740 physicians, 636 are UND School of Medicine & Health Sciences graduates; and 327 are primary care physicians. Primary care physicians include family medicine, internal medicine, obstetrics, and pediatrics.

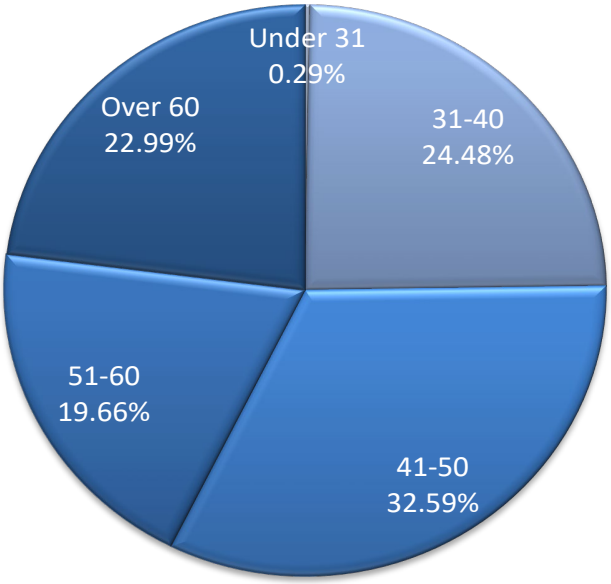
Gender and Age

Of the 1,740 total physicians, 1,157 or 66.5% are male; and 583 or 33.5% are female.

The overall average age of physicians is 50, with the breakdown by age group as follows:

Age	Number	% of Total	Age	Number	% of Total
Under 31	5	0.29%	**51-60**	342	19.66%
31-40	426	24.48%	**Over 60**	400	22.99%
41-50	567	32.59%	**Total**	1740	100.00%

North Dakota Practicing Physicians by Age



Specialty - Primary Care

Of the 1,740 total physicians, 39% or 680 physicians are in primary care. Primary care physicians include family medicine, internal medicine, obstetrics, and pediatrics.

North Dakota Practicing Physicians by Specialty (First Self-Designated Specialty Only)

Specialty	Count	%	Specialty	Count	%
Addiction Medicine	1	0.06%	Nuclear Radiology	1	0.06%
Addiction Psychiatry	1	0.06%	Obstetrics and Gynecology	69	3.97%
Allergy and Immunology	7	0.40%	Occupational Medicine	6	0.34%
Anatomic or Clinical Pathology	10	0.57%	Oncology	9	0.52%
Anatomic Pathology	22	1.26%	Ophthalmology	33	1.90%
Anesthesiology	81	4.66%	Orthopaedic Adult Reconstruction	1	0.06%
Breast Cancer Surgery	2	0.11%	Orthopedic Surgery	54	3.10%
Cardiac Electrophysiology	4	0.23%	Orthopedic Trauma	2	0.11%
Cardiothoracic Surgery	2	0.11%	Otolaryngology	22	1.26%
Cardiovascular Disease	31	1.78%	Pain Management	4	0.23%
Cardiovascular Surgery	4	0.23%	Pain Medicine (Anesthesiology)	6	0.34%
Child Abuse Pediatrics	1	0.06%	Pain Medicine-Physical Medicine & Rehab	1	0.06%
Child and Adolescent Psychiatry	9	0.52%	Pathology	4	0.23%
Child Neurology	1	0.06%	Pediatric Allergy	1	0.06%
Clinical Pathology	3	0.17%	Pediatric Anesthesiology	1	0.06%
Colon and Rectal Surgery	5	0.29%	Pediatric Cardiology	6	0.34%
Critical Care Medicine	24	1.38%	Pediatric Critical Care	7	0.40%
Dermatological Surgery	1	0.06%	Pediatric Endocrinology	1	0.06%
Dermatology	20	1.15%	Pediatric Gastroenterology	1	0.06%
Dermatopathology	2	0.11%	Pediatric Genetics	1	0.06%
Development-Behavioral Pediatrics	1	0.06%	Pediatric Hematology/Oncology	6	0.34%
Diagnostic Radiology	56	3.22%	Pediatric Infectious Disease	2	0.11%
Emergency Medicine	105	6.03%	Pediatric Nephrology	1	0.06%
Endocrinology, Diabetes and Metabolism	10	0.57%	Pediatric Neurology-Neurosurgery	3	0.17%
Family Medicine	304	17.47%	Pediatric Ophthalmology	1	0.06%
Female Pelvic Med & Reconstructive Surgery (OBG)	1	0.06%	Pediatric Orthopedics	2	0.11%
Forensic Pathology	2	0.11%	Pediatric Radiology	1	0.06%
Gastroenterology	20	1.15%	Pediatric Rehabilitation Medicine	1	0.06%
General Surgery	63	3.62%	Pediatric Rheumatology	2	0.11%
Geriatric Medicine (Family Medicine)	2	0.11%	Pediatric Surgery	3	0.17%
Geriatric Medicine (Internal Medicine)	2	0.11%	Pediatric Urology	1	0.06%
Hand Surgery	4	0.23%	Pediatrics	76	4.37%
Head & Neck Surgery	1	0.06%	Physical Medicine and Rehabilitation	14	0.80%
Hematology	18	1.03%	Plastic Surgery	14	0.80%
Hematology/Oncology	4	0.23%	Psychiatry	63	3.62%
Hepatology	1	0.06%	Pulmonary Critical Care Medicine	1	0.06%
Hospice and Palliative Medicine	4	0.23%	Pulmonary Disease	14	0.80%
Hospital Medicine (Family Medicine)	25	1.44%	Radiation Oncology	14	0.80%
Hospital Medicine (Internal Medicine)	104	5.98%	Radiology	11	0.63%
Hospital Medicine (Palliative Medicine)	3	0.17%	Reconstructive	1	0.06%

Specialty	Count	%	Specialty	Count	%
Hospital Medicine (Pediatrics)	22	1.26%	Reproductive Endocrinology & Infertility	3	0.17%
Infectious Disease	18	1.03%	Retina and Vitreous Surgery	1	0.06%
Internal Medicine	80	4.60%	Rheumatology	12	0.69%
Interventional Cardiology	13	0.75%	Sleep Medicine (Internal Medicine)	2	0.11%
Interventional Radiology	12	0.69%	Sports Medicine (Family Medicine)	5	0.29%
Maternal and Fetal Medicine	5	0.29%	Surgical Critical Care	4	0.23%
Maxillofacial Surgery	10	0.57%	Surgical Oncology	1	0.06%
Musculoskeletal Radiology	1	0.06%	Thoracic Surgery	3	0.17%
Neonatal-Perinatal Medicine	23	1.32%	Transplant Surgery	1	0.06%
Nephrology	22	1.26%	Trauma Surgery	2	0.11%
Neurointerventional Radiology	1	0.06%	Undersea & Hyperbaric Medicine	1	0.06%
Neurological Surgery	22	1.26%	Urology	18	1.03%
Neurology	30	1.72%	Vascular Surgery	5	0.29%
Neurophysiology	1	0.06%		1740	100.00%

Practice Location

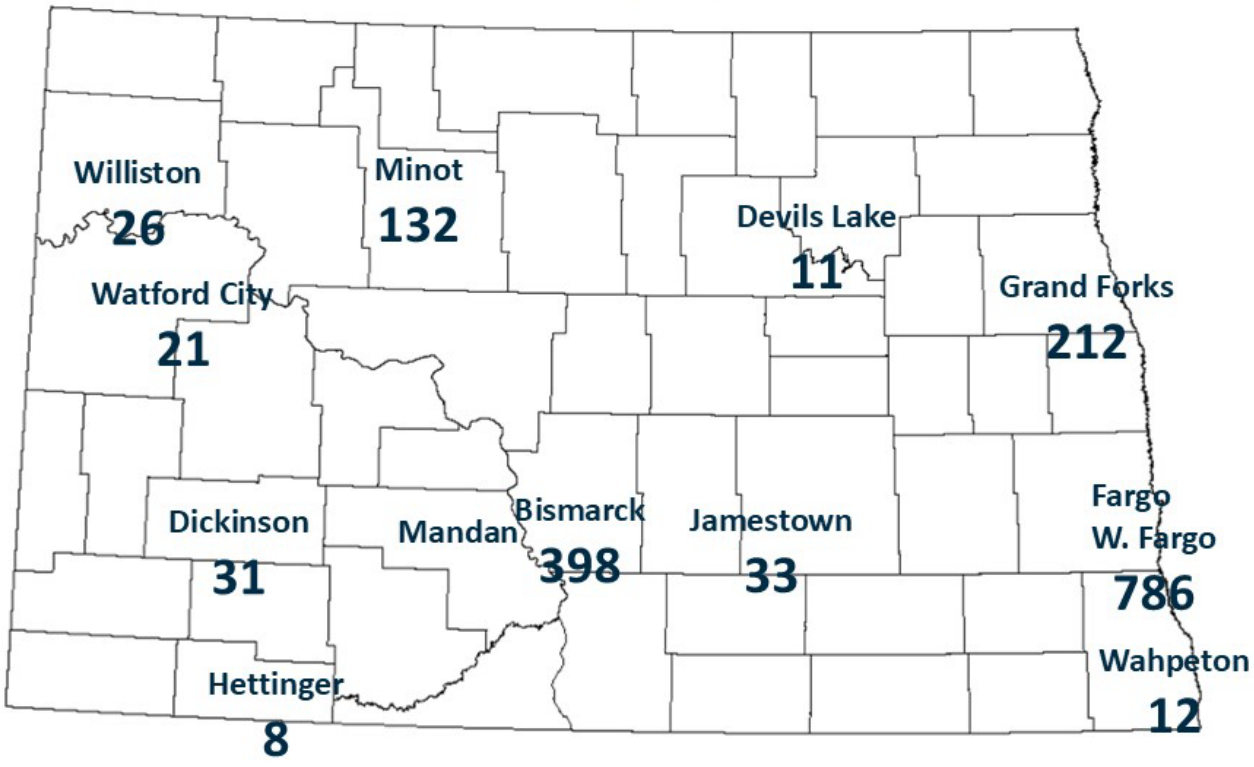
Overall, 87.82% or 1,528 physicians practice in urban areas; and 12.18% or 212 physicians practice in rural areas.

For this purpose, the term “urban” is based on the primary locations of Bismarck-Mandan, Fargo-West Fargo, Grand Forks, and Minot.

When it comes to primary care, 77% of physicians practice in urban areas; and 23% practice in rural areas.

City	Count	%	City	Count	%	City	Count	%
Belcourt	4	0.23%	Garrison	1	0.06%	Minot	132	7.59%
Beulah	3	0.17%	Grafton	7	0.40%	Minot AFB	1	0.11%
Bismarck	389	22.36%	Grand Forks	212	12.18%	New Town	2	0.06%
Bottineau	3	0.17%	Harvey	4	0.23%	Northwood	1	0.11%
Bowman	2	0.11%	Hazen	5	0.29%	Oakes	2	0.17%
Carrington	1	0.06%	Hettinger	8	0.46%	Park River	3	0.06%
Casselton	1	0.06%	Hillsboro	2	0.11%	Rolla	1	0.17%
Cavalier	2	0.11%	Horace	1	0.06%	Rugby	3	0.06%
Crosby	1	0.06%	Jamestown	33	1.90%	Stanley	1	0.06%
Devils Lake	11	0.63%	Langdon	1	0.06%	Trenton	1	0.29%
Dickinson	31	1.78%	Leonard	1	0.06%	Valley City	5	0.69%
Dunseith	1	0.06%	Lisbon	1	0.06%	Wahpeton	12	1.21%
Elgin	1	0.06%	Mandan	9	0.52%	Watford City	21	1.55%
Fargo	759	43.62%	Mandaree	1	0.06%	West Fargo	27	1.49%
Fort Yates	2	0.11%	Mayville	3	0.17%	Williston	26	1.49%
Gackle	1	0.06%	McVille	1	0.06%		1740	

North Dakota Practicing Physicians by City*



*Cities with six or more physicians only.

NDMA

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Written Testimony

House Appropriations Committee -Human Resources Section

February 5, 2025

Testimony of Mark Johnston

Avel eCare Crisis Care

Chairman Nelson, Vice Chair Stemen, and members of the committee, thank you for the opportunity to testify today in support of HB1012, and the impact of Avel eCare Crisis Care in supporting the citizens of North Dakota.

Avel eCare Crisis Care is a telemedicine service that provides immediate, 24/7 access to behavioral health professionals, ensuring that citizens in crisis receive timely and appropriate care. Our mission is to strengthen North Dakota's behavioral health system by supporting first responders, and communities with virtual crisis intervention, reducing unnecessary emergency room visits and law enforcement involvement while improving patient outcomes.

Through our partnership with the North Dakota Department of Health and Human Services, law enforcement agencies, and other stakeholders across the state, Avel eCare Crisis Care has significantly improved access to mental health care- especially in rural and underserved areas where provider shortages pose a challenge. By leveraging telemedicine, we bring behavioral health expertise to the point of crisis, allowing for real-time assessments, de-escalation, and care coordination, ultimately keeping individuals in their communities whenever possible.

Since expanding our services in North Dakota, we have:

- Provided nearly 200 virtual crisis consultations, reducing wait times for critical mental health evaluations.
- Partnered with NDHHS and the Regional CMHC's to ensure that patients in crisis receive care without unnecessary transfers.
- Assisted law enforcement by offering immediate access to mental health professionals, reducing the strain on local resources.
- Helped divert individuals from unnecessary hospitalization and incarceration by offering community-based crisis stabilization.

Our work aligns with North Dakota's commitment to strengthening behavioral health services and ensuring access to care for all residents. Continued support for crisis care services, including telemedicine, is essential to addressing workforce shortages, improving patient outcomes, and reducing the financial burden on emergency departments, law enforcement agencies, and ultimately the taxpayers.

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We appreciate the legislature's ongoing leadership in addressing behavioral health needs in North Dakota. Avel eCare Crisis Care is committed to being a strong partner in this effort, and we welcome the opportunity to collaborate further to enhance crisis response services across the state.

Thank you for your time and consideration. I would be happy to answer any questions.

Sincerely,

J. Mark Johnston
Business Development Director – Government Affairs
Avel eCare
Mark.Johnston@AveleCare.com or 605.929.5592(Direct)

House Appropriations, HR Section

House Bill 1012

Wednesday, February 5, 2025

Chairman Nelson and members of the committee,

My name is Angela Dinius. I am the Executive Director of the North Dakota Association of Community Providers (NDACP). Our members provide essential services and supports to individuals with developmental disabilities across the state. It is our privilege to do this work, and we are committed to ensuring high-quality care for the people we support. As we often say, we are "doing what matters for people who matter."

We would first like to acknowledge our valued partners, including Tina from the DD Section, Heather and her team at the Life Skills and Transition Center, Donna and her team at Catholic Charities' Guardianship Division, and our advocacy partners across the state. In this field, we achieve the best outcomes and make the greatest impact when we work together to do what's best for the people we support.

NDACP has several critical priorities for this budget, and we urge your support for the following:

1. Inflationary Increase of 4% and 3%

Our payment system was designed to be self-sustaining, provided that inflationary increases align with federal inflation levels. We are requesting a 4% and 3% increase, which directly corresponds to the federal inflation rates for the past two years. Without these adjustments, our ability to maintain quality services will be compromised. We do not have another funding source to offset these funding gaps. Almost all our funding comes from state dollars matched by Medicaid, with only 0.29% of cases during the period of July 1, 2023 – June 30, 2024 being private pay.

2. Full Funding for ICF and Residential Habilitation Services

Intermediate Care Facilities (ICF) and Residential Habilitation (Res Hab) programs are currently funded at only 89.7% and 91.6%, respectively. This funding gap undermines the integrity of our system and places undue strain on providers. For example, the payment system is designed to support an average DSP wage of $17.96 per hour in ICF. However, providers are paying an average of $20.81 per hour—nearly $3 more than the reimbursement rate. Even with this rate, we are still unable to compete with other industries. This makes it increasingly difficult to recruit and retain qualified staff, ultimately impacting the quality of care for the individuals they support.

Our payment system allows us to seek efficiencies within each category, and we have maximized every opportunity to do so. Despite these efforts, we continue to face an unsustainable turnover rate of 45% in residential services and an overall average turnover of 41%. This instability stems, in part, from our inability to offer competitive wages.

To maintain a stable and skilled workforce and ensure the continuity of these essential services, we request full funding for ICF and Residential Habilitation services.

3. Removing the Unfunded Accreditation Mandate

We advocate for making accreditation a voluntary process, rather than a mandatory, unfunded requirement While accreditation can be valuable, mandating it without funding diverts already-limited resources from direct care. Our services are already held to high standards through a variety of state surveys and oversight measures, ensuring accountability and excellence.

SB 2192 has been rereferred to Senate Appropriations with an appropriation of $240,000.

4. Supporting Catholic Charities in Their Request for Corporate Guardianship Funding

Corporate guardianship services are vital for individuals with developmental disabilities who do not have anyone else able to serve in this role. Catholic Charities provides a crucial safety net for these individuals, and we strongly support their funding request to ensure they can continue this important work.

Conclusion

The services our providers deliver are life-changing and essential to the well-being of individuals with developmental disabilities. By ensuring full funding for ICF and Residential Habilitation, providing an inflationary increase that matches federal inflation, and eliminating unnecessary financial burdens by making accreditation optional, we can maintain a system that truly meets the needs of those we serve. We appreciate your commitment to making thoughtful investments in these programs, and we look forward to continuing our work together to ensure that North Dakotans with developmental disabilities receive the care and support they deserve.

Thank you for your time and consideration. I am happy to answer any questions you may have.

Angela Dinius

Executive Director

ND Association of Community Providers

North Dakota Training Academy *for* Addiction Professionals

Testimony of Denise Andress

ND Training Academy for Addiction Professionals

In Support of HB 1012

House Appropriations Committee - Human Resources Division

February 5, 2025

Good morning, Chair Nelson and members of the committee. My name is Denise Andress, and I am the director of the Training Academy for Addiction Professionals (TAAP). I am here today to testify in support of HB 1012, specifically the opioid settlement appropriation outlined on page five, section eight. A few weeks ago, the CEO of the Heartview Foundation, Kurt Snyder, spoke about the OSF funding TAAP received in January 2024. Today, I would like to take a few moments to discuss the impact of this funding on the addiction counseling workforce and share our vision for expanding these efforts across North Dakota.

Becoming an addiction counselor in North Dakota is a lengthy and rigorous process. In addition to earning a bachelor's or master's degree, most addiction counselors must complete between 350 and 960 supervised training hours at TAAP or one of the other five regional consortiums in the state. TAAP was established in 2015 as an apprenticeship model through the Heartview Foundation to provide accessible training opportunities for students where they live.

To address the growing addiction counselor workforce shortage in the state, TAAP received a grant from the opioid settlement committee. While workforce shortages exist across many industries, addiction counseling is unique in that when we effectively treat individuals with substance use disorders, they can return to their families, communities, and workplaces, helping to strengthen other industries as well. This investment in the addiction counseling workforce

has proven highly successful, exceeding the initial goals we presented to the committee.

With this funding, TAAP has made significant strides. First, we hired a full-time TAAP director—myself—fully dedicated to the administration and success of the program. In this role, I guide students through the process of becoming addiction counselors, answer their questions, advocate for them with the Board of Addiction Counselors, and help them navigate academic requirements. Having a dedicated point of contact has provided students with crucial support in what can often be a complex and overwhelming process.

Additionally, we have been able to provide a livable wage to 29 addiction counselor trainees. To put this into perspective, TAAP previously averaged only four trainees per year and had set a goal of 10 for this grant. The increased number of trainees has been made possible through strong partnerships with our training sites and the Heartview Foundation. Before this funding, the addiction counselor trainees had to complete six months (or 960 hours) of unpaid training. Due to the full-time nature of this requirement, many were unable to hold other jobs during this period, creating a financial barrier to entry into the profession.

TAAP has also received 27 scholarship applications from students in their junior and senior years of college. Of these, we awarded 15 scholarships ranging from $1,700 to $10,000. Each recipient signed an agreement to work as an addiction counselor in North Dakota for five years or repay the funding, ensuring that our state continues to benefit from this investment in workforce development.

Furthermore, TAAP has expanded its training sites from nine to 16, all of which are rigorously vetted to provide high-quality, research-based experiences for trainees. A significant portion of this expansion has occurred in rural areas, allowing students to train in their home communities with the goal of remaining there to serve local populations upon graduation.

Recognizing the critical role of clinical supervisors in the training process, we have also allocated funds to provide stipends to supervisors who take on trainees. Training new counselors is time-intensive and requires preparation, often taking time away from other responsibilities. Offering stipends has helped us recruit 19 additional clinical supervisors across the state. Additionally, TAAP has partnered with ND Department of Health and Human Services, CDC and UND's Center for

Rural Health to develop a free, 20-credit online CEU program for those pursuing clinical supervision status, further strengthening the training pipeline.

Beyond these immediate efforts, TAAP is committed to long-term workforce development through outreach initiatives. We have established a pipeline program to promote addiction counseling as a career choice by partnering with ND HOSA-Future Health Professionals, visiting high schools and colleges, and attending job fairs to engage students early in their career exploration.

I have included a document detailing TAAP's accomplishments with the OSF grant, including a map showing where our trainees live or plan to practice. We strongly encourage the Legislature to continue appropriating funding to the Opioid Settlement Committee, ensuring they have the resources to vet applications and support successful initiatives. Addressing the addiction counseling workforce shortage is not a one-time effort. Sustainable funding will allow us to continue building this workforce by engaging high school and college students, offering scholarships, and providing paid training opportunities. Additionally, we have proposed to the Department of Health and Human Services that TAAP be allowed to contract with other regional consortiums to extend paid training opportunities to students in the other consortiums.

Thank you for the opportunity to speak about the work TAAP is doing to address the addiction workforce shortage in North Dakota. I appreciate your commitment to tackling substance use in our state, and I am happy to stand for any questions.

House Appropriations, HR Section
House Bill 1012
Representative Nelson, Chairman
February 5, 2025

Chairman Nelson and members of the HR Committee,

My name is Scott Burtsfield, and I am extremely honored and privileged to serve as the Executive Director for the Vocational Training Center (VTC), a licensed service provider supporting people with intellectual and developmental disabilities, located in Fargo, North Dakota. I want to thank you for the opportunity to submit testimony in favor of HB 1012.

Our organization has been in existence since 1962 and currently provides a wide array of supportive services to nearly 200 of the state's most vulnerable adults - people with Intellectual/Developmental Disabilities (I/DD). Throughout our organization's 60-plus years of existence, we have experienced many changes and reforms in this field. Through it all, the fundamental element to our success, and the success of the individuals we support, has always been our Direct Support Professionals (DSPs).

It is on behalf of our state's supported individuals and the Direct Support Professionals supporting them that I am expressing my deepest concern regarding the lack of quality service enhancements and inflationary increases as proposed in the Governor's budget and recommendations.

North Dakota's DSPs work in a range of settings, including family homes, people's own homes, intermediate care facilities, small community residential group homes, community job sites, vocational and day training programs, and others. They provide critical round-the-clock care and supports to individuals with disabilities - many of whom need help with personal cares such as toileting and bathing, help with managing behavior and severe health issues, support to live and work in their community, and assistance with the simple day-to-day tasks that many of us take for granted. Universally acknowledged, the work of the DSP is back-breaking, hazardous, stressful, and physically and emotionally exhausting.

Unfortunately, often detracting from providing the much-needed support services, North Dakota's DSPs are increasingly held to incredible measures in terms of what is expected of them in their day-to-day work. In the last 5 years we have experienced the development of rigid new standards, added

training criteria, and increased data collection and data entry requirements - much of which falls on the backs of already overburdened and overworked DSPs.

North Dakota's DSPs, in many cases, have greater responsibilities, require higher levels of training and skill sets, and take on greater liability than Certified Nursing Assistants or other professional Health Care Assistants. However, DSPs do so without higher-level credentialing, without the compensation, and without the formal recognition. Rather, much of their time is spent capturing and reporting data, all of which takes time away from providing the actual services they were meant to do.

Unfortunately, our DSPs continue to see the cost-of-living rise while their spending power decreases. They are finding it much easier and tempting to find employment outside of our field, especially when most major retailers and other local industries such as service jobs, warehouse and fast-food positions are offering better pay with much less pressure, responsibility, and regulatory requirements. For example:

- Many local manufacturers' starting pay is nearly $4.00 per hour more for an entry level position.
- Average Administrative assistant salaries statewide are near to over $2 per hour more than our DSP's.
- Locally, McDonald's, Walmart, COSTCO, AMAZON, KFC and many others have starting wages greater than the DSPs in those communities, and without the added data requirements, training, and responsibilities.

Sadly, this has helped culminate into a perfect storm for North Dakota's DD providers. Throughout this recent period of increasing regulatory requirements, miniscule inflationary increases, costly unfunded mandates (such as CQL Accreditation), intensified data requirements, escalating operational costs, skyrocketing inflation, the inability to remain competitive in an overly aggressive labor market, and rising costs of employee- related expenses… provider organizations are being forced to explore ways of doing much more with much less.

As you may be aware, unlike hospitals and many other service industries, our current rate structure prohibits providers of disability services from raising rates to remain competitive or to keep up with increasing costs of doing business, leaving us at the mercy of the legislative process.

In our field, turnover is high. Morale is often tested. Recruitment and retention, while historically problematic, are astonishingly difficult. Waiting lists are growing because there are no staff to deliver support to new people with IDD in their homes or other services. Unfortunately, due to staff shortages

and high vacancy rates, community programs and services for people with IDD across the country have started cutting back, and even closing — many permanently.

In addition to expressing my support for the NDHHS Developmental Disabilities Division budget (which includes a much needed rate adjustment to Day Services) I urge you to please cast aside the Governor's recommendation and support NDACP's request by adding a 4%/3% inflationary increases, respectively, for each year of the biennium for service providers and the Direct Support Professionals we employ.

Furthermore we, members of NDACP, are seeking an increase in reimbursement rates for ICF and Res Hab services as well as eliminating the requirement for the unfunded accreditation mandate, or once again provide the financial assistance to alleviate additional burdens from those already place on providers.

Therefore, I am asking you not to compromise services to the state's most vulnerable population or jeopardize the workforce that supports them. Invest in the state's most vulnerable population as well as those that support them.

Again, I wish to thank you for the opportunity to submit testimony in favor of House Bill 1012.

Scott Burtsfield, Executive Director
The Vocational Training Center
scott@fargovtc.org (701) 551-3149

Chairman Nelson and Members of the Committee,

For the record, my name is Haley Holt, and I reside in Watford City. I work with Endeavor Sober Living serving individuals from across the state at our facilities in McKenzie County and Ward County. I would like to express our support for HB 1012, particularly as it pertains to the North Dakota Behavioral Health Division, Including funding for the Recovery Housing Assistance Program (RHAP) and the Opioid Settlement Fund.

Recovery Housing Assistance Program

Endeavor Sober Living opened its first house in October 2021 in Watford City with eight beds. Recognizing the critical need for recovery housing, we quickly expanded and now have the capacity to serve 34 men in McKenzie County and 20 women in Minot.

Our sober living communities provide individuals in recovery with a safe, supportive and substance-free environment. RHAP enables individuals - often transitioning from residential substance use disorder treatment - to focus on their recovery while rebuilding their lives. It gives them an alternative to unsafe living conditions, high-risk social environments, and, in some cases, family connections that could hinder their recovery.

At present, we have 32 male residents and 12 female residents, with 10 men and 8 women participants enrolled in RHAP. Most of the other individuals residing in our sober living houses have utilized RHAP during their time with us. In 2024, approximately 80 individuals received housing assistance through RHAP while residing in one of our homes.

The proposed budget would support approximately 172 beds, a dramatic decrease to current capacity of 265 approved beds reported by the Behavioral Health Division team. Additionally, there is a waitlist with a reported need for 296 beds for expansion projects and new providers.

Endeavor Sober Living is on the waitlist for two separate programs.

1. A sober living facility in Williston, where no such facilities exist. Currently, individuals seeking recovery housing must go to McKenzie County for men and Minot or Dickinson for women.
2. Our second request is for additional housing in Minot to help ensure that we can offer a safe place for all women including pregnant and parenting women along with their children.

The proposed additional funding is critical to ensure RHAP does not have to turn away individuals who meet the necessary requirements for the program. Without adequate funding, too many people in recovery will be left without the stable, supportive housing they long for to rebuild their lives.

Opioid Settlement Fund

Through the 2023-2025 biennium, $8 million was appropriated to HHS from the Opioid Settlement Fund. From these funds, Endeavor Sober Living received grant funding to establish a women's sober living house in Minot. This grant enabled us to remodel a six-unit apartment complex that we purchased, updating it with modern finishings, new furniture, and appliances. Additionally, we built a playground on-site to provide a safe space for children visiting their mothers. The grant also allowed us to purchase two vans to transport participants to support group meetings, substance use disorder (SUD) treatment, mental health services, medical appointments, and other essential activities.

Our facility can accommodate up to 20 women plus house managers. Since welcoming our first participants in March, we have provided a safe, sober living environment for 44 women, the majority of whom are pregnant and parenting mothers. While in our program, these women are actively engaged in a 12-Step program, volunteering within the Minot community, securing employment, rebuilding their lives, reconnecting with their children and families, and developing a strong support network.

With the remaining funds, we plan to expand our capacity in Minot by creating a sober living environment where mothers and their children can reside together. This initiative will help address the barriers mothers face in accessing SUD

treatment and support services, particularly when securing stable, sober housing for themselves and their children in North Dakota.

Without this funding, the project would have relied solely on self-funding and would have progressed in phases, limiting the number of women we could serve. Thanks to this support, we have been able to make a profound impact on the lives of many women and families in our community.

In summary, these two programs have been instrumental in expanding access to safe, stable, and supportive housing for individuals in recovery. By providing critical funding, these initiatives have removed financial barriers, allowing organizations like ours to create an immediate and lasting change in the lives of individuals overcoming substance use disorders. The impact of this investment extends beyond housing—it fosters recovery, strengthens families, and rebuilds communities. As we continue to expand our services, the ongoing support of these programs will be essential in breaking cycles of addiction, reducing relapse rates, and empowering individuals to build independent, fulfilling lives in sobriety.

Respectfully,

Haley Holt

To Chairman Nelson and fellow committee members,

My name is Tory Queensley, and I am a proud resident of Fargo in District 21. Today, I testify before you in full support of HB 1012, advocating for critical need of funding for the Behavioral Health Division, with a specific focus on the pregnant and parenting sector.

As a mother in recovery, I have lived through the heart-wrenching reality of battling addiction while pregnant. This experience has shown me the dire need for accessible, comprehensive services for women and families facing addiction, especially for those who are pregnant or parenting. I am deeply involved in our community's resources, and I witness firsthand the tremendous gap in services that provide a holistic, supportive approach to recovery.

The lack of adequate support for pregnant women in recovery perpetuates a cycle of generational trauma and addiction. Women struggling with addiction often face intense stigma as I have experienced personally, and this is even more pronounced when they are pregnant or already parents. It's time to break this stigma and offer real support—not just for mothers, but for fathers as well, as they too need access to resources that will help them become better parents and healthier individuals.

Imagine, for a moment, that the person closest to you—whether it's your daughter, your sister, your friend, or someone you care about deeply—has been battling addiction. She's faced unimaginable hardships throughout her life—struggling to find worth, to feel confident, to feel like she's just *normal*. She's never had the support she needs, fighting alone against a world that often doesn't understand her pain.

Now, imagine she finds out she's pregnant.

The fear that comes with pregnancy is overwhelming for anyone. But for a woman in active addiction, the fear is multiplied a hundredfold. She's not just worried about the future of her child—she's terrified for herself. Terrified of being judged. Terrified of what might happen to her baby. Terrified that the cycle of addiction, of hopelessness, will continue and destroy her family. This is not just a moment of fear. This is a crisis—an all-consuming, life-altering crisis. It's the kind of crisis that demands action, not just compassion, but real, tangible support. We cannot turn our backs on these women who are facing the impossible. They need help, they need support, and most importantly, they need the resources that will give them a chance to break free from the vicious cycle of addiction. My story reflects this exact scenario.

My story begins in a family where addiction was a constant presence—an invisible, toxic force shaping everything around me. As a young child, I was exposed to the chaos that came with drug and alcohol use. I remember hearing the fights, the yelling, the arguments that would erupt during the parties, while I lay upstairs, just trying to sleep so I could go to school the next day. I remember hiding when the police would show up, terrified and alone, with no one to comfort me. Or crying and screaming when they would haul my mother away and not knowing when I would see her again. I remember being the one who had to make my own meals and get myself to school because there was no one there to look out for me. No one to remind me that I was just a kid, and I shouldn't have to do any of this on my own.

I was alone a lot, and I felt like no one cared about me. No one saw me. I felt worthless, invisible, as though I didn't matter. I didn't grow up feeling loved or accepted. Confidence was a foreign concept, and I was convinced I wasn't good enough. I never had the chance to join sports or the band, never

learned the social skills needed to make friends. Instead, I found myself desperate for attention and any kind of comfort. That's when I turned to alcohol and drugs—something to fill the emptiness I'd been carrying for so long. The cycle continued, an inevitable result of the environment I was raised in and the lack of support I had.

By high school, I was using drugs regularly, and as I got older, the substances became harder, the behaviors riskier. I didn't feel like I had a reason to live. I didn't know that help was available to me, or that treatment could be a path to recovery—it felt like something you had to do because you were a problem, not a place of healing.

In September of 2019, I felt something was off and went to the doctor. As an addict, I'd never willingly walked into a clinic or hospital, but something told me I needed to find out if I was pregnant. When they confirmed it, I was in shock. I didn't know what to do. I was terrified. Terrified of being judged. Terrified of being seen for who I truly was—an addict.

I was afraid of what people would think, afraid I'd lose my child, so I tried to detox on my own. I tried to stop using the hardest drugs, thinking that if I could just get through it, I could protect my baby. But I had no idea how dangerous it was to try and quit cold turkey when I was pregnant. Even with all the willpower I could muster, I couldn't stay clean.

When I had my daughter, I remember being in that hospital, feeling more alone than ever. The way I was treated in that hospital—it was as though they saw me as the problem, not the person in need of help. They didn't understand what it's like to be alone, to be an addict, to feel like you're constantly fighting an uphill battle.

But that day, something shifted. I realized how lucky I was. By the grace of God, my daughter was okay. The fear of losing her became the catalyst for change. It drove me to start attending meetings, to seek help, and to fight to be better. But it wasn't easy. It took years before I was truly clean.

Today, I see women just like me—women who are still trapped in that cycle of addiction, women who are pregnant and terrified, women who don't have the coping skills or the support they need. They feel like there's no one who understands them, no one to turn to. And the fear they carry—of judgment, of losing their children, of failing—is overwhelming. They need help. They need support.

Women who are pregnant and have children are found lacking support. If a woman showed up pregnant with children in tow on the doors of a treatment center there would be nothing they could do. They would need to be housed or sheltered in order for the mother to gain access to treatment. This is mind blowingly unacceptable. The act it takes to admit you need help can be one of the hardest things an addict can do.

To take that step and then be told they cannot take you in for services until this other area is met is detrimental and people die from this. We know that addiction is often genetic, but early intervention can reduce the risk that future generations will follow the same path. This bill is not just an investment in services—it's an investment in our children, our families, and the future of our community.

My support for this bill goes beyond just funding—it's about making sure our voices are heard. It's about ensuring that future generations aren't doomed to repeat the same cycles of addiction and poor environmental exposure. When we intervene early, before a child is born, we give both the parents and

their children a fighting chance. When parents can break free from addiction and find help, they can become better parents, better individuals, and role models for their children. Women need a recovery housing environment where they are not separated from their children. They can seek out recovery and they can heal in an environment that fosters safety and security with support. They need effective case management throughout their journey and they need follow-up resources to ensure the continuity of care. The State of North Dakota needs a more structured pathway for women to follow and seek out support without the fear of child protective services having to intervene. Imagine a time where CPS can be looked at as a source of help and support and not the bad guys. Imagine being able to end the stigma that women face and being able to help them and their children seek better lives and break that cycle. Imagine actually making a difference in people's lives and changing the way our people see our system.

I urge you to support HB 1012, not just because it addresses a critical need, but because it offers a chance for lasting change, healing, and hope. Thank you for the time you have given to read this testimony and I appreciate the work you do for our state.

Tory Queensley

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North Dakota Domestic & Sexual Violence Coalition

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February 4th, 2025

Representative Jon Nelson, Chairman
North Dakota State Legislature
House Appropriations Committee, Human Resources Division
600 East Boulevard Avenue
Bismarck, ND 58505

Chairman Nelson and Members of the House Appropriations Committee,

Law enforcement agencies across the state collaborate almost daily with domestic violence and sexual assault agencies in our local communities. These collaborative relationships have grown significantly throughout the past 40 plus years, with law enforcement agencies and domestic violence/sexual assault organizations working closely together for the safety of citizens and their children, while holding individuals responsible for these crimes accountable.

Our organizations work together for mutual benefit by providing shared training to staff, attending collaborative meetings, tracking criminal justice data, and making criminal justice system improvements on an ongoing basis.

When a sexual assault is reported, many of our communities activate a Sexual Assault Response Team. These multidisciplinary teams include members from law enforcement, medical professionals and advocates, responding together to ensure that victims of this invasive crime repeat the accounts of their experience the least number of times possible. This coordination ensures that evidence is collected, the chain of custody is followed, and evidence is preserved for prosecution, all while providing a trauma-informed response that gives victims the support they need.

In cases of domestic violence, officers respond in the heat of the moment during times of elevated risk to themselves and victims and must make decisions that protect the safety of all. Several communities participate in the Lethality Assessment Program, connecting victims of violence with a domestic violence advocate at the time of the incident, increasing awareness of safety services available to them while decreasing the likelihood that they will be killed during a future incident.

Law enforcement also supports the work of domestic violence and sexual assault organizations by responding to requests for welfare checks, providing police escorts in high danger situations, responding to security threats at shelters and offices when needed, serving and enforcing protection orders and much more. Related, our organizations count on the services of these agencies to provide safety, support, and guidance after our officers and deputies leave the scene. Through long-term support provided by domestic violence and sexual assault organizations, these complex patterns can be interrupted. The risk to victims and communities can be lessened through successful investigation, prosecution and ultimately rehabilitation for those who use violence.

The below undersigned fully support increased funding for the critical services provided by domestic violence and sexual assault agencies in our state.

Docusign Envelope ID: 21955F48-2815-47FC-8104-CFEC89DE6E47

North Dakota Domestic & Sexual Violence Coalition

521 E Main Ave, Suite 320
Bismarck, ND 58501

Phone: 701.255.6240
Toll Free: 888.255.6240

nddsvc.org
contact@nddsvc.org

Respectfully submitted,

Matthew Anderson, Chief, Wahpeton Police Department
Corey Bristol, Sheriff, Mountrail County Sheriff's Office
Joe Cianni, Chief, Dickinson Police Department
Dave Draovitch, Chief, Bismarck Police Department
Jason Freedman, Chief, Grand Forks Police Department
Steve Gutknecht, Interim Chief, Williston Police Department
Jesse Jahner, Sheriff, Cass County Sheriff's Office
Matthew Johansen, Sheriff, McKenzie County Sheriff's Office
Ron Jurgens, Sheriff, Walsh County Sheriff's Office
Verlan Kvande, Sheriff, Williams County Sheriff's Office
Bryan Lang, Sheriff, Ramsey County Sheriff's Office
Kelly Leben, Sheriff, Burleigh County Sheriff's Office
Corey Lee, Sheriff, Stark County Sheriff's Office
Kevin Litten, Chief, Stanley Police Department
Pete Nielsen, Chief, West Fargo Police Department
Jon Oien, Chief, Lisbon Police Department
Jeff Osvold, Chief, Cavalier Police Department
Dale Plessas, Interim Chief, Minot Police Department
Gary Ruhl, Sheriff, Richland County Sheriff's Office
Andy Schneider, Sheriff, Grand Forks County Sheriff's Office
Kurt Schwind, Sheriff, Nelson County Sheriff's Office
Jason Toso, Chief, Devils Lake Police Department
Nick Throntveit, Sheriff, Burke County Sheriff's Office
Jesse Wellen, Chief, Watford City Police Department
Matthew Wright, Sheriff, Cavalier County Sheriff's Office
David Zibolski, Chief, Fargo Police Department

CC: Seth O'Neill, Executive Director, North Dakota Domestic & Sexual Violence Coalition and Coiya Tompkins Inman, Chair, Coalition Legislative Committee and President/CEO, Community Violence Intervention Center (a coalition member program)

02/04/2025

FROM THE DESK OF ADAM MARTIN FOUNDER AND CEO OF F5 PROJECT

Chairman Vigesaa and members of the House Appropriations - Human Resources Division

Today, I stand before you to advocate for support of HB 1012, with a particular focus on Free Through Recovery and Community Connect. These programs have made a significant impact on citizens across North Dakota, providing essential services to our communities. From a provider's perspective, we have been able to offer care to an average of 500 clients each month, helping them secure housing, employment, and recovery.

However, I want to draw your attention to a critical component of our support system: the Recovery Housing Assistance Program (RHAP). This program has been vital in ensuring the success of initiatives like Free Through Recovery and Community Connect. It effectively bridges the gap between incarceration or treatment centers and stable housing. When speaking with providers across North Dakota, the most pressing challenge consistently identified is housing. The need for safe and affordable housing is particularly acute for individuals transitioning from prison or treatment centers. RHAP addresses this need by allowing us to secure temporary housing while we search for permanent solutions.

The program provides funding for participants to stay in sober living environments for up to three months, in stark contrast to the often precarious situations they face—such as living with friends for a week, in drug houses, or reconnecting with old acquaintances. I highlight this issue today because Governor Burgum has recognized the growing demand for sober living options in North Dakota and has proposed $4 million in his budget to address this need. Unfortunately, in the Armstrong budget proposal, this amount was reduced to $1.5 million, which will serve far fewer individuals than originally planned, especially considering the over 1,200 people currently on the RHAP waiting list.

I strongly urge this committee to review this situation and consider the essential amendments needed to support participants, their loved ones, and our communities as a whole. Your action today can make a meaningful difference for countless individuals in need.

Adam Martin, Founder and CEO of F5 Project



701.210.2491 info@f5project.org www.f5project.org 1122 1st Ave N Fargo, ND 58102

Chairman Nelson and members of the committee,

My name is Jeremy Traen, I have been an employee of ShareHouse since 2006 and have served ShareHouse in various roles. I became a licensed addiction counselor in 2011 and the President and CEO of ShareHouse since 2023. My personal mission as an employee of ShareHouse has always been to provide the most robust SUD services for the state. I am testifying today in support of HB1012.

ShareHouse first started as a half-way house in 1975 and since then has expanded services. Today, we operate residential services for all North Dakota residents in Fargo and Grand Forks. We also provide recovery housing, outpatient SUD, standalone mental health services, and medication assisted treatment in Fargo. Several of these services are provided via telehealth, which we intend on continuing to expand, to better reach rural communities in North Dakota. I am proud to say in 2024 ShareHouse served just under 1,500 unique clients through all services. Of those, 380 unique clients were funded by the SUD Voucher offered by the State. Just over 300 unique clients were served in ShareHouse's IMD facility, located in Fargo. At any given time ShareHouse has just over 30 SUD Voucher clients receiving residential services in Fargo.

When I was originally hired by ShareHouse I worked as a Behavioral Health Technician at Robinson Recovery Center, which operated from a North Dakota grant for uninsured citizens who needed residential treatment for methamphetamine use. RRC, as I understand it, was a bit of a preamble to our current SUD Voucher. I have seen the development of the Voucher and witnessed firsthand the enormous impact it has had on North Dakotans throughout the entire State. It all is a sign of how well our providers, state departments, and legislators work together. I would like to share several short success stories from the SUD Voucher written by ShareHouse team members:

- I had one guy in the past year or so that stands out because they did not seem ready for treatment, and we thought they would leave early. They ended up staying a while in treatment and struggled with graduating/ the next steps because they felt like they were learning so much here. Their confidence grew month by month and you could see the hope and belief in themselves returning as they spent more time working on themselves and building themselves back up. They smiled more and more. They laughed more and more. They went from isolating to building a community with the guys here and it was inspiring to see.
- One gentleman found himself in the AA and NA community and dove into step work. He ended up getting a job through his sponsor and helped take care of a property for him. This allowed him to save up to get his own place and building support needed to help. They had a significant loss in the family (their dad) and used their support to get through it and remain sober. He attributed a lot of that to the connections he made through treatment.

- A 30ish year-old female and her parents were grateful for the voucher. She was at an in-between income, didn't have insurance, needed residential services and wanted the full gamut of treatment down through aftercare. Her parents attended sessions with the counselor while in outpatient; in the meetings the entire family expressed their gratitude for the services she was able to attend. She continued with aftercare for a while and was in services with us for nearly a year. She was also became a Recovery Living client.
- There was a 30ish year-old male. His first treatment course was 5 months, residential through LIOP. He did extremely well, however he had a relapse about 6 months later. The relapses and the treatment were both brief. He was in residential for about a month, then LIOP for another month and told us he felt confident to return to his support in the community. He has remained sober and has continued to refer clients to treatment and employed clients.
- There was a female around 30 years old. Her father was suffering from cancer; therefore, she wanted to stay in the area. She was grateful for the opportunity to attend treatment near him in the last weeks of his life. We don't know what is going on in her life now, but we do know she had that opportunity due to the voucher.

The $2.5 million recommended additional dollars to the SUD Voucher is a great help to our field in combating addiction. I know it will go a long way in creating more success stories. I am in full support of such a decision and appreciate this committee's understanding of the level of need in North Dakota for the funds. This will allow for additional services throughout the State by the different participants of the SUD Voucher program.

During the 2023 legislation session, it was decided only 45% of SUD Voucher money would be allocated to IMD facilities. While it is understood the intent was to avoid certain providers using all the money there is a projected shortage allocated to IMD facilities and a projected overage for non-IMD facilities of almost the same amount. I am in full support for this committee to reallocate funding to avoid a shortage of services to North Dakotans. Currently, the only alternative is not admitting any SUD Voucher clients for several months. Should this happen, it would negatively affect upwards of 250 North Dakota citizens when factoring all IMD facilities.

In addition, I am in support to find a way to avoid the same shortage from happening during the 2025-2027 biennium. All in effort to continue the great work we all do in creating success stories for our people of North Dakota.

Thank you for your attention and time on this matter and I will answer any questions if there are any.

Sincerely,

Jeremy Traen
President/CEO
ShareHouse, Inc.

50TH ANNIVERSARY
SHAREHOUSE
Recovery is possible.

Chairman Nelson and members of the committee,

My name is Emma Quinn, and I am a constituent of District 46 in Fargo. I am testifying today in support of HB 1012 regarding fully funding the Behavioral Health Division. I am a consumer of behavioral health services in North Dakota and live with a lifelong serious mental illness. I have worked in the behavioral health field for the past 6 years. I have worked as a peer support specialist and care coordinator for Free Through Recovery and Community Connect. Currently, I work as the Business Development Manager for ShareHouse where I connect with behavioral health providers across the state of North Dakota with one main question "How can I help?". I hold consumer positions on the North Dakota Behavioral Health Planning Council and the Medicaid Medical Advisory Committee. I strongly believe that everyone should have access to good affordable behavioral health services no matter where you live. I have spent the last 6 years studying and advocating for better behavioral health services in North Dakota, and the views I express here today are of my own and not on behalf of an employer or committee.

We have a great team at the state lead by Pam Sagness and the programs implemented by the state have changed countless lives. By investing in behavioral health, we are making a difference in every single North Dakotan's life. Mental health and addiction does not discriminate, and everyone knows someone that has struggled. Investing in behavioral health is more than just helping people get their mental health back on track or helping people find recovery. It is about investing in families, it's about parents not having to bury their children due to overdoses and suicides, and most importantly it's about lifting people up so that they can one day lift others up as well.

North Dakota's peer support program is a great example of this exact concept. Prior to taking the peer support training and working as a peer support, I was working as a part time server in a restaurant. I knew I wanted to do something more with my career, but I felt stuck and unworthy of a career because my mental health had proven to be a challenge in my past. In that peer support training something magical happened, for the first time outside of treatment and waiting rooms I saw myself in others. The people that were in the training not only understood what it felt like to be me, but we all encouraged each other to be the best versions of ourselves. That peer support training changed my life and that was because legislators decided to invest in behavioral health.

We have a lot of things going for us here in North Dakota but there is still plenty of work to be done. The one thing I constantly hear about when talking to other providers is the lack of workforce, so providers are unable to expand services. Right now, companies are just stealing employees from each other. We simply do not have enough behavioral health professionals coming into the workforce to keep up with the demand.

The number of Licensed Addiction Professionals that are entering the workforce is dwindling and this is alarming. Peer supports are a wonderful way to boost the workforce, however they do not replace clinicians and as a state we need to be doing more to invest in our own citizens so that way they want to come work in the behavioral health field and stay in North Dakota. This is why the Behavioral Health Workforce Administrator is vital to growing our workforce. This position is advancing Aim 7 of North Dakota's Behavioral Health strategic plan. Which if you are unfamiliar, Aim 7 has the goal of engaging in targeted efforts to recruit and retain a qualified and competent behavioral health workforce. Private providers are often looking to the state for guidance and without proper staffing across the division the quality of services will be affected.

Despite our behavioral health programs reaching key populations we are still missing a large chunk of people that need help. When I was a young mother and struggling with my mental health, I was forced to make the difficult decision to leave my young son with his father and move back to my home state of Oregon so I could be near my support system and receive mental health treatment. It wasn't until almost 6 years later when my mental health was at a better place that I could move back to North Dakota to be near my son. This is a reality of the choices that many families in North Dakota face. In North Dakota you can get help, or you can be a parent but because of lack of services you cannot do both at the same time, and that frankly is unacceptable.

I encourage you to invest in the future of North Dakota families and fund the development of a robust Pregnant and Parenting Program with wrap around services including recovery living. We have North Dakota providers that are willing to do the work, that have formed partnerships that agree we need this service. These key providers are willing to help, but we need money to purchase or build a facility as well as build programing. Too many families are being split up so a parent can receive treatment. This can not continue to go on, North Dakota families deserve better.

I often wonder what my life would be like if I would have had a program like Free Through Recovery or Community Connect when I was severely struggling. A care coordinator that helped me navigate a system I didn't fully understand and a peer support that understood what I was going through. That type of support would have changed my life. Please continue to fund these vital programs. The number of success stories that have come out of these programs is astounding. I am happy to share stories of how these programs have changed people's lives, but for the sake of time I won't go into detail.

We need to have a robust full continuum of care of services for North Dakotans. This means we need to continue to invest in our community-based programs as well as our most intensive services. When people need intense services such as inpatient care, they

deserve to go to a facility that is therapeutic. Currently the North Dakota State Hospital is far from a therapeutic environment.

As a mentally ill individual, being sent to the current state hospital is my biggest fear. I am not afraid of treatment or how staff will treat me, in fact there are many wonderful people that work at the state hospital and make the best of what they have. However, the building itself is an institution plain and simple.

When I was the chair of the Behavioral Health Planning Council, I started studying the state hospital and have talked with the staff on multiple occasions. When I ask how I can help I always get the same answer, "we need a new building". I would encourage every legislator to tour the state hospital and explore the museum. The history of state hospitals is dark and scary, and it is time that we stop subjecting our citizens to treatment in an institution that is beyond repair.

The new state hospital renderings are of a therapeutic environment. A place where people can actually get help, a place that actually has windows. Please invest in a new state hospital, I am begging you to stop sending people to a rundown institution.

While a new state hospital is one piece to North Dakota's behavioral health puzzle we must remember to continue to invest in other community based programs. We need beds in our local communities as well but not everyone needing services will be comfortable with getting treatment in their home communities. I personally would not choose to get treatment locally as I know too many people and I don't want them to know just how sick I am. Clients of behavioral health services need to have control of some of their choices, it's how we empower people to get actively involved in their treatment.

When people are ready to get help, we must meet them where they are at and reduce as many barriers as we can. The SUD voucher has been and continues to be a vital resource for consumers. The SUD voucher has helped families heal and made our communities safer.

By continuing to invest in the SUD voucher we are providing critical funding to the people that need it the most. I ask that you implement the recommendation of Governor Armstrong's proposed 2.5 million dollar increase to the SUD voucher, so that more North Dakotans can have access to their choice of provider.

Currently the SUD voucher only pays for treatment but not medical care. I did not realize what a barrier this was for people receiving care until my office was placed directly next to ShareHouse's admission department.

If we want to be the healthiest state in the nation, then it is critical that we fund people's medical care when they in are in a residential facility. People in active addiction are not prioritizing their physical health and are often delaying recovery in order get their physical health care under control so that they can be cleared to come to treatment. It is hard enough to make a phone call and ask for help let alone actually show up and do the work, please do not make it harder for people to get help.

Lastly, we need to be investing in recovery housing. Treatment for both mental health and substance use disorder are just one piece to recovery. People cannot focus on getting healthy if they are worried about where they will live and how they will survive. Stable supportive housing is one of the fundamental pieces to the recovery puzzle and there are many barriers that play a part in why people can't find housing. Currently the Recovery Housing Assistance Program (RHAP) has a waitlist of providers wanting to help but there is not enough money in the program to help ensure people find housing after treatment.

I hope my testimony has helped highlight the wonderful programs that we already have in place and shed light on some of the holes that still exist in our system. I have always looked at our state's behavioral health as an echo system where everyone plays a part and where every part is equally important. We must build a new state hospital as well as investing in community based programs, it is the only way we will be able to get a handle on this behavioral health crisis. I ask that you fully fund our behavioral health division and give them room to grow so that every North Dakotan can have the opportunity to be happy and healthy.

Thank you for your time and I am prepared to answer any questions that you may have.

-Emma Quinn

Chairman Nelson and members of the committee,

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The new state hospital renderings are of a therapeutic environment. A place where people can actually get help, a place that actually has windows. Please invest in a new state hospital, I am begging you to stop sending people to a rundown institution.

While a new state hospital is one piece to North Dakota's behavioral health puzzle we must remember to continue to invest in other community based programs. We need beds in our local communities as well but not everyone needing services will be comfortable with getting treatment in their home communities. I personally would not choose to get treatment locally as I know too many people and I don't want them to know just how sick I am. Clients of behavioral health services need to have control of some of their choices, it's how we empower people to get actively involved in their treatment.

When people are ready to get help, we must meet them where they are at and reduce as many barriers as we can. The SUD voucher has been and continues to be a vital resource for consumers. The SUD voucher has helped families heal and made our communities safer.

By continuing to invest in the SUD voucher we are providing critical funding to the people that need it the most. I ask that you implement the recommendation of Governor Armstrong's proposed 2.5 million dollar increase to the SUD voucher, so that more North Dakotans can have access to their choice of provider.

Currently the SUD voucher only pays for treatment but not medical care. I did not realize what a barrier this was for people receiving care until my office was placed directly next to ShareHouse's admission department.

If we want to be the healthiest state in the nation, then it is critical that we fund people's medical care when they in are in a residential facility. People in active addiction are not prioritizing their physical health and are often delaying recovery in order get their physical health care under control so that they can be cleared to come to treatment. It is hard enough to make a phone call and ask for help let alone actually show up and do the work, please do not make it harder for people to get help.

Lastly, we need to be investing in recovery housing. Treatment for both mental health and substance use disorder are just one piece to recovery. People cannot focus on getting healthy if they are worried about where they will live and how they will survive. Stable supportive housing is one of the fundamental pieces to the recovery puzzle and there are many barriers that play a part in why people can't find housing. Currently the Recovery Housing Assistance Program (RHAP) has a waitlist of providers wanting to help but there is not enough money in the program to help ensure people find housing after treatment.

I hope my testimony has helped highlight the wonderful programs that we already have in place and shed light on some of the holes that still exist in our system. I have always looked at our state's behavioral health as an echo system where everyone plays a part and where every part is equally important. We must build a new state hospital as well as investing in community based programs, it is the only way we will be able to get a handle on this behavioral health crisis. I ask that you fully fund our behavioral health division and give them room to grow so that every North Dakotan can have the opportunity to be happy and healthy.

Thank you for your time and I am prepared to answer any questions that you may have.

-Emma Quinn

Chairman Nelson and members of the committee,

My name is Emma Quinn, and I am a constituent of District 46 in Fargo. I am testifying today in support of HB 1012 regarding fully funding the Behavioral Health Division. I am a consumer of behavioral health services in North Dakota and live with a lifelong serious mental illness. I have worked in the behavioral health field for the past 6 years. I have worked as a peer support specialist and care coordinator for Free Through Recovery and Community Connect. Currently, I work as the Business Development Manager for ShareHouse where I connect with behavioral health providers across the state of North Dakota with one main question "How can I help?". I hold consumer positions on the North Dakota Behavioral Health Planning Council and the Medicaid Medical Advisory Committee. I strongly believe that everyone should have access to good affordable behavioral health services no matter where you live. I have spent the last 6 years studying and advocating for better behavioral health services in North Dakota, and the views I express here today are of my own and not on behalf of an employer or committee.

We have a great team at the state lead by Pam Sagness and the programs implemented by the state have changed countless lives. By investing in behavioral health, we are making a difference in every single North Dakotan's life. Mental health and addiction does not discriminate, and everyone knows someone that has struggled. Investing in behavioral health is more than just helping people get their mental health back on track or helping people find recovery. It is about investing in families, it's about parents not having to bury their children due to overdoses and suicides, and most importantly it's about lifting people up so that they can one day lift others up as well.

North Dakota's peer support program is a great example of this exact concept. Prior to taking the peer support training and working as a peer support, I was working as a part time server in a restaurant. I knew I wanted to do something more with my career, but I felt stuck and unworthy of a career because my mental health had proven to be a challenge in my past. In that peer support training something magical happened, for the first time outside of treatment and waiting rooms I saw myself in others. The people that were in the training not only understood what it felt like to be me, but we all encouraged each other to be the best versions of ourselves. That peer support training changed my life and that was because legislators decided to invest in behavioral health.

We have a lot of things going for us here in North Dakota but there is still plenty of work to be done. The one thing I constantly hear about when talking to other providers is the lack of workforce, so providers are unable to expand services. Right now, companies are just stealing employees from each other. We simply do not have enough behavioral health professionals coming into the workforce to keep up with the demand.

The number of Licensed Addiction Professionals that are entering the workforce is dwindling and this is alarming. Peer supports are a wonderful way to boost the workforce, however they do not replace clinicians and as a state we need to be doing more to invest in our own citizens so that way they want to come work in the behavioral health field and stay in North Dakota. This is why the Behavioral Health Workforce Administrator is vital to growing our workforce. This position is advancing Aim 7 of North Dakota's Behavioral Health strategic plan. Which if you are unfamiliar, Aim 7 has the goal of engaging in targeted efforts to recruit and retain a qualified and competent behavioral health workforce. Private providers are often looking to the state for guidance and without proper staffing across the division the quality of services will be affected.

Despite our behavioral health programs reaching key populations we are still missing a large chunk of people that need help. When I was a young mother and struggling with my mental health, I was forced to make the difficult decision to leave my young son with his father and move back to my home state of Oregon so I could be near my support system and receive mental health treatment. It wasn't until almost 6 years later when my mental health was at a better place that I could move back to North Dakota to be near my son. This is a reality of the choices that many families in North Dakota face. In North Dakota you can get help, or you can be a parent but because of lack of services you cannot do both at the same time, and that frankly is unacceptable.

I encourage you to invest in the future of North Dakota families and fund the development of a robust Pregnant and Parenting Program with wrap around services including recovery living. We have North Dakota providers that are willing to do the work, that have formed partnerships that agree we need this service. These key providers are willing to help, but we need money to purchase or build a facility as well as build programing. Too many families are being split up so a parent can receive treatment. This can not continue to go on, North Dakota families deserve better.

I often wonder what my life would be like if I would have had a program like Free Through Recovery or Community Connect when I was severely struggling. A care coordinator that helped me navigate a system I didn't fully understand and a peer support that understood what I was going through. That type of support would have changed my life. Please continue to fund these vital programs. The number of success stories that have come out of these programs is astounding. I am happy to share stories of how these programs have changed people's lives, but for the sake of time I won't go into detail.

We need to have a robust full continuum of care of services for North Dakotans. This means we need to continue to invest in our community-based programs as well as our most intensive services. When people need intense services such as inpatient care, they

deserve to go to a facility that is therapeutic. Currently the North Dakota State Hospital is far from a therapeutic environment.

As a mentally ill individual, being sent to the current state hospital is my biggest fear. I am not afraid of treatment or how staff will treat me, in fact there are many wonderful people that work at the state hospital and make the best of what they have. However, the building itself is an institution plain and simple.

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I hope my testimony has helped highlight the wonderful programs that we already have in place and shed light on some of the holes that still exist in our system. I have always looked at our state's behavioral health as an echo system where everyone plays a part and where every part is equally important. We must build a new state hospital as well as investing in community based programs, it is the only way we will be able to get a handle on this behavioral health crisis. I ask that you fully fund our behavioral health division and give them room to grow so that every North Dakotan can have the opportunity to be happy and healthy.

Thank you for your time and I am prepared to answer any questions that you may have.

-Emma Quinn

GREATER NORTH DAKOTA CHAMBER
HB 1012
House Appropriations Committee
Human Resources Division
Chair Jon Nelson
February 5, 2025

Mr. Chairman and members of the Committee, my name is Andrea Pfennig, and I am the Vice President of Government Affairs for the Greater North Dakota Chamber. GNDC is North Dakota's largest statewide business advocacy organization, with membership represented by small and large businesses, local chambers, and trade and industry associations across the state. We stand in **support** of House Bill 1012 as it relates to childcare.

Labor availability has been identified as the top business concern facing companies in North Dakota. In our 2024 ND Economics and Employer Survey of our membership:

- 70% of respondents indicated they were having trouble hiring employees.
- 69% of respondents indicated that childcare was an issue for their organization.

In the 2023 legislative session, a historic $65.6 million funding package was passed to help address childcare shortages within the state. GNDC would like to express its appreciation to the legislative body for recognizing the impacts lack of childcare can have on the workforce. Coverage of childcare expenses for childcare staff, which became available in June of 2024, has been beneficial.

The Working Parents Child Care Relief Program, which was part of the package, was a positive step in addressing childcare issues and worked well for some of our members. However, there were also some challenges with the program.

- The established income thresholds for eligibility excluded some employees.
- Age limitations were a challenge as only ages 0-3 qualify.
- Companies with a large number of employees may find it administratively burdensome.
- The defined contribution amounts limit flexibility. For example, at the inception of the program employers were required to provide $300/month/employee. Currently there is an additional $150/month/employee option.

The biggest issue with the program was lack of awareness. Only 33% of respondents indicated awareness of the program.

Are you aware of the state childcare employer match program?



GNDC hosted a Policy Outlook regarding the program in October of 2023. These are virtual meetings designed to provide our members with the opportunity to directly interact with policy

leaders and subject matter experts. We reached over 60 members through this event. We also provided DHHS with some feedback on their Employer Toolkit at their request. We feel that collaboration efforts could be strengthened. There have been other instances in which GNDC offered the DHHS an opportunity to reach our membership, but we did not receive a response. Whether done in collaboration with GNDC or through some other method, based on the results of our survey, we do feel additional outreach is needed in some way.

Childcare remains an issue for our members, and we would like to express our support for effective and rapidly deployed solutions.

To whom it may concern,

Prior to entering treatment I lived a life consumed with alcohol and drugs, where a day could not go by without getting high or drunk which led me to end up doing things negative things to get my drugs. I've been addicted to drugs and alcohol since I was 15 years old. My addiction forced me to fee my addiction, which led to joining a gang and selling drugs. I learned these behaviors from watching my father steal cars and sell drugs from a young age. I didn't see the harm in these things, it was all I knew, and I didn't realize where these behaviors would take me in life. I chose drugs over my children and their mothers over and over. Living with my addiction and trying to become a man was one of the toughest parts of my life. My mother told me I needed to move so I came to North Dakota, within months I was right back to drinking and using. I lost my job and went back to finding ways to feed my addiction. I ended up losing my kids, my wife, my housing, and started pushing everyone who loved me and wanted me to get help away. I ended up in jail facing four felonies on November 7, 2023 and was looking at up to 25 years in prison at the age of 29. I was truly beat in life and was over the way I was living. I reached out to a fellow inmate for help with my drug problem. He told me to ask for an evaluation, through that I learned about the SUD Voucher program. When I was accepted into this program the only place that would take me was Providence House. I waited for two months for the courts to let me go get help. On February 29, 2024 I started my treatment at Providence and I quickly realized there was a way to break free from my addiction. With the help of my counselors and a 12-step program I started to learn how to live a life without using drugs or drinking alcohol. After I completed my residential program I knew I needed more time in treatment. With the help of the recovery housing program I was able to move into Endeavor Sober Living and step down to a day treatment program at Providence. I was able to get a sponsor and started working the steps every other week. I then gained employment in the community and started night programming in a lower level of care. I started to learn responsibilities in life and how to live the right way in life. Over the last year I worked through the 12 steps and continued with treatment and successfully graduated treatment. I still reside in sober living, I am sponsoring other people in the program and give back to the community regularly. My life today has changed 100%. The way I look at life is completely different now also. I have my family back and not a day goes by that I think about using or drinking. I have made the decision to stay in the Watford area and bring my family here. I have been offered a job at Providence that will allow me to stay involved and help the new guys coming into the program. The decision to change is the best choice I have ever made in my life. Thanks to Providence, Endeavor, the SUD Voucher program, and the Recovery Housing Program I have been given the opportunity to change my life and help others find hope in recovery.

Sincerely,

Timothy Mitchell

#35053

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SHERIFF'S OFFICE
1201 12th St SE Ste B • Watford City, ND 58854

Matthew Johansen, *Sheriff*
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Testimony Prepared for the

House Appropriations Committee/Human Resources Division

February 4, 2025

By: Matthew Johansen, McKenzie County Sheriff Re: HB 1012

Dear Chairman Nelson and Members of the House Appropriations Committee/HR Division,

My name is Matthew Johansen, McKenzie County Sheriff, and I am here today to support HB 1012.

As a community, we face significant challenges when it comes to providing crisis care for individuals actively in crisis within McKenzie County. The resources available are exceedingly sparse, with the McKenzie County Hospital lacking on-site psychiatric care and no 24-hour crisis care locations in existence. Additionally, all in-patient crisis care facilities are located outside of McKenzie County.

Current State of Crisis Care in McKenzie County

- **Limited Facilities**: There are no local facilities providing inpatient crisis care, necessitating transportation of individuals in crisis to locations outside McKenzie County.
- **High Volume of Calls**: In 2023, the McKenzie County Sheriff's Office responded to 49 calls originating as suicide threats, with a similar number (48) in 2024. This does not account for incidents where threats of suicide evolved from other calls.
- **Committal Transports**:
  - In 2023, the Sheriff's Office completed 46 committal transports, with deputies traveling 5,888 miles, including 12 emergency committals issued by a physician.
  - In 2024, the total committal transports were 39, covering 16,490 miles, with 31 emergency committals issued by a physician, indicating an increased burden on deputies.

Challenges in Crisis Response

- **Initial Response**: Deputies must determine the nature of the incident and decide, often without immediate physician support, whether the person should be brought to the

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emergency room. This process involves gathering facts and evidence surrounding the crisis.

- **Physician Consultation**: The emergency room physician then confers with a psychiatric physician from another facility to determine if an emergency committal is necessary, a process that can take hours and frustrate the individual in crisis.

Benefits of AVEL eCare

- **Comfortable Crisis Resolution**: Individuals in crisis are more willing to open up in familiar surroundings. AVEL eCare allows deputies to offer the opportunity for the individual to speak with a mental health professional via video chat in their current, comfortable location.
- **Visible Assessment**: Video chat enables professionals to visibly assess the patient's demeanor and accurately evaluate their condition, versus solely relying on audible assessments.
- **Enhanced Decision Making**: Deputies retain authority in decision-making, considering the professional's recommendations while assessing the viability of the patient remaining in place.
- **Follow-Up Resources**: Introduction of follow-up through Human Services ensures that patients receive additional resources and support post-crisis, a system that did not exist before AVEL eCare.
- **Efficiency in Staffing**: If a decision is made for the patient to remain in place, deputies can return to other calls for service more quickly, rather than waiting in an emergency room.

Endorsement of AVEL eCare's Crisis Care Program

In today's world, law enforcement agencies are increasingly being called upon to respond to mental health and substance abuse crises. While officers and deputies are dedicated to serving their communities and genuinely want to help, they often lack the clinical training necessary to effectively assess and support individuals in crisis. This is where Avel eCare's Crisis Care program makes a transformative difference.

Since the McKenzie County Sheriff's Office implemented the program in March of 2024, we have utilized it multiple times and it has saved countless trips to the local emergency room and mental health facilities across the state. Avel eCare's innovative virtual co-responder program has been a game-changer for McKenzie County. By providing 24/7 access to behavioral health professionals, this program bridges the gap between immediate crisis response and professional mental health care. Utilizing cellular-enabled tablets, behavioral health professionals can connect

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with law enforcement officers on the scene, assisting with de-escalation, stabilization, and safety assessments during crisis situations—whether on the side of the road or in a living room.

What truly sets Avel eCare's Crisis Care program apart is its comprehensive approach. The support does not end after the initial crisis response. Instead, the program ensures that individuals who were in crisis are seamlessly connected to local mental health resources for follow-up care. This continuity of care is essential in fostering long-term recovery and stability for those affected by mental health crises.

I wholeheartedly endorse Avel eCare's Crisis Care program for its dedication to improving outcomes for individuals in crisis and its unwavering support for law enforcement officers. This program is a testament to the power of innovative solutions in addressing critical gaps in our mental health and public safety systems.

I respectfully request that funding is maintained for this program now and in the future.

Thank you.

Matthew Johansen

McKenzie County Sheriff

SANFORD HEALTH

House Appropriations Human Services Division
Representative Jon Nelson, Chair
February 5, 2025
HB 1012

Chairman Nelson and members of the House Appropriations Human Services Division,
Good morning. For the record my name is Todd Schaffer and I serve as Sanford Health Bismarck President/CEO and president of the N.D. Hospital Association.

Thank you for this opportunity to testify in support of HB 1012 and thank you for supporting the multitude of programs funded through this important budget bill. I would like to use this time to talk about successful initiatives you have fostered through strategic initiatives and sustainable Medicaid reimbursement rates and how we are partnering with the N.D. Department of Health and Human Services (DHS) to better serve patients and their families.

Quality/VBP
We appreciated the opportunity to participate in the Health Care Task Force over the last 18 months to tackle the topic of health care costs, access to services and information sharing. One of the task force's recommendations was to focus on improving quality. We strongly support that recommendation and see great potential of bringing multiple stakeholders together to address specific areas needing improvement.

Improving quality entails many things - maximizing the use of preventive services such as vaccinations and well-child visits, increasing compliance with screenings such as mammograms and colonoscopies and managing chronic diseases such as diabetes and heart disease. More than half of healthcare costs in the United States are attributed to preventable chronic diseases; by working together we can help patients and their families prevent illness and make positive choices to improve overall health.

Improving quality is increasingly embedded in value-based purchasing (VBP) programs, meaning reimbursement from Medicaid, Medicare and private payors is based upon meeting quality metrics. This is an important transition from fee-for-service care models to pay-for-performance.

N.D. Medicaid VBP The traditional Medicaid VBP program is an excellent example of a successful public-private partnership designed to improve healthcare. North Dakota PPS hospitals have been working with N.D. Medicaid for more than two years to create the meaningful, sustainable program now underway.

Initial conversations with DHS were focused on selecting the right metrics to truly improve the wellbeing and outcomes for North Dakota's Medicaid-covered individuals and families. One of the recommendations from the State was fluoride treatments for children**.** Although this is not a treatment typically offered in medical clinics, as you have heard N.D. Medicaid Director Sarah Aker explain, our

Medicaid-covered children have poor access to dental services. Recognizing the important need to provide this preventive service, we are in the process of building workflows to offer fluoride treatments to Medicaid-covered children.

As you have seen, North Dakota is below average on this measure, but keep in mind we are just beginning to focus on fluoride as a quality measure. Providers are ramping up to offer this service consistently to Medicaid-covered families and we anticipate the measure will increase markedly within a year.

Another measure – depression screenings – is a metric we are working to improve in multiple ways. You may recall the metrics you saw for North Dakota providers were also below national averages. One of the reasons the reported scores on this measure are low is that there is a gap in reporting data to the State. As you heard Ms. Aker explain, by working together we realized Medicaid's data does not reflect visits that are covered by other payers. With depression screenings, as an example, if a patient has both Blue Cross Blue Shield and Medicaid coverage, the bill is first sent to BCBS; if BCBS covers the service, Medicaid is not billed (i.e. Medicaid is informed the service was provided). In the case of depression screenings, we are working with the State's vendor to submit supplemental data in an ingestible form for the State's system.

In addition to addressing data gaps, we are working on operational improvements to increase the number of patients screened. One example of this work is automating the screening for those patients who use MyChart. If you have had an appointment lately, you may have noticed that when you complete the online check-in process, MyChart asks you a couple of questions related to depression. Depending on how you answer, it will trigger additional screening questions when you have your visit. Additional changes to better meet patients' needs in the area of depression include:

- Embedding behavioral health providers in our primary care clinics and specialty clinics
- Deploying technology to periodically check in on patients through text messages
- Expanded tele-behavioral

Challenges to serving patients and their families covered by Medicaid are unique in that this population struggles disproportionately with social determinants of health. Increasing the number of well-child visits, as another example, requires focused resources and operational changes to support families who need housing, transportation, childcare, expanded hours and access to nutritious food.

The bottom line is that the VBP partnership is going well, and we are moving in the right direction. Next steps will include increased collaboration on how we – the State, hospitals and additional partners such as public health – can work together to find innovative ways to continually improve quality.

It is important to note that North Dakota hospitals have been successful in numerous value-based, quality improvement programs. In the last two years, Sanford Fargo and Sanford Bismarck received 5-

star and 4-star status awards, respectively, from the Centers for Medicare and Medicaid Services (CMS). Hospitals throughout the state have achieved similar awards recognizing quality and affordability.

BEHAVIORAL HEALTH

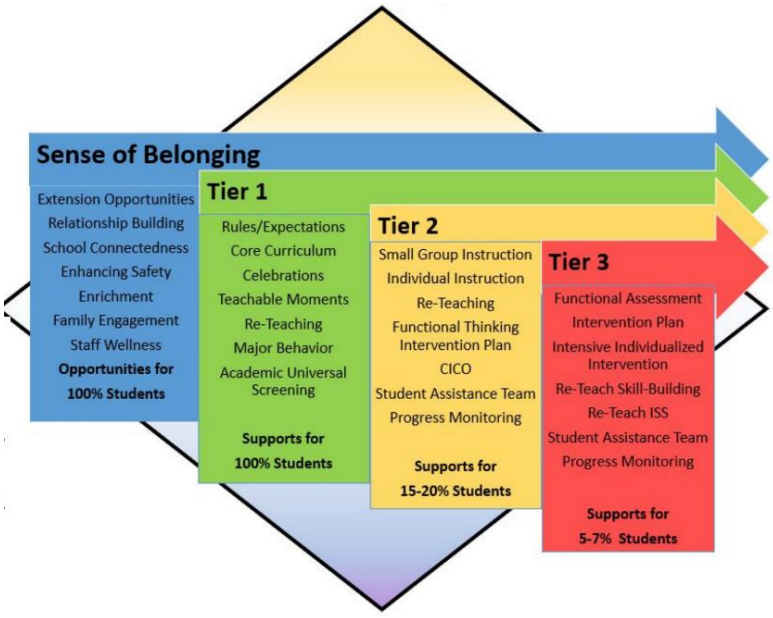
As with the N.D. Medicaid program, partnering with DHS behavioral leadership team is appreciated and making a positive impact on the patients we serve. Our team had the opportunity to share a comprehensive overview of our behavioral health program at the April 8, 2024 interim Human Services Committee meeting. The presentation[1,2] included a bottom-up overview of our services, i.e. our community partnerships, State partnerships, outpatient services, acute inpatient services and growth.

Thank you for the many policy decisions you have supported to help private providers increase access to behavioral health, including:

- PSYPACT
- Counselor training supervision
- Medicaid reimbursement for predoctoral psychology interns

School-based care: Multiple tiered systems of support (MTSS)

Initiated in 2017 by the DHS Behavioral Health Services Division and funded by this committee, the multiple tiered systems of support (MTSS) pilot program began as a partnership between the State, Simle Middle School and Sanford Health. Designed to support students and their families, the model improves student outcomes while conserving limited behavioral health provider resources. The model teaches school teams to provide a tiered approach to interventions, problem solving and collaboration.



The tiered support program helps 100s of students and their families get the help they need; those students that are identified as needing support from a licensed therapist are referred to our behavioral health provider who meets with the student at the school (or virtually), removing barriers to care and improving

[1] https://ndlegis.gov/sites/default/files/committees/68-2023/25.5103.02000presentation0940.pdf
[2] https://video.ndlegis.gov/en/PowerBrowser/PowerBrowserV2/20240408/-1/31970 (video begins 9:32:30)

collaboration with the school's team. The successful model has achieved reductions in disciplinary actions such as visits to the principal's office and referrals to youth police services.

Sanford's school partnerships have grown to seven schools located in Bismarck, Wilton and Dickinson. We are committed to continuing this work with all schools that commit to completing the MTSS training. In 2024 we provided more than 2,000 visits to students.

Behavioral health in western North Dakota

We have prioritized creating access to services in our Dickinson footprint, essentially building an entire service line where previously one did not exist. We have hired a psychologist, an LPCC and licensed certified social workers. Our care coordinators – supported by an NDDHHS grant – manage high-risk patients, providing critically important coordination and crisis services.

In terms of **overall behavioral health workforce**, we have focused on growing our outpatient and acute care services on all levels. Over the last five years, our Fargo market increased from 73 providers (psychiatrists, psychologists, nurse practitioners and master's level therapists) to 98. Our Bismarck market nearly doubled, growing from 20 providers to 39.

A key to growing our behavioral health workforce is to train students in our North Dakota facilities. Sanford provides the following training programs:

- **Psychiatry:** Adult psychiatry residency program, psychiatric nursing, psychiatric mental health nurse practitioner clinical rotations and supervision for rural communities
- **Psychology:** Practicum students, predoctoral internship, postdoctoral residency (launching this year)
- **Master's level therapists:** Student-led clinics, sponsorships, supervision for independent licensure

Workforce development

Switching gears to workforce development in general, all North Dakota healthcare providers have been working hard to find innovative and sustainable ways to recruit and retain workforce. As part of the legislature's study on the topic of contract nursing, note Sanford Health Human Resources Vice President DJ Campbell gave a comprehensive overview[3,4] of Sanford's workforce development initiatives at the Aug. 30, 2023 interim Health Care Committee.

Sanford provides more than 150,000 hours of clinical training for nursing students each year and we train medical students and residents in primary care and several specialty areas including neurology, psychiatry and orthopedic surgery. Between now and next year we will launch fellowship programs in cardiology and surgical critical care in Fargo and an internal medicine residency program in Bismarck. We

[3] https://ndlegis.gov/sites/default/files/committees/68-2023/25.5026.02000_presentation1415c.pdf
[4] https://video.ndlegis.gov/en/PowerBrowser/PowerBrowserV2/20230829/-1/31797 (video begins 2:08:40)

also train radiology technologists, respiratory therapists, emergency medical responders and paramedics.

Internationally-educated nurses Last session you approved the creation of a state Office of Legal Immigration. The acknowledgment and support for recruiting much-needed workers from other countries is sincerely appreciated. Sanford has hired 446 internationally-educated nurses in our Fargo and Bismarck facilities. The nurses are highly-qualified – they must pass the National Council Licensure Examination (NCLEX) and an English proficiency exam – and they are eager to join our workforce. By working to create a well-designed orientation program (360 hours per nurse) and robust community support program aimed at helping nurses and their families find housing and community connections. Our retention rate thus far is over 75 percent.

Collectively, our workforce development programs and IEN successes have helped us reduce the number of contract nurses, a.k.a. travel nurses, necessary to staff our hospitals and clinics. In 2020, Sanford spent more than $25 million to hire 464 independent contract labor staff on varying assignments to offset staffing gaps in our clinics and hospitals. Flash forward to 2025 and we have reduced our need for contract labor to about 100 contracted nurses thanks in large part to workforce development programs created and supported by our state legislature.

Capital investments

With your support, hospitals across the state have been able to invest in expanding access via programming and capital construction products. At Sanford Bismarck we have maximized every square inch of our facilities and are working hard to meet growing demand. Our hospital operates beyond capacity most days, setting record-high visits in our emergency room, hospital admissions and deliveries. To accommodate demand we staff every bed, expanded our emergency room capacity and have implemented multiple initiatives and construction projects to improve efficiency. To alleviate some of the pressure our emergency room, we built an urgent care center in south Bismarck and are adding 36 hospital rooms. We could not make these improvements without your support.

Chairman Nelson and members of the committee – I want to again thank you for your time today and for supporting the many programs that positively impact the patients and communities we serve.
I would welcome any questions you might have.

Todd Schaffer, M.D.
Sanford Bismarck President/CEO
Todd.Schaffer@SanfordHealth.org
701-650-8999

To whom it may concern,

I am providing testimony today in support of funding a new North Dakota State Hospital. I am currently a third-year medical student at the University of North Dakota. Prior to my psychiatry rotation I doubt I would have been able to locate The State Hospital on a map. However, after rotating there I now know that it is a critical and irreplaceable resource for the people of North Dakota. I spent two weeks rotating at The State Hospital and was provided a cottage to stay in with two other medical students. During our time there we worked closely with staff members and learned about the many services provided by The State Hospital including but not limited to a pharmacy, radiology office, medical laboratory, and a comprehensive interprofessional care team. I was impressed by the dedication of the providers at The State Hospital to provide care to patients who truly had no other place to go.

During my stay it also became apparent how old the buildings themselves were. I was there for an initially temperate first week, but when temperatures dipped the second week it was noticeable cooler inside as the buildings as older infrastructure struggled to keep pace with the elements. Lastly, I want to note that The State Hospital is the only public institution that medical students rotate through in the entire state, the rest of our rotations are through private clinics. The time it takes to onboard, instruct, and house medical students is an apt example of The State Hospital providing a not always intangible, but important good. The State Hospital is a net good for North Dakota and its residents, please consider funding the new State Hospital.

Sincerely,
Henry Elsenpeter

Chairman Nelson and Members of the House Appropriation Committee – Human Resource Division,

I am a third-year medical student attending the University of North Dakota who is currently in clinical rotations in Bismarck, North Dakota. As a part of my psychiatry rotation, I was able to study at the State Hospital in Jamestown, primarily under the guidance of Dr. Eduardo Yabut, the medical director at the institution. I consider my time spent at the state hospital invaluable, as it helped me decide to pursue a career in psychiatry after graduating from medical school.

While at the State Hospital, I witnessed and partook in an environment uniquely suited to fit the behavioral health needs of the state of North Dakota, yet I also saw a system that was being stretched thin in ways nobody could have imagined when the current institution was originally built. At the time it was built, the current institution was perfectly suited for behavioral health care with the tools available at the time. In today's environment, however, the current institution is starting to show its age. There are multiple safety and logistical features in the current hospital that, while adequate, could be drastically improved, which would provide a better level of care for patients at the facility, as well as provide increased safety for all residents and employees at the institution.

Another unforeseen complication that the current institution has had to adapt to is the increase in long-term care patients that have remained at the state hospital after initial admission. Behavioral symptoms are common in neurocognitive disorders such as Alzheimer's or Parkinson disease as they progress, which can lead to patient difficulties in being cared for, whether it is by family or by a long-term care facility. When these behavioral altercations occur, patients are often referred to the state hospital due to their complex neurocognitive illnesses. Once at the state hospital, patients are stabilized with specialized medical care, but due to their history of behavioral issues, no long-term care facility will accept the patient as a resident. With no other location to go, these patients remain at the state hospital indefinitely. The state hospital in its current building is inadequately prepared to properly care for a growing population of long-term care residents, yet it has been forced to adapt to this change due to the inability or unwillingness of other long-term care facilities to accept residents with histories of behavioral challenges.

With HB 1012, the state of North Dakota has the ability to completely overhaul a vital facility in the behavioral health framework within the state. The current facility is outdated and unprepared for the growing and changing behavioral health needs of the state. A new

facility is needed to continue to provide excellent care for the growing and changing needs of behavioral health professionals across the state of North Dakota. I implore all members of the committee to support HB 1012 to provide adequate funding for a new state hospital that will provide excellent behavioral care for the people of North Dakota for decades to come.

Sincerely,

Nolan Christenson

Testimony
House Bill 1012
House Appropriations
Wednesday February 5, 2025
Rolette County Public Health District

Testimony on the Importance of Enhanced State Aid Support
for Local Public Health

Chairperson Nelson and members of House Appropriation committee. Thank you for the opportunity to submit written testimony today on the critical importance of state aid support for the Rolette County Public Health District.

My name is Barbara Frydenlund, Administrator and I represent the Rolette County Public Health District, serving the county of Rolette and dedicated to safeguarding the global health and well-being of our county. Rolette County is within District 9.

As with all Public health entities in North Dakota, Rolette County Public Health is fundamental to the well-being of our community. We provide services including immunizations, maternal and child health programs, disease prevention, health education and prevention programs, and emergency preparedness. These services are crucial in promoting public health, preventing outbreaks, and ensuring that all community members have access to preventive health services.

Rolette County continues to be one of the poorest counties within the state and country. Our mill levy value is limited, by our low land values and non-taxable tribal lands and tribal trust lands within our county. Despite the federal designation of tribal lands in Rolette County, federal impact aid in lieu of tax base from tribal lands is not available to public health services. This is in sharp contrast to federal impact aid allocated to school districts within our service area. Though this is an important part of public-school finances we do have to be cognizant of the fact that children must be healthy to learn effectively. Current state aid does not factor in the poverty rate and health status of our population. The greater poverty the greater the health needs.

Currently Rolette County state aid payment accounts for three (3%) percent ($57,000.00) of our annual budget. As per the North Dakota Century Code, the max levy of local tax dollars that may be allocated to local public health is five mills and for us that equates to approximately. $117,000.00. With currently no additional local dollars available to our agency, the importance of state aid is monumental. For reference thirty-three (33%) of our revenue is generated through fee for service. Currently fifty-one (51%) of our revenue is received through federal to state passthrough grants. These grants are decreasing in availability. Again, for your reference our current immunization grant funding is $4800.00 per year, Emergency preparedness funding $3704.00 per year, Maternal Child Health funding is $17,500.00 with a required match of $13,125.00. From the above description you can see why supplemental funding such as state aid is essential to the viability of Rolette County Public Health.

State aid and local tax dollars are the only flexible funding available to local public health to address grant funding match, local community health priorities and foundational public health services. These two sources also supplement programs including programs such as North Dakota health tracks and immunizations, in which state reimbursement does not equate with the costs of delivery of these essential services. For us, these funds are extremely limited and pose a barrier to providing local services and having adequate match for grants.

Our public health workforce has decreased due to lack of available funding and additional cuts are inevitable due to decreased federal and state funding, increasing cost of supplies, the increased cost of living, the ever-increasing health insurance costs. Our public health nursing salaries are non-competitive compared to other agencies.

In addition to the above fiscal description, as all local public health offices do, our public health district acts as a gap filler in the community. We find ourselves spending more time providing case management for families, connecting people to services within or outside of the area, providing educational services that do not have a funding source. Some of these services include chronic disease services, school health services, mental health first aid, CPR, fluoride varnish applications, car seat programs, babysitting programs, breast pump loaner program, breast feeding support and policy development, clinical care such as dressing changes, injections, sexual disease testing, just to name a few. Without additional local public health funding these services simply cannot continue.

As I reference health services provided by Rolette County Public Health, the Medicaid Health Tracks program is critical to the health of Medicaid eligible children. This program is a federal program that each state is to implement with the goal of identifying potential physical, and developmental health concerns prior to the conditions manifesting into serious or debilitating and costly health issues. Children receive a head-to-toe assessment by a Registered Nurse and referred to additional health services as deemed necessary or requested by the parent/guardian or the client themselves.

We assumed this program in 2005 and for the next ten years we received staff support from Rolette County Social Services and a regional health tracks coordinator who was a ND Human Services employee. The support from social services ended in 2015, but due to the importance of this program we maintained it independently. Program costs were greater than revenue obtained from ND Medicaid, and we supplemented the program with state aid funding.

Beginning in 2016, up to $63,901.00 in “Program Administration” reimbursement was available to Rolette County Public Health instead of to Rolette County Social Services. In 2016 we had assumed the entire program including the full administration as well as the actual screenings. The administrative funding and the assistance of the regional health tracks coordinator facilitated a breakeven Health Tracks budget. In June of 2022, the then Executive Director of ND Human Services ended the Health Tracks Administration funding, citing in written form that North Dakota was revamping the Health Tracks Program, and the current funding would end in June 2022. He cited that we were the only public health district receiving this funding and that it was simply not fair. Further discussion was a moot point. During this period other health districts who were offering Health Tracks continued to receive health tracks administrative assistance from their local social services. Since 2022 this program has not been fiscally solvent

but deemed essential for our population. Since 2005, we have 600-900 children participate annually in this program. I say it is essential due to the number of children who lack a medical home, the families that need support beyond a 15-minute primary care appointment and the significant health concerns identified. Over the years we have identified children who are deaf, markedly decreased vision, malformed heads, skull fracture, orthopedic concerns, sexual and physical abuse, suicidal ideology, malnourishment, obesity, dangerously high blood lead levels, diabetes, hypertension, massive dental needs, chronic school absenteeism, growth and development delays just to name a few. All of which no one cannot put a price on. The amount of case management that families are needing continues to escalate, the amount of time assisting families to find a dentist, orthodontist, or mental health service is monumental due to the lack of providers accepting Medicaid clients all of which consumes more staff time and increasing program costs.

The saving grace for the 2024-2025 Health Tracks Program is the Statewide Strategies Grant that we received during the fall of 2024. This funding is one time funding that appropriated by the 2023 legislature and was a competitive grant with a June 2025 end date. I urge you to please consider again allocating such funding. The funding was distributed across the state and included grantees other than local public health. The grant did have a 100% match.

Immunization is one of the most effective public health interventions. It prevents the spread of infectious diseases and protects vulnerable populations. State aid support enables Rolette County Public Health District to procure vaccines and run immunization clinics, ensuring high vaccination coverage and herd immunity.

Maternal and child health programs are vital for reducing infant and maternal mortality rates. State Aid funding helps to ensures that these essential services are accessible to all mothers and children in the county, regardless of their socio-economic status.

Preventing diseases before they occur is more cost-effective than treating them after they have manifested. Rolette County Public Health District runs various health education programs, including those focused on chronic disease management, nutrition, and physical activity. State aid support facilitates these educational campaigns, helping to reduce the incidence of diseases such as diabetes, heart disease, and obesity.

We know extremely well that in times of crisis, such as natural disasters or pandemics, local public health districts are on the front lines of response. Adequate state aid can ensure that Rolette County Public Health District is well-prepared with emergency plans, supplies, and trained personnel to manage such situations efficiently and effectively.

State aid support is a lifeline for public health districts. It ensures that they have the financial resources necessary to maintain and/or expand their services. For Rolette County Public Health District, <u>increased</u> state aid means:

1. Ensuring a competent workforce
2. Delivering effective public health strategies to engage the community in prevention programming
3. Addressing the health disparities that exist within our community, ensuring that everyone has the equal opportunity to achieve optimal health.

Without an increase in state aid funding, Rolette County Public Health District would face significant challenges:

1. A lack of funding would force the district to cut back on services, leaving community members without essential healthcare. Immunization rates could drop, disease outbreaks could rise, and maternal and child health programs could suffer.

2. Health inequities could widen as vulnerable populations lose access to critical services. This would exacerbate existing disparities and lead to poorer health outcomes for the community.

3. Without preventive services, more people would rely on emergency care for conditions that could have been managed or prevented. This would strain the healthcare system and increase costs for both individuals and the state.

4. State aid support is crucial for the sustainability and effectiveness of Rolette County Public Health District. It enables the district to provide comprehensive, high-quality care to all community members, regardless of their circumstances.

Investing in public health through state aid not only improves individual health outcomes but also strengthens the entire community, leading to a thriving and healthier future for all.

<u>The importance of state aid support cannot be overstated. It is the backbone of public health infrastructure, ensuring that districts like Rolette County Public Health can continue to serve their communities effectively.</u>

By securing and enhancing state aid support, we invest in a healthier, more resilient future for everyone.

Thank you for your time and consideration of allocating an additional $2,000,000.00 for local public health state aid to the NDHHS for the 2025-2027 biennium.

Sincerely,
Barbara Frydenlund, RN
Administrator
Rolette County Public Health District
bfrydenlund@nd.gov

Chairman Nelson and Members of the Committee,

For the record, my name is Morgan Layne, and I reside in Watford City. I serve as the Director of Operations for both Providence House and Providence House Minot. I am writing today to express our strong support for House Bill 1012, particularly as it pertains to the Behavioral Health Division and the Substance Use Disorder (SUD) Voucher Program. This program is a vital resource in expanding treatment access for underserved populations and individuals in rural areas who might otherwise fall through the cracks.

Providence House welcomed its first clients July 2022 in McKenzie County, followed by the opening of Providence House Minot in December 2023. Each facility offers 16 residential treatment beds, ensuring individuals with ND Medicaid and Medicaid Expansion can receive services. In addition to residential care, we provide outpatient treatment services to support long-term recovery. Our dedicated team of 50 professionals brings diverse expertise, enriching our programs and enhancing client outcomes. We collaborate closely with external agencies, including Free Through Recovery and Community Connect providers, ND and Federal Probation & Parole, and other state programs to ensure individuals receive comprehensive support throughout their recovery journey.

The SUD Voucher Program acts as a critical safety net for individuals seeking treatment who lack insurance or the financial means to cover care costs – one of the most significant barriers to recovery. Many clients arrive at our facilities with limited resources due to the devastating effects of addiction. This program allows them to begin necessary treatment while they work toward securing insurance coverage. In 2024 alone, 64 individuals served benefited from the SUD Voucher, with many others entering treatment with acceptance into the program, but transitioning to insurance-covered care for costs associated with their treatment.

The the BHD and SUD Voucher team plays an essential role in ensuring its success. Their hard work and dedication make this program possible by streamlining processes, coordinating with providers, and ensuring funding reaches those who need it most. Through their commitment to expanding access, reducing barriers, and maintaining program integrity, they help individuals receive life-changing treatment in a timely manner. Providence House is incredibly grateful for their dedication and the invaluable work they do every day.

A key feature of the SUD Voucher Program is that it allows individuals to choose their treatment providers. This flexibility is crucial, as it empowers individuals to select services that best meet their unique needs, ultimately increasing the likelihood of a successful recovery. House Bill 1012 ensures that a portion of the funding is allocated to Non-IMD programs with sixteen or fewer beds—an essential step in maintaining a diverse range of treatment options. Community-based programs like ours offer flexibility in tailoring treatment to individual needs, emphasize recovery-oriented approaches, and are adaptable to serve diverse populations, particularly in rural areas. At Providence House, we strive to provide an environment that fosters long-term recovery and stability, with a home-like atmosphere, step-down services, and a strong recovery

community where individuals receive support and encouragement from those who have walked a similar path.

Investing in the SUD Voucher Program has far-reaching economic and social benefits that extend beyond individual recovery. Effective treatment reduces the burden on healthcare systems by lowering emergency room visits, hospitalizations, and long-term medical costs associated with untreated substance use disorders. Additionally, it decreases crime rates linked to substance use by addressing the root causes of addiction, leading to fewer instances of incarceration and recidivism.

Furthermore we believe that investing in accessible treatment fosters safer, healthier communities by breaking the cycle of addiction and improving overall public health. When individuals receive the support they need, the ripple effects extend to families, schools, workplaces, and entire neighborhoods, creating a more stable and prosperous society for all. House Bill 1012 ensures the continued success of this vital program, helping individuals on their recovery journey while delivering lasting economic and social benefits.

In conclusion, House Bill 1012 and the SUD Voucher Program represent a compassionate and practical approach to addressing substance use disorders in North Dakota. This funding is critical to the continued success of this program, ensuring individuals receive the care they need when they need it. We urge you to support this bill and continue to invest in the health and well-being of our fellow residents.

Thank you for your time and consideration.

Sincerely

Morgan Layne

North Dakota Domestic & Sexual Violence Coalition

521 E Main Ave, Suite 320
Bismarck, ND 58501

Phone: 701.255.6240
Toll Free: 888.255.6240

nddsvc.org
contact@nddsvc.org

February 4th, 2025

Chairman Nelson and Members of the House Appropriations Committee (Human Resources Division),

Last week, we shared with you several data points that underscore the importance of the partnerships we are so fortunate to have with area law enforcement and our local court system. Many times, they are the first to respond to unsafe, unpredictable or potentially life-threatening calls.

Deputies' and officers' swift responses and referrals to our advocates often mean the difference between another night of fear or the first step toward freedom. We also partner with our local state's attorney's office to provide emotional support, court updates and case communication for victims of crime. Several of our agencies also support those who use violence through domestic violence intervention education. Haley Wamstad, a state's attorney in Grand Forks County, shares more in her written testimony which is attached to this bill hearing.

Because it is often unsafe or financially limited for survivors to leave, our national counterparts would tell you that it takes an average of seven times for individuals to exit abusive relationships. These partnerships are airtight, and we try not to take them for granted because sadly, they're still necessary. We trust officers and deputies with those we serve, and they trust us with next steps.

For some that means a few nights in a warm bed with fully stocked kitchen and a private door no one will break. For others, it's a welcome transition toward transportation, housing and therapy services. For individuals who come full circle, these first interactions with law enforcement not only provide a safe place to land, but they also serve as a conduit for healing and with any luck, prevention of future violence.

As someone who spends a lot of time with area law enforcement, I can tell you they will be the first to say that unpredictable domestic calls just come with the job. For our advocates, we think that's too humble. We also think that lately it's come with too a high of a price, for both officers and clients. As we shared with you last week, nearly 40 percent of the 346 homicides that have transpired within the past 10 years are domestic violence related. Officers who show up ready for anything are not just doing their jobs. They're providing life-saving referrals to clients who avoid potentially fatal situations because of their trauma-informed approach. These partnerships honestly are priceless.

Amorelle Upton, a past client served by the Rape & Abuse Crisis Center in Fargo understands this firsthand. She has become a remarkable advocate and ambassador for our work. You can learn more about her lived experience in her written testimony, which is also attached to this bill hearing. To share more about why these partnerships are so important to those we serve, I'd like to yield the rest of my time to two of my most respected colleagues: Sheriff Andy Schneider and Lt. Jeremy Moe, Grand Forks Police.

Sincerely,

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Coiya T. Inman
Legislative Chair/Coalition Member Program

CC: Seth O'Neill, Executive Director, North Dakota Domestic & Sexual Violence Coalition

Chairman Nelson and Members of the Committee,

For the record, my name is Jonathan Layne, and I live in Watford City. I am the founder/owner of Providence House, Providence House Minot, and Endeavor Sober Living. I am here today to express my strong support for House Bill 1012, particularly as it pertains to Behavioral Health Division programs - the Substance Use Disorder (SUD) Voucher Program, the Recovery Housing Assistance Program (RHAP), and the Opioid Settlement Fund. These programs are not just policy measures - they are lifelines that allow individuals to reclaim their lives, rebuild relationships, and reintegrate into our communities.

The greatest gift I have ever received is sobriety. My journey through addiction took me to some of the darkest places imaginable, but through the grace of recovery, I have found freedom, purpose, and a life beyond my wildest dreams. This gift was not something I found on my own - it was given to me because someone took the time to show me that recovery was possible. They extended their hand when I was lost, and because of that act and gift of kindness, I stand here today.

Without a safe place to heal, to learn, and to rebuild, I don't know where I would be. These programs, these lifelines, are what so many in our community rely on as a foundation to begin their journey. Today, in North Dakota, we have the incredible opportunity to be that light for others. To offer hope where there was once despair. To help more people than I ever imagined possible.

The programs that the state of North Dakota and BHD have put in place are not just initiatives; they are beacons of hope. They give people a fighting chance when the world feels like it's closing in. Without them, so many would be left with nowhere to turn.

I am beyond honored and deeply proud to be a small part of something so much bigger than myself. Recovery is not just about getting sober, it's about rebuilding lives, restoring families, and giving people a chance to truly live again. I am living proof that it works. And as long as I have the ability to give back, I will continue to do so, because someone once did it for me.

Providence House opened in July 2022 and is located in McKenzie County, just outside of Watford City. We were initially a coed program but have transitioned into a facility for men. We have served 315 unique individuals through January 2025. In December 2023 we opened Providence House Minot for women, focusing on pregnant and parenting women, and have served 168 unique clients through January 2025.

We are excited for the next phase of this program that will allow for parenting women to receive residential treatment with their children. This project aims to address a gap

identified in the state and a huge barrier faced by moms in our state. We are in the construction phase and anticipate opening late spring early summer this year.

Along with many of the individuals we currently serve, we anticipate individuals we will serve in this program we are pioneering will rely on programs covered under HB 1012 such as SUD Voucher and RHAP.

SUD Voucher Program

At Providence House, we see firsthand how the SUD Voucher Program removes barriers to treatment. Addiction often leaves individuals financially devastated, making access to care nearly impossible for many. The SUD Voucher ensures that those without insurance or financial resources can receive the critical support they need. In 2024 Providence house served 64 individuals that accessed care through this program. We had many other individuals that were approved for the program but were able to obtain insurance before needing to use funds from the SUD Voucher program.

As a Non-IMD program we feel it is important to ensure funds are allocated separately as laid out in House Bill 1012. This allows for smaller community based programs like ours to continue serving clients on a smaller scale with an emphasis placed on person centered care and a building a strong recovery community that supports and encourages those around them.

Recovery Housing Assistance Program (RHAP)

At Endeavor Sober Living, we know that stable, sober housing is a cornerstone of recovery. Since opening in 2021, we have expanded to serve 34 men in McKenzie County and 20 women in Minot. RHAP provides funding for individuals to reside in a safe, structured environment where they can continue their recovery while rebuilding their lives. Without this support, many would be forced into unsafe living situations that can jeopardize their sobriety.

In 2024, RHAP helped approximately 80 individuals in our homes. However, the proposed budget supports only 172 beds statewide, far below the current 265 approved beds and a waitlist for an additional 296. Endeavor Sober Living is on the waitlist to open the first sober living facility in Williston—where no such resource currently exists—as well as additional housing in Minot to support women, including pregnant and parenting mothers. Increased funding is crucial to ensure that no one who qualifies for RHAP is turned away.

Opioid Settlement Funds

Through an Opioid Settlement Fund grant, Endeavor Sober Living was able to open a women's sober living house in Minot, transforming a six-unit apartment complex into a

safe, supportive space for up to 20 women. Many of these women are pregnant or parenting, working hard to rebuild their lives while staying engaged in 12-Step programs, securing employment, and reconnecting with their families.

These funds have allowed us to make an immediate impact, including adding a playground for children and purchasing transportation to help residents attend treatment, medical appointments, and support meetings. Moving forward, we plan to create a sober living environment where mothers and their children can reside together, a much-needed resource in North Dakota. Without this funding, this project would have been delayed or significantly limited in its reach.

I cannot overstate the dedication of the HHS and BHD teams, who have been invaluable partners in helping us navigate challenges, refine programs, and ensure we are connected with the right resources to best serve our clients. Their commitment and willingness to assist do not go unnoticed. Their work in coordinating providers, facilitating timely funding, and expanding access to care has a direct and lasting impact on the lives of those we serve. We are deeply grateful for their unwavering support and the critical role they play in these initiatives.

In conclusion, House Bill 1012 is a compassionate, practical, and necessary step in addressing substance use disorders in North Dakota. Investing in the SUD Voucher Program, RHAP, and the Opioid Settlement Fund is more than just funding treatment—it is an investment in people, families, and the strength of our communities. These programs not only provide immediate relief but also create lasting change, restoring dignity and hope to those working toward a better future. We urge you to support this bill and continue prioritizing the health and well-being of our residents.

Thank you for your consideration.

Sincerely,

Jonathan Layne

#35196

Feeding Grandma 2025



We are ND Senior Service Providers, serving older adults across the entire state. **THANK YOU to the ND Legislature for working collaboratively in a proactive way so that essential services, such as senior meals can continue to serve a growing, aging population.**

19,059 ND seniors ate 1,418,902 meals FFY 23!

- 10,439 people ate 375,467 Congregate meals which are served in a social, group setting
- 11,986 people ate 1,043,435 Home Delivered meals which are served to homebound seniors through programs like Meals on Wheels and Home Delivered Meals. This category also includes grab-n-go, take-out and drive-thru meal pick-up.

Senior meals are cost effective!

Senior meals are a cost-effective way to promote good health so that older adults can remain healthy and independent.
*Meals on Wheels America



Meals save ND Medicaid Money!

In FFY 23, 212 of the 11,986 home-delivered meal clients scored with 3+ ADL (Activities of Daily Living) limitations AND were Medicaid eligible. With the average cost of a ND nursing home at $403/day*, this **saves the state over $31.18 million in Medicaid funding annually**. *ND Medicaid LTC Services as of 1/1/2024.

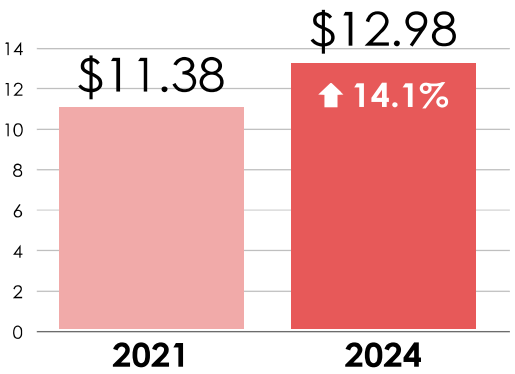
How much does it cost?

The full cost of a senior meal is $12.98. Funding sources are:

- 38.2% Federal (Older Americans Act and NSIP (Nutrition Services Incentive Program)
- 17.8% State
- 17.7% Suggested contribution from clients
- 26.3% Local Providers required match and additional funding

The cost to produce a meal continues to increase with food, supplies and labor costs increasing 14.1% from 2021-June 2024. (See graph to the right.)

****We request the Department of Health and Human Services Cost of Living increases be included in the budget and that the $520,000 reduction in funding in the Governor's Budget be reinstated.****



Written by Colette Iseminger, MD, RD, LRD of the Grand Forks Senior Center for North Dakota Senior Service Providers, 620 4th Ave South, Grand Forks, ND 58201
Contact APT-Brian Barrett | 701-471-5104 | brian@aptnd.com for more information.

Testimony

House Bill 1012 – Department of Human Services and Health

Aging Services Budget

House Appropriations – Human Resources Division

February 5, 2025

Chairman Nelson and members of the committee, my name is Colette Iseminger. I am the executive director and registered dietitian for Grand Forks Senior Center, providing services for senior citizens in the four counties in Northeast North Dakota. I am also a member of the North Dakota Senior Services Providers, an association of agencies that provide federal Older American Act Services to the senior population of this state.

Attached to my testimony is a copy of a Feeding Grandma 2025. This is our seventh in a series that we have provided during the legislative session. Each session we have updated it to provide the most current and in-depth data on senior hunger, how our program helps prevent this from happening in North Dakota and why it is one of the most cost-effective methods for keeping seniors in their homes.

The basic premise behind this handout is that providing a stable source of healthy, nutrient dense meals is a key factor in successful aging. In addition, because this service is very cost effective – the cost of providing senior meals for a year equals the cost of two days in the hospital or ten days in a nursing home – it makes good fiscal sense for our state and for the people we serve.

However, the Senior Nutrition Program is so much more than just a meal. At senior centers, it is a chance for our seniors to engage and socialize with other people. In addition, our "Meals on Wheels" programs provide meals to our community's most vulnerable seniors, those that are unable to leave their homes. Home delivered meals also provide our homebound seniors with a daily wellness check. Many times, this might be the only human contact the person may have throughout their day. This happens every day in our most rural communities and in our largest cities.

In the state of North Dakota, the total population of adults age 60+ is 176,929 (22.9%).

- 9% or 14,631 live below the poverty line
- Seniors age 65+ who lack income to pay for basic living needs
    - Singles: 44.0% and Couples: 21.4%
- 27.9% or 45,932 live alone
- ND state ranking for risk of social isolation at 65+: 17th in the U.S.

Meals save ND Medicaid money. In FFY 23, 212 of the 11,986 home delivered meals clients were nursing home eligible with 3+ ADL (Activities of Daily Living) limitations and were Medicaid eligible. Keeping these people in their homes with meals and services saves the state over $31.18 million annually.

In Grand Forks and the other large cities, we are seeing more younger seniors coming on the meal program who have physical and/or financial limitations, more with behavioral health issues, are homeless due to substance abuse and more low income people. Grand Forks started a pilot program with 3 food pantries to get OAA frozen meals to their clients over the age of 60. This gets food to seniors who really need it and frees up the food pantry resources for younger clients in a time when they are seeing decreased donations and increasing numbers. 81 seniors accessed these meals in Nov and Dec 2024.

Across the state the average program income (the part participants contribute) has decreased from a high of $2.51/meal in 2012 to $2.30/meal in 2023. More participants are finding it hard to make ends meet and these meals are a place where they can cut expenses, freeing up money to be used for other things like rent and medications.

A BIG thank you is owed to the state. Over the past few sessions, our senior meal programs have had great support from legislators in adding state dollars to the Aging Services budget to work toward our Associations goal – to have enough combined Federal Title III and State Funds so that ALL senior meals provided by Title III agencies receive the unit rate of reimbursement of $7.62 for congregate and $8.89 for home delivered meals. This rate is not intended to cover the full cost of the meal. The total cost, estimated to be $12.98 in 2024, is about a 14% increase from 2021, and is covered with participants' program income contributions, required local match, Nutrition Services Incentive Program (NSIP) dollars and additional funds raised locally. We would like the funding that Aging Services has cut from the budget ($521,499) to be added back in and we hope that the committee will look at cost of living increases for all of the DHHS agencies as costs continue to increase.

Thank you for your time. I am happy to answer and questions you might have.

Statistics reference: Meals on Wheels America February 2024

#35209

North Dakota Domestic & Sexual Violence Coalition

House Appropriations Committee Human Resources Division

February 5, 2025

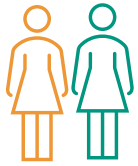
Presented by: Seth O'Neill, JD, MSW,
Executive Director, North Dakota Domestic & Sexual Violence Coalition
Coiya Tompkins Inman, MBA, CFRE,
President/CEO, Community Violence Intervention Center
nddsvc.org



NDDSVC

Interpersonal Violence in North Dakota

41% of women



26% of men



Impacted by domestic or sexual violence in their lifetime

[National Intimate Partner and Sexual Violence Survey, 2024.]

Population of North Dakota:

779,261

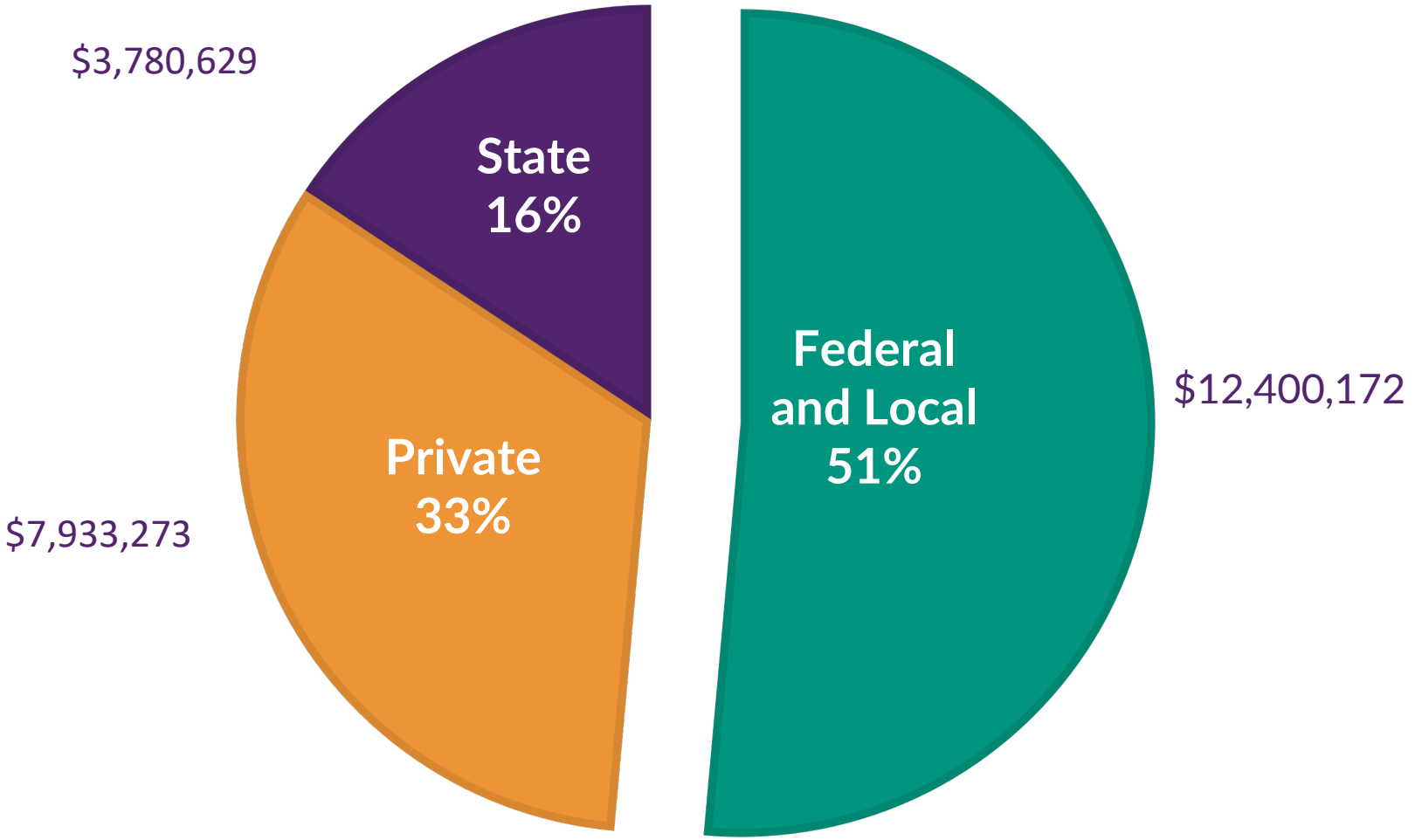
North Dakotans Impacted by domestic or sexual violence in their lifetime:

259,558

[U.S. Census Bureau, American Community Survey, 2022.]

NDDSVC

19 Member Programs
Annual Funding Sources



NDDSVC

2025 HHS Funding Request

Program Category	Description of Service	2023-2025 Biennium Request	2023 – 2025 Biennium Appropriation	2025-2027 Biennium Request	2025-27 Executive Budget Recommendation
Domestic Violence & Sexual Assault	Crisis response, advocacy	$10,000,000	$5,936285	$10,820,160	$7,566,471
Safe Haven	Supervised visitation and exchange	2,200,000	425,000	2,380,435	425,000
Sexual Violence Prevention	Bystander intervention program	4,000,000	200,000	4,328,064	200,000
Domestic Violence Intervention Programming	Intervention for domestic violence offenders	1,425,000	1,000,000	1,568,923	950,000
		$17,625,000.00	**$7,561,285.00**	**$19,097,582.00**	**$9,141,471**

NDDSVC

Law Enforcement Leadership Statewide Support for HB 1012

Matthew Anderson, Wahpeton Police Department

Corey Bristol, Mountrail County Sheriff's Office

Joe Cianni, Dickinson Police Department

Dave Draovitch, Bismarck Police Department

Jason Freedman, Grand Forks Police Department

Steve Gutknecht, Williston Police Department

Jesse Jahner, Cass County Sheriff's Office

Matthew Johansen, McKenzie County Sheriff's Office

Ron Jurgens, Walsh County Sheriff's Office

Verlan Kvande, Williams County Sheriff's Office

Bryan Lang, Ramsey County Sheriff's Office

Kelly Leben, Burleigh County Sheriff's Office

Corey Lee, Stark County Sheriff's Office

Kevin Litten, Stanley Police Department

Pete Nielsen, West Fargo Police Department

Jon Oien, Lisbon Police Department

Jeff Osvold, Cavalier Police Department

Dale Plessas, Minot Police Department

Gary Ruhl, Richland County Sheriff's Office

Andy Schneider, Grand Forks County Sheriff's Office

Kurt Schwind, Nelson County Sheriff's Office

Nick Throntveit, Burke County Sheriff's Office

Jason Toso, Devils Lake Police Department

Jesse Wellen, Watford City Police Department

Matthew Wright, Cavalier County Sheriff's Office

David Zibolski, Fargo Police Department

NDDSVC

Law Enforcement Partnerships Reduce Lethality Risks, Save Lives



NDDSVC

Serving both crime victims as well as those who use violence



Grand Forks
County Sheriff's Office

Sheriff Andy Schneider

Lethality Assessment Program
Coordinated Community Response



Grand Forks
Police Department,
Lt. Jeremy Moe

Sexual Assault Response Team
Domestic Violence Response



Amorelle Upton

Past Client:
Rape & Abuse Crisis Center, Fargo

Volunteer:
Community Violence Intervention Center, Grand Forks



Thank You!

North Dakota Domestic & Sexual Violence Coalition

Please reach out if you're looking for more information.

Seth O'Neill, Executive Director

Email soneill@nddsvc.org

Phone 701.255.6240 ext. 1016

Follow NDDSVC

GRAND FORKS
HOUSING AUTHORITY

Commissioners
Joan Johnson, Chair
Bret Weber, Vice Chair
Tricia Berg
Kimisean Liggett
Jennifer Tarlin

Testimony in Support of HB 1012
House Appropriations – Human Resources Division

February 5th, 2025

Chairman Nelson and members of the committee,

My name is Katie Jo Armbrust and I work for the Grand Forks Housing Authority. We are the primary provider of housing assistance in Region IV, with some client services as well as emergency shelter, to more than 2,000 households in the Grand Forks area.

I provide testimony today in support of HB 1012, specifically for the Permanent Supportive Housing grants, of which we receive for LaGrave on First. For those that may not be as familiar, LaGrave on First is a Housing-First Permanent Supportive Housing project with 42 units of one-bedroom, one-bathroom, fully furnished units, that opened in August of 2018. Our tenants are referred to us using a coordinated system which works with homeless providers in the area and across the state; LaGrave on First is specifically for people who have experienced chronic homelessness, which means twelve-plus months of homelessness and they have a disability. Permanent Supportive Housing: permanent meaning there are no restrictions on the length of tenancy, we use typical 12-month leases; supportive meaning there are voluntary services offered on-site and coordinated for off-site to support tenants with their goals and help keep them housed; housing is affordable to each tenant through Federally funded Project-Based Vouchers, each tenant pays approximately 30% of their monthly income towards rent.

During the 2021 legislative session, the administration of these funds changed to the Behavioral Health Division and greatly improved our ability to provide wraparound, supportive services to our tenants. We have housed and supported 55 people since July 1st of 2023 through the end of 2024. We have utilized these dollars to meet tenant needs by not only funding our 24/7 housing support service staff, but also our occupational therapy and nutritional program services.

As we are well aware, ending homelessness requires robust services, this grant provides that. We are grateful for the support provided by the Behavioral Health Division and the continued funding of PSH Grants by you all.

Respectfully submitted,

Katie Jo Armbrust



Testimony in Favor of HB 1012

House Appropriations – Human Resources Subdivision

February 5th, 2025

Chairman Nelson and members of the committee,

My name is Katie Jo Armbrust and I'm testifying in general support for all of HB 1012 on behalf of the North Dakota Coalition for Homeless People, albeit providing nuanced support. Yesterday you heard about the housing initiative, which came from the taskforce started under the previous administration and what has been included in the current administration's budget for the Department of Health & Human Services (DHHS). I provide this information and the following as a summary of background and experiences from the organizations providing direct services and short-term housing assistance to people and families at risk of, or experiencing, homelessness across the state.

First, I'd like to comment that we agree with most of the information you were provided; we have known for a long time that the answer to homelessness is housing and services. We know that addressing the housing crisis takes more than just the development of affordable housing, it takes housing of all types and income levels. We know that it is the provision of housing and services that stabilize people, and that's what our providers have been doing for years. We adhere to evidence-based models, follow best practices with person-centered approaches, and do everything within our power to provide a hand up, not a handout.

While COVID funding for rental assistance was directed to DHHS for a variety of reasons, the North Dakota Housing Finance Agency (NDHFA) has been the primary administrator of homeless-related funding after the transition from the Department of Commerce to NDHFA during the last legislative session. NDHFA holds annual competitive grant rounds and subgrants funding out to local agencies throughout the state to provide direct assistance. Agencies use a database and coordinated-entry system that track and support the provision of both financial assistance and services.

Despite the more than $140 million in assistance provided by the DHHS RentHelp program with helping more than 20,000 households, there are many untold stories of peoples' experiences that were marred by delayed payments, inefficient communication with local landlords as well as providers. Unfortunately, today we're seeing the number of households experiencing homelessness increase.

The membership of NDCHP respectfully requests all homeless-related funding currently allocated to DHHS be redirected to the North Dakota Housing Finance Agency to ensure appropriate, effective and efficient use of funding. When we think about the provision of services and housing assistance, we look to the experience and strength of agencies who have a long history of doing so. NDHFA is experienced and knowledgeable in administering funding to local agencies to address local needs. Although DHHS had the difficult task of administering emergency funds under unprecedented times, when we consider long term solutions, NDCHP, as the representative of organizations doing this work every day, knows that the best way to administer funding is at the local level. Housing is a local issue; let's invest in the agencies doing this work boots on the ground, rather than at the state level.

Respectfully submitted,



Katie Jo Armbrust
Lobbyist #1692
North Dakota Coalition for Homeless People

Testimony in Support of House Bill 1012

House Appropriations
Human Resource Section
Representative Jon Nelson, Chair
Wednesday, February 5, 2025

Good afternoon, Chairman Nelson and Members of the House Appropriations, Human Resources Section. My name is Tim Eissinger, and I have the privilege of serving as President and CEO of Anne Carlsen. Anne Carlsen has been providing services to individuals and their families with intellectual and/or developmental disabilities or delays for over 83 years. We offer services in eight communities in North Dakota, including treatment, services and supports for nearly 3,000 children and adolescents with some of the most medically and behaviorally complex needs in the state.

Medically Complex Population

Examples illustrating this level of care include the children and young adults we serve through the Intermediate Care Facility (ICF) on our new Jamestown campus. We have just settled into this much-needed and long-awaited campus, which was designed to better address the specialized needs of this medically-complex population. At present, we are providing care for over 20 individuals with high-risk multi-system complexity, including 13 who have tracheostomies and 11 of whom require ventilator support. The level of support they require underscores the critical need for sustainable funding and policies that ensure access to the specialized services essential for their health, safety, and quality of life.

Today, I would like to highlight the significant financial challenges Anne Carlsen has faced in serving these individuals with medically and/or behaviorally complex needs at the intermediate care facility care level or ICF. Over the past three years, the state's own cost report data, charted below, clearly indicates continuing and significant operating losses at the ICF level for Anne Carlsen that have progressively increased. We expect additional, growing losses this next biennium.

Anne Carlsen Center Intermediate Care Facility Financial Performance

Year	*Total Revenue*	*Total Expenses*	*Net Loss*
2022	$17,291,019	$19,288,833	($1,997,814)
2023	$17,592,781	$19,748,040	($2,155,259)
2024	$19,114,847	$21,877,247	($2,762,400)

There are numerous contributions to these repeated, year-over-year losses:

(1) *Staff Wages & Benefit Costs:* Due to an ultra-competitive labor market for nurses, respiratory therapists and other specialized medical personnel, we have been forced to increase wages at a pace disproportionate to reimbursement rate adjustments. Retaining high-quality staff, particularly specialized medical personnel—remains critical to serving some the most vulnerable children and adolescents in the State of North Dakota.

(2) *Staffing Availability & Reliance on Contracted Staff:* Workforce shortages have led to a 272% increase in spending on traveling staff from 2022 to 2024. These contracted professionals cost approximately 50% more than full-time employees, further impacting the financial strain.

(3) *Rising Operational Costs:* Non-wage expenses have also surged beyond reimbursement levels. Additionally, supply costs rose 4% in 2023 and another 8% in 2024. These compounding increases make it increasingly difficult to maintain essential services at our Jamestown facility.

(4) Revenue constraints: Anne Carlsen would request that any legacy constraints present in the rate calculation be eliminated, and that the people we serve have access to the full rate as calculated for their care and treatment.

Square Peg in Round Hole

Working collaboratively with the department on better, systematic solutions for the future, we understand that our services for children and adolescents with medically and behaviorally complex issues are frequently referenced as "the square peg in a round hole" in the DD system. The department has referred to us as an "extreme outlier," which we very much agree and appreciate. We have held a number of meaningful discussions on-site in Jamestown with Jessica Thomasson, Sarah Aker, and Tina Bay as we've worked towards finding the best health system as well as a fiscally sound approach to this level of care. We have appreciated their efforts to fully understand both our accomplishments and challenges in providing this level of treatment and care required for the medically complex.

Solution #1: Change from an ICF to a Specialty Hospital

As a group, we believe our best option at this point is to change our licensing from an ICF license to a Specialty Hospital license, as has been recommended by the department. This change, we understand, will allow the state to reimburse us in a way that more accurately and fairly reflects the complexity of needs of the individuals for whom we provide care. Legislation is not needed for this change and it can be implemented by administrative rule, which the department has indicated it will lead.

Solution #2: Support to Offset Current and Expected Operating Losses

In consideration of the three years of operating losses previously incurred, Anne Carlsen would respectfully request consideration of an additional appropriation sufficient to cover 50% of the ICF operating losses from 2022, 2023 and 2024. Total losses for the previous three-year

period amounted to $6,915,473. 50% of the $6.9M operating loss would translate to an appropriation request of $3,457,736 in an attempt to make Anne Carlsen partially whole. We think 50% of these losses is rational and disciplined as we have shared skin in the game with these losses.

In consideration of the upcoming biennium, Anne Carlsen would also respectfully request consideration of an additional appropriation sufficient to cover expected losses over the time period while working to secure and implement the Specialty Hospital license with Anne Carlsen in Jamestown, which we believe could be at least a year, if not two. That amount would be calculated at $2.2M for each year of the upcoming biennium or a total of $4.4M.

I acknowledge both the size of the request as well as the major task in front of this committee in regards to managing the largest section of the state budget. Please know that Anne Carlsen is open to continued discussions to find the best and most fair solution possible.

Conclusion

That concludes my testimony, and I would be happy to address any questions the committee might have.

Sincerely,

Tim Eissinger, CEO
Anne Carlsen

TESTIMONY House Bill 1012
House Appropriations
February 5, 2025

Good morning Mr. Chairman Jon Nelson and members of Committee. For the record, my name is Tom Newberger and I am the Executive Director for Red River Human Services Foundation in Fargo, West Fargo and Wahpeton, ND. Our agency supports approximately 500 people with developmental disabilities in Residential, Day and Social programs. The focus of my testimony today is related to the latter – Social programs.

I am here today to ask you to add an amendment to HB 1012 to support two non-profit who continue to lose funds every year for this specific service. The two Development Disability providers are Red River Human Services Foundation (RRHSF) in Fargo and LISTEN in Grand Forks. RRHSF operates the Activity Center and the Activity Center opened originally in the late 1970's by Lutheran Social Services because they provide many needed services that other DD Providers are not able to do for people with disabilities. People with disabilities go to the Activity Center to recreate, socialize and to find a place where they can receive services that gives them a better life. I have been in this business for nearly 39 years and I have seen where our traditional DD services come up short and are not able to give people the choices they need or want. This is where the Activity Center in Fargo and the LISTEN Center in Grand Forks plays a vital role.

The Activity Center adds meanings to people's lives by being a common place where people come together to learn and develop social skills, friendships and how to access the community. It also acts as a safety net when other support systems have failed. For example, many winters ago, a member of the Activity Center called and said she had been sick to her stomach for 3 days and was out of toilet paper, medicine and nearly out of food. Our Activity Center staff went to her apartment, bought her the items she lacked and possibly saved her life. While this is an extreme example, it shows what we do for the less fortunate.

More common activities provided by us include going camping, to ball games, such as the Minnesota Twins who give us free tickets and to parks. These activities add meaning to people's lives by getting them involved, rather than sitting in a group home that is not staffed adequately. We have 7 group homes in Fargo/West Fargo for a total of 35 people. Each home usually has 1-2 Direct Support Professionals (DSP's) in the evenings and it's not possible for the staff to take someone to the park, drop them off, take another

person to a movie and work with 3 people at home at the same time. This again is where the Activity Center fills a void by providing staff for other DD providers too who are short-staffed.

The story of the Activity Center and LISTEN Center is a long and winding road due to funding constraints. The Activity Center has nearly closed many times, such as when Lutheran Social Services ran the program and many times almost eliminated the program because of the financial drain. The Activity Center merged with Red River Human Services Foundation in 2001 and currently we lost $200,000 last year operating it. We operated without State funds until 2013, when the Legislature approved $150,000 per Biennium for the two DD providers or $37,500 per year per provider. This is why I am asking for your support to increase the funding by $300,000 per Biennium, which will give the two providers $75,000 more per year. I would also really appreciate if you could add an annual inflationary increase to the amendment in HB 1012 to help us with annual inflationary increases. Please support the Activity Center and the LISTEN Center by increasing the total Biennial funding from $150,000 per Biennium to $450,000 per Biennium. This is a small amount compared to other requests you receive, but it will keep us up and running our programs to support people with disabilities immensely. Again, an inflationary increase would be very helpful too. Thank you and I'll be happy to answer any questions.

TESTIMONY House Bill 1012
House Appropriations
February 5, 2025

Good morning Mr. Chairman Jon Nelson and members of Committee. For the record, my name is Tom Newberger and I am the Executive Director for Red River Human Services Foundation in Fargo, West Fargo and Wahpeton, ND. Our agency supports approximately 500 people with developmental disabilities in Residential, Day and Social programs. The focus of my testimony today will be brief and discuss inflationary increases for DD Provider along with funding Accreditation cost that the State has nearly always done in the past.

I am here today to ask for 4% and 3 % inflationary increases for DD Providers across the State for the upcoming Biennium. Currently HB 1012 has a 1½% and a 1½% increases for a total of 3% for the next two years. When comparing this to what State employees receive in HB 1012 for the next two years is a 3% and a 3% a total of 6%. So you are aware, we provide services to people with intellectual disabilities that live in group homes, Day programs where we support them in schools, working jobs, in our facilities if they are unable to work a job or if they are too old. We provide services 24 hours per day and on nights, weekends and holidays. State employees who work in the intellectual disabilities field only, such as DD Program Manager or Administrators come into our group homes nearly always from 8:30AM to no later than 4:00PM. They do not visit us on nights, week-ends or holidays. Our staff sometime get hit by people we support in our programs and we have a much higher turnover rate than the State.

In addition, Walmart and Dairy Queens are paying their staff a higher starting wage than our agency, based on feedback from many staff in Wahpeton. Based on the rate matrix (which the State uses to pay DD Providers) it has a wage of $20.02 per hour for all staff. We take this $20.02 and lower new staff's starting wages, so we can increase long term staff wages above the $20.02. Also, we get no funding when staff work over-time, which is much needed when we are sort staffed. Again, please help us by using a 4% and a 3% inflationary increase for DD Providers in HB 1012.

Lastly and briefly, please have the State reimburse us for Accreditation costs. The State mandates these services and has reimbursed DD Providers for decades and now they have back away from supporting us for Accreditation costs.

Please let me know if you have any questions. Thank you

ROUGH RIDER NETWORK

Building a Healthier, More Sustainable Rural North Dakota

Our Mission
The Rough Rider High-Value Network (RRHVN) is committed to strengthening rural North Dakota's independent hospitals and clinics by enhancing clinical quality, pooling resources, managing financial risk, and improving community health. Our mission is built on three core beliefs:

1. Healthcare costs in the U.S. do not reflect the quality of care provided.
2. Value-based care improves both quality and cost efficiency.
3. Rural North Dakotans deserve access to high-quality, local healthcare.

Our Members & Reach
RRHVN represents 23 rural hospitals and 40+ clinics statewide, working collaboratively to empower North Dakota's rural healthcare system. Serving over 350,000 residents, we ensure our communities receive affordable, high-quality care while fostering long-term health and sustainability.

Our Impact & Progress
Expanding Value-Based Care

- Four network-wide value-based payer agreements in place for 2025.

Leveraging Technology for Population Health

- Implementing a network-wide IT platform to integrate and analyze healthcare data.
- Using advanced analytics to track high-risk populations, flag care gaps, and optimize resource allocation

Smarter Referrals Through Data

- Over 50% of rural patient healthcare costs occur outside our network.
- Members use real-time analytics to guide referrals based on quality, cost, access, and patient-centered care.

Medicaid Care Coordination Success

- More than 1,000 Medicaid recipients are receiving personalized care coordination through our partnership with Caret Health.
- In just three months, 563 quality tasks completed, preventing hospitalizations and strengthening community health.

Our Future

- Value-based arrangements with all payers
- Enhanced access to specialty care and services
- Paving the path for value-based, accountable rural healthcare across the US

We are transforming rural healthcare in North Dakota—ensuring affordable, high-quality, and sustainable care for all.

For more information, contact:
Alfred Sams, President
asams@roughridernetwork.org

Brittany Sachdeva, DNP, RN, Chief Clinical Officer
brittany.sachdeva@roughridernetwork.org

North Dakota Association of Community Providers

The following is a list of the 31 provider members of the North Dakota Association of Community Providers (NDACP), a statewide association whose members are dedicated to supporting individuals with intellectual and developmental disabilities (IDD). These organizations deliver essential services and supports tailored to meet the diverse needs of individuals with IDD across the state.

4th Corporation

ABLE, Inc.

Alpha Opportunities, Inc.

Anne Carlsen Center

Catholic Charities ND

Community Living Services

Community Options

Development Homes, Inc.

Easter Seals Goodwill ND

Enable, Inc.

Encompass Family Support Services

Fraser

Friendship, Inc.

Grand Forks Growth and Support Center

HAV-IT Services

HIT, Inc.

Kalix

KAYD Home Care

Lake Region Corporation

Life Skills and Transition Center

LISTEN, Inc.

Open Door Center

Opportunity Foundation

Poppy's Promise

Pride, Inc.

Red River Human Services Foundation

Rehab Services, Inc.

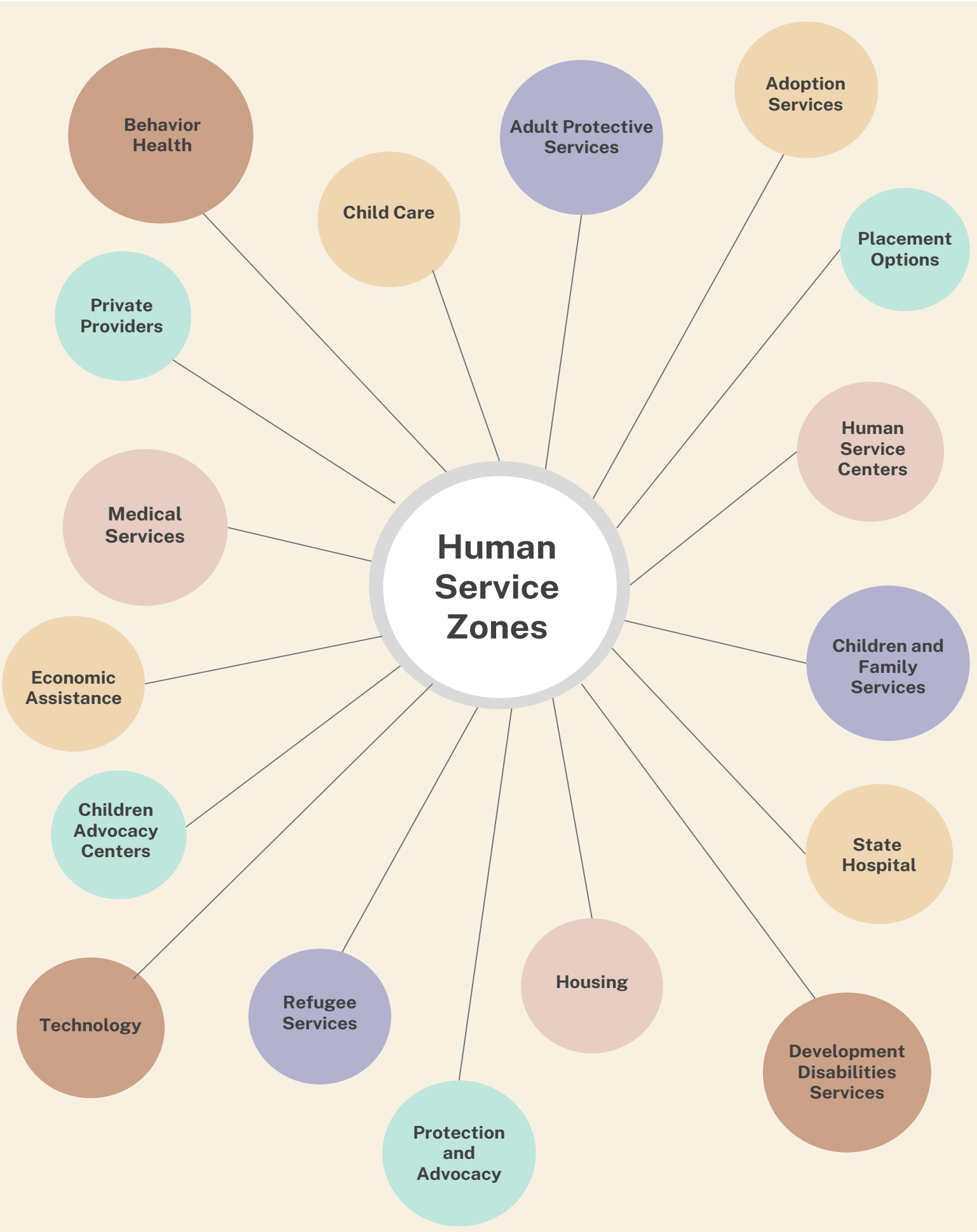
REM-ND, Inc.

Success Unlimited

Triumph, Inc.

Vocational Training Center

NDacp
ND Association of Community Providers


Human Service Zones
Behavior Health
Child Care
Adult Protective Services
Adoption Services
Placement Options
Private Providers
Human Service Centers
Medical Services
Economic Assistance
Children and Family Services
Children Advocacy Centers
State Hospital
Technology
Refugee Services
Housing
Development Disabilities Services
Protection and Advocacy

Testimony Prepared for the
House Appropriations – Human Resource Committee
February 5, 2025
By: Rhonda Allery, Mountain Lakes Human Service Zone Director
RE: House Bill 1012 – Human Service Zone Budget and related Impact

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Chair Nelson and members of the House Appropriations Human Resources Committee, my name is Rhonda Allery. I serve as the Mountain Lakes Human Service Zone Director, which includes the service area of Benson, Ramsey, Rolette, and Towner counties. In addition, I am a member of the North Dakota Human Service Zone Director Association. Thank you for this opportunity to testify in support of HB 1012.

The human service zone model launched in January 2020 as part of a property tax reform effort. Human service zones provide the local delivery of economic assistance and child welfare programs to the citizens of North Dakota, and there are 19 throughout the state. House Bill 1012 appropriates funding for human service zone operations as part of the Health and Human Services budget (457-fund).

Your packet includes three handouts that help illustrate the roles, achievements, and needs of North Dakota's human service zones.

- **"What Do Human Service Zones (HSZ) Do?"** provides a snapshot of core zone-administered services, which are included in the proposed budget.
- **"The State of Human Service Zones"** maps out geographical zone boundaries. It also provides a summary of significant zone achievements
- **"HSZ and HHS Budget Relationships"** highlights many of the connections between the human service zone and department budgets.

We hope these handouts will be useful references as the committee evaluates and finalizes funding.

The Health and Human Services Zone Operations Team collaborates with zone directors to develop the human service zone budget. We utilize a standardized chart of accounts to support consistency in zone budgets and expenditure reporting. This guides our projection of future costs and identification of opportunities to enhance efficiency. The funding provided by the 68th Legislative Assembly related to equity and compression was instrumental in addressing salary disparities between zone employees. Considerable progress was made toward addressing salary disparities and compensating zone employees for their hard work and expertise. In addition, zone team member turnover and vacancy rates

have been stabilized. This support was crucial to these accomplishments, and we appreciate the support we've received.

We also recognize and appreciate the broader investment of transition to human service zones. Over the past four years, staffing models have changed to better address service needs and zone operations. Combined with a standardized chart of accounts, shared budgeting responsibilities, and enhanced communication, we are able to budget with increased accuracy and efficacy. Our proposed budget is, in part, a byproduct of those improvements.

We are pleased that the proposed biennial budget for human service zones reflects only a 7.7% increase to accommodate necessary adjustments to compensation packages and zone-administered programs. In particular, we would like to highlight four highly impactful and interrelated programs for which we request your support.

CHINS (children in need of service): Prior to August 2022, the Juvenile Court system served children in need of services. As part of juvenile justice reforms, this was transition to human service zones.

This program helps to prevent unnecessary youth involvement with the juvenile justice system by recognizing that youth are NOT adults, and that punitive juvenile justice worsens mental, behavioral, and relational health outcomes. It also puts them at risk for the denial of programs and services that are essential to their development into healthy adults, and for increased interactions with law enforcement, child welfare, and juvenile or adult criminal justice systems. Because of this, we cannot overstate the importance of treating youth with dignity, which includes ensuring that our services factor in their physical and emotional development.

In light of these considerations, we respectfully urge you to support the CHINS line item within HB 1012. We also ask for your support of appropriations related to a truancy study (HB 1129) and the North Dakota Children's Cabinet (SB 2176). These line items and bills do not merely support the continuance of the CHINS program. CHINS is still in the early stages of development, and the budgetary support that we're requesting is, at its core, an essential resource in ongoing program development. By supporting children in need of service through studies and additional networking, you are supporting practical, evidence-based program design.

To that end, we also support the proposed amendment to HB 1129, which provides funding to the Department of Public Instruction to address student attendance and

absenteeism. While it may be tempting to simply increase CHINS headcount, this is unlikely to produce the desired impact on truancy. The adequate resourcing of our schools is both an urgent need and a crucial measure to address truancy concerns, including where those concerns are compounded by unique community challenges.

Similarly, an anticipated amendment to HB 1328 would provide funding for diversion programming, providing schools with an additional resource to address “unruly” behavior. Diversion services were previously provided via a variety of contracted vendors as a means for schools to identify problematic behaviors and resolve them with accountability. Diversion programs are considered effective, as studies show it can reduce recidivism rates compared to traditional court processing, particularly when implemented with low-risk youth.

Child Care Assistance Program and Housing Supports: Strong, healthy families — including healthy and functional foster families — cannot exist without the provision of housing and childcare. Human service zones regularly work with citizens who struggle to access these fundamental needs. As a result, we request your support in expanding childcare assistance programs to include foster youth.

Technology: We urge you to support the technology requests with special emphasis on the eligibility system (SPACES) and the child welfare case management system (OCEANS). These investments have a daily impact on zone work. Reliable and modern technology systems are critical to effective, compliant program administration, employee performance management, data-driven decisioning, and documentation for federal reporting.

CFS Budget: The Children and Family Services (CFS) budget has a significant impact on the delivery of child welfare services at the zone level. In particular, we urge you to support post-adoption services to mitigate the risk of disruption that children and their adoptive families face.

In addition, your support is requested for the ICWA Family Preservationist Program along with pre-petition legal representation (Legal Services ND), social work stipends (University of North Dakota), and Kinship legal representation for legal guardianship. The increased funding request for Title IV-E Prevention services includes as-needed support for families and children (including CHINS).

Furthermore, we support the request for shelter care funding, Nexus PATH therapeutic treatment foster care, and Chafee/Independent Living Services. These services are critical to the zone's child welfare service continuum, and to the wellbeing of North Dakota residents.

We urge support for this budgetary item and for the continuation of performance-based contract funding.

Thank you for your consideration. I stand for questions from the committee.

WHAT DO HUMAN SERVICE ZONES (HSZ) DO?

There are 53 counties in North Dakota. Local Human Services are provided by 19 Human Service Zones (HSZ) in accordance with HHS policies and ND Century Code.

Services Provided include:

CHILD WELFARE SERVICES

CHILD PROTECTION SERVICES

- The Centralized Intake Unit gathers information about suspected child abuse or neglect, with 14 Zone workers stationed across the state.
- Reports of suspected child abuse or neglect are thoroughly assessed.
- During the assessment process, collaboration occurs with law enforcement, medical providers, schools, and other partners.
- Workers conduct CPS assessments to establish whether maltreatment has taken place or if other unsafe conditions exist in the household, leading to a maltreatment decision.

FOSTER CARE CASE MANGEMENT

- The HSZ Director is the legal custodian of foster youth
- Zone team members provides case management services such as ensuring foster youth's mental health, dental, vision, and education needs are met
- Meets with the youth monthly
- Prepares affidavits, maintains court orders, provides testimony
- Collaborates with foster care providers, States Attorney, law enforcement, schools, medical providers, other family members, and identified partners

CHILD IN NEED OF SERVICES (CHINS)

Statewide unit serving all Zones; Richland-Sargent-Ranson (RSR) HSZ is the state-selected host zone

- CHINS specialists role is to engage, educate, and empower parents/caregivers to be responsive to their child(ren)'s needs
- Receive referrals for youth exhibiting underage tobacco/vaping use, truancy, runaway and ungovernable behavior
- Provides a needs assessment and referrals to community services
- Serve as Dual Status Youth (DSY) liasons to help families, juvenile court and child welfare collaboratively to develop family-driven plans to resolve identified concerns

IN HOME CASE MANAGEMENT

Involves case management services to the family with an unsafe child, with the goal of mitigating threats of danger through an in-home safety plan

Face to Face visits two times a month

Provides referrals and assists families in accessing additional community services

Assists parents/caregivers to enhance parenting skills and increase safety in the home

PARENT AIDE SERVICES

Partners with the case manager to implement case plan

Assisting with ensuring child safety and enhancing parent /caregiver protective capacities through teaching and coaching

Connects the family with community resources and enhance informal support systems

Supports reunification efforts



HUMAN SERVICE ZONES



ECONOMIC ASSISTANCE

- Determine eligibility for Healthcare, SNAP, Child Care Assistance, LIHEAP, and TANF programs
- Leveled caseload ensure benefits are processed timely by leveling caseloads statewide
- Statewide customer Support Center (CSC)
- Human Service Zones provide walk-in services and technical support

CONTRACTED SERVICES

Specialty services provided through Zone contracts in collaboration with HHS (e.g. Adult Protective Service (APS) and Unaccompanied Refugee Minor (URM) Program)

- APS: assess safety of vulnerable adults who are at risk of harm for possible abuse, neglect, exploitation of self-neglect
- URM: Provides services to approved minors who have arrived to the United States without a parent or guardian.
  - Agassiz Valley HSZ is the federal sub-recipient grantee with oversight provided by NDHHS-ORS. Foster care services and benefits to meet cultural and linguistic needs are provided.

GENERAL ASSISTANCE

Determines eligibility for applicants seeking final disposition or General Assistance services

Communicate with surviving family members and funeral providers regarding eligibility

All other community resources must be exhausted prior to approving General Assistance applications

DIRECT CARE ASSOCIATES (QUALIFIED SERVICE PROVIDERS-QSPS)

- Provides services to qualified individuals (e.g. elderly, permanently or temporally disabled) in their own home
  - Personal Care Services (e.g. bathing, dress/undress, hair care)
  - Homemaker services (e.g. housekeeping, laundry, meal prep, chore services
  - Non-Emergency medical transportation
- Determined by local Need and alternative service availability-Offered in 14 Zones
- Collaborates with HCBS case managers for state-funded services
- Offer private pay and locally administered services

LOCAL SERVICES

Each Zone Offers unique local services based on community need

- Food Pantry-Help Organize the local food pantry or is a part of the food pantry in some capacity
- Collaborate with local agencies to provide services (e.g. telehealth options within the community
- Collaborate with other county departments and local partners (e.g. emergency responses)
- Services for citizens in need (e.g. back to school supply drives, holiday giving projects, emergency supplies and supports)
- Engage in local community coalitions as a representative of the HSZ
- Flexibility to be creative to help meet the needs or our local citizens

The State of Human Service Zones

Human Service Zones were statutorily operationalized on January 1, 2020. Significant administrative, fiscal and programmatic transformation has occurred in all operations areas over the past four years.

As of November 2024, there are currently 19 Human Service Zones employing 921 FTEs across the state.

In addition to the 921 FTE, there are 25 temporary employees, which include interns and other team members. Each of the positions represents a county employee.

The service delivery model in North Dakota is a "state supervised, locally administered" model. Ongoing efforts to join with the department of Health and Human Services to work as "one" to ensure timely, efficiently service delivery to the citizens of North Dakota.

We stand firm that the current model of state supervised, local administered services best meets the unique and diverse needs of North Dakota citizens.

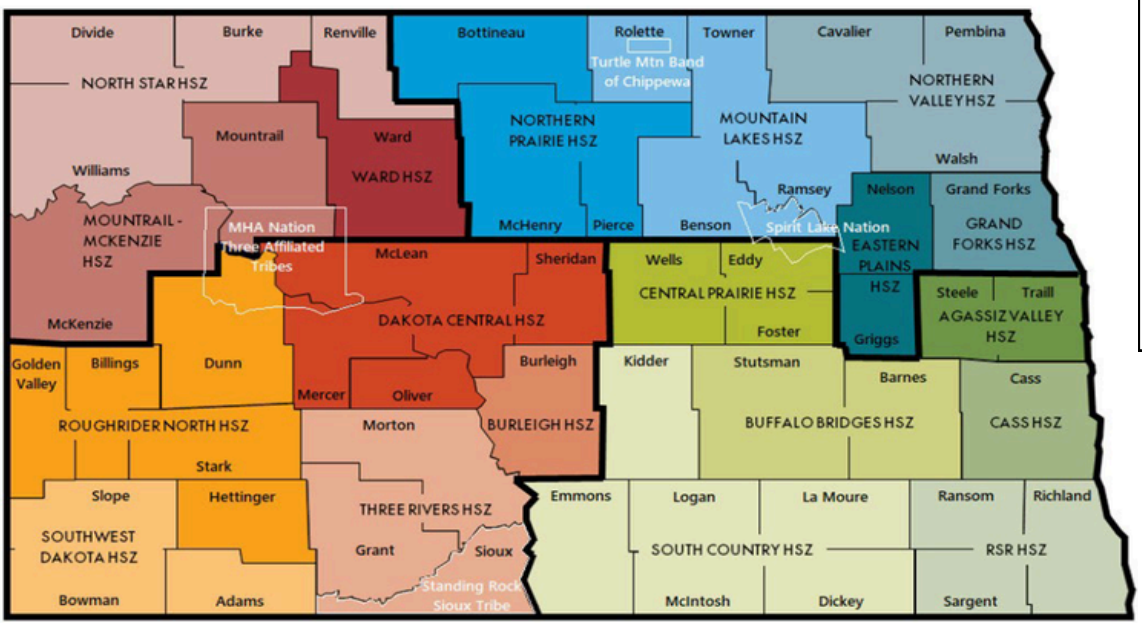
In 2024, the North Dakota Human Service Zone Director Association completed a Strategic Plan, committing to the following goals:

- Manage, secure, and share resources to effectively deliver Human Services across North Dakota.
- Strengthen the Association's impact on the shaping and implementation of state human service policy.
- Foster collaboration and implement efficient decision-making practices for the benefit of those we serve.

The ND Human Service Zone Director Association remain committed to continuing the work that has been done since 2020 to benefit all of North Dakota Citizens.

Ongoing Achievements

- Increased Adminstrative Efficiency
- Clarity on indirect costs
- Tapping into hidden capacity within the statewide workforce
- Enhancing colloborative efforts
- Increase merit system compliance
- Focus on & advocate for local needs



Success of Human Service Zones

Substantial & Ongoing Achievements

Administrative Efficiency

- 19 Human Service Zones; 18 HSZ Directors vs. 43 County Directors
- Consistent budget building & review processes
- Consistent account coding & tracking
- Flexibility in adjusting local funding needs (staffing, vehicles, etc)
- Unified Human Resources Policies
- Unified General Assistance & indent burial policies
- Unified Client compliant policy
- Statewide Speciality Program (CHINS Unit, URM)

Utilizing Hidden Workforce Capacity

- Statewide collaboration for economic assistance administration (e.g. caseload leveling, CSC support)
- Cross-zonal service, support, & collaboration to ensure child safety & service needs are met
- Cross-zonal collaboration for program and people supervision for Economic Assistance and Child Family Services
- Statewide Child Protection Service Intake Unit
- State Economic Assistance Customer Support Center (CSC) & missed interview team
- Utilizing telecommute options when available; enhanced workforce opportunities, and growth & advancement

Clarity on Indirect Costs

- Updated legislative clarity in 2023 legislative session
- Increased oversight & support from HHS in countywide cost plan processes

Increased Merit System Compliance

- Efforts to address salary equity statewide among positions & years of service
- Benefits packages vary by host county

Enhancing Collaborative Efforts to Serve Citizens with Increased Efficiency

- Shifting FTE's to where needs are greatest
- Zone-to-Zone collaboration to serve clients locally; locally administered programs
- Preserving local partnerships (law enforcement, courts, schools, etc)
- Coordinated response & timely implementation of "surge support" to resolve backlog in a program area
- Administrative support for statewide units provided by multiple zones
- identifying subject matter experts to train/mentor other zones in Qualified Service Provider enrollment, billing practices, etc.
- Development of standard performance metrics

Focus on & Advocate for Local Needs

- HSZ Director Association strategic planning
- Coordinated legislative priorities, monitoring & advocacy
- Unified position statements on critical topics/needs
- Continuation & expansion of locally provided services to address service deserts
- Local Community partnerships & engagement
- Local presence & response

2025 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

HB 1012
2/5/2025

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

2:15 p.m. Chairman J. Nelson called the hearing to order.

Members Present: Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Berg, Mitskog, Murphy, O' Brien, Wagner.

Discussion Topics:

- 24/7 Crisis Services
- Special Needs Childhood Program
- Healthy Families
- Childcare Costs
- Disabilities
- Tourism
- ND State Hospital

2:16 p.m. Doug Wilson, President, Integrated Telehealth Partners, testified in favor #35239.

2:29 p.m. Shane Gettle, North Dakota Veterinary Medical Association introduced Dr. Erica Schumacher.

2:30 p.m. Dr. Erika Schumacher, Director 3, North Dakota Veterinary Medical Association testified in favor #35034.

2:40 p.m. Missi Baranko, Executive Director, USpireND, testified in favor #35043.

2:51 p.m. Amy Cleary, Lobbyist, Director of Public Affairs, GA Group, introduced Steve Smith and Bill Bauman.

2:52 p.m. Steve Smith, Chief Executive Officer, YMCA Northern Sky, testified in favor #34967.

2:54 p.m. Bill Bauman, Missouri Valley Family YMCA, continued in favor #34967.

3:00 p.m. Steve Smith, Chief Executive Officer, YMCA Northern Sky testified and continued testimony #34967.

3:03 p.m. Jana Bruhschwein, Director and Founder, Peace Academy, testified in favor #35307.

3:07 p.m. Kendra Vander Wal, Executive Director, Designer Genes of North Dakota, testified in favor #34681.

3:13 p.m. Richard Yonick, Executive Director, Progress Enterprise, testified in favor verbally.

3:18 p.m. Samantha Schmidt, Director of Nursing, Progress Enterprise, testified in favor verbally.

3:27 p.m. Brian Barrett, Lobbyist, North Dakota Senior Service Providers, testified in favor #35273.

3:27 p.m. Roger Reich, Executive Director, Minot Commission on Aging, continued in favor #35273.

3:34 p.m. Erin Sorenson, Owner and Registered Nurse, Home Instead, testified in favor #34798.

3:38 p.m. Amy Cleary Lobbyist, Director of Public Affairs, GA Group, introduced Alex Schweitzer.

3:39 p.m. Alex Schweitzer, Board Chairman, Bison World, testified in favor #34638.

3:45 p.m. Denise Andress, Director, Training Academy for Addiction Professionals, testified in favor #35631.

3:58 p.m. Madison Hanson, ND, testified in opposition #35632.

4:22 p.m. Trevor Vannett, Program Advocate, Development Disabilities Services and Adult and Aging Services, Health and Human Services, testified in favor verbally.

4:42 p.m. Bruce Murry, Lobbyist, Elevate Nursing, testified in favor verbally.

4:44 p.m. Mathew Schwarz, Program Representative, Developmental Disabilities Services Division of North Dakota Health and Human Services, testified in favor #35553.

5:02 p.m. Chaz Brobst, Program Advocate, Behavioral Health Division, Health and Human Services, testified in favor #35319.

5:12 p.m. Kirsten Dvorak, Executive Director, The Arc of North Dakota, testified in favor #35096.

5:21 p.m. Lorraine Davis, Founder and CEO of NATIVE, Inc., testified in favor #35637.

5:41 p.m. Julie Ellingson, Executive Vice President, Stockmen's Association, testified in favor verbally.

5:43 p.m. Angela Dinius, Executive Director, North Dakota Association of Community Providers, continued in favor # 34910, #35457.

5:47 p.m. Lorrena Poppe, Owner and Chief Executive Officer, Poppy's Promise, testified in favor #34998, #35012.

5:55 p.m. Sargianna Wutzke, Lead Operations Officer, Community Options, testified in favor #34702.

Additional written testimony:
#34652, #34853, #35287, #35292, #35299, #35397, #35400, #35410, #35417, #34668, #34695, #35018, #35312, #35055, #35407, #33913.

6: 03 p.m. Chairman J. Nelson adjourned the meeting.

Jan Kamphuis, Committee Clerk

To whom it may concern,

My name is Ali Lenertz, I have worked in childcare for 4 years. I am asking to continue to fully fund the bill HB1012 with the original proposed amount of $7 million dollars.
Kiddie Korral 2.0 in Minot ND thrives off of this income and we would be nowhere near the center we are today without these funds, such as the QRIS bonus. This bonus has allowed our facility to purchase high quality, interactive toys, learning resources and materials to nearly 120 children in my hometown.

This funding allows us to hire more qualified staff, improve our facilities, and offer additional resources to children in need of early education. This extension of funding not only helps us meet the growing demand for childcare services but also ensures that we can maintain high standards of care for years to come. It’s a vital investment in the future of our children.

Thank you for your time and consideration,
Ali Lenertz

February 5, 2025

Chairman Nelson and Members of the House Appropriations Human Resources Division,

Thank you for the opportunity to testify on HB 1012. I am here on behalf of Bison World, a cultural and bison-themed destination tourist attraction designed for development along I-94 at Exit 258 in Jamestown. The state-owned parcels of land where Bison World would be located are north of the interstate and designated as State Hospital land. I served the State of North Dakota as the Superintendent of the North Dakota State Hospital from 1995 to 2015. During my tenure, no one approached the Hospital about leasing the land, which has been the case for several years. The property is currently not leased but is a good fit for the Bison World project.

About Bison World

Bison World is envisioned as a premier tourist destination that celebrates North Dakota's cultural heritage, history of the bison, and capitalizes on a growing industry of niche tourism, offering true economic potential for North Dakota. The project aims to attract visitors from all around the nation, boost the state's tourism industry, and generate economic activity by leveraging underutilized state land.

The Need for a Long-Term Lease

Under the current statute, lease renewals are limited to two-year terms. While this structure may have met past administrative needs, it creates significant barriers to attracting private investment for large-scale development into the future. Investors require stability and certainty before committing capital. Short-term leases introduce unnecessary risk, making it difficult to secure financing, plan long-term operations, or implement sustainable infrastructure.

A long-term lease would:

- **Encourage Private Investment** – Investors will only commit funds when they have sufficient time to recoup costs and generate returns.
- **Minimize Policy Risks** – A stable lease reduces the likelihood of policy changes disrupting any project, allowing for responsible planning and development.
- **Ensure Public-Private Balance** – The state retains ownership while benefiting from economic activity, infrastructure improvements, and increased public engagement with the site.

Proposed Legislative Amendment

With the guidance of Jonathan Alm at the Department of Health and Human Services, we are proposing amendment language that grants the department the discretion to approve long-term leases, with a maximum term of 99 years. This flexibility would allow the state to evaluate projects on a case-by-case basis while ensuring long-term economic and community benefits:

50-06-06.6. Department may lease real and personal property.

The commissioner of the department or commissioner's designee may lease ~~surplus farm and pastureland at the state hospital and the life skills and transition center. The commissioner or designee also may enter into further leases of~~ real or personal property at the life skills and transition center or the state hospital upon a specific finding that the granting of each such leasehold interest will result in a net economic gain for the department, taking into account all identifiable costs. Any lease of space for the purpose of providing child care services must meet requirements as determined by the department. The commissioner of the department or commissioner's designee may prescribe the terms and conditions of any leases entered into pursuant to this section and may renew existing leases. ~~Any~~The term of any lease ~~entered into must be subject to renewal or cancelable each biennium~~may not exceed ninety-nine years.

Conclusion

Over the past four years, we have worked diligently to finalize the design of Bison World, pursue state support, and attract private investment. This project will strengthen North Dakota's tourism industry, capture visitors from within and outside the state, stimulate economic activity on underutilized public land, and generate new revenue for the state.

Updating the statute to allow for a long-term lease is a practical solution that will unlock economic potential while ensuring the land remains a valuable asset for the state. We urge the committee's support for this amendment and thank you for your time and consideration.

Alex Schweitzer

Board Chairman, Bison World, Fund

Chairman Nelson and Members of the House Appropriations – Human Resources Division:

As you discuss HB 1012 and the Developmental Disabilities section, I'd like to provide insight and testimony to the impact this section of the bill has on the citizens of ND with disabilities.

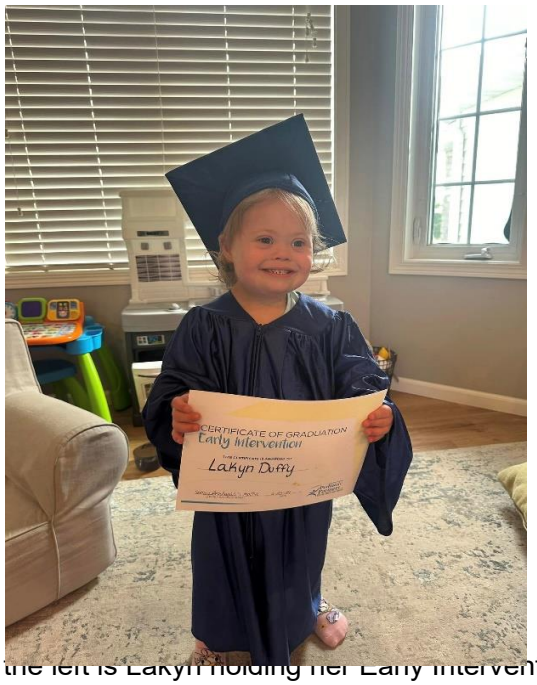
My name is Annalise Duffy and I'm writing as a representative of GiGi's Playhouse Fargo, citizen of North Dakota, and parent to a child with Down syndrome. Please see her beautiful smile below.

I'm testifying in support of the Disabilities/developmental (IID/DD) 1915c Medicaid Waiver but want to express concern regarding the proposed budget for the DD waiver. The DD section is where provider increases lie for the services that we hold dearly in the disability community- Eary Intervention, In-Home Supports, and Residential and day Supports for adults. Right now, there is a proposed 1.5/1.5% increase for the next biennium to fund the DD waiver. In comparison, there is a 4/3% increase for state employees.

I don't want to go without saying how appreciative we are to have the DD waiver and the support that comes from it but feel the community that the waiver support is being discriminated against by having a smaller number of moneys allocated in comparison to the rest of the disability community ask.

One thing that is important to note is that our families who have individuals eligible for our Medicaid waivers depend on the service options within the waivers but also depend on having access to State Plan Medicaid for their loved ones. Quality waiver service and State Plan options are one of our advocacy priorities as individuals with Down syndrome and their families can achieve quality lives in their communities with the formal supports of the Medicaid waivers and State Plan Medicaid.

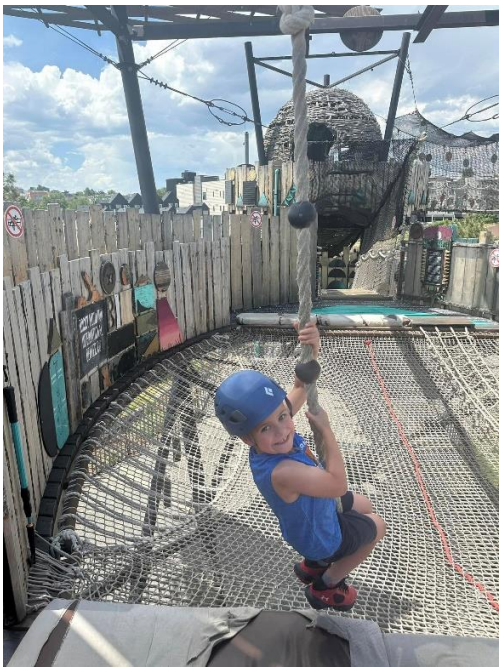
Below you will see some pictures of my daughter, Lakyn, who is 3.5 and how the waiver supports her along with what an inadequate amount of funding and increase could mean for individuals like her.



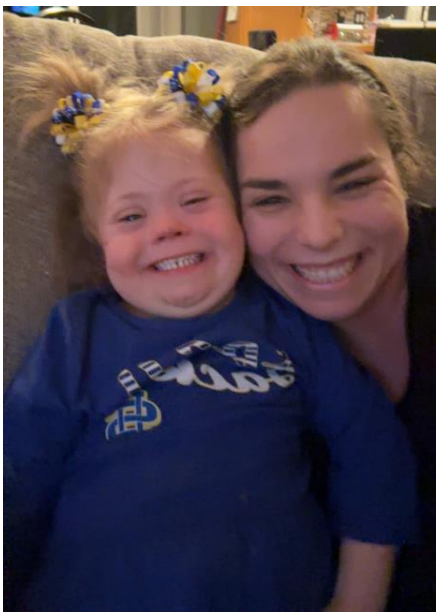


On the left is Lakyn holding her Early Intervention Diploma a ight is a picture of her with Sidney, her Early Intervention provider. When Lakyn came home fro the hospital after a 34 day NICU stay, Sidney was at our house helping support Lakyn and areas of development and growth within a few days. These visits continued every week during Lakyn's first year of life, and then every other week when she turned 2 until these pictures were taken. Sidney's services through Early Intervention helped Lakyn with crucial developmental milestones. From holding her head up, to sitting up, to walking, navigating concerns, and helping us navigate Lakyn's transition to Preschool, without support from the DD waiver, Lakyn's care and progress would have looked different.





Next you can see Lakyn on the left holding her Starbucks treat. This was when she was on a special adventure with our Respite and In-Home Support Staff, Allison. Words cannot express how thankful we are for our Support Staff. Without this support, I'm not sure we'd be able to give our son, Ronyn, who is 2.5 years older than Lakyn, the experience and one on one time he deserves. Whether it's taking him to sporting events, where the noise and people cause Lakyn extreme stress and discomfort, or being able to help coach his basketball team without worrying about Lakyn being safe or stuck in front of an iPad for "entertainment," Having support staff is crucial in ensuring our family can participate in "normal" activities while respecting the environmental needs/concerns that arise with taking Lakyn to unfamiliar or new places.



This is Lakyn and Allison. Allison has also been with us since Lakyn came home from the Hospital and as you can see, the two adore each other. (Yes, we're proud Jackrabbit Fans in the wonderful state of North Dakota.)

I hope that through this testimony, you are able to understand the importance of the continued support of the DD Waiver, and why equal funding is necessary. I ask that you please consider this request and vote to provide the same increase in funding, if not more, as other programs, (4%), so individuals with disabilities can continue to have support they need through Early Intervention and Quality Support Staff.

Thank you for your time and service,

Annalise Duffy

annaliseduffy@gmail.com

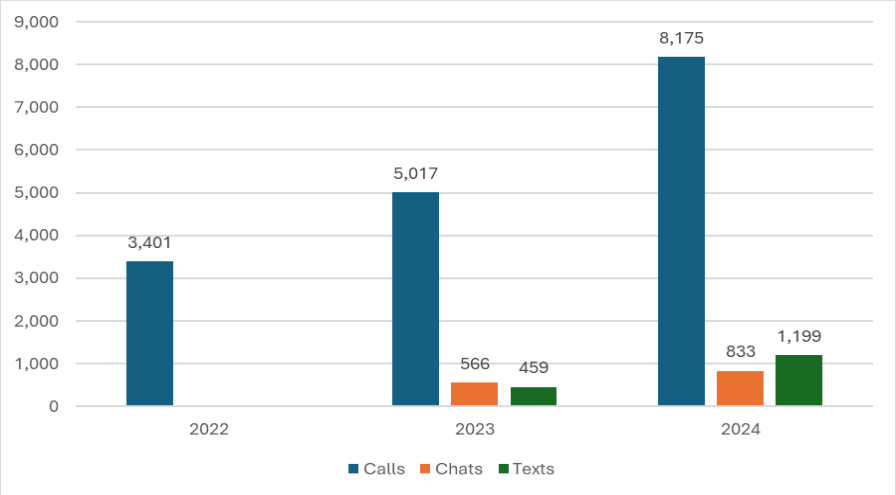
Chairman Nelson and Members of the House Appropriation Committee – Human Resource Division,

My name is Jennifer Illich, and I am the Executive Director of FirstLink. I am in favor of House Bill 1012, I urge you to continue and even increase funding for FirstLink. FirstLink has funding in this bill to support

- Answering the 988 Suicide and Crisis Lifeline
- 211 Information and Referral Helpline
- Screen, triage and deploy mobile crisis
- Providing follow-up calls for suicide prevention through our Care and Support Program
- Answering calls to the National Gambling Helpline from North Dakota seeking assistance
- collaborating with 911 to handle behavioral health-related calls efficiently

These services are all provided 24/7/365.

We are witnessing an **alarming and growing demand** for crisis support. **Every month, more North Dakotans** are reaching out—by call, chat, or text—desperate for guidance, reassurance, and immediate intervention. The need for these services is undeniable.



Budget Needs & Accountability

Payroll-related expenses account for approximately **80% of our total budget**, reflecting our service-oriented mission and reliance on highly trained personnel.

At FirstLink, we are **deeply committed to transparency and fiscal responsibility**. We take a **conservative** approach to spending, ensuring that every dollar is used efficiently to **maximize our impact** while keeping overhead costs minimal.

Your support directly translates into **saving lives** and **strengthening the mental health safety net** for our communities. We ask for your continued investment in FirstLink so that we may **expand our reach** and **serve those who need us most**.

Thank you for your time and consideration.

FirstLink Annual Budget Needs

Equipment Maintenance Supp	1,000
Postage	1,800
Postage Meter Rental	2,200
Employee Recruitment Fees	5,000
Copier Lease	5,500
Training Seminars	7,000
Travel	7,500
Dues - Organizational Mem	11,000
Simple IRA Employer Exp	12,500
Required General Liability	15,000
Technology	50,000
Office Supplies	27,350
Education Awareness	11,000
Telephone/Internet/Technology	71,600
Program Expense	79,000
Professional Fees; bookkeeping, HR, technology management fees	103,500
Office Rent	161,000
Medical Plan Premiums	165,000
Payroll Taxes Expense	175,000
Payroll	1,917,057
TOTAL EXPENSE	2,829,007.00

$5,658,014 biennial

Sincerely,
Jennifer Illich
Executive Director, FirstLink

House Appropriations - Human Resources Division
HB 1012
February 5th, 2025

Chairperson Nelson and Members of the Committee,

My name is Kendra Vander Wal, and I am representing Designer Genes of ND. Designer Genes represents roughly 270 individuals with Down syndrome and their families across the state. Designer Genes' mission is to strengthen opportunities for individuals with Down syndrome and those who support them to earn, learn, and belong. My passion in the organization is primarily driven by my background as an early intervention and pediatric occupational therapist and being a mom to a six-year-old son with Down syndrome.

Although individuals with Down syndrome have benefited from support within the Developmental Disabilities Section, there continues to be significant gaps in the areas of early intervention, early childhood services, program management, and home and community-based waiver services. As heard in Tina Bay's testimony yesterday, of the 8,400 individuals served in 2024, 41% of those individuals were under the age of three. Nearly all individuals with either a prenatal or birth diagnosis of Down syndrome, are referred to early intervention (EI) services, which is why program management and EI are key intersections within the continuum of services available to individuals with Down syndrome and their families. Our family has experienced the importance of EI and its foundational impact from birth. Thanks to skilled speech therapists and his EI team, we were able to effectively teach our son sign language and other communication and social skills during his early years, which tremendously decreased his frustration and allowed him to communicate with our family.

Now that he is six, we are witnessing firsthand the workforce shortage of providers through the process of applying for DD waiver-based services. Even though our son didn't have to wait for a waiver slot, for over two months, our family has been on the waitlist for in-home support at multiple provider organizations and therefore we have been unable to receive waiver-based services. Although we could utilize the self-directed services—which over 790 claims were made in 2024 and is a huge win for many families in North Dakota — our family has not been able to dedicate additional time and resources to utilize this option and continue to wait due to the provider shortage at local agencies.

Early Intervention, early childhood services, and in-home support are valuable resources for families. Due to their home-based model and providing services in the least restrictive environment - families know quality providers make an impactful difference. Almost all individuals with Down syndrome are faced with a level of complex feeding, communication, behavioral and motor difficulties making it challenging for families to choose the best childhood support service for their loved one. This is why inclusive child care grants and an inclusion support coach are being requested in the Early Childhood Section executive budget to support facility and program needs. The Inclusion Support Program maintained 97% of all of the child care placements that they supported. This program helps to keep little kids with Down syndrome in their child care placements.

I am also advocating for increased provider wages so that competitive salaries reduce provider turnover and help cover inflation costs as well as improve service quality. The Developmental Disability Section is critical because it supports services that are foundational to the well-being and success of individuals with Down syndrome across their lifespan. Although I have highlighted early childhood and in-home supports, the DD section also covers residential services and day supports for adults. Again, the providers delivering these services are essential, yet provider organizations face significant challenges in maintaining a stable, qualified workforce due to wage disparities. It is why we are advocating for an inflationary increase to 4/3% as aligned with The North Dakota Association of Community Providers (NDACP). Residential and day supports ensure adults with Down syndrome can live meaningful, engaged lives with purpose.

Without sufficient investment in the developmental disability and early childhood sections, we risk service disruptions that can have profound impacts on individuals and families who rely on these supports daily. Our family specifically, has experienced the disruption in services due to provider shortages and therefore are feeling stretched with finding the appropriate community support for our son. Continuing to invest in the Developmental Disability section within our state is not just a budgetary decision; it is a reflection of our state's commitment to its most vulnerable citizens. It acknowledges the importance of these services to help our community thrive as well as investing in the providers to sustain and strengthen services essential to so many individuals with Down syndrome and their families in North Dakota. We know that this work cannot be done alone and Designer Genes is willing to partner in any way that would be helpful.

Thank you for your time and consideration.



Kendra Vander Wal OTR
Executive Director, Designer Genes of ND
info@designergenesnd.com
701-400-3879

February 5, 2025

HB 2012 Testimony: DD Provider Rates & Rules

Good morning Representative Nelson and members of the House Appropriations Human Resources Section. My name is Mike Remboldt, I am the CEO of HIT, Inc. in Mandan and one of the 31 DD providers that belong to NDACP. I am here to testify on behalf of NDACP by providing information and statistics that support our requests. My testimony will include four requests:

1. Funding ICF and Residential Habilitation (Res Hab) services at 100% of computed/intended rates.
2. Providing annual inflationary increases of 4% in the first year and 3% in the second year of the biennium for all DD services.
3. Removing the accreditation requirement for DD providers.
4. Increasing Corporate Guardianship by seventy-one (71) slots along with an increase in the daily rate.

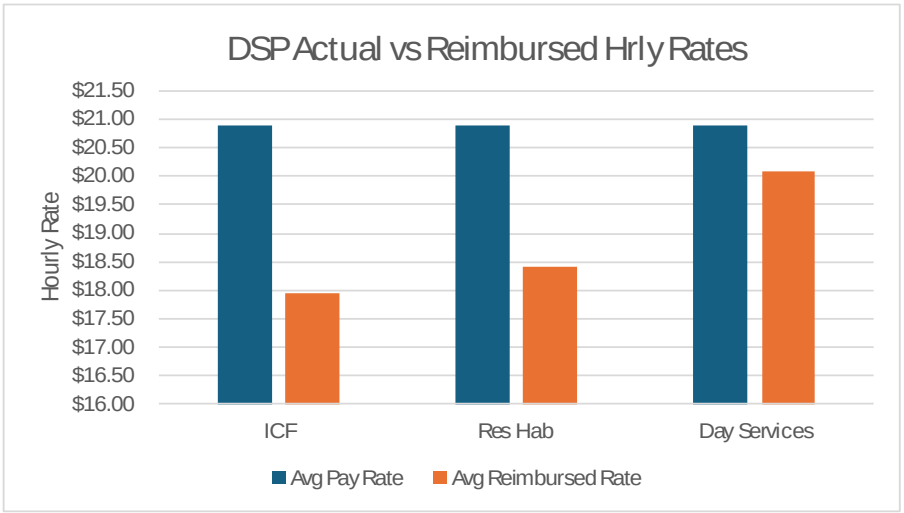
During the twelve month period ended 6/30/2024, sixteen of the NDACP member organizations (sample included all geographic areas of State and various size providers) reported a Direct Support Professional (DSP) **turnover rate of 28.18% (177/628) in day services with a median stay of 12 months, and 45.04% in residential services (931/2,067) with a median stay of only 8 months**. This means that 465 of these 931 people that left did not even stay for 8 months. To compound this high turnover issue, Day Service providers reported a 7.2% vacancy rate (45 open positions) and Residential Service providers reported a 14.3% vacancy rate (296 open positions).

NDACP members are struggling and are finding it increasingly difficult to be able to offer a competitive wage in this difficult labor market. I know that our industry is not the only one with this issue, however our members report paying **$20.89 as an average hourly rate** for DSPs. This number means nothing until you

understand that the **payment we receive** from the State for these services includes the hourly wage component of **$20.02 for day services, $18.41 for Res Hab services, and only $17.96 per hour for ICF services**.

Fund ICF and Res Hab Services at 100% of Computed/Intended Rates

We are requesting that the State follow through with their commitment to the payment system and providers by fully funding the ICF and Res Hab rates consistent with the rate methodology original design. When the Sate implemented the new payment system on April 1, 2018, they decided to not fully fund ICF and Res Hab rates solely because they wanted the payment system to be budget neutral at the time of implementation. The solution was for the DD Section to fund **ICF's at 89.7%** and **Res Hab's at 91.6%** of the rates, and we are still living with these "Funded Percentages." The hourly staff paid/reimbursed rate for these services **should be $20.02 for ICF and $20.10 for Res Hab,** but because of the "funded percentages", providers are only paid a wage rate of **$17.96 for ICFs and $18.41 for Res Hab.** By comparison, Day Services rates are fully funded (100%) with a wage rate of $20.08 per staff intervention hour. **Remember, providers are paying $20.89/hour on average.**



To explain further, the rates (Rate Matrix) are driven off an hourly rate for DSPs with percentages added on for fringe benefits, relief staff, program support, and administration. About 70% (Wages, Fringe Benefits, & Relief Staff) of the total rate providers are paid/reimbursed is for direct care intervention staff while providers are spending 78% of their expenses on wages and benefits. When the direct care rate is underfunded, all other costs of operation are also underfunded, exemplifying the financial hardship.

Annual Inflationary Increases of 4% & 3% for the respective years of the biennium

Per the **Federal Reserve Bank of Minneapolis, the CPI for 2023-2024 was 4.1% and 3.2%, respectively.** We are requesting reasonable annual inflationary increases to help our providers remain competitive. Our members can share horror stories about health insurance premiums increasing 15-40%, property/liability insurance premiums increasing by 25-50%, and the amount of hours/$ being paid out in overtime. We all know what has happened to food, vehicle, and supply costs. Based on recent DD payment data, NDACP member Providers have had their revenues **increased 17.93% during the last 7 years, which averages out to an annual increase of only 2.5% +/- per year.** This number also includes caseload growth and is not just an increase in payments for the same number of people. These increases over the last 7 years (implementation of the new payment system) paid to providers are quite modest.

Remove Accreditation Requirement for DD

All DD licensed providers are required to become and maintain accreditation by 1 of 5 accrediting bodies. The cost of this accreditation is substantial and duplicative of all the other quality ensuring practices, required certifications, and systems that providers comply with to ensure that quality is maintained. Below is a list that is **not** all-inclusive, but a sampling of the things that providers do & comply with to support/prove the services being provided maintain a minimum level of quality.

- Title XIX Surveys
- Claims Audits
- Financial Audits
- Environmental Scans
- Health and Safety Inspections

- HCBS Surveys
- Quality Enhancement Reviews
- Incident Reporting of Abuse, Neglect, or Exploitation
- P & A Oversight & Determinations
- Child & Protective Services Reviews & Determinations
- Case Reviews
- High GERs (General Event Reports) are reviewed by DD Section staff
- Regional DDPM representation on each person's team
- Employee training requirements
- Pre-employment screening (background checks, driving records, drug tests, etc.)

Removing this accreditation requirement will not cost the taxpayers any money, will save the DD provider's money, and will decrease administrative burden for providers. All of these benefits can be realized without affecting the quality of the services being provided.

<u>Increase Corporate Guardianship by Seventy-one (71) Slots and Increase the Daily Rate</u>

Corporate Guardianship is an integral part of providing services to people with Intellectual Disabilities. Everybody does not have a family member or friend that has an interest in their well-being. Catholic Charities will provide further testimony about the waiting list and cost of providing this service.

In conclusion, my testimony on behalf of NDACP is requesting your help with these four items:

1. Fund ICF and Residential Habilitation services at 100% of computed/intended rates,
2. Provide an annual inflationary increase of 4% in the first year and 3% in the second year of the biennium for all DD services,
3. Remove the accreditation requirement for DD providers,
4. Increase Corporate Guardianship by seventy-one (71) slots while increasing in the daily rate.

Thank you for the opportunity to testify before you today. I stand for any questions.

House Bill 1012 – Department of Health and Human Services Budget
House Appropriations – Human Resources Division
February 5, 2025

Representative Nelson and Members of the House Appropriations-Human Resources Division Committee-

My name is Sargianna Wutzke, and I am the Lead Operations Officer for Community Options. Community Options is a member of the North Dakota Association of Community Providers, a group of 31 Developmental Disabilities providers across the state of North Dakota. Each of the agencies has their own unique services but we all have one common goal and that is to be able to deliver individualized, community-based services to individuals with developmental disabilities.

Our agencies provide individualized services to individuals throughout the continuum of life, from birth to death, throughout the state. Our agencies strive to be able to meet the needs of individuals where they would like to live in our state. Community Options has assisted individuals to remain living in their communities of Lisbon, Carrington, Forman, Cavalier, Milnor and Gladstone instead of the individuals having to move to bigger cities to receive the necessary services. We also have supported individuals to move to bigger cities and then move back to their small hometown when they realize the big city is not where they want to reside anymore. There are many other developmental disabilities providers who also offer services in bigger communities as well as rural areas to meet the needs of people who receive services from the organizations.

DD providers work with the most vulnerable populations in the state. We are all committed to ensuring that each person is valued as an individual and each person is in charge of their services. The amount of services each individual receives is based on the support needs of the person. One individual may have staff just a few times a week for two hours each time where another individual may have twenty four hour support from staff.
.
Direct Support Professionals or DSPS are the staff that work directly with the individuals receiving services. In the state, there are over 5,000 direct support professionals. DSPS have many different roles they fulfill to the individuals they support including teacher, medical caregiver, driver, shopper, and cook. On a typical day, a direct support professional will assist individuals with their medical needs including medication administration, catheter care and feedings via g-tube along with taking individuals to appointments and ensuring they are assisting individuals to follow doctor's

recommendations. DSPS assist individuals with their needed personal cares such as showering, freshening, applying deodorant and toothbrushing. They prompt individuals and assist as needed with maintaining their home, ensuring safety in their home, cooking and communicating with their landlords. DSPS transport individuals into the community to shop, go to community activities and to meet their friends and family.

Many direct support professionals have to deal with situations that the general public finds unpleasant. Some of these include individuals hitting, kicking, throwing items, spitting, pulling hair and chasing after the direct support professionals. DSPS receive ongoing training to ensure they are equipped to handle situations like these.

Along with assisting individuals in these aspects of their lives, DSPS also have required documentation that needs to be completed including data taken on each individual's goals and objectives as well as writing a narrative of what they did with each individual during their shift. They also have to document incidents that occur, complete data on behavior support plans and data on medical protocols.

The turnover rate for DSPS in ND is 40%. The turnover rate for the state of ND overall is 5.1%. Tina Bay testified on Monday that the turnover rate in her department is 7%. Our turnover rate has such a negative effect on the individuals we support as it is hard for them to have that much change when it comes to their staff who assist them with the most personal things in their lives. Last session our turnover rate for Direct Support Professionals was 47%. Last session, DD provider staff received a 2% each year along with a dollar an hour increase for DSPS. We believe this has assisted in being more competitive with other field-related jobs, however we are still not close to field-related positions such as CNAs who start at an average of $3 more an hour. DD agencies also have increased wages for our staff to ensure we were able to have the amount of staff needed to support individuals receiving services. Currently our average wage for DSPS is $20.89 an hour. Agencies are paying an average of $3 an hour more than what we are being reimbursed with our funding. We are asking that all of our programs be fully funded. We are also asking for an inflationary increase of 4% and 3%. When doing research these amounts were the amounts that made us able to keep up with federal inflation.

We are also asking that accreditation be voluntary. Organizations feel that the state does a very thorough job with their oversight of provider agencies, which is far greater than the accreditation that takes place by an outside organization. The state ensures quality assurance of each agency by monitoring all general event reports (incident reports) of each agency as well as doing training and monitoring with each agency every three years where they go over those incident reports with administration as well as the DD Program Administrator. Every three years, the State Home and Community Based Surveyor comes and does a comprehensive survey of each agency.

Agencies that provide ICF level of care have surveys by Title 19 yearly. On top of these quality assurance safeguards, any agency that is representative payee for an individual is subject to extremely thorough financial audits by Protection and Advocacy. Accreditation is expensive for an organization. In 2024, Community Options had our accreditation through CQL, and it cost us approximately $25,000. SB 2192 is a bill this session for payment for accreditation for provider organizations, however the fiscal note with the bill currently is probably one third of what would be needed to cover accreditation costs for agencies.

I strongly encourage you to support fully funding all of our programs as well as the inflationary increase for DD providers. Wages are the biggest issue to keeping staff in our field. Many of our staff come into the field because they want to make a difference in the lives of the people we support. An overwhelming response as to why they leave is wages. We do voluntary exit surveys when our staff leave our agency and, in those interviews, the huge majority of DSPS state they are leaving to go somewhere else to get paid more and many times to have less responsibilities.

As providers who serve individuals with developmental disabilities, we want to be able to serve individuals with the services they want, unfortunately right now we are falling short of being able to do that. I urge you to please consider one of our most vulnerable populations and their needs as you look at the inflationary increase for the staff who do so much for them.

Sargianna Wutzke

Lead Operations Officer, Community Options Inc.

Testimony in Support of House Bill 1012
House Appropriations Committee – Human Resources Division
2025-27 Health and Human Services Executive Budget Recommendation for Appropriations Supporting Home and Community-Based Services
Wednesday, February 5, 2025 | 2:00 PM | Roughrider Room, State Capitol

Chairman Nelson, Vice Chairman Stemen, and Members of the Committee,

My name is Erin Sorensen. I was born and raised on a farm in rural North Dakota, and I am a Registered Nurse and owner of Home Instead, a North Dakota Qualified Service Provider (QSP) Agency. Our agency serves communities across Minot, Bismarck, Hazen, and many small rural areas throughout the state. Additionally, in the fall of 2024, we opened an Agency Foster Home for Adults in Bismarck to further support North Dakotans in need of care.

Home Instead provides high-quality, in-home care services that allow seniors and individuals with disabilities to remain safely in their homes for as long as possible. We offer personalized care ranging from two hours a day to 24-hour support, assisting with activities of daily living, mobility, personal care, homemaking, companionship, transportation, medication reminders, and more.

I want to express my appreciation for previous state appropriations supporting home and community-based services. Today, I ask for your continued support by approving the North Dakota Department of Health and Human Services Executive Budget in House Bill 1012, which includes critical funding for increasing Medicaid reimbursement rates for home care providers.

Without adequate reimbursement rates, home care agencies like mine struggle to recruit and retain skilled caregivers, leading to workforce shortages that put North Dakota's most vulnerable citizens at risk. Many caregivers travel over 45 miles just to reach their clients, and while they are deeply committed to their work, we must ensure they receive fair wages in addition to proper training, licensing, and the resources necessary to continue providing compassionate, quality care.

By investing in home and community-based services, North Dakota can:

- Ensure that seniors and individuals with disabilities receive care in their preferred setting—at home.

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- Increase caregiver wages and benefits to help recruit and retain dedicated professionals in this essential industry.
- Reduce the strain on institutional care facilities, which are significantly more expensive than home care services.

Supporting home care is not just a moral obligation, it is a financially responsible decision that benefits families, caregivers, and small businesses across North Dakota. Without caregivers, there is no home care. We must invest in this workforce to meet the growing demand for in-home services and ensure that North Dakota remains a place where people can age with dignity.

I urge you to vote in favor of HB 1012 to help sustain and strengthen home and community-based services across our great state.

Thank you for your time and consideration. I would be happy to answer any questions you may have.

Please feel free to contact me at 701-748-9953 or erin.sorensen@homeinstead.com if you would like to discuss this further.

Sincerely,

Erin Sorensen RN, BSN

Owner, Home Instead

Satellite offices in Bismarck, Hazen and Minot

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Testimony in Support of HB 1012
Appropriations – Human Resources Division
Chairman: Representative Jon O. Nelson
February 5, 2025

Submitted by: Dan Madler, Chief Executive Officer - Beyond Shelter, Inc.
701-730-2734, dmadler@beyondshelterinc.com, Lobbyist #30

Chairman Nelson and members of the Committee, my name is Dan Madler, I live in ND District 27, and I am the CEO of Beyond Shelter, Inc., (BSI) a mission driven North Dakota nonprofit developer of affordable housing. I would like to express my support for House Bill 1012 as it relates to the Permanent Supportive Housing (PSH) component.

BSI in partnership with several stakeholders/partners has developed three (3) Permanent Supportive Housing developments serving the communities of Fargo (Cooper House), Grand Forks (LaGrave on First), and Bismarck (Edwinton Place) and by utilizing best practices, combined with the PSH funding provided in HB 1012, these three (3) developments have been effective in providing stabilized housing to chronically homeless persons.

In closing, I respectively request your support for HB 1012.

Thank you for your time and consideration.

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

February 5, 2025
Re: HB 1012

Chairman Nelson and Members of the House Appropriations Human Resources Division,

Thank you for the opportunity to testify in support of House Bill 1012 on behalf of the North Dakota Alliance of YMCAs.

Child Care Impacts
The YMCAs are collectively the largest provider of childcare services in the state, serving over 3,200 children in our licensed facilities in Bismarck, Grand Forks, and Fargo. Childcare and early education are fundamental to the well-being of our children and the economic stability of our families—which is all part of the YMCA mission. According to recent studies, about 78% of families with children under 18 have both parents in the workforce. This underscores the necessity of robust childcare services to support these working parents.

We know that quality childcare provides improved employee satisfaction, reduced absenteeism, and increased productivity. Offering child care-related benefits helps attract and retain talent, which is crucial in a competitive job market. For families, accessible and affordable childcare is essential, allowing parents to participate fully in the workforce. This participation not only enhances family income but also contributes significantly to the broader economy.

We believe a true partnership between providers and the state is critical to impacting workforce and youth development.

Child Care Incentives
The state's historical investment in child care programs and funding last biennium provided through the Department of Health and Human Services have significantly helped families manage child care costs and offered providers helpful grants. Additionally, the child care worker benefit program allowing child care workers to receive assistance when they bring their own children to work has been an invaluable resource for the YMCAs in recruiting and retaining staff.

However, despite these important steps, we have yet to scratch the surface of the financial strain child care providers are facing—particularly in classrooms dedicated to our youngest children aged 0-3.

The Reality for Infant & Toddler Care Providers
Caring for infants and toddlers is one of the most resource-intensive services a provider can offer. Strict staffing ratios (1:4 for infants, 1:5 for toddlers), higher operating and wage costs, and

evolving regulatory requirements all contribute to the challenge of keeping these programs financially stable. Our YMCAs are paying between $18-22 dollars an hour for infant and toddler staff to remain competitive in the market and retain quality employees.

Tuition rates alone, however, cannot offset these costs. Market rates are set based on what families can reasonably pay, not on what providers need to cover expenses. Even with tuition ranging from $800-$1,200 per month for infants and toddlers, the reality is that monthly cost hovers closer to $2,000 per child for staff, supplies, food, insurance, utilities, facility maintenance, cleaning and more. We are operating on razor-thin margins, but really, losses of up to $80,000 a year in our YMCA child care programs.

Limited Pricing Flexibility

The U.S. Department of Health and Human Services (HHS) recommends that child care should not exceed 7% of a family's household income to be considered affordable. Yet we understand families spend between 10-20% of their income on child care, with some paying even higher percentages depending on their location and the age of their children.

To understand the real impact, let's break down the typical family's income and expenses. The median household income in Cass County is $73,742 per year. After taxes and benefits, this leaves a family with $63,220 in take-home pay, or about $5,268 per month to cover expenses. Like most families, their income is quickly allocated to necessities (taken from cost-of-living averages):

- Housing (Rent/Mortgage & Utilities): $975
- Household Expenses (Groceries, Utilities, Internet, Phone, etc.): $1200
- Car & Health Insurance: $500
- Gas & Transportation: $200
- Other Essentials (Clothing, Personal Care, etc.): $150
- Total Basic Expenses: $3,025

That leaves $2,243 before factoring in one of the biggest expenses—child care. For families with young children, child care costs are unavoidable. In Cass County, infant care hovers around $1,140 per month, with toddler care at $908 per month. For a family with one infant and one toddler, that's $2,048 per month. After paying for child care, this family has less than $200 remaining each month for emergencies, savings, unexpected costs like medical bills, car repairs, or home maintenance, or family fun.

Monthly child care costs can match or even double a mortgage or rent payment. Over four years, child care expenses can rival the cost of a four-year college degree—an expense families typically spend years preparing for. Families are pushing the limits of what they can afford or dropping out of the workforce to care for their children. Many middle-income families receive no financial assistance at all and still struggle to afford child care tuition, leaving providers unable to raise rates without pricing families out entirely.

Provider Grant Proposal

As the legislature evaluates the 2023 child care package, we believe there is an opportunity to further support providers and incentivize care for the 0-3 age group with a unique funding stream.

We're asking for a dedicated provider grant and corresponding $30 million appropriation to directly support child care providers serving infants and toddlers, ensuring sustainability, affordability, and quality in the ecosystem.

We would encourage that this type of grant support our child care workforce through wages and hiring incentives. It should be directed to infant and toddler care, specifically, where operating costs are highest. And it should recognize providers who participate in the state's Bright and Early quality rating system at a level 2 or higher, to ensure quality measures and support skilled caregivers. **To ensure the grant reaches those who need it most, eligibility should prioritize:**

- **Licensed child care centers, family providers, and nonprofit early childhood programs;**
- **Providers who serve a significant percentage of infants and toddlers; and**
- **Programs that are quality rated at a level greater than or equal to a 2 Star rating.**

Conclusion

The state is providing key support for families with limited income to increase child care affordability. It has helped providers with individual infrastructure and quality grants, our YMCAs included. New child cares are opening in desert areas, easing the strain for those in rural communities and where child care offerings are scarce—and we applaud all of those programs. **Now we ask you for your efforts to fund the gap with direct support for providers of infant and toddler care.**

Thank you for your consideration as we work together to address an issue with a direct impact on workforce development in North Dakota.

Thank you,

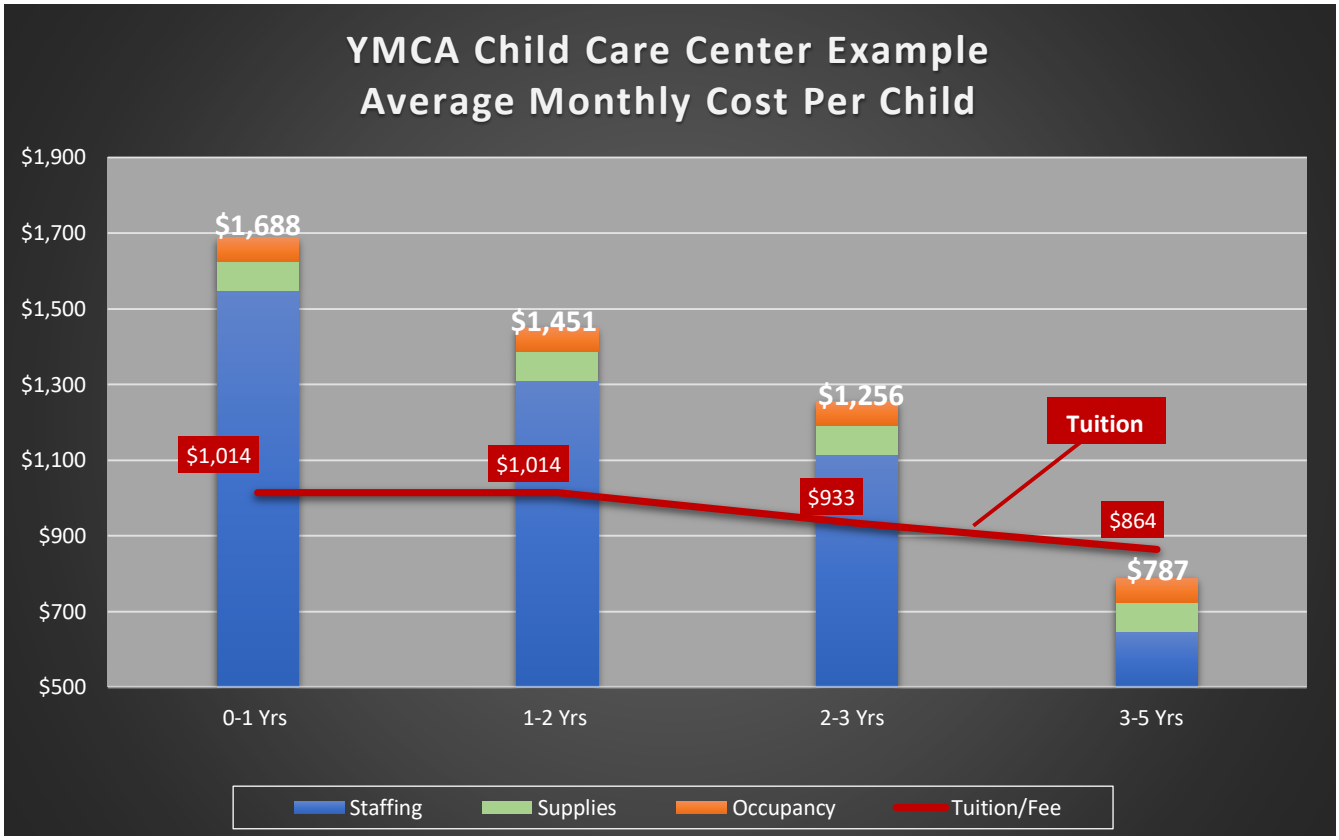
Alliance of North Dakota YMCAs

Bill Bauman
Missouri Valley Family YMCA
Bismarck

Nick Gray
Minot Family YMCA / Triangle Y Camp
Minot

Bob McWilliams
Altru Family YMCA
Grand Forks

Steve Smith
YMCA of the Northern Sky
Fargo



Income per child:

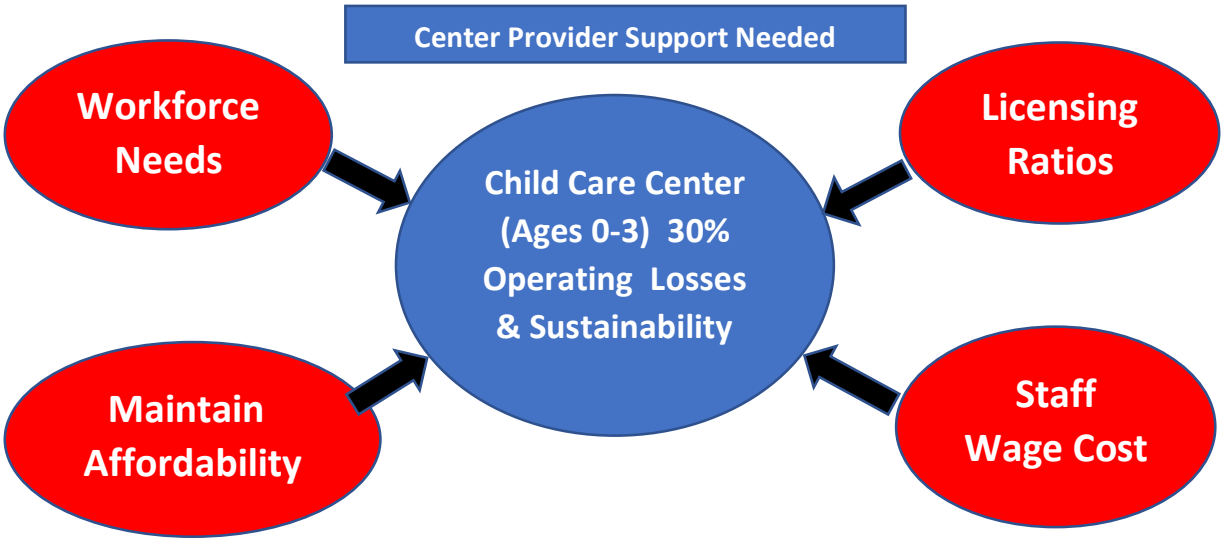
- **Tuition/Fee:** Current monthly rate charged per child in each age group.

Total monthly cost per child:

- **Staffing:** wages, taxes, benefits, background checks and training. HR, Accounting
- **Supply:** food, learning materials and other supplies.
- **Occupancy:** housekeeping and sanitation supplies, utilities, repairs and IT

** Cost does not include any building/facility lease, debt, interest, deprec cost).*

***Data from two Bismarck YDC Centers – full time care only: 324 children, ages 0-5, 2023*



FOR YOUTH DEVELOPMENT®
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TODAY. TOMORROW.

TOGETHER.

NORTH DAKOTA ALLIANCE OF YMCAS
2024 COMMUNITY IMPACT REPORT



$1,736,663 in financial assistance was given to support kids and families from economically disadvantaged backgrounds to participate in North Dakota YMCA programs and activities



3,230 children were enrolled in YMCA licensed childcare centers



29,555 youth participated in out-of-school-time activities at the Y that focus on holistically fostering the physical, social and emotional development of kids

IN ADDITION TO FULL TIME STAFF AT ALL LOCATIONS, YMCAS ARE OFTEN THE FIRST EMPLOYERS OF YOUNG PEOPLE. YMCAS ALSO OFFER OLDER ADULTS OPPORTUNITIES TO SUPPLEMENT THEIR INCOME WHILE BEING PART OF A HEALTHY COMMUNITY.

2,113 individuals are employed by North Dakota YMCAs





$25,477,591 was paid in wages and benefits by North Dakota YMCAs



WE ARE COMMUNITY



The YMCA makes accessible the support and opportunities that empower people and communities to learn, grow and thrive. There is no other nonprofit quite like the YMCA. That's because in 10,000 neighborhoods across the nation, we have the presence and partnerships to not just promise, but to deliver, lasting personal and social change.



Communities with high rates of volunteerism tend to have greater income equality than similar communities that do not.



When members make a friend they are 50% more likely to stay with the YMCA.

North Dakota YMCA's have over 100 community partnerships, some of which include:

- •Foster Families
- •Military Families
- •Easter Seals
- •United Way

- American Red Cross
- AmeriCorps
- Area Churches
- Local Hospitals
- Boys & Girls Club
- Chamber of Commerce
- City Governments
- Schools, Colleges & Universities

- Department of Corrections
- Dakota Boys & Girls Ranch
- Dakota Medica
- Foundation Ministerial Association
- Healthy North Dakota
- Home School Groups



CARING | HONESTY | RESPECT | RESPONSIBILITY



"I love the friendships and coffee at the Y. For many of us that are seniors, it provides a primary social time in our lives."

"Thank you for providing such a wonderful place for fitness and socializing!"

YOUTH DEVELOPMENT | HEALTHY LIVING | SOCIAL RESPONSIBILITY

Alliance of North Dakota YMCAs

Grand Forks YMCA Family Center
215 N 7th St, Grand Forks
gfymca.org

Missouri Valley Family YMCA
1608 N Washington St, Bismarck
bismarckymca.org

The YMCA of the Northern Sky
400 1st Ave S, & 4243 19th Ave S, Fargo
www.ymcanorthernsky.org

YMCA of Minot North Dakota
3515 16th St SW, Minot
ymcaminot.org

Testimony
House Bill 1012 – Department of Health and Human Services Budget
House Appropriations – HR Section
Representative Jon Nelson, Chair

February 5, 2025

Chairman Nelson and Members of the Committee:

My name is Lorena Poppe. I am the owner and CEO of Poppy's Promise, a Bismarck-based provider of Developmental Disabilities services, and the current President of the ND Association of Community Providers (NDACP). I am testifying today in support of HB 1012. NDACP is comprised of both large and small providers, newer organizations, and those that have operated for decades. There is diversity in the types of services we provide but we are on common ground when it comes to matters of reimbursement of services, hiring and maintaining quality staff, and providing a sense of belonging and security for the people we support.

We are requesting an inflationary increase for DD providers of 4% and 3% during the 2025-2027 biennium. This request aligns with national inflation levels over the past two years and is essential to the recruitment of employees in a competitive job market. It is also critical to the retention of staff who are already invested in the people they are supporting. Imagine that you have a child or grandchild that is born with a condition that requires complex medical and personal cares. As a family, you learn about services that can be beneficial and often lifesaving. You get connected to a provider whose staff is dedicated to learning and performing intensive procedures, administering medications, and providing the level of care that is expected and deserved. Your whole family gets to know and trust that staff and sees them as a member of the family. Then with very little notice, that staff announces they are leaving to work in a different industry that pays higher and offers more long-term employment stability. Your family member's progress could suffer while introducing and teaching new staff vital procedures. Bonds formed with staff would go away and building trust with new staff will start again. Now imagine having to go through that every four or six months. Without the ability to meet levels of inflation and provide stability we providers are often seeing turnover like that.

NDACP is also requesting that the requirement for accreditation be removed as a condition of DD licensure and that it become voluntary for providers. Achieving accreditation was initially part of the requirements for providers after the de-

institutionalization of the state institution in Grafton as a means to help assure quality services were provided by community-based organizations. Since that time, a number of required quality assurance oversight processes have been added for DD providers that are often duplicative and most certainly create an administrative burden. Our goal should never be to pull staff away from providing direct care to complete nondirect tasks associated with each required oversight process. This interrupts relationships with staff and continuity of care for people receiving services. The cost is excessive ($20,000 - $40,000 for a 4-year accreditation term) and overreach exists as most accrediting bodies won't focus on DD services alone, even when DD is the only service requiring accreditation.

You will hear from directors of other NDACP member organizations this morning who can share detailed information about our request that reimbursement rates for Intermediate Care Facility (ICF) and Residential Habilitation services be increased to 100%. They will be able to answer your questions in detail.

I urge you to support these requests so that providers can build and maintain a strong workforce and focus on services and supports that are truly person-centered. Thank you for your time today, and I would be happy to answer any questions you may have.

Lorena Poppe
CEO, Poppy's Promise
lpoppe@poppyspromise.com

House Appropriations, HR Section

House Bill 1012

Wednesday, February 5, 2025

Chairman Nelson and members of the committee,

My name is Mercedes Flores, and I am a doctoral Occupational Therapy student at the University of Mary. I am testifying today in support of HB 1012. This semester, I am completing my Capstone Project at Poppy's Promise in Bismarck. My project focuses on collaborating with staff to build a support and resource system for caregivers of children and young adults with disabilities. The time that you, our legislators, take to understand the developmental disabilities system and the needs of providers like Poppy's Promise is invaluable. These providers not only provide valuable services but also help ensure that hands-on learning and collaboration opportunities exist for students like me who want to positively impact the lives of others as we move into our chosen careers.

As a former employee of Poppy's Promise, I have witnessed firsthand the profound impact person-centered services make in the lives of children and their families. These services strive to meet families where they are at and offer crucial support in helping them navigate the unique challenges associated with a disability. The impact of these services extends beyond the families served, and into the broader community.

I urge you to provide an appropriation that allows providers to maintain dedicated, quality employees by staying competitive with other industries. This support is vital to ensuring that these services continue to thrive and support our community.

Thank you for the opportunity to speak with you today and for your consideration of this important issue.

Mercedes Flores
Doctoral Occupational Therapy Student
floreshove@gmail.com

Good morning, Chairman Nelson and the House Appropriations Committee. My name is Chris Haseleu, and I am speaking as a member of NDACP and the President and CEO of Kalix, a non-profit Developmental Disability provider located in Minot, Belcourt, and Rolla North Dakota. I am a Doctor of Nursing Practice and align much of my oversight to leading the path of caring for people. Kalix's mission is to provide privacy, purpose, and dignity for each person. The people we are fortunate to work with daily deserve adequate services, jobs, and a place to live. As a larger Developmental Disability Service provider in North Dakota our organization houses 160 people, enrolls 137 in day programs, provides employment assistance and vocational rehabilitation for 75 people, and 34 people receive in Home Supports. Modest funding for low-income individuals with disabilities is allocated with Medicaid and rates are set within the Support Intensity Scale (SIS) score. Reimbursements to providers are not always allowing for breakeven financials. A few programs that I would like to point out are our Day Services, Independent Habilitation, and Individual Employment. Varying net losses year after year have made these programs a service offered as the primary representation of why we are a non-profit, by putting people first before our budget.

Kalix and many other providers continue home care and community employment programs that deinstitutionalize people with disabilities from the Life Skills Transition Center in Grafton. As NDACP is asking for a 4 and 3 percent inflationary increase I agree that meeting inflationary needs for programs is necessary to maintain current functions. Kalix does provide home settings as large as 40 beds to small housing opportunities for 4 people. These living arrangements include Intermediate Care Facilities and Residential Habilitation. These settings allow for daily rate payments that support a consistent funding source based on a SIS score. Variable payments for SIS program enrollees in Day Service attendance, Independent Habilitation client refusals for services, or adjustments in a person's employment impact the variability of service hours and reimbursement. The demand for home support is increasing as well as the ability for people to be employed in the community. As an organization we strive to provide freedoms for people to live independently whether at home or their choice of competitive employment.

Kalix is seeing an increase in comorbidities and mental health issues as well as increased life expectancies that impact the ability to take in new clients. I would like to list some of the most common mental health diagnosis impacting developmental and intellectual disabilities settings which include autism, anxiety, depression, attention deficit hyperactivity disorder, and obsessive-compulsive disorder. Our primary Direct Service Providers (DSPs), provide firsthand service based on guidance from physicians, state Board Certified Behavior Analysts, and Behavior Coordinators. In order for a DSP to handle these mental health issues consistently they must be long tenured employees that work with

these people to maintain their daily routines. The funding for services which include mental health outcomes for people is a need across all of North Dakota. The 4 and 3 increases would allow us to maintain the current workforce that these people need to uphold daily programs that promote the physical and emotional well beings of people. We have people who are assisted with Individual Employment that because of mental health needs do not go to work and are terminated. As a provider who is helping people with mental health there is no reimbursement for working with an employer that is going to terminate a person because they do not show up to work. When the person can no longer mentally handle employment, they are terminated, and parts of Individual Employment are not funded to help them through their struggles. If a person becomes unemployed, they can utilize Day Habilitation services or Independent Living services, however their mental health services are not directly funded, and it is up to the providers to decide how to set new person-centered plans and implement behavior needs without further reimbursement. Kalix has multiple clients that go between ending employment and starting habilitation programs and these transition hours can be a struggle to be reimbursable.

We provide services as a non-profit provider with reimbursements that are both variable, 15-minute payments, and daily set rates. Our non-profit vision is people, and we put them first. My request is to continue to fund Disability Services at a rate that meets inflation. Meeting inflation allows Disability Service Providers to maintain current programs, even if that is mental health services that are not fully funded or lost revenue in Independent Habilitation. If programs do not meet inflationary expectations Service Providers will continue to review feasibility for certain programs within their operations. Community involved programs of Day Services, Independent Habilitations, and Individual Employment are noted areas of not meeting funding but as a nonprofit provider we will continue these programs regardless. Providing resources for Disability Services reimbursement depends on the state of North Dakota and its continued funding for services supported to people. I thank you Chairman Nelson and the House Appropriations Committee. I am open to any questions.

Chris Haseleu

CEO, Kalix

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In Support of HB 1012 (Veterinary Medicine Loan Repayment Program)
February 4, 2025

Chair Nelson and Members of the House Appropriations Human Resources Division,

My name is Dr. Erika Schumacher, and I serve as a director 3 of the North Dakota Veterinary Medical Association (NDVMA). Our organization proudly represents over 300 veterinarians across diverse disciplines, including companion animal, exotic, livestock, food and fiber animal, and equine medicine, as well as veterinarians in research, academia, and government. For more than a century, the NDVMA has been a steadfast advocate for the veterinary profession. We are committed to ensuring that statutory changes not only protect the interests of the public, our clients, and patients, but also recognize the practical realities of veterinary practice and support the ability of veterinarians to provide safe and effective veterinary services.

I am an owner and mixed animal veterinarian practicing at West Dakota Veterinary Clinic in Dickinson, North Dakota. I am here today to voice support on behalf of the North Dakota Veterinary Medical Association (NDVMA) HB 1012, specifically as it relates to the Veterinary Medicine Loan Repayment Program (VMLRP).

My professional career has been shaped by two incredible programs: the Professional Student Exchange Program (PSEP) and the Veterinary Medicine Loan Repayment Program (VMLRP). These programs helped me overcome significant obstacles in my journey, and I am here today to share my story with you—one that is proof of the far-reaching impact these programs can have, not just on individual careers, but on rural communities like mine.

I am a GED graduate who never attended traditional K-12 schooling. My journey into veterinary medicine was far from conventional. When I was accepted into veterinary school, I was also a mother to a 2-year-old child. Balancing the demands of motherhood with the rigorous coursework of veterinary school was no small feat. Yet, thanks to the PSEP program, attending veterinary school became a reasonable career option while raising my family. The PSEP financial support that covered the out-of state portion of the tuition costs made it possible for me to attend veterinary school and begin building the career that would eventually allow me to give back to the community I serve.

Upon completing my education, I returned to a rural North Dakota community, where I was able to begin practicing immediately. It was VMLRP's loan repayment assistance that made it financially feasible for me to commit to working in a rural area, where access to veterinary care for food animals is often limited. Veterinarians that are considering working in these areas are having to balance the financial impacts of an average debt of $ 179,505 at time of graduation and are earning an average starting salary of $90,000.

I am proud to say that I'm still in the same practice I started in right out of veterinary school, and in less than 10 years, I have become an owner in an all-women-owned veterinary practice. In fact, I'm evidence of

the VMLRP success in recruiting large animal veterinarians and retaining them; this program has an overall retention rate of 79% after fulfilling the contract. In addition, this program has facilitated the buy-in to a practice or starting of a practice with nearly 43% of those completing their contract becoming practice owners in North Dakota. Through this ownership, I can support my family, provide for my community and contribute to the region's agricultural economy.

None of this would have been possible without the opportunities provided by PSEP and VMLRP. These programs didn't just help me pay down student loans—they helped me build a life, a career, and a business that benefits the entire community. They gave me the chance to return to a rural area that desperately needed veterinary care and to stay here, raise my family, and serve the people and animals who rely on us.

But the need for these programs is not just personal—it's also about the future of rural America. Our rural communities depend on dedicated professionals who are willing to serve in areas that often struggle to attract qualified individuals. The VMLRP is not just life-changing for individuals like me; they are essential to ensuring that rural communities continue to have access to the services they need to thrive.

As you consider policies and programs that affect rural North Dakota, I urge you to continue supporting the VMLRP. This program is vital in addressing the shortage of veterinarians and other essential professionals in rural and underserved areas. It helps promote economic growth through attracting and retaining veterinarians, allowing them to build careers and practices, provide for their families, and contribute to the wellbeing of rural communities that are the backbone of our state's economy.

Thank you for your time, and for your continued support of programs that make a meaningful difference in the lives of individuals and communities across our state.

I'm grateful for the opportunity to share my story with you today, and I am confident that with continued support, many more like me will be able to make a lasting impact in rural communities.

Sincerely,



Dr. Erika Schumacher
NDVMA
Director 3

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House Bill 1012
House Appropriations Committee – Human Resource Division
February 3, 2025
Representative Nelson, Chair

Chairman Nelson and Members of the House Appropriations, Human Resources Committee, my name is Missi Baranko and I am the Executive Director of USpireND, a nonprofit organization in North Dakota that serves children, families and child care providers. USpireND has two main programs, Inclusion Support ND and Healthy Families ND. Both programs receive financial support in the forms of grants and contracts administered by the Department of Health and Human Services and part of HB1012.

I am here today to testify in support of HB1012 and to share the impact it has on children, families and childcare providers.

The first program I am going to talk about is our Inclusion Support program. For your reference, Inclusion Support is one of the contracting partners with the Early Childhood Section of the Department. We are specifically tasked with providing outreach and technical assistance, in the forms of consultation and coaching, to early childhood providers caring for children with special needs and children who require additional support due to challenges related to behavioral, health or developmental needs.

We have five Inclusion Coaches dedicated to supporting early childhood providers across the entire state. In FY24, we offered coaching and consultation to 259 separate early childhood programs with over 1700 instances of support. The support provided is tailored to the unique needs of each child and provider. Our goal is to leverage our expertise in inclusive practices to ensure all children with special needs and disabilities are included in child care settings and routines, and that providers have the necessary support and resources to achieve this.

We know that being a childcare provider can be difficult and meeting the individual needs of all children while also balancing the other needs of the program can feel overwhelming. We also know that early childhood providers want the best for all children in their care.

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Child care providers often seek coaching and consultation to better support children with disabilities in their care. For example, a provider might reach out for guidance on creating an inclusive early childhood space for a child with autism. They may need strategies to help the child engage in group activities and communicate effectively with peers.

Another provider might request assistance in adapting daily routines for a child with physical disabilities. They could need advice on modifying play areas to ensure accessibility and safety, or on using adaptive equipment to support the child's participation in various activities. Additionally, a provider caring for a child with sensory processing issues might seek consultation on managing sensory sensitivity. They might need tips on creating a sensory-friendly space and incorporating sensory breaks into the daily schedule to help the child regulate their sensory input.

In each case, the Inclusion Coaches offer tailored support, drawing on their expertise to provide practical solutions and resources. This ensures that all children, regardless of their abilities, can thrive in a nurturing and inclusive child care setting.

Inclusion Coaches also provide coaching and consultation to early childhood providers in applying for and receiving the Inclusive Care Support Grant, which is administered by the Department. This grant is designed to provide financial support to licensed or self-declared early childhood programs in creating and maintaining inclusive environments that support children with disabilities or developmental delays to learn, grow, play and develop alongside their peers. This funding has had a huge impact on providers' ability to care for and continue caring for children with unique needs. We have seen programs use this funding to add staff to lower ratios so they can provide more 1x1 care for a child, completed remodeling to ensure their facility is accessible, purchased materials such as sensory equipment, specialized seating or communication devices and participated in training opportunities to gain knowledge to be able to better support children with disabilities.

On January 30, Kay Larson, Early Childhood Section Director provided you with an overview of the Early Childhood Section. I want to draw attention to page 35 of this slide deck as you will notice a decrease from $7,000,000 to $5,000,000 related to Providers Grants and Shared Services. I encourage you to consider adjusting this amount back to $7,000,000 to ensure providers continue to have access to both Inclusion Support Services and the Inclusive Care Support Grant as well as other early childhood focused grants and consultation. In addition, on slide 25, you will see information related to a one time, SIIF, funding request for Inclusion

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Support. This funding ensures we can maintain the employment of five Inclusion Coaches, which allows us to respond in a timely manner to all requests received for Inclusion Support. I also encourage you to take time to read testimonies, already uploaded, from child care providers related to their passion for this work and how funds in HB1012 will impact their day to day abilities to stay in business and care for children in our state.

At this time, I would entertain any questions related to our Inclusion Support Work and then would like to proceed with my testimony regarding our Healthy Families ND Program.

Healthy Families North Dakota is a home visiting program, and we are thrilled to announce that we are celebrating 25 years of offering free home visiting services to families across our state! Our longevity and success in this space is due to the strong partnerships we have with the Department of Health and Human Services.

Healthy Families ND currently offers home visiting services to families in ALL 53 counties across North Dakota. It is our focus to ensure we are reaching out and connecting with families, including our most rural areas, bringing services and supports to them in their home and community. Although we do not use income as a factor for eligibility, our most recent data indicates that 52% of enrolled families had an income of $20,000 or less at enrollment.

Healthy Families North Dakota (HFND) focuses on improving maternal and child health, increasing child development, school readiness & family economic self-sufficiency while also preventing family violence and child abuse and neglect. Through this work we strengthen families while creating thriving communities and saving tax payer dollars. Healthy Families ND is accredited through *Healthy Families America*, the nationally recognized, evidence-based home visiting program of Prevent Child Abuse America. Using a two-generation approach, home visiting through HFND assists parents in developing the skills and confidence to raise healthy children and increases family well-being by preventing adversity and building resilience during the most critical years.

HFND is always free & voluntary, with services beginning at a variety of times, focusing on the first three years of a child's life. By using a two-gen approach, HFND builds well-being by intentionally and simultaneously working with children and adults in their lives. This approach aligns opportunities to optimize each person's potential. The results are healthy parents with

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family-supporting jobs, healthy children meeting developmental milestones, and better-connected individuals able to participate in civic and family life.

Due to partnerships with the Department, specifically Title IV-E Prevention Services under the Children and Family Services, A2A (Alternatives to Abortion) under Public Health, Women's Health Services and Opioid Settlement Funding under the Behavioral Health Division, we were able to complete over 4000 visits with families across the state in FY24.

This blended approach to funding ensures sustainability for our program and supports families with unique backgrounds, risks and needs in accessing vital home visiting supports regardless of where they may live in North Dakota.

Healthy Families ND was the first program in the state to partner with the Department to access Title IV-E Prevention services. Healthy Families is one of the programs rated as "Well supported" by the Evidenced Based Clearinghouse for Child Welfare which allows our program to access this funding. This means the program has been researched and proven to prevent child abuse and neglect and reduce the number of children entering child welfare and foster care, which is a cost savings to both the state and federal government.

In FY24, we provided vital home visiting services to 207 families due to Title IV-E Funding. Without this funding we would be unable to provide services to these families and would not be able to offer services statewide.

The second funding source I would like to highlight is the A2A, Alternatives to Abortion, through Public Health, Women's Health Services. A2A provides reimbursement for home visits with pregnant women and parents caring for children twelve months of age or younger. Through this work we provide prenatal, postnatal and parenting education supports to families.

The last funding source I want to mention is Opioid Settlement Funding. In December 2023, we participated in the competitive grant application process with the Behavioral Health Division to receive funds from the Opioid Settlement. Our USpireND Healthy Families ND program was one of 14 programs chosen to receive funding. This funding has allowed us to receive reimbursement for costs related to providing home visits to parents who are struggling with substance use, in recovery or incarcerated. The funding also supported reimbursement for training costs to provide professional development opportunities to all staff, specific to working with parents experiencing challenges with substance use.

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Our Healthy Families ND program has over 50 separate funding sources and funders to create a sustainable program, but without the above-mentioned partnerships and funding we would not be able to continue to provide services to all referred families in all counties in North Dakota.

Thank you for your time today, allowing me to share the impact HB1012 has on vital home visiting services in our state. I encourage you to support funding in this budget request related to Title IV-E Prevention Services, A2A and Opioid Settlement Funds.

Missi Baranko
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House Bill 1012 – Support
February 5, 2025
House Appropriations, Human Resources Division
Janelle Moos, AARP ND jmoos@aarp.org

Chairman Nelson and Members of the Committee,

My name is Janelle Moos, Associate State Director of Advocacy with AARP North Dakota. AARP is a nonpartisan, nonprofit, nationwide organization with nearly 38 million members. Approximately 82,000 of those members live in North Dakota.

We appreciate this committee's work to dig into issues important to older North Dakotans and this need will continue to grow. Today our population age 50+ is almost 230,000 or 32% and over 50% of those households are age 65 or older. Today in North Dakota over 9 counties have a mean age of over 50 and a number of others are right on their heels.

In 2023, AARP conducted a survey of 703 people over 45 in North Dakota asking them how they feel about issues such as health care, financial security, energy costs, caregiving, livable communities and more. North Dakotans provided three primary takeaways including: 1- retirement is on their minds, 2- affordable healthcare is important to them and 3-They want to remain independent and age in place (click to watch discussion). The third takeaway relates directly to programs and funding outlined in HB 1012- Aging and Adult Services Division including:

- Over half of respondents rated their communities as good or very good places to live.
- Seven in ten would prefer to receive care for themselves or a loved one at home.
- 65% are either currently providing or have provided care in the past to an adult relative or friend.
- 79% want to have services available to age in place
- 78% want to say in their home as they age
- 81% told us that getting places independently is important

Investments in Home and Community Based Services (HCBS) like those in the Aging and Adults Services will support older North Dakotans deserve to know they have options for care as they

age. Overwhelmingly they prefer to stay in their homes and communities and the budget should continue the state moving in a direction that prioritizes Home and Community Based care.

A couple of other notes related to the Aging and Adults Services portion of the DHS budget that we support:

- $500,000 in SPED program to support a “capable like” program that would be offered to people 65 and older access to a handyman and assessment by OT/PT and nurse that would go into their home when first experiencing functional decline to assess the home and make modifications.

- Home health private nurse increases and targeted rate increase for unit rate increase in order to competitive with other states—

- Strengthen HCBS -transition and diversion program—other congregate living- other people on Medicaid and need to transition out of nursing home or to a private home

- Need for one new Ombudsman and Adult Protective Services- two new FTEs

In addition, SNAP is an important program that ensures older adults and families get the nutrition needed. It is an especially important program for Americans over 50 because many face challenges to employment, live on fixed incomes, live alone, and have limited financial resources to pay for necessities like food, housing, and essential medicine. To people struggling to put food on the table, hunger is not a political issue, it is a daily reality. SNAP is a vital lifeline that feeds 23,840 North Dakota households. 35% of those recipients are either elderly or disabled. Also remember, participants generally spend their SNAP dollars locally, soon after receiving them, boosting local economies.

LIHEAP has served as a lifeline for low-income families. As you may know, AARP believe utility issues and rates are a key pocketbook issue. We have intervened in various cases in front of the North Dakota Public Service Commission on behalf of older adults and consumers and know the struggle of families to afford their utility payments. Having a safety net for families especially in our climate is not only the right thing it is the moral thing to do.

Finally, there are important investments in housing including in HB 1012 – HHS budget Eviction prevention and targeted rental assistance ($13.5M) and home modification grants for accessibility ($1M)- that will support as way to ensure older North Dakotans can continue to live in their homes and communities.

Surveys by AARP show that most Americans, including older North Dakotas, prefer to live in walkable neighborhoods that offer a mix of housing and transportation options and are close to

jobs, schools, shopping, entertainment, and green spaces. Missing Middle Housing can meet these needs. “Missing Middle Housing” describes a set of residential building types that exist in the middle of the continuum between detached single-family houses and large apartment buildings. The word “middle” as used in the term “Missing Middle Housing” principally refers to the midsized housing types that exist between single family homes and large (often high-rise) apartment or condominium buildings. However, “middle” also relates to the home type’s level of affordability, given that this home type uses land more efficiently, designs small yet spacious residences, employs lower-cost-but-still-quality construction methods and reduces the reliance on automobile owners.

With a growing aging population, construction of a variety of housing options will become more important. Currently, we have thousands of older adults who are “house rich but cash poor.” Some would like to sell their home and buy something more affordable or accessible in their community, but in most cases, that type of housing does not exist.

Thank you for your work on this important budget that provides the resources and support that allows so many North Dakotans to live and age in their homes and communities.

House Appropriations - Human Resources Division
HB 1012
February 5th, 2025

My name is Kirsten Dvorak, Executive Director of The Arc of North Dakota, an organization dedicated to promoting and protecting the human rights of individuals with intellectual and developmental disabilities (IDD). For 65 years, we have advocated for inclusive services that empower individuals with disabilities to lead meaningful, independent lives in their communities.

In 1980, The Arc of North Dakota and four courageous families took a stand against the horrific conditions at state-run facilities, notably San Haven and Grafton State School, now called the Life Skills and Transition Center (LSTC). These institutions faced issues of overcrowding, neglect, and abuse, trapping individuals with disabilities in unsafe, unsanitary environments without adequate medical care or educational opportunities. Reports documented the use of physical restraints due to inadequate staffing and resources, illustrating a grim picture of widespread mistreatment.

The 16-year legal battle that followed exposed these injustices and led to critical reforms, ensuring that individuals with disabilities were no longer warehoused in inhumane conditions or stripped of their basic rights. While significant progress has been made, the history of these institutions is a stark reminder of why continued investment in community-based services is essential. Without proper funding and oversight, we risk regressing into outdated practices that isolate and fail individuals with disabilities. We must remain vigilant in protecting their right to live with dignity and full participation in their communities.

We appreciate the remarkable turnout at Disability Awareness Day. However, while raising awareness is important, it must be paired with concrete action. Individuals with exceptional needs—including those who require personalized support, crisis intervention, and ongoing assistance—cannot thrive on awareness alone. They need dedicated staff, comprehensive services, and sufficient funding to succeed within the community.

According to the latest U.S. Census data, approximately 12% of North Dakotans have a disability, highlighting the urgent need for strong support systems. Data from the Department of Health and Human Services shows an increasing demand for developmental disability (DD) services. As of 2024, more than 8,400 children and adults are receiving case management services, and this demand continues to rise. Without adequate staffing, individuals with disabilities risk losing their ability to live independently, work in their communities, and engage in meaningful activities.

It is particularly concerning that involuntary discharges due to "inability to meet needs" continue. Between July and December 2024, nine individuals were involuntarily discharged, some due to behavioral or medical challenges and others because of staffing shortages. These are real people—our neighbors, friends, and family members—who found themselves without the services they rely on simply because there wasn't enough staff to support them.
A critical approach to addressing this crisis involves securing adequate funding. The executive budget request outlines a 1.5% inflationary increase for providers; however, this is inadequate. Direct Support Professionals (DSPs) form the foundation of community-based services, facilitating individuals with disabilities in leading fulfilling and independent lives. Their wages must remain competitive to attract and retain a proficient workforce. Without substantial investment in provider rates, we risk increased staff shortages, involuntary discharges, and the deterioration of essential services.

We fully support the proposal for $9 million to expand the Autism Waiver. This funding is essential for delivering timely and appropriate services to children and adults with autism, reducing long waitlists, and improving access to necessary therapies and support programs, such as ABA.

We support the state's commitment to the Cross-Disability Waiver, which ensures individuals with diverse disabilities receive the services they need. Last week, we testified in strong support of the $5 million request to hire experts and refine the level of care framework. This funding is crucial to creating an accurate, equitable system that fairly assesses individuals' needs and provides them with appropriate support.

The Arc of North Dakota is encouraged by the recent decrease in population at LSTC, reflecting progress toward community-based care and independent living. However, we remain deeply concerned about the continued placement of youth at LSTC. Institutional settings are not appropriate for young individuals with disabilities, particularly those with a dual diagnosis who require specialized, community-based support. Sustainable funding solutions must be found to expand community services, ensuring that no child is forced into an institution due to a lack of appropriate resources.

Vocational Rehabilitation (VR) services are essential for helping individuals with disabilities achieve employment and independence. These services provide job training, skill development, and workplace accommodations, enabling individuals to contribute actively to the workforce.
A major concern is the implementation of Order of Selection, a federally mandated process that limits services when funding is insufficient. If enacted in North Dakota, this would create a system where only those with the most severe disabilities receive immediate assistance. In contrast, others are placed on a waiting list with no clear timeline for support. We strongly oppose implementing Order of Selection and urge full funding for VR services to ensure all eligible individuals receive timely support.

The State Hospital has long played a vital role in providing services for individuals with developmental disabilities and mental health needs. Developing a new State Hospital presents a crucial opportunity to modernize care, enhance accessibility, and ensure comprehensive, person-centered support. We strongly support the establishment of this new facility and urge the state to prioritize funding that sustains and expands access to these essential services.

I respectfully urge this committee to recognize the long-term benefits of investing in Home and Community-Based Services (HCBS) and provider rates. As demographic trends indicate, an aging population coupled with increasing disability rates will significantly amplify the demand for services. Proactive investment in community-based care is not only necessary but also cost-effective. Supporting individuals in community settings is far less expensive than institutional care and helps prevent costly crisis interventions and unnecessary institutional placements. This funding is not merely a financial consideration but a commitment to upholding the dignity, independence, and well-being of individuals with disabilities. By prioritizing these essential investments, we can establish a sustainable system that ensures individuals with disabilities have access to the care and support they need to thrive in their communities.

Kirsten Dvorak
Executive Director
The Arc of North Dakota
701-222-1854

I have included a link to *Abolition of Shame*, a documenty by The Arc of Upper Valley that details the lawsuit: https://youtu.be/LBMBx6UFyC0?si=HsYqlZ8D5Jth-TZb

The language used to describe individuals with disabilities has evolved significantly. Some once-common terms are now considered offensive and dehumanizing. While specific historical terms are referenced in this program due to their relevance to the lawsuit, The Arc does not use or condone any derogatory language. This includes the R-word, which was previously part of The Arc's name but has since been removed to reflect a commitment to respect and dignity. Moving forward, The Arc should always be referenced as The Arc, not as an acronym (ARC or The ARC). It is a name that signifies advocacy and inclusion, and it should be recognized as such in all contexts.

ITP
Integrated Telehealth Partners

Chairman Nelson and Members of the House Appropriation Committee.

I am Doug Wilson, the President of Integrated Telehealth Partners. We provide telebehavioral health services throughout North Dakota. We provide 24/7 Crisis Services in two hospital emergency departments, Park River and Northwood, and we are in contract discussions with several others. We provide outpatient telepsychiatry and telethearpy in 10 communities Bowman, Crosby, Dickinson, Garrison, Grafton, Lisbon, Northwood, Park River, Stanley, and we are onboarding services in Williston.

In October 2023, Integrated Telehealth Partners entered into an agreement with the North Dakota Department of Health and Human Services to provide behavioral healthcare in the county jails, thanks to many of the representatives here today and this committee. We appreciate the opportunity to provide such valuable services in supporting the Sheriffs, Jailers, Corrections Staff, and most importantly those struggling with behavioral health conditions.

After signing the agreement with HHS, we estimated it would take 18 months to get buy-in and onboard every county jail. After making several onsite visits to each jail across the state and tremendous support from Pam Sagness, Shauna Eberhardt, each of the Resource Centers, and several HHS staff we were able to onboard all 18 jails in just 8 months. We are serving more than 150 inmates a month and feel there is an opportunity to help even more. We continue to have ongoing dialogue and periodical visits with each jail, the Resource Centers, and HHS. Next Thursday, I personally will be in Fargo meeting with the Southeast Resource Center and Cass County Jail to discuss how we can help streamline to the commitment process.

This year we are working to help jails with their suicide risk assessment processes. We understand some jails have effective evidence-based screening processes in place which we don't want to disrupt. However, several jails have come to us raising their hands and asking for assistance because they don't feel qualified to determine who should be on suicide watch and who is safe to come off suicide watch. We have collected materials to provide jail staff and are developing training videos to help train staff on evidence-based process. In addition, we are working to make substance use providers available to the jails since we are seeing a growing prevalence of substance use disorders among inmates.

We feel good about the rollout of our services to the jails, and I think you will agree in saying that it's been a success after hearing the letters of support that we've received.

2/4/2025

Honorable members of the legislature,

I want to highlight the critical role of telepsychiatry services in our jails, particularly in a state like North Dakota, where there is a notable shortage of healthcare providers in rural North Dakota, especially in specialties such as psychiatry care. Telepsychiatry has emerged as a transformative solution, bridging the gap between incarcerated individuals and the mental health care they desperately need.

Across our state, approximately 75% of inmates struggle with substance use disorders, often coupled with serious mental illnesses. The prevalence of these conditions in our jails is three to six times higher than in the general population. Without proper intervention, these individuals tend to remain incarcerated longer and face a greater risk of recidivism upon release. If we fail to provide essential mental health support, we will only perpetuate a cycle of incarceration and missed opportunities for rehabilitation.

Despite the dedicated efforts of our counties, the challenges remain daunting. Historically, 75% of inmates with serious mental illnesses will go untreated or await sentencing or will be released back into the community without care. Telepsychiatry services have provided a vital lifeline, ensuring that individuals receive necessary treatment, even in the most remote corners of our state. However, the demand for these services far exceeds the available resources, with provider shortages and increasing mental health needs compounding the issue.

The importance of telepsychiatry cannot be overstated. Without it, large numbers of individuals with mental illnesses will continue to cycle through our criminal justice system, leading to tragic outcomes and missed opportunities to improve both lives and public safety. It is our duty to expand and strengthen these services, ensuring that every inmate with a mental health condition has access to the care they need. Doing so can reduce recidivism, ease the burden on our small county correctional facilities, and create a safer and healthier future for our communities.

I urge you to fund and expand telepsychiatry services in our state's jails. This will help break the cycle and provide a path toward recovery and reintegration for those who need it most.

Bob Werlinger
Administrator, McKenzie County Jail
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rwerlinger@co.mckenzie.nd.us

2/4/2025

Mountrail County Correctional Center was part of a working group that included jail Administrators and Executive Director Sagness in partnership with ITP Telepsychiatry to implement Telepsychiatry in ND Jails that was funded through the biennium. Telepsychiatry has become a widely acceptable method for delivering psychiatric care. Studies have shown its effectiveness is equal to in-person psychiatric visits. ITP is providing an alternative to transporting inmates for psychiatric care and has the potential to decrease inmate waiting time to receive care. ND Department of Health and Human Services, Behavioral Health Division (BHD), partnering with Integrated Telehealth Partners (ITP) began to offer our facility services in December of 2023.

ITP has provided psychiatric evaluations and medication management for inmates using telehealth technology. HHS paid ITP's administrative costs and provider costs associated with this service allowing it to be available to incarcerated individuals.

Jail staff, administrative staff and medical staff received training to establish an efficient process to exchange inmate medical records and deliver medication prescriptions to our local pharmacy. Mountrail County Correctional Center provided the hardware for web conferencing (typically a computer & webcam or Ipad) and a high-speed internet connection. ITP supplied the software needed.

Mountrail County Correctional Center found the following benefits just to name a few.

- Not limited to the services of the nearest mental health treatment center
- Safety and security of Doctor's and inmates by eliminating direct contact
- Improved access to mental health specialty care, especially in rural areas.
- Behavioral health care for better outcomes.
- Safe and secure environment for video calls.
- Increased access to specialists.
- Reduced costs; the Correctional Center paid for medications prescribed only
  Eliminates transport times and costs to and from out of town providers
- Time optimization for staff
- Increased patient satisfaction; as most incarcerated individuals have never received mental health care prior to incarceration and those who did were unable to maintain that care for a variety of reasons.
- Ease of making appointments and follow-up appointments
- Continuity of care to quality providers upon release as our local medical center contracts with ITP as well

Overall, having ITP available to Mountrail County inmates has been a valuable addition to the services offered in the Correctional Center. ITP has given the Correctional Center the ability to

provide Inmates with timely services to mental health care with qualified medical professionals without a long wait time. Which has been immensely beneficial for the Inmates utilizing the service as they are able to address their mental health concerns, receive a diagnosis and treatment, including medication management, faster than the nearby providers and treatment centers are able to accommodate. This in turn provides a safer environment not only for Correctional Center staff but for the other Inmates housed within the facility.

Laurie Johnson, Administrator

Mountrail County Correctional Center

PO Box 155

Stanley, ND 58784

701-628-8900 Ext. 8501

701-628-5245 -Fax

2/4/2025

Dear Members of the Legislature,

I am writing on behalf of the Lake Region Correctional Facility in Devils Lake to express my strong support for increased funding for telepsychiatry services for county jails.

As you are well aware, our state is facing a critical shortage of behavioral health services. This shortage is further exacerbated by the challenges faced by incarcerated individuals, where access to treatment is often limited to the basic needs of safety, rather than comprehensive care. It is time to move beyond outdated practices and embrace a progressive approach that provides incarcerated individuals with the mental health services they need to foster rehabilitation and reduce the risk factors associated with recidivism.

Since February 2024, our facility has successfully utilized telepsychiatry services, specifically ITP, allowing inmates to receive timely and professional mental health support. These providers bring both empathy and expertise, offering education and treatment that many of our inmates have never previously had access to. Through these services, we have seen firsthand how telepsychiatry has provided a sense of hope and demonstrated that change is possible when individuals are given the proper support.

I urge you to consider expanding funding for telepsychiatry services so that incarcerated individuals across our state can continue to connect with healthcare professionals and receive the mental health care they urgently need and deserve.
Thank you for your attention to this critical matter.

Thank you,
Victoria Church
Behavioral Health Case Manager
Lake Region Law Enforcement Center
vchurch@lrlec.org
701-662-0745

My name is Joelle Schmuck, and I have been a public health nurse at Walsh County Health District as well as a correctional nurse at Walsh County Jail since 2021. Since implementing Integrated Telehealth Partners (ITP) in the spring of 2023, our jail has experienced a profound shift in psychiatric care access and outcomes. Before ITP, our inmates faced significant barriers to receiving timely and specialized mental health medication management. Transporting them to outside clinics was not only costly and logistically challenging but also delayed necessary care, often leaving primary care providers struggling to manage complex psychiatric cases beyond their expertise.

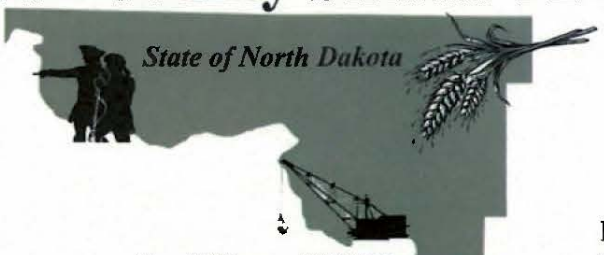
ITP made it possible to have direct access to psychiatric specialists through telehealth. Our inmates now receive prompt, high-quality medication management which ultimately leads to better treatment outcomes and a more dignified healthcare experience. Instead of enduring long waits or facing the added stigma of attending appointments in restraints and a jail uniform, they can now receive care in a setting that respects their privacy and dignity. Appointments are readily available, scheduling is seamless, and ITP's providers are professional, responsive, and committed to collaboration.

This partnership has saved our jail invaluable time and resources while significantly improving the mental health and well-being of our inmate population. ITP's services have been vital to the success of many inmates after release. I am incredibly grateful for the impact they have made, not only in Walsh County jail but across the entire state.

Sincerely,

Joelle Schmuck, BSN, RN

McLean County Sheriff's Dept.



P.O. Box 1108
709 6th Ave.
Washburn, ND 58557

Sheriff Jerry "JR" Kerzmann
Our Family Protecting Yours!

Phone: (701) 462-8103
Fax: (701) 462-3780

Dear Members of the Legislature,

I am writing on behalf of a small county jail that has been utilizing ITP resources over the past year. These services have truly been a game changer in how we approach and manage mental health issues within our facility.

Before this program, it was a constant struggle to access the appropriate mental health resources. However, the ease of access provided by ITP has significantly alleviated this challenge. As an administrator, the support we've received has helped not only reduce my frustrations but also directly improved the well-being of the individuals in our care.

In the course of the last year, I've witnessed firsthand the impact of these services—particularly in situations where individuals have previously exhibited violent or disruptive behavior, both verbal and physical. Once these individuals were connected with the mental health resources offered through ITP, I've seen a complete shift. They've been able to reach out for help, receive proper psychiatric care, including medication, and benefit from ongoing aftercare support.

The positive feedback from both staff and residents has been overwhelmingly supportive. The reduction in incidents, as well as the improvement in overall well-being, would not have been possible without these critical resources. I wholeheartedly support the continuation and expansion of ITP services, as they have proven to be invaluable to the safety and mental health of everyone in our facility.

Thank you for your time and consideration.

Sincerely,
C. Howe
Captain
Mclean County Sheriff's Office/Jail

In closing, I want to thank you Chairman Nelson and Members of the Committee for giving us the opportunity to provide care in your jails. I have genuinely enjoyed traveling across the state meeting with the Sheriff Departments and discussing ways for us to make behavioral healthcare more accessible. I am asking for your continued support for the services we are providing to we can continue to expand the number of individuals we serve and provide the care that so many need.

Thank you

Doug Wilson
President, Telehealth Services
P: (855) 270-3625
M: 515-979-5460
E: doug.wilson@integratedtelehealth.com
www.integratedtelehealth.com

Testimony

House Bill 1012 – Department of Human Services and Health

Aging Services Budget

House Appropriations – Human Resources Division

February 5, 2025

Chairman Nelson and members of the committee, my name is Roger Reich. I am the executive director of Minot Commission on Aging providing services for senior citizens in the seven counties in North Central North Dakota. I am also a member of the North Dakota Senior Services Providers, an association of agencies that provide federal Older American Act Services to the senior population of this state.

Attached to my testimony is a copy of a Feeding Grandma 2025. This is our seventh in a series that we have provided during the legislative session. Each session we have updated it to provide the most current and in-depth data on senior hunger, how our program helps prevent this from happening in North Dakota and why it is one of the most cost-effective methods for keeping seniors in their homes.

The basic premise behind this handout is that providing a stable source of healthy, nutrient dense meals is a key factor in successful aging. In addition, because this service is very cost effective – the cost of providing senior meals for a year equals the cost of two days in the hospital or ten days in a nursing home – it makes good fiscal sense for our state and for the people we serve.

However, the Senior Nutrition Program is so much more than just a meal. At senior centers, it is a chance for our seniors to engage and socialize with other people. In addition, our "Meals on Wheels" programs provide meals to our community's most vulnerable seniors, those that are unable to leave their homes. Home delivered meals also provide our homebound seniors with a daily wellness check. Many times, this might be the only human contact the person may have throughout their day. This happens every day in our most rural communities and in our largest cities.

In the state of North Dakota, the total population of adults age 60+ is 176,929 (22.9%).

- 9% or 14,631 live below the poverty line
- Seniors age 65+ who lack income to pay for basic living needs
    - Singles: 44.0% and Couples: 21.4%
- 27.9% or 45,932 live alone
- ND state ranking for risk of social isolation at 65+: 17th in the U.S.

Meals save ND Medicaid money. In FFY 23, 212 of the 11,986 home delivered meals clients were nursing home eligible with 3+ ADL (Activities of Daily Living) limitations and were Medicaid eligible. Keeping these people in their homes with meals and services saves the state over $31.18 million annually.

Across the state the average program income (the part participants contribute) has decreased from a high of $2.51/meal in 2012 to $2.30/meal in 2023. More participants are finding it hard to make ends meet and these meals are a place where they can cut expenses, freeing up money to be used for other things like rent and medications.

A BIG thank you is owed to the state. Over the past few sessions, our senior meal programs have had great support from legislators in adding state dollars to the Aging Services budget to work toward our Associations goal – to have enough combined Federal Title III and State Funds so that ALL senior meals provided by Title III agencies receive the unit rate of reimbursement of $7.62 for congregate and $8.89 for home delivered meals. This rate is not intended to cover the full cost of the meal. The total cost, estimated to be $12.98 in 2024, is about a 14% increase from 2021, and is covered with participants' program income contributions, required local match, Nutrition Services Incentive Program (NSIP) dollars and additional funds raised locally. We would like the funding that Aging Services has cut from the budget ($521,499) to be added back in and we hope that the committee will look at cost of living increases for all of the DHHS agencies as costs continue to increase.

Thank you for your time. I am happy to answer and questions you might have.

Statistics reference: Meals on Wheels America February 2024

Feeding Grandma 2025



We are ND Senior Service Providers, serving older adults across the entire state. **THANK YOU to the ND Legislature for working collaboratively in a proactive way so that essential services, such as senior meals can continue to serve a growing, aging population.**

19,059 ND seniors ate 1,418,902 meals FFY 23!

- 10,439 people ate 375,467 Congregate meals which are served in a social, group setting
- 11,986 people ate 1,043,435 Home Delivered meals which are served to homebound seniors through programs like Meals on Wheels and Home Delivered Meals. This category also includes grab-n-go, take-out and drive-thru meal pick-up.

Senior meals are cost effective!

Senior meals are a cost-effective way to promote good health so that older adults can remain healthy and independent.
*Meals on Wheels America



Meals save ND Medicaid Money!

In FFY 23, 212 of the 11,986 home-delivered meal clients scored with 3+ ADL (Activities of Daily Living) limitations AND were Medicaid eligible. With the average cost of a ND nursing home at $403/day*, this **saves the state over $31.18 million in Medicaid funding annually**. *ND Medicaid LTC Services as of 1/1/2024.

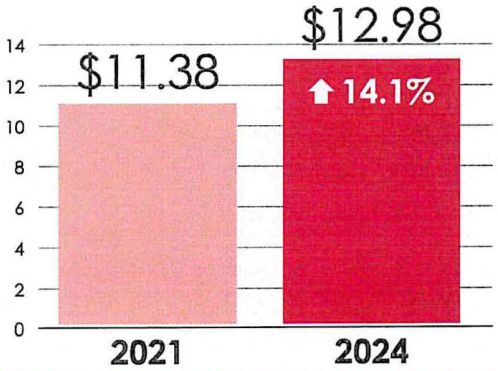
How much does it cost?

The full cost of a senior meal is $12.98. Funding sources are:

- 38.2% Federal (Older Americans Act and NSIP (Nutrition Services Incentive Program)
- 17.8% State
- 17.7% Suggested contribution from clients
- 26.3% Local Providers required match and additional funding

The cost to produce a meal continues to increase with food, supplies and labor costs increasing 14.1% from 2021-June 2024. (See graph to the right.)

****We request the Department of Health and Human Services Cost of Living increases be included in the budget and that the $520,000 reduction in funding in the Governor's Budget be reinstated.****



Written by Colette Iseminger, MD, RD, LRD of the Grand Forks Senior Center for North Dakota Senior Service Providers, 620 4th Ave South, Grand Forks, ND 58201
Contact APT-Brian Barrett | 701-471-5104 | brian@aptnd.com for more information.

January 30th, 2025

To Whom It May Concern:

I am writing to you as a consumer that has/is using the North Dakota Transition and Diversion Pilot Project (formerly ADRL) with Options Center for Independent Living.

When I started I was in desperate need of moving out of my apartment into an apartment that didn't have steps at the entrance. I need a first-floor apartment with no stairs.

Because of the assistance the Center for Independent Living my life has changed in the following ways: I moved out of my last apartment that had a lot of stairs at the door. My Transition Coordinator helped buy me blankets, pillows, stuff for my kitchen. The grant assisted me with deposit to include first month's rent.

Consumers would like to receive services in their home rather than an institutional setting and the North Dakota Transition and Diversion Pilot Project can assist with that. Please support HB 1012 for continued funding for NDTDPP and allow consumers to live independently.

Sincerely,

Joseph Restemayer

January 30th, 2025

To Whom It May Concern:

I am writing to you as a consumer that has/is using the North Dakota Transition and Diversion Pilot Project (formerly ADRL) with Options Center for Independent Living.

When I started I was in desperate need of a job and a new apartment. NDTDP helped me with my deposit to include first month's rent. The grant helped me get on my feet when I moved to Grand Forks so I wasn't alone.

Because of the assistance the Center for Independent Living my life has changed in the following ways: I was living in a Transitional Living Home in Jamestown but I like to be on my own. I am able to take care of my medications. I have a job at Dairy Queen, which I like a lot. The grant helped me pay for pots and pans and everything I need for cooking. I am warm during the winter when it is cold so the included heat is helpful. The air conditioner is included too. I like where I live because it is close to my job.

Consumers would like to receive services in their home rather than an institutional setting and the North Dakota Transition and Diversion Pilot Project can assist with that. Please support HB 1012 for continued funding for NDTDPP and allow consumers to live independently.

Sincerely,

Seleen Pankratz

January 30th, 2025

To Whom It May Concern:

I am writing to you as a consumer that has/is using the North Dakota Transition and Diversion Pilot Project (formerly ADRL) with Options Center for Independent Living.

When I started I was in desperate need of a phone, furniture, dishes, and everything you need to get set up in an apartment. All I had was a tv, bed, and chair. My Transition Coordinator was able to get me a couch, kitchen table and chairs, dishes, and pots and pans. NDTDPP was able to pay for my deposit to include first month's rent to get me set up at home. Things are going really good.

Because of the assistance the Center for Independent Living my life has changed in the following ways: I am almost totally independent now. I have people that come into my apartment that help me with my dishes and vacuuming. I can't see the floor very well because I am blind. I was in a basic care facility and I did not like people coming into my room and bugging me. I get to keep my own schedule, can have guests, and pretty much do whatever I want. My Transition Coordinator also got me motorized scooter so that I can go to the grocery store and run errands. I also have a friend that helps me with my grocery shopping.

Consumers would like to receive services in their home rather than an institutional setting and the North Dakota Transition and Diversion Pilot Project can assist with that. Please support HB 1012 for continued funding for NDTDPP and allow consumers to live independently.

Sincerely,

Leslie Hilliard

February 4th, 2025

To Whom It May Concern:

I am writing to you as a consumer that has/is using the North Dakota Transition and Diversion Pilot Project (formerly ADRL) with Options Center for Independent Living.

When starting the grant, I was learning how to navigate my life with my new amputation. I had close friends build a ramp with wood planks for me to get into my home and a lift to get out of bed made out of rope. Although I appreciated this it was not safe. My transition coordinator and team were able to assist me in getting a ramp and lifts for my home. My whole life has been changed by being able to get up and move around in and out of the house. I am able to have my caregiver assist me with the lift in my restroom to take a bath. It's the things you do every day that you don't realize how much they are affected with a new disability.

After a few months I found out that I would be needing a second leg amputation. Although this was new I knew I still had the assistance of my transition coordinator to help navigate this change. My transition coordinator was able to get me a lift chair so I could sit in the living room with my wife as I used to. I was given a wheel chair cushion to be comfortable outside my bed. Additionally, I was supplied with many cleaning supplies so my caregiver can keep my environment clean.

Because of my involvement in the grant and my transition coordinator I am able to stay independent at home. Without the help from my transition coordinator I would be in a facility and not be able to be around my family which is most important to me.

Consumers would like to receive services in their home rather than an institutional setting and the North Dakota Transition and Diversion Pilot Project can assist with that. Please support HB 1012 for continued funding for NDTDPP and allow consumers to live independently.

Sincerely,

Darryl LaPorte

House Bill 1012 – Department of Health and Human Services Budget House Appropriations – Human Resources Division February 5, 2025

My name is Brenda Schmid. I live in Fargo in District 46 along with my husband and daughter.

We have a beautiful daughter who is 27 years old who has significant physical and intellectual disabilities along with complex medical needs. She relies 100% on others to live (nursing home level of care) She lives at home with us and will do so as long as we are on this earth together. For 27 years I have been her primary caregiver, and my husband (of 32 years) has taken the role of sole financial provider. I have attempted to work outside of the home many times over the past 27 years, only to have to resign as our daughter needs me. My husband travels for his work (same company for 33 years) he needs me to take care of our daughter and our home so he can do his job and focus on it to ensure financial support for our family.

The DD waiver is a lifeline to our daughter and our family. The DD waiver enables her to live in her own accessible home (with us) and have access to her community (has her own accessible van) where she volunteers, spends time with her friends, participates in many recreational and leisure activities. She has a beautiful, inclusive life that is meaningful, purposeful and dignified. Her medical needs and day-to-day care are carried out with quality and dignity in her own home.

Through the DD Waiver we participate in the Self-Directed option for in-home support staff and respite staff. Our daughter requires 1:1 care. Due to the caregiving/workforce shortage, providers simply do not have the staff to support her 1:1. Therefore, we elected to participate in Self-Directed where I recruit, hire, train, manage schedules and time sheets. We have 2 caregivers who help support her.

Her caregivers help me shower her, transfer her, provide me with a second set of hands to care for her. In addition, her caregivers provide companionship and help her access her community and do things she wants to do that are meaningful and purposeful to her and prevent her from being isolated.

Another essential piece of the DD waiver are the funds available as the last pay source for durable medical equipment she needs in her home (shower chair, adjustable bed frame that adjusts to help prevent reflux and pressure sores, iv poles and feeding pump, suction machine, standing frame, hoyer lift).

The essential funds that are available to be used for modification of a vehicle (van with a ramp or lift for wheelchairs). Funds to make modifications to the home for accessibility (roll in showers, ramps to access the home, lifts to navigate stairs, etc.)

We are asking that all our programs be fully funded. We are also asking for an inflationary increase of 4% and 3%.

As I write this testimony it helps me reflect on the last 27 years of our daughter's life and how far we have come as a state supporting individuals with DD and their families. In 27 years, I have never been this fearful of losing supports and services for our daughter. I am a firm

believer of not living in the past but we do learn from history. The history of disability is dark and disturbing. Individuals with disabilities are now recognized not only equals but as amazing humans who give far more than they receive and are valuable members of their communities.

Thank you for this opportunity to provide testimony to the incredible importance of the DD waiver and disability supports and services. Your time and consideration are greatly appreciated.

Brenda Schmid

Hannah's Mom

701-866-8687

Testimony in Support of HB 1012
House Appropriations – Human Resources Division

February 5th, 2025

Chairman Nelson and members of the committee,

My name is Jana Bruhschwein and I'm the Executive Director and Founder of Peace Academy which opened in 2022. We are a nonprofit preschool and childcare provider in the Fargo area and have utilized a few of the programs offered by the Department of Health and Human Services. I'm here today to testify in support of HB 1012 and the inclusion of these programs, with consideration of recommendations for improved utilization.

I'd like to share my sincere appreciation and highlight the tremendous benefits the Child Workforce Benefit program has had. We have three current staff members that are able to work with us thanks to the program and we have an additional three that will be returning to the workforce as part of our expansion. At a time when hourly salary rates for providing childcare can't keep up with the cost of having childcare this program has been huge for attracting and retaining a workforce in the childcare industry. As more people realize this program is an option, I anticipate an increase in the need for continued and additional funding to support the childcare workforce needs within Fargo and the rest of the state.

Next, I'd like to provide comments on the Start Up grants. In the fall of 2025 Peace Academy will be expanding to a new location with additional capacity to serve two classrooms of infants, max capacity of ten infants, per room and one classroom of toddlers with a maximum of fifteen children. Once licensed and open, we would then be eligible to receive funding for two of the three classrooms from the Start Up grants. It is important to know that the third classroom is ineligible for funding as the Department has capped the number of rooms per license that are eligible for funding. At a time when opening and operating a childcare facility for infants is already cost prohibitive, capping funding for the Start Up grants does not support the desperate need to increase care for this age.

Respectfully,

Jana Bruhschwein
701-261-9920
director@pafargo.com

To: House Appropriations Human Resources Division

From: Benjamin Galbreath, DVM

Subject: Commentary on **HB 1012 – Appropriations for the Veterinary Medical Loan Repayment Program (VMLRP)**

Date: 2/4/25

Members of the committee,

I am writing neither in support or opposition to funding of this program, but offering background & insight on the current true need and hopefully some useful suggestions on how to determine if funding is appropriate and then allocate the funds to areas of true need.

As one of the earliest recipients of veterinary student loan funding in 2008 I am aware of the positive impact this funding can have on an individual. However, over the past 15 years I have seen funding from both the state & federal programs diverted from areas of true need or shortage based upon very subjective criteria. When I was awarded funding there were a total of 6 veterinarians offering large animal services in the combined counties of Lamoure, Ransom, Dickey & Sargent. There are currently at least 15 veterinarians in this 4 county area now. The cattle population has also steadily declined in this region, resulting in a massive over-supply of veterinarians in this area. As a matter of fact, numerous new graduates have been lured to the area under the false notion of a need or shortage, some of whom started up their own large animal practices, only to find there is not sufficient work. Some are even seen working second jobs at emergency small animal clinics to get by. To compound matters, there have been numerous attempts to secure loan repayment funding though the federal VMLRP program based upon falsified data and statistics in this area. The ND253 VMLRP nomination, for example, contains numerous misleading and outright false statements.

Similarly, the counties to the north of my area (Barnes, Stutsman & Cass) have shown a steady and predictable decline in cattle populations, resulting in less need for large animal veterinarians. To compound declining numbers in these counties, the livestock auction market in Stutsman county utilizes veterinary services from a clinic in

Kidder county. This results in many producers using that clinic for routine work and then expecting the local county clinics to be available for emergencies. I have personally had numerous cattle producers from the Jamestown area ask if I would do their calving emergency since it is inconvenient to haul animals all the way to Kidder county. They all, however, wanted to continue to utilize the sale barn vet clinic for routine work since they come to the area weekly with extra help. This does not constitute a shortage of veterinarians. There is adequate access to veterinary care, but the producers are not fully supporting their local clinics. This is not likely a sustainable business model when cattle numbers are declining. Recruiting a subsidized veterinarian to this type of business climate will not solve the underlying problems. In fact, the ND254 VMLRP nomination fully acknowledges that there is insufficient cattle business to financially support another veterinarian.

There are obvious areas adequate veterinary access in the state of North Dakota. There are also certainly areas of true need. The problem appears to be how to apply a more objective criteria for selection of shortage areas and then funding those applicants. I have attached copies of numerous documents that are available to the public & easy to access that can be used to determine the need for veterinary services without subjective & emotional bias.

A very useful document could be the USDA Cattle & Calves inventory maps with county statistics. This can be easily Google searched and show yearly trends. It took about 10 minutes of time to put the values from the counties in my area into a spreadsheet and show the trend. As a result, it is very obvious that the 4-year trend of cattle populations in this region is declining. It is very easy for a potential applicant to say there is 160,000 cattle in this area and state that there must be a need for more vets. However, the truth is that there are more vets in Ransom, Dickey, Lamoure & Sargent counties now than any other time in the last decade, and the cattle population continues to drop steadily. It would seem difficult to defend funding this area to any citizen wondering if their tax dollars are being utilized effectively.

Another resource that has become available is the Veterinary Care Accesibility Project. https://www.accesstovetcare.org/vcas-map

This study offers tremendous insight into ACCESS to veterinary care. As you can see in the attached documents, both the ND & NIFA Loan Repayment Programs utilize access to veterinary care as a selection criteria. While this study is geared toward access to companion animal care, it can still be utilized more broadly since EVERY veterinary practice in Ransom, Dickey, Lamoure, Sargent & Richland counties advertise availability of cattle/large animal veterinary services. This study clearly outlines that, for the most part, the state of ND is blessed to have better access to veterinary care than many states in the US. Additionally, it is evident which counties or areas are truly in need of access to veterinary care. For example, Rolette & Benson counties have obvious lack of access and very low access scores, while Ransom & Sargent counties have extremely high access and corresponding scores. When researching the ND Health Profession Loan Repayment Programs, I easily found the shortage area maps for Primary Care, Mental Health & Dentistry. There were no maps for veterinary professionals. The Veterinary Care Accessibility Project seems to be a valid tool to apply the same logical approach to designating shortage areas and thus allocating funding where it is truly needed.

My final comments on this matter should be considered a mixture of fact and opinion. Cattle prices are currently at record high values. Many of the wealthiest individuals in rural communities are farmers & ranchers. If livestock producers in these communities are not willing to support veterinarians financially when revenue is historically high, then it is an indication of a deeper, fundamental problem with how a large animal veterinarian is valued by the producers. Farmers & ranchers are rarely nostalgic for sitting on a combine with no cab or mowing hay with no air conditioning. They embrace those upgrades in technology and modern convenience. They do, however, tend to cling to nostalgic attitudes toward veterinary services. This attitude often revolves around memories of not being charged for a service out of the goodness of a veterinarian's heart. While charity & kindness do have their place, it seems to be often expected and under-appreciated when it involves the veterinary profession. To utilize taxpayer funds to

incentivize practice owners to offer lower wages will perpetually enable livestock producers to expect to spend less on veterinary services. Farmers and ranchers do have access to multiple subsidies and payment programs. Additional indirect subsidies in the form of reduced cost veterinary care through reduced wages are damaging and disrespectful to our profession in the short term and long term.

The information provided herein is accurate to the best of my knowledge. The opinions I have included should be taken as my personal opinion only. I do not speak for any other individuals or groups and have not been approached to comment on this matter. This information is provided voluntarily. My commentary on this matter is for the sole purpose of offering optional tools for designating funding for veterinary loan repayment. I fully support tax dollar funding being judiciously utilized in Health Profession Loan Repayment Programs. If any information today is unclear or if you have any additional questions, please feel free to contact me via telephone or email as provided below. Thank you for your time & consideration.

Respectfully submitted,

Benjamin Galbreath, DVM

Benjamin Galbreath, DVM

Edgeley Veterinary Service

Edgeley, ND

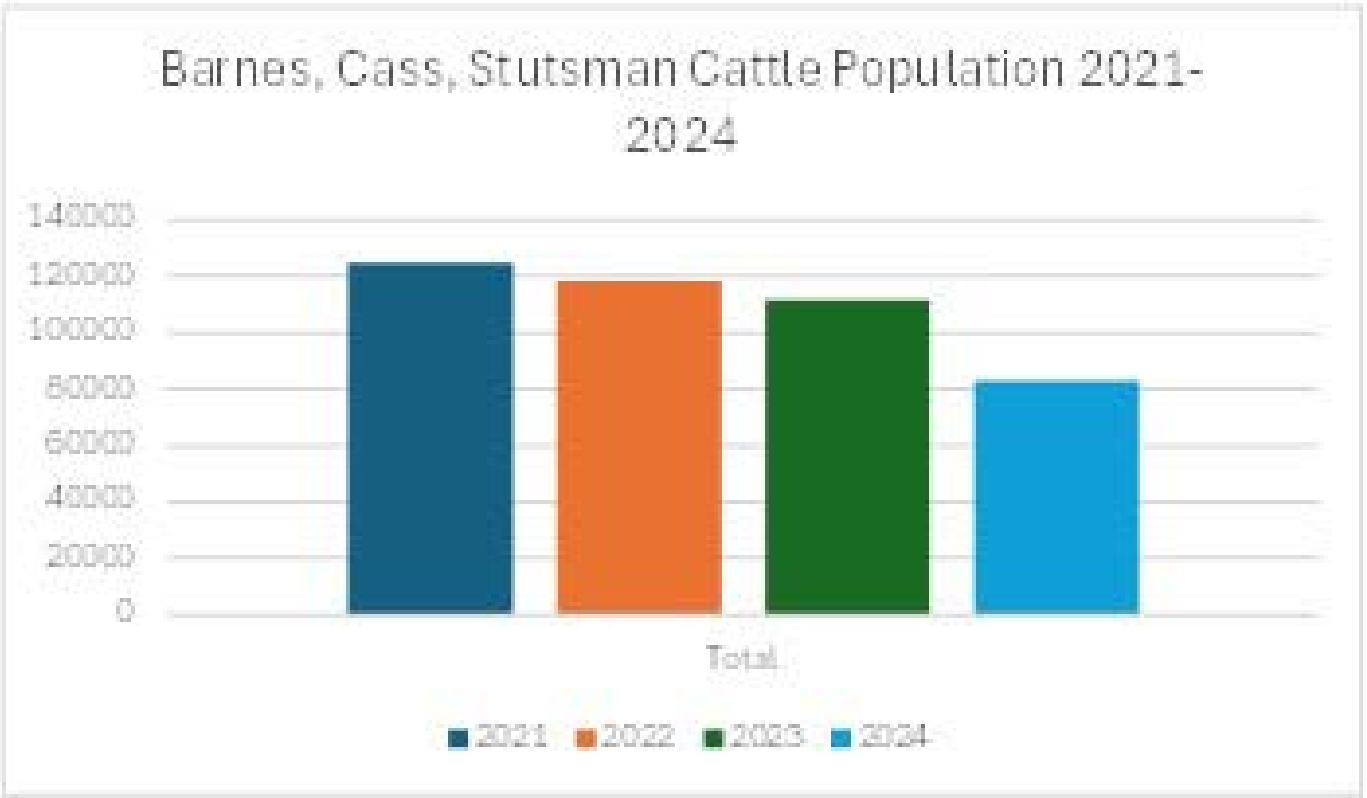
benbgalbreath@gmail.com

701-210-2496

	Barnes	Cass	Stutsman	Total
2021	36500	13500	75000	125000
2022	34500	12800	71000	118300
2023	32500	12100	67000	111600
2024	16800	6000	60000	82800

cattle per vet	11829

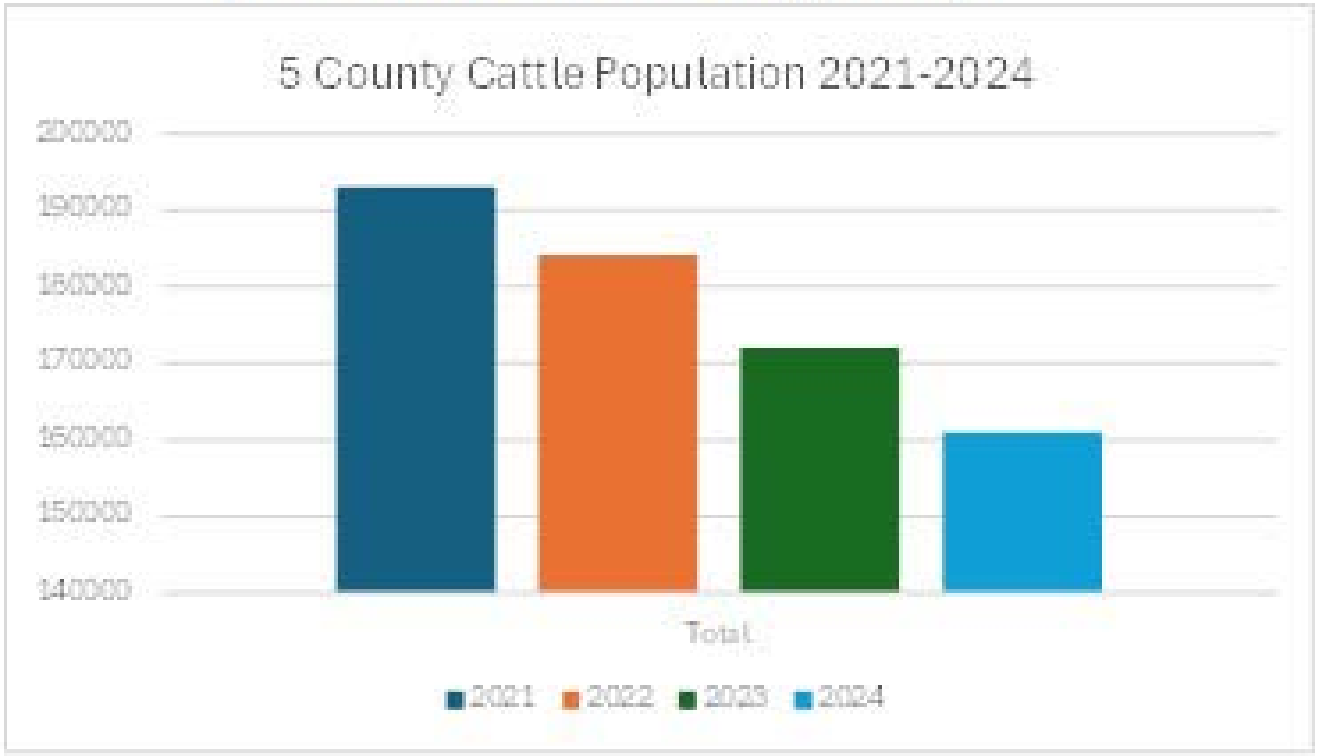
(at least 7 LA or mixed vets currently practicing)



	Lamoure	Dickey	Ransom	Sargent	Richland	Total
2021	30000	56000	47000	25000	33000	193021
2022	28500	53000	45000	24000	31500	184022
2023	27000	50000	42500	22500	30000	172000
2024	28500	40500	45500	23000	21500	161024

cattle per vet	8833

(at least 18 LA or mixed vets currently practicing)

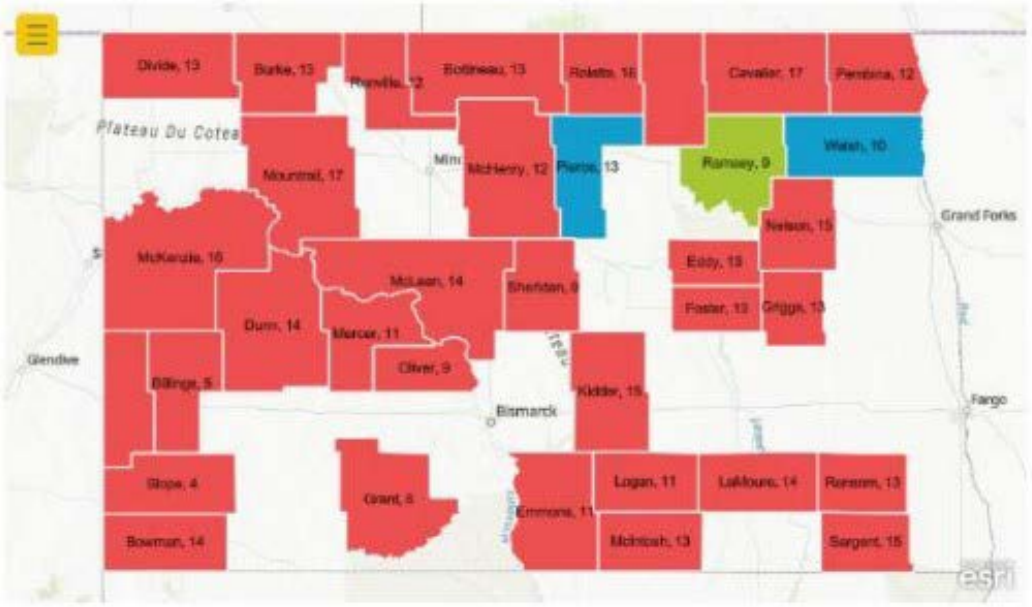


43-29.1-04. Community selection criteria.

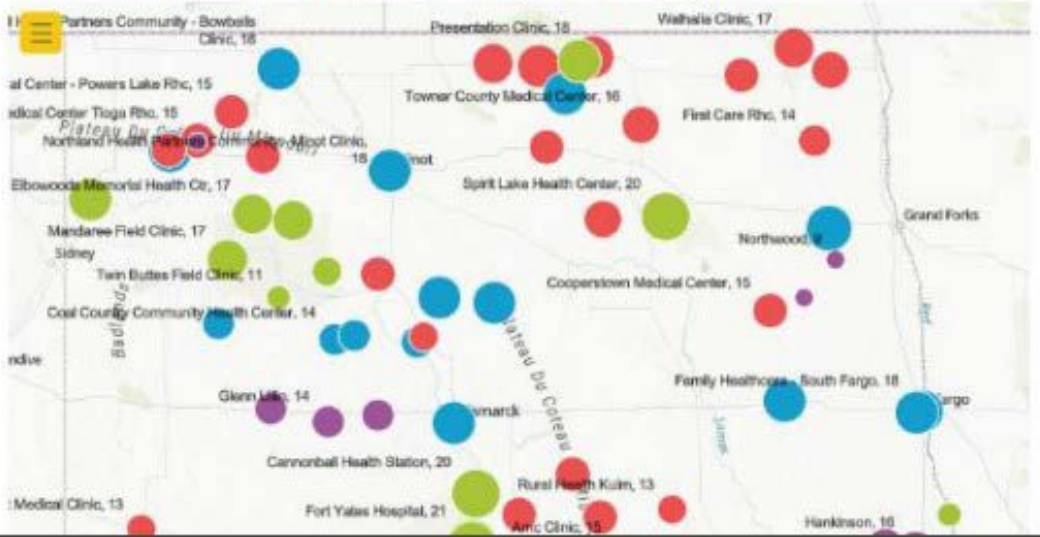
1. In selecting a community with a defined need for the services of a veterinarian, the department of health and human services shall consider:
   a. The size of the community and give priority:
      (1) First to rural communities having a population under five thousand;
      (2) Second to communities having a population between five thousand and ten thousand; and
      (3) Third to communities having a population greater than ten thousand.
   b. The number of veterinarians practicing in the community and the surrounding area.
   c. The access by residents to veterinarians practicing in the community and the surrounding area.
   d. The degree to which residents support the addition of a veterinarian within the community.
2. The department of health and human services shall give priority for participation to a community that demonstrates a need for a veterinarian.
3. In evaluating communities for participation in this program, the department of health and human services may consult with public and private entities and visit the communities.

North Dakota Primary Care HPSAs

North Dakota Primary Care HPSAs



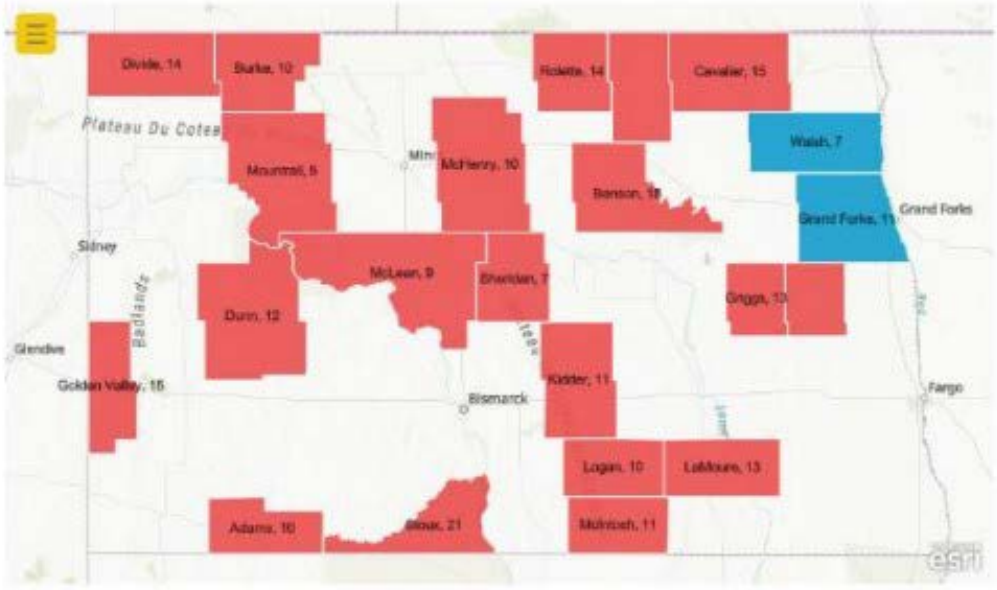
North Dakota Primary Care Facility HPSAs



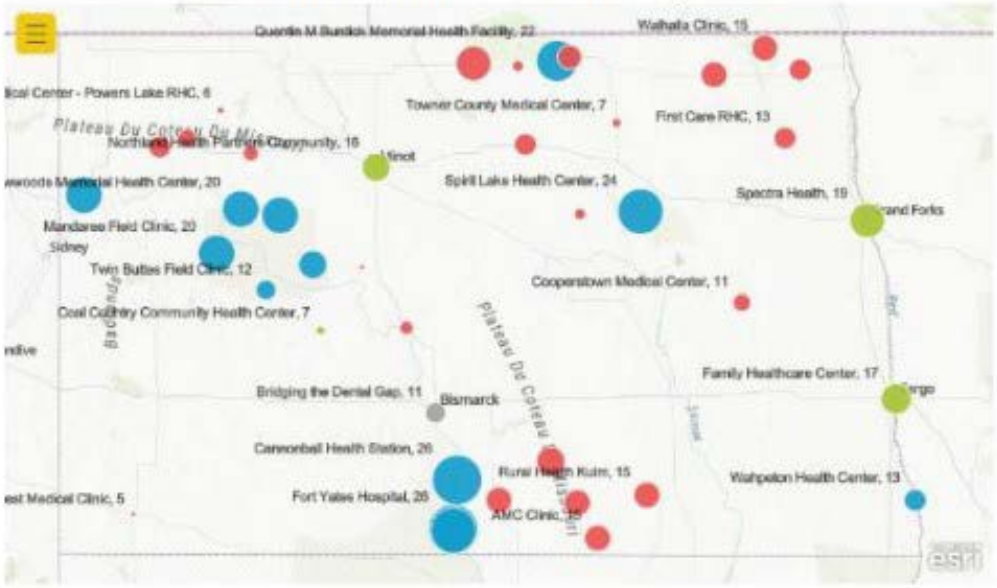
NORTH Dakota | Health & Human Services

North Dakota Dental Health HPSAs

North Dakota Dental Health HPSAs

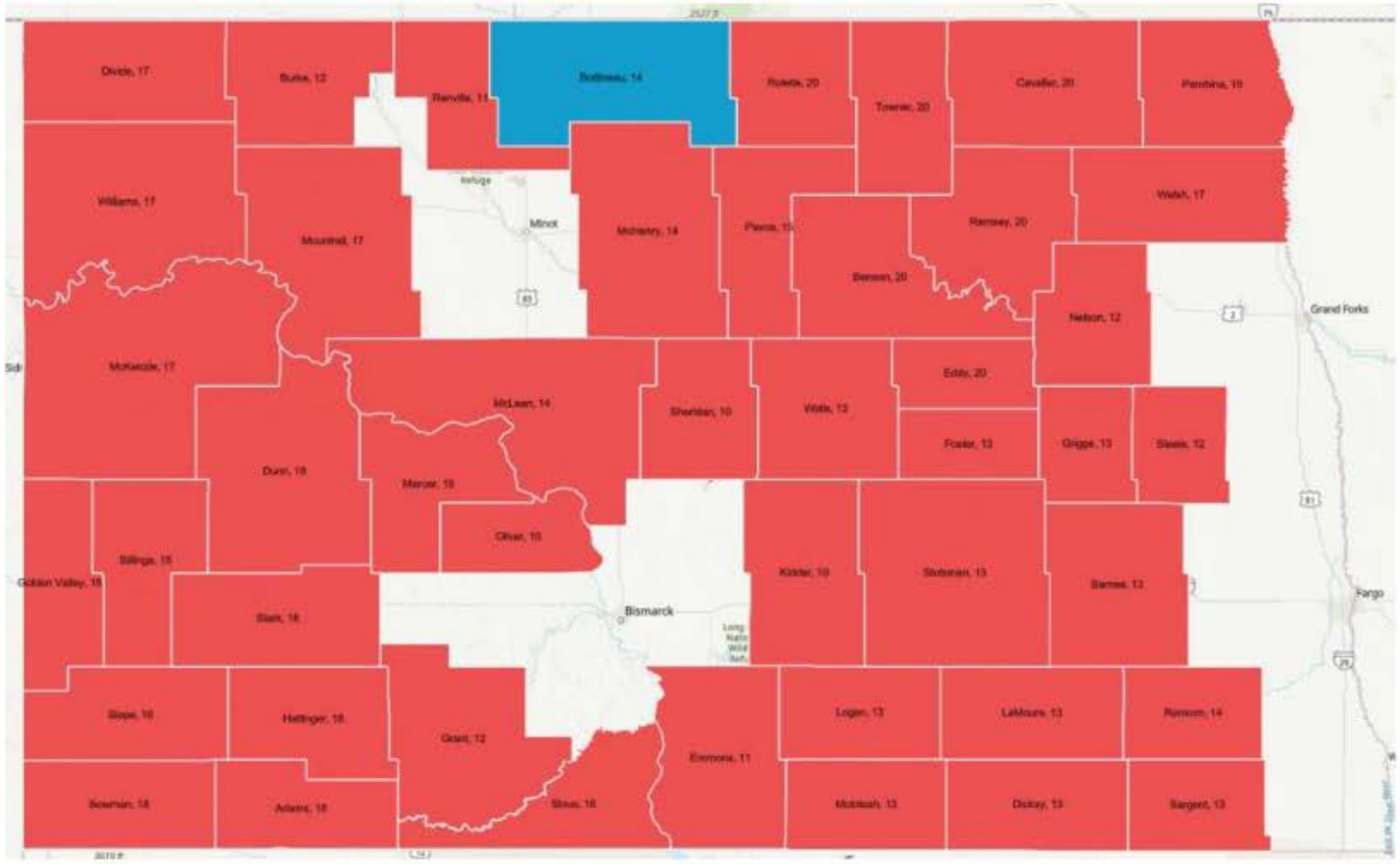


North Dakota Dental Health Facility HPSAs



NORTH DAKOTA MENTAL HEALTH HPSA - 2023

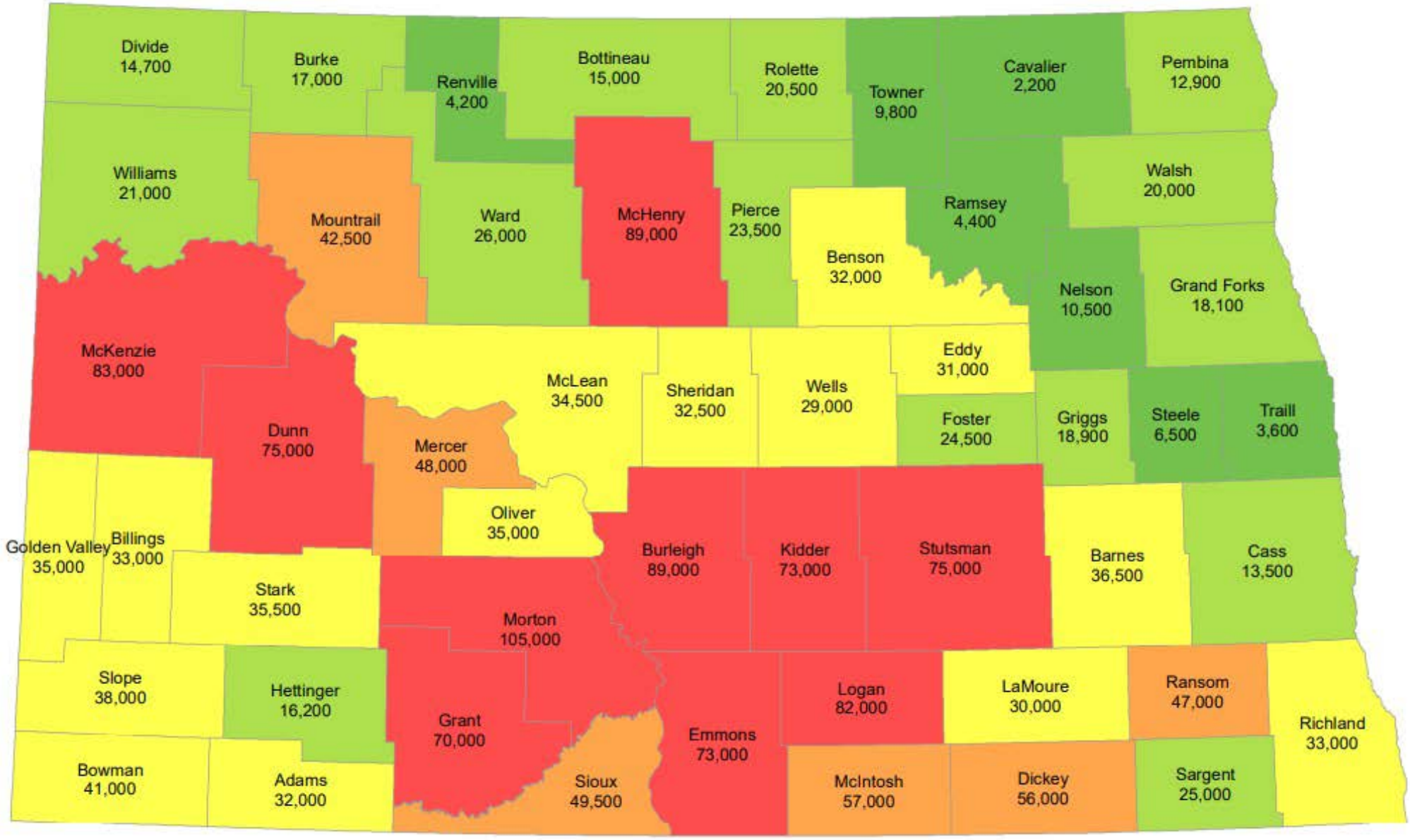
Mental Health - Health Professional Shortage Areas



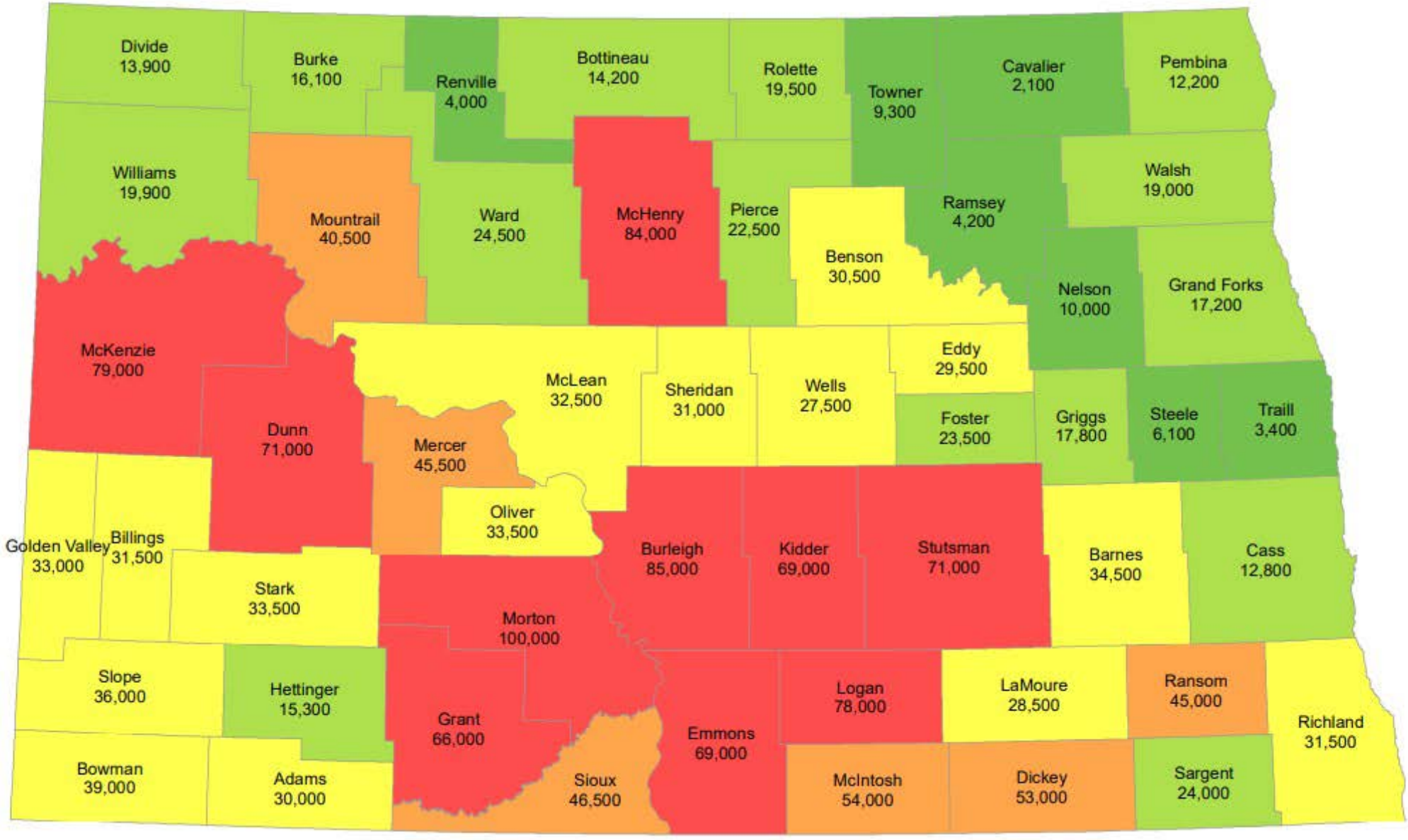
- Hpsa Geographic High Needs
- Hpsa Geographic
- Other

NORTH Dakota Be Legendary.

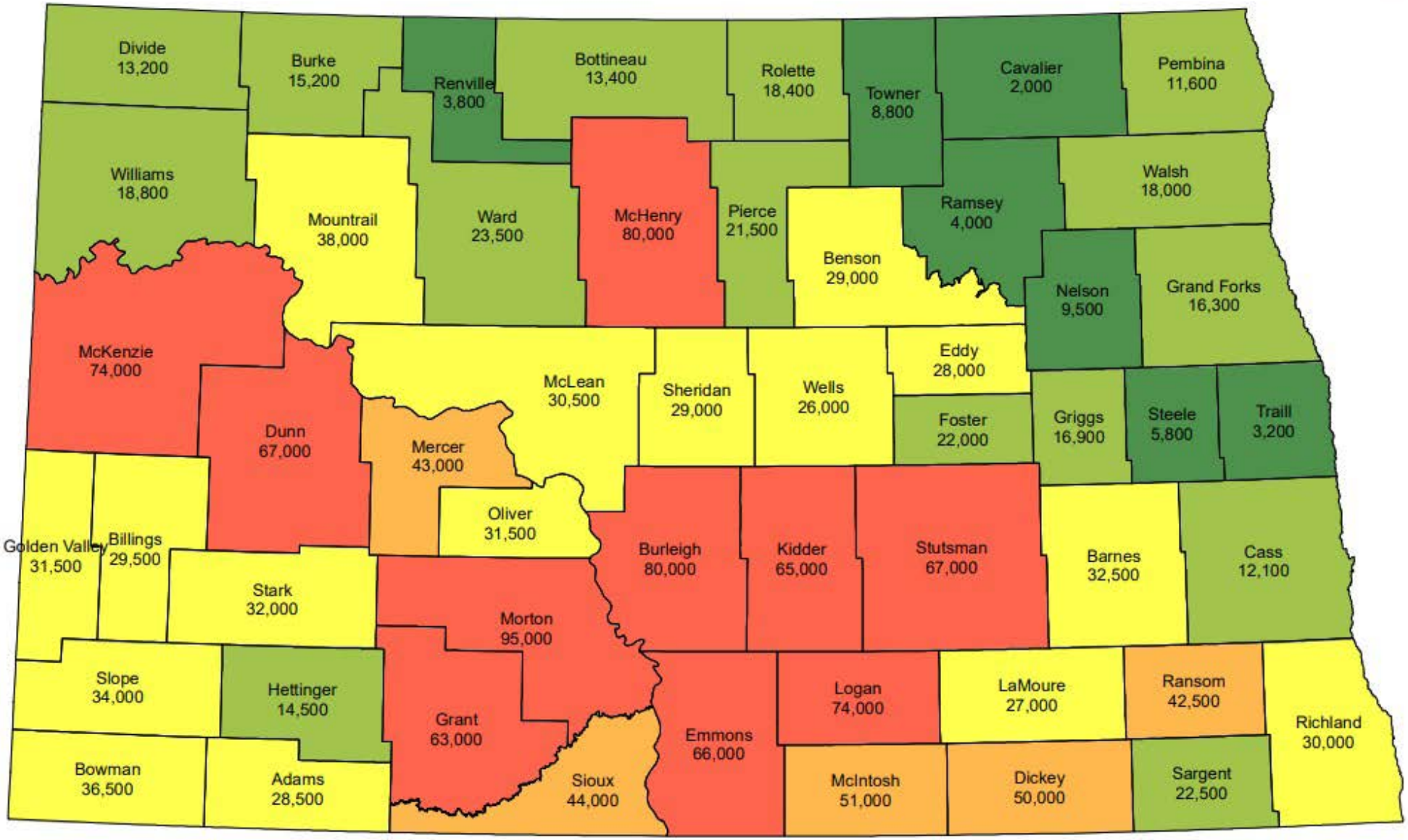
2021 All Cattle and Calves Inventory
North Dakota



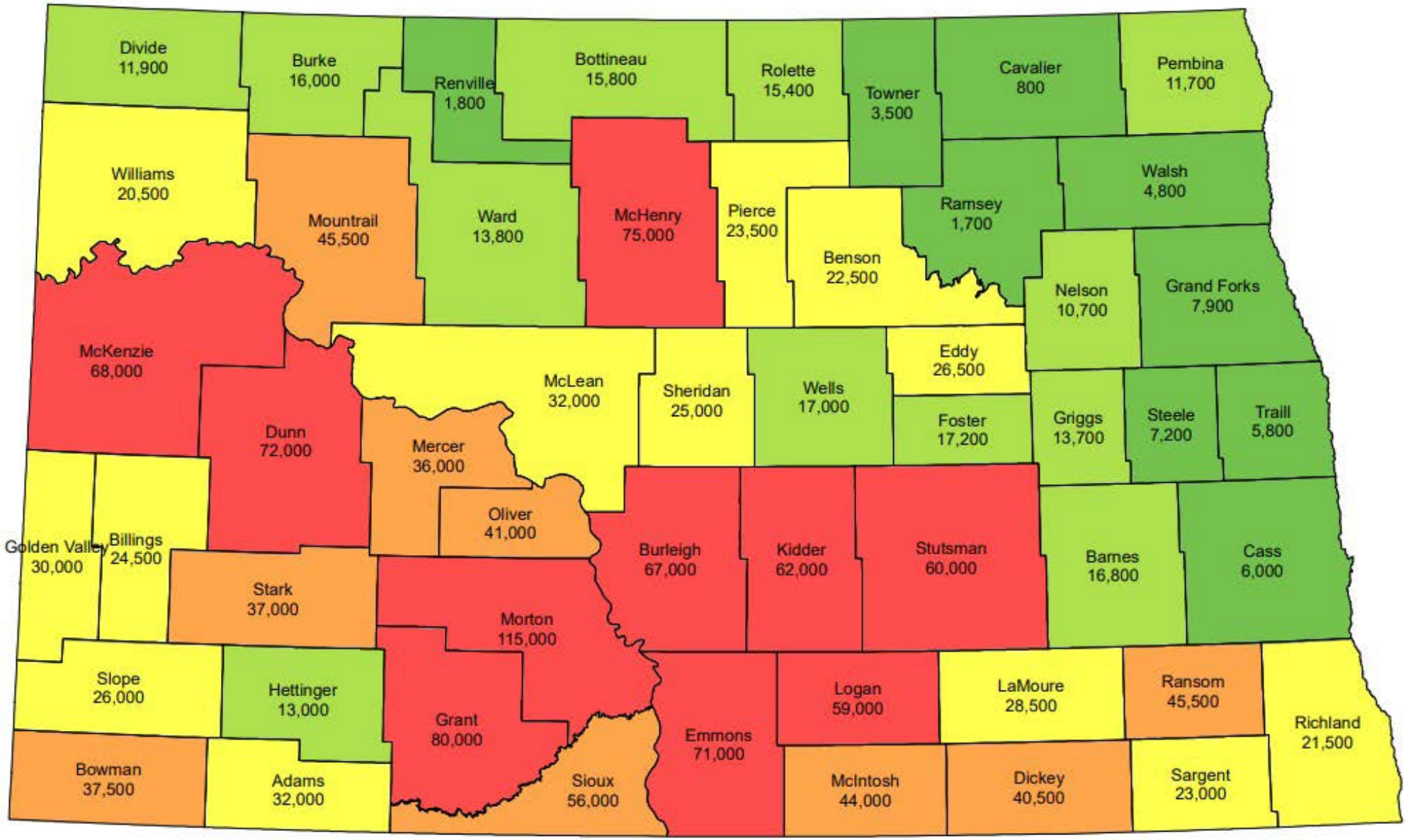
2022 All Cattle and Calves Inventory
North Dakota



2023 Cattle and Calf Inventory
North Dakota



2024 Cattle and Calf Inventory
North Dakota



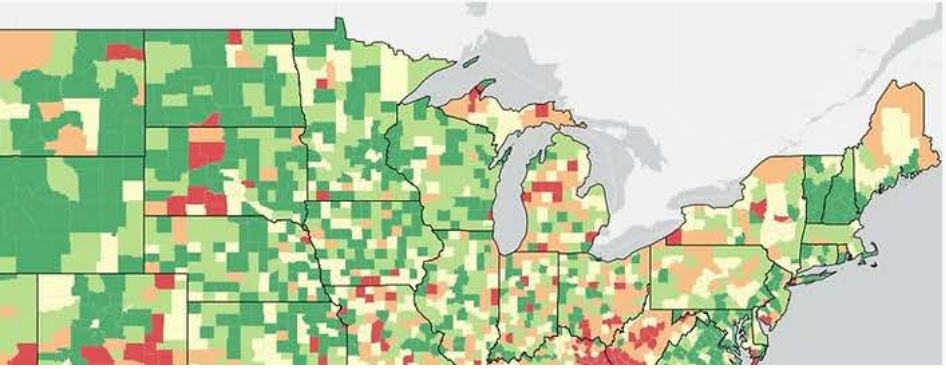
accesstovetcare.org

VCAP
The Veterinary Care Accessibility Project

Home Maps Data About

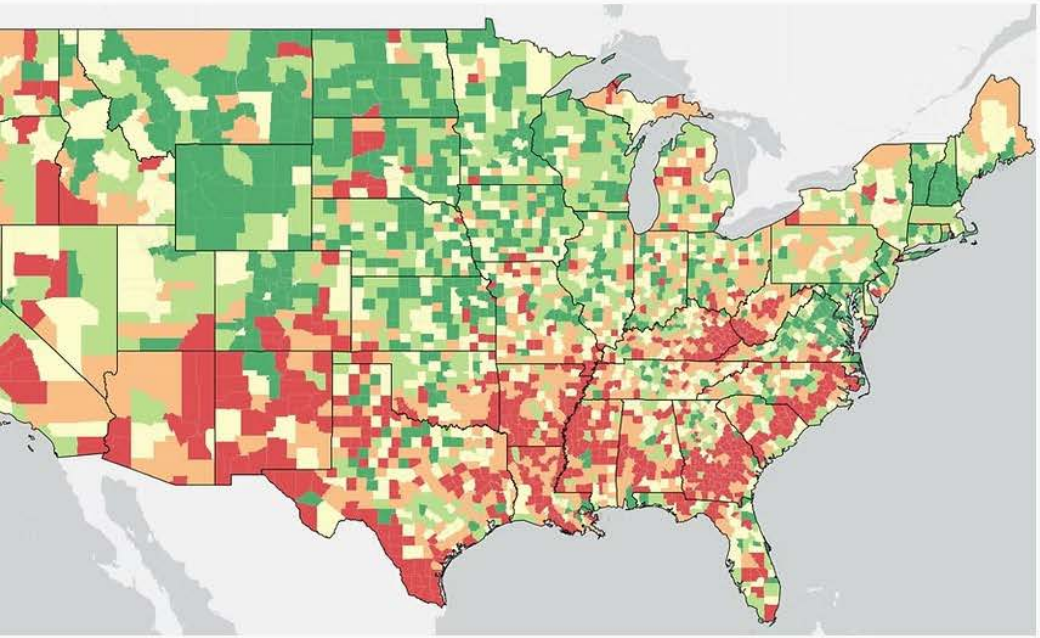
The Veterinary Care Accessibility Project

Access to veterinary care is a complex and challenging issue. The Veterinary Care Accessibility Project is an effort to better understand and address these complexities. We gather, analyze, and use data to build tools to shed light on the issue and help inform efforts to improve access to veterinary care.



Veterinary Care Accessibility Score

The Veterinary Care Accessibility Score (VCAS) is a new way of looking at the challenging, complex issue of inequities in the



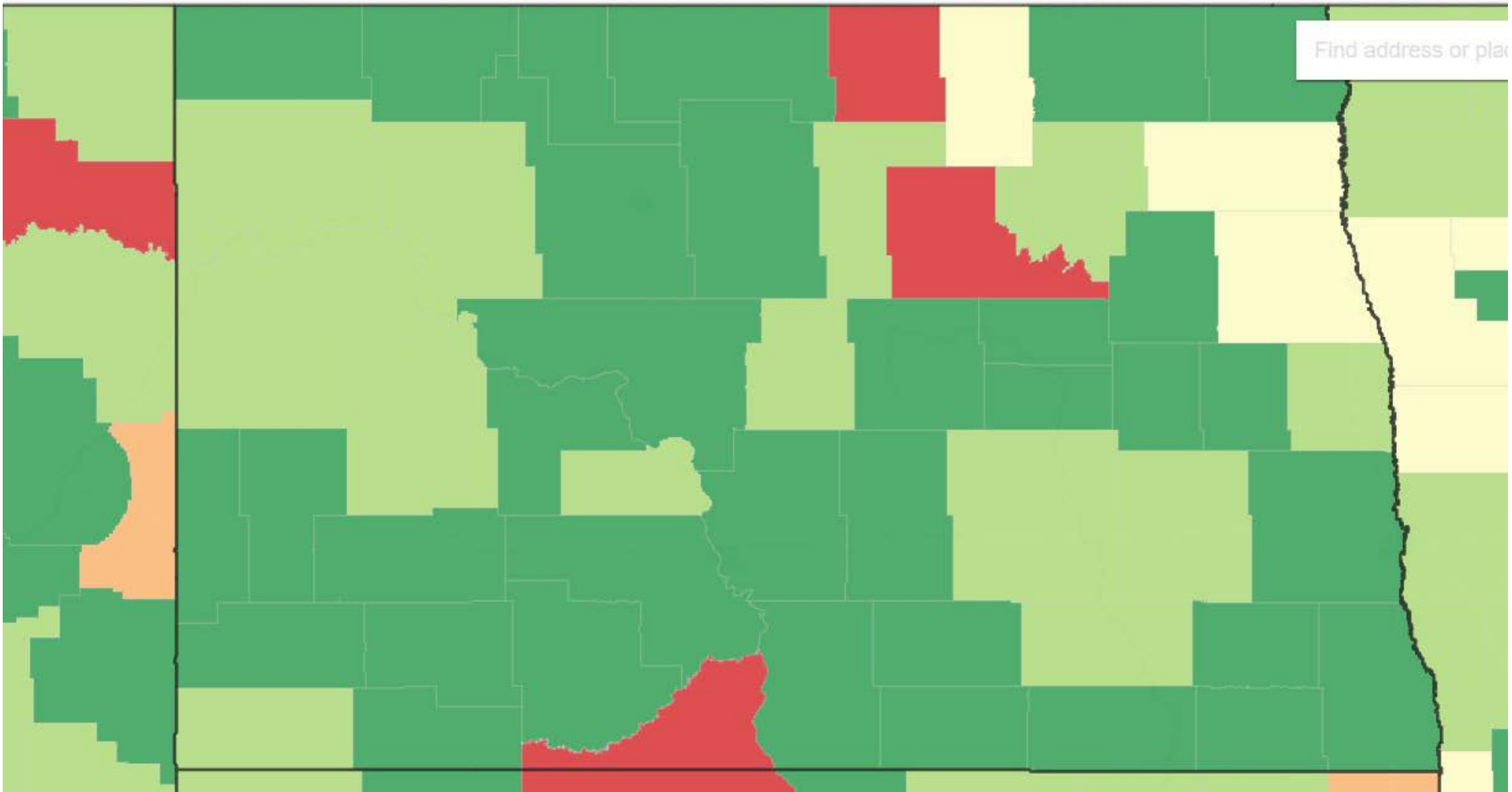
Veterinary Care Accessibility Score

The Veterinary Care Accessibility Score (VCAS) is a new way of looking at the challenging, complex issue of inequities in the accessibility of veterinary care throughout the country. It uses data from a wide array of sources to account for key factors that affect access to vet care: The result -- A single number that helps answer a complex question: How accessible is veterinary care in my community?

Explore the VCAS Map

COUNTY LEVEL VCAS

This map shows the VCAS for every county throughout the contiguous 48 states. Click on any County to see its Veterinary Care Accessibility Score



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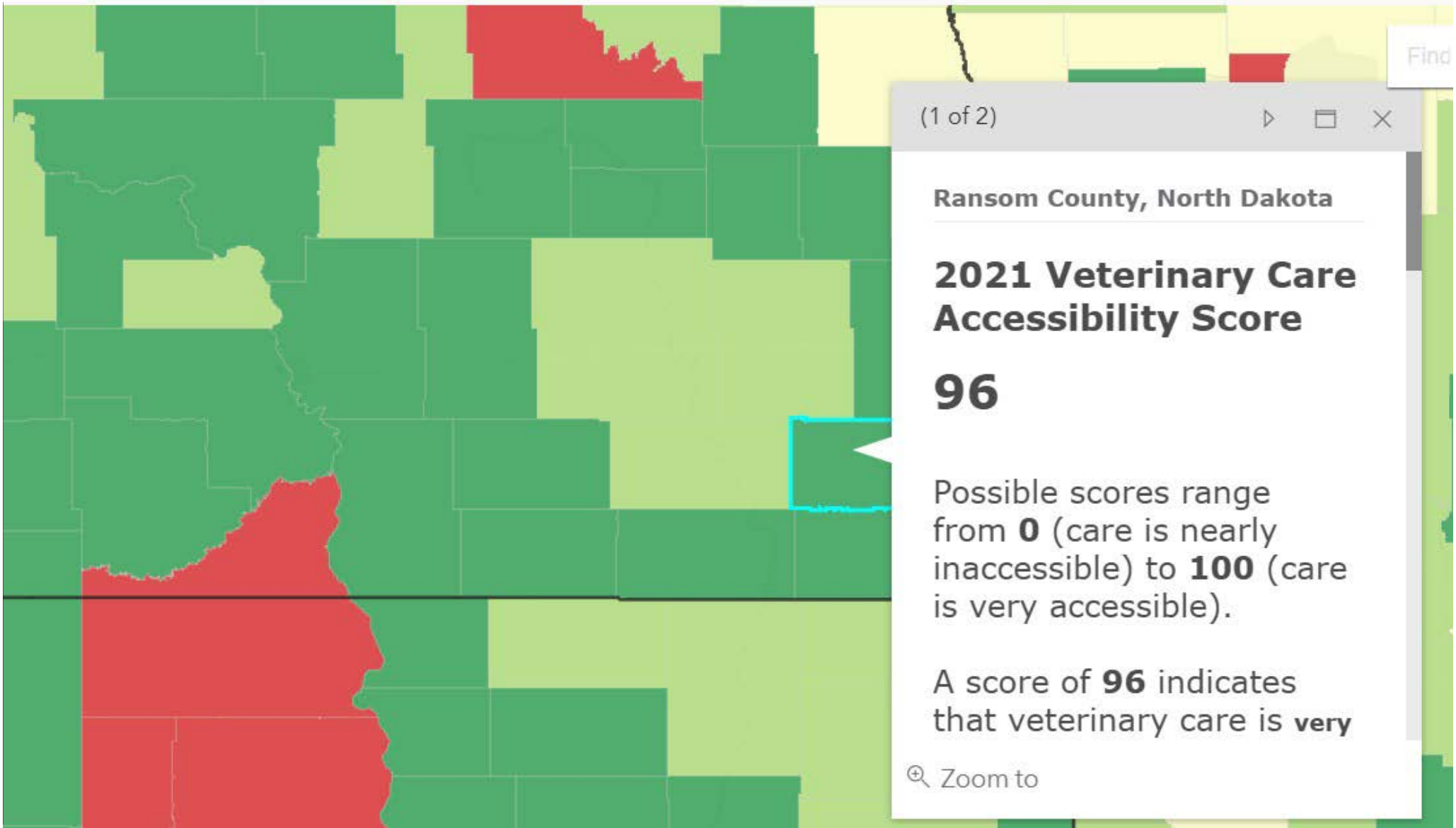

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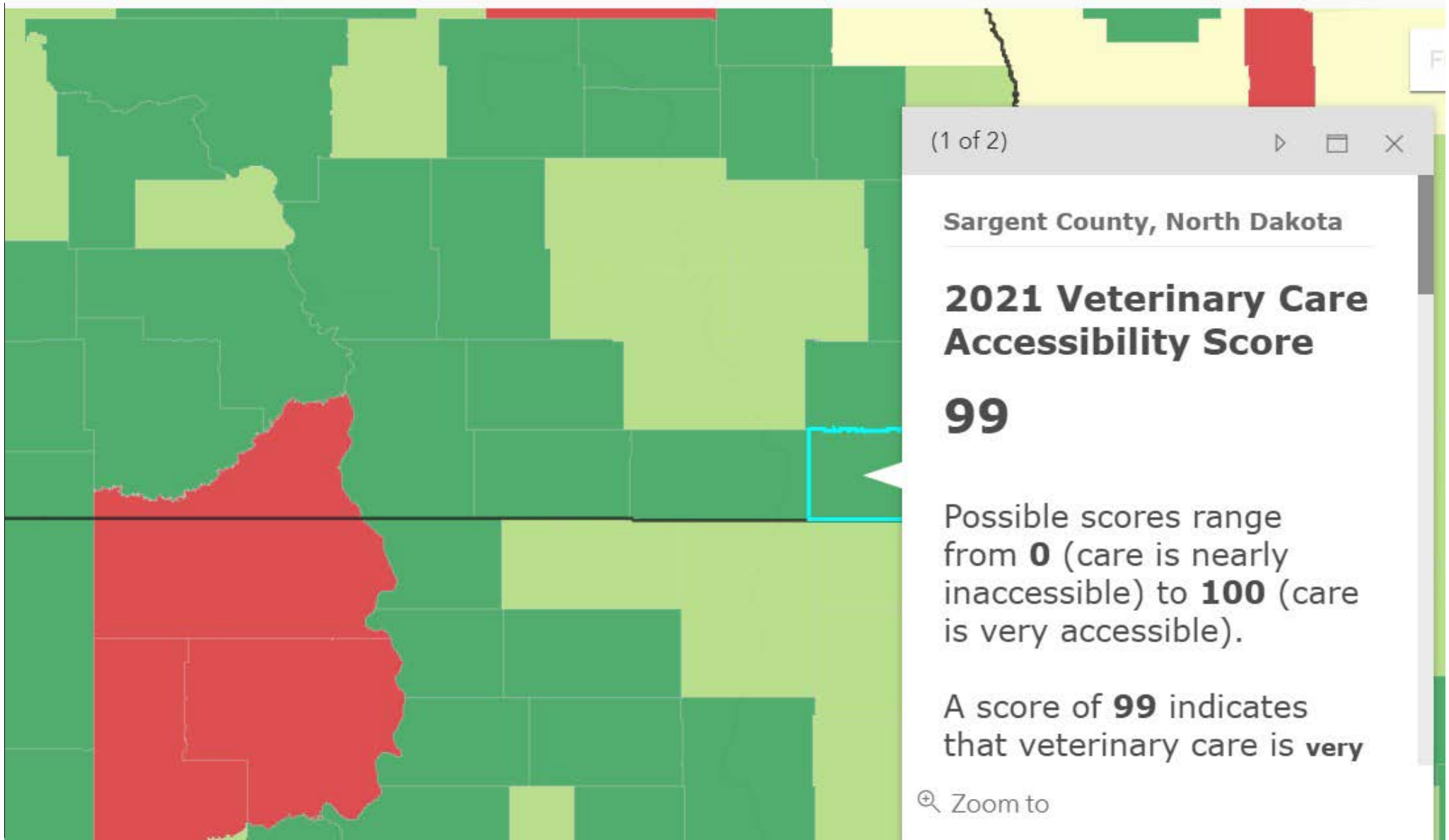

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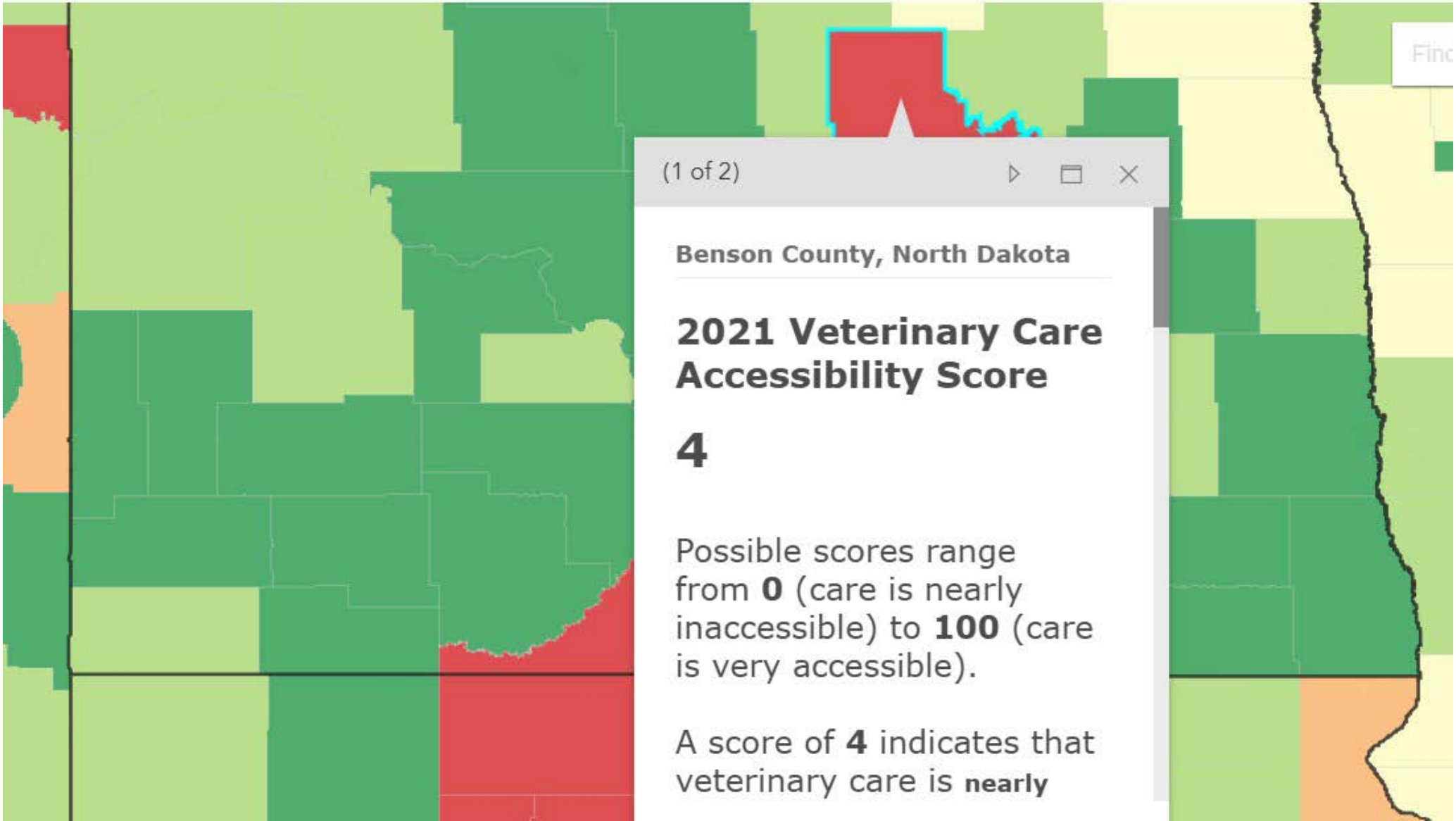

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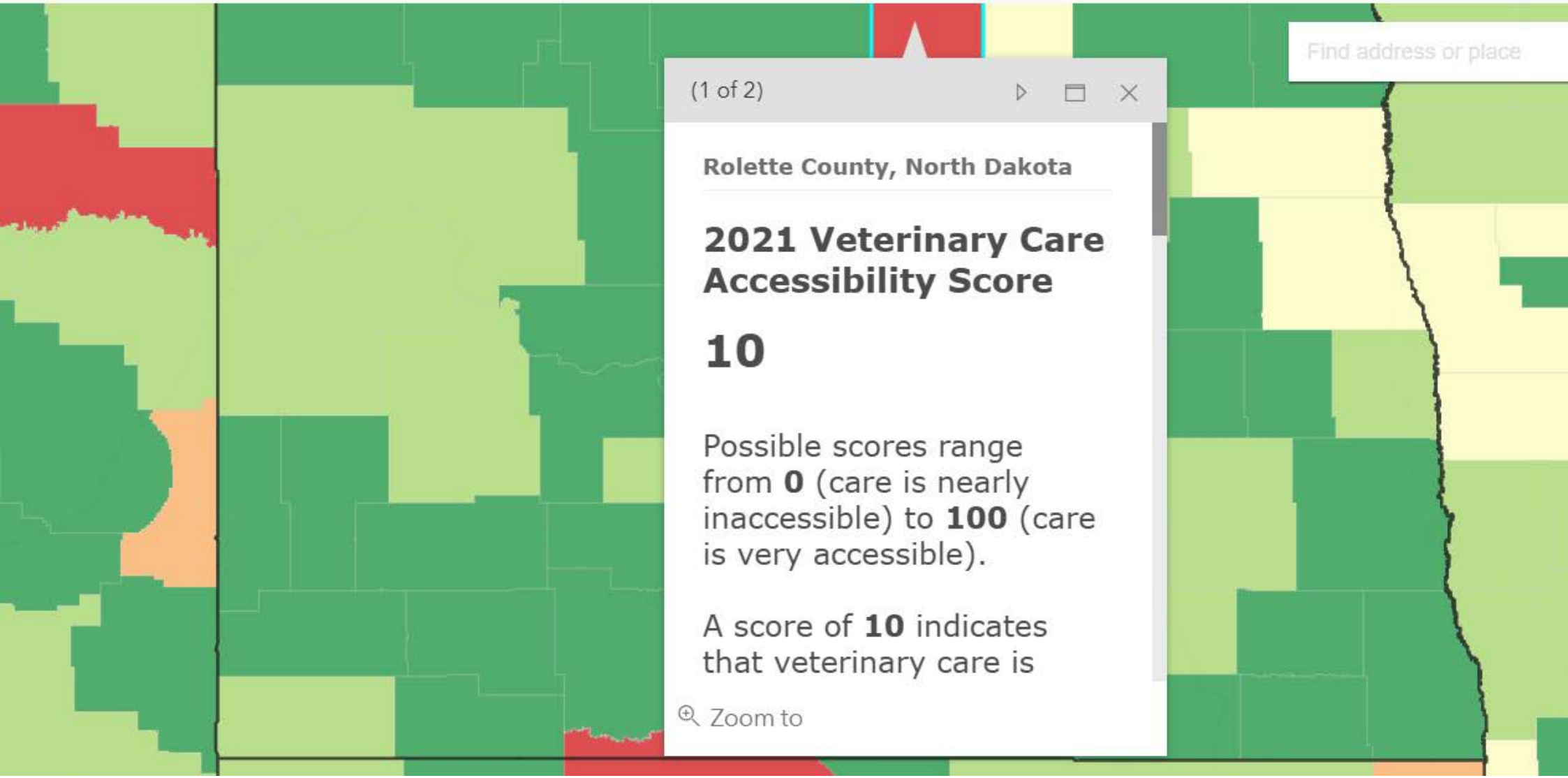
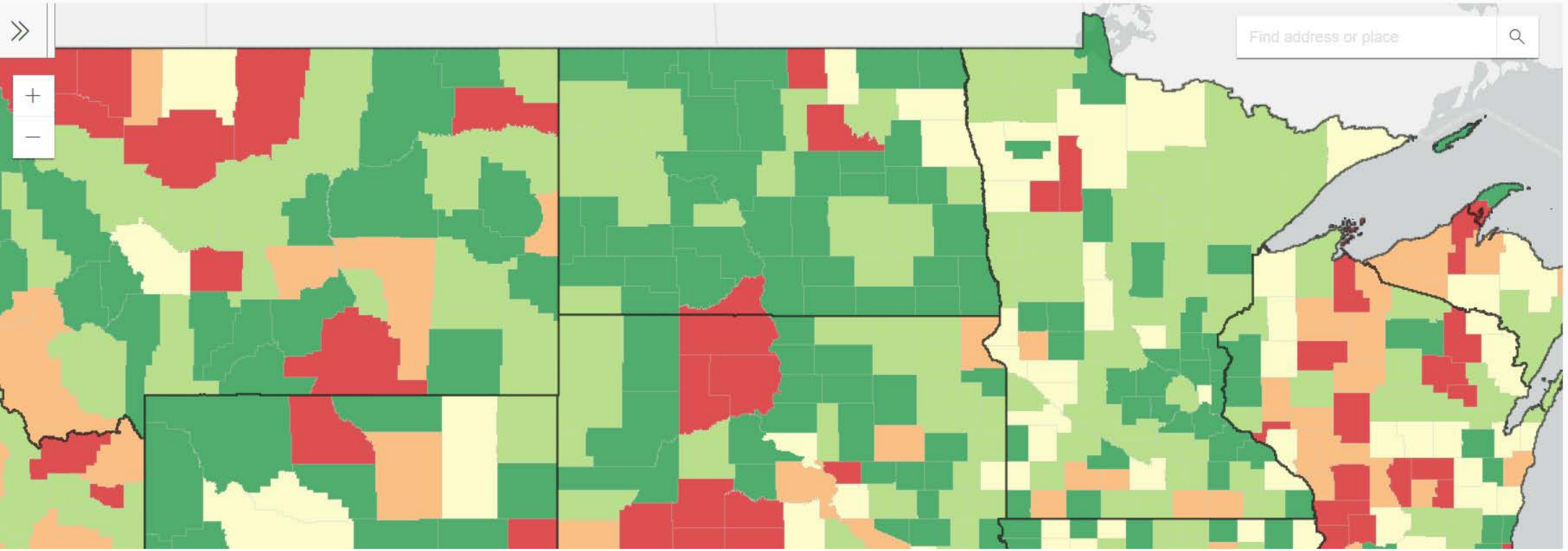


accesstovetcare.org/vcas-map

COUNTY LEVEL VCAS

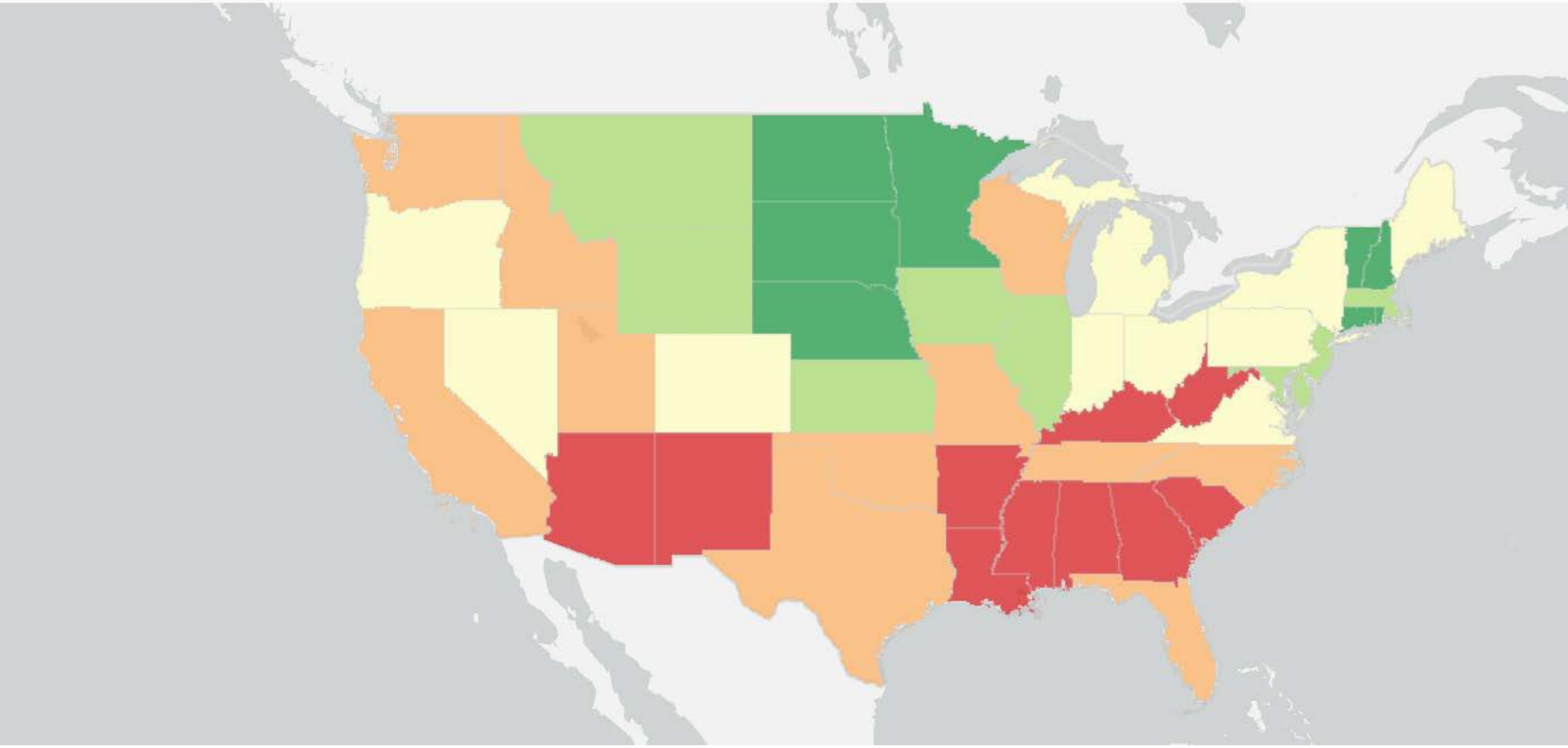
This map shows the VCAS for every county throughout the contiguous 48 states. Click on any County to see its Veterinary Care Accessibility Score



accesstovetcare.org/vcas-map

State Level VCAS

By aggregating data at the state level, every state is given a VCAS



Testimony
HB 1012
February 5, 2025

Chairperson Rep. Nelson and Members of the Committee

My name is Chaz Brobst. I am encouraging you to pass HB 1012. I have previously submitted testimony on HB 1012 and would like to expand on some points. There are many pieces of HB 1012 that affect both my personal life and my professional life.

The behavioral health funding, especially mental health services, are things that I rely on to live my best life and to do my work to the best of my ability. My job requires me to be in a good place mentally. I have struggled with mental health issues for the past 20+ years. I have worked hard to get to the place I am now. Staying in a stable place is important for both my work life and my mental and physical health.

There are many pieces of this bill that are near and dear to my heart. As an individual who has dealt with serious mental illness for over half my life at this point, I know how important funding is for Behavioral Health. Things like 988, mobile crisis units, Peer Support, Behavioral Health Clinics and others. I know what it is like to have to go out of state for mental health care because services have not been offered in North Dakota. This should not be happening. If the Vision of Health and Human Services is really to be the healthiest state, then we need to be providing the funding to provide the services to do just that. Without this funding symptoms of mental illness will increase, and this would include suicide rates in our state. They are already too high. I have gotten lucky that none of my attempts have ended my life. For that I am grateful. I have been given the chance to provide testimony asking you to continue to fund these programs. To some it may be dollar signs, to others it is more time. More time to spend with a loved one. More time for doing the things they enjoy. It is another day on earth. Without funding for behavioral health, lives will be cut short because they cannot receive the care they need in a reasonable amount of time. Until someone has been to that very dark hole you don't know just how long a five-minute hold while trying to access critical mental health care really is. Or how long a month wait is to see a counselor, until every breath seems like an eternity and breathing seems too difficult to do.

In my early 20's, I was hospitalized for the first time at the State Hospital. Since then, I have been hospitalized multiple times at the State Hospital with my last stay about two years ago. Not only is there the stigma of just hearing that you will be admitted to the State Hospital, there is also the condition and feel of being in the State Hospital. The current condition of the State Hospital does not provide a healing environment. A new State Hospital is in the best interest of the state and the people it serves.

For the past six years, I have also been dealing with significant physical health issues. As someone who not only struggles with my mental health but also deals with a lot of medical issues, having a Certified Community Behavioral Health Clinic (CCBHC) approach would be very beneficial to me and many North Dakotans. These CCBHCs focus on all parts of a person. They take a holistic approach and see the whole person. Having professionals know how much

medical issues affect a person's mental health and how mental health issues can show up in physical symptoms is something that needs to be addressed. Having a whole person approach will help with both medical and behavioral health costs. Treating physical health issues will help so that chronic pain, misdiagnosis, and life-threatening illness does not severely impact mental health. Treating mental health issues will help prevent some of the physical symptoms of mental health such as anxiety attacks, unexplained pain, increase of heart rate, and nausea among many others. The CCBHC's will also provide me appropriate community-based care so that I don't have to be unnecessarily admitted to the higher level of care at the State Hospital.

Peer Support is evidence-based practice and is something that should be used on a regular basis. Youth and new clients just coming into the mental health system have a better and quicker chance of recovery if they have someone to guide and answer questions as they navigate an often-confusing system. Even for individuals that have been struggling with mental illness for a long time and navigating the system benefit from peer support by having a story of hope. Peer Support Specialists show that recovery is possible.

Funding organizations such Mental Health America of North Dakota (MHAND) and Consumer Family Network (CFN) is important as MHAND provides a place to help with the navigation of the system and the entire process. CFN provides a safe network for individuals to find hope among their peers. Organizations like North Dakota Federation of Families for Children with Mental Health (NDFFCMH) focuses on getting kids and youth help early enough so they have a better chance at leading productive, healthy adult lives. When kids and youth get the help they need early in life the risk of legal charges lessens. This helps keep youth and adults both to stay out of jail helping with an already crowded system. The Department of Justice (DOJ) is not only already crowded but struggles with funding. Treating and keeping people out of the Justice System helps create stronger and better funded communities.

As I said in the beginning, HB 1012 affects both my personal and professional life. I work in the Developmental Disability (DD) field. Not only does that require me to be in a good, stable place, mentally to do my job effectively. I am also able see how individuals with disabilities face constant hurdles in their lives. A person with a disability is not less than any other person. They deserve to be treated with the same respect and dignity any other person is treated with.

The North Dakota State Council on Developmental Disabilities (NDSCDD) focuses on making North Dakota a place that people with a disability wants to and can live comfortably. NDSCDD works to make positive changes for ALL people to live a safe, happy life.

Focusing on Autism Services and continuing to fund the Autism Waiver (without the decrease of funding) is important for each person with Autism to live their best life. By having the funding available, and having the staff available, to treat and teach someone to cope with their Autism so they can be productive adults and do amazing things. I have people with Autism in my life and they are public speakers, they are graphic designers, they positively make an impact on society. Everyone with Autism or any disability deserves that chance.

Programs like Family Voices, Special Education, and Fetal Alcohol Services each plays an important role in helping children, youth, young adults and adults create a life that is important to

them. In my recovery I was taught to the phrase “Build a Life Worth Living”. That phrase applies to every person. All people, disability or not, neurotypical or neurodivergent, every person deserves a chance to “Build a Life Worth Living”. It is up to us, as people in the DD field, to create those opportunities. It is up to you, the Legislatures, to provide the funding for us to make that happen.

In conclusion, I am asking that you support HB 1012, without any cuts. By providing the needed Behavioral Health funding for things like CCBHCs, and Peer Support you are giving people back their lives that was taken away due to Mental Illness. When you support services for those with Disabilities, like the DD Council, Autism Waiver and others you are helping create opportunities for people that, not that long ago weren’t given a chance to succeed. We cannot be taking that chance away now. Together, let’s help “Build a Life Worth Living” for each person in North Dakota. Let’s create and live up to our vision of being the healthiest state.

Thank you for your time today.

Chaz Brobst
chazbrophotos@gmail.com
Bismarck, ND

Testimony in support of:
House Bill 1012, with the 2025-27 Health & Human Services Executive Budget
January 27, 2025

Chairman Nelson, Vice Chair Stemen, and Committee Members:

My name is Kayla Weber, and I am pleased to provide my testimony to the North Dakota State Legislature. These are my own viewpoints and not my employers. I am testifying in support of bill number 1012. I sincerely appreciate the invitation to provide testimony.

In my career working with people with disabilities, I have come to believe that one of the most difficult things for the disabled community is seeing their role in society not being valued. I am a Support Coordinator at ABLE Inc., a company that helps support people with disabilities. We are like many of the businesses in this economy struggling to find staff. We have a high turnover rate, and the work can be hard on ones body.

Bill 1012 to increase the budget to the DD waiver would benefit not only the people supported by getting more quality staff but would also help keep our current staff. We have a higher-than-average starting wage but with the cost of living, we don't pay a living wage. This has caused us to lower our hiring age. At the group home I work at we have an average age of 21. They are very responsible and often juggle working full-time and going to school. Once they get a 4-year degree we lose them to jobs who can pay a better wage.

We need this bill to pass for the lively hoods of the people we support. The 6 men at the group home I work at do not have verbal communication. They rely heavily on staff to maintain connections to loved ones and friends. Often when we lose staff who built those relations by being the bridge to connection. The relationship feels that hardship when they quit. I know there is a misunderstanding out there that people who cannot talk do not need social activities, but it is more they need the right people to help show the world how they communicate. I hope that people will see that individuals with disabilities are valuable citizens of the community and play an important role in moving our society forward.

Although there are many issues that cannot be solved simply by allotting more money, it is a step in the right direction. I ask you to support bill 1012 for the continuation forward in human rights.

Thank you

Best regards,

Kayla Weber

Kayla Weber

Dear Chairman Nelson and members of the House Appropriations Committee,

My name is Addison Krueger. I am providing this testimony as a representation of my own thoughts and not on behalf of my employer. I am a North Dakota native, born and raised in Dickinson. I am currently a residential manager at ABLE, Inc., an agency that provides residential services to adults with disabilities. I am writing to you in support of Senate bill HB1012, asking for a 4% budget increase the first year and 3% increase the second year.

As mentioned, I work at ABLE, Inc. and the relationships I have built with the people I support have truly changed my life. I began my employment with ABLE when I was 19 and I will forever be grateful for all the amazing people I've grown to know. While my last three years with this agency have been incredible, they have not been without many challenges. The primary challenge being the limited budget ABLE must abide by.

Throughout my time as a DSP and as a manager, staff turnover has been a constant stressor. I have watched upwards of 40 staff resign since May 2021. This is at my worksite alone, not accounting for the various other sites within the agency. We are aware of this issue and have made great efforts to recruit and retain staff. We've attended job fairs, started a program through the local high school, held open interviews, posted flyers around town, and so much more. While recruiting is difficult in itself, the retention of these staff proves to be the most challenging.

What's the reason for this? It's the compensation ABLE has to offer employees. The wages are simply not livable in today's economy. As a supervisor, I hear the reasons for resignation. More often than not, employees are leaving to pursue "better" opportunities, and "better" in these cases almost always equates to a higher wage.

I have primarily addressed the impact of wages on the staff employed by ABLE Inc. However, it's also important to consider the effect that constant turnover has on the people we support, who have seen hundreds of faces come and go. Our inability to retain staff has led to near constant instability in the lives of the people supported by ABLE, Inc. There's a reluctance to build relationships and trust due to turnover, which are foundational to what we do at ABLE.

The State of North Dakota needs to increase wages for support staff to improve the lives of not only those staff, but also the people with disabilities supported by them. I ask that you support Senate Bill HB 1012. Thank you for your time and consideration. Please reach out if you have any questions.

Addison Krueger
akrueger@ablend.net
(701)690-6052

Melanie Heitkamp
Executive Director, Mountain Plains Youth Services (DBA: Youthworks)
Testimony in support of HB 1012
House Appropriations Committee – Human Resource Division
February 5, 2025

Good morning. My name is Melanie Heitkamp, and I am the Executive Director of Youthworks, a private non-profit youth-serving agency. We have provided services in North Dakota since 1987. Our age demographic is 11 to 24, primarily adolescents and young adults. The services we provide are emergency shelter, housing for homeless youth, family counseling, individual counseling, skills groups, anger management, case management, crisis response, street outreach, drop-in services for basic needs, day programming for youth suspended or expelled from school, and anti-trafficking work with survivors of human trafficking and exploitation. We are the Attendant Care provider for law enforcement in Bismarck, Fargo, and Minot. We have emergency shelters in those same communities.

I am also a Licensed Clinical Social Worker and have worked with thousands of families in my 45 years working with Youthworks and in my early practice, in rural county social services. Our mission at Youthworks is to provide a service where all youth feel safe and belong. We provide a non-judgmental place where youth and their parents can receive the immediate help and support. Our goal is to prevent youth from entering the child welfare and juvenile justice systems by providing such services. Our results in achieving these goals are excellent.

I am here to testify on the importance of the funding for the first day of shelter for CHINS youth in the emergency shelters, to support the need for crisis intervention ("diversion") funding for CHINS youth identified by the schools, and to support the need for continued and expanded services for homeless youth.

Most of the youth who are admitted into our emergency shelter are CHINS youth where law enforcement has been asked to help because of conflict in the home. In some cases, the youth may have left their home without permission for various reasons and the parents are feeling helpless and hopeless. The issue is a family issue that is not a criminal or law enforcement issue yet the conflict in the home can elevate to where someone could get hurt without intervention. Our shelters and professional staff, provide safety, screening, assessments and discharge services for the families. With the movement of CHINS youth under the DHHS, the unintended consequence was that the funding we received through diversion funding from the courts was

discontinued. These funds were used in conjunction with our shelters to provide a seamless crisis response to the families.

Of the thousands of youth I have personally seen in my time at Youthworks, there were very few who I believed needed to be on formal probation or removed from their home. Instead, they needed early intervention and support. Of those who I believed needed more formal systems involvement, many of these families were already too frustrated to be able to address the concerns safely.

In my experience, families can become frustrated and their relationships with their children worsen without professional intervention. While we refer as many families as we can to services in the community, finances and time away from work are often a problem. Addiction issues, mental health struggles, poverty, and homelessness also contribute to the challenges these youth and families experience in accessing traditional therapy. I am fortunate to have experienced, trained staff who respond in a crisis can serve families and youth without volumes of "red tape" to walk through and understand adolescents and young adults.

Thank you for your time today. I urge your consideration for these areas in your budget to prevent youth and families from unnecessarily entering the child welfare/juvenile justice system that really wouldn't be needed. I may be reached at 701.255.6909 or mheitkamp@youthworksnd.org if you have any questions regarding my testimony today.

Chairman Nelson and members of the House Appropriations Committee:

My name is Danielle Salo and I am providing testimony of my own opinions and not the opinions of my employer. I am in an ICF lead position at ABLE Inc which provides residential services for adults with disabilities. I am writing in support of HB1012 to share my experience as a supervisor and leader in Developmental disabilities Services. I urge you to consider inflationary increases to support staff providing essential support to people with disabilities.

I was born and raised in the great state of North Dakota. Growing up in North Dakota, I have always known that hard work and uncompromising faith can get you through anything. Push through the hard times because it won't last forever, that's what my grandparents would always tell me. It has been increasingly difficult for me to keep that mindset over the last few years. I started my journey in the world of disabilities when I was 16 years old. I partnered in the Special Olympics. There I was surrounded by pure joy from the athletes. The laughter, competition but most of all, the love I felt for just being present in the moment with people that just loved me for me. Because of that love, in 2010 I joined the ABLE team in Dickinson, ND. I started as the residential manager for one of the ICF homes. At that time, it was rare to have an FT opening. We could choose the best fit for the people. We could say no to a staff member we weren't sure about. I feel like there was a large shift in work ethic during and after the pandemic. People don't want to work an 8-5 so finding people willing to work nights and weekends is extremely rare. These past few years have been the most difficult. I have seen things happening as simple as staff continually using their phones and ignoring people to people falling because they don't have enough staff. What do you do with those mediocre staff that allow people to fall because they aren't paying attention? We can't keep them because they cause harm but now, we don't have enough staff to cover a shift. So, we bring in travelers. In the past 2 years, we have needed to utilize 21 travel staff in our 4 ICF homes. Each travel staff works 50-60 hours per week. In 2024, we hired 32 staff for our ICF homes. We have lost 16 of those staff. That is a 50% turnover rate! More pay for employees means we can have better staff than job hoppers. Yes, we do have some wonderful staff, but it is common for those staff not to stay because they cannot live off these wages of a DSP. Increased wages mean increased ability to find the right staff. If staff could afford to stay, the people we support can have the security of knowing they have staff that they trust, that will be here to celebrate their birthday and to get you through that scary surgery. The sad truth is that not just any person can support someone with a disability. It takes a strong person and it's much easier to leave if you aren't getting paid enough to live a life outside of work. Because at the end of the day, burnout will ultimately happen because you don't have enough staff and here you are working your ass off because the love for people trumps it all. I support this bill because the people who need these services deserve staff that care. Staff that want to be at work. Staff that will enrich their life with joy and happiness. Help us get staff that want to build these connections, show up for work, celebrates with people and most importantly, keeps people safe.

Warm Regards, Danielle Salo

Feel free to call 701-290-3023

Chairman Nelson and members of the House Appropriations Committee:

My name is Sarah Carlson. I am resident of Dickinson and I speak on my own behalf and am not representing my employers.
I am writing in support of HB1012 and to share my experience as a supervisor and leader in Developmental Disability Services. I urge you to consider inflationary increases to support staff providing critical supports to people with disabilities.
I wear many hats. I am the Director of an ICF, or group home program that supports 25 adults with disabilities in their homes and with work. I also work for Family Voices of ND and support families in SW ND and beyond that have a child with disabilities by navigating the complex world of supports and services. I also work for the KIDS Program in Dickinson in a similar role, as Experienced Parent, supporting families who have a child with developmental delays or disabilities age birth to 3. I am also a parent of a 12 year old who has complex disabilities.

HB1012 increases funding to these programs, however, I would urge you to reconsider additional inflationary increases of 4% the first year and 3% the second year. We struggle with recruiting and retaining staff. We struggle with finding quality staff. It is an employees arena, and we struggle to compete with organizations and businesses that can increase the cost of their goods to balance the increase of wages of their staff. Baker Boy, a nearby business has entry level jobs up to $28/hour. How can we begin to compete with that, yet let me remind that the duties of our staff are life-giving and not pastries. Our turnover rate in the group homes the last year is nearly 50%.

We have just passed the 40th anniversary of the lawsuit that identified the supports that were needed for people with disabilities. It was in Grafton and San Haven that we identified human warehouses. Staff were thrown into risky scenarios, with poor ratios, little to no training, and mistreatment present. How does it look today? We have constant turnover. Instability in people's lives. A robust training plan that 100% of the time ends up modified because of open shifts and positions and the need to adjust. We are stretched to be creative. We have tremendously, deeply committed people that are creating lives for people, but this represents a small portion of staff. The majority of staff (sometimes) show up to their job, are frequently on their phone, have performance issues, and struggle. Which means the rest of people struggle too. The market works: we need to increase wages to attract a better quality staff person.

We have been creative. We wrote for a commerce grant to recruit people from Puerto Rico, but this was denied and had far more complications than anticipated. We started a high school mentorship program, which has been wildly successful, but high schoolers cannot work all hours of the day and need supervision. We need to change things up for staff, and in order to be competitive, we need to significantly raise wages.
Vote Yes on **HB1012 with additional inflationary increases of 4% the first year and 3% the second year** to support people with disabilities in your communities.
Warm Regards,

Sarah Carlson
515-450-7378
skunkriverstudio@gmail.com

House Human Resources Division

Testimony by Mathew C. Schwarz
February 5, 2025

Good Morning!

Chairman Nelson and Members of the Committee.

My name is Matt Schwarz. I am here to briefly provide general comments regarding DD services our family has and continues to experience. I live in Bismarck (District 47) with my daughter Jessica (age 46). Some of you may have met or seen her the other day for Disability Awareness Day here at the Legislature. She was greeted for a few hours by various legislators and friends, including Governor Armstrong. A few of you have recognized me from prior sessions where I have been advocating for decades for my family. For example, yesterday, in preparing for today, I briefly reviewed some of my testimony from the mid '90s. Many of the same issues were addressed in those days.

My wife and both daughters were all diagnosed with Myotonic Muscular Dystrophy in 1978, a very multisystemic neuromuscular disease. My oldest daughter, Stephanie, passed in 2004. My wife, Marcia, passed in 2016. Jessica continues to live with me in our home as we have our entire lives. We have gotten supports throughout the years generally from a program known as Family Support with DD Service Providers. My wife was a nurse (RN), but abandoned her career to care for our children after their diagnoses. I (we) recall vividly watching a child removed from ICU and taken to Grafton, as the Life Skills and Transition Center (LSTC) was referred to at that time. There was no way we were ready to accept that option with our daughter, even though it was commonly recommended by physicians in those days. I eventually retired early from my career as an electrical engineer in my mid fifties to provide care for my wife.

As I listened to the various presentations yesterday, I respect and appreciate the difficult work that staff and legislators perform with the complexity of services in the DD world. However, I know, I speak not only for myself but other families. It makes my head spin!

So, my testimony today is intended to give you a little insight into Jessica and our recent journey in the context of what was presented yesterday.

Jessica has been on her ventilator 12 hours per day (while sleeping) and tethered to oxygen 24/7 for many years through a trach which she got at 10 years of age. Her cares are complex involving proper suctioning, monitoring oxygen saturations, etc. After many years of taking care of Jessica at night ourselves, and after Marcia needed more care of her own which I provided by myself, we finally received Family Support for Jessica 24/7 with DSP's. We provided the necessary training for DSP's and because of evolving technology Jessica has lived in her home with 24/7 supports.

Going on two years ago our DD Provider discharged Jessica from services after giving us a 30-day notice. P&A and her DDPM, attempted to intervene without success! From everything I can tell appropriate policies of both the Provider and the DD Division were not followed. In the evening at 10 pm some of Jessica's caregivers showed up at our home, knowing full well I wouldn't be able to care for Jessica on my own. They didn't ask who was going to pay them. Although, I ended up withdrawing $10K per month from my retirement funds over the next several months. Various advice I had received indicated the State under NDCC 25-01.2-02, which was the result of the ARC lawsuit, was obligated to provide care for Jessica.

It states, "All individuals with developmental disabilities have a RIGHT to appropriate treatment, services, and habilitation for those disabilities. Treatment, services, and habilitation for individuals with a developmental disability MUST be

provided in the least restrictive appropriate setting." (my emphasis on the upper case).

I am not a lawyer, but my understanding is the NDDHHS, and the DD Division in particular, are the agencies responsible for meeting this right. The State has accepted substantial federal funding and in return for taking these funds the state has promised to deliver the programs/services to the people that need them. With the right comes the corresponding responsibility for the State to provide the services described in NDCC-01.2-02.

As is obvious, I couldn't continue paying the caregivers privately out of my retirement funds. Eventually, I had to cave and enroll in the Self Directed Services (SDS) program which essentially made me, (75 year old Dad), responsible, not only for Jessica's cares, but also all the DD requirements typically required of a DD Provider, the Overall Service Plan, Data collection, etc. Obviously, this program (SDS) was never designed for an individual with 24/7 needs on a ventilator. It was designed for families who needed some extra help and had caregivers they chose.

Under the Settlement Agreement of 2020 that was signed by Governor Burgum with the U.S. Department of Justice (DOJ), individuals like Jessica are included in the Protected Class. Nancy Nikolas Maier and the DOJ have personally told me that Jessica is part of the Protected Class under the Settlement Agreement. But it appears anyone with Developmental Disabilities (DD) is referred to the DD Division by Aging Services, who, I am told does not agree. As a result, the DD population part of the Settlement Agreement are ignored.

It is important to note, families like us typically want appropriate supports at home while their children are young. However, as we age out, this isn't possible. My understanding is there are presently numerous families similar to my predicament. We have been caring for family members in our homes. But a life event can suddenly change all that.

For me that life event occurred last summer. Gratefully, fortunately, I survived! Last summer Jessica had been in the hospital ICU and was ready to be discharged. Beyond my control the hospital contacted various Nursing Homes to discharge her to but none of the local Nursing Homes accepted. We were frightened beyond belief where she may have eventually been sent. But there was no place for Jessica to go. Finally, her doctor concluded as Jessica has experienced changes in her care needs, upon returning home, she now needed 24/7 nursing services.

The ICU doctor understood the laws regarding Home and Community Based Services (HCBS) well. She understood not only the medical benefits but the social benefits of home, home routine, family, and friends and how that intertwines with health. We totally agree! Her letter written to ND Medicaid stated "First and foremost, we support and advocate for patients/clients to be maintained in the least restrictive environment as long as it is sustainable and beneficial to the patient/client. Secondary to sharing this statement, Jesssica's increased service needs would best be served by private duty nursing of 24 hours a day, 7 days a week." Fortunately, Medical Services approved for the doctor's orders. However, every 60 days the Provider has to go through a strict protocol of submittals, which if not strictly followed would result in denial of services.

Recently, we received notice on January 2, 2025, from the nursing services Provider that NDDHHS had changed their policy on Private Duty Nursing. Their new policy was to limit the 24/7 services previously approved to what we understood to be a maximum of 8 hours per day (with some other provisions). They also indicated that parents and Guardians were responsible for the remainder of the cares requiring them in advance of signing Attestation SNF 197. This panicked not only our Provider, myself, but our nurses. Furthermore, the policy change was effective back to January 1, 2025. This clearly left Jessica's nurses, some who had left other jobs to work for this Provider, not knowing if they had a job any more, had continued medical insurance, etc. After about a

week the policy was again changed, January 8, 2025, (but still unclear to us) that things wouldn't change for Jessica as of now. Language requiring parents and guardians providing services is still included. Guardians are trained to make decisions, not provide services! How do we know what unexpected changes might be implemented in the future again without appropriate notice, or appeal, from NDDHHS regarding extremely life-threatening issues. Whatever happened to prior notice, public comment, etc. Prior to NDDHHS just changing policy with such important impact why not get input from families/clients that are dependent on these programs.

Two days after Jessica returned home, I endured my life changing event. Fortunately, the wonderful nurses and caregivers took over and Jessica recovered well.

As mentioned previously, had I not survived my life event, Jessica had no place to go, a home with appropriate services, beyond a short term. Individuals with intense medical cares need appropriate homes located around the state. With evolved technology families/clients can receive appropriate services in a Home and Community Based (HCBS) environment. As large malls tenants are relocating to strip malls, Specialty Clinics are performing services that used to be only performed in hospitals, large institutions are not needed to care for people including those with intense medical needs. When more specialized medical services are needed, they get those services, generally short term, at regional hospitals. Smaller homes, like four clients to a home, can and need to be built as soon as possible. Families/clients don't want to travel hundreds of miles to be with each other. Services in those homes should be unbundled just like regular families choose their doctor. Families/clients should be able to choose their needed appropriate services like DD Provider, medical doctor, OT, PT, nursing

services as needed, etc. If a client gets discharged from their Provider, they should not also lose their home!

There are many other details that would take too long to describe in my testimony. However, we continue, as do other families, experience excessive denials for equipment and supplies, which we never experienced while I had private insurance. Even with doctors' letters indicating medical necessity, the process is overly cumbersome often taking months, including appeals, hearings, etc.

An example is our medical supplier, Sanford Equip. They have indicated they perform services to families in Minnesota and ND. But they have much greater difficulty getting approval for families/clients supplies and equipment in ND than Minnesota. I have asked and they have agreed to meet with legislators to discuss their experiences.

There are many other families/clients whose needs are great but different than ours at the present time. Your challenges are great but they cannot have been unanticipated. For families/clients like Jessica that have intensive medical needs, appropriate services in the services in the least restrictive environment include a minority. However, the red lights have been blinking for DHHS and the DD Division for many years.

In closing, I liked what the Chaplain at the State of the State Address by Governor Armstrong said in his prayer. I'm paraphrasing but the message was taking care of the most vulnerable should be a priority!

Thank you for your time and attention.

Mathew C. Schwarz 701- 471- 3197 (Cell)

NDTAAP North Dakota Training Academy *for* Addiction Professionals

Testimony of Denise Andress

ND Training Academy for Addiction Professionals

In Support of HB 1012

House Appropriations Committee - Human Resources Division

February 5, 2025

Good morning, Chair Nelson and members of the committee. My name is Denise Andress, and I am the director of the Training Academy for Addiction Professionals (TAAP). I am here today to testify in support of HB 1012, specifically the opioid settlement appropriation outlined on page five, section eight. A few weeks ago, the CEO of the Heartview Foundation, Kurt Snyder, spoke about the OSF funding TAAP received in January 2024. Today, I would like to take a few moments to discuss the impact of this funding on the addiction counseling workforce and share our vision for expanding these efforts across North Dakota.

Becoming an addiction counselor in North Dakota is a lengthy and rigorous process. In addition to earning a bachelor's or master's degree, most addiction counselors must complete between 350 and 960 supervised training hours at TAAP or one of the other five regional consortiums in the state. TAAP was established in 2015 as an apprenticeship model through the Heartview Foundation to provide accessible training opportunities for students where they live.

To address the growing addiction counselor workforce shortage in the state, TAAP received a grant from the opioid settlement committee. While workforce shortages exist across many industries, addiction counseling is unique in that when we effectively treat individuals with substance use disorders, they can return to their families, communities, and workplaces, helping to strengthen other industries as well. This investment in the addiction counseling workforce

has proven highly successful, exceeding the initial goals we presented to the committee.

With this funding, TAAP has made significant strides. First, we hired a full-time TAAP director—myself—fully dedicated to the administration and success of the program. In this role, I guide students through the process of becoming addiction counselors, answer their questions, advocate for them with the Board of Addiction Counselors, and help them navigate academic requirements. Having a dedicated point of contact has provided students with crucial support in what can often be a complex and overwhelming process.

Additionally, we have been able to provide a livable wage to 29 addiction counselor trainees. To put this into perspective, TAAP previously averaged only four trainees per year and had set a goal of 10 for this grant. The increased number of trainees has been made possible through strong partnerships with our training sites and the Heartview Foundation. Before this funding, the addiction counselor trainees had to complete six months (or 960 hours) of unpaid training. Due to the full-time nature of this requirement, many were unable to hold other jobs during this period, creating a financial barrier to entry into the profession.

TAAP has also received 27 scholarship applications from students in their junior and senior years of college. Of these, we awarded 15 scholarships ranging from $1,700 to $10,000. Each recipient signed an agreement to work as an addiction counselor in North Dakota for five years or repay the funding, ensuring that our state continues to benefit from this investment in workforce development.

Furthermore, TAAP has expanded its training sites from nine to 16, all of which are rigorously vetted to provide high-quality, research-based experiences for trainees. A significant portion of this expansion has occurred in rural areas, allowing students to train in their home communities with the goal of remaining there to serve local populations upon graduation.

Recognizing the critical role of clinical supervisors in the training process, we have also allocated funds to provide stipends to supervisors who take on trainees. Training new counselors is time-intensive and requires preparation, often taking time away from other responsibilities. Offering stipends has helped us recruit 19 additional clinical supervisors across the state. Additionally, TAAP has partnered with ND Department of Health and Human Services, CDC and UND's Center for

Rural Health to develop a free, 20-credit online CEU program for those pursuing clinical supervision status, further strengthening the training pipeline.

Beyond these immediate efforts, TAAP is committed to long-term workforce development through outreach initiatives. We have established a pipeline program to promote addiction counseling as a career choice by partnering with ND HOSA-Future Health Professionals, visiting high schools and colleges, and attending job fairs to engage students early in their career exploration.

I have included a document detailing TAAP's accomplishments with the OSF grant, including a map showing where our trainees live or plan to practice. We strongly encourage the Legislature to continue appropriating funding to the Opioid Settlement Committee, ensuring they have the resources to vet applications and support successful initiatives. Addressing the addiction counseling workforce shortage is not a one-time effort. Sustainable funding will allow us to continue building this workforce by engaging high school and college students, offering scholarships, and providing paid training opportunities. Additionally, we have proposed to the Department of Health and Human Services that TAAP be allowed to contract with other regional consortiums to extend paid training opportunities to students in the other consortiums.

Thank you for the opportunity to speak about the work TAAP is doing to address the addiction workforce shortage in North Dakota. I appreciate your commitment to tackling substance use in our state, and I am happy to stand for any questions.

Training Academy for Addiction Professionals

OPIOID SETTLEMENT FUND GRANT

Project Report

AS OF DECEMBER 2024

NDTAAP
North Dakota Training Academy *for* Addiction Professionals

The TAAP Consortium is increasing North Dakota's workforce by training the next generation of addiction counselors.

	PROJECTS	DETAILS	OUTCOME
15 Academic Scholarships	Scholarships awarded between $1,700-$10,000	OSF funded for one class to one year of school	**Goal to be met Aug. 2024** • DSU, UMary, UND, MSU, BSC, USD, & GCU
28 Paid Trainees	Clinical trainees have completed, are active or will be starting prior to June 20, 2024	OSF funded 10 training positions	**Goal to be met June 2025** • Remaining 16 training positions paid by partner organizations
16 Clinical Training Sites	Increase the number of TAAP Clinical Training Sites	Creates opportunity for trainees to train near home	**Goal Met June 2024** • Active application to increase training sites
19 Additional Clinical Supervisors	Increase the number of Clinical Supervisors	Provided 15 clinical supervisors for training students	**Goal Met June 2024** • Clinical Supervisors supporting ND workforce
250 College & High School Students	Visit 4 college campuses and 10 high schools	Presented addiction workforce education to HOSA-Future Health Professionals	**Goal Met October 2024** • HOSA Fall Leadership Conference • 22 high schools • 4 colleges/universities

Path to Addiction Counseling Licensure

Enrolled Junior/Senior College Student

Bachelor's Degree Graduate

Non-Degree Seeking Student

Dual Licensure Professional

Denise Andress, TAAP Director denisea@heartview.org 701-928-0830 www.ndtaap.org

Training Academy for Addiction Professionals

OPIOID SETTLEMENT FUND GRANT

Statewide Program

5 YEAR PROJECTION

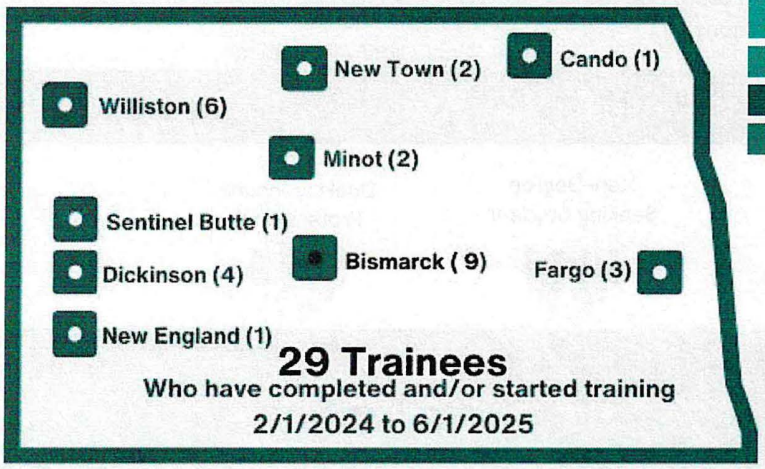
NDTAAP
North Dakota Training Academy *for* Addiction Professionals

The TAAP Consortium is increasing North Dakota's workforce by training the next generation of addiction counselors.

	PROJECTS	DETAILS	OUTCOME
20 TAAP Consortium Trainees	TAAP will increase the number of trainees from 10 to 20 trainees per year	TAAP will achieve 28 trainees this OSF Funding cycle	**Goal to complete 20 licensed addiction counselors in ND each year**
25 Trainees in the 5 other regional ND Consortiums	Provide funding to each of the other 5 ND Consortiums	TAAP distributes $100,000 to each consortium for trainee living wage	**Provide inclusive funding for addiction counselor trainees in the state-goal of other consortiums have an additional 25 trainees complete**
50 Additional Clinical Supervisors	Increase the number of Clinical Supervisors	Clinical supervisors paid $200 per week for full time and $200 per week for part time	**Recruit additional 50 clinical supervisors through financial incentive**

Investment

OSF Funding	Heartview	Partners
$613,000	$150,000	$75,000



Future Funding Needed
$1.5 M/Year

TAAP to ncrease paid trainee positions by 10 (total = 20)

TAAP to award 20 scholarships ranging from $1700-$10,000

Fund the 5 other ND consortiums to support addiction counselor trainees (5 trainees per consortium)

Additional administrative support

Additional funding for clinical supervision support

RESULT

North Dakota ADDING 40 licensed addiction counselors in the workforce per year.

The Board of Addiction Counseling Examiners is currently licensing 25 NEW licenses per year.

Denise Andress, TAAP Director
denisea@heartview.org 701-928-0830 www.ndtaap.org

Testimony on HB 1012- New State Hospital
House Appropriations - Human Resources Division
Feburary 5th, 2025

Chairman Nelson and members of the committee,

My name is Madison Hanson, and I stand before you today as a voice for those most impacted by your decision- to bring to light the devastating consequences Senate Bill 1012, the proposal for a new state hospital, will have on this great state.

The history of the state hospital model, once known as the asylum, can be traced back to Dr. Thomas Kirkbride and his 19th-century philosophy of moral treatment. His approach was based on the belief that individuals with mental illness would heal best when removed from their communities and placed in a peaceful, controlled environment, far from the stressors of daily life. Yet, this very distance severed them from family and meaningful social ties.

Kirkbride's vision emerged during a time when people with mental illness were in overcrowded city jails and almshouses, often chained to walls in dark, cold cells, treated as prisoners rather than patients. Kirkbride sought a more humane approach. He envisioned hospitals where both the physical environment and structured daily routines would serve as critical parts of the healing process. These traces of homeliness would produce an "inconspicuous confinement," in which architectural elements provided comfort and security, masking the appearance of a place of confinement.

The Kirkbride Plan called for long, symmetrical wings, as this design maximized exposure to natural light, beautiful views and good air circulation, which were believed to have restorative properties. Expansive landscaped grounds were another key feature, often including farms that provided food, as well as greenhouses and workshops offering innovative amenities. The hospital was intended to feel like a home, with wide corridors designed to encourage social interaction and a strategic layout that separated patients based on the severity of their condition. Those housed in the outer wings were often the most disruptive, while those closer to the central building were considered nearer to recovery and eventual reintegration into society. The architecture aimed to promote a therapeutic environment, or as Kirkbride described it, "a special apparatus for lunacy."

These psychiatric hospitals became overcrowded institutions, housing individuals with a wide range of misunderstood conditions, developmental disabilities, neurological disorders, and various forms of depression and atypical behaviors. In 1880, Kirkbrides colleague, Pliny Earle, produced evidence revealing how the data produced for annual reports had falsely inflated treatment rates, misleading taxpayers and government officials. As people became more aware of success rates being misrepresented, it led to disillusionment and criticism of the model of the state hospital.

The limits of Kirkbrides belief in architecture as a tool for healing became painfully clear when systemic support failed to sustain his model. While thoughtfully designed spaces can facilitate recovery, they cannot replace the need for properly funded, individualized and community based care. The Kirkbride Plan was ultimately discredited, and the asylum model for treatment was abandoned (Kirkbride, 2024). Yet today, we stand on the precipice of repeating history.

A Modern-Day Kirkbride Plan Disguised as Innovation

Supporters of the new Jamestown state hospital claim it will be a modern, innovative facility, organized along a "house-neighborhood-downtown" model, with wings off of central hubs for patient units, featuring efficient air circulation, large windows for sunlight and beautiful green spaces, located in a rural setting. It would also offer innovative ammenities. But this is not innovation. This is a modern-day Kirkbride Plan.

We have decades of research proving that institutionalization does not improve outcomes. In fact, it does the opposite. Isolation and confinement diminish a person's ability to rebuild their lives. Studies show that loneliness is a significant driver of poor health and social outcomes, and individuals with serious mental illness remain among the most marginalized populations in our society (Killaspy et al., 2022). The *1999 Olmstead decision* reaffirmed that unnecessary institutionalization is a form of discrimination, depriving individuals of their right to live within their communities.

What concerns me most is that, at this very moment, people are sitting in our state hospital, trapped in the limbo of institutional life.

They are likely in a community room, watching the same old movie on repeat, its dialogue blending into the background noise of an occasional scream from a patient who is scared, frustrated, or simply lonely. They are daydreaming of the day they will finally be discharged, picturing every detail- the food they long to taste, the old friend they might try to reconnect with and the feeling of freedom they could once again experience.

While they are trying their hardest to hold onto hope, we sit here, discussing the critical importance of ensuring that youth receive services with their families, and that individuals with disabilities remain integrated in their communities. Yet, somehow, we find no space in our hearts to extend that same humanity to those currently trapped in institutional isolation. Instead of working to free them, we are debating the construction of another facility for them to be isolated in.

We Have a Legal Obligation to Do Better

This is not just a policy issue- it's a legal obligation. We are required to develop community-based alternatives, yet we continue to fail our most vulnerable citizens. In 2023, 40% of patients deemed ready for discharge from the State Hospital remained institutionalized simply because no appropriate community-based services existed (TAC, 2023).

With all due respect to the progress our system has made, we must confront an undeniable reality: North Dakota significantly lacks appropriate community-based services for adults with SMI. The options that do exist are either inaccessible or lack the intensity and level of care required to support this population:

Free Through Recovery requires justice system involvement. Our specific 1915(c) waiver is designed for the elderly and physically disabled. PATH provides outreach, not intensive treatment. 1915(i) is essentially care coordination, not direct care. We have zero psychiatric residential treatment programs for adults. Instead of providing the care they need, we are warehousing them in state hospitals, jails, and emergency rooms- a failure that comes at great human and financial cost.

The 2024 Study of Basic Care and Assisted Living explicitly identified significant gaps in our system, including the absence of supportive housing options for adults with SMI leaving the state hospital. It also shattered the misconception that Basic Care is meeting this need- it is not. So, how can we even discuss building a new state hospital when we have nowhere to discharge its patients to? A bed is not a solution. A system that ensures all people can transition into sustainable, community-based care, is.

"The State cannot justify segregation by showing that it provides treatment or habilitation in the State facility. If the person could receive that support in the community, then segregation in an institution is discriminatory. The State has an affirmative responsibility to provide community alternatives." (Olmstead Decision and Its Aftermath, 2014).

Our focus must be on completing the development of community based services that deinstitutionalization called for: ensuring that our CCBHCs develop Assertive Community Treatment. Investing in regional acute care units, and expanding Psychiatric Residential Treatment programs to serve adults. These are just some evidence based next steps- not another outdated institution disguised as progress.

At the end of the day, Chairman Nelson and members of the committee, your decision will not just shape policy- it will shape lives. This is not about budget lines or administrative pressure or convenience. This is about people. People who have been forgotten, silenced, and locked away for decades.

We are the ones who can change that. I ask you to remember our state's motto: To be bold. To be legendary.

That means learning from history, not repeating its mistakes. That means rejecting Senate Bill 1012 and voting NO to a new state hospital.

Thank you for your time.

Madison Hanson

NATIVE INC.
Community Development Corporation

Native Community Development, Inc. dba NATIVE, Inc. serving urban Indians and other disproportionate populations in North Dakota.

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February 5, 2025

HB 1012
Appropriations - Human Resources Division

Mr. Chairman Nelson and Members of the Committee,

My name is Lorraine Davis, Founder and CEO of NATIVE, Inc. serving the urban Indian populations and other disproportionate populations in North Dakota. NATIVE, Inc. is a partner with the ND Behavioral Health Division as a community service provider of the Free through Recovery Program, Community Connect Program and 1915i Program serving in the Bismarck and Fargo areas. NATIVE, Inc. provides culturally responsive services and programs. I created NATIVE, Inc. to better meet the cultural needs of Native Americans living in urban areas of ND.

I am here today in **support of HB 1012 with an amendment to include an urban Indian set aside to fiscally support culturally programming for participants and their families involved in the Free through Recovery, Community Connect and 1915i programs.**

Due to the disproportionate representation of Native American adults in prison, Native American youth corrections and at-risk youth, and children involved in foster care and adoptions, it is critical to provide cultural and traditional healing programming amongst Native Americans living off the reservations referred to as the urban Indians within our state.

Thank you for your time and commitment toward addressing human service needs within ND. I stand for any questions.

2025 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

HB 1012
2/6/2025

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

2:46 p.m. Chairman J. Nelson called the meeting to order.

Members Present: Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Berg, Mitskog, Murphy, O' Brien, Wagner.

Discussion Topics:

- One-time funding
- Block Grant
- Community Health Trust Fund
- State Laboratory
- Certified Community Behavioral Health Clinics
- Opioid Settlement Fund

2:46 p.m. Donna Aukland, Chief Financial Officer, Health and Human Services, distributed the budget packets and testified to proposed amendments #36178. #36227.

2:58 p.m. Sara Stolt, Deputy Commissioner, Health and Human Services, addressed the cost of retiring the main frame #36178.

3:08 p.m. Donna Aukland, Chief Financial Officer, Health and Human Services, continued with testimony #36178.

3:23 p.m. Sara Aker, Executive Director, Medical Services, Health and Human Services, addressed the system integrator and provider enrollment #36178.

3:24 p.m. Donna Aukland, Chief Financial Officer, Health and Human Services, continued with testimony ##36178.

3:40 p.m. Dirk Wilke, Interim Commissioner, Health and Human Services, addressed committee questions #36178.

3:42 p.m. Donna Aukland, Chief Financial Officer, Health and Human Services, continued with testimony #36178.

4:07 p.m. Sara Aker, Executive Director, Medical Services, Health and Human Services, spoke to the quality funding for nursing programs.

4:08 p.m. Donna Aukland, Chief Financial Officer, Health and Human Services, continued with testimony #36227,

4:19 p.m. Sara Aker, Executive Director, Medical Services, Health and Human Services, spoke to when their IT installation began.

4:22 p.m. Donna Aukland, Chief Financial Officer, Health and Human Services, continued with testimony #36178.

4:35 p.m. Karol Riedman, Assistant Chief Financial Officer, Public Health Division, spoke to increased fees #36178.

4:36 p.m. Donna Aukland, Chief Financial Officer, Health and Human Services, continued with testimony #36178, #36227.

4:44 p.m. Chairman J. Nelson adjourned the meeting.

Jan Kamphuis, Committee Clerk

NORTH Dakota | Health & Human Services
Be Legendary.

3% Savings Plan

SECTION	DESCRIPTION OF SAVINGS	GENERAL FUND	FEDERAL FUNDS	OTHER FUNDS
North Central Clinic	Respite Provider Payments - duplicative of CFS budget	$ (35,000)		
South Central Clinic	Work Services Contract utilization reduction	$ (250,000)		
West Central Clinic	Sanford Bismarck Inpatient Contract - utilization reduction	$ (18,940)		
West Central Clinic	St Alexius Medical Center Inpatient Contract - utilization reduction	$ (4,400)		
Behavioral Health Clinics	Additional Revenue Clinics	$ (1,900,000)		$ 1,900,000
Behavioral Health Policy	Peer Support Program	$ (137,990)		
Behavioral Health Policy	Opioid Settlement Fund			$ (8,000,000)
Economic Assistance	TANF Kinship - utilization reduction	$ (1,500,000)		
Aging Services	Nutrition Supplement for Meals	$ (850,000)		
Developmental Disabilities	Leisure programs	$ (150,000)		
Developmental Disabilities	Resilient Early Intervention Leadership (REIL) - Program ended	$ (568,729)		
Developmental Disabilities	Bed Assessment Tax			$ (3,389,620)
Vocational Rehabilation	Bottineau Winter Park	$ (200,000)		
Early Childhood	Trenton Indian Service Area - Low utilization	$ (251,448)		
Early Childhood	Early childhood consumer education	$ (15,902)		
Early Childhood	Early childhoood training	$ (11,126)		
Long Term Care	Quality Incentive Pool for Nursing Facilities	$ (8,000,000)		
Long Term Care	Quality Incentive Pool for Nursing Facilities correcting funding	$ (4,000,000)	$ 4,000,000	
Medical Services	Pay Co-Pays on $0 Pay Drugs to Allow Rebate	$ (450,000)	$ (1,050,000)	
Medical Services	Third Party Liability (TPL)/Claims Recoveries	$ (1,830,000)	$ (1,830,000)	
Health and Safe Communities	The Tobacco Prevention and Control Program			$ (493,302)
Health and Safe Communities	Fetal alcohol syndrome center - pass through from UND	$ (350,458)		
Health Response & Licensure	Civil money penalty fund			$ (209,254)
		$ (20,523,993)	**$ 1,120,000**	**$ (10,192,176)**

Included in Executive Budget Request

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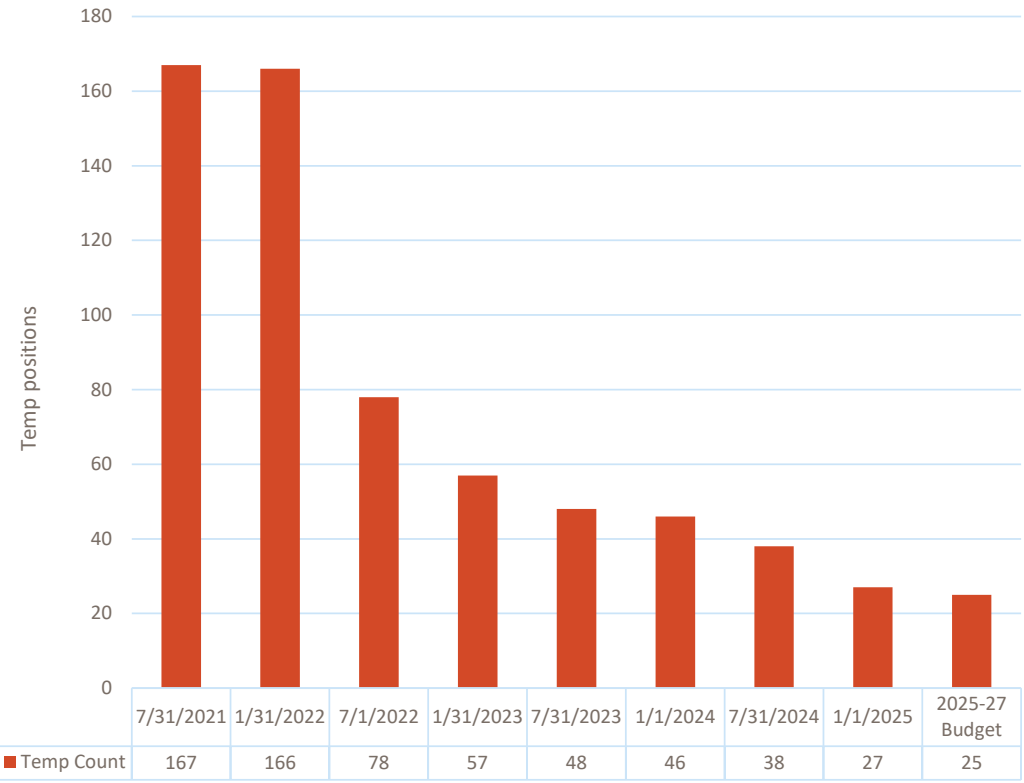
Public Health Division
Changes in Temporary Positions
Disease Control & Forensic Pathology

- Major decrease in temps during the 2021-23 biennium
  - From 167 to 48 – Decreased pandemic needs
- Decrease in federal Covid funding sources and activity ending in the 2023-25 biennium
  - From 48 to 27



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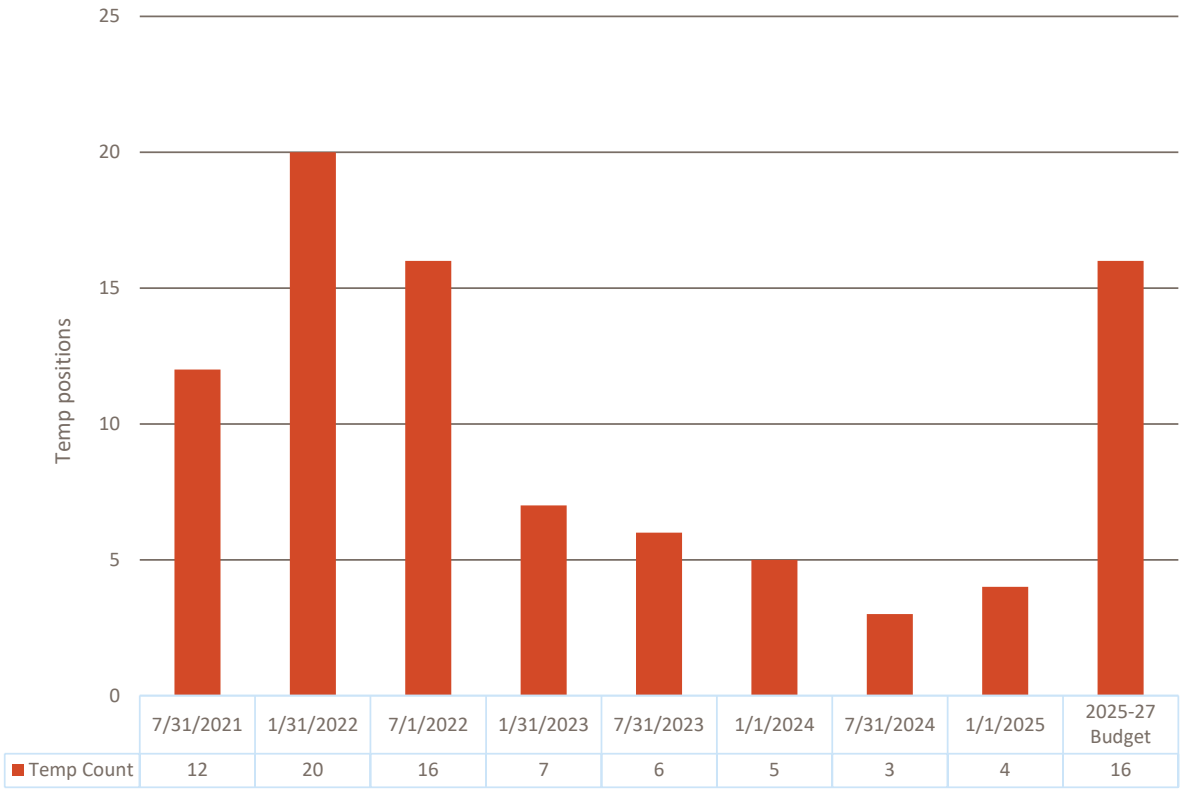
Public Health Division
Changes in Temporary Positions
Health Statistics and Performance

- Requesting 12 additional temps for the 2025-27 biennium
- These temp positions relate to 4 new grants



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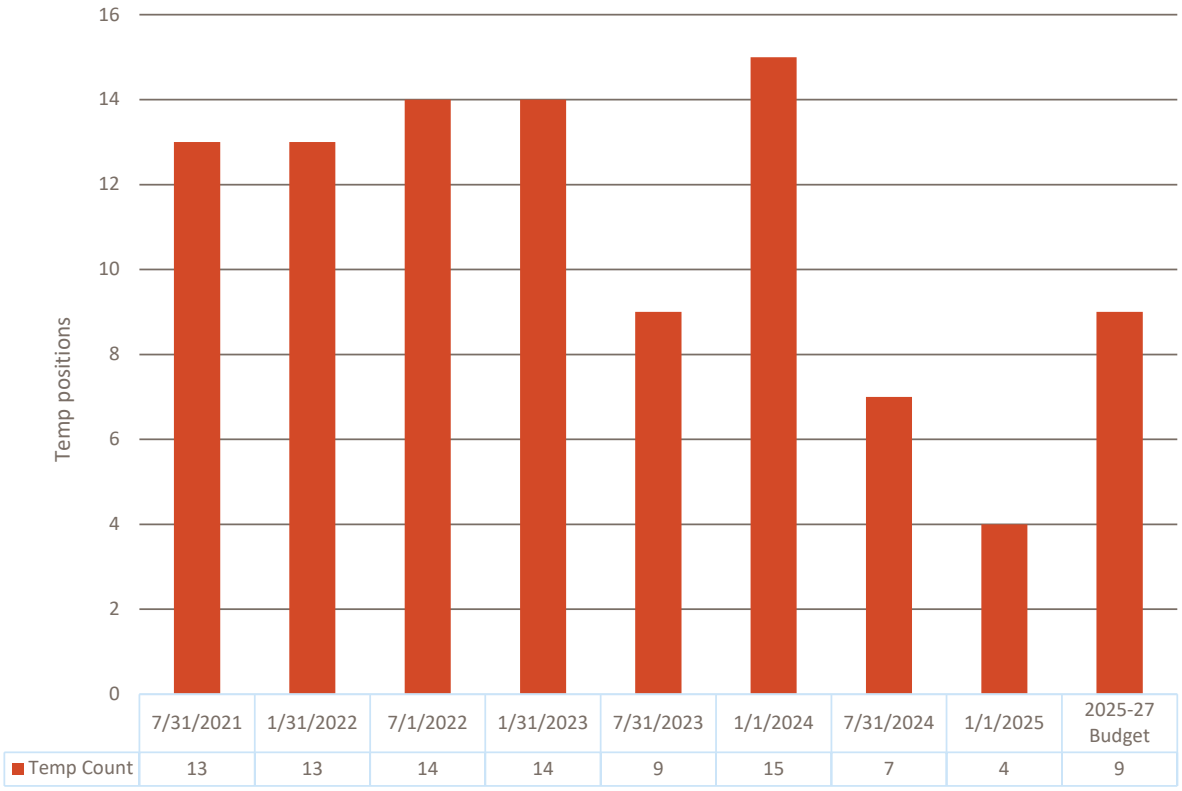
Public Health Division
Changes in Temporary Positions
Healthy and Safe Communities

- Requesting 4 additional temps for the 2025-27 biennium
- These temp positions are related to new grants



	7/31/2021	1/31/2022	7/1/2022	1/31/2023	7/31/2023	1/1/2024	7/31/2024	1/1/2025	2025-27 Budget
Temp Count	13	13	14	14	9	15	7	4	9

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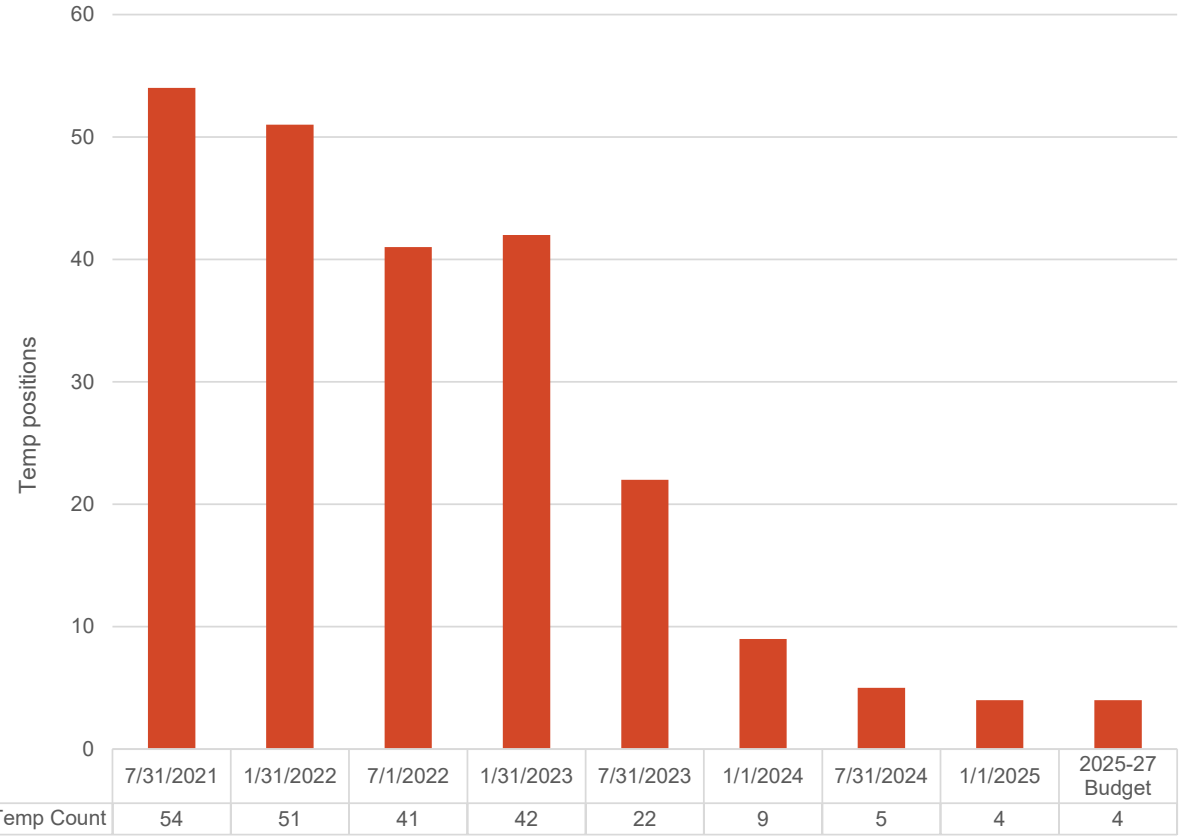
Public Health Division
Changes in Temporary Positions
Lab Services

- Major decrease in temps during the 2021-23 biennium
  - From 54 to 22 – Decreased pandemic needs
- Decrease in federal Covid funding sources and activity ending in the 2023-25 biennium
  - From 22 to 4



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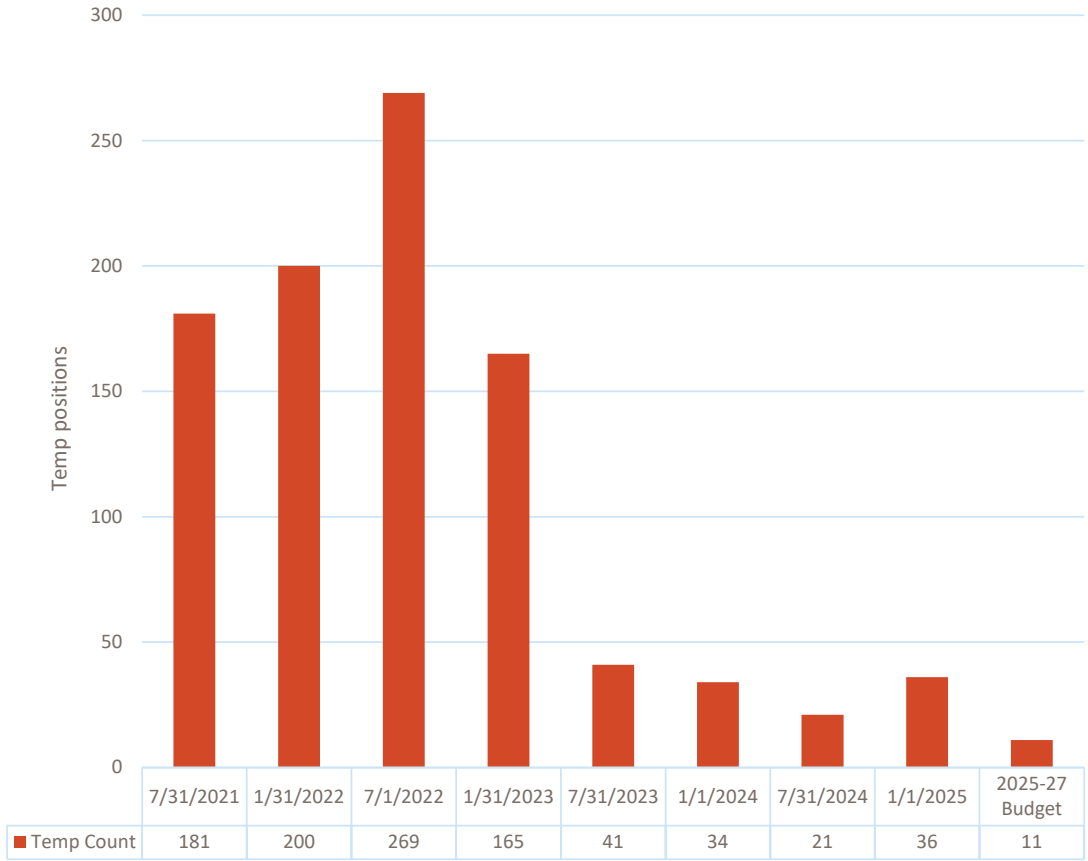
Public Health Division
Changes in Temporary Positions
Health Response & Licensure

- Fluctuations in temps during the 2021-23 biennium
  - From 181 to 41 – Decreased pandemic needs
  - Major increase due to Crisis Response in Long Term Care Facilities
- Decrease in federal Covid funding sources and activity ending in the 2023-25 biennium
  - From 41 to 36



Community Health Trust Fund
Status Statement

	2021-23 Actual[1]	2023-25 Legislative Appropriation	2023-25 Revised Estimate	2025-27 Executive Budget
Beginning Balance	$26,666,703	$31,973,947	$31,973,947 [2]	$19,135,435
Revenue:				
One-Time Transfer from Tobacco Prevention and Control Trust Fund	$2,056,437	$0	$0	$0
JUUL Labs Settlement (2023 HB1004)	89,884	928,457	1,390,271	1,000,000
Transfers from the Tobacco Settlement Trust	48,100,931	40,000,000	43,151,312	40,000,000 [4]
Total Revenue	$50,247,252	$40,000,000	$43,151,312	$41,000,000
Expenditures:				
Department of Human Services - Medical Services	($31,500,000)	$0	$0 [3]	$0
Dental Loan Program	(246,872)	(360,000)	(360,000) [3]	(360,000)
Behavioral Health Loan Repayment	(192,247)	(234,500)	(234,500) [3]	(234,500)
Tobacco Prevention and Control Programs	(10,276,902)	(11,293,000)	(10,893,000) [3]	(10,799,698)
Tobacco Cessation Grants	0	(500,000)	(500,000)	(500,000)
Youth Vaping Prevention Grants	0	(300,000)	(300,000)	(300,000)
Women's Way Program	(323,611)	(329,500)	(329,500) [3]	(329,500)
Behavioral Risk Factor State Survey (BRFSS)	(24)	(200,000)	(200,000) [3]	(200,000)
Cancer Programs	(575,355)	(580,324)	(580,324) [3]	(580,324)
Domestic Violence Prevention	(299,997)	(2,000,000)	(2,000,000) [3]	(4,250,000)
Local Public Health State Aid	(525,000)	(3,275,000)	(3,275,000) [3]	(3,275,000)
988 Crisis Hotline	0	(1,867,500)	(1,867,500)	(1,867,500)
UND Forensic Examiner	(1,000,000)	(1,000,000)	(1,000,000) [3]	(2,866,156)
UND Clinically integrated network grant	0	(3,500,000)	(3,500,000) [3]	0
Forensic Examiner ER System	0	0	0 [3]	(278,000)
Cross Disability Advisory Council	0	(700,000)	(700,000)	0
Basic Care funding rate study	0	(600,000)	(600,000)	0
Healthy Care Task Force	0	(750,000)	(750,000)	0
Statewide Health Strategies	0	(1,500,000)	(1,500,000) [3]	0
Grants to Rural Ambulance	0	(7,000,000)	(7,000,000)	(7,000,000)
Avel eCare Rural Crisis Support Program	0	0	0	(2,000,000)

Alzheimer's Community Living	0	0	0	0
Dental/Oral Health	0	0	0	0
Chronic Disease and Diabetes Prevention	0	0	0	0
Child Support IT System Replacement	0	(20,400,000)	(20,400,000)	0
Food and Lodging Mgt Info System	0	0	0	(335,000)
Health Facilities/EMS Licensure System	0	0	0	(650,000)
Vocational Rehabilitation IT System	0	0	0	(1,704,000)
Partial Hospitalization/Intensive Day Treatment	0	0	0	(2,000,000)
Total Expenditures	($44,940,008)	($56,389,824)	($55,989,824)	($39,529,678)
Ending Balance	$31,973,947	$15,584,123	$19,135,435	$20,605,757

\1 Final revenue and expenditures per state accounting system reports dated June 30, 2023.

\2 Actual July 1, 2023 balance.

\3 Estimated expenditures for the 2023-25 biennium projected by the Department of Health and Human Services.

\4 Estimated revenues based on average actual receipts.

Notes:

The Community Health Trust Fund originated in 1999. The purpose of the fund is to provide for public health programs, including those emphasizing prevention or reduction of tobacco usage in this state. The revenue source for the Community Health Trust Fund is the Tobacco Settlement Trust Fund (North Dakota Century Code Section 54-27-25). All tobacco settlement monies received by the state are to be deposited in the Tobacco Settlement Trust Fund. Prior to the 2019-21 biennium, monies in the fund were allocated as follows:

10.0 percent to the Community Health Trust Fund
45.0 percent to the Common Schools Trust Fund
45.0 percent to the Water Development Trust Fund

In 2017, HB 1012 suspended transfers from the Tobacco Settlement Trust Fund to the Common Schools Trust Fund during the 2017-19 biennium and increased transfers from the Tobacco Settlement Trust Fund to the Community Health Trust Fund from 10.0 percent to 55.0 percent of the tobacco settlement revenues.

Beginning July 1, 2019, all money from the Tobacco Settlement Trust Fund must be transferred within 30 days of receipt to the Community Health Trust Fund.

The Community Health Trust Fund is administered by the Department of Health and Human Services which may use monies in the fund subject to legislative appropriation.

SB 2004, Section 7 directed Office of Management and Budget to transfer any moneys remaining in the Tobacco Prevention and Control Trust Fund to the Community Health Trust Fund on July 1, 2021.

HB 1004, Section 9 directs 80.0 percent of the funds received by the state under the JUUL Lab settlement be deposited into the Community Health Trust Fund.

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Public Health Division
Effect of Potential Fee Increases
Health Response and Licensure - Food and Lodging Unit

2023-25 Legislative Base (other funds)	$ 950,634
12.5% increase	118,829
2025-27 Executive Budget Request	$ 1,069,463
7.5% increase	71,298
Potential Request with 20% increase	$ 1,140,761

This schedule illustrates the effect of increasing Food and Lodging fees by 20%.

- The 2025-27 Executive Budget Request included a 12.5% fee increase.
- The additional 7.5% increase provides the 20% total increase.
- A 20% increase in fees would yield **$190,127** in additional funding (other funds) to support the programs.

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Public Health Division
Fee Comparisons by State
Health Response and Licensure - Food and Lodging Unit

Restaurant, Grocery and Lodging fees are 80% of ND Food & Lodging's revenue*

License Application by Type	ND Food & Lodging	Fargo	Grand Forks	Minnesota Health Department (MDH)	Minnesota Agriculture Department (MDA)	South Dakota	Montana
Restaurant (Lowest Fee - zero seating example limited menu)	$ 110	$ 385	$ 140	$ 450	N/A	$ 215	$ 85
Restaurant (High Range - example full service with dining)	210	595	360	590	N/A	350	115
Grocery Store (Lowest Fee < 2500 ft2 example Dollar Store)	110	295	145	N/A	50	215	85
Grocery Store (High Range > 5000 ft2 example Walmart)	290	375	360	N/A	2,001	215	115
Lodging - Hotel, Motel, etc. (Lowest Fee)	50	250	N/A	50	N/A	45	40
Lodging - Hotel, Motel, etc. (High Range 500 rooms)	325	250	N/A	2,595	N/A	1,125	160

Restaurant notes:

- ND Food & Lodging charges a base fee plus 50 cents per seat, capped at $210.
- City of Fargo fees include a one-time plan review fee of $175; no cap on seating
- Minnesota Dept of Health is requesting a 60% increase in license fees during this legislative session
- South Dakota is also requesting an increase in license fees during this legislative session

*Information on additional fees available upon request. Illustrative charts follow.

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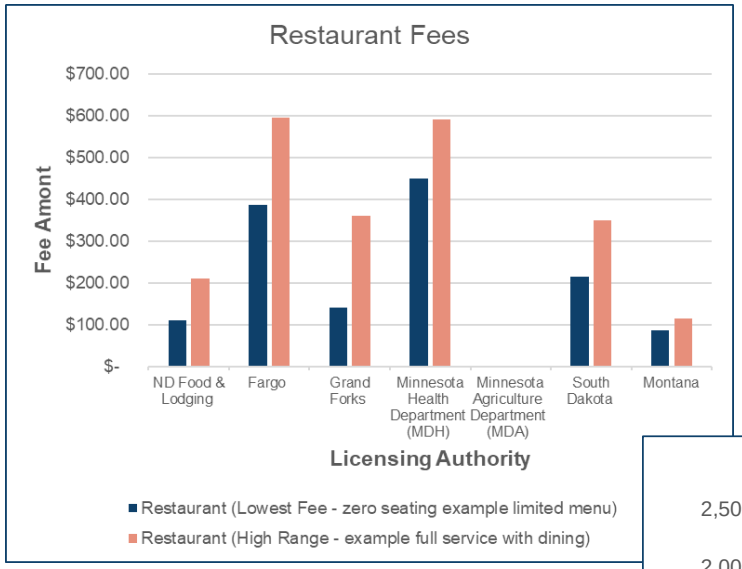
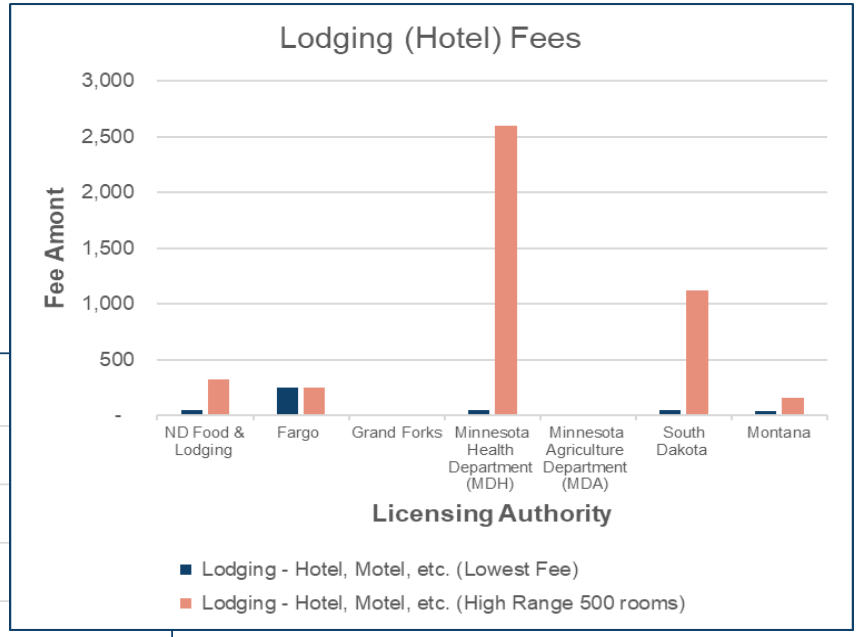
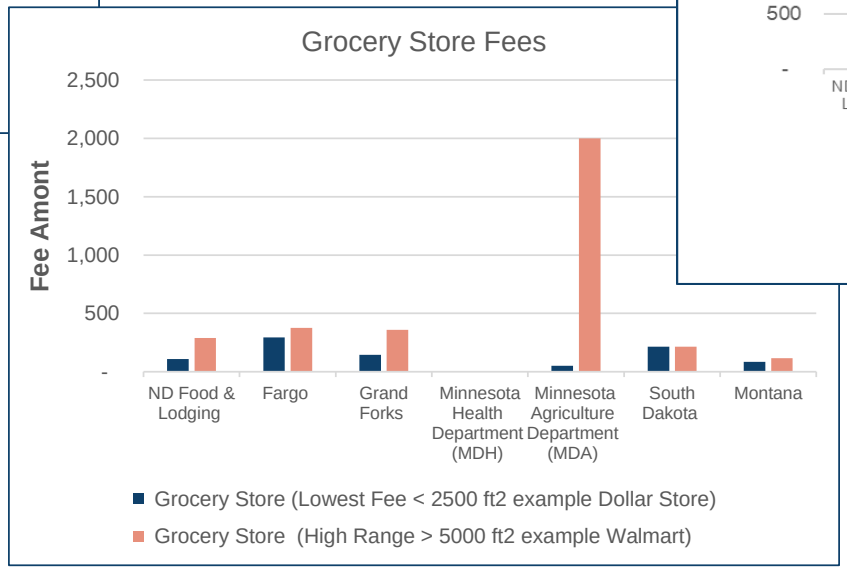
Public Health Division
Fee Comparisons by State
Health Response and Licensure - Food and Lodging Unit







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SB 2385 Information Request
2024 Civil Penalties and Settlements
ND Department of Health and Human Services
Health Response and Licensure - Food and Lodging Unit

2024 Civil Penalty Orders : 13 Total

In-State Individual Owners – 3 parks

Out of State Corporations – 7 parks

- Kaeden RV Park, RV Park, Sweet Home ND Enterprise LLC-CUN LU, CA
- Mayville Park, Mobile Home Park, Westlake Properties, OR
- Watford Mobile Estates, Mobile Home Park, Westlake Properties, OR
- Watford Mobile Estates, RV Park, Westlake Properties, OR
- Westlake Mobile Court, Mobile Home Park, Westlake Properties, OR
- Westlake Mobile Court, RV Park, Westlake Properties, OR
- Ridgeview RV Park, RV Park, Ridgeview Park LLC, CA

Out of State Individuals – 3 parks

- Killdeer Mountain Park, Mobile Home Park, 3 Individual Owners, WY
- Killdeer Mountain Park, RV Park, 3 Individual Owners, WY
- North Gold RV Park, RV Park, Springville, UT

2024 Settlement Agreements: 3 Total

Three parks in Williston

Owned by one out-of-state corporation

Listed under three separate LLCs

- Sound Capital ND LP, Scottsdale AZ
- FM Williston LLLP, Scottsdale, AZ
- Glenn Billa LLLP, Scottsdale, AZ

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SB 2385 Information Request
2024 Civil Penalties and Settlements
ND Department of Health and Human Services
Health Response and Licensure - Food and Lodging Unit

23-10-06.2 Total Civil Penalty Orders, 2024 (Table):

Days Past Due	Civil Penalty Schedule per HHS Policy	Civil Penalty Order	Civil Penalty Amount Due	Park Name, RV Park or Mobile Home Park, and Ownership Information
31 to 60 Days	$250	1	$250	($250) Kaeden RV Park, RV Park, Sweet Home ND Enterprise LLC-CHUN LU, CA
61 to 90 Days	$500	6* (collected a total fee of $500 for all 5 Westlake Properties Minnesota A, LLC parks reduced due to a hardship)	$1,000	($500) Sunset RV Park, RV Park, Individual Owner, ND ($1000 Mayville Park, Mobile Home Park, Westlake Properties, OR* ($100) Watford Mobile Estates, Mobile Home Park, Westlake Properties, OR* ($100) Watford Mobile Estates, RV Park, Westlake Properties, OR* ($100) Westside Mobile Court, Mobile Home Park, Westlake Properties, OR* ($100) Westside Mobile Court, RV Park, Westlake Properties, OR*
91 to 120 Days	$1,000	6	$ 6,000	($1,000) West Bay Resort LLC, RV Park, Individual Owner, ND ($1,000) Killdeer Mountain Park, Mobile Home Park, 3 Individual Owners, WY ($1,000) Killdeer Mountain Park, RV Park, 3 Individual Owners, WY ($1,000) Ridgeview RV Park, RV Park, Ridgeview Park LLC, CA ($1,000) North Gold RV Park, RV Park, Springville, UT** ($1,000) West Side Park, Mobile Home Park, Stanley, ND
121 to 150 Days	$2,500	0	0	
151 or more Days	$5,000	3***	$15,000	Three Mobile Home Parks in Williston owned by the same owner under three separate LLCs
Total Payments Collected, 2024		11 Civil Penalty Orders 3 Settlement Agreements	$20,250	A total of 14 Civil Penalty Orders were issued and three Settlement Agreements for violation of 23-10-06.2; One was waived due to the park only operating 2 lots and marked Out Of Business Therefore, **13 Total Civil Penalty Orders plus three Settlement Agreement** for violation of one provision of law, N.D.C.C. 23-10-06.2. Five Orders under the same owner were reduced to $100 per park due to an approved hardship. Three MHPs in Williston (fined $5,000 for each park) penalties via settlement agreements therefore did not receive an Order. The settlement agreement covered violations of regulation and operating without a license.
Total Payments Outstanding, 2024	$1,000	2 Civil Penalty Orders	$2000	**2 Civil Penalty Orders Due outstanding at $1,000 each
Total Due, 2024			**$22,250**	

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HB 1012 - REVIEW APPROVAL WORKSHEET

2025-27 BIENNIUM
CHAMBER 1

Legend
Legislative Base Level
Funded by Governor - Ongoing
Funded by Governor - One-time
Amendments to HB 1012
Division Subtotal
Division total

CHTF = Community Health Trust Fund
SIIF = Strategic Investment and Improvement Fund
LSTC = Life Skills & Transition Center

	2025-27 Executive Budget Recommendation				2025-27 House Amendments				2025-27 HOUSE BUDGET TO SENATE			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Base Level - BUSINESS OPERATIONS	180.55	$ 74,099,008	$ 118,894,310	$ 192,993,318					180.55	$ 74,099,008	$ 118,894,310	$ 192,993,318
Base Payroll Changes		9,811,766	8,956,036	18,767,802					-	-	-	-
Continued Program Changes (Operating)		(25,427,799)	(81,184,796)	(106,612,595)					-	-	-	-
Continued Program Changes (Capital Assets)		(108,934)	-	(108,934)					-	-	-	-
Continued Program Changes (Grants)		-	6,966,375	6,966,375					-	-	-	-
Additional Savings Plan		(2,444,699)	150,000	(2,294,699)					-	-	-	-
Reduction to meet Base		(1,470,132)	-	(1,470,132)					-	-	-	-
IT Contractual inflationary increase (4 yrs) - Cost to Continue		20,730,788	-	20,730,788					-	-	-	-
NDIT Rate Increases - Cost to Continue		4,012,147	-	4,012,147					-	-	-	-
Retire Technical debt remediation, including mainframe and legacy systems		-	10,000,000	10,000,000					-	-	-	-
Operational Underfund		6,950,000	-	6,950,000					-	-	-	-
FTE Block Grant Request		9,842,126	-	9,842,126					-	-	-	-
Office of Administrative Hearings and Attorney General rate increase reduction		190,590	-	190,590					-	-	-	-
Exec Compensation 3%/3%		6,135,534	1,302,676	7,438,210					-	-	-	-
Section 2 - One-Time Funding												
Section 3 - Funding Transfers between subdivisions 1, 2, 3, 4, and 5												
Section 4 - Full-time Equivalent position block grant program												
Section 6 - Other Funds - Community Health Trust Fund												
Section 9 - Other Funds - Strategic Investment and Improvements Fund												
Section 11 - Capital Payments (State Hospital, Southeast Human Service Center, LSTC)												
Section 12 - Emergency Commission Approval												
Section 16 - Exemption - Unexpended Appropriations												
Section 17 - Legislative Intent - Utilization Rate Adjustment												
Section 18 - Legislative Intent - Provider Rate Increases												
Section 19 - Federal Funding Appeal Limitation												
Total changes to Base Level - Business Operations	-	28,221,387	(53,809,709)	(25,588,322)	-	-	-	-	-	-	-	-
2025-27 BUSINESS OPERATIONS FUNDING	**180.55**	**$ 102,320,395**	**$ 65,084,601**	**$ 167,404,996**	**-**	**$ -**	**$ -**	**$ -**	**180.55**	**$ 74,099,008**	**$ 118,894,310**	**$ 192,993,318**
2025-27 Base Level - BEHAVIORAL HEALTH	1,146.20	$ 307,905,408	$ 113,955,941	$ 421,861,349					1,146.20	$ 307,905,408	$ 113,955,941	$ 421,861,349
Base Payroll Changes - BH Policy		8,085,848	36,627	8,122,475					-	-	-	-
Base Payroll Changes - Clinics		11,884,546	4,734,131	16,618,677					-	-	-	-
Base Payroll Changes - SH		(6,157,248)	2,284,018	(3,873,230)					-	-	-	-
Continued Program Changes (Operating-BH Policy)		23,747,708	(5,132,466)	18,615,242					-	-	-	-
Continued Program Changes (Clinics-Operating)		17,625,561	(1,737,503)	15,888,058					-	-	-	-
Continued Program Changes (SH-Operating)		3,224,885	119,437	3,344,322					-	-	-	-
Continued Program Changes (Grants)		-	(2,833,044)	(2,833,044)					-	-	-	-
Continued Program Changes (Opioid)		-	6,000,000	6,000,000					-	-	-	-
Additional Savings Plan		(25,012,475)	(6,159,999)	(31,172,474)					-	-	-	-
Reduction to meet Base		(8,912,761)	-	(8,912,761)					-	-	-	-
Provider Inflation - BH Policy 1.5%/1.5%		1,088,608	-	1,088,608					-	-	-	-
Provider Inflation - Clinics 1.5%/1.5%		814,210	-	814,210					-	-	-	-
Opioid Settlement		-	8,000,000	8,000,000					-	-	-	-
Electronic Health Record / Pharmacy System Recovery and Backup		-	500,000	500,000					-	-	-	-
Retire EHR Legacy System Data Extraction & Migration on Mainframe		-	1,000,000	1,000,000					-	-	-	-
State Hospital Network Redundancy		-	500,000	500,000					-	-	-	-
Avel eCare Rural Crisis support continuation - CHFT		-	2,000,000	2,000,000					-	-	-	-
Inflation for vendors Crisis Residential Contract		706,233	-	706,233					-	-	-	-

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HB 1012 - REVIEW APPROVAL WORKSHEET

2025-27 BIENNIUM
CHAMBER 1

Legend
Legislative Base Level
Funded by Governor - Ongoing
Funded by Governor - One-time
Amendments to HB 1012
Division Subtotal
Division total

CHTF = Community Health Trust Fund
SIIF = Strategic Investment and Improvement Fund
LSTC = Life Skills & Transition Center

	2025-27 Executive Budget Recommendation				2025-27 House Amendments				2025-27 HOUSE BUDGET TO SENATE			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
Inflation for vendors Addiction Residential Contract		917,786	-	917,786					-	-	-	-
Inflation for vendors Recovery/Rehab Contract		2,154,668	-	2,154,668					-	-	-	-
Substance Use Disorder (SUD) Voucher Expansion		2,500,000	-	2,500,000					-	-	-	-
Western ND behavioral health staffing compensation		250,536	-	250,536					-	-	-	-
Development of Partial Hospitalization/Intensive Day Treatment - CHFT		-	2,000,000	2,000,000					-	-	-	-
Treatment Collaborative for Traumatized Youth Expansion		408,000	-	408,000					-	-	-	-
Voluntary Treatment Program/QRTP access for private custody youth		1,351,997	-	1,351,997					-	-	-	-
Youth Crisis Stabilization Pilot		3,000,000	3,000,000	6,000,000					-	-	-	-
Continue existing levels of service in Free Through Recovery and Community Connect		4,761,081	-	4,761,081					-	-	-	-
Expand Community Connect services		4,458,814	1	4,458,815					-	-	-	-
Expand Free Through Recovery Services		4,016,908	-	4,016,908					-	-	-	-
Peer Support		137,990	-	137,990					-	-	-	-
Drug Court Treatment support		200,000	-	200,000					-	-	-	-
Southeast Clinic Bathroom Remodel Project - SIIF		-	972,000	972,000					-	-	-	-
New State Hospital - BOND		-	300,000,000	300,000,000					-	-	-	-
Exec Compensation 3%/3%		11,597,472	249,025	11,846,497					-	-	-	-
Section 13 - Permanent Supportive Housing Grants												
Section 15 - Human Service Centers - Certified Community Behavioral Health Clinics - Full-Time Equilvalent Positions												
Total changes to Base Level - Behavioral Health	-	62,850,367	315,532,227	378,382,594	-	-	-	-	-	-	-	-
2025-27 BEHAVIORAL HEALTH FUNDING	**1,146.20**	**$ 370,755,775**	**$ 429,488,168**	**$ 800,243,943**	**-**	**$ -**	**$ -**	**$ -**	**1,146.20**	**$ 307,905,408**	**$ 113,955,941**	**$ 421,861,349**
2025-27 Base Level - HUMAN SERVICES	1,041.70	$ 623,450,353	$ 1,240,409,529	$ 1,863,859,882					1,041.70	$ 623,450,353	$ 1,240,409,529	$ 1,863,859,882
Base Payroll Changes		6,261,803	7,702,230	13,964,033					-	-	-	-
Base Payroll Changes - LSTC		2,856,702	(1,009,960)	1,846,742					-	-	-	-
Continued Program Changes (Operating)		40,812,588	55,620,281	96,432,869					-	-	-	-
Continued Program Changes (Grants)		760,048	(7,560,324)	(6,800,276)					-	-	-	-
Continued Program Changes (Operating-LSTC)		2,268,996	1,442,247	3,711,243					-	-	-	-
Continued Program Changes (Zones)		(16,873)	1,942,661	1,925,788					-	-	-	-
Cost to Continue		33,754,739	47,551,537	81,306,276					-	-	-	-
FMAP Changes		13,803,612	(17,349,032)	(3,545,420)					-	-	-	-
Additional Savings Plan (Multiple Classes)		(32,495,562)	5,611,109	(26,884,453)					-	-	-	-
Reduction to meet Base (Salaries)		(2,644,053)	-	(2,644,053)					-	-	-	-
Provider Inflation 1.5%/1.5%		9,742,775	10,398,587	20,141,362					-	-	-	-
AASK Contract Investment Increases		4,883,205	-	4,883,205					-	-	-	-
Retire Economic Assistance Legacy Systems on Mainframe (should be in Human Services)		-	2,000,000	2,000,000					-	-	-	-
Conversion of Development Disabilities eligibility assessment tool (ICAP to SIS)		200,000	200,000	400,000					-	-	-	-
Housing assistance to support targeted population member transactions		300,000	-	300,000					-	-	-	-
Services to support transition and diversion from institutional settings		2,733,934	2,555,463	5,289,397					-	-	-	-
Implement a Host Home service in the DD HCBS Waiver		1,689,900	1,689,900	3,379,800					-	-	-	-
Adult Protective Services coverage		718,522	-	718,522					-	-	-	-
Investment in providing quality representation support for families		350,000	350,000	700,000					-	-	-	-
Implement comprehensive Vocational Rehab technology system-CHTF		-	8,000,000	8,000,000					-	-	-	-
LSTC Roof for Cedar Grove - SIIF		-	712,480	712,480					-	-	-	-
Best in Class program expansion		6,000,000	-	6,000,000					-	-	-	-
Childcare grants, resources and shared services		5,000,000	-	5,000,000					-	-	-	-

HB 1012 - REVIEW APPROVAL WORKSHEET

Legend
Legislative Base Level
Funded by Governor - Ongoing
Funded by Governor - One-time
Amendments to HB 1012
Division Subtotal
Division total

CHTF = Community Health Trust Fund
SIIF = Strategic Investment and Improvement Fund
LSTC = Life Skills & Transition Center

	2025-27 Executive Budget Recommendation				2025-27 House Amendments				2025-27 HOUSE BUDGET TO SENATE			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
Early childhood quality infrastructure		3,000,000	-	3,000,000					-	-	-	-
Maintaining expanded inclusion support for childcare/children with special needs		172,500	-	172,500					-	-	-	-
Offer quality reated childcare programs access to Teaching Strategies		100,000	-	100,000					-	-	-	-
Quality tiered payments for Childcare Assistance Program		3,000,000	-	3,000,000					-	-	-	-
Housing assistance for people at risk of housing instability - SIIF		-	10,000,000	10,000,000					-	-	-	-
Eviction prevention programs - SIIF		-	3,500,000	3,500,000					-	-	-	-
Home renovation incentives for accessibility - SIIF		-	1,000,000	1,000,000					-	-	-	-
Exec Compensation 3%/3%		2,898,439	11,422,819	14,321,258					-	-	-	-
Section 7 - Human Service Financing Fund												
Total changes to Base Level - Human Services	-	106,151,275	145,779,998	251,931,273	-	-	-	-	-	-	-	-
2025-27 HUMAN SERVICES FUNDING	**1,041.70**	**$ 729,601,628**	**$ 1,386,189,527**	**$ 2,115,791,155**	**-**	**$ -**	**$ -**	**$ -**	**1,041.70**	**$ 623,450,353**	**$ 1,240,409,529**	**$ 1,863,859,882**
2025-27 Base Level - MEDICAL SERVICES	101.75	$ 958,216,598	$ 1,818,029,529	$ 2,776,246,127					101.75	$ 958,216,598	$ 1,818,029,529	$ 2,776,246,127
Base Payroll Changes		1,802,721	1,310,188	3,112,909					-	-	-	-
Continued Program Changes (Operating)		38,606,353	63,897,791	102,504,144					-	-	-	-
Continued Program Changes (Grants)		(677,530)	861,192	183,662					-	-	-	-
Remove Autism Voucher Funding		(300,000)	-	(300,000)					-	-	-	-
Cost to Continue		21,723,618	(78,354,771)	(56,631,153)					-	-	-	-
FMAP Changes		31,039,763	(37,494,343)	(6,454,580)					-	-	-	-
Additional Savings Plan		(27,708,033)	(6,089,580)	(33,797,613)					-	-	-	-
Reduction to meet Base		(29,451,242)	-	(29,451,242)					-	-	-	-
Provider Inflation 1.5%/1.5%		10,244,567	11,368,051	21,612,618					-	-	-	-
Home and Community Based Services cost to continue growth		36,977,113	27,837,811	64,814,924					-	-	-	-
Bed Assessment Tax		-	7,209,580	7,209,580					-	-	-	-
Retire Medicaid Legacy Systems on Mainframe		-	2,000,000	2,000,000					-	-	-	-
Value-based purchasing - Medicaid		1,000,000	1,000,000	2,000,000					-	-	-	-
Home Health/Private Duty Nursing Targeted Rate Increase		1,235,768	1,235,768	2,471,536					-	-	-	-
Qualified Service Provider (QSP)/HCBS Targeted Rate Increase		3,595,104	1,797,552	5,392,656					-	-	-	-
Cross-Disability Waiver Implementation		2,474,226	2,474,226	4,948,452					-	-	-	-
Rebase Targeted Medicaid Rate Increase for Ambulance Services		2,189,770	2,189,770	4,379,540					-	-	-	-
Exec Compensation 3%/3%		474,776	725,118	1,199,894					-	-	-	-
Section 14 - Medicaid Expansion - Expenditures may not Exceed Appropriation												
Total changes to Base Level - Medical Services	-	93,226,974	1,968,353	95,195,327	-	-	-	-	-	-	-	-
2025-27 MEDICAL SERVICES FUNDING	**101.75**	**$ 1,051,443,572**	**$ 1,819,997,882**	**$ 2,871,441,454**	**-**	**$ -**	**$ -**	**$ -**	**101.75**	**$ 958,216,598**	**$ 1,818,029,529**	**$ 2,776,246,127**
2025-27 Base Level - PUBLIC HEALTH	217.15	$ 47,756,180	$ 250,440,690	$ 298,196,870					217.15	$ 47,756,180	$ 250,440,690	$ 298,196,870
Base Payroll Changes		7,222,468	(13,969,259)	(6,746,791)					-	-	-	-
Continued Program Changes (Operating)		(1,789,495)	13,764,149	11,974,654					-	-	-	-
Continued Program Changes (Capital Assets)		38,800	382,520	421,320					-	-	-	-
Continued Program Changes (Grants)		(162,873)	(909,580)	(1,072,453)					-	-	-	-
Continued Program Changes (Tobacco Prevention)		-	470,695	470,695					-	-	-	-
Continued Program Changes (WIC Food Payments)		-	1,100,000	1,100,000					-	-	-	-
Continued Program Changes (Cares Act Funding)		(3,259,274)	5,104,648	1,845,374					-	-	-	-
Additional Savings Plan		(1,218,625)	(1,017,746)	(2,236,371)					-	-	-	-
Reduction to meet Base		(896,423)	-	(896,423)					-	-	-	-

HB 1012 - REVIEW APPROVAL WORKSHEET

2025-27 BIENNIUM
CHAMBER 1

Legend
Legislative Base Level
Funded by Governor - Ongoing
Funded by Governor - One-time
Amendments to HB 1012
Division Subtotal
Division total

CHTF = Community Health Trust Fund
SIIF = Strategic Investment and Improvement Fund
LSTC = Life Skills & Transition Center

	2025-27 Executive Budget Recommendation				2025-27 House Amendments				2025-27 HOUSE BUDGET TO SENATE			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
Expanded support for Domestic and Sexual Violence prevention - CHTF		-	2,250,000	2,250,000					-	-	-	-
Partnerships with healthcare stakeholders to improve maternal and child health programs		2,000,000	-	2,000,000					-	-	-	-
Coordinated purchasing to support immunization access		-	2,213,930	2,213,930					-	-	-	-
Create non-fatal toxicology services for ND - partial one-time equipment purchase is one time cost of 151,500		151,500	100,000	251,500					-	-	-	-
Public Health Laboratory Transition-Related exp - SIIF		-	2,962,304	2,962,304					-	-	-	-
Forensic Examiner Electronic Records System - CHTF		-	278,000	278,000					-	-	-	-
Forensic Pathology Contract with UND - CHTF		-	1,866,156	1,866,156					-	-	-	-
Food and Lodging Management Information System - CHTF		-	335,000	335,000					-	-	-	-
Health Facilities/EMS Licensure Mgmt system - CHTF		-	650,000	650,000					-	-	-	-
Exec Compensation 3%/3%		2,093,686	-	2,093,686					-	-	-	-
Section 10 - Laboratory Building Steering Committee												
Total changes to Base Level - Public Health	-	4,179,764	15,580,817	19,760,581	-	-	-	-	-	-	-	-
2025-27 PUBLIC HEALTH FUNDING	217.15	$ 51,935,944	$ 266,021,507	$ 317,957,451	-	$ -	$ -	$ -	217.15	$ 47,756,180	$ 250,440,690	$ 298,196,870
2025-27 HHS FUNDING	2,687.35	$ 2,306,057,314	$ 3,966,781,685	$ 6,272,838,999	-	$ -	$ -	$ -	2,687.35	$ 2,011,427,547	$ 3,541,729,999	$ 5,553,157,546

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1012

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; ~~and~~ to provide a statement of legislative intent; to provide for a report; to provide for a transfer; and to provide an application.

SECTION 2. ONE-TIME FUNDING. The following amounts reflect the one-time funding items approved by the sixty-eighth legislative assembly for the 2023-25 biennium and the 2025-27 biennium one-time funding items included in the appropriation section of this Act:

One-Time Funding Description	2023-25	2025-27
Public health laboratory capital project	$55,120,000	$0
Technology projects	71,000,000	10,263,000
Human service centers and life skills and transition center projects	735,154	1,684,480
State hospital design	12,500,000	0
Service grants	585,000	0
Cross-disability advisory council	1,400,000	0
Behavioral health facility grants	1,950,000	0
Basic care payment study	600,000	0
Health care task force	750,000	0
Operating inflation	20,564,344	0
Program integrity audits	4,500,000	0
Pregnant parenting residential	1,000,000	0
Law enforcement telehealth	2,650,000	0
Retire mainframe	0	15,000,000
Child care programs	0	17,272,500
Housing programs	0	14,500,000
State lab move and equipment	0	2,962,304
Partial hospitalization day treatment	0	2,000,000
DD eligibility assessment tool for kids	0	400,000
One-time toxicology equipment	0	251,500
New State Hospital	0	300,000,000

Total all funds	$173,354,498	$364,333,784
Less estimated income	158,872,326	346,709,784
Total general fund	$14,482,172	$17,624,000

SECTION ~~2.~~3. FUNDING TRANSFERS - EXEMPTION - AUTHORIZATION - REPORT. Notwithstanding section 54-16-04, the director of the office of management and budget shall transfer appropriation authority between line items within subdivisions 1, 2, 3, 4, and 5 of section 1 of this Act and any remaining appropriation authority for the department of health and human services approved by the sixty-ninth legislative assembly for the biennium beginning July 1, 2025, and ending June 30, 2027, as requested by the department of health and human services. The department of health and human services shall notify the legislative council of any transfer made pursuant to this section. The department of health and human services shall report to the budget section after June 30, 2026, any transfer made in excess of $50,000 and to the appropriations committees of the seventieth legislative assembly regarding any transfers made pursuant to this section.

SECTION 4. FULL-TIME EQUIVALENT POSITION BLOCK GRANT PROGRAM - REPORT. Section 1 of this Act includes funding for a full-time equivalent position block grant program. This funding, along with salaries and wages funding appropriated by the sixty-ninth legislative assembly, is available to fund full-time equivalent positions as determined by the department of health and human services. Notwithstanding any other provision of law, the department of health and human services is authorized to increase or decrease authorized full-time equivalent positions subject to the availability of funds and the provisions of this section. The department of health and human services may not increase full-time equivalent positions for the purpose of transferring human service zone employees to state employment. Pursuant to section 3 of this Act, the department of health and human services is authorized to transfer funding to and from the salaries and wages block grant line item. The department of health and human services shall report to the office of management and budget and legislative council any adjustments to full-time equivalent positions. The department of health and human services shall provide reports to the legislative management regarding the use of funding for the program.

SECTION ~~3.~~5. OTHER FUNDS - INSURANCE TAX DISTRIBUTION FUND. The other funds line item in subdivision 5 of section 1 of this Act includes the sum of $1,125,000 from the insurance tax distribution fund for rural emergency medical services grants

SECTION ~~4.~~6. OTHER FUNDS - COMMUNITY HEALTH TRUST FUND. The other funds line ~~item~~items in ~~subdivision 2 of~~ section 1 of this Act includes the sum of ~~$1,867,500~~ $39,529,678 from the community health trust fund ~~for the 988 crisis hotline program and subdivision 5 of section 1 of this Act includes the sum of $27,072,324 from the community health trust fund~~ for the following ~~programs~~purposes:

~~Behavioral risk factor survey~~	~~$200,000~~
~~Behavioral health loan repayment~~	~~234,500~~
~~Domestic violence offender treatment~~	~~1,000,000~~
~~Domestic violence prevention~~	~~1,000,000~~
~~Women's way~~	~~329,500~~
~~Dentist's loan repayment~~	~~360,000~~
~~Local public health state aid~~	~~3,275,000~~
~~Rural emergency medical and ambulance services grants~~	~~7,000,000~~
~~Cancer programs~~	~~580,324~~
~~Forensic examiner contract~~	~~1,000,000~~
~~Tobacco cessation grants~~	~~500,000~~
~~Youth vaping prevention grants~~	~~300,000~~
~~Tobacco prevention and control~~	~~5,043,000~~
~~Tobacco prevention and control grants to local public health units~~	~~6,250,000~~
~~Total community health trust fund~~	~~$27,072,324~~

1. The sum of $594,500 for loan repayment programs;
2. The sum of $11,599,698 for tobacco and vaping programs;
3. The sum of $909,824 for cancer and women's way programs;
4. The sum of $200,000 for behavior risk state survey;
5. The sum of $4,250,000 for domestic violence programs;
6. The sum of $3,275,000 for local public health grants;
7. The sum of $1,867,500 for 988 crisis hotline;
8. The sum of $2,866,156 for forensic examiner at UND;
9. The sum of $2,967,000 for various information technology system upgrades;
10. The sum of $7,000,000 for grants to rural ambulances;
11. The sum of $2,000,000 for law enforcement rural crisis support program; and

12. The sum of $2,000,000 for development of partial hospitalization/intensive day treatment.

SECTION ~~5.~~7. OTHER FUNDS - HUMAN SERVICE FINANCE FUND. The other funds line ~~item~~items in ~~subdivision 3 of~~ section 1 of this Act includes up to the ~~sum~~amount of ~~$226,950,000~~$238,112,030 from the human services finance fund to state-paid economic assistance and social and human services.

~~**SECTION 6. OTHER FUNDS - HEALTH CARE TRUST FUND.** The other funds line item in subdivision 4 of section 1 of this Act includes the sum of $500,000 from the health care trust fund for basic care facility bad debt expense.~~

~~**SECTION 7. OTHER FUNDS - CHARITABLE GAMING OPERATING FUND.** The other funds line item in subdivision 2 of section 1 of this Act includes the sum of $500,000 from the charitable gaming operating fund for costs of gambling disorder prevention services.~~

SECTION 8. OTHER FUNDS - OPIOID SETTLEMENT FUND. The other funds line item in ~~subdivision 2 of~~ section 1 of this Act includes the sum of $8,000,000 from the opioid settlement fund for opioid remediation and abatement efforts.

SECTION 9. OTHER FUNDS - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND. The other funds line item in section 1 of this Act includes the sum of $37,646,784 from the strategic investment and improvements fund for the following purposes:

1. The sum of $7,500,000 for retiring technology from the mainframe;
2. The sum of $2,962,304 to move into the new state lab and purchase security equipment;
3. The sum of $1,684,480 for capital projects in human service centers and life skills and transition center;
4. The sum of $14,500,000 for housing initiative programs; and
5. The sum of $1,000,000 for technology projects at the state hospital.

SECTION 10. LABORATORY BUILDING STEERING COMMITTEE. The department of health and human services shall maintain the laboratory building steering committee to oversee the design and construction of the laboratory building project for the biennium beginning July 1, 2025, and ending June 30, 2027, or until work is completed, whichever occurs earlier. The committee must include representation from the department of health and human services, department of environmental quality, office of management and budget, the governor's office, and the legislative assembly. The legislative assembly representation must include one member

of the senate appointed by the senate majority leader, one member of the house appointed by the house majority leader, and one member of the minority party from either the senate or the house appointed by the minority leaders of the senate and the house.

SECTION 11. CAPITAL PAYMENTS. During the biennium beginning July 1, 2025, and ending June 30, 2027, the department of health and human services is authorized to expend funds for the payment of special assessments at the state hospital, southeast human service center, and life skills and transition center. Pursuant to section 3 of this Act, the director of the office of management and budget may transfer appropriation authority between line items within section 1 of this Act and any remaining appropriation authority for the department of health and human services approved by the sixty-ninth legislative assembly. The department of health and human services may transfer funds for the payment of special assessments at the state hospital, southeast human service center, and life skills and transition center ahead of the special assessments schedule. Notwithstanding section 54-27-12, the department of health and human services may spend funds for the payment of special assessments at the state hospital and life skills and transition center.

SECTION 12. CAPITAL PROJECTS - EMERGENCY COMMISSION APPROVAL. During the biennium beginning July 1, 2025, and ending June 30, 2027, pursuant to section 3 of this Act, the director of the office of management and budget may transfer appropriation authority between line items within section 1 of this Act and any remaining appropriation authority for the department of health and human services approved by the sixty-ninth legislative assembly for capital projects and maintenance pertaining to operation of its facilities, including demolition projects. Notwithstanding section 54-27-12, the department of health and human services may spend up to $10,000,000 for capital projects and maintenance pertaining to operation of its facilities, including demolition projects, under this section and may seek emergency commission approval to spend more than $10,000,000 under this section.

SECTION 13. PERMANENT SUPPORTIVE HOUSING GRANTS. Section 1 of this Act includes the sum of $4,672,536 from the general fund for permanent supportive housing grants. The department of health and human services shall develop a funding methodology to distribute the funding to qualified entities that utilize best practices for permanent supportive housing, provide recovery-oriented and person-centered services, submit process and outcome measures to the department of health and human services, and authorize the department of health and human services to conduct onsite visits to review program operations.

SECTION 14. EXPENDITURES MAY NOT EXCEED APPROPRIATION – MEDICAL ASSISTANCE EXPANSION PROGRAM - APPLICATION.

1. Section 1 of this Act includes the sum of $662,099,340, of which $66,209,934 is from the general fund, for the medical assistance expansion program for the biennium beginning July 1, 2025, and ending June 30, 2027. The expenditures for individuals eligible for the medical assistance expansion program may not exceed this amount.
2. The department of health and human services may exceed appropriations for increases in medical assistance expansion program caseload, for the addition of coverage consistent with the traditional Medicaid 1915(i) state plan, utilization rates, and reduction in federal medical assistance percentage.
3. The managed care organization under contract with the department of health and human services to manage the medical assistance expansion program shall reimburse providers within the same provider type and specialty at consistent levels and with consistent methodology and may not provide incentive, quality, or supplemental payments to providers, unless part of a value-based program approved by the department of health and human services. The managed care organization shall reimburse all North Dakota substance use providers of American society of addiction medicine level 2.5 at consistent levels and with consistent methodology. The managed care organization may consider urban and rural providers as different provider types.
4. The managed care organization and the department of health and human services shall ensure payments to Indian or Tribal 638 health care providers, federally qualified health centers, and rural health clinics meet the federally required minimum levels of reimbursement. Critical access hospitals may not be paid less than one hundred percent of Medicare allowable costs and human service centers may not be paid less than one hundred percent of the current traditional Medicaid rate. Behavioral health services involving partial hospitalization, intensive outpatient, professional services, and residential behavioral health services provided in facilities that are not institutions for mental diseases are not subject to the provisions in subsection 6.

5. The department of health and human services shall ensure providers within the same provider type and specialty are reimbursed at consistent levels and with consistent methodology and shall ensure the capitation rates under risk contracts are actuarially sound and are adequate to meet managed care organization contractual requirements regarding availability of services, assurance of adequate capacity and services, and coordination and continuity of care.

6. Except for the provisions in subsection 4, managed care organization premium payments must be built using the assumption that rates paid to providers under the medical assistance expansion program may not exceed one hundred forty-five percent of Medicare reimbursement rates paid to providers on January 1, 2025.

SECTION 15. HUMAN SERVICE CENTERS - CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS - FULL-TIME EQUIVALENT POSITIONS - REPORT. The department of health and human services shall continue the process of the human service centers becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults. The department of health and human services shall pursue additional federal funding as available. Subject to the availability of generated income, the department of health and human services may add full-time equivalent positions for field services to provide direct services for the period beginning with the effective date of this Act and ending June 30, 2027. The department of health and human services shall report to the office of management and budget and legislative council each time a position is added.

SECTION 16. EXEMPTION - UNEXPENDED APPROPRIATIONS. The following appropriations are not subject to the provisions of section 54-44.1-11 and may be continued into the biennium beginning July 1, 2025, and ending June 30, 2027:

1. The sum of $3,674,757 appropriated from the general fund and the sum of $25,918,566 appropriated from federal funds for the Medicaid management information system modularization technology project in chapter 12 of the 2021 Session Laws;

2. The sum of $14,411,218 appropriated from the general fund and the sum of $14,411,218 appropriated from federal funds for the child welfare technology project in chapter 12 of the 2021 Session Laws;

3. The sum of $20,366,271 appropriated from the community health trust fund and the sum of $39,534,525 appropriated from federal funds for the child support computer replacement project in chapter 44 of the 2023 Session Laws;
4. The sum of $10,989,217 appropriated from the strategic investment and improvement fund for the procurement and grants management system in chapter 44 of the 2023 Session Laws;
5. The sum of $4,150,000 appropriated from the general fund for defraying the expenses of additional human service centers to begin the process of becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults in chapter 44 of the 2023 Session Laws;
6. The sum of $18,941,847 appropriated to the department of health and human services in chapter 549 of the 2021 Special Session Session Laws;
7. The sum of $55,120,000 appropriated from the federal state fiscal recovery fund for a public health laboratory capital project in chapter 4 of the 2023 Session Laws;
8. The sum of $5,000,000 appropriated from the general fund for the purpose of employer-led child care cost-share program in chapter 446 of the 2023 Session Laws;
9. The sum of $986,555 appropriated from the general fund for the purpose of streamlining background checks project in chapter 446 of the 2023 Session Laws;
10. The sum of $2,223,981 appropriated from the federal state fiscal recovery fund for the implementation of a virtual behavioral health crisis care program for rural law enforcement in chapter 44 of the 2023 Session Laws; and
11. The sum of $500,000 appropriated from the general fund and the sum of $500,000 appropriated from federal funds for the purpose of program integrity audits in chapter 44 of the 2023 Session Laws.

SECTION 17. LEGISLATIVE INTENT - UTILIZATION RATE ADJUSTMENT. It is the intent of the sixty-ninth legislative assembly that the department of health and human services seeks a deficiency appropriation from the seventieth legislative assembly for any expenditures that exceed appropriated amounts as a result of underfunding, utilization rates, value-based purchasing for nursing facilities, reduction in federal medical assistance percentage, and

unexpected contract cost increases that exceed ten percent, during the biennium beginning July 1, 2025, and ending June 30, 2027, if funding is not sufficient to pay actual expenses.

SECTION 18. LEGISLATIVE INTENT - PROVIDER RATE INCREASE. Except as otherwise noted, section 1 of this Act includes funding for human service provider inflation increases of one and one half percent for each year of the biennium beginning July 1, 2025, and ending June 30, 2027. The provider inflation increase in this section does not apply to nursing facilities.

SECTION 19. FEDERAL FUNDING APPEAL LIMITATION. Except as otherwise specifically provided by federal law, a person may not appeal a denial, revocation, reduction in services or payment, or the termination of a program or service by the department of health and human services due to the unavailability of federal coronavirus funding received under federal law resulting from the federal coronavirus pandemic emergency declaration for the biennium beginning July 1, 2025, and ending June 30, 2027.

NORTH Dakota | Health & Human Services
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INFORMATION TECHNOLOGY REDESIGN

2025-27 BIENNIUM

NDIT COSTS

NDIT - rate increase in Business Operations

NDIT	2023-25 Biennium	Increase/ (Decrease)	2025-27 Biennium	General	Federal	Other
BUSINESS OPERATIONS	$ 22,170,149	$ 15,788,873	$ 37,959,022	$ 23,439,246	$ 14,481,942	$ 37,834
BUSINESS OPERATIONS - budget moved out	(50,057,996)		-	-	-	-
BEHAVIORAL HEALTH DIVISION	5,178,397	3,763,696	8,942,093	8,942,093	-	-
ECONOMIC ASSISTANCE	14,819,433	895,954	15,715,387	4,472,745	11,242,642	-
CHILD SUPPORT	7,475,631	(3,765,597)	3,710,034	1,190,241	2,519,793	-
AGING SERVICES	115,618	43,166	158,784	44,784	114,000	-
CHILDREN AND FAMILY SERVICES	3,692,455	(1,047,170)	2,645,285	2,120,359	524,926	-
VOCATIONAL REHABILITATION	69,537	60,397	129,934	36,637	93,297	-
DEVELOPMENTAL DISABILITIES	710,136	(63,332)	646,804	290,858	355,946	-
DISABILITY DETERMINATION SERVICES	52,457	(52,457)	-	-	-	-
EARLY CHILDHOOD	1,069,714	(422,838)	646,876	309,424	337,453	-
LIFE SKILLS AND TRANSITION CENTER	302,569	(11,445)	291,124	126,587	149,862	14,675
HUMAN SERVICE ZONES	-	3,256,474	3,256,474	-	-	3,256,474
MEDICAL SERVICES	16,572,049	(5,334,210)	11,237,839	2,927,922	8,309,917	-
PUBLIC HEALTH	8,798,004	(66,055)	8,731,949	328,435	6,886,088	1,517,426
TOTAL	**$ 81,026,149**	**$ 13,045,456**	**$ 94,071,605**	**$ 44,229,331**	**$ 45,015,865**	**$ 4,826,408**

Allocated rate increases from Business Operations

NDIT RATE INCREASE ALLOCATED	2023-25 Biennium	Increase/ (Decrease)	2025-27 Biennium	General	Federal	Other
BUSINESS OPERATIONS			$ (1,856,479)	$ (1,856,479)		
BUSINESS OPERATIONS - budget moved out			-	-		
BEHAVIORAL HEALTH DIVISION			812,529	812,529		
ECONOMIC ASSISTANCE			405,407	405,407		
CHILD SUPPORT			107,834	107,834		
AGING SERVICES			4,049	4,049		
CHILDREN AND FAMILY SERVICES			192,154	192,154		
VOCATIONAL REHABILITATION			3,348	3,348		
DEVELOPMENTAL DISABILITIES			26,316	26,316		
DISABILITY DETERMINATION SERVICES			-	-		
EARLY CHILDHOOD			28,029	28,029		
LIFE SKILLS AND TRANSITION CENTER			11,445	11,445		
HUMAN SERVICE ZONES			-	-		
MEDICAL SERVICES			265,368	265,368		
PUBLIC HEALTH			-	-		
			$ -	$ -	$ -	$ -

NDIT - w/ allocated rate increases

NDIT	2023-25 Biennium	Increase/ (Decrease)	2025-27 Biennium	General	Federal	Other
BUSINESS OPERATIONS	$ 22,170,149	$ 13,932,394	$ 36,102,543	$ 21,582,767	$ 14,481,942	$ 37,834
BUSINESS OPERATIONS - budget moved out	(50,057,996)		-	-	-	-
BEHAVIORAL HEALTH DIVISION	5,178,397	4,576,225	9,754,622	9,754,622	-	-
ECONOMIC ASSISTANCE	14,819,433	1,301,361	16,120,794	4,878,152	11,242,642	-
CHILD SUPPORT	7,475,631	(3,657,763)	3,817,868	1,298,075	2,519,793	-
AGING SERVICES	115,618	47,215	162,833	48,833	114,000	-
CHILDREN AND FAMILY SERVICES	3,692,455	(855,016)	2,837,439	2,312,513	524,926	-
VOCATIONAL REHABILITATION	69,537	63,745	133,282	39,985	93,297	-
DEVELOPMENTAL DISABILITIES	710,136	(37,016)	673,120	317,174	355,946	-
DISABILITY DETERMINATION SERVICES	52,457	(52,457)	-	-	-	-
EARLY CHILDHOOD	1,069,714	(394,809)	674,905	337,453	337,453	-
LIFE SKILLS AND TRANSITION CENTER	302,569	-	302,569	138,032	149,862	14,675
HUMAN SERVICE ZONES	-	3,256,474	3,256,474	-	-	3,256,474
MEDICAL SERVICES	16,572,049	(5,068,842)	11,503,207	3,193,290	8,309,917	-
PUBLIC HEALTH	8,798,004	(66,055)	8,731,949	328,435	6,886,088	1,517,426
TOTAL	**$ 81,026,149**	**$ 13,045,456**	**$ 94,071,605**	**$ 44,229,331**	**$ 45,015,865**	**$ 4,826,408**

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INFORMATION TECHNOLOGY REDESIGN
2025-27 BIENNIUM
VENDOR CONTRACTS

Vendor contracts - inflation in Business Operations

VENDOR CONTRACTS	2023-25 Biennium	Increase/ (Decrease)	2025-27 Biennium	General	Federal	Other
BUSINESS OPERATIONS	$ 293,148	$ 20,737,640	$ 21,030,788	$ 20,949,788	$ 81,000	$ -
BUSINESS OPERATIONS - budget moved out	(84,693,653)					
BEHAVIORAL HEALTH DIVISION	7,814,810	2,285,382	10,100,192	4,600,192	-	5,500,000
ECONOMIC ASSISTANCE	29,017,351	6,776,257	35,793,608	4,961,768	28,507,478	2,324,362
CHILD SUPPORT	17,113	6,887	24,000	8,160	15,840	-
AGING SERVICES	334,350	(863)	333,487	93,376	240,111	-
CHILDREN AND FAMILY SERVICES	-	-	-	-	-	-
VOCATIONAL REHABILITATION	277,316	8,051,457	8,328,773	98,632	6,526,141	1,704,000
DEVELOPMENTAL DISABILITIES	1,868,807	(78,778)	1,790,029	547,476	1,242,553	-
DISABILITY DETERMINATION SERVICES	-	-	-	-	-	-
EARLY CHILDHOOD	372,000	152,816	524,816	262,408	262,408	
LIFE SKILLS AND TRANSITION CENTER	-	-	-	-	-	-
HUMAN SERVICE ZONES	-	-	-	-	-	-
MEDICAL SERVICES	44,991,906	13,858,952	58,850,858	9,066,595	49,284,263	500,000
PUBLIC HEALTH						
TOTAL	**$ 84,986,801**	**$ 51,789,750**	**$ 136,776,551**	**$ 40,588,395**	**$ 86,159,794**	**$ 10,028,362**

Allocation of inflationary increases

VENDOR CONTRACTS INFLATIONARY DECISION PACKAGE ALLOCATION	2023-25 Biennium	Increase/ (Decrease)	2025-27 Biennium	General	Federal	Other
BUSINESS OPERATIONS			$ (20,730,788)	$ (20,730,788)		
BUSINESS OPERATIONS - budget moved out						
BEHAVIORAL HEALTH DIVISION			4,712,108	4,712,108		
ECONOMIC ASSISTANCE			5,083,189	5,083,189		
CHILD SUPPORT						
AGING SERVICES						
CHILDREN AND FAMILY SERVICES						
VOCATIONAL REHABILITATION						
DEVELOPMENTAL DISABILITIES			559,731	559,731		
DISABILITY DETERMINATION SERVICES						
EARLY CHILDHOOD			760,820	760,820		
LIFE SKILLS AND TRANSITION CENTER						
HUMAN SERVICE ZONES						
MEDICAL SERVICES			9,295,686	9,295,686		
PUBLIC HEALTH			319,254	319,254		
TOTAL	**$ -**	**$ -**	**$ 0**	**$ 0**	**$ -**	**$ -**

Vendor contracts w/ inflation allocated

VENDOR CONTRACTS	2023-25 Biennium	Increase/ (Decrease)	2025-27 Biennium	General	Federal	Other
BUSINESS OPERATIONS	$ 293,148	$ 6,852	$ 300,000	$ 219,000	$ 81,000	$ -
BUSINESS OPERATIONS - budget moved out	(84,693,653)		-	-	-	-
BEHAVIORAL HEALTH DIVISION	7,814,810	6,997,490	14,812,300	9,312,300	-	5,500,000
ECONOMIC ASSISTANCE	29,017,351	11,859,446	40,876,797	10,044,957	28,507,478	2,324,362
CHILD SUPPORT	17,113	6,887	24,000	8,160	15,840	-
AGING SERVICES	334,350	(863)	333,487	93,376	240,111	-
CHILDREN AND FAMILY SERVICES	-	-	-	-	-	-
VOCATIONAL REHABILITATION	277,316	8,051,457	8,328,773	98,632	6,526,141	1,704,000
DEVELOPMENTAL DISABILITIES	1,868,807	480,953	2,349,760	1,107,207	1,242,553	-
DISABILITY DETERMINATION SERVICES	-	-	-	-	-	-
EARLY CHILDHOOD	372,000	913,636	1,285,636	1,023,228	262,408	-
LIFE SKILLS AND TRANSITION CENTER	-	-	-	-	-	-
HUMAN SERVICE ZONES	-	-	-	-	-	-
MEDICAL SERVICES	44,991,906	23,154,638	68,146,544	18,362,281	49,284,263	500,000
PUBLIC HEALTH	-	319,254	319,254	319,254	-	-
TOTAL	**$ 84,986,801**	**$ 51,789,749**	**$ 136,776,550**	**$ 40,588,395**	**$ 86,159,794**	**$ 10,028,362**

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LARGE IT PROJECTS

SPACES AND MMIS

2025-27 BIENNIUM

System Implementation Cost: One-time costs, categorized as a capital expenditure in a new system (or major upgrade of an existing system). Typically involve rolling implementation periods representing multiple phases of work.

Maintenance & Operations (M&O): Recurring costs, categorized as operating expenses rather than capital investments. Ongoing expenses required to operate systems, which includes costs associated with ongoing/minor upgrades, required modifications to account for law/policy changes (fed/state), security protocols, management of data warehouses and interfaces with external systems, operational optimization (manage testing environments, databases, underlying infrastructure), support for operational and programmatic reporting, maintenance of customer portals, hosting and licensing fees (as required), and ongoing efforts to optimize operations through automation and process improvements.

SPACES		
System Implementation Cost^	10/2011-12/2023	$174,890,553
Vendor Maintenance & Operations	08/2016-Present	$144,902,448
NDIT Maintenance & Operations	01/2021-Present	$25,216,063
		$345,009,064

**End date for formal "system implementation" phase = December 2023.*

Operating costs (M&O) occur as phases of project come online (both legacy & replacement systems)

2025-27 Biennium Vendor Contracts	
Maintenance & Operations Vendor	$37,519,294
Third party Income Verfication	$2,073,480
Third party Income Verfication - CMS	$706,103
Asset Verification System	$232,320
Attestation authority to connect to CMS	$345,600
Mainframe Retirement*^	$2,000,000
	$42,876,797

2025-27 Biennium NDIT Costs	
NDIT Maintenance & Operations	$16,120,794
	$16,120,794

$58,997,591

MMIS		
System Implementation Cost^	10/2004-12/2019	$107,421,474
Vendor Maintenance & Operations	02/2010-Present	$158,041,820
NDIT Maintenance & Operations	01/2021-Present	$31,566,463
		$297,029,757

**End date for formal "system implementation" phase = December 2019*

Operating costs (M&O) occur as phases of project come online (both legacy & replacement systems)

2025-27 Biennium Vendor Contracts	
Maintenance & Operations Vendor	$31,746,066
Enhancement Pool	$13,645,440
Data Warehouse	$6,615,521
Systems Integrator	$6,186,037
CMS Interoperability Rule - Elec. Prior Authorizations	$6,000,000
CMS Interoperability Rule	$638,596
Electronic Visit Verification system	$1,314,883
Mainframe Retirement^	$2,000,000
	$68,146,543

2025-27 Biennium NDIT Costs	
NDIT Maintenance & Operations	$11,503,207
	$11,503,207

$79,649,750

*This amount is reflected in the Business Operations budget but will be moved to the Economic Assistance budget

^System implementation cost and mainframe retirement are one-time costs; all other are ongoing. Includes NDIT M&O related exp prior to 2021.

CMS - Centers for Medicare and Medicaid Services

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State Fiscal Recovery Fund Request
Office of Management and Budget Request

2021 Special Session - SB 2345
Section 1.

Subsection	Description	Amount	Spent	Obligated
7.	Public Health Laboratory capital project	$15,000,000	$14,189,016	$810,984
27.	Providing financial assistance to developmental disabilities services providers to provide retention bonuses for direct services professionals	$2,500,000	$906,406	$269,000
28.	Financial assistance to Nursing Facilities	$20,800,000	$20,800,000	$0
28.	Financial assistance to Basic Care Facilities	$2,950,000	$2,950,000	$0
28.	Financial assistance to Assisted Living Facilities	$1,250,000	$1,250,000	$0
28.	Nursing staff retention payments at the State Hospital	$350,000	$0	$0
29.	Medicaid eligibility system upgrades	$5,000,000	$5,000,000	$0
29.	Child Care Services	$17,000,000	$9,209,156	
29.	Community-based behavioral health services	$4,000,000	$3,999,991	$0
29.	Substance use disorder treatment voucher system grants	$3,000,000	$27,167	$0
30.	Alternatives to Abortion	$1,500,000	$1,500,000	$0

2023 Session - HB 1004
Section 8.

Description	Amount	Spent	Obligated
Public Health Laboratory capital project	$55,120,000	$0	$55,120,000

2023 Session - SB 2012
Section 12.

Subsection	Description	Amount	Spent	Obligated
1.	Virtual behavioral health crisis care program	$2,650,000	$643,000	$2,007,000
2.	Crisis services to young adults who are at risk of being homeless or experiencing other serious adverse life events	$300,000	$124,360	$175,640
3.	Volunteer-based ecumenical ministry organizations	$285,000	$201,875	$83,125

SLFRF Obligated	**$119,266,720**
SLFRF Unobligated	**$4,209,490**

NOTE: The Department turned back $8,228,790.46 after the close of the 2021-23 Biennium.

Victim Services Funding Overview

January 2025

N.D. Health & Human Services (HHS) Funding	Amount	Length of Award	Purpose of Funding
STATE: General Fund (GF), Community Health Trust Fund (CHTF), and marriage license fees			
Domestic Violence and Sexual Assault Services (GF and CHTF) $4,596,285 – GF $1,000,000 - CHTF	$5,596,285	2 years (biennium)	Services to address domestic violence and sexual assault (core safety services, stability services, community services, and specialized services)
Proposed in Governor's Executive Budget (CHTF)	$2,250,000	2 years (biennium)	Services to address domestic violence and sexual assault
Domestic Violence Offender Intervention (formerly DV Offender Treatment) (CHTF)	$1,000,000	2 years (biennium)	Intervention services for individuals that have committed domestic violence against an intimate partner; programming must meet state standards
Supervised visitation/exchange (Safe Havens) (GF)	$425,000	2 years (biennium)	Provides a safe, secure, and respectful environment for the supervision of parenting time and child exchanges; must meet state standards
Sexual Violence Prevention (GF)	$200,000	2 years (biennium)	Sexual violence prevention programs such as Green Dot and school-based programming
Domestic Violence Prevention Fund (marriage license fees)	$340,000	2 years (biennium)	Direct services for victims of domestic and sexual violence
Child Sexual Abuse Prevention Program (formerly Child Sexual Abuse Prevention Task Force) (GF)	$281,715	2 years (biennium)	Child sexual abuse prevention strategies (additional $281,715 in authority allowed, for a total of $563,430)
FEDERAL: Dept of Justice, HHS, CDC			
Family Violence Prevention and Services Act (FVPSA), (U.S. Dept. of Health and Human Services)	$843,009	1 year	Direct services for victims of domestic violence including shelter
FVPSA Sexual Assault ARP (COVID-19 Supplement from HHS)	$890,649	3 years - Ends 9/30/2025	Direct services and programming to increase access for victims of sexual assault
FVPSA Testing, Vaccines, and Mobile Health Units Access ARP (COVID-19 Supplement from HHS)	$1,288,954	3 years – Ends 9/30/2025	Direct services and programming to increase access of services for victims of domestic violence

STOP Violence Against Women (U.S. Dept. of Justice)	$913,616	1 year	Victim Services, law enforcement, prosecution, courts projects (some for sexual assault nurse examiner programs, supervised parenting time)
Sexual Assault Services Program (U.S. Dept. of Justice)	$775,643	1 year	Direct services to victims of sexual assault
Rape Prevention & Education (CDC)	$288,925	1 year	Prevention strategies for sexual violence prevention
Rape Crisis: Preventive Health and Health Services Block Grant Sexual Assault Set-aside (CDC)	$16,265	1 year	Implement prevention strategies; supplements the Rape Prevention and Education program
N.D. Office of the Attorney General Funding	**Amount**	**Length of Award**	**Purpose of Funding**
STATE: General Fund (GF)			
Human Trafficking (GF)	$1,100,000 ($170,000 went to 5 domestic violence/rape crisis centers)	2 years (biennium)	Prevention and treatment services related to victims of human trafficking.
FEDERAL: U.S. Dept of Justice (DOJ)			
Edward Byrne Justice Assistance Grant (JAG) Program (DOJ)	$469,002 (Per federal regulations, $150,000-$200,000 is available to domestic violence/rape crisis agencies.)	1 year	Provides funding for law enforcement, prevention/education, corrections/community corrections, drug treatment, prosecution/ courts, planning/evaluation/technology, and crime victim witness programs. (Funding is for victims of all crimes, not only domestic and sexual violence.)
N.D. Department of Corrections (DOCR) Funding	**Amount**	**Length of Award**	**Purpose of Funding**
STATE: General Fund (GF)			
Legendary Empowerment Grant (GF)	$200,000	2 years (biennium)	Direct services to victims of all crimes (not only domestic and sexual violence)
Proposed in Governor's Executive Budget (Special Funds)	$7,000,000	2 years (biennium)	This would offset the decline in federal VOCA funds.
FEDERAL: Dept of Justice (DOJ)			
Victims of Crime Act (VOCA) (DOJ)	$5,200,000	1 year	Direct services to victims of all crimes (not only domestic and sexual violence)

NOTE: Domestic Violence/Rape Crisis Agencies may not be the only recipients of funds.

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Zone Employees by Section

HB 1012 Subdivision	Section	Zone FTE
Business Operations	Communications	1.00
	Finance	2.00
	Human Resources	1.50
	Legal	1.00
Business Operations Total		**5.50**
Human Services	Aging Services	77.70
	Children and Family Services	43.00
	Early Childhood	24.00
	Economic Assistance	21.00
	Human Service Zones	2.00
Human Services Total		**167.70**
Grand Total Human Service Zone Employees		**173.20**

Included in Executive Budget Request

Adoption savings re-investment (aka "de-linked" funding)

- This decision package reflects the reinvestment of savings from subsidized adoption, as determined by the federal funding calculation commonly known as "de-linked" funding.
- The amount of this decision package reflects required re-investment of de-linked adoption savings dollars for 2025-27.

  (Note: Calculation is based on costs associated with maintaining subsidized adoption placement for 172 of the 633 children who were originally deemed as non-IV-E eligible when in foster care but are now eligible for IV-E reimbursement.)

Total	General	Federal	Other
$4,883,205	$4,883,205	$0	$0

This is an ongoing funding request.

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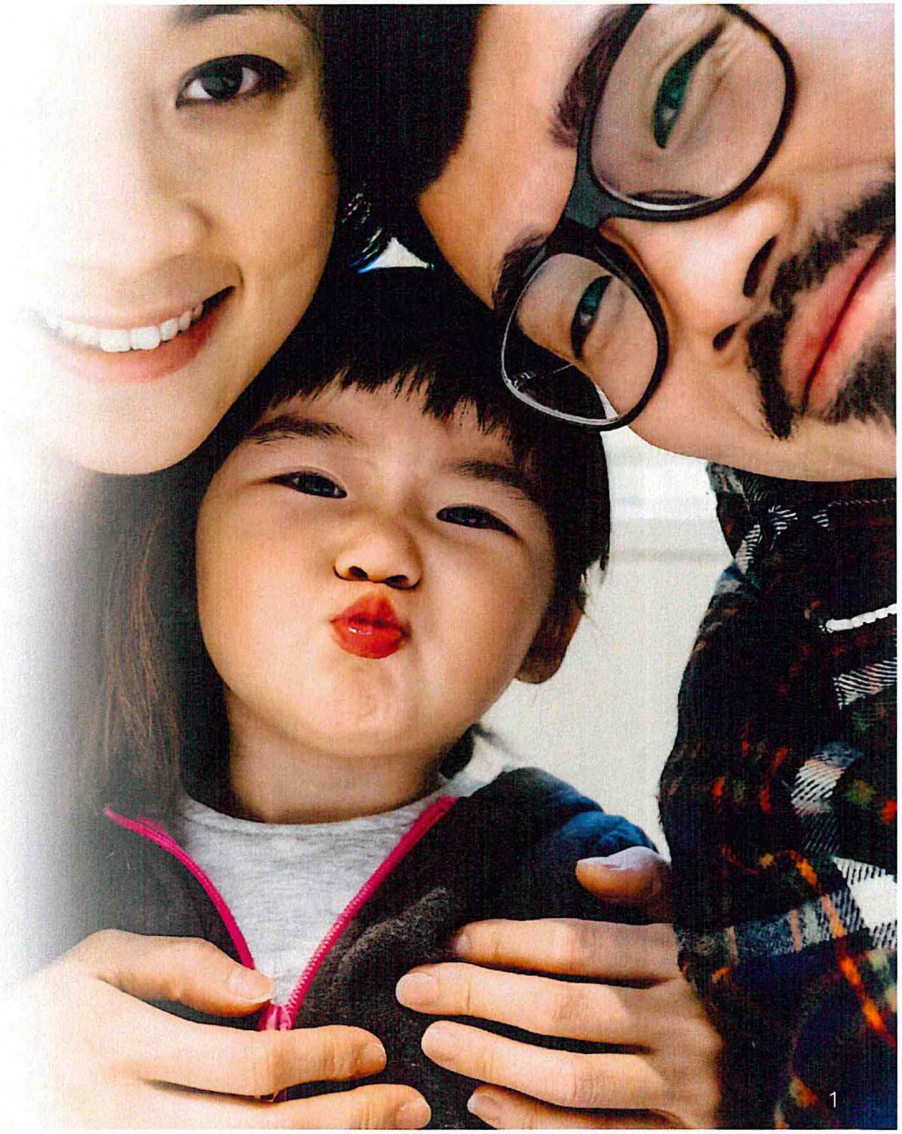


What is "DeLinked Funding"?

- Federal funding for foster care is only available if the child was removed from a home that would have been eligible for Aid to Families with Dependent Children (AFDC) as the program was defined in 1996.
    - Note: Approximately 47% of ND children in foster care are "IV-E eligible"
- Over the last 20 years Congress has taken steps to remove the "AFDC link" for children who move to permanency through adoption (aka "de-linked").
- States are required to document how they are reinvestment the equivalent of federal funds being used to support children who were not originally "IV-E eligible" as a way to further progress toward positive outcomes for children and families. (Fostering Connections to Success and Increasing Adoptions Act of 2008)



Utilization of General Funds designated as "DeLinked Funding"

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION		
			TOTAL	GENERAL FUND	Funds Allocated as DeLinked
OPERATING EXPENSE	$ -	$ 7,271,167	$ 7,271,167	$ 7,271,167	$ 3,593,308
GRANTS EXPENSE***	$ 8,134,219	$ (5,565,207)	$ 2,569,012	$ 2,569,012	$ 1,289,897
GENERAL FUND	$ 8,134,219	$ 1,705,960	$ 9,840,179	$ 9,840,179	$ 4,883,205
FEDERAL FUND	-				
OTHER FUND	-				-
GRAND TOTAL	$ 8,134,219	$ 1,705,960	$ 9,840,179	$ 9,840,179	$ 4,883,205

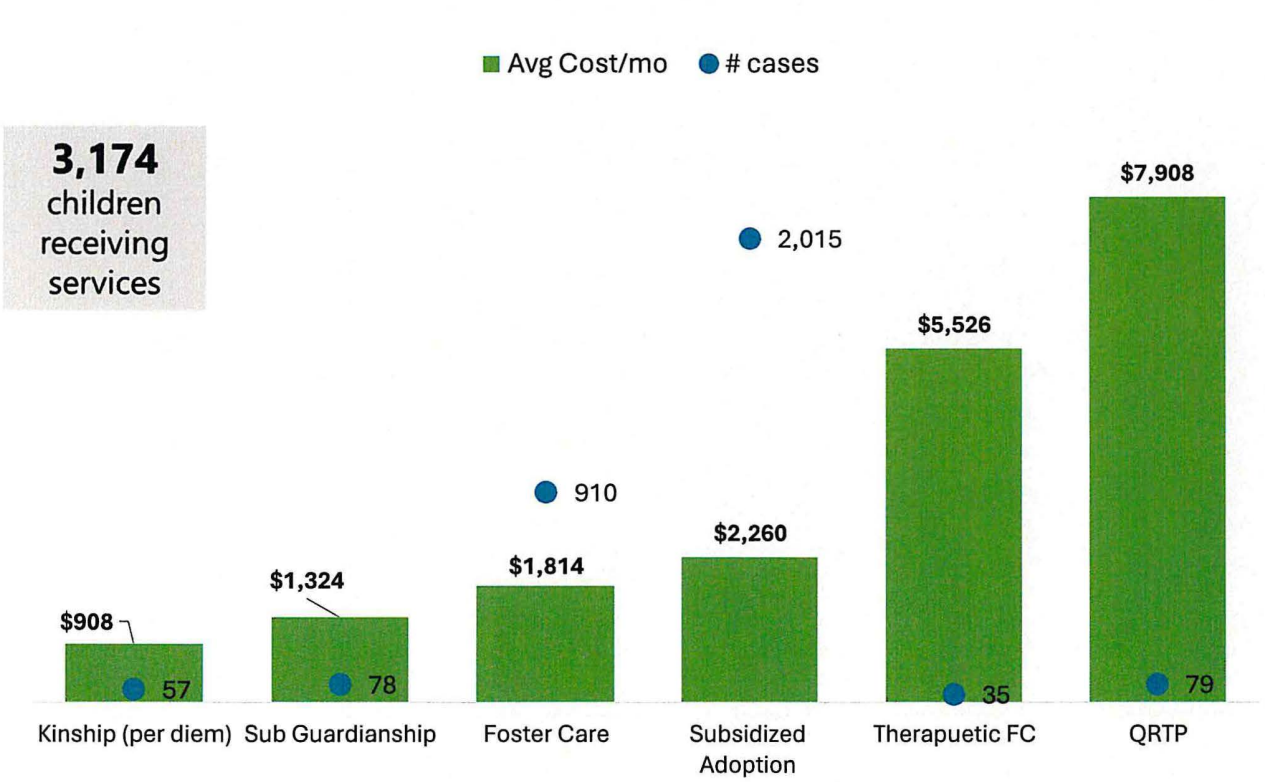
*** ***Portion of expenses previously categorized as grants moved from Grants To Operating 25-27***

Services funded with general fund dollars that have been allocated as "de-linked"

- Post-Adoption services (Nexus PATH and Catholic Charities)
- Statewide ICWA family preservationist (Native American Training Institute)
- Pre-petition legal representation for families (Legal Services ND)
- Stipends for UND social work students who work in child welfare in ND (Both Tribal SS and HSZ)
- Legal representation to support kinship guardianship
- Chaffee Independent Living services (Nexus PATH)

Child Welfare Service Continuum

Cost per month per person per type of service – SFY24









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	December 2024 NDIT Data Processing	Units	Cost per Unit	Total cost
580	Desktop Support Service - Standard PC	307	$83.00	$25,481.00
582	Desktop Support Service - Laptop	2,094	$99.75	$208,876.50
	Desktop Support Total	**2,401**		**$234,357.50**
570	Technology Fee	3,474	$61.00	$211,914.00
601	Office 365 Premium	3,474	$43.25	$150,250.50
866	Dedicated Intel App Server Hosting	390	$433.03	$168,883.50
879	ConnectND Hosting	1	$62,812.00	$62,812.00
869	Application Support			$762,657.57
				$1,590,875.07

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BILL CODES BILLED TO HHS DURING 2023-25 BIENNIUM

2025-27 BIENNIUM

Bill Code	Description	Category	2023-25 Rate	2025-27 Rate
505	WAN Access Broadband Addon	1 Network	185.00/circuit	210.00/circuit
510	WAN Access State ETS circuit	1 Network	850.00/circuit	975.00/circuit
511	WAN Access Pol. Sub. ETS circuit	1 Network	1,150.00/circuit	1,380.00/circuit
520	WAN Access State Fiber circuit	1 Network	850.00/circuit	975.00/circuit
521	WAN Access Pol. Sub. Fiber circuit	1 Network	1,150.00/circuit	1,380.00/circuit
570	Technology Fee	1 Network	63.00/MS Premium User	75.50/MS Premium User
650	SSL VPN Client	1 Network	5.00/client	Retired
668	Desktop Video	1 Network	8.50/client	10.50/client
853	Active Directory User Fee	1 Network		
580	Desktop Support Service - Standard PC	2 Hosting	83.00/device	92.00/device
581	Desktop Support Service - High End PC	2 Hosting	90.00/device	118.95/device
582	Desktop Support Service - Laptop	2 Hosting	99.75/device	112.50/device
584	Desktop Support Service-High End Laptop	2 Hosting	141.50/device	155.50/device
591	Help Desk - Service Management Tool	2 Hosting	90.00/user	99.00/user
592	Help Desk - Auto-Discovery Agent	2 Hosting	25.75/user	28.12/user
601	Office 365 Premium	2 Hosting	43.25/user	47.60/user
602	Azure AD Plan 2	2 Hosting	7.10/user	7.85/user
603	Office 365 Basic (State)	2 Hosting	22.40/user	34.85/user
607	Power Automate	2 Hosting	13.90/user	15.30/user
610	Power BI	2 Hosting	7.90/user	8.70/user
611	Visio Plan 1	2 Hosting	4.00/user	4.40/user
612	Visio Plan 2	2 Hosting	11.80/user	13.00/user
613	Project Pro (Plan 3)	2 Hosting	23.60/user	26.00/user
616	Project Essentials	2 Hosting	5.50/user	6.05/user
613	Project Pro (Plan 3)	2 Hosting	23.60/user	26.00/user
616	Project Essentials	2 Hosting	5.50/user	6.05/user
617	Project Premium (Plan 5)	2 Hosting	43.20/user	47.55/user
618	Intune	2 Hosting	6.00/user	6.60/user
620	EDMS FileNet User Fee	2 Hosting	30.75/user	37.75/user
624	EDMS ILinx Email User	2 Hosting	3.60/mail box	3.75/mail box
625	ILinx Data Capture	2 Hosting	135.50/concurrent license	187.15/concurrent license
626	Dynamics Case Management	2 Hosting	24.10/user	37.90/user
630	Adobe Acrobat Pro	2 Hosting	6.25/user	6.60/user
648	Mobile Device Management	2 Hosting	2.00/device	2.20/device
754	Cognos Application Hosting	2 Hosting	Varies	10% increase
757	Cognos Analytics Explorer	2 Hosting	78.00/user	78.00/user
770	Master Client Index	2 Hosting	0.0173/record	0.0173/record

Bill Code	Description	Category	2023-25 Rate	2025-27 Rate
860	Oracle Application Hosting	2 Hosting	Varies	Varies
861	Websphere Application Hosting	2 Hosting	Varies	Varies
862	SQL Application Hosting	2 Hosting	Varies	Varies
863	Robotic Process Automation	2 Hosting		
866	Dedicated Intel App Server Hosting	2 Hosting	300.00/server	360.00/server
867	Central Log Management	2 Hosting	$2,000/application	Varies
868	Cloud Application Hosting	2 Hosting	Varies	Varies
870	Web Site Hosting - Tier 1	2 Hosting	20.00/site	Varies
871	Web Site Hosting - Tier 2	2 Hosting	50.00/site	Retired
879	ConnectND Hosting	2 Hosting	Tiered	Tiered
131	Mainframe Disk Storage (track)	3 Storage	.001/track	Retired
135	Tape Library Storage	3 Storage	3.10/tape/mo.	Retired
231	AS/400 Disk Storage (GB)	3 Storage	Retired	Retired
881	Disk Storage - Premium OD (GB)	3 Storage	.15/GB	.15/GB
882	Disk Storage - Basic OD (GB)	3 Storage	.12/GB	.12/GB
883	Disk Storage - File Share OD (GB)	3 Storage	.11/GB	.11/GB
884	Power Platform Capacity-DB	3 Storage	40.00/GB	42.00/GB
885	Power Platform Capacity-File	3 Storage	2.00/GB	2.10/GB
886	Power Platform Capacity-Log	3 Storage	10.00/GB	10.50/GB
888	TSM Disk Storage (GB)	3 Storage	.04/GB	.05/GB
891	Disk Storage - Premium Ded. (TB)	3 Storage	100.00/TB	100.00/TB
120	2066 Batch CPU	4 Processing	1.11/sec.	Retired
122	2066 CICS CPU	4 Processing	1.11/sec.	Retired
124	2066 ADABAS CPU	4 Processing	1.11/sec.	Retired
126	2066 TSO CPU	4 Processing	1.11/sec.	Retired
220	AS/400 Batch CPU	4 Processing	Retired	Retired
222	AS/400 Interactive CPU	4 Processing	Retired	Retired
005	IT Analyst	5 Development	105.00/hr.	120.75/hr.
011	Development	5 Development	New	136.30/hr.
012	Business Analyst	5 Development	131.50/hr.	136.30/hr.
014	Project Management	5 Development	136.50/hr.	145.00/hr.
016	Contract Programming	5 Development	Cost + 5.2% OH	Cost + 6.0% OH
033	Database Administrator	5 Development	117.50/hr.	144.00/hr.
035	Records Management Fee	5 Development	Varies	Varies
869	Application Support	5 Development	Varies	Varies
940	Miscellaneous Recurring Billings	6 Miscellaneous		
950	Miscellaneous Billings	6 Miscellaneous	Actual + Add-on	Actual + Add-on

Business Operations Division Operations & Administration

NORTH Dakota | Health & Human Services
Be Legendary.

Decision Package Detail

By Ongoing, One-Time and Funding Source

HHS OPERATIONS

- Operational underfund $6,950,000;
  - ongoing
  - General;
    - $6,950,000

HHS OPERATIONS

- FTE Block Grant Request $9,842,126;
  - ongoing
  - General;
    - $9,842,126

Decision Package Detail

By Ongoing, One-Time and Funding Source

HHS OPERATIONS

- Office of Administrative Hearings and Attorney General rate increase $190,590;
  - ongoing
  - General;
    - $190,590

IT EXISTING

- IT Contractual inflationary increase – cost to continue $20,730,88;
  - ongoing
  - General;
    - $20,730,788

Decision Package Detail

By Ongoing, One-Time and Funding Source

IT EXISTING

- NDIT Rate increases - Cost to Continue $4,012,147;
  - ongoing
  - General;
    - $4,012,147

IT EXISTING

- Retire Technical debt remediation (including mainframe and legacy systems) $10,000,000;
  - One-time
  - Federal;
    - $5,000,000
  - Special (SIIF);
    - $5,000,000

Comparison of budgets and funding

By Budget Account Code

DESCRIPTION	2023-25 LEGISLATIVE BASE	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE/ (DECREASE)
511x Salaries - Regular	$ 16,433,663	$ 34,140,960	$ 17,707,297
512x Salaries - Other	-	9,842,126	9,842,126
513x Salaries Temp	419,625	716,788	297,163
516x Salaries Benefits	7,742,063	13,337,320	5,595,257
Total Salaries & Benefits	**$ 24,595,351**	**$ 58,037,194**	**$ 33,441,843**
52x Travel	935,467	1,495,182	559,714
53x Supply	112,941	286,688	173,746
54x Postage & Printing	2,555,049	2,862,909	307,860
55x Equipment under $5,000	5,800	5,075	(725)
57x Insurance	235,400	592,472	357,072
58x Rent/Leases - Bldg/Equip	1,265,474	1,333,749	68,275
59x Repairs	27,904	152,100	124,196
61x Professional Development	88,494	157,270	68,776
62x Fees - Operating & Professional	(9,726,328)	11,819,360	21,545,688
53x Supplies	104,969	70,135	(34,834)
60x IT Expenses	158,896,418	65,060,479	(93,835,939)
69x Equipment Over $5,000	108,934	-	(108,934)
Total Operating	**$ 154,610,522**	**$ 83,835,419**	**$ (70,775,105)**
Total	**$ 179,205,873**	**$ 141,872,613**	**$ (37,333,262)**
Total General	**$ 74,099,008**	**$ 102,320,395**	**$ 28,221,387**
Total Federal	**102,033,269**	**35,793,816**	**(66,239,453)**
Total Other	**$ 3,073,596**	**$ 3,758,402**	**$ 684,806**

DHHS Operations budget as % of HHS Budget

- 2.3% of Total HHS Budget

Budget by Funding Source

- 72% General
- 25% Federal
- 3% Other

Budget by Pass Through

- 8% Paid to private providers
- 0% Direct Service
- 42% Admin
- 50% Technology

NORTH Dakota Be Legendary. | Health & Human Services

Operating Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION			
			TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
OFFICE OF COMMISSIONER	$ 310,015	$ 540,641	$ 850,656	$ 663,512	$ 170,131	$ 17,013
OFFICE OF DEPUTY COMMISSIONER - CRIMINAL BACKGROUND CHECK UNIT	409,599	(91,952)	317,647	203,294	98,471	15,882
OFFICE OF TRANSFORMATION	-	325,227	325,227	260,182	58,541	6,505
COMMUNICATIONS	202,000	48,000	250,000	197,500	52,500	-
LEGAL	128,571	1,639,592	1,768,163	1,078,579	689,584	-
HUMAN RESOURCES	269,000	100,028	369,028	298,913	70,115	-
FINANCE	86,802	1,049,938	1,136,740	625,207	443,329	68,204
OPERATIONAL UNDERFUND	-	6,801,959	6,801,959	6,801,959	-	-
GENERAL FUND	**$ 590,515**	**$ 9,538,631**	**$ 10,129,145**	**$ 10,129,145**		
FEDERAL FUND	**759,233**	**823,437**	**1,582,670**		**1,582,670**	
OTHER FUND	**56,239**	**51,365**	**107,604**			**107,604**
GRAND TOTAL	**$ 1,405,987**	**$ 10,413,433**	**$ 11,819,420**	**$ 10,129,145**	**$ 1,582,670**	**$ 107,604**

NORTH Dakota Be Legendary. | Health & Human Services

BUSINESS OPERATIONS

Information Technology

- IT Costs = $65M
  - $33.2M for Decision Packages approved in Exec Budget Recommendation
  - $15.3M
    - $9.1M related to legacy mainframe maintenance
    - $2.2M related to Hosting costs
    - $1.6M NDIT MOU agreement
    - $2.0M Pass through bills/One-time setup & licensing costs
  - $14M
    - Desktop Support, ConnectND, MS 365
  - $2.2M
    - Telephone (MS Voice)
  - $.3M
    - Budget and Projection System annual maintenance

Grants Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION			
			TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
NOT APPLICABLE						
GENERAL FUND				$ -		
FEDERAL FUND					-	
OTHER FUND						-
GRAND TOTAL	$ -	$ -	$ -	$ -	$ -	$ -

NORTH Dakota Be Legendary. | Health & Human Services

Comparison of budget expenditures and projections

By Budget Account Code

DESCRIPTION	2023-25 LEGISLATIVE BASE	EXPENDED AS OF 12/31/2024	PROJECTION THROUGH 6/30/2025	UNDER/ (OVER) BUDGET
511x Salaries - Regular	$ 16,433,663	$ 16,777,089	$ 30,095,439	$ (13,661,776)
513x Salaries Temp	419,625	400,976	705,107	(285,482)
514x Salaries Overtime	-	136,142	146,434	(146,434)
516x Salaries Benefits	7,742,063	7,937,700	11,169,663	(3,427,600)
Total Salaries & Benefits	**$ 24,595,351**	**$ 25,251,907**	**$ 42,116,643**	**$ (17,521,292)**
52x Travel	935,467	959,277	1,279,244	(343,777)
53x Supply	112,941	1,279,391	219,703	(106,762)
54x Postage & Printing	2,555,049	2,036,400	2,732,801	(177,752)
55x Equipment under $5,000	5,800	6,864	8,764	(2,964)
57x Insurance	235,400	205,426	205,476	29,924
58x Rent/Leases - Bldg/Equip	1,265,474	661,115	985,885	279,589
59x Repairs	27,904	120,334	162,625	(134,721)
61x Professional Development	88,494	113,036	141,608	(53,114)
62x Fees - Operating & Professional	(9,726,328)	7,567,136	16,365,792	(26,092,120)
53x Supplies	104,969	27,534	116,665	(11,696)
60x IT Expenses	158,896,418	148,607,279	334,022,855	(175,126,437)
69x Equipment Over $5,000	108,934	375,895	413,395	(304,461)
Total Operating	**$ 154,610,522**	**$ 161,959,687**	**$ 356,654,813**	**$ (202,044,291)**
Total	**$ 179,205,873**	**187,211,594**	**$ 398,771,456**	**$ (219,565,584)**
Total General	**$ 74,099,008**	**$ 78,015,244**	**$ 132,676,215**	**$ (58,577,207)**
Total Federal	**102,033,269**	**102,852,389**	**223,512,348**	**(121,479,079)**
Total Other	**$ 3,073,596**	**$ 5,224,242**	**$ 42,582,894**	**$ (39,509,298)**

NORTH Dakota Be Legendary. | Health & Human Services

Operations Division
Office of Deputy Commissioner
DD Council

NORTH Dakota | Health & Human Services
Be Legendary.

Decision Package Detail

By Ongoing, One-Time and Funding Source

Not applicable

Comparison of budgets and funding

By Budget Account Code

Description	2023-25 Legislative Base	2025-27 Executive Recommendation	Under/ (Over) Budget
511x Salaries - Regular	$ 183,263	$ 183,960	$ 697
513x Salaries Temp	57,640	329,088	271,448
516x Salaries Benefits	80,900	78,285	(2,615)
Total Salaries & Benefits	**$ 321,803**	**$ 591,333**	**$ 269,530**
52x Travel	40,000	100,000	60,000
53x Supply	5,500	6,500	1,000
54x Postage & Printing	5,000	5,100	100
58x Rent/Leases - Bldg/Equip	2,500	10,500	8,000
59x Repairs	780	500	(280)
61x Professional Development	30,000	60,000	30,000
62x Fees - Operating & Professional	151,000	180,000	29,000
71x Grants, Benefits, & Claims	603,651	101,206	(502,445)
Total Operating	**$ 838,431**	**$ 463,806**	**$ (374,625)**
Total	**$ 1,160,234**	**$ 1,055,139**	**$ (105,095)**
Total General	**$ -**	**$ -**	**$ -**
Total Federal	**$ 1,160,234**	**$ 1,055,139**	**$ (105,095)**
Total Other	**$ -**	**$ -**	**$ -**

DD Council Budget as % of HHS Budget

.01%

Budgeted by Funding Source

- General 0%
- Federal 100%

Budget by Pass Through

- 5% Paid to Private/ Public providers
- 80% HHS Admin
- 15% HHS Direct Service's

NORTH Dakota Be Legendary. | Health & Human Services

Operating Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION			
			TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
Purchase of Service	$ 151,000	$ 29,000	$ 180,000	$ -	$ 180,000	
GENERAL FUND	**$ -**	**$ -**	**$ -**	**$ -**		
FEDERAL FUND	**151,000**	**29,000**	**180,000**		**180,000**	
OTHER FUND	**-**	**-**	**-**			**-**
GRAND TOTAL	**$ 151,000**	**$ 29,000**	**$ 180,000**	**$ -**	**$ 180,000**	**$ -**

NORTH Dakota Be Legendary. | Health & Human Services

Grants Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
FFT, family prevention therapy, Well being	$ 603,651	$ (502,445)	$ 101,206	$ -	$ 101,206	$ -
GENERAL FUND	**$ -**	**$ -**	**$ -**	**$ -**		
FEDERAL FUND	**603,651**	**(502,445)**	**101,206**		**101,206**	
OTHER FUND						**-**
GRAND TOTAL	**$ 603,651**	**$ (502,445)**	**$ 101,206**	**$ -**	**$ 101,206**	**$ -**

Comparison of budget expenditures and projections

By Budget Account Code

Description	2023-25 Legislative Base	Expended as of 12/31/2024	Projection through 6/30/2025	Under/ (Over) Budget
511x Salaries - Regular	$ 183,263	$ 137,477	$ 183,467	$ (204)
513x Salaries Temp	57,640	19,346	29,066	28,574
514x Salaries Overtime	-	68	68	(68)
516x Salaries Benefits	80,900	59,237	79,333	1,566
Total Salaries & Benefits	**$ 321,803**	**$ 216,128**	**$ 291,934**	**$ 29,869**
52x Travel	40,000	96,241	106,241	(66,241)
53x Supply	5,500	1,299	2,674	2,826
54x Postage & Printing	5,000	329	1,579	3,421
55x Equipment under $5,000	-	59	59	(59)
58x Rent/Leases - Bldg/Equip	2,500	9,008	9,633	(7,133)
59x Repairs	780	168	363	417
61x Professional Development	30,000	46,412	53,912	(23,912)
62x Fees - Operating & Professional	151,000	316,823	354,573	(203,573)
53x Supplies	-	48	48	(48)
71x Grants, Benefits, & Claims	603,651	322,674	473,587	130,064
Total Operating	**$ 838,431**	**$ 793,061**	**$ 1,002,668**	**$ (164,237)**
Total	**$ 1,160,234**	**$ 1,009,189**	**$ 1,294,603**	**$ (134,369)**
Total General	**$ -**	**$ -**	**$ -**	**$ -**
Total Federal	**$ 1,160,234**	**$ 1,002,879**	**$ 1,288,293**	**$ (128,059)**
Total Other	**$ -**	**$ 6,309**	**$ 6,309**	**$ (6,309)**

NORTH Dakota Be Legendary. | Health & Human Services

Operations Division
Office of Deputy Commissioner
Refugee Services

NORTH Dakota | Health & Human Services
Be Legendary.

Decision Package Detail

By Ongoing, One-Time and Funding Source

Not Applicable

NORTH Dakota Be Legendary. | Health & Human Services

Comparison of Budgets and Funding

By Budget Account Code

DESCRIPTION	2023-25 LEGISLATIVE BASE	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)
511x Salaries - Regular	$ 578,918	$ 1,186,092	$ 607,174
516x Salaries Benefits	274,744	526,745	252,001
Total Salaries & Benefits	**$ 853,662**	**$ 1,712,837**	**$ 859,175**
52x Travel	58,425	69,200	10,775
53x Supply	5,000	12,200	7,200
54x Postage & Printing	200	7,650	7,450
55x Equipment under $5,000	-	7,500	7,500
58x Rent/Leases - Bldg/Equip	7,801	-	(7,801)
61x Professional Development	14,965	125,058	110,093
62x Fees - Operating & Professional	479,340	2,321,533	1,842,193
53x Supplies-IT	6,300	12,600	6,300
60x IT Expenses	-	30,870	30,870
71x Grants, Benefits, & Claims	11,208,976	18,677,796	7,468,820
Total Operating	**$ 11,781,007**	**$ 21,264,407**	**$ 9,483,400**
Total	**$ 12,634,669**	**$ 22,977,244**	**$ 10,342,575**
Total General	**$ -**	**$ -**	**$ -**
Total Federal	**$ 12,634,669**	**$ 22,977,244**	**$ 10,342,575**
Total Other	**$ -**	**$ -**	**$ -**

Budget as % of HHS Budget

0.4%

Budget Funding Source

General	0.0%
Federal	100.0%
Other	0.0%

Budget Bypass-Through

Paid to Private Providers	10.1%
HHS Direct Service	81.3%
HHS Admin	8.4%
HHS Technology	0.2%

NORTH Dakota Be Legendary. | Health & Human Services

Operating Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
Data Management System-M&O, Development	$ 220,000	$ 1,887,474	$ 2,107,474	$ -	$ 2,107,474	$ -
Refugee Services Translation, Outreach, Interpreters,Other Fees	20,000	80,000	100,000	-	100,000	-
Unaccompanied Minor Refugee (URM)	239,340	(125,281)	114,059	-	114,059	-
GENERAL FUND	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
FEDERAL FUND	**479,340**	**1,842,193**	**2,321,533**	**-**	**2,321,533**	**-**
OTHER FUND	**-**	**-**	**-**	**-**	**-**	**-**
GRAND TOTAL	**$ 479,340**	**$ 1,842,193**	**$ 2,321,533**	**$ -**	**$ 2,321,533**	**$ -**

Grants Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
URM Direct Benefits	$ 1,405,366	$ 91,694	$ 1,497,060	$ -	$ 1,497,060	$ -
AVHSZ Contract	2,715,946	534,790	3,250,736	-	3,250,736	-
Community Integration Facilitator and Eligibility Staff	-	1,130,000	1,130,000	-	1,130,000	-
Refugee Cash Assistance Contracts	2,345,536	2,854,464	5,200,000	-	5,200,000	-
Refugee Medical Assistance Contracts	512,128	987,872	1,500,000	-	1,500,000	-
Refugee Support Services Contracts	4,230,000	1,870,000	6,100,000	-	6,100,000	-
GENERAL FUND	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
FEDERAL FUND	**11,208,976**	**7,468,820**	**18,677,796**	**-**	**18,677,796**	**-**
OTHER FUND	**-**	**-**	**-**	**-**	**-**	**-**
GRAND TOTAL	**$ 11,208,976**	**$ 7,468,820**	**$ 18,677,796**	**$ -**	**$ 18,677,796**	**$ -**

Comparison of budget expenditures and projections

By Budget Account Code

DESCRIPTION	2023-25 LEGISLATIVE BASE	EXPENDED AS OF 12/31/2024	PROJECTION THROUGH 6/30/2025	UNDER / (OVER) BUDGET
511x Salaries - Regular	$ 578,918	$ 579,652	$ 749,354	$ (170,436)
513x Salaries Temp	-	27,172	27,172	(27,172)
514x Salaries Overtime	-	122	122	(122)
516x Salaries Benefits	274,744	256,913	330,572	(55,827)
Total Salaries & Benefits	**$ 853,662**	**$ 863,858**	**$ 1,107,219**	**$ (253,557)**
52x Travel	58,425	25,989	40,589	17,836
53x Supply	5,000	11,392	12,642	(7,642)
54x Postage & Printing	200	104	154	46
58x Rent/Leases - Bldg/Equip	7,801	-	1,950	5,851
61x Professional Development	14,965	13,289	16,531	(1,566)
62x Fees - Operating & Professional	479,340	87,796	207,631	271,709
53x Supplies-IT	6,300	402	1,977	4,323
71x Grants, Benefits, & Claims	11,208,976	7,758,334	10,560,578	648,398
Total Operating	**$ 11,781,007**	**$ 8,828,926**	**$ 11,773,672**	**$ 7,335**
Total	**$ 12,634,669**	**9,692,785**	**$ 12,880,891**	**$ (246,222)**
Total General	**$ -**	**$ -**	**$ -**	**$ -**
Total Federal	**$ 12,634,669**	**$ 9,692,785**	**$ 12,880,891**	**$ (246,222)**
Total Other	**$ -**	**$ -**	**$ -**	**$ -**

NORTH Dakota Be Legendary. | Health & Human Services

Behavioral Health Division

NORTH Dakota | Health & Human Services
Be Legendary.

Behavioral Health Policy & Administration

NORTH Dakota | Health & Human Services
Be Legendary.

Decision Package Detail

By Ongoing, One-Time and Funding Source

Decision Package	Decision Package Grouping	General	Other	Total	
Electronic Health Record / Pharmacy System Recovery and Backup	IT		500,000 (SIIF)		One-Time
Retire Electronic Health Record Legacy System Data Extraction & Migration on Mainframe	IT		1,000,000 (SIIF)		One-Time
State Hospital Network Redundancy	IT		500,000 (SIIF)		One-Time
Development of Partial Hospitalization/ Intensive Day Treatment	Children's Behavioral Health		2,000,000 (CHTF)	**2,000,000**	One-Time
Opioid Settlement	Cost to Continue		8,000,000	**8,000,000**	Ongoing
Avel eCare rural crisis support continuation	Behavioral Health Services		2,000,000 (CHTF)	**2,000,000**	Ongoing
Substance Use Disorder (SUD) Voucher	Behavioral Health Services	2,500,000		**2,500,000**	Ongoing
Treatment Collaborative for Traumatized Youth Expansion	Children's Behavioral Health	408,000		**408,000**	Ongoing
Voluntary Treatment Program	Children's Behavioral Health	1,351,997		**1,351,997**	Ongoing
Continue existing levels of service in Free Through Recovery and Community Connect	Services – Care Coordination	4,761,081		**4,761,081**	Ongoing
Free Through Recovery	Services – Care Coordination	4,016,908		**4,016,908**	Ongoing
Community Connect	Services – Care Coordination	4,458,814		**4,458,814**	Ongoing
Peer Support	Services – Care Coordination	137,900		**137,900**	Ongoing

Comparison of budgets and funding

By Budget Account Code

DESCRIPTION	2023-25 LEGISLATIVE BASE	2025-27 EXECUTIVE RECOMMENDATION	INCREASE/ (DECREASE)
511x Salaries - Regular	$ 5,783,715	$ 11,553,902	$ 5,770,187
512x Salaries - Other	-	-	-
513x Salaries Temp	289,100	111,290	(177,810)
514x Salaries Overtime	-	-	-
516x Salaries Benefits	2,719,860	5,601,975	2,882,114
Total Salaries & Benefits	**$ 8,792,676**	**$ 17,267,167**	**$ 8,474,492**
52x Travel	40,000	174,685	134,685
53x Supply	6,000	18,037	12,037
54x Postage & Printing	15,000	15,000	-
58x Rent/Leases - Bldg/Equip	-	6,480	6,480
61x Professional Development	60,000	179,209	119,209
62x Fees - Operating & Professional	81,260,458	95,968,688	14,708,230
60x IT Expenses	-	19,042,285	19,042,285
71x Grants, Benefits, & Claims	40,476,298	43,905,620	3,429,322
Total Operating	**$ 121,857,756**	**$ 159,310,004**	**$ 37,452,248**
Total	**$ 130,650,431**	**$ 176,577,171**	**$ 45,926,740**
Total General	**$ 78,668,634**	**$ 116,775,231**	**$ 38,106,598**
Total Federal	**$ 40,703,315**	**$ 42,277,919**	**$ 1,574,604**
Total Other	**$ 11,278,483**	**$ 17,524,021**	**$ 6,245,538**

BHD Policy & Administration budget as % of HHS Budget

- 2.8% of Total HHS Budget

Budget by Funding Source

- 66% General
- 25% Federal
- 10% Other

Budget by Pass Through

- 79% Paid to private providers
- 0% Direct Service
- 10% Admin
- 11% Technology

Operating Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION			
			TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
BH Strategic Plan Implementation	$ 250,000	$ -	$ 250,000	$ 250,000	$ -	$ -
Person Centered Planning	300,000	-	300,000	300,000	-	-
Trauma Informed Practices (TCTY)	200,000	408,000	608,000	608,000	-	-
NDCARES	85,000	-	85,000	85,000	-	-
B-HERO	400,000	-	400,000	400,000	-	-
Peer Support	162,010	137,990	300,000	300,000	-	-
Prevention and Early Intervention	300,000	-	300,000	300,000	-	-
Licensing/Certification	77,500	-	77,500	77,500	-	-
Task Forces, Commissions, etc.	46,000	(24,750)	21,250	21,250	-	-
Telehealth	1,500,000	-	1,500,000	1,500,000	-	-
Suicide Prevention	1,092,132	-	1,092,132	1,092,132	-	-
Crisis	2,043,330	-	2,043,330	2,043,330	-	-
ND Brain Injury Network	996,483	-	996,483	996,483	-	-
Supported Housing	4,672,536	-	4,672,536	4,672,536	-	-
Recovery Housing Assistance Program	1,509,088	34,124	1,543,212	1,543,212	-	-
Pregnant and Parenting Women	600,000	-	600,000	600,000	-	-
Free Through Recovery	14,700,173	6,186,180	20,886,353	20,886,353	-	-
Community Connect	14,364,747	7,114,737	21,479,484	21,479,484	-	-
PATH	5,000	-	5,000	-	5,000	-
Mental Health Block Grant	3,058,872	360,612	3,419,484	-	3,419,484	-
Substance Use Prevention Treatment and Recovery	12,494,756	1,480,142	13,974,898	-	13,974,898	-
Partnership for Success	2,500,000	1,000,000	3,500,000	-	3,500,000	-
988 Improvement	252,759	1,497,241	1,750,000	-	1,750,000	-
State Opioid Response	8,000,000	(246,034)	7,753,966	-	7,753,966	-
State Epidimeological Outcomes Workgroup	500,000	-	500,000	-	500,000	-
Opioid Settlement	10,000,000	(2,000,000)	8,000,000	-	-	8,000,000
Revenue Cycle Consultant	-	39,700	39,700	39,700	-	-
Parent's LEAD	200,000	(200,000)	-	-	-	-
Brain Injury Grant	450,072	(450,072)	-	-	-	-
Compulsive Gambling	500,000	(500,000)	-	-	-	-
BH Crisis Care for Law Enforcement (Avel eCare)	-	2,000,000	2,000,000	-	-	2,000,000
Drug Court	-	200,000	200,000	200,000	-	-
Operating Underfund	-	(2,329,640)	(2,329,640)	(2,329,640)	-	-

GENERAL FUND	**$ 43,498,999**	**$ 11,566,341**	**$ 55,065,340**	**$ 55,065,340**		
FEDERAL FUND	**27,261,459**	**3,641,889**	**30,903,348**		**30,903,348**	
OTHER FUND	**10,500,000**	**(500,000)**	**10,000,000**			**10,000,000**
GRAND TOTAL	**$ 81,260,458**	**$ 14,708,230**	**$ 95,968,688**	**$ 55,065,340**	**$ 30,903,348**	**$ 10,000,000**

Grants Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
Voluntary Treatment Program	$ 453,424	$ 1,351,997	$ 1,805,421	$ 1,805,421	$ -	$ -
Parent to Parent	75,000	-	75,000	75,000	-	-
Behavioral Health School Grants	9,500,000	-	9,500,000	9,500,000	-	-
School Pilot	300,000	-	300,000	300,000	-	-
Substance Use Disorder Voucher	18,147,874	2,910,369	21,058,243	21,058,243	-	-
System of Care	6,000,000	1,066,956	7,066,956	-	7,066,956	-
Pediatric Mental Healthcare Acccess	-	2,100,000	2,100,000	-	2,100,000	-
CCBHC Federal Grant	6,000,000	(6,000,000)	-	-	-	-
Partial Hospitalization / Intensive Day Treatment	-	2,000,000	2,000,000	-	-	2,000,000
GENERAL FUND	**$ 28,476,298**	**$ 4,262,366**	**$ 32,738,664**	**$ 32,738,664**		
FEDERAL FUND	**12,000,000**	**(2,833,044)**	**9,166,956**		**9,166,956**	
OTHER FUND		**2,000,000**	**2,000,000**			**2,000,000**
GRAND TOTAL	**$ 40,476,298**	**$ 3,429,322**	**$ 43,905,620**	**$ 32,738,664**	**$ 9,166,956**	**$ 2,000,000**

Comparison of budget expenditures and projections

By Budget Account Code

DESCRIPTION	2023-25 LEGISLATIVE BASE	EXPENDED AS OF 12/31/2024	PROJECTION THROUGH 6/30/2025	UNDER/ (OVER) BUDGET
511x Salaries - Regular	$ 5,783,715	$ 5,241,524	$ 6,979,625	$ (1,195,910)
513x Salaries Temp	289,100	45,240	70,400	218,700
514x Salaries Overtime	-	10,984	10,984	(10,984)
516x Salaries Benefits	2,719,860	2,369,733	3,176,143	(456,282)
Total Salaries & Benefits	**$ 8,792,676**	**$ 7,667,481**	**$ 10,237,152**	**$ (1,444,476)**
52x Travel	40,000	389,126	401,626	(361,626)
53x Supply	6,000	134,065	135,565	(129,565)
54x Postage & Printing	15,000	108,502	113,002	(98,002)
55x Equipment under $5,000	-	56,475	56,475	(56,475)
58x Rent/Leases - Bldg/Equip	-	33,597	33,597	(33,597)
61x Professional Development	60,000	202,151	217,151	(157,151)
62x Fees - Operating & Professional	81,260,458	52,811,692	82,004,677	(744,219)
60x IT Expenses	-	2,208	2,208	(2,208)
69x Equipment Over $5,000	-	519,400	519,400	(519,400)
71x Grants, Benefits, & Claims	40,476,298	24,707,391	41,228,912	(752,614)
Total Operating	**$ 121,857,756**	**$ 78,964,606**	**$ 124,712,612**	**$ (2,854,856)**
Total	**$ 130,650,431**	**86,632,087**	**$ 134,949,764**	**$ (4,299,332)**
Total General	**$ 78,668,634**	**$ 53,012,375**	**$ 77,328,641**	**$ 1,339,993**
Total Federal	**$ 40,703,315**	**$ 28,360,954**	**$ 43,578,572**	**$ (2,875,258)**
Total Other	**$ 11,278,483**	**$ 5,258,759**	**$ 14,042,551**	**$ (2,764,068)**

Behavioral Health Clinics

NORTH Dakota | Health & Human Services
Be Legendary.

Decision Package Detail

By Ongoing, One-Time and Funding Source

Provider Inflation

- 1.5%/1.5% = $814,210

Executive Compensation plan

- Includes 3%/3% & Health Insurance
  - $6,615,564

Capital Projects

- Southeast HSC Bathroom Remodel
  - $972,000 SIIF Funds
    - One time funding

Decision Package Detail (continued)

By Ongoing, One-Time and Funding Source

Services – Behavioral Health Current - $4,029,223

- Crisis Residential Contract Inflation - $706,233
- Addiction Residential Contract Inflation - $917,786
- Recovery/Rehab Contract Inflation - $2,154,668
- Western ND staffing compensation - $250,536

Children's Behavioral Health - $6,000,000

- Youth Crisis Stabilization Pilot
  - $3M General Fund
  - $3M Federal Fund

Comparison of budgets and funding

By Budget Account Code

DESCRIPTION	2023-25 LEGISLATIVE BASE	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)
511x Salaries - Regular	$ 95,297,086	$ 108,024,073	$ 12,726,987
512x Salaries - Other	6,786,511	409,095	(6,377,416)
513x Salaries Temp	9,121,884	7,727,856	(1,394,029)
514x Salaries Overtime	960,688	1,399,151	438,463
516x Salaries Benefits	37,622,036	50,020,929	12,398,893
Total Salaries & Benefits	**$ 149,788,205**	**$ 167,581,103**	**$ 17,792,898**
52x Travel	1,790,117	2,616,486	826,368
53x Supply	976,622	1,068,054	91,431
54x Postage & Printing	178,137	116,756	(61,381)
55x Equipment under $5,000	110,594	172,080	61,486
56x Utilities	218,410	225,748	7,338
57x Insurance	7,646	3,750	(3,896)
58x Rent/Leases - Bldg/Equip	7,452,845	7,277,107	(175,738)
59x Repairs	682,082	721,221	39,139
61x Professional Development	304,382	771,899	467,517
62x Fees - Operating & Professional	33,448,756	49,743,237	16,294,480
53x Supplies	91,086	77,914	(13,172)
60x IT Expenses	1,255,060	881,714	(373,346)
68x Land, Building, Other Capital	80,000	1,052,000	972,000
69x Over	-	16,000	16,000
69x Equipment Over $5,000	-	20,000	20,000
Total Operating	**$ 46,595,738**	**$ 64,763,965**	**$ 18,168,227**
Total	**$ 196,383,943**	**$ 232,345,068**	**$ 35,961,124**
Total General	**$ 147,552,022**	**$ 174,704,515**	**$ 27,152,493**
Total Federal	**$ 32,716,523**	**$ 38,440,713**	**$ 5,724,190**
Total Other	**$ 16,115,400**	**$ 19,199,840**	**$ 3,084,439**

HSCs budget as % of HHS Budget

- 3.7% of Total HHS Budget

Budget by Funding Source

- 75% General
- 17% Federal
- 8% Other

Budget by Pass Through

- 19% Paid to private providers
- 62% Direct Service
- 14% Admin
- 5% Capital Projects & Equipment

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Operating Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION			
			TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
Crisis Residential Contracts	$ 11,801,827	$ 300,381	$ 12,102,208	$ 12,102,208	$ -	$ -
Transitional Living Residential Contracts	4,756,725	60	4,756,785	4,756,785	-	-
Substance Use Treatment Contracts (SUPTRS)	139,452	7,686,510	7,825,962	7,825,962	-	-
Medication Delivery Contracts	428,890	9,499	438,389	438,389	-	-
Serenity Residential Contract	523,002	45,722	568,724	568,724	-	-
Recovery Center Contracts	2,352,411	43,193	2,395,604	2,395,604	-	-
Inpatient Hospitalization Contracts	3,975,812	1,083,980	5,059,792	5,059,792	-	-
Mobile Crisis Contract	427,985	-	427,985	427,985	-	-
Sex Offender Treatment Services Contract	1,087,024	49,405	1,136,429	1,136,429	-	-
WC Case Aide Transportation contract	211,704	-	211,704	211,704	-	-
Social Detox	178,413	81,587	260,000	260,000	-	-
Extended Services Rocky Mtn Rehab Contract	1,428,412	-	1,428,412	1,428,412	-	-
DDCAT Case Western Training Contract	60,000	-	60,000	60,000	-	-
Therapeutic Options Contract	-	20,328	20,328	20,328	-	-
HSC Accrediation Contract	180,850	(16,000)	164,850	164,850	-	-
CARF Accreditation Fees for Ruth Meiers PRTF	12,000	(4,500)	7,500	7,500	-	-
Works Employment Training	470,588	-	470,588	470,588	-	-
FFT Consultant Contract	-	216,500	216,500	216,500	-	-
CCBHC Operating (moved to salaries)	3,938,041	(3,938,041)	-	-	-	-
CCBHC Operating - federal grant authority	-	2,000,000	2,000,000	-	2,000,000	-

Operating Schedule(continued)

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION			
			TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
Expanding Mobile Crisis - Technology (Other Fund)	117,500	-	117,500	-	-	117,500
Real-time GPS technology-call center & mobile crisis team (Other Fund)	500,000	-	500,000	-	-	500,000
Adjustment to tie to Legislative 23-25 Budget	(7,055,890)	7,055,890	-	-	-	-
Respite Contracts/Provider Payments	142,799	(103,363)	39,436	39,436	-	-
Prime Time Healthcare (Tompkins)		250,000	250,000	250,000	-	-
Fargo Drug Court Services Contract	395,194	-	395,194	395,194	-	-
Psychiatry Resident Contract	60,122	-	60,122	60,122	-	-
Supportive Apartments	67,227	-	67,227	67,227	-	-
Youth & Family FLEX/WRAP Funds	230,895	26,000	256,895	256,895	-	-
PATH Rent Assistance for Homeless Clients	44,225	(20,000)	24,225	24,225	-	-
SEHSC Drain Tax/Special Assesments	30,878	(27,578)	3,300	3,300	-	-
MST Annual Licenses	14,300	-	14,300	14,300	-	-
Service Awards/Staff Licenses/Other Operating	293,323	(56,304)	237,019	237,019	-	-
Pharmacy Inspections	17,535	720	18,255	18,255	-	-
Operational Underfund	-	(3,121,940)	(3,121,940)	(3,121,940)	-	-
SUPTRS Contracts Duplicate funding	-	(5,400,000)	(5,400,000)	(5,400,000)	-	-
SCHSC Reduction of work services contract	-	(250,000)	(250,000)	(250,000)	-	-
WCHSC Inpatient Contract Savings	-	(23,340)	(23,340)	(23,340)	-	-
WCHSC Medication Contract Duplicate Reduction	-	(10,454)	(10,454)	(10,454)	-	-
NCHSC Inpatient Contract Savings	-	(371,567)	(371,567)	(371,567)	-	-

Operating Schedule(continued)

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION			
			TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
Provider Inflation	-	814,210	814,210	814,210	-	-
Decision Package - Svc - BH Current	-	3,778,687	3,778,687	3,778,687	-	-
Decision Package - Children's Behav Health - Youth Crisis Stabilization Pilot 50	-	6,000,000	6,000,000	3,000,000	3,000,000	-
HSC Rate Setting Contract - Other Fund	-	235,676	235,676	-	-	235,676
On-Call Crisis Psychiatry Services	3,874,500	-	3,874,500	3,874,500	-	-
On- Call Crisis Nursing Services	2,080,000	-	2,080,000	2,080,000	-	-
Crisis Physician	132,000	-	132,000	132,000	-	-
Interpreter Services	79,228	(17,277)	61,951	61,951	-	-
SEHSC Security Services	27,000	5,000	32,000	32,000	-	-
MST Consultants	267,800	(117,800)	150,000	150,000	-	-
Client meds/Medical/Pharmacy Supplies	95,633	22,999	118,632	118,632	-	-
Nicotene Replacement Therapies (NRT) Supplies	56,000	39,800	95,800	95,800	-	-
Staff TB Testing	3,100	7,249	10,349	10,349	-	-
Staff Preplacement Exams - RMAC	2,252	(752)	1,500	1,500	-	-
GENERAL FUND	**$ 32,831,257**	**$ 11,058,804**	**$ 43,890,061**	**$ 43,890,061**		
FEDERAL FUND		**5,000,000**	**5,000,000**		**5,000,000**	
OTHER FUND	**617,500**	**235,676**	**853,176**			**853,176**
GRAND TOTAL	**$ 33,448,757**	**$ 16,294,480**	**$ 49,743,237**	**$ 43,890,061**	**$ 5,000,000**	**$ 853,176**

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Grants Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION			
			TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
NOT APPLICABLE						
GENERAL FUND				$ -		
FEDERAL FUND					-	
OTHER FUND						-
GRAND TOTAL	$ -	$ -	$ -	$ -	$ -	$ -

NORTH Dakota Be Legendary. | Health & Human Services

Comparison of budgets and funding

By Budget Account Code

DESCRIPTION	2023-25 LEGISLATIVE BASE	EXPENDED AS OF 12/31/2024	PROJECTION THROUGH 6/30/2025	UNDER / (OVER) BUDGET
511x Salaries - Regular	$ 95,297,086	65,700,860	90,558,889	$ 4,738,198
512x Salaries - Other	6,786,511	92,457	128,182	6,658,329
513x Salaries Temp	9,121,884	1,648,272	2,709,863	6,412,021
514x Salaries Overtime	960,688	1,151,829	1,396,244	(435,556)
516x Salaries Benefits	37,622,036	30,092,305	42,131,251	(4,509,215)
Total Salaries & Benefits	**$ 149,788,205**	**$ 98,685,723**	**$ 136,924,428**	**$ 12,863,777**
52x Travel	1,790,117	1,230,043	1,724,769	65,348
53x Supply	976,673	475,485	752,855	223,818
54x Postage & Printing	178,137	58,347	87,702	90,435
55x Equipment under $5,000	110,594	104,620	306,834	(196,240)
56x Utilities	218,410	131,909	180,110	38,300
57x Insurance	7,596	1,699	3,298	4,298
58x Rent/Leases - Bldg/Equip	7,452,845	5,355,329	7,267,258	185,587
59x Repairs	682,082	422,920	644,551	37,531
61x Professional Development	304,382	335,358	498,202	(193,820)
62x Fees - Operating & Professional	33,448,756	21,067,820	33,853,660	(404,904)
53x IT Supplies	91,087	62,650	80,564	10,523
60x IT Expenses	1,255,060	540,943	778,268	476,792
68x Land, Building, Other Capital	80,000	435,396	765,073	(685,073)
69x Equipment Over $5,000	-	61,562	61,562	(61,562)
Total Operating	**$ 46,595,738**	**$ 30,284,081**	**$ 47,004,706**	**$ (408,968)**
Total	**$ 196,383,943**	**128,969,804**	**$ 183,929,134**	**$ 12,454,809**
Total General	**$ 147,552,022**	**$ 103,104,895**	**$ 143,829,401**	**$ 3,722,621**
Total Federal	**$ 32,716,523**	**$ 15,605,390**	**$ 22,661,311**	**$ 10,055,213**
Total Other	**$ 16,115,400**	**$ 10,259,519**	**$ 17,438,423**	**$ (1,323,022)**

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Behavioral Health State Hospital

NORTH Dakota | Health & Human Services
Be Legendary.

Decision Package Detail

By Ongoing, One-Time and Funding Source

STATE HOSPITAL

- NEW STATE HOSPITAL BOND $300,000,000;
  - ONE-TIME
  - OTHER FUNDS

NORTH Dakota Be Legendary. | Health & Human Services

Comparison of budgets and funding

By Budget Account Code

DESCRIPTION	2023-25 LEGISLATIVE BASE	2025-27 EXECUTIVE RECOMMENDATION	INCREASE/ (DECREASE)
511x Salaries - Regular	$ 45,878,557	$ 39,204,257	$ (6,674,299)
512x Salaries - Other	629,276	544,128	(85,148)
513x Salaries Temp	1,021,969	2,388,482	1,366,513
514x Salaries Overtime	986,143	8,375,172	7,389,030
516x Salaries Benefits	27,640,802	23,429,512	(4,211,290)
Total Salaries & Benefits	**$ 76,156,747**	**$ 73,941,551**	**$ (2,215,195)**
52x Travel	380,629	373,999	(6,630)
53x Supply	2,700,417	3,424,866	724,449
54x Postage & Printing	46,440	44,412	(2,028)
55x Equipment under $5,000	157,503	146,493	(11,010)
56x Utilities	1,468,114	1,591,604	123,490
57x Insurance	155,282	309,264	153,982
58x Rent/Leases - Bldg/Equip	68,582	71,338	2,756
59x Repairs	460,090	527,165	67,075
61x Professional Development	365,038	371,237	6,199
62x Fees - Operating & Professional	11,224,013	12,347,346	1,123,333
53x IT Supplies	18,477	18,477	-
60x IT Expenses	272,342	300,656	28,314
68x Land, Building, Other Capital	1,292,499	301,292,499	300,000,000
69x Equipment Over $5,000	60,800	60,800	-
Total Operating	**$ 18,670,226**	**$ 320,880,155**	**$ 302,209,929**
Total	**$ 94,826,972**	**$ 394,821,706**	**$ 299,994,734**
Total General	**$ 81,684,752**	**$ 79,276,031**	**$ (2,408,721)**
Total Federal	**$ 2,545,855**	**$ 2,004,083**	**$ (541,772)**
Total Other	**$ 10,596,365**	**$ 313,541,592**	**$ 302,945,227**

State Hospital budget as % of HHS Budget

- 6.3% of Total HHS Budget

Budget by Funding Source

- 20% General
- 1% Federal
- 79% Other

Budget by Pass Through

- 3% Paid to private providers
- 18% Direct Service
- 3% Admin
- 76% Capital Projects & Equipment

NORTH Dakota Be Legendary. | Health & Human Services

Operating Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION			
			TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
NURSING TRAVEL STAFFING	$ 2,393,522	$ 318,101	$ 2,711,623	$ 2,711,623	$ -	$ -
PSYCHOLOGIST AND PSYCHIATRIST STAFFING	3,640,304	-	3,640,304	3,640,304	-	-
PROPERTY TAXES	260,966	-	260,966	260,966	-	-
FIT TO PROCEED EVALUATIONS		212,187	212,187	212,187	-	-
FACILITY MAINTENANCE CONTRACTS	210,082	-	210,082	210,082	-	-
RADIOLOGY EQUIPMENT SERVICE CONTRACT		72,056	72,056	72,056	-	-
STAFFING FEES	82,202	-	82,202	82,202	-	-
CLIENT EMPLOYMENT SERVICES CONTRACT	72,000	-	72,000	72,000	-	-
LAB SERVICES CONTRACT	72,000	-	72,000	72,000	-	-
CATHOLIC CHAPLAIN CONTRACT	31,480	3,708	35,188	35,188	-	-
INFECTIOUS DISEASE CONTROL	29,011	-	29,011	29,011	-	-
HAIR CUTTING SERVICES		23,916	23,916	23,916	-	-
OPAL X-RAY IMAGE STORAGE		11,000	11,000	11,000	-	-
PSYCHOLOGICAL EVALUATIONS	863,934	-	863,934	863,934	-	-

Operating Schedule(continued)

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION			
			TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
CLIENT MEDICATION	1,839,596	216,761	2,056,357	2,056,357	-	-
PT/OT/XRAY/SPEECH THERAPY	158,676	-	158,676	158,676	-	-
PATIENT MEDICAL SERVICES EXTERNAL PROVIDERS	1,111,633	183,483	1,295,116	1,295,116	-	-
RESIDENCY CONTRACT	100,000	-	100,000	100,000	-	-
ESTABLISHING GUARDIANSHIPS	118,641	23,728	142,369	142,369	-	-
LAB SUPPLIES	69,324	45,997	115,321	115,321	-	-
LEGAL SERVICES FOR PATIENT HEARINGS	111,982	22,396	134,378	134,378	-	-
OTHER PROFESSIONAL FEES AND SERVICES	38,544	-	38,544	28,544	-	-
OTHER MEDICAL DENTAL AND OPTICAL	20,116	-	20,116	20,116	-	-

GENERAL FUND	**$ 11,224,013**	**$ 1,133,333**	**$12,357,346**	**$ 12,347,346**		
FEDERAL FUND	**-**	**-**	**-**		**-**	
OTHER FUND	**-**	**-**	**-**			**-**
GRAND TOTAL	**$ 11,224,013**	**$ 1,133,333**	**$12,357,346**	**$ 12,347,346**	**$ -**	**$ -**

NORTH Dakota Be Legendary. | Health & Human Services

Grants Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION			
			TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
NOT APPLICABLE						
GENERAL FUND				$ -		
FEDERAL FUND					-	
OTHER FUND						-
GRAND TOTAL	$ -	$ -	$ -	$ -	$ -	$ -

NORTH Dakota Be Legendary. | Health & Human Services

Comparison of budget expenditures and projections

By Budget Account Code

DESCRIPTION	2023-25 LEGISLATIVE BASE	EXPENDED AS OF 12/31/2024	PROJECTION THROUGH 6/30/2025	UNDER/ (OVER) BUDGET
511x Salaries - Regular	$ 45,878,557	$ 27,789,234	$ 35,359,321	$ 10,519,236
512x Salaries - Other	629,276	388,401	426,299	202,977
513x Salaries Temp	1,021,969	1,671,429	2,530,706	(1,508,737)
514x Salaries Overtime	986,143	5,919,875	7,975,459	(6,989,316)
516x Salaries Benefits	27,640,802	14,486,309	20,766,530	6,874,272
Total Salaries & Benefits	**$ 76,156,747**	**$ 50,255,248**	**$ 67,058,315**	**$ 9,098,432**
52x Travel	380,629	274,676	369,733	10,896
53x Supply	2,700,417	2,054,245	2,841,384	(140,967)
54x Postage & Printing	46,440	17,019	24,417	22,023
55x Equipment under $5,000	157,503	142,520	207,206	(49,703)
56x Utilities	1,468,114	1,040,532	1,374,663	93,451
57x Insurance	155,282	146,174	229,228	(73,946)
58x Rent/Leases - Bldg/Equip	68,582	48,086	62,840	5,742
59x Repairs	460,090	218,403	278,143	181,947
61x Professional Development	365,038	85,655	166,148	198,890
62x Fees - Operating & Professional	11,224,013	8,842,214	12,934,189	(1,710,177)
53x IT Supplies	18,477	2,950	4,114	14,363
60x IT Expenses	272,342	231,617	311,673	(39,331)
68x Land, Building, Other Capital	1,292,499	12,729,006	18,822,809	(17,530,310)
69x Equipment Over $5,000	60,800	93,292	129,766	(68,966)
Total Operating	**$ 18,670,226**	**$ 25,926,389**	**$ 37,756,314**	**$ (19,086,089)**
Total	**$ 94,826,972**	**76,181,638**	**$ 104,814,629**	**$ (9,987,657)**
Total General	**$ 81,684,752**	**$ 68,013,138**	**$ 86,953,563**	**$ (5,268,811)**
Total Federal	**$ 2,545,855**	**$ 376,003**	**$ 1,232,430**	**$ 1,313,426**
Total Other	**$ 10,596,365**	**$ 7,792,497**	**$ 16,628,636**	**$ (6,032,271)**

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Human Services Division

NORTH Dakota | Health & Human Services
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Human Services Division
Aging/Adult Services

NORTH Dakota | Health & Human Services
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Decision Package Detail

By Ongoing, One-Time and Funding Source

Services – DOJ

- Housing assistance to support targeted population member transitions (DOJ) $300,000;
  - Ongoing funding
  - General Funds;
    - $300,000

Services – DOJ

- Services to support transition and diversion from institutional settings (DOJ) $5,289,397;
  - Ongoing funding
  - General Funds;
    - $2,733,934
  - Federal Funds;
    - $2,555,463

Decision Package Detail

By Ongoing, One-Time and Funding Source

Services – Vulnerable Adults

- Adult Protective Services coverage (contracts) $718,522;
  - Ongoing funding
  - General Funds;
    - $718,522

Comparison of budgets and funding

By Budget Account Code

Description	2023-25 Legislative Base	2025-27 Executive Recommendation	Increase/ (Decrease)
511x Salaries - Regular	$ 6,923,252	$ 9,998,826	$ 3,075,574
513x Salaries Temp	2,351,736	123,552	(2,228,184)
514x Salaries Overtime	-	30,000	30,000
516x Salaries Benefits	3,392,244	5,018,911	1,626,667
Total Salaries & Benefits	**$ 12,667,232**	**$ 15,171,290**	**$ 2,504,057**
52x Travel	119,417	257,477	138,060
53x Supply	5,881	15,920	10,039
54x Postage & Printing	12,174	9,970	(2,204)
55x Equipment under $5,000	1,000	5,000	4,000
57x Insurance	3,300	-	(3,300)
58x Rent/Leases - Bldg/Equip	289,299	248,916	(40,383)
59x Repairs	-	1,817	1,817
61x Professional Development	42,463	40,964	(1,499)
62x Fees - Operating & Professional	44,411,855	54,323,360	9,911,505
53x Supplies	3,000	3,000	-
60x IT Expenses	22,800	509,712	486,912
71x Grants, Benefits, & Claims	3,804,695	4,379,984	575,289
Total Operating	**$ 48,715,884**	**$ 59,796,120**	**$ 11,080,236**
Total	**$ 61,383,116**	**$ 74,967,409**	**$ 13,584,293**
Total General	**$ 26,606,768**	**$ 32,690,891**	**$ 6,084,123**
Total Federal	**$ 32,970,714**	**$ 41,976,517**	**$ 9,005,804**
Total Other	**$ 1,805,634**	**$ 300,000**	**$ (1,505,634)**

Adult/Aging Services budget as % of HHS Budget

- 1.2% of Total HHS Budget

Budget by Funding Source

- 44% General
- 56% Federal
- 0% Other

Budget by Pass Through

- 78% Paid to private providers
- 7% Direct Service
- 14% Admin
- 1% Technology

NORTH Dakota Be Legendary. | Health & Human Services

Operating Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
Money Follows the Person Service Contracts	$ 13,032,828	$ 1,975,395	$ 15,008,223	$ -	$ 15,008,223	$ -
Services to support transition and diversion from institutional settings (DOJ)	-	5,289,397	5,289,397	2,733,934	2,555,463	-
Housing Assistance to support targeted population member transitions (DOJ)	-	300,000	300,000	300,000	-	-
DOJ - Consultant Contract	511,388	(8,580)	502,808	387,162	115,646	-
Guardianship Service Providers	423,000	-	423,000	423,000	-	-
Adult Protective Service Contracts	239,929	470,670	710,599	390,829	319,770	-
Health/Nutrition Provider Contracts	27,957,786	2,933,343	30,891,129	18,323,804	12,567,325	-
Family Caregiver Support Providers	2,087,398	196,602	2,284,000	991,256	1,292,744	-
Marketing Service Contracts	60,000	-	60,000	42,000	18,000	-
Admin Services (Advertising, Background checks, Interpreters, service awards)	99,526	(79,112)	20,414	6,906	13,508	-
Operation Underfund	-	(1,166,210)	(1,166,210)	(1,166,210)	-	-
GENERAL FUND	**$ 18,248,893**	**$ 4,183,788**	**$ 22,432,681**	**$ 22,432,681**		
FEDERAL FUND	**24,729,351**	**7,161,328**	**31,890,679**		**31,890,679**	
OTHER FUND	**1,433,611**	**(1,433,611)**	**-**			**-**
GRAND TOTAL	**$ 44,411,855**	**$ 9,911,505**	**$ 54,323,360**	**$ 22,432,681**	**$ 31,890,679**	**$ -**

NORTH Dakota Be Legendary. | Health & Human Services

Grants Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
Adult Protective Services Grants	$ 1,176,698	$ 217,507	1,394,205	$ 1,087,448	$ 306,757	$ -
Telecommunication Equipment Distribution Grant	300,000	-	300,000	-	-	300,000
Preventitive Health - Contract	245,997	14,003	260,000	-	260,000	-
Health and Nutrition Contracts	477,000	343,779	820,779	347,682	473,097	-
Dementia Care Services - Alzheimer Association	1,605,000	-	1,605,000	1,605,000	-	-
GENERAL FUND	**$ 2,125,365**	**$ 914,765**	**$ 3,040,130**	**$ 3,040,130**		
FEDERAL FUND	**1,379,330**	**(339,476)**	**1,039,854**		**1,039,854**	
OTHER FUND	**300,000**	**-**	**300,000**			**300,000**
GRAND TOTAL	**$ 3,804,695**	**$ 575,289**	**$ 4,379,984**	**$ 3,040,130**	**$ 1,039,854**	**$ 300,000**

NORTH Dakota Be Legendary. | Health & Human Services

Comparison of budget expenditures and projections

By Budget Account Code

Description	2023-25 Legislative Base	Expended as of 12/31/2024	Projection through 6/30/2025	Under/ (Over) Budget
511x Salaries - Regular	$ 6,923,252	$ 6,700,335	$ 8,797,143	$ (1,873,891)
513x Salaries Temp	2,351,736	360,571	456,971	1,894,765
514x Salaries Overtime	-	46,104	46,104	(46,104)
516x Salaries Benefits	3,392,244	3,184,067	4,210,759	(818,515)
Total Salaries & Benefits	**$ 12,667,232**	**$ 10,291,077**	**$ 13,510,977**	**$ (843,745)**
52x Travel	119,417	247,294	329,451	(210,034)
53x Supply	5,881	22,774	29,554	(23,673)
54x Postage & Printing	12,174	9,189	11,424	750
55x Equipment under $5,000	1,000	11,600	11,600	(10,600)
57x Insurance	3,300	-	-	3,300
58x Rent/Leases - Bldg/Equip	289,299	178,788	238,618	50,681
59x Repairs	-	2,141	2,141	(2,141)
61x Professional Development	42,463	56,382	60,352	(17,889)
62x Fees - Operating & Professional	44,411,855	35,098,342	58,608,219	(14,196,364)
53x Supplies	3,000	3,474	4,624	(1,624)
60x IT Expenses	22,800	92,883	123,188	(100,388)
71x Grants, Benefits, & Claims	3,804,695	4,228,736	5,530,357	(1,725,662)
Total Operating	**$ 48,715,884**	**$ 39,951,602**	**$ 64,949,529**	**$ (16,233,645)**
Total	**$ 61,383,116**	**50,242,679**	**$ 78,460,506**	**$ (17,077,389)**
Total General	**$ 26,606,768**	**$ 24,896,281**	**$ 32,642,974**	**$ (6,036,205)**
Total Federal	**$ 32,970,714**	**$ 18,984,961**	**$ 28,515,897**	**$ 4,454,817**
Total Other	**$ 1,805,634**	**$ 6,361,438**	**$ 17,301,635**	**$ (15,496,001)**

NORTH Dakota Be Legendary. | Health & Human Services

Human Services Division
Children & Family Services

NORTH Dakota | Health & Human Services
Be Legendary.

Decision Package Detail

By Ongoing, One-Time and Funding Source

Services-Cost to Continue

- Adoption savings (D-Link)
- $4,883,205
  - Ongoing
  - General
    - $4,883,205

Services- Families

- Quality Representation for families
- $700,000
  - Ongoing
  - General
    - $350,000
  - Federal
    - $350,000

Comparison of budgets and funding

By Budget Account Code

Total General	**$ 90,947,415**	**$ 103,526,347**	**$ 12,578,931**
Total Federal	**$ 82,736,976**	**$ 105,821,987**	**$ 23,085,011**
Total Other	**$ 2,840,345**	**$ 698,753**	**$ (2,141,592)**

Description	2023-25 Legislative Base	2025-27 Executive Recommendation	Increase/ (Decrease)
511x Salaries - Regular	$ 5,100,229	$ 6,642,743	$ 1,542,515
513x Salaries Temp	499,055	217,800	(281,255)
516x Salaries Benefits	2,281,406	2,874,625	593,219
Total Salaries & Benefits	**$ 7,880,690**	**$ 9,735,168**	**$ 1,854,478**
52x Travel	218,645	215,645	(3,000)
53x Supply	27,891	41,941	14,050
54x Postage & Printing	22,342	12,342	(10,000)
57x Insurance	24,000	30,000	6,000
58x Rent/Leases - Bldg/Equip	32,616	107,616	75,000
61x Professional Development	76,850	105,350	28,500
62x Fees - Operating & Professional	6,147,730	16,401,980	10,254,250
60x IT Expenses	-	2,651,285	2,651,285
71x Grants, Benefits, & Claims	162,093,973	180,745,760	18,651,786
Total Operating	**$ 168,644,047**	**$ 200,311,919**	**$ 31,667,872**
Total	**$ 176,524,737**	**$ 210,047,087**	**$ 33,522,350**

Children Family Service Budget as % of HHS Budget

3.3%

Budgeted by Funding Source

- General 49%
- Federal 51%

Budget by Pass-Through

- 83% Paid to Private/Public providers
- 11% HHS Admin
- 5% HHS Direct Service's
- 1% Technology

Operating Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
DeLinked & Adoption Contract	$1,687,362	$ 4,877,845	$6,565,207	$ 6,565,207		
Quality representation for families	-	700,000	700,000	350,000	350,000	-
Special needs adoptions	4,168,368	852,235	5,020,603	2,008,241	3,012,362	
Qualified Residential Treatment Program	30,000	2,429,670	2,459,670	1,210,626	1,249,044	
Legal representation for Indigent Children	-	800,000	800,000	800,000		
Family's first	-	800,000	800,000	400,000	400,000	
Adoption and birth parent	262,000	(205,500)	56,500	56,500		
		-				
GENERAL FUND	**$ 3,438,291**	**$ 7,952,283**	**$ 11,390,574**	**$ 11,390,574**		
FEDERAL FUND	**2,709,439**	**2,301,967**	**5,011,406**		**5,011,406**	
OTHER FUND	-	-	-			-
GRAND TOTAL	**$ 6,147,730**	**$ 10,254,250**	**$ 16,401,980**	**$ 11,390,574**	**$ 5,011,406**	**$ -**

Grants Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
Family prevention therapy, Well being, Funtional Family Therapy (FFT)	$ 6,819,069	$ 2,531,909	$ 9,350,978	$ 4,675,489	$ 4,675,489	$ -
Prevent Child ABuse North Dakota (PCAND)	808,556	29,890	838,446	209,612	628,835	-
Community-Based Child Abuse Prevention (CBCAP)	467,924	82,000	549,924	137,481	412,443	-
Child Advocacy Center (CAC)	4,100,000	-	4,100,000	4,100,000	-	-
Nexus-Path	869,266	220,000	1,089,266	272,317	816,950	-
UND Training Stipends, Native Amaerican Training Institute (NATI)	2,226,991	-	2,226,991	890,796	1,336,195	-
Respite care	1,000,000	2,000,000	3,000,000	1,200,000	1,800,000	-
Education Training Voucher (ETV)	303,958	-	303,958	60,792	243,166	-
Tribal family preservation	600,000	-	600,000	600,000	-	-
USPire	600,000	-	600,000	600,000	-	-
Kinship, Care giver	1,630,006	700,000	2,330,006	1,930,006	400,000	-
Tribal social services	2,583,918	-	2,583,918	1,291,959	1,291,959	-
Native American Training Institute State Tribal	1,353,185	-	1,353,185	1,353,185	-	-
Juvenile Services	414,000	350,000	764,000	191,000	573,000	-
Juvenile crisis intervention	200,000	-	200,000	200,000	-	-
DeLinked (Moved to Operating)	8,134,219	(5,565,207)	2,569,012	2,569,012	-	-
GENERAL FUND	**$ 22,390,437**	**$ (1,428,780)**	**$ 20,281,648**	**$ 20,281,648**		
FEDERAL FUND	**9,720,655**	**1,777,372**	**12,178,036**		**12,178,036**	
OTHER FUND	-	-	-			-
GRAND TOTAL	**$ 32,111,092**	**$ 348,592**	**$ 32,459,684**	**$ 20,281,648**	**$ 12,178,036**	**$ -**

NORTH Dakota Be Legendary. | Health & Human Services

Grants on a walkthrough

DESCRIPTION	2025-27 BASE BUDGET	COST CHANGES	CASELOAD CHANGES	COST TO CONTINUE	TOTAL CHANGES	TO GOVERNOR	INFLATION	TOTAL CHANGES	TO HOUSE
FOSTER CARE-IV-E	$ 30,124,809	$ 3,838,071	$ (4,397,859)	$ (559,788)	$ (559,788)	$ 29,565,021	$ 673,667	$ 673,667	$ 30,238,688
FOSTER CARE-REGULAR	34,614,099	11,132,631	(2,592,009)	8,540,622	8,540,622	43,154,721	984,302	984,302	44,139,023
FOSTER CARE-SERVICES-QRTP	1,737,206	(982,406)	3,529,200	2,546,794	2,546,794	4,284,000	98,734	98,734	4,382,734
FOSTER CARE-THERAPEUTIC	4,470,849	(1,746,376)	167,395	(1,578,981)	(1,578,981)	2,891,868	60,878	60,878	2,952,746
SUBSIDIZED GUARDIANSHIP	1,466,490	254,341	(95,137)	159,204	159,204	1,625,694	27,200	27,200	1,652,894
FOSTER CARE-SERVICES-IMD	362,578	61,712	411,433	473,145	473,145	835,723	18,887	18,887	854,610
SUBSIDIZED ADOPTION-(IV-E Elig.)	47,503,645	12,633,563	(4,449,949)	8,183,614	8,183,614	55,687,259	1,264,528	1,264,528	56,951,787
SUBSIDIZED ADOPTION-(Non IV-E Elig.)	6,527,435	800,017	(372,434)	427,583	427,583	6,955,018	158,576	158,576	7,113,594
TOTAL FUNDS	**$ 126,807,111**	**$ 25,991,553**	**$ (7,799,360)**	**$ 18,192,193**	**$ 18,192,193**	**$ 144,999,304**	**$ 3,286,772**	**$ 3,286,772**	**$ 148,286,076**
GENERAL FUND	**$ 58,898,531**	**$ 9,366,165**	**$ 476,190**	**$ 9,842,355**	**$ 2,497,418**	**$ 61,395,949**	**$ 1,417,116**	**$ 1,417,116**	**$ 62,813,065**
FEDERAL FUND	**$ 65,301,101**	**$ 18,334,745**	**$ (8,462,655)**	**$ 9,872,091**	**$ 17,619,392**	**$ 82,920,493**	**$ 1,853,766**	**$ 1,853,766**	**$ 84,774,259**
OTHER FUND	**$ 2,607,479**	**$ (1,709,358)**	**$ 187,105**	**$ (1,522,253)**	**$ (1,924,617)**	**$ 682,862**	**$ 15,890**	**$ 15,890**	**$ 698,752**

Comparison of budget expenditures and projections

By Budget Account Code

Description	2023-25 Legislative Base	Expended as of 12/31/2024	Projection through 6/30/2025	Under/ (Over) Budget
511x Salaries - Regular	$ 5,100,229	$ 4,814,342	$ 6,238,230	$ (1,138,001)
513x Salaries Temp	499,055	205,654	383,962	115,093
514x Salaries Overtime	-	6,305	7,055	(7,055)
516x Salaries Benefits	2,281,406	1,799,861	2,437,757	(156,351)
Total Salaries & Benefits	**$ 7,880,690**	**$ 6,826,161**	**$ 9,067,005**	**$ (1,186,315)**
52x Travel	218,645	75,624	134,580	84,065
53x Supply	27,891	3,977	18,827	9,064
54x Postage & Printing	22,342	7,567	13,238	9,104
57x Insurance	24,000	27,012	33,012	(9,012)
58x Rent/Leases - Bldg/Equip	32,616	56,675	79,374	(46,758)
61x Professional Development	76,850	67,765	92,550	(15,700)
62x Fees - Operating & Professional	6,147,730	7,283,052	9,368,329	(3,220,599)
60x IT Expenses	-	49,150	51,650	(51,650)
71x Grants, Benefits, & Claims	162,093,973	92,386,551	139,876,474	22,217,499
Total Operating	**$ 168,644,047**	**$ 99,957,373**	**$ 149,668,033**	**$ 18,976,014**
Total	**$ 176,524,737**	**106,783,535**	**$ 158,735,038**	**$ 17,789,699**

Total General	**$ 90,947,415**	**$ 47,249,909**	**$ 71,893,434**	**$ 19,053,981**
Total Federal	**$ 82,736,976**	**$ 58,025,615**	**$ 84,911,783**	**$ (2,174,806)**
Total Other	**$ 2,840,345**	**$ 1,508,011**	**$ 1,929,821**	**$ 910,524**

NORTH Dakota Be Legendary. | Health & Human Services

Human Services Division
Child Support

NORTH Dakota | Health & Human Services
Be Legendary.

Decision Package Detail

By Ongoing, One-Time and Funding Source

Not Applicable

NORTH Dakota Be Legendary. | Health & Human Services

Comparison of Budgets and Funding

By Budget Account Code

DESCRIPTION	2023-25 LEGISLATIVE BASE	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)
511x Salaries - Regular	$ 20,250,328	$ 21,612,401	$ 1,362,073
513x Salaries Temp	136,900	95,744	(41,156)
516x Salaries Benefits	10,724,158	11,641,175	917,017
Total Salaries & Benefits	**$ 31,111,386**	**$ 33,349,319**	**$ 2,237,934**
52x Travel	39,897	92,013	52,116
53x Supply	25,294	20,464	(4,830)
54x Postage & Printing	160,470	156,673	(3,797)
55x Equipment under $5,000	7,250	3,000	(4,250)
57x Insurance	650	250	(400)
58x Rent/Leases - Bldg/Equip	653,449	565,324	(88,125)
59x Repairs	45,941	32,704	(13,237)
61x Professional Development	21,780	18,210	(3,570)
62x Fees - Operating & Professional	1,550,975	1,088,492	(462,483)
53x Supplies-IT	100,000	110,726	10,726
60x IT Expenses	65,053	3,754,149	3,689,096
Total Operating	**$ 2,670,759**	**$ 5,842,005**	**$ 3,171,246**
Total	**$ 33,782,145**	**$ 39,191,324**	**$ 5,409,180**
Total General	**$ 9,412,781**	**$ 10,970,726**	**$ 1,557,945**
Total Federal	**$ 20,455,789**	**$ 22,889,228**	**$ 2,433,439**
Total Other	**$ 3,913,575**	**$ 5,331,370**	**$ 1,417,795**

Budget as % of HHS Budget

0.6%

Budget Funding Source

General	26.1%
Federal	54.9%
Other	13.6%

Budget Bypass-Through

Paid to Private Providers	2.8%
HHS Direct Service	0.0%
HHS Admin	87.4%
HHS Technology	9.9%

NORTH Dakota Be Legendary. | Health & Human Services

Operating Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
LexisNexis, HMS Contract, Supreme Court, Access & Visitation, Labcorp, Informatix, Interpreters	$ 1,588,873	$ (500,381)	$ 1,088,492	$ 370,087	$ 718,405	$ -
GENERAL FUND	**$ 540,217**	**$ (170,130)**	**$ 370,087**	**$ 370,087**	**$ -**	**$ -**
FEDERAL FUND	**1,048,656**	**(330,251)**	**718,405**	**-**	**718,405**	**-**
OTHER FUND	**-**	**-**	**-**	**-**	**-**	**-**
GRAND TOTAL	**$ 1,588,873**	**$ (500,381)**	**$ 1,088,492**	**$ 370,087**	**$ 718,405**	**$ -**

NORTH Dakota Be Legendary. | Health & Human Services

Grants Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
Not applicable	$ -	$ -	-	$ -	$ -	$ -
GENERAL FUND	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
FEDERAL FUND	**-**	**-**	**-**	**-**	**-**	**-**
OTHER FUND	**-**	**-**	**-**	**-**	**-**	**-**
GRAND TOTAL	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**

NORTH Dakota Be Legendary. | Health & Human Services

Comparison of Budget Expenditures and Projections

By Budget Account Code

DESCRIPTION	2023-25 LEGISLATIVE BASE	EXPENDED AS OF 12/31/2024	PROJECTION THROUGH 6/30/2025	UNDER / (OVER) BUDGET
511x Salaries - Regular	$ 20,250,328	$ 15,140,425	$ 20,135,477	$ 114,851
513x Salaries Temp	136,900	98,405	174,677	(37,777)
514x Salaries Overtime	-	19,038	19,038	(19,038)
516x Salaries Benefits	10,724,158	7,685,090	10,314,896	409,262
Total Salaries & Benefits	**$ 31,111,386**	**$ 22,942,958**	**$ 30,644,087**	**$ 467,299**
52x Travel	39,897	44,425	54,400	(14,503)
53x Supply	25,294	25,145	33,280	(7,986)
54x Postage & Printing	160,470	144,658	184,775	(24,305)
55x Equipment under $5,000	7,250	-	-	7,250
57x Insurance	650	150	313	338
58x Rent/Leases - Bldg/Equip	653,449	446,635	607,411	46,038
59x Repairs	45,941	23,044	34,529	11,412
61x Professional Development	21,780	120,141	125,586	(103,806)
62x Fees - Operating & Professional	1,588,873	434,888	832,106	756,767
53x Supplies-IT	100,000	56,507	81,507	18,493
60x IT Expenses	27,155	6,682	13,471	13,684
Total Operating	**$ 2,670,759**	**$ 1,302,274**	**$ 1,967,377**	**$ 703,382**
Total	**$ 33,782,145**	**24,245,232**	**$ 32,611,463**	**$ 1,170,681**
Total General	**$ 9,412,781**	**$ 7,502,500**	**$ 9,488,960**	**$ (76,179)**
Total Federal	**$ 20,455,789**	**$ 14,133,059**	**$ 19,233,899**	**$ 1,221,890**
Total Other	**$ 3,913,575**	**$ 2,609,673**	**$ 3,888,605**	**$ 24,970**

NORTH Dakota Be Legendary. | Health & Human Services

Human Services Division
Developmental Disabilities

NORTH Dakota | Health & Human Services
Be Legendary.

Decision Package Detail

By Ongoing, One-Time and Funding Source

Compliance & Quality

- Conversion of Developmental Disabilities eligibility assessment tool for kids (ICAP to SIS)
- Total $400,000;
  - One-time funding
  - General;
    - $200,000
  - Federal;
    - $200,000

Services – Home & Community Based Services (HCBS)

- Implement a Host Home service in the DD HCBS waiver
- Total $3,379,800;
  - Ongoing
  - General;
    - $1,689,900
  - Federal;
    - $1,689,900

Decision Package Detail

By Ongoing, One-Time and Funding Source

Additional Executive Decision Packages

- Provider Inflation 1.5%/1.5%
- Total $16,808,241;
  - Ongoing
  - General;
    - $8,293,006
  - Federal;
    - $8,515,235

Comparison of budgets and funding

By Budget Account Code

DESCRIPTION	2023-25 LEGISLATIVE BASE	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE/ (DECREASE)
511x Salaries - Regular	$ 16,348,674	$ 20,543,343	$ 4,194,669
513x Salaries Temp	989,717	156,134	(833,583)
514x Salaries Overtime	108,056	-	(108,056)
516x Salaries Benefits	8,304,060	10,294,746	1,990,686
Total Salaries & Benefits	**$ 25,750,507**	**$ 30,994,223**	**$ 5,243,716**
52x Travel	273,175	618,545	345,370
53x Supply	110,046	134,794	24,748
54x Postage & Printing	10,249	29,281	19,032
55x Equipment under $5,000	4,000	4,000	-
58x Rent/Leases - Bldg/Equip	462,442	562,180	99,738
59x Repairs	44,951	84,951	40,000
61x Professional Development	62,504	74,861	12,357
62x Fees - Operating & Professional	11,515,177	12,165,182	650,005
53x Supplies	2,250	4,250	2,000
60x IT Expenses	189,600	2,534,541	2,344,941
69x Equipment Over 5K	10,000	10,000	-
71x Grants, Benefits, & Claims	743,763,562	763,423,020	19,659,458
Total Operating	**$ 756,447,956**	**$ 779,645,605**	**$ 23,197,649**
Total	**$ 782,198,463**	**$ 810,639,828**	**$ 28,441,365**

Total General	**$ 372,688,337**	**$ 399,078,048**	**$ 26,389,711**
Total Federal	**$ 409,372,626**	**$ 411,040,033**	**$ 1,667,407**
Total Other	**$ 137,500**	**$ 521,747**	**$ 384,247**

Developmental Disabilities Budget as % of HHS Budget

12.9%

Budget by Funding Source

- 49.2% - General
- 50.7% - Federal
- 0.1% - Other

Budget by Pass Through

- 1.7% - Paid to Contracted Vendors
- 94.0% - Paid to Private Providers for Direct Services
- 4.0% - HHS Admin
- 0.3% - HHS Technology

NORTH Dakota Be Legendary. | Health & Human Services

Operating Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
Guardianship Services	$ 4,792,200	$ 1,317,155	$ 6,109,355	$ 6,109,355	$ -	$ -
Assessments and Fiscal Agent Services	6,722,977	(667,150)	6,055,827	1,071,655	4,737,172	247,000
GENERAL FUND	$ 6,526,151	$ 654,859	$ 7,181,010	$ 7,181,010	$ -	$ -
FEDERAL FUND	4,989,026	(251,854)	4,737,172	-	4,737,172	-
OTHER FUND	-	247,000	247,000	-	-	247,000
GRAND TOTAL	$ 11,515,177	$ 650,005	$ 12,165,182	$ 7,181,010	$ 4,737,172	$ 247,000

Grants Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
Various Grants	$ 2,969,242	$ (1,883,130)	$ 1,086,112	$ 139,840	$ 715,272	$ 231,000
Federal Fund Match for Protection & Advocacy	200,000	20,000	220,000	-	220,000	-
GENERAL FUND	**$ 2,598,826**	**$ (2,458,986)**	**$ 139,840**	**$ 139,840**	**$ -**	**$ -**
FEDERAL FUND	**570,416**	**364,856**	**935,272**	**-**	**935,272**	**-**
OTHER FUND	**-**	**231,000**	**231,000**	**-**	**-**	**231,000**
GRAND TOTAL	**$ 3,169,242**	**$ (1,863,130)**	**$ 1,306,112**	**$ 139,840**	**$ 935,272**	**$ 231,000**

Grants on a walkthrough

DESCRIPTION	2025-27 BASE BUDGET	COST TO CONTINUE	FMAP	SAVINGS PLAN	UNDERFUNDING	TOTAL CHANGES	TO GOVERNOR
ICF/ID	$ 233,291,959	$ (18,500,231)	-	-	-	$ (18,500,231)	$ 214,791,728
DD HOME AND COMMUNITY BASE SERVICES	514,123,745	16,620,019	-	-	-	16,620,019	530,743,764
RESIDENTIAL HABILITATION	284,026,875	(1,727,474)	-	-	-	(1,727,474)	282,299,401
DAY PROGRAMS	117,517,263	1,077,483	-	-	-	1,077,483	118,594,746
INFANT DEVELOPMENT	36,888,505	852,360	-	-	-	852,360	37,740,865
FAMILY SUPPORT SERVICES - IN HOME SUPPORTS	36,704,331	(3,512,172)	-	-	-	(3,512,172)	33,192,159
REMAINING SERVICES*	38,986,771	19,929,822	-	-	-	19,929,822	58,916,593
COST SETTLE, DISC SERV, & UNDERFUNDING	(4,622,143)	4,622,143	(3,545,420)	-	-	1,076,723	(3,545,420)
TOTAL FUNDS	**$ 742,793,561**	**$ 2,741,931**	**$ (3,545,420)**	**$ -**	**$ -**	**$ (803,489)**	**$ 741,990,072**
GENERAL FUND	**$ 351,680,400**	**$ (132,057)**	**$ 13,683,876**	**$ -**	**$ -**	**$ 13,551,819**	**$ 365,232,219**

DESCRIPTION	TO GOVERNOR	INFLATION	SERVICES - HCBS	TOTAL CHANGES	TO HOUSE
ICF/ID	$ 214,791,728	$ 4,865,574	-	$ 4,865,574	$ 219,657,302
DD HOME AND COMMUNITY BASE SERVICES	530,743,764	11,881,461	-	11,881,461	542,625,225
RESIDENTIAL HABILITATION	282,299,401	6,394,310	-	6,394,310	288,693,711
DAY PROGRAMS	118,594,746	2,684,341	-	2,684,341	121,279,087
INFANT DEVELOPMENT	37,740,865	854,952	-	854,952	38,595,817
FAMILY SUPPORT SERVICES - IN HOME SUPPORTS	33,192,159	756,729	-	756,729	33,948,888
REMAINING SERVICES*	58,916,593	1,191,129	-	1,191,129	60,107,722
COST SETTLE, DISC SERV, & UNDERFUNDING	(3,545,420)	-	3,379,800	3,379,800	(165,620)
TOTAL FUNDS	**$ 741,990,072**	**$ 16,747,035**	**$ 3,379,800**	**$ 20,126,835**	**$ 762,116,907**
GENERAL FUND	**$ 365,232,219**	**$ 8,287,885**	**$ 1,689,900**	**$ 9,977,785**	**$ 375,210,004**

NORTH Dakota Be Legendary. | Health & Human Services

Comparison of budget expenditures and projections

By Budget Account Code

DESCRIPTION	2023-25 LEGISLATIVE BASE	EXPENDED AS OF 12/31/2024	PROJECTION THROUGH 6/30/2025	UNDER / (OVER) BUDGET
511x Salaries - Regular	$ 16,348,674	$ 13,356,498	$ 18,180,530	$ (1,831,856)
513x Salaries Temp	989,717	379,374	438,829	550,888
514x Salaries Overtime	108,056	111,081	111,081	(3,025)
516x Salaries Benefits	8,304,060	6,668,966	9,044,651	(740,591)
Total Salaries & Benefits	**$ 25,750,507**	**$ 20,515,919**	**$ 27,775,091**	**$ (2,024,584)**
52x Travel	273,175	381,515	475,049	(201,874)
53x Supply	110,046	123,385	288,368	(178,322)
54x Postage & Printing	10,249	26,902	34,032	(23,783)
55x Equipment under $5,000	4,000	-	670	3,330
58x Rent/Leases - Bldg/Equip	462,442	305,610	391,893	70,549
59x Repairs	44,951	110,195	142,531	(97,580)
61x Professional Development	62,504	29,520	39,005	23,499
62x Fees - Operating & Professional	11,515,177	6,857,684	11,462,744	52,433
53x Supplies	2,250	16,617	18,247	(15,997)
60x IT Expenses	189,600	402	25,872	163,728
69x Equipment Over 5K	10,000	-	2,500	7,500
71x Grants, Benefits, & Claims	743,763,562	516,679,618	733,786,374	9,977,188
Total Operating	**$ 756,447,956**	**$ 524,531,448**	**$ 746,667,285**	**$ 9,780,671**
Total	**$ 782,198,463**	**545,047,367**	**774,442,376**	**$ 7,756,087**

Total General	**$ 372,688,337**	**$ 250,628,070**	**$ 360,755,509**	**$ 11,932,828**
Total Federal	**$ 409,372,626**	**$ 293,928,034**	**$ 413,168,148**	**$ (3,795,522)**
Total Other	**$ 137,500**	**$ 491,263**	**$ 518,719**	**$ (381,219)**

NORTH Dakota Be Legendary. | Health & Human Services

Human Services Division
Disability Determination Services

NORTH Dakota | Health & Human Services
Be Legendary.

Decision Package Detail

By Ongoing, One-Time and Funding Source

Not Applicable

NORTH Dakota Be Legendary. | Health & Human Services

Comparison of Budgets and Funding

By Budget Account Code

DESCRIPTION	2023-25 LEGISLATIVE BASE	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)
511x Salaries - Regular	$ 3,036,665	$ 3,282,445	$ 245,780
513x Salaries Temp	90,816	99,940	9,124
514x Salaries Overtime	64,590	129,180	64,590
516x Salaries Benefits	1,594,561	1,707,326	112,765
Total Salaries & Benefits	**$ 4,786,632**	**$ 5,218,891**	**$ 432,259**
52x Travel	28,000	28,000	-
53x Supply	8,380	8,000	(380)
54x Postage & Printing	80,000	86,700	6,700
55x Equipment under $5,000	17,000	16,500	(500)
58x Rent/Leases - Bldg/Equip	364,853	381,223	16,370
59x Repairs	600	600	-
61x Professional Development	900	1,200	300
62x Fees - Operating & Professional	1,019,126	994,195	(24,931)
53x Supplies-IT	3,500	-	(3,500)
71x Grants, Benefits, & Claims	1,650,000	1,900,000	250,000
Total Operating	**$ 3,172,360**	**$ 3,416,419**	**$ 244,059**
Total	**$ 7,958,992**	**$ 8,635,310**	**$ 676,318**
Total General	**$ -**	**$ -**	**$ -**
Total Federal	**$ 7,958,992**	**$ 8,635,310**	**$ 676,318**
Total Other	**$ -**	**$ -**	**$ -**

Budget as % of HHS Budget

0.1%

Budget Funding Source

General	0.0%
Federal	100.0%
Other	0.0%

Budget Bypass-Through

Paid to Private Providers	11.5%
HHS Direct Service	22.0%
HHS Admin	66.5%
HHS Technology	0.0%

NORTH Dakota Be Legendary. | Health & Human Services

Operating Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION			
			TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
Interpreters, Mailing, Other Fees	$ 72,777	$ (59,382)	$ 13,395	$ -	$ 13,395	$ -
CDI Unit Services	558,000	22,800	580,800	-	580,800	-
Provider Contracts	388,350	11,650	400,000	-	400,000	-
GENERAL FUND	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
FEDERAL FUND	**1,019,127**	**(24,932)**	**994,195**	**-**	**994,195**	**-**
OTHER FUND	**-**	**-**	**-**	**-**	**-**	**-**
GRAND TOTAL	**$ 1,019,127**	**$ (24,932)**	**$ 994,195**	**$ -**	**$ 994,195**	**$ -**

NORTH Dakota Be Legendary. | Health & Human Services

Grants Schedule

DESCRIPTION	BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
Medical Costs/Applicant Travel	$ 1,650,000	$ 250,000	$ 1,900,000	$ -	$ 1,900,000	$ -
GENERAL FUND	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
FEDERAL FUND	**1,650,000**	**250,000**	**1,900,000**	**-**	**1,900,000**	**-**
OTHER FUND	**-**	**-**	**-**	**-**	**-**	**-**
GRAND TOTAL	**$ 1,650,000**	**$ 250,000**	**$ 1,900,000**	**$ -**	**$ 1,900,000**	**$ -**

Comparison of budget expenditures and projections

By Budget Account Code

DESCRIPTION	2023-25 LEGISLATIVE BASE	EXPENDED AS OF 12/31/2024	PROJECTION THROUGH 6/30/2025	UNDER / (OVER) BUDGET
511x Salaries - Regular	$ 3,036,665	$ 2,147,140	$ 2,866,162	$ 170,503
513x Salaries Temp	90,816	65,182	88,394	2,422
514x Salaries Overtime	64,590	75,674	84,510	(19,920)
516x Salaries Benefits	1,594,561	999,103	1,361,160	233,401
Total Salaries & Benefits	**$ 4,786,632**	**$ 3,287,099**	**$ 4,400,227**	**$ 386,405**
52x Travel	28,000	10,253	16,033	11,967
53x Supply	8,380	2,270	4,365	4,015
54x Postage & Printing	80,000	76,966	96,966	(16,966)
58x Rent/Leases - Bldg/Equip	364,853	273,640	364,854	(0)
61x Professional Development	900	615	840	60
62x Fees - Operating & Professional	1,019,126	582,715	837,497	181,629
53x Supplies-IT	3,500	-	875	2,625
71x Grants, Benefits, & Claims	1,650,000	1,385,914	1,798,414	(148,414)
Total Operating	**$ 3,172,360**	**$ 2,338,089**	**$ 3,134,275**	**$ 38,085**
Total	**$ 7,958,992**	**$ 5,625,188**	**$ 7,534,501**	**$ 424,490**
Total General	**$ -**	**$ -**	**$ -**	**$ -**
Total Federal	**$ 7,958,992**	**$ 5,625,188**	**$ 7,534,501**	**$ 424,490**
Total Other	**$ -**	**$ -**	**$ -**	**$ -**

NORTH Dakota Be Legendary. | Health & Human Services

Human Services Division
Early Childhood

NORTH Dakota | Health & Human Services
Be Legendary.

Decision Package Detail

By Ongoing, One-Time and Funding Source

Child Care

- Best in Class Program Expansion $6,000,000;
  - One-Time
  - General Fund;
    - $6,000,000

Child Care

- Childcare grants, resources and shared services (conversion of HB1540 one-time funding) $5,000,000;
  - One-Time
  - General Fund;
    - $5,000,000

Decision Package Detail

By Ongoing, One-Time and Funding Source

Child Care

- Early Childhood Quality infrastructure (conversion of HB1540 one-time funding) $3,000,000;
  - One-Time
  - General Fund;
    - $3,000,000

Child Care

- Maintaining expanded inclusion support for child care / children with special needs $172,500;
  - One-Time
  - General Fund;
    - $172,500

Decision Package Detail

By Ongoing, One-Time and Funding Source

Child Care

- Expand Access to Teaching Strategies outcomes measurement system $100,000;
  - One-Time
  - General Fund;
    - $100,000

Comparison of Budgets and Funding

By Budget Account Code

DESCRIPTION	2023-25 LEGISLATIVE BASE	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)
511x Salaries - Regular	$ 2,630,566	$ 3,359,926	$ 729,360
513x Salaries Temp	176,140	123,200	(52,940)
516x Salaries Benefits	1,313,986	1,686,081	372,095
Total Salaries & Benefits	**$ 4,120,692**	**$ 5,169,207**	**$ 1,048,515**
52x Travel	251,151	246,159	(4,992)
53x Supply	10,600	4,100	(6,500)
54x Postage & Printing	6,214	2,000	(4,214)
58x Rent/Leases - Bldg/Equip	-	3,000	3,000
61x Professional Development	31,460	40,500	9,040
62x Fees - Operating & Professiona	21,393,228	24,650,538	3,257,310
60x IT Expenses	-	1,650,872	1,650,872
71x Grants, Benefits, & Claims	28,216,994	23,542,277	(4,674,717)
Total Operating	**$ 49,909,647**	**$ 50,139,446**	**$ 229,799**
Total	**$ 54,030,339**	**$ 55,308,653**	**$ 1,278,314**
Total General	**$ 25,711,417**	**$ 44,150,275**	**$ 18,438,858**
Total Federal	**$ 28,318,922**	**$ 11,158,378**	**$ (17,160,544)**
Total Other	**$ -**	**$ -**	**$ -**

Budget as % of HHS Budget

- 0.9%

Budget Funding Source

- 73%General
- 27% Federal
- 0.0% Other

Budget Bypass-Through

- 44.6% Paid to Private Providers
- 42.6% HHS Direct Service
- 9.9% HHS Admin
- 3.0% HHS Technology

NORTH Dakota Be Legendary. | Health & Human Services

Early Childhood

Summary of Federal Funding Sources

Federal Funding Source	Purpose	Spending Deadline	Grant Year 2024 Deadline	Grant Year 2024 Award
Child Care Development Fund (CCDF) *CCDF funds are used in Economic Assistance and Early Childhood*	Primary Federal Program specifically devoted to providing families with child care subsidy and funding supports to states to improve quality. Total Federal = $22,449,928 Total State = $5,294,582 Requirements: 3% Infant Toddler Quality 9% Quality 5% Admin 70% Direct Service	Discretionary (100% Federal) By end of 3rd Federal Fiscal Year	9/30/2026	$15,420,486
		Mandatory (100% Federal) No specific liquidation date requirement.	N/A	$ 2,506,022
		Matching – Federal/State Match (based on Federal Medicaid Assistance Percentage) By end of 2nd Federal Fiscal Year	9/30/2025	Federal: $ 5,653,714 State: $ 4,751,449
		Maintenance of Effort (MOE) By end of 1st Federal Fiscal Year	9/30/2024	$ 1,017,036
Head Start State Collaboration Grant	Facilitate collaboration among Head Start agencies and entities that carry out activities designed to benefit low-income children from birth to school entry, and their families.	100% Federal Annual awards March 1 – Feb 28	2/28/2025	$ 125,000

Early Childhood

Summary of Federal Funding Sources

Federal Funding Source	Purpose	Spending Deadline	Grant Year 2024 Award
Office of Special Education Programs (OSEP) Part B Section 619 and Section 611 *HHS interdepartmental billing to ND Department of Public Instruction for joint supervision of state requirement*	Assist the State in ensuring the oversight and provisions of all requirements under IDEA, including the assurance of a free appropriate public education (FAPE) in the least restrictive environment, are granted to children with disabilities ages 3-5.	Federal allocation is awarded annually to NDDPI. Federal IDEA, Part B-619 funds are directly distributed to the 31 Special Education Units and the ND School for the Deaf. Section 611 Administrative set aside funds the NDHHS 619 Coordinator position.	$62,675

Operating Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
Worklife, New World, Braunugh, Level & Other Service Contracts	$ 192,028	$ 2,709,538	$ 2,901,566	$ 2,093,630	$ 807,936	$ -
Best in Class & Provider Payments	18,801,200	547,772	19,348,972	19,348,972	-	-
Waterford Contract	2,400,000	-	2,400,000	2,400,000	-	-
GENERAL FUND	**$ 21,297,214**	**$ 2,545,388**	**$ 23,842,602**	**$ 23,842,602**		
FEDERAL FUND	**96,014**	**711,922**	**807,936**		**807,936**	
OTHER FUND	**-**	**-**	**-**			**-**
GRAND TOTAL	**$ 21,393,228**	**$ 3,257,310**	**$ 24,650,538**	**$ 23,842,602**	**$ 807,936**	**$ -**

Grants Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
Uspire, SEEC, CAPLP, Other Contracts	$ 6,451,519	$ 4,540,758	$ 10,992,277	$ 4,396,911	$ 6,595,366	$ -
Provider Grants/Contracts	21,514,027	(8,964,027)	12,550,000	12,550,000	-	-
Tribal Program	251,448	(251,448)	-	-	-	-
GENERAL FUND	**$ 24,739,787**	**$ (6,693,648)**	**$ 16,946,911**	**$ 16,946,911**		
FEDERAL FUND	**3,477,208**	**2,018,931**	**6,595,366**		**6,595,366**	
OTHER FUND	**-**	**-**	**-**			**-**
GRAND TOTAL	**$ 28,216,994**	**$ (4,674,717)**	**$ 23,542,277**	**$ 16,946,911**	**$ 6,595,366**	**$ -**

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Comparison of Budget Expenditures and Projections

By Budget Account Code

DESCRIPTION	2023-25 LEGISLATIVE BASE	EXPENDED AS OF 12/31/2024	PROJECTION THROUGH 6/30/2025	UNDER / (OVER) BUDGET
511x Salaries - Regular	$ 2,630,566	$ 2,144,704	$ 2,958,383	$ (327,817)
513x Salaries Temp	176,140	58,617	124,925	51,215
514x Salaries Overtime	-	1,072	1,072	(1,072)
516x Salaries Benefits	1,313,986	940,450	1,323,771	(9,785)
Total Salaries & Benefits	**$ 4,120,692**	**$ 3,144,843**	**$ 4,408,151**	**$ (287,459)**
52x Travel	251,151	141,975	222,541	28,610
53x Supply	10,600	1,192	2,217	8,383
54x Postage & Printing	6,214	2,367	3,887	2,327
58x Rent/Leases - Bldg/Equip	-	1,910	1,910	(1,910)
61x Professional Development	31,460	21,939	55,154	(23,694)
62x Fees - Operating & Professional	23,793,228	25,581,590	27,327,391	(3,534,163)
60x IT Expenses	-	7,427	7,427	(7,427)
71x Grants, Benefits, & Claims	28,216,994	9,249,389	24,738,182	3,478,812
Total Operating	**$ 52,309,647**	**$ 35,007,789**	**$ 52,358,709**	**$ (49,062)**
Total	**$ 56,430,339**	**38,152,632**	**$ 56,766,860**	**$ (336,521)**
Total General	**$ 25,711,417**	**$ 18,227,687**	**$ 29,876,263**	**$ (4,164,846)**
Total Federal	**$ 28,318,922**	**$ 19,924,944**	**$ 26,890,597**	**$ 1,428,325**
Total Other	**$ -**	**$ -**	**$ -**	**$ -**

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Human Services
Economic Assistance

NORTH Dakota | Health & Human Services
Be Legendary.

Decision Package Detail

By Ongoing, One-Time and Funding Source

Child Care

- Quality tiered payments for Child Care Assistance Program (conversion of HB1540 one-time funding) $3,000,000;
  - One-Time
  - General Fund;
    - $3,000,000

Decision Package Detail

By Ongoing, One-Time and Funding Source

Housing Initiative

- Connect renters with modest incomes to existing housing $10,000,000 ;
  - One-Time
  - Special Fund-SIIF;
    - $10,000,000

Housing Initiative

- Eviction prevention to help renters avoid housing crisis $3,500,000;
  - One-Time
  - Special Fund-SIIF;
    - $3,500,000

Decision Package Detail

By Ongoing, One-Time and Funding Source

Housing Initiative

- Investing in existing housing to improve accessibility $1,000,000;
  - One-Time
  - Special Fund-SIIF;
    - $1,000,000

IT-Existing

- Retire Economic Assistance Legacy Systems on Mainframe $2,000,000;
  - One-Time
  - Federal;
    - $1,000,000
  - Special Fund-SIIF;
    - $1,000,000

Comparison of Budgets and Funding

By Account

DESCRIPTION	2023-25 LEGISLATIVE BASE	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)
511x Salaries - Regular	$ 6,889,230	$ 8,278,893	$ 1,389,663
513x Salaries Temp	312,520	219,868	(92,652)
516x Salaries Benefits	3,175,168	4,033,111	857,943
Total Salaries & Benefits	**$ 10,376,918**	**$ 12,531,872**	**$ 2,154,954**
52x Travel	218,556	351,324	132,768
53x Supply	10,000	1,600	(8,400)
54x Postage & Printing	303,200	457,621	154,421
58x Rent/Leases - Bldg/Equip	169,200	169,317	117
61x Professional Development	282,000	380,840	98,840
62x Fees - Operating & Professional	8,789,294	11,675,421	2,886,127
53x Supplies-IT	8,000	22,208	14,208
60x IT Expenses	6,000	51,508,995	51,502,995
71x Grants, Benefits, & Claims	384,437,762	460,391,146	75,953,384
72x Transfers	10,000,000	10,000,000	-
Total Operating	**$ 404,224,012**	**$ 534,958,473**	**$ 130,734,461**
Total	**$ 414,600,930**	**$ 547,490,344**	**$ 132,889,415**
Total General	**$ 59,248,641**	**$ 95,444,214**	**$ 36,195,573**
Total Federal	**$ 334,748,232**	**$ 414,917,110**	**$ 80,168,878**
Total Other	**$ 20,604,057**	**$ 37,129,020**	**$ 16,524,963**

EA Budget as % of HHS Budget

8.7%

Budget Funding Source

General	17.4%
Federal	78.3%
Other	4.3%

Budget By Pass Through

Paid to Private Providers	2.1%
HHS Direct Service	85.9%
HHS Admin	2.5%
HHS Technology	9.4%

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Operating Schedule

DESCRIPTION	BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION			
			TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
SERVICE AWARDS & SERVICE CONTRACTS	$ 633,304	$ (587,802)	$ 45,502	$ 12,968	$ 32,534	$ -
CCAP MARKET STUDY CONTRACT	-	280,103	280,103	-	280,103	-
LIHEAP-LEVEL CONTRACT	-	1,000,000	1,000,000	-	1,000,000	-
TANF-PRIDE & JOBS CONTRACTS	7,898,027	1,468,125	9,366,152	-	2,366,152	7,000,000
EBT ADMINISTRATION CONTRACT	257,963	767,851	1,025,814	512,907	512,907	-
TANF-WSI	-	6,500	6,500	-	6,500	-
OPERATION UNDERFUND	-	(48,650)	(48,650)	(48,650)	0	-
GENERAL FUND	**$ 309,473**	**$ 167,752**	**$ 477,225**	**$ 477,225**		
FEDERAL FUND	**4,779,821**	**(581,624)**	**4,198,196**		**4,198,196**	
OTHER FUND	**3,700,000**	**3,300,000**	**7,000,000**			**7,000,000**
GRAND TOTAL	**$ 8,789,294**	**$ 2,886,127**	**$ 11,675,421**	**$ 477,225**	**$ 4,198,196**	**$ 7,000,000**

NORTH Dakota Be Legendary. | Health & Human Services

Economic Assistance: Overview of Federal Funding Sources

Federal Funding Source	Purpose	Spending Deadline	Grant Year 2024 Deadline	Grant Year 2024 Award
Child Care Development Fund (CCDF) *CCDF funds are used in Economic Assistance and Early Childhood*	Primary Federal Program specifically devoted to providing families with child care subsidy and funding supports to states to improve quality. Total Federal = $22,449,928 Total State = $5,294,582	Discretionary (100% Federal) By end of 3rd Federal Fiscal Year	9/30/2026	$15,420,486
		Mandatory (100% Federal) No specific liquidation date requirement.	N/A	$2,506,022
		Matching – Federal/State Match (based on Federal Medicaid Assistance Percentage) By end of 2nd Federal Fiscal Year	9/30/2025	Federal: $5,653,714 State: $4,751,449
		Maintenance of Effort (MOE) By end of 1st Federal Fiscal Year	9/30/2024	$1,017,036
Low Income Home Energy Assistance (LIHEAP) Grant	To assist low income households, particularly those with the lowest incomes that pay a high proportion of household income for home energy, primarily in meeting their immediate home energy needs.	100% Federal By end of 6th Federal Fiscal Year	9/30/2029	$23,703,987

Economic Assistance: Overview of Federal Funding Sources

Federal Funding Source	Purpose	Spending Deadline	Grant Year 2024 Deadline	Grant Year 2024 Award
Supplemental Nutrition Assistance Program (SNAP)	SNAP is designed to promote the general welfare and to safeguard the health and well being of the Nation's population by raising the levels of nutrition among low-income households.	Benefits are 100% Federal Administration is 50-50 Drawn from a Letter of Credit	N/A	N/A
Temporary Assistance for Needy Families (TANF) Grant *TANF grant is utilizes by Economic Assistance and Children & Family Services*	Four purposes of TANF: • Provide assistance to needy families so that children can be cared for in their own homes or in the homes of relatives • End the dependence of needy parents on government benefits by promoting job preparation, work, and marriage • Prevent and reduce the incidence of out-of-wedlock pregnancies • Encourage the formation and maintenance of two-parent families	No requirement to liquidate by a specific date.	N/A	Federal: $26,300,000 State MOE: $9,069,286

Grants Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
SNAP NUTRITION ED	$ 2,400,000	$ 100,000	$ 2,500,000	$ -	$ 2,500,000	$ -
SNAP OUTREACH	160,000	-	160,000	-	160,000	-
SNAP EDUCATION & TRAINING; NDWORKS	3,324,756	(528,252)	2,796,504	1,296,040	1,500,464	-
TANF JOBS/PRIDE SUPPORT SERVICES	1,552,743	(490,544)	1,062,228	-	1,062,228	-
LIHEAP SERVICES	11,000,000	(1,000,000)	10,000,000	-	10,000,000	-
CCAP QUALITY TIER BONUS PAYMENTS	-	3,000,000	3,000,000	3,000,000	-	-
HOUSING / EMERGENCY RENT BRIDGE	-	14,500,000	14,500,000	-	-	14,500,000
GENERAL FUND	**$ 700,000**	**$ 3,596,038**	**$ 4,296,038**	**$ 4,296,040**		
FEDERAL FUND	**17,737,528**	**(2,514,835)**	**15,222,693**		**15,222,692**	
OTHER FUND	**-**	**14,500,000**	**14,500,000**			**14,500,000**
GRAND TOTAL	**$ 18,437,528**	**$ 15,581,203**	**$ 34,018,731**	**$ 4,296,040**	**$ 15,222,692**	**$ 14,500,000**

Grants on a Walkthrough

DESCRIPTION	2025-27 BASE BUDGET	COST TO CONTINUE	TOTAL CHANGES	TO GOVERNOR	TOTAL CHANGES	TO HOUSE
Temporary Assistance for Needy Families (TANF) Regular	$ 14,828,741	$ 2,305,054	$ 2,305,054	$ 17,133,795	$ -	$ 17,133,795
Temporary Assistance for Needy Families (TANF) Diversion	60,000	69,180	69,180	129,180	-	129,180
Child Care Assistance Program (CCAP)	90,611,262	21,595,266	21,595,266	112,206,528	-	112,206,528
Kinship Care	2,980,800	(2,260,800)	(2,260,800)	720,000	-	720,000
Supplemental Nutirion Assistance Program (SNAP)	220,820,292	31,116,588	31,116,588	251,936,880	-	251,936,880
Sun Bucks (Summer EBT)	-	11,031,265	11,031,265	11,031,265	-	11,031,265
Low Income Home Energy Assistance Program (LIHEAP)	33,999,168	9,215,599	9,215,599	43,214,767	-	43,214,767
TOTAL FUNDS	**$ 363,300,263**	**$ 73,072,152**	**$ 73,072,152**	**$ 436,372,415**	**$ -**	**$ 436,372,415**
GENERAL FUND	**$ 52,362,359**	**$ 24,044,441**	**$ 23,954,441**	**$ 76,316,800**	**$ -**	**$ 76,316,800**

Comparison of Budget Expenditures and Projections

By Budget Account Code

DESCRIPTION	2023-25 LEGISLATIVE BASE	EXPENDED AS OF 12/31/2024	PROJECTION THROUGH 6/30/2025	UNDER / (OVER) BUDGET
511x Salaries - Regular	$ 6,889,230	$ 6,107,239	$ 8,133,364	$ (1,244,134)
513x Salaries Temp	312,520	2,329,243	3,275,113	(2,962,593)
514x Salaries Overtime	-	162,865	162,865	(162,865)
516x Salaries Benefits	3,175,168	3,037,939	4,130,091	(954,923)
Total Salaries & Benefits	**$ 10,376,918**	**$ 11,637,287**	**$ 15,701,433**	**$ (5,324,515)**
52x Travel	218,556	109,417	261,076	(42,520)
53x Supply	10,000	481	2,981	7,019
54x Postage & Printing	303,200	243,681	300,981	2,219
58x Rent/Leases - Bldg/Equip	169,200	126,907	169,207	(7)
61x Professional Development	282,000	31,320	251,820	30,180
62x Fees - Operating & Professional	8,789,294	19,402,843	21,517,495	(12,728,201)
53x Supplies-IT	8,000	2,501	5,111	2,889
60x IT Expenses	6,000	414	1,914	4,086
71x Grants, Benefits, & Claims	384,437,762	299,660,408	412,413,255	(27,975,493)
72x Transfers	10,000,000	9,496,414	10,000,000	-
Total Operating	**$ 404,224,012**	**$ 329,074,386**	**$ 444,923,839**	**$ (40,699,828)**
Total	**$ 414,600,930**	**340,711,673**	**$ 460,625,272**	**$ (46,024,343)**
Total General	**$ 59,248,641**	**$ 37,464,091**	**$ 62,409,968**	**$ (3,161,327)**
Total Federal	**$ 334,748,232**	**$ 291,721,917**	**$ 384,851,227**	**$ (50,102,995)**
Total Other	**$ 20,604,057**	**$ 11,525,664**	**$ 13,364,077**	**$ 7,239,979**

NORTH Dakota Be Legendary. | Health & Human Services

Human Services Division
Vocational Rehabilitation

NORTH Dakota | Health & Human Services
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Decision Package Detail

By Ongoing, One-Time and Funding Source

IT-NEW

- Implement Comprehensive Vocational Rehab Technology System, $8,000,000;
  - One-Time
  - Federal Fund;
    - $6,296,000
  - Other Funds – Community Health Trust Fund
    - $1,704,000

Comparison of Budgets and Funding

By Budget Account Code

DESCRIPTION	2023-25 LEGISLATIVE BASE	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)
511x Salaries - Regular	$ 11,817,973	$ 13,750,195	$ 1,932,223
513x Salaries Temp	861,777	942,890	81,113
516x Salaries Benefits	5,505,806	6,432,742	926,936
Total Salaries & Benefits	**$ 18,185,556**	**$ 21,125,828**	**$ 2,940,272**
52x Travel	472,624	546,852	74,228
53x Supply	95,142	82,250	(12,892)
54x Postage & Printing	47,000	58,100	11,100
56x Utilities	5,400	4,659	(741)
58x Rent/Leases - Bldg/Equip	1,117,780	1,199,449	81,669
59x Repairs	28,042	40,531	12,489
61x Professional Development	416,965	465,437	48,472
62x Fees - Operating & Professional	6,102,739	6,557,715	454,976
53x Supplies-IT	8,000	-	(8,000)
60x IT Expenses	-	8,458,707	8,458,707
71x Grants, Benefits, & Claims	10,799,683	14,980,245	4,180,562
Total Operating	**$ 19,093,375**	**$ 32,393,946**	**$ 13,300,571**
Total	**$ 37,278,931**	**$ 53,519,774**	**$ 16,240,843**
Total General	**$ 9,630,168**	**$ 11,341,566**	**$ 1,711,398**
Total Federal	**$ 27,312,864**	**$ 40,210,880**	**$ 12,898,016**
Total Other	**$ 335,899**	**$ 1,967,328**	**$ 1,631,429**

Budget as % of HHS Budget

0.9%

Budget Funding Source

General	24.4%
Federal	73.8%
Other	0.6%

Budget Bypass-Through

Paid to Private Providers	12.3%
HHS Direct Service	28.0%
HHS Admin	44.0%
HHS Technology	15.8%

NORTH Dakota Be Legendary. | Health & Human Services

Operating Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION			
			TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
Training Contracts, Software, Service Contracts	$ 2,071,651	$ 136,468	$ 2,208,119	$ 470,329	$ 1,737,790	$ -
PreETS Contracts	3,500,000	500,000	4,000,000	852,000	3,148,000	-
Client Assistance Contracts, Outreach	511,360	(206,948)	304,412	64,840	239,572	-
Interpreters & Document Translation	13,728	25,456	39,184	8,346	30,838	-
Randolph Sheppard Tech Assistance	6,000	-	6,000	-	-	6,000
GENERAL FUND	**$ 1,298,605**	**$ 96,910**	**$ 1,395,515**	**$ 1,395,515**		
FEDERAL FUND	**4,798,134**	**358,066**	**5,156,200**		**5,156,200**	
OTHER FUND	**6,000**	**-**	**6,000**			**6,000**
GRAND TOTAL	**$ 6,102,739**	**$ 454,976**	**$ 6,557,715**	**$ 1,395,515**	**$ 5,156,200**	**$ 6,000**

NORTH Dakota Be Legendary. | Health & Human Services

Grants Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
Client AT Devices for Vision Services (45% General)	$ 100,000	$ 225,000	$ 325,000	$ 146,250	$ 178,750	$ -
Supportive Employment Adult & Youth (10% General)	6,383,332	4,096,502	10,479,834	1,047,983	9,431,851	-
Bottineau Winter Park (100% General)-Savings Plan	200,000	(200,000)	-	-	-	-
CIE Contracts funded by Parking Fees/Fines (100% Other)	160,000	(60,000)	100,000	-	-	100,000
IL Center Contracts ($1,754,821.00 General)**	2,553,336	(102,395)	2,450,941	1,754,821	696,120	-
Commission to Blind Vendors (100% Other)	124,000	-	124,000	-	-	124,000
Assistive Technology Contract ($660,000 General)**	1,279,015	221,455	1,500,470	660,000	840,470	-
**General Funds set by Legislature, not Match/MOE						
GENERAL FUND	**$ 3,298,154**	**$ 310,900**	**$ 3,609,054**	**$ 3,609,054**		
FEDERAL FUND	**7,217,529**	**3,929,662**	**11,147,191**		**11,147,191**	
OTHER FUND	**284,000**	**(60,000)**	**224,000**			**224,000**
GRAND TOTAL	**$ 10,799,683**	**$ 4,180,562**	**$ 14,980,245**	**$ 3,609,054**	**$ 11,147,191**	**$ 224,000**

NORTH Dakota Be Legendary. | Health & Human Services

Comparison of Budget Expenditures and Projections

By Budget Account Code

DESCRIPTION	2023-25 LEGISLATIVE BASE	EXPENDED AS OF 12/31/2024	PROJECTION THROUGH 6/30/2025	UNDER / (OVER) BUDGET
511x Salaries - Regular	$ 11,817,973	$ 8,480,609	$ 11,454,966	$ 363,006
513x Salaries Temp	861,777	185,995	224,823	636,954
514x Salaries Overtime	-	9,959	9,959	(9,959)
516x Salaries Benefits	5,505,806	3,979,049	5,398,438	107,368
Total Salaries & Benefits	**$ 18,185,556**	**$ 12,655,612**	**$ 17,088,187**	**$ 1,097,369**
52x Travel	472,624	208,387	448,704	23,920
53x Supply	95,142	137,000	158,826	(63,684)
54x Postage & Printing	47,000	36,165	48,065	(1,065)
56x Utilities	5,400	3,746	5,276	124
58x Rent/Leases - Bldg/Equip	1,117,780	826,262	1,105,247	12,533
59x Repairs	28,042	23,781	30,791	(2,749)
61x Professional Development	416,965	236,817	341,058	75,907
62x Fees - Operating & Professional	6,102,739	3,395,436	6,359,206	(256,467)
53x Supplies-IT	8,000	1,911	3,911	4,089
60x IT Expenses	-	142,052	142,052	(142,052)
71x Grants, Benefits, & Claims	10,799,683	8,247,879	10,994,682	(194,999)
Total Operating	**$ 19,093,375**	**$ 13,259,436**	**$ 19,637,819**	**$ (544,444)**
Total	**$ 37,278,931**	**25,915,048**	**$ 36,726,006**	**$ 552,925**
Total General	**$ 9,630,168**	**$ 7,607,115**	**$ 9,623,713**	**$ 6,454**
Total Federal	**$ 27,312,864**	**$ 18,211,949**	**$ 26,922,842**	**$ 390,022**
Total Other	**$ 335,899**	**$ 95,984**	**$ 179,451**	**$ 156,449**

Human Services Division
Life Skills & Transition Center

NORTH Dakota | Health & Human Services
Be Legendary.

Decision Package Detail

By Ongoing, One-Time and Funding Source

Capital Projects

- Life Skills & Transition Center Roof for Cedar Grove $712,480;
  - One-Time
  - SIIF;
    - $712,480

Comparison of budgets and funding

By Budget Account Code

DESCRIPTION	2023-2025 LEGISLATIVE BASE	2025-27 EXECUTIVE RECOMMENDATION	INCREASE / (DECREASE)
511x Salaries - Regular	$ 32,212,011	$ 30,328,131	$ (1,883,880)
512x Salaries - Other	1,175,380	743,765	(431,614)
513x Salaries Temp	1,430,701	1,427,042	(3,659)
514x Salaries Overtime	689,876	6,058,980	5,369,104
516x Salaries Benefits	18,338,327	19,241,295	902,968
Total Salaries & Benefits	**$ 53,846,296**	**$ 57,799,213**	**$ 3,952,918**
52x Travel	587,336	638,234	50,898
53x Supply	1,485,244	1,468,896	(16,348)
54x Postage & Printing	28,108	16,338	(11,770)
55x Equipment under $5,000	115,294	137,723	22,429
56x Utilities	1,343,738	1,496,692	152,954
57x Insurance	76,410	135,674	59,264
58x Rent/Leases - Bldg/Equip	64,080	50,717	(13,363)
59x Repairs	147,565	122,219	(25,346)
61x Professional Development	119,436	51,796	(67,640)
62x Fees - Operating & Professional	5,411,987	8,940,413	3,528,426
53x Supplies	33,581	3,043	(30,538)
60x IT Expenses	163,311	475,775	312,464
68x Land, Building, Other Capital	682,979	1,523,800	840,821
69x Equipment Over $5,000	163,152	146,337	(16,815)
Total Operating	**$ 10,422,221**	**$ 15,207,657**	**$ 4,785,436**
Total	**$ 64,268,517**	**$ 73,006,871**	**$ 8,738,354**
Total General	**$ 27,286,911**	**$ 32,399,562**	**$ 5,112,650**
Total Federal	**$ 34,045,429**	**$ 36,570,368**	**$ 2,524,939**
Total Other	**$ 2,936,176**	**$ 4,036,941**	**$ 1,100,765**

Life Skills & Transition Center

- 1.2% of HHS Budget

Budget by Funding Source

- 44.4 % General
- 50.1 % Federal
- 5.5% Other

LSTC Budget by Pass Through

- 0.0% - Pd to Private Providers
- 99.3% - Direct Service
- 0.0% - Admin (not related to direct svc)
- 0.7% - Technology

NORTH Dakota Be Legendary. | Health & Human Services

Operating Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
Provider Assessment	$ 3,770,498	$ 617,802	$ 4,388,300	$ 2,016,424	$ 2,174,841	$ 197,035
Residential Service Contracts	73,543	2,788,193	2,861,736	1,314,968	1,418,276	128,492
Respiratory Therapy Contracts	34,000	(4,000)	30,000	13,785	14,868	1,347
CQL Contract	50,000	(10,000)	40,000	18,380	19,824	1,796
Licenses and Taxes	32,702	-	32,702	15,027	16,207	1,468
Plant Contracts	337,848	34,631	372,479	171,154	184,601	16,724
Trophy Shop Rent	22,800	1,425	24,225	11,131	12,006	1,088
Freight	20,516	2,000	22,516	10,346	11,159	1,011
Service Awards	19,000	-	19,000	8,731	9,416	853
Dues/Memberships	7,000	-	7,000	3,217	3,469	314
Stipends	-	4,800	4,800	2,206	2,379	216
Professional Development	112,436	(72,440)	39,996	18,378	19,822	1,796
Outside Doctor Services	19,071	1,972	21,043	9,669	10,429	945
Medical, Dental & Optical	834,881	198,212	1,033,093	474,706	512,001	46,386
Fees - Professional Fees & Services	49,687	(6,164)	43,523	19,999	21,570	1,954
GENERAL FUND	**$ 2,300,576**	**$ 1,519,663**	**$ 4,108,120**	**$ 4,108,120**		
FEDERAL FUND	**2,838,974**	**1,875,306**	**4,430,869**		**4,430,869**	
OTHER FUND	**244,433**	**161,462**	**401,425**			**401,425**
GRAND TOTAL	**$ 5,383,982**	**$ 3,556,431**	**$ 8,940,413**	**$ 4,108,120**	**$ 4,430,869**	**$ 401,425**

NORTH Dakota Be Legendary. | Health & Human Services

Grants Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION			
			TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
NOT APPLICABLE						
GENERAL FUND				$ -		
FEDERAL FUND					-	
OTHER FUND						-
GRAND TOTAL	$ -	$ -	$ -	$ -	$ -	$ -

NORTH Dakota Be Legendary. | Health & Human Services

Comparison of budget expenditures and projections

By Budget Account Code

Description	2023-25 LEGISLATIVE BASE	EXPENDED AS OF 12/31/2024	PROJECTION THROUGH 6/30/2025	UNDER/ (OVER) BUDGET
511x Salaries - Regular	$ 32,212,011	$ 21,418,554	$ 27,757,420	$ 4,454,591
512x Salaries - Other	1,175,380	605,761	791,242	384,138
513x Salaries Temp	1,430,701	1,290,035	2,238,727	(808,026)
514x Salaries Overtime	689,876	4,600,057	6,110,277	(5,420,401)
516x Salaries Benefits	18,338,327	11,687,635	15,971,829	2,366,498
Total Salaries & Benefits	**$ 53,846,296**	**$ 39,602,042**	**$ 52,869,495**	**$ 976,801**
52x Travel	587,336	442,549	604,659	(17,323)
53x Supply	1,485,244	1,051,294	1,440,728	44,516
54x Postage & Printing	28,108	10,687	15,419	12,689
55x Equipment under $5,000	115,294	57,879	87,395	27,899
56x Utilities	1,343,738	917,877	1,273,812	69,926
57x Insurance	76,410	98,511	98,699	(22,289)
58x Rent/Leases - Bldg/Equip	64,080	29,957	39,921	24,159
59x Repairs	147,565	61,323	98,214	49,351
61x Professional Development	119,436	45,761	75,816	43,620
62x Fees - Operating & Professional	5,411,987	7,516,710	9,570,510	(4,158,523)
53x Supplies	33,581	8,597	16,803	16,778
60x IT Expenses	163,311	120,571	161,399	1,912
68x Land, Building, Other Capital	682,979	472,516	1,486,936	(803,957)
69x Equipment Over $5,000	163,152	43,459	163,152	-
Total Operating	**$ 10,422,221**	**$ 10,877,691**	**$ 15,133,464**	**$ (4,711,243)**
Total	**$ 64,268,517**	**50,479,734**	**$ 68,002,959**	**$ (3,734,443)**
Total General	**$ 27,286,911**	**$ 34,450,509**	**$ 29,822,489**	**$ (2,535,577)**
Total Federal	**$ 34,045,429**	**$ 14,414,543**	**$ 35,098,274**	**$ (1,052,845)**
Total Other	**$ 2,936,176**	**$ 1,614,681**	**$ 3,082,196**	**$ (146,020)**

NORTH Dakota Be Legendary. | Health & Human Services

Human Services Division
Human Service Zone Operations

NORTH Dakota | Health & Human Services
Be Legendary.

Decision Package Detail

By Ongoing, One-Time and Funding Source

Not Applicable

NORTH Dakota Be Legendary. | Health & Human Services

Comparison of budgets and funding

By Budget Account Code

Description	2023-25 Legislative Base	2025-27 Executive Recommendation	Increase/ (Decrease)
511x Salaries - Regular	$ 22,463,715	$ 23,769,280	$ 1,305,565
512x Salaries - Other	38,826	-	(38,826)
514x Salaries Overtime	116,262	-	(116,262)
516x Salaries Benefits	11,467,996	12,622,994	1,154,997
Total Salaries & Benefits	**$ 34,086,800**	**$ 36,392,274**	**$ 2,305,474**
52x Travel	346,285	637,108	290,823
53x Supply	4,205	7,905	3,700
54x Postage & Printing	745	3,745	3,000
55x Equipment under $5,000	1,500	1,850	350
58x Rent/Leases - Bldg/Equip	3,242	-	(3,242)
61x Professional Development	49,125	54,325	5,200
62x Fees - Operating & Professional	1,392,442	1,922,905	530,463
53x Supplies	-	24,000	24,000
60x IT Expenses	17,128	3,257,073	3,239,945
71x Grants, Benefits, & Claims	195,848,988	198,683,370	2,834,381
Total Operating	**$ 197,663,661**	**$ 204,592,281**	**$ 6,928,620**
Total	**$ 231,750,461**	**$ 240,984,555**	**$ 9,234,094**
Total General	**$ 1,876,289**	**$ -**	**$ (1,876,289)**
Total Federal	**$ 1,620,055**	**$ 2,872,526**	**$ 1,252,470**
Total Other	**$ 228,254,116**	**$ 238,112,030**	**$ 9,857,913**

HS Zones Budget as % of HHS Budget

4%

Budget Funding Source

General	0.0%
Federal	1.2%
Other	98.8%

Budget By Pass Through

Zone (County)	81%
HHS Direct Service	12%
HHS Admin	3%
HHS Technology	1%
HHS Programmatic	3%

NORTH Dakota Be Legendary. | Health & Human Services

Operating Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION			
			TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
Contract for County Wide Cost Allocation Plans	$ 1,014,116	$ (674,116)	$ 340,000	$ -	$ -	$ 340,000
Contract with UND for Foster Care Training	377,900	73,000	450,900	-	-	450,900
Family Firs t/ LOC Contract	-	1,121,029	1,121,029	-	-	1,121,029
Other Operating Items	406	10,570	10,976	-	-	10,976
GENERAL FUND	$ -	$ -	$ -	$ -		
FEDERAL FUND	-	-	-		-	
OTHER FUND	1,392,422	530,483	1,922,905			1,922,905
GRAND TOTAL	$ 1,392,422	$ 530,483	$ 1,922,905	$ -	$ -	$ 1,922,905

NORTH Dakota Be Legendary. | Health & Human Services

Grants Schedule

- Not Applicable

Comparison of budget expenditures and projections

By Budget Account Code

Description	2023-25 Legislative Base	Expended as of 12/31/2024	Projection through 6/30/2025	Under/ (Over) Budget
511x Salaries - Regular	$ 22,463,715	$ 17,422,580	$ 23,121,418	$ (657,703)
512x Salaries - Other	38,826	79,330	79,330	(40,504)
513x Salaries Temp	-	3,887	3,887	(3,887)
514x Salaries Overtime	116,262	68,372	68,372	47,890
516x Salaries Benefits	11,467,996	8,418,729	11,176,920	291,076
Total Salaries & Benefits	**$ 34,086,800**	**$ 25,992,897**	**$ 34,449,927**	**$ (363,127)**
52x Travel	346,285	530,839	706,092	(359,807)
53x Supply	4,205	5,146	7,729	(3,525)
54x Postage & Printing	745	3,596	4,626	(3,881)
55x Equipment under $5,000	1,500	139	963	537
58x Rent/Leases - Bldg/Equip	3,242	-	1,554	1,689
61x Professional Development	49,125	19,343	34,657	14,468
62x Fees - Operating & Professional	1,392,442	4,874,098	5,661,788	(4,269,346)
53x Supplies	-	22,006	27,399	(27,399)
60x IT Expenses	17,128	1,140,281	2,719,045	(2,701,916)
71x Grants, Benefits, & Claims	195,848,988	84,977,510	180,673,804	15,175,185
Total Operating	**$ 197,663,661**	**$ 91,572,958**	**$ 189,837,655**	**$ 7,826,006**
Total	**$ 231,750,461**	**117,565,855**	**$ 224,287,582**	**$ 7,462,878**
Total General	**$ 1,876,289**	**$ 27,477**	**$ 27,477**	**$ 1,848,811**
Total Federal	**$ 1,620,055**	**$ 758,659**	**$ 806,912**	**$ 813,144**
Total Other	**$ 228,254,116**	**$ 116,779,720**	**$ 223,453,193**	**$ 4,800,923**

NORTH Dakota Be Legendary. | Health & Human Services

Human Services Division
Human Service Zone Operations
County

NORTH Dakota | Health & Human Services
Be Legendary.

Decision Package Detail

By Ongoing, One-Time and Funding Source

Not Applicable

NORTH Dakota Be Legendary. | Health & Human Services

Comparison of budgets and funding

By Budget Account Code

Description	2023-25 Legislative Base	2025-27 Executive Recommendation	Increase/ (Decrease)
Salaries - Regular	$ 109,030,027	$ 115,106,567	$ 6,076,540
Salaries Benefits	58,780,889	67,359,200	8,578,311
Total Salaries & Benefits	**$ 167,810,916**	**$ 182,465,768**	**$ 14,654,852**
Travel	2,385,449	2,030,980	(354,469)
Supply	840,587	864,293	23,706
Postage & Printing	185,222	221,900	36,678
Child Care	225,346	253,500	28,154
General Assistance Burials (Indigent)	2,595,942	2,162,000	(433,942)
Drug & Background Testing	258,063	291,706	33,643
Insurance*	337,339	346,342	9,003
Admin Other (Interprater,Legal, Service Awards Ect)	307,003	318,880	11,877
Professional Development	241,484	322,680	81,196
Client Services	1,679,729	1,177,498	(502,231)
Non Covered Medical	205,279	204,590	(689)
Placements	1,650,630	1,135,000	(515,630)
Safety Permanancy	510,363	581,900	71,537
IT Expenses	1,890,693	1,968,671	77,978
Telecommunications	989,185	1,037,813	48,628
Maintenance*	288,166	293,770	5,604
Zone Board	53,142	56,200	3,058
Equipment Over $5,000*	1,555,265	1,090,000	(465,265)
Indirect Costs	11,839,184	6,859,879	(4,979,306)
Zone Generated Revenue	-	(5,000,000)	(5,000,000)
Total Operating	**$ 28,038,072**	**$ 16,217,602**	**$ (11,820,470)**
Total	**$ 195,848,988**	**$ 198,683,370**	**$ 2,834,381**
Total General	**$ -**	**$ -**	**$ -**
Total Federal	**$ -**	**$ -**	**$ -**
Total Other	**$ 195,848,988**	**$ 198,683,370**	**$ 2,834,381**

NORTH Dakota Be Legendary. | Health & Human Services

Operating Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION			
			TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
Supply	$ 840,587	$ 23,706	$ 864,293	$ -	$ -	$ 864,293
Postage & Printing	185,222	36,678	221,900	-	-	221,900
Child Care*	225,346	28,154	253,500	-	-	253,500
General Assistance Burials (Indigent)	2,595,942	(433,942)	2,162,000	-	-	2,162,000
Drug & Background Testing	258,063	33,643	291,706	-	-	291,706
Insurance**	337,339	9,003	346,342	-	-	346,342
Admin Other (Interpreter,Legal, Svc awards)	307,003	11,877	318,880	-	-	318,880
Professional Development	241,484	81,196	322,680	-	-	322,680
Client Services*	1,679,729	(502,231)	1,177,498	-	-	1,177,498
Non Covered Medical*	205,279	(689)	204,590	-	-	204,590
Placements*	1,650,630	(515,630)	1,135,000	-	-	1,135,000
Safety Permanency*	510,363	71,537	581,900	-	-	581,900
IT Expenses**	1,890,693	77,978	1,968,671	-	-	1,968,671
Telecommunications**	989,185	48,628	1,037,813	-	-	1,037,813
Maintenance**	288,166	5,604	293,770	-	-	293,770
Zone Board	53,142	3,058	56,200	-	-	56,200
Equipment Over $5,000**	1,555,265	(465,265)	1,090,000	-	-	1,090,000
Indirect Costs	11,839,184	(4,979,306)	6,859,879	-	-	6,859,879
Zone Generated Revenue	-	(5,000,000)	(5,000,000)	-	-	(5,000,000)

GENERAL FUND	**$ -**	**$ -**	**$ -**	**$ -**		
FEDERAL FUND	**-**	**-**	**-**		**-**	
OTHER FUND	**25,652,623**	**(11,466,001)**	**14,186,622**			**14,186,622**
GRAND TOTAL	**$ 25,652,623**	**$ (11,466,001)**	**$ 14,186,622**	**$ -**	**$ -**	**$ 14,186,622**

NORTH Dakota Be Legendary. | Health & Human Services

Grants Schedule

- Not Applicable

Comparison of budget expenditures and projections

By Budget Account Code

Description	2023-25 Legislative Base	Expended as of 12/31/2024	Projection through 6/30/2025	Increase/ (Decrease)
Salaries - Regular	$ 109,030,027	$ 51,030,358	$ 108,127,071	$ 902,956
Salaries Benefits	58,780,889	26,302,100	57,872,806	908,083
Total Salaries & Benefits	**$ 167,810,916**	**$ 77,332,458**	**$ 165,999,877**	**$ 1,811,039**
Travel	2,385,449	1,127,676	2,393,166	(7,717)
Supply	840,587	407,981	890,128	(49,541)
Postage & Printing	185,222	70,649	181,599	3,623
Child Care	225,346	103,024	229,774	(4,428)
General Assistance Burials (Indigent)	2,595,942	1,484,093	2,665,093	(69,151)
Drug & Background Testing	258,063	110,305	256,158	1,906
Insurance*	337,339	132,373	330,544	6,795
Admin Other (Interprater,Legal, Service Awards	307,003	150,807	288,827	18,176
Professional Development	241,484	73,318	234,658	6,826
Client Services	1,679,729	726,270	1,521,319	158,409
Non Covered Medical	205,279	108,066	210,361	(5,082)
Placements	1,650,630	898,239	1,665,739	(15,108)
Safety Permanancy	510,363	214,112	505,062	5,301
IT Expenses	1,890,693	847,619	1,906,954	(16,261)
Telecommunications	989,185	466,175	985,082	4,103
Maintenance*	288,166	147,128	294,013	(5,846)
Zone Board	53,142	25,832	53,932	
69x Equipment Over $5,000*	1,555,265	941,480	1,586,480	(31,215)
Indirect Costs	11,839,184	3,429,939	3,688,412	8,150,772
Zone Generated Revenue	-	(2,612,506)	(5,217,471)	5,217,471
Total Operating	**$ 28,038,072**	**$ 8,852,579**	**$ 14,669,829**	**$ 13,369,033**
Total	**$ 195,848,988**	**86,185,037**	**$ 180,669,706**	**$ 15,180,072**
Total General	**$ -**	**$ -**	**$ -**	**$ -**
Total Federal	**$ -**	**$ -**	**$ -**	**$ -**
Total Other	**$ 195,848,988**	**$ 86,185,037**	**$ 180,669,706**	**$ 15,179,282**

NORTH Dakota Be Legendary. | Health & Human Services

Medical Services Division

NORTH Dakota | Health & Human Services
Be Legendary.

Decision Package Detail

By Ongoing, One-Time and Funding Source

Services - DOJ

- Home Health/Private Duty Nursing Targeted Rate Increase
  $2,471,536;
  - Ongoing
  - General;
    - $1,235,768
  - Federal;
    - $1,235,768

Services – Home and Community Based Services (HCBS)

- Cross Disability Waiver Implementation
  $4,948,452;
  - Ongoing
  - General;
    - $2,474,226
  - Federal;
    - $2,474,226

Decision Package Detail

By Ongoing, One-Time and Funding Source

Healthcare Workforce

- Rebase Targeted Medicaid Rate Increase for Ambulance Services $4,379,540;
  - Ongoing
  - General;
    - $2,189,770
  - Federal;
    - $2,189,770

Additional Executive Decision Packages

- Provider Inflation $16,215,764;
  - Ongoing
  - General;
    - $6,949,693
  - Federal;
    - $9,266,071

Comparison of budgets and funding

By Budget Account Code

DESCRIPTION	2023-2025 LEGISLATIVE BASE	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE/ (DECREASE)
511x Salaries - Regular	$ 13,729,287	$ 16,077,000	$ 2,347,713
513x Salaries Temp	1,307,533	1,277,132	(30,401)
516x Salaries Benefits	5,971,524	7,446,311	1,474,787
Total Salaries & Benefits	**$ 21,008,344**	**$ 24,800,444**	**$ 3,792,100**
52x Travel	94,824	94,824	-
53x Supply	20,628	24,166	3,538
54x Postage & Printing	162,889	168,714	5,825
55x Equipment under $5,000	2,100	2,100	-
58x Rent/Leases - Bldg/Equip	12,036	43,866	31,830
61x Professional Development	77,192	94,489	17,297
62x Fees - Operating & Professional	70,423,976	92,650,619	22,226,643
53x Supplies	10,334	4,724	(5,610)
60x IT Expenses	3,997	70,089,037	70,085,040
71x Grants, Benefits, & Claims	1,722,386,862	1,615,753,456	(106,633,406)
Total Operating & Grants	**$ 1,793,194,838**	**$ 1,778,925,995**	**$ (14,268,843)**
Total	**$ 1,814,203,182**	**$ 1,803,726,439**	**$ (10,476,743)**
Total General	**$ 471,540,015**	**$ 488,714,780**	**$ 17,174,765**
Total Federal	**$ 1,283,426,536**	**$ 1,254,437,540**	**$ (28,988,996)**
Total Other	**$ 59,236,632**	**$ 60,574,119**	**$ 1,337,487**

Medical Services budget as % of HHS Budget

* 28.8% of Total HHS Budget

Budget by Funding Source

* 27.1% General Fund
* 69.5% Federal Fund
* 3.4% Other Fund

Budget by Pass Through

* 3.3% Admin
* 3.9% Technology
* 3.2% Medicare Part D Clawback Payments
* 89.6% Direct Services

NORTH Dakota Be Legendary. | Health & Human Services

Operating Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION			
			TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
Customer Support	$ 3,432,000	$ 810,810	$ 4,242,810	$ 4,242,810	$ -	
Direct Service Support	1,086,895	595,130	1,682,025	841,013	841,013	-
Federally Required Activity	13,456,994	8,865,307	22,322,301	10,418,289	11,904,012	-
Professional Services	6,202	1,798	8,000	4,000	4,000	-
Quality Improvement	945,108	162,407	1,107,515	643,453	464,063	-
Quality Improvement (one-time)	1,861,657	-	1,861,657	1,861,657	-	-
Subject Matter Experts	1,987,726	1,144,757	3,132,483	1,566,242	1,566,242	-
Clawback	49,291,723	9,002,105	58,293,828	58,293,828	-	-
GENERAL FUND	**$ 63,251,501**	**$ 14,619,789**	**$ 77,871,290**	**$ 77,871,290**	**$ -**	**$ -**
FEDERAL FUND	**7,516,804**	**7,262,525**	**14,779,329**	**-**	**14,779,329**	**-**
OTHER FUND	**1,300,000**	**(1,300,000)**	**-**	**-**	**-**	**-**
GRAND TOTAL	**$ 72,068,305**	**$ 20,582,314**	**$ 92,650,619**	**$ 77,871,290**	**$ 14,779,329**	**$ -**

NORTH Dakota Be Legendary. | Health & Human Services

Grants Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
County Jail Claims	$ 1,000,000	$ -	$ 1,000,000	$ -	$ -	$ 1,000,000
Health Tracks	127,804	-	127,804	63,902	63,902	-
GENERAL FUND	**$ 63,902**	**$ -**	**$ 63,902**	**$ 63,902**		
FEDERAL FUND	**63,902**	**-**	**63,902**		**63,902**	
OTHER FUND	**1,000,000**	**-**	**1,000,000**			**1,000,000**
GRAND TOTAL	**$ 1,127,804**	**$ -**	**$ 1,127,804**	**$ 63,902**	**$ 63,902**	**$ 1,000,000**

NORTH Dakota Be Legendary. | Health & Human Services

Grants on a Walkthrough

DESCRIPTION	2025-27 BASE BUDGET	COST TO CONTINUE	FMAP	SAVINGS PLAN	UNDERFUNDING	TOTAL CHANGES	TO GOVERNOR
TRADITIONAL MEDICAID	$ 918,642,286	$ 45,160,756	$ (3,913,031)	$ (8,709,580)	$ (28,930,539)	$ 3,607,606	$ 922,249,892
INPATIENT HOSPITAL	227,650,273	3,082,453	-	-	-	3,082,453	230,732,726
OUTPATIENT HOSPITAL	125,343,902	131,436	-	-	-	131,436	125,475,338
PROFESSIONAL SERVICES	137,991,523	10,212,973	-	-	-	10,212,973	148,204,496
DRUGS	84,898,305	3,344,118	-	(1,500,000)	-	1,844,118	86,742,423
INDIAN HEALTH SERVICES	58,583,364	33,871,506	-	-	-	33,871,506	92,454,870
PRTF SERVICES	24,340,239	(3,368,924)	-	-	-	(3,368,924)	20,971,315
DENTAL SERVICES	36,094,013	81,672	-	-	-	81,672	36,175,685
PREMIUMS	54,734,853	1,960,057	-	-	-	1,960,057	56,694,910
OTHER SERVICES	169,005,814	(4,154,535)	(3,913,031)	(7,209,580)	(28,930,539)	(44,207,685)	124,798,129
EXPANSION MEDICAID	802,616,834	(140,517,494)	-	-	-	(140,517,494)	662,099,340
TOTAL FUNDS	**$ 1,721,259,120**	**$ (95,356,738)**	**$ (3,913,031)**	**$ (8,709,580)**	**$ (28,930,539)**	**$ (136,909,888)**	**$ 1,584,349,232**
GENERAL FUND	**$ 408,309,812**	**$ (6,464,511)**	**$ 15,065,244**	**$ (450,000)**	**$ (28,930,539)**	**$ (20,779,806)**	**$ 387,530,006**

DESCRIPTION	TO GOVERNOR	INFLATION	SERVICES - COST TO CONTINUE	SERVICES- DOJ	HEALTHCARE WORKFORCE	TOTAL CHANGES	TO HOUSE
TRADITIONAL MEDICAID	$ 922,249,892	$ 16,215,764	$ 7,209,580	$ 2,471,536	$ 4,379,540	$ 30,276,420	$ 952,526,312
INPATIENT HOSPITAL	230,732,726	4,703,996	-	-	-	4,703,996	235,436,722
OUTPATIENT HOSPITAL	125,475,338	1,646,360	-	-	-	1,646,360	127,121,698
PROFESSIONAL SERVICES	148,204,496	3,349,422	-	-	-	3,349,422	151,553,918
DRUGS	86,742,423	-	-	-	-	-	86,742,423
INDIAN HEALTH SERVICES	92,454,870	2,099,873	-	-	-	2,099,873	94,554,743
PRTF SERVICES	20,971,315	473,952	-	-	-	473,952	21,445,267
DENTAL SERVICES	36,175,685	817,570	-	-	-	817,570	36,993,255
PREMIUMS	56,694,910	-	-	-	-	-	56,694,910
OTHER SERVICES	124,798,129	3,124,592	7,209,580	2,471,536	4,379,540	17,185,248	141,983,377
EXPANSION MEDICAID	662,099,340	-	-	-	-	-	662,099,340
TOTAL FUNDS	**$ 1,584,349,232**	**$ 16,215,764**	**$ 7,209,580**	**$ 2,471,536**	**$ 4,379,540**	**$ 30,276,420**	**$ 1,614,625,652**
GENERAL FUND	**$ 387,530,006**	**$ 6,949,693**	**$ -**	**$ 1,235,768**	**$ 2,189,770**	**$ 10,375,231**	**$ 397,905,237**

NORTH Dakota Be Legendary. | Health & Human Services

Comparison of budget expenditures and projections

By Budget Account Code

DESCRIPTION	2023-25 LEGISLATIVE BASE	EXPENDED AS OF 12/31/2024	PROJECTION THROUGH 6/30/2025	UNDER/ (OVER) BUDGET
511x Salaries - Regular	$ 13,729,287	$ 10,037,320	$ 13,702,435	$ 26,852
513x Salaries Temp	1,307,533	572,729	1,250,080	57,453
514x Salaries Overtime	-	79,463	79,463	(79,463)
516x Salaries Benefits	5,971,524	4,662,337	6,531,713	(560,189)
Total Salaries & Benefits	**$ 21,008,344**	**$ 15,351,849**	**$ 21,563,691**	**$ (555,347)**
52x Travel	94,824	70,220	112,975	(18,151)
53x Supply	20,628	5,530	11,866	8,762
54x Postage & Printing	162,889	71,960	132,125	30,764
55x Equipment under $5,000	2,100	1,615	2,665	(565)
58x Rent/Leases - Bldg/Equip	12,036	34,717	45,679	(33,643)
61x Professional Development	77,192	69,830	88,513	(11,321)
62x Fees - Operating & Professional	70,423,976	48,881,778	74,403,826	(3,979,850)
53x Supplies	14,331	5,433	12,440	1,891
71x Grants, Benefits, & Claims	1,722,386,862	1,113,295,489	1,559,610,024	162,776,838
Total Operating & Grants	**$ 1,793,194,838**	**$ 1,162,436,570**	**$ 1,634,420,112**	**$ 158,774,726**
Total	**$ 1,814,203,182**	**1,177,788,419**	**$ 1,655,983,803**	**$ 158,219,380**
Total General	**$ 471,540,015**	**$ 332,007,548**	**$ 435,257,475**	**$ 36,282,540**
Total Federal	**$ 1,283,426,536**	**$ 830,447,937**	**$ 1,158,157,412**	**$ 125,269,124**
Total Other	**$ 59,236,632**	**$ 15,332,933**	**$ 62,568,915**	**$ (3,332,283)**

NORTH Dakota Be Legendary. | Health & Human Services

Medical Services Division
Long Term Care

NORTH Dakota | Health & Human Services
Be Legendary.

Decision Package Detail

By Ongoing, One-Time and Funding Source

Services - Cost to Continue

- HCBS Growth

  Total $64,814,924;
  - Ongoing
  - General;
    - $36,977,113
  - Federal;
    - $27,837,811

Compliance & Quality

- Value Based Purchasing- Medicaid

  Total $2,000,000;
  - Ongoing
  - General;
    - $1,000,000
  - Federal;
    - $1,000,000

Decision Package Detail

By Ongoing, One-Time and Funding Source

Services – DOJ

- QSP/HCBS Targeted Rate Increase

Total $5,392,656;

- Ongoing
- General;
  - $3,595,104
- Federal;
  - $1,797,552

Additional Executive Decision Packages

- Provider Inflation
- Total $5,396,854;
  - Ongoing
  - General;
    - $3,294,874
  - Federal;
    - $2,101,980

Comparison of budgets and funding

By Budget Account Code

DESCRIPTION	2023-2025 LEGISLATIVE BASE	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE/ (DECREASE)
71x Grants, Benefits, & Claims	962,042,944	1,067,715,015	105,672,070
Total Operating & Grants	**$ 962,042,944**	**$ 1,067,715,015**	**$ 105,672,070**
Total	**$ 962,042,944**	**$ 1,067,715,015**	**$ 105,672,070**
Total General	**$ 486,676,583**	**$ 562,728,792**	**$ 76,052,209**
Total Federal	**$ 474,554,361**	**$ 504,086,223**	**$ 29,531,861**
Total Other	**$ 812,000**	**$ 900,000**	**$ 88,000**

Long Term Care budget as % of HHS Budget

- 17% of Total HHS Budget

Budget by Funding Source

- 52.7% General
- 47.2% Federal
- .1% Other

Budget by Pass Through

- 100% Direct Services

NORTH Dakota Be Legendary. | Health & Human Services

Grants Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
Community of Care	$ 330,000	$ -	330,000	$ 330,000	$ -	$ -
Personal Needs Allowance SSI	193,200	183,600	376,800	376,800	-	-
GENERAL FUND	**$ 523,200**	**$ 183,600**	**$ 706,800**	**$ 706,800**		
FEDERAL FUND	**-**	**-**	**-**		**-**	
OTHER FUND	**-**	**-**	**-**			**-**
GRAND TOTAL	**$ 523,200**	**$ 183,600**	**$ 706,800**	**$ 706,800**	**$ -**	**$ -**

NORTH Dakota Be Legendary. | Health & Human Services

Grants on a Walkthrough

DESCRIPTION	2025-27 BASE BUDGET	COST TO CONTINUE	FMAP	SAVINGS PLAN	UNDERFUNDING	TOTAL CHANGES	TO GOVERNOR
NURSING FACILITIES	$ 734,744,666	$ 24,671,319	$ (2,541,549)	$ (8,000,000)	$ -	$ 14,129,770	$ 748,874,436
BASIC CARE	72,887,128	(6,415,521)	-	-	-	(6,415,521)	66,471,607
PACE PYMT ALL-INCL CARE ELDRLY	29,356,221	(5,620,776)	-	-	-	(5,620,776)	23,735,445
AGED & DISABLED WAIVER	54,112,132	19,524,971	-	-	-	19,524,971	73,637,103
SPED	22,402,748	(628,767)	-	-	-	(628,767)	21,773,981
EXPANDED SPED	1,313,728	(3,238)	-	-	-	(3,238)	1,310,490
PERSONAL CARE SERVICES	33,664,038	7,277,063	-	-	-	7,277,063	40,941,101
TARGETED CASE MANAGEMENT	940,828	359,559	-	-	-	359,559	1,300,387
CHILDREN'S MED FRAGILE WAIVER	814,760	(434,562)	-	-	-	(434,562)	380,198
CHILDREN'S HOSPICE WAIVER	76,950	(5,425)	-	-	-	(5,425)	71,525
AUTISM WAIVER	10,906,545	962	-	-	-	962	10,907,507
AUTISM VOUCHER	-	-	-	-	-	-	-
TOTAL FUNDS	**$ 961,219,744**	**$ 38,725,585**	**$ (2,541,549)**	**$ (8,000,000)**	**$ -**	**$ 28,184,036**	**$ 989,403,780**
GENERAL FUND	**$ 484,992,253**	**$ 28,188,129**	**$ 15,974,519**	**$ (12,000,000)**	**$ -**	**$ 32,162,648**	**$ 517,154,901**

DESCRIPTION	TO GOVERNOR	INFLATION	SERVICES - COST TO CONTINUE	COMPLIANCE & QUALITY	SVC - DOJ	TOTAL CHANGES	TO HOUSE
NURSING FACILITIES	$ 748,874,436	$ -	$ -	$ 2,000,000	$ -	$ 2,000,000	$ 750,874,436
BASIC CARE	66,471,607	1,502,258	-	-	-	1,502,258	67,973,865
PACE PYMT ALL-INCL CARE ELDRLY	23,735,445	536,421	-	-	-	536,421	24,271,866
AGED & DISABLED WAIVER	73,637,103	1,624,836	51,432,058	-	5,392,656	58,449,550	132,086,653
SPED	21,773,981	492,092	7,863,400	-	-	8,355,492	30,129,473
EXPANDED SPED	1,310,490	29,617	(15,134)	-	-	14,483	1,324,973
PERSONAL CARE SERVICES	40,941,101	925,269	14,913,272	-	-	15,838,541	56,779,642
TARGETED CASE MANAGEMENT	1,300,387	29,389	-	-	-	29,389	1,329,776
CHILDREN'S MED FRAGILE WAIVER	380,198	8,592	380,198	-	-	388,790	768,988
CHILDREN'S HOSPICE WAIVER	71,525	1,616	6,502	-	-	8,118	79,644
AUTISM WAIVER	10,907,507	246,763	(9,765,372)	-	-	(9,518,609)	1,388,898
AUTISM VOUCHER	-	-	-	-	-	-	-
TOTAL FUNDS	**$ 989,403,780**	**$ 5,396,854**	**$ 64,814,924**	**$ 2,000,000**	**$ 5,392,656**	**$ 77,604,434**	**$ 1,067,008,214**
GENERAL FUND	**$ 517,154,901**	**$ 3,294,874**	**$ 36,977,113**	**$ 1,000,000**	**$ 3,595,104**	**$ 44,867,091**	**$ 562,021,992**

NORTH Dakota Be Legendary. | Health & Human Services

Comparison of budget expenditures and projections

By Budget Account Code

DESCRIPTION	2023-25 LEGISLATIVE BASE	EXPENDED AS OF 12/31/2024	PROJECTION THROUGH 6/30/2025	UNDER/(OVER) BUDGET
71x Grants, Benefits, & Claims	962,042,944	641,912,745	936,626,339	25,416,605
Total Operating & Grants	**$ 962,042,944**	**$ 641,912,745**	**$ 936,626,339**	**$ 25,416,605**
Total	**$ 962,042,944**	**641,912,745**	**$ 936,626,339**	**$ 25,416,605**
Total General	**$ 486,676,583**	**$ 318,917,543**	**$ 471,597,723**	**$ 15,078,860**
Total Federal	**$ 474,554,361**	**$ 322,995,202**	**$ 464,216,616**	**$ 10,337,745**
Total Other	**$ 812,000**	**$ -**	**$ 812,000**	**$ -**

NORTH Dakota Be Legendary. | Health & Human Services

Public Health Division

NORTH Dakota | Health & Human Services
Be Legendary.

Public Health Division
Disease Control & Forensic Pathology

NORTH Dakota | Health & Human Services
Be Legendary.

Decision Package Detail

By Ongoing, One-Time and Funding Source

Coordinated Immunization Access

- Purchasing of Hepatitis B and RSV Vaccines for healthcare providers
  - ongoing/one-time
  - Special Funds
    - $2,213,930

Eastern ND Autopsy Contract

- Inflationary increase for University of North Dakota to perform autopsies
  - ongoing
  - Special Funds
    - $1,866,156

Decision Package Detail

By Ongoing, One-Time and Funding Source

Forensic Examiner Electronic Records System

- Purchase of electronic records system to record forensic cases
  - one-time
  - Special Funds
    - $278,000

Executive Compensation Plan

- 3%/3% salary increase plus health insurance increase
  - ongoing
  - General Fund
    - $565,324

Comparison of budgets and funding

By Budget Account Code

Description	2023-25 Legislative Base	2025-27 Executive Recommendation	Increase/ (Decrease)
511x Salaries - Regular	$ 5,599,095	$ 6,442,432	$ 843,337
513x Salaries Temp	6,159,682	4,276,274	(1,883,408)
514x Salaries Overtime	193,770	-	(193,770)
516x Salaries Benefits	2,494,401	3,052,051	557,650
Total Salaries & Benefits	**$ 14,446,948**	**$ 13,770,758**	**$ (676,190)**
52x Travel	431,200	296,203	(134,997)
53x Supply	109,453	46,076	(63,377)
54x Postage & Printing	381,358	454,268	72,910
56x Utilities	84,562	84,879	317
58x Rent/Leases - Bldg/Equip	127,571	133,847	6,276
59x Repairs	110,850	65,058	(45,792)
61x Professional Development	167,480	103,286	(64,194)
62x Fees - Operating & Professional	10,836,044	14,515,799	3,679,755
53x Supplies	51,161	96,067	44,906
60x IT Expenses	13,326,064	15,162,721	1,836,657
68x Land, Building, Other Capital	-	25,000	25,000
69x Equipment Over $5,000	-	278,000	278,000
71x Grants, Benefits, & Claims	23,758,800	16,165,348	(7,593,452)
Total Operating	**$ 49,384,543**	**$ 47,426,552**	**$ (1,957,991)**
Total	**$ 63,831,491**	**$ 61,197,310**	**$ (2,634,180)**
Total General	**$ 6,592,534**	**$ 6,784,424**	**$ 191,890**
Total Federal	**$ 56,230,120**	**$ 49,054,800**	**$ (7,175,320)**
Total Other	**$ 1,008,837**	**$ 5,358,086**	**$ 4,349,249**

Disease Control and Forensic Pathology budget as % of HHS Budget

0.98%

Budget By Funding Source

- 11% General
- 80% Federal
- 9% Other

Budget by Pass Through

- 50% - Paid to private
- 25% - HHS Admin
- 25% - HHS Technology

NORTH Dakota Be Legendary. | Health & Human Services

Operating Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION			
			TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
Interpreter, disease response, investigation and advertising fees	$ 40,700	$ (12,700)	$ 28,000	$ -	$ 28,000	$ -
Vaccine Storage, Bridge Access Program and Letter of Agreements	106,850	2,172	109,022	-	109,022	-
Legal Fees	28500	7,500	36,000	-	36,000	-
Hepatitis and other outbreaks - Case Management Follow-Up	80,000	-	80,000	-	80,000	-
Immunization - Purchase of agreements, State Conference and Media Campaign	1,254,000	(694,000)	560,000	-	560,000	-
HIV - Media Campaign and Prevention Walk	280,000	-	280,000	-	280,000	-
Sexually Transmitted Infections Education and Quality Management Detailing	250,000	(200,000)	50,000	-	50,000	-
Tuberculosis Case Management, Contract Pharmacy and Infection Coordinator	262,000	-	262,000	-	262,000	-
Electronic Verification of Vital Events (EVVE) - Data Cleansing	16,000	-	16,000	-	16,000	-
Ryan White Community Planning and Evaluation and 340B Consultant	60,000	-	60,000	-	60,000	-
HIV, Hepatitis and Sexually Transmitted Infections At Home Test Collection	1,050,000	(250,000)	800,000	-	800,000	-
Public Health Subject Matter Experts	715,000	(188,000)	527,000	-	527,000	-
Public Health Conference and Infection Prevention Conference and Training	40,000	(10,000)	30,000	-	30,000	-
Transportation for deceased	22,000	-	22,000	22,000	-	-
Toxicology testing, genetic testing, specimen samples and neuropathology	260,076	60,191	320,267	320,267	-	-
Autopsy contract for eastern ND	1,718,864	1,866,156	3,585,020	718,864	-	2,866,156
Medical Waste	25,729	8,481	34,210	34,210	-	-
Medical Supplies Forensic Pathology	47,065	(27,793)	19,272	19,272	-	-
Ryan White Pharmaceutical Payments and Insurance Premiums	4,145,410	903,818	5,049,228	-	5,049,228	-
HIV, Hepatitis, Tuberculosis test kits	433,850	-	433,850	-	433,850	-
Coordinated Immunization access for Hepatitis B and RSV	-	2,213,930	2,213,930	-	-	2,213,930

GENERAL FUND	**$ 1,077,234**	**$ 37,379**	**$ 1,114,613**	**$ 1,114,613**		
FEDERAL FUND	**8,758,810**	**(437,710)**	**8,321,100**		**8,321,100**	
OTHER FUND	**1,000,000**	**4,080,086**	**5,080,086**			**5,080,086**
GRAND TOTAL	**$ 10,836,044**	**$ 3,679,755**	**$ 14,515,799**	**$ 1,114,613**	**$ 8,321,100**	**$ 5,080,086**

NORTH Dakota Be Legendary. | Health & Human Services

Grants Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
Immunization Program - provide assistance with surveillance and reporting vaccine preventable diseases, immunization disparities, and pediatric rates	$ 7,288,000	$ (178,000)	$ 7,110,000	$ -	$ 7,110,000	$ -
Immunization Education campaign	5,705,000	(3,705,000)	2,000,000	-	2,000,000	-
Ryan White Case Management Contracts	2,875,000	525,000	3,400,000	-	3,400,000	-
Integrated HIV prevention and care advisory board community based ed	100,000	150,000	250,000	-	250,000	-
State-wide antibiotic resistance prevention and stewardship activities	495,000	9,000	504,000	-	504,000	-
Tuberculosis Surveillance contracts	80,000	-	80,000	-	80,000	-
HIV Prevention Counseling Testing & Referral Contracts - patient testing/raid testing	325,000	125,000	450,000	50,000	400,000	-
Hepatitis Contracts	180,000	63,000	243,000	-	243,000	-
Sexually Transmitted Infections - at-home test collection and targeted marketing	480,000	(130,000)	350,000	-	350,000	-
COVID response and mitigation contracts for Local Public Health, confinement and homeless communities	6,230,000	(4,730,000)	1,500,000	-	1,500,000	-
Quantitative Molecular Surveillance of water collected from waste autosampler for analysis	-	200,000	200,000	-	200,000	-

GENERAL FUND	**$ 50,000**	**$ -**	**$ 50,000**	**$ 50,000**		
FEDERAL FUND	**23,708,000**	**(7,671,000)**	**16,037,000**		**16,037,000**	
OTHER FUND	**-**	**-**	**-**			**-**
GRAND TOTAL	**$ 23,758,000**	**$ (7,671,000)**	**$ 16,087,000**	**$ 50,000**	**$ 16,037,000**	**$ -**

NORTH Dakota | Health & Human Services
Be Legendary.

Comparison of budget expenditures and projections

By Budget Account Code

Description	2023-25 Legislative Base	Expended as of 12/31/2024	Projection through 6/30/2025	Under/(Over) Budget
511x Salaries - Regular	$ 5,599,095	$ 4,016,895	$ 5,532,595	$ 66,500
513x Salaries Temp	6,159,682	2,102,242	2,547,827	3,611,855
514x Salaries Overtime	193,770	34,995	34,995	158,774
516x Salaries Benefits	2,494,401	2,383,605	3,564,707	(1,070,306)
Total Salaries & Benefits	**$ 14,446,948**	**$ 8,537,737**	**$ 11,680,125**	**$ 2,766,823**
52x Travel	431,200	233,863	324,642	106,558
53x Supply	109,453	38,635	52,593	56,860
54x Postage & Printing	381,358	121,159	172,580	208,778
55x Equipment under $5,000	-	1,899	1,963	(1,963)
56x Utilities	84,562	60,376	89,199	(4,637)
58x Rent/Leases - Bldg/Equip	127,571	90,734	123,471	4,100
59x Repairs	110,850	79,925	150,768	(39,918)
61x Professional Development	167,480	81,396	101,787	65,693
62x Fees - Operating & Professional	10,836,044	6,790,680	9,778,728	1,057,316
53x Supplies	51,161	38,016	48,114	3,047
60x IT Expenses	13,326,064	4,190,879	7,363,222	5,962,842
68x Land, Building, Other Capital	-	187,438	384,387	(384,387)
71x Grants, Benefits, & Claims	23,758,800	14,133,726	23,133,633	625,167
72x Transfers	-	663,560	663,560	(663,560)
Total Operating	**$ 49,384,543**	**$ 26,712,288**	**$ 42,388,649**	**$ 6,995,894**
Total	**$ 63,831,491**	**35,250,025**	**$ 54,068,773**	**$ 9,762,717**
Total General	**$ 6,592,534**	**$ 2,254,564**	**$ 5,491,699**	**$ 1,100,834**
Total Federal	**$ 56,230,120**	**$ 32,116,196**	**$ 47,577,073**	**$ 8,653,046**
Total Other	**$ 1,008,837**	**$ 879,265**	**$ 1,000,000**	**$ 8,837**

NORTH Dakota Be Legendary. | Health & Human Services

Public Health Division
Health Response & Licensure

NORTH Dakota | Health & Human Services
Be Legendary.

Decision Package Detail

By Ongoing, One-Time and Funding Source

Food & Lodging Management Information System

- $335,000
  - one-time
  - Community Health Trust Fund

Licensure Management System

- $650,000
  - one-time
  - Community Health Trust Fund

Executive Compensation Plan

- $308,742
  - ongoing
  - General Fund

NORTH Dakota | Health & Human Services
Be Legendary.

Comparison of budgets and funding

By Budget Account Code

Description	2023-25 Legislative Base	2025-27 Executive Recommendation	Increase/ (Decrease)
511x Salaries - Regular	$ 8,715,867	$ 8,803,160	$ 87,293
513x Salaries Temp	2,373,975	643,153	(1,730,823)
514x Salaries Overtime	96,322	92,028	(4,294)
516x Salaries Benefits	4,297,352	4,752,793	455,440
Total Salaries & Benefits	**$ 15,483,517**	**$ 14,291,133**	**$ (1,192,383)**
52x Travel	1,028,425	976,199	(52,226)
53x Supply	310,163	282,655	(27,508)
54x Postage & Printing	49,565	29,853	(19,712)
55x Equipment under $5,000	1,000	8,930	7,930
56x Utilities	69,603	65,739	(3,864)
57x Insurance	136,400	138,600	2,200
58x Rent/Leases - Bldg/Equip	2,249,316	1,813,216	(436,100)
59x Repairs	260,947	290,932	29,985
61x Professional Development	107,959	159,250	51,291
62x Fees - Operating & Professional	2,636,918	2,045,211	(591,707)
53x Supplies	84,760	886,325	801,565
60x IT Expenses	2,380,431	4,149,940	1,769,509
69x Over	994,800	999,800	5,000
69x Equipment Over $5,000	-	650,000	650,000
71x Grants, Benefits, & Claims	20,420,000	19,746,380	(673,620)
Total Operating	**$ 30,730,287**	**$ 32,243,030**	**$ 1,512,743**
Total	**$ 46,213,804**	**$ 46,534,163**	**$ 320,360**
Total General	**$ 14,179,068**	**$ 17,072,927**	**$ 2,893,858**
Total Federal	**$ 21,225,736**	**$ 18,181,176**	**$ (3,044,559)**
Total Other	**$ 10,809,000**	**$ 11,280,061**	**$ 471,061**

Health Response & Licensure budget as % of HHS Budget

0.74%

Budget By Funding Source

- 37% General
- 39% Federal
- 24% Other

Budget by Pass Through

- 51% - Paid to private
- 38% - HHS Admin
- 11% - HHS Technology

NORTH Dakota Be Legendary. | Health & Human Services

Operating Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION			
			TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
Hazardous waste removal	$ 30,000	$ (20,000)	$ 10,000	$ -	$ 10,000	$ -
HC Standard Software Suite (Hospital Preparedness Program)	-	230,653	230,653	-	230,653	-
Health Alert Network and Healthcare Coalition consulting	17,400	(200)	17,200	-	17,200	-
Biomedical services	80,000	-	80,000	-	80,000	-
Snow removal services	-	15,600	15,600	-	15,600	-
Learning Management System	405,000	-	405,000	405,000	-	-
Medical cache	508,030	-	508,030	323,219	184,811	
Instructor/Speaker Fees	8,664	(3,664)	5,000	5,000	-	-
Legal fees	71,500	23,783	95,283	50,000	-	45,283
Professional Services reclassified to IT Software	835,579	(835,579)	-	-	-	-
Cardiac and Stroke System of Care - Training	60,000	-	60,000	60,000	-	-
Cardiac and Stroke Site Visits	65,000	-	65,000	65,000	-	-
Trauma - Medical Directors, Advanced Life Support Training & site visits	199,805	-	199,805	199,805	-	-
Environmental Practitioner License and license processing	2,100	-	2,100	2,100	-	-
Southwestern Dist Health Unit - inspections	2,500	(2,500)	-	-	-	-
DOT vehicle purchases	189,000	-	189,000	13,500	121,500	54,000
Professional Services (shredding, scanning, advertising)	6,200	200	6,400	3,200	-	3,200
Professional Licenses	6,140	-	6,140	-	-	6,140
Professional Services Federal surveys	150,000	-	150,000	33,750	116,250	-

GENERAL FUND	**$ 1,496,343**	**$ (335,769)**	**$ 1,160,574**	**$ 1,160,574**		
FEDERAL FUND	**947,633**	**(171,619)**	**776,014**		**776,014**	
OTHER FUND	**192,942**	**(84,319)**	**108,623**			**108,623**
GRAND TOTAL	**$ 2,636,918**	**$ (591,707)**	**$ 2,045,211**	**$ 1,160,574**	**$ 776,014**	**$ 108,623**

NORTH Dakota Be Legendary. | Health & Human Services

Grants Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
Local Public Health & Tribal Health Agencies - Regional and County Allocation	$ 3,676,196	$ (18)	$ 3,676,178	$ -	$ 3,676,178	$ -
Local Public Health - City Readiness Iniative (CRI)	408,000	(92,000)	316,000	-	316,000	-
Local Public Health - Health Alert Network (HAN) connectivity	251,800	(131,800)	120,000	-	120,000	-
ND Hospital Association & Long Term Care Association - Local hospitals	779,272	(254,436)	524,836	-	524,836	-
Hospitals - Stroke Registry & Data Extraction	231,732	13,888	245,620	245,620	$ -	-
Ambulance Service - Training Grants local ambulance	846,000	-	846,000	846,000	-	-
Rural Assistance - local ambulance - General Fund	5,750,000	-	5,750,000	5,750,000	-	-
Rural Assistance - local ambulance - Insurance Tax Distribution Fund	1,125,000	-	1,125,000	-	-	1,125,000
Rural Assistance - local ambulance - Community Health Trust Fund	7,000,000	-	7,000,000	-	-	7,000,000
Cardiac Registry	52,000	-	52,000	52,000	-	-
Long Term Care Facilities - Civil Money Penalty Fund	300,000	(209,254)	90,746	-	-	90,746
GENERAL FUND	**$ 6,879,732**	**$ 13,888**	**$ 6,893,620**	**$ 6,893,620**		
FEDERAL FUND	**5,115,268**	**(478,254)**	**4,637,014**		**4,637,014**	
OTHER FUND	**8,425,000**	**(209,254)**	**8,215,746**			**8,215,746**
GRAND TOTAL	**$ 20,420,000**	**$ (673,620)**	**$ 19,746,380**	**$ 6,893,620**	**$ 4,637,014**	**$ 8,215,746**

NORTH Dakota Be Legendary. | Health & Human Services

Comparison of budget expenditures and projections

By Budget Account Code

Description	2023-25 Legislative Base	Expended as of 12/31/2024	Projection through 6/30/2025	Under/(Over) Budget
511x Salaries - Regular	$ 8,715,867	$ 6,953,566	$ 9,302,966	$ (587,099)
513x Salaries Temp	2,373,975	1,475,610	1,873,441	500,534
514x Salaries Overtime	96,322	155,129	158,939	(62,617)
516x Salaries Benefits	4,297,352	3,770,208	5,072,353	(775,000)
Total Salaries & Benefits	**$ 15,483,517**	**$ 12,354,513**	**$ 16,407,699**	**$ (924,183)**
52x Travel	1,028,425	1,141,673	1,387,535	(359,110)
53x Supply	310,163	275,716	353,256	(43,093)
54x Postage & Printing	49,565	34,823	47,214	2,351
55x Equipment under $5,000	1,000	12,805	765,055	(764,055)
56x Utilities	69,603	62,743	81,607	(12,004)
57x Insurance	136,400	133,583	142,719	(6,319)
58x Rent/Leases - Bldg/Equip	2,249,316	1,380,282	1,947,290	302,026
59x Repairs	260,947	357,203	422,440	(161,493)
61x Professional Development	107,959	341,949	368,939	(260,980)
62x Fees - Operating & Professional	2,636,918	656,432	1,518,008	1,118,910
53x Supplies	84,760	637,590	658,780	(574,020)
60x IT Expenses	2,380,431	1,084,555	1,733,546	646,885
69x Over	994,800	759,638	3,179,645	(2,184,845)
69x Equipment Over $5,000	-	187,890	187,890	(187,890)
71x Grants, Benefits, & Claims	20,420,000	13,505,096	19,038,310	1,381,690
Total Operating	**$ 30,730,287**	**$ 20,571,979**	**$ 31,832,233**	**$ (1,101,946)**
Total	**$ 46,213,804**	**32,926,492**	**$ 48,239,933**	**$ (2,026,129)**
Total General	**$ 14,179,068**	**$ 8,157,922**	**$ 14,780,274**	**$ (601,205)**
Total Federal	**$ 21,225,736**	**$ 18,055,484**	**$ 23,817,838**	**$ (2,592,102)**
Total Other	**$ 10,809,000**	**$ 6,713,087**	**$ 9,641,821**	**$ 1,167,178**

NORTH Dakota Be Legendary. | Health & Human Services

Public Health Division
Healthy & Safe Communities

NORTH Dakota | Health & Human Services
Be Legendary.

Decision Package Detail

By Ongoing, One-Time and Funding Source

Expanded support for Domestic and Sexual Violence Prevention

- ongoing
- Special Funds – Community Health Trust Fund
  - $2,250,000

Partnerships with healthcare stakeholders to improve maternal and child health programs

- ongoing
- General Fund
  - $2,000,000

Decision Package Detail

By Ongoing, One-Time and Funding Source

Executive Compensation Plan

- 3%/3% salary increase plus health insurance increase
  - ongoing
  - General Fund
    - $717,974

Comparison of budgets and funding

By Budget Account Code

Description	2023-25 Legislative Base	2025-27 Executive Recommendation	Increase/ (Decrease)
511x Salaries - Regular	$ 7,541,923	$ 9,092,535	$ 1,550,612
513x Salaries Temp	500,529	1,059,552	559,023
514x Salaries Overtime	21,530	-	(21,530)
516x Salaries Benefits	3,509,675	4,477,506	967,831
Total Salaries & Benefits	**$ 11,573,656**	**$ 14,629,593**	**$ 3,055,937**
52x Travel	790,634	709,534	(81,100)
53x Supply	20,603,902	21,691,401	1,087,499
54x Postage & Printing	294,095	278,814	(15,281)
55x Equipment under $5,000	36,285	35,785	(500)
58x Rent/Leases - Bldg/Equip	150,837	150,837	-
59x Repairs	14,238	15,488	1,250
61x Professional Development	203,212	227,268	24,056
62x Fees - Operating & Professional	8,753,448	7,095,394	(1,658,054)
53x Supplies	49,905	47,405	(2,500)
60x IT Expenses	666,808	4,417,961	3,751,153
71x Grants, Benefits, & Claims	79,134,993	73,008,048	(6,126,945)
72x Transfers	5,000	5,000	-
Total Operating	**$ 110,703,357**	**$ 107,682,935**	**$ (3,020,422)**
Total	**$ 122,277,013**	**$ 122,312,528**	**$ 35,515**
Total General	**$ 19,466,380**	**$ 21,741,147**	**$ 2,274,767**
Total Federal	**$ 83,092,233**	**$ 79,096,283**	**$ (3,995,950)**
Total Other	**$ 19,718,400**	**$ 21,475,098**	**$ 1,756,698**

Healthy and Safe Communities budget as % of HHS Budget

1.95%

Budget By Funding Source

- 18% General (GF/ Total Funding)
- 65% Federal
- 17% Other

Budget by Pass Through

- 83% - Paid to private
- 13% - HHS Admin
- 4% - HHS Technology

NORTH Dakota Be Legendary. | Health & Human Services

Operating Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION			
			TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
Primary Care Office						
Community Announcements	$ 2,500	$ 4,500	$ 7,000	$ -	$ 7,000	$ -
Workforce Recruitment	8,500	391,500	400,000	-	-	400,000
Health Promotion & Chronic Disease Prevention Class 32530		-		-		
Diabetes and Cardiovascular Prevention and Management	145,000	-	145,000	-	145,000	-
Oral Health program services and support	255,000	-	255,000	-	255,000	-
Sealant Program Supplies	85,000	3,047	88,047	-	88,047	-
Colorectal Cancer Screening Initiative	250,000	-	250,000	-	-	250,000
North Dakota Statewide Cancer Registry (NDSCR)	98,000	-	98,000	-	-	98,000
Women's Way program support and services	1,330,000	-	1,330,000	-	1,330,000	-
Comprehensive Control Cancer Program Evaluation	220,000	-	220,000	-	220,000	
Health Promotion & Chronic Disease Prevention Class 32571						
NDQuits/Vendor Media	2,233,720	(493,302)	1,740,418	-	378,000	1,362,418
Tobacco Prevention Control Program Evaluation	520,000	-	520,000	-	-	520,000
Adult and Youth Tobacco Survey	193,000	-	193,000	-	-	193,000
Subscriptions, memberships and trainings	48,037	64,000	112,037	-	-	112,037
Community Engagement		-				
Certifications and legal fees	17,993	-	17,993	17,993	-	-
Community Engagement	1,735,500	(1,618,500)	117,000	-	117,000	-

Operating Schedule (Continued)

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION			
			TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
Family Health & Wellness		-		-		
Poison Control Hotline	300,000	40,000	340,000	340,000	-	-
Child Passenger Safety and MCH outreach	135,000	77,500	212,500	91,375	121,125	-
Healthy Birth Day (Count the Kicks)	20,000	4,000	24,000	10,320	13,680	-
CORE Injury Prevention evaluator	-	15,050	15,050	-	15,050	-
Family Planning data support and clinical consultant	77,101	(6,401)	70,700	-	70,700	-
Women, Infants, and Children (WIC)	170,600	(15,600)	155,000	-	155,000	-
ASPHN Capacity Building Program (Nutrition)	60,000	(30,000)	30,000	-	30,000	-
Maternal and Child Health (MCH)-Nutrition and Physical Activity	103,848	(103,848)	-	-	-	-
Baby Safe Haven public awareness campaign (per Century Code)	-	10,000	10,000	4,300	5,700	-
Special Health Services						
Children with special health care needs services and support	68,099	(4,657)	63,442	27,280	36,162	-
Newborn Screening (NBS) program services and support	676,550	4,657	681,207	160,163	521,044	-

GENERAL FUND	**$ 643,526**	**$ 7,905**	**$ 651,431**	**$ 651,431**	**$ -**	**$ -**
FEDERAL FUND	**4,745,165**	**(1,236,657)**	**3,508,508**	**-**	**3,508,508**	**-**
OTHER FUND	**3,364,757**	**(429,302)**	**2,935,455**	**-**	**-**	**2,935,455**
GRAND TOTAL	**$ 8,753,448**	**$ (1,658,054)**	**$ 7,095,394**	**$ 651,431**	**$ 3,508,508**	**$ 2,935,455**

NORTH Dakota | Health & Human Services
Be Legendary.

Grants Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
Primary Care Office						
Healthcare Professional Loan Repayment Program	$ 1,221,980	$ -	$ 1,221,980	$ 987,480	$ -	$ 234,500
Dental Loan Repayment Program	585,200	-	585,200	225,200	-	360,000
Veterinarian Loan Repayment Program	480,000	-	480,000	480,000	-	-
Federal State Loan Repayment Program	1,500,000	500,000	2,000,000	-	2,000,000	-
HRSA for PCO passed through to UND	36,000	-	36,000	-	36,000	-
Preventive Health Block	464,000	(464,000)		-	-	-
Health Promotion & Chronic Disease Prevention						
Preventive Health Block Grant - Community Grants to entities	950,000	-	950,000	-	950,000	-
Support state cancer coalition for implementation of cancer control strategies	100,000	(50,000)	50,000	-	50,000	-
Funding to support statewide recruitment and enrollment to CRCSI	170,000	30,000	200,000	-	-	200,000
Administer and manage Women's Way to conduct the North Dakota Breast and Cervical Cancer Early Detection Program within its mutually agreed upon service area.	1,921,975	(147,480)	1,774,495	-	1,474,495	300,000
Donated dental services program	50,000	-	50,000	50,000	-	-
Mobile Dental Care for underserved children in Western North Dakota	100,000	-	100,000	100,000	-	-
Oral Health program services and support	650,000	(39,600)	610,400	-	610,400	-
Diabetes and Cardiovascular program services and support	2,600,000	207,080	2,807,080	-	2,807,080	-

Grants Schedule (Continued)

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION			
			TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
Health Promotion & Chronic Disease Prevention Class 32571						
Tobacco Prevention Grant-Grants to Tribes for working on tobacco best practice including staff time and doing activities in their grant application	528,000	192,000	720,000	-	720,000	-
Tobacco Control state plan support for cessation and community programs	1,563,000	96,722	1,659,722	-	-	1,659,722
SYNAR - Grants for tobacco compliance checks (LPHU)	75,000	-	75,000	75,000	-	-
Local public health unit community tobacco prevention grants	6,250,000	-	6,250,000	-	-	6,250,000
UND NDQuits	646,496	213,578	860,074	-	340,000	520,074
Service Enhancement Project Grant to ND Pharmacies	500,000	(100,000)	400,000	-	-	400,000
Youth Actions Summits focusing on e-cigarette/vaping issues	300,000	-	300,000	-	-	300,000
Community Engagement						
Public Health Infrastructure funds	1,500,000	2,189,524	3,689,524	-	3,689,524	-
Federally Qualified Health Centers	2,000,000	-	2,000,000	2,000,000	-	-
Community Engagement funds to support public health initiatives	675,000	910,476	1,585,476	-	1,585,476	-
National Initiative to address Health Disparities	11,525,230	(8,525,230)	3,000,000	-	3,000,000	-
Local Public Health State Aide	8,000,000	-	8,000,000	4,725,000	-	3,275,000
Preventive Health Block Grant to LPHU	184,000	-	184,000	-	184,000	-
Telehealth for Pediatric Mental Health Care	890,000	(890,000)	-	-	-	-

Grants Schedule (Continued)

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION			
			TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
Family Health & Wellness						
Domestic Violence/Rape Crisis (DVRC) funds disbursed to DVRC agencies and other	5,596,285	1,970,186	7,566,471	4,316,471	-	3,250,000
Domestic Violence prevention funds disbursed to domestic violence/rape crisis agencies-Fu	340,000	-	340,000	-	-	340,000
Funding for Family Violence prevention and services	3,098,836	(1,238,836)	1,860,000	-	1,860,000	-
Funding for rape prevention and education to local crisis agencies and other entities	370,000	(140,000)	230,000	-	230,000	-
Sexual Assault services for domestic violence/rape crisis programs	1,909,500	(89,500)	1,820,000	-	1,820,000	-
STOP Violence disbursed to domestic violence/rape crisis agencies and other entities	1,623,600	86,400	1,710,000	-	1,710,000	-
Safe Havens disbursed to domestic violence agencies and other entities for visitation service	425,000	-	425,000	425,000	-	-
Domestic Violence Offender Treatment Program	1,000,000	(50,000)	950,000	-	-	950,000
Prevention of Sexual Abuse of Children	563,430	-	563,430	281,715	-	281,715
Funding for rape prevention and education to local DVRC agencies and other entities	32,530	-	32,530	-	32,530	-
Sexual Violence Prevention	200,000	-	200,000	200,000	-	-
Contracts to local public health and healthcare organizations (DOT grants for CPS)	135,000	19,000	154,000	-	154,000	-
Core State Violence and Injury Prevention Program (SVIPP)	-	50,000	50,000	-	50,000	-
Children (WIC) sites from WIC grant administration and WIC breastfeeding peer counseling	8,085,000	225,000	8,310,000	-	8,310,000	-
Maternal Child Health program to LPHU and other entities	1,580,000	(189,000)	1,391,000	-	1,391,000	-

Grants Schedule (Continued)

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
Family Health & Wellness (continued)						
Funding for family planning programs disbursed to family planning agencies	5,606,953	(1,945,319)	3,661,634	-	3,661,634	-
Partnership with healthcare stakeholders to improve maternal and child health programs	-	2,000,000	2,000,000	2,000,000	-	-
Obesity Prevention (population based/statewide obesity prevention)	800,000	(800,000)	-	-	-	-
Alternatives to Abortion program	757,488	142,512	900,000	900,000	-	-
ASPHN capacity building grants to LPHU	-	60,000	60,000	-	60,000	-
Special Health Services						
Children with special healthcare needs systems and service delivery	645,032	4,968	650,000	-	650,000	-
Grants to providers for claims payment through North Dakota Health Enterprise Medicaid Management Information System (MMIS)-Grants for Specialty Care Diagnostic and Treatment Program (Claims payment to health care providers and Health Systems)	480,000	(4,968)	475,032	-	475,032	-
Catastrophic Relief Funds (Health care providers and Health Systems)	75,000	-	75,000	75,000	-	-
North Dakota Fetal Alcohol Syndrome	350,458	(350,458)	-	-	-	-

GENERAL FUND	**$ 14,845,818**	**$ 1,995,048**	**$ 16,840,866**	**$ 16,840,866**	**$ -**	**$ -**
FEDERAL FUND	**48,223,164**	**(10,371,993)**	**37,851,171**	**-**	**37,851,171**	**-**
OTHER FUND	**16,071,011**	**2,250,000**	**18,321,011**	**-**	**-**	**18,321,011**
GRAND TOTAL	**$ 79,139,993**	**$ (6,126,945)**	**$ 73,013,048**	**$ 16,840,866**	**$ 37,851,171**	**$ 18,321,011**

Comparison of budget expenditures and projections

By Budget Account Code

Description	2023-25 Legislative Base	Expended as of 12/31/2024	Projection through 6/30/2025	Under/ (Over)
511x Salaries - Regular	$ 7,541,923	$ 5,932,119	$ 8,076,800	$ (534,878)
513x Salaries Temp	500,529	513,753	603,443	(102,914)
514x Salaries Overtime	21,530	8,696	13,726	7,804
516x Salaries Benefits	3,509,675	2,852,415	4,090,931	(581,256)
Total Salaries & Benefits	**$ 11,573,656**	**$ 9,306,983**	**$ 12,784,900**	**$ (1,211,244)**
52x Travel	790,634	334,402	512,709	277,925
53x Supply	20,603,902	14,119,921	18,261,030	2,342,872
54x Postage & Printing	294,095	111,560	179,530	114,565
55x Equipment under $5,000	36,285	-	8,821	27,464
58x Rent/Leases - Bldg/Equip	150,837	116,458	151,679	(842)
59x Repairs	14,238	2,245	5,804	8,434
61x Professional Development	203,212	264,339	331,499	(128,287)
62x Fees - Operating & Professional	8,753,448	4,936,735	7,359,534	1,393,914
53x Supplies	49,905	94,576	109,462	(59,557)
60x IT Expenses	666,808	706,377	868,462	(201,654)
71x Grants, Benefits, & Claims	79,134,993	49,904,375	73,986,228	5,148,765
72x Transfers	5,000	-	1,250	3,750
Total Operating	**$ 110,703,357**	**$ 70,590,988**	**$ 101,776,010**	**$ 8,927,347**
Total	**$ 122,277,013**	**79,897,971**	**$ 114,560,910**	**$ 7,716,103**
Total General	**$ 19,466,380**	**$ 15,105,193**	**$ 19,483,988**	**$ (17,608)**
Total Federal	**$ 83,092,233**	**$ 52,068,305**	**$ 72,949,879**	**$ 10,142,354**
Total Other	**$ 19,718,400**	**$ 12,724,473**	**$ 22,127,043**	**$ (2,408,643)**

NORTH Dakota Be Legendary. | Health & Human Services

Public Health Division
Health Statistics & Performance

NORTH Dakota | Health & Human Services
Be Legendary.

Decision Package Detail

By Ongoing, One-Time and Funding Source

Executive

Compensation Plan

- ongoing
- General Fund
  - $259,786

NORTH Dakota Be Legendary. | Health & Human Services

Comparison of budgets and funding

By Budget Account Code

Description	2023-25 Legislative Base	2025-27 Executive Recommendation	Increase/ (Decrease)
511x Salaries - Regular	$ 2,612,590	$ 3,009,440	$ 396,850
513x Salaries Temp	903,609	1,955,499	1,051,891
516x Salaries Benefits	1,334,240	1,582,591	248,351
Total Salaries & Benefits	**$ 4,850,438**	**$ 6,547,530**	**$ 1,697,092**
52x Travel	88,538	97,600	9,062
53x Supply	85,837	85,837	-
54x Postage & Printing	266,048	266,048	-
55x Equipment under $5,000	30,800	30,800	-
58x Rent/Leases - Bldg/Equip	151,418	169,418	18,000
59x Repairs	13,119	13,986	867
61x Professional Development	55,371	198,771	143,400
62x Fees - Operating & Professional	1,849,974	5,084,335	3,234,361
53x Supplies	549,066	549,066	-
60x IT Expenses	2,589,138	3,371,910	782,772
69x Over	60,980	-	(60,980)
71x Grants, Benefits, & Claims	1,456,000	3,594,353	2,138,353
Total Operating	**$ 7,196,289**	**$ 13,462,124**	**$ 6,265,835**
Total	**$ 12,046,727**	**$ 20,009,654**	**$ 7,962,927**
Total General	**$ 819,077**	**$ 1,172,793**	**$ 353,715**
Total Federal	**$ 8,217,617**	**$ 15,380,381**	**$ 7,162,764**
Total Other	**$ 3,010,033**	**$ 3,456,480**	**$ 446,448**

Health Statistics and Performance budget as % of HHS Budget

.32%

Budget By Funding Source

- 6% General (GF/ Total Funding)
- 77% Federal
- 17% Other

Budget by Pass Through

- 44% - Paid to private
- 36% - HHS Admin
- 20% - HHS Technology

NORTH Dakota Be Legendary. | Health & Human Services

Operating Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION			
			TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
Vital Records						
Public Health Stats and Info National Assoc	$ 26,000	$ 9,000	$ 35,000			$ 35,000
Accreditation	29,749	(3,249)	26,500			26,500
Office of State Epidemiologists						
Shredding	1,082	(1,082)	-		-	
Statistical Package for Social Sciences (SPSS)	-	2,500	2,500		2,500	
Coroner Surveys	10,000	2,500	12,500		12,500	
ArcGIS	-	3,000	3,000		3,000	
Other	7,763	(4,418)	3,345		3,345	
Behavorial Risk Factor Surveilliance System (BRFSS)	991,430	296,110	1,287,540		1,087,540	200,000
Pregnancy Risk Assesment Monitoring System (PRAMS)	100,000	-	100,000		100,000	
Natiolnal Violent Death Reporting System (NVDRS)	60,000	-	60,000		60,000	
National Insutitute for Occupational Safety and Health (NIOSH)	210,000	-	210,000		210,000	

Operating Schedule (Continued)

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
Office of State Epidemiologists (Continued)						
Other	22,450	-	22,450		22,450	
North Dakota Health Information Network (NDHIN)	369,000	-	369,000		369,000	
Youth Risk Behavioral Surveillance System (YRBS)	-	120,000	120,000		120,000	
Injury	-	100,000	100,000		100,000	
MoxieIT	-	310,000	310,000		310,000	
Nexus Innovations	-	300,000	300,000		300,000	
Large Project Oversight	-	100,000	100,000		100,000	
Public Health Infrastructure Grant Projects	-	2,000,000	2,000,000		2,000,000	
Medical Examiner Supplies	22,500	-	22,500		22,500	

GENERAL FUND	$ -	$ -	$ -	$ -		
FEDERAL FUND	1,594,225	3,228,610	4,822,835		4,822,835	
OTHER FUND	255,749	5,751	261,500			261,500
GRAND TOTAL	$ 1,849,974	$ 3,234,361	$ 5,084,335	$ -	$ 4,822,835	$ 261,500

Grants Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
Office of State Epidemiologists						
Pregnancy Risk Assessment Monitoring System (PRAMS)-Survey	$ 325,000	$ 20,000	$ 345,000		$ 345,000	
PRAMS-Tribal Nations Research Group/Tribal	20,000	5,000	25,000		25,000	
PRAMS-Survey Supplement	50,000	5,000	55,000		55,000	
Youth Risk Behavorial Health Surveliance System (YRBS) - Survey	200,000	25,000	225,000		225,000	
National Violent Death Reporting System (NVDRS)	30,000	-	30,000		30,000	
Health Disparities	700,000	(105,000)	595,000		595,000	
Enhanced Capacities	131,000	(131,000)			-	
National Insutitute for Occupational Safety and Health (NIOSH)	-	100,000	100,000		100,000	
Blood Lead Program	-	100,000	100,000		100,000	
Injury	-	100,000	100,000		100,000	
Public Health Infrastructure Grant Projects	-	2,000,000	2,000,000		2,000,000	
GENERAL FUND	$ -	$ -	$ -	$ -		
FEDERAL FUND	1,456,000	2,119,000	3,575,000		3,575,000	
OTHER FUND	-	-	-			-
GRAND TOTAL	$ 1,456,000	$ 2,119,000	$ 3,575,000	$ -	$ 3,575,000	$ -

NORTH Dakota | Health & Human Services
Be Legendary.

Comparison of budget expenditures and projections

By Budget Account Code

Description	2023-25 Legislative Base	Expended as of 12/31/2024	Projection through 6/30/2025	Under/ (Over)
511x Salaries - Regular	$ 2,612,590	$ 1,978,476	$ 2,742,264	$ (129,674)
513x Salaries Temp	903,609	111,008	156,798	746,811
514x Salaries Overtime	-	89	89	(89)
516x Salaries Benefits	1,334,240	900,342	1,348,521	(14,281)
Total Salaries & Benefits	**$ 4,850,438**	**$ 2,989,916**	**$ 4,247,672**	**$ 602,766**
52x Travel	88,538	49,271	57,530	31,008
53x Supply	85,837	67,072	84,157	1,680
54x Postage & Printing	266,048	84,326	118,709	147,339
55x Equipment under $5,000	30,800	3,257	10,957	19,843
58x Rent/Leases - Bldg/Equip	151,418	118,913	151,870	(452)
59x Repairs	13,119	6,539	9,819	3,300
61x Professional Development	55,371	28,452	39,064	16,307
62x Fees - Operating & Professional	1,849,974	1,623,031	1,958,423	(108,449)
53x Supplies	549,066	61,332	178,245	370,821
60x IT Expenses	2,589,138	1,542,149	2,282,114	307,024
69x Over	60,980	147,131	147,131	(86,151)
71x Grants, Benefits, & Claims	1,456,000	563,308	922,187	533,813
Total Operating	**$ 7,196,289**	**$ 4,294,780**	**$ 5,960,205**	**$ 1,236,084**
Total	**$ 12,046,727**	**7,284,696**	**$ 10,207,878**	**$ 1,838,850**
Total General	**$ 819,077**	**$ 541,327**	**$ 938,268**	**$ (119,191)**
Total Federal	**$ 8,217,617**	**$ 4,885,137**	**$ 6,267,782**	**$ 1,949,836**
Total Other	**$ 3,010,033**	**$ 1,858,232**	**$ 3,001,828**	**$ 8,205**

NORTH Dakota Be Legendary. | Health & Human Services

Public Health Division
Lab Services

NORTH Dakota | Health & Human Services
Be Legendary.

Decision Package Detail

By Ongoing, One-Time and Funding Source

Non-Fatal Toxicology Services

- Non-Fatal Toxicology Program
  - one-time $250,000
  - General Fund
    - $151,500
  - Special Funds
    - $100,000

New Public Laboratory Transition Related Expenses

- Transition related expenses
  - one-time
  - Other Funds – Strategic Investment and Improvement Funds (SIIF)
    - $2,962,304

Decision Package Detail

By Ongoing, One-Time and Funding Source

Executive Compensation Plan

- 3%/3% salary increase
  - ongoing
  - General Fund
    - $241,860

NORTH Dakota Be Legendary. | Health & Human Services

Comparison of budgets and funding

By Budget Account Code

Description	2023-25 Legislative Base	2025-27 Executive Budget Recommendation	Increase/ (Decrease)
511x Salaries - Regular	$ 2,812,008	$ 3,370,964	$ 558,956
513x Salaries Temp	3,481,186	504,084	(2,977,102)
514x Salaries Overtime	36,501	21,530	(14,971)
516x Salaries Benefits	1,476,235	1,730,268	254,033
Total Salaries & Benefits	**$ 7,805,930**	**$ 5,626,846**	**$ (2,179,084)**
52x Travel	59,300	57,000	(2,300)
53x Supply	109,470	83,163	(26,307)
54x Postage & Printing	251,997	320,918	68,921
55x Equipment under $5,000	6,300	34,251	27,951
56x Utilities	586,920	882,552	295,632
58x Rent/Leases - Bldg/Equip	96,545	920,232	823,687
59x Repairs	3,231,126	3,411,159	180,033
61x Professional Development	33,746	41,466	7,720
62x Fees - Operating & Professional	22,037,716	54,425,400	32,387,684
53x Supplies	104,697	117,537	12,840
60x IT Expenses	323,936	250,452	(73,484)
68x Land, Building, Other Capital	189,000	665,644	476,644
69x Equipment Over $5,000	775,000	1,067,174	292,174
71x Grants, Benefits, & Claims	10,000,000	-	(10,000,000)
Total Operating	**$ 37,805,753**	**$ 62,276,948**	**$ 24,471,195**
Total	**$ 45,611,683**	**$ 67,903,794**	**$ 22,292,111**
Total General	**$ 4,542,378**	**$ 5,165,903**	**$ 623,525**
Total Federal	**$ 39,483,525**	**$ 58,339,807**	**$ 18,856,282**
Total Other	**$ 1,585,780**	**$ 4,398,084**	**$ 2,812,304**

Lab Services budget as % of HHS Budget

1.08%

Budget By Funding Source

- 8% General
- 86% Federal
- 6% Other

Budget by Pass Through

- 80% - Paid to private
- 19% - HHS Admin
- 1% - HHS Technology

NORTH Dakota Be Legendary. | Health & Human Services

Operating Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION			
			TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
Operating-Disposal landfill/hazordous materials/shredding/service awards	$ 7,560	$ 2,500	$ 10,060	$ 6,036	$ -	$ 4,024
Laboratorian state license & certification fees	4,000	(2,000)	2,000	1,200	-	800
Veterinary diagnostic lab analysis/Chemical hoods service/Hood Repair	26,632	(23,632)	3,000	1,500	500	1,000
Public Health Core Decision Package - Moving Costs	-	1,505,000	1,505,000	-	-	1,505,000
Testing & Collection - Nursing License, Misc	2,500	(2,500)	-	-	-	-
Association of Public Health Laboratories (APHL)/Lab proficiency testing	27,000	-	27,000	16,200	-	10,800
Legal fees - Attorney General	15,000	-	15,000	9,000	-	6,000
Laboratory Supplies for the Lab	1,695,054	178,402	1,873,456	1,441,195	432,261	-
COVID Laboratory supplies for the Lab	20,259,970	30,729,914	50,989,884	-	50,989,884	-

GENERAL FUND	**$ 743,518**	**$ 731,613**	**$ 1,475,131**	**$ 1,475,131**		
FEDERAL FUND	**20,906,306**	**30,516,339**	**51,422,645**		**51,422,645**	
OTHER FUND	**387,892**	**1,139,732**	**1,527,624**			**1,527,624**
GRAND TOTAL	**$ 22,037,716**	**$ 32,387,684**	**$ 54,425,400**	**$ 1,475,131**	**$ 51,422,645**	**$ 1,527,624**

Grants Schedule

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
Testing & Collection - COVID Central Regional Education Association	$ 10,000,000	$ (10,000,000)	-	$ -	$ -	$ -
GENERAL FUND	$ -	$ -	$ -	$ -	$ -	$ -
FEDERAL FUND	10,000,000	(10,000,000)	-	-	-	-
OTHER FUND	-	-	-	-	-	-
GRAND TOTAL	$ 10,000,000	$ (10,000,000)	$ -	$ -	$ -	$ -

NORTH Dakota Be Legendary. | Health & Human Services

Comparison of budget expenditures and projections

By Budget Account Code

Description	2023-25 Legislative Base	Expended as of 12/31/2024	Projection through 6/30/2025	Under/ (Over) Budget
511x Salaries - Regular	$ 2,812,008	$ 2,284,303	$ 3,111,757	$ (299,749)
513x Salaries Temp	3,481,186	360,762	402,425	3,078,761
514x Salaries Overtime	36,501	4,630	10,573	25,928
516x Salaries Benefits	1,476,235	1,250,109	1,692,199	(215,964)
Total Salaries & Benefits	**$ 7,805,930**	**$ 3,899,804**	**$ 5,216,954**	**$ 2,588,976**
52x Travel	59,300	30,409	39,734	19,566
53x Supply	109,470	33,660	58,910	50,560
54x Postage & Printing	251,997	140,229	198,528	53,469
55x Equipment under $5,000	6,300	5,518	5,518	782
56x Utilities	586,920	300,935	439,884	147,036
58x Rent/Leases - Bldg/Equip	96,545	196,939	197,686	(101,141)
59x Repairs	3,231,126	1,821,237	2,743,216	487,910
61x Professional Development	33,746	26,768	34,665	(919)
62x Fees - Operating & Professional	22,037,716	4,435,914	14,739,856	7,297,860
53x Supplies	104,697	57,477	86,346	18,351
60x IT Expenses	323,936	202,542	251,802	72,134
68x Land, Building, Other Capital	189,000	12,509,204	65,678,580	(65,489,580)
69x Equipment Over $5,000	775,000	491,818	744,817	30,183
71x Grants, Benefits, & Claims	10,000,000	2,205,368	2,205,368	7,794,632
Total Operating	**$ 37,805,753**	**$ 22,458,019**	**$ 87,424,910**	**$ (49,619,157)**
Total	**$ 45,611,683**	**26,357,823**	**$ 92,641,864**	**$ (47,030,181)**
Total General	**$ 4,542,378**	**$ 2,126,843**	**$ 4,405,582**	**$ 136,796**
Total Federal	**$ 39,483,525**	**$ 23,207,090**	**$ 86,650,502**	**$ (47,166,977)**
Total Other	**$ 1,585,780**	**$ 1,023,890**	**$ 1,585,780**	**$ 0**

NORTH Dakota Be Legendary. | Health & Human Services

2025 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

HB 1012
2/7/2025

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

10:55 a.m. Chairman J. Nelson called the meeting to order.

Members Present: Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Berg, Mitskog, Murphy, O' Brien, Wagner.

Discussion Topics:

- Refugee services
- Community opportunities

10:56 a.m. Holly Triska-Dally, Executive Director, Office of Refugee Services, Health and Human Services, introduced the recent refugees who have come to live in North Dakota.

10:57 a.m. Donald Moncada, Nicaraguan refugee, testified in favor #35864.

11:08 a.m. Sammuel Guzman, Central America, testified in favor.

11:19 a.m. Natalie Ostapchuk, Ukrainian refugee, testified in favor.

11:33 a.m. Joy GiCiro, Democratic Republic of Congo refugee, testified in favor.

11:52 a.m. Holly Triska-Dally, Executive Director, Office of Refugee Services, Health and Human Services, gave closing remarks.

Additional written testimony:

Amanda McCallum, Minot, ND, in favor #33851.
James Buhr, Valley City, ND, in favor #34303.
Trisha Stibbe, West Fargo, ND, in favor #34673.
Ashley Tanata, Jamestown, ND, in favor #36018.
Carrisa Kraft, Jamestown, ND, in favor #36035.
Amber Osowski, Grafton, ND, in favor #36084.
Carley Randall, Jamestown, ND, in favor #36165.

11:55 a.m. Chairman J. Nelson adjourned the meeting.

Jan Kamphuis, Committee Clerk

Amanda McCallum
Kiddie Korral 2.0 Child Care Center
3524 Burdick Expy E
Minot ND 58701
(701) 340.2076
Kk2amanda@gmail.com

2/3/2025

To Whom It May Concern,

I am asking for the continuation of full funding of the bill with the original proposed amount of 7 million dollars.

I am the founder and Executive Director of Kiddie Korral 2.0. I have been in the childcare industry since 2009 and turned my childcare into a non-profit in January 2019. I employ 32 young women, and my husband works as our cook and "fixer of all the things we break".

My center is licensed for 120 children, currently, we have 109 enrolled.

I have participated in Bright and Early since 2015, currently rated Step 3. I want to get to Step 4, however, I don't think it is feasible to have all teachers have their CDA, with the unfortunate rate of turnover in this industry.

The QRIS bonus is a great benefit as we have 52 children on Child Care Assistance. In March 2022, we received $4,500 at Step 2, in April 2023 we received $6,750 at Step 3, and in April 2024 we received $8,000 at Step 3. Every year I divide the money up evenly throughout the center and purchase much-needed items. We would not be able to have the high-quality equipment, toys, and learning resources with out this funding.

In order for us to continue to offer high quality care it is imperative that the funding for these programs stays.

Thank you,

A McCallum

Amanda McCallum

Testimony in support of HB1012

Members of the House Appropriations Committee:

I serve on the Board of Directors of the Open Door Center and as a physician I have been involved with this organization for 40 years. ODC does remarkable work in caring for individuals with developmental disabilities, and I have always been impressed with what the employees can accomplish to help these individuals maximize their independence. This can only happen however when we can hire enough employees and support them adequately. For this we need inflationary increases in funding. I am told this bill does provide for this and I urge you to recommend a DO PASS on HB1012.

Thank you for your consideration.

James B. Buhr
613 Chautauqua Blvd
Valley City, ND 58072
James.b.buhr.md@gmail.com
(701) 840-1570

Subject: HB 1012

February 4, 2025

Dear House Appropriations,

I am writing as a parent, advocate, and board member of GiGi's Playhouse Fargo to share how critical the Developmental Disabilities (DD) Waiver is for families like mine in North Dakota.

My husband and I are parents to four children, two of whom have significant disabilities. Our 14-year-old son, Sam, has global developmental delay, autism, hydrocephalus, and other medical complexities. Our 9-year-old daughter, Claire, has Down syndrome. The DD Waiver has been a lifeline for our family, allowing us to access essential services that help our children thrive while ensuring we can maintain balance in our lives.

One of the most impactful supports the waiver provides is respite care. As a stay-at-home mom to two children with special needs, having access to respite allows me to step away from my full-time caregiving role and recharge. It gives my husband and me the opportunity to strengthen our marriage and spend quality time with our two neurotypical children—something that is often difficult to do when managing the daily challenges of special needs parenting.

The DD Waiver not only supports individual families but also strengthens our entire community. It allows children and adults with disabilities to receive care in their homes and communities rather than institutional settings, preserving family bonds and ensuring a higher quality of life. It helps parents remain in the workforce, reducing the financial strain on families and lessening the burden on state-funded services in the long run. By enabling individuals with disabilities to access the care they need while remaining engaged in their communities, the waiver fosters inclusion, dignity, and opportunity for all.

For parents like me, the future is a constant worry. As our children grow older, the need for consistent, high-quality support becomes even more critical. The uncertainty of what adulthood will look like for them keeps us up at night—wondering if they will have the care, resources, and opportunities they deserve. North Dakota must ensure that our state's program remains strong and fully funded, not only for the families who rely on it today but for the generations to come. We need to set ourselves apart from our neighbors to the east - Minnesota - a state long recognized for its incredible in-home care programs. If North Dakota wants to attract and retain families, we must invest in the services that allow individuals with disabilities to thrive in their homes and communities. Ensuring that our DD Waiver remains robust and forward-thinking is not just an investment in individual families - it's an investment in the future of our state.

I urge you to continue advocating for and protecting the DD Waiver so that families like mine - and many others across North Dakota - can continue to access these vital services. I would be

happy to share more about our experiences and how this program directly impacts the lives of those who rely on it.

One final thought - The proposed 1.5% increase in funding for disability services is simply not enough to meet the growing needs of individuals and families who rely on the DD Waiver. Rising costs, staffing shortages, and increased demand require a stronger commitment. I urge policymakers to re-evaluate this modest increase and instead approve a more meaningful 3% budget increase. This investment is essential to ensuring that families have access to the care and support they need, that providers can recruit and retain qualified staff, and that North Dakota remains a state that values and prioritizes its most vulnerable citizens. Ensuring that our DD Waiver remains robust and forward-thinking is not just an investment in individual families - it's an investment in the future of our state.

Thank you for your time and for considering the real-life impact of this essential program.

Thank you,
Trisha Stibbe
Proud Parent & Advocate
Board Member, GiGi's Playhouse Fargo

House Bill 1012 – Department of Health and Human Services Budget
House Appropriations – Human Resources Division
February 5, 2025

Representative Nelson and Members of the House Appropriations-Human Resources Division Committee-

My name is Sargianna Wutzke, and I am the Lead Operations Officer for Community Options. Community Options is a member of the North Dakota Association of Community Providers, a group of 31 Developmental Disabilities providers across the state of North Dakota. Each of the agencies has their own unique services but we all have one common goal and that is to be able to deliver individualized, community-based services to individuals with developmental disabilities.

Our agencies provide individualized services to individuals throughout the continuum of life, from birth to death, throughout the state. Our agencies strive to be able to meet the needs of individuals where they would like to live in our state. Community Options has assisted individuals to remain living in their communities of Lisbon, Carrington, Forman, Cavalier, Milnor and Gladstone instead of the individuals having to move to bigger cities to receive the necessary services. We also have supported individuals to move to bigger cities and then move back to their small hometown when they realize the big city is not where they want to reside anymore. There are many other developmental disabilities providers who also offer services in bigger communities as well as rural areas to meet the needs of people who receive services from the organizations.

DD providers work with the most vulnerable populations in the state. We are all committed to ensuring that each person is valued as an individual and each person is in charge of their services. The amount of services each individual receives is based on the support needs of the person. One individual may have staff just a few times a week for two hours each time where another individual may have twenty four hour support from staff.
.
Direct Support Professionals or DSPS are the staff that work directly with the individuals receiving services. In the state, there are over 5,000 direct support professionals. DSPS have many different roles they fulfill to the individuals they support including teacher, medical caregiver, driver, shopper, and cook. On a typical day, a direct support professional will assist individuals with their medical needs including medication administration, catheter care and feedings via g-tube along with taking individuals to appointments and ensuring they are assisting individuals to follow doctor's

recommendations. DSPS assist individuals with their needed personal cares such as showering, freshening, applying deodorant and toothbrushing. They prompt individuals and assist as needed with maintaining their home, ensuring safety in their home, cooking and communicating with their landlords. DSPS transport individuals into the community to shop, go to community activities and to meet their friends and family.

Many direct support professionals have to deal with situations that the general public finds unpleasant. Some of these include individuals hitting, kicking, throwing items, spitting, pulling hair and chasing after the direct support professionals. DSPS receive ongoing training to ensure they are equipped to handle situations like these.

Along with assisting individuals in these aspects of their lives, DSPS also have required documentation that needs to be completed including data taken on each individual's goals and objectives as well as writing a narrative of what they did with each individual during their shift. They also have to document incidents that occur, complete data on behavior support plans and data on medical protocols.

The turnover rate for DSPS in ND is 40%. The turnover rate for the state of ND overall is 5.1%. Tina Bay testified on Monday that the turnover rate in her department is 7%. Our turnover rate has such a negative effect on the individuals we support as it is hard for them to have that much change when it comes to their staff who assist them with the most personal things in their lives. Last session our turnover rate for Direct Support Professionals was 47%. Last session, DD provider staff received a 2% each year along with a dollar an hour increase for DSPS. We believe this has assisted in being more competitive with other field-related jobs, however we are still not close to field-related positions such as CNAs who start at an average of $3 more an hour. DD agencies also have increased wages for our staff to ensure we were able to have the amount of staff needed to support individuals receiving services. Currently our average wage for DSPS is $20.89 an hour. Agencies are paying an average of $3 an hour more than what we are being reimbursed with our funding. We are asking that all of our programs be fully funded. We are also asking for an inflationary increase of 4% and 3%. When doing research these amounts were the amounts that made us able to keep up with federal inflation.

We are also asking that accreditation be voluntary. Organizations feel that the state does a very thorough job with their oversight of provider agencies, which is far greater than the accreditation that takes place by an outside organization. The state ensures quality assurance of each agency by monitoring all general event reports (incident reports) of each agency as well as doing training and monitoring with each agency every three years where they go over those incident reports with administration as well as the DD Program Administrator. Every three years, the State Home and Community Based Surveyor comes and does a comprehensive survey of each agency.

Agencies that provide ICF level of care have surveys by Title 19 yearly. On top of these quality assurance safeguards, any agency that is representative payee for an individual is subject to extremely thorough financial audits by Protection and Advocacy. Accreditation is expensive for an organization. In 2024, Community Options had our accreditation through CQL, and it cost us approximately $25,000. SB 2192 is a bill this session for payment for accreditation for provider organizations, however the fiscal note with the bill currently is probably one third of what would be needed to cover accreditation costs for agencies.

I strongly encourage you to support fully funding all of our programs as well as the inflationary increase for DD providers. Wages are the biggest issue to keeping staff in our field. Many of our staff come into the field because they want to make a difference in the lives of the people we support. An overwhelming response as to why they leave is wages. We do voluntary exit surveys when our staff leave our agency and, in those interviews, the huge majority of DSPS state they are leaving to go somewhere else to get paid more and many times to have less responsibilities.

As providers who serve individuals with developmental disabilities, we want to be able to serve individuals with the services they want, unfortunately right now we are falling short of being able to do that. I urge you to please consider one of our most vulnerable populations and their needs as you look at the inflationary increase for the staff who do so much for them.

Sargianna Wutzke

Lead Operations Officer, Community Options Inc.

Good morning, Chairman Nelson members of the committee.

My name is Donald Moncada, and I am a doctor from Nicaragua with over 25 years of experience in healthcare. Throughout my career, I have worked with international organizations, my country's Ministry of Health, and the private sector. My work has focused on health projects and communication initiatives for behavior change, including service organization, institutional strengthening, and quality improvement.

In February 2024, my family and I arrived in North Dakota as refugees. Before that, we had spent five years in Costa Rica after fleeing our home country. We were forced to leave our country due to the repression to all that think different.

When the United Nations Resettlement Program asked about our preferred location, we expressed a desire to avoid major cities—and we were assigned to Bismarck.

Before arriving, we did our research. We read about Bismarck online and learned about the Missouri River, the Heritage Center, the State Capitol, and North Dakota's relatively small population. We even watched live webcams, fascinated by the river freezing over, the vast white plains, and the striking green and white pine trees. These glimpses into our future home filled us with both curiosity and anticipation.

Nothing, however, could quite prepare us for experiencing a North Dakota winter firsthand. The cold was a stark contrast to what we were accustomed to—but the warmth of the people who welcomed us quickly overshadowed the freezing temperatures. Despite not knowing a single person, we were embraced with kindness and hospitality.

Adapting to life here came with challenges, particularly in language and transportation. While we had some basic English skills, using the language constantly was exhausting. Transportation became an issue one cold March evening when we decided to take our children to the mall, assuming it would be open late as it was in our previous homes. We arrived at 7 p.m., only to find it closed. With no car, we attempted to call a ride-sharing service, but after waiting outside in the freezing cold for over two hours, we realized we needed our own vehicle. Fortunately, we found the process of buying a car, registering it, and obtaining a driver's license in North Dakota to be surprisingly smooth.

Now, we truly appreciate the safety and tranquility of Bismarck. The city offers many opportunities, and we are eager to contribute. Personally, I obtained my Certified Nursing Assistant certificate and quickly found work in that field. I am deeply grateful to Job Service for their invaluable support during this process. Four months ago, I started a new role as a Health Navigator at Bismarck Global Neighbors, a wonderful nonprofit organization. This position allows me to give back to the community that has welcomed us so warmly.

Although I am not currently practicing as a doctor, my medical background has allowed me to assist individuals in navigating the healthcare system, particularly those who face barriers due to language, culture, or economic circumstances. I see firsthand how access to healthcare is essential for a thriving community. I hope to continue my studies and earn a Master's Degree in Public Health, which will enable me to contribute even more—helping

bridge gaps in healthcare access and ensuring that all members of our community, including newcomers, receive the care they need.

Bismarck is now our home. Our children are thriving—attending school, receiving a quality education, and being genuinely cared for by their teachers and principal. They have found a sense of belonging here, something we had lost in the years of uncertainty before arriving in North Dakota. We are deeply grateful for the support they receive—from ensuring they are nourished and prepared for the weather to encouraging their academic success.

As a father, my greatest hope is for my children to have a future filled with opportunities. Here in Bismarck, they have the chance to dream, to learn, and to grow in a stable and supportive environment. They are learning what it means to be part of a community that values hard work, kindness, and resilience. Seeing their excitement about their future—whether in science, the arts, or public service—fills me with hope and gratitude.

We are profoundly grateful for the opportunity to rebuild our lives here. Since our arrival, we have felt a special connection to this land and its people. The kindness and generosity of the Bismarck community have made us feel immediately at home.

We are honored to be part of this vibrant city and are deeply committed to contributing to its future. We want to work alongside our neighbors to build a strong, thriving community full of opportunity for generations to come. Our goal is to be good neighbors, responsible citizens, and active members of society—ready to give back in any way we can.

Thank you ...and God Bless You!

House Appropriations, HR Section

House Bill 1012

Wednesday, February 5, 2025

Chairman Nelson and members of the committee,

My name is Ashley Tanata and I am the Training and Quality Assurance Specialist of Triumph, Inc., Jamestown, North Dakota. Thank you for the opportunity to submit testimony in favor of HB 1012.

I am writing to you in hopes you will see a bigger picture of the individuals whom we support, in addition to, the personnel who are the "boots on the ground" for our local agency, as well as other agencies throughout the State of North Dakota. Triumph, Inc. provides active supports to individuals with intellectual and developmental disabilities with a person-centered approach. Active support is helping people to be actively, consistently, and meaningfully engaged in their own lives regardless of their support needs. With daily support our individuals are engaged in a variety of life activities and opportunities of their own choice. They attend community events, volunteer throughout the community, work in the community and so much more. Our services are a training program, not a "do it for you" program. Without funding, our individuals would not have the resources needed to reach their full potential and live their lives to the fullest. These words are forever etched in my mind: "I will never leave a fallen comrade." Without House Bill 1012, essentially this is what the state will be doing to agencies like our own. Without our services, individuals will no longer have individualized plans, support to live on their own, or support to work.

1. Inflationary Increase of 4% and 3%

It is essential to ensure that reimbursement rates are adjusted to account for inflation. An increase of 4% and 3% will help providers manage rising costs while continuing to offer high-quality services to those in need. Without these adjustments, the ability to recruit and retain qualified staff, as well as maintain service levels, is at serious risk. This increase aligns with the federal inflation levels for the previous two years.

2. Increase Reimbursement Rates on ICF and Res Hab to 100%

3. Remove the Requirement for Accreditation

With the demand of accreditation, we are slowly losing valued time that should be focused more on day-to-day engagement with our individuals.

In conclusion, I urge you to support these items to strengthen the services and supports on which so many individuals and families depend.

Ashley Tanata

Ashley Tanata
Training and Quality Assurance Specialist

House Appropriations, HR Section

House Bill 1012

Wednesday, February 5, 2025

Chairman Nelson and members of the committee,

My name is Carissa Kraft, and I am the Scheduling Coordinator of Triumph, Inc., Jamestown, North Dakota. On top of this title I would also like you to know that I help directly with our individuals supported completing Direct Support Professional duties as well as a family member of an individual that we support. Thank you for the opportunity to submit and read my testimony in favor of HB 1012.

I am writing to you with the hopes that you will see how important our services are for those that we support. Starting on a more personal note; being a sibling to an individual with a disability I have experienced first-hand how detrimental this field is for those with any form of disability. I can say with my whole heart that if it weren't for my brother's support system he has through his staff (what I'd formally like to call his hero's) he would never be as far as he is currently which has also encouraged my sister, who has struggled in the same forms, to start the process to also receive services in order to increase her quality of life. Without House Bill 1012, this will detrimentally decrease the supports that my brother currently has in his life who give him the confidence and assistance to accomplish goals, complete everyday tasks, and live as close to an independent life as he possibly can. But this will also make a need for my sister deemed impossible. My brother and sister are the reason why I first started in this field as a Direct Support Professional. Triumph, Inc. provides active supports to individuals with intellectual and developmental disabilities through their unique outlook on "services without walls" by supporting individuals in the community, at their workplace, as well as in their own homes to maintain independence and through my time at Triumph Incorporated, I have always taken an insane amount of pride in being that support system to additional individuals and assisting them in achieving what some may seem like a small silly goal, but to that individual it could be a monumental achievement in their life especially to individuals who have no other supports other than what we provide. Individuals with disabilities have already seen so much mistreatment and a sense of annexation from the public due to not having knowledge about the disability community so on top of maintaining their everyday lifestyles, many strive to just provide knowledge to communities in hopes of change.

1. Inflationary Increase of 4% and 3%

It is essential to ensure that reimbursement rates are adjusted to account for inflation. An increase of 4% and 3% will help providers manage rising costs while continuing to offer high-quality services to those in need. Without these adjustments, the ability to recruit and retain qualified staff, as well as maintain service levels, is at serious risk. This increase aligns with the federal inflation levels for the previous two years.

2. Increase Reimbursement Rates on ICF and Res Hab to 100%

3. Remove the Requirement for Accreditation

In conclusion, I urge you to support these items to strengthen the services and support on which so many individuals and families depend.

Carissa Kraft,
Scheduling Coordinator

#36084

Amber Osowski, Owner

Rocking Horse Child Care

Rep. Vigesaa and members of the House Appropriations Committee:

My name is Amber Osowski, owner of Rocking Horse Child Care, a Quality Rated Step 2 Program in Grafton. As a childcare provider, I strongly support HB 1012, specifically the Economic Assistance Section as programs under the Childcare Assistance Program have had a direct positive impact to move the needle on the childcare crisis in our state. The programs that have been developed since the appropriations of the last legislative session have become a vital piece being able to operate a childcare in what is now an extremely difficult time.

Currently, Rocking Horse Child Care participates in nearly every program offered to providers in our state. The single most impactful is the Childcare Workforce Benefit Program. Since the introduction of the Workforce Benefit Program, I have been able to hire and enroll 4 new staff and their children growing my workforce by over 30%. The additional income provided by the Workforce Benefit Program also allowed me to raise the pay of each staff of Rocking Horse Child Care. Couple this program with the Criminal Background check process being streamlined and I was able to interview and receive a completed background check for a new hire in 5 days. She accepted the teaching position on the spot after I confirmed she would qualify for free childcare under the Workforce Benefit Program. Just 8 days after her interview she began her first day at Rocking Horse Child Care. This is drastically different than the timeline from a year ago.

The support and funding provided by USpire, Child Care Aware, Bright & Early and other programs under the Department of Health and Human Services has allowed my program to expand. By the end of February, we will be moving into the newly constructed Walsh County Childcare Facility as its first tenant. Without these imperative programs the future of Rocking Horse Child Care and the health, wellbeing, and education of the children who attend are at risk.

I implore you to approve HB1012 with the originally proposed amount of 7 million Dollars. The children of North Dakota are worth the investment.

Thank you for your time and commitment to the children and Families of North Dakota.

Amber Osowski

+1 701 238 4277

rockinghorse.grafton@gmail.com

817 Hill Ave
Grafton ND 58237

House Appropriations, HR Section

House Bill 1012

Wednesday, February 5, 2025

Chairman Nelson and members of the committee,

My name is Carley Randall, and I am the Program Coordinator of Triumph, Inc. in Jamestown ND. Thank you for the opportunity to submit testimony in favor of HB 1012.

I am writing to express my support to improve the quality, access, and sustainability of services for individuals with intellectual and developmental disabilities who rely on critical services and supports of provider organizations across the state.

1. Inflationary Increase of 4% and 3%

It is essential to ensure that reimbursement rates are adjusted to account for inflation. An increase of 4% and 3% will help providers manage rising costs while continuing to offer high-quality services to those in need. Without these adjustments, the ability to recruit and retain qualified staff, as well as maintain service levels, is at serious risk. This increase aligns with the federal inflation levels for the previous two years.

2. Increase Reimbursement Rates on ICF and Res Hab to 100%

3. Remove the Requirement for Accreditation

I am writing this from both personal and professional experience. I grew up with my uncle Kelly Halvorson, AKA The Thunderman, who had Cerebral Palsy. His legs did not work but his personality could fill up an entire room. My entire life, I watched him struggle both financially and with services in home to assist him. Kelly was an avid sports fan and lived most of his adult life in Grand Forks, ND where he attended every UND game he could. He was well known on campus for his larger than life personality and love for all sports. Kelly has since passed away from complications for Cerebral Palsy. Governor Doug Bergum and his wife attended Kelly's (The Thundeman's) funeral. He was advocate for himself and others with disabilities, so much so that it caught the attention of Governor Doug Bergum. My passion for supporting individuals with disabilities came from my uncle Kelly Halvorson. His passion was contagious and he lit my fire to advocate for people with disabilities. I work tirelessly to provide quality and meaningful supports to the individuals I serve at Triumph, Inc. I will stop at nothing to ensure that individuals live a quality and meaningful life. We serve the most vulnerable population in North Dakota. It is incredibly frustrating that the most vulnerable population has to fight for absolutely everything in their lives, including services. Our jobs are important, and we do amazing things to ensure that our individuals are living their best lives. It is unfortunate that we have to fight tooth and nail to receive funding to support the most vulnerable population. I respectfully ask that we get the increase in funding that is being requested to ensure we have proper staffing to support our individuals to live their best lives. Our agency went through the accreditation process, while there is significant value in this accreditation process, it is

an unreasonable financial burden on agencies. The money it costs for accreditation could be used for pay raises for staff who work tirelessly to ensure that our individuals are living their best most independent lives

In conclusion, I urge you to support these items to strengthen the services and supports on which so many individuals and families depend.

Carley Randall
Program Coordinator, Triumph, Inc.
crandall@triumphnd.com

2025 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

HB 1012
2/11/2025

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

8:53 a.m. Chairman J. Nelson called the meeting to order.

Members Present: Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Berg, Mitskog, Murphy, O' Brien, Wagner.

Discussion Topics:

- Provider Inflation
- Substance Use Disorder Voucher Funding
- Medicaid Funding
- Options for Closing Service and Delivery Gaps

8:53 a.m. Donna Aukland, Chief Financial Officer, Health and Human Services, testified to inflationary increases #37050.

9:01 a.m. Lyndon Jahner, Budget Manager, Health and Human Services, testified to Medicaid expansion #37050

9:03 a.m. Eric Haas, Assistant Chief Financial Officer, Health and Human Services, testified to Medicaid expansion rates #37050.

9:13 a.m. Lyndon Jahner, Budget Manager, Health and Human Services, testified to inflation rates.

9:15 a.m. Donna Aukland, Chief Financial Officer, Health and Human Services, testified to roll up dollars.

9:16 a.m. Keith Mantz, Fiscal Analyst, ND Legislative Council, will complete FTE's sheet with comparison to the Burgum/Armstrong budget.

9:43 a.m. Pam Sagness, Executive Director, Behavioral Health Division, Health and Human Services, testified SUD (Substance Use Disorder) voucher funding expected to be depleted by April, #37050, #37055.

10:12 a.m. Donna Aukland, Chief Financial Officer, Health and Human Services, requested that Sarah Aker address the committee.

10 :12 a.m. Sarah Aker, Executive Director, Medical Services Division, Health and Human Services testified to IMD (Institutions for Mental Disease) wavier and Medicaid payment #37189.

10:24 a.m. Dave Marion, Business Development Director, Prairie Recovery Center, testified to eligibility and payor source.

10:33 a.m. Sarah Aker, Executive Director, Medical Services Division, Health and Human Services continued with testimony #37189.

10:57 a.m. Lorraine Davis, Founder and CEO, Native Inc. responded to questions about budget requests #37193.

11:55 a.m. Pam Sagness, Executive Director, Behavioral Health Division, Health and Human Services, spoke to Medicaid reimbursement and overlap.

11:06 a.m. Donna Aukland, Chief Financial Officer, Health and Human Services,
Medicare is currently planning on drafting a state plan amendment on traditional healing.

11:07 a.m. Pam Sagness, Executive Director, Behavioral Health Division, testified cultural practices are reimbursable through other sources.

11:10 a.m. Lorriane Davis, Founder and CEO, Native Inc. distributed a detail budget #37193.

11:14 a.m. Keith Kempenich, State Representative, District 39, requested a Medical Fraud study be considered.

11:22 a.m. Sarah Aker, Executive Director, Medical Services Division, Health and Human, testified that a state plan amendment for traditional healing practices would be submitted by the end of March.

11:27 a.m. Lorriane Davis requested if the amendment being submitted would include Native American Community Based Organizations providing behavioral health services

11:29 a.m. Sarah Aker, Executive Director, Medical Services Division, Health and Human Services, responded to the language that would be included in the proposed state amendment.

11:32 a.m. Chairman J. Nelson adjourned the meeting.

Jan Kamphuis, Committee Clerk

NORTH Dakota | Health & Human Services
Be Legendary.

PROVIDER INFLATION

HOUSE RECOMMENDATION

2025-27 BIENNIUM

Inflation Percentage 1.5%/1.5%	2025-27 Biennium				Increase from Executive Request			2027-29 Biennium Estimated Cost to Continue**			
Program	TOTAL	GENERAL	FEDERAL	OTHER	GENERAL	FEDERAL	OTHER	TOTAL	GENERAL	FEDERAL	OTHER
Inpatient Hospitals	$ 4,703,996	$ 2,337,489	$ 2,366,507	$ -	$ -	$ -	$ -	$ 1,581,875	$ 956,806	$ 625,069	$ -
Outpatient Hospitals	1,646,360	807,986	838,374	-	-	-	-	553,643	330,408	223,235	-
Professional Services	3,349,422	1,637,091	1,712,331	-	-	-	-	1,126,354	669,146	457,208	-
Other Medical Programs	6,515,987	2,167,127	4,348,860	-	-	-	-	3,586,076	886,935	2,699,141	-
Basic Care	1,502,259	1,088,531	413,728	-	-	-	-	505,184	396,211	108,973	-
HCBS/Children Services	3,894,595	2,206,343	1,688,252	-	-	-	-	1,343,649	881,962	461,687	-
Developmental Disability	16,808,241	8,293,006	8,515,235	-	-	-	-	12,277,347	6,691,658	5,585,689	-
Children and Family Services	3,286,773	1,417,116	1,853,766	15,891	-	-	-	3,060,733	1,477,200	1,516,744	66,789
Behavioral Health Policy	1,088,608	1,088,608	-	-	-	-	-	366,480	366,480	-	-
Human Service Clinics	814,210	814,210	-	-	-	-	-	274,104	274,104	-	-
Aging Services	46,348	32,653	13,695	-	-	-	-	15,603	10,993	4,610	-
Grand Total	**$ 43,656,799**	**$ 21,890,160**	**$ 21,750,748**	**$ 15,891**	**$ -**	**$ -**	**$ -**	**$ 24,691,048**	**$ 12,941,903**	**$ 11,682,356**	**$ 66,789**

Inflation Percentage 2%/2%	2025-27 Biennium				Increase from Executive Request			2027-29 Biennium Estimated Cost to Continue**			
Program	TOTAL	GENERAL	FEDERAL	OTHER	GENERAL	FEDERAL	OTHER	TOTAL	GENERAL	FEDERAL	OTHER
Inpatient Hospitals	$ 6,285,871	$ 3,123,555	$ 3,162,316	$ -	$ 786,066	$ 795,809	$ -	$ 2,123,042	$ 1,226,846	$ 896,196	$ -
Outpatient Hospitals	2,200,003	1,079,700	1,120,303	-	271,714	281,929	-	743,047	423,749	319,298	-
Professional Services	4,475,776	2,187,622	2,288,154	-	550,531	575,823	-	1,511,686	858,266	653,420	-
Other Medical Programs	8,707,265	2,895,903	5,811,362	-	728,776	1,462,502	-	4,344,899	1,137,293	3,207,606	-
Basic Care	2,007,443	1,454,587	552,856	-	366,056	139,128	-	678,010	521,639	156,371	-
HCBS/Children Services	5,204,284	2,948,305	2,255,979	-	741,962	567,727	-	1,791,924	1,136,712	655,212	-
Developmental Disability	22,460,812	11,081,970	11,378,842	-	2,788,964	2,863,607	-	14,254,682	7,671,451	6,583,231	-
Children and Family Services	4,392,176	1,863,122	2,507,817	21,237	446,006	654,051	5,346	3,427,371	1,640,200	1,718,149	69,022
Behavioral Health Policy	1,453,885	1,453,885	-	-	365,277	-	-	491,047	491,047	-	-
Human Service Clinics	1,087,414	1,087,414	-	-	273,204	-	-	367,272	367,272	-	-
Aging Services	61,900	43,610	18,290	-	10,957	4,595	-	20,906	14,729	6,177	-
Grand Total	**$ 58,336,829**	**$ 29,219,673**	**$ 29,095,919**	**$ 21,237**	**$ 7,329,513**	**$ 7,345,171**	**$ 5,346**	**$ 29,753,886**	**$ 15,489,204**	**$ 14,195,660**	**$ 69,022**

Inflation Percentage 3%/3%	2025-27 Biennium				Increase from Executive Request			2027-29 Biennium Estimated Cost to Continue**			
Program	TOTAL	GENERAL	FEDERAL	OTHER	GENERAL	FEDERAL	OTHER	TOTAL	GENERAL	FEDERAL	OTHER
Inpatient Hospitals	$ 9,460,027	$ 4,700,863	$ 4,759,164	$ -	$ 2,363,374	$ 2,392,657	$ -	$ 3,215,784	$ 1,772,104	$ 1,443,680	$ -
Outpatient Hospitals	3,310,932	1,624,919	1,686,013	-	816,933	847,639	-	1,125,499	612,221	513,278	-
Professional Services	6,735,894	3,292,310	3,443,584	-	1,655,219	1,731,253	-	2,289,760	1,240,132	1,049,628	-
Other Medical Programs	13,104,280	4,358,253	8,746,027	-	2,191,126	4,397,167	-	5,877,009	1,642,810	4,234,199	-
Basic Care	3,021,135	2,189,108	832,027	-	1,100,577	418,299	-	1,026,986	774,904	252,082	-
Other Long Term Care	7,832,278	4,437,115	3,395,163	-	2,230,772	1,706,911	-	2,697,092	1,651,099	1,045,993	-
Developmental Disability	33,803,424	16,678,378	17,125,046	-	8,385,372	8,609,811	-	18,246,823	9,649,517	8,597,306	-
Children and Family Services	6,610,341	2,804,091	3,774,283	31,967	1,386,975	1,920,517	16,076	3,899,329	1,477,200	2,348,603	73,526
Behavioral Health Policy	2,188,049	2,188,049	-	-	1,099,441	-	-	743,792	743,792	-	-
Human Service Clinics	1,636,522	1,636,522	-	-	822,312	-	-	556,309	556,309	-	-
Aging Services	93,157	65,631	27,526	-	32,978	13,831	-	31,667	22,310	9,357	-
Grand Total	**$ 87,796,039**	**$ 43,975,239**	**$ 43,788,833**	**$ 31,967**	**$ 22,085,079**	**$ 22,038,085**	**$ 16,076**	**$ 39,710,050**	**$ 20,142,398**	**$ 19,494,126**	**$ 73,526**

SUD Voucher
2023 – 2025 Biennium Expenditures

2023-2025 Biennium Appropriation: **$18,147,874**

	IMD Services	Non-IMD Services
Percentage allocated	**45%**	**55%**
Funding amount	$8,166,543	$9,981,311
Paid invoices*	$7,134,780	$6,393,525
Refunds to Date*	$804	$361,399
Budget Remaining*	$1,032,567	$3,949,184
Estimated funding at end of biennium	*[funding will be expended by March 2025]*	$1,634,816

*program-based estimate

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Institutions for Mental Disease (IMDs) in North Dakota

Interim Human Services Committee | September 25, 2024 | Sarah Aker

Representative Ruby, Chair

NORTH Dakota | Health & Human Services

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Agenda

- Institutions for Mental Disease in North Dakota & Medicaid
- ND HHS Payment for Inpatient & Residential Behavioral Health Services
- Gaps in Behavioral Health Service Delivery in North Dakota
- Next Steps and Future Considerations



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Institutions for Mental Disease (IMD) in North Dakota & Medicaid

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What is an Institution for Mental Disease (IMD)?

Federal regulation defines IMDs in §1905(i) of the Social Security Act and 42 CFR 435.1009.

- Institutions for mental diseases (IMDs) are defined as a hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care, and related services.
  - Mental diseases include both mental health and substance use disorder conditions.

SUD Service Delivery

Shaded = IMD if 17+ Beds

Inpatient Hospital

Inpatient Hospital
IMD: Prairie St. John's, ND State Hospital

Level 3: Residential/Inpatient

3.1 Low-Intensity Residential

3.2D Social Detoxification

IMD: Sharehouse, Prairie Recovery Center

3.5 High-Intensity Residential

3.7 Intensive Inpatient

IMD: ND State Hospital

Level 2: Intensive Outpatient

2.1 Intensive Outpatient

2.5 Partial Hospitalization/Day Treatment

Level 1: Outpatient

Outpatient Services

Level 0: Early Intervention

Early Intervention

Prevention

1915(i) Support Services

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Mental Health Service Delivery

Shaded = IMD if 17+ Beds

Inpatient Hospital

- Specialty Hospital
  IMD: Prairie St. John's, ND State Hospital
- Acute Care Hospital

Residential Treatment

- Transitional Living
- Crisis Residential
- Qualified Residential Treatment Provider (QRTP)
  IMD: Home on the Range
- Psychiatric Residential Treatment Facility (PRTF)

Intensive Outpatient | Partial Hospitalization

Outpatient

Early Intervention

Prevention

1915(i) Support Services

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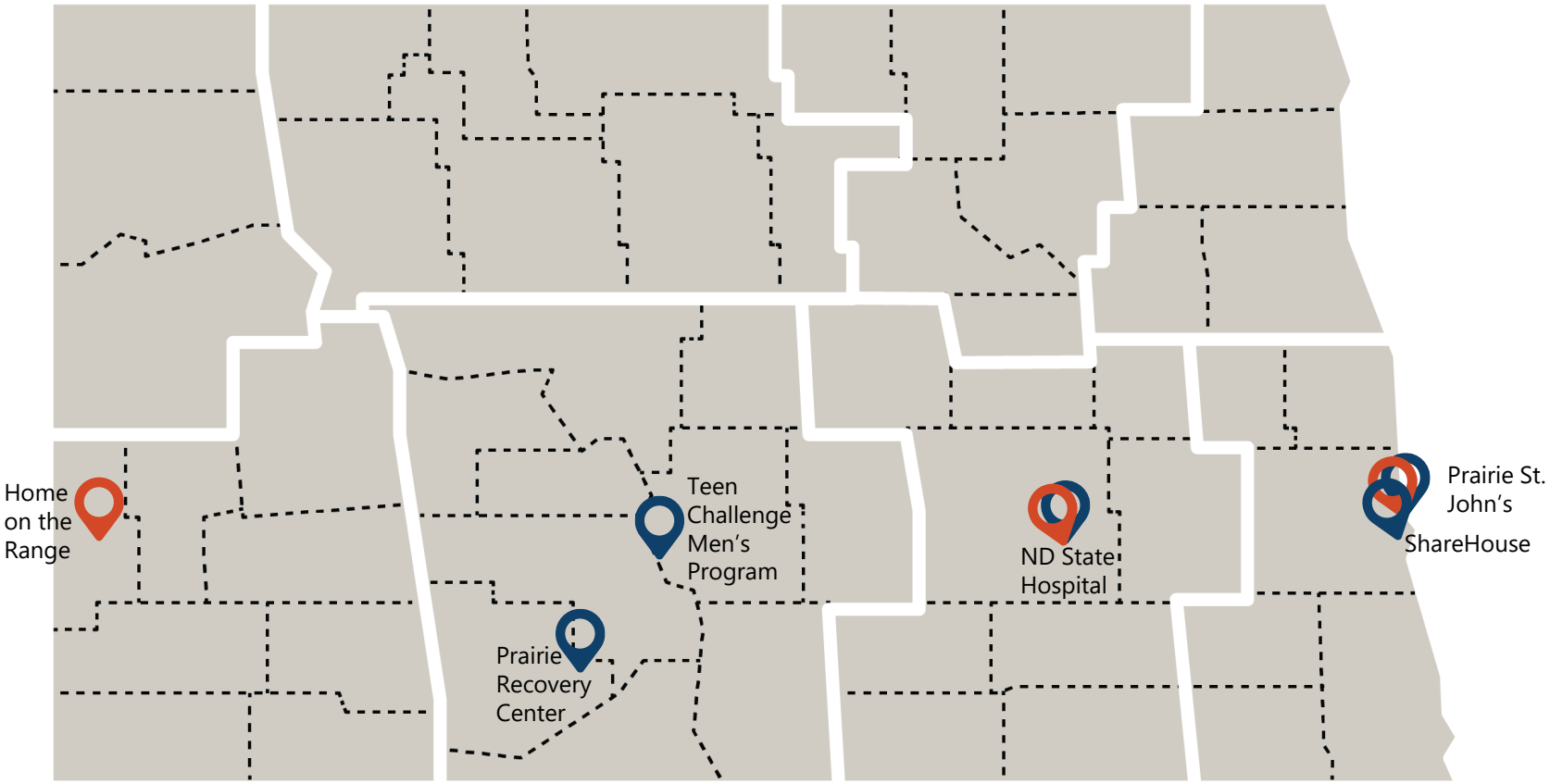
North Dakota's IMDs



- ND State Hospital
- Prairie St. John's
- ShareHouse
- Prairie Recovery Center
- Teen Challenge Men's Program
- Home on the Range

Mental Health IMD

Substance Use Disorder IMD

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What is the IMD exclusion in Medicaid?

- The IMD exclusion is in §1905(a) of the Social Security Act in paragraph (B).
- Federal financial participation is not available for any medical assistance under title XIX for services provided to any individual who is under age 65 and who is a patient in an IMD unless the payment is for inpatient psychiatric services for individuals under age 21.
  - No Medicaid payment can be made for services provided either in or outside the facility for IMD patients in this age group.

What are the responsibilities of the state Medicaid agency regarding IMDs?

State Medicaid agencies are responsible for designating IMDs based on guidance provided by the Centers for Medicare and Medicaid Services (CMS) in its State Medicaid Manual and ensuring appropriate payment in IMD settings.

ND Medicaid has a published policy to identify IMD settings:

- Step 1: Determine Whether a Facility is an IMD
- Step 2: Evaluate Agencies with Multiple Facility Locations
- Step 3: Periodic Information Gathering from Facilities that Provide Services to Individuals with Mental Diseases

ND Medicaid is also responsible for ensuring appropriate payments for individuals in an IMD.

- Fee for Service: Cannot pay for other FFS services for individuals in an IMD. Must suspend Medicaid eligibility while in an IMD.
- Managed Care: Cannot pay the capitation payment for individuals in an IMD. Must suspend Medicaid eligibility while in an IMD.

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ND HHS Payment for Inpatient & Residential Behavioral Health Services

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How does North Dakota HHS pay for Inpatient & Residential Behavioral Health Services today?

North Dakota pays for SUD and Mental Health inpatient & residential services through a variety of funding mechanisms.

- Medicaid
  - Non-IMD Settings
- SUD Voucher
  - IMD Settings
  - Non-IMD Settings & Care for people without a pay source
- Contract Payments
  - Inpatient Mental Health IMD Services (Prairie St. John's)
- Direct Service Delivery
  - ND State Hospital

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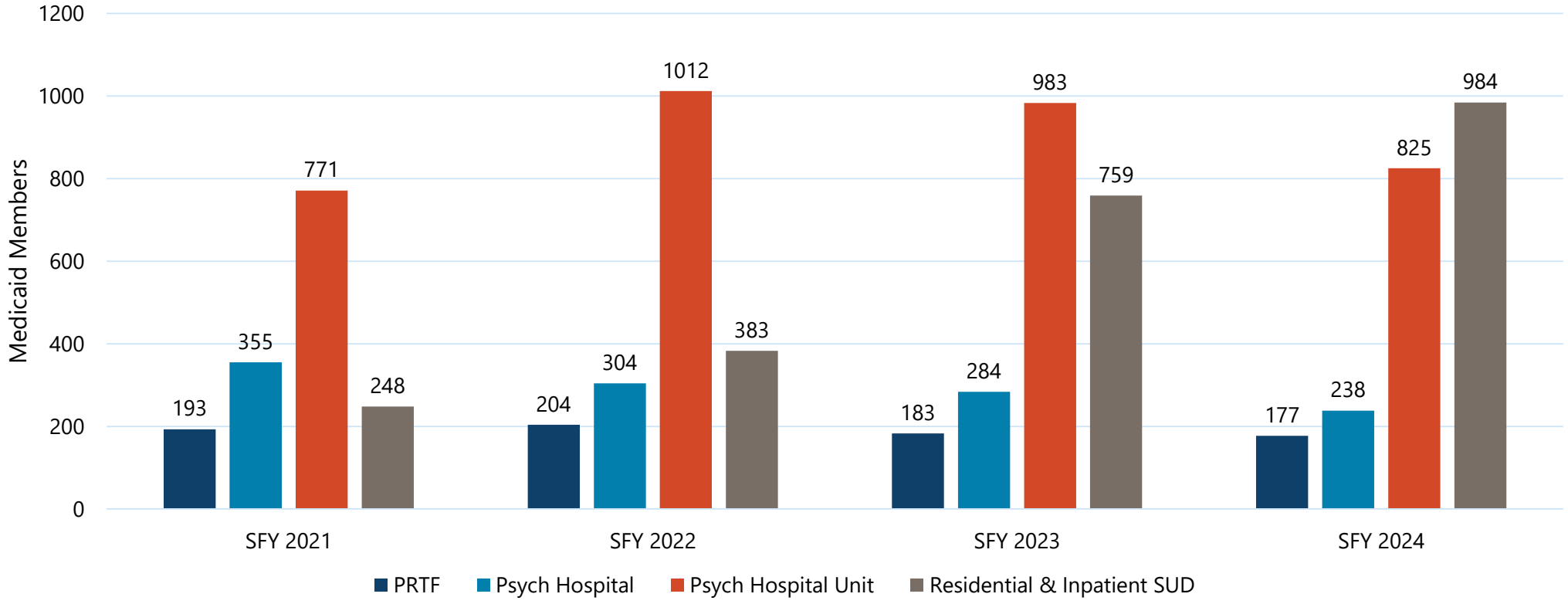
Medicaid Inpatient & Residential Behavioral Health Utilization



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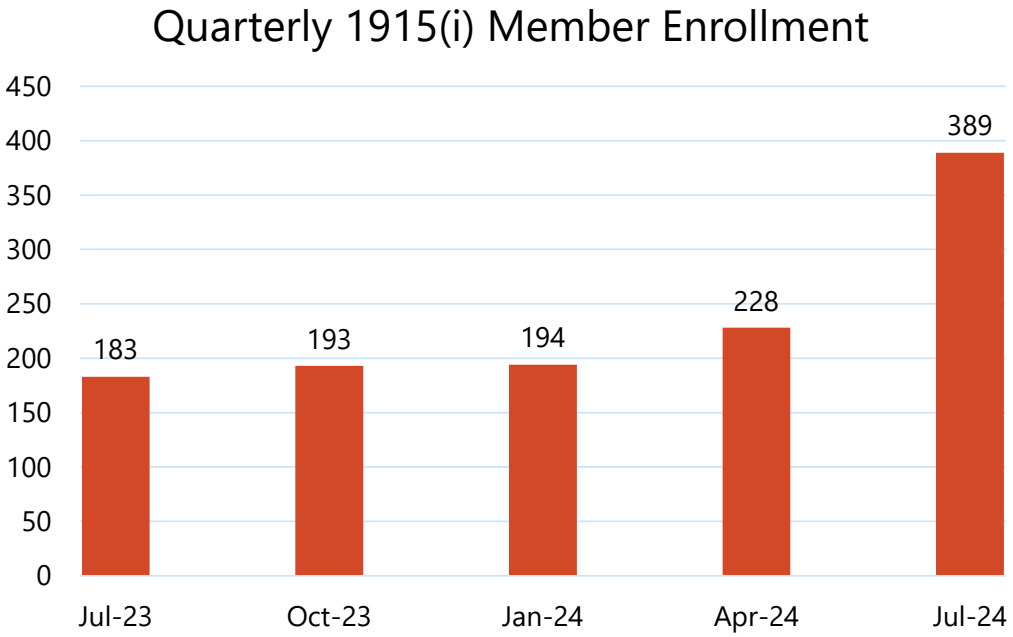
1915i – HCBS for Individuals with Behavioral Health Conditions



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Current Enrollment:
697 Individuals

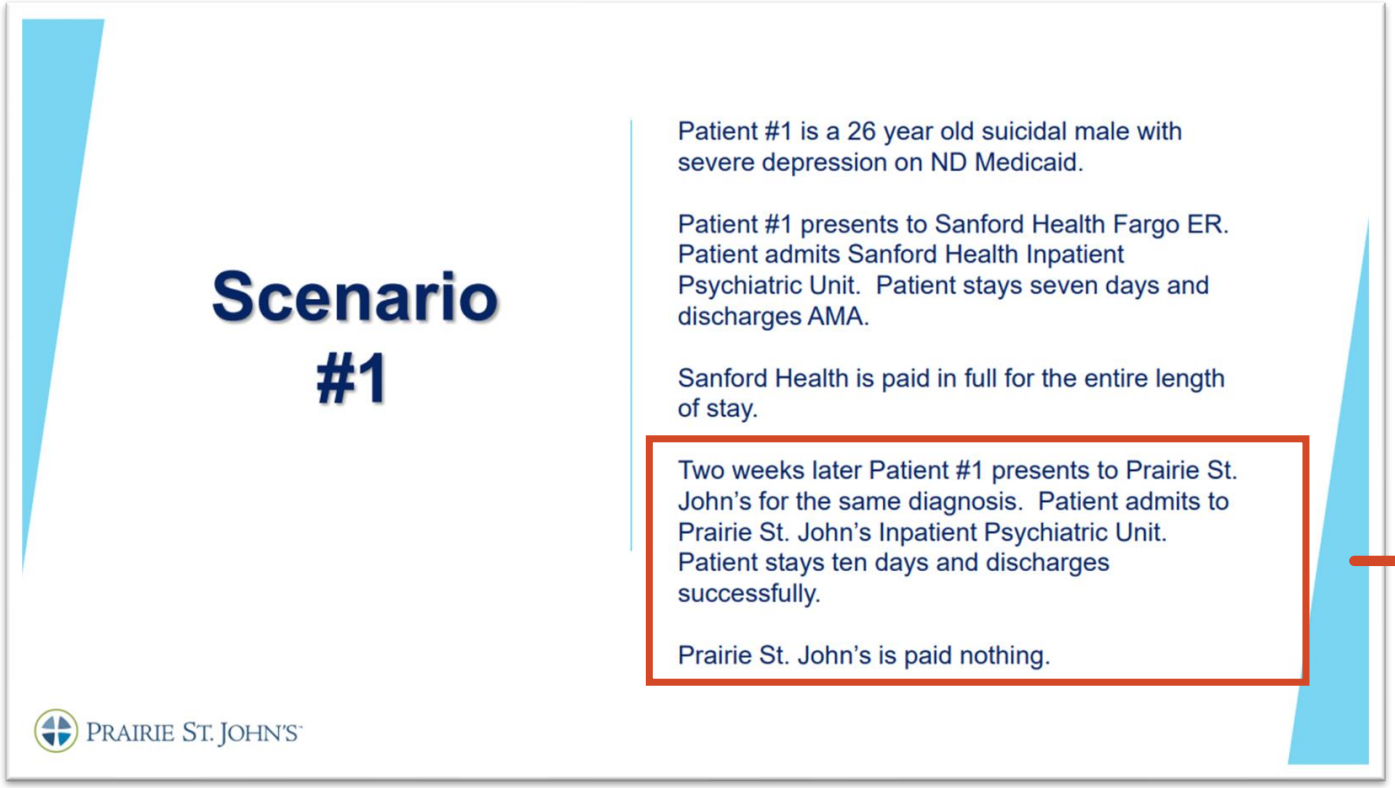
Eligibility Requirements:

- Age: 0+
- Behavioral Health Diagnosis
- WHODAS Score 25+
- Income < 150% FPL

Services:

- Training and Support for Unpaid Caregivers
- Community Transition Services
- Benefits Planning
- Non-Medical Transportation
- Respite
- Pre-Vocational Training
- Supported Education
- Supported Employment
- Housing Support
- Family Peer Support
- Peer Support

Follow-Up from April 8, 2024 Human Services Committee



Prairie St. John's is an Institution for Mental Disease. The patient's Medicaid eligibility is suspended during their IMD stay and Prairie St. John's is ineligible for Medicaid payment.

Prairie St. John's could submit to ND HHS for payment through their contract with Southeast Human Service Center for this patient.

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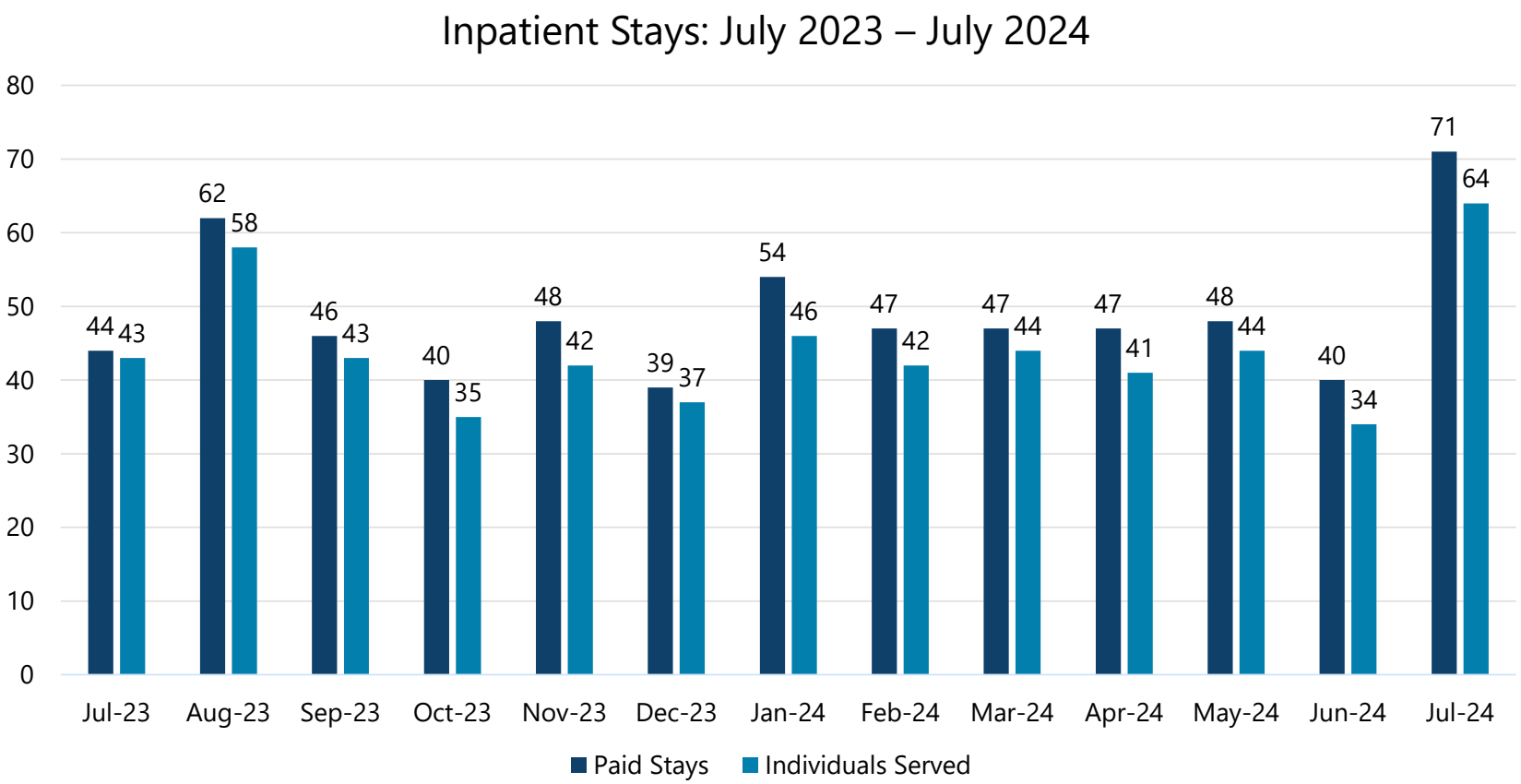
Contract Funded: Prairie St. John's



ND HHS and PSJ have a contract to pay for inpatient services for adult Medicaid or Medicaid eligible adults.

- Payment is a per diem for up to 14 days. Current rate for July 2024 – July 2025 is $583.50.
- Total contract amount for biennium is over $4.4 million.
- ND HHS has not declined payment for any patient submitted for payment through the contract.

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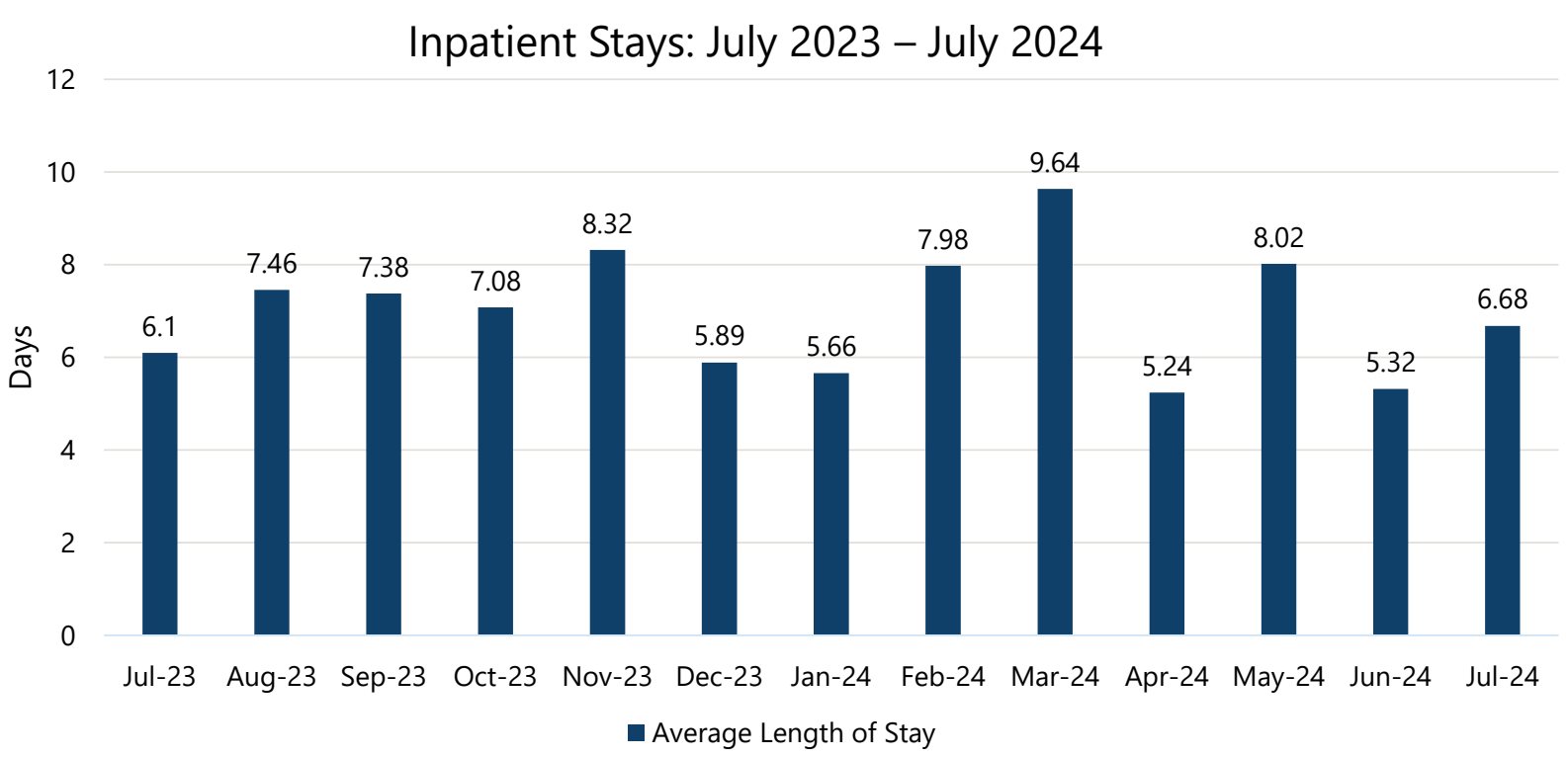
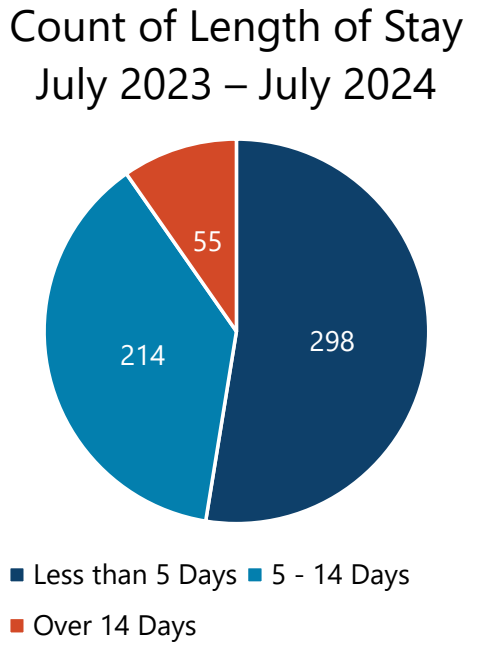
Contract Funded: Prairie St. John's





Note: Payment is capped at 14 days unless an individual is approved to discharge to the State Hospital.

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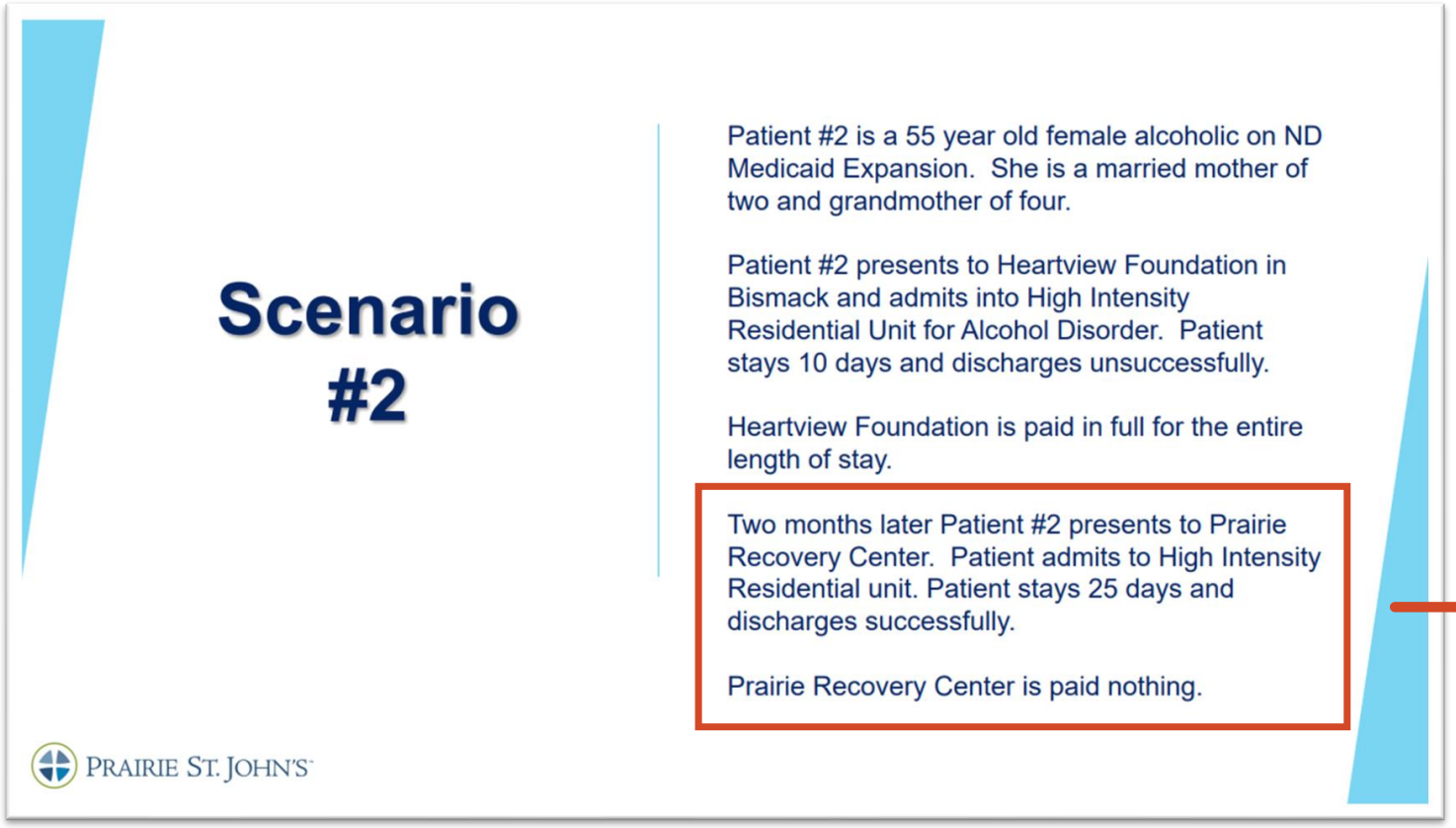
Follow-Up from April 8, 2024 Human Services Committee



Prairie Recovery Center is an Institution for Mental Disease. The patient's Medicaid eligibility is suspended while at Prairie Recovery Center. Prairie Recovery Center is ineligible for Medicaid payment.

Prairie Recovery Center could submit to HHS for payment through the SUD Voucher for this patient.

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Substance Use Disorder (SUD) Voucher

Provides reimbursement for substance use disorder treatment where other third-party reimbursement is not available.

- Initiated during 2015 legislative session (NDCC 50-06-42)
- Began serving individuals in July 2016
- Total Budget for 2023-2025 Biennium: $18,147,874
  - Note: No more than 45% of appropriated amount may be allocated to IMDs
- Uses Medicaid rates for payment to providers

Approximately 8,500 individuals approved through the SUD Voucher since inception.

Forty (40) providers are providing voucher services covering all 8 regions.

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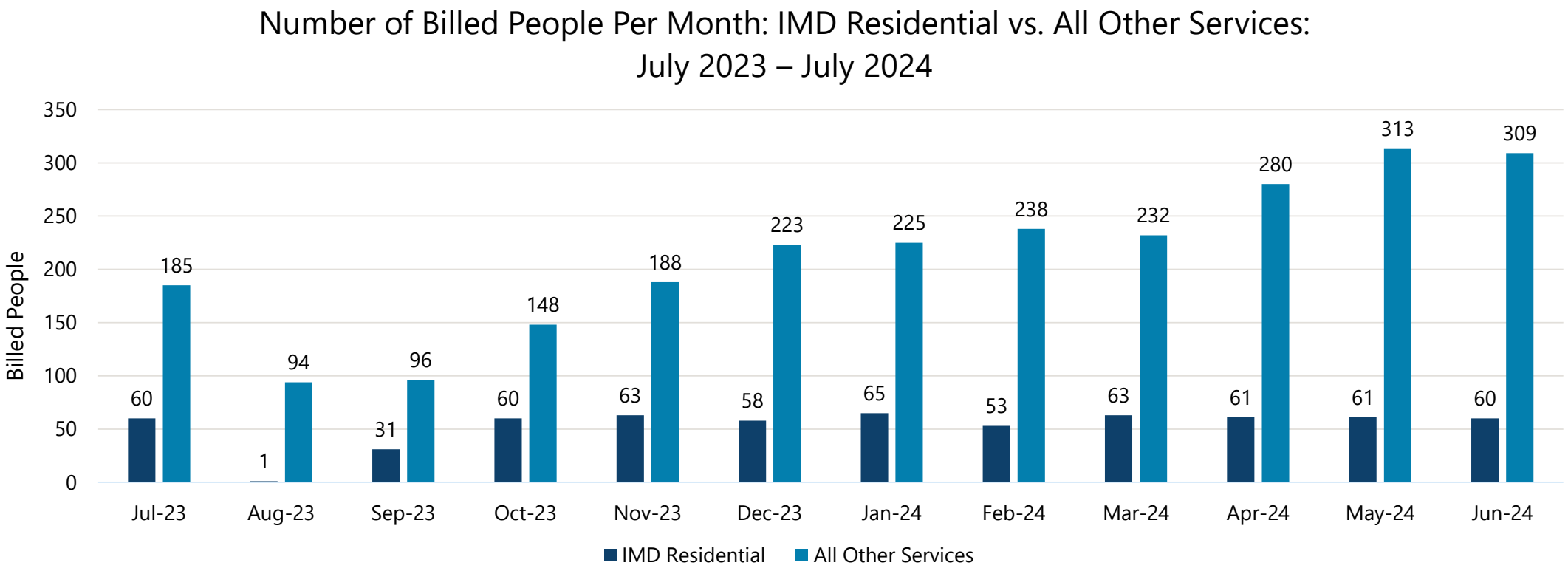
SUD Voucher



Note: NDCC 50-06-42 limits IMD expenditures to 45% of total funding for SUD Voucher.

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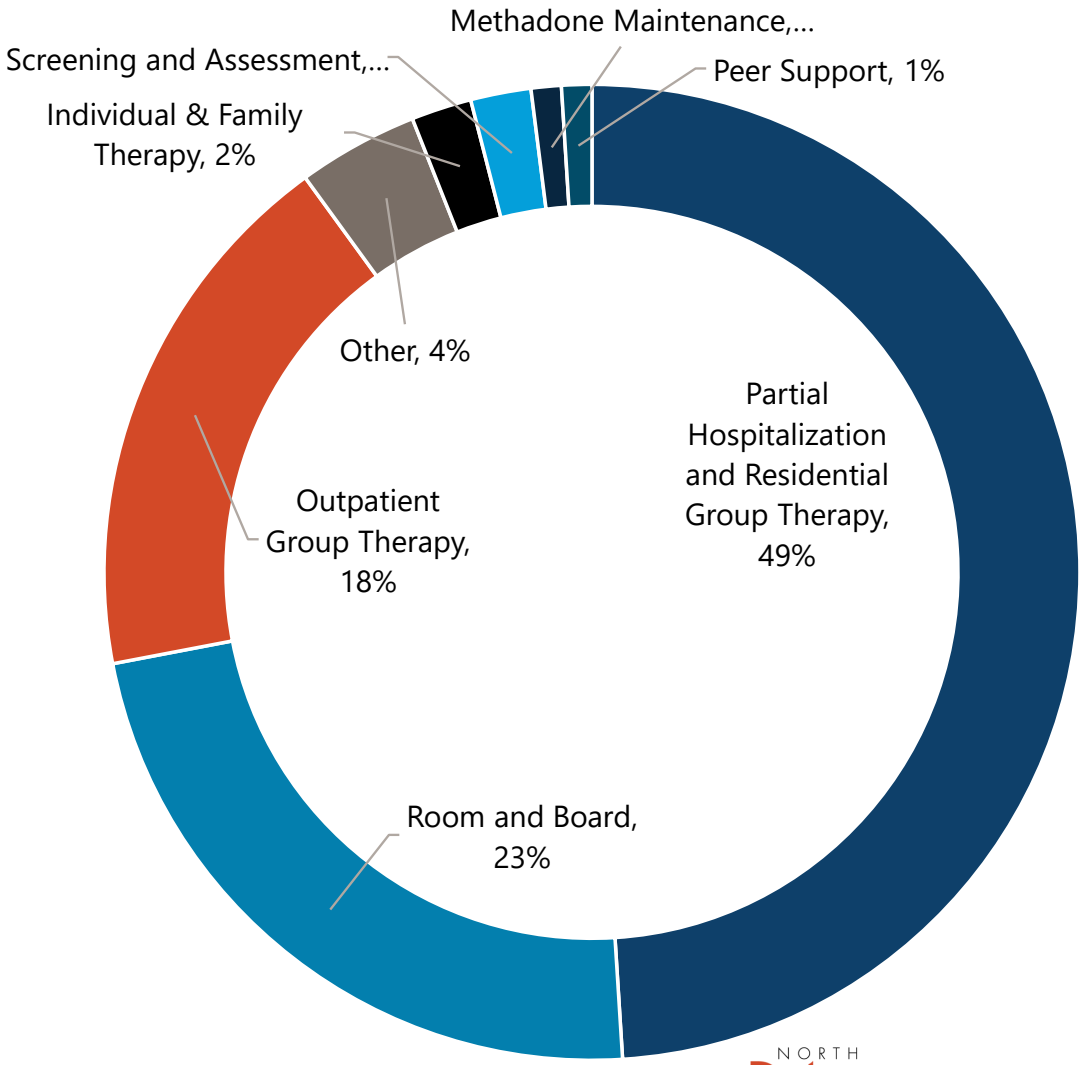
SUD Voucher Expenditures by Service Type



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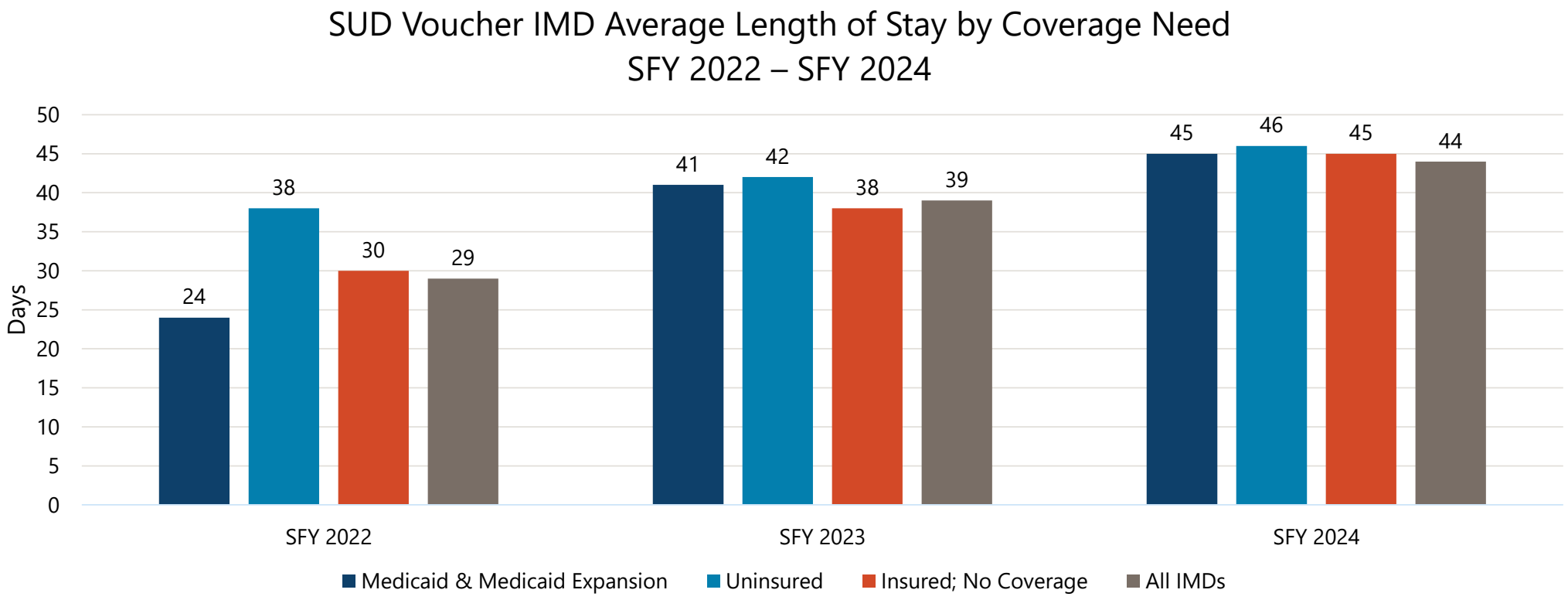
SUD Voucher



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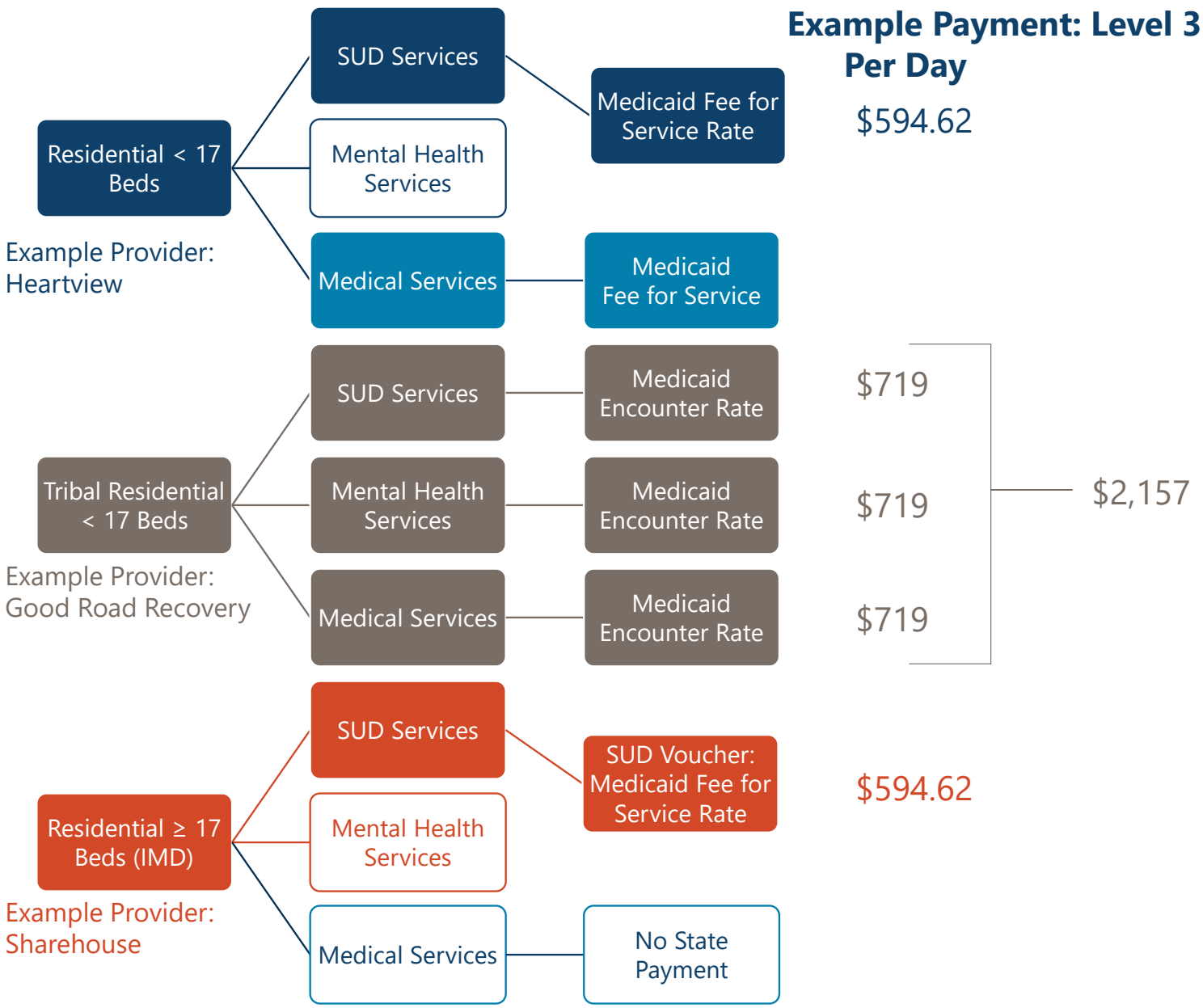
Current Payment for SUD Residential Settings in North Dakota for Medicaid Members



Note: Payments are for services only and exclude room & board.

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IMD Payment Options in Medicaid

Federal policy has not changed the IMD exclusion, but several options allow states to cover limited IMD services:

- “In-lieu-of” Payments
- SUD IMD State Plan Option
- Section 1115 Waivers

“In Lieu of” Payments

- Managed Care plans may provide “in lieu of” services as part of their contracts. An “in lieu of” service is a service that is not included under the state plan, but is a clinically appropriate, cost-effective substitution for a similar, covered service.
- The 2016 Managed Care Final Rule issued guidance for states regarding to allow short term IMD stays as an “in lieu of” service. This allows states to continue to pay the capitation to a Managed Care Plan during the partial month an individual is in an IMD.
- To be eligible for capitation payment:
  - The Medicaid member must elect IMD services as an alternative to other covered services;
  - The IMD must be a hospital providing psychiatric or substance use disorder (SUD) inpatient care or a sub-acute facility providing psychiatric or SUD crisis residential services; and
  - The stay in the IMD is for **no more than 15 days**.

SUD IMD State Plan Option

Allows states to cover **up to 30 IMD days** during a 12-month period for a Medicaid member with at least one SUD in an eligible IMD.

- **Provider Requirements:** Eligible IMDs must (1) follow evidence-based practices and (2) offer at least 2 forms of Medication Assisted Treatment (MAT).
- **Continuum of Care Requirements:** States must prove to CMS that the full continuum of care and transitional services are available to Medicaid members in their state.
- **Maintenance of Effort:** To elect this option, states must maintain the annual level of state expenditures for items and services furnished to Medicaid enrollees aged 21 through 64 with at least one SUD in (1) eligible IMDs and (2) outpatient and community-based settings.

Section 1115 Waiver

- IMD waivers are available for both SMI/SED and SUD focused IMDs.
  - Note: States can apply for one option, separately for each option, or submit a dual waiver option for SMI/SED & SUD.
- Allows coverage for short-term IMD stays. States must maintain **an average length of stay of 30 days**.
- Continuum of Service Requirements for each type of waiver.
- Budget Neutrality Requirement
- Outpatient Maintenance of Effort Requirements for Dual SMI/SED & SUD IMD Option
- Specific Goals and Milestones for each waiver requiring states requiring additional state oversight, reporting, and policy development.

What problems are IMD waivers trying to solve?

CMS Goals

1. Increased rates of identification, initiation, and engagement in treatment;
2. Increased adherence to and retention in treatment;
3. Reductions in overdose deaths, particularly those due to opioids;
4. Reduced utilization of emergency departments and inpatient hospital settings for treatment where the utilization is preventable or medically inappropriate through improved access to other continuum of care services;
5. Fewer readmissions to the same or higher level of care where the readmission is preventable or medically inappropriate; and
6. Improved access to care for physical health conditions among beneficiaries

CMS Milestones

1. Access to critical levels of care for OUD and other SUDs;
2. Widespread use of evidence-based, SUD-specific patient placement criteria;
3. Use of nationally recognized, evidence-based SUD program standards to set residential treatment provider qualifications;
4. Sufficient provider capacity at each level of care;
5. Implementation of comprehensive treatment and prevention strategies to address opioid abuse and OUD; and
6. Improved care coordination and transitions between levels of care.

Do 1115 IMD Waivers Work?
SUD IMD 1115 Monitoring Data Analysis

Goal/Milestone	CMS Analysis
Goal #2: Increased adherence to and retention in treatment.	Demonstrations were associated with a 17.1 percent increase in the number of beneficiaries using any SUD treatment but were not associated with shifts in the share of treatment users receiving specific types of treatment.
Goal #3: Reductions in overdose deaths	Rate of overdose deaths significantly increased in 8 of 10 reporting states.
Goal #4: Reduced utilization of EDs and inpatient hospital settings	Implementation was not associated with a significant change in ED visits or inpatient stays.
Goal #6: Improved access to care for physical health conditions	Rate of ambulatory or preventive care use significantly declined in 11 of 14 states.
Milestone #4: Sufficient provider capacity at critical levels of care	SUD providers per 10,000 Medicaid beneficiaries (1) increased significantly in 3 states, (2) decreased significantly in 9, and (3) did not change significantly in 7.

Cross-State Analysis of Section 1115 SUD Demonstration Monitoring Data (medicaid.gov)

Gaps in Behavioral Health Service Delivery in North Dakota

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Current Gaps in Payment & Service Delivery

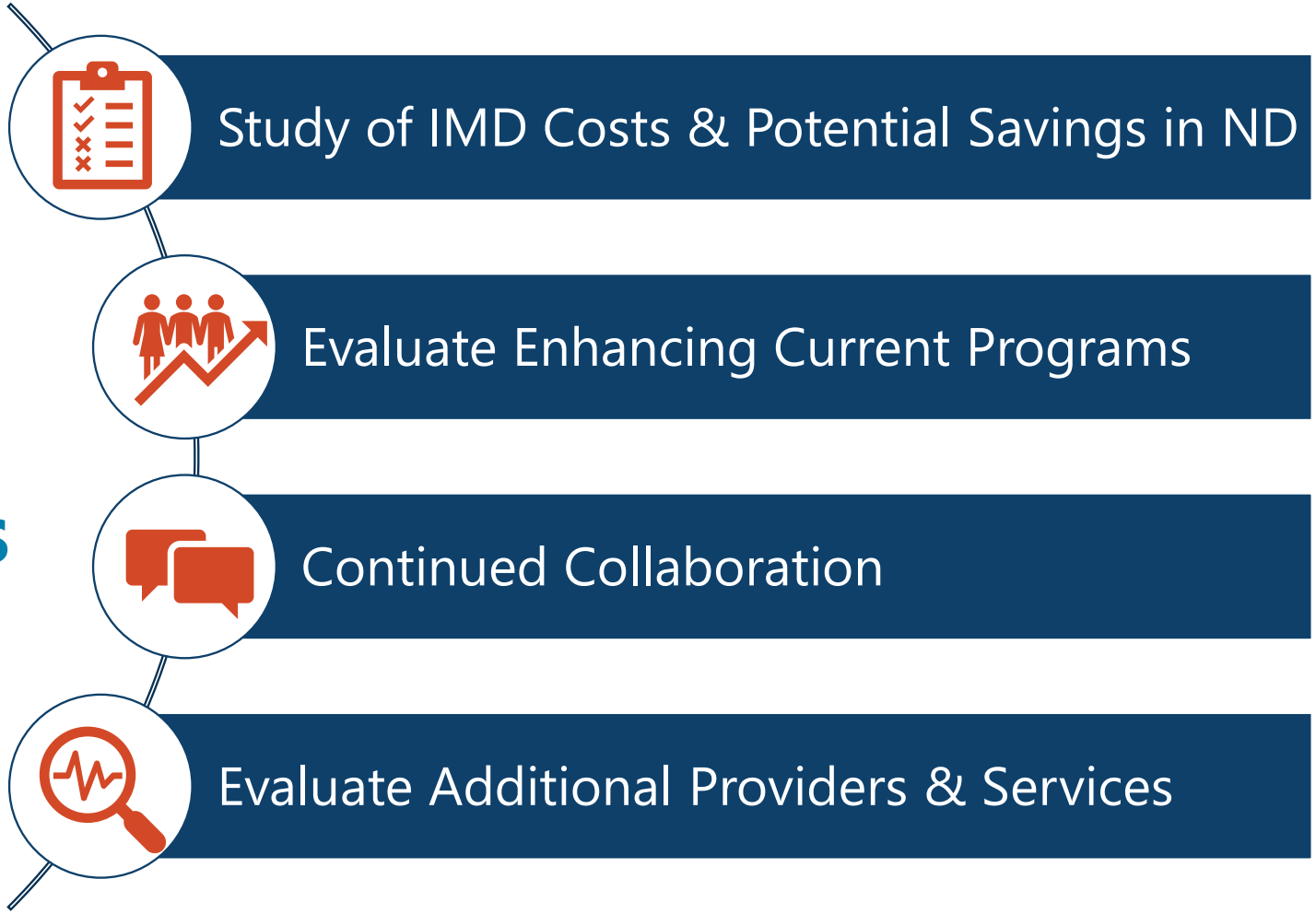
- Funding
  - Co-occurring Mental Health Diagnosis in SUD Residential Settings
  - Medical Payments in IMD Settings
  - Unfunded IMD Hospital Days
- Continuum of Care
  - Prevention
  - Outpatient Initial Service Entry
  - On-Going Recovery Supports
  - Outpatient Services
  - Supported Housing
- Special Populations

Options for Closing Service Delivery & Payment Gaps

- Close Gaps in Current Funding Streams
  - Create Physical Health Funding Stream for SUD Voucher Settings
  - Ensure Mental Health Delivery & Payment in SUD Residential Settings
  - Evaluate "In Lieu of" Services Option
  - Evaluate State Plan SUD IMD Option
  - Evaluate 1115 SUD or SED/SMI & SUD Dual Diagnosis Option
- Incentivize Provider Outpatient Service Capacity & Delivery
- Invest in Supported Housing Infrastructure
- Develop Care Coordination Model to Connect Individuals to Care

Next Steps and Future Considerations

Next Steps & Future Considerations



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Contact Information

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NATIVE INC.
Community Development Corporation

Native Community Development, Inc. dba NATIVE, Inc. serving urban Indians and other disproportionate populations in North Dakota.

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Bismarck ND 58501
Tel: (701) 595-5181
Website: www.ndnadc.org

Fargo Office
115 University Dr. North, Ste. 102
Fargo, ND 58102
Tel: (701) 412-2735
Website: www.ndnadc.org

February 11, 2025

HB 1012
Appropriations - Human Resources Division

Mr. Chairman Nelson and Members of the Committee,

My name is Lorraine Davis, Founder and CEO of NATIVE, Inc. serving the urban Indian populations and other disproportionate populations in North Dakota since 2012. NATIVE, Inc. is a partner with the ND Behavioral Health Division as a community service provider of the Free through Recovery Program, Community Connect Program and 1915i Program serving in the Bismarck and Fargo areas. NATIVE, Inc. provides culturally responsive services and programs. I created NATIVE, Inc. to better meet the cultural needs of Native Americans living in urban areas of ND.

I am asking for $1.9 Million dollars as an amendment to HB 1012 to include an Native American urban set aside to fiscally support culturally programming for participants and their families involved in the Free through Recovery, Community Connect and 1915i programs. $900,000 designated toward cultural programming and $1 M of it designated toward a community cultural center.

Due to the disproportionate representation of Native American adults in prison, Native American youth corrections and at-risk youth, and children involved in foster care and adoptions, it is critical to provide cultural and traditional healing programming amongst Native Americans living off the reservations referred to as the urban Indians within our state. Native Americans live away from their homelands, people and without cultural connections and ways of life. This is a preventive and recovery approach with access to intervention as we provide referrals to treatment centers through all the contracts/grants we have with your department.

Eligible organizations for this funding would need to be Native American behavioral health community-based service organizations serving Native populations living in two or more urban areas who are contracted with the ND Behavioral health's Community Connect, FTR,1915i and involved in the system of care program.

Thank you for your time and commitment toward addressing human service needs within ND. I can be reached on my cell phone at (701) 214-7911 or email lorraine@ndnadc.org, thank you for your time and consideration on this matter.

Respectfully,

Lorraine Davis

Submitted 10/07/2024 for Upcoming ND Governor Review

NATIVE, Inc. FOR THE GREAT PLAINS INDIANS CHILDREN, YOUTH AND FAMILY ENGAGEMENT CENTER 2025-2027 BIENNIUM BUDGET Start 07/01/2025 | End 06/30/2027				
BISMARCK				
CATEGORY	AMOUNT	DESCRIPTION		
PERSONNEL				
Programs Director (100% of $65,000 year/$31 hr)	$ 130,000	1 FT (Mid-level)		
Benefits @ 12%	$ 31,200			
Youth & Family Coordinator (100% of $47,840 year/$22 hr)	$ 91,520	1 FT (Mid-level)		
Benefits @ 12%	$ 21,965			
Cultural and Spiritual Education and Coordinator (100% of $54,080 year/$26 hr)	$ 108,160	1 FT		
Benefits @ 12%	$ 12,979			
Marketing/Communications Specialist (50% of $52,000 year/$25 hr)	$ 52,000	1 PT (Mid-level)		
Transportation Driver ($29,120 year/$14 hour)	$ 58,240	1 FT		
Benefits @ 12%	$ 6,989			
PERSONNEL-Bienniem Total	**$ 513,053**			
OPERATION				
Cultural/Spiritual Programs (includes contractors and supplies)	$ 69,200	258 classes over biennium/129 per year		
Cultural Events	$ 5,000			
Fatherhood/Motherhood is Sacred Training (6 employees)	$ 6,000			
Professional Services	$ 78,000	Per Year: $16,000 IT Services for Virtual Learning Options, $20,000 Curriculum Development, $30,000 Evaluation/Research & Dev., $12,000 Marketing.		
Rent	$ 170,400	100% annual rental space in Bismarck $7,100 per month		
OPERATING--Bienniem Total	**$ 328,600**			
Bismarck--Bienniem Total	$ 841,653			
Community Cultural Center	$1,000,000			
Grand Total	$ 1,841,653			

2025 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

HB 1012
2/12/2025

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

9:01 a.m. Chairman J. Nelson called the meeting to order.

Members Present: Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Berg, Mitskog, Murphy, O' Brien, Wagner.

Discussion Topics:

- Budget Comparison
- Health and Human Services
- Business Operations
- Behavioral Health
- Human Services
- Medical Services
- Public Health

9:09 a.m. Keith Mantz, Fiscal Analyst, ND Legislative Council, presented the long sheets for each division #37419.

9:19 a.m. Stephanie Gullickson, Fiscal Analyst, ND Office of Management and Budget, spoke to additional restoration of funds and FTE's #37419.

9:23 a.m. Donna Aukland, Chief Financial Officer, Health and Human Services, discussed base budget salary, pay, under funding, FTE vacancy #37419.

9:38 a.m. Keith Mantz, Fiscal Analyst, ND Legislative Council, resumed testimony #37419.

9:41 a.m. Donna Aukland, Chief Financial Officer, Health and Human Services, addressed integration of services.

9:45 a.m. Keith Mantz, Fiscal Analyst, ND Legislative Council, resumed testimony #37419.

9:46 a.m. Donna Aukland, Chief Financial Officer, Health and Human Services, responded to main frame conversion and restoration.

9:55 a.m. Keith Mantz, Fiscal Analyst, ND Legislative Council, resumed testimony #37419.

9:57 a.m. Donna Aukland, Chief Financial Officer, Health and Human Services, responded to opioid funding.

10:01 a.m. Stephanie Gullickson, Fiscal Analyst, ND Office of Management and Budget, spoke to a revision.

10:02 a.m. Keith Mantz, Fiscal Analyst, ND Legislative Council, continued with testimony #37419.

10:10 a.m. Donna Aukland, Chief Financial Officer, Health and Human Services, spoke to provider carve out.

10:19 a.m. Sara Stolt, Deputy Commissioner, Health and Human Services recommended that Pam Sagness, respond to the committee request #37419.

10:20 a.m. Donna Aukland, Chief Financial Officer, Health and Human Services, responded to underfunding.

10:22 a.m. Keith Mantz, Fiscal Analyst, ND Legislative Council, continued with testimony # 37419.

10:23 a.m. Stephanie Gullickson, Fiscal Analyst, Office of Management and Budget, spoke to partially funded positions.

10:25 a.m. Donna Aukland, Chief Financial Officer, Health and Human Services, addressed the roll up.

10:27 a.m. Pam Sagness, Executive Director, Behavioral Health Division, requested that the committee review the decision package #37419.

10:30 a.m. Keith Mantz, Fiscal Analyst, ND Legislative Council, continued with testimony #37419.

10:31 a.m. Pam Sagness, Executive Director, Behavioral Health Services, will send a response to bathroom remodel #37419.

10:31 a.m. Keith Mantz, Fiscal Analyst, ND Legislative Council, continued with testimony #37419.

10:40 a.m. Stephanie Gullickson, Fiscal Analyst, Office of Management and Budget, spoke to best in class.

10:44 a.m. Keith Mantz, Fiscal Analyst, ND Legislative Council, continued with testimony #37419.

10:48 a.m. Donna Aukland, Chief Financial Officer, Health and Human Services, spoke to value base purchasing and its flexibility.

10:49 a.m. Nancy Nicholas -Maier, Director, Adult and Aging Services, Health and Human Services, targeted rate increase would be separate to gain access to nursing staff #37419.

10:52 a.m. Keith Mantz, Fiscal Analyst, ND Legislative Council continued with testimony #37419.

10:56 a.m. Donna Aukland, Chief Financial Officer, Health and Human Services, addressed the block grant.

11:00 a.m. Stephanie Gullickson, Fiscal Analyst, Office of Management and Budget, responded that it was a philosophical difference.

11:01 a.m. Dirk Wilke, Interim Commissioner, Health and Human Services, explained the expansion of maternal child health programs, and vaccine cost purchased at a federal rate. Committee requested more info #37419.

11:08 a.m. Jessica Thomasson, Executive Director, Human Services Division, Health and Human Services, responded to one time request #37419.

11:14 a.m. Sarah Aker, Executive Director, Medical Health Services, Health and Human Services, addressed expanding value-based purchasing #37419.

11:19 a.m. Jessica Thomasson, Executive Director, Human Services Division, Health and Human Services, responded to housing assistance.

11:22 a.m. Keith Mantz, Fiscal Analyst, ND Legislative Council, continued with testimony # 37419.

11:23 a.m. Donna Aukland, Chief Financial Officer, Health and Human Services, presented inflator comparisons and requested collaboration with the Office of Management and Budget # 37395.

11:29 a.m. Chairman J. Nelson adjourned the meeting.

Jan Kamphuis, Committee Clerk

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PROVIDER INFLATION

HOUSE RECOMMENDATION

2025-27 BIENNIUM

Inflation Percentage 1.5%/1.5%	2025-27 Biennium				Increase from Executive Request			2027-29 Biennium Estimated Cost to Continue**			
Program	TOTAL	GENERAL	FEDERAL	OTHER	GENERAL	FEDERAL	OTHER	TOTAL	GENERAL	FEDERAL	OTHER
Inpatient Hospitals	$ 4,703,996	$ 2,337,489	$ 2,366,507	$ -	$ -	$ -	$ -	$ 1,581,875	$ 956,806	$ 625,069	$ -
Outpatient Hospitals	1,646,360	807,986	838,374	-	-	-	-	553,643	330,408	223,235	-
Professional Services	3,349,422	1,637,091	1,712,331	-	-	-	-	1,126,354	669,146	457,208	-
Other Medical Programs	6,515,987	2,167,127	4,348,860	-	-	-	-	3,586,076	886,935	2,699,141	-
Basic Care	1,502,259	1,088,531	413,728	-	-	-	-	505,184	396,211	108,973	-
HCBS/Children Services	3,894,595	2,206,343	1,688,252	-	-	-	-	1,343,649	881,962	461,687	-
Developmental Disability	16,808,241	8,293,006	8,515,235	-	-	-	-	12,277,347	6,691,658	5,585,689	-
Children and Family Services	3,286,773	1,417,116	1,853,766	15,891	-	-	-	3,060,733	1,477,200	1,516,744	66,789
Behavioral Health Policy	1,088,608	1,088,608	-	-	-	-	-	366,480	366,480	-	-
Human Service Clinics	814,210	814,210	-	-	-	-	-	274,104	274,104	-	-
Aging Services	46,348	32,653	13,695	-	-	-	-	15,603	10,993	4,610	-
Grand Total	**$ 43,656,799**	**$ 21,890,160**	**$ 21,750,748**	**$ 15,891**	**$ -**	**$ -**	**$ -**	**$ 24,691,048**	**$ 12,941,903**	**$ 11,682,356**	**$ 66,789**

Inflation Percentage 2%/2%	2025-27 Biennium				Increase from Executive Request			2027-29 Biennium Estimated Cost to Continue**			
Program	TOTAL	GENERAL	FEDERAL	OTHER	GENERAL	FEDERAL	OTHER	TOTAL	GENERAL	FEDERAL	OTHER
Inpatient Hospitals	$ 6,285,871	$ 3,123,555	$ 3,162,316	$ -	$ 786,066	$ 795,809	$ -	$ 2,123,042	$ 1,226,846	$ 896,196	$ -
Outpatient Hospitals	2,200,003	1,079,700	1,120,303	-	271,714	281,929	-	743,047	423,749	319,298	-
Professional Services	4,475,776	2,187,622	2,288,154	-	550,531	575,823	-	1,511,686	858,266	653,420	-
Other Medical Programs	8,707,265	2,895,903	5,811,362	-	728,776	1,462,502	-	4,344,899	1,137,293	3,207,606	-
Basic Care	2,007,443	1,454,587	552,856	-	366,056	139,128	-	678,010	521,639	156,371	-
HCBS/Children Services	5,204,284	2,948,305	2,255,979	-	741,962	567,727	-	1,791,924	1,136,712	655,212	-
Developmental Disability	22,460,812	11,081,970	11,378,842	-	2,788,964	2,863,607	-	14,254,682	7,671,451	6,583,231	-
Children and Family Services	4,392,176	1,863,122	2,507,817	21,237	446,006	654,051	5,346	3,427,371	1,640,200	1,718,149	69,022
Behavioral Health Policy	1,453,885	1,453,885	-	-	365,277	-	-	491,047	491,047	-	-
Human Service Clinics	1,087,414	1,087,414	-	-	273,204	-	-	367,272	367,272	-	-
Aging Services	61,900	43,610	18,290	-	10,957	4,595	-	20,906	14,729	6,177	-
Grand Total	**$ 58,336,829**	**$ 29,219,673**	**$ 29,095,919**	**$ 21,237**	**$ 7,329,513**	**$ 7,345,171**	**$ 5,346**	**$ 29,753,886**	**$ 15,489,204**	**$ 14,195,660**	**$ 69,022**

NORTH Dakota | Health & Human Services
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PROVIDER INFLATION

HOUSE RECOMMENDATION

2025-27 BIENNIUM

Inflation Percentage 2.5%/2.5%	2025-27 Biennium				Increase from Executive Request			2027-29 Biennium Estimated Cost to Continue**			
Program	TOTAL	GENERAL	FEDERAL	OTHER	GENERAL	FEDERAL	OTHER	TOTAL	GENERAL	FEDERAL	OTHER
Inpatient Hospitals	$ 7,867,745	$ 3,909,620	$ 3,958,125	$ -	$ 1,572,131	$ 1,591,618	$ -	$ 2,664,210	$ 1,496,887	$ 1,167,323	$ -
Outpatient Hospitals	2,753,646	1,351,415	1,402,231	-	543,429	563,857	-	932,452	517,090	415,361	-
Professional Services	5,602,130	2,738,153	2,863,977	-	1,101,062	1,151,646	-	1,897,018	1,047,386	849,632	-
Other Medical Programs	10,898,541	3,624,678	7,273,864	-	1,457,551	2,925,004	-	5,103,723	1,387,652	3,716,072	-
Basic Care	2,512,627	1,820,643	691,984	-	732,112	278,256	-	850,837	647,067	203,769	-
HCBS/Children Services	6,513,972	3,690,267	2,823,705	-	1,483,924	1,135,453	-	2,240,199	1,391,462	848,737	-
Developmental Disability	28,113,451	13,870,940	14,242,511	-	5,577,934	5,727,276	-	16,232,085	8,651,249	7,580,836	-
Children and Family Services	5,497,579	2,332,038	3,138,957	26,583	914,922	1,285,191	10,692	3,794,009	1,803,199	1,919,554	71,256
Behavioral Health Policy	1,820,365	1,820,365	-	-	731,757	-	-	616,818	616,818	-	-
Human Service Clinics	1,361,518	1,361,518	-	-	547,308	-	-	461,341	461,341	-	-
Aging Services	77,503	54,603	22,900	-	21,950	9,205	-	26,261	18,502	7,760	-
Grand Total	**$ 73,019,078**	**$ 36,574,241**	**$ 36,418,254**	**$ 26,583**	**$ 14,684,081**	**$ 14,667,506**	**$ 10,692**	**$ 34,818,952**	**$ 18,038,653**	**$ 16,709,043**	**$ 71,256**

Inflation Percentage 3%/3%	2025-27 Biennium				Increase from Executive Request			2027-29 Biennium Estimated Cost to Continue**			
Program	TOTAL	GENERAL	FEDERAL	OTHER	GENERAL	FEDERAL	OTHER	TOTAL	GENERAL	FEDERAL	OTHER
Inpatient Hospitals	$ 9,460,027	$ 4,700,863	$ 4,759,164	$ -	$ 2,363,374	$ 2,392,657	$ -	$ 3,215,784	$ 1,772,104	$ 1,443,680	$ -
Outpatient Hospitals	3,310,932	1,624,919	1,686,013	-	816,933	847,639	-	1,125,499	612,221	513,278	-
Professional Services	6,735,894	3,292,310	3,443,584	-	1,655,219	1,731,253	-	2,289,760	1,240,132	1,049,628	-
Other Medical Programs	13,104,280	4,358,253	8,746,027	-	2,191,126	4,397,167	-	5,877,009	1,642,810	4,234,199	-
Basic Care	3,021,135	2,189,108	832,027	-	1,100,577	418,299	-	1,026,986	774,904	252,082	-
Other Long Term Care	7,832,278	4,437,115	3,395,163	-	2,230,772	1,706,911	-	2,697,092	1,651,099	1,045,993	-
Developmental Disability	33,803,424	16,678,378	17,125,046	-	8,385,372	8,609,811	-	18,246,823	9,649,517	8,597,306	-
Children and Family Services	6,610,341	2,804,091	3,774,283	31,967	1,386,975	1,920,517	16,076	3,899,329	1,477,200	2,348,603	73,526
Behavioral Health Policy	2,188,049	2,188,049	-	-	1,099,441	-	-	743,792	743,792	-	-
Human Service Clinics	1,636,522	1,636,522	-	-	822,312	-	-	556,309	556,309	-	-
Aging Services	93,157	65,631	27,526	-	32,978	13,831	-	31,667	22,310	9,357	-
Grand Total	**$ 87,796,039**	**$ 43,975,239**	**$ 43,788,833**	**$ 31,967**	**$ 22,085,079**	**$ 22,038,085**	**$ 16,076**	**$ 39,710,050**	**$ 20,142,398**	**$ 19,494,126**	**$ 73,526**

February 11, 2025

Legislative Council

Department of Health and Human Services - Budget No. 325
Agency Worksheet - House Bill No. 1012

	Burgum Budget				Armstrong Budget				Armstrong Budget Compared to Burgum Budget Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	2,483.83	$2,011,427,547	$3,541,730,000	$5,553,157,547	2,483.83	$2,011,427,547	$3,541,730,000	$5,553,157,547	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Business Operations total changes	4.00	$24,445,204	($63,788,152)	($39,342,948)		$23,772,538	($64,218,125)	($40,445,587)	(4.00)	($672,666)	($429,973)	($1,102,639)
Behavioral Health total changes	49.00	81,173,847	10,590,388	91,764,235		59,685,408	10,560,255	70,245,663	(49.00)	(21,488,439)	(30,133)	(21,518,572)
Human Services total changes	8.00	119,551,666	145,252,641	264,804,307		92,463,215	120,677,289	213,140,504	(8.00)	(27,088,451)	(24,575,352)	(51,663,803)
Medical Services total changes	3.00	105,694,589	2,193,792	107,888,381		89,777,083	66,968	89,844,051	(3.00)	(15,917,506)	(2,126,824)	(18,044,330)
Public Health total changes	11.00	8,118,981	13,262,546	21,381,527		4,831,802	11,255,514	16,087,316	(11.00)	(3,287,179)	(2,007,032)	(5,294,211)
Additional FTE added per salary and wages block grant current biennium	203.52			0	203.52			0				0
Total ongoing funding changes	**278.52**	**$338,984,287**	**$107,511,215**	**$446,495,502**	**203.52**	**$270,530,046**	**$78,341,901**	**$348,871,947**	**(75.00)**	**($68,454,241)**	**($29,169,314)**	**($97,623,555)**
One-Time Funding Items												
Business Operations one-time funding items			$8,500,000	$8,500,000			$10,000,000	$10,000,000			$1,500,000	$1,500,000
Behavioral Health one-time funding items		$2,000,000	16,472,000	18,472,000			304,972,000	304,972,000		($2,000,000)	288,500,000	286,500,000
Human Services one-time funding		8,065,771	13,395,360	21,461,131		$17,472,500	25,412,480	42,884,980		9,406,729	12,017,120	21,423,849
Medical Services one-time funding			2,000,000	2,000,000			2,000,000	2,000,000				0
Public Health one-time funding		151,500	4,325,304	4,476,804		151,500	4,325,304	4,476,804				0
Total one-time funding changes	**0.00**	**$10,217,271**	**$44,692,664**	**$54,909,935**	**0.00**	**$17,624,000**	**$346,709,784**	**$364,333,784**	**0.00**	**$7,406,729**	**$302,017,120**	**$309,423,849**
Total Changes to Base Level Funding	**278.52**	**$349,201,558**	**$152,203,879**	**$501,405,437**	**203.52**	**$288,154,046**	**$425,051,685**	**$713,205,731**	**(75.00)**	**($61,047,512)**	**$272,847,806**	**$211,800,294**
2025-27 Total Funding	**2,762.35**	**$2,360,629,105**	**$3,693,933,879**	**$6,054,562,984**	**2,687.35**	**$2,299,581,593**	**$3,966,781,685**	**$6,266,363,278**	**(75.00)**	**($61,047,512)**	**$272,847,806**	**$211,800,294**
Federal funds included in other funds			*$3,232,957,459*				*$3,217,217,463*				*($15,739,996)*	
Total ongoing changes - Percentage of base level	*11.2%*	*16.9%*	*3.0%*	*8.0%*	*8.2%*	*13.4%*	*2.2%*	*6.3%*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*11.2%*	*17.4%*	*4.3%*	*9.0%*	*8.2%*	*14.3%*	*12.0%*	*12.8%*	*N/A*	*N/A*	*N/A*	*N/A*

Legislative Council

Business Operations - 100 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	Burgum Budget				Armstrong Budget				Armstrong Budget Compared to Burgum Budget			
									Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	114.40	$74,099,008	$118,894,310	$192,993,318	114.40	$74,099,008	$118,894,310	$192,993,318	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$1,304,095	$663,176	$1,967,271		$1,035,502	$531,151	$1,566,653		($268,593)	($132,025)	($400,618)
Health insurance increase		668,678	370,235	1,038,913		651,154	363,569	1,014,723		(17,524)	(6,666)	(24,190)
Base budget adjustments and transfers		(20,823,297)	(67,264,604)	(88,087,901)		(20,824,370)	(67,265,147)	(88,089,517)		(1,073)	(543)	(1,616)
Information Technology Department (ITD) rate increases		5,196,748	2,152,302	7,349,050		5,196,748	2,152,302	7,349,050				0
IT contractual inflationary rate increases		20,730,788		20,730,788		20,730,788		20,730,788				0
Operational underfunding restoration		6,950,000		6,950,000		6,950,000		6,950,000				0
Additional salary funding		9,442,126		9,442,126		9,842,126		9,842,126		400,000		400,000
Office of Administrative Hearings and Attorney General increase		190,590		190,590		190,590		190,590				0
Operations infrastructure support	3.00	505,364	220,720	726,084				0	(3.00)	(505,364)	(220,720)	(726,084)
Data infrastructure data governance	1.00	280,112	70,019	350,131				0	(1.00)	(280,112)	(70,019)	(350,131)
FTE Position adjustment	66.15			0	66.15			0				0
Total ongoing funding changes	**70.15**	**$24,445,204**	**($63,788,152)**	**($39,342,948)**	**66.15**	**$23,772,538**	**($64,218,125)**	**($40,445,587)**	**(4.00)**	**($672,666)**	**($429,973)**	**($1,102,639)**
One-Time Funding Items												
Retire mainframe and legacy systems (SIIF)			$8,500,000	$8,500,000			$10,000,000	$10,000,000			$1,500,000	$1,500,000
Total one-time funding changes	**0.00**	**$0**	**$8,500,000**	**$8,500,000**	**0.00**	**$0**	**$10,000,000**	**$10,000,000**	**0.00**	**$0**	**$1,500,000**	**$1,500,000**
Total Changes to Base Level Funding	**70.15**	**$24,445,204**	**($55,288,152)**	**($30,842,948)**	**66.15**	**$23,772,538**	**($54,218,125)**	**($30,445,587)**	**(4.00)**	**($672,666)**	**$1,070,027**	**$397,361**
2025-27 Total Funding	**184.55**	**$98,544,212**	**$63,606,158**	**$162,150,370**	**180.55**	**$97,871,546**	**$64,676,185**	**$162,547,731**	**(4.00)**	**($672,666)**	**$1,070,027**	**$397,361**
Federal funds included in other funds			*$59,838,891*				*$58,417,969*				*($1,420,922)*	
Total ongoing changes - Percentage of base level	*61.3%*	*33.0%*	*(53.7%)*	*(20.4%)*	*57.8%*	*32.1%*	*(54.0%)*	*(21.0%)*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*61.3%*	*33.0%*	*(46.5%)*	*(16.0%)*	*57.8%*	*32.1%*	*(45.6%)*	*(15.8%)*	*N/A*	*N/A*	*N/A*	*N/A*

Legislative Council

Behavioral Health - 200 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	Burgum Budget				Armstrong Budget				Armstrong Budget Compared to Burgum Budget Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	1,054.27	$307,905,408	$113,955,941	$421,861,349	1,054.27	$307,905,408	$113,955,941	$421,861,349	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$10,729,168	$165,057	$10,894,225		$8,392,306	$134,924	$8,527,230		($2,336,862)	($30,133)	($2,366,995)
Health insurance increase		6,797,977	114,100	6,912,077		6,517,157	114,129	6,631,286		(280,820)	29	(280,791)
Base budget adjustments and transfers		18,760,262	2,311,231	21,071,493		18,775,729	2,311,202	21,086,931		15,467	(29)	15,438
Cost to continue programs		5,709,106	(5,000,000)	709,106		5,709,106	(5,000,000)	709,106				0
Opioid settlement			8,000,000	8,000,000			8,000,000	8,000,000				0
Avel eCare rural crisis support continuation (community health trust fund)				0			2,000,000	2,000,000			2,000,000	2,000,000
Substance use disorder voucher utilization expansion				0		2,500,000		2,500,000		2,500,000		2,500,000
Behavioral health and addiction	32.00	12,756,598	2,000,000	14,756,598					(32.00)	(12,756,598)	(2,000,000)	(14,756,598)
Western ND behavioral health staffing salary equity				0		250,536		250,536		250,536		250,536
Inflation for vendors crisis residential contract				0		706,233		706,233		706,233		706,233
Inflation for vendors addiction residential contract				0		917,786		917,786		917,786		917,786
Inflation for vendors recovery/rehab contract				0		2,154,668		2,154,668		2,154,668		2,154,668
Treatment collaboration for traumatized youth expansion		408,000		408,000		408,000		408,000				0
Voluntary treatment program/qualified residential treatment program private custody youth		1,351,997		1,351,997		1,351,997		1,351,997				0
Youth crisis stabilization pilot		3,000,000	3,000,000	6,000,000		3,000,000	3,000,000	6,000,000				0
Cost to continue free through recovery and community connect		4,000,000		4,000,000		4,761,081		4,761,081		761,081		761,081
Expand Community Connect services		3,458,814		3,458,814		1,000,000		1,000,000		(2,458,814)		(2,458,814)
Expand free through recovery services		3,016,908		3,016,908		1,000,000		1,000,000		(2,016,908)		(2,016,908)
Peer support increase				0		137,990		137,990		137,990		137,990
Drug court treatment expansion				0		200,000		200,000		200,000		200,000
Service expansion SUD, RHAP, CCHBC	16.00	8,488,552		8,488,552					(16.00)	(8,488,552)		(8,488,552)
Administrative support behavioral health	1.00	155,166		155,166					(1.00)	(155,166)		(155,166)
Provider inflation increase 1.5% and 1.5%		2,541,299		2,541,299		1,902,819		1,902,819		(638,480)		(638,480)
FTE position adjustment	104.93			0	104.93			0				0
Total ongoing funding changes	**153.93**	**$81,173,847**	**$10,590,388**	**$91,764,235**	**104.93**	**$59,685,408**	**$10,560,255**	**$70,245,663**	**(49.00)**	**($21,488,439)**	**($30,133)**	**($21,518,572)**
One-Time Funding Items												
Electronic Health Record/Pharmacy system (SIIF)			$5,500,000	$5,500,000			$500,000	$500,000			($5,000,000)	($5,000,000)
Retire health record legacy system on mainframe				0			1,000,000	1,000,000		($2,000,000)	1,000,000	1,000,000
State hospital network redundancy and speed (SIIF)				0			500,000	500,000			500,000	500,000
Develop partial hospitalization/intensive day treatment - (community health trust fund)		2,000,000		2,000,000			2,000,000	2,000,000			2,000,000	0
Bathroom remodel at Southeast Human Service			972,000	972,000			972,000	972,000				0
Construction of new state hospital - bonding			10,000,000	10,000,000			300,000,000	300,000,000			290,000,000	290,000,000
Total one-time funding changes	**0.00**	**$2,000,000**	**$16,472,000**	**$18,472,000**	**0.00**	**$0**	**$304,972,000**	**$304,972,000**	**0.00**	**($2,000,000)**	**$288,500,000**	**$286,500,000**
Total Changes to Base Level Funding	**153.93**	**$83,173,847**	**$27,062,388**	**$110,236,235**	**104.93**	**$59,685,408**	**$315,532,255**	**$375,217,663**	**(49.00)**	**($23,488,439)**	**$288,469,867**	**$264,981,428**
2025-27 Total Funding	**1,208.20**	**$391,079,255**	**$141,018,329**	**$532,097,584**	**1,159.20**	**$367,590,816**	**$429,488,196**	**$797,079,012**	**(49.00)**	**($23,488,439)**	**$288,469,867**	**$264,981,428**
Federal funds included in other funds			*$82,752,873*				*$82,722,740*				*($30,133)*	
Total ongoing changes - Percentage of base level	*14.6%*	*26.4%*	*9.3%*	*21.8%*	*10.0%*	*19.4%*	*9.3%*	*16.7%*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*14.6%*	*27.0%*	*23.7%*	*26.1%*	*10.0%*	*19.4%*	*276.9%*	*88.9%*	*N/A*	*N/A*	*N/A*	*N/A*

Legislative Council

Human Services - 300 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	Burgum Budget				Armstrong Budget				Armstrong Budget Compared to Burgum Budget			
									Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	1,009.16	$623,450,353	$1,240,409,529	$1,863,859,882	1,009.16	$623,450,353	$1,240,409,529	$1,863,859,882	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$3,163,456	$5,781,186	$8,944,642		$2,546,488	$4,704,191	$7,250,679		($616,968)	($1,076,995)	($1,693,963)
Health insurance increase		2,104,121	3,811,080	5,915,201		2,072,787	3,795,116	5,867,903		(31,334)	(15,964)	(47,298)
Base budget adjustment and transfers		10,092,503	94,926,274	105,018,777		10,079,276	94,943,773	105,023,049		(13,227)	17,499	4,272
DHHS cost to continue		57,330,438	(2,746,684)	54,583,754		57,330,438	(2,746,684)	54,583,754				0
Adoption contract increase		4,883,205		4,883,205		4,883,205		4,883,205				0
IT special operations Scrum team - Existing		2,041,944	3,792,181	5,834,125				0		(2,041,944)	(3,792,181)	(5,834,125)
Developmental disablity case manager supervisor	1.00	112,147	109,331	221,478				0	(1.00)	(112,147)	(109,331)	(221,478)
Kinship Navigator	2.00	410,783		410,783				0	(2.00)	(410,783)		(410,783)
Housing initiative			14,500,000	14,500,000				0			(14,500,000)	(14,500,000)
Department of Justice SPED transition		3,776,434	2,555,463	6,331,897				0		(3,776,434)	(2,555,463)	(6,331,897)
Housing assistance to support targeted population - DOJ				0		300,000		300,000		300,000		300,000
Services to support transition and diversion from institution - DOJ				0		2,733,934	2,555,463	5,289,397		2,733,934	2,555,463	5,289,397
Implement host home service DD HCBS waiver				0		1,689,900	1,689,900	3,379,800		1,689,900	1,689,900	3,379,800
Adult Protective Services coverage contracts				0		718,522		718,522		718,522		718,522
Representation supports for families				0		350,000	350,000	700,000		350,000	350,000	700,000
HCBS cross disability waiver	2.00	1,876,156	1,876,156	3,752,312				0	(2.00)	(1,876,156)	(1,876,156)	(3,752,312)
Vulnerable adults guardianship	2.00	1,015,953	179,298	1,195,251				0	(2.00)	(1,015,953)	(179,298)	(1,195,251)
Families Indian Child Welfare Act	1.00	452,709	452,708	905,417				0	(1.00)	(452,709)	(452,708)	(905,417)
Child care best in class		19,272,500		19,272,500				0		(19,272,500)		(19,272,500)
Provider inflation increase 1.5% and 1.5%		13,019,317	13,895,572	26,914,889		9,758,665	10,382,697	20,141,362		(3,260,652)	(3,512,875)	(6,773,527)
Zone employee increases 3% and 3% and health insurance			6,120,076	6,120,076			5,002,833	5,002,833			(1,117,243)	(1,117,243)
FTE position adjustment	19.54			0	19.54			0				0
Total ongoing funding changes	**27.54**	**$119,551,666**	**$145,252,641**	**$264,804,307**	**19.54**	**$92,463,215**	**$120,677,289**	**$213,140,504**	**(8.00)**	**($27,088,451)**	**($24,575,352)**	**($51,663,803)**
One-Time Funding Items												
Retire economic assistance legacy system on mainframe SIIF		$200,000	$200,000	$400,000			$2,000,000	$2,000,000		($200,000)	$1,800,000	$1,600,000
Conversion of developmental disabilities eligibility assessment				0		$200,000	200,000	400,000		200,000	200,000	400,000
Implement comprehensive vocational rehab technology system			8,000,000	8,000,000			8,000,000	8,000,000				0
Replace roof at Cedar Grove building at LSTC (SIIF)			712,480	712,480			712,480	712,480				0
HCBS cross disability waiver		7,865,771	4,482,880	12,348,651				0				(12,348,651)
Best in Class expansion				0		6,000,000		6,000,000		6,000,000		6,000,000
Childcare grants, resources and shared services				0		5,000,000		5,000,000		5,000,000		5,000,000
Early childhood quality infrastructure				0		3,000,000		3,000,000		3,000,000		3,000,000
Maintaining expanded inclusion support for special needs childcare				0		172,500		172,500		172,500		172,500

Offer quality rated childcare programs access teaching strategy				0		100,000		100,000		100,000		100,000
Quality tiered payments for childcare assistance program				0		3,000,000		3,000,000		3,000,000		3,000,000
Housing assistance for people at risk of instability (SIIF)				0			10,000,000	10,000,000			10,000,000	10,000,000
Eviction prevention program (SIIF)				0			3,500,000	3,500,000			3,500,000	3,500,000
Home renovation incentives for accessibility (SIIF)				0			1,000,000	1,000,000			1,000,000	1,000,000
Total one-time funding changes	**0.00**	**$8,065,771**	**$13,395,360**	**$21,461,131**	**0.00**	**$17,472,500**	**$25,412,480**	**$42,884,980**	**0.00**	**$17,272,500**	**$16,500,000**	**$21,423,849**
Total Changes to Base Level Funding	**27.54**	**$127,617,437**	**$158,648,001**	**$286,265,438**	**19.54**	**$109,935,715**	**$146,089,769**	**$256,025,484**	**(8.00)**	**($9,815,951)**	**($8,075,352)**	**($30,239,954)**
2025-27 Total Funding	**1,036.70**	**$751,067,790**	**$1,399,057,530**	**$2,150,125,320**	**1,028.70**	**$733,386,068**	**$1,386,499,298**	**$2,119,885,366**	**(8.00)**	**($9,815,951)**	**($8,075,352)**	**($30,239,954)**
Federal funds included in other funds			*$1,109,564,044*				*$1,097,401,927*				*($12,162,117)*	
Total ongoing changes - Percentage of base level	*2.7%*	*19.2%*	*11.7%*	*14.2%*	*1.9%*	*14.8%*	*9.7%*	*11.4%*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*2.7%*	*20.5%*	*12.8%*	*15.4%*	*1.9%*	*17.6%*	*11.8%*	*13.7%*	*N/A*	*N/A*	*N/A*	*N/A*

Legislative Council

Medical Services - 400 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	Burgum Budget				Armstrong Budget				Armstrong Budget Compared to Burgum Budget			
									Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	90.50	$958,216,598	$1,818,029,530	$2,776,246,128	90.50	$958,216,598	$1,818,029,530	$2,776,246,128	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$425,767	$598,310	$1,024,077		$338,151	$479,188	$817,339		($87,616)	($119,122)	($206,738)
Health insurance increase		242,613	351,910	594,523		233,619	342,896	576,515		(8,994)	(9,014)	(18,008)
Base budget adjustments and transfers		(27,666,245)	60,414,430	32,748,185		(27,664,897)	60,415,798	32,750,901		1,348	1,368	2,716
DHHS cost to continue		71,253,662	(118,383,672)	(47,130,010)		71,253,662	(118,383,672)	(47,130,010)				0
HCBS cost to continue		36,977,113	27,837,811	64,814,924		36,977,113	27,837,811	64,814,924				0
DD bed assessment adjustment			7,209,580	7,209,580			7,209,580	7,209,580				0
Value based purchasing - Medicaid		1,000,000	1,000,000	2,000,000		1,000,000	1,000,000	2,000,000				0
Department of Justice SPED transition		4,830,872	3,033,320	7,864,192				0		(4,830,872)	(3,033,320)	(7,864,192)
Home health targeted rate increase				0		1,235,768	1,235,768	2,471,536		1,235,768	1,235,768	2,471,536
Qualified service provider target rate increase				0		3,595,104	1,797,552	5,392,656		3,595,104	1,797,552	5,392,656
HCBS cross disability waiver	3.00	2,751,365	2,751,365	5,502,730		2,474,226	2,474,226	4,948,452	(3.00)	(277,139)	(277,139)	(554,278)
Rebase Medicaid rates for ambulance service		2,189,770	2,189,770	4,379,540		2,189,770	2,189,770	4,379,540				0
Provider inflation increases 1.5% and 1.5%		13,689,672	15,190,968	28,880,640		10,244,567	11,368,051	21,612,618		(3,445,105)	(3,822,917)	(7,268,022)
FMAP percentage change 50.0% to 50.99%				0		(12,100,000)	2,100,000	(10,000,000)		(12,100,000)	2,100,000	(10,000,000)
FTE position adjustment	11.25			0	11.25			0				0
Total ongoing funding changes	**14.25**	**$105,694,589**	**$2,193,792**	**$107,888,381**	**11.25**	**$89,777,083**	**$66,968**	**$89,844,051**	**(3.00)**	**($15,917,506)**	**($2,126,824)**	**($18,044,330)**
One-Time Funding Items												
Retire Medicaid legacy system on mainframe (SIIF)			$2,000,000	$2,000,000			$2,000,000	$2,000,000				$0
Total one-time funding changes	**0.00**	**$0**	**$2,000,000**	**$2,000,000**	**0.00**	**$0**	**$2,000,000**	**$2,000,000**	**0.00**	**$0**	**$0**	**$0**
Total Changes to Base Level Funding	**14.25**	**$105,694,589**	**$4,193,792**	**$109,888,381**	**11.25**	**$89,777,083**	**$2,066,968**	**$91,844,051**	**(3.00)**	**($15,917,506)**	**($2,126,824)**	**($18,044,330)**
2025-27 Total Funding	**104.75**	**$1,063,911,187**	**$1,822,223,322**	**$2,886,134,509**	**101.75**	**$1,047,993,681**	**$1,820,096,498**	**$2,868,090,179**	**(3.00)**	**($15,917,506)**	**($2,126,824)**	**($18,044,330)**
Federal funds included in other funds			*$1,760,749,203*				*$1,758,622,379*				*($2,126,824)*	
Total ongoing changes - Percentage of base level	*15.7%*	*11.0%*	*0.1%*	*3.9%*	*12.4%*	*9.4%*	*0.0%*	*3.2%*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*15.7%*	*11.0%*	*0.2%*	*4.0%*	*12.4%*	*9.4%*	*0.1%*	*3.3%*	*N/A*	*N/A*	*N/A*	*N/A*

Legislative Council

Public Health - 500 - Budget No. 325.5
Agency Worksheet - House Bill No. 1012

	Burgum Budget				Armstrong Budget				Armstrong Budget Compared to Burgum Budget			
									Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	215.50	$47,756,180	$250,440,690	$298,196,870	215.50	$47,756,180	$250,440,690	$298,196,870	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$2,214,430		$2,214,430		$1,714,252		$1,714,252		($500,178)		($500,178)
Health insurance increase		1,249,098		1,249,098		1,183,357		1,183,357		(65,741)		(65,741)
Base budget adjustments and transfers		(701,222)	$3,120,555	2,419,333		(699,961)	$3,120,555	2,420,594		1,261		1,261
Adds funding to replace the 2023-25 new FTE pool		65,094	50,008	115,102		65,094	50,008	115,102				0
Adds funding to replace the 2023-25 vacant FTE pool		569,060	1,754,865	2,323,925		569,060	1,754,865	2,323,925				0
Expansion for domestic and sexual violence prevention (community health trust fund)				0			2,250,000	2,250,000			2,250,000	2,250,000
Maternal and child health programs enhancement				0		2,000,000		2,000,000				2,000,000
Coordinated purchasing to support immunization access				0			2,213,930	2,213,930			2,213,930	2,213,930
Health facilities, food and lodging, and health worker FTE positions	7.00	1,679,365		1,679,365				0	(7.00)	(1,679,365)		(1,679,365)
Vulnerable adults guardianship	1.00	233,666	2,250,000	2,483,666				0	(1.00)	(233,666)	($2,250,000)	(2,483,666)
Families Indian Child Welfare Act		2,000,000		2,000,000				0		(2,000,000)		(2,000,000)
Public health core, transition of the new lab, nonfatal toxicology	1.00	296,535	4,220,962	4,517,497				0	(1.00)	(296,535)	(4,220,962)	(4,517,497)
Data infrastructure and data governance	2.00	512,955		512,955				0	(2.00)	(512,955)		(512,955)
Forensic pathology contract with UND			1,866,156	1,866,156			1,866,156	1,866,156				0
FTE position adjustment	1.65			0	1.65			0				0
Total ongoing funding changes	**12.65**	**$8,118,981**	**$13,262,546**	**$21,381,527**	**1.65**	**$4,831,802**	**$11,255,514**	**$16,087,316**	**(11.00)**	**($5,287,179)**	**($2,007,032)**	**($5,294,211)**
One-Time Funding Items												
Nonfatal toxicology testing equipment				$0		$151,500	$100,000	$251,500		$151,500	$100,000	$251,500
Public health laboratory transition (SIIF)		$151,500	$3,062,304	3,213,804			2,962,304	2,962,304		(151,500)	(100,000)	(251,500)
Forensic examiner electronic records system			278,000	278,000			278,000	278,000				0
Food and lodging management information system			335,000	335,000			335,000	335,000				0
Health facilities and EMS licensure management system			650,000	650,000			650,000	650,000				0
Total one-time funding changes	**0.00**	**$151,500**	**$4,325,304**	**$4,476,804**	**0.00**	**$151,500**	**$4,325,304**	**$4,476,804**	**0.00**	**$0**	**$0**	**$0**
Total Changes to Base Level Funding	**12.65**	**$8,270,481**	**$17,587,850**	**$25,858,331**	**1.65**	**$4,983,302**	**$15,580,818**	**$20,564,120**	**(11.00)**	**($5,287,179)**	**($2,007,032)**	**($5,294,211)**
2025-27 Total Funding	**228.15**	**$56,026,661**	**$268,028,540**	**$324,055,201**	**217.15**	**$52,739,482**	**$266,021,508**	**$318,760,990**	**(11.00)**	**($5,287,179)**	**($2,007,032)**	**($5,294,211)**
Federal funds included in other funds			*$220,052,448*				*$220,052,448*				*$0*	
Total ongoing changes - Percentage of base level	*5.9%*	*17.0%*	*5.3%*	*7.2%*	*0.8%*	*10.1%*	*4.5%*	*5.4%*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*5.9%*	*17.3%*	*7.0%*	*8.7%*	*0.8%*	*10.4%*	*6.2%*	*6.9%*	*N/A*	*N/A*	*N/A*	*N/A*

2025 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

HB 1012
2/14/2025

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

8:31 a.m. Chairman J. Nelson called the meeting to order.

Members Present: Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Berg, Mitskog, Murphy, O' Brien. Absent: Representative Wagner.

Discussion Topics:

- Technology Debt
- Behavioral Health Funding
- Budget Comparison
- Information Technology Cost

8:32 a.m. Sara Stolt, Deputy Director, Health and Human Services, testified in favor and presented #37702, #37703, #37705.

9:21 a.m. Craig Felchle, Chief Technology Officer, North Dakota Information Technology, addressed the timeline of implementation.

9:26 a.m. Greg Hoffman, Chief Information Officer, North Dakota Information Technology, testified in favor and presented #37733.

10:22 a.m. Pam Sagness, Executive Director, Behavioral Health Division, testified in favor and presented #37731, and previous testimony #29768.

10:31 a.m. Keith Mantz, Fiscal Analyst, ND Legislative Council, testified neutrally and presented #37710.

10:39 a.m. Chairman J. Nelson adjourned the meeting.

Jan Kamphuis, Committee Clerk



HB1012: Technical Debt Details

NORTH Dakota | Health & Human Services
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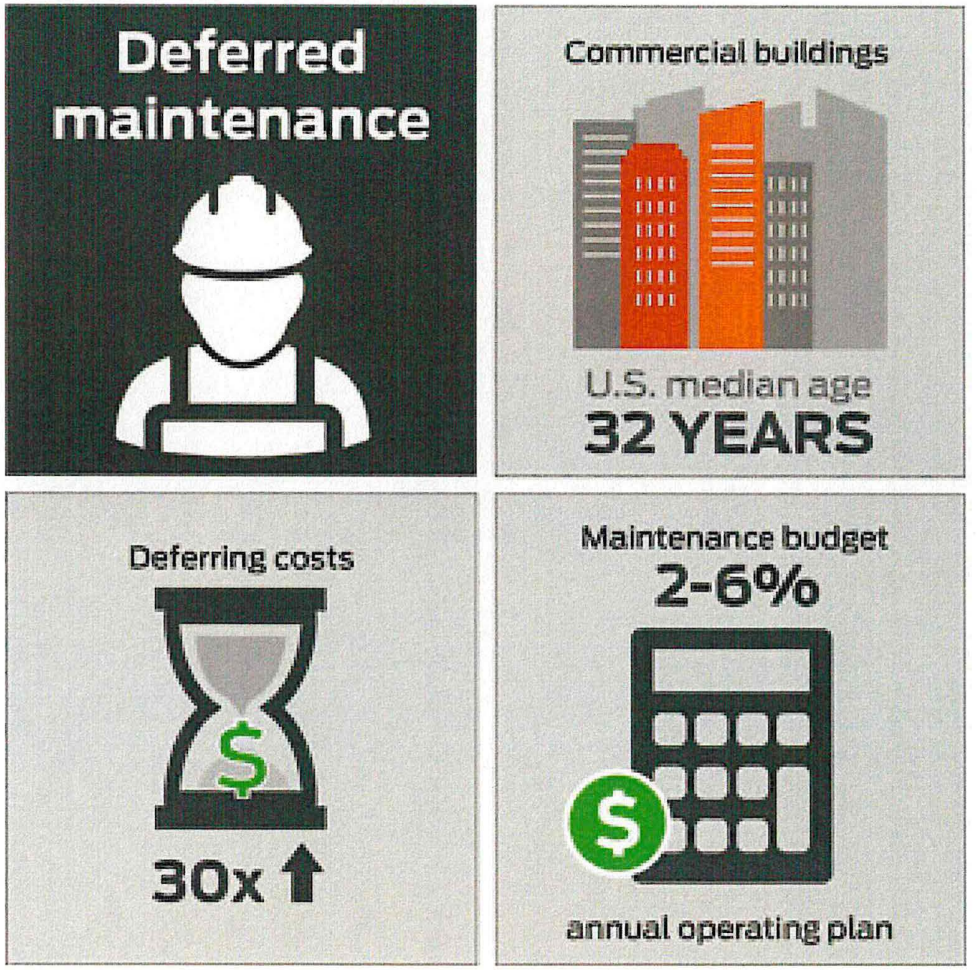
Sara Stolt | Deputy Commissioner, ND HHS
February 14, 2024

Deferred Maintenance

- Deferred maintenance is when maintenance tasks are delayed or postponed.



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Deferred Technology Maintenance

Deferred maintenance on technology is when necessary maintenance tasks are delayed or neglected, which can lead to equipment failure and increased costs.

Causes

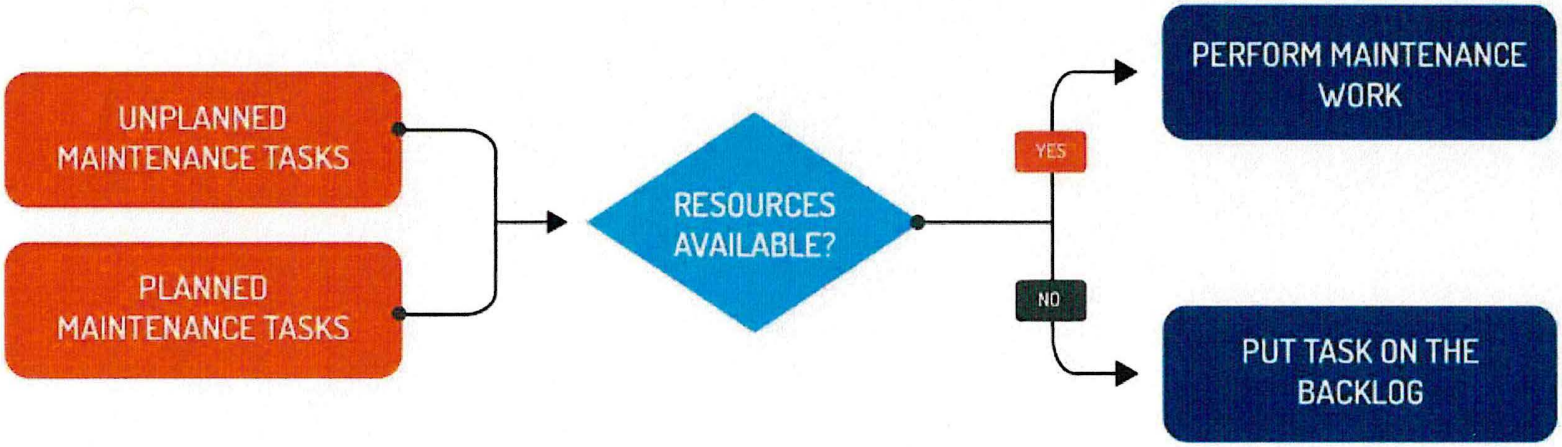
- **Budget constraints**: Lack of funds can prevent lifecycle planning and investments
- **Resource limitations**: Not enough staff or parts to address issues as they arise
- **Competing priorities**: Other tasks or projects take precedence

Effects

- **Equipment deterioration**: Small issues escalate into bigger problems
- **Unexpected breakdowns**: Equipment fails without warning
- **Higher maintenance costs**: It costs more to fix problems that have been deferred

Deferred maintenance

Deferred maintenance is the deliberate delay of planned and unplanned maintenance activities on assets or facilities that should have been addressed immediately. If not handled properly, this results in a maintenance backlog that accumulates over time.



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25-27 Executive Budget – Technology Debt / Mainframe

IT – Existing		Total	General	Federal	Special
Retire Economic Assistance Legacy Systems on Mainframe – SIIF	Human Services	2,000,000		1,000,000	1,000,000
Retire Electronic Health Record Legacy System Data Extraction & Migration on Mainframe – SIIF	Behavioral Health	1,000,000			1,000,000
Retire Medicaid Legacy Systems on Mainframe - SIIF	Medical Services	2,000,000		1,500,000	500,000
Retire Technical debt remediation, including mainframe and legacy systems - SIIF	Business Operations	10,000,000		5,000,000	5,000,000
IT - Existing Total		**15,000,000**		**7,500,000**	**7,500,000**

What is included?

- Between 27-30 applications (technology tools)
- Updated/New versions of software that are dependent on outdated technology on the mainframe to complete processes
- Not just referencing the mainframe but we need to look at newer systems/technologies and ensure that ongoing maintenance and support is addressed timely
- Hundreds of processes and workflows that run through the mainframe (hooks into the mainframe) and new systems and technologies that were built to depend on the mainframe

Goals

- To **eliminate** dependency on the mainframe (hardware) as quickly as possible
- Migrate the **data**, that is to be retained, to a new data storage tool
- Move the new **business capabilities** to a new platform or to merge to existing **supported solutions**
- Eliminate **unnecessary processes** that were dependent on **unsupported applications**
- Build **new processes** that are required for supported applications

Cost of Doing Nothing

Increasing Costs to Maintain (Workforce and Financial Risks)

- Vendor sourcing costs are increasing
- Software costs are steadily increasing
- Decreasing in-house knowledge on the applications and integrations

Inability to Cost Effectively Deliver on New(er) Capabilities (Efficiency)

- Multi-Factor Authentication
- Stakeholder and Employee Expectations

Cybersecurity Risks

- As support options decrease, cyber-risk increases
- What is the cost of a breach?

Software solutions will become unsupported

- **Lead to inability to continue to utilize them or even the ability to extract needed data from them.**

Process that Drives Cost



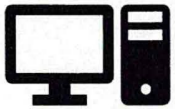
Business Analysis – Understand what the process is driving and what it's connected to.



Data migration and Data Storage



Project planning and implementation



Hardware / Software

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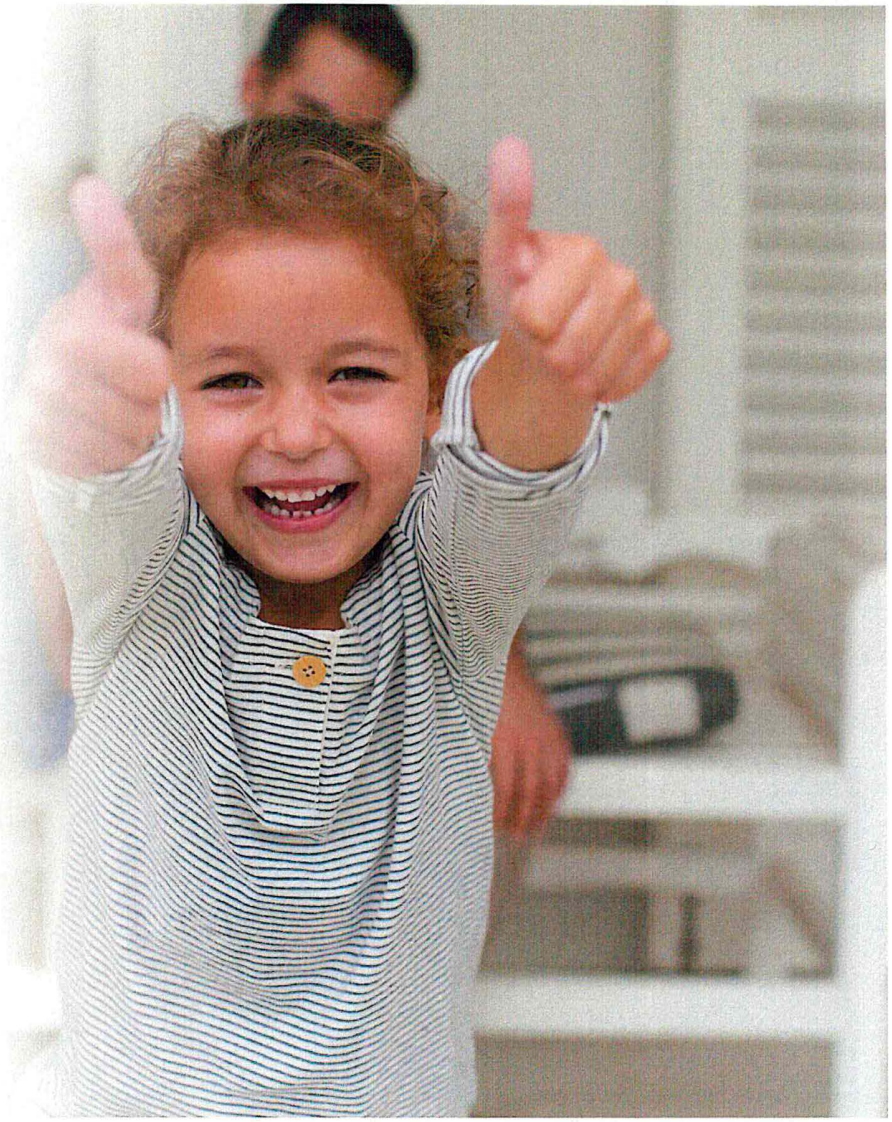
NORTH Dakota | Health & Human Services
Be Legendary.



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Health & Human Services

HHS Mainframe Dependencies

Application	Stack	Service	Category	Assessment Type	HHS Division	Description
DHS - CCWIPS	Mainframe	N/A	Mainframe Apps	Part of FRAME/CCWIPS project	CFS	Children and Family Services Case Management and Payment application (Case Management for Adoption, Payments for Foster Care)
DHS - FACSES Mainframe System	Mainframe	N/A	Mainframe Apps	Part of FACSES project	Child Support	Child Support Case Management and Payment
DHS - FRAME	Java	DB2, CONNX, Natural Broker	Apps using DB2	Part of FRAME/CCWIPS project	CFS	Children and Family Services Case Management and Payment application (Case Management for Foster Care, CPS, Guardianship, Payments for Guardianship)
DHS-SB68-Basic Care	Mainframe	N/A	Mainframe Apps		Economic Assistance	Basic Care Eligibility Determination
DHS-SS3-Contract System	Mainframe	N/A	Mainframe Apps		Finance	Legacy contract and payment application for contracts, leases. ...
DHS-SS8 Money follows the Person	Mainframe	N/A	Mainframe Apps		Aging	
DHS - ApplyNow	Java	DB2	Apps using DB2	Part of FACSES project	Child Support	Child Support Parent web application to apply for services
DHS - Eligibility Services	Java	DB2, CONNX, Natural Broker	Apps using DB2		Economic Assistance	Provides web services to integrate between SPACES and TECS/Vision (Case conversion, Eligibility History, ...)
DHS - Employer EFT	Java	DB2, Natural Broker	Apps using DB2	Part of FACSES project	Child Support	Allows employers to manage Child Support payment obligations
DHS - FACSES Inquire and Maintain	Java	DB2, Natural Broker	Apps using DB2	Part of FACSES project	Child Support	Child Support Web application to review payment status
DHS - NDVerify	Java	DB2, CONNX	Apps using DB2		Economic Assistance	Provides verification services for Economic Assistance applications (SSN, Vital Records, Motor Vehicle,...)
DHS - Services Hub	Java	DB2, CONNX	Apps using DB2		Multiple	Service Broker between multiple HHS applications (example - SPACES eligibly to MMIS payment application)

Application	Stack	Service	Category	Assessment Type	HHS Division	Description
DHS - MDS (Writes to DB2 for Service Hub transactions)	Java	DB2	Apps using DB2		Medical Services	Maintains nursing home assessments and classifications - provides to MMIS
DHS - FES (Writes to DB2 for Service Hub transactions)	Java	DB2	Apps using DB2		Medical Services	Maintains Level Of Care Determination/Payment Alerts/Hospice Election/Service Authorizations for Waiver Programs - provides to MMIS.
DOH - Children's Special Health Services (CSHS)	PowerBuilder	DB2	Apps using DB2		Public Health	
DHS - CS Services	Java	CONNX, Natural Broker	Interfacing Apps	Part of FACSES project	Child Support	Provides web services to integrates between FACSES and other HHS applications
DHS - Lien Registry	Java	CONNX	Interfacing Apps	Part of FACSES project	Child Support	Public inquiry to Liens of non-custodial parents
DHS - New Hire	Java	Natural Broker	Interfacing Apps	Part of FACSES project	Child Support	Allows employers to report new hires
DHS - QUICK Application	Java	Natural Broker	Interfacing Apps	Part of FACSES project	Child Support	Interstate inquiry to ND Child Support cases. Used by other state Child Support offices
DHS - RETTA - Web Terminations	Java	Natural Broker	Interfacing Apps	Part of FACSES project	Child Support	Allows employers to report job terminations
Legacy MMIS	Mainframe	N/A	Mainframe Apps		Medical Services	Legacy Medicaid Claims Payment
DHS - VISION	CA:Gen	DB2	Mainframe Apps		Economic Assistance	Legacy TANF and Medicaid Eligibility Determination
DHS-ES1-ES4-TECS	Mainframe	N/A	Mainframe Apps		Economic Assistance	Legacy SNAP and Medicaid Eligibility Determination
DHS-SS18-CCAP	Mainframe	N/A	Mainframe Apps		Economic Assistance	Legacy Child Care Assistance Eligibility Determination
DHS-SS4-LIHEAP	Mainframe	N/A	Mainframe Apps		Economic Assistance	Legacy LIHEAP Eligibility Determination
ROAP	AIX	N/A	AIX		Behavioral Health	Legacy Clinical EHR used by HSCs
AIMS	AS/400	N/A	AS400		Behavioral Health	Legacy In-Patient EHR used by State Hospital

Application	Stack	Service	Category	Assessment Type	HHS Division	Description

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Health & Human Services

Example: TECS and VISION (supports SPACES)

Processes Still running for TECS:

1. Bank of North Dakota – Batch process for ACH (Automated Clearing House) for TANF benefits.
2. EFUNDS - EBT (Electronic Benefits Transfer) – Batch process in place for some or all the list activities.
    - SNAP Demographic
    - SNAP Benefit
    - SNAP Administrative
    - SNAP Adjustment
    - SNAP Aging
    - SNAP Account Activity
    - SNAP MIS Detail
3. FASCES (Fully Automated Child Support Enforcement System) – Batch process to send and receive referrals from Child Support
4. Federal Office of Child Support Enforcement New Hire File
5. ND Verify - queries to determine if there is any open case for the individual being inquired upon. NDVerify pulls benefit information from TECS/Vision.
6. SSA (Social Security Administration) - Sends and receives files from FEDS through a mainframe batch process for the information listed below.
    a. Bendex (Beneficiary Data Exchange)
    b. Earnings (BEER) - This provides annual earnings, pension, and self-employment data for all individuals who's SSNs are matched with the data as reported to the Internal Revenue Service on the W-2 and W-2P income statements.
    c. Bendex Benefits - Computer match by SSN between public assistance case files and Social Security records used to verify RSDI benefits in determining eligibility for various public assistance programs.
    d. Bendex COLA (Cost of Living Adjustment) file,
    e. Numident (Numerical Identification System) - A file is sent to the Social Security Administration (SSA) containing the social security number, last name, first name,

sex and date of birth (mm/yy) of all individuals in TECS and Vision that have not been previously verified by NUMIDENT.

f. SDX (SSI State Data Exchange) provides states with information about aged, blind, and disabled persons who apply for or receive Supplemental Security Income (SSI). The SDX record consists of SSI eligibility and payment data collected by the Social Security Administration. The information available on the SDX can be used to determine financial and technical eligibility for SSI-related Medicaid, TANF based on incapacity (when one or both parents receive SSI), and Food Stamps.

g. TPQY - on-line method of verifying Social Security Administration (SSA)/Supplement Security Income (SSI) benefit information, Medicare/Buy-in information and quarters of coverage

h. TPQY 40 quarters

i. TPQY prisoners

j. SSA – LIS

k. SSA – Death Match

7. SOLQ (State Online Query) - Interface allows authorized users to inquire on client information maintained by the Social Security Administration. The SOLQ interface provides direct online access to individual Social Security records, which the interface processes immediately and sends back an online response to the requestor.
8. SVES (State Verification and Exchange) - batch query system that provides states and some federal agencies with a standardized method of SSN verification and uniform data response for Title 2 and/or Title 16 data for benefit program processing. In addition to allowing states to receive SSN Verification, and if requested Title 2 and/or Title 16 data, SVES also allows states to request information from other SSA exchange systems external to SVES (e.g., BENDEX, SDX) via the SVES request.
9. FEDS(Baltimore)

    a. Buyin A and B - Information received back in 2 files (Part A and Part B) for client sent on the outgoing file. TECS Buyin dates and statuses get updated. Medicare Part A Buyin: Hospital Coverage SSI Buy-In (Part B - Medical Coverage): A program under Section 1843 of the Social Security Act in which Medicaid eligible recipients who are in receipt of Supplemental Security income (SSI) benefits and who are eligible for Medicare Part B, are eligible for the state to pay the monthly Medicare Part B premium.

    b. PARIS (Public Assistance Reporting Information System) - a federal-State partnership which provides all fifty States, D.C., and Puerto Rico detailed

information and data to assist them in maintaining program integrity and detecting/ deterring improper payments

c. UFO (Unidentified Financial Objects) interface - File of potential assets that serve as a lead to identify an asset (i.e. interest, dividends, gambling winnings, agriculture subsidies, capital gains, sale of stocks and bonds).

d. MMA (Medicaid Modernization Act) (Part D),

e. Pickle People File - File of individuals who would lose SSI eligibility based on a COLA increase to Social Security income

10. Job Service -

    a. Wage UIB Interface - Create an interface to Job Service of UIB (Unemployment Insurance Benefit) and Wage records.

    b. JOBS (Job Opportunities and Basic Skills) Target Group - JOBS program is an employment and training program for people on public assistance.

    c. JTPA (Job Training Partnership Act) - File containing Workforce Investment Act (WIA) income information.

    d. BEST(Basic Education and Skills Training) Program Employment Communication Workshop

11. FES(Functional Eligibility System) - stores what used to be called screenings, called Level of Cares now. Batch process in TECS creates a transaction for the HUB to load into FES. TECS will retrieve provider information from FES.
12. State Hospital - Interface, admissions and discharges from State Hospital
13. IEVS online menu

    a. IEVS OUTSTANDING INTERFACE

    b. MEDICAID BENEFITS PAID

    c. IEVS OVERPAYMENT ADJUSTMENTS

    d. X-SPED AND BASIC CARE BENEFITS,

    e. QMB DEDUCTIONS/COINS/COPAY PD

    f. PUBLIC ASSIST REPORTING(PARIS)

    g. NATIONAL DIRECTORY OF NEW HIRE

14. MMIS – Batch process to create eligibility determination information sent to Medicaid Claims system

15. NDNH (National Directory of New Hire) Interface

    a. The federal Office of Child Support Enforcement (OCSE) operates the National Directory of New Hires (NDNH), a database established by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) for the purposes of assisting state child support agencies in locating parents and enforcing child support orders. In addition, Congress authorized specific state and federal agencies to receive information from the NDNH for authorized purposes.

16. PeopleSoft

    a. BEST((Basic Education and Skills Training) Program Employment Communication Workshop

    b. SSI (Supplemental Security Income) payments

17. NDM - Network Data Mover - send and receive files electronically

    a. Citicorp for Food Stamps

    b. Federal Government

    c. Other State Agencies

18. NITC-Kansas City (National Information Technology Center)

    - TOP (Treasury Offset Program) - a centralized offset program, administered by the Financial Management Service's (FMS) Debt Management Services (DMS), to collect delinquent debts owed to federal agencies and states including past-due child support.
    - TOP Address Request,
    - TOP Weekly Update (TOP 60 days),
    - TOP Weekly Collections
    - TOP Weekly Update,
    - TOP Address Request

19. SAVE - United States Immigration which verifies citizenship
20. TALX - real time employment verification
21. WSI(Work force safety and insurance)
22. State Treasurer – Batch process to redeemed Warrants

23. EDRS(Electronic Death Registration System)
24. Vital Statistics
25. HUB – Every 15 Minutes a batch jobs process creates a transaction from ES100000 changes or inserts with information such as name, address, and dob and retrieves client living arrangement data.
26. MCI (Master Client Index) – Batch Process executes every 15 minutes, DB2 transaction from the HUB are loaded into MCI
27. DMV
28. Finalist - Batch process for address verification
29. Web service calls from SPACES looking for information on the mainframe. There are 4 web services currently being used.
    a. Check program eligibility – SPACES
    b. Outstanding Claim Inquiry – SPACES
    c. Reuse Case number - SPACES
    d. Conversion - SPACES
30. Automatic conversion from TECS to SPACES is triggered at new application, case re-cert/review, and when a client is added to an ongoing case.
31. Estate Recovery:
    a. Medicaid logs into TECS to pull notices for estate recovery.
    b. Legal logs into TECS for asset tracing associated with asset recovery.
32. TANF claims and lifetime limits are still reviewed in TECS and Vision and recoupments are added in legacy system(s).
33. Web services that create/send to MMIS Datawarehouse.
34. There is a hard tie between SPACES and TECS/VISION – A dummy cases is created in Tecs/Vision and the case number in Tecs/Vision is used in SPACES. The client information from SPACES is stored in the legacy ES100000 file (and it creates the SPACES Client Number), that is so communication with Tecs/Vision and Child Support can continue.
35. Files updated by SPACES:

    ES100000 – Legacy Master Client File

    Create a Denied Medicaid Case effects files

    - CASE_BASIC_DBF
    - PROGRAM_BASIC_DBF
    - INVOLVEMENT_DBF

- PARTICIPATION_DBF
- CASE_COMPOSOITION_DBF
- ADDRESS_DBF

TABLES_DBF – Has the next Case Number/Client Number – each gets incremented when new case/client added.

Conversion Processes – when running conversions (which still runs) we also update files:

a. RECOUPMENTS_DBF – We reduce all converted Claims to zero as they transfer to SPACES

b. PROGRAM_BASIC_DBF – Sets a converted date

Processes Still running for VISION:

1. PeopleSoft - SSI (Supplemental Security Income) payments processed
2. Tanf Reporting
   a. CYBERFUSION send file to NATIONAL INSTITUTE OF HEALTH
   b. High performance bonus report to Feds
   c. JOBS (Job Opportunities and Basic Skills)
      ftp file to job service
3. CONNX
   a. DSS (Decision Support System) file
   b. Send files Truven
   c. USBANK
4. EPC changes – address, demographic information, customer information via NDM.
   a. Bank of North Dakota
   b. ACH (Automated Clearing House) for TANF benefits
5. FASCES (Fully Automated Child Support Enforcement System) – Batch process to send and receive referrals from Child Support
6. MOVE-IT – process to transfer various files from mainframe
7. Job Service - Wage UIB Interface - Create an interface to Job Service of UIB (Unemployment Insurance Benefit) and Wage records
8. c++ code program - Creates notices into lotus notes
9. BLAZE - rules engine for Vision eligibility determination
10. Web Service to Spaces
    a. Tanf Benefits check
    b. Dual eligibility check

11. Lotus Notes
    a. Planet Press – Vision Notices (uses c++code program)
    b. c++ code program - Creates notices into lotus notes
    c. Each County has its own Lotus Notes databases
    d. Central Hub Lotus Notes server that copies county documents and replicates and store here.
12. HUB – Every 15 Minutes a batch jobs process creates a transaction from ES100000 changes or inserts with information such as name, address, and dob and retrieves client living arrangement data.
13. MCI (Master Client Index) – Batch Process executes every 15 minutes, DB2 transaction from the HUB are loaded into MCI
14. Finalist - Batch process for address verification
15. MMIS – Batch process to create eligibility determination information sent to Medicaid Claims system and TPL information received from MMIS
16. FES (Functional Eligibility System) - stores what used to be called screenings, called Level of Cares now. Batch process in TECS creates a transaction for the HUB to load into FES. TECS will retrieve provider information from FES.
17. ND Verify - queries to determine if there is an open case for the individual being inquired upon. ND Verify pulls benefit information from TECS/Vision.
18. TECS – Batch process that posts Case/Client information from Vision to TECS
19. Vision – Uses ES100000 to lookup for client's/Case numbers
20. Automatic conversion from Vision to SPACES is triggered at new application, case re-cert/review, and when a client is added to an ongoing case.
21. Estate Recovery:
    a. Medicaid logs into Vision to pull notices for estate recovery.
    b. Legal logs into Vision for asset tracing associated with asset recovery.
22. TANF claims and lifetime limits are still reviewed in TECS and Vision and recoupment are added in legacy system(s).
23. Workers with Disabilities (WWD) and Children with Disabilities (CWD) logs into Vision to check premium payments and credits on cases.

February 12, 2025

Legislative Council

Business Operations - 100 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	Armstrong Executive Budget				House Version				House Compared to Executive Budget Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	114.40	$74,099,008	$118,894,310	$192,993,318	114.40	$74,099,008	$118,894,310	$192,993,318	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$1,035,502	$531,151	$1,566,653				$0		($1,035,502)	($531,151)	($1,566,653)
Health insurance increase		651,154	363,569	1,014,723				0		(651,154)	(363,569)	(1,014,723)
Base budget adjustments and transfers		(20,824,370)	(67,265,147)	(88,089,517)				0		20,824,370	67,265,147	88,089,517
Information Technology Department (ITD) rate increases		5,196,748	2,152,302	7,349,050				0		(5,196,748)	(2,152,302)	(7,349,050)
IT contractual Inflationary rate increases		20,730,788		20,730,788				0		(20,730,788)		(20,730,788)
Operational underfund restoration		6,950,000		6,950,000				0		(6,950,000)		(6,950,000)
Additional salary funding		9,842,126		9,842,126				0		(9,842,126)		(9,842,126)
Office of Administrative Hearings and Attorney General fee increases		190,590		190,590				0		(190,590)		(190,590)
FTE position adjustment	66.15			0				0	(66.15)			0
Total ongoing funding changes	**66.15**	**$23,772,538**	**($64,218,125)**	**($40,445,587)**	**0.00**	**$0**	**$0**	**$0**	**(66.15)**	**($23,772,538)**	**$64,218,125**	**$40,445,587**
One-Time Funding Items												
Retire mainframe and legacy systems (SIIF)			$10,000,000	$10,000,000				$0			($10,000,000)	($10,000,000)
Total one-time funding changes	**0.00**	**$0**	**$10,000,000**	**$10,000,000**	**0.00**	**$0**	**$0**	**$0**	**0.00**	**$0**	**($10,000,000)**	**($10,000,000)**
Total Changes to Base Level Funding	**66.15**	**$23,772,538**	**($54,218,125)**	**($30,445,587)**	**0.00**	**$0**	**$0**	**$0**	**(66.15)**	**($23,772,538)**	**$54,218,125**	**$30,445,587**
2025-27 Total Funding	**180.55**	**$97,871,546**	**$64,676,185**	**$162,547,731**	**114.40**	**$74,099,008**	**$118,894,310**	**$192,993,318**	**(66.15)**	**($23,772,538)**	**$54,218,125**	**$30,445,587**
Federal funds included in other funds			*$58,417,969*				*$115,820,714*				*$57,402,745*	
Total ongoing changes - Percentage of base level	*57.8%*	*32.1%*	*(54.0%)*	*(21.0%)*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*57.8%*	*32.1%*	*(45.6%)*	*(15.8%)*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*N/A*	*N/A*	*N/A*	*N/A*

Legislative Council

Behavioral Health - 200 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	Armstrong Executive Budget				House Version				House Compared to Executive Budget			
									Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	1,054.27	$307,905,408	$113,955,941	$421,861,349	1,054.27	$307,905,408	$113,955,941	$421,861,349	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$8,392,306	$134,924	$8,527,230				$0		(8,392,306)	(134,924)	(8,527,230)
Health insurance increase		6,517,157	114,129	6,631,286				0		(6,517,157)	(114,129)	(6,631,286)
Base budget adjustments and transfers		18,775,729	2,311,202	21,086,931				0		(18,775,729)	(2,311,202)	(21,086,931)
Cost to continue programs		5,709,106	(5,000,000)	709,106				0		(5,709,106)	5,000,000	(709,106)
Opioid settlement			8,000,000	8,000,000				0			(8,000,000)	(8,000,000)
Avel eCare rural crisis support continuation (community health trust fund)			2,000,000	2,000,000				0			(2,000,000)	(2,000,000)
Substance use disorder voucher utilization expansion		2,500,000		2,500,000				0		(2,500,000)		(2,500,000)
Western ND behavioral health staffing salary equity		250,536		250,536				0		(250,536)		(250,536)
Inflation for vendors crisis residential contract		706,233		706,233				0		(706,233)		(706,233)
Inflation for vendors addiction residential contract		917,786		917,786				0		(917,786)		(917,786)
Inflation for vendors recovery/rehab contract		2,154,668		2,154,668				0		(2,154,668)		(2,154,668)
Treatment collaboration for traumatized youth expansion		408,000		408,000				0		(408,000)		(408,000)
Voluntary treatment program/qualified residential treatment program private custody youth		1,351,997		1,351,997				0		(1,351,997)		(1,351,997)
Youth crisis stabilization pilot		3,000,000	3,000,000	6,000,000				0		(3,000,000)	(3,000,000)	(6,000,000)
Cost to continue free through recovery and community connect		4,761,081		4,761,081				0		(4,761,081)		(4,761,081)
Expand Community Connect services		1,000,000		1,000,000				0		(1,000,000)		(1,000,000)
Expand free through recovery services		1,000,000		1,000,000				0		(1,000,000)		(1,000,000)
Peer support increase		137,990		137,990				0		(137,990)		(137,990)
Drug court treatment expansion		200,000		200,000				0		(200,000)		(200,000)
Provider inflation increase 1.5% and 1.5%		1,902,819		1,902,819				0		(1,902,819)		(1,902,819)
FTE position adjustment	104.93			0				0	(104.93)			0
Total ongoing funding changes	**104.93**	**$59,685,408**	**$10,560,255**	**$70,245,663**	**0.00**	**$0**	**$0**	**$0**	**(104.93)**	**($59,685,408)**	**($10,560,255)**	**($70,245,663)**
One-Time Funding Items												
Electronic Health Record/Pharmacy system (SIIF)			$500,000	$500,000				$0			($500,000)	($500,000)
Retire health record legacy system on mainframe (SIIF)			1,000,000	1,000,000				0			(1,000,000)	(1,000,000)
State hospital network redundancy and speed (SIIF)			500,000	500,000				0			(500,000)	(500,000)
Develop partial hospitalization/intensive day treatment (community health trust fund)			2,000,000	2,000,000				0			(2,000,000)	(2,000,000)
Bathroom remodel at Southeast Human Service Center			972,000	972,000				0			(972,000)	(972,000)
Construction of new state hospital - bonding			300,000,000	300,000,000				0			(300,000,000)	(300,000,000)
Total one-time funding changes	**0.00**	**$0**	**$304,972,000**	**$304,972,000**	**0.00**	**$0**	**$0**	**$0**	**0.00**	**$0**	**($304,972,000)**	**($304,972,000)**
Total Changes to Base Level Funding	**104.93**	**$59,685,408**	**$315,532,255**	**$375,217,663**	**0.00**	**$0**	**$0**	**$0**	**(104.93)**	**($59,685,408)**	**($315,532,255)**	**($375,217,663)**
2025-27 Total Funding	**1,159.20**	**$367,590,816**	**$429,488,196**	**$797,079,012**	**1,054.27**	**$307,905,408**	**$113,955,941**	**$421,861,349**	**(104.93)**	**($59,685,408)**	**($315,532,255)**	**($375,217,663)**

Federal funds included in other funds			*$82,722,740*				*$75,965,693*				*($6,757,047)*	
Total ongoing changes - Percentage of base level	*10.0%*	*19.4%*	*9.3%*	*16.7%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*10.0%*	*19.4%*	*276.9%*	*88.9%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*N/A*	*N/A*	*N/A*	*N/A*

Legislative Council

Human Services - 300 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	Armstrong Executive Budget				House Version				House Compared to Executive Budget Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	1,009.16	$623,450,353	$1,240,409,529	$1,863,859,882	1,009.16	$623,450,353	$1,240,409,529	$1,863,859,882	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$2,546,488	$4,704,191	$7,250,679				$0		($2,546,488)	($4,704,191)	($7,250,679)
Health insurance increase		2,072,787	3,795,116	5,867,903				0		(2,072,787)	(3,795,116)	(5,867,903)
Base budget adjustments and transfers		10,079,276	94,943,773	105,023,049				0		(10,079,276)	(94,943,773)	(105,023,049)
DHHS cost to continue		57,330,438	(2,746,684)	54,583,754				0		(57,330,438)	2,746,684	(54,583,754)
Adoption contract increase		4,883,205		4,883,205				0		(4,883,205)		(4,883,205)
Housing assistance to support targeted population - DOJ		300,000		300,000				0		(300,000)		(300,000)
Services to support transition and diversion from institution - DOJ		2,733,934	2,555,463	5,289,397				0		(2,733,934)	(2,555,463)	(5,289,397)
Implement host home service DD HCBS waiver		1,689,900	1,689,900	3,379,800				0		(1,689,900)	(1,689,900)	(3,379,800)
Adult Protective Services coverage contracts		718,522		718,522				0		(718,522)		(718,522)
Representation supports for families		350,000	350,000	700,000				0		(350,000)	(350,000)	(700,000)
Provider inflation increase 1.5% and 1.5%		9,758,665	10,382,697	20,141,362				0		(9,758,665)	(10,382,697)	(20,141,362)
Zone employee increases 3% and 3% and health insurance			5,002,833	5,002,833				0			(5,002,833)	(5,002,833)
FTE position adjustment	19.54			0				0	(19.54)			0
Total ongoing funding changes	**19.54**	**$92,463,215**	**$120,677,289**	**$213,140,504**	**0.00**	**$0**	**$0**	**$0**	**(19.54)**	**($92,463,215)**	**($120,677,289)**	**($213,140,504)**
One-Time Funding Items												
Retire economic assistance legacy system on mainframe (SIIF)			$2,000,000	$2,000,000				$0			($2,000,000)	($2,000,000)
Conversion of developmental disabilities eligibility assessment		$200,000	200,000	400,000				0		($200,000)	(200,000)	(400,000)
Implement comprehensive vocational rehab technology system			8,000,000	8,000,000				0			(8,000,000)	(8,000,000)
Replace roof at Cedar Grove building at LSTC (SIIF)			712,480	712,480				0			(712,480)	(712,480)
Best in Class expansion		6,000,000		6,000,000				0		(6,000,000)		(6,000,000)
Childcare grants, resources and shared services		5,000,000		5,000,000				0		(5,000,000)		(5,000,000)
Early childhood quality infrastructure		3,000,000		3,000,000				0		(3,000,000)		(3,000,000)
Maintaining expanded inclusion support for special needs childcare		172,500		172,500				0		(172,500)		(172,500)
Offer quality rated childcare programs access teaching strategy		100,000		100,000				0		(100,000)		(100,000)
Quality tiered payments for childcare assistance program		3,000,000		3,000,000				0		(3,000,000)		(3,000,000)
Housing assistance for people at risk of instability (SIIF)			10,000,000	10,000,000				0			(10,000,000)	(10,000,000)
Eviction prevention program (SIIF)			3,500,000	3,500,000				0			(3,500,000)	(3,500,000)
Home renovation incentives for accessibility (SIIF)			1,000,000	1,000,000				0			(1,000,000)	(1,000,000)
Total one-time funding changes	**0.00**	**$17,472,500**	**$25,412,480**	**$42,884,980**	**0.00**	**$0**	**$0**	**$0**	**0.00**	**($17,472,500)**	**($25,412,480)**	**($42,884,980)**

Total Changes to Base Level Funding	**19.54**	**$109,935,715**	**$146,089,769**	**$256,025,484**	**0.00**	**$0**	**$0**	**$0**	**(19.54)**	**($109,935,715)**	**($146,089,769)**	**($256,025,484)**
2025-27 Total Funding	**1,028.70**	**$733,386,068**	**$1,386,499,298**	**$2,119,885,366**	**1,009.16**	**$623,450,353**	**$1,240,409,529**	**$1,863,859,882**	**(19.54)**	**($109,935,715)**	**($146,089,769)**	**($256,025,484)**
Federal funds included in other funds			*$1,097,401,927*				*$979,582,227*				*($117,819,700)*	
Total ongoing changes - Percentage of base level	*1.9%*	*14.8%*	*9.7%*	*11.4%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*1.9%*	*17.6%*	*11.8%*	*13.7%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*N/A*	*N/A*	*N/A*	*N/A*

Legislative Council

Human Services - 300 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	Burgum Budget				Armstrong Budget				Armstrong Budget Compared to Burgum Budget			
									Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	1,009.16	$623,450,353	$1,240,409,529	$1,863,859,882	1,009.16	$623,450,353	$1,240,409,529	$1,863,859,882	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$3,163,456	$5,781,186	$8,944,642		$2,546,488	$4,704,191	$7,250,679		($616,968)	($1,076,995)	($1,693,963)
Health insurance increase		2,104,121	3,811,080	5,915,201		2,072,787	3,795,116	5,867,903		(31,334)	(15,964)	(47,298)
Base budget adjustment and transfers		10,092,503	94,926,274	105,018,777		10,079,276	94,943,773	105,023,049		(13,227)	17,499	4,272
DHHS cost to continue		57,330,438	(2,746,684)	54,583,754		57,330,438	(2,746,684)	54,583,754				0
Adoption contract increase		4,883,205		4,883,205		4,883,205		4,883,205				0
IT special operations Scrum team - Existing		2,041,944	3,792,181	5,834,125				0		(2,041,944)	(3,792,181)	(5,834,125)
Developmental disablity case manager supervisor	1.00	112,147	109,331	221,478				0	(1.00)	(112,147)	(109,331)	(221,478)
Kinship Navigator	2.00	410,783		410,783				0	(2.00)	(410,783)		(410,783)
Expanded services for SPED - DOJ		500,000		500,000				0		(500,000)		(500,000)
Housing assistance to support targeted population - DOJ		300,000		300,000		300,000		300,000				0
Services to support transition and diversion from institution - DOJ		2,733,934	2,555,463	5,289,397		2,733,934	2,555,463	5,289,397				0
SPED companionship		242,500		242,500				0				(242,500)
Implement host home service DD HCBS waiver		1,689,900	1,689,900	3,379,800		1,689,900	1,689,900	3,379,800				0
Adult Protective Services coverage contracts		718,522		718,522		718,522		718,522				0
Representation supports for families		350,000	350,000	700,000		350,000	350,000	700,000				0
Family navigator	1.00	93,128	93,128	186,256				0	(1.00)	(93,128)	(93,128)	(186,256)
Redesigned DD case manager	1.00	93,128	93,128	186,256				0	(1.00)	(93,128)	(93,128)	(186,256)
Adult protective services staffing	1.00	58,531	179,298	237,829				0	(1.00)	(58,531)	(179,298)	(237,829)
Long term care Omsbudsman	1.00	238,900		238,900				0	(1.00)			(238,900)
Families Indian Child Welfare Act liason	1.00	102,709	102,708	205,417				0	(1.00)	(102,709)	(102,708)	(205,417)
Provider inflation increase 1.5% and 1.5%		13,019,317	13,895,572	26,914,889		9,758,665	10,382,697	20,141,362		(3,260,652)	(3,512,875)	(6,773,527)
Zone employee increases 3% and 3% and health insurance			6,120,076	6,120,076			5,002,833	5,002,833			(1,117,243)	(1,117,243)
FTE position adjustment	19.54			0	19.54			0				0
Total ongoing funding changes	**27.54**	**$100,279,166**	**$130,752,641**	**$231,031,807**	**19.54**	**$92,463,215**	**$120,677,289**	**$213,140,504**	**(8.00)**	**($7,334,551)**	**($10,075,352)**	**($17,891,303)**
One-Time Funding Items												
Retire economic assistance legacy system on mainframe SIIF		$200,000	$200,000	$400,000			$2,000,000	$2,000,000		($200,000)	$1,800,000	$1,600,000
Conversion of developmental disabilities eligibility assessment				0		$200,000	200,000	400,000		200,000	200,000	400,000
Implement comprehensive vocational rehab technology system			8,000,000	8,000,000			8,000,000	8,000,000				0
Replace roof at Cedar Grove building at LSTC (SIIF)			712,480	712,480			712,480	712,480				0
Implement a family paid caregiver service in DD/HCBS waiver		7,865,771	4,482,880	12,348,651				0				(12,348,651)
Best in Class expansion		6,000,000		6,000,000		6,000,000		6,000,000				0
Childcare grants, resources and shared services		7,000,000		7,000,000		5,000,000		5,000,000		(2,000,000)		(2,000,000)
Early childhood quality infrastructure		3,000,000		3,000,000		3,000,000		3,000,000				0

Maintaining expanded inclusion support for special needs childcare		172,500		172,500		172,500		172,500				0
Offer quality rated childcare programs access teaching strategy		100,000		100,000		100,000		100,000				0
Quality tiered payments for childcare assistance program		3,000,000		3,000,000		3,000,000		3,000,000				0
Housing assistance for people at risk of instability (SIIF)			10,000,000	10,000,000			10,000,000	10,000,000				0
Eviction prevention program (SIIF)			3,500,000	3,500,000			3,500,000	3,500,000				0
Home renovation incentives for accessibility (SIIF)			1,000,000	1,000,000			1,000,000	1,000,000				0
Total one-time funding changes	**0.00**	**$27,338,271**	**$27,895,360**	**$55,233,631**	**0.00**	**$17,472,500**	**$25,412,480**	**$42,884,980**	**0.00**	**($2,000,000)**	**$2,000,000**	**($12,348,651)**
Total Changes to Base Level Funding	**27.54**	**$127,617,437**	**$158,648,001**	**$286,265,438**	**19.54**	**$109,935,715**	**$146,089,769**	**$256,025,484**	**(8.00)**	**($9,334,551)**	**($8,075,352)**	**($30,239,954)**
2025-27 Total Funding	**1,036.70**	**$751,067,790**	**$1,399,057,530**	**$2,150,125,320**	**1,028.70**	**$733,386,068**	**$1,386,499,298**	**$2,119,885,366**	**(8.00)**	**($9,334,551)**	**($8,075,352)**	**($30,239,954)**
Federal funds included in other funds			*$1,109,564,044*				*$1,097,401,927*				*($12,162,117)*	
Total ongoing changes - Percentage of base level	*2.7%*	*16.1%*	*10.5%*	*12.4%*	*1.9%*	*14.8%*	*9.7%*	*11.4%*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*2.7%*	*20.5%*	*12.8%*	*15.4%*	*1.9%*	*17.6%*	*11.8%*	*13.7%*	*N/A*	*N/A*	*N/A*	*N/A*

Legislative Council

Medical Services - 400 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	Armstrong Executive Budget				House Version				House Compared to Executive Budget			
									Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	90.50	$958,216,598	$1,818,029,530	$2,776,246,128	90.50	$958,216,598	$1,818,029,530	$2,776,246,128	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$338,151	$479,188	$817,339				$0		($338,151)	($479,188)	($817,339)
Health insurance increase		233,619	342,896	576,515				0		(233,619)	(342,896)	(576,515)
Base budget adjustments and transfers		(27,664,897)	60,415,798	32,750,901				0		27,664,897	(60,415,798)	(32,750,901)
DHHS cost to continue		71,253,662	(118,383,672)	(47,130,010)				0		(71,253,662)	118,383,672	47,130,010
HCBS cost to continue		36,977,113	27,837,811	64,814,924				0		(36,977,113)	(27,837,811)	(64,814,924)
DD bed assessment adjustment			7,209,580	7,209,580				0			(7,209,580)	(7,209,580)
Value based purchasing Medicaid		1,000,000	1,000,000	2,000,000				0		(1,000,000)	(1,000,000)	(2,000,000)
Home health targeted rate increase		1,235,768	1,235,768	2,471,536				0		(1,235,768)	(1,235,768)	(2,471,536)
Qualified service provider target rate increase		3,595,104	1,797,552	5,392,656				0		(3,595,104)	(1,797,552)	(5,392,656)
HCBS cross disability waiver		2,474,226	2,474,226	4,948,452				0		(2,474,226)	(2,474,226)	(4,948,452)
Rebase Medicaid rates for ambulance service		2,189,770	2,189,770	4,379,540				0		(2,189,770)	(2,189,770)	(4,379,540)
Provider inflation increases 1.5% and 1.5%		10,244,567	11,368,051	21,612,618				0		(10,244,567)	(11,368,051)	(21,612,618)
FMAP percentage change 50.0% to 50.99%		(12,100,000)	2,100,000	(10,000,000)				0		12,100,000	(2,100,000)	10,000,000
FTE position adjustment	11.25			0				0	(11.25)			0
Total ongoing funding changes	**11.25**	**$89,777,083**	**$66,968**	**$89,844,051**	**0.00**	**$0**	**$0**	**$0**	**(11.25)**	**($89,777,083)**	**($66,968)**	**($89,844,051)**
One-Time Funding Items												
Retire Medicaid legacy system on mainframe (SIIF)			$2,000,000	$2,000,000				$0			($2,000,000)	($2,000,000)
Total one-time funding changes	**0.00**	**$0**	**$2,000,000**	**$2,000,000**	**0.00**	**$0**	**$0**	**$0**	**0.00**	**$0**	**($2,000,000)**	**($2,000,000)**
Total Changes to Base Level Funding	**11.25**	**$89,777,083**	**$2,066,968**	**$91,844,051**	**0.00**	**$0**	**$0**	**$0**	**(11.25)**	**($89,777,083)**	**($2,066,968)**	**($91,844,051)**
2025-27 Total Funding	**101.75**	**$1,047,993,681**	**$1,820,096,498**	**$2,868,090,179**	**90.50**	**$958,216,598**	**$1,818,029,530**	**$2,776,246,128**	**(11.25)**	**($89,777,083)**	**($2,066,968)**	**($91,844,051)**
Federal funds included in other funds			*$1,758,622,379*				*$1,757,980,898*				*($641,481)*	
Total ongoing changes - Percentage of base level	*12.4%*	*9.4%*	*0.0%*	*3.2%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*12.4%*	*9.4%*	*0.1%*	*3.3%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*N/A*	*N/A*	*N/A*	*N/A*

Legislative Council

Medical Services - 400 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	Burgum Budget				Armstrong Budget				Armstrong Budget Compared to Burgum Budget			
									Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	90.50	$958,216,598	$1,818,029,530	$2,776,246,128	90.50	$958,216,598	$1,818,029,530	$2,776,246,128	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$425,767	$598,310	$1,024,077		$338,151	$479,188	$817,339		($87,616)	($119,122)	($206,738)
Health insurance increase		242,613	351,910	594,523		233,619	342,896	576,515		(8,994)	(9,014)	(18,008)
Base budget adjustments and transfers		(27,666,245)	60,414,430	32,748,185		(27,664,897)	60,415,798	32,750,901		1,348	1,368	2,716
DHHS cost to continue		71,253,662	(118,383,672)	(47,130,010)		71,253,662	(118,383,672)	(47,130,010)				0
HCBS cost to continue		36,977,113	27,837,811	64,814,924		36,977,113	27,837,811	64,814,924				0
DD bed assessment adjustment			7,209,580	7,209,580			7,209,580	7,209,580				0
Value based purchasing - Medicaid		1,000,000	1,000,000	2,000,000		1,000,000	1,000,000	2,000,000				0
Home health targeted rate increase - DOJ		1,235,768	1,235,768	2,471,536		1,235,768	1,235,768	2,471,536				0
Qualified service provider target rate increase - DOJ		3,595,104	1,797,552	5,392,656		3,595,104	1,797,552	5,392,656				0
HCBS cross disability waiver	3.00	2,751,365	2,751,365	5,502,730		2,474,226	2,474,226	4,948,452	(3.00)	(277,139)	(277,139)	(554,278)
Rebase Medicaid rates for ambulance service		2,189,770	2,189,770	4,379,540		2,189,770	2,189,770	4,379,540				0
Provider inflation increases 1.5% and 1.5%		13,689,672	15,190,968	28,880,640		10,244,567	11,368,051	21,612,618		(3,445,105)	(3,822,917)	(7,268,022)
FMAP percentage change 50.0% to 50.99%				0		(12,100,000)	2,100,000	(10,000,000)		(12,100,000)	2,100,000	(10,000,000)
FTE position adjustment	11.25			0	11.25			0				0
Total ongoing funding changes	**14.25**	**$105,694,589**	**$2,193,792**	**$107,888,381**	**11.25**	**$89,777,083**	**$66,968**	**$89,844,051**	**(3.00)**	**($15,917,506)**	**($2,126,824)**	**($18,044,330)**
One-Time Funding Items												
Retire Medicaid legacy system on mainframe (SIIF)			$2,000,000	$2,000,000			$2,000,000	$2,000,000				$0
Total one-time funding changes	**0.00**	**$0**	**$2,000,000**	**$2,000,000**	**0.00**	**$0**	**$2,000,000**	**$2,000,000**	**0.00**	**$0**	**$0**	**$0**
Total Changes to Base Level Funding	**14.25**	**$105,694,589**	**$4,193,792**	**$109,888,381**	**11.25**	**$89,777,083**	**$2,066,968**	**$91,844,051**	**(3.00)**	**($15,917,506)**	**($2,126,824)**	**($18,044,330)**
2025-27 Total Funding	**104.75**	**$1,063,911,187**	**$1,822,223,322**	**$2,886,134,509**	**101.75**	**$1,047,993,681**	**$1,820,096,498**	**$2,868,090,179**	**(3.00)**	**($15,917,506)**	**($2,126,824)**	**($18,044,330)**
Federal funds included in other funds			*$1,760,749,203*				*$1,758,622,379*				*($2,126,824)*	
Total ongoing changes - Percentage of base level	*15.7%*	*11.0%*	*0.1%*	*3.9%*	*12.4%*	*9.4%*	*0.0%*	*3.2%*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*15.7%*	*11.0%*	*0.2%*	*4.0%*	*12.4%*	*9.4%*	*0.1%*	*3.3%*	*N/A*	*N/A*	*N/A*	*N/A*

Legislative Council

Public Health - 500 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	Armstrong Executive Budget				House Version				House Compared to Executive Budget			
									Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	215.50	$47,756,180	$250,440,690	$298,196,870	215.50	$47,756,180	$250,440,690	$298,196,870	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$1,714,252		$1,714,252				$0		($1,714,252)		($1,714,252)
Health insurance increase		1,183,357		1,183,357				0		(1,183,357)		(1,183,357)
Base budget adjustments and transfers		(699,961)	$3,120,555	2,420,594				0		699,961	(3,120,555)	(2,420,594)
Adds funding to replace the 2023-25 new FTE pool		65,094	50,008	115,102				0		(65,094)	(50,008)	(115,102)
Adds funding to replace the 2023-25 vacant FTE pool		569,060	1,754,865	2,323,925				0		(569,060)	(1,754,865)	(2,323,925)
Expansion for domestic and sexual violence prevention (community health trust fund)			2,250,000	2,250,000				0			(2,250,000)	(2,250,000)
Maternal and child health programs enhancement		2,000,000		2,000,000				0		(2,000,000)		(2,000,000)
Coordinated purchasing to support immunization access (public health and consolidated lab fund)			2,213,930	2,213,930				0			(2,213,930)	(2,213,930)
Forensic pathology contract with UND			1,866,156	1,866,156				0			(1,866,156)	(1,866,156)
FTE position adjustment	1.65											
Total ongoing funding changes	**1.65**	**$4,831,802**	**$11,255,514**	**$16,087,316**	**0.00**	**$0**	**$0**	**$0**	**0.00**	**($4,831,802)**	**($11,255,514)**	**($16,087,316)**
One-Time Funding Items												
Nonfatal toxicology testing equipment		$151,500	$100,000	$251,500				$0		($151,500)	($100,000)	($251,500)
Public health laboratory transition (SIIF)			2,962,304	2,962,304				0			(2,962,304)	(2,962,304)
Forensic examiner electronic records system			278,000	278,000				0			(278,000)	(278,000)
Food and lodging management information system			335,000	335,000				0			(335,000)	(335,000)
Health facilities and EMS licensure management system			650,000	650,000				0			(650,000)	(650,000)
Total one-time funding changes	**0.00**	**$151,500**	**$4,325,304**	**$4,476,804**	**0.00**	**$0**	**$0**	**$0**	**0.00**	**($151,500)**	**($4,325,304)**	**($4,476,804)**
Total Changes to Base Level Funding	**1.65**	**$4,983,302**	**$15,580,818**	**$20,564,120**	**0.00**	**$0**	**$0**	**$0**	**0.00**	**($4,983,302)**	**($15,580,818)**	**($20,564,120)**
2025-27 Total Funding	**217.15**	**$52,739,482**	**$266,021,508**	**$318,760,990**	**215.50**	**$47,756,180**	**$250,440,690**	**$298,196,870**	**0.00**	**($4,983,302)**	**($15,580,818)**	**($20,564,120)**
Federal funds included in other funds			*$220,052,448*				*$213,911,228*				*($6,141,220)*	
Total ongoing changes - Percentage of base level	*0.8%*	*10.1%*	*4.5%*	*5.4%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*0.8%*	*10.4%*	*6.2%*	*6.9%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*N/A*	*N/A*	*N/A*	*N/A*

Legislative Council

Public Health - 500 - Budget No. 325.5
Agency Worksheet - House Bill No. 1012

	Burgum Budget				Armstrong Budget				Armstrong Budget Compared to Burgum Budget			
									Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	215.50	$47,756,180	$250,440,690	$298,196,870	215.50	$47,756,180	$250,440,690	$298,196,870	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$2,214,430		$2,214,430		$1,714,252		$1,714,252		($500,178)		($500,178)
Health insurance increase		1,249,098		1,249,098		1,183,357		1,183,357		(65,741)		(65,741)
Base budget adjustments and transfers		(701,222)	$3,120,555	2,419,333		(699,961)	$3,120,555	2,420,594		1,261		1,261
Adds funding to replace the 2023-25 new FTE pool		65,094	50,008	115,102		65,094	50,008	115,102				0
Adds funding to replace the 2023-25 vacant FTE pool		569,060	1,754,865	2,323,925		569,060	1,754,865	2,323,925				0
Expansion for domestic and sexual violence prevention (community health trust fund)	1.00	233,666	2,250,000	2,483,666			2,250,000	2,250,000	(1.00)			(233,666)
Maternal and child health programs enhancement		2,000,000		2,000,000		2,000,000		2,000,000				0
Coordinated purchasing to support immunization access			2,213,930	2,213,930			2,213,930	2,213,930				0
Health facilities, food and lodging, and health worker FTE positions	7.00	1,679,365		1,679,365				0	(7.00)	(1,679,365)		(1,679,365)
Create nonfatal toxicology services	1.00	296,535	7,032	303,567				0	(1.00)	(296,535)	($7,032)	(303,567)
Statewide health strategies grant			2,000,000	2,000,000				0				(2,000,000)
Data infrastructure and data governance	2.00	512,955		512,955				0	(2.00)	(512,955)		(512,955)
Forensic pathology contract with UND			1,866,156	1,866,156			1,866,156	1,866,156				0
FTE position adjustment	1.65			0	1.65			0				0
Total ongoing funding changes	**12.65**	**$8,118,981**	**$13,262,546**	**$21,381,527**	**1.65**	**$4,831,802**	**$11,255,514**	**$16,087,316**	**(11.00)**	**($3,053,513)**	**($7,032)**	**($5,294,211)**
One-Time Funding Items												
Nonfatal toxicology testing equipment		$151,500	$100,000	$251,500		$151,500	$100,000	$251,500				$0
Public health laboratory transition (SIIF)			2,962,304	2,962,304			2,962,304	2,962,304				0
Forensic examiner electronic records system			278,000	278,000			278,000	278,000				0
Food and lodging management information system			335,000	335,000			335,000	335,000				0
Health facilities and EMS licensure management system			650,000	650,000			650,000	650,000				0
Total one-time funding changes	**0.00**	**$151,500**	**$4,325,304**	**$4,476,804**	**0.00**	**$151,500**	**$4,325,304**	**$4,476,804**	**0.00**	**$0**	**$0**	**$0**
Total Changes to Base Level Funding	**12.65**	**$8,270,481**	**$17,587,850**	**$25,858,331**	**1.65**	**$4,983,302**	**$15,580,818**	**$20,564,120**	**(11.00)**	**($3,053,513)**	**($7,032)**	**($5,294,211)**
2025-27 Total Funding	**228.15**	**$56,026,661**	**$268,028,540**	**$324,055,201**	**217.15**	**$52,739,482**	**$266,021,508**	**$318,760,990**	**(11.00)**	**($3,053,513)**	**($7,032)**	**($5,294,211)**
Federal funds included in other funds			*$220,052,448*				*$220,052,448*				*$0*	
Total ongoing changes - Percentage of base level	*5.9%*	*17.0%*	*5.3%*	*7.2%*	*0.8%*	*10.1%*	*4.5%*	*5.4%*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*5.9%*	*17.3%*	*7.0%*	*8.7%*	*0.8%*	*10.4%*	*6.2%*	*6.9%*	*N/A*	*N/A*	*N/A*	*N/A*

PART #

#37731

North Dakota Health & Human Services
Behavioral Health Division

2/14/2025

Behavioral Health Services

Level of Service	Program/Service	Date Launched	Location	Number of People Served to Date	TOTAL Funding*	General Funds	Federal Funds	Other Funds	Notes
Community & Residential Treatment Services	Substance Use Disorder (SUD) Voucher	2016	Statewide	9,168	**49,858,238**	45,079,079	3,000,000	1,779,159	
Community Recovery Support Services	Free Through Recovery	2018	Statewide	7,380	**40,444,412**	15,534,595	-	24,909,817	
Community Recovery Support Services	Community Connect	2021	Statewide	7,878	**30,504,879**	30,504,879	-	-	
Community Recovery Support Services	1915(i) Medicaid State Amendment	2021	Statewide						
Community Recovery Support Services	Permanent Supportive Housing Grants	2021	Regions 4, 5 and 7		**9,345,072**	9,345,072	-	-	
Community Recovery Support Services	Recovery Housing Assistance Program	2022	Statewide	1,297	**1,909,088**	1,909,088	-	-	
Assessment & Treatment Services - Jail	Tele-psychiatry services in jail settings	2024	Statewide	791 visits	**1,500,000**	1,500,000	-	-	
Community Crisis Services	Tele-health crisis service expansion	2024	Statewide	141 encounters	**2,650,000**	-	2,650,000	-	
Community Crisis Services	988 Suicide and Crisis Lifeline	2022	Statewide	17,347	***2,043,330***	*2,043,330*	-	-	*Funding for 2023-2025 biennium only*
Private Inpatient Service	Williston Inpatient Behavioral Health	2023	Region 1		**1,950,000**	-	-	1,950,000	
Private Inpatient Service	Contracts with Private Hospitals for Inpatient Services		Regions 2, 4, 5 and 7	3,926	**7,787,487**	7,787,487	-	-	*Funds reimbursed in SFY 22, 23 and 24*
Community Treatment Services	Opioid Treatment Program Development & Expansion		Regions 2, 4, 5 and 7						*SUD Voucher, Medicaid, Expansion*
Community Treatment Services - Youth	Behavioral Health School Grants	2019	Statewide		**14,000,000**	14,000,000	-	-	
Community Treatment Services - Youth	Partial Hospitalization Program - youth	2024	Region 7	NA	**750,000**	-	750,000	-	*Federal System of Care Grant*
Residential Treatment Services - Youth	Ruth Meier Adolescent Center (RMAC) Enhancement		Region 4		**-**	-	-	-	
Community & Residential Treatment Services	Certified Community Behavioral Health Center		Regions 2 and 5		**3,004,736**	-	-	-	*Projected through June 2025*
Proposals	Geriatric Psychiatric Facility Expansion**				**-**	-	-	-	
Proposals	Long Term Residential Facility Development**				**-**	-	-	-	
Proposals	Private Inpatient Hospital Expansion (2 providers)**				**-**	-	-	-	
Proposals	Skilled Nursing Facility for Individuals with Significant Criminal History**				**-**	-	-	-	
Proposals	Funding for Behavioral Health Initiatives in other bills**				**92,000,000**	-	-	-	*1425, 2200, 1468, 1337 2096, 2036, 2037*

**Total Funding = Appropriation from program inception through 2023-2025 Biennium*
***other legislative bills or amendments; not in Governor's Budget*

#37733

NORTH Dakota | Information Technology

Be Legendary.™

House Appropriations Committee

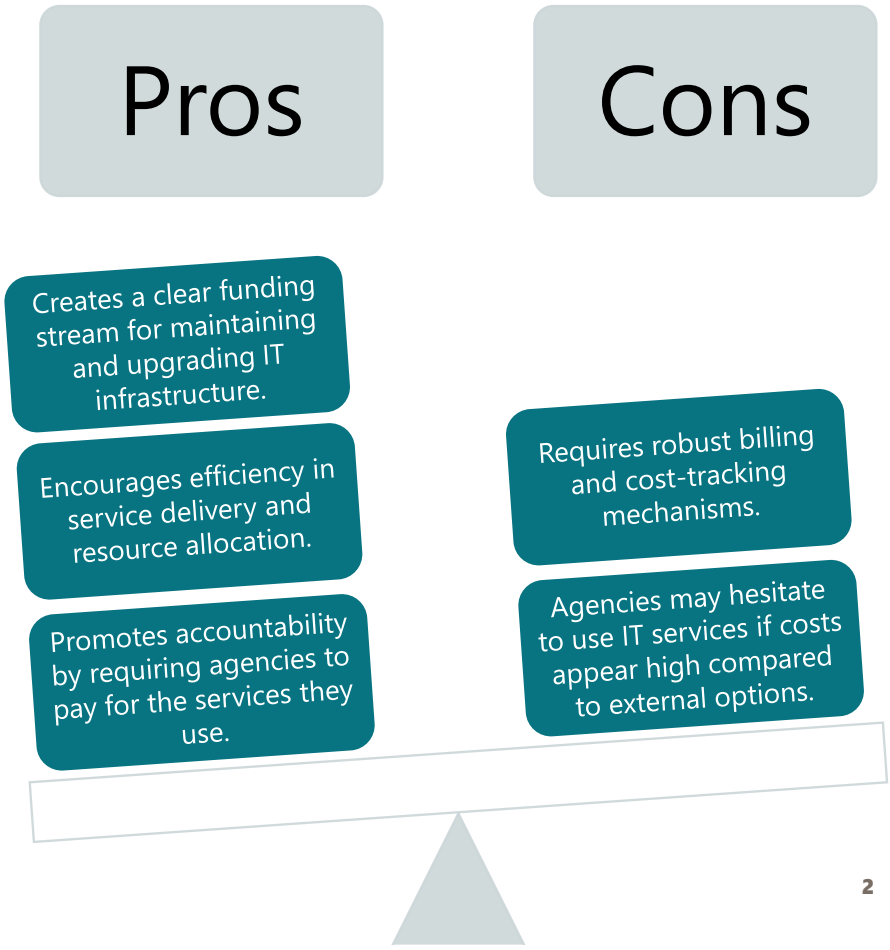
February 14th, 2025

Roughrider Room



Internal Service Fund (ISF)

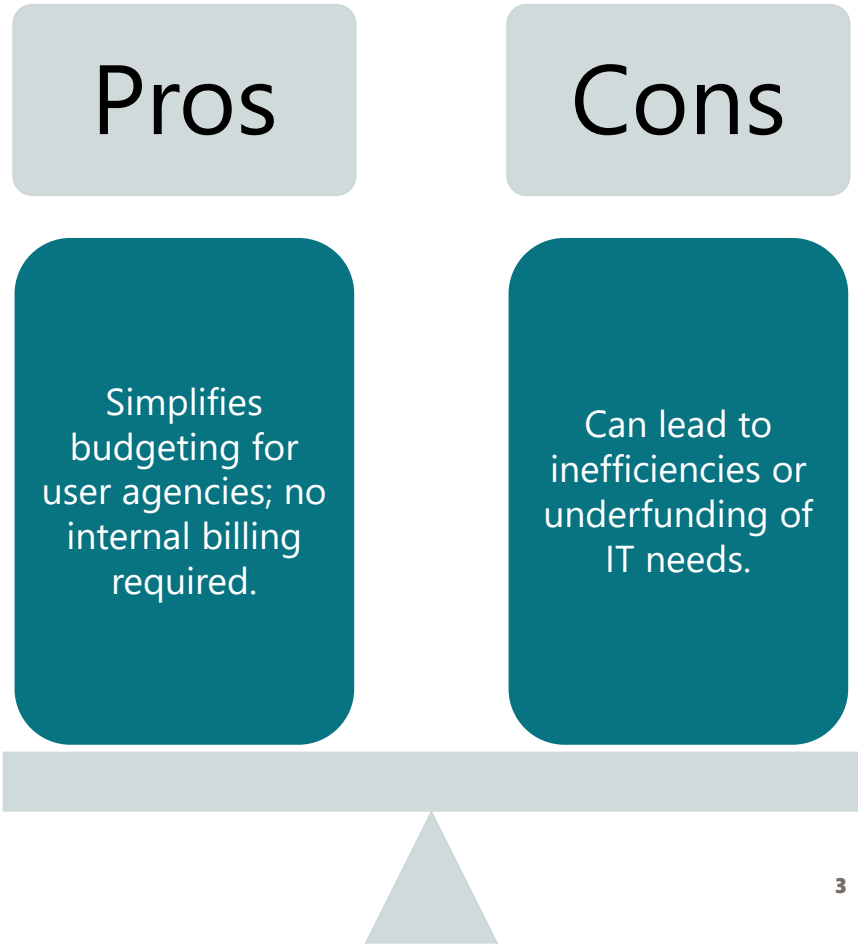
- **Definition:** ISFs are self-sustaining financial models used by government entities to deliver services to other agencies, with costs recovered through chargeback.



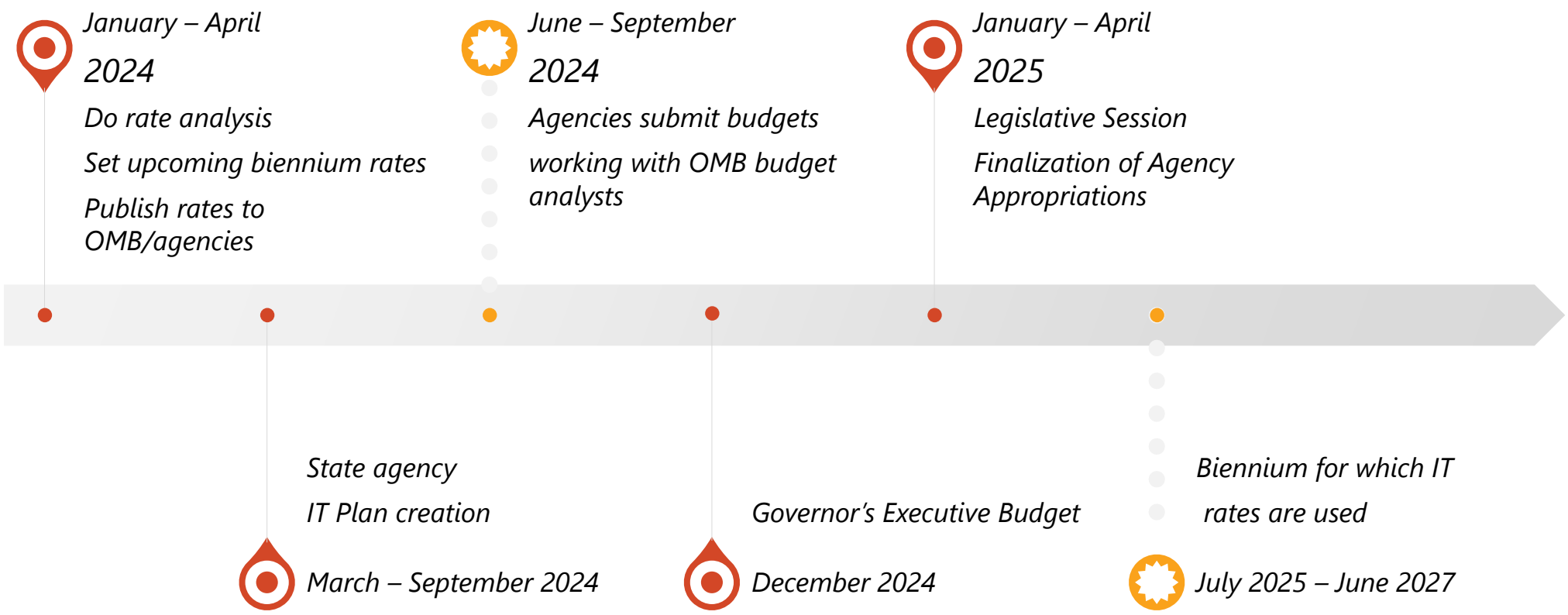
Alternative Models

- **General Fund Allocation:** IT services are funded through appropriations from the state's general fund, often making them appear "free" to the receiving agency.

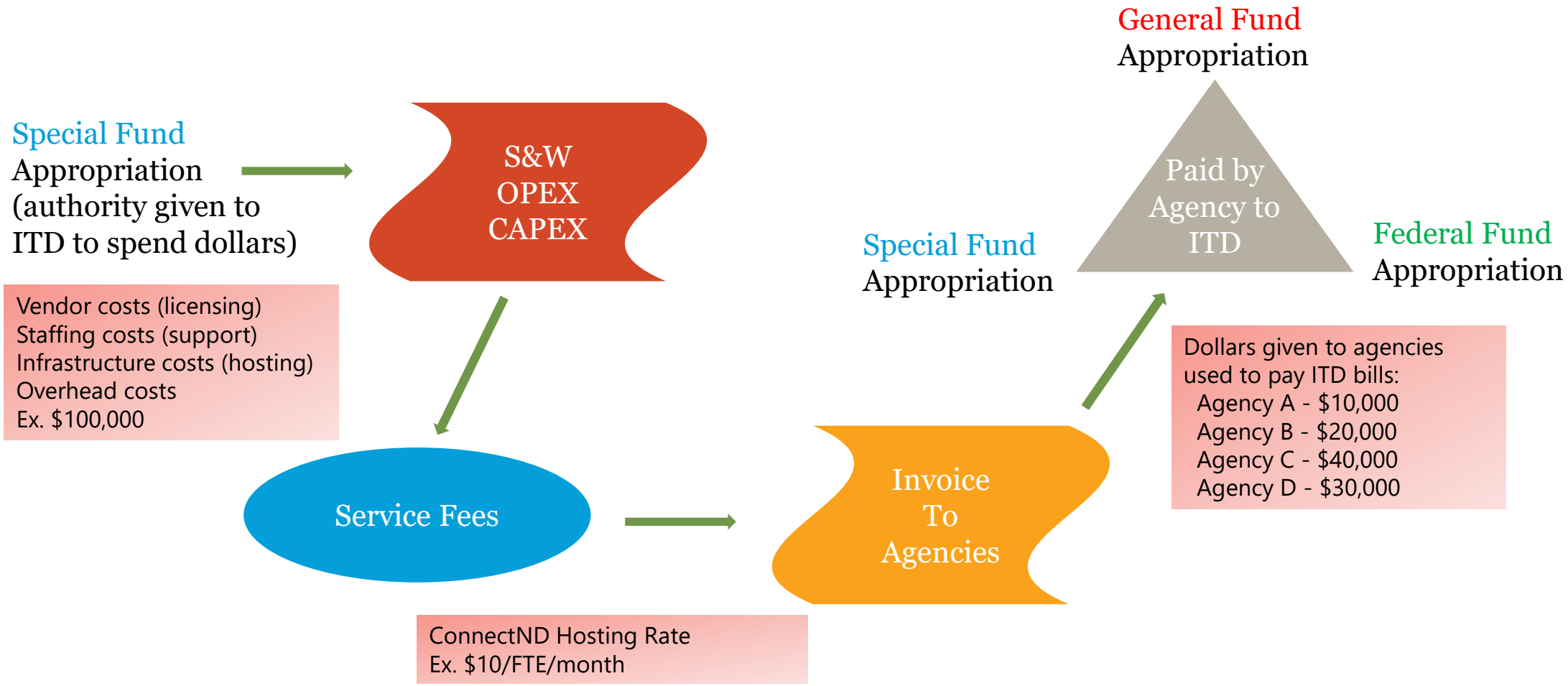
- **Hybrid Models:** Some states use a combination of ISFs and direct appropriations, where certain core services are funded through the general fund and other services operate as ISFs.



Service Fee Timeline



Appropriation & Chargeback Example



Service Fee Example – Legislative IT Committee

What would a service fee for this committee look like?



What happens if you are directed to have 10 meetings?

What if it were an hourly rate per member?

Where does the cost of creating your Legislative Management report go?

Assumptions:
6 meetings during an interim
11 committee members
1 citizen member
2 support staff

Staffing:
- Portion of salaries/benefits for nine committee members
- Travel costs for nine committee members
- Any direct training needed to serve on the committee

Operational:
- Portion of contractor cost (CIO Mock)
- Portion of end user license costs (M365, Adobe, LC applications)
- Portion of end user equipment
- Cost of Harvest Room (includes technology within room)

Overhead:
- Portion of salaries/benefits for chairman/vice chairman (leadership)
- Portion of salaries/benefits for support staff

Billing metric could be a flat rate per meeting.

Costs Absent From 2023-2025 Rates

- Current biennium rates do not include:
  - Equity Package
    - $5.2M, including the 6/4% legislative increase
      - Would increase current rates by 10.2%
  - Legislative Increase of 6/4%
    - Rates only included a 3/3% increase
      - Approx. $1M difference for the biennium
- Efforts to remediate critical security vulnerabilities
  - Unmanaged desktop apps
  - Apps unable to migrate to new hardware
- New technology proof of concepts
  - Artificial Intelligence
  - Robotic Process Automation
  - Low code/No Code platforms



Legacy Technology

The cost of IT increases for all the similar, but different technologies in State government

- 7 versions of Microsoft SQL Database
- 13 versions of Windows or Linux operating systems (oldest is Windows 2003)
- Over 5000 applications across agency desktops
  - 50 pdf applications
  - 5 agencies using Dropbox instead of Teams
  - Every “free” utility downloaded onto a desktop has a back-office cost and risk
- Over 100 unique desktop builds across agencies

- 4D/MacOS (DWR)

Body Cams (HP, DOCR, GNF)

Application Support

Rate History:	
2015-2017	$105/$115/$105
2017-2019	$114/$120/$114
2019-2021	$114/$120/$114
2021-2023	$102/$125/$130
2023-2025	$105/$131.50/$136.50

Consumer Price Index (CPI) – 16.9% increase in last three years

Includes:
- Staffing costs including projected increases
- Operational and administrative costs

Benefits:
- Human Centric Design with application modernization efforts
- Ability to support future technology solutions – AI, GenAI, Common Datasets
- Data strategy blueprint in preparation for doing insight-driven decision making
- Support for Business Gateway platform

- **2025-2027 Hourly Rates**
  - $120.75/hour – IT Analyst (was $105/hour)
  - $136.30/hour – Business Applications (formerly Development/Business App. Support)
  - $136.30/hour – Business Analysis (was $131.50/hour)
  - $145/hour – Project Management (was $136.50/hour)
  - $159/hour – Data & Insights (new)

Mainframe – zSeries & AS/400

- AS/400 Mainframe
  - Primarily used to access legacy data by *two* agencies
  - Cost to maintain this legacy technology will be split evenly between remaining two agencies
  - Estimated cost to maintain is $15,500 per month
    - If new hardware is needed before retirement, estimates are about $200,000

- IBM zSeries Mainframe
  - Production applications for two agencies remain on this platform
    - Random reductions in CPU usage creates insufficient revenue to cover costs
  - High cost of licensing and third-party vendor support
  - Cost to maintain this legacy technology will be split proportionately between remaining two agencies
  - Estimated cost to maintain is $420,000 per month

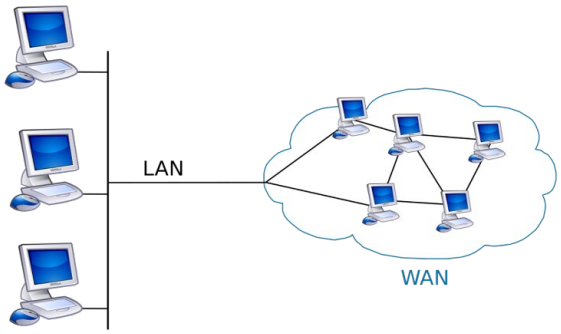
Network Connectivity

Rate History:	
2015-2017	$175/$850/$1150
2017-2019	$175/$850/$1150
2019-2021	$175/$850/$1150
2021-2023	$175/$850/$1150
2023-2025	$185/$850/$1150

Consumer Price Index (CPI) – 16.9% increase in last three years

Includes:
- Staffing costs including projected increases
- Hardware/software, including vendor support agreements
- Circuit to the DMARC point

Benefits:
- Supported internet connectivity



- **2025-2027 WAN Connection Rates**
  - Broadband Connection $ 210/connection (was $185/connection)
  - State Agency Fiber/nonFiber $ 975/connection (was $850/connection)
  - Political Sub. Fiber/nonFiber $1380/connection (was $1150/connection)
  - State Radio Circuit $1310/connection (was $1170/connection)
  - County Courthouse $ varies per connection

End User Licenses

Rate History:	
2015-2017	$0/$0/$0
2017-2019	$0/$0/$0
2019-2021	$31.41/$0/$0
2021-2023	$36/$0/$5
2023-2025	$43.25/$24.10/$6.25

Consumer Price Index (CPI) – 16.9% increase in last three years

- Microsoft Products
- Adobe Acrobat Pro
- Agencies charged based on group membership in active directory
- Annual renewals at fixed time, fixed number of licenses
- Requires an inventory of available licenses for responsiveness
- Contract renewal for July 2026

- **2025-2027 License Rates (not all licenses represented)**
  - Microsoft 365 Premium $47.60 (Was $43.25)
  - Microsoft 365 Basic $34.85 (Was $22.40)
  - Microsoft Dynamics CM $37.90 (Was $24.10)
  - Microsoft Dynamics CS $92.75 (Was $73.52)
  - Adobe Acrobat Pro $ 6.60 (Was $6.25)

Technology Fee

Rate History:

2015-2017	$59.00
2017-2019	$64.00
2019-2021	$66.25
2021-2023	$68.25
2023-2025	$63.00 (metric change)

Consumer Price Index (CPI) – 16.9% increase in last three years

Includes:
- Staffing costs including projected increases
- Support of Microsoft M365 and Co-Pilot (infrastructure)
- Datacenter connectivity
  - Hardware/software, including vendor support agreements
- VPN and multi-factor authentication services

Benefits:
- Identity and access management across the Business Gateway
- Solution architecture efforts during application modernization

- Enterprise Architecture (Possibly general funded, would reduce by $8)

- **2025-2027 Service Rate**
  - Technology Fee $75.50/user (was $63.00)

End User Compute

Rate History:

2015-2017	$100/$130
2017-2019	$100/$130
2019-2021	$100/$130
2021-2023	$77.25/$98.50**
2023-2025	$83/$99.75

**removed MS Premium license from fee

Consumer Price Index (CPI) – 16.9% increase in last three years

Includes:
- Staffing costs including projected increases
- Support of devices, including all mobile devices
- Toolsets & licenses needed for real-time support
- 48/60 month replacement cycles

Benefits:
- Simplified end user experience for print services
- Vulnerability management for devices
- Singular experience with mobile device or desktop device

- **2025-2027 Service Rates**
  - Standard PC $92.00/user (was $83.00)
  - Standard Laptop $112.50/user (was $99.75)

Application Hosting, Servers, & Storage

Rate History:	
2015-2017	$360/$.50/$.35/$.20
2017-2019	$360/$.40/$.30/$.20
2019-2021	$335/$.22/$.18/$.10
2021-2023	$300/$.18/$.12/$.10
2023-2025	$300/$.15/$.12/$.11

Consumer Price Index (CPI) – 16.9% increase in last three years

Includes:
- Staffing costs including projected increases
- Hardware/software, including vendor support agreements
- Responsible for new builds and maintaining existing deployments

Benefits:
- Strategic road mapping for cloud computing
- Strategic road mapping of AI cloud services
- Vulnerability management for servers
- Support of the application modernization efforts

- **2025-2027 Hosting Rates**
  - Standard Server — $360/base server (was $300/base server)
  - Storage (Premium) — $.15/gb (No increase)
  - Storage (Basic) — $.12/gb (No increase)
  - Storage (File Share) — $.11/gb (No increase)

PeopleSoft ERP (ConnectND)

Rate History:	
2015-2017	$10.60/$7.27
2017-2019	$11.33/$7.58
2019-2021	$11.72/$9.11
2021-2023	$11.88/$8.66
2023-2025	$11.84/$7.59

Consumer Price Index (CPI) – 16.9% increase in last three years

Includes:
- Staffing costs including projected increases
- Hardware/software, including vendor support agreements
- Responsible for new builds and maintaining existing deployments
- Finance and HR tools in addition to PeopleSoft
- Billing metric based on authorized FTE, historically appropriated budgets also impacted this rate

Benefits:
- Support of enterprise financial and human resource system
- Lease administration software
- Oracle Guided Learning

- **2025-2027 Hosting Rates**
  - Cost per FTE (2021-2023 Approp. Book) $27.31/FTE

Telecommunications

Rate History:	
2015-2017	$20/$10
2017-2019	$20/$10
2019-2021	$23/$15
2021-2023	$24/$15
2023-2025	$25/$30 or $45

Consumer Price Index (CPI) – 16.9% increase in last three years

Includes:
- Staffing costs including projected increases
- Teams Voice and legacy Avaya
- Cell phone administration and charge back
- Call Center
- IVR

Benefits:
- Self-service 911 location
- Ability to integrate note taking capabilities with Co-Pilot
- Improved, consistent experience with call center
- Enabling insights for data driven decision making for call center

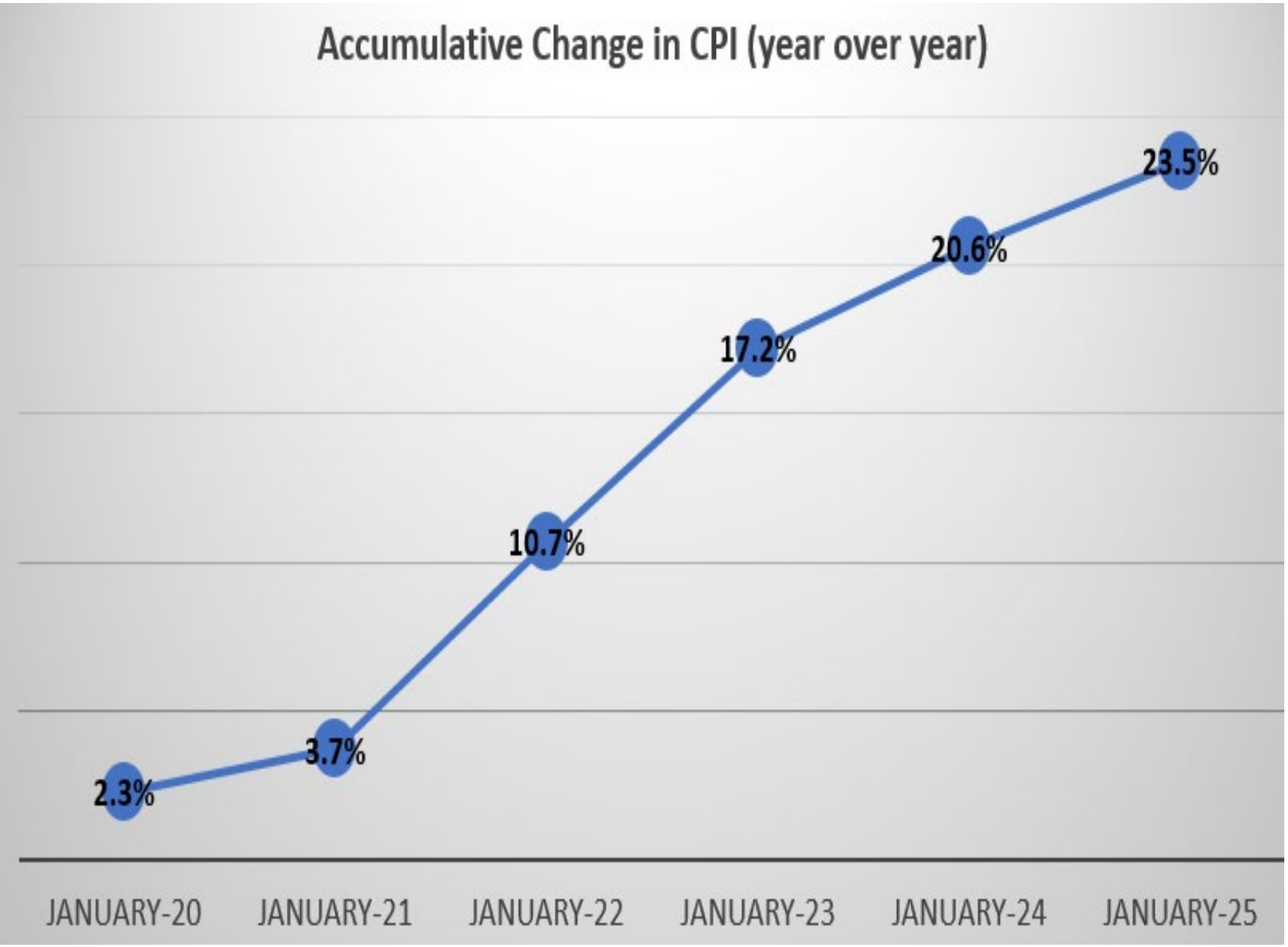
- **2025-2027 Hosting Rates**
  - Basic Phone $30.00/number (was $25/number)
  - Basic Phone – Legacy Avaya $37.50/number (was $25/number)
  - Call Center Agent $130/agent (was $30/agent)

Desktop Support Examples

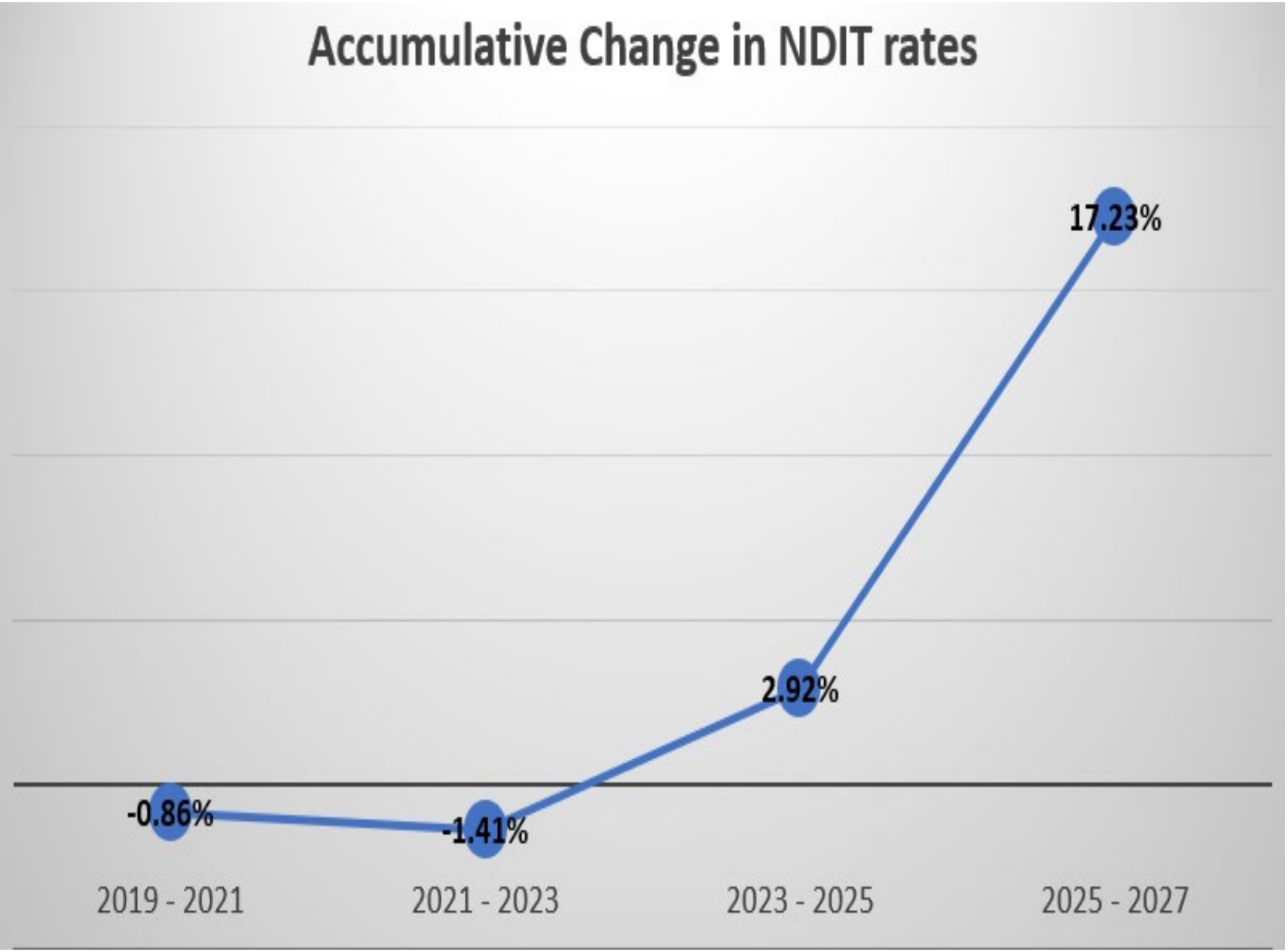
- South Dakota
  - January 2025 User Fee
  - $125.00 User/Month

  User Fee: The user fee is assessed based on each domain account or user name used to sign on to a computer. This fee covers services provided by BIT including statewide technical support for hardware and software on workstations and networks, installation of hardware and software, operating system research and development, cloning or developing a standard workstation set-up, Parts Center services (including warranty repair), application deployment, hardware and software inventory, printer support, and file restores.

- ND Legislative Council (estimate)
  - 3 Information Tech Specialists
  - $5,275 monthly salary (assumes mid-range)
  - 141 Devices – Legislative Assembly
  - 48 Devices – Legislative Council
  - $83.73 per device for support
    - (3 * $5275) / (141 + 48)
    - Does not include benefits, operational costs, management costs
  - NDIT Support per Device - $62.00



Source: Consumer Price Index Data from 1913 to 2025



Rates set in April of 2018, 2020, 2022 and 2024 for next biennium services

2025 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

HB 1012
2/17/2025

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

8:31 a.m. Chairman J. Nelson called the meeting to order.

Members Present: Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Berg, Mitskog, Murphy, O' Brien, Wagner.

Discussion Topics:

- Development Disabilities
- Medical Services
- Long Term Care

8:33 a.m. Eric Haas, Assistant Chief Financial Officer, Health and Human Services, testified and presented cost comparison #37878.

8:43 a.m. Sarah Aker, Executive Director, Medical Services, Health and Human Services, addressed billing timelines #37878.

8:50 a.m. Eric Haas, Assistant Chief Financial Officer, Health and Human Services, continued with testimony #37878.

8:53 a.m. Sarah Aker, Executive Director, Medical Services, Health and Human Services, suggested that a report be prepared to share the claims data for Medicaid expansion.

8:54 a.m. Eric Haas, Assistant Chief Financial Officer, Health and Human Services, continued with testimony #37878.

8:57 a.m. Sarah Aker, Executive Director, Medical Services, Health and Human Services, addressed enrollment, cost projection, and utilization.

9:04 a.m. Eric Hass, Assistant Chief Financial Officer, Health and Human Services, continued with testimony #37878.

9:07 a.m. Sarah Aker, Executive Director, Medical Services, Health and Human Services, addressed the building program, volume and provider access.

9:14 a.m. Eric Haas, Assistant Chief Financial Officer, Health and Human Services, continued with testimony #37878.

9:15 a.m. Sarah Aker, Executive Director, Medical Services, Health and Human Services, spoked to billed encounters for Indian Health services.

9:17 a.m. Eric Haas, Assistant Chief Financial Officer, Health and Human Services, continued with testimony #37878.

9:19 a.m. Sarah Aker, Executive Director, Medical Services, Health and Human Services, explained that enrollment in Medicaid expansion remains flat.

9:20 a.m. Eric Haas, Assistant Chief Financial Officer, Health and Human Services, continued with testimony #37878.

9:32 a.m. Sarah Aker, Executive Director, Medical Services, Health and Human Services, spoke to the fact the number of children being served was increased from the last biennium.

9:36 a.m. Eric Haas, Assistant Chief Financial Officer, Health and Human Services, continued with testimony #37878.

9:39 a.m. Sarah Aker, Executive Director, Medical Services, Health and Human Services, explained where PACE operates in North Dakota.

9:40 a.m. Chairman J. Nelson adjourned the meeting.

Jan Kamphuis, Committee Clerk

Top Services

Developmental Disabilities

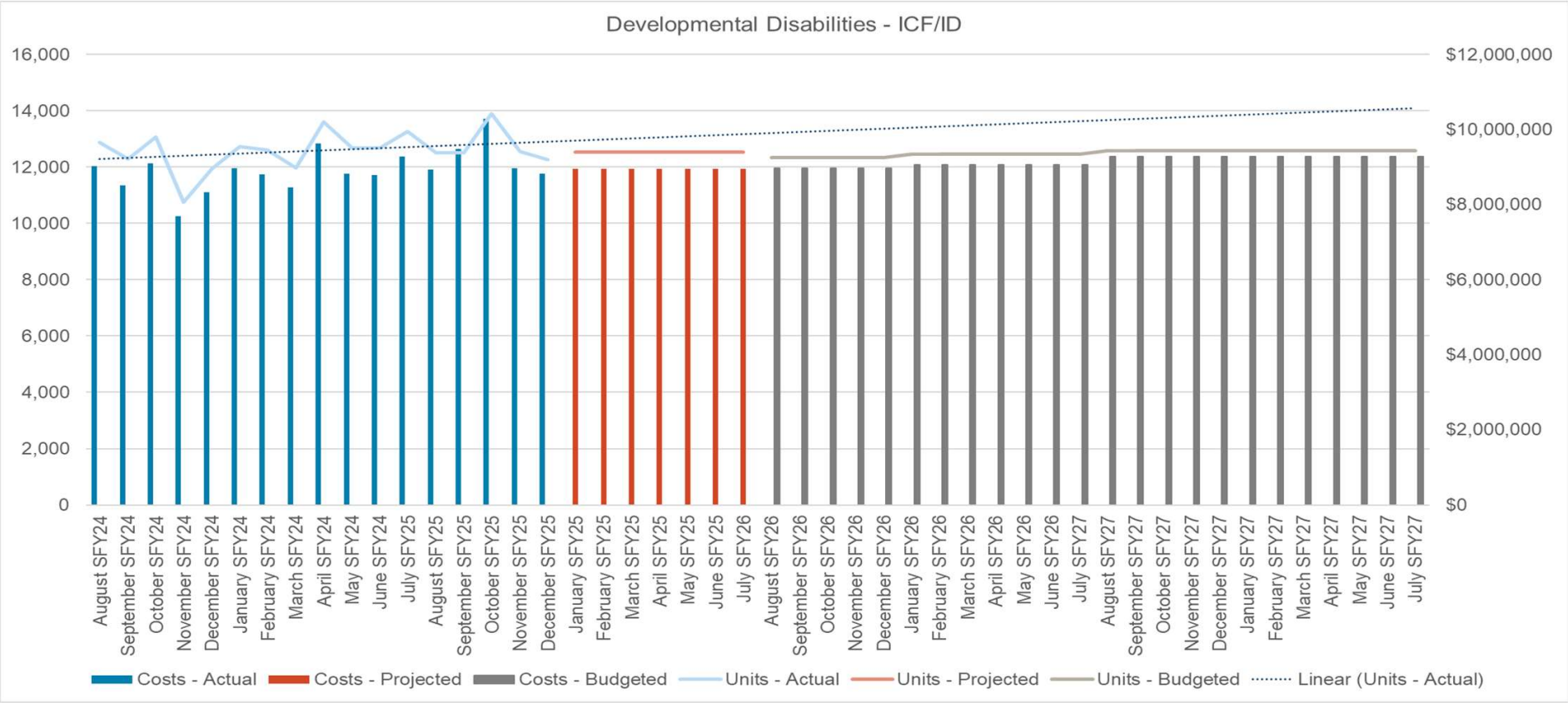
HHS budget is built using the months of August 2024 through March 2025.
Graphs do not include the Decision Packages.
The trend lines a calculation of the graph based on the Actual Units figures.

Top Services

North Dakota Department of Health and Human Services
Developmental Disabilities
Unit and Cost Comparison
12 Month Average to Executive Budget Request (EBR) 2025 - 2027 Biennium

Program	12 Month Average in Units (April 2023 - March 2024)	Monthly average units for EBR 2025 - 2027	Change from EBR to 12 mo Avg units	12 Month Average in Cost per Unit (April 2023 - March 2024)	Monthly average cost per unit for EBR 2025 - 2027	Change from EBR to 12 mo Avg cost per unit	Monthly average units for first 14 months of 23-25	Monthly average unit cost for first 14 months of 23-25
ICF/ID	12,207	12,505	298	$689.90	$731.90	$42.00	12,536	$705.75
Residential Habilitation	35,139	36,107	968	$313.69	$333.15	$19.46	35,383	$322.01
Day Programs	657,065	669,190	12,125	$7.09	$7.55	$0.46	668,822	$7.27
Infant Development	6,331	6,503	172	$230.64	$247.29	$16.65	6,633	$234.61
Family Support Services - In Home Supports	121,005	137,887	16,882	$9.63	$10.26	$0.63	120,746	$9.81

Top Services



NORTH Dakota Be Legendary. | Health & Human Services

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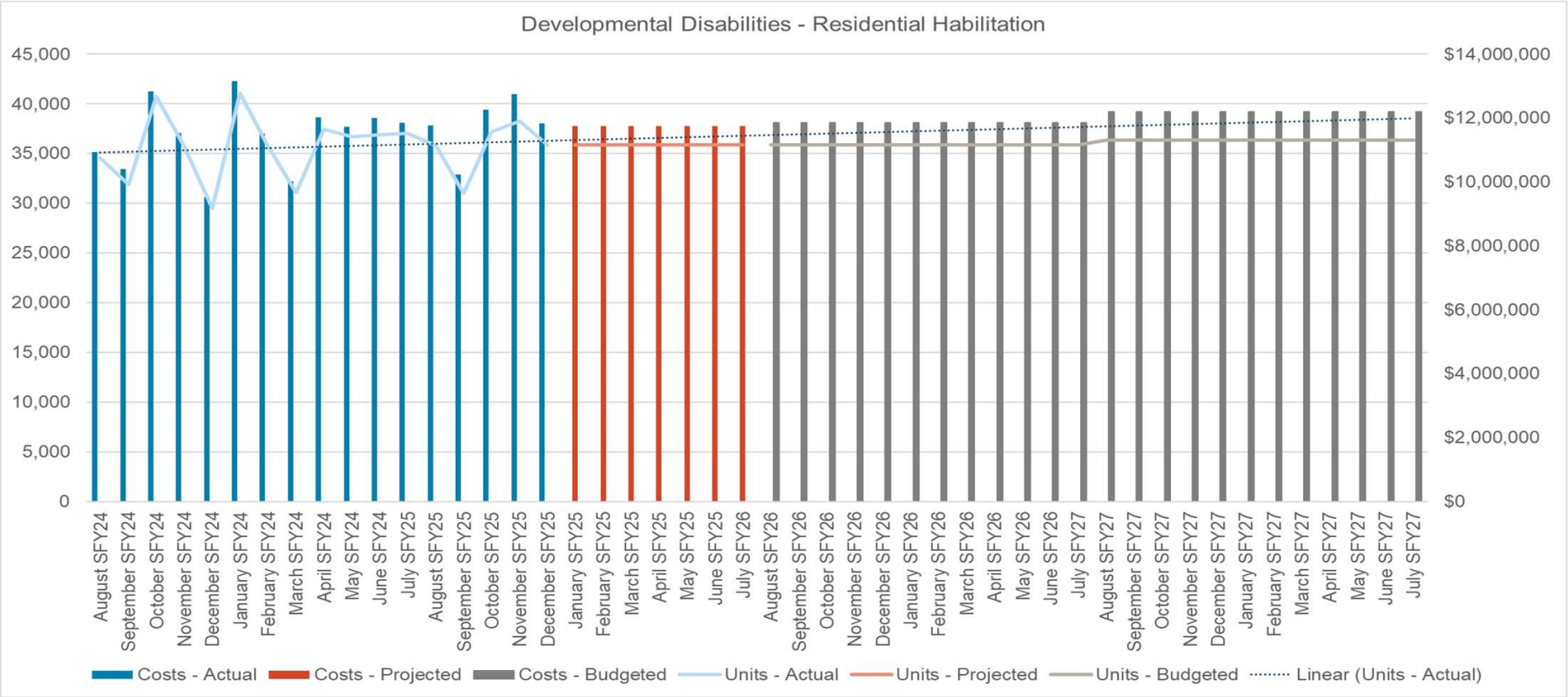

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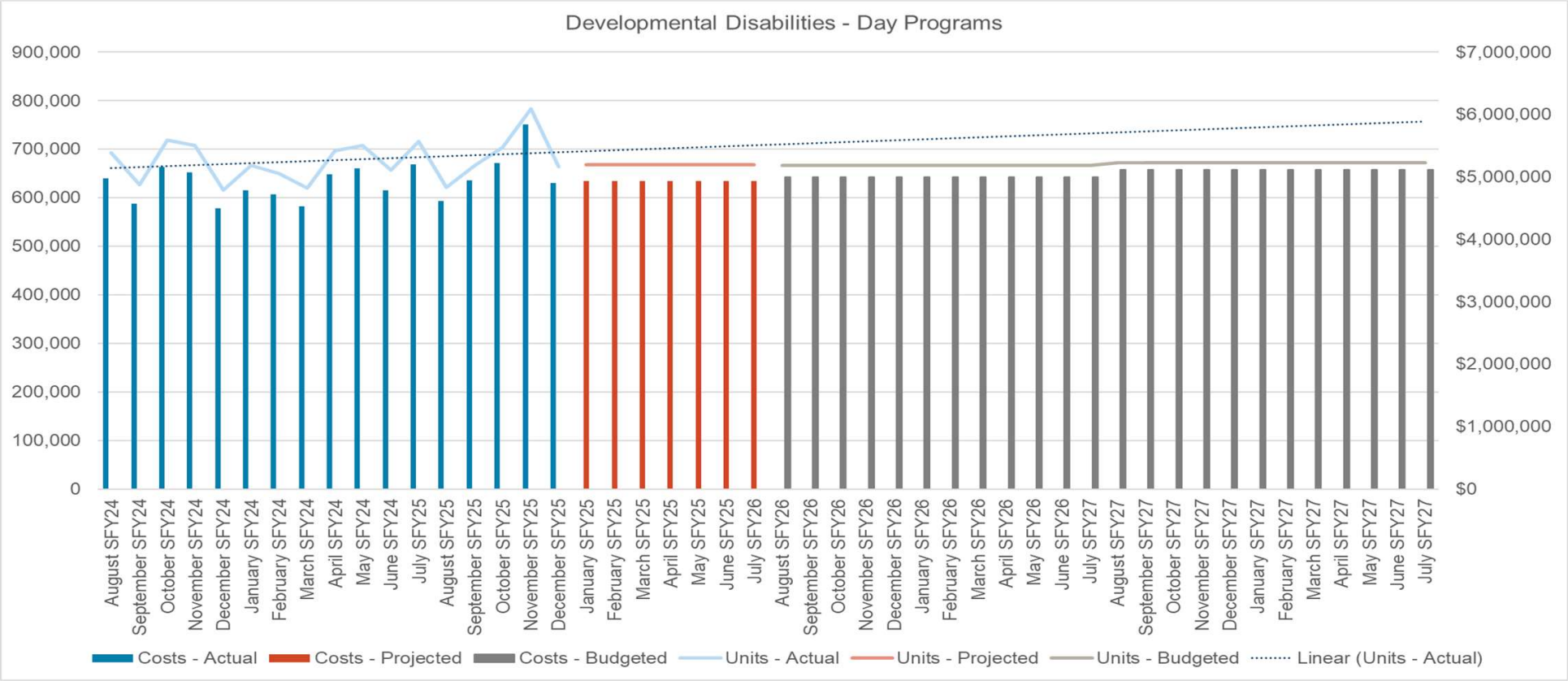

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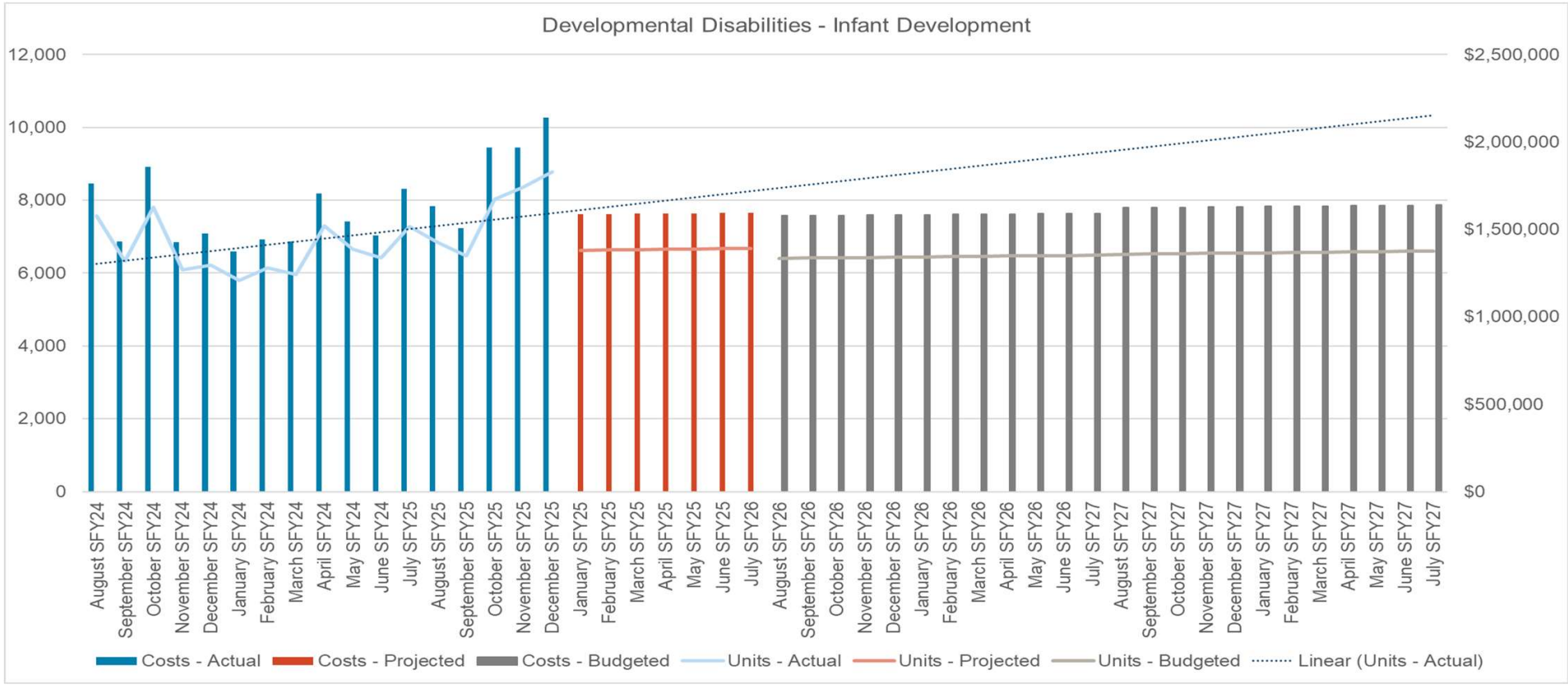

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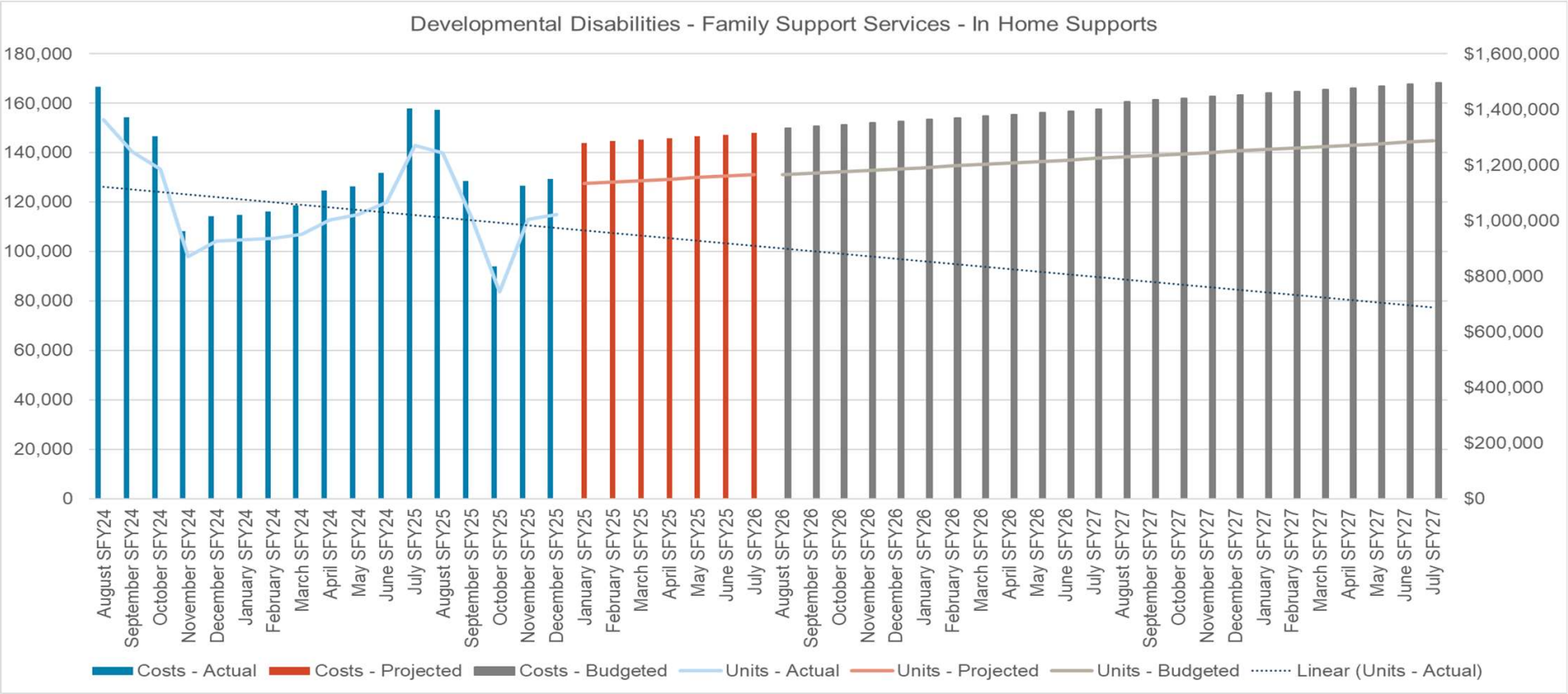

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Top Services

Medical Services

HHS budget is built using the months of August 2024 through March 2025.
Graphs do not include the Decision Package.
The trend lines a calculation of the graph based on the Actual Units figures.

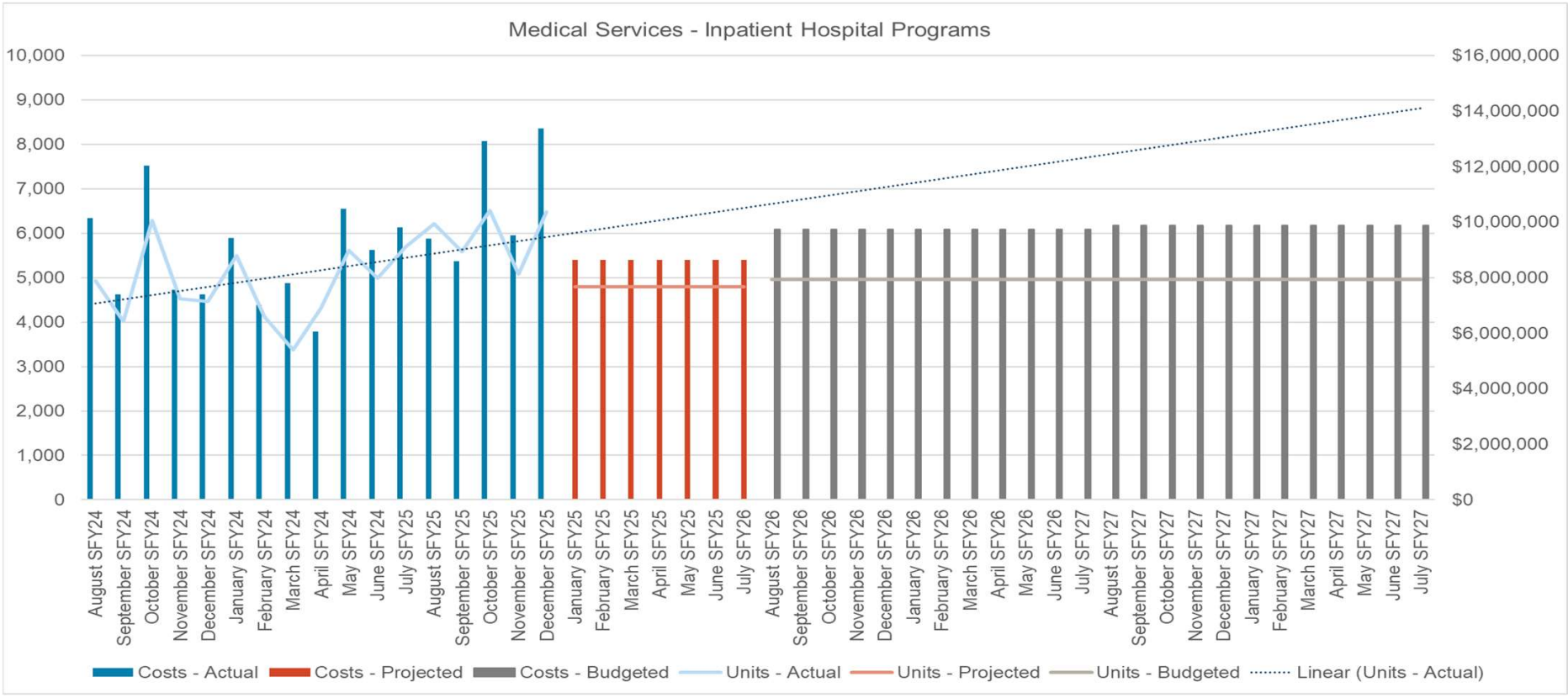
NORTH Dakota Be Legendary. | Health & Human Services

Top Services

North Dakota Department of Health and Human Services
Medical Services
Unit and Cost Comparison
12 Month Average to Executive Budget Request (EBR) 2025 - 2027 Biennium

Program	12 Month Average in Units (April 2023 - March 2024)	Monthly average units for EBR 2025 - 2027	Change from EBR to 12 mo Avg units	12 Month Average in Cost per Unit (April 2023 - March 2024)	Monthly average cost per unit for EBR 2025 - 2027	Change from EBR to 12 mo Avg cost per unit	Monthly average units for first 14 months of 23-25	Monthly average unit cost for first 14 months of 23-25
INPATIENT HOSPITAL	4,775	4,962	187	$1,813.98	$1,977.00	$163.02	4,976	$1,752.06
OUTPATIENT HOSPITAL	231,057	239,415	8,358	$21.29	$22.12	$0.83	263,361	$18.81
PROFESSIONAL SERVICES	326,120	298,372	(27,748)	$17.47	$21.16	$3.69	309,126	$19.52
DRUGS	95,349	86,375	(8,974)	$67.73	$41.84	($25.89)	90,364	$30.36
INDIAN HEALTH SERVICES	23,383	25,582	2,199	$135.17	$154.01	$18.84	23,708	$144.36
1915i STATE PLAN SERVICES	2,748	13,023	10,275	$16.18	$22.91	$6.73	3,331	$16.34
PRTF SERVICES	1,230	1,270	40	$686.58	$703.58	$17.00	1,232	$713.69
DENTAL SERVICES	18,716	18,408	(308)	$80.43	$83.73	$3.30	18,269	$80.93
PREMIUMS	11,266	11,413	147	$171.61	$206.98	$35.37	11,059	$174.15
EXPANSION MEDICAID	30,675	23,500	(7,175)	$986.69	$1,173.94	$187.25	26,882	$991.27

Top Services



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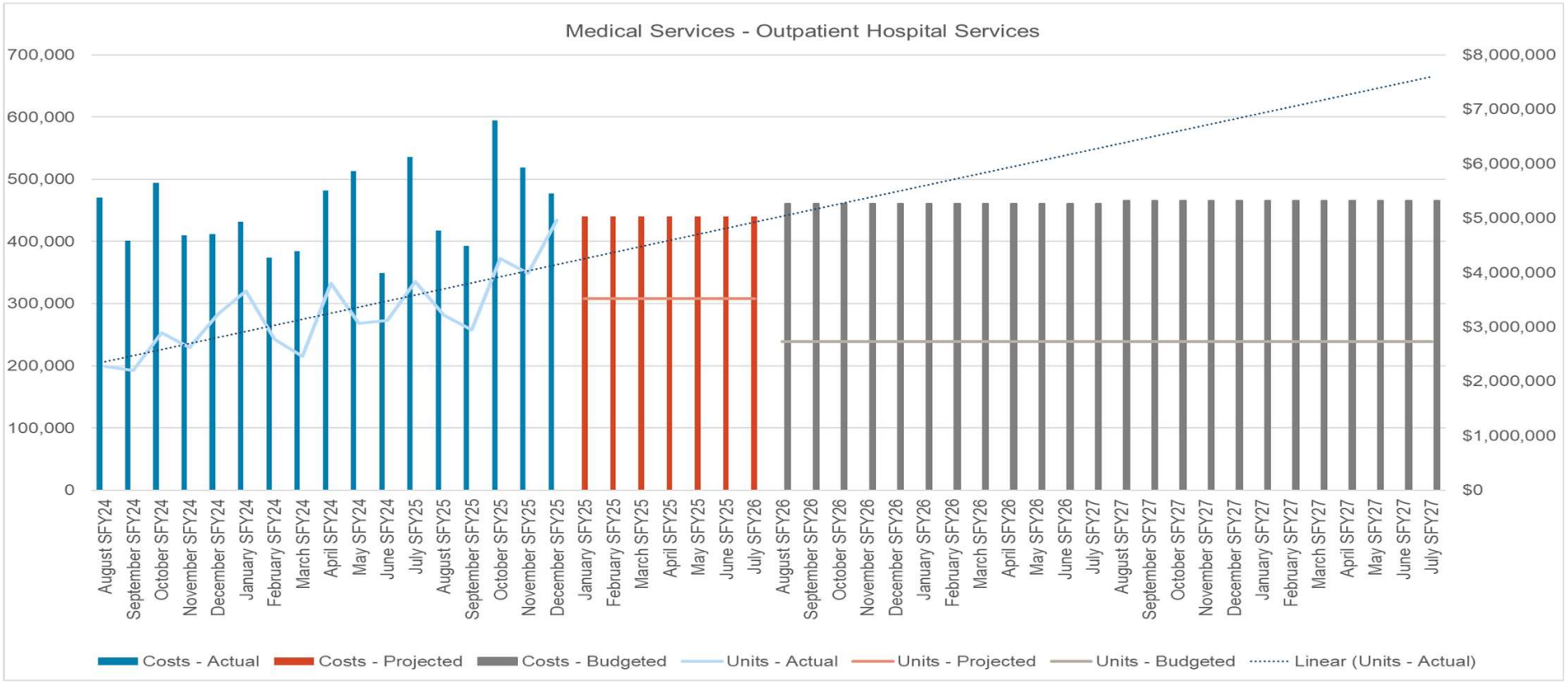

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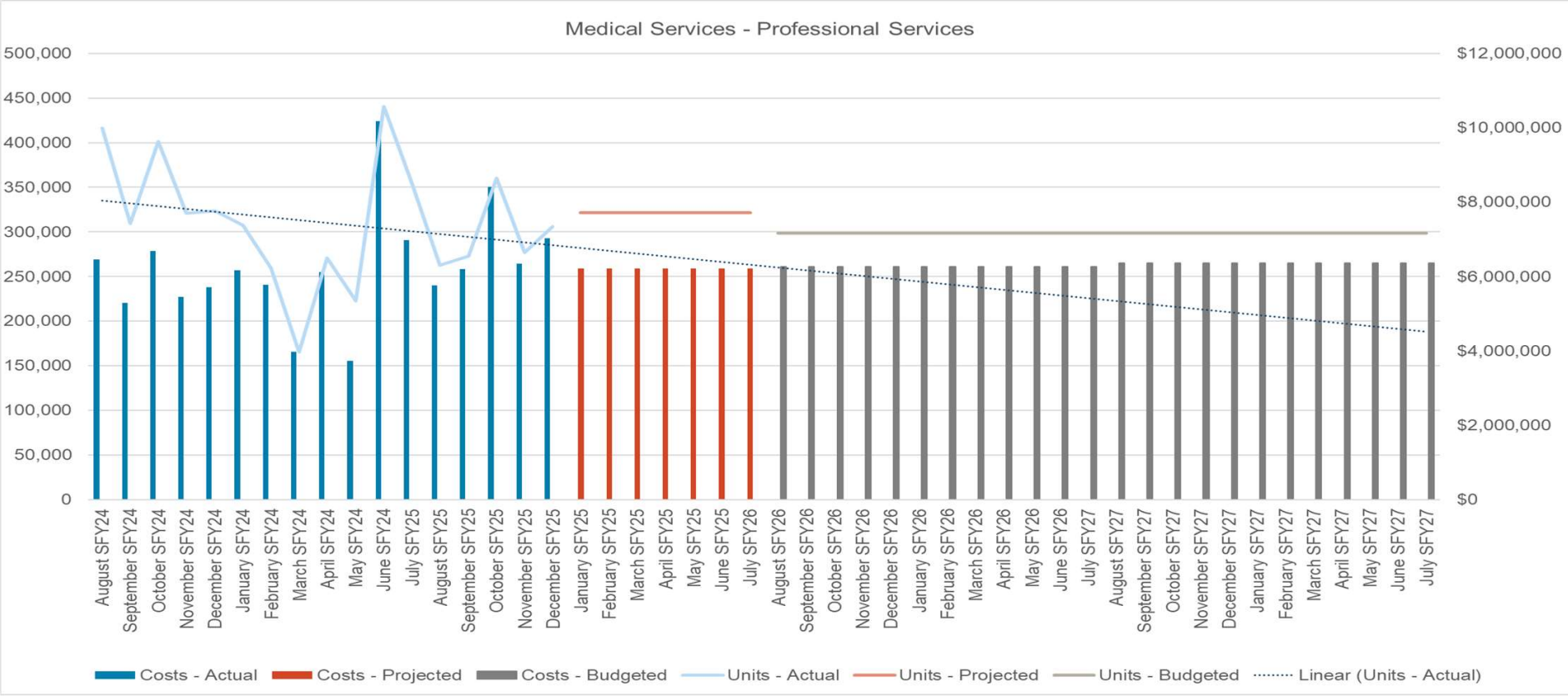

Change Healthcare data breach February 2024. Electronic claims processing was delayed, and we saw majority of the claims being processed in June – October 2024.

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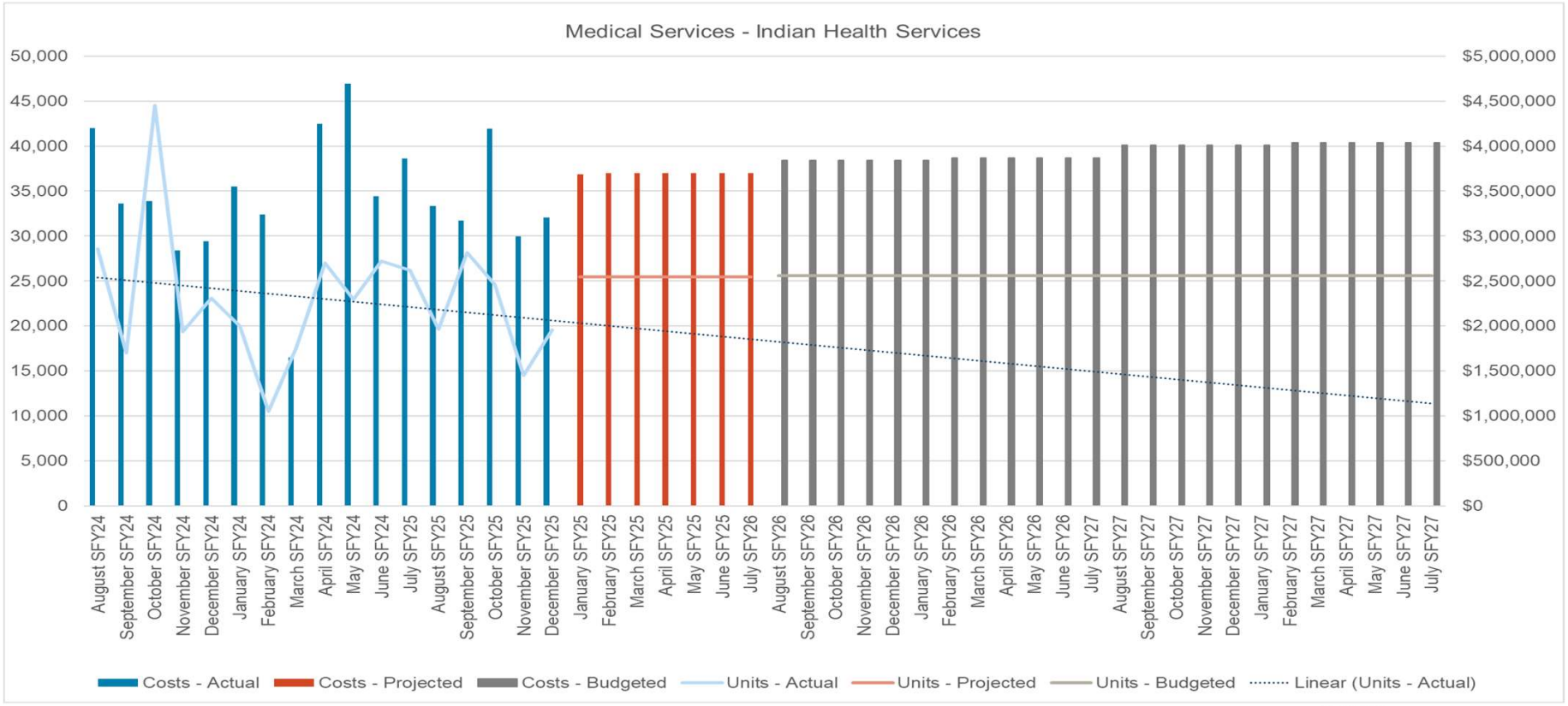
Top Services



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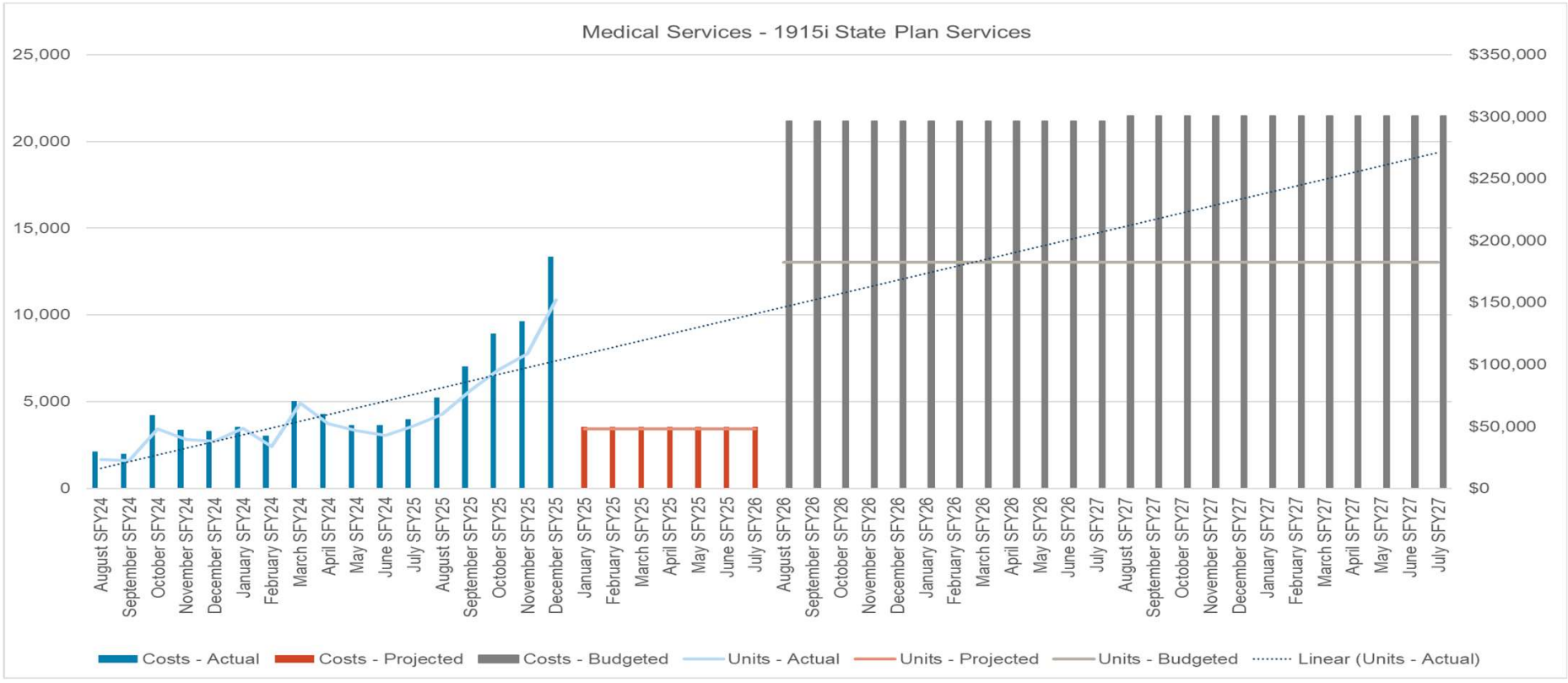

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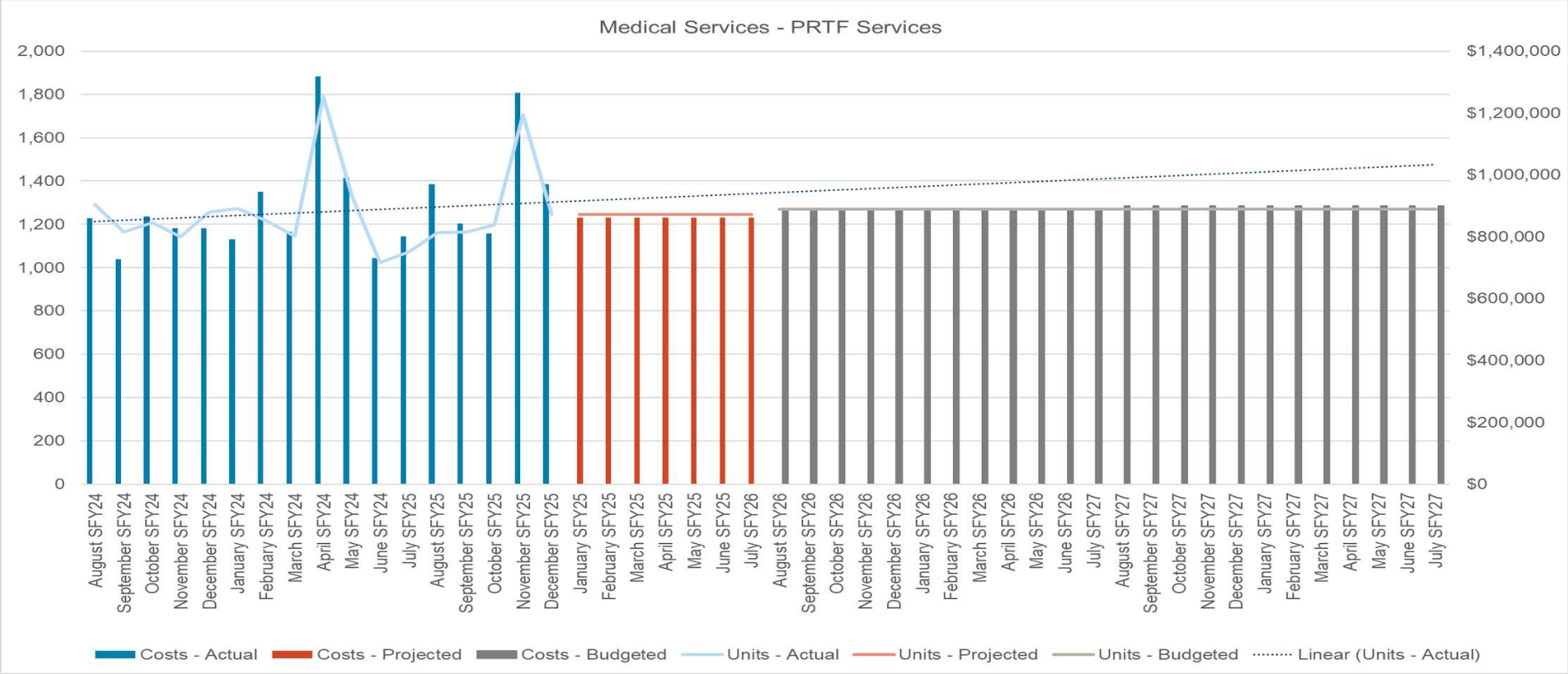

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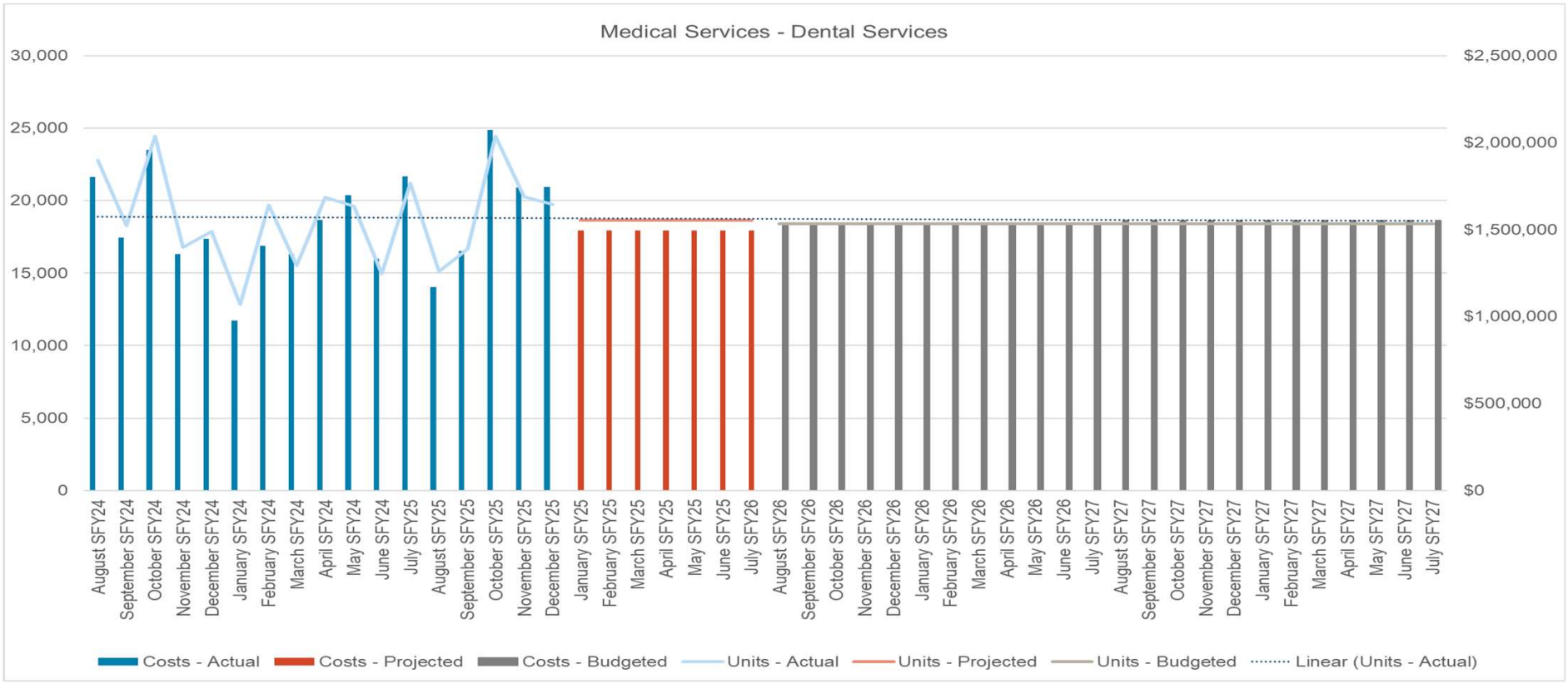

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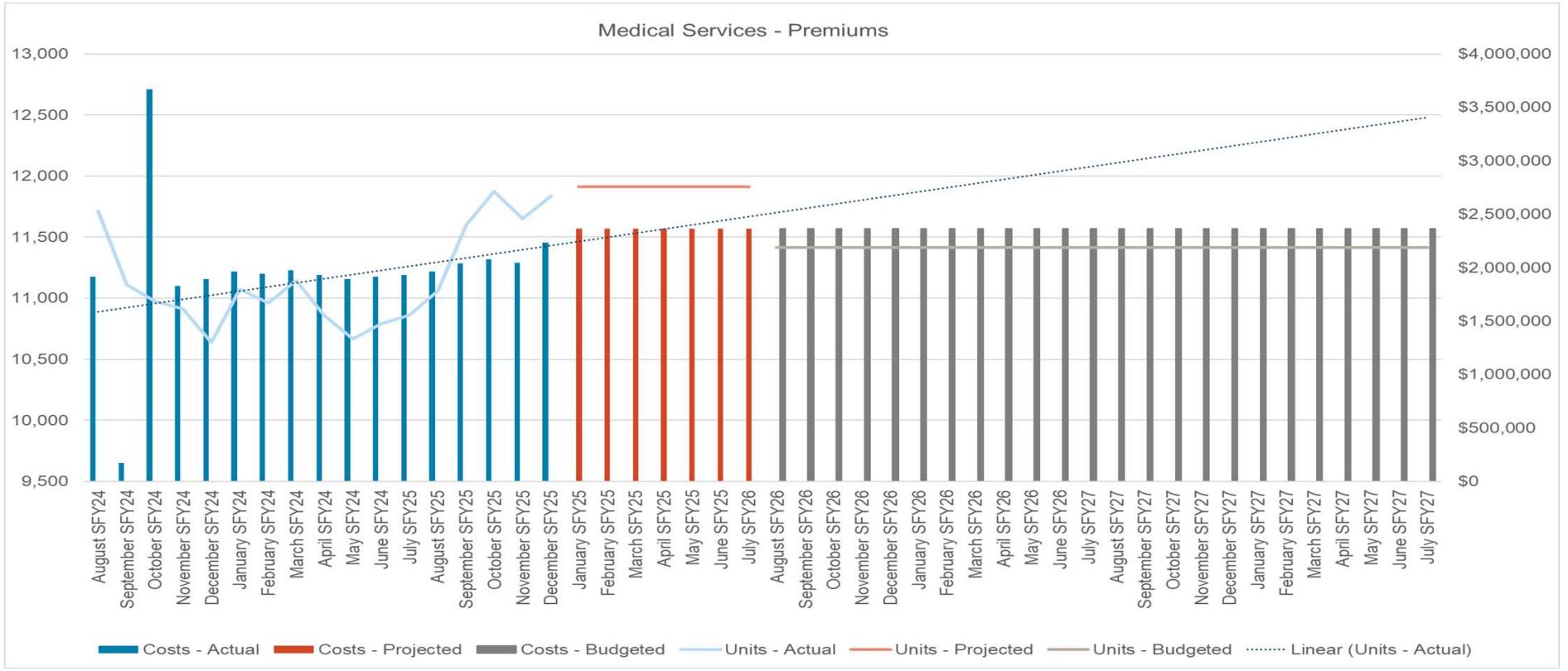

August Part A Premiums paid in October 2024.

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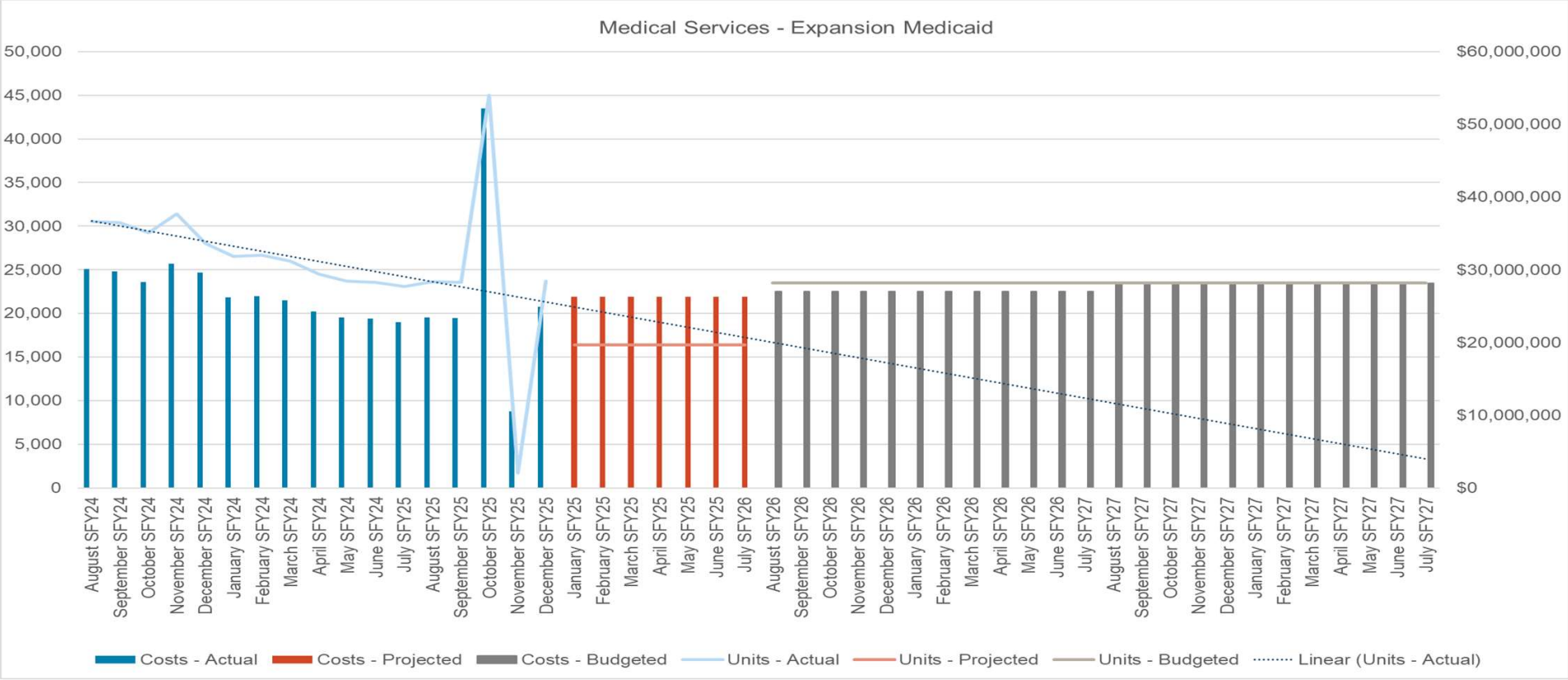
Top Services



November 2024 billing was processed in October 2024.

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Top Services

Long Term Care (LTC)

HHS budget is built using the months of August 2024 through March 2025.
Graphs do not include the Decision Packages.
The trend lines a calculation of the graph based on the Actual Units figures.

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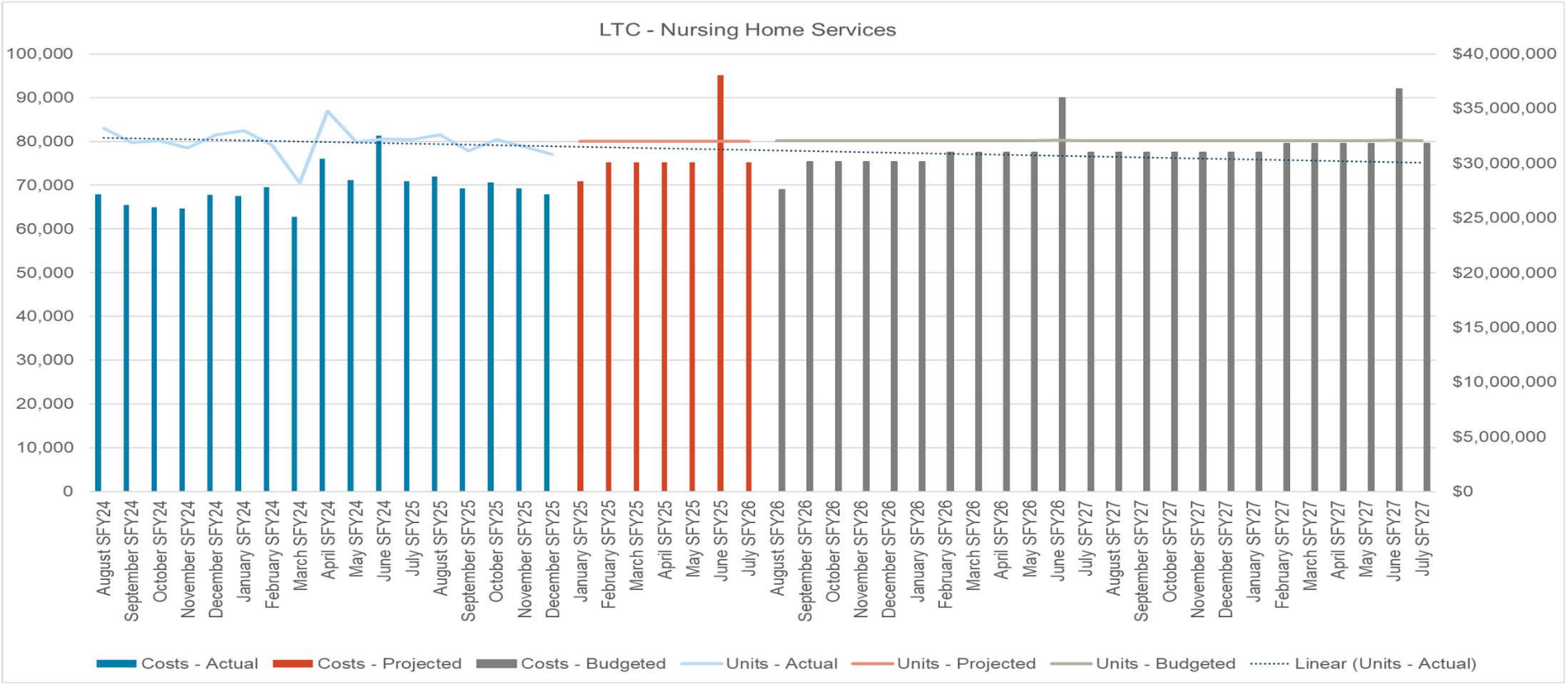
Top Services

North Dakota Department of Health and Human Services
Long Term Care
Unit and Cost Comparison
12 Month Average to Executive Budget Request (EBR) 2025 - 2027 Biennium

Program	12 Month Average in Units (April 2023 - March 2024)	Monthly average units for EBR 2025 - 2027	Change from EBR to 12 mo Avg units	12 Month Average in Cost per Unit (April 2023 - March 2024)	Monthly average cost per unit for EBR 2025 - 2027	Change from EBR to 12 mo Avg cost per unit	Monthly average units for first 14 months of 23-25	Monthly average unit cost for first 14 months of 23-25
NURSING HOME	79,579	80,277	698	$329.27	$389.73	$60.46	80,152	$346.12
BASIC CARE	46,805	46,705	(100)	$55.38	$59.30	$3.92	47,450	$57.38
HCBS WAIVER	92,903	90,204	(2,699)	$28.91	$60.26	$31.35	107,823	$31.52
PACE PYMT ALL-INCL CARE ELDRLY	187	186	(1)	$4,986.75	$5,317.08	$330.33	189	$5,149.43
SPED	87,052	82,104	(4,948)	$10.20	$15.04	$4.84	90,703	$10.89
EXPANDED SPED	4,735	4,663	(72)	$11.01	$11.57	$0.56	4,827	$11.34
PERSONAL CARE SERVICES	243,831	237,919	(5,912)	$6.73	$9.78	$3.05	239,780	$7.35
TARGETED CASE MANAGEMENT	2,618	2,590	(28)	$18.77	$20.92	$2.15	2,804	$19.16
CHILDREN'S MED FRAGILE WAIVER	42	42	0	$342.54	$754.36	$411.82	49	$374.90
CHILDREN'S HOSPICE WAIVER	0	1	1	$0.00	$3,251.15	$3,251.15	-	$0.00
AUTISM WAIVER	989	27,746	26,757	$19.09	$1.72	($17.37)	1,712	$18.72

Top Services



Nursing Home Value Based Purchasing payments are made in June of each year.

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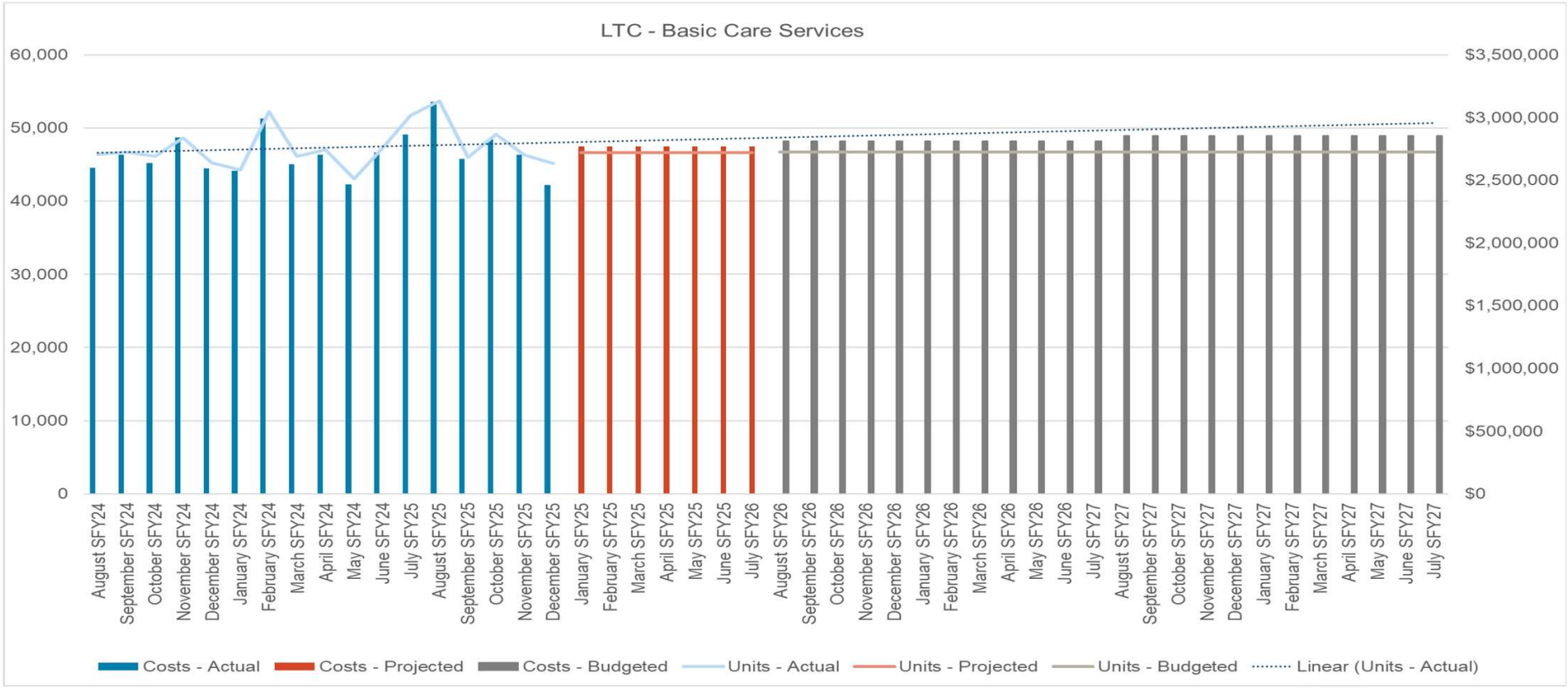

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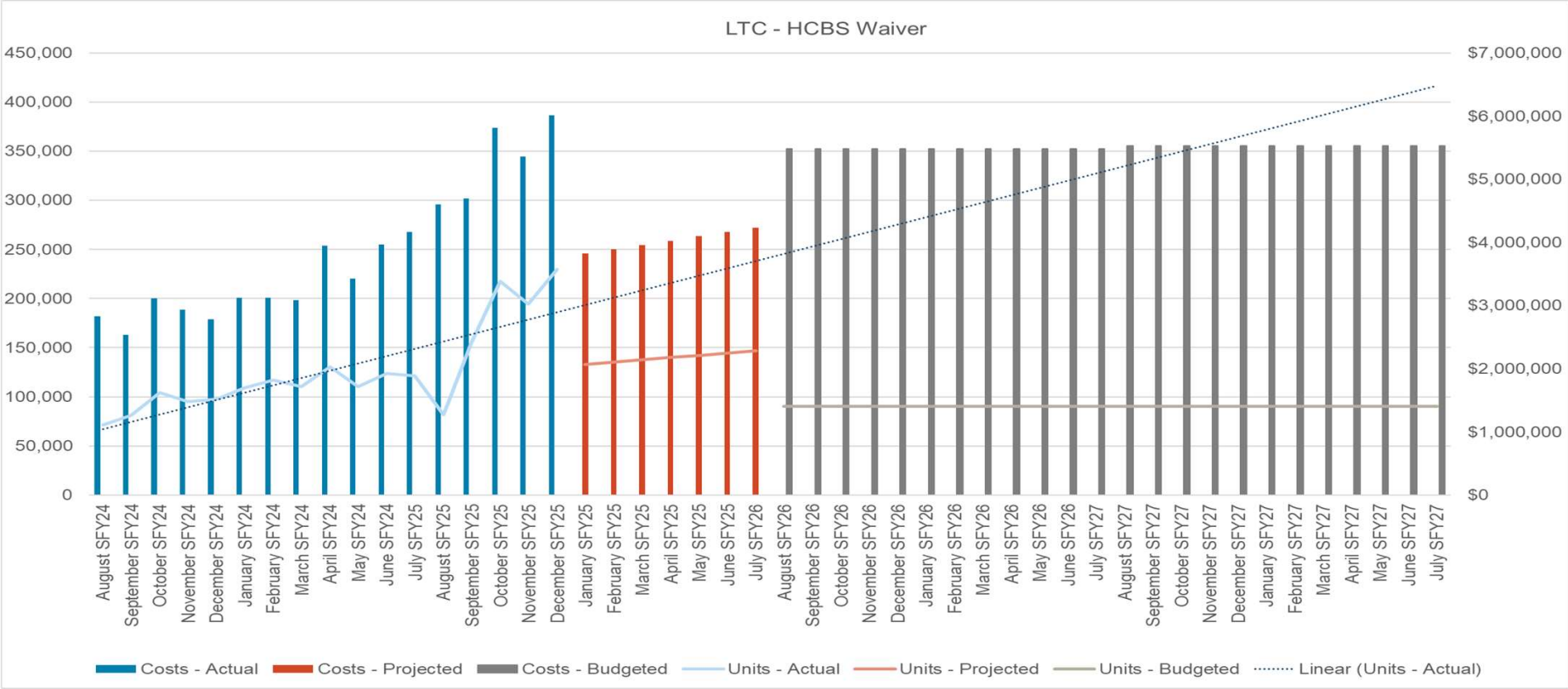

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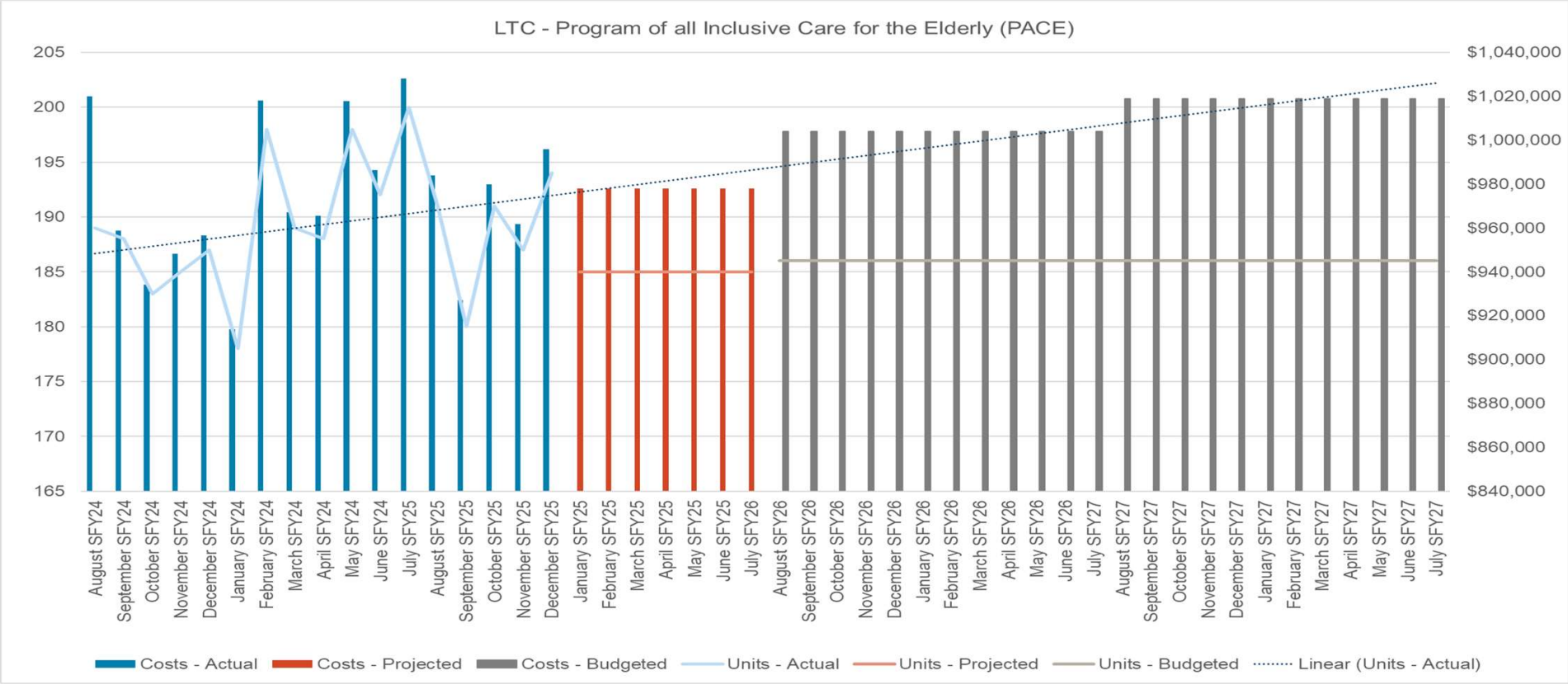

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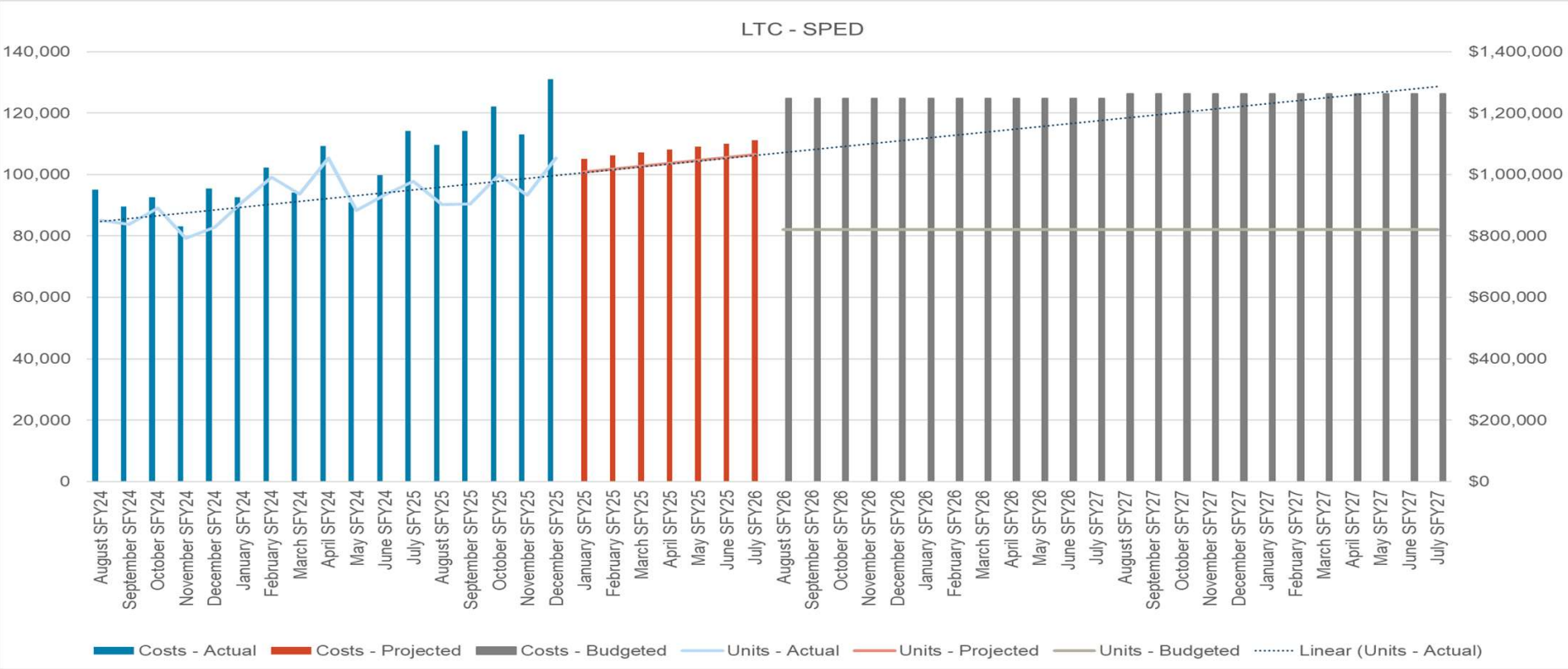

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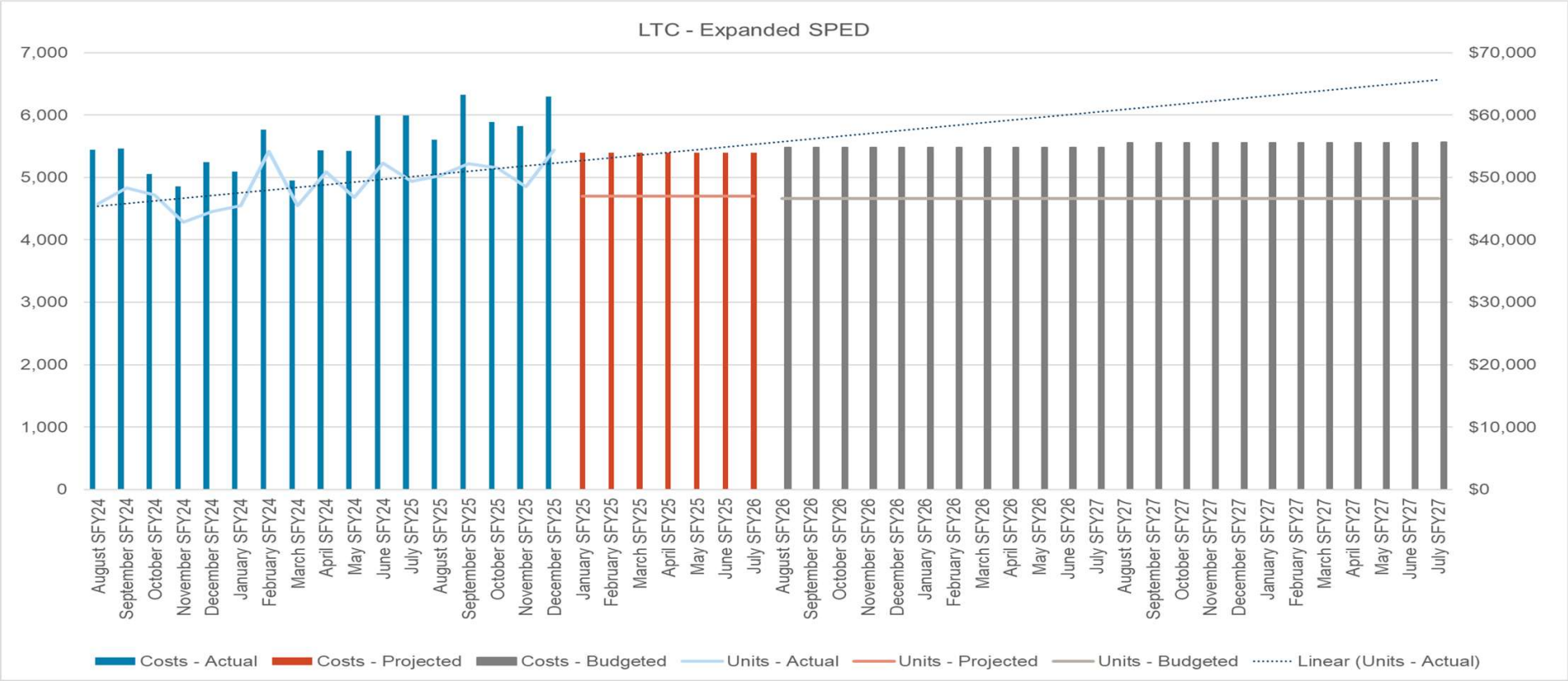

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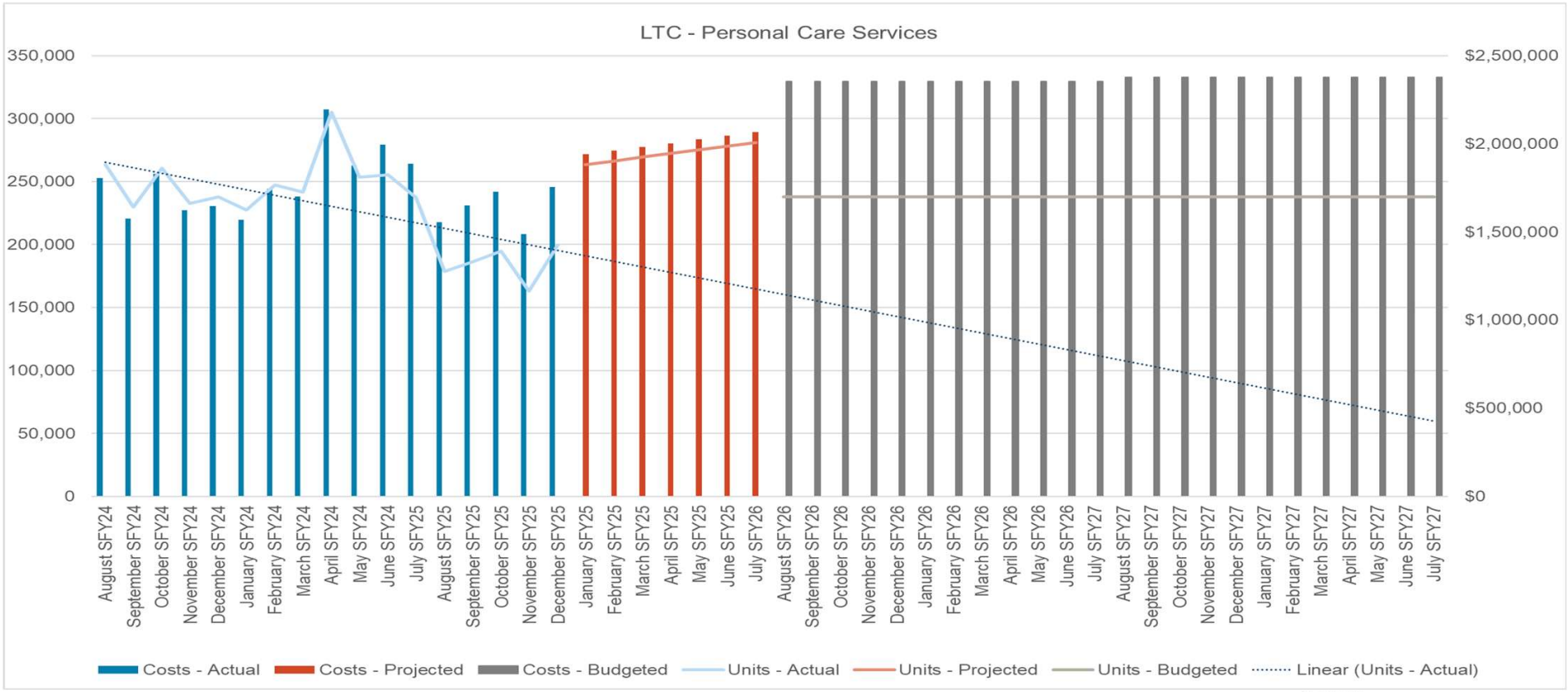

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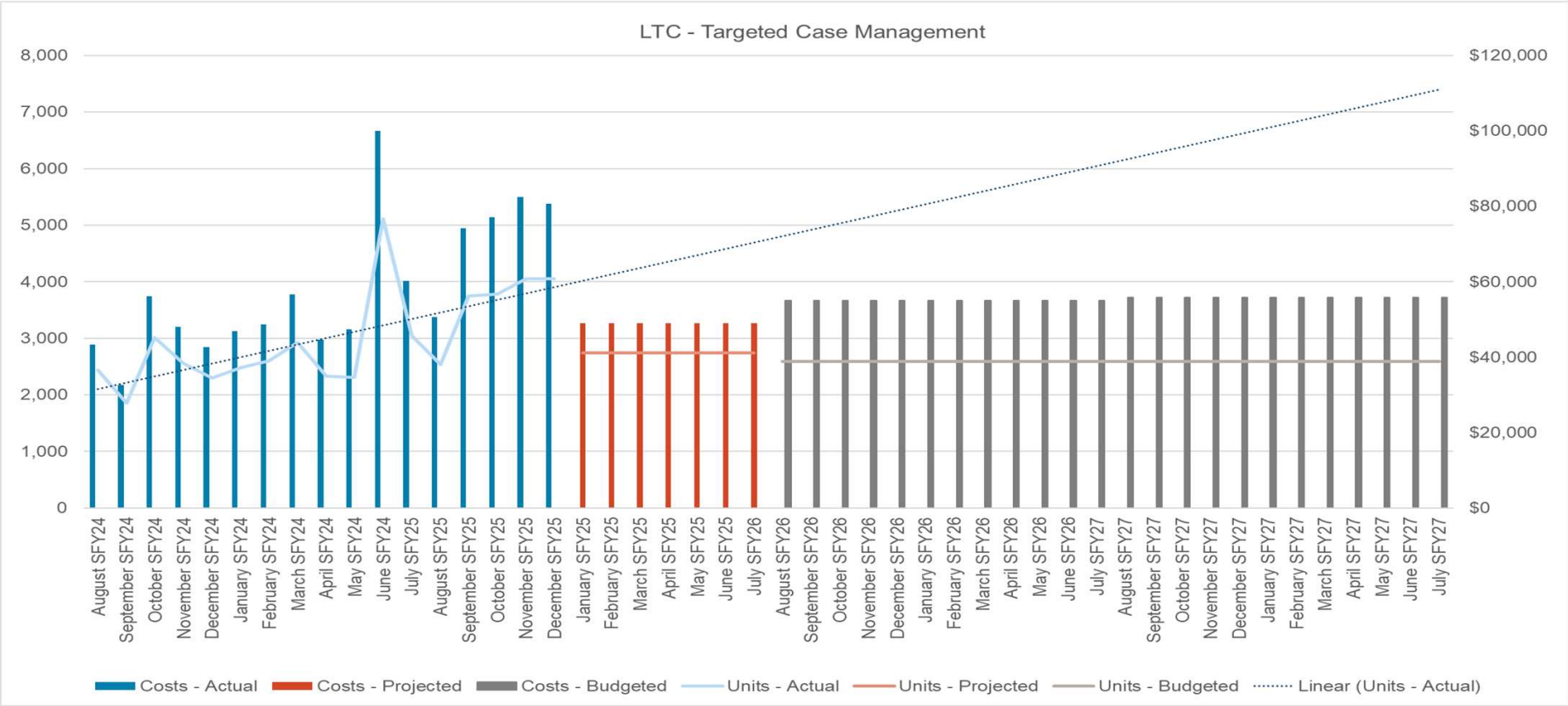

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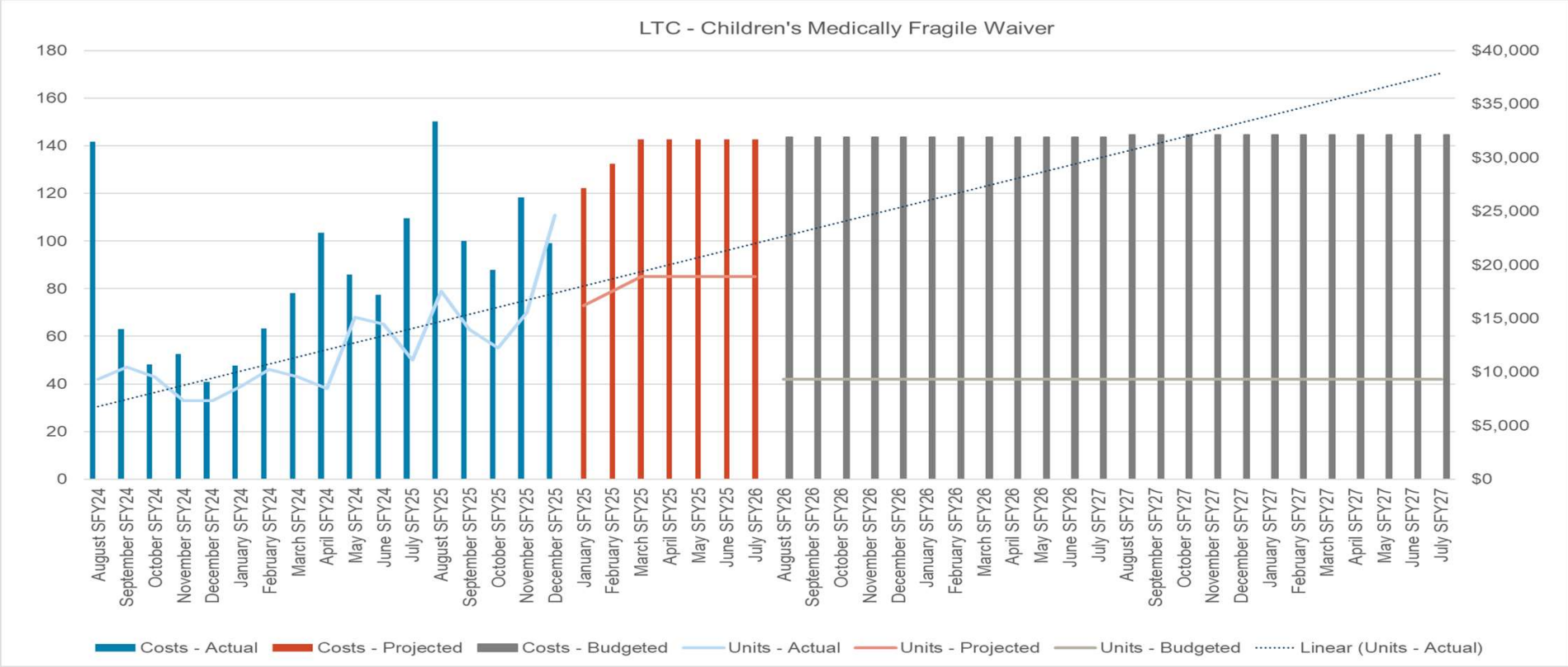

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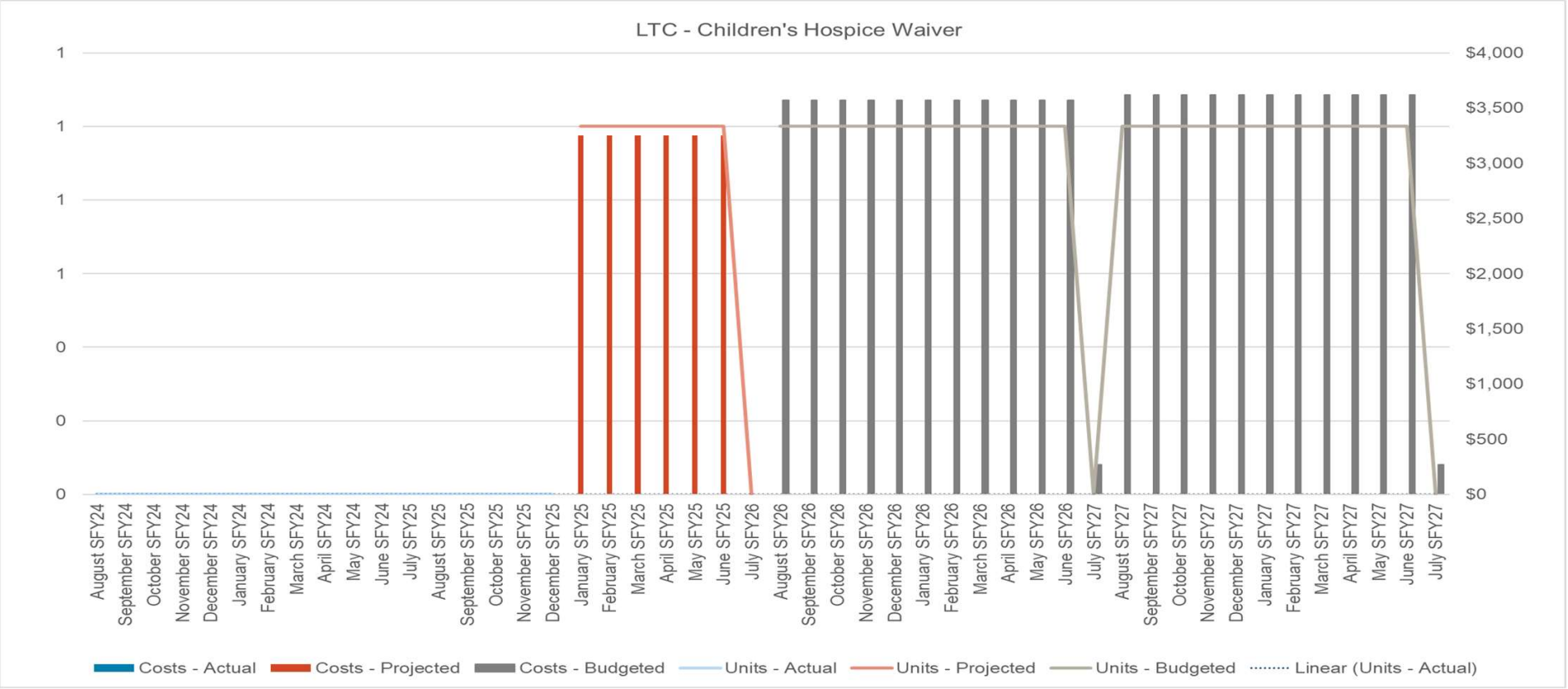

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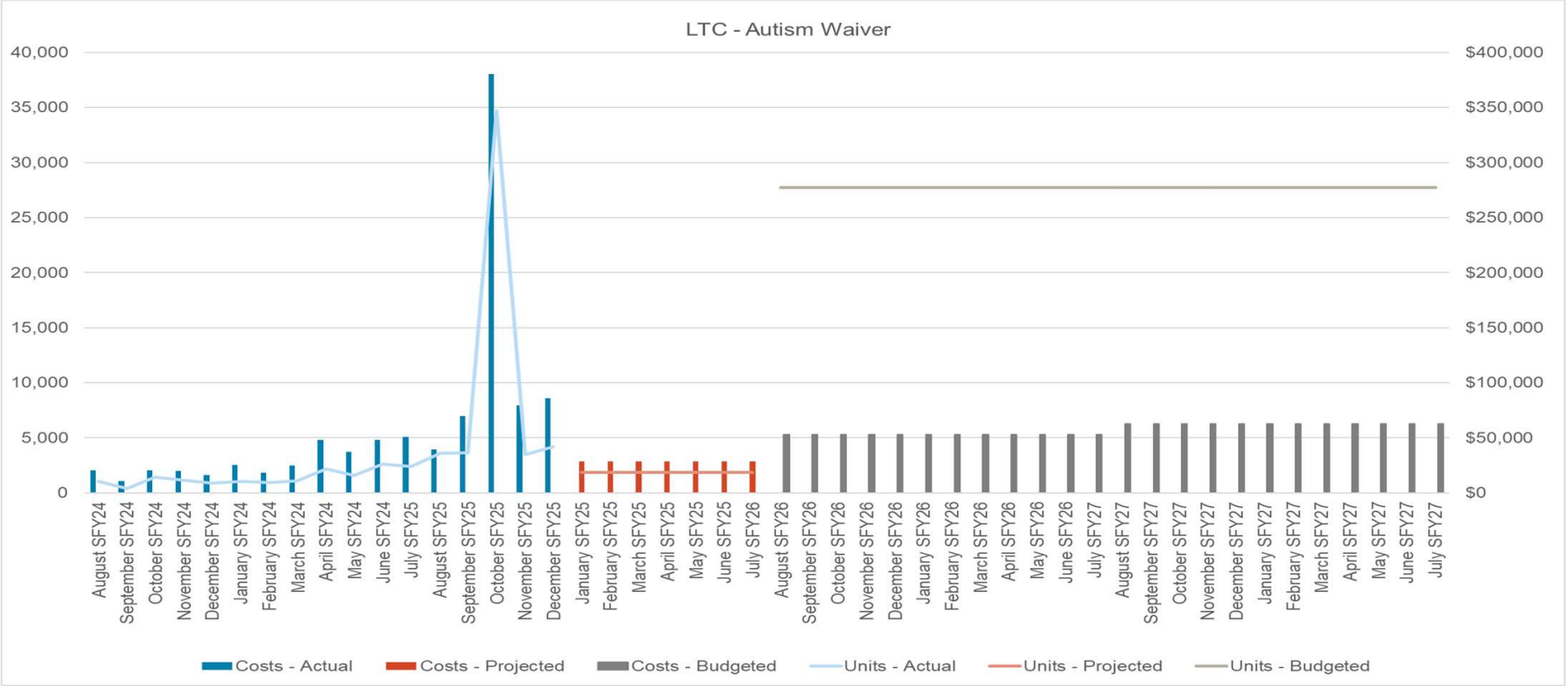

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NORTH Dakota Be Legendary. | Health & Human Services

2025 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

HB 1012
2/18/2025

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

8:30 a.m. Chairman J. Nelson called the meeting to order.

Members Present: Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Berg, Mitskog, Murphy, O' Brien, Wagner.

Discussion Topics:

- Committee work

8:31 a.m. Chairman J. Nelson addressed the committee and gave an update.

8:32 a.m. Chairman J. Nelson adjourned the meeting.

Jan Kamphuis, Committee Clerk

2025 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

HB 1012
2/19/2025

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

8:29 a.m. Chairman J. Nelson called the meeting to order.

Members Present: Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Berg, Mitskog, Murphy, O' Brien, Wagner.

Discussion Topics:

- Educational Neglect
- Truancy
- Chronic Absenteeism
- Juvenile Disorder Services

8:32 a.m. Jessica Thomasson, Executive Director, Human Services, Health and Human Services, testified and presented information on school attendance #38057, #38058, #38059.

9:20 a.m. Maria Neset, Chief of Staff to ND Lt. Governor Strinden, Senior Advisor to ND Governor Armstrong, verbally testified on a proposed amendment for HB 1328 and how it would intersect with HB 1012.

9:36 a.m. Craig Johnson, former ND Representative, suggested that a mentorship program would be a possible solution and spoke in favor.

9:41 a.m. Chairman J. Nelson adjourned the meeting.

Jan Kamphuis, Committee Clerk

NORTH Dakota | Health & Human Services
Be Legendary.

FACT SHEET
Educational Neglect vs. Truancy

North Dakota Century Code Chapter (NDCC) 15.1-20-01, "Compulsory attendance" directs, that the caregiver(s) for a child "between the ages of seven and 16 years shall ensure that the child is in attendance at a public school for the duration of each school year". This law also says that if a person enrolls a child of age six in a public school, the caregiver shall ensure that the child attends the public school for the duration of the school year. A caregiver may withdraw a child of age six from the public school. This section of the law does not apply if the reason for the withdrawal is the child's relocation to another school district. State statute also provides that a child may receive home education unless the child has a developmental disability that meets the legal definition. There are also other allowable exemptions in NDCC section 15.1-20-02.

WHAT IS EDUCATIONAL NEGLECT?

Educational neglect involves the failure of a caregiver to ensure that a child of mandatory school age attends school or is provided appropriate home schooling.

Educational neglect focuses on the behavior of the caregiver. For a child to be considered to be a suspected victim of educational neglect, the caregiver must have been unable or unwilling to meet the child's educational needs. Suspected educational neglect should be reported to Child Protection Services.

WHAT IS TRUANCY?

North Dakota Century Code Chapter 27-20.3 discusses school absence and children missing school without an authorized excuse for more than three days.

Truancy focuses on the behavior of the child. For a child to be habitually truant, the child must intend to be absent from school. A general presumption is that a child 12 and older is truant, but this is not a hard and fast rule. Some children younger than 12 may intend to be truant from school, even though their caregiver(s) have encouraged attendance.

WHERE DO I REPORT TRUANCY FOR A CHILD IN NEED OF SERVICES?

Make a referral to the Children in Need of Services Team (a statewide human service zone team). See details on how to make a referral at hhs.nd.gov/cfs/children-need-services.

WHEN SHOULD EDUCATIONAL NEGLECT BE REPORTED TO CHILD PROTECTION SERVICES?

The policy manual of the North Dakota Department of Health and Human Services; Children and Family Services Division; 640-15-05-15-30, 'Educational Neglect' states, "Educational neglect may exist when a child aged seven to 16 is not meeting the mandated educational requirements with consent, encouragement or insistence of the caregiver. Caregivers' actions or inaction has direct impact on the child's educational growth. **The school must demonstrate attempts to resolve the issue with the caregiver.**"

Educational neglect should be reported to Child Protection Services when:

- there is reasonable suspicion that a caregiver is not complying with North Dakota's compulsory school attendance law; and

- there is information indicating the caregivers' actions or inaction has direct impact on the child's educational growth; and
- efforts to resolve the situation with the caregiver, on the part of the school, have failed.

WHAT SHOULD BE INCLUDED IN A REPORT?

The North Dakota State Form number **(SFN) 960** **"Report of Suspected Child Abuse or Neglect" should be used in reporting educational neglect** as it is for any other type of suspected child maltreatment. This form is available through your local county social service office, or an electronic version can be completed for printing at: http://www.state.nd.us/eforms/. Include all the information requested on the form. It is also helpful to attach any supporting documentation to your report, such as the child's attendance record, any written excuses or other communication from the caregiver, and any record of contacts with the caregiver the school has made in an attempt to resolve the issues in the report. A social worker will be assigned to analyze and assess the report once it is received at the county social service office. The social worker that is assigned to assess the report may contact you for additional information. You may also contact the social worker to provide additional information or to inquire about the outcome of the assessment. The goal of the assessment is to assess the safety of the child and identify any underlying causes for school non-attendance along with any risk of future child abuse or neglect, and to work with the family to resolve the concerns.

WHY IS CHILD PROTECTION INVOLVED WITH A STUDENT'S EDUCATION?

State law (NDCC 50-25.1-02), commonly known as the Child Abuse and Neglect Law, defines that "Neglected child" means a deprived child as defined in chapter 27-20. NDCC Chapter 27-20-02 defines that "Deprived child" means "a child who is without proper parental care or control, subsistence, **education** (emphasis added) as required by law.....".

North Dakota law (NDCC 50-25.1) gives Child Protection Services the responsibility for "the providing of adequate services for the protection and treatment of abused and neglected children and to protect them from further harm". It is the job of child protection services to receive reports of suspected educational neglect as well as other types of child maltreatment, and to engage in the fact-finding process of an assessment in order to make a decision whether services are required for an abused or neglected child.

WHAT SHOULD *NOT* BE REPORTED TO CPS?

CPS works with protecting children who are suspected of being abused or neglected by a caregiver. Issues of disagreement between caregivers and school systems are generally not actionable through CPS. These types of reports would fall into this category:

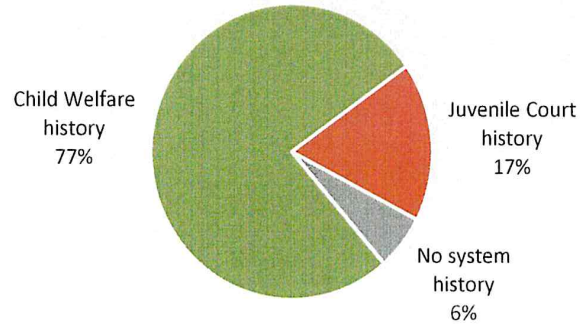
- Caregivers who do not attend Individual Education Plan Meetings, parent/teacher conferences or other school meetings
- Caregivers who are not helping a child with homework at home
- Caregivers who do not pay school fees in a timely manner
- Caregivers who refuse to give their child medications that are unrelated to a medical need
- Caregivers who are providing home education and are suspected of not meeting state requirements

Policy Questions?
Contact North Dakota Health and Human Services – Children and Family Section, (701) 328-2316, 711 (TTY) or hhscfs@nd.gov.

More about various topics related to School Attendance

	Define	Ages	Who gets involved?	Notes
Educational Neglect	Failure to make arrangements and/or provide for a child's education *(Source: ND CW Policy: 640-01-15-20-05-50)*	7 to 10/12	School makes referral to CPS (HSZ) CPS conducts assessment • If no safety concerns, close case • If safety concerns exist, proceed to work with family according to child welfare practice (safety plan, svc required, etc.)	Educational neglect may be confirmed when the defined criteria have been met and the criteria below is supported by evidence gathered in the assessment: • The caregiver is aware or should have been aware of the excessive absenteeism and • The caregiver contributed to the problem or failed to take steps to effectively address the problem (i.e. failure to provide a minimum degree of care), and • Educational impairment or harm to the child or danger of impairment or harm results
Truancy	Is habitually and without justification truant from school subject to compulsory school attendance and is absent from school without an authorized excuse more than three days during a school year. *(Source: NDCC 27-20.3-6(1a))*	10/12 to 16	School makes referral to CHINS (HSZ) CHINS works with family and refers to svc • Low = diversion only (refer to services) • Med = quarterly connection w/family • High = monthly connection w/family	Truancy can lead to various risks. Tardiness can escalate into full-day absences. Truancy often acts as a "gateway" behavior. This is because it can lead to students trying drugs and alcohol. It can also lead to kids engaging in other criminal acts, such as vandalism and theft. Sometimes, this misbehavior ultimately leads to dropping out of school altogether.
Chronic Absenteeism	Those who attended school for more than 10 days and who also missed 10 percent or more of their enrolled days within a school year	7 to 16	This is a subset of truancy. Consider distinction b/t "chronic truancy" and "chronic absenteeism" (which can include a wide range of absence types, excused and unexcused)	School attendance is a powerful predictor of student outcomes; irregular attendance can be a better predictor of whether students will drop out of school before graduation than test scores. Children in early grades are particularly susceptible to the impact of irregular attendance, because falling behind in fundamental reading skills can have a snowball effect that impacts future learning.

94% of all CHINS referrals have had interaction with either the child welfare or juvenile court systems at some time in their life



116,600 – # children enrolled in ND K-12

93% - Annual attendance rate (2022, 2023, and 2024) Source:Insights.nd.gov

750 – avg # of individuals reported to CPS for educational neglect (2022-24)

Aug 2022 – Feb 2025

874 – # kids referred to CHINS for truancy since Aug 2022

77% - one referral

23% - multiple referrals (avg 2.8 / child)

STATUS OFFENSES Formerly known as "unruly behavior"	**DELINQUENT ACTS** "Designated a crime under law"
WHAT (IF ANYTHING) HAS CHANGED? (pre- and post- Juvenile Justice Reform)	
• Change: Shift in responsibility. We made a systemic decision to stop criminalizing "unruly behavior" by shifting "connection to services" from Juvenile Court to Human Service Zones. • Change: Who to call. Referrals are going to a CHINS central intake staffed by Human Service Zones rather than individual calls to regional Juvenile Court offices. • No change: # staff. Cases are being processed by the HSZ CHINS team (8 staff); prior, cases were processed by designated Juvenile Court staff (8). • Change: Location of staff. Juvenile Court had one staff in each region; HSZs have 2 staff each in Bismarck and Fargo with 4 covering other areas of state. • No change: Action after referral. 85% of the CHINS-eligible cases (formerly to Juv Ct) receive low intensity diversion svc referrals; services have never been compulsory (either when handled by HSZ or by JC). • Change: Contracted services. Prior to 2017, JC had funds to contract for diversion services (which they then referred families to); there are currently no funds budgeted for juvenile justice diversion services (referrals are made to community resources).	• Change: Formalize processes to identify "alternatives to detention". • Change: Juvenile Court implemented the use of a detention screening tool to assess child for risk and placement (detention, shelter care, or home) • Change: Juvenile Court implements use of a pre-dispositional assessment to determine risk of a child to re-offend before court issues final disposition of the case by the court. Today, Court's final disposition of case always looks for alternatives to detention. *Is there an alternative to detention? Level of safety/security? What is the risk of recidivism? What is the level of supervision a child needs? Options include:* • Juvenile Detention (Juvenile Court) • Probation – formal and informal (Juvenile Court) • Custody to Division of Juvenile Svc (DJS) • Family / Kin, most often with court-ordered services (ex. Kinship navigator, IV-E prevention, HSC, private provider)
WHAT IS THE POTENTIAL CONSEQUENCE(S) FOR THE CHILD?	

• No formal consequence unless behavior becomes a delinquent act or the child is in need of protection (27-20.3-01(5))	• Suspension (in-school or out-of-school)
	• Expulsion
	• Loss of academic credit
	• Losing social connection to school / privileges related to extra-curricular
	
	• Placement outside of home (detention, shelter care)
	• Probation (informal or formal)
	• Drug testing, community service
	• Court-ordered services/classes
	• Custody to Division of Juvenile Services
	• Based on offense:
	  ○ Loss of driving privileges
	  ○ Restitution
	  ○ Drug Court
	
	• Placement outside of home (detention, shelter care)
	• Probation (informal or formal)
	• Drug testing, community service
	• Court-ordered services/classes
	• Custody to Division of Juvenile Services
	• Based on offense:
	  ○ Loss of driving privileges
	  ○ Restitution
	  ○ Drug Court
	• Suspension (in-school or out-of-school)
	• Expulsion
	• Loss of academic credit
	• Losing social connection to school / privileges related to extra-curricular

WHAT IS THE CONSEQUENCE(S) FOR THE PARENT?	
• Instability in the home • Service referrals	• Can be charged with "compulsory attendance" violation (15.1-20-03) • Family disruption (called in to school, missing work, etc) • Pay for classes • Come to appointments / miss work • Arrange for student's transportation (if lose driver's license)

WHO TO CALL IF A CHILD IS "ACTING OUT"

STATUS OFFENSES Formerly known as "unruly behavior" *An act that is illegal for a minor but not for an adult. They are not crimes but are prohibited under the law.*		**DELINQUENT ACTS** "Designated a crime under law" *An act that would be considered a crime if committed by an adult, meaning it is illegal regardless of age.*	
Home / Community Environment Child's behaviors may include: • Truant from school (youth is old enough to get self to/from school and is willfully absent) • Possession/use of tobacco & related products (age 10-13) • Disobeying parents • Running away • Curfew violations	**School Environment** Child's behaviors may include: • Truant from school (youth is old enough to get self to/from school and is willfully absent) (27-20.3-1(6)) • Possession/use of tobacco & related products (age 10-13)	**Home / Community Environment** Child's behaviors (ages 10-18) may include: • Assault of either another child or an adult (12.1-17-01) • Theft of property (12.1-23-02) • Possession/use of alcohol or drugs	**School Environment** Child's behaviors (ages 10-17) may include: • Assault (another student or school staff) (12.1-17-01) • Theft of property (12.1-23-02) • Possession/use of alcohol or drugs • Damage to Property / Vandalism (criminal mischief) (12.1.21.05) • Possession of a weapon • Disorderly Conduct (12-1-31-01) • Disruption of a public school (15.1-06-15)
CONTACT CHINS team	CONTACT CHINS team	CONTACT Local Law Enforcement	CONTACT Local Law Enforcement or make a referral directly to Juvenile Court after attempts are made under 27-20.4
WHY CONTACT?			
• Connect children and families to helpful community services where participation if voluntary and at the discretion of the family • Divert children/youth from getting involved with the juvenile justice system or from out of home placements		• Local law enforcement addresses commission of crime, including crimes committed by juveniles. • Local police/sheriff will refer cases to Juvenile Court per NDCC 27-20.4. • Juvenile Court is designed to address the unique needs of youth who have committed an unlawful act.	
WHY THIS APPROACH?			
• Most status offenses are handled through diversion programs *(Diversion = being held accountable for misbehavior by parents, schools & others in community without resorting to legal sanctions, court oversight or threat of confinement)* • Interventions focus on rehabilitation and prevention, with a goal of helping young people develop coping mechanisms and decision-making skills. • Unlike delinquent offenses, which are illegal for both adults and minors, status offenses are considered non-criminal. • While most children who commit status and other minor offenses never progress to more serious behavior, for some children, status-offending behavior can be a sign of underlying issues such as mental health needs, family conflict, or lack of positive support systems and can contribute to delinquency later in life. Most children will age out of this behavior with the proper services that can be provided in their home community		• Promote public safety, hold juvenile offenders accountable, and increase the capacity of juveniles to contribute productively to their community. • Provide right level of structure and service interventions to the child to reduce risk and prevent future delinquent activity • Prevention of costly out of home placements.	

2025 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

HB 1012
2/20/2025

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

8:31 a.m. Chairman J. Nelson called the meeting to order.

Members Present: Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Berg, Mitskog, Murphy, O' Brien, Wagner.

Discussion Topics:

- Block Grant
- Governor Adjustment
- Transfers/Adjustments

8:31 a.m. Donna Aukland, Chief Financial Officer, Health and Human Services, distributed and testified to proposed amendments #38164, #38165, #38253.

8:45 a.m. Keith Mantz, Fiscal Analyst, ND Legislative Council, distributed and testified to department transfers/adjustments #38167, #38176.

8:51 a.m. Chairman Nelson requested proposed amendments from committee members.

9:05 a.m. Donna Aukland, Chief Financial Officer, Health and Human Services, clarified the underfunding request, and ARPA funding, #38176.

9:14 a.m. Pam Sagness, Executive Director, Behavioral Health Division, Health and Human Services, addressed substance use disorder voucher #38176.

9:22 a.m. Donna Aukland, Chief Financial Officer, Health and Human Services, stated they could do a budget adjustment to reflect future state.

9:22 a.m. Pam Sagness, Executive Director, Behavioral Health Division, Health and Human Services, clarified that her request was for future state and there is no increase for IMD medical expenses in the current budget.

9:29 a.m. Donna Aukland, Chief Financial Officer, Health and Human Services, clarified inflation for vendor increase, and reminded the committee that the worksheet had the corrected numbers.

9:38 a.m. Keith Mantz, Fiscal Analyst, ND Legislative Council, clarified the corrected numbers.

9:46 a.m. Pam Sagness, Executive Director, Behavioral Health Division, Health and Human Services, addressed day programing.

9:51 a.m. Stephanie Gullickson, Fiscal Analyst, Office of Management and Budget, responded that a line of credit is included as an appropriation #38176.

9:54 a.m. Donna Aukland, Chief Financial Officer, Health and Human Services, discussed that a budget adjustment for the Fetal Alcohol Disorder Clinic could be included in the Public Health Budget.

9:55 a.m. Dirk Wilke, Interim Commissioner, Health and Human Services, clarified it was in the Public Health Budget prior #38176.

9:59 a.m. Donna Aukland, Chief Financial Officer, Health and Human Services, spoke to the delinking of funding of foster care, and the federal fund portion that we are required to spend for permanency.

10:02 a.m. Keith Mantz, Fiscal Analyst, ND Legislative Council, clarified that the funding for providers will be displayed in separate lines.

10:02 a.m. Donna Aukland, Chief Financial Officer, Health and Human Services, clarified f-map funds for transitions and diversion services, zone employee increases and community health trust fund.

10:09 a.m. Jessica Thomasson, Executive Director, Human Services Division, Health and Human Services, spoke to Best-in-Class growth, housing assistance instability, and flexible dollars for housing #38176.

10:22 a.m. Chairman J. Nelson adjourned the meeting.

Jan Kamphuis, Committee Clerk

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1012

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; ~~and~~ to provide a statement of legislative intent; to provide for a report; to provide for a transfer; and to provide an application.

SECTION 2. ONE-TIME FUNDING. The following amounts reflect the one-time funding items approved by the sixty-eighth legislative assembly for the 2023-25 biennium and the 2025-27 biennium one-time funding items included in the appropriation section of this Act:

One-Time Funding Description	2023-25	2025-27
Public health laboratory capital project	$55,120,000	$0
Technology projects	71,000,000	10,263,000
Human service centers and life skills and transition center projects	735,154	1,684,480
State hospital design	12,500,000	0
Service grants	585,000	0
Cross-disability advisory council	1,400,000	0
Behavioral health facility grants	1,950,000	0
Basic care payment study	600,000	0
Health care task force	750,000	0
Operating inflation	20,564,344	0
Program integrity audits	4,500,000	0
Pregnant parenting residential	1,000,000	0
Law enforcement telehealth	2,650,000	0
Retire mainframe	0	15,000,000
Child care programs	0	17,272,500
Housing programs	0	14,500,000
State lab move and equipment	0	2,962,304
Partial hospitalization day treatment	0	2,000,000
DD eligibility assessment tool for kids	0	400,000
One-time toxicology equipment	0	251,500
New State Hospital	0	300,000,000

Total all funds	$173,354,498	$364,333,784
Less estimated income	158,872,326	346,709,784
Total general fund	$14,482,172	$17,624,000

SECTION ~~2.~~3. FUNDING TRANSFERS - EXEMPTION - AUTHORIZATION - REPORT. Notwithstanding section 54-16-04, the director of the office of management and budget shall transfer appropriation authority between line items within subdivisions 1, 2, 3, 4, and 5 of section 1 of this Act and any remaining appropriation authority for the department of health and human services approved by the sixty-ninth legislative assembly for the biennium beginning July 1, 2025, and ending June 30, 2027, as requested by the department of health and human services. The department of health and human services shall notify the legislative council of any transfer made pursuant to this section. The department of health and human services shall report to the budget section after June 30, 2026, any transfer made in excess of $50,000 and to the appropriations committees of the seventieth legislative assembly regarding any transfers made pursuant to this section.

SECTION 4. FULL-TIME EQUIVALENT POSITION BLOCK GRANT PROGRAM - REPORT. Section 1 of this Act includes funding for a full-time equivalent position block grant program. This funding, along with salaries and wages funding appropriated by the sixty-ninth legislative assembly, is available to fund full-time equivalent positions as determined by the department of health and human services. Notwithstanding any other provision of law, the department of health and human services is authorized to increase or decrease authorized full-time equivalent positions subject to the availability of funds and the provisions of this section. The department of health and human services may not increase full-time equivalent positions for the purpose of transferring human service zone employees to state employment. Pursuant to section 3 of this Act, the department of health and human services is authorized to transfer appropriation authority between line items within subdivisions 1, 2, 3, 4, and 5 of section 1 of this Act up to the underfunded amount of $ and to transfer funding to and from the salaries and wages block grant line item. The department of health and human services shall report to the office of management and budget and legislative council any adjustments to full-time equivalent positions. The department of health and human services shall provide reports to the legislative management regarding the use of funding for the program.

SECTION ~~3.~~5. OTHER FUNDS - INSURANCE TAX DISTRIBUTION FUND. The other funds line item in subdivision 5 of section 1 of this Act includes the sum of $1,125,000 from the insurance tax distribution fund for rural emergency medical services grants

SECTION ~~4.~~6. OTHER FUNDS - COMMUNITY HEALTH TRUST FUND. The other funds line ~~item~~items in ~~subdivision 2 of~~ section 1 of this Act includes the sum of ~~$1,867,500~~ $39,529,678 from the community health trust fund ~~for the 988 crisis hotline program and subdivision 5 of section 1 of this Act includes the sum of $27,072,324 from the community health trust fund~~ for the following ~~programs~~purposes:

~~Behavioral risk factor survey~~	~~$200,000~~
~~Behavioral health loan repayment~~	~~234,500~~
~~Domestic violence offender treatment~~	~~1,000,000~~
~~Domestic violence prevention~~	~~1,000,000~~
~~Women's way~~	~~329,500~~
~~Dentist's loan repayment~~	~~360,000~~
~~Local public health state aid~~	~~3,275,000~~
~~Rural emergency medical and ambulance services grants~~	~~7,000,000~~
~~Cancer programs~~	~~580,324~~
~~Forensic examiner contract~~	~~1,000,000~~
~~Tobacco cessation grants~~	~~500,000~~
~~Youth vaping prevention grants~~	~~300,000~~
~~Tobacco prevention and control~~	~~5,043,000~~
~~Tobacco prevention and control grants to local public health units~~	~~6,250,000~~
~~Total community health trust fund~~	~~$27,072,324~~

1. The sum of $594,500 for loan repayment programs;
2. The sum of $11,599,698 for tobacco and vaping programs;
3. The sum of $909,824 for cancer and women's way programs;
4. The sum of $200,000 for behavior risk state survey;
5. The sum of $4,250,000 for domestic violence programs;
6. The sum of $3,275,000 for local public health grants;
7. The sum of $1,867,500 for 988 crisis hotline;
8. The sum of $2,866,156 for forensic examiner at UND;
9. The sum of $2,967,000 for various information technology system upgrades;

10. The sum of $7,000,000 for grants to rural ambulances;

11. The sum of $2,000,000 for law enforcement rural crisis support program; and

12. The sum of $2,000,000 for development of partial hospitalization/intensive day treatment.

SECTION ~~5.~~7. OTHER FUNDS - HUMAN SERVICE FINANCE FUND. The other funds line ~~item~~items in ~~subdivision 3 of~~ section 1 of this Act includes up to the ~~sum~~amount of ~~$226,950,000~~$238,112,030 from the human services finance fund to state-paid economic assistance and social and human services.

~~**SECTION 6. OTHER FUNDS - HEALTH CARE TRUST FUND.** The other funds line item in subdivision 4 of section 1 of this Act includes the sum of $500,000 from the health care trust fund for basic care facility bad debt expense.~~

~~**SECTION 7. OTHER FUNDS - CHARITABLE GAMING OPERATING FUND.** The other funds line item in subdivision 2 of section 1 of this Act includes the sum of $500,000 from the charitable gaming operating fund for costs of gambling disorder prevention services.~~

SECTION 8. OTHER FUNDS - OPIOID SETTLEMENT FUND. The other funds line item in ~~subdivision 2 of~~ section 1 of this Act includes the sum of $8,000,000 from the opioid settlement fund for opioid remediation and abatement efforts.

SECTION 9. OTHER FUNDS - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND. The other funds line item in section 1 of this Act includes the sum of $37,646,784 from the strategic investment and improvements fund for the following purposes:

1. The sum of $7,500,000 for retiring technology from the mainframe;
2. The sum of $2,962,304 to move into the new state lab and purchase security equipment;
3. The sum of $1,684,480 for capital projects in human service centers and life skills and transition center;
4. The sum of $14,500,000 for housing initiative programs; and
5. The sum of $1,000,000 for technology projects at the state hospital.

SECTION 10. LABORATORY BUILDING STEERING COMMITTEE. The department of health and human services shall maintain the laboratory building steering committee to oversee the design and construction of the laboratory building project for the biennium beginning July 1, 2025, and ending June 30, 2027, or until work is completed, whichever occurs earlier. The committee must include representation from the department of health and human services,

department of environmental quality, office of management and budget, the governor's office, and the legislative assembly. The legislative assembly representation must include one member of the senate appointed by the senate majority leader, one member of the house appointed by the house majority leader, and one member of the minority party from either the senate or the house appointed by the minority leaders of the senate and the house.

SECTION 11. CAPITAL PAYMENTS. During the biennium beginning July 1, 2025, and ending June 30, 2027, the department of health and human services is authorized to expend funds for the payment of special assessments at the state hospital, southeast human service center, and life skills and transition center. Pursuant to section 3 of this Act, the director of the office of management and budget may transfer appropriation authority between line items within section 1 of this Act and any remaining appropriation authority for the department of health and human services approved by the sixty-ninth legislative assembly. The department of health and human services may transfer funds for the payment of special assessments at the state hospital, southeast human service center, and life skills and transition center ahead of the special assessments schedule. Notwithstanding section 54-27-12, the department of health and human services may spend funds for the payment of special assessments at the state hospital and life skills and transition center.

SECTION 12. CAPITAL PROJECTS - EMERGENCY COMMISSION APPROVAL. During the biennium beginning July 1, 2025, and ending June 30, 2027, pursuant to section 3 of this Act, the director of the office of management and budget may transfer appropriation authority between line items within section 1 of this Act and any remaining appropriation authority for the department of health and human services approved by the sixty-ninth legislative assembly for capital projects and maintenance pertaining to operation of its facilities, including demolition projects. Notwithstanding section 54-27-12, the department of health and human services may spend up to $10,000,000 for capital projects and maintenance pertaining to operation of its facilities, including demolition projects, under this section and may seek emergency commission approval to spend more than $10,000,000 under this section.

SECTION 13. PERMANENT SUPPORTIVE HOUSING GRANTS. Section 1 of this Act includes the sum of $4,672,536 from the general fund for permanent supportive housing grants. The department of health and human services shall develop a funding methodology to distribute the funding to qualified entities that utilize best practices for permanent supportive housing, provide recovery-oriented and person-centered services, submit process and outcome

measures to the department of health and human services, and authorize the department of health and human services to conduct onsite visits to review program operations.

SECTION 14. EXPENDITURES MAY NOT EXCEED APPROPRIATION – MEDICAL ASSISTANCE EXPANSION PROGRAM - APPLICATION.

1. Section 1 of this Act includes the sum of $662,099,340, of which $66,209,934 is from the general fund, for the medical assistance expansion program for the biennium beginning July 1, 2025, and ending June 30, 2027. The expenditures for individuals eligible for the medical assistance expansion program may not exceed this amount.
2. The department of health and human services may exceed appropriations for increases in medical assistance expansion program caseload, for the addition of coverage consistent with the traditional Medicaid 1915(i) state plan, utilization rates, and reduction in federal medical assistance percentage.
3. The managed care organization under contract with the department of health and human services to manage the medical assistance expansion program shall reimburse providers within the same provider type and specialty at consistent levels and with consistent methodology and may not provide incentive, quality, or supplemental payments to providers, unless part of a value-based program approved by the department of health and human services. The managed care organization shall reimburse all North Dakota substance use providers of American society of addiction medicine level 2.5 at consistent levels and with consistent methodology. The managed care organization may consider urban and rural providers as different provider types.
4. The managed care organization and the department of health and human services shall ensure payments to Indian or Tribal 638 health care providers, federally qualified health centers, and rural health clinics meet the federally required minimum levels of reimbursement. Critical access hospitals may not be paid less than one hundred percent of Medicare allowable costs and human service centers may not be paid less than one hundred percent of the current traditional Medicaid rate. Behavioral health services involving partial hospitalization, intensive outpatient, professional services, and residential behavioral health services

provided in facilities that are not institutions for mental diseases are not subject to the provisions in subsection 6.

5. The department of health and human services shall ensure providers within the same provider type and specialty are reimbursed at consistent levels and with consistent methodology and shall ensure the capitation rates under risk contracts are actuarially sound and are adequate to meet managed care organization contractual requirements regarding availability of services, assurance of adequate capacity and services, and coordination and continuity of care.

6. Except for the provisions in subsection 4, managed care organization premium payments must be built using the assumption that rates paid to providers under the medical assistance expansion program may not exceed one hundred forty-five percent of Medicare reimbursement rates paid to providers on January 1, 2025.

SECTION 15. HUMAN SERVICE CENTERS - CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS - FULL-TIME EQUIVALENT POSITIONS - REPORT. The department of health and human services shall continue the process of the human service centers becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults. The department of health and human services shall pursue additional federal funding as available. Subject to the availability of generated income, the department of health and human services may add full-time equivalent positions for field services to provide direct services for the period beginning with the effective date of this Act and ending June 30, 2027. The department of health and human services shall report to the office of management and budget and legislative council each time a position is added.

SECTION 16. EXEMPTION - UNEXPENDED APPROPRIATIONS. The following appropriations are not subject to the provisions of section 54-44.1-11 and may be continued into the biennium beginning July 1, 2025, and ending June 30, 2027:

1. The sum of $3,674,757 appropriated from the general fund and the sum of $25,918,566 appropriated from federal funds for the Medicaid management information system modularization technology project in chapter 12 of the 2021 Session Laws;

2. The sum of $14,411,218 appropriated from the general fund and the sum of $14,411,218 appropriated from federal funds for the child welfare technology project in chapter 12 of the 2021 Session Laws;

3. The sum of $20,366,271 appropriated from the community health trust fund and the sum of $39,534,525 appropriated from federal funds for the child support computer replacement project in chapter 44 of the 2023 Session Laws;
4. The sum of $10,989,217 appropriated from the strategic investment and improvement fund for the procurement and grants management system in chapter 44 of the 2023 Session Laws;
5. The sum of $4,150,000 appropriated from the general fund for defraying the expenses of additional human service centers to begin the process of becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults in chapter 44 of the 2023 Session Laws;
6. The sum of $18,941,847 appropriated to the department of health and human services in chapter 549 of the 2021 Special Session Session Laws;
7. The sum of $55,120,000 appropriated from the federal state fiscal recovery fund for a public health laboratory capital project in chapter 4 of the 2023 Session Laws;
8. The sum of $5,000,000 appropriated from the general fund for the purpose of employer-led child care cost-share program in chapter 446 of the 2023 Session Laws;
9. The sum of $986,555 appropriated from the general fund for the purpose of streamlining background checks project in chapter 446 of the 2023 Session Laws;
10. The sum of $2,223,981 appropriated from the federal state fiscal recovery fund for the implementation of a virtual behavioral health crisis care program for rural law enforcement in chapter 44 of the 2023 Session Laws; and
11. The sum of $500,000 appropriated from the general fund and the sum of $500,000 appropriated from federal funds for the purpose of program integrity audits in chapter 44 of the 2023 Session Laws.

SECTION 17. LEGISLATIVE INTENT - UTILIZATION RATE ADJUSTMENT. It is the intent of the sixty-ninth legislative assembly that the department of health and human services seeks a deficiency appropriation from the seventieth legislative assembly for any expenditures that exceed appropriated amounts as a result of underfunding, utilization rates, value-based purchasing for nursing facilities, reduction in federal medical assistance percentage, and

unexpected contract cost increases that exceed ten percent, during the biennium beginning July 1, 2025, and ending June 30, 2027, if funding is not sufficient to pay actual expenses.

SECTION 18. LEGISLATIVE INTENT - PROVIDER RATE INCREASE. Except as otherwise noted, section 1 of this Act includes funding for human service provider inflation increases of one and one half percent for each year of the biennium beginning July 1, 2025, and ending June 30, 2027. The provider inflation increase in this section does not apply to nursing facilities.

SECTION 19. FEDERAL FUNDING APPEAL LIMITATION. Except as otherwise specifically provided by federal law, a person may not appeal a denial, revocation, reduction in services or payment, or the termination of a program or service by the department of health and human services due to the unavailability of federal coronavirus funding received under federal law resulting from the federal coronavirus pandemic emergency declaration for the biennium beginning July 1, 2025, and ending June 30, 2027.

PROPOSED AMENDMENT FOR HOUSE BILL NO. 1012

SECTION 5. HUMAN SERVICE CENTERS, NORTH DAKOTA STATE HOSPITAL, AND LIFE SKILLS AND TRANSITION CENTER FUNDING. Section 1 of this Act and any remaining appropriation authority for the department of health and human services approved by the sixty-ninth legislative assembly includes funding for the human service centers, North Dakota state hospital, and life skills and transition center as follows:

1.	Behavioral health clinics:		
	a.	Salaries and wages:	$167,581,103
	b.	Operating and capital:	$ 64,763,965
	c.	Total:	$232,345,068
2.	State hospital:		
	a.	Salaries and wages:	$ 73,941,551
	b.	Operating and capital:	$320,880,155
	c.	Total:	$394,821,706
3.	Life skills and transition center:		
	a.	Salaries and wages:	$ 57,799,213
	b.	Operating and capital:	$ 15,207,658
	c.	Total:	$ 73,006,871

Department transfers and adjustments

Base Budget Adjustment transfers

Division	General Fund	Other Funds	Total
Business Operations	$4,427,504	$429,004	$4,856,508
Behavioral Health	(3,309,494)	(63)	($3,309,557)
Human Services	525,981	(1,074,863)	($548,882)
Medical Services	(840,835)	645,924	($194,911)
Public Health	(803,156)	(2)	($803,158)
Total	($0)	$0	($0)

FMAP percentage change - move portion to Human Services

Human Services	(4,290,660)	744,660	(3,546,000)
Medical Services	4,290,660	(744,660)	3,546,000
Total			0

Provider inflation - adjustment between general and federal funds

Human Services	(15,890)	15,890	0

Legislative Council

Business Operations - 100 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	Armstrong Executive Budget				House Version				House Compared to Executive Budget Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	114.40	$74,099,008	$118,894,310	$192,993,318	114.40	$74,099,008	$118,894,310	$192,993,318	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$1,035,502	$531,151	$1,566,653				$0		($1,035,502)	($531,151)	($1,566,653)
Health insurance increase		651,154	363,569	1,014,723				0		(651,154)	(363,569)	(1,014,723)
Base budget adjustments and transfers		(20,824,370)	(67,265,147)	(88,089,517)				0		20,824,370	67,265,147	88,089,517
Information Technology Department (ITD) rate increases		5,196,748	2,152,302	7,349,050				0		(5,196,748)	(2,152,302)	(7,349,050)
IT contractual Inflationary rate increases		20,730,788		20,730,788				0		(20,730,788)		(20,730,788)
Operational underfund restoration		6,950,000		6,950,000				0		(6,950,000)		(6,950,000)
Additional salary funding		9,842,126		9,842,126				0		(9,842,126)		(9,842,126)
Office of Administrative Hearings and Attorney General fee increases		190,590		190,590				0		(190,590)		(190,590)
FTE position adjustment	66.15			0				0	(66.15)			0
Total ongoing funding changes	**66.15**	**$23,772,538**	**($64,218,125)**	**($40,445,587)**	**0.00**	**$0**	**$0**	**$0**	**(66.15)**	**($23,772,538)**	**$64,218,125**	**$40,445,587**
One-Time Funding Items												
Retire mainframe and legacy systems (SIIF)			$10,000,000	$10,000,000				$0			($10,000,000)	($10,000,000)
Total one-time funding changes	**0.00**	**$0**	**$10,000,000**	**$10,000,000**	**0.00**	**$0**	**$0**	**$0**	**0.00**	**$0**	**($10,000,000)**	**($10,000,000)**
Total Changes to Base Level Funding	**66.15**	**$23,772,538**	**($54,218,125)**	**($30,445,587)**	**0.00**	**$0**	**$0**	**$0**	**(66.15)**	**($23,772,538)**	**$54,218,125**	**$30,445,587**
2025-27 Total Funding	**180.55**	**$97,871,546**	**$64,676,185**	**$162,547,731**	**114.40**	**$74,099,008**	**$118,894,310**	**$192,993,318**	**(66.15)**	**($23,772,538)**	**$54,218,125**	**$30,445,587**
Federal funds included in other funds			*$58,417,969*				*$115,820,714*				*$57,402,745*	
Total ongoing changes - Percentage of base level	*57.8%*	*32.1%*	*(54.0%)*	*(21.0%)*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*57.8%*	*32.1%*	*(45.6%)*	*(15.8%)*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*N/A*	*N/A*	*N/A*	*N/A*

Legislative Council

Behavioral Health - 200 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	Armstrong Executive Budget				House Version				House Compared to Executive Budget Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	1,054.27	$307,905,408	$113,955,941	$421,861,349	1,054.27	$307,905,408	$113,955,941	$421,861,349	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$8,392,306	$134,924	$8,527,230				$0		(8,392,306)	(134,924)	(8,527,230)
Health insurance increase		6,517,157	114,129	6,631,286				0		(6,517,157)	(114,129)	(6,631,286)
Base budget adjustments and transfers		18,775,729	2,311,202	21,086,931				0		(18,775,729)	(2,311,202)	(21,086,931)
Cost to continue programs		5,709,106	(5,000,000)	709,106				0		(5,709,106)	5,000,000	(709,106)
Opioid settlement			8,000,000	8,000,000				0			(8,000,000)	(8,000,000)
Avel eCare rural crisis support continuation (community health trust fund)			2,000,000	2,000,000				0			(2,000,000)	(2,000,000)
Substance use disorder voucher utilization expansion		2,500,000		2,500,000				0		(2,500,000)		(2,500,000)
Western ND behavioral health staffing salary equity		250,536		250,536				0		(250,536)		(250,536)
Inflation for vendors crisis residential contract		706,233		706,233				0		(706,233)		(706,233)
Inflation for vendors addiction residential contract		917,786		917,786				0		(917,786)		(917,786)
Inflation for vendors recovery/rehab contract		2,154,668		2,154,668				0		(2,154,668)		(2,154,668)
Treatment collaboration for traumatized youth expansion		408,000		408,000				0		(408,000)		(408,000)
Voluntary treatment program/qualified residential treatment program private custody youth		1,351,997		1,351,997				0		(1,351,997)		(1,351,997)
Youth crisis stabilization pilot		3,000,000	3,000,000	6,000,000				0		(3,000,000)	(3,000,000)	(6,000,000)
Cost to continue free through recovery and community connect		4,761,081		4,761,081				0		(4,761,081)		(4,761,081)
Expand Community Connect services		1,000,000		1,000,000				0		(1,000,000)		(1,000,000)
Expand free through recovery services		1,000,000		1,000,000				0		(1,000,000)		(1,000,000)
Peer support increase		137,990		137,990				0		(137,990)		(137,990)
Drug court treatment expansion		200,000		200,000				0		(200,000)		(200,000)
Provider inflation increase 1.5% and 1.5%		1,902,819		1,902,819				0		(1,902,819)		(1,902,819)
FTE position adjustment	104.93			0				0	(104.93)			0
Total ongoing funding changes	**104.93**	**$59,685,408**	**$10,560,255**	**$70,245,663**	**0.00**	**$0**	**$0**	**$0**	**(104.93)**	**($59,685,408)**	**($10,560,255)**	**($70,245,663)**
One-Time Funding Items												
Electronic Health Record/Pharmacy system (SIIF)			$500,000	$500,000				$0			($500,000)	($500,000)
Retire health record legacy system on mainframe (SIIF)			1,000,000	1,000,000				0			(1,000,000)	(1,000,000)
State hospital network redundancy and speed (SIIF)			500,000	500,000				0			(500,000)	(500,000)
Develop partial hospitalization/intensive day treatment (community health trust fund)			2,000,000	2,000,000				0			(2,000,000)	(2,000,000)
Bathroom remodel at Southeast Human Service Center			972,000	972,000				0			(972,000)	(972,000)
Construction of new state hospital - bonding			300,000,000	300,000,000				0			(300,000,000)	(300,000,000)
Total one-time funding changes	**0.00**	**$0**	**$304,972,000**	**$304,972,000**	**0.00**	**$0**	**$0**	**$0**	**0.00**	**$0**	**($304,972,000)**	**($304,972,000)**
Total Changes to Base Level Funding	**104.93**	**$59,685,408**	**$315,532,255**	**$375,217,663**	**0.00**	**$0**	**$0**	**$0**	**(104.93)**	**($59,685,408)**	**($315,532,255)**	**($375,217,663)**
2025-27 Total Funding	**1,159.20**	**$367,590,816**	**$429,488,196**	**$797,079,012**	**1,054.27**	**$307,905,408**	**$113,955,941**	**$421,861,349**	**(104.93)**	**($59,685,408)**	**($315,532,255)**	**($375,217,663)**

Federal funds included in other funds			*$82,722,740*				*$75,965,693*				*($6,757,047)*	
Total ongoing changes - Percentage of base level	*10.0%*	*19.4%*	*9.3%*	*16.7%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*10.0%*	*19.4%*	*276.9%*	*88.9%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*N/A*	*N/A*	*N/A*	*N/A*

Legislative Council

Human Services - 300 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	Armstrong Executive Budget				House Version				House Compared to Executive Budget Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	1,009.16	$623,450,353	$1,240,409,529	$1,863,859,882	1,009.16	$623,450,353	$1,240,409,529	$1,863,859,882	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$2,546,488	$4,704,191	$7,250,679				$0		($2,546,488)	($4,704,191)	($7,250,679)
Health insurance increase		2,072,787	3,795,116	5,867,903				0		(2,072,787)	(3,795,116)	(5,867,903)
Base budget adjustments and transfers		10,079,276	94,943,773	105,023,049				0		(10,079,276)	(94,943,773)	(105,023,049)
DHHS cost to continue		57,330,438	(2,746,684)	54,583,754				0		(57,330,438)	2,746,684	(54,583,754)
Adoption contract increase		4,883,205		4,883,205				0		(4,883,205)		(4,883,205)
Housing assistance to support targeted population - DOJ		300,000		300,000				0		(300,000)		(300,000)
Services to support transition and diversion from institution - DOJ		2,733,934	2,555,463	5,289,397				0		(2,733,934)	(2,555,463)	(5,289,397)
Implement host home service DD HCBS waiver		1,689,900	1,689,900	3,379,800				0		(1,689,900)	(1,689,900)	(3,379,800)
Adult Protective Services coverage contracts		718,522		718,522				0		(718,522)		(718,522)
Representation supports for families		350,000	350,000	700,000				0		(350,000)	(350,000)	(700,000)
Provider inflation increase 1.5% and 1.5%		9,758,665	10,382,697	20,141,362				0		(9,758,665)	(10,382,697)	(20,141,362)
Zone employee increases 3% and 3% and health insurance			5,002,833	5,002,833				0			(5,002,833)	(5,002,833)
FTE position adjustment	19.54			0				0	(19.54)			0
Total ongoing funding changes	**19.54**	**$92,463,215**	**$120,677,289**	**$213,140,504**	**0.00**	**$0**	**$0**	**$0**	**(19.54)**	**($92,463,215)**	**($120,677,289)**	**($213,140,504)**
One-Time Funding Items												
Retire economic assistance legacy system on mainframe (SIIF)			$2,000,000	$2,000,000				$0			($2,000,000)	($2,000,000)
Conversion of developmental disabilities eligibility assessment		$200,000	200,000	400,000				0		($200,000)	(200,000)	(400,000)
Implement comprehensive vocational rehab technology system(community health trust fund)			8,000,000	8,000,000				0			(8,000,000)	(8,000,000)
Replace roof at Cedar Grove building at LSTC (SIIF)			712,480	712,480				0			(712,480)	(712,480)
Best in Class expansion		6,000,000		6,000,000				0		(6,000,000)		(6,000,000)
Childcare grants, resources and shared services		5,000,000		5,000,000				0		(5,000,000)		(5,000,000)
Early childhood quality infrastructure		3,000,000		3,000,000				0		(3,000,000)		(3,000,000)
Maintaining expanded inclusion support for special needs childcare		172,500		172,500				0		(172,500)		(172,500)
Offer quality rated childcare programs access teaching strategy		100,000		100,000				0		(100,000)		(100,000)
Quality tiered payments for childcare assistance program		3,000,000		3,000,000				0		(3,000,000)		(3,000,000)
Housing assistance for people at risk of instability (SIIF)			10,000,000	10,000,000				0			(10,000,000)	(10,000,000)
Eviction prevention program (SIIF)			3,500,000	3,500,000				0			(3,500,000)	(3,500,000)
Home renovation incentives for accessibility (SIIF)			1,000,000	1,000,000				0			(1,000,000)	(1,000,000)
Total one-time funding changes	**0.00**	**$17,472,500**	**$25,412,480**	**$42,884,980**	**0.00**	**$0**	**$0**	**$0**	**0.00**	**($17,472,500)**	**($25,412,480)**	**($42,884,980)**

Total Changes to Base Level Funding	**19.54**	**$109,935,715**	**$146,089,769**	**$256,025,484**	**0.00**	**$0**	**$0**	**$0**	**(19.54)**	**($109,935,715)**	**($146,089,769)**	**($256,025,484)**
2025-27 Total Funding	**1,028.70**	**$733,386,068**	**$1,386,499,298**	**$2,119,885,366**	**1,009.16**	**$623,450,353**	**$1,240,409,529**	**$1,863,859,882**	**(19.54)**	**($109,935,715)**	**($146,089,769)**	**($256,025,484)**
Federal funds included in other funds			*$1,097,401,927*				*$979,582,227*				*($117,819,700)*	
Total ongoing changes - Percentage of base level	*1.9%*	*14.8%*	*9.7%*	*11.4%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*1.9%*	*17.6%*	*11.8%*	*13.7%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*N/A*	*N/A*	*N/A*	*N/A*

Legislative Council

Medical Services - 400 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	Armstrong Executive Budget				House Version				House Compared to Executive Budget Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	90.50	$958,216,598	$1,818,029,530	$2,776,246,128	90.50	$958,216,598	$1,818,029,530	$2,776,246,128	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$338,151	$479,188	$817,339				$0		($338,151)	($479,188)	($817,339)
Health insurance increase		233,619	342,896	576,515				0		(233,619)	(342,896)	(576,515)
Base budget adjustments and transfers		(27,664,897)	60,415,798	32,750,901				0		27,664,897	(60,415,798)	(32,750,901)
DHHS cost to continue		71,253,662	(118,383,672)	(47,130,010)				0		(71,253,662)	118,383,672	47,130,010
HCBS cost to continue		36,977,113	27,837,811	64,814,924				0		(36,977,113)	(27,837,811)	(64,814,924)
DD bed assessment adjustment			7,209,580	7,209,580				0			(7,209,580)	(7,209,580)
Value based purchasing Medicaid		1,000,000	1,000,000	2,000,000				0		(1,000,000)	(1,000,000)	(2,000,000)
Home health targeted rate increase		1,235,768	1,235,768	2,471,536				0		(1,235,768)	(1,235,768)	(2,471,536)
Qualified service provider target rate increase		3,595,104	1,797,552	5,392,656				0		(3,595,104)	(1,797,552)	(5,392,656)
HCBS cross disability waiver		2,474,226	2,474,226	4,948,452				0		(2,474,226)	(2,474,226)	(4,948,452)
Rebase Medicaid rates for ambulance service		2,189,770	2,189,770	4,379,540				0		(2,189,770)	(2,189,770)	(4,379,540)
Provider inflation increases 1.5% and 1.5%		10,244,567	11,368,051	21,612,618				0		(10,244,567)	(11,368,051)	(21,612,618)
FMAP percentage change 50.0% to 50.99%		(12,100,000)	2,100,000	(10,000,000)				0		12,100,000	(2,100,000)	10,000,000
FTE position adjustment	11.25			0				0	(11.25)			0
Total ongoing funding changes	**11.25**	**$89,777,083**	**$66,968**	**$89,844,051**	**0.00**	**$0**	**$0**	**$0**	**(11.25)**	**($89,777,083)**	**($66,968)**	**($89,844,051)**
One-Time Funding Items												
Retire Medicaid legacy system on mainframe (SIIF)			$2,000,000	$2,000,000				$0			($2,000,000)	($2,000,000)
Total one-time funding changes	**0.00**	**$0**	**$2,000,000**	**$2,000,000**	**0.00**	**$0**	**$0**	**$0**	**0.00**	**$0**	**($2,000,000)**	**($2,000,000)**
Total Changes to Base Level Funding	**11.25**	**$89,777,083**	**$2,066,968**	**$91,844,051**	**0.00**	**$0**	**$0**	**$0**	**(11.25)**	**($89,777,083)**	**($2,066,968)**	**($91,844,051)**
2025-27 Total Funding	**101.75**	**$1,047,993,681**	**$1,820,096,498**	**$2,868,090,179**	**90.50**	**$958,216,598**	**$1,818,029,530**	**$2,776,246,128**	**(11.25)**	**($89,777,083)**	**($2,066,968)**	**($91,844,051)**
Federal funds included in other funds			*$1,758,622,379*				*$1,757,980,898*				*($641,481)*	
Total ongoing changes - Percentage of base level	*12.4%*	*9.4%*	*0.0%*	*3.2%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*12.4%*	*9.4%*	*0.1%*	*3.3%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*N/A*	*N/A*	*N/A*	*N/A*

Legislative Council

Public Health - 500 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	Armstrong Executive Budget				House Version				House Compared to Executive Budget Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	215.50	$47,756,180	$250,440,690	$298,196,870	215.50	$47,756,180	$250,440,690	$298,196,870	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$1,714,252		$1,714,252				$0		($1,714,252)		($1,714,252)
Health insurance increase		1,183,357		1,183,357				0		(1,183,357)		(1,183,357)
Base budget adjustments and transfers		(699,961)	$3,120,555	2,420,594				0		699,961	(3,120,555)	(2,420,594)
Adds funding to replace the 2023-25 new FTE pool		65,094	50,008	115,102				0		(65,094)	(50,008)	(115,102)
Adds funding to replace the 2023-25 vacant FTE pool		569,060	1,754,865	2,323,925				0		(569,060)	(1,754,865)	(2,323,925)
Expansion for domestic and sexual violence prevention (community health trust fund)			2,250,000	2,250,000				0			(2,250,000)	(2,250,000)
Maternal and child health programs enhancement		2,000,000		2,000,000				0		(2,000,000)		(2,000,000)
Coordinated purchasing to support immunization access (public health and consolidated lab fund)			2,213,930	2,213,930				0			(2,213,930)	(2,213,930)
Forensic pathology contract with UND			1,866,156	1,866,156				0			(1,866,156)	(1,866,156)
FTE position adjustment	1.65											
Total ongoing funding changes	**1.65**	**$4,831,802**	**$11,255,514**	**$16,087,316**	**0.00**	**$0**	**$0**	**$0**	**0.00**	**($4,831,802)**	**($11,255,514)**	**($16,087,316)**
One-Time Funding Items												
Nonfatal toxicology testing equipment		$151,500	$100,000	$251,500				$0		($151,500)	($100,000)	($251,500)
Public health laboratory transition (SIIF)			2,962,304	2,962,304				0			(2,962,304)	(2,962,304)
Forensic examiner electronic records system (community health trust fund)			278,000	278,000				0			(278,000)	(278,000)
Food and lodging management information system			335,000	335,000				0			(335,000)	(335,000)
Health facilities and EMS licensure management system			650,000	650,000				0			(650,000)	(650,000)
Total one-time funding changes	**0.00**	**$151,500**	**$4,325,304**	**$4,476,804**	**0.00**	**$0**	**$0**	**$0**	**0.00**	**($151,500)**	**($4,325,304)**	**($4,476,804)**
Total Changes to Base Level Funding	**1.65**	**$4,983,302**	**$15,580,818**	**$20,564,120**	**0.00**	**$0**	**$0**	**$0**	**0.00**	**($4,983,302)**	**($15,580,818)**	**($20,564,120)**
2025-27 Total Funding	**217.15**	**$52,739,482**	**$266,021,508**	**$318,760,990**	**215.50**	**$47,756,180**	**$250,440,690**	**$298,196,870**	**0.00**	**($4,983,302)**	**($15,580,818)**	**($20,564,120)**
Federal funds included in other funds			*$220,052,448*				*$213,911,228*				*($6,141,220)*	
Total ongoing changes - Percentage of base level	*0.8%*	*10.1%*	*4.5%*	*5.4%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*0.8%*	*10.4%*	*6.2%*	*6.9%*	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*N/A*	*N/A*	*N/A*	*N/A*

NORTH Dakota | Health & Human Services
Be Legendary.

LEGISLATIVE COUNCIL LONG SHEETS

2025-27 BIENNIUM

Department of Health and Human Services - Budget No. 325
Agency Worksheet - House Bill No. 1012

	Armstrong Executive Budget				Adjusted Armstrong Executive Budget				Difference				House Version				House Compared to Adjusted Armstrong Budget Increase/(Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	**2,483.83**	**$2,011,427,547**	**$3,541,730,000**	**$5,553,157,547**	**2,483.83**	**$2,011,427,547**	**$3,541,730,000**	**$5,553,157,547**	**-**	**$0**	**$0**	**$0**	**2,483.83**	**$2,011,427,547**	**$3,541,730,000**	**$5,553,157,547**	**-**	**$0**	**$0**	**$0**
2025-27 Ongoing Funding Changes																				
Salary increase		$14,026,699	$5,849,454	$19,876,153		$14,026,699	$5,849,454	$19,876,153		$0	$0	$0					-	($14,026,699)	($5,849,454)	($19,876,153)
Health insurance increase		10,658,074	4,615,710	15,273,784		10,658,074	4,615,710	15,273,784		-	-	-					-	(10,658,074)	(4,615,710)	(15,273,784)
Zone employee increases 3% and 3% and health insurance		-	5,002,833	5,002,833		-	5,002,833	5,002,833		-	-	-					-	-	(5,002,833)	(5,002,833)
Base budget adjustments and transfers		(20,334,223)	93,526,181	73,191,958		(20,322,407)	93,514,365	73,191,958		11,816	(11,816)	-					-	20,322,407	(93,514,365)	(73,191,958)
Cost to continue programs		134,293,206	(126,130,356)	8,162,850		134,293,206	(126,130,356)	8,162,850		-	-	-					-	(134,293,206)	126,130,356	(8,162,850)
Provider inflation increase 1.5% and 1.5%		21,906,051	21,750,748	43,656,799		21,890,160	21,766,638	43,656,798		(15,891)	15,890	(1)					-	(21,890,160)	(21,766,638)	(43,656,798)
FMAP percentage change 50.0% to 50.99%		(12,100,000)	2,100,000	(10,000,000)		(12,100,000)	2,100,000	(10,000,000)		-	-	-					-	12,100,000	(2,100,000)	10,000,000
Information Technology Department (ITD) rate increases		5,196,748	2,152,302	7,349,050		5,196,748	2,152,302	7,349,050		-	-	-					-	(5,196,748)	(2,152,302)	(7,349,050)
IT contractual Inflationary rate increases		20,730,788	-	20,730,788		20,730,788	-	20,730,788		-	-	-					-	(20,730,788)	-	(20,730,788)
Operational underfund restoration		6,950,000	-	6,950,000		6,950,000	-	6,950,000		-	-	-					-	(6,950,000)	-	(6,950,000)
gf		9,842,126	-	9,842,126		9,842,126	-	9,842,126		-	-	-					-	(9,842,126)	-	(9,842,126)
Office of Administrative Hearings and Attorney General fee increases		190,590		190,590		190,590	-	190,590		-	-	-					-	(190,590)		(190,590)
Opioid settlement		-	8,000,000	8,000,000		-	8,000,000	8,000,000		-	-	-					-	-	(8,000,000)	(8,000,000)
Avel eCare rural crisis support continuation (community health trust fund)		-	2,000,000	2,000,000		-	2,000,000	2,000,000		-	-	-					-	-	(2,000,000)	(2,000,000)
Substance use disorder voucher utilization expansion		2,500,000	-	2,500,000		2,500,000	-	2,500,000		-	-	-					-	(2,500,000)	-	(2,500,000)
Western ND behavioral health staffing salary equity		250,536	-	250,536		250,536	-	250,536		-	-	-					-	(250,536)	-	(250,536)
Inflation for vendors crisis residential contract		706,233	-	706,233		706,233	-	706,233		-	-	-					-	(706,233)	-	(706,233)
Inflation for vendors addiction residential contract		917,786	-	917,786		917,786	-	917,786		-	-	-					-	(917,786)	-	(917,786)
Inflation for vendors recovery/rehab contract		2,154,668	-	2,154,668		2,154,668	-	2,154,668		-	-	-					-	(2,154,668)	-	(2,154,668)
Treatment collaboration for traumatized youth expansion		408,000	-	408,000		408,000	-	408,000		-	-	-					-	(408,000)	-	(408,000)
Voluntary treatment program/qualified residential treatment program private custody youth		1,351,997	-	1,351,997		1,351,997	-	1,351,997		-	-	-					-	(1,351,997)	-	(1,351,997)
Youth crisis stabilization pilot		3,000,000	3,000,000	6,000,000		3,000,000	3,000,000	6,000,000		-	-	-					-	(3,000,000)	(3,000,000)	(6,000,000)
Cost to continue free through recovery and community connect		4,761,081	-	4,761,081		4,761,081	-	4,761,081		-	-	-					-	(4,761,081)	-	(4,761,081)
Expand Community Connect services		1,000,000	-	1,000,000		4,458,815	-	4,458,815		3,458,815	-	3,458,815					-	(4,458,815)	-	(4,458,815)
Expand free through recovery services		1,000,000	-	1,000,000		4,016,908	-	4,016,908		3,016,908	-	3,016,908					-	(4,016,908)	-	(4,016,908)
Peer support increase		137,990	-	137,990		137,990	-	137,990		-	-	-					-	(137,990)	-	(137,990)
Drug court treatment expansion		200,000	-	200,000		200,000	-	200,000		-	-	-					-	(200,000)	-	(200,000)
Adoption contract increase		4,883,205	-	4,883,205		4,883,205	-	4,883,205		-	-	-					-	(4,883,205)	-	(4,883,205)
Housing assistance to support targeted population - DOJ		300,000	-	300,000		300,000	-	300,000		-	-	-					-	(300,000)	-	(300,000)
Services to support transition and diversion from institution - DOJ		2,733,934	2,555,463	5,289,397		2,733,934	2,555,463	5,289,397		-	-	-					-	(2,733,934)	(2,555,463)	(5,289,397)
Implement host home service DD HCBS waiver		1,689,900	1,689,900	3,379,800		1,689,900	1,689,900	3,379,800		-	-	-					-	(1,689,900)	(1,689,900)	(3,379,800)
Adult Protective Services coverage contracts		718,522	-	718,522		718,522	-	718,522		-	-	-					-	(718,522)	-	(718,522)
Representation supports for families		350,000	350,000	700,000		350,000	350,000	700,000		-	-	-					-	(350,000)	(350,000)	(700,000)
HCBS cost to continue		36,977,113	27,837,811	64,814,924		36,977,113	27,837,811	64,814,924		-	-	-					-	(36,977,113)	(27,837,811)	(64,814,924)
DD bed assessment adjustment		-	7,209,580	7,209,580		-	7,209,580	7,209,580		-	-	-					-	-	(7,209,580)	(7,209,580)
Value based purchasing Medicaid		1,000,000	1,000,000	2,000,000		1,000,000	1,000,000	2,000,000		-	-	-					-	(1,000,000)	(1,000,000)	(2,000,000)
Home health targeted rate increase		1,235,768	1,235,768	2,471,536		1,235,768	1,235,768	2,471,536		-	-	-					-	(1,235,768)	(1,235,768)	(2,471,536)
Qualified service provider target rate increase		3,595,104	1,797,552	5,392,656		3,595,104	1,797,552	5,392,656		-	-	-					-	(3,595,104)	(1,797,552)	(5,392,656)
HCBS cross disability waiver		2,474,226	2,474,226	4,948,452		2,474,226	2,474,226	4,948,452		-	-	-					-	(2,474,226)	(2,474,226)	(4,948,452)
Rebase Medicaid rates for ambulance service		2,189,770	2,189,770	4,379,540		2,189,770	2,189,770	4,379,540		-	-	-					-	(2,189,770)	(2,189,770)	(4,379,540)
Expansion for domestic and sexual violence prevention (community health trust fund)		-	2,250,000	2,250,000		-	2,250,000	2,250,000		-	-	-					-	-	(2,250,000)	(2,250,000)
Maternal and child health programs enhancement		2,000,000	-	2,000,000		2,000,000	-	2,000,000		-	-	-					-	(2,000,000)	-	(2,000,000)
Coordinated purchasing to support immunization access		-	2,213,930	2,213,930		-	2,213,930	2,213,930		-	-	-					-	-	(2,213,930)	(2,213,930)
Forensic pathology contract with UND		-	1,866,156	1,866,156		-	1,866,156	1,866,156		-	-	-					-	-	(1,866,156)	(1,866,156)
Adds funding to replace the 2023-25 new FTE pool		65,094	50,008	115,102		65,094	50,008	115,102		-	-	-					-	(65,094)	(50,008)	(115,102)
Adds funding to replace the 2023-25 vacant FTE pool		569,060	1,754,865	2,323,925		569,060	1,754,865	2,323,925		-	-	-					-	(569,060)	(1,754,865)	(2,323,925)
Positions approved during 68th Legislative Assembly	-				98.00				98.00								(98.00)			
FTE position adjustment	203.52				105.52				(98.00)								(105.52)			
Total ongoing funding changes	**203.52**	**$270,530,046**	**$78,341,901**	**$348,871,947**	**203.52**	**$277,001,694**	**$78,345,975**	**$355,347,669**	**-**	**$6,471,648**	**$4,074**	**$6,475,722**	**-**	**$0**	**$0**	**$0**	**(203.52)**	**($277,001,694)**	**($78,345,975)**	**($355,347,669)**
One-Time Funding Items																				
Retire mainframe and legacy systems (SIIF)			$10,000,000	$10,000,000		$0	$10,000,000	$10,000,000		$0	$0	$0				$0	-	$0	($10,000,000)	($10,000,000)
Electronic Health Record/Pharmacy system (SIIF)			500,000	500,000		-	500,000	500,000		-	-	-					-	-	(500,000)	(500,000)
Retire health record legacy system on mainframe (SIIF)			1,000,000	1,000,000		-	1,000,000	1,000,000		-	-	-					-	-	(1,000,000)	(1,000,000)
State hospital network redundancy and speed (SIIF)			500,000	500,000		-	500,000	500,000		-	-	-					-	-	(500,000)	(500,000)
Develop partial hospitalization/intensive day treatment (community health trust fund)			2,000,000	2,000,000		-	2,000,000	2,000,000		-	-	-					-	-	(2,000,000)	(2,000,000)
Bathroom remodel at Southeast Human Service Center			972,000	972,000		-	972,000	972,000		-	-	-					-	-	(972,000)	(972,000)
Construction of new state hospital - bonding			300,000,000	300,000,000		-	300,000,000	300,000,000		-	-	-					-	-	(300,000,000)	(300,000,000)
Retire economic assistance legacy system on mainframe (SIIF)			2,000,000	2,000,000		-	2,000,000	2,000,000		-	-	-					-	-	(2,000,000)	(2,000,000)
Conversion of developmental disabilities eligibility assessment		200,000	200,000	400,000		200,000	200,000	400,000		-	-	-					-	(200,000)	(200,000)	(400,000)
Implement comprehensive vocational rehab technology system			8,000,000	8,000,000		-	8,000,000	8,000,000		-	-	-					-	-	(8,000,000)	(8,000,000)
Replace roof at Cedar Grove building at LSTC (SIIF)			712,480	712,480		-	712,480	712,480		-	-	-					-	-	(712,480)	(712,480)
Best in Class expansion		6,000,000		6,000,000		6,000,000	-	6,000,000		-	-	-					-	(6,000,000)	-	(6,000,000)
Childcare grants, resources and shared services		5,000,000		5,000,000		5,000,000	-	5,000,000		-	-	-					-	(5,000,000)	-	(5,000,000)
Early childhood quality infrastructure		3,000,000		3,000,000		3,000,000	-	3,000,000		-	-	-					-	(3,000,000)	-	(3,000,000)
Maintaining expanded inclusion support for special needs childcare		172,500		172,500		172,500	-	172,500		-	-	-					-	(172,500)	-	(172,500)
Offer quality rated childcare programs access teaching strategy		100,000		100,000		100,000	-	100,000		-	-	-					-	(100,000)	-	(100,000)
Quality tiered payments for childcare assistance program		3,000,000		3,000,000		3,000,000	-	3,000,000		-	-	-					-	(3,000,000)	-	(3,000,000)
Housing assistance for people at risk of instability (SIIF)			10,000,000	10,000,000		-	10,000,000	10,000,000		-	-	-					-	-	(10,000,000)	(10,000,000)
Eviction prevention program (SIIF)			3,500,000	3,500,000		-	3,500,000	3,500,000		-	-	-					-	-	(3,500,000)	(3,500,000)
Home renovation incentives for accessibility (SIIF)			1,000,000	1,000,000		-	1,000,000	1,000,000		-	-	-					-	-	(1,000,000)	(1,000,000)
Retire Medicaid legacy system on mainframe (SIIF)			2,000,000	2,000,000		-	2,000,000	2,000,000		-	-	-					-	-	(2,000,000)	(2,000,000)
Nonfatal toxicology testing equipment		151,500	100,000	251,500		151,500	100,000	251,500		-	-	-					-	(151,500)	(100,000)	(251,500)
Public health laboratory transition (SIIF)			2,962,304	2,962,304		-	2,962,304	2,962,304		-	-	-					-	-	(2,962,304)	(2,962,304)
Forensic examiner electronic records system			278,000	278,000		-	278,000	278,000		-	-	-					-	-	(278,000)	(278,000)
Food and lodging management information system			335,000	335,000		-	335,000	335,000		-	-	-					-	-	(335,000)	(335,000)
Health facilities and EMS licensure management system			650,000	650,000		-	650,000	650,000		-	-	-					-	-	(650,000)	(650,000)
Total one-time funding changes	**-**	**$17,624,000**	**$346,709,784**	**$364,333,784**	**-**	**$17,624,000**	**$346,709,784**	**$364,333,784**	**-**	**$0**	**$0**	**$0**	**-**	**$0**	**$0**	**$0**	**-**	**($17,624,000)**	**($346,709,784)**	**($364,333,784)**
Total Changes to Base Level Funding	**203.52**	**$288,154,046**	**$425,051,685**	**$713,205,731**	**203.52**	**$294,625,694**	**$425,055,759**	**$719,681,453**	**-**	**$6,471,648**	**$4,074**	**$6,475,722**	**-**	**$0**	**$0**	**$0**	**(203.52)**	**($294,625,694)**	**($425,055,759)**	**($719,681,453)**
2025-27 Total Funding	**2,687.35**	**$2,299,581,593**	**$3,966,781,685**	**$6,266,363,278**	**2,687.35**	**$2,306,053,241**	**$3,966,785,759**	**$6,272,839,000**	**-**	**$6,471,648**	**$4,074**	**$6,475,722**	**2,483.83**	**$2,011,427,547**	**$3,541,730,000**	**$5,553,157,547**	**(203.52)**	**($294,625,694)**	**($425,055,759)**	**($719,681,453)**
Federal funds included in other funds			$3,134,494,723				$3,217,686,168													

2025 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

HB 1012
2/21/2025

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

8:00 a.m. Chairman J. Nelson called the meeting to order.

Members Present: Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Berg, Mitskog, Murphy, O' Brien, Wagner.

Discussion Topics:

- Behavioral Health
- Public Health
- Proposed Amendments

8:04 a.m. Keith Mantz, Fiscal Analyst, ND Legislative Council, discussed merging the three behavioral health vendor contracts previous testimony #38176.

8:06 a.m. Donna Aukland, Chief Financial Officer, Health and Human Services, responded to questions from the committee #38176.

8:07 a.m. Jessica Thomasson, Executive Director, Human Services Division, Health and Human Services, addressed adjusted targeted rate increases for providers previous testimony #38176.

8:12 a.m. Keith Mantz, Fiscal Analyst, ND Legislative Council, moved the f-map percentage line over to Human Services.

8:22 a.m. Donna Aukland, Chief Financial Officer, Health and Human Services, spoke to the Community Health Trust Fund.

8:22 a.m. Dirk Wilke, Interim Commissioner, Health and Human Services, stated that a search firm has been enlisted for a State Forensic Pathologist previous testimony# 38176.

8:28 a.m. Donna Aukland, Chief Financial Officer, Health and Human Services, commented on one time funding for three projects and a revenue fund.

8:32 a.m. Keith Mantz, Fiscal Analyst, ND Legislative Council, suggested we move the Fetal Alcohol Spectrum Disorder Clinic to a single line item.

8:32 a.m. Donna Aukland, Chief Financial Officer, Health and Human Services, suggested a vendor contract for the Fetal Alcohol Spectrum Disorder Clinic.

8:35 a.m. Dirk Wilke, Interim Commissioner, Health and Human Services, told the committee that the Fetal Alcohol Spectrum Disorder Clinic was previously funded through the Community Health Trust Fund.

8:47 a.m. Keith Mantz, Fiscal Analyst, ND Legislative Council, inquired about removing accreditation requirements for payment.

8:55 a.m. Pam Sagness, Executive Director, Behavioral Health Division, Health and Human Services, asked for clarification on roll over funding.

8:55 a.m. Donna Aukland, Chief Financial Officer, Health and Human Services, clarified appropriate language to satisfy the block grant previous testimony #38165, #38164.

9:08 a.m. Jessica Thomasson, Executive Director, Human Services Division, Health and Human Services offered a possible cost reduction by placing a moratorium on intermediate care facilities.

9:12 a.m. Krista Fremming, Assistant Director, Medical Services Division, Health and Human Services, spoke on proposed amendment tied to continued stays at facilities and soft limits with flexibility.

9:35 a.m. Pam Sagness, Executive Director, Behavioral Health Division, Health and Human Services, reassured the committee the language was sufficient for the independent medical providers.

9:43 a.m. Donna Aukland, Chief Financial Officer, Health and Human Services, distributed a worksheet #38316.

Additional written testimony: Keith Mantz, Legislative Council, submitted neutral testimony #38294 and #38296.

Representative Emily O'Brien submitted testimony #38298 in favor.

9:49 a.m. Chairman J. Nelson adjourned the meeting.

Jan Kamphuis, Committee Clerk

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1012 (Nelson IMD)

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; ~~and~~to amend and reenact section 50-06-42 of the North Dakota Century Code, relating to substance use disorder treatment voucher system; to provide for a report; and to provide an effective date.

= 500,000

SECTION 9. AMENDMENT. Section 50-06-42 of the North Dakota Century Code is amended and reenacted as follows:

50-06-42. Substance use disorder treatment voucher system.

1. The department shall establish and administer, within the limits of legislative appropriations, a voucher system to address underserved areas and gaps in the state's substance abuse treatment system and to assist in the payment of addiction treatment services and medical costs provided by licensed substance abuse treatment programs, excluding regional human service centers and hospital- or medical clinic-based programs for medical management of withdrawal. An out-of-state licensed substance abuse treatment program located within a bordering state may participate in the voucher program to serve an underserved area of this state pursuant to the rules adopted by the department. The department shall develop rules to include processes and requirements for an out-of-state provider to receive reimbursement only for outpatient and community-based services upon a provider completing an assessment of need and receiving approval from the department.
2. Services eligible for the voucher program include only those levels of care recognized by the American society of addiction medicine, with particular emphasis given to underserved areas and programs. The department shall ensure that a licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers collects and reports process and outcome measures.

3. The department shall develop requirements and provide training and technical assistance to a licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers. A licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers shall provide evidence-based services.

4. The department shall allocate funding appropriated for the substance use disorder treatment voucher as follows:

   a. ~~No~~Except as provided in subdivision c, no more than forty-five percent of the appropriated amount may be allocated for residential substance use disorder services administered by licensed substance abuse treatment programs with more than sixteen beds.

   b. The remaining appropriation must be allocated for residential programs with sixteen or fewer beds, nonresidential outpatient, and ancillary substance use disorder services administered by licensed substance abuse treatment programs.

   c. The department may reimburse a licensed substance abuse treatment program with more than sixteen beds the incurred direct medical costs of an eligible individual who does not have resources to cover the medical costs. The department may develop rules and may not exceed the total amount appropriated for medical cost reimbursement.

SECTION 10. EFFECTIVE DATE. Section 9 of this Act becomes effective on July 1, 2026.

Nelson, Jon O.

From: Lacee Anderson <lacee@birchgroupnd.com>
Sent: Wednesday, February 19, 2025 2:23 PM
To: Nelson, Jon O.
Subject: DHHS amendments

Here you go--study language and Medicaid coverage. Not sure what your thoughts are on trying to get Medicaid coverage. There wasn't any opposition to that bill.

Legislative Management ~~shall~~ may study the health implications of chronic weight management, the impact of obesity on the state, and access to prevention and treatment for the disease of obesity. The study shall include: 1) The cost associated with the disease of obesity; (2) The various health treatments available to reduce the epidemic in this state caused by the disease; and (3) How to promote the use of the data to influence decision making to better understand the cost savings for prevention of chronic weight management.

SECTION 1. A new section to chapter 50-24.1 of the North Dakota Century Code is created and enacted as follows:

Medical assistance benefits - Prescription drug coverage - Antiobesity medication

1. Medical assistance coverage, including Medicaid expansion coverage, must include comprehensive coverage for the treatment of obesity, which includes coverage for intensive behavioral therapy, bariatric surgery, and antiobesity medication approved by the United States food and drug administration for an enrollee with a body mass index of equal to or greater than thirty-five kilograms per square meter. The coverage must include maintenance doses of the antiobesity medication regardless of the enrollee's body mass index.
2. The coverage provided under this section may not be different or separate from coverage provided for any other illness, condition, or disorder for purposes of determining deductibles, lifetime dollar limits, a benefit year maximum for deductibles, and copayment and coinsurance factors.
3. This section may not be construed to preclude the undertaking of utilization management to determine the medical necessity for treatment of obesity, provided all appropriate medical necessity determinations are made in the same manner as those determinations are made for the treatment of any other illness, condition, or disorder covered by medical assistance benefits.

--



CEO & Founder
The Birch Group, LLC
701-595-4747
birchgroupnd.com

25.0156.01008
Title.

Prepared by the Legislative Council staff for Representative O'Brien
February 6, 2025

Sixty-ninth
Legislative Assembly
of North Dakota

PROPOSED AMENDMENTS TO

HOUSE BILL NO. 1012

Introduced by

Appropriations Committee

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to amend and reenact section 50-06-06.6 of the North Dakota Century Code, relating to leasing of real and personal property by the department of health and human services; to provide an exemption; and to provide for a report.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. APPROPRIATION. The funds provided in this section, or so much of the funds as may be necessary, are appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, and from other funds derived from special funds and federal funds, to the department of health and human services for the purpose of defraying the expenses of its various divisions, for the biennium beginning July 1, 2025, and ending June 30, 2027, as follows:

Subdivision 1.

BUSINESS OPERATIONS

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$25,763,358	$0	$25,763,358
Operating expenses	155,308,399	0	155,308,399
Capital assets	108,934	0	108,934
Grants	11,812,627	0	11,812,627
Total all funds	192,993,318	0	192,993,318

Less other funds	118,894,310	0	118,894,310
Total general fund	$74,099,008	$0	$74,099,008

Subdivision 2.

BEHAVIORAL HEALTH

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$8,792,675	$0	$8,792,675
Operating expenses	79,381,458	0	79,381,458
Grants	40,476,298	0	40,476,298
Behavioral health clinics	196,383,945	0	196,383,945
State hospital	94,826,973	0	94,826,973
Opioid addiction prevention	2,000,000	0	2,000,000
Total all funds	421,861,349	0	421,861,349
Less other funds	113,955,941	0	113,955,941
Total general fund	$307,905,408	0	$307,905,408

Subdivision 3.

HUMAN SERVICES

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$168,325,918	$0	$168,325,918
Operating expenses	88,885,469	0	88,885,469
Capital assets	10,000	0	10,000
Grants	621,189,007	0	621,189,007
Life skills and transition center	44,992,263	0	44,992,263
Grants - medical assistance	742,793,564	0	742,793,564
County social services	197,663,661	0	197,663,661
Total all funds	1,863,859,882	0	1,863,859,882
Less other funds	1,240,409,529	0	1,240,409,529
Total general fund	$623,450,353	0	$623,450,353

Subdivision 4.

MEDICAL SERVICES

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$21,008,344	$0	$21,008,344
Operating expenses	70,807,977	0	70,807,977
Grants	1,651,004	0	1,651,004
Grants - medical assistance	2,682,778,803	0	2,682,778,803
Total all funds	2,776,246,128	0	2,776,246,128
Less other funds	1,818,029,530	0	1,818,029,530
Total general fund	$958,216,598	0	$958,216,598

Subdivision 5.

PUBLIC HEALTH

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$60,415,388	$0	$60,415,388
Operating expenses	37,721,213	0	37,721,213
Capital assets	1,469,780	0	1,469,780
Grants	81,718,145	0	81,718,145
Tobacco prevention	13,063,162	0	13,063,162
Women, infants, and children food payments	19,900,000	0	19,900,000
Cares Act/COVID-19	83,909,182	0	83,909,182
Total all funds	$298,196,870	0	298,196,870
Less other funds	250,440,690	0	250,440,690
Total general fund	$47,756,180	$0	$47,756,180

TOTAL - SECTION 1

	Base Level	Adjustments or Enhancements	Appropriation
Grand total all funds	$5,553,157,547	$0	$5,553,157,547
Grand total other funds	3,541,730,000	0	3,541,730,000
Grand total general fund	$2,011,427,547	$0	$2,011,427,547
Full-time equivalent positions	2,483.83	0.00	2,483.83

SECTION 2. FUNDING TRANSFERS - EXEMPTION - AUTHORIZATION - REPORT. Notwithstanding section 54-16-04, the director of the office of management and budget shall transfer appropriation authority between line items within subdivisions 1, 2, 3, 4, and 5 of section 1 of this Act for the biennium beginning July 1, 2025, and ending June 30, 2027, as requested by the department of health and human services. The department of health and human services shall notify the legislative council of any transfer made pursuant to this section. The department shall report to the budget section after June 30, 2026, any transfer made in excess of $50,000 and to the appropriations committees of the seventieth legislative assembly regarding any transfers made pursuant to this section.

SECTION 3. OTHER FUNDS - INSURANCE TAX DISTRIBUTION FUND. The other funds line item in subdivision 5 of section 1 of this Act includes the sum of $1,125,000 from the insurance tax distribution fund for rural emergency medical services grants.

SECTION 4. OTHER FUNDS - COMMUNITY HEALTH TRUST FUND. The other funds line item in subdivision 2 of section 1 of this Act includes the sum of $1,867,500 from the community health trust fund for the 988 crisis hotline program and subdivision 5 of section 1 of this Act includes the sum of $27,072,324 from the community health trust fund for the following programs:

Behavioral risk factor survey	$200,000
Behavioral health loan repayment	234,500
Domestic violence offender treatment	1,000,000
Domestic violence prevention	1,000,000
Women's way	329,500
Dentist's loan repayment	360,000
Local public health state aid	3,275,000
Rural emergency medical and ambulance services grants	7,000,000
Cancer programs	580,324
Forensic examiner contract	1,000,000
Tobacco cessation grants	500,000
Youth vaping prevention grants	300,000
Tobacco prevention and control	5,043,000

Tobacco prevention and control grants to local public health units 6,250,000

Total community health trust fund $27,072,324

SECTION 5. OTHER FUNDS - HUMAN SERVICE FINANCE FUND. The other funds line item in subdivision 3 of section 1 of this Act includes the sum of $226,950,000 from the human service finance fund for state-paid economic assistance and social and human services.

SECTION 6. OTHER FUNDS - HEALTH CARE TRUST FUND. The other funds line item in subdivision 4 of section 1 of this Act includes the sum of $500,000 from the health care trust fund for basic care facility bad debt expense.

SECTION 7. OTHER FUNDS - CHARITABLE GAMING OPERATING FUND. The other funds line item in subdivision 2 of section 1 of this Act includes the sum of $500,000 from the charitable gaming operating fund for costs of gambling disorder prevention services.

SECTION 8. OTHER FUNDS - OPIOID SETTLEMENT FUND. The other funds line item in subdivision 2 of section 1 of this Act includes the sum of $8,000,000 from the opioid settlement fund for opioid remediation and abatement efforts.

SECTION 9. AMENDMENT. Section 50-06-06.6 of the North Dakota Century Code is amended and reenacted as follows:

50-06-06.6. Department may lease real and personal property.

The commissioner of the department or commissioner's designee may lease ~~surplus farm and pastureland at the state hospital and the life skills and transition center. The commissioner or designee also may enter into further leases of~~ real or personal property at the life skills and transition center or the state hospital upon a specific finding that the granting of each such leasehold interest will result in a net economic gain for the department, taking into account all identifiable costs. Any lease of space for the purpose of providing child care services must meet requirements as determined by the department. The commissioner of the department or commissioner's designee may prescribe the terms and conditions of any leases entered into pursuant to this section and may renew existing leases. ~~Any~~The term of any lease ~~entered into must be subject to renewal or cancelable each biennium~~may not exceed ninety-nine years.

NORTH Dakota | Health & Human Services
Be Legendary.

Bills with Fiscal note, Appropriation or Potential Fiscal Impact
As of February 21, 2025

		Appropriation			Fiscal Note		
Bill Number	Bill Title	Total	General	Federal/Other	Total	General	Federal/Other
1037	Autonomous Vehicles	750,000	750,000				
1066	Minimum wage paid by the Department	-			213,038		213,038
1067	Medical assistance benefits and Medicaid waivers	-			62,724	31,207	31,517
1205	Abandonment of infants in newborn safety devices	100,000	100,000		-		
1249	Autonomous technology grants	250,000	250,000		-		
1268	Mandatory drug testing by human service zones	95,000	95,000		-		
1425	Prosecution led diversion programs, deflection process and supervision for	750,000	750,000		-		
1467	Recording and reporting vaccine adverse event data	100,000	100,000		-		
1468	Behavioral health facility grant	16,000,000	16,000,000		-		
1485	Personal needs allowance amount for eligible beneficiaries	-			869,954	456,946	413,008
2033	Distressed ambulance service program	-			150,000	150,000	
2036	Fitness to proceed and remediation of juveniles	500,000	500,000		-		
2037	Juvenile court petitions, fitness to proceed in juvenile court proceedings, and collateral consequences the juvenile court may order;	-			300,000	300,000	
2096	State hospital facilities and to provide for regional acute psychiatric treatment and residential supportive housing services.	16,000,000	16,000,000		-		
2112	Relating to the life skills and transition center	-			87,969	87,969	
2113	Relating to certified community behavioral health clinics and the financing of health and human services	-			150,000	150,000	
2138	Grants to organizations providing care for the elderly	200,000	200,000		-		
2190	Relating to medical assistance benefits	-			640,210	316,936	323,274
2200	Creation of the 988 crisis hotline program and the 988 crisis stabilization fund and the imposition of a 988 access fee	-			500,000		500,000
2205	Charitable gaming operating fund (Continuing appropriation)	-			-		
2231	Covered services for medical assistance	-			5,139,404	513,940	4,625,464
2271	Adult residential facility payment rates	1,709,302		1,709,302	-		
2294	Qualifying senior and nonresident medical marijuana patients (Continuing Appropriation)	-			-		
2305	Family paid caregiver service program and the cross-disability advisory council	7,300,000	7,300,000		7,300,000	7,300,000	
	Grand Total all Bills	**43,754,302**	**42,045,000**	**1,709,302**	**15,413,299**	**9,306,998**	**6,106,301**

HB1034, HB1070, HB1071, HB1109, HB1119, HB1203, BH1306, HB1460, HB1464, HB 1566, HB1567, SB 2205, SB 2271

2025 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

HB 1012
2/24/2025

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

8:02 a.m. Chairman J. Nelson called the meeting to order.

Members Present: Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Berg, Mitskog, Murphy, O' Brien, Wagner.

Discussion Topics:

- Worksheet changes
- Proposed Amendments

8:05 a.m. Allen Knudson, Legislative Budget Analyst/Auditor, ND Legislative Council distributed handouts, #38343, #38342.

8:07 a.m. Representative Wagner moved $10 million decrease from operational underfund, #38343.

8:07 a.m. Representative Anderson, seconded the motion.

Roll Call Vote:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Gregory Stemen	Y
Representative Bert Anderson	Y
Representative Mike Berg	Y
Representative Alisa Mitskog	Y
Representative Eric J. Murphy	Y
Representative Emily O'Brien	Y
Representative Scott Wagner	Y

Motion carried 8-0-0.

8:08 a.m. Representative Murphy moved a $30 million decrease for additional salary funding, #38343.

8:09 a.m. Representative Wagner seconded.

Roll Call Vote:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Gregory Stemen	Y
Representative Bert Anderson	Y
Representative Mike Berg	Y
Representative Alisa Mitskog	Y
Representative Eric J. Murphy	Y
Representative Emily O'Brien	Y
Representative Scott Wagner	Y

Motion carried 8-0-0.

8:13 a.m. Keith Mantz, Fiscal Analyst, ND Legislative Council, clarified line items, #38343, #38342.

8:14 a.m. Representative Mitskog moved to combine substance abuse disorder and mental health treatment funds for $3.5 million, #38343.

8:15 a.m. Representative Stemen seconded.

Roll Call Vote:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Gregory Stemen	Y
Representative Bert Anderson	Y
Representative Mike Berg	Y
Representative Alisa Mitskog	Y
Representative Eric J. Murphy	Y
Representative Emily O'Brien	Y
Representative Scott Wagner	Y

Motion carried 8-0-0.

8:16 a.m. Representative Stemen moved $2 million reduction for inflation for vendors adjustment, #38343.

8:16 a.m. Representative O'Brien seconded.

Roll Call Vote:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Gregory Stemen	Y
Representative Bert Anderson	Y
Representative Mike Berg	Y

Representative Alisa Mitskog	Y
Representative Eric J. Murphy	Y
Representative Emily O'Brien	Y
Representative Scott Wagner	Y

Motion carried 8-0-0.

8:18 a.m. Representative Anderson moved $6 million decrease for youth crisis stabilization pilot, #38343.

8:19 a.m. Representative Wagner seconded.

Roll Call Vote:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Gregory Stemen	Y
Representative Bert Anderson	Y
Representative Mike Berg	Y
Representative Alisa Mitskog	Y
Representative Eric J. Murphy	Y
Representative Emily O'Brien	N
Representative Scott Wagner	Y

Motion carried 7-1-0.

8:20 a.m. Representative Murphy moved $3.5 million reductions on Community Connect Services, #38343.

Representative Wagner seconded.

Roll Call Vote:

Representatives	Vote
Representative Jon O. Nelson	N
Representative Gregory Stemen	N
Representative Bert Anderson	N
Representative Mike Berg	N
Representative Alisa Mitskog	N
Representative Eric J. Murphy	Y
Representative Emily O'Brien	N
Representative Scott Wagner	N

Motion failed 1-7-0.

8:25 a.m. Representative O'Brien moved to follow the Armstrong Budget for Community Connect Services, # 38343.

8:25 a.m. Representative Mitskog seconded.

Roll Call Vote:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Gregory Stemen	Y
Representative Bert Anderson	Y
Representative Mike Berg	Y
Representative Alisa Mitskog	Y
Representative Eric J. Murphy	N
Representative Emily O'Brien	Y
Representative Scott Wagner	Y

Motion carried 7-1-0.

8:28 a.m. Representative Stemen moved $638k increase for incremental costs in provider inflation (2% and 2%), #38343.

8:28 a.m. Representative O'Brien seconded.

Roll Call Vote:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Gregory Stemen	Y
Representative Bert Anderson	Y
Representative Mike Berg	Y
Representative Alisa Mitskog	Y
Representative Eric J. Murphy	Y
Representative Emily O'Brien	Y
Representative Scott Wagner	Y

Motion carried 8-0-0.

8:32 a.m. Representative Mitskog moved a $2 million increase to nursing homes and basic care facilities, #38343.

8:32 a.m. Representative Stemen seconded.

Roll Call Vote:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Gregory Stemen	Y
Representative Bert Anderson	Y
Representative Mike Berg	Y
Representative Alisa Mitskog	Y
Representative Eric J. Murphy	Y
Representative Emily O'Brien	Y
Representative Scott Wagner	Y

Motion carried 8-0-0.

8:36 a.m. Representative Stemen moved $100k increase for an additional grant for Family Voices, #38343.

8:36 a.m. Representative Mitskog seconded.

Roll Call Vote:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Gregory Stemen	Y
Representative Bert Anderson	Y
Representative Mike Berg	Y
Representative Alisa Mitskog	Y
Representative Eric J. Murphy	Y
Representative Emily O'Brien	Y
Representative Scott Wagner	Y

Motion carried 8-0-0.

8:37 a.m. Representative B. Anderson moved $632k deduction for bathroom remodel at Southeast Human Service Center, #38343.

8:38 a.m. Representative Wagner seconded.

Roll Call Vote:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Gregory Stemen	Y
Representative Bert Anderson	Y
Representative Mike Berg	Y
Representative Alisa Mitskog	Y
Representative Eric J. Murphy	Y
Representative Emily O'Brien	Y
Representative Scott Wagner	Y

Motion carried 8-0-0.

8:40 a.m. Representative Stemen Moved $30 million increase for construction of a new State Hospital, #48343.

8:40 a.m. Representative Wagner seconded.

Roll Call Vote:

Representatives	Vote
Representative Jon O. Nelson	Y

Representative Gregory Stemen	Y
Representative Bert Anderson	Y
Representative Mike Berg	Y
Representative Alisa Mitskog	Y
Representative Eric J. Murphy	Y
Representative Emily O'Brien	Y
Representative Scott Wagner	Y

Motion carried 8-0-0.

8:44 a.m. Allen Knudson, Legislative Budget Analyst/Auditor, ND Legislative Council, directed the committee to section 6 of the proposed amendments, #38342.

8:45 a.m. Representative O'Brien moved a $12.96 million increase to Behavioral Health Facility Grant, #38343.

8:49 a.m. Allen Knudson, Legislative Budget Analyst/Auditor, ND Legislative Council, directed the committee to include a new section for reporting requirements, #38342.

8:50 a.m. Representative Stemen seconded.

Roll Call Vote:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Gregory Stemen	Y
Representative Bert Anderson	Y
Representative Mike Berg	Y
Representative Alisa Mitskog	Y
Representative Eric J. Murphy	Y
Representative Emily O'Brien	Y
Representative Scott Wagner	Y

Motion carried 8-0-0.

8:52 a.m. Allen Knudson, Legislative Budget Analyst/Auditor, ND Legislative Council, suggested that the last motion be interpreted for department wide.

8:53 a.m. Representative Stemen moved to approve FMAP percentage change (50% to 50.99%), #38343.

8:53 a.m. Representative Murphy seconded.

Roll Call Vote:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Gregory Stemen	Y

Representative Bert Anderson	Y
Representative Mike Berg	Y
Representative Alisa Mitskog	Y
Representative Eric J. Murphy	Y
Representative Emily O'Brien	Y
Representative Scott Wagner	Y

Motion carried 8-0-0.

8:54 a.m. Representative Mitskog Moved $750k increase to school truancy and absenteeism funding, #38343.

8:55 a.m. Representative O'Brien seconded.

8:58 a.m. Keith Mantz, Fiscal Analyst, ND Legislative Council, spoke to adding language to the amendment, #38343.

Roll Call Vote:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Gregory Stemen	Y
Representative Bert Anderson	Y
Representative Mike Berg	Y
Representative Alisa Mitskog	Y
Representative Eric J. Murphy	Y
Representative Emily O'Brien	Y
Representative Scott Wagner	Y

Motion carried 8-0-0.

9:05 a.m. Representative Mitskog moved $150k increase to recreational services for individuals with developmental disabilities, #38343.

9:05 a.m. Representative Murphy seconded.

Roll Call Vote:

Representatives	Vote
Representative Jon O. Nelson	N
Representative Gregory Stemen	N
Representative Bert Anderson	N
Representative Mike Berg	N
Representative Alisa Mitskog	Y
Representative Eric J. Murphy	Y
Representative Emily O'Brien	N
Representative Scott Wagner	N

Motion Failed 2-6-0.

9:09 a.m. Representative Stemen moved to add FTE position for a State Dementia Coordinator, #38343.

9:09 a.m. Representative Mitskog seconded.

Roll Call Vote:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Gregory Stemen	Y
Representative Bert Anderson	Y
Representative Mike Berg	Y
Representative Alisa Mitskog	Y
Representative Eric J. Murphy	Y
Representative Emily O'Brien	Y
Representative Scott Wagner	Y

Motion carried 8-0-0.

Representative Wagner moved to amend the reduction of $2.5 million to childcare grants, resources and shared services, #38343.

Representative Anderson seconded.

Roll Call Vote:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Gregory Stemen	Y
Representative Bert Anderson	N
Representative Mike Berg	Y
Representative Alisa Mitskog	N
Representative Eric J. Murphy	Y
Representative Emily O'Brien	Y
Representative Scott Wagner	Y

Motion carried 6-2-0.

9:20 a.m. Representative Wagner moved a reduction of $1.5 million for quality tiered payments, #38343.

9:21 a.m. Representative O'Brien seconded.

Roll Call Vote:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Gregory Stemen	Y
Representative Bert Anderson	N

Representative Mike Berg	Y
Representative Alisa Mitskog	N
Representative Eric J. Murphy	Y
Representative Emily O'Brien	Y
Representative Scott Wagner	Y

Motion carries 6-2-0.

9:23 a.m. Representative Murphy moved reduction of $10 million for housing assistance, #38343.

9:23 a.m. Representative Stemen seconded.

Roll Call Vote:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Gregory Stemen	Y
Representative Bert Anderson	Y
Representative Mike Berg	Y
Representative Alisa Mitskog	Y
Representative Eric J. Murphy	Y
Representative Emily O'Brien	Y
Representative Scott Wagner	Y

Motion carries 8-0-0.

9:24 a.m. Representative Wagner moved reduction of $3.5 million to Eviction Prevention Program, #38343.

9:24 a.m. Representative Berg seconded.

Roll Call Vote:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Gregory Stemen	Y
Representative Bert Anderson	Y
Representative Mike Berg	Y
Representative Alisa Mitskog	N
Representative Eric J. Murphy	Y
Representative Emily O'Brien	Y
Representative Scott Wagner	Y

Motion carries 7-1-0.

9:25 a.m. Representative Wagner moved reduction of $1 million to home renovation incentives, #38343.

9:26 a.m. Representative Berg seconded.

Roll Call Vote:

Representatives	Vote
Representative Jon O. Nelson	N
Representative Gregory Stemen	N
Representative Bert Anderson	Y
Representative Mike Berg	N
Representative Alisa Mitskog	N
Representative Eric J. Murphy	Y
Representative Emily O'Brien	N
Representative Scott Wagner	N

Motion failed 2-6-0.

9:30 a.m. Representative Murphy moved and increase of $1 million to a grant for Community Cultural Center, #38343.

9:30 a.m. Representative Stemen seconded.

9:32 a.m. Keith Mantz, Fiscal Analyst, ND Legislative Council, commented on the language in section 7 regarding the Cultural Center, #38342.

Roll Call Vote:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Gregory Stemen	Y
Representative Bert Anderson	Y
Representative Mike Berg	Y
Representative Alisa Mitskog	Y
Representative Eric J. Murphy	Y
Representative Emily O'Brien	Y
Representative Scott Wagner	N

Motion carries 7-1-0.

9:37 a.m. Representative Stemen moved an increase of $200k to Winter Park Adaptive Recreation Program Grant, #38343.

9:37 a.m. Representative O'Brien seconded.

Roll Call Vote:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Gregory Stemen	Y
Representative Bert Anderson	Y
Representative Mike Berg	Y
Representative Alisa Mitskog	Y

Representative Eric J. Murphy	Y
Representative Emily O'Brien	Y
Representative Scott Wagner	Y

Motion carries 8-0-0.

9:43 a.m. Representative Stemen moved $2 million increase for Critical Access Hospital Networking Grant, #38343.

9:43 a.m. Representative Mitskog seconded.

9:43 a.m. Keith Mantz, Fiscal Analyst, ND Legislative Council, clarified the motion to move it from general fund to community health trust fund.

Roll Call Vote:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Gregory Stemen	Y
Representative Bert Anderson	Y
Representative Mike Berg	Y
Representative Alisa Mitskog	Y
Representative Eric J. Murphy	Y
Representative Emily O'Brien	Y
Representative Scott Wagner	Y

Motion carries 8-0-0.

9:44. a.m. Representative Stemen moved $3.458 million increase for an intermediate care facility for Anne Carlsen, #38343.

9:45 a.m. Representative Wagner seconded.

Roll Call Vote:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Gregory Stemen	Y
Representative Bert Anderson	Y
Representative Mike Berg	Y
Representative Alisa Mitskog	Y
Representative Eric J. Murphy	Y
Representative Emily O'Brien	Y
Representative Scott Wagner	Y

Motion carries 8-0-0.

9:49 Representative Murphy moved $1.7 million increase to domestic and sexual violence prevention and $440 to Safe Haven Program, #38343.

9:50 a.m. Representative O'Brien seconded.

Roll Call Vote:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Gregory Stemen	Y
Representative Bert Anderson	Y
Representative Mike Berg	N
Representative Alisa Mitskog	Y
Representative Eric J. Murphy	Y
Representative Emily O'Brien	Y
Representative Scott Wagner	Y

Motion carries 7-1-0.

9:53 a.m. Representative O'Brien moved reduction of $2 million toward maternal child health program enhancement, #38343.

9:53 a.m. Representative Wagner seconded.

Roll Call Vote:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Gregory Stemen	Y
Representative Bert Anderson	Y
Representative Mike Berg	Y
Representative Alisa Mitskog	Y
Representative Eric J. Murphy	Y
Representative Emily O'Brien	Y
Representative Scott Wagner	Y

Motion carries 8-0-0.

9:54 a.m. Representative Stemen moved to transfer funds to General Fund for forensic pathology, #38343.

9:54 a.m. Representative Wagner seconded.

9:54 a.m. Keith Mantz, Fiscal Analyst, ND Legislative Council, clarified that $1.86million was moved to the general fund and additional $1 million that came out of the Community Health Trust Fund was also moved to the General Fund.

Roll Call Vote:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Gregory Stemen	Y

Representative Bert Anderson	Y
Representative Mike Berg	Y
Representative Alisa Mitskog	Y
Representative Eric J. Murphy	Y
Representative Emily O'Brien	Y
Representative Scott Wagner	Y

Motion carried 8-0-0.

9:57 a.m. Representative Murphy moved $895k increase to Fetal Alcohol Spectrum Disorder Clinic.

9:58 a.m. Motioned failed for lack of a second.

9:58 a.m. Representative Stemen moved to transfer funds to Other Funds for food and lodging, # 38343.

9:59 a.m. Representative O'Brien seconded.

Roll Call Vote:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Gregory Stemen	Y
Representative Bert Anderson	Y
Representative Mike Berg	Y
Representative Alisa Mitskog	Y
Representative Eric J. Murphy	Y
Representative Emily O'Brien	Y
Representative Scott Wagner	Y

Motion carried 8-0-0.

10:00 a.m. Representative Stemen moved an increase $300k to Cass County animal shelter, #38343.

10:00 a.m. Representative Wagner seconded.

Roll Call Vote:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Gregory Stemen	Y
Representative Bert Anderson	Y
Representative Mike Berg	Y
Representative Alisa Mitskog	Y
Representative Eric J. Murphy	N
Representative Emily O'Brien	Y
Representative Scott Wagner	Y

Motion carried 7-1-0.

10:02 a.m. Chairman J. Nelson adjourned the meeting.

Jan Kamphuis, Committee Clerk

Prepared by the Legislative Council staff for House Appropriations - Human Resources Division Committee
February 21, 2025

Sixty-ninth
Legislative Assembly
of North Dakota

PROPOSED AMENDMENTS TO

HOUSE BILL NO. 1012

Introduced by

Appropriations Committee

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to amend and reenact sections 50-06-06.6, 50-06-42, 50-24.5-02.3, and 50-33-05 of the North Dakota Century Code, relating to leases of department of health and human services property, substance use disorder treatment program, basic care payment rates, and state of residence for child care assistance; to provide for a transfer; to authorize a line of credit; to provide legislative intent; to provide for a legislative management study; to provide an application; to provide an exemption; ~~and~~ to provide for a report; and to provide an effective date.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. APPROPRIATION. The funds provided in this section, or so much of the funds as may be necessary, are appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, and from other funds derived from special funds and federal funds, to the department of health and human services for the purpose of defraying the expenses of its various divisions, for the biennium beginning July 1, 2025, and ending June 30, 2027, as follows:

Subdivision 1.

BUSINESS OPERATIONS

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$25,763,358	$0	$25,763,358

Operating expenses	155,308,399	0	155,308,399
Capital assets	108,934	0	108,934
Grants	11,812,627	0	11,812,627
Total all funds	192,993,318	0	192,993,318
Less other funds	118,894,310	0	118,894,310
Total general fund	$74,099,008	$0	$74,099,008

Subdivision 2.

BEHAVIORAL HEALTH

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$8,792,675	$0	$8,792,675
Operating expenses	79,381,458	0	79,381,458
Grants	40,476,298	0	40,476,298
Behavioral health clinics	196,383,945	0	196,383,945
State hospital	94,826,973	0	94,826,973
Opioid addiction prevention	2,000,000	0	2,000,000
Total all funds	421,861,349	0	421,861,349
Less other funds	113,955,941	0	113,955,941
Total general fund	$307,905,408	0	$307,905,408

Subdivision 3.

HUMAN SERVICES

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$168,325,918	$0	$168,325,918
Operating expenses	88,885,469	0	88,885,469
Capital assets	10,000	0	10,000
Grants	621,189,007	0	621,189,007
Life skills and transition center	44,992,263	0	44,992,263
Grants - medical assistance	742,793,564	0	742,793,564
County social services	197,663,661	0	197,663,661
Total all funds	1,863,859,882	0	1,863,859,882

Less other funds	1,240,409,529		0	1,240,409,529
Total general fund	$623,450,353		0	$623,450,353

Subdivision 4.

MEDICAL SERVICES

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$21,008,344	$0	$21,008,344
Operating expenses	70,807,977	0	70,807,977
Grants	1,651,004	0	1,651,004
Grants - medical assistance	2,682,778,803	0	2,682,778,803
Total all funds	2,776,246,128	0	2,776,246,128
Less other funds	1,818,029,530	0	1,818,029,530
Total general fund	$958,216,598	0	$958,216,598

Subdivision 5.

PUBLIC HEALTH

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$60,415,388	$0	$60,415,388
Operating expenses	37,721,213	0	37,721,213
Capital assets	1,469,780	0	1,469,780
Grants	81,718,145	0	81,718,145
Tobacco prevention	13,063,162	0	13,063,162
Women, infants, and children food payments	19,900,000	0	19,900,000
Cares Act/COVID-19	83,909,182	0	83,909,182
Total all funds	$298,196,870	0	298,196,870
Less other funds	250,440,690	0	250,440,690
Total general fund	$47,756,180	$0	$47,756,180

TOTAL - SECTION 1

	Base Level	Adjustments or Enhancements	Appropriation

Grand total all funds	$5,553,157,547	$0	$5,553,157,547
Grand total other funds	3,541,730,000	0	3,541,730,000
Grand total general fund	$2,011,427,547	$0	$2,011,427,547
Full-time equivalent positions	2,483.83	0.00	2,483.83

SECTION 2. ONE TIME FUNDING - EFFECT ON BASE BUDGET - REPORT TO SEVENTIETH LEGISLATIVE ASSEMBLY. The following amounts reflect the one-time funding items included in section 1 of this Act which are not included in the entity's base budget for the 2027-29 biennium and which the entity shall report to the appropriations committees of the seventieth legislative assembly regarding the use of this funding:

One-Time Funding Description	General Fund	Other Funds	Total
Technology projects	$0	$10,263,000	$10,263,000
Human service centers and life skills and transition center projects	0	1,052,480	1,052,480
Retire mainframe	0	15,000,000	15,000,000
Child care programs	17,272,500	0	17,272,500
Housing programs	0	14,500,000	14,500,000
State laboratory move and equipment	0	2,962,304	2,962,304
Partial hospitalization day treatment	0	2,000,000	2,000,000
Developmental disabilities eligibility assessment tool for kids	200,000	200,000	400,000
Toxicology equipment	151,500	100,000	251,500
New state hospital	0	330,000,000	330,000,000
Behavioral health facility grant	0	12,960,000	12,960,000
Cultural community center grant	0	1,000,000	1,000,000
Total	$17,624,000	$390,037,784	$407,661,784

SECTION 3. FUNDING TRANSFERS - EXEMPTION - AUTHORIZATION - REPORT. Notwithstanding section 54-16-04, the director of the office of management and budget shall transfer appropriation authority between line items within subdivisions 1, 2, 3, 4, ~~and~~ 5, and 6 of section 1 of this Act and any other appropriation authority for the department of health and human services approved by the sixty-ninth legislative assembly, for the biennium beginning July 1, 2025, and ending June 30, 2027, as requested by the department of health and human

services. The department of health and human services shall notify the legislative council of any transfer made pursuant to this section. The department of health and human services shall report to the budget section after June 30, 2026, any transfer made in excess of $50,000 and to the appropriations committees of the seventieth legislative assembly regarding any transfers made pursuant to this section.

SECTION 4. FULL-TIME EQUIVALENT POSITION BLOCK GRANT PROGRAM - REPORT. Section 1 of this Act includes funding for a full-time equivalent position block grant program. This funding as approved by the sixty-ninth legislative assembly is available for defraying the expense of full-time equivalent positions as determined by the department of health and human services. Notwithstanding any other provision of law, the department is authorized to increase or decrease authorized full-time equivalent positions subject to the availability of funds and the provisions of this section. The department of health and human services many not increase full-time equivalent positions for the purpose of transferring human service zone employees to state employment. Pursuant to section 3 of this Act, the department is authorized to transfer appropriation authority up to the underfunded amount of $20,730,788 to the salaries and wages block grant line item. The department of health and human services shall report to the office of management and budget and legislative council any adjustments to full-time equivalent positions.

SECTION 5. DEPARTMENT OF HEALTH AND HUMAN SERVICES - SALARIES AND WAGES BLOCK GRANT - VACANT POSITIONS - REPORT. The department of health and human services shall report to the budget section quarterly during the 2025-26 interim regarding the status of its salaries and wages block grant and vacant positions and employee turnover. The report must include:

1. The legislative appropriation for salaries and wages allocated by the department to major department programs by funding source and the number of FTE positions the department is allocating to each major program based on the legislative appropriation;
2. Any changes to salaries and wages funding or FTE positions allocated to major department programs;
3. Any new FTE positions added, the cost of the position for the remainder of the biennium, and the cost to continue funding the position in the subsequent biennium by funding source;

4. Any FTE positions removed and related funding;
5. The number of FTE positions that become vacant and the number filled each month;
6. The number of vacant FTE positions at the end of each month;
7. Salaries and wages savings resulting from vacant positions and employee turnover each month by funding source; and
8. The use of salaries and wages savings for other purposes for each month by funding source.

SECTION 6. BEHAVIORAL HEALTH FACILITY GRANT - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND - APPLICATION.

1. Section 1 of this Act includes the sum of $12,960,000 from the strategic investment and improvements fund for a behavioral health facility grant pursuant to this section.
2. A grant of $12,960,000 must be provided to establish a behavioral health facility in the northeast human service region. The grant recipient must provide matching funds of $3,240,000 to establish the facility.
3. The department shall require an entity receiving funding under this section to operate the facility for at least ten years and require the grant amount to be repaid if the entity does not operate the facility for at least ten years.
4. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 7. COMMUNITY CULTURAL CENTER GRANT - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND - APPLICATION. Section 1 of this Act includes the sum of $1,000,000 from the strategic investment and improvements fund for the purpose of providing a one-time community cultural center grant in the west central human service region. An entity may apply for a grant under this section if the entity certifies to the department it has raised adequate funds to complete a project, the project will be completed within two years of receiving the grant funds, and the grants funds will be used only for costs of constructing a community cultural center. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 8. OTHER FUNDS - INSURANCE TAX DISTRIBUTION FUND. The other funds line item in subdivision 5 of section 1 of this Act includes the sum of $1,125,000 from the insurance tax distribution fund for rural emergency medical services grants.

SECTION 9. OTHER FUNDS - COMMUNITY HEALTH TRUST FUND. The other funds line items in section 1 of this Act includes the sum of $39,529,678 from the community health trust fund for the following purposes:

Loan repayment programs	$594,500
Tobacco and vaping programs	11,599,698
Cancer and women's way programs	909,824
Behavior risk state survey	200,000
Domestic violence programs	4,250,000
Local public health grants	3,275,000
988 crisis hotline	1,867,500
Forensic examiner at the university of North Dakota	2,866,156
Various information technology system upgrades	2,967,000
Grants to rural ambulances	7,000,000
Law enforcement rural crisis support program	2,000,000
Development of partial hospitalization/intensive day treatment	2,000,000
Total	$39,529,678

~~**SECTION 7. OTHER FUNDS - COMMUNITY HEALTH TRUST FUND.** The other funds line item in subdivision 2 of section 1 of this Act includes the sum of $1,867,500 from the community health trust fund for the 988 crisis hotline program and subdivision 5 of section 1 of this Act includes the sum of $27,072,324 from the community health trust fund for the following programs:~~

~~Behavioral risk factor survey $200,000~~
~~Behavioral health loan repayment 234,500~~
~~Domestic violence offender treatment 1,000,000~~
~~Domestic violence prevention 1,000,000~~
~~Women's way 329,500~~
~~Dentist's loan repayment 360,000~~
~~Local public health state aid 3,275,000~~
~~Rural emergency medical and ambulance services grants 7,000,000~~
~~Cancer programs 580,324~~
~~Forensic examiner contract 1,000,000~~

~~Tobacco cessation grants 500,000~~

~~Youth vaping prevention grants 300,000~~

~~Tobacco prevention and control 5,043,000~~

~~Tobacco prevention and control grants to local public health units~~ 6,250,000

~~Total community health trust fund $27,072,324~~

SECTION 10. OTHER FUNDS - HUMAN SERVICE FINANCE FUND. The other funds line ~~item~~items in ~~subdivision 3 of~~ section 1 of this Act includes the sum of ~~$226,950,000~~$239,112,030 from the human service finance fund for state-paid economic assistance and social and human services.

~~**SECTION 9. OTHER FUNDS - HEALTH CARE TRUST FUND.** The other funds line item in subdivision 4 of section 1 of this Act includes the sum of $500,000 from the health care trust fund for basic care facility bad debt expense.~~

~~**SECTION 10. OTHER FUNDS - CHARITABLE GAMING OPERATING FUND.** The other funds line item in subdivision 2 of section 1 of this Act includes the sum of $500,000 from the charitable gaming operating fund for costs of gambling disorder prevention services.~~

SECTION 11. OTHER FUNDS - OPIOID SETTLEMENT FUND. The other funds line item in ~~subdivision 2 of~~ section 1 of this Act includes the sum of $8,000,000 from the opioid settlement fund for opioid remediation and abatement efforts.

SECTION 12. OTHER FUNDS - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND The other funds line items in section 1 of this Act includes the sum of $241,606,784 from the strategic investment and improvements fund for the following purposes:

Retiring technology from the mainframe	$7,500,000
Move into the new state laboratory and purchase security equipment	2,962,304
Capital projects in human service centers and life skills and transition center	1,684,480
Housing initiative programs	14,500,000
Technology projects at the state hospital	1,000,000
New state hospital	200,000,000
Behavioral health facility grant	12,960,000
Community cultural center grant	1,000,000
Total	$241,606,784

SECTION 13. OTHER FUNDS - BANK OF NORTH DAKOTA LINE OF CREDIT - STATE HOSPITAL PROJECT. The other funds line item in subdivision 2 of section 1 of this Act includes $130,000,000 from a Bank of North Dakota line of credit. The department of health and human services may borrow up to $130,000,000 through a line of credit from the Bank of North Dakota during the biennium beginning July 1, 2025 and ending on June 30, 2027 for costs associated with the construction of a new state hospital. The interest rate on the line of credit may not exceed the prevailing interest rate charged to North Dakota government entities. If the department accesses the line of credit, it shall request a deficiency appropriation from the seventieth legislative assembly to repay the line of credit.

SECTION 14. LABORATORY BUILDING STEERING COMMITTEE. The department of health and human services shall maintain the laboratory building steering committee to oversee the design and construction of the laboratory building project, for the biennium beginning July 1, 2025, and ending on June 30, 2027, or until work is completed, whichever occurs earlier. The committee must include representation from the department of health and human services, department of environmental quality, office of management and budget, the governor's office, and the legislative assembly. The legislative assembly representation must include one member of the senate appointed by the senate majority leader, one member of the house appointed by the house majority leader, and one member of the minority party from either the senate or the house appointed by the minority leaders of the senate and the house.

SECTION 15. NEW STATE HOSPITAL - STEERING COMMITTEE. The department of health and human services shall establish a new state hospital facility steering committee to oversee the design and construction of a new state hospital facility, for the biennium beginning July 1, 2025, and ending June 30, 2027. The committee must include one member of the senate appointed by the senate majority leader, one member of the house appointed by the house majority leader, and one member of the minority party from either the senate or the house appointed by the minority leaders of the senate and the house.

SECTION 16. CAPITAL PAYMENTS. During the biennium beginning July 1, 2025, and ending June 30, 2027, the department of health and human services is authorized to expend funds for the payment of special assessments at the state hospital, southeast human service center and life skills and transition center. Pursuant to section 3 of this Act, the director of the office of management and budget may transfer appropriation authority between line items within

section 1 of this Act and any remaining appropriation authority for the department of health and human services approved by the sixty-ninth legislative assembly. The department of health and human services may transfer funds for the payment of special assessments at the state hospital, southeast human service center, and life skills and transition center ahead of the special needs assessments schedule. Notwithstanding section 54-27-12, the department of health and human services may spend funds for the payment of special assessments at the state hospital and life skills and transition center.

SECTION 17. CAPITAL PROJECTS - EMERGENCY COMMISSION AND BUDGET SECTION APPROVAL. During the biennium beginning July 1, 2025, and ending on June 30, 2027 pursuant to section 3 of this Act, the director of the office of management and budget may transfer appropriation authority between line items within section 1 of this Act and any remaining appropriation authority for the department of health and human services approved by the sixty-ninth legislative assembly for capital projects and maintenance pertaining to operation of its facilities, including demolition projects. Notwithstanding section 54-27-12, the department of health and human services may spend up to $10,000,000 for capital projects and maintenance pertaining to operation of its facilities, including demolition projects, under this section and may seek emergency commission and budget section approval to spend more than $10,000,000 under this section.

SECTION 18. PERMANENT SUPPORTIVE HOUSING GRANTS. Section 1 of this Act includes the sum of $4,672,536 from the general fund for permanent supportive housing grants. The department of health and human services shall develop a funding methodology to distribute the funding to qualified entities that utilize best practices for permanent supportive housing, provide recovery-oriented and person-centered services, submit process and outcome measures to the department of health and human services, and authorize the department of health and human services to conduct onsite visits to review program operations.

SECTION 19. EXPENDITURES MAY NOT EXCEED APPROPRIATION - MEDICAL ASSISTANCE EXPANSION PROGRAM - APPLICATION.

1. Section 1 of this Act includes the sum of $662,099,340, of which $66,209,934 is from the general fund, for the medical assistance expansion program, for the biennium beginning July 1, 2025, and ending June 30, 2027. The expenditures for individuals eligible for the medical assistance expansion program may not exceed this amount.

2. The department of health and human services may exceed appropriations for increases in medical assistance expansion program caseload, for the addition of coverage consistent with the traditional Medicaid 1915(i) state plan, utilization rates, and reduction in federal medical assistance percentage.
3. The managed care organization under contract with the department of health and human services to manage the medical assistance expansion program shall reimburse providers within the same provider type and specialty at consistent levels and with consistent methodology and may not provide incentive, quality, or supplemental payments to providers, unless part of a value-based program approved by the department of health and human services. The managed care organization shall reimburse all North Dakota substance use providers of American society of addiction medicine level 2.5 at consistent levels and with consistent methodology. The managed care organization may consider urban and rural providers as different provider types.
4. The managed care organization and the department of health and human services shall ensure payments to Indian or Tribal 638 health care providers, federally qualified health centers,and rural health clinics meet the federally required minimum levels of reimbursement. Critical access hospitals may not be paid less than one hundred percent of Medicare allowable costs and human service centers may not be paid less than one hundred percent of the current traditional Medicaid rate. Behavioral health services involving partial hospitalization, intensive outpatient, professional services, and residential behavioral health services provided in facilities that are not institutions for mental diseases are not subject to the provisions in subsection 6.
5. The department of health and human services shall ensure providers within the same provider type and specialty are reimbursed at consistent levels and with consistent methodology and shall ensure the capitation rates under risk contracts are actuarially sound and are adequate to meet managed care organization contractual requirements regarding availability of services, assurance or adequate capacity and services, and coordination and continuity of care.
6. Except for the provisions in subsection 4, managed care organization premium payments must be built using the assumption that rates paid to providers under the

medical assistance expansion program may not exceed one hundred forty-five percent of Medicare reimbursement rates paid to providers on January 1, 2025.

SECTION 20. HUMAN SERVICE CENTERS - CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS - FULL-TIME EQUIVALENT POSITIONS - REPORT. The department of health and human services shall continue the process of the human service centers becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults. The department of health and human services shall pursue additional federal funding as available. Subject to the availability of generated income, the department of health and human services may add full-time equivalent positions for the clinics to provide direct services for the period beginning with the effective date of this Act and ending June 30, 2027. The department of health and human services shall report to the office of management and budget and legislative council each time a position is added.

SECTION 21. INTERMEDIATE CARE FACILITY MORATORIUM - DEVELOPMENTAL DISABILITY RATE REVIEW AND REBASE.

1. The department of health and human services may not add any new licensed intermediate care facility for individuals with intellectual disabilities beds to the state's licensed bed capacity between July 1, 2025, and ending June 30, 2027.
2. The department of health and human services shall complete a rate review and review the utilization limits, amount, duration, coverage, and scope of all developmental disability services and may implement the appropriate adjustments based on the rate review.

SECTION 22. EXEMPTION - UNEXPENDED APPROPRIATIONS. The following appropriations are not subject to the provisions of section 54-44.1-11 and any unexpended appropriation authority may be continued into the biennium beginning July 1, 2025, and ending June 30, 2027:

1. The sum of $3,674,757 appropriated from the general fund and the sum of $25,918,566 appropriated from federal funds for the Medicaid management information system modularization technology project in chapter 12 of the 2021 Session Laws;

2. The sum of $14,411,218 appropriated from the general fund and the sum of $14,411,218 appropriated from federal funds for the child welfare technology project in chapter 12 of the 2021 Session Laws;
3. The sum of $20,366,271 appropriated from the community health trust fund and the sum of $39,534,525 appropriated from federal funds for the child support computer replacement project in chapter 44 of the 2023 Session Laws;
4. The sum of $10,989,217 appropriated from the strategic investment and improvements fund for the procurement and grants management system in chapter 44 of the 2023 Session Laws;
5. The sum of $4,150,000 appropriated from the general fund for defraying the expenses of additional human service centers to begin the process of becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults in chapter 44 of the 2023 Session Laws;
6. The sum of $18,941,847 appropriated to the department of health and human services in chapter 549 of the 2021 Special Session Laws;
7. The sum of $55,120,000 appropriated from the federal state fiscal recovery fund for a public health laboratory capital project in chapter 4 of the 2023 Session Laws;
8. The sum of $5,000,000 appropriated from the general fund for the purpose of employer-led child care cost-share program in chapter 446 of the 2023 Session Laws;
9. The sum of $986,555 appropriated from the general fund for the purpose of streamlining background checks project in chapter 446 of the 2023 Session Laws;
10. The sum of $2,223,981 appropriated from the federal state fiscal recovery fund for the implementation of a virtual behavioral health crisis care program for rural law enforcement in chapter 44 of the 2023 Session Laws; and
11. The sum of $500,000 appropriated from the general fund and the sum of $500,000 appropriated from federal funds for the purpose of program integrity audits in chapter 44 of the 2023 Session Laws.

SECTION 23. LEGISLATIVE INTENT - UTILIZATION RATE ADJUSTMENT. It is the intent of the sixty-ninth legislative assembly that the department of health and human services seek a deficiency appropriation from the seventieth legislative assembly for any expenditures that exceed appropriated amounts as a result of underfunding, utilization rates, value-based

purchasing for nursing facilities, reduction in federal medical assistance percentage, and unexpected contract cost increases that exceed ten percent, during the biennium beginning July 1, 2025, and ending June 30, 2027, if funding is not sufficient to pay actual expenses.

SECTION 24. LEGISLATIVE INTENT - PROVIDER RATE INCREASE. Except as otherwise noted, section 1 of this Act includes funding for human service provider inflation increases of one and one half percent for each year of the biennium beginning July 1, 2025 and ending June 30, 2027. The provider inflation increase in this section does not apply to nursing facilities.

SECTION 25. LEGISLATIVE INTENT - DEVELOPMENTAL DISABILITIES PROVIDER ACCREDITATION REQUIREMENT. It is the intent of the sixty-ninth legislative assembly that the department of health and human services eliminate its administrative rule requirement that providers of developmental disabilities services be accredited as a condition of being eligible for receiving payments for services from the department of health and human services.

SECTION 26. LEGISLATIVE INTENT - MEDICAL ASSISTANCE. It is the intent of the sixty-ninth legislative assembly that the department of health and human services review the amount, duration, coverage, utilization rates, medical necessity, and scope of medical assistance services, and may implement any adjustments the department determines appropriate.

SECTION 27. FEDERAL FUNDING APPEAL LIMITATION. Except as otherwise specifically provided by federal law, a person may not appeal a denial, revocation, reduction in services or payment, or the termination of a program or service by the department of health and human services dues to the unavailability of federal coronavirus funding received under federal law resulting from the federal coronavirus pandemic emergency declarations, for the biennium beginning July 1, 2025, and ending June 30, 2027.

SECTION 28. DEPARTMENT OF HEALTH AND HUMAN SERVICES - LONG-TERM STRUCTURED RESIDENCES PLAN - REPORT. During the 2025-26 interim, the department of health and human services shall review options and develop a plan to establish long-term structured residences. The department shall review necessary changes to statutes, rules, policies, and the estimated fiscal impact of establishing the residences. A long-term structured residence must be a highly structured therapeutic residential mental health treatment facility that is staffed continuously and designed to treat adults under chapters 25-03.01 and 25-04.01

who have severe and persistent mental illness and who have reached the maximum benefit from the mental health resources available elsewhere in the community or hospital. The department shall present a report to the legislative management by October 1, 2026, regarding its plan to establish long-term structured residences.

SECTION 29. AMENDMENT. Section 50-06-06.6 of the North Dakota Century Code is amended and reenacted as follows:

50-06-06.6. Department may lease real and personal property.

The commissioner of the department or commissioner's designee may lease ~~surplus farm and pastureland at the state hospital and the life skills and transition center. The commissioner or designee also may enter into further leases of~~ real or personal property at the life skills and transition center or the state hospital upon a specific finding that the granting of each such leasehold interest will result in a net economic gain for the department, taking into account all identifiable costs. Any lease of space for the purpose of providing child care services must meet requirements as determined by the department. The commissioner of the department or commissioner's designee may prescribe the terms and conditions of any leases entered into pursuant to this section and may renew existing leases. ~~Any~~The term of any lease ~~entered into must be subject to renewal or cancelable each biennium~~may not exceed ninety-nine years.

SECTION 30. AMENDMENT. Section 50-06-42 of the North Dakota Century Code is amended and reenacted as follows:

50-06-42. Substance use disorder treatment voucher system.

1. The department shall establish and administer, within the limits of legislative appropriations, a voucher system to address underserved areas and gaps in the state's substance abuse treatment system and to assist in the payment of addiction treatment services and medical costs provided by licensed substance abuse treatment programs, excluding regional human service centers and hospital- or medical clinic-based programs for medical management of withdrawal. An out-of-state licensed substance abuse treatment program located within a bordering state may participate in the voucher program to serve an underserved area of this state pursuant to the rules adopted by the department. The department shall develop rules to include processes and requirements for an out-of-state provider to receive reimbursement only for

outpatient and community-based services upon a provider completing an assessment of need and receiving approval from the department.

2. Services eligible for the voucher program include only those levels of care recognized by the American society of addiction medicine, with particular emphasis given to underserved areas and programs. The department shall ensure that a licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers collects and reports process and outcome measures.

3. The department shall develop requirements and provide training and technical assistance to a licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers. A licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers shall provide evidence-based services.

4. The department shall allocate funding appropriated for the substance use disorder treatment voucher as follows:

   a. ~~No~~Except as provided in subdivision c, no more than ~~forty-five~~fifty percent of the appropriated amount may be allocated for residential substance use disorder services administered by licensed substance abuse treatment programs with more than sixteen beds.

   b. The remaining appropriation must be allocated for residential programs with sixteen or fewer beds, nonresidential outpatient, and ancillary substance use disorder services administered by licensed substance abuse treatment programs.

   c. The department may reimburse a licensed substance abuse treatment program with more than sixteen beds the incurred direct medical costs of an eligible individual who does not have resources to cover the medical costs. The department may develop rules and may not exceed the total amount appropriated for medical cost reimbursement.

SECTION 31. AMENDMENT. Section 50-24.5-02.3 of the North Dakota Century Code is amended and reenacted as follows:

50-24.5-02.3. Basic care payment rates.

1. The department shall determine limits for the care of residents of basic care facilities that qualify as vendors of an aged, blind, and disabled persons program and for

implementing provisions of this chapter based on data demonstrating the most recent costs that must be incurred for the care of residents in efficiently and economically operated basic care facilities. The department shall determine the limits every four years by July first, beginning with July 1, 2023.

2. The department shall establish the limits by using the median rates from the most recent data available. The direct care limit must be the median plus eighteen percent. The indirect care limit must be the median plus twelve percent.
3. For the rate year beginning July 1, 2023, the department shall increase rates and limits three and one-half percent for inflation. For the rate year beginning July 1, 2024, the department shall increase rates and limits three and one-half percent for inflation.
4. The department shall provide a rate increase in the amount of five dollars per day for the period beginning July 1, 2023, and ending June 30, ~~2025~~2027, after which the increase is not effective. This rate increase may not be included in any calculation of inflation increase.
5. Within the limits of legislative appropriations, the department shall establish an uncompensated care expense of three hundred sixty-five days.

SECTION 32. AMENDMENT. Section 50-33-05 of the North Dakota Century Code is amended and reenacted as follows:

50-33-05. State of residence.

Only child care assistance units physically residing within the boundaries of the state are eligible for child care assistance; unless the individual is employed by an early childhood program within the boundaries of the state and the individual has been approved for the state's child care assistance child care workforce benefit.

SECTION 33. HOUSING AVAILABILITY ASSESSMENT - COLLABORATION WITH HOUSING FINANCE AGENCY. The department of health and human services shall collaborate with the North Dakota housing finance agency and other appropriate stakeholders to assess the availability of housing for individuals requiring extraordinary health care support services, for the biennium beginning July 1, 2025, and ending June 30, 2027. Based on the results of the assessment, if necessary, the department shall develop a plan to expand access to housing providing the least restrictive environment for individuals requiring extraordinary health care support services.

SECTION 34. BEHAVIORAL HEALTH CLINICS, NORTH DAKOTA STATE HOSPITAL, AND LIFE SKILLS AND TRANSITION CENTER FUNDING. Section 1 of this Act includes funding for the behavioral health clinics, North Dakota state hospital, and life skills and transition center as follows:

1. Behavioral health clinics:		
a. Salaries and wages	$167,581,103	
b. Operating and capital	64,763,965	
c. Total	$232,345,068	
2. State hospital:		
a. Salaries and wages	$ 73,941,551	
b. Operating and capital	320,880,155	
c. Total	$394,821,706	
3. Life skills and transition center:		
a. Salaries and wages	$ 57,799,213	
b. Operating and capital	15,207,658	
c. Total	$ 73,006,871	

SECTION 35. LEGISLATIVE MANAGEMENT STUDY - STUDENT TRUANCY AND ABSENTEEISM. The legislative management shall consider studying, during the 2025-26 interim, truancy and student absenteeism in kindergarten through grade twelve public schools. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement its recommendations, to the seventieth legislative assembly.

SECTION 36. LEGISLATIVE MANAGEMENT STUDY - ANTIOBESITY MEDICATION - MEDICAID. The legislative management shall consider studying, during the 2025-26 interim, the feasibility and desirability of the state's medical assistance program providing coverage for the treatment of obesity, including coverage for intensive behavioral therapy, bariatric surgery, and antiobesity medication approved by the United State food and drug administration. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement its recommendations, to the seventieth legislative assembly.

SECTION 37. EFFECTIVE DATE. Section 30 of this Act becomes effective on July 1, 2026.

February 21, 2025

Legislative Council

Business Operations - 100 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	Armstrong Executive Budget				House Version				House Compared to Executive Budget Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	114.40	$74,099,008	$118,894,310	$192,993,318	114.40	$74,099,008	$118,894,310	$192,993,318	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$1,035,502	$531,151	$1,566,653		$1,035,502	$531,151	$1,566,653				$0
Health insurance increase		651,154	363,569	1,014,723		651,154	363,569	1,014,723				0
Base budget adjustments and transfers		(20,824,370)	(67,265,147)	(88,089,517)		(16,396,866)	(66,836,143)	(83,233,009)		4,427,504	429,004	4,856,508
Information Technology Department (ITD) rate increases		5,196,748	2,152,302	7,349,050		5,196,748	2,152,302	7,349,050				0
IT contractual Inflationary rate increases		20,730,788		20,730,788		20,730,788		20,730,788				0
Operational underfund - Chair Nelson		6,950,000		6,950,000		(3,050,000)		(3,050,000)		(10,000,000)		(10,000,000)
Additional salary funding/underfunding - Chair Nelson		9,842,126		9,842,126		(20,157,874)		(20,157,874)		(30,000,000)		(30,000,000)
Office of Administrative Hearings and Attorney General fee increases		190,590		190,590		190,590		190,590				0
FTE position adjustment	66.15			0	66.15			0				0
Total ongoing funding changes	**66.15**	**$23,772,538**	**($64,218,125)**	**($40,445,587)**	**66.15**	**($11,799,958)**	**($63,789,121)**	**($75,589,079)**	**0.00**	**($35,572,496)**	**$429,004**	**($35,143,492)**
One-Time Funding Items												
Retire mainframe and legacy systems (SIIF)			$10,000,000	$10,000,000			$10,000,000	$10,000,000				$0
Total one-time funding changes	**0.00**	**$0**	**$10,000,000**	**$10,000,000**	**0.00**	**$0**	**$10,000,000**	**$10,000,000**	**0.00**	**$0**	**$0**	**$0**
Total Changes to Base Level Funding	**66.15**	**$23,772,538**	**($54,218,125)**	**($30,445,587)**	**66.15**	**($11,799,958)**	**($53,789,121)**	**($65,589,079)**	**0.00**	**($35,572,496)**	**$429,004**	**($35,143,492)**
2025-27 Total Funding	**180.55**	**$97,871,546**	**$64,676,185**	**$162,547,731**	**180.55**	**$62,299,050**	**$65,105,189**	**$127,404,239**	**0.00**	**($35,572,496)**	**$429,004**	**($35,143,492)**
Federal funds included in other funds			*$58,417,969*				*$58,846,973*				*$429,004*	
Total ongoing changes - Percentage of base level	*57.8%*	*32.1%*	*(54.0%)*	*(21.0%)*	*57.8%*	*(15.9%)*	*(53.7%)*	*(39.2%)*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*57.8%*	*32.1%*	*(45.6%)*	*(15.8%)*	*57.8%*	*(15.9%)*	*(45.2%)*	*(34.0%)*	*N/A*	*N/A*	*N/A*	*N/A*

Legislative Council

Behavioral Health - 200 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	Armstrong Executive Budget				House Version				House Compared to Executive Budget Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	1,054.27	$307,905,408	$113,955,941	$421,861,349	1,054.27	$307,905,408	$113,955,941	$421,861,349	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$8,392,306	$134,924	$8,527,230		$8,392,306	$134,924	$8,527,230				0
Health insurance increase		6,517,157	114,129	6,631,286		6,517,157	114,129	6,631,286				0
Base budget adjustments and transfers		18,775,729	2,311,202	21,086,931		15,466,235	2,311,139	17,777,374		(3,309,494)	(63)	(3,309,557)
Cost to continue programs		5,709,106	(5,000,000)	709,106		5,709,106	(5,000,000)	709,106				0
Opioid settlement			8,000,000	8,000,000			8,000,000	8,000,000				0
Avel eCare rural crisis support continuation (community health trust fund)- reduce other funds			2,000,000	2,000,000			2,000,000	2,000,000				0
Substance use disorder voucher utilization expansion		2,500,000		2,500,000		2,500,000		2,500,000				0
Additional substance use disorder funding for institution for mental disease waiver - Rep Nelson				0		500,000		500,000		500,000		500,000
Substance use disorder - 50/50 inpatient/outpatient - Rep Nelson				0		500,000		500,000		500,000		500,000
Mental health and substance use disorder treatment for incarcerated individuals				0		2,500,000		2,500,000		2,500,000		2,500,000
Western ND behavioral health staffing salary equity		250,536		250,536		250,536		250,536				0
Inflation for vendors crisis residential contract		706,233		706,233		706,233		706,233				0
Inflation for vendors addiction residential contract		917,786		917,786		917,786		917,786				0
Inflation for vendors recovery/rehab contract		2,154,668		2,154,668		2,154,668		2,154,668				0
Inflation for vendors adjustment - Rep Stemen				0		(2,000,000)		(2,000,000)		(2,000,000)		(2,000,000)
Treatment collaboration for traumatized youth expansion		408,000		408,000		408,000		408,000				0
Voluntary treatment program/qualified residential treatment program private custody youth		1,351,997		1,351,997		1,351,997		1,351,997				0
Youth crisis stabilization pilot - Rep Anderson		3,000,000	3,000,000	6,000,000				0		(3,000,000)	(3,000,000)	(6,000,000)
Cost to continue free through recovery and community connect		4,761,081		4,761,081		4,761,081		4,761,081				0
Expand Community Connect services - Rep Murphy		1,000,000		1,000,000		(2,500,000)		(2,500,000)		(3,500,000)		(3,500,000)
Expanded Community Connect services - Armstrong				0		4,458,814		4,458,814		4,458,814		4,458,814
Expand free through recovery services - Rep Murphy		1,000,000		1,000,000		(4,250,000)		(4,250,000)		(5,250,000)		(5,250,000)
Expand free through recovery services - Armstrong				0		4,016,908		4,016,908		4,016,908		4,016,908
Peer support increase		137,990		137,990		137,990		137,990				0
Drug court treatment expansion		200,000		200,000		200,000		200,000				0
Provider inflation increase 1.5% and 1.5%		1,902,819		1,902,819		1,902,819		1,902,819				0
Incremental cost in provider inflation increase 2% and 2%				0		638,480		638,480		638,480		638,480
Incremental cost in provider inflation increase 2.5% and 2.5%				0		640,584		640,584		640,584		640,584

Behavioral health services for nursing homes and basic care facilities - Rep. Nelson				0		2,000,000		2,000,000		2,000,000		2,000,000
Additional grant for Family Voices - Rep Nelson				0		100,000		100,000		100,000		100,000
FTE position adjustment	104.93			0	104.93			0				0
Total ongoing funding changes	**104.93**	**$59,685,408**	**$10,560,255**	**$70,245,663**	**104.93**	**$57,980,700**	**$7,560,192**	**$65,540,892**	**0.00**	**($1,704,708)**	**($3,000,063)**	**($4,704,771)**
One-Time Funding Items												
Electronic Health Record/Pharmacy system (SIIF)			$500,000	$500,000			$500,000	$500,000				$0
Retire health record legacy system on mainframe (SIIF)			1,000,000	1,000,000			1,000,000	1,000,000				0
State hospital network redundancy and speed (SIIF)			500,000	500,000			500,000	500,000				0
Develop partial hospitalization/intensive day treatment (community health trust fund)			2,000,000	2,000,000			2,000,000	2,000,000				0
Bathroom remodel at Southeast Human Service Center - Rep Anderson			972,000	972,000			340,000	340,000			($632,000)	(632,000)
Construction of new state hospital -(SIIF) - BND line of credit - Chair Nelson			300,000,000	300,000,000			330,000,000	330,000,000			30,000,000	30,000,000
Behavioral health facility grant(SIIF)- Rep O'Brien				0			12,960,000	12,960,000			12,960,000	12,960,000
Total one-time funding changes	**0.00**	**$0**	**$304,972,000**	**$304,972,000**	**0.00**	**$0**	**$347,300,000**	**$347,300,000**	**0.00**	**$0**	**$42,328,000**	**$42,328,000**
Total Changes to Base Level Funding	**104.93**	**$59,685,408**	**$315,532,255**	**$375,217,663**	**104.93**	**$57,980,700**	**$354,860,192**	**$412,840,892**	**0.00**	**($1,704,708)**	**$39,327,937**	**$37,623,229**
2025-27 Total Funding	**1,159.20**	**$367,590,816**	**$429,488,196**	**$797,079,012**	**1,159.20**	**$365,886,108**	**$468,816,133**	**$834,702,241**	**0.00**	**($1,704,708)**	**$39,327,937**	**$37,623,229**
Federal funds included in other funds			*$82,722,740*				*$79,722,677*				*($3,000,063)*	
Total ongoing changes - Percentage of base level	*10.0%*	*19.4%*	*9.3%*	*16.7%*	*10.0%*	*18.8%*	*6.6%*	*15.5%*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*10.0%*	*19.4%*	*276.9%*	*88.9%*	*10.0%*	*18.8%*	*311.4%*	*97.9%*	*N/A*	*N/A*	*N/A*	*N/A*

Legislative Council

Human Services - 300 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	Armstrong Executive Budget				House Version				House Compared to Executive Budget			
									Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	1,009.16	$623,450,353	$1,240,409,529	$1,863,859,882	1,009.16	$623,450,353	$1,240,409,529	$1,863,859,882	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$2,546,488	$4,704,191	$7,250,679		$2,546,488	$4,704,191	$7,250,679				$0
Health insurance increase		2,072,787	3,795,116	5,867,903		2,072,787	3,795,116	5,867,903				0
Base budget adjustments and transfers		10,079,276	94,943,773	105,023,049		10,605,257	93,868,910	104,474,167		525,981	(1,074,863)	(548,882)
DHHS cost to continue		57,330,438	(2,746,684)	54,583,754		57,330,438	(2,746,684)	54,583,754				0
Adoption contract increase		4,883,205		4,883,205		4,883,205		4,883,205				0
Housing assistance to support targeted population - DOJ		300,000		300,000		300,000		300,000				0
Services to support transition and diversion from institution - DOJ		2,733,934	2,555,463	5,289,397		2,733,934	2,555,463	5,289,397				0
Implement host home service DD HCBS waiver		1,689,900	1,689,900	3,379,800		1,689,900	1,689,900	3,379,800				0
Adult Protective Services coverage contracts		718,522		718,522		718,522		718,522				0
Representation supports for families		350,000	350,000	700,000		350,000	350,000	700,000				0
Provider inflation increase 1.5% and 1.5%		9,758,665	10,382,697	20,141,362		9,742,775	10,398,587	20,141,362		(15,890)	15,890	0
Incremental cost provider inflation increase 2% and 2%				0		3,245,927	3,527,599	6,773,526		3,245,927	3,527,599	6,773,526
Incremental cost provider inflation increase 2.5% and 2.5%				0		3,268,879	3,504,765	6,773,644		3,268,879	3,504,765	6,773,644
Zone employee increases 3% and 3% and health insurance			5,002,833	5,002,833			5,002,833	5,002,833				0
FMAP percentage change 50.0% to 50.99%				0		(4,290,660)	744,660	(3,546,000)		(4,290,660)	744,660	(3,546,000)
School truancy and absenteeism funding - Rep Mitskog				0		750,000		750,000		750,000		750,000
Recreational services for individuals with developmental disabilities - Rep Nelson				0		150,000		150,000		150,000		150,000
State dementia coordinator - Rep Nelson				0	1.00			0	1.00			0
FTE position adjustment	19.54			0	19.54			0				0
Total ongoing funding changes	**19.54**	**$92,463,215**	**$120,677,289**	**$213,140,504**	**20.54**	**$96,097,452**	**$127,395,340**	**$223,492,792**	**1.00**	**$3,634,237**	**$6,718,051**	**$10,352,288**
One-Time Funding Items												
Retire economic assistance legacy system on mainframe (SIIF)			$2,000,000	$2,000,000			$2,000,000	$2,000,000				$0
Conversion of developmental disabilities eligibility assessment		$200,000	200,000	400,000		$200,000	200,000	400,000				0
Implement comprehensive vocational rehab technology system (federal funds) (community health trust fund)			8,000,000	8,000,000			8,000,000	8,000,000				0
Replace roof at Cedar Grove building at LSTC (SIIF)			712,480	712,480			712,480	712,480				0
Best in Class expansion		6,000,000		6,000,000		6,000,000		6,000,000				0
Childcare grants, resources and shared services - Rep Wagner		5,000,000		5,000,000				0		($5,000,000)		(5,000,000)
Early childhood quality infrastructure		3,000,000		3,000,000		3,000,000		3,000,000				0

Maintaining expanded inclusion support for special needs childcare		172,500		172,500		172,500		172,500				0
Offer quality rated childcare programs access teaching strategy		100,000		100,000		100,000		100,000				0
Quality tiered payments for childcare assistance program - Rep Wagner		3,000,000		3,000,000				0		(3,000,000)		(3,000,000)
Housing assistance for people at risk of instability (SIIF) - Rep Wagner			10,000,000	10,000,000				0			($10,000,000)	(10,000,000)
Eviction prevention program (SIIF) - Rep Wagner			3,500,000	3,500,000				0			(3,500,000)	(3,500,000)
Home renovation incentives for accessibility (SIIF) - Rep Wagner			1,000,000	1,000,000				0			(1,000,000)	(1,000,000)
Grant for community cultural center (SIIF) - Rep Nelson				0			1,000,000	1,000,000			1,000,000	1,000,000
Winter park adaptive recreation program grant - Rep Nelson				0		200,000		200,000		200,000		200,000
Total one-time funding changes	**0.00**	**$17,472,500**	**$25,412,480**	**$42,884,980**	**0.00**	**$9,672,500**	**$11,912,480**	**$21,584,980**	**0.00**	**($7,800,000)**	**($13,500,000)**	**($21,300,000)**
Total Changes to Base Level Funding	**19.54**	**$109,935,715**	**$146,089,769**	**$256,025,484**	**20.54**	**$105,769,952**	**$139,307,820**	**$245,077,772**	**1.00**	**($4,165,763)**	**($6,781,949)**	**($10,947,712)**
2025-27 Total Funding	**1,028.70**	**$733,386,068**	**$1,386,499,298**	**$2,119,885,366**	**1,029.70**	**$729,220,305**	**$1,379,717,349**	**$2,108,937,654**	**1.00**	**($4,165,763)**	**($6,781,949)**	**($10,947,712)**
Federal funds included in other funds			*$1,097,401,927*				*$1,104,119,978*				*$6,718,051*	
Total ongoing changes - Percentage of base level	*1.9%*	*14.8%*	*9.7%*	*11.4%*	*2.0%*	*15.4%*	*10.3%*	*12.0%*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*1.9%*	*17.6%*	*11.8%*	*13.7%*	*2.0%*	*17.0%*	*11.2%*	*13.1%*	*N/A*	*N/A*	*N/A*	*N/A*

Legislative Council

Medical Services - 400 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	Armstrong Executive Budget				House Version				House Compared to Executive Budget Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	90.50	$958,216,598	$1,818,029,530	$2,776,246,128	90.50	$958,216,598	$1,818,029,530	$2,776,246,128	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$338,151	$479,188	$817,339		$338,151	$479,188	$817,339				$0
Health insurance increase		233,619	342,896	576,515		233,619	342,896	576,515				0
Base budget adjustments and transfers		(27,664,897)	60,415,798	32,750,901		(28,505,732)	61,061,722	32,555,990		(840,835)	645,924	(194,911)
DHHS cost to continue		71,253,662	(118,383,672)	(47,130,010)		71,253,662	(118,383,672)	(47,130,010)				0
HCBS cost to continue		36,977,113	27,837,811	64,814,924		36,977,113	27,837,811	64,814,924				0
DD bed assessment adjustment			7,209,580	7,209,580			7,209,580	7,209,580				0
Value based purchasing Medicaid		1,000,000	1,000,000	2,000,000		1,000,000	1,000,000	2,000,000				0
Home health targeted rate increase		1,235,768	1,235,768	2,471,536		1,235,768	1,235,768	2,471,536				0
Qualified service provider target rate increase		3,595,104	1,797,552	5,392,656		3,595,104	1,797,552	5,392,656				0
HCBS cross disability waiver		2,474,226	2,474,226	4,948,452		2,474,226	2,474,226	4,948,452				0
Rebase Medicaid rates for ambulance service		2,189,770	2,189,770	4,379,540		2,189,770	2,189,770	4,379,540				0
Provider inflation increases 1.5% and 1.5%		10,244,567	11,368,051	21,612,618		10,244,567	11,368,051	21,612,618				0
Incremental increase provider inflation increase 2% and 2%				0		3,445,105	3,822,919	7,268,024		3,445,105	3,822,919	7,268,024
Incremental increase provider inflation 2.5% and 2.5%				0		3,445,105	3,822,916	7,268,021		3,445,105	3,822,916	7,268,021
FMAP percentage change 50.0% to 50.99%		(12,100,000)	2,100,000	(10,000,000)		(7,809,340)	1,355,340	(6,454,000)		4,290,660	(744,660)	3,546,000
FTE position adjustment	11.25			0	11.25			0				0
Total ongoing funding changes	**11.25**	**$89,777,083**	**$66,968**	**$89,844,051**	**11.25**	**$100,117,118**	**$7,614,067**	**$107,731,185**	**0.00**	**$10,340,035**	**$7,547,099**	**$17,887,134**
One-Time Funding Items												
Retire Medicaid legacy system on mainframe (SIIF)			$2,000,000	$2,000,000			$2,000,000	$2,000,000				$0
Critical access hospital networking grant - Chair				0		$2,000,000		2,000,000		$2,000,000		2,000,000
Intermediate care facility grant for Anne Carlsen - Rep Stemen				0		3,457,736		3,457,736		3,457,736		3,457,736
Total one-time funding changes	**0.00**	**$0**	**$2,000,000**	**$2,000,000**	**0.00**	**$5,457,736**	**$2,000,000**	**$7,457,736**	**0.00**	**$5,457,736**	**$0**	**$5,457,736**
Total Changes to Base Level Funding	**11.25**	**$89,777,083**	**$2,066,968**	**$91,844,051**	**11.25**	**$105,574,854**	**$9,614,067**	**$115,188,921**	**0.00**	**$15,797,771**	**$7,547,099**	**$23,344,870**
2025-27 Total Funding	**101.75**	**$1,047,993,681**	**$1,820,096,498**	**$2,868,090,179**	**101.75**	**$1,063,791,452**	**$1,827,643,597**	**$2,891,435,049**	**0.00**	**$15,797,771**	**$7,547,099**	**$23,344,870**
Federal funds included in other funds			*$1,758,622,379*				*$1,766,169,478*				*$7,547,099*	
Total ongoing changes - Percentage of base level	*12.4%*	*9.4%*	*0.0%*	*3.2%*	*12.4%*	*10.4%*	*0.4%*	*3.9%*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*12.4%*	*9.4%*	*0.1%*	*3.3%*	*12.4%*	*11.0%*	*0.5%*	*4.1%*	*N/A*	*N/A*	*N/A*	*N/A*

Legislative Council

Public Health - 500 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	Armstrong Executive Budget				House Version				House Compared to Executive Budget			
									Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	215.50	$47,756,180	$250,440,690	$298,196,870	215.50	$47,756,180	$250,440,690	$298,196,870	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$1,714,252		$1,714,252		$1,714,252		$1,714,252				$0
Health insurance increase		$1,183,357		$1,183,357		1,183,357		1,183,357				$0
Base budget adjustments and transfers		($699,961)	$3,120,555	$2,420,594		(1,503,117)	$3,120,553	1,617,436		($803,156)	($2)	($803,158)
Adds funding to replace the 2023-25 new FTE pool		$65,094	$50,008	$115,102		65,094	50,008	115,102				$0
Adds funding to replace the 2023-25 vacant FTE pool		$569,060	$1,754,865	$2,323,925		569,060	1,754,865	2,323,925				$0
Expansion for domestic and sexual violence			$2,250,000	$2,250,000			2,250,000	2,250,000				$0
Additional domestic violence and sexual violence prevention - Rep Murphy				$0		1,700,000		1,700,000		$1,700,000		$1,700,000
Funding for Safe Haven program - Rep Murphy				$0		440,000		440,000		$440,000		$440,000
Maternal and child health programs enhancement - remove Rep. O'Brien		$2,000,000		$2,000,000				0		($2,000,000)		($2,000,000)
Coordinated purchasing to support immunization access (public health and consolidated lab fund)			$2,213,930	$2,213,930			2,213,930	2,213,930				$0
Forensic pathology contract with UND - moved GF - Rep Stemen			$1,866,156	$1,866,156		2,866,156	(1,000,000)	1,866,156		$2,866,156	($2,866,156)	$0
Fetal alcohol spectrum disorder clinic - UND - Rep Murphy				$0		895,218		895,218		$895,218		$895,218
Food and lodging 7.5% additional fee increase to 20% in total - Rep Stemen				$0		(71,298)	71,298	0		($71,298)	$71,298	$0
FTE position adjustment	1.65			$0	1.65			0				$0
Total ongoing funding changes	**1.65**	**$4,831,802**	**$11,255,514**	**$16,087,316**	**1.65**	**$7,858,722**	**$8,460,654**	**$16,319,376**	**0.00**	**$3,026,920**	**($2,794,860)**	**$232,060**
One-Time Funding Items												
Nonfatal toxicology testing equipment(health lab)		$151,500	$100,000	$251,500		$151,500	$100,000	$251,500				$0
Public health laboratory transition (SIIF)			2,962,304	2,962,304			2,962,304	2,962,304				0
Forensic examiner electronic records system (community health trust fund)			278,000	278,000			278,000	278,000				0
Food and lodging management information system(community health trust fund)			335,000	335,000			335,000	335,000				0
Health facilities and EMS licensure management system (community trust health fund)			650,000	650,000			650,000	650,000				0
Funding for Cass County animal shelter(community health trust fund) - Rep Stemen				0			300,000	300,000			300,000	300,000
Total one-time funding changes	**0.00**	**$151,500**	**$4,325,304**	**$4,476,804**	**0.00**	**$151,500**	**$4,625,304**	**$4,776,804**	**0.00**	**$0**	**$300,000**	**$300,000**
Total Changes to Base Level Funding	**1.65**	**$4,983,302**	**$15,580,818**	**$20,564,120**	**1.65**	**$8,010,222**	**$13,085,958**	**$21,096,180**	**0.00**	**$3,026,920**	**($2,494,860)**	**$532,060**
2025-27 Total Funding	**217.15**	**$52,739,482**	**$266,021,508**	**$318,760,990**	**217.15**	**$55,766,402**	**$263,526,648**	**$319,293,050**	**0.00**	**$3,026,920**	**($2,494,860)**	**$532,060**
Federal funds included in other funds			*$220,052,448*				*$219,052,446*				*($1,000,002)*	

Total ongoing changes - Percentage of base level	*0.8%*	*10.1%*	*4.5%*	*5.4%*	*0.8%*	*16.5%*	*3.4%*	*5.5%*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*0.8%*	*10.4%*	*6.2%*	*6.9%*	*0.8%*	*16.8%*	*5.2%*	*7.1%*	*N/A*	*N/A*	*N/A*	*N/A*

2025 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

HB 1012
2/24/2025

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

12:30 p.m. Chairman J. Nelson called the meeting to order.

Members Present: Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Berg, Mitskog, Murphy, O' Brien, Wagner.

Discussion Topics:

- Proposed amendments

12:31 p.m. Keith Mantz, Fiscal Analyst, ND Legislative Council, reviewed proposed amendments to HB 1012, previous testimony #38342.

12:33 p.m. Allen Knudson, Budget Fiscal Analyst and Auditor, ND Legislative Council recommended the committee take action on all sections of the bill at one time, #38342.

12:34 p.m. Keith Mantz, Fiscal Analyst, ND Legislative Council, continued with review of proposed amendments HB 1012, #38342.

12:40 p.m. Representative Stemen motion to remove sub section 2 of Section 21, HB 1012, #38342.

12:41 p.m. Representative Wagner seconded.

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Gregory Stemen	Y
Representative Bert Anderson	Y
Representative Mike Berg	Y
Representative Alisa Mitskog	Y
Representative Eric J. Murphy	Y
Representative Emily O'Brien	Y
Representative Scott Wagner	Y

Motion carries 8-0-0.

12:42 Keith Mantz, Fiscal Analyst, ND Legislative Council, continued with review of proposed amendments HB 1012, #38342.

12:45 p.m. Donna Auckland, Chief Financial Officer, Health and Human Services, clarifies language in Section 27, HB 1012, #38342.

12:46 p.m. Keith Mantz, Fiscal Analyst, ND Legislative Council, continued with review of proposed amendments HB 1012, #38342.

12:48 p.m. Allen Knudson, Budget Analyst and Auditor, ND Legislative Council, will add additional language in Section 30, #38342.

12:49 p.m. Keith Mantz, Fiscal Analyst, ND Legislative Council, continued with review of proposed amendments HB 1012, #38342.

12;49 p.m. Allen Knudson, Budget Analyst and Auditor, ND Legislative Council, stated Section 31 contains extra pay for DD providers, #38342.

12:56 p.m. Representative Murphy offered language for an obesity study for Legislative Management.

12:56 p.m. Representative Wagner seconded.

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Gregory Stemen	Y
Representative Bert Anderson	Y
Representative Mike Berg	Y
Representative Alisa Mitskog	Y
Representative Eric J. Murphy	Y
Representative Emily O'Brien	Y
Representative Scott Wagner	Y

Motion carries 8-0-0.

12:57 p.m. Keith Mantz, Fiscal Analyst, ND Legislative Council, continued with review of proposed amendments, #38342.

12:58 p.m. Representative Stemen moved $ 1million deduction to Avel eCare rural crisis support continuation amendment.

12:59 p.m. Representative O'Brien seconded,

Roll Call Vote:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Gregory Stemen	Y
Representative Bert Anderson	Y
Representative Mike Berg	Y

Representative Alisa Mitskog	Y
Representative Eric J. Murphy	Y
Representative Emily O'Brien	Y
Representative Scott Wagner	Y

Motion carries 8-0-0.

1:00 p.m. Keith Mantz, Fiscal Analyst, ND Legislative Council, continued with review of proposed amendments HB 1012 #38342.

1:02 p.m. Allen Knudson, Budget Analyst and Auditor, ND Legislative Council, stated language will be added to the substance abuse voucher section.

1:09 p.m. Representative Murphy proposed an amendment to increase $637k to Fetal Alcohol Spectrum Disorder Clinic.

1:10 p.m. Representative Stemen seconded.

Roll Call Vote:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Gregory Stemen	Y
Representative Bert Anderson	N
Representative Mike Berg	Y
Representative Alisa Mitskog	Y
Representative Eric J. Murphy	Y
Representative Emily O'Brien	N
Representative Scott Wagner	Y

6-2-0 Motion carries.

1:16 p.m. Representative Mitskog moved to add $750k out of Community Health Trust Fund to fund the State Health Strategies Grant.

1:16 p.m. Representative O'Brien seconded.

Roll Call Vote:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Gregory Stemen	Y
Representative Bert Anderson	Y
Representative Mike Berg	Y
Representative Alisa Mitskog	Y
Representative Eric J. Murphy	Y

Representative Emily O'Brien	Y
Representative Scott Wagner	Y

8-0-0.

1:22 p.m. Representative O'Brien moved to adopt all proposed sections of HB 1012 with the exception of Section 21 subsection 2.

1:22 p.m. Representative Stemen seconded.

Roll Call Vote:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Gregory Stemen	Y
Representative Bert Anderson	Y
Representative Mike Berg	Y
Representative Alisa Mitskog	Y
Representative Eric J. Murphy	Y
Representative Emily O'Brien	Y
Representative Scott Wagner	Y

8-0-0.

1:24 p.m. Allen Knudson, Budget Analyst and Auditor, ND Legislative Council, commented on current budget numbers.

1:25 p.m. Keith Mantz, Fiscal Analyst, ND Legislative Council, inquired about medical fragile amendment.

1:25 p.m. Chairman J. Nelson adjourned the meeting.

Jan Kamphuis, Committee Clerk

2025 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

HB 1012
2/25/2025

HB A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

8:19 a.m. Chairman J. Nelson called the meeting to order.

Members Present: Chairman J. Nelson, Vice Chairman Stemen, Representatives B. Anderson, Berg, Mitskog, Murphy, O' Brien, Wagner.

Discussion Topics:

- Proposed amendment

8:20 a.m. Keith Mantz, Fiscal Analyst, ND Legislative Council, stated they added the net in Section 4, line 8, #38380.

8:21 a.m. Allen Knudson, Budget Analyst and Auditor, ND Legislative Council, commented on underfunding #38380.

8:22 a.m. Keith Mantz, Fiscal Analyst, ND Legislative Council, stated all the amendments and additions were added to HB 1012, #38380.

8:22 a.m. Allen Knudson, Budget Analyst and Auditor, ND Legislative Council, stated in Section 31 they may make a slight adjustment for correct Century Code language, #38380.

8:24 a.m. Representative O'Brien moved to adopt the amendment HB 1012, LC# 25.0156.01016, #38380.

8:24 a.m. Representative Stemen seconded the motion.

Roll Call Vote:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Gregory Stemen	Y
Representative Bert Anderson	Y
Representative Mike Berg	Y
Representative Alisa Mitskog	Y
Representative Eric J. Murphy	Y
Representative Emily O'Brien	Y
Representative Scott Wagner	Y

Motion passed 8-0-0.

8:26 a.m. Representative O'Brien moved a DO PASS as amended HB 1012, LC #25.0156.01016, #38380.

8:26 a.m. Representative Mitskog seconded the motion.

Roll Call Vote:

Representatives	Vote
Representative Jon O. Nelson	Y
Representative Gregory Stemen	Y
Representative Bert Anderson	Y
Representative Mike Berg	Y
Representative Alisa Mitskog	Y
Representative Eric J. Murphy	Y
Representative Emily O'Brien	Y
Representative Scott Wagner	Y

Motion passed 8-0-0.

8:29 a.m. Chairman J. Nelson will carry the bill.

8:30 a.m. Chairman J. Nelson adjourned the meeting.

Jan Kamphuis, Committee Clerk

25.0156.01016
Title.
Fiscal No. 1

Prepared by the Legislative Council staff for House Appropriations - Human Resources Division Committee
February 24, 2025

Sixty-ninth
Legislative Assembly
of North Dakota

PROPOSED AMENDMENTS TO

HOUSE BILL NO. 1012

Introduced by

Appropriations Committee

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to amend and reenact sections 50-06-06.6, 50-06-42, 50-24.5-02.3, and 50-33-05 of the North Dakota Century Code, relating to leases of department of health and human services property, substance use disorder treatment program, basic care payment rates, and state of residence for child care assistance; to provide for a transfer; to authorize a line of credit; to provide legislative intent; to provide for a legislative management study; to provide an application; to provide an exemption; ~~and~~ to provide for a report; and to provide an effective date.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. APPROPRIATION. The funds provided in this section, or so much of the funds as may be necessary, are appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, and from other funds derived from special funds and federal funds, to the department of health and human services for the purpose of defraying the expenses of its various divisions, for the biennium beginning July 1, 2025, and ending June 30, 2027, as follows:

~~Subdivision 1.~~

~~BUSINESS OPERATIONS~~

		~~Adjustments or~~	
	~~Base Level~~	~~Enhancements~~	~~Appropriation~~
~~Salaries and wages~~	~~$25,763,358~~	~~$0~~	~~$25,763,358~~

Operating expenses	155,308,399	0	155,308,399
Capital assets	108,934	0	108,934
Grants	11,812,627	0	11,812,627
Total all funds	192,993,318	0	192,993,318
Less other funds	118,894,310	0	118,894,310
Total general fund	$74,099,008	$0	$74,099,008

Subdivision 2.

BEHAVIORAL HEALTH

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$8,792,675	$0	$8,792,675
Operating expenses	79,381,458	0	79,381,458
Grants	40,476,298	0	40,476,298
Behavioral health clinics	196,383,945	0	196,383,945
State hospital	94,826,973	0	94,826,973
Opioid addiction prevention	2,000,000	0	2,000,000
Total all funds	421,861,349	0	421,861,349
Less other funds	113,955,941	0	113,955,941
Total general fund	$307,905,408	0	$307,905,408

Subdivision 3.

HUMAN SERVICES

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$168,325,918	$0	$168,325,918
Operating expenses	88,885,469	0	88,885,469
Capital assets	10,000	0	10,000
Grants	621,189,007	0	621,189,007
Life skills and transition center	44,992,263	0	44,992,263
Grants - medical assistance	742,793,564	0	742,793,564
County social services	197,663,661	0	197,663,661
Total all funds	1,863,859,882	0	1,863,859,882

Less other funds	1,240,409,529	0	1,240,409,529
Total general fund	$623,450,353	0	$623,450,353

Subdivision 4.

MEDICAL SERVICES

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$21,008,344	$0	$21,008,344
Operating expenses	70,807,977	0	70,807,977
Grants	1,651,004	0	1,651,004
Grants - medical assistance	2,682,778,803	0	2,682,778,803
Total all funds	2,776,246,128	0	2,776,246,128
Less other funds	1,818,029,530	0	1,818,029,530
Total general fund	$958,216,598	0	$958,216,598

Subdivision 5.

PUBLIC HEALTH

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$60,415,388	$0	$60,415,388
Operating expenses	37,721,213	0	37,721,213
Capital assets	1,469,780	0	1,469,780
Grants	81,718,145	0	81,718,145
Tobacco prevention	13,063,162	0	13,063,162
Women, infants, and children food payments	19,900,000	0	19,900,000
Cares Act/COVID-19	83,909,182	0	83,909,182
Total all funds	$298,196,870	0	298,196,870
Less other funds	250,440,690	0	250,440,690
Total general fund	$47,756,180	$0	$47,756,180

TOTAL - SECTION 1

	Base Level	Adjustments or Enhancements	Appropriation

~~Grand total all funds~~	~~$5,553,157,547~~	~~$0~~	~~$5,553,157,547~~
~~Grand total other funds~~	~~3,541,730,000~~	~~0~~	~~3,541,730,000~~
~~Grand total general fund~~	~~$2,011,427,547~~	~~$0~~	~~$2,011,427,547~~
~~Full-time equivalent positions~~	~~2,483.83~~	~~0.00~~	~~2,483.83~~

Subdivision 1.

SALARIES AND WAGES BLOCK GRANT

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages block grant	$0	$596,284,775	$596,284,775
Total all funds	0	596,284,775	596,284,775
Less other funds	0	286,720,150	286,720,150
Total general fund	$0	$309,564,625	$309,564,625

Subdivision 2.

BUSINESS OPERATIONS

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$25,763,358	($25,763,358)	$0
Operating expenses	155,308,399	(77,023,770)	78,284,629
Capital assets	108,934	(108,934)	0
Grants	11,812,627	6,966,375	18,779,002
Total all funds	$192,993,318	($95,929,687)	$97,063,631
Less other funds	118,894,310	(71,526,221)	47,368,089
Total general fund	$74,099,008	($24,403,466)	$49,695,542

Subdivision 3.

BEHAVIORAL HEALTH

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$8,792,675	($8,792,675)	$0
Operating expenses	79,381,458	23,888,138	103,269,596
Grants	40,476,298	21,889,322	62,365,620
Behavioral health clinics	196,383,945	(139,978,713)	56,405,232

State hospital	94,826,973	256,053,182	350,880,155
Opioid addiction prevention	2,000,000	6,000,000	8,000,000
Total all funds	$421,861,349	$159,059,254	$580,920,603
Less other funds	113,955,941	285,267,537	399,223,478
Total general fund	$307,905,408	($126,208,283)	$181,697,125

Subdivision 4.

HUMAN SERVICES

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$168,325,918	($168,325,918)	$0
Operating expenses	88,885,469	108,258,236	197,143,705
Capital assets	10,000	0	10,000
Grants	621,189,007	94,393,260	715,582,267
Life skills and transition center	44,992,263	(29,784,605)	15,207,658
Grants - medical assistance	742,793,564	7,655,079	750,448,643
County social services	197,663,661	6,928,621	204,592,282
Total all funds	$1,863,859,882	$19,124,673	$1,882,984,555
Less other funds	1,240,409,529	(13,961,485)	1,226,448,044
Total general fund	$623,450,353	$33,086,158	$656,536,511

Subdivision 5.

MEDICAL SERVICES

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$21,008,344	($21,008,344)	$0
Operating expenses	70,807,977	92,364,562	163,172,539
Grants	1,651,004	1,806,800	3,457,804
Grants - medical assistance	2,682,778,803	6,500,467	2,689,279,270
Total all funds	$2,776,246,128	$79,663,485	$2,855,909,613
Less other funds	1,818,029,530	(7,372,459)	1,810,657,071
Total general fund	$958,216,598	$87,035,944	$1,045,252,542

Subdivision 6.

PUBLIC HEALTH

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$60,415,388	($60,415,388)	$0
Operating expenses	37,721,213	17,853,669	55,574,882
Capital assets	1,469,780	2,215,838	3,685,618
Grants	81,718,145	4,245,496	85,963,641
Tobacco prevention	13,063,162	(22,607)	13,040,555
Women, infants, and children food payments	19,900,000	1,100,000	21,000,000
Cares Act/COVID-19	83,909,182	1,845,373	85,754,555
Total all funds	$298,196,870	($33,177,619)	$265,019,251
Less other funds	250,440,690	(20,626,287)	229,814,403
Total general fund	$47,756,180	($12,551,332)	$35,204,848

Subdivision 7.

TOTAL - SECTION 1

	Base Level	Adjustments or Enhancements	Appropriation
Grand total all funds	$5,553,157,547	$725,024,881	$6,278,182,428
Grand total other funds	3,541,730,000	458,501,235	4,000,231,235
Grand total general fund	$2,011,427,547	$266,523,646	$2,277,951,193
Full-time equivalent positions	2,483.83	204.52	2,688.35

SECTION 2. ONE TIME FUNDING - EFFECT ON BASE BUDGET - REPORT TO SEVENTIETH LEGISLATIVE ASSEMBLY. The following amounts reflect the one-time funding items included in section 1 of this Act which are not included in the entity's base budget for the 2027-29 biennium and which the entity shall report to the appropriations committees of the seventieth legislative assembly regarding the use of this funding:

One-Time Funding Description	General Fund	Other Funds	Total
Technology projects	$0	$10,263,000	$10,263,000
Human service centers and life skills and transition center projects	0	1,052,480	1,052,480

Retire mainframe	0	15,000,000	15,000,000
Child care programs	13,272,500	0	13,272,500
Housing programs	0	1,000,000	1,000,000
State laboratory move and equipment	0	2,962,304	2,962,304
Partial hospitalization day treatment	0	2,000,000	2,000,000
Developmental disabilities eligibility assessment tool for kids	200,000	200,000	400,000
Toxicology equipment	151,500	100,000	251,500
New state hospital	0	330,000,000	330,000,000
Behavioral health facility grant	0	12,960,000	12,960,000
Cultural community center grant	0	1,000,000	1,000,000
Adaptive recreation grant	200,000	0	200,000
Intermediate care facility grant	3,457,736	0	3,457,736
Juvenile justice program	750,000	0	750,000
Animal shelter grant	0	300,000	300,000
Statewide health strategies	0	750,000	750,000
Critical access hospital networking	0	2,000,000	2,000,000
Total	$18,031,736	$379,587,784	$397,619,520

SECTION 3. FUNDING TRANSFERS - EXEMPTION - AUTHORIZATION - REPORT. Notwithstanding section 54-16-04, the director of the office of management and budget shall transfer appropriation authority between line items within subdivisions 1, 2, 3, 4, ~~and~~ 5, and 6 of section 1 of this Act and any other appropriation authority for the department of health and human services approved by the sixty-ninth legislative assembly, for the biennium beginning July 1, 2025, and ending June 30, 2027, as requested by the department of health and human services. The department of health and human services shall notify the legislative council of any transfer made pursuant to this section. The department of health and human services shall report to the budget section after June 30, 2026, any transfer made in excess of $50,000 and to the appropriations committees of the seventieth legislative assembly regarding any transfers made pursuant to this section.

SECTION 4. FULL-TIME EQUIVALENT POSITION BLOCK GRANT PROGRAM - REPORT. Section 1 of this Act includes funding for a full-time equivalent position block grant

program. This funding as approved by the sixty-ninth legislative assembly is available for defraying the expense of full-time equivalent positions as determined by the department of health and human services. Notwithstanding any other provision of law, the department is authorized to increase or decrease authorized full-time equivalent positions subject to the availability of funds and the provisions of this section. The department of health and human services many not increase full-time equivalent positions for the purpose of transferring human service zone employees to state employment. Pursuant to section 3 of this Act, the department is authorized to transfer appropriation authority up to the underfunded amount of $20,157,874 to the salaries and wages block grant line item. The department of health and human services shall report to the office of management and budget and legislative council any adjustments to full-time equivalent positions.

SECTION 5. DEPARTMENT OF HEALTH AND HUMAN SERVICES - SALARIES AND WAGES BLOCK GRANT - VACANT POSITIONS - REPORT. The department of health and human services shall report to the budget section quarterly during the 2025-26 interim regarding the status of its salaries and wages block grant and vacant positions and employee turnover. The report must include:

1. The legislative appropriation for salaries and wages allocated by the department to major department programs by funding source and the number of FTE positions the department is allocating to each major program based on the legislative appropriation;
2. Any changes to salaries and wages funding or FTE positions allocated to major department programs;
3. Any new FTE positions added, the cost of the position for the remainder of the biennium, and the cost to continue funding the position in the subsequent biennium by funding source;
4. Any FTE positions removed and related funding;
5. The number of FTE positions that become vacant and the number filled each month;
6. The number of vacant FTE positions at the end of each month;
7. Salaries and wages savings resulting from vacant positions and employee turnover each month by funding source; and
8. The use of salaries and wages savings for other purposes for each month by funding source.

SECTION 6. BEHAVIORAL HEALTH FACILITY GRANT - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND - APPLICATION.

1. Section 1 of this Act includes the sum of $12,960,000 from the strategic investment and improvements fund for a behavioral health facility grant pursuant to this section.
2. A grant of $12,960,000 must be provided to establish a behavioral health facility in the northeast human service region. The grant recipient must provide matching funds of $3,240,000 to establish the facility.
3. The department shall require an entity receiving funding under this section to operate the facility for at least ten years and require the grant amount to be repaid if the entity does not operate the facility for at least ten years.
4. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 7. COMMUNITY CULTURAL CENTER GRANT - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND - APPLICATION. Section 1 of this Act includes the sum of $1,000,000 from the strategic investment and improvements fund for the purpose of providing a one-time community cultural center grant in the west central human service region. An entity may apply for a grant under this section if the entity certifies to the department it has secured at least fifty percent of funds needed to complete the project, the project will be completed within two years of receiving the grant funds, and the grants funds will be used only for costs of constructing a community cultural center. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 8. JUVENILE JUSTICE DIVERSION SERVICES AND PROGRAMS - TASK FORCE - REPORT. Section 1 of this Act includes the sum of $750,000 from the general fund for juvenile justice diversion services and programs. The department of health and human services must provide the funding to a statewide regional education association for services to youth at risk of juvenile justice involvement but who have not committed delinquent acts as defined in chapter 27-20.4.

The department shall establish a task force with representation from divisions in the department, human service zones, the department of public instruction, elementary and secondary schools, and members of the legislative assembly, to review juvenile justice diversion

services and program. The department shall report its findings and recommendations to the legislative management and children's cabinet.

SECTION 9. ANIMAL SHELTER GRANT - COMMUNITY HEALTH TRUST FUND. Section 1 of this Act includes the sum of $300,000 from the community health trust fund for a grant for the construction of an animal shelter. The department of health and human services may award a grant for the construction of an animal shelter to an organization that provides twenty dollars of nonstate matching funds for every dollar of grant funds received. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 10. STATEWIDE HEALTH STRATEGIES - COMMUNITY HEALTH TRUST FUND. Section 1 of this Act includes the sum of $750,000 of one-time funding from the community health trust fund for the statewide health strategies initiative. The department of health and human services may spend the funding upon securing dollar-for-dollar matching funds.

SECTION 11. OTHER FUNDS - INSURANCE TAX DISTRIBUTION FUND. The other funds line item in subdivision 5 of section 1 of this Act includes the sum of $1,125,000 from the insurance tax distribution fund for rural emergency medical services grants.

SECTION 12. OTHER FUNDS - COMMUNITY HEALTH TRUST FUND. The other funds line items in section 1 of this Act includes the sum of $38,713,522 from the community health trust fund for the following purposes:

Loan repayment programs	$594,500
Tobacco and vaping programs	11,599,698
Cancer and women's way programs	909,824
Behavior risk state survey	200,000
Domestic violence programs	4,250,000
Local public health grants	3,275,000
988 crisis hotline	1,867,500
Various information technology system upgrades	2,967,000
Grants to rural ambulances	7,000,000
Law enforcement rural crisis support program	1,000,000
Development of partial hospitalization/intensive day treatment	2,000,000

Critical access hospital networking	2,000,000
Animal shelter grant	300,000
Statewide health strategies	750,000
Total	$38,713,522

~~**SECTION 7. OTHER FUNDS - COMMUNITY HEALTH TRUST FUND.** The other funds line item in subdivision 2 of section 1 of this Act includes the sum of $1,867,500 from the community health trust fund for the 988 crisis hotline program and subdivision 5 of section 1 of this Act includes the sum of $27,072,324 from the community health trust fund for the following programs:~~

~~Behavioral risk factor survey~~	~~$200,000~~
~~Behavioral health loan repayment~~	~~234,500~~
~~Domestic violence offender treatment~~	~~1,000,000~~
~~Domestic violence prevention~~	~~1,000,000~~
~~Women's way~~	~~329,500~~
~~Dentist's loan repayment~~	~~360,000~~
~~Local public health state aid~~	~~3,275,000~~
~~Rural emergency medical and ambulance services grants~~	~~7,000,000~~
~~Cancer programs~~	~~580,324~~
~~Forensic examiner contract~~	~~1,000,000~~
~~Tobacco cessation grants~~	~~500,000~~
~~Youth vaping prevention grants~~	~~300,000~~
~~Tobacco prevention and control~~	~~5,043,000~~
~~Tobacco prevention and control grants to local public health units~~	~~6,250,000~~
~~Total community health trust fund~~	~~$27,072,324~~

SECTION 13. OTHER FUNDS - HUMAN SERVICE FINANCE FUND. The other funds line ~~item~~items in ~~subdivision 3 of~~ section 1 of this Act includes the sum of ~~$226,950,000~~$239,112,030 from the human service finance fund for state-paid economic assistance and social and human services.

~~**SECTION 9. OTHER FUNDS - HEALTH CARE TRUST FUND.** The other funds line item in subdivision 4 of section 1 of this Act includes the sum of $500,000 from the health care trust fund for basic care facility bad debt expense.~~

~~**SECTION 10. OTHER FUNDS - CHARITABLE GAMING OPERATING FUND.** The other funds line item in subdivision 2 of section 1 of this Act includes the sum of $500,000 from the charitable gaming operating fund for costs of gambling disorder prevention services.~~

SECTION 14. OTHER FUNDS - OPIOID SETTLEMENT FUND. The other funds line item in ~~subdivision 2 of~~ section 1 of this Act includes the sum of $8,000,000 from the opioid settlement fund for opioid remediation and abatement efforts.

SECTION 15. OTHER FUNDS - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND The other funds line items in section 1 of this Act includes the sum of $227,474,784 from the strategic investment and improvements fund for the following purposes:

Retiring technology from the mainframe	$7,500,000
Move into the new state laboratory and purchase security equipment	2,962,304
Capital projects in human service centers and life skills and transition center	1,052,480
Housing initiative programs	1,000,000
Technology projects at the state hospital	1,000,000
New state hospital	200,000,000
Behavioral health facility grant	12,960,000
Community cultural center grant	1,000,000
Total	$227,474,784

SECTION 16. OTHER FUNDS - BANK OF NORTH DAKOTA LINE OF CREDIT - STATE HOSPITAL PROJECT. The other funds line item in subdivision 2 of section 1 of this Act includes $130,000,000 from a Bank of North Dakota line of credit. The department of health and human services may borrow up to $130,000,000 through a line of credit from the Bank of North Dakota during the biennium beginning July 1, 2025, and ending June 30, 2027, for costs associated with the construction of a new state hospital. The interest rate on the line of credit may not exceed the prevailing interest rate charged to North Dakota governmental entities. If the department accesses the line of credit, it shall request a deficiency appropriation from the seventieth legislative assembly to repay the line of credit.

SECTION 17. LABORATORY BUILDING STEERING COMMITTEE. The department of health and human services shall maintain the laboratory building steering committee to oversee the design and construction of the laboratory building project, for the biennium beginning July 1, 2025, and ending June 30, 2027, or until work is completed, whichever occurs earlier. The

committee must include representation from the department of health and human services, department of environmental quality, office of management and budget, the governor's office, and the legislative assembly. The legislative assembly representation must include one member of the senate appointed by the senate majority leader, one member of the house appointed by the house majority leader, and one member of the minority party from either the senate or the house appointed by the minority leaders of the senate and the house.

SECTION 18. NEW STATE HOSPITAL - STEERING COMMITTEE. The department of health and human services shall establish a new state hospital facility steering committee to oversee the design and construction of a new state hospital facility, for the biennium beginning July 1, 2025, and ending June 30, 2027. The committee must include one member of the senate appointed by the senate majority leader, one member of the house appointed by the house majority leader, and one member of the minority party from either the senate or the house appointed by the minority leaders of the senate and the house.

SECTION 19. CAPITAL PAYMENTS. During the biennium beginning July 1, 2025, and ending June 30, 2027, the department of health and human services is authorized to expend funds for the payment of special assessments at the state hospital, southeast human service center, and life skills and transition center. Pursuant to section 3 of this Act, the director of the office of management and budget may transfer appropriation authority between line items within section 1 of this Act and any remaining appropriation authority for the department of health and human services approved by the sixty-ninth legislative assembly. The department of health and human services may transfer funds for the payment of special assessments at the state hospital, southeast human service center, and life skills and transition center ahead of the special needs assessments schedule. Notwithstanding section 54-27-12, the department of health and human services may spend funds for the payment of special assessments at the state hospital and life skills and transition center.

SECTION 20. CAPITAL PROJECTS - EMERGENCY COMMISSION AND BUDGET SECTION APPROVAL. During the biennium beginning July 1, 2025, and ending June 30, 2027, pursuant to section 3 of this Act, the director of the office of management and budget may transfer appropriation authority between line items within section 1 of this Act and any remaining appropriation authority for the department of health and human services approved by the sixty-ninth legislative assembly for capital projects and maintenance pertaining to operation of its

facilities, including demolition projects. Notwithstanding section 54-27-12, the department of health and human services may spend up to $10,000,000 for capital projects and maintenance pertaining to operation of its facilities, including demolition projects, under this section and may seek emergency commission and budget section approval to spend more than $10,000,000 under this section.

SECTION 21. PERMANENT SUPPORTIVE HOUSING GRANTS. Section 1 of this Act includes the sum of $4,672,536 from the general fund for permanent supportive housing grants. The department of health and human services shall develop a funding methodology to distribute the funding to qualified entities that utilize best practices for permanent supportive housing, provide recovery-oriented and person-centered services, submit process and outcome measures to the department of health and human services, and authorize the department of health and human services to conduct onsite visits to review program operations.

SECTION 22. EXPENDITURES MAY NOT EXCEED APPROPRIATION - MEDICAL ASSISTANCE EXPANSION PROGRAM - APPLICATION.

1. Section 1 of this Act includes the sum of $662,099,340, of which $66,209,934 is from the general fund, for the medical assistance expansion program, for the biennium beginning July 1, 2025, and ending June 30, 2027. The expenditures for individuals eligible for the medical assistance expansion program may not exceed this amount.
2. The department of health and human services may exceed appropriations for increases in medical assistance expansion program caseload, for the addition of coverage consistent with the traditional Medicaid 1915(i) state plan, utilization rates, and reduction in federal medical assistance percentage.
3. The managed care organization under contract with the department of health and human services to manage the medical assistance expansion program shall reimburse providers within the same provider type and specialty at consistent levels and with consistent methodology and may not provide incentive, quality, or supplemental payments to providers, unless part of a value-based program approved by the department of health and human services. The managed care organization shall reimburse all North Dakota substance use providers of American society of addiction medicine level 2.5 at consistent levels and with consistent methodology. The managed care organization may consider urban and rural providers as different provider types.

4. The managed care organization and the department of health and human services shall ensure payments to Indian or Tribal 638 health care providers, federally qualified health centers,and rural health clinics meet the federally required minimum levels of reimbursement. Critical access hospitals may not be paid less than one hundred percent of Medicare allowable costs and human service centers may not be paid less than one hundred percent of the current traditional Medicaid rate. Behavioral health services involving partial hospitalization, intensive outpatient, professional services, and residential behavioral health services provided in facilities that are not institutions for mental diseases are not subject to the provisions in subsection 6.
5. The department of health and human services shall ensure providers within the same provider type and specialty are reimbursed at consistent levels and with consistent methodology and shall ensure the capitation rates under risk contracts are actuarially sound and are adequate to meet managed care organization contractual requirements regarding availability of services, assurance or adequate capacity and services, and coordination and continuity of care.
6. Except for the provisions in subsection 4, managed care organization premium payments must be built using the assumption that rates paid to providers under the medical assistance expansion program may not exceed one hundred forty-five percent of Medicare reimbursement rates paid to providers on January 1, 2025.

SECTION 23. HUMAN SERVICE CENTERS - CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS - FULL-TIME EQUIVALENT POSITIONS - REPORT. The department of health and human services shall continue the process of the human service centers becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults. The department of health and human services shall pursue additional federal funding as available. Subject to the availability of generated income, the department of health and human services may add full-time equivalent positions for the clinics to provide direct services for the period beginning with the effective date of this Act and ending June 30, 2027. The department of health and human services shall report to the office of management and budget and legislative council each time a position is added.

SECTION 24. INTERMEDIATE CARE FACILITY MORATORIUM. The department of health and human services may not add any new licensed intermediate care facility for individuals with

intellectual disabilities beds to the state's licensed bed capacity between July 1, 2025, and June 30, 2027.

SECTION 25. EXEMPTION - UNEXPENDED APPROPRIATIONS. The following appropriations are not subject to the provisions of section 54-44.1-11 and any unexpended appropriation authority may be continued into the biennium beginning July 1, 2025, and ending June 30, 2027:

1. The sum of $3,674,757 appropriated from the general fund and the sum of $25,918,566 appropriated from federal funds for the Medicaid management information system modularization technology project in chapter 12 of the 2021 Session Laws;
2. The sum of $14,411,218 appropriated from the general fund and the sum of $14,411,218 appropriated from federal funds for the child welfare technology project in chapter 12 of the 2021 Session Laws;
3. The sum of $20,366,271 appropriated from the community health trust fund and the sum of $39,534,525 appropriated from federal funds for the child support computer replacement project in chapter 44 of the 2023 Session Laws;
4. The sum of $10,989,217 appropriated from the strategic investment and improvements fund for the procurement and grants management system in chapter 44 of the 2023 Session Laws;
5. The sum of $4,150,000 appropriated from the general fund for defraying the expenses of additional human service centers to begin the process of becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults in chapter 44 of the 2023 Session Laws;
6. The sum of $18,941,847 appropriated to the department of health and human services in chapter 549 of the 2021 Special Session Laws;
7. The sum of $55,120,000 appropriated from the federal state fiscal recovery fund for a public health laboratory capital project in chapter 4 of the 2023 Session Laws;
8. The sum of $5,000,000 appropriated from the general fund for the purpose of employer-led child care cost-share program in chapter 446 of the 2023 Session Laws;
9. The sum of $986,555 appropriated from the general fund for the purpose of streamlining background checks project in chapter 446 of the 2023 Session Laws;

10. The sum of $2,223,981 appropriated from the federal state fiscal recovery fund for the implementation of a virtual behavioral health crisis care program for rural law enforcement in chapter 44 of the 2023 Session Laws; and
11. The sum of $500,000 appropriated from the general fund and the sum of $500,000 appropriated from federal funds for the purpose of program integrity audits in chapter 44 of the 2023 Session Laws.

SECTION 26. LEGISLATIVE INTENT - UTILIZATION RATE ADJUSTMENT. It is the intent of the sixty-ninth legislative assembly that the department of health and human services seek a deficiency appropriation from the seventieth legislative assembly for any expenditures that exceed appropriated amounts as a result of underfunding, utilization rates, value-based purchasing for nursing facilities, reduction in federal medical assistance percentage, and unexpected contract cost increases that exceed ten percent, during the biennium beginning July 1, 2025, and ending June 30, 2027, if funding is not sufficient to pay actual expenses.

SECTION 27. LEGISLATIVE INTENT - PROVIDER RATE INCREASE. Except as otherwise noted, section 1 of this Act includes funding for human service provider inflation increases of two percent for each year of the biennium beginning July 1, 2025, and ending June 30, 2027. The provider inflation increase in this section does not apply to nursing facilities.

SECTION 28. LEGISLATIVE INTENT - DEVELOPMENTAL DISABILITIES PROVIDER ACCREDITATION REQUIREMENT. It is the intent of the sixty-ninth legislative assembly that the department of health and human services eliminate its administrative rule requirement that providers of developmental disabilities services be accredited as a condition of being eligible for receiving payments for services from the department of health and human services.

SECTION 29. LEGISLATIVE INTENT - MEDICAL ASSISTANCE. It is the intent of the sixty-ninth legislative assembly that the department of health and human services review the amount, duration, coverage, utilization rates, medical necessity, and scope of medical assistance services, and may implement any adjustments the department determines appropriate.

SECTION 30. FEDERAL FUNDING APPEAL LIMITATION. Except as otherwise specifically provided by federal law, a person may not appeal a denial, revocation, reduction in services or payment, or the termination of a program or service by the department of health and human services dues to the unavailability of federal coronavirus funding received under federal

law resulting from the federal coronavirus pandemic emergency declarations, for the biennium beginning July 1, 2025, and ending June 30, 2027.

SECTION 31. DEPARTMENT OF HEALTH AND HUMAN SERVICES - LONG-TERM STRUCTURED RESIDENCES PLAN - REPORT. During the 2025-26 interim, the department of health and human services shall review options and develop a plan to establish long-term structured residences. The department shall review necessary changes to statutes, rules, policies, and the estimated fiscal impact of establishing the residences. A long-term structured residence must be a highly structured therapeutic residential mental health treatment facility that is staffed continuously and designed to treat adults under chapters 25-03.1 and 25-04 who have severe and persistent mental illness and who have reached the maximum benefit from the mental health resources available elsewhere in the community or hospital. The department shall present a report to the legislative management by October 1, 2026, regarding its plan to establish long-term structured residences.

SECTION 32. AMENDMENT. Section 50-06-06.6 of the North Dakota Century Code is amended and reenacted as follows:

50-06-06.6. Department may lease real and personal property.

The commissioner of the department or commissioner's designee may lease ~~surplus farm and pastureland at the state hospital and the life skills and transition center. The commissioner or designee also may enter into further leases of~~ real or personal property at the life skills and transition center or the state hospital upon a specific finding that the granting of each such leasehold interest will result in a net economic gain for the department, taking into account all identifiable costs. Any lease of space for the purpose of providing child care services must meet requirements as determined by the department. The commissioner of the department or commissioner's designee may prescribe the terms and conditions of any leases entered into pursuant to this section and may renew existing leases. ~~Any~~The term of any lease ~~entered into must be subject to renewal or cancelable each biennium~~may not exceed ninety-nine years.

SECTION 33. AMENDMENT. Section 50-06-42 of the North Dakota Century Code is amended and reenacted as follows:

50-06-42. Substance use disorder treatment voucher system - Mental health treatment voucher system for incarcerated individuals.

1. The department shall establish and administer, within the limits of legislative appropriations, a voucher system to address underserved areas and gaps in the state's substance abuse treatment system and to assist in the payment of addiction treatment services and medical costs provided by licensed substance abuse treatment programs, excluding regional human service centers and hospital- or medical clinic-based programs for medical management of withdrawal.

   a. An out-of-state licensed substance abuse treatment program located within a bordering state may participate in the voucher program to serve an underserved area of this state pursuant to the rules adopted by the department. The department shall develop rules to include processes and requirements for an out-of-state provider to receive reimbursement only for outpatient and community-based services upon a provider completing an assessment of need and receiving approval from the department.

   ~~2.~~b. Services eligible for the voucher program include only those levels of care recognized by the American society of addiction medicine, with particular emphasis given to underserved areas and programs. The department shall ensure that a licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers collects and reports process and outcome measures.

   ~~3.~~c. The department shall develop requirements and provide training and technical assistance to a licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers. A licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers shall provide evidence-based services.

   ~~4.~~d. The department shall allocate funding appropriated for the substance use disorder treatment voucher as follows:

      ~~a.~~(1) ~~No~~Except as provided in paragraphs 3 and 4, no more than ~~forty-five~~fifty percent of the appropriated amount may be allocated for residential

substance use disorder services administered by licensed substance abuse treatment programs with more than sixteen beds.

~~b.~~(2) The remaining appropriation must be allocated for residential programs with sixteen or fewer beds, nonresidential outpatient, and ancillary substance use disorder services administered by licensed substance abuse treatment programs.

(3) The department, during the last quarter of the biennium, may reallocate projected unused funds that were allocated under paragraph 2 to residential facilities outlined in paragraph 1.

(4) The department may reimburse a licensed substance abuse treatment program with more than sixteen beds the incurred direct medical costs of an eligible individual who does not have resources to cover the medical costs. The department may develop rules and may not exceed the total amount appropriated for medical cost reimbursement.

2. The department shall establish and administer, within the limits of legislative appropriations, a voucher system to address underserved areas and gaps in the state's mental health treatment system for individuals detained or confined in a county jail or detention center or regional corrections center and to assist in the payment of mental health treatment services provided by a licensed mental health professional acting within their scope of practice, excluding a regional human service center.

a. Services eligible for the voucher program include only diagnostic assessment and mental health therapy for individuals with a mental health concern detained or confined in a county jail or detention center or regional corrections center. The department shall ensure that a licensed mental health professional accepting vouchers collects and reports process and outcome measures.

b. The department shall develop requirements and provide training and technical assistance to licensed mental health professionals accepting vouchers. A licensed mental health professional shall provide evidence-based services.

SECTION 34. AMENDMENT. Section 50-24.5-02.3 of the North Dakota Century Code is amended and reenacted as follows:

50-24.5-02.3. Basic care payment rates.

1. The department shall determine limits for the care of residents of basic care facilities that qualify as vendors of an aged, blind, and disabled persons program and for implementing provisions of this chapter based on data demonstrating the most recent costs that must be incurred for the care of residents in efficiently and economically operated basic care facilities. The department shall determine the limits every four years by July first, beginning with July 1, 2023.
2. The department shall establish the limits by using the median rates from the most recent data available. The direct care limit must be the median plus eighteen percent. The indirect care limit must be the median plus twelve percent.
3. For the rate year beginning July 1, 2023, the department shall increase rates and limits three and one-half percent for inflation. For the rate year beginning July 1, 2024, the department shall increase rates and limits three and one-half percent for inflation.
4. The department shall provide a rate increase in the amount of five dollars per day for the period beginning July 1, 2023, and ending June 30, ~~2025~~2027, after which the increase is not effective. This rate increase may not be included in any calculation of inflation increase.
5. Within the limits of legislative appropriations, the department shall establish an uncompensated care expense of three hundred sixty-five days.

SECTION 35. AMENDMENT. Section 50-33-05 of the North Dakota Century Code is amended and reenacted as follows:

50-33-05. State of residence.

Only child care assistance units physically residing within the boundaries of the state are eligible for child care assistance, unless the individual is employed by an early childhood program within the boundaries of the state and the individual has been approved for the state's child care assistance child care workforce benefit.

SECTION 36. HOUSING AVAILABILITY ASSESSMENT - COLLABORATION WITH HOUSING FINANCE AGENCY. The department of health and human services shall collaborate with the North Dakota housing finance agency and other appropriate stakeholders to assess the availability of housing for individuals requiring extraordinary health care support services, for the biennium beginning July 1, 2025, and ending June 30, 2027. Based on the results of the

assessment, if necessary, the department shall develop a plan to expand access to housing providing the least restrictive environment for individuals requiring extraordinary health care support services.

SECTION 37. BEHAVIORAL HEALTH CLINICS, NORTH DAKOTA STATE HOSPITAL, AND LIFE SKILLS AND TRANSITION CENTER FUNDING. Section 1 of this Act includes funding for the behavioral health clinics, North Dakota state hospital, and life skills and transition center as follows:

1. Behavioral health clinics:		
a. Salaries and wages		$156,967,103
b. Operating and capital		64,131,965
c. Total		$221,099,068
2. State hospital:		
a. Salaries and wages		$68,775,551
b. Operating and capital		350,880,155
c. Total		$419,655,706
3. Life skills and transition center:		
a. Salaries and wages		$55,540,213
b. Operating and capital		15,207,658
c. Total		$70,747,871

SECTION 38. LEGISLATIVE MANAGEMENT STUDY - STUDENT TRUANCY AND ABSENTEEISM. The legislative management shall consider studying, during the 2025-26 interim, truancy and student absenteeism in kindergarten through grade twelve public schools. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement its recommendations, to the seventieth legislative assembly.

SECTION 39. LEGISLATIVE MANAGEMENT STUDY - OBESITY HEALTH IMPLICATIONS. The legislative management shall consider studying, during the 2025-26 interim, the health implications of obesity on the residents of the state and options to increase access to prevention and treatments for obesity. If conducted, the study must review costs associated with obesity including comorbidities, treatments available for obesity, obesity diagnosis guidelines including use of body mass index compared with percentage of body fat, and examining the difference between being an individual who is healthy and overweight as

compared to an obese individual. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement its recommendations, to the seventieth legislative assembly.

SECTION 40. LEGISLATIVE MANAGEMENT REPORT - BEHAVIORAL HEALTH FACILITY GRANTS. During the 2025-26 interim the department of health and human services shall provide reports to the legislative management regarding the award of grant funding to increase the number of behavioral health beds in the state.

SECTION 41. EFFECTIVE DATE. Section 33 of this Act becomes effective on July 1, 2026.

STATEMENT OF PURPOSE OF AMENDMENT:

House Bill No. 1012 - Summary of House Action

	Base Budget	House Changes	House Version
Department of Health and Human Services			
Total all funds	$0	$596,284,775	$596,284,775
Less estimated income	0	286,720,150	286,720,150
General fund	$0	$309,564,625	$309,564,625
FTE	0.00	2,688.35	2,688.35
DHHS - Business Operations			
Total all funds	$192,993,318	($95,929,687)	$97,063,631
Less estimated income	118,894,310	(71,526,221)	47,368,089
General fund	$74,099,008	($24,403,466)	$49,695,542
FTE	114.40	(114.40)	0.00
DHHS - Behavioral Health			
Total all funds	$421,861,349	$159,059,254	$580,920,603
Less estimated income	113,955,941	285,267,537	399,223,478
General fund	$307,905,408	($126,208,283)	$181,697,125
FTE	1,054.27	(1,054.27)	0.00
DHHS - Human Services			
Total all funds	$1,863,859,882	$19,124,673	$1,882,984,555
Less estimated income	1,240,409,529	(13,961,485)	1,226,448,044
General fund	$623,450,353	$33,086,158	$656,536,511
FTE	1,009.16	(1,009.16)	0.00
DHHS - Medical Services			
Total all funds	$2,776,246,128	$79,663,485	$2,855,909,613
Less estimated income	1,818,029,530	(7,372,459)	1,810,657,071
General fund	$958,216,598	$87,035,944	$1,045,252,542
FTE	90.50	(90.50)	0.00
DHHS - Public Health			
Total all funds	$298,196,870	($33,177,619)	$265,019,251
Less estimated income	250,440,690	(20,626,287)	229,814,403
General fund	$47,756,180	($12,551,332)	$35,204,848
FTE	215.50	(215.50)	0.00
Bill total			
Total all funds	$5,553,157,547	$725,024,881	$6,278,182,428
Less estimated income	3,541,730,000	458,501,235	4,000,231,235
General fund	$2,011,427,547	$266,523,646	$2,277,951,193
FTE	2,483.83	204.52	2,688.35

House Bill No. 1012 - Department of Health and Human Services - House Action

	Base Budget	House Changes	House Version
Salaries and wages block grant		$596,284,775	$596,284,775
Total all funds	$0	$596,284,775	$596,284,775
Less estimated income	0	286,720,150	286,720,150
General fund	$0	$309,564,625	$309,564,625
FTE	0.00	2,688.35	2,688.35

Department 325 - Department of Health and Human Services - Detail of House Changes

	Creates Salaries and Wages Block Grant Funding Pool[1]	Total House Changes
Salaries and wages block grant	$596,284,775	$596,284,775
Total all funds	$596,284,775	$596,284,775
Less estimated income	286,720,150	286,720,150
General fund	$309,564,625	$309,564,625
FTE	2,688.35	2,688.35

[1] Funding for departmentwide salaries and wages is transferred into a salaries and wages block grant funding pool.

House Bill No. 1012 - DHHS - Business Operations - House Action

	Base Budget	House Changes	House Version
Salaries and wages	$25,763,358	($25,763,358)	
Operating expenses	155,308,399	(77,023,770)	$78,284,629
Capital assets	108,934	(108,934)	
Grants	11,812,627	6,966,375	18,779,002
Total all funds	$192,993,318	($95,929,687)	$97,063,631
Less estimated income	118,894,310	(71,526,221)	47,368,089
General fund	$74,099,008	($24,403,466)	$49,695,542
FTE	114.40	(114.40)	0.00

Department 326 - DHHS - Business Operations - Detail of House Changes

	Adjusts Funding for Business Operations Division[1]	Total House Changes
Salaries and wages	($25,763,358)	($25,763,358)
Operating expenses	(77,023,770)	(77,023,770)
Capital assets	(108,934)	(108,934)
Grants	6,966,375	6,966,375
Total all funds	($95,929,687)	($95,929,687)
Less estimated income	(71,526,221)	(71,526,221)
General fund	($24,403,466)	($24,403,466)
FTE	(114.40)	(114.40)

[1] Funding for the business operations division is adjusted as follows:

Description	FTE	General Fund	Other Funds	Total
Adjusts funding for base payroll and budget changes.		($16,396,866)	($66,836,143)	($83,233,009)
Adjusts FTE positions	66.15			
Adds funding for salary increases of 3 percent on July 1, 2025, and July 1, 2026		1,035,502	531,151	1,566,653
Adds funding for monthly increases in health insurance rates from $1,643 to $1,893 per employee		651,154	363,569	1,014,723
Transfers salaries and wages into the department's FTE block grant pool	(180.55)	(12,603,508)	(17,737,100)	(30,340,608)
Underfunds salaries and wages departmentwide		(20,157,874)	0	(20,157,874)

Description	FTE	General Fund	Other Funds	Total
Underfunds operating expenses departmentwide		(3,050,000)	0	(3,050,000)
Adds funding for increases in rates charged by the Attorney General's office and the Office of Administrative Hearings		190,590	0	190,590
Adds funding for increases in information technology rates		5,196,748	2,152,302	7,349,050
Increases funding for costs of information technology contracts		20,730,788	0	20,730,788
Total ongoing changes	(114.4)	($24,403,466)	($81,526,221)	($105,929,687)
One-time changes				
Provides funding for costs to retire mainframe applications		0	10,000,000	10,000,000
Total one-time funding changes		$0	$10,000,000	$10,000,000
Total changes to base level	(114.4)	($24,403,466)	($71,526,221)	($95,929,687)

House Bill No. 1012 - DHHS - Behavioral Health - House Action

	Base Budget	House Changes	House Version
Salaries and wages	$8,792,675	($8,792,675)	
Operating expenses	79,381,458	23,888,138	$103,269,596
Grants	40,476,298	21,889,322	62,365,620
Behavioral health clinics	196,383,945	(139,978,713)	56,405,232
State Hospital	94,826,973	256,053,182	350,880,155
Opioid addiction prevention	2,000,000	6,000,000	8,000,000
Total all funds	$421,861,349	$159,059,254	$580,920,603
Less estimated income	113,955,941	285,267,537	399,223,478
General fund	$307,905,408	($126,208,283)	$181,697,125
FTE	1,054.27	(1,054.27)	0.00

Department 327 - DHHS - Behavioral Health - Detail of House Changes

	Adjusts Funding for Behavioral Health Division[1]	Total House Changes
Salaries and wages	($8,792,675)	($8,792,675)
Operating expenses	23,888,138	23,888,138
Grants	21,889,322	21,889,322
Behavioral health clinics	(139,978,713)	(139,978,713)
State Hospital	256,053,182	256,053,182
Opioid addiction prevention	6,000,000	6,000,000
Total all funds	$159,059,254	$159,059,254
Less estimated income	285,267,537	285,267,537
General fund	($126,208,283)	($126,208,283)
FTE	(1,054.27)	(1,054.27)

[1] Funding for the behavioral health division is adjusted as follows:

Description	FTE	General Fund	Other Funds	Total
Adjusts funding for base payroll and budget changes.		$15,466,235	$2,311,139	$17,777,374
Adjusts funding for base budget changes		5,709,106	(5,000,000)	709,106
FTE position adjustment	104.93			

Description	FTE	General Fund	Other Funds	Total
Adds funding for salary increases of 3 percent on July 1, 2025 and July 1, 2026		8,392,306	134,924	8,527,230
Adds funding for monthly increase in health insurance rates from $1,643 to $1,893 per employee		6,517,157	114,129	6,631,286
Moves salaries and wages to the FTE block grant pool	(1,159.20)	(190,198,399)	(68,592,655)	(258,791,054)
Adds funding related to an opioid settlement		0	8,000,000	8,000,000
Provides funding for a remote crisis intervention solution for law enforcement		0	1,000,000	1,000,000
Provides funding to expand use of the SUD voucher for addiction treatment and recovery services		2,500,000	0	2,500,000
Provides funding for SUD for medical expenses in institutions for mental disease facilities		500,000	0	500,000
Provides additional SUD funding for 50/50 inpatient/outpatient services		500,000	0	500,000
Provides additional SUD funding for treatment of incarcerated individuals		2,500,000	0	2,500,000
Provides equity funding for behavioral health staff in western North Dakota		250,536	0	250,536
Provides additional funding for inflationary increases in crisis residential contracts		706,233	0	706,233
Provides additional funding for inflationary increases in addiction residential contracts		917,786	0	917,786
Provides additional funding for inflationary increases in recovery/rehab contracts		2,154,668	0	2,154,668
Provides an adjustment to the additional inflationary adjustment for vendor contracts		(2,000,000)	0	(2,000,000)
Provides funding to expand training and education for treatment collaborative for traumatized youth		408,000	0	408,000
Provides funding for out of home residential services for Medicaid eligible children with a serious emotional disorder		1,351,997	0	1,351,997
Continues funding for existing levels of the free through recovery and community connect programs		4,761,081	0	4,761,081
Provides increased funding to the community connect program for individuals with behavioral health concerns		4,458,814	0	4,458,814
Provides funding to expand the free through recovery program for individuals involved with the criminal justice system who have behavioral health concerns		4,016,908	0	4,016,908
Increases funding for peer support utilizing a trained individual with lived experience of recovery from mental illness, substance abuse and/or brain injury		137,990	0	137,990
Provides funding to expand the treatment court in partnership with the Department of Corrections and Rehabilitation and the court system		200,000	0	200,000

Description	FTE	General Fund	Other Funds	Total
Provides 2% annual provider inflation increases		2,541,299	0	2,541,299
Provides funding to increase behavioral health services for nursing homes and basic care facilities		2,000,000	0	2,000,000
Total ongoing changes	(1,054.27)	($126,208,283)	($62,032,463)	($188,240,746)
Provides funding for an on-premise data backup and recovery system for the electronic health record data		$0	$500,000	$500,000
Provides funding for data extraction and migration from the electronic health record legacy system		0	1,000,000	1,000,000
Provides funding to create a redundant network line for failover in the event of a primary network loss for the State Hospital		0	500,000	500,000
Provides funding for community-based partial hospitalization and intensive day treatment programs for mental health disorders and substance use disorders		0	2,000,000	2,000,000
Provides funding to remodel bathrooms at the Southeast Human Service Center		0	340,000	340,000
Provides funding to construct a new state hospital		0	330,000,000	330,000,000
Provides funding for a grant to a behavioral health facility in the northeast human service region		0	12,960,000	12,960,000
Total one-time changes		$0	$347,300,000	$347,300,000
Total changes to base level	(1,054.27)	($126,208,283)	$285,267,537	$159,059,254

House Bill No. 1012 - DHHS - Human Services - House Action

	Base Budget	House Changes	House Version
Salaries and wages	$168,325,918	($168,325,918)	
Operating expenses	88,885,469	108,258,236	$197,143,705
Capital assets	10,000		10,000
Grants	621,189,007	94,393,260	715,582,267
Life Skills and Transition Center	44,992,263	(29,784,605)	15,207,658
Grants - Medical assistance	742,793,564	7,655,079	750,448,643
County social services	197,663,661	6,928,621	204,592,282
Total all funds	$1,863,859,882	$19,124,673	$1,882,984,555
Less estimated income	1,240,409,529	(13,961,485)	1,226,448,044
General fund	$623,450,353	$33,086,158	$656,536,511
FTE	1,009.16	(1,009.16)	0.00

Department 328 - DHHS - Human Services - Detail of House Changes

	Adjusts Funding for Human Services Division[1]	Total House Changes
Salaries and wages	($168,325,918)	($168,325,918)
Operating expenses	108,258,236	108,258,236
Capital assets		
Grants	94,393,260	94,393,260
Life Skills and Transition Center	(29,784,605)	(29,784,605)
Grants - Medical assistance	7,655,079	7,655,079
County social services	6,928,621	6,928,621
Total all funds	$19,124,673	$19,124,673
Less estimated income	(13,961,485)	(13,961,485)
General fund	$33,086,158	$33,086,158
FTE	(1,009.16)	(1,009.16)

[1] Funding for the human services division is adjusted as follows:

Description	FTE	General Fund	Other Funds	Total
Adjusts funding for base payroll and budget changes.		$10,605,259	$93,868,910	$104,474,169
Adjusts FTE positions	19.54			
Adjusts funding for base budget changes		57,330,438	(2,746,684)	54,583,754
Provides funding for 2% annual provider inflationary increase		12,988,702	13,926,186	26,914,888
Adds funding for salary increases of 3 percent on July 1, 2025, and July 1, 2026		2,546,488	4,704,191	7,250,679
Adds funding for monthly increase in health insurance rates from $1,643 to $1,893 per employee		2,072,787	3,795,116	5,867,903
Transfers salaries and wages into the department's FTE block grant pool	(1,029.70)	(76,722,653)	(150,764,540)	(227,487,193)
Increases the FMAP percentage from 50% to 50.99%		(4,290,660)	744,660	(3,546,000)
Aging Services				
Provides funding to provide permanent supported housing including rental assistance for target population per DOJ settlement		300,000	0	300,000
Adds funding for people with special health needs to move out of institutional settings or divert them from institutions to community-based settings		2,733,934	2,555,463	5,289,397
Provides funding for adult protective services to respond to reports of abuse or neglect of vulnerable adults		718,522	0	718,522
Provides an FTE for a state dementia coordinator	1.00	0	0	0
Children and Family Services				
Adds funding to assist with adoption services		4,883,205	0	4,883,205
Adds funding for 2 defense attorneys contracted by North Dakota indigent defense to specialize in child welfare		350,000	350,000	700,000

Description	FTE	General Fund	Other Funds	Total
Developmental Disabilities				
Provides funding to create host home services in the developmental disability waiver		1,689,900	1,689,900	3,379,800
Human Service Zones				
Adds funding for zone employee salary increases		0	5,002,833	5,002,833
Total ongoing funding changes	(1,009.16)	$15,205,922	($26,873,965)	($11,668,043)
One-time funding items:				
Provides funding to retire economic assistance and Medicaid legacy systems on the mainframe		$0	$2,000,000	$2,000,000
Adds funding for conversion of developmental disability eligibility assessment tool for kids from ICAP to SIS		200,000	200,000	400,000
Provides funding to implement a comprehensive vocational rehab technology system to connect people with disabilities to employment		0	8,000,000	8,000,000
Provides funding to replace the roof on the cedar grove building at the Life Skills and Transition Center		0	712,480	712,480
Adds funding to expand the best in class program		6,000,000	0	6,000,000
Provides funding to continue grants and resources to child care providers for infrastructure, start-ups, and expansions		2,500,000	0	2,500,000
Provides funding for early childhood quality infrastructure supports for quality cohort participants and providers receiving intensive coaching		3,000,000	0	3,000,000
Adds funding for inclusion supports for children with special needs at private child care programs		172,500	0	172,500
Adds funding to expand access to teaching strategies outcome measurement tool		100,000	0	100,000
Adds funding for quality tiers in child care assistance program.		1,500,000	0	1,500,000
Provides funding for home renovation incentives for accessibility		0	1,000,000	1,000,000
Provides funding for a community cultural center grant located in the west central human services region		0	1,000,000	1,000,000
Provides funding for a winter park adaptive recreation program grant		200,000	0	200,000
Provides funding for an intermediate care facility grant to Anne Carlsen		3,457,736	0	3,457,736
Provides funding for juvenile justice diversion services		750,000	0	750,000
Total one-time changes		$17,880,236	$12,912,480	$30,792,716
Total change to base budget	(1,009.16)	$33,086,158	($13,961,485)	$19,124,673

House Bill No. 1012 - DHHS - Medical Services - House Action

	Base Budget	House Changes	House Version
Salaries and wages	$21,008,344	($21,008,344)	
Operating expenses	70,807,977	92,364,562	$163,172,539
Grants	1,651,004	1,806,800	3,457,804
Grants - Medical assistance	2,682,778,803	6,500,467	2,689,279,270
Total all funds	$2,776,246,128	$79,663,485	$2,855,909,613
Less estimated income	1,818,029,530	(7,372,459)	1,810,657,071
General fund	$958,216,598	$87,035,944	$1,045,252,542
FTE	90.50	(90.50)	0.00

Department 329 - DHHS - Medical Services - Detail of House Changes

	Adjusts Funding for Medical Services Division[1]	Total House Changes
Salaries and wages	($21,008,344)	($21,008,344)
Operating expenses	92,364,562	92,364,562
Grants	1,806,800	1,806,800
Grants - Medical assistance	6,500,467	6,500,467
Total all funds	$79,663,485	$79,663,485
Less estimated income	(7,372,459)	(7,372,459)
General fund	$87,035,944	$87,035,944
FTE	(90.50)	(90.50)

[1] Funding for the medical services division is adjusted as follows:

Description	FTE	General Fund	Other Funds	Total
Adjusts funding for base payroll and budget changes		($28,505,732)	61,061,722	32,555,990
Adjust FTE positions	11.25			
Adjusts funding for base payroll and budget changes		71,253,662	(118,383,672)	(47,130,010)
Adds funding for salary increases of 3 percent on July 1, 2025, and July 1, 2026		338,151	479,188	817,339
Adds funding for monthly increases in health insurance rates from $1,643 to $1,893 per employee		233,619	342,896	576,515
Transfers salaries and wages into the department's FTE block grant pool	(101.75)	(9,636,069)	(15,163,610)	(24,799,679)
Adds funding for cost to continue for home- and community-based services growth		36,977,113	27,837,811	64,814,924
Provides funding for qualified provider targeted rate increase for nursing, personal care, respite, companionship, and homemaker services		3,595,104	1,797,552	5,392,656
Provides funding to increase private duty nursing and home health targeted rate increase		1,235,768	1,235,768	2,471,536
Expands funding for additional provider groups to ensure populations are supported with personal centered care and support		1,000,000	1,000,000	2,000,000
Adds funding to implement the children's cross disability waiver		2,474,226	2,474,226	4,948,452
		0	7,209,580	7,209,580

Description	FTE	General Fund	Other Funds	Total
Provides funding to rebase ambulance rates to the lowest quartile Medicare rural base rate		2,189,770	2,189,770	4,379,540
Provides funding for 2% annual provider inflationary rate increases		13,689,672	15,190,970	28,880,642
Provides for a change in the FMAP rate from 50.0% to 50.99%		(7,809,340)	1,355,340	(6,454,000)
Total ongoing funding changes	(90.50)	$87,035,944	($11,372,459)	$75,663,485
Provides funding to retire the Medicaid legacy system currently on the mainframe		$0	$2,000,000	$2,000,000
Provides funding for a critical access hospital networking grant		0	2,000,000	2,000,000
Total one-time funding changes		$0	$4,000,000	$4,000,000
Total changes to base level	(90.50)	$87,035,944	($7,372,459)	$79,663,485

House Bill No. 1012 - DHHS - Public Health - House Action

	Base Budget	House Changes	House Version
Salaries and wages	$60,415,388	($60,415,388)	
Operating expenses	37,721,213	17,853,669	$55,574,882
Capital assets	1,469,780	2,215,838	3,685,618
Grants	81,718,145	4,245,496	85,963,641
Tobacco prevention	13,063,162	(22,607)	13,040,555
WIC food payments	19,900,000	1,100,000	21,000,000
COVID-19 response	83,909,182	1,845,373	85,754,555
Total all funds	$298,196,870	($33,177,619)	$265,019,251
Less estimated income	250,440,690	(20,626,287)	229,814,403
General fund	$47,756,180	($12,551,332)	$35,204,848
FTE	215.50	(215.50)	0.00

Department 330 - DHHS - Public Health - Detail of House Changes

	Adjusts Funding for Public Health Division[1]	Total House Changes
Salaries and wages	($60,415,388)	($60,415,388)
Operating expenses	17,853,669	17,853,669
Capital assets	2,215,838	2,215,838
Grants	4,245,496	4,245,496
Tobacco prevention	(22,607)	(22,607)
WIC food payments	1,100,000	1,100,000
COVID-19 response	1,845,373	1,845,373
Total all funds	($33,177,619)	($33,177,619)
Less estimated income	(20,626,287)	(20,626,287)
General fund	($12,551,332)	($12,551,332)
FTE	(215.50)	(215.50)

[1] Funding for the public health division is adjusted as follows:

Description	FTE	General Fund	Other Funds	Total
Adjusts funding for base payroll and budget changes		($1,503,118)	$3,120,553	$1,617,435
Adds funding for salary increases of 3 percent on July 1, 2025, and July 1, 2026		1,714,252	0	1,714,252

Description	FTE	General Fund	Other Funds	Total
Adds funding for monthly increases in health insurance rates from $1,643 to $1,893 per employee		1,183,357	0	1,183,357
Adjusts FTE positions	1.65			
Transfers salaries and wages into the department's FTE block grant pool	(217.15)	(20,403,996)	(34,462,245)	(54,866,241)
Restores funding removed for the 2023-25 biennium new FTE pool		65,094	50,008	115,102
Restores funding removed for the 2023-25 biennium vacant FTE pool		569,060	1,754,865	2,323,925
Adds funding to expand support for domestic and sexual violence prevention		0	2,250,000	2,250,000
Provides additional funding for domestic and sexual violence		1,700,000	0	1,700,000
Add funding for the Safe Haven program		440,000	0	440,000
Provides funding for vaccines for health care providers off federal contract		0	2,213,930	2,213,930
Provides funding for forensic pathology contract services with UND		2,866,156	(1,000,000)	1,866,156
Increases the food and lodging fees by an additional 7.5% for a total increase of 20%		(71,298)	71,298	0
Add funding to increase the grant to the Family Voices program		100,000	0	100,000
Provides funding for a fetal alcohol spectrum disorder clinic at UND		637,661	0	637,661
Total ongoing funding changes	(215.5)	($12,702,832)	($26,001,591)	($38,704,423)
Adds funding to purchase nonfatal toxicology testing equipment		$151,500	$100,000	$251,500
Adds funding for transition to the new state laboratory building		0	2,962,304	2,962,304
Provides funding to purchase forensic examiner electronic records system		0	278,000	278,000
Adds funding for food and lodging management information system		0	335,000	335,000
Adds funding for licensure management system		0	650,000	650,000
Provides funding for the Cass County animal shelter		0	300,000	300,000
Provide funding for the statewide health strategies grant		0	750,000	750,000
Total one-time funding changes	0	$151,500	$5,375,304	$5,526,804
Total changes to base level	(215.5)	($12,551,332)	($20,626,287)	($33,177,619)

House Bill No. 1012 - Other Changes - House Action

This amendment also:

- Creates a salaries and wages block grant and provides guidelines regarding the use of the block grant and reporting requirements.
- Identifies appropriations from the strategic investment and improvements fund, community health trust fund, opioid settlement fund, and human service finance fund.
- Provides guidelines for the use of funding provided for a behavioral health facility grant, a community cultural center grant, juvenile justice programs, an animal shelter grant, and a statewide health strategies initiative.
- Authorizes DHHS to obtain a $130 million line of credit from the Bank of North Dakota for the State Hospital project.
- Continues the state health laboratory building project steering committee.
- Creates a new state hospital building steering committee.
- Authorizes capital payments for special assessment costs at the State Hospital, Southeast Human Service Center, and Life Skills and Transition Center.

- Authorizes DHHS to expend funds for capital projects at the State Hospital.
- Identifies $4,672,536 from the general fund for permanent supportive housing grants.
- Provides that expenditures for the Medicaid Expansion program may not exceed legislative appropriations.
- Directs DHHS to continue the process of converting human service centers to certified community behavioral health clinics.
- Provides a moratorium on the number of licensed intermediate care facility beds for individuals with a developmental disability.
- Authorizes DHHS to continue certain unexpended appropriations from previous bienniums into the 2025-27 biennium.
- Provides intent that DHHS seeks a deficiency appropriation from the 70th Legislative Assembly if utilization rates exceed estimates.
- Identifies provider inflation increases of 2 percent per year included in the amendment.
- Provides intent that DHHS remove the requirement that developmental disability providers be accredited to receive payment.
- Provides an individual may not appeal a denial of services or payment under a program if certain federal funding is unavailable.
- Provides for DHHS to create a long-term structured residences plan.
- Amends Section 50-06-06.6 to allow land at the State Hospital and Life Skills and Transition Center to be leased for up to 99 years.
- Amends Section 50-06-42 to expand the use of the substance use disorder voucher program for individuals in jail or a treatment facility with more than 16 beds.
- Directs DHHS to collaborate with the Housing Finance Agency to assess the availability of housing for individuals requiring extraordinary health care support services.
- Provides for a Legislative Management study of student truancy and absenteeism.
- Provides for a Legislative Management study of obesity health implications.

2025 HOUSE STANDING COMMITTEE MINUTES

Appropriations Committee
Roughrider Room, State Capitol

HB 1012
2/25/2025

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to amend and reenact sections 50-06-06.6, 50-06-42, 50-24.5-02.3, and 50-33-05 of the North Dakota Century Code, relating to leases of department of health and human services property, substance use disorder treatment program, basic care payment rates, and state of residence for child care assistance; to provide for a transfer; to authorize a line of credit; to provide legislative intent; to provide for a legislative management study; to provide an application; to provide an exemption; to provide for a report; and to provide an effective date.

1:02 p.m. Chairman Vigesaa opened the meeting.

Members Present: Chairman Vigesaa, Vice Chair Kempenich, Representatives Anderson, Swiontek, Berg, Nelson, Bosch, Brandenburg, Fisher, Hanson, Louser, Martinson, Meier, Mitskog, Monson, Murphy, Nathe, O'Brien, Pyle, Richter, Sanford, Stemen, Wagner

Discussion Topics:

- Committee Action

1:02 p.m. Representative J. Nelson introduced the amendment LC #25.0156.01017, #38399.

1:27 p.m. Representative J. Nelson moved to adopt amendment 25.0156.01017.

1:27 p.m. Representative Stemen Seconded the motion.

Roll call vote.

Representatives	Vote
Representative Don Vigesaa	Y
Representative Keith Kempenich	Y
Representative Bert Anderson	Y
Representative Mike Berg	Y
Representative Glenn Bosch	Y
Representative Mike Brandenburg	Y
Representative Jay Fisher	Y
Representative Karla Rose Hanson	Y
Representative Scott Louser	Y
Representative Bob Martinson	Y
Representative Lisa Meier	Y
Representative Alisa Mitskog	Y
Representative David Monson	Y
Representative Eric J. Murphy	Y
Representative Mike Nathe	Y

Representative Jon O. Nelson	Y
Representative Emily O'Brien	Y
Representative Brandy L. Pyle	Y
Representative David Richter	Y
Representative Mark Sanford	Y
Representative Gregory Stemen	Y
Representative Steve Swiontek	Y
Representative Scott Wagner	Y

Motion passed 23-0-0.

1:29 p.m. Representative Mitskog Moved to further amend by changing the funding source.

1:29 p.m. Representative Stemen Seconded the motion.

Roll call vote.

Representatives	Vote
Representative Don Vigesaa	Y
Representative Keith Kempenich	Y
Representative Bert Anderson	Y
Representative Mike Berg	Y
Representative Glenn Bosch	Y
Representative Mike Brandenburg	Y
Representative Jay Fisher	Y
Representative Karla Rose Hanson	Y
Representative Scott Louser	Y
Representative Bob Martinson	Y
Representative Lisa Meier	Y
Representative Alisa Mitskog	Y
Representative David Monson	Y
Representative Eric J. Murphy	Y
Representative Mike Nathe	Y
Representative Jon O. Nelson	Y
Representative Emily O'Brien	Y
Representative Brandy L. Pyle	Y
Representative David Richter	Y
Representative Mark Sanford	Y
Representative Gregory Stemen	Y
Representative Steve Swiontek	Y
Representative Scott Wagner	Y

Motion passed 23-0-0.

1:34 p.m. Representative Richter moved to further amend to add an exemption.

1:37 p.m. Representative Stemen seconded the motion.

Roll Call vote.

Representatives	Vote
Representative Don Vigesaa	Y
Representative Keith Kempenich	Y
Representative Bert Anderson	Y
Representative Mike Berg	Y
Representative Glen Bosch	Y
Representative Mike Brandenburg	Y
Representative Jay Fisher	Y
Representative Karla Rose Hanson	Y
Representative Scott Louser	Y
Representative Bob Martinson	Y
Representative Lisa Meier	Y
Representative Alisa Mitskog	Y
Representative David Monson	Y
Representative Eric J. Murphy	Y
Representative Mike Nathe	Y
Representative Jon O. Nelson	Y
Representative Emily O'Brien	Y
Representative Brandy L. Pyle	Y
Representative David Richter	Y
Representative Mark Sanford	Y
Representative Gregory Stemen	Y
Representative Steve Swiontek	Y
Representative Scott Wagner	Y

Motion passed 23-0-0.

1:38 p.m. Representative J. Nelson Moved for a Do Pass as amended.

1:39 p.m. Representative O'Brein Seconded the motion.

Roll call vote

Representatives	Vote
Representative Don Vigesaa	Y
Representative Keith Kempenich	Y
Representative Bert Anderson	Y
Representative Mike Berg	Y
Representative Glen Bosch	Y
Representative Mike Brandenburg	Y
Representative Jay Fisher	Y
Representative Karla Rose Hanson	Y
Representative Scott Louser	Y
Representative Bob Martinson	Y
Representative Lisa Meier	Y
Representative Alisa Mitskog	Y

Representative David Monson	Y
Representative Eric J. Murphy	Y
Representative Mike Nathe	Y
Representative Jon O. Nelson	Y
Representative Emily O'Brien	Y
Representative Brandy L. Pyle	Y
Representative David Richter	Y
Representative Mark Sanford	Y
Representative Gregory Stemen	Y
Representative Steve Swiontek	Y
Representative Scott Wagner	Y

Motion passed 23-0-0.

Representative J. Nelson will carry the bill.

1:44 p.m. Chaiman Vigesaa adjourned the meeting.

Krystal Eberle for Risa Berube, Committee Clerk

RS 2/25/25

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25.0156.01018
Title.02000
Fiscal No. 1

Prepared by the Legislative Council staff for House Appropriations Committee
February 25, 2025

Sixty-ninth
Legislative Assembly
of North Dakota

PROPOSED AMENDMENTS TO

HOUSE BILL NO. 1012

Introduced by

Appropriations Committee

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to amend and reenact sections 50-06-06.6, 50-06-42, 50-24.5-02.3, and 50-33-05 of the North Dakota Century Code, relating to leases of department of health and human services property, substance use disorder treatment program, basic care payment rates, and state of residence for child care assistance; to provide for a transfer; to authorize a line of credit; to provide legislative intent; to provide for a legislative management study; to provide an application; to provide an exemption; ~~and~~ to provide for a report; and to provide an effective date.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. APPROPRIATION. The funds provided in this section, or so much of the funds as may be necessary, are appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, and from other funds derived from special funds and federal funds, to the department of health and human services for the purpose of defraying the expenses of its various divisions, for the biennium beginning July 1, 2025, and ending June 30, 2027, as follows:

~~Subdivision 1.~~

~~BUSINESS OPERATIONS~~

		~~Adjustments or~~	
	~~Base Level~~	~~Enhancements~~	~~Appropriation~~
~~Salaries and wages~~	~~$25,763,358~~	~~$0~~	~~$25,763,358~~

2 of 34

Operating expenses	155,308,399	0	155,308,399
Capital assets	108,934	0	108,934
Grants	11,812,627	0	11,812,627
Total all funds	192,993,318	0	192,993,318
Less other funds	118,894,310	0	118,894,310
Total general fund	$74,099,008	$0	$74,099,008

Subdivision 2.

BEHAVIORAL HEALTH

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$8,792,675	$0	$8,792,675
Operating expenses	79,381,458	0	79,381,458
Grants	40,476,298	0	40,476,298
Behavioral health clinics	196,383,945	0	196,383,945
State hospital	94,826,973	0	94,826,973
Opioid addiction prevention	2,000,000	0	2,000,000
Total all funds	421,861,349	0	421,861,349
Less other funds	113,955,941	0	113,955,941
Total general fund	$307,905,408	0	$307,905,408

Subdivision 3.

HUMAN SERVICES

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$168,325,918	$0	$168,325,918
Operating expenses	88,885,469	0	88,885,469
Capital assets	10,000	0	10,000
Grants	621,189,007	0	621,189,007
Life skills and transition center	44,992,263	0	44,992,263
Grants - medical assistance	742,793,564	0	742,793,564
County social services	197,663,661	0	197,663,661
Total all funds	1,863,859,882	0	1,863,859,882

Less other funds	1,240,409,529	0	1,240,409,529
Total general fund	$623,450,353	0	$623,450,353

Subdivision 4.

MEDICAL SERVICES

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$21,008,344	$0	$21,008,344
Operating expenses	70,807,977	0	70,807,977
Grants	1,651,004	0	1,651,004
Grants - medical assistance	2,682,778,803	0	2,682,778,803
Total all funds	2,776,246,128	0	2,776,246,128
Less other funds	1,818,029,530	0	1,818,029,530
Total general fund	$958,216,598	0	$958,216,598

Subdivision 5.

PUBLIC HEALTH

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$60,415,388	$0	$60,415,388
Operating expenses	37,721,213	0	37,721,213
Capital assets	1,469,780	0	1,469,780
Grants	81,718,145	0	81,718,145
Tobacco prevention	13,063,162	0	13,063,162
Women, infants, and children food payments	19,900,000	0	19,900,000
Cares Act/COVID-19	83,909,182	0	83,909,182
Total all funds	$298,196,870	0	298,196,870
Less other funds	250,440,690	0	250,440,690
Total general fund	$47,756,180	$0	$47,756,180

TOTAL - SECTION 1

	Base Level	Adjustments or Enhancements	Appropriation

~~Grand total all funds~~	~~$5,553,157,547~~	~~$0~~	~~$5,553,157,547~~
~~Grand total other funds~~	~~3,541,730,000~~	~~0~~	~~3,541,730,000~~
~~Grand total general fund~~	~~$2,011,427,547~~	~~$0~~	~~$2,011,427,547~~
~~Full-time equivalent positions~~	~~2,483.83~~	~~0.00~~	~~2,483.83~~

Subdivision 1.

SALARIES AND WAGES BLOCK GRANT

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages block grant	$0	$596,284,775	$596,284,775
Total all funds	0	596,284,775	596,284,775
Less other funds	0	286,720,150	286,720,150
Total general fund	$0	$309,564,625	$309,564,625

Subdivision 2.

BUSINESS OPERATIONS

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$25,763,358	($25,763,358)	$0
Operating expenses	155,308,399	(77,023,770)	78,284,629
Capital assets	108,934	(108,934)	0
Grants	11,812,627	6,966,375	18,779,002
Total all funds	$192,993,318	($95,929,687)	$97,063,631
Less other funds	118,894,310	(71,526,221)	47,368,089
Total general fund	$74,099,008	($24,403,466)	$49,695,542

Subdivision 3.

BEHAVIORAL HEALTH

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$8,792,675	($8,792,675)	$0
Operating expenses	79,381,458	23,888,138	103,269,596
Grants	40,476,298	21,889,322	62,365,620
Behavioral health clinics	196,383,945	(139,978,713)	56,405,232

State hospital	94,826,973	256,053,182	350,880,155
Opioid addiction prevention	2,000,000	6,000,000	8,000,000
Total all funds	$421,861,349	$159,059,254	$580,920,603
Less other funds	113,955,941	285,267,537	399,223,478
Total general fund	$307,905,408	($126,208,283)	$181,697,125

Subdivision 4.

HUMAN SERVICES

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$168,325,918	($168,325,918)	$0
Operating expenses	88,885,469	108,258,236	197,143,705
Capital assets	10,000	0	10,000
Grants	621,189,007	94,393,260	715,582,267
Life skills and transition center	44,992,263	(29,784,605)	15,207,658
Grants - medical assistance	742,793,564	7,655,079	750,448,643
County social services	197,663,661	6,928,621	204,592,282
Total all funds	$1,863,859,882	$19,124,673	$1,882,984,555
Less other funds	1,240,409,529	(13,961,485)	1,226,448,044
Total general fund	$623,450,353	$33,086,158	$656,536,511

Subdivision 5.

MEDICAL SERVICES

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$21,008,344	($21,008,344)	$0
Operating expenses	70,807,977	92,364,562	163,172,539
Grants	1,651,004	1,806,800	3,457,804
Grants - medical assistance	2,682,778,803	6,500,467	2,689,279,270
Total all funds	$2,776,246,128	$79,663,485	$2,855,909,613
Less other funds	1,818,029,530	(7,372,459)	1,810,657,071
Total general fund	$958,216,598	$87,035,944	$1,045,252,542

Subdivision 6.

PUBLIC HEALTH

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$60,415,388	($60,415,388)	$0
Operating expenses	37,721,213	17,853,669	55,574,882
Capital assets	1,469,780	2,215,838	3,685,618
Grants	81,718,145	4,245,496	85,963,641
Tobacco prevention	13,063,162	(22,607)	13,040,555
Women, infants, and children food payments	19,900,000	1,100,000	21,000,000
Cares Act/COVID-19	83,909,182	1,845,373	85,754,555
Total all funds	$298,196,870	($33,177,619)	$265,019,251
Less other funds	250,440,690	(20,626,287)	229,814,403
Total general fund	$47,756,180	($12,551,332)	$35,204,848

Subdivision 7.

TOTAL - SECTION 1

	Base Level	Adjustments or Enhancements	Appropriation
Grand total all funds	$5,553,157,547	$725,024,881	$6,278,182,428
Grand total other funds	3,541,730,000	458,501,235	4,000,231,235
Grand total general fund	$2,011,427,547	$266,523,646	$2,277,951,193
Full-time equivalent positions	2,483.83	204.52	2,688.35

SECTION 2. ONE TIME FUNDING - EFFECT ON BASE BUDGET - REPORT TO SEVENTIETH LEGISLATIVE ASSEMBLY. The following amounts reflect the one-time funding items included in section 1 of this Act which are not included in the entity's base budget for the 2027-29 biennium and which the entity shall report to the appropriations committees of the seventieth legislative assembly regarding the use of this funding:

One-Time Funding Description	General Fund	Other Funds	Total
Technology projects	$0	$10,263,000	$10,263,000
Human service centers and life skills and transition center projects	0	1,052,480	1,052,480

Retire mainframe	0	15,000,000	15,000,000
Child care programs	13,272,500	0	13,272,500
Housing programs	0	1,000,000	1,000,000
State laboratory move and equipment	0	2,962,304	2,962,304
Partial hospitalization day treatment	0	2,000,000	2,000,000
Developmental disabilities eligibility assessment tool for kids	200,000	200,000	400,000
Toxicology equipment	151,500	100,000	251,500
New state hospital	0	330,000,000	330,000,000
Behavioral health facility grant	0	12,960,000	12,960,000
Cultural community center grant	0	1,000,000	1,000,000
Adaptive recreation grant	200,000	0	200,000
Intermediate care facility grant	3,457,736	0	3,457,736
Juvenile justice diversion services	750,000	0	750,000
Animal shelter grant	0	300,000	300,000
Statewide health strategies	0	750,000	750,000
Critical access hospital networking	0	2,000,000	2,000,000
Total	$18,031,736	$379,587,784	$397,619,520

SECTION 3. FUNDING TRANSFERS - EXEMPTION - AUTHORIZATION - REPORT. Notwithstanding section 54-16-04, the director of the office of management and budget shall transfer appropriation authority between line items within subdivisions 1, 2, 3, 4, ~~and~~ 5, and 6 of section 1 of this Act and any other appropriation authority for the department of health and human services approved by the sixty-ninth legislative assembly, for the biennium beginning July 1, 2025, and ending June 30, 2027, as requested by the department of health and human services. The department of health and human services shall notify the legislative council of any transfer made pursuant to this section. The department of health and human services shall report to the budget section after June 30, 2026, any transfer made in excess of $50,000 and to the appropriations committees of the seventieth legislative assembly regarding any transfers made pursuant to this section.

SECTION 4. FULL-TIME EQUIVALENT POSITION BLOCK GRANT PROGRAM - REPORT. Section 1 of this Act includes funding for a full-time equivalent position block grant

program. This funding as approved by the sixty-ninth legislative assembly is available for defraying the expense of full-time equivalent positions as determined by the department of health and human services. Notwithstanding any other provision of law, the department is authorized to increase or decrease authorized full-time equivalent positions subject to the availability of funds and the provisions of this section. The department of health and human services many not increase full-time equivalent positions for the purpose of transferring human service zone employees to state employment. Pursuant to section 3 of this Act, the department is authorized to transfer appropriation authority of up to the underfunded amount of $30,000,000 to the salaries and wages block grant line item. The department of health and human services shall report to the office of management and budget and legislative council any adjustments to full-time equivalent positions.

SECTION 5. DEPARTMENT OF HEALTH AND HUMAN SERVICES - SALARIES AND WAGES BLOCK GRANT - VACANT POSITIONS - REPORT. The department of health and human services shall report to the budget section quarterly during the 2025-26 interim regarding the status of its salaries and wages block grant and vacant positions and employee turnover. The report must include:

1. The legislative appropriation for salaries and wages allocated by the department to major department programs by funding source and the number of FTE positions the department is allocating to each major program based on the legislative appropriation;
2. Any changes to salaries and wages funding or FTE positions allocated to major department programs;
3. Any new FTE positions added, the cost of the position for the remainder of the biennium, and the cost to continue funding the position in the subsequent biennium by funding source;
4. Any FTE positions removed and related funding;
5. The number of FTE positions that become vacant and the number filled each month;
6. The number of vacant FTE positions at the end of each month;
7. Salaries and wages savings resulting from vacant positions and employee turnover each month by funding source; and
8. The use of salaries and wages savings for other purposes for each month by funding source.

SECTION 6. BEHAVIORAL HEALTH FACILITY GRANT - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND - APPLICATION.

1. Section 1 of this Act includes the sum of $12,960,000 from the strategic investment and improvements fund for a behavioral health facility grant pursuant to this section.
2. A grant of $12,960,000 must be provided to establish a behavioral health facility in the northeast human service region. The grant recipient must provide matching funds of $3,240,000 to establish the facility.
3. The department shall require an entity receiving funding under this section to operate the facility for at least ten years and require the grant amount to be repaid if the entity does not operate the facility for at least ten years.
4. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 7. COMMUNITY CULTURAL CENTER GRANT - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND - APPLICATION. Section 1 of this Act includes the sum of $1,000,000 from the strategic investment and improvements fund for the purpose of providing a one-time community cultural center grant in the west central human service region. An entity may apply for a grant under this section if the entity certifies to the department it has secured at least fifty percent of funds needed to complete the project, the project will be completed within two years of receiving the grant funds, and the grants funds will be used only for costs of constructing a community cultural center. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 8. JUVENILE JUSTICE DIVERSION SERVICES AND PROGRAMS - TASK FORCE - REPORT. Section 1 of this Act includes the sum of $750,000 from the general fund for juvenile justice diversion services and programs. The department of health and human services must use the funding for services to youth at risk of juvenile justice involvement but who have not committed delinquent acts as defined in chapter 27-20.4.

The department shall establish a task force with representation from divisions in the department, human service zones, the department of public instruction, elementary and secondary schools, and members of the legislative assembly, to review juvenile justice diversion services and program. The department shall report its findings and recommendations to the legislative management and children's cabinet.

SECTION 9. ANIMAL SHELTER GRANT - COMMUNITY HEALTH TRUST FUND. Section 1 of this Act includes the sum of $300,000 from the community health trust fund for a grant for the construction of an animal shelter. The department of health and human services may award a grant for the construction of an animal shelter to an organization that provides twenty dollars of nonstate matching funds for every dollar of grant funds received. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 10. STATEWIDE HEALTH STRATEGIES - COMMUNITY HEALTH TRUST FUND. Section 1 of this Act includes the sum of $750,000 of one-time funding from the community health trust fund for the statewide health strategies initiative. The department of health and human services may spend the funding upon securing dollar-for-dollar matching funds.

SECTION 11. OTHER FUNDS - INSURANCE TAX DISTRIBUTION FUND. The other funds line item in subdivision 5 of section 1 of this Act includes the sum of $1,125,000 from the insurance tax distribution fund for rural emergency medical services grants.

SECTION 12. OTHER FUNDS - COMMUNITY HEALTH TRUST FUND. The other funds line items in section 1 of this Act includes the sum of $38,713,522 from the community health trust fund for the following purposes:

Loan repayment programs	$594,500
Tobacco and vaping programs	11,599,698
Cancer and women's way programs	909,824
Behavior risk state survey	200,000
Domestic violence programs	4,250,000
Local public health grants	3,275,000
988 crisis hotline	1,867,500
Various information technology system upgrades	2,967,000
Grants to rural ambulances	7,000,000
Law enforcement rural crisis support program	1,000,000
Development of partial hospitalization/intensive day treatment	2,000,000
Critical access hospital networking	2,000,000
Animal shelter grant	300,000

Statewide health strategies	750,000
Total	$38,713,522

~~**SECTION 7. OTHER FUNDS - COMMUNITY HEALTH TRUST FUND.** The other funds line item in subdivision 2 of section 1 of this Act includes the sum of $1,867,500 from the community health trust fund for the 988 crisis hotline program and subdivision 5 of section 1 of this Act includes the sum of $27,072,324 from the community health trust fund for the following programs:~~

~~Behavioral risk factor survey~~	~~$200,000~~
~~Behavioral health loan repayment~~	~~234,500~~
~~Domestic violence offender treatment~~	~~1,000,000~~
~~Domestic violence prevention~~	~~1,000,000~~
~~Women's way~~	~~329,500~~
~~Dentist's loan repayment~~	~~360,000~~
~~Local public health state aid~~	~~3,275,000~~
~~Rural emergency medical and ambulance services grants~~	~~7,000,000~~
~~Cancer programs~~	~~580,324~~
~~Forensic examiner contract~~	~~1,000,000~~
~~Tobacco cessation grants~~	~~500,000~~
~~Youth vaping prevention grants~~	~~300,000~~
~~Tobacco prevention and control~~	~~5,043,000~~
~~Tobacco prevention and control grants to local public health units~~	~~6,250,000~~
~~Total community health trust fund~~	~~$27,072,324~~

SECTION 13. OTHER FUNDS - HUMAN SERVICE FINANCE FUND. The other funds line ~~item~~items in ~~subdivision 3 of~~ section 1 of this Act includes the sum of ~~$226,950,000~~$239,112,030 from the human service finance fund for state-paid economic assistance and social and human services.

~~**SECTION 9. OTHER FUNDS - HEALTH CARE TRUST FUND.** The other funds line item in subdivision 4 of section 1 of this Act includes the sum of $500,000 from the health care trust fund for basic care facility bad debt expense.~~

~~**SECTION 10. OTHER FUNDS - CHARITABLE GAMING OPERATING FUND.** The other funds line item in subdivision 2 of section 1 of this Act includes the sum of $500,000 from the charitable gaming operating fund for costs of gambling disorder prevention services.~~

SECTION 14. OTHER FUNDS - OPIOID SETTLEMENT FUND. The other funds line item in ~~subdivision 2 of~~ section 1 of this Act includes the sum of $8,000,000 from the opioid settlement fund for opioid remediation and abatement efforts.

SECTION 15. OTHER FUNDS - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND The other funds line items in section 1 of this Act includes the sum of $227,474,784 from the strategic investment and improvements fund for the following purposes:

Retiring technology from the mainframe	$7,500,000
Move into the new state laboratory and purchase security equipment	2,962,304
Capital projects in human service centers and life skills and transition center	1,052,480
Housing initiative programs	1,000,000
Technology projects at the state hospital	1,000,000
New state hospital	200,000,000
Behavioral health facility grant	12,960,000
Community cultural center grant	1,000,000
Total	$227,474,784

SECTION 16. OTHER FUNDS - BANK OF NORTH DAKOTA LINE OF CREDIT - STATE HOSPITAL PROJECT. The other funds line item in subdivision 2 of section 1 of this Act includes $130,000,000 from a Bank of North Dakota line of credit. The department of health and human services may borrow up to $130,000,000 through a line of credit from the Bank of North Dakota during the biennium beginning July 1, 2025, and ending June 30, 2027, for costs associated with the construction of a new state hospital. The interest rate on the line of credit may not exceed the prevailing interest rate charged to North Dakota governmental entities. If the department accesses the line of credit, it shall request a deficiency appropriation from the seventieth legislative assembly to repay the line of credit.

SECTION 17. LABORATORY BUILDING STEERING COMMITTEE. The department of health and human services shall maintain the laboratory building steering committee to oversee the design and construction of the laboratory building project, for the biennium beginning July 1, 2025, and ending June 30, 2027, or until work is completed, whichever occurs earlier. The

committee must include representation from the department of health and human services, department of environmental quality, office of management and budget, the governor's office, and the legislative assembly. The legislative assembly representation must include one member of the senate appointed by the senate majority leader, one member of the house appointed by the house majority leader, and one member of the minority party from either the senate or the house appointed by the minority leaders of the senate and the house.

SECTION 18. NEW STATE HOSPITAL - STEERING COMMITTEE. The department of health and human services shall establish a new state hospital facility steering committee to oversee the design and construction of a new state hospital facility, for the biennium beginning July 1, 2025, and ending June 30, 2027. The committee must include one member of the senate appointed by the senate majority leader, one member of the house appointed by the house majority leader, and one member of the minority party from either the senate or the house appointed by the minority leaders of the senate and the house.

SECTION 19. CAPITAL PAYMENTS. During the biennium beginning July 1, 2025, and ending June 30, 2027, the department of health and human services is authorized to expend funds for the payment of special assessments at the state hospital, southeast human service center, and life skills and transition center. Pursuant to section 3 of this Act, the director of the office of management and budget may transfer appropriation authority between line items within section 1 of this Act and any remaining appropriation authority for the department of health and human services approved by the sixty-ninth legislative assembly. The department of health and human services may transfer funds for the payment of special assessments at the state hospital, southeast human service center, and life skills and transition center ahead of the special needs assessments schedule. Notwithstanding section 54-27-12, the department of health and human services may spend funds for the payment of special assessments at the state hospital and life skills and transition center.

SECTION 20. CAPITAL PROJECTS - EMERGENCY COMMISSION AND BUDGET SECTION APPROVAL. During the biennium beginning July 1, 2025, and ending June 30, 2027, pursuant to section 3 of this Act, the director of the office of management and budget may transfer appropriation authority between line items within section 1 of this Act and any remaining appropriation authority for the department of health and human services approved by the sixty-ninth legislative assembly for capital projects and maintenance pertaining to operation of its

facilities, including demolition projects. Notwithstanding section 54-27-12, the department of health and human services may spend up to $10,000,000 for capital projects and maintenance pertaining to operation of its facilities, including demolition projects, under this section and may seek emergency commission and budget section approval to spend more than $10,000,000 under this section.

SECTION 21. PERMANENT SUPPORTIVE HOUSING GRANTS. Section 1 of this Act includes the sum of $4,672,536 from the general fund for permanent supportive housing grants. The department of health and human services shall develop a funding methodology to distribute the funding to qualified entities that utilize best practices for permanent supportive housing, provide recovery-oriented and person-centered services, submit process and outcome measures to the department of health and human services, and authorize the department of health and human services to conduct onsite visits to review program operations.

SECTION 22. EXPENDITURES MAY NOT EXCEED APPROPRIATION - MEDICAL ASSISTANCE EXPANSION PROGRAM - APPLICATION.

1. Section 1 of this Act includes the sum of $662,099,340, of which $66,209,934 is from the general fund, for the medical assistance expansion program, for the biennium beginning July 1, 2025, and ending June 30, 2027. The expenditures for individuals eligible for the medical assistance expansion program may not exceed this amount.
2. The department of health and human services may exceed appropriations for increases in medical assistance expansion program caseload, for the addition of coverage consistent with the traditional Medicaid 1915(i) state plan, utilization rates, and reduction in federal medical assistance percentage.
3. The managed care organization under contract with the department of health and human services to manage the medical assistance expansion program shall reimburse providers within the same provider type and specialty at consistent levels and with consistent methodology and may not provide incentive, quality, or supplemental payments to providers, unless part of a value-based program approved by the department of health and human services. The managed care organization shall reimburse all North Dakota substance use providers of American society of addiction medicine level 2.5 at consistent levels and with consistent methodology. The managed care organization may consider urban and rural providers as different provider types.

4. The managed care organization and the department of health and human services shall ensure payments to Indian or Tribal 638 health care providers, federally qualified health centers,and rural health clinics meet the federally required minimum levels of reimbursement. Critical access hospitals may not be paid less than one hundred percent of Medicare allowable costs and human service centers may not be paid less than one hundred percent of the current traditional Medicaid rate. Behavioral health services involving partial hospitalization, intensive outpatient, professional services, and residential behavioral health services provided in facilities that are not institutions for mental diseases are not subject to the provisions in subsection 6.
5. The department of health and human services shall ensure providers within the same provider type and specialty are reimbursed at consistent levels and with consistent methodology and shall ensure the capitation rates under risk contracts are actuarially sound and are adequate to meet managed care organization contractual requirements regarding availability of services, assurance or adequate capacity and services, and coordination and continuity of care.
6. Except for the provisions in subsection 4, managed care organization premium payments must be built using the assumption that rates paid to providers under the medical assistance expansion program may not exceed one hundred forty-five percent of Medicare reimbursement rates paid to providers on January 1, 2025.

SECTION 23. HUMAN SERVICE CENTERS - CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS - FULL-TIME EQUIVALENT POSITIONS - REPORT. The department of health and human services shall continue the process of the human service centers becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults. The department of health and human services shall pursue additional federal funding as available. Subject to the availability of generated income, the department of health and human services may add full-time equivalent positions for the clinics to provide direct services for the period beginning with the effective date of this Act and ending June 30, 2027. The department of health and human services shall report to the office of management and budget and legislative council each time a position is added.

SECTION 24. INTERMEDIATE CARE FACILITY MORATORIUM. The department of health and human services may not add any new licensed intermediate care facility for individuals with

intellectual disabilities beds to the state's licensed bed capacity between July 1, 2025, and June 30, 2027.

SECTION 25. EXEMPTION - UNEXPENDED APPROPRIATIONS. The following appropriations are not subject to the provisions of section 54-44.1-11 and any unexpended appropriation authority may be continued into the biennium beginning July 1, 2025, and ending June 30, 2027:

1. The sum of $3,674,757 appropriated from the general fund and the sum of $25,918,566 appropriated from federal funds for the Medicaid management information system modularization technology project in chapter 12 of the 2021 Session Laws;
2. The sum of $14,411,218 appropriated from the general fund and the sum of $14,411,218 appropriated from federal funds for the child welfare technology project in chapter 12 of the 2021 Session Laws;
3. The sum of $20,366,271 appropriated from the community health trust fund and the sum of $39,534,525 appropriated from federal funds for the child support computer replacement project in chapter 44 of the 2023 Session Laws;
4. The sum of $10,989,217 appropriated from the strategic investment and improvements fund for the procurement and grants management system in chapter 44 of the 2023 Session Laws;
5. The sum of $4,150,000 appropriated from the general fund for defraying the expenses of additional human service centers to begin the process of becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults in chapter 44 of the 2023 Session Laws;
6. The sum of $18,941,847 appropriated to the department of health and human services in chapter 549 of the 2021 Special Session Laws;
7. The sum of $55,120,000 appropriated from the federal state fiscal recovery fund for a public health laboratory capital project in chapter 4 of the 2023 Session Laws;
8. The sum of $5,000,000 appropriated from the general fund for the purpose of employer-led child care cost-share program in chapter 446 of the 2023 Session Laws;
9. The sum of $986,555 appropriated from the general fund for the purpose of streamlining background checks project in chapter 446 of the 2023 Session Laws;

10. The sum of $2,223,981 appropriated from the federal state fiscal recovery fund for the implementation of a virtual behavioral health crisis care program for rural law enforcement in chapter 44 of the 2023 Session Laws; and
11. The sum of $500,000 appropriated from the general fund and the sum of $500,000 appropriated from federal funds for the purpose of program integrity audits in chapter 44 of the 2023 Session Laws.
12. The sum of $1,950,000 appropriated from the general fund to the department of health and human services for a northwest human service region behavioral health facility grant in chapter 44 of the 2023 Session Laws.

SECTION 26. LEGISLATIVE INTENT - UTILIZATION RATE ADJUSTMENT. It is the intent of the sixty-ninth legislative assembly that the department of health and human services seek a deficiency appropriation from the seventieth legislative assembly for any expenditures that exceed appropriated amounts as a result of underfunding, utilization rates, value-based purchasing for nursing facilities, reduction in federal medical assistance percentage, and unexpected contract cost increases that exceed ten percent, during the biennium beginning July 1, 2025, and ending June 30, 2027, if funding is not sufficient to pay actual expenses.

SECTION 27. LEGISLATIVE INTENT - PROVIDER RATE INCREASE. Except as otherwise noted, section 1 of this Act includes funding for human service provider inflation increases of two percent for each year of the biennium beginning July 1, 2025, and ending June 30, 2027. The provider inflation increase in this section does not apply to nursing facilities.

SECTION 28. LEGISLATIVE INTENT - DEVELOPMENTAL DISABILITIES PROVIDER ACCREDITATION REQUIREMENT. It is the intent of the sixty-ninth legislative assembly that the department of health and human services eliminate its administrative rule requirement that providers of developmental disabilities services be accredited as a condition of being eligible for receiving payments for services from the department of health and human services.

SECTION 29. LEGISLATIVE INTENT - MEDICAL ASSISTANCE. It is the intent of the sixty-ninth legislative assembly that the department of health and human services review the amount, duration, coverage, utilization rates, medical necessity, and scope of medical assistance services, and may implement any adjustments the department determines appropriate.

SECTION 30. FEDERAL FUNDING APPEAL LIMITATION. Except as otherwise specifically provided by federal law, a person may not appeal a denial, revocation, reduction in services or payment, or the termination of a program or service by the department of health and human services dues to the unavailability of federal coronavirus funding received under federal law resulting from the federal coronavirus pandemic emergency declarations, for the biennium beginning July 1, 2025, and ending June 30, 2027.

SECTION 31. DEPARTMENT OF HEALTH AND HUMAN SERVICES - LONG-TERM STRUCTURED RESIDENCES PLAN - REPORT. During the 2025-26 interim, the department of health and human services shall review options and develop a plan to establish long-term structured residences. The department shall review necessary changes to statutes, rules, policies, and the estimated fiscal impact of establishing the residences. A long-term structured residence must be a highly structured therapeutic residential mental health treatment facility that is staffed continuously and designed to treat adults under chapters 12.1-04.1 and 25-03.1 who have severe and persistent mental illness and who have reached the maximum benefit from the mental health resources available elsewhere in the community or hospital. The department shall present a report to the legislative management by October 1, 2026, regarding its plan to establish long-term structured residences.

SECTION 32. AMENDMENT. Section 50-06-06.6 of the North Dakota Century Code is amended and reenacted as follows:

50-06-06.6. Department may lease real and personal property.

The commissioner of the department or commissioner's designee may lease ~~surplus farm and pastureland at the state hospital and the life skills and transition center. The commissioner or designee also may enter into further leases of~~ real or personal property at the life skills and transition center or the state hospital upon a specific finding that the granting of each such leasehold interest will result in a net economic gain for the department, taking into account all identifiable costs. Any lease of space for the purpose of providing child care services must meet requirements as determined by the department. The commissioner of the department or commissioner's designee may prescribe the terms and conditions of any leases entered into pursuant to this section and may renew existing leases. ~~Any~~The term of any lease ~~entered into must be subject to renewal or cancelable each biennium~~may not exceed ninety-nine years.

SECTION 33. AMENDMENT. Section 50-06-42 of the North Dakota Century Code is amended and reenacted as follows:

50-06-42. Substance use disorder treatment voucher system - Mental health treatment voucher system for incarcerated individuals.

1. The department shall establish and administer, within the limits of legislative appropriations, a voucher system to address underserved areas and gaps in the state's substance abuse treatment system and to assist in the payment of addiction treatment services and medical costs provided by licensed substance abuse treatment programs, excluding regional human service centers and hospital- or medical clinic-based programs for medical management of withdrawal.

   a. An out-of-state licensed substance abuse treatment program located within a bordering state may participate in the voucher program to serve an underserved area of this state pursuant to the rules adopted by the department. The department shall develop rules to include processes and requirements for an out-of-state provider to receive reimbursement only for outpatient and community-based services upon a provider completing an assessment of need and receiving approval from the department.

   ~~2.~~b. Services eligible for the voucher program include only those levels of care recognized by the American society of addiction medicine, with particular emphasis given to underserved areas and programs. The department shall ensure that a licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers collects and reports process and outcome measures.

   ~~3.~~c. The department shall develop requirements and provide training and technical assistance to a licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers. A licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers shall provide evidence-based services.

   ~~4.~~d. The department shall allocate funding appropriated for the substance use disorder treatment voucher as follows:

   ~~a. No~~

(1) Except as provided in paragraphs 3 and 4, no more than ~~forty-five~~fifty percent of the appropriated amount may be allocated for residential substance use disorder services administered by licensed substance abuse treatment programs with more than sixteen beds.

~~b.~~(2) The remaining appropriation must be allocated for residential programs with sixteen or fewer beds, nonresidential outpatient, and ancillary substance use disorder services administered by licensed substance abuse treatment programs.

(3) The department, during the last quarter of the biennium, may reallocate projected unused funds that were allocated under paragraph 2 to residential facilities outlined in paragraph 1.

(4) The department may reimburse a licensed substance abuse treatment program with more than sixteen beds the incurred direct medical costs of an eligible individual who does not have resources to cover the medical costs. The department may develop rules and may not exceed the total amount appropriated for medical cost reimbursement.

2. The department shall establish and administer, within the limits of legislative appropriations, a voucher system to address underserved areas and gaps in the state's mental health treatment system for individuals detained or confined in a county jail or detention center or regional corrections center and to assist in the payment of mental health treatment services provided by a licensed mental health professional acting within their scope of practice, excluding a regional human service center.

a. Services eligible for the voucher program include only diagnostic assessment and mental health therapy for individuals with a mental health concern detained or confined in a county jail or detention center or regional corrections center. The department shall ensure that a licensed mental health professional accepting vouchers collects and reports process and outcome measures.

b. The department shall develop requirements and provide training and technical assistance to licensed mental health professionals accepting vouchers. A licensed mental health professional shall provide evidence-based services.

SECTION 34. AMENDMENT. Section 50-24.5-02.3 of the North Dakota Century Code is amended and reenacted as follows:

50-24.5-02.3. Basic care payment rates.

1. The department shall determine limits for the care of residents of basic care facilities that qualify as vendors of an aged, blind, and disabled persons program and for implementing provisions of this chapter based on data demonstrating the most recent costs that must be incurred for the care of residents in efficiently and economically operated basic care facilities. The department shall determine the limits every four years by July first, beginning with July 1, 2023.
2. The department shall establish the limits by using the median rates from the most recent data available. The direct care limit must be the median plus eighteen percent. The indirect care limit must be the median plus twelve percent.
3. For the rate year beginning July 1, 2023, the department shall increase rates and limits three and one-half percent for inflation. For the rate year beginning July 1, 2024, the department shall increase rates and limits three and one-half percent for inflation.
4. The department shall provide a rate increase in the amount of five dollars per day for the period beginning July 1, 2023, and ending June 30, ~~2025~~2027, after which the increase is not effective. This rate increase may not be included in any calculation of inflation increase.
5. Within the limits of legislative appropriations, the department shall establish an uncompensated care expense of three hundred sixty-five days.

SECTION 35. AMENDMENT. Section 50-33-05 of the North Dakota Century Code is amended and reenacted as follows:

50-33-05. State of residence.

Only child care assistance units physically residing within the boundaries of the state are eligible for child care assistance, unless the individual is employed by an early childhood program within the boundaries of the state and the individual has been approved for the state's child care assistance child care workforce benefit.

SECTION 36. HOUSING AVAILABILITY ASSESSMENT - COLLABORATION WITH HOUSING FINANCE AGENCY. The department of health and human services shall collaborate with the North Dakota housing finance agency and other appropriate stakeholders to assess the

availability of housing for individuals requiring extraordinary health care support services, for the biennium beginning July 1, 2025, and ending June 30, 2027. Based on the results of the assessment, if necessary, the department shall develop a plan to expand access to housing providing the least restrictive environment for individuals requiring extraordinary health care support services.

SECTION 37. BEHAVIORAL HEALTH CLINICS, NORTH DAKOTA STATE HOSPITAL, AND LIFE SKILLS AND TRANSITION CENTER FUNDING. Section 1 of this Act includes funding for the behavioral health clinics, North Dakota state hospital, and life skills and transition center as follows:

1. Behavioral health clinics:		
a.	Salaries and wages	$156,967,103
b.	Operating and capital	64,131,965
c.	Total	$221,099,068
2. State hospital:		
a.	Salaries and wages	$68,775,551
b.	Operating and capital	350,880,155
c.	Total	$419,655,706
3. Life skills and transition center:		
a.	Salaries and wages	$55,540,213
b.	Operating and capital	15,207,658
c.	Total	$70,747,871

SECTION 38. LEGISLATIVE MANAGEMENT STUDY - STUDENT TRUANCY AND ABSENTEEISM. The legislative management shall consider studying, during the 2025-26 interim, truancy and student absenteeism in kindergarten through grade twelve public schools. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement its recommendations, to the seventieth legislative assembly.

SECTION 39. LEGISLATIVE MANAGEMENT STUDY - OBESITY HEALTH IMPLICATIONS. The legislative management shall consider studying, during the 2025-26 interim, the health implications of obesity on the residents of the state and options to increase access to prevention and treatments for obesity. If conducted, the study must review costs associated with obesity including comorbidities, treatments available for obesity, obesity

diagnosis guidelines including use of body mass index compared with percentage of body fat, and examining the difference between being an individual who is healthy and overweight as compared to an obese individual. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement its recommendations, to the seventieth legislative assembly.

SECTION 40. LEGISLATIVE MANAGEMENT REPORT - BEHAVIORAL HEALTH FACILITY GRANTS. During the 2025-26 interim the department of health and human services shall provide reports to the legislative management regarding the award of grant funding to increase the number of behavioral health beds in the state.

SECTION 41. EFFECTIVE DATE. Section 33 of this Act becomes effective on July 1, 2026.

STATEMENT OF PURPOSE OF AMENDMENT:

House Bill No. 1012 - Summary of House Action

	Base Budget	House Changes	House Version
Department of Health and Human Services			
Total all funds	$0	$596,284,775	$596,284,775
Less estimated income	0	286,720,150	286,720,150
General fund	$0	$309,564,625	$309,564,625
FTE	0.00	2,688.35	2,688.35
DHHS - Business Operations			
Total all funds	$192,993,318	($95,929,687)	$97,063,631
Less estimated income	118,894,310	(71,526,221)	47,368,089
General fund	$74,099,008	($24,403,466)	$49,695,542
FTE	114.40	(114.40)	0.00
DHHS - Behavioral Health			
Total all funds	$421,861,349	$159,059,254	$580,920,603
Less estimated income	113,955,941	285,267,537	399,223,478
General fund	$307,905,408	($126,208,283)	$181,697,125
FTE	1,054.27	(1,054.27)	0.00
DHHS - Human Services			
Total all funds	$1,863,859,882	$19,124,673	$1,882,984,555
Less estimated income	1,240,409,529	(13,961,485)	1,226,448,044
General fund	$623,450,353	$33,086,158	$656,536,511
FTE	1,009.16	(1,009.16)	0.00
DHHS - Medical Services			
Total all funds	$2,776,246,128	$79,663,485	$2,855,909,613
Less estimated income	1,818,029,530	(7,372,459)	1,810,657,071
General fund	$958,216,598	$87,035,944	$1,045,252,542
FTE	90.50	(90.50)	0.00
DHHS - Public Health			
Total all funds	$298,196,870	($33,177,619)	$265,019,251
Less estimated income	250,440,690	(20,626,287)	229,814,403
General fund	$47,756,180	($12,551,332)	$35,204,848
FTE	215.50	(215.50)	0.00
Bill total			
Total all funds	$5,553,157,547	$725,024,881	$6,278,182,428
Less estimated income	3,541,730,000	458,501,235	4,000,231,235
General fund	$2,011,427,547	$266,523,646	$2,277,951,193
FTE	2,483.83	204.52	2,688.35

House Bill No. 1012 - Department of Health and Human Services - House Action

	Base Budget	House Changes	House Version
Salaries and wages block grant		$596,284,775	$596,284,775
Total all funds	$0	$596,284,775	$596,284,775
Less estimated income	0	286,720,150	286,720,150
General fund	$0	$309,564,625	$309,564,625
FTE	0.00	2,688.35	2,688.35

Department 325 - Department of Health and Human Services - Detail of House Changes

	Creates Salaries and Wages Block Grant Funding Pool[1]	Total House Changes
Salaries and wages block grant	$596,284,775	$596,284,775
Total all funds	$596,284,775	$596,284,775
Less estimated income	286,720,150	286,720,150
General fund	$309,564,625	$309,564,625
FTE	2,688.35	2,688.35

[1] Funding for departmentwide salaries and wages is transferred into a salaries and wages block grant funding pool.

House Bill No. 1012 - DHHS - Business Operations - House Action

	Base Budget	House Changes	House Version
Salaries and wages	$25,763,358	($25,763,358)	
Operating expenses	155,308,399	(77,023,770)	$78,284,629
Capital assets	108,934	(108,934)	
Grants	11,812,627	6,966,375	18,779,002
Total all funds	$192,993,318	($95,929,687)	$97,063,631
Less estimated income	118,894,310	(71,526,221)	47,368,089
General fund	$74,099,008	($24,403,466)	$49,695,542
FTE	114.40	(114.40)	0.00

Department 326 - DHHS - Business Operations - Detail of House Changes

	Adjusts Funding for Business Operations Division[1]	Total House Changes
Salaries and wages	($25,763,358)	($25,763,358)
Operating expenses	(77,023,770)	(77,023,770)
Capital assets	(108,934)	(108,934)
Grants	6,966,375	6,966,375
Total all funds	($95,929,687)	($95,929,687)
Less estimated income	(71,526,221)	(71,526,221)
General fund	($24,403,466)	($24,403,466)
FTE	(114.40)	(114.40)

[1] Funding for the business operations division is adjusted as follows:

Description	FTE	General Fund	Other Funds	Total
Adjusts funding for base payroll and budget changes.		($16,396,866)	($66,836,143)	($83,233,009)
Adjusts FTE positions	66.15			
Adds funding for salary increases of 3 percent on July 1, 2025, and July 1, 2026		1,035,502	531,151	1,566,653
Adds funding for monthly increases in health insurance rates from $1,643 to $1,893 per employee		651,154	363,569	1,014,723
Transfers salaries and wages into the department's FTE block grant pool	(180.55)	(12,603,508)	(17,737,100)	(30,340,608)
Underfunds salaries and wages departmentwide		(20,157,874)	0	(20,157,874)

Description	FTE	General Fund	Other Funds	Total
Underfunds operating expenses departmentwide		(3,050,000)	0	(3,050,000)
Adds funding for increases in rates charged by the Attorney General's office and the Office of Administrative Hearings		190,590	0	190,590
Adds funding for increases in information technology rates		5,196,748	2,152,302	7,349,050
Increases funding for costs of information technology contracts		20,730,788	0	20,730,788
Total ongoing changes	(114.4)	($24,403,466)	($81,526,221)	($105,929,687)
One-time funding items:				
Provides funding for costs to retire mainframe applications		0	10,000,000	10,000,000
Total one-time funding changes		$0	$10,000,000	$10,000,000
Total changes to base level	(114.4)	($24,403,466)	($71,526,221)	($95,929,687)

House Bill No. 1012 - DHHS - Behavioral Health - House Action

	Base Budget	House Changes	House Version
Salaries and wages	$8,792,675	($8,792,675)	
Operating expenses	79,381,458	23,888,138	$103,269,596
Grants	40,476,298	21,889,322	62,365,620
Behavioral health clinics	196,383,945	(139,978,713)	56,405,232
State Hospital	94,826,973	256,053,182	350,880,155
Opioid addiction prevention	2,000,000	6,000,000	8,000,000
Total all funds	$421,861,349	$159,059,254	$580,920,603
Less estimated income	113,955,941	285,267,537	399,223,478
General fund	$307,905,408	($126,208,283)	$181,697,125
FTE	1,054.27	(1,054.27)	0.00

Department 327 - DHHS - Behavioral Health - Detail of House Changes

	Adjusts Funding for Behavioral Health Division[1]	Total House Changes
Salaries and wages	($8,792,675)	($8,792,675)
Operating expenses	23,888,138	23,888,138
Grants	21,889,322	21,889,322
Behavioral health clinics	(139,978,713)	(139,978,713)
State Hospital	256,053,182	256,053,182
Opioid addiction prevention	6,000,000	6,000,000
Total all funds	$159,059,254	$159,059,254
Less estimated income	285,267,537	285,267,537
General fund	($126,208,283)	($126,208,283)
FTE	(1,054.27)	(1,054.27)

[1] Funding for the behavioral health division is adjusted as follows:

Description	FTE	General Fund	Other Funds	Total
Adjusts funding for base payroll and budget changes.		$15,466,235	$2,311,139	$17,777,374
Adjusts funding for base budget changes		5,709,106	(5,000,000)	709,106
FTE position adjustment	104.93			

Description	FTE	General Fund	Other Funds	Total
Adds funding for salary increases of 3 percent on July 1, 2025 and July 1, 2026		8,392,306	134,924	8,527,230
Adds funding for monthly increase in health insurance rates from $1,643 to $1,893 per employee		6,517,157	114,129	6,631,286
Moves salaries and wages to the FTE block grant pool	(1,159.20)	(190,198,399)	(68,592,655)	(258,791,054)
Adds funding related to an opioid settlement		0	8,000,000	8,000,000
Provides funding for a remote crisis intervention solution for law enforcement		0	1,000,000	1,000,000
Provides funding to expand use of the SUD voucher for addiction treatment and recovery services		2,500,000	0	2,500,000
Provides funding for SUD for medical expenses in institutions for mental disease facilities		500,000	0	500,000
Provides additional SUD funding for 50/50 inpatient/outpatient services		500,000	0	500,000
Provides additional SUD funding for treatment of incarcerated individuals		2,500,000	0	2,500,000
Provides equity funding for behavioral health staff in western North Dakota		250,536	0	250,536
Provides additional funding for inflationary increases in crisis residential contracts		706,233	0	706,233
Provides additional funding for inflationary increases in addiction residential contracts		917,786	0	917,786
Provides additional funding for inflationary increases in recovery/rehab contracts		2,154,668	0	2,154,668
Provides an adjustment to the additional inflationary adjustment for vendor contracts		(2,000,000)	0	(2,000,000)
Provides funding to expand training and education for treatment collaborative for traumatized youth		408,000	0	408,000
Provides funding for out of home residential services for Medicaid eligible children with a serious emotional disorder		1,351,997	0	1,351,997
Continues funding for existing levels of the free through recovery and community connect programs		4,761,081	0	4,761,081
Provides increased funding to the community connect program for individuals with behavioral health concerns		4,458,814	0	4,458,814
Provides funding to expand the free through recovery program for individuals involved with the criminal justice system who have behavioral health concerns		4,016,908	0	4,016,908
Increases funding for peer support utilizing a trained individual with lived experience of recovery from mental illness, substance abuse and/or brain injury		137,990	0	137,990
Provides funding to expand the treatment court in partnership with the Department of Corrections and Rehabilitation and the court system		200,000	0	200,000

Description	FTE	General Fund	Other Funds	Total
Provides 2% annual provider inflation increases		2,541,299	0	2,541,299
Provides funding to increase behavioral health services for nursing homes and basic care facilities		2,000,000	0	2,000,000
Total ongoing changes	(1,054.27)	($126,208,283)	($62,032,463)	($188,240,746)
One-time funding items:				
Provides funding for an on-premise data backup and recovery system for the electronic health record data		$0	$500,000	$500,000
Provides funding for data extraction and migration from the electronic health record legacy system		0	1,000,000	1,000,000
Provides funding to create a redundant network line for failover in the event of a primary network loss for the State Hospital		0	500,000	500,000
Provides funding for community-based partial hospitalization and intensive day treatment programs for mental health disorders and substance use disorders		0	2,000,000	2,000,000
Provides funding to remodel bathrooms at the Southeast Human Service Center		0	340,000	340,000
Provides funding to construct a new state hospital		0	330,000,000	330,000,000
Provides funding for a grant to a behavioral health facility in the northeast human service region		0	12,960,000	12,960,000
Total one-time funding changes		$0	$347,300,000	$347,300,000
Total changes to base level	(1,054.27)	($126,208,283)	$285,267,537	$159,059,254

House Bill No. 1012 - DHHS - Human Services - House Action

	Base Budget	House Changes	House Version
Salaries and wages	$168,325,918	($168,325,918)	
Operating expenses	88,885,469	108,258,236	$197,143,705
Capital assets	10,000		10,000
Grants	621,189,007	94,393,260	715,582,267
Life Skills and Transition Center	44,992,263	(29,784,605)	15,207,658
Grants - Medical assistance	742,793,564	7,655,079	750,448,643
County social services	197,663,661	6,928,621	204,592,282
Total all funds	$1,863,859,882	$19,124,673	$1,882,984,555
Less estimated income	1,240,409,529	(13,961,485)	1,226,448,044
General fund	$623,450,353	$33,086,158	$656,536,511
FTE	1,009.16	(1,009.16)	0.00

Department 328 - DHHS - Human Services - Detail of House Changes

	Adjusts Funding for Human Services Division[1]	Total House Changes
Salaries and wages	($168,325,918)	($168,325,918)
Operating expenses	108,258,236	108,258,236
Capital assets		
Grants	94,393,260	94,393,260
Life Skills and Transition Center	(29,784,605)	(29,784,605)
Grants - Medical assistance	7,655,079	7,655,079
County social services	6,928,621	6,928,621
Total all funds	$19,124,673	$19,124,673
Less estimated income	(13,961,485)	(13,961,485)
General fund	$33,086,158	$33,086,158
FTE	(1,009.16)	(1,009.16)

[1] Funding for the human services division is adjusted as follows:

Description	FTE	General Fund	Other Funds	Total
Adjusts funding for base payroll and budget changes.		$10,605,259	$93,868,910	$104,474,169
Adjusts FTE positions	19.54			
Adjusts funding for base budget changes		57,330,438	(2,746,684)	54,583,754
Provides funding for 2% annual provider inflationary increase		12,988,702	13,926,186	26,914,888
Adds funding for salary increases of 3 percent on July 1, 2025, and July 1, 2026		2,546,488	4,704,191	7,250,679
Adds funding for monthly increase in health insurance rates from $1,643 to $1,893 per employee		2,072,787	3,795,116	5,867,903
Transfers salaries and wages into the department's FTE block grant pool	(1,029.70)	(76,722,653)	(150,764,540)	(227,487,193)
Increases the FMAP percentage from 50% to 50.99%		(4,290,660)	744,660	(3,546,000)
Aging Services				
Provides funding to provide permanent supported housing including rental assistance for target population per DOJ settlement		300,000	0	300,000
Adds funding for people with special health needs to move out of institutional settings or divert them from institutions to community-based settings		2,733,934	2,555,463	5,289,397
Provides funding for adult protective services to respond to reports of abuse or neglect of vulnerable adults		718,522	0	718,522
Provides an FTE for a state dementia coordinator	1.00	0	0	0
Children and Family Services				
Adds funding to assist with adoption services		4,883,205	0	4,883,205
Adds funding for 2 defense attorneys contracted by North Dakota indigent defense to specialize in child welfare		350,000	350,000	700,000

Description	FTE	General Fund	Other Funds	Total
Developmental Disabilities				
Provides funding to create host home services in the developmental disability waiver		1,689,900	1,689,900	3,379,800
Human Service Zones				
Adds funding for zone employee salary increases		0	5,002,833	5,002,833
Total ongoing funding changes	(1,009.16)	$15,205,922	($26,873,965)	($11,668,043)
One-time funding items:				
Provides funding to retire economic assistance and Medicaid legacy systems on the mainframe		$0	$2,000,000	$2,000,000
Adds funding for conversion of developmental disability eligibility assessment tool for kids from ICAP to SIS		200,000	200,000	400,000
Provides funding to implement a comprehensive vocational rehab technology system to connect people with disabilities to employment		0	8,000,000	8,000,000
Provides funding to replace the roof on the cedar grove building at the Life Skills and Transition Center		0	712,480	712,480
Adds funding to expand the best in class program		6,000,000	0	6,000,000
Provides funding to continue grants and resources to child care providers for infrastructure, start-ups, and expansions		2,500,000	0	2,500,000
Provides funding for early childhood quality infrastructure supports for quality cohort participants and providers receiving intensive coaching		3,000,000	0	3,000,000
Adds funding for inclusion supports for children with special needs at private child care programs		172,500	0	172,500
Adds funding to expand access to teaching strategies outcome measurement tool		100,000	0	100,000
Adds funding for quality tiers in child care assistance program.		1,500,000	0	1,500,000
Provides funding for home renovation incentives for accessibility		0	1,000,000	1,000,000
Provides funding for a community cultural center grant located in the west central human services region		0	1,000,000	1,000,000
Provides funding for a winter park adaptive recreation program grant		200,000	0	200,000
Provides funding for an intermediate care facility grant to Anne Carlsen		3,457,736	0	3,457,736
Provides funding for juvenile justice diversion services		750,000	0	750,000
Total one-time changes		$17,880,236	$12,912,480	$30,792,716
Total change to base budget	(1,009.16)	$33,086,158	($13,961,485)	$19,124,673

House Bill No. 1012 - DHHS - Medical Services - House Action

	Base Budget	House Changes	House Version
Salaries and wages	$21,008,344	($21,008,344)	
Operating expenses	70,807,977	92,364,562	$163,172,539
Grants	1,651,004	1,806,800	3,457,804
Grants - Medical assistance	2,682,778,803	6,500,467	2,689,279,270
Total all funds	$2,776,246,128	$79,663,485	$2,855,909,613
Less estimated income	1,818,029,530	(7,372,459)	1,810,657,071
General fund	$958,216,598	$87,035,944	$1,045,252,542
FTE	90.50	(90.50)	0.00

Department 329 - DHHS - Medical Services - Detail of House Changes

	Adjusts Funding for Medical Services Division[1]	Total House Changes
Salaries and wages	($21,008,344)	($21,008,344)
Operating expenses	92,364,562	92,364,562
Grants	1,806,800	1,806,800
Grants - Medical assistance	6,500,467	6,500,467
Total all funds	$79,663,485	$79,663,485
Less estimated income	(7,372,459)	(7,372,459)
General fund	$87,035,944	$87,035,944
FTE	(90.50)	(90.50)

[1] Funding for the medical services division is adjusted as follows:

Description	FTE	General Fund	Other Funds	Total
Adjusts funding for base payroll and budget changes		($28,505,732)	61,061,722	32,555,990
Adjust FTE positions	11.25			
Adjusts funding for base payroll and budget changes		71,253,662	(118,383,672)	(47,130,010)
Adds funding for salary increases of 3 percent on July 1, 2025, and July 1, 2026		338,151	479,188	817,339
Adds funding for monthly increases in health insurance rates from $1,643 to $1,893 per employee		233,619	342,896	576,515
Transfers salaries and wages into the department's FTE block grant pool	(101.75)	(9,636,069)	(15,163,610)	(24,799,679)
Adds funding for cost to continue for home- and community-based services growth		36,977,113	27,837,811	64,814,924
Provides funding for qualified provider targeted rate increase for nursing, personal care, respite, companionship, and homemaker services		3,595,104	1,797,552	5,392,656
Provides funding to increase private duty nursing and home health targeted rate increase		1,235,768	1,235,768	2,471,536
Expands funding for additional provider groups to ensure populations are supported with personal centered care and support		1,000,000	1,000,000	2,000,000
Adds funding to implement the children's cross disability waiver		2,474,226	2,474,226	4,948,452
Re-establishes DD bed assessment		0	7,209,580	7,209,580

Description	FTE	General Fund	Other Funds	Total
Provides funding to rebase ambulance rates to the lowest quartile Medicare rural base rate		2,189,770	2,189,770	4,379,540
Provides funding for 2% annual provider inflationary rate increases		13,689,672	15,190,970	28,880,642
Provides for a change in the FMAP rate from 50.0% to 50.99%		(7,809,340)	1,355,340	(6,454,000)
Total ongoing funding changes	(90.50)	$87,035,944	($11,372,459)	$75,663,485
One-time funding items:				
Provides funding to retire the Medicaid legacy system currently on the mainframe		$0	$2,000,000	$2,000,000
Provides funding for a critical access hospital networking grant		0	2,000,000	2,000,000
Total one-time funding changes		$0	$4,000,000	$4,000,000
Total changes to base level	(90.50)	$87,035,944	($7,372,459)	$79,663,485

House Bill No. 1012 - DHHS - Public Health - House Action

	Base Budget	House Changes	House Version
Salaries and wages	$60,415,388	($60,415,388)	
Operating expenses	37,721,213	17,853,669	$55,574,882
Capital assets	1,469,780	2,215,838	3,685,618
Grants	81,718,145	4,245,496	85,963,641
Tobacco prevention	13,063,162	(22,607)	13,040,555
WIC food payments	19,900,000	1,100,000	21,000,000
COVID-19 response	83,909,182	1,845,373	85,754,555
Total all funds	$298,196,870	($33,177,619)	$265,019,251
Less estimated income	250,440,690	(20,626,287)	229,814,403
General fund	$47,756,180	($12,551,332)	$35,204,848
FTE	215.50	(215.50)	0.00

Department 330 - DHHS - Public Health - Detail of House Changes

	Adjusts Funding for Public Health Division[1]	Total House Changes
Salaries and wages	($60,415,388)	($60,415,388)
Operating expenses	17,853,669	17,853,669
Capital assets	2,215,838	2,215,838
Grants	4,245,496	4,245,496
Tobacco prevention	(22,607)	(22,607)
WIC food payments	1,100,000	1,100,000
COVID-19 response	1,845,373	1,845,373
Total all funds	($33,177,619)	($33,177,619)
Less estimated income	(20,626,287)	(20,626,287)
General fund	($12,551,332)	($12,551,332)
FTE	(215.50)	(215.50)

[1] Funding for the public health division is adjusted as follows:

Description	FTE	General Fund	Other Funds	Total
Adjusts funding for base payroll and budget changes		($1,503,118)	$3,120,553	$1,617,435
Adds funding for salary increases of 3 percent on July 1, 2025, and July 1, 2026		1,714,252	0	1,714,252

Description	FTE	General Fund	Other Funds	Total
Adds funding for monthly increases in health insurance rates from $1,643 to $1,893 per employee		1,183,357	0	1,183,357
Adjusts FTE positions	1.65			
Transfers salaries and wages into the department's FTE block grant pool	(217.15)	(20,403,996)	(34,462,245)	(54,866,241)
Restores funding removed for the 2023-25 biennium new FTE pool		65,094	50,008	115,102
Restores funding removed for the 2023-25 biennium vacant FTE pool		569,060	1,754,865	2,323,925
Adds funding to expand support for domestic and sexual violence prevention		0	2,250,000	2,250,000
Provides additional funding for domestic and sexual violence		1,700,000	0	1,700,000
Add funding for the Safe Haven program		440,000	0	440,000
Provides funding for vaccines for health care providers off federal contract		0	2,213,930	2,213,930
Provides funding for forensic pathology contract services with UND		2,866,156	(1,000,000)	1,866,156
Increases the food and lodging fees by an additional 7.5% for a total increase of 20%		(71,298)	71,298	0
Add funding to increase the grant to the Family Voices program		100,000	0	100,000
Provides funding for a fetal alcohol spectrum disorder clinic at UND		637,661	0	637,661
Total ongoing funding changes	(215.5)	($12,702,832)	($26,001,591)	($38,704,423)
One-time funding items:				
Adds funding to purchase nonfatal toxicology testing equipment		$151,500	$100,000	$251,500
Adds funding for transition to the new state laboratory building		0	2,962,304	2,962,304
Provides funding to purchase forensic examiner electronic records system		0	278,000	278,000
Adds funding for food and lodging management information system		0	335,000	335,000
Adds funding for licensure management system		0	650,000	650,000
Provides funding for the Cass County animal shelter		0	300,000	300,000
Provide funding for the statewide health strategies grant		0	750,000	750,000
Total one-time funding changes	0	$151,500	$5,375,304	$5,526,804
Total changes to base level	(215.5)	($12,551,332)	($20,626,287)	($33,177,619)

House Bill No. 1012 - Other Changes - House Action

This amendment also:

- Creates a salaries and wages block grant and provides guidelines regarding the use of the block grant and reporting requirements.
- Identifies appropriations from the strategic investment and improvements fund, community health trust fund, opioid settlement fund, and human service finance fund.
- Provides guidelines for the use of funding provided for a behavioral health facility grant, a community cultural center grant, juvenile justice diversion services, an animal shelter grant, and a statewide health strategies initiative.
- Authorizes DHHS to obtain a $130 million line of credit from the Bank of North Dakota for the State Hospital project.
- Continues the state health laboratory building project steering committee.
- Creates a new state hospital building steering committee.
- Authorizes capital payments for special assessment costs at the State Hospital, Southeast Human Service

Center, and Life Skills and Transition Center.

- Authorizes DHHS to expend funds for capital projects at the State Hospital.
- Identifies $4,672,536 from the general fund for permanent supportive housing grants.
- Provides that expenditures for the Medicaid Expansion program may not exceed legislative appropriations.
- Directs DHHS to continue the process of converting human service centers to certified community behavioral health clinics.
- Provides a moratorium on the number of licensed intermediate care facility beds for individuals with a developmental disability.
- Authorizes DHHS to continue certain unexpended appropriations from previous bienniums into the 2025-27 biennium.
- Provides intent that DHHS seeks a deficiency appropriation from the 70th Legislative Assembly if utilization rates exceed estimates.
- Identifies provider inflation increases of 2 percent per year included in the amendment.
- Provides intent that DHHS remove the requirement that developmental disability providers be accredited to receive payment.
- Provides an individual may not appeal a denial of services or payment under a program if certain federal funding is unavailable.
- Provides for DHHS to create a long-term structured residences plan.
- Amends Section 50-06-06.6 to allow land at the State Hospital and Life Skills and Transition Center to be leased for up to 99 years.
- Amends Section 50-06-42 to expand the use of the substance use disorder voucher program for individuals in jail or a treatment facility with more than 16 beds.
- Directs DHHS to collaborate with the Housing Finance Agency to assess the availability of housing for individuals requiring extraordinary health care support services.
- Provides for a Legislative Management study of student truancy and absenteeism.
- Provides for a Legislative Management study of obesity health implications.

REPORT OF STANDING COMMITTEE
HB 1012

Appropriations Committee (Rep. Vigesaa, Chairman) recommends **AMENDMENTS (25.0156.01018)** and when so amended, recommends **DO PASS** (23 YEAS, 0 NAYS, 0 ABSENT OR EXCUSED AND NOT VOTING). HB 1012 was placed on the Sixth order on the calendar.

25.0156.01017
Title.
Fiscal No. 1

Prepared by the Legislative Council staff for House Appropriations - Human Resources Division Committee
February 25, 2025

Sixty-ninth
Legislative Assembly
of North Dakota

PROPOSED AMENDMENTS TO

HOUSE BILL NO. 1012

Introduced by

Appropriations Committee

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to amend and reenact sections 50-06-06.6, 50-06-42, 50-24.5-02.3, and 50-33-05 of the North Dakota Century Code, relating to leases of department of health and human services property, substance use disorder treatment program, basic care payment rates, and state of residence for child care assistance; to provide for a transfer; to authorize a line of credit; to provide legislative intent; to provide for a legislative management study; to provide an application; to provide an exemption; ~~and~~ to provide for a report; and to provide an effective date.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. APPROPRIATION. The funds provided in this section, or so much of the funds as may be necessary, are appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, and from other funds derived from special funds and federal funds, to the department of health and human services for the purpose of defraying the expenses of its various divisions, for the biennium beginning July 1, 2025, and ending June 30, 2027, as follows:

~~Subdivision 1.~~

~~BUSINESS OPERATIONS~~

		~~Adjustments or~~	
	~~Base Level~~	~~Enhancements~~	~~Appropriation~~
~~Salaries and wages~~	~~$25,763,358~~	~~$0~~	~~$25,763,358~~

Operating expenses	155,308,399	0	155,308,399
Capital assets	108,934	0	108,934
Grants	11,812,627	0	11,812,627
Total all funds	192,993,318	0	192,993,318
Less other funds	118,894,310	0	118,894,310
Total general fund	$74,099,008	$0	$74,099,008

Subdivision 2.

BEHAVIORAL HEALTH

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$8,792,675	$0	$8,792,675
Operating expenses	79,381,458	0	79,381,458
Grants	40,476,298	0	40,476,298
Behavioral health clinics	196,383,945	0	196,383,945
State hospital	94,826,973	0	94,826,973
Opioid addiction prevention	2,000,000	0	2,000,000
Total all funds	421,861,349	0	421,861,349
Less other funds	113,955,941	0	113,955,941
Total general fund	$307,905,408	0	$307,905,408

Subdivision 3.

HUMAN SERVICES

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$168,325,918	$0	$168,325,918
Operating expenses	88,885,469	0	88,885,469
Capital assets	10,000	0	10,000
Grants	621,189,007	0	621,189,007
Life skills and transition center	44,992,263	0	44,992,263
Grants - medical assistance	742,793,564	0	742,793,564
County social services	197,663,661	0	197,663,661
Total all funds	1,863,859,882	0	1,863,859,882

Less other funds	1,240,409,529	0	1,240,409,529
Total general fund	$623,450,353	0	$623,450,353

Subdivision 4.

MEDICAL SERVICES

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$21,008,344	$0	$21,008,344
Operating expenses	70,807,977	0	70,807,977
Grants	1,651,004	0	1,651,004
Grants - medical assistance	2,682,778,803	0	2,682,778,803
Total all funds	2,776,246,128	0	2,776,246,128
Less other funds	1,818,029,530	0	1,818,029,530
Total general fund	$958,216,598	0	$958,216,598

Subdivision 5.

PUBLIC HEALTH

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$60,415,388	$0	$60,415,388
Operating expenses	37,721,213	0	37,721,213
Capital assets	1,469,780	0	1,469,780
Grants	81,718,145	0	81,718,145
Tobacco prevention	13,063,162	0	13,063,162
Women, infants, and children food payments	19,900,000	0	19,900,000
Cares Act/COVID-19	83,909,182	0	83,909,182
Total all funds	$298,196,870	0	298,196,870
Less other funds	250,440,690	0	250,440,690
Total general fund	$47,756,180	$0	$47,756,180

TOTAL - SECTION 1

	Base Level	Adjustments or Enhancements	Appropriation

~~Grand total all funds~~	~~$5,553,157,547~~	~~$0~~	~~$5,553,157,547~~
~~Grand total other funds~~	~~3,541,730,000~~	~~0~~	~~3,541,730,000~~
~~Grand total general fund~~	~~$2,011,427,547~~	~~$0~~	~~$2,011,427,547~~
~~Full-time equivalent positions~~	~~2,483.83~~	~~0.00~~	~~2,483.83~~

Subdivision 1.

SALARIES AND WAGES BLOCK GRANT

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages block grant	$0	$596,284,775	$596,284,775
Total all funds	0	596,284,775	596,284,775
Less other funds	0	286,720,150	286,720,150
Total general fund	$0	$309,564,625	$309,564,625

Subdivision 2.

BUSINESS OPERATIONS

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$25,763,358	($25,763,358)	$0
Operating expenses	155,308,399	(77,023,770)	78,284,629
Capital assets	108,934	(108,934)	0
Grants	11,812,627	6,966,375	18,779,002
Total all funds	$192,993,318	($95,929,687)	$97,063,631
Less other funds	118,894,310	(71,526,221)	47,368,089
Total general fund	$74,099,008	($24,403,466)	$49,695,542

Subdivision 3.

BEHAVIORAL HEALTH

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$8,792,675	($8,792,675)	$0
Operating expenses	79,381,458	23,888,138	103,269,596
Grants	40,476,298	21,889,322	62,365,620
Behavioral health clinics	196,383,945	(139,978,713)	56,405,232

State hospital	94,826,973	256,053,182	350,880,155
Opioid addiction prevention	2,000,000	6,000,000	8,000,000
Total all funds	$421,861,349	$159,059,254	$580,920,603
Less other funds	113,955,941	285,267,537	399,223,478
Total general fund	$307,905,408	($126,208,283)	$181,697,125

Subdivision 4.

HUMAN SERVICES

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$168,325,918	($168,325,918)	$0
Operating expenses	88,885,469	108,258,236	197,143,705
Capital assets	10,000	0	10,000
Grants	621,189,007	94,393,260	715,582,267
Life skills and transition center	44,992,263	(29,784,605)	15,207,658
Grants - medical assistance	742,793,564	7,655,079	750,448,643
County social services	197,663,661	6,928,621	204,592,282
Total all funds	$1,863,859,882	$19,124,673	$1,882,984,555
Less other funds	1,240,409,529	(13,961,485)	1,226,448,044
Total general fund	$623,450,353	$33,086,158	$656,536,511

Subdivision 5.

MEDICAL SERVICES

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$21,008,344	($21,008,344)	$0
Operating expenses	70,807,977	92,364,562	163,172,539
Grants	1,651,004	1,806,800	3,457,804
Grants - medical assistance	2,682,778,803	6,500,467	2,689,279,270
Total all funds	$2,776,246,128	$79,663,485	$2,855,909,613
Less other funds	1,818,029,530	(7,372,459)	1,810,657,071
Total general fund	$958,216,598	$87,035,944	$1,045,252,542

Subdivision 6.

PUBLIC HEALTH

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$60,415,388	($60,415,388)	$0
Operating expenses	37,721,213	17,853,669	55,574,882
Capital assets	1,469,780	2,215,838	3,685,618
Grants	81,718,145	4,245,496	85,963,641
Tobacco prevention	13,063,162	(22,607)	13,040,555
Women, infants, and children food payments	19,900,000	1,100,000	21,000,000
Cares Act/COVID-19	83,909,182	1,845,373	85,754,555
Total all funds	$298,196,870	($33,177,619)	$265,019,251
Less other funds	250,440,690	(20,626,287)	229,814,403
Total general fund	$47,756,180	($12,551,332)	$35,204,848

Subdivision 7.

TOTAL - SECTION 1

	Base Level	Adjustments or Enhancements	Appropriation
Grand total all funds	$5,553,157,547	$725,024,881	$6,278,182,428
Grand total other funds	3,541,730,000	458,501,235	4,000,231,235
Grand total general fund	$2,011,427,547	$266,523,646	$2,277,951,193
Full-time equivalent positions	2,483.83	204.52	2,688.35

SECTION 2. ONE TIME FUNDING - EFFECT ON BASE BUDGET - REPORT TO SEVENTIETH LEGISLATIVE ASSEMBLY. The following amounts reflect the one-time funding items included in section 1 of this Act which are not included in the entity's base budget for the 2027-29 biennium and which the entity shall report to the appropriations committees of the seventieth legislative assembly regarding the use of this funding:

One-Time Funding Description	General Fund	Other Funds	Total
Technology projects	$0	$10,263,000	$10,263,000
Human service centers and life skills and transition center projects	0	1,052,480	1,052,480

Retire mainframe	0	15,000,000	15,000,000
Child care programs	13,272,500	0	13,272,500
Housing programs	0	1,000,000	1,000,000
State laboratory move and equipment	0	2,962,304	2,962,304
Partial hospitalization day treatment	0	2,000,000	2,000,000
Developmental disabilities eligibility assessment tool for kids	200,000	200,000	400,000
Toxicology equipment	151,500	100,000	251,500
New state hospital	0	330,000,000	330,000,000
Behavioral health facility grant	0	12,960,000	12,960,000
Cultural community center grant	0	1,000,000	1,000,000
Adaptive recreation grant	200,000	0	200,000
Intermediate care facility grant	3,457,736	0	3,457,736
Juvenile justice program	750,000	0	750,000
Animal shelter grant	0	300,000	300,000
Statewide health strategies	0	750,000	750,000
Critical access hospital networking	0	2,000,000	2,000,000
Total	$18,031,736	$379,587,784	$397,619,520

SECTION 3. FUNDING TRANSFERS - EXEMPTION - AUTHORIZATION - REPORT. Notwithstanding section 54-16-04, the director of the office of management and budget shall transfer appropriation authority between line items within subdivisions 1, 2, 3, 4, ~~and~~ 5, and 6 of section 1 of this Act and any other appropriation authority for the department of health and human services approved by the sixty-ninth legislative assembly, for the biennium beginning July 1, 2025, and ending June 30, 2027, as requested by the department of health and human services. The department of health and human services shall notify the legislative council of any transfer made pursuant to this section. The department of health and human services shall report to the budget section after June 30, 2026, any transfer made in excess of $50,000 and to the appropriations committees of the seventieth legislative assembly regarding any transfers made pursuant to this section.

SECTION 4. FULL-TIME EQUIVALENT POSITION BLOCK GRANT PROGRAM - REPORT. Section 1 of this Act includes funding for a full-time equivalent position block grant

program. This funding as approved by the sixty-ninth legislative assembly is available for defraying the expense of full-time equivalent positions as determined by the department of health and human services. Notwithstanding any other provision of law, the department is authorized to increase or decrease authorized full-time equivalent positions subject to the availability of funds and the provisions of this section. The department of health and human services many not increase full-time equivalent positions for the purpose of transferring human service zone employees to state employment. Pursuant to section 3 of this Act, the department is authorized to transfer appropriation authority of up to the underfunded amount of $30,000,000 to the salaries and wages block grant line item. The department of health and human services shall report to the office of management and budget and legislative council any adjustments to full-time equivalent positions.

SECTION 5. DEPARTMENT OF HEALTH AND HUMAN SERVICES - SALARIES AND WAGES BLOCK GRANT - VACANT POSITIONS - REPORT. The department of health and human services shall report to the budget section quarterly during the 2025-26 interim regarding the status of its salaries and wages block grant and vacant positions and employee turnover. The report must include:

1. The legislative appropriation for salaries and wages allocated by the department to major department programs by funding source and the number of FTE positions the department is allocating to each major program based on the legislative appropriation;
2. Any changes to salaries and wages funding or FTE positions allocated to major department programs;
3. Any new FTE positions added, the cost of the position for the remainder of the biennium, and the cost to continue funding the position in the subsequent biennium by funding source;
4. Any FTE positions removed and related funding;
5. The number of FTE positions that become vacant and the number filled each month;
6. The number of vacant FTE positions at the end of each month;
7. Salaries and wages savings resulting from vacant positions and employee turnover each month by funding source; and
8. The use of salaries and wages savings for other purposes for each month by funding source.

SECTION 6. BEHAVIORAL HEALTH FACILITY GRANT - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND - APPLICATION.

1. Section 1 of this Act includes the sum of $12,960,000 from the strategic investment and improvements fund for a behavioral health facility grant pursuant to this section.
2. A grant of $12,960,000 must be provided to establish a behavioral health facility in the northeast human service region. The grant recipient must provide matching funds of $3,240,000 to establish the facility.
3. The department shall require an entity receiving funding under this section to operate the facility for at least ten years and require the grant amount to be repaid if the entity does not operate the facility for at least ten years.
4. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 7. COMMUNITY CULTURAL CENTER GRANT - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND - APPLICATION. Section 1 of this Act includes the sum of $1,000,000 from the strategic investment and improvements fund for the purpose of providing a one-time community cultural center grant in the west central human service region. An entity may apply for a grant under this section if the entity certifies to the department it has secured at least fifty percent of funds needed to complete the project, the project will be completed within two years of receiving the grant funds, and the grants funds will be used only for costs of constructing a community cultural center. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 8. JUVENILE JUSTICE DIVERSION SERVICES AND PROGRAMS - TASK FORCE - REPORT. Section 1 of this Act includes the sum of $750,000 from the general fund for juvenile justice diversion services and programs. The department of health and human services must provide the funding to a statewide regional education association for services to youth at risk of juvenile justice involvement but who have not committed delinquent acts as defined in chapter 27-20.4.

The department shall establish a task force with representation from divisions in the department, human service zones, the department of public instruction, elementary and secondary schools, and members of the legislative assembly, to review juvenile justice diversion

services and program. The department shall report its findings and recommendations to the legislative management and children's cabinet.

SECTION 9. ANIMAL SHELTER GRANT - COMMUNITY HEALTH TRUST FUND. Section 1 of this Act includes the sum of $300,000 from the community health trust fund for a grant for the construction of an animal shelter. The department of health and human services may award a grant for the construction of an animal shelter to an organization that provides twenty dollars of nonstate matching funds for every dollar of grant funds received. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 10. STATEWIDE HEALTH STRATEGIES - COMMUNITY HEALTH TRUST FUND. Section 1 of this Act includes the sum of $750,000 of one-time funding from the community health trust fund for the statewide health strategies initiative. The department of health and human services may spend the funding upon securing dollar-for-dollar matching funds.

SECTION 11. OTHER FUNDS - INSURANCE TAX DISTRIBUTION FUND. The other funds line item in subdivision 5 of section 1 of this Act includes the sum of $1,125,000 from the insurance tax distribution fund for rural emergency medical services grants.

SECTION 12. OTHER FUNDS - COMMUNITY HEALTH TRUST FUND. The other funds line items in section 1 of this Act includes the sum of $38,713,522 from the community health trust fund for the following purposes:

Loan repayment programs	$594,500
Tobacco and vaping programs	11,599,698
Cancer and women's way programs	909,824
Behavior risk state survey	200,000
Domestic violence programs	4,250,000
Local public health grants	3,275,000
988 crisis hotline	1,867,500
Various information technology system upgrades	2,967,000
Grants to rural ambulances	7,000,000
Law enforcement rural crisis support program	1,000,000
Development of partial hospitalization/intensive day treatment	2,000,000

Critical access hospital networking	2,000,000
Animal shelter grant	300,000
Statewide health strategies	750,000
Total	$38,713,522

~~**SECTION 7. OTHER FUNDS - COMMUNITY HEALTH TRUST FUND.** The other funds line item in subdivision 2 of section 1 of this Act includes the sum of $1,867,500 from the community health trust fund for the 988 crisis hotline program and subdivision 5 of section 1 of this Act includes the sum of $27,072,324 from the community health trust fund for the following programs:~~

~~Behavioral risk factor survey~~	~~$200,000~~
~~Behavioral health loan repayment~~	~~234,500~~
~~Domestic violence offender treatment~~	~~1,000,000~~
~~Domestic violence prevention~~	~~1,000,000~~
~~Women's way~~	~~329,500~~
~~Dentist's loan repayment~~	~~360,000~~
~~Local public health state aid~~	~~3,275,000~~
~~Rural emergency medical and ambulance services grants~~	~~7,000,000~~
~~Cancer programs~~	~~580,324~~
~~Forensic examiner contract~~	~~1,000,000~~
~~Tobacco cessation grants~~	~~500,000~~
~~Youth vaping prevention grants~~	~~300,000~~
~~Tobacco prevention and control~~	~~5,043,000~~
~~Tobacco prevention and control grants to local public health units~~	~~6,250,000~~
~~Total community health trust fund~~	~~$27,072,324~~

SECTION 13. OTHER FUNDS - HUMAN SERVICE FINANCE FUND. The other funds line ~~item~~items in ~~subdivision 3 of~~ section 1 of this Act includes the sum of ~~$226,950,000~~$239,112,030 from the human service finance fund for state-paid economic assistance and social and human services.

~~**SECTION 9. OTHER FUNDS - HEALTH CARE TRUST FUND.** The other funds line item in subdivision 4 of section 1 of this Act includes the sum of $500,000 from the health care trust fund for basic care facility bad debt expense.~~

~~**SECTION 10. OTHER FUNDS - CHARITABLE GAMING OPERATING FUND.** The other funds line item in subdivision 2 of section 1 of this Act includes the sum of $500,000 from the charitable gaming operating fund for costs of gambling disorder prevention services.~~

SECTION 14. OTHER FUNDS - OPIOID SETTLEMENT FUND. The other funds line item in ~~subdivision 2 of~~ section 1 of this Act includes the sum of $8,000,000 from the opioid settlement fund for opioid remediation and abatement efforts.

SECTION 15. OTHER FUNDS - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND The other funds line items in section 1 of this Act includes the sum of $227,474,784 from the strategic investment and improvements fund for the following purposes:

Retiring technology from the mainframe	$7,500,000
Move into the new state laboratory and purchase security equipment	2,962,304
Capital projects in human service centers and life skills and transition center	1,052,480
Housing initiative programs	1,000,000
Technology projects at the state hospital	1,000,000
New state hospital	200,000,000
Behavioral health facility grant	12,960,000
Community cultural center grant	1,000,000
Total	$227,474,784

SECTION 16. OTHER FUNDS - BANK OF NORTH DAKOTA LINE OF CREDIT - STATE HOSPITAL PROJECT. The other funds line item in subdivision 2 of section 1 of this Act includes $130,000,000 from a Bank of North Dakota line of credit. The department of health and human services may borrow up to $130,000,000 through a line of credit from the Bank of North Dakota during the biennium beginning July 1, 2025, and ending June 30, 2027, for costs associated with the construction of a new state hospital. The interest rate on the line of credit may not exceed the prevailing interest rate charged to North Dakota governmental entities. If the department accesses the line of credit, it shall request a deficiency appropriation from the seventieth legislative assembly to repay the line of credit.

SECTION 17. LABORATORY BUILDING STEERING COMMITTEE. The department of health and human services shall maintain the laboratory building steering committee to oversee the design and construction of the laboratory building project, for the biennium beginning July 1, 2025, and ending June 30, 2027, or until work is completed, whichever occurs earlier. The

committee must include representation from the department of health and human services, department of environmental quality, office of management and budget, the governor's office, and the legislative assembly. The legislative assembly representation must include one member of the senate appointed by the senate majority leader, one member of the house appointed by the house majority leader, and one member of the minority party from either the senate or the house appointed by the minority leaders of the senate and the house.

SECTION 18. NEW STATE HOSPITAL - STEERING COMMITTEE. The department of health and human services shall establish a new state hospital facility steering committee to oversee the design and construction of a new state hospital facility, for the biennium beginning July 1, 2025, and ending June 30, 2027. The committee must include one member of the senate appointed by the senate majority leader, one member of the house appointed by the house majority leader, and one member of the minority party from either the senate or the house appointed by the minority leaders of the senate and the house.

SECTION 19. CAPITAL PAYMENTS. During the biennium beginning July 1, 2025, and ending June 30, 2027, the department of health and human services is authorized to expend funds for the payment of special assessments at the state hospital, southeast human service center, and life skills and transition center. Pursuant to section 3 of this Act, the director of the office of management and budget may transfer appropriation authority between line items within section 1 of this Act and any remaining appropriation authority for the department of health and human services approved by the sixty-ninth legislative assembly. The department of health and human services may transfer funds for the payment of special assessments at the state hospital, southeast human service center, and life skills and transition center ahead of the special needs assessments schedule. Notwithstanding section 54-27-12, the department of health and human services may spend funds for the payment of special assessments at the state hospital and life skills and transition center.

SECTION 20. CAPITAL PROJECTS - EMERGENCY COMMISSION AND BUDGET SECTION APPROVAL. During the biennium beginning July 1, 2025, and ending June 30, 2027, pursuant to section 3 of this Act, the director of the office of management and budget may transfer appropriation authority between line items within section 1 of this Act and any remaining appropriation authority for the department of health and human services approved by the sixty-ninth legislative assembly for capital projects and maintenance pertaining to operation of its

facilities, including demolition projects. Notwithstanding section 54-27-12, the department of health and human services may spend up to $10,000,000 for capital projects and maintenance pertaining to operation of its facilities, including demolition projects, under this section and may seek emergency commission and budget section approval to spend more than $10,000,000 under this section.

SECTION 21. PERMANENT SUPPORTIVE HOUSING GRANTS. Section 1 of this Act includes the sum of $4,672,536 from the general fund for permanent supportive housing grants. The department of health and human services shall develop a funding methodology to distribute the funding to qualified entities that utilize best practices for permanent supportive housing, provide recovery-oriented and person-centered services, submit process and outcome measures to the department of health and human services, and authorize the department of health and human services to conduct onsite visits to review program operations.

SECTION 22. EXPENDITURES MAY NOT EXCEED APPROPRIATION - MEDICAL ASSISTANCE EXPANSION PROGRAM - APPLICATION.

1. Section 1 of this Act includes the sum of $662,099,340, of which $66,209,934 is from the general fund, for the medical assistance expansion program, for the biennium beginning July 1, 2025, and ending June 30, 2027. The expenditures for individuals eligible for the medical assistance expansion program may not exceed this amount.
2. The department of health and human services may exceed appropriations for increases in medical assistance expansion program caseload, for the addition of coverage consistent with the traditional Medicaid 1915(i) state plan, utilization rates, and reduction in federal medical assistance percentage.
3. The managed care organization under contract with the department of health and human services to manage the medical assistance expansion program shall reimburse providers within the same provider type and specialty at consistent levels and with consistent methodology and may not provide incentive, quality, or supplemental payments to providers, unless part of a value-based program approved by the department of health and human services. The managed care organization shall reimburse all North Dakota substance use providers of American society of addiction medicine level 2.5 at consistent levels and with consistent methodology. The managed care organization may consider urban and rural providers as different provider types.

4. The managed care organization and the department of health and human services shall ensure payments to Indian or Tribal 638 health care providers, federally qualified health centers,and rural health clinics meet the federally required minimum levels of reimbursement. Critical access hospitals may not be paid less than one hundred percent of Medicare allowable costs and human service centers may not be paid less than one hundred percent of the current traditional Medicaid rate. Behavioral health services involving partial hospitalization, intensive outpatient, professional services, and residential behavioral health services provided in facilities that are not institutions for mental diseases are not subject to the provisions in subsection 6.
5. The department of health and human services shall ensure providers within the same provider type and specialty are reimbursed at consistent levels and with consistent methodology and shall ensure the capitation rates under risk contracts are actuarially sound and are adequate to meet managed care organization contractual requirements regarding availability of services, assurance or adequate capacity and services, and coordination and continuity of care.
6. Except for the provisions in subsection 4, managed care organization premium payments must be built using the assumption that rates paid to providers under the medical assistance expansion program may not exceed one hundred forty-five percent of Medicare reimbursement rates paid to providers on January 1, 2025.

SECTION 23. HUMAN SERVICE CENTERS - CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS - FULL-TIME EQUIVALENT POSITIONS - REPORT. The department of health and human services shall continue the process of the human service centers becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults. The department of health and human services shall pursue additional federal funding as available. Subject to the availability of generated income, the department of health and human services may add full-time equivalent positions for the clinics to provide direct services for the period beginning with the effective date of this Act and ending June 30, 2027. The department of health and human services shall report to the office of management and budget and legislative council each time a position is added.

SECTION 24. INTERMEDIATE CARE FACILITY MORATORIUM. The department of health and human services may not add any new licensed intermediate care facility for individuals with

intellectual disabilities beds to the state's licensed bed capacity between July 1, 2025, and June 30, 2027.

SECTION 25. EXEMPTION - UNEXPENDED APPROPRIATIONS. The following appropriations are not subject to the provisions of section 54-44.1-11 and any unexpended appropriation authority may be continued into the biennium beginning July 1, 2025, and ending June 30, 2027:

1. The sum of $3,674,757 appropriated from the general fund and the sum of $25,918,566 appropriated from federal funds for the Medicaid management information system modularization technology project in chapter 12 of the 2021 Session Laws;
2. The sum of $14,411,218 appropriated from the general fund and the sum of $14,411,218 appropriated from federal funds for the child welfare technology project in chapter 12 of the 2021 Session Laws;
3. The sum of $20,366,271 appropriated from the community health trust fund and the sum of $39,534,525 appropriated from federal funds for the child support computer replacement project in chapter 44 of the 2023 Session Laws;
4. The sum of $10,989,217 appropriated from the strategic investment and improvements fund for the procurement and grants management system in chapter 44 of the 2023 Session Laws;
5. The sum of $4,150,000 appropriated from the general fund for defraying the expenses of additional human service centers to begin the process of becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults in chapter 44 of the 2023 Session Laws;
6. The sum of $18,941,847 appropriated to the department of health and human services in chapter 549 of the 2021 Special Session Laws;
7. The sum of $55,120,000 appropriated from the federal state fiscal recovery fund for a public health laboratory capital project in chapter 4 of the 2023 Session Laws;
8. The sum of $5,000,000 appropriated from the general fund for the purpose of employer-led child care cost-share program in chapter 446 of the 2023 Session Laws;
9. The sum of $986,555 appropriated from the general fund for the purpose of streamlining background checks project in chapter 446 of the 2023 Session Laws;

10. The sum of $2,223,981 appropriated from the federal state fiscal recovery fund for the implementation of a virtual behavioral health crisis care program for rural law enforcement in chapter 44 of the 2023 Session Laws; and
11. The sum of $500,000 appropriated from the general fund and the sum of $500,000 appropriated from federal funds for the purpose of program integrity audits in chapter 44 of the 2023 Session Laws.

SECTION 26. LEGISLATIVE INTENT - UTILIZATION RATE ADJUSTMENT. It is the intent of the sixty-ninth legislative assembly that the department of health and human services seek a deficiency appropriation from the seventieth legislative assembly for any expenditures that exceed appropriated amounts as a result of underfunding, utilization rates, value-based purchasing for nursing facilities, reduction in federal medical assistance percentage, and unexpected contract cost increases that exceed ten percent, during the biennium beginning July 1, 2025, and ending June 30, 2027, if funding is not sufficient to pay actual expenses.

SECTION 27. LEGISLATIVE INTENT - PROVIDER RATE INCREASE. Except as otherwise noted, section 1 of this Act includes funding for human service provider inflation increases of two percent for each year of the biennium beginning July 1, 2025, and ending June 30, 2027. The provider inflation increase in this section does not apply to nursing facilities.

SECTION 28. LEGISLATIVE INTENT - DEVELOPMENTAL DISABILITIES PROVIDER ACCREDITATION REQUIREMENT. It is the intent of the sixty-ninth legislative assembly that the department of health and human services eliminate its administrative rule requirement that providers of developmental disabilities services be accredited as a condition of being eligible for receiving payments for services from the department of health and human services.

SECTION 29. LEGISLATIVE INTENT - MEDICAL ASSISTANCE. It is the intent of the sixty-ninth legislative assembly that the department of health and human services review the amount, duration, coverage, utilization rates, medical necessity, and scope of medical assistance services, and may implement any adjustments the department determines appropriate.

SECTION 30. FEDERAL FUNDING APPEAL LIMITATION. Except as otherwise specifically provided by federal law, a person may not appeal a denial, revocation, reduction in services or payment, or the termination of a program or service by the department of health and human services dues to the unavailability of federal coronavirus funding received under federal

law resulting from the federal coronavirus pandemic emergency declarations, for the biennium beginning July 1, 2025, and ending June 30, 2027.

SECTION 31. DEPARTMENT OF HEALTH AND HUMAN SERVICES - LONG-TERM STRUCTURED RESIDENCES PLAN - REPORT. During the 2025-26 interim, the department of health and human services shall review options and develop a plan to establish long-term structured residences. The department shall review necessary changes to statutes, rules, policies, and the estimated fiscal impact of establishing the residences. A long-term structured residence must be a highly structured therapeutic residential mental health treatment facility that is staffed continuously and designed to treat adults under chapters 12.1-04.1 and 25-03.1 who have severe and persistent mental illness and who have reached the maximum benefit from the mental health resources available elsewhere in the community or hospital. The department shall present a report to the legislative management by October 1, 2026, regarding its plan to establish long-term structured residences.

SECTION 32. AMENDMENT. Section 50-06-06.6 of the North Dakota Century Code is amended and reenacted as follows:

50-06-06.6. Department may lease real and personal property.

The commissioner of the department or commissioner's designee may lease ~~surplus farm and pastureland at the state hospital and the life skills and transition center. The commissioner or designee also may enter into further leases of~~ real or personal property at the life skills and transition center or the state hospital upon a specific finding that the granting of each such leasehold interest will result in a net economic gain for the department, taking into account all identifiable costs. Any lease of space for the purpose of providing child care services must meet requirements as determined by the department. The commissioner of the department or commissioner's designee may prescribe the terms and conditions of any leases entered into pursuant to this section and may renew existing leases. ~~Any~~The term of any lease ~~entered into must be subject to renewal or cancelable each biennium~~may not exceed ninety-nine years.

SECTION 33. AMENDMENT. Section 50-06-42 of the North Dakota Century Code is amended and reenacted as follows:

50-06-42. Substance use disorder treatment voucher system - Mental health treatment voucher system for incarcerated individuals.

1. The department shall establish and administer, within the limits of legislative appropriations, a voucher system to address underserved areas and gaps in the state's substance abuse treatment system and to assist in the payment of addiction treatment services and medical costs provided by licensed substance abuse treatment programs, excluding regional human service centers and hospital- or medical clinic-based programs for medical management of withdrawal.

   a. An out-of-state licensed substance abuse treatment program located within a bordering state may participate in the voucher program to serve an underserved area of this state pursuant to the rules adopted by the department. The department shall develop rules to include processes and requirements for an out-of-state provider to receive reimbursement only for outpatient and community-based services upon a provider completing an assessment of need and receiving approval from the department.

   ~~2.~~b. Services eligible for the voucher program include only those levels of care recognized by the American society of addiction medicine, with particular emphasis given to underserved areas and programs. The department shall ensure that a licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers collects and reports process and outcome measures.

   ~~3.~~c. The department shall develop requirements and provide training and technical assistance to a licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers. A licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers shall provide evidence-based services.

   ~~4.~~d. The department shall allocate funding appropriated for the substance use disorder treatment voucher as follows:

      ~~a.~~(1) ~~No~~Except as provided in paragraphs 3 and 4, no more than ~~forty-five~~fifty percent of the appropriated amount may be allocated for residential

substance use disorder services administered by licensed substance abuse treatment programs with more than sixteen beds.

~~b.~~(2) The remaining appropriation must be allocated for residential programs with sixteen or fewer beds, nonresidential outpatient, and ancillary substance use disorder services administered by licensed substance abuse treatment programs.

(3) The department, during the last quarter of the biennium, may reallocate projected unused funds that were allocated under paragraph 2 to residential facilities outlined in paragraph 1.

(4) The department may reimburse a licensed substance abuse treatment program with more than sixteen beds the incurred direct medical costs of an eligible individual who does not have resources to cover the medical costs. The department may develop rules and may not exceed the total amount appropriated for medical cost reimbursement.

2. The department shall establish and administer, within the limits of legislative appropriations, a voucher system to address underserved areas and gaps in the state's mental health treatment system for individuals detained or confined in a county jail or detention center or regional corrections center and to assist in the payment of mental health treatment services provided by a licensed mental health professional acting within their scope of practice, excluding a regional human service center.

a. Services eligible for the voucher program include only diagnostic assessment and mental health therapy for individuals with a mental health concern detained or confined in a county jail or detention center or regional corrections center. The department shall ensure that a licensed mental health professional accepting vouchers collects and reports process and outcome measures.

b. The department shall develop requirements and provide training and technical assistance to licensed mental health professionals accepting vouchers. A licensed mental health professional shall provide evidence-based services.

SECTION 34. AMENDMENT. Section 50-24.5-02.3 of the North Dakota Century Code is amended and reenacted as follows:

50-24.5-02.3. Basic care payment rates.

1. The department shall determine limits for the care of residents of basic care facilities that qualify as vendors of an aged, blind, and disabled persons program and for implementing provisions of this chapter based on data demonstrating the most recent costs that must be incurred for the care of residents in efficiently and economically operated basic care facilities. The department shall determine the limits every four years by July first, beginning with July 1, 2023.
2. The department shall establish the limits by using the median rates from the most recent data available. The direct care limit must be the median plus eighteen percent. The indirect care limit must be the median plus twelve percent.
3. For the rate year beginning July 1, 2023, the department shall increase rates and limits three and one-half percent for inflation. For the rate year beginning July 1, 2024, the department shall increase rates and limits three and one-half percent for inflation.
4. The department shall provide a rate increase in the amount of five dollars per day for the period beginning July 1, 2023, and ending June 30, ~~2025~~2027, after which the increase is not effective. This rate increase may not be included in any calculation of inflation increase.
5. Within the limits of legislative appropriations, the department shall establish an uncompensated care expense of three hundred sixty-five days.

SECTION 35. AMENDMENT. Section 50-33-05 of the North Dakota Century Code is amended and reenacted as follows:

50-33-05. State of residence.

Only child care assistance units physically residing within the boundaries of the state are eligible for child care assistance, unless the individual is employed by an early childhood program within the boundaries of the state and the individual has been approved for the state's child care assistance child care workforce benefit.

SECTION 36. HOUSING AVAILABILITY ASSESSMENT - COLLABORATION WITH HOUSING FINANCE AGENCY. The department of health and human services shall collaborate with the North Dakota housing finance agency and other appropriate stakeholders to assess the availability of housing for individuals requiring extraordinary health care support services, for the biennium beginning July 1, 2025, and ending June 30, 2027. Based on the results of the

assessment, if necessary, the department shall develop a plan to expand access to housing providing the least restrictive environment for individuals requiring extraordinary health care support services.

SECTION 37. BEHAVIORAL HEALTH CLINICS, NORTH DAKOTA STATE HOSPITAL, AND LIFE SKILLS AND TRANSITION CENTER FUNDING. Section 1 of this Act includes funding for the behavioral health clinics, North Dakota state hospital, and life skills and transition center as follows:

1. Behavioral health clinics:		
a.	Salaries and wages	$156,967,103
b.	Operating and capital	64,131,965
c.	Total	$221,099,068
2. State hospital:		
a.	Salaries and wages	$68,775,551
b.	Operating and capital	350,880,155
c.	Total	$419,655,706
3. Life skills and transition center:		
a.	Salaries and wages	$55,540,213
b.	Operating and capital	15,207,658
c.	Total	$70,747,871

SECTION 38. LEGISLATIVE MANAGEMENT STUDY - STUDENT TRUANCY AND ABSENTEEISM. The legislative management shall consider studying, during the 2025-26 interim, truancy and student absenteeism in kindergarten through grade twelve public schools. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement its recommendations, to the seventieth legislative assembly.

SECTION 39. LEGISLATIVE MANAGEMENT STUDY - OBESITY HEALTH IMPLICATIONS. The legislative management shall consider studying, during the 2025-26 interim, the health implications of obesity on the residents of the state and options to increase access to prevention and treatments for obesity. If conducted, the study must review costs associated with obesity including comorbidities, treatments available for obesity, obesity diagnosis guidelines including use of body mass index compared with percentage of body fat, and examining the difference between being an individual who is healthy and overweight as

compared to an obese individual. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement its recommendations, to the seventieth legislative assembly.

SECTION 40. LEGISLATIVE MANAGEMENT REPORT - BEHAVIORAL HEALTH FACILITY GRANTS. During the 2025-26 interim the department of health and human services shall provide reports to the legislative management regarding the award of grant funding to increase the number of behavioral health beds in the state.

SECTION 41. EFFECTIVE DATE. Section 33 of this Act becomes effective on July 1, 2026.

STATEMENT OF PURPOSE OF AMENDMENT:

House Bill No. 1012 - Summary of House Action

	Base Budget	House Changes	House Version
Department of Health and Human Services			
Total all funds	$0	$596,284,775	$596,284,775
Less estimated income	0	286,720,150	286,720,150
General fund	$0	$309,564,625	$309,564,625
FTE	0.00	2,688.35	2,688.35
DHHS - Business Operations			
Total all funds	$192,993,318	($95,929,687)	$97,063,631
Less estimated income	118,894,310	(71,526,221)	47,368,089
General fund	$74,099,008	($24,403,466)	$49,695,542
FTE	114.40	(114.40)	0.00
DHHS - Behavioral Health			
Total all funds	$421,861,349	$159,059,254	$580,920,603
Less estimated income	113,955,941	285,267,537	399,223,478
General fund	$307,905,408	($126,208,283)	$181,697,125
FTE	1,054.27	(1,054.27)	0.00
DHHS - Human Services			
Total all funds	$1,863,859,882	$19,124,673	$1,882,984,555
Less estimated income	1,240,409,529	(13,961,485)	1,226,448,044
General fund	$623,450,353	$33,086,158	$656,536,511
FTE	1,009.16	(1,009.16)	0.00
DHHS - Medical Services			
Total all funds	$2,776,246,128	$79,663,485	$2,855,909,613
Less estimated income	1,818,029,530	(7,372,459)	1,810,657,071
General fund	$958,216,598	$87,035,944	$1,045,252,542
FTE	90.50	(90.50)	0.00
DHHS - Public Health			
Total all funds	$298,196,870	($33,177,619)	$265,019,251
Less estimated income	250,440,690	(20,626,287)	229,814,403
General fund	$47,756,180	($12,551,332)	$35,204,848
FTE	215.50	(215.50)	0.00
Bill total			
Total all funds	$5,553,157,547	$725,024,881	$6,278,182,428
Less estimated income	3,541,730,000	458,501,235	4,000,231,235
General fund	$2,011,427,547	$266,523,646	$2,277,951,193
FTE	2,483.83	204.52	2,688.35

House Bill No. 1012 - Department of Health and Human Services - House Action

	Base Budget	House Changes	House Version
Salaries and wages block grant		$596,284,775	$596,284,775
Total all funds	$0	$596,284,775	$596,284,775
Less estimated income	0	286,720,150	286,720,150
General fund	$0	$309,564,625	$309,564,625
FTE	0.00	2,688.35	2,688.35

Department 325 - Department of Health and Human Services - Detail of House Changes

	Creates Salaries and Wages Block Grant Funding Pool[1]	Total House Changes
Salaries and wages block grant	$596,284,775	$596,284,775
Total all funds	$596,284,775	$596,284,775
Less estimated income	286,720,150	286,720,150
General fund	$309,564,625	$309,564,625
FTE	2,688.35	2,688.35

[1] Funding for departmentwide salaries and wages is transferred into a salaries and wages block grant funding pool.

House Bill No. 1012 - DHHS - Business Operations - House Action

	Base Budget	House Changes	House Version
Salaries and wages	$25,763,358	($25,763,358)	
Operating expenses	155,308,399	(77,023,770)	$78,284,629
Capital assets	108,934	(108,934)	
Grants	11,812,627	6,966,375	18,779,002
Total all funds	$192,993,318	($95,929,687)	$97,063,631
Less estimated income	118,894,310	(71,526,221)	47,368,089
General fund	$74,099,008	($24,403,466)	$49,695,542
FTE	114.40	(114.40)	0.00

Department 326 - DHHS - Business Operations - Detail of House Changes

	Adjusts Funding for Business Operations Division[1]	Total House Changes
Salaries and wages	($25,763,358)	($25,763,358)
Operating expenses	(77,023,770)	(77,023,770)
Capital assets	(108,934)	(108,934)
Grants	6,966,375	6,966,375
Total all funds	($95,929,687)	($95,929,687)
Less estimated income	(71,526,221)	(71,526,221)
General fund	($24,403,466)	($24,403,466)
FTE	(114.40)	(114.40)

[1] Funding for the business operations division is adjusted as follows:

Description	FTE	General Fund	Other Funds	Total
Adjusts funding for base payroll and budget changes.		($16,396,866)	($66,836,143)	($83,233,009)
Adjusts FTE positions	66.15			
Adds funding for salary increases of 3 percent on July 1, 2025, and July 1, 2026		1,035,502	531,151	1,566,653
Adds funding for monthly increases in health insurance rates from $1,643 to $1,893 per employee		651,154	363,569	1,014,723
Transfers salaries and wages into the department's FTE block grant pool	(180.55)	(12,603,508)	(17,737,100)	(30,340,608)
Underfunds salaries and wages departmentwide		(20,157,874)	0	(20,157,874)

Description	FTE	General Fund	Other Funds	Total
Underfunds operating expenses departmentwide		(3,050,000)	0	(3,050,000)
Adds funding for increases in rates charged by the Attorney General's office and the Office of Administrative Hearings		190,590	0	190,590
Adds funding for increases in information technology rates		5,196,748	2,152,302	7,349,050
Increases funding for costs of information technology contracts		20,730,788	0	20,730,788
Total ongoing changes	(114.4)	($24,403,466)	($81,526,221)	($105,929,687)
One-time funding items:				
Provides funding for costs to retire mainframe applications		0	10,000,000	10,000,000
Total one-time funding changes		$0	$10,000,000	$10,000,000
Total changes to base level	(114.4)	($24,403,466)	($71,526,221)	($95,929,687)

House Bill No. 1012 - DHHS - Behavioral Health - House Action

	Base Budget	House Changes	House Version
Salaries and wages	$8,792,675	($8,792,675)	
Operating expenses	79,381,458	23,888,138	$103,269,596
Grants	40,476,298	21,889,322	62,365,620
Behavioral health clinics	196,383,945	(139,978,713)	56,405,232
State Hospital	94,826,973	256,053,182	350,880,155
Opioid addiction prevention	2,000,000	6,000,000	8,000,000
Total all funds	$421,861,349	$159,059,254	$580,920,603
Less estimated income	113,955,941	285,267,537	399,223,478
General fund	$307,905,408	($126,208,283)	$181,697,125
FTE	1,054.27	(1,054.27)	0.00

Department 327 - DHHS - Behavioral Health - Detail of House Changes

	Adjusts Funding for Behavioral Health Division[1]	Total House Changes
Salaries and wages	($8,792,675)	($8,792,675)
Operating expenses	23,888,138	23,888,138
Grants	21,889,322	21,889,322
Behavioral health clinics	(139,978,713)	(139,978,713)
State Hospital	256,053,182	256,053,182
Opioid addiction prevention	6,000,000	6,000,000
Total all funds	$159,059,254	$159,059,254
Less estimated income	285,267,537	285,267,537
General fund	($126,208,283)	($126,208,283)
FTE	(1,054.27)	(1,054.27)

[1] Funding for the behavioral health division is adjusted as follows:

Description	FTE	General Fund	Other Funds	Total
Adjusts funding for base payroll and budget changes.		$15,466,235	$2,311,139	$17,777,374
Adjusts funding for base budget changes		5,709,106	(5,000,000)	709,106
FTE position adjustment	104.93			

Description	FTE	General Fund	Other Funds	Total
Adds funding for salary increases of 3 percent on July 1, 2025 and July 1, 2026		8,392,306	134,924	8,527,230
Adds funding for monthly increase in health insurance rates from $1,643 to $1,893 per employee		6,517,157	114,129	6,631,286
Moves salaries and wages to the FTE block grant pool	(1,159.20)	(190,198,399)	(68,592,655)	(258,791,054)
Adds funding related to an opioid settlement		0	8,000,000	8,000,000
Provides funding for a remote crisis intervention solution for law enforcement		0	1,000,000	1,000,000
Provides funding to expand use of the SUD voucher for addiction treatment and recovery services		2,500,000	0	2,500,000
Provides funding for SUD for medical expenses in institutions for mental disease facilities		500,000	0	500,000
Provides additional SUD funding for 50/50 inpatient/outpatient services		500,000	0	500,000
Provides additional SUD funding for treatment of incarcerated individuals		2,500,000	0	2,500,000
Provides equity funding for behavioral health staff in western North Dakota		250,536	0	250,536
Provides additional funding for inflationary increases in crisis residential contracts		706,233	0	706,233
Provides additional funding for inflationary increases in addiction residential contracts		917,786	0	917,786
Provides additional funding for inflationary increases in recovery/rehab contracts		2,154,668	0	2,154,668
Provides an adjustment to the additional inflationary adjustment for vendor contracts		(2,000,000)	0	(2,000,000)
Provides funding to expand training and education for treatment collaborative for traumatized youth		408,000	0	408,000
Provides funding for out of home residential services for Medicaid eligible children with a serious emotional disorder		1,351,997	0	1,351,997
Continues funding for existing levels of the free through recovery and community connect programs		4,761,081	0	4,761,081
Provides increased funding to the community connect program for individuals with behavioral health concerns		4,458,814	0	4,458,814
Provides funding to expand the free through recovery program for individuals involved with the criminal justice system who have behavioral health concerns		4,016,908	0	4,016,908
Increases funding for peer support utilizing a trained individual with lived experience of recovery from mental illness, substance abuse and/or brain injury		137,990	0	137,990
Provides funding to expand the treatment court in partnership with the Department of Corrections and Rehabilitation and the court system		200,000	0	200,000

Description	FTE	General Fund	Other Funds	Total
Provides 2% annual provider inflation increases		2,541,299	0	2,541,299
Provides funding to increase behavioral health services for nursing homes and basic care facilities		2,000,000	0	2,000,000
Total ongoing changes	(1,054.27)	($126,208,283)	($62,032,463)	($188,240,746)
One-time funding items:				
Provides funding for an on-premise data backup and recovery system for the electronic health record data		$0	$500,000	$500,000
Provides funding for data extraction and migration from the electronic health record legacy system		0	1,000,000	1,000,000
Provides funding to create a redundant network line for failover in the event of a primary network loss for the State Hospital		0	500,000	500,000
Provides funding for community-based partial hospitalization and intensive day treatment programs for mental health disorders and substance use disorders		0	2,000,000	2,000,000
Provides funding to remodel bathrooms at the Southeast Human Service Center		0	340,000	340,000
Provides funding to construct a new state hospital		0	330,000,000	330,000,000
Provides funding for a grant to a behavioral health facility in the northeast human service region		0	12,960,000	12,960,000
Total one-time funding changes		$0	$347,300,000	$347,300,000
Total changes to base level	(1,054.27)	($126,208,283)	$285,267,537	$159,059,254

House Bill No. 1012 - DHHS - Human Services - House Action

	Base Budget	House Changes	House Version
Salaries and wages	$168,325,918	($168,325,918)	
Operating expenses	88,885,469	108,258,236	$197,143,705
Capital assets	10,000		10,000
Grants	621,189,007	94,393,260	715,582,267
Life Skills and Transition Center	44,992,263	(29,784,605)	15,207,658
Grants - Medical assistance	742,793,564	7,655,079	750,448,643
County social services	197,663,661	6,928,621	204,592,282
Total all funds	$1,863,859,882	$19,124,673	$1,882,984,555
Less estimated income	1,240,409,529	(13,961,485)	1,226,448,044
General fund	$623,450,353	$33,086,158	$656,536,511
FTE	1,009.16	(1,009.16)	0.00

Department 328 - DHHS - Human Services - Detail of House Changes

	Adjusts Funding for Human Services Division[1]	Total House Changes
Salaries and wages	($168,325,918)	($168,325,918)
Operating expenses	108,258,236	108,258,236
Capital assets		
Grants	94,393,260	94,393,260
Life Skills and Transition Center	(29,784,605)	(29,784,605)
Grants - Medical assistance	7,655,079	7,655,079
County social services	6,928,621	6,928,621
Total all funds	$19,124,673	$19,124,673
Less estimated income	(13,961,485)	(13,961,485)
General fund	$33,086,158	$33,086,158
FTE	(1,009.16)	(1,009.16)

[1] Funding for the human services division is adjusted as follows:

Description	FTE	General Fund	Other Funds	Total
Adjusts funding for base payroll and budget changes.		$10,605,259	$93,868,910	$104,474,169
Adjusts FTE positions	19.54			
Adjusts funding for base budget changes		57,330,438	(2,746,684)	54,583,754
Provides funding for 2% annual provider inflationary increase		12,988,702	13,926,186	26,914,888
Adds funding for salary increases of 3 percent on July 1, 2025, and July 1, 2026		2,546,488	4,704,191	7,250,679
Adds funding for monthly increase in health insurance rates from $1,643 to $1,893 per employee		2,072,787	3,795,116	5,867,903
Transfers salaries and wages into the department's FTE block grant pool	(1,029.70)	(76,722,653)	(150,764,540)	(227,487,193)
Increases the FMAP percentage from 50% to 50.99%		(4,290,660)	744,660	(3,546,000)
Aging Services				
Provides funding to provide permanent supported housing including rental assistance for target population per DOJ settlement		300,000	0	300,000
Adds funding for people with special health needs to move out of institutional settings or divert them from institutions to community-based settings		2,733,934	2,555,463	5,289,397
Provides funding for adult protective services to respond to reports of abuse or neglect of vulnerable adults		718,522	0	718,522
Provides an FTE for a state dementia coordinator	1.00	0	0	0
Children and Family Services				
Adds funding to assist with adoption services		4,883,205	0	4,883,205
Adds funding for 2 defense attorneys contracted by North Dakota indigent defense to specialize in child welfare		350,000	350,000	700,000

Description	FTE	General Fund	Other Funds	Total
Developmental Disabilities				
Provides funding to create host home services in the developmental disability waiver		1,689,900	1,689,900	3,379,800
Human Service Zones				
Adds funding for zone employee salary increases		0	5,002,833	5,002,833
Total ongoing funding changes	(1,009.16)	$15,205,922	($26,873,965)	($11,668,043)
One-time funding items:				
Provides funding to retire economic assistance and Medicaid legacy systems on the mainframe		$0	$2,000,000	$2,000,000
Adds funding for conversion of developmental disability eligibility assessment tool for kids from ICAP to SIS		200,000	200,000	400,000
Provides funding to implement a comprehensive vocational rehab technology system to connect people with disabilities to employment		0	8,000,000	8,000,000
Provides funding to replace the roof on the cedar grove building at the Life Skills and Transition Center		0	712,480	712,480
Adds funding to expand the best in class program		6,000,000	0	6,000,000
Provides funding to continue grants and resources to child care providers for infrastructure, start-ups, and expansions		2,500,000	0	2,500,000
Provides funding for early childhood quality infrastructure supports for quality cohort participants and providers receiving intensive coaching		3,000,000	0	3,000,000
Adds funding for inclusion supports for children with special needs at private child care programs		172,500	0	172,500
Adds funding to expand access to teaching strategies outcome measurement tool		100,000	0	100,000
Adds funding for quality tiers in child care assistance program.		1,500,000	0	1,500,000
Provides funding for home renovation incentives for accessibility		0	1,000,000	1,000,000
Provides funding for a community cultural center grant located in the west central human services region		0	1,000,000	1,000,000
Provides funding for a winter park adaptive recreation program grant		200,000	0	200,000
Provides funding for an intermediate care facility grant to Anne Carlsen		3,457,736	0	3,457,736
Provides funding for juvenile justice diversion services		750,000	0	750,000
Total one-time changes		$17,880,236	$12,912,480	$30,792,716
Total change to base budget	(1,009.16)	$33,086,158	($13,961,485)	$19,124,673

House Bill No. 1012 - DHHS - Medical Services - House Action

	Base Budget	House Changes	House Version
Salaries and wages	$21,008,344	($21,008,344)	
Operating expenses	70,807,977	92,364,562	$163,172,539
Grants	1,651,004	1,806,800	3,457,804
Grants - Medical assistance	2,682,778,803	6,500,467	2,689,279,270
Total all funds	$2,776,246,128	$79,663,485	$2,855,909,613
Less estimated income	1,818,029,530	(7,372,459)	1,810,657,071
General fund	$958,216,598	$87,035,944	$1,045,252,542
FTE	90.50	(90.50)	0.00

Department 329 - DHHS - Medical Services - Detail of House Changes

	Adjusts Funding for Medical Services Division[1]	Total House Changes
Salaries and wages	($21,008,344)	($21,008,344)
Operating expenses	92,364,562	92,364,562
Grants	1,806,800	1,806,800
Grants - Medical assistance	6,500,467	6,500,467
Total all funds	$79,663,485	$79,663,485
Less estimated income	(7,372,459)	(7,372,459)
General fund	$87,035,944	$87,035,944
FTE	(90.50)	(90.50)

[1] Funding for the medical services division is adjusted as follows:

Description	FTE	General Fund	Other Funds	Total
Adjusts funding for base payroll and budget changes		($28,505,732)	61,061,722	32,555,990
Adjust FTE positions	11.25			
Adjusts funding for base payroll and budget changes		71,253,662	(118,383,672)	(47,130,010)
Adds funding for salary increases of 3 percent on July 1, 2025, and July 1, 2026		338,151	479,188	817,339
Adds funding for monthly increases in health insurance rates from $1,643 to $1,893 per employee		233,619	342,896	576,515
Transfers salaries and wages into the department's FTE block grant pool	(101.75)	(9,636,069)	(15,163,610)	(24,799,679)
Adds funding for cost to continue for home- and community-based services growth		36,977,113	27,837,811	64,814,924
Provides funding for qualified provider targeted rate increase for nursing, personal care, respite, companionship, and homemaker services		3,595,104	1,797,552	5,392,656
Provides funding to increase private duty nursing and home health targeted rate increase		1,235,768	1,235,768	2,471,536
Expands funding for additional provider groups to ensure populations are supported with personal centered care and support		1,000,000	1,000,000	2,000,000
Adds funding to implement the children's cross disability waiver		2,474,226	2,474,226	4,948,452
Re-establishes DD bed assessment		0	7,209,580	7,209,580

Description	FTE	General Fund	Other Funds	Total
Provides funding to rebase ambulance rates to the lowest quartile Medicare rural base rate		2,189,770	2,189,770	4,379,540
Provides funding for 2% annual provider inflationary rate increases		13,689,672	15,190,970	28,880,642
Provides for a change in the FMAP rate from 50.0% to 50.99%		(7,809,340)	1,355,340	(6,454,000)
Total ongoing funding changes	(90.50)	$87,035,944	($11,372,459)	$75,663,485
One-time funding items:				
Provides funding to retire the Medicaid legacy system currently on the mainframe		$0	$2,000,000	$2,000,000
Provides funding for a critical access hospital networking grant		0	2,000,000	2,000,000
Total one-time funding changes		$0	$4,000,000	$4,000,000
Total changes to base level	(90.50)	$87,035,944	($7,372,459)	$79,663,485

House Bill No. 1012 - DHHS - Public Health - House Action

	Base Budget	House Changes	House Version
Salaries and wages	$60,415,388	($60,415,388)	
Operating expenses	37,721,213	17,853,669	$55,574,882
Capital assets	1,469,780	2,215,838	3,685,618
Grants	81,718,145	4,245,496	85,963,641
Tobacco prevention	13,063,162	(22,607)	13,040,555
WIC food payments	19,900,000	1,100,000	21,000,000
COVID-19 response	83,909,182	1,845,373	85,754,555
Total all funds	$298,196,870	($33,177,619)	$265,019,251
Less estimated income	250,440,690	(20,626,287)	229,814,403
General fund	$47,756,180	($12,551,332)	$35,204,848
FTE	215.50	(215.50)	0.00

Department 330 - DHHS - Public Health - Detail of House Changes

	Adjusts Funding for Public Health Division[1]	Total House Changes
Salaries and wages	($60,415,388)	($60,415,388)
Operating expenses	17,853,669	17,853,669
Capital assets	2,215,838	2,215,838
Grants	4,245,496	4,245,496
Tobacco prevention	(22,607)	(22,607)
WIC food payments	1,100,000	1,100,000
COVID-19 response	1,845,373	1,845,373
Total all funds	($33,177,619)	($33,177,619)
Less estimated income	(20,626,287)	(20,626,287)
General fund	($12,551,332)	($12,551,332)
FTE	(215.50)	(215.50)

[1] Funding for the public health division is adjusted as follows:

Description	FTE	General Fund	Other Funds	Total
Adjusts funding for base payroll and budget changes		($1,503,118)	$3,120,553	$1,617,435
Adds funding for salary increases of 3 percent on July 1, 2025, and July 1, 2026		1,714,252	0	1,714,252

Description	FTE	General Fund	Other Funds	Total
Adds funding for monthly increases in health insurance rates from $1,643 to $1,893 per employee		1,183,357	0	1,183,357
Adjusts FTE positions	1.65			
Transfers salaries and wages into the department's FTE block grant pool	(217.15)	(20,403,996)	(34,462,245)	(54,866,241)
Restores funding removed for the 2023-25 biennium new FTE pool		65,094	50,008	115,102
Restores funding removed for the 2023-25 biennium vacant FTE pool		569,060	1,754,865	2,323,925
Adds funding to expand support for domestic and sexual violence prevention		0	2,250,000	2,250,000
Provides additional funding for domestic and sexual violence		1,700,000	0	1,700,000
Add funding for the Safe Haven program		440,000	0	440,000
Provides funding for vaccines for health care providers off federal contract		0	2,213,930	2,213,930
Provides funding for forensic pathology contract services with UND		2,866,156	(1,000,000)	1,866,156
Increases the food and lodging fees by an additional 7.5% for a total increase of 20%		(71,298)	71,298	0
Add funding to increase the grant to the Family Voices program		100,000	0	100,000
Provides funding for a fetal alcohol spectrum disorder clinic at UND		637,661	0	637,661
Total ongoing funding changes	(215.5)	($12,702,832)	($26,001,591)	($38,704,423)
One-time funding items:				
Adds funding to purchase nonfatal toxicology testing equipment		$151,500	$100,000	$251,500
Adds funding for transition to the new state laboratory building		0	2,962,304	2,962,304
Provides funding to purchase forensic examiner electronic records system		0	278,000	278,000
Adds funding for food and lodging management information system		0	335,000	335,000
Adds funding for licensure management system		0	650,000	650,000
Provides funding for the Cass County animal shelter		0	300,000	300,000
Provide funding for the statewide health strategies grant		0	750,000	750,000
Total one-time funding changes	0	$151,500	$5,375,304	$5,526,804
Total changes to base level	(215.5)	($12,551,332)	($20,626,287)	($33,177,619)

House Bill No. 1012 - Other Changes - House Action

This amendment also:

- Creates a salaries and wages block grant and provides guidelines regarding the use of the block grant and reporting requirements.
- Identifies appropriations from the strategic investment and improvements fund, community health trust fund, opioid settlement fund, and human service finance fund.
- Provides guidelines for the use of funding provided for a behavioral health facility grant, a community cultural center grant, juvenile justice programs, an animal shelter grant, and a statewide health strategies initiative.
- Authorizes DHHS to obtain a $130 million line of credit from the Bank of North Dakota for the State Hospital project.
- Continues the state health laboratory building project steering committee.
- Creates a new state hospital building steering committee.
- Authorizes capital payments for special assessment costs at the State Hospital, Southeast Human Service Center, and Life Skills and Transition Center.

- Authorizes DHHS to expend funds for capital projects at the State Hospital.
- Identifies $4,672,536 from the general fund for permanent supportive housing grants.
- Provides that expenditures for the Medicaid Expansion program may not exceed legislative appropriations.
- Directs DHHS to continue the process of converting human service centers to certified community behavioral health clinics.
- Provides a moratorium on the number of licensed intermediate care facility beds for individuals with a developmental disability.
- Authorizes DHHS to continue certain unexpended appropriations from previous bienniums into the 2025-27 biennium.
- Provides intent that DHHS seeks a deficiency appropriation from the 70th Legislative Assembly if utilization rates exceed estimates.
- Identifies provider inflation increases of 2 percent per year included in the amendment.
- Provides intent that DHHS remove the requirement that developmental disability providers be accredited to receive payment.
- Provides an individual may not appeal a denial of services or payment under a program if certain federal funding is unavailable.
- Provides for DHHS to create a long-term structured residences plan.
- Amends Section 50-06-06.6 to allow land at the State Hospital and Life Skills and Transition Center to be leased for up to 99 years.
- Amends Section 50-06-42 to expand the use of the substance use disorder voucher program for individuals in jail or a treatment facility with more than 16 beds.
- Directs DHHS to collaborate with the Housing Finance Agency to assess the availability of housing for individuals requiring extraordinary health care support services.
- Provides for a Legislative Management study of student truancy and absenteeism.
- Provides for a Legislative Management study of obesity health implications.

2025 SENATE APPROPRIATIONS

HB 1012

2025 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee
Harvest Room, State Capitol

HB 1012
3/5/2025

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

1:04 p.m. Chairman Bekkedahl opened the hearing.

Members Present: Chairman Bekkedahl, Vice-Chairman Erbele, and Senators Burckhard, Cleary, Conley, Dever, Magrum, Mathern, Meyer, Schaible, Sickler, Sorvaag, Thomas, Wanzek.
Members Absent: Senators Davison, Dwyer.

Discussion Topics:

- DHHS Mission and Priorities
- New State Lab Update
- Behavioral Health Service Initiatives
- State Hospital Construction Cost Comparisons
- Human Services Zones
- Human Services Drivers of Serving
- System of Care Gaps
- Medical Services Functions and Goals
- Services Trends and Utilizations
- State FMAP Percentage
- FTE Block Grant
- Department Team Member Statistics
- Projected Turnback for Current Biennium

1:05 p.m. Dirk Wilke, ND Dept. of Health and Human Services Commissioner, testified in favor and submitted testimony #39333.

1:16 p.m. Pam Sagness, NDDHHS Behavioral Health Division Executive Director, testified in favor, continued testimony #39333 and submitted testimony #39008 and #39010.

1:35 p.m. Jon Alm, NDDHHS Chief Legal Officer, testified in favor.

1:38 p.m. Jessica Thomasson, NDDHHS Human Services Division Executive Director, testified in favor and continued testimony #39333.

2:09 p.m. Sarah Aker, NDDHHS Medical Services Division Executive Director, testified in favor and continued testimony #39333.

2:25 p.m. Donna Aukland, NDDHHS Chief Financial Officer, testified in favor, continued testimony #39333 and submitted testimony #39207.

3:05 p.m. Chairman Bekkedahl closed the hearing.

Elizabeth Reiten, Committee Clerk

#39008

NORTH Dakota
Be Legendary. | Health & Human Services



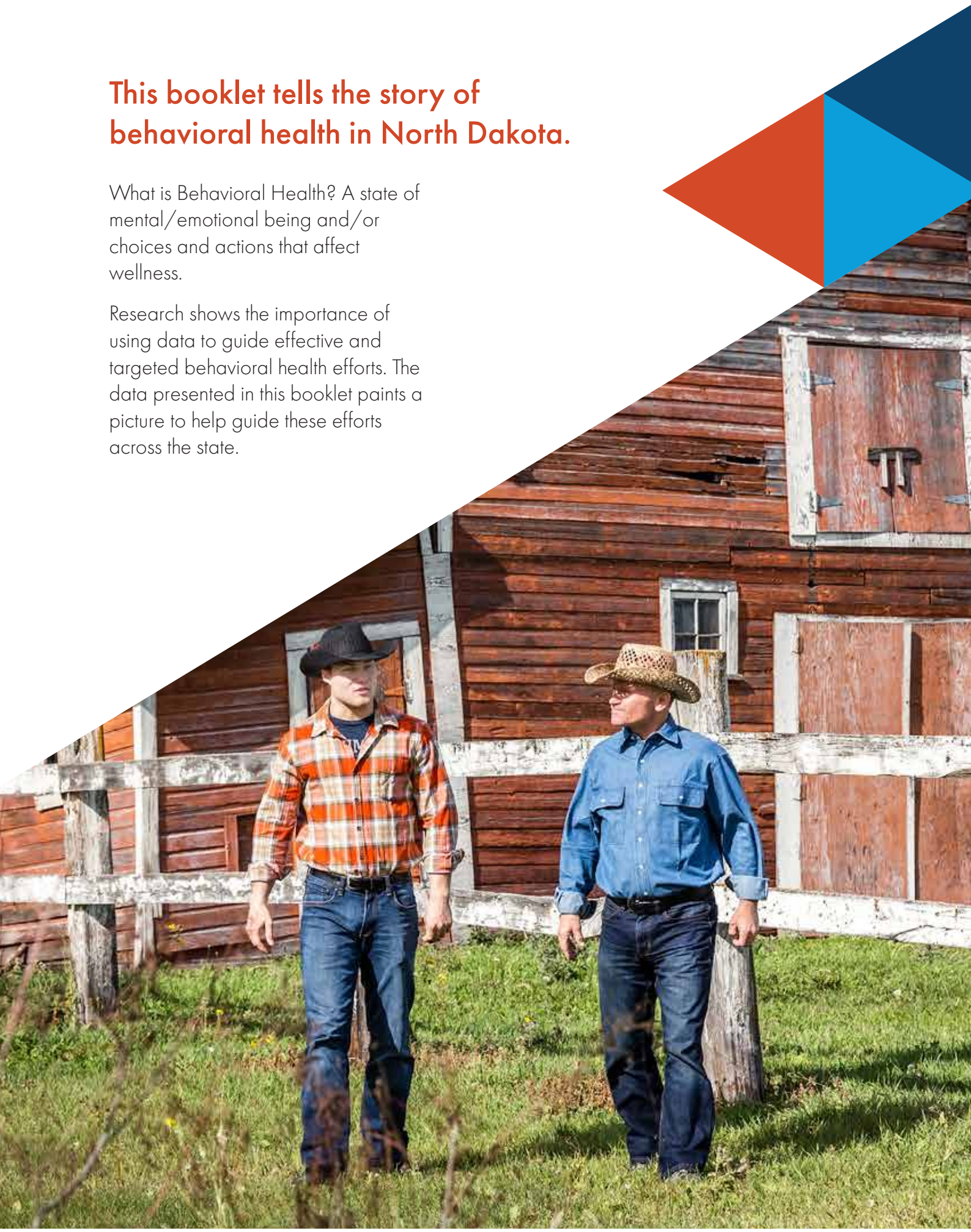
BEHAVIORAL HEALTH

DATA BOOK 2025

This booklet tells the story of behavioral health in North Dakota.

What is Behavioral Health? A state of mental/emotional being and/or choices and actions that affect wellness.

Research shows the importance of using data to guide effective and targeted behavioral health efforts. The data presented in this booklet paints a picture to help guide these efforts across the state.



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12 Alcohol: Young Adult & College Students
13 Alcohol: Risk Factors
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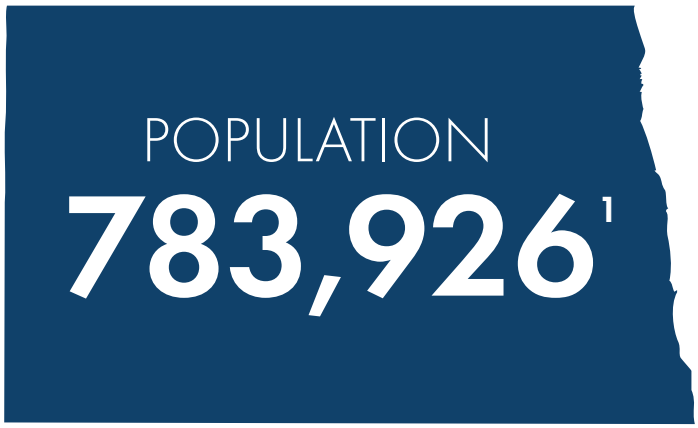
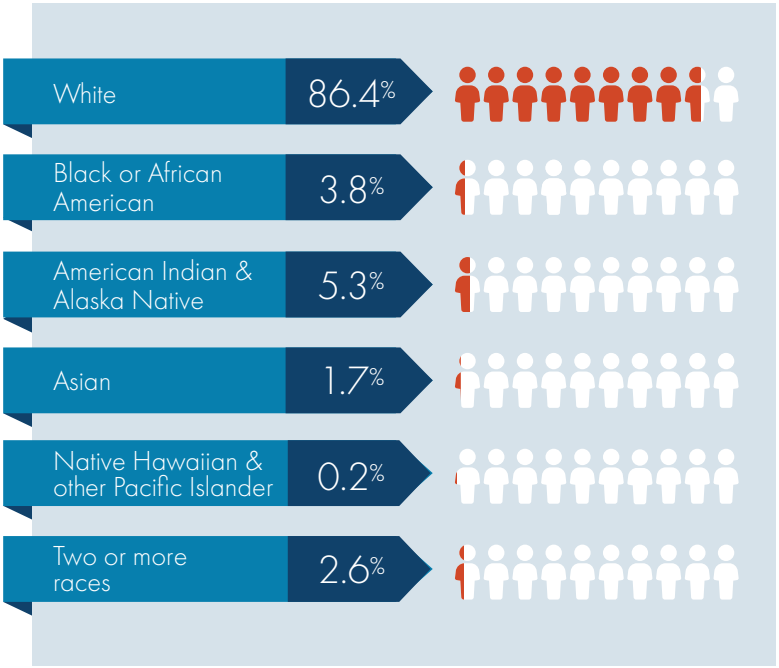
19 Marijuana
21 Opioids
23 Other Illicit Drugs
24 North Dakota Behavioral Health Principles
25 Foundation of Well-being
26 Substance Misuse Prevention: What it is, Why it Matters & What Works
27 Behavioral Health Resource Highlights
30 References



NORTH DAKOTA Demographics Overview



RACE/ ETHNICITY[2]



4.9% of North Dakotans identify as Hispanic or Latino.[2]

7.2% of North Dakota's populations are veterans, compared to 6.1% in the United States.[2]

11.3 people per square mile in 2020, compared to 9.7 people per square mile in 2010.[19]

One in ten (9.8%) North Dakotans are currently living in poverty.[2]

There are **five** federally recognized Tribes and one Indian community located at least partially within the state.

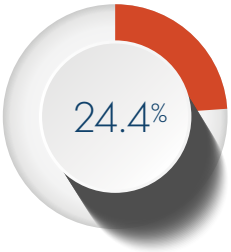
23.6% of North Dakotans are under age 18 and 17% are over age 65.[2]

North Dakota has a **2.3%** unemployment rate.[2]

Behavioral Health

Behavioral health is broad and inclusive of overall wellness.

GAMBLING

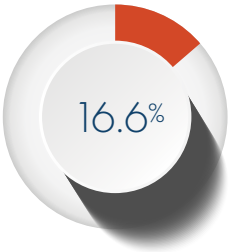


24.4% of ND **high school students** report gambling on sports, the lottery, or the internet in the last year.[3]

Support for problem gambling is available. Visit GamblerND.com for information, resources and links to treatment.

Call (877) 702-7848 to schedule a counseling appointment.

BRAIN INJURY



16.6% of ND **high school students** report having a concussion from playing a sport or being physically active at least once in the last year.[4]

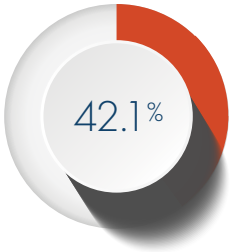
An **increase** from 14.3% in 2021.

The North Dakota Brain Injury Network has several programs that can help brain injury survivors, family members, professionals, caregivers and friends.

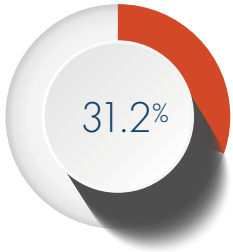
Visit www.ndbin.org

BULLYING

MIDDLE SCHOOL STUDENTS

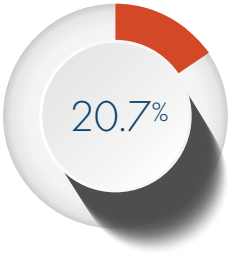


42.1% of ND **middle school** students report ever being **bullied on school property.**[4]



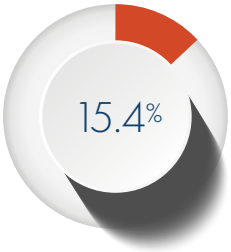
31.2% of ND **middle school** students report ever being **electronically bullied**.[4]

HIGH SCHOOL STUDENTS



20.7% of ND **high school** students report being **bullied on school property** within the past year.[4]

An increase from 15.8% in 2021.



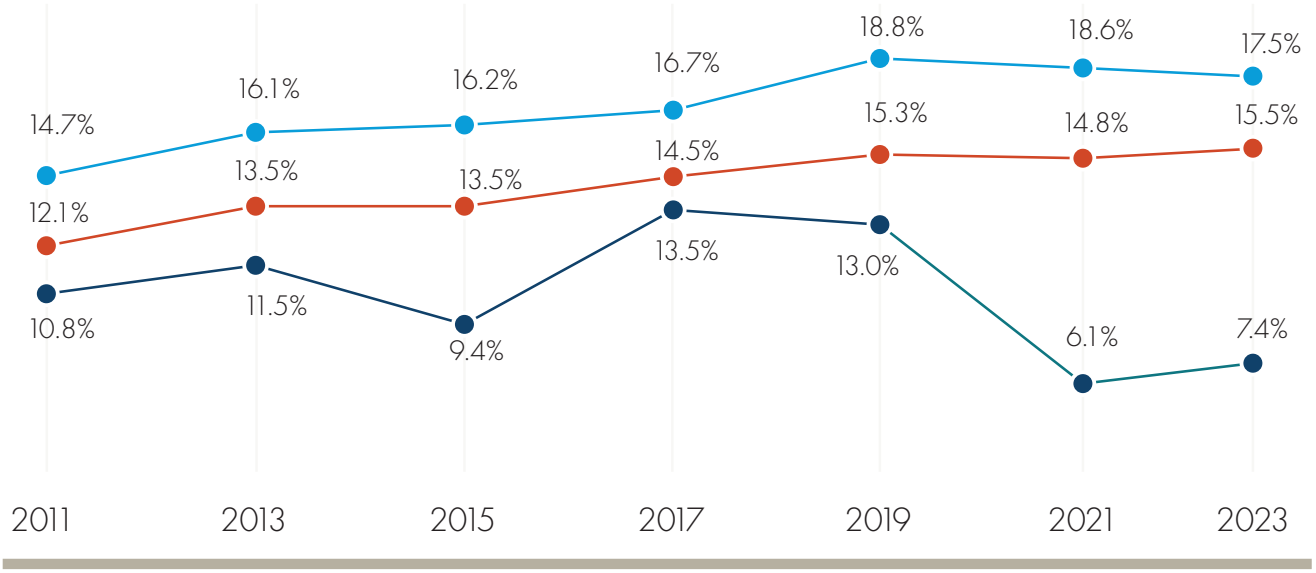
15.4% of ND **high school** students report being **electronically bullied** within the past year.[4]

An increase from 13.6% in 2021.

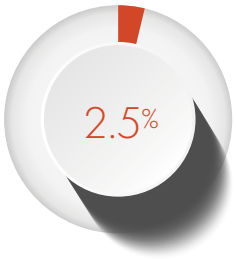
Suicide

YOUTH

NORTH DAKOTA HIGH SCHOOL STUDENTS [4]

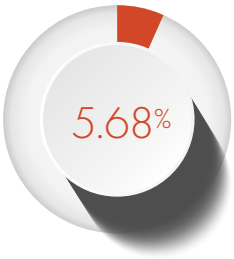


COLLEGE STUDENTS



2.5% of ND college students indicated they had attempted suicide within the last 12 months.[5]

ADULTS



5.68% of ND adults (age 18 and older) had serious thoughts of suicide in the past year.[6]

Suicide & Crisis Lifeline 988 CALL, TEXT OR CHAT

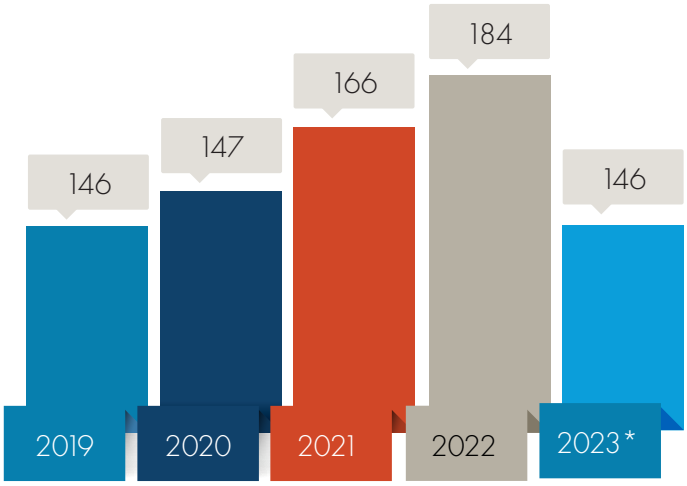
If you or someone you know needs support, call or text 988 or chat 988Lifeline.org.

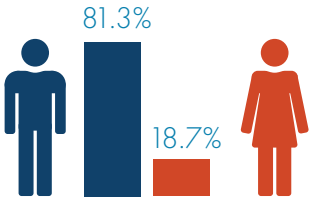
988 connects you with a trained crisis counselor who can help.

Suicide is preventable. If you or someone you know is experiencing a mental health or substance use crisis, call or text the 988 Suicide and Crisis Lifeline or chat at 988lifeline.org. Help is available 24 hours a day, 7 days a week.

146 North Dakotans died by suicide.[7]

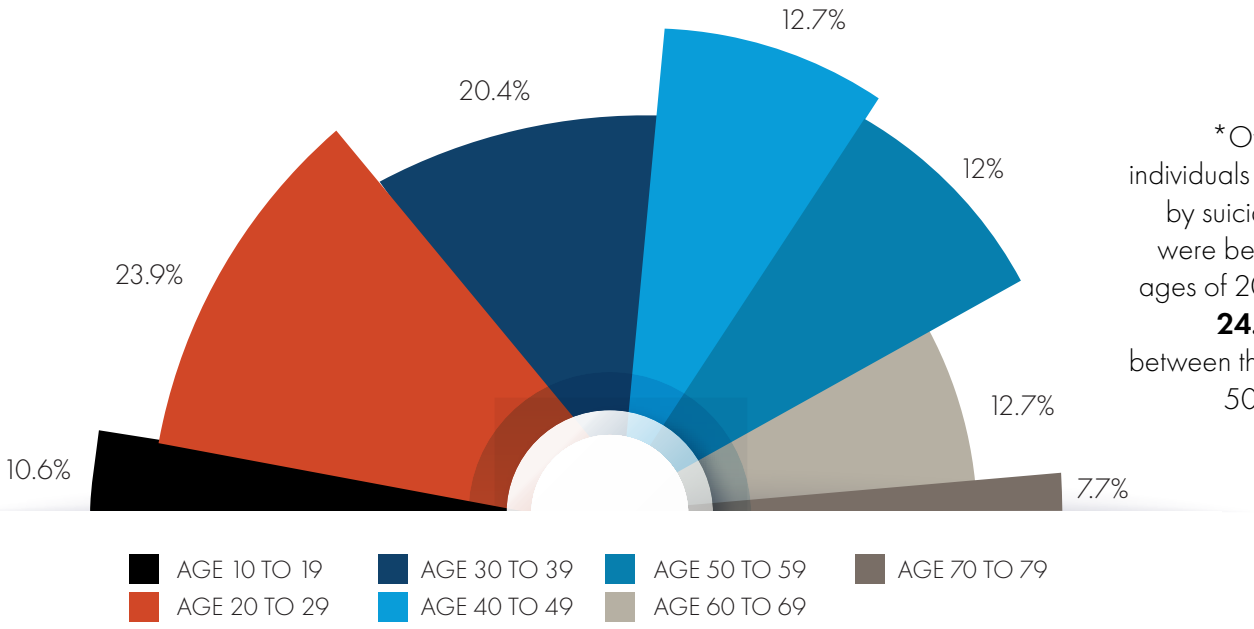
In 2023*, 146 North Dakotans died by suicide. In comparison, 184 North Dakotans died by suicide in 2022.





***81.3%** of individuals who died by suicide in 2023 were male, **18.7%** female.[7]

17.8% of individuals who died by suicide were current or former military (2023).[7]



*Over half of individuals who died by suicide **(57%)** were between the ages of 20 and 49. **24.7%** were between the ages of 50 and 69.[7]

*2023 data is preliminary

Mental Health

YOUTH



30.9% of ND **middle school** students report feeling sad or hopeless (almost every day for 2 weeks or more in a row so they stopped doing some usual activities in the past year).[4]

24.3% of ND **middle school** students report their mental health was most of the time or always not good in the last 30 days.[4]



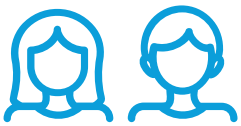
30.6% of ND **high school** students report their mental health was most of the time or always not good in the last 30 days.[4]



35% of ND **high school** students report feeling sad or hopeless (almost every day for 2 weeks or more in a row so they stopped doing some usual activities in the past year).[4]

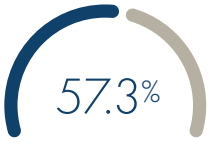


Among those who report feeling sad, empty, hopeless, angry or anxious, **20.1%** of ND **high school** students report they most of the time or always get the kind of help they need.[4]

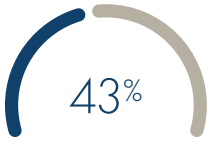


17.8% of ND **youth** (ages 12-17) had major depressive episode in the past year.[6]

COLLEGE STUDENTS



57.3% of ND college students report having counseling for a mental health condition in the last 12 months.[5]



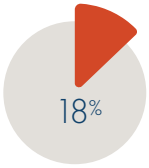
43% of ND college students report high levels of loneliness, based on a standardized loneliness scale.[5]

Among ND college students (in their lifetime)[5]:

36.2% diagnosed with anxiety

27.8% diagnosed with depression

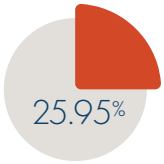
ADULTS (ages 18+)



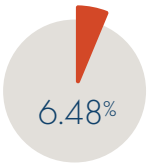
18% reported their **mental health was not good** 8 or more days in the last month.[6]



10.34% reported having a **major depressive episode** in the past year.[6]



25.95% had **any mental illness** in the past year.[6]



6.48% reported a **serious mental illness** in the past year.[6]

Approximately 155,420 ND adults (18+) had any mental illness in the past year.[6]

Approximately 38,810 ND adults (18+) have serious mental illness in the past year.[6]



25.32% of ND adults (18+) received mental health services in the past year.[6]

MENTAL AND PHYSICAL HEALTH IS FUNDAMENTALLY LINKED.

The average life span for people with serious mental illness is 25-30 years less than the general public. People with depression have a 40% higher risk of developing heart diseases than the general population.



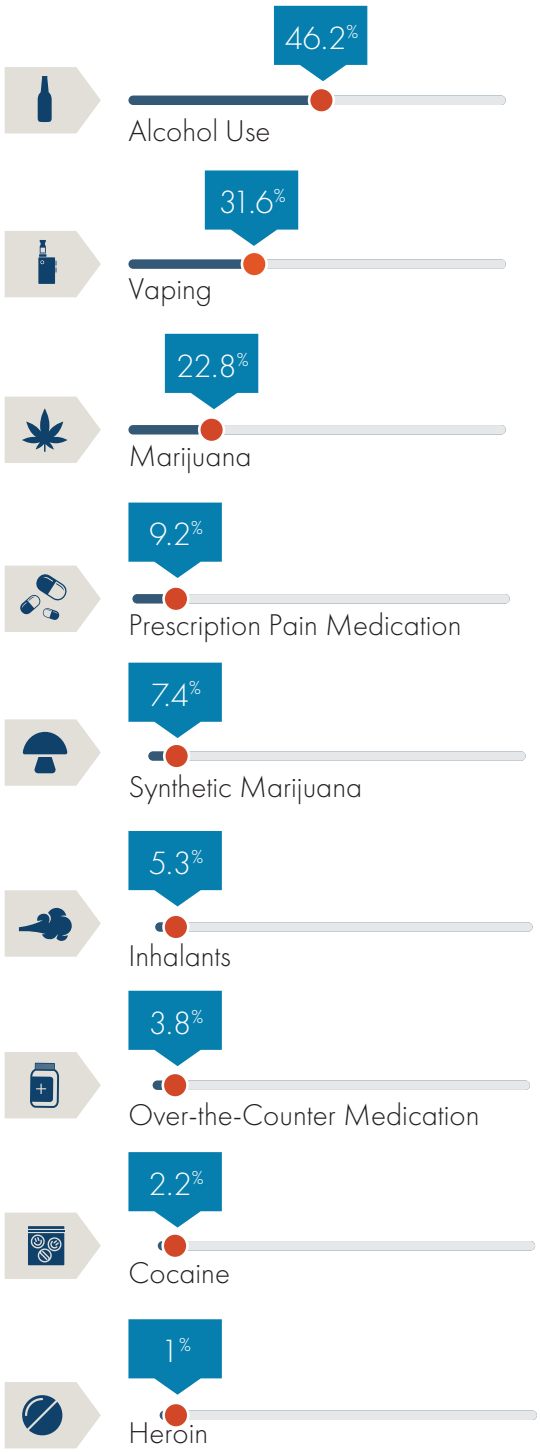
Find mental health services for you or your loved ones through the North Dakota Mental Health Program Directory.

The directory provides a single place for North Dakota citizens to search for mental health services that meet their needs. hhs.nd.gov/behavioral-health/directory

Substance Use

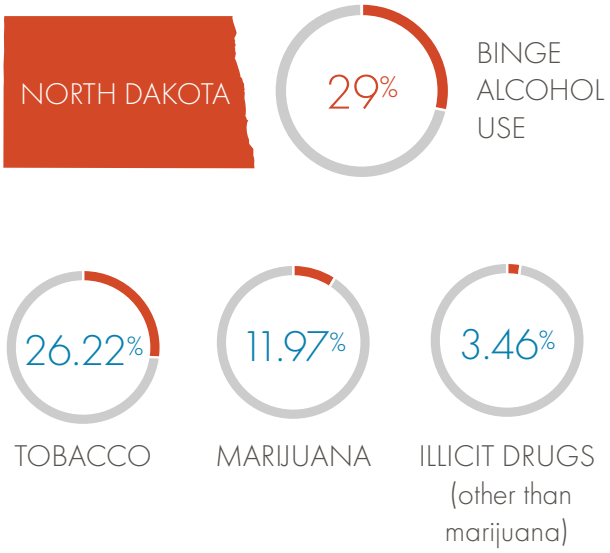
YOUTH (HIGH SCHOOL STUDENTS)[4]

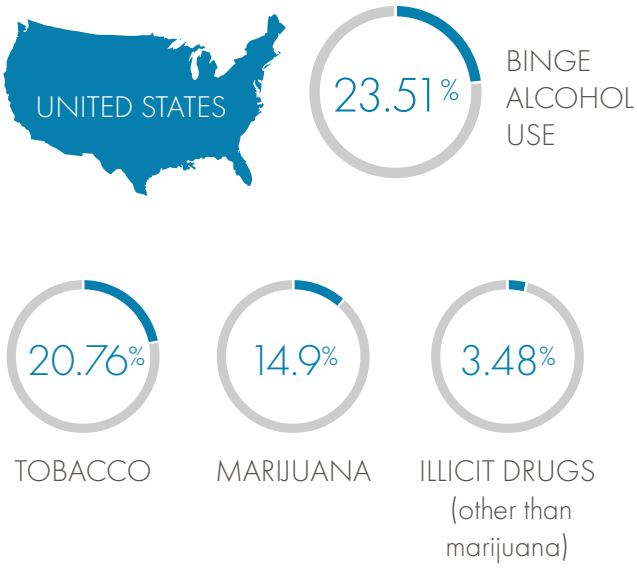
LIFETIME Substance Use



ADULTS (AGES 18+)[6]

PAST 30-DAY Substance Use





NOTE: Binge alcohol use is defined as drinking five or more drinks (for males) or four or more drinks (for females) on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least one day in the past 30 days.

Addiction and Recovery



An estimated 20.8% of ND adults (18+) **met the criteria for a Substance Use Disorder** within the last year.[6]

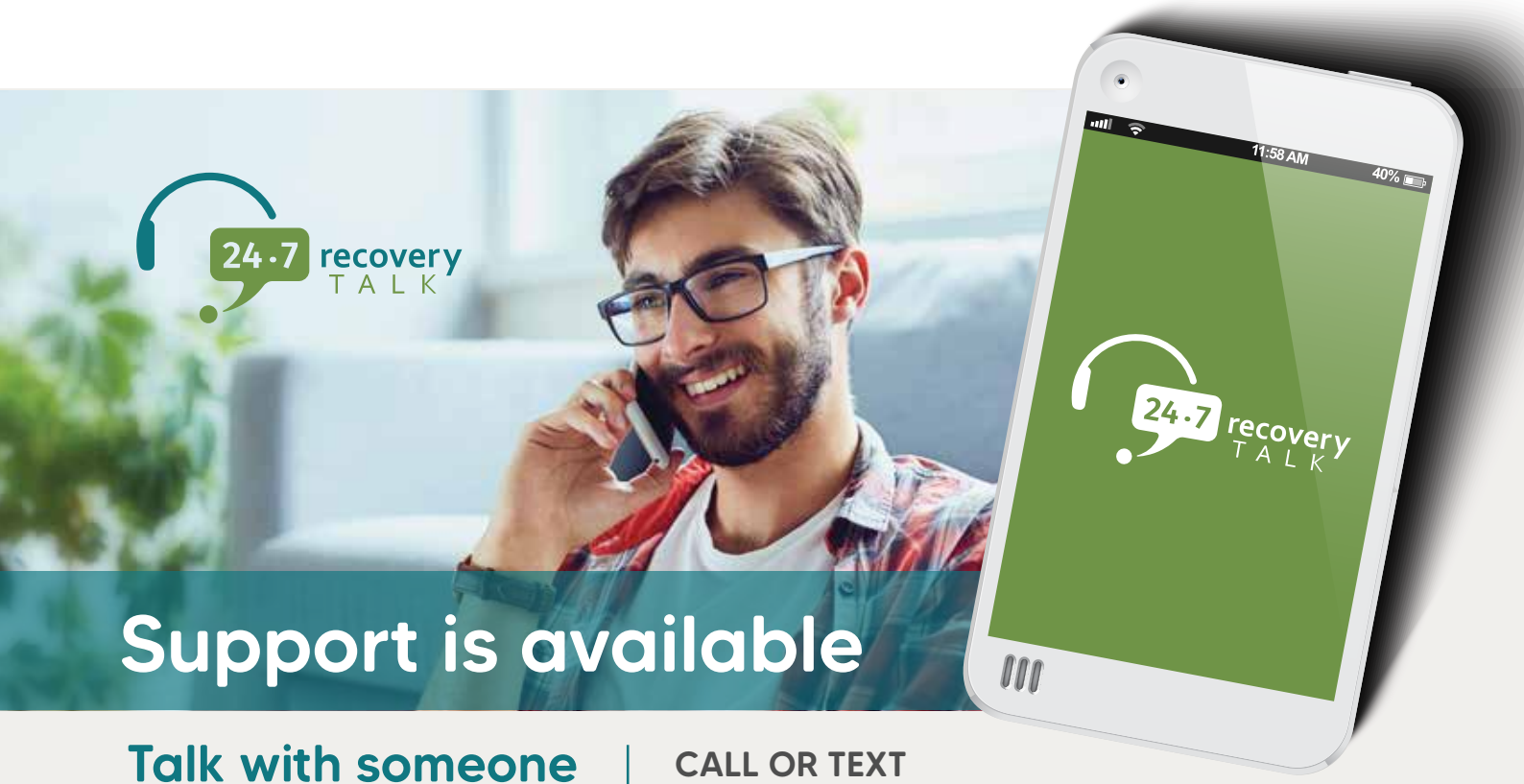
77.62%

An estimated 77.62% of ND adults (18+) who needed treatment for substance use **did not receive treatment in the past year.**[6]

2.5% of ND college students report being in recovery from alcohol or drug use.[5]

105

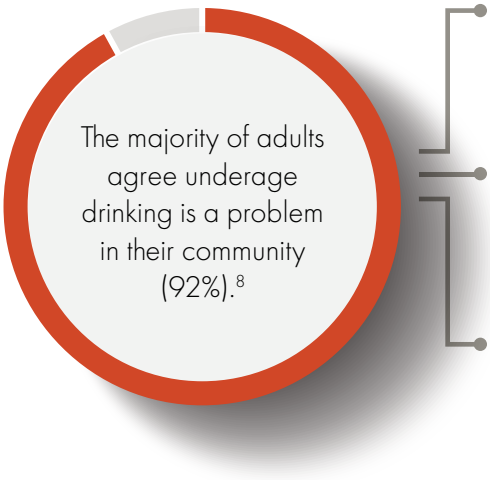
In North Dakota, there are 105 licensed Substance Use Disorder Treatment programs (as of 10/10/2024).



Talk with someone who's been there

CALL OR TEXT
701.291.7901

Alcohol: Underage Drinking



19.1% of ND **middle school** students report alcohol use in their **lifetime**[4]

a decrease from **24.8%** in 2013.

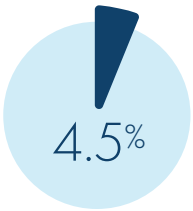
19.5% of ND **high school** students report **current alcohol use** (within the past 30 days)[4]

a decrease from **35.3%** in 2013.

10.3% of ND **high school** students report **current binge drinking*** (within the past 30 days)[4]

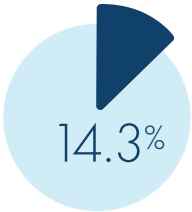
a decrease from **21.9%** in 2013.

Not only is underage drinking against the law, but there are also many consequences to underage drinking impacting the health and safety of North Dakota youth.



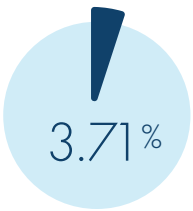
4.5% of ND high school students report **driving after drinking** alcohol within the past 30 days.[4]

a **decrease** from 10.7% in 2013



14.3% of ND high school students report **riding with a driver who had been drinking** alcohol within the past 30 days.[4]

a **decrease** from 21.9% in 2013



3.71% of ND youth (ages 12-17) met the criteria for **alcohol use disorder** in the past year.[6]

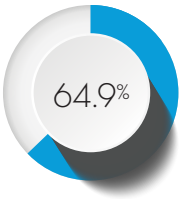


Research shows brain development is not complete until around age 25.

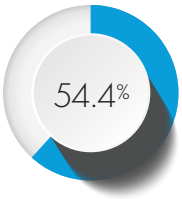
Among the last parts of the brain to be developed are those responsible for impulse control and extended reasoning. Alcohol use among youth and young adults can result in irreversible changes impacting problem-solving skills, performance at school, and potentially their body, mood and mental health.

*Binge drinking: 5 or more drinks of alcohol on an occasion or in a row

Alcohol: Young Adult & College Students



64.9% of ND **college students** report **using alcohol** in the last three months.[20]



54.4% of ND **college students** report **binge drinking*** one or more times in the last two weeks.[5]

15%

of ND **college students** report **driving after having any alcohol in the last 30 days**
(of those students who reported drinking alcohol in the last 30 days and those who reported driving in the last 30 days).[5]

*binge drinking: five or more drinks (males) or four or more drinks (females) containing any kind of alcohol at a sitting.

ND college students who drank alcohol reported experiencing the following in the last 12 months when drinking alcohol[5]:

19% did something they later regretted

12.4% blackout

6.8% physically injured themself

Among ND Young Adults (18-25 year olds)[6]

64% report alcohol use in the past month.

Compared to 50.57% nationwide

40.43% report binge drinking in the past month.

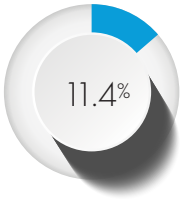
Compared to 29.73% nationwide

Alcohol: Risk Factors

There are many risk factors that influence a person's likelihood of engaging in illegal or risky substance use. Effective prevention focuses on reducing these risk factors.

Research shows that individuals who start drinking before the age of 15 are four times more likely than individuals who start drinking at the age of 21 to meet criteria for alcohol use disorder at some point in their lives.[20]

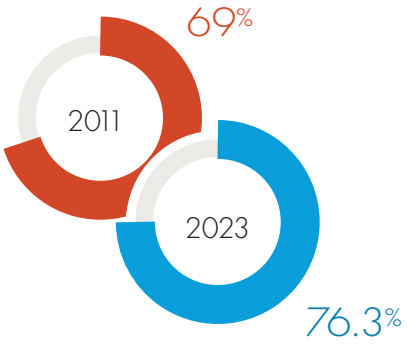
4x

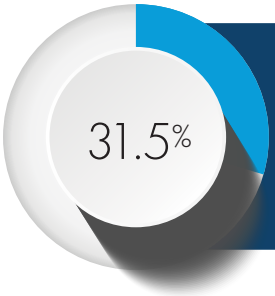


11.4% of ND **high school** students report their first use of alcohol before the age of 13.[4]

Generally, individuals do NOT believe binge drinking is risky.

The percentage of ND high school students who believe binge drinking one or two times a week does NOT pose a great risk has increased from **69%** in 2011 to **76.3%** in 2023.[4]





31.5% of ND **high school** students report living with someone who had a problem with alcohol or drug use at some point in their life.[4]

Alcohol: Risk Factors

The easier it is to obtain alcohol, the higher the likelihood for use and abuse.

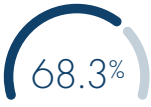
North Dakota ranks highest in the nation for the number of bars per capita, with 49.73 bars per 100,000 people. Compare this to New Hampshire, with 1.54 bars per 100,000 people.[9]

There is one alcohol beverage license (restaurant serving alcohol, bar or liquor store) in ND for every 445.5 people.[10]

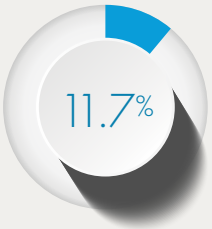
Early intervention is an important piece of the behavioral health continuum of care and helps to reduce the risk of harmful behaviors such as drug and alcohol use.

18

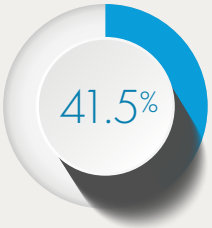
In North Dakota, there are 18 certified Minor in Possession education providers (as of 10/10/2024).



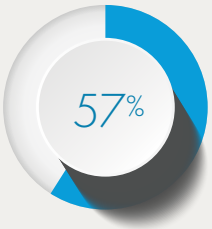
68.3% of ND adults support requiring evidence-based interventions for youth with Minor in Possessions.[8]



11.7% of ND adults believe it is not at all difficult for youth to **buy alcohol at a store** themselves.[8]



41.5% of ND adults believe it is not at all difficult for youth to **get an older person to buy alcohol** for them.[8]



57% of ND adults believe it is not at all difficult for youth to **sneak alcohol from their home** or a friend's home.[8]

Alcohol: Adult

Adult binge drinking in North Dakota is a serious public health issue, resulting in many consequences impacting individuals, families and communities.

91.4% of ND adults agree that **adult alcohol use is a problem in their community.**[8]

Among North Dakota adults age 26 and older:

59.87% used alcohol in the past month.[6]

3rd

ND ranks 3rd in the nation for **binge alcohol use** (past month) (26.81%).[6]

The economic costs of excessive alcohol consumption in ND are estimated at **$487 million**, which is $725 per person or $1.40 a drink.[11]

One in six (16.7%) adult arrests in ND are for driving under the influence.[12]

36% of fatal crashes in ND are alcohol-related.[13]

13.39% of ND adults age 26 or older met the criteria for Alcohol Use Disorder in the past year.[6]

23% of new domestic violence cases in ND involve alcohol.[14]

Not all drinks are created equal. Some can be the equivalent of three and even four drinks, which is why we say speak in volumes and you'll speak volumes about how much you're drinking.

SPEAK VOLUMES .ND.GOV



12-ounce beer (5% ABV) = 1 drink



5-ounce glass of wine (12% ABV) = 1 drink



16-ounce craft beer (7.5% ABV) = 2 drinks



Martini = 1.5-2 drinks



Long Island Iced Tea = 3-5 drinks

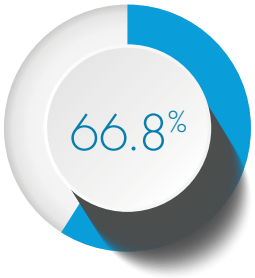


Margarita = 2-3 drinks

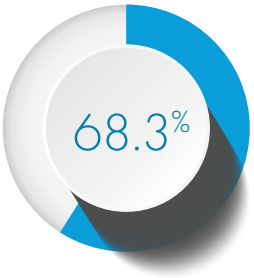
Alcohol: Prevention Works

Prevention is a proactive approach; creating an environment that promotes the health and well-being of individuals, families and communities, which prevents problems before they occur.

ADULTS



believe it is possible to reduce alcohol and other drug problems through prevention.[8]



believe prevention programs are a good investment.[8]

CHANGE COMES FROM

Increased awareness of the risks associated with underage drinking and adult binge drinking.

Strengthened policies to reduce access to alcohol.

65.5% of ND adults believe that alcohol servers and bartenders should be specifically trained.[8]

Enforcement of laws and policies related to alcohol.

75.7% of ND adults support the legal drinking age of 21.[8]

64.3% of ND adults support DUI checkpoints.[8]

83.4% of ND adults support compliance checks.[8]

Shifting community norms to be supportive of healthy decisions, and not supportive of excessive alcohol consumption.

72.3% of ND adults support penalties for adults who provide alcohol to minors.[8]

Protective parental behaviors such as ongoing conversations, healthy role-modeling, monitoring, support and engagement.

Tobacco

Generally, cigarette use is declining among youth in the state. However, use of other tobacco products has remained steady or increased.

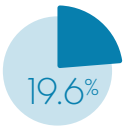
YOUTH



92.2% of ND adults believe **TOBACCO USE AMONG YOUTH** is a problem in their community.[8]



8.9% of ND **middle school** students report cigarette use in their lifetime.[4]



19.6% of ND **high school** students report current (past 30-day) use of tobacco.[4]



5.4% of ND **high school** students report current (past 30-day) use of cigarettes.

decrease from 8.3% in 2019.[4]

ELECTRONIC VAPOR PRODUCTS



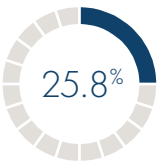
of ND **middle school** students report using electronic vapor products at one point in their life.[4]



of ND **high school** students report current use of electronic vapor products.[4]

decrease from **33.1%** in 2019.

COLLEGE STUDENTS & ADULTS

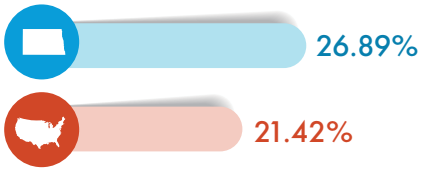


25.8% of ND **college** students report using tobacco or nicotine delivery products in the last three months.[5]



89.5% of ND adults believe **TOBACCO USE AMONG ADULTS** is a problem in their community.[8]

Among adults age 26 and older, 26.89% of ND adults report tobacco product use in the past month; compared to 21.42% of US adults.[6]



Tobacco is the leading preventable cause of death in the United States and has a tremendous impact on lives in North Dakota. By preventing tobacco use and exposure to secondhand smoke, we reduce disease, alleviate suffering, save lives, and cut health care costs and productivity losses.



The majority

62.9%

of North Dakotans (age 12 or older) believe smoking one or more packs of cigarettes per day poses great risk.[6]

In the 2022-2023 school year, there were 1,234 suspensions/expulsions related to tobacco. This corresponds to 3,373.25 days removed from school.[15]

Exposure to secondhand smoke causes more than 41,000 deaths each year among adults in the United States.[16]

The life expectancy for smokers is at least 10 years shorter than for nonsmokers.[16]



39.4%

of ND high school students report it would be very easy to get tobacco products if they wanted some.[18]

11.6%

of ND **high school** students usually obtain their own cigarettes by buying them in a store or gas station.[18]

6.5%

of ND **high school** students usually obtain their own electronic vapor products by buying them in a store.[18]



Tobacco affects everyone, even non-users. In North Dakota, smoking-related costs include:[23]

Annual health care costs directly caused by smoking: **$379 million**

Medicaid costs caused by smoking: **$61.1 million**

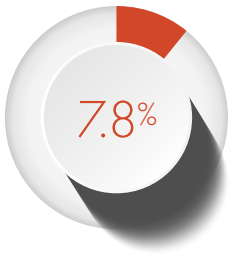
Residents' state and federal tax burden from smoking-caused government expenditures: **$970 per household**

Smoking-caused productivity losses: **$715 million**

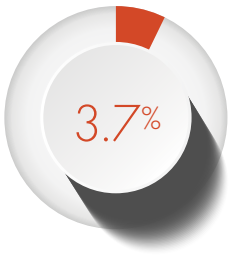
Marijuana

YOUTH





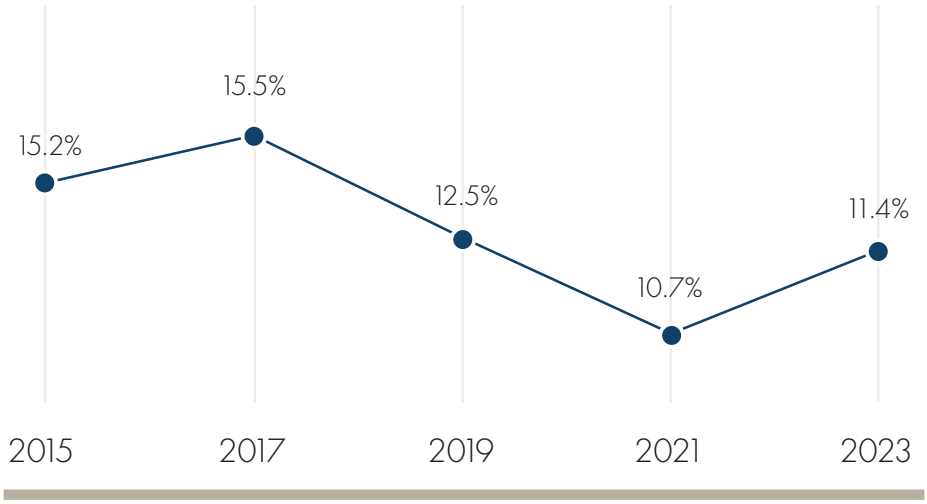
7.8% of ND **middle school** students have used marijuana one or more times in their **lifetime**.[4]

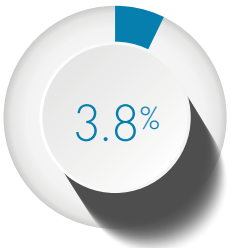


3.7% of ND **middle school** students have used marijuana one or more times in the **last 30 days.**[4]

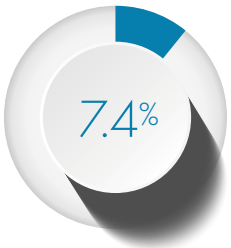


11.4% of ND **high school** students have used marijuana one or more times in the last 30 days.[4]

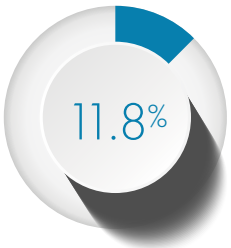




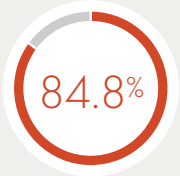
3.8% of ND **high school** students tried marijuana for the first time before the age of 13.[4]



7.4% of ND **high school** students report using synthetic marijuana sometime in their life.[4]



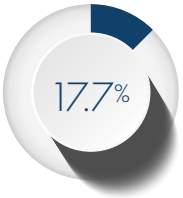
11.8% of ND **high school** students report riding in a car or other vehicle driven by someone who had been using marijuana in the last 30 days.[4]



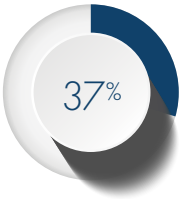
The majority of ND **adults believe YOUTH** marijuana use is a problem in their community (84.8%).[8]

As efforts to legalize marijuana continue, there is an increasing perception marijuana is not harmful or addictive. The reality is marijuana can cause major health, safety, social, and learning problems, especially in adolescents.

COLLEGE STUDENTS



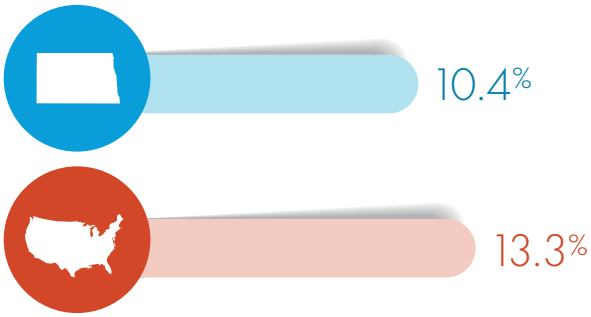
17.7% of ND **college** students reporting using nonmedical use of cannabis in the last three months.[5]



37% of ND **college** students reporting driving within six hours of using cannabis/marijuana in the last 30 days (of those reporting using cannabis in the last 30 days and those reporting driving in the last 30 days).[5]

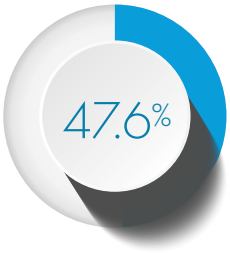
ADULTS

10.4% of ND adults (age 26+) report using marijuana in the past month, compared to **13.3%** nationwide.[6]

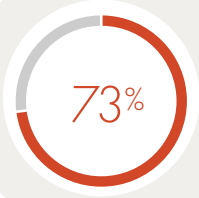




82.2% of North Dakotans (age 12+) do NOT perceive great risk from smoking marijuana once a month.[6]



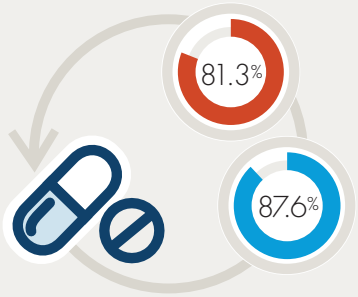
Marijuana/hashish was found in **47.6%** of cases where drugs were seized in 2023.[12]



Three out of four ND adults believe it is a problem for ADULTS (73%).[8]

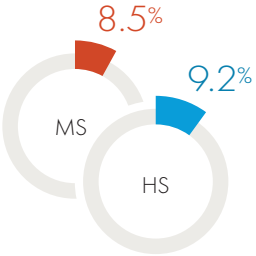
Opioids

Opioid misuse and overdose is a growing concern across the nation and in North Dakota communities.



More than **three quarters of ND adults** believe prescription drug use among both youth (81.3%) and adults (87.6%) is a problem in their community.[8]

YOUTH



8.5% of ND **middle school students and 9.2%** of ND **high school students** report using prescription pain medication without a doctor's prescription one or more times during their lifetime.[4]

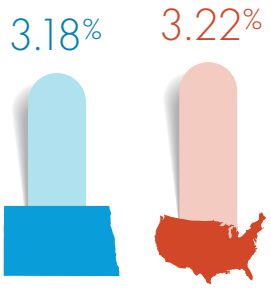
1% 1% of ND **high school** students report using heroin one or more times during their lifetime.[4]

COLLEGE STUDENTS

0.7% of ND college students report nonmedical use of prescription opioids in the last three months.[5]

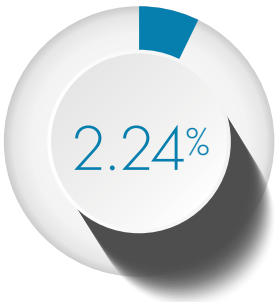
0.3% of ND college students report heroin use in the last three months.[5]

ADULTS



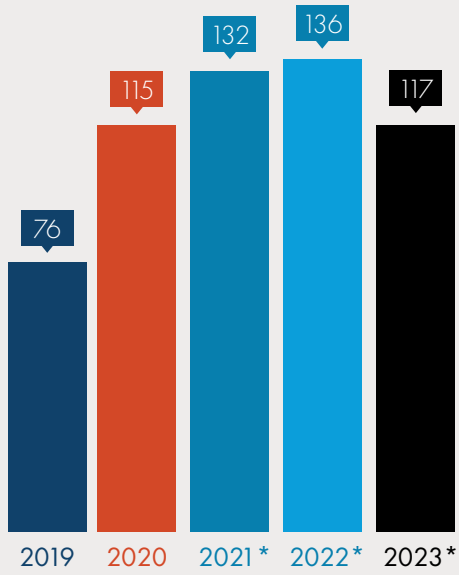
3.18% of ND **adults** (26+) report past year misuse of prescription pain relievers, compared to 3.22% in the U.S.[6]

0.46% of ND **adults** (26+) report past year heroin use.[5]



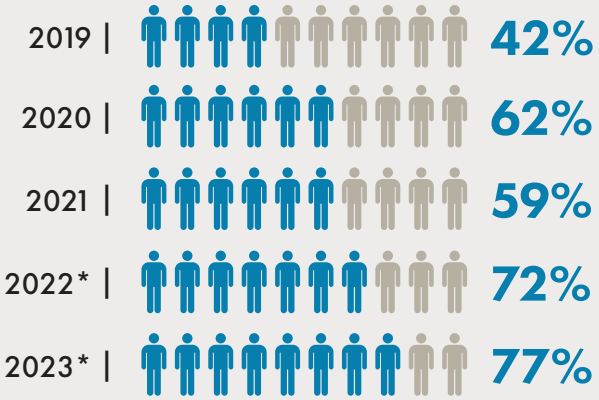
2.24% of ND **adults** (age 26 and older) meet the criteria for opioid use disorder within the past year.[6]

Drug Overdose Deaths in North Dakota[7]



*preliminary data

Percentage of Drug Overdose Deaths Where Fentanyl Was Present in Toxicology[7]



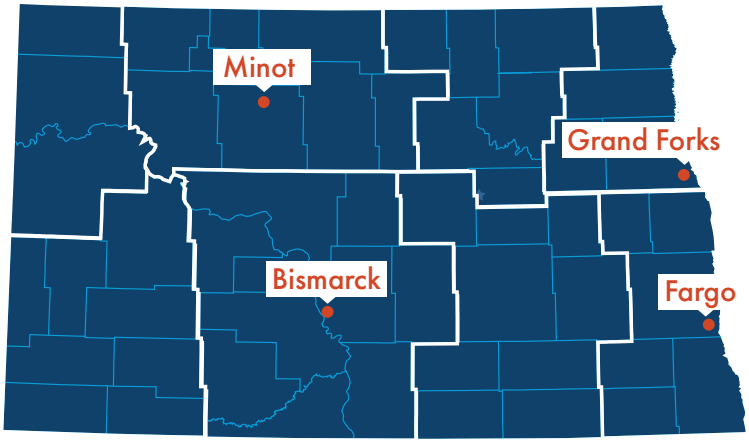
Nearly **84%** of drug overdose deaths in 2023 involved an opioid.[7]

24.5% of ND **adults** believe it is NOT at all difficult for youth or adults to access prescription drugs in their community.[8]

There are four opioid treatment programs in North Dakota.

As of July 1, 2022, 819 individuals were being served.

This is an increase from 761 individuals in July of 2020.



Save a loved one.



Know how to respond to an opioid overdose

1. Call 911 and administer naloxone.
2. Do rescue breathing or chest compressions. Follow 911 dispatcher directions.
3. Remain onsite until assistance arrives and cooperate with first responders.

Other Illicit Drugs

YOUTH

HIGH SCHOOL STUDENTS[4]
LIFETIME Substance Use

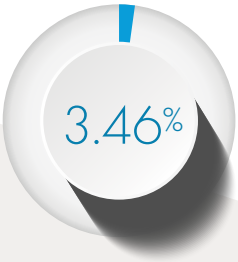
- Inhalants | 5.3%
- Cocaine | 2.2%
- Ecstasy | 2.4%

COLLEGE STUDENT

ND COLLEGE STUDENTS[5]
(Use in last three months)

- Inhalants | 0.7%
- Cocaine | 1.2%
- Hallucinogens | 2.0%
- Methamphetamine | 0.4%

ADULT



3.46% of ND **adults** (age 18 and older) report using illicit drugs (other than marijuana) in the past month.[6]



Drug/ narcotic violations offenses increased by

2.54%

from a total of 5,866 in 2022 to 6,015 in 2023.[12]

1,505 individuals received services at an authorized **syringe service program** in the state in 2023.

Syringe Service Programs are an important component to both disease prevention and connecting people to services. In 2023, **378** individuals were referred to substance use treatment as a result of syringe service programs.

694 individuals indicated that they had used Narcan for a total of **1,403** lives saved.

North Dakota Behavioral Health Principles

To deliver an effective response to people in need, the following principles should be embraced:

- Behavioral health is health.
- Support the full continuum of care across prevention, early intervention, treatment and recovery.
- Ensure behavioral health services and supports are available in the community: avoid institutionalizing and criminalizing.
- Services and supports are built to be person-centered, trauma-informed and recovery-oriented.



Foundation of Well-being

WE WANT TO SEE:

Individuals and strong, stable families thriving with their behavioral health while supported by communities and businesses that prioritize well-being.

Individuals struggling with behavioral health conditions achieve independence and live a self-directed life in recovery.

WE ACHIEVE THIS BY:

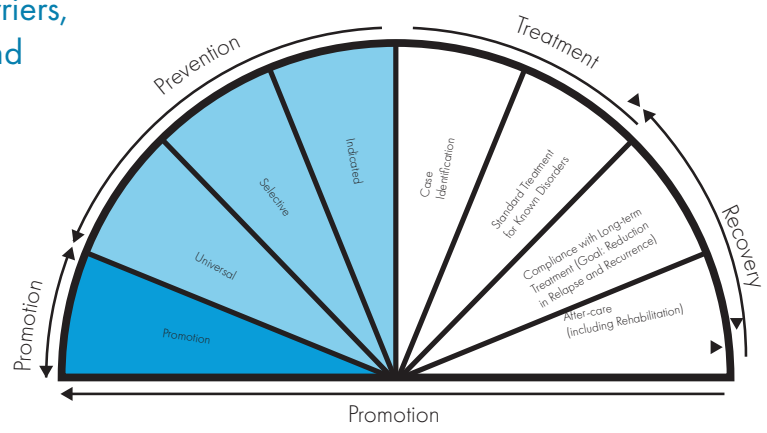
Identifying and addressing the many factors that influence an individual's likelihood to develop a substance misuse or related behavioral health problem.

These can be described as:

- Social determinants of health
- Risk and protective factors
- Building resiliency
- Adverse Childhood Experiences

Behavioral health is an essential part of overall health in which promotion removes barriers, prevention works, treatment is useful and people recover.

Services throughout this continuum of care should reflect current knowledge, technology and evidence-based practice. Throughout all levels of the continuum, there should be continuous promotion of healthy behaviors and lifestyles, a primary driver of health outcomes.



SUBSTANCE MISUSE PREVENTION:

What it is, Why it Matters & What Works



What is Prevention?

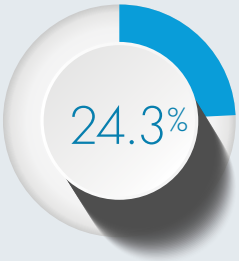
Prevention is a proactive approach; creating an environment that promotes the health and well-being of individuals and communities, which prevents problems before they occur.

WHY IS IT IMPORTANT?

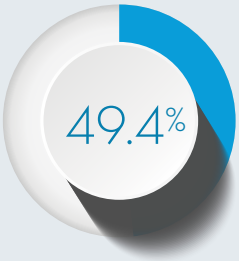
- Prevention is cost-effective; saving $64 for every $1 invested (on average).[26]
- Prevention improves the health of individuals, families and communities.
- Prevention decreases consequences and saves lives.

WHAT WORKS?

- Prevention focuses on reducing risk factors, strengthening protective factors and building resiliency of individuals, families and communities.
- Prevention follows the Public Health Model, focusing on population-level change.
- Prevention requires a multi-faceted approach, implementing a variety of evidence-based strategies working toward a common goal.
- It can take time to see the results of prevention.



24.3% of ND **adults** report their community is taking strong action to prevent the misuse of alcohol and other drugs.[8]



Half of ND **adults (49.4%)** are concerned about whether their community has sufficient alcohol and other drug abuse prevention programs.[8]

Behavioral Health Resource Highlights

Find Behavioral Health Services

The North Dakota Mental Health Program Directory provides a single place for North Dakota citizens to search for mental health services that meet their needs. This registry allows users to:

- Search by location and other details
- View program information, including program name, address and phone number

Find a mental health program near you:
hhs.nd.gov/behavioral-health/directory

North Dakota Human Service Centers (Community Behavioral Health Clinics)

North Dakota Health and Human Services' Behavioral Health Division operates eight regional clinics that provide behavioral health services to North Dakotans. Each center serves a designated multi-county area.

Visit www.hhs.nd.gov/HSC to find a location near you.



Behavioral Health Resource Highlights

Recovery Talk

If you don't know where to begin getting help with addiction for yourself or someone you know—start here. Call or text 701.291.7901 to speak to a trained peer support specialist with lived experience in addiction to chat and receive support.

988 Crisis Lifeline

If you or someone you know needs support, call or text 988 or chat 988Lifeline.org. 988 connects you with a trained crisis counselor who can help.



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hhs.nd.gov/behavioral-health

NORTH Dakota
Be Legendary.
| Health & Human Services

#39010



Behavioral Health

January 2025

NORTH Dakota | Health & Human Services

Be Legendary.

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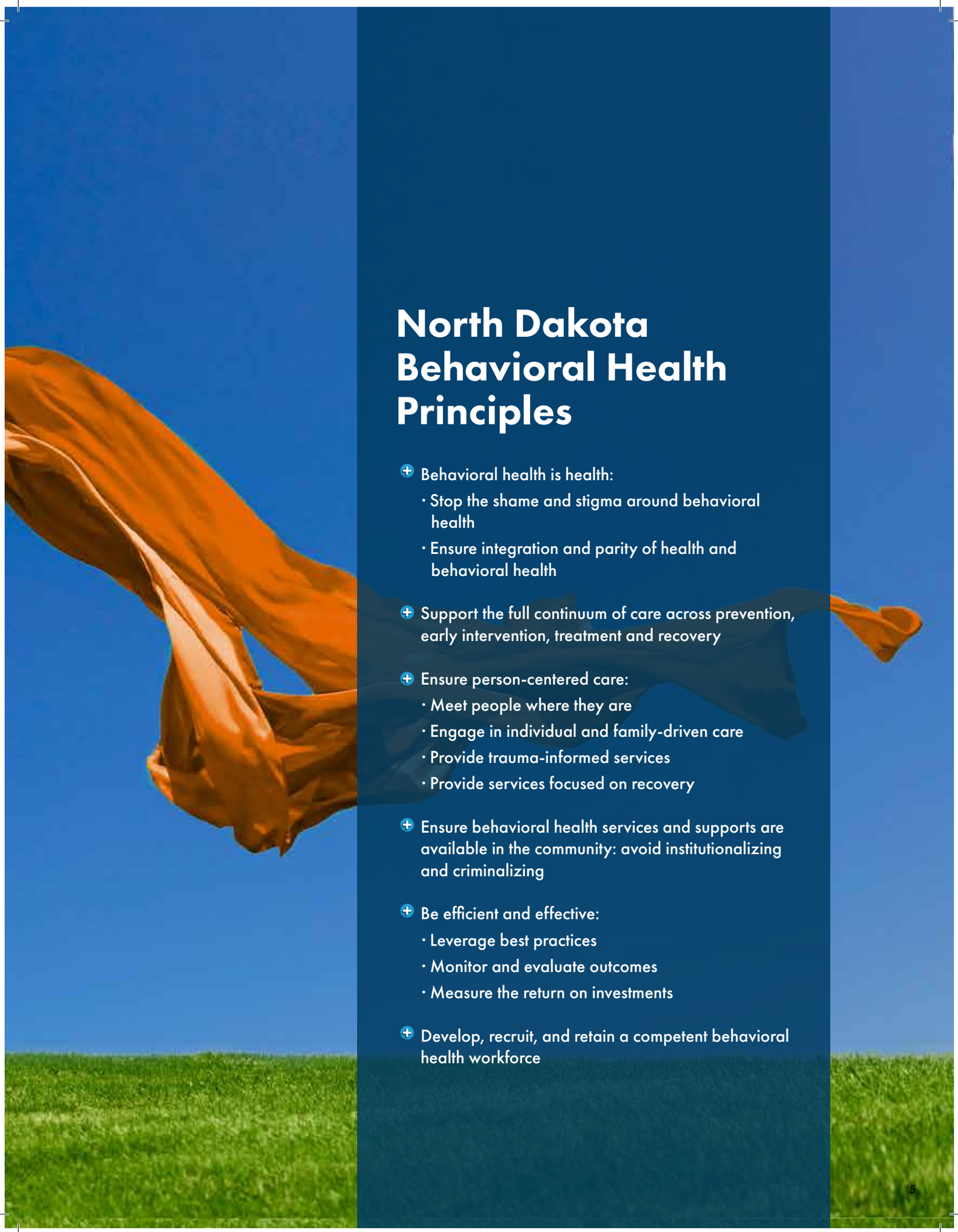
Purpose

This report presents an overview of the North Dakota Department of Health and Human Services' Behavioral Health Division with the intent to outline the division by first providing an overview of roles, responsibilities, and organizational structure; funding and initiatives; and then by aligning current initiatives with recommendations provided by the North Dakota Behavioral Health System Study.





North Dakota Behavioral Health Principles

- Behavioral health is health:
  - Stop the shame and stigma around behavioral health
  - Ensure integration and parity of health and behavioral health
- Support the full continuum of care across prevention, early intervention, treatment and recovery
- Ensure person-centered care:
  - Meet people where they are
  - Engage in individual and family-driven care
  - Provide trauma-informed services
  - Provide services focused on recovery
- Ensure behavioral health services and supports are available in the community: avoid institutionalizing and criminalizing
- Be efficient and effective:
  - Leverage best practices
  - Monitor and evaluate outcomes
  - Measure the return on investments
- Develop, recruit, and retain a competent behavioral health workforce

North Dakota Department of Health and Human Services

The North Dakota Department of Health and Human Services (HHS) is a state government agency with the mission to foster positive, comprehensive outcomes by promoting economic, behavioral, and physical health, ensuring a holistic approach to individual and community well-being.

System Values



Person Centered



Trauma Informed



Recovery Oriented



Integrated



Data Driven



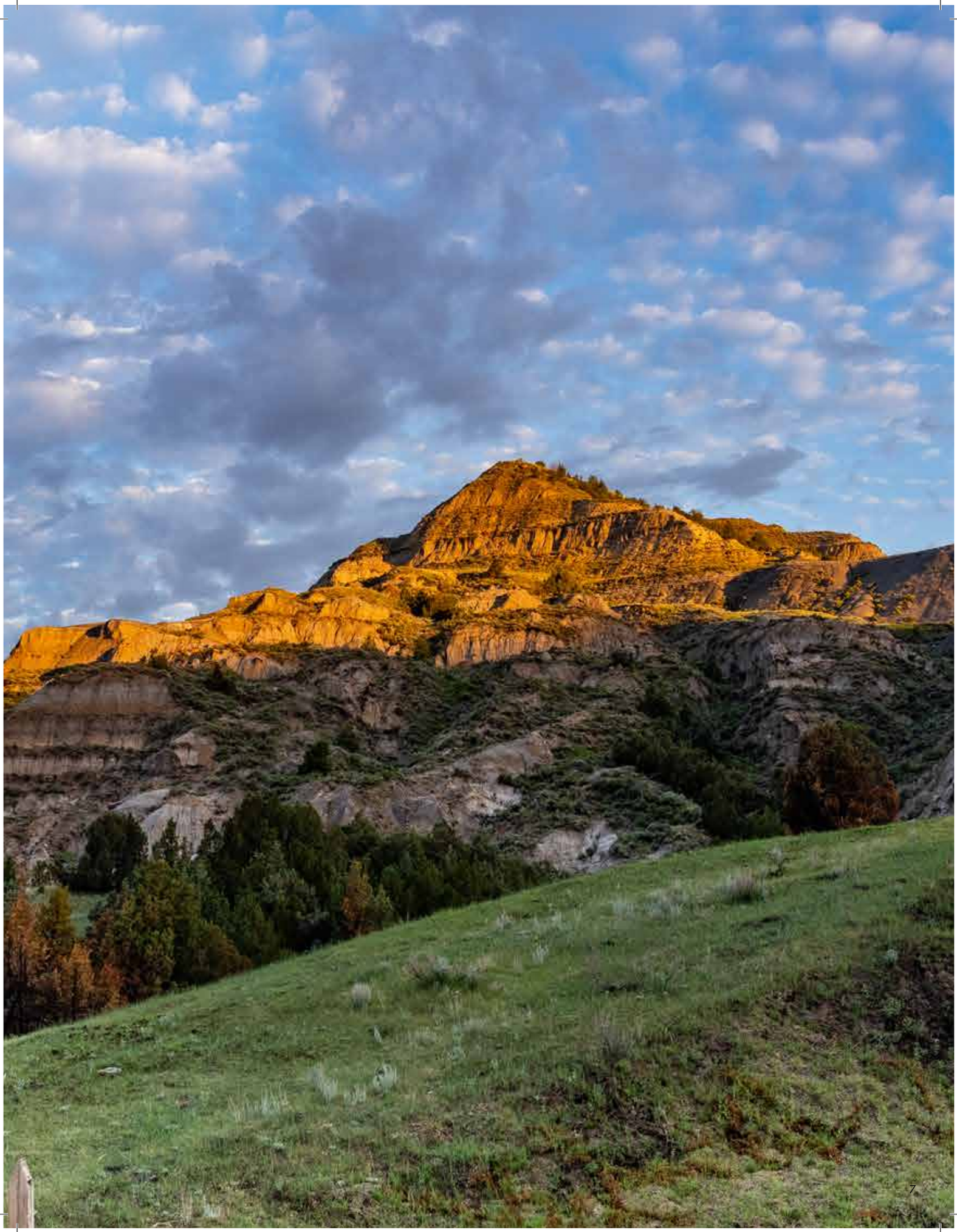
Best Practice



Transparency

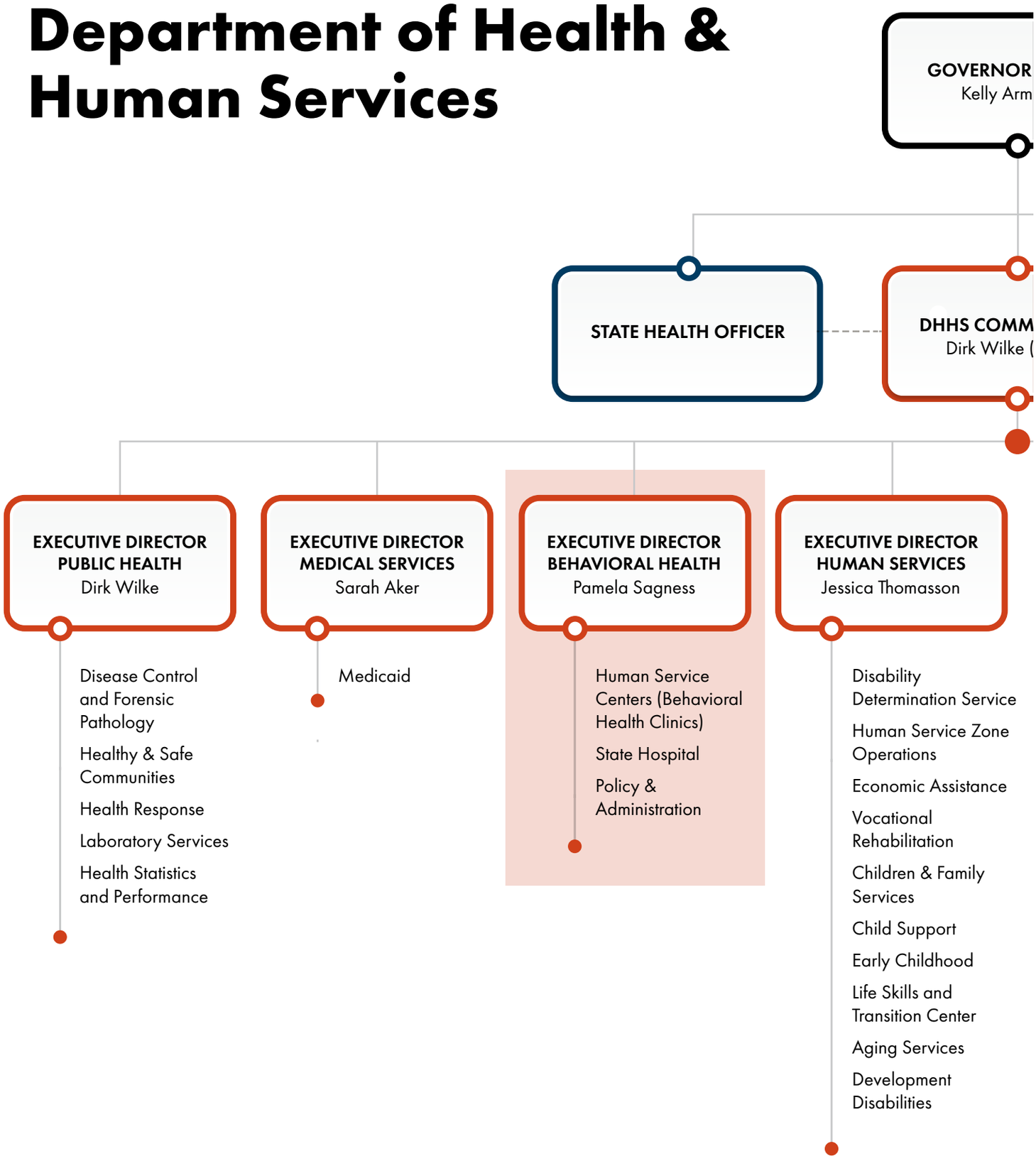


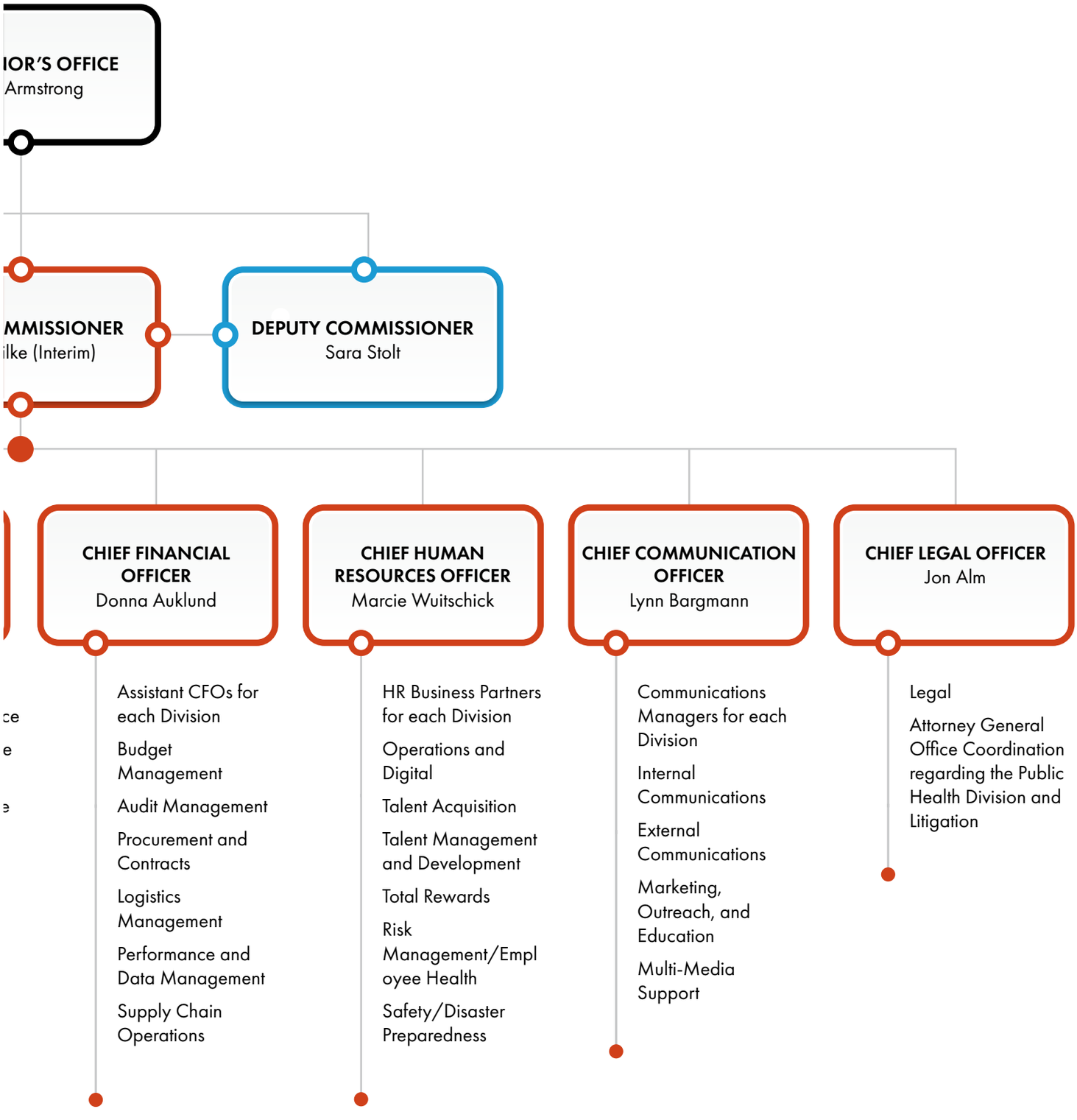
Accountablity



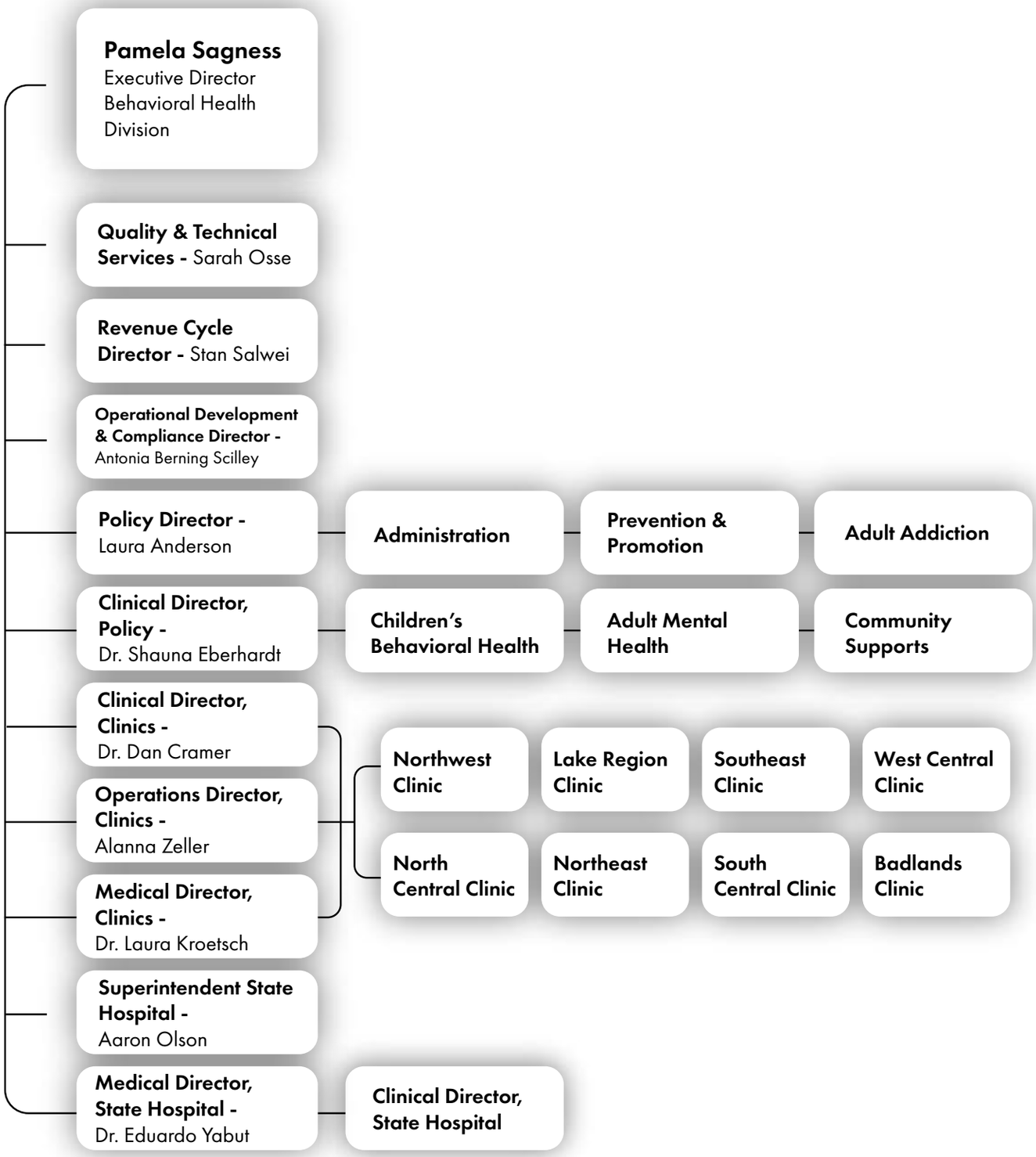
NORTH DAKOTA

Department of Health & Human Services




IOR'S OFFICE
Armstrong
MMISSIONER
ilke (Interim)
DEPUTY COMMISSIONER
Sara Stolt
CHIEF FINANCIAL OFFICER
Donna Auklund
Assistant CFOs for each Division
Budget Management
Audit Management
Procurement and Contracts
Logistics Management
Performance and Data Management
Supply Chain Operations
CHIEF HUMAN RESOURCES OFFICER
Marcie Wuitschick
HR Business Partners for each Division
Operations and Digital
Talent Acquisition
Talent Management and Development
Total Rewards
Risk Management/Employee Health
Safety/Disaster Preparedness
CHIEF COMMUNICATION OFFICER
Lynn Bargmann
Communications Managers for each Division
Internal Communications
External Communications
Marketing, Outreach, and Education
Multi-Media Support
CHIEF LEGAL OFFICER
Jon Alm
Legal
Attorney General Office Coordination regarding the Public Health Division and Litigation

Behavioral Health Organization Chart



Behavioral Health Division

The Behavioral Health Division consists of a Policy and Administration team, the regional Human Service Center Clinics (Behavioral Health Clinics) and the State Hospital.

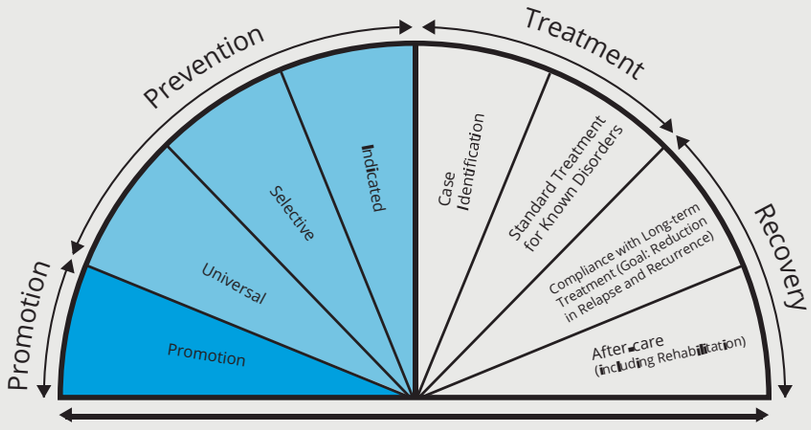
A Vision for Behavioral Health Services

"Behavioral health is an essential part of overall health in which promotion removes barriers, prevention works, treatment is useful, and people recover. Services throughout the continuum should reflect current knowledge, technology and be grounded in evidence-based practice. Throughout all levels of the continuum, there should be a continuous promotion of healthy behaviors and lifestyles, a primary driver of health outcomes."

Pamela Sagness, Executive Director

Our Approach

Services provided by the division are grounded in the Institute of Medicine's Continuum of Care model. The model recognizes the need for a full range of high-quality services including promotion, prevention, treatment, and recovery [SAMHSA].





Promotion & Prevention

Strategies create an environment that promotes the health and well-being of individuals and communities, which prevents problems before they occur.



Early Intervention

These strategies identify those individuals at risk for or showing the early signs of a disorder with the goals of intervening to prevent progression.



Treatment

Services are clinical interventions designed to address the needs of an individual with a behavioral health diagnosis.



Recovery

Services support the individuals' ability to live a meaningful, productive life in the community.



WE WANT TO SEE:

- Individuals, families, communities, and businesses with positive behavioral health.
- Individuals struggling with behavioral health conditions achieve independence and live a self-directed life in recovery.

WE ACHIEVE THIS BY:

Supporting the full continuum of care

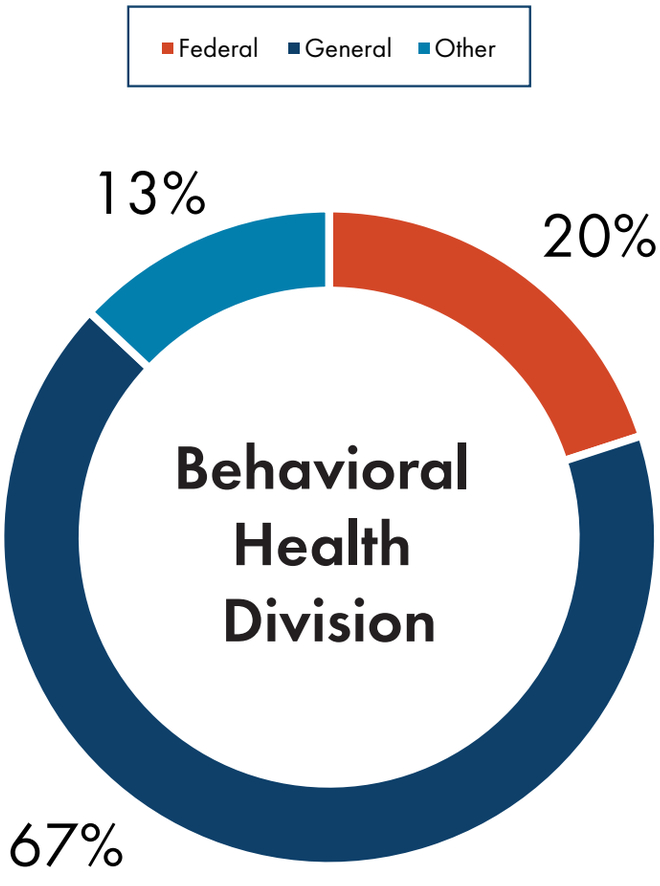
Increasing access to community-based services

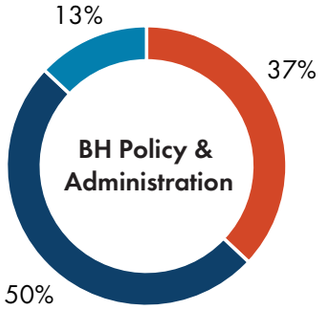
Preventing criminal justice involvement

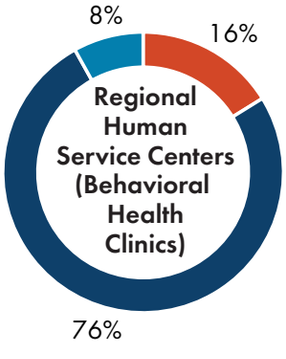
Behavioral Health Funding Overview

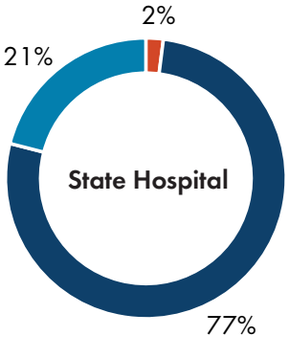
2023-2025 Biennium Appropriation

HHS administers state and federal funding to support the implementation of best practice to ensure the most effective, efficient and comprehensive behavioral health system.











Clinics

Regional Human Service Centers (Behavioral Health Clinics)

North Dakota Health and Human Services operates eight regional Human Service Centers (Behavioral Health Clinics) that provide behavioral health services to North Dakotans. Each center serves a designated multi-county area.

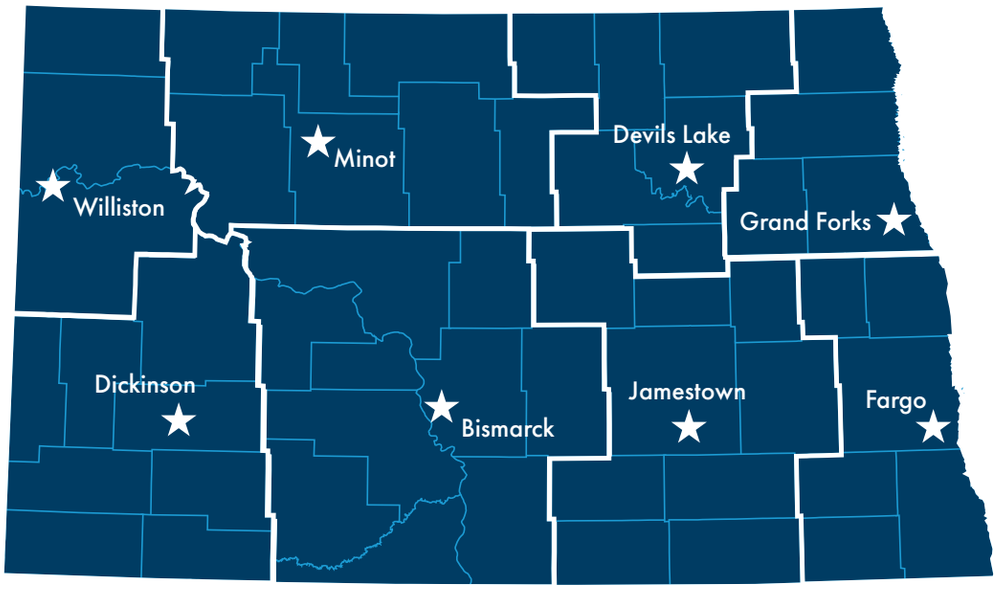


Region I
Northwest Human Service Center

Region II
North Central Human Service Center

Region III
Lake Region Human Service Center

Region IV
Northeast Human Service Center



Region VIII
Badlands Human Service Center

Region VII
West Central Human Service Center

Region VI
South Central Human Service Center

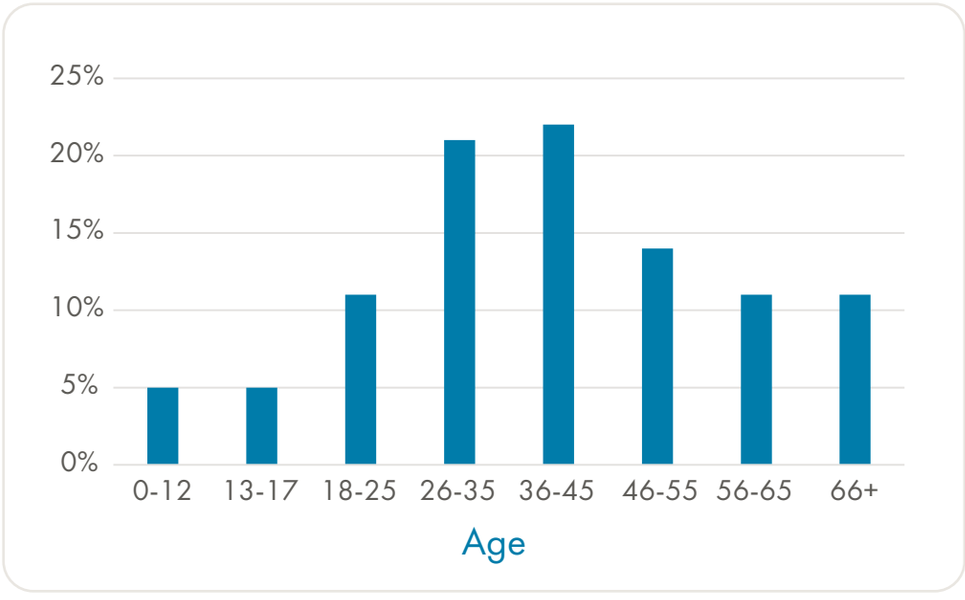
Region V
Southeast Human Service Center

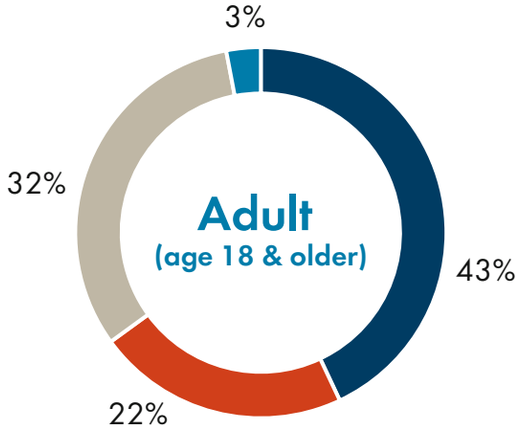
Demographics of People Served

The Behavioral Health Clinics provided services to 18,418 people from January 2022 to June 2024.

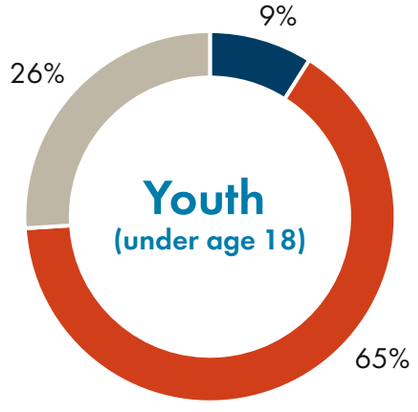
55%
Male

45%
Female





- Both mental health & Substance Use Disorder
- Serious Mental Illness
- Other mental health diagnosis
- Substance Use Disorder



- Both mental health & Substance Use Disorder
- Serious Emotional Disturbance
- Other mental health diagnosis

Services

From January 2022 to June 2024, 13,896 individuals were assessed for a level service with 7,566 being referred for ongoing services provided by the Human Service Center.

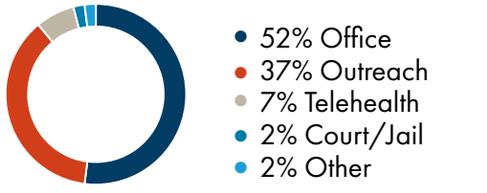
Individuals not referred for ongoing services through the Human Service Centers were referred to community treatment providers and social supports.

Type of Services Provided

- 29,595 assessment services
- 54,228 psychiatric services
- 40,277 crisis services
- 424,244 mental health and substance use services
- 2,784 psychological evaluations

Location at Start of Service

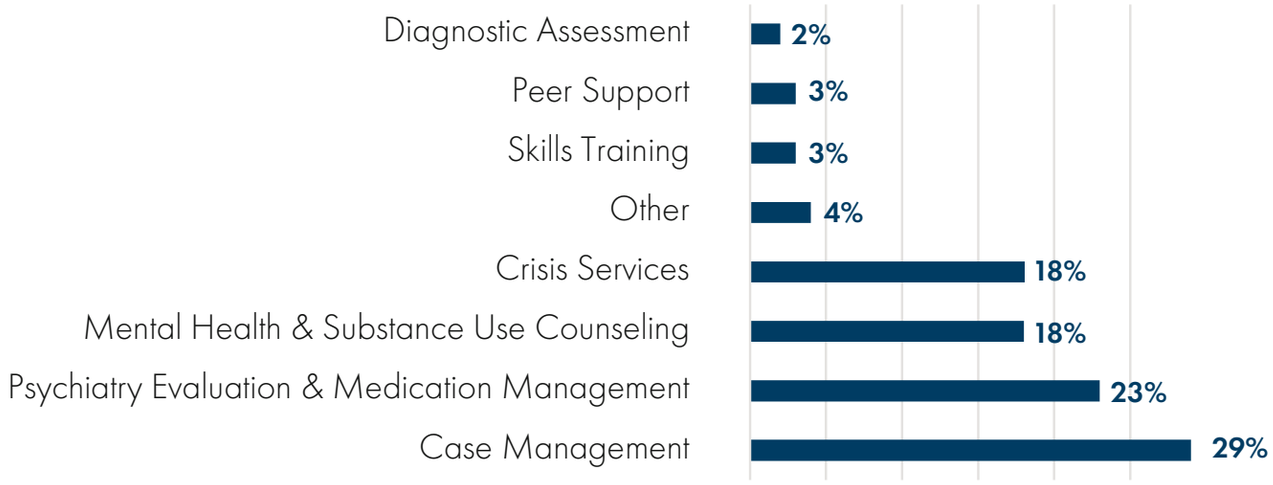
(does not speak to location of all services)



Services to Jails

10,625 services were provided to 2,088 individuals in a jail setting.

Percentage of total services provided to individuals in a jail setting:



Crisis services

Improvements to the clinic's Electronic Health Record (EHR) to better capture crisis services were implemented in September 2023. The following data is from September 2023 through August 2024.
9,084 crisis services were provided to 3,260 individuals.

As a result of the crisis response:

- 46% of individuals went to a crisis stabilization unit.
- 20% of individuals went to other facilities or natural supports.
- 17% of individuals were able to remain home.
- 12% of individuals went the emergency department.
- 5% of individuals went to detention or jail.

Services to Youth and Families

103,499 services were provided to 3,478 youth.

West Central and Lake Region Human Service Centers (WCHSC and LRHSC) are implementing efforts through a federal System of Care (SOC) Grant designed to enhance mental health outcomes for youth through the age of 21. This effort began in the spring of 2023.

Southeast Human Service Center (SEHSC) offers Multisystemic Therapy (MST), which aims to promote pro-social behavior and reduce criminal activity, mental health symptomology, out-of-home placements, and illicit substance use in youth. Since 2022, 64 youth have received MST services through SEHSC.

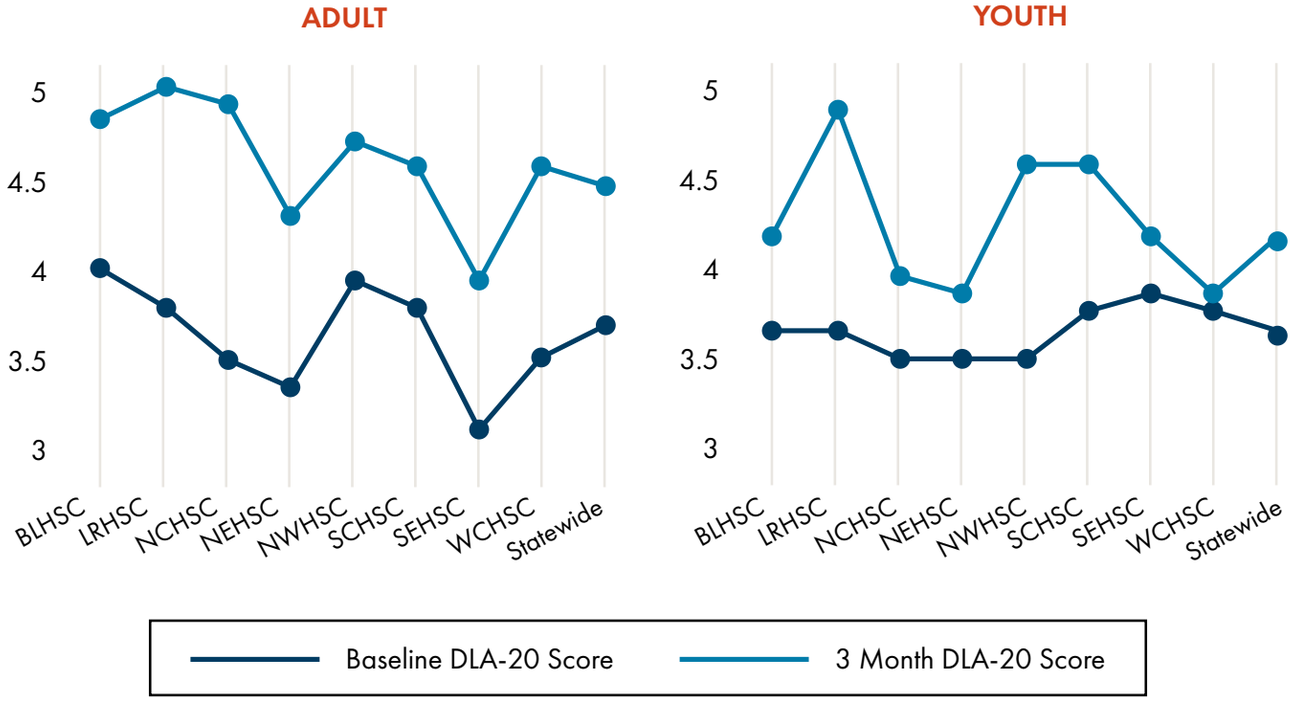
SEHSC and WCHSC operate a First Episode Psychosis (FEP) program funded by the federal Community Mental Health Services Block Grant (MHBG) which supports young people ages 16-35 experiencing early episodes of psychosis and their families in providing early intervention services. Since 2022, 67 individuals received FEP services.

Impacts

Daily Living Activities (DLA)-20 functional assessments assess the level of functioning or impairment compared to the entire population. Higher scores indicate more independence while lower scores indicate more difficulty with daily activities.

Between October 4, 2023, and October 4, 2024*, average DLA-20 scores improved across all eight Human Service Centers for both adult and youth individuals served from the beginning of service to three months later.

**DLA-20 data collection process was modified on 10/4/2023 thus limiting the ability to analyze data prior to this date.*





State Hospital

State Hospital



The North Dakota State Hospital, based in Jamestown, offers comprehensive behavioral health services for adults, including acute inpatient psychiatric care, substance use disorder treatment, intermediate psychosocial rehabilitation, forensic evaluations, and safety net services. For individuals requiring residential addiction treatment, the Tompkins Rehabilitation Center (TRC) serves male and female clients within the hospital's continuum of care.

The hospital also provides specialized, secure inpatient evaluation and treatment services for individuals deemed sexually dangerous, ensuring a structured and safe environment tailored to their specific needs.

Article IX, Section 12 of the ND Constitution outlines that the State Hospital must be located in Jamestown, ND.

ND Century Code 25-02 requires the ND Department of Health and Human Services to administer the State Hospital.

Number of Individuals Served (July 2023 - Nov. 30, 2024)

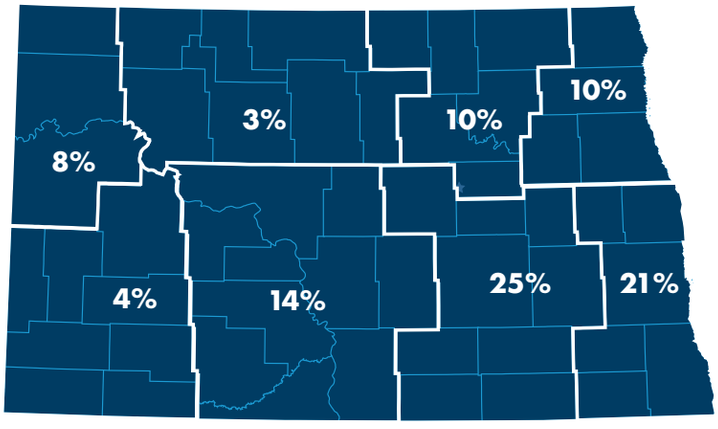
Total Hospital: 596 People

- **Inpatient Hospital:** 498
- **Sex Offender Treatment and Evaluation Program (SOTEP):** 30
- **Tompkins Rehabilitation Center:** 82

The State Hospital provides the following programs and services:

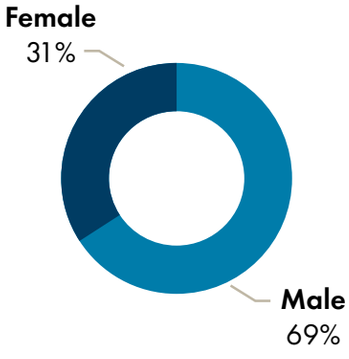
- Acute Psychiatric services
- Geriatric Psychiatric services
- Psychiatric Rehabilitation services
- Forensic services
- Sex Offender Residential Treatment
- Substance Use Disorder Residential Treatment

Home Region of Patients

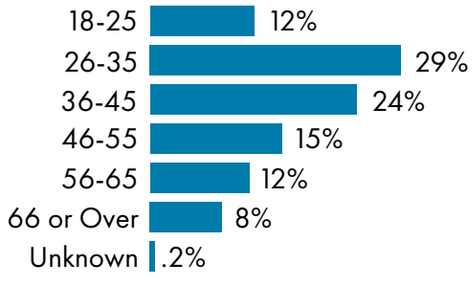


3% - Outside ND | 2% - Unknown

Gender



Age



Average Daily Census by Unit

- Inpatient Hospital: 78
- Sex Offender Treatment and Evaluation Program (SOTEP): 27.5
- Tompkins Rehabilitation Center: 7.5

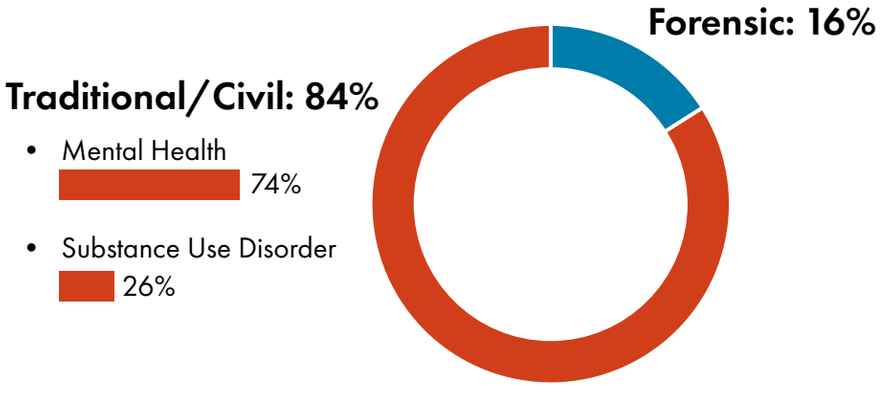
Average Length of Stay

- Inpatient Hospital: 66 days
- Sex Offender Treatment and Evaluation Program (SOTEP): 10.5 years*
- Tompkins Rehabilitation Center: 54 days

**This value reflects the current average for patients served by the SOTEP program, many of whom were still admitted at the time of report development.*

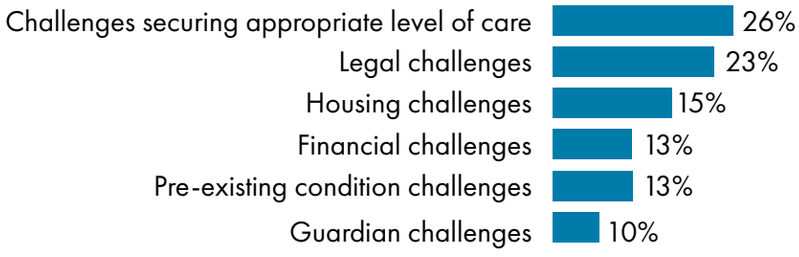


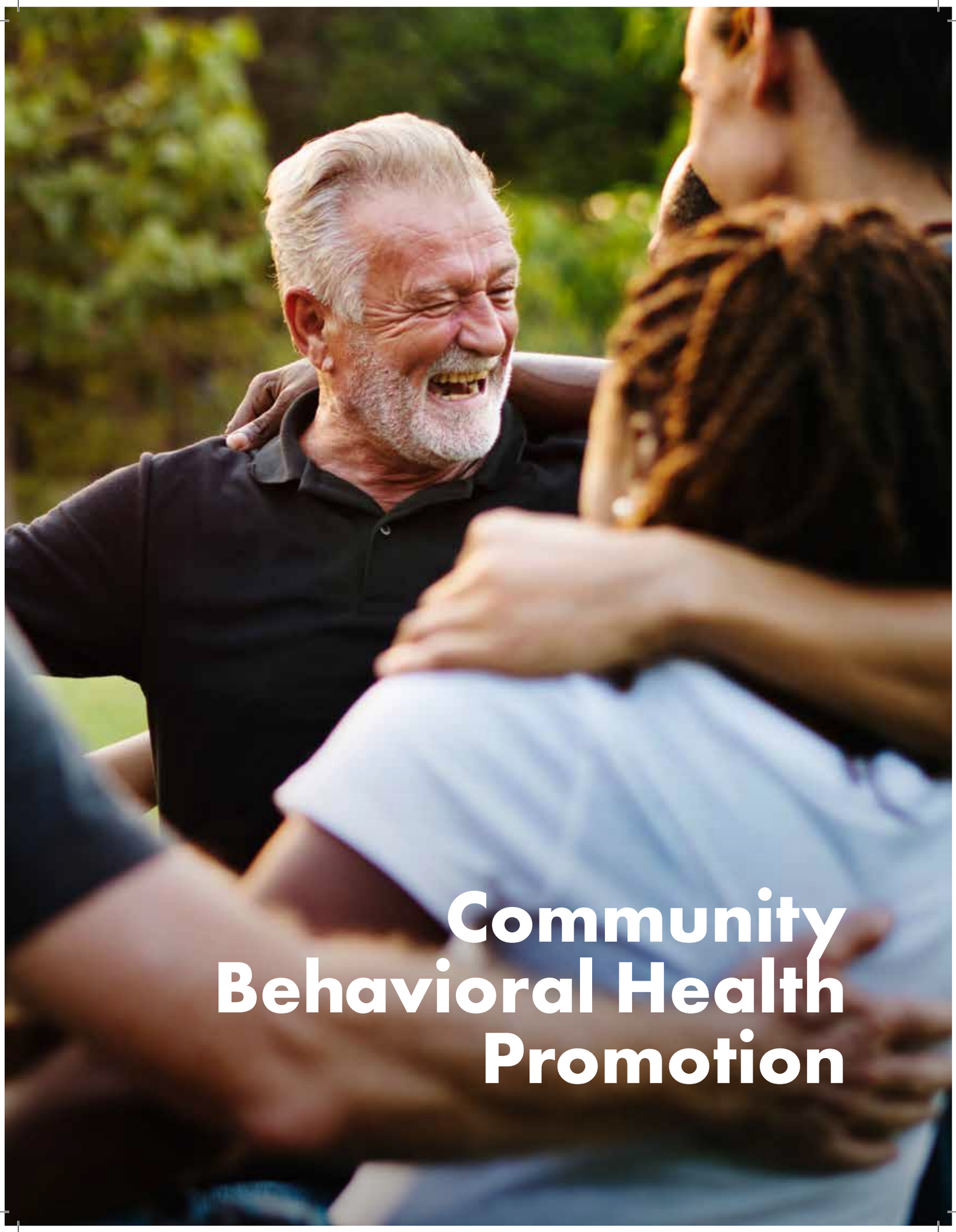
Type of Admission (July 2023 - Nov. 30, 2024)



Barriers to Discharge

Based on discharges between Nov. 29, 2023 and Dec. 19, 2024





Community Behavioral Health Promotion

Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG)



The SUPTRS BG is authorized by section 1921 of Title XIX, Part B, Subpart II and III of the Public Health Service (PHS) Act. The PHS Act required the secretary of the U.S. Department of Health and Human Services to create regulations as a precondition to making funds available to the states and other grantees under the SABG. Title 45 CODE OF FEDERAL REGULATIONS Part 96 was published on March 31, 1993, and The Tobacco Regulations for Substance Abuse Prevention and Treatment Block Grant; Final Rule, 61 FEDERAL REGISTER 1492 was published on Jan. 19, 1996.

SAMHSA requires that grantees spend no less than 20% of their SUPTRS BG allotment on substance misuse primary prevention strategies. These strategies are directed at creating an environment that promotes the health and well-being of individuals and communities which prevents problems before they occur – and cannot be directed at individuals identified to be in need of treatment.

The Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG) program (through the Substance Abuse and Mental Health Services Administration [SAMHSA]) provides funds and technical assistance to all states and territories.

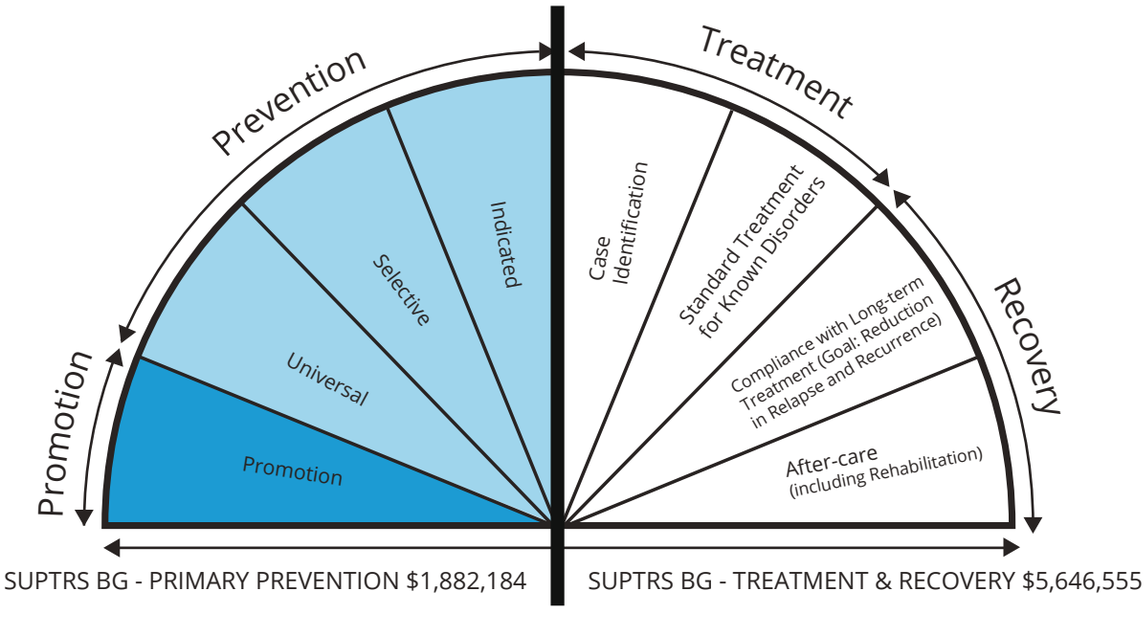
Health and Human Services utilizes the funds to plan, implement, and evaluate activities supporting the full continuum of care related to substance misuse.

The purpose of the SUPTRS BG is to:

- Provide priority treatment and support services that demonstrate success in improving outcomes and/or supporting recovery for individuals without insurance that are not covered by Medicaid, Medicare, or private insurance, or for whom coverage is terminated for short periods of time.
- Provide primary prevention by supporting universal, selective, and indicated prevention activities and services for persons not identified as needing treatment.
- Collect performance and outcome data to determine the ongoing effectiveness of behavioral health promotion, treatment, and recovery support services.

Funding

HHS receives approximately $7,528,736 per year. As of Oct. 2024, approximately $1,882,184 (25%) is allocated to primary prevention.



North Dakota Goals

Increase access to quality substance misuse-related services across the continuum of care.

PREVENTION

- Increase implementation of effective prevention statewide.
- Decrease underage drinking.
- Decrease adult binge drinking and related consequences.
- Decrease opioid misuse and related consequences.

TREATMENT/RECOVERY

- Increase evidence-based treatment and recovery support services, with a priority on high-risk populations:
  - Pregnant women and women with dependent children.
  - Individuals using drugs intravenously.



Activities

PREVENTION

- Training and technical assistance
- Community and tribal alcohol and other drug prevention programs across the state
- Underage drinking prevention efforts, including Parents Lead
- Adult binge drinking prevention efforts, including the Speak Volumes campaign
- Opioids: Take Care, Be Aware
- DUI education program licensing; provider certification
- Minor in possession education provider certification
- Synar program (youth tobacco enforcement)

TREATMENT/RECOVERY

- Public program funding
- Special Populations
  - Youth residential services program
  - Pregnant and parenting women
  - Tribal programs
- Recovery
  - Recovery Talk program
  - Mobile outreach program
  - Peer support development
- Withdrawal management
- Workforce development

SYNAR



The Synar regulation was formed after an amendment (section 1926) was added to the Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act (PL 102-321) to address youth access to tobacco. The amendment, which is implemented by SAMHSA, requires states to enact and enforce laws prohibiting the sale or distribution of tobacco products to youth.

Currently, the Synar regulations require states to:

- Enforce underage access laws to a degree that reasonably can be expected to reduce the illegal sale of tobacco products.
- Conduct annual, unannounced inspections that provide a valid probability sample of tobacco sales outlets accessible to minors.
- Maintain tobacco retailer violation rate to 20% or less (a violation refers to youth being able to purchase tobacco products).
- Submit an annual report detailing activities to enforce the law.

WHAT IS THE LEGAL AGE TO PURCHASE TOBACCO?

The PL 116-94 Appropriations Bill signed into law by the President on Dec. 20, 2019, increased the minimum age for purchasing tobacco products from 18 to 21. This legislation (kown as "Tobacco 21" or "T21") was effective immediately which made it illegal to sell any tobacco product—including cigarettes, cigars, and e-cigarettes—to anyone under 21. The new federal minimum age of sale applies to all retail establishments and persons with no exceptions. Because of the federal changes, SAMHSA has updated its guidance document for the Synar program to increase the minimum age to 21 and requires states to enforce the new age requirement of 21.

WHY IS SYNAR IMPORTANT TO NORTH DAKOTA?

States must comply with the Synar Amendment to receive the full Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG) award. Specifically, if the violation rate is greater than 20%, the state could lose up to 10% of this funding. North Dakota Health & Human Services receives approximately $7,528,736 annually; a 10% loss would equal $752,874. North Dakota's violation rate in 2024 was 16.8% which is a significant increase from 5.7% in 2020.

IS SYNAR EFFECTIVE?

While the national weighted average retailer violation rate (RVR) for the 50 states and the District of Columbia (weighted by state population) was 40.1% in FY 1997, the RVR has steadily fallen since then to 9.6% in FY 2018 meaning less retailers are selling tobacco to our youth.

Recent research shows the enforcement of youth access laws through the Synar program is directly responsible for a portion of the decline in youth smoking rates. The Synar program has also contributed to a decline in the percentage of youth smokers who report retail sources as their usual source of tobacco products. At the same time, tobacco use among youth has been declining. According to the North Dakota Youth Risk Behavior Survey, the percentage of high school students reporting current cigarette use dropped from 40.6% in 1999 to 5.4% in 2023.



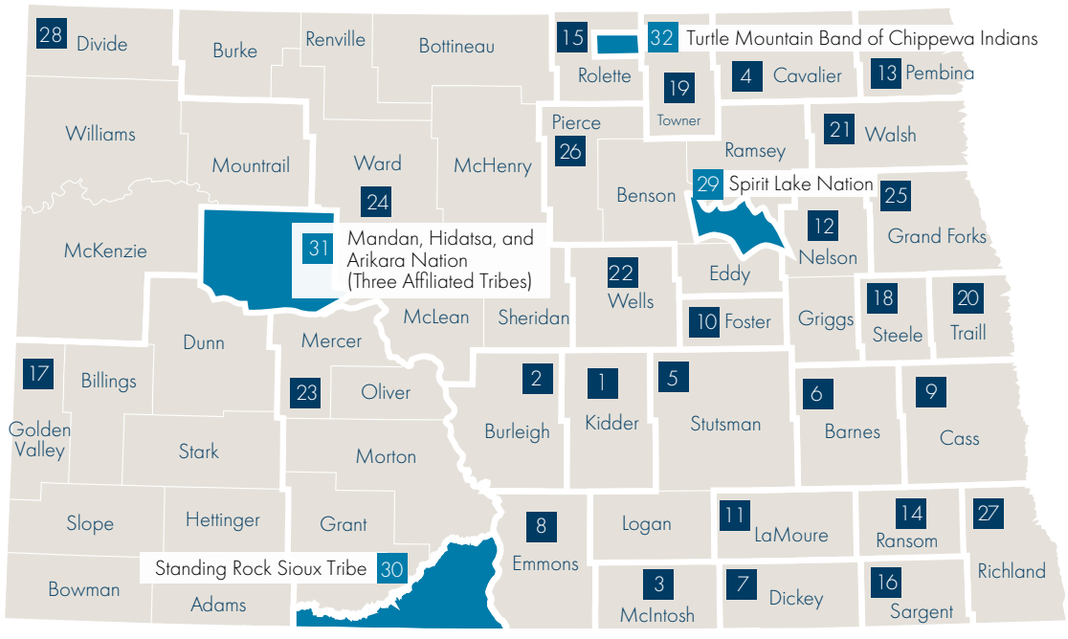
WHAT CAN WE DO?

Active enforcement of youth tobacco access laws is an important component of a comprehensive youth tobacco prevention program and leads to reductions in youth smoking. All efforts to reduce youth tobacco access should be combined with other efforts to reduce youth tobacco use. We need to:

- Collaborate (creation of a youth access tobacco group/committee).
- Enforce youth tobacco access laws – statewide enforcement.
- Mobilize the community to reduce minors' access by implementing local efforts.
- Stronger restrictions/policies on retailer sales of tobacco products.
- Educate retailers (letters and packets to all establishments along with training opportunities).
- Increase the price of tobacco products.
- Implement mass media campaigns.

Substance Misuse Prevention Community Funding Distribution

NORTH DAKOTA DEPARTMENT OF HEALTH & HUMAN SERVICES BEHAVIORAL HEALTH DIVISION



LOCAL PUBLIC HEALTH UNITS

1. Kidder County (Western Plains Public Health Collaborative)
2. Bismarck-Burleigh Public Health
3. McIntosh District Health Unit
4. Cavalier County Health District
5. Central Valley Health Unit
6. City-County Health Department
7. Dickey County Health District
8. Emmons County (Western Plains Public Health Collaborative)
9. Fargo-Cass Public Health Unit
10. Foster County Health Department
11. LaMoure County Public Health Department
12. Nelson-Griggs District Health Unit
13. Pembina County Health Department
14. Ransom County Public Health
15. Rolette County Public Health Unit
16. Sargent County District Health Unit
17. Southwestern District Health Unit
18. Steele County Public Health Department
19. Towner County Public Health
20. Traill District Health Unit
21. Walsh County Health Department
22. Wells County District Health Unit
23. Western Plains Public Health
24. First District Health Unit
25. Grand Forks Public Health Unit
26. Lake Region District Health Unit
27. Richland County Health Department
28. Upper Missouri District Health Unit

Tribes

29. Spirit Lake Nation
30. Standing Rock Sioux Tribe
31. Mandan, Hidatsa, and Arikara Nation (Three Affiliated Tribes)
32. Turtle Mountain Band of Chippewa Indians

BG **Substance Use Prevention, Treatment, and Recovery Services Block Grant Substance Abuse Prevention Community and Tribal Grants**

Total award for Oct. 1, 2023 - Sept. 30, 2026 reporting period: $5.46 Million

Priority: Prevention of underage drinking and adult binge drinking

SOR **State Opioid Response Grant (SOR) Community Implementation Grant**

Total SOR award for Sept. 30, 2024 – Sept. 29, 2027: $4 million annually

Priority: Prevention, harm reduction, treatment, and recovery related to opioid and stimulant use and misuse

PFS **Partnership for Success Grant (PFS)**

Total PFS award for Oct. 1, 2023 - Sept. 30, 2028: $5 Million

Priority: Prevention with aims to reduce the onset and progression of alcohol misuse and its related consequences in young adults.

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Training and Technical Assistance



Are you...

- Unsure of how to assess the issues within your community?
- Attempting to identify the best solution to a community problem?
- Trying to write a strategic plan for a prevention effort, recovery program or treatment initiative?
- Looking for how other communities accomplished a particular strategy?
- Dealing with low capacity, awareness or readiness within your community or organization?

The ND Training and Techincal Assistance team can assist with all of these and more!

The North Dakota Training and Technical Assistance Team strives to be accessible, responsive, comprehensive, effective and sustainable.

What is Training & Technical Assistance?

A collaborative process of providing targeted assistance and support.

What are the goals of Training & Technical Assistance?

Strengthen the capacity (resources and readiness) of individuals, groups, and organizations to implement and sustain effective strategies and positive outcomes in all areas of the continuum of care.

How is Training & Technical Assistance Delivered?

- In-person training
- Consultations
- Online events
- Collaboration and resource sharing
- Information dissemination
- Statewide and national meetings



The Training and Technical Assistance Team can offer information and support through a wide variety of topics and resources.

TOPICS

- Data collection and assessment
- Strategic planning
- Evidence-based prevention, treatment and recovery policies, programs and practices
- Comprehensive implementation
- Capacity building
- Cultural competency
- Sustainability
- Evaluation
- Data-driven decision-making
- North Dakota Century Code
- Subcontracting
- Risk and protective factors
- Media campaigns and promotion

RESOURCES

- Recorded training events
- Webinars
- Guidance documents on evidence-based strategy implementation
- Training videos
- Sample policies
- Sample Memorandums of Understanding (MOUs) and subcontracting documents
- Marketing tools
- Community success stories
- Access to resources through the Health and Human Service website

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For more information visit:
hhs.nd.gov/behavioral-health
or email us at dhsbhd@nd.gov

Early Intervention



Early intervention strategies identify individuals at risk for or showing the early signs of a disorder with the goal of intervening to prevent progression.

Research suggests that investing in early intervention services can contribute to a reduction in health care costs and help ensure the improved health and well-being of individuals. Early initiation of problem behavior and involvement in the criminal justice system is a risk factor for substance misuse and related consequences. Therefore, ensuring that this population is receiving evidence-based early intervention services is important in preventing further problems.

Minor In Possession Early Intervention

The Department of Health & Human Services (HHS) is authorized to certify Minor in Possession (MIP) instructors (NDCC 50-06-44) in an effort to:

- Prevent the onset of substance use disorders (SUD) among youth who do not yet meet criteria for SUD, but are exhibiting early warning signs.
- Increase capacity of the workforce.
- Increase access to evidence-based early intervention services.

As of October 1, 2024, there are 18 certified MIP education instructors.

MINOR IN POSSESSION (MIP) EARLY INTERVENTION CLASSES		
	July 2022 - June 2023	July 2023 - June 2024
Total classes taught	92	90
Total participants who completed the class	124	114
Total repeat participants	6	5



Driving Under the Influence Early Intervention

HHS licenses ASAM 0.5 Driving Under the Influence (DUI) Seminar Programs (NDCC 50-31) and certifies the instructors who teach these evidence-based classes.

	July 2023 - June 2024
Total classes taught	144
Total participants	513
Total repeat participants	12



39 DUI instructors are certified (as of Oct. 1, 2024).

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For more information visit:
hhs.nd.gov/behavioral-health
or email us at dhsbhd@nd.gov

Partnership for Success (PFS) Grant



Awarded in September 2023, Health and Human Services (HHS) receives $1.25 million per year, for up to five years, to administer the PFS grant, funded through the Substance Abuse and Mental Health Services Administration (SAMHSA). The purpose of the PFS program is to help reduce the onset and progression of substance misuse and its related problems by supporting the development and delivery of state and community substance misuse prevention.

The PFS program is grounded in the Strategic Prevention Framework (SPF), a community engagement model grounded in public health principles, including providing data-driven evidence-based services to underserved communities.

The North Dakota PFS grant will address youth alcohol use by focusing on selective prevention efforts. Selective prevention measures target subsets of the total population that are considered at-risk for substance use/misuse.

Subgroups at greater risk of substance use/misuse:

- College students.
- Active-duty military members and their families.
- Children of parents with a substance use disorder or mental health condition.

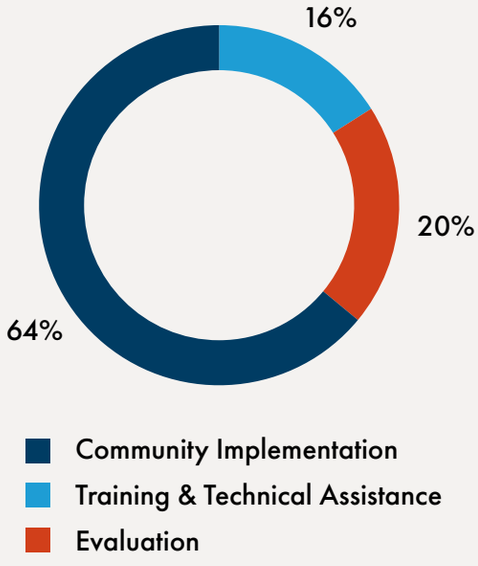


Funding for high-need communities

In October 2024, 64% of the funding was allocated to support community providers. North Dakota identified five high-need communities to fund using a high-need community formula. Measures used in the high need community formula included capacity, consequences, consumption, intervening variables, and target populations.

- First District Public Health, Minot
- Grand Forks Public Health
- Lake Region District Health Unit, Devils Lake
- Richland County Health Department, Wahpeton
- Upper Missouri District Health Unit, Williston

North Dakota PFS funding allocations



Training and technical assistance

Youth Connections provide trainings to community grantees while HHS behavioral health team members also provide ongoing training and technical assistance.

Evaluation

Wyoming Survey and Analysis Center is contracted to conduct required federal evaluation activities of community and state-level activities.

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For more information visit:
hhs.nd.gov/behavioral-health
or email us at dhsbhd@nd.gov

Suicide Prevention



Suicide is a serious public health problem that can have long-lasting effects on individuals, families, and communities. Effective suicide prevention requires multiple approaches. This includes prevention and protective strategies for individuals, families, and communities. Everyone can help prevent suicide by learning the warning signs and promoting prevention and resilience.

NORTH DAKOTA INITIATIVES

988 Suicide and Crisis Lifeline

988 is a three-digit number for help dealing with substance use or mental health crisis. 988 officially launched on July 16, 2022, and is accessible 24/7, to anyone in need, anywhere in the United States.

When a North Dakota resident calls or texts 988, a trained crisis counselor at the state's Lifeline crisis center, FirstLink, answers. FirstLink staff listen to the caller, understand how their problem is affecting them, provide support, and share resources, if needed. If additional support is needed, FirstLink connects the person to their local Human Service Center's (Behavioral Health Clinic) mobile crisis team or in certain circumstances, to necessary emergency services. Along with call and text, a chat feature is also available via the 988 website, accessible by smart phone or computer: **chat.988lifeline.org**.

Since rolling out the 988 Suicide & Crisis Lifeline in July 2022, FirstLink has **answered nearly 14,000** contacts via 988— **over 10,000** more than the previous 12 months. Calls are answered at an average speed of **20 seconds**. With over **11,650** calls to 988, the average talk time is **15.8 minutes**. Since FirstLink began taking 988 chat and texts in February 2023, they have engaged with individuals via **1,015 chats and 1,273 text messages**.

Suicide & Crisis Lifeline

988

CALL, TEXT OR CHAT

Most recent period compared to implementation of 988 chat and text:
TEXTS: 54 in Jan. 2023; 120 in Sept. 2024 = 122% increase
CHATS: 73 in Jan. 2023; 82 in Sept. 2024 = 12% increase

Percentage increase for Sep. 2023-2024 compared to the previous year:
CALLS: 4,541 Sept. 22 - Sept. 23; 7,149 Sept. 23 - Sept. 24 = 57% increase

North Dakota's 988 media campaign carries the goal of reaching members of the general public and increasing call, text and chat volume to the 988 Suicide and Crisis Lifeline. Individuals and agencies can order 988 Suicide Prevention materials at no cost: Behavioral Health Free Resources > Suicide Prevention/988 (x-shops.com)



Suicide Fatality Review Commission

During the 68th Legislative Assembly of North Dakota, in 2023, Gov. Burgum signed House Bill 1390, which created and enacted a new section to chapter 23-07 of the North Dakota Century Code, relating to the creation of a Suicide Fatality Review Commission. This mandated Health and Human Services (HHS) to establish the Commission, which came to fruition in October 2024 with an initial meeting of the commissioned members. The first Commission meeting to review cases occurred in January of 2024.

The Commission is a multidisciplinary group of professionals and community members appointed by the North Dakota Department of Health and Human Services Commissioner that meets to evaluate the circumstances leading to and causing deaths by suicide in North Dakota to improve community and service systems and to take action to prevent further suicides. Suicide fatality review is a professional process aimed at improving system responses to individuals at risk for suicide. Commission reviews are designed to prevent suicide by eliminating stigma, providing access to resources, and increasing connectedness throughout the state of North Dakota well as examine systems issues, and not the performance of individuals.

Members of the North Dakota Suicide Fatality Review Commission are appointed by the Commissioner and include representatives from:

- ND Health and Human Services Behavioral Health Division
- ND Health Statistics and Performance Section in the Public Health Division of HHS, Surveillance & Data Management
- ND Health and Human Services - Human Service Center Clinics
- Sanford Health
- Cass County Coroner's Office
- State Forensic Examiner's Office
- University of North Dakota
- Metro-Area Ambulance Service, Inc.
- FirstLink, North Dakota's 988 Call Center
- Simle Middle School, Bismarck
- Fargo VA Health Care System
- American Foundation for Suicide Prevention
- Minot Police Department
- North Dakota Indian Affairs Office

The Suicide Fatality Review Commission has held four suicide fatality reviews since the beginning of 2024. Each Commission review looked at between four and six individual suicide death cases with a total of 18 cases reviewed. Suicide prevention recommendations were made and the Suicide Fatality Review Commission Report was written based on the findings of the Commission, along with the ND Child Fatality Review Team and the Cass County Suicide Fatality Review Team.

Suicide Prevention Community Program Funding Awards

HHS sought Suicide Prevention Community Programming efforts through an RFP posted Feb. 22, 2024. The RFP sought to procure agencies working to prevent deaths by suicide by supporting the implementation of prevention efforts using life skills and resilience, as well as connectedness, as areas of programmatic focus. The RFP resulted in six contracts beginning work on April 12, 2024. Work within these contracts will continue through June 30, 2025.

Grantee	Goals
Consensus Council – statewide	Consensus Council is partnered with West Fargo Public Schools and Bismarck Public Schools to provide restorative practices as both prevention and intervention from harmful behavior. These services allow students to build and repair relationships and provide an alternative to punitive and exclusionary discipline practices which disconnect and isolate youth from their school community and stigmatize their character upon return. Specifically, facilitators facilitate Belonging and New Student Circles which are six-week sessions designed for students to get to know their peers in a unique and intentional way, and Restorative Conferencing which allows students engaging in and/or impacted by harmful behavior to address and repair harm in a meaningful way. This program also provides an opportunity for students returning from suspension to revisit the incident leading to their discipline and engage them in repairing harm/relationships (when appropriate) and planning to prevent future harm from occurring. • To date, 36 students have been impacted by these services.
Cook Center for Human Connection – statewide	The Cook Center for Human Connection is offering a suicide prevention and awareness campaign by the name of My Life is Worth Living. More specifically, My Life is Worth Living addresses the alarming rise in youth depression, anxiety, and suicide in North Dakota by directly engaging youth and their families with research-backed suicide prevention strategies in compelling media, live interactive virtual events, and rich extended resources.
Eyes on the Horizon, LLC – statewide	This effort targets North Dakota farmers and ranchers, promoting the incorporation of protective factors through a three-pronged approach, farm/ranch couples retreats, presenting at agriculture industry meetings in cooperation with agriculture business partners, and media messaging promoting protective factors. • To date, program planning has occurred, retreats are scheduled for late fall 2024-early winter 2025, and radio ads have been recorded.
Haugen Performance Consulting, PLLC – Grand Forks, ND and statewide	This effort targets sport ecosystem stakeholders through the Ready, Set, Next (RSN) program, which is designed to increase resilience, coping skills, and connection within sport spaces. Courses are available for non-athlete stakeholders (e.g., sports medicine, coaches, administration) and collegiate student-athletes (six module workshop series delivered virtually throughout North Dakota). The programming is just launching as the first several months were preparation-focused while collegiate activities were on summer break.
Minot State University – ND Center for Persons with Disabilities	The Resilience Through Connection ECHO® aims to provide a deep exploration of the various factors that impact social connection and the predictors of loneliness. Sessions will be tailored with strategies to increase life skills, resilience, and foster a sense of connectedness for people with disabilities and individuals with poor mental health. This includes enhancing knowledge of protective factors against suicide, emphasizing the importance of social connectedness, and raising awareness of ND resources and activities that promote a sense of belonging.
Peer Vision – Minot, North Dakota	Peer Vision for Mental Health, through their Vets for Vets program, is working to build peer support availability in their city and region that promotes connection among former service members who are struggling with mental health concerns and interruptions in their overall wellness and quality of life. Peer support offers the opportunity for individuals to interact with others who are facing similar life struggles and promotes connection and belonging. Having a designated gathering space— the Minot Vets for Vets Center—with trained staff and volunteer peer support specialists and open hours that coincide with times when many individuals find a heightened need for support, provides a positive option for coping and connecting with others. Vets for Vets has seen increasing activity in bi-monthly peer support groups, community contacts and outreach.



Suicide Prevention Training Opportunities

American Foundation for Suicide Prevention (AFSP)
AFSP provides three trainings throughout North Dakota that are supported by HHS. These include the Clinical Approach to Preventing Suicide: An Introduction (CAPS), SafeSide Prevention, and Talk Saves Lives.

- As of Dec. 1, 2024, 13 trainings have been provided to 442 individuals across North Dakota.

FirstLink
FirstLink provides the Suicide Risk Assessment training. Through this training, participants learn to effectively use the Columbia-Suicide Severity Rating Scale (C-SSRS) screening tool to assess suicide risk and what appropriate next steps to take in a suicide crisis.

- As of Dec. 1, 2024, six trainings have been provided to 90 individuals across North Dakota.
- FirstLink has also completed six safeTALK trainings to a total of 57 people with this contract. safeTALK is a half-day training in suicide alertness that helps participants recognize a person with thoughts of suicide and connect them with resources who can help them in choosing to live.

Haugen Performance Consulting
HHS contracts with Haugen Performance Consulting, PLLC to provide VitalCog, an evidence-based suicide prevention training course to various stakeholders. Modules available include student athlete, athletics staff, workplace and construction. Courses can be presented virtually or in-person.

- As of Dec. 1, 2024, six trainings have been completed for 37 people.
- The individuals trained interact with 9217 unique student-athletes and 18,122 non-athletes in North Dakota.
- The next virtual training is January 27, 2025. In 2025, they will offer 1-2 trainings monthly.

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PARENTS LEAD.ORG



Parents Lead is an evidence-based prevention program that provides parents and caregivers with a wide variety of tools and resources to support them in creating a safe environment for their children that promotes behavioral health.

Look. Listen. Love. Parenting doesn't have to be defined by moments of struggle. Ninety-nine percent of the job is showing up—being there for the small, everyday moments. Those small acts build stronger bonds and prevent issues like underage drinking, drug use, depression, and anxiety.

Look. It's as simple as being present. Pay attention to their behaviors, understand their needs, and encourage them in all moments. This builds trust and connection.

Listen. Open communication is key to promoting positive behavioral health. Make sure you and your children talk often, sharing thoughts and feelings freely.

Love. Above all, children need to know they are loved and valued. That sense of security and love is the foundation for their well-being.

Research continually shows when parents engage in **ongoing conversations**, **positive role-modeling**, **effective monitoring** and **support**, children are less likely to develop behavioral health issues like substance abuse, depression, anxiety, and suicidal thoughts.

Of parents exposed to Parents Lead, positive outcomes are seen in the four protective factors:

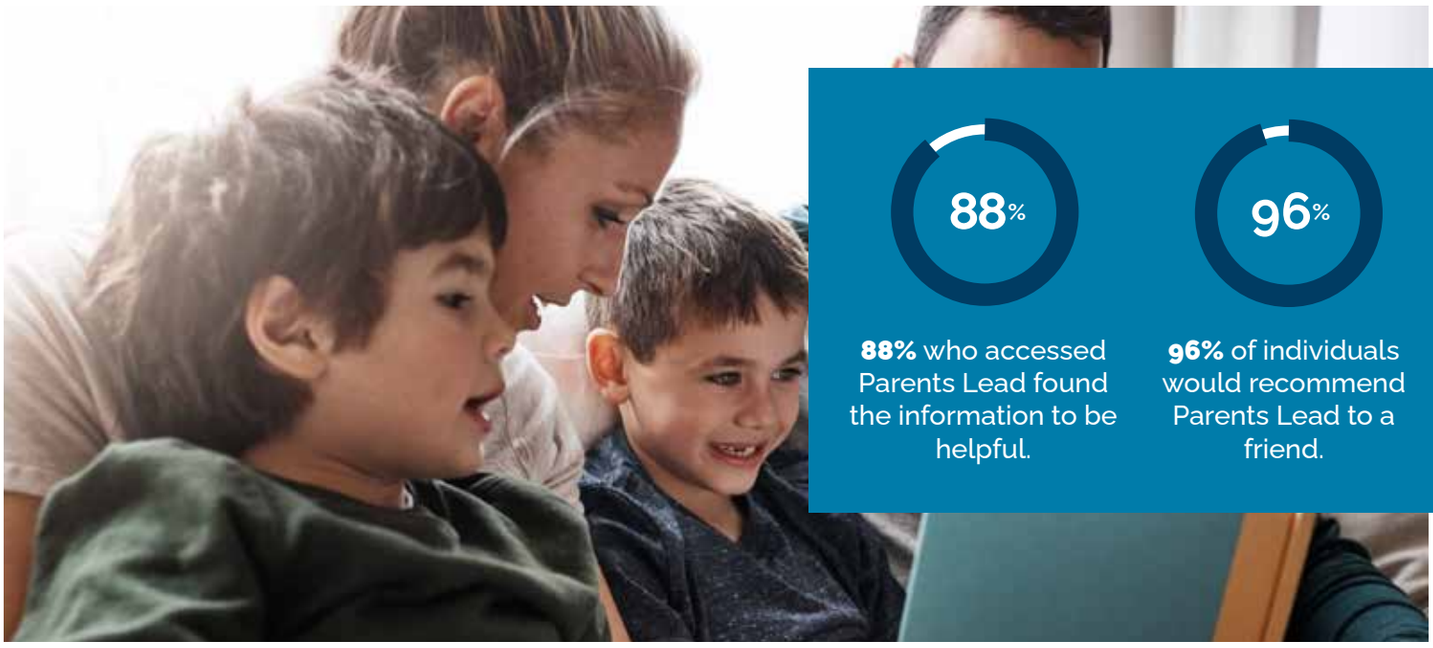
Ongoing Conversations
72% report having more conversations with their child about behavioral health.

Effective Monitoring
63% are more invested in monitoring their children.

Positive Role-Modeling
76% report role modeling responsible behaviors with their child.

Support and Engagement
64% report spending more quality time with their child.

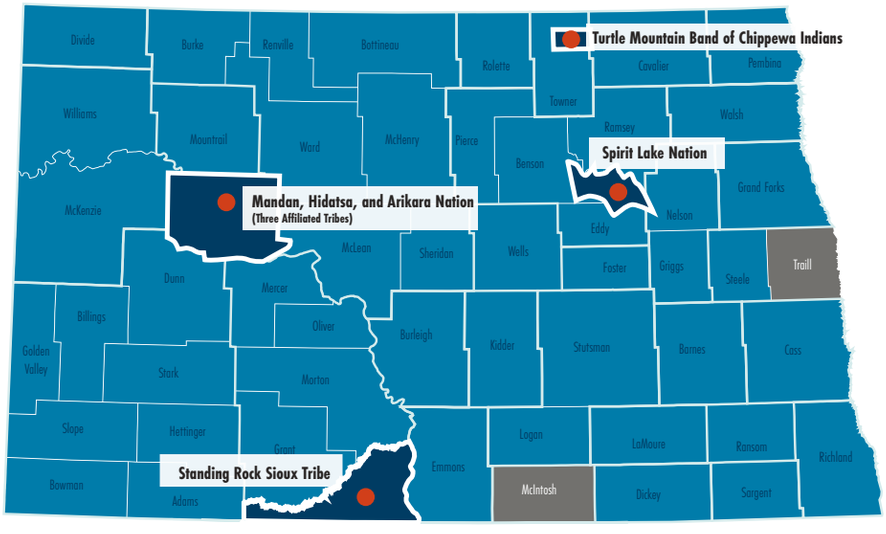
Source: 2022 Pacific Institute for Research and Evaluation (PIRE) Parents Lead Survey results



88% who accessed Parents Lead found the information to be helpful.

96% of individuals would recommend Parents Lead to a friend.

Source: 2022 Pacific Institute for Research and Evaluation (PIRE) Parents Lead Survey results



Local implementation of Parents Lead is occurring in 51 of the 53 counties and 4 federally recognized tribes.

Statewide Communication

From October 2023 to September 2024, 219,736 Parents Lead materials were distributed, reaching countless families and communities. Additionally, a total of 3,008 hours have been dedicated to initiatives and activities that support parents and caregivers in promoting children's behavioral health.

The Parents Lead statewide media campaign has resulted in 21.5 million impressions by mass media, online displays, social media, online videos, and digital radio. (July 1, 2023-June 30, 2024)

Parents Lead Funding Sources

- ☑ State General Funds: $200,000 for 2023-2025 biennium.
- ☑ Department of Transportation NHTSA grant: $75,000 in FFY 2023, $140,000 in FFY 2024.
- ☑ SAMHSA Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG) Prevention dollars up to: $402,150 in FFY 2023

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Children's Behavioral Health

System of Care (SOC) Grant



System of Care Framework

A System of Care (SOC) is a spectrum of effective, community-based services and supports for children, youth, and young adults with or at-risk for mental health challenges and their families. The primary goal is to help families function better at home, in school, and in the community. The services and supports aim to:

- Be organized into a coordinated network across the continuum of care.
- Build meaningful partnerships with youth and families.
- Address the unique and cultural and linguistic needs of each child and family.

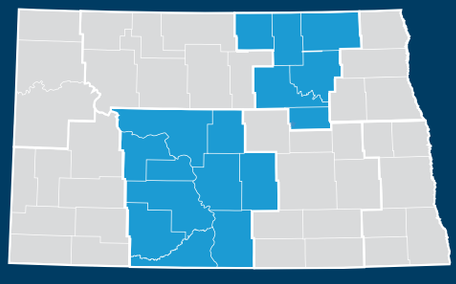
The dimensions of System of Care include the integration of all child-serving services and supports. These include both professional and natural supports across the lifespan.



The System of Care (SOC) grant is designed to enhance mental health outcomes for children and youth, birth through age 21. The goals of North Dakota's System of Care initiative are:

- To increase access of high-quality and culturally appropriate services and supports available to children with serious emotional disturbances (SED) and their families in the identified regions, and;
- To develop a sustainable infrastructure to support the System of Care approach for North Dakota children with SED and their families.

North Dakota was one of six states to be awarded $3 million per year (starting in 2022) for four years by the federal Substance Abuse and Mental Health Services Administration as part of the System of Care Expansion and Sustainability Grant (SOC). The initial grant efforts will be focused in two regions of the state.



Grant Priorities and Milestones

Infrastructure Development:

- **Local/Regional Empowerment:** Regional SOC Steering Committees have convened since April 2023 to provide guidance on System of Care implementation.
- **Youth and Family Involvement:** Parent with lived experience as part of the SOC state team and engaging individuals with lived experience in SOC steering committees.
- **Cross-system Partnerships:** Investment in developing partnerships across child-serving systems including behavioral health, child welfare, juvenile services, schools, and the private sector.
- **Tribal-State Partnerships:** Development of partnerships and funding streams with MHA Nation, Standing Rock Sioux, Spirit Lake Nation, and Turtle Mountain Band of Chippewa Indians to serve Native American youth and families.
- **Workforce Development:** Hired personnel in regional HSCs and other child-serving settings to provide home and community-based services for children with behavioral health needs and their families. This includes investing in training in Functional Family Therapy, Parent and Caregiver Peer Support, SPARCS, Seeking Safety, TF-CBT, EMDR, Play Therapy, and other evidence-based practices.
- **Sustainability:** Invest directly in the implementation and expansion of reimbursable behavioral health services, 1915(i) home and community-based services, and Title IV-E Prevention Services.
- **Data evaluation:** Completed regional needs assessments and asset mapping. Targeted evaluation focused on assessing clinical and social outcomes of youth and families to support ongoing implementation and sustainability.

Data Highlights

Sept. 30, 2023 - Sept. 29, 2024



745

Individuals trained in behavioral health evidence-based practices.



1,110

Youth and families engaged in program outreach efforts.



1,959*

Youth and families receiving evidence-based mental health services.

*number of individuals served is a duplicated count across quarters for grant year 2.

Note: This work aligns with the Human Services Research Institute's report to enhance and streamline the system of care for children and youth (HSRI Aim 5).

Service Implementation

Prevention and Early Intervention



- Parent Child Interaction Therapy (PCIT) and Parent Child Psychotherapy (CPP) treatment services for early childhood.
- Healthy Families ND expansion of home visitation (ages 0-3).
- Native American community-based cultural programming.

Outpatient and Integrated Care



- Trauma-focused CBT (TF-CBT), Eye Movement and Desensitization and Reprocessing (EMDR), Play Therapy, and other evidence-based practices delivered in outpatient and integrated settings.
- SPARCS and Seeking Safety treatment groups in school settings.
- Parent Support and Psychoeducation Groups.
- School-based Care Coordination for children with behavioral health needs.
- Funded salary and benefits of Clinicians in both SOC regions to expand the capacity to serve and travel to rural and underserved regions.

Intensive Home and Community-Based Services



- Psychiatric Residential Treatment Facility (PRTF) Aftercare intensive care coordination, Functional Family Therapy, intensive in-home treatment.
- Care coordination, peer support, and independent living skill groups for transitional-aged youth (ages 16 through 21).
- Family Check-up/Everyday Parenting program.
- Community-based care coordination, birth through age 21.

Partial Hospitalization or Day Treatment



- Child and Adolescent Partial Hospitalization Program at CHI Alexius Hospital.

Crosscutting Implementation and Planning

- Parent and Caregiver Peer Support
- High Fidelity Wraparound – intensive care coordination for youth in multiple systems
- Parents with lived experience serving parents and caregivers of children with behavioral health needs.

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Behavioral Health and Education System Integration – The Basics

LANGUAGE MATTERS

The behavioral health system and education system speak different languages.

WHAT IS BEHAVIORAL HEALTH?

A state of mental/emotional being and/or choices and actions that affect wellness.

Examples are:

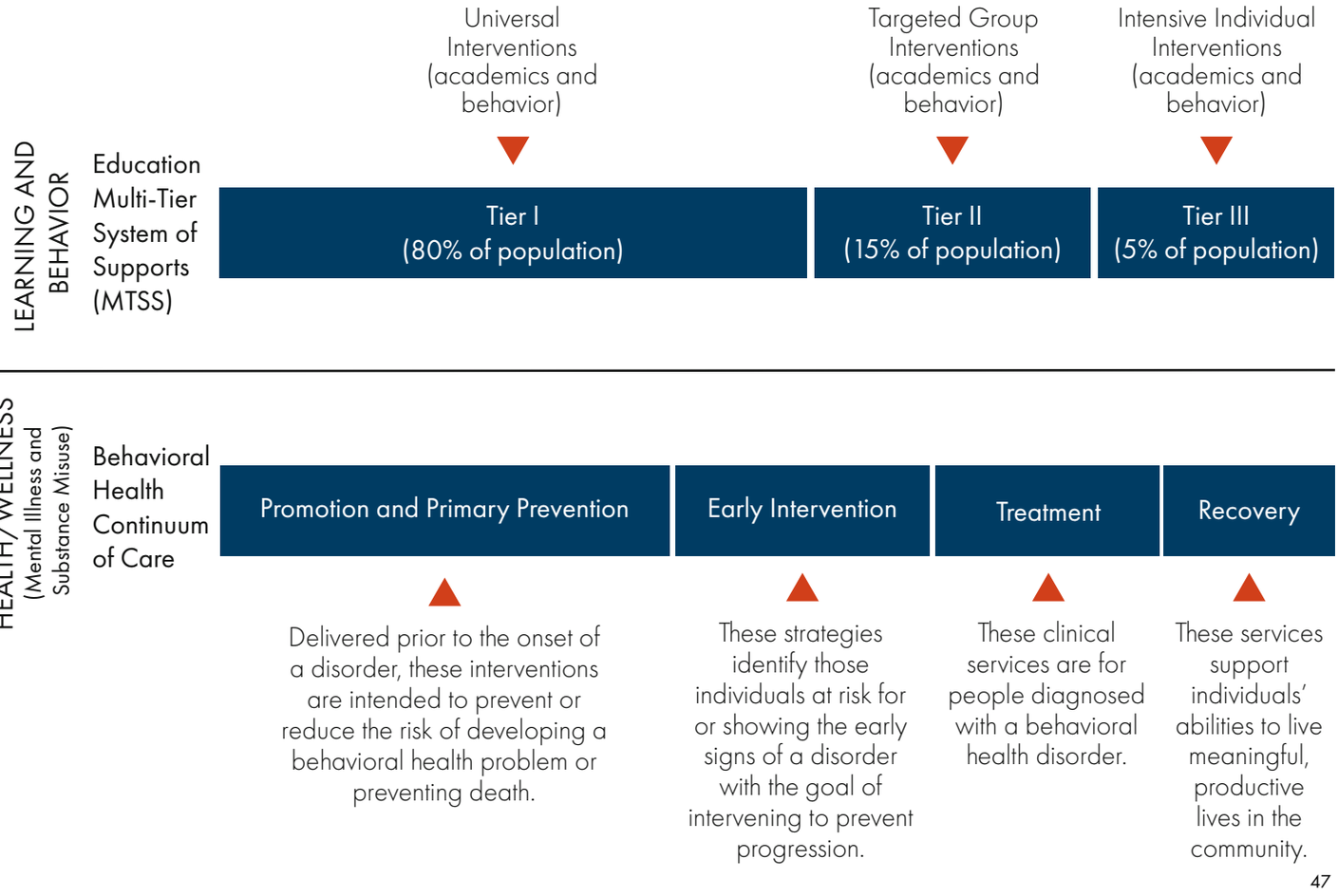
- Preventing and treating depression and anxiety.
- Preventing and treating substance use disorder or other addictions.
- Supporting recovery.
- Creating healthy communities.
- Promoting overall well-being.

Behavioral health needs are not synonymous with:

- The special education needs identified through an Individualized Education Program (IEP).
- School safety issues.

Considerations for Integration of Behavioral Health and Education

What systems are needed for schools to identify behavioral health needs?



Schools report feeling pressured to become behavioral health experts and providers. It is crucial that these services are provided by appropriate behavioral health clinicians for liability and billing reasons.

BEHAVIORAL HEALTH PROFESSIONAL TIERS (NDCC 25-01-01)

The tiered system for behavioral health professionals in North Dakota was established in 2017, by the 65th Legislative Assembly and is found in Chapter 25-01-01 of the ND Century Code. The intent of the tiered system was to establish a basic ranking of behavioral health professionals (both licensed and unlicensed) based on education and scope of practice.

Tier 1 mental health professional

A tier 1a mental health professional is

- a psychiatrist licensed under chapter 43-17 (PHYSICIANS AND SURGEONS)
- a psychologist licensed under chapter 43-32 (PSYCHOLOGISTS)

A tier 1b mental health professional is

- a licensed physician or a physician assistant licensed under chapter 43-17 (PHYSICIANS AND SURGEONS)
- an advanced practice registered nurse licensed under chapter 43-12 (NURSE PRACTICES ACT)

Tier 2 mental health professional

A tier 2a mental health professional is an independent clinician who is

- a licensed clinical social worker under chapter 43-41 (SOCIAL WORKERS)
- a licensed professional clinical counselor licensed under chapter 43-47 (COUNSELORS)
- a licensed marriage and family therapist licensed under chapter 43-53 (MARRIAGE AND FAMILY THERAPY PRACTICE)

A tier 2b mental health professional is

- an addiction counselor licensed under chapter 43-45 (ADDICTION COUNSELORS)
- a registered nurse licensed under chapter 43-12 (NURSE PRACTICES ACT)

Tier 3 mental health professional

- a licensed associate professional counselor licensed under chapter 43-47 (COUNSELORS)
- a licensed master social worker or licensed baccalaureate social worker under chapter 43-41 (SOCIAL WORKERS)
- a licensed professional counselor licensed under chapter 43-47 (COUNSELORS)
- an associate marriage and family therapist licensed under chapter 43-53 (MARRIAGE AND FAMILY THERAPY PRACTICE)
- an occupational therapist licensed under chapter 43-40 (OCCUPATIONAL THERAPISTS)
- a licensed practical nurse licensed under chapter 43-12 (NURSE PRACTICES ACT)
- a behavior analyst licensed or registered under chapter 43-32 (PSYCHOLOGISTS)
- a vocational rehabilitation counselor practicing under chapter 50-06.1 (VOCATIONAL REHABILITATION)
- a school psychologist
- a human relations counselor

Tier 4 mental health professional

- direct care associate or technician

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Children's Behavioral Health Prevention and Early Intervention Pilot Grant



The ND 65th Legislative Assembly initiated a children's behavioral health prevention and early intervention pilot project, allocating $150,000 to HHS. With SB 2012, the 66th Assembly provided $300,000 to expand the project to include one rural and one tribal school.

Project goal

To demonstrate improvement to children's behavioral health in a school setting and identify how a fully integrated continuum of support could look in various schools throughout North Dakota.

Three toolkits to support implementing multi-tiered systems of support at the building level are available for all school administrators and staff.



Support is provided to students based on identified need, emphasizing prevention and early intervention. Examples of services provided in the pilot include:

- School-wide positive behavioral supports.
- Whole class lessons on behavioral health topics.
- Individual counseling and/or social skills sessions for students at risk.
- Culturally sensitive staff development.
- Contract with outside mental health professionals to deliver mental health services within the school setting.

Implementation Highlights

Dunseith Elementary

- Funding for identified students to receive support from a mental health provider when insurance, co-pays, or high deductibles are a barrier.
- Collaborative support and consultation for school staff from a mental health provider.
- During the 2023-2024 school year, 154 students received support through these dollars.

Barnes County North

- Funding for identified students to receive support from a mental health provider when insurance, co-pays, or high deductibles are a barrier.
- Travel for mental health provider to travel to support students in the school building.
- Professional Development opportunities for staff.
- During the 2023-2024 school year, 33 students received support through these dollars.

School Behavioral Health Grant



The ND 66th Legislative Assembly passed SB 2012, appropriating general fund dollars to provide behavioral health services and support grants to school districts for addressing student behavioral health needs.

PROJECT GOAL

Identify and address gaps along the behavioral health continuum of care.

This includes:

- Identifying prevention and early intervention services.
- Supporting clinical or treatment services.
- Filling gaps in service coverage.

Grant funds cannot be used where reimbursement or funding is available.

ELIGIBLE APPLICANTS

Applications are accepted from North Dakota public or private elementary or secondary schools which meet the following criteria:

- Utilize ND State Medicaid reimbursement during the previous school year.
- Submit a plan to Health and Human Services detailing collaboration with other regional school districts regarding student behavioral health needs and the use of grant funding to develop student behavioral health interventions.

2021-2023 biennium appropriation: $3 million | 2023-2025 biennium appropriation: $9.5 million

2024-2025 SCHOOL YEAR

25 school districts and special education units are eligible to apply for funding totaling $4,483,793.84.

- As of Nov. 15, 2024, 20 eligible districts/special education units have been approved for funding totaling $3,721,086.96.

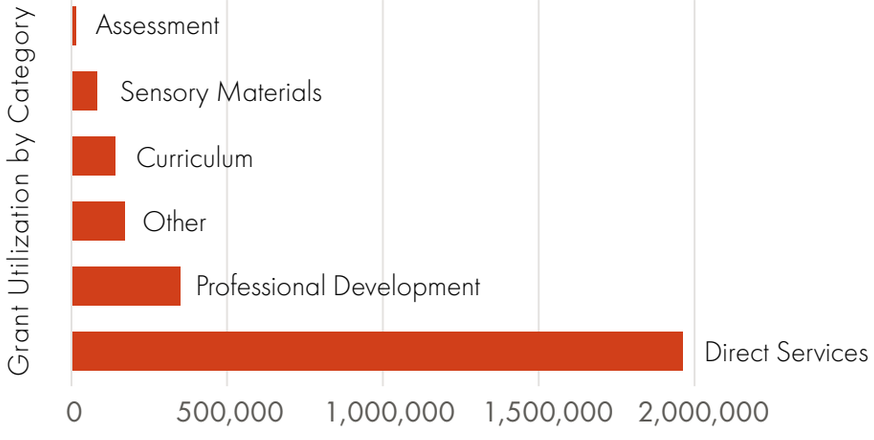
The amount billed for school-based services to Medicaid during the 2023 - 2024 school year increased by over $1.5 million from the previous school year. This means school districts and special education units are eligible for $1.5 million more during the 2024-2025 school year than the 2023-2024 school year.

2023-2024 SCHOOL YEAR

Twenty-four ND school districts or special education units received funding. These entities received a total of $2.7 million to use towards the behavioral health needs of students.

- Bismarck Public Schools
- Carrington School District
- Dickinson Public Schools
- East Central Special Education Unit which includes Kensal, Pingree-Buchanan, and Fessenden-Bowdon
- Fargo Public Schools
- Grand Forks Public Schools
- GST Special Education Unit
- James River Special Education Unit
- Jamestown Public Schools
- Lake Region Special Education Unit
- Mandan Public Schools
- Minot Public Schools
- New Rockford Sheyenne District
- Oberon Public School
- Oliver-Mercer Special Education Unit
- Rural Cass Special Education Unit
- Sheyenne Valley Special Education Unit
- Souris Valley Special Education Unit
- South Valley Special Education Unit
- Upper Valley Special Education Unit
- Wahpeton Public Schools
- West Fargo Public Schools

Approved Funding Categories



Examples:

Direct Services – therapy / clinical counseling– for students with no insurance or to cover co-pays, BCBA contracts/consults, targeted case management, extended school psychology services

Professional Development – safety care, trauma training, nonviolent crisis intervention training, restorative practices training

Curriculum –second step curriculum, applied behavior analysis curriculum, autism curriculum, social skills

Sensory Materials – flexible seating, fidgets, sensory room materials

Assessments – functional behavior assessments, Devereux Student Strengths Assessment

Other - transportation costs, survey platforms, student retreats

Behavioral Health in Education Resources and Opportunities Technical Assistance Center (B-HERO)



The ND 66th Legislative Assembly passed Senate Bill 2149, which established the requirement for each school within a district to designate an individual as a Behavioral Health Resource Coordinator, and Senate Bill 2313, which required the Health and Human Services (HHS) Behavioral Health Division to provide resources on mental health awareness and suicide prevention to the Behavioral Health Resource Coordinators.

In November 2020, HHS awarded a contract to the Central Regional Education Association (CREA) – one of 7 regional education associations within North Dakota – to provide resources, information, and support to school Behavioral Health Resource Coordinators (BHRCs). As a result, the Behavioral Health in Education: Resources and Opportunities (B-HERO) Technical Assistance Center was formed.

Who is B-HERO?

A group of educators and advocates passionate about the importance of behavioral health in North Dakota schools and communities.

WE PROVIDE ACCESS TO:

- Trainings
- Technical Assistance
- Opportunities

WE WANT TO HELP:

- Stop the Stigma
- Build Healthier Schools
- Avoid Burnout

Since inception in Spring of 2021, B-HERO has disseminated weekly communications to the 375 unique BHRCs throughout the state and has supported 348 educators through technical assistance and BHRCs communities of practice. Through its weekly messaging, B-HERO has focused on providing evidence-based resources aimed at supporting behavioral health, and has told the stories of programs and services that work in North Dakota schools.

Overall, B-HERO has reached dozens of schools in North Dakota in the past two years through training offerings, including upwards of 2,200 educators.

Since the 2021-2022 school year, B-HERO has implemented and supported the following endorsed training opportunities to BHRCs and other educators throughout the state on a variety of topics, including:

Suicide Prevention & Intervention

- Sources of Strength
  - To date, 9 schools have been supported in some capacity. In total, 366 students and 85 school staff members have received training in Sources of Strength.
- Question, Persuade, Refer Suicide Prevention Gatekeeper Training
  - Since Spring of 2022, over 139 educators have received QPR Training.

Relationship Building & Dropout Prevention

- Harvard Relationship Mapping Protocol
  - B-HERO developed a Facilitator Training on the protocol. Upwards of 242 educators have received training in the Relationship Mapping protocol, with 19 trained as facilitators across the state.
- Check & Connect
  - Since fall of 2021, 10 schools have implemented a dropout intervention program.

Trauma

- Trauma-Sensitive Schools: A New Perspective on Student Behavior and Learning
  - Since June of 2021, B-HERO has facilitated Trauma Sensitive Schools Training for over 300 educators, with 50 receiving certification to deliver the professional learning curriculum. 12 of those trainers are BHRCs.
  - Bounce Back or Support for Students
- Exposed to Trauma
  - Since fall 2023, 120 educators have been trained in these trauma focused interventions for elementary and secondary grade levels.

School Crisis Prevention & Intervention

- PREPaRE School Crisis Prevention & Intervention Training
  - Since Spring of 2022, 81 school staff have been trained in Workshop I and/or II of the model.
  - It is anticipated that 180 educators will be trained during the 2024-2025 school year.

Restorative Practices

- During the 2023-2024 school year, 37 educators have been trained in Restorative Practices.
- It is expected that 265 educators will be trained in this evidence-based intervention during the 2024-2025 school year.

Pediatric Mental Health Care Access Program (PMHCA) Grant



Health and Human Services (HHS) was awarded a three year continuation (2023-2026) grant by the Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB) to expand tele-behavioral health services for children and youth within the state.

The Pediatric Mental Health Care Access program is intended to promote behavioral health integration into pediatric primary care by using telehealth services to provide high quality and timely detection, assessment, treatment and referral for children and adolescents, with behavioral health conditions, using evidence-based practices and methods. This is implemented through the following activities:

1. **Promote** behavioral health integration in pediatric primary care in new or existing telehealth access programs.
2. **Provide** training and education to support the treatment of children and adolescents with behavioral disorders.
3. **Support** telehealth consultation and referral to a local pediatric behavioral health provider, to the extent possible.
4. **Serve** as a resource for pediatric primary care providers, psychiatrists, mental health professionals, and care coordinators.

The North Dakota PMHCA program increases pediatric providers' comfort to treat and manage mild to moderate behavioral health concerns in day-to-day practice through:

PROVIDER EDUCATION
Project ECHO is a collaborative model for behavioral health knowledge sharing and care management that helps clinicians and community providers better serve their patients through advanced curriculum and training, along with discussions on current case studies.

BEHAVIORAL HEALTH TELECONSULTATION
Behavioral Health Clinicians provide HIPAA compliant guidance on treatment and management of pediatric behavioral health conditions through telephonic consultation to providers.

REFERRAL NETWORK
Care Coordination services are available for the families that providers serve through the consultation line. Care Coordination is currently done through Family Voices.

FUNDING: 2023-2024- $850,000 | 2024-2025- $858,000 | 2025-2026- $700,000

*Federal awards require a 20% State Match



North Dakota Grant Goals

Goal 1: Increase the capacity of primary care providers to screen, diagnose and treat children for behavioral health disorders in primary care settings.

Goal 2: Develop and create capacity for telehealth programs in community-based settings by expanding partnerships within emergency departments and schools.

Implementation Progress (through Aug. 2024)

- 99 enrolled providers for the PMHCA program within 7 clinics.
- Conducted ECHO training sessions to 241 professionals on different behavioral health topics.
- Provided 18 consultation calls for Primary Care providers to receive collaboration on detection, assessment, treatment and referral for children and adolescents.
- Provided Care Coordination to 18 families within North Dakota.
- Increased sites for care delivery to include Local Public Health Units, Full Service Community Schools, University of North Dakota mobile clinic and other youth serving entities.
- Increased communication to providers and professionals on North Dakota databases to include the Mental Health Directory, FirstLink, Bed Registry and other Behavioral Health resources within the state.
- Implemented various Behavioral Health trainings within 37 schools across North Dakota to include Check and Connect, Bounce Back, Supporting students exposed to trauma, Tough Kids, Nurtured Heart, Trauma Sensitive Schools and other evidence-based trainings.

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Treatment Collaborative for Traumatized Youth (TCTY)



The Treatment Collaborative for Traumatized Youth (TCTY) mission is to enhance the availability of evidence-based mental health treatment for traumatized individuals in North Dakota through implementing evidence-based treatments and building a multidisciplinary collaborative network across the region.
www.tcty-nd.org

Types of Traumatic Events

- Child sexual abuse
- Adult sexual abuse
- Psychological or emotional abuse
- Physical assault
- Domestic violence
- School or community violence
- Military, war, or political violence
- Child neglect
- Serious or medical injury
- Natural disasters
- Forced displacement
- Witnessing death
- Grief/losing a loved one
- Receiving death threats or harassment
- Being a first responder
- Witnessing assault, abuse, or violence

Program Goals & Impact

Provide annual TF-CBT training with up to six months technical assistance. Trauma Focused Cognitive Behavioral Therapy (TF-CBT) is an evidence-based treatment for children and adolescents ages 3-18. TF-CBT integrates cognitive behavioral techniques with trauma-specific interventions.

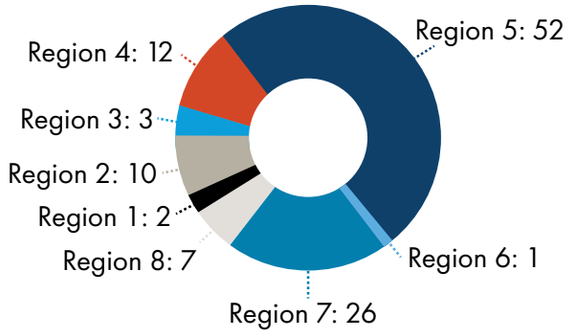
As of June 30, 2024:
Approximately 550 clinicians have been trained since project implementation with approximately 114 of those clinicians actively rostered.*

**Rostered means that the clinician completed the TF-CBT training and six months of consultation calls and is rostered to the directory https://www.tcty-nd.org/clinicians/ and active means they have maintained contact with TCTY and elect to be on the website*

TCTY Website

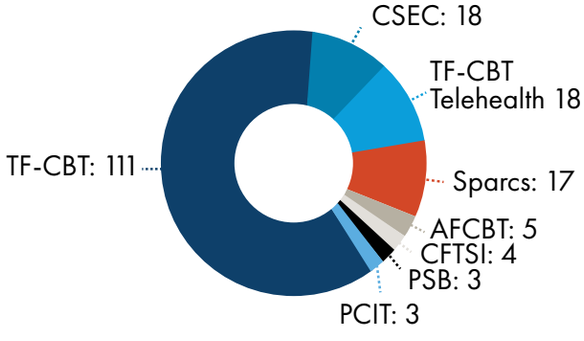
Currently Rostered & Active:

- **114 Clinicians**
- **77 Agencies**



Summary of Treatments Rostered:

- **Treatments offered by the 114 rostered clinicians across ND**



Additional outcomes from July 1, 2023 – June 30, 2024

- Bring Your Own Lunch and Learn – Complex Trauma Education Series: 10 trainings with 248 attendees.
- Continued engagement with the network through TCTY listserv - 60 emails with resources and training opportunities.
- 161 resources made available through the TCTY website.
- 521 Social Media Posts.
- TCTY team spoke at 22 trainings and community events.

Total Budget for 2023-2025 Biennium: $200,000 General Fund.

Enhancing Trauma Care for Native American Youth to HEAL



PROJECT HEAL

Enhancing Trauma Care for Native American Youth to Heal

The mission of Project HEAL is to develop and expand resources to address gaps and improve access to culturally relevant trauma services for Native American youth to heal.

Project HEAL is a collaboration between Health and Human Services and Sanford Research North – Treatment Collaborative for Traumatized Youth (TCTY). This project is led by:

- **Licensed Clinical Psychologist Dr. Emily Sargent, enrolled member of White Earth Band of Minnesota Chippewa Tribe**
- **Licensed Clinical Psychologist Dr. Samantha Beauchman, enrolled member of the Turtle Mountain Band of Chippewa**

GOAL 1:

Improve knowledge of trauma-informed care of Native American youth for professionals in child-serving systems in our region through education of trauma with Native American youth and communities.

During this reporting period, Project HEAL provided five educational sessions, in-person and virtual, focused on trauma awareness and culturally responsive treatment for Native American youth. These trainings addressed the impacts of historical trauma, culturally relevant strategies for promoting child and family resilience, and caregiving for Native American youth who have experienced trauma. Led by Drs. Beauchman, Sargent, and Victoria Williams, the sessions were attended by 89 professionals from various fields, including prenatal providers, tribal child advocates, and licensed mental health clinicians.

GOAL 2:

Increase access to culturally-informed trauma-focused treatments to Native American youth in our state by training mental health clinicians in culturally-informed treatment applications.

Project Heal hosted Honoring Children, Mending the Circle (HCMC) in November 2023, which is a cultural enhancement of Trauma Focused Cognitive Behavioral Therapy (TF-CBT). The training included 15 clinicians across North Dakota and consultation calls have been taking place over the last year. The 2023-2024 HCMC training cohort will be completing their HCMC calls in November 2024. Twelve clinicians are regularly attending the consultation calls, indicating 21 HCMC cases have been staffed by the clinicians.

GOAL 3:

Increase access to services by allocating time of trained providers to provide in-person and telehealth treatment to Native American youth.

Over the last reporting year, 18 Native American Children were seen by Sanford Traumatic Stress Treatment Center (TSTC). There were five TSTC clinicians trained in Honoring Children Mending the Circle and provided traumatic stress services to Native American children and families. All ND Tribes are utilizing Project Heal.

Tribal Outreach

Over the past year, the Project HEAL team has been building relationships with ND tribal nations, including regular meetings with ND Tribal Liaisons, Sisseton Wahpeton Oyate and MHA Nation Tribes. A total of nine meetings have been held with ND Tribal Nations.

This effort is funded through the Mental Health Block Grant through the Substance Abuse and Mental Health Services Administration (SAMHSA), administered through the North Dakota Department of Health and Human Services – Behavioral Health Division.

*September 1, 2023 - August 31, 2024

Voluntary Treatment Program (VTP)



The Voluntary Treatment Program reimburses for out-of-home treatment services for Medicaid-eligible children with a serious emotional disorder without requiring parents to relinquish custody (NDCC 50-06-06.13). The program will cover maintenance costs associated with the treatment episode, while ND Medicaid will cover treatment costs in accordance with the state plan. Qualified Residential Treatment Providers (QRTPs) and PATH Foster Homes are designated providers through the VTP.

The primary goal of the VTP is to improve the functioning of youth.

ELIGIBILITY

- Up to the age of 18;
- Mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified in the DSM 5; and
- Functional impairment that substantially interferes with or limits the child's role or functioning in family, school and community activities.

From July 2023 - September 2024, HHS received 49 applications (compared to 46 applications received during the 2021-2023 biennium).

- **9 youth were admitted to a QRTP**
- **17 applications were denied**
- **23 applications were withdrawn**

Reasons for denial (17):

- Did not have Medicaid, assisted with community based services (4)
- Not all community based services were utilized (8)
- Other residential options available (5)

Reasons for withdrawal (23):

- Other placement occurred prior to decision (5)
- Moved out of state (2)
- Youth placed under custody of zone or DJS (2)
- Parent/Guardian withdrew application (10)
- Applied for Psychiatric Residential Treatment Facility (PRTF) admission (4)



	Cost per youth	Length of stay
Youth 1	$95,018.00	5 months
Youth 2	$33,664.00	3 months
Youth 3	$77,465.00	6 months
Youth 4*	$102,260.00	5 months
Youth 5	$46,708.00	4 months
Youth 6*	$26,264.00	2 months
Youth 7*	$16,616.00	1 month
Youth 8*	$16,616.00	1 month
Youth 9*	$11,107.00	1 month

*Denotes youth still in QRTP

A total of $453,424 was authorized in the HHS budget for the 2023-2025 biennium.

Through Sept. 30, 2024 (63% of the biennium) 94% of the allocation has been expended with 5 youth currently residing in a QRTP.

The average cost of a child in a QRTP for 30 days: $16,117.00.*

The average length of stay for a child in a QRTP is 4.4 months.*

The average cost for a child at a QRTP is $70,914.80.*

*These numbers are based off the 23-25 biennium data.

Of the youth receiving residential services; six youth received services through Home on the Range and three youth received services through Dakota Boys and Girls Ranch.

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Parent to Parent

Health and Human Services (HHS) contracts with the ND Federation of Families for Children's Mental Health (NDFFCMH) to administer the Parent to Parent support services program. This initiative is a statewide collaborative effort that engages, trains, educates, and supports parents of children with mental health disorders.

Program responsibilities include:

- Organizing and leading support and educational services for parents.
- Collaborating with other nonprofit entities and linking to both paid and natural supports.
- Coordinating with existing community-based organizations and programs to maximize benefits, avoid duplication, and realign resources.

Services provided by NDFFCMH may include:

- Attending meetings at the request of parents.
- Assisting parents in understanding their child's mental health needs.
- Helping parents become involved in a support network.
- Providing training on how to advocate for their child.
- Assisting parents in locating informal services and supports.
- Accessing information on their rights and responsibilities.

- Total budget of $75,000 for July 1, 2023 - June 30, 2025.
- Number of new parents receiving services - 33
- Number of families provided support and education - 134
- Number of parent contacts - 3,039
- Hours of support to families - 774

Families from 17 counties have received services this biennium:

Barnes	3
Burleigh	34
Cass	25
Foster	4
Grand Forks	11
Hettinger	1
McLean	7
Morton	7
Mountrail	3
Oliver	5
Ramsey	2
Rolette	3
Sheridan	2
Stark	5
Unknown	11
Walsh	2
Ward	6
Williams	3

**The numbers reported are from July 1, 2023 - August 2024. NDFFCMH Parent to Parent Support Program has multiple funding sources, including funding from HHS. The data reported from NDFFCMH reflects data from the entire parent support program, not just the portion supported by HHS.*

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Psychiatric Residential Treatment Facilities for Children (PRTFs)

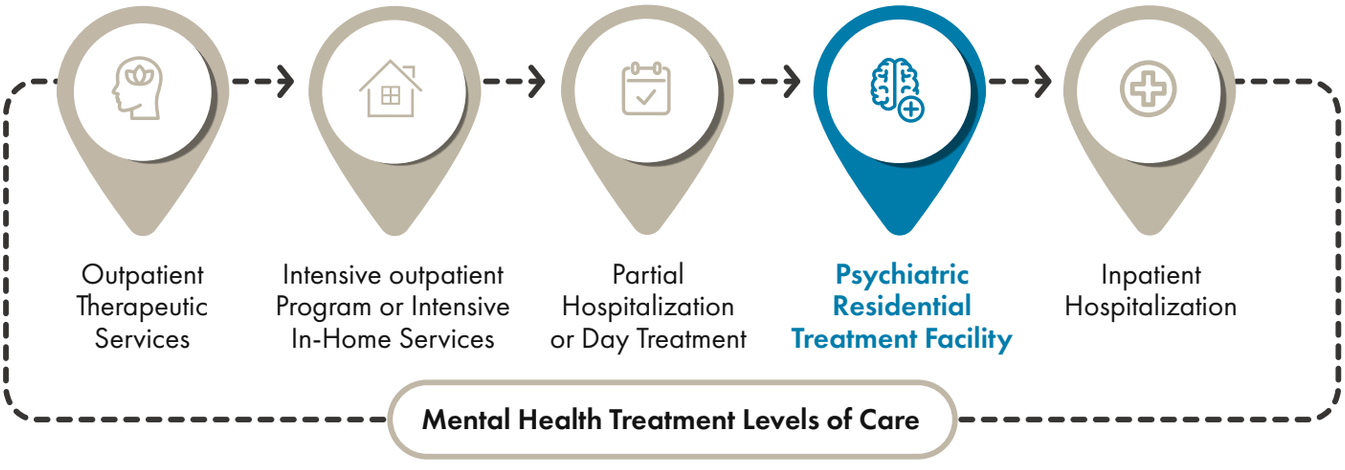


NDCC 25-03.2-02 requires Health & Human Services to adopt rules and standards for the licensing of Psychiatric Residential Treatment Facilities for Children (PRTFs) operating in North Dakota.

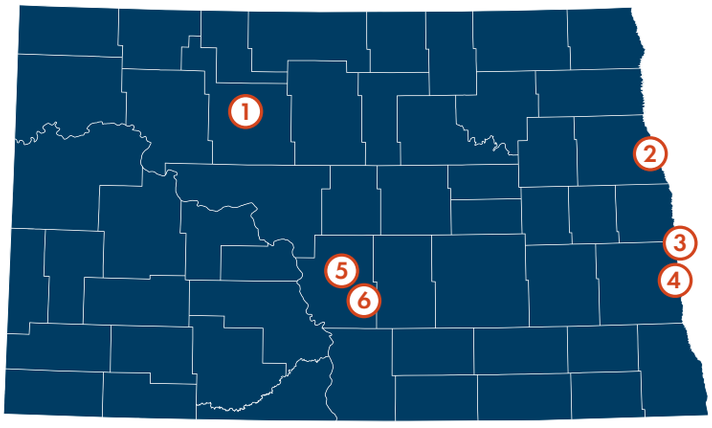
North Dakota Administrative Code (NDAC) 75-03-17 Psychiatric Residential Treatment Facilities for Children are the rules that establish the standards governing PRTFs.

Psychiatric Residential Treatment Facilities (PRTFs) are residential facilities that provide children and adolescents with a comprehensive 24-hour therapeutic environment integrating group living, educational services and a clinical program based upon an interdisciplinary clinical assessment and an individualized treatment plan that meets the needs of the child and family.

PRTFs are available to children in need of and able to respond to active psychotherapeutic intervention and who cannot be effectively treated in their own family, in another home or a less restrictive setting. Admission to a PRTF is based on medical necessity.



LOCATIONS



1. Dakota Boys and Girls Ranch (Minot)
2. Ruth Meiers Adolescent Center (Grand Forks)
3. Dakota Boys and Girls Ranch (Fargo)
4. Luther Hall (Fargo)
5. Dakota Boys and Girls Ranch (Bismarck)
6. Pride Manchester (Bismarck)

PURPOSE

The licensure process aims to ensure health and safety and compliance with minimum standards in care and treatment of children receiving services in the facility.

HHS is required to license PRTFs every two years. There are six licensed PRTFs in ND with a total of 82 beds serving children between the ages of 5 through 18.

Capacity per facility:

- Dakota Boys and Girls Ranch - Minot (ages 10 through 17) - 16
- Ruth Meiers Adolescent Center - Grand Forks (ages 12 through 17) - 10
- Dakota Boys and Girls Ranch - Fargo (ages 10 through 17) - 16
- Luther Hall - Fargo (ages 10 through 17) - 16
- Dakota Boys and Girls Ranch - Bismarck (ages 10 through 17) - 16
- Pride Manchester - Bismarck (ages 5 through 13) - 8





Adult Addiction

Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG)



The SUPTRS BG is authorized by section 1921 of Title XIX, Part B, Subpart II and III of the Public Health Service (PHS) Act. The PHS Act required the secretary of the U.S. Department of Health and Human Services to create regulations as a precondition to making funds available to the states and other grantees under the SABG. Title 45 CODE OF FEDERAL REGULATIONS Part 96 was published on March 31, 1993, and The Tobacco Regulations for Substance Abuse Prevention and Treatment Block Grant; Final Rule, 61 FEDERAL REGISTER 1492 was published on Jan. 19, 1996.

SAMHSA requires that grantees spend no less than 20% of their SUPTRS BG allotment on substance misuse primary prevention strategies. These strategies are directed at creating an environment that promotes the health and well-being of individuals and communities which prevents problems before they occur – and cannot be directed at individuals identified to be in need of treatment.

The Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG) program (through the Substance Abuse and Mental Health Services Administration [SAMHSA]) provides funds and technical assistance to all states and territories.

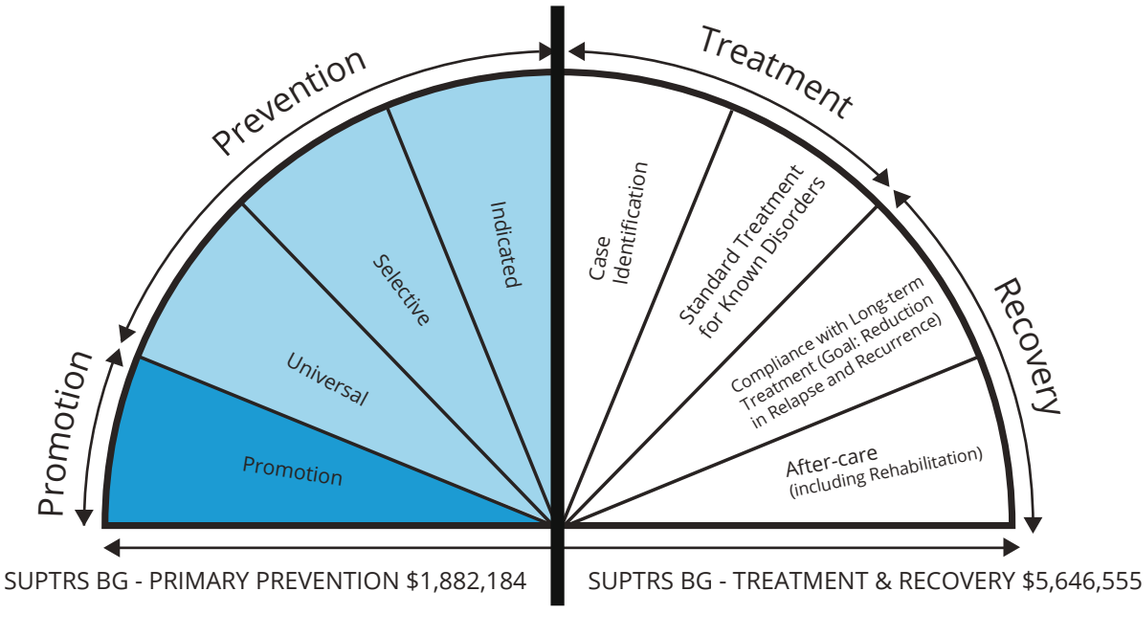
Health and Human Services utilizes the funds to plan, implement, and evaluate activities supporting the full continuum of care related to substance misuse.

The purpose of the SUPTRS BG is to:

- Provide priority treatment and support services that demonstrate success in improving outcomes and/or supporting recovery for individuals without insurance that are not covered by Medicaid, Medicare, or private insurance, or for whom coverage is terminated for short periods of time.
- Provide primary prevention by supporting universal, selective, and indicated prevention activities and services for persons not identified as needing treatment.
- Collect performance and outcome data to determine the ongoing effectiveness of behavioral health promotion, treatment, and recovery support services.

Funding

HHS receives approximately $7,528,736 per year. As of Oct. 2024, approximately $1,882,184 (25%) is allocated to primary prevention.



North Dakota Goals

Increase access to quality substance misuse-related services across the continuum of care.

PREVENTION

- Increase implementation of effective prevention statewide.
- Decrease underage drinking.
- Decrease adult binge drinking and related consequences.
- Decrease opioid misuse and related consequences.

TREATMENT/RECOVERY

- Increase evidence-based treatment and recovery support services, with a priority on high-risk populations:
  - Pregnant women and women with dependent children.
  - Individuals using drugs intravenously.



Activities

PREVENTION

- Training and technical assistance
- Community and tribal alcohol and other drug prevention programs across the state
- Underage drinking prevention efforts, including Parents Lead
- Adult binge drinking prevention efforts, including the Speak Volumes campaign
- Opioids: Take Care, Be Aware
- DUI education program licensing; provider certification
- Minor in possession education provider certification
- Synar program (youth tobacco enforcement)

TREATMENT/RECOVERY

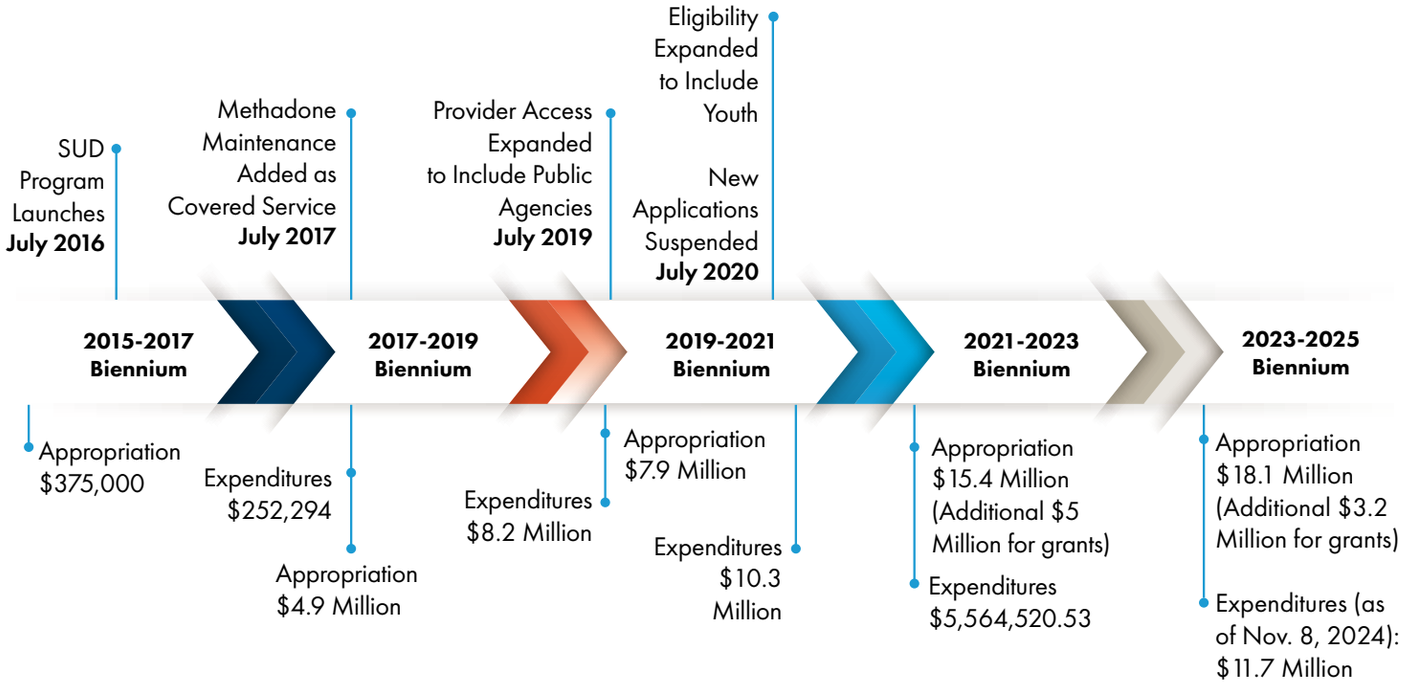
- Public program funding
- Special Populations
  - Youth residential services program
  - Pregnant and parenting women
  - Tribal programs
- Recovery
  - Recovery Talk program
  - Mobile outreach program
  - Peer support development
- Withdrawal management
- Workforce development

Substance Use Disorder (SUD) Voucher



Health & Human Services (HHS) administers the SUD Voucher program, as directed from the 64th Legislative Assembly. The program improves access to quality services and allows for individual choice of providers.

Program Timeline



Program Impact

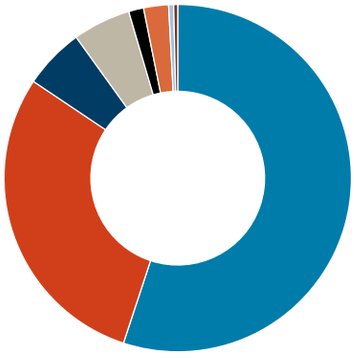
Since its inception in July 2016, approximately 8,650 individuals have been approved for services through the SUD Voucher.

Gender

Male - 61%

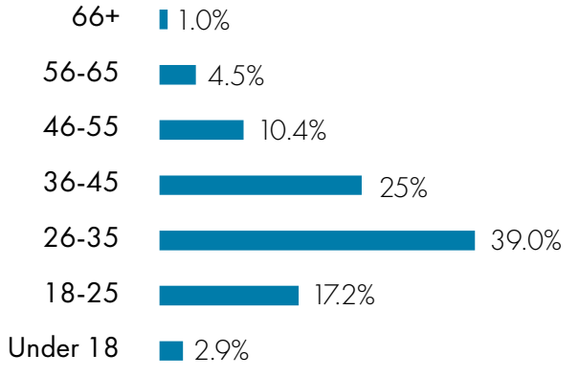
Female - 39%

Race



- White - 59.3%
- American Indian - 31.6%
- African American - 6.1%
- Hispanic - 5.8%
- Other 1.5%
- Prefer not to answer - 2.5%
- Asian - 0.5%
- Native Hawaiian - 0.4%

Age



Living Environment



- Independent - 45%
- Homeless - 32%
- Dependent - 23%

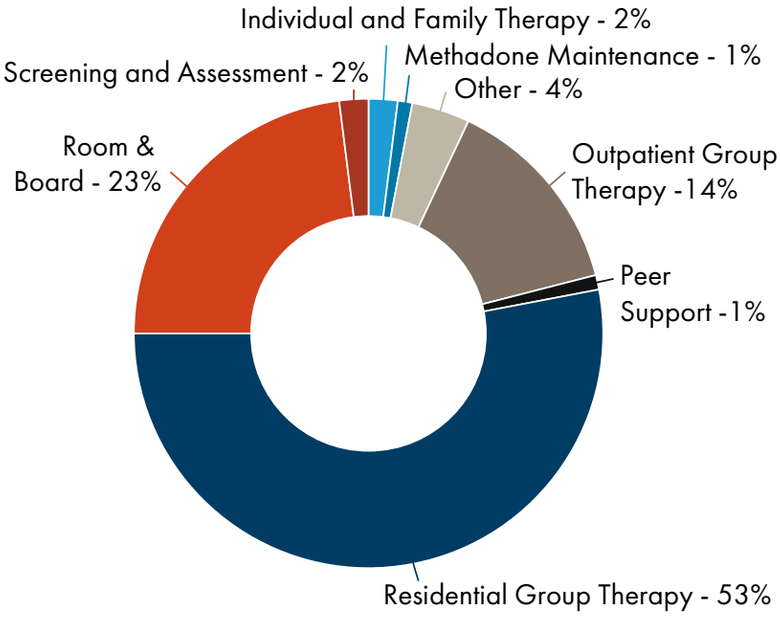
As of Dec. 2, 2024 there are 40 participating providers.

An increase from 35 in Feb. 2023.



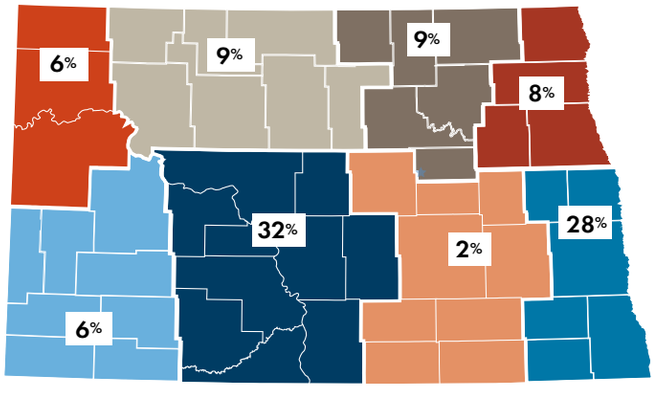
Expenditures by Service Type

Percentage of expenditures by service type from July 1, 2023 through Sept. 30, 2024.



Program Participants By Human Service Center Region

July 1, 2023 - Sept. 30, 2024



- Region 1 - **192**
- Region 2 - **279**
- Region 3 - **304**
- Region 4 - **245**
- Region 5 - **919**
- Region 6 - **52**
- Region 7 - **1,029**
- Region 8 - **189**
- Unknown - **8**

Percent of Individuals Served by Service Type

July 1, 2023 - Sept. 30, 2024

59.2%
Screening and Assessment

42.5%
Room and Board

40.9%
Urine Analysis

28.5%
Residental Group Therapy

28.1%
Individual and Family Therapy

27.7%
Outpatient Group Therapy

11%
Methadone Maintenance

9.1%
Out-of-Pocke Expense

6.4%
Peer Support

3%
Transportaion

Outcome Measures

Programs utilizing the SUD Voucher are required to assess each individual at the beginning of services and upon completion. The outcome measure uses a 5-point rating scale (1 lowest to 5 highest). The outcomes are based on Substance Abuse and Mental Health Services Administration (SAMHSA) identified recovery dimensions.

The following outcomes are for participants who completed services paid for by the SUD Voucher on or after July 1, 2023. n = 693

Since inception, the averages for all four outcome measures improved following services reimbursed through the SUD Voucher program.

PURPOSE

Identify the extent to which the individual participates in meaningful daily activities (employment, school, volunteering, family caretaking, other activities, etc.).



COMMUNITY

Identify the extent to which the individual's relationships and social networks provide support, friendship, love, and hope for overall wellbeing.



HEALTH

Identify how well the individual makes informed healthy choices supporting their physical health and emotional wellbeing (physical activity, attending medical appointments, taking medications as prescribed etc.)



HOME

Identify the stability and safety of the individual's living environment.



Pre Post

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Substance Use Disorder Treatment Program Licensing



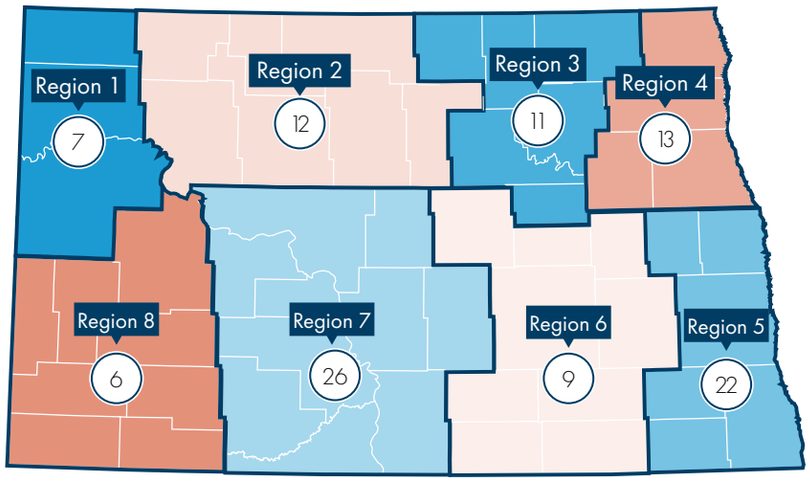
Health and Human Services (HHS) is responsible for establishing quality assurance standards for the licensure of substance use disorder treatment programs, as outlined in North Dakota Century Code 50-06 and North Dakota Century Code 50-31. HHS conducts regular reviews of these programs to ensure compliance with North Dakota Administrative Code Article 75-09.1 and monitors the health and safety of clients served.

- Programs are reviewed every two years for compliance with North Dakota Administrative Code Article 75-09.1.
- Programs are monitored for the health and safety of the clients served.

North Dakota has **106** licensed substance use disorder treatment programs (as of October 1, 2024).

37 programs are licensed for residential treatment

Number of Licensed Programs by Human Service Center Region





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Opioid Treatment Program (OTP) and Medication Unit Licensing

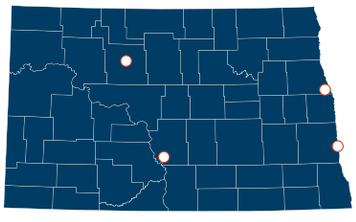


Designated as the state opioid treatment authority (North Dakota Century Code 50-31-07), Health and Human Services administers licensing for OTP and medication units, as well as ensures adherence to state and federal regulations.

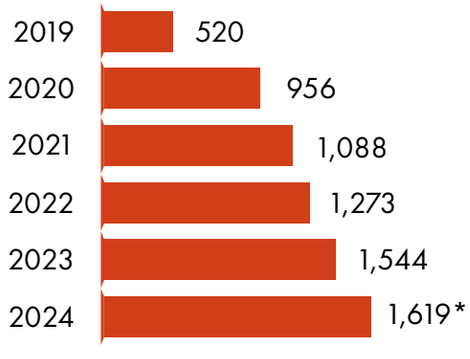
- OTPs provide medication for opioid use disorder in conjunction with counseling and supportive services to treat individuals suffering from an opioid use disorder.
- Medication units are a satellite of an OTP that provide remote dispensing of FDA approved medication for opioid use disorder.
- Programs are reviewed on an annual basis for compliance with North Dakota Administrative Code Article 75-09.1, and applicable federal regulation.
- Programs are monitored for the health and safety of the clients served and to establish quality assurance standards for the licensure of programs, services, and facilities.

North Dakota has **4** licensed OTPs in the state

- There are currently **1,140** individuals actively receiving services from an OTP.*
- On average individuals travel **16** miles one way to an OTP for their services.*
- There are currently no licensed medication units in the state.



Unique individuals served by OTPs



*Data as of October 22, 2024

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Recovery Housing Assistance Program



The Recovery Housing Assistance Program (RHAP) provides financial support for individuals in recovery to access Recovery Housing.

In 2018, the Human Services Research Institute (HSRI) conducted a comprehensive analysis of the current behavioral health system in North Dakota. Relating specifically to housing, the study identified two recommendations:

- Address housing needs alongside behavioral health needs
- Promote timely linkage to community-based services following crisis, inpatient, and residential treatment

In consideration of the recommendations for housing outlined in the study, The Health and Human Services (HHS) received funding during the 66th Legislative Assembly to develop and implement a new Recovery Housing Assistance Program (RHAP). Due to COVID-19, implementation was delayed, and the funding was carried-over to the 2021-2022 biennium. The RHAP program launched in May 2022.

RECOVERY HOUSING PROVIDES

- Substance-free home environment
- Space to focus on continued growth and healing
- 24-hour peer-led support and connection
- Resources to support individual life goals

The program pays for up to 12 weeks of an eligible individual's living expenses at an approved Recovery Housing provider.

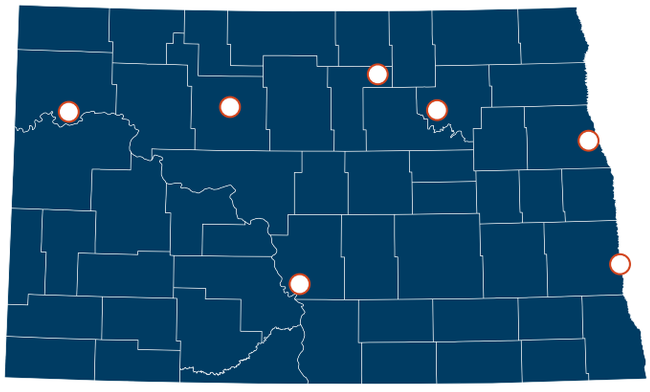
ELIGIBILITY CRITERIA

- ND Resident and
- Age 18 or older and
- Experiencing a substance use disorder and
- One of the following:
  - Currently enrolled in a HHS public assistance program or
  - Currently enrolled in a HHS Behavioral Health Division substance use disorder or community program or
  - Household income is at or below 200% Federal Poverty Guidelines

CURRENT RHAP PROVIDERS

(as of Oct. 1, 2024)

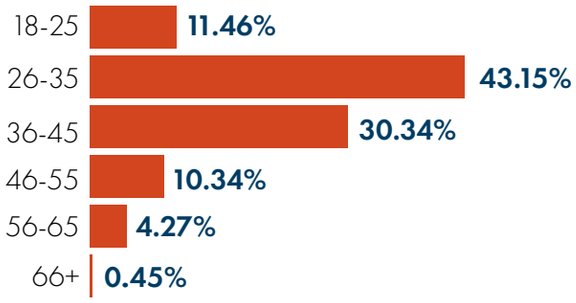
There are **nine** approved providers across the state with **28** recovery homes.



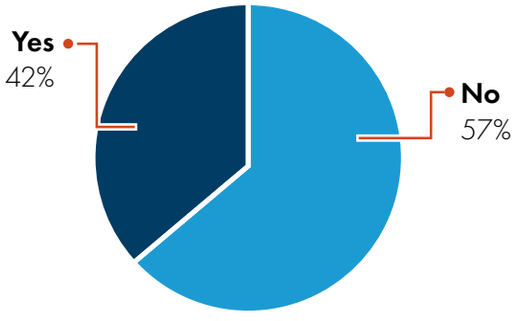
Bismarck – **17**
Devils Lake – **1**
Fargo – **2**
Grand Forks – **1**
Minot – **3**
Watford City – **3**
Wolford – **1**

1,152 individuals have experienced the Recovery Housing Assistance Program benefits from May 2022 through Oct. 2024

Participants by **Age Range**

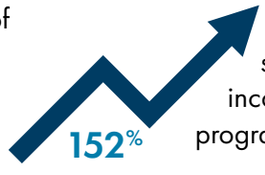


Participants by **Tribal Affiliation**





Out of **502** participants who reported lack of employment upon entering program, ***57%*** reported improvement in their employment status at the end of programming.



Overall, participants see an average weekly income growth of **152%** at program conclusion.

BUDGET

2023 - 2025 appropriation: $1,509,088
Amount spent as of October 1, 2024: $1,020,122

State Opioid Response (SOR) Grant



Funded through the Substance Abuse and Mental Health Services Administration (SAMHSA), the purpose of this grant is to address the public health crisis caused by escalating opioid misuse, opioid use disorder (OUD), and opioid-related overdose across the nation. The current award is for $4,000,000 from September 30, 2024 through September 29, 2025.

North Dakota Grant Goals

GOAL 1
Prevent opioid and stimulant misuse.

GOAL 2
Reduce harm related to opioids and stimulants.

GOAL 3
Improve access to evidence- based treatment.

GOAL 4
Increase access to recovery support services.

Implementation Overview

Statewide Efforts

NDSU School of Pharmacy implements the **ONE program**. The purpose is to equip pharmacists with tools to screen for opioid use disorder, to identify patient needs, and provide counseling and support to assist them in safely using prescribed opioids.

From September 2023 - September 2024:

- 73 pharmacists participated in the ONE Program
- 10,212 screenings completed
- 13% of patients were identified at high risk for accidental opioid or opioid use disorder

Department of Corrections and Rehabilitation increasing availability of Medications for Opioid Use Disorder (MOUD).

- From September 2023 – September 2024, 339 individuals received MOUD.

Opioid campaign implementation:

HHS disseminated campaign messaging for the Opioids: Take Care, Be Aware campaign. The messaging aims to increase the understanding of risks of pain medications, know signs of addiction, recognize an overdose and know how to effectively respond to an overdose.

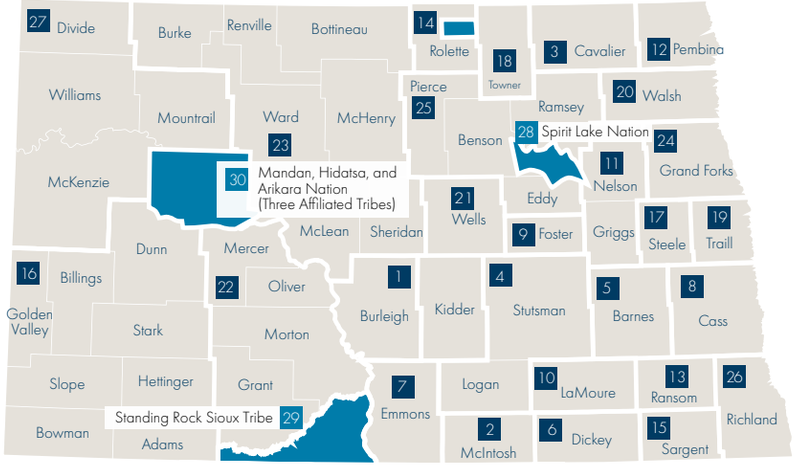
Naloxone purchase and distribution

From September 2023 – September 2024, 28,597 naloxone kits were distributed through both statewide and community efforts.

Community Efforts

The Division is currently in contract with 27 Local Public Health Units and 3 tribes to support community-level implementation of efforts to address the opioid crisis (September 2024 – September 2025).

- 30 communities will operate **Opioid Overdose Prevention Education and Naloxone Distribution (OEND) programs**
- 27 communities will be educating about **safe medication disposal** and providing safe medication disposal products (Deterra bags and DisposeRx)
- 1 community will be **reducing harm** by either operating a Syringe Service Program (SSP), promoting SSP services, or exploring how to start a SSP
- 3 communities will be improving access to **treatment**
- 2 communities will be improving access to **recovery** support services



1. Bismarck-Burleigh Public Health
2. McIntosh District Health Unit
3. Cavalier County Health District
4. Central Valley Health Unit
5. City-County Health Department
6. Dickey County Health District
7. Emmons County (Western Plains Public Health Collaborative)
8. Fargo-Cass Public Health Unit
9. Foster County Health Department
10. LaMoure County Public Health Department
11. Nelson-Griggs District Health Unit
12. Pembina County Health Department
13. Ransom County Public Health
14. Rolette County Public Health Unit
15. Sargent County District Health Unit
16. Southwestern District Health Unit
17. Steele County Public Health Department
18. Towner County Public Health
19. Traill District Health Unit
20. Walsh County Health Department
21. Wells County District Health Unit
22. Western Plains Public Health
23. First District Health Unit
24. Grand Forks Public Health Unit
25. Lake Region District Health Unit
26. Richland County Health Department
27. Upper Missouri District Health Unit
28. Spirit Lake Nation
29. Standing Rock Sioux Tribe
30. Mandan, Hidatsa, and Arikara Nation

From September 2023 to September 2024, HHS contracted with 27 local public health units and 3 Tribes to support community-level implementation of efforts to address the opioid crisis.

From September 2023 – September 2024:

- There were 721 known successful overdose reversals using naloxone.
- 981 people were trained in overdose education and naloxone.
- 10,374 safe medication disposal products (DisposeRX and Deterra bags) were distributed.

Opioid Settlement Funding



Acting through the North Dakota Attorney General's Office, North Dakota (along with many other states) entered into litigation with opioid manufacturers and distributors. As a result, ND is expected to receive $60 million in settlement funding from the various manufacturers and distributers over the next 18 years.

- Through HB 1447 and codified in North Dakota Century Code 50-36, the 68th Legislative Assembly established an opioid settlement fund within the state treasury. $8 million was appropriated in the 2023-2025 biennium to Health and Human Services, with at least 20% to be used for opioid use prevention and overdose prevention, including best practices relating to fentanyl drug overdose, and workforce development.
- The Opioid Settlement Advisory Committee was established to provide input and recommendations for opioid settlement spending. The committee consists of six voting members and a nonvoting presiding officer. The committee was codified in ND Century Code 50-36-03.

2023-2025 Biennium Budget Overview

- Opioid Settlement Fund (OSF) Grant: $7,053,787
- Purchase Narcan (naloxone) to provide the low barrier, no cost medication to individuals across the state: $634,834
- Tribal efforts to address the opioid crisis with activities across the continuum of prevention, treatment, and recovery: $310,833
- Opioid Settlement Advisory Committee Administration: $546

Opioid Settlement Fund (OSF) Grant

Utilizing recommendations and priorities from the Opioid Settlement Advisory Committee, the the OSF Grant opportunity was announced in November 2023. The grant was open to individuals and entities throughout the state proposing opioid remediation and abatement efforts that align with Exhibit E of settlement documents. HHS received 65 applications and awarded 14.

Grant Impacts (as of Oct. 24, 2024):

- Endeavour Sober Living has established a recovery house in Minot to support pregnant and parenting women through their recovery journey.
- Community Connect providers have served an additional 749 individuals throughout the state by providing recovery support services.
- Sanford Medical Center Fargo has established an outpatient treatment program and is providing medications for opioid use disorder.
- Training Academy for Addiction Professionals (TAAP), operated by Heartview Foundation, trained seven new addiction counselors and currently has nine active trainees set to complete their program by winter 2025.

OSF Grantees:

- **Central Valley Health District ($37,409):** Developed a syringe service program in Jamestown to help individuals with a substance use disorder connect to treatment and recovery services.
- **Community Connect Providers ($3.9 million):** Expanded access to the community-based behavioral health program designed to provide behavioral health support services to individuals through the provision of care coordination and peer support in their North Dakota community.
- **Community Medical Services ($452,389):** Expanded the Opioid Treatment Program in Grand Forks by connecting individuals in need of opioid use disorder to evidence-based treatment services.
- **Endeavor Sober Living ($535,000):** Established a recovery house in Minot specifically serving pregnant and parenting women.
- **First District Health Unit ($66,681):** Expanded the syringe service program in Minot to help individuals with a substance use disorder connect to treatment and recovery services.
- H**eartview Foundation ($426,527):** Established medications for opioid use disorder services in southwest North Dakota.
- **Nelson-Griggs District Health Unit ($21,600):** Implemented a system to standardize patient screenings for opioid use disorder within local hospitals to increase access to treatment and recovery services.
- **North Dakota State University Opioid and Naloxone Education (ONE) Program ($82,537):** Worked hand-in-hand with tribal leaders to implement opioid harm prevention in tribal communities.
- **Northeast Central Judicial District Drug Court in Grand Forks/Department of Corrections and Rehabilitation ($51,000):** Provided substance use disorder treatment services and coordination of care to individuals involved in the Northeast Central Judicial District Drug Court in Grand Forks.
- **Richland County Treatment Court ($134,000):** Provided substance use disorder treatment services and coordination of care to individuals involved in the Richland County Treatment Court.
- **Sanford Medical Center Fargo ($397,430):** Provided medications for opioid use disorder education and awareness training to health care providers, expand Screening, Brief Intervention, and Referral to Treatment (SBIRT) and increase distribution of naloxone to uninsured patients.
- **Training Academy of Addiction Professionals /Heartview Foundation ($613,002):** Supported development of behavioral health workforce in North Dakota through increased addiction counselor training opportunities, college scholarships and paid internships.
- **USpireND – Healthy Families North Dakota ($130,075):** Provided home visiting program for parents who are incarcerated and pregnant, parents who are incarcerated and have given birth within the last year, and parents in recovery and parents who have not yet entered recovery.
- **Valley City Public School ($160,000):** Implemented an evidence-based prevention curriculum in the Valley City Junior/Senior High School.

Gambling Disorder Treatment, Awareness and Prevention



The term "gambling disorder" means a chronic, progressive disease that is characterized by a preoccupation with gambling, loss of control over gambling behaviors, and often disregard for the negative consequences as a result of gambling. Gambling disorder includes gambling behavior that compromises, disrupts or damages personal, family or vocational pursuits.

NDCC 50-06-21 requires the Department of Health & Human Services to develop and implement a program for gambling prevention, awareness, crisis intervention, financial counseling and gambling disorder treatment.

IMPLEMENTATION

- Gambling disorder treatment services for individuals with a gambling disorder and affected others.
- Communication efforts (billboards, television ads and bus wraps) to address problem gambling prevention, awareness, crisis intervention and treatment services (www.gamblernd.com).
- Collaboration with the state's Problem Gambling Advisory Council.

FUNDING (2023-2025 biennium)

- $632,800 of lottery funds
- $580,000 of charitable gaming funds

STATE FISCAL YEAR OUTCOMES

	July 2023 - June 2024	July 2024 - Oct. 2024
ND residents received gambling treatment services	177	149
In-person counseling hours	799	344
Tele-behavioral health hours	406	332
ND Residents received brief intervention services	42	30

RESEARCH

Health and Human Services in contract with Gemini Research is completing a North Dakota Recreation Activity Survey with a focus on gambling activities within the state. The purpose is to identify the health, leisure, and recreation needs of North Dakota residents. The survey closed October 11, 2024 with 2,937 responses.

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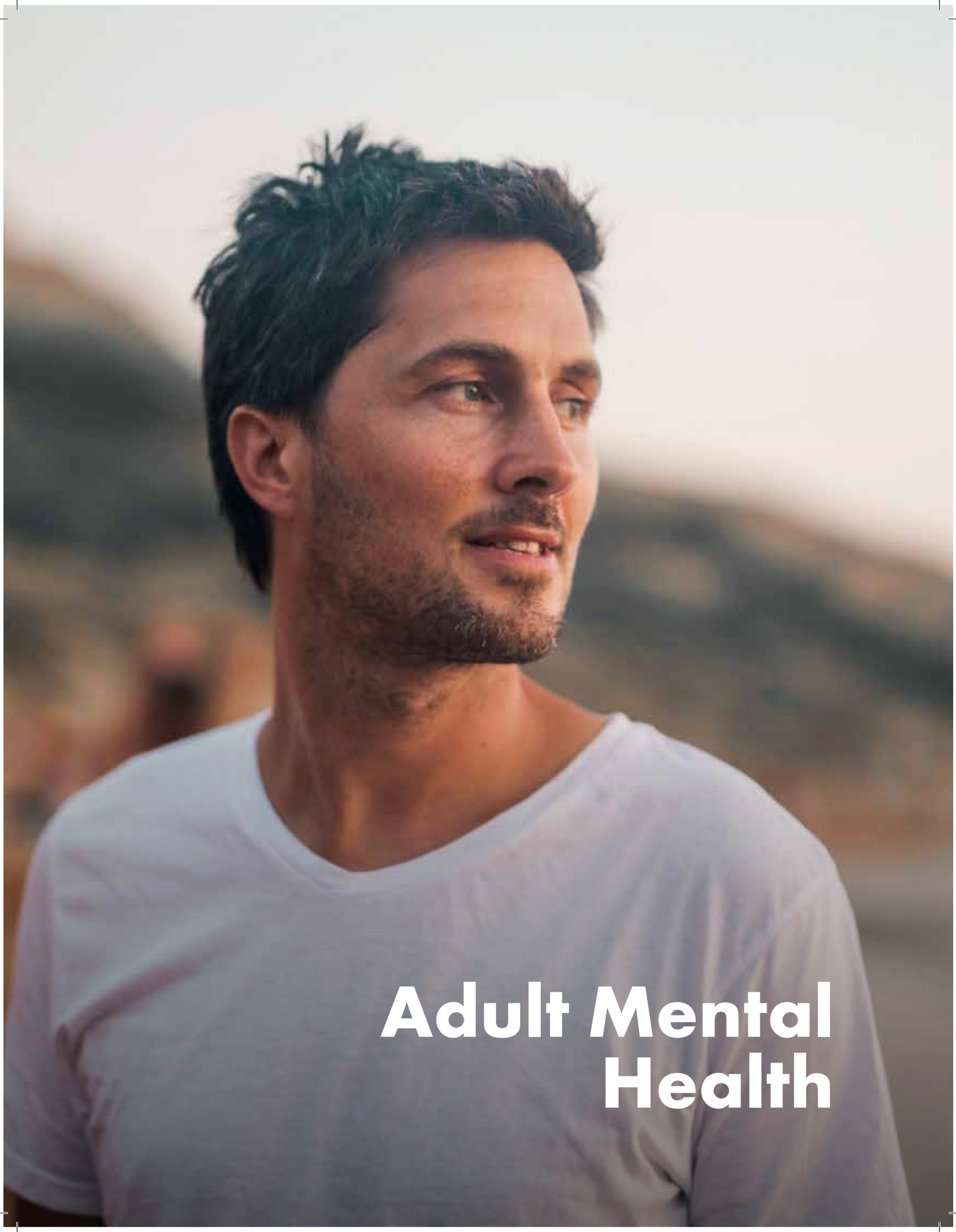

Adult Mental Health

Mental Health Block Grant (MHBG)



The Substance Abuse and Mental Health Services Administration (SAMSHA) administers the Mental Health Block Grant (MHBG), which makes funds available to all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and six Pacific jurisdictions to provide community mental health services.

Purpose

The purpose of the Mental Health Block Grant is to provide comprehensive, community-based mental health services to adults with serious mental illnesses (SMI) and to children with serious emotional disturbances (SED) and to monitor progress in implementing a comprehensive, community-based mental health system.

Funding

Health and Human Services receives approximately $1,709,742 per year from October 2023 - September 2025.

Targeted Populations

Adults with Serious Mental Illness (SMI)

Includes persons age 18 and older who have a diagnosable behavioral, mental, or emotional condition—as defined by the Psychiatric Association's Diagnostic and Statistical Manual (DSM) of Mental Disorders. Their condition substantially interferes with, or limits one or more major life activities, such as:

- Basic daily living (eating, dressing, etc.).
- Instrumental living (taking prescribed medications or getting around community).
- Participating in family, school, or workplace.

Children with Serious Emotional Disturbance (SED)

Includes individuals up to age 18, who have a diagnosable behavioral, mental, or emotional issue (as defined by the DSM). This condition results in a functional impairment that substantially interferes with, or limits, a child's role or functioning in family, school, or community activities.



Behavioral Health Planning Council

The Behavioral Health Planning Council is responsible for reviewing, monitoring, and evaluating the adequacy of behavioral health services for its state. The council completes duties as specified in the MHBG statute, as well as advises, consults with, and makes recommendations to state mental health authorities and single state authorities regarding their activities.

The majority (51% or more) of a state's planning council should be comprised of consumers and family members.

Learn more at **hhs.nd.gov/ndmhpc**

Funded Programs and Services

- Consumer Family Network
- Peer Support
- Workforce Training and Development
- Children's Services (Project Heal; trauma trainings)
- First Episode Psychosis
- Crisis Services

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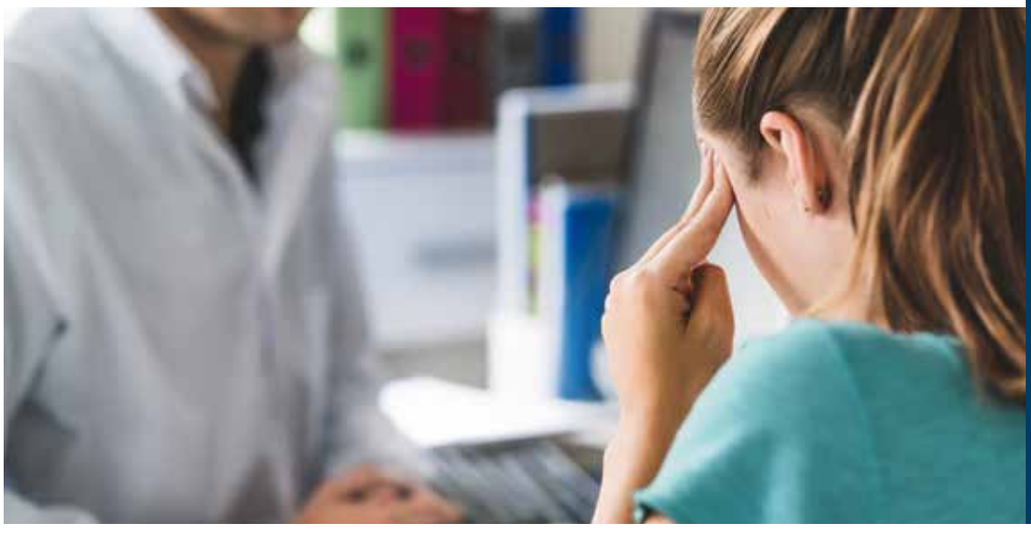
Brain Injury Services



North Dakota Century Code 50-06.4 established the Department of Health and Human Services as the lead agency in the state for the purpose of coordinating services for individuals who have a brain injury.

What is a brain injury?

Brain Injury encompasses anything that happens to the brain after birth and leading up to but not including degenerative dementia.

- **Traumatic Brain Injury (TBI) -** External events/concussion: assaults, falls, motor vehicle crash, blast injury
- **Non-Traumatic/Acquired Brain Injury -** Internal events: stroke, tumor, anoxia (loss of oxygen to the brain), aneurysm, infections (including COVID-19)

Individuals with brain injuries in North Dakota are eligible to receive services through multiple federal and state programs, including Vocational Rehabilitation, 1915(i), Community Connect and Free Through Recovery.

Is it just a concussion?

A concussion is a type of Traumatic Brain Injury (TBI) caused by a bump, blow, or jolt to the head or a hit to the body that causes the head and brain to move rapidly back and forth.

Brain Injury Advisory Council (BIAC)

PURPOSE

To improve the quality of life for all individuals with brain injury and their families through brain injury awareness, prevention, research, education, collaboration, support services, and advocacy.

Brain Injury Initiatives

North Dakota Brain Injury Network (NDBIN)

www.ndbin.org

PURPOSE

NDBIN provides resource facilitation and navigation to individuals who have a brain injury and their families. NDBIN staff also provide community outreach and education, brain injury screening, support groups and social opportunities, peer support, survivor connections and collaboration with public and private agencies.

$996,483 general fund was allocated in the 2023-25 biennium.
During the 2023-25 biennium, NDBIN utilized increased funding to hire two additional resource facilitators.
NDBIN is administered by the University of North Dakota.



202 individuals were served from July 2023 - September 2024.

- 94 received care coordination
- 108 received information and referral



Between July 2023 and September 2024 NDBIN held 281 community outreach events reaching 3,607 individuals.

Community Living State Partnership Grant Administration

PURPOSE

North Dakota received this federal grant to develop a Brain Injury Advisory Council guidebook, a brain injury state plan, develop a brain injury survivors engagement group, and expand access to brain injury educational materials and trainings. $1,000,890 in federal funds were awarded to North Dakota in 2021 for this five year grant.

OUTCOMES

- Developed a four-year brain injury state plan: www.ndbin.org/about-us/state-plan.
- Established a Brain Injury Voices program.
- Created a network of support and a training curriculum for Native Americans with brain injury.
- Established brain injury screening and referring protocols for criminal justice and behavioral health providers.

Behavioral Health Service Navigation



Find behavioral health services: **www.hhs.nd.gov/behavioral-health/find-services**

Mental Health Program Directory

HHS maintains a Mental Health Program Directory, as a directive of SB 2161 from the 67th Legislative Assembly. The goal of this directory is to assist North Dakota citizens with locating and accessing mental health services. The directory allows users to search for mental health programs by location, population served, insurance coverage, type of mental health specialty and intervention. People can also search for programs that offer telehealth services. As of Oct. 22, 2024, **223** mental health programs are registered in the directory, with **295** locations.

For the purpose of this directory, a mental health program is:

- An agency or organization that provides mental health services by a licensed mental health professional
- Individually licensed mental health professionals that operate as a sole proprietor or business.

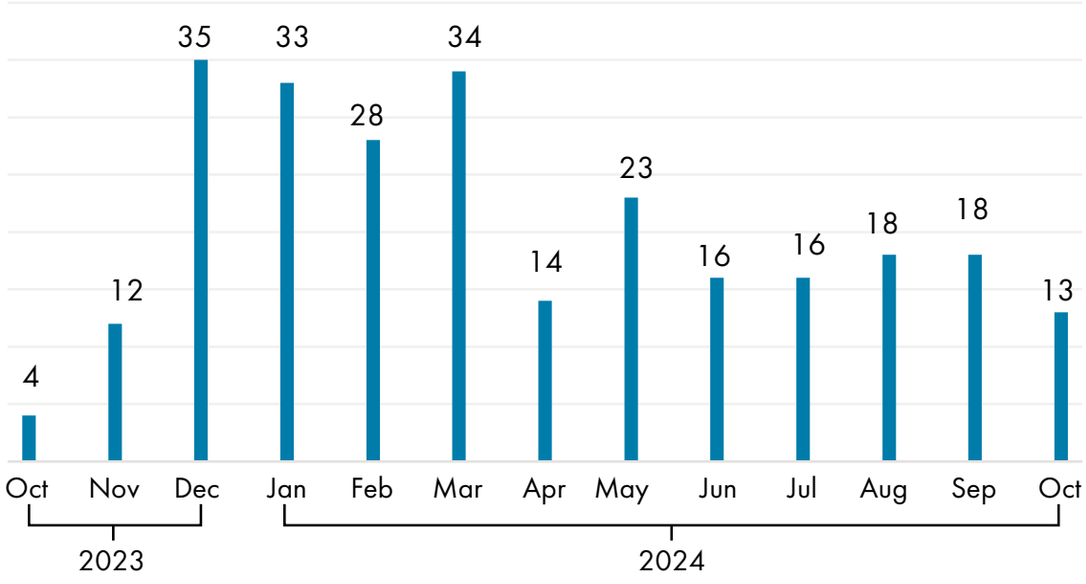
The directory is online at **hhs.nd.gov/behavioral-health/directory**

From Oct. 2023 through Oct 2024, the behavioral health navigator **assisted 264 individuals.**

Behavioral Health Navigator

Arising from 68th ND Legislative Assembly action, HHS created a behavioral health navigator role to facilitate connection to care by identifying resources for individuals and families and helping them navigate through behavioral health care services. The navigator can also assist in interpreting clinical language to ensure individuals can navigate to the appropriate level of care or service.

Number of Individuals Assisted by the Behavioral Health Navigator, by Month



The behavioral health navigator is available during business hours and can be reached by calling 701-328-8920 or emailing bhnavigator@nd.gov. Individuals experiencing a behavioral health crisis can call or text 988 (available 24/7).

Behavioral Health Bed Management System

HHS launched the behavioral health bed management system October 2024 as directed by the 67th ND Legislative Assembly. The system will allow for visibility into behavioral health bed utilization throughout the state.

Funding for the system is approved through Centers for Medicare & Medicaid Services, at a 90/10 federal match. HHS contracted with Bamboo Health to implement the system on Aug. 16, 2023. As of Nov. 26, 2024, 47 of the 53 residential and inpatient behavioral health treatment facilities are configured into the system.

Total provider facilities will include:

- 7 psychiatric hospitals
- 6 psychiatric residential treatment facilities for youth
- 7 crisis stabilization facilities
- 6 transitional living facilities
- 23 substance use disorder facilities
- 4 geriatric psychiatric facilities

View the Bed Management System here: **www.hhs.nd.gov/behavioral-health/find-services**

Virtual Behavioral Health Crisis Care



This virtual behavioral health crisis care model equips law enforcement with on-demand access to behavioral health experts who can assess citizens having a mental health crisis and assist with making informed recommendations for managing the situation.

Program highlights:

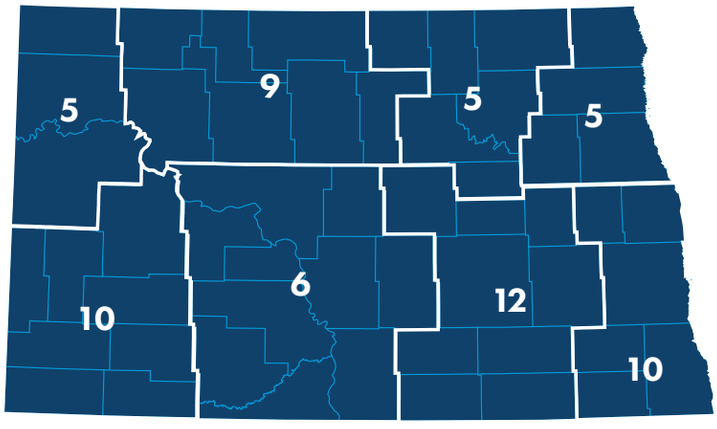
- Targeting rural areas where mobile crisis response is limited.
- Great opportunity for law enforcement to connect with regional Human Service Centers (Community Behavioral Health Clinics) to learn about local/regional services.
- Avel provides a warm hand off to the regional Human Service Centers (Community Behavioral Health Clinics) when they engage with a citizen and the Clinic follows up with the individual after the crisis.
- Highest request of services are for individuals with suicidal ideation, self-harm and depression.

The Department of Health and Human Services was appropriated funding during the 68th ND Legislative Assembly to enter into contract with an entity to implement a virtual behavioral health crisis care program for rural law enforcement.

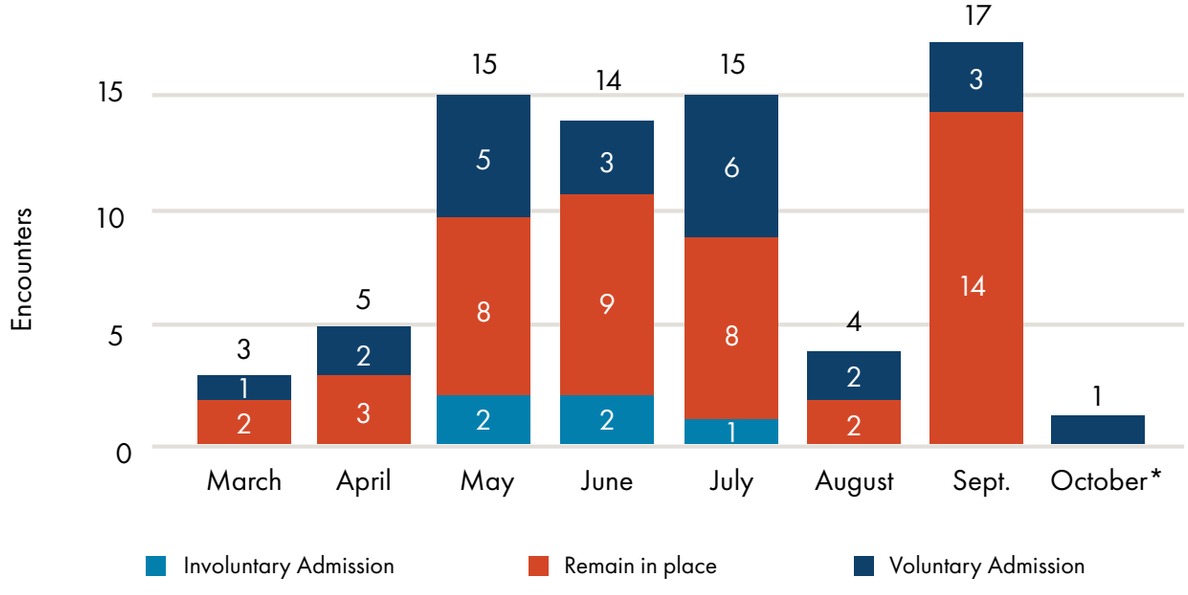
Funding

$2,650,000 ARPA funds (2023-2025 Biennium) The Behavioral Health Division entered into contract with Avel eCare.

62 law enforcement agencies and the ND Highway Patrol have signed on to the program as of October 21, 2024



Enounters per month by recommended outcome



*As of October 6, 2024

Jail Tele-Psychiatry



The Department of Health and Human Services' Behavioral Health Division was appropriated funding during the 68th ND Legislative Assembly to enter into contract with an entity to provide tele-psychiatry for individuals in jail settings.

Funding

- $1,500,000 General Fund (2023-2025 Biennium).
- The Behavioral Health Division entered into contract with Integrated Telehealth Partners.

Goals

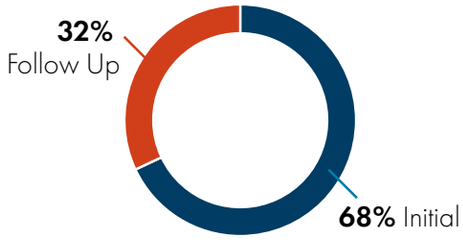
1. Implement jail tele-psychiatry services in jails across all regions in ND.
2. Provide tele-psychiatry services to inmates screened for mental illness in jail prior to release.

Target Population

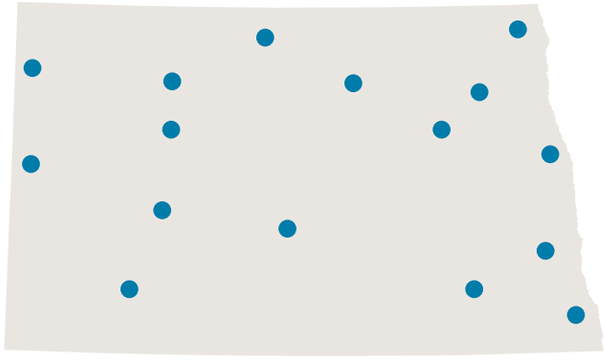
Adults presently incarcerated in jail settings - Persons ages 18 and older who have a diagnosable behavioral, mental, or emotional condition.

As of September 18, 2024:

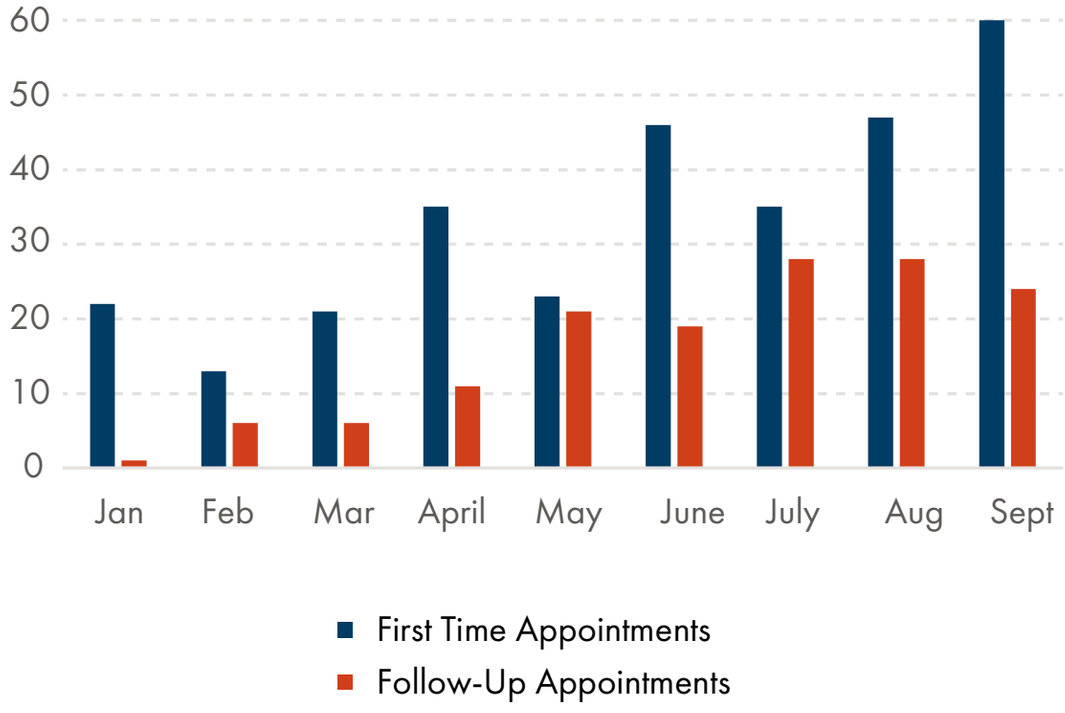
- Tele-psychiatry is implemented in 16 jails across the state.
- 446 total services provided from January through Sept. 2024



Locations of Participating Jails in ND



Number of Appointments by Month



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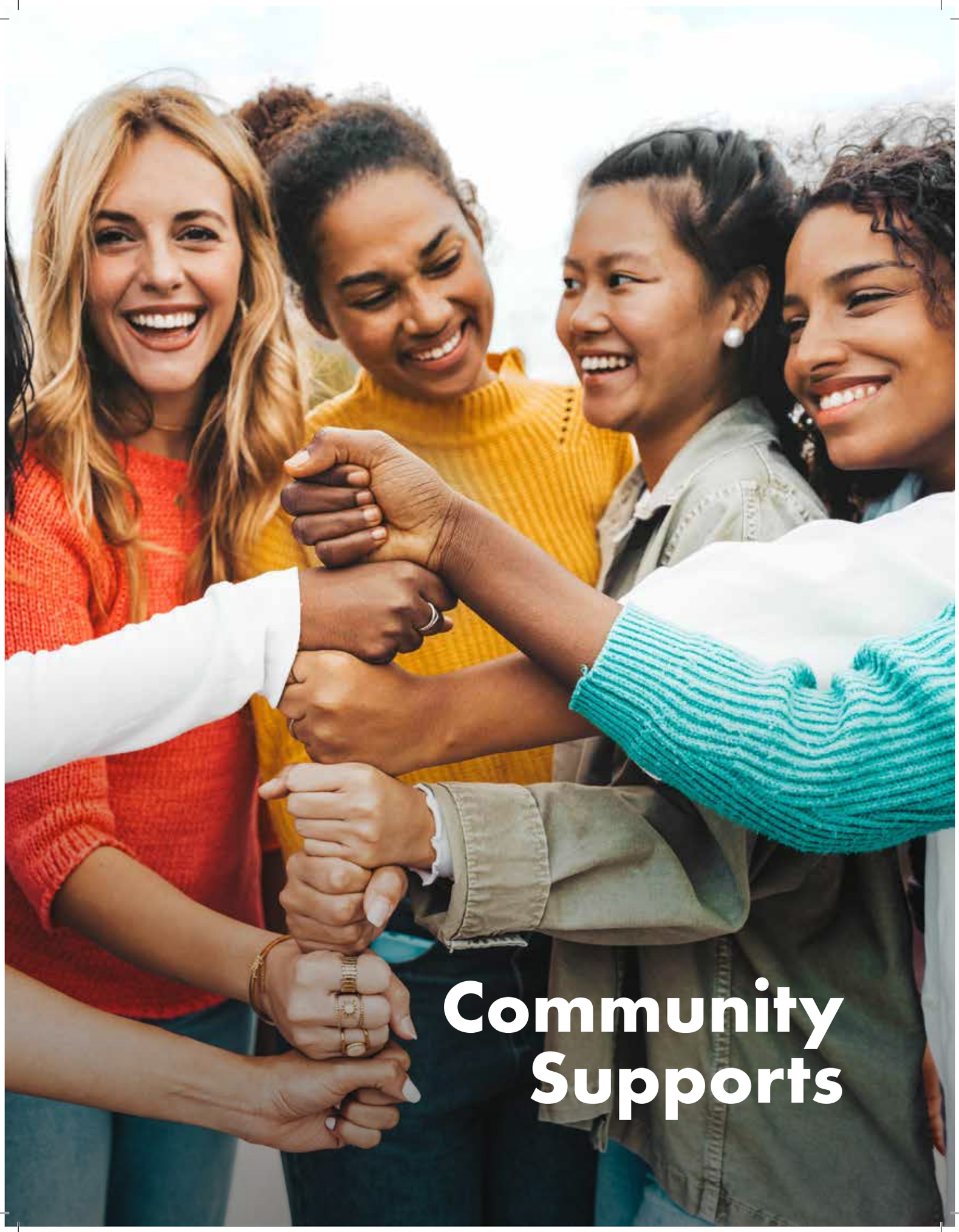

Community Supports

Peer Support



A peer support specialist is a person who uses his or her lived experience of recovery from mental illness, substance use and/or brain injury and skills learned in formal training to deliver services to promote mind-body recovery and resiliency.

Peer support is recognized as an evidence-based practice for the treatment of mental health and substance use challenges which increases the recovery and wellness of both the peer specialist and the person receiving services.

Peer Support is Effective

Peer support compliments and is supplemental to clinical services. The role of a peer support specialist is distinct and does not replace the clinician.

Role of a Peer Support Specialist

- Provide support and encouragement to achieve goals.
- Assist with connecting to clinical care and community resources.
- Teach skills such as stress management, conflict resolution, and parenting.
- Offer proactive, flexible, and long-term follow-up.

Recovery is a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.

Health
Choices that support one's overall well-being.

Home
A safe and stable place to live.

Purpose
Meaningful daily activities, such as a job, school, or volunteering.

Community
Relationships and social networks that provide support, friendship and love.



Training

Since 2018, Health and Human Services (HHS) has hosted 48 trainings and trained 1,258 individuals.

Certification

HHS implements a peer support specialist certification program, on the authority of the ND 66th Legislative Assembly.

Administrative Rule 75-03-43 outlines the requirements and process for two levels of peer support specialist certification:

- Certified Peer Support Specialist I (CPSS I)
- Certified Peer Support Specialist II (CPSS II)

As of Nov. 26, 2024, HHS has certified:
386 CPSS I
38 CPSS II

Reimbursement

Reimbursement for peer support services is available through:

- Community Connect
- Free Through Recovery
- Substance Use Disorder Voucher
- 1915(i) Medicaid State Plan Amendment
- Medicaid Expansion
- Blue Cross Blue Shield

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For more information visit:
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or email us at dhsbhd@nd.gov

Free Through Recovery (FTR)



Free Through Recovery (FTR) is a community-based behavioral health program designed to increase access to recovery support services for individuals engaged with the criminal justice system who have a serious behavioral health concern. Free Through Recovery is a partnership between Health & Human Services and the Department of Corrections and Rehabilitation.

The mission of Free Through Recovery is to improve healthcare outcomes and reduce recidivism by delivering high-quality community behavioral health services linked with effective community supervision. The goals are to improve engagement in quality services and to provide access to individualized services that are responsive to each person's specific needs.

Eligibility

- Be 18 years of age or older.
- Involved with the criminal justice system and at risk for future criminal justice involvement.
- Have a behavioral health condition such as; bipolar disorder, major depression, psychotic disorders of all types, post-traumatic stress disorder, obsessive compulsive disorder, borderline personality disorder, panic disorder, moderate and severe substance use disorder(s).
- Display concerns/challenges in areas of daily living (housing, employment, etc.).

Referrals

Individuals can be referred to the program by a parole and probation officer, or if the person is transitioning from prison, through an internal assessment process at the Department of Corrections and Rehabilitation.

Services

Care Coordination

A Care Coordinator assists with support in working towards long and short-term goals.

Recovery Services

Recovery looks different for everyone, a provider can assist with access to individualized resources needed to help lead a healthy and fulfilling life.

Peer Support

A supportive relationship with a peer who has similar lived experience and who serves as an advocate and mentor, offering sound advice and resources.

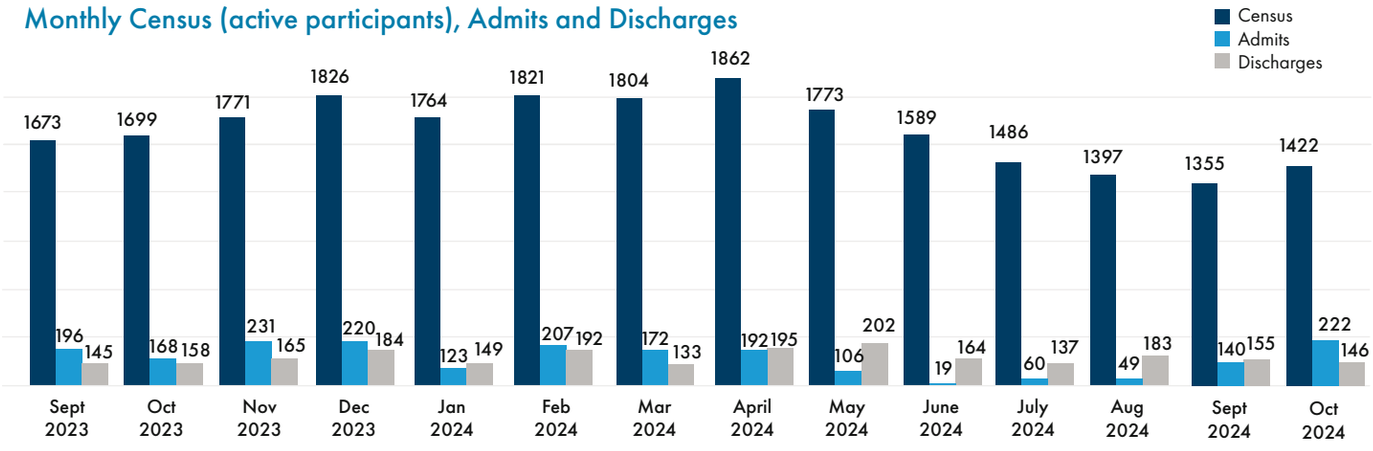
Providers

There are currently **55** providers located throughout the state with the capacity to serve **1,500** participants.

Implementation

Free Through Recovery launched on Feb. 1, 2018. Since then, **7,155** individuals have participated in the program, with **1,462** individuals currently being served (as of Nov. 20, 2024).

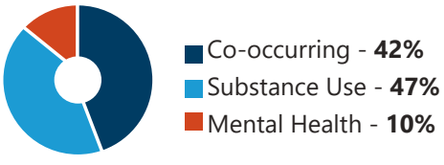
Monthly Census (active participants), Admits and Discharges



Of the 7,155 total participants

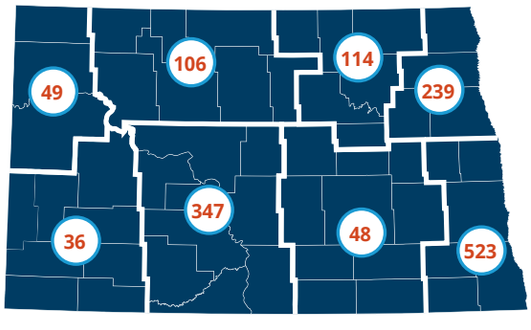
- 42% have a co-occurring (mental health and substance use) behavioral health need.
- 64% are between the ages of 31-50 and a quarter (23%) of the individuals are between the ages of 18-30. One percent of individuals are over the age of 65.
- 28% of participants are Native American; 4% of participants are Hispanic.
- 16% of program participants live within the rural regions of 1, 3, 6 and 8.

Behavioral Health Needs



Referrals by Region

Of the 1,462 individuals currently being served



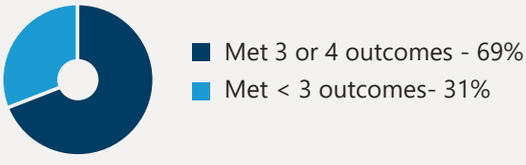
(As of Nov. 20, 2024)

Outcomes

The Free Through Recovery program utilizes a pay-for-outcomes model. Outcomes in the domains of criminal justice, employment/financial, housing, and recovery are gathered monthly.

Overall, from March 2018 through September 2024, 69% of the time participants achieved 3 of the 4 outcomes.

March 2018 - Sept. 2024 Outcomes



Positive outcomes were achieved by:

- **75%** of the participants in the housing domain
- **67%** of the participants in the employment domain
- **71%** of the participants in the recovery domain
- **73%** of the participants in the law enforcement domain

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Community Connect

CommunityConnect

My Recovery. My Story.

The mission of Community Connect is to provide quality, community-based behavioral health services to meet the needs of each person.



Stakeholders in the 2018 HSRI ND Behavioral Health System Study reported that North Dakota's current behavioral health system is, "primarily crisis-oriented and pays inadequate attention to rehabilitative and community-based services." The study identified a recommendation (4.1) to ensure access to needed recovery support services, including providing funds to support the implementation of the "Free Through Recovery" program separate from the criminal justice system. During the 66th ND Legislative Assembly, Senate Bill 2012 passed which created a new section in ND Century Code and provided funding to implement Community Connect.

ELIGIBILITY

- Be 18 years of age or older.
- Reside in North Dakota.
- Have a mental health or substance use disorder impacting functionality in multiple domains, including housing, employment, parenting, physical health, and/or community connections.

Services

Care Coordination

A care coordinator assists with short and long-term goals, barriers, and provides a source of connection and support.

Peer Support

A peer support specialist is an individual with similar lived experience that offers hope, support, and advocacy.

Recovery Services

Access to services or programs to assist an individual with meeting their needs and goals.

Providers

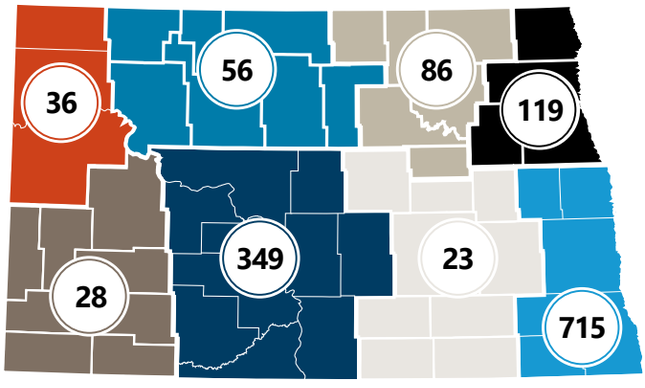
58 providers • **318** Care Coordinators • **147** Peer Support Specialists

Data current as of Nov, 25, 2024

Participants

The following charts provide a breakdown of all currently active participants within the Community Connect program.

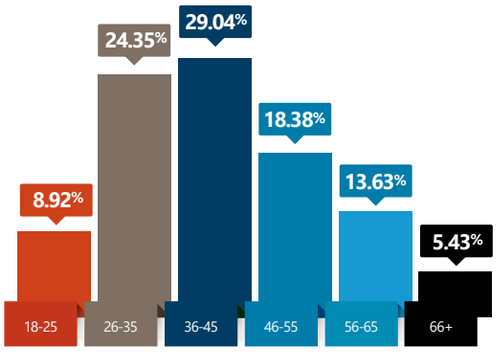
- Since program inception in February 2021, the program has served 7,654 participants.
- There are currently 1,412 participants within the Community Connect Program.



- Region 1 - Williston
- Region 2 - Minot
- Region 3 - Devils Lake
- Region 4 - Grand Forks
- Region 5 - Fargo
- Region 6 - Jamestown
- Region 7 - Bismarck
- Region 8 - Dickinson

Age Range

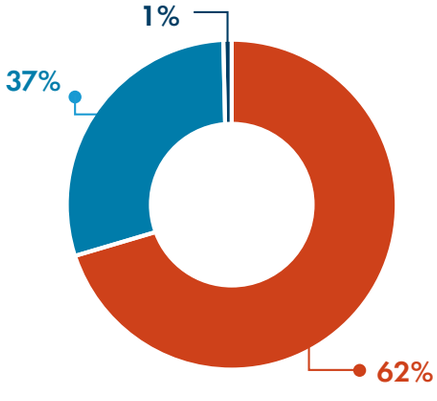
53% of participants are between the ages of 26-45



53%

Living Status

At the time of their application for eligibility, 53% of program participants indicate they are homeless.



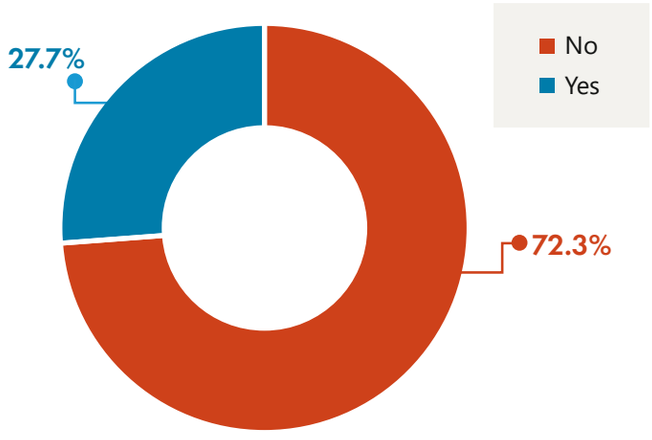
Parent/Caregiver

37% of program participants report they are a parent or caregiver.

- No
- Yes
- Unsure

Tribal

27.7% of applicants report they are enrolled in a ND tribe.



- **31.48%** Turtle Mountain Chippewa
- **25.42%** Standing Rock Sioux
- **19.37%** Tribe Other
- **12.59%** Spirit Lake Nation
- **8.47%** Three Affiliated Tribes
- **2.91%** Sisseton Wahpeton Oyate

Peer Support Engagement

Peer support specialists bring hope by sharing their experiences and promoting a sense of belonging. A peer support specialist is an individual who uses their lived experience and skills learned through formal training to deliver services to promote mind-body recovery and resiliency.

1 in 3 Community Connect participants are actively engaging with a certified peer support specialist.

Outcomes

The Community Connect program utilizes a pay-for-outcomes model. Outcomes in the domains of criminal justice, employment/financial, housing, and recovery are gathered monthly.

Of participants actively engaged in services:

Data reflects current biennium: July 1, 2023 - Aug. 31, 2024

78% of participants are actively addressing their housing needs.

75% of participants are actively addressing their employment/ financial needs.

77% of participants have had no negative contact with law enforcement.

76% of participants are actively addressing their recovery needs.

Needs and Progress

Upon intake, and at least every six months, information is collected from program participants around their self-reported well-being in multiple domains. At six months, **80% of program participants self-report improvement** in these domains, which include housing stability, employment/financial stability, physical health, community connections, parenting, use of emergency services, and feelings of worry or anxiety in their daily life.



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Permanent Supportive Housing (PSH)



Upon legislative directive in 2021, Health and Human Services (HHS) developed methodology to distribute funds for permanent supportive housing. Funds are distributed to qualified entities that:

- Utilize best practices for permanent supportive housing.
- Provide recovery-oriented and person-centered services.
- Submit process and outcome measures to the department.

PSH is a model that combines affordable housing assistance with voluntary supportive services to address the needs of chronically homeless people. The services are designed to build independent living and tenancy skills and connect people with community-based care, treatment, and employment services. In addition to ending homelessness for people who are chronically homeless, research has demonstrated that permanent supportive housing can increase housing stability and improve health.

Eligibility

New referrals for tenancy at the property shall be accepted from the local Continuum of Care (COC) through the coordinated entry process, by which individuals and households experiencing homelessness are prioritized for housing based on the Coordinated Entry, Assessment, Referral, and Evaluation (CARES) Prioritization Policy.

Services

Services shall be designed to support individuals in solving predictable problems by proactive planning, relationship building, vigilant oversight of critical incidents, and communication and coordination with property managers.

Supportive Services may include:

- Outreach and engagement
- Tenancy support
- Assessments
- Community engagement
- Housing stabilization and service plans

Current Contracts
2023-25 biennium

236 total tenants supported from July 2021 to June 2024

PRAIRIE HARVEST MENTAL HEALTH
- Stern Place (9 units): 9 tenants support since July 2021
- Harvest Homes (12 units): 17 tenants supported since July 2021

GRAND FORKS HOUSING AUTHORITY
- LaGrave On First (41 units): 77 tenants supported since July 2021

BURLEIGH CO HOUSING
- Edwinton (41 units): 57 tenants supported since July 2021

BEYOND SHELTER (FORMERLY FARGO HOUSING AUTHORITY)
- Cooper House (42 units): 77 tenants supported since July 2021

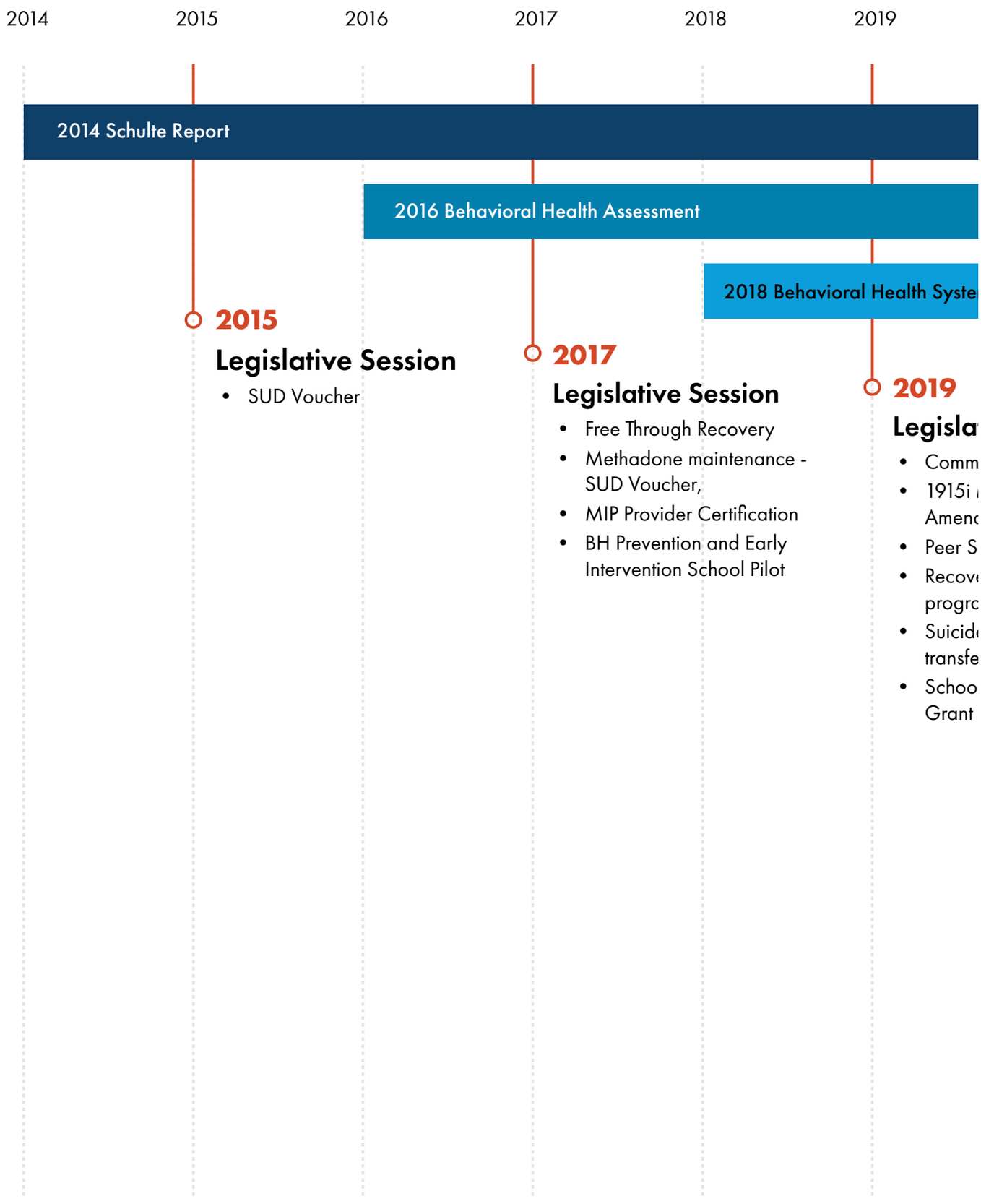
FARGO HOUSING AUTHORITY
- (40 units): Grant awarded 11/1/2024

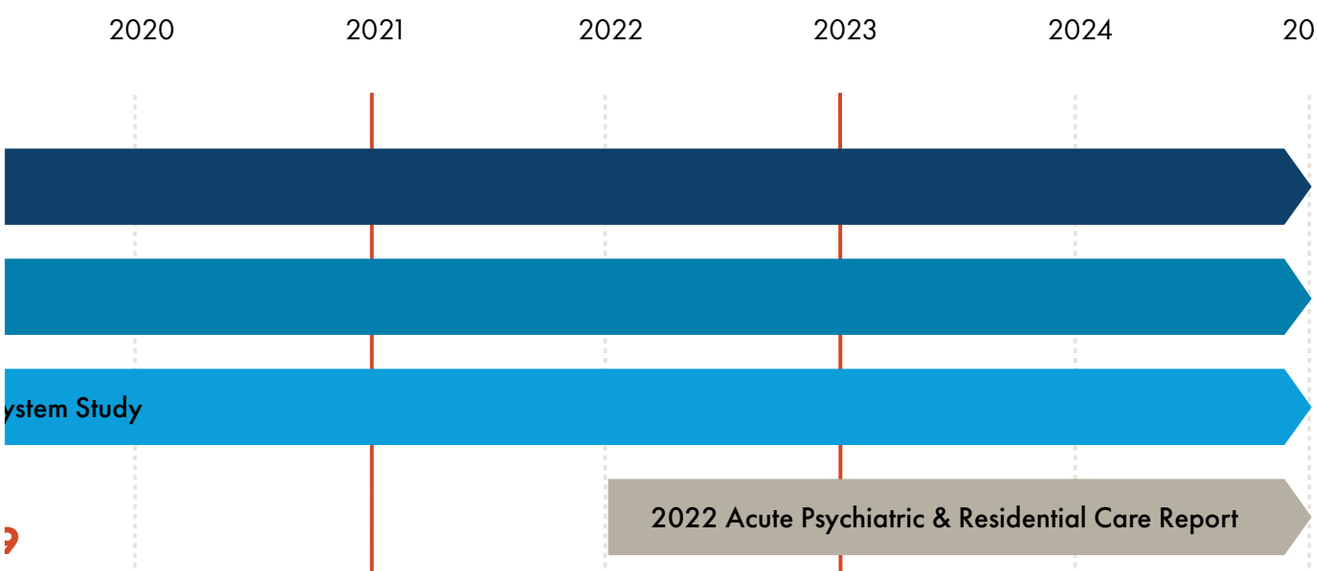
Program Outcomes
- Reduction in service calls.
- Partnerships with private providers to come on-site and provide outreach and connection to their services, occupational therapists, addiction counseling, nursing, med management.
- Community integration events designed to bring awareness to the tenants on what services and supports are in the community.
- Onsite housing support specialists.
- Services designed to improve self-sufficiency and learn budgeting skills.
- Resources for training and supporting staff.



Appendix

North Dakota Behavioral Health System History





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2021

Legislative Session

- Permanent Supportive Housing Grants
- SUD Voucher Grant
- Bed Management System
- Mental Health Registry

Behavioral Health Division Policy and Clinics/State Hospital integration initiated

2023

Legislative Session

- Expand school behavioral health grants
- Increased resources for Community Connect and Free Through Recovery
- Created opioid settlement fund
- Expand of Recovery Housing Assistance Program
- Reduced addiction regulation requirements to improve access to early intervention services
- Funding to transition up to 3 Human Service Centers to Certified Community Behavioral Health Centers
- Tele-health crisis services expansion
- Tele-psychiatry services for jail settings
- Comprehensive planning of a new ND State Hospital
- 10-bed acute inpatient behavioral health beds in Williston region
- Suicide fatality review panel



North Dakota Behavioral Health System Study



Behavioral Health System Study Timeline

1/1/2017 to 6/30/2018

Behavioral Health Division in contract with Human Services Research Institute (HSRI) to conduct an in-depth review of North Dakota's behavioral health system.

Final report released April 2018.

8/1/2018 to 6/30/2019

Behavioral Health Division in contract with HSRI to initiate and facilitate the implementation of a strategic plan based off the recommendations from the comprehensive study of ND's behavioral health system published April 2018.

2019 - Present

Behavioral Health Division in contract with HSRI to prioritize and refine the strategic plan, including goals and objectives.

Initiation of the strategic plan and monitoring and sustaining this implementation.

www.hsri.org/NDvision-2020

The Human Services Research Institute (www.hsri.org) is an independent, nonprofit research institute that helps public agencies develop effective, sustainable systems to deliver high-quality health and human services and supports in local communities. In the behavioral health space, their goal is to deliver actionable, viable, and culturally relevant strategies that empower service users and promote wellness and recovery

Behavioral Health System Study Recommendations

In 2017-2018 the Human Services Research Institute (HSRI) completed a study of North Dakota's behavioral healthcare system revealing 13 key recommendations. HSRI's recommendations are based on an in-depth analysis of stakeholder feedback, local data and the availability of services in North Dakota in contrast to the Institute of Medicine's Continuum of Care model. These recommendations include:

1. Develop a comprehensive implementation plan.
2. Invest in prevention and early intervention.
3. Ensure all North Dakotans have timely access to behavioral health services.
4. Expand outpatient and community-based service array.
5. Enhance and streamline system of care for children and youth.
6. Continue to implement/refine criminal justice strategy.
7. Engage in targeted efforts to recruit/retain competent behavioral health workforce.
8. Expand the use of tele-behavioral health.
9. Ensure the system reflects its values of person-centeredness, cultural competence, trauma-informed approaches.
10. Encourage and support the efforts of communities to promote high-quality services.
11. Partner with tribal nations to increase health equity.
12. Diversify and enhance funding for behavioral health.
13. Conduct ongoing, system-wide data-driven monitoring of needs and access.

HSRI continues to support the state with system change. A list of 140 strategic goals have been established to improve all aspects of the system. In coming years, North Dakota will achieve its vision for a 'good and modern' behavioral health care system through continued collaboration with stakeholders, ongoing system monitoring, and implementation of strategic planning efforts.





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Governor Armstrong Executive Budget Recommendation compared to House Changes

2025-27 BIENNIUM

March 5, 2025

		Executive Budget Recommendation					House Changes					Difference Executive Budget - House Changes				
			Total All Decision Packages					Total All Decision Packages					Total All Decision Packages			
	Division	New FTE	Total	General	Federal	Special	New FTE	Total	General	Federal	Special	New FTE	Total	General	Federal	Special
Services - Cost to Continue																
AASK Contract Investment Increases	Human Services		4,883,205	4,883,205	-	-		4,883,205	4,883,205	-	-		-	-	-	-
Home and Community Based Services cost to continue growth	Medical Services		64,814,924	36,977,113	27,837,811	-		64,814,924	36,977,113	27,837,811	-		-	-	-	-
Bed Assessment Tax	Medical Services		7,209,580	-	-	7,209,580		7,209,580	-	-	7,209,580		-	-	-	-
Opioid Settlement	Behavioral Health		8,000,000	-	-	8,000,000		8,000,000	-	-	8,000,000		-	-	-	-
Services - Cost to Continue Total		-	84,907,709	41,860,318	27,837,811	15,209,580	-	84,907,709	41,860,318	27,837,811	15,209,580	-	-	-	-	-
IT - Existing																
Electronic Health Record / Pharmacy System Recovery and Backup - SIIF	Behavioral Health		500,000	-	-	500,000		500,000	-	-	500,000		-	-	-	-
IT Contractual inflationary increase (4 yrs.) - Cost to Continue	Business Operations		20,730,788	20,730,788	-	-		20,730,788	20,730,788	-	-		-	-	-	-
NDIT Rate Increases - Cost to Continue	Business Operations		4,012,147	4,012,147	-	-		4,012,147	4,012,147	-	-		-	-	-	-
Retire Economic Assistance Legacy Systems on Mainframe - SIIF	Human Services		2,000,000	-	1,000,000	1,000,000		2,000,000	-	1,000,000	1,000,000		-	-	-	-
Retire Electronic Health Record Legacy System Data Extraction & Migration on Mainframe - SIIF	Behavioral Health		1,000,000	-	-	1,000,000		1,000,000	-	-	1,000,000		-	-	-	-
Retire Medicaid Legacy Systems on Mainframe - SIIF	Medical Services		2,000,000	-	1,500,000	500,000		2,000,000	-	1,500,000	500,000		-	-	-	-
Retire Technical debt remediation, including mainframe and legacy systems - SIIF	Business Operations		10,000,000	-	5,000,000	5,000,000		10,000,000	-	5,000,000	5,000,000		-	-	-	-
State Hospital Network Redundancy - SIIF	Behavioral Health		500,000	-	-	500,000		500,000	-	-	500,000		-	-	-	-
IT - Existing Total		-	40,742,935	24,742,935	7,500,000	8,500,000	-	40,742,935	24,742,935	7,500,000	8,500,000	-	-	-	-	-
Services - Behavioral Health Current			-	-	-	-		-	-	-	-		-	-	-	-
Avel eCare rural crisis support continuation - CHTF	Behavioral Health		2,000,000	-	-	2,000,000		1,000,000	-	-	1,000,000		(1,000,000)	-	-	(1,000,000)
Inflation for vendors Crisis Residential/ Addiction Residential/Recovery/Rehab contracts	Behavioral Health		3,778,687	3,778,687	-	-		1,778,687	1,778,687	-	-		(2,000,000)	(2,000,000)	-	-
Inflation for vendors Addiction Residential contract	Behavioral Health		-	-	-	-		-	-	-	-		-	-	-	-
Inflation for vendors Recovery/Rehab Contract	Behavioral Health		-	-	-	-		-	-	-	-		-	-	-	-
Substance Use Disorder (SUD) Voucher Expansion (utilization expansion)	Behavioral Health		2,500,000	2,500,000	-	-		2,500,000	2,500,000	-	-		-	-	-	-
Western ND behavioral health staffing compensation	Behavioral Health		250,536	250,536	-	-		250,536	250,536	-	-		-	-	-	-
Services - Behavioral Health Current		-	8,529,223	8,529,223	-	2,000,000	-	5,529,223	4,529,223	-	1,000,000	-	(3,000,000)	(2,000,000)	-	(1,000,000)
Children's Behavioral Health																
Development of Partial Hospitalization / Intensive Day Treatment - CHTF	Behavioral Health		2,000,000	-	-	2,000,000		2,000,000	-	-	2,000,000		-	-	-	-
Treatment Collaborative for Traumatized Youth Expansion	Behavioral Health		408,000	408,000	-	-		408,000	408,000	-	-		-	-	-	-
Voluntary Treatment Program / QRTP access for private custody youth	Behavioral Health		1,351,997	1,351,997	-	-		1,351,997	1,351,997	-	-		-	-	-	-
Youth Crisis Stabilization Pilot	Behavioral Health		6,000,000	3,000,000	3,000,000	-		-	-	-	-		(6,000,000)	(3,000,000)	(3,000,000)	-
Children's Behavioral Health		-	9,759,997	4,759,997	3,000,000	2,000,000	-	3,759,997	1,759,997	-	2,000,000	-	(6,000,000)	(3,000,000)	(3,000,000)	-
Compliance & Quality																
Conversion of Developmental Disabilities eligibility assessment tool for kids (ICAP to SIS)	Human Services		400,000	200,000	200,000	-		400,000	200,000	200,000	-		-	-	-	-
Value-based purchasing - Medicaid	Medical Services		2,000,000	1,000,000	1,000,000	-		2,000,000	1,000,000	1,000,000	-		-	-	-	-
Compliance & Quality Total		-	2,400,000	1,200,000	1,200,000	-	-	2,400,000	1,200,000	1,200,000	-	-	-	-	-	-
Services - Care Coordination																
Continue existing levels of service in Free Through Recovery and Community Connect - Cost to Continue	Behavioral Health		4,761,081	4,761,081	-	-		4,761,081	4,761,081	-	-		-	-	-	-
Expanded Community Connect services	Behavioral Health		4,458,814	4,458,814	-	-		4,458,814	4,458,814	-	-		-	-	-	-
Expanded Free Through Recovery services	Behavioral Health		4,016,908	4,016,908	-	-		4,016,908	4,016,908	-	-		-	-	-	-
Peer Support	Behavioral Health		137,990	137,990	-	-		137,990	137,990	-	-		-	-	-	-
Services - Care Coordination		-	13,374,793	13,374,793	-	-	-	13,374,793	13,374,793	-	-	-	-	-	-	-
Services - DOJ																
Home Health/Private Duty Nursing Targeted Rate Increase	Medical Services		2,471,536	1,235,768	1,235,768	-		2,471,536	1,235,768	1,235,768	-		-	-	-	-
Housing assistance to support targeted population member transitions (DOJ)	Human Services		300,000	300,000	-	-		300,000	300,000	-	-		-	-	-	-
Qualified Service Provider (QSP)/HCBS Targeted Rate Increase	Medical Services		5,392,656	3,595,104	1,797,552	-		5,392,656	3,595,104	1,797,552	-		-	-	-	-
Services to support transition and diversion from institutional settings (DOJ)	Human Services		5,289,397	2,733,934	2,555,463	-		5,289,397	2,733,934	2,555,463	-		-	-	-	-
Services - DOJ		-	13,453,589	7,864,806	5,588,783	-	-	13,453,589	7,864,806	5,588,783	-	-	-	-	-	-
Services - Home and Community Based Services (HCBS)																
Cross-Disability Waiver Implementation	Medical Services		4,948,452	2,474,226	2,474,226	-		4,948,452	2,474,226	2,474,226	-		-	-	-	-
Implement a Host Home service in the DD HCBS waiver	Human Services		3,379,800	1,689,900	1,689,900	-		3,379,800	1,689,900	1,689,900	-		-	-	-	-
Services - Home and Community Based Services (HCBS)		-	8,328,252	4,164,126	4,164,126	-	-	8,328,252	4,164,126	4,164,126	-	-	-	-	-	-
HHS Operations																
Operational Underfund	Business Operations		6,950,000	6,950,000	-	-		(3,050,000)	(3,050,000)	-	-		(10,000,000)	(10,000,000)	-	-
FTE Block Grant Request	Business Operations		9,842,126	9,842,126	-	-		(20,157,874)	(20,157,874)	-	-		(30,000,000)	(30,000,000)	-	-
Office of Administrative Hearings (OAH) and Attorney General rate increase	Business Operations		190,590	190,590	-	-		190,590	190,590	-	-		-	-	-	-
HHS Operations Total		-	16,982,716	16,982,716	-	-	-	(23,017,284)	(23,017,284)	-	-	-	(40,000,000)	(40,000,000)	-	-
Services - Vulnerable Adults																
Adult Protective Services coverage (contracts)	Human Services		718,522	718,522	-	-		718,522	718,522	-	-		-	-	-	-
Expanded support for Domestic and Sexual Violence prevention - CHTF	Public Health		2,250,000	-	-	2,250,000		4,390,000	2,140,000	-	2,250,000		2,140,000	2,140,000	-	-
Services - Vulnerable Adults		-	2,968,522	718,522	-	2,250,000	-	5,108,522	2,858,522	-	2,250,000	-	2,140,000	2,140,000	-	-
Services - Families																
Investment in providing quality representation supports for families	Human Services		700,000	350,000	350,000	-		700,000	350,000	350,000	-		-	-	-	-
Partnerships with healthcare stakeholders to improve maternal and child health programs	Public Health		2,000,000	2,000,000	-	-		-	-	-	-		(2,000,000)	(2,000,000)	-	-
Services - Families		-	2,700,000	2,350,000	350,000	-	-	700,000	350,000	350,000	-	-	(2,000,000)	(2,000,000)	-	-

Services - Behavioral Health Expansion																
Drug Court Treatment support	Behavioral Health		200,000	200,000	-	-		200,000	200,000	-	-		-	-	-	-
Services - Behavioral Health Expansion		-	200,000	200,000	-	-	-	200,000	200,000	-	-	-	-	-	-	-
Public Health - Core																
Coordinated purchasing to support immunization access	Public Health		2,213,930	-	-	2,213,930		2,213,930	-	-	2,213,930		-	-	-	-
Create non-fatal toxicology services for ND	Public Health		251,500	151,500	-	100,000		251,500	151,500	-	100,000		-	-	-	-
Public Health Laboratory Transition-Related exp - SIIF	Public Health		2,962,304	-	-	2,962,304		2,962,304	-	-	2,962,304		-	-	-	-
Public Health - Core Total		-	5,427,734	151,500	-	5,276,234	-	5,427,734	151,500	-	5,276,234	-	-	-	-	-
Healthcare Workforce																
Rebase Targeted Medicaid Rate Increase for Ambulance Services	Medical Services		4,379,540	2,189,770	2,189,770	-		4,379,540	2,189,770	2,189,770	-		-	-	-	-
Healthcare Workforce Total		-	4,379,540	2,189,770	2,189,770	-	-	4,379,540	2,189,770	2,189,770	-	-	-	-	-	-
Forensic																
Forensic Examiner Electronic Records System - CHTF	Public Health		278,000	-	-	278,000		278,000	-	-	278,000		-	-	-	-
Forensic Pathology Contract with UND - CHTF	Public Health		1,866,156	-	-	1,866,156		1,866,156	2,866,156	-	(1,000,000)		-	2,866,156	-	(2,866,156)
Forensic Total		-	2,144,156	-	-	2,144,156	-	2,144,156	2,866,156	-	(722,000)	-	-	2,866,156	-	(2,866,156)
IT - New																
Food and Lodging Management Information System - CHTF	Public Health		335,000	-	-	335,000		335,000	-	-	335,000		-	-	-	-
Health Facilities/EMS Licensure Mgmt system - CHTF	Public Health		650,000	-	-	650,000		650,000	-	-	650,000		-	-	-	-
Implement comprehensive Vocational Rehab technology system - CHTF	Human Services		8,000,000	-	6,296,000	1,704,000		8,000,000	-	6,296,000	1,704,000		-	-	-	-
IT - New Total		-	8,985,000	-	6,296,000	2,689,000	-	8,985,000	-	6,296,000	2,689,000	-	-	-	-	-
Capital Projects																
Life Skills & Transition Center (LSTC) Roof for Cedar Grove - SIIF	Human Services		712,480	-	-	712,480		712,480	-	-	712,480		-	-	-	-
Southeast Clinic Bathroom Remodel Project - SIIF	Behavioral Health		972,000	-	-	972,000		340,000	-	-	340,000		(632,000)	-	-	(632,000)
Capital Projects Total		-	1,684,480	-	-	1,684,480	-	1,052,480	-	-	1,052,480	-	(632,000)	-	-	(632,000)
Child Care																
Best in Class program expansion	Human Services		6,000,000	6,000,000	-	-		6,000,000	6,000,000	-	-		-	-	-	-
Childcare grants, resources and shared services	Human Services		5,000,000	5,000,000	-	-		2,500,000	2,500,000	-	-		(2,500,000)	(2,500,000)	-	-
Early Childhood Quality infrastructure	Human Services		3,000,000	3,000,000	-	-		3,000,000	3,000,000	-	-		-	-	-	-
Maintaining expanded inclusion support for child care / children with special needs	Human Services		172,500	172,500	-	-		172,500	172,500	-	-		-	-	-	-
Offer quality rated child care programs access to Teaching Strategies outcomes measurement system	Human Services		100,000	100,000	-	-		100,000	100,000	-	-		-	-	-	-
Quality tiered payments for Child Care Assistance Program	Human Services		3,000,000	3,000,000	-	-		1,500,000	1,500,000	-	-		(1,500,000)	(1,500,000)	-	-
Child Care Total		-	17,272,500	17,272,500	-	-	-	13,272,500	13,272,500	-	-	-	(4,000,000)	(4,000,000)	-	-
Housing Initiative																
Housing assistance for people at risk of housing instability - SIIF	Human Services		10,000,000	-	-	10,000,000		-	-	-	-		(10,000,000)	-	-	(10,000,000)
Eviction prevention programs - SIIF	Human Services		3,500,000	-	-	3,500,000		-	-	-	-		(3,500,000)	-	-	(3,500,000)
Home renovation incentives for accessibility - SIIF	Human Services		1,000,000	-	-	1,000,000		1,000,000	-	-	1,000,000		-	-	-	-
Housing Initiative Total		-	14,500,000	-	-	14,500,000	-	1,000,000	-	-	1,000,000	-	(13,500,000)	-	-	(13,500,000)
State Hospital																
New State Hospital - Bond	Behavioral Health		300,000,000	-	-	300,000,000		330,000,000	-	-	330,000,000		30,000,000	-	-	30,000,000
State Hospital Total			300,000,000	-	-	300,000,000		330,000,000	-	-	330,000,000		30,000,000	-	-	30,000,000
Additional Executive Decision Packages																
Provider Inflation 1.5/1.5 (House 2/2)	All		43,656,800	21,890,162	21,750,748	15,890		58,336,829	29,219,673	29,101,266	15,890		14,680,029	7,329,511	7,350,518	-
FMAP Reduction	Medical/Human Services		(10,000,000)	(12,100,000)	2,100,000	-		(10,000,000)	(12,100,000)	2,100,000	-		-	-	-	-
Executive Compensation Plan plus Zones - Includes 3/3	Human Services		5,002,833	-	-	5,002,833		5,002,833	-	-	5,002,833		-	-	-	-
Employee Compensation	All												-	-	-	-
Additional Executive Decision Packages		-	38,659,633	9,790,162	23,850,748	5,018,723	-	53,339,662	17,119,673	31,201,266	5,018,723	-	14,680,029	7,329,511	7,350,518	-
Additional House Changes																
SUD funding	Behavioral Health							3,500,000	3,500,000	-	-		3,500,000	3,500,000	-	-
Behavioral health services for nursing homes and basic care facilities	Behavioral Health							2,000,000	2,000,000	-	-		2,000,000	2,000,000	-	-
Behavioral health facility grant in northeast human service region - SIIF	Behavioral Health							12,960,000	-	-	12,960,000		12,960,000	-	-	12,960,000
Community cultural center grant - SIIF	Human Services							1,000,000	-	-	1,000,000		1,000,000	-	-	1,000,000
State dementia coordinator	Human Services						1.00	-	-	-	-	1.00	-	-	-	-
Winter park adaptive recreation program grant	Human Services							200,000	200,000	-	-		200,000	200,000	-	-
Intermediate care facility grant to Anne Carlsen	Human Services							3,457,736	3,457,736	-	-		3,457,736	3,457,736	-	-
Juvenile justice diversion services	Human Services							750,000	750,000	-	-		750,000	750,000	-	-
Critical access hospital networking grant	Medical Services							2,000,000	-	-	2,000,000		2,000,000	-	-	2,000,000
Food and lodging fees increase	Public Health							-	(71,298)	-	71,298		-	(71,298)	-	71,298
Grant to family voices program	Public Health							100,000	100,000	-	-		100,000	100,000	-	-
Fetal alcohol spectrum disorder clinic at UND	Public Health							637,661	637,661	-	-		637,661	637,661	-	-
Cass County animal shelter funding - CHTF	Public Health							300,000	-	-	300,000		300,000	-	-	300,000
Statewide health strategies grant	Public Health							750,000	-	-	750,000		750,000	-	-	750,000
							1.00	27,655,397	10,574,099	-	17,081,298	1.00	27,655,397	10,574,099	-	17,081,298
Grand Total		-	597,400,779	154,151,368	81,977,238	361,272,173	1.00	602,744,205	126,061,134	86,327,756	390,355,315	1.00	5,343,426	(28,090,234)	4,350,518	29,083,142

SIIF - Strategic Investment & Improvement Fund
CHTF - Community Health Trust Fund

HB 1012
Pam Sagress - will send booklets digital
3/5/25

#39333



HB 1012 HHS Overview to Senate Appropriations

Dirk Wilke – Interim Commissioner
Donna Aukland – Chief Financial Officer
March 5, 2025

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Presentation agenda

- HHS overview
  - Public Health
  - Behavioral Health
  - Human Services
  - Medical Services
- FTE block grant
- Budget overview



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Our Vision

North Dakota is the healthiest state in the nation.

Our Mission

HHS fosters positive, comprehensive outcomes by promoting economic, behavioral and physical health, ensuring a holistic approach to individual and community well-being.

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Our **Strategic Priorities**

Support the advancement of strong, stable, healthy families and communities.

Advance the foundations of well-being through access to high-quality services and supports closer to home.

Optimize disaster and epidemic response and recovery.

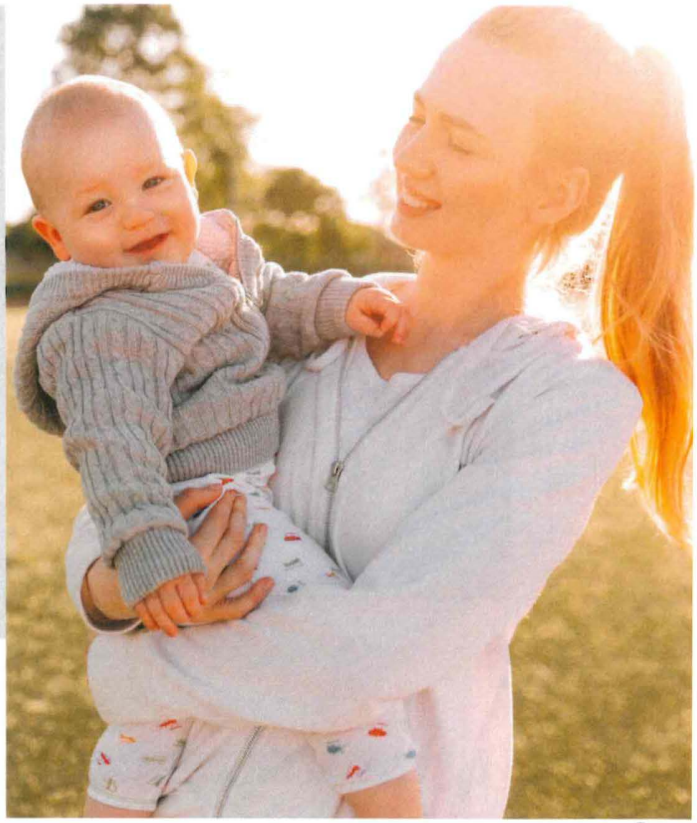
Advance excellence in agency infrastructure and operations.

Deliver best-in-class, customer-centered experiences.

Foster a culture of excellence where every team member has a voice, adds value and is empowered to make a difference.

Our diverse and broad-ranging portfolio of programs and services helps meet the health and well-being needs of North Dakotans

- Adult and Aging Services
- Behavioral Health Clinics
- Behavioral Health Policy
- Child Support
- Children and Family Services
- Criminal Background Check Unit
- Intellectual and Developmental Disabilities
- Disability Determination Services
- Disease Control and Forensic Pathology
- Early Childhood
- Economic Assistance
- Health Response and Licensure
- Health Statistics and Performance
- Healthy and Safe Communities
- Human Service Zone Operations
- Laboratory Services
- Life Skills and Transition Center
- Medicaid
- Medical Marijuana
- Ruth Meiers Adolescent Center
- State Council on Developmental Disabilities
- State Hospital
- Office of Refugee Services
- Vocational Rehabilitation



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We deliver services and supports in collaboration with partners and providers



HHS Team

- 2,581.83 FTE
- 60+ locations across the state



Providers

- Medicaid providers
- Behavioral health providers
- Contracted human services providers (e.g.: developmental disability and senior nutrition providers)
- Health care providers and facilities (e.g.: hospitals, basic-care and long-term care facilities)



Partners

- Local public health
- Tribal leaders
- Universities
- 19 human service zone offices

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North Dakota Century Code chapter(s) and major statutory responsibilities

- Public Health
- Behavioral Health
- Medical Services
- Human Services
- Finance
- Human Resources
- Communications
- Legal
- Operations (Deputy Commissioner)

- Chapter 19-24.1: Medical Marijuana
- Various chapters in Title 23: Health and Safety
- Various chapters in Title 25: Mental and Physical Illness of Disability
- Various chapters in Title 50: Public Welfare
- ND Food and Cosmetic Act 19-02.1: Food and Lodging unit

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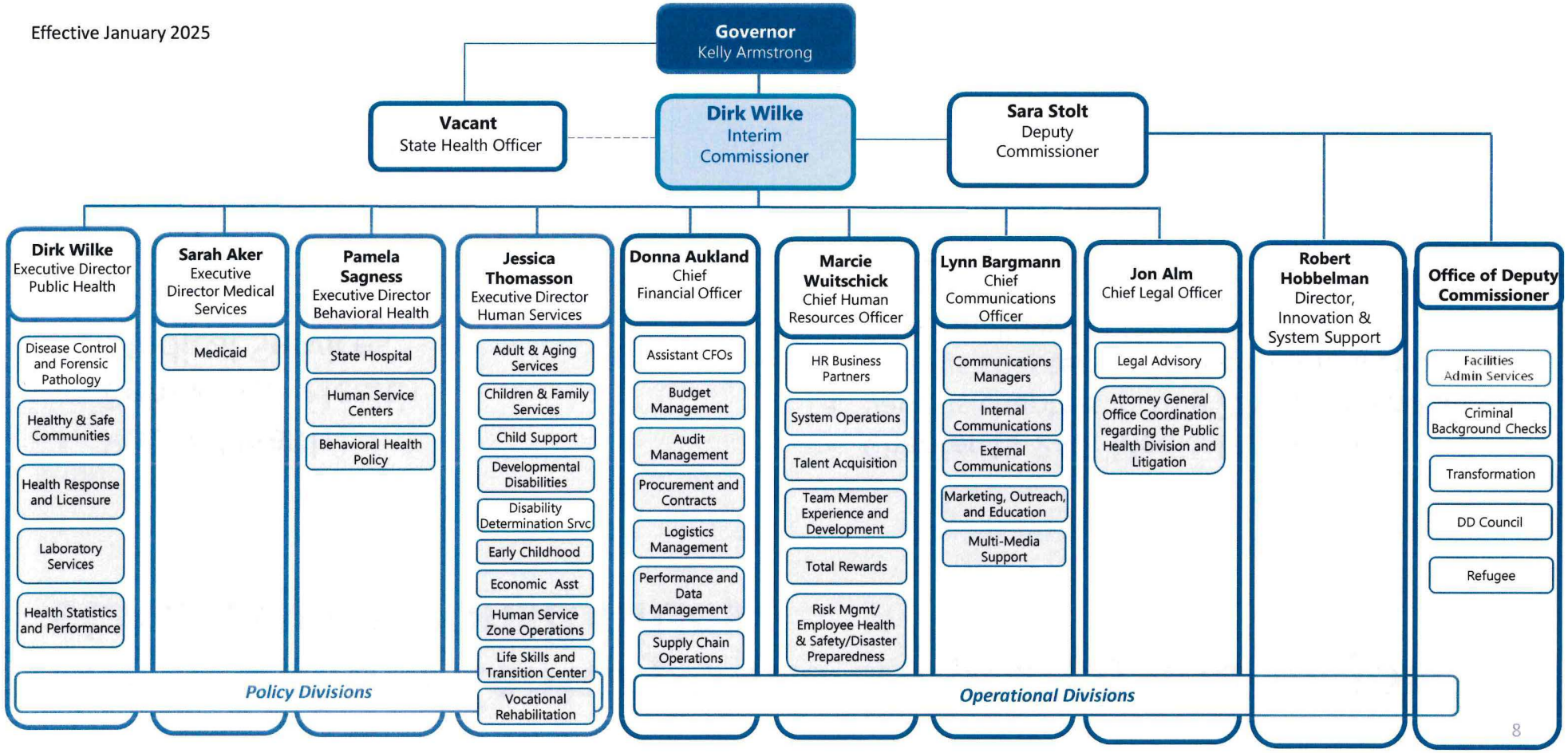
Health & Human Services

ND Department of Health & Human Services

Effective January 2025



Public Health Division



About Us:

214 Full-time team members

$318.9 million total budget – 69% federal, 17% general, 14% other funds



Public Health Division Teams:

- Disease Control and Forensic Pathology
- Health Response and Licensure
- Health Statistics and Performance
- Healthy and Safe Communities
- Laboratory Services

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Public Health Division – How we serve

Healthy Living & Prevention: Working on initiatives that encourage healthy behaviors and programs for children, youth, women, men, families and communities.

Preparedness & Response: Planning and coordinating the public health and medical response to daily emergencies and large-scale disasters.

Data & Statistics: Coordinating studies, investigations, data analysis and information regarding infectious and non-infectious diseases.

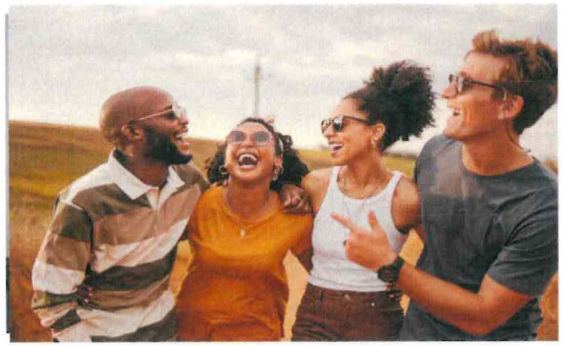
Disease Control & State Lab: Working to prevent disease and assisting in determining the cause and manner of death among citizens. providing rapid, accurate detection and identification of organisms that may threaten the public's health.

Licensure & Regulation: Implementing regulation programs that protect health and safety through education and the inspection of licensed establishments.

Birth & Death Records: Registering and certifying all vital events that occur in the state, including records of all births, deaths, fetal deaths, marriages, and divorce.



Behavioral Health Division



About Us:

1,061 Full-time team members

$821.3 million total budget – 10% federal, 43% general, 47% other funds

66% of funding passes through to private providers, 30% direct service, 2% administration, and 2% technology systems



Behavioral Health Division Teams:

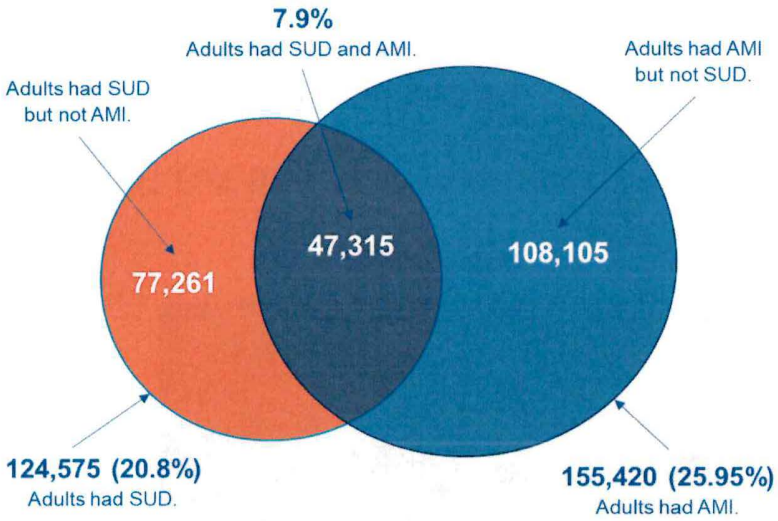
State Hospital

Behavioral Health Clinics

Behavioral Health Policy & Administration

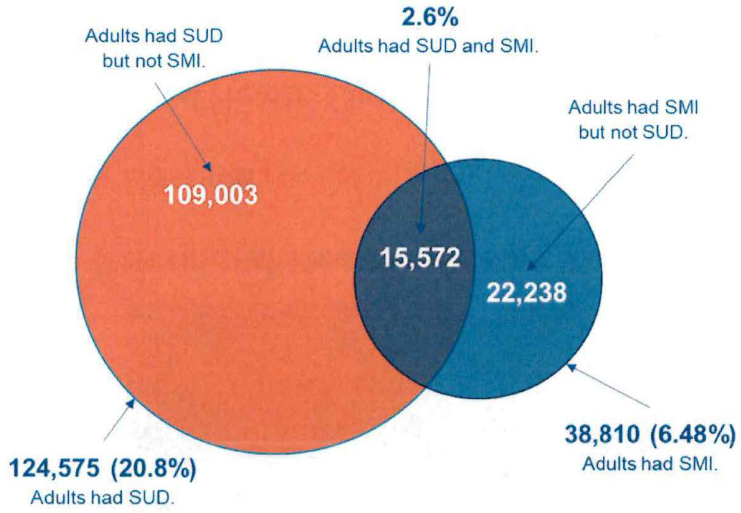
Substance Use Disorder (SUD) AND **Any** Mental Illness (AMI)

North Dakota adults 18+



Substance Use Disorder (SUD) AND **Serious** Mental Illness (SMI)

North Dakota adults 18+

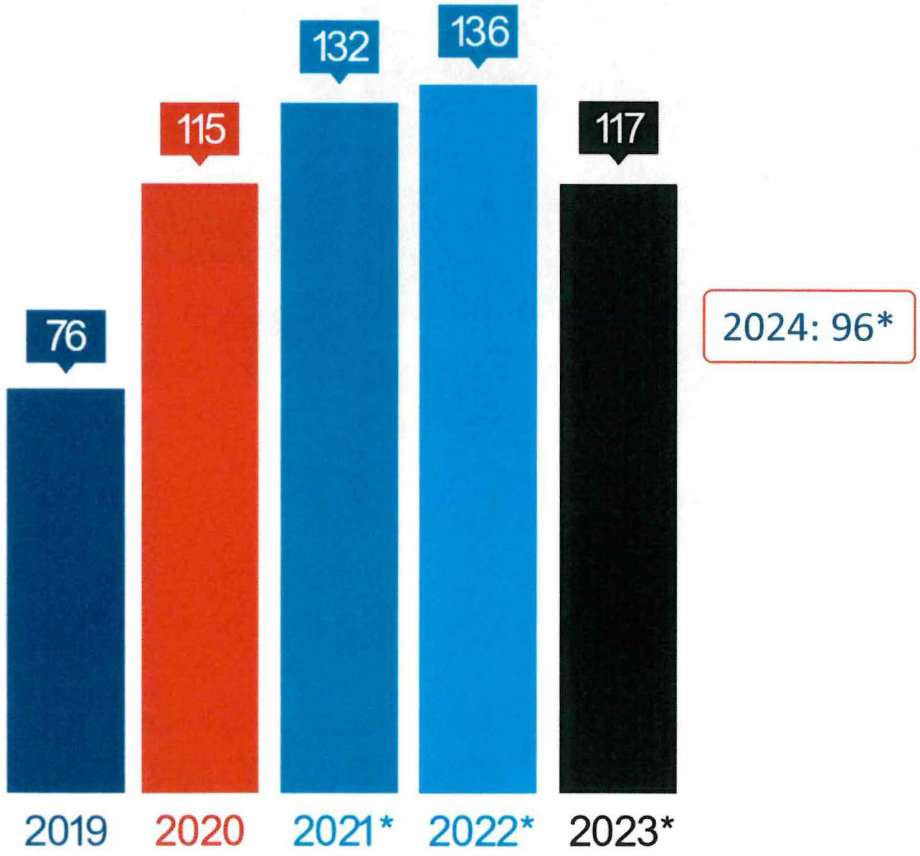


Source:

- *Percentage of SUD and AMI from North Dakota 2021-2022 NSDUH State Estimates*
- *Percentage of co-occurring SUD and AMI & SMI from National 2023 NDSUH*
- *Percentages applied to 2023 North Dakota Census of adults 18+.*

Drug Overdose Deaths

North Dakota Violent Death Reporting System Data, ND HHS Health Statistics and Performance (last updated Oct. 15, 2024)



2024: 96*

Percentage of Drug Overdose Deaths Where Fentanyl Was Present in Toxicology[7]

2019 | 42%

2020 | 62%

2021 | 59%

2022* | 72%

2023* | 77%

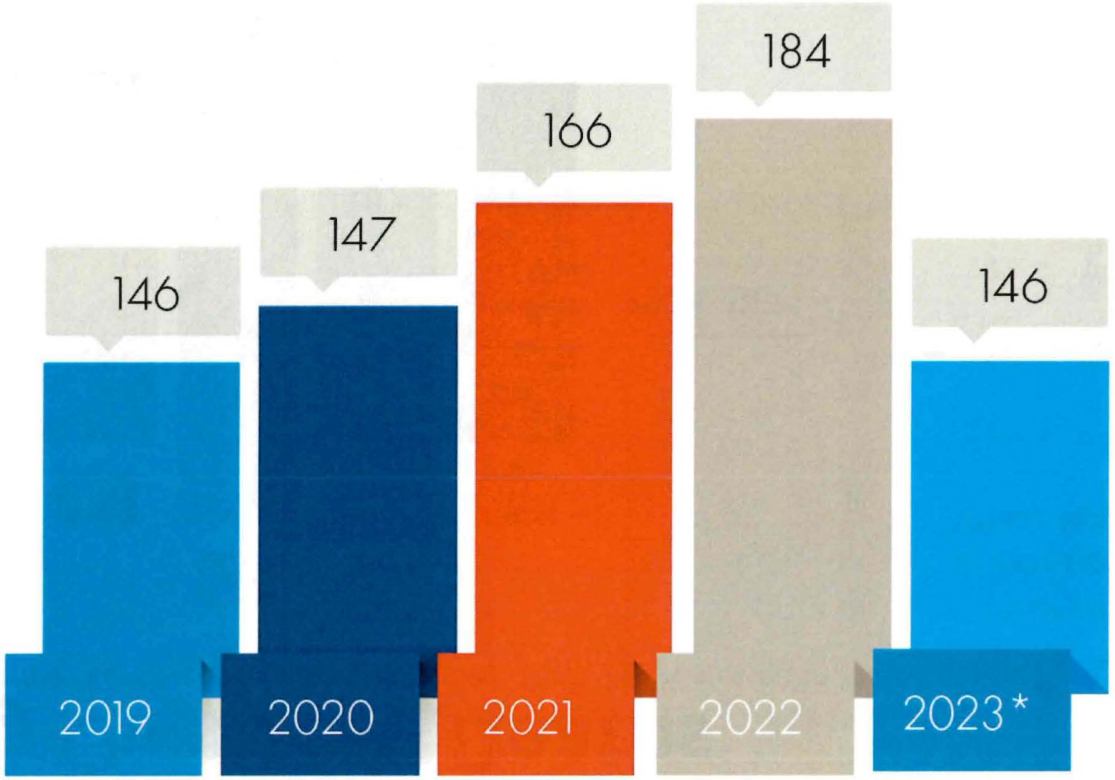
Nearly **84%** of drug overdose deaths in 2023 involved an opioid.[7]

24.5% of ND **adults** believe it is NOT at all difficult for youth or adults to access prescription drugs in their community.[8]

**preliminary data*

Suicide Deaths

North Dakota Violent Death Reporting System Data, ND HHS Health Statistics and Performance (last updated Oct. 15, 2024)



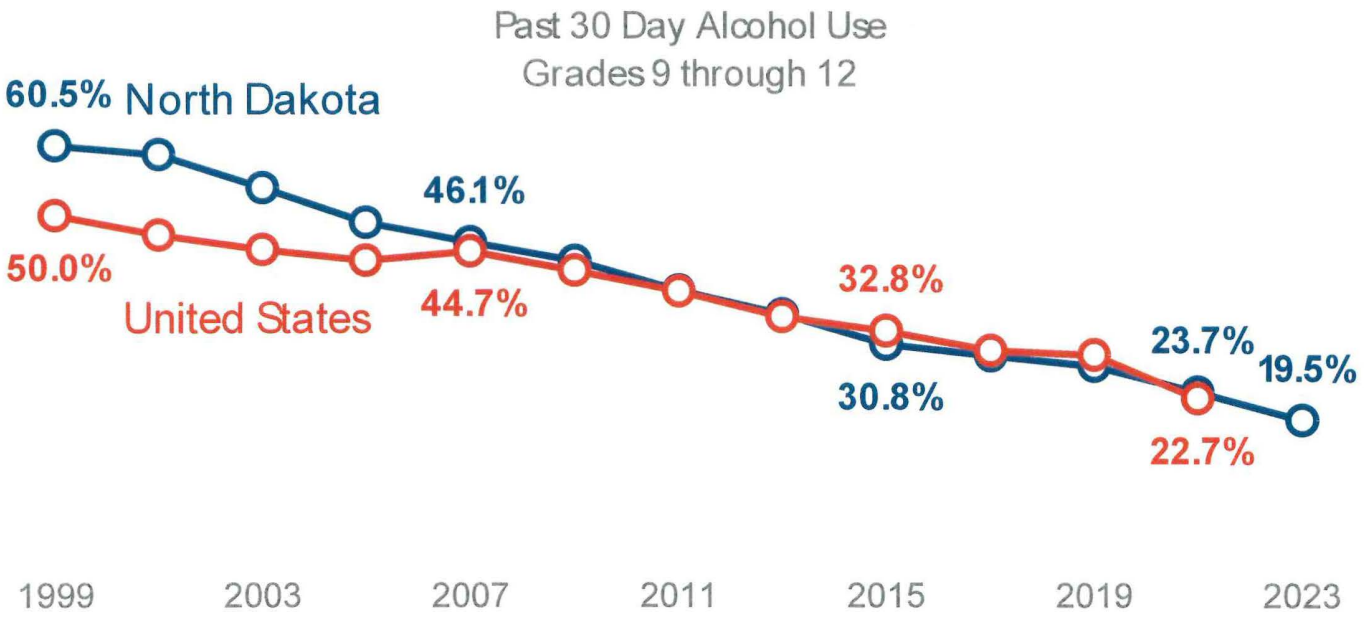
2024: 142*

**preliminary data*

Prevention Works!

YOUTH Alcohol Use

(CDC, High School Youth Risk Behavior Survey, 2013 through 2021; ND High School YRBS, 2023)



In 2023, the High School Alcohol Use Was One-Third the Rate It was in 1999.

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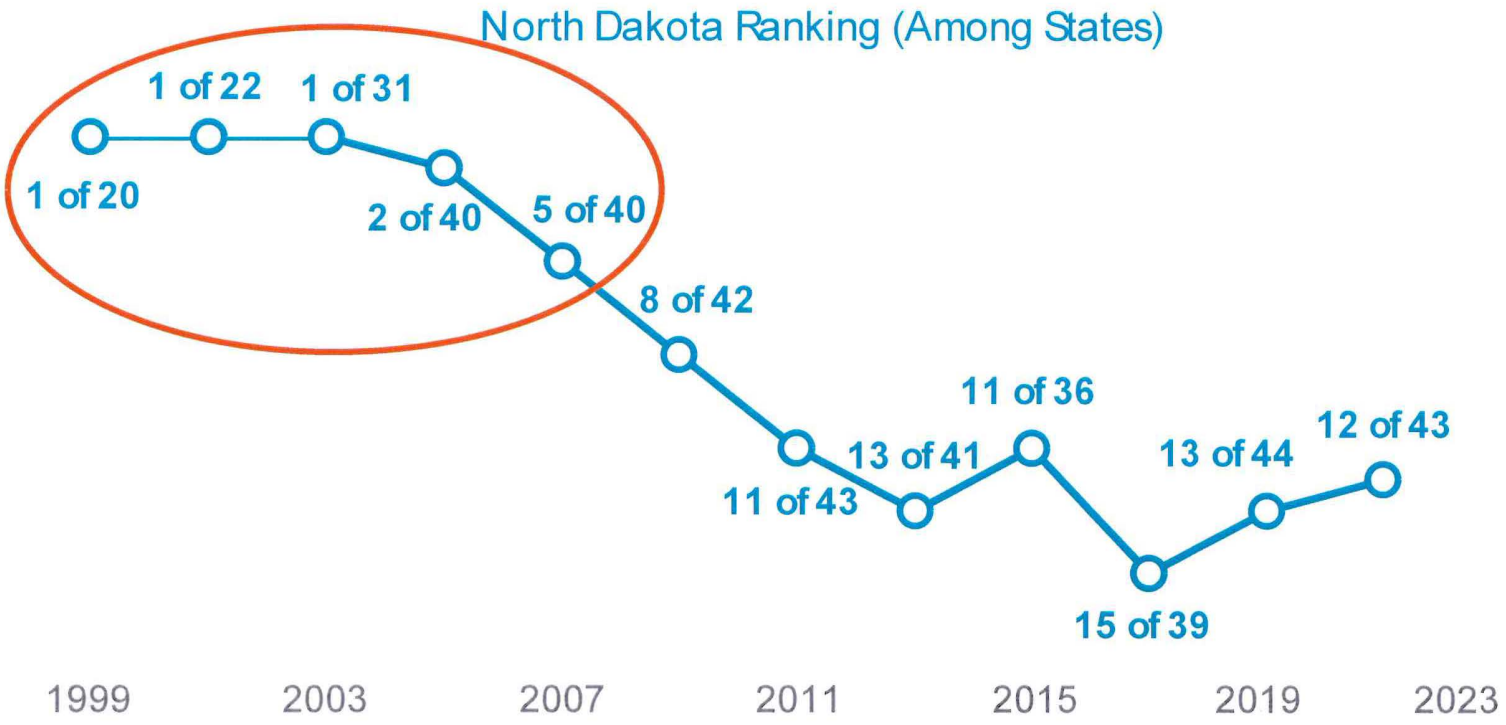
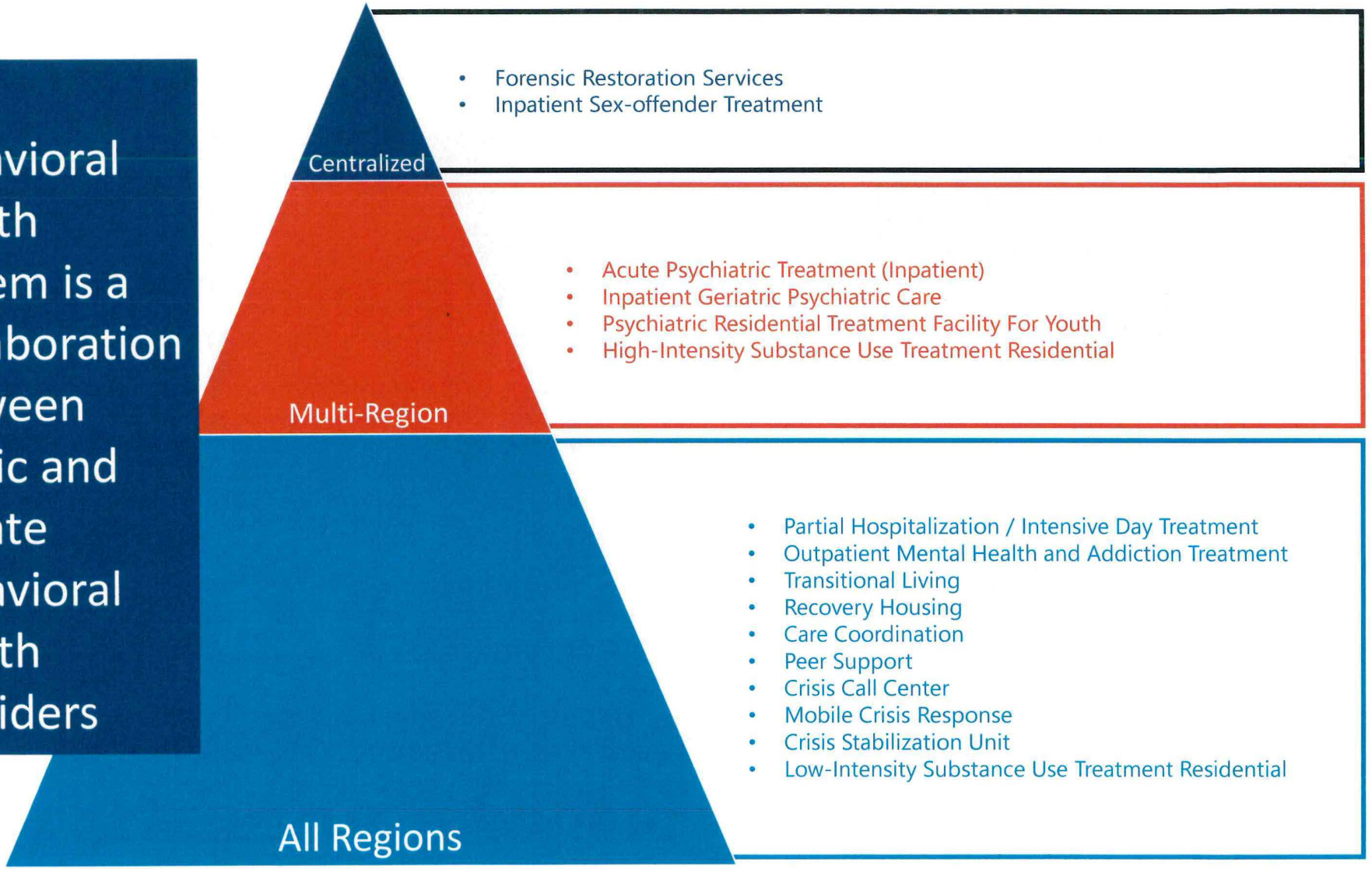
Prevention Works!

YOUTH Alcohol Use

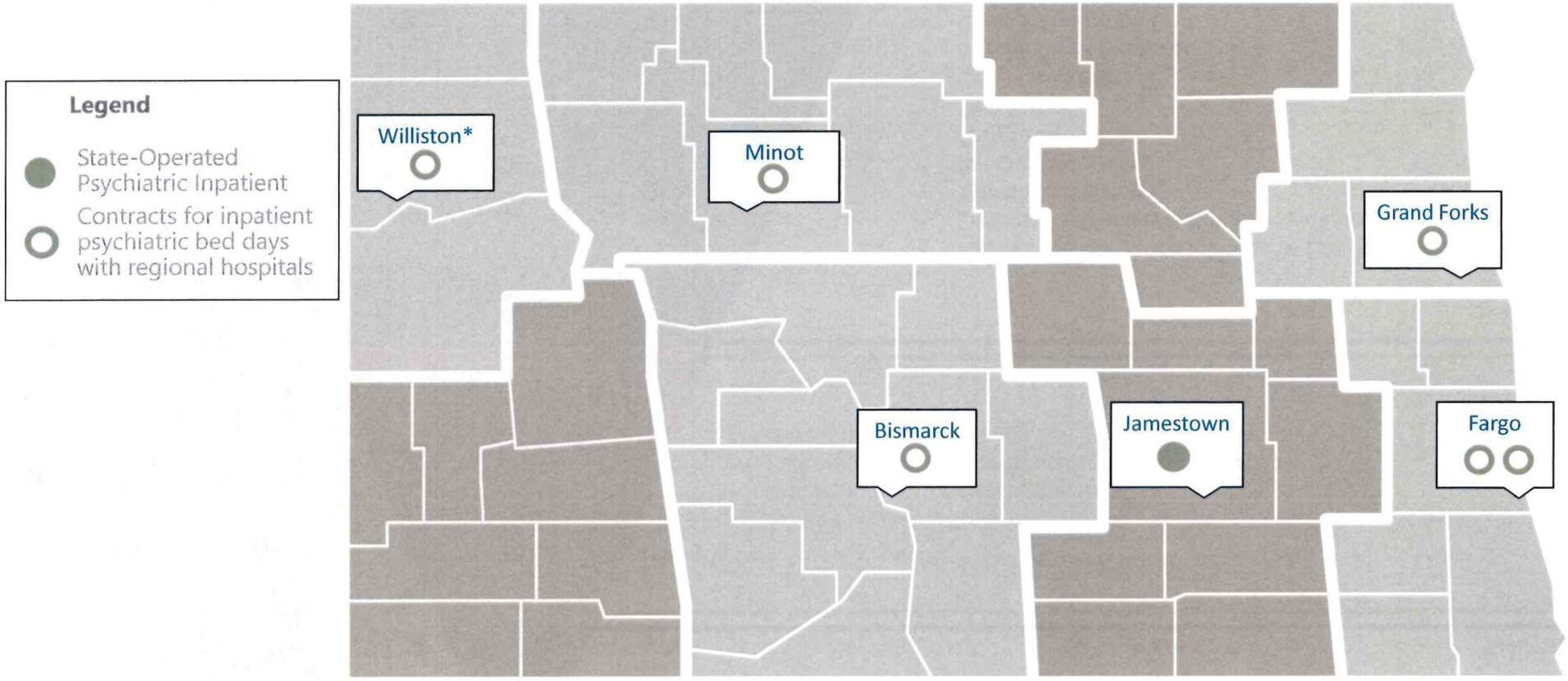
(CDC, High School Youth Risk Behavior Survey, 2013 through 2021; ND High School YRBS, 2023)



ND's Behavioral Health System is a Collaboration between Public and Private Behavioral Health Providers



Adult Psychiatric Inpatient



*Williston pending inpatient facility

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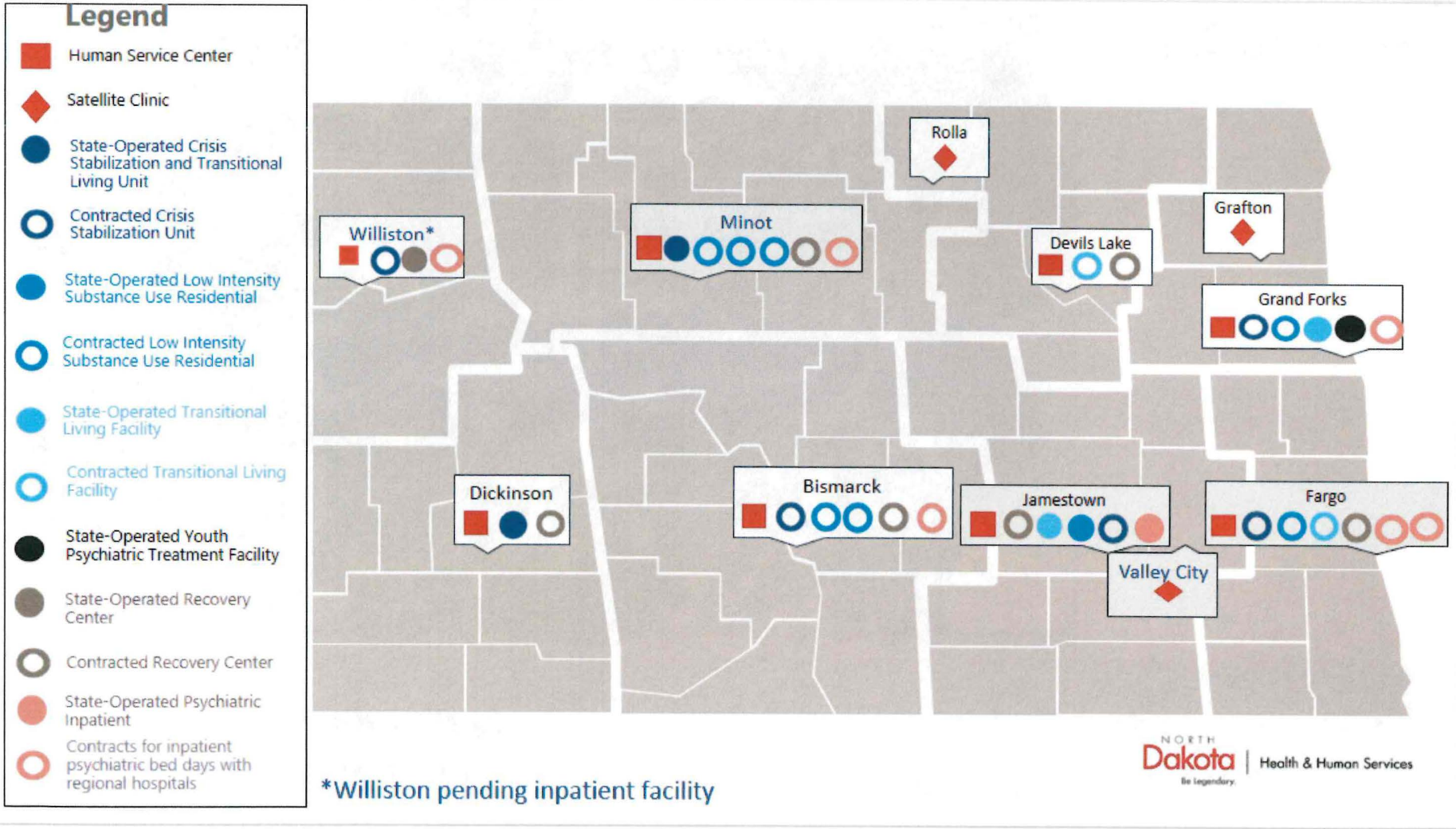
Legend
Human Service Center
Satellite Clinic
State-Operated Crisis Stabilization and Transitional Living Unit
Contracted Crisis Stabilization Unit
State-Operated Low Intensity Substance Use Residential
Contracted Low Intensity Substance Use Residential
State-Operated Transitional Living Facility
Contracted Transitional Living Facility
State-Operated Youth Psychiatric Treatment Facility
State-Operated Recovery Center
Contracted Recovery Center
State-Operated Psychiatric Inpatient
Contracts for inpatient psychiatric bed days with regional hospitals
Rolla
Williston*
Minot
Devils Lake
Grafton
Grand Forks
Dickinson
Bismarck
Jamestown
Fargo
Valley City
*Williston pending inpatient facility
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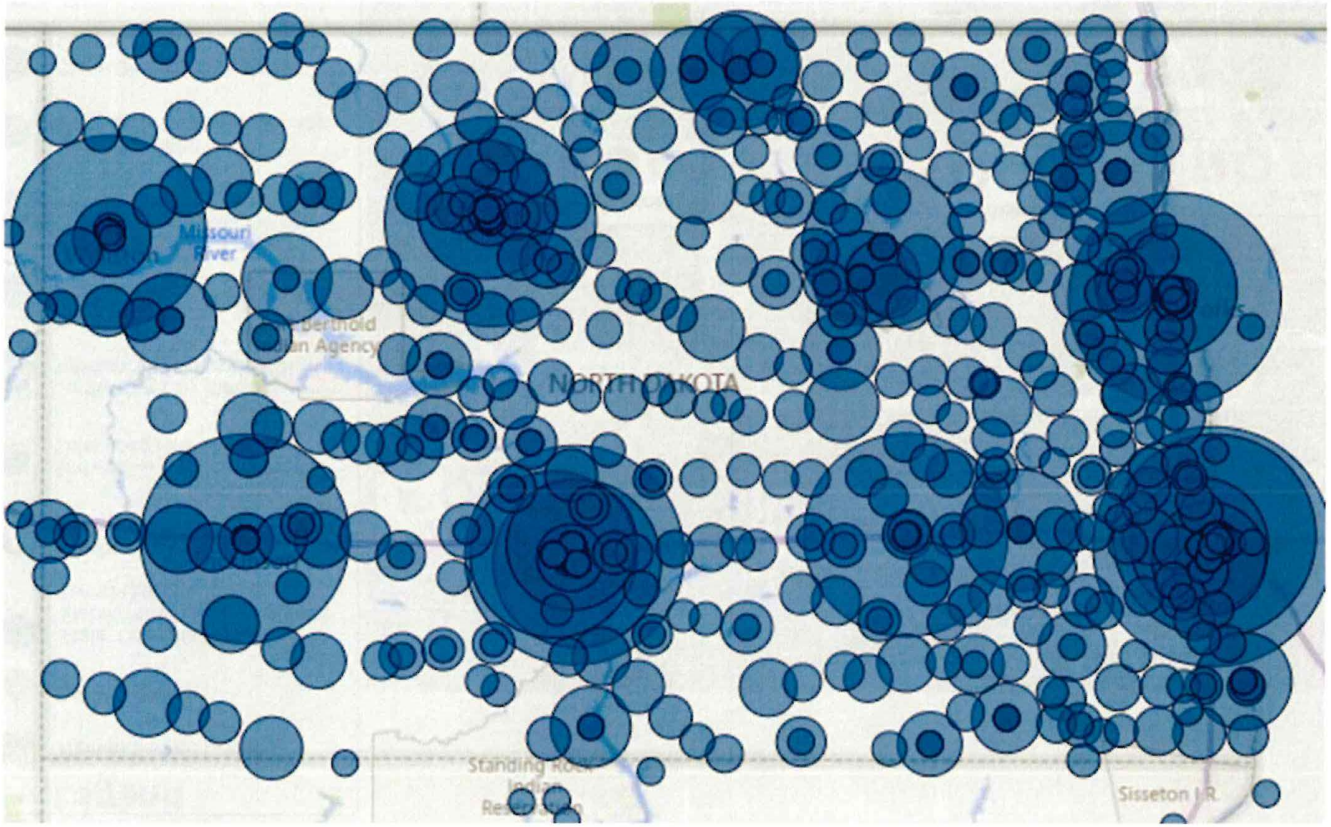
Behavioral health care penetration of services

July 2023 – December 2024



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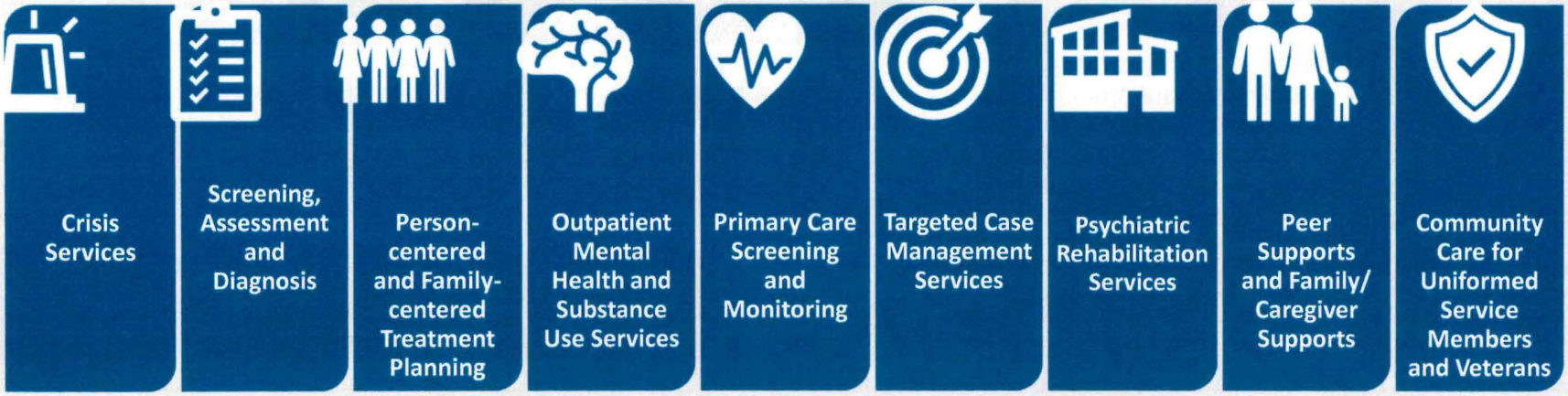
Certified Community Behavioral Health Clinics

CCBHC

Services may be delivered directly by the CCBHC or by a Designated Collaborating Organization (DCO). CCBHCs are expected to directly deliver the majority of encounters.



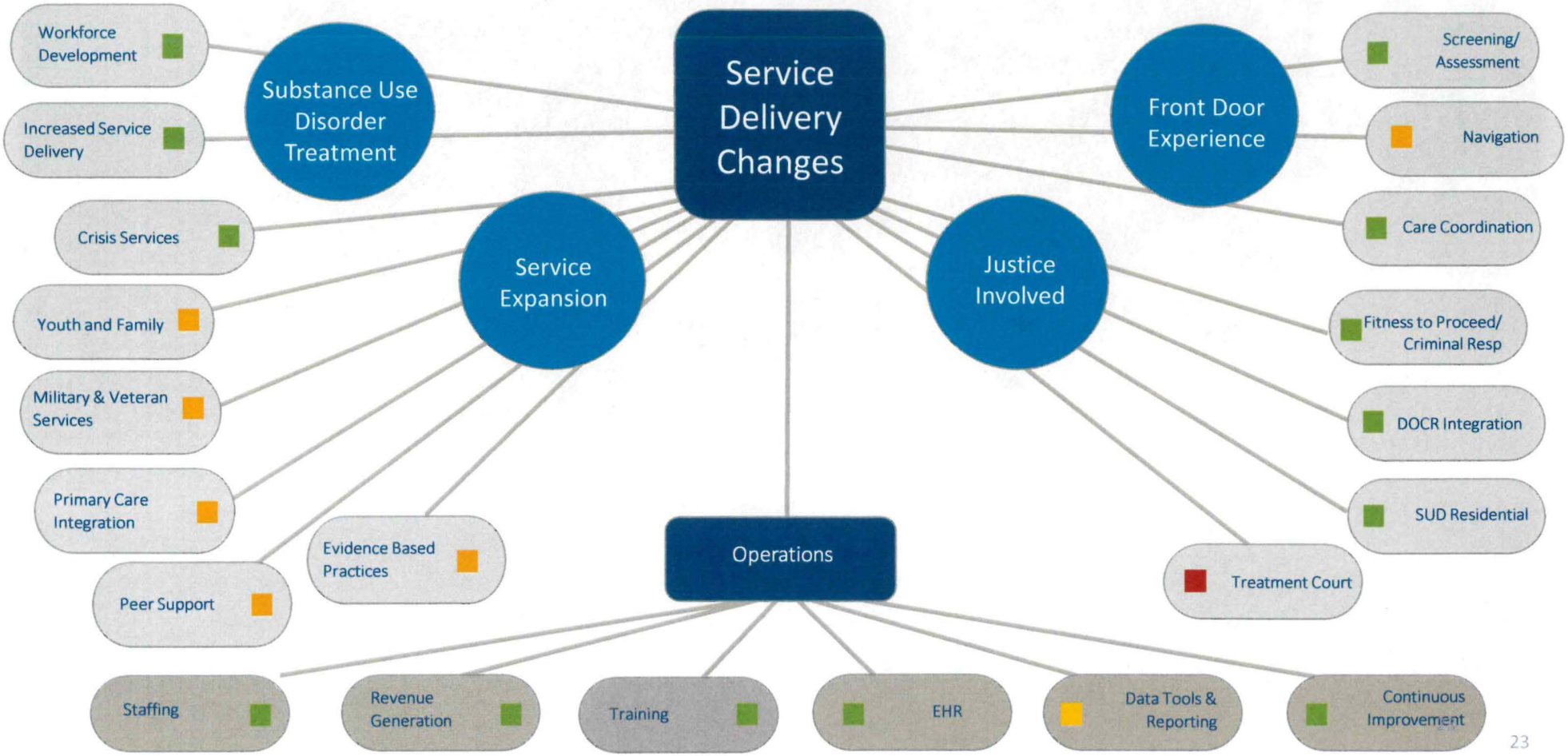
Provision of all services is person- and family-centered.

ND PLANNING AND IMPLEMENTATION TIMELINE*



**THIS TIMELINE WAS PREPARED FOR NORTH DAKOTA BY NATIONAL COUNCIL FOR MENTAL WELLBEING BASED ON STANDARD PRACTICES*

Clinic Service Enhancement Initiatives





NORTH DAKOTA STATE HOSPITAL | VIEW FROM EAST

THE WHY

IMPROVED CARE & EXPERIENCE

- Increase client capacity without significant staff increases
- Increased capacity will contribute to reducing the wait list for admissions
- Improve client & staff safety, security and well-being
- Modern healthcare facility design, appropriate technology, enhanced security and modern amenities including private client rooms, advanced treatment areas, and therapeutic spaces

EFFICIENCY

- The building will be more efficient to maintain, heat, and cool
- More efficient and concise layout which will make it easier to safely and effectively staff the facility
- Consolidated building footprint which will reduce time, staff redundancy, and steps, allowing staff to care for clients more effectively

COST-EFFECTIVE SOLUTION

- Renovating the existing building to the level that's needed is cost prohibitive
- Renovation would be a significant disruption and will likely reduce bed capacity during a long construction period
- New location will visually disassociate the hospital from JRCC, but would still allow specific service agreements & efficiencies to remain
- More cost effective to operate, staff, and maintain a single 295,815 SF facility vs. the existing multi-building 546,037 SF NDSH campus.

PROJECTED TOTAL PROJECT COSTS

$248,000,000		$33,000,000		$19,000,000		$300,000,000
Construction Costs	+	**Owner's Soft Costs**	+	**Owner's Risk Management**	=	**Total Project Cost**

Site Services
Site Work
Structure/Envelope
Interior Environment
Mechanical
Electrical

Furniture, Fixtures & Equipment
Construction Testing
Professional Fees
Low Voltage
Commissioning

Contingencies:

- Escalation
- Bidding Market & Subcontractor involvement
- Unforeseen Conditions
- Errors and Omissions
- Design Changes
- Project Changes

OPERATING AND MAINTENANCE COSTS

Location	Size (SF)	Plant Ops, Capital Improvements, Emergency Repairs	Utilities	Total	Notes
Existing Campus	546,037	$3,875,360	$1,278,688	$5,154,048	2022/2023 Biennium actual costs
New Hospital	295,815	$857,503	$1,180,332	$2,037,835	Projected costs (calculated in 2022/2023 dollars)
			Project Operating Savings Per Biennium	**$3,116,213**	**Calculated in 2022/2023 dollars**

DEFERRED MAINTENANCE COSTS (EXISTING NDSH CAMPUS)

Location (Current Campus)	Cost	Notes
LaHaug Building	$16,500,000	Data from "NDSH Building Use" report. Date Unknown
Learning Resource Center	$5,250,000	Data from "NDSH Building Use" report. Date Unknown
16 West – Engineering Offices	$6,320,000	Data from "NDSH Building Use" report. Date Unknown
GM Building (SOTEP)	$10,250,000	Data from "NDSH Building Use" report. Date Unknown
New Horizons	$6,750,000	Data from "NDSH Building Use" report. Date Unknown
Swimming Pool	$1,940,000	Data from "NDSH Building Use" report. Date Unknown
Total of Current Campus	**$47,010,000**	**Data from "NDSH Building Use" report. Date Unknown**

Name	Location	Beds	Construction Cost	Year of Cost	Construction Cost for 2025 and Adjusted for Jamestown	Construction Costs Per Bed	Total Project Costs Per Bed	Construction Costs Per SF	Comments
Caro Center	Caro, MI	100	$69,698,852	2021	$110,269,551	$1,102,696	$1,433,504		Worked into a budget developed on the basis of an erroneous assumption. Cut corners at every opportunity. This is a new building on an existing campus that is relying on services and supports from elsewhere on the campus. As such, the investment in food support services, administrative spaces, and adjunctive therapy spaces is far less than at NDSH.
Eastern State Hospital, Kentucky	Lexington, KY	230	$108,000,000	2011	$289,192,888	$1,257,360	$1,634,568		Less expensive RTF beds are a significant part of the project, nearly 20% of the bed complement. This is an older project budgeted by the State with more than half the bds being semi-private
Center for Forensic Psychiatry	Ann Arbor, MI	210	$93,000,000	2002	$326,979,811	$1,557,047	$2,024,160		
Rusk State Hospital	Rusk, TX	200	$168,681,096	2020	$320,714,388	$1,603,572	$2,084,643	$954	This is a new bed building on an existing campus with clinical ancillary services, adjunctive therapies, administration, IT, Ed and Training and building/hotel support services being provided elsewhere on the campus.
North Dakota State Hospital	**Jamestown, ND**	**141**	**$248,000,000**	**2024**	**$248,000,000**	**$1,758,865**	**$2,127,660**	**$838**	
Austin State Hospital	Austin, TX	240	$210,000,000	2020	$389,641,095	$1,623,505	$2,110,555	$861	This is a new bed building on an existing campus with building/hotel support services being provided elsewhere on the campus.
San Antonio State Hospital	San Antonio, TX	296	$282,224,723	2020	$532,721,236	$1,799,734	$2,339,654	$990	Comparable to NDSH, but adds kitchen and warehousing supporting the hospital.
Hawaii State Hospital, Forensic Patient Care Facility	Kaneohe, Hawaii	144	$140,000,000	2017	$260,256,686	$1,807,338	$2,349,539		
UW/MC Northwest Behavioral Health Teaching Facility	Seattle, WA	150	$224,500,000	2021	$290,354,217	$1,935,695	$2,516,403		

If values are left blank, that indicates that no information was available to be shared

Human Services Division



About Us:

1,097 Full-time team members

$2.1 billion total budget – 52% federal, 35% general, 13% other funds

85% of funding passes through to private providers, 7% direct service, 5% administration, and 3% technology systems



Human Services Division Teams:

- Children and Family Services
- Early Childhood
- Economic Assistance
- Human Service Zone Operations
- Child Support
- Vocational Rehab
- Adult and Aging Services
- Developmental Disabilities
- Life Skills Transition Center
- Disability Determination Services

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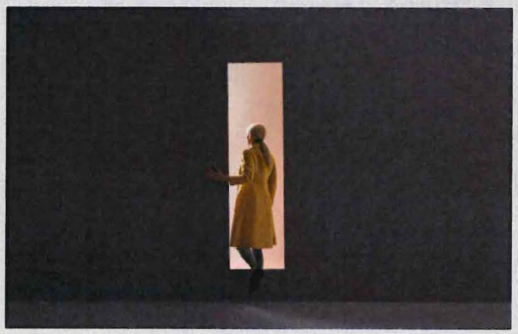
Human Services – Drivers of How we serve



1 Growing a strong, stable workforce requires strong, stable families

- Family caregiving supports
- Child care as a stable resource for working parents
- Housing stability as foundational for family resilience



2 Filling gaps in the system of care can prevent crisis

- Transition & diversion across housing-service continuum
- Evolving safety net for targeted needs
- Preventing justice system involvement
- Complexity of co-occurring factors (ex. school truancy and chronic absence)



3 Pushing toward simplicity improves citizen experience

- Incremental progress
- Person centered design
- Reduced administrative burden

Medical Services Division



About Us:

95 Full-time team members

$2.9 billion total budget – 61% federal, 37% general, 2% other funds

97% of funding passes through to providers, 1% is administration, IT is 3%



Medical Services Functions:

- Provider Enrollment
- Claims Processing
- Program Integrity
- Policy & Program Administration
- Clinical Review
- Rate Setting
- Data & Quality
- System Modernization

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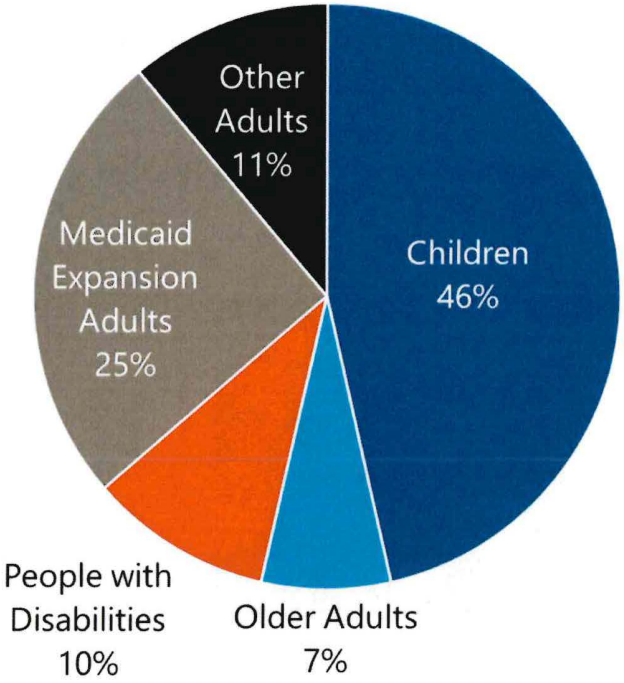
Medical Services Division

Who We Serve





State Fiscal Year 2024

- 152,273 Unduplicated Individuals
- 112,558 Average Monthly Enrollment

Nearly **1 in 7 North Dakotans** in any given month will have health coverage through Medicaid or CHIP



Up to **1 of every 3 children** under the age of 19 in North Dakota has health coverage through Medicaid or CHIP



52.5% nursing facility residents are paid by Medicaid

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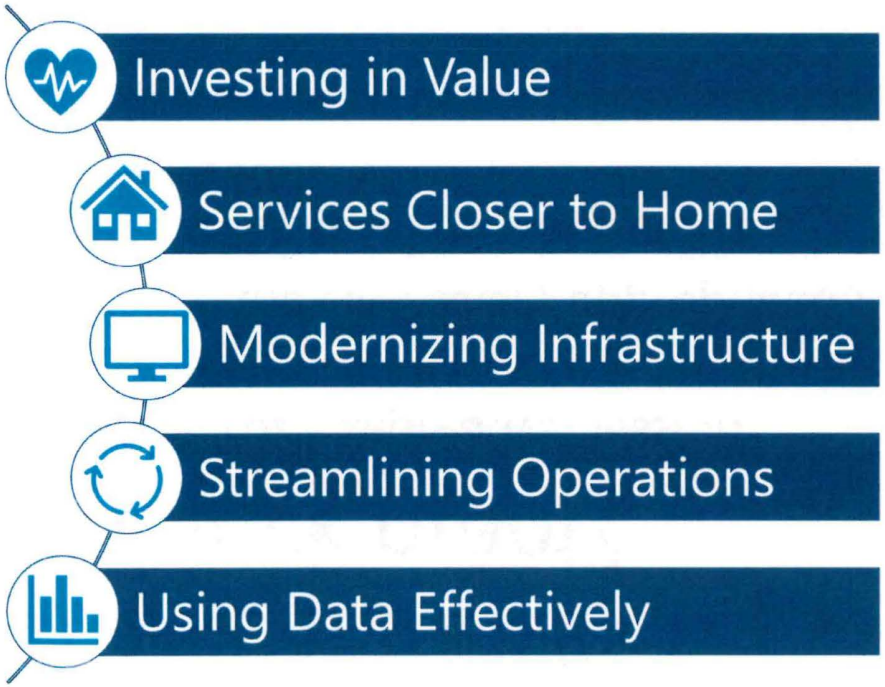
Medical Services Division

How We Serve

Key Priorities



Goals for the Biennium

- Bending the Cost Curve
- Delivering Whole Person Care
- Promoting Sustainability & Value
- Improving the Member & Provider Experience

What is the HHS FTE block grant?

During the 2023 Legislative Session, lawmakers:

- Approved the HHS salary appropriation
- Removed the **total number** of FTE appropriation

RESULT: HHS is responsible for staying within our salary appropriation but now has flexibility on total number of FTEs

NOTE: Block grant includes all compensation, overtime, bonuses paid, promotional increases, health insurance premiums, etc.

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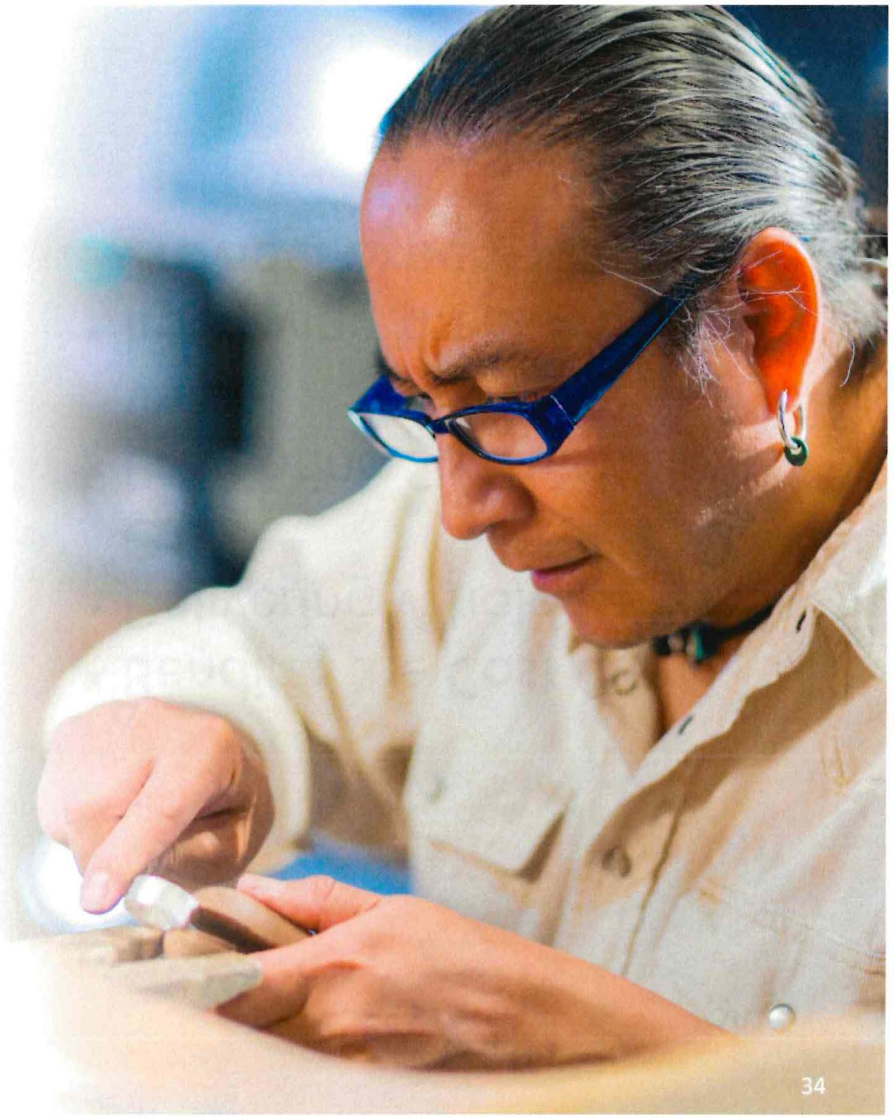

The FTE Block Grant has allowed HHS ...



To quickly respond and hire for immediate or emerging business needs

Flexibility to support new work

To support state workforce by transitioning long-term temp employees to FTE

To address overtime and team member capacity by adding essential positions

Examples

- A full time FTE with benefits is available in a rural city in ND. The position has been posted twice with no candidates applying. Historically we would have limited options in how to address this.
- With the block grant, we can explore two college students with alternate schedules who might be each interested in 20 hours per week. They choose to remain on their parents' health insurance.
- We are then able to hire them at an hourly rate, no benefits are paid out, and the client is still receiving the service locally. We have saved ourselves the cost of health insurance and not utilized an FTE, but utilized the block grant to be creative in filling the role.
- **This FTE can now be utilized for a different programmatic need as long as budgeted dollars still exist.**

Salary appropriation for 2023-2025 Biennium

- Total HHS Salary + Benefits = $551,714,842

NOTE: Block grant includes all compensation, overtime, promotional increases, health insurance premiums, bonuses, etc.

Timeline of FTE

23-25 Session	Beginning of Block Grant + FTE Committee July 2023-Present	Current State – As of 12/1/24
Beginning: 2475.83 FTE + 53 Temp to FTE + 53 New FTE 2581.83 Ending FTE*	• 50 long-term vacancies within the Behavioral Health Division were repurposed to fill new needs within Behavioral Health. • 50 additional long-term temps were transferred to FTE • Approved 92.5 new FTE, which are in various phases of being filled • Approved 56 new FTE in Behavioral Health	• 374.63 Vacant FTES • All requests are reviewed by the FTE committee for need and budget • HHS churn (turnover) allows us to be flexible in filling positions and utilize the unspent salary budget • Current filled positions is under 2581.83

*While the appropriation for the 106 new FTEs was added to the budget bill, the actual number of FTEs were not added because of the conversion to the FTE block grant for HHS.

Current FTE vacancies - point in time (12-1-24)

374.63 Vacant Positions – Phases summarized as follows:

Phase	Description	Number
1	Part of current budget, position number established, job description completed and in process of being classified then posted	109.00
2	Position posted; actively recruiting and has not yet closed	112.52
3	Position posting closed; applications being reviewed and interviews scheduled	42.9
4	Position has been offered and offer is pending	16
5	Position is filled; new team member not started as of 12/1/24	79.5
Remove	Not budgeted for in 23-25 and/or can be deleted	11.71
Freeze	Federal Hiring Freeze does not allow for filling position(s)	3.0
	TOTAL	**374.63**

Agency team member statistics



*approximation based on available data

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Executive Budget Recommendation Decision Packages

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Governor Armstrong Executive Budget Rec

		Executive Budget Recommendation					House Changes				
			Total All Decision Packages					Total All Decision Packages			
	Division	New FTE(s)	Total	General	Federal	Special	New FTE(s)	Total	General	Federal	Special
Services - Cost to Continue											
AASK Contract Investment Increases	Human Services		4,883,205	4,883,205	-	-		4,883,205	4,883,205	-	-
Home and Community Based Services cost to continue growth	Medical Services		64,814,924	36,977,113	27,837,811	-		64,814,924	36,977,113	27,837,811	-
Bed Assessment Tax	Medical Services		7,209,580	-	-	7,209,580		7,209,580	-	-	7,209,580
Opioid Settlement	Behavioral Health		8,000,000	-	-	8,000,000		8,000,000	-	-	8,000,000
Services - Cost to Continue Total		-	84,907,709	41,860,318	27,837,811	15,209,580	-	84,907,709	41,860,318	27,837,811	15,209,580
IT - Existing											
Electronic Health Record / Pharmacy System Recovery and Backup - SIIF	Behavioral Health		500,000	-	-	500,000		500,000	-	-	500,000
IT Contractual inflationary increase (4 yrs.) - Cost to Continue	Business Operations		20,730,788	20,730,788	-	-		20,730,788	20,730,788	-	-
NDIT Rate Increases - Cost to Continue	Business Operations		4,012,147	4,012,147	-	-		4,012,147	4,012,147	-	-
Retire Economic Assistance Legacy Systems on Mainframe - SIIF	Human Services		2,000,000	-	1,000,000	1,000,000		2,000,000	-	1,000,000	1,000,000
Retire Electronic Health Record Legacy System Data Extraction & Migration on Mainframe - SIIF	Behavioral Health		1,000,000	-	-	1,000,000		1,000,000	-	-	1,000,000
Retire Medicaid Legacy Systems on Mainframe - SIIF	Medical Services		2,000,000	-	1,500,000	500,000		2,000,000	-	1,500,000	500,000
Retire Technical debt remediation, including mainframe and legacy systems - SIIF	Business Operations		10,000,000	-	5,000,000	5,000,000		10,000,000	-	5,000,000	5,000,000
State Hospital Network Redundancy - SIIF	Behavioral Health		500,000	-	-	500,000		500,000	-	-	500,000
IT - Existing Total		-	40,742,935	24,742,935	7,500,000	8,500,000	-	40,742,935	24,742,935	7,500,000	8,500,000
Services - Behavioral Health Current			-	-	-	-		-	-	-	-
Avel eCare rural crisis support continuation - CHTF	Behavioral Health		2,000,000	-	-	2,000,000		1,000,000	-	-	1,000,000
Inflation for vendors Crisis Residential/ Addiction Residential/Recovery/Rehab contracts	Behavioral Health		3,778,687	3,778,687	-	-		1,778,687	1,778,687	-	-
Inflation for vendors Addiction Residential contract	Behavioral Health		-	-	-	-		-		-	-
Inflation for vendors Recovery/Rehab Contract	Behavioral Health		-	-	-	-		-		-	-
Substance Use Disorder (SUD) Voucher Expansion (utilization expansion)	Behavioral Health		2,500,000	2,500,000	-	-		2,500,000	2,500,000	-	-
Western ND behavioral health staffing compensation	Behavioral Health		250,536	250,536	-	-		250,536	250,536	-	-
Services - Behavioral Health Current		-	8,529,223	6,529,223	-	2,000,000	-	5,529,223	4,529,223	-	1,000,000
Children's Behavioral Health											
Development of Partial Hospitalization / Intensive Day Treatment - CHTF	Behavioral Health		2,000,000	-	-	2,000,000		2,000,000	-	-	2,000,000
Treatment Collaborative for Traumatized Youth Expansion	Behavioral Health		408,000	408,000	-	-		408,000	408,000	-	-
Voluntary Treatment Program / QRTP access for private custody youth	Behavioral Health		1,351,997	1,351,997	-	-		1,351,997	1,351,997	-	-
Youth Crisis Stabilization Pilot	Behavioral Health		6,000,000	3,000,000	3,000,000	-		-	-	-	-
Children's Behavioral Health		-	9,759,997	4,759,997	3,000,000	2,000,000	-	3,759,997	1,759,997	-	2,000,000

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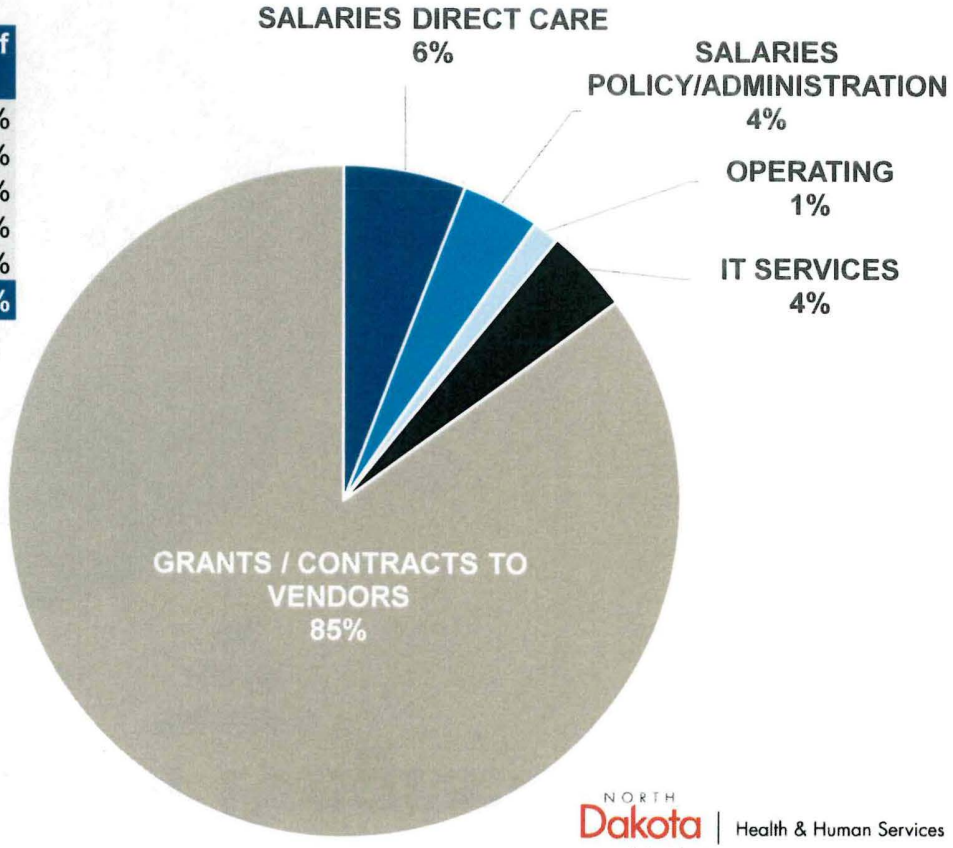
Overview of HHS 2025-2027 Budget

Description	2023-25 Budget Base	Increase/ (Decrease)	2025-27 Executive Budget	2025-27 House Changes	Engrossed HB 1012
Salaries and Benefits	$ 547,374,810	$ 78,909,965	$ 626,284,775	$ (30,000,000)	$ 596,284,775
Operating	389,851,984	159,494,078	549,346,062	(14,999,541)	534,346,521
IT Services	182,757,553	76,849,059	259,606,612	-	259,606,612
Capital Asset Expense	2,244,478	1,637,295	3,881,773	(632,000)	3,249,773
Capital Assets	2,173,666	301,751,615	303,925,281	30,000,000	333,925,281
Grants	4,431,009,184	98,785,312	4,529,794,496	20,974,970	4,550,769,466
Total	**$ 5,555,411,675**	**$ 717,427,324**	**$ 6,272,838,999**	**$ 5,343,429**	**$ 6,278,182,428**

General Fund	**$ 2,011,826,795**	**$ 294,230,520**	**$ 2,306,057,315**	**$ (28,106,122)**	**$ 2,277,951,193**
Federal Funds	**3,144,926,499**	**72,290,964**	**3,217,217,463**	**4,822,571**	**3,222,040,034**
Other Funds	**398,658,381**	**350,905,840**	**749,564,221**	**28,626,980**	**778,191,201**
Total Funds	**$ 5,555,411,675**	**$ 717,427,324**	**$ 6,272,838,999**	**$ 5,343,429**	**$ 6,278,182,428**

2025-2027 Engrossed HB 1012 Budget

DESCRIPTION	ENGROSSED HB 1012	Percent of Total
SALARIES DIRECT CARE	$ 363,590,881	5.8%
SALARIES POLICY/ADMINISTRATION	232,693,892	3.7%
OPERATING	80,503,532	1.3%
IT SERVICES	257,559,136	4.1%
GRANTS / CONTRACTS TO VENDORS	5,343,834,987	85.1%
TOTAL	$ 6,278,182,428	100.0%



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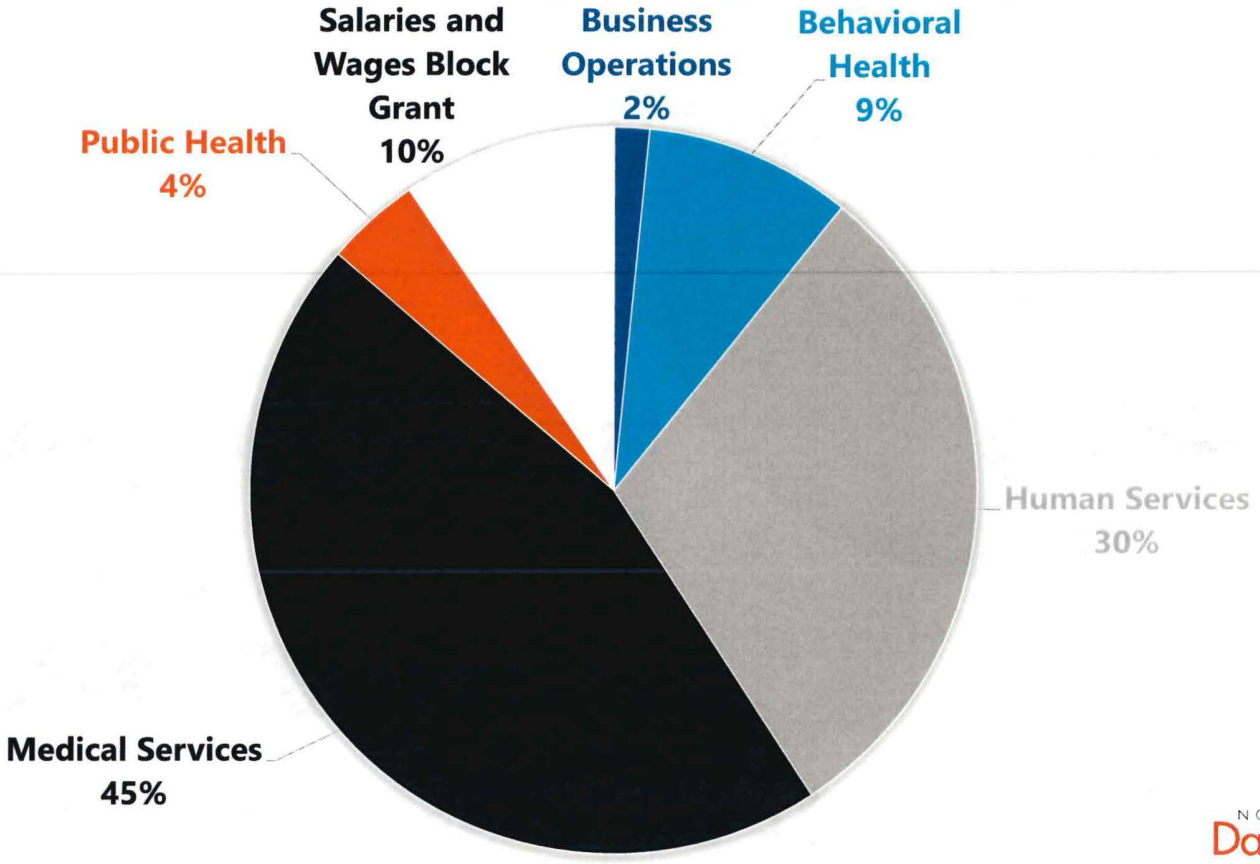
2025-2027 Budget by Major Program



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2025 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

HB 1012
3/10/2025

Relating to leases of the health and human services property, substance use disorder treatment program, basic care payment rates, and state of residence for child care assistance; to provide for a transfer; to authorize a line of credit; to provide legislative intent; to provide for a legislative management study; to provide an application; to provide an exemption; to provide for a report; and to provide an effective date.

2:47 p.m. Chairman Dever opened the hearing.

Members present: Chairman Dever and Senators Cleary, Davison, Magrum and Mathern.

Discussion Topics:

- Business Operations Division Overview
- Finance Division
- Legal Division
- Human Resource Division
- Communication Division
- Office of Commissioner
- Office of Deputy Commissioner
- Office of Transformation
- Full-Time Equivalent Position (FTE) Details
- Salary Block Grant

2:47 p.m. Keith Mantz, Fiscal Analyst, LC, submitted testimony #40132.

2:52 p.m. Sara Stolt, Deputy Commissioner, ND Department of Health and Human Services (ND DHHS), testified in favor and submitted testimony #40112.

3:21 p.m. Donna Oaklund, Chief Financial Officer (CFO), Finance Division, ND DHHS, referred to longsheets and answered committee questions.

3:21 p.m. Donna Oaklund, Chief Financial Officer (CFO), Finance Division, ND DHHS, testified on favor and submitted testimony #40013.

3:23 p.m. Sara Stolt, Deputy Commissioner, ND DHHS, testified in favor, continued previous testimony #40112.

3:37 p.m. Sara Stolt, Deputy Commissioner, ND DHHS, submitted testimony #40166.

3:51 p.m. Sara Stolt, Deputy Commissioner, ND DHHS, testified in favor and submitted testimony #40019.

3:53 p.m. Donna Oaklund, Chief Financial Officer (CFO), Finance Division, ND DHHS, testified neutral and submitted testimony #40011.

Additional Testimony:

Donna Aukland, CFO, Finance Division, ND DHHS, submitted testimony #41351.

3:59 p.m. Chairman Dever closed the hearing.

Joan Bares, Committee Clerk

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Salary Block Grant Financial Report

HB 1012 Subdivision	Section	23-25 Underfund	23-25 Legislative Base	Internal Budget Alignments	Budget Adjustment CCBHC	23-25 Budget	Exp through Dec 2024	Project 23-25	(Over)/ Under Budget	23-25 Projected Travel Contracts	Cost to Continue 4%	2023-2025 HB 1004 Salary Pool Reduction	2023-2025 SB 2012 Salary Underfund	Governor's Compensation Package	Executive Budget Decision Packages	25-27 Executive Budget Budget	FTE Block Grant salary reduction	Engrossed HB 1012
Business Operations		(1,121,250)	25,763,358	9,485,919		35,249,277	26,331,895	37,262,978	(2,013,701)		664,546	344,736	1,121,250	2,580,945	9,842,126	60,341,364	(8,235,269)	52,106,095
Business Operations Total		**(1,121,250)**	**25,763,358**	**9,485,919**	**-**	**35,249,277**	**26,331,895**	**37,262,978**	**(2,013,701)**	**-**	**664,546**	**344,736**	**1,121,250**	**2,580,945**	**9,842,126**	**60,341,364**	**(8,235,269)**	**52,106,095**
Behavioral Health	0 - Statewide Clinic	(731,250)	5,370,867	-	3,938,041	9,308,908	3,656,448	5,648,720	3,660,188		175,499		731,250	996,952		13,228,911	(552,133)	12,676,778
	1 - Northwest Clinic	(376,350)	8,149,323	-		8,149,323	4,991,295	7,236,476	912,847		153,637		376,350	513,098	250,536	9,296,050	(451,542)	8,844,508
	2 - North Central Clinic	(875,550)	20,057,484	-		20,057,484	12,194,905	16,816,217	3,241,267		378,139		875,550	1,193,683		20,704,468	(918,734)	19,785,734
	3 - Lake Region Clinic	(378,300)	9,858,429	(240,443)		9,617,986	6,495,512	8,916,675	701,311		181,326		378,300	515,756		10,692,134	(417,476)	10,274,658
	4 - Northeast Clinic	(1,043,250)	24,124,905	(221,930)		23,902,975	15,809,741	21,684,481	2,218,494	799,647	450,637		1,043,250	1,422,318		25,149,039	(1,120,269)	24,028,770
	5- Southeast Clinic	(1,575,600)	33,243,880	(365,326)		32,878,554	22,297,021	30,183,873	2,694,681		619,851		1,575,600	2,148,099		34,463,658	(1,553,237)	32,910,421
	6 - South Central Clinic	(680,550)	14,210,586	-		14,210,586	10,105,804	13,886,221	324,365	384,577	267,909		680,550	927,830		16,514,070	(774,155)	15,739,915
	7 - West Central Clinic	(863,850)	21,484,707	(374,379)		21,110,328	14,455,972	20,289,088	821,240		397,988		863,850	1,177,732		22,935,424	(871,585)	22,063,839
	8 - Badlands Clinic	(661,050)	13,288,027	-		13,288,027	8,679,025	12,168,470	1,119,557		250,516		661,050	901,244		14,597,350	(773,721)	13,823,629
	Policy	(542,100)	8,792,675	1,414,989		10,207,664	7,667,481	10,247,462	(39,799)		192,443		542,100	1,202,740		17,267,167	(1,211,587)	16,055,580
	State Hospital	(5,200,650)	76,156,747	(1,212,631)		74,944,116	50,255,216	68,163,314	6,780,802	6,105,126	1,412,903		5,200,650	4,157,833		73,941,551	(5,165,773)	68,775,778
Behavioral Health Total		**(12,928,500)**	**234,737,630**	**(999,720)**	**3,938,041**	**237,675,951**	**156,608,420**	**215,240,999**	**22,434,952**	**7,289,350**	**4,480,848**	**-**	**12,928,500**	**15,157,285**	**250,536**	**258,789,822**	**(13,810,212)**	**244,979,610**
Human Services	Aging Services	(380,250)	12,686,548	-		12,686,548	10,291,077	13,510,977	(824,429)		239,176		380,250	15,370		15,171,289	(1,367,158)	13,804,131
	Child Support	(544,050)	31,111,386	-		31,111,386	22,942,958	30,644,087	467,299		586,535		544,050	2,090,506		33,349,319	(821,890)	32,527,429
	Children and Family Services	(274,950)	7,880,690	-		7,880,690	6,250,949	8,491,793	(611,103)		148,573		274,950	585,942		9,735,168	(390,795)	9,344,373
	Developmental Disabilities	(852,150)	26,050,507	-		26,050,507	20,515,919	27,775,091	(1,724,584)		491,124		852,150	1,662,448		30,994,223	(1,201,777)	29,792,446
	Disability Determination Services		4,786,632	-		4,786,632	3,287,099	4,400,227	386,405		90,241			292,016		5,218,891	10	5,218,901
	Early Childhood	(208,650)	4,120,692	-		4,120,692	3,144,843	4,408,151	(287,459)		77,686		208,650	260,099		5,169,207	(200,967)	4,968,240
	Economic Assistance	(200,850)	10,460,170	(177,648)		10,282,522	11,637,287	15,701,433	(5,418,911)		193,854		200,850	729,488		12,531,872	(402,013)	12,129,859
	Human Service Zones	(83,850)	34,086,800	(807,719)		33,279,081	25,992,897	34,449,927	(1,170,846)		627,402		83,850	2,235,626		36,392,274	(26)	36,392,248
	Life Skills & Transition Center	(1,464,450)	53,526,980	(1,062,147)		52,464,833	39,602,042	52,918,995	(454,162)	4,455,932	989,107		1,464,450	3,252,179		57,799,213	(2,258,857)	55,540,356
	Voc Rehab	(196,950)	18,185,556	-		18,185,556	12,655,612	17,079,896	1,105,660		342,848		196,950	1,995,579		21,125,828	445,266	21,571,094
Human Services Total		**(4,206,150)**	**202,895,961**	**(2,047,514)**	**-**	**200,848,447**	**156,320,684**	**209,380,577**	**(8,532,130)**	**4,455,932**	**3,786,546**	**-**	**4,206,150**	**13,119,253**		**227,487,284**	**(6,198,207)**	**221,289,077**
Medical Services		(534,300)	21,008,344	-		21,008,344	15,351,849	21,563,691	(555,347)		396,065		534,300	1,394,040		24,800,444	(732,850)	24,067,594
Medical Services Total		**(534,300)**	**21,008,344**	**-**	**-**	**21,008,344**	**15,351,849**	**21,563,691**	**(555,347)**	**-**	**396,065**	**-**	**534,300**	**1,394,040**		**24,800,444**	**(732,850)**	**24,067,594**
Public Health	Disease Control	(130,650)	14,446,948	-		14,446,948	8,537,737	11,680,125	2,766,824		272,365	378,512	130,650	565,359		13,770,758	(377,965)	13,392,793
	Health Response & Licensure	(296,400)	15,483,516	-		15,483,516	13,677,184	17,953,714	(2,470,198)		291,907	688,689	296,400	966,103		14,291,133	(173,641)	14,117,492
	Health Statistics & Performance	(13,650)	4,850,439	-		4,850,439	2,989,916	4,247,672	602,767		91,444	172,062	13,650	259,803		6,547,530	(68,983)	6,478,547
	Healthy & Safe Communities	(74,100)	11,573,657	(183,786)		11,389,871	9,306,983	12,750,900	(1,361,029)		214,730	530,476	74,100	791,046		14,629,593	(169,928)	14,459,665
	Lab Services	(195,000)	7,805,930	-		7,805,930	3,899,804	5,216,954	2,588,976		147,163	324,552	195,000	314,915		5,626,846	(232,945)	5,393,901
	Public Health Administration		6,254,899	(6,254,899)		-												
Public Health Total		**(709,800)**	**60,415,389**	**(6,438,685)**	**-**	**53,976,704**	**38,411,625**	**51,849,364**	**2,127,339**	**-**	**1,017,609**	**2,094,291**	**709,800**	**2,897,226**		**54,865,860**	**(1,023,462)**	**53,842,398**
Grand Total		**(19,500,000)**	**544,820,682**	**-**	**3,938,041**	**548,758,722**	**393,024,473**	**535,297,608**	**13,461,114**	**11,745,282**	**10,345,614**	**2,439,027**	**19,500,000**	**35,148,749**	**10,092,662**	**626,284,774**	**(30,000,000)**	**596,284,774**

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Bills with Fiscal note, Appropriation or Potential Fiscal Impact
As of February 27, 2025

		Appropriation			Fiscal Note		
Bill Number	Bill Title	Total	General	Federal/Other	Total	General	Federal/Other
1066	Minimum wage paid by the Department	-			213,038		213,038
1067	Medical assistance benefits and Medicaid waivers	-			62,724	31,207	31,517
1268	Mandatory drug testing by human service zones	95,000	95,000		-		
1425	Prosecution led diversion programs, deflection process and supervision for	750,000	750,000		-		
1468	Behavioral health facility grant	16,000,000	16,000,000		-		
1485	Personal needs allowance amount for eligible beneficiaries	-			869,954	456,946	413,008
2033	Distressed ambulance service program	150,000	150,000		-		
2036	Fitness to proceed and remediation of juveniles	500,000	500,000		-		
2037	Juvenile court petitions, fitness to proceed in juvenile court proceedings, and collateral consequences the juvenile court may order;	300,000	300,000		-		
2096	State hospital facilities and to provide for regional acute psychiatric treatment and residential supportive housing services.	16,000,000	16,000,000		-		
2112	Relating to the life skills and transition center	-			87,969	87,969	
2113	Relating to certified community behavioral health clinics and the financing of health and human services	150,000	150,000		-		
2138	Grants to organizations providing care for the elderly	200,000	200,000		-		
2190	Relating to medical assistance benefits	-			640,210	316,936	323,274
2200	Creation of the 988 crisis hotline program and the 988 crisis stabilization fund and the imposition of a 988 access fee	500,000		500,000	-		
2205	Charitable gaming operating fund (Continuing appropriation)	-			-		
2231	Covered services for medical assistance	-			5,139,404	513,940	4,625,464
2271	Adult residential facility payment rates	1,709,302		1,709,302	-		
2294	Qualifying senior and nonresident medical marijuana patients (Continuing Appropriation)	-			-		
2305	Family paid caregiver service program and the cross-disability advisory council	7,300,000	7,300,000		-		
2399	Medical assistance reimbursement of psychiatric residential treatment faiclities				2,128,341	1,053,688	1,074,653
	Grand Total all Bills	**43,654,302**	**41,445,000**	**2,209,302**	**9,141,640**	**2,460,686**	**6,680,954**

HB1034, HB1070, HB1071, HB1109, HB1119, HB1203, HB1205, HB1306, HB1460, HB1467, HB1464, HB 1566, HB1567, SB 2205, SB 2271

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Report 4: Reconciliation Report

	53.50	+	53.50	*Internal adjustments + or - 0.75	=	2581.83	+	55.00	+	143.43	*Internal adjustments + or - 0.65	=	2780.91
	53.5 Temp to FTE effective 7-1-23 (authorized in 23-25 session)		53.5 New FTE effective 7-1-23 (authorized in 23-25 session)			FINAL 2023-25 Starting Point		Temp to FTE added through block grant up until 12-31-24		Non-temp FTE added through block grant up until 12-31-24			Current Position Numbers Assigned
Business Operations													
Office Of Commissioner	0.00		0.00			1.00		0.00		2.00			9.7
Office Of Deputy Commissioner	1.00		1.50			32.00		0.00		5.50			32.5
Communications	0.00		0.00			9.00		0.00		6.00			14
Legal	0.00		0.00			10.75		0.00		3.00			13.75
Human Resources	0.00		0.00			29.80		0.00		12.50			42.8
Finance	0.00		0.00			67.85		2.00		11.00			74.5
Behavioral Health Division													
Behavioral Health Policy & Administration	1.00		7.00			71.00		0.00		16.00			100
Human Service Clinics	44.50		26.00			667.75		6.00		48.00			778.65
State Hospital	0.00		0.00			358.12		0.00		1.00			323.52
Human Services Division													
Administration	0.00		0.00			0.00		0.00		3.00			0
Economic Assistance	0.00		0.00			56.00		2.00		13.20			86
Child Support	0.00		0.00			160.20		0.00		0.00			161.2
Aging & Adult Services	2.00		8.00			65.95		2.00		5.70			144.65
Children And Family Services	0.00		0.00			40.00		4.00		0.00			84
Vocational Rehabilitation	0.00		0.00			85.00		0.00		1.00			87
Developmental Disabilities	0.00		5.00			140.12		8.00		4.03			144.15
Disability Determination Services	0.00		0.00			23.00		0.00		0.00			23
Early Childhood	0.00		1.00			22.00		1.00		2.00			47
Life Skills & Transition Center	0.00		0.00			275.54		0.00		0.00			276.44
Human Service Zone Operations	0.00		0.00			157.00		0.00		0.00			
Medical Services Division													
Medical Services	0.00		5.00			95.00		4.00		5.50			106
Long Term Care	0.00		0.00			0.00		0.00		0.00			0
Public Health Division													
Public Health Administration	0.00		0.00			0.00		1.00		0.00			10
Disease Control & Forensic Path	1.00		0.00			39.00		6.00		1.00			39.8
Health Statistics & Performance	0.00		0.00			24.00		2.00		0.00			24
Healthy And Safe Communities	4.00		0.00			54.00		6.00		2.00			60
Laboratory Services	0.00		0.00			25.50		3.00		0.00			24.25
Health Resources And Response	0.00		0.00			71.50		8.00		1.00			74
Internal adjustment				**0.75**		**0.75**					**0.65**		

**Internal adjustments refers to situations where a request through the block grant was approved and subsequently withdrawn, either in whole or part; as well as unique situations with employees who are temporarily working less than their alloted FTE (i.e. medical LOA, light duty, etc) and renumbering*



HB1012 Business Operations Detail to Senate Appropriations - HR Division

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Sara Stolt | Deputy Commissioner
March 10, 2025

Our Vision

North Dakota is the healthiest state in the nation.

Our Mission

HHS fosters positive, comprehensive outcomes by promoting economic, behavioral and physical health, ensuring a holistic approach to individual and community well-being.

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Our **Strategic Priorities**

Support the advancement of strong, stable, healthy families and communities.

Advance the foundations of well-being through access to high-quality services and supports closer to home.

Optimize disaster and epidemic response and recovery.

Advance excellence in agency infrastructure and operations.

Deliver best-in-class, customer-centered experiences.

Foster a culture of excellence where every team member has a voice, adds value and is empowered to make a difference.

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Business Operations

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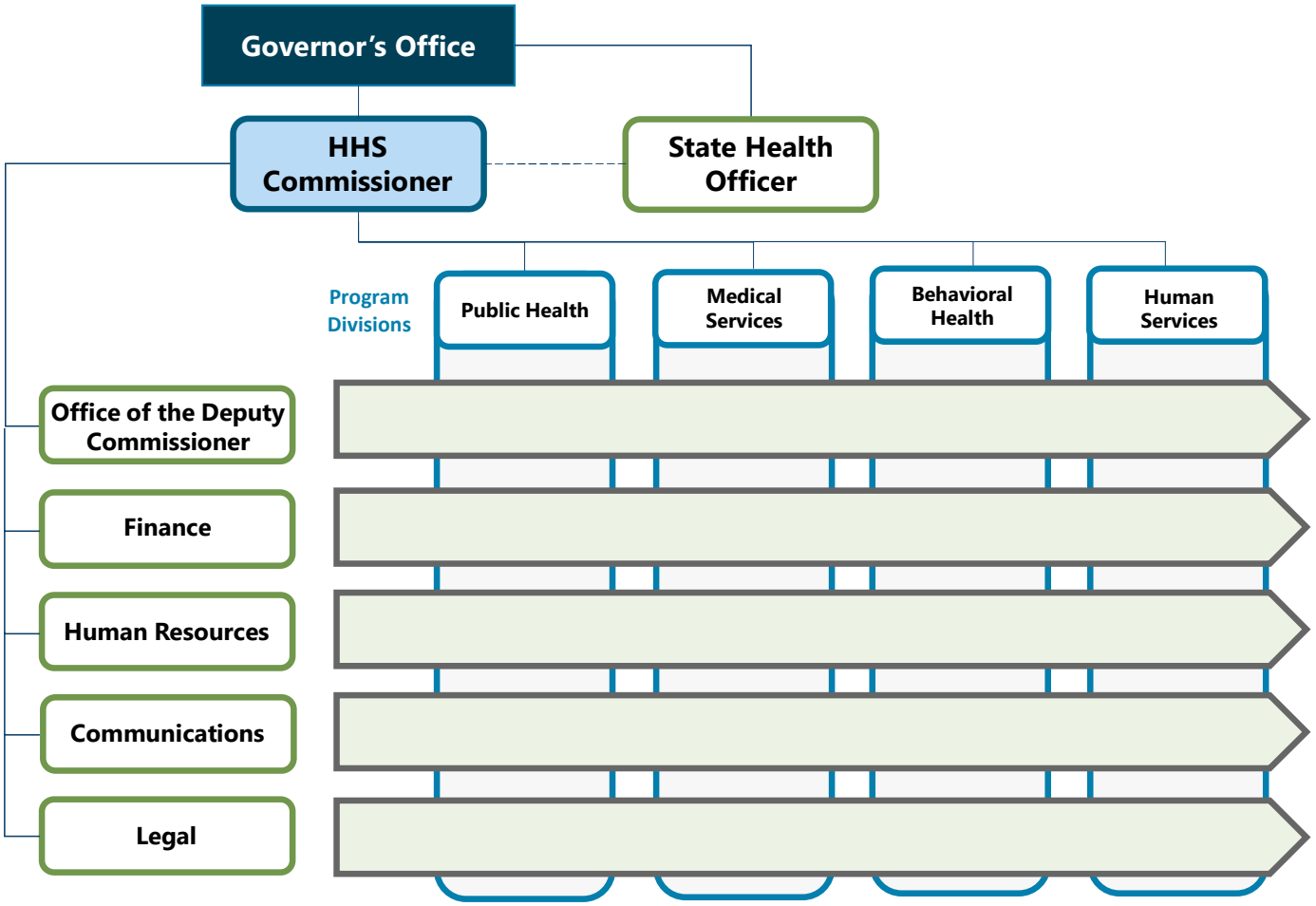
Operations Divisions model supports core business functions across HHS



The Foundation for Success

Operations

- Strong hiring and retention practices
- Serve the employee life cycle
- Sound financial management
- Essential IT Systems
- Safe facilities and spaces
- Legal counsel and support
- Core communications

Program + Policy



Direct Services

Benefits + Supports

"A company can seize extra-ordinary opportunities only if it is very good at the ordinary operations." - Marcel Telles

Drive Quality, Efficiency and Effectiveness



Citizen engagement on hhs.nd.gov has doubled from 600k to 1.5M from 2023 to 2024.



The finance team manages over 400 funds coming into HHS and more than 4,000 contracts for providers, vendors and grantees.



Human Resources has posted 973 jobs in 2024; average applicants per post has gone up from 6.3 in 2022, to 9.6 in 2024.



The estate recovery team in legal has increased our estate recovery by 15%.

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Business Operations Divisions

Section Name			
Position Numbers Assigned	**Filled Positions**	**# of temporary staff**	**# of Vacancies**
187.25	*156.05*	*14*	*31.2*

Average Age	43
Avg Years of Service	*12.2*
Retirement Risk	*4%*

- Office of Commissioner
- Office of Deputy Commissioner
- Finance Division
- Communications Division
- Human Resource Division
- Legal Division



Divisional Overviews

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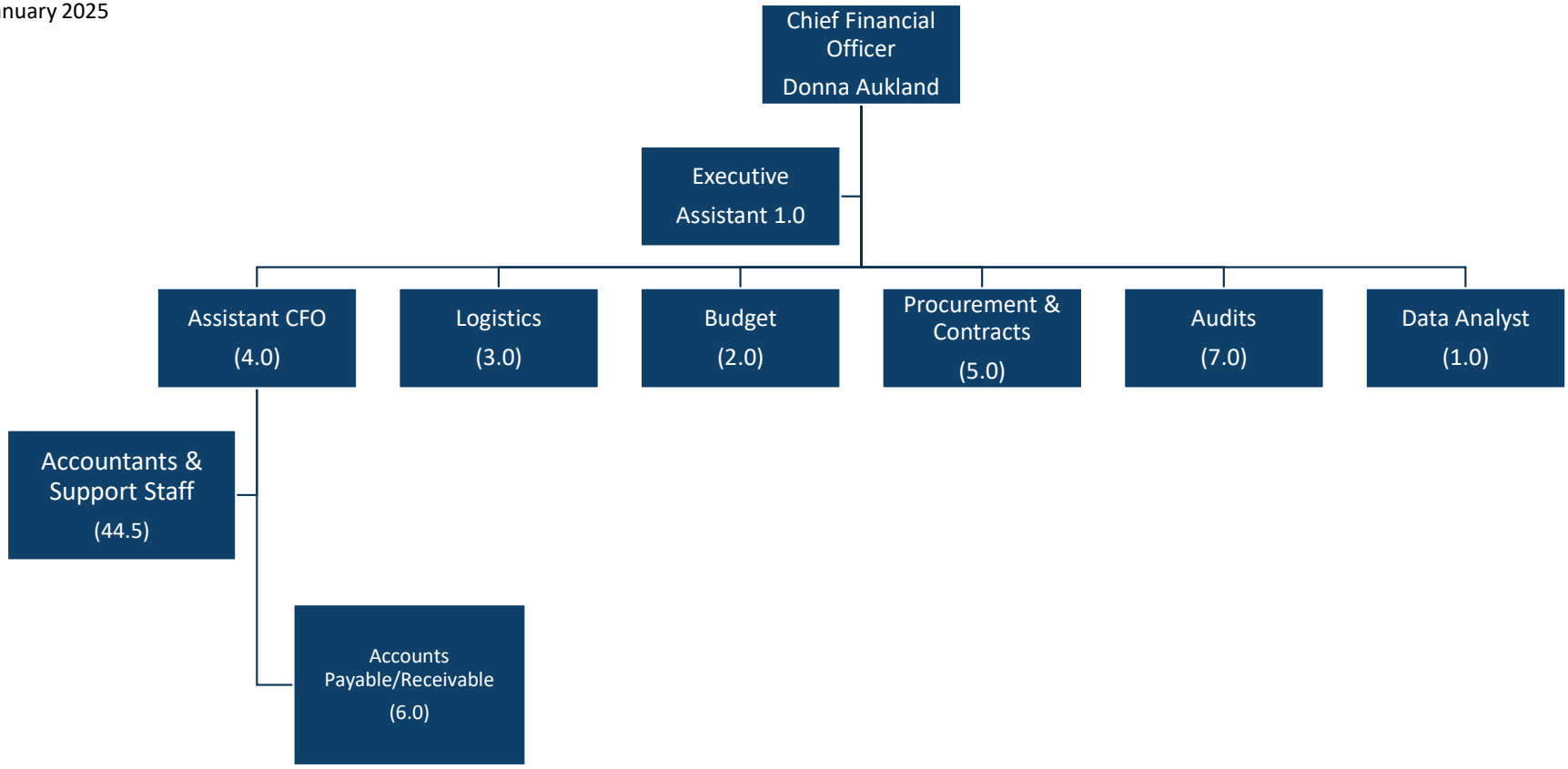
Health & Human Services

ND Department of Health & Human Services
Finance Division

Effective January 2025



Finance Opportunities

- Procurement | Contract Governance
- Audit Governance
- Responsible Resource Management
- Grants Governance
- Digitization
- Collaboration



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Finance Challenges

- Manual Processes
- Financial Integration Between Agencies (ongoing)
- Responsible Resource Management
- Turnover | Retirements
- Increased Workload



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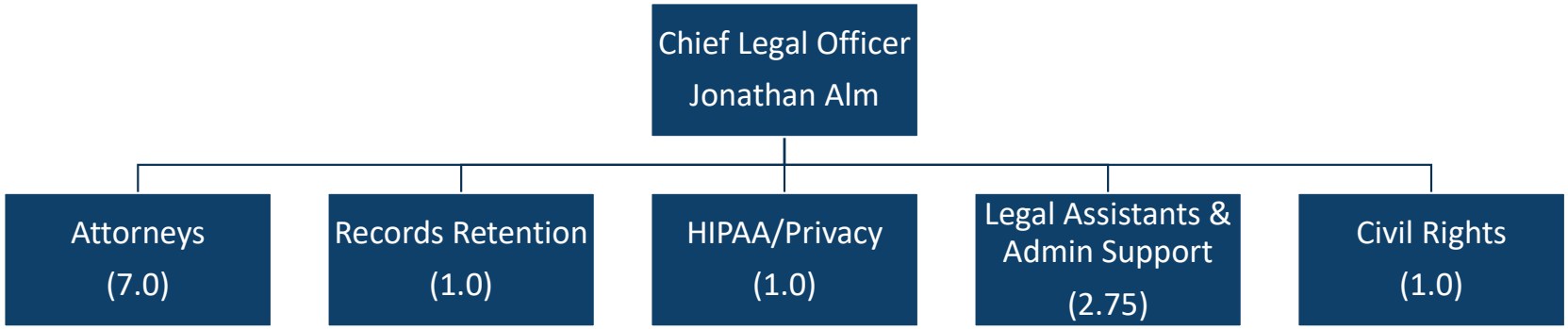
ND Department of Health & Human Services
Legal Division

Effective January 2025



Legal Division

Restructured job duties to embed specific attorneys within the Department's divisions to:

- Increase response times back to Department staff, which translate into faster responses back to applicants, recipients, and our community partners;
- Create subject matter experts for each division to rely upon;
- Reduce involvement of direct care staff being involved in legal matters; and
- Be available to our legal community partners.



Legal Division – Challenges

- Increase in workload due to changes to federal and state law and regulations, new programs, or increase in appropriation to provide additional services and supports.
- Increase in the number of appeals, intentional program violations, and trust reviews.
- Finding legal solutions to address the ability to provide services or assistance to individuals with more complex needs.



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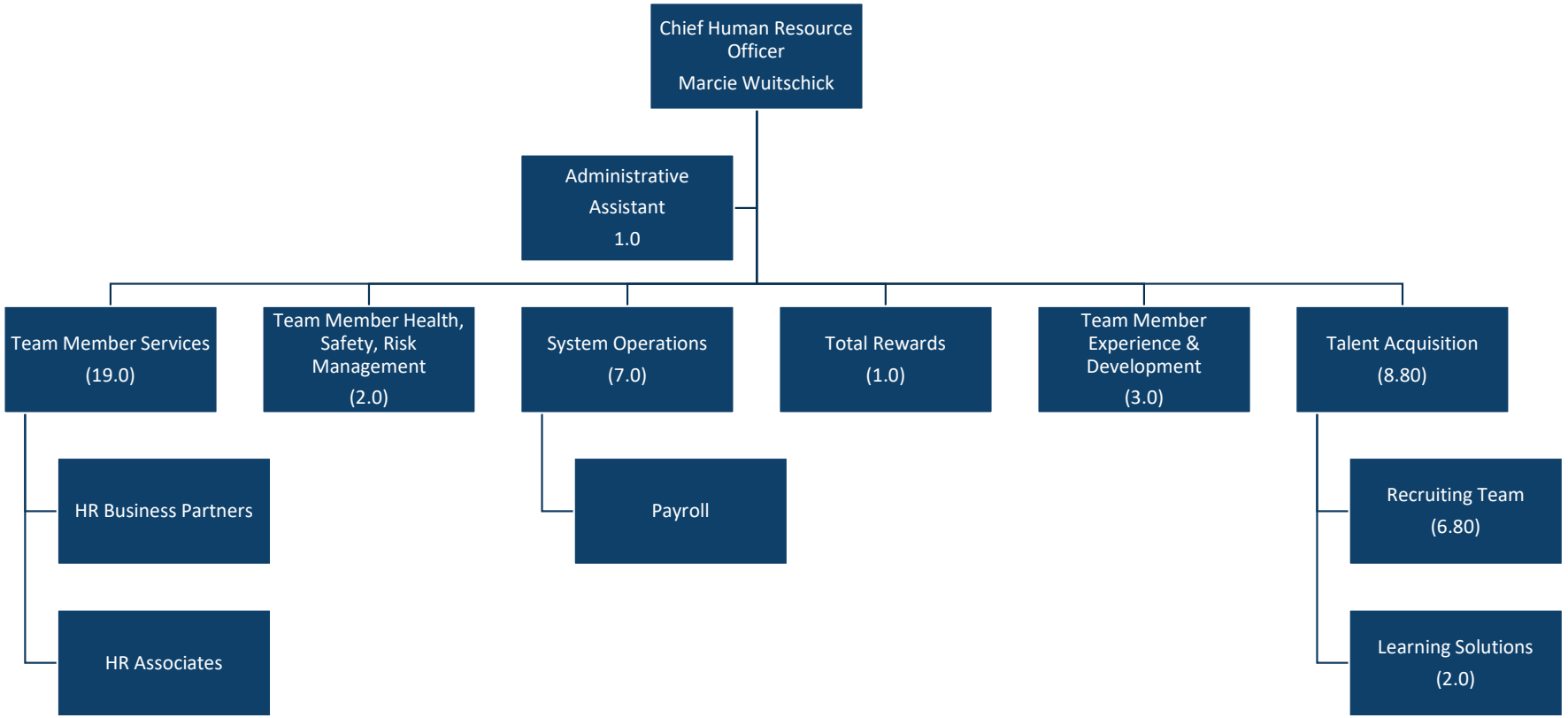
ND Department of Health & Human Services
Human Resource Division

Effective January 2025



The Employee Life Cycle



Human Resources Opportunities



- Team Member Experience (onboarding, development, offboarding)
- Automating Standard HR Processes
- Leadership & Manager Development
- Employee Engagement

Human Resources Challenges



- Low unemployment | attracting talent
- Manual processes
- Amount of change | helping teams adapt

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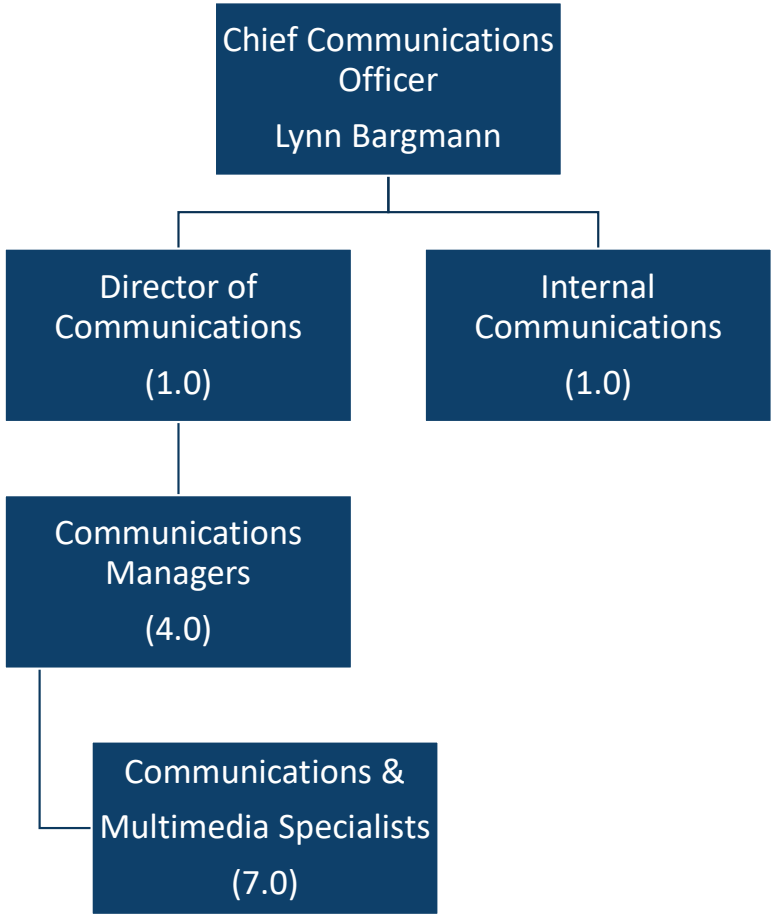
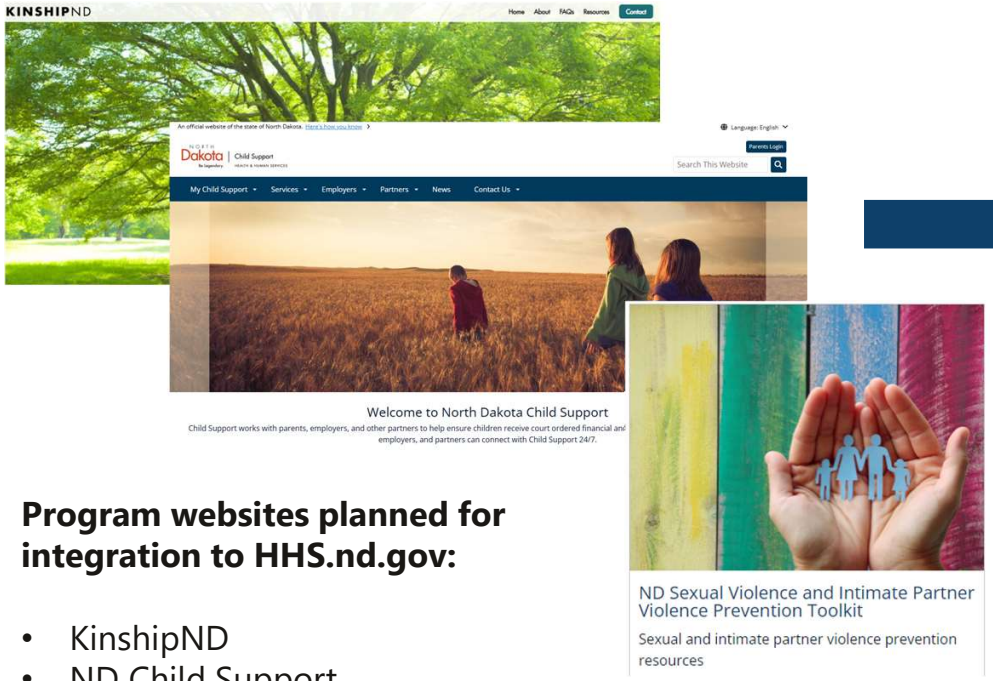
ND Department of Health & Human Services
Communications Division

Effective January 2025

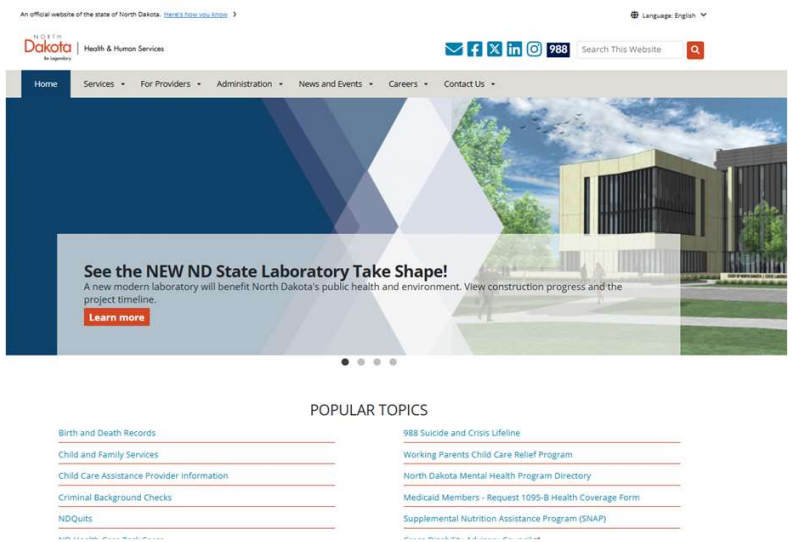


Improve access: Streamline and strengthen communications touchpoints, making it easier for North Dakotans to meet their health and well-being needs



Program websites planned for integration to HHS.nd.gov:

- KinshipND
- ND Child Support
- ND Sexual Violence and Intimate Partner Violence Prevention Toolkit



HHS.nd.gov

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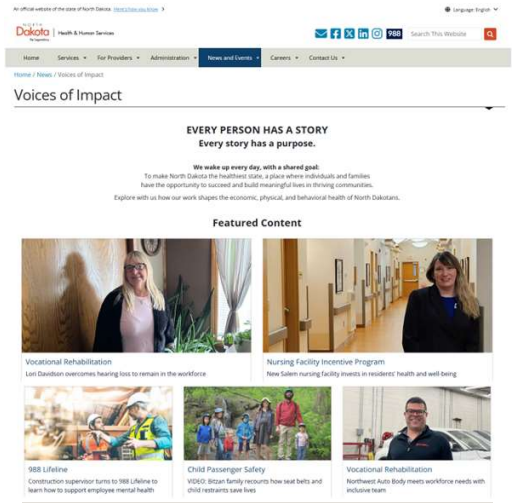
Foster engagement and trust with those we serve, the public and the media

Storytelling campaigns



Voices of Impact on hhs.nd.gov

Community engagement



"Recovery Rocks" campaign

Partner | provider engagement



Working Parents Child Care Relief Employer Toolkit

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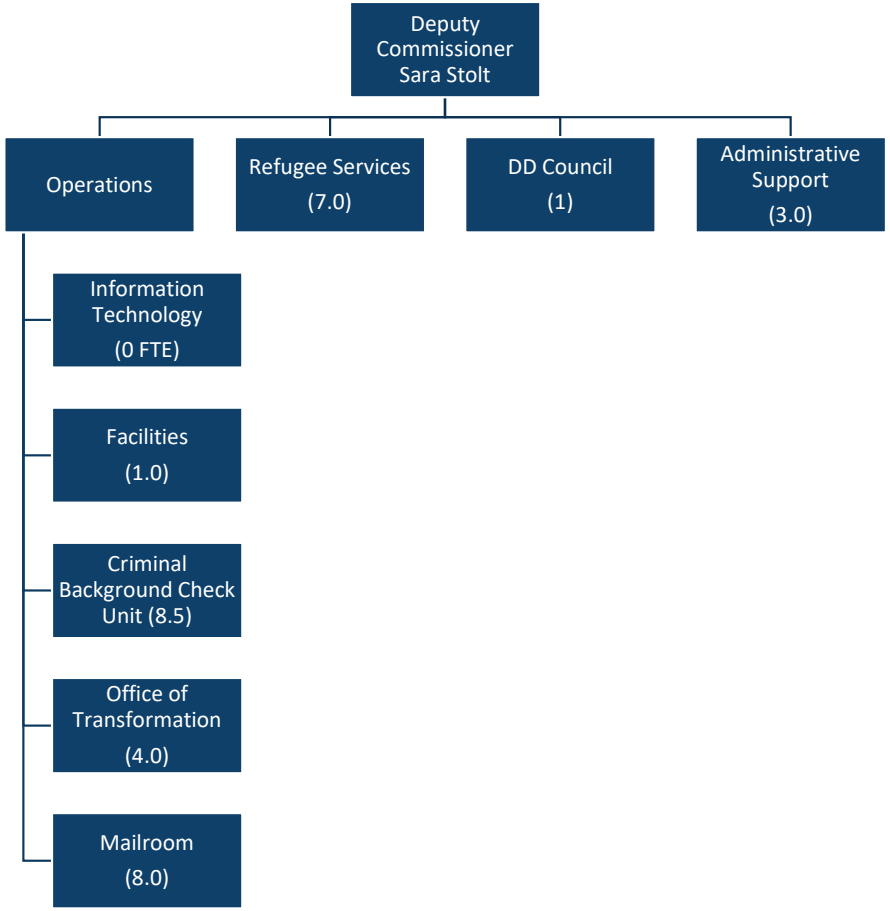
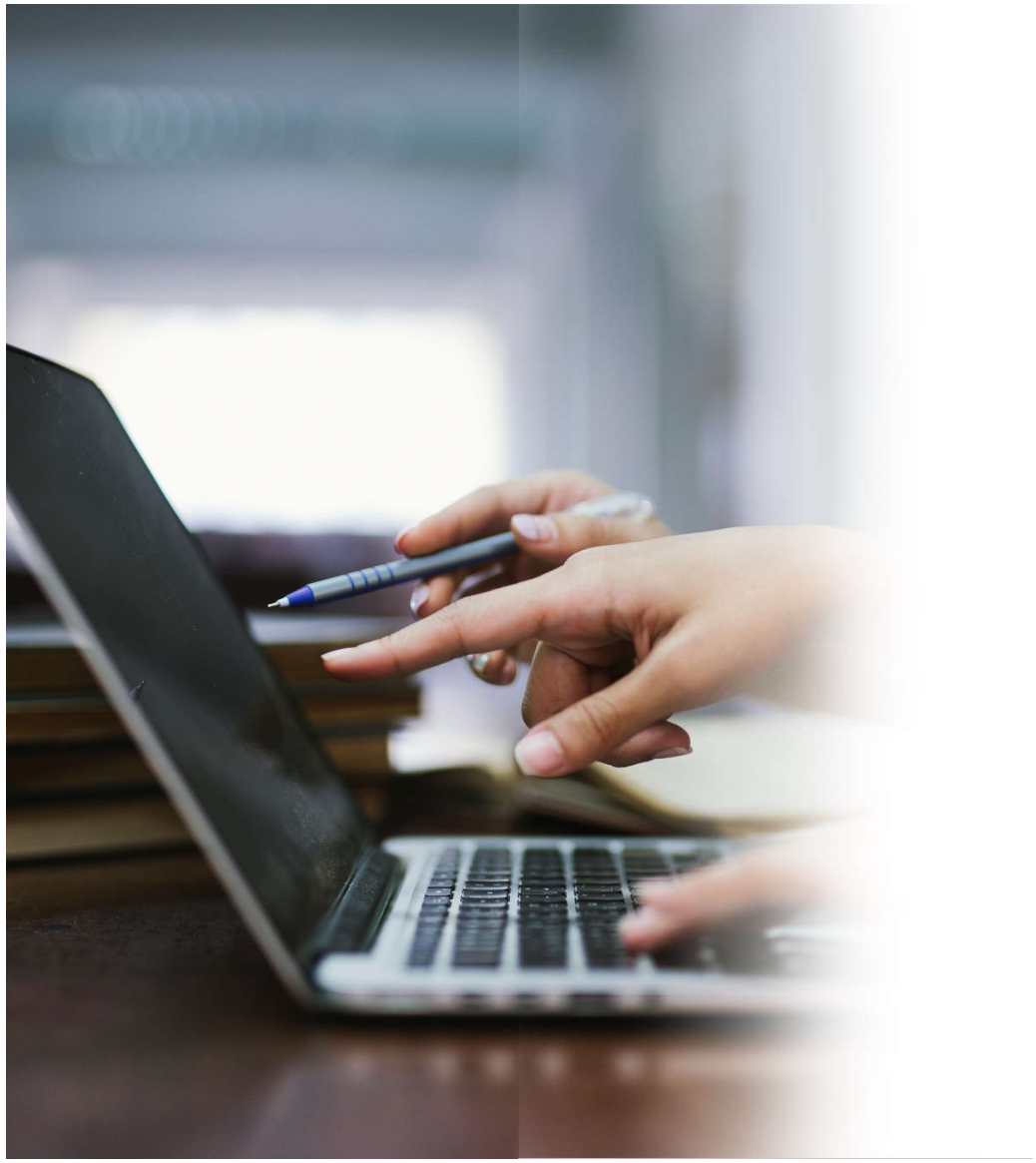
ND Department of Health & Human Services
Office of Deputy Commissioner

Effective January 2025





IT + Project Governance

- Technology solutions support the core services HHS provides
- Align resources to support the right technology at the right time
- Retire legacy systems and the mainframe
- Establish, in collaboration with NDIT, the IT strategic direction

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Office of Transformation

- Ensure successful implementation of major HHS initiatives
- Support change management, process improvement and project management across HHS



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Criminal Background Check Unit

- Ensures compliance with all federal and state laws related to required background checks
- Increased timeliness and quality
- Moving to an automated solution in 2025

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FTE Details

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Current FTE vacancies - point in time (12-1-24)

374.63 Vacant Positions – Phases summarized as follows:

Phase	Description	Number
1	Part of current budget, position number established, job description completed and in process of being classified then posted	109.00
2	Position posted; actively recruiting and has not yet closed	112.52
3	Position posting closed; applications being reviewed and interviews scheduled	42.9
4	Position has been offered, and offer is pending	16
5	Position is filled; new team member not started as of 12/1/24	79.5
Remove	Not budgeted for in 23-25 and/or can be deleted	11.71
Freeze	Federal Hiring Freeze does not allow for filling position(s)	3.0
	TOTAL	**374.63**

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Salary appropriation for 2023-2025 Biennium

Total HHS Salary + Benefits = $551,714,842

NOTE: *Block grant includes all compensation, overtime, promotional increases, health insurance premiums, bonuses, etc.*

Current FTE vacancies - point in time (12-1-24)

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NORTH Dakota Be Legendary. | Health & Human Services

Salary appropriation for 2023-2025 Biennium

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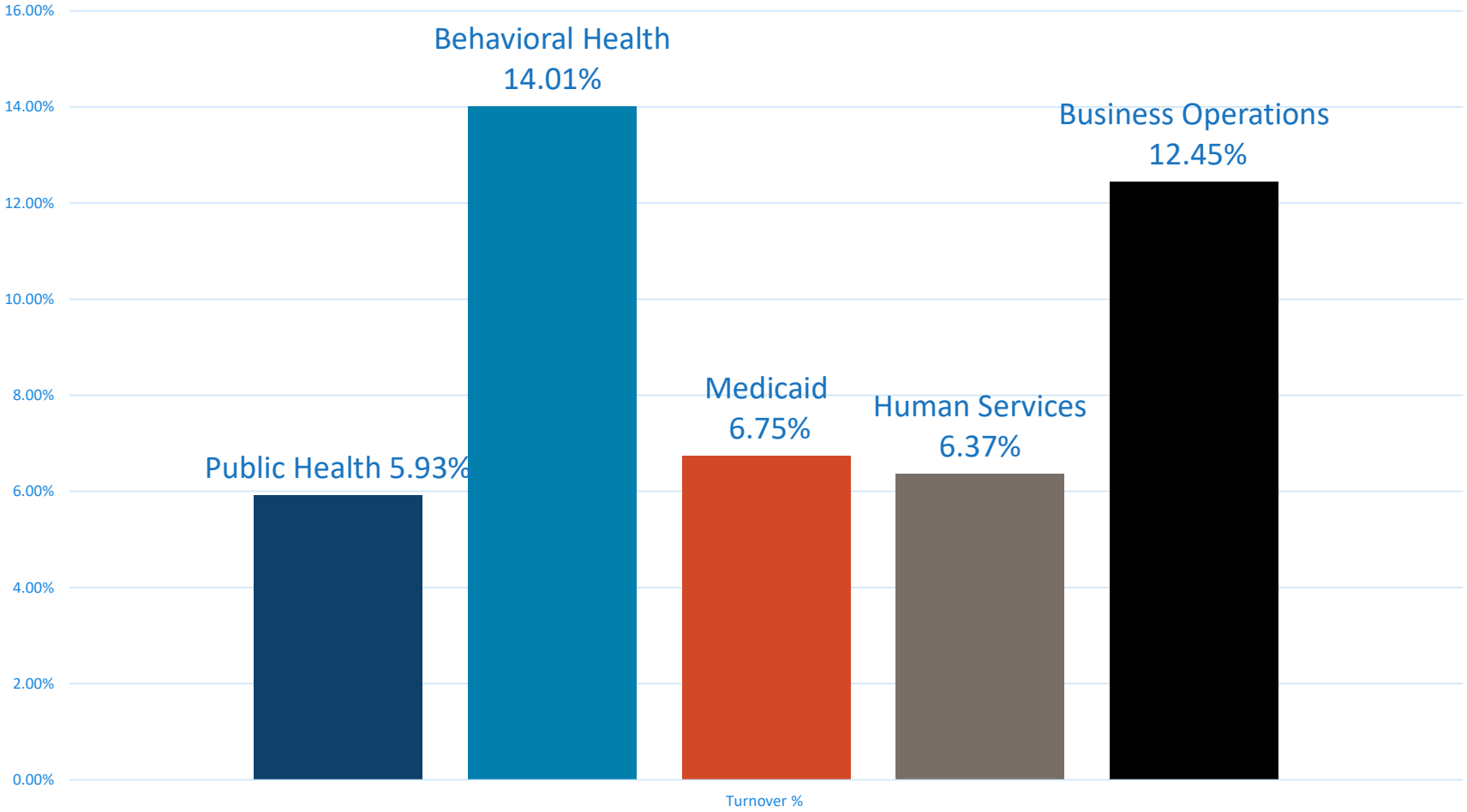
ND Department of Health & Human Services
Turnover 2024



FTE Recap

1. HHS has never exceeded our salary appropriation nor exceeded the 23-25 FTE allocation.
2. HHS went through a rigorous process to build out FTE block grant plan that was vetted with OMB and the Governor's Office.
3. The flexibility of this block grant has made a significant impact on our ability to serve North Dakotans

Reports

- Reconciliation Report
- Salary Budget Report (Donna)

Other Bills Impact

Discuss any other bills being considered by the Legislative Assembly and their potential budgetary impact on your agency.

See Report

Comparison of budget expenditures and projections
By Program

PROGRAMS	2023-25 LEGISLATIVE BASE	ONE-TIME / CARRYOVER	2023-25 EXPENSES THROUGH DECEMBER	2023-25 PROJECTED EXPENDITURES	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)	ENGROSSED HB 1012	GENERAL	FEDERAL	OTHER
COMMISSIONER	$ 2,198,688	$ 750,000	$ 6,260,581	$ 11,721,745	$ 5,517,746	$ (340,007)	$ 5,177,739	$ 3,821,476	$ 851,295	$ 504,969
DEPUTY COMMISSIONER	2,208,772	1,000,000	4,336,523	6,209,827	6,798,538	(284,294)	6,514,244	4,436,861	1,906,706	170,677
DD COUNCIL	1,160,234	-	1,009,189	1,294,603	1,055,139	-	1,055,139	-	1,055,139	-
REFUGEE SERVICES	12,634,669	-	9,692,785	12,880,891	22,977,244	-	22,977,244	-	22,977,244	-
COMMUNICATIONS	1,379,791	-	1,511,631	2,575,859	3,520,085	(225,015)	3,295,070	2,551,618	743,452	-
LEGAL ADVISORY UNIT	4,622,228	-	3,012,614	5,010,607	5,529,611	(201,036)	5,328,575	2,750,076	2,578,499	-
HUMAN RESOURCES	6,130,044	-	5,369,153	7,262,622	8,391,086	(501,144)	7,889,942	6,305,839	1,584,103	-
FINANCE	11,581,681	-	10,502,695	14,875,896	17,712,431	(678,875)	17,033,556	8,601,900	8,431,655	-
STATEWIDE OPERATIONS*	(6,797,738)	-	5,822,081	13,003,718	31,006,677	(6,044,894)	24,961,783	20,922,825	3,494,271	544,688
IT BUSINESS OPERATIONS	107,625,432	37,477,342	6,812,770	9,026,224	63,396,440	1,500,000	64,896,440	45,063,015	14,795,591	5,037,834
IT BEHAVIORAL HEALTH POLICY	647,935	-	525,439	687,423	-	-	-	-	-	-
IT HUMAN SERVICE CENTERS	526,805	-	658,377	1,102,657	-	-	-	-	-	-
IT STATE HOSPITAL & LSTC	4,306,226	-	2,599,200	3,654,560	-	-	-	-	-	-
IT AGING SERVICES	115,618	-	408,573	437,478	-	-	-	-	-	-
IT CHILD SUPPORT	7,475,631	60,000,000	4,108,203	65,894,491	-	-	-	-	-	-
IT CHILDREN & FAMILY SERVICES	3,692,455	29,642,619	3,418,207	33,177,947	-	-	-	-	-	-
IT DEVELOPMENTAL DISABILITIES	710,136	-	518,657	696,191	-	-	-	-	-	-
IT EARLY CHILDHOOD	1,069,714	-	278,111	545,539	-	-	-	-	-	-
IT ECONOMIC ASSISTANCE	14,819,433	-	9,717,833	13,422,692	-	-	-	-	-	-
TECHNOLOGY AND CONNECTION FEES		-	7,951,010	11,751,320		-				
IT VOCATIONAL REHABILITATION	121,994	-	121,680	152,178	-	-	-	-	-	-
IT MEDICAL SERVICES	16,771,028	35,988,399	17,348,533	51,587,932	-	-	-	-	-	-
IT CONTRACT/SERVICE AGREEMENTS			93,409,858	139,929,514						-
TOTAL	**$ 193,000,776**	**$ 164,858,360**	**$195,393,702**	**$ 406,901,914**	**$ 165,904,996**	**$ (6,775,265)**	**$ 159,129,731**	**$ 94,453,610**	**$ 58,417,954**	**$ 6,258,167**

*STATEWIDE OPERATIONS INCLUDES COPIERS, POSTAGE, RENT FOR CAPITOL BUILDING, TELEPHONE, AUDIT FEES, STATEWIDE INDIRECT COSTS AND MOTORPOOL

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Changes to Base Budget

By Ongoing, One-Time and Funding Source

BASE BUDGET CHANGES	DESCRIPTION	2025-27 EXECUTIVE BUDGET		ENGROSSED HB 1012	
		GENERAL	OTHER	GENERAL	OTHER
IT Existing	IT Contractual Inflationary increases	$20,730,788		$20,730,788	
IT Existing	NDIT Rate increases	$4,012,147		$4,012,147	
IT Existing	Retire Technical Debt remidiation		$10,000,000 - Federal (50%)/SIIF (50%)		$10,000,000 - Federal (50%)/SIIF (50%)
HHS Operations	Operational reduction	$6,950,000		$6,910,000	
HHS operations	FTE Block Grant salary reduction	$9,842,126		$1,606,861	
HHS Operations	Office of Administrative Hearings and Attorney General rate increases	$190,590		$190,590	

Comparison of budgets and funding

By Major Expense

DESCRIPTION	2023-25 LEGISLATIVE BASE	INCREASE / (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)	ENGROSSED HB 1012
Salaries & Benefits	$ 24,595,351	$ 33,441,843	$ 58,037,194	$ (8,235,265)	$ 49,801,929
Operating	(4,499,799)	23,204,604	18,704,805	(40,000)	18,664,805
IT Services	159,001,387	(93,870,773)	65,130,614	1,500,000	66,630,614
Capital Asset Expense	-	-	-	-	-
Capital Assets	108,934	(108,934)	-	-	-
Grants	-	-	-	-	-
Total	**$ 179,205,873**	**$ (37,333,259)**	**$ 141,872,613**	**$ (6,775,265)**	**$ 135,097,348**

General Fund	**$ 74,099,008**	**$ 28,221,387**	**$ 102,320,395**	**$ (7,866,785)**	**$ 94,453,610**
Federal Funds	**102,033,269**	**(66,239,452)**	**35,793,816**	**(1,408,245)**	**34,385,571**
Other Funds	**3,073,596**	**684,806**	**3,758,402**	**2,499,765**	**6,258,167**
Total Funds	**$ 179,205,873**	**$ (37,333,259)**	**$ 141,872,613**	**$ (6,775,265)**	**$ 135,097,348**

Business Operations Budget as % of HHS Budget

- 2.2%

Budget by Funding Source

- 70% General
- 25% Federal
- 5% Other

Budget by Pass Through

- 9% Paid to private providers
- 0% Direct Service
- 42% Admin
- 49% IT
- 0% Capital Projects



Amendments

HB 1012

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Contact Information

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Donna Aukland
Chief Financial Officer
dmaukland@nd.gov



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HB1012
3-10-25

Legislative Council

Department of Health and Human Services - Budget No. 325
Agency Worksheet - House Bill No. 1012

	Armstrong Executive Budget				House Version				House Compared to Executive Budget Increase (Decrease)			
2025-27 Division Totals	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
FTE block grant pool				0	2,688.35	309,564,625	286,720,150	596,284,775	2,688.35	309,564,625	286,720,150	596,284,775
Business Operations	180.55	$97,871,546	$64,676,185	$162,547,731	0.00	$49,695,542	$47,368,089	$97,063,631	(180.55)	($48,176,004)	($17,308,096)	($65,484,100)
Behavioral Health	1,159.20	367,590,816	429,488,196	797,079,012	0.00	181,697,125	399,223,478	580,920,603	(1,159.20)	(185,893,691)	(30,264,718)	(216,158,409)
Human Services	1,028.70	733,386,068	1,386,499,298	2,119,885,366	0.00	656,536,511	1,226,448,044	1,882,984,555	(1,028.70)	(76,849,557)	(160,051,254)	(236,900,811)
Medical Services	101.75	1,047,993,681	1,820,096,498	2,868,090,179	0.00	1,045,252,542	1,810,657,071	2,855,909,613	(101.75)	(2,741,139)	(9,439,427)	(12,180,566)
Public Health	217.15	52,739,482	266,021,508	318,760,990	0.00	35,204,848	229,814,403	265,019,251	(217.15)	(17,534,634)	(36,207,105)	(53,741,739)
Total ongoing funding changes	**2,687.35**	**$2,299,581,593**	**$3,966,781,685**	**$6,266,363,278**	**2,688.35**	**$2,277,951,193**	**$4,000,231,235**	**$6,278,182,428**	**1.00**	**($21,630,400)**	**$33,449,550**	**$11,819,150**
	0.00	**$0**	**$0**	**$0**	**0.00**	**$0**	**$0**	**$0**	**0.00**	**$0**	**$0**	**$0**
Total Changes to Base Level Funding	**2,687.35**	**$2,299,581,593**	**$3,966,781,685**	**$6,266,363,278**	**2,688.35**	**$2,277,951,193**	**$4,000,231,235**	**$6,278,182,428**	**1.00**	**($21,630,400)**	**$33,449,550**	**$11,819,150**
2025-27 Total Funding	**2,687.35**	**$2,299,581,593**	**$3,966,781,685**	**$6,266,363,278**	**2,688.35**	**$2,277,951,193**	**$4,000,231,235**	**$6,278,182,428**	**1.00**	**($21,630,400)**	**$33,449,550**	**$11,819,150**
Federal funds included in other funds			*$3,217,217,463*				*$3,220,583,871*				*$3,366,408*	
Total ongoing changes - Percentage of base level	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*

X

Other Sections in Department of Health and Human Services - Budget No. 325

Section Description	Armstrong Executive Budget	House Version	
Funding transfers	Section 3 authorizes the transfer of appropriation authority between line items within Section 1 of the bill.	Section 3 authorizes the transfer of appropriation authority between line items within Section 1 of the bill.	
FTE position block grant program	Section 4 authorizes DHHS to increase or decrease the authorized FTE positions subject to the availability of funds.	Section 4 authorizes DHHS to increase or decrease the authorized FTE positions subject to the availability of funds.	
FTE Block grant reporting		Section 5 has requires the department to report on the block grant program.	
Behavioral health facility grant - SIIF		Section 6 identifies $12,960,000 from the SIIF for a grant to establish a behavioral health facility in the northeast human service region.	
Community cultural center grant - SIIF		Section 7 identifies $1,000,000 from the SIIF for a one-time grant for a community cultural center in the west central human service region.	
Juvenile justice diversion services and program - General fund		Section 8 identifies $750,000 of one-time funding from the general fund for juvenile justice diversion services and programs.	
Animal shelter grant - Community health trust fund		Section 9 identifies $300,000 of one-time funding from the community health trust fund to provide a grant for construction of an animal shelter.	

Other Sections in Department of Health and Human Services - Budget No. 325

Section Description	Armstrong Executive Budget	House Version	
Statewide health strategies - Community health trust fund		Section 10 identifies $750,000 of one-time funding from the community health trust fund for the statewide health strategies initiative.	
Other funds - Insurance tax distribution fund	Section 8 identifies $1,125,000 from the insurance distribution fund for rural emergency medical services grants.	Section 11 identifies $1,125,000 from the insurance tax distribution fund for rural emergency medical services grants.	
Other funds - Community health trust fund	Section 6 identifies $40,458,933 from the community health trust fund for the following purposes: loan repayment programs ($594,500), tobacco and vaping programs ($11,191,683), cancer and women's way programs ($909,824), behavioral risk state survey ($200,000), domestic violence programs ($4,501,342), local public health grants ($3,275,000), 988 crisis hotline ($1,867,500), forensic examiner at UND ($2,866,156), various information technology system upgrades ($2,967,000), cross-disability advisory council ($700,000), statewide health strategies ($1,000,000), grants to rural ambulances ($7,000,000), rural crisis support program ($2,000,000), Alzheimer's community living ($150,000), dental health programs ($514,367), and chronic diseases and diabetes prevention ($721,561).	Section 12 identifies $38,713,522 from the community health trust fund for the following purposes: loan repayment programs ($594,500), tobacco and vaping programs ($11,599,698), cancer and women's way programs ($909,824), behavioral risk state survey ($200,000), domestic violence programs ($4,250,000), local public health grants ($3,275,000), 988 crisis hotline ($1,867,500), various information technology system upgrades ($2,967,000), grants to rural ambulances ($7,000,000), law enforcement rural crisis support program ($1,000,000), Development of partial hospitalization/intensive day treatment ($2,000,000), Critical access hospital networking ($2,000,000), Animal shelter grant ($300,000), statewide health strategies ($750,000).	
Other funds - Human service finance fund	Section 5 identifies $238,401,207 from the human services finance fund for state-paid economic assistance and social and human services.	Section 13 identifies $239,112,030 from the human services finance fund for state-paid economic assistance and social and human services.	
Opioid settlement fund		Section 14 identifies $8,000,000 from the opioid settlement fund for opioid remediation and abatement efforts.	
Other funds - SIIF	Section 7 identifies $37,646,784 from SIIF for the following purposes: retiring technology from the mainframe ($8,500,000), new state lab and purchase security equipment ($2,962,304), capital projects in human service centers ($1,684,480), housing initiative programs ($14,500,000), and re-evaluating the new state hospital capital project ($10,000,000).	Section 15 identifies $227,474,784 from SIIF for the following purposes: retiring technology from the mainframe ($7,500,000), new state lab and purchase security equipment ($2,962,304), capital projects in human service centers and the LSTC ($1,052,480), housing initiative programs ($1,000,000), technology projects at the State Hospital ($1,000,000), behavioral health facility grant ($12,960,000), community cultural center grant ($1,000,000), and a new State Hospital capital project ($200,000,000).	
Bank of North Dakota line of credit		Section 16 provides for a $130,000,000 Bank of North Dakota line of credit for costs associated with the construction of a new state hospital.	
Laboratory building steering committee	Section 9 provides DHHS will maintain the Laboratory Building Steering Committee to oversee the design and construction of the laboratory building project during the biennium or until the work is completed, whichever is earlier.	Section 17 requires DHHS will maintain the laboratory building steering committee to oversee the design and construction of the laboratory building project during the biennium or until the work is completed, whichever is earlier.	
New state hospital steering committee		Section 18 requires DHHS will establish a state hospital facility steering committee to oversee the design and construction of the new State Hospital project during the biennium.	

Other Sections in Department of Health and Human Services - Budget No. 325

Section Description	Armstrong Executive Budget	House Version	
Capital payments	Section 10 authorizes DHHS to expend funds for the payment of special assessments at the State Hospital, Southeast Human Service Center, and Life Skills and Transition Center.	Section 19 authorizes DHHS to expend funds for the payment of special assessments at the State Hospital, Southeast Human Service Center, and Life Skills and Transition Center.	
Capital projects - Emergency commission approval	Section 11 authorizes transfers from line items within Section 1 of this bill for capital projects and maintenance pertaining to the operation of facilities including demolition projects up to $10 million, DHHS may seek emergency commission approval to spend more than $10 million under this section.	Section 20 authorizes transfers from line items within Section 1 of this bill for capital projects and maintenance pertaining to the operation of facilities including demolition projects of up to $10 million, DHHS may seek emergency commission approval to spend more than $10 million under this section.	
Permanent supportive housing grants	Section 12 directs DHHS to develop a funding methodology to distribute the funding to qualified entities that utilize best practices for permanent supportive housing, provide recovery-oriented and person-centered services, submit processes and outcome measures to DHHS, and authorize DHHS to conduct onsite visits to review program operations for the funding of $4,672,536 included in Section 1 of the bill.	Section 21 directs DHHS to develop a funding methodology to distribute the funding to qualified entities that utilize best practices for permanent supportive housing, provide recovery-oriented and person-centered services, submit processes and outcome measures to DHHS, and authorize DHHS to conduct onsite visits to review program operations for the funding of $4,672,536 included in Section 1 of the bill.	
Expenditures may not exceed appropriation - Medical assistance expansion program	Section 13 identifies the sum of $662,099,340, of which $66,209,934 is from the general fund, for the Medicaid Expansion program for the 2025-27 biennium. The expenditures for individuals enrolled in Medicaid Expansion may not exceed this amount.	Section 22 identifies the sum of $662,099,340, of which $66,209,934 is from the general fund, for the Medicaid Expansion program for the 2025-27 biennium. The expenditures for individuals enrolled in Medicaid Expansion may not exceed this amount.	
Human service centers - certified community behavioral health clinics - FTE positions	Section 16 provides DHHS shall continue the process of human service centers becoming certified community behavioral health clinics to provide continuous community-based behavioral health services for children and adults. Federal funding will be pursued and subject to the availability of generated income, DHHS may add FTE positions for field services to provide direct services.	Section 23 requires DHHS to continue the process of human service centers becoming certified community behavioral health clinics to provide continuous community-based behavioral health services for children and adults. Federal funding must be pursued and subject to the availability of generated income, DHHS may add FTE positions for field services to provide direct services.	
Intermediate care facility moratorium		Section 24 precludes DHHS from adding any new licensed intermediate care facility for individuals with intellectual disabilities beds to the state's licensed bed capacity during the biennium.	
Exemption for certain unexpended appropriations to be continued into the 2025-27 biennium	Subsection 1 of Section 17 would allow the sum of $3,674,757 appropriated general funds and the sum of $25,918,566 appropriated from federal funds for Medicaid management	Subsection 1 - $3,674,757 from the general fund and $25,918,566 from federal funds for Medicaid management information system modularization technology.	
	Subsection 2 of Section 17 would allow the sum of $14,411,218 appropriated from the general fund and the sum of $14,411,218	Subsection 2 - $14,411,218 from the general fund and $14,411,218 from federal funds for the child welfare technology project.	
	Subsection 3 of Section 17 would allow the sum of $20,366,271 appropriated from the community health trust fund and the sum of $39,534,525 appropriated from federal funds for the child support	Subsection 3 -$20,366,271 from the community health trust fund and $39,534,525 from federal funds for the child support computer replacement project.	
	Subsection 4 of Section 17 would allow the sum of $10,989,217 appropriated from SIIF for the procurement and grants	Subsection 4 - $10,989,217 from SIIF for the procurement and grants management system.	
	Subsection 5 of Section 17 would allow the sum of $4.15 million appropriated from the general fund for defraying the expenses of additional human service centers to begin the process of becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and	Subsection 5 - $4.15 million from the general fund for defraying the expenses of additional human service centers to begin the process of becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults.	

Other Sections in Department of Health and Human Services - Budget No. 325

Section Description	Armstrong Executive Budget	House Version	
	Subsection 7 of Section 17 would allow any amounts appropriated to DHHS in Chapter 549 of the 2021 Special Session Laws.	Subsection 6 - $18,941,847 in Chapter 549 of the 2021 Special Session Laws.	
	Subsection 10 of Section 17 would allow the sum of $55,120,000 appropriated from the federal state fiscal recovery fund for a public [illegible]	Subsection 7 - $55,120,000 from the federal state fiscal recovery fund for a public health laboratory capital project.	
	Subsection 11 of Section 17 would allow the sum of $5 million appropriated from the general funds for the purpose of employer-	Subsection 8 - $5 million from the general funds for the purpose of employer-led child care cost-share program.	
	Subsection 12 of Section 17 would allow the sum of $986,555 appropriated from the general fund for the purpose of streamlining	Subsection 9 - $986,555 from the general fund for the purpose of streamlining background checks.	
	Subsection 13 of Section 17 would allow the sum of $2,223,981 appropriated from the federal state fiscal recovery fund for the implementation of a virtual behavioral health crisis care program for	Subsection 10 - $2,223,981 from the federal state fiscal recovery fund for the implementation of a virtual behavioral health crisis care program for rural law enforcement.	
		Subsection 11 - $500,000 from federal funds for the purpose of program integrity audits.	
		Subsection 12 - $1,950,000 from general funds for a northwest human service region behavioral health facility grant.	
Legislative intent - Utilization rate adjustment	Section 18 provides intent that DHHS seek a deficiency appropriation for any expenditures that exceed appropriated amounts as a result of underfunding, utilization rates, value-based purchasing for nursing facilities, reduction in federal medical assistance percentage, and unexpected contract cost increases that exceed 10 percent during the biennium if funding is not sufficient to pay actual expenses.	Section 26 provides intent that DHHS seek a deficiency appropriation for any expenditures that exceed appropriated amounts as a result of underfunding, utilization rates, value-based purchasing for nursing facilities, reduction in federal medical assistance percentage, and unexpected contract cost increases that exceed 10 percent during the biennium if funding is not sufficient to pay actual expenses.	
Legislative intent - Provider rate increase	Section 19 provides a 1.5 percent increase each year of the biennium for human service provider inflation. The provider inflation increase in this section does not apply to nursing facilities.	Section 27 provides for a 2 percent increase each year of the biennium for human service provider inflation. The provider inflation increase in this section does not apply to nursing facilities.	
Legislative intent - Developmental disabilities provider accreditation requirement		Section 28 provides for elimination of the administrative rule requirement that providers of developmental disabilities services be accredited as a condition of being eligible for receiving payments for services from DHHS.	
Legislative intent - Medical assistance		Section 29 provides for DHHS to review the amount, duration, coverage, utilization rates, medical necessity, and scope of medical assistance services, and may implement any adjustments the department determines appropriate.	
Federal funding appeal limitation	Section 20 provides except as otherwise specifically provided by federal law, a person may not appeal a denial, revocation, reduction in services or payment, or the termination of a program or service by DHHS due to the unavailability of federal coronavirus funding received under federal law resulting from the federal coronavirus pandemic emergency declaration.	Section 30 provides except as otherwise specifically provided by federal law, a person may not appeal a denial, revocation, reduction in services or payment, or the termination of a program or service by DHHS due to the unavailability of federal coronavirus funding received under federal law resulting from the federal coronavirus pandemic emergency declaration.	
Long term structured residences plan - report		Section 31 provides for DHHS to review options and develop a plan to establish long-term structured residences.	

Other Sections in Department of Health and Human Services - Budget No. 325

Section Description	Armstrong Executive Budget	House Version	
Lease of land at the State Hospital and Life Skills and Transition Center		Section 32 amends section 50-06-06.6 of the North Dakota Century Code to allow for a lease term of real or personal property for term not to exceed ninety-nine years at the life skills and transition center or the state hospital.	
Use of SUD voucher		Section 33 amends section 50-06-42 of the North Dakota Century Code to include medical costs in the substance use voucher system payments for individuals in a licensed substance abuse treatment program and allow for the substance use voucher system for individuals detained or confined in a county jail or detention center or regional corrections center.	
Basic care payment rate		Section 34 amends section 50-24.5-02.3 of the North Dakota Century Code to extend the basic care payment rate increase of five dollars per day through June 30, 2027.	
Child care workforce benefits		Section 35 amends section 50-33-05 of the North Dakota Century Code to include individuals employed by an early childhood program within the boundaries of the state if approved for the state's child care assistance child care workforce benefit.	
Housing availability assessment - collaboration with housing finance agency		Section 36 provides for DHHS to collaborate with the North Dakota Housing Finance Agency and other appropriate stakeholders to assess the availability of housing for individuals requiring extraordinary health care support services.	
Behavioral health clinics, North Dakota State Hospital, and Life Skills and Transition Center funding		Section 37 identifies funding for the behavioral health clinics, State Hospital, and Life Skills and Transition Center.	
Legislative management study - student truancy and absenteeism		Section 38 provides for a study on truancy and student absenteeism in kindergarten through grade twelve public schools.	
Legislative Management study - obesity health implications		Section 39 provides for a study on the health implications of obesity on the residents of the state and options to increase access to prevention and treatments for obesity.	
Legislative Management report - behavioral health facility grants		Section 40 requires DHHS to provide reports to the Legislative Management regarding the award grant funding to increase the number of behavioral health beds in the state.	

Legislative Council

Business Operations - 100 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	Armstrong Executive Budget				House Version				House Compared to Executive Budget Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	114.40	$74,099,008	$118,894,310	$192,993,318	114.40	$74,099,008	$118,894,310	$192,993,318	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$1,035,502	$531,151	$1,566,653		$1,035,502	$531,151	$1,566,653				$0
Health insurance increase		651,154	363,569	1,014,723		651,154	363,569	1,014,723				0
Base budget adjustments and transfers		(20,824,370)	(67,265,147)	(88,089,517)		(16,396,866)	(66,836,143)	(83,233,009)		4,427,504	429,004	4,856,508
FTE block grant pool				0	(180.55)	(12,603,508)	(17,737,100)	(30,340,608)	(180.55)	(12,603,508)	(17,737,100)	(30,340,608)
Information Technology Department (ITD) rate increases		5,196,748	2,152,302	7,349,050		5,196,748	2,152,302	7,349,050				0
IT contractual Inflationary rate increases		20,730,788		20,730,788		20,730,788		20,730,788				0
Operational underfund		6,950,000		6,950,000		(3,050,000)		(3,050,000)		(10,000,000)		(10,000,000)
Additional salary funding/underfunding		9,842,126		9,842,126		(20,157,874)		(20,157,874)		(30,000,000)		(30,000,000)
Office of Administrative Hearings and Attorney General fee increases		190,590		190,590		190,590		190,590				0
FTE position adjustment	66.15			0	66.15			0				0
Total ongoing funding changes	**66.15**	**$23,772,538**	**($64,218,125)**	**($40,445,587)**	**(114.40)**	**($24,403,466)**	**($81,526,221)**	**($105,929,687)**	**(180.55)**	**($48,176,004)**	**($17,308,096)**	**($65,484,100)**
One-Time Funding Items												
Retire mainframe and legacy systems (SIIF)			$10,000,000	$10,000,000			$10,000,000	$10,000,000				$0
Total one-time funding changes	**0.00**	**$0**	**$10,000,000**	**$10,000,000**	**0.00**	**$0**	**$10,000,000**	**$10,000,000**	**0.00**	**$0**	**$0**	**$0**
Total Changes to Base Level Funding	**66.15**	**$23,772,538**	**($54,218,125)**	**($30,445,587)**	**(114.40)**	**($24,403,466)**	**($71,526,221)**	**($95,929,687)**	**(180.55)**	**($48,176,004)**	**($17,308,096)**	**($65,484,100)**
2025-27 Total Funding	**180.55**	**$97,871,546**	**$64,676,185**	**$162,547,731**	**0.00**	**$49,695,542**	**$47,368,089**	**$97,063,631**	**(180.55)**	**($48,176,004)**	**($17,308,096)**	**($65,484,100)**
Federal funds included in other funds			*$58,417,969*				*$41,760,908*				*($16,657,061)*	
Total ongoing changes - Percentage of base level	*57.8%*	*32.1%*	*(54.0%)*	*(21.0%)*	*(100.0%)*	*(32.9%)*	*(68.6%)*	*(54.9%)*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*57.8%*	*32.1%*	*(45.6%)*	*(15.8%)*	*(100.0%)*	*(32.9%)*	*(60.2%)*	*(49.7%)*	*N/A*	*N/A*	*N/A*	*N/A*

Legislative Council

Behavioral Health - 200 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	Armstrong Executive Budget				House Version				House Compared to Executive Budget Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	1,054.27	$307,905,408	$113,955,941	$421,861,349	1,054.27	$307,905,408	$113,955,941	$421,861,349	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$8,392,306	$134,924	$8,527,230		$8,392,306	$134,924	$8,527,230				0
Health insurance increase		6,517,157	114,129	6,631,286		6,517,157	114,129	6,631,286				0
Base budget adjustments and transfers		18,775,729	2,311,202	21,086,931		15,466,235	2,311,139	17,777,374		(3,309,494)	(63)	(3,309,557)
FTE block grant pool				0	(1,159.20)	(190,198,399)	(68,592,655)	(258,791,054)	(1,159.20)	(190,198,399)	(68,592,655)	(258,791,054)
Cost to continue programs		5,709,106	(5,000,000)	709,106		5,709,106	(5,000,000)	709,106				0
Opioid settlement			8,000,000	8,000,000			8,000,000	8,000,000				0
Avel eCare rural crisis support continuation (community health trust fund)- reduce other funds			2,000,000	2,000,000			1,000,000	1,000,000			(1,000,000)	(1,000,000)
Substance use disorder voucher utilization expansion		2,500,000		2,500,000		2,500,000		2,500,000				0
Additional substance use disorder funding for medical expenses with institution for mental disease voucher				0		500,000		500,000		500,000		500,000
Substance use disorder - 50/50 inpatient/outpatient				0		500,000		500,000		500,000		500,000
Mental health and substance use disorder treatment for incarcerated individuals				0		2,500,000		2,500,000		2,500,000		2,500,000
Western ND behavioral health staffing salary equity		250,536		250,536		250,536		250,536				0
Inflation for vendors crisis residential contract		706,233		706,233		706,233		706,233				0
Inflation for vendors addiction residential contract		917,786		917,786		917,786		917,786				0
Inflation for vendors recovery/rehab contract		2,154,668		2,154,668		2,154,668		2,154,668				0
Inflation for vendors adjustment				0		(2,000,000)		(2,000,000)		(2,000,000)		(2,000,000)
Treatment collaboration for traumatized youth expansion		408,000		408,000		408,000		408,000				0
Voluntary treatment program/qualified residential treatment program private custody youth		1,351,997		1,351,997		1,351,997		1,351,997				0
Youth crisis stabilization pilot		3,000,000	3,000,000	6,000,000				0		(3,000,000)	(3,000,000)	(6,000,000)
Cost to continue free through recovery and community connect		4,761,081		4,761,081		4,761,081		4,761,081				0
Expanded Community Connect services		1,000,000		1,000,000		4,458,814		4,458,814		3,458,814		3,458,814
Expand free through recovery services		1,000,000		1,000,000		4,016,908		4,016,908		3,016,908		3,016,908
Peer support increase		137,990		137,990		137,990		137,990				0
Drug court treatment expansion		200,000		200,000		200,000		200,000				0
Provider inflation increase 2% and 2%		1,902,819		1,902,819		2,541,299		2,541,299		638,480		638,480
Behavioral health services for nursing homes and basic care facilities				0		2,000,000		2,000,000		2,000,000		2,000,000
FTE position adjustment	104.93			0	104.93			0				0
Total ongoing funding changes	**104.93**	**$59,685,408**	**$10,560,255**	**$70,245,663**	**(1,054.27)**	**($126,208,283)**	**($62,032,463)**	**($188,240,746)**	**(1,159.20)**	**($185,893,691)**	**($72,592,718)**	**($258,486,409)**
One-Time Funding Items												
Electronic Health Record/Pharmacy system (SIIF)			$500,000	$500,000			$500,000	$500,000				$0

Retire health record legacy system on mainframe (SIIF)			1,000,000	1,000,000			1,000,000	1,000,000				0
State hospital network redundancy and speed (SIIF)			500,000	500,000			500,000	500,000				0
Develop partial hospitalization/intensive day treatment (community health trust fund)			2,000,000	2,000,000			2,000,000	2,000,000				0
Bathroom remodel at Southeast Human Service Center (SIIF)			972,000	972,000			340,000	340,000			($632,000)	(632,000)
Construction of new state hospital -(SIIF) - BND line of credit			300,000,000	300,000,000			330,000,000	330,000,000			30,000,000	30,000,000
Behavioral health facility grant(SIIF)				0			12,960,000	12,960,000			12,960,000	12,960,000
Total one-time funding changes	**0.00**	**$0**	**$304,972,000**	**$304,972,000**	**0.00**	**$0**	**$347,300,000**	**$347,300,000**	**0.00**	**$0**	**$42,328,000**	**$42,328,000**
Total Changes to Base Level Funding	**104.93**	**$59,685,408**	**$315,532,255**	**$375,217,663**	**(1,054.27)**	**($126,208,283)**	**$285,267,537**	**$159,059,254**	**(1,159.20)**	**($185,893,691)**	**($30,264,718)**	**($216,158,409)**
2025-27 Total Funding	**1,159.20**	**$367,590,816**	**$429,488,196**	**$797,079,012**	**0.00**	**$181,697,125**	**$399,223,478**	**$580,920,603**	**(1,159.20)**	**($185,893,691)**	**($30,264,718)**	**($216,158,409)**
Federal funds included in other funds			*$82,722,740*				*$42,070,302*				*($40,652,438)*	
Total ongoing changes - Percentage of base level	*10.0%*	*19.4%*	*9.3%*	*16.7%*	*(100.0%)*	*(41.0%)*	*(54.4%)*	*(44.6%)*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*10.0%*	*19.4%*	*276.9%*	*88.9%*	*(100.0%)*	*(41.0%)*	*250.3%*	*37.7%*	*N/A*	*N/A*	*N/A*	*N/A*

Legislative Council

Human Services - 300 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	Armstrong Executive Budget				House Version				House Compared to Executive Budget Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	1,009.16	$623,450,353	$1,240,409,529	$1,863,859,882	1,009.16	$623,450,353	$1,240,409,529	$1,863,859,882	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$2,546,488	$4,704,191	$7,250,679		$2,546,488	$4,704,191	$7,250,679				$0
Health insurance increase		2,072,787	3,795,116	5,867,903		2,072,787	3,795,116	5,867,903				0
FTE block grant pool				0	(1,029.70)	(76,722,653)	(150,764,540)	(227,487,193)	(1,029.70)	($76,722,653)	($150,764,540)	(227,487,193)
Base budget adjustments and transfers		10,079,276	94,943,773	105,023,049		10,605,259	93,868,910	104,474,169		525,983	(1,074,863)	(548,880)
DHHS cost to continue		57,330,438	(2,746,684)	54,583,754		57,330,438	(2,746,684)	54,583,754				0
Adoption contract increase		4,883,205		4,883,205		4,883,205		4,883,205				0
Housing assistance to support targeted population - DOJ		300,000		300,000		300,000		300,000				0
Services to support transition and diversion from institution - DOJ		2,733,934	2,555,463	5,289,397		2,733,934	2,555,463	5,289,397				0
Implement host home service DD HCBS waiver		1,689,900	1,689,900	3,379,800		1,689,900	1,689,900	3,379,800				0
Adult Protective Services coverage contracts		718,522		718,522		718,522		718,522				0
Representation supports for families		350,000	350,000	700,000		350,000	350,000	700,000				0
Provider inflation increase 2% and 2%		9,758,665	10,382,697	20,141,362		12,988,702	13,926,186	26,914,888		3,230,037	3,543,489	6,773,526
Zone employee increases 3% and 3% and health insurance			5,002,833	5,002,833			5,002,833	5,002,833				0
FMAP percentage change 50.0% to 50.99%				0		(4,290,660)	744,660	(3,546,000)		(4,290,660)	744,660	(3,546,000)
State dementia coordinator				0	1.00			0	1.00			0
FTE position adjustment	19.54			0	19.54			0				0
Total ongoing funding changes	**19.54**	**$92,463,215**	**$120,677,289**	**$213,140,504**	**(1,009.16)**	**$15,205,922**	**($26,873,965)**	**($11,668,043)**	**(1,028.70)**	**($77,257,293)**	**($147,551,254)**	**($224,808,547)**
One-Time Funding Items												
Retire economic assistance legacy system on mainframe (SIIF)			$2,000,000	$2,000,000			$2,000,000	$2,000,000				$0
Conversion of developmental disabilities eligibility assessment		$200,000	200,000	400,000		$200,000	200,000	400,000				0
Implement comprehensive vocational rehab technology system (federal funds) (community health trust fund)			8,000,000	8,000,000			8,000,000	8,000,000				0
Replace roof at Cedar Grove building at LSTC (SIIF)			712,480	712,480			712,480	712,480				0
Best in Class expansion		6,000,000		6,000,000		6,000,000		6,000,000				0
Childcare grants, resources and shared services		5,000,000		5,000,000		2,500,000		2,500,000		($2,500,000)		(2,500,000)
Early childhood quality infrastructure		3,000,000		3,000,000		3,000,000		3,000,000				0
Maintaining expanded inclusion support for special needs childcare		172,500		172,500		172,500		172,500				0
Offer quality rated childcare programs access teaching strategy		100,000		100,000		100,000		100,000				0
Quality tiered payments for childcare assistance program		3,000,000		3,000,000		1,500,000		1,500,000		(1,500,000)		(1,500,000)

Housing assistance for people at risk of instability (SIIF)			10,000,000	10,000,000				0			($10,000,000)	(10,000,000)
Eviction prevention program (SIIF)			3,500,000	3,500,000				0			(3,500,000)	(3,500,000)
Home renovation incentives for accessibility (SIIF)			1,000,000	1,000,000			1,000,000	1,000,000				0
Grant for community cultural center (SIIF)				0			1,000,000	1,000,000			1,000,000	1,000,000
Winter park adaptive recreation program grant				0		200,000		200,000		200,000		200,000
Intermediate care facility grant for Anne Carlsen				0		3,457,736		3,457,736		3,457,736		3,457,736
Juvenile justice services				0		750,000		750,000		750,000		750,000
Total one-time funding changes	**0.00**	**$17,472,500**	**$25,412,480**	**$42,884,980**	**0.00**	**$17,880,236**	**$12,912,480**	**$30,792,716**	**0.00**	**$407,736**	**($12,500,000)**	**($12,092,264)**
Total Changes to Base Level Funding	**19.54**	**$109,935,715**	**$146,089,769**	**$256,025,484**	**(1,009.16)**	**$33,086,158**	**($13,961,485)**	**$19,124,673**	**(1,028.70)**	**($76,849,557)**	**($160,051,254)**	**($236,900,811)**
2025-27 Total Funding	**1,028.70**	**$733,386,068**	**$1,386,499,298**	**$2,119,885,366**	**0.00**	**$656,536,511**	**$1,226,448,044**	**$1,882,984,555**	**(1,028.70)**	**($76,849,557)**	**($160,051,254)**	**($236,900,811)**
Federal funds included in other funds			*$1,097,401,927*				*$958,049,164*				*($139,352,763)*	
Total ongoing changes - Percentage of base level	*1.9%*	*14.8%*	*9.7%*	*11.4%*	*(100.0%)*	*2.4%*	*(2.2%)*	*(0.6%)*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*1.9%*	*17.6%*	*11.8%*	*13.7%*	*(100.0%)*	*5.3%*	*(1.1%)*	*1.0%*	*N/A*	*N/A*	*N/A*	*N/A*

Other Sections in Human Services - 300 - Budget No. 325

Section Description	Armstrong Executive Budget	House Version	
No other sections			

Legislative Council

Medical Services - 400 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	Armstrong Executive Budget				House Version				House Compared to Executive Budget Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	90.50	$958,216,598	$1,818,029,530	$2,776,246,128	90.50	$958,216,598	$1,818,029,530	$2,776,246,128	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$338,151	$479,188	$817,339		$338,151	$479,188	$817,339				$0
Health insurance increase		233,619	342,896	576,515		233,619	342,896	576,515				0
Base budget adjustments and transfers		(27,664,897)	60,415,798	32,750,901		(28,505,732)	61,061,722	32,555,990		(840,835)	645,924	(194,911)
DHHS cost to continue		71,253,662	(118,383,672)	(47,130,010)		71,253,662	(118,383,672)	(47,130,010)				0
HCBS cost to continue		36,977,113	27,837,811	64,814,924		36,977,113	27,837,811	64,814,924				0
FTE block grant pool				0	(101.75)	(9,636,069)	(15,163,610)	(24,799,679)	(101.75)	(9,636,069)	(15,163,610)	(24,799,679)
DD bed assessment adjustment			7,209,580	7,209,580			7,209,580	7,209,580				0
Value based purchasing Medicaid		1,000,000	1,000,000	2,000,000		1,000,000	1,000,000	2,000,000				0
Home health targeted rate increase		1,235,768	1,235,768	2,471,536		1,235,768	1,235,768	2,471,536				0
Qualified service provider target rate increase		3,595,104	1,797,552	5,392,656		3,595,104	1,797,552	5,392,656				0
HCBS cross disability waiver		2,474,226	2,474,226	4,948,452		2,474,226	2,474,226	4,948,452				0
Rebase Medicaid rates for ambulance service		2,189,770	2,189,770	4,379,540		2,189,770	2,189,770	4,379,540				0
Provider inflation increases 2% and 2%		10,244,567	11,368,051	21,612,618		13,689,672	15,190,970	28,880,642		3,445,105	3,822,919	7,268,024
FMAP percentage change 50.0% to 50.99%		(12,100,000)	2,100,000	(10,000,000)		(7,809,340)	1,355,340	(6,454,000)		4,290,660	(744,660)	3,546,000
FTE position adjustment	11.25			0	11.25			0				0
Total ongoing funding changes	**11.25**	**$89,777,083**	**$66,968**	**$89,844,051**	**(90.50)**	**$87,035,944**	**($11,372,459)**	**$75,663,485**	**(101.75)**	**($2,741,139)**	**($11,439,427)**	**($14,180,566)**
One-Time Funding Items												
Retire Medicaid legacy system on mainframe (SIIF)			$2,000,000	$2,000,000			$2,000,000	$2,000,000				$0
Critical access hospital networking grant (CHTF)				0			2,000,000	2,000,000			$2,000,000	2,000,000
Total one-time funding changes	**0.00**	**$0**	**$2,000,000**	**$2,000,000**	**0.00**	**$0**	**$4,000,000**	**$4,000,000**	**0.00**	**$0**	**$2,000,000**	**$2,000,000**
Total Changes to Base Level Funding	**11.25**	**$89,777,083**	**$2,066,968**	**$91,844,051**	**(90.50)**	**$87,035,944**	**($7,372,459)**	**$79,663,485**	**(101.75)**	**($2,741,139)**	**($9,439,427)**	**($12,180,566)**
2025-27 Total Funding	**101.75**	**$1,047,993,681**	**$1,820,096,498**	**$2,868,090,179**	**0.00**	**$1,045,252,542**	**$1,810,657,071**	**$2,855,909,613**	**(101.75)**	**($2,741,139)**	**($9,439,427)**	**($12,180,566)**
Federal funds included in other funds			*$1,758,622,379*				*$1,747,182,952*				*($11,439,427)*	
Total ongoing changes - Percentage of base level	*12.4%*	*9.4%*	*0.0%*	*3.2%*	*(100.0%)*	*9.1%*	*(0.6%)*	*2.7%*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*12.4%*	*9.4%*	*0.1%*	*3.3%*	*(100.0%)*	*9.1%*	*(0.4%)*	*2.9%*	*N/A*	*N/A*	*N/A*	*N/A*

Legislative Council

Public Health - 500 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	Armstrong Executive Budget				House Version				House Compared to Executive Budget Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	215.50	$47,756,180	$250,440,690	$298,196,870	215.50	$47,756,180	$250,440,690	$298,196,870	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$1,714,252		$1,714,252		$1,714,252		$1,714,252				$0
Health insurance increase		$1,183,357		$1,183,357		1,183,357		1,183,357				$0
FTE block grant pool				$0	(217.15)	(20,403,996)	($34,462,245)	(54,866,241)	(217.15)	($20,403,996)	($34,462,245)	($54,866,241)
Base budget adjustments and transfers		($699,961)	$3,120,555	$2,420,594		(1,503,118)	3,120,553	1,617,435		($803,157)	($2)	($803,159)
Adds funding to replace the 2023-25 new FTE pool		$65,094	$50,008	$115,102		65,094	50,008	115,102				$0
Adds funding to replace the 2023-25 vacant FTE pool		$569,060	$1,754,865	$2,323,925		569,060	1,754,865	2,323,925				$0
Expansion for domestic and sexual violence prevention (community health trust fund)			$2,250,000	$2,250,000			2,250,000	2,250,000				$0
Additional domestic violence and sexual violence prevention				$0		1,700,000		1,700,000		$1,700,000		$1,700,000
Funding for Safe Haven program				$0		440,000		440,000		$440,000		$440,000
Maternal and child health programs enhancement		$2,000,000		$2,000,000				0		($2,000,000)		($2,000,000)
Coordinated purchasing to support immunization access (public health and consolidated lab fund)			$2,213,930	$2,213,930			2,213,930	2,213,930				$0
Forensic pathology contract with UND			$1,866,156	$1,866,156		2,866,156	(1,000,000)	1,866,156		$2,866,156	($2,866,156)	$0
Food and lodging 7.5% additional fee increase to 20% in total				$0		(71,298)	71,298	0		($71,298)	$71,298	$0
Additional grant for Family Voices				$0		100,000		100,000		$100,000		$100,000
Fetal Alcohol spectrum disorder clinic - UND				$0		637,661		637,661		$637,661		$637,661
FTE position adjustment	1.65			$0	1.65			0				$0
Total ongoing funding changes	**1.65**	**$4,831,802**	**$11,255,514**	**$16,087,316**	**(215.50)**	**($12,702,832)**	**($26,001,591)**	**($38,704,423)**	**(217.15)**	**($17,534,634)**	**($37,257,105)**	**($54,791,739)**
One-Time Funding Items												
Nonfatal toxicology testing equipment(health lab)		$151,500	$100,000	$251,500		$151,500	$100,000	$251,500				$0
Public health laboratory transition (SIIF)			2,962,304	2,962,304			2,962,304	2,962,304				0
Forensic examiner electronic records system (community health trust fund)			278,000	278,000			278,000	278,000				0
Food and lodging management information system(community health trust fund)			335,000	335,000			335,000	335,000				0
Health facilities and EMS licensure management system (community trust health fund)			650,000	650,000			650,000	650,000				0
Funding for Cass County animal shelter(community health trust fund)				0			300,000	300,000			300,000	300,000
Statewide health strategies grant (community health trust fund)				0			750,000	750,000			750,000	750,000
Total one-time funding changes	**0.00**	**$151,500**	**$4,325,304**	**$4,476,804**	**0.00**	**$151,500**	**$5,375,304**	**$5,526,804**	**0.00**	**$0**	**$1,050,000**	**$1,050,000**

Total Changes to Base Level Funding	**1.65**	**$4,983,302**	**$15,580,818**	**$20,564,120**	**(215.50)**	**($12,551,332)**	**($20,626,287)**	**($33,177,619)**	**(217.15)**	**($17,534,634)**	**($36,207,105)**	**($53,741,739)**
2025-27 Total Funding	**217.15**	**$52,739,482**	**$266,021,508**	**$318,760,990**	**0.00**	**$35,204,848**	**$229,814,403**	**$265,019,251**	**(217.15)**	**($17,534,634)**	**($36,207,105)**	**($53,741,739)**
Federal funds included in other funds			*$220,052,448*				*$187,459,479*				*($32,592,969)*	
Total ongoing changes - Percentage of base level	*0.8%*	*10.1%*	*4.5%*	*5.4%*	*(100.0%)*	*(26.6%)*	*(10.4%)*	*(13.0%)*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*0.8%*	*10.4%*	*6.2%*	*6.9%*	*(100.0%)*	*(26.3%)*	*(8.2%)*	*(11.1%)*	*N/A*	*N/A*	*N/A*	*N/A*

Terminology

- **FTE** full time equivalent position.
- **Position numbers** represent the jobs that have assigned position numbers, even if they aren't actively being filled. All open position numbers are counted in our vacancies. All positions have a unique position number.
- **Filled positions** are the actual number of positions that have people working in them today.
- **Churn** refers to turnover and salary savings that allows us to repurpose dollars to areas of emerging and critical need.

Vacancy Report Example

Position A:

- Budgeted $200,000 for the 23-25 biennium
- Budgeted for 24 months
- Utilized 12 months of budgeted salary and benefits

Position B:

- Not budgeted for in the 23-25 biennium
- Added in June 2024 to address a critical need within a program
- Utilizing salary savings ($100,000) from Position A to fund the position
- Accounting for this full salary in our vacancy report double counts Position A's salary
- The salary for Position B should not be accounted for on the vacancy report.

Current FTE vacancies - point in time (12-1-24)

374.63 Vacant Positions – Phases summarized as follows:

Phase	Description	Number
1	Part of current budget, position number established, job description completed and in process of being classified then posted	109.00
2	Position posted; actively recruiting and has not yet closed	112.52
3	Position posting closed; applications being reviewed and interviews scheduled	42.9
4	Position has been offered and offer is pending	16
5	Position is filled; new team member not started as of 12/1/24	79.5
Remove	Not budgeted for in 23-25 and/or can be deleted	11.71
Freeze	Federal Hiring Freeze does not allow for filling position(s)	3.0
	TOTAL	**374.63**

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What is the HHS FTE block grant?

During the 2023 Legislative Session, lawmakers:

- Approved the HHS salary appropriation
- Removed the **total number** of FTE appropriation

RESULT: HHS is responsible for staying within our salary appropriation but now has flexibility on total number of FTEs

NOTE: Block grant includes all compensation, overtime, bonuses paid, promotional increases, health insurance premiums, etc.

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Why is this important?

Historically limited by a total cap on FTEs each biennium:

- Prohibits adding necessary positions in a timely manner
- Limits repurposing positions
- Inability to be nimble in addressing staffing needs based on client acuity or need

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The FTE Block Grant has allowed HHS …



To quickly respond and hire for immediate or emerging business needs

Flexibility to support new work

To support state workforce by transitioning long-term temp employees to FTE

To address overtime and team member capacity by adding essential positions

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How does it work?



Group A: Temporary converting to FTE

- Position is already working 30+ hours per week
- Anticipated to exist for more than 3 years
- Long-term funding is available (now and in future)
- Prioritized within established goals of HHS
- Complete SFN 50



Group B: Refilling basic vacancies

- Natural turnover
- Positions that are being filled with the same role as the previous incumbent
- Repurpose existing vacant position (1.0 FTE)
- Positions must be currently funded in the division's salary budget
- Hiring can occur within HR-established vacancy thresholds
- Complete SFN 50



Group C: Short-term needs

- Short-term
- Less than 720 hours (emergency status)
- Interns, summer students, co-op
- Position is budgeted for or sufficient rollup exists to cover cost
- Prioritized within established goals of HHS
- Complete SFN 50

EXECUTIVE DIRECTOR APPROVAL



Group D: Requesting New FTE

- New FTE requests
- Long-term full-time temp request
- Repurposing more than 1.0 existing FTE
- Prioritized based on identified goals of HHS
- Reviewed for approval by a committee including Operations, Program, Finance, HR and Commissioner.
- Established threshold for turnover/vacancy exists for each operations, direct service and program

COMMITTEE APPROVAL

Example of Repurposing Position with Block Grant

- A full time FTE with benefits is available in a rural city in ND. The position has been posted twice with no candidates applying. Historically we would have limited options in how to address this.
- With the block grant, we can explore two college students with alternate schedules who might be each interested in 20 hours per week. They choose to remain on their parents' health insurance.
- We are then able to hire them at an hourly rate, no benefits are paid out, and the client is still receiving the service locally. We have saved ourselves the cost of health insurance and not utilized an FTE, but utilized the block grant to be creative in filling the role.
- **This FTE can now be utilized for a different programmatic need as long as budgeted dollars still exist.**

Timeline of FTE

23-25 Session	Beginning of Block Grant + FTE Committee July 2023-Present	Current State – As of 12/1/24
Beginning: 2475.83 FTE + 53 Temp to FTE + 53 New FTE 2581.83 Ending FTE*	• 50 long-term vacancies within the Behavioral Health Division were repurposed to fill new needs within Behavioral Health. • 50 additional long-term temps were transferred to FTE • Approved 92.5 new FTE, which are in various phases of being filled • Approved 56 new FTE in Behavioral Health	• 374.63 Vacant FTES • All requests are reviewed by the FTE committee for need and budget • HHS churn (turnover) allows us to be flexible in filling positions and utilize the unspent salary budget • Current filled positions is under 2581.83

*While the appropriation for the 107 (53.5 plus 53.5) new FTEs was added to the budget bill, the actual number of FTEs were not added because of the conversion to the FTE block grant for HHS.

Budget review to support FTE pool process

Process to reconcile the headcount with the dollars being spent:

- Actual Expenditures analyzed month by HHS leadership
- Compared to budgets for each section and by HHS as a whole
- Projections are established and then modified by trends over the biennium
- Finance reports are available by the fourth week of every month
- Section Director reviews monthly with Finance team accountant



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Governor Armstrong Executive Budget Recommendation compared to House Changes

2025-27 BIENNIUM

March 5, 2025

		Executive Budget Recommendation					House Changes					Difference Executive Budget - House Changes				
			Total All Decision Packages					Total All Decision Packages					Total All Decision Packages			
	Division	New FTE	Total	General	Federal	Special	New FTE	Total	General	Federal	Special	New FTE	Total	General	Federal	Special
Services - Cost to Continue																
AASK Contract Investment Increases	Human Services		4,883,205	4,883,205	-	-		4,883,205	4,883,205	-	-		-	-	-	-
Home and Community Based Services cost to continue growth	Medical Services		64,814,924	36,977,113	27,837,811	-		64,814,924	36,977,113	27,837,811	-		-	-	-	-
Bed Assessment Tax	Medical Services		7,209,580	-	-	7,209,580		7,209,580	-	-	7,209,580		-	-	-	-
Opioid Settlement	Behavioral Health		8,000,000	-	-	8,000,000		8,000,000	-	-	8,000,000		-	-	-	-
Services - Cost to Continue Total		-	84,907,709	41,860,318	27,837,811	15,209,580	-	84,907,709	41,860,318	27,837,811	15,209,580	-	-	-	-	-
IT - Existing																
Electronic Health Record / Pharmacy System Recovery and Backup - SIIF	Behavioral Health		500,000	-	-	500,000		500,000	-	-	500,000		-	-	-	-
IT Contractual inflationary increase (4 yrs.) - Cost to Continue	Business Operations		20,730,788	20,730,788	-	-		20,730,788	20,730,788	-	-		-	-	-	-
NDIT Rate Increases - Cost to Continue	Business Operations		4,012,147	4,012,147	-	-		4,012,147	4,012,147	-	-		-	-	-	-
Retire Economic Assistance Legacy Systems on Mainframe - SIIF	Human Services		2,000,000	-	1,000,000	1,000,000		2,000,000	-	1,000,000	1,000,000		-	-	-	-
Retire Electronic Health Record Legacy System Data Extraction & Migration on Mainframe - SIIF	Behavioral Health		1,000,000	-	-	1,000,000		1,000,000	-	-	1,000,000		-	-	-	-
Retire Medicaid Legacy Systems on Mainframe - SIIF	Medical Services		2,000,000	-	1,500,000	500,000		2,000,000	-	1,500,000	500,000		-	-	-	-
Retire Technical debt remediation, including mainframe and legacy systems - SIIF	Business Operations		10,000,000	-	5,000,000	5,000,000		10,000,000	-	5,000,000	5,000,000		-	-	-	-
State Hospital Network Redundancy - SIIF	Behavioral Health		500,000	-	-	500,000		500,000	-	-	500,000		-	-	-	-
IT - Existing Total		-	40,742,935	24,742,935	7,500,000	8,500,000	-	40,742,935	24,742,935	7,500,000	8,500,000	-	-	-	-	-
Services - Behavioral Health Current			-	-	-	-		-	-	-	-		-	-	-	-
Avel eCare rural crisis support continuation - CHTF	Behavioral Health		2,000,000	-	-	2,000,000		1,000,000	-	-	1,000,000		(1,000,000)	-	-	(1,000,000)
Inflation for vendors Crisis Residential/ Addiction Residential/Recovery/Rehab contracts	Behavioral Health		3,778,687	3,778,687	-	-		1,778,687	1,778,687	-	-		(2,000,000)	(2,000,000)	-	-
Inflation for vendors Addiction Residential contract	Behavioral Health		-	-	-	-		-	-	-	-		-	-	-	-
Inflation for vendors Recovery/Rehab Contract	Behavioral Health		-	-	-	-		-	-	-	-		-	-	-	-
Substance Use Disorder (SUD) Voucher Expansion (utilization expansion)	Behavioral Health		2,500,000	2,500,000	-	-		2,500,000	2,500,000	-	-		-	-	-	-
Western ND behavioral health staffing compensation	Behavioral Health		250,536	250,536	-	-		250,536	250,536	-	-		-	-	-	-
Services - Behavioral Health Current		-	8,529,223	8,529,223	-	2,000,000	-	5,529,223	4,529,223	-	1,000,000	-	(3,000,000)	(2,000,000)	-	(1,000,000)
Children's Behavioral Health																
Development of Partial Hospitalization / Intensive Day Treatment - CHTF	Behavioral Health		2,000,000	-	-	2,000,000		2,000,000	-	-	2,000,000		-	-	-	-
Treatment Collaborative for Traumatized Youth Expansion	Behavioral Health		408,000	408,000	-	-		408,000	408,000	-	-		-	-	-	-
Voluntary Treatment Program / QRTP access for private custody youth	Behavioral Health		1,351,997	1,351,997	-	-		1,351,997	1,351,997	-	-		-	-	-	-
Youth Crisis Stabilization Pilot	Behavioral Health		6,000,000	3,000,000	3,000,000	-		-	-	-	-		(6,000,000)	(3,000,000)	(3,000,000)	-
Children's Behavioral Health		-	9,759,997	4,759,997	3,000,000	2,000,000	-	3,759,997	1,759,997	-	2,000,000	-	(6,000,000)	(3,000,000)	(3,000,000)	-
Compliance & Quality																
Conversion of Developmental Disabilities eligibility assessment tool for kids (ICAP to SIS)	Human Services		400,000	200,000	200,000	-		400,000	200,000	200,000	-		-	-	-	-
Value-based purchasing - Medicaid	Medical Services		2,000,000	1,000,000	1,000,000	-		2,000,000	1,000,000	1,000,000	-		-	-	-	-
Compliance & Quality Total		-	2,400,000	1,200,000	1,200,000	-	-	2,400,000	1,200,000	1,200,000	-	-	-	-	-	-
Services - Care Coordination																
Continue existing levels of service in Free Through Recovery and Community Connect - Cost to Continue	Behavioral Health		4,761,081	4,761,081	-	-		4,761,081	4,761,081	-	-		-	-	-	-
Expanded Community Connect services	Behavioral Health		4,458,814	4,458,814	-	-		4,458,814	4,458,814	-	-		-	-	-	-
Expanded Free Through Recovery services	Behavioral Health		4,016,908	4,016,908	-	-		4,016,908	4,016,908	-	-		-	-	-	-
Peer Support	Behavioral Health		137,990	137,990	-	-		137,990	137,990	-	-		-	-	-	-
Services - Care Coordination		-	13,374,793	13,374,793	-	-	-	13,374,793	13,374,793	-	-	-	-	-	-	-
Services - DOJ																
Home Health/Private Duty Nursing Targeted Rate Increase	Medical Services		2,471,536	1,235,768	1,235,768	-		2,471,536	1,235,768	1,235,768	-		-	-	-	-
Housing assistance to support targeted population member transitions (DOJ)	Human Services		300,000	300,000	-	-		300,000	300,000	-	-		-	-	-	-
Qualified Service Provider (QSP)/HCBS Targeted Rate Increase	Medical Services		5,392,656	3,595,104	1,797,552	-		5,392,656	3,595,104	1,797,552	-		-	-	-	-
Services to support transition and diversion from institutional settings (DOJ)	Human Services		5,289,397	2,733,934	2,555,463	-		5,289,397	2,733,934	2,555,463	-		-	-	-	-
Services - DOJ		-	13,453,589	7,864,806	5,588,783	-	-	13,453,589	7,864,806	5,588,783	-	-	-	-	-	-
Services - Home and Community Based Services (HCBS)																
Cross-Disability Waiver Implementation	Medical Services		4,948,452	2,474,226	2,474,226	-		4,948,452	2,474,226	2,474,226	-		-	-	-	-
Implement a Host Home service in the DD HCBS waiver	Human Services		3,379,800	1,689,900	1,689,900	-		3,379,800	1,689,900	1,689,900	-		-	-	-	-
Services - Home and Community Based Services (HCBS)		-	8,328,252	4,164,126	4,164,126	-	-	8,328,252	4,164,126	4,164,126	-	-	-	-	-	-
HHS Operations																
Operational Underfund	Business Operations		6,950,000	6,950,000	-	-		(3,050,000)	(3,050,000)	-	-		(10,000,000)	(10,000,000)	-	-
FTE Block Grant Request	Business Operations		9,842,126	9,842,126	-	-		(20,157,874)	(20,157,874)	-	-		(30,000,000)	(30,000,000)	-	-
Office of Administrative Hearings (OAH) and Attorney General rate increase	Business Operations		190,590	190,590	-	-		190,590	190,590	-	-		-	-	-	-
HHS Operations Total		-	16,982,716	16,982,716	-	-	-	(23,017,284)	(23,017,284)	-	-	-	(40,000,000)	(40,000,000)	-	-
Services - Vulnerable Adults																
Adult Protective Services coverage (contracts)	Human Services		718,522	718,522	-	-		718,522	718,522	-	-		-	-	-	-
Expanded support for Domestic and Sexual Violence prevention - CHTF	Public Health		2,250,000	-	-	2,250,000		4,390,000	2,140,000	-	2,250,000		2,140,000	2,140,000	-	-
Services - Vulnerable Adults		-	2,968,522	718,522	-	2,250,000	-	5,108,522	2,858,522	-	2,250,000	-	2,140,000	2,140,000	-	-
Services - Families																
Investment in providing quality representation supports for families	Human Services		700,000	350,000	350,000	-		700,000	350,000	350,000	-		-	-	-	-
Partnerships with healthcare stakeholders to improve maternal and child health programs	Public Health		2,000,000	2,000,000	-	-		-	-	-	-		(2,000,000)	(2,000,000)	-	-
Services - Families		-	2,700,000	2,350,000	350,000	-	-	700,000	350,000	350,000	-	-	(2,000,000)	(2,000,000)	-	-

Services - Behavioral Health Expansion																
Drug Court Treatment support	Behavioral Health		200,000	200,000	-	-		200,000	200,000	-	-		-	-	-	-
Services - Behavioral Health Expansion		-	200,000	200,000	-	-	-	200,000	200,000	-	-	-	-	-	-	-
Public Health - Core																
Coordinated purchasing to support immunization access	Public Health		2,213,930	-	-	2,213,930		2,213,930	-	-	2,213,930		-	-	-	-
Create non-fatal toxicology services for ND	Public Health		251,500	151,500	-	100,000		251,500	151,500	-	100,000		-	-	-	-
Public Health Laboratory Transition-Related exp - SIIF	Public Health		2,962,304	-	-	2,962,304		2,962,304	-	-	2,962,304		-	-	-	-
Public Health - Core Total		-	5,427,734	151,500	-	5,276,234	-	5,427,734	151,500	-	5,276,234	-	-	-	-	-
Healthcare Workforce																
Rebase Targeted Medicaid Rate Increase for Ambulance Services	Medical Services		4,379,540	2,189,770	2,189,770	-		4,379,540	2,189,770	2,189,770	-		-	-	-	-
Healthcare Workforce Total		-	4,379,540	2,189,770	2,189,770	-	-	4,379,540	2,189,770	2,189,770	-	-	-	-	-	-
Forensic																
Forensic Examiner Electronic Records System - CHTF	Public Health		278,000	-	-	278,000		278,000	-	-	278,000		-	-	-	-
Forensic Pathology Contract with UND - CHTF	Public Health		1,866,156	-	-	1,866,156		1,866,156	2,866,156	-	(1,000,000)		-	2,866,156	-	(2,866,156)
Forensic Total		-	2,144,156	-	-	2,144,156	-	2,144,156	2,866,156	-	(722,000)	-	-	2,866,156	-	(2,866,156)
IT - New																
Food and Lodging Management Information System - CHTF	Public Health		335,000	-	-	335,000		335,000	-	-	335,000		-	-	-	-
Health Facilities/EMS Licensure Mgmt system - CHTF	Public Health		650,000	-	-	650,000		650,000	-	-	650,000		-	-	-	-
Implement comprehensive Vocational Rehab technology system - CHTF	Human Services		8,000,000	-	6,296,000	1,704,000		8,000,000	-	6,296,000	1,704,000		-	-	-	-
IT - New Total		-	8,985,000	-	6,296,000	2,689,000	-	8,985,000	-	6,296,000	2,689,000	-	-	-	-	-
Capital Projects																
Life Skills & Transition Center (LSTC) Roof for Cedar Grove - SIIF	Human Services		712,480	-	-	712,480		712,480	-	-	712,480		-	-	-	-
Southeast Clinic Bathroom Remodel Project - SIIF	Behavioral Health		972,000	-	-	972,000		340,000	-	-	340,000		(632,000)	-	-	(632,000)
Capital Projects Total		-	1,684,480	-	-	1,684,480	-	1,052,480	-	-	1,052,480	-	(632,000)	-	-	(632,000)
Child Care																
Best in Class program expansion	Human Services		6,000,000	6,000,000	-	-		6,000,000	6,000,000	-	-		-	-	-	-
Childcare grants, resources and shared services	Human Services		5,000,000	5,000,000	-	-		2,500,000	2,500,000	-	-		(2,500,000)	(2,500,000)	-	-
Early Childhood Quality infrastructure	Human Services		3,000,000	3,000,000	-	-		3,000,000	3,000,000	-	-		-	-	-	-
Maintaining expanded inclusion support for child care / children with special needs	Human Services		172,500	172,500	-	-		172,500	172,500	-	-		-	-	-	-
Offer quality rated child care programs access to Teaching Strategies outcomes measurement system	Human Services		100,000	100,000	-	-		100,000	100,000	-	-		-	-	-	-
Quality tiered payments for Child Care Assistance Program	Human Services		3,000,000	3,000,000	-	-		1,500,000	1,500,000	-	-		(1,500,000)	(1,500,000)	-	-
Child Care Total		-	17,272,500	17,272,500	-	-	-	13,272,500	13,272,500	-	-	-	(4,000,000)	(4,000,000)	-	-
Housing Initiative																
Housing assistance for people at risk of housing instability - SIIF	Human Services		10,000,000	-	-	10,000,000		-	-	-	-		(10,000,000)	-	-	(10,000,000)
Eviction prevention programs - SIIF	Human Services		3,500,000	-	-	3,500,000		-	-	-	-		(3,500,000)	-	-	(3,500,000)
Home renovation incentives for accessibility - SIIF	Human Services		1,000,000	-	-	1,000,000		1,000,000	-	-	1,000,000		-	-	-	-
Housing Initiative Total		-	14,500,000	-	-	14,500,000	-	1,000,000	-	-	1,000,000	-	(13,500,000)	-	-	(13,500,000)
State Hospital																
New State Hospital - Bond	Behavioral Health		300,000,000	-	-	300,000,000		330,000,000	-	-	330,000,000		30,000,000	-	-	30,000,000
State Hospital Total			300,000,000	-	-	300,000,000		330,000,000	-	-	330,000,000		30,000,000	-	-	30,000,000
Additional Executive Decision Packages																
Provider Inflation 1.5/1.5 (House 2/2)	All		43,656,800	21,890,162	21,750,748	15,890		58,336,829	29,219,673	29,101,266	15,890		14,680,029	7,329,511	7,350,518	-
FMAP Reduction	Medical/Human Services		(10,000,000)	(12,100,000)	2,100,000	-		(10,000,000)	(12,100,000)	2,100,000	-		-	-	-	-
Executive Compensation Plan plus Zones - Includes 3/3	Human Services		5,002,833	-	-	5,002,833		5,002,833	-	-	5,002,833		-	-	-	-
Employee Compensation	All												-	-	-	-
Additional Executive Decision Packages		-	38,659,633	9,790,162	23,850,748	5,018,723	-	53,339,662	17,119,673	31,201,266	5,018,723	-	14,680,029	7,329,511	7,350,518	-
Additional House Changes																
SUD funding	Behavioral Health							3,500,000	3,500,000	-	-		3,500,000	3,500,000	-	-
Behavioral health services for nursing homes and basic care facilities	Behavioral Health							2,000,000	2,000,000	-	-		2,000,000	2,000,000	-	-
Behavioral health facility grant in northeast human service region - SIIF	Behavioral Health							12,960,000	-	-	12,960,000		12,960,000	-	-	12,960,000
Community cultural center grant - SIIF	Human Services							1,000,000	-	-	1,000,000		1,000,000	-	-	1,000,000
State dementia coordinator	Human Services						1.00	-	-	-	-	1.00	-	-	-	-
Winter park adaptive recreation program grant	Human Services							200,000	200,000	-	-		200,000	200,000	-	-
Intermediate care facility grant to Anne Carlsen	Human Services							3,457,736	3,457,736	-	-		3,457,736	3,457,736	-	-
Juvenile justice diversion services	Human Services							750,000	750,000	-	-		750,000	750,000	-	-
Critical access hospital networking grant	Medical Services							2,000,000	-	-	2,000,000		2,000,000	-	-	2,000,000
Food and lodging fees increase	Public Health							-	(71,298)	-	71,298		-	(71,298)	-	71,298
Grant to family voices program	Public Health							100,000	100,000	-	-		100,000	100,000	-	-
Fetal alcohol spectrum disorder clinic at UND	Public Health							637,661	637,661	-	-		637,661	637,661	-	-
Cass County animal shelter funding - CHTF	Public Health							300,000	-	-	300,000		300,000	-	-	300,000
Statewide health strategies grant	Public Health							750,000	-	-	750,000		750,000	-	-	750,000
							1.00	27,655,397	10,574,099	-	17,081,298	1.00	27,655,397	10,574,099	-	17,081,298
Grand Total		-	597,400,779	154,151,368	81,977,238	361,272,173	1.00	602,744,205	126,061,134	86,327,756	390,355,315	1.00	5,343,426	(28,090,234)	4,350,518	29,083,142

SIIF - Strategic Investment & Improvement Fund
CHTF - Community Health Trust Fund

2025 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

HB 1012
3/11/2025 a.m.

Relating to leases of the health and human services property, substance use disorder treatment program, basic care payment rates, and state of residence for child care assistance; to provide for a transfer; to authorize a line of credit; to provide legislative intent; to provide for a legislative management study; to provide an application; to provide an exemption; to provide for a report; and to provide an effective date.

9:00 p.m. Vice-Chair Davison opened the hearing.

Members present: Chairman Dever and Senators Cleary, Davison, Magrum and Mathern.

Discussion Topics:

- Salary Block Grant
- Disease Control & Forensic Pathology Section
- Immunization Unit
- Infectious Diseases & Epidemiology Unit
- Sexually Transmitted & Bloodborne Diseases Unit
- Field Services Unit
- Forensic Examiner Unit
- Healthy & Safe Communities Section
- Community Engagement Unit
- Family Health & Wellness Unit
- Health Promotion & Chronic Disease Unit
- Special Heath Services Unit
- Budget Review

9:01 a.m. Donna Aukland, Chief Financial Officer (CFO), ND Department of Health & Human Services (ND DHHS), testified in favor and continued testimony #40011 referenced from (3/10/25 at 2 p.m.).

9:13 a.m. Steph Gullickson, Fiscal Analyst, OMB, testified neutral.

9:14 a.m. Donna Aukland, CFO, ND DHHS, testified in favor and continued testimony #40011.

9:00 a.m. Donna Aukland, Chief Financial Officer (CFO), ND Department of Health & Human Services (ND DHHS), testified in favor and submitted testimony #40465.

9:30 a.m. Keith Mantz, Fiscal Analyst, LC, testified neutral and referred to previously submitted testimony #40132.

9:33 a.m. Donna Aukland, CFO, ND DHHS, testified in favor and continued testimony #40011 referenced from (3/10/25 at 2p.m.).

9:50 a.m. Kirby Kruger, Director, Disease Control & Forensic Pathology, ND DHHS, testified in favor and submitted testimony #40164.

9:58 a.m. Molly Howell, Director, Immunizations, ND DHHS, testified neutral and answered committee question.

10:00 a.m. Kirby Kruger, Director, Disease Control & Forensic Pathology, ND DHHS, testified in favor and continued testimony #40164.

9:58 a.m. Molly Howell, Director, Immunizations, ND DHHS, testified neutral and answered committee questions.

10:15 a.m. Kirby Kruger, Director, Disease Control & Forensic Pathology, ND DHHS, testified in favor and continued testimony #40164.

10:44 a.m. Dan Wilke, Interim Commissioner, ND DHHS; Executive Director, Public Health, ND DHHS, testified neutral and answered committee questions.

10:45 a.m. Chairman Dever recessed the hearing.

10:54 a.m. Chairman Dever reconvened the hearing.

10:56 a.m. Kim Mertz, Director, Healthy & Safety Communities, ND DHHS, testified in favor and submitted testimony #40528.

11:20 a.m. Natalie Jung, Director, Primary Care Office, ND DHHS, testified neutral and answered committee questions.

11:24 a.m. Kim Mertz, Director, Healthy & Safety Communities, ND DHHS, testified in favor and continued testimony #40528.

11:40 a.m. Mallory Sattler, Manager, Rape Prevention & Education Grant, testified in favor and answered committee questions.

11:50 a.m. Kim Mertz, Director, Healthy & Safety Communities, ND DHHS, testified in favor and continued testimony #40528.

11:55 a.m. Donna Aukland, CFO, ND DHHS, testified neutral and answered committee questions.

11:58 a.m. Neil Charvat, Director, Tobacco Prevention & Control Program, ND DHHS, testified neutral, answered committee questions and submitted testimony #40691.

11:59 a.m. Lawrence Hopkins, Accounting Manager, ND DHHS, testified neutral and answered committee questions.

12:00 p.m. Chairman Dever closed the hearing.

Joan Bares, Committee Clerk

#40164



HB1012 Disease Control and Forensic Pathology Detail

Kirby Kruger, Director of Disease Control and Forensic Pathology
March 11, 2025

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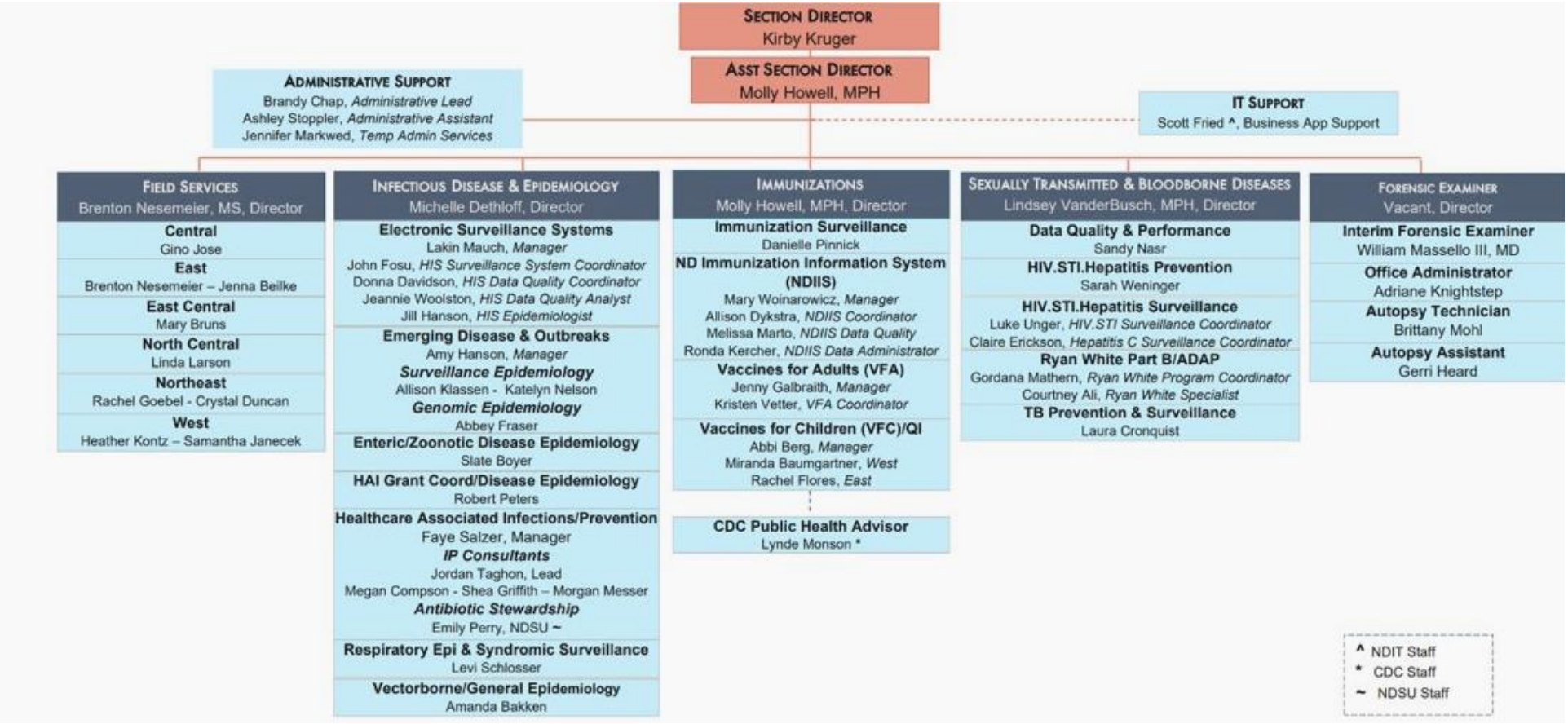
Disease Control and Forensic Pathology



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Disease Control and Forensic Pathology

Team Structure and Function

Section Name			
23-25 FTE	**25-27 FTE Requested**	**# of Temporary**	**# of Vacancies**
40	*40*	*19*	*2*

Average Age	*39*
Avg Years of Service	*9*
Retirement Risk	*2.5%*
Turnover 2023	*3.0%*
Turnover 2024	*10.0%*

Forensic Examiner's Office

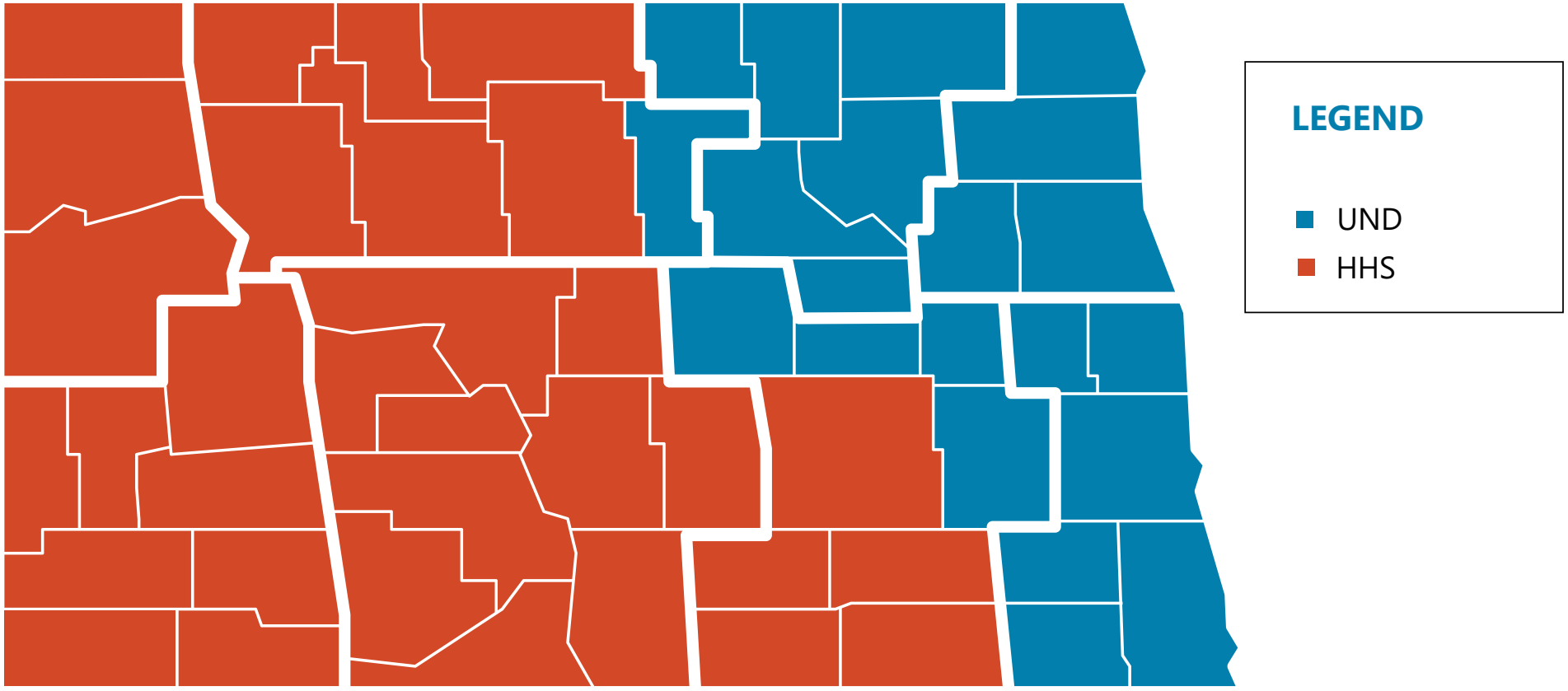
- Determine Cause and Manner of Death
- Non-natural deaths
- Work with county coroners and law enforcement

Autopsies

- 2023 – 188
  - 272 at UND
- 2024 – 122 cases (48 referrals to UND)
  - 372 at UND



State Coverage for Forensic Pathology Services with UND and Health and Human Services



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Immunization Unit

- Working with local public health, health care providers and other key stakeholders to promote the prevention of severe disease and disability through immunizations
- Report immunization coverage rates and assure citizens and healthcare providers have access to immunization records
- Administer the federal Vaccines for Children Program (VFC) for North Dakota
- Provide the most up-to-date information on vaccine recommendations and schedules to citizens and health care providers
- Prevent and respond to vaccine-preventable diseases

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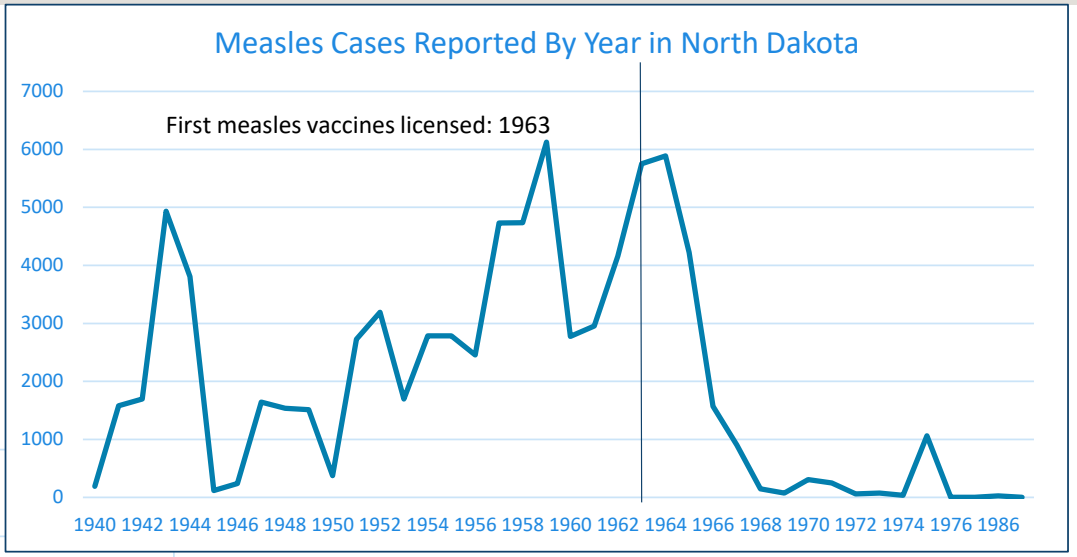
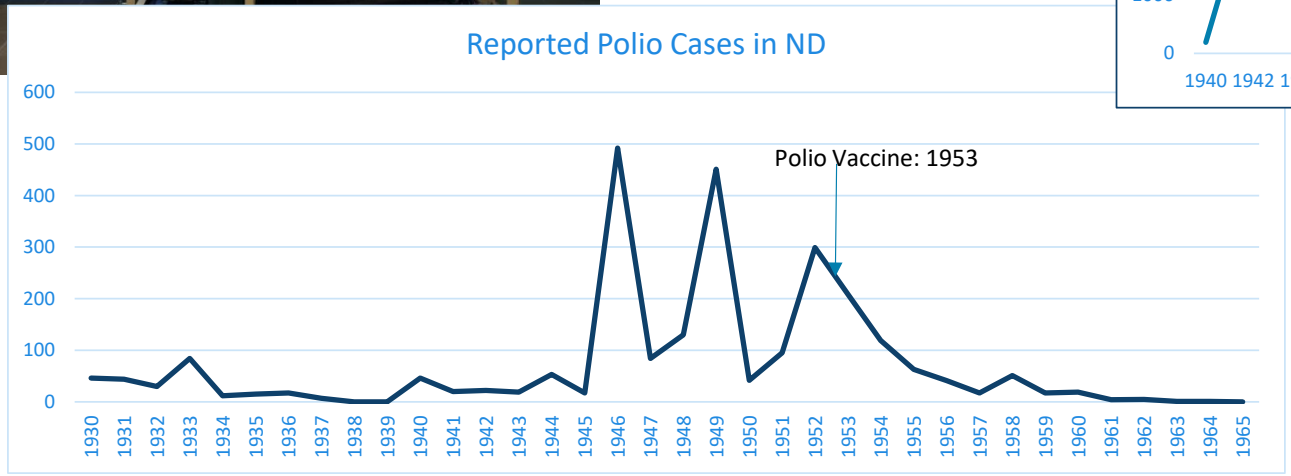
Impacts of Vaccines and Vaccination – Polio







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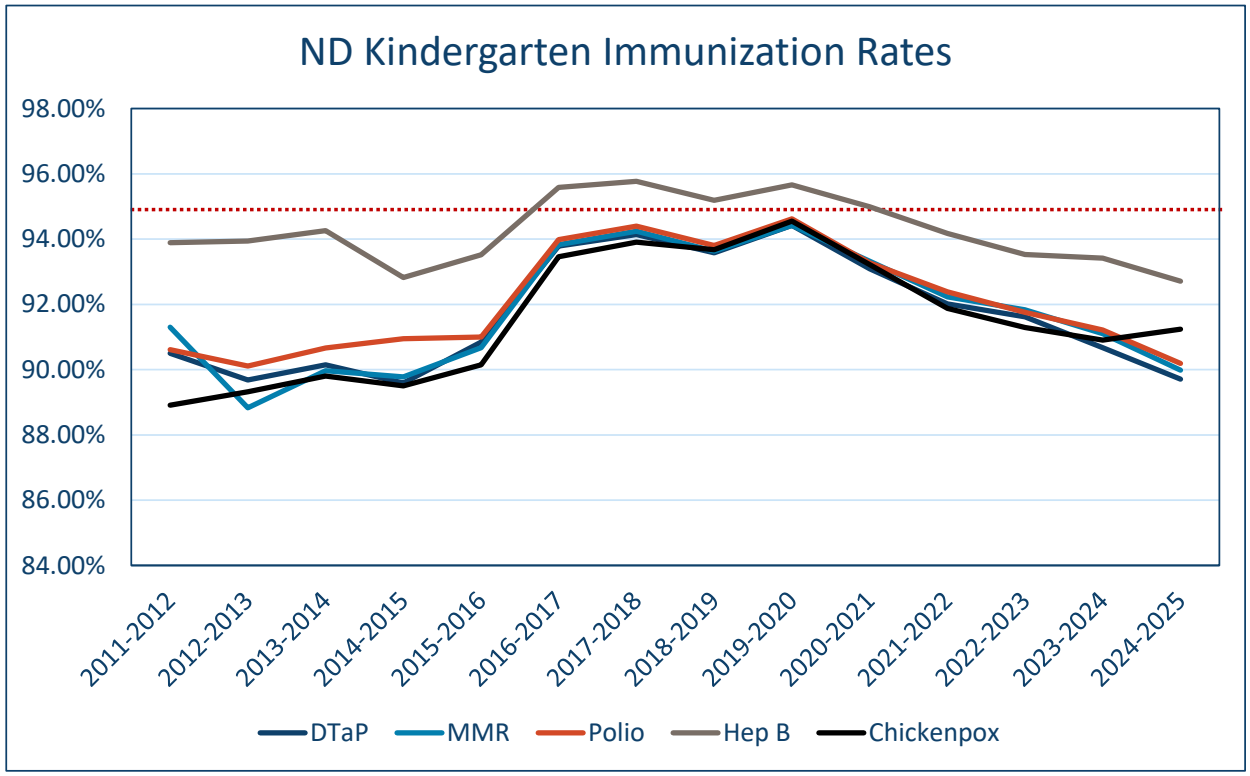
Immunization Unit Challenges

2024-2025 ND Kindergarten Immunization Rates By Vaccine:

DTaP	89.71%
MMR	89.98%
Polio	90.19%
Hep B	92.71%
Chickenpox	91.24%



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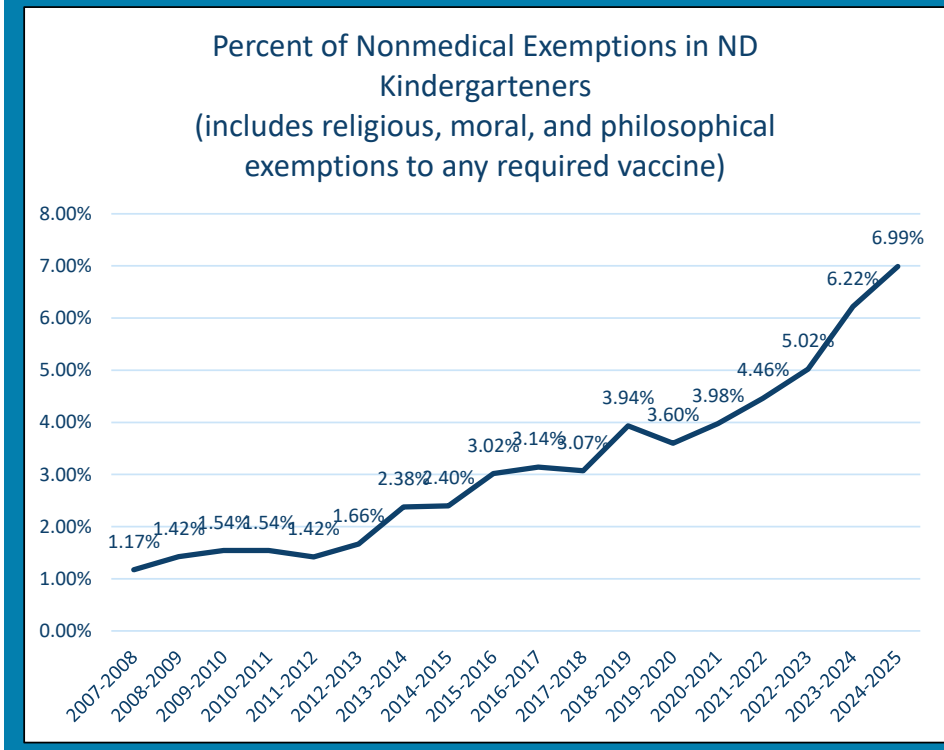
Preliminary school immunization survey data

Immunization Unit: Challenges

- Challenges:
  - Declining infant/pediatric immunization rates
  - Vaccine hesitancy/exemption rates
  - Immunization access at birthing hospitals
    - Coordinated immunization access funding
  - Access to all immunizations at medical home
  - Flat funding





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Immunization Unit Activities to Increase Rates



- Reminder/recall of infants, school-aged children and adolescents who are 30 or more days behind on immunizations
- Immunization Quality Improvement for Providers
- Collaboration to increase rates with key stakeholders: local public health, coalition, NDSU Center for Immunization Research and Education, children's science museum, etc.
- Immunization and motivational interviewing education of healthcare providers and at schools of health
- Get FACTSinated Campaign: A healthy dose of information about immunizations

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Infectious Disease and Epidemiology Unit

- Monitor disease trends and impacted populations/communities
- Provide technical guidance on reducing health care associated infections
- Promote antimicrobial stewardship
- Investigate sources of illness or outbreaks such as foodborne related infections
- Monitor disease vectors such as ticks, mosquitos and animal rabies cases

Activities in Infectious Diseases and Epidemiology



Rabies Investigation

- Human case – non-resident
- Other animal bite or exposure situations



Respiratory and Enteric Illnesses

- More than 25,000 reports in 2024
- Try to determine source and spread (DNA sequencing)
- Prevention



Health Care Associated Infections

- Work with facilities (ICARS)
- Assist with MDRO investigations



Antibiotic Stewardship

- Monitor prescribing trends
- Promote appropriate antibiotic prescribing





Field Services

- Verify diagnoses of reportable conditions
- Follow-up with people who have reportable conditions
- Work with people at increased risk for an infectious disease
- Primary, secondary and tertiary disease prevention
- Work with partners and stakeholders

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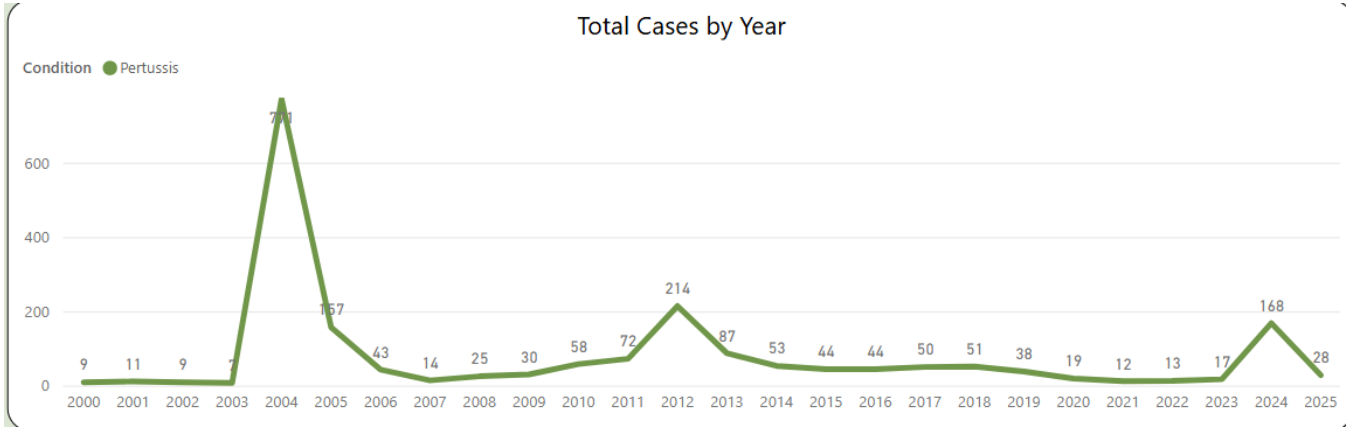

Field Services and Pertussis

- 168 cases of pertussis reported in 2024
- Work closely with the Immunization Unit and local public health
- Interview cases and or family members
- Notify contacts
- Work with schools and childcare facilities

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Sexually Transmitted and Bloodborne Diseases (and TB)

Prevention through early detection and treatment

- Congenital Syphilis
- Late effects of syphilis
- Neonatal infections and infertility secondary to gonorrhea and chlamydia infections

- Reducing viral loads to non-detectable levels
  - Hepatitis C (elimination of hepatitis C infection)
  - HIV
- Working with local harm reduction programs
- Assuring TB cases are treated and contacts are notified and offered testing and treatment

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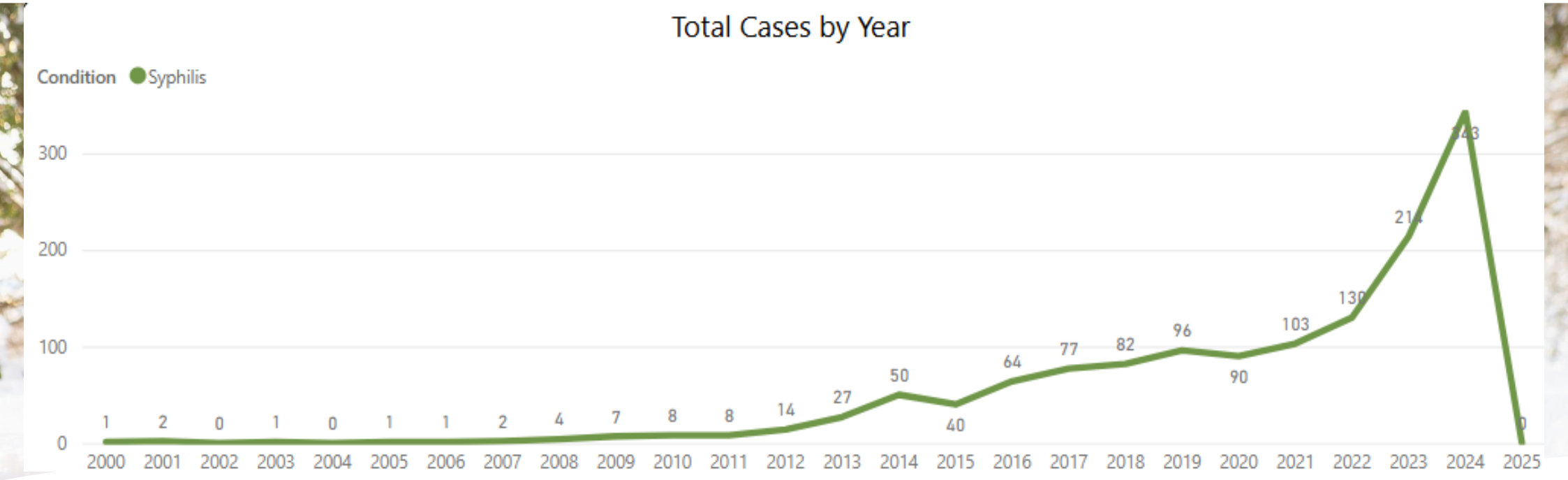

Syphilis In North Dakota

- 343 cases in 2024 up 60% from 2023
- 20% of new cases reported resulted from partner services
- 14/16 pregnant cases successfully treated prior to delivery
  - 2 cases of congenital syphilis in mothers with late or no prenatal care.

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Comparison of budget expenditures and projections
By Program

PROGRAMS	2023-25 LEGISLATIVE BASE	ONE-TIME /CARRYOVER	2023-25 EXPENSES THROUGH DECEMBER	2023-25 PROJECTED EXPENDITURES	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)	ENGROSSED HB 1012	GENERAL	FEDERAL	OTHER
IMMUNIZATION PROGRAM	$ 23,444,050	$ -	$ 13,753,286	$ 20,365,390	$ 19,300,733	$ -	$ 19,300,733	$ 565,324	$ 16,521,479	$ 2,213,930
INFECTIOUS DISEASE & EPIDEMIOLOGY	19,061,142	-	9,284,101	13,747,577	17,281,461	-	17,281,461	-	17,281,461	-
SEXUALLY TRANSMITTED AND BLOODBORNE DISEASES	13,295,000	-	8,702,723	12,886,692	15,590,767	-	15,590,767	751,061	14,839,706	-
FIELD SERVICES	4,264,194	-	1,175,375	3,206,258	2,875,405	(242,965)	2,632,440	2,220,286	412,154	-
FORENSIC EXAMINER	3,767,105	-	2,334,540	3,862,856	6,148,944	(135,000)	6,013,944	5,735,944	-	278,000
TOTAL	**$ 63,831,491**	**$ -**	**$ 35,250,025**	**$ 54,068,773**	**$ 61,197,310**	**$ (377,965)**	**$ 60,819,345**	**$ 9,272,615**	**$ 49,054,800**	**$ 2,491,930**

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Changes to Base Budget

By Ongoing, One-Time and Funding Source

BASE BUDGET CHANGES	DESCRIPTION	RECOMMENDATION		ENGROSSED HB 1012	
		GENERAL	OTHER	GENERAL	OTHER
Coordinated Immunization Access	Coordinated immunization access for Hepatitis B and RSV vaccines for healthcare providers		$2,213,930 Operating fund		$2,213,930 Operating fund
Eastern ND Autopsy Contract	Inflationary Increase for University of North Dakota to perform autopsies		$2,866,156 CHTF	$2,866,156	
Forensic Examiner Electronic Records System	Purchase of electronic records system to record forensic cases *One-time		$278,000 CHTF		$278,000 CHTF
FTE block grant reduction	FTE block grant reduction	-	-	($377,965)	

Comparison of budgets and funding

By Major Expense

DESCRIPTION	2023-25 LEGISLATIVE BASE	INCREASE / (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)	ENGROSSED HB 1012
Salaries & Benefits	$ 14,446,948	$ (676,190)	$ 13,770,758	$ (377,965)	$ 13,392,793
Operating	12,248,518	3,450,898	15,699,416	-	15,699,416
IT Services	13,377,225	1,881,563	15,258,788	-	15,258,788
Capital Asset Expense	-	25,000	25,000	-	25,000
Capital Assets	-	278,000	278,000	-	278,000
Grants	23,758,800	(7,593,452)	16,165,348	-	16,165,348
Total	**$ 63,831,491**	**$ (2,634,181)**	**$ 61,197,310**	**$ (377,965)**	**$ 60,819,345**
General Fund	**$ 6,592,534**	**$ 191,890**	**$ 6,784,424**	**$ 2,488,191**	**$ 9,272,615**
Federal Funds	**56,230,120**	**(7,175,320)**	**49,054,800**	**-**	**49,054,800**
Other Funds	**1,008,837**	**4,349,249**	**5,358,086**	**(2,866,156)**	**2,491,930**
Total Funds	**$ 63,831,491**	**$ (2,634,181)**	**$ 61,197,310**	**$ (377,965)**	**$ 60,819,345**

Disease Control & Forensic Pathology's Budget as % of HHS Budget

- 1.0%

Budget by Funding Source

- 15.3% General
- 80.6% Federal
- 4.1% Other

Budget by Pass Through

- 50.4% Paid to private providers
- 24.0% Admin
- 25.1% IT
- 0.5% Capital Projects

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Contact Information

Kirby Kruger
Director, Disease Control and Forensic Pathology
kkruger@nd.gov



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Bill Number	2021-2023 Ending FTE Total	FTE Funded during 23-25 Legislative Session	2023 - 2025 Total Funded FTE
SB 2012 (2023)	2,265.33	94.00	2,359.33
HB 1004 (2023)	210.50	5.00	215.50
SB 2236 (2023)		2.00	2.00
SB 2265 (2023)		1.00	1.00
SB 2276 (2023)		4.00	4.00
Total (2023)	**2,475.83**	**106.00**	**2,581.83**
HB 1012 (2025)	2,475.83	8.00	2,483.83
Difference			98.00
Executive Budget Request (2025)			2,688.35
2023-2025 Total Funded FTE			2,581.83
Difference			106.52
2025-27 FTE with $0 Funding			95.00
Remaining FTE			11.52

These bills were passed before the FTE block grant was added into SB 2012(2023)

HHS Salary information

Jan Payroll	22,980,941
New Positions Hired but not started	101,234
Total Jan Payroll	23,082,175
24 Months Total Jan Payroll	553,972,209
Salary Benefit Package	35,148,749
Total Minimum Salary	589,120,958
Total EBR Salary Request	**626,284,773**
Difference Total EBR Request - Min Salary	37,163,815
Cost Containment (Underfund)	(30,000,000)
Total House Salaries	**596,284,773**
Cost Containment	(30,000,000)
Armstrong Decision Package	9,842,126
Difference	**(20,157,874)**

HB1012
3-11-25

#40528



HB 1012

Senate Appropriations Committee; Human Resources Division
Senator Dever, Chairman

Kim Mertz | Section Director, Healthy and Safe Communities
Public Health Division – March 11, 2025

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Section Overview: Healthy & Safe Communities



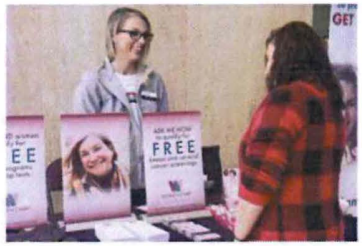
Who we are

- Dedicated and Passionate Professionals
- Subject Matter Experts
- Collaborators
- Innovators
- Award Winners
- Empowering



Our role

- To support individuals, families and communities by providing quality preventive programs and services that equitably protect and enhance the health and safety of all North Dakotans



Services

- Chronic Disease Prevention
- Community Support and Training
- Injury and Violence Prevention
- Maternal, Child and Family Health
- Workforce Support



Partners | Providers

- Health Providers and Systems
- Schools and Universities
- Community-based Organizations
- Businesses
- State and Local Agencies
- Tribal Entities
- And so many more!

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Healthy & Safe Communities Section

Mission: The purpose of the Healthy & Safe Communities Section is to support individuals, families and communities by providing quality preventive programs and services that equitably protect and enhance the health and safety of all North Dakotans.

Organizational Chart
January 2025

\+ NDIT Employee
* Non-Permanent Positions
** Assistant Unit Directors



Kim Mertz, Section Director

Lead Section Support Team
Brittany Martinez, Executive Assistant
Sara Upgren, Administrative Assistant



Jennifer Schmidt, Strengthening US Public Health Infrastructure, Workforce & Data Systems Grant Manager



Primary Care Office
Natalie Jung, Director
Kenneth Steiner, Healthcare Workforce Manager
Liza Root*, Workforce Coordinator



COMMUNITY ENGAGEMENT
Krissie Mayer, Director

Assistant Director
Alicia Belay**

Systems and Performance Program Director
Jo Goumeau

Special Populations Coordinator
Jorden Laducer

Community Engagement Specialist
Katarina Domitrovich

Quality Improvement and Accreditation Assistant
Rhoda Adewunmi

Community Engagement Coordinator
Hayden Kemp

Community Liaisons
Luisa Hoyos/Agnes Mason*/Nada Soliman*

Tribal Health Liaisons
Hunter Parisien/Cheyenne Smith
Luticia Mann/Rylee Dahlen

Administrative Support
Sara Upgren



FAMILY HEALTH & WELLNESS
Deanna Askew, Director

Breastfeeding/Childhood Obesity Prevention
Mikaela Schlosser/Sarah Massey

Child Passenger Safety/Vision Zero
Dawn Mayer

Domestic Violence/Rape Crisis
Deanna Askew/Mallory Sattler/Faye Kihne

Injury Prevention
Beth Oestreich

Reproductive Health/Family Planning
Men's Health
Cora Rabenberg**/Sarah Scott
Angela Reinarts

Special Supplemental Nutrition Program for Women, Infants & Children (WIC)
Amanda Varriano/Kristi Miller
Kim Hinnenkamp/Carley Metzger

Administrative Support
Janet Lucas/Kayla Conklin



HEALTH PROMOTION & CHRONIC DISEASE PREVENTION
Susan Mormann, Director

Community Clinical Coordination
Jesse Tran**

Colorectal Cancer Screening Initiative
Jesse Tran**

Comprehensive Cancer Control
Annette Clark/Mikaila McLaughlin

Diabetes Prevention & Control/
Preventive Health Block Grant
Brianna Monahan

Heart Disease & Stroke Prevention
Tiffany Knauf

Oral Health
Cheri Kiefer/Toni Hruby/Vanessa Bopp
Drew Goebel, DDS*
Mary Strube*/Vacant*

Tobacco Prevention & Control
Neil Charvat/Kara Hickel/Kara Backer/Abby Erickson

Women's Way
Susan Mormann/Paulette DeLeonardo
Barbara Steiner/Amy Keller

Administrative Support
Teri Arso/Kayla Conklin



SPECIAL HEALTH SERVICES
Kimberly Hruby, Director

TITLE V Maternal and Child Health (MCH)
Director
Kimberly Hruby

Coordinated Services
Danielle Hoff**/Heather Kapella
Dorothy Schneider*

Financial Coverage
Tina Feigitsch/Kristi Stamness

Newborn Screening & Follow-up
Joyal Meyer/Amy Burke
Tina Feigitsch/Heather Kapella

Title V/Children with Special Health Care Needs
System Enhancement
Danielle Hoff**/Heather Kapella
Amy Burke/Joyal Meyer

Medical Director
Joan Connell, MD

Administrative Support
Kelsie Morris

Healthy and Safe Communities/Public Health

Team Structure and Function

Healthy and Safe Communities			
23-25 FTE	**25-27 FTE Requested**	**# of Temporary**	**# of Vacancies**
58	*58*	*6*	*1*

Average Age	*45.00*
Avg Years of Service	*10.0*
Retirement Risk	*8.0%*
Turnover 2023	*4.0%*
Turnover 2024	*7.0%*

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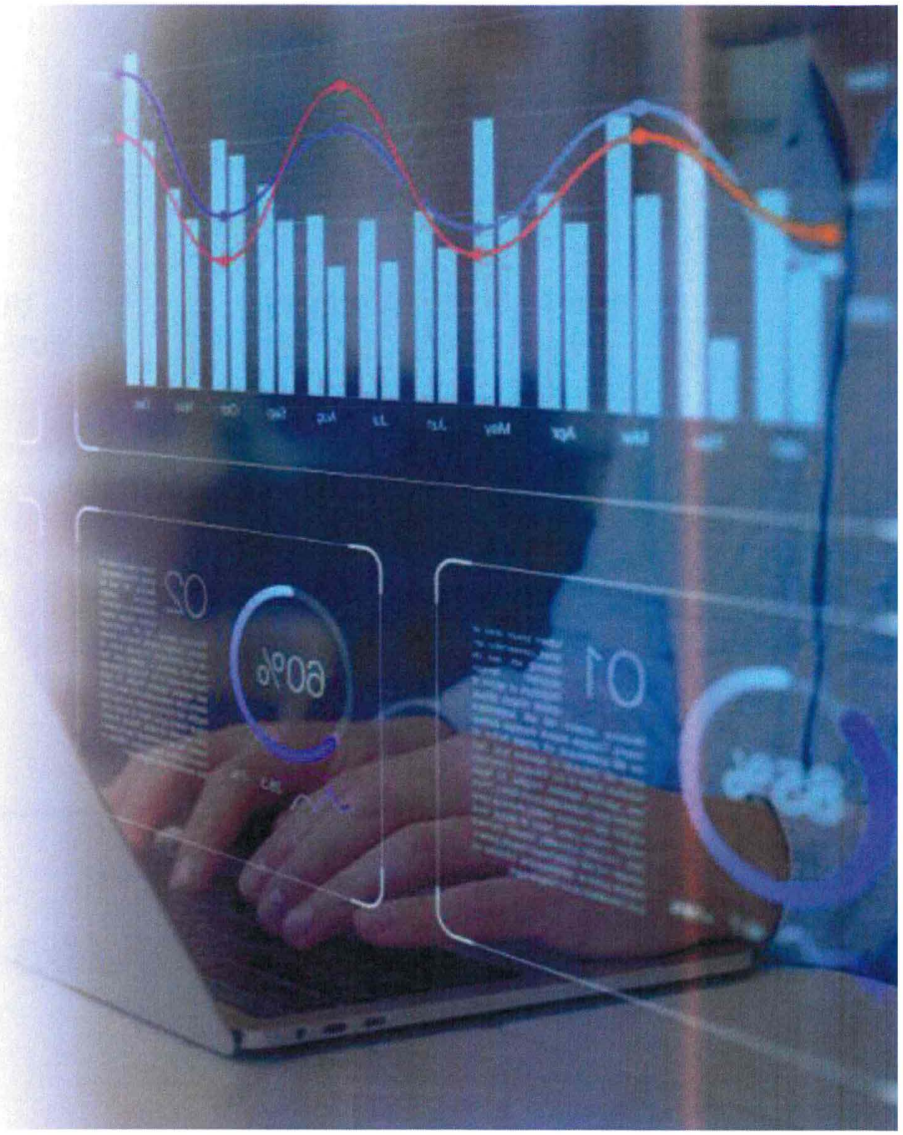
2023-2025 Biennium Impacts



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Strategies and resources to serve North Dakotans



Collaborations, Community Engagement, and Core Functions of Public Health



Data and Evidence-based Decision Making



Policy, Systems and Environmental Changes (PSE)

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Public Health Infrastructure

is made up of the **people, services, and systems** needed to promote and protect health in every U.S. community



A1 Strategy

WORKFORCE
- Retention
- Recruitment
- Equity

A2 Strategy

FOUNDATIONAL CAPABILITIES

A3 Strategy

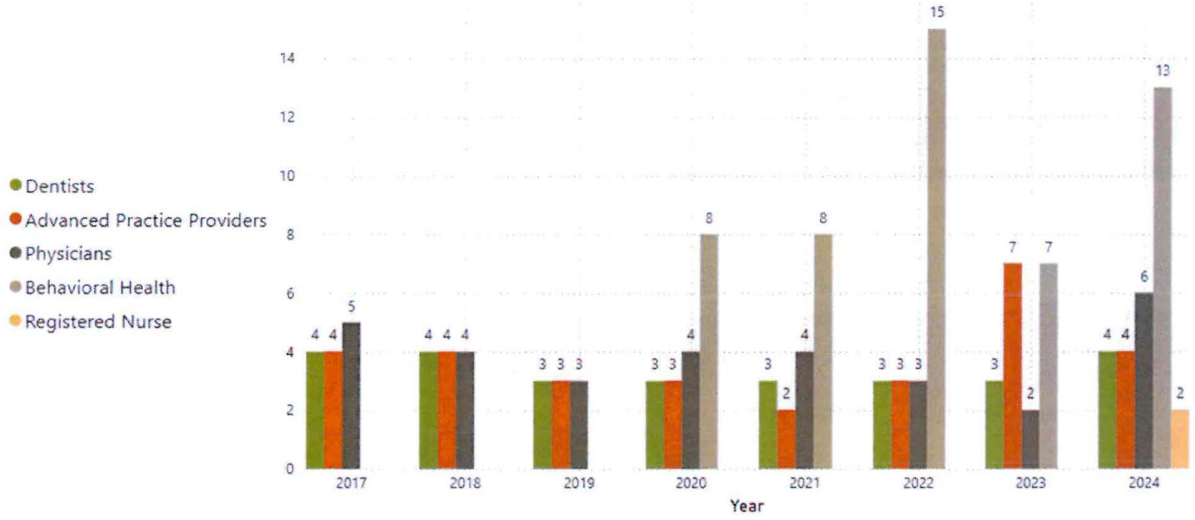
DATA MODERNIZATION
- CORE
- LDX - Laboratory Data Exchange
- ACCELERATION

40% of funding to LPH: $3,373,462

Primary Care Office

Mission: to improve primary care service delivery and workforce availability

North Dakota Healthcare Loan Repayment Program and
Dental Loan Repayment Program participants - 2017-2024



Total providers: 141

Breakdown:

Dentists: 27

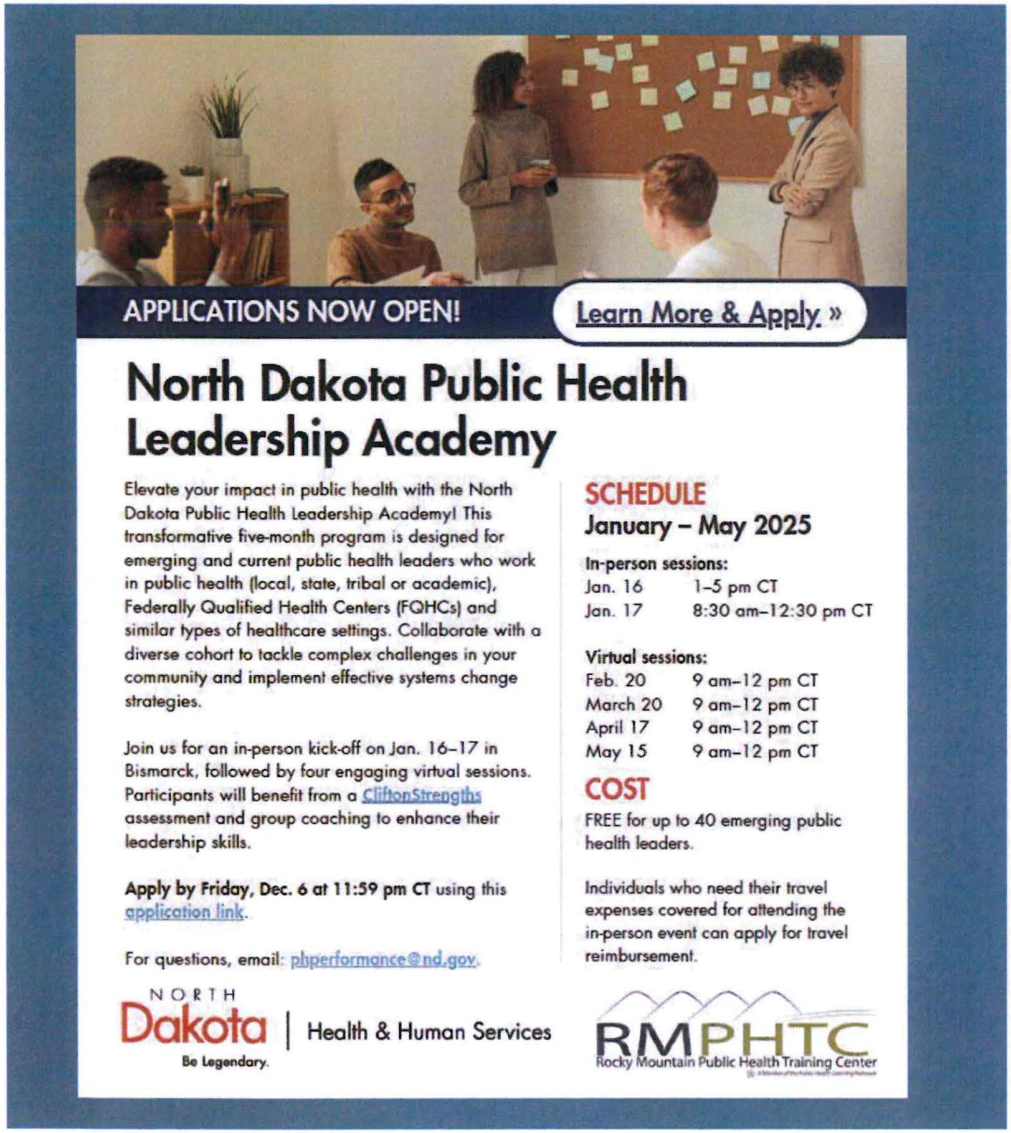
Advanced Practice Providers: 30*

Physicians: 31

Behavioral Health: 51**

Registered Nurse: 2

Key: *Advanced Practice Providers include Physician Assistant, Advanced Practice Registered Nurse, Certified Nurse Midwife, Certified Registered Nurse Anesthetist, Doctor of Nursing Practice, and Nurse Practitioner
** Behavioral Health includes Licensed Addiction Counselor, Licensed Professional Counselor, Licensed Social Worker, Behavioral Analyst, Behavioral Health Registered Nurse (Registered Nurse - Separate discipline added in 2023)

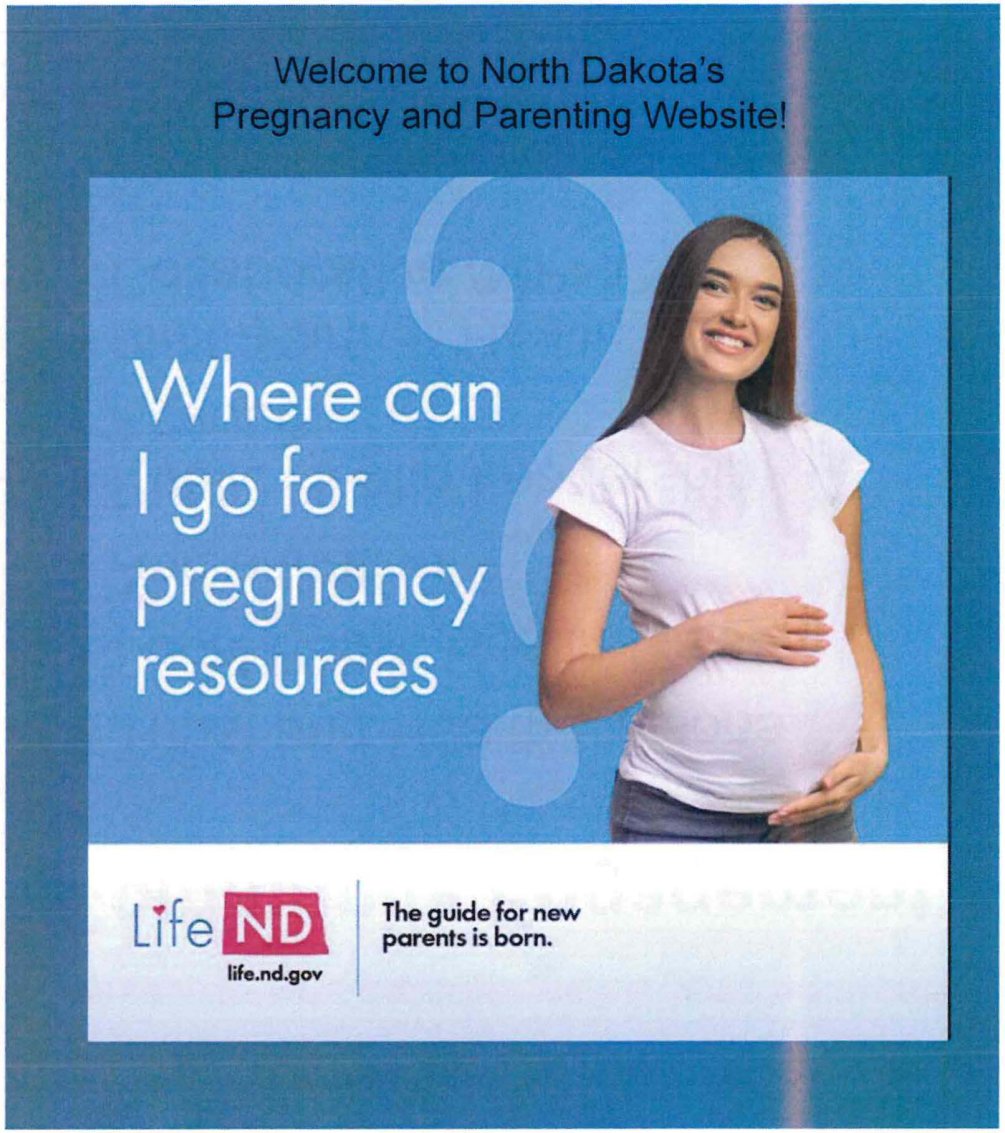


Community Engagement

- Tribal and Health Liaisons
- Local Public Health Liaison
- Accreditation
- Public Health Leadership Academy
- Multi-Partner Health Collaborative (MPHC)

Family Health & Wellness

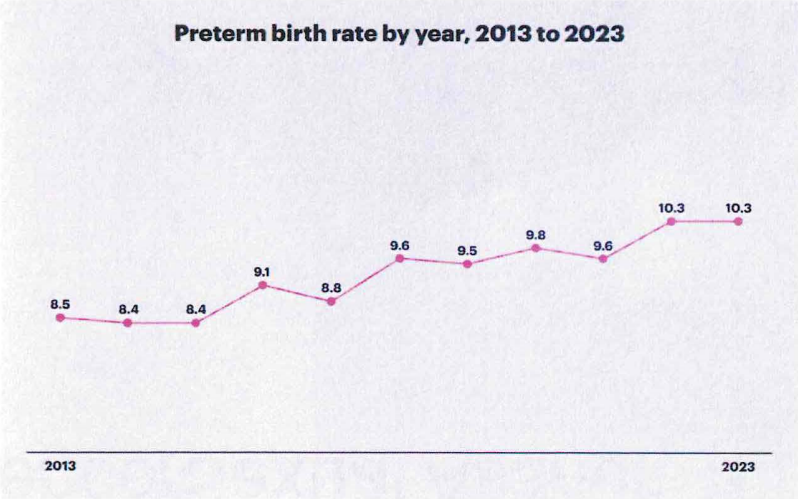
- Breastfeeding/Nutrition
  - WIC served 16,601 participants, including 4,877 infants
  - 213 workplaces designated Infant Friendly impacting over 45,150 employees across North Dakota
- Injury Prevention
  - The Poison Hotline answered 6,056 calls
  - Provided 341 pack-n-plays to families for infant safe sleep through 46 Cribs for Kids distribution sites
  - 30 car seat distribution programs provided 469 car seats to those who could not afford them
- Women's and Men's Health
  - Alternatives to Abortion Program served 2,313 clients for a total of 6,259 client visits (4,263 prebirth, 1,913 postbirth)



2025-27 Executive Budget Highlight: $2,000,000 for Maternal and Child Health Programs

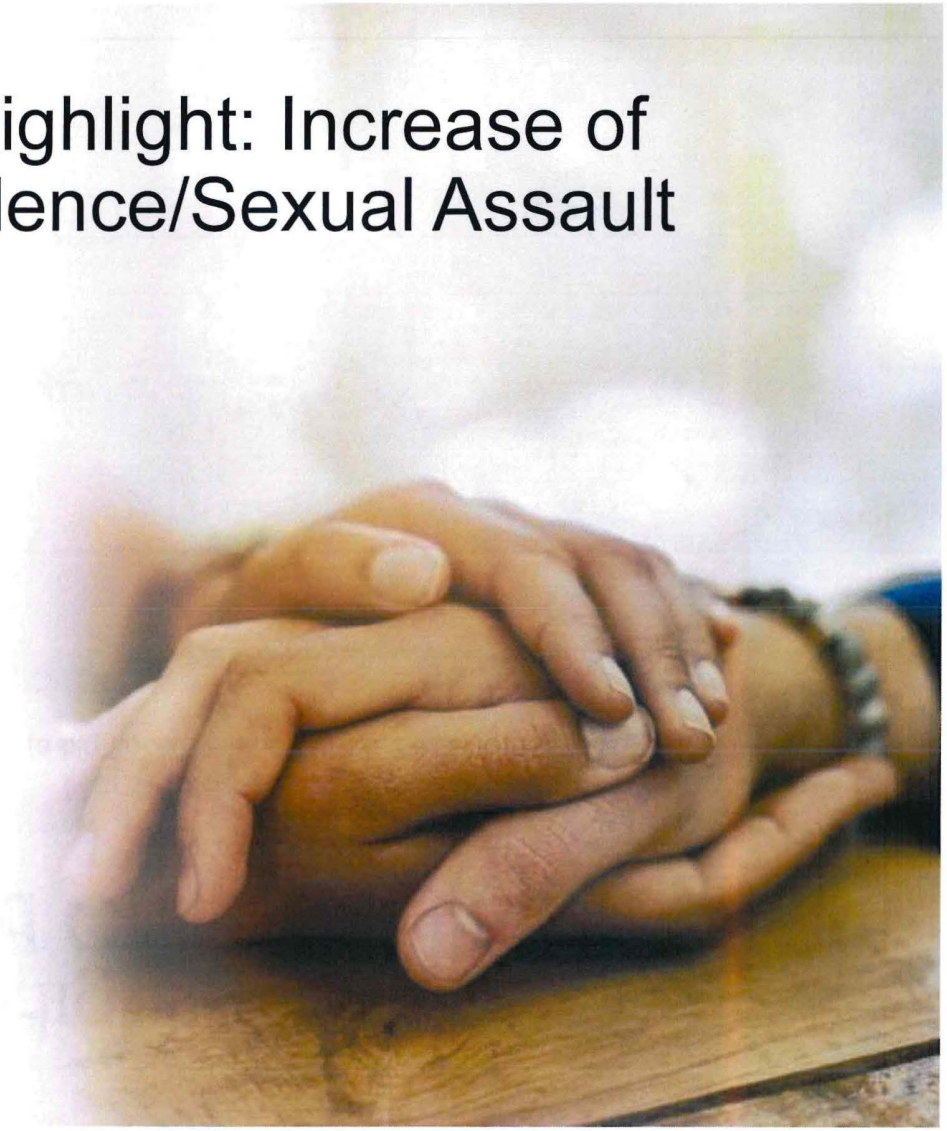
- Expand access to care for women's health services
- Preconception/reproductive health services
- Enhance postpartum services and recognize urgent maternal warning signs in the postpartum period
- Strengthen chronic disease prevention and management (chronic health conditions make people more likely to have a preterm birth)
- Screenings for obesity, tobacco use, drug and alcohol use, mental health, intimate partner violence, hypertension, substance use disorder, etc.

North Dakota Preterm Birth Rate by Year
(a birth occurring before 37 completed weeks of gestation)
2024 March of Dimes Peristats



2025-27 Executive Budget Highlight: Increase of $2,250,000 for Domestic Violence/Sexual Assault

- Staff capacity and infrastructure
- Expand and add new services
  - Support groups
  - Transitional housing
  - Mobile advocacy
  - Transportation
  - Prevention
- Partnerships



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Domestic Violence Facts | 2023

6,131
new victims

served by

19
Domestic Violence/Sexual Assault Crisis Centers

OF THOSE CASES:

- **83%** of the victims were women
- **105** women were pregnant at the time they were assaulted
- **21%** of new victims were people with disabilities
- At least **4,205** children were directly impacted by these incidents

A CLOSER LOOK

- At least **58%** of victims served were physically abused.
- Weapons were used in at least **11%** of the cases identified. Guns were used in **23%** of the cases and knives were used in **17%** of the cases involving weapons.
- In at least **33%** of cases, the abuser had a history of abusive behavior with other adults, including previous partners.
- Alcohol use by the abuser was indicated in **23%** of the new cases. Alcohol use by both the victim and offender was indicated at **4%** of the cases.

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Sexual Assault Facts | 2023

1,288 Primary Victims
+ 221 Secondary Victims

served by

19 Domestic Violence/Sexual Assault Crisis Centers

OF THOSE CASES:

- At least **1,042** victims were female
- **55%** of cases were male assailants (795), a female victim
- **221** assailants were female
- **6%** of cases were male assailants, a male victim

A CLOSER LOOK

- At least **242** of primary victims were under the age of 18 years old at the time of the assault(s).
- In adult cases, **6%** of assailants were strangers. In child cases, **4%** of the assailants were strangers.
- In at least **24%** of all cases, the assailant was a friend/acquaintance/date of the victim.
- At least **34%** of the assaults occurred in the victim's or assailant's home.
- **31%** of new victims were people with disabilities. Of those, **17%** were people with developmental disabilities, **29%** had physical disabilities, and **54%** were people with mental health disabilities.

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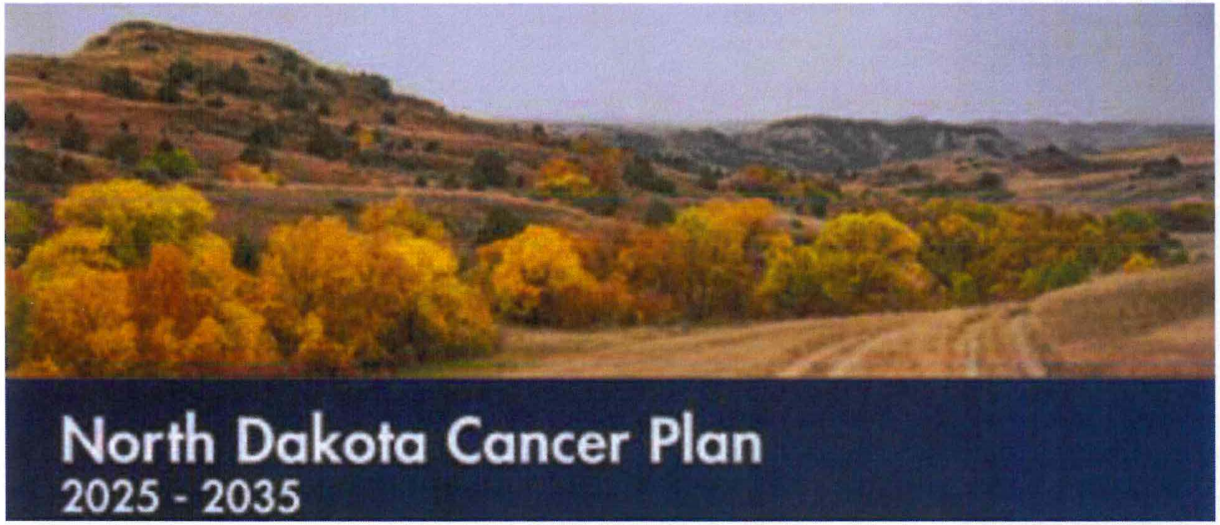




Health Promotion/ Chronic Disease Prevention

- New 10-year cancer plan
- *Women's Way*: 998 individuals received breast and cervical cancer screening
- Colorectal Cancer Screening: number of providers increased from 16 to 143
- Diabetes and heart disease pharmacy services program
- Seal!ND – school-based dental program. In 2023-24:
  - 70 participating schools
  - 3,070 children screened
  - 1,817 referrals

Donated Dental Services

Program history:

- Established in 1998
- 1,105 total patients served since inception
- $4,860,408 in total care donated by volunteers
- Volunteer network: 94 dentists and 7 laboratories

"I can smile, I can talk without hiding my mouth, I am able to eat without choking. Most of all I'm regaining my confidence. This organization and the volunteer dental offices that help people like me need to know how greatly you affect so many lives. I am grateful beyond words."

Ronald McDonald House Care Mobile

Between 7/1/2024 – 12/31/2024, the Care Mobile:

- Visited 13 sites
- Treated 437 children
- Provided a total value of $265,779 in dental services

- About 26% of the children were Medicaid eligible
- 1.5% had private insurance
- 72.5% were uninsured

Tobacco Prevention and Control

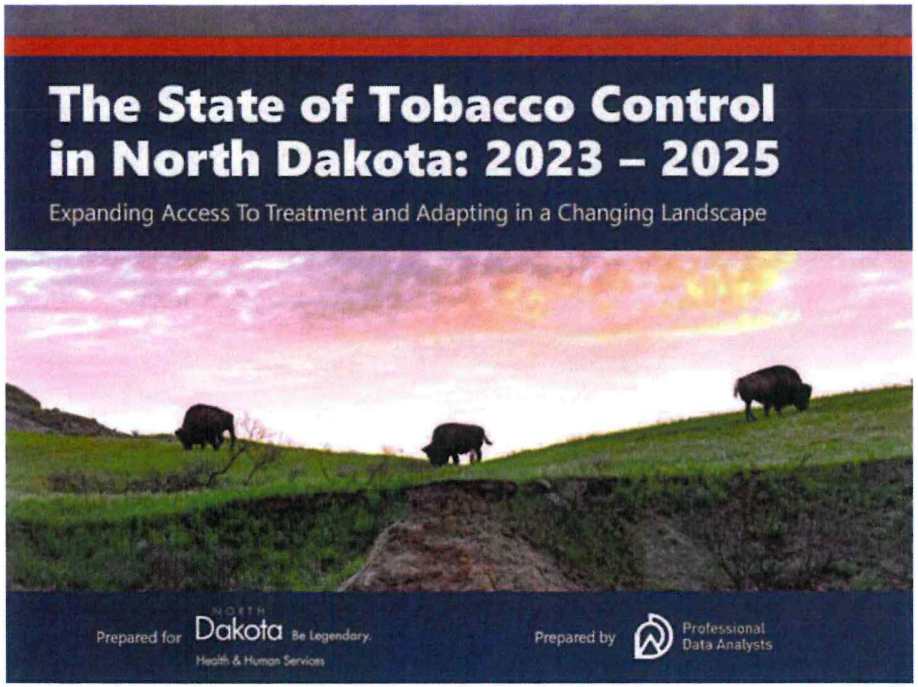


TABLE OF CONTENTS

INTRO

This biennial synthesis report of the North Dakota Tobacco Prevention and Control Program (TPCP) is a strategic evaluative effort that culminates in this summary report to the North Dakota Legislature, tobacco control partners, and the public.

01 Who is Using Tobacco Products? Pages 4–8

- Definitions in a shifting landscape
- Youth are using different products
- Adult use and chronic disease
- American Indian commercial tobacco use

02 Nicotine Dependence Treatment Pages 9–17

- Effective treatment across products
- Effective promotion
- TTS trainings
- NDQuits Cessation grantees

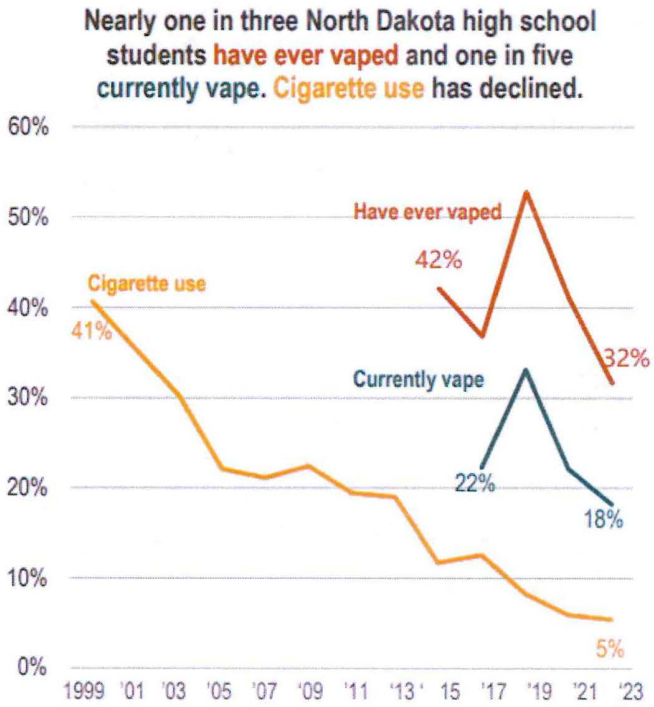
03 Expanding Access to Treatment Pages 18–27

- Building capacity within schools
- Behavioral health
- North Dakota Medicaid coverage
- Building capacity in tribal nation
- Maternal population

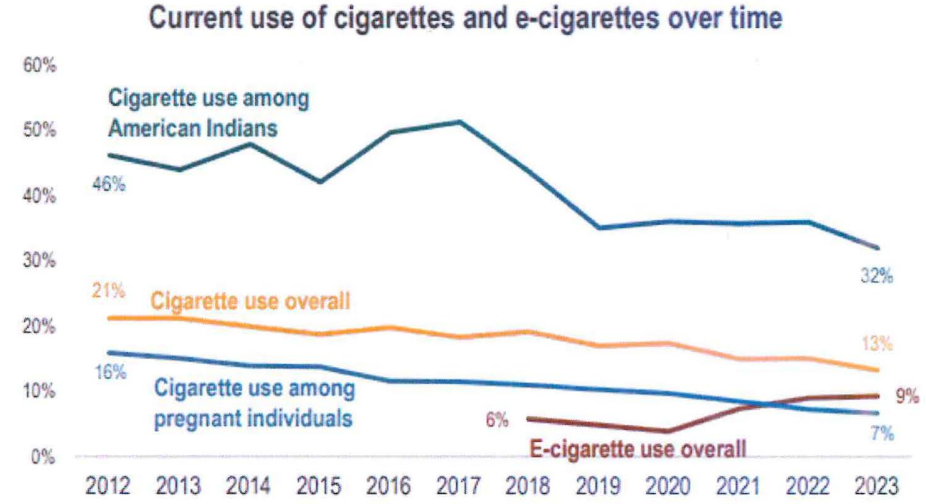
04 Innovative Collaborations to Increase Reach Pages 28–37

- Youth and young adults
- Flavored tobacco products
- Pharmacist pilot
- Behavioral health providers
- Innovative collaborations

Data Highlights – Progress and Challenges



ND YRBS, 1999-2023



North Dakota BRFSS, 2012 – 2023

Special Health Services

Coordinated Services

- Provided 19 individuals with 90 requests for metabolic food
- 350 children had 1,440 visits to multidisciplinary clinics

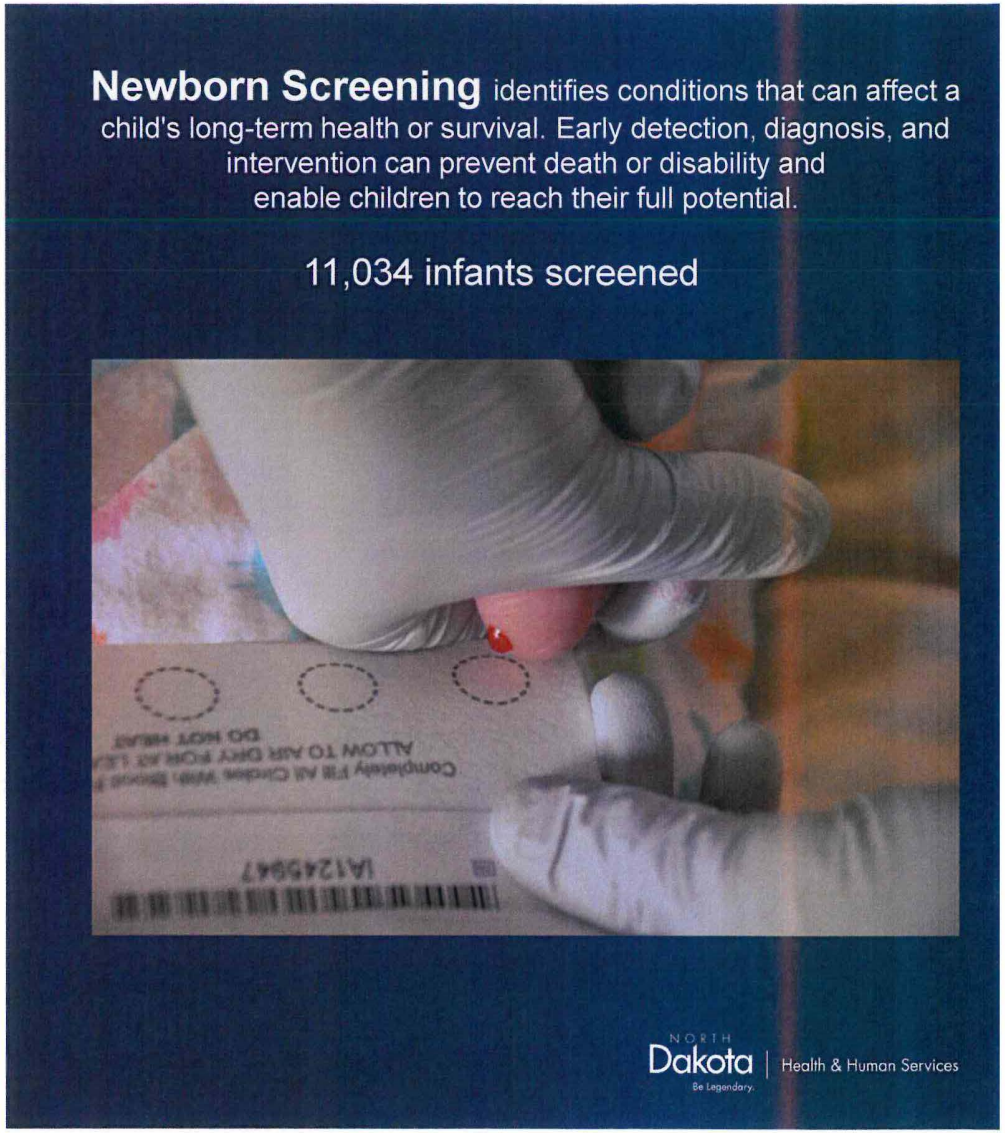
Financial Coverage

- Helped families pay for medical services for 272 eligible children, including health care visits and tests to diagnose chronic health conditions early and specialty care needed for treatment

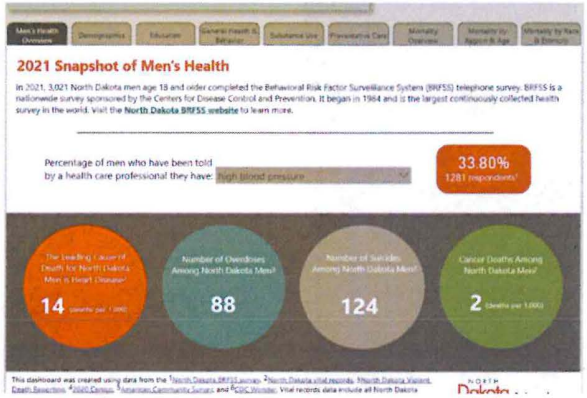
System Enhancement

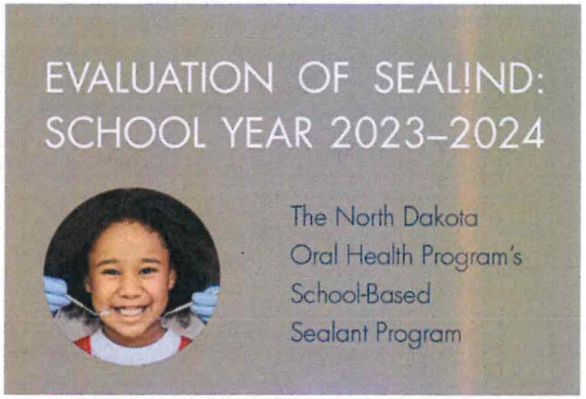
- 348 children received care coordination
- 390 information and referral requests were completed for families

Note: All data is from 2023



Monitoring and Evaluating Data





Maternal and Child Health Services Title V Block Grant

North Dakota

FY 2025 Application/ FY 2023 Annual Report

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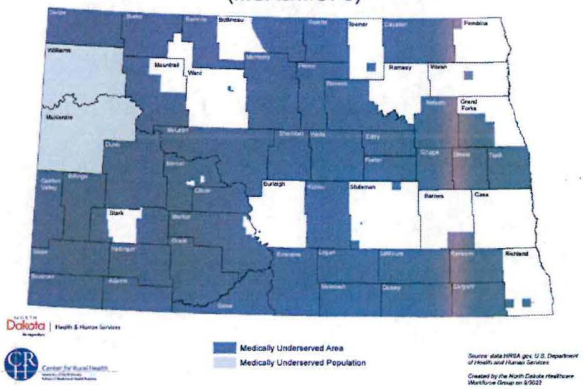
North Dakota Medically Underserved Areas/Populations (MUAs/MUPs)



2025-2027 Biennium

Plans

- Enhanced community engagement
- Streamlined loan repayment application process
- Maternal and Child Health (MCH) Needs Assessment – new priorities
- 10-year Statewide Cancer Plan
- WIC participant portal, new food package, and updating MIS
- Youth nicotine prevention

Challenges

- Return to core public health services
- Childhood obesity
- Changing federal grants and requirements
- Ever expanding diversity of nicotine products
- Domestic Violence/Sexual Assault
- Maternal health care services



2025-2027 Budget request

The **program, systems and workforce support** necessary to continue to serve North Dakotans

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Comparison of budget expenditures and projections
By Program

PROGRAMS	2023-25 LEGISLATIVE BASE	ONE-TIME /CARRYOVER	2023-25 EXPENSES THROUGH DECEMBER	2023-25 PROJECTED EXPENDITURES	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)	ENGROSSED HB 1012	GENERAL	FEDERAL	OTHER
PRIMARY CARE AND LOAN REPAYMENT	$ 4,709,584	$ -	$ 3,422,752	$ 4,621,773	$ 6,100,048	$ 130,072	$ 6,230,120	$ 2,308,290	$ 3,027,330	$ 894,500
CHRONIC DISEASE AND TOBACCO PREVENTION	26,566,548	-	16,557,082	24,160,618	27,108,859	-	27,108,859	225,000	14,187,033	12,696,826
COMMUNITY HEALTH INITIATIVES	15,291,129	-	11,487,175	16,650,234	7,903,903	(2,000,000)	5,903,903	725,476	5,178,427	-
LOCAL PUBLIC HEALTH STATE AID	8,000,000	-	6,211,920	8,000,000	8,000,000	-	8,000,000	4,725,000		3,275,000
MATERNAL CHILD HEALTH	15,346,240	-	8,168,977	12,098,444	11,580,172	737,661	12,317,833	5,250,846	7,039,087	27,900
STATEWIDE HEALTH STRATEGIES	-	3,000,000	3,000,000	3,000,000	-	750,000	750,000			750,000
PUBLIC HEALTH INFRASTRUCTURE	4,830,488	-	1,248,022	2,014,408	6,800,000	-	6,800,000		6,800,000	
DOMESTIC VIOLENCE AND SEXUAL ASSAULT	17,193,024	-	9,481,782	16,915,433	21,299,546	2,140,000	23,439,546	9,214,268	9,344,406	4,880,872
WOMEN INFANT AND CHILDREN (WIC) FOOD PROGRAM	30,340,000	-	20,320,262	27,100,000	33,520,000	-	33,520,000		33,520,000	
TOTAL	$ 122,277,013	$ 3,000,000	$ 79,897,972	$ 114,560,910	$ 122,312,528	$ 1,757,733	$ 124,070,261	$ 22,448,880	$ 79,096,283	$ 22,525,098

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Changes to Base Budget

By Ongoing, One-Time and Funding Source

BASE BUDGET CHANGES	DESCRIPTION	2025-27 EXECUTIVE BUDGET		ENGROSSED HB 1012	
		GENERAL	OTHER	GENERAL	OTHER
Services - Vulnerable Adults	Expanded support for domestic and sexual violence prevention		$2,250,000 CHTF		$2,250,000 CHTF
Services - Families	Partnerships with healthcare stakeholders to improve maternal and child health programs	$2,000,000			
House Amendment	FTE Block Grant Reduction			($169,928)	
House Amendment	Provides additional funding for domestic and sexual violence			$1,700,000	
House Amendment	Add funding for Safe Haven Program			$440,000	
House Amendment	Add funding to increase the grant to the Family Voices program			$100,000	
House Amendment	Provides funding for a fetal alcohol spectrum disorder clinic at UND			$637,661	
House Amendment	Provides one-time funding for the Cass County animal shelter				$300,000 CHTF
House Amendment	Provides one-time funding for the statewide health strategies grant				$750,000 CHTF

Comparison of budgets and funding

By Major Expense

DESCRIPTION	2023-25 LEGISLATIVE BASE	INCREASE / (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)	ENGROSSED HB 1012
Salaries & Benefits	$ 11,573,656	$ 3,055,937	$ 14,629,593	$ (169,928)	$ 14,459,665
Operating	30,846,651	(642,130)	30,204,521	-	30,204,521
IT Services	716,713	3,748,653	4,465,366	-	4,465,366
Grants	79,139,993	(6,126,945)	73,013,048	1,927,661	74,940,709
Total	**$ 122,277,013**	**$ 35,515**	**$ 122,312,528**	**$ 1,757,733**	**$ 124,070,261**
General Fund	**$ 19,466,380**	**$ 2,274,767**	**$ 21,741,147**	**$ 707,733**	**$ 22,448,880**
Federal Funds	**83,092,233**	**(3,995,950)**	**79,096,283**	**-**	**79,096,283**
Other Funds	**19,718,400**	**1,756,698**	**21,475,098**	**1,050,000**	**22,525,098**
Total Funds	**$ 122,277,013**	**$ 35,515**	**$ 122,312,528**	**$ 1,757,733**	**$ 124,070,261**

Healthy and Safe Communities' Budget as % of HHS Budget

- 2.0%

Budget by Funding Source

- 18.1% General
- 63.8% Federal
- 18.1% Other

Budget by Pass Through

- 66.2% Paid to private providers
- 17.0% Direct Service
- 13.2% Admin
- 3.6% IT

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Summary and Key Takeaways

Key Strategies and Needs:

- Community Engagement
- Data and Evidence-based decision making
- Policy, Systems and Environmental changes (PSE)
- Infrastructure, Workforce and Data Systems
- Increased support for Domestic Violence/Sexual Assault and maternal health services

Implementing these strategies and meeting these needs is essential to ensure that everyone has the chance to achieve their optimal health – and to make North Dakota the Healthiest State in the Nation!



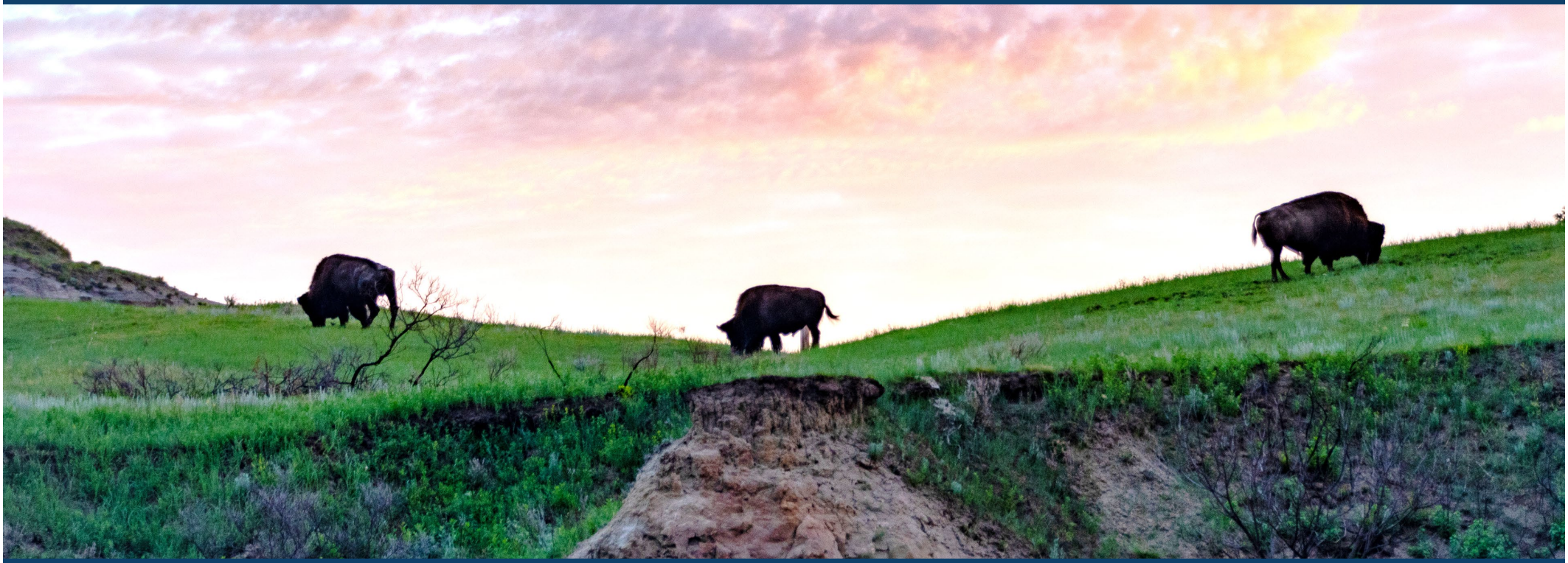


Contact Information

- Kim Mertz
- Section Director, Healthy and Safe Communities
- kmertz@nd.gov

The State of Tobacco Control in North Dakota: 2023 – 2025

Expanding Access To Treatment and Adapting in a Changing Landscape



Prepared for NORTH Dakota Be Legendary. Health & Human Services

Prepared by Professional Data Analysts

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INTRO

This biennial synthesis report of the North Dakota Tobacco Prevention and Control Program (TPCP) is a strategic evaluative effort that culminates in this summary report to the North Dakota Legislature, tobacco control partners, and the public.

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+ American Indian commercial tobacco use

02

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+ Effective promotion
+ TTS trainings
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+ Behavioral health
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+ Building capacity in tribal nation
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+ Flavored tobacco products
+ Pharmacist pilot
+ Behavioral health providers
+ Innovative collaborations

PURPOSE OF THIS REPORT

This report is the culmination of a biennial evaluation and synthesis of the priorities, activities, and future planned work of the North Dakota Tobacco Prevention and Control Program (TPCP). The mission of the TPCP, outlined in the 2020-2025 state strategic plan, is "**to protect the health of North Dakotans by reducing the negative health and economic consequences of the state's No. 1 cause of preventable disease and death – tobacco use**."[1]

The TPCP contracts with an external evaluator, Professional Data Analysts (PDA), for a comprehensive program evaluation. This includes the design and implementation of data collection methods, analysis, and reporting.

PDA's evaluation and statistics teams analyze and make sense of the data so that the TPCP can make data-driven decisions. PDA has deep experience in various public health initiatives and has evaluated programs within the TPCP since 2011 and the entire TPCP since 2017.

This fourth synthesis report by PDA emphasizes the expansion of treatment within the state, aligned with the five guiding principles of North Dakota Health and Human Services (HHS). These principles, highlighted below, are integrated into each section of this report.



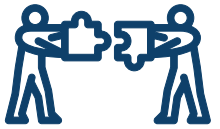
Continuous Improvement and Innovation



Responsible Stewardship



Transparent and Open Communication



Engaged Collaboration



Data-Centered Decisions

Questions about the Tobacco Prevention and Control Program should be directed to Neil Charvat, Director, Tobacco Prevention and Control Program, njcharvat@nd.gov.

Questions about the external evaluation should be directed to Melissa Chapman Haynes, PhD, Director of Evaluation, Professional Data Analysts (PDA), mchapman@pdastats.com.

[1] https://www.cdc.gov/mmwr/volumes/72/wr/mm7218a1.htm

Who is using tobacco products in North Dakota?



Responsible Stewardship



Data-Centered Decisions

In 2023, **nearly one in four North Dakota adults currently use at least one kind of tobacco product** (24%). Some groups have higher use – American Indians (32%), individuals with a high school diploma/equivalency or less education (37%), and those reporting poor mental health (43%). While cigarette smoking has continued to decrease for both adults and youth, the use of e-cigarettes has not seen significant changes since 2021.

1

Sources: North Dakota Behavior Risk Factor Surveillance System (ND BRFSS), 2023 and 2021 and North Dakota Youth Risk Behavior Survey (ND YRBS), 2023 and 2021.

THE TOBACCO PRODUCT LANDSCAPE HAS SHIFTED DRASTICALLY

Nicotine is a highly addictive drug that is hard to quit, and the variety of combustible, non-combustible, electronic, and synthetic products has exploded in the retail environment. Defining tobacco products, commercial tobacco, and having a clear position on vaping products is critical.

Tobacco Product

This report defines this as **any product or device** that can deliver nicotine to the human brain, whether derived from tobacco or another source, except for safe and effective nicotine replacement therapies approved by the U.S. Food and Drug Administration (FDA) for tobacco cessation. Tobacco products include, but are not limited to, e-cigarettes, cigarettes, cigars, smokeless tobacco, hookahs, pipe tobacco, heated tobacco products, and nicotine "tobacco-free" pouches.

From: NIDA. 2023, December 14. What is the scope of tobacco, nicotine, and e-cigarette use in the United States?. Retrieved from https://nida.nih.gov/publications/research-reports/tobacco-nicotine-e-cigarettes/what-scope-tobacco-use-its-cost-to-society

Commercial Tobacco

In this report, we distinguish the use of traditional or sacred tobacco by Indigenous people, including American Indians living in one of the five tribal nations in this geography. Practices vary by tribe, though often, the inner bark of red willow is used and referred to as sacred tobacco.

The National Native Network states "Traditional and commercial tobacco are different in the way that they are planted and grown, harvested, prepared, and used."

Any references to tobacco in this report refer to commercial tobacco unless otherwise noted.

TPCP Position on E-Cigarettes

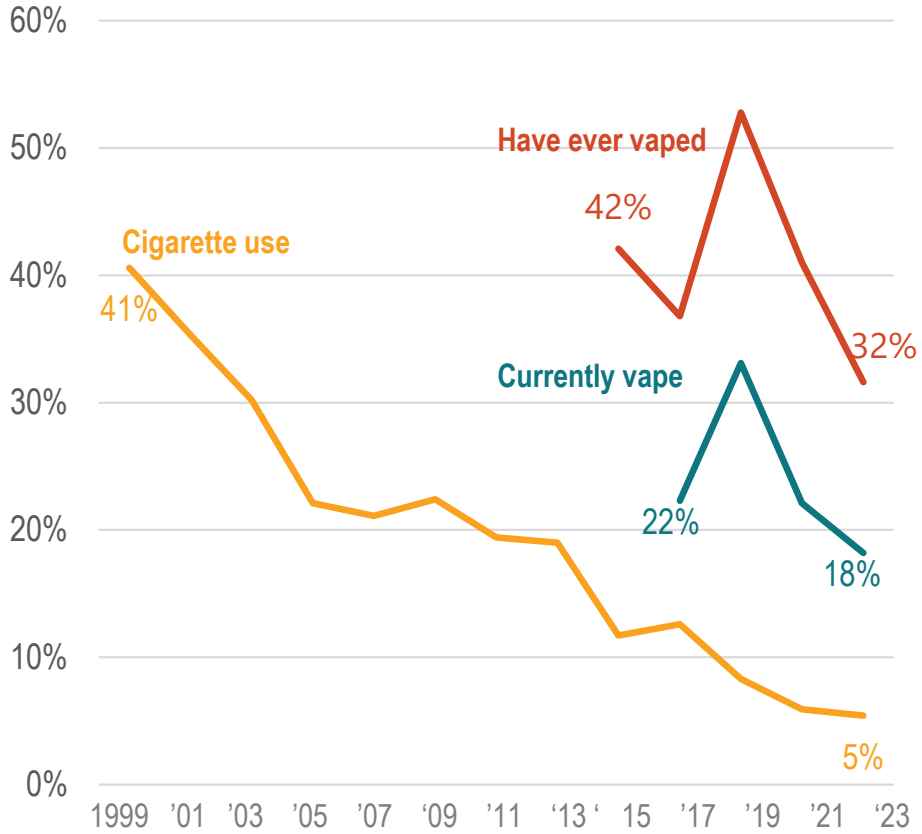
In September 2018, the TPCP took a data-informed position on Electronic Nicotine Delivery Systems (ENDS), now commonly known as vapes. Following additional studies, the risks outlined remain and ENDS are still not approved by the FDA as a nicotine treatment medication.

- The health risks from ENDS use have not been adequately studied.
- Nicotine from ENDS is highly variable and unregulated.
- Most ENDS products contain and emit potentially toxic substances.
- The FDA does not currently approve ENDS as a quit-smoking aid.

CIGARETTE USE IS HISTORICALLY LOW AMONG YOUTH, THOUGH ONE IN FIVE HIGH SCHOOLERS ARE VAPING

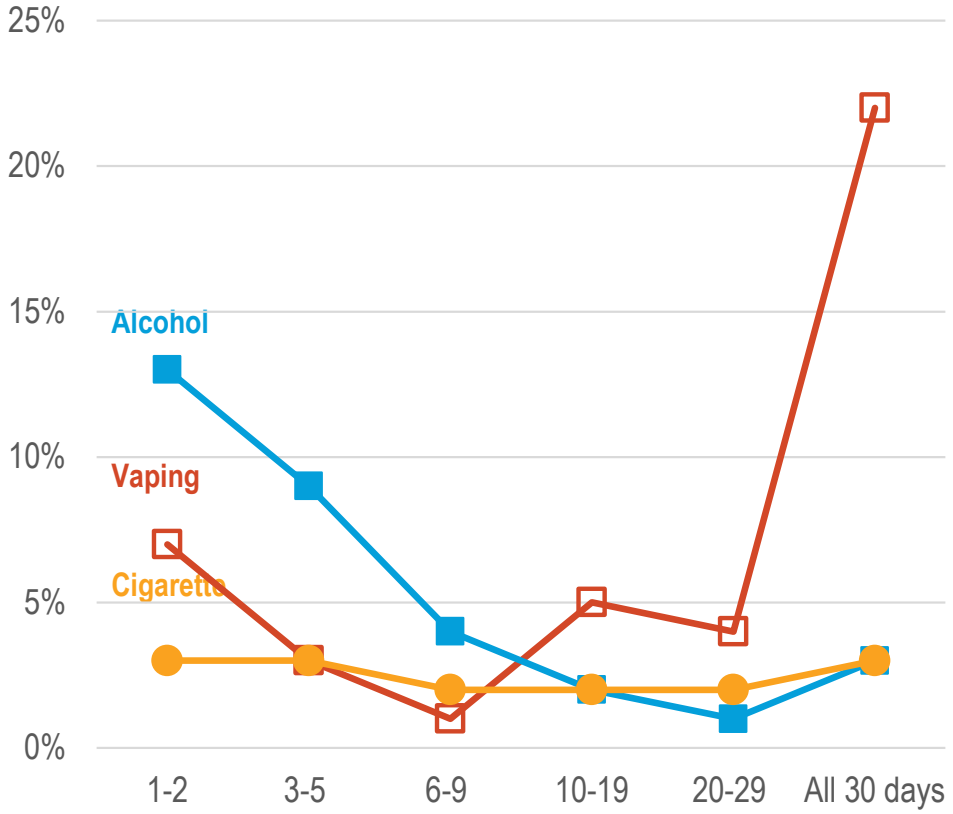
Prevention of use is critical since "tobacco use almost always starts in childhood or adolescence." [2] Further, North Dakotans reporting poor mental health reported a sharp increase in vaping.

Nearly one in three North Dakota high school students have ever vaped and one in five currently vape. Cigarette use has declined.



ND YRBS, 1999-2023

Vaping sharply increases with an increase in poor mental health days, whereas alcohol use declined and cigarette use was steady.



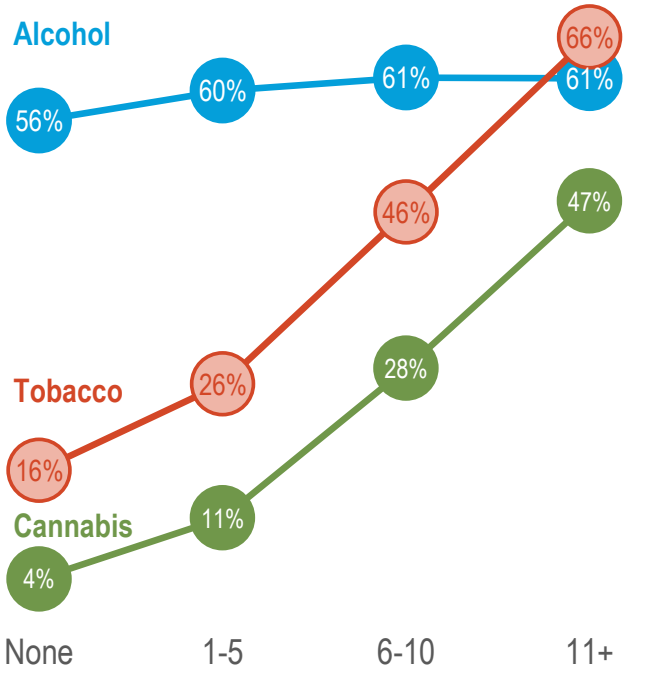
During the past 30 days, how often was your mental health not good

ND YRBS, 2023

[2] Jenssen, et al. (2023). Protecting Children and Adolescents from Nicotine and Tobacco, Pediatrics, 151(5), https://doi.org/10.1542/peds.2023-061804.

TOBACCO'S ROLE IN SUBSTANCE USE AND MENTAL HEALTH

North Dakota adult tobacco use sharply increases with additional ACEs, more so than with cannabis or alcohol



ND BRFSS, 2022

Data on the relationship between ACEs and substance use informs TPCP program priorities

The use of commercial tobacco and new nicotine products, such as nicotine pouches produced by the tobacco industry, disproportionately impacts individuals experiencing behavioral health conditions nationally and within North Dakota. To help address this issue, the TPCP focuses on those living with a behavioral health condition as a priority population in their tobacco prevention and control work.

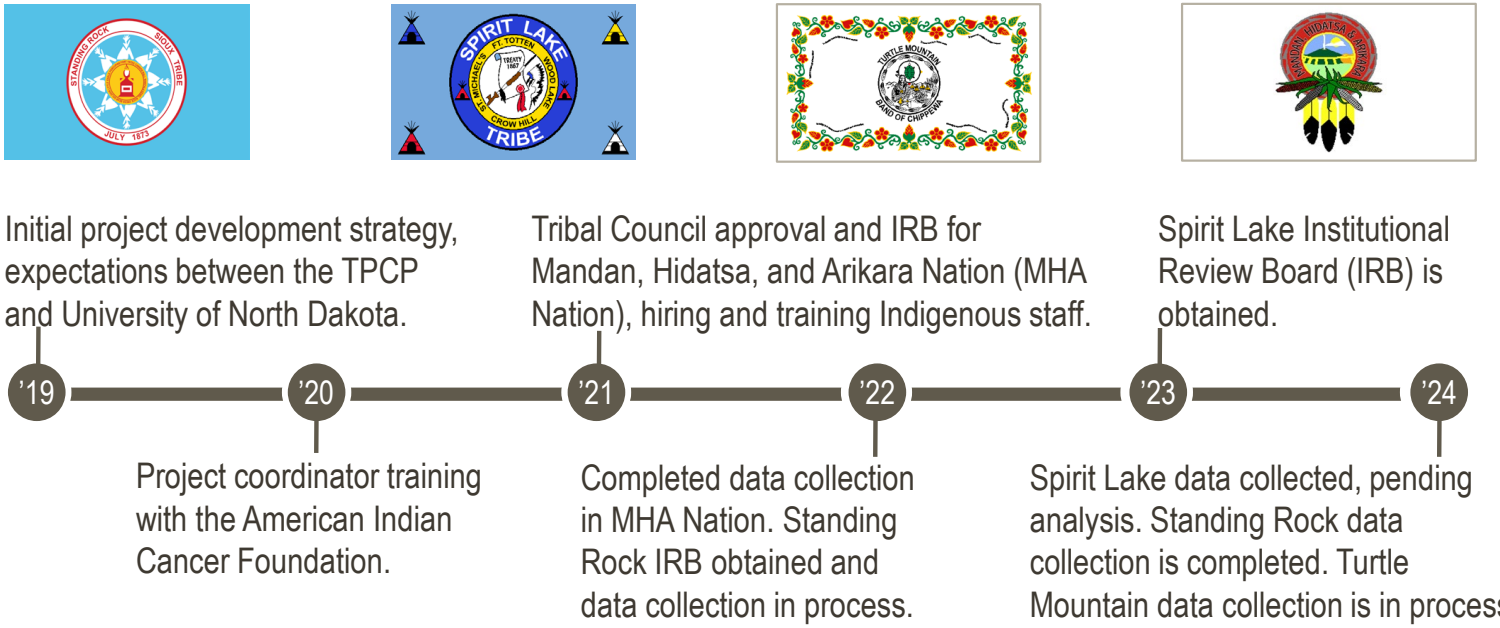
The Centers for Disease Control and Prevention (CDC) describes a behavioral health condition as a "mental health or substance use disorder." To inform programmatic priorities, in 2023 Professional Data Analysts (PDA) conducted interviews with nine Tobacco Treatment Specialists (TTS) who work at two Human Service Centers (HSC), North Central and Badlands, and two Federally Qualified Health Centers (FQHC), Coal County Community Health Center and Family HealthCare. The findings indicated patients valued TTS counseling:

> *We also have to be sensitive to people with post-traumatic stress disorder because if you're telling them 'You can't do this, this, this…' …They were told that their whole life. That's going to trigger them and make them not trust you. But if you take the time to hear them out and have the patience to understand their situation, they're more apt to open up to you."*
>
> —HSC TTS

BUILDING DATA SOVEREIGNTY AND CULTURAL CAPACITY

The Native American Adult Tobacco Survey (NA-ATS) is a critical, partnership-based effort. Over the past five years, not only has data been collected with nearly all the tribal nations, the very process of collecting the data has spurred discussions about commercial tobacco use within these communities.

One tribal nation with summarized data found that more than 65% of participants report using Sacred Tobacco within the context of ceremony, prayer, or other traditional practices. About half of Sacred Tobacco use was sourced from a commercial tobacco vendor.



> *I noticed getting the data from the surveys that a lot of people **didn't realize that tobacco is just as bad [as other substance use issues]**. It is something that I've noticed – there isn't that much information getting out to those on the reservation. And the information that is getting out, they're not really interested in sitting there and reading about it.*
>
> *I noticed that during the NA-ATS interviews they were asking me questions about tobacco, and now I'm able to give them a lot more information. And it's not like you're reading from a pamphlet, I'm just kind of like, 'Hey, here's some facts about this or that. If you allow me, I'll be more than glad to share that with you.' And they're like, 'oh, okay, yeah, go ahead.' And so, then I'll tell them. A lot of them are just like, 'wow, I didn't know that.'*
>
> —Tribal Commercial Tobacco Champion

Nicotine dependence treatment in North Dakota



Continuous Improvement and Innovation



Data-Centered Decisions

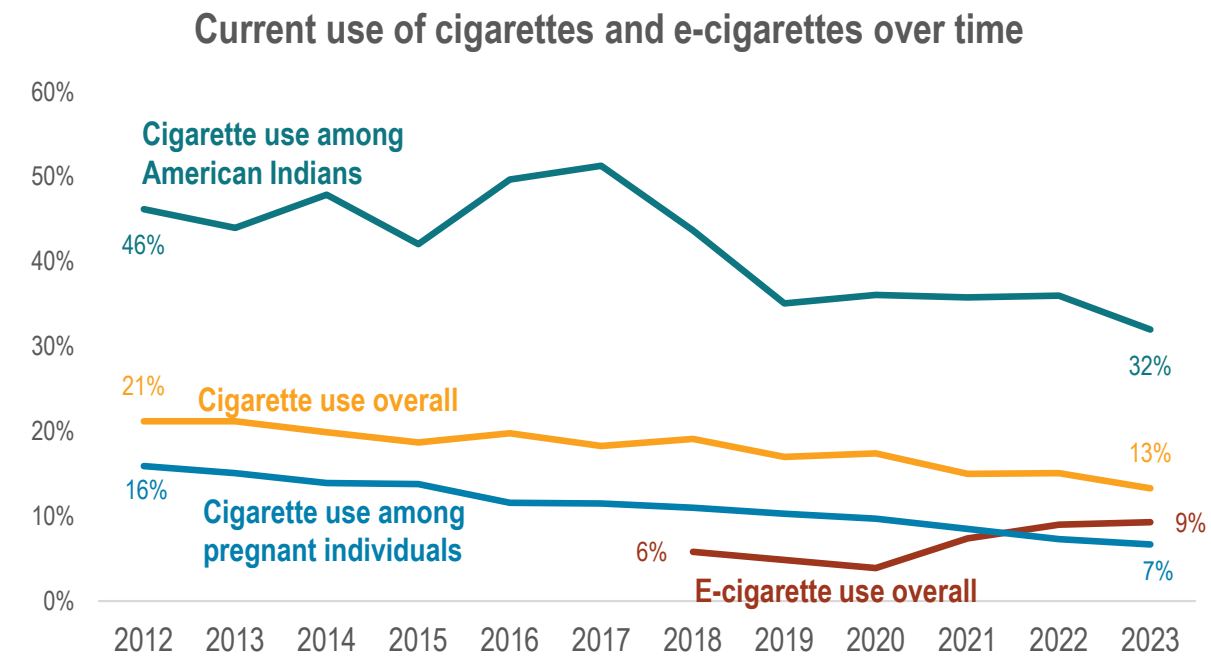
Incorporating cessation strategies into all commercial tobacco prevention and control efforts can help advance and support smoking cessation for all population groups. Tobacco dependence is a chronic, relapsing condition driven by nicotine addiction, and quitting can be difficult. [3]

2

[3] VanFrank B, Malarcher A, Cornelius ME, Schecter A, Jamal A, Tynan M. Adult Smoking Cessation — United States, 2022. MMWR Morb Mortal Wkly Rep 2024;73:633–641. DOI: http://dx.doi.org/10.15585/mmwr.mm7329a1

ADULT CIGARETTE USE IS TRENDING DOWN, WHILE VAPING IS INCREASING

Over the past decade, there has been a statistically significant reduction in adult cigarette smoking in North Dakota; trending increases in current adult use of electronic vaping products is of concern.



North Dakota BRFSS, 2012 – 2023

> *With all the stuff in my life going on, I started to get into bad anxiety and depression, and it makes it way harder to quit. I am seeing a doctor for it.*
>
> —NDQuits participant

Chronic disease and behavioral health

Commercial tobacco use has been shown to adversely affect both the physical and mental health of users, and there is substantial evidence highlighting the dangers of secondhand smoke for non-smokers. Smoking damages nearly every organ in the body,[4] and there is emerging evidence of the harmful effects of vaping, including the emissions from vaping products.

Two populations of interest in the state are American Indians and pregnant individuals.

[4] NIDA. 2021, What are the physical health consequences of tobacco use?

NORTH DAKOTA OFFERS MULTIPLE TREATMENT PROGRAMS TO "QUIT YOUR WAY"

Healthy People 2030 is the fifth version of a national public health set of priorities and objectives, which includes four nicotine dependence treatment objectives listed to the right. These objectives align well with the multi-decade effort in North Dakota to provide evidence-based treatment. This endeavor includes program availability, increasing treatment coverage through North Dakota Medicaid coverage, supporting health systems change to increase clinician engagement, and using data to inform programmatic decisions.

Addressing successful nicotine treatment is the transtheoretical model of behavior change. This model has been a widely used approach for moving individuals seeking treatment for nicotine addiction through the five stages of change as they move to prepare and take action to treat nicotine dependence. Use of Motivational Interviewing, a person-centered communication approach, helps meet people where they are and works within an individual's ambivalence to change. One of the tribal partners shared:

> *We did a little bit of motivational interviewing during the TTS training, but I went further and did a whole training. I went to Fargo, and they had a two-day training on motivational interviewing. That way when I talk to people, I can kind of pull them in without them feeling like I'm forcing them to talk.*

Healthy People 2030

1. Increase quit attempts
2. Increase successful quit attempts
3. Increase health care provider advice to quit
4. Increase treatment use

NDQuits

Resources are available through NDQuits to any North Dakotan ready to quit all tobacco products, including cigarettes, vapes, smokeless tobacco, and nicotine pouches.

TTS trainings

Beginning in 2018, the TPCP has provided 12 in-state Mayo Tobacco Treatment Specialist (TTS) trainings, adding nearly 400 TTS. TTS are key to in-person or local treatment access.

Clinical initiatives

Over a decade of building the NDQuits Cessation Grant Program has laid the groundwork for expanded tobacco use treatment, particularly in behavioral health and pharmacy locations.

Local support is key

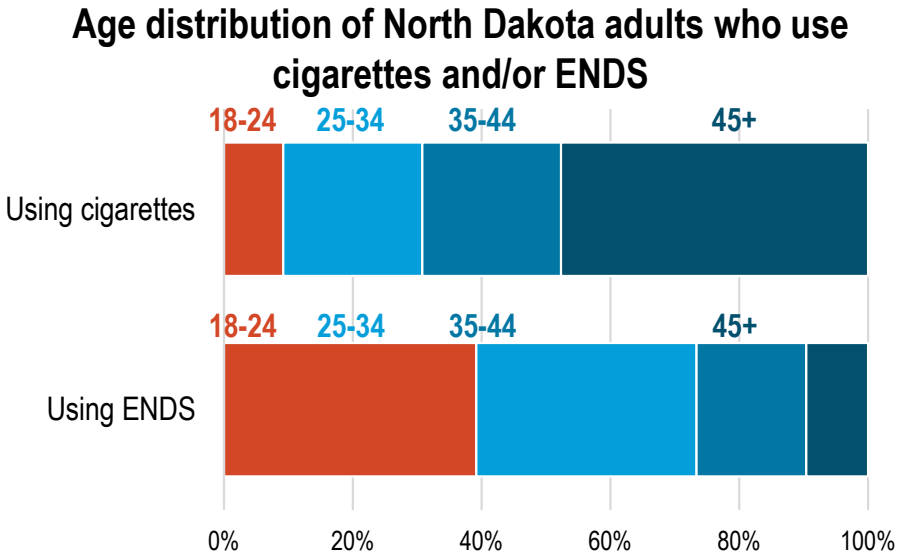
Local Public Health Units provide in-person treatment and/or support partners to build treatment support in the community.

NDQUITS PROVIDES TREATMENT AMONG CHANGING PRODUCT USE

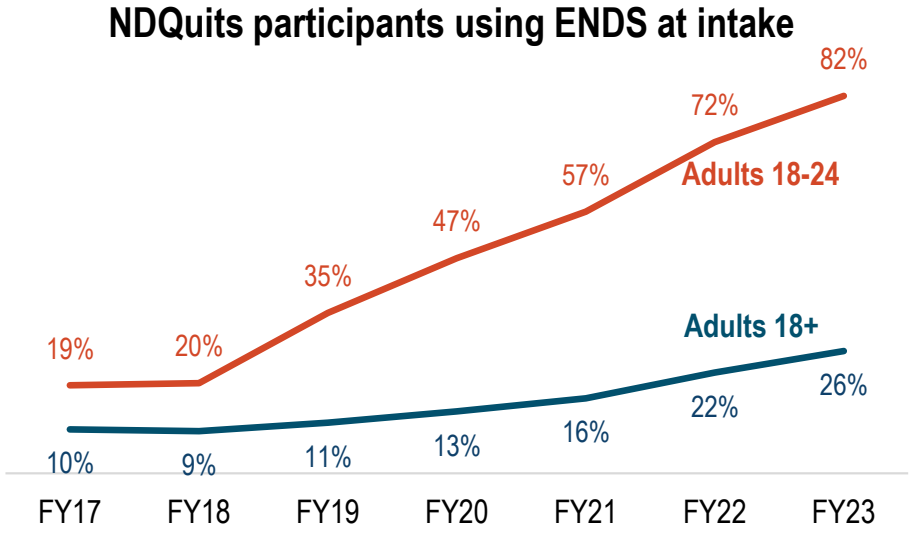
Nearly 2,000 unique North Dakotans called or went online to NDQuits annually during the 2021-2023 biennium. The quitline is cost-effective – **for every $1 spent on NDQuits, North Dakota saves $2.52 - $2.90** under the current tax rate ($0.44 per pack) by factoring in savings from tobacco cessation, such as decreased health care expenses and increased productivity. The landscape of tobacco control and available nicotine products on the market has been rapidly changing since 2017. Subsequently, the trend data for NDQuits enrollment patterns have been shifting since 2020, including the use of ENDS or vape products.

North Dakota adults who use ENDS are much younger than those who use cigarettes. Almost 80% of North Dakota adults who use ENDS are under age 35, compared to less than 30% of those who use cigarettes.

Since 2017, the percentage of young adults who enroll in NDQuits and report using ENDS has nearly tripled. NDQuits is an evidence-based cessation support for ENDS use with counseling and/or nicotine replacement therapy (NRT).



ND BRFSS, 2023



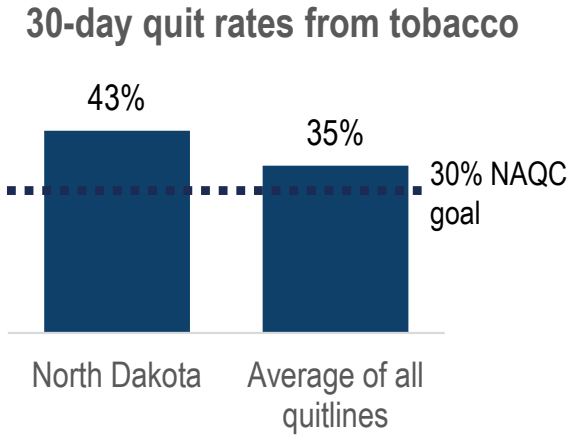
NDQuits enrollment data

NDQUITS PROVIDES EFFECTIVE SUPPORT, ACROSS PRODUCT TYPES

One measure of success is to evaluate the percentage of individuals who have quit all tobacco products seven months after enrolling. NDQuits has three 30-day quit rates to account for tobacco type(s) at registration. The quit rates for NDQuits exceed the national average and the benchmarks set by the National Quitline Consortium (NAQC).

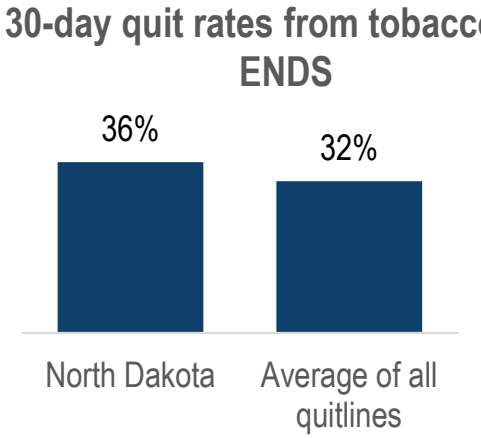
Individuals using cigarettes, cigars, and chew

NDQuits performed above the NAQC goal and the national average for 30-day quit rates.



Individuals using ENDS and cigarettes, cigars, and/or chew

NDQuits performed above the national average for 30-day quit rates that include ENDS.



Individuals who are exclusively using ENDS

Between February 2020 and December 2023, there were 104 North Dakotans who registered for NDQuits that only used ENDS. At 7-months after enrolling, the quit rate was:

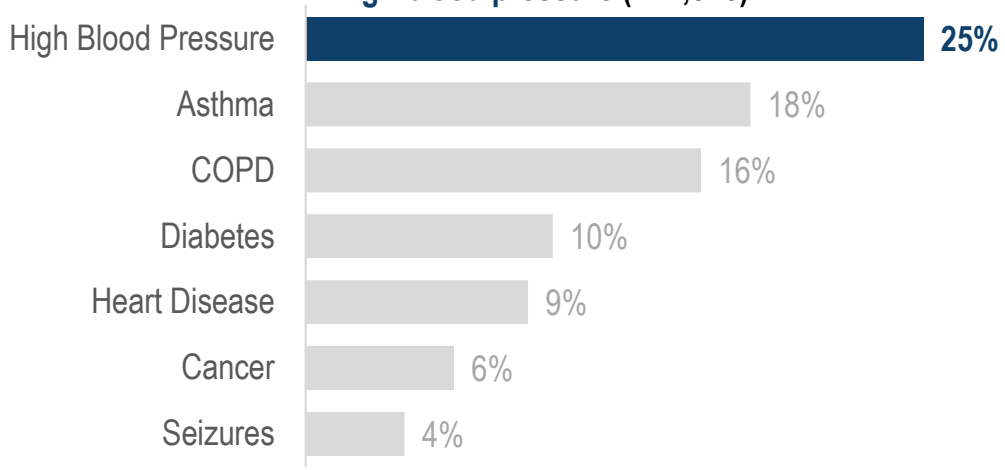
39.6%

> *The information NDQuits provides on the website about the negative impacts of vaping was really helpful. I have been using vaping as a method to help quit smoking cigarettes but did not realize how damaging and addictive the vaping products are. Though I am still smoking cigarettes, I feel the program prevented me from developing another harmful habit, and I am very grateful.*
>
> —NDQuits participant

> *[The quitline was a] wonderful aide in being able to say I've not even had one puff since August 20, 2023. Thank you NDQuits!!*
>
> —NDQuits participant

NDQUITS SERVES INDIVIDUALS LIVING WITH CHRONIC CONDITIONS AND/OR BEHAVIORAL HEALTH CHALLENGES

One in four individuals who used NDQuits and had a chronic disease reported having high blood pressure (n=2,346).

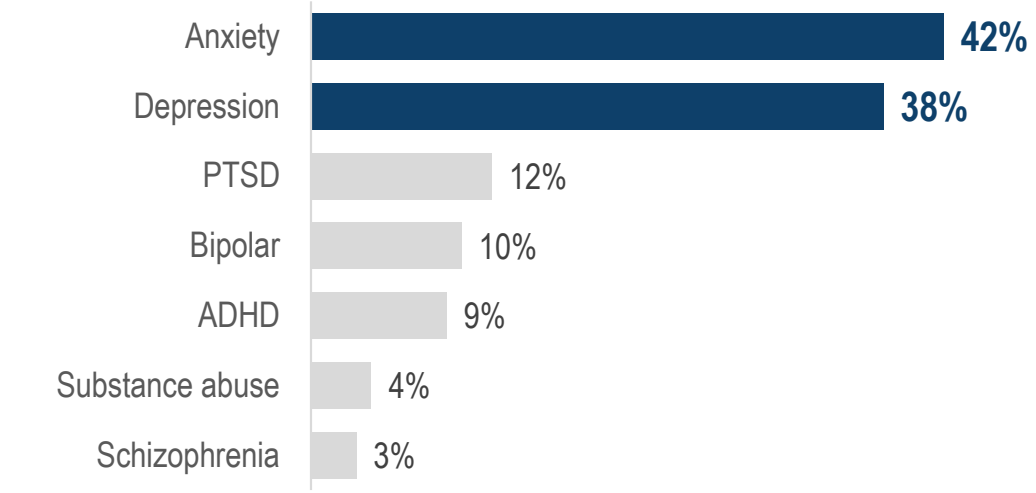


NDQuits enrollment data, 2020 - 2024

Between 2020 and 2024, a total of 9,427 North Dakotans used NDQuits. **Over half (51%) reported at least one chronic disease.**

There were 13% who reported two chronic diseases and 10% reported three or more. Those with Medicare were more likely to report high blood pressure (47%) as compared to Medicaid (27%) or private insurance (23%).

Anxiety and Depression were the most frequently reported mental health conditions reported among NDQuits registrants (n=3,792; n=3,443)



NDQuits enrollment data, 2020 - 2024

Between 2020 and 2024 a total of 9,427 North Dakotans used NDQuits. **Over half (53%) reported at least one behavioral health condition**.

Young adults reported anxiety at a higher percentage (58%) than those aged 25-54 (43%) or 65 or older (24%). Individuals reporting anxiety were vaping at a high percentage when they enrolled in NDQuits (54%).

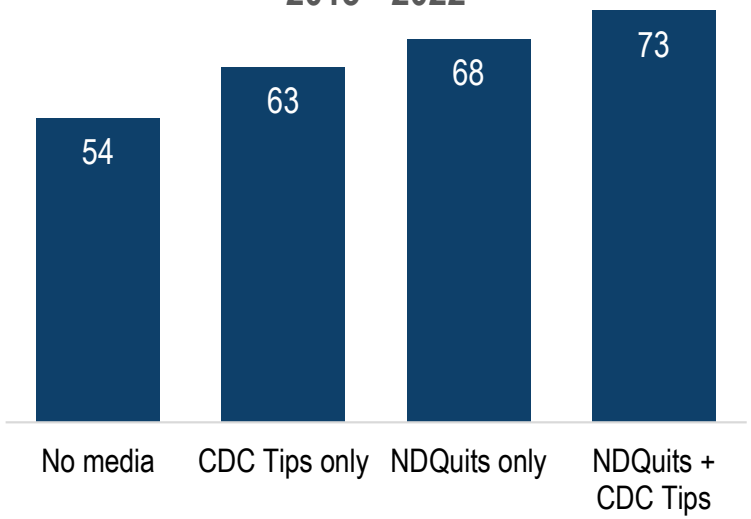
EFFECTIVE USE OF MEDIA TO SHARE NDQUITS RESOURCES

Health communications – broadcast, cable, digital, social, and earned media – is an essential and evidence-based component of helping people quit tobacco.

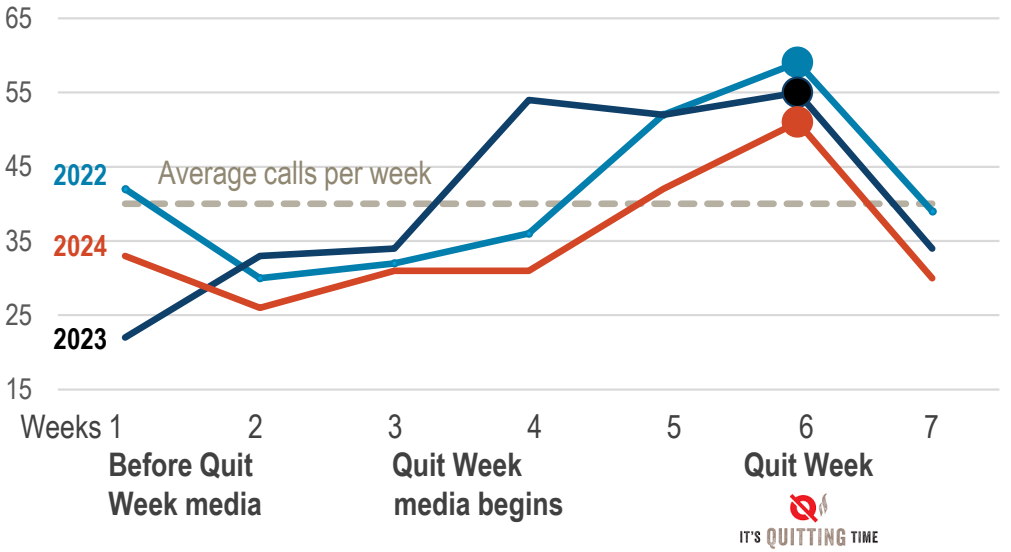
PDA examined the relationship between health communications and calls to NDQuits from July 2013 – December 2022. **When NDQuits television ads are running, there is an average of 14 more calls per week** than when no television ads are running. There are an **average of 19 more calls per week when both NDQuits and CDC Tips ads run**. Media, particularly television, remains essential to driving North Dakotans to NDQuits.

Quit Week is a coordinated media campaign that educates on cessation resources available to North Dakotans and encourages those that use tobacco to make a quit attempt. Messages are coordinated and shared via social media (Instagram, Facebook, Snapchat, YouTube), broadcast TV, radio, digital media, billboards, newspapers, and earned media. From 2020 to 2024, the "It's Quitting Time" brand was established, and engagement per post has improved. **Annually, for the past five years, the number of calls to NDQuits has peaked during Quit Week.**

Average number of calls to NDQuits per week, 2013 - 2022



Number of calls to NDQuits before and during the Quit Week campaign – Quit Week has consistently high calls to NDQuits.



TOBACCO TREATMENT SPECIALIST (TTS) TRAININGS AND ONGOING EDUCATION WITH MAYO CLINIC

TTS trainings

The TPCP began collaborating with the Mayo Nicotine Dependence Center to offer in-state education in North Dakota to facilitate clinician education and increase local access to treatment. Since 2018, nearly 400 TTS have been trained, including over 70 people completing the training in 2024.

A TTS training is approximately 35 hours of learning. The content includes the neurobiology of nicotine dependence, health benefits of quitting, recommendations and dosing for cessation medications, and motivational interviewing, which is an evidence-based counseling approach to help patients adhere to treatment recommendations.



Mayo staff facilitates a Motivational Interviewing exercise with a TTS participant.

Motivational Interviewing Workshop

The first in-person Advanced Motivational Interviewing Workshop occurred in May 2024. Thirty-two TTS attended the new two-day training by the Mayo Nicotine Dependence Center. The workshop provided education through staff and attendee interaction to enhance communication skills, which are essential in collaborative conversations between a patient and clinician to assist behavioral change.



Motivational Interviewing Workshop

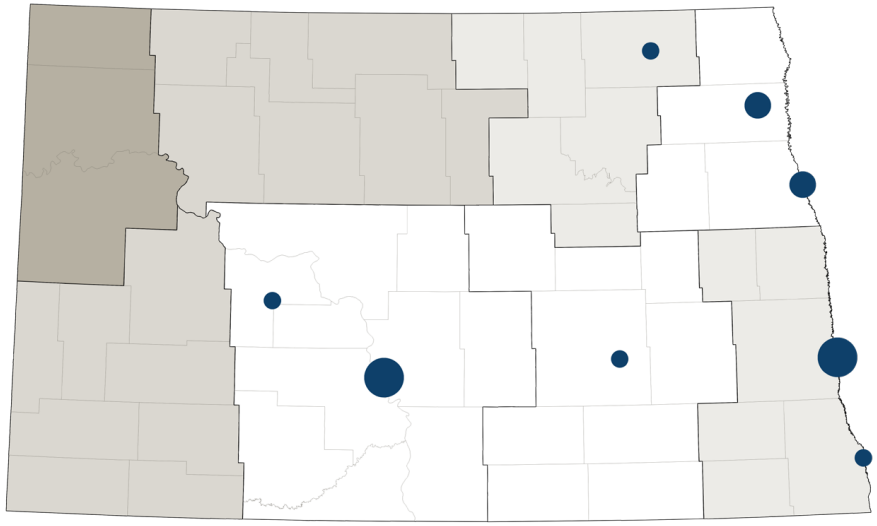
> *I will be more comfortable evoking for change talk and their own motivation and plan to quit tobacco after this training!*
>
> —Motivational Interviewing Workshop participant

NDQUITS BUILDS ON CAPACITY WITHIN THE STATE

North Dakota-specific grantees and counselors provide evidence-based cessation support across the state.

The NDQuits Cessation (NDQC) Grant Program is available throughout the state. The 18 NDQC grantees and other TPCP-funded grantees effectively refer tobacco users to NDQuits. The prevalence of tobacco use varies across the state, with a higher prevalence in the northwest. Of the 796 referrals to NDQuits in fiscal year 2024, **91%** were from TPCP-funded grantees.

Prevalence of tobacco use by Human Service Region, overlaid with NDQC grantee locations.



Tobacco use by region:

○ 20-21% ○ 23% - 24% ○ 26% ○ 40%

ND BRFSS, 2023

Note: Larger dots indicate multiple grantees.

The NDQC grantees also address ENDS use and vaping, which includes:

- Asking patients if they vape.
- Providing tobacco treatment (counseling, NRT) to those who only vape.
- Treating patients who vape and use combustible tobacco products (dual use).

Nicotine Dependence Conferences (NDC)

The TPCP has supported these conferences since 2016. The NDQC grantees plan the content for the two annual in-state NDCs, which include patient interventions, priority populations, and other relevant or emerging topics. Nearly 100 attendees participated in each conference in 2023 and 2024, indicating high interest and engagement around these topics.

> *This [conference] does help with my job performance on giving education and learning the right way to have the discussion on tobacco, vaping, and quitting.*
>
> —2024 NDC attendee

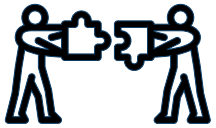
Expanding access to nicotine dependence treatment



Continuous Improvement and Innovation



Transparent and Open Communication



Engaged Collaboration

Quitting success is increased by health care provider intervention and by use of behavioral counseling and Food and Drug Administration - approved medications, particularly when these treatments are used together.[3]

3

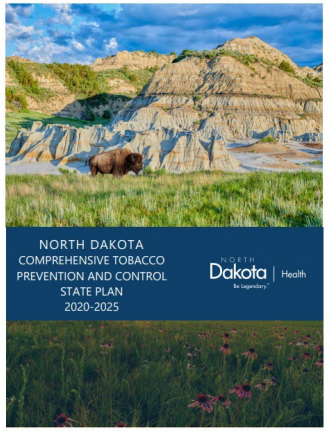
[3] VanFrank B, Malarcher A, Cornelius ME, Schecter A, Jamal A, Tynan M. Adult Smoking Cessation — United States, 2022. MMWR Morb Mortal Wkly Rep 2024;73:633–641. DOI: http://dx.doi.org/10.15585/mmwr.mm7329a1

NORTH DAKOTA HAS BEEN BUILDING ON ESTABLISHED TREATMENT PROGRAMS TO EXPAND ACCESS

As the tobacco product landscape continues to shift, the TPCP has engaged with partners, grounded in the data and evidence base of nicotine dependence treatment, to expand programming to reach specific North Dakotans collaboratively. In the North Dakota Comprehensive Tobacco Prevention and Control State Plan, 2020 – 2025, it is noted that tobacco initiation and use disparately affect subgroups of North Dakotans at higher rates.

The TPCP seeks to address the inequity of tobacco use in the following population groups in North Dakota:

- Youth and young adults
- Individuals with mental health and substance use disorders (Behavioral Health)
- Individuals with low socioeconomic status (Low SES)
- American Indians (AI)
- Pregnant tobacco users



The North Dakota Comprehensive Tobacco Prevention and Control State Plan, 2020 – 2025

> *I don't know that all administrators and teachers know how addictive this stuff is…how addicted a lot of our kids are…They don't realize what kids are going through and how much of a struggle it is.*
>
> —Beulah High School Principal

MEETING THE CHALLENGE OF ADDRESSING VAPING AND NICOTINE ADDICTION WITH YOUTH

A multi-method, comprehensive evaluation of youth nicotine treatment in North Dakota found that while existing treatment options were available for youth ready to take action, additional efforts are needed to support those who are not yet prepared to address their addiction.

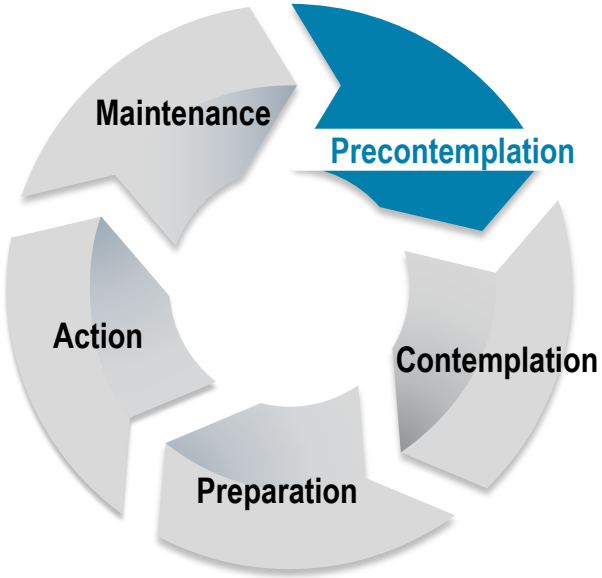
In the North Dakota case study, review of existing nicotine dependence treatment work was reviewed, and three cases were selected for a comparative, deep investigation into the work in three counties:

- Mercer County
- Ransom County
- Burleigh County

A cross-site result is that those involved in treatment efforts cited youth, parents, or school staff beliefs about vaping as a barrier to successful treatment. Many youth do not understand that vaping is harmful. Parents and older siblings often vape themselves and, in some cases, engage in vaping with youth as a bonding activity. There is also still a misunderstanding among school staff that simply taking away a vape will lead to quitting – more support to quit is needed.

> *People skip class to vape and don't realize that they are hurting themselves.*
>
> —Lisbon High School Student

In published literature, there is evidence that around **half of youth using e-cigarettes are in the pre-contemplation stage**, meaning the individual is not yet acknowledging that there is a problem behavior that would benefit from change. The evaluation of North Dakota youth treatment also found that many youth using tobacco products are at the pre-contemplation stage.



BUILDING CAPACITY WITHIN SCHOOLS TO REACH YOUTH

Community partners in three counties have built treatment for youth based on strong relationships, building resources within the school setting, and partnerships between organizations.

Mercer County

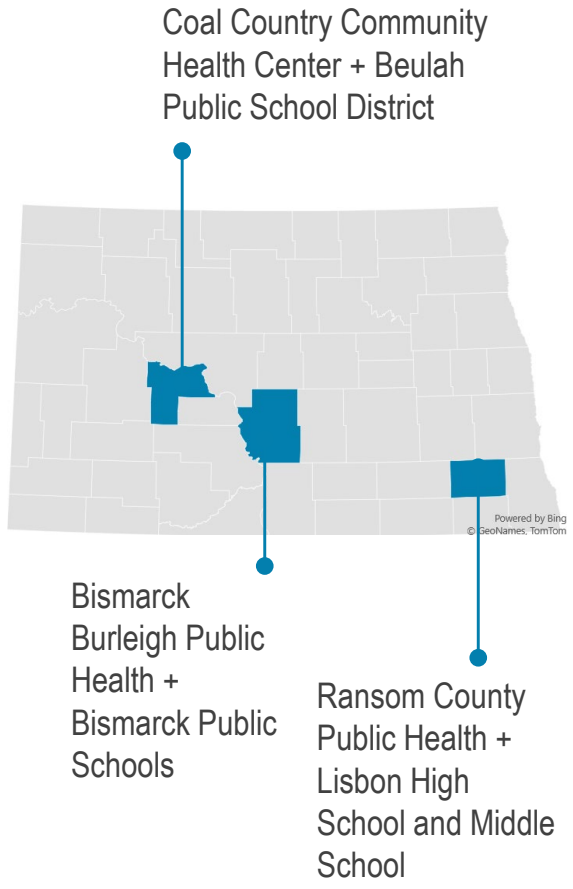
The Coal Country IMPACT School Nurse, a TTS, dedicates half the day at Beulah High School, and one of her responsibilities is delivering nicotine dependence treatment to students. If a student is found vaping, the student receives the option of a three-day, out-of-school suspension or to attend four youth nicotine dependence treatment classes, using the INDEPTH Program. Students are also referred to the NDQuits program for teens, My Life My Quit.

Ransom County

The Tobacco Prevention Coordinator from Ransom County Public Health works on-site at Lisbon Middle and High Schools to deliver both prevention and treatment programming using the INDEPTH Program. Students found vaping may accept either a three-day, in-school suspension as a disciplinary action or they may opt to attend four INDEPTH sessions to treat their nicotine addiction. Students are also referred to the NDQuits program for teens.

Burleigh County

The treatment program offered through schools using TTS-trained nurses within the schools is the most widespread treatment option. In addition, Bismarck Burleigh Public Health continues to provide the same treatment program at its clinic site. If a student is found vaping, they can avoid a citation by attending the treatment program. The student will be put on in-school suspension and will visit the School Resource Officer before meeting with the school nurse.



FACILITATORS AND BARRIERS TO YOUTH TREATMENT

Facilitators

Involved in the community. Successful TTS providers tended to be well-known in their communities (whether it be their small-town community, their school community, or both). One TTS had a child who went to the same school and was a same-aged peer to many of the students she interacted with. Another TTS mentioned that it benefited her in building trust with students when they saw her attending school or community events.

Dedicated space and/or time. It is essential to have protected time for the TTS to reach both students, as well as clear ways for other adults in the school to communicate with the TTS. In Burleigh County, Public Health emphasized the importance of having prearranged and reoccurring gatherings where these partners come together to coordinate efforts.

> *The tenacity [of the TTS] is what made this program stick.*
>
> —Lisbon School Principal

Barriers

Additional guidance on medication for youth under 18 is needed. Guidance from the American Academy of Pediatrics (AAP) supports prescribing youth nicotine medications in some cases. This prescribing guidance is not in place in the organizations in the three youth case study communities. To implement the AAP guidance the TPCP and partners will need to address the following: (1) identification of when prescribing nicotine replacement therapy to youth is appropriate, and (2) identification of the education and support providers (or health care systems) need.

Beliefs and attitudes. Many students, parents, and school staff do not understand how difficult it is to quit, especially e-cigarettes, which can contain higher levels of nicotine delivered to the body. Further, many of the kids who are found vaping have parents who are vaping or smoking; in some cases, students are getting these products from their parents. Generally, having these products around makes it more accessible to their kids. All sites reported that too many parents lack knowledge of the consequences of vaping and that with these cases, there is often a disconnect between what is acceptable at home versus school.

UNDERSTANDING HOW TO EXPAND TTS IN BEHAVIORAL HEALTH SETTINGS

The use of commercial tobacco and alternative nicotine products disproportionately impacts individuals living with behavioral health conditions nationally and within North Dakota. To help address this, the TPCP focuses on this group as a priority population in their tobacco prevention and control work. The CDC describes a behavioral health condition as a "mental health or substance use disorder."

In 2023, the external evaluator, PDA, interviewed nine TTS who work at two Human Service Centers, North Central and Badlands, and two Federally Qualified Health Centers, Coal County Community Health Center and Family HealthCare. The purpose of this evaluation was to explore the needs, supports, successes, and barriers to providing and accessing tobacco and nicotine dependence treatment for individuals experiencing behavioral health conditions. PDA analyzed qualitative data systematically to reveal key themes and patterns.

Overall key findings included:

- **Use of Motivational Interviewing and strength-based messaging was an essential skill.**
- **Incorporation of follow-up with continued support to help prevent and address relapse was critical, though it was implemented differently across sites.**
- **All sites and TTS empowered patients to return for subsequent treatment and recovery interventions.**

Supporting patients living with behavioral health conditions

A key finding from the interviews was that patients experiencing mental health conditions and substance use disorders often need more intensive, individualized support to recover from tobacco use disorder. A TTS fosters support through intentional relationship-building, empathy, compassion, trust, and a sense of safety.

> *I've had countless patients tell me that **the TTS saved their life.***
>
> *I called three patients in a row one day. They had been completely quit for at least a month - and that never happens.*
>
> *I have never had that many people in a day say, 'I don't know what I would've done without you.' They've been smoking for over a decade, said 'thank you so much. I appreciate it so much. I'm feeling really good. I'm feeling like even if anything happens, I can take this on.'*
>
> —Family HealthCare TTS

EXPANDING TTS IN BEHAVIORAL HEALTH SETTINGS: SCREENING AND CONNECTING TO TTS AND REFERRALS

TTS are well positioned to provide counseling and NRT, in some cases, that meet the tobacco and nicotine dependence treatment and recovery needs of patients living with behavioral health issues. Counseling and brief interventions that incorporate motivational interviewing, strengths-based messaging, and education can be effective for patients living with behavioral health conditions despite the many challenges they face.

Screening for tobacco use was the first step in patients receiving tobacco and nicotine treatment and support.

- Badlands Human Service Center uses an **integrated assessment** for all patients, including tobacco use questions at intake. Information is accessed and used to inform TTS services for each patient.
- Coal Country Community Health Center (CCCHC) staff learned about **features in the Epic electronic health record (EHR) system** that provide flow sheets and questions to ask patients to help with the screening and documentation process. The system flags patients when they have a change in tobacco status. Altru shared this EHR option at a past TPCP Quarterly Partners Meeting.

TTS services are adaptable to different settings and contexts. Having TTS in various clinic and non-clinic settings, including pharmacies, affiliate hospitals, residential care facilities, and schools, can help improve patient reach. TTS, located in retail pharmacies, is especially well-positioned to engage with patients when they pick up NRT.

- Family HealthCare connects patients with TTS by having **pharmacists** present when patients pick up their cessation medications. This interaction allows for a brief conversation with a TTS without making an appointment.
- At CCCHC, having a **TTS respiratory therapist** at the affiliate critical access hospital was beneficial when transitioning patients from an inpatient to an outpatient setting and vice versa.
- At North Central Human Service Center, patients receiving addiction treatment in the **residential facility** are easier to reach for in-person sessions with a TTS and maintain regular follow-up. In-person sessions held 2-3 times a week are more helpful than only once a week.
- At CCCHC, a **TTS school nurse** with the IMPACT program provides brief counseling and education to youth who are vaping in school instead of three days of suspension.

REMOVING BARRIERS FOR ACCESSING MEDICAID TOBACCO TREATMENT

North Dakota is a national leader in coverage of tobacco treatment through Medicaid coverage and was part of a national webinar hosted by the American Lung Association in 2024.

North Dakota is a national leader in reducing barriers to Medicaid coverage for evidence-based tobacco treatment, including counseling and FDA-approved nicotine cessation medication. North Dakota Medicaid's coverage includes:

- Nicotine patch (7mg, 14mg, 21mg)
- Nicotine gum (2mg and 4mg)
- Nicotine lozenge (2mg and 4mg)
- Nicotine nasal spray
- Bupropion
- Varenicline

All medications are included for North Dakota Medicaid recipients, and various providers, including pharmacists, can provide medication or counseling. North Dakota was invited to share its benefit with a national audience during a 2024 American Lung Association-sponsored webinar highlighting two states that provided this **tobacco treatment benefit coverage for all individuals, with no age limit**. A forthcoming brief will be published in 2025.

A 2024 Morbidity and Mortality Weekly Report (MMWR),[5] compared state Medicaid coverage for treatment and barriers. Areas for future work to remove barriers for treatment:

- Remove the annual limit on quit attempts
- Remove limits on duration
- Stepped care therapy

> *North Dakota Medicaid coverage has helped expand treatment access. We continue to observe primary nonadherence with patients not picking up prescriptions from the pharmacy when prescribed from the clinic side, so providing nicotine replacement therapy continues to remain of utmost importance for our patients. With the expansion of cessation services in Family HealthCare pharmacy, this has also proved to be a valuable patient access improvement, and coverage helps patients to get their medications on the spot.*
>
> —Brody Maack, Family HealthCare, Fargo

[5] DiGiulio A, Tynan MA, Schecter A, Williams KS, VanFrank B. State Medicaid Coverage for Tobacco Cessation Treatments and Barriers to Accessing Treatments — United States, 2018–2022. MMWR Morb Mortal Wkly Rep 2024;73:301–306. DOI: https://www.cdc.gov/mmwr/volumes/73/wr/mm7314a2.htm

EXPANDING TRIBAL CAPACITY

In 2019, the TPCP shifted strategies from grant giving to partnership-based collaboration with the five tribal nations.

In the TPCP's 2022 Strategic Plan, they identified the goal of having a “functioning health-focused coalition in each Tribal Nation in North Dakota." These coalitions would "assist in carrying out tobacco initiatives in tribal communities." This plan included action items, including further development of the coalition training mentioned prior. It also included a recruitment strategy, funding programming, and regular check-ins with key partners.

In 2023, tribal tobacco coalition-building continued as quarterly Tribal Tobacco Coalition Meetings were conducted. In June 2023, Tobacco Free North Dakota (TFND) hosted a TFND-certified trainer program through the United Tribes Technical College, with participants from the Turtle Mountain Band of Chippewa Indians (TMBCI), Spirit Lake, and Mandan, Hidatsa, Arikara Tribal Nation.

Tribal coalition meetings/trainings were held in January and April 2024,and meetings are planned to continue. The TPCP is currently working with Tribal Health directors to recruit new coalition members, who will include Tribal school nurses. The coalition identified ENDS use in schools as the #1 focus area.

> *Coalitions are action. You want to get action out of your members, then you need to identify those that are well vested into that public health initiative.*
>
> —Turtle Mountain Public Health Champion

2023-2024 outreach

- Shared TMBCI data regarding ENDS with Turtle Mountain Community College Public Health students and inviting students to become members of the newly formed Tobacco Prevention coalition.
- Held discussions with the TMBCI Public Health Communication Specialist identifying tribally specific educational material for vaping and tobacco use.
- Collaborated with TFND, TPCP, and TMBCI Respiratory Therapist to plan the Turtle Mountain Vaping 101 Seminar for youth in grades 6th-8th.

REACHING MATERNAL HEALTH POPULATION USING TOBACCO

North Dakota-specific approach to increase treatment access

North Dakota was one of the earliest states to adopt a program specifically for pregnant and postpartum individuals to treat nicotine dependence. North Dakota partnered with BABY & ME – Tobacco Free Program from 2011 to 2021.

The data from BABY & ME – Tobacco Free Program in North Dakota had some strong overall outcomes in significantly improving birth outcomes such as gestational age and birth weight. However, program implementation varied across sites and had high costs. TPCP developed a state-specific program, Maternal Tobacco Program, which was integrated into the existing NDQuits Cessation (NDQC) Program.

The TPCP continued to monitor the program-level and overall data. Due to continued high cost and overall quit rates that were similar to individuals quitting on their own, the TPCP ended the Maternal Tobacco Program in June 2024. NDQC grantees continue to receive funding to support tobacco and nicotine dependence treatment for all patients. Furthermore, pregnant individuals have access to a special treatment protocol within the NDQuits program.

Examples of building processes within clinics to reach maternal health patients

Sanford Southpointe in Fargo is expanding its treatment services from focusing solely on pregnant and postpartum patients to **all patients at its OBGYN clinics**. They recently trained two new TTS at a local TTS training.

Additionally, changes to the medical record include:

- reactivating the referral for TTS consult and treatment and a messaging system to connect with patients
- adding a passive smoke exposure measurement tool
- creating new smart phrases and electronic messaging tools for electronic communication related to tobacco cessation

> *We support women across the lifespan who use tobacco products by providing counseling, education, and engagement on an individualized basis in their cessation journey.*
>
> —Sanford Southpointe TTS

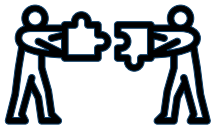
Innovative collaborations to reach youth and other populations



Continuous Improvement and Innovation



Transparent and Open Communication



Engaged Collaboration

Increasing and ensuring awareness of and access to tobacco cessation services, including counseling and medication, is important to maximizing the impact of commercial tobacco control policies…[this] can help advance and support smoking cessation for all population groups and has potential to reduce tobacco-related health disparities. [3]

4

[3] VanFrank B, Malarcher A, Cornelius ME, Schecter A, Jamal A, Tynan M. Adult Smoking Cessation — United States, 2022. MMWR Morb Mortal Wkly Rep 2024;73:633–641. DOI: http://dx.doi.org/10.15585/mmwr.mm7329a1

BUILDING CAPACITY TO SUSTAINABLY AND ACCURATELY MONITOR EFFECTIVENESS OF EXPANDED TREATMENT

Much progress in expansion of nicotine dependence treatment has occurred over the biennium. Initial outcomes and systems for tracking the effectiveness of this expansion are detailed in this section.

The measurement of the success of these efforts takes a **systems approach**, given the interconnected and interrelated programs and organizations at the national, state, and local levels working to reduce disease, disability, and death related to tobacco use. The impact of TPCP's work is measured by long-term outcomes in reduced tobacco product initiation and use (see Section 1). In addition, changes in the program pathways (scale, quality, and comprehensiveness of programs) are needed to improve the alignment and responsiveness between populations of focus and linkages to programs and policies.

Population of focus	Systems outcomes
Youth and young adults	Changing norms
Behavioral health	Reducing barriers to treatment
Low income	Increasing access to treatment
American Indian	Meeting people where they are using Motivational Interviewing and treating based on stage of change and readiness to quit
Pregnant	



CHANGING NORMS AROUND VAPING

The evolving tobacco product landscape, misinformation about nicotine in e-cigarettes, and intertwined behavioral health concerns present a complex challenge.

Vaping education

A significant barrier is that **many students, parents, and school staff do not understand how difficult it is to quit**, especially e-cigarettes, which can contain higher levels of nicotine delivered to the body.

> *I think too many people start using it too young. This causes addiction early and throughout their lives.*
>
> —Enderlin HS Student

> *The dopamine hit makes those feelings go away. And it feels better…until it doesn't. Then those feelings come back even stronger.*
>
> —Nurse Coordinator, Bismarck

Changing landscape

Schools and clinics across the state report challenges in keeping up with the emerging products and devices that deliver nicotine. **Vaping is easy to conceal** – vapes might look like highlighters, inhalers, pens, and the like. A principal noted that keeping up with the emerging nicotine and vape products is a formidable challenge. Further, all sites in the youth treatment evaluation reported **finding elementary-age students in possession of vaping devices**.

Mental health

Almost all students in the youth nicotine dependence treatment program evaluation have either anxiety, depression, or both. Many students in the treatment program also have a trauma history. Further, the use of nicotine products can actually increase anxiety and exacerbate many mental health challenges.[6]

> *Most kids also have some underlying mental health concerns. They need a trusted adult. That's often us.*
>
> —Nurse Coordinator, Bismarck Public Schools

[6] Bataineh, B.S.; Wilkinson, A.V.; Sumbe, A.; Clendennen, S.L.; Chen, B.; Messiah, S.E.; Harrell, M.B. (2023). The Association Between Tobacco and Cannabis Use and the Age of Onset of Depression and Anxiety Symptoms: Among Adolescents and Young Adults, *Nicotine & Tobacco Research*, Volume 25, Issue 8, Pages 1455–1464, https://doi.org/10.1093/ntr/ntad058

BUILDING SUCCESSFUL YOUTH OUTCOMES

For young individuals who are in the early stages of change and may not yet recognize the addictiveness of tobacco products, the desired outcome is to enhance student engagement and openness by fostering a trusted relationship with a knowledgeable adult.

Ransom County Public Health and Lisbon Middle and High School

Because most students engaged in this youth vaping treatment program appear to be operating at an early stage in the process of behavior change (i.e., precontemplation), the impact of this treatment program can be more comprehensively described through examples of changes in beliefs, attitudes, and thought patterns.

School staff credit the vaping education for (1) **students realizing that vaping can be harmful** and (2) students **identifying their vape use as an addiction** rather than a form of rebellion or "being cool."

Coal Country and Beulah Public Schools

The focus of change has been on increasing the interest of students to quit nicotine products, using the IMPACT program **to get students thinking about the impact of vaping and considering quitting.**

Five students have been found vaping. When given the choice between suspension or participating in the treatment program, **all students chose to engage in treatment**.

> *Students start to open up once they realize the things they tell me are confidential, but there's still a lot of secrecy around it.*
>
> —Coal Country School Nurse

Bismarck Burleigh Public Health and Bismarck Public Schools

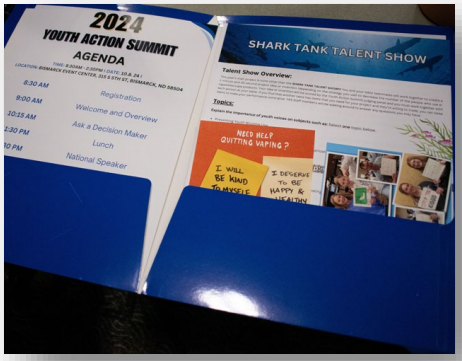
One way success is defined is the percentage of students who successfully quit by the end of the five treatment sessions. During the 2022-2023 school year, 111 Bismarck Public School students participated in the school treatment program. Of those participating, **20% successfully quit**.

Public Health provides education on vaping and nicotine addiction and coordinates efforts among partners. This ensures alternatives to youth purchase, use or possession laws to focus on helping youth access services rather than just penalizing youth found using these products.

YOUTH ACTION SUMMIT TO DEVELOP THE NEXT GENERATION OF LEADERS

The Break Free Youth Action Summit (YAS) has been a statewide annual event for six years. A one-day event is held in two areas of the state, and students and advisors from across the state travel to either Bismarck or Fargo to participate.

Tobacco Free North Dakota (TFND) supports for students representing schools across the state who want to travel to and attend the YAS.













> *Learning how much power us youth have to put an end to the use of nicotine and tobacco products [was valuable].*
>
> —YAS student participant

FLAVORED TOBACCO PRODUCTS

North Dakota State University (NDSU) report on menthol provides comprehensive review of evidence and available data

Menthol is a specific flavor additive common in tobacco products that tastes good and has a "cooling and painkilling effect." [7] In July 2024, a team of nursing researchers at NDSU published a report on the public health implications of menthol in tobacco products, focusing on populations within the state.[8] The TPCP funded the study.

The North Dakota Youth Tobacco Survey data showed that of the 7.3% of 9 – 12th grade youth who were current cigarette smokers in 2019, 44.1% usually smoked menthol cigarettes, 10.5% were unsure what type of cigarettes they smoked, and 45.4% did not smoke menthol cigarettes.[9]

In North Dakota, three communities have local ordinances restricting flavored tobacco products in some manner

- Cando
- Linton
- Valley City

Additionally, the mayors of Fargo, Bismarck, Grand Forks, and Minot, as members of the U.S. Conference of Mayors, supported a 2023 resolution prohibiting all flavored tobacco products, including menthol. The policy options for North Dakota with the greatest potential to reduce the public health harms from menthol tobacco products include sales prohibitions and restrictions.

Valley City residents vote to keep ban on flavored tobacco

In 2016, Valley City leaders banned the sale of flavored e-cigarettes in the city, with their appeal to youth being one of the reasons for passing this policy.

In 2023, the city commissioners discussed this policy and pressure from some retailers who wanted the city to review and reconsider the policy. The city commissioners decided to put the ban on the sale of flavored e-cigarettes to the voters during the next primary election. On June 11, 2024, the residents of Valley City voted. The results: **68% of voters wanted to keep the policy in place**, keeping the sale of flavored e-cigarettes banned in the city.

[7] Menthol cigarettes: The FDA's proposed ban and why they're more harmful. MD Anderson Cancer Center, https://www.mdanderson.org/cancerwise/menthol-cigarettes--the-food-and-drug-administration-fda-ban-and-why-they-are-more-harmful.h00-159460056.html.

[8] Buettner-Schmidt, K., Wolf, K., Schaeffer Fraase, K., Miller, D. R., Orr, M., Doan, J. & Unger, C. (2024). *Menthol in Tobacco Products: Public Health Implications for North Dakota. A Report to the NDDHHS.* Fargo: School of Nursing, North Dakota State University.

[9] ND Youth Tobacco Survey, 2019

DEVELOPMENT OF PHARMACY SERVICE ENHANCEMENT PROJECT

Background

In April 2023, the multidisciplinary pharmacy service enhancement project team, led by Brody Maack, PharmD, BCACP, CTTS, started piloting an education-based intervention to assist independent community pharmacies and other ambulatory care pharmacy practices in North Dakota with addressing tobacco use and cessation in their patients based on recommendations from stakeholders such as the U.S. Public Health Service and Centers for Disease Control and Prevention.

The project includes online and in-person education on tobacco cessation and service implementation; site visits for observation and documenting; and individual semi-structured interviews with pharmacy owners/pharmacists in charge.



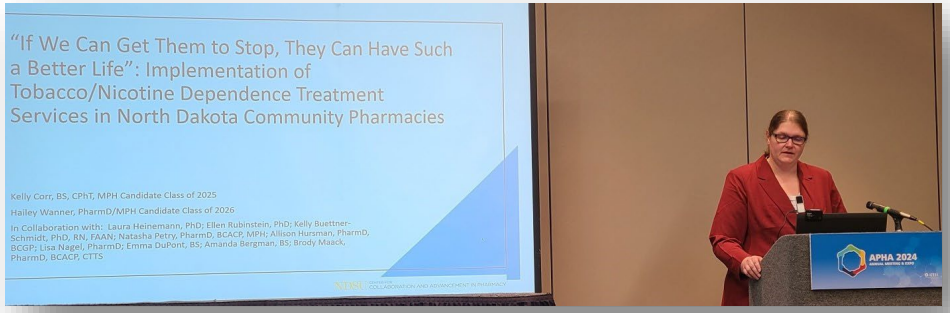
Poster presented by Natasha Petry, PharmD, MPH, BCACP, *Continuing to Pave the Way for Pharmacist Billing in North Dakota*

Progress to-date

The Pharmacy Service Enhancement pilot is running in six sites. It will continue through fiscal year 2025 and, depending on funding, potentially move to implementation. Baseline training modules and a website have been developed; both are resources for a broader audience.

Data metrics/outcomes have been developed and will be shared in fiscal year 2026:

- Number of patients encountered, asked, advised, referred/connected, counseled, and prescribed medications
- Pre-post questionnaire for staff completing baseline training
- Qualitative: site visits, interviews, coaching calls, observations



Presentation at the 2024 American Public Health Association Conference

EXPANDING CO-TREATMENT ACCESS IN BEHAVIORAL FACILITIES

Trauma-informed care education

From January to June 2024, TPCP and Heartview Foundation staff participated in a Trauma and Tobacco Community of Practice Project with the National Council for Mental Wellbeing to expand trauma-informed care in tobacco and nicotine dependence treatment.

Layn Sabot, Heartview Foundation staff and NDQC Grant Coordinator, utilized this project to develop an on-demand orientation training for all employees to prioritize nicotine dependence treatment. The training discusses adverse childhood experiences and trauma-informed care related to tobacco use and other substances. The education highlighted the importance of co-treatment of nicotine dependence treatment while describing how ACEs affect substance use rates. The North Dakota ACEs data was included in this training and is on page eight of this report. Addressing all substances during treatment improves long-term abstinence by 25%.[10] The TPCP plans to expand trauma-informed education to more behavioral health facilities.

Reaching behavioral health clinicians

The September 2024 Behavioral Health Conference featured two presentations by Jim Pavlik, a Senior Program and Policy Analyst at the Behavioral Health & Wellness Program at the University of Colorado.



Jim Pavlik

Mr. Pavlik described unique characteristics of nicotine. It is the first drug experience for many, develops cross-tolerance for other substances, and has rapid onset and withdrawal. High frequency of use creates cross-priming for other substances, such as opioids. Opioids and nicotine used together increase the euphoria associated with opioid use and speed up opioid clearance. Additionally, tobacco smoke affects various medications, including antipsychotics, antidepressants, and others such as insulin and warfarin.

Co-treatment includes trauma-informed approach and identifying inter-relatedness, treating the cause of the drug use. Nearly 90% of conference attendees who responded agreed the information was relevant and helpful.

[10] Prochaska JJ, Delucchi K, Hall SM. A meta-analysis of smoking cessation interventions with individuals in substance abuse treatment or recovery. J Consult Clin Psychol. 2004 Dec;72(6):1144-56. https://pubmed.ncbi.nlm.nih.gov/15612860/

INNOVATIVE COLLABORATIONS AND SUCCESSES

Tobacco and Nicotine Dependence Treatment is being integrated into many North Dakota settings by a variety of partners across the state.

NDSU tobacco-free policy passage

After seven years of efforts led by the NDSU associate director of campus well-being, NDSU passed a tobacco-free campus policy, a critical policy to protect student, staff, and faculty health and wellness on campus.

NDSU Doctor of Nursing Practice (DNP) curriculum

A recently graduated NDSU Doctor of Nursing Practice student completed her dissertation,[11] a practice improvement study on incorporating tobacco and nicotine dependence treatment education into the doctoral curriculum.

Radon outreach and research and NDQuits partnership

The University of North Dakota School of Medicine and NDQuits partnered to offer free radon tests to individuals using NDQuits between February 2021 and 2023. There were 75 radon tests sent in for testing. More than one-third of the test results were ≥ 4.0 pCi/L, the action level recommended by the EPA.

Only one in five respondents reported knowing that radon caused lung cancer. A brief article highlighting these results was published in Preventive Medicine.[12]

NDQuits Cessation grantee integrates TTS into cancer care

The TTS at Jamestown Regional Medical Center are integrating nicotine dependence treatment into the cancer center as part of a collaboration with the current NDSU DNP student's dissertation project. Further, one TTS was accepted to a training at Kettering Cancer Center in fall 2024.



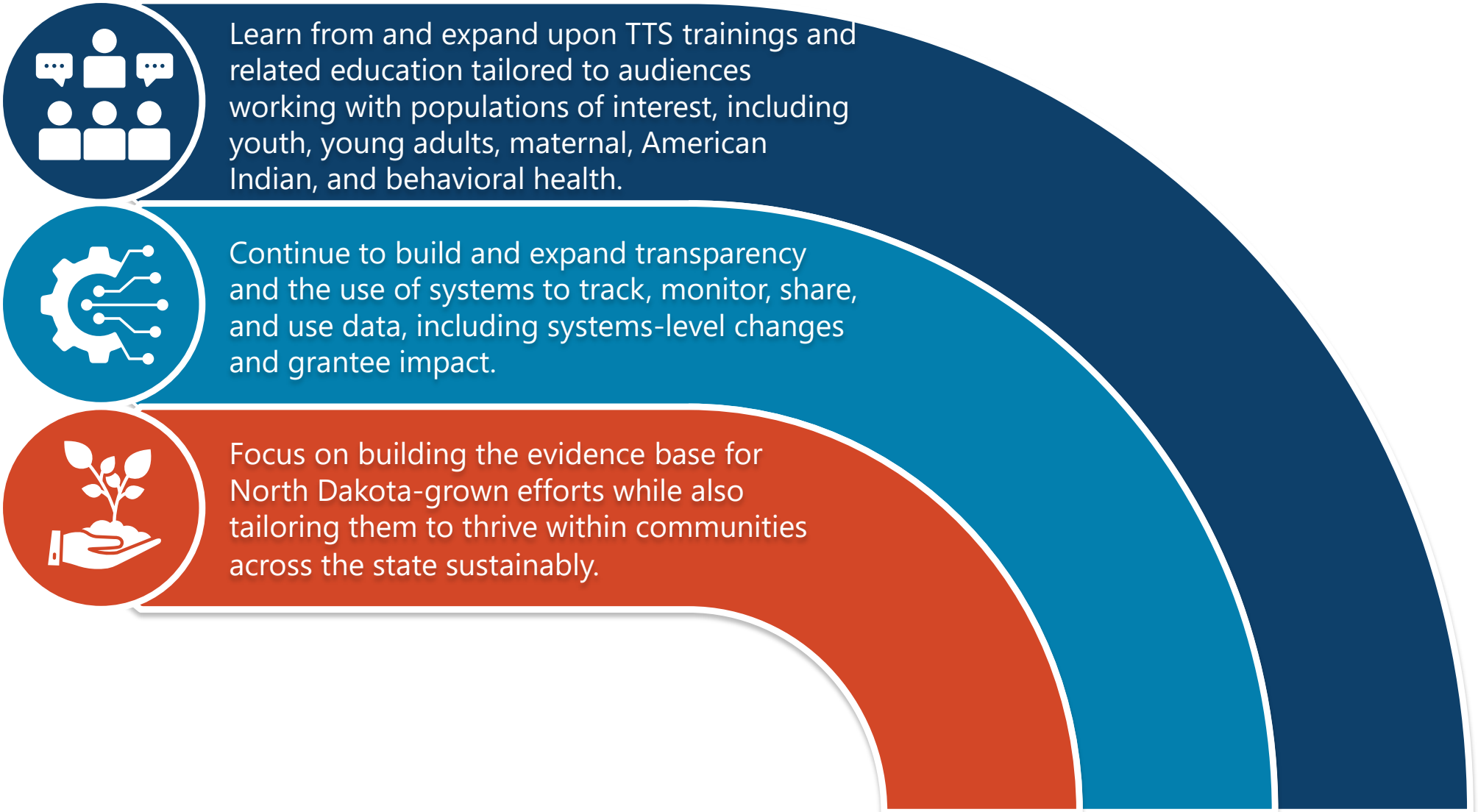
Jamestown Regional Medical Center TTS staff

[11] Bhattarai, K. (2024). A practice improvement project improving nicotine dependence treatment in a Doctor of Nursing Practice Program. Dissertation, NDSU.

[12] Schmitz D, Klug MG, Schwartz GG. Short Communication: Radon testing via a state tobacco quitline. Prev Med Rep. 2024 Apr 20;42:102738. doi: 10.1016/j.pmedr.2024.102738. PMID: 38689887; PMCID: PMC11059320

SUMMARY AND RECOMMENDATIONS

North Dakota TPCP has made notable progress on expanding access to nicotine dependence treatment across the state, using data to monitor how well efforts are working as tobacco product use shifts and ensuring populations of interest are being reached. Key recommendations to continue this progress are included below.



2025 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

HB 1012
3/11/2025 p.m.

Relating to leases of the health and human services property, substance use disorder treatment program, basic care payment rates, and state of residence for child care assistance; to provide for a transfer; to authorize a line of credit; to provide legislative intent; to provide for a legislative management study; to provide an application; to provide an exemption; to provide for a report; and to provide an effective date.

2:10 p.m. Chairman Dever opened the hearing.

Members present: Chairman Dever and Senators Cleary, Davison, Magrum and Mathern.

Discussion Topics:

- Laboratory Services Section
- Bioterrorism Unit
- General Microbiology Unit
- Quality Management Unit
- Special Microbiology Unit
- Laboratory Services Budget Review
- State Epidemiology Section
- Data Management Unit
- Special Projects & Health Analysis Unit
- Surveillance & Data Management Unit
- Vital Records Unit
- State Epidemiology Budget Review
- Health Response & Licensure Section
- Emergency Medical Systems Unit
- Emergency Preparedness & Response Unit
- Food & Lodging Unit
- Life Safety & Construction Unit
- Health Facilities Unit
- Health Response & Licensure Budget Review
- Engrossed HB 1012 Section Review

2:10 p.m. Kim Mertz, Director, Healthy & Safety Communities, ND DHHS, testified in favor and submitted testimony #40609, and #40608.

2:10 p.m. Kim Mertz, Director, Healthy & Safety Communities, ND DHHS, testified in favor and referenced previoius testimony #40528 from (3/11/25 at 10:56 a.m.).

2:22 p.m. Mallory Sattler, Manager, Rape Prevention & Education Grant, testified neutral and answered committee questions.

2:25 p.m. Kim Mertz, Director, Healthy & Safety Communities, ND DHHS, testified in favor and continued previous testimony #40528.

2:27 p.m. Steph Gullickson, Financial Analyst, OMB, testified neutral and answered committee questions.

2:38 p.m. Christie Massen, Director, Laboratory Services, ND DHHS, testified in favor and submitted testimony #40200.

2:51 p.m. Dirk Wilke, Interim Commissioner, ND DHHS; Executive Director, Public Health, ND DHHS, testified neutral and answered committee questions.

2:58 p.m. Donna Aukland, CFO, ND DHHS, testified neutral and answered committee questions.

3:01 p.m. Tracy Miller, State Epidemiologist, ND DHHS, testified in favor and submitted testimony #40204.

3:11 p.m. Dirk Wilke, Interim Commissioner, ND DHHS; Executive Director, Public Health, ND DHHS, testified neutral and answered committee questions.

3:13 p.m. Tracy Miller, State Epidemiologist, ND DHHS, testified in favor and continued testimony #40204.

3.24 p.m. Donna Aukland, CFO, ND DHHS, testified neutral and answered committee questions.

3:25 Roy Weichel, Budget Accountant, ND DHHS, testified neutral and answered committee questions.

3:30 p.m. Tim Wiedrich, Director, Health Response & Licensure, ND DHHS, testified in favor and submitted testimony #40658.

4:03 p.m. Julie Wagendorf, Director, Food & Lodging, ND DHHS, testified neutral and answered committee questions.

4:10 p.m. Dirk Wilke, Interim Commissioner, ND DHHS; Executive Director, Public Health, ND DHHS, testified neutral and answered committee questions.

4:13 p.m. Donna Aukland, CFO, ND DHHS, testified in favor and submitted testimony #41255.

4:25 p.m. Dirk Wilke, Interim Commissioner, ND DHHS; Executive, Public Health DHHS, testified neutral and answered committee questions.

4:28 p.m. Donna Aukland, CFO, ND DHHS, testified in favor and submitted testimony #41255.

4:55 p.m. Chairman Dever closed the hearing.

Joan Bares, Committee Clerk

#40200



HB1012 Laboratory Services Detail

Christie Massen, PhD, MS, MLS(ASCP)

March 2025

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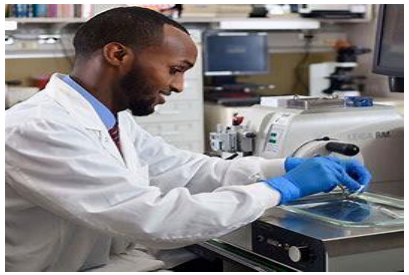
Section Overview



Who we are

- Medical Laboratory Technicians (MLT)
- Medical Laboratory Scientists (MLS)
- There are 1156 current licensees.



Our role

- Provide reference tests for clinics and hospitals
- Assist in outbreak detection and investigation



Services

- Human Diagnostic Tests
- Animal Tests
- Biothreat Response
- Environmental Tests
- Outbreak Response



Partners | Providers

- Clinic and Hospital Laboratories
- Local Public Health
- Veterinary Clinics
- Center for Disease Control and Prevention

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LABORATORY SERVICES ORGANIZATIONAL CHART

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Section Director
Christie Massen, PhD, MLS(ASCP)

CLIA LABORATORY DIRECTOR
Laurie Linz, MD

BIOTERRORISM DIRECTOR
Stacey Alexander, MLS(ASCP)

- Erin Buehler, MLS(ASCP) — Laboratory Scientist
- Maggie Kukluk MLS(ASCP) — Laboratory Scientist
- Robert King MLT(ASCP) — Laboratory Scientist
- Wendy Vance, MLT(ASCP) — Laboratory Scientist

GENERAL MICROBIOLOGY DIRECTOR
LISA WELL, MLS(ASCP)

- Renee Snyder — Laboratory Analyst
- BreAnn Schultz, MLS(ASCP) — Laboratory Scientist
- Jennifer Lemer, MLS(ASCP) — Laboratory Scientist

QUALITY MANAGEMENT DIRECTOR
HEATHER SEASE, MLS(ASCP)

- Steve Flemmer — Administrative Assistant
- Jody McKee — Administrative Assistant
- Brett Stenberg, MLS(ASCP) — Laboratory Scientist
- Russell Meidinger, MLT(ASCP) — Laboratory Scientist
- Miranda Silbernagel* — Laboratory Support

SPECIAL MICROBIOLOGY DIRECTOR
KRISTIE SCHWARZKOPF, MLS(ASCP)

- Bruce Bjelland — Facility Manager
- Ashley Schuck, MS, MLS(ASCP) — Laboratory Scientist
- Kristi Bullinger, MS, MLS(ASCP) — Laboratory Scientist
- Lisa Wingerter, MLS(ASCP) — Laboratory Scientist
- Robin Ehrichs MLS(ASCP) — Laboratory Scientist
- Sarah Lawler, MLS(ASCP) — Laboratory Scientist
- Dawn Wilhelmi, MLT(ASCP) — Laboratory Scientist
- Patrick Kennelly — Laboratory Support
- Jared Rustad* — Laboratory Support

* Denotes Temporary Position

Laboratory Services Section:

Team Structure and Function

Section Name			
23-25 FTE	**25-27 FTE Requested**	**# of Temporary**	**# of Vacancies**
24.15	*24.15*	*4*	*0*

Average Age	*46*
Avg Years of Service	*12*
Retirement Risk	*12*
Turnover 2023	*0%*
Turnover 2024	*4%*

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Successes in the last year

- Began construction on new laboratory building
- Expanded COVID analyzers to additional test services
- Validated 47 new test methods
- Implemented a digital visitor sign in software system
- Improved waste-water test services
- Performed 176,723 diagnostic human tests



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Strategies driving budget





Improving Infrastructure

- State-of-the-art facility
- Reduction of rented warehouse space
- Expansion opportunities to close gaps in services available

Build community support

- Wastewater disease surveillance
- Outbreak investigation support
- Increased courier services across ND


STATE OF NORTH DAKOTA | STATE LABORATORY

State Laboratory Request

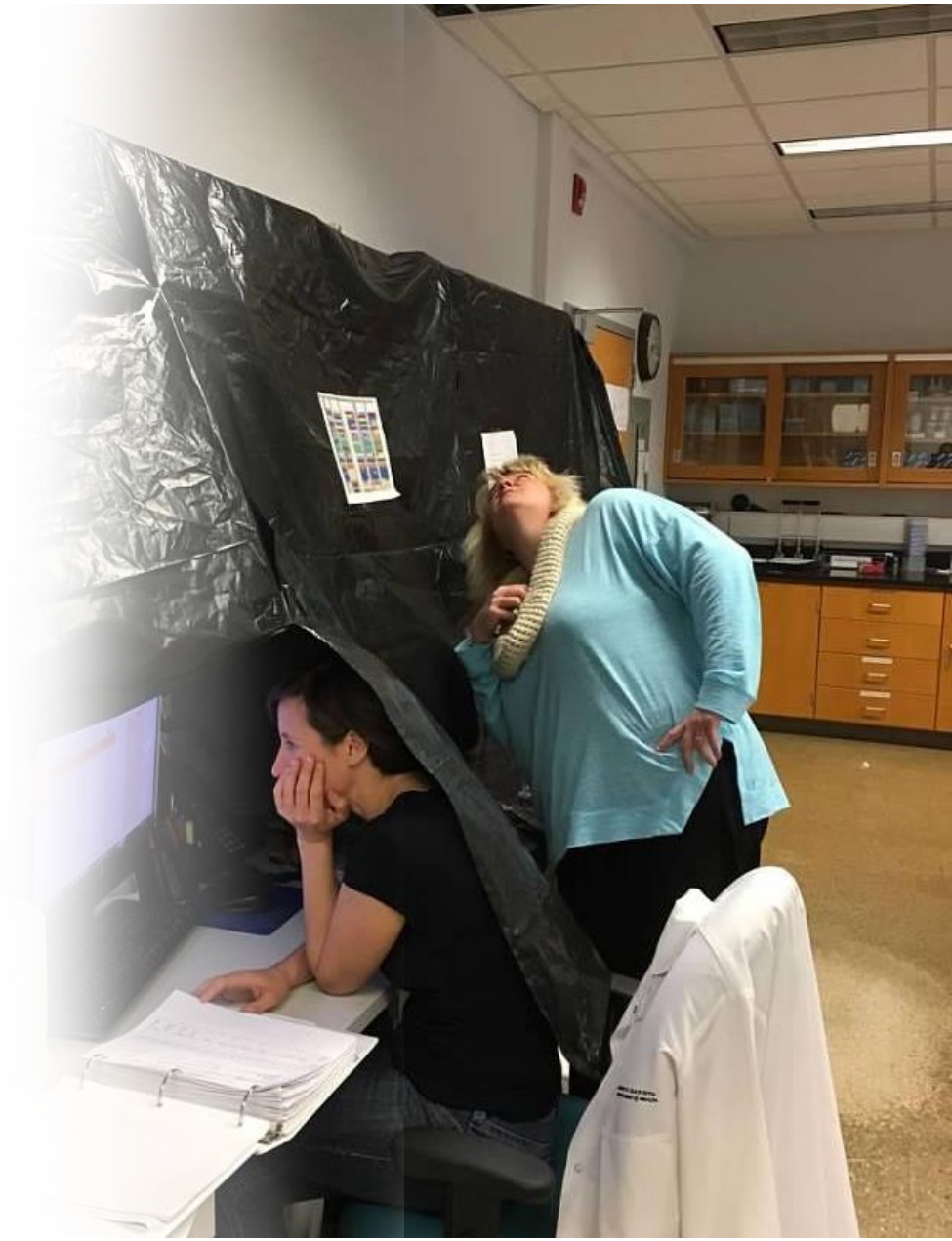
Current facility

The original building was built in 1974.
The addition was built in 2004.
Temporary trailers were added during the pandemic response to support testing needs in the state.

New State Lab

Regional, Ready & Responsive

Will increase the ability to be agile and to respond to changing demands in our region, increase the emergency preparedness of the laboratory, and allow for an expanded test menu in areas of toxicology, chemistry and hematology services.



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Ground-Breaking Ceremony

Beam Signing Ceremony



Progress and Timelines



2023-2024

- August 1, 2023 → Laboratory Steering Committee is formed
- November 7, 2023 → Capitol Grounds Committee approved location and exterior
- April 16, 2024 → Groundbreaking Ceremony
- April 17, 2024 → Construction begins
- October 24, 2024 → Beam Signing Ceremony

2025-2026

- Q1 – Q4 2025 → Construction continues.
- June 2026 → Expected construction completion
- Q3 2026 → Commissioning and moving of laboratories
- Q4 2026 → Expected full occupancy

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Budget review



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Comparison of budget expenditures and projections
By Program

PROGRAMS	2023-25 LEGISLATIVE BASE	ONE-TIME / CARRYOVER	2023-25 EXPENSES THROUGH DECEMBER	2023-25 PROJECTED EXPENDITURES	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)	ENGROSSED HB 1012	GENERAL	FEDERAL	OTHER
TESTING & COLLECTION (COVID testing discontinued)	$ 2,956,731	$ -	$ 2,256,735	$ 2,256,735	$ -	$ -	$ -	$ -	$ -	$ -
MICROBIOLOGY TESTING PROGRAMS	9,145,758	-	5,151,337	8,828,636	12,321,287	(232,945)	12,088,342	4,932,958	2,757,300	4,398,084
EPIDEMIOLOGY & LABORATORY CAPACITY - (FEDERAL AUTHORITY)	33,509,194	-	4,101,309	13,633,174	55,582,507	-	55,582,507	-	55,582,507	-
NEW STATE LAB BUILDING	-	67,923,319	14,848,442	67,923,319	-	-	-	-	-	-
TOTAL	**$ 45,611,683**	**$ 67,923,319**	**$ 26,357,823**	**$ 92,641,864**	**$ 67,903,794**	**$ (232,945)**	**$ 67,670,849**	**$ 4,932,958**	**$ 58,339,807**	**$ 4,398,084**

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Changes to Base Budget

By Ongoing, One-Time and Funding Source

BASE BUDGET CHANGES	DESCRIPTION	2025-27 EXECUTIVE BUDGET		ENGROSSED HB 1012	
		GENERAL	OTHER	GENERAL	OTHER
Non-Toxicology Services	Non-Fatal Toxicology program *One-Time	$151,500	$100,000 Special fund	$151,500	$100,000 Special fund
New Public Laboratory Transition Related Expenses	Transition related expenses to the new Lab *One-Time		$2,962,304 SIIF		$2,962,304 SIIF
FTE Block Grant Reduction	FTE block grant reduction	-	-	($232,945)	

Comparison of budgets and funding

By Major Expense

DESCRIPTION	2023-25 LEGISLATIVE BASE	INCREASE / (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)	ENGROSSED HB 1012
Salaries & Benefits	$ 7,805,930	$ (2,179,084)	$ 5,626,846	$ (232,945)	$ 5,393,901
Operating	26,413,120	33,763,021	60,176,141	-	60,176,141
IT Services	428,633	(60,644)	367,989	-	367,989
Capital Asset Expense	189,000	(89,000)	100,000	-	100,000
Capital Assets	775,000	857,818	1,632,818	-	1,632,818
Grants	10,000,000	(10,000,000)	-	-	-
Total	**$ 45,611,683**	**$ 22,292,111**	**$ 67,903,794**	**$ (232,945)**	**$ 67,670,849**
General Fund	**$ 4,542,378**	**$ 623,525**	**$ 5,165,903**	**$ (232,945)**	**$ 4,932,958**
Federal Funds	**39,483,525**	**18,856,282**	**58,339,807**	**-**	**58,339,807**
Other Funds	**1,585,780**	**2,812,304**	**4,398,084**	**-**	**4,398,084**
Total Funds	**$ 45,611,683**	**$ 22,292,111**	**$ 67,903,794**	**$ (232,945)**	**$ 67,670,849**

Lab Services Budget as % of HHS Budget

- 1.1%

Budget by Funding Source

- 7.3% General
- 86.2% Federal
- 6.5% Other

Budget by Pass Through

- 80.4% Paid to private providers
- 16.5% Admin
- .5% IT
- 2.6% Capital Projects

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Contact Information

Christie Massen PhD, MS, MLS(ASCP)
Laboratory Services Section Director
clmassen@nd.gov



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HB1012 Health Statistics and Performance Detail

TRACY K. MILLER, MPH, PHD | STATE EPIDEMIOLOGIST/SECTION DIRECTOR

MARCH 11, 2025

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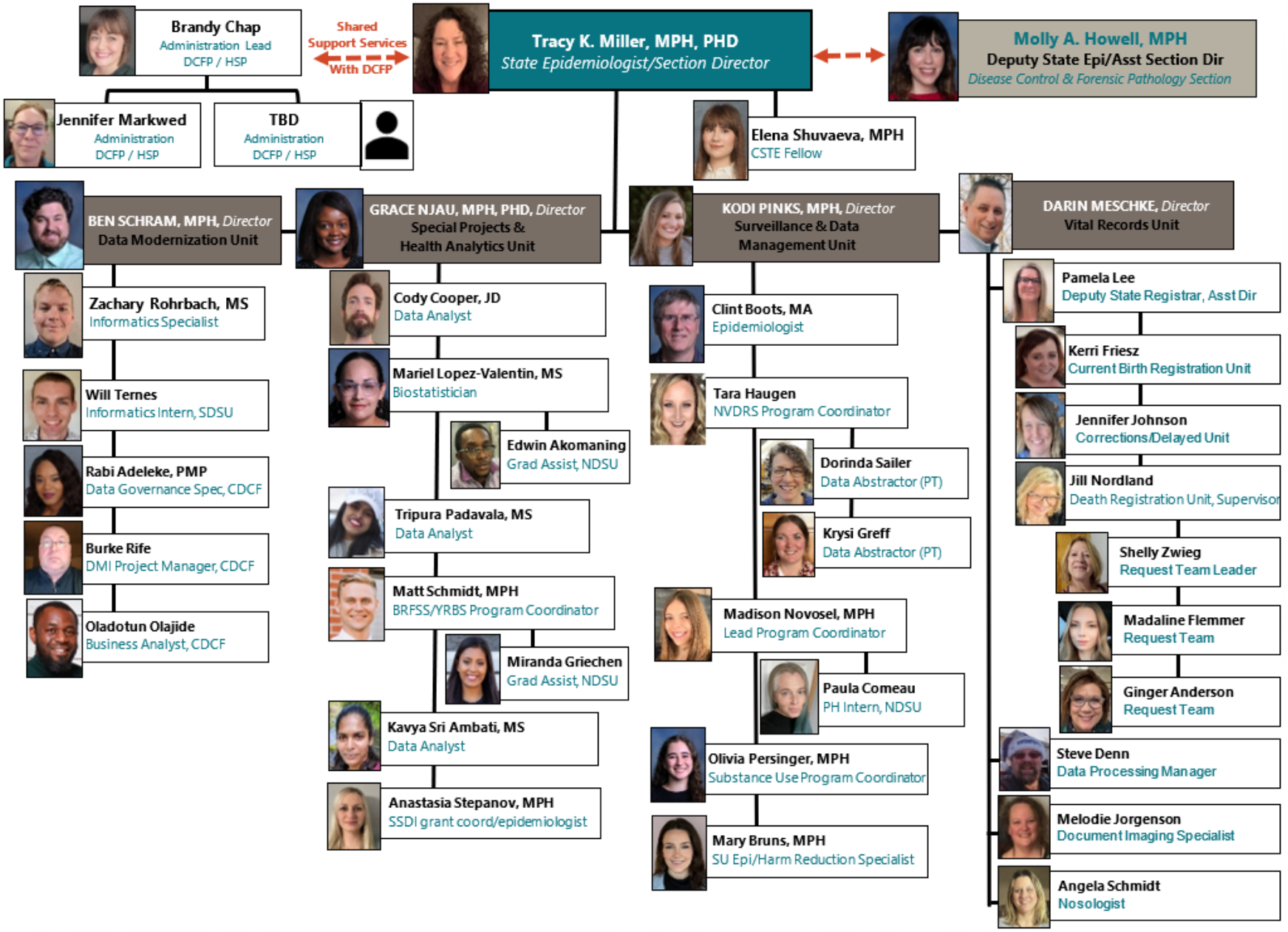
Health Statistics & Performance

Organizational Chart



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Health Statistics and Performance/Public Health:

Overview

Section Name			
23-25 FTE	**25-27 FTE Requested**	**# of Temporary**	**# of Vacancies**
24	*24*	*3*	*0*

Average Age	44
Avg Years of Service	12
Retirement Risk	*4%*
Turnover 2023	*10%*
Turnover 2024	*0%*

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WHO WE ARE AND WHAT WE DO

Data Modernization

Ben Schram, MPH



WHO WE ARE

- DATA MODERNIZATION
- SPECIAL PROJECTS & HEALTH ANALYTICS
- SURVEILLANCE & DATA MANAGEMENT
- VITAL RECORDS

Special Projects & Health Analytics

Grace Njau, MPH, PHD



OUR ROLE

- DATA GOVERNANCE
- DATA ANALYTICS
- SURVEILLANCE AND PREVENTION
- CHRONIC DX/ENVIRON
- BIRTH & DEATHS
- FETAL DEATHS

Surveillance & Data Management

Kodi Pinks, MPH



SERVICES

- NEEDS ASSESSMENTS
- PROGRAM EVALUATIONS
- DATA TRAININGS
- STUDENT MENTORING
- INFORMATICS SUPPORT
- BIRTH/DEATH CERTIFICATES
- DATA VISUAL DEVELOPMENT

Vital Records

Darin Meschke



PARTNERS

- HOSPITALS/PHYSICIANS
- FUNERAL HOMES AND COUNTY CORONERS
- DPI/DOT/NDIT
- INTERNAL DIVISIONS/ PROGRAMS
- UNIVERSITIES, SCHOOLS, COMMUNITY ACTION GROUPS

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SUCCESSES IN THE LAST BIENNIUM

OUR GOLD STARS!!

- SPHA:
  - SHA/SHIP/MPHC SUPPORT
  - 500 DADS AND COUNTING (NDFS)
- DMO – New Nov 2023
  - AWARDED 3 FTES THROUGH CDC FOUNDATION WORKFORCE ACCELERATION INITIATIVE (WAI)
  - HOSTED DATA STRATEGY AND ENABLEMENT WORKSHOP WITH PH DATA STEWARDS
- NVDRS
  - 5TH IN NATION ON DATA COMPLETENESS AND TIMELINESS
  - LEAD PROGRAM DASHBOARD INDICATED TO BE THE GOLD STANDARD
- VITAL RECORDS
  - COMPLETED NEW FIREPROOF VAULT
  - BEGAN ACCREDITATION



Makenna Murray – Great Niece of Tracy Miller



AREAS FOR IMPROVEMENT

- INCREASE VISIBILITY OF AVAILABLE DATA
- IMPROVE PROCESS FOR DASHBOARD REVIEW
- IMPROVE DATA EXCHANGE WITH TRIBES
- INCREASE/IMPROVE INTERACTIONS WITH NON-PH PROGRAMS IN HHS
- ENSURING WORKFORCE IS GETTING THE NEEDED TRAINING

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SMART STRATEGIES TO IMPROVE SECTION OUTPUT AND DRIVE BUDGET

BUILD COMMUNITY SUPPORT

- SHIP/MPHC
- SUICIDE PREVENTION COALITION
- TRIBAL DATA USE AGREEMENTS
- LOCAL PUBLIC HEALTH COMMUNITY HEALTH ASSESSMENT DASHBOARD

INCREASE ACCESS POINTS

- AUTOMATED DATA OPTIONS
- INTEROPERABILITY
- PUBLIC USE DATA SETS
- TRAININGS

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BUDGET REVIEW



Emree Pinks – Daughter of Kodi Pinks

NORTH Dakota | Health & Human Services
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Comparison of budget expenditures and projections

By Program

PROGRAMS	2023-25 LEGISLATIVE BASE	ONE-TIME /CARRYOVER	2023-25 EXPENSES THROUGH DECEMBER	2023-25 PROJECTED EXPENDITURES	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)	ENGROSSED HB 1012	GENERAL	FEDERAL	OTHER
VITAL RECORDS	$ 4,160,114	$ -	$ 3,165,204	$ 4,322,777	$ 5,123,357	$ -	$ 5,123,357	$ -	$ 1,895,953	$ 3,227,404
OFFICE OF THE STATE EPIDEMIOLOGIST	7,886,613	-	4,119,492	5,885,101	14,886,297	(68,983)	14,817,314	1,103,810	13,484,428	229,076
TOTAL	$ 12,046,727	$ -	$ 7,284,696	$ 10,207,878	$ 20,009,654	$ (68,983)	$ 19,940,671	$ 1,103,810	$ 15,380,381	$ 3,456,480

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CHANGES TO BASE BUDGET
BY ONGOING, ONE-TIME AND FUNDING SOURCE

BASE BUDGET CHANGES	DESCRIPTION	2025-27 EXECUTIVE BUDGET		ENGROSSED HB 1012	
		GENERAL	OTHER	GENERAL	OTHER
House Amendment	FTE Block Grant Reduction			($68,983)	

COMPARISON OF BUDGETS AND FUNDING

BY MAJOR EXPENSE

DESCRIPTION	2023-25 LEGISLATIVE BASE	INCREASE / (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)	ENGROSSED HB 1012
Salaries & Benefits	$ 4,850,438	$ 1,697,092	$ 6,547,530	$ (68,983)	$ 6,478,547
Operating	2,541,105	3,405,690	5,946,795	-	5,946,795
IT Services	3,138,204	782,772	3,920,976	-	3,920,976
Capital Assets	60,980	(60,980)	-	-	-
Grants	1,456,000	2,138,353	3,594,353	-	3,594,353
Total	**$ 12,046,727**	**$ 7,962,927**	**$ 20,009,654**	**$ (68,983)**	**$ 19,940,671**
General Fund	**$ 819,077**	**$ 353,716**	**$ 1,172,793**	**$ (68,983)**	**$ 1,103,810**
Federal Funds	**8,217,617**	**7,162,764**	**15,380,381**	**-**	**15,380,381**
Other Funds	**3,010,033**	**446,447**	**3,456,480**	**-**	**3,456,480**
Total Funds	**$ 12,046,727**	**$ 7,962,927**	**$ 20,009,654**	**$ (68,983)**	**$ 19,940,671**

Health Statistics & Performance's Budget as % of HHS Budget

- 0.3%

Budget by Funding Source

- 5.5% General
- 77.2% Federal
- 17.3% Other

Budget by Pass Through

- 43.6% Paid to private providers
- 36.7% Admin
- 19.7% IT

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THANK YOU

We “Woody” be happy to answer any questions.

Tracy K. Miller, MPH, PHD
tkmiller@nd.gov
(don’t forget the k) ☺

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HB1012
3-11-25

North Dakota Domestic & Sexual Violence Coalition

North Dakota Sexual Assault Statistics 2023

1,288 primary victims

1,288 primary victims* and 221 secondary victims were served by 19 sexual assault advocacy centers across North Dakota.

- At least **1,042** victims were female.
- At least **795** assailants were male.
- **55%** of cases were male assailant, female victim.
- **6%** of cases were male assailant, male victim.
- **16%** of cases were female assailant, female victim.
- **1%** of cases were female assailant, male victim.

Victim or assailant's gender was not identified in some cases.

A closer look

At least 34% of the assaults occurred in the victim or assailant's home.

At least 242 of primary victims were under the age of 18 years old at the time of the assault(s).

In adult cases, 6% of the assailants were strangers. In child cases, 4% of the assailants were strangers.

In at least 24% of all cases, the assailant was a friend/acquaintance/ date of the victim.

31% of new victims were people with disabilities. Of those, 17% were people with developmental disabilities, 29% had physical disabilities, and 54% were people with mental health disabilities.

Advocacy

45% of the crimes were reported to law enforcement.

At least 20,274 services were provided to primary victims by advocacy center advocates from January to December 2023.

At least 29% of the victims were referred to sexual assault service providers by themselves, friends, or family members.

27% of adult victims contacted the sexual assault advocacy center about the crime within 2 days of the assault. 14% of adult victims contacted a sexual assault advocacy center within 3-30 days after the assault.

NDDSVC

**Statistics represent new victims served in 2023. New = unduplicated for calendar year. Primary victims refers to the victim/survivor whom the sexual assault and/or child sexual abuse was directed at. Secondary victims refers to those who are indirectly affected by the sexual assault—i.e., children, siblings, spouses or intimate partners, grandparents, other affected relatives, friends, neighbors, etc.*

March 2024. Sexual assault statistics are compiled by the North Dakota Domestic & Sexual Violence Coalition (NDDSVC).
521 E Main Ave, Suite 320, Bismarck, ND 58501 | 701.255.6240 | www.nddsvc.org

This project was supported by Grant No. 15JOVW-22-GG-00907-MUMU awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication are those of the author and do not necessarily reflect the views of the U.S. Department of Justice.

HB 1012
3-11-25

#40609

Victim Services Funding Overview - March 2025

N.D. Health & Human Services (HHS) Funding	Amount	Length of Award	Purpose of Funding
STATE: General Fund (GF), Community Health Trust Fund (CHTF), and marriage license fees			
Domestic Violence and Sexual Assault Services (GF and CHTF) $4,596,285 – GF $1,000,000 - CHTF	$5,596,285	2 years (biennium)	Services to address domestic violence and sexual assault (core safety services, stability services, community services, and specialized services)
Proposed in Governor's Executive Budget (CHTF)	$2,250,000	2 years (biennium)	Services to address domestic violence and sexual assault
Engross House Bill 1012 (House Amendment)	$1,700,000	2 years (biennium)	Services to address domestic violence and sexual assault
Domestic Violence Offender Intervention (formerly DV Offender Treatment) (CHTF)	$1,000,000	2 years (biennium)	Intervention services for individuals that have committed domestic violence against an intimate partner; programming must meet state standards
Supervised visitation/exchange (Safe Havens) (GF)	$425,000	2 years (biennium)	Provides a safe, secure, and respectful environment for the supervision of parenting time and child exchanges; must meet state standards
Engross House Bill 1012 (House Amendment)	$440,000	2 years (biennium)	Provides a safe, secure, and respectful environment for the supervision of parenting time and child exchanges; must meet state standards
Sexual Violence Prevention (GF)	$200,000	2 years (biennium)	Sexual violence prevention programs such as Green Dot and school-based programming
Domestic Violence Prevention Fund (marriage license fees)	$340,000	2 years (biennium)	Direct services for victims of domestic and sexual violence
Child Sexual Abuse Prevention Program (formerly Child Sexual Abuse Prevention Task Force) (GF)	$281,715	2 years (biennium)	Child sexual abuse prevention strategies (additional $281,715 in authority allowed, for a total of $563,430)
FEDERAL: Dept of Justice, HHS, CDC			
Family Violence Prevention and Services Act (FVPSA), (U.S. Dept. of Health and Human Services)	$843,009	1 year	Direct services for victims of domestic violence including shelter
FVPSA Sexual Assault ARP (COVID-19 Supplement from HHS)	$890,649	3 years - Ends 9/30/2025	Direct services and programming to increase access for victims of sexual assault

FVPSA Testing, Vaccines, and Mobile Health Units Access ARP (COVID-19 Supplement from HHS)	$1,288,954	3 years – Ends 9/30/2025	Direct services/programming to increase access of services for victims of domestic violence
STOP Violence Against Women (U.S. Dept. of Justice)	$913,616	1 year	Victim Services, law enforcement, prosecution, courts projects (some for sexual assault nurse examiner programs, supervised parenting time)
Sexual Assault Services Program (U.S. Dept. of Justice)	$775,643	1 year	Direct services to victims of sexual assault
Rape Prevention & Education (CDC)	$288,925	1 year	Prevention strategies for sexual violence prevention
Rape Crisis: Preventive Health and Health Services Block Grant Sexual Assault Set-aside (CDC)	$16,265	1 year	Implement prevention strategies; supplements the Rape Prevention and Education program
N.D. Office of the Attorney General Funding	**Amount**	**Length of Award**	**Purpose of Funding**
STATE: General Fund (GF)			
Human Trafficking (GF)	$1,100,000 ($170,000 went to 5 domestic violence/rape crisis centers)	2 years (biennium)	Prevention and treatment services related to victims of human trafficking.
FEDERAL: U.S. Dept of Justice (DOJ)			
Edward Byrne Justice Assistance Grant (JAG) Program (DOJ)	$469,002 (Per federal regulations, $150,000-$200,000 is available to domestic violence/rape crisis agencies.)	1 year	Provides funding for law enforcement, prevention/education, corrections/community corrections, drug treatment, prosecution/ courts, planning/evaluation/technology, and crime victim witness programs. (Funding is for victims of all crimes, not only domestic and sexual violence.)
N.D. Department of Corrections (DOCR) Funding	**Amount**	**Length of Award**	**Purpose of Funding**
STATE: General Fund (GF)			
Legendary Empowerment Grant (GF)	$200,000	2 years (biennium)	Direct services to victims of all crimes (not only domestic and sexual violence)
Proposed in Governor's Executive Budget (Special Funds)	$7,000,000	2 years (biennium)	This would offset the decline in federal VOCA funds.
FEDERAL: Dept of Justice (DOJ)			
Victims of Crime Act (VOCA) (DOJ)	$5,200,000	1 year	Direct services to victims of all crimes (not only domestic and sexual violence)

NOTE: Domestic Violence/Rape Crisis Agencies may not be the only recipients of funds.

HB 1012
3-11-25

#40658



HB1012 Overview to Senate Appropriations

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Tim Wiedrich | Director, Health Response and Licensure Section
March 11, 2025

Who we are | who we serve



Tim Wiedrich

Emergency Medical Systems	Emergency Preparedness and Response	Food and Lodging	Life Safety & Construction	Health Facilities
				
Christopher Price	Juli Sickler	Julie Wagendorf	Karla Aldinger	Bridget Weidner

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Who we are | who we serve

$46,902,493
31% General
46% Federal
23% Other

2023 - 2025 Biennium

Emergency Medical Systems	Emergency Preparedness and Response	Food and Lodging	Life Safety & Construction	Health Facilities
54% General 2% Federal 44% Other	7% General 93% Federal 0% Other	52% General 10% Federal 38% Other	16% General 31% Federal 53% Other	21% General 70% Federal 9% Other

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Who we are | who we serve

HRL Section Totals
73 FTE
6 FT Temps
30 PT Temps

2023 - 2025 Biennium

Emergency Medical Systems	Emergency Preparedness and Response	Food and Lodging	Life Safety & Construction	Health Facilities
8 FTEs 1 FT Temp	15 FTEs 4 FT Temps 29 PT Temps	12 FTEs 1 FT Temps	8 FTEs	30 FTEs 1 PT Temp

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Who we are | who we serve

12 Positions were converted from Temp to FTE

Section Name			
23-25 FTE	25-27 FTE Requested	# of Temporary	# of Vacancies
73	*73*	*36*	*4*

Average Age	*55*
Avg Years of Service	*11*
Retirement Risk	*4%*
Turnover 2023	*3%*
Turnover 2024	*6%*

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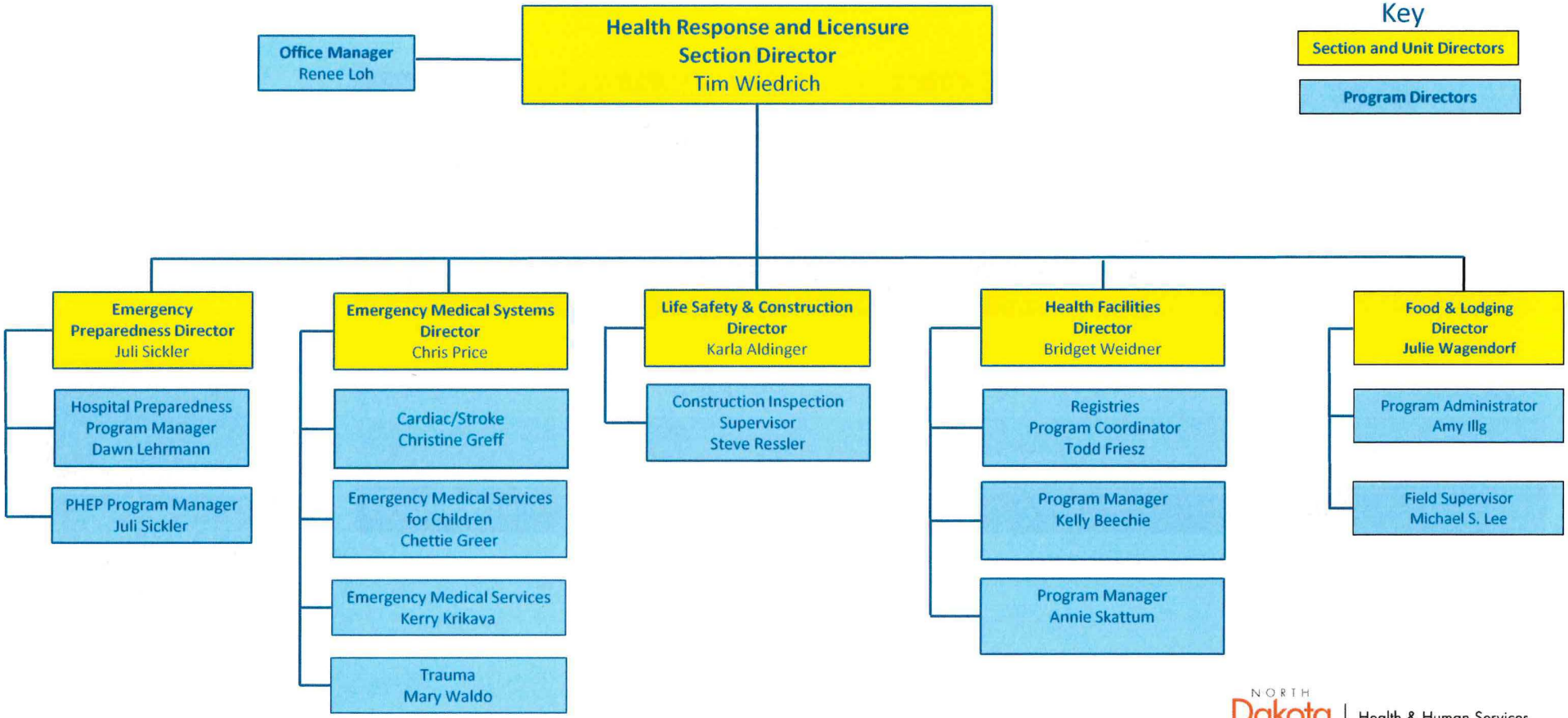
Who we are | who we serve



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Improving the lives of North Dakotans

- Create and Maintain Public Health and Medical Emergency Response Systems
- Administer and Distribute Grant Funds
- Train, Certify and License Certain Medical and Other Providers
- Regulate and Designate Medical Systems of Care
- Regulate Food and Lodging Establishments



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Improving the lives of North Dakotans

Certifications, Licensure, Registrations & Designations (Projected) 23-25 Biennium

5,505 Organizations
7,960 Inspections/Surveys
828 Plans Reviewed
27,490 Individuals
771 Complaints

Emergency Responses (Projected) 23-25 Biennium

378 Medical Responses
91 Response Events
25 Response Resources
1,359 Courier Missions
1,471 HAN Messages



Improving the lives of North Dakotans

Partners and Providers

Associations	Providers	Government Agencies
~ 11 ND State and Federal Medical and Public Health	~600 ND Medical and Public Health	~10 ND State and Federal





Basic Care Licensure Concerns

- Basic Care Facilities are Unique
  - North Dakota State Level of Care
  - Care Is Below Skilled Nursing But Above Assisted Living
  - Not Eligible For CMS Certification
  - Initially Established Three Year License Inspection Cycles
  - License Inspection Cycles Are Now 33 Years
    - Increases In Long Term Care Allegations and Complaints
    - New CMS Facility Reported Incidents for Skilled Nursing
  - Valid Complaint Investigations Are Delayed or Differed
  - Staff Are Focused On Immediate Jeopardy Complaints
  - Need to Utilize FTE Block Grant Flexibility

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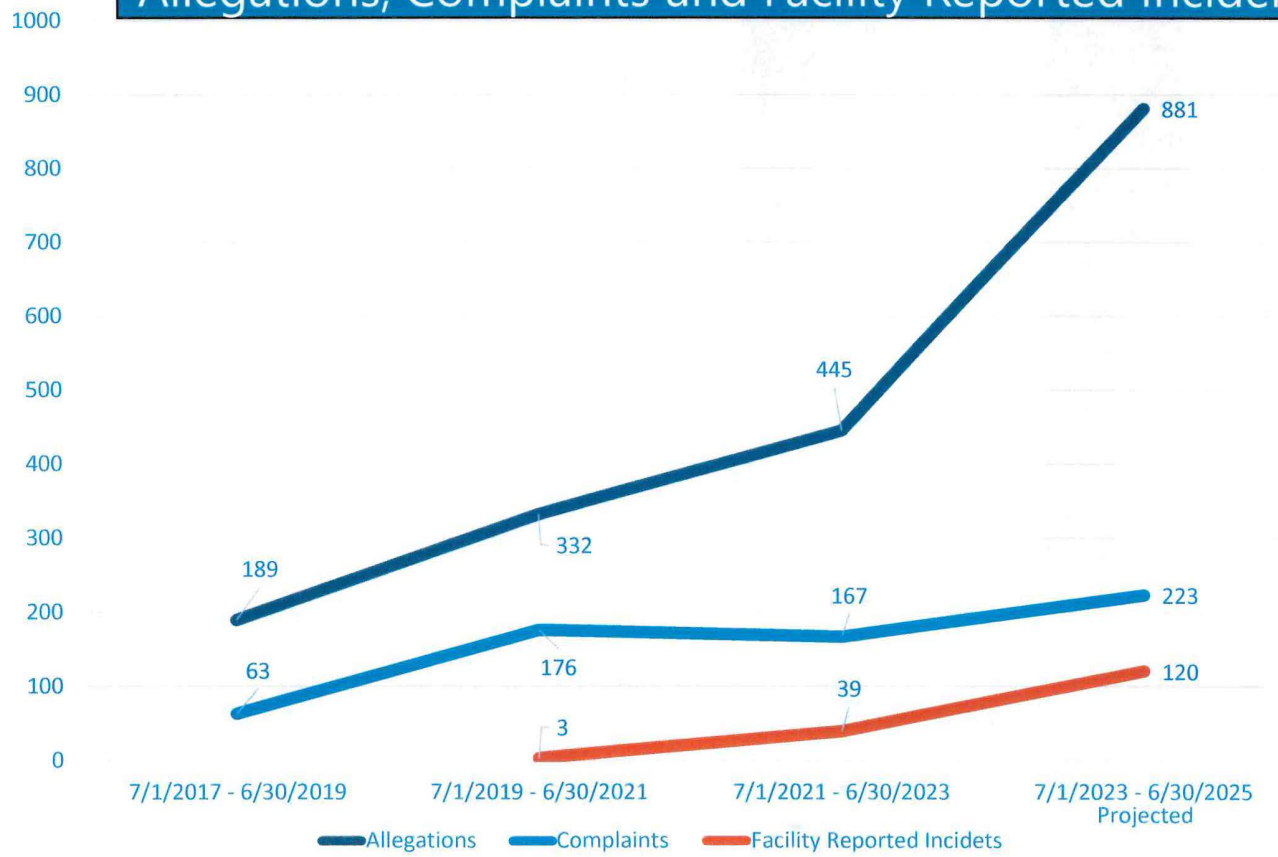
Skilled Nursing

Allegations, Complaints and Facility Reported Incidents



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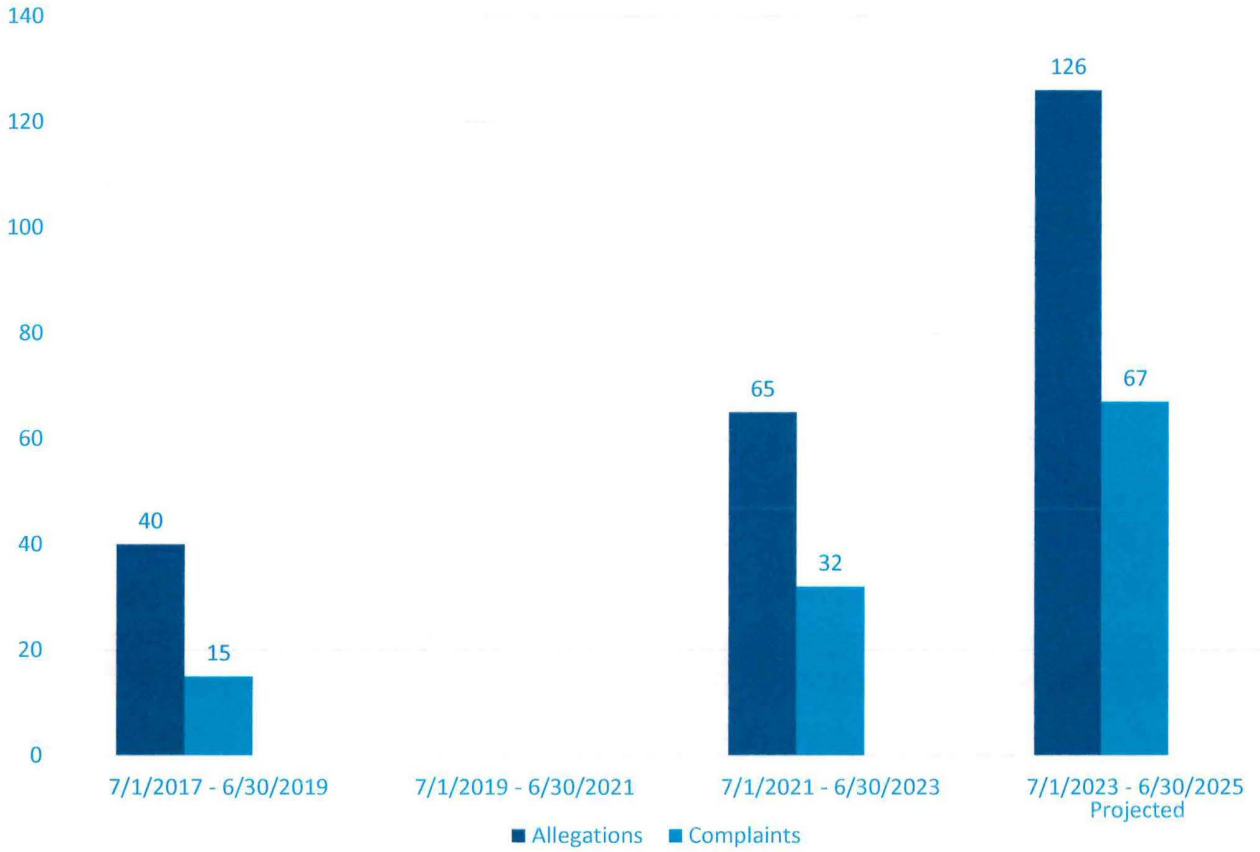
Basic Care

Allegations, Complaints and Facility Reported Incidents



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Food and Lodging Concerns

- Alignment of Staffing Levels and Regulatory Responsibilities
  - 2013 Food and Lodging Audit Findings
  - Increased Court and Legal Enforcement Activities
  - Additional Mobile Home Park Requirements
  - Need to Utilize FTE Block Grant Flexibility

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Food and Lodging Concerns



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Budget

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Comparison of budget expenditures and projections
by Program

PROGRAMS	2023-25 LEGISLATIVE BASE	ONE-TIME/ CARRYOVER	2023-25 EXPENSES THROUGH DECEMBER	2023-25 PROJECTED EXPENDITURES	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE/ (DECREASE)	ENGROSSED HB 1012	GENERAL	FEDERAL	OTHER
CERTIFICATE, LICENSURE, REGISTRATION, AND DESIGNATION	$ -	$ -	$ -	$ -	$ 650,000	$ -	$ 650,000			$ 650,000
EMERGENCY PREPAREDNESS	15,746,490	-	13,414,677	20,754,022	13,784,238	438,359	14,222,597	2,240,308	11,982,289	-
EMERGENCY MEDICAL SYSTEMS (EMS)	18,326,069	-	10,698,520	15,623,954	18,477,027	(159,000)	18,318,027	9,659,027	384,000	8,275,000
FOOD & LODGING	2,421,991	-	1,908,187	2,482,203	3,398,964	(132,001)	3,266,963	1,576,437	202,476	1,488,050
LIFE SAFETY & CONSTRUCTION	1,992,243	-	1,482,639	1,976,464	2,070,322	(71,999)	1,998,323	720,613	781,067	496,643
HEALTH FACILITIES	7,727,011	-	5,422,469	7,403,289	8,153,613	(249,001)	7,904,612	2,631,602	4,831,344	441,666
TOTAL	**$46,213,804**	**$ -**	**$ 32,926,492**	**$ 48,239,932**	**$ 46,534,164**	**$ (173,642)**	**$ 46,360,522**	**$16,827,987**	**$18,181,176**	**$11,351,359**

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Changes to base budget

By Ongoing, One-Time and Funding Source

BASE BUDGET CHANGES	DESCRIPTION	2025-27 EXECUTIVE BUDGET		ENGROSSED HB 1012	
		GENERAL	OTHER	GENERAL	OTHER
Food & Lodging	Management Information System *One-Time		$335,000 Community Health Trust Fund		$335,000 Community Health Trust Fund
Licensure Management System	Management Information System *One-Time		$650,000 Community Health Trust Fund		$650,000 Community Health Trust Fund
FTE Block Grant Reduction	FTE Block Grant Reduction From House	-	-	($173,641)	

Comparison of budgets and funding

By Major Expense

DESCRIPTION	2023-25 LEGISLATIVE BASE	INCREASE / (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)	ENGROSSED HB 1012
Salaries & Benefits	$ 15,483,517	$ (1,192,384)	$ 14,291,133	$ (173,641)	$ 14,117,492
Operating	6,850,296	(1,039,711)	5,810,585	-	5,810,585
IT Services	2,465,191	2,571,074	5,036,265	-	5,036,265
Capital Assets	994,800	655,000	1,649,800	-	1,649,800
Grants	20,420,000	(673,620)	19,746,380	-	19,746,380
Total	**$ 46,213,804**	**$ 320,359**	**$ 46,534,163**	**$ (173,641)**	**$ 46,360,522**
General Fund	**$ 14,179,068**	**$ 2,893,859**	**$ 17,072,927**	**$ (244,939)**	**$ 16,827,988**
Federal Funds	**21,225,736**	**(3,044,561)**	**18,181,175**	**-**	**18,181,175**
Other Funds	**10,809,000**	**471,061**	**11,280,061**	**71,298**	**11,351,359**
Total Funds	**$ 46,213,804**	**$ 320,359**	**$ 46,534,163**	**$ (173,641)**	**$ 46,360,522**

HRL Budget as % of HHS Budget

- .74%

Budget by Funding Source

- 36.3% General
- 39.2% Federal
- 24.5% Other

Budget by Pass Through

- 47.0% Paid to private providers
- 38.6% Admin
- 10.8% IT
- 3.6% Capital Projects

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Thank you

Tim Wiedrich
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Twiedric@nd.gov

NORTH Dakota | Health & Human Services
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25.0156.02000

Sixty-ninth
Legislative Assembly
of North Dakota

FIRST ENGROSSMENT

ENGROSSED HOUSE BILL NO. 1012

Introduced by

Appropriations Committee

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to amend and reenact sections 50-06-06.6, 50-06-42, 50-24.5-02.3, and 50-33-05 of the North Dakota Century Code, relating to leases of department of health and human services property, substance use disorder treatment program, basic care payment rates, and state of residence for child care assistance; to provide for a transfer; to authorize a line of credit; to provide legislative intent; to provide for a legislative management study; to provide an application; to provide an exemption; to provide for a report; and to provide an effective date.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. APPROPRIATION. The funds provided in this section, or so much of the funds as may be necessary, are appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, and from other funds derived from special funds and federal funds, to the department of health and human services for the purpose of defraying the expenses of its various divisions, for the biennium beginning July 1, 2025, and ending June 30, 2027, as follows:

Subdivision 1.

SALARIES AND WAGES BLOCK GRANT

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages block grant	$0	$596,284,775	$596,284,775
Total all funds	0	596,284,775	596,284,775

Less other funds	0	286,720,150	286,720,150
Total general fund	$0	$309,564,625	$309,564,625

Subdivision 2.

BUSINESS OPERATIONS

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$25,763,358	($25,763,358)	$0
Operating expenses	155,308,399	(77,023,770)	78,284,629
Capital assets	108,934	(108,934)	0
Grants	11,812,627	6,966,375	18,779,002
Total all funds	$192,993,318	($95,929,687)	$97,063,631
Less other funds	118,894,310	(71,526,221)	47,368,089
Total general fund	$74,099,008	($24,403,466)	$49,695,542

Subdivision 3.

BEHAVIORAL HEALTH

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$8,792,675	($8,792,675)	$0
Operating expenses	79,381,458	23,888,138	103,269,596
Grants	40,476,298	21,889,322	62,365,620
Behavioral health clinics	196,383,945	(139,978,713)	56,405,232
State hospital	94,826,973	256,053,182	350,880,155
Opioid addiction prevention	2,000,000	6,000,000	8,000,000
Total all funds	$421,861,349	$159,059,254	$580,920,603
Less other funds	113,955,941	285,267,537	399,223,478
Total general fund	$307,905,408	($126,208,283)	$181,697,125

Subdivision 4.

HUMAN SERVICES

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$168,325,918	($168,325,918)	$0

Operating expenses	88,885,469	108,258,236	197,143,705
Capital assets	10,000	0	10,000
Grants	621,189,007	94,393,260	715,582,267
Life skills and transition center	44,992,263	(29,784,605)	15,207,658
Grants - medical assistance	742,793,564	7,655,079	750,448,643
County social services	197,663,661	6,928,621	204,592,282
Total all funds	$1,863,859,882	$19,124,673	$1,882,984,555
Less other funds	1,240,409,529	(13,961,485)	1,226,448,044
Total general fund	$623,450,353	$33,086,158	$656,536,511

Subdivision 5.

MEDICAL SERVICES

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$21,008,344	($21,008,344)	$0
Operating expenses	70,807,977	92,364,562	163,172,539
Grants	1,651,004	1,806,800	3,457,804
Grants - medical assistance	2,682,778,803	6,500,467	2,689,279,270
Total all funds	$2,776,246,128	$79,663,485	$2,855,909,613
Less other funds	1,818,029,530	(7,372,459)	1,810,657,071
Total general fund	$958,216,598	$87,035,944	$1,045,252,542

Subdivision 6.

PUBLIC HEALTH

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$60,415,388	($60,415,388)	$0
Operating expenses	37,721,213	17,853,669	55,574,882
Capital assets	1,469,780	2,215,838	3,685,618
Grants	81,718,145	4,245,496	85,963,641
Tobacco prevention	13,063,162	(22,607)	13,040,555
Women, infants, and children food payments	19,900,000	1,100,000	21,000,000

Cares Act/COVID-19	83,909,182	1,845,373	85,754,555
Total all funds	$298,196,870	($33,177,619)	$265,019,251
Less other funds	250,440,690	(20,626,287)	229,814,403
Total general fund	$47,756,180	($12,551,332)	$35,204,848

Subdivision 7.

TOTAL - SECTION 1

	Base Level	Adjustments or Enhancements	Appropriation
Grand total all funds	$5,553,157,547	$725,024,881	$6,278,182,428
Grand total other funds	3,541,730,000	458,501,235	4,000,231,235
Grand total general fund	$2,011,427,547	$266,523,646	$2,277,951,193
Full-time equivalent positions	2,483.83	204.52	2,688.35

SECTION 2. ONE TIME FUNDING - EFFECT ON BASE BUDGET - REPORT TO SEVENTIETH LEGISLATIVE ASSEMBLY. The following amounts reflect the one-time funding items included in section 1 of this Act which are not included in the entity's base budget for the 2027-29 biennium and which the entity shall report to the appropriations committees of the seventieth legislative assembly regarding the use of this funding:

One-Time Funding Description	General Fund	Other Funds	Total
Technology projects	$0	$10,263,000	$10,263,000
Human service centers and life skills and transition center projects	0	1,052,480	1,052,480
Retire mainframe	0	15,000,000	15,000,000
Child care programs	13,272,500	0	13,272,500
Housing programs	0	1,000,000	1,000,000
State laboratory move and equipment	0	2,962,304	2,962,304
Partial hospitalization day treatment	0	2,000,000	2,000,000
Developmental disabilities eligibility assessment tool for kids	200,000	200,000	400,000
Toxicology equipment	151,500	100,000	251,500
New state hospital	0	330,000,000	330,000,000
Behavioral health facility grant	0	12,960,000	12,960,000

Cultural community center grant	0	1,000,000	1,000,000
Adaptive recreation grant	200,000	0	200,000
Intermediate care facility grant	3,457,736	0	3,457,736
Juvenile justice diversion services	750,000	0	750,000
Animal shelter grant	0	300,000	300,000
Statewide health strategies	0	750,000	750,000
Critical access hospital networking	0	2,000,000	2,000,000
Total	$18,031,736	$379,587,784	$397,619,520

SECTION 3. FUNDING TRANSFERS - EXEMPTION - AUTHORIZATION - REPORT. Notwithstanding section 54-16-04, the director of the office of management and budget shall transfer appropriation authority between line items within subdivisions 1, 2, 3, 4, 5, and 6 of section 1 of this Act and any other appropriation authority for the department of health and human services approved by the sixty-ninth legislative assembly, for the biennium beginning July 1, 2025, and ending June 30, 2027, as requested by the department of health and human services. The department of health and human services shall notify the legislative council of any transfer made pursuant to this section. The department of health and human services shall report to the budget section after June 30, 2026, any transfer made in excess of $50,000 and to the appropriations committees of the seventieth legislative assembly regarding any transfers made pursuant to this section.

SECTION 4. FULL-TIME EQUIVALENT POSITION BLOCK GRANT PROGRAM - REPORT. Section 1 of this Act includes funding for a full-time equivalent position block grant program. This funding as approved by the sixty-ninth legislative assembly is available for defraying the expense of full-time equivalent positions as determined by the department of health and human services. Notwithstanding any other provision of law, the department is authorized to increase or decrease authorized full-time equivalent positions subject to the availability of funds and the provisions of this section. The department of health and human services many not increase full-time equivalent positions for the purpose of transferring human service zone employees to state employment. Pursuant to section 3 of this Act, the department is authorized to transfer appropriation authority of up to the underfunded amount of $30,000,000 to the salaries and wages block grant line item. The department of health and human services

shall report to the office of management and budget and legislative council any adjustments to full-time equivalent positions.

SECTION 5. DEPARTMENT OF HEALTH AND HUMAN SERVICES - SALARIES AND WAGES BLOCK GRANT - VACANT POSITIONS - REPORT. The department of health and human services shall report to the budget section quarterly during the 2025-26 interim regarding the status of its salaries and wages block grant and vacant positions and employee turnover. The report must include:

1. The legislative appropriation for salaries and wages allocated by the department to major department programs by funding source and the number of FTE positions the department is allocating to each major program based on the legislative appropriation;
2. Any changes to salaries and wages funding or FTE positions allocated to major department programs;
3. Any new FTE positions added, the cost of the position for the remainder of the biennium, and the cost to continue funding the position in the subsequent biennium by funding source;
4. Any FTE positions removed and related funding;
5. The number of FTE positions that become vacant and the number filled each month;
6. The number of vacant FTE positions at the end of each month;
7. Salaries and wages savings resulting from vacant positions and employee turnover each month by funding source; and
8. The use of salaries and wages savings for other purposes for each month by funding source.

SECTION 6. BEHAVIORAL HEALTH FACILITY GRANT - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND - APPLICATION.

1. Section 1 of this Act includes the sum of $12,960,000 from the strategic investment and improvements fund for a behavioral health facility grant pursuant to this section.
2. A grant of $12,960,000 must be provided to establish a behavioral health facility in the northeast human service region. The grant recipient must provide matching funds of $3,240,000 to establish the facility.

3. The department shall require an entity receiving funding under this section to operate the facility for at least ten years and require the grant amount to be repaid if the entity does not operate the facility for at least ten years.
4. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 7. COMMUNITY CULTURAL CENTER GRANT - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND - APPLICATION. Section 1 of this Act includes the sum of $1,000,000 from the strategic investment and improvements fund for the purpose of providing a one-time community cultural center grant in the west central human service region. An entity may apply for a grant under this section if the entity certifies to the department it has secured at least fifty percent of funds needed to complete the project, the project will be completed within two years of receiving the grant funds, and the grants funds will be used only for costs of constructing a community cultural center. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 8. JUVENILE JUSTICE DIVERSION SERVICES AND PROGRAMS - TASK FORCE - REPORT. Section 1 of this Act includes the sum of $750,000 from the general fund for juvenile justice diversion services and programs. The department of health and human services must use the funding for services to youth at risk of juvenile justice involvement but who have not committed delinquent acts as defined in chapter 27-20.4.

The department shall establish a task force with representation from divisions in the department, human service zones, the department of public instruction, elementary and secondary schools, and members of the legislative assembly, to review juvenile justice diversion services and program. The department shall report its findings and recommendations to the legislative management and children's cabinet.

SECTION 9. ANIMAL SHELTER GRANT - COMMUNITY HEALTH TRUST FUND. Section 1 of this Act includes the sum of $300,000 from the community health trust fund for a grant for the construction of an animal shelter. The department of health and human services may award a grant for the construction of an animal shelter to an organization that provides twenty dollars of nonstate matching funds for every dollar of grant funds received. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 10. STATEWIDE HEALTH STRATEGIES - COMMUNITY HEALTH TRUST FUND. Section 1 of this Act includes the sum of $750,000 of one-time funding from the community health trust fund for the statewide health strategies initiative. The department of health and human services may spend the funding upon securing dollar-for-dollar matching funds.

SECTION 11. OTHER FUNDS - INSURANCE TAX DISTRIBUTION FUND. The other funds line item in subdivision 5 of section 1 of this Act includes the sum of $1,125,000 from the insurance tax distribution fund for rural emergency medical services grants.

SECTION 12. OTHER FUNDS - COMMUNITY HEALTH TRUST FUND. The other funds line items in section 1 of this Act includes the sum of $38,713,522 from the community health trust fund for the following purposes:

Loan repayment programs	$594,500
Tobacco and vaping programs	11,599,698
Cancer and women's way programs	909,824
Behavior risk state survey	200,000
Domestic violence programs	4,250,000
Local public health grants	3,275,000
988 crisis hotline	1,867,500
Various information technology system upgrades	2,967,000
Grants to rural ambulances	7,000,000
Law enforcement rural crisis support program	1,000,000
Development of partial hospitalization/intensive day treatment	2,000,000
Critical access hospital networking	2,000,000
Animal shelter grant	300,000
Statewide health strategies	750,000
Total	$38,713,522

SECTION 13. OTHER FUNDS - HUMAN SERVICE FINANCE FUND. The other funds line items in section 1 of this Act includes the sum of $239,112,030 from the human service finance fund for state-paid economic assistance and social and human services.

SECTION 14. OTHER FUNDS - OPIOID SETTLEMENT FUND. The other funds line item in section 1 of this Act includes the sum of $8,000,000 from the opioid settlement fund for opioid remediation and abatement efforts.

SECTION 15. OTHER FUNDS - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND The other funds line items in section 1 of this Act includes the sum of $227,474,784 from the strategic investment and improvements fund for the following purposes:

Retiring technology from the mainframe	$7,500,000
Move into the new state laboratory and purchase security equipment	2,962,304
Capital projects in human service centers and life skills and transition center	1,052,480
Housing initiative programs	1,000,000
Technology projects at the state hospital	1,000,000
New state hospital	200,000,000
Behavioral health facility grant	12,960,000
Community cultural center grant	1,000,000
Total	$227,474,784

SECTION 16. OTHER FUNDS - BANK OF NORTH DAKOTA LINE OF CREDIT - STATE HOSPITAL PROJECT. The other funds line item in subdivision 2 of section 1 of this Act includes $130,000,000 from a Bank of North Dakota line of credit. The department of health and human services may borrow up to $130,000,000 through a line of credit from the Bank of North Dakota during the biennium beginning July 1, 2025, and ending June 30, 2027, for costs associated with the construction of a new state hospital. The interest rate on the line of credit may not exceed the prevailing interest rate charged to North Dakota governmental entities. If the department accesses the line of credit, it shall request a deficiency appropriation from the seventieth legislative assembly to repay the line of credit.

SECTION 17. LABORATORY BUILDING STEERING COMMITTEE. The department of health and human services shall maintain the laboratory building steering committee to oversee the design and construction of the laboratory building project, for the biennium beginning July 1, 2025, and ending June 30, 2027, or until work is completed, whichever occurs earlier. The committee must include representation from the department of health and human services, department of environmental quality, office of management and budget, the governor's office, and the legislative assembly. The legislative assembly representation must include one member

of the senate appointed by the senate majority leader, one member of the house appointed by the house majority leader, and one member of the minority party from either the senate or the house appointed by the minority leaders of the senate and the house.

SECTION 18. NEW STATE HOSPITAL - STEERING COMMITTEE. The department of health and human services shall establish a new state hospital facility steering committee to oversee the design and construction of a new state hospital facility, for the biennium beginning July 1, 2025, and ending June 30, 2027. The committee must include one member of the senate appointed by the senate majority leader, one member of the house appointed by the house majority leader, and one member of the minority party from either the senate or the house appointed by the minority leaders of the senate and the house.

SECTION 19. CAPITAL PAYMENTS. During the biennium beginning July 1, 2025, and ending June 30, 2027, the department of health and human services is authorized to expend funds for the payment of special assessments at the state hospital, southeast human service center, and life skills and transition center. Pursuant to section 3 of this Act, the director of the office of management and budget may transfer appropriation authority between line items within section 1 of this Act and any remaining appropriation authority for the department of health and human services approved by the sixty-ninth legislative assembly. The department of health and human services may transfer funds for the payment of special assessments at the state hospital, southeast human service center, and life skills and transition center ahead of the special needs assessments schedule. Notwithstanding section 54-27-12, the department of health and human services may spend funds for the payment of special assessments at the state hospital and life skills and transition center.

SECTION 20. CAPITAL PROJECTS - EMERGENCY COMMISSION AND BUDGET SECTION APPROVAL. During the biennium beginning July 1, 2025, and ending June 30, 2027, pursuant to section 3 of this Act, the director of the office of management and budget may transfer appropriation authority between line items within section 1 of this Act and any remaining appropriation authority for the department of health and human services approved by the sixty-ninth legislative assembly for capital projects and maintenance pertaining to operation of its facilities, including demolition projects. Notwithstanding section 54-27-12, the department of health and human services may spend up to $10,000,000 for capital projects and maintenance pertaining to operation of its facilities, including demolition projects, under this section and may

seek emergency commission and budget section approval to spend more than $10,000,000 under this section.

SECTION 21. PERMANENT SUPPORTIVE HOUSING GRANTS. Section 1 of this Act includes the sum of $4,672,536 from the general fund for permanent supportive housing grants. The department of health and human services shall develop a funding methodology to distribute the funding to qualified entities that utilize best practices for permanent supportive housing, provide recovery-oriented and person-centered services, submit process and outcome measures to the department of health and human services, and authorize the department of health and human services to conduct onsite visits to review program operations.

SECTION 22. EXPENDITURES MAY NOT EXCEED APPROPRIATION - MEDICAL ASSISTANCE EXPANSION PROGRAM - APPLICATION.

1. Section 1 of this Act includes the sum of $662,099,340, of which $66,209,934 is from the general fund, for the medical assistance expansion program, for the biennium beginning July 1, 2025, and ending June 30, 2027. The expenditures for individuals eligible for the medical assistance expansion program may not exceed this amount.
2. The department of health and human services may exceed appropriations for increases in medical assistance expansion program caseload, for the addition of coverage consistent with the traditional Medicaid 1915(i) state plan, utilization rates, and reduction in federal medical assistance percentage.
3. The managed care organization under contract with the department of health and human services to manage the medical assistance expansion program shall reimburse providers within the same provider type and specialty at consistent levels and with consistent methodology and may not provide incentive, quality, or supplemental payments to providers, unless part of a value-based program approved by the department of health and human services. The managed care organization shall reimburse all North Dakota substance use providers of American society of addiction medicine level 2.5 at consistent levels and with consistent methodology. The managed care organization may consider urban and rural providers as different provider types.
4. The managed care organization and the department of health and human services shall ensure payments to Indian or Tribal 638 health care providers, federally qualified health centers,and rural health clinics meet the federally required minimum levels of

reimbursement. Critical access hospitals may not be paid less than one hundred percent of Medicare allowable costs and human service centers may not be paid less than one hundred percent of the current traditional Medicaid rate. Behavioral health services involving partial hospitalization, intensive outpatient, professional services, and residential behavioral health services provided in facilities that are not institutions for mental diseases are not subject to the provisions in subsection 6.

5. The department of health and human services shall ensure providers within the same provider type and specialty are reimbursed at consistent levels and with consistent methodology and shall ensure the capitation rates under risk contracts are actuarially sound and are adequate to meet managed care organization contractual requirements regarding availability of services, assurance or adequate capacity and services, and coordination and continuity of care.

6. Except for the provisions in subsection 4, managed care organization premium payments must be built using the assumption that rates paid to providers under the medical assistance expansion program may not exceed one hundred forty-five percent of Medicare reimbursement rates paid to providers on January 1, 2025.

SECTION 23. HUMAN SERVICE CENTERS - CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS - FULL-TIME EQUIVALENT POSITIONS - REPORT. The department of health and human services shall continue the process of the human service centers becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults. The department of health and human services shall pursue additional federal funding as available. Subject to the availability of generated income, the department of health and human services may add full-time equivalent positions for the clinics to provide direct services for the period beginning with the effective date of this Act and ending June 30, 2027. The department of health and human services shall report to the office of management and budget and legislative council each time a position is added.

SECTION 24. INTERMEDIATE CARE FACILITY MORATORIUM. The department of health and human services may not add any new licensed intermediate care facility for individuals with intellectual disabilities beds to the state's licensed bed capacity between July 1, 2025, and June 30, 2027.

SECTION 25. EXEMPTION - UNEXPENDED APPROPRIATIONS. The following appropriations are not subject to the provisions of section 54-44.1-11 and any unexpended appropriation authority may be continued into the biennium beginning July 1, 2025, and ending June 30, 2027:

1. The sum of $3,674,757 appropriated from the general fund and the sum of $25,918,566 appropriated from federal funds for the Medicaid management information system modularization technology project in chapter 12 of the 2021 Session Laws;
2. The sum of $14,411,218 appropriated from the general fund and the sum of $14,411,218 appropriated from federal funds for the child welfare technology project in chapter 12 of the 2021 Session Laws;
3. The sum of $20,366,271 appropriated from the community health trust fund and the sum of $39,534,525 appropriated from federal funds for the child support computer replacement project in chapter 44 of the 2023 Session Laws;
4. The sum of $10,989,217 appropriated from the strategic investment and improvements fund for the procurement and grants management system in chapter 44 of the 2023 Session Laws;
5. The sum of $4,150,000 appropriated from the general fund for defraying the expenses of additional human service centers to begin the process of becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults in chapter 44 of the 2023 Session Laws;
6. The sum of $18,941,847 appropriated to the department of health and human services in chapter 549 of the 2021 Special Session Laws;
7. The sum of $55,120,000 appropriated from the federal state fiscal recovery fund for a public health laboratory capital project in chapter 4 of the 2023 Session Laws;
8. The sum of $5,000,000 appropriated from the general fund for the purpose of employer-led child care cost-share program in chapter 446 of the 2023 Session Laws;
9. The sum of $986,555 appropriated from the general fund for the purpose of streamlining background checks project in chapter 446 of the 2023 Session Laws;

10. The sum of $2,223,981 appropriated from the federal state fiscal recovery fund for the implementation of a virtual behavioral health crisis care program for rural law enforcement in chapter 44 of the 2023 Session Laws; and
11. The sum of $500,000 appropriated from the general fund and the sum of $500,000 appropriated from federal funds for the purpose of program integrity audits in chapter 44 of the 2023 Session Laws.
12. The sum of $1,950,000 appropriated from the general fund to the department of health and human services for a northwest human service region behavioral health facility grant in chapter 44 of the 2023 Session Laws.

SECTION 26. LEGISLATIVE INTENT - UTILIZATION RATE ADJUSTMENT. It is the intent of the sixty-ninth legislative assembly that the department of health and human services seek a deficiency appropriation from the seventieth legislative assembly for any expenditures that exceed appropriated amounts as a result of underfunding, utilization rates, value-based purchasing for nursing facilities, reduction in federal medical assistance percentage, and unexpected contract cost increases that exceed ten percent, during the biennium beginning July 1, 2025, and ending June 30, 2027, if funding is not sufficient to pay actual expenses.

SECTION 27. LEGISLATIVE INTENT - PROVIDER RATE INCREASE. Except as otherwise noted, section 1 of this Act includes funding for human service provider inflation increases of two percent for each year of the biennium beginning July 1, 2025, and ending June 30, 2027. The provider inflation increase in this section does not apply to nursing facilities.

SECTION 28. LEGISLATIVE INTENT - DEVELOPMENTAL DISABILITIES PROVIDER ACCREDITATION REQUIREMENT. It is the intent of the sixty-ninth legislative assembly that the department of health and human services eliminate its administrative rule requirement that providers of developmental disabilities services be accredited as a condition of being eligible for receiving payments for services from the department of health and human services.

SECTION 29. LEGISLATIVE INTENT - MEDICAL ASSISTANCE. It is the intent of the sixty-ninth legislative assembly that the department of health and human services review the amount, duration, coverage, utilization rates, medical necessity, and scope of medical assistance services, and may implement any adjustments the department determines appropriate.

SECTION 30. FEDERAL FUNDING APPEAL LIMITATION. Except as otherwise specifically provided by federal law, a person may not appeal a denial, revocation, reduction in services or payment, or the termination of a program or service by the department of health and human services dues to the unavailability of federal coronavirus funding received under federal law resulting from the federal coronavirus pandemic emergency declarations, for the biennium beginning July 1, 2025, and ending June 30, 2027.

SECTION 31. DEPARTMENT OF HEALTH AND HUMAN SERVICES - LONG-TERM STRUCTURED RESIDENCES PLAN - REPORT. During the 2025-26 interim, the department of health and human services shall review options and develop a plan to establish long-term structured residences. The department shall review necessary changes to statutes, rules, policies, and the estimated fiscal impact of establishing the residences. A long-term structured residence must be a highly structured therapeutic residential mental health treatment facility that is staffed continuously and designed to treat adults under chapters 12.1-04.1 and 25-03.1 who have severe and persistent mental illness and who have reached the maximum benefit from the mental health resources available elsewhere in the community or hospital. The department shall present a report to the legislative management by October 1, 2026, regarding its plan to establish long-term structured residences.

SECTION 32. AMENDMENT. Section 50-06-06.6 of the North Dakota Century Code is amended and reenacted as follows:

50-06-06.6. Department may lease real and personal property.

The commissioner of the department or commissioner's designee may lease ~~surplus farm and pastureland at the state hospital and the life skills and transition center. The commissioner or designee also may enter into further leases of~~ real or personal property at the life skills and transition center or the state hospital upon a specific finding that the granting of each such leasehold interest will result in a net economic gain for the department, taking into account all identifiable costs. Any lease of space for the purpose of providing child care services must meet requirements as determined by the department. The commissioner of the department or commissioner's designee may prescribe the terms and conditions of any leases entered into pursuant to this section and may renew existing leases. ~~Any~~The term of any lease ~~entered into must be subject to renewal or cancelable each biennium~~may not exceed ninety-nine years.

SECTION 33. AMENDMENT. Section 50-06-42 of the North Dakota Century Code is amended and reenacted as follows:

50-06-42. Substance use disorder treatment voucher system - Mental health treatment voucher system for incarcerated individuals.

1. The department shall establish and administer, within the limits of legislative appropriations, a voucher system to address underserved areas and gaps in the state's substance abuse treatment system and to assist in the payment of addiction treatment services and medical costs provided by licensed substance abuse treatment programs, excluding regional human service centers and hospital- or medical clinic-based programs for medical management of withdrawal.
   a. An out-of-state licensed substance abuse treatment program located within a bordering state may participate in the voucher program to serve an underserved area of this state pursuant to the rules adopted by the department. The department shall develop rules to include processes and requirements for an out-of-state provider to receive reimbursement only for outpatient and community-based services upon a provider completing an assessment of need and receiving approval from the department.
   ~~2.~~b. Services eligible for the voucher program include only those levels of care recognized by the American society of addiction medicine, with particular emphasis given to underserved areas and programs. The department shall ensure that a licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers collects and reports process and outcome measures.
   ~~3.~~c. The department shall develop requirements and provide training and technical assistance to a licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers. A licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers shall provide evidence-based services.
   ~~4.~~d. The department shall allocate funding appropriated for the substance use disorder treatment voucher as follows:
      ~~a.~~ ~~No~~

(1) Except as provided in paragraphs 3 and 4, no more than ~~forty-five~~fifty percent of the appropriated amount may be allocated for residential substance use disorder services administered by licensed substance abuse treatment programs with more than sixteen beds.

~~b.~~(2) The remaining appropriation must be allocated for residential programs with sixteen or fewer beds, nonresidential outpatient, and ancillary substance use disorder services administered by licensed substance abuse treatment programs.

(3) The department, during the last quarter of the biennium, may reallocate projected unused funds that were allocated under paragraph 2 to residential facilities outlined in paragraph 1.

(4) The department may reimburse a licensed substance abuse treatment program with more than sixteen beds the incurred direct medical costs of an eligible individual who does not have resources to cover the medical costs. The department may develop rules and may not exceed the total amount appropriated for medical cost reimbursement.

2. The department shall establish and administer, within the limits of legislative appropriations, a voucher system to address underserved areas and gaps in the state's mental health treatment system for individuals detained or confined in a county jail or detention center or regional corrections center and to assist in the payment of mental health treatment services provided by a licensed mental health professional acting within their scope of practice, excluding a regional human service center.

a. Services eligible for the voucher program include only diagnostic assessment and mental health therapy for individuals with a mental health concern detained or confined in a county jail or detention center or regional corrections center. The department shall ensure that a licensed mental health professional accepting vouchers collects and reports process and outcome measures.

b. The department shall develop requirements and provide training and technical assistance to licensed mental health professionals accepting vouchers. A licensed mental health professional shall provide evidence-based services.

SECTION 34. AMENDMENT. Section 50-24.5-02.3 of the North Dakota Century Code is amended and reenacted as follows:

50-24.5-02.3. Basic care payment rates.

1. The department shall determine limits for the care of residents of basic care facilities that qualify as vendors of an aged, blind, and disabled persons program and for implementing provisions of this chapter based on data demonstrating the most recent costs that must be incurred for the care of residents in efficiently and economically operated basic care facilities. The department shall determine the limits every four years by July first, beginning with July 1, 2023.
2. The department shall establish the limits by using the median rates from the most recent data available. The direct care limit must be the median plus eighteen percent. The indirect care limit must be the median plus twelve percent.
3. For the rate year beginning July 1, 2023, the department shall increase rates and limits three and one-half percent for inflation. For the rate year beginning July 1, 2024, the department shall increase rates and limits three and one-half percent for inflation.
4. The department shall provide a rate increase in the amount of five dollars per day for the period beginning July 1, 2023, and ending June 30, ~~2025~~2027, after which the increase is not effective. This rate increase may not be included in any calculation of inflation increase.
5. Within the limits of legislative appropriations, the department shall establish an uncompensated care expense of three hundred sixty-five days.

SECTION 35. AMENDMENT. Section 50-33-05 of the North Dakota Century Code is amended and reenacted as follows:

50-33-05. State of residence.

Only child care assistance units physically residing within the boundaries of the state are eligible for child care assistance, unless the individual is employed by an early childhood program within the boundaries of the state and the individual has been approved for the state's child care assistance child care workforce benefit.

SECTION 36. HOUSING AVAILABILITY ASSESSMENT - COLLABORATION WITH HOUSING FINANCE AGENCY. The department of health and human services shall collaborate with the North Dakota housing finance agency and other appropriate stakeholders to assess the

availability of housing for individuals requiring extraordinary health care support services, for the biennium beginning July 1, 2025, and ending June 30, 2027. Based on the results of the assessment, if necessary, the department shall develop a plan to expand access to housing providing the least restrictive environment for individuals requiring extraordinary health care support services.

SECTION 37. BEHAVIORAL HEALTH CLINICS, NORTH DAKOTA STATE HOSPITAL, AND LIFE SKILLS AND TRANSITION CENTER FUNDING. Section 1 of this Act includes funding for the behavioral health clinics, North Dakota state hospital, and life skills and transition center as follows:

1.	Behavioral health clinics:		
	a.	Salaries and wages	$156,967,103
	b.	Operating and capital	64,131,965
	c.	Total	$221,099,068
2.	State hospital:		
	a.	Salaries and wages	$68,775,551
	b.	Operating and capital	350,880,155
	c.	Total	$419,655,706
3.	Life skills and transition center:		
	a.	Salaries and wages	$55,540,213
	b.	Operating and capital	15,207,658
	c.	Total	$70,747,871

SECTION 38. LEGISLATIVE MANAGEMENT STUDY - STUDENT TRUANCY AND ABSENTEEISM. The legislative management shall consider studying, during the 2025-26 interim, truancy and student absenteeism in kindergarten through grade twelve public schools. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement its recommendations, to the seventieth legislative assembly.

SECTION 39. LEGISLATIVE MANAGEMENT STUDY - OBESITY HEALTH IMPLICATIONS. The legislative management shall consider studying, during the 2025-26 interim, the health implications of obesity on the residents of the state and options to increase access to prevention and treatments for obesity. If conducted, the study must review costs associated with obesity including comorbidities, treatments available for obesity, obesity

diagnosis guidelines including use of body mass index compared with percentage of body fat, and examining the difference between being an individual who is healthy and overweight as compared to an obese individual. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement its recommendations, to the seventieth legislative assembly.

SECTION 40. LEGISLATIVE MANAGEMENT REPORT - BEHAVIORAL HEALTH FACILITY GRANTS. During the 2025-26 interim the department of health and human services shall provide reports to the legislative management regarding the award of grant funding to increase the number of behavioral health beds in the state.

SECTION 41. EFFECTIVE DATE. Section 33 of this Act becomes effective on July 1, 2026.

2025 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

HB 1012 8:00 a.m.
3/12/2025

Relating to leases of the health and human services property, substance use disorder treatment program, basic care payment rates, and state of residence for child care assistance; to provide for a transfer; to authorize a line of credit; to provide legislative intent; to provide for a legislative management study; to provide an application; to provide an exemption; to provide for a report; and to provide an effective date.

8:09 a.m. Senator Dever opened the hearing.

Members present: Chairman Dever and Senators Cleary, Davison, Magrum and Mathern.

Discussion Topics:

- Decision Points
- Administration
- Underfunding
- Public Health
- Maternal & Child Health Program
- Domestic Violence/Sexual Assault
- Safe Haven Program
- Fetal Alcohol Spectrum Disorder
- Statewide Health Initiatives
- State Laboratory Section
- Capital Assets
- State Laboratory Fees
- State Epidemiologist
- Health Response and Licensure
- Information Technology Projects
- HB 1012 Sections 4, 5, 9, 13, 14, 33, 38

8:12 a.m. Senator Davison opened discussion on HB 1012 decision points and referred to previously submitted testimony #40132 from (3/10/25 at 2:00 p.m.).

8:16 a.m. Keith Mantz, Fiscal Analyst, LC, testified neutral and answered committee and referred to previously submitted testimony #40132.

8:17 a.m. Donna Aukland, Chief Financial Officer, ND DHHS, testified in favor and answered committee questions and referred to previously submitted testimony #40132.

8:26 a.m. Senator Davison continued discussion of HB 1012 decision points.

8:29 a.m. Steph Gullickson, Fiscal Management Analyst, OMB, testified neutral and answered committee questions.

8:35 a.m. Senator Davison continued discussion of HB 1012 discussion points.

8:39 a.m. Donna Aukland, Chief Financial Officer, ND DHHS, testified in favor and answered committee questions.

8:45 a.m. Senator Davison continued discussion of HB 1012 discussion points.

8:57 a.m. Chairman Dever closed the hearing.

Joan Bares, Committee Clerk

2025 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

HB 1012
3/12/2025 9:00 a.m.

Relating to leases of the health and human services property, substance use disorder treatment program, basic care payment rates, and state of residence for child care assistance; to provide for a transfer; to authorize a line of credit; to provide legislative intent; to provide for a legislative management study; to provide an application; to provide an exemption; to provide for a report; and to provide an effective date.

9:02 a.m. Chairman Dever opened the hearing.

Members present: Chairman Dever and Senators Cleary, Davison, Magrum and Mathern.

Discussion Topics:

- Medical Services Division
- Medicaid
- Children's Health Insurance Program (CHIP)
- Home & Community Based Services (HCBS)
- Cross Disability Advisory Council & Waiver
- Costs & Outcomes
- Medicaid Value Based Programs
- Medicaid Rates & Reimbursement
- Ambulance Targeted Rate Increase
- Managed Care & Medicaid Expansion Coverage
- Drugs
- Budget & Other Resource Requirements
- Budget Overview
- Long Term Care

9:02 a.m. Sarah Aker, Executive Director, Medical Services Division, Department of Health & Human Services (ND DHHS) testified in favor and submitted testimony #40790.

10:45 a.m. Chairman Dever recessed.

11:00 a.m. Vice Chairman Davison reconvened.

11:01 a.m. Sarah Aker, Executive Director, Medical Services Division, Department of Health & Human Services (ND DHHS) testified in favor and continued testimony #40790.

11:27 a.m. Donna Aukland, Chief Financial Officer (CFO), ND Department of Health & Human Services (ND DHHS), answered committee questions.

11:28 a.m. Sarah Aker, Executive Director, Medical Services Division, Department of Health & Human Services (ND DHHS) testified in favor and continued testimony #40790.

11:42 a.m. Chairman Dever closed the hearing.

Joan Bares, Committee Clerk



House Bill 1012

Senate Appropriations | Human Resources Division
Senator Dever, Chairman

Medical Services Detail | Sarah Aker | Executive Director

March 12, 2025

NORTH Dakota | Health & Human Services
Be Legendary.

Acronyms

ADL – Activity of Daily Living
AMP - Average Manufacturer Price
BCBS ND – Blue Cross Blue Shield of North Dakota
CAH – Critical Access Hospital
CCBHC – Certified Community Behavioral Health Clinic
CFR – Code of Federal Regulation
CMS – Centers for Medicare & Medicaid Services
CON – Certificate of Need
CY – Calendar Year
DME – Durable Medical Equipment
DOCR – ND Department of Corrections & Rehabilitation
DRG – Diagnosis Related Group
DSH – Disproportionate Share Hospital
D-SNP – Dual Eligible Special Needs Plan
DUR – Drug Use Review
EAPG – Enhanced Ambulatory Patient Groups
EPSDT – Early, Periodic, Screening, Diagnosis, & Treatment
FFM – Federally Facilitated Marketplace
FFP – Federal Financial Participation
FFS – Fee for Service
FFY – Federal Fiscal Year (October 1 – September 30)
FMAP – Federal Medical Assistance Percentage
FPL – Federal Poverty Level
FQHC – Federally Qualified Health Center
FTE – Full Time Equivalent
GME – Graduate Medical Education
HCBS – Home and Community Based Services
HHS – ND Department of Health & Human Services
HIE – Health Information Exchange
HIN – Health Information Network
HSC – Human Service Center
HSZ – Human Service Zone
IAPD – Implementation Advance Planning Document
ICF – Intermediate Care Facility
IHS – Indian Health Services
IMD – Institution for Mental Disease
LOC – Level of Care
LS – Long Stay
LTC – Long Term Care
MCO – Managed Care Organization
MDRP - Medicaid Drug Rebate Agreement
MFCU – Medicaid Fraud Control Unit
MLR – Medical Loss Ratio
MMIS – Medicaid Management Information System (Claims Processing System)
MOE – Maintenance of Effort
NEMT – Non-Emergency Medical Transportation
NF – Nursing Facility
NFIP – Nursing Facility Incentive Program
OAPD – Operational Advance Planning Document
OOS – Out of State
PACE – Program of All Inclusive Care for the Elderly
PA – Prior Authorization
Part D – Medicare Prescription Drug Program
PDL – Preferred Drug List
PDMP – Prescription Drug Monitoring Program
PDPM – Patient Driven Payment Model
PDN – Private Duty Nursing
PERM – Payment Error Rate Measurement
PHE – Public Health Emergency
PMPM – Per Member Per Month
PPS – Prospective Payment System
PRTF – Psychiatric Residential Treatment Program
PUPM – Per Utilizer Per Month
QRTP – Qualified Residential Treatment Program
QSP – Qualified Service Provider
RFP – Request for Proposal
RHC – Rural Health Clinic
RVU – Relative Value Unit
Rx - Prescription
SA – Service Authorization
SFY – State Fiscal Year (July 1 – June 30)
SNAP – Supplemental Nutritional Assistance Program
SPA – State Plan Amendment
SSA – Social Security Administration
SSP – Self Service Portal
SSI – Supplemental Security Income
TANF – Temporary Assistance for Needy Families
Title XIX – Medicaid
Title XXI (CHIP) – Children's Health Insurance Program
TMSIS – Transformed Medicaid Statistical Information System
TPL – Third Party Liability
UPL – Upper Payment Limit
UR – Utilization Review
UTI – Urinary Track Infection
VBP – Value Based Purchasing
WIC – Women, Infant, Children Program

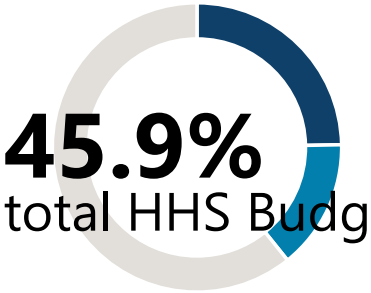
Medical Services Presentation Roadmap

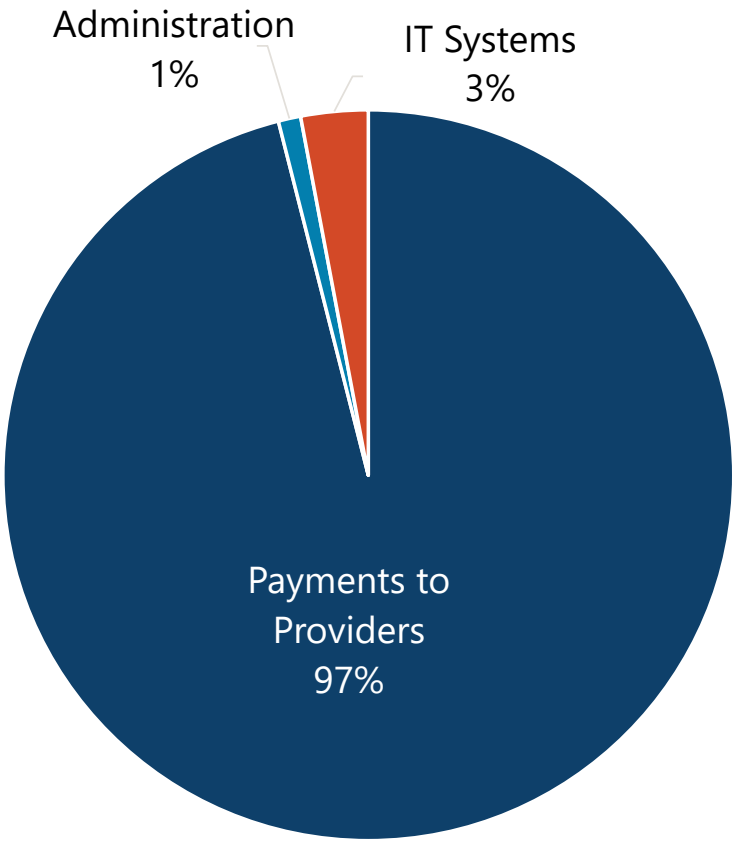
- Budget Overview & Key Medicaid Tenets
- Medical Services
  - Who We Serve
  - Who We Are
  - 2025 – 2027 Budget & Other Resource Requirements
- Long Term Care
  - 2025 – 2027 Budget & Other Resource Requirements
- Summary

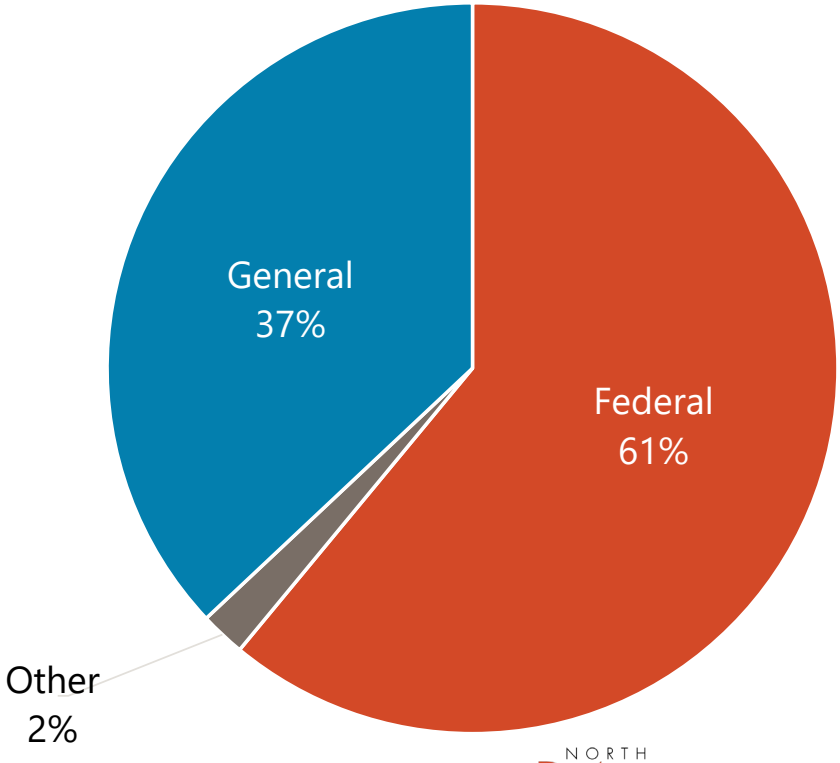


Budget Overview

Medical Services & Long-Term Care: $2.9 Billion Total Budget







NORTH Dakota Be Legendary. | Health & Human Services

Key Medicaid Tenets

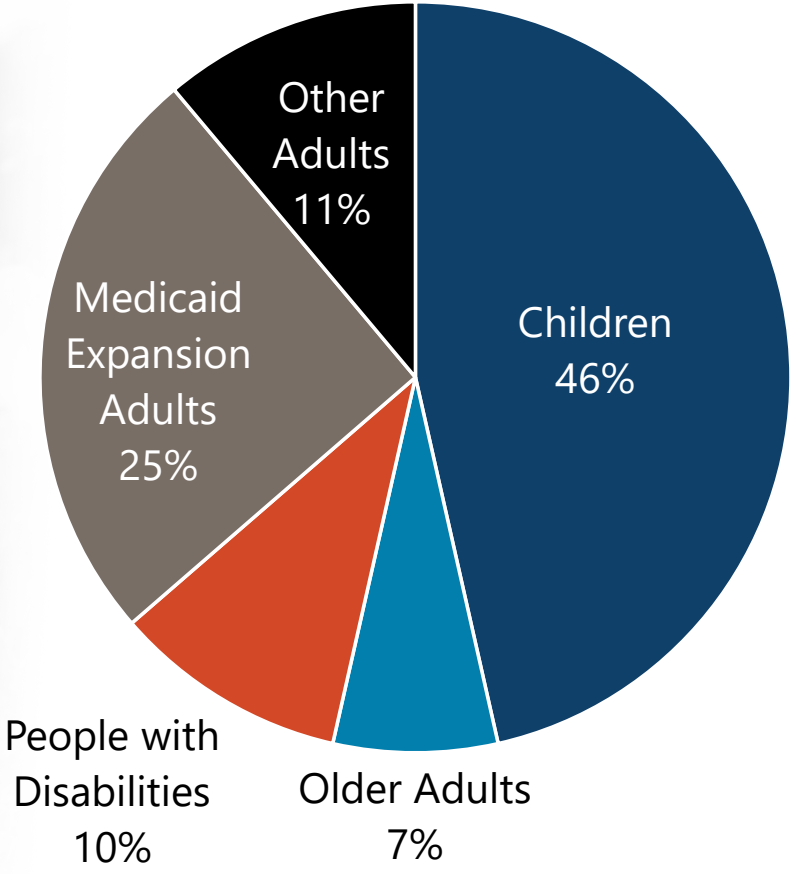
- Entitlement Program
  - Anyone who meets eligibility rules has a right to enroll and be served in Medicaid
    - HCBS waivers can be limited by a total number of slots.
  - Federal financial support
- Partnership with the Federal Government
  - Federal mandates and regulations obligate state action and expenditures
  - Federal approval required for changes to Medicaid program
- Not a traditional grant
  - Open ended funding source; no cap on total federal funds
  - Cost sharing model; State funding match required for use of federal funds

Who We Serve

Medical Services



Who is covered by North Dakota Medicaid?



State Fiscal Year 2024

- 152,273 Unduplicated Individuals
- 112,558 Average Monthly Enrollment

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Who We Serve



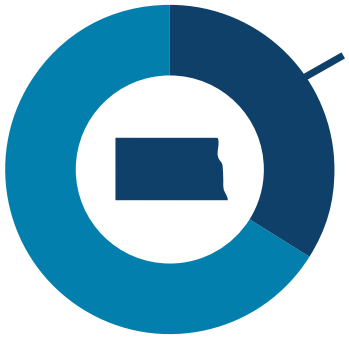
Nearly **1 in 7 North Dakotans** in any given month will have health coverage through Medicaid or CHIP



Up to **1 of every 3 children** under the age of 19 in North Dakota has health coverage through Medicaid or CHIP



52.5% nursing facility residents are paid by Medicaid



34% of children born in North Dakota will be on Medicaid or CHIP during their first year of life

Federal Poverty Level & HHS Programs

2025 CALENDAR YEAR FEDERAL POVERTY GUIDELINES Annual Amount at Various Income Percentage Levels							
Family Size	34%	100%	130%	138%	175%	185%	205%
1	$5,321	$15,650	$20,345	$21,597	$27,388	$28,953	$32,083
2	$7,191	$21,150	$27,495	$29,187	$37,013	$39,128	$43,358
3	$9,061	$26,650	$34,645	$36,777	$46,638	$49,303	$54,633
4	$10,931	$32,150	$41,795	$44,367	$56,263	$59,478	$65,908
5	$12,801	$37,650	$48,945	$51,957	$65,888	$69,653	$77,183
6	$14,671	$43,150	$56,095	$59,547	$75,513	$79,828	$88,458
7	$16,541	$48,650	$63,245	$67,137	$85,138	$90,003	$99,733
8	$18,411	$54,150	$70,395	$74,727	$94,763	$100,178	$111,008

Children	**205%**
Parent/Caretaker	**34%**
Expansion Adults	**138%**
Pregnant Women	**175%**
SNAP	**130%**
WIC	**185%**

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Medicaid Regulations

Federal Government

Social Security Act (SSA)	Title XIX - Medicaid Title XXI - CHIP
Code of Federal Regulations (CFR)	42 CFR Part IV
State Medicaid Director Letters (SMDLs) and State Health Official (SHO) Letters	Supplemental guidance issued by the Center for Medicare and Medicaid Services (CMS) containing CMS policy interpretations of the SSA or CFR.
Medicaid State Plan & Medicaid Waivers	Acts as a contract between the state and the federal government describing how North Dakota administers the state's Medicaid program and waivers of the Medicaid program.

State Government

Century Code	50-24.1 – Medical Assistance for Needy Persons 50-24.6 – Medical Assistance Drug Use Review and Authorization 50-29 – Children's Health Insurance Program
Administrative Code	75-02-02 – Medical Services 75-02-02.1 – Eligibility for Medicaid 75-02-05 – Provider Integrity 75-02 – Economic Assistance 75-03 – Community Services 75-04 – Developmental Disabilities
State Billing and Policy Manuals	ND Medicaid guidance for providers regarding covered services and billing requirements.

Mandatory and Optional Covered Services

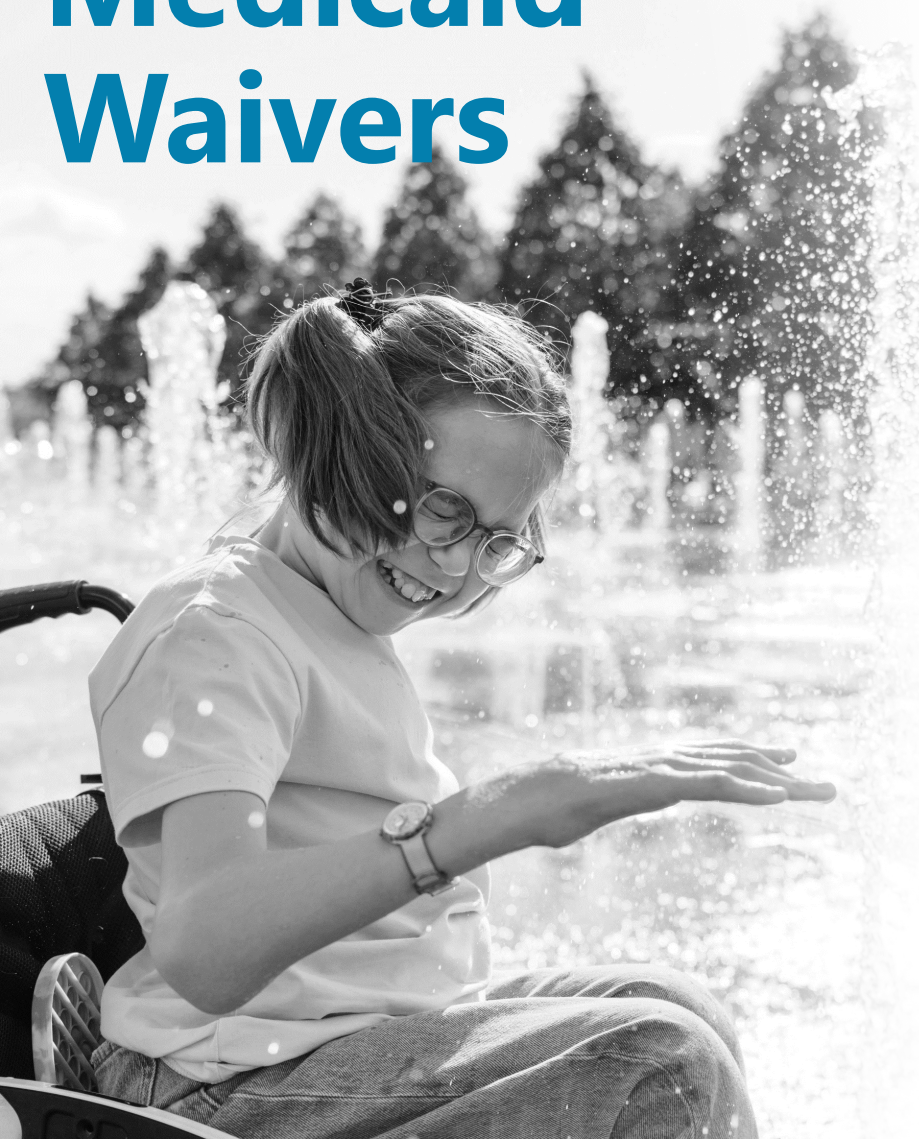
Mandatory Services

- Inpatient hospital
- Outpatient hospital
- EPSDT: Early and Periodic Screening, Diagnostic and Treatment Services
- Nursing facility
- Home health
- Physician services
- Rural health clinic services
- Federally qualified health center services
- Laboratory and x-ray services
- Family planning services
- Nurse midwife services
- Certified Pediatric and Family Nurse Practitioner services
- Transportation to medical care
- Tobacco cessation counseling for pregnant women

North Dakota Optional Services

- Prescription Drugs
- Clinic services
- Physical therapy, occupational therapy and speech, hearing and language disorder services
- Respiratory care services
- Podiatry services
- Optometry services and eyeglasses
- Dental services and dentures
- Prosthetics
- Chiropractic services
- Personal Care and Private Duty Nursing services
- Hospice
- Case Management
- Services for Individuals Age 65 or Older in an IMD
- Services in an ICF for individuals with an intellectual disability
- 1915(i) and 1915(c) Home and Community Based Services
- Inpatient psychiatric services for individuals under age 21
- Basic Care

Medicaid Waivers



- Waivers are a method for a state to test new or different ways to deliver and pay for health care services
  - Cannot waive the basic tenants of Medicaid
  - Cannot cap overall Medicaid enrollment
  - Must be cost/budget neutral
- Can vary from existing federal Medicaid requirements in certain areas
  - Access to services
  - Level of care requirements
  - Services Provided
  - Population Served
- Specific process to obtain Waivers
  - Requires a series of detailed steps, including an application and public notice
  - Requires a series of negotiations between the state and the federal government
- Common waivers include 1915(c) and 1115 waivers.

North Dakota Medicaid Waivers

1915(c) Home and Community Based Services (HCBS) Waivers

- Autism Spectrum Disorder Waiver
- Children's Hospice Waiver
- Waiver for Medically Fragile Children
- Waiver for Home and Community Based Services
- Traditional Intellectual Disabilities and Developmental Disabilities HCBS Waiver

- 1915(c) waivers have two components of eligibility:
  - Functional Need
    - Assessments are used to measure an individual's needs. The assessment helps shape the care plan in addition to verifying eligibility.
  - Financial
    - For waivers, only the income of the individual applying for the waiver's income is used to determine financial eligibility.
    - Allows coverage of disabled individuals at incomes higher than those that would traditionally qualify for Medicaid.

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Home and Community Based Services

Programs and Populations

	Intellectual and Developmental Disabilities	Physical Disabilities	Behavioral Health
	Medicaid State Plan		
Adults	Traditional Intellectual Disabilities and Developmental Disabilities HCBS Waiver	Waiver for Home and Community Based Services Programs for All Inclusive Care for the Elderly (PACE)	1915(i)
	Medicaid State Plan		
Children	Traditional Intellectual Disabilities and Developmental Disabilities HCBS Waiver Autism Spectrum Disorder Waiver	Waiver for Medically Fragile Children	1915(i)

Children's Hospice Waiver



Money Follows the Person



Serving Children with Disabilities

2021

SB 2256: Legislative Management Study of Developmental Disability Services and Autism Spectrum Disorder Waiver and Voucher Programs

2022

North Dakota Developmental Disabilities Study
Recommended Children's Cross Disability Waiver to provide individual and family supports.

2023

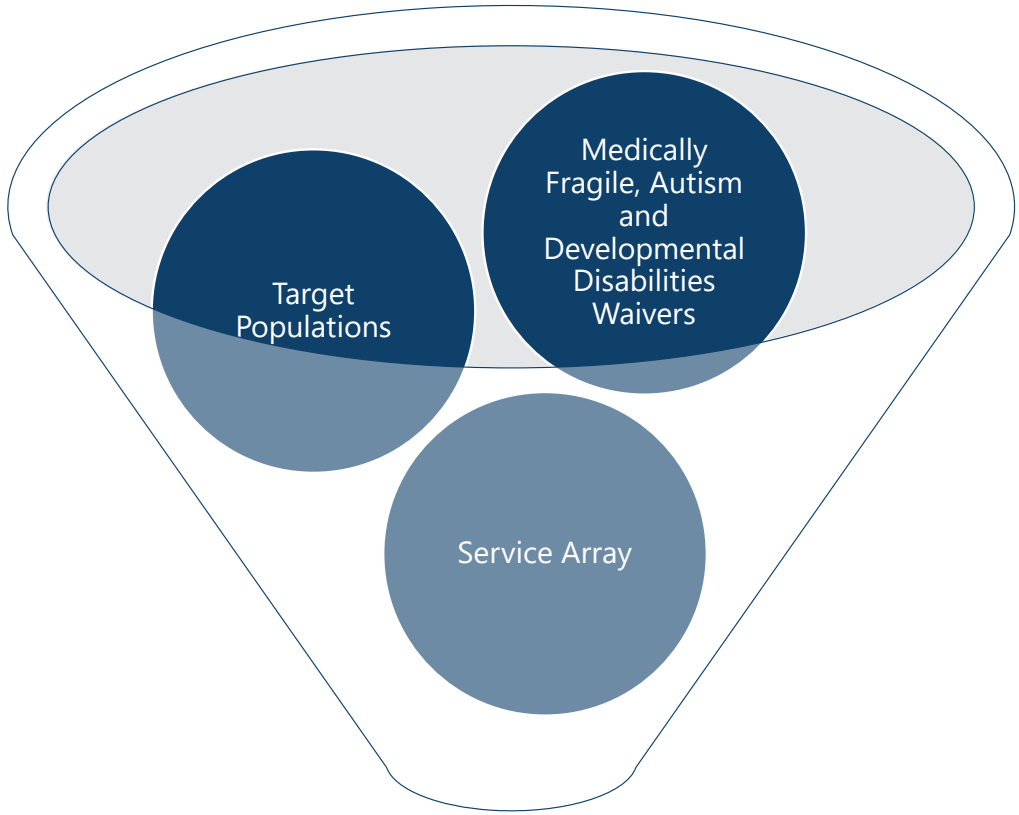
SB 2276: Established Cross Disability Advisory Council

2024

Cross Disability Advisory Council met monthly from December 2023 – May 2024 to provide input regarding design of new cross disability waiver.

Cross Disability Advisory Council compiled detailed recommendations in design of a potential new cross-disability children's waiver.

2025



Cross Disability Children's Waiver helps children and families gain independence, self-determination, social capital, economic sufficiency, and community inclusion.

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Cross Disability Advisory Council

Related Bills:
Senate Bill 2113 | Relating to [...] Membership of the Cross Disability Advisory Council
Senate Bill 2305 | Relating to the family paid caregiver program and the cross-disability advisory council

- Ensure the right people are getting the right amount of care, in the right environment
- Combine Existing Non-Residential Services in Current Children's Waivers
- Focus on Gaining Independence & Navigating Transitions
  - Family Training & Skill Building
- Flexibility for Families
- Case Management & Family Navigation
- Person and family focused outcomes

Cross Disability Waiver Implementation
Ongoing

Total	$4,948,452
General	$2,474,226
Federal	$2,474,226

The Children's Cross-Disability Waiver is being designed to address existing disparities in access to home and community-based services for children with disabilities. This innovative waiver transforms the way support is provided, ensuring equitable access to essential services for children aged 3 to 21 who have mild to moderate support needs.

2023-2025 Biennium Activities:

1. Design and Test New Level of Care for Cross Disability Waiver and Developmental Disabilities Waiver
2. Design Cross Disability Waiver
   - Service Array
   - Access
   - Quality
   - Provider Qualifications & Rates
3. Start Building Service Infrastructure

Funding will support:

- Subject Matter Expertise
- Cross Disability Advisory Council Facilitator
- Service Infrastructure Development

Who We Are

Medical Services Division

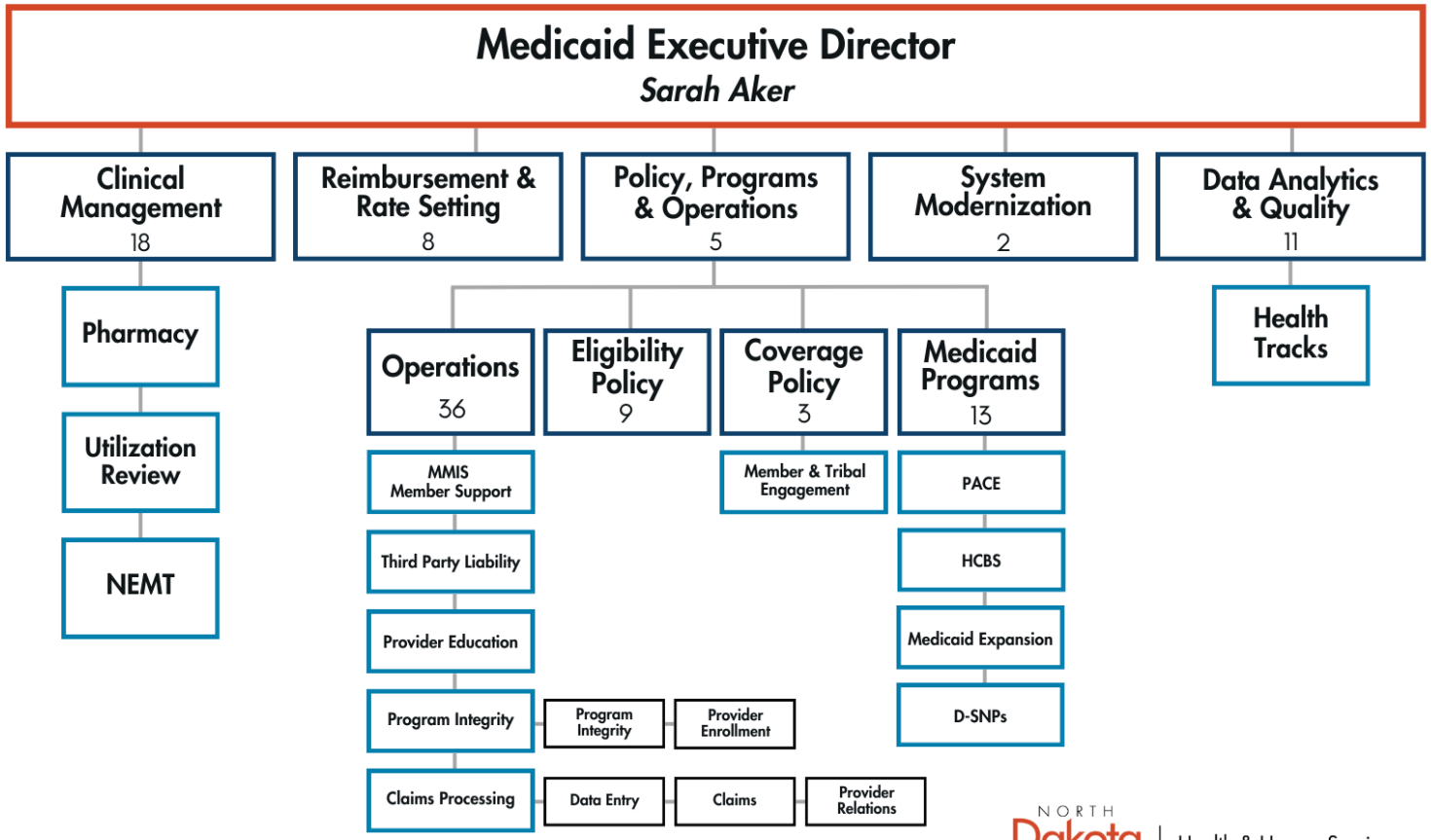
Medical Services Division

Team Structure and Function

Medical Services Division			
Position #s Assigned/ Funding Exists	Positions Filled	# of Vacancies	# of Temporary Staff
106	*95.85*	*10**	*12**

*As of 12/01/2024

Average Age	*48*
Avg Years of Service	*11*
Retirement Risk	*12%*
Turnover 2021	*1%*
Turnover 2022	*6%*
Turnover 2023	*11%*
Turnover 2024	*7%*



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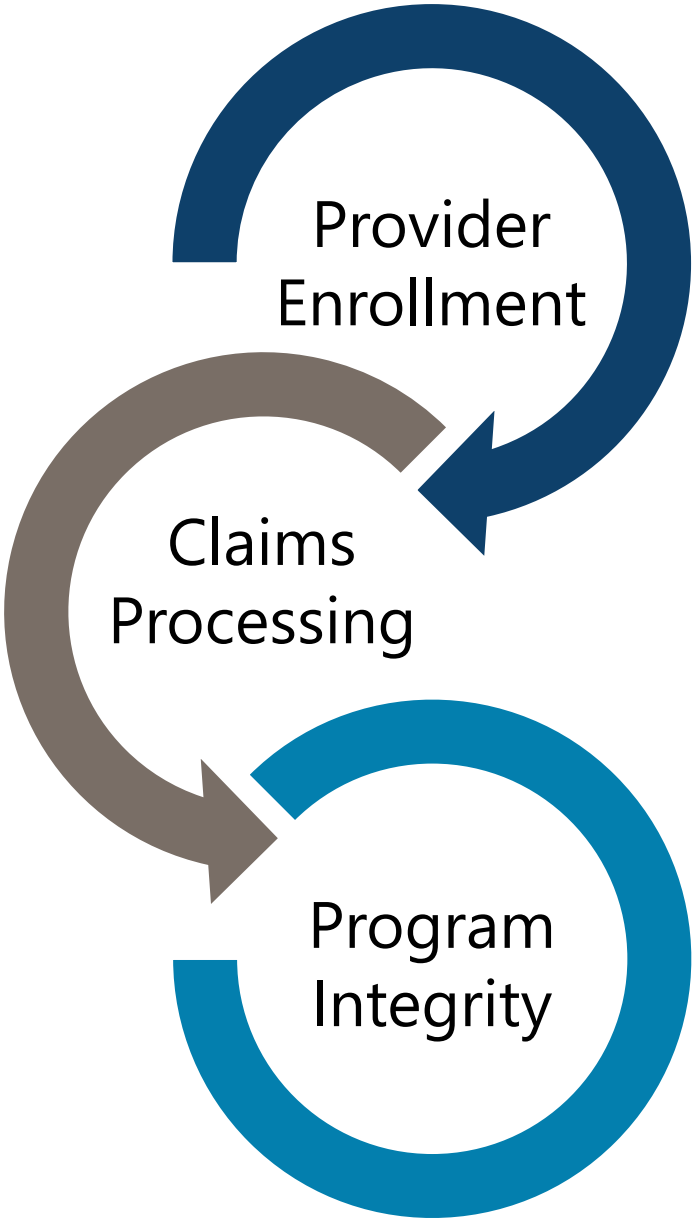


PROVIDER ENROLLMENT

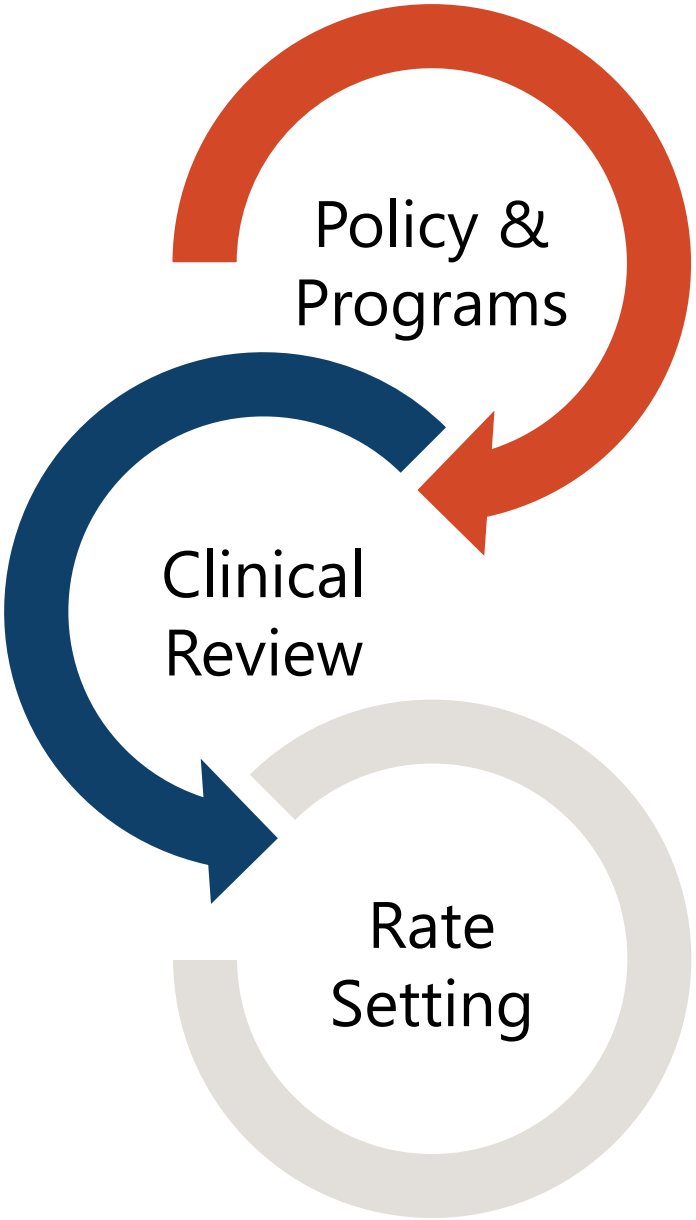
- Ensures providers meet all federal and state standards to enroll as a Medicaid provider and remain an eligible provider.
- ND Medicaid has over 24,000 enrolled providers.
- On average, new enrollments were processed within 11 days.

CLAIMS PROCESSING

- Processes claims for services from Medicaid providers.
  - Includes claim functions for other state entities (ex. DOCR).
- Over 7 million claims processed annually. Claims were processed within 7 days of receipt during SFY24.
  - Data entered 44,115 paper claims in SFY24.
  - Manually processed 634,972 claims in SFY24.
- Answered over 52,000 annual calls from providers & members.

PROGRAM INTEGRITY

- Conducts federally mandated review process through post-payment provider reviews and investigates reports of fraud, waste and abuse.
- Medical Services staff works alongside the Medicaid Fraud Control Unit (MFCU) & CMS Program Integrity Contractors.



POLICY & PROGRAM ADMINISTRATION

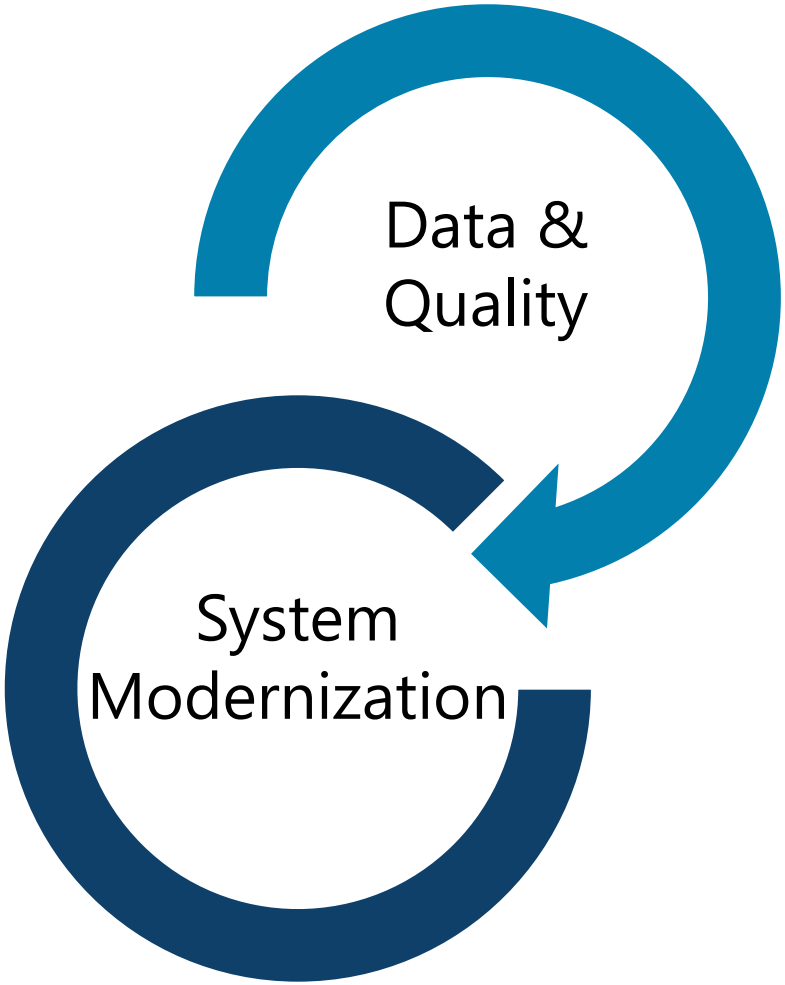
- Eligibility & Coverage Policy
- HCBS Operations & Oversight
- Managed Care Oversight
- Provider, Member & Tribal Engagement

CLINICAL REVIEW & PHARMACY MANAGEMENT

- Service Authorization & Certification of Need
- Non-Emergency Medical Transportation
- Hospital Complex Discharge Planning
- Drug Utilization Review
- Preferred Drug List (PDL) & Supplemental Drug Rebates

REIMBURSEMENT & RATE SETTING

- Research, calculate, and set provider rates and rate methodologies.
- Review & audit provider cost reports.
- Calculate Medicaid Upper Payment Limits.



DATA & QUALITY

- Data Analytics & Reporting
- Quality Strategy
- Health Tracks
- Value Based Programs

SYSTEM MODERNIZATION

- Implement Medicaid IT Roadmap to ensure systems are up to date.
- Responsible for submitting IAPD and OAPD for Medicaid systems to capture enhanced federal match.
- Current & Upcoming Modernization Projects:
  - Systems Integrator | Leidos | Kicked-Off May 2024
  - Module 1: Provider Enrollment | RFP Draft in Progress

Successes

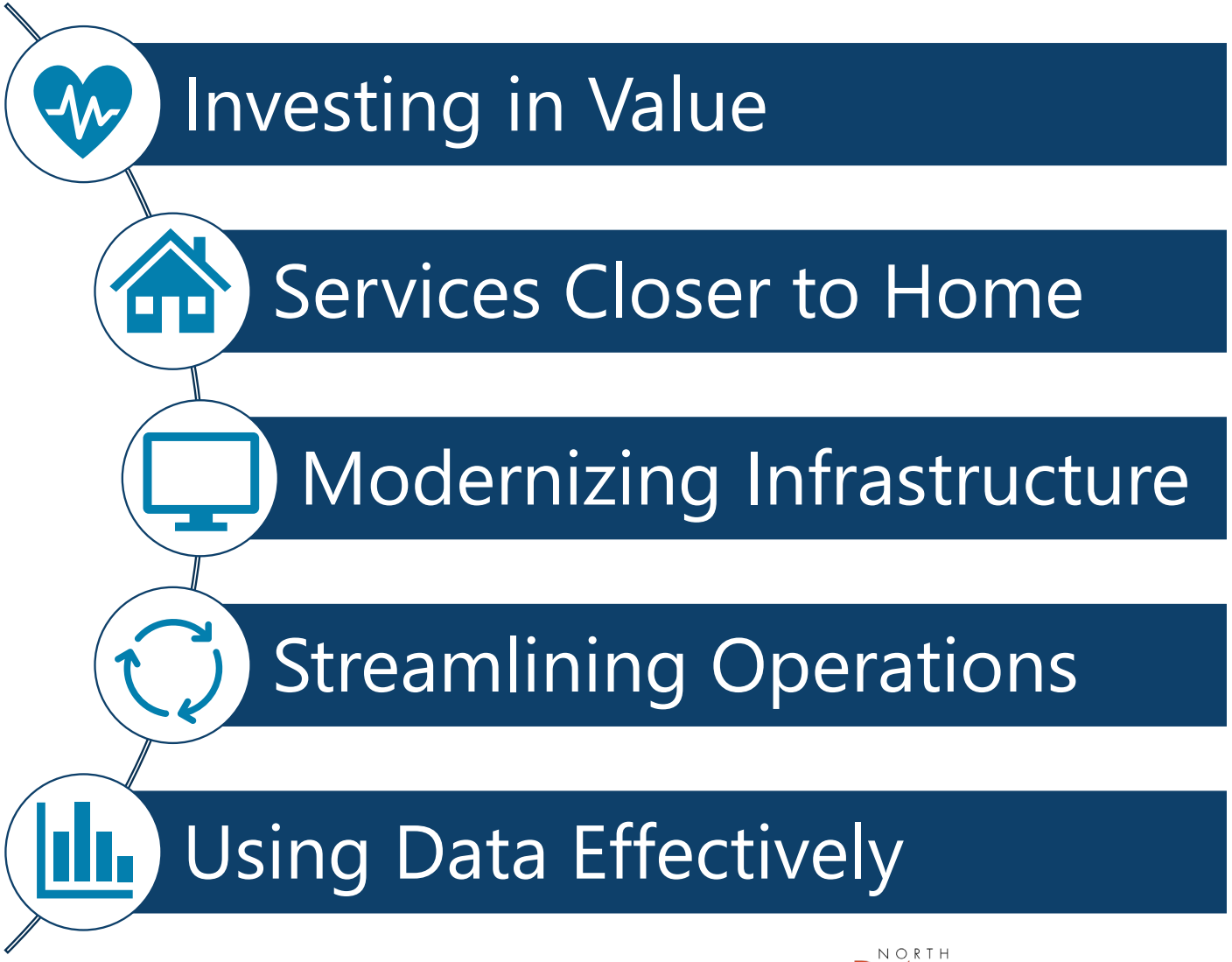
- Value Based Purchasing Implementatio
- Unwinding
- Systems Integrator Procurement
- D-SNP Implementation
- Medicaid School Based Administrative Implementation
- Member, Provider, & Tribal Engagemer
- Complex Discharge Coordination
- Increased Customer Support
  - QSP Provider Enrollment Portal
- Collaboration Across HHS & State Age
  - ND HIN OAPD Funding
  - Cross Disability Waiver Planning
  - Data Sharing with DPI



Challenges, Opportunities, & Areas of Risk

- Federal Regulations & Limitations
- Community vs. Institutional Care
- Complex Patients
- Data & System Limitations
- Vendor & Provider Accountability and Partnerships
- Rate Strategy
- Competing Priorities & Finite Resources

Our Key Priorities



Goals for the Next Biennium

- Bending the Cost Curve
- Delivering Whole Person Care
- Promoting Sustainability & Value
- Improving the Member & Provider Experience

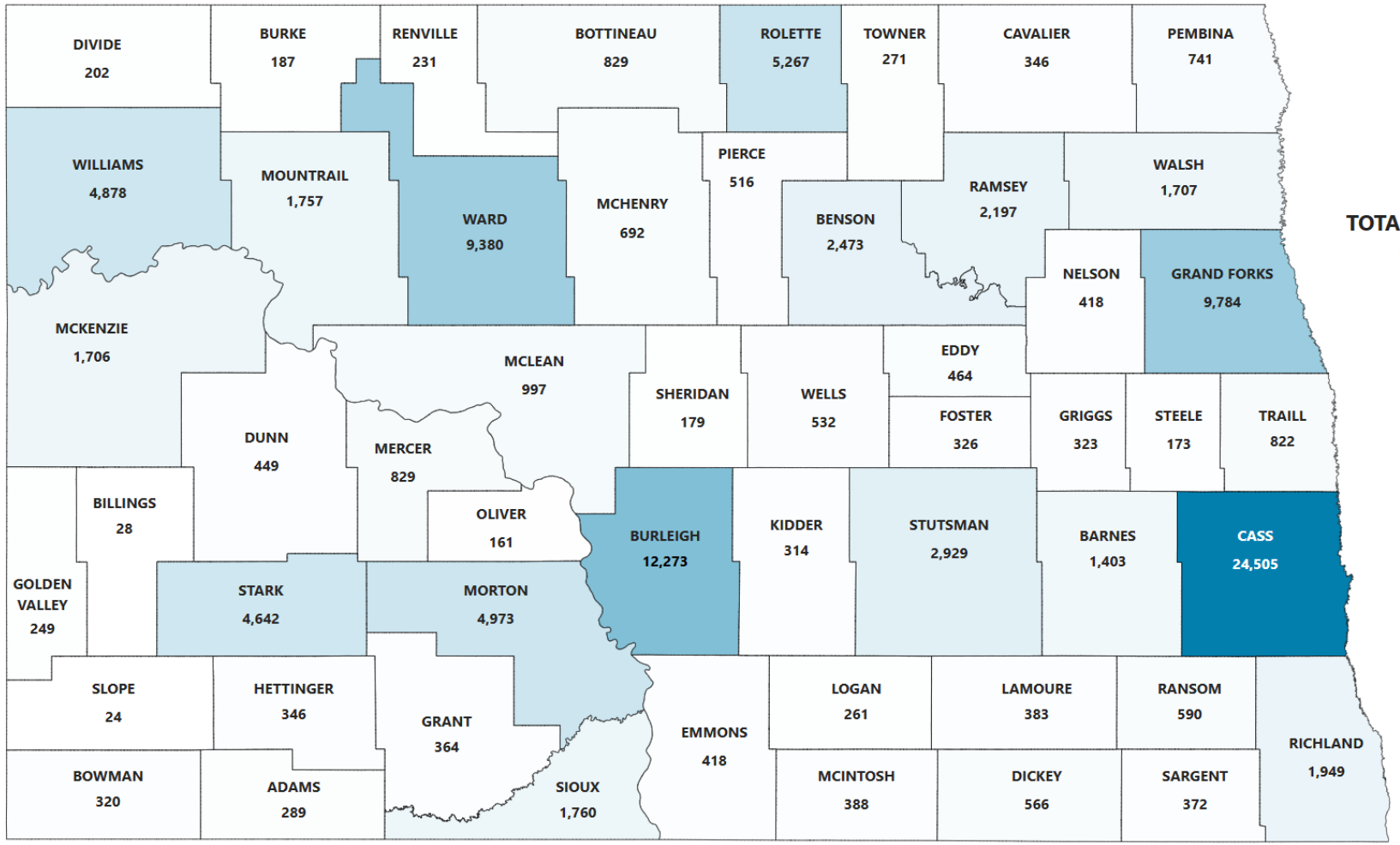


Eligibles & Unwinding

Last updated: 03/06/2024

MEDICAID ELIGIBLES BY COUNTY

February 2025



TOTAL ELIGIBLES

108,345

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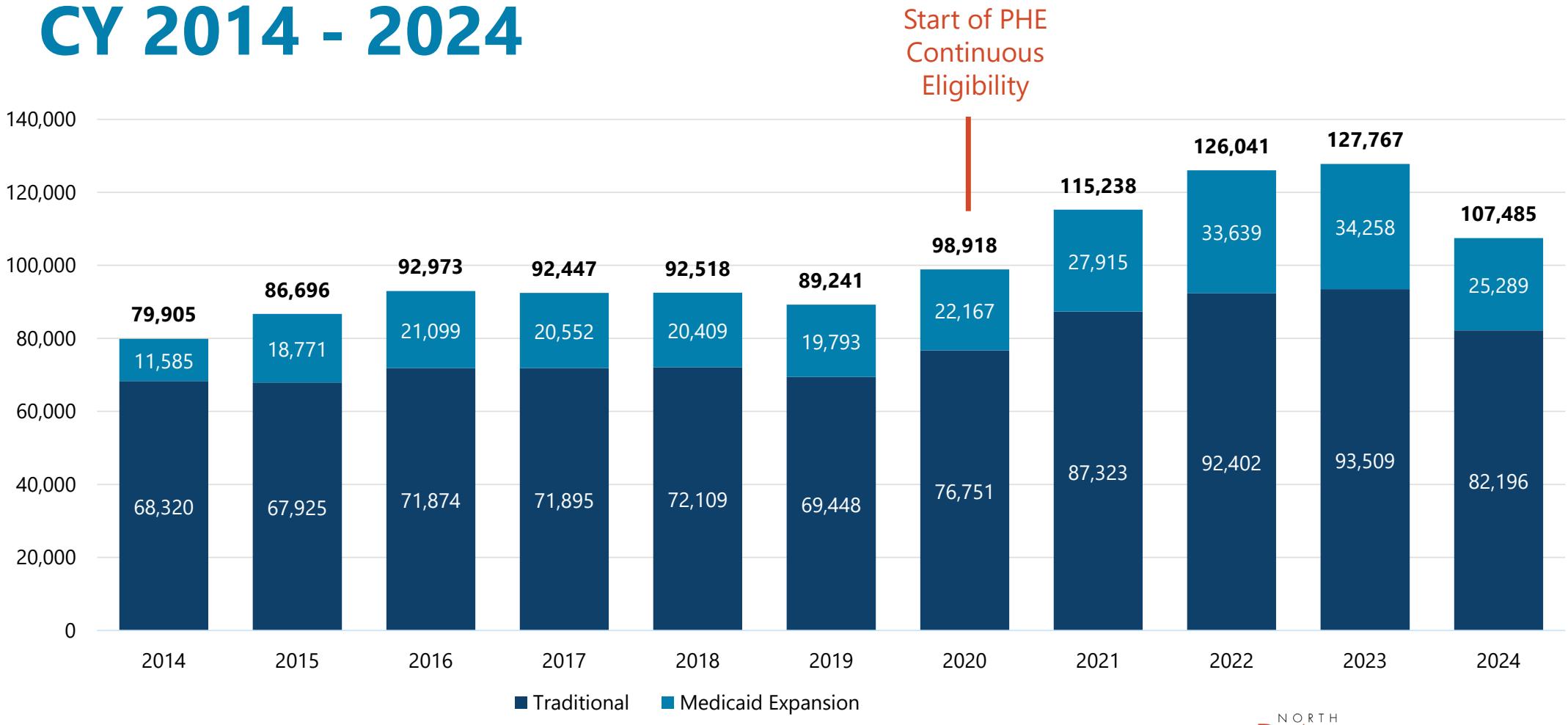
Public Health Emergency Continuous Eligibility Requirement

The Families First Coronavirus Response Act (FFCRA) passed in March 2020 provided an additional 6.2% FMAP to states.

- To receive the enhanced FMAP, states had to meet certain Maintenance of Effort requirements including continuous coverage of all individuals enrolled on or after March 2020.
  - Members could only be disenrolled from a state's Medicaid program if they asked to be disenrolled, moved out of state, or died.
- In December 2022, Congress delinked the Medicaid continuous coverage requirement from the PHE, allowing states to resume Medicaid coverage terminations effective April 1, 2023.
- "Unwinding" is a term used to refer to the return to normal Medicaid eligibility rules.

ND Medicaid Average Monthly Enrollment CY 2014 - 2024



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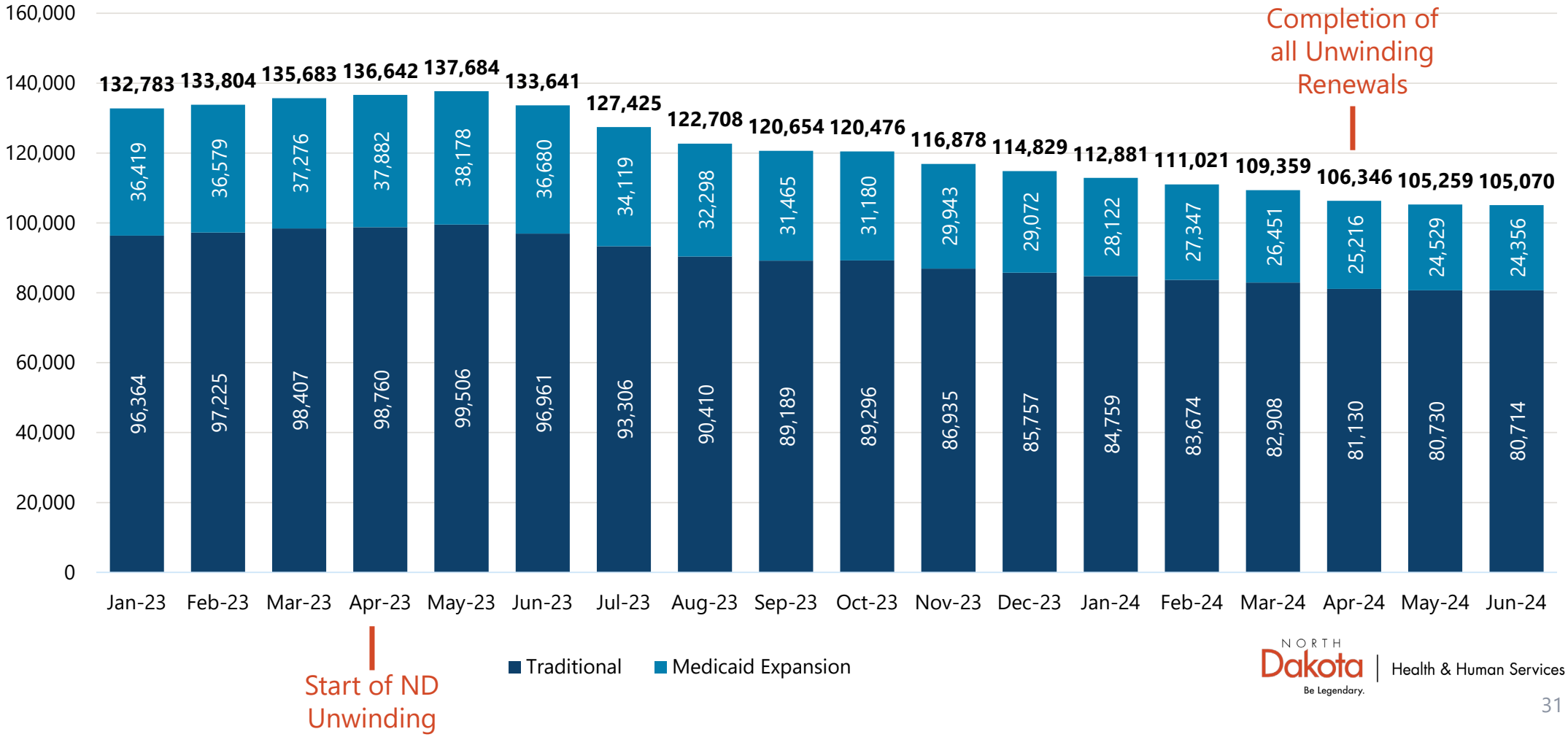
Monthly Enrollment
January 2023 – June 2024



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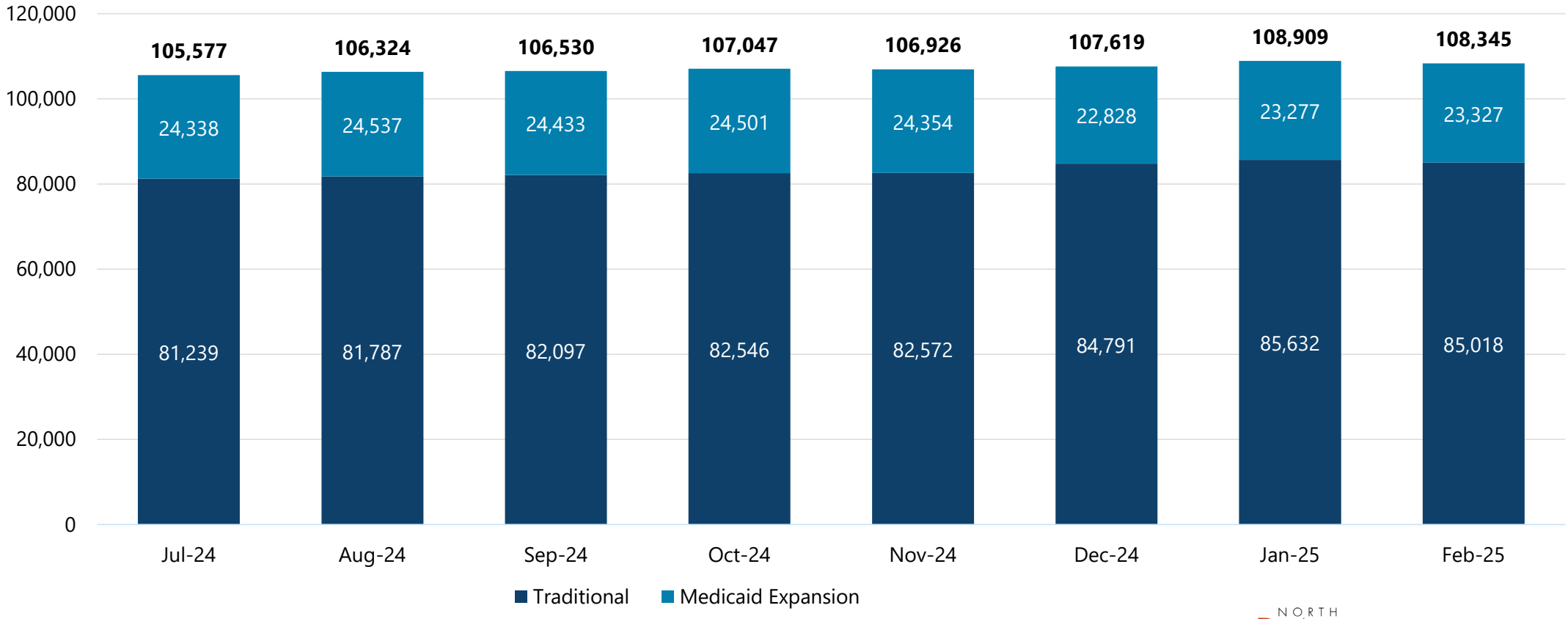
Monthly Enrollment
July 2024 – February 2025



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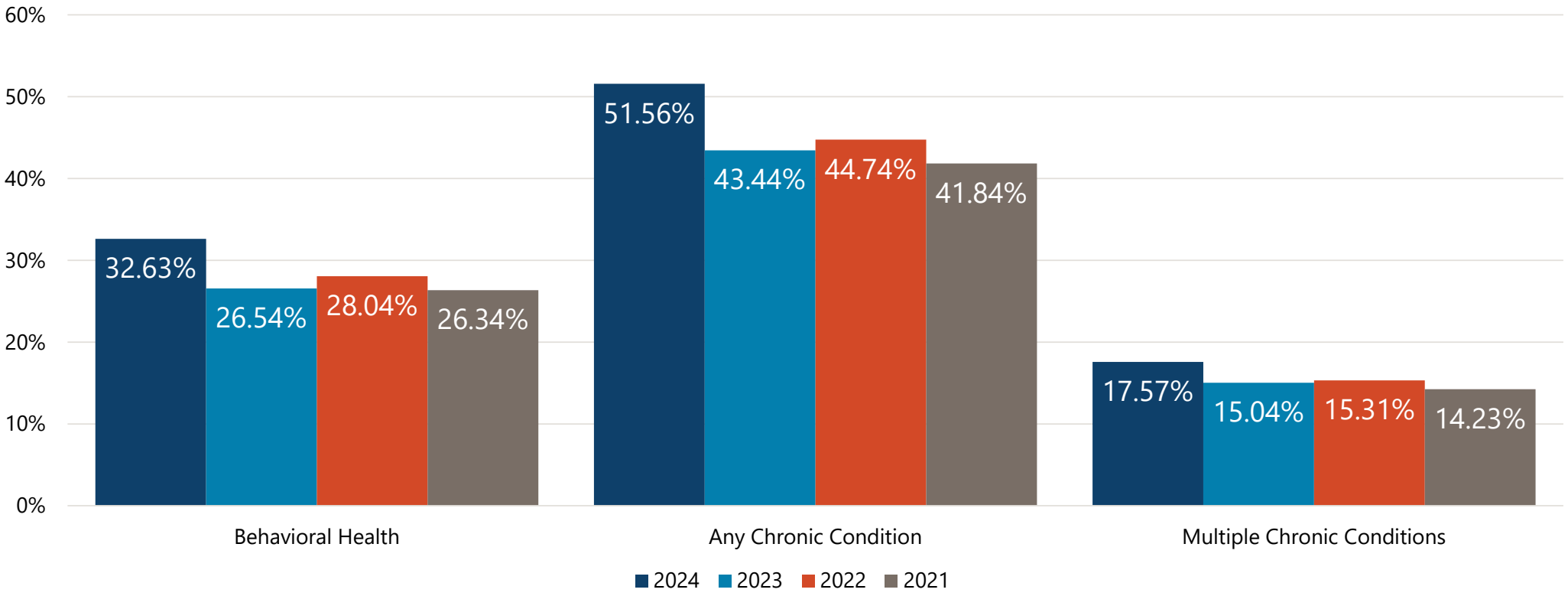
Traditional Medicaid: Chronic Conditions

Percent of Members with Diagnosis



Note: Chronic Conditions include Mental Health, Substance Use Disorder, Asthma, COPD, Diabetes, Heart Disease, Hypertension, Obesity, Pain Conditions

Medicaid & Incarceration

Federal Fund Restrictions for Inmates

Federal Medicaid funds may not be used to pay for services for people while they are inmates of a public institution.

- Incarceration does **not** make a person ineligible. People who are held involuntarily in a correctional facility may be eligible for and enrolled in Medicaid.
  - ND Medicaid suspends Medicaid eligibility while an individual is incarcerated.
- Medicaid can make medical payments for incarcerated individuals when they are inpatients in a medical institution for 24 hours or more.
- There are some limited exceptions that allow the use of federal Medicaid funds for youth and young adults who are incarcerated.

Youth and Young Adults in Carceral Settings

Section 5121 of the Consolidated Appropriations Act, 2023

Requires states to:

1. Exchange data with all settings where the eligible population could be – state-run facilities, county jails and tribal jails.
2. Work with facilities to help people enroll in Medicaid if they are not already enrolled.
3. Work with facilities to provide access to covered services for the eligible group.

	Section 5121
Who is included?	Medicaid members under age 21 and former foster care youth through age 26.
What Medicaid services are included?	Limited screenings, diagnostic services and care coordination
When are the services covered?	Post-Adjudication; 30 days prior to and following release

States must create an internal operational plan that shows how they will achieve compliance with estimated timeframes.

Federal Grant

State Grants to Support Continuity of Care for Medicaid Members Following Incarceration

- *Total Award:* $5M (all federal, no state match required. ND received maximum award)
- *Grant Period:* January 2025 to December 2028
- *Goal:* Bidirectional data exchange with all DOCR facilities and county/tribal jails by the end of 2028

Related Bill:
House Bill 1549 | Relating to [...] criminal justice data collection

Costs & Outcomes

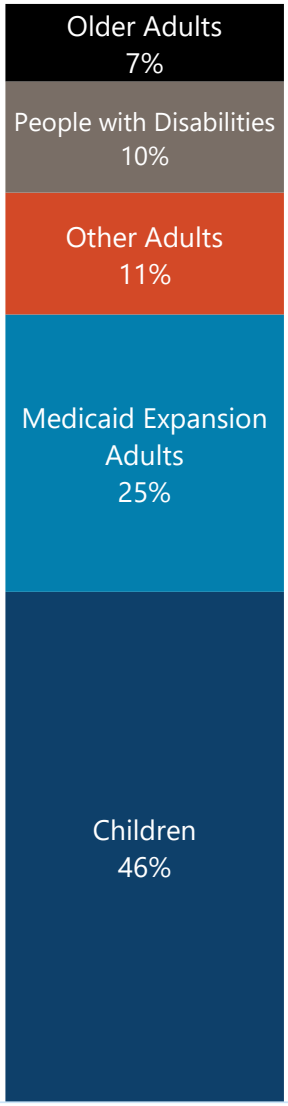
How do we measure results in Medicaid?

Expenditures & Outcomes

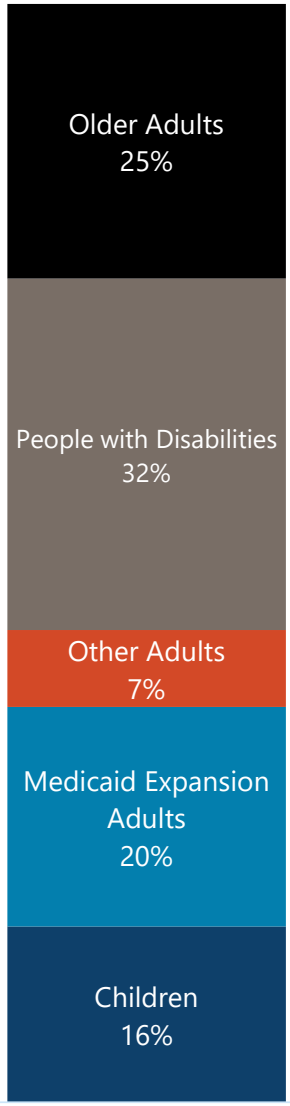
The Center for Medicare and Medicaid Services (CMS) collects and publishes data related to both expenditures and outcomes on the Medicaid & CHIP Scorecard.

- Expenditure data comes from TMSIS and CMS-64 Reports.
  - Expenditures in Medicaid are influenced by both rates and utilization.
- Outcome measures include nationally standardized metrics outlined in the Core Set and other reports.
- Data lags current performance.
  - Most recent data available is for CY 2022 and Core Set Year 2023 (Services in CY 2022).

North Dakota Medicaid Enrollment and Expenditures SFY 2024

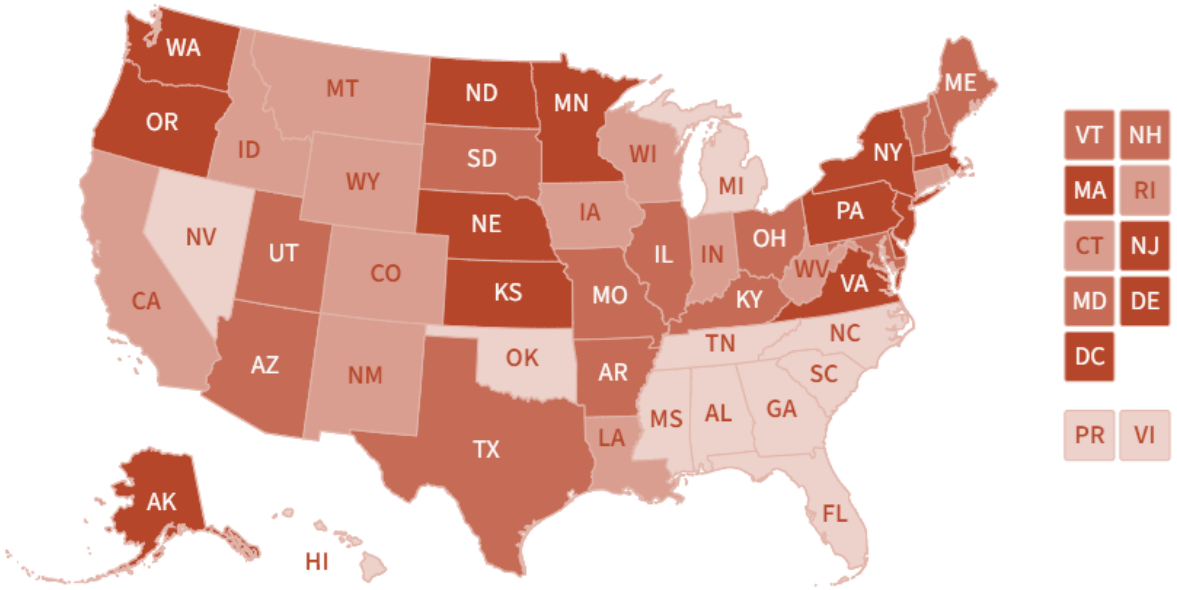


Enrollment



Expenditures

Per Capita Expenditures: CY 2022



- North Dakota ranked **2nd** in the nation for highest total per capita expenditures.
  - North Dakota ranked **1st for Medicaid Expansion** per capita expenditures
  - ND Medicaid ranked **1st for Aged** per capita expenditures.
  - ND Medicaid ranked **7th for People with Disabilities** per capita expenditures.

	Total	Children	Traditional Adults	Medicaid Expansion	Aged	People with Disabilities
North Dakota	**$13,097**	**$4,003**	**$6,207**	**$14,120**	**$36,020**	**$35,311**
National Median	$9,108	$3,822	$6,207	$7,818	$19,079	$25,639
Difference	$3,989	$181	$0	$6,302	$16,941	$9,672

Medicaid and CHIP Scorecard - Medicaid Per Capita Expenditures

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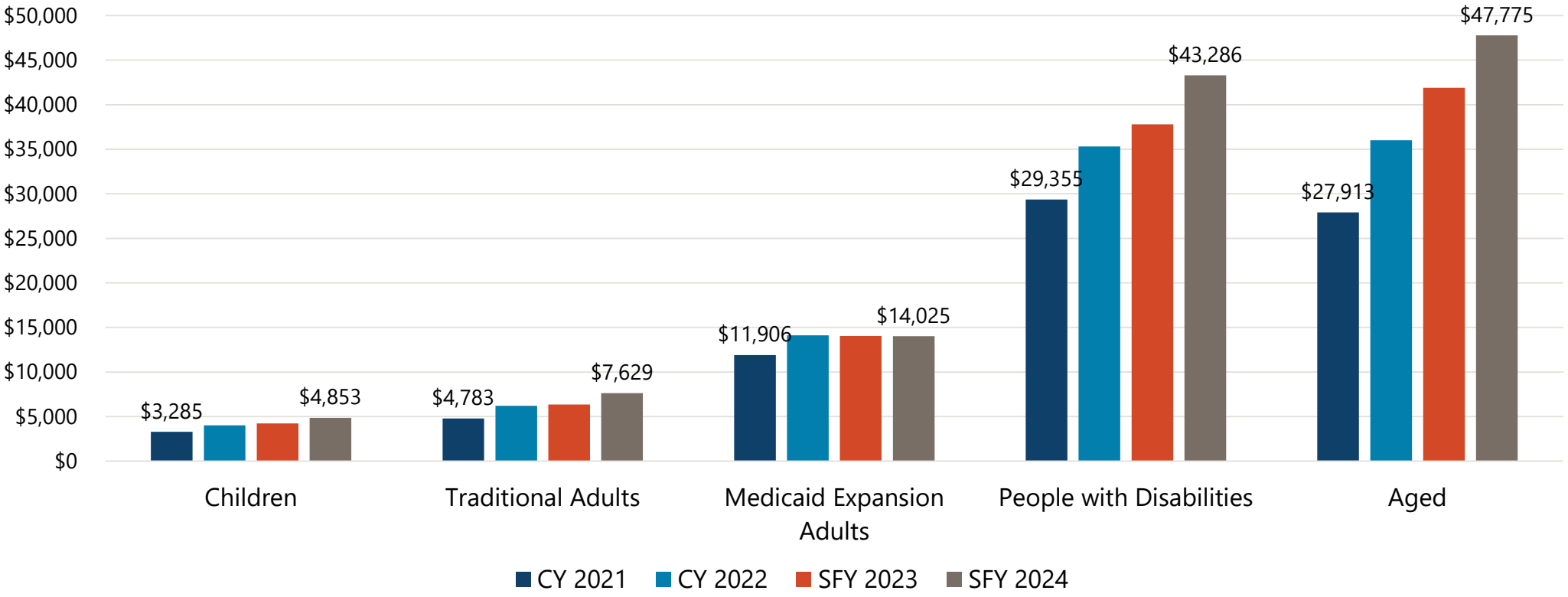
Per Capita Expenditures



Note: CY 2021 and CY 2022 Data obtained from Medicaid and CHIP Scorecard - Medicaid Per Capita Expenditures. SFY 2023 and SFY 2024 numbers calculated from ND TMSIS data.

Top 25 High Cost Claims vs. Top 25 High Cost People

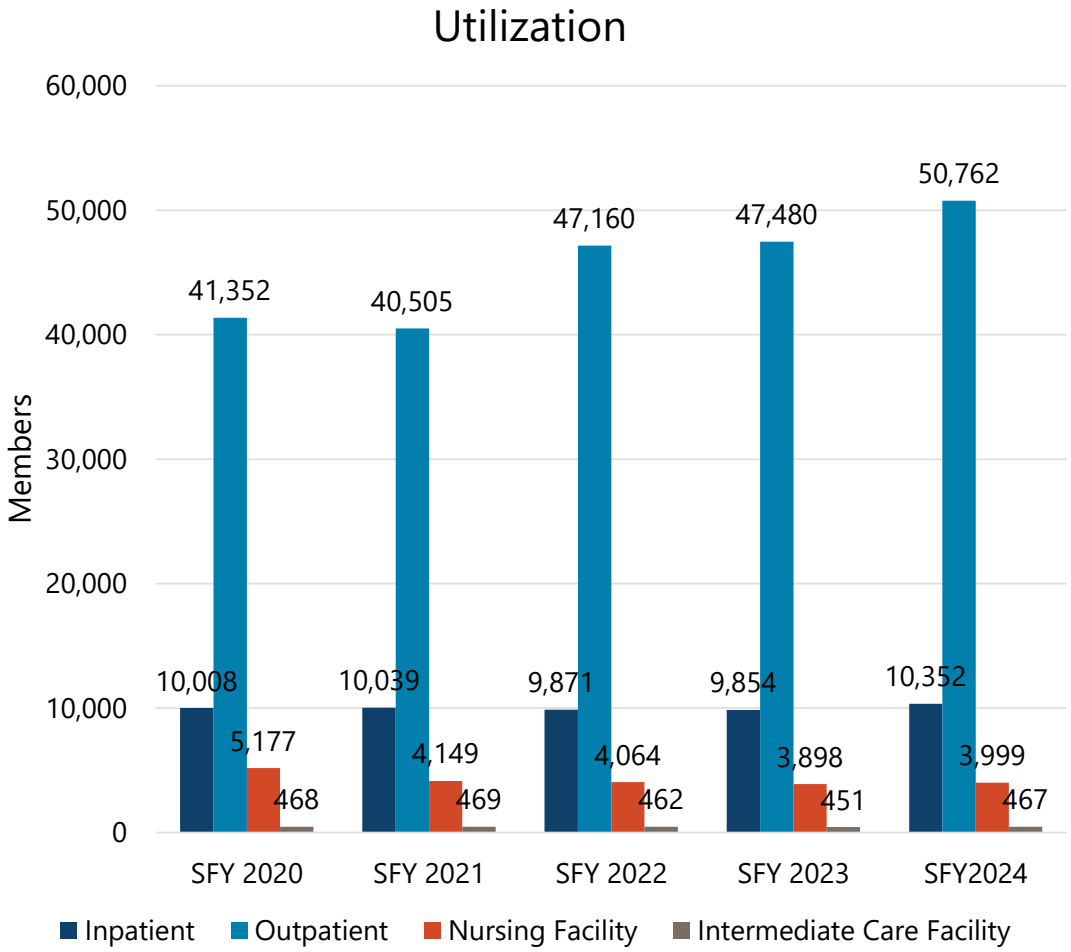
Top 25 Claims

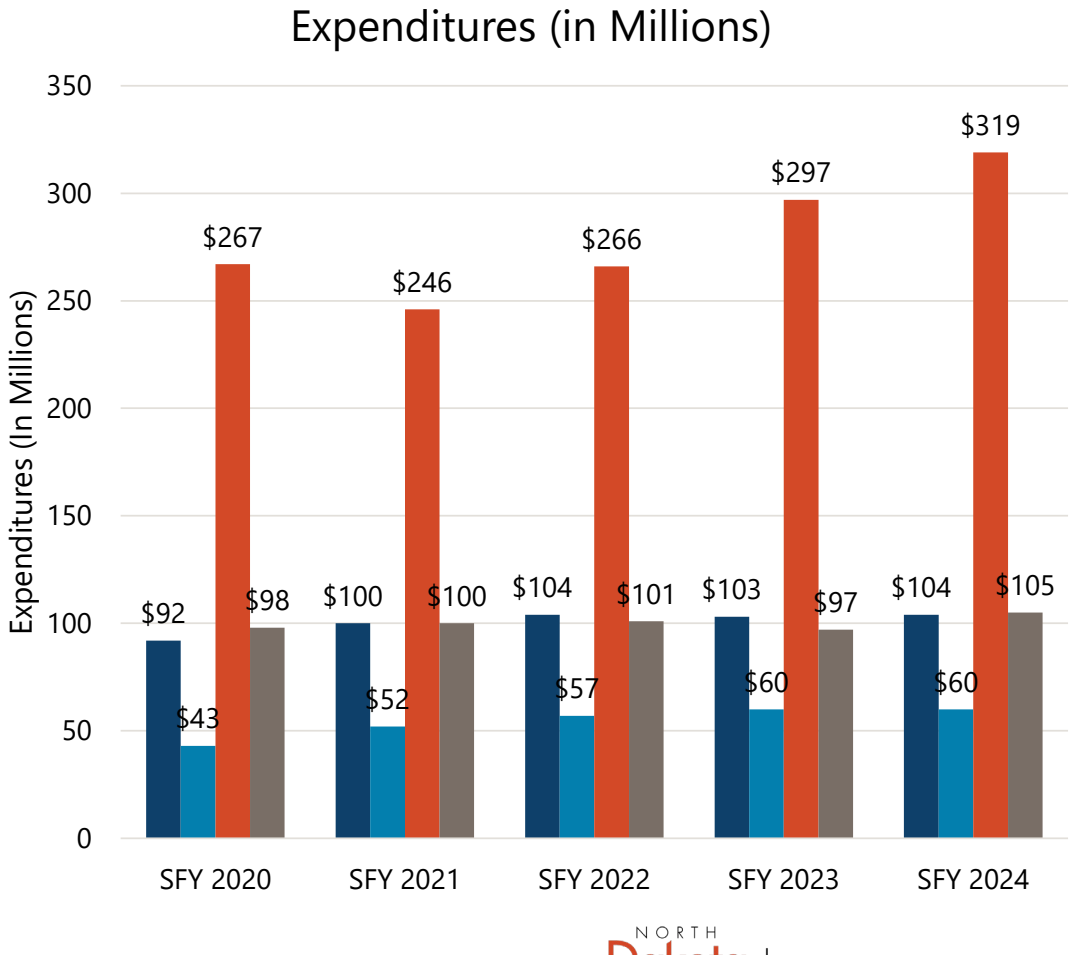
- Average Amount: $309,949
- 64% were for infants
- 60% related to cardiovascular disorders or disease
- Other diseases included: Cancer, End Stage Renal Disease (ERSD), and other rare conditions

Top 25 People

- Average Amount: $801,645
- 8% were for infants
- 24% related to cardiovascular disorders or disease
- 40% related to traumatic brain injury or other developmental or intellectual disabilities
- Other diseases included respiratory disorders, cancer, and kidney disease.

Utilization and Expenditures





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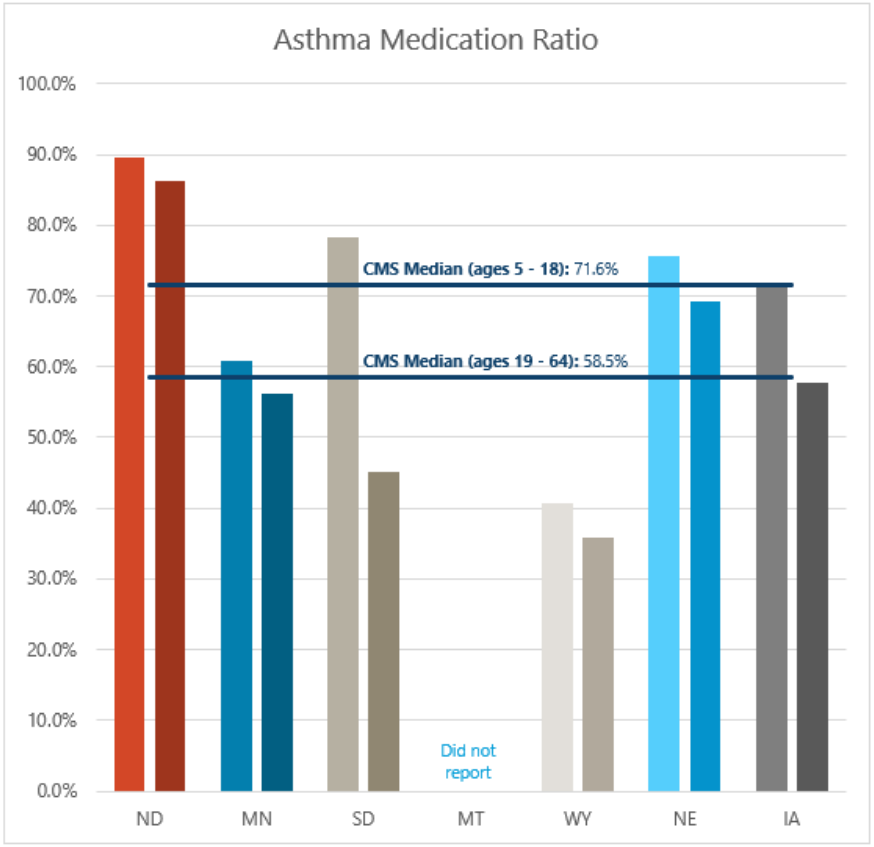
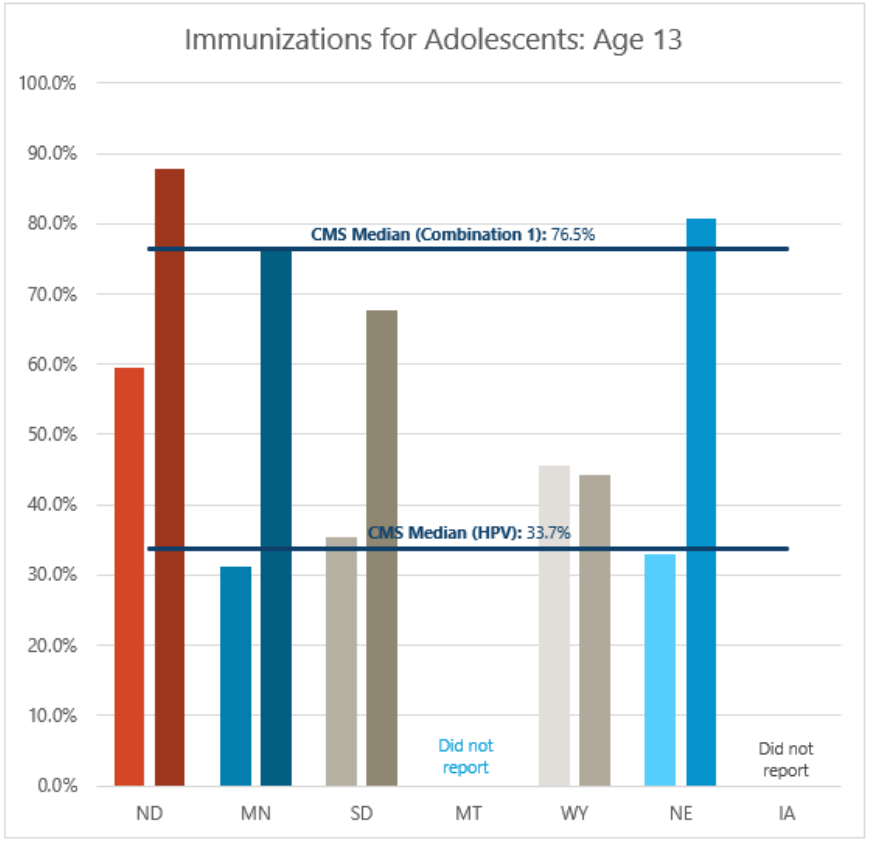
Outcomes: Medicaid and CHIP Scorecard

- ND Medicaid reported 100 metrics across the Child and Adult Core Set for FFY 2023.
  - ND Medicaid rated above the National Median in 35 measures (35%).
    - ND is in the top quartile for 16 measures.
  - ND Medicaid rated below the National Median in 57 measures (57%).
    - ND is in the bottom quartile for 34 measures.
  - Due to small denominator sizes, 8 measures have their data suppressed

Top Quartile Outcomes: FFY 2023



	ND	MN	SD	MT	WY	NE	IA
Ages 5 - 18	89.5%	60.8%	78.2%		40.8%	75.6%	71.9%
Ages 19 - 64	86.3%	56.1%	45.2%		35.8%	69.3%	57.7%



	ND	MN	SD	MT	WY	NE	IA
HPV	59.5%	31.1%	35.4%		45.5%	33.0%	
Combination 1	87.9%	76.5%	67.6%		44.3%	80.7%	

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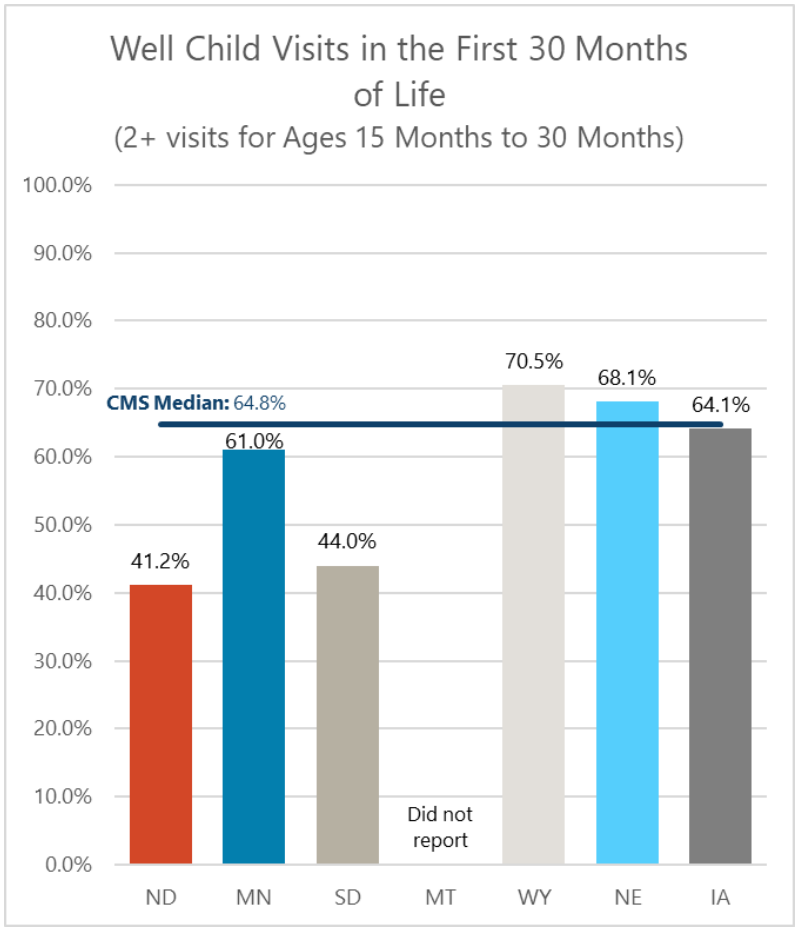
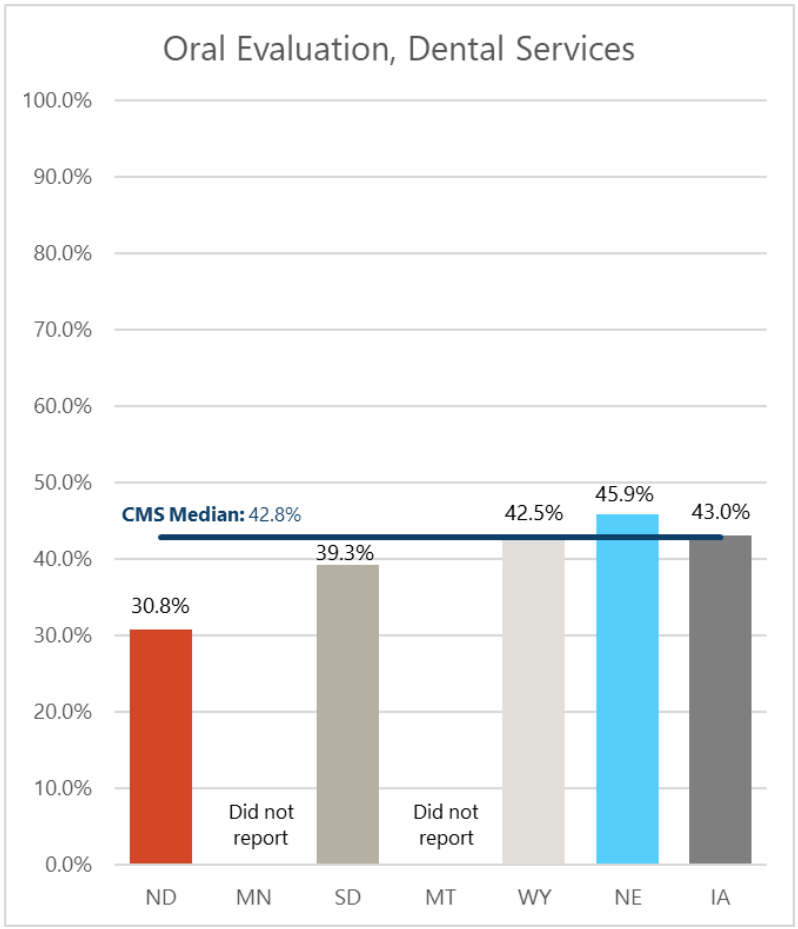
Bottom Quartile Outcomes: FFY 2023





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Value Based Programs

Why Value Based Care?



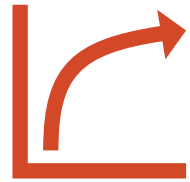
Accountability for Enhanced Care Delivery



Improved Patient Experiences & Outcomes

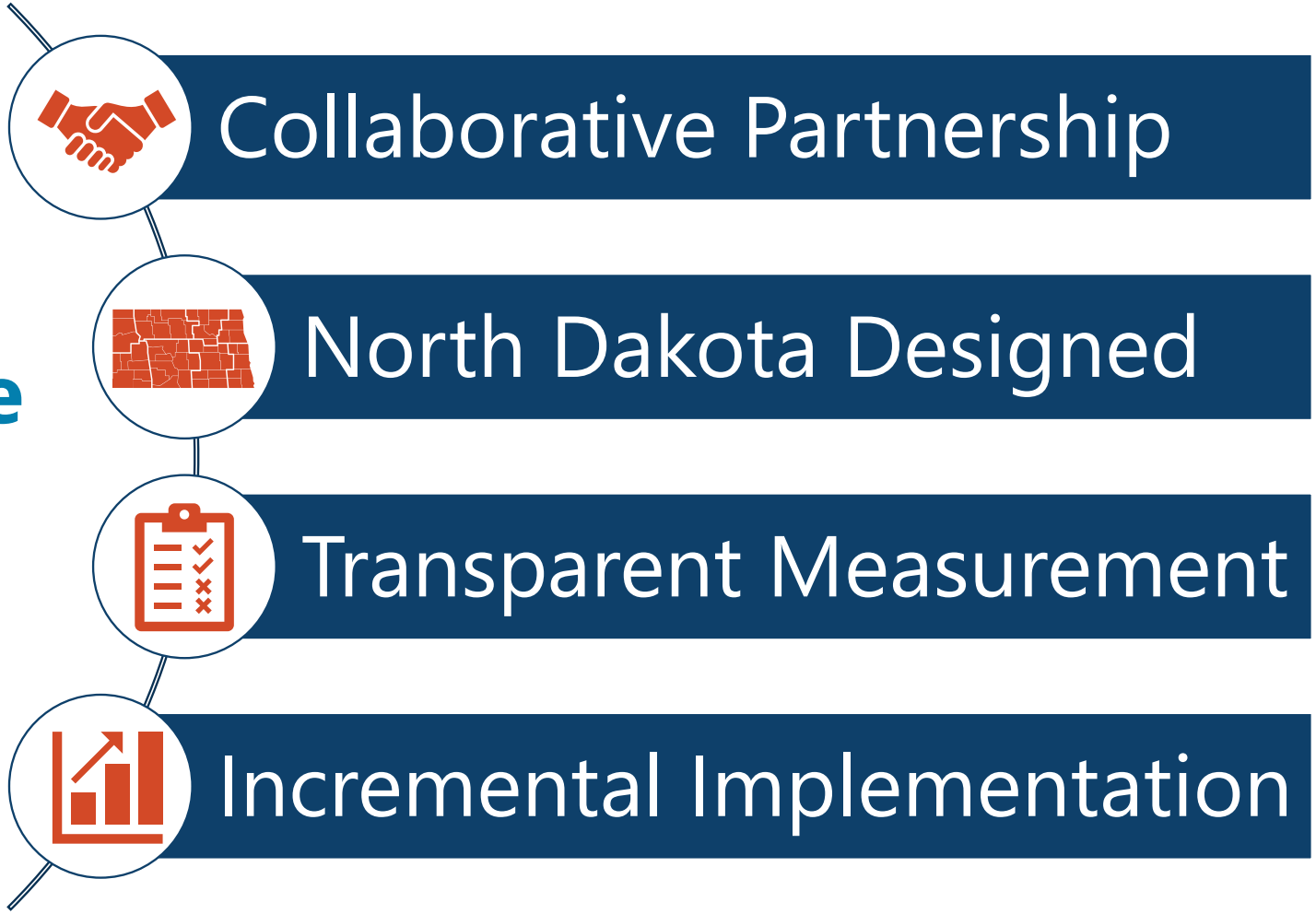


Stable & Predictable Funding for Providers



Lower Long Term Costs Achieved by Shifting the Cost Curve

North Dakota Medicaid Value Based Care Approach

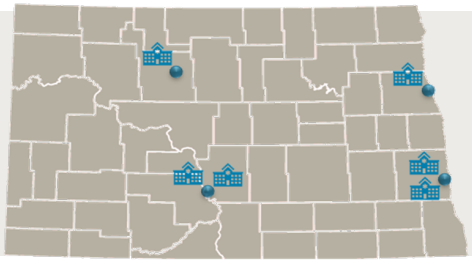


Health System Value-Based Purchasing

Program Start Date: July 1st, 2023

6 Prospective Payment System (PPS) Health Systems are mandatory participants in the model

The PPS Hospital System VBP Program puts a portion of hospital payments at risk for performance on a suite of quality measures for their ND Medicaid patient population. PPS Hospital Systems will see no loss of funding if they meet specific success criteria.



2024
Pay for Reporting

1. Submit Quality Improvement Plans through VBP Reporting Tool
2. VBP Quality Improvement Outcomes Meeting
3. Supplemental Data Submission

2025

Pay for Reporting

+

Pay for Performance
(Initial Measure Set)

2026
Pay for Performance

Initial Measure Set
Well-Child Visits First 15 Months of Life
Child & Adolescent Well-Care Visit
Breast Cancer Screening
Postpartum Care: Prenatal & Postpartum Care
Screening for Depression & Documented Follow-up Plan
Ambulatory Care Emergency Department (ED) Visits
Plan All-Cause Readmissions
Topical Fluoride for Children

Expanded Measure Set
Colorectal Cancer Screening
Controlling High Blood Pressure
Maternal Health Services Optional Measures: (systems must select 1) 1. Prenatal Care: Prenatal Care & Postpartum Care 2. Contraceptive Care: Postpartum Women 3. Structural Measure: Perinatal Collaborative Participation
Behavioral Health Services Optional Measures: (systems must select 1) 1. Follow-up After Emergency Department Visit for Alcohol & Other Drugs Abuse or Dependence 2. Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment

Health System Value-Based Purchasing Outcomes

	State Goal	System A	System B	System C	System D	System E	System F	Combined System Rate
* Ambulatory Care: Emergency Department Utilization (AMB-CH)	31.90	28.29	28.89	40.25	41.35	36.42	32.85	33.45
Breast Cancer Screening (BCS-AD)	52.20%	29.97%	44.51%	35.14%	34.38%	48.29%	31.83%	35.69%
Child & Adolescent Well-Care Visits (WCV-CH)	48.07%	47.29%	47.51%	39.20%	34.72%	53.95%	48.86%	46.61%
* Plan All-Cause Readmissions (PCR-AD)	0.9850	0.7701	1.2557	0.8469	1.1143	0.8098	0.7860	0.8454
Postpartum Care: Prenatal and Postpartum Care (PPC)	78.10%	73.37%	58.87%	62.07%	54.95%	58.36%	76.95%	66.02%
Screening for Depression & Documented Follow-up Plan (CDF)	72.60%	7.68%	0.13%	8.35%	1.75%	62.83%	6.40%	14.41%
Topical Fluoride for Children (TFL-CH)	19.30%	13.08%	16.22%	9.17%	8.95%	13.44%	13.95%	12.91%
Well-Child Visit First 15 Months (W30-CH)	66.76%	43.02%	51.26%	52.21%	47.44%	61.50%	44.50%	48.85%
Well-Child Visit 15 – 30 Months of Life (W30-CH)	58.38%	55.99%	65.84%	61.18%	44.16%	64.93%	55.94%	58.68%

Performance Timeframe: January 2024 – November 2024 (11-month performance snapshot)
2024 final performance will be produced in May 2025 which allows the systems 12 months to close care gaps & final inclusion of supplemental data.

Meeting State Goal	13 metrics
Improvement from CY 2023	25 metrics

** Lower Performance is better*

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Nursing Facility Incentive Program

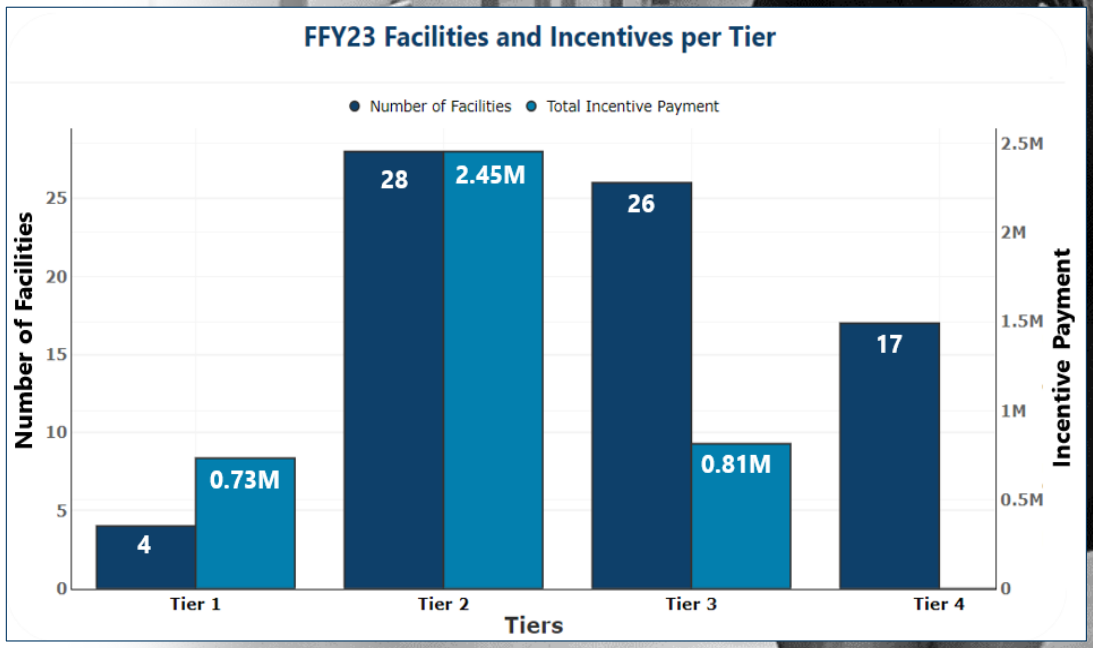
Improve resident outcomes through an incentive payment based on specific quality measures.

- Incentive program; no payments are at risk.
- All Medicare/Medicaid certified facilities that have been open 10 months will participate.

- Incentive fund distribution is done annually in June.
- Annual payments based on Quality Measure performance:
  - Tier 1: 100% of incentive payment
  - Tier 2: 85% of incentive payment
  - Tier 3: 60% of incentive payment
  - Tier 4: Not eligible for an incentive payment
- Nursing Facility Quality Measures:
  - Patient Care Measures
    - Long-Stay Urinary Tract Infections
    - Long-Stay Antipsychotic use
    - Long-Stay Pressure Ulcers
  - Facility Process Measures
    - Long-Stay Hospitalizations
    - ACHA/NCAL National Quality Award (Baldrige Framework)

Initial Outcomes

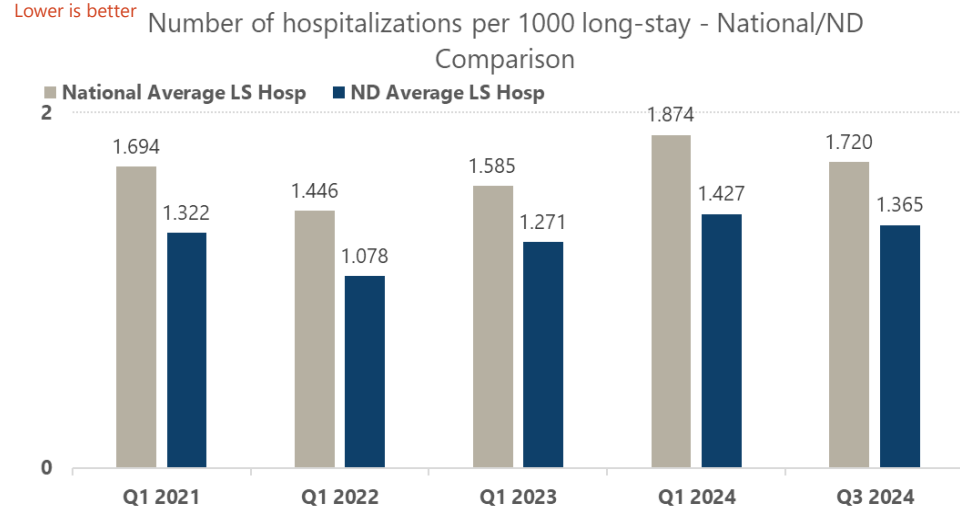
- $4 million dollars distributed in June 2024
- 58 out of 75 Nursing Facilities received incentives to improve quality of care for residents
- Examples of reported use of funds include
  - New mattresses for entire facility
  - Staff bonuses
  - Building renovation
  - Staff training



Carrie Zazeski, Administrator, Elm Crest Manor, New Salem

Nursing Facility Incentive Program Initial Outcomes

Lower is better



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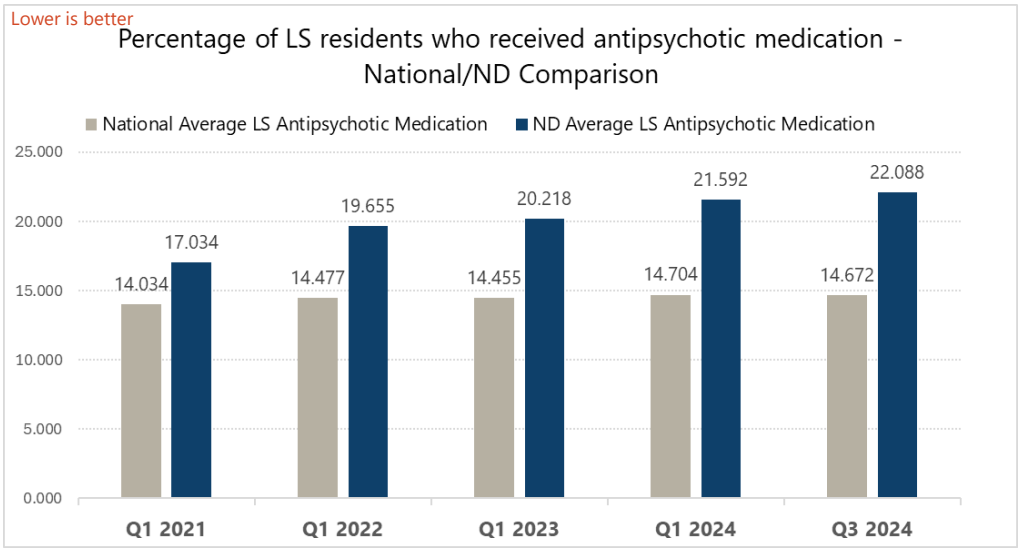

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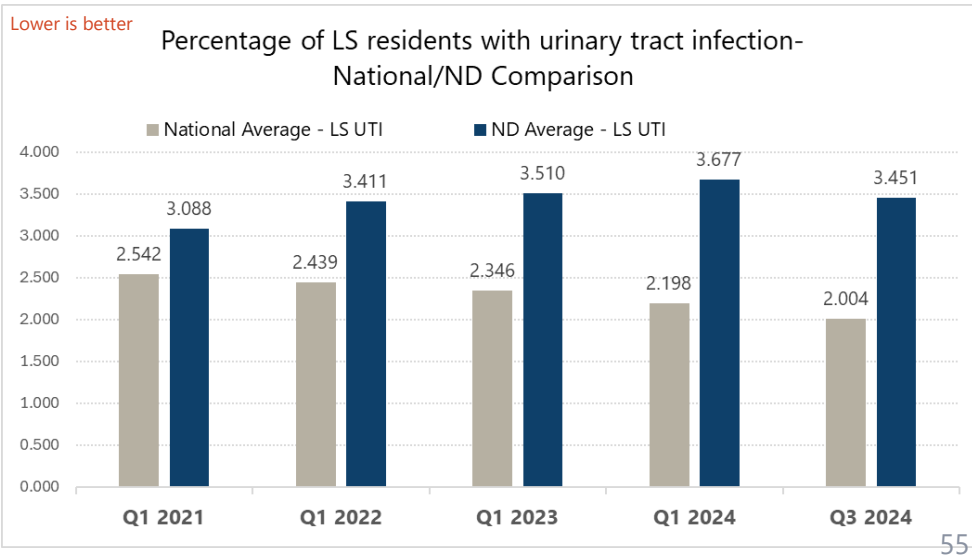


What's next in Value Based Care?

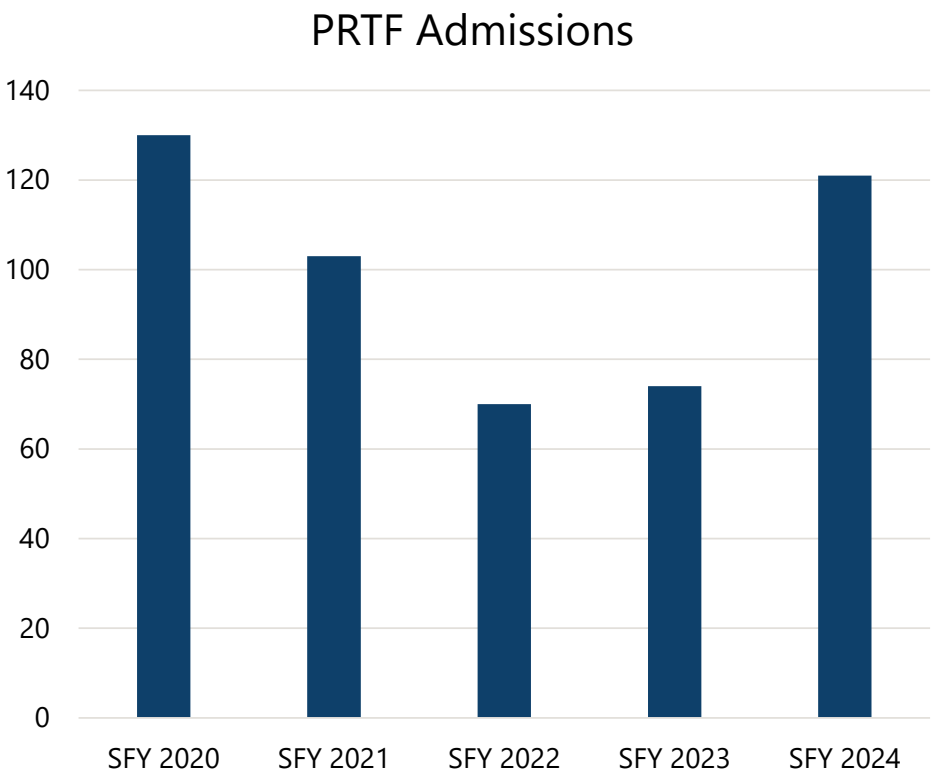


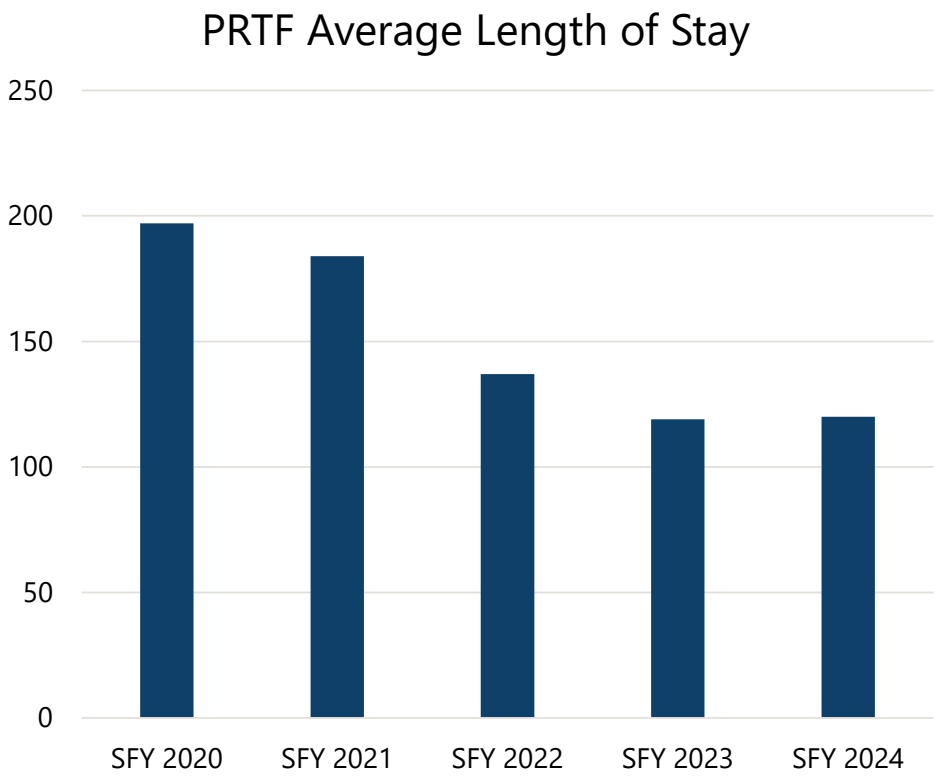
Refinement and Expansion of Current Programs

Exploration of New Provider Groups

- High-Cost Services
- Opportunity to Impact Care Outcomes and Improve Services
- Ability to Incentivize Innovation
- Need to Stabilize Funding

Psychiatric Residential Treatment Facilities





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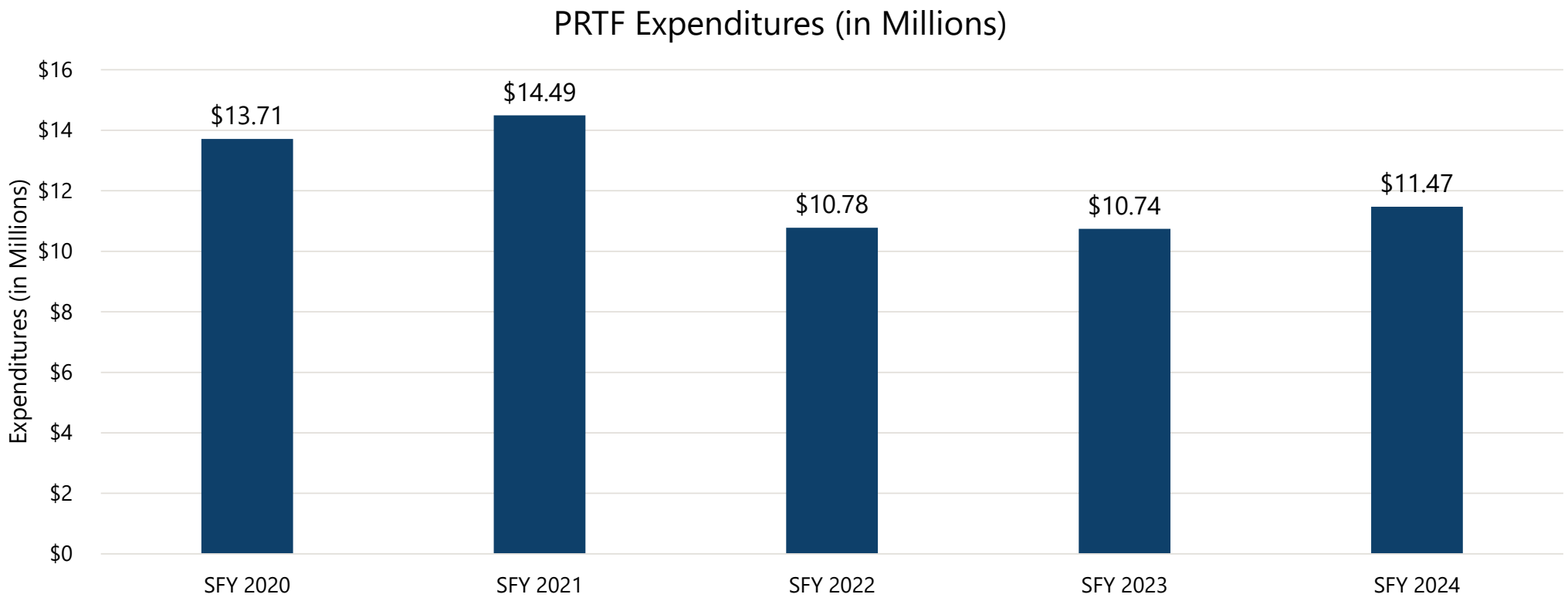
Psychiatric Residential Treatment Facility Expenditures



Value Based Care
Ongoing

Total	$2,000,000
General	$1,000,000
Federal	$1,000,000

Expand care focused on value to additional provider groups and continue to refine current programs to ensure populations are supported with person-centered care and support.

Refinement and Expansion of Current Programs

- Continue to grow and refine current value-based programs.
- Review attributed populations and supports available to individuals with complex health care needs.
- Strengthen care coordination to ensure service delivery provides comprehensive, person-centered care focused on ensuring access and appropriate follow-up supports across multiple delivery systems.

Exploration of New Provider Groups

- Expand health system value-based program to rural delivery system to include critical access hospitals and associated primary care providers. Ensure rural VBP design builds on the current program to improve healthcare quality, accessibility, and sustainability in rural areas.
- Explore a value-based purchasing model with PRTFs and QRTP providers to drive towards enhanced services and outcomes for youth while ensuring stability of safety net service delivery for children with behavioral health needs in North Dakota.

Funding will support:

- Subject Matter Expertise
- Value Based Program Provider Workgroup Facilitator
- Service Infrastructure Development

Rates & Reimbursement

Rate Methodology Guiding Principles
Traditional Medicaid

- Predictable
- Consistent
- Transparent
- Data Driven
- Population Focused
- Quality & Outcomes Oriented
- Incentivizes Innovation, Efficiency & Community Based Care

Rate Methodologies in Fee For Service Medicaid

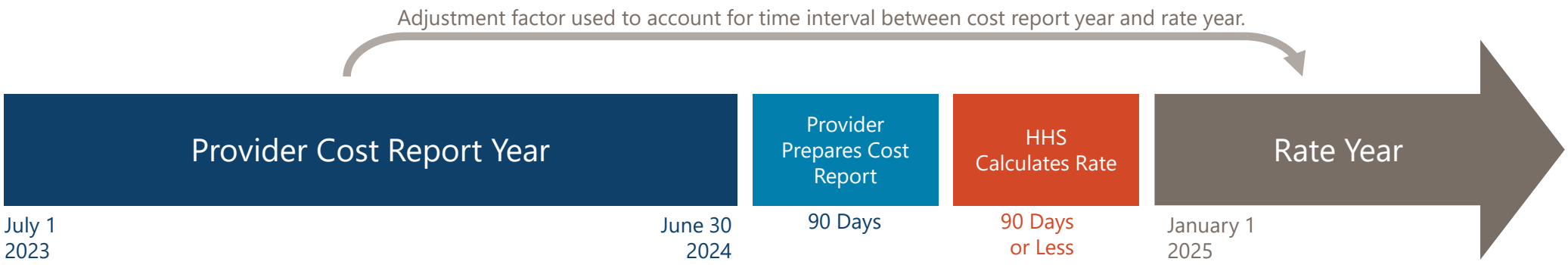
- **Cost Based Per Diem** – Uses cost reports as the basis for setting individual facility per diem payments. Per diem payments may be adjusted to account for patient acuity.
- **Classification System** – Defines an episode (ex. inpatient admission or outpatient visit) and assigns a classification based on services provided. May be used in conjunction with cost reports to assign facility specific base rates.
- **Relative Value Units** – Defines the resource intensity of a service. Used in conjunction with a conversion factor.
- **Fees –** List of reimbursements correlated to a nationally defined code set.
- **Percent of Charge –** Uses a defined percentage to reimburse based on billed charges.
- **Cost Settlement –** Compares provider costs to payments made by ND Medicaid.

What is a cost report?

A cost report is a financial document submitted by health care providers and outline the expenses incurred in delivering patient care and include data on operating costs, salaries, supplies, and other expenditures. Cost report data is used to set provider reimbursement rates.

- Cost reports cover a defined time period and are used to detail provider costs during that timeframe.
- Costs are generally broken into a few distinct categories:
  - Direct Care
  - Indirect Care
  - Property
  - Other
- Some costs are not allowable (ex. lobbying) for use in calculating reimbursement rates.
- Cost categories have limits to ensure that costs are reasonable and efficient.

How are cost reports used to set rates?



The rate methodology for the service uses cost report data to calculate provider rates.

- An adjustment factor is used to inflate costs forward from the cost report year to the rate year.
- Provider cost reports and underlying data may be audited to ensure that costs were appropriately reported and allocated.
- The department must prepare/calculate rates for multiple providers within the same 90 day timeframe.

Upper Payment Limit

- Medicaid payments are required to be "consistent with efficiency, economy, and quality of care."
- CMS requires states to demonstrate compliance that payments for certain providers do not exceed an upper payment limit (UPL).
- The UPL is a reasonable estimate of the amount that would have been paid for the same service under Medicare payment principles.

Required Upper Payment Limit Demonstrations in North Dakota:

- Inpatient Hospital Services
- Outpatient Hospital Services
- Nursing Facility Services
- Institutions for Mental Disease (IMD)
- Clinic Services
- Intermediate Care Facility for the Individuals with Intellectual Disabilities (ICF/IID)
- Psychiatric Residential Treatment Facility (PRTF)

Federal Financial Participation Limit:

- Durable Medical Equipment

How does ND Medicaid reimbursement compare? Example Professional Services, SFY 2025 & CY 2025

Physician Services | 99214 – Established Patient Office Visit 30 - 39 Minutes				
North Dakota Medicaid	Medicare: North Dakota MAC	Minnesota Medicaid	Montana Medicaid	South Dakota Medicaid
$137.06	$122.84	$96.63	$169.11	$112.75

Obstetric Services | 59400 - Routine Obstetric Care Including Antepartum Care, Vaginal Delivery Postpartum Care				
North Dakota Medicaid	Medicare: North Dakota MAC	Minnesota Medicaid	Montana Medicaid	South Dakota Medicaid
$2,468.16	$2,198.30	$1,387.89	$3,199.23	$2,220.16

Behavioral Health | 90832 – Psychotherapy, 30 Minutes				
North Dakota Medicaid	Medicare: North Dakota MAC	Minnesota Medicaid	Montana Medicaid	South Dakota Medicaid
$84.48	$78.30	$64.71	$52.78 – $103.26	$69.48

How does ND Medicaid reimbursement compare? Example Facility Services, SFY 2025 & CY 2025

Nursing Facility | Average Daily Rate

North Dakota Medicaid	Medicare[1]	Minnesota Medicaid[2]	Montana Medicaid	South Dakota Medicaid
$401.74	$513.18	$363.48	$282.78	$278.17

Psychiatric Residential Treatment Facility | Average Daily Rate

North Dakota Medicaid	Medicare	Minnesota Medicaid	Montana Medicaid	South Dakota Medicaid
$ 1,199.09	-	$952.76	$509.81	$408.43

Behavioral Health | Substance Use Disorder Services ASAM Level 3.5

North Dakota Medicaid	Medicare	Minnesota Medicaid	Montana Medicaid	South Dakota Medicaid
$612.46	-	$230.78	$256.95	$295.57

Hospital | Average PPS Hospital Base Rate[3]

North Dakota Medicaid	Medicare
$12,159	$7,493

Note:

1. Medicare Nursing Facility coverage is for short term, intensive rehab focused services. Medicare does not cover long term nursing facility stays. Medicare rate is sample rate in a rural facility.
2. Minnesota Medicaid rate is for double occupancy room; average rate provided by MN DHHS staff.
3. Medicaid and Medicare both use Diagnosis Related Groups (DRGs). North Dakota Medicaid uses All Patient Refined (APR) -DRG and Medicare uses Medicare Severity (MS)-DRG; each system has their own weights & final reimbursement.

Provider Inflation
Ongoing

Governor's Recommendation:

Total	**$16,215,764**
General	$6,949,693
Federal	$9,266,071

- SFY 2026: 1.5%
- SFY 2027: 1.5%

Engrossed by House:

Total	**$21,668,914**
General	$9,286,780
Federal	$12,382,134

- SFY 2026: 2%
- SFY 2027: 2%

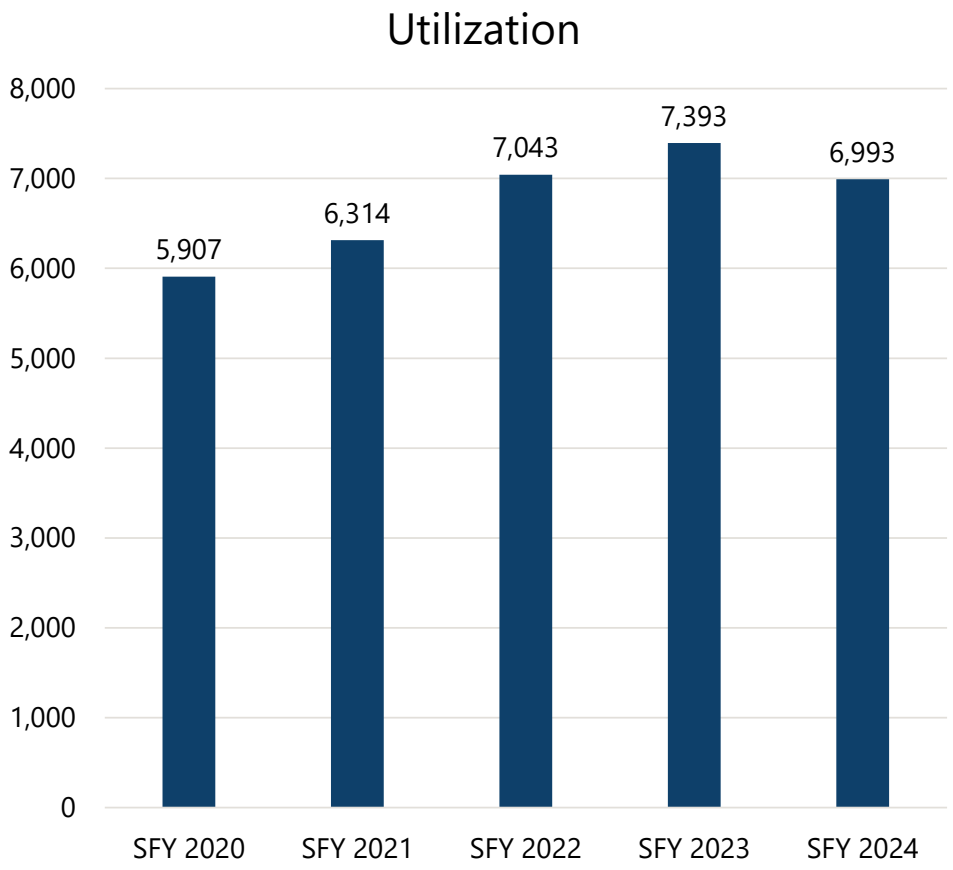
- Provider inflation is applied to provider rates in accordance with the rate methodology for the service.
  - Most provider rates paid from a fee schedule are updated each July 1.
  - Inflation is used as the adjustment factor to inflate costs forward from provider cost reports for most cost-based providers.
    - Some providers use a standardized index in place of inflation.

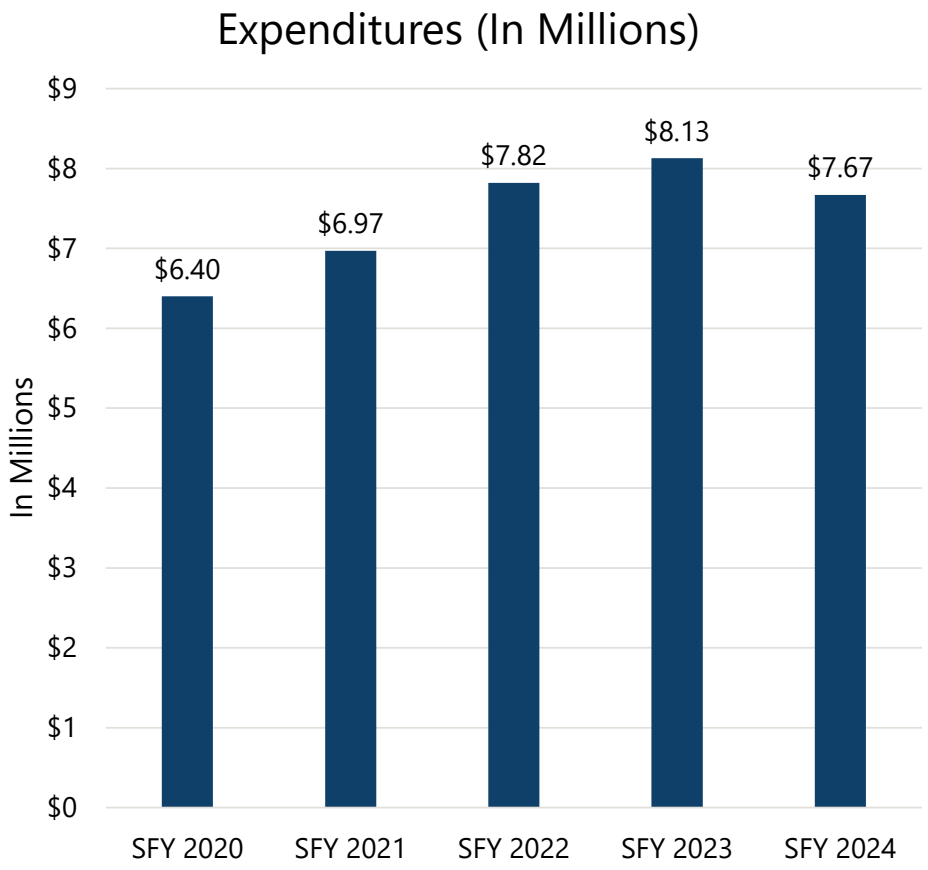
Appropriated Inflation, SFY 2019 - 2024					
2019	2020	2021	2022	2023	2024
2.0%	2.5%	2.0%	0.25%	3.0%	3.0%

Inflation: Medical Services

Inflator		Total	General	Federal
1%		**$10,798,536**	$4,627,998	$6,170,538
1.5%	Governor's Recommended Budget	**$16,215,764**	$6,949,693	$9,266,071
2%	Recommended by House	**$21,668,914**	$9,286,780	$12,382,134

Ambulance Utilization & Expenditures





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Ambulance Targeted Rate Increase

Ongoing

Total	$4,379,540
General	$2,189,770
Federal	$2,189,770

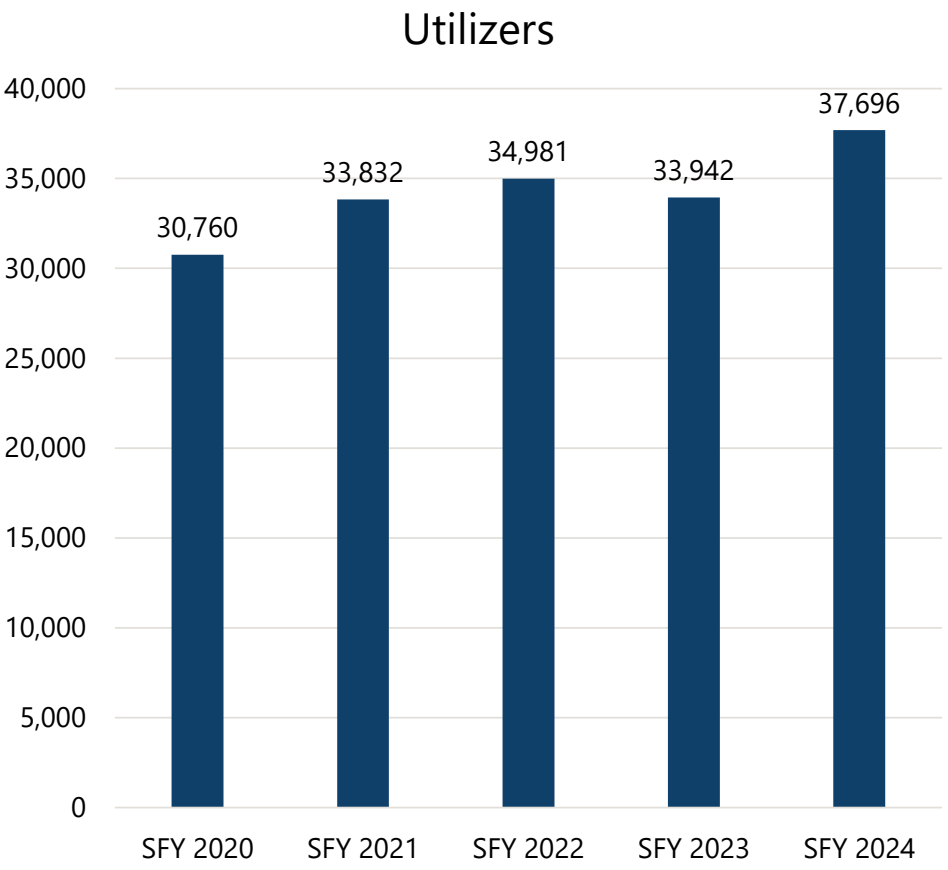
Increase rebases ambulance rates to the Lowest Quartile Medicare Rural Base Rate.

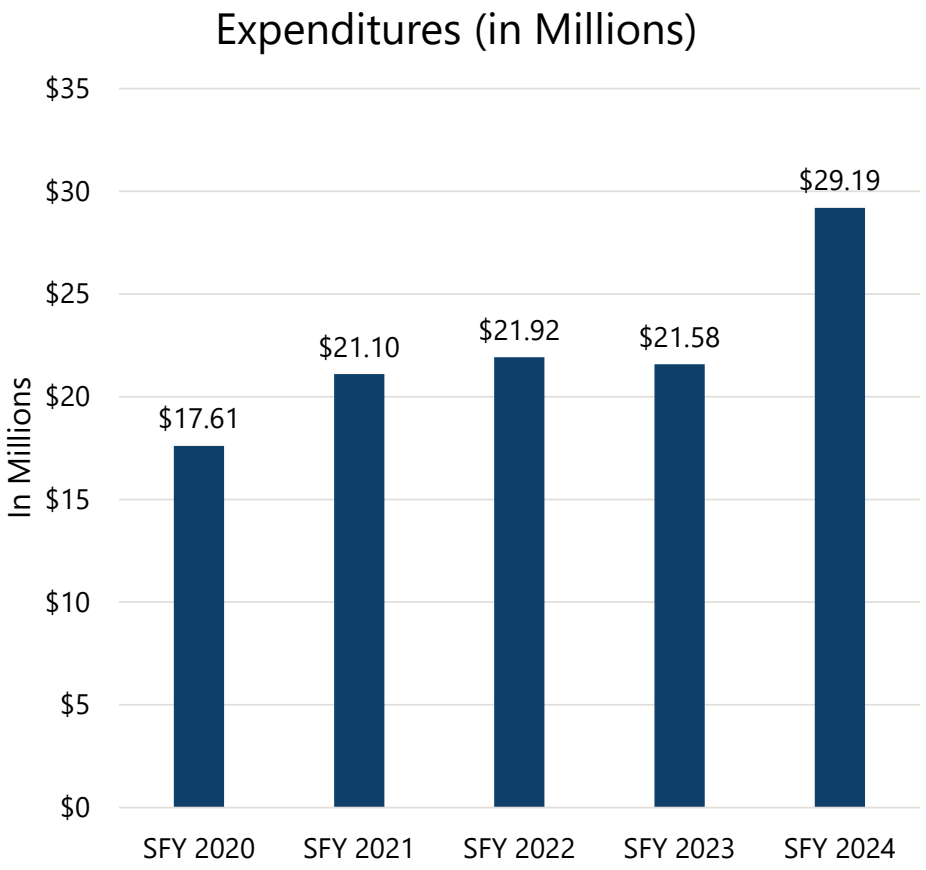
Related Bill:
House Bill 1322 | Relating to Ambulance Service Provider Reimbursement
Note: HB 1322 does not apply to Medicaid.

A0427: Ambulance Service, Advanced Life Support, Emergency Transport, Level 1 Base Rate					
North Dakota Medicaid	Medicare Rural – Lowest Quartile	Minnesota Medicaid	Montana Medicaid	South Dakota Medicaid	Wyoming Medicaid
$602.19	$669.35	$530.06	$280.94	$479.85	$291.24

A0429: Ambulance Service, Basic Life Support, Emergency Transport Base Rate					
North Dakota Medicaid	Medicare Rural – Lowest Quartile	Minnesota Medicaid	Montana Medicaid	South Dakota Medicaid	Wyoming Medicaid
$507.10	$563.67	$446.36	$236.58	$404.08	$245.26

Dental Utilization & Expenditures





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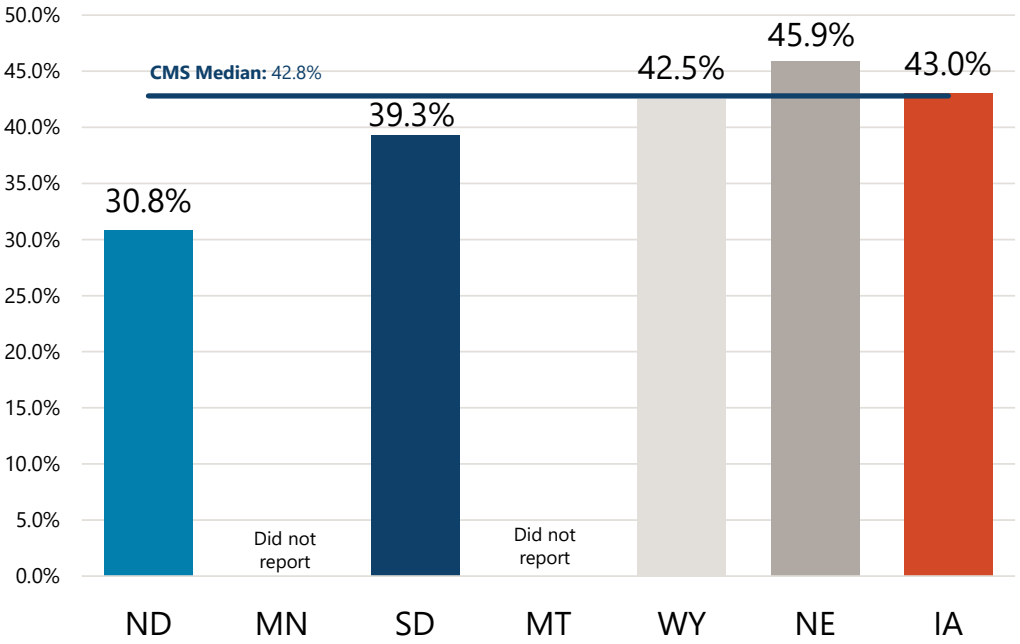
Dental Outcomes & Rates

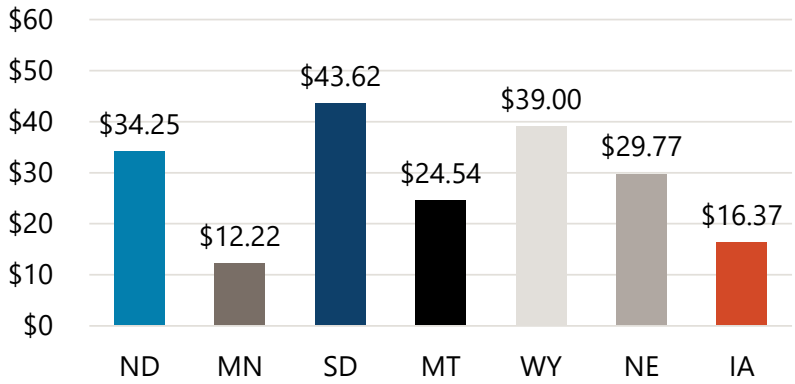
ND Medicaid Dental Rates were last rebased in 2009. Dental rates have increased approximately 42% since last rebase.

Oral Evaluation, Dental Services, FFY 2023

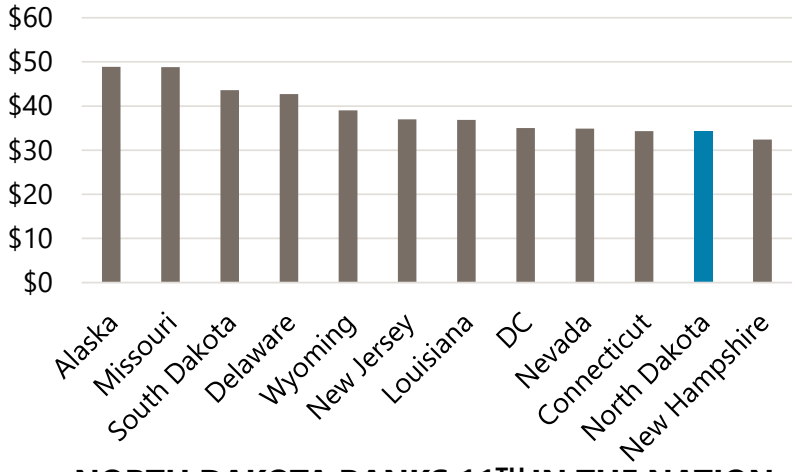


Related Bills:
House Bill 1567 | Relating to Dental and Oral Health Care Status among Medicaid Recipients and Workforce Support to Improve Access for Low-Income Children
Senate Bill 2231 | Relating to Covered Services for Medical Assistance

Medicaid Reimbursement Rate: D0120 Periodic Oral Evaluation, SFY2025



NORTH DAKOTA RANKS 3RD IN THE REGION



NORTH DAKOTA RANKS 11TH IN THE NATION

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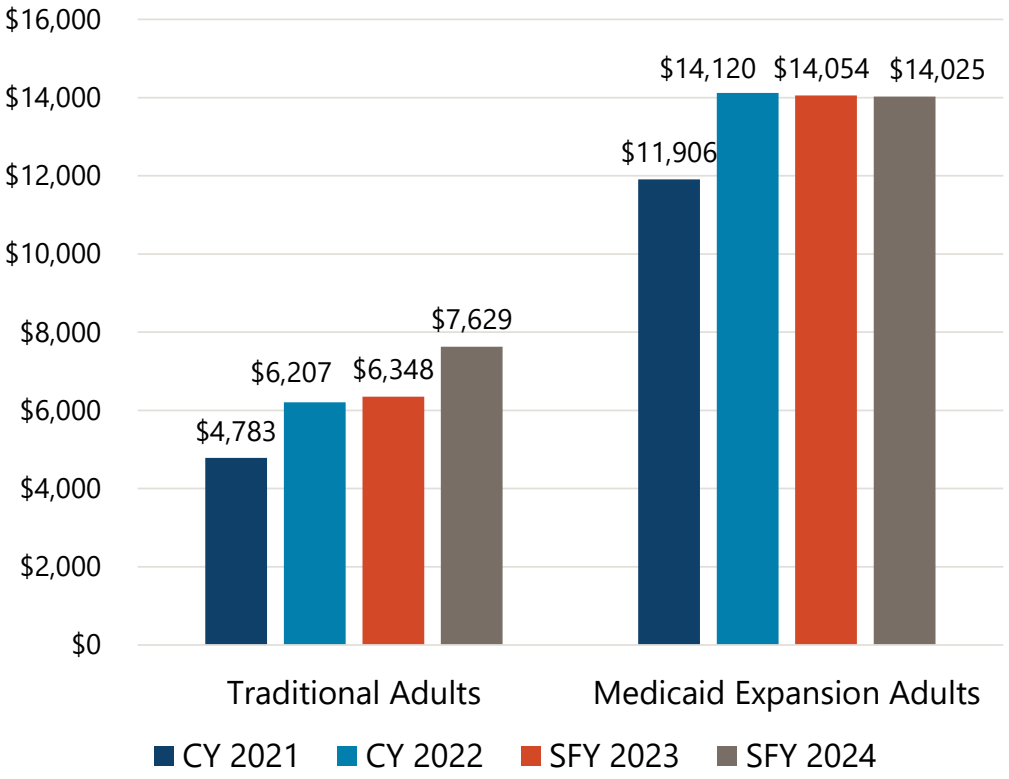
Managed Care & Medicaid Expansion

Per Capita Expenditures: Medicaid Expansion & Traditional Adults



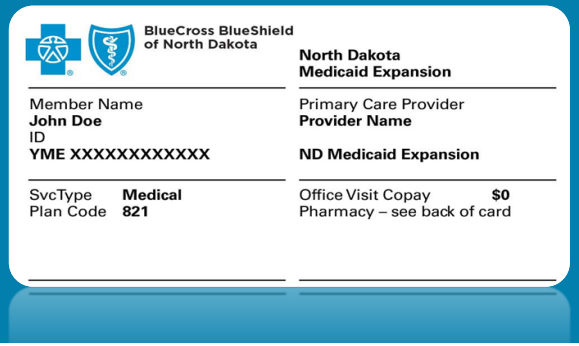
- ND Medicaid ranked **1st for Medicaid Expansion per capita** expenditures.
- ND Medicaid ranked 25th **for Traditional Adult** expenditures.

Note: CY 2021 and CY 2022 Data obtained from Medicaid and CHIP Scorecard - Medicaid Per Capita Expenditures. SFY 2023 and SFY 2024 numbers calculated from ND TMSIS data.

Medicaid Expansion Coverage

North Dakota provides Medicaid Expansion through risk based Managed Care.

- Current Vendor: Blue Cross Blue Shield of North Dakota (BCBS ND)



- There are a few key differences between Medicaid Expansion and traditional Medicaid. Medicaid Expansion **does not** cover:
  - Skilled Nursing Facility Services[1]
  - Dental Services[2]
  - Vision Services[2]
  - Any waiver services
  - Long Term Care services

Related Bill:
Senate Bill 2231 | Relating to Covered Services for Medical Assistance

[1] *Only covers up to 30 days and only covers a skilled level of care*
[2] *Only covered for 19- and 20-year-olds*

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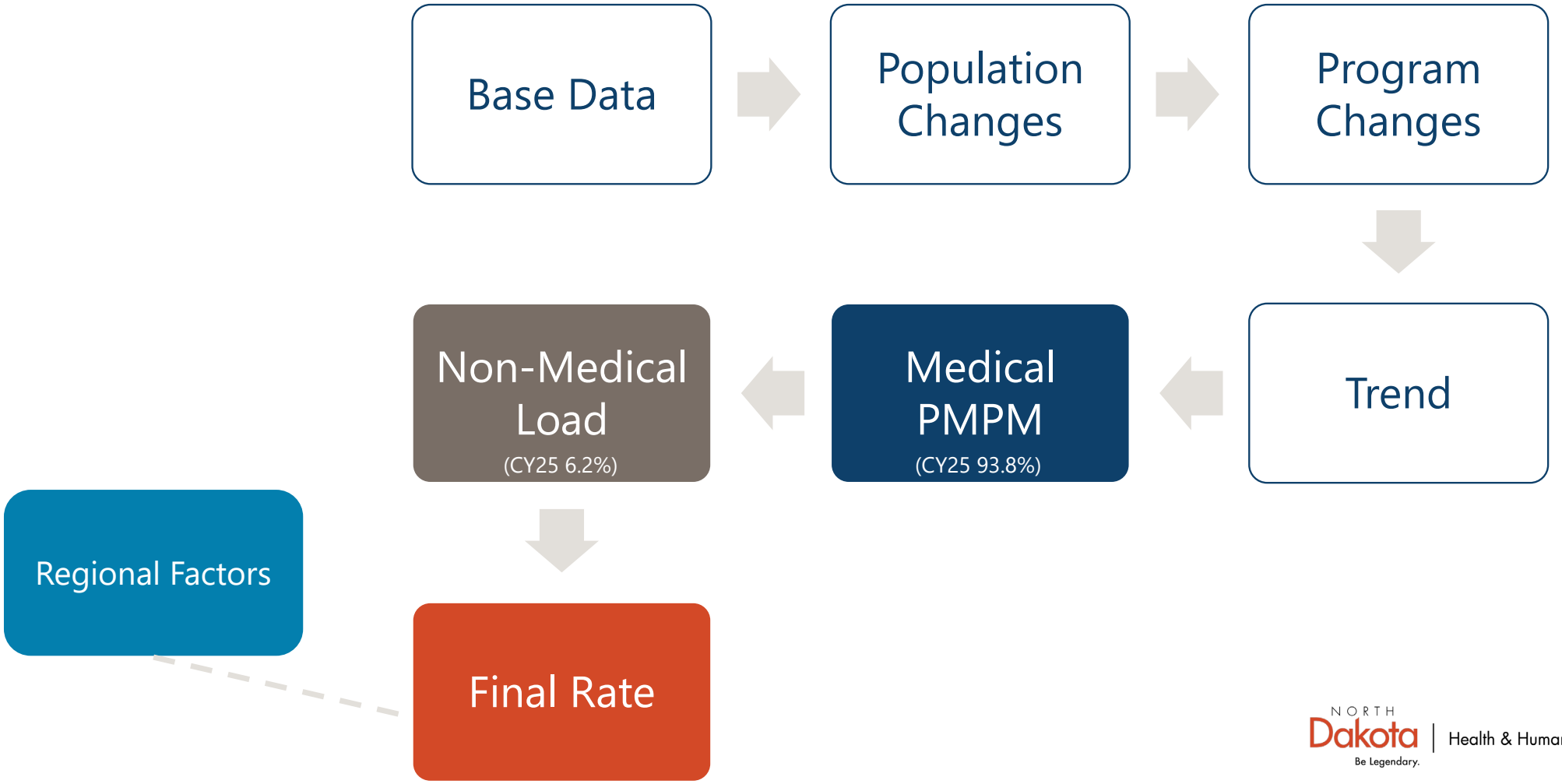
Managed Care

- **Managed Care Plans use their own provider networks.** Providers must enroll in Blue Cross Blue Shield to provide care to Medicaid Expansion members.
- **Managed Care Plans use their own coverage criteria, authorization process, and limits.** Providers must follow Blue Cross Blue Shield policies for Medicaid Expansion members.
- **Managed Care Plans use their own reimbursement methodology and fee schedules.** Providers are paid according to Blue Cross Blue Shield's policy for Medicaid Expansion members.
- **North Dakota Medicaid has carved out pharmacy benefits for Medicaid Expansion members.** Pharmacy benefits are the same for Medicaid Expansion and traditional Medicaid.

How does ND Medicaid pay for services?

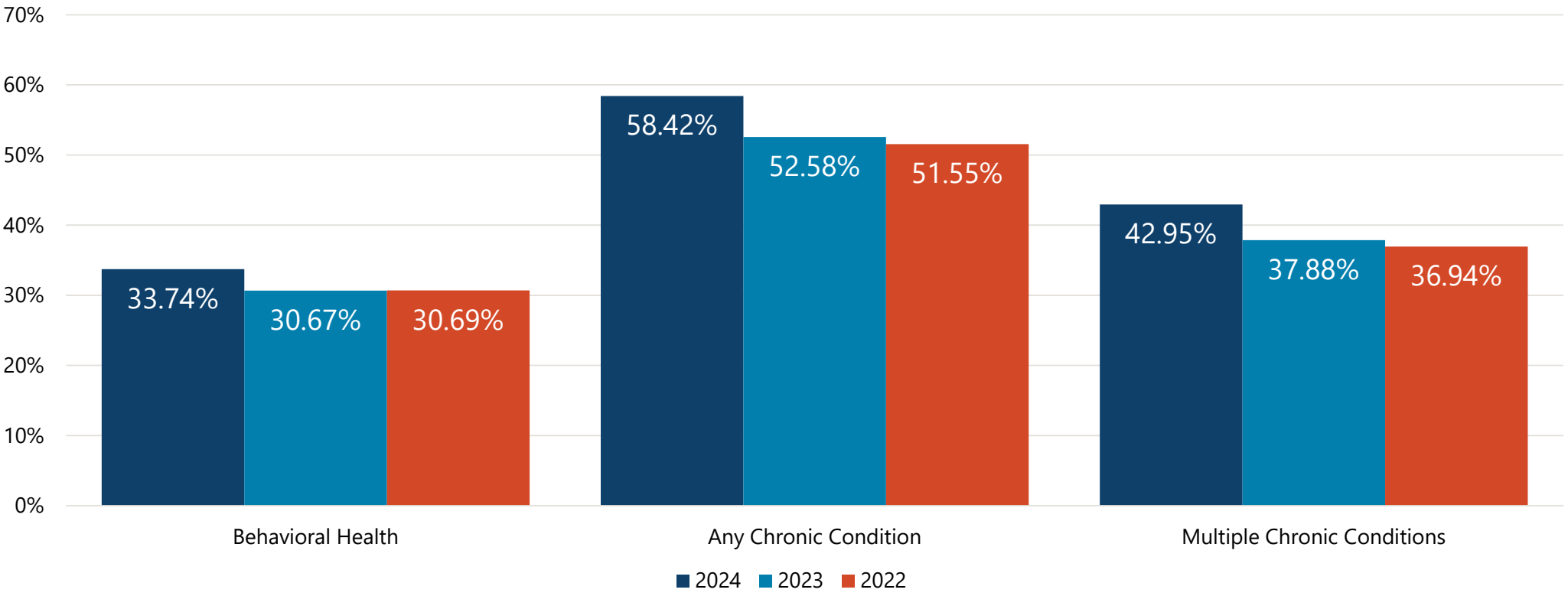
Traditional Medicaid: Fee For Service (FFS)	Medicaid Expansion: Managed Care Organization (MCO)
State pays providers directly for each covered service received by a Medicaid member.	State pays a monthly fee called a capitation payment to the managed care organization (MCO).
Only services received by members are paid.	Monthly fee is paid to MCO regardless of member use of services.

Capitation Rate Development Process



Medicaid Expansion: Chronic Conditions

Percent of Members with Diagnosis



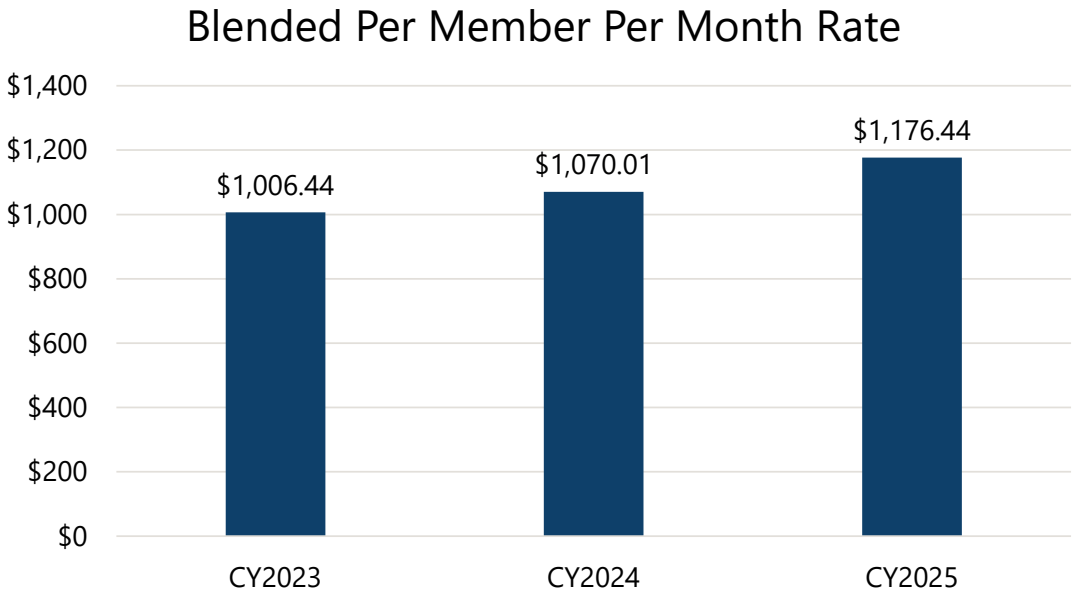
Note: Chronic Conditions include Mental Health, Substance Use Disorder, Asthma, COPD, Diabetes, Heart Disease, Hypertension, Obesity, Pain Conditions

2025 Capitation Rates

CY2025 capitation rates are in development by our actuary in conjunction with HHS and BCBSND.

- CY2025 capitation rates implement Senate Bill 2012 provision to ensure that the capitation rate calculation assumes that MCO rates will not exceed 145% of Medicare reimbursement, except for services noted in Section 22.

- No decrease to the CY2025 Capitation Rates to comply with 145% of Medicare requirement.
  - Actuarial analysis showed BCBS was already at 144.5% in aggregate of Medicare.
- Overall, 9.1% increase in rates for CY2025.



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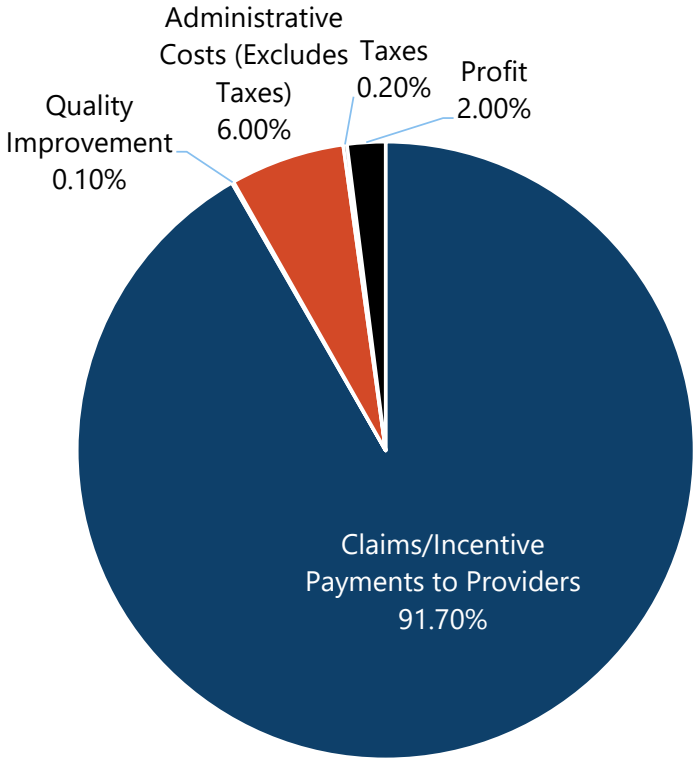
Medical Loss Ratio (MLR) & Profit Cap

- Since reprocuring the Medicaid Expansion contract in 2022, ND Medicaid has used both a Medical Loss Ratio (MLR) and Profit Cap to protect the state.
  - Profit Cap: Overall limit on the amount of profit that can be retained by the plan.
  - Medical Loss Ratio: Requires a specific percentage of the total capitation is spent on services and quality improvement. Protects states from paying for excessive administrative expenses or profits.
- While providing overall protection to the state, a profit cap can be a disincentive to continued innovation and lowering administrative costs.
- For CY 2025, ND Medicaid will use a robust MLR as the key Managed Care risk mitigation strategy.

Allocation of Retained MCO Revenue



Performance Withhold: 2023

- 2% of Capitation Payments were withheld from the monthly premium.
- MCO had opportunity to earn back funds based on meeting quality goals.

Quality Rating	Earn Back Percent	Quality Performance
◆	0%	MCO rate below NCQA Quality Compass National Average
◆◆	50%	MCO rate equals or exceeds NCQA Quality Compass National Average, but is less than 75th percentile
◆◆◆	75%	MCO rate equals or exceeds NCQA Quality Compass 75th percentile but does not meet 90th percentile
◆◆◆◆	100%	MCO rate equals or exceeds NCQA Quality Compass 90th percentile

Measure	CY2023 Quality Rating
Initiation and Engagement of Substance Use Disorder (SUD) Treatment	◆◆
Follow up after ER Visit for SUD	◆◆◆
Follow up after ER Visit for Mental Illness	◆
Controlling High Blood Pressure	◆
Hemoglobin A1c Control for Patients with Diabetes	◆
Eye Exam for Patients with Diabetes	◆
Plan All Cause Readmissions	◆
Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate	◆◆◆
Diabetes Short Term Complications Admissions Rate	◆

22.93% Total Earn Back for CY 2023

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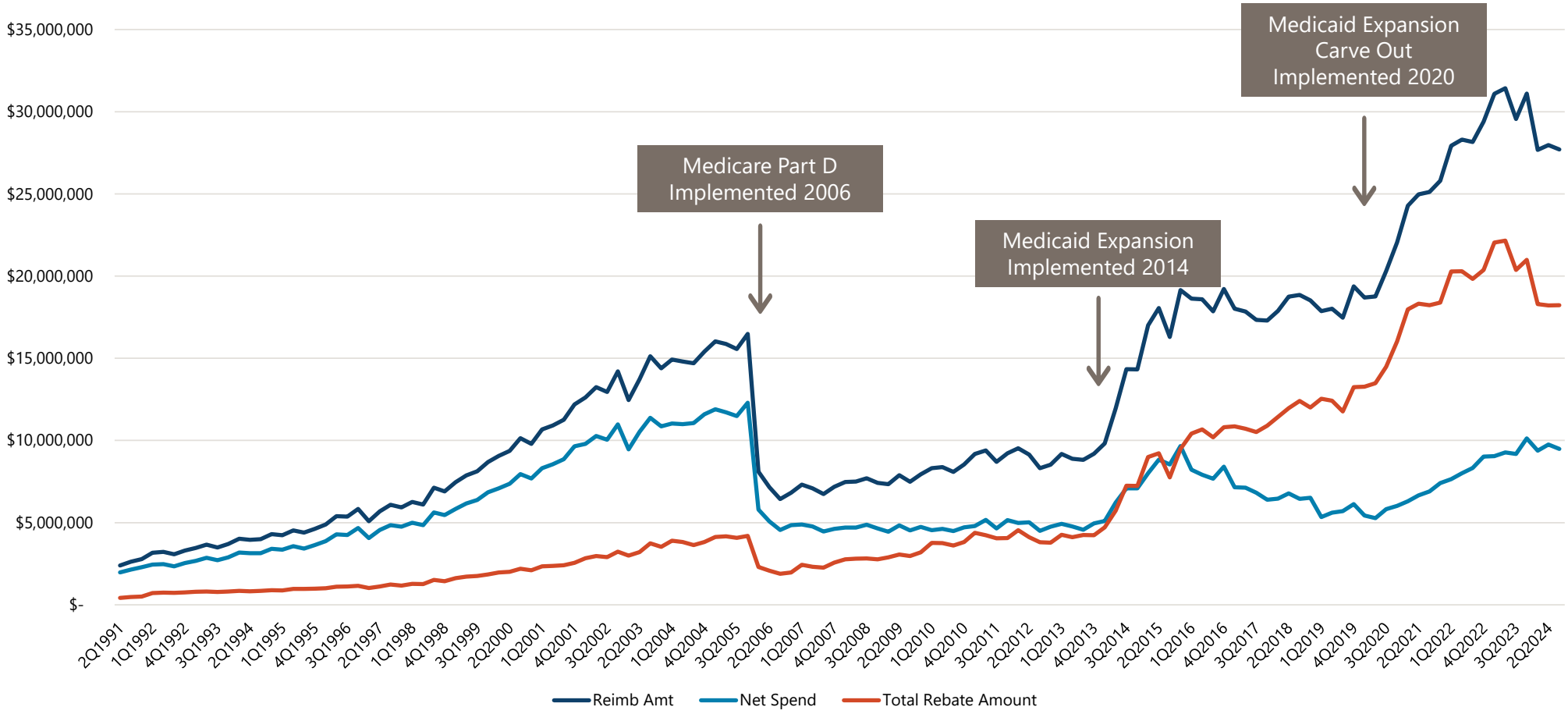
Drugs

Prescription Drug Spend History



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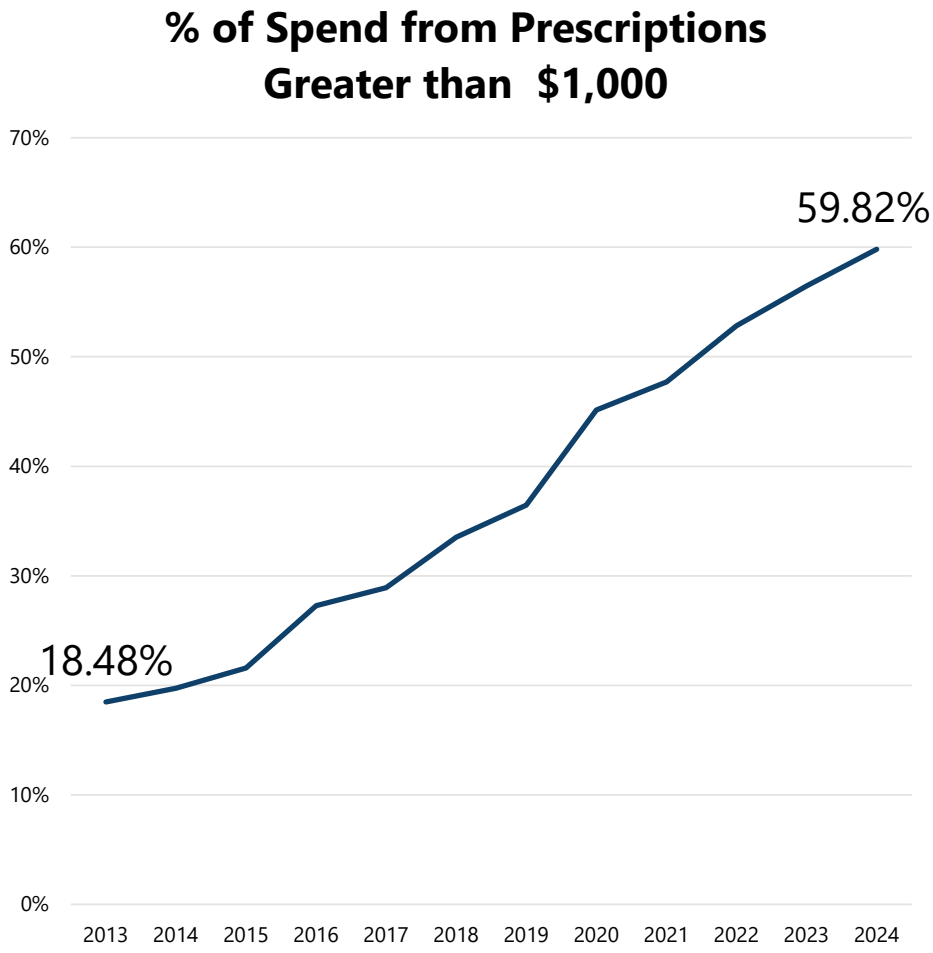
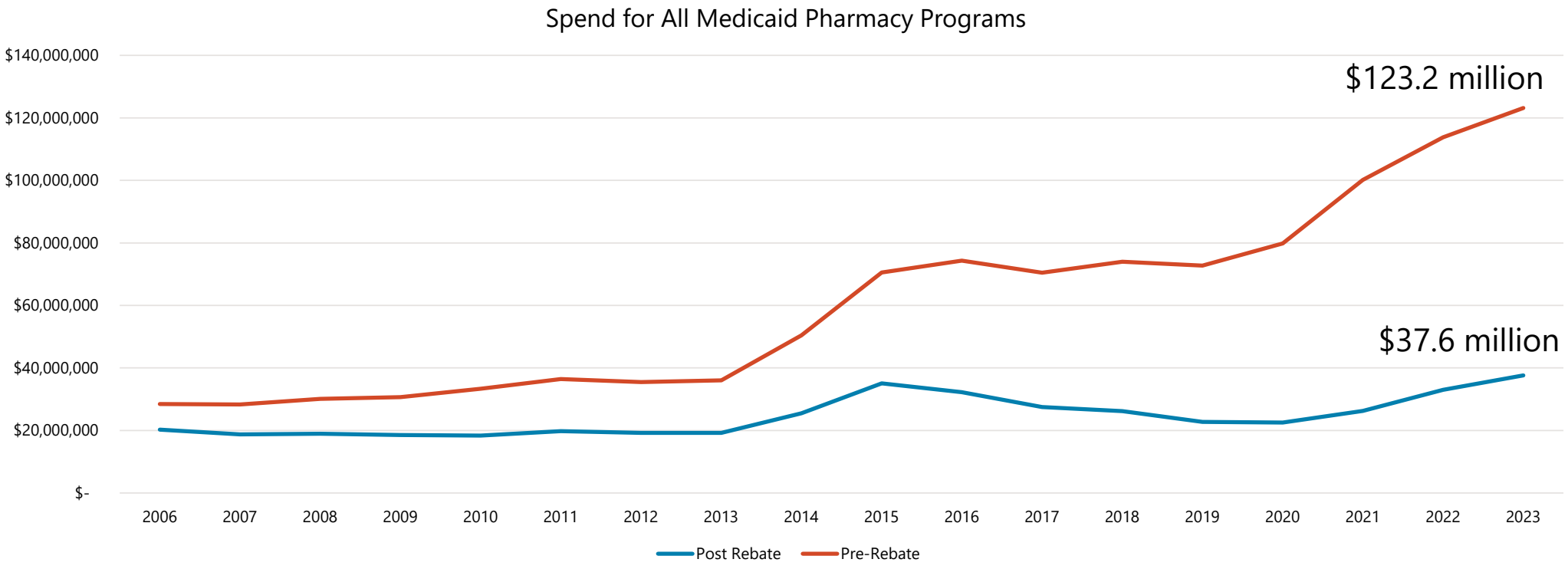
Cost Drivers

- **Drug Classes:** 6 drug classes make up 36.3% of the drug budget (4Q23 to 3Q24):
  - Cystic Fibrosis, Immunomodulators, Migraine, Non-Insulin Diabetes, Pulmonary Hypertension, Tardive Dyskinesia
  - Spend for these classes increased by 138% between 1Q2020 and 3Q2024 to $10 million per quarter
  - During the same period, claims volume for drugs in these classes only increased by 14%
- **Hyper-Cost Drugs:** 50 hyper-cost drugs make up 33.7% of the drug budget (4Q23 to 3Q24):
  - Over $950,000 spent on 22 claims from 4Q23 to 3Q24 on just 3 drugs: Daybue, Gattex, and Oxervate



Drug Rebates are Increasingly Important

- Pre-rebate spend growing much faster than post-rebate spend



Summary

- Drugs continue to get more expensive due to many factors:
  - New drugs continue to list at higher and higher prices
  - The drugs being used are more expensive as newer more effective drugs are available
  - Many more cell and gene therapies are coming with limited opportunity for value-based agreements
  - More drugs are being approved for rare diseases and oncology at very expensive list prices, some without evidence of efficacy
  - Congressional changes (AMP cap removal and increased offset amounts)
  - Shortages

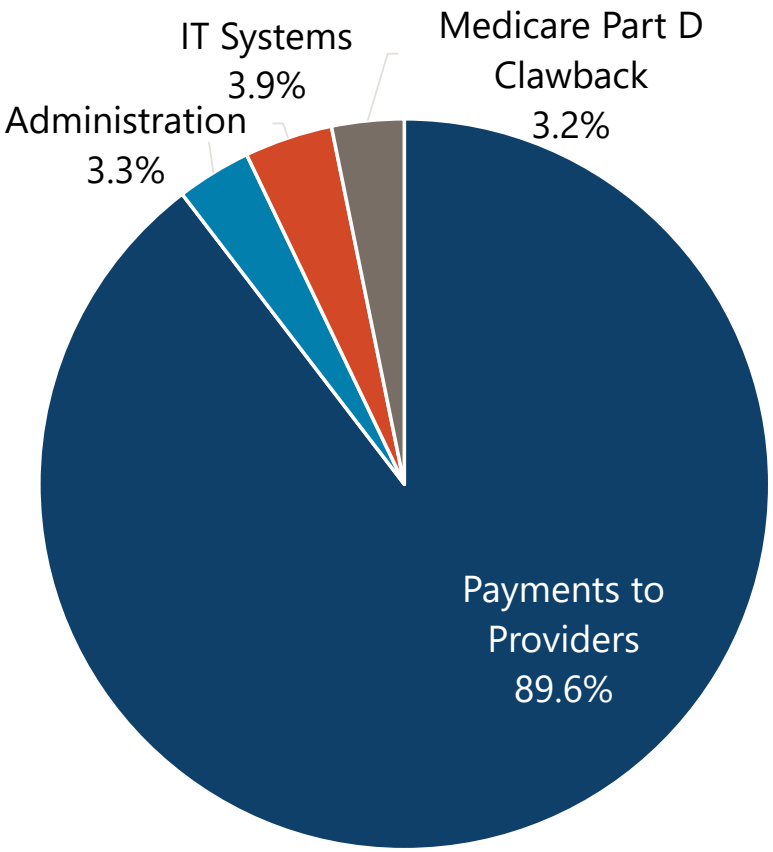
- Tools to minimize growth in spend:
  - Finding rebate opportunities
  - Utilization management
  - Eliminating fraud, waste, or abuse potential

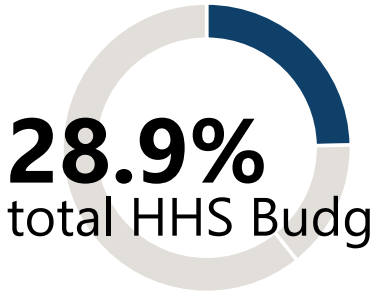
2025 – 2027 Budget & Other Resource Requirements

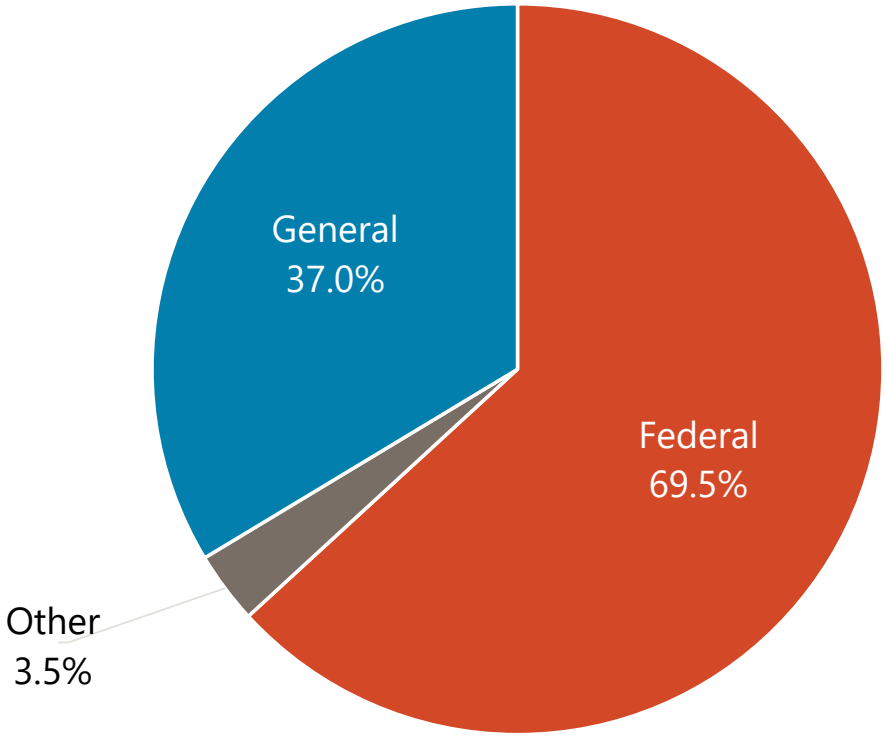
Medical Services

Budget Overview

Medical Services: $1.8 Billion Total Budget







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Comparison of budget expenditures and projections
By Program

PROGRAMS	2023-25 LEGISLATIVE BASE	ONE-TIME/ CARRYOVER	2023-25 EXPENSES THROUGH DECEMBER	2023-25 PROJECTED EXPENDITURES	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)	ENGROSSED HB 1012	GENERAL	FEDERAL	OTHER
MEDICAL SERVICES ADMINISTRATION	$ 42,658,801	$ 6,500,000	$ 33,046,288	$ 52,561,958	$ 56,643,190	$ (1,535,850)	$ 55,107,340	$ 20,614,986	$ 34,492,354	$ -
MEDICAL SERVICES IT					70,088,697	-	70,088,697	11,994,518	57,594,179	500,000
DRUG CLAWBACK	49,291,723		31,171,799	43,494,730	56,426,848	-	56,426,848	54,266,848	-	2,160,000
COUNTY JAIL CLAIMS	1,000,000		678,943	928,943	1,000,000	-	1,000,000	-	-	1,000,000
CROSS DISABILITY WAIVER IMPLEMENTATION		-			4,948,452	-	4,948,452	2,474,226	2,474,226	
CRITICAL ACCESS HOSPITAL NETWORKING GRANT					-	2,000,000	2,000,000			2,000,000
MEDICAL SERVICES	**1,721,252,658**	**-**	**1,148,727,533**	**1,593,726,563**	**1,616,619,252**	**5,453,149**	**1,622,072,401**	**401,127,387**	**1,164,030,895**	**56,914,119**
Inpatient Hospital	227,650,273	-	157,894,416	218,399,757	235,436,722	1,581,875	237,018,597	117,944,763	119,073,834	-
Outpatient Hospital	125,343,902	-	87,526,972	122,743,731	127,121,698	553,643	127,675,341	46,228,667	64,972,555	16,474,119
Professional Services	137,991,523	-	106,260,015	149,800,633	151,553,918	1,126,354	152,680,272	74,482,154	78,198,118	-
Drugs	84,898,305	-	67,515,161	111,660,402	86,742,424	-	86,742,424	9,200,881	59,841,542	17,700,000
Indian Health Services	58,583,364	-	58,311,115	84,183,190	94,554,742	706,212	95,260,955	-	95,260,955	-
PRTF Services	24,340,239	-	15,354,505	21,383,435	21,445,266	159,382	21,604,648	10,534,399	11,070,249	-
Dental Services	36,094,013	-	26,257,349	36,718,477	36,993,255	274,935	37,268,190	18,111,629	19,156,561	-
Premiums	54,734,853	-	35,239,170	49,412,897	56,694,910	-	56,694,910	26,496,898	30,198,012	-
Other Services	153,836,340	-	105,776,050	152,799,846	136,815,944	997,527	137,813,470	28,324,324	86,749,147	22,740,000
1915(i) State Plan Services	15,163,012		1,208,913	1,555,798	7,161,033	53,221	7,214,254	3,593,739	3,620,515	-
Expansion Medicaid	802,616,834	-	487,383,867	645,068,397	662,099,340	-	662,099,340	66,209,934	595,889,406	-
TOTAL	**$ 1,814,203,182**	**$ 6,500,000**	**$1,213,624,563**	**$ 1,690,712,194**	**$ 1,805,726,439**	**$ 5,917,299**	**$ 1,811,643,738**	**$ 490,477,965**	**$ 1,258,591,654**	**$ 62,574,119**

Changes to Base Budget

By Ongoing, One-Time and Funding Source

BASE BUDGET CHANGES	DESCRIPTION	2025-27 EXECUTIVE BUDGET		ENGROSSED HB 1012	
		GENERAL	OTHER	GENERAL	OTHER
Services - Cost to Continue	Bed Assessment Tax	$ -	$7,209,580 - Provider Assessment Fund	$ -	$7,209,580 - Provider Assessment Fund
Compliance & Quality	Value-Based Purchasing	1,000,000	1,000,000 - Federal	1,000,000	1,000,000 - Federal
Services - DOJ	Home Health/Private Duty Nursing Targeted Rate Increase	1,235,768	1,235,768 - Federal	1,235,768	1,235,768 - Federal
Services - Home & Community Based Services	Cross Disability Waiver Implementation	2,474,226	2,474,226 - Federal	2,474,226	2,474,226 - Federal
Healthcare Workforce	Rebase Targeted Medicaid Rate Increase for Ambulance Services	2,189,770	2.189,770 - Federal	2,189,770	2,189,770 - Federal
IT - Existing	Retire Medicaid legacy system on mainframe (One-time Funding)		2,000,000 - Federal 1,500,000 SIIF 500,000		2,000,000 - Federal 1,500,000 SIIF 500,000
Additional Executive Decision Packages	Provider Inflation (1.5%/1.5%) vs (2%/2%)	6,949,693	9,266,071 - Federal	9,175,044	12,493,870 - Federal
Additional Executive Decision Packages	FMAP Reduction	15,065,248	(18,978,279) - Federal	15,065,248	(18,978,279) - Federal
House Amendment	Provides Funding for a Critical Access Hospital Networking Grant (One-Time Funding)				2,000,000 - CHTF
House Amendment	FTE Block Grant Salary Reduction	-	-	(659,167)	(73,683) - Federal
House Amendment	Operating Reduction	-	-	(803,000)	-

Note:
1. Private Duty Nursing & Home Health Targeted Rate Increase discussed in Long Term Care Budget slides.

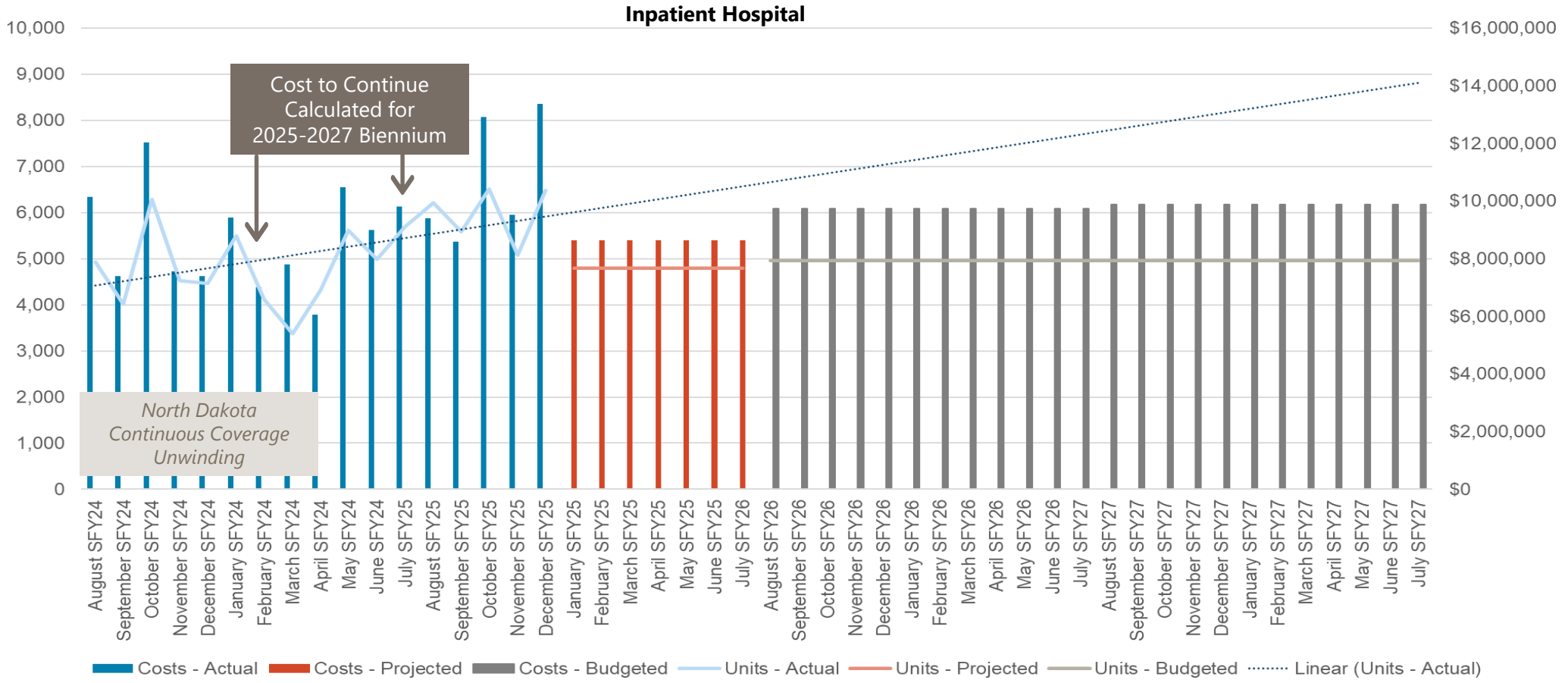
Comparison of budgets and funding

By Major Expense

DESCRIPTION	2023-25 LEGISLATIVE BASE	INCREASE / (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)	ENGROSSED HB 1012
Salaries & Benefits	$ 21,008,344	$ 3,792,100	$ 24,800,444	$ (732,850)	$ 24,067,594
Operating	70,807,976	22,275,866	93,083,842	(803,000)	92,280,842
IT Services	-	70,088,697	70,088,697	-	70,088,697
Capital Asset Expense	-	-	-	-	-
Capital Assets	-	-	-	-	-
Grants	1,722,386,862	(104,633,406)	1,617,753,456	7,453,149	1,625,206,605
Total	**$ 1,814,203,182**	**$ (8,476,743)**	**$ 1,805,726,439**	**$ 5,917,299**	**$ 1,811,643,738**
General Fund	**$ 471,540,015**	**$ 18,174,765**	**$ 489,714,780**	**$ 763,184**	**$ 490,477,964**
Federal Funds	**1,283,426,535**	**(27,988,995)**	**1,255,437,540**	**3,154,115**	**1,258,591,655**
Other Funds	**59,236,632**	**1,337,487**	**60,574,119**	**2,000,000**	**62,574,119**
Total Funds	**$ 1,814,203,182**	**$ (8,476,743)**	**$ 1,805,726,439**	**$ 5,917,299**	**$ 1,811,643,738**

How We Budget

Medical Services & Long-Term Care



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How We Budget

Top Services: Medical Services

North Dakota Department of Health and Human Services
Medical Services
Unit and Cost Comparison
12 Month Average to Executive Budget Request (EBR) 2025 - 2027 Biennium

Program	12 Month Average in Units (April 2023 - March 2024)	Monthly average units for EBR 2025 - 2027	Change from EBR to 12 mo Avg units	12 Month Average in Cost per Unit (April 2023 - March 2024)	Monthly average cost per unit for EBR 2025 - 2027	Change from EBR to 12 mo Avg cost per unit	Monthly average units for first 14 months of 23-25	Monthly average unit cost for first 14 months of 23-25
INPATIENT HOSPITAL	4,775	4,962	187	$1,813.98	$1,977.00	$163.02	4,976	$1,752.06
OUTPATIENT HOSPITAL	231,057	239,415	8,358	$21.29	$22.12	$0.83	263,361	$18.81
PROFESSIONAL SERVICES	326,120	298,372	(27,748)	$17.47	$21.16	$3.69	309,126	$19.52
DRUGS	95,349	86,375	(8,974)	$67.73	$41.84	($25.89)	90,364	$30.36
INDIAN HEALTH SERVICES	23,383	25,582	2,199	$135.17	$154.01	$18.84	23,708	$144.36
1915i STATE PLAN SERVICES	2,748	13,023	10,275	$16.18	$22.91	$6.73	3,331	$16.34
PRTF SERVICES	1,230	1,270	40	$686.58	$703.58	$17.00	1,232	$713.69
DENTAL SERVICES	18,716	18,408	(308)	$80.43	$83.73	$3.30	18,269	$80.93
PREMIUMS	11,266	11,413	147	$171.61	$206.98	$35.37	11,059	$174.15
EXPANSION MEDICAID	30,675	23,500	(7,175)	$986.69	$1,173.94	$187.25	26,882	$991.27

Savings Plan
Medical Services

DESCRIPTION OF SAVINGS	GENERAL FUND	FEDERAL FUND	OTHER FUND
Pay Co-Pays on $0 Drugs to Allow Rebate	(450,000)	(1,050,000)	-
Bed Tax Assessment	-	-	(7,209,580)
Operational Reduction	(3,866,980)		
Information Technology Reduction	(9,561,053)		
TPL/Claims Recoveries	(1,830,000)	(1,830,000)	

Grants on a Walkthrough

Recommendation to the Governor

DESCRIPTION	2025-27 BASE BUDGET	COST TO CONTINUE	FMAP	SAVINGS PLAN	REDUCTION	TOTAL CHANGES	TO GOVERNOR
TRADITIONAL MEDICAID	$ 918,635,886	$ 45,160,756	$ (3,913,031)	$ (8,709,580)	$ (28,930,539)	$ 3,607,606	$ 922,243,492
INPATIENT HOSPITAL	227,650,273	3,082,453	-	-	-	3,082,453	230,732,726
OUTPATIENT HOSPITAL	125,343,902	131,436	-	-	-	131,436	125,475,338
PROFESSIONAL SERVICES	137,991,523	10,212,973	-	-	-	10,212,973	148,204,496
DRUGS	84,898,305	3,344,118	-	(1,500,000)	-	1,844,118	86,742,423
INDIAN HEALTH SERVICES	58,583,364	33,871,506	-	-	-	33,871,506	92,454,870
PRTF SERVICES	24,340,239	(3,368,924)	-	-	-	(3,368,924)	20,971,315
DENTAL SERVICES	36,094,013	81,672	-	-	-	81,672	36,175,685
PREMIUMS	54,734,853	1,960,057	-	-	-	1,960,057	56,694,910
OTHER SERVICES	168,999,414	(4,154,535)	(3,913,031)	(7,209,580)	(28,930,539)	(44,207,685)	124,791,729
EXPANSION MEDICAID	802,616,834	(140,517,494)	-	-	-	(140,517,494)	662,099,340
TOTAL FUNDS	**$ 1,721,252,720**	**$ (95,356,738)**	**$ (3,913,031)**	**$ (8,709,580)**	**$ (28,930,539)**	**$ (136,909,888)**	**$ 1,584,342,832**
GENERAL FUND	**$ 408,309,812**	**$ (6,464,515)**	**$ 15,065,248**	**$ (450,000)**	**$ (28,930,539)**	**$ (20,779,806)**	**$ 387,530,006**

Governor's Recommendation to the House

DESCRIPTION	TO GOVERNOR	INFLATION	SERVICES - COST TO CONTINUE	COMPLIANCE & QUALITY	SERVICES- DOJ	HEALTHCARE WORKFORCE	TOTAL CHANGES	TO HOUSE
TRADITIONAL MEDICAID	$ 922,243,492	$ 16,215,764	$ 7,209,580	$ 2,000,000	$ 2,471,536	$ 4,379,540	$ 32,276,420	$ 954,519,912
INPATIENT HOSPITAL	230,732,726	4,703,996	-	-	-	-	4,703,996	235,436,722
OUTPATIENT HOSPITAL	125,475,338	1,646,360	-	-	-	-	1,646,360	127,121,698
PROFESSIONAL SERVICES	148,204,496	3,349,422	-	-	-	-	3,349,422	151,553,918
DRUGS	86,742,423	-	-	-	-	-	-	86,742,423
INDIAN HEALTH SERVICES	92,454,870	2,099,873	-	-	-	-	2,099,873	94,554,743
PRTF SERVICES	20,971,315	473,952	-	-	-	-	473,952	21,445,267
DENTAL SERVICES	36,175,685	817,570	-	-	-	-	817,570	36,993,255
PREMIUMS	56,694,910	-	-	-	-	-	-	56,694,910
OTHER SERVICES	124,791,729	3,124,592	7,209,580	2,000,000	2,471,536	4,379,540	19,185,248	143,976,977
EXPANSION MEDICAID	662,099,340	-	-	-	-	-	-	662,099,340
TOTAL FUNDS	**$ 1,584,342,832**	**$ 16,215,764**	**$ 7,209,580**	**$ 2,000,000**	**$ 2,471,536**	**$ 4,379,540**	**$ 32,276,420**	**$ 1,616,619,252**
GENERAL FUND	**$ 387,530,006**	**$ 6,949,693**	**$ -**	**$ 1,000,000**	**$ 1,235,768**	**$ 2,189,770**	**$ 11,375,231**	**$ 398,905,237**

Grants on a Walkthrough

Governor's Recommendation to the House

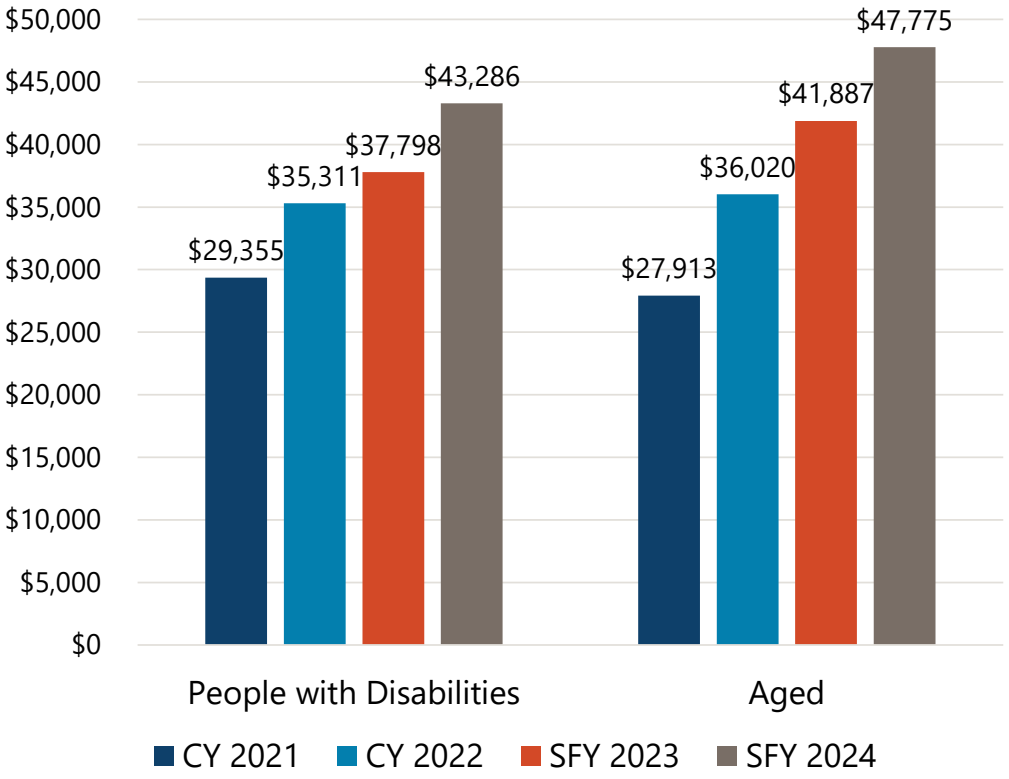
DESCRIPTION	TO GOVERNOR	INFLATION	SERVICES - COST TO CONTINUE	COMPLIANCE & QUALITY	SERVICES- DOJ	HEALTHCARE WORKFORCE	TOTAL CHANGES	TO HOUSE
TRADITIONAL MEDICAID	$ 922,243,492	$ 16,215,764	$ 7,209,580	$ 2,000,000	$ 2,471,536	$ 4,379,540	$ 32,276,420	$ 954,519,912
INPATIENT HOSPITAL	230,732,726	4,703,996	-	-	-	-	4,703,996	235,436,722
OUTPATIENT HOSPITAL	125,475,338	1,646,360	-	-	-	-	1,646,360	127,121,698
PROFESSIONAL SERVICES	148,204,496	3,349,422	-	-	-	-	3,349,422	151,553,918
DRUGS	86,742,423	-	-	-	-	-	-	86,742,423
INDIAN HEALTH SERVICES	92,454,870	2,099,873	-	-	-	-	2,099,873	94,554,743
PRTF SERVICES	20,971,315	473,952	-	-	-	-	473,952	21,445,267
DENTAL SERVICES	36,175,685	817,570	-	-	-	-	817,570	36,993,255
PREMIUMS	56,694,910	-	-	-	-	-	-	56,694,910
OTHER SERVICES	124,791,729	3,124,592	7,209,580	2,000,000	2,471,536	4,379,540	19,185,248	143,976,977
EXPANSION MEDICAID	662,099,340	-	-	-	-	-	-	662,099,340
TOTAL FUNDS	**$ 1,584,342,832**	**$ 16,215,764**	**$ 7,209,580**	**$ 2,000,000**	**$ 2,471,536**	**$ 4,379,540**	**$ 32,276,420**	**$ 1,616,619,252**
GENERAL FUND	**$ 387,530,006**	**$ 6,949,693**	**$ -**	**$ 1,000,000**	**$ 1,235,768**	**$ 2,189,770**	**$ 11,375,231**	**$ 398,905,237**

House Recommendation to the Senate

DESCRIPTION	INFLATION 2% / 2%	TOTAL CHANGES	TO SENATE
TRADITIONAL MEDICAID	$ 5,453,149	$ 5,453,149	$ 959,973,061
INPATIENT HOSPITAL	1,581,875	1,581,875	237,018,597
OUTPATIENT HOSPITAL	553,643	553,643	127,675,341
PROFESSIONAL SERVICES	1,126,354	1,126,354	152,680,272
DRUGS	-	-	86,742,423
INDIAN HEALTH SERVICES	706,212	706,212	95,260,955
PRTF SERVICES	159,382	159,382	21,604,649
DENTAL SERVICES	274,935	274,935	37,268,190
PREMIUMS	-	-	56,694,910
OTHER SERVICES	1,050,748	1,050,748	145,027,725
EXPANSION MEDICAID	-	-	662,092,940
TOTAL FUNDS	**$ 5,453,149**	**$ 5,453,149**	**$ 1,622,072,401**
GENERAL FUND	**$ 2,225,351**	**$ 2,225,351**	**$ 401,127,388**

Long Term Care

Per Capita Expenditures: Aged & People with Disabilities

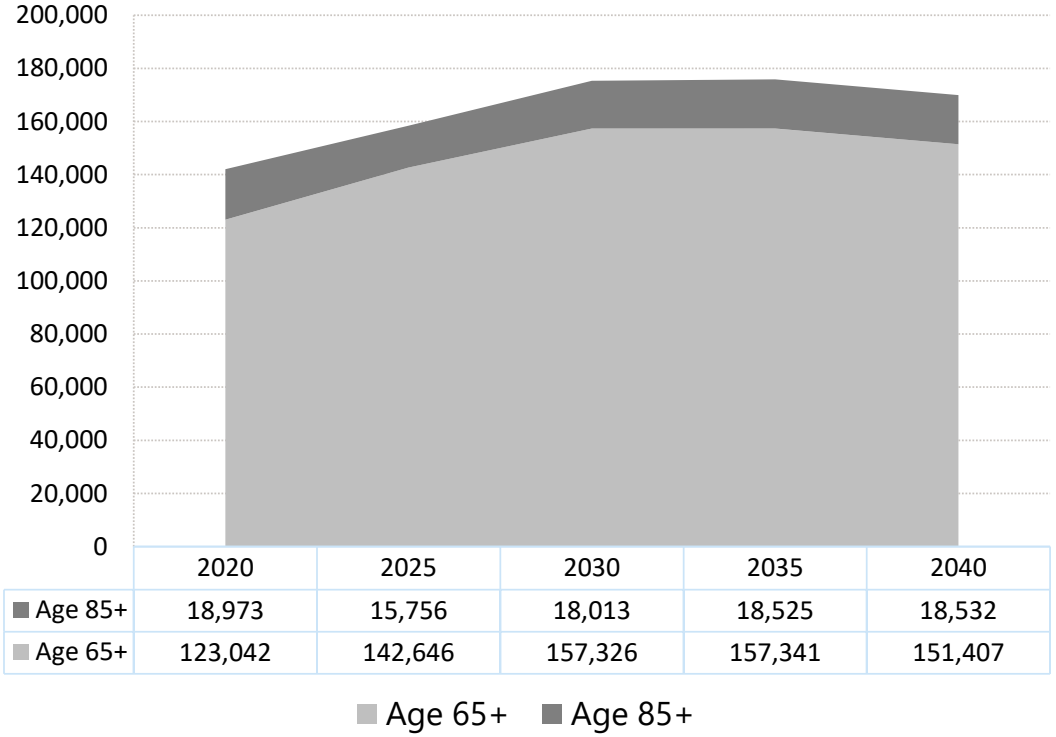


- ND Medicaid ranked **1st for Aged per capita** expenditures.
- ND Medicaid ranked **7th for People with Disabilities per capita** expenditures.

Note: CY 2021 and CY 2022 Data obtained from Medicaid and CHIP Scorecard - Medicaid Per Capita Expenditures. SFY 2023 and SFY 2024 numbers calculated from ND TMSIS data.

Who We Serve

Older adults and adults with physical disabilities make up a growing percentage of North Dakota's population



	2020	2025	2030	2035	2040
Age 85+	18,973	15,756	18,013	18,525	18,532
Age 65+	123,042	142,646	157,326	157,341	151,407

Source: 2024 ND State Data Center Population Projections

- The population age 65+ is expected to experience the **largest period of growth between now and 2035**
  - People age 65+ represent 18-19% of ND population
  - **Age 85+** consistently represents approx. 15% of total pop age 65+ but the **number of people** in that age group will **grow by 3,000** between now and **2035**

7 in 10

Americans 65+ will need LTC services for an average of 5 years

Long Term Care Eligibility

Functional Need

- Individuals must have a level of care that indicates a need for long term care.
- Assessments are used to measure an individual's needs. The assessment can help shape the care plan in addition to verifying eligibility.
- Functional needs can also drive acuity-based payments to providers.

+

Financial Need

Income Limit

Income is any item an individual receives in cash or in-kind that can be used to meet basic needs.

Some Medicaid members must "spend down" their income to qualify for Medicaid. Members in an institution retain a personal needs allowance.

Asset Limit

Single: $3,000
Married: $6,000

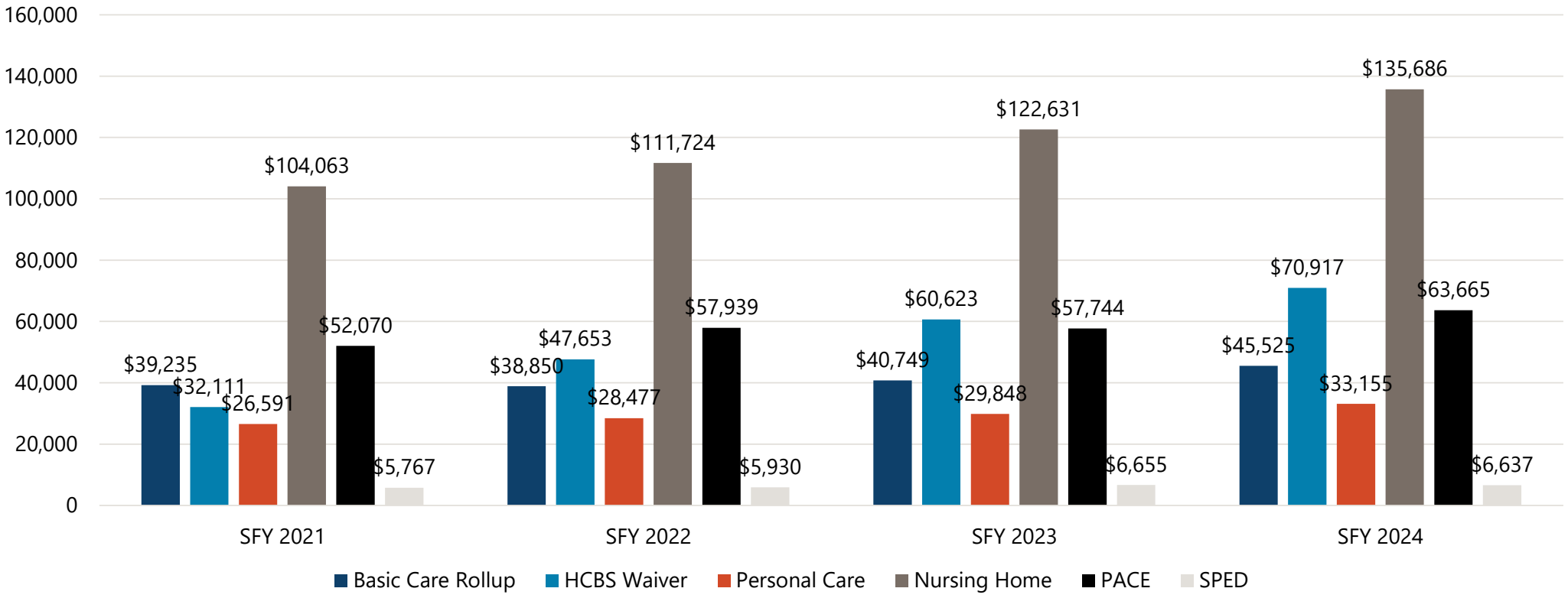
Note: Special Spousal Impoverishment rules apply when the individual's spouse is not applying or not in a medical facility.

Medicaid LTC eligibility includes a 5-year lookback period to ensure that assets were not gifted or sold under fair market value.

Related Bill:
House Bill 1485 | Relating to the Personal Needs Allowance Amount for Eligible Beneficiaries

Where the Long-Term Care Budget Goes

Average Cost per Person



Note: Basic Care Rollup includes both Basic Care Personal Care and Room and Board

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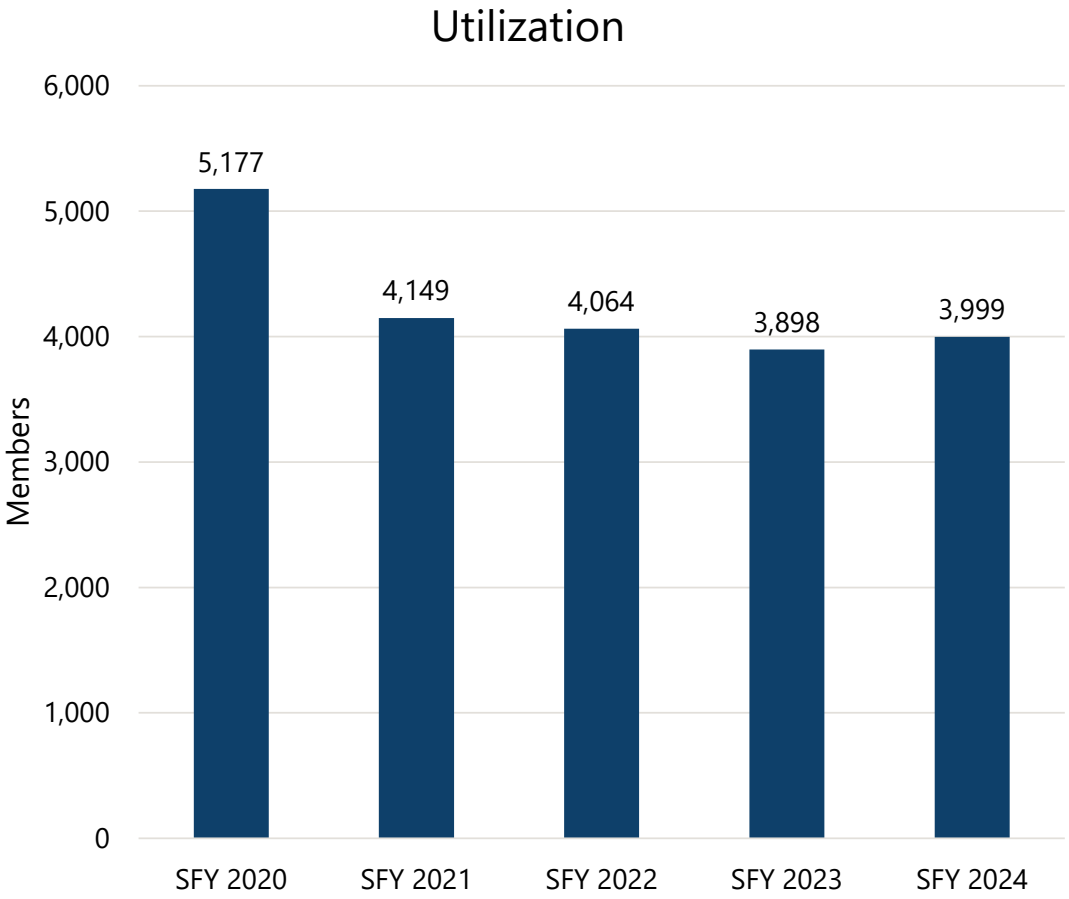
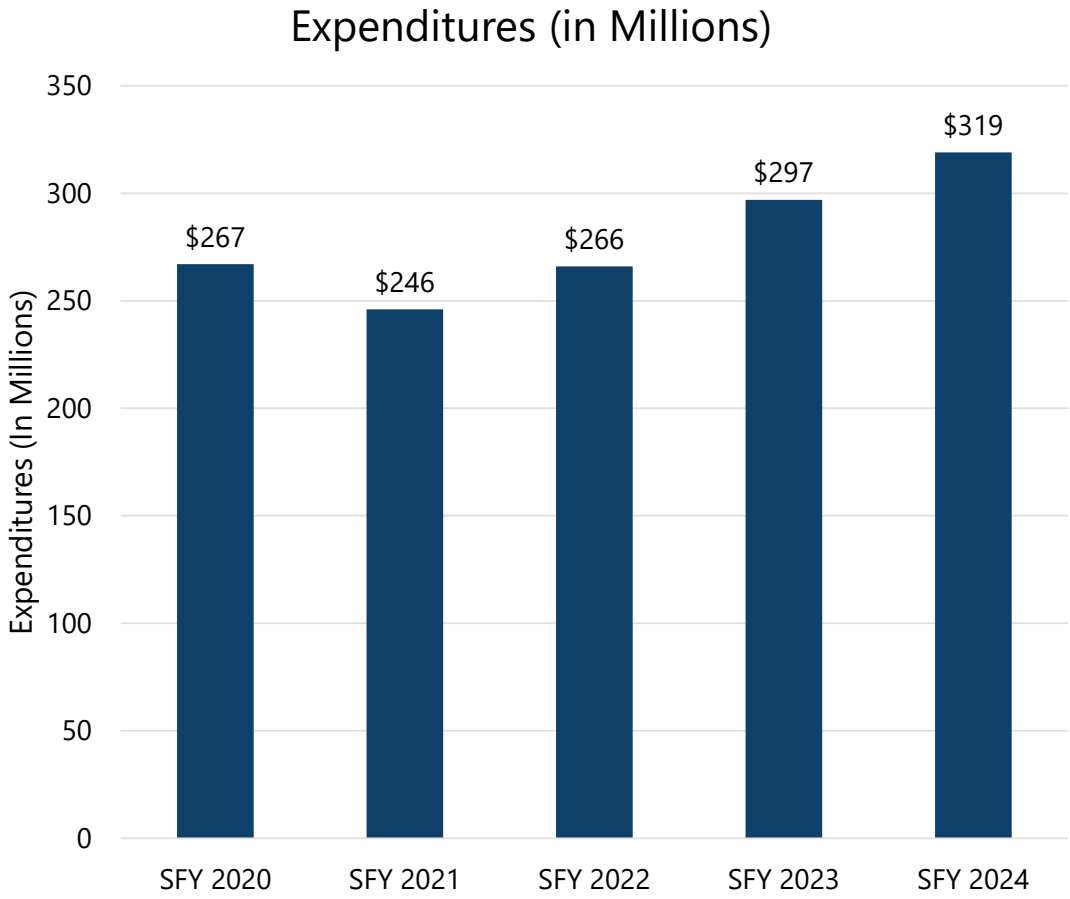
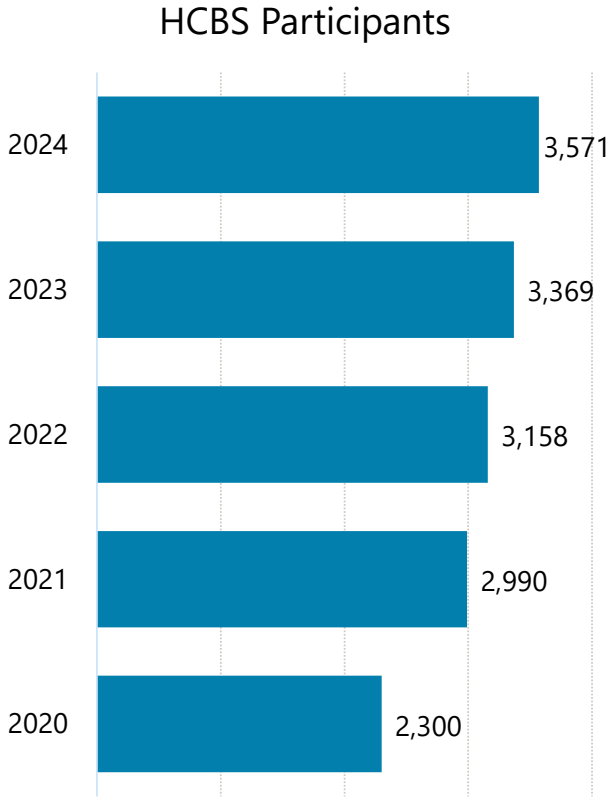
Nursing Facility Utilization & Expenditures





More North Dakotans are choosing home-based community care options every year

- ✓ The **demand** for in-home and community-based services has continued to **increase.**
- ✓ More HCBS participants have **complex needs** (medical and behavioral health) that increase the amount of time and skills necessary to provide **quality services.**
- ✓ **Rising acuity levels** have created a demand for more **complex services** and providers who can employ higher trained staff including **nurses and supervisory** staff.



54% increase since 2020

What is HCBS?
Services delivered in an **integrated setting**.

What is an integrated setting?
A private home, apartment etc., owned or rented by the individual or their family, or an individual adult foster care setting.

Implementing the Settlement Agreement between U.S. DOJ & State of North Dakota

PURPOSE is to ensure that ND will **meet Americans with Disabilities Act (ADA) requirements** by providing services, programs, and activities for individuals with physical disabilities in the most integrated setting appropriate to their needs.

Effective Dec. 14, 2020

Agreement will terminate eight years after effective date if Parties agree that the state has attained substantial compliance with all provisions and maintained that compliance for a period of one year.

Watch Diversion and Transition Testimonials- Adults and Aging Health and Human Services North Dakota

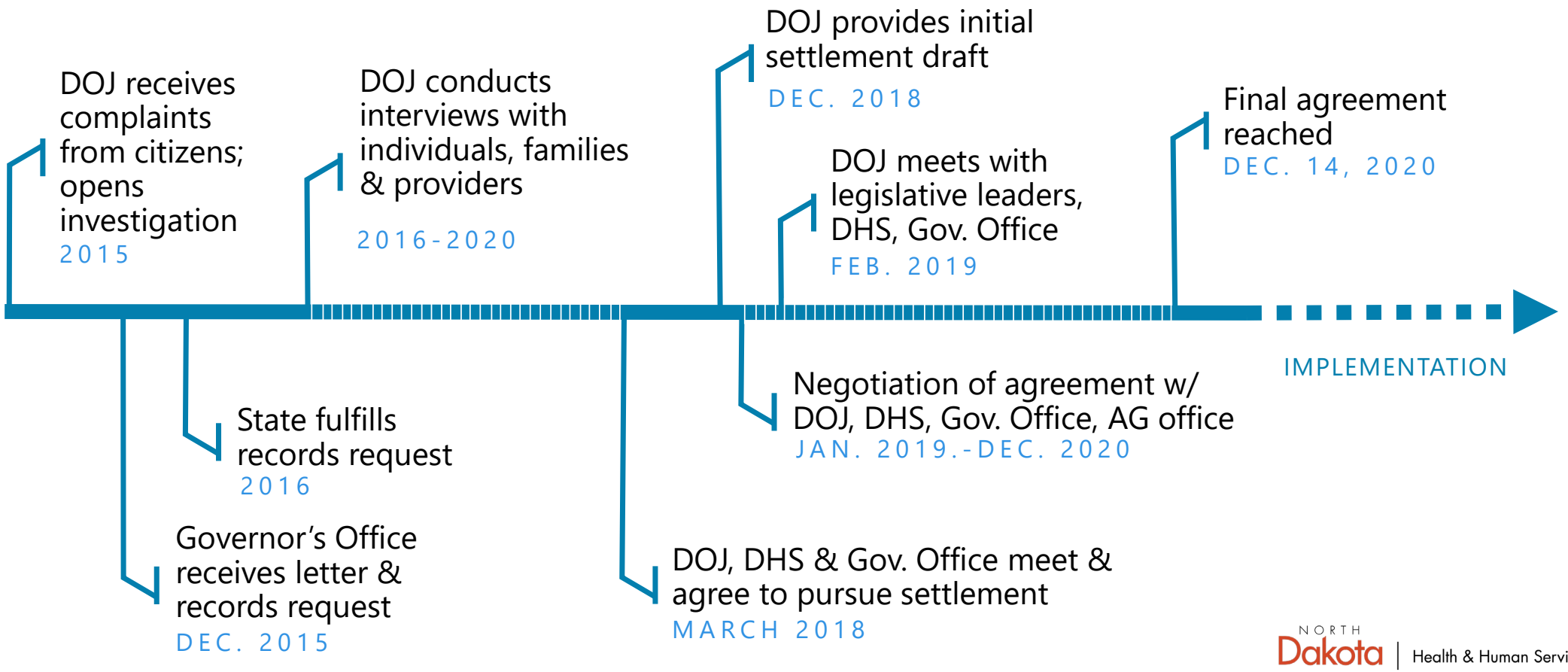


US DOJ Settlement Agreement Americans with Disabilities Act

- The Americans with Disabilities Act (ADA) requires public agencies to **eliminate unnecessary segregation** of persons with disabilities and provide services in the **most integrated setting appropriate** to the needs of the individual.
- In **1999** the Federal Supreme Court **Olmstead** decision **affirmed** the **ADA** requirements.
- Most **integrated setting** is an individual or family home



DOJ Settlement Agreement Timeline



Who are we trying to reach?

Target population members (TPMs)



Basic Eligibility

- Individual with physical disability
- Over age 21
- Eligible or likely to become eligible to receive Medicaid long-term services and supports (LTSS)
- Is likely to require LTSS for at least 90 days.

IF in skilled nursing setting

- Receive Medicaid-funded nursing facility services AND
  - Likely to require long term services and supports
- Receive nursing facility services AND
  - Likely to become eligible for Medicaid within 90 days, have submitted a Medicaid application, and have approval for a long-term nursing facility stay

IF in hospital or home setting

- Referred for a nursing facility level of care determination AND
  - Likely to need services long term
- Need services to continue living in the community AND
  - Currently have a HCBS Case Manager or have contacted the ADRL

49
PER 1000

PEOPLE OVER 65 IN CERTIFIED NURSING FACILITIES

HIGHEST RATE IN THE U.S. **IN 2015**

Sources: Henry J Kaiser Foundation, US Census Bureau (2016)

DOJ Settlement Agreement

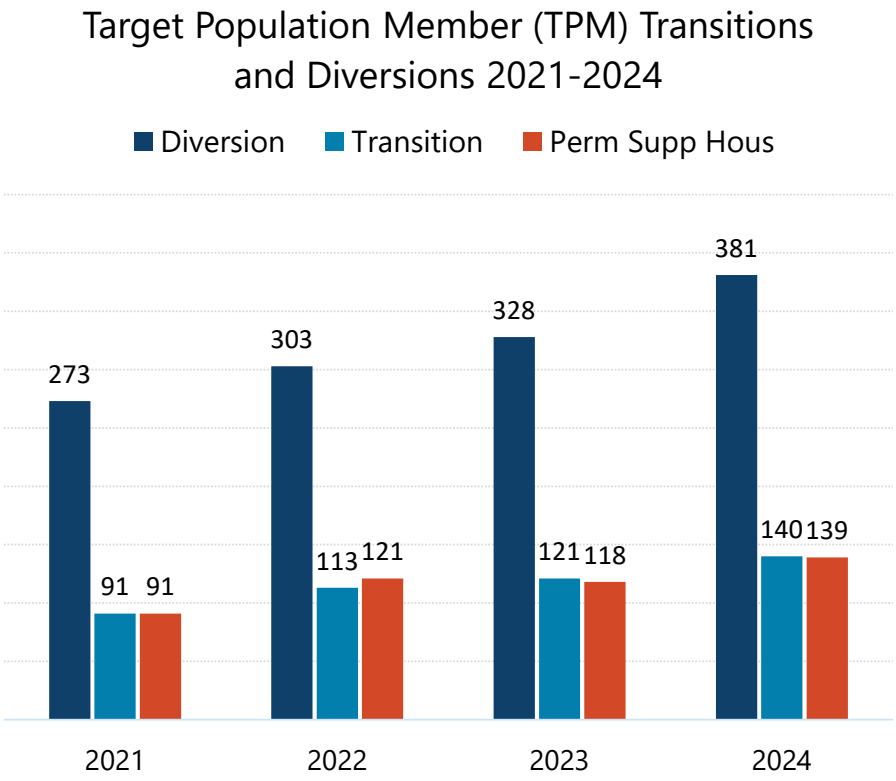
HCBS is supporting increase in Transition and Diversion from institutional settings

"**Diversion**" happens when a Medicaid eligible individual who screens at a nursing facility level of care receives a set of services (HCBS, housing etc.) that allows them to remain in an integrated setting and avoid institutionalization.

"Transition" happens when a Medicaid eligible individual who resides at a nursing facility receives transition supports and a set of services (HCBS, housing etc.) that allows them to move to an integrated setting in the community.

"**Permanent Supported Housing**" is providing affordable housing, rental assistance, meeting with landlords, application assistance etc., in addition to other traditional HCBS that allows an individual to live in a private residence alone or with family, their significant other or roommates of their choosing.

Housing is the #1 barrier to transition



DOJ Settlement Agreement Benchmarks

2020-2024

- **Transition at least 100 TPMs** by the end of **year 2 (2022)**, and by the end of **year 4 (2024) transition at least 60%** of those requesting to transition out of the SNF (within 120 days of request).
- **Divert** at least **100** TPMs within **2 years (2022)** and an **additional 150** by the end of **year 4 (2024)** who are choosing to receive care in the community.
- Provide permanent supported housing (rental assistance) to **20 TPMs in year 1 (2021)**, **30 in year 2 (2022), 60 in year 3 (2023).**

2025-2028

- **Transition 70% of TPMs by year 6 (2026) and 85% by year 7 (2027)** who are requesting transition out of the SNF (within 120 days of request).
- **Divert** an **additional 150 TPMs** to community-based services by **year 6** (2026) and **continue to divert** all who are **choosing to receive care in the community.**
- **Provide** permanent supported housing **(rental assistance)** to additional TPMs based on the aggregate need. *Note: Almost all transitions require some type of state or federally funded rental assistance.*

The Agreement will terminate **eight years (Dec 13, 2028)** after the effective date if the Parties agree that the State has attained substantial compliance with all provisions and maintained that compliance for a period of one year.

Cost to Continue: Home and Community Based Services Growth

Ongoing

Total	$64,814,924
General	$36,977,113
Federal	$27,837,811

The original submission of cost-to-continue related costs for HHS neglected to include HCBS Growth that is typically part of the calculation; the omission was an error and not reflective of change in policy or operation.

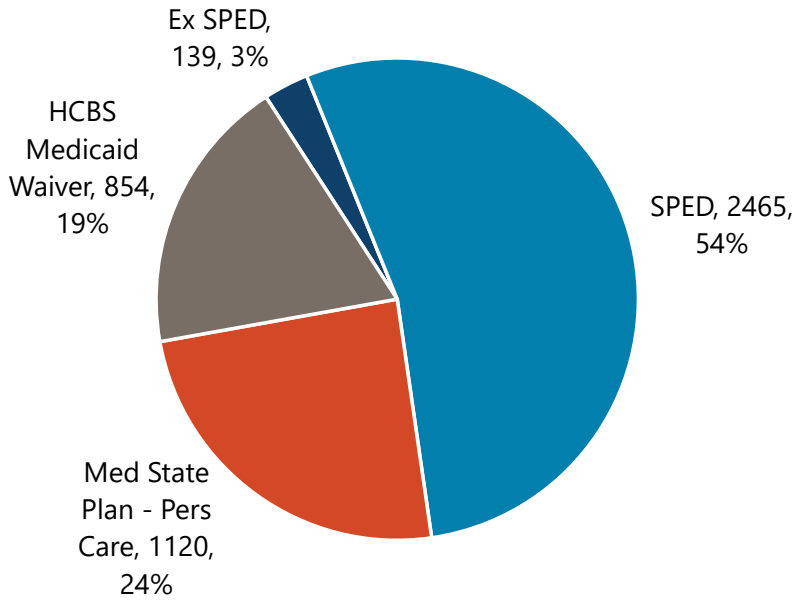
Demand for home and community-based services has continued to increase.

This is reflective of the growing number of North Dakota residents who are entering age ranges where health issues become more prevalent, as well as the success of the state's efforts to both divert and transition people from living in institutional settings.

Home-based community care options older adults and adults with physical disabilities

3,571

Number of people supported by HCBS in CY2024



Source: NDHHS HCBS Caseload Data Nov 2024 (unduplicated count)

- Primarily serves older adults and individuals with physical disabilities
- Recipients must be both functionally and financially eligible
- May have client cost share based on income
- Federal and state funds
- Recipients range in age from 17-104 years old

Adult & Aging Services

HCBS Case Management

HCBS Case Managers

Provide the support and structure needed to connect eligible people in need of in-home and community- based care to qualified service providers (QSPs) in their community.

What do they do?

- Determine eligibility
- Conduct person-centered planning
- Assess needs
- Authorize services
- Monitor for health and safety
- Provide support and guidance to family caregivers

73 and **4**

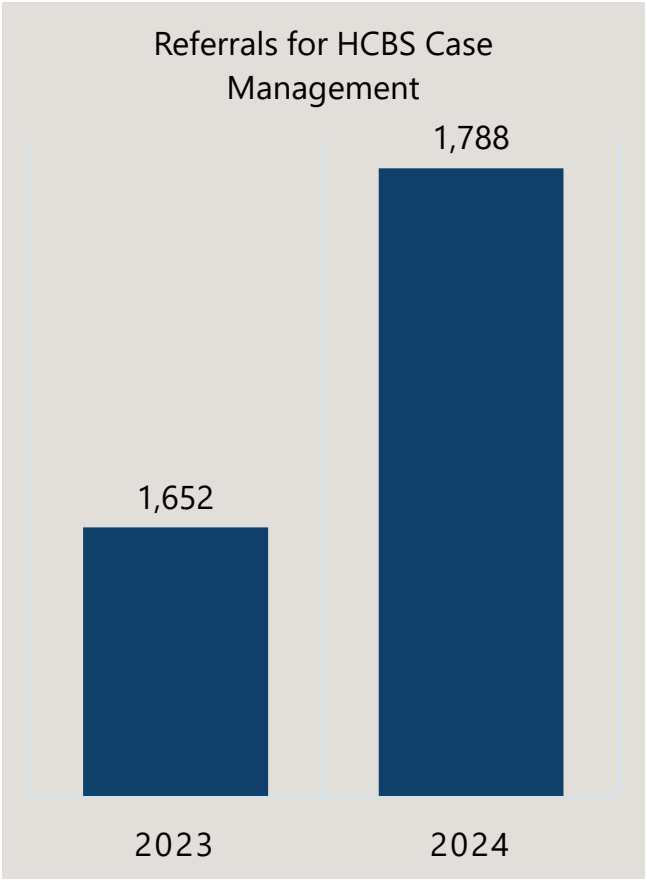
73 HCBS case managers and 4 Basic Care case managers are supervised by Adult & Aging Services

150 and **80**

On average, 150 new referrals and 80 new cases opened for HCBS each month

4,329

Provided Case Management to **3,538** HCBS recipients and **791** Medicaid Basic Care residents in 2024



Adult & Aging Services

Supporting QSPs who deliver care is a top priority







Qualified Service Providers (QSPs)

Agency and individual independent contractors who enroll to provide various HCBS

1,359
Qualified Services Providers (QSPs) provide services

206
Agency QSPs

1,153
Individual QSPs

Agency QSPs ranked the rate of compensation as the most important factor to retain employees.
UND Independent QSP Survey Oct 2024

334 new individual QSPs and **45** new agency QSPs enrolled to provide care in 2024

What motivates individual QSPs to enroll as a provider?
Someone important to them needed care.

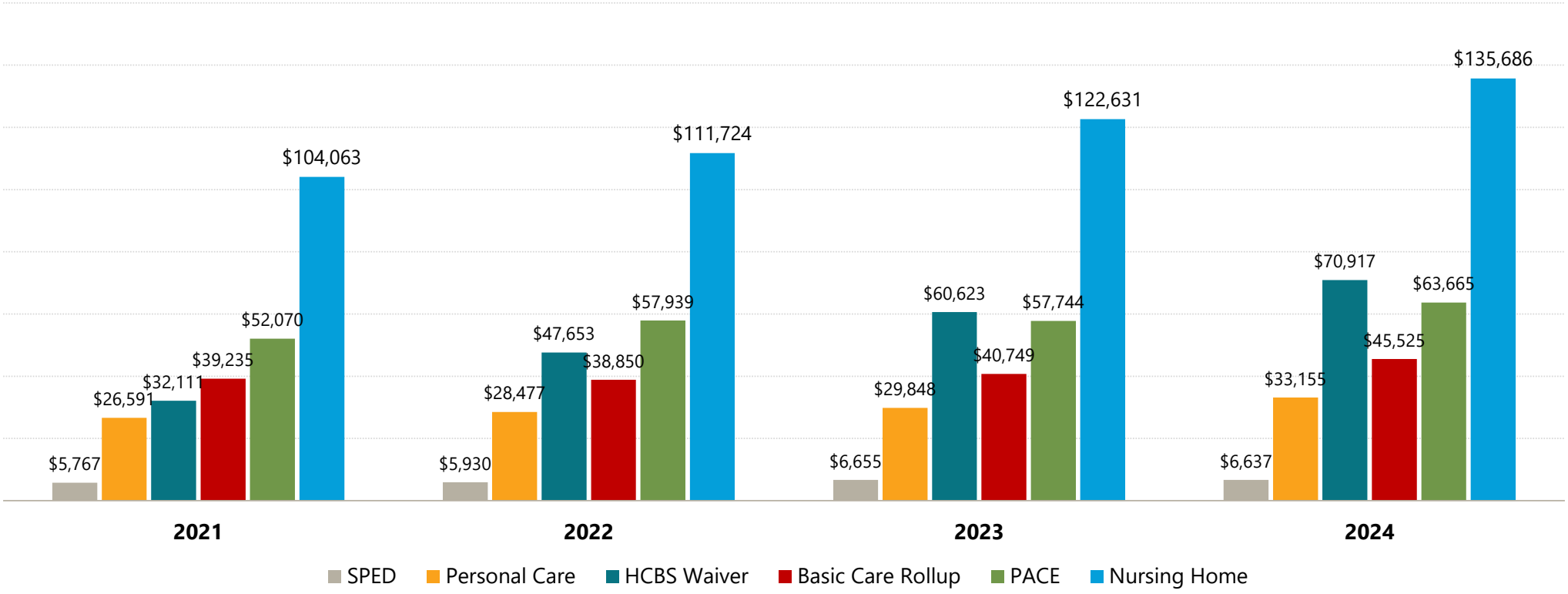






Average spending per person per year

Long-Term Care services and supports

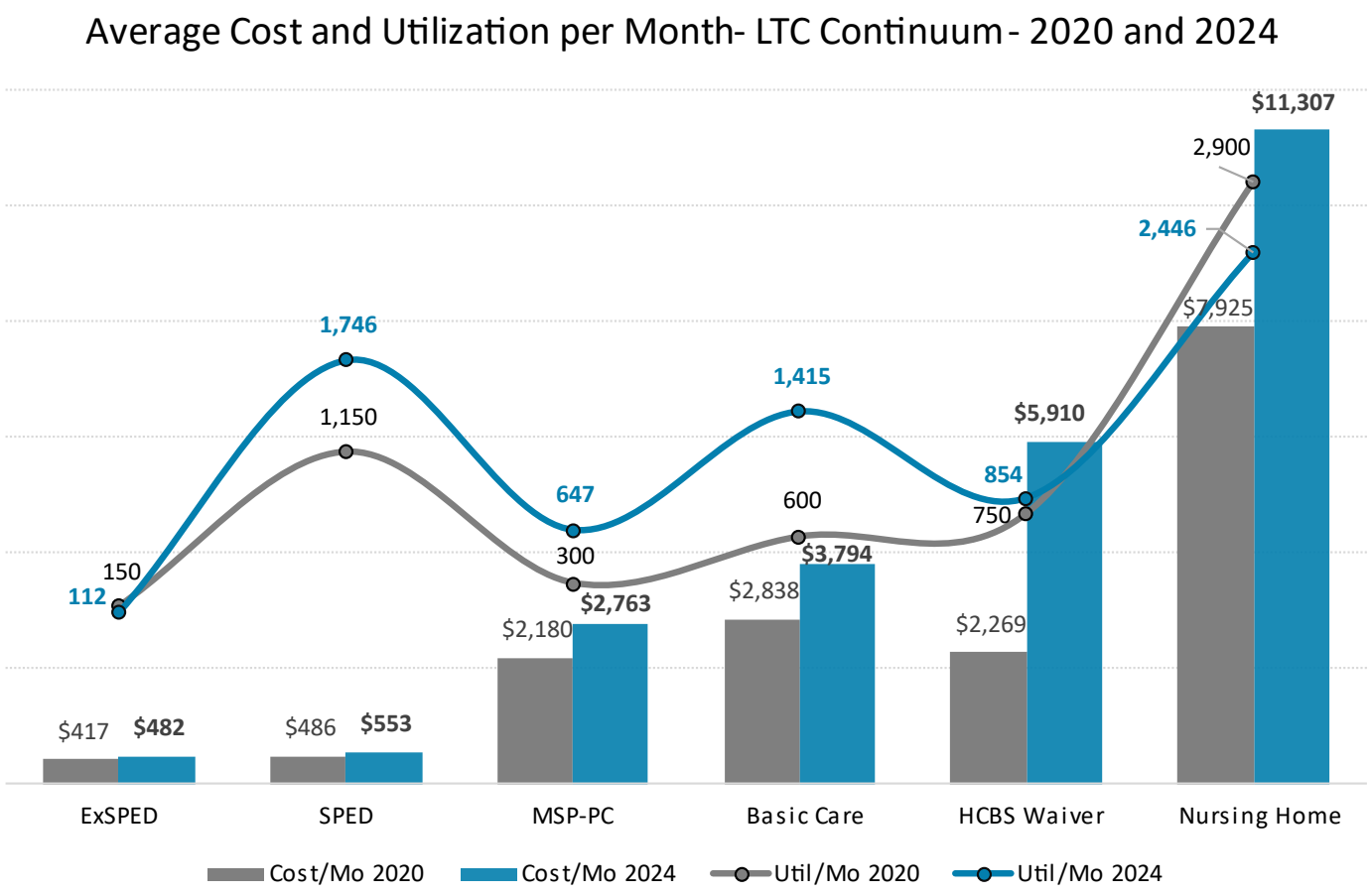


Note: Basic Care Rollup includes both Basic Care Personal Care and Room and Board

Connecting the Housing-Service Continuum to Budget

Long Term Care Services and Supports

Analysis of State Fiscal Year (SFY) 2020 and 2024 claims data | Average cost/month | Avg utilization/month



Between 2020 and 2024, North Dakota saw an increase in utilization of services at the entry-levels of the continuum of long term services and supports and a decrease in utilization of nursing home care.

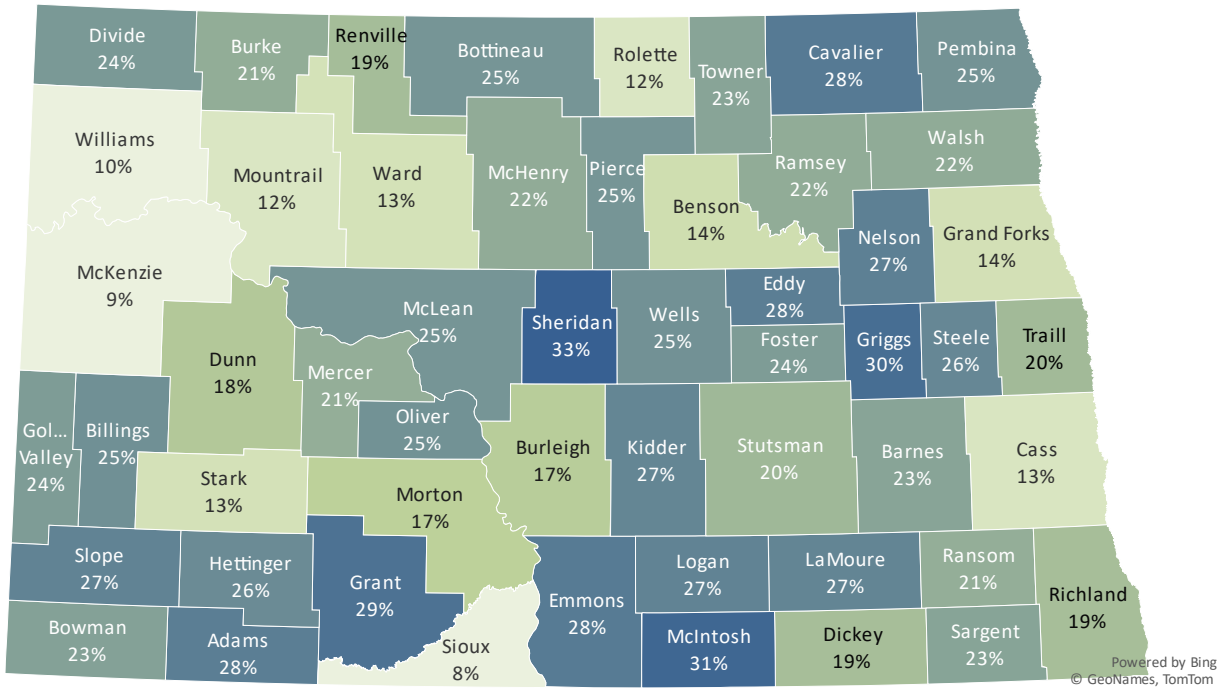
Costs continued to increase across all service lines with the most significant increases associated with care types that serve the highest acuity levels.

There are several factors driving the need for the full array of Adult/Aging services and for HCBS generally

1. Population characteristics
   - % of people living alone
   - Age distribution
   - Disability prevalence
2. Demand
   - Shifting expectations about where/how to receive services
   - Technology-enabled environmental modifications
   - # of people needing services
3. Complexity of care needed
   - Co-occurrence of behavioral and physical health diagnoses

15.9% of ND population was age 65+ in 2022

% of population age 65+ by county

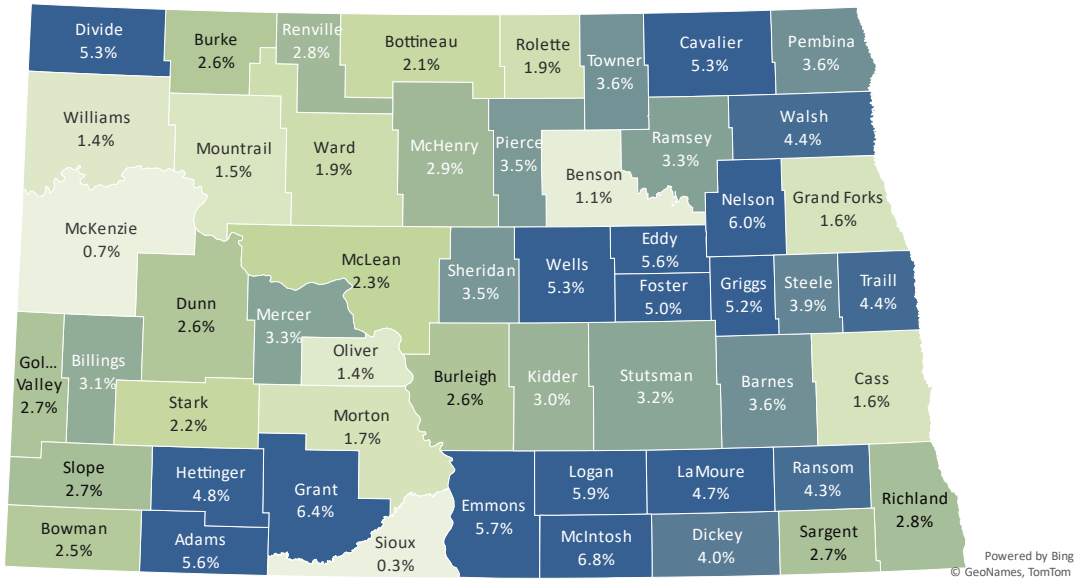


The next 10 years will represent the most significant shift in demographics for ND and most US states

The patterns represented here (2022 data) will become more exaggerated between now and 2035

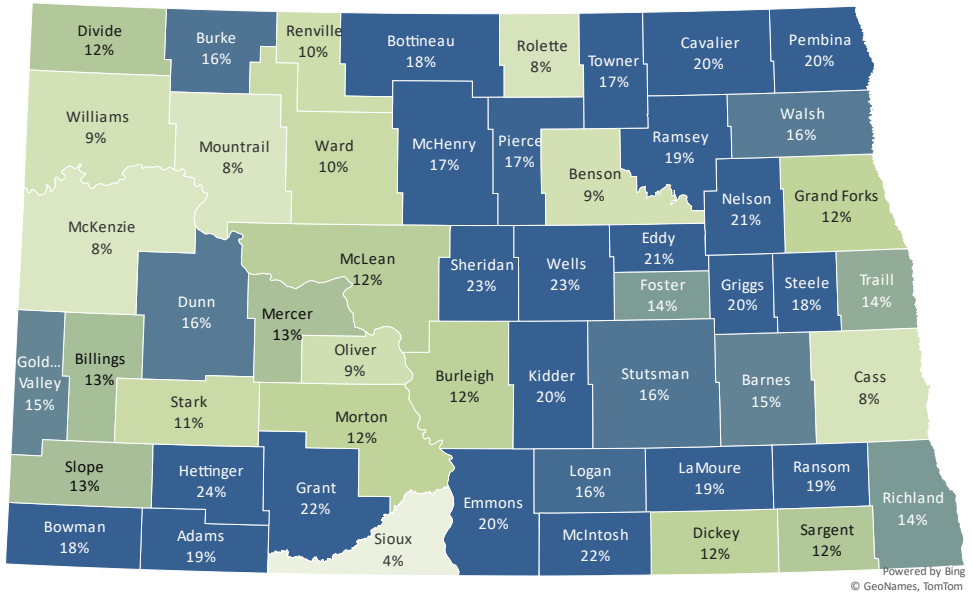
2.3% of ND population was age 85+ in 2022

% of population age 85+ by county



11.8% of ND households are someone age 65+ who is living alone

% of households by county consisting of a person age 65+ who is living alone (2022)



59% of current HCBS recipients **live alone** this is *above the national average* of 48%.

→ Lack of natural supports increases the need and amount of paid care necessary to maintain health and safety.

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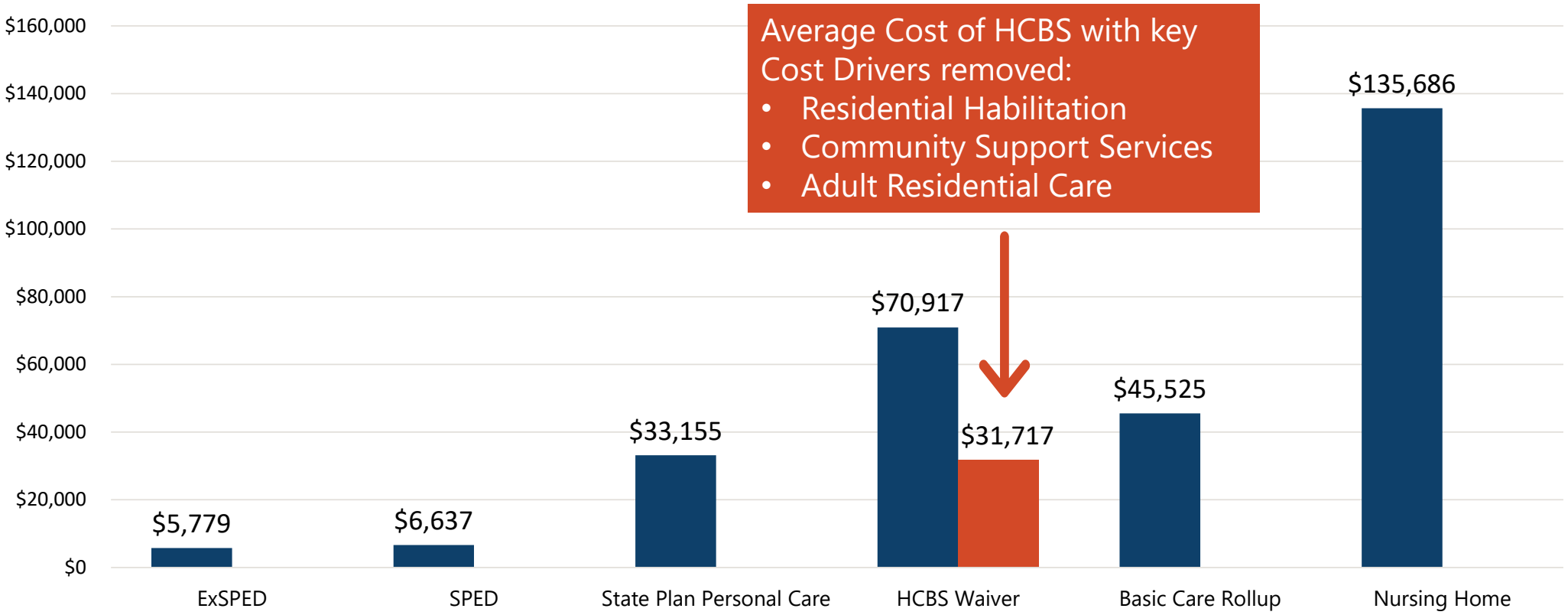
SFY 2024 Long Term Care Continuum

Average Cost Per Person Per Year



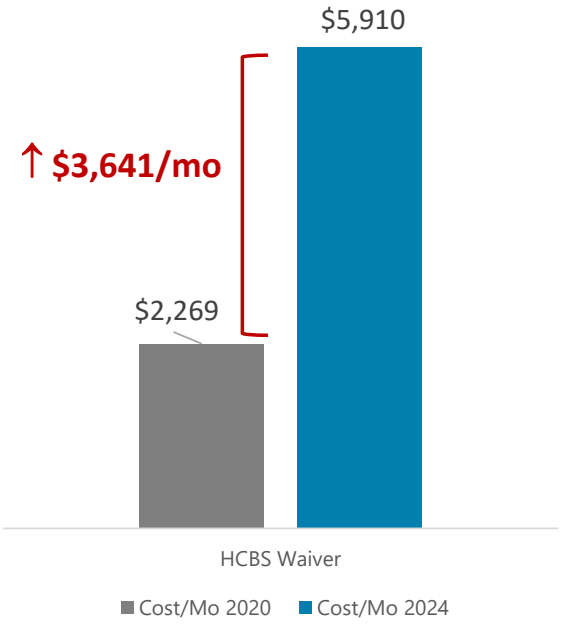
Note: Basic Care Rollup includes both Basic Care Personal Care and Room and Board

What's driving HCBS Waiver cost growth?

Today's HCBS Waiver serves individuals with **unique and complex needs**, including individuals:

- Transitioning from the State hospital
- Transitioning home from a nursing facility
- Discharging from local hospitals
- Who have received a "needs cannot be met" denial from a nursing facility
- Who have a history of felony convictions

From 2020 to 2024, average monthly per person HCBS Waiver costs grew by 160%



Top HCBS Cost Drivers

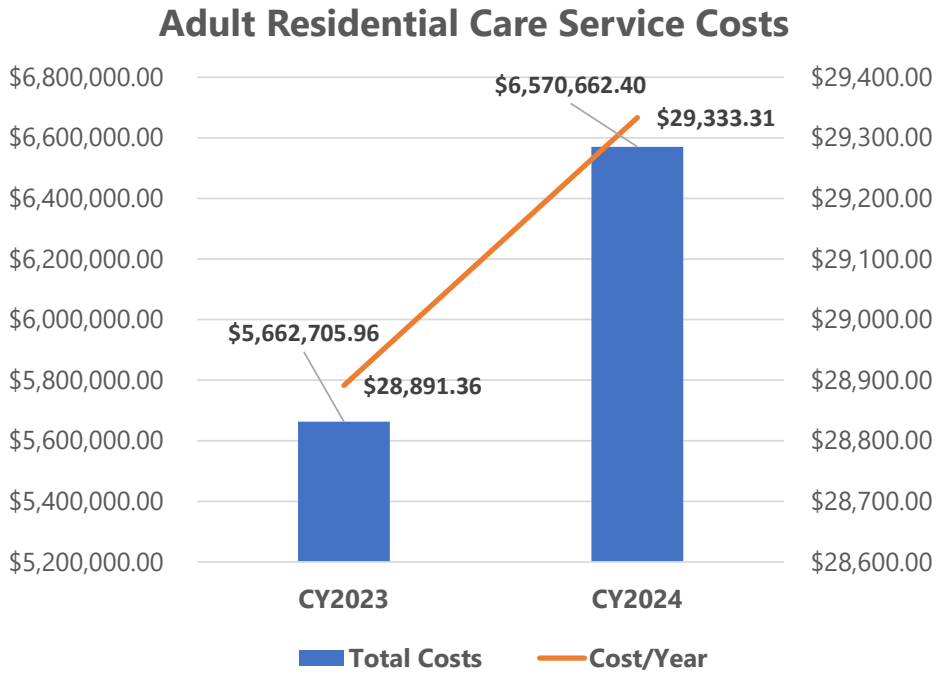
1. **24-hour** delivery of complex cares
2. Prevalence of **serious mental illness** and **substance use disorder** in HCBS recipients
3. Increasing number of HCBS recipients with **complex medical** needs

Cost driver #1

24-hour delivery of complex cares

Adult Residential Care

- 24-hour residential services for individual with **memory impairment** or **traumatic brain injury.**
- Individuals have a daily need for a **safe supervised structured environment**, personal care, and medication supports. Not impaired in eating, bathing, toileting.
- In SFY 24 **29%** (224) **of waiver participants** were enrolled in this service.
- Average service cost per person per year = **$29,333**
- Individual also pays up to $1,005 for room and board = **$12,060** year



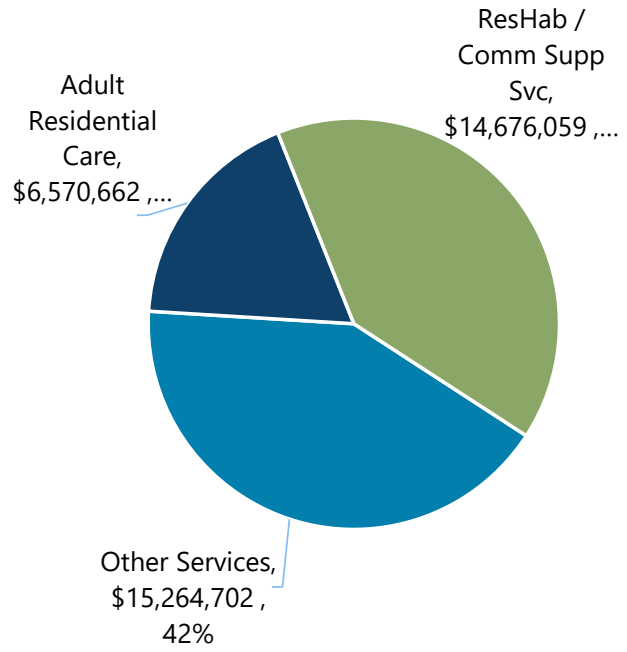
13,700 individuals 65+ are living with Alzheimer's in ND. *Source: Alzheimer's Association (2024)*

Cost driver #1

24-hour delivery of complex cares

Residential Habilitation and **Community Support Svcs**

- Up to 24-hour all inclusive supports for individuals who meet a nursing facility level of care and require daily services.
- Service requires providers to have a nurse and a care coordinator with a minimum of a 4-year degree.
- In SFY 24 **16%** (121) of waiver participants are enrolled in this service.
- Average cost per person per year = **$121,290**



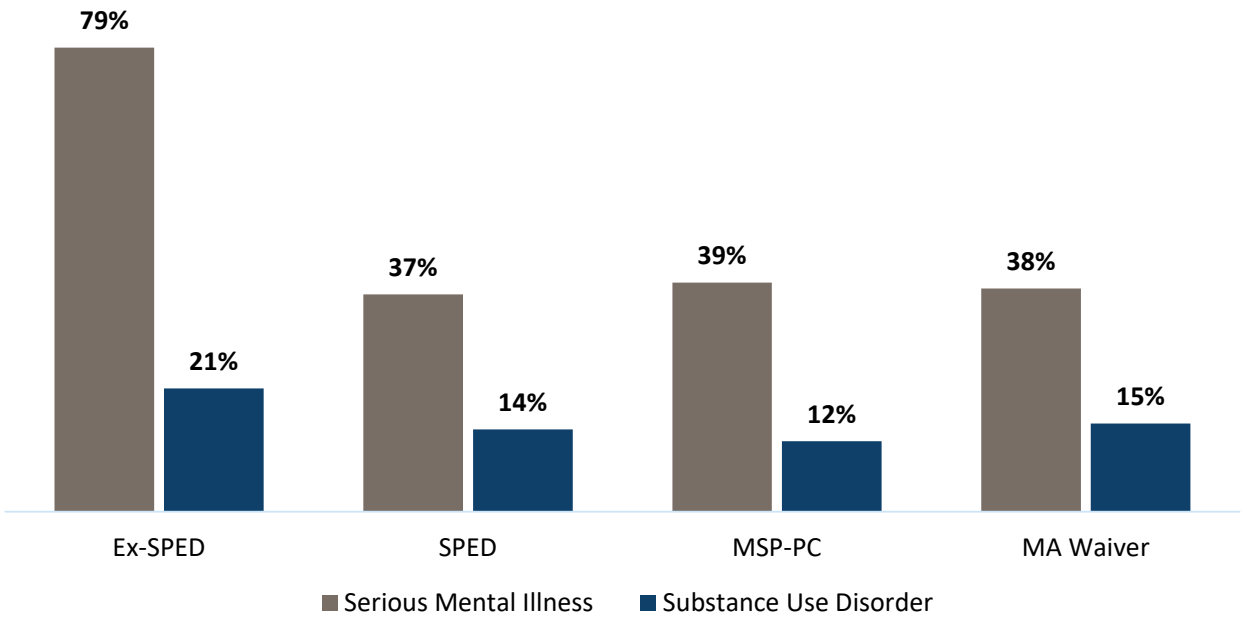
16% of waiver **participants** account for **40%** of the **cost** of care

Cost driver #2

Prevalence of Behavioral Health Needs

- An increasing number of individuals seeking HCBS services have significant behavioral health needs, including diagnoses of serious mental illness and substance use disorders.
- Family home care and other family caregiver service modes are common modes of service delivery.
- Appropriate caregiver training is essential to prevent caregiver burnout but upskilling and supporting QSPs remains a barrier.

% of HCBS participants by type of service reporting Serious Mental Illness (SMI) or Substance Use Disorder (SUD) as a primary issue



Source: NDHHS HCBS Case Management data system, 2024

Cost driver #3

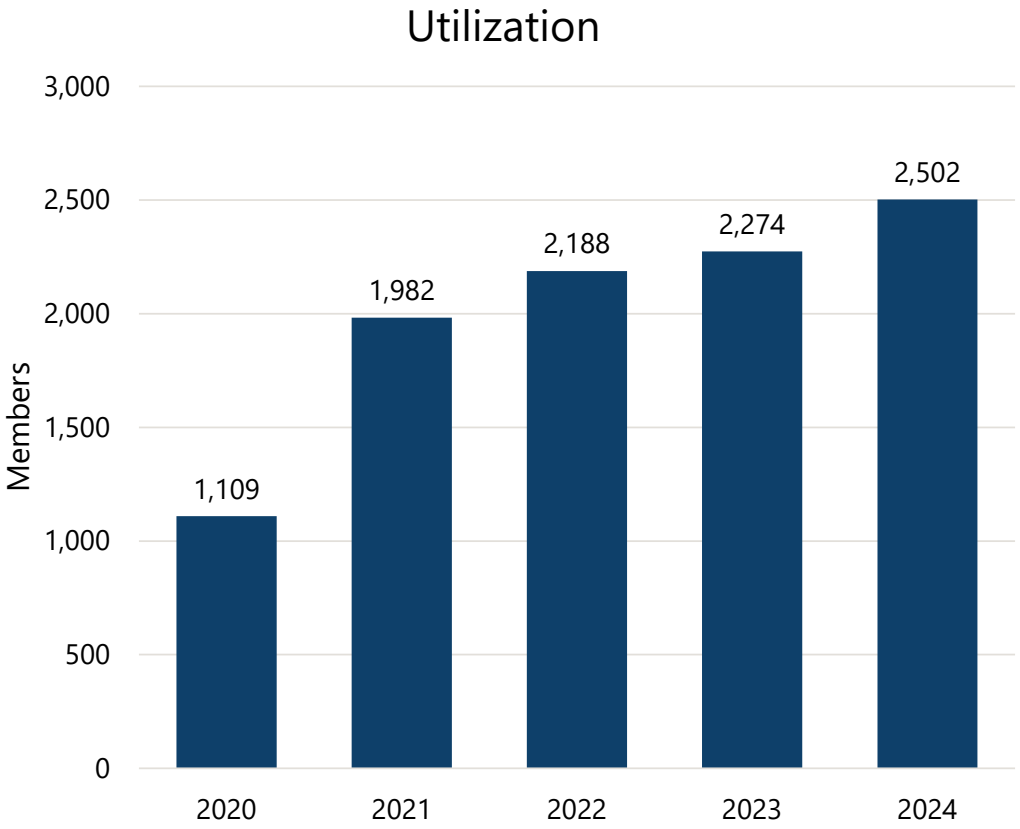
Prevalence of Complex Medical Needs

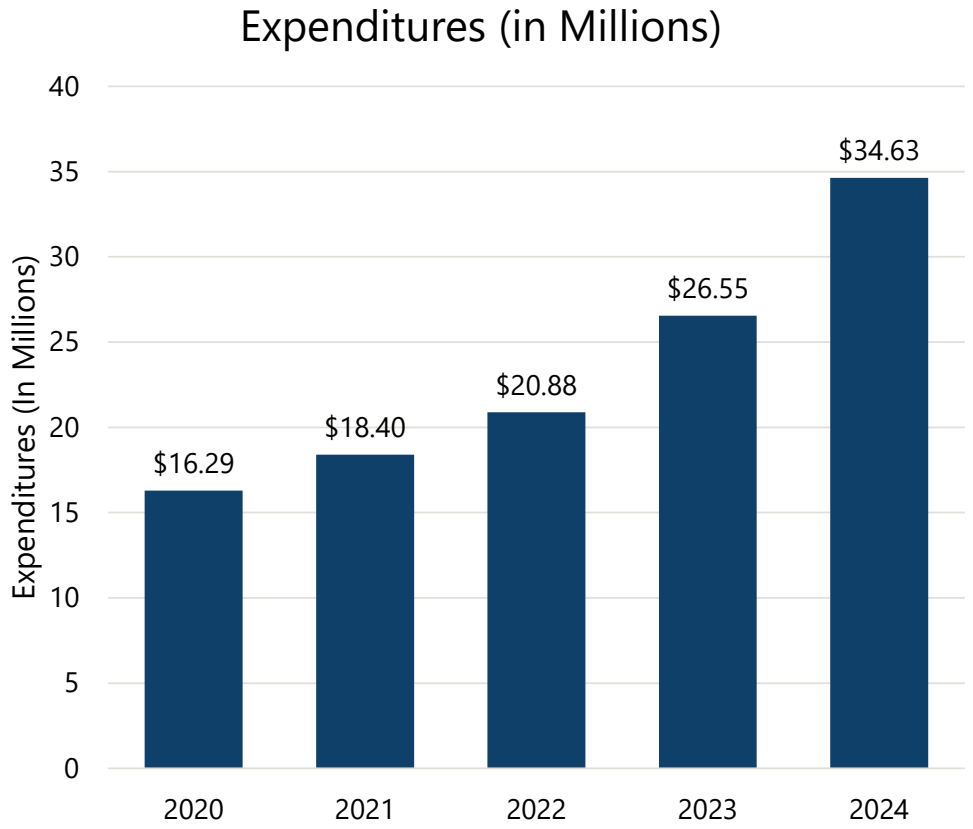
Common medical conditions reported by HCBS participants
Osteo arthritis
Chronic obstructive pulmonary disease (COPD)
Stroke
Type 2 diabetes
Paralysis
Heart Failure
Age related physical impairment
Dementia
Brain Injury

Common medical tasks completed for HCBS participants
Medication Administration
Tracheostomy cares and suctioning
PEG tube feedings and medications
Insulin administration including sliding scale
Port dressing changes
Wound care
IV Therapy
Care coordination/ medical escort
Foley catheter

Primarily served with Residential Habilitation and Community Support services, with additional support from extended personal care and nurse education services

Qualified Service Provider Utilization & Expenditures





Types of SUPPORT SERVICES available via HCBS

Adult Day Care	Adult Foster Care	Adult Residential Care	Homemaker	Home Delivered Meals	Non-Medical Transportation
Case Management	Chore	Community Support Services/ Residential Habilitation	Non - Medical Transportation Escort	Nurse Education	Personal Care - daily rate
Community Transition Services	Companionship	Emergency Response System	Personal Care - unit rate	Personal Care - Assisted Living	Respite
Environmental Modification	Extended Personal Care	Family Home Care	Supervision	Supported Employment	Transitional Living

Note: Lighter blue shading indicates service included in EBR *Targeted Rate Increase* request

Qualified Service Providers Targeted Rate Increase

Ongoing

Total	$5,392,656
General	$3,595,104
Federal	$1,797,552

Increase impacts the HCBS Waiver, DD Waiver, Autism Waiver, SPED, and Ex-SPED. Services impacted include nursing, personal care, respite, companionship, and homemaker services.

- ND's rates lag states in the region.
  - South Dakota did a comprehensive rate study of in-home providers in 2023 that reviewed baseline and benchmark wages and other costs for Qualified Service Provider services.

Select Qualified Service Provider Agency Rates per 15-minute unit					
	ND	MN	MT	SD	WY
Personal Care	$8.05	$5.95	$8.92	$10.88	$8.53
Homemaker	$7.14	$7.90	-	$10.88	$6.62
Respite	$7.93	$9.64	$6.02	$10.53	$7.50
Companion	$7.14	$7.90	-	$10.53	$7.60
Nursing	$17.64	$12.46	$19.30	$22.60	$19.15

QSP rate increases target areas of highest need



QSP Nursing Services

- **Nurse Education** – assessment, nursing plan of care development and training
- **Extended Personal Care** - hands-on medical care tailored to individual's needs, including skilled or nursing care
- **Updated Agency Rate -** $19.71 per 15-min unit



QSP Aide Services

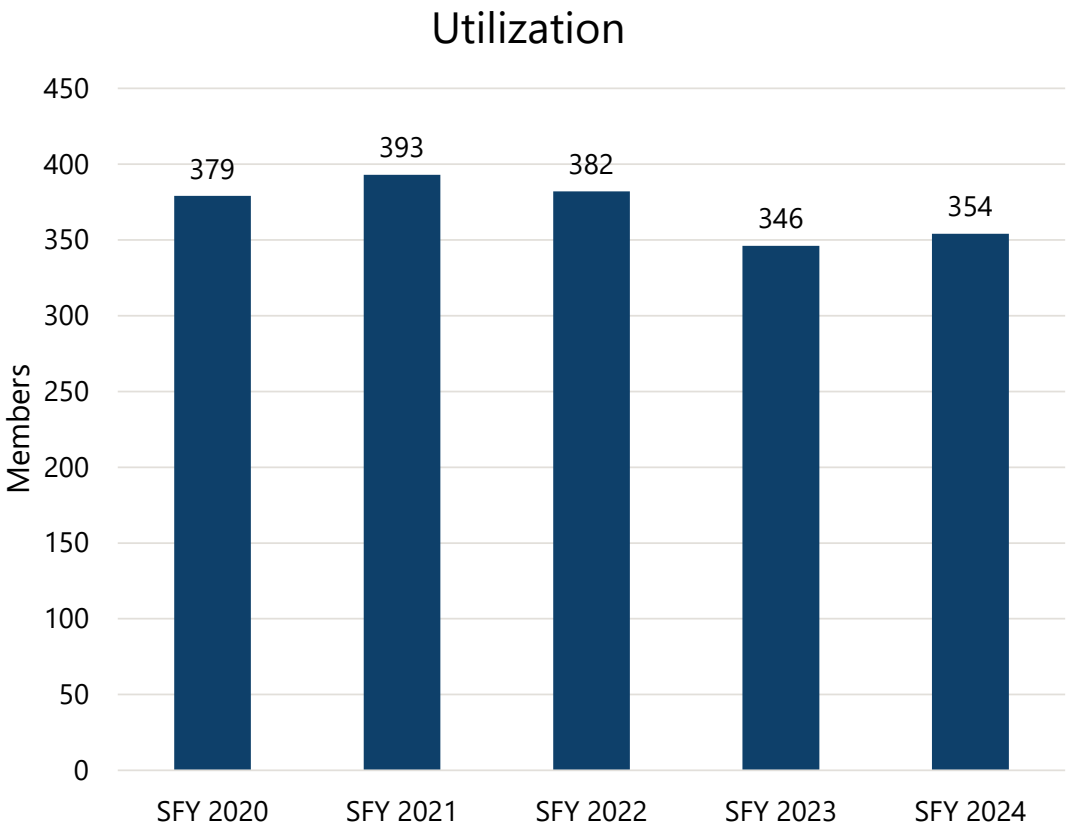
- **Homemaker** – housework, meal prep, laundry, shopping assistance
- **Chore** – Heavy cleaning, snow removal, lawn care
- **Personal Care** (unit rate) – help with personal hygiene, mobility etc.
- **Respite** – short break for caregivers
- **Supported Employment** – on the job support to remain employed
- **Transitional Living** – independent living skills training
- **Updated Agency Rate -** $9.40 per 15-min unit

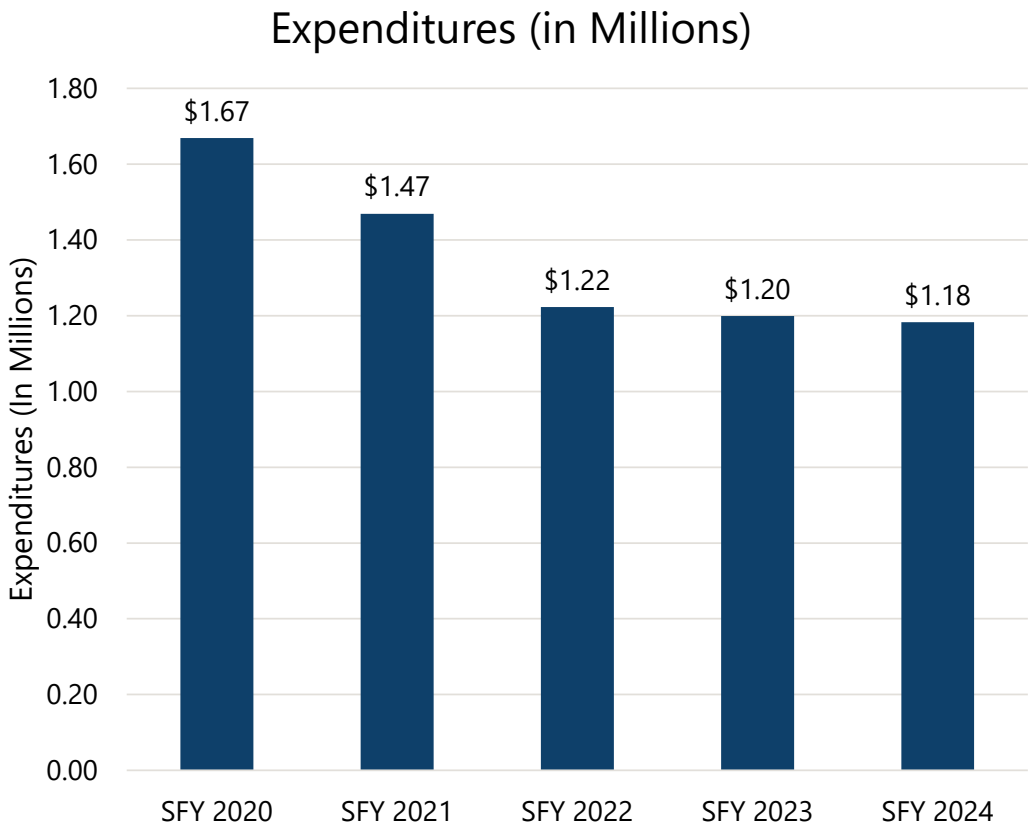


QSP Companion Services

- **Non-Medical Transportation – Escort** – help with mobility while shopping, banking etc.
- **Companionship** – socialization to reduce isolation
- **Supervision**- monitoring to ensure safety for people with cognitive impairment
- **Updated Agency Rate -** $9.10 per 15-min unit

Home Health Utilization & Expenditures





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Private Duty Nursing & Home Health Targeted Rate Increase

Ongoing

Total	$2,471,536
General	$1,235,768
Federal	$1,235,768

Increase rebases home health rates based on cost report information and aligns private duty nursing rates with home health skilled nursing.

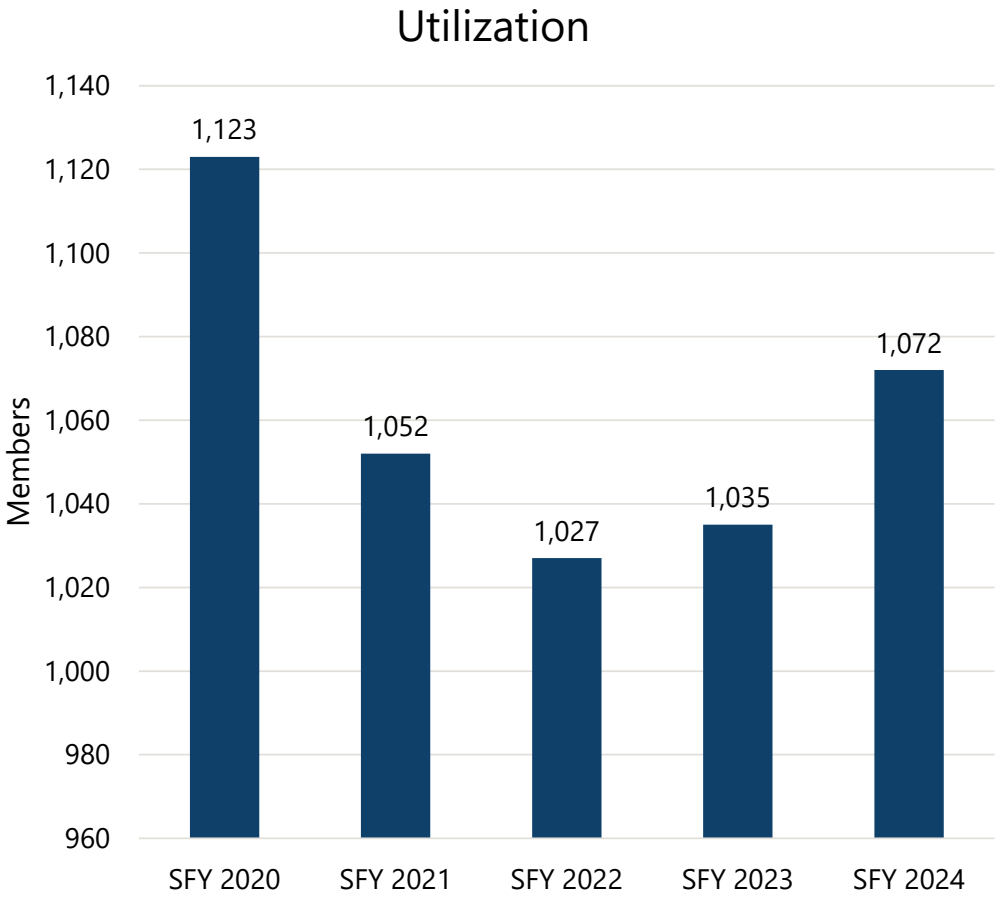
Included in Medical Services Budget

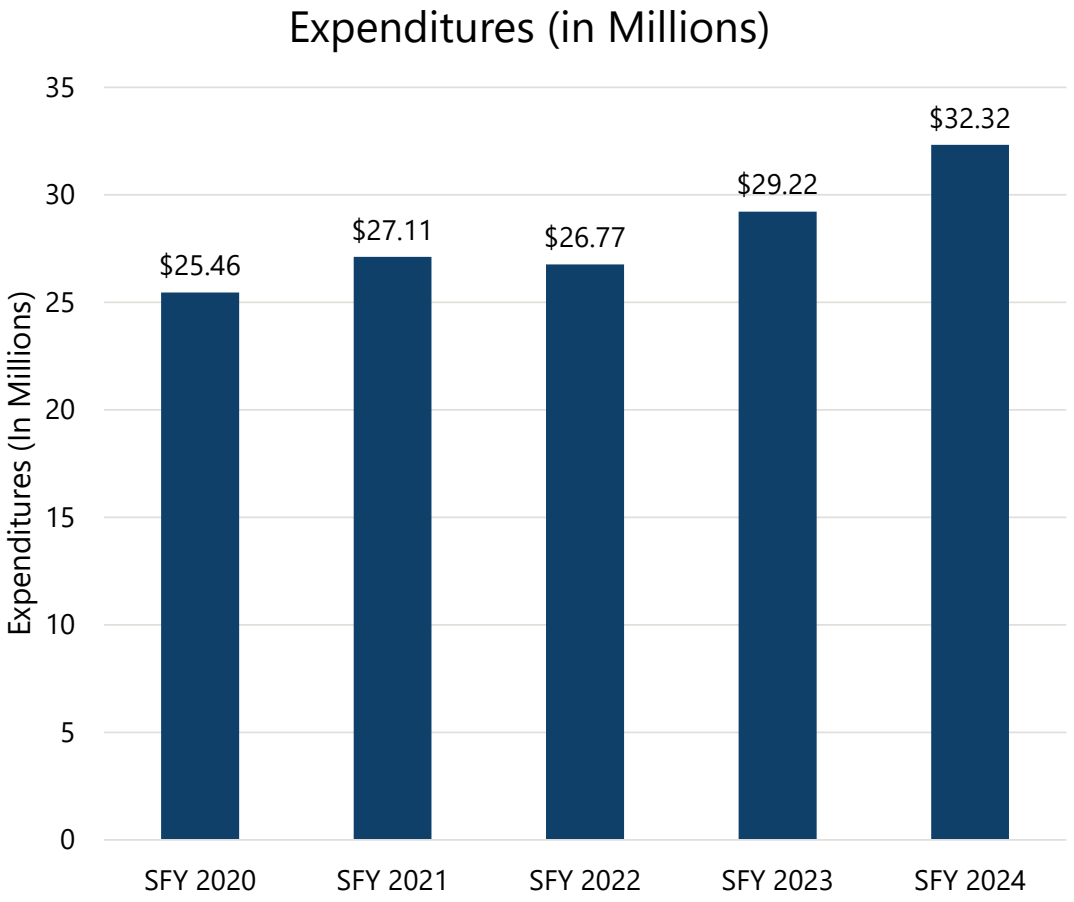
- Private Duty Nursing rates lag Home Health which may disincentivize agencies from serving patients with long term care needs.

Home Health Rate, RN	Private Duty Nursing, RN
$140.57 (per visit)	$66.83 (per hour)

- Home Health rates have not been rebased since 2004.
- Current SFY25 average rate for Home Health is $140.57 per visit.
  - Rebase projected to increase average rate to $219 per visit.

Basic Care Utilization & Expenditures





Note: Basic Care Expenditures include both Basic Care Personal Care and Room and Board

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Basic Care, Assisted Living & Adult Residential Concerns

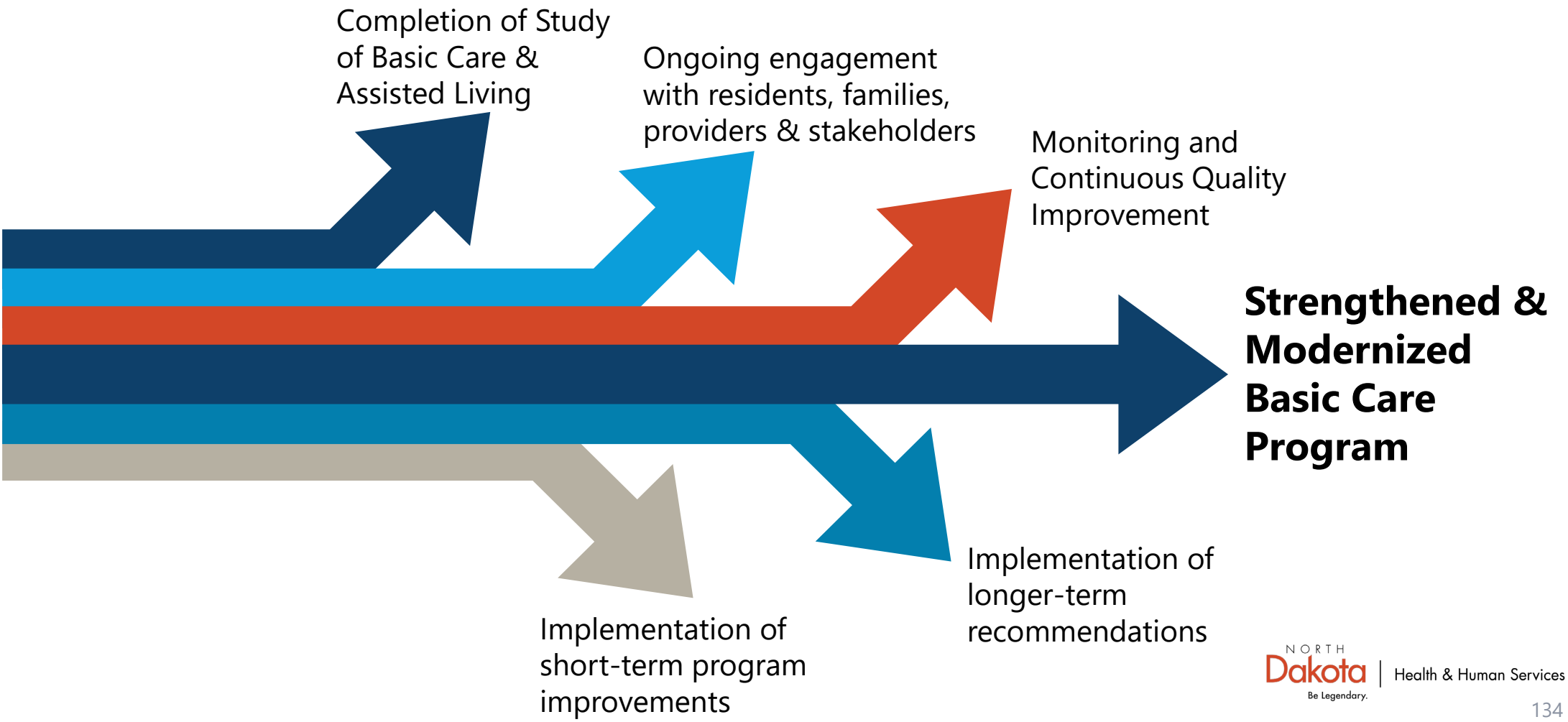
Top Health Response Section Concerns

- Infrequent Basic Care Facility Surveys (33-year inspection cycle)
- Lack of Assisted Living Licensure Standards

Top Medical Services Division Concerns

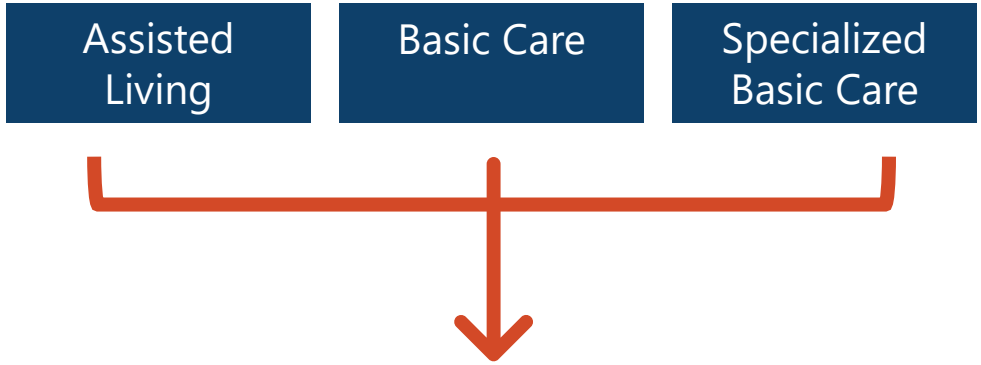
- Family Confusion
- Licensure Based on Payer Source
- Federal Funding Risk
- HCBS Settings Rule Compliance
- Department of Justice Risk

Basic Care Strategy



Basic Care Study Recommendations

1. Streamline licensing by creating a new single licensure type to cover both assisted living and Basic Care facilities.
2. Strengthen existing assisted living and Basic Care policy and create additional policies to reflect current requirements within the program, incorporate best practices, and align with State and federal requirements, as applicable.
3. Develop and implement State-led universal assisted living and Basic Care training and materials to educate all stakeholders.
4. Adopt strategies to improve and expand the current service and programmatic array within Basic Care to integrate residents more comprehensively into the community.
5. Update regulatory oversight process based on implementation of recommendations.



New Streamlined Licensure

- HCBS Focused; Reduced Institutional Licensure Requirements
- Regulatory Partnership based on Collaboration & Incremental Enforcement
- Eligible for HCBS Waiver Participation & Reimbursement
- Allows Providers to Design their Service Array
- Supports More Choices for Elders & Families

Basic Care Study Recommendations

6. Implement quality improvement initiative requirements for Basic Care facilities to improve quality of care and align facilities with best practices.
7. Update regulations to use publicly available indexes for cost trending to align more consistently with observed trends in provider costs.
8. Implement a Fair Rental Value (FRV) methodology to reimburse Basic Care provider property costs.
9. Implement tiered add-on payments for residents with increased ADLs care need and align reimbursement methodologies.

New Streamlined Licensure

- HCBS Focused; Reduced Institutional Licensure Requirements
- Regulatory Partnership based on Collaboration & Incremental Enforcement
- Eligible for HCBS Waiver Participation & Reimbursement
- Allows Providers to Design their Service Array
- Supports More Choices for Elders & Families



Person-Centered Sustainable
Funding Model
Incentivizing Continued Improvement & Innovation

Related Bill:
House Bill 1619 | Relating to a long-term care facility infrastructure loan fund

Provider Inflation
Ongoing

Governor's Recommendation:

Total	**$5,396,854**
General	$3,294,874
Federal	$2,101,980

- SFY 2026: 1.5%
- SFY 2027: 1.5%

Engrossed by House:

Total	**$7,211,726**
General	$4,402,892
Federal	$2,808,834

- SFY 2026: 2%
- SFY 2027: 2%

- Provider inflation is applied to provider rates in accordance with the rate methodology for the service.
  - Most provider rates paid from a fee schedule are updated each July 1.
  - Inflation is used as the adjustment factor to inflate costs forward from provider cost reports for most cost-based providers.
    - Some providers use a standardized index in place of inflation.

Appropriated Inflation, SFY 2019 - 2024					
2019	2020	2021	2022	2023	2024
2.0%	2.5%	2.0%	0.25%	3.0%	3.0%

Inflation: Long Term Care

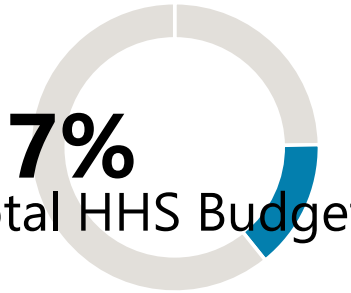
Inflator		Total	General	Federal
1%		**$3,593,922**	$2,194,151	$1,399,771
1.5%	Governor's Recommended Budget	**$5,396,854**	$3,294,874	$2,101,980
2%	Recommended by House	**$7,211,726**	$4,402,892	$2,808,834

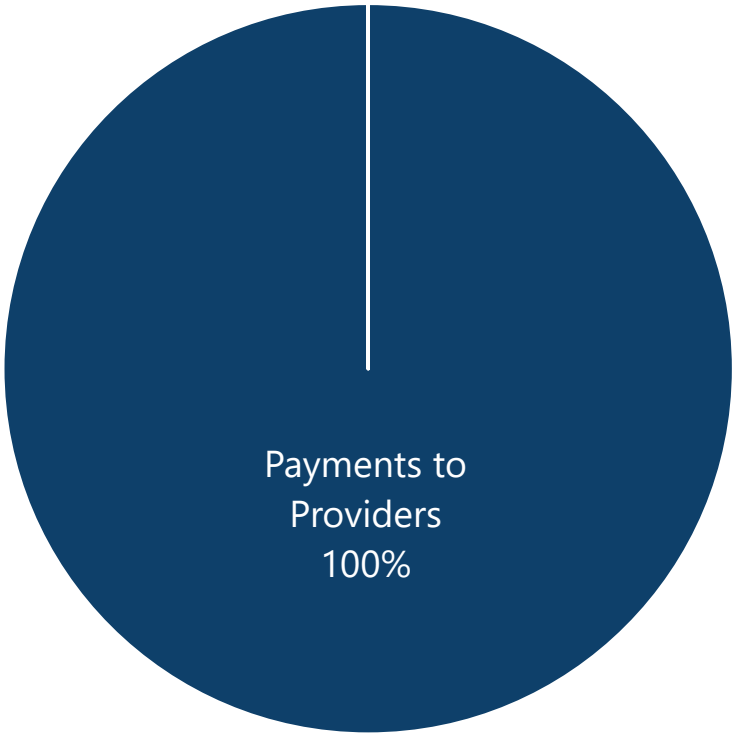
2025 – 2027 Budget & Other Resource Requirements

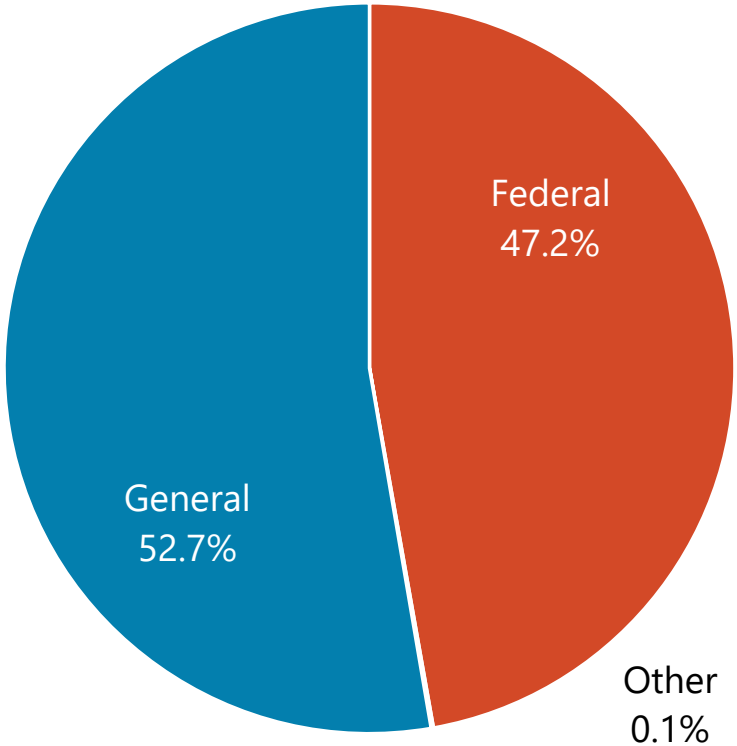
Long Term Care

Budget Overview

Long-Term Care: $1.07 Billion Total Budget







NORTH Dakota Be Legendary. | Health & Human Services

Comparison of budget expenditures and projections
By Program

PROGRAMS	2023-25 LEGISLATIVE BASE	ONE-TIME/ CARRYOVER	2023-25 EXPENSES THROUGH DECEMBER	2023-25 PROJECTED EXPENDITURES	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)	ENGROSSED HB 1012	GENERAL	FEDERAL	OTHER
NURSING FACILITIES	$ 734,744,666	$ -	$ 464,338,300	$ 681,054,722	$ 748,874,436	$ -	$ 748,874,436	$ 371,493,486	$ 377,380,950	$ -
AGED & DISABLED WAIVER	54,112,132	-	64,185,967	93,205,221	132,086,653	546,405	132,633,058	68,262,976	64,370,082	-
BASIC CARE	72,887,129	-	45,958,465	65,346,018	67,973,866	505,184	68,479,050	48,522,912	19,056,137	900,000
SPED	22,402,748	-	17,492,181	25,061,812	30,129,473	165,482	30,294,955	30,294,955	-	-
EXPANDED SPED	1,313,728	-	946,589	1,324,401	1,324,973	9,960	1,334,932	1,334,932	-	-
PERSONAL CARE SERVICES	33,664,038	-	29,309,396	43,331,650	56,779,642	311,152	57,090,795	28,335,617	28,755,177	-
TARGETED CASE MANAGEMENT	940,828	-	887,039	1,230,059	1,329,776	9,883	1,339,659	662,113	677,546	-
CHILDREN'S MED FRAGILE WAIVER	814,760	-	326,114	541,107	768,988	2,890	771,877	383,994	387,883	-
PACE PROGRAM	29,356,221	-	17,356,351	24,201,173	24,271,866	180,389	24,452,256	12,085,324	12,366,932	-
COMMUNITY OF CARE	330,000	-	85,115	85,115	330,000	-	330,000	330,000	-	-
PERSONAL NEEDS ALLOWANCE	193,200	-	279,192	279,192	376,800	-	376,800	376,800	-	-
CHILDREN'S HOSPICE WAIVER	76,950	-	-	19,507	79,644	544	80,188	39,725	40,462	-
AUTISM VOUCHER	300,000	-	77,292	77,292	-	-	-	-	-	-
AUTISM WAIVER	10,906,545	-	670,742	869,069	1,388,898	82,984	1,471,882	680,156	791,726	-
TOTAL	**$ 962,042,944**	**$ -**	**$ 641,912,745**	**$ 936,626,339**	**$ 1,065,715,015**	**$ 1,814,873**	**$ 1,067,529,887**	**$ 562,802,991**	**$ 503,826,896**	**$ 900,000**

Changes to Base Budget

By Ongoing, One-Time and Funding Source

BASE BUDGET CHANGES	DESCRIPTION	2025-27 EXECUTIVE BUDGET		ENGROSSED HB 1012	
		GENERAL	OTHER	GENERAL	OTHER
Services - Cost to Continue	Home & Community Based Services Growth	$ 36,977,113	$27,837,811 - Federal	$ 36,977,113	$27,837,811 - Federal
Services - DOJ	QSP/HCBS Targeted Rate Increase	$ 3,595,104	1,797,552 - Federal	$ 3,595,104	1,797,552 - Federal
Additional Executive Decision Packages	FMAP Reduction	$ 15,974,519	(18,516,068) - Federal	$ 15,974,519	(18,516,068) - Federal
Additional Executive Decision Packages	Provider Inflation (1.5%/1.5%) vs (2%/2%)	$ 3,294,874	2,101,980 - Federal	$ 4,369,070	2,842,652 - Federal

Comparison of Budgets and Funding

By Major Expense

DESCRIPTION	2023-25 LEGISLATIVE BASE	INCREASE / (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)	ENGROSSED HB 1012
Salaries & Benefits	$ -	$ -	$ -	$ -	$ -
Operating	-	-	-	-	-
IT Services	-	-	-	-	-
Capital Asset Expense	-	-	-	-	-
Capital Assets	-	-	-	-	-
Grants	962,042,944	103,672,071	1,065,715,015	1,814,872	1,067,529,887
Total	**$ 962,042,944**	**$ 103,672,071**	**$ 1,065,715,015**	**$ 1,814,872**	**$ 1,067,529,887**
General Fund	**$ 486,676,583**	**$ 75,052,209**	**$ 561,728,792**	**$ 1,074,199**	**$ 562,802,991**
Federal Funds	**474,554,361**	**28,531,862**	**503,086,223**	**740,673**	**503,826,896**
Other Funds	**812,000**	**88,000**	**900,000**	**-**	**900,000**
Total Funds	**$ 962,042,944**	**$ 103,672,071**	**$ 1,065,715,015**	**$ 1,814,872**	**$ 1,067,529,887**

How We Budget

Top Services: Long Term Care

North Dakota Department of Health and Human Services
Long Term Care
Unit and Cost Comparison
12 Month Average to Executive Budget Request (EBR) 2025 - 2027 Biennium

Program	12 Month Average in Units (April 2023 - March 2024)	Monthly average units for EBR 2025 - 2027	Change from EBR to 12 mo Avg units	12 Month Average in Cost per Unit (April 2023 - March 2024)	Monthly average cost per unit for EBR 2025 - 2027	Change from EBR to 12 mo Avg cost per unit	Monthly average units for first 14 months of 23-25	Monthly average unit cost for first 14 months of 23-25
NURSING HOME	79,579	80,277	698	$329.27	$389.73	$60.46	80,152	$346.12
BASIC CARE	46,805	46,705	(100)	$55.38	$59.30	$3.92	47,450	$57.38
HCBS WAIVER	92,903	90,204	(2,699)	$28.91	$60.26	$31.35	107,823	$31.52
PACE PYMT ALL-INCL CARE ELDRLY	187	186	(1)	$4,986.75	$5,317.08	$330.33	189	$5,149.43
SPED	87,052	82,104	(4,948)	$10.20	$15.04	$4.84	90,703	$10.89
EXPANDED SPED	4,735	4,663	(72)	$11.01	$11.57	$0.56	4,827	$11.34
PERSONAL CARE SERVICES	243,831	237,919	(5,912)	$6.73	$9.78	$3.05	239,780	$7.35
TARGETED CASE MANAGEMENT	2,618	2,590	(28)	$18.77	$20.92	$2.15	2,804	$19.16
CHILDREN'S MED FRAGILE WAIVER	42	42	0	$342.54	$754.36	$411.82	49	$374.90
CHILDREN'S HOSPICE WAIVER	0	1	1	$0.00	$3,251.15	$3,251.15	-	$0.00
AUTISM WAIVER	989	27,746	26,757	$19.09	$1.72	($17.37)	1,712	$18.72

Savings Plan
Long Term Care

DESCRIPTION OF SAVINGS	GENERAL FUND	FEDERAL FUND	OTHER FUND
Quality Incentive Pool Nursing Facilities - Correct Funding	(8,000,000)		
Quality Incentive Pool Nursing Facilities - Partial Withhold	(4,000,000)	4,000,000	

Grants on a Walkthrough

Recommendation to the Governor

DESCRIPTION	2025-27 BASE BUDGET	COST TO CONTINUE	FMAP	SAVINGS PLAN	REDUCTION	TOTAL CHANGES	TO GOVERNOR
NURSING FACILITIES	$ 734,744,666	$ 24,671,318	$ (2,541,549)	$ (8,000,000)	$ -	$ 14,129,769	$ 748,874,435
BASIC CARE	72,887,128	(6,415,521)	-	-	-	(6,415,521)	66,471,607
PACE PYMT ALL-INCL CARE ELDRLY	29,356,221	(5,620,775)	-	-	-	(5,620,775)	23,735,446
AGED & DISABLED WAIVER	54,112,132	19,524,971	-	-	-	19,524,971	73,637,103
SPED	22,402,748	(628,766)	-	-	-	(628,766)	21,773,982
EXPANDED SPED	1,313,728	(3,237)	-	-	-	(3,237)	1,310,491
PERSONAL CARE SERVICES	33,664,038	7,277,064	-	-	-	7,277,064	40,941,102
TARGETED CASE MANAGEMENT	940,828	359,560	-	-	-	359,560	1,300,388
CHILDREN'S MED FRAGILE WAIVER	814,760	(434,562)	-	-	-	(434,562)	380,198
CHILDREN'S HOSPICE WAIVER	76,950	(5,425)	-	-	-	(5,425)	71,525
AUTISM WAIVER	10,906,545	963	-	-	-	963	10,907,508
AUTISM VOUCHER	-	-	-	-	-	-	-
TOTAL FUNDS	**$ 961,219,744**	**$ 38,725,590**	**$ (2,541,549)**	**$ (8,000,000)**	**$ -**	**$ 28,184,041**	**$ 989,403,785**
GENERAL FUND	**$ 484,992,253**	**$ 28,188,132**	**$ 15,974,519**	**$ (12,000,000)**	**$ -**	**$ 32,162,651**	**$ 517,154,904**

Governor's Recommendation to the House

DESCRIPTION	TO GOVERNOR	INFLATION 1.5% / 1.5%	SERVICES - COST TO CONTINUE	SVC - DOJ	TOTAL CHANGES	TO HOUSE
NURSING FACILITIES	$ 748,874,435	$ -	$ -	$ -	$ -	$ 748,874,435
BASIC CARE	66,471,607	1,502,258	-	-	1,502,258	67,973,865
PACE PYMT ALL-INCL CARE ELDRLY	23,735,446	536,421	-	-	536,421	24,271,867
AGED & DISABLED WAIVER	73,637,103	1,624,836	51,432,058	5,392,656	58,449,550	132,086,653
SPED	21,773,982	492,092	7,863,400	-	8,355,492	30,129,474
EXPANDED SPED	1,310,491	29,617	(15,134)	-	14,483	1,324,974
PERSONAL CARE SERVICES	40,941,102	925,269	14,913,272	-	15,838,541	56,779,643
TARGETED CASE MANAGEMENT	1,300,388	29,389	-	-	29,389	1,329,777
CHILDREN'S MED FRAGILE WAIVER	380,198	8,592	380,198	-	388,790	768,988
CHILDREN'S HOSPICE WAIVER	71,525	1,616	6,502	-	8,118	79,643
AUTISM WAIVER	10,907,508	246,763	(9,765,372)	-	(9,518,609)	1,388,899
AUTISM VOUCHER	-	-	-	-	-	-
TOTAL FUNDS	**$ 989,403,785**	**$ 5,396,854**	**$ 64,814,924**	**$ 5,392,656**	**$ 75,604,434**	**$ 1,065,008,219**
GENERAL FUND	**$ 517,154,904**	**$ 3,294,874**	**$ 36,977,113**	**$ 3,595,104**	**$ 43,867,091**	**$ 561,021,995**

Grants on a Walkthrough

Governor's Recommendation to the House

DESCRIPTION	TO GOVERNOR	INFLATION 1.5% / 1.5%	SERVICES - COST TO CONTINUE	SVC - DOJ	TOTAL CHANGES	TO HOUSE
NURSING FACILITIES	$ 748,874,435	$ -	$ -	$ -	$ -	$ 748,874,435
BASIC CARE	66,471,607	1,502,258	-	-	1,502,258	67,973,865
PACE PYMT ALL-INCL CARE ELDRLY	23,735,446	536,421	-	-	536,421	24,271,867
AGED & DISABLED WAIVER	73,637,103	1,624,836	51,432,058	5,392,656	58,449,550	132,086,653
SPED	21,773,982	492,092	7,863,400	-	8,355,492	30,129,474
EXPANDED SPED	1,310,491	29,617	(15,134)	-	14,483	1,324,974
PERSONAL CARE SERVICES	40,941,102	925,269	14,913,272	-	15,838,541	56,779,643
TARGETED CASE MANAGEMENT	1,300,388	29,389	-	-	29,389	1,329,777
CHILDREN'S MED FRAGILE WAIVER	380,198	8,592	380,198	-	388,790	768,988
CHILDREN'S HOSPICE WAIVER	71,525	1,616	6,502	-	8,118	79,643
AUTISM WAIVER	10,907,508	246,763	(9,765,372)	-	(9,518,609)	1,388,899
AUTISM VOUCHER	-	-	-	-	-	-
TOTAL FUNDS	**$ 989,403,785**	**$ 5,396,854**	**$ 64,814,924**	**$ 5,392,656**	**$ 75,604,434**	**$ 1,065,008,219**
GENERAL FUND	**$ 517,154,904**	**$ 3,294,874**	**$ 36,977,113**	**$ 3,595,104**	**$ 43,867,091**	**$ 561,021,995**

House Recommendation to the Senate

DESCRIPTION	INFLATION 2% / 2%	TOTAL CHANGES	TO SENATE
NURSING FACILITIES	$ -	$ -	$ 748,874,435
BASIC CARE	505,184	505,184	68,479,049
PACE PYMT ALL-INCL CARE ELDRLY	180,389	180,389	24,452,256
AGED & DISABLED WAIVER	546,405	546,405	132,633,058
SPED	165,481	165,481	30,294,955
EXPANDED SPED	9,958	9,958	1,334,932
PERSONAL CARE SERVICES	311,152	311,152	57,090,795
TARGETED CASE MANAGEMENT	9,882	9,882	1,339,659
CHILDREN'S MED FRAGILE WAIVER	2,889	2,889	771,877
CHILDREN'S HOSPICE WAIVER	544	544	80,187
AUTISM WAIVER	82,984	82,984	1,471,883
AUTISM VOUCHER	-	-	-
TOTAL FUNDS	**$ 1,814,868**	**$ 1,814,868**	**$ 1,066,823,087**
GENERAL FUND	**$ 1,074,196**	**$ 1,074,196**	**$ 562,096,191**

Legislative Bills with Potential Budget Impact

- HB 1067 – disregards survivor benefits and court ordered child support for children on a waiver and extends the Autism Spectrum Disorder waiver age to 21.
- HB 1485 – increases personal needs allowance by $10.
- SB 2190 – mandates coverage of ABA services adults with Autism.
- SB 2231 – adds dental services for Medicaid Expansion members.
- SB 2271 – revises adults residential rate methodology.
- SB 2305 – continues paid family caregiving pilot.
- SB 2399 – requires HHS to modify PRTF rate methodology

Take-Aways

- Bending the Cost Curve
  - Value Based Care
- Delivering Whole Person Care
  - Cross Disability Waiver
- Promoting Sustainability & Value
  - Targeted Provider Rate Increases: Home Health and Private Duty Nursing, Qualified Service Providers, Ambulance
- Improving the Member & Provider Experience



Contact information

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2025 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

HB 1012
3/12/2025 1:46 p.m.

Relating to leases of the health and human services property, substance use disorder treatment program, basic care payment rates, and state of residence for child care assistance; to provide for a transfer; to authorize a line of credit; to provide legislative intent; to provide for a legislative management study; to provide an application; to provide an exemption; to provide for a report; and to provide an effective date.

1:46 p.m. Chairman Dever opened the hearing.

Members present: Chairman Dever and Senators Cleary, Davison, Magrum and Mathern.

Discussion Topics:

- Long Term Care
- Home-Based Community Care
- Department of Justice (DOJ) Settlement Agreement
- Home & Community Based Services Growth
- Qualified Service Providers Targeted Rate Increase
- Home Health/Private Duty Nursing Targeted Rate Increase
- Basic Care, Assisted Living & Adult Residential Concerns
- 2025-2027 Budget & Other Resource Requirements
- Information Technology (IT) Budget Redesign

1:47 p.m. Sarah Akers, Executive Director, Medical Services, ND Health & Human Services (ND DHHS), testified in favor and continued testimony #40790 referenced from (3/12/25 at 9:00 a.m.).

1:55 p.m. Nancy Nicholas Maier, Director, Adult & Aging Services, ND DHHS, testified in favor and continued testimony #40790.

2:09 p.m. Donna Aukland, Chief Financial Officer (CFO), ND DHHS, testified in favor and answered committee questions.

2:11 p.m. Nancy Nicholas Maier, Director, Adult & Aging Services, ND DHHS, testified in favor and continued testimony #40790.

2:34 p.m. Sarah Akers, Executive Director, Medical Services, ND DHHS, testified in favor and continued testimony #40790.

3:03 p.m. Nancy Nicholas Maier, Director, Adult & Aging Services, ND DHHS, answered committee questions.

3:07 p.m. Donna Aukland, CFO, ND DHHS, testified in favor and submitted testimony #41098.

Additional Written Testimony:

Cale Dunwoody, Vice-President of Public Policy, Fargo, Moorhead, West Fargo Chamber of Commerce submitted testimony in favor #40936.

3:27 p.m. Chairman Dever closed the hearing.

Joan Bares, Committee Clerk

THE CHAMBER
FARGO MOORHEAD WEST FARGO

Letter of Support H.B. 1012

Wednesday, March 12, 2025

Chairman Dever and members of the Senate Appropriations Huma Resource Division,

For the record, my name is Cale Dunwoody, and I have the distinct pleasure of serving as the Vice President of Public Policy for the Fargo Moorhead West Fargo Chamber of Commerce (FMWF Chamber). On behalf of our over 1,700 members, I respectfully offer testimony in support of House Bill 1012, specifically portions related to childcare.

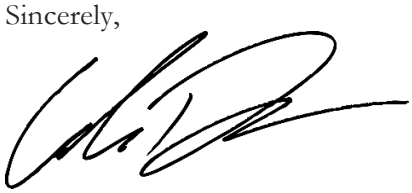
At the FMWF Chamber, our mission is to protect and promote business, inspire individuals, cultivate communities, and influence action. Our state's working families are struggling to access childcare due to high costs and shortages of providers. In North Dakota, 78% of families have two parents in the workforce – meaning access to childcare is critical to support those building our economy and raising families. We commend the 68th Legislative Assembly for their critical investments to address the need for accessible, affordable, and quality childcare throughout our state. Childcare is central to the state's workforce challenges, and to adequately address workforce shortages, the state must also address childcare.

North Dakota continues to grapple with the shortage of childcare slots, particularly for infants and toddlers, due to the high costs associated with providing these essential services. Between 2017-2024 the cost of childcare in North Dakota increased 40% at traditional day care centers, and as much as 50% at home day care centers. A survey conducted by the Greater Fargo Moorhead Economic Development Corporation and the Southeastern Education Cooperative reported that 71% of respondents identified costs as a barrier to childcare. This illustrates the impact rising prices have on the availability and stability of our state's workforce.

Addressing North Dakota's childcare shortage is a vital part of solving the workforce issue. Passage of this bill, with enhanced financial support, offers additional assistance to working families and providers – demonstrating the states commitment to addressing this issue. We respectfully urge this committee and the 69th Legislative Assembly to continue strategic investment to reduce costs and increase access to quality childcare throughout North Dakota.

Thank you for your attention to this matter and your commitment to North Dakota.

Sincerely,



Cale Dunwoody
Vice President of Public Policy
Fargo Moorhead West Fargo Chamber of Commerce

NORTH Dakota | Health & Human Services
Be Legendary.

INFORMATION TECHNOLOGY REDESIGN

2025-27 BIENNIUM

Section	2023-25 Biennium	Increase/ (Decrease)	2025-27 Biennium	General	Federal	Other
BUSINESS OPERATIONS	$ 22,463,297	$ 36,526,513	$ 58,989,810	$ 44,389,034	$ 14,562,942	$ 37,834
BUSINESS OPERATIONS - budget moved out	(134,751,649)	-	-	-	-	-
BEHAVIORAL HEALTH DIVISION	12,993,207	6,049,078	19,042,285	13,542,285	-	5,500,000
ECONOMIC ASSISTANCE	43,836,784	7,672,211	51,508,995	9,434,513	39,750,120	2,324,362
CHILD SUPPORT	7,492,744	(3,758,710)	3,734,034	1,198,401	2,535,633	-
AGING SERVICES	449,968	42,303	492,271	138,161	354,110	-
CHILDREN AND FAMILY SERVICES	3,692,455	(1,047,170)	2,645,285	2,120,359	524,926	-
VOCATIONAL REHABILITATION	346,853	8,111,854	8,458,707	135,268	6,619,438	1,704,000
DEVELOPMENTAL DISABILITIES	2,578,943	(142,110)	2,436,833	838,334	1,598,499	-
DISABILITY DETERMINATION SERVICES	52,457	(52,457)	-	-	-	-
EARLY CHILDHOOD	1,441,714	(270,022)	1,171,692	571,832	599,861	-
LIFE SKILLS AND TRANSITION CENTER	302,569	(11,445)	291,124	126,587	149,862	14,675
HUMAN SERVICE ZONES	-	3,256,474	3,256,474	-	-	3,256,474
MEDICAL SERVICES	61,563,955	8,524,742	70,088,697	11,994,518	57,594,179	500,000
PUBLIC HEALTH	8,798,004	(66,055)	8,731,949	328,435	6,886,088	1,517,426
TOTAL	**$ 166,012,950**	**$ 64,835,205**	**$ 230,848,155**	**$ 84,817,726**	**$ 131,175,659**	**$ 14,854,770**

Section Allocated	2023-25 Biennium	Increase/ (Decrease)	2025-27 Biennium	General	Federal	Other
BUSINESS OPERATIONS			$ (22,587,267)	$ (22,587,267)		
BUSINESS OPERATIONS - budget moved out			-	-		
BEHAVIORAL HEALTH DIVISION			5,524,637	5,524,637		
ECONOMIC ASSISTANCE			5,488,596	5,488,596		
CHILD SUPPORT			107,834	107,834		
AGING SERVICES			4,049	4,049		
CHILDREN AND FAMILY SERVICES			192,154	192,154		
VOCATIONAL REHABILITATION			3,348	3,348		
DEVELOPMENTAL DISABILITIES			586,047	586,047		
DISABILITY DETERMINATION SERVICES			-	-		
EARLY CHILDHOOD			788,849	788,849		
LIFE SKILLS AND TRANSITION CENTER			11,445	11,445		
HUMAN SERVICE ZONES			-	-		
MEDICAL SERVICES			9,561,054	9,561,054		
PUBLIC HEALTH			319,254	319,254		
			$ 0	**$ 0**	**$ -**	**$ -**

Section Reallocated Totals	2023-25 Biennium	Increase/ (Decrease)	2025-27 Biennium	General	Federal	Other
BUSINESS OPERATIONS	$ 22,463,297	$ 13,939,246	$ 36,402,543	$ 21,801,767	$ 14,562,942	$ 37,834
BUSINESS OPERATIONS - budget moved out	(134,751,649)		-	-	-	-
BEHAVIORAL HEALTH DIVISION	12,993,207	11,573,715	24,566,922	19,066,922	-	5,500,000
ECONOMIC ASSISTANCE	43,836,784	13,160,807	56,997,591	14,923,109	39,750,120	2,324,362
CHILD SUPPORT	7,492,744	(3,650,876)	3,841,868	1,306,235	2,535,633	-
AGING SERVICES	449,968	46,352	496,320	142,210	354,110	-
CHILDREN AND FAMILY SERVICES	3,692,455	(855,016)	2,837,439	2,312,513	524,926	-
VOCATIONAL REHABILITATION	346,853	8,115,202	8,462,055	138,616	6,619,438	1,704,000
DEVELOPMENTAL DISABILITIES	2,578,943	443,937	3,022,880	1,424,381	1,598,499	-
DISABILITY DETERMINATION SERVICES	52,457	(52,457)	-	-	-	-
EARLY CHILDHOOD	1,441,714	518,827	1,960,541	1,360,681	599,861	-
LIFE SKILLS AND TRANSITION CENTER	302,569	-	302,569	138,032	149,862	14,675
HUMAN SERVICE ZONES	-	3,256,474	3,256,474	-	-	3,256,474
MEDICAL SERVICES	61,563,955	18,085,796	79,649,751	21,555,572	57,594,179	500,000
PUBLIC HEALTH	8,798,004	253,199	9,051,203	647,689	6,886,088	1,517,426
TOTAL	**$ 166,012,950**	**$ 64,835,205**	**$ 230,848,155**	**$ 84,817,727**	**$ 131,175,659**	**$ 14,854,770**

2025 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

HB 1012
3/14/2025

Relating to leases of the health and human services property, substance use disorder treatment program, basic care payment rates, and state of residence for child care assistance; to provide for a transfer; to authorize a line of credit; to provide legislative intent; to provide for a legislative management study; to provide an application; to provide an exemption; to provide for a report; and to provide an effective date.

9:04 a.m. Chairman Dever opened the hearing.

Members present: Chairman Dever and Senators Cleary, Davison, Magrum and Mathern.

Discussion Topics:

- Adult and Aging Services Section
- In-Home and Community-Based Living Support
- Older American Act Services
- Senior Nutrition
- Preventative Health
- Caregiver Support
- Vulnerable Adult Protection
- Rental Assistance Budget Request
- Adult Protection Services Budget Request
- Transition & Diversion Support Services Budget Request
- Developmental Disabilities Section
- Early Intervention Services
- Program Management
- Corporate Guardianship
- Intermediate Care Facilities
- Home & Community Based Waiver Services

9:07 a.m. Nancy Nikolas Maier, Director, Adult & Aging Services Section, ND Department of Health & Human Services (ND DHHS) testified in favor and submitted testimony #41415.

10:14 a.m. Donna Oakland, Chief Financial Officer, ND DHHS, testified in favor and answered committee question.

10:16 a.m. Nancy Nikolas Maier, Director, Adult & Aging Services Section, ND DHHS testified in favor and continued testimony #41415.

10:23 a.m. Vice Chairman Davison recessed.

10:46 a.m. Chairman Dever reconvened.

10:47 a.m. Joan Danks, North Dakota Program Director, Minnesota/North Dakota Chapter of the Alzheimer's Association testified in favor and submitted testimony #41366 and #41367.

10:50 a.m. Tina Bay, Director, Developmental Disabilities Section, ND DHHS, testified in favor and submitted testimony #41447.

10:59 a.m. Eric Haas, Assistant to the Chief Financial Officer, ND DHHS, testified in favor and answered committee questions.

11:00 a.m. Tina Bay, Director, Developmental Disabilities Section, ND DHHS, testified in favor and continued testimony #41447.

Additional Written Testimony:
Karissa M Kautzman testified in favor and submitted written testimony. #40785.

11:57 a.m. Chairman Dever closed the hearing.

Joan Bares, Committee Clerk

I am writing in support of House bill 1012 Our 6-year old had a prenatal diagnosis and has been using Early Intervention services since he was three weeks old and out of the NICU. Early Intervention was able to provide support services in our home to assist with his development. We have also utilized in home respite services through PoppyÕs Promise since he was three years old. Our son was constantly sick with pneumonia his first few years of life. We ultimately decided to get approval for in home DD services to help keep him healthy as he does not create antibodies to fight pneumonia. Our DD provider has been an absolute blessing for our family. She helps get him to his six therapies he goes to outside of school hours so I can continue to work and save time on travel. She attends all of his therapies either independently with him or simultaneously with me and him so she can implement the skills he learns in therapies so he has consistent support throughout his day. We consider her part of our family and the providers at PoppyÕs Promise have been amazing. With the increasing costs due to inflation I am advocating for an increase in wages so their wages continue to be competitive so children like our son can have consistent and quality care that support their development and health.

ALZHEIMER'S ASSOCIATION
Minnesota - North Dakota Chapter

Testimony
House Bill 1012
Senate Appropriations
Human Resources Division
Sen Dick Dever, Chairman
March 14, 2025

Good morning Chairman Dever and members of the committee. My name is Joan Danks and I am the North Dakota Program Director for the Minnesota-North Dakota Chapter of the Alzheimer's Association**.** Thank you for the opportunity to speak to you today in support of House Bill 1012.

I stand here in support of the Adults and Aging Services budget proposals because we partner with them in so many ways beyond the Dementia Care Services contract. There are multiple programs administered by the division who refer clients to us for assistance and we refer many clients to their support programs and services. This partnership is a vital part of how we support people living with dementia and their caregivers.

I am also here in support of the continued funding of the Dementia Care Services Program and to explain a bit more about how the program works. Alzheimer's and dementia touch our lives as caregivers, loved ones, friends, and family. When our loved ones start experiencing symptoms of cognitive decline, our lives are turned upside down as well. It is normal to start grieving the person we have known and wondering what comes next. There is no longer an "easy decision" about day-to-day life. There are so many things we take for granted every day; brushing our teeth, getting dressed, even paying bills. We perform these tasks without even thinking about it. Once cognitive decline begins, our loved ones need support to perform all of these activities. For a caregiver, it is overwhelming to navigate ever changing needs and symptoms alone, all while wondering if there is anyone who can help.

This is why the original language authorizing the Dementia Care Services program was passed in the 2009 session. The Dementia Care Services program is a contract for services located in the Adult and Aging Services section of Health and Human Services. The agency manages the contract and the Alzheimer's Association delivers the services. The contract and services are designed to provide support and education for caregivers after the person they are providing care for is showing symptoms of cognitive impairment.

Prior to the implementation of the program, caregivers found it difficult to move through next steps after symptoms develop. Caregivers didn't always know what resources and help were available much less how to get connected with those resources. Through the 15 year partnership between

the State and the Alzheimer's Association, we have provided a lifeline for thousands of North Dakota families facing the unknown of caring for someone living with memory loss. Our Dementia Care Service Program staff provide a number of services, free of charge, to North Dakotans. They provide services ranging from education opportunities to learn more about Alzheimer's and related dementias and how to work through behavioral symptoms of dementia, to what is possibly the most important part of the work to support caregivers; care consultations.

Our care consultation services offer individualized assistance, problem-solving, and resource identification for individuals with memory loss, as well as their family and professional caregivers. Through these consultations, individuals with dementia and their caregivers receive valuable one-on-one support, enabling them to better manage care and make informed decisions regarding services, resources, and treatments, including clinical trials.

Care consultations are provided at the most convenient location for those accessing the service. Our Dementia Care Service Program staff are based in Bismarck, Fargo, Grand Forks, Maddock, and Minot, and they travel throughout the state. Consultations can be conducted in person at our offices, in clients' homes, by phone, or virtually, ensuring that family members have flexible options to participate.

While care consultations are a keystone of the support we provide, the education opportunities are just as valuable. We provide comprehensive information and education to the general public about the symptoms of Alzheimer's disease and related dementias, the benefits of early detection and diagnosis, available treatments, research opportunities, and services. Our program staff also work to build and foster partnerships with other programs and entities across North Dakota communities to promote access to services, supports, and quality care for people living with dementia and their caregivers.

Our team provides dementia education tailored to specific audiences, including professionals in long term care, healthcare, and law enforcement and first responders. We also provide on-demand training for direct care providers who manage and care for individuals with symptoms of mild cognitive impairment or dementia. This on-demand training ensures the quality service providers who provide home and community based services have dementia specific training to best care for their clients.

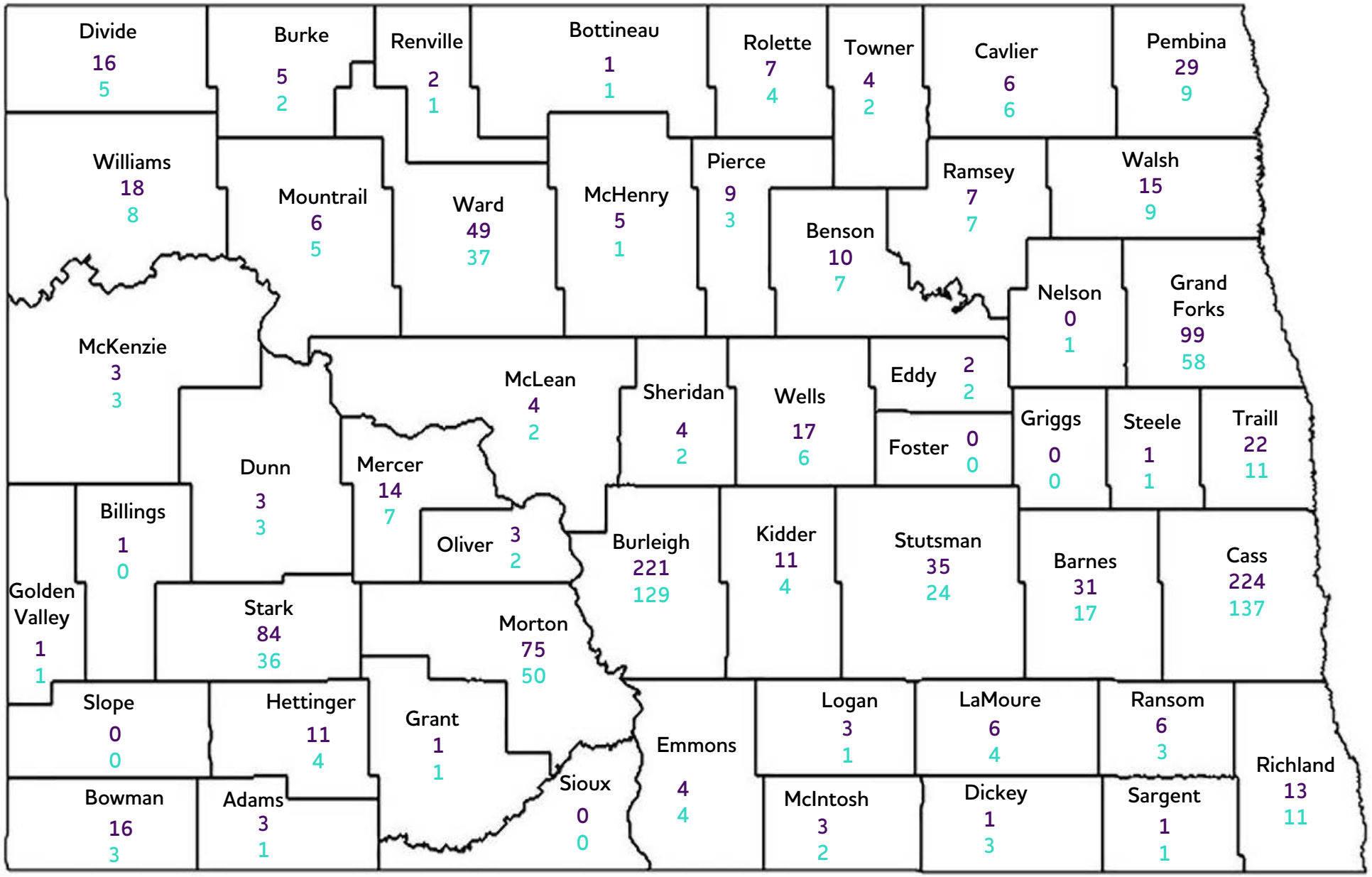
Our innovative services enable individuals to remain safely in their homes and communities, thereby delaying the placement of individuals living with dementia in long term care facilities. Dementia that is unmanaged negatively impacts the individual living with the disease, their caregivers, and ultimately creates a costly toll for communities and on the economy. The Dementia Care Services Program can help reduce higher costs related to dementia care. For example, studies have consistently shown that active management of dementia can improve the quality of life of affected individuals and their caregivers. Consider, for the current contract period, July 1, 2023 through December 31, 2024, this program has:

- Delivered **2,020** Care Consultations and Information and Referrals - for **1,217** caregivers on behalf of **698** people living with dementia, including **17** veterans living with dementia;
- Educated **2,932** community members across the state;
- Trained **110** law enforcement and **818** health care professionals; and
- Referred **57** people directly to the Aging and Disability Resource LINK.

The need for care and support across North Dakota continues to grow. Currently, just over eleven percent of our citizens over the age of 65 are living with dementia. As the number of people over the age of 65 grows, it will mean an increasing need for the services we provide.

Thank you again for the opportunity to be here today. I am happy to take any questions you might have.

#41367



Caregivers (unduplicated) served by the DCSP
Persons living with Dementia (unduplicated) served by the DCSP

#41415



HB1012 Overview – Adult & Aging Services

Senate Appropriations | Human Resources Division
Senator Dick Dever, Chairman

March 14, 2025, Nancy Nikolas Maier | Director, Adult and Aging Services Section

NORTH Dakota | Health & Human Services
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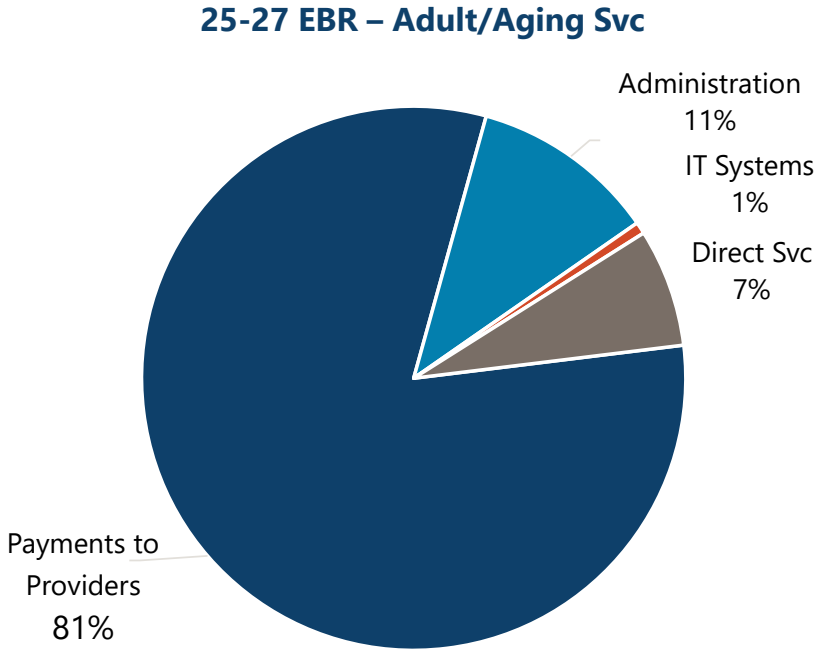
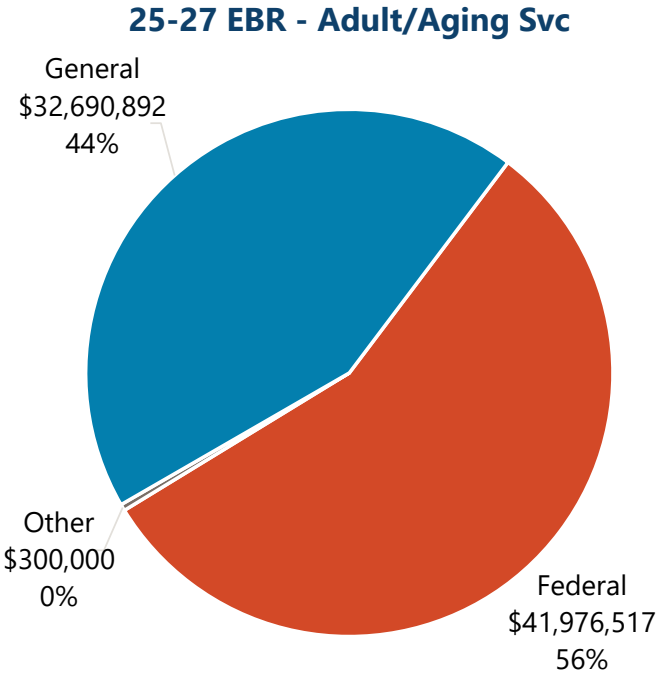
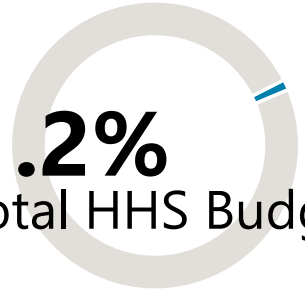
Budget Overview

Adult & Aging Services: $75 million total budget







- **4,329 people** receiving HCBS case mgmt (2024) – 3,538 HCBS and 791 basic care
- **77 case managers** (73 HCBS, 4 Basic Care)
- **8% increase in referrals** 2023 to 2024 – in 2024 avg of 150 new referrals / mo resulting in 80 new open cases
- **1,359 Qualified Service Providers** (QSPs) – 206 agencies, 1,153 individuals

The Adult and Aging Services Section is designated as the State Unit on Aging. We administer and deliver more than 40 in-home and community-based services to eligible North Dakotans.

We also protect the health, safety, welfare and rights of vulnerable adults in the community and long-term care residents.

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Providing programs that help adults access services closer to home



Administer Older Americans Act Services

- Contract with local providers for nutrition services, health maintenance and assistive technology
- Legal assistance, evidence-based falls prevention classes, CAPABLE program
- Companionship services



Support Caregivers

- Family Caregiver Support Program
- Lifespan Respite
- Dementia Care Services



Protect Vulnerable Adults

- Long-term Care Ombudsman
- Adult Protective Services (VAPS)
- Guardianship Establishment Fund



Support in-home and community-based living

- Service Payments to the Elderly and Disabled (SPED)/ Expanded SPED (ex-SPED)
- HCBS Medicaid waiver/ State Plan-Personal Care
- Money Follows the Person (MFP)

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Who's eligible for what services?



Administer Older Americans Act Services

- Primarily serves people 60+
- No Income limits
- Voluntary contribution
- Cannot deny because of unwillingness or inability to contribute



Support Caregivers

- Proving care to an older adult (60+) or an individual of any age with Alzheimer's disease or related dementia



Protect Vulnerable Adults

- Individuals over age 18 or to minors emancipated by marriage with substantial mental or functional impairments that affect their health safety or independence



HCBS Waiver

- Receiving Medicaid. Meets same impairment level as a resident SNF

SPED

- $50,000 or less in assets, income-based cost share, 2 ADL or 4 IADL impairments

Ex-SPED

- Receiving Medicaid. Meets same impairment level as a resident of a Basic Care

Guardianship Establishment Fund

- Individuals over age 18 who meet the definition of incapacitated
- Income at or below 100% of federal poverty level or are Medicaid eligible and not eligible for Developmental Disability Case Management

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Adult & Aging Services

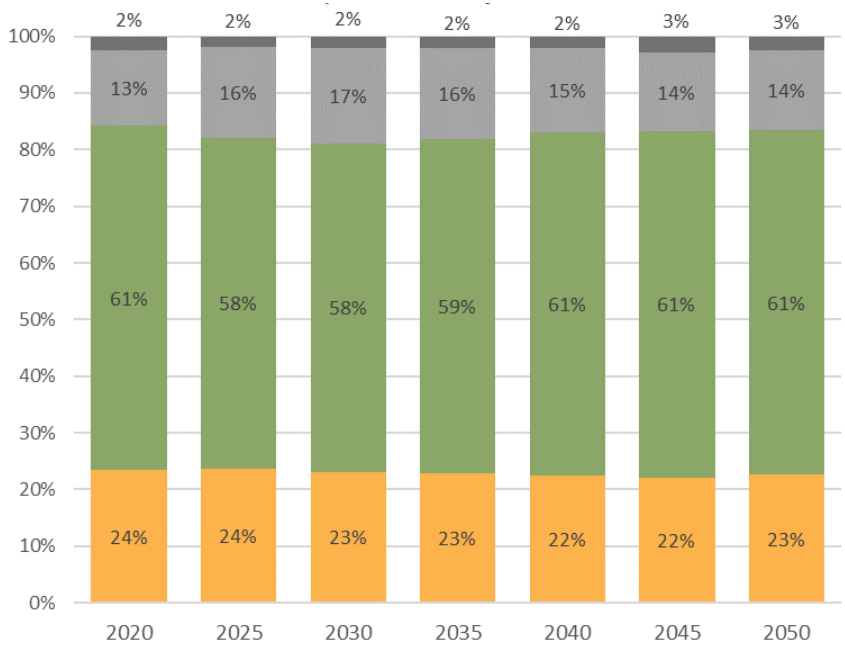
NDCC Reference

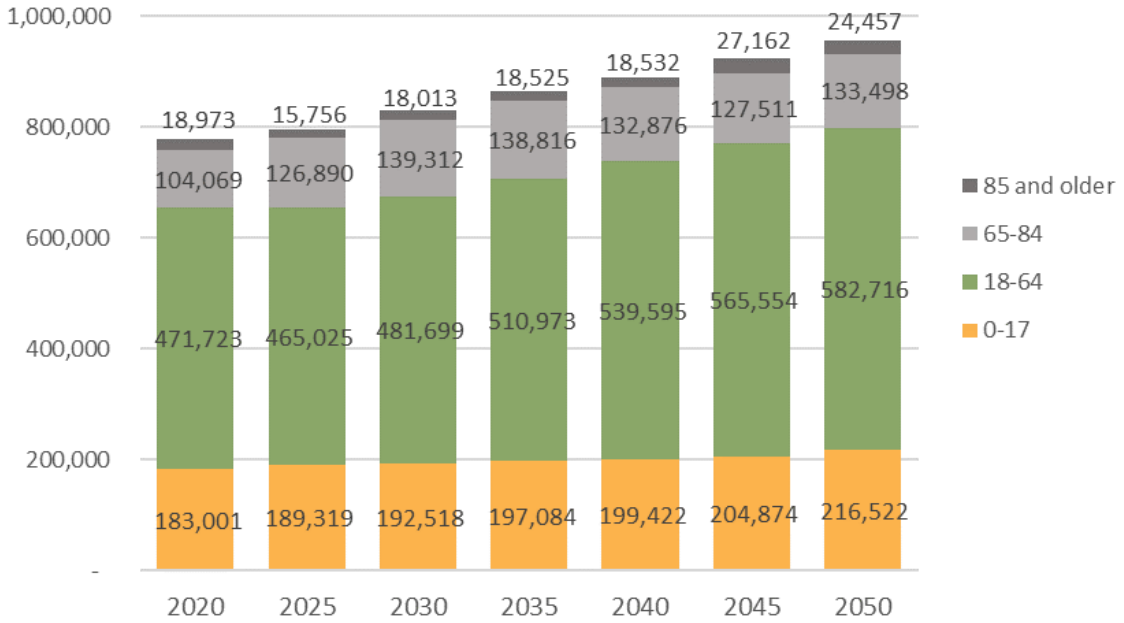
Chapter	Chapter Name
50-06	Department of Human Services
50-06.2	Comprehensive Human Services Programs
50-10.2	Rights of Health Care Facility Residents
50-10.2-02 (1)	Nursing Homes and Basic Care Facilities
50-11	Foster Care Homes for Children and Adults
50-24.1	Medical Assistance for Needy Persons
50-24.7	Expanded Service Payments for the Elderly and Disabled
50-25.2	Vulnerable Adult Protective Services
50-24.5	Aid to Aged, Blind, and Disabled Persons



North Dakota demographic trends will contribute to the state's workforce challenges

North Dakota Population Projections 2020-2050 | ND Department of Commerce State Data Center





Source: ND 2024 Population Projection | State Data Center

The age shifts from 2020-2030 translate to **24-26,000 fewer people** in the peak "workforce ages" of **18-64**

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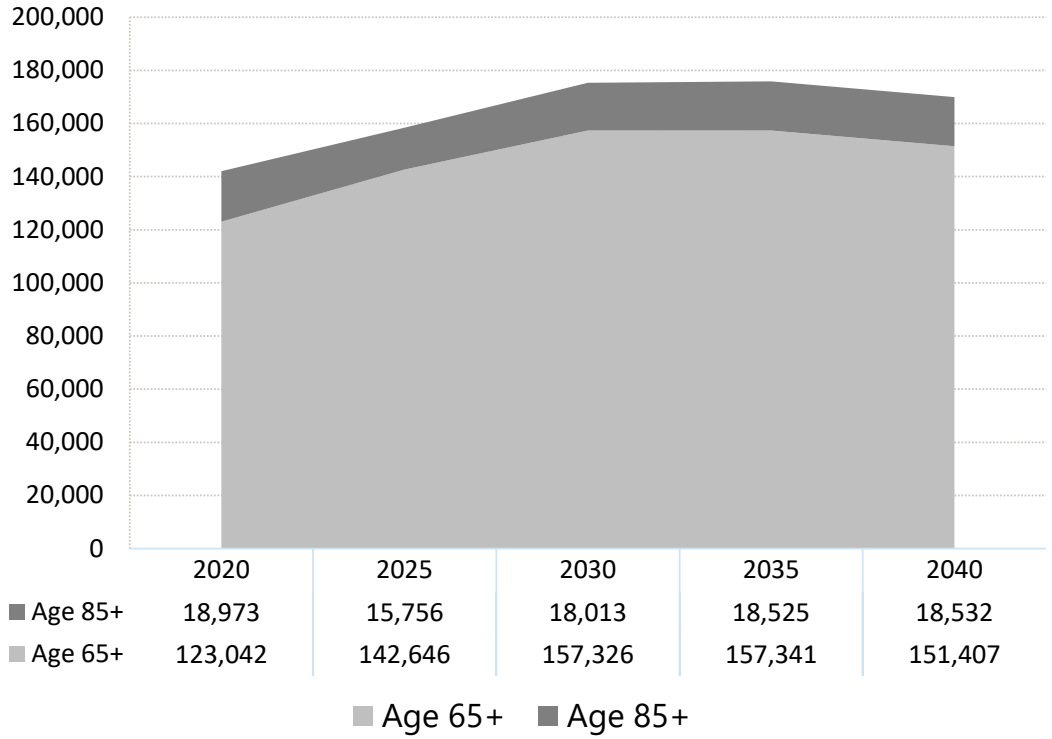
Who we serve

Older adults and adults with physical disabilities make up a growing percentage of North Dakota's population



Source: 2024 ND State Data Center Population Projections

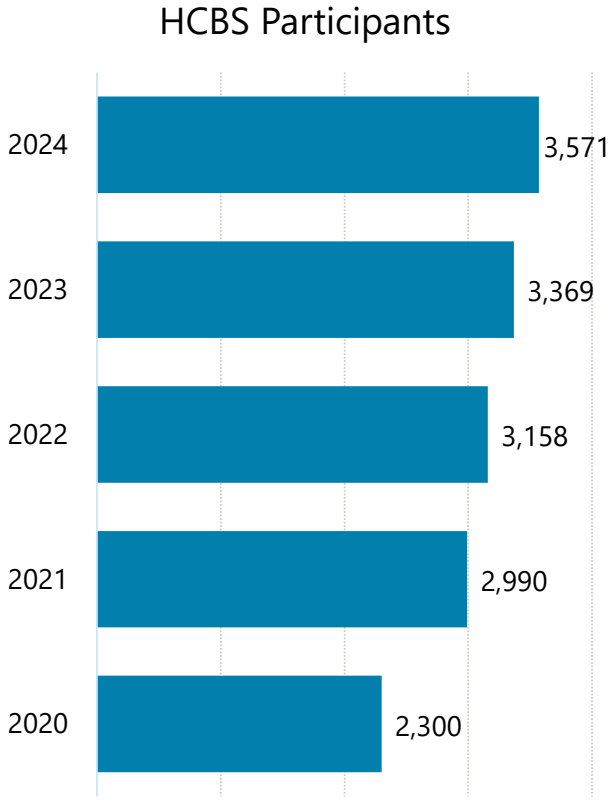
- The population age 65+ is expected to experience the **largest period of growth between now and 2035**
  - People age 65+ represent 18-19% of ND population
  - **Age 85+** consistently represents approx. 15% of total pop age 65+ but the **number of people** in that age group will **grow by 3,000** between now and **2035**

7 in 10

Americans 65+ will need LTC services for an average of 5 years

More North Dakotans are choosing home-based community care options every year

- ✓ The **demand** for in-home and community-based services has continued to **increase.**
- ✓ More HCBS participants have **complex needs** (medical and behavioral health) that increase the amount of time and skills necessary to provide **quality services.**
- ✓ **Rising acuity levels** have created a demand for more **complex services** and providers who can employ higher trained staff including **nurses and supervisory** staff.



54% increase since 2020

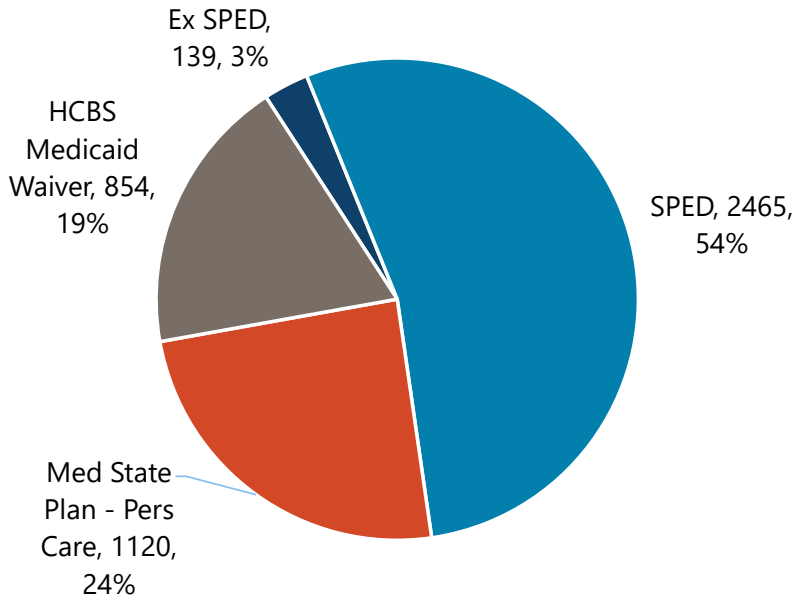
What is HCBS?
Services delivered in an **integrated setting**.

What is an integrated setting?
A private home, apartment etc., owned or rented by the individual or their family, or an individual adult foster care setting.

Home-based community care options older adults and adults with physical disabilities

3,571

Number of people supported by HCBS in CY2024



Source: NDHHS HCBS Caseload Data Nov 2024 (unduplicated count)

- Primarily serves older adults and individuals with physical disabilities
- Recipients must be both functionally and financially eligible
- May have client cost share based on income
- Federal and state funds
- Recipients range in age from 17-104 years old

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Adult & Aging Services

HCBS Case Management

HCBS Case Managers

Provide the support and structure needed to connect eligible people in need of in-home and community- based care to qualified service providers (QSPs) in their community.

What do they do?

- Determine eligibility
- Conduct person-centered planning
- Assess needs
- Authorize services
- Monitor for health and safety
- Provide support and guidance to family caregivers

73 and **4**

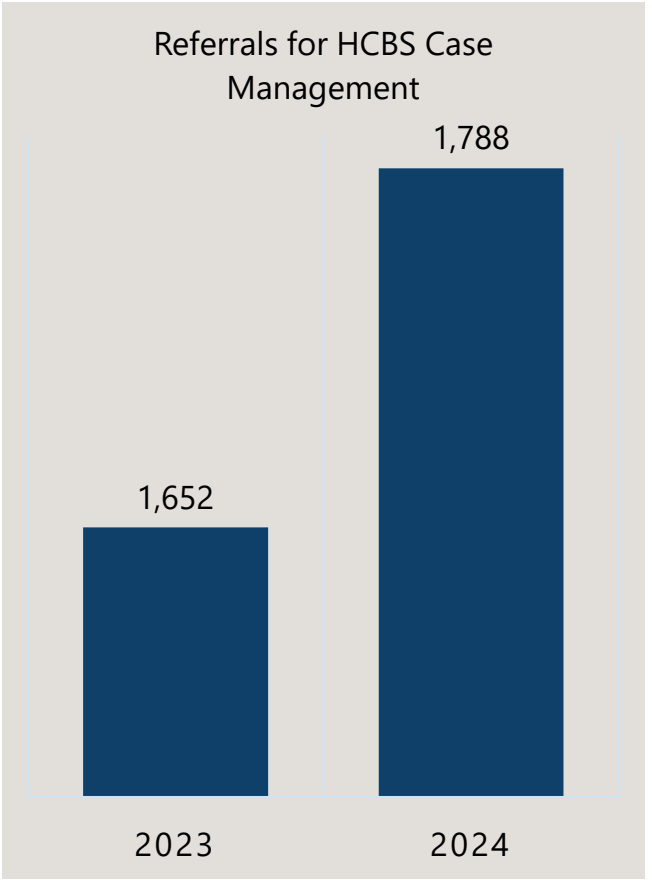
73 HCBS case managers and 4 Basic Care case managers are supervised by Adult & Aging Services

150 and **80**

On average, 150 new referrals and 80 new cases opened for HCBS each month

4,329

Provided Case Management to **3,538** HCBS recipients and **791** Medicaid Basic Care residents in 2024

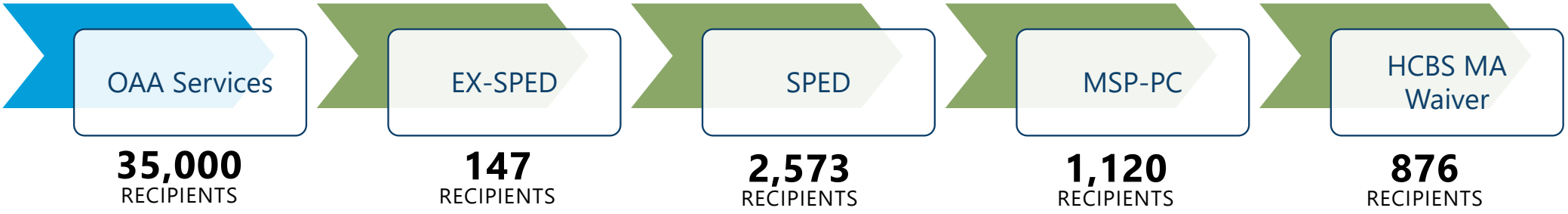


Continuum of home-based services available from early intervention to nursing facility *level of care*

Source: ND HHS, OAA FFY23 Report, HCBS Recipients CY2024

Early Intervention and preventative supports

24 hour supports
All inclusive services
TBI and Memory Care facilities
Adult Residential / Community Supports



Older American Act = OAA
Meals (group setting and at home), dementia supports, fall prevention, assistive tech, respite, fitness and preventative health care

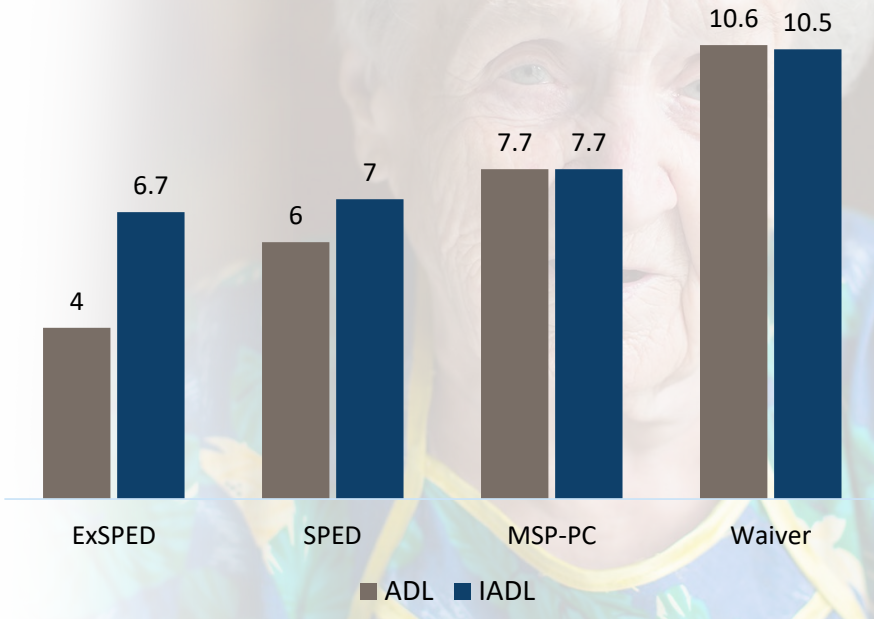
SPED, Expanded SPED and Medicaid State Plan Personal Care (MSP-PC)
House cleaning, snow removal, lawn care companionship, emergency response system, rides to essential services, help with personal care (bathing, dressing, toileting)

HCBS Medicaid Waiver
Personal care (more extensive), supervision for wandering and intermittent care needs, education from a nurse, nurse-performed medical tasks. Up to 24-hour care.

Overall acuity level and the complexity of needs increases across the service continuum

Activities of Daily Living(ADL) and Instrumental Activities of Daily Living (IADLs):

- Tasks we do to stay alive and well.
  - Eating, going to the bathroom,
  - Moving from place to place, shopping, housekeeping and meal preparation
- Difficulties with these tasks correspond to how much help, supervision, and hands-on care an older adult or adult with physical disability needs.
- Cooccurrence of behavioral health and complex medical needs increases the challenge of providing appropriate and effective care.



ADL & IADL Score by Program

The higher the score the more help that will be needed to assist with the activity

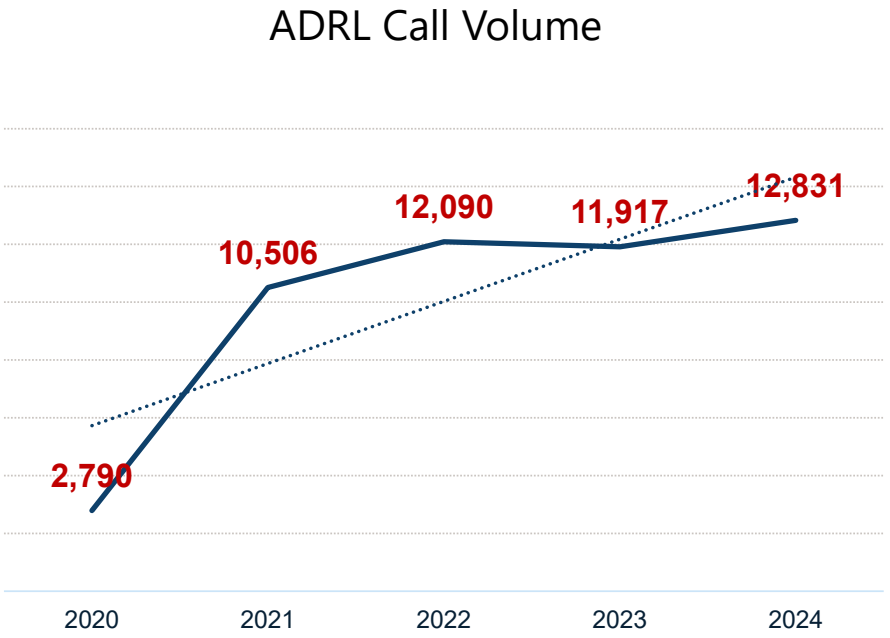
Aging and Disability Resource Link (ADRL) is a simplified access point for info about services

ADRL's Dual Purpose

- Process to receive and route referrals for services (centralized intake for HCBS services for programs administered by Adult/Aging services)
- Help guide North Dakotans to services that can help them stay independent as long as possible

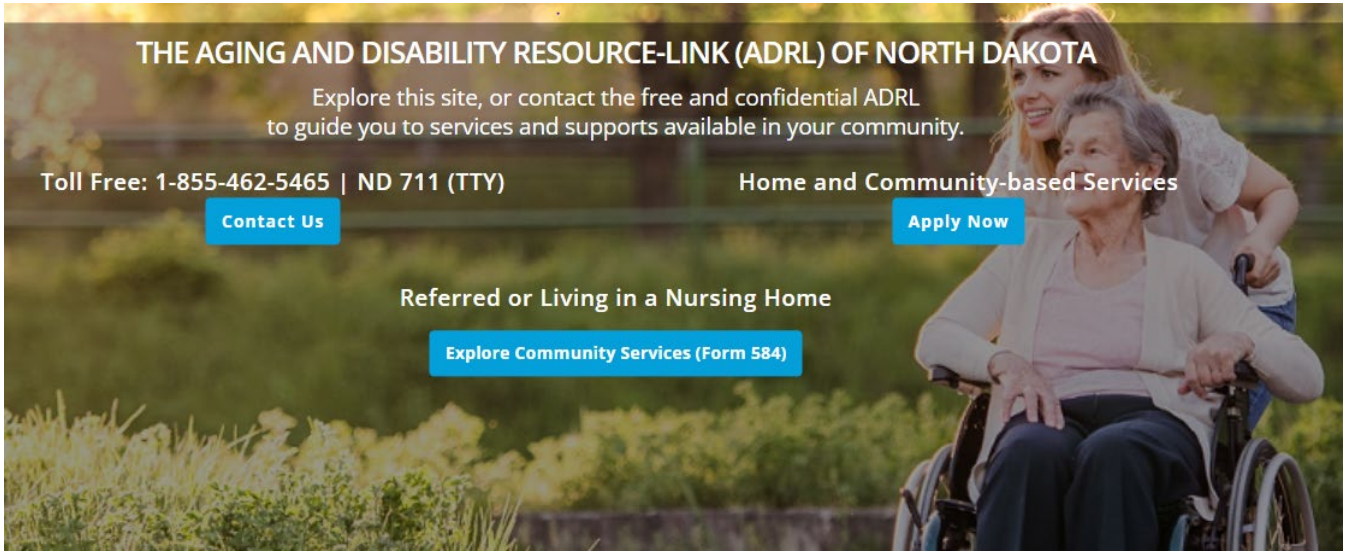
ND ADRL: 855-462-5465

- ✓ Based on "no wrong door" approach
- ✓ 6 people staff the ADRL (calls and emails)
  - FY2020-2024 = 50,134 calls, 48,768 unique website hits, 1,602 web intakes



The average wait time for the ADRL is 1 minute

ADRL – How it works



Who calls ADRL?

- 34% Self
- 30% Family/friends
- 18% Other Govt Svc
- 16% Healthcare Prof
- 2% SNFs

- 27% - age 0-60
- 37% - age 60-74
- 22% - age 75-84
- 14% - age 85+

Why are people calling?

- How can I find help for my parents...
- I am calling because I don't know where to begin....
- Help with what?
  - Household chores (cleaning, meal prep, buying groceries)
  - Personal care (ex. bathing, toileting, moving around their home and help getting outside)
  - Rent help and home modifications
  - Transportation to buy necessities and to medical appointments

- The ADRL team offers information, assistance, community referrals, and manages HCBS intake
- ADRL specialists assess HCBS eligibility by asking targeted questions
  - What's going on that made you decide to call?
  - Why do you need help?
  - What are your support systems? Resources? Where do you live?
- Referrals are sent to HCBS Case Managers who make a home visit, assess eligibility, create a care plan, and connect individuals with service providers

ADRL – How do people find out about it?

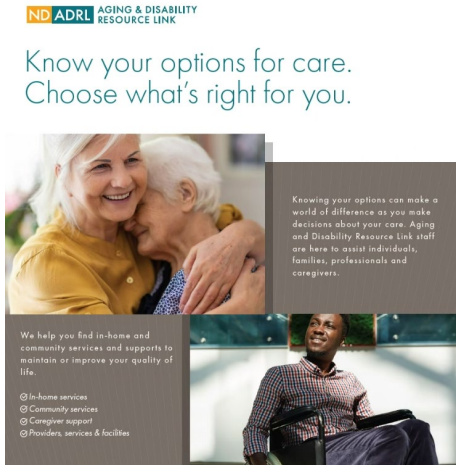
- Social Media Posts and Ads
- Community Partners and Providers
- Healthcare Professionals
- Community Events
- Professional Conferences
- Word of mouth
- Direct Mail
- Other Govt Agencies



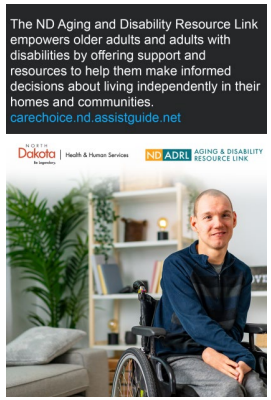
Aging and Disability Resource Link

Get connected to services and find information.

ADRL on HHS website









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Meet Bob & Irene



The suite of services available in ND helped Bob and Irene navigate an Alzheimer's diagnosis.

Bobbie's Caregiver Story – click here

Bob and Irene, a couple in their late 70s, faced challenges as Irene's health declined. They invested their money throughout the years and had a small nest egg. They currently live off social security and a small pension from Bob's employer. They own their home and one car.

They received **home-delivered meals** through a **Senior Nutrition** program, and after her Alzheimer's diagnosis, they accessed support from the **Dementia Care Services Program**.

Bob used **respite care** through the **Family Caregiver Support Program**.

As Irene's condition worsened, she moved to a memory care facility, which Bob paid for privately until they had spent their resources down, so she qualified for the **HCBS Medicaid waiver**, covering her care until she passed away.

Older Americans Act Services (OAA)

35,064
Older adults served in FFY 23

=

↑ **15%**
increase since FFY 22

- Serves people age 60+
- No income limits
  - Voluntary contribution
  - Cannot deny service due to unwillingness or inability to contribute
- Federal, state, local funds, and voluntary contributions (approx. $19 million federal grant per year)



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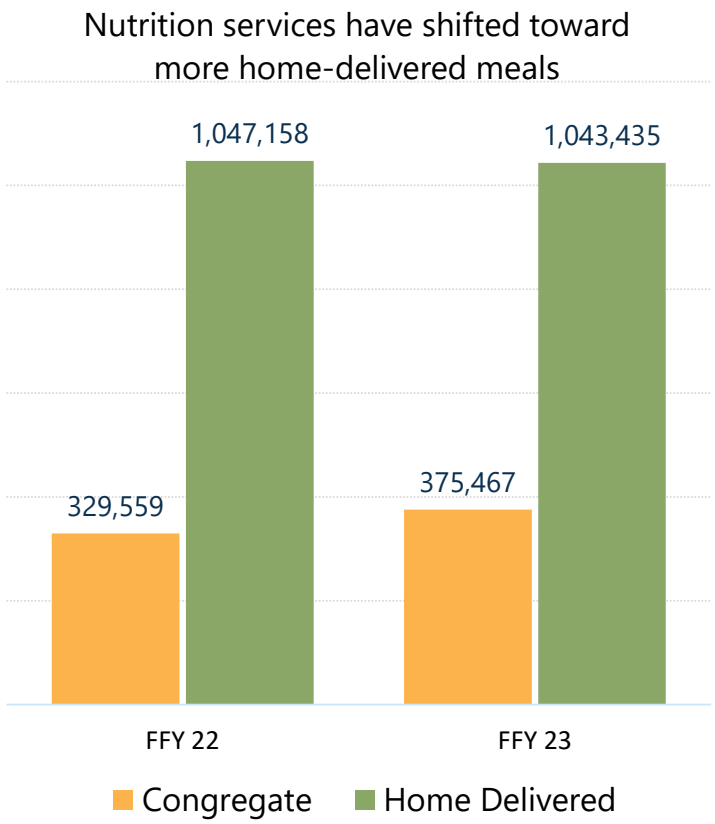
Older Americans Act Services

Senior Meals are delivered in a variety of ways

- Congregate meal site
- Home delivered
- Pre-packaged grab-and-go
- Take out meals
- Frozen meal options

1,418,902
Meals served FFY2023

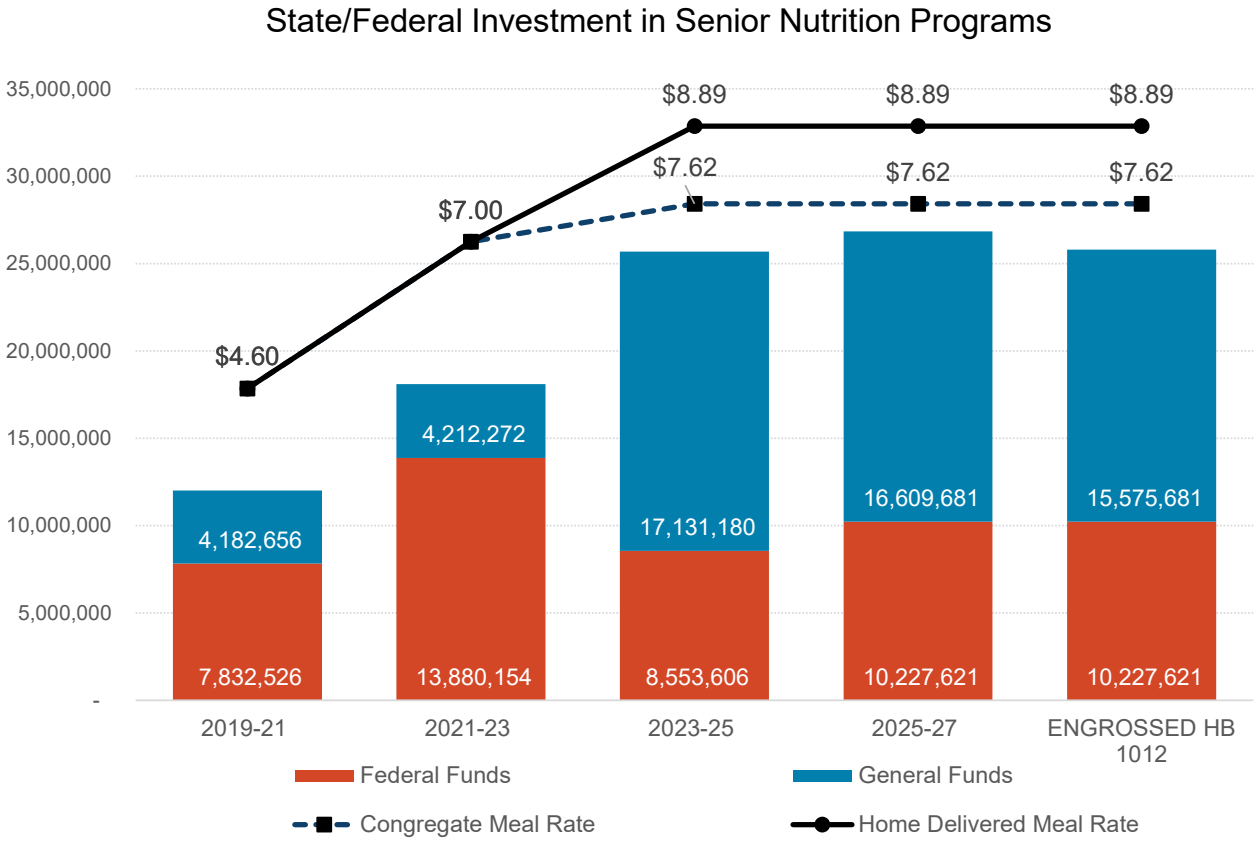
19,059
Consumers served

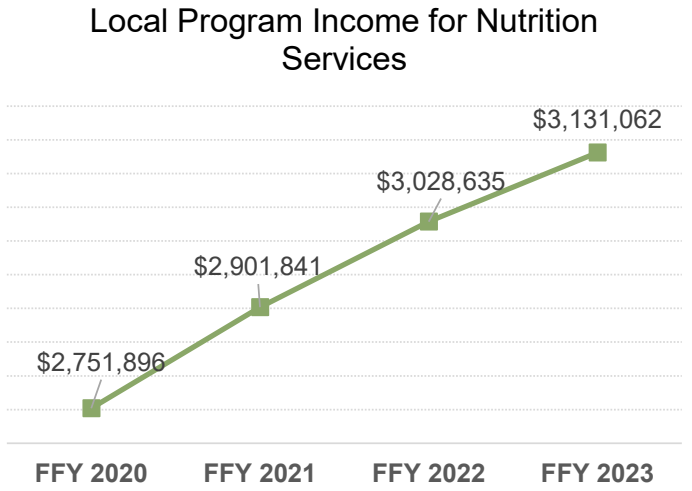




Services Delivered By: 8 Senior Nutrition Service Providers

Investments in Senior Nutrition are a State / Federal / Local Partnership





Eating nutritionally-dense meals at least **3 days per week** has been shown to provide health benefits in older adults

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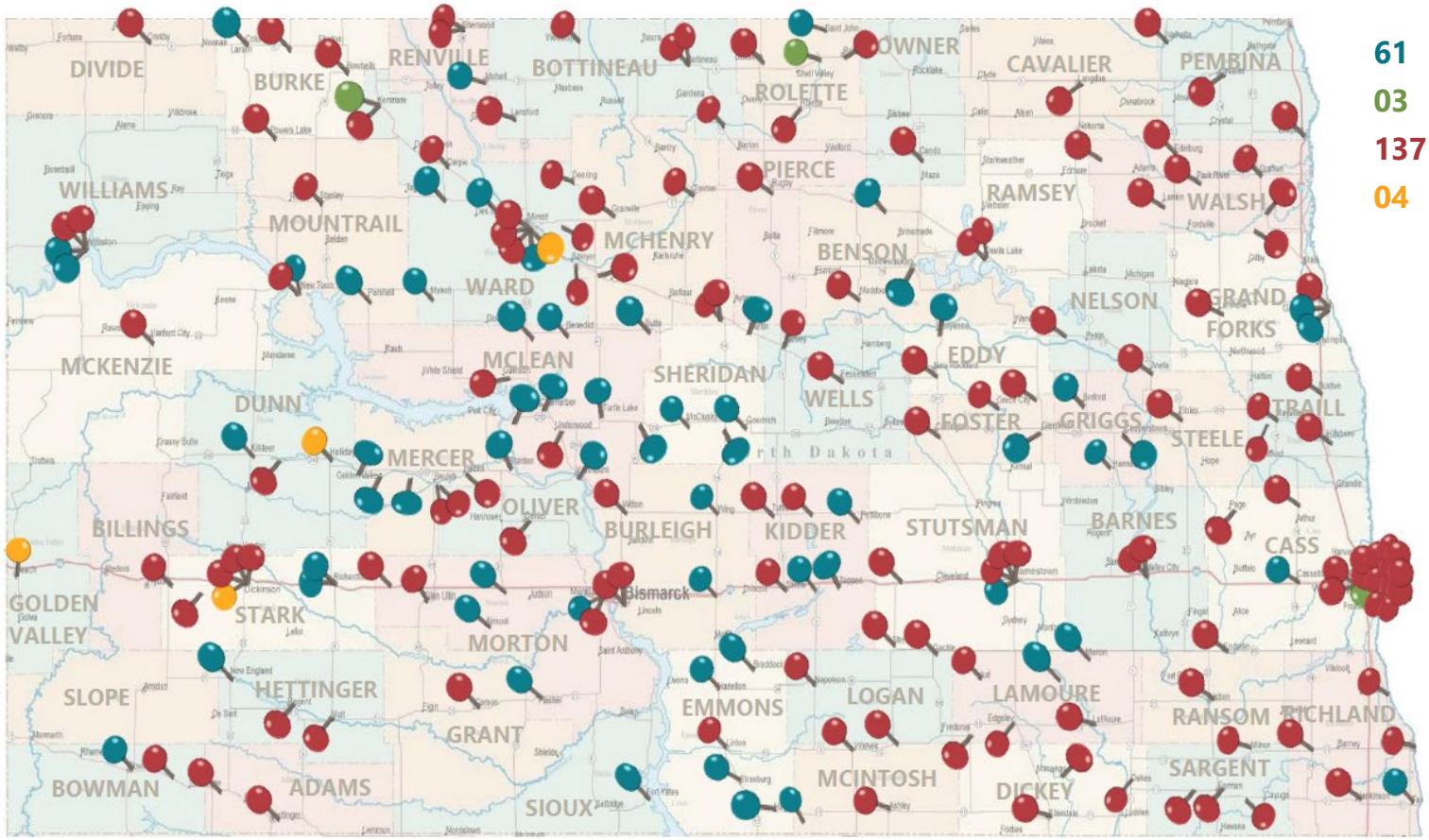
Older Americans Act Services

There are 205 Senior Nutrition sites active in ND



61 Home Delivered Meals (HDM) Only

03 Congregate Nutrition Sites Only

137 Both Congregate and HDM Options

04 Café 60 Nutrition Sites

LAST UPDATED JULY 1st, 2024

Older Americans Act Services

Preventative Health

Community Aging in Place – Advancing Better Living for Elders (CAPABLE)

- **10** home visits from an **occupational therapist**, a **registered nurse**, and a **handyman** to help develop strategies to help "**age in place**" **11** individuals served in FFY23
- Evidence-based program produces results
  - Better **function**
  - Increased **motivation**
  - Reduced **depressive symptoms**, and
  - **Lower healthcare utilization**.

Falls Prevention Classes

- *Stepping On*
- *Tai Ji Quan*
- *Fit and Strong*
- ***401** individuals received falls prevention classes in FFY23*

Family Caregiver Training

- *Powerful Tools for Caregivers*
- **70** individuals received caregiver training in FFY23

Falls are the leading cause of injury among older adults.



Services Delivered By: ND Assistive, NDSU Extension, Master trainers certified to teach evidence-based classes

Older Americans Act Services

Supportive Services

Health Maintenance

Preventative services to assess and **maintain** the **health** and **well-being** of older adults

- Blood pressure/pulse/rapid inspection
- Foot care
- Home visits
- Medication set-up
- **3,663** individuals received health maintenance FFY23

Companionship

Services **reduce** social **isolation** for older adults and individuals with physical disabilities.

- Improves physical and mental health
- Helps prevent institutional placement
- **311** individuals received companionship FFY23



Services Delivered By: Senior Service Providers, Public Health, Qualified Service Providers (enrolled as companionship providers)

Older Americans Act Services

Assistive Devices and Telecommunications

Assistive Safety Devices Distribution

- Adaptive and **preventive health devices** for individuals aged 60 and older to support **independent living**
- Trained staff assist with purchasing, delivering, and installing devices such as grab bars, emergency response systems, medication dispensers, voice amplifiers, and seat lifts.
- Top items - Shower chairs, emergency response devices, bed rails, medication dispensers, and alternate hearing devices
- **857** eligible individuals received **1,522** Assistive Safety Devices FFY23

Senior Safety Program - North Dakota Assistive

Telecommunications Equipment Distribution

- Specialized **telecommunications equipment** for individuals with **communication impairments**, including those who are deaf, hearing, speech, or mobility impaired.
- Top items- Specialized answering machines, amplified phones w/large buttons, photo dialing phones
- **232** eligible individuals received **320** telecommunications devices FFY23



Funded with OAA and state/federal telecom taxes assessed to landline and cell phone users

Services Delivered By: ND Assistive

Older Americans Act Services

Supportive Services

Legal Assistance Services

- **Legal advice** and **representation** for older adults with financial or social needs.
- Can assist with **legal issues** such as abuse, age discrimination, guardianship defense, health care, housing, income, long-term care, neglect, nutrition, protective services, and utilities.
- Advance Directive Workshops
- **826** individuals served in FFY23

Senior Community Service Employment Program (SCSEP)

- A **job training** program for low-income, unemployed seniors, offering paid **community service** work to help them **gain experience** and transition to **unsubsidized employment**.

Options Counseling

- Helped **509** older individuals, adults with physical disabilities, and their families **access** community services **and plan** for future care needs **--** regardless of income.
- Staff **assess needs** during home or virtual visits and **connect** individuals to **resources.**
- **522** visits were conducted statewide FFY23



Most common requests = help in finding in-home services and service providers

Services Delivered By: Legal Services of North Dakota, 6.5 HHS staff (Adult and Aging Services)

Caregiver Supports

Dementia Care Services

- Average **631** care consultations/information and assistance services per month for family caregivers and facility staff
- Average **107** attendees per month for their public and professional training SFY23

Lifespan Respite Grant

- Provides information and respite – short breaks for caregivers.

Family Caregiver Support

- **451** caregivers received care coordination, respite, and help paying for supplies, in FFY23

19,000 caregivers support 13,700 individuals 65+ who are living with Alzheimer's in ND.

Source: Alzheimer's Association (2024)

62,000 family caregivers in ND providing 58 million hours of unpaid family care.

Source: AARP (2024)



Services Delivered By: MN/ND Chapter Alzheimer's Association, Qualified Service Providers

Meet Margaret



The suite of services available in ND help Margaret stay in her home, maintain independence, and avoid costly care, while enhancing her well-being and reducing loneliness.

Margaret, an 80-year-old woman living alone in her own home, struggles with vision, hearing loss, balance, and daily tasks.

Concerned neighbors contacted Adult Protective Services (**APS**) for help.

An **APS** worker found she had no nearby family and limited finances. She lives off **$1,954** in **social security** per month which is her only source of income. She has a car but can no longer drive it. With her permission, she was referred to the Aging and Disability Resource Link (**ADRL**).

After an **HCBS case manager** completed an assessment, she enrolled in the **SPED** program, receiving **homemaking, personal care,** and **non-medical transportation**.

She also joined a **fall prevention class** and received a specialized phone from the **Assistive Safety program**, helping her stay connected.



Protect Vulnerable Adults

Guardianship Establishment Fund

Fund pays legal costs associated with petitioning for guardianship for income-eligible adults who are incapacitated

Demand for guardianship establishment has been growing

- 142 adults served by this Fund in 2021-23
- **261** adults served July 2023 – Dec 2024

$3,000 max petitioning cost per person *(increased by 23-25 legislature; previous cap was $2,500)*

Protect Vulnerable Adults

Long-Term Care Ombudsman Program

ND Long-Term Care System

5,047	Nursing Facility Beds
676	Swing Beds
2,104	Basic Care Beds
2,922	Assisted Living Units

- **7** LTC Ombudsman made **1,059** site visits to **247** facilities in FFY2023 where they connected with **6,255** residents.

Most Common Complaint Categories

- Care
- Autonomy, Choice, Rights
- Admission, Transfer, Discharge, Eviction

Top Topics for Individual Information & Assistance

- Resident Rights & Transfer/Discharge
- Quality of Care Issues
- Abuse/Neglect/Exploitation

783
Information & Assistance to individuals

537
Information & Assistance to Facility Staff

445
Complaints Received

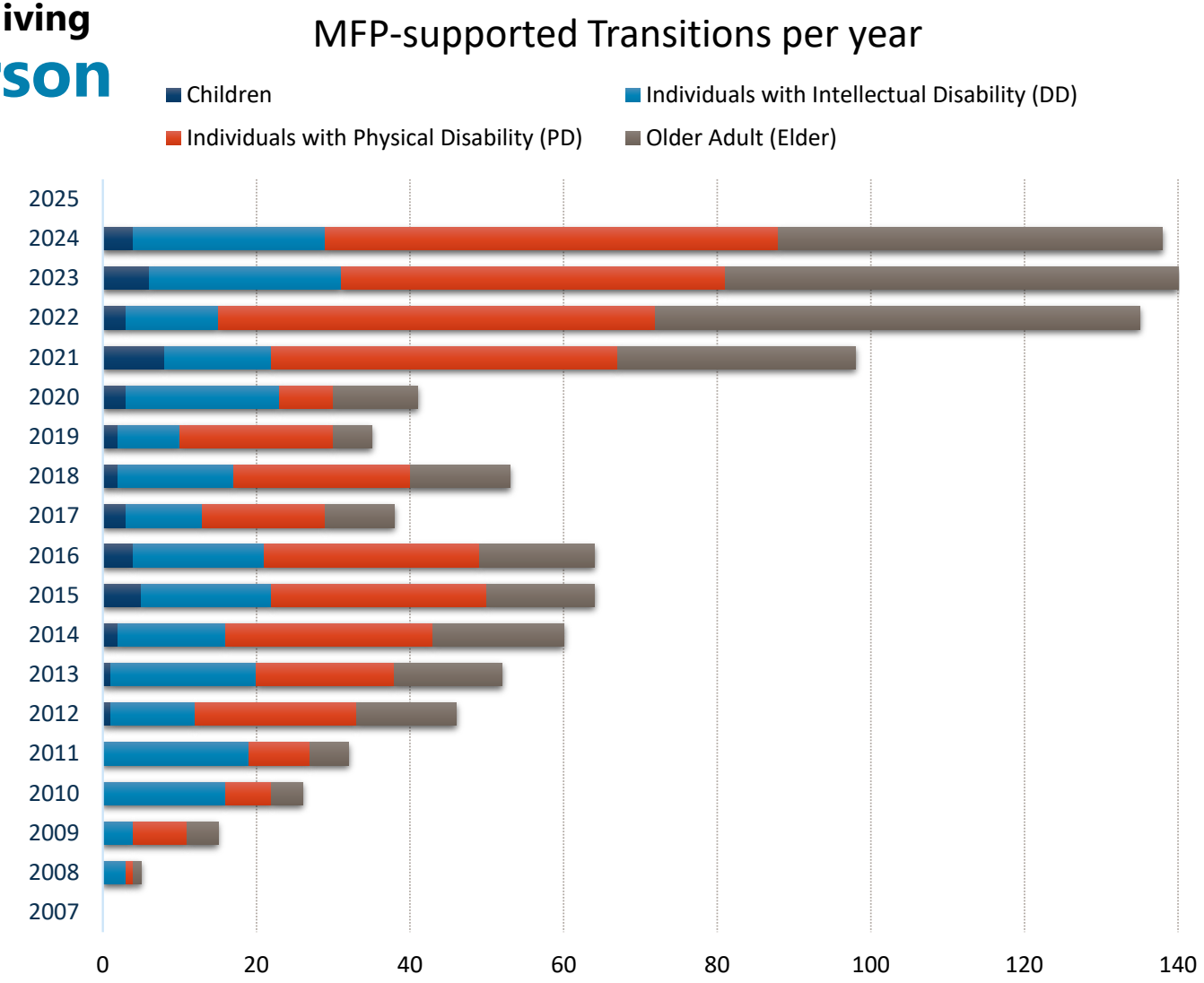
308
Cases Closed

Services Delivered By: 1 FTE State LTC Ombudsman, 6 FTE Local LTC Ombudsman Adult and Aging Services Section

Supporting in-home/community-based living

Money Follows the Person Grant

- Federal grant helps states expand HCBS usage to support LTSS and rebalance care systems.
- Eliminates barriers that prevent individuals from receiving LTSS in the setting of their choice
- MFP Grant started 2007 – ND award was $8.9 million
- Total award through 2024 - $60.5 million (fed) and $4.6 million (state)
- Supported transition out of institutional setting for 1,040 individuals over the past 17 years
- 38% of those transitions were done in the last 4 years.



Services Delivered By: Centers for Independent Living, ND Center for Persons with Disability Minot State, Qualified Service Providers

Implementing the Settlement Agreement between U.S. DOJ & State of North Dakota

PURPOSE is to ensure that ND will **meet Americans with Disabilities Act (ADA) requirements** by providing services, programs, and activities for individuals with physical disabilities in the most integrated setting appropriate to their needs.

Effective Dec. 14, 2020

Agreement will terminate eight years after effective date if Parties agree that the state has attained substantial compliance with all provisions and maintained that compliance for a period of one year.

Watch Diversion and Transition Testimonials from ND residents served by NDHHS Adult and Aging services



DOJ Settlement Agreement

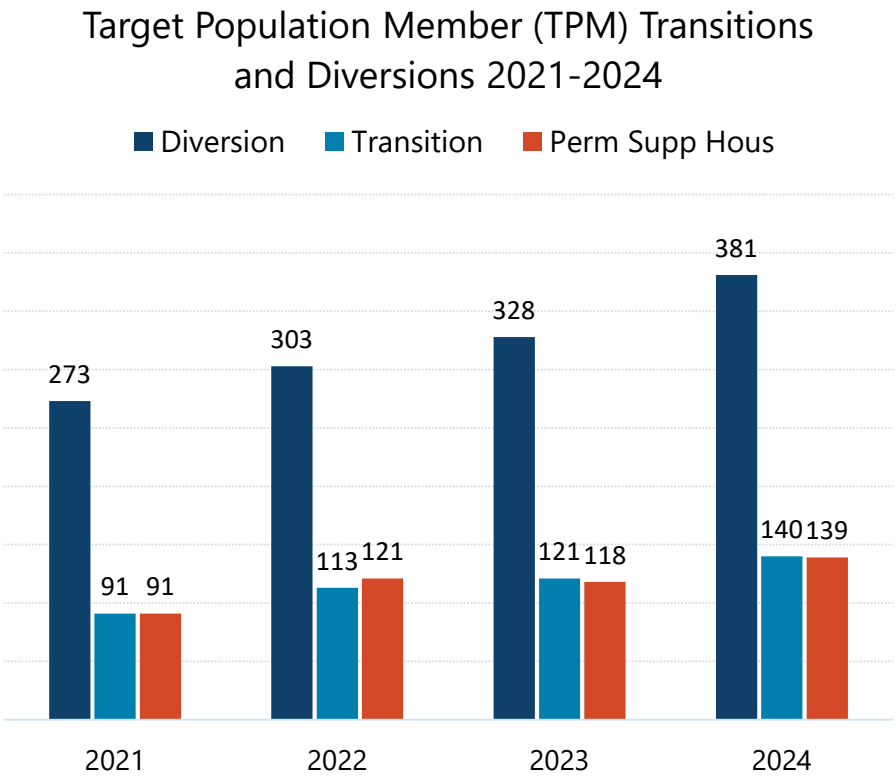
HCBS is supporting increase in Transition and Diversion from institutional settings

"**Diversion**" happens when a Medicaid eligible individual who screens at a nursing facility level of care receives a set of services (HCBS, housing etc.) that allows them to remain in an integrated setting and avoid institutionalization.

"Transition" happens when a Medicaid eligible individual who resides at a nursing facility receives transition supports and a set of services (HCBS, housing etc.) that allows them to move to an integrated setting in the community.

"**Permanent Supported Housing**" is providing affordable housing, rental assistance, meeting with landlords, application assistance etc., in addition to other traditional HCBS that allows an individual to live in a private residence alone or with family, their significant other or roommates of their choosing.

Housing is the #1 barrier to transition



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DOJ Settlement Agreement Benchmarks

2020-2024

- **Transition at least 100 TPMs** by the end of **year 2 (2022)**, and by the end of **year 4 (2024) transition at least 60%** of those requesting to transition out of the SNF (within 120 days of request).
- **Divert** at least **100** TPMs within **2 years (2022)** and an **additional 150** by the end of **year 4 (2024)** who are choosing to receive care in the community.
- Provide permanent supported housing (rental assistance) to **20 TPMs in year 1 (2021)**, **30 in year 2 (2022), 60 in year 3 (2023).**

2025-2028

- **Transition 70% of TPMs by year 6 (2026) and 85% by year 7 (2027)** who are requesting transition out of the SNF (within 120 days of request).
- **Divert** an **additional 150 TPMs** to community-based services by **year 6** (2026) and **continue to divert** all who are **choosing to receive care in the community.**
- **Provide** permanent supported housing **(rental assistance)** to additional TPMs based on the aggregate need. *Note: Almost all transitions require some type of state or federally funded rental assistance.*

The Agreement will terminate **eight years (Dec 13, 2028)** after the effective date if the Parties agree that the State has attained substantial compliance with all provisions and maintained that compliance for a period of one year.

Learn more about the ND DOJ Settlement Agreement

Included in Executive Budget Request

Rental assistance funds to support transition/diversion

US DOJ Settlement Agreement requires the State to provide permanent supported housing (PSH), including rental assistance as necessary, to a specified number of target population members each year.

- Year 1 – 20 people
- Year 2 – 30 people
- Year 3 – 60 people
- Year 4+ - # based on aggregate of need

Total	General	Federal	Other
$300,000	$300,000	$0	$0

This is an ongoing funding request.



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State-Funded Rental Assistance to support community living for TPMs

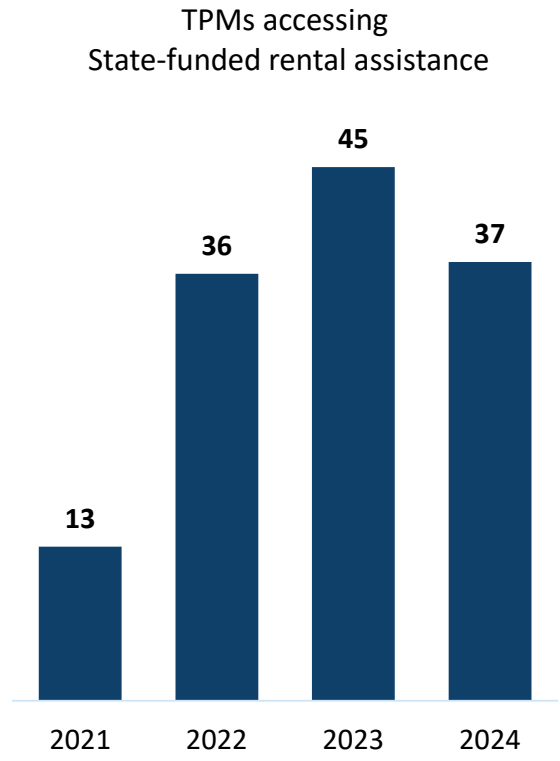
State funded Rental Assistance helps individuals pay for affordable housing in the community when the cost of housing is putting them at risk of housing instability.

This flexible housing resource also supports diversion efforts by paying housing costs during an institutional stay, to assure the individual does not lose their place to live in the community while they are recovering from an injury or other circumstance that causes them to be out of their home temporarily.

Top 5 Housing Barriers for TPMs

1. Finding an accessible unit
2. Credit issues
3. Rental assistance
4. Eviction History
5. Need for Environmental Mod

About 80% of TPMs list "housing" as a barrier



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Included in Executive Budget Request

Adult Protective Services

HHS maintains responsibility for providing Adult Protective Services (APS) across North Dakota, which involves response to reports of abuse or neglect (including self-neglect) of vulnerable adults.

The APS unit has seen a growth in the number of report of suspected abuse/neglect over the last several years, with the most common types of reports related to self-neglect (i.e., inability to care for oneself) and financial abuse by others.

This request would allow HHS to more appropriately staff to the demand by adding resources to the **contracts** maintained with Mountrail/McKenzie and Cass Human Service Zones **for APS coverage**.

Total	General	Federal	Other
$718,522	$718,522	$0	$0

This is an ongoing funding request.



Protect Vulnerable Adults

Adult Protective Services (APS)

19 state and contracted staff

1,522 investigations

1,766 allegations

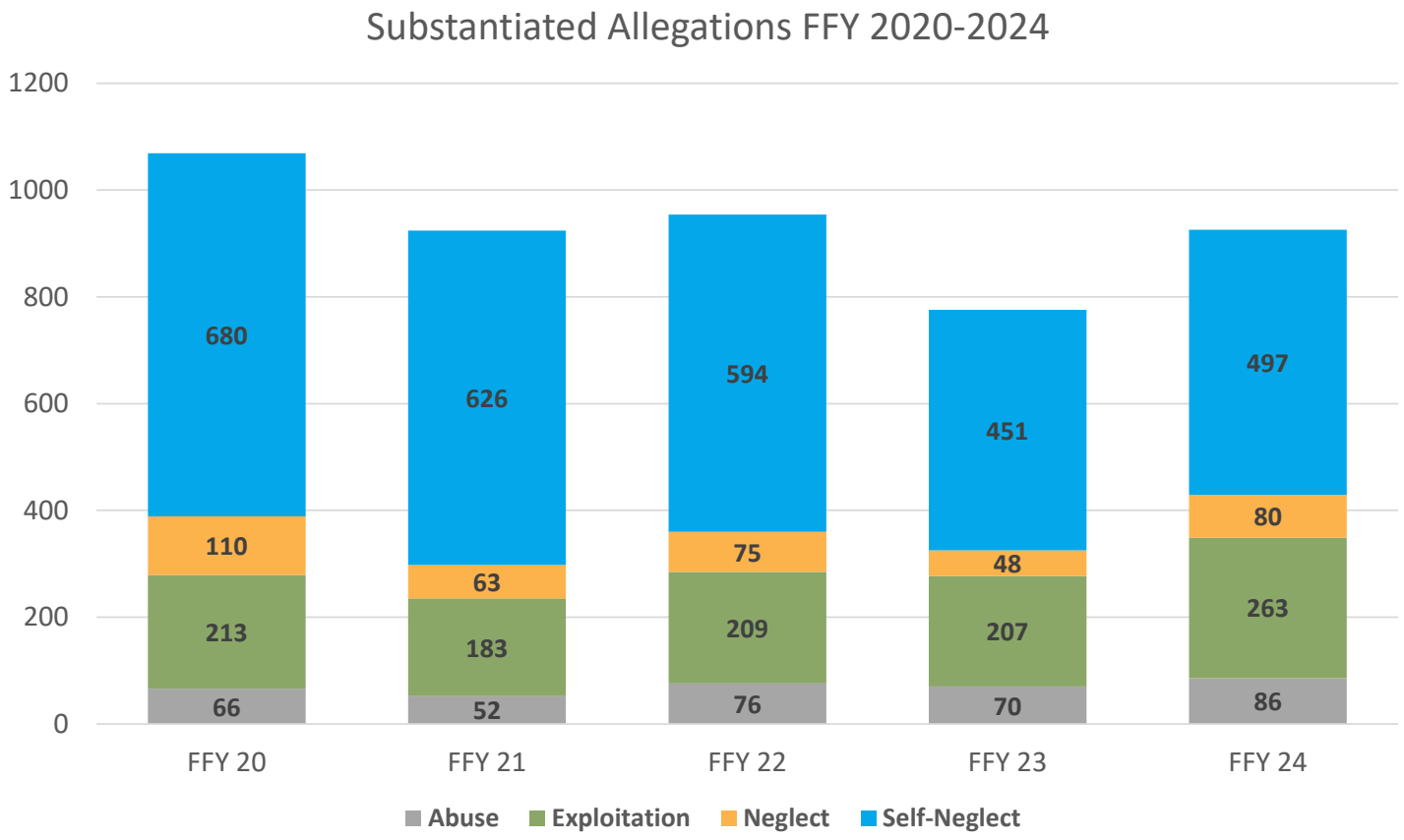
926 substantiated

Most common allegations:

Self Neglect

Exploitation

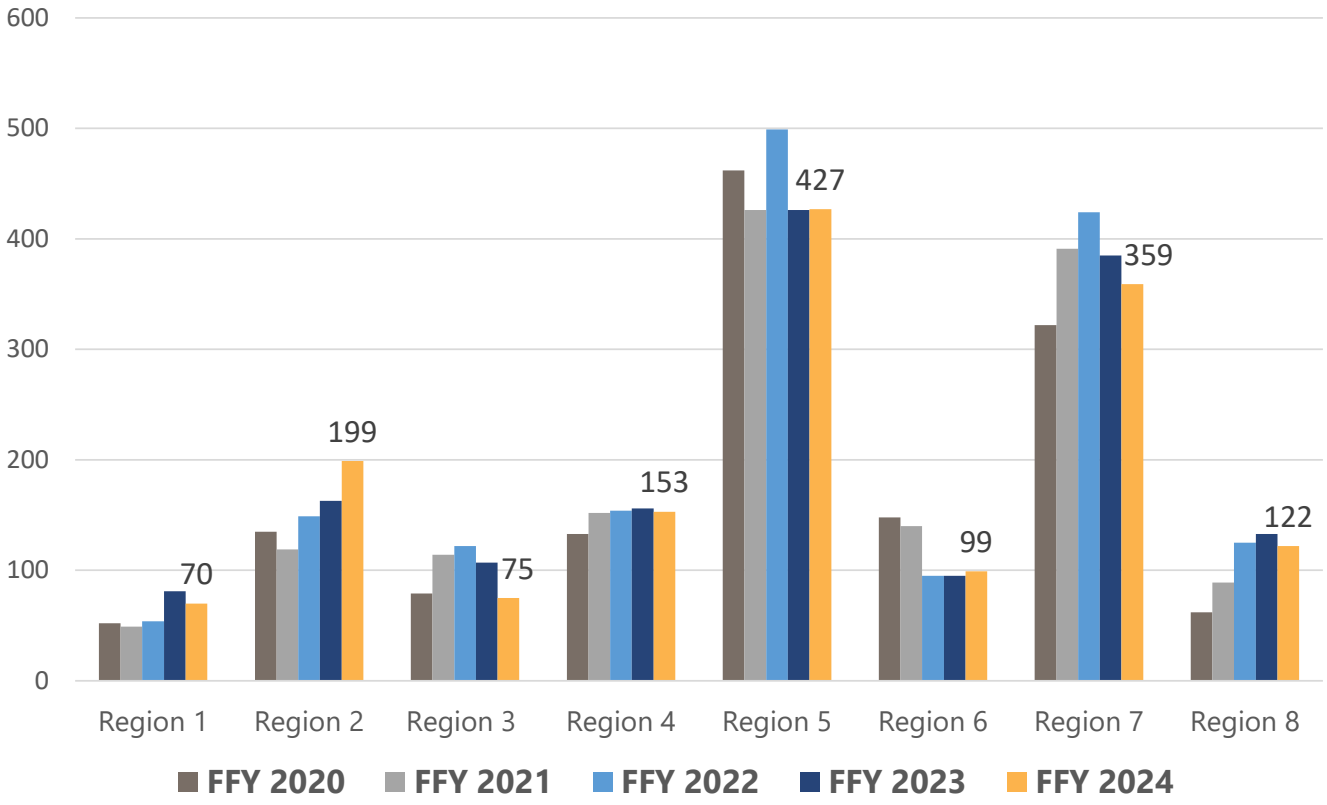
3 state staff conduct intake
APS program received
5,978 reports in SFY2024



Services Delivered By: Cass County Human Services Zone (HSZ), Mountrail McKenzie HSZ, Hart Counseling, HHS Adult/Aging Services (10 APS Investigator, 3 APS Intake

Protect Vulnerable Adults

APS Investigations by region and FFY



Region 1 & 2: Mountrail McKenzie HSZ

- 269 Investigations SFY24
- Rural territory, significant travel
- Lack of community resources

Region 6: Hart Counseling

- 99 Investigations SFY24
- Rural territory, significant travel
- Lack of community resources

Region 5: Cass HSZ

- 427 Investigations
- Reports have increased
- Complexity of cases is increasing

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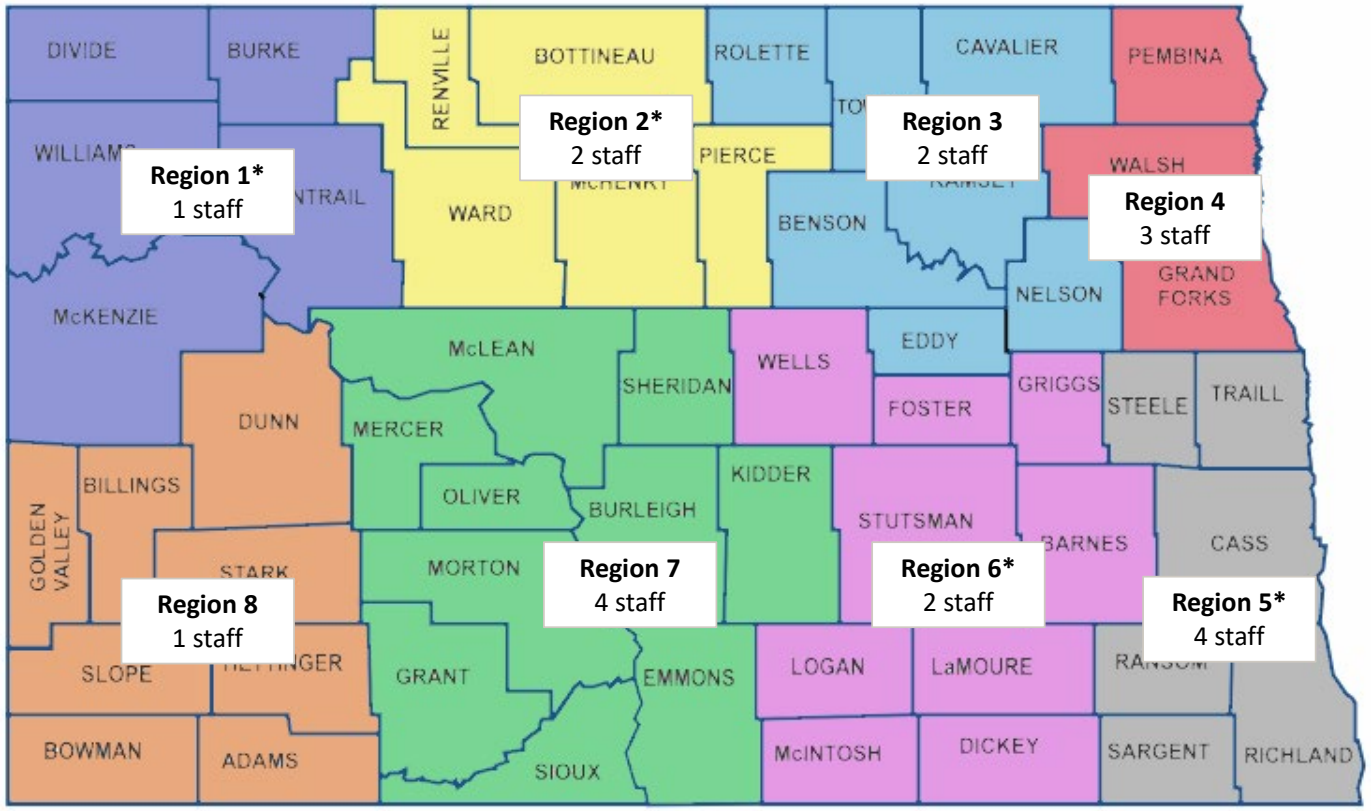
Protect Vulnerable Adults

APS Regional Coverage



** Territory served by contracted staff*

- ✓ HHS APS received almost 6,000 calls for a vulnerable adult report in 2024
  - Justice involvement
  - Homelessness
  - Housing providers
  - Family / Neighbors
- ✓ Rural areas are difficult for APS staff as there are not enough support services in rural communities, so they end up being more of a higher priority service as no one else can respond to concerns.

Included in Executive Budget Request

Transition and Diversion support services

Flexible services designed to make it possible for people with special, and often significant, health needs to move out of institutional settings (like nursing homes, basic care facilities, and DD group homes) to community-based settings (owned or rented home).

The same set of services has been deployed to stop people from ever having to move to an institution (diversion) by supporting home mods to or moves between community settings.

The request anticipates funding sufficient to complete an estimated 500 transitions/diversions over the course of the biennium; this assumes an average cost per person served of $10,500. History from the pilot phase of this work show that most transitions assist individuals with a physical disability, support people at risk of homelessness or survivors of domestic violence. Most referrals come from HCBS case managers, from substance use treatment providers, centers for independent living, domestic violence centers, and community-based care coordinators (ex. Free Through Recovery).

Total	General	Federal	Other
$5,289,397	$2,733,934	$2,555,463	$0

This is an ongoing funding request.



ND Options for Transition and Diversion

	HCBS Waivers (ID/DD & HCBS)	MFP	Transition/Diversion Project	Medicaid State Plan (incl 1915i)	Other Varied
Transition	Yes	Yes	Yes	Yes	Yes
Diversion	Yes	No	Yes	Yes	Yes
Allowable expenses?	• Home modifications • Assistive tech/devices • Services to support independence, including transition coord services	• Home modifications • Assistive tech/devices • Services to support independence • Rent and related housing deposits/fees	• Deposits (utility/rental) • Home modifications • Assistive technology • Household furnishings/supplies • Moving-related exp • Svc $ while Medicaid is pending	• Home modifications • Assistive tech/devices • Services to support independence	• Depends on program; most often includes care coordination, housing coord & financial planning

Who is eligible?	• Living in a Skilled Nursing Facility (SNF), Intermediate care facility (ICF), or hospital.
	• Waiver- eligible (Screen at Skilled Nursing Facility or Intermediate Care Facility (ICF), or hospital LOC and elig for Medicaid)
		• Living in a SNF, ICF, or hospital setting 60+ days
		• Medicaid eligible (NOT Medicaid Expansion)
		• Child or Adult with disability and meet institutional LOC
			• Institutional setting **even if <60 days**
			• **Alt congregate setting** or **already at home** but need supports to maintain
			• Child or Adult with Disability based on fed definition (**not necessarily LOC-based**)
			  • Medicaid elig (incl Expansion)
			  • Child w/disability (recv waiver svc)
			  • Adult – age 65+, w/physical disability or with ID/DD
				• Medicaid eligible includes Medicaid Expansion
				• Must be moving out of a Medicaid facility to qualify.
					• Free Through Recovery
					• Comm Connect
					• ND Rent Help
					• DD Trans/Div coord
					• HSZ child welfare coord

Funding	Medicaid	MFP Grant	ARPA 10% Fund + 2025-27 EBR	Medicaid	Various

What gap does the pilot fill?

Individuals who need some help attaining stability in home/community setting and who **do NOT meet eligibility criteria for other T/D resources** or have **needs NOT covered** by the other programs.

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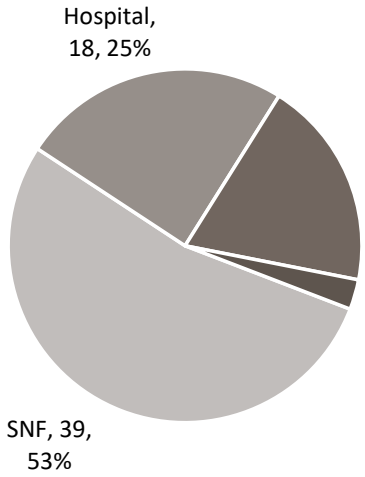
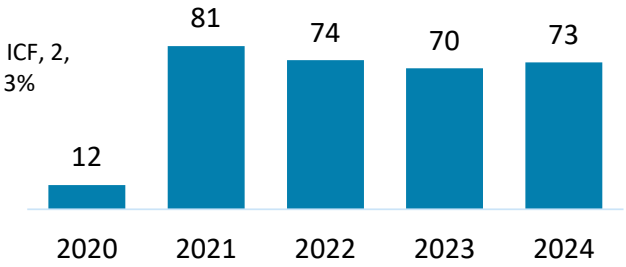
Impact of Transition and Diversion (T/D) project efforts

Transitions 2020-24

In SFY2024 people transitioned from:

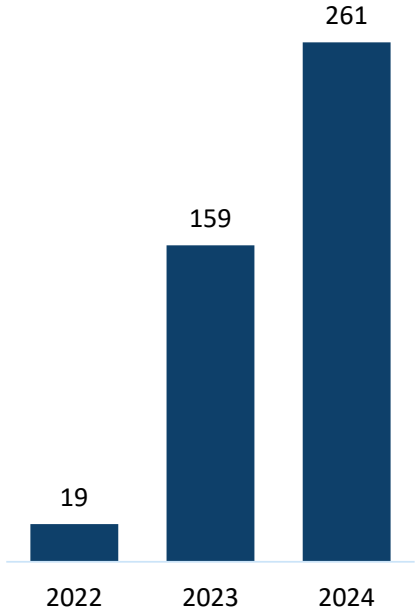




$3,002

Average spent/transition (SFY24)

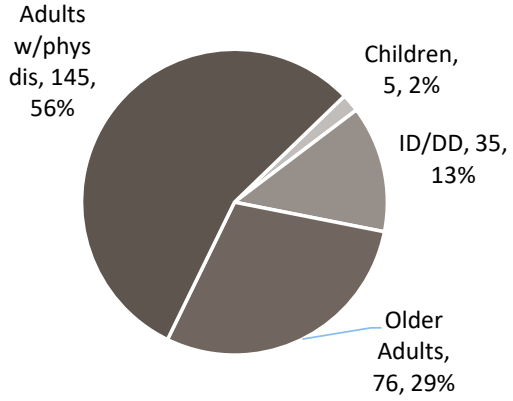
Diversions 2022-24



$3,742

Average spent/diversion (SFY24)

SFY2024 Diversions were completed for…



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Transition and Diversion (T/D) Project

Flexible resources designed to help Medicaid-eligible individuals who are not eligible for or have needs not covered by other T/D services, become or remain stably housed in the community.

Who benefits from the T/D Project?

- In an institutional setting <60 days
- In an "alt congregate setting" (ex. basic care, agency adult foster care, DD-ICF) or already at home but need supports to maintain
- Child or Adult with Disability (based on fed definition) but is NOT necessary to meet a SNF-LOC to access services
- Covered by Medicaid Expansion or Medicaid

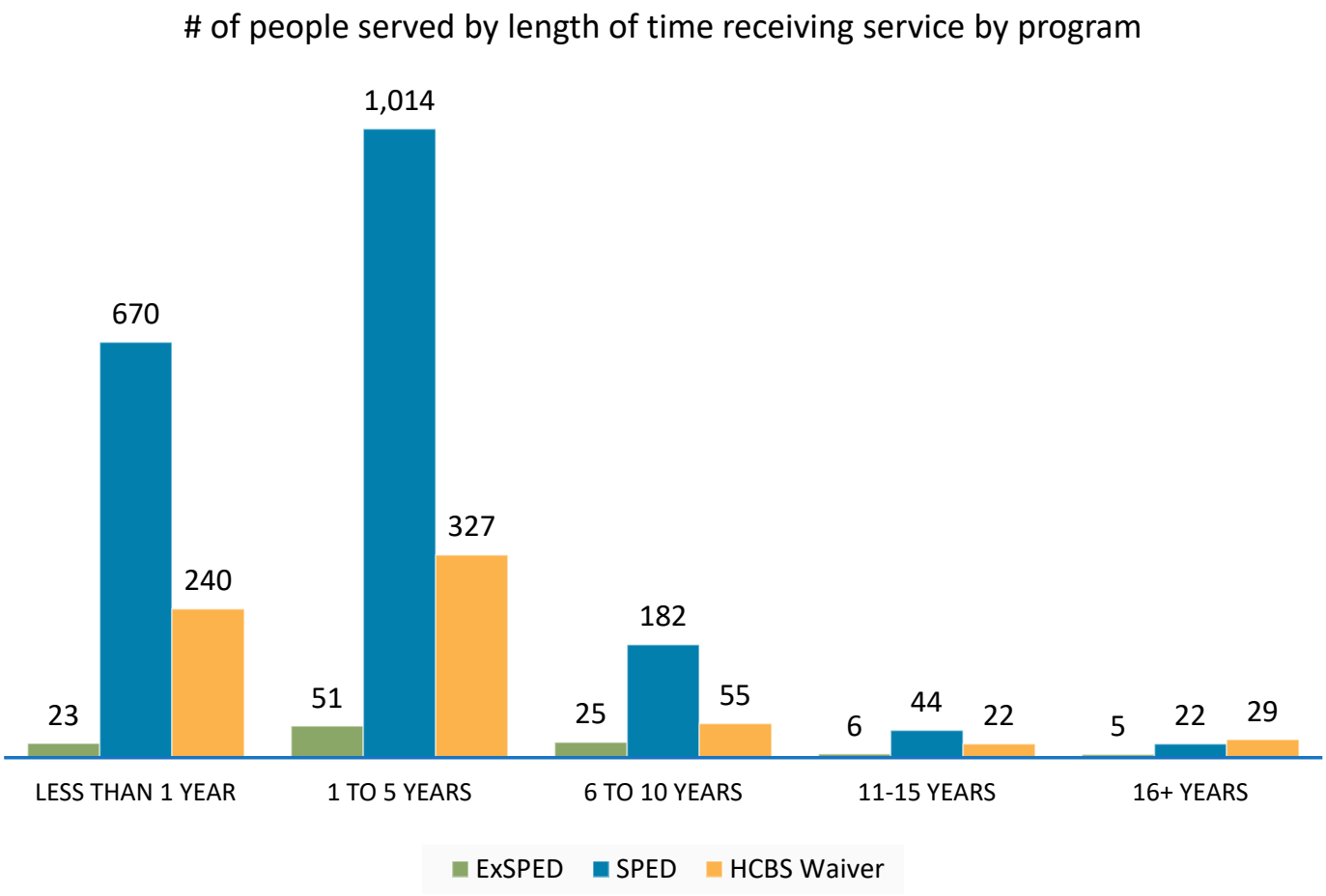
What else makes the T/D Project unique?

Can provide help with:

- Housing costs (deposits including first month's rent, app fees)
- Getting-started household furnishings and supplies
- Support services while Medicaid coverage is pending



1-5 years is the typical duration of HCBS service to an individual



If people get the right supports in the beginning of the care continuum, people will stay out of later stage care longer.

If we can meet someone's needs in an earlier-stage service model, we will spend less over time than if they had to move to a later-stage service earlier than is necessary.

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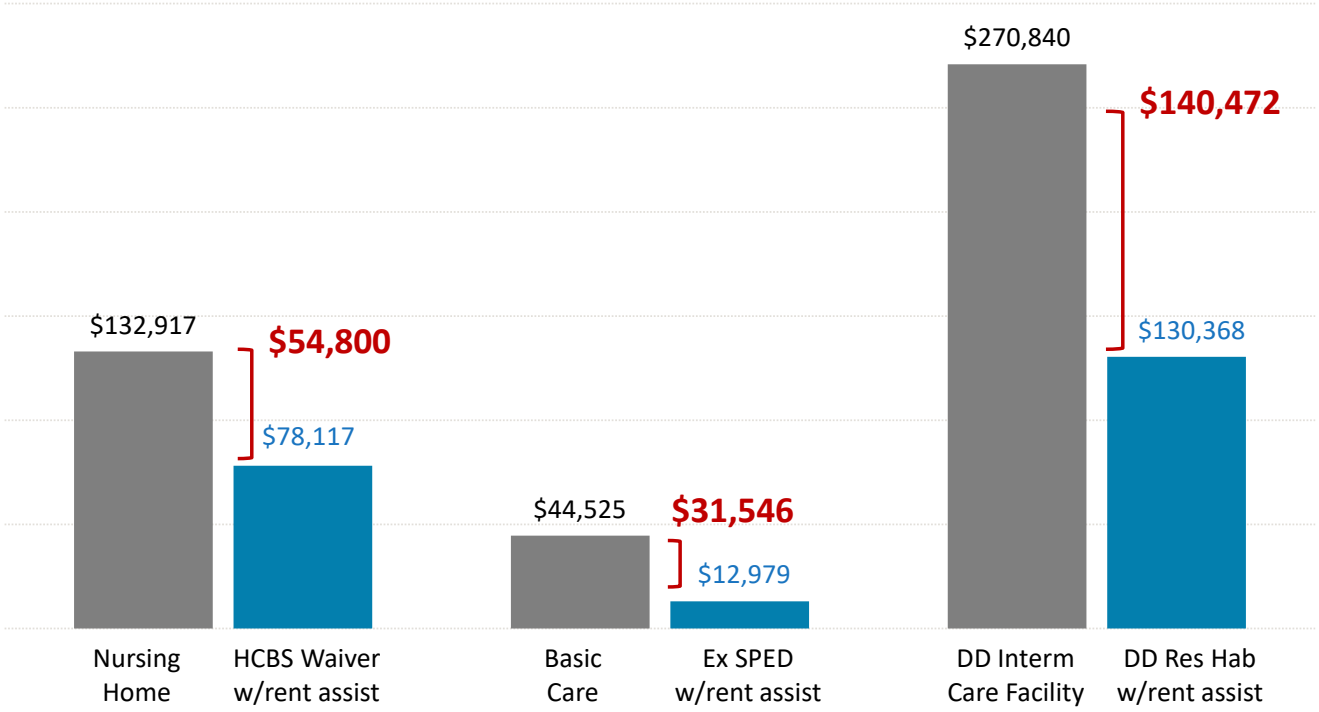
Financial Impact of Transition & Diversion

Simulated **per person per year cost savings** associated with living and receiving services in a more integrated vs a less integrated setting



Note: Simulation assumes average annual cost for each service type (HHS 2024) plus an assumed average monthly payment for housing assistance for each community-based service (HCBS waiver, Ex SPED and DD Res Hab)

Transition and Diversion can be accomplished when resources are flexible enough to meet unique needs and broad enough to address barriers holistically.

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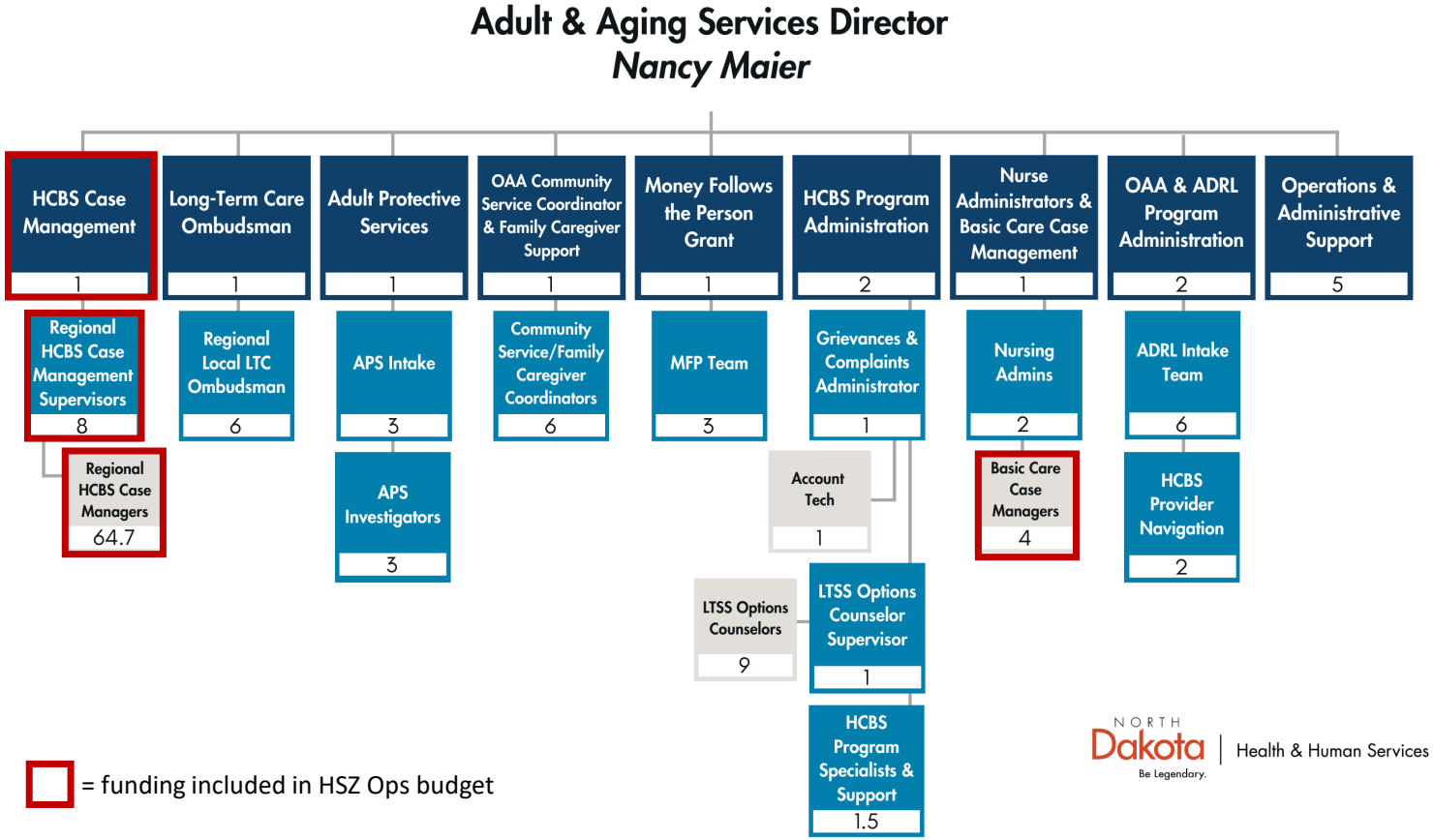
Adult & Aging Services:

Team Structure and Function

Adult & Aging Services Section			
Position #s Assigned/ Funding Exists	Positions Filled	# of Vacancies	# of Temporary Staff
*144.65***	*142.9*	*1.75**	*4**

*As of 12/01/2024
** 74 FTE in HSZ budget

Average Age	46
Avg Years of Service	*6*
Retirement Risk	*2%*
Turnover 2021	*7%*
Turnover 2022	*4%*
Turnover 2023	*7%*
Turnover 2024	*6%*



= funding included in HSZ Ops budget

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Comparison of budget expenditures and projections

By Program

PROGRAMS	2023-25 LEGISLATIVE BASE	ONE-TIME / CARRYOVER	2023-25 EXPENSES THROUGH DECEMBER	2023-25 PROJECTED EXPENDITURES	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)	ENGROSSED HB 1012	GENERAL	FEDERAL	OTHER
ADULT AGING SERVICES ADMINISTRATION	$ 8,292,757	$ 2,329,739	$ 7,609,334	$ 10,145,778	$ 9,142,906	$ (1,064,159)	$ 8,078,747	$ 2,289,009	$ 5,789,738	$ -
AGING & DISABILITY RESOURCE LINK (ADRL)	1,593,726	224,205	957,543	1,332,173	1,575,593	$ (75,000)	1,500,593	1,116,105	384,488	-
LONG TERM CARE OMBUDSMAN	1,522,595	8,688	1,187,552	1,583,402	1,833,508	$ (123,000)	1,710,508	1,289,460	421,048	-
VULNERABLE ADULTS PROTECTIVE SERVICES	3,174,149	-	2,088,484	2,993,248	4,040,904	$ (142,788)	3,898,116	2,300,714	1,597,402	-
GUARDIANSHIP	423,000	-	426,221	568,295	423,000	$ -	423,000	423,000	-	-
SENIOR MEALS	23,966,895	-	16,641,930	23,186,701	25,234,142	$ (1,028,660)	24,205,482	15,575,681	8,629,801	-
NUTRITION SERVICES INCENTIVE PROGRAM	1,717,891	-	818,186	1,224,153	1,597,820	$ -	1,597,820	-	1,597,820	-
FAMILY CAREGIVER SUPPORT PROGRAM	2,103,524	-	2,365,536	3,054,047	2,294,580	$ (62,000)	2,232,580	939,836	1,292,744	-
SUPPORTIVE SERVICES (OAA)	2,750,000	798,204	3,285,569	4,380,759	5,470,712	$ (128,000)	5,342,712	2,189,394	3,153,318	-
PREVENTIVE HEALTH (OAA)	245,996	-	325,872	325,893	260,000	$ -	260,000	-	260,000	-
DEMENTIA CARE SERVICES	1,605,000	-	933,408	1,244,587	1,605,000	$ -	1,605,000	1,605,000	-	-
TELECOMM EQUIPMENT DISTRIBUTION	300,000	-	186,848	249,131	300,000	$ -	300,000	-	-	300,000
HCBS CAPACITY (10% REINV)	-	21,900,000	5,794,965	16,396,317	5,289,397	$ (170,000)	5,119,397	2,563,934	2,555,463	-
MONEY FOLLOWS THE PERSON (MFP)	13,687,583	3,243,632	7,621,232	11,776,020	15,899,846	$ -	15,899,846	-	15,899,846	-
TOTAL	**$ 61,383,116**	**$ 28,504,468**	**$ 50,242,679**	**$ 78,460,506**	**$ 74,967,409**	**$ (2,793,607)**	**$ 72,173,802**	**$30,292,133**	**$41,581,669**	**$ 300,000**

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Changes to Base Budget

By Ongoing, One-Time and Funding Source

BASE BUDGET CHANGES	DESCRIPTION	2025-27 EXECUTIVE		ENGROSSED HB 1012	
		GENERAL	OTHER	GENERAL	OTHER
Service - DOJ	Housing assistance to support targeted population member transitions (DOJ)	$ 300,000.00	$ -	$ 300,000.00	$ -
Services - DOJ	Services to support transition and diversion from institutional settings (DOJ)	2,733,934	2,555,463- (Federal)	2,733,934	2,555,463- (Federal)
Services - Vulnerable Adult	Adult Protective Services coverage (contracts)	718,522	-	718,522	-
FTE Block Grant Reduction	FTE Block Grant Reduction	-	-	-1,367,159	-
Operating Reduction	Operating Reduction	-	-	-1,426,448	-

Comparison of budgets and funding

By Major Expense

DESCRIPTION	2023-25 LEGISLATIVE BASE	INCREASE / (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)	ENGROSSED HB 1012
Salaries & Benefits	$ 12,667,232	$ 2,504,058	$ 15,171,290	$ (1,367,159)	$ 13,804,131
Operating	44,885,389	10,731,617	55,617,006	(1,426,448)	54,190,558
IT Services	25,800	486,912	512,712	-	512,712
Grants	3,804,695	(138,294)	3,666,401	-	3,666,401
Total	**$ 61,383,116**	**$ 13,584,293**	**$ 74,967,409**	**$ (2,793,607)**	**$ 72,173,802**
General Fund	**$ 26,606,768**	**$ 6,084,124**	**$ 32,690,892**	**$ (2,398,759)**	**$ 30,292,133**
Federal Funds	**32,970,714**	**9,005,803**	**41,976,517**	**(394,848)**	**41,581,669**
Other Funds	**1,805,634**	**(1,505,634)**	**300,000**	**-**	**300,000**
Total Funds	**$ 61,383,116**	**$ 13,584,293**	**$ 74,967,409**	**$ (2,793,607)**	**$ 72,173,802**

Aging Budget as a % of HHS Budget (EBR)

- 1.2%

Budget by Funding Source

- 43.6% General
- 56.0% Federal
- 0.4% Other

Budget by Pass Through

- 81% Paid to Private Providers
- 7% Direct Service
- 11% Admin
- 0.7% IT

**Note: Technology for eligibility determination is supported by SPACES (EA budget) and for claims processing by MMIS (MS budget).*

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Summary of Service Contracts

Who provides the care?

- Eight OAA Senior Nutrition Program (senior meals)
- Six Health Maintenance providers (OAA support svc)
- Four Tribal Nutrition/Home visiting agencies
- Three Adult Protective Services agencies (APS)
- Four Centers for Independent Living (Money Follows the Person Transition Coordination)
- Alzheimer's Association (Dementia Care services)
- ND Center for Persons with Disabilities (Housing facilitation for transition/diversion)
- ND Assistive (Senior Safety and Telecommunications)
- Legal Services of North Dakota (Legal Assistance)
- NDSU Extension (OAA support svc)
- Community of Care



Policy bills impacting Adult and Aging Services appropriation

		Federal	General
Engrossed SB 2138	Volunteer-driven community-supported services		$200,000 (an $80,000 increase from the current $120,000)
Engrossed SB 2029	Establishment of Office of Guardianship Council • Bill would move $423,000 of state general funds to the Supreme Court budget to administer the Guardianship establishment program for older adults and adults with physical disability.		($423,000)

Adult & Aging Services Take Aways



- Meet the increased demand for services
- Meet the continued implementation and reporting requirements of the US DOJ SA.
- Shortage of nurses and providers with behavioral health experience to meet complex needs of HCBS recipients.
- Help adults understand the benefits of investing in services that can support them in the first stage of age-related functional impairment. Using services when needs first arise may decrease the need for costly higher levels of care.
- Address the lack of supported decision-making services and guardians for people who lack capacity to self-direct
- Increased federal regulation and compliance requirements for HCBS system.

Contact Information

Nancy Maier, Director
ND HHS Adult and Aging Services Section
nmaier@nd.gov
701-328-4607

ADRL 855-462-5465

ND DOJ Settlement Agreement

Videos – stories from ND residents

HHS Adult & Aging Services website

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Engrossed HB1012 Overview – Developmental Disabilities

Senate Appropriations | Human Resources Division
Senator Dick Dever, Chairman

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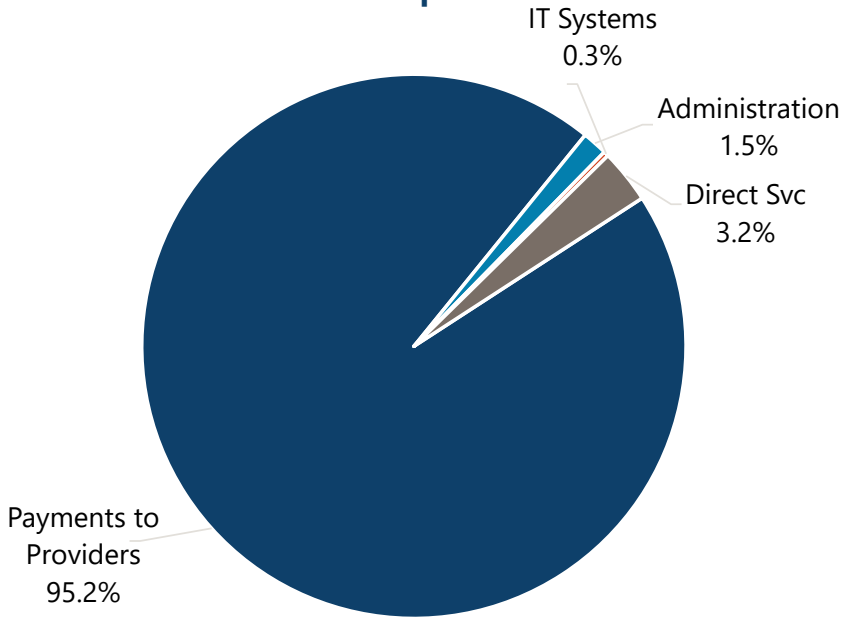
March 14, 2025, Tina Bay | Director, Developmental Disabilities Section

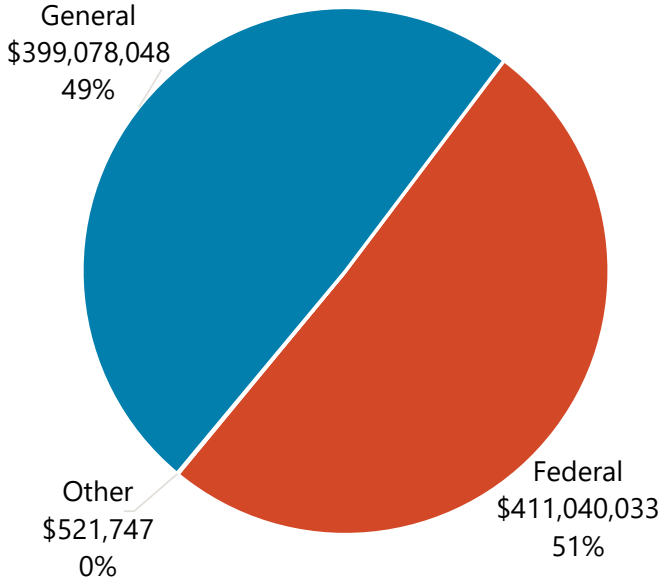
Budget Overview

Developmental Disabilities: $810.6 million total budget

25-27 EBR – Developmental Disabilities



25-27 EBR – Dev Disab



- **8,410 people** receiving DD program mgmt (2024) – 3,413 age 0-2 and 4,997 age 3+
- **110.15 case managers (DDPMs)**
- **35.5% increase in referrals** 2021 to 2024
- **451 ICF beds** (licensed capacity) and 1,216 people in Res Hab setting
- **45** agency providers **5,000+ direct service professionals (DSP)** and 580 individuals delivering self directed services

The Developmental Disabilities section is dedicated to ensuring that individuals with developmental and intellectual disabilities have access to comprehensive, person-centered services that promote independence, inclusion, and quality of life.

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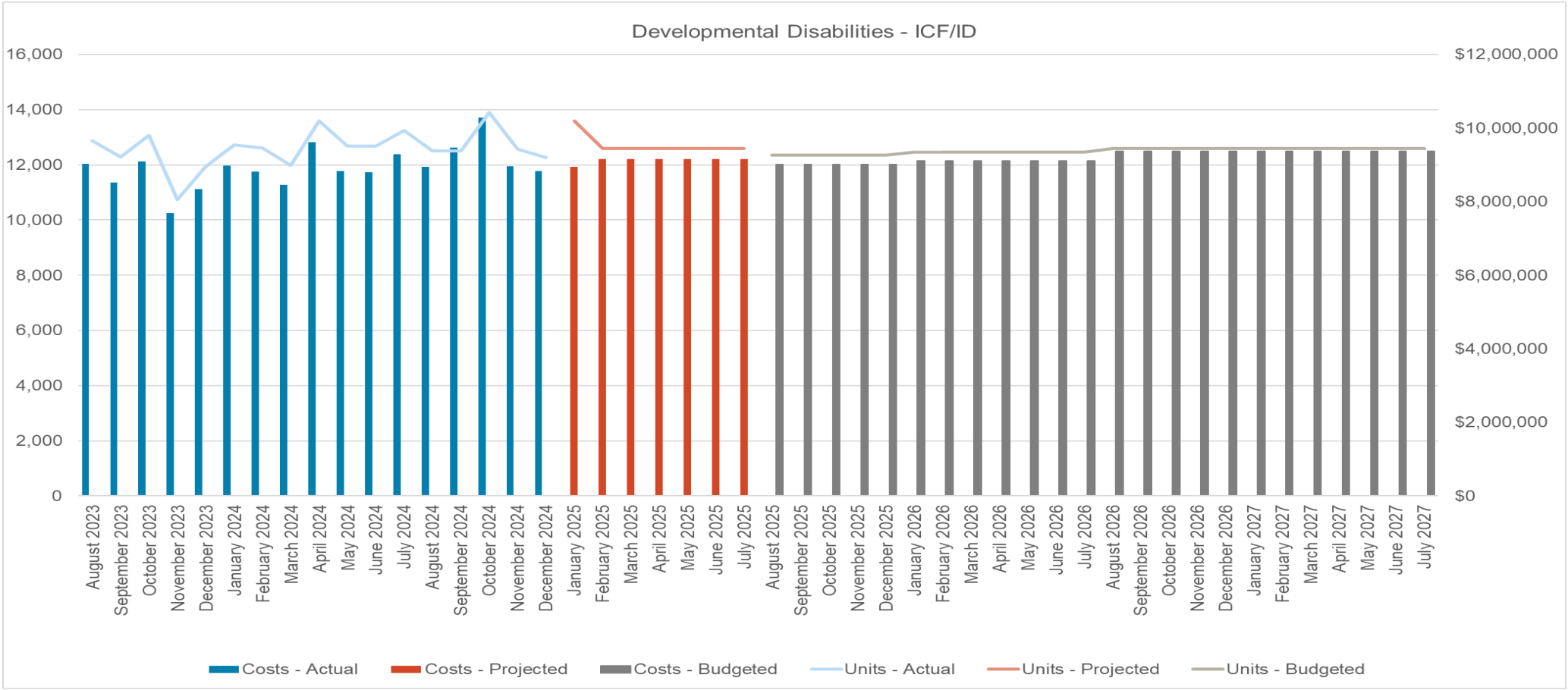
HHS builds the DD budget based on utilization-related costs, both actuals and projections

North Dakota Department of Health and Human Services
Developmental Disabilities
Unit and Cost Comparison
12 Month Average to Executive Budget Request (EBR) 2025 - 2027 Biennium

Program	12 Month Average in Units (April 2023 - March 2024)	Monthly average units for EBR 2025 - 2027	Change from EBR to 12 mo Avg units	12 Month Average in Cost per Unit (April 2023 - March 2024)	Monthly average cost per unit for EBR 2025 - 2027	Change from EBR to 12 mo Avg cost per unit	Monthly average units for first 14 months of 23-25	Monthly average unit cost for first 14 months of 23-25
ICF/ID (Daily)	12,207	12,505	298	$689.90	$731.90	$42.00	12,536	$705.75
Residential Habilitation (Daily)	35,139	36,107	968	$313.69	$333.15	$19.46	35,383	$322.01
Day Programs (15 min.)	657,065	669,190	12,125	$7.09	$7.55	$0.46	668,822	$7.27
Infant Development (Pay point)	6,331	6,503	172	$230.64	$247.29	$16.65	6,633	$234.61
Family Support - In Home Supports (15 min.)	121,005	137,887	16,882	$9.63	$10.26	$0.63	120,746	$9.81
	Actual			**Actual**			**Actual**	

For the purpose of this analysis, "Unit" varies by program (daily, 15 minute, or pay point)

DD Service: Intermediate Care Facility (ICF)



Units – Daily Rate

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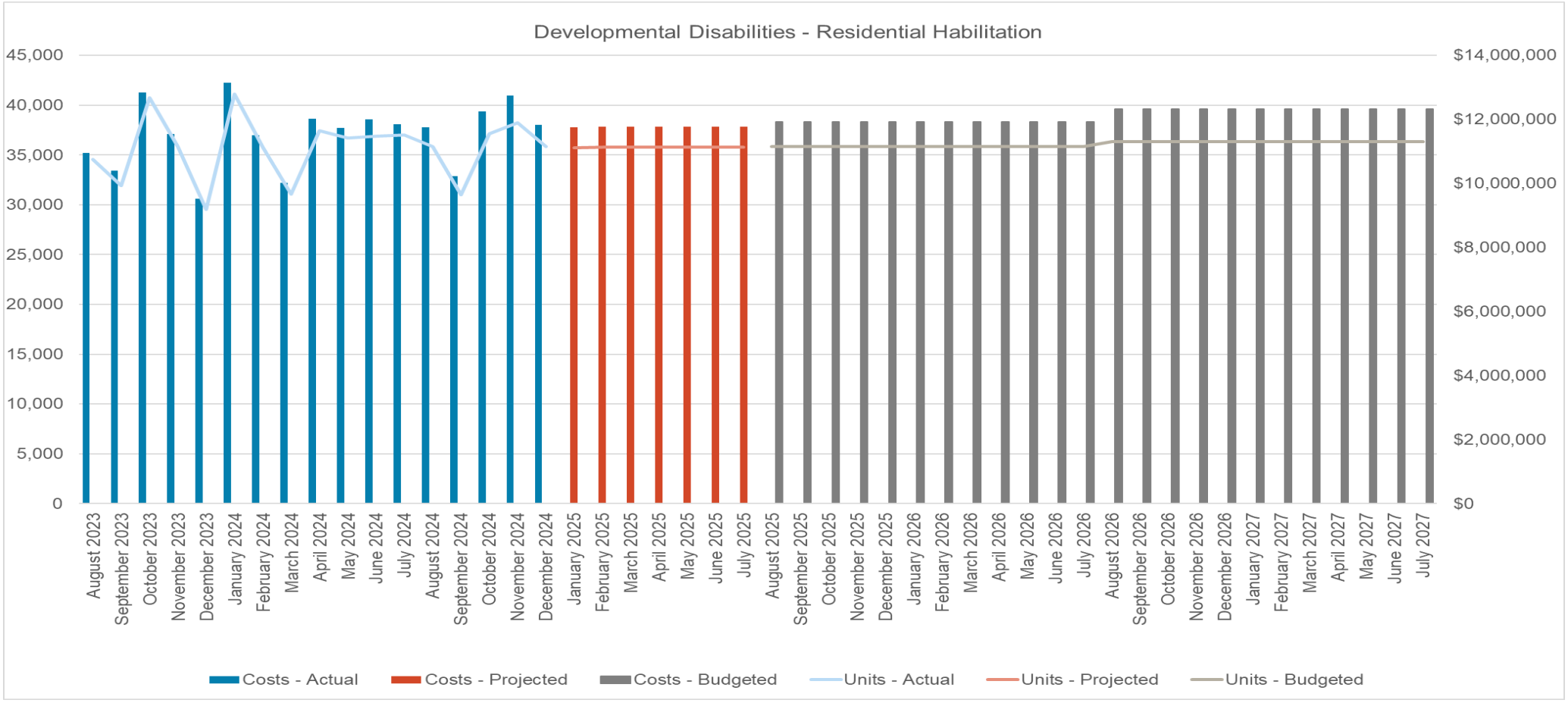
DD Service: Residential Habilitation (ResHab)



Units – Daily Rate

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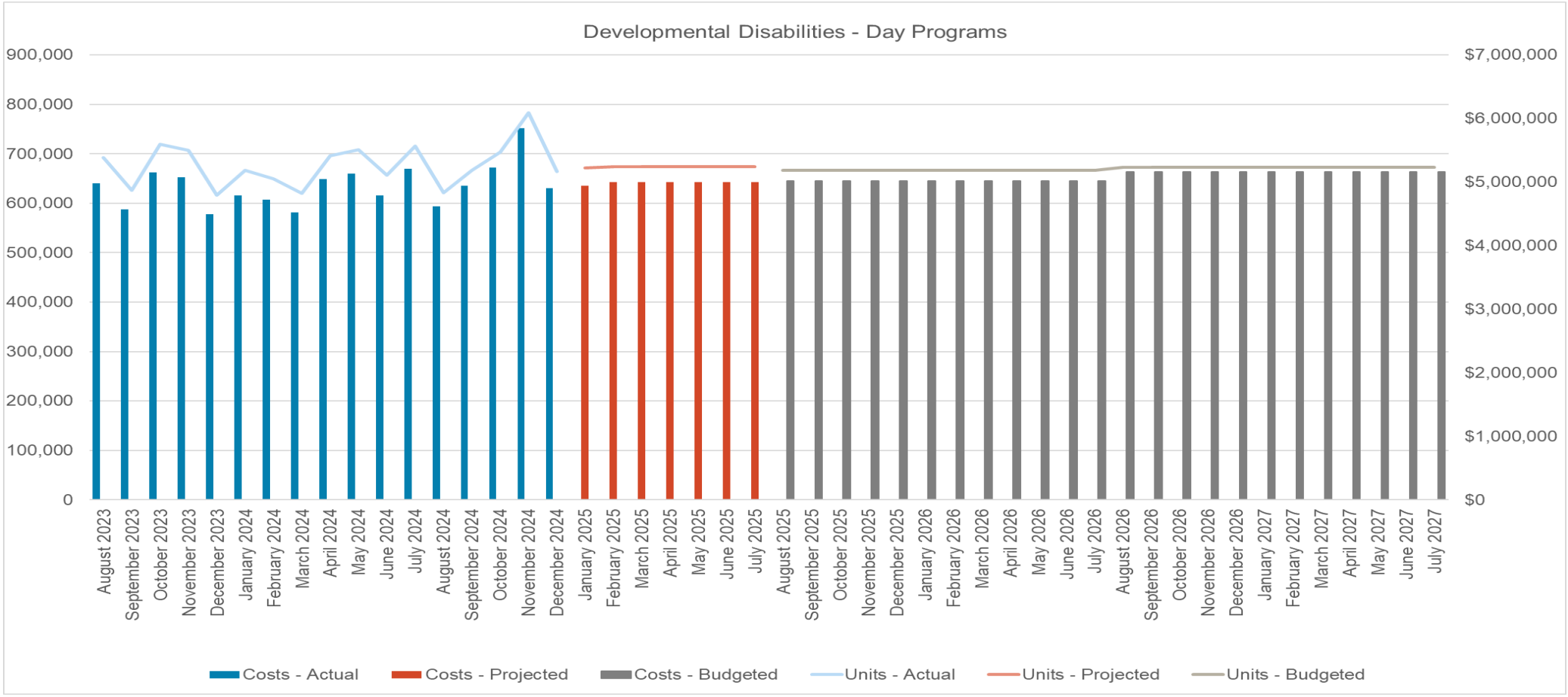
DD Service: Day Programs



Units – 15 minutes

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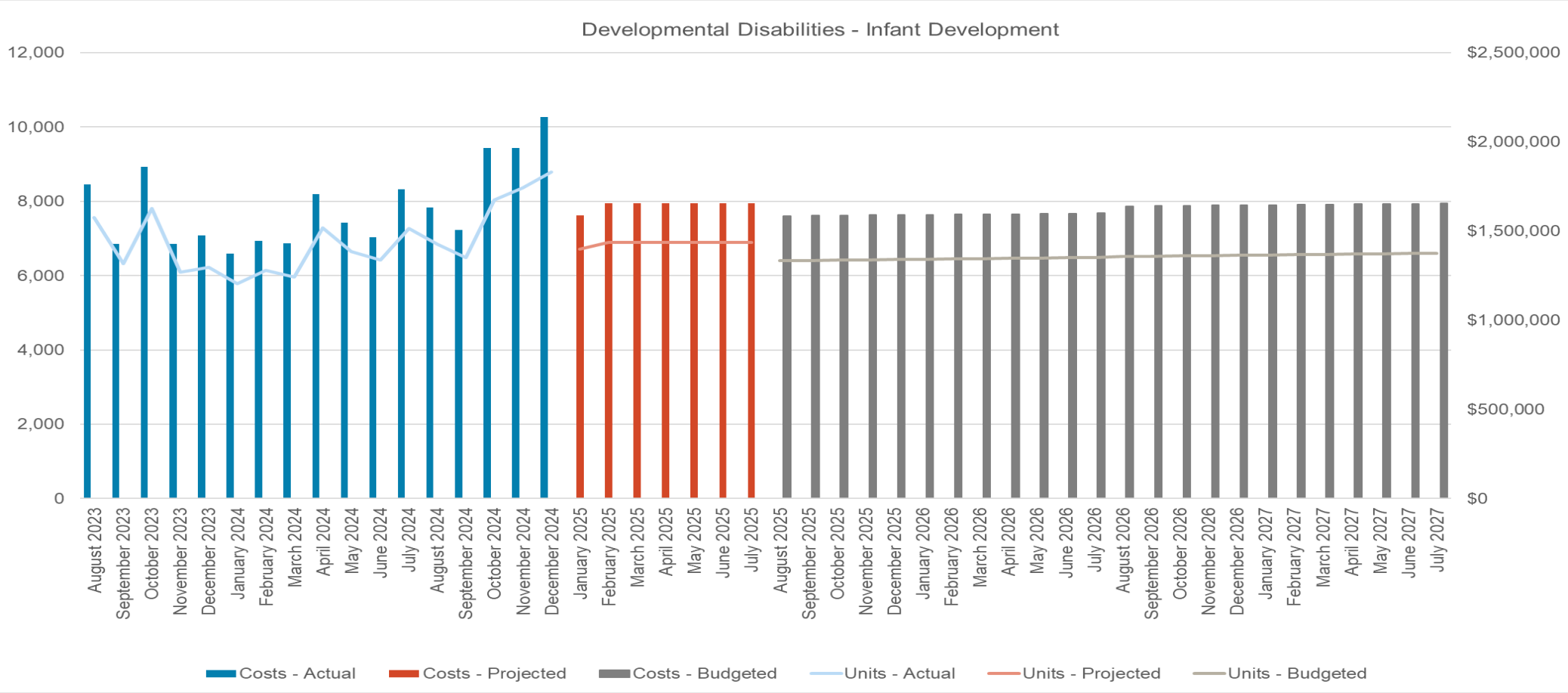
DD Service: Infant Development



Units – Fee for Service

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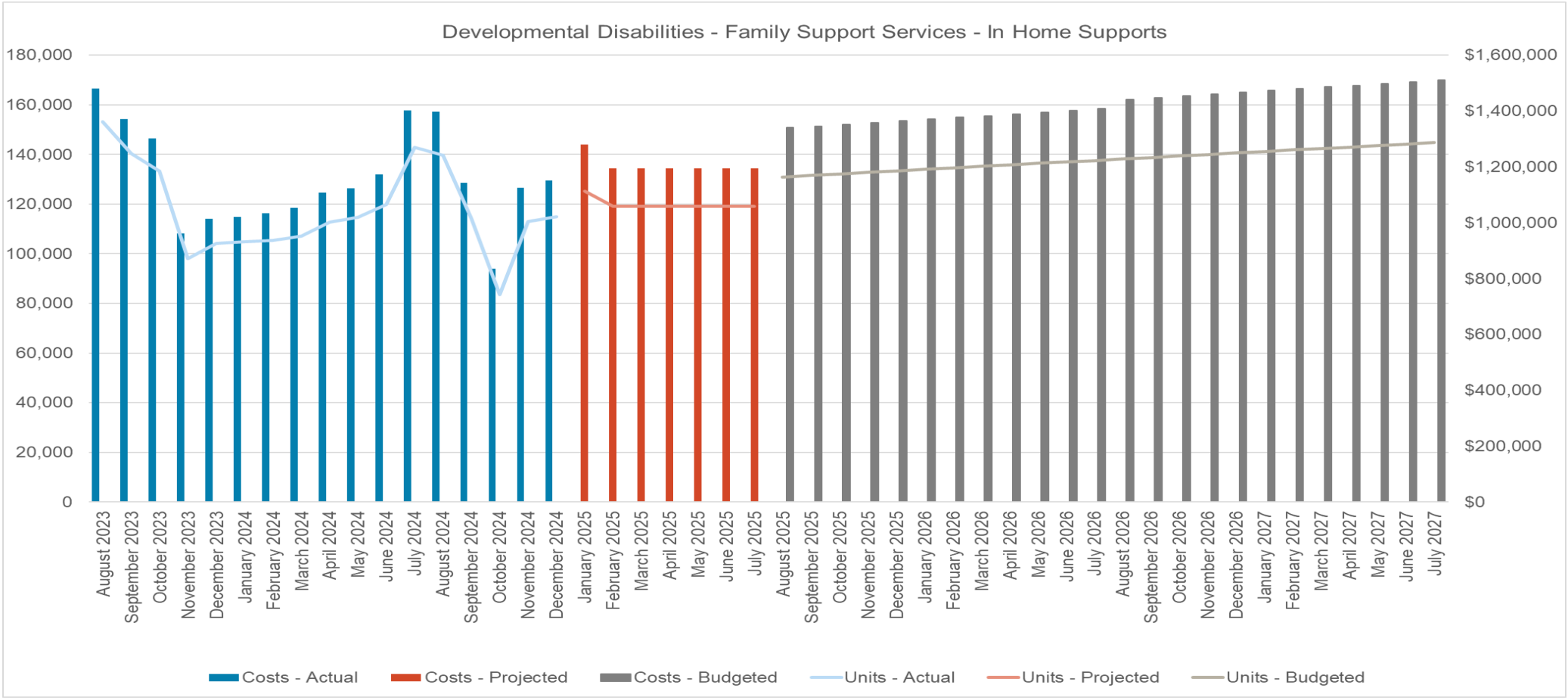
DD Service: In Home / Family Support Service



Units – 15 minutes

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Grants on a Walkthrough

DESCRIPTION	2025-27 BASE BUDGET	COST TO CONTINUE	FMAP	TOTAL CHANGES	TO GOVERNOR	INFLATION 1.5% / 1.5%	SERVICES - HCBS	TOTAL CHANGES	TO HOUSE	INFLATION 2% / 2%	ICF ACC PMT	TOTAL CHANGES	TO SENATE
INTERMEDIATE CARE FACILITY (ICF/ID)	$ 233,291,959	$ (18,500,231)	$ -	$ (18,500,231)	$ 214,791,728	$ 4,865,574	$ -	$ 4,865,574	$ 219,657,302	$ 1,636,277	$ -	$ 1,636,277	$ 221,293,579
DD HOME AND COMMUNITY BASE SVC	514,123,745	16,620,019	-	16,620,019	530,743,764	11,881,461	-	11,881,461	542,625,225	3,995,757	-	3,995,757	546,620,982
RESIDENTIAL HABILITATION	284,026,875	(1,727,474)	-	(1,727,474)	282,299,401	6,394,310	-	6,394,310	288,693,711	2,150,382	-	2,150,382	290,844,093
DAY PROGRAMS	117,517,263	1,077,483	-	1,077,483	118,594,746	2,684,341	-	2,684,341	121,279,087	902,722	-	902,722	122,181,809
INFANT DEVELOPMENT	36,888,505	852,360	-	852,360	37,740,865	854,952	-	854,952	38,595,817	287,518	-	287,518	38,883,335
IN HOME SUPPORTS	36,704,331	(3,512,172)	-	(3,512,172)	33,192,159	756,729	-	756,729	33,948,888	254,514	-	254,514	34,203,402
REMAINING SERVICES*	38,986,771	19,929,822	-	19,929,822	58,916,593	1,191,129	-	1,191,129	60,107,722	400,621	-	400,621	60,508,343
COST SETTLE, DISC SERV & UNDERFUND	(4,622,143)	4,622,143	(3,545,420)	1,076,723	(3,545,420)	-	3,379,800	3,379,800	(165,620)	-		-	(165,620)
ANNE CARLSEN PAYMENT	-	-	-	-	-	-	-	-	-	-	3,457,736	3,457,736	3,457,736
TOTAL FUNDS	$ 742,793,561	$ 2,741,931	$ (3,545,420)	$ (803,489)	$ 741,990,072	$ 16,747,035	$ 3,379,800	$ 20,126,835	$ 762,116,907	$ 5,632,034	$ 3,457,736	$ 9,089,770	$ 771,206,677
GENERAL FUND	$ 351,680,400	$ (132,057)	$ 13,683,876	$ 13,551,819	$ 365,232,219	$ 8,287,885	$ 1,689,900	$ 9,977,785	$ 375,210,004	$ 2,671,545	$ 3,457,736	$ 6,129,281	$ 381,339,285
FEDERAL FUNDS	$ 391,113,161	$ 2,873,988	$ (17,229,296)	$ (14,355,308)	$ 376,757,853	$ 8,459,150	$ 1,689,900	$ 10,149,050	$ 386,906,903	$ 2,960,489	$ -	$ 2,960,489	$ 389,867,392
OTHER FUNDS	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

* *Remaining services:* Homemaker, Independent Habilitation, Individual Employment, Extended Home Health Care, Adult Foster Care, Behavioral Consultation, Community Transition Services, Environmental Modifications, Equipment & Supplies, Family Care Option, Parenting Supports, and Respite

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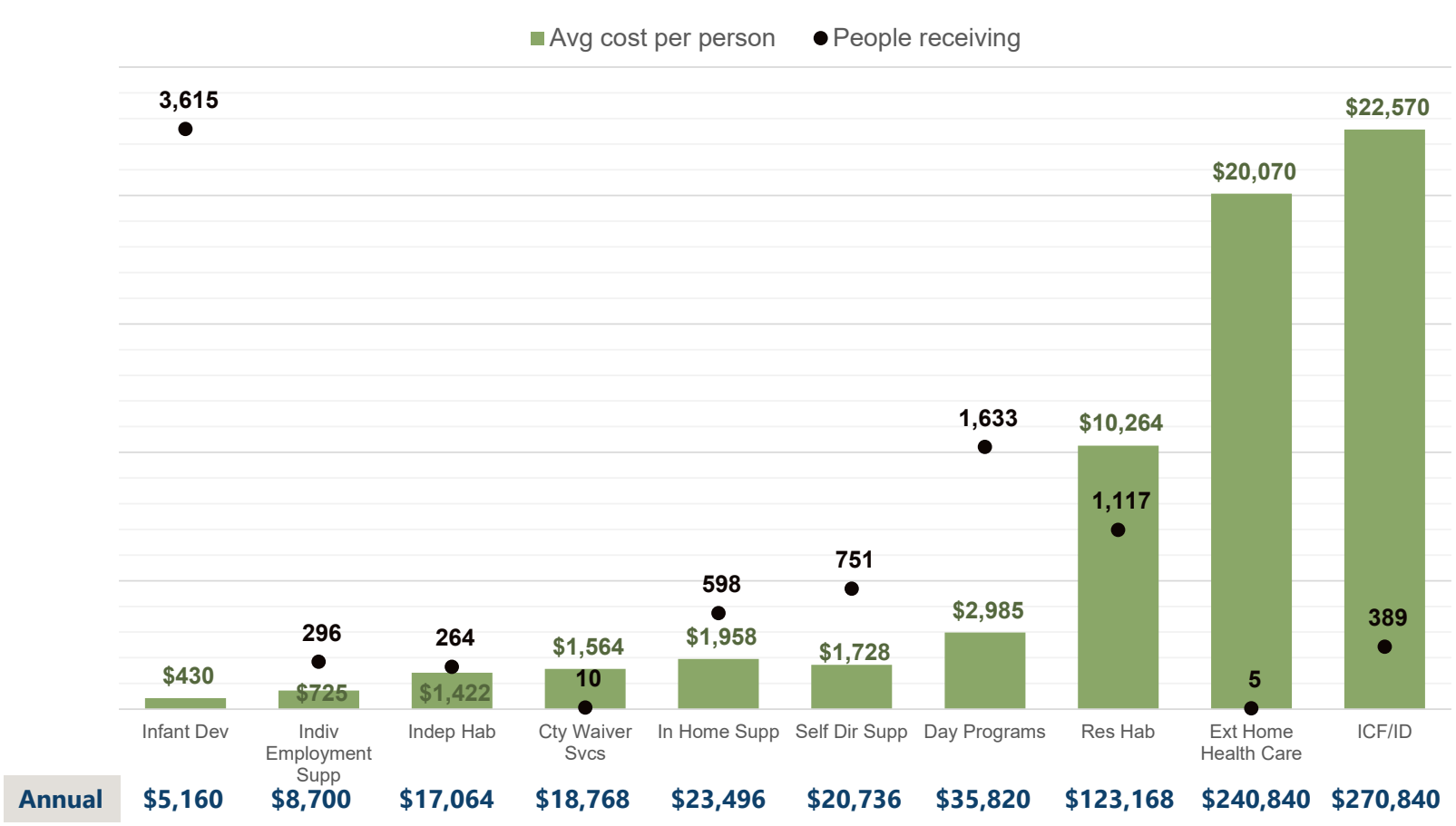
Developmental Disabilities Service Continuum

Cost per month per person per type of service – SFY24









Developmental Disability Regulations

Federal Government

Social Security Act (SSA)	Title XIX - Medicaid
Code of Federal Regulations (CFR)	42 CFR Part IV
State Medicaid Director Letters (SMDLs) and State Health Official (SHO) Letters	Supplemental guidance issued by the Center for Medicare and Medicaid Services (CMS) containing CMS policy interpretations of the SSA or CFR.
Medicaid State Plan & Medicaid Waivers	Acts as a contract between the state and the federal government describing how North Dakota administers the state's Medicaid program and waivers of the Medicaid program.

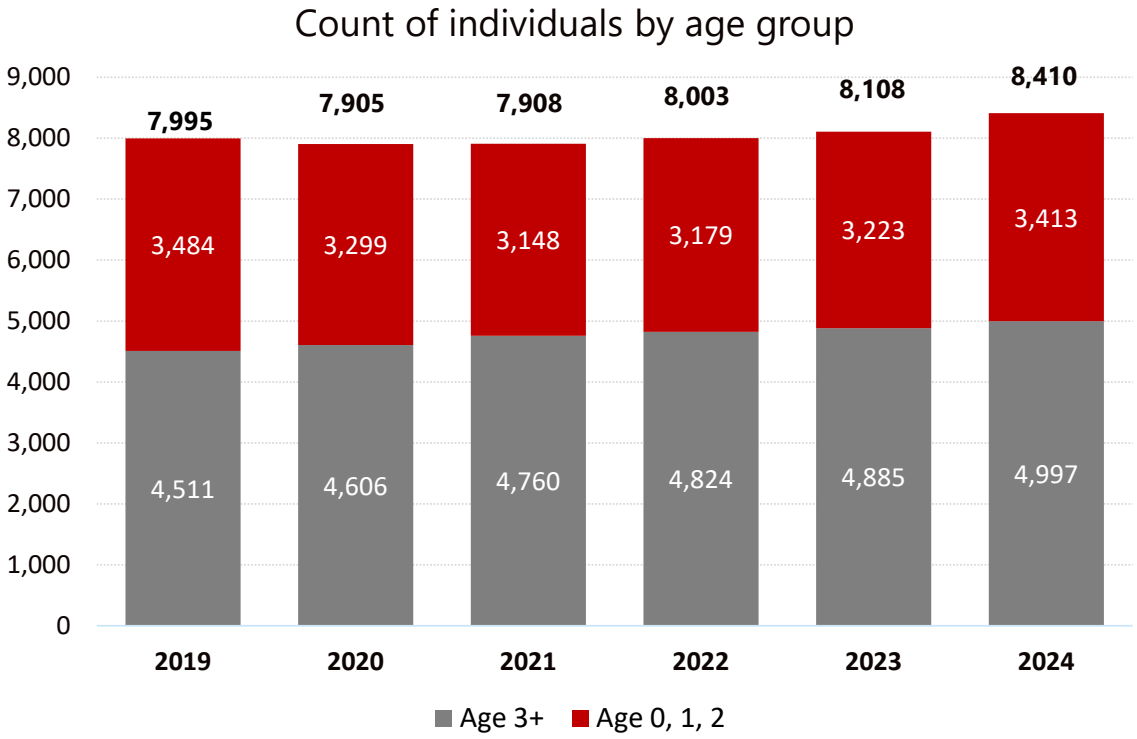
State Government

Century Code	25-01.2 – Developmental Disability 25-04 – Care of Dev. Disabled 25-16 – Residential Care and Services	25-16.1 – Receivers for Dev. Disabled Facilities 25-18 – Fee for Service Rate Setting 50-06 – Dept of Health & Human Services
Administrative Code	75-02-05 – Provider Integrity 75-02-13 – Family Paid Caregiver Program 75-04 – Developmental Disabilities	65.5 – Protection and Advocacy

Developmental Disabilities Program Managers served over 8,400 children and adults in SFY 2024

NDs 1915(c) waivered services for people with a range of developmental disabilities are coordinated by **110.15 DD program managers** and delivered by **45 licensed providers** and **580 self directed** providers who served **8,400 people** ages 0-90+ in 2024

41%
of individuals served are younger than age 3



**Age is calculated at the beginning of each SFY and may not reflect age at time service was active*

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Developmental Disabilities programs and services



Early Intervention

Services in a family's home, teaching parents' hands-on activities that they can do with their child (birth through age 2) to promote child development.



Program Management

Provides information, referral and support to eligible individuals so they can access services and achieve their outcomes.



Corporate Guardianship

Support vulnerable individuals 18 years and older who need assistance making life choices.



Intermediate Care Facilities

Residential facility that provides health or rehabilitative services for individuals who require active treatment.



Home and Community Based Waiver Services

Provides individuals the opportunity to receive services in their own home and community rather than an institution.

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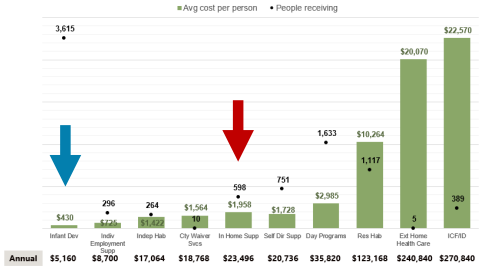
Meet Anna





Anna is 1 ½ years old

- Born prematurely at 28 weeks
  - Documented vision concerns and seizures
  - Delayed in all areas of development
- Eligible for Early Intervention at 13 weeks old

Anna's Family

- Mom, Dad and older brother
- Anna's dad works full-time while mom stays at home with Anna and her older brother.

Anna and her family are supported through these services:

1. Regular **Service Coordination (DD Program Management)**
2. **Infant development** services which include:
   - Weekly **home visits** with their Primary Early Intervention Professional
   - **Occupational Therapy** and **Speech consultations** monthly
3. **In-Home Supports** services through the DD Waiver

Anna "graduated" from services when she turned 3 years old. She was meeting developmental milestones and no longer qualified as DD-eligible.

Early Intervention is often a family's very first opportunity to interact with support services that are specially designed to help their child and family thrive

Early Intervention Services are offered to children **birth to age three** who have a developmental delay or high-risk condition.

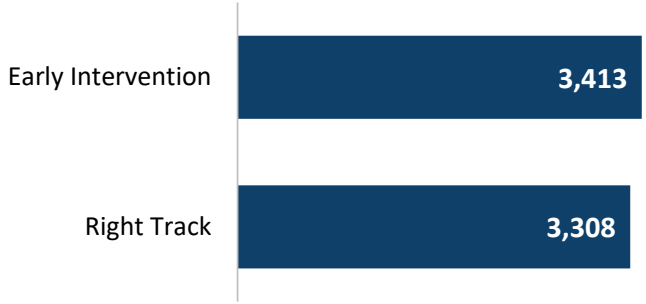
The program utilizes a **parent coaching model** to provide routines-based services that support the primary caregiver(s) to maximize the child's development in the child's natural environment.



Right Track is North Dakota's "**Child Find**" program.

- Helps identify infants and toddlers who may qualify for Early Intervention services.
- Offers developmental screenings and follow-along services at no cost to all families in North Dakota.
- These services support families to learn about their child's development and strategies they can use to help their child.

Children Served Jul 2023-Jun 2024



Funding for Early Intervention

$ Medicaid 1915(c) Traditional IID/DD Home Based Services Waiver

$ Part C Of the Individuals with Disabilities Education Improvement Act (IDEA) through the Office of Special Education

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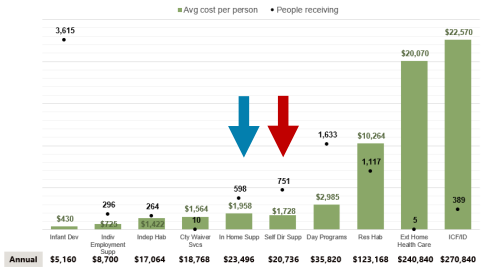
Meet Morgan





Morgan is 18 years old.
Found eligible for DD Services at age 7.
Morgan is her own guardian and **self directs** services. She has a **DD Program Manager** to help her coordinate care.

- Income: Supplemental Security Income (SSI)
- Diagnosis: Moderate intellectual disability, Cerebral Palsy, and epilepsy

Morgan needs assistance with preparing meals, bathroom cares, & transfers. Cannot be left alone due to seizures.

- Living at home with dad. Has been attending school with peers with a late start (9am).
- Dad works Full-time Monday-Friday, 7am-4pm.

Morgan and Dad receive the following services:

1. Medicaid State Plan **Personal care** for QSP to assist with morning cares of showering, brushing teeth, making breakfast (10 hours/week)
2. **In-Home supports** for staff to provide **supervision** for after school (10 hours/week)
3. **Respite** (600 hours/year standard) to allow dad to get periodic breaks from caregiving responsibilities

ID/DD Medicaid Home and Community Based Services Waiver (aka "DD Waiver")

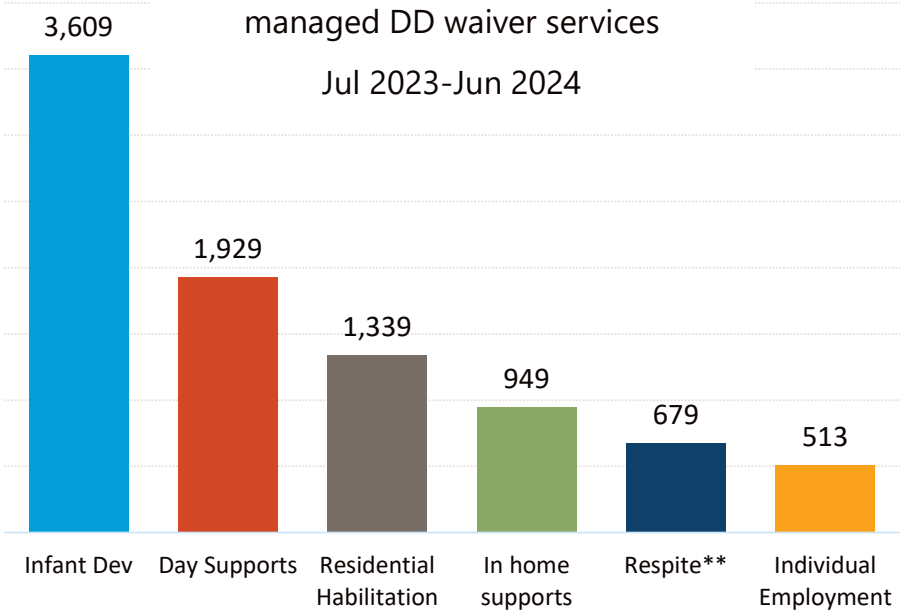
Medicaid waivers allow the state to use Medicaid funds to provide services enabling eligible individuals who would otherwise require institutional care to remain in their homes or communities.

- The DD waiver serves individuals across the life span (birth to death)
- Offers a variety of services that are available based on the person's needs and preferences
- Recipients must be both functionally and financially eligible.
    - Note: Parental income and assets are disregarded when determining financial eligibility for children utilizing waiver service.
- Federal funds matched with state funds (FMAP)

6,314

people authorized for provider-managed DD waiver services

Jul 2023-Jun 2024



**Note: Data includes duplicated individuals as it represents individuals receiving each type of service*

***Respite was only available as a separate service starting April 2024*

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Federal Poverty Level & HHS Programs

Medicaid	
Parent/Caretaker	**34%**
Aged/Blind/ Disabled	**90%**
Expansion Adults	**138%**
Pregnant Women	**175%**
Children	**205%**
SNAP	**130%**

More details about Medicaid Eligibility

2025 CALENDAR YEAR FEDERAL POVERTY GUIDELINES Annual Amount at Various Income Percentage Levels														
Family Size	Annual **34%**	/Mo	Annual **90%**	/Mo	Annual **130%**	/Mo	Annual **138%**	/Mo	Annual **175%**	/Mo	Annual **185%**	/Mo	Annual **205%**	/Mo
1	$5,321	$443	$14,085	$1,130	$20,345	$1,695	$21,597	$1,798	$27,388	$2,282	$28,953	$2.413	$32,083	$2,674
2	$7,191	$599	$18,396	$1,533	$27,495	$2,291	$29,187	$2,432	$37,013	$3,084	$39,128	$3,261	$43,358	$3,613
3	$9,061	$755	$23,244	$1,937	$34,645	$2,887	$36,777	$3,065	$46,638	$3,887	$49,303	$4,109	$54,633	$4,553
4	$10,931	$911	$28,080	$2,340	$41,795	$3,483	$44,367	$3,697	$56,263	$4,689	$59,478	$4,957	$65,908	$5,492

Most people who receive DD services qualify as a member of **ABD** or **SSI Medicaid coverage groups**

Medicaid Coverage
Individuals who are Aged, Blind and Disabled (ABD)

- ✓ Income up to 90% FPL
- ✓ <$3,000 countable assets (single person)

People who qualify for SSI, qualify for Medicaid

Supplemental Security Income (SSI)
Available via Social Security Administration
As of January 1, 2023

Family size – 1	$943
Family size – 2	$1,415

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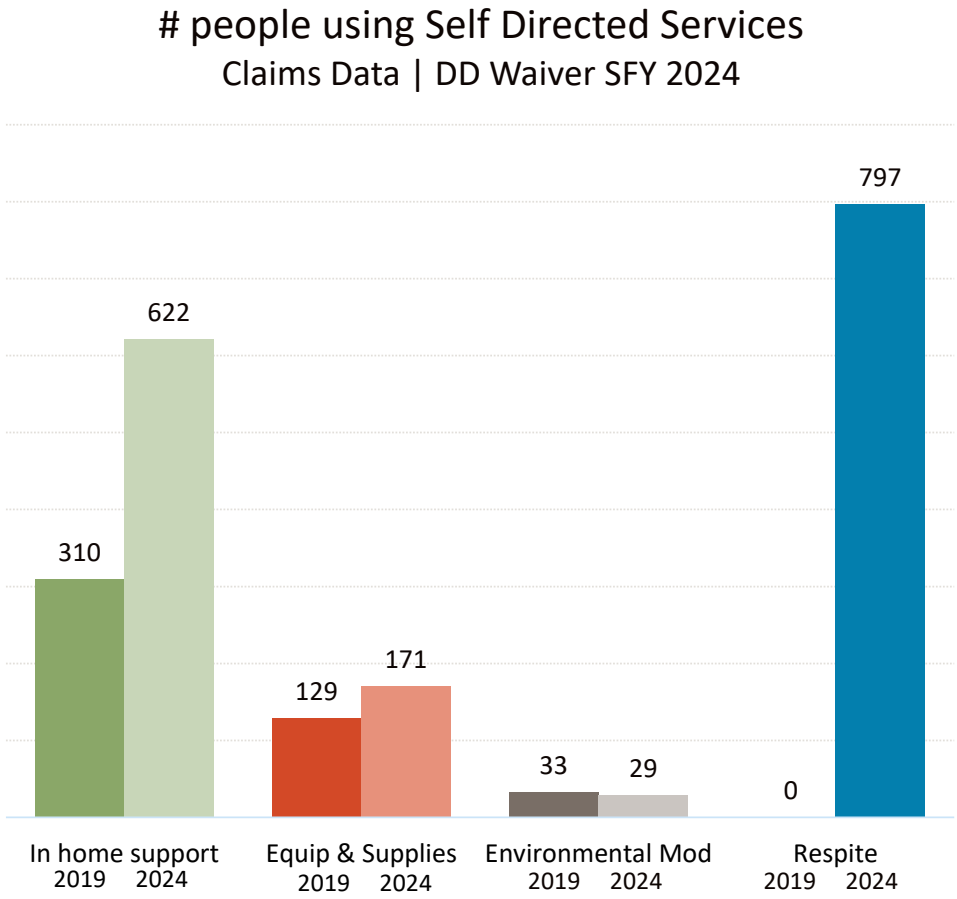
Self Direction is a mode of DD waiver service delivery that is growing



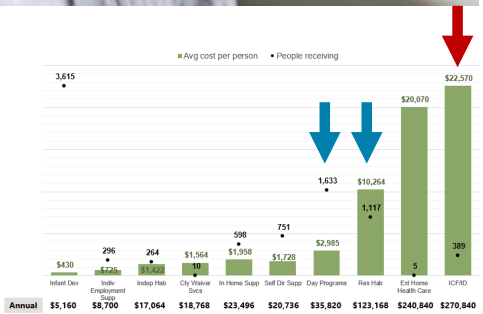
What are "Self Directed Services"?

With the support of a fiscal agent, families can hire their own staff, set wages, provide training, and create schedules for staff they hire, offering greater flexibility and personalization in the care and support they receive.

- **Respite & In home supports**
- **Equipment & Supplies**
  - Nutritional supplements
  - Adaptive kitchen utensils
  - Switches/adaptive controls
  - Sensory items (noise cancelling headphones, weighted vests/blankets)
  - Assistive technology (smart thermostat, smart lock, smart lights, sensors, alarms, automatic soap dispenser, switches, and iGuard stove controller)
- **Environmental Modifications**
  - Widening of doorways in homes
  - Track lift system
  - Lifts for vehicles
  - Accessible showers
  - Ramps

Meet Nora





Nora is 70 years old.
Was found eligible for DD Services at age 29.

- Diagnosis: Mild intellectual disability, below knee amputation both legs, depression, anxiety, and tremors.
- Income: Supplemental Security Income, SNAP, and has a housing voucher from her local public housing authority to help with a portion of her rent.

For many years Nora's receipt of **DD services** was **limited**. She has received coverage for health care and long term services and supports via Medicaid. In general, Nora has needed:

- Help with medications and managing blood sugar
- Assistance with transfers (ex. toileting) and personal care (dressing, housework, and meal prep)

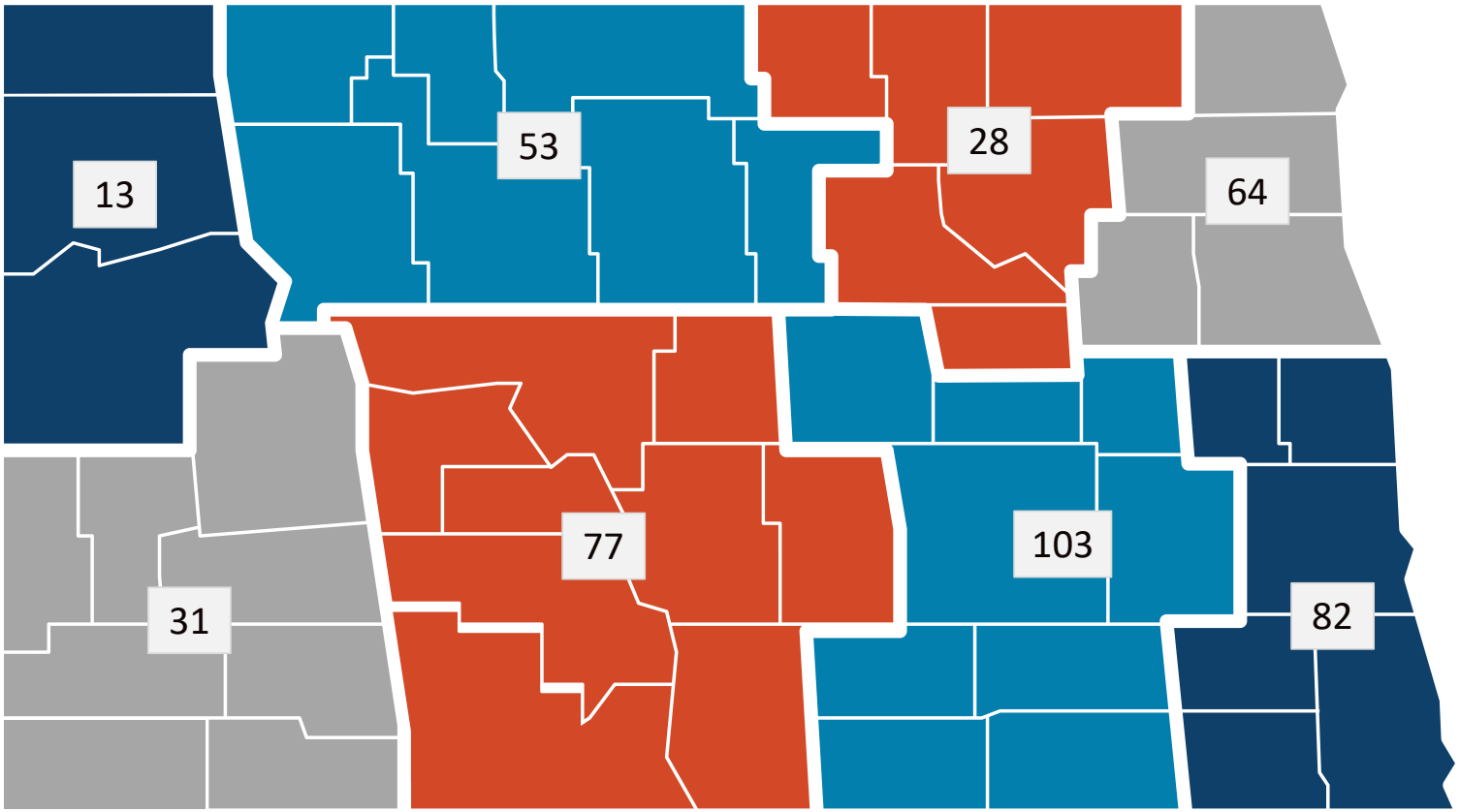
Nora's services have included:

1. **AT AGE 29: Residential Habilitation** to support daily needs while living in her own apartment, and a **Day Habilitation** program from 9-4 pm, Monday through Friday. Plus **Case Management** from HHS DDPM, a rep payee, and health care coverage from **Medicaid**.

2. **AT AGE 52**: **Corporate Guardianship** to assist Nora with decision making and managing her affairs.

3. **At AGE 62**: **Intermediate Care Facility** (replaced ResHab; personal income reduced to $135/mo as personal needs allowance in ICF).

Intermediate Care Facilities licensed bed capacity by region



451 licensed beds

The average monthly **bed** usage July 23 – June 24
389

(**86%** utilization rate)

One area we would like to explore is whether there is a way to repurpose the available beds for crisis situations, while still avoiding the incentivization of institutional services.

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Where do people served by the DD section live?

people authorized for service over 12 mo period by type of service by type of residence | Jul '18-Jun '19 & Jul '23-Jun '24

	2019		2024	
Intermediate Care Facility (ICF) (Provider-owned facility, daily rate)	565	7%	502	6%
Residential Habilitation (Pvt housing, provider-supported daily rate)	1,313	16%	1,278	15%
Family/Own Home (Provider-supported, incl Ind Hab)	1,600	20%	1,100	14%
Family/Own Home (DDPM only)	600	7%	620	7%
Family Home (Self-Directed)	310	4%	622	7%
Family Home (Infant Development)	3,830	47%	4,250	51%
TOTAL	≈8,000		≈8,400	



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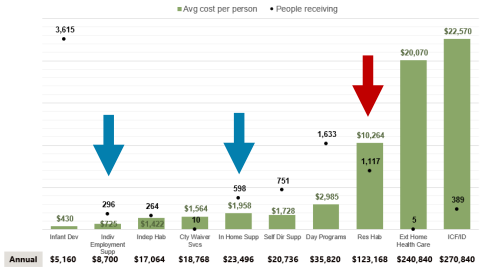
Meet Brady





Brady is 26 years old.
Found eligible for DD Services at age 16.
Brady has a **DD Program Manager** to help coordinate care.

- Diagnosis: Mild intellectual disability, Cerebral Palsy, and Scoliosis
- Income: Supplemental Security Income, limited income from employment, SNAP

Lives on his own in an accessible apartment on the ground floor. Brady is responsible for his own rent. Needs assistance with most activities of daily living (ADL's) as well as accessing many areas in his home.

Brady receives the following services:

1. Works in the community, M-F 3-6pm with **Individual Employment Supports** & attends **Day Habilitation** M-F 10am-3pm.
3. Has staff for 7-8 hours per day and a overnight (sleep) staff through **Residential Habilitation**.
4. DD waiver **Equipment and Supplies Service** utilized to complete an Assistive Technology assessment of his home.
    - Smart Home Package recommended which included: Smart plugs, smart thermostat, smart lock with wireless keypad, smart light switches, and an Echo Show (used to run the smart home features).

✓ With the use of Equipment & Supplies, Brady has been able to increase his independence in his own home. Has also reduced staff time down to 4-5 hours per day and a sleep overnight staff.

✓ Currently trialing **assistive technology** during the *overnight hours* to potentially eliminate need for staffing during that time.

New technologies & new ideas mean “staffing” does not have to be the only solution

Assistive devices and various home and vehicle modifications have always been part of how families and providers have worked together to modify the physical environment to meet a person’s unique needs.

- Ramps and Lifts
- No-step showers, grab bars
- Walkers, canes

The environment, expectations, and opportunities surrounding environmental modification are ever-changing.

- Sensory issues
- Technology-enabled devices
- Smart-home improvements paired with physical home modification



Access to assistive devices/technologies is growing.

Navigating how to access a growing array of options can be difficult for families.

	Medicaid State Plan	DD waiver	Autism waiver	Med Fragile waiver	Aged & Disabled waiver	Other (MFP, SPED, ExSPED)	Other (housing rehab)
Benefit Limits	Specific to individual need	Equip & Supplies - $5k/yr Env Mod - $40k (over 5 yrs)	Assistive Tech - $5k (over 5 yrs)	Assistive Tech & Env Mod - $25,300/waiver yr (all services)	Specific to individual need	Unique to each program	Unique to each program
Eligible settings	Own home (rent or own)	Own home (rent or own)	Own home (rent or own)	Own home (if mod cannot be moved, must own)	Own home (rent or own)	Unique to each program	Unique to each program
How to access	Enroll as Medicaid provider	Veridian (contracted intermediary)	Purchased by HHS and shipped to home	Veridian (contracted intermediary)	Enroll as Medicaid provider	Each program has a pathway	Each program has a pathway
Eligible items	Medically necessary as defined in NDAC 75-02-02	All 4 Medicaid 1915c waivers note that approval of any item is dependent on the disability and the need (i.e., prevent institutionalization by addressing ADL/IADLs)				Unique to each program	Unique to each program

- For waivers that serve children, if an item is generic, availability depends in part on the age of the participant. As a general principle, if a child without a disability would need it, Medicaid will not cover it because the need is not specific to a child's disability. (ex. a highchair for a 3-year-old v a 15-year-old)

Example: Eligibility across programs

List of items noted by P&A during budget presentation related to ARPA-funded pilot project

Item from P&A List	DD waiver	A&D waiver	Autism	Med Fragile
Accessible Blinds	Yes	Yes	Yes (blackout)	No
Air Purifier	Yes	Yes	No	Yes
Amazon Echo/Show	Yes if it is needed to access AT	Yes if it is needed to access AT	Yes if it is needed to access AT	Yes if it is needed to access AT
Automatic Door Opener	Yes under environmental mod	Yes under environmental mod	No	Yes
Bathing Chair	Yes	Yes	No	No
Bean Bag	Yes	No	Yes	No
Bike Basket	Yes	Yes	Yes	Yes
Bike Cargo Rack	No?	No	No	No
Bike Lock	No	No	No	No
Bluetooth Neckband	No	No	No	No
Brick	Yes	Yes	No	No
Cabinet Lock w/Code	Yes	Yes	Yes	Yes
Cabinet Lock w/Key	Yes	Yes	Yes	Yes
Cable Management	Yes	Yes	Yes	Yes
Colored Wall Lights	Yes	Yes	Yes	Yes
Door Security Bar	Yes	Yes	Yes	Yes
Door Sensor	Yes	Yes	Yes	Yes
Dry Erase Calendar	No - generic	No	Yes	No
Echo Wall Mount	Yes if it is needed to access AT	Yes	Yes if it is needed to access AT	Yes if it is needed to access AT
Fidgets	Yes	No	Yes	Yes
Floor Lamp	Yes if accessibility features for on/off	Yes if accessibility features for on/off	Yes if accessibility features for on/off	Yes if accessibility features for on/off
Grocery Bag Carriers	Yes	Yes	No	No
Hearing Protection	Yes	Yes	Yes	Yes
Hospital Bed	Yes	Yes	No	No

Item from P&A List	DD waiver	A&D waiver	Autism	Med Fragile
LEVO tablet stand	Yes	Yes	Yes	Yes
Montessori Knives	Yes	Yes	No	No
No Drill Furniture Anchors	Yes	Yes	Yes	Yes
Open Sesame Accessory - Standard Transmitter	Yes	Yes	Yes	Yes
Phone Mount	Yes	Yes	Yes	Yes
Pull Down Shelf – 5pd Series	Yes	Yes	Yes	Yes
Recliner Switch	Yes	Yes	Yes	Yes
Ring Doorbell	Yes	Yes	Yes	Yes
Ring Doorbell Mount	Yes	Yes	Yes	Yes
Smart Bulbs	Yes	Yes	Yes	Yes
Smart Lock	Yes	Yes	Yes	Yes
Smart Plugs	Yes	Yes	Yes	Yes
Sofa Armrest Organizer	Yes	Yes	Yes	Yes
Stair Climber Cruiser Cart	Yes	Yes	Yes	Yes
Switch Bot	Yes	Yes	Yes	Yes
Timer	Yes	Yes	Yes	Yes
Veggie Chopper	Yes	Yes	No	Yes
Visual "Stop" Banner	Yes	Yes	Yes	No
Weighted Blanket	Yes	Yes	Yes	Yes
Wyze Lock	Yes	Yes	Yes	Yes

ND's April 2024 DD Waiver amendment enhanced access to environmental mods & supplies

Equipment & Supplies

- Increase in limit: from $4,000 to $5,000 per waiver year.

Environmental Modifications

- Increase in limit: from $20,000 to $40,000 per waiver period (5 years)
- Added that modifications can be made to homes rented by participant or primary caregiver.

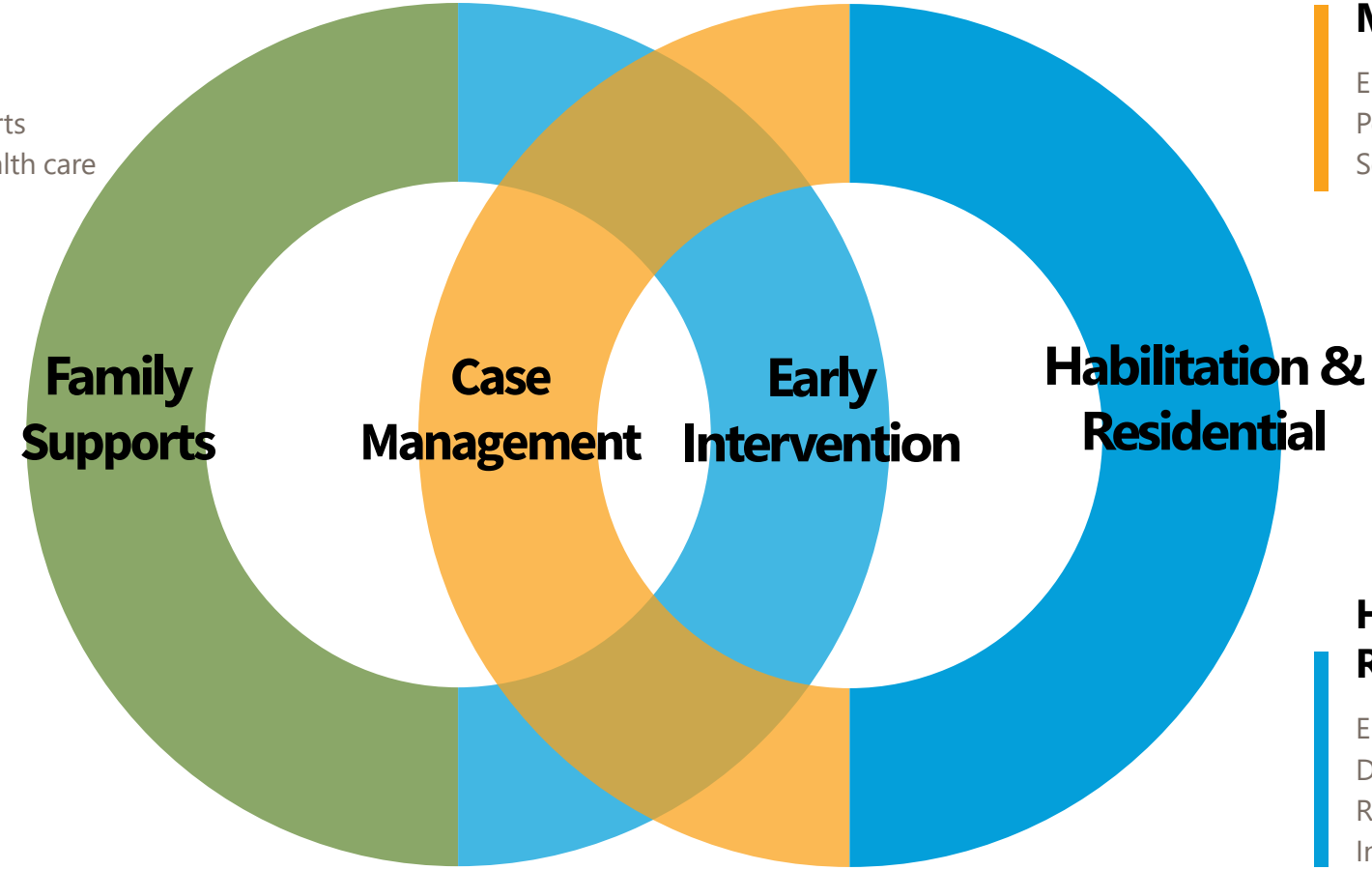
Program management & early intervention are a key intersection within the continuum of services available to people with ID/DD

Family Supports

In-home supports
Self-Directed supports
Extended Home Health care
Respite

Case Management

Eligibility
Person Centered Planning
Service Authorization



Early Intervention

Birth review
Right Track
Infant Development

Habilitation & Residential

Employment
Day Services
Residential
Intermediate Care Facility

Developmental Disabilities

Program Management is an essential Direct Service

DD Program Managers

Assist clients, families, and guardians in navigating available services, with a focus on helping clients maintain their health and safety while working toward achieving their personal goals.

What do they do?

- Intake & eligibility
- Person-centered planning coord/dev
- Service authorization
- Crisis support planning
- Referrals to provider agencies
- Face to face visits with clients
- Direct care

110.15

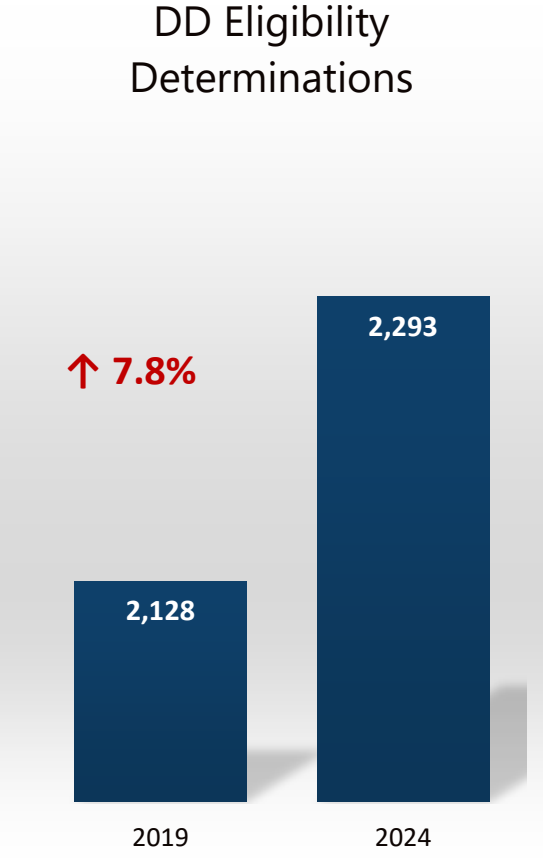
DD program managers

240 and **191**

On average, 240 new referrals and 191 new eligibilities conducted each month

8,410

Individuals with developmental disabilities receiving program management services



How does the supportive role of the DDPM change based on the setting where someone lives?

Task	DDPM Only	SNF	Personal Care (MSP)	LSTC	ICF/IID	Waiver-provider	Waiver- without provider (SDS)	Infant Development	Medically Fragile
Avg Utilization	**400-800**	**100-150**	**50-100**	**60-80**	**450-500**	**2,200-2,600**	**800-1,000**	**3,200-3,800**	**20-30**
Face to Face Visits	Annual	Annual & with each PASRR	Every 6 months	Annual	Annual	Every 3 months	Every 3 months	Every 3 months	Every 3 months
Direct Care	As needed	NA	NA	NA	NA	As needed (primarily Indep Hab)	NA	NA	NA
Guardian Contacts	Annual	Annual and with each PASRR	Every 6 months	Annual	Annual	Every 3 months	Every 3 months	Every 3 months	Every 3 months
Service Plan Development	Develops Svc Plan – initial & annual (short-version)	Develops Service Plan – initial, annual & options counseling	Develops Service Plan – initial, every 6 months & annual	Develops Service Plan – initial & annual (short-version)	Plan Approver	Plan Approver	Develops Service Plan –initial & annual (either full or short version)	Plan Approver – initial, annual, every 6 months and 2-7 and 2-9 transition	Develops Service Plan – initial & annual (full version)
Risk Assessment	Initial	Initial & annual	Initial, 6 mo & annual	Initial	Initial & annual	Initial & annual	Initial & annual	Initial & annual	Initial & annual
PAR (Level of Care)	NA	NA	Annual	NA	Annual	Annual	Annual	Annual	NA
Case Actions	NA	NA	Initial & annual	NA	Initial & annual	Initial & annual	Initial & annual	Initial & annual	Initial & annual
QER	NA	NA	NA	NA	Annual	Every 6 months	Every 6 months	Every 6 months	Every 6 months
Service authorizations	NA	NA	NA	NA	Yes	Yes	Yes	Yes	Yes

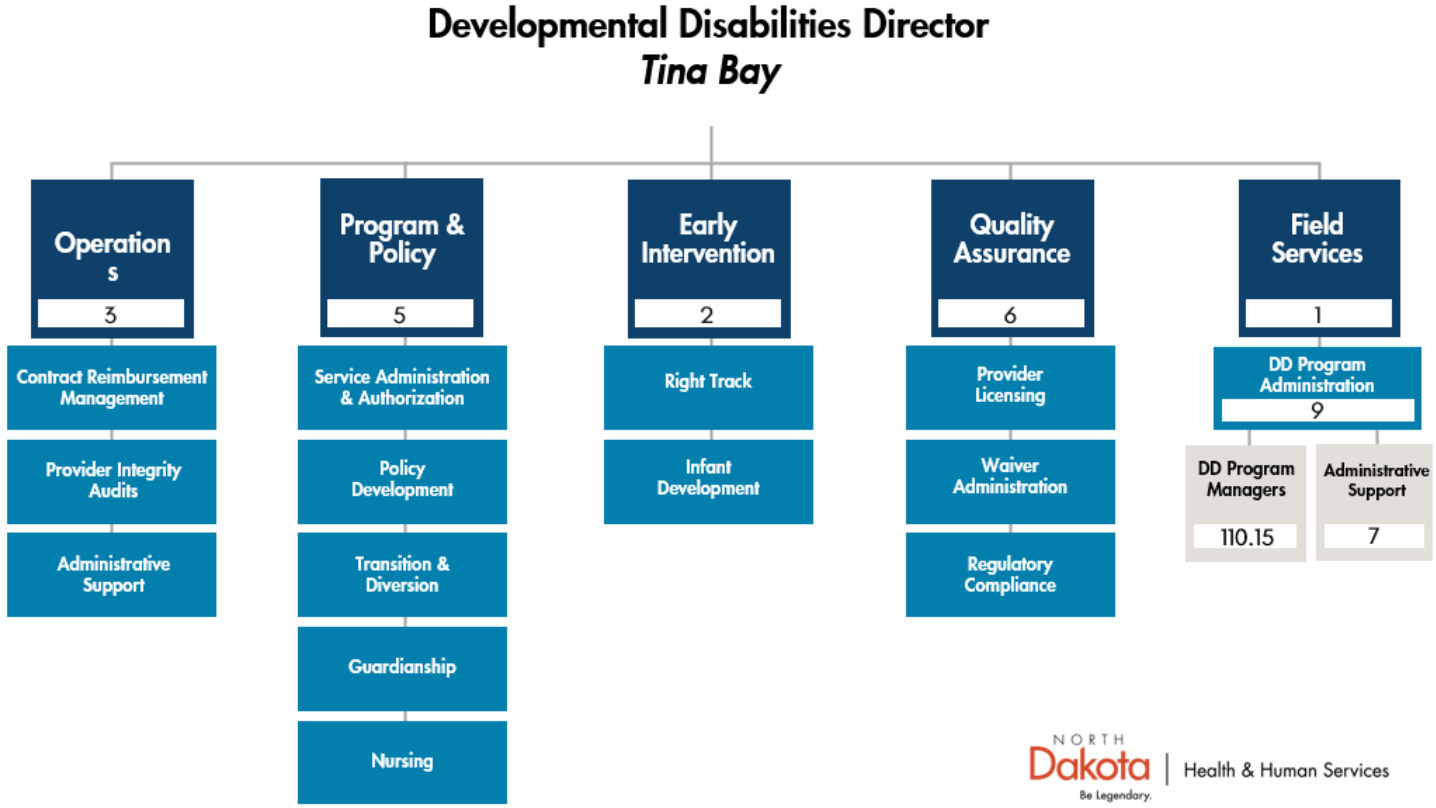
Team Structure and Function

Developmental Disabilities

Position #s Assigned / Funding Exists	Positions Filled	# of Vacancies	# of Temporary Staff
144.15	*141.15*	*3**	*3**

*As of 12/01/2024

Average Age	*42*
Avg Years of Service	*11*
Retirement Risk	*6%*
Turnover 2021	*4%*
Turnover 2022	*3%*
Turnover 2023	*6%*
Turnover 2024	*7%*



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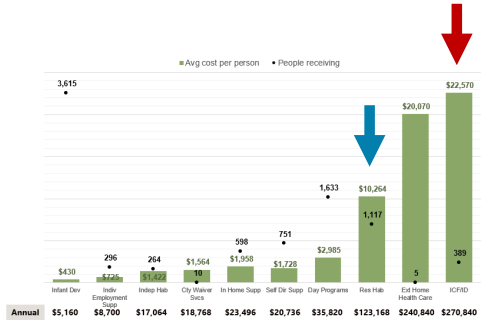
Meet Caden





Caden is s 23 years old.

AT AGE 17: Found eligible for DD services. Diagnosed with Autism, moderate Intellectual Disability, and Post-traumatic stress disorder. Caden has a **DD Program Manager (DDPM)** to help coordinate care.

AT AGE 18: Caden moved out of mom's home into a **Residential Habilitation** service environment (apartment with 2 roommates, owned and staffed by DD provider).

- Started experiencing difficulties with increasing frequency and severity, prompting the team to request assistance from the LSTC Crisis team (**CARES**).

AT AGE 20: After several incidents with staff and a housemate, Caden was taken to local hospital.

- When Caden was at the hospital, DD provider issued an involuntary discharge, citing safety concerns for other residents.

AT AGE 21: DDPM was able to coordinate transition to an **Intermediate Care Facility**.

- **Outlier** request allow for additional staff coverage in the facility.
- Cycling of varying aggressive behaviors continued and resulted in several hospital admissions.
- During a hospital stay, DD provider issued a discharge from ICF.
- No providers accepted statewide referral due to (inability to staff).

AT AGE 22: Caden is admitted to specialized ICF at **Life Skills Transition Center** (LSTC) for stabilization.

- Cycle of aggressive behaviors continued, with active efforts to adjust medications, establish behavior support plan and effective interventions.

✓ Over the last 5 years (since becoming eligible for DD services), Caden's DDPM has sent out **230+ individual referrals** to try to find Caden a place to live, with service providers willing/able to serve Caden's needs.

✓ He has experienced **35 discharges** from acute care hospitals and DD providers.

What's next for Caden? What does a stable situation look like for him?

Discharge can be Voluntary or Involuntary

Voluntary Discharge: the person chooses to exit services or choose another provider

- Personal preference
- Move to a different city
- Move to a short term stay in a skilled nursing facility (ex. rehab, recovery)

Involuntary Discharge: the person is discharged from services against his or her own wishes (i.e., individual's care team did not concur with the discharge decision).

- Provider "not able to meet needs"
  - Short staffing
  - Safety needs for both client and staff
  - Client-to-client interactions
  - Guardian or family challenges, including preventing the provider from providing supports

5,527 people living in ICF or ResHab setting (12-31-24 snapshot)

9 <u>Involuntary</u> Discharges (July-December 2024)

- **1** medical needs, **1** substance abuse, **7** behavior
- **2** continued with provider (team problem solving), **5** accepted by new provider, **1** back with family, **1** homeless (due to substance abuse)



Examining opportunities to think differently about discharge

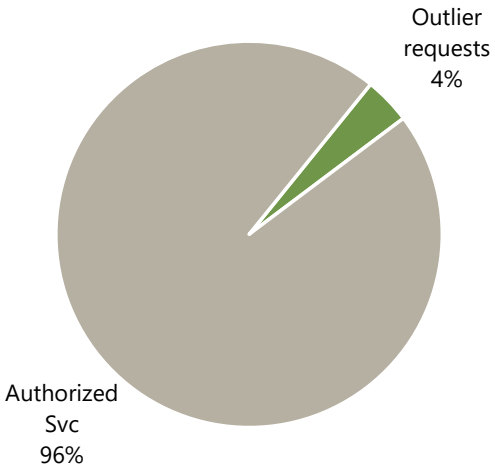
- HHS assembled a "Discharge Policy Work Group" to develop recommendations to improve involuntary discharge practices and policy. Work group is examining:
  - Reasons for involuntary discharge
  - Current challenges in the system related to involuntary discharge
  - Multiple case studies of those that have been given notice of involuntary discharge
- Work Group membership includes: HHS DD section policy (2) and field staff (2), P&A (2), DD provider CEOs (3), Guardians (2), LSTC (1)
- Results from the group's recommendations could potentially lead to policy change.

Outlier Requests are a systematized part of the service auth process designed to account for extraordinary needs

If an individual's needs exceed the support service hours authorized as per the information gleaned from the SIS or ICAP assessment, they can request consideration for additional Medicaid-funded staff support.

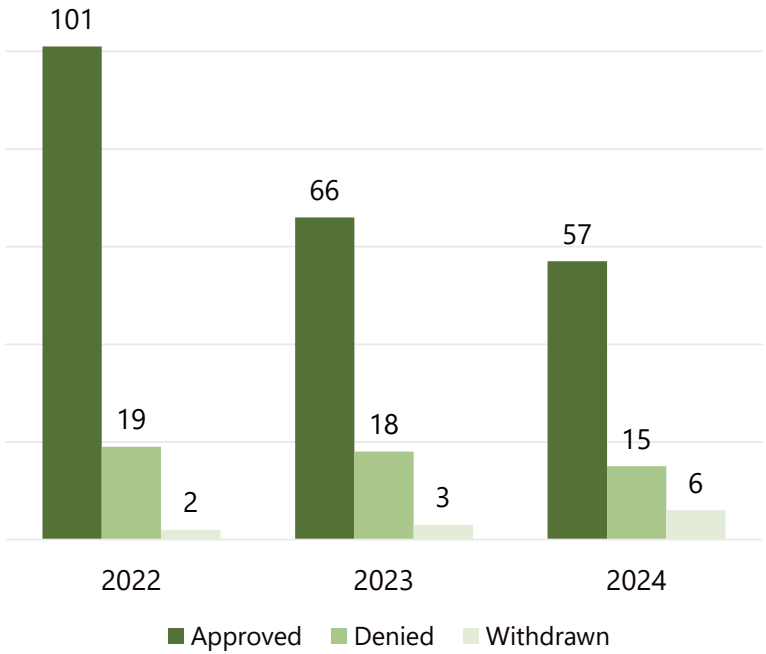
1. Meet a medical or behavioral qualifier, and
2. Pose an imminent risk of harm to health/safety (self or others), and
3. Support needs exceed hours identified, and
4. Other mitigation options were pursued before requesting additional staffing

People authorized to receive services 2022



The Outlier Policy helps ND **apply consistent principles** *across unique situations* and helps ensure that the system is supporting the **least restrictive level of staffing** that is *necessary to meet a person's needs*.

Outlier Requests and Resolution 2022-24



Common Denial reasons

- Hours in setting meet the level of staffing requested
- No data included or it is incomplete
- Frequency or intensity does not meet the policy requirements

Included in Executive Budget Request

Implement a Host Home Service in the DD HCBS Waiver

- One of the highest priority gaps in the DD service delivery system involves appropriate service settings for youth who need at least some level of residential care outside of their family home.
- This request establishes a host home service in the DD waiver.
- Host homes will infuse therapeutic level supports for both the youth and for the youth's family / support system to foster continued opportunities for family involvement as the youth navigates challenging symptoms and nears adulthood.
- Funds are for service delivery (paid to providers) in support of 20 operational host homes serving approximately 20 youth ages birth through 21.

Total	General	Federal	Other
$3,379,800	$1,689,900	$1,689,900	$0

This is an ongoing funding request.



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Host Homes are an important alternative living option

Family-Centered Environment

- Private residence where trained caregivers or families provide one-on-one care, tailored to the youth's needs.
- Focuses on maintaining the youth's connection with their biological family or guardians, facilitating regular visits and communication.

Comprehensive Wraparound Services

- Youth receives specialized therapeutic services depending on their needs (ex. behavioral therapy.
- Host families receive thorough training on how to best support a youth with DD. This includes training in communication techniques, behavior management, and addressing unique needs.

Community Integration & Reunification Focus

- Youth living in host homes can continue participating in local activities, schools, and social interactions within their community, ensuring they remain connected to their peers and familiar surroundings.



The overarching goal of the program? Support preservation of family connection / reunification

How? The host family works closely with caseworkers and bio family to monitor progress and do everything they can to make sure family reunification is a realistic, attainable goal.

Included in Executive Budget Request

Convert the DD Youth Assessment Tool from ICAP to SIS-C

- Currently HHS-DD section uses the ICAP assessment for the resource allocation process for children birth - 15.
- The tool was selected in 2018 in part because the child-version of the SIS assessment (which ND uses for adults) was not yet available. As of 2024, the ICAP is no longer being normed or updated.
- HHS has proposed replacing the ICAP with the child-SIS (SIS-C) to reduce the impact of changing from the child assessment to adult, as both assessments will focus on support needs rather than deficiencies.
- This is expected to be a multi-year project that involves both testing the new assessment and adjusting the allocation formula based on the scoring results in the new assessment. This funding is for the use of the assessment and the consultant needed to do the allocation work.

Total	General	Federal	Other
$400,000	$200,000	$200,000	$0

This is a one-time funding request.



Included in Executive Budget Request

Provider Inflation

- Provider Inflation 1.5%/1.5%
  - 45 agency providers
  - 580 individual providers (self-directed)

Total	General	Federal	Other
$16,808,241	$8,293,006	$8,515,235	$0

This is an ongoing funding request.



Re: HB1012 – Section 28

Components of Quality

How are we doing?
Can we do it better?

National Standards

Evidence Based Practices

Applying or translating research findings into care practices and decision making that will result in the best client outcomes

Accreditation

Assures quality, consistency and relevant approaches through application of research-based standards and a peer-review process

State Standards

Licensure and Certification

Granting of authority to practice within health and safety guidelines and/or scope of practice

Incident Reporting

Tracking of health and safety events that occur in the course of delivering care to clients



Outputs and Outcomes

National Core Indicators

Standard measures used across states to assess the outcomes of services provided to individuals and families

Core Set Performance Measures

National standards of care and treatment processes for common health conditions

Processes

Quality Assurance / Quality Control

Monitoring desired level of quality in service delivery by examination of processes and procedures

Accreditation as part of the ND Quality Framework

Accreditation is about more than regulatory compliance. It represents a quality standard that evaluates how well an agency is supporting the people it serves.

- Allows for an outside, unbiased, third-party review of policies and practices and the experiences of those receiving services.
- Measures these items against national practices, experiences, and established standards. In turn, this allows for the ability to keep North Dakota services and supports truly person-centered.
- Encourages providers to collect data and use the data to make informed decisions or changes toward policy and practices.

Regulatory Monitoring

Licensing, monitoring and training, and the HCBS survey process focus on ensuring that providers meet minimum standards for health, safety, and compliance with state policies.

Accreditation

Accreditation goes further by emphasizing person-centered care and aligning practices with nationally recognized best practices.



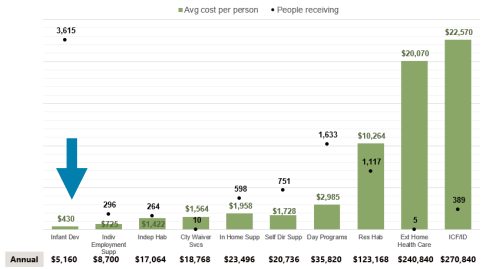
Factor 1: Rights Protection and Promotion

Council on Quality and Leadership (CQL) 2023 Data Report | ND Developmental Disabilities (n=12)

System (policies and procedures)	Org Self Assessment	CQL Review	National Benchmark
1a. The organization implements policies and procedures that promote people's rights.	100.0%	58.3%	43.8%
1b. The organization supports people to exercise their rights and responsibilities.	100.0%	66.7%	38.3%
1c. Staff recognize and honor people's rights.	100.0%	83.3%	58.3%
1d. The organization upholds due process requirements.	83.3%	58.3%	47.1%
1e. Decision-making supports are provided to people as needed.	91.7%	66.7%	28.8%
Practice (evidence of practice)	**Org Self Assessment**	**CQL Review**	**National Benchmark**
1a. The organization implements policies and procedures that promote people's rights.	100.0%	75.0%	54.3%
1b. The organization supports people to exercise their rights and responsibilities.	100.0%	66.7%	39.7%
1c. Staff recognize and honor people's rights.	100.0%	91.7%	68.3%
1d. The organization upholds due process requirements.	75.0%	50.0%	39.8%
1e. Decision-making supports are provided to people as needed.	91.7%	66.7%	33.6%

Meet Eve





Eve is 4 ½ years old.

- Born prematurely at 30 weeks
  - Diagnosed with Down Syndrome
  - Experienced delays in all areas of development
- Eve was found eligible for Early Intervention services at 10 weeks old.
- Eve qualified for **Medicaid** due to her eligibility for the DD waiver, which provided additional support to her family.

Eve and her family were supported through these services:

1. Regular **Service Coordination** (DD Program Management)
2. **Infant Development** Services (aka "Early Intervention")
   - Weekly **home visits** with their Primary Early Intervention professional
   - **Occupational Therapy** and **Speech** consultations monthly

When Eve turned three, she was meeting her developmental milestones and no longer qualified as DD-eligible. Her Medicaid eligibility ended.

Eve did go on to receive **Part B** services through **IDEA**.

At the age of 4 ½, her family began to see regression in her developmental milestones, **so they reached out** to their regional DD unit to discuss eligibility and service options.

Included in Executive Budget Request

Cross Disability Waiver Implementation

- Address existing disparities in access to home and community-based services for children with disabilities, taking meaningful steps to expand access and resources to people who may not be well served by the current system of care.
- Modernize the current system, ensuring equitable access to essential services for children aged 3 to 21 who have mild to moderate support needs.

2025-2027 Biennium Activities:

1. Design and Test New Level of Care for Cross Disability Waiver and Developmental Disabilities Waiver
2. Design Cross Disability Waiver (Service Array, Access, Quality, Provider Qualifications & Rates)
3. Start Building Service Infrastructure

- Anticipated start date for delivery of services is July 2028.

Total	General	Federal	Other
$4,948,452	$2,474,226	$2,474,226	$0

This is an ongoing funding request.



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Part of the Cross-Disability Waiver work will change what it means to be “DD-eligible”

Modifying and Refining Level of Care



CURRENT STATE

North Dakota uses an older federal definition of developmental disability to decide who qualifies for services. This definition focuses mainly on things like learning, self-care, and mobility.

NEXT STEP

Update North Dakota’s definition to match more modern standards, like those used by the AAIDD, DSM-5, and ICD-11.

- The update will include "social" functioning as part of what qualifies someone for services.
- This change will help the state better identify and support people with intellectual and developmental disabilities.

HOW DO WE GET THERE?

To make this happen, the state will work with a contracted entity to:

- ✓ Review the best practices from across the country,
- ✓ Test new tools alongside the current system,
- ✓ Select a new tool and work with CMS re approval,
- ✓ Develop an implementation plan incl IT system mods, &
- ✓ Training/change mgmt. with stakeholders.

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What does it actually mean to modify the DD "level of care"?

4 primary domains affect a person's ability to execute life activities

	ND Today	ND Future
1 Intellectual or Developmental Significant limitations in both Intellectual functioning (general mental capacity) & adaptive behavior; originates before age 22	✓	✓
	+	+
2 Conceptual Language and literacy, money, time, number concepts, self direction	✓	✓
		+
3 Social Interpersonal skills, social responsibility, self-esteem, gullibility, naivete (wariness), social problem solving, ability to follow rules/obey laws, avoid victimization		✓
	+	+
4 Practical Activities of daily living (personal care), occupational skills, healthcare, travel/transportation, schedules/routines, safety, use of money, use of the telephone	✓	✓



What stays the same?

- Definition of and understanding of each individual element of diagnosis / deficit
- Definition of an ICF/IDD level of care

What changes?

Our understanding, assessment and recognition of the interplay between the diagnosis of intellectual disability and various adaptive deficits (conceptual, social, practical), and the impact the cumulative effect has on a person's ability to execute life activities

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Changes to Base Budget

By Ongoing, One-Time and Funding Source

BASE BUDGET CHANGES	DESCRIPTION	2025-27 EXECUTIVE BUDGET		ENGROSSED HB 1012	
		GENERAL	OTHER	GENERAL	OTHER
Compliance & Quality	Conversion of DD Eligibility Assessment tool for kids (ICAP to SIS)	$200,000	$200,000 (Federal)	$200,000	$200,000 (Federal)
Services HCBS	Implement a Host Home service in DD HCBS waiver	$1,689,900	$1,689,900 (Federal)	$1,689,900	$1,689,900 (Federal)
Additional Executive Decision Packages	Provider Inflation 1.5%/1.5% - V2%/2%	$8,287,885	$8,479,150 (Federal)	$10,959,430	$11,419,639 (Federal)
Underfunding	FTE Block Grant Reduction			-$1,201,777	
Underfunding	Operating Reduction			-$437,463	
Additional House Decision Packages	Intermediate care facility grant to Anne Carlsen			$3,457,736	

Comparison of budget expenditures and projections

By Program

PROGRAMS	2023-25 LEGISLATIVE BASE	ONE-TIME / CARRYOVER	2023-25 EXPENSES THROUGH DECEMBER	2023-25 PROJECTED EXPENDITURES	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)	ENGROSSED HB 1012	GENERAL	FEDERAL	OTHER
DD ADMIN & RELATED PROGRAMS	$ 8,330,349	$ 2,500,000	$ 5,731,580	$ 8,551,173	$ 12,055,271	$ (153,059)	$ 11,902,212	$ 4,649,030	$ 7,253,182	-
GUARDIANSHIPS	4,788,545	-	3,156,844	4,049,631	6,109,355	$ (380,000)	5,729,355	5,729,355	-	-
DD CASE MANAGEMENT (DDPM)	22,635,279	-	18,452,295	24,861,662	26,457,120	$ (1,125,000)	25,332,120	12,167,692	13,164,428	-
EARLY INTERVENTION PROGRAMS	3,650,698	804,825	1,912,762	2,711,577	2,857,680	$ 18,819	2,876,499	-	2,876,499	-
DD SERVICE GRANTS	742,793,592	-	514,859,734	730,079,538	762,116,908	$ 5,632,033	767,748,941	377,480,409	390,268,532	-
HCBS CAPACITY (10% REINV)	-	-	633,852	688,764	1,043,494	-	1,043,494	-	521,747	521,747
PROVIDER RETENTION GRANTS (10% REINV)	-	1,593,594	300,300	920,031	-	$ 3,457,736	3,457,736	3,457,736	-	-
TOTAL	**$ 782,198,463**	**$ 4,898,419**	**$ 545,047,367**	**$ 771,862,376**	**$ 810,639,828**	**$ 7,450,529**	**$ 818,090,357**	**$403,484,222**	**$414,084,388**	**$ 521,747**

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Comparison of budgets and funding

By Major Expense

DESCRIPTION	2023-25 LEGISLATIVE BASE	INCREASE / (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)	ENGROSSED HB 1012
Salaries & Benefits	$ 25,750,507	$ 5,243,716	$ 30,994,223	$ (1,201,777)	$ 29,792,446
Operating	12,482,544	1,191,250	13,673,794	(437,463)	13,236,331
IT Services	191,850	2,346,941	2,538,791	-	2,538,791
Capital Asset Expense	-	-	-	-	-
Capital Assets	10,000	-	10,000	-	10,000
Grants	743,763,562	19,659,458	763,423,020	9,089,769	772,512,789
Total	**$ 782,198,463**	**$ 28,441,365**	**$ 810,639,828**	**$ 7,450,529**	**$ 818,090,357**
General Fund	**$ 372,688,337**	**$ 26,389,711**	**$ 399,078,048**	**$ 4,406,173**	**$ 403,484,221**
Federal Funds	**409,372,626**	**1,667,407**	**411,040,033**	**3,044,356**	**414,084,389**
Other Funds	**137,500**	**384,247**	**521,747**	**-**	**521,747**
Total Funds	**$ 782,198,463**	**$ 28,441,365**	**$ 810,639,828**	**$ 7,450,529**	**$ 818,090,357**

Developmental Disabilities as a % of HHS Budget

- 12.9%

Budget by Funding Source

- 49.2% General
- 50.7% Federal
- 0.06% Other

Budget by Pass Through

- 95.2% Paid to private providers
- 3.2% Direct Service
- 1.5% Admin
- 0.3% IT

**Note: Technology for DD eligibility determination is supported by SPACES (EA budget) and for DD claims processing by MMIS (MS budget).*

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DD-related Policy Bills with Budget Impact

		Federal	General
SB 2305	Family Paid Caregiver Pilot		$7,300,000
SB 2029	Establishment of Office of Guardianship Council (transfers HHS guardianship establishment funds to Supreme Court)		($6,109,355)



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On the horizon for DD

- Host homes
- Level of Care redesign
- Cross disability waiver design
- Process redesign for DD system
- Youth-oriented Employment / Day Services

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Contact Info

Tina Bay
Director
Developmental Disabilities Section

tbay@nd.gov

HHS Developmental Disabilities website



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2025 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

HB 1012
3/17/2025

Relating to leases of the health and human services property, substance use disorder treatment program, basic care payment rates, and state of residence for child care assistance; to provide for a transfer; to authorize a line of credit; to provide legislative intent; to provide for a legislative management study; to provide an application; to provide an exemption; to provide for a report; and to provide an effective date.

8:58 a.m. Chairman Dever opened the hearing.

Members present: Chairman Dever and Senators Cleary, Davison, Magrum and Mathern.

Discussion Topics:

- Property Tax Relief Effects
- Suicide Prevention & Screening
- Prospective Measles Outbreak
- Health Tracks Program
- Fetal Alcohol Syndrome
- Domestic and Sexual Violence
- Tobacco Abuse
- Tobacco Prevention & Control Grants
- Dental Fluoride for Children
- Basic Care Providers

9:01 a.m. Sherry Adams, Executive Officer, Southwestern District Health Unit (SWDHU), testified in favor and submitted testimony #42239.

9:29 a.m. Erin Ourada, Administrator, Western Plains Public Health, testified in favor and submitted testimony #41486.

9:35 a.m. Renae Moch, Director, Burleigh County Public Health, testified in favor and submitted testimony #42020.

9:40 a.m. Holly Brekhus, Executive Director, First District Health Unit, testified in favor and submitted testimony #42123.

9:45 a.m. Barbara Frydenland, Administrator, Rolette County Public Health, testified in favor and submitted testimony #42467.

10:10 a.m. Carl Young, Executive Director, Family Services Network, testified in favor and submitted testimony #42305, #42001, & #42002.

10:24 a.m. Seth O'Neill, Executive Director, ND Domestic and Sexual Violence Coalition, testified in favor and submitted testimony #41809.

10:30 a.m. Coiya Tompkins Inman, Executive Director, ND Community Violence Intervention Center, testified in favor and continued testimony #41809.

10:55 a.m. Heather Austin, Executive Director, Tobacco Free North Dakota, testified in favor and submitted testimony #42348.

11:00 a.m. Tim Blasl, President, ND Hospital Association, introduced Dr. Schaffer.

11:00 a.m. Dr. Todd Schaffer, CEO & President, Bismarck Sanford Health, testified in favor and submitted testimony #42128.

11:16 a.m. Mike Delfs, CEO & President, Jamestown Regional Medical Center, testified in favor and submitted testimony #42427.

11:30 a.m. Chelsea Ridge, Chairwoman, ND Public Health Association, Alcohol, Tobacco & Other Drugs Section, testified online and in favor and submitted testimony #41842.

11:39 a.m. Nikki Wegner, President, ND Long Term Care Association, testified in favor and submitted testimony #41985.

11:45 a.m. Brad DeJong, Healthcare Service Planner, Eide Bailey, testified in favor and submitted testimony #42431.

Additional Written Testimony:

Stephanie Welsh, Administrator, Director of Nursing for Cavalier County, testified in favor and submitted written testimony #41562.

Allen Anderson, Administrator, Walsh County Health District, testified in favor and submitted written testimony $41590.

Tess Wall, Director, Grand Forks Public Health, testified in favor and submitted written testimony #41616.

Brenda Stallman, Trail District Health Unit, testified in favor and submitted written testimony #41650.

Javayne Oyloe, Executive Officer, Upper Missouri District Health Unit, testified in favor and submitted written testimony #41661.

Megan Schneider, President, Bismarck Tobacco Free Coalition, testified in favor and submitted written testimony #41777.

Susan Kahler, Coordinator, Substance Abuse Prevention, testified in favor and submitted written testimony #42012.

Tim Blasl, President, ND Hospital Association, testified in favor and submitted written testimony #41883.

12:01 p.m. Chairman Dever closed the hearing.

Joan Bares, Committee Clerk

Testimony
HB 1012
Senate Appropriations-Human Resources Division
March 17, 2025

Chairperson Dever and Members of the Senate Appropriations-Human Resources Division Committee:

My name is Erin Ourada, and I am the administrator at Western Plains Public Health, the local public health unit that covers Grant, Mercer, Morton, Oliver, and Sioux Counties. We employ a variety of public health professionals such as environmental health practitioners, dieticians, nurses, tobacco prevention specialists, and administrative support staff. These individuals implement the core functions of public health which are communicable disease control, chronic disease and injury prevention, environmental public health, maternal, child and family health, and access to clinical care.

I am in support of HB 1012 which includes $8,000,000 state aid to local public health units. However, I would like to encourage consideration to increase this amount to $10,000,000. State aid is one of our only flexible funding sources and fills gaps that other funding can't cover. In 2024 state aid only made up 13% of our annual collections. The flexibility of this funding allows us to adapt our programming to our community's needs. The needs of our communities sometimes vary greatly across the five counties we serve. One community may need more state aid devoted to newborn home visiting whereas the next community may need more state aid devoted to home visits and medication management with the elderly. Many other funding sources do not allow for this type of flexibility and thus our community's needs cannot always be uniquely met. Federal funding for instance often comes with strict eligibility criteria and restrictions, limiting our ability to respond to emergent or unique community needs.

My family was able to benefit from one of the programs implemented by WPPH with state aid funding. WPPH nurses use a special tool to screen certain elementary grades at almost every school in our jurisdiction. Recently, our daughter received a vision screen in 1st grade at her school and she failed the screening which prompted us to visit an eye doctor for an exam. This exam showed us that my daughter's right eye is not working well and so her left eye is being overworked. We had no idea as she wasn't having issues in school and was not showing any signs of having problems seeing. Thankfully, the doctor feels glasses should correct and prevent any long-term issues because we caught it in time. But it wasn't us that caught it, it was the preventative screen she had at school. The screen that we didn't have

to pay for, but which was provided by WPPH with state aid funding. Many don't see public health at work, but without it, we would all notice in one way or another.

Western Plains Public Health appreciates your support and is extremely grateful for state aid funding. We ensure that every dollar of state aid is used responsibly, tracking outcomes to demonstrate its value to the community. Thank you for your time and I can now answer any questions you may have.

Respectfully submitted,

Erin Ourada, MPH, REHS/RS
403 Burlington St SE
Mandan, ND 58554
701-667-3370

Testimony
HB1012
House Appropriations-Human Resources Division
Cavalier County Health District
March 13, 2025

Chairperson Dever and members of the Senate Appropriations Human Resources Division,

My name is Stephanie Welsh. I am the Administrator/Director of Nurses for Cavalier County Health District serving the citizens of Cavalier County including the cities of Langdon, Munich, Osnabrock, Milton, Sarles, Nekoma, Wales, Hannah, and Alsen.

I have worked as a public health nurse for over 17 years. In my time in public health I have come to appreciate how important state aide funding is to meet the local needs of the rural communities I serve.

Public health is in a unique position to recognize and meet the needs specific to the places and people they serve. My agency's funding is a patchwork of grants, billed services, donations and state and local funding. While state aide funding is less than 3% of my agency's budget, the flexibility it provides to support public health efforts is valuable. It is common that the services individuals, communities and entities in my county need and request do not have dedicated funding support. State aid also helps my health unit to address things that communities need as they arise rather than waiting for problems to become large enough or be around long enough that funding support is dedicated to address these public health issues. In addition, state aide allows our health unit to address things that may remain specific to our county and never become a statewide or nationwide need.

State aide is an efficient, effective way to meet the local public health needs of the citizens of North Dakota. While the $8,000,000 being considered as state aide funding is valued and appreciated it reflects a small percentage of funding to local health units. I would urge consideration to increase this amount in $10,000,000 to better serve the unique and specific public health needs of North Dakota citizens for the 2025-2027 biennium.

Testimony

HB 1012

Senate Appropriations-Human Resources Division

March 17, 2025

Chairperson Dever and Members of the Senate Appropriations-Human Resources Division Committee, my name is Allen Anderson and I am the administrator for Walsh County Health District.

I am in support of HB 1012 which includes $8,000,000 state aid to local public health units. However, I would like to encourage consideration to increase this amount to $10,000,000. State aid is one of our only flexible funding sources and fills gaps that other funding can't cover. In 2024 state aid comprised only 6% of our annual revenue. The flexibility of this funding allows us to adapt our programming to our community's needs.

Flexible State Aid funding is crucial in the filling of gaps for the needs of the public. It allows us to keep services running when other funding expires. We have used the funding to fund our adult home visiting program, administration functions, school nursing, and many other programs.

As we work towards reducing chronic disease and improving the health of North Dakotans, I urge you to amend the local state aid funding to help in achieving these goals and pass HB 1012.

to pay for, but which was provided by WPPH with state aid funding. Many don't see public health at work, but without it, we would all notice in one way or another.

Western Plains Public Health appreciates your support and is extremely grateful for state aid funding. We ensure that every dollar of state aid is used responsibly, tracking outcomes to demonstrate its value to the community. Thank you for your time and I can now answer any questions you may have.

Respectfully submitted,

Erin Ourada, MPH, REHS/RS
403 Burlington St SE
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Public Health
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TESTIMONY ON SENATE APPROPRIATIONS – HUMAN RESOURCES DIVISION
Department of Health & Human Services budget - Division of Public Health
March 17, 2025

Chairperson Dever and members of the commitee:

Grand Forks Public Health (GFPH) welcomes local state aid dollars every biennium. GFPH serves Grand Forks County located in Districts 17, 18, 20, 42, and 43. Dedicated local state aid funds with public health priority have diverse uses; here, I'd like to highlight three of those uses.

Connection to NDIIS. Over a decade ago, the healthcare industry moved from paper charting to electronic health records. This advancement has allowed timely care for patients and clients as protected information-sharing supports continuity of care and reduced redundancy. ND Health & Human Services maintains the North Dakota Immunization Information System (NDIIS) which serves ND residents by consolidating vaccine information from multiple providers, generating an official certificate of immunization. Local public health units who provide vaccination use an electronic medical record that connects to NDIIS to ensure up-to-date information as well as generate a billing function to ease efficiencies. Local state aid dollars support the continued subscription fees and maintanance of these electronic health records.

Regional Environmental Health. In addition to serving Grand Forks County, GFPH provides environmental health services to the NE region by conducting response to nuisance complaints and education around on-site sewage treatment systems. This offloads work from ND HHS and ND DEQ as we all are challenged by workforce issues. Continued dedicated funding is important to maintain these efforts in rural parts where this expertise may not be readily available.

Furthering state health priorities. GFPH uses local state aid funding to supplement ND HHS grant work when grant awards have been level funded for years, despite the sharp rise in inflation. Costs and salaries continue to increase and these funds allow the prioritized grant work to continue locally.

Public health does not make progress alone and these funds are vital to the continuity of the critical technological connections and work occurring in communities across North Dakota. Please accept my written testimony on maintaining dedicated local state aid dollars for local public health units.

Respectfully,

Tess Wall, MBA, RN
Director
Grand Forks Public Health

House Bill 1012

Senate Appropriations—Human Resource Division

March 17, 2025

Brenda Stallman, Traill District Health Unit

Hello, Chair Dever and members of the Senate Appropriations—Human Resource Division Committee. My name is Brenda Stallman, and I am the Executive Officer for Traill District Health Unit located in Hillsboro. Traill District Health Unit provides public health services for the communities of Hillsboro, Mayville, Hatton, Clifford, Galesburg, Grandin, Buxton, and Reynolds.

NURSE HOME VISITS. SCHOOL NURSING. TB RESPONSE.

DISEASE PREVENTION. HEALTH EDUCATION.

VACCINATIONS.

STAFF SALARIES & BENEFITS. NUISANCE COMPLAINTS.

Members of the Committee, these are just a few of the responsibilities local public health units have that do not have designated funding for. We all juggle grants that change in scope and availability, but many of the duties we take on, like the previously mentioned items, do not have funding earmarked for them. The programs identified above are all provided for to some extent using state aid funding.

This is why state aid assistance provided by the ND legislature is so imperative. While what was appropriated in past sessions has been very carefully allocated to the needs of our individual units, an additional $2 million was sought in Governor Burgum's budget to cover the increased cost of delivering our services. Because this request is not

currently in the budget, we are asking that the additional $2 million requested be restored for a total of $10 million.

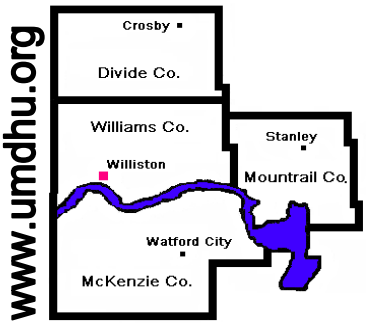
Ten million dollars divided over 28 health units that provide public health services to all 53 North Dakota Counties is a very wise investment. An investment that is necessary to help keep our seniors in their homes, diseases out of our schools, churches, and communities, and our citizens safe and healthy.

At Traill District Health Unit, state aid funds represent 6% of our total budget. We are facing loss of some of our current grant funding, yet the needs of the residents in our communities do not diminish. Instead, as people grow older and family members do not reside close by, our aging population seeks additional services. Our jails are full, and the medical needs of the inmates are complex and costly to manage. All three of the nurses at our agency, me included, have been working at TDHU for 30 plus years. Staff turnover is costly and will be substantial moving forward. Hiring professionals in public health and rural communities is difficult and costly.

I hope you agree that public health is a needed investment to keep our communities strong. We work closely and successfully with our community partners to be as efficient as possible. Thank you for your consideration of adding $2 million to state aid to local public health units.

Please reach out to me any time if you have questions. Thank you for the opportunity to provide this testimony.

#41661



Upper Missouri District Health Unit

"Your Public Health Professionals"

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Testimony
House Bill 1012
Senate Appropriations—Human Resources Division
March 17, 2025

Good morning, Chairman Dever and members of the committee. I am Javayne Oyloe, Executive Officer of Upper Missouri District Health Unit (UMDHU). I have worked in public health for nearly 29 years. UMDHU provides local public health services to Divide, McKenzie, Mountrail and Williams Counties.

I am in support of the mission of the Public Health Division and the funding needed. Local public health made a request through the DHHS budget that was presented to Governor Burgum for an additional $2 million in state aid which would bring the total to $10 million. Although the additional funding wasn't in the governor's budget, state aid is needed to meet the local needs in our communities. State aid makes up 10% of the UMDHU budget for about $335,000 per year. Mill levy funds about 1/3 of the UMDHU budget.

Each community has a few stories where local public health provided a safety net for local needs. For instance, when oil activity ramped up in our area UMDHU approved 1100 septic permits up from around 40 per year. Recently there was an active TB case where a group of our nurses and emergency response employees and a couple state employees helped to screen a couple hundred people in the community.

With a younger average age and the addition of new cultures in NWND Upper Missouri has adapted to meet the needs. We assist people who speak other languages with the use of interpreters, update records from other countries and assist schools often without reimbursement for these tasks. Our telehealth line has increased from $500 to $3000 in 2024 and has already billed out $1500 for January and February 2025.

Local public health works with many partners to address community needs and helps to diminish healthcare costs by assisting with Medicaid and Medicare clients, the uninsured, provide outreach and after-hours clinics and meet people where they're at. There are times when we are the only provider people see. We help connect people to services and programs. We also help to allow the elderly to stay in their homes. UMDHU works very closely with partners from the Mandan, Hidatsa, and Arikara Tribes. The Public Health Division depends on us to be engaged with our communities every day with programs like WIC, disease prevention, septic systems, reproductive health, child passenger safety, emergency preparedness and tobacco and substance misuse prevention.

Local public health appreciates your support that helps us to maintain our role as a community safety net.

TESTIMONY IN SUPPORT OF HB 1012

Megan L. Schneider, EdD, RRT, TTS
President, Bismarck Tobacco Free Coalition
Bismarck, ND
701-220-5414
mleighsrrt@gmail.com

Chairman Dever and members of the Senate Appropriations Human Resource Division Committee,

My name is Megan Schneider, and I currently serve as the President of the Bismarck Tobacco-Free Coalition. Additionally, I am a respiratory therapist, educator, and Tobacco Treatment Specialist with nearly a decade of experience in the field of respiratory care.

I am submitting this written testimony to express strong support for restoring the line-item allocation of $6,250,000 for "Tobacco Prevention and Control Grants to Local Public Health Units" in HB 1012. This funding is essential to ensuring that tobacco settlement dollars are used effectively to improve public health through the implementation of evidence-based tobacco prevention and cessation programs at the local level.

In the first version of HB 1012, the $6,250,000 allocated specifically for these grants was removed from the budget. The total allocation for tobacco prevention programs (lines 24-27) was originally set at $12,093,000. In the current version of HB 1012, the funding has been consolidated under "Tobacco and Vaping Programs" with a total of $11,599,698, which includes Tobacco Cessation Grants, Youth Vaping Prevention Grants, and Tobacco Prevention and Control initiatives. This represents an overall reduction of $493,302.

The Community Health Trust Fund receives the Tobacco Settlement payments, which are intended to support CDC Best Practices to enhance public health and reduce the harmful effects of tobacco use in our communities. The elimination of the specific line item for local public health unit grants places these essential funds at risk of being diverted away from their intended purpose and could lead to significant gaps in community-based tobacco prevention services.

CDC Best Practices outline three key goals for effective tobacco prevention and control:

1. **Assisting individuals with quitting tobacco use:** This includes providing one-on-one counseling from Mayo Clinic Certified Tobacco Treatment Specialists and promoting evidence-based quitting resources.
2. **Preventing the initiation of tobacco use among youth and young adults:** This is achieved through school and community presentations, media education campaigns, and youth engagement initiatives.
3. **Eliminating exposure to secondhand smoke:** Local public health units work on policy initiatives such as tobacco-free schools and college campuses, as well as assisting multi-unit housing property owners in adopting smoke-free policies.

Without dedicated funding for local public health unit grants, there is no guarantee that these critical services will be available at the community level, where they have the greatest impact. Local public health units are uniquely positioned to address the specific needs of their populations, and their ability to implement CDC Best Practices should not be compromised by funding reductions.

For these reasons, I strongly support HB 1012 with the restoration of the "Tobacco Prevention and Control Grants to Local Public Health Units" line item at $6,250,000. This investment ensures that tobacco settlement dollars are used as intended—to fund programs that effectively reduce tobacco and nicotine use, protect public health, and improve the well-being of North Dakota residents.

I appreciate your consideration and urge you to reinstate this critical funding. Thank you for your time and commitment to protecting public health in North Dakota.

#41809

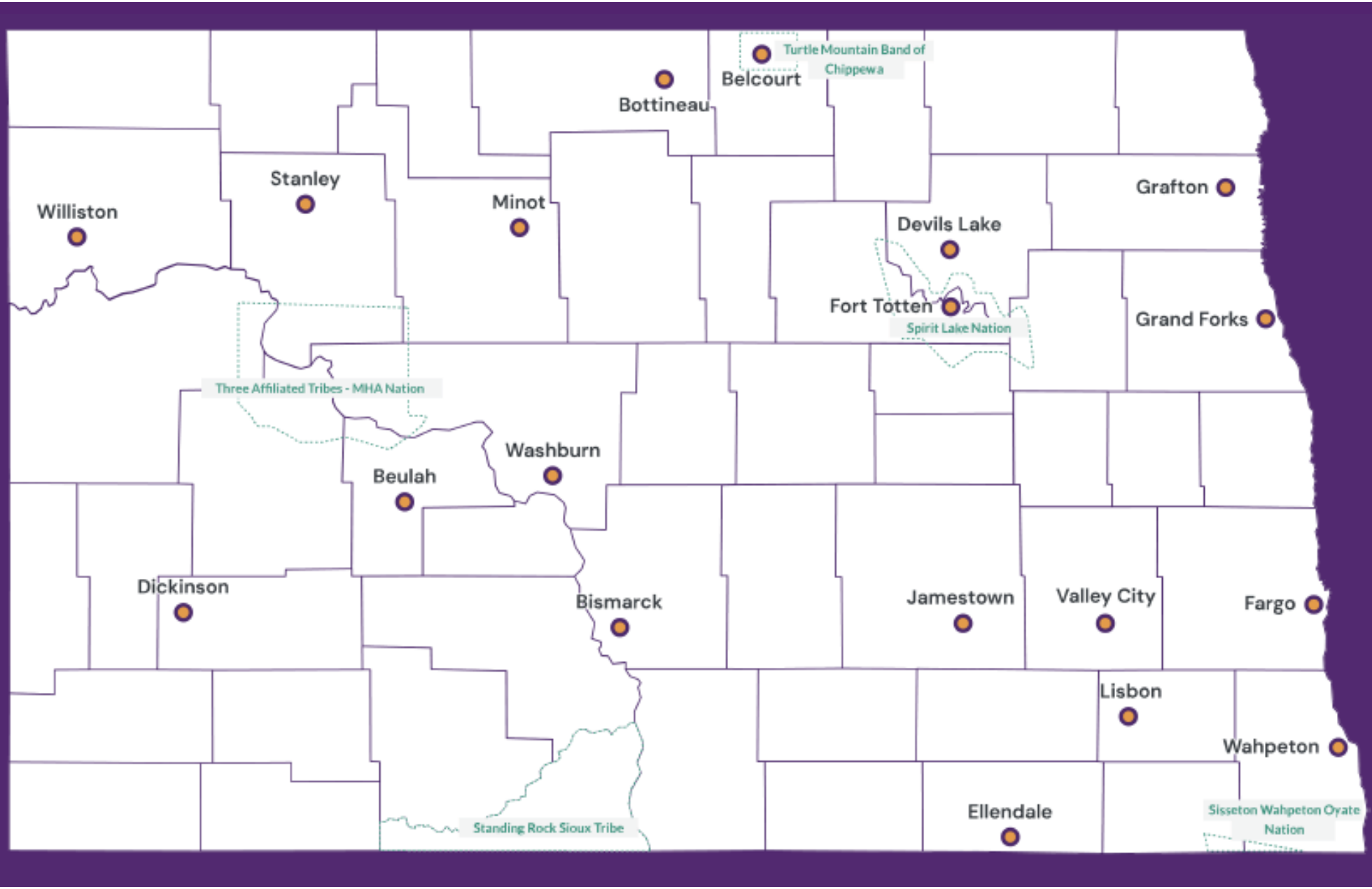
North Dakota Domestic & Sexual Violence Coalition

Senate Appropriations Committee Human Resources Division

March 17, 2025

Presented by: Seth O'Neill, JD, MSW,
Executive Director, North Dakota Domestic & Sexual Violence Coalition
Coiya Tompkins Inman, MBA, CFRE,
President/CEO, Community Violence Intervention Center
nddsvc.org




Turtle Mountain Band of Chippewa
Belcourt
Bottineau
Stanley
Williston
Minot
Grafton
Devils Lake
Fort Totten
Spirit Lake Nation
Grand Forks
Three Affiliated Tribes - MHA Nation
Washburn
Beulah
Dickinson
Bismarck
Jamestown
Valley City
Fargo
Lisbon
Wahpeton
Ellendale
Standing Rock Sioux Tribe
Sisseton Wahpeton Oyate Nation

NDDSVC

Member Program Overview

Serve	• More than 7,400 survivors of domestic violence/sexual assault
Educate	• More than 49,000 community members and professionals annually
Employ	• More than 330 employees
Provide	• Safety, healing, and education to all 53 counties and 3 tribal nations.
Represent	• More than 700 years of service (urban and rural communities)

NDDSVC

Domestic Violence Statistics (2023)

6,131 new victims

6,131 new victims* of domestic violence were served by 19 domestic violence advocacy centers across North Dakota.

**new = unduplicated for calendar year*



105

105 women were pregnant at the time they were assaulted.



4,205

At least 4,205 children were directly impacted by these incidents.

NDDSVC

Sexual Assault Statistics (2023)

1,288 primary victims

1,288 primary victims* and 221 secondary victims were served by 19 sexual assault advocacy centers across North Dakota.



242

At least 242 of primary victims were under the age of 18 years old at the time of the assault(s).



20,274

At least 20,274 services were provided to primary victims by advocacy center advocates from January to December 2023.

Statistics represent new victims served in 2023. New = unduplicated for calendar year. Primary victims refers to the victim/survivor whom the sexual assault and/or child sexual abuse was directed at. Secondary victims refers to those who are indirectly affected by the sexual assault—i.e., children, siblings, spouses or intimate partners, grandparents, other affected relatives, friends, neighbors, etc.

NDDSVC

Domestic & Sexual Violence-Related Deaths & Lethality Risks

FARGO

Murder suspect called police, admitted to killing girlfriend in Fargo apartment, court docs say

A review of previous incidents involving the suspect, Randall Duffy, and the victim, Jody Campbell, shows the two had a long history of domestic disputes, dating back to 2018.

Jun 10 · *By Tasha Carvell*

North Dakota Attorney General Drew Wrigley says crime is steadily increasing in the state

Wrigley cited a lack of respect for law enforcement as a factor in the reported crime hike

6d ago · *By Michael McGurran*

Man accused of shooting at Grand Forks SWAT team tells judge: 'I respect law enforcement'

Police say 30-year-old Jeffrey Simpson got into a 15-second gunfight on Friday, March 22, as they tried to arrest him on domestic assault charges.

Mar 25 · *By Matt Henson*

Bismarck man sentenced to prison after pleading guilty to assaulting woman

BRAD NYGAARD | Jun 25, 2024

Grand Forks man requests change of venue in criminal case alleging he abused wife

Court documents filed by the defense argue that media attention, particularly following the alleged victim's death, has created an unjust environment for Joshua Temple to face prosecution in.

Jun 17 · *By Sav Kelly*

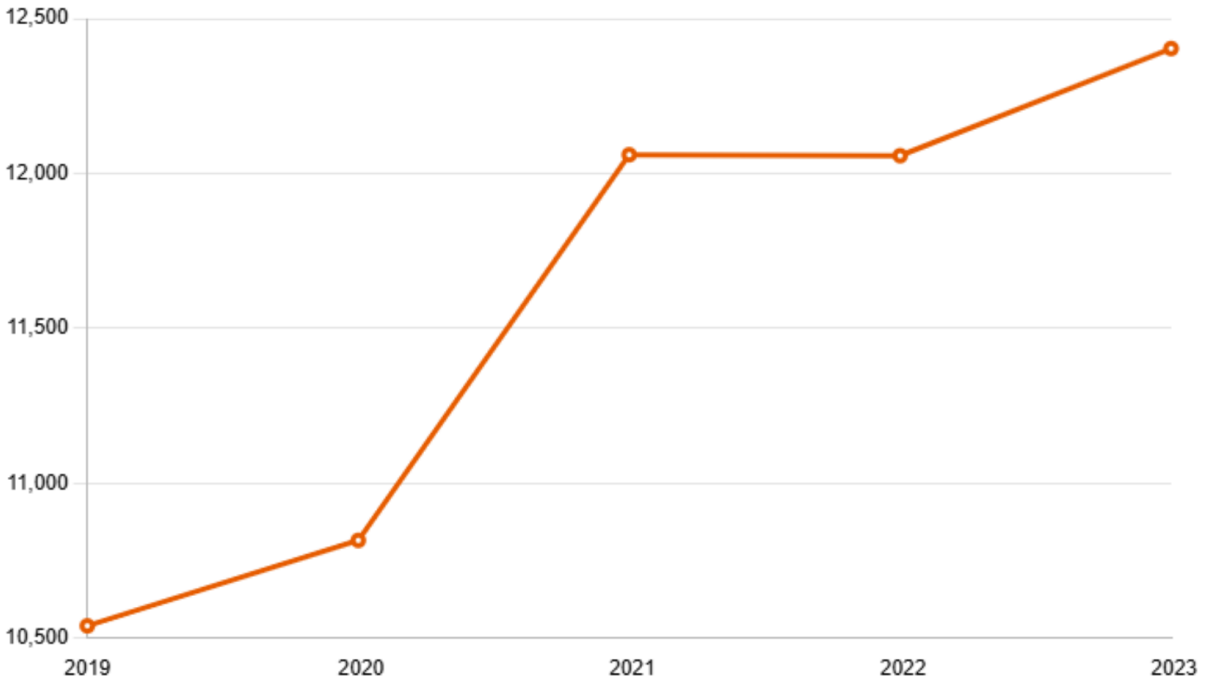
Standoff in Wahpeton leads to arrest following alleged domestic assault

Officers responded when Nathan Vancleave Deemer III, 20, allegedly assaulted his 14-year-old sister and then pointed a gun at her.

May 31 · *By Forum staff*

NDDSVC

Crimes Against Persons Total Offenses (2019-2023)



Data retrieved from *Crime in North Dakota, 2023* report from the Office of Attorney General, Bureau of Criminal Investigation

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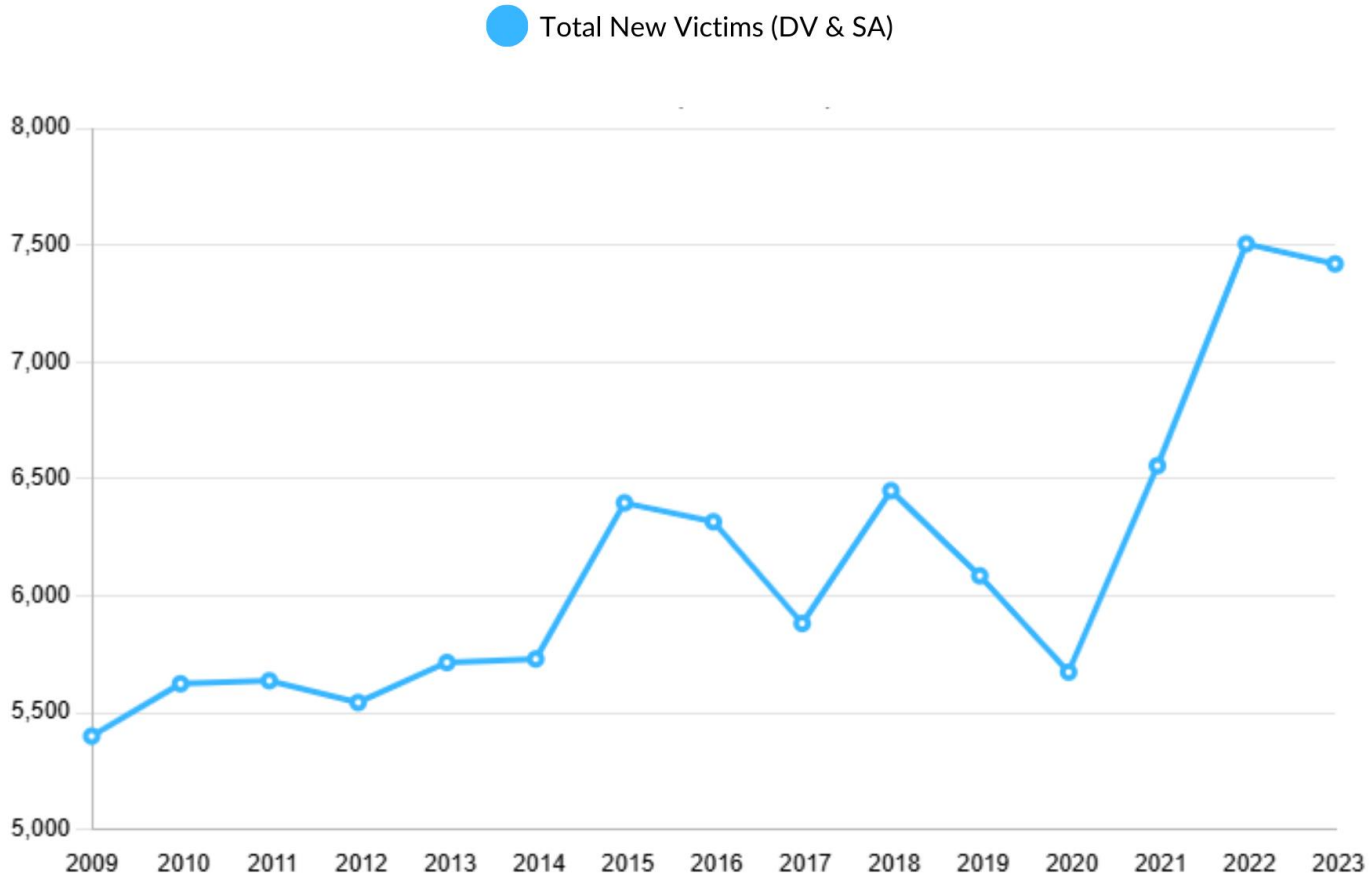
Domestic Violence Homicides, 2004-2023

Year	Domestic	Non-Domestic	No Assailant Identified	Homicide Total
2004	6	4		10
2005	6	7	1	14
2006	4	4	1	9
2007	7	10		17
2008		4		4
2009	12	3		15
2010	6	6		12
2011	7	7	1	15
2012	6	13		19
2013	7	7		14
2014	6	12	1	19
2015	9	11	2	22
2016	2	14		16
2017	4	9		13
2018	12	5		17
2019	10	16		26
2020	15	14	3	32
2021	3	13	1	17
2022	11	17	3	31
2023	5	19		24
Total 2004-2023	**138**	**195**	**13**	**346**

See Homicide in North Dakota, 2023.

NDDSVC

Victims Served (2009-2023)



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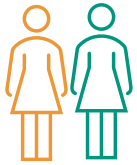
Interpersonal Violence in North Dakota

41% of women



26% of men



Impacted by domestic or sexual violence in their lifetime

[National Intimate Partner and Sexual Violence Survey, 2024.]

Population of North Dakota:

779,261

North Dakotans Impacted by domestic or sexual violence in their lifetime:

259,558

[U.S. Census Bureau, American Community Survey, 2022.]

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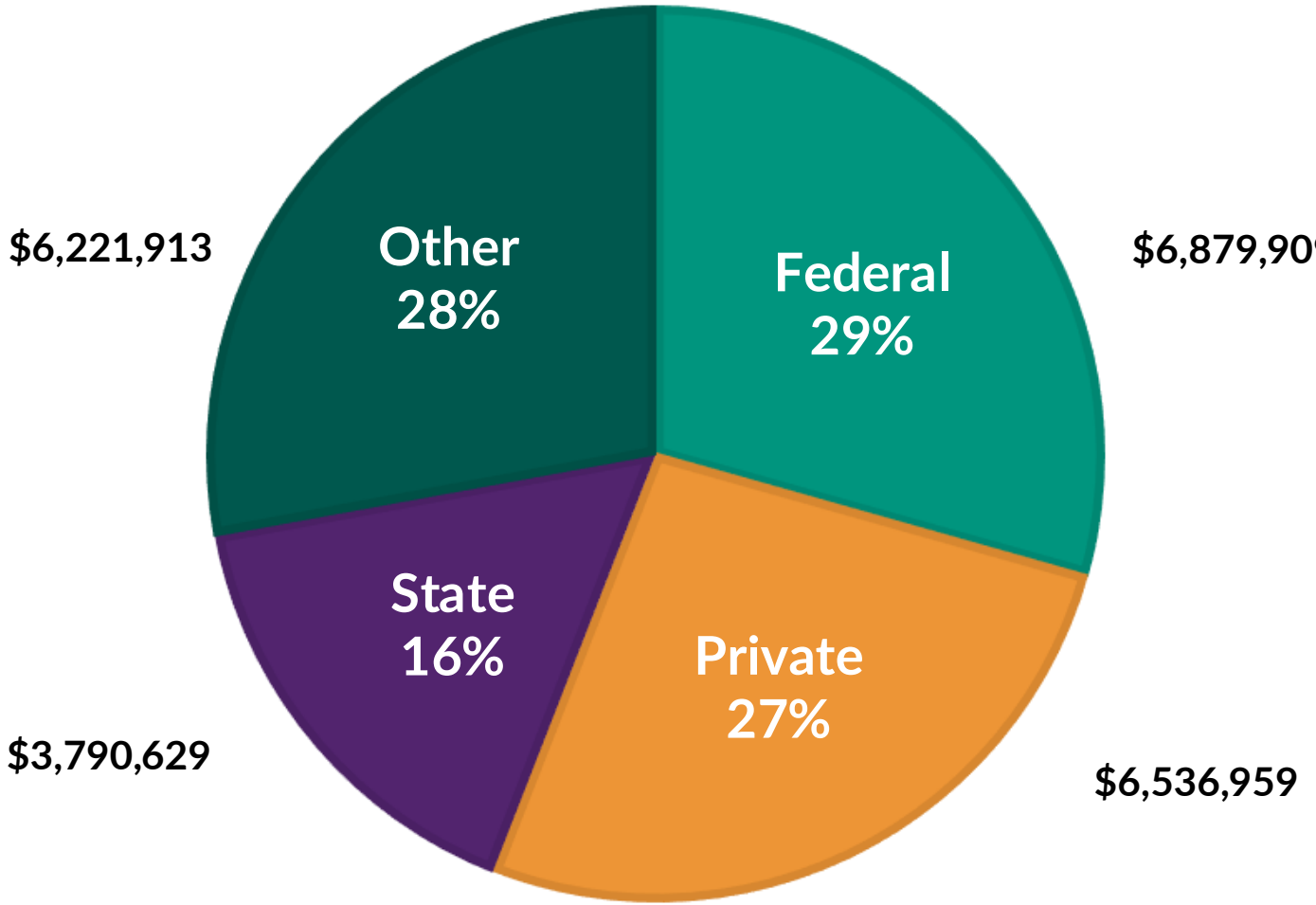
19 Member Programs
Annual Funding Sources



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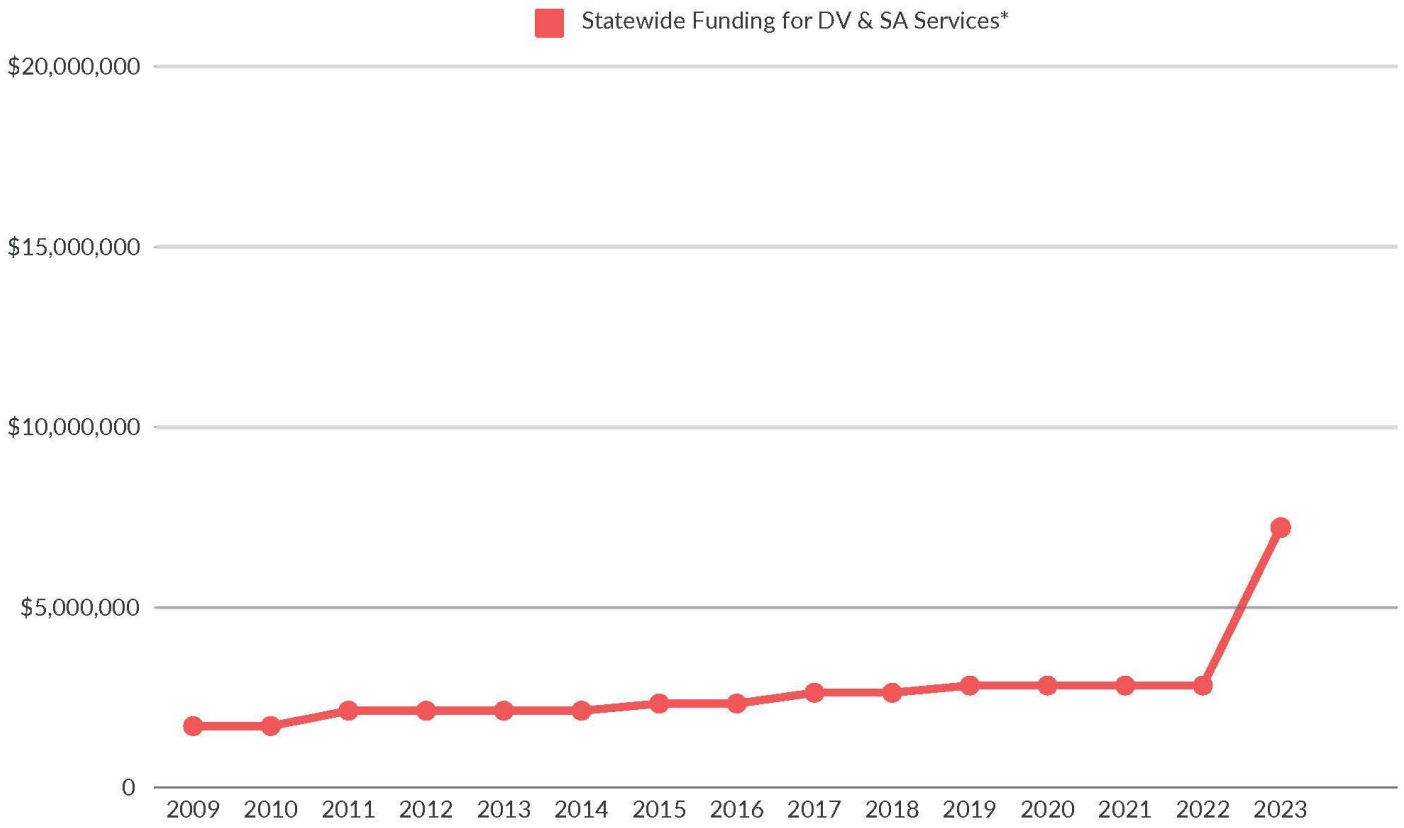
Statewide Funding for DV & SA Services (2009-2023)



*There is also an estimated additional $340,000 distributed from the marriage license fees. This amount changes based on what is collected.

NDDSVC

2023 Funding Increase Impacts:

competitive wages, health insurance, additional staff to serve

"We were understaffed by 5 advocates at one point last spring and we weren't receiving ANY applications much less qualified applicants. Once we increased the wages, it was easier to hire and we have been fully staffed since then. It definitely helped retain the advocates we had as well." – AARC, Bismarck

"The increase in funding allowed us to hire a prevention specialist that is based in a school and they have a class called
'Empower Hour.' This is a class that focuses on healthy behaviors and helps social emotional learning using evidenced based curriculum...The class has been so well received and our staff member was even chosen 'teacher of the month' voted on by students." – ARN, Lisbon

"We were able to fill positions, after being understaffed by 25% for a year by making salaries more competitive. We were able to enhance our benefits package to include short term disability as well as retain our RST programming for our direct services team to address issues of vicarious trauma. This truly prevented potential closure of programming for victims due to lack of staffing and funding." – DVCC, Minot

NDDSVC

Average Starting Salary for DV/SA Advocate

$20.85

Based on a survey of 14 member programs, January 2025.

NDDSVC

2025 HHS Funding Request

Program Category	Description of Service	2023-2025 Biennium Request	2023 – 2025 Biennium Appropriation	2025-2027 Biennium Request	2025-2027 Executive Budget Recommendation	2025-2027 House Version
Domestic Violence & Sexual Assault	Crisis response, advocacy	$10,000,000	$5,936,285	$10,820,160	$8,186,285	$9,886,285
Safe Haven	Supervised visitation and exchange	2,200,000	425,000	2,380,435	425,000	865,000
Sexual Violence Prevention	Bystander intervention program	4,000,000	200,000	4,328,064	200,000	200,000
Domestic Violence Intervention Programming	Intervention for domestic violence offenders	1,425,000	1,000,000	1,568,923	1,000,000	1,000,000
		$17,625,000	**$7,561,285**	**$19,097,582**	**$9,811,285**	**$11,951,285**

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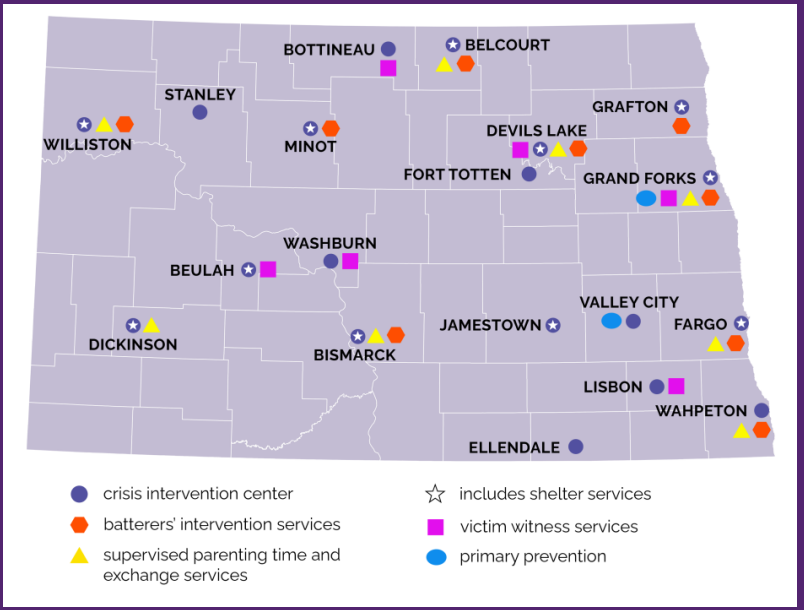
Domestic Violence General Funds

Provides essential services including:

- 24-hour crisis intervention,
- counseling,
- accountability and education for offenders,
- sexual assault response & advocacy,
- prevention & outreach, and
- shelter and transitional housing.



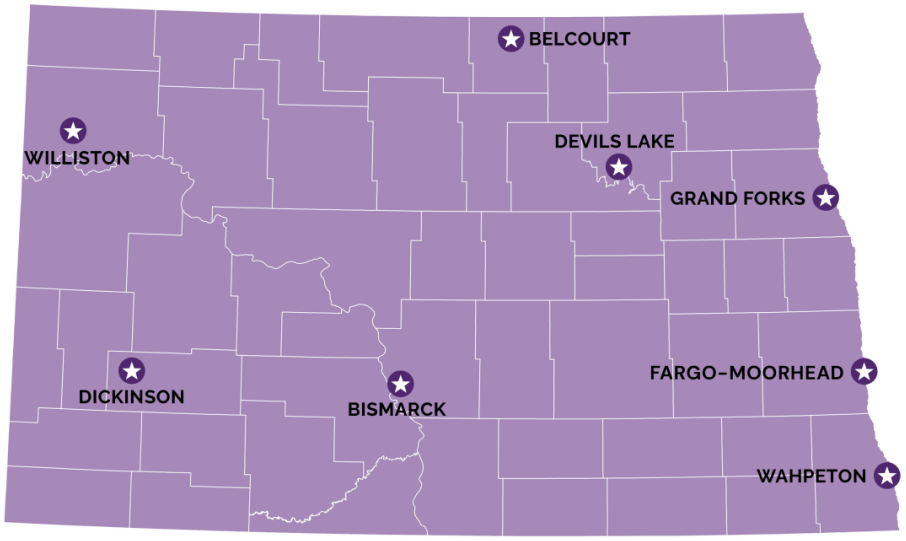
Current Appropriation: $5,936,285
Initial Request: $10,820,160
House Version: $9,886,285

NDDSVC

Safe Haven Funds
Supervised Parenting Time & Exchanges

The Safe Havens funds provide supervised parenting time and exchanges for families. These programs provide a safe place for children and families to maintain a relationship while addressing underlying concerns.

The appropriation amount has not increased since at least the 2013-2015 biennium. In communities without this service, a child may be left unsupervised with a violent parent or a domestic violence victim may have to contact their abuser for child exchanges exposing them to violence and increased lethality risk.



Current Appropriation: $425,000
Initial Request: $2,380,435
House Version: $865,000

North Dakota Century code: 14-09-29.
Parental rights and responsibilities - Best interests and welfare of child.

NDDSVC

Safe Haven Funds
Supervised Parenting Time & Exchanges

	Williston	Dickinson	Bismarck	Grand Forks	Wahpeton	Fargo	Devils Lake	Turtle Mtn	Total
Hours of services	1,500.25	930.5	1,405.25	2,174.50	611	1,928.75	68.25	496	**9,114.50**
Families Served	53	67	56	85	28	136	6		**431**
Children Served	98	67	82	165	45	221	11		**689**
DV Cases	30	40	42	74	19	53	2		**255**
FT Staff	2	2	1	2	1	2	0		**10**
PT Staff	3	0	4	6	4	9	2		**28**

NDDSVC

Sexual Violence Prevention Funds

Sexual violence prevention is severely underfunded at the state level.

Increasing the funding for sexual violence prevention would improve the health and safety of North Dakota.

Help us transition from serving nearly 7,400 primary victims to creating a ND with thriving, healthy relationships.

Department of Health and Human Services
Current Appropriation: $200,000
Initial Request: $4,328,064
House Version: $200,000

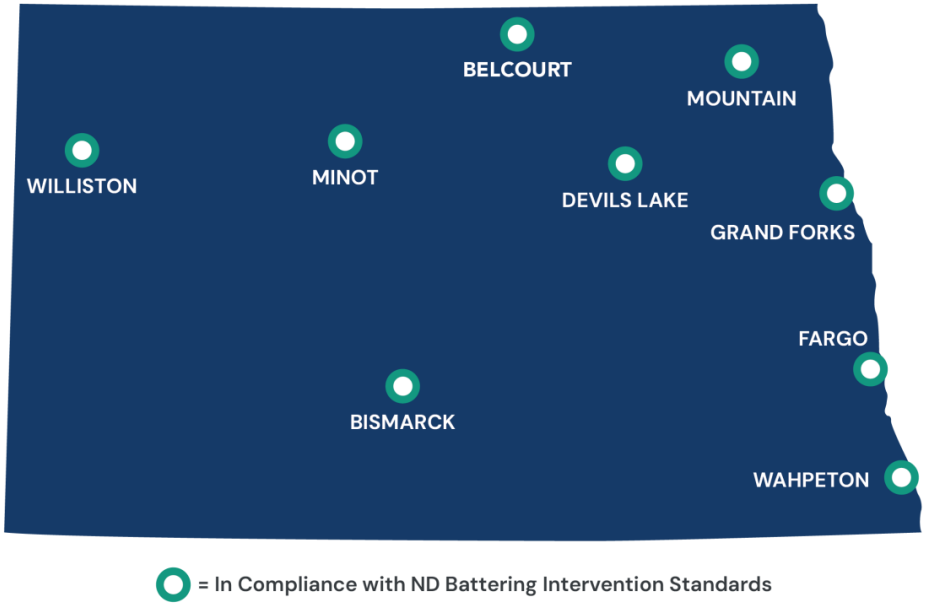
NDDSVC

Domestic Violence Intervention Funds

Domestic violence intervention programs received an increase during the current biennium.

703 participants (35% increase) were served by ten programs during the first half of the biennium.

Increased funds made it possible to start a tribal program in Belcourt.



Current Appropriation: $1,000,000
Initial Request: $1,568,923
House Version: $1,000,000

North Dakota Century Code: 12.1-17-13.
Mandated intervention program for domestic violence offenders.

Thank You!

North Dakota Domestic & Sexual Violence Coalition

Please reach out if you're looking for more information.

Seth O'Neill, Executive Director

Email soneill@nddsvc.org

Phone 701.255.6240 ext. 1016

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Neutral Testimony of HB 1012

Chelsea Ridge
North Dakota Public Health Association
Alcohol, Tobacco and Other Drugs Section, Chair
Williston, ND

Chairman Dever and members of the Senate Appropriations Human Resources Division,

My name is Chelsea Ridge, and I am the chair of the North Dakota Public Health Association (NDPHA) Alcohol, Tobacco, and Other Drugs Section. Our vision is a North Dakota where every person can live their healthiest life. I am here to provide neutral testimony to House Bill 1012, relating to the Department of Health and Human Services Budget, in hopes of restoring line item, "Tobacco Prevention and control grants to local public health units" for $6,250,000 to ensure the funding will be designated to local public health units who work directly with our communities affected by tobacco and vaping health challenges.

North Dakota's public health system consists of 28 decentralized local public health units working in partnership with North Dakota Health and Human Services (DHHS). We collaborate closely with local governments and political subdivisions across our state to enhance and safeguard the health and safety of our citizens. In a combined effort to implement effective solutions for our local communities.

Since 1998, North Dakota has received substantial annual payments from tobacco companies. Between 2006-2015, the state received approximately $305.4 million, with annual payments ranging from $30.7 million to $53.1 million.[i] In 2018, North Dakota received a payment of $34 million.[ii] These funds have been allocated in various ways over the years. From 1999-2017, settlement payments were distributed 45% to the Community Health Trust Fund, 45% to the Common Schools Trust Fund and 10% to the Water Development Fund. Since 2018, 100% of Master Settlement Agreement funds coming into North Dakota are distributed into the Community Health Trust Fund. NDCC 54-27-25, the Tobacco settlement trust fund states, "Moneys in the fund may be appropriated for community-based public health programs and other public health programs, including programs with emphasis on prevention or reducing tobacco usage in this state."[iii]

North Dakota's payments from the Master Settlement Agreement will continue indefinitely if tobacco sales by the participating manufactures persist. These payments will never expire but are subject to adjustments based on factors like inflation, tobacco sales volume and legal disputes.

In September 2022, North Dakota participated in a $438.5 million dollar settlement with JUUL Labs, in which North Dakota will receive approximately $6 million dollars over 6-10years. JUUL was found guilty of deceptive marking practices of addictive nicotine products to appeal to youth. In 2023, ND Legislature in HB 1004, 80% of the JUUL Settlement funds were transferred from the Attorney General's Budget into the Community Health Trust.

North Dakota has made significant progress in reducing tobacco and nicotine use, particularly among youth and young adults. This success is largely due to dedicated funding from sources such as the Tobacco Settlement and JUUL Settlement, which have allowed for comprehensive prevention and cessation programs.

Restoring this critical funding will empower local public health units with the necessary resources to continue our vital work. With adequate support, communities can implement education initiatives, prevention strategies, and policies that reduce tobacco use, ultimately saving lives and fostering healthier communities. Investing in these efforts not only protects public health but also reduces long-term healthcare costs associated with tobacco-related illnesses. By continuing to support local programs, we can ensure that North Dakota remains a leader in tobacco prevention and sustains the progress we have worked so hard to achieve.

Now is the time to reaffirm our commitment to protecting our youth and strengthening public health. Restoring funding for tobacco prevention is an investment in our future—one that will pay dividends for generations to come. On behalf of the members of the North Dakota Public Health Association we kindly request the appropriation of funds of $6,250,000 be distributed in a line-item grant to local public health units specifically for youth tobacco prevention and treatment.

Thank you for your time and consideration

Sincerely,

Chelsea Ridge
North Dakota Public Health Association
Alcohol, Tobacco and Other Drugs Section, Chair
chelsearidge113@gmail.com

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[i] Campaign for Tobacco-Free Kids, Actual Annual Tobacco Settlement Payments Received by States, 1998-2024; https://assets.tobaccofreekids.org/factsheets/0365.pdf Accessed on March 13, 2025.

[ii] The Dickinson Press; "North Dakota to Receive $34 million in tobacco settlement." By Sydney Mook, March 13, 2028. https://www.thedickinsonpress.com/news/north-dakota-to-receive-34-million-in-tobacco-settlement Accessed on March 13, 2025.

[iii] North Dakota Century Code, Chapter 54-27 Fiscal Administration; 54-27-25-Tobacco settlement trust fund. https://ndlegis.gov/cencode/t54c27.pdf Accessed on March 13, 2025.

2025 HB 1012

Senate Appropriations – Human Resources Division

Senator Dick Dever, Chairman

March 17, 2025

Chairman Dever and esteemed Committee Members, my name is Mike Delfs, and I serve as the Chief Executive Officer of Jamestown Regional Medical Center. Thank you for the opportunity to speak today about the exceptional work hospitals in North Dakota are doing to improve quality, control costs, and provide outstanding care to our citizens.

Thanks in large part to the funding provided by the legislature, our hospitals and healthcare providers consistently deliver exceptional value. In preparing for this testimony, I compared cost and quality data from the Kaiser Family Foundation with the Bailit Health study for the North Dakota Legislative Healthcare Task Force. The results were identical for both cost and quality lending validity to the work by healthcare providers across the state. Both illustrate a vitally important factor affecting cost is our state's smaller population combined with a larger geographic spread. This is true among all of the least populous states in the U.S. Among the ten states with the lowest population, North Dakota ranks as the fourth least populous. More notably, within this comparison group, we rank as the third least costly and the fourth best in quality. In short, North Dakota is achieving some of the best value—high quality care at very low cost—among states with similar population challenges.

This success is no accident. North Dakota healthcare providers are focused on key performance indicators, including:

- Readmission rates
- Preventative care measures (such as mammograms, cervical screenings, and immunizations)
- Management of chronic conditions like diabetes and hypertension
- Fall risk assessments

More specifically, rural and independent hospitals are further strengthening these efforts through collaboration. For example, the Rough Rider High Value Network enables more than 20 hospitals to work together on quality initiatives, standardizing care and outcomes for all North Dakota citizens.

In addition to these quality initiatives, our hospitals are committed to controlling costs. Many of our programs—both quantitative and qualitative—directly lower healthcare costs by keeping our patients healthier. The results of the HCAHPS (Hospital Consumer Assessment of Healthcare Providers) survey mandated by the Centers for Medicare & Medicaid Services further underscores our success. North Dakota hospitals consistently score above national averages in:

- Communication with Nurses
- Communication with Doctors
- Responsiveness of Hospital Staff
- Communication About Medicines
- Cleanliness of the Hospital Environment
- Quietness of the Hospital
- Discharge Information
- Care Transition
- Willingness to Recommend the Hospital

These performance measures confirm that patients are well cared for and are being prepared for a successful transition from inpatient care. By improving patient management through enhanced access, wellness initiatives, and seamless transitions between healthcare settings, hospitals across North Dakota are actively reducing readmissions and preventing the worsening of medical conditions.

Access to specialty care is also a top priority. Rural and independent hospitals, much like larger systems, are dedicated to ensuring that patients can receive specialty services close to home. Jamestown Regional Medical Center is a prime example. By partnering with Sanford Health, Essentia Health, and the VA and independent medical providers, JRMC provides a wide range of services, including:

- Orthopedic Surgery
- Urology
- Otolaryngology
- Podiatric Foot and Ankle Surgery
- Obstetrics & Gynecology
- Anesthetized Pediatric Dentistry

- Ophthalmology
- Advanced Hyperbaric Wound Care
- Oncology
- Rehabilitation Services
- Home Care & Hospice
- Inpatient care along with advanced imaging, laboratory and cardiopulmonary studies

Our approach of combining partnerships, collaboration, and independence increases access to quality healthcare services throughout our region. State funding plays a critical role in elevating care and ensuring that patients in rural areas receive the specialty services they need close to home.

I am also grateful for the legislature's work on enhancing the healthcare workforce. Initiatives such as the Nurse Licensure Compact and the Advanced Practice Registered Nurse (APRN) Compact are instrumental in strengthening our provider base and ensuring that quality medical care remains accessible in North Dakota.

In closing, North Dakota hospitals are delivering tremendous value to our state. We appreciate the continued support of this committee and the legislature, which makes our work possible.

Chairman Dever and esteemed Committee Members, I welcome any questions you may have.

Thank you.

Testimony on Solutions for Financial Challenges in Basic Care
Senate Appropriations-Human Resources Division
March 17, 2025
HB 1012

Chairman Dever and members of the Committee. My name is Nikki Wegner, President of the North Dakota Long Term Care Association. We represent 53 of the 66 basic care facilities in North Dakota. Thank you for the opportunity to testify in support of engrossed HB 1012 and specifically with the House approved amendment related to basic care providers. I will also be proposing a couple of additional solutions to address the financial challenges faced by these providers.

Basic care facilities are congregate residential settings providing 24-hour staffing. They are a critical component of the long term care continuum supporting older adults and individuals with disabilities by providing a cost-effective alternative to nursing facility care for those who require some support but not intensive medical oversight. There are **2,097** licensed beds with an average occupancy of **72%**. **Seventy-four percent** of the people who call basic care home, are using **Medicaid** as the payor source. For many of these individuals, they have chosen to live in these communal settings for the safety net it offers, for the social opportunities, and for the sense of community.

Top Reasons for Admission:

1. **Needs Assistance with Instrumental Activities of Daily Living**: Tasks such as managing finances, housekeeping, and daily nutritious meals.
2. **Needs assistance with Activities of Daily Living:** Personal care to maintain hygiene and routine activities like bathing, dressing, and medication management.
3. **Need for Supervision:** Ensuring safety and providing oversight for individuals with cognitive or physical limitations.

The age of basic care residents ranges from 27 to 104 years, with an average age of 79. Women make up 50% of basic care residents, compared to 64% in nursing facilities. Additionally, 60% of residents experience some level of cognitive impairment, and 30% have a mental health diagnosis.

Persistent financial shortfalls threaten the sustainability of these essential services. In 2024, basic care facilities received an average rate of **$164.76** per resident per day, while the average cost of care was **$247.89**, creating a significant shortfall of **$83.13** per resident daily.

Basic Care Average Costs and State Reimbursement Rates

$	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
Average Cost	$121.64	$130.52	$124.52	$133.92	$149.25	$167.29	$247.89
Average Rate	$117.13	$123.80	$122.83	$129.12	$137.56	$161.25	$164.76
Difference	-$4.51	-$6.72	-$1.69	-$4.80	-$8.69	-$6.04	-$83.13

These ongoing losses, compounded over the past seven years, are placing an unsustainable strain on providers. Without adequate funding adjustments, facilities will face increasing challenges in continuing to serve residents who rely on the program. Investing in this program is not just necessary, it is critical to ensure the long-term viability of basic care in North Dakota.

Our consultant with Eide Bailly, Brad DeJong will go deeper into the cost report data in just a moment.

Today, I will outline three critical solutions to stabilize and strengthen the basic care system, however first I will give you some background.

Background

In the 2023 session you approved $600,000 for a study of the basic care payment system. We were counting on that study to bring forward recommendations for addressing the payment shortfalls and implementing vital improvements. As shared with many of you during the interim, the study failed to address the payment deficiencies or provide solutions. So, we are coming back to you again to request interim relief for basic care providers who provide care to over 1,000 North Dakotans can continue. The study was intended to address:

- How property would be reimbursed.
- The process of establishing annual inflationary adjustments.
- Determine how the sustainable margin should be calculated.

Our solutions below begin to address these issues. Much work still needs to continue so we'd further recommend you add language to HB 1012, directing the department to work with basic care providers and the association to bring forth payment solutions and study the HCBS delivery system for basic care.

2025 Payment requests:

1. Improve Annual Inflators

Provide a 4% inflationary adjustment on July 1, 2025, rates and 3% inflationary adjustment on July 1, 2026

Rationale: Inflationary adjustments of 1.5% provided in the Armstrong Budget is inadequate for addressing chronic labor shortages, low wages, and the cost of food and medical supplies. The House improved it to 2%, which we appreciate, but it is still under the cost of care.

2. Continue the $5/Day Add-On for Basic Care
Continue the five dollars per day for the period beginning July 1, 2025, and ending June 30, 2027.

Rationale: Until a comprehensive property component system, such as a fair rental value system, can be implemented, the $5/day add-on remains essential. This temporary measure provides some relief for providers who are chronically underfunded.

3. Expand the 3% Margin Across All Rate Components
Beginning July 1, 2025, provide a sustainable margin of three percent based on all the rate components except property.

Rationale:
Currently, the 3% margin is not applied across all rate components, leaving critical cost areas, such as food, utilities, and other operational needs, not allowed in the calculation. The average margin is $1.90, leaving minimal revenue to address critical needs such as wage increases, enhanced activity programming, and expanded food options to meet residents' preferences. Expanding the margin to cover these other components is vital.

We recognize that North Dakota Department of Health and Human Services may need to request a Medicaid State Plan Amendment from the Centers for Medicare and Medicaid Services, potentially putting federal funds for basic care at risk. To mitigate this concern, we propose using state general funds to implement the expanded margin, ensuring continued compliance with federal guidelines while supporting our providers.

Conclusion
Together, these three features contained in the amendment represent a pragmatic and necessary approach to addressing the financial challenges faced by basic care providers. By aligning reimbursement rates with actual costs and expanding the margin we can ensure the long-term viability of basic care services in North Dakota.

I urge this committee to prioritize these solutions to safeguard access to quality care for residents who need a little assistance in a cost-effective environment.

I recognize the committee's challenging task of deciding how to balance funding between residential care and community-based services. However, residential care remains an indispensable part of our healthcare system and will always be needed, especially as North Dakota's aging population continues to grow faster than our available workforce can support. The system is not yet prepared for a full shift to a community-based model. The infrastructure to support such a transition simply isn't in place, and as experts like Sarah Aker and Nancy Nikolas-Maier have emphasized, we are still in the study phase, with only preliminary conversations underway about moving basic care to a home and community-based approach. Rushing this process could jeopardize the well-being of vulnerable North Dakotans who depend on these services. We need more time to collaborate with the Department of Health and Human Services and stakeholders, plan carefully, and implement a thoughtful, safe, and effective strategy that ensures quality care continues uninterrupted. I respectfully urge the committee to prioritize the solutions I have outlined today, ensuring stability now while we build a sustainable, long-term solution that serves all North Dakotans well.

Thank you for your time and consideration. I am happy to answer any questions you may have. Then I would like to introduce you to Brad DeJong, a consultant from Eide Bailly who will dig into basic care costs to help you make an informed decision about the provider inflator.

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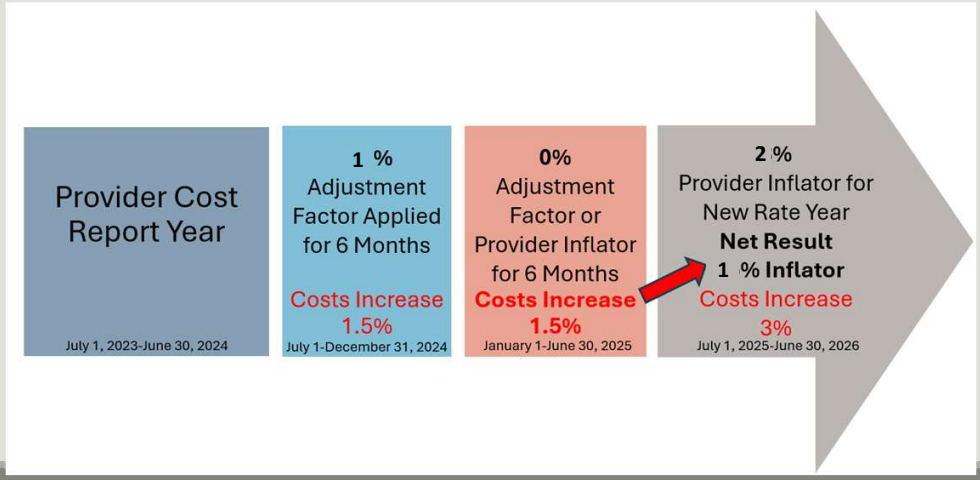
NDLTCA Basic Care Data
Impact of Inflation Adjustment and Margin Changes
Rate Year 2025

			2% Legislative Inflation			3% Legislative Inflation	
Legislative Inflation Factor	2.0%		25-26 Rate Year	26-27 Rate Year		25-26 Rate Year	26-27 Rate Year
	3.0%	Direct Limit	$ 78.45	$ 80.02	Direct Limit	$ 79.22	$ 81.59
Actual Inflation Factor	2.5%	Indirect Limit	$ 64.05	$ 65.33	Indirect Limit	$ 64.67	$ 66.61
	3.0%						

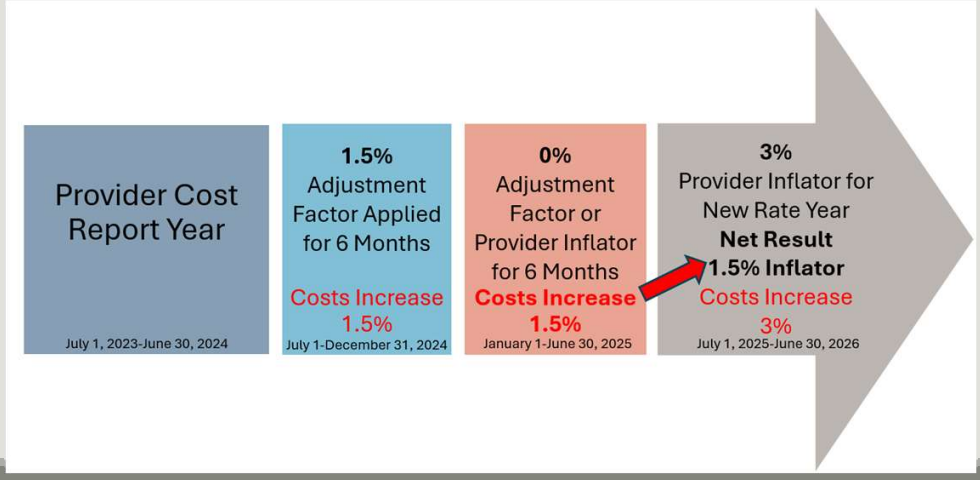
	Tufte Manor		Golden Manor		Good Samaritan Society - Fargo		The Terrace	
	2% Legislative Inflation	3% Legislative Inflation	2% Legislative Inflation	3% Legislative Inflation	2% Legislative Inflation	3% Legislative Inflation	2% Legislative Inflation	3% Legislative Inflation
Beds	70		25		83		40	
Resident Days	23,888		8,530		23,477		13,515	
In-House Days	23,084		8,454		22,729		13,289	
Average Occupied Beds	65.4		23.4		64.3		37.0	
Occupancy %	93.5%		93.5%		77.5%		92.6%	
Total Rate per Day 7/1/25 to 6/30/26	$ 168.21	$ 169.14	$ 144.14	$ 145.49	$ 125.59	$ 126.52	$ 150.45	$ 151.84
Total Annual Projected Revenue	$ 4,018,291	$ 4,040,492	$ 1,229,539	$ 1,241,024	$ 2,948,587	$ 2,970,264	$ 2,033,361	$ 2,052,071
Inflated Cost Per Day 7/1/25 to 6/30/26 at 2.5% Actual inflation	175.22	175.22	144.89	144.89	126.17	126.17	150.97	150.97
Total Annual Projected Expense	$ 4,185,743	$ 4,185,743	$ 1,235,940	$ 1,235,940	$ 2,962,140	$ 2,962,140	$ 2,040,378	$ 2,040,378
Revenue In Excess of (Less Than) Cost Per Day	$ (7.01)	$ (6.08)	$ (0.75)	$ 0.60	$ (0.58)	$ 0.35	$ (0.52)	$ 0.87
Total Gain (Loss)	$ (167,452)	$ (145,251)	$ (17,925)	$ 14,240	$ (13,790)	$ 8,266	$ (12,404)	$ 20,667
Margin	-4.17%	-3.59%	-1.46%	1.15%	-0.47%	0.28%	-0.61%	1.01%
Inflated Cost Per Day 7/1/25 to 6/30/26 at 3% Actual inflation	176.85	176.85	146.26	146.26	127.11	127.11	152.38	152.38
Total Annual Projected Expense	$ 4,224,554	$ 4,224,554	$ 1,247,620	$ 1,247,620	$ 2,984,179	$ 2,984,179	$ 2,059,400	$ 2,059,400
Revenue In Excess of (Less Than) Cost Per Day	$ (8.63)	$ (7.71)	$ (2.12)	$ (0.77)	$ (1.52)	$ (0.59)	$ (1.93)	$ (0.54)
Total Annual Projected Loss	$ (206,263)	$ (184,062)	$ (50,636)	$ (18,472)	$ (36,215)	$ (14,159)	$ (46,025)	$ (12,955)
Margin	-5.13%	-4.56%	-4.12%	-1.49%	-1.23%	-0.48%	-2.26%	-0.63%
3% Margin on Indirect, Food, Utilities and Other Costs	$ 2.58	$ 2.58	$ 2.47	$ 2.49	$ 1.76	$ 1.77	$ 2.29	$ 2.31
Additional Annual Revenue	$ 61,574	$ 61,574	$ 21,086	$ 21,235	$ 41,326	$ 41,637	$ 31,002	$ 31,225
Total Gain (Loss) at 2.5% Inflation	$ (105,879)	$ (83,677)	$ 3,162	$ 35,474	$ 27,536	$ 49,903	$ 18,598	$ 51,892
Margin	-2.63%	-2.07%	0.26%	2.86%	0.93%	1.68%	0.91%	2.53%
Impact of change by one resident daily	$ 61,398		$ 52,612		$ 45,842		$ 54,915	

2% Adjustment Factor, Cost Increase, and Provider Inflator – **Net Result is a 1% Provider Inflator**



1

3% Adjustment Factor, Cost Increase, and Provider Inflator – **Net Result is a 1.5% Provider Inflator**



2

The Issue Can Be Solved Through Administrative Code

We would propose the following change:

75-02-07.1-21. Adjustment factor for direct care, indirect care, and food and plant costs.

1. The adjustment factor will be applied to adjust historical costs. The adjustment factor will be used to adjust direct care, indirect care, and food and plant costs, exclusive of bad debt expense.

2. Costs for the report year will be adjusted to June thirtieth of the next report year using:

   a. The increase, if any, in the consumer price index, urban wage earners and clerical workers, all items, United States city average, over the period ending December thirty-first of the report year, and beginning on January first of the report year at the end of the month within which the report period ends.

   b. The increase, if any, identified in subsection a of this section shall be applied prior to any application of the adjustment factor.

3

Jan 27, 2025

Chairman Dever, Members of the Committee, my name is Carl Young. I am the Executive Director of the Family Services Network here in North Dakota. In my work within the Fetal Alcohol Spectrum Disorder (FASD) space I work with people from every region of the state. I provide parent to parent support, Individualized Education Plan advocacy, and training for social workers and educators.

Through my work I frequently find it necessary to refer clients to the FAS Center at UND.

I speak to you today asking your committee to fund the FAS Center at UND, which was established by North Dakota law in 1993. The North Dakota Legislature established the FAS Center via the passage of House Bill 1313. Dr. Larry Burd is the Center's director. Through his efforts, many people have been able to get a proper diagnosis. However he is only able to see clients 2 days a week, with a third day dedicated to paperwork and follow-up with clients. The Center currently has a wait list of 2 months. Dr. Burd is no longer accepting new clients. He is retiring from his work. Your funding for the FAS Center will entail hiring someone to replace him in his role there. While I don't know what he is paid, I can't imagine that a replacement will be found for the same money he is being paid.

Through my work, which is not funded through the Center, I have been able to assist more than 50 families in the last year. I follow a multi-step process when referring clients to the Center. First, I have them schedule an appointment. Then I have them complete a pre-assessment that is offered through the University of California San Diego. It takes approximately 3 weeks to get the results of the pre-assessment. Pre-assessment helps give families hope.

Almost all the families I work with are either in a foster/adopt or a kinship care situation. Where fostercare is the situation, those families are travelling on the state costs to get care for the kids. Without the FAS Center at UND, these families would need to either travel to Minneapolis with the hopes of getting an appointment with Dr. Jeff Wozniak at the University of Minnesota or they would need to travel to Sioux Falls and the University of South Dakota. There are other options, however they don't accept ND Medicaid, and it gets expensive taking kids to other states to get a diagnosis. When the kids are in care, that expense falls to the State of North Dakota.

How do I know about FASD? My son was diagnosed at the Center 8 years ago. We adopted him through foster care here in North Dakota. Before that diagnosis, he had been diagnosed with a significant number of mental health disorders and autism. The Centers for Disease Control and a large number of academic research papers show that the prevalence rate is at least 1 in 20 children. According to the National Center for Education Statistics in our school system, the average classroom size ranges from 19.3 in the self-contained classrooms to 20.4 students in departmentalized classrooms like we would see in middle school or high school levels. This would indicate that FASD affects at least one child in every classroom. Most of these children are undiagnosed. They are typically seen as extreme behaviors, not symptoms of

Carl Young - carl@fasdnd.com Glimpses of FASD - Meet Carl
https://youtu.be/irPey82-KcU?si=vu_5BGPmBjW0tQPL

a disorder.

What is the cost of care for a child with FASD? I would ask that you review the information in the charts in my supplemental handout which is available to each of you in the packet of files I gave you. I'll reference those numbers now.

The FAS Center at UND provides a significant service to our state. Last biennium the appropriation through the Legislature was $350,458. For whatever reason, this session the Department cut the funding from the budget. I am not here to question that logic. I am here to ask that you reinstate an appropriation for the Center. In my view, $350,458 is not enough, I'd like to see a higher number.

Currently in our state, other than the work I do, which doesn't include the Center, and is not funded by the Center, Dr. Burd is the only practitioner that I have been able to connect with who is working with this population. He doesn't provide support, the center only does diagnosis. While I am certain that there are people who are listening to this testimony, who would say they work with the population, I am not aware of who they are. I can't make referrals if I don't know there are professionals.

Right now, the FAS Center is the answer for so many kids.

I conclude with a few facts. During the last legislative session, this body saw fit to place Fetal Alcohol Spectrum Disorder in the state code as a developmental disability. We must ensure this population is served. We don't have special health care clinics like the Autism Pediatric Specialty Clinic.

A bit about my son for those of you who have never heard his story. He was born substance exposed right here in Bismarck. He is 23, and yes, I have his permission to talk about his case. By age 3, we began to see some significant behavioral challenges. By age 5 he was on adult doses of most of his psychotropic medications. At age 7 he first encountered the criminal justice system. At age 8, he had his first Psychiatric Residential Treatment Facility stay. He would have more. He was eventually diagnosed with Autism, where he was able to get some services, but not the correct services for his needs. At age 17, he left home. Since then, he has spent every Christmas and birthday in a detention facility. He has periods where he is free in society.

He does not have services or support. He does have a Developmental Disability case manager who checks in with him. In jail, he doesn't get support for his disability. His IQ is too high.

What areas of his life are affected: (this is typical in some way for most of those affected by prenatal alcohol exposure) my son has issues with Executive Function, Adaptive Life Skills, Understanding Cause and Effect, as well as Dysmaturity (while he is 23, developmental maturity is at approximately age 12). On January 28, he was released from the custody of the Cass County Sheriff. We have no idea where he is, as he hasn't been in contact with us. My understanding is that he is currently homeless and living somewhere in the Fargo area.

Carl Young - carl@fasdnd.com Glimpses of FASD - Meet Carl
https://youtu.be/irPey82-KcU?si=vu_5BGPmBjW0tQPL

He has other symptoms that are too numerous to mention.

The children of our state with FASD deserve a level of basic care that includes diagnosis. If you take away the diagnostic clinic by not funding it, you end that basic level of care in our state. There is no one else. I am no therapist, clinician or doctor. My understanding is that the funding request for the FAS Center has been placed in Public Health.

I am a parent with the lived experience of raising a child with the disorder. A disorder that is severely misunderstood, misdiagnosed, or under diagnosed across the state.

Our children deserve a diagnosis as early as possible, they shouldn't have to travel with their families to another state to get that diagnosis.

It is my view that failure to fully fund the FAS Center would be a violation of state law. I say this because the Center was established in North Dakota law.

I thank you for your time and will stand for any questions.

Carl Young - carl@fasdnd.com Glimpses of FASD - Meet Carl
https://youtu.be/irPey82-KcU?si=vu_5BGPmBjW0tQPL

Fetal Alcohol Spectrum Disorders (FASD) In North Dakota: A 2025 Fact Sheet

Prevalence of Alcohol Use in Pregnancy		Reference
Early pregnancy alcohol use	42.4%	1,32
Alcohol use at end of pregnancy	8.4%	2,3,4
Women drinking during pregnancy identified by prenatal care providers	Unknown-Likely less than 1 in 10	

Neonatal Risks Associated with Prenatal Alcohol Exposure (PAE)		
Developing FASD among exposed children	1 in 13	5,32
Risk for stillbirth	40% higher	6,7
Drinking at the end of pregnancy and risk of SIDS for siblings of child with FASD	10.2x higher	7,10
Drinking at the end of pregnancy and risk of death from infectious diseases for siblings of child with FASD	13.7x higher	7,10,11
Mortality risk for sibling of a child with FAS	6.3x higher	7,11
Risk of recurrence in families with one affected child (FASD)	35% higher	1,5,10

Fetal Alcohol Spectrum Disorder (FASD)		
Prevalence and Incidence Estimates		
Newborns identified in NICU with FASD each year	< 5 per year	Estimated
New FASD cases per year	1% prevalence = 107 5% prevalence = 535	See Calculation *2
North Dakota FASD population: Children/youth (Birth – 18 yrs)	1% prevalence = 1,926 5% prevalence = 9,630	See Calculation *3
North Dakota FASD population: Adults with FASD (19-64 yrs)	1% prevalence = 4,815 5% prevalence = 24,075	See Calculation *4
North Dakota FASD population: Elderly with FASD (65+)	1% prevalence = 245 5% prevalence = 749	See Calculation *5
Pregnant women's chance of being screened for substance use at an emergency room visit	51% less likely	12,13

FASD and Health and Mental Health Impairments		
Number of comorbid disease conditions associated with FASD	Over 400	14,15

Risk of child or adolescent psychosis	24.5x higher	[15]
Risk of intellectual disability	23x higher (23%)	[15]
Risk of ADHD (Attention Deficit Hyperactivity Disorder)	10x higher (52%)	[15]
Risk of anxiety disorder	11x higher (35%)	[15]
Risk of FASD if ACEs score: 2-6 (Adverse childhood experiences)	2.1x higher	[17]
Risk of FASD if ACEs score: 7-10 (Adverse childhood experiences)	8.1x higher	[17]

Economic Costs For FASD North Dakota		
Annual cost of care per child	$22,810	[18]
Annual cost of care for children with FASD	1% prevalence= $43,932,060 5% prevalence= $219,660,300	See Calculation *6
Annual cost of care per adult	$24,308	[18]
Annual cost of care for adults with FASD	1% prevalence= $117,043,020 5% prevalence= $585,215,100	See Calculation *7
Cost of care per diagnosed individual by age 43	Over $1 million	See Calculation *6
Cost to prevent one case of FASD in a mother with a previous birth with FASD	$20,200	[18]
Cost to prevent one case of FASD in a mother with a previous birth with FASD a using programmatic intervention	$47,615	[18]
Net savings of lifetime cost per case from prevention	$1,235,800	[1,5,18]

Special Sub-populations		
Children/youth with FASD in foster care placement	32-40% higher than in general population (18.8%)	[33]
Children/youth with FASD in special education	10x higher than in general population	[19]

Children/youth with FASD in Canadian juvenile corrections	16x higher risk of incarceration	[20]
Diagnosed with FASD in adult prison	.0009%	[22]
Undiagnosed/misdiagnosed in adult prison	99.9%	[22]

Mortality Rates		
Individuals with FASD	4.3x higher	Calculated based on [7,10,11]
Siblings of individuals with FASD	5.3x higher	[7,10]
Birth mother of individual with FASD	44.8 x higher	[23,25]
Sudden Infant Death Syndrome	11.79 x	[28]
Stillbirth	2.78 x	[6]

North Dakota Diagnostic Demand and Capacity		
FASD diagnostic demand Annual Birth Cohort	1% prevalence 2/week 5% prevalence 2/day	[1]
FASD diagnostic capacity: Children/youth	1% prevalence 10/day	[1]
FASD diagnostic capacity: Juvenile corrections	2/month	[1]
FASD diagnostic capacity: Adult corrections	4/ month	[1]
Time to screen using the One Question Screen	1 minute	[29]
Time to screen using the E-FAST	3 minutes	[30]
Time to screen using the FASD Mini	3 minutes	[31]

ADHD: attention deficit hyperactivity disorder
FAS: Fetal Alcohol Syndrome
NICU: neonatal intensive care unit
SIDS: sudden infant death syndrome

*1. 7.6% women who drink in late pregnancy x 10,680 births= 812 women/7=116. Each year in North Dakota 116 women drink on the day they deliver.

*2. 1% Prevalence: 10,680 births x 0.01= 108
5% Prevalence: 10,680 births x 0.05= 535

*3. 1% Prevalence: 10,680 births x 0.01 x 18 years =1,926

5% Prevalence: 10,680 births x 0.05 x 18 years =9,630

*4. 1% Prevalence: 10,680 births x 0.01 x 45 years = 4,815
5% Prevalence: 10,680 births x 0.05 x 45 years =24,075

*5. 1% Prevalence: 10,680 births x 0.01 x 7 years =245
5% Prevalence: 10,680 births x 0.05 x 7 years =749

*6. 1% Prevalence: $22,810 cost per child x 1,926= $43,932,060
5% Prevalence: $22,810 cost per child x 9,630=$219,660,300

*7. 1% Prevalence: $24,308 cost per adult x 4,815=$117,043,020
5% Prevalence: $24,308 cost per adult x 24,075=$585,215,100

*8 Annual cost of care for children and youth = $22,810 (birth through 20) and cost for adults =$24,308 (from 21 and up) [19] ($22,810 x 20 years) + ($24,308 x 23 years) = $1,015,284.

Costs of FASD

Annually: $53,683 per Child and $49,077 per Adult.
Includes $25,993 in unreimbursed costs to family.

329% higher than ADHD

318% higher than autism

20 X higher than asthma

270% higher than diabetes

538% higher than epilepsy

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Public Health
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Bismarck

Senate Appropriations-Human Resource Division Committee

HB 1012

March 17, 2025

Senator Dick Dever, Chair

Summary:

- The City of Bismarck **strongly supports HB1012** relating to appropriation for defraying the expenses of various divisions of the department of health and human services.

Testimony:

Chairman Dever and Members of the Senate Appropriation Human Resource Division Committee:

On behalf of the City of Bismarck, I am Susan Kahler, Substance Abuse Prevention Coordinator and today I offer testimony in **strong support** to HB1012 with amendment to restore the line item for the Tobacco Prevention and Control Grants to local public health units in the amount of $6,250,000. This funding is critical to ensuring that tobacco settlement dollars are effectively used to provide essential services to our local communities, aligning with the Centers for Disease Control and Prevention (CDC) Best Practices for tobacco and nicotine use prevention and reduction.

Local public health units play a pivotal role in implementing tobacco control programs that are tailored to the specific needs of our communities. These grants are vital to funding programs that support individuals in quitting tobacco use, prevent youth initiation, and reduce exposure to secondhand smoke. Without this dedicated funding, there is no guarantee that the resources necessary for these impactful programs will reach the local level, where the need is greatest.

In conclusion, I ask for amendment to restore line item of $6,250,000 in Tobacco Prevention and Control Grants to local public health units. Without this funding, we risk losing the momentum we've gained in tobacco control and limiting access to vital services at the community level. Thank you for your time and consideration, and I am happy to answer any questions.

Respectfully,

Susan Kahler, SAP Coordinator
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701.355.1597

Senate Appropriations - Human Resource Division Committee
Senator Dick Dever, Chairman
HB 1012
March 17, 2025

Key Points HB 1012:

- State aid funding is flexible and ensures local public health can meet the needs of our communities.
- Increasing state aid to $10,000,000 would ensure funding is more equitably shared between local, state, and federal resources.

Testimony in Support of HB 1012:

Chairman Dever and Members of the Senate Appropriations Human Resource Division Committee:

My name is Renae Moch, and I serve as the Public Health Director for Bismarck-Burleigh Public Health in Bismarck, ND. Thank you for the opportunity to testify in support of HB 1012, which includes $8,000,000 in state aid for local public health units. While this funding is essential, I respectfully urge the committee to consider increasing this amount to $10,000,000 to better support the critical public health services that protect and promote the well-being of North Dakotans.

Unlike federal grants, which often come with strict requirements and program restrictions, state aid provides the flexibility needed to address real-time community health concerns. This funding supports core public health services and helps bridge the gap where other funding sources fall short, ensuring that essential public health programs remain available in our communities.

BBPH Services Supported by State Aid

- **Home Health Maintenance Services**
  At Bismarck-Burleigh Public Health, state aid directly supports critical programs that improve health outcomes and reduce long-term healthcare costs such as our health maintenance program which provides nursing services for clients in their homes. Health maintenance nursing services include medication management, health assessments and personalized care plans to prevent unnecessary hospitalizations and long-term care placements.
- **Health Services**
  State aid also supports our health services programs ensuring residents have access to infectious disease prevention, testing and treatment services to prevent the spread of communicable disease.
- **Health Promotion and Nutrition Services**
  State aid supports health promotion and nutrition services programs to support obesity prevention, diabetes prevention and heart health programs for improved long-term health outcomes and reduced healthcare costs.

Public health is the foundation of a thriving community, and flexible state aid funding is essential to maintaining that foundation. Increasing state aid to $10,000,000 would ensure funding is more equitably shared between local, state, and federal resources. By investing in public health, we reduce healthcare costs in the long run by preventing serious illnesses and hospitalizations before they occur.

I urge you to support HB 1012 with an increase to $10,000,000 in state aid funding to ensure that local public health departments can continue meeting the needs of the communities we serve.

Renae Moch, MBA, FACMPE
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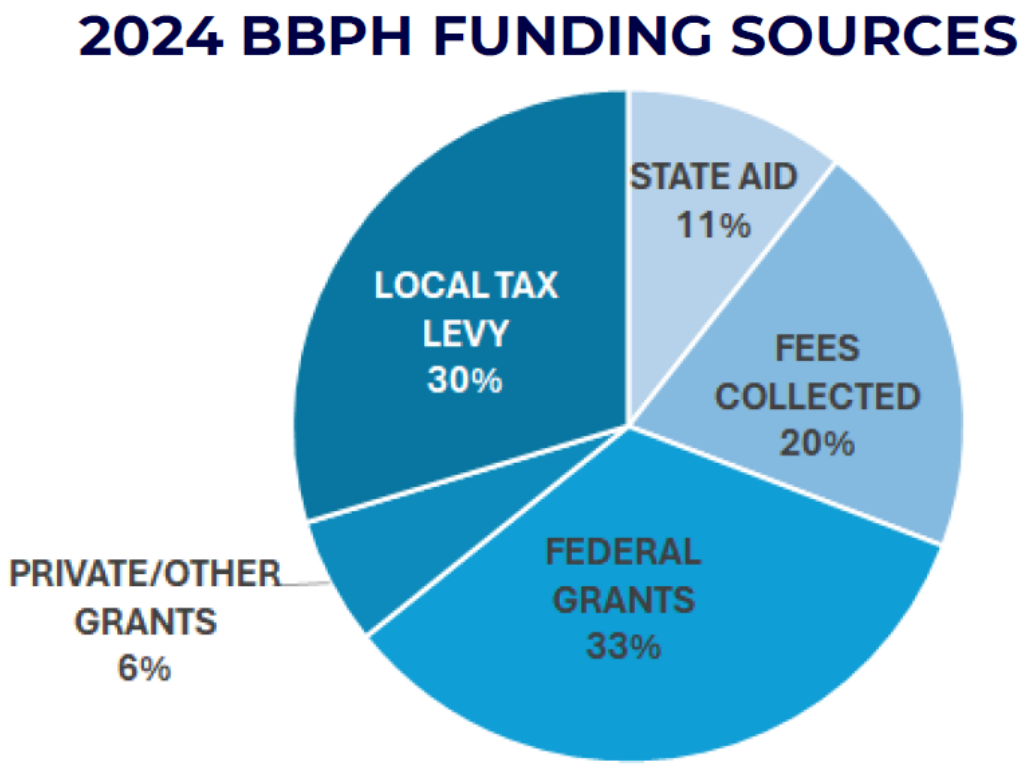

First District Health Unit
www.fdhu.org

BOTTINEAU COUNTY | 701.228.3101
BURKE COUNTY | 701.377.2316
MCHENRY COUNTY | 701.537.5732
MCLEAN COUNTY (GARRISON) | 701.463.2641
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RENVILLE COUNTY | 701.756.6383
SHERIDAN COUNTY | 701.363.2506
WARD COUNTY (KENMARE) | 701.385.4328
WARD COUNTY (MINOT) | 701.852.1376

Testimony
HB 1012
Senate Appropriations Human- Human Resources Division
March 17, 2025

Chairman Dever and members of the committee.
I am Holly Brekhus, Executive Director at First District Health Unit (FDHU). First District Health Unit provides public health services in seven counties including Bottineau, Burke, McHenry, McLean, Renville, Sheridan and Ward. Our mission is to make a positive impact on the health and welfare of the community through service, education, prevention, and collaborative activities.

While we are grateful for the current funding, I would like to advocate for an additional $2 million, for a total of $10 million, for local public health to continue meeting the needs in our communities. Our budget is made up of various funding sources including mill levies, consumer fees, state and federal grants, community grants, and state aid. In 2024, our state aid made up about 6% of our budget. While not a significant portion, it is a vital portion because it allows for flexibility when addressing community needs. Not all community needs have funding streams available to address those needs. A lot of our funding is program or disease specific with a narrow focus and doesn't allow us to adapt to ongoing infrastructure needs and specific community needs.

In 2022 we purchased a mobile medical unit that allows us to go out into our communities and provide our constituents increased access to services. In 2024, our mobile unit was out in our communities 47 days that year. Some of the services we can provide offsite include worksite and school immunization clinics, women's health services, STI testing, adult vision screenings, blood pressure screenings, general wellness information, and referrals to other organizations or providers.

We also support children and maternal health programs such as High Priority Infants and Optimal Pregnancy Outcome Program. It supports our injury prevention program that distributes car seats and conducts carseat checks. It supports school nursing with things like vision screening, educational information on topics like nutrition, distracted driving, and online safety.

Our local community needs continue to grow and become more complex, and increases in state aid funding is needed to ensure a strong local public health system. Thank you for your time.

Holly Brekhus, Executive Director
First District Health Unit

SANFORD HEALTH

Senate Appropriations Human Services Division
Senator Dick Dever, Chair
March 17, 2025
HB 1012

Chairman Dever and members of the Senate Appropriations Human Services Division:
Good morning. For the record my name is Todd Schaffer and I serve as Sanford Health Bismarck President/CEO and president of the N.D. Hospital Association.

Thank you for this opportunity to testify in support of HB 1012 and thank you for supporting the multitude of programs funded through this important budget bill. I would like to use this time to talk about successful initiatives you have fostered through strategic initiatives and sustainable Medicaid reimbursement rates and how we are partnering with the N.D. Department of Health and Human Services (DHS) to better serve patients and their families.

Quality/VBP
We appreciated the opportunity to participate in the Health Care Task Force over the last 18 months to tackle the topic of health care costs, access to services and information sharing. One of the task force's recommendations was to focus on improving quality. We strongly support that recommendation and see great potential of bringing multiple stakeholders together to address specific areas needing improvement.

Improving quality entails many things: maximizing the use of preventive services such as vaccinations and well-child visits, increasing compliance with screenings such as mammograms and colonoscopies and managing chronic diseases such as diabetes and heart disease. More than half of healthcare costs in the United States are attributed to preventable chronic diseases; by working together we can help patients and their families prevent illness and make positive choices to improve overall health.

Improving quality is increasingly embedded in value-based purchasing (VBP) programs, meaning reimbursement from Medicaid, Medicare and private payors is based upon meeting quality metrics. This is an important transition from fee-for-service care models to pay-for-performance.

N.D. Medicaid VBP The traditional Medicaid VBP program is an excellent example of a successful public-private partnership designed to improve healthcare. North Dakota PPS hospitals have been working with N.D. Medicaid for more than two years to create the meaningful, sustainable program now underway.

Initial conversations with DHS were focused on selecting the right metrics to truly improve the wellbeing and outcomes for North Dakota's Medicaid-covered individuals and families. One of the recommendations from the State was fluoride treatments for children**.** Although this is not a treatment typically offered in medical clinics, as you have heard N.D. Medicaid Director Sarah Aker explain, our

Medicaid-covered children have poor access to dental services. Recognizing the important need to provide this preventive service, we are in the process of building workflows to offer fluoride treatments to Medicaid-covered children.

As you have seen, North Dakota is below average on this measure, but keep in mind we are just beginning to focus on fluoride as a quality measure. Providers are ramping up to offer this service consistently to Medicaid-covered families and we anticipate the measure will increase markedly within a year.

Another measure – depression screenings – is a metric we are working to improve in multiple ways. You may recall the metrics you saw for North Dakota providers were also below national averages. One of the reasons the reported scores on this measure are low is that there is a gap in reporting data to the State. As you heard Ms. Aker explain, by working together we realized Medicaid's data does not reflect visits that are covered by other payers. With depression screenings, as an example, if a patient has both Blue Cross Blue Shield and Medicaid coverage, the bill is first sent to BCBS; if BCBS covers the service, Medicaid is not billed (i.e. Medicaid is informed the service was provided). In the case of depression screenings, we are working with the State's vendor to submit supplemental data in an ingestible form for the State's system.

In addition to addressing data gaps, we are working on operational improvements to increase the number of patients screened. One example of this work is automating the screening for those patients who use MyChart. If you have had an appointment lately, you may have noticed that when you complete the online check-in process, MyChart asks you a couple of questions related to depression. Depending on how you answer, it will trigger additional screening questions when you have your visit. Additional changes to better meet patients' needs in the area of depression include:

- Embedding behavioral health providers in our primary care clinics and specialty clinics
- Deploying technology to periodically check in on patients through text messages
- Expanded tele-behavioral

Challenges to serving patients and their families covered by Medicaid are unique in that this population struggles disproportionately with social determinants of health. Increasing the number of well-child visits, as another example, requires focused resources and operational changes to support families who need housing, transportation, childcare, expanded hours and access to nutritious food.

The bottom line is that the VBP partnership is going well, and we are moving in the right direction. Next steps will include increased collaboration on how we – the State, hospitals and additional partners such as public health – can work together to find innovative ways to continually improve quality.

It is important to note that North Dakota hospitals have been successful in numerous value-based, quality improvement programs. In the last two years, Sanford Fargo and Sanford Bismarck received 5-

star and 4-star status awards, respectively, from the Centers for Medicare and Medicaid Services (CMS). Hospitals throughout the state have achieved similar awards recognizing quality and affordability.

BEHAVIORAL HEALTH

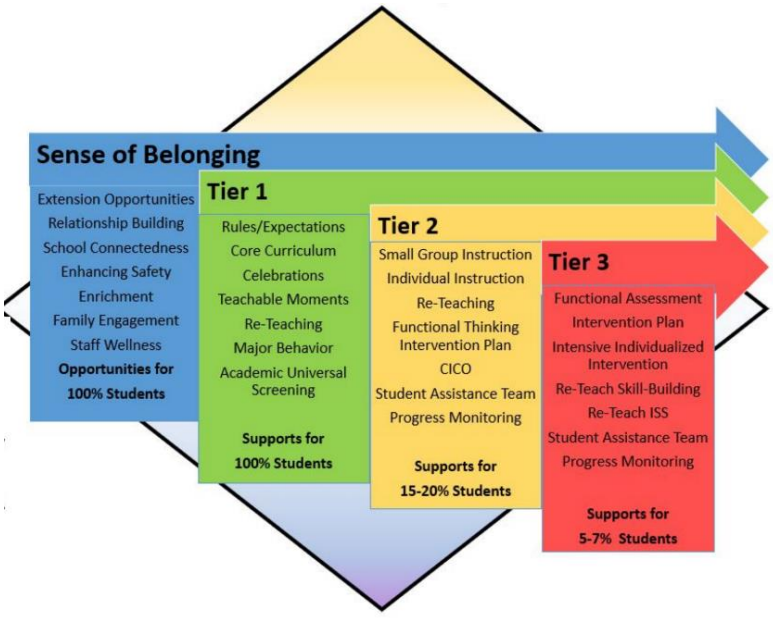
As with the N.D. Medicaid program, partnering with DHS behavioral leadership team is appreciated and making a positive impact on the patients we serve. Our team had the opportunity to share a comprehensive overview of our behavioral health program at the April 8, 2024 interim Human Services Committee meeting. The presentation[1,2] included a bottom-up overview of our services, i.e. our community partnerships, State partnerships, outpatient services, acute inpatient services and growth.

Thank you for the many policy decisions you have supported to help private providers increase access to behavioral health, including:

- PSYPACT
- Counselor training supervision
- Medicaid reimbursement for predoctoral psychology interns

School-based care: Multiple tiered systems of support (MTSS)

Initiated in 2017 by the DHS Behavioral Health Services Division and funded by this committee, the multiple tiered systems of support (MTSS) pilot program began as a partnership between the State, Simle Middle School and Sanford Health. Designed to support students and their families, the model improves student outcomes while conserving limited behavioral health provider resources. The model teaches school teams to provide a tiered approach to interventions, problem solving and collaboration.



The tiered support program helps 100s of students and their families get the help they need; those students that are identified as needing support from a licensed therapist are referred to our behavioral health provider who meets with the student at the school (or virtually), removing barriers to care and improving

[1] https://ndlegis.gov/sites/default/files/committees/68-2023/25.5103.02000presentation0940.pdf
[2] https://video.ndlegis.gov/en/PowerBrowser/PowerBrowserV2/20240408/-1/31970 (video begins 9:32:30)

collaboration with the school's team. The successful model has achieved reductions in disciplinary actions such as visits to the principal's office and referrals to youth police services.

Sanford's school partnerships have grown to seven schools located in Bismarck, Wilton and Dickinson. We are committed to continuing this work with all schools that commit to completing the MTSS training. In 2024 we provided more than 2,000 visits to students.

Behavioral health in western North Dakota

We have prioritized creating access to services in our Dickinson footprint, essentially building an entire service line where previously one did not exist. We have hired a psychologist, an LPCC and licensed certified social workers. Our care coordinators – supported by an NDDHHS grant – manage high-risk patients, providing critically important coordination and crisis services.

In terms of **overall behavioral health workforce**, we have focused on growing our outpatient and acute care services on all levels. Over the last five years, our Fargo market increased from 73 providers (psychiatrists, psychologists, nurse practitioners and master's level therapists) to 98. Our Bismarck market nearly doubled, growing from 20 providers to 39.

A key to growing our behavioral health workforce is to train students in our North Dakota facilities. Sanford provides the following training programs:

- **Psychiatry:** Adult psychiatry residency program, psychiatric nursing, psychiatric mental health nurse practitioner clinical rotations and supervision for rural communities
- **Psychology:** Practicum students, predoctoral internship, postdoctoral residency (launching this year)
- **Master's level therapists:** Student-led clinics, sponsorships, supervision for independent licensure

Workforce development

Switching gears to workforce development in general, all North Dakota healthcare providers have been working hard to find innovative and sustainable ways to recruit and retain workforce. As part of the legislature's study on the topic of contract nursing, note Sanford Health Human Resources Vice President DJ Campbell gave a comprehensive overview[3,4] of Sanford's workforce development initiatives at the Aug. 30, 2023 interim Health Care Committee.

Sanford provides more than 150,000 hours of clinical training for nursing students each year and we train medical students and residents in primary care and several specialty areas including neurology, psychiatry and orthopedic surgery. Between now and next year we will launch fellowship programs in cardiology and surgical critical care in Fargo and an internal medicine residency program in Bismarck. We

[3] https://ndlegis.gov/sites/default/files/committees/68-2023/25.5026.02000_presentation1415c.pdf
[4] https://video.ndlegis.gov/en/PowerBrowser/PowerBrowserV2/20230829/-1/31797 (video begins 2:08:40)

also train radiology technologists, respiratory therapists, emergency medical responders and paramedics.

Internationally-educated nurses Last session you approved the creation of a state Office of Legal Immigration. The acknowledgment and support for recruiting much-needed workers from other countries is sincerely appreciated. Sanford has hired 446 internationally-educated nurses in our Fargo and Bismarck facilities. The nurses are highly-qualified – they must pass the National Council Licensure Examination (NCLEX) and an English proficiency exam – and they are eager to join our workforce. By working to create a well-designed orientation program (360 hours per nurse) and robust community support program aimed at helping nurses and their families find housing and community connections. Our retention rate thus far is over 75 percent.

Collectively, our workforce development programs and IEN successes have helped us reduce the number of contract nurses, a.k.a. travel nurses, necessary to staff our hospitals and clinics. In 2020, Sanford spent more than $25 million to hire 464 independent contract labor staff on varying assignments to offset staffing gaps in our clinics and hospitals. Flash forward to 2025 and we have reduced our need for contract labor to about 100 contracted nurses thanks in large part to workforce development programs created and supported by our state legislature.

Capital investments

With your support, hospitals across the state have been able to invest in expanding access via programming and capital construction products. At Sanford Bismarck we have maximized every square inch of our facilities and are working hard to meet growing demand. Our hospital operates beyond capacity most days, setting record-high visits in our emergency room, hospital admissions and deliveries. To accommodate demand we staff every bed, expanded our emergency room capacity and have implemented multiple initiatives and construction projects to improve efficiency. To alleviate some of the pressure our emergency room, we built an urgent care center in south Bismarck and are adding 36 hospital rooms. We could not make these improvements without your support.

Chairman Dever and members of the committee – I want to again thank you for your time today and for supporting the many programs that positively impact the patients and communities we serve.
I would welcome any questions you might have.

Todd Schaffer, M.D.
Sanford Bismarck President/CEO
Todd.Schaffer@SanfordHealth.org
701-650-8999

HB1012
3-17-25

Testimony
House Bill 1012
Senate Appropriations—Human Resources Division
March 17, 2025
Southwestern District Health Unit

Good morning, Chairman Deverand and members of the Committee. My name is Sherry Adams and I am the Executive Officer for Southwestern District Health Unit (SWDHU). My health unit covers the eight counties of the Southwest which includes Adams, Billings, Golden Valley, Bowman, Slope, Dunn, Hettinger and Stark. I am writing to increase Local Public Health State Aid by two million dollars, which would bring the eight million dollars in the Governor's Budget to ten million dollars. We had submitted the ten-million-dollar request through the HHS budget process, but it was not brought over within the Governor's budget or from House Human Services.

Local and state governmental public health agencies are recognized nationally as having the primary responsibility for promoting and protecting the public's health. We are the "boots on the ground" and serve as the foundation to the local public health system in a public health emergency. Local Public Health units work with numerous community partners to address community needs. Our local community health needs continue to grow and have become more complex, and increases in state aid funding is needed to ensure we are able to continue to support those needs. State aid is one of the few flexible streams of funding that local public health unit have and fills gaps not covered by other funding sources. (See attached Handouts)

Southwestern District Health Unit relies on State Aid Funding for a multitude of services. Some of those specific to our health unit are for Suicide Screening and referral, supplemental funds for communicable disease response (such as TB), environmental health services to outlying counties etc. We are also very concerned about having a Measles outbreak, with possibly limited Federal funding for response. Every Health Unit is able to use the funds for whatever gaps in their community that they have.

Local Public Health continues to struggle to fill vacant positions, primarily as we can not compete with private industry or sign-on bonuses. Much of our workforce has retired or will retire and we no longer see the longevity of new hires.

Another concern that is the uncertainty of future federal grants, whether or not we can get any increases of mill levy with property tax reform, and increased demands on local public health without additional funding.

Local Public Health is very passionate to be able to help meet the needs of our communities, but unfortunately without additional increases somewhere---like State Aid, we will either have to look at decreasing staff and or programs or both.

Thank you for the opportunity to provide comments. I would be happy to answer any questions you may have.

State Aid Support for Local Public Health Units

Why should state aid be increased from $8M to $10M for this biennium? (increase based on lost revenue (federal), retirement and insurance increases over the biennium)

Readiness and response

- Local public health works with local (school, city, county), state and tribal partners and leaders to coordinate efficient response to local emergencies.
- Ensure ability to respond to emergent public health needs across the state including but not limited to floods, tornadoes, winter storms, formula shortages, drug abuse/misuse response, food and housing insecurity response, etc.
- Need to build capacity to have the ability to respond to local needs and adapt to situations as they arise.

Attracting and retaining local public health professional workforce

- Retention of local public health professionals and qualified workforce has increased in cost due to economic factors, like inflation, and competition within the segment due to shortages. As with many agencies, the increase in insurance and retirement costs have added a fiscal burden. These benefits continue to be critically important for recruitment and retention of the workforce.
- Turnover in local public health workforce due to non-competitive salaries compared to private companies.
- Salary and fringe for staff needs to further increase provide a living wage that is competitive with private industry to retain the needed workforce. The cost of living has increased in the 2024 first quarter by 3.25%.
- Emphasizing and offering healthy living is helpful in attracting businesses and people to ND which increases the State's workforce. Efforts to cultivate wellness also help to "achieve the overarching goal of making North Dakota the healthiest state in the nation." (hhs.nd.gov/SHIP, page 2)

Addressing public health challenges

- Local public health units reported that the top health issue identified in their community health assessments are mental health, behavioral health and obesity.
- Local public health continues to see public health challenges of obesity, diabetes, substance use, lack of preventive screenings, etc.
- The state of North Dakota has been investing in growing the economy and attracting businesses to the state. Local public health serves a critical role in supporting growth in these communities. Local public health often fills gaps in our communities and increases access to services for those in need in our communities, e.g., helping senior citizens remain in their homes.

- Funding is essential to provide the level of fundamental public health services and programs that are needed. More outreach and services are required to meet the community's needs.
- North Dakota has seen an increase in state population through births and immigration. The staff available to serve communities needs to be retained both for community response and work in areas of prevention and screening.
- Many local public health units serve as regional hubs for many public health services. This highlights the importance of strong staffing levels, not only for emergency response, but also to rebuild the many other health department and community health priorities that have been impacted in recent years.

How will local public health use these funds?

- State aid funds are used to address community health priorities and community-based services not typically funded through grant sources or community partners.
- State aid dollars are used for grant matches.
- State aid funds are used largely for activities to reach disadvantaged, marginalized and disparate populations. These activities are not reimbursed through other mechanisms and require more staff time and travel, along with personal care and other practical assistance for children, young people and adults who need extra support: local public health focuses on meeting the client where they are at.
- State aid funds help decrease the cost burden of city/county governments as these entities are covering large portions of local public health budgets in some areas.

What is the risk if state aid is not increased?

- Every North Dakota citizen has the right to live a healthy and safe life. Local public health makes this right possible through the use of this funding as we are responsible for providing the following core functions as detailed out in NDCC 23-35-02:
    - Communicable disease control
    - Chronic disease and injury prevention
    - Environmental public health
    - Maternal, child, and family health
    - Access to clinical care
- Local public health response in the last two years included team members working to serve communities during shortages of infant formula, flooding, drought, winter storm outages, and disease mitigation and prevention services to implement routine programs.
    - These team members also conduct home visits for medication administration and foot care; serve families and foster families through health tracks for vision screenings and oral health screenings; they conduct nursing and developmental screenings; support schools with health screenings and routine wellness immunization clinics; and conduct environmental health inspections.
- Underfunding local public health will hinder the ability to respond to community needs.

- The need for local public health services has increased over the decades due to community growth, increased need for public health services and to assist with local needs.
- Local public health units are managed and administered locally to provide efficient and nimble response as necessary. Cities and counties support much of what local public health does which is augmented by the additional State contribution to reduce local financial burdens. There is growing concern among local jurisdictions about increasing local public health funding without more state investment especially with the outcry for lower property taxes and the Property Tax Elimination measure.
- Dedicated State Aid for Environmental Health is needed to address unfunded, locally emerging issues such as partnering with Department of Environmental Quality on Harmful Algal Blooms, nuisance complaints, education on Avian Influenza and other issues as they develop. Other areas of focus funded only by license/permit fees for our Environmental Health programs are onsite septic systems, safety inspections for food and beverage establishments, aquatic venues, tanning/body art establishments, lodging, and mobile home/RV campgrounds.

ND Local Public Health State Aid Funding History

	Biennium								
	2007-09	2009-2011	2011-13	2013-15	2015-17	2017-19	2019-21	2021-23	2023-25
General	1,900,000	2,400,000	3,000,000	4,000,000	4,250,000	3,250,000	4,725,000	4,725,000	4,725,000
Community Health Trust Fund								525,000	3,275,000
Tobacco Prevention & Control Trust Fund						2,000,000	525,000		
Total	1,900,000	2,400,000	3,000,000	4,000,000	4,250,000	5,250,000	5,250,000	5,250,000	8,000,000

- **Local public health cannot continue to meet the needs of the growing population without a strategic investment in State Aid to support workforce and program resources.**

WHAT DOES PUBLIC HEALTH DO?

ND SACCHO

North Dakota State Association of City & County Health Officials

Core public health functions are those activities that lay the groundwork for healthy communities. They protect us from disease and injury we cannot prevent, and help us change behavior which could cause us harm. Core functions do not happen in doctor's offices. These functions provide us with a healthy community to keep us out of the doctors' offices.

PRINCIPLES AND CHARACTERISTICS OF PUBLIC HEALTH

PUBLIC HEALTH FOCUS	MEDICAL CARE FOCUS
Population based	Focus on the individual
Environmental health	Personal health
Risk factors (statistical probability)	Signs and symptoms (actual case)
Reduce risk in target group	Cure, reduce disability in individual
Broad definition of health	Focus on specific condition
Prevention, promotion, protection	Treatment, therapy
Health as an individual and societal responsibility	Health as an individual responsibility
Long term responsibilities/outcomes	Acute/short term responsibilities
Life to years	Years to life
Enact, enable, engineer, educate	Educate, enable
Collaborate/facilitate	Competitive
Social justice/social responsibility	Market justice/reimbursement driven

Public Health
Prevent. Promote. Protect.
North Dakota SACCHO





BUILDING HEALTHY COMMUNITIES
NORTH DAKOTA LOCAL PUBLIC HEALTH

2023 FUNDING STREAMS

5%
STATE AID

This provides local public health with funding to support the needs in our communities based on a report from 26/28 local public health units.

32%	FEDERAL
31%	LOCAL
24%	FEES
4%	TOBACCO
4%	GRANTS

Federal: Money received directly from Federal goverment or as a pass through from NDHHS.
Local: Money received from local county, city or school funding.
State Funding: State aid received from ND Health, Environmental Health and local programs.
Tobacco Funding: Local Tobacco Program Funding for program staff.
Grants: Other grants from private foundation, not associated with above funding.
Fees: Payment for services (ie, environmental health licensing, nursing payments, lab fees).

2025 LEGISLATIVE PRIORITIES

Behavioral Health

Local public health units support **investments** and efforts for additional **community-based behavioral health services**.

Tobacco & Substance Use Prevention

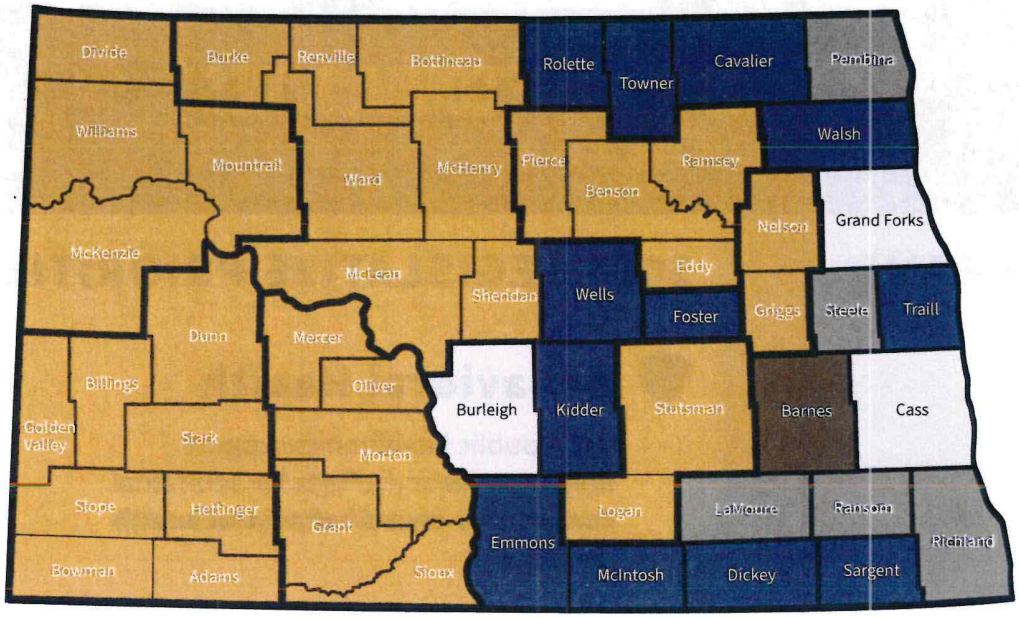
Local public health units support investments in **substance use prevention** activities including efforts to **decrease access to nicotine/tobacco products** and to **reduce substance abuse deaths**.
Local public health units also support sustaining **indoor smoke-free air law**.

Environmental Health

Improper installation of onsite wastewater systems is a health threat to all of North Dakota's citizens and natural water resources. Local public health units support the **development** and **adoption** of **updated statewide onsite wastewater treatment standards** and for **statewide licensure** and **education** of onsite wastewater installers.

North Dakota State Association of City and County Health Officials
(701) 425-0828 | NDSACCHO.ORG

BUILDING HEALTHY COMMUNITIES
NORTH DAKOTA LOCAL PUBLIC HEALTH



ND Local Public Health Units Contact Info

STATE AID SUPPORTS LOCAL PUBLIC HEALTH CORE FUNCTIONS

- Communicable Disease Control
- Chronic Disease & Injury Prevention
- Environmental Public Health
- Maternal, Child, Family Health
- Access to Clinical Care

LPH MEETS PEOPLE WHERE THEY ARE IN THE COMMUNITY

Photo caption (front page): Cavalier County Health District partnered with Langdon Area High School Technology Department, Family and Consumer Science Department and NDSU Extension to build and plant community garden boxes to teach students farm to table gardening and increase access of community members to fresh fruits and vegetables.

NEARLY 50% OF AMERICANS SUFFER FROM PREVENTABLE, CHRONIC DISEASE.

ONLY 3% OF HEALTH CARE SPENDING IS ON PREVENTION AND PUBLIC HEALTH PROGRAMS.

North Dakota State Association of City and County Health Officials

(701) 425-0828 | NDSACCHO.ORG

HB1012
3-17-25

Carl Young carl@fasdnd.com Mar 17, 2025

Good morning.
Senator Dever, members of the committee, my name is Carl Young, I am the Executive Director of the Family Services Network here in Bismarck. My organization serves all areas of the state.

Today, I am here to ask for your support.

In 1993 the ND Legislature created the FAS Center at UND.

When the Department of Health and Human Services put in their budget request last year, they cut the funding for the center from their budget. Reportedly it was transferred to the University budget. Now, I am told it resides in Public Health.

The gentleman running the center, Dr. Larry Burd, is retiring from clinic work. That means a replacement will need to be found to continue the work he is doing. In today's political and economic times, that will likely be expensive.

I am aware, through the auspices of the Bismarck Tribune, that the revenue forecast for the state is not as "rosy" as it once was. In view of that, it is my hope that you will leave the budget figure at the level it is at currently. It is also my understanding that the current amount listed in the budget is something like 859,000 dollars. For cost reference related to other disorders I welcome you to review page five of the document I gave you. This information was compiled by Dr. Burd at the Center.

Now, I don't know what all is paid for out of those dollars, however in addition to clinic work, I'd like to see a study done on our prison and jail system here in North Dakota. What percentage of the population has some level of FASD?

There are four primary levels under the FASD.
FAS - pFAS - ARND - ARBD

Fetal Alcohol Syndrome - Partial Fetal Alcohol Syndrome - Alcohol Related Neurodevelopmental Disorder - Alcohol Related Birth Defects.

Most of us with the disorder struggle with Adaptive Life Skills. Most will struggle with Executive Function. Most will also struggle with understanding Cause and Effect. Without a proper diagnosis, which is a complicated process, they can't get the support they need to live life outside prison or institution level care.

Please keep the funding for the center intact.

HB1012
3-17-25

Tobacco Free North Dakota

P.O. Box 3237
Bismarck, ND 58502
701-751-0229
www.tfnd.org

March 17, 2025
9:00am – 12:00pm CDT
Senate Appropriations – Human Resources Division Committee for the 69th ND Legislative Assembly

Chairman Dever, and members of the Senate Appropriations – Human Resources Division Committee hello, my name is Heather Austin, and I am the Executive Director for Tobacco Free North Dakota. The mission of Tobacco Free North Dakota is to improve and protect the public health of all North Dakotans by reducing the serious health and economic consequences of tobacco use, the state's number one cause of preventable disease and death. We work to facilitate coalitions and to promote policy discussions across North Dakota, along with providing education and resources that are used to help prevent kids from ever starting the dangerous addiction to tobacco and nicotine. Thank you so much for your time today.

I am here to encourage continued, sustainable, and sufficient funding for the State Tobacco Prevention and Control Program in HB 1012, the bill relating to Department of Health and Human Services Budget and its Tobacco Prevention and Control Program.

Since the tobacco control program, with reduced funding, was restructured under the Department of Health back in 2017, TFND, ND Local Public Health Units, health system partners, and other DHHS grantees, continue to collaborate to accomplish the goals outlined in our State Plan for Tobacco Prevention and Control. The program has dealt remarkably well with doing the same work, or in some cases even more work, with less resources and funds. We have made great strides in what we accomplish for our citizens. Today we encourage a continued advancement of funding to address targeted issues facing our citizens, such as were identified by this body in 2023 to address youth prevention engagement and pharmacological access in rural communities.

To support these efforts, TFND is taking a lead alongside several partners fulfilling work in our communities and schools educating and advocating for policy that would reduce e-cigarettes and vaping (ENDS) among our youth while also highlighting the dangers of these products. With the additional funding allocated to this effort in last biennium's budget, we have continued to address the "vaping epidemic" announced by the FDA in 2018. TFND launched a "Train the Trainer" program in addition to our regular webinar series for continuing prevention education and our online resource hub. Combining efforts to empower local experts we can exponentially affect needs across ND. We hope to continue these efforts in the next biennium because we know that there is still more work to be done to save the newest generation from the serious health and economic consequences of a lifelong addiction to tobacco.

An area of concern for TFND is that the Tobacco Prevention media funding would be decreased by $493,302 in the current budget proposal. This would affect the health communications the Tobacco Prevention and Control Program (TPCP) has leveraged to help North Dakotans quit tobacco by impacting the successful statewide promotion of "Quit Week." The TPCP has promoted Quit Week for the past five years with the 6th Annual Quit Week planned for June 8-14, 2025. TFND is a partner in

this media outreach along with Local Public Health and other TPCP grantees. The TPCP evaluation of this event demonstrates the importance of media funding to drive North Dakotans to NDQuits, our state's quitline. The number of calls to NDQuits has peaked during each of the Quit Week events, and we want to make sure that trend continues.

Again, I am encouraged to see funding for both youth prevention and cessation treatment in the recommended budget for this biennium. I hope this committee approves those recommendations and continues to look for further ways to advance good investments in tobacco prevention and control in our state. I would also encourage the committee not to allow the proposed cut to the TCPC media line item. Educating North Dakotans about the dangers of nicotine for all citizens is still vital to reducing overall use. It would be a shame to lose the momentum gained in this area over the past several years, as new products continue to come out at a lightning pace to entice new users.

I hope my time in front of you today highlights that there is much being done for tobacco prevention and cessation policy in North Dakota, but that there is still so much more to do, and I think our combined efforts and collaborations are so important to continue to support with our time, talent, and treasure. Just think of the health impacts and potential for lives saved any increase in funding could provide for our state.

Along with my testimony, you are also receiving a copy of our Resolution of Support for a fully Funded Tobacco Prevention and Control Program for ND. The following organizations/entities signed TFND's resolution. (Attached): Bismarck Tobacco Free Coalition, Blue Zones Projects Grand Forks, Cavalier County Commission, C+K Counseling, Grand Forks Tobacco Free Coalition, Legacy High Stop the Cloud, Nelson-Griggs Board of Health, North Dakota Medical Association, Upper Missouri District Health Unit, Walsh County Board of Health, Walsh County Tobacco Free Coalition, Walsh County District Health, Walsh County Substance Use Prevention Coalition, and Western Plains Board of Health.

Again, thank you for this time in front of you, Chairman Dever, and the Committee. It is very appreciated. Please vote Do Pass with continued funding for Tobacco Prevention and Control included in HB 1012.

May I take any questions?

Heather Austin
Executive Director, Tobacco Free North Dakota
Cell: 701-527-2811
heather@tfnd.org
www.tfnd.org

[1] Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Programs—2014. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.

Tobacco Free North Dakota

Resolution to Support a Fully Funded Tobacco Control Program

Adopted by the Tobacco Free North Dakota Board of Directors August 26, 2024

Whereas the Centers for Disease Control and Prevention (CDC) recommends North Dakota spends $9.8 million per year for a tobacco control program[i]; and

Whereas North Dakota currently spends $7.11 million per year for its tobacco control program[ii]; and

Whereas North Dakota's General Fund earned $47.5 million in tobacco tax collections from 2021-2023, as well as $70.9 million as part of the Master Settlement Agreement during the same timeframe[iii]; and

Whereas North Dakota's program provides tobacco cessation counseling and services to nearly 2,000 adults each year[iv]; and

Whereas states that make larger investments into tobacco control programs see a reduction in tobacco sales[v]; and

Whereas having a robust media campaign has a direct effect on decreasing tobacco related medical expenses, usage rates, increasing utilization and awareness of cessation services, and decreased youth initiation rates[vi]; and

Whereas Quit Week has become an established, annual cessation campaign in June to highlight the availability of resources in North Dakota to treat people with nicotine dependence; and

Whereas 75 percent of North Dakota adults believe commercial tobacco use in youth is a moderate or serious problem[vii]; and

Whereas nearly 9 in 10 people that smoke started before the age of 18[viii]; and

Whereas 21.2% of high school students (grades 9-12) in the North Dakota Youth Risk Behavior Survey used electronic nicotine delivery systems (ENDS) in the past 30 days, of whom many will develop a lifelong addiction to nicotine/tobacco products[ix]; and

Whereas according to the American College Health Association – National College Health Assessment, 33.1 percent of North Dakota college students who reported using tobacco and nicotine products used them daily or almost daily in the past 3 months[x]; and

Whereas tobacco use in North Dakota imposes economic burden, with direct healthcare costs amounting to $379 million each year, productivity losses approximating $715 million annually, and each household paying $970 per year in state and federal taxes from smoking-caused government expenditures[xi]; and

Whereas this resolution addresses commercial tobacco, which is different from traditional tobacco used in American Indian spiritual and ceremonial practices; and

Whereas the Centers for Disease Control and Prevention advocates for a multi-tiered approach to tobacco control, including increasing tobacco taxes, fully funding a tobacco control program and maintaining a strong indoor smoke-free air law;

Now therefore be it resolved, Tobacco Free North Dakota supports funding a comprehensive tobacco control program at the CDC recommended levels to reduce the prevalence of tobacco use in North Dakota. Further, Tobacco Free North Dakota supports using money from the Master Settlement Agreement, tobacco taxes and any other relevant sources to fund the program.

Heather Austin		8-26-2024
Name of Organization Representative	Signature of Organization Representative	Date

Sources:

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[i] Centers for Disease Control and Prevention. (2014). *Best Practices for Comprehensive Tobacco Control Programs.*

[ii] Current funding: https://ndlegis.gov/assembly/68-2023/regular/documents/23-0233-04000.pdf

[iii] Tax collections: https://www.tax.nd.gov/sites/www/files/documents/news-center/publications/56th-biennial-report.pdf

[iv] PDA, Inc. (2023), The State of Tobacco Control in North Dakota: 2021 -2023

[v] https://www.ucsf.edu/news/2023/03/424991/californias-anti-smoking-push-spurs-big-savings-health-costs

[vi] https://www.ncbi.nlm.nih.gov/books/NBK99237/pdf/Bookshelf_NBK99237.pdf

[vii] WYSAC (2022), North Dakota Community Readiness Survey, 2022.

[viii] https://www.cdc.gov/tobacco/data_statistics/fact_sheets/youth_data/tobacco_use/index.htm

[ix] https://www.hhs.nd.gov/health/community/tobacco/surveillance-data

[x] chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.acha.org/wp-content/uploads/NCHA-IIIb_SPRING_2024_REFERENCE_GROUP_DATA_REPORT.pdf

[xi] https://www.tobaccofreekids.org/problem/toll-us/north_dakota

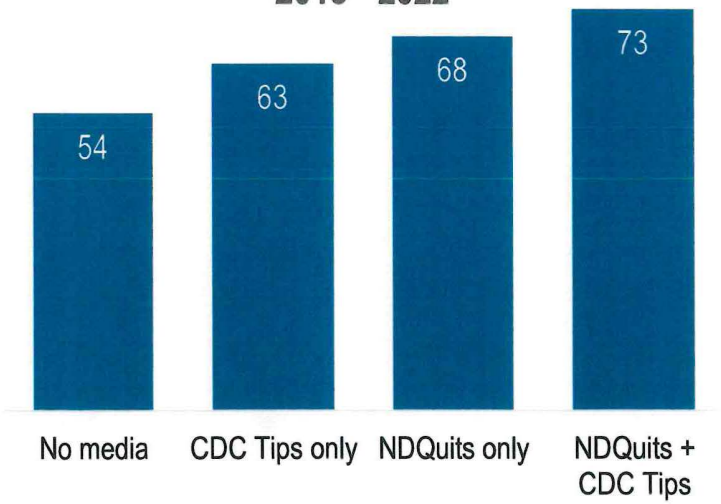
EFFECTIVE USE OF MEDIA TO SHARE NDQUITS RESOURCES

Health communications – broadcast, cable, digital, social, and earned media – is an essential and evidence-based component of helping people quit tobacco.

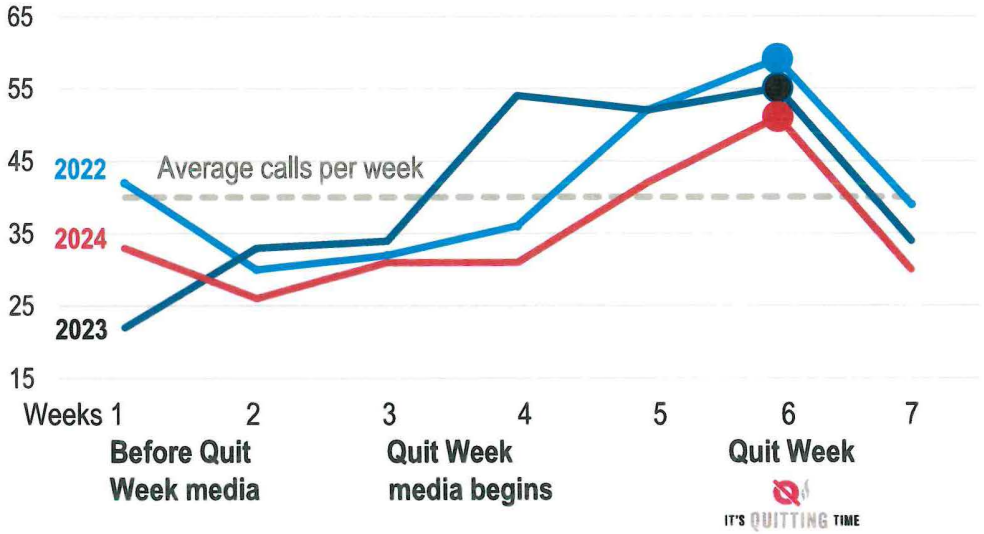
PDA examined the relationship between health communications and calls to NDQuits from July 2013 – December 2022. **When NDQuits television ads are running, there is an average of 14 more calls per week** than when no television ads are running. There are an **average of 19 more calls per week when both NDQuits and CDC Tips ads run**. Media, particularly television, remains essential to driving North Dakotans to NDQuits.

Quit Week is a coordinated media campaign that educates on cessation resources available to North Dakotans and encourages those that use tobacco to make a quit attempt. Messages are coordinated and shared via social media (Instagram, Facebook, Snapchat, YouTube), broadcast TV, radio, digital media, billboards, newspapers, and earned media. From 2020 to 2024, the "It's Quitting Time" brand was established, and engagement per post has improved. **Annually, for the past five years, the number of calls to NDQuits has peaked during Quit Week.**

Average number of calls to NDQuits per week, 2013 - 2022



Number of calls to NDQuits before and during the Quit Week campaign – Quit Week has consistently high calls to NDQuits.



HB1012
3-17-25

Senate Testimony – HB 1012

Chairman Dever and esteemed Committee Members,

My name is Mike Delfs, and I serve as the Chief Executive Officer of Jamestown Regional Medical Center. Thank you for the opportunity to speak today about the exceptional work hospitals in North Dakota are doing to improve quality, control costs, and provide outstanding care to our citizens.

Thanks in large part to the funding provided by the legislature, our hospitals and healthcare providers consistently deliver exceptional value. In preparing for this testimony, I compared cost and quality data from the Kaiser Family Foundation with the Bailit Health study for the North Dakota Legislative Healthcare Task Force. The results were identical for both cost and quality lending validity to the work by healthcare providers across the state. Both illustrate a vitally important factor affecting cost is our state's smaller population combined with a larger geographic spread. This is true among all of the least populous states in the U.S. Among the ten states with the lowest population, North Dakota ranks as the fourth least populous. More notably, within this comparison group, we rank as the third least costly and the fourth best in quality. In short, North Dakota is achieving some of the best value—high quality care at very low cost—among states with similar population challenges.

This success is no accident. North Dakota healthcare providers are focused on key performance indicators, including:

- Readmission rates
- Preventative care measures (such as mammograms, cervical screenings, and immunizations)
- Management of chronic conditions like diabetes and hypertension
- Fall risk assessments

More specifically, rural and independent hospitals are further strengthening these efforts through collaboration. For example, the Rough Rider High Value Network enables more than 20 hospitals to work together on quality initiatives, standardizing care and outcomes for all North Dakota citizens.

In addition to these quality initiatives, our hospitals are committed to controlling costs. Many of our programs—both quantitative and qualitative—directly lower healthcare costs by keeping our patients healthier. The results of the HCAHPS (Hospital Consumer Assessment of Healthcare Providers) survey mandated by the

Centers for Medicare & Medicaid Services further underscores our success. North Dakota hospitals consistently score above national averages in:

- Communication with Nurses
- Communication with Doctors
- Responsiveness of Hospital Staff
- Communication About Medicines
- Cleanliness of the Hospital Environment
- Quietness of the Hospital
- Discharge Information
- Care Transition
- Willingness to Recommend the Hospital

These performance measures confirm that patients are well cared for and are being prepared for a successful transition from inpatient care. By improving patient management through enhanced access, wellness initiatives, and seamless transitions between healthcare settings, hospitals across North Dakota are actively reducing readmissions and preventing the worsening of medical conditions.

Access to specialty care is also a top priority. Rural and independent hospitals, much like larger systems, are dedicated to ensuring that patients can receive specialty services close to home. Jamestown Regional Medical Center is a prime example. By partnering with Sanford Health, Essentia Health, and the VA and independent medical providers, JRMC provides a wide range of services, including:

- Orthopedic Surgery
- Urology
- Otolaryngology
- Podiatric Foot and Ankle Surgery
- Obstetrics & Gynecology
- Anesthetized Pediatric Dentistry
- Opthalmology
- Advanced Hyperbaric Wound Care
- Oncology
- Rehabilitation Services
- Home Care & Hospice
- Inpatient care along with advanced imaging, laboratory and cardiopulmonary studies

Our approach of combining partnerships, collaboration, and independence increases access to quality healthcare services throughout our region. State funding plays a critical role in elevating care and ensuring that patients in rural areas receive the specialty services they need close to home.

I am also grateful for the legislature's work on enhancing the healthcare workforce. Initiatives such as the Nurse Licensure Compact and the Advanced Practice Registered Nurse (APRN) Compact are instrumental in strengthening our provider base and ensuring that quality medical care remains accessible in North Dakota.

In closing, North Dakota hospitals are delivering tremendous value to our state. We appreciate the continued support of this committee and the legislature, which makes our work possible.

Chairman Dever and esteemed Committee Members, I welcome any questions you may have.

Thank you.

HB1012
3-17-25

NDLTCA Basic Care Data
Impact of Inflation Adjustment and Margin Changes
Rate Year 2025

			2% Legislative Inflation		3% Legislative Inflation	
			25-26 Rate Year	26-27 Rate Year	25-26 Rate Year	26-27 Rate Year
Legislative Inflation Factor	2.0%	Direct Limit	$ 78.45	$ 80.02	$ 79.22	$ 81.59
	3.0%	Indirect Limit	$ 64.05	$ 65.33	$ 64.67	$ 66.61
Actual Inflation Factor	2.5%					
	3.0%					

	Tufte Manor		Golden Manor		Good Samaritan Society - Fargo		The Terrace	
	2% Legislative Inflation	3% Legislative Inflation	2% Legislative Inflation	3% Legislative Inflation	2% Legislative Inflation	3% Legislative Inflation	2% Legislative Inflation	3% Legislative Inflation
Beds	70		25		83		40	
Resident Days	23,888		8,530		23,477		13,515	
In-House Days	23,084		8,454		22,729		13,289	
Average Occupied Beds	65.4		23.4		64.3		37.0	
Occupancy %	93.5%		93.5%		77.5%		92.6%	
Total Rate per Day 7/1/25 to 6/30/26	$ 168.21	$ 169.14	$ 144.14	$ 145.49	$ 125.59	$ 126.52	$ 150.45	$ 151.84
Total Annual Projected Revenue	$ 4,018,291	$ 4,040,492	$ 1,229,539	$ 1,241,024	$ 2,948,587	$ 2,970,264	$ 2,033,361	$ 2,052,071
Inflated Cost Per Day 7/1/25 to 6/30/26 at 2.5% Actual inflation	175.22	175.22	144.89	144.89	126.17	126.17	150.97	150.97
Total Annual Projected Expense	$ 4,185,743	$ 4,185,743	$ 1,235,940	$ 1,235,940	$ 2,962,140	$ 2,962,140	$ 2,040,378	$ 2,040,378
Revenue In Excess of (Less Than) Cost Per Day	$ (7.01)	$ (6.08)	$ (0.75)	$ 0.60	$ (0.58)	$ 0.35	$ (0.52)	$ 0.87
Total Gain (Loss)	$ (167,452)	$ (145,251)	$ (17,925)	$ 14,240	$ (13,790)	$ 8,266	$ (12,404)	$ 20,667
Margin	-4.17%	-3.59%	-1.46%	1.15%	-0.47%	0.28%	-0.61%	1.01%
Inflated Cost Per Day 7/1/25 to 6/30/26 at 3% Actual inflation	176.85	176.85	146.26	146.26	127.11	127.11	152.38	152.38
Total Annual Projected Expense	$ 4,224,554	$ 4,224,554	$ 1,247,620	$ 1,247,620	$ 2,984,179	$ 2,984,179	$ 2,059,400	$ 2,059,400
Revenue In Excess of (Less Than) Cost Per Day	$ (8.63)	$ (7.71)	$ (2.12)	$ (0.77)	$ (1.52)	$ (0.59)	$ (1.93)	$ (0.54)
Total Annual Projected Loss	$ (206,263)	$ (184,062)	$ (50,636)	$ (18,472)	$ (36,215)	$ (14,159)	$ (46,025)	$ (12,955)
Margin	-5.13%	-4.56%	-4.12%	-1.49%	-1.23%	-0.48%	-2.26%	-0.63%
3% Margin on Indirect, Food, Utilities and Other Costs	$ 2.58	$ 2.58	$ 2.47	$ 2.49	$ 1.76	$ 1.77	$ 2.29	$ 2.31
Additional Annual Revenue	$ 61,574	$ 61,574	$ 21,086	$ 21,235	$ 41,326	$ 41,637	$ 31,002	$ 31,225
Total Gain (Loss) at 2.5% Inflation	$ (105,879)	$ (83,677)	$ 3,162	$ 35,474	$ 27,536	$ 49,903	$ 18,598	$ 51,892
Margin	-2.63%	-2.07%	0.26%	2.86%	0.93%	1.68%	0.91%	2.53%
Impact of change by one resident daily	$ 61,398		$ 52,612		$ 45,842		$ 54,915	

Testimony
House Bill
1012
Senate Appropriations-Human Resources Division
Appropriations
Monday March 17, 2025,
Rolette County Public Health District

Testimony on the Importance of Enhanced State Aid Support for Local Public Health

Chairperson Dever and members of Senate Appropriations - Human Resources Division.

Thank you for the opportunity to submit written testimony today on the critical importance of state aid support for local public health.

My name is Barbara Frydenlund, Administrator and I represent the Rolette County Public Health District, serving the county of Rolette and dedicated to safeguarding the global health and well-being of our county. Rolette County is within District 9.

As with all Public health entities in North Dakota, Rolette County Public Health is fundamental to the well-being of our community. We provide services including immunizations, maternal and child health programs, disease prevention, health education and prevention programs, and emergency preparedness. These services are crucial in promoting public health, preventing outbreaks, and ensuring that all community members have access to preventive health services.

Rolette County continues to be one of the poorest counties within the state and country. Our mill levy value is limited, by our low land values and non-taxable tribal lands and tribal trust lands within our county.
Despite the federal designation of tribal lands in Rolette County, federal impact aid in lieu of tax base from tribal lands is not available to our county government thus not to public health services.

This is in sharp contrast to federal impact aid allocated to school districts within our service area. Though this is an important part of public-school finances we do have to be cognizant of the fact that

children must be healthy to learn effectively. Current state aid does not factor in the poverty rate and health status of our population. The greater poverty the greater the health needs. We are also plagued with the fiscal ramifications of a grossly inaccurate census collected during the height of the pandemic.

Currently Rolette County state aid payment accounts for three (3%) percent ($57,000.00) of our annual budget. As per the North Dakota Century Code, the max levy of local tax dollars that may be allocated to local public health is five mills and for us that equates to approximately.

$117,000.00. With currently no additional local dollars available to our agency, the importance of state aid is monumental.

For reference thirty-three (33%) of our revenue is generated through fee for service. Currently fifty-one (51%) of our revenue is through federal to state pass-through grants. These grants are decreasing in availability. Again, for your reference our current immunization grant funding is $4800.00 per year, Emergency preparedness funding $3704.00 per year, Maternal Child Health funding is $17,500.00 with a required match of $13,125.00. From the above description you can see why supplemental funding such as state aid is essential to the viability of Rolette County Public Health.

State aid and local tax dollars are the only flexible funding available to local public health to address grant funding match, local community health priorities and foundational public health services.

These two sources also supplement programs including programs such as North Dakota health tracks and immunizations, in which state reimbursement does not equate with the costs of delivery of these essential services. For us, these funds are extremely limited and pose a barrier to providing local services and having adequate match for grants.

Our public health workforce has decreased by 21% in the past year due to lack of available funding and additional cuts are inevitable due to decreased federal and state funding, increasing cost of supplies, the increased cost of living, the ever-increasing health insurance costs. Our public health nursing salaries are non-competitive compared to other agencies. Local public health assumes the same inflationary increased cost as other health and human services across the state.

In addition to the above fiscal description, as all local public health offices do, our public health district acts as a gap filler in the community. We find ourselves spending more time providing case management for families, connecting people to services within or outside of the area.

We provide multiple COMMUNITY needed services, such as educational services, chronic disease services, school health services, mental health first aid, CPR, fluoride varnish applications, car seat programs, Progressive agriculture safety day, babysitting programs, breast pump loaner program, breast feeding support and policy development, clinical care such as dressing changes, injections, sexual disease testing, just to name a few. These services DO NOT have a funding sources outside of state aid.
Without additional local public health funding these services simply cannot continue.

As I referenced health services provided by Rolette County Public Health, the Medicaid Health Tracks program is critical to the health of Medicaid eligible children. This program is a federal program that each state is to implement with the goal of identifying potential physical, and developmental health concerns prior to the conditions manifesting into serious or debilitating and costly health issues. Children receive a head- to-toe assessment by a Registered Nurse and referred to additional health services as deemed necessary or requested by the parent/guardian or the client themselves.

Since 2022 this program has not been fiscally solvent but deemed essential for our population. Since 2005, we have 600-900 children participate annually in this program. I say it is essential due to the number of children who lack a medical home, the families that need support beyond a 15-minute primary care appointment and the significant health concerns identified.

Over the years we have identified children who are deaf, markedly decreased vision, malformed heads, skull fracture, orthopedic concerns, sexual and physical abuse, suicidal ideology, malnourishment, obesity, dangerously high blood lead levels, diabetes, hypertension, massive dental needs, chronic school absenteeism, growth and development delays just to name a few.

All of which no one cannot put a price on. The amount of case management that families are needing continues to escalate, the amount of time assisting families to find a dentist, orthodontist, or mental health service is monumental due to the lack of providers accepting Medicaid clients all of which consumes more staff time and increasing program costs.

The saving grace for the 2024-2025 Health Tracks Program is the Statewide Strategies Grant that we received during the fall of 2024. This funding is one time funding that appropriated by the 2023 legislature and was a competitive grant with a June 2025 end date. I urge you to please consider again allocating such funding. The funding was distributed across the state and included grantees other than local public health. The grant did have a 100% match.

Immunization is one of the most effective public health interventions. It prevents the spread of infectious diseases and protects vulnerable populations.

State aid support enables Rolette County Public Health District to procure vaccines and run immunization clinics, ensuring high vaccination coverage and herd immunity.

Maternal and child health programs are vital for reducing infant and maternal mortality rates. State Aid funding helps to ensures that these essential services are accessible to all mothers and children in the county, regardless of their socio-economic status.

Preventing diseases before they occur is more cost-effective than treating them after they have manifested. Rolette County Public Health District runs various health education programs, including those focused on chronic disease management, nutrition, and physical activity. State aid support facilitates these educational campaigns, helping to reduce the incidence of diseases such as diabetes, heart disease, and obesity.

We know very well that in times of crisis, such as natural disasters or pandemics, local public health districts are on the front lines of response. Adequate state aid can ensure that Rolette County Public Health District is well-prepared with emergency plans, supplies, and trained personnel to manage such situations efficiently and effectively.

State aid support is a lifeline for public health districts. It ensures that they have the financial resources necessary to maintain and/or expand their services. For Rolette County Public Health District, <u>increased</u> state aid means:

1. Ensuring a competent workforce
2. Delivering effective public health strategies to engage the community in prevention
   programming
3. Addressing the health disparities that exist within our community,
   ensuring that everyone has the equal opportunity to achieve
   optimal health.

Without an increase in state aid funding, Rolette County Public Health District would face significant challenges:

1. A lack of funding would force the district to cut back on services, leaving community members without essential healthcare. Immunization rates could drop, disease outbreaks could rise, and maternal and child health programs could.
   suffer.

2. Health inequities could widen as vulnerable populations lose access to critical services. This would exacerbate existing disparities and lead to poorer health outcomes for the community.

3. Without preventive services, more people would rely on emergency care for conditions that could have been managed or prevented. This would strain the healthcare system and increase costs for both individuals and the state.

4. State aid support is crucial for the sustainability and effectiveness of Rolette County Public Health District. It enables the district to provide comprehensive, high-quality care to all community members, regardless of their circumstances.

Investing in public health through state aid not only improves individual health outcomes but also strengthens the entire community, leading to a thriving and healthier future for all.

The importance of state aid support cannot be overstated. It is the backbone of public health infrastructure, ensuring that districts like Rolette County Public Health can continue to serve their communities effectively.

By securing and enhancing state aid support, we invest in a healthier, more resilient future for everyone as we collaborate to become once again the Healthiest State in The Nation.

The current state aid allocation to local public health units is 8,000,000.00 dollars per biennium. Due to increased costs across the board, we are asking for an additional $2,000,000.00 to be included in the NDHHS budget for the 2025-2027 biennium to be distributed to local public health statewide.

Thank you for your consideration.

I stand for questions that you may have.

Sincerely,
Barbara Frydenlund, RN
Rolette County Public Health

2025 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

HB 1012
3/18/2025
8:00 a.m.

Relating to leases of the health and human services property, substance use disorder treatment program, basic care payment rates, and state of residence for child care assistance; to provide for a transfer; to authorize a line of credit; to provide legislative intent; to provide for a legislative management study; to provide an application; to provide an exemption; to provide for a report; and to provide an effective date.

8:00 a.m. Chairman Dever opened the hearing.

Members present: Chairman Dever and Senators Cleary, Davison, Magrum and Mathern.

Discussion Topics:

- Developmental Disabilities
- Cross Disability Waiver
- Base Budget Changes
- Budget Review

8:02 a.m. Tina Bay, Director, Developmental Disabilities Section, ND DHHS, testified in favor and continued testimony #41447 (from 3/14/25 at 10:50 a.m.).

8:18 a.m. Donna Aukland, Chief Financial Officer, ND DHHS, testified in favor and answered committee question.

8:21 a.m. Tina Bay, Director, Developmental Disabilities Section, ND DHHS, testified in favor and continued testimony #41447.

Additional Testimony:

Jessica Dargis, Chief Executive Officer, Enable Inc., testified in favor and submitted written testimony #42683.

Scott Robinson, Parent of a Young Adult with Autism, testified in favor and submitted written testimony #42695.

8:29 p.m. Chairman Dever closed the hearing.

Joan Bares, Committee Clerk

Department of Health and Human Services Budget Senate Appropriations – Human Resources Division

House Bill 1012

Tuesday March 18, 2025

Chairman Dever and members of the committee,

My name is Jessica Dargis and I am the CEO of Enable Inc, located in Bismarck ND. Thank you for the opportunity to submit testimony in favor of HB 1012.

I am writing to express my strong support for initiatives aimed at improving the quality, accessibility, and sustainability of services for individuals with intellectual and developmental disabilities. These individuals rely on critical services and supports provided by organizations across the state, and it is essential that we continue to strengthen and expand these services to meet their needs."

Inflationary Increase of 4% and 3%

I stand before you advocating for an inflationary increase of 4% and 3% for this biennium for developmental disability service providers. These proposed increases are critical to ensure that providers can continue to attract and retain the highly skilled professionals necessary to deliver the essential services that individuals with developmental disabilities depend on. The job market is tough, and without this increase, we risk further destabilizing a workforce that is already underpaid and overburdened.

The job market today is more competitive than ever. Many sectors are experiencing labor shortages, but the developmental disability services sector faces an even more pressing challenge. We are competing for talent in a market where wages for direct care workers, case managers, therapists, and other support staff in the developmental disability field have remained stagnant for too long. The work these employees do is demanding, often requiring a high level of patience, skill, and emotional resilience. Yet, despite their critical role, compensation has not kept pace with the increasing cost of living or with the demands placed on workers.

Without these professionals, the support systems that so many individuals rely on would crumble, leaving people with developmental disabilities at risk of isolation, reduced access to essential care, and a diminished quality of life.

Things we often take for granted, such as going to the mall or store to buy something we want, are being denied to the individuals we support due to staff shortages. We want those

individuals to thrive in their homes and communities, but when we have to plan weeks in advance and hope no one gets sick just to take someone shopping, it becomes clear that we are not providing the least restrictive setting. Denying someone the opportunity to use their personal funds to buy a shirt they desire simply because of a lack of staffing is a denial of their basic rights. It is crucial that we have enough support to ensure these individuals can participate in everyday activities like shopping, which are important for their independence and well-being.

I urge you to reevaluate the state's budget to allow for a 4% and 3% biennial increase for developmental disability providers. These increases are not just about raising wages—they are about ensuring that the people who care for our most vulnerable individuals are supported, valued, and equipped to do their jobs effectively. The challenges in the job market are real, and if we do not act now, we risk further destabilizing an already fragile workforce.

Fully Funding ICF and Residential Habilitation Services

I'm also advocating for the full funding of Intermediate Care Facilities (ICF) and Residential Habilitation Services at 100% of the computed and intended rates.

Currently, ICF funding is 89.7% and Res Hab funding is 91.6% of the computed rates falls short of meeting the needs of the individuals we serve. This level of funding is not only insufficient but also sends a troubling message: that the individuals we support are somehow less worthy of the full investment they deserve. When funding is less than 100%, it implies that their care and well-being are not as important as others who are served on the same DD waivers, which is simply unfair and unjust. These individuals deserve the same level of care, respect, and support as anyone else, and that requires fully funding these programs at the rates originally intended.

Thank you,

Jessica Dargis, CEO
Enable, Inc.
701-712-8768
jdargis@enablend.org

Senator Dever and members of the Human Services Committee,

My name is Scott Robinson and I am a parent of a young adult with Down syndrome. I am in full support of Senate Bill 1012.

We moved to North Dakota from Texas 18 months ago for the sake of our 26-year-old daughter Rebekah, who has Down syndrome. We came because the supports for the intellectually disabled are better here and because we have family here. Medicaid has proven invaluable for Rebekah's growth. Many Downs individuals are extremely outgoing. Rebekah is not; she's so shy she even avoids conversations with family. As soon as we arrived, the Medicaid FSS Respite Care program started paying for weekly visits from a companion, and that has helped Rebekah grow tremendously. She is so happy to have a friend. Parents have to accept you, but a friend doesn't. Even though her friend is paid to come, Rebekah calls her, her best friend. Having a friend shows Rebekah that she is acceptable, not handicapped, and that she can make friends. Since she started the program a year ago, we have seen Rebekah grow in self-confidence, in social skills (like making small talk), and in empathy for others. She now starts conversations with people, even new people, store clerks, etc. and sometimes has 5, 10, or 15- minute conversations with others – a huge leap from where she was only a year ago! Respite Care has been an empowering program for Rebekah, for which we are immensely grateful and which she would not have except for Medicaid.

Our biggest concern is what Rebekah will do when we pass from the scene (we're both over 65). She can never be fully independent, but she needs to be independent of us, or she'll have to go into an institution. Thanks to the Respite Care program she is growing socially, so we hope that one day she will be able to live in an apartment or group home independently of us. However, she will always need regular visits by a caregiver to support her living in society, which is why the Residential Care Program provided by Medicaid is so important. It empowers Rebekah to live as independently as she can. The alternative is more costly: Medicare would be paying for her to live in a nursing home.

I hope this shows you how much of a difference the Medicaid waiver has made and will make in Rebekah's life. There are many more North Dakotans who are not as high-functioning as Rebekah for whom Medicaid support is even more vital. As a group they don't have much political clout, they won't get much attention, but they have the same desires we all have, to live the most productive lives they can, and Medicaid is an irreplaceable part of that. Please continue full funding for Medicaid so it can continue to provide these services which mean independence to so many North Dakotans. (Please also consider adding a 3% increase for providers for both years of the biennium so we can continue to have qualified providers in our state.)

Thank you,

Scott Robinson

2025 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

HB 1012 8:30 a.m.
3/18/2025

Relating to leases of the health and human services property, substance use disorder treatment program, basic care payment rates, and state of residence for child care assistance; to provide for a transfer; to authorize a line of credit; to provide legislative intent; to provide for a legislative management study; to provide an application; to provide an exemption; to provide for a report; and to provide an effective date.

8:30 a.m. Chairman Dever opened the hearing.

Members present: Chairman Dever and Senators Cleary, Davison, Magrum and Mathern.

Discussion Topics:

- Developmental Disability Providers
- Direct Support Providers (DSPS)
- DSPS Wages
- Anne Carlson - Specialty Hospital Licensure
- Senior Nutrition Program - Funding Reinstatement
- Senior Nutrition Program - Cost of Living Increase
- Developmental Disability Waiver - Employee Shortage
- Home Instead - Reimbursement Rates
- Basic Care Payment Methodology
- Nursing Facility Incentive Program (NFIP) New Penalization System

8:30 a.m. Angela Dinius, Executive Director, ND Association of Community Providers (NDACP), testified in favor and submitted testimony #42613.

8:37 a.m. Sargianna Wutzke, Lead Operations Officer, Community Options Inc., testified in favor and submitted testimony #42295.

8:46 a.m. Donna Byzewski, Program Director, Guardianship Division/Intellectual Disabilities, Catholic Charities, testified in favor and submitted testimony #42395.

8:58 a.m. Tim Eissinger, President and CEO, Anne Carlsen, testified in favor and submitted testimony #42753.

9:12 a.m. Noah Carlson, Chief Financial Officer, Anne Carlsen, testified in favor and answered committee questions.

9:18 a.m. Kirsten Dvorak, Executive Director, Arc of Bismarck, testified in favor and submitted testimony #42919.

9:22 a.m. Roger Reich, Executive Director, Minot Commission on Aging, testified in favor and submitted testimony #42558 and #42748.

9:38 a.m. Kendra Vander Wal, Executive Director, Designer Genes of ND, testified in favor and submitted testimony #42724.

9:46 a.m. Mika Stokkeland, parent of down syndrome child, testified in favor and submitted testimony #42376.

10:07 a.m. Chairman Dever recessed.

10:19 a.m. Chairman Dever reconvened.

10:19 a.m. Bruce Murry, Lobbyist, Fraser Ltd. of Fargo, ND, testified in favor and submitted testimony #43050.

10:29 a.m. Trever Vannett, Citizen with Physical Disabilities, testified in favor and gave oral testimony.

10:39 a.m. Erin Sorensen, Owner, Home Instead, a ND Qualified Service Provider Agency, testified in favor and submitted testimony #42514.

10:44 a.m. Bruce Murry, Lobbyist, Fraser, testified in favor and gave oral testimony.

10:47 a.m. Erin Sorensen, Owner, Home Instead, a ND Qualified Service Provider Agency, testified in favor and answered committee questions.

10:50 a.m. Shelly Peterson, Consultant, North Dakota Long Term Care Association, testified in favor and submitted testimony #42847.

11:08 a.m. Nikki Wegner, President, ND Long Term Care Association, testified in favor and submitted testimony #42679.

11:14 a.m. Tim Kennedy, Vice Chair, ND Long Term Care Association, and Administrator of Parkside Lutheran Home & Four Seasons Healthcare Center, testified in favor and submitted testimony #42860.

11:21 a.m. Joel Larson, General Council, Altru Health, testified in favor and submitted testimony #42851.

11:46 a.m. Roxanne Romanick, Representative, Designer Genes, testified in favor and submitted testimony #42664.

Additional Written Testimony:

#41492, #41815, #41596, #41955, #42004, #42068, #42075, #42202, #42236, #42237, #42349, #42457, #42464, #42499, #42526, #42544, #42564, #42582, #42583, & #42585

11:53 a.m. Chairman Dever closed the hearing.

Joan Bares, Committee Clerk

Great Plains Housing Authority

Serving Dickey, Eddy, Foster, Logan, Sargent, Stutsman, and Wells Counties

To: ND Senate Appropriations
From: David Klein, GPHA Executive Director
Date: March 14, 2025
Re: HB1012

Great Plains Housing Authority (GPHA) supports HB1012 and the Transition and Diversion Pilot Project. GPHA partnered with the Transition and Diversion Pilot Project in using Federal Housing Vouchers to locate and provide permanent housing (rental) assistance during the last two years.

GPHA believes extending the pilot project and increasing provider rates will help achieve goals under the Olmstead Settlement. The pilot project and rate may help increase provider participation while creating opportunities for integrated community living situations.

Mailing address: 300 2nd Ave NE – Suite 200, Jamestown, ND 58401
Toll free: 800-340-4537
Phone: 701-252-1098
Fax: 701-252-7735
Web: www.greatplainsha.com
Email: office@greatplainsha.com
Locations: Carrington, Ellendale, Jamestown, New Rockford

March 14, 2025

HB 2012 Testimony: DD Provider Rates

Good morning Chairman Dever and members of the Senate Appropriations Human Resources Division. My name is Mike Remboldt, I am the CEO of HIT, Inc. in Mandan and one of the 31 DD providers that belong to NDACP. I am here to testify on behalf of NDACP by providing information and statistics that support our requests. My testimony will include four requests:

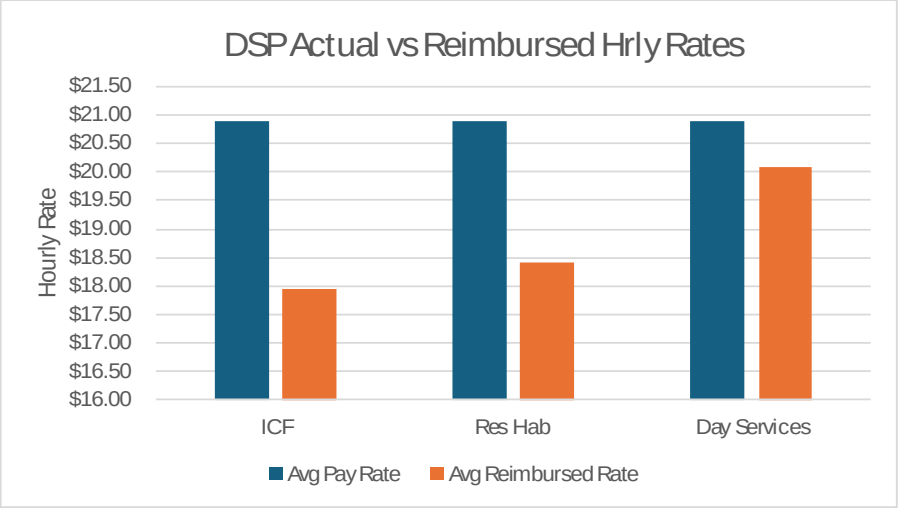
1. Funding ICF and Residential Habilitation (Res Hab) services at 100% of computed/intended rates.
2. Providing annual inflationary increases of 4% in the first year and 3% in the second year of the biennium for all DD services.

During the twelve month period ended 6/30/2024, sixteen of the NDACP member organizations (sample included all geographic areas of State and various size providers) reported a Direct Support Professional (DSP) **turnover rate of 28.18% (177/628) in day services with a median stay of 12 months, and 45.04% in residential services (931/2,067) with a median stay of only 8 months (465 left before 8 months)**. To compound this high turnover issue, Day Service providers reported a 7.2% vacancy rate (45 open positions) and Residential Service providers reported a 14.3% vacancy rate (296 open positions).

NDACP members are struggling and are finding it increasingly difficult to be able to offer a competitive wage in this difficult labor market. I know that our industry is not the only one with this issue. Our members report paying **$20.89 as an average hourly rate** for DSPs. This number means nothing until you understand that the **payment we receive** from the State for these services includes the hourly wage component of **$20.02 for day services, $18.41 for Res Hab services, and only $17.96 per hour for ICF services**.

Fund ICF and Res Hab Services at 100% of Computed/Intended Rates

We are requesting that the State follow through with their commitment to the payment system and providers by fully funding the ICF and Res Hab rates consistent with the rate methodology original design. When the Sate implemented the new payment system on April 1, 2018, they decided to not fully fund ICF and Res Hab rates solely because they wanted the payment system to be budget neutral at the time of implementation. The DD Section's solution was to only fund **ICF's at 89.7%** and **Res Hab's at 91.6%** of the rates, and we are still living with these "Funded Percentages." The hourly staff paid/reimbursed rate for these services **should be $20.02 for ICF and $20.10 for Res Hab,** but because of the "funded percentages", providers are only paid a wage rate of **$17.96 for ICFs and $18.41 for Res Hab.** By comparison, Day Services rates are fully funded (100%) with a wage rate of $20.08 per staff intervention hour. **Remember, providers are paying $20.89/hour on average, which means our payrates are all greater than the reimbursed payrates.**



To explain further, the rates (Rate Matrix) are driven off an hourly rate for DSPs with percentages added on for fringe benefits, relief staff, program support, and administration. About 70% (Wages, Fringe Benefits, & Relief Staff) of the total rate providers are paid/reimbursed is for direct care intervention staff while providers are spending 78% of their expenses on wages and benefits. When the direct care

rate is underfunded, all other costs of operation are also underfunded, exemplifying the financial hardship.

Annual Inflationary Increases of 4% & 3% for the respective years of the biennium

Per the **Federal Reserve Bank of Minneapolis, the CPI for 2023-2024 was 4.1% and 3.2%, respectively.** We are requesting reasonable annual inflationary increases to help our providers remain competitive. Our members can share horror stories about health insurance premiums increasing 15-40%, property/liability insurance premiums increasing by 25-50%, and the amount of hours/$ being paid out in overtime. We all know what has happened to food, vehicle, and supply costs. Based on recent DD payment data, NDACP member Providers have seen their revenues **increase by 17.93% during the last 7 years, which averages out to an annual increase of only 2.5% +/- per year.** This revenue increase also includes caseload growth and is not just an increase in payments for the same number of people. These increases over the last 7 years (implementation of the new payment system) paid to providers are extremely modest.

In conclusion, my testimony on behalf of NDACP is requesting your help with these four items:

1. Fund ICF and Residential Habilitation services at 100% of computed/intended rates,
2. Provide an annual inflationary increase of 4% in the first year and 3% in the second year of the biennium for all DD services,

Thank you for the opportunity to submit testimony on behalf of NDACP and HIT, Inc.

SENATE APPROPRIATIONS COMMITTEE
HB 1012
TESTIMONY OF DORI LESLIE, CHI FRIENDSHIP (NDACP MEMBER)
MACH 16, 2025

Good morning Chairman Dever and members of the committee. I am Dori Leslie, Executive Director of CHI Friendship, and I am grateful for the opportunity to share with you my thoughts on additional resources needed for the workforce for people with intellectual/developmental disabilities and how this has a direct impact on employment for people with disabilities. CHI Friendship has been providing services to people with disabilities in the Fargo and Grafton/Park River areas since 1974. Today we serve over 250 clients and have about 350 staff. Our major areas of service to people with developmental disabilities are in group homes, apartments, and in vocational/employment settings.

As a state, North Dakota can and should take great pride in the outstanding services it has provided over the years to peop le with disabilities. Among the reasons North Dakota has been recognized as such a strong leader in this field is because of the outstanding leadership from the Department of Human Services, the quality of care from providers, and the important ongoing su pport of our state legislat ors. Thank you. We cannot allow ourselves to slip away from the high benchmarks we have achieved together.

We have come so far in our field. As you are aware of our field's history, years ago, people would only get support for food, shelter, and personal hygiene. We then moved to a model of individualizing supports for the person and placing them into a community. Today, our state has something very exciting in front of us and we are on the cusp of something very wonderful for people in our state – all people with

disabilities becoming contributors to our community and not just consumers in our community.

Our greatest staff are challenging people to not only have good friends, but to be a good friend. Not only to receive from families, coworkers, and neighbors, but to give to our families, coworkers, and neighbors. But, one of the greatest joys we have seen is the smiles on the faces of people we support when they receive their first paycheck on the job. Whether it's Jay getting paid for making his candy bouquets, Dirk collecting his money for his vending business, or Todd getting paid after cleaning the food court at West Acres Mall, we cannot let this dream fade for all people because this is what people want and deserve.

This dream continues with our commitment to invest in our workforce by providing a respectable wage for Direct Support Professionals (DSPs). We need to continue to be able to hire quality staff, stop the revolving door, and keep the best staff that know and develop trust with the people they are working with. Inexperienced and unskilled staff have a direct correlation to people with disabilities achieving the American dream while having meaningful employment.

As the Executive Director, I can give you this personal testimony of how we are finding it increasingly difficult to find these qualified staff. This makes it very challenging to remain in compliance with our industries' oversight systems in areas such as community integration. More importantly, I have observed how this negatively impacts the lives of people with disabilities. I have seen our clients lose their direct hire jobs and their self-employment businesses. One of the main reasons for this is we are

losing our best employees to jobs where they can earn more and work less. This has caused our vacancy rates to go up and our hiring standards to go down.

To say that Direct Support Professionals have difficult work would be a huge understatement. Direct Support Professionals are the backbone of our industry as they are responsible for administering medications, assisting with personal hygiene, behavior supports, keeping people safe, and helping each person find meaningful employment.

To continue to move momentum forward with our dream of decreasing staff dependency, and finding meaningful employment for all clients, we need qualified and tenured Direct Support Professionals. Direct Support Professionals are a must as this is where the rubber meets the road in our service delivery and they have the greatest impact by bridging a person with a disability to successful employment. Unfortunately, we have seen many of these staff walk away in recent years.

There are many benefits to people with disabilities being employed. Ronald Reagan said that the best social program is a job and we couldn't agree more. We have seen over and over the impact that employment has on the lives of people with disabilities. Employment has a direct effect on a person's self-esteem, a meaningful life, and friendships. Employment is tied not only to income, but to self-worth, a sense of accomplishment, and friendships. This is how we are supporting people with disabilities to contribute in our communities and increase their quality of life. We need to continue to partner together and remain committed to the integration mandate of the Olmstead decision, have people with disabilities embedded into the fabric of their

communities, and ensure that all people of working age should work, regardless of their disability.

Robert Greenleaf once said that awareness is not a giver of solace, but it is a disturber and an awakener. We should all be awakened and disturbed by our diminishing workforce of our population's most vulnerable and the negative impact it is having. Let's all once again join together and continue to lead our field forward in the direction it needs to be to better employ, to better integrate, and to better dignify the lives of people with disabilities.

I ask that you support the 4% &3% inflationary increases and increase reimbursement on ICF and Res Hab rates to 100%.

It is essential to ensure that reimbursement rates are adjusted to account for inflation. Without these adjustments, the ability to recruit and retain qualified staff, as well as maintain service levels, is at serious risk. This increase aligns with the federal inflation levels for the previous two years.

Thank you.

March 16, 2025

Dear Chair Dever and Members of the Senate Appropriations Human Resources Committee,

My name is Sommer Jacob, and I am writing to express my strong support for **House Bill 1012**, which provides essential funding for the **North Dakota Department of Health and Human Services (DHHS)**. This budget is critical to families like mine, ensuring access to **In-Home Supports, Respite Care, Early Intervention, Adult Services, and Medicaid providers, including physical therapists, occupational therapists, and dentists.**

I am the mother of a **five-year-old son with Down syndrome**, who was also born prematurely, spending **seven weeks in the NICU.** Shortly after birth, we learned that he had **serious congenital heart defects—ventricular septal defect (VSD) and atrial septal defect (ASD)**—that required **open-heart surgery out of state as an infant.** Unfortunately, his recovery was complicated by a **blood clot**, which we discovered on our way home, requiring us to immediately fly back for additional treatment.

While my husband and I are grateful to have **primary medical insurance**, **Medicaid has been critical in helping cover the additional costs of our son's complex medical needs, which require lifelong monitoring.** Managing his care would be an overwhelming financial burden without these supports.

Due to his **premature birth, congenital heart condition, and Down syndrome,** our son was not permitted to attend daycare and has **required in-home support since birth.** These services have been a **lifeline** for our family, allowing us to provide him with the care and therapies he needs to thrive. **They have also allowed my husband and me to continue running our businesses, which provide jobs and services in our community.** Without these supports, balancing our son's significant medical and developmental needs with our ability to contribute to North Dakota's economy would be significantly more difficult.

Why These Supports Matter:

- **In-Home Supports and Respite Care:** These services ensure that children like my son receive **consistent, high-quality care** while allowing parents to continue working and providing for their families.
- **Early Intervention:** Because of **Early Intervention services,** my son has made significant progress in communication, mobility, and independence. Without these supports, children with disabilities risk falling behind, requiring **more intensive and costly services later in life.**
- **Medicaid Providers (PT, OT, Speech and Dental Care):** My son requires **ongoing physical, speech and occupational therapy** to build communication, mobility and strength. Medicaid ensures that he receives these services **without excessive delays or gaps in care.**

Request for a 3% Increase Over the Biennium:

I **strongly urge the committee to approve a 3% increase in funding for both years of the biennium** to ensure these vital services remain accessible to North Dakota families. The **cost of providing care is rising**, and without appropriate funding, families like mine risk losing access to the support that allows us to care for our loved ones.

Investing in these programs is an investment in North Dakota's families, workforce, and economic future. Families like mine depend on these resources to maintain our quality of life and continue contributing to our communities.

Thank you, **Chair Dever and committee members**, for your time and thoughtful consideration of this important funding request. Your support will make a lasting impact on families across North Dakota.

Sincerely,
Sommer Jacob
2303 Pirates Loop SE
Mandan ND 58554
sommer@studionorthdesigns.com
701-471-6048

March 16, 2025

Dear Chair Dever and Members of the Senate Appropriations Human Resources Committee,

My name is Debby Bolte, and I am writing in strong support of House Bill 1012, which provides essential funding for the North Dakota Department of Health and Human Services (DHHS). As a grandmother, a former in-home support and respite care provider, and someone who has firsthand experience caring for a child with complex medical needs, I know how vital these services are—not just for the individuals receiving care, but also for the families who rely on them.

My grandson was born prematurely, spending several weeks in the NICU. Shortly after birth, our family learned that he has Down syndrome, as well as serious congenital heart defects—ventricular septal defect (VSD) and atrial septal defect (ASD)—which required open-heart surgery out of state as an infant. I accompanied him, my daughter and son-in-law to Rochester MN, Mayo Hospital for the surgery. His recovery was complicated by a blood clot, which my daughter and I discovered on the way home. This required him to be flown back for additional treatment, where I once again accompanied them.

Due to his **premature birth, congenital heart condition, and Down syndrome,** he was **not allowed to attend daycare and has required in-home support since birth.** For years, I was honored to be his **in-home support and respite care provider,** quitting my full-time employment and ensuring that he had consistent care while my daughter and son-in-law worked to provide for their family. Both are **small business owners** who contribute to North Dakota's economy by creating jobs and providing services in their community. Without in-home support, they **would not have been able to maintain their businesses or their ability to work. Without funding, I would not have been able to provide care for him. My husband took his life when my grandson was only 8 months old, leaving me the only income earner in my household. I could not have assisted my daughter without the state-funded support to provide income for me.**

I have witnessed firsthand how essential these **state-supported services are**—not just for children like my grandson, but for **the entire family unit.** Supports like **Early Intervention, therapy services, Medicaid-covered healthcare, and in-home care** have allowed my grandson to **grow, develop, and thrive.** They have also given my daughter and her husband the ability to continue working and contributing to our community without the constant worry of how they will manage their son's medical and developmental needs. It also allowed me to be the primary care provider at an essential time which I couldn't have afforded to do without an income.

Why These Supports Matter:

- **In-Home Supports and Respite Care:** When I served as my grandson's in-home caregiver, I saw firsthand how vital this support is. It ensures that children with significant needs receive **high-quality, personalized care** while allowing families to continue working. These services are **lifelines** for families across North Dakota.
- **Early Intervention:** The services my grandson received as an infant and toddler have **helped shape his development, communication, and independence.** Without continued funding for Early Intervention, children with disabilities may miss critical opportunities for growth.
- **Medicaid Providers (PT, OT, ST and Dental Care):** Medicaid ensures that my grandson receives the therapy and medical care he needs to build strength, coordination, communication and independence. Without this access, families could face excessive wait times or financial barriers to care.

Request for a 3% Increase Over the Biennium:
I strongly urge the committee to approve a 3% increase in funding for both years of the biennium. The **cost of care is rising**, and without appropriate funding, families could lose access to the services that allow them to care for their loved ones while continuing to work. By investing in these programs, you are supporting families, strengthening our workforce, and ensuring that children like my grandson receive the care they need to reach their full potential.

Thank you, Chair Dever and committee members, for your time and consideration of this important funding request. Your support will make a lasting impact on families across North Dakota.

Sincerely,
Debby Bolte
4815 E. Rough Rider Cr.
Mandan, ND 58554
dbolte0@gmail.com
701-663-4437

Dear Chair Dever and Members of the Senate Appropriations Human Resources Committee,

My name is Tiffany Ormonde, and I am writing in support of House Bill 1012, which funds crucial services under the North Dakota Department of Health and Human Services (DHHS). As both a respite care provider and an aunt to a child with significant medical and developmental needs, I have seen firsthand how these services impact families.

My nephew, now five years old, was born prematurely, spending seven weeks in the NICU. During that time, our family learned he has Down Syndrome and, after additional testing, that he was also born with serious congenital heart defects (VSD and ASD). He required open-heart surgery out of state as an infant, which was further complicated by a blood clot that forced an emergency return trip for additional treatment.
Because of his complex medical history, my nephew was unable to attend daycare and has required in-home support since birth. These services have made it possible for him to receive the specialized care, therapies, and assistance he needs to thrive. They have also allowed my sister and brother-in-law to continue working and running their businesses- contributing to North Dakota's economy while ensuring their son receives the care he requires.
Through state-funded support, my nephew also receives speech therapy, which has been instrumental in helping him develop communication skills. For children with Down syndrome and other developmental disabilities, speech therapy is a necessity, not a luxury. It directly impacts their ability to communicate, express their needs, and participate in school, relationships, and daily life. Without reliable access to therapy, children may face setbacks that affect their long-term success.

Why these supports matter:
In-home supports and Respite Care: these services give families access to consistent, high-quality care for their loved ones while allowing parents to remain in the workforce. Without them, many families would be forced to choose between working and caregiving.

Speech Therapy and Early Intervention: My nephew's state-supported speech therapy services have been life-changing. Without funding for these services, children with developmental delays may struggle with communication, impacting their future independence and opportunities.
Medicaid Providers (PT, OT, and Dental Care): Ongoing physical and occupational therapy helps children like my nephew develop strength, mobility, and coordination.

Maintaining adequate provider reimbursements is essential to ensuring access to these services.
Request for a 3% Increase Over the Biennium:
I urge the committee to approve a 3% increase in funding for both years of the biennium. The cost of care continues to rise, and without sufficient funding, families may lose access to the resources they depend on. These supports are not optional; they are necessary for families like mine to provide the best possible future for their loved ones.

By investing in early intervention, in-home care, therapy services, and Medicaid provider reimbursements, you are supporting North Dakota families, working parents and the next generation of children with special needs. These programs do not just help individuals- they strengthen our communities and economy as a whole.

Thank you, Chair Dever and committee members, for your time and attention to this important issue. I appreciate your consideration of this funding request, and I hope you recognize the vital role these services play in the lives of North Dakota families.

Sincerely,
Tiffany Ormonde
4908 W. Roughrider Circle
Mandan, ND 58554
tiffanyormonde@gmail.com
701-319-0107

Testimony for House Bill 1012
Senate Appropriations – Human Resources Division
Senator Dick Dever, Chairman

Good morning. My name is Giselle Ishimwe, and I am the CEO, Nurse, and Coordinator at A Place To Call Home LLC, an adult foster care agency in Fargo, North Dakota. I appreciate the opportunity to testify in support of House Bill 1012 and to share insights from my experience as a provider.

I strongly support the Adults and Aging Services budget proposals under House Bill 1012. As a provider in Fargo, I have firsthand experience with the essential role these services play in supporting individuals with diverse and complex needs.

A Place To Call Home LLC has been serving the Fargo community since 2024, offering 24/7 skilled nursing care, transportation, respite care, companionship, homemaker services, personal care, community support, and residential habilitation. Over the past year, we have cared for individuals with a wide range of medical conditions and behavioral challenges, ensuring they receive the necessary support to live safely and independently in a community setting.

While we receive daily rates for the individuals we serve, providers often go beyond these reimbursements to meet critical needs. For example, one of our clients requires essential medical supplies such as alcohol wipes and over-the-counter medications for blood sugar management—items not covered by their insurance. Recognizing the importance of these supplies, we ensure they have access to them, even when funding does not account for such expenses.

Additionally, we have supported clients with high behavioral needs requiring increased staffing. In one case, we had to implement two-person staffing due to the severity of the client's behaviors. This resulted in staff turnover and increased wage negotiations, as

employees faced the challenges of managing complex care situations. There are also times when a client's health declines, necessitating additional staffing to ensure their safety and well-being.

In January and early February, we had two clients in the home; however, our reimbursement was reduced because they were considered to be "sharing meals and staff." In reality, each individual has unique cultural backgrounds, dietary needs, and medical restrictions, making meal planning and preparation more complex than what the funding model assumes. Moreover, this approach does not fully consider the increased staffing needs when clients require additional support due to declining health. The current funding structure does not adequately reflect these realities.

To ensure we provide the highest quality care, we collaborate with organizations such as the Alzheimer's Association, the Brain Injury Association, and CQL accreditation programs. These partnerships allow us to provide specialized staff training and uphold policies that enhance client safety and well-being. We compensate staff for attending these essential trainings, and the state has helped support our efforts through funding for CQL accreditation an investment that strengthens care standards.

As the demand for community-based care continues to grow, it is vital to ensure adult foster care homes receive the support they need. Many individuals under 50 do not want to live in nursing homes yet still require structured care in a residential setting. Adult foster care homes bridge this gap, offering a more personalized and community-oriented approach to long-term care.

To ensure the continued delivery of high-quality care, I respectfully urge consideration for funding grants to support adult foster care providers. One critical area of need is accessible transportation, which plays a vital role in enabling clients to engage with their communities and attend essential appointments. Currently, we rely on personal vehicles and must coordinate with external transportation providers, which can be inconsistent and limiting. Securing an accessible vehicle of our own would allow us to expand our services, provide more reliable transportation, and ensure that all clients, regardless of mobility challenges, have equitable access to the care and community connections they deserve.

Investing in these services means investing in the well-being of North Dakota's most vulnerable populations. By supporting adult foster care providers, we can continue to offer high-quality, community-based care that promotes independence, dignity, and a better quality of life for those we serve.

Thank you for your time and consideration. I appreciate the opportunity to share our experiences and advocate for the continued support of these essential services. I would be happy to answer any questions you may have.

Sincerely,
Giselle Ishimwe
CEO, A Place To Call Home LLC

Testimonials from families we have had the privilege to serve:

Marta Fuentealba
8 reviews · 6 photos

★★★★★ 3 weeks ago **New**

I think it is the most caring place oriented to provide the best care A+. and the staff is amazing, they really do whatever is in their hands to make patients in their home. I am totally agreed with the name A place call home.
Personally they own my gratitude forever.
I had my father there and until I couldn't keep him any more at home He was 24 /7 in the best care the place is wisely created big rooms and modern decorations clean and friendly. I appreciated also the kindness to give reports about your love one with pictures and text messages. Again like I verbally congratulate the owner of the place I think this is the future of care and a great alternative wisely elaborated. Thank you all you!!!

Ann Marie Sims
1 review

★★★★★ 2 months ago

A Place to Call Home took care of my son. They were very professional and caring. They went far beyond my expectations during his stay there. They were excellent with communicating with me concerning my son's needs. I would highly recommend them for anyone looking for professional care in a home setting!

Diane Ista
1 review

★★★★★ 4 months ago

Giselle is wonderful as is her staff! We are an older couple who struggle to get things done but they step in and help us. They take blood pressure, give medications, give sponge baths etc. Our life changed for the better when we hired them. They are amazing.
Diane ista

Senate Appropriations, HR Section

House Bill 1012

March 17, 2025

Chairman Dever and members of the committee,

My name is Brooke Austin, and I am the Executive Director at Community Living Services, Inc. (CLS), a non-profit organization providing community-based services for people with intellectual and developmental disabilities. Thank you for the opportunity to submit testimony in support of HB 1012.

I respectfully request your support for reimbursement rate adjustments that will significantly benefit services for people with disabilities. A proposed increase of 4% and 3% would enhance providers' ability to recruit, retain, and train qualified employees. Without these adjustments, providers may struggle to maintain current service levels and could be forced to decline new referrals, leaving vulnerable North Dakotans without the supports they need.

Additionally, I urge your support for increasing reimbursement rates to 100% for Residential Habilitation and ICF Services. Full reimbursement is essential for sustaining these critical services and ensuring providers can continue delivering care without financial strain.

The people who rely on support services to live and work independently within their communities deserve access to consistent, high-quality care. I strongly encourage your support of these rate changes so that CLS and other providers can continue to fulfill our mission of serving people with intellectual and developmental disabilities throughout North Dakota.

Thank you for your time and consideration.

Brooke Austin
Executive Director
baustin@clsnd.org

Neutral Testimony of HB 1012

Chelsea Ridge
North Dakota Public Health Association
Alcohol, Tobacco and Other Drugs Section, Chair
Williston, ND

Chairman Dever and members of the Senate Appropriations Human Resources Division,

My name is Chelsea Ridge, and I am the chair of the North Dakota Public Health Association (NDPHA) Alcohol, Tobacco, and Other Drugs Section. Our vision is a North Dakota where every person can live their healthiest life. I am here to provide neutral testimony to House Bill 1012, relating to the Department of Health and Human Services Budget, in hopes of restoring line item, "Tobacco Prevention and control grants to local public health units" for $6,250,000 to ensure the funding will be designated to local public health units who work directly with our communities affected by tobacco and vaping health challenges.

North Dakota's public health system consists of 28 decentralized local public health units working in partnership with North Dakota Health and Human Services (DHHS). We collaborate closely with local governments and political subdivisions across our state to enhance and safeguard the health and safety of our citizens. In a combined effort to implement effective solutions for our local communities.

Since 1998, North Dakota has received substantial annual payments from tobacco companies. Between 2006-2015, the state received approximately $305.4 million, with annual payments ranging from $30.7 million to $53.1 million.[i] In 2018, North Dakota received a payment of $34 million.[ii] These funds have been allocated in various ways over the years. From 1999-2017, settlement payments were distributed 45% to the Community Health Trust Fund, 45% to the Common Schools Trust Fund and 10% to the Water Development Fund. Since 2018, 100% of Master Settlement Agreement funds coming into North Dakota are distributed into the Community Health Trust Fund. NDCC 54-27-25, the Tobacco settlement trust fund states, "Moneys in the fund may be appropriated for community-based public health programs and other public health programs, including programs with emphasis on prevention or reducing tobacco usage in this state."[iii]

North Dakota's payments from the Master Settlement Agreement will continue indefinitely if tobacco sales by the participating manufactures persist. These payments will never expire but are subject to adjustments based on factors like inflation, tobacco sales volume and legal disputes.

In September 2022, North Dakota participated in a $438.5 million dollar settlement with JUUL Labs, in which North Dakota will receive approximately $6 million dollars over 6-10years. JUUL was found guilty of deceptive marking practices of addictive nicotine products to appeal to youth. In 2023, ND Legislature in HB 1004, 80% of the JUUL Settlement funds were transferred from the Attorney General's Budget into the Community Health Trust.

North Dakota has made significant progress in reducing tobacco and nicotine use, particularly among youth and young adults. This success is largely due to dedicated funding from sources such as the Tobacco Settlement and JUUL Settlement, which have allowed for comprehensive prevention and cessation programs.

Restoring this critical funding will empower local public health units with the necessary resources to continue our vital work. With adequate support, communities can implement education initiatives, prevention strategies, and policies that reduce tobacco use, ultimately saving lives and fostering healthier communities. Investing in these efforts not only protects public health but also reduces long-term healthcare costs associated with tobacco-related illnesses. By continuing to support local programs, we can ensure that North Dakota remains a leader in tobacco prevention and sustains the progress we have worked so hard to achieve.

Now is the time to reaffirm our commitment to protecting our youth and strengthening public health. Restoring funding for tobacco prevention is an investment in our future—one that will pay dividends for generations to come. On behalf of the members of the North Dakota Public Health Association we kindly request the appropriation of funds of $6,250,000 be distributed in a line-item grant to local public health units specifically for youth tobacco prevention and treatment.

Thank you for your time and consideration

Sincerely,

Chelsea Ridge
North Dakota Public Health Association
Alcohol, Tobacco and Other Drugs Section, Chair
chelsearidge113@gmail.com

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[i] Campaign for Tobacco-Free Kids, Actual Annual Tobacco Settlement Payments Received by States, 1998-2024; https://assets.tobaccofreekids.org/factsheets/0365.pdf Accessed on March 13, 2025.

[ii] The Dickinson Press; "North Dakota to Receive $34 million in tobacco settlement." By Sydney Mook, March 13, 2028. https://www.thedickinsonpress.com/news/north-dakota-to-receive-34-million-in-tobacco-settlement Accessed on March 13, 2025.

[iii] North Dakota Century Code, Chapter 54-27 Fiscal Administration; 54-27-25-Tobacco settlement trust fund. https://ndlegis.gov/cencode/t54c27.pdf Accessed on March 13, 2025.

NDCC 54-27-25
Tobacco Settlement Trust Fund - Fund 407

5/17/2024

Date	Total Amount Received	Community Health Trust Fund - 100%	Commons School Trust Fund - 0 %	Water Development Trust Fund - 0%	Attorney General Appropriation
12/14/99	9,036,985.38	903,698.54	4,066,643.42	4,066,643.42	
1/3/00	7,871,639.19	787,163.91	3,542,237.64	3,542,237.64	
4/18/00	12,875,523.14	1,287,552.32	5,793,985.41	5,793,985.41	
4/19/00	169,475.62	16,947.56	76,264.03	76,264.03	
5/4/00	984.72	98.48	443.12	443.12	
9/13/00	363.38	36.34	163.52	163.52	
1/2/01	8,011,307.29	801,130.73	3,605,088.28	3,605,088.28	
1/17/01	1,505.95	150.59	677.68	677.68	
4/17/01	14,690,317.34	1,469,031.74	6,610,642.80	6,610,642.80	
4/27/01	221,405.57	22,140.55	99,632.51	99,632.51	
6/15/01	21,277.38	2,127.74	9,574.82	9,574.82	
11/19/01	181,556.56	18,155.66	81,700.45	81,700.45	
1/2/02	7,115,019.43	711,501.95	3,201,758.74	3,201,758.74	
1/14/02	2,071.14	207.12	932.01	932.01	
4/16/02	18,872,853.92	1,887,285.40	8,492,784.26	8,492,784.26	
4/23/02	609,210.48	60,921.04	274,144.72	274,144.72	
1/2/03	5,869,683.32	586,968.34	2,641,357.49	2,641,357.49	
1/16/03	1,960,169.68	196,016.96	882,076.36	882,076.36	
4/16/03	18,051,398.80	1,805,139.88	8,123,129.46	8,123,129.46	
4/23/03	668,581.37	66,858.13	300,861.62	300,861.62	
7/1/03	305,817.91	30,581.79	137,618.06	137,618.06	
10/3/03	230,963.18	23,096.32	103,933.43	103,933.43	
4/15/04	21,899,894.49	2,189,989.45	9,854,952.52	9,854,952.52	
4/21/04	852,398.02	85,239.80	383,579.11	383,579.11	
8/30/04	255,371.41	25,537.15	114,917.13	114,917.13	
4/19/05	22,261,451.85	2,226,145.19	10,017,653.33	10,017,653.33	
4/20/05	809,930.77	80,993.07	364,468.85	364,468.85	
10/6/05	262,051.11	26,205.11	117,923.00	117,923.00	
4/17/06	19,898,716.49	1,989,871.65	8,954,422.42	8,954,422.42	
4/19/06	1,253,301.83	125,330.19	563,985.82	563,985.82	
12/22/06	196,418.35	19,641.83	88,388.26	88,388.26	
4/17/07	20,664,718.59	2,066,471.85	9,299,123.37	9,299,123.37	
4/19/07	1,379,744.44	137,974.44	620,885.00	620,885.00	
6/5/07	173,167.26	17,316.72	77,925.27	77,925.27	
4/16/08	34,965,293.50	3,496,529.34	15,734,382.08	15,734,382.08	
4/17/08	1,515,783.61	151,578.37	682,102.62	682,102.62	
7/7/08	91.50	9.14	41.18	41.18	
2/26/09	1,978,845.20	197,884.52	890,480.34	890,480.34	
4/20/09	23,035,384.29	2,303,538.43	10,365,922.93	10,365,922.93	
4/15/10	19,759,434.19	1,975,943.41	8,891,745.39	8,891,745.39	
4/19/10	1,057,430.92	105,743.10	475,843.90	475,843.91	
4/20/11	19,736,098.42	1,973,609.84	8,881,244.29	8,881,244.29	
4/20/12	20,127,216.58	2,012,721.66	9,057,247.46	9,057,247.46	
4/17/13	20,099,831.57	2,009,983.15	9,044,924.21	9,044,924.21	
4/24/13	13,067.04	1,306.70	5,880.17	5,880.17	
4/22/14	22,756,378.89	2,275,637.89	10,240,370.50	10,240,370.50	
4/15/15	19,220,022.57	1,922,002.25	8,649,010.16	8,649,010.16	
5/15/15	254,078.67	25,407.87	114,335.40	114,335.40	
5/18/16	20,466,444.08	2,026,644.40	9,119,899.84	9,119,899.84	200,000.00
4/20/17	20,196,746.52	2,019,674.66	9,088,535.93	9,088,535.93	
4/20/18	53,096,556.03	29,093,105.82	0.00	23,803,450.21	200,000.00
7/10/18	158,922.32	87,407.28	0.00	71,515.04	
4/22/19	20,977,434.08	11,537,588.74	0.00	9,439,845.34	
7/24/19	155,286.18	155,286.18	0.00	0.00	

#42237

NDCC 54-27-25
Tobacco Settlement Trust Fund - Fund 407

5/17/2024

Date	Total Amount Received	Community Health Trust Fund - 100%	Commons School Trust Fund - 0 %	Water Development Trust Fund - 0%	Attorney General Appropriation
4/16/20	16,470,621.00	16,470,621.00	0.00	0.00	
4/22/20	4,809,767.02	4,809,767.02	0.00	0.00	
4/16/21	20,130,759.00	20,130,759.00	0.00	0.00	
4/23/21	2,526,695.64	2,526,695.64	0.00	0.00	
4/15/22	22,192,320.54	22,192,320.54	0.00	0.00	
4/18/22	1,058,579.05	1,058,579.05	0.00	0.00	
4/17/23	23,715,397.28	23,715,397.28	0.00	0.00	
4/20/23	1,134,634.18	1,134,634.18			
4/16/24	21,021,625.52	21,021,625.52			
4/19/24	1,129,686.45	1,129,686.45			
Totals:	**610,435,707.20**	**197,229,215.97**	**189,745,840.31**	**223,060,650.91**	**400,000.00**

Effective 2019- 2021 Biennium:

Community Health Trust Fund:	100%
Water Development Trust Fund:	0%
Common Schools Trust Fund:	0%
Total %:	100%

House Bill 1012 – Department of Health and Human Services Budget
Senate Appropriations – Human Resources Division

Senator Dever and Members of the Senate Appropriations-Human Resources Division Committee-

My name is Sargianna Wutzke, and I am the Lead Operations Officer for Community Options. Community Options is a member of the North Dakota Association of Community Providers, a group of 31 Developmental Disabilities providers across the state of North Dakota. Each of the agencies has their own unique services but we all have one common goal and that is to be able to deliver individualized, community-based services to individuals with developmental disabilities.

Our agencies provide individualized services to individuals throughout the continuum of life, from birth to death, throughout the state. Our agencies strive to be able to meet the needs of individuals where they would like to live in our state. Community Options has assisted individuals to remain living in their communities of Lisbon, Carrington, Forman, Cavalier, Milnor and Gladstone instead of the individuals having to move to bigger cities to receive the necessary services. We also have supported individuals to move to bigger cities and then move back to their small hometown when they realize the big city is not where they want to reside anymore.

DD providers work with the most vulnerable populations in the state. We are all committed to ensuring that each person is valued as an individual and each person is in charge of their services. The amount of services each individual receives is based on the support needs of the person. One individual may have staff just a few times a week for two hours each time, where another individual may have twenty-four-hour support from staff.

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Direct Support Professionals or DSPS are the staff that work directly with the individuals receiving services. In the state, there are over 5,000 direct support professionals. DSPS have many different roles they fulfill to the individuals they support including teacher, medical caregiver, driver, shopper, job coach and cook. On a typical day, a direct support professional will assist individuals with their medical needs including medication administration, catheter care and feedings via g-tube along with taking individuals to appointments and ensuring they are assisting individuals to follow doctor's recommendations. DSPS assist individuals with their needed personal cares such as showering, freshening, applying deodorant and toothbrushing. They prompt individuals and assist as needed with maintaining their home, ensuring safety in their home, cooking and communicating with their landlords. DSPS transport individuals into the community to shop, go to community activities and to meet their friends and family.

DSPS also provide job coaching to individuals and without this support these individuals would not be able to maintain employment in their communities.

Many direct support professionals have to deal with situations that the general public finds unpleasant. Some of these include individuals hitting, kicking, throwing items, spitting, pulling hair and chasing after the direct support professionals. DSPS receive ongoing training to ensure they are equipped to handle situations like these.

Along with assisting individuals in these aspects of their lives, DSPS also have required documentation that needs to be completed including data taken on each individual's goals and objectives as well as writing a narrative of what they did with each individual during their shift. They also have to document incidents that occur, complete data on behavior support plans and data on medical protocols.

The turnover rate for DSPS in ND is 41%. The turnover rate for the state of ND overall is 5.1%. Our turnover rate has such a negative effect on the individuals we support as it is hard for them to have that much change when it comes to their staff who assist them with the most personal things in their lives. Last session our turnover rate for Direct Support Professionals was 47%. Last session, DD provider staff received a 2% each year along with a dollar an hour increase for DSPS. We believe this has assisted in being more competitive with other field-related jobs, however we are still not close to field-related positions such as CNAs who start at an average of $3 more an hour. We are asking for an inflationary increase of 4% and 3%. When doing research these amounts were the amounts that made us able to keep up with federal inflation.

I strongly encourage you to support the inflationary increase for DD providers. Wages are the biggest issue to keeping staff in our field. Many of our staff come into the field because they want to make a difference in the lives of the people we support. An overwhelming response as to why they leave is wages. We do voluntary exit surveys when our staff leave our agency and, in those interviews, the huge majority of DSPS state they are leaving to go somewhere else to get paid more and many times to have less responsibilities.

I know it is easy to get stuck on the funding piece of this bill. I think we have to remember that this bill is about supporting the most vulnerable people in our communities. As providers who serve individuals with developmental disabilities, we want to be able to serve individuals with the services they want, unfortunately right now we are falling short of being able to do that. I urge you to please consider one of our most vulnerable populations and their needs as you look at the inflationary increase for the staff who do so much for them.

Sargianna Wutzke

Lead Operations Officer, Community Options Inc.

Public Health
Prevent. Promote. Protect.
Dickey County Health District

Dickey County Health District
205 15th St N - PO Box 238
Ellendale ND 58436-0238
Phone: 349-4348 Fax: 349-3277

Testimony
HB1012
House Appropriations-Human Resources Division
Dickey County Health District
March 17, 2025

Chairperson Dever and members of the Senate Appropriations Human Resources Division,
My name is Roxanne Holm. I am the Administrator for Dickey County Health District serving the residents of Dickey County including the cities of Ellendale, Forbes, Fullerton, Ludden and Oakes.

I have worked in our public health unit since the development of our health unit in 1999. We were one of the last four counties in North Dakota that did not have public health. Legislation was passed making it mandatory for all counties to have public health. During this time the state aid funding that we have received has been crucial to meeting the local needs of our rural communities.

I am in support of HB 1012 which includes $8,000,000 state aid to local public health units. I would like to encourage consideration to increase the amount to $10,000,000. The state aid funding that is received is one of our only flexible funding sources and fills gaps that other funding can't cover. The flexibility of funding allows each health unit to use the funding where it is needed in their local communities. We currently receive 25,220 each year in state aid funding.

We utilize the state funding that we receive to help cover the cost of our car seat program, school screening services and our home visitation program. We have many of our elderly clients who fall at a low household income level. These clients receive our services at no cost. Our home visitation program includes a home visit and medication management. Our nurses monitor the client and their medications, picking up prescriptions, contacting physicians when the need arises, family communication, and coordinating needed services in the home. With the care that is received it allows our elderly clients to remain in their homes for an extended period.

Dickey County Health District appreciates your support in maintaining the services that we can provide for our community. We are very grateful for the current funding that we receive through state aid funding. Thank you for your time.

Roxanne Holm, Administrator
Dickey County Health District

To Chairman Denver and members of the Senate Appropriation Human Resources Division addressing HB 1012,

I'm Mika Stokkeland, a passionate advocate from Bismarck, and as a proud parent of my son Jonny, who has Down syndrome, I'm driven by a personal commitment to create a more inclusive and supportive world, where individuals with intellectual and developmental disabilities have access to the care, resources, and opportunities they need to reach their full potential. That is why I am in support of House Bill 1012.

Unfortunately, the history of treatment for people with Down syndrome in the United States is marked by injustice, with many being relegated to inhumane institutions that denied them access to education and healthcare. However, progress has been made, particularly with the expansion of the Developmental Disabilities Assistance and Bill of Rights Act in 2000, which emphasizes capacity building, systemic change, and self-determination. This shift has enabled individuals with developmental disabilities and their families to play a crucial role in designing and accessing community services, supports, and assistance that promote independence, productivity, and integration.

There are over 400,000 people living with Down syndrome in the United States, and it is essential that we continue to move forward in providing them with the support, services, and inclusivity they deserve. We cannot afford to take a step back and revisit the dark days of institutionalization and neglect. As a parent and advocate, my voice is crucial in shaping the future for individuals with Down syndrome and other intellectual and developmental disabilities.

Medicaid, a vital joint federal and state program, plays a crucial role in helping families like mine cover medical expenses, significantly reducing the financial burden associated with medical bills and enabling us to prioritize our child's health. By providing access to medically necessary care without the worry of excessive costs, Medicaid improves overall health outcomes and allows us to focus on our child's well-being.

Moreover, Medicaid facilitates preventative care, enabling early detection and intervention for potential health issues. As health insurance premiums continue to rise - with the average family premium increasing by 7% in 2024 - Medicaid serves as a vital safety net for families like mine, who require additional care and services to support our child with Down syndrome.

The comprehensive range of health services covered by Medicaid, including specialty care, is particularly essential for individuals with intellectual disabilities. Specifically, Medicaid covers critical therapies such as Early Intervention, Physical, Speech, and Occupational therapy, which are instrumental in developing motor skills, communication, independence, and helping our children reach their full potential. We have seen firsthand the impacts these therapies have had on Jonny.

It is heartening to see that there have been significant advancements in recent years, a significant milestone in the journey towards protecting the rights of individuals

with disabilities was the expansion of the Developmental Disabilities Assistance and Bill of Rights Act in 2000. This landmark legislation marked a crucial shift in the approach to supporting individuals with disabilities, emphasizing the importance of ability building, systemic change, and self-determination. The Act's focus on capacity building recognizes that individuals with disabilities have the potential to grow, learn, and develop, and that they should be provided with the necessary resources and support to reach their full potential. By investing in capacity building, we can empower individuals with disabilities to take control of their lives, make informed decisions, and participate fully in their communities. The emphasis on systemic change acknowledges that the challenges faced by individuals with disabilities are often rooted in broader societal and institutional barriers. By working to address these systemic issues, we can create a more inclusive and supportive environment that enables individuals with disabilities to thrive.

Perhaps most importantly, the Act's emphasis on self-determination recognizes the fundamental right of individuals with disabilities to make their own choices and decisions about their lives. This means providing individuals with the autonomy, to pursue their dreams goals, and aspirations, and to live independently and with dignity. While there is still much work to be done, the expansion of the Developmental Disabilities Assistance and Bill of Rights Act in 2000 represents a significant step forward in the pursuit of equality and justice for individuals with disabilities. As we continue to build on this progress, we must remain committed to creating a world that values, includes, and empowers individuals with disabilities, and that recognizes their inherent worth and dignity.

The joy of welcoming a new baby, followed by the uncertainty and worry of COVID, and then the unexpected news of Jonny’s Down syndrome diagnosis. It is like your whole world was turned upside down. Instantaneously I fell in love with Jonny’s unique features like his almond eyes and the gap between his toes. That love only grew stronger as we navigated the challenges that followed.

The hospital stays and the NICU experience was incredibly stressful, with all the tests, monitoring, and uncertainty about our son's health. And then, on top of all that, the financial burden of the medical bills. $45,000 is a staggering amount, and one can only imagine how daunting it would have been without the assistance of Medicaid.

The importance of programs like Medicaid provides critical support to families like mine. Without it, many families would be forced to choose between their child's health and financial stability. It is unacceptable that anyone should have to make that choice, and it's clear that we need to continue advocating for accessible and affordable healthcare for all.

As we navigated the uncharted territory of our son's diagnosis, we were fortunate to meet some truly exceptional individuals who would become instrumental in our lives. One of my most influential mentors offered me sage advice that day: "Advocate for your

son's voice, immediately." At the time, I did not fully understand the significance of those words, but I would soon come to understand the importance of being a strong advocate for my child.

It was during this period that I was connected with a dedicated social worker and a talented therapy team. They had a deep understanding of my son's needs and helped me get acquainted with the resources available to us. Our journey as advocates and supporters of our son's unique needs truly began. With their guidance and expertise, we started to navigate the complex world of services and resources available to us, and we were empowered to become the best possible advocates for our son.

The journey of ensuring my child receives proper care has been an emotional rollercoaster, filled with uncertainty and worry about their well-being and rights. The constant unknown has taken a significant toll on my mental health. However, thanks to Medicaid, I have found a sense of relief and security.

Finding suitable childcare for an infant is challenging enough, but when you add special needs to the equation, it becomes even more daunting. I compiled a list of over 25 local licensed and private daycares, only to be met with disappointment as none of them could provide the necessary care. I felt defeated and unsure of what to do, as my husband and I both have careers that we could not abandon. Without family support to rely on, we were at a loss.

But then, Medicaid stepped in and changed everything. Through their assistance, we've been able to assemble a wonderful team of caregivers who not only provide the required care but also love and accept our child for who they are. They have become an integral part of our lives, offering emotional support and a sense of belonging. They are more than just caregivers - they're like family. They help with transportation to therapy sessions, providing a sense of stability and normalcy in our lives.

Medicaid has been a game-changer for us, allowing us to balance our careers while knowing our child is receiving the care and attention they need. The peace of mind that comes with knowing our child's rights are protected and their needs are being met is invaluable.

As parents, we're consumed by fear and uncertainty about the future, worrying that we may be forced to make an impossible choice between our careers and caring for our child. The prospect of having to abandon our professional lives to ensure our child's needs are met is a daunting and unsettling one. This is why it is essential that we prioritize and protect the rights of individuals with disabilities.

We must recognize that every individual, regardless of their abilities, deserves equal access to opportunities, resources, and support. It is our collective responsibility to create a society that's inclusive, supportive, and empowering for people with disabilities. By doing so, we can alleviate the fears and anxieties that many parents like

us face, and instead, provide a foundation for our children to thrive and reach their full potential.

Protecting the rights of individuals with disabilities is not only a moral imperative, but it is also crucial for ensuring that families like ours can maintain a sense of balance and normalcy in our lives. By providing access to necessary resources, services, and support, we can prevent the unnecessary disruption of careers, relationships, and overall well-being. It is time for us to come together and make a commitment to prioritize the rights and needs of individuals with disabilities, and to create a world that is more just, equitable, and inclusive for all.

It was my pleasure to assist you and provide a platform to discuss the important issues surrounding the care and rights of individuals with disabilities. I am grateful for the opportunity to help amplify my voice and concerns. I want to acknowledge the emotional labor and dedication that goes into advocating for the needs of loved ones with disabilities. It's not an easy journey, and it takes courage and resilience in sharing our story.

Thank you again for allowing me to share my story, and I fully support continued advocacy and pursuit of a more inclusive and supportive world.

Mika Stokkeland, Mother to a Perfect Child

Catholic Charities North Dakota

Senate Appropriations – Human Resources Division

Testimony on House Bill 1012

Senator Dick Dever – Chairman

March 18th, 2025

Chairman Dever and members of the Senate Appropriations Committee – Human Resources Division, my name is Donna Byzewski and I am the Program Director of the corporate guardianship program for individuals with intellectual disabilities at Catholic Charities North Dakota. I am testifying in support of HB 1012 as it relates to funding for developmental disability services as well as corporate guardianship services for individuals with intellectual disabilities. The corporate guardianship contract funding in HB 1012 would have an immediate impact on reducing the waiting list for services.

For 37 years, the Developmental Disabilities (DD) Division has contracted with Catholic Charities ND to provide corporate guardianship services on behalf of adults with intellectual disabilities. The contract is very specific. We can only accept referrals from Developmental Disabilities Program Managers from the human service centers. There must be no other appropriate alternative such as family or friends who could serve as guardian. We are the guardian of last resort. The contract also specifies that we cannot refuse to serve a referral because of where that person might live – our services must be available statewide. There are critical times when a person may need the services of a guardian, and if no one else is available or appropriate, a corporate guardianship is a necessity.

On any particular day, a guardianship worker may be assisting an individual on their caseload in working through a diagnosis of a serious or life threatening medical condition which carries the responsibility of being the decision maker for difficult medical decisions which sometimes leads to end of life decisions; finding emergency housing as the person we serve is suddenly homeless and it is 10 below zero; spending hours trying to find inpatient treatment as an individual is struggling with severe alcohol and drug addictions; finding and accessing psychiatric services

COA Council on Accreditation Accredited Agency

United Way

when a person is experiencing mental health struggles (more than 74% of the individuals on our caseload receive the services of a psychiatrist); monitoring and reporting any incidents of suspected abuse, neglect and/or exploitation; as well as assisting an individual in obtaining restraining orders against abusive boyfriends or girlfriends or sexual predators. We are available 24 hours per day/365 days per year for emergencies or crises through our on-call system. Just in the past 6 months, our guardianship workers have made more than 722 calls or contacts after hours, weekends and holidays to manage emergency situations.

We have 16 guardianship workers who carry an average caseload of 33 people. Our guardianship workers must have a four-year degree and be either a licensed social worker or a Qualified Developmental Disabilities Professional (QDDP). They often travel 50 to 140 miles one way to visit each person on their caseload, attend team meetings, court hearings and medical appointments. Our guardianship workers' duties and responsibilities typically include the following: determining the individual's living arrangements; assuring that the person's medical needs are met and providing consent for all medical procedures, surgeries, treatments, medications, end of life decisions, etc.; arranging and authorizing educational and vocational opportunities; legal decision making; and making financial decisions as well as overseeing the individual's assets and social security benefits. Through the provision of guardianship services, we are able to intervene as necessary to ensure that the basic needs of individuals are met, that they have an appropriate place to live, that they have access to ongoing medical care and that they are receiving necessary support services.

Our waiting list continues to grow and, as of 3/17/25, our waiting list had the names of 148 people. To reduce the waiting list, we are respectfully requesting that this committee support the funding as detailed in the Developmental Disabilities portion of the ND Department of Health and Human Services budget.

The corporate guardianship program provides a very efficient, cost-effective and state-wide service. The process is streamlined with almost all of our resources being dedicated to the direct provision of guardianship services. We are a frugal program that takes very seriously that we be good stewards of the funds that we receive from the legislature. Thank you for the opportunity to stand before you today and I would be happy to try to answer any questions you may have.

House Appropriations, HR Section
Senate Bill 1012
Senator Dever, Chairman
March 18, 2025

Chairman Dever and members of the HR Committee,

My name is Scott Burtsfield, and I am extremely honored and privileged to serve as the Executive Director for the Vocational Training Center (VTC), a licensed service provider supporting people with intellectual and developmental disabilities, located in Fargo, North Dakota. I want to thank you for the opportunity to submit testimony in favor of SB 1012.

Our organization has been in existence since 1962 and currently provides a wide array of supportive services to nearly 200 of the state's most vulnerable adults - people with Intellectual/Developmental Disabilities (I/DD). Throughout our organization's 60-plus years of existence, we have experienced many changes and reforms in this field. Through it all, the fundamental element to our success, and the success of the individuals we support, has always been our Direct Support Professionals (DSPs).

It is on behalf of our state's supported individuals and the Direct Support Professionals supporting them that I am expressing my deepest concern regarding the lack of quality service enhancements and inflationary increases as proposed in the Governor's budget as well as committee recommendations.

North Dakota's DSPs work in a range of settings, including family homes, a supported individual's own homes, intermediate care facilities, small community residential group homes, community job sites, vocational and day training programs, and others. They provide critical round-the-clock care and supports to individuals with disabilities - many of whom need help with personal cares such as toileting and bathing, help with managing behavior and severe health issues, support to live and work in their community, and assistance with the simple day-to-day tasks that many of us take for granted. Universally acknowledged, the work of the DSP is back-breaking, hazardous, stressful, and physically and emotionally exhausting.

Unfortunately, often detracting from providing the much-needed support services, North Dakota's DSPs are increasingly held to incredible measures in terms of what is expected of them in their day-to-day work. Since the implementation of a new payment system in 2018, we have experienced the

development of rigid new standards, added training criteria, and increased data collection and data entry requirements - much of which falls on the backs of already overburdened and overworked DSPs.

North Dakota's DSPs, in many cases, have greater responsibilities, require higher levels of training and skill sets, and take on greater liability than Certified Nursing Assistants or other professional Health Care Assistants. However, DSPs do so without higher-level credentialing, without the compensation, and without the formal recognition found in the abovementioned fields. Rather, much of their time is spent capturing and reporting data, all of which takes time away from providing the actual services they were meant to do.

Sadly, in observing various committee sessions, I have oftentimes heard SB 1012 mentioned as "real money," or referred to as too expensive. Unfortunately, I have also noticed the "1012" shredder impertinently sitting so predominantly in the Harvest Room. While I understand the message you are trying to convey, I wish to remind you that a large portion of SB 1012 entails funding for individuals with Developmental Disabilities – this is essential funding for the state's most vulnerable population as well as the workforce that supports them.

Our DSPs continue to see the cost-of-living rise while their spending power decreases. They are finding it much easier and tempting to find employment outside of our field, especially when most major retailers and other local industries such as service jobs, warehouse and fast-food positions are offering better pay with much less risk, pressure, responsibility, and regulatory requirements. Our DSPs are not only falling behind, but they are also being left behind. For example:

- Many local manufacturers' starting pay is nearly $4.00 per hour more for an entry level position.
- Average Administrative assistant salaries statewide are near to over $2 per hour more than our DSP's.
- Locally, McDonald's, Walmart, COSTCO, AMAZON, KFC and many others have starting wages greater than the DSPs in those communities, and without the added data requirements, training, and responsibilities.
- Many other state budgets are receiving more spending flexibility, better legislative consideration, and higher levels of support for their respective fields compared to DD services in North Dakota.

Sadly, this has been part of the perfect storm for North Dakota's DD providers. Throughout this recent period of increasing regulatory requirements, miniscule inflationary increases, costly unfunded mandates (such as CQL Accreditation), intensified data requirements, escalating operational costs, increasing inflation, the inability to remain competitive in an overly aggressive labor market, and rising

costs of employee- related expenses… provider organizations are being forced to explore ways of doing much more with much less.

As you may be aware, unlike hospitals and many other service industries, our current rate structure prohibits providers of disability services from raising rates to remain competitive or to keep up with increasing costs of doing business, leaving us at the mercy of the legislative process.

In the IDD field, DSP turnover is high. Morale is often tested. Recruitment and retention, while historically problematic, are astonishingly difficult. Waiting lists are growing because there are no staff to deliver support to new people with IDD in their homes or other services. Unfortunately, due to staff shortages and high vacancy rates, community programs and services for people with IDD across the country have started cutting back and even closing — many permanently.

In addition to expressing my support for the NDHHS Developmental Disabilities Division budget (which includes a much-needed rate adjustment to Day Services) I urge you to please cast aside the Governor's recommendation and support NDACP's request by adding 4%/3% inflationary increases, respectively, for each year of the biennium for service providers and the Direct Support Professionals we employ.

Please prioritize the state's most vulnerable population as well as those that support them.

Again, I wish to thank you for the opportunity to submit testimony in favor of Senate Bill 1012.

Scott Burtsfield, Executive Director
The Vocational Training Center
scott@fargovtc.org (701) 551-3149

Good morning, Chairman Dever and the Senate Appropriations Committee. My name is Chris Haseleu, and I am speaking as a member of NDACP and the President and CEO of Kalix, a non-profit Developmental Disability provider located in Minot, Belcourt, and Rolla North Dakota. I am a Doctor of Nursing Practice and align much of my oversight to leading the path of caring for people. Kalix's mission is to provide privacy, purpose, and dignity for each person. The people we are fortunate to work with daily deserve adequate services, jobs, and a place to live. As a larger Developmental Disability Service provider in North Dakota our organization houses 160 people, enrolls 137 in day programs, provides employment assistance and vocational rehabilitation for 75 people, and 34 people receive in Home Supports. Modest funding for low-income individuals with disabilities is allocated with Medicaid and rates are set within the Support Intensity Scale (SIS) score. Reimbursements to providers are not always allowing for breakeven financials. A few programs that I would like to point out are our Day Services, Independent Habilitation, and Individual Employment. Varying net losses year after year have made these programs a service offered as the primary representation of why we are a non-profit, by putting people first before our budget.

Kalix and many other providers continue home care and community employment programs that deinstitutionalize people with disabilities from the Life Skills Transition Center in Grafton. As NDACP is asking for a 4 and 3 percent inflationary increase I agree that meeting inflationary needs for programs is necessary to maintain current functions. Kalix does provide home settings as large as 40 beds to small housing opportunities for 4 people. These living arrangements include Intermediate Care Facilities and Residential Habilitation. These settings allow for daily rate payments that support a consistent funding source based on a SIS score. Variable payments for SIS program enrollees in Day Service attendance, Independent Habilitation client refusals for services, or adjustments in a person's employment impact the variability of service hours and reimbursement. The demand for home support is increasing as well as the ability for people to be employed in the community. As an organization we strive to provide freedoms for people to live independently whether at home or their choice of competitive employment.

Kalix is seeing an increase in comorbidities and mental health issues as well as increased life expectancies that impact the ability to take in new clients. I would like to list some of the most common mental health diagnosis impacting developmental and intellectual disabilities settings which include autism, anxiety, depression, attention deficit hyperactivity disorder, and obsessive-compulsive disorder. Our primary Direct Service Providers (DSPs), provide firsthand service based on guidance from physicians, state Board Certified Behavior Analysts, and Behavior Coordinators. In order for a DSP to handle these mental health issues consistently they must be long tenured employees that work with

these people to maintain their daily routines. The funding for services which include mental health outcomes for people is a need across all of North Dakota. The 4 and 3 increases would allow us to maintain the current workforce that these people need to uphold daily programs that promote the physical and emotional well beings of people. We have people who are assisted with Individual Employment that because of mental health needs do not go to work and are terminated. As a provider who is helping people with mental health there is no reimbursement for working with an employer that is going to terminate a person because they do not show up to work. When the person can no longer mentally handle employment, they are terminated, and parts of Individual Employment are not funded to help them through their struggles. If a person becomes unemployed, they can utilize Day Habilitation services or Independent Living services, however their mental health services are not directly funded, and it is up to the providers to decide how to set new person-centered plans and implement behavior needs without further reimbursement. Kalix has multiple clients that go between ending employment and starting habilitation programs and these transition hours can be a struggle to be reimbursable.

We provide services as a non-profit provider with reimbursements that are both variable, 15-minute payments, and daily set rates. Our non-profit vision is people, and we put them first. My request is to continue to fund Disability Services at a rate that meets inflation. Meeting inflation allows Disability Service Providers to maintain current programs, even if that is mental health services that are not fully funded or lost revenue in Independent Habilitation. If programs do not meet inflationary expectations Service Providers will continue to review feasibility for certain programs within their operations. Community involved programs of Day Services, Independent Habilitations, and Individual Employment are noted areas of not meeting funding but as a nonprofit provider we will continue these programs regardless. If a moratorium is requested to be placed on Intermediate Care Facilities by the Senate Appropriations, I suggest that a study be started that includes providers' input. I would be happy to talk to any legislators regarding my firsthand knowledge of a moratorium on Long Term Care and it's impact on the Developmental Disability Services division.

Providing resources for Disability Services reimbursement depends on the state of North Dakota and its continued funding for services supported to people. I thank you Chairman Dever and the Senate Appropriations Committee. I am open to any questions.

Chris Haseleu

CEO, Kalix

Senate Appropriations, HR Division

House Bill 1012

Monday March 17, 2025

Chairman Dever and members of the committee,

My name is Tony Baker and I am the CEO of Pride, Inc. in Bismarck. Pride is one of 31 members of NDACP. Our members employ over 4000 DSP's and provide support to over 7000 of North Dakota's most vulnerable people. Thank you for the opportunity to submit testimony in favor of HB 1012.

1. Inflationary Increase of 4% and 3%

As 99% of DD provider income comes from Medicaid, it is essential to ensure that reimbursement rates are adjusted to account for inflation. An increase of 4% and 3% will help providers manage rising costs (i.e. Pride is looking at a 30% increase in health insurance costs in July of this year) while continuing to provide high-quality services to those in need. This increase aligns with the federal inflation levels for the previous two years and helps us remain competitive in the labor market.

2. Increase Reimbursement Rates on ICF and Res Hab to 100%

When the payment system was first implemented back in 2018, a rate matrix was developed which provided an hourly rate for various services provided. $20.02 and $20.10 are used as the average hourly wage for staff providing ICF and Residential Habilitation services. Because the new payment system was to be budget neutral in 2018, the rates for these services were reduced. For Pride, this means we are reimbursed at an average of $18.41 per hour for our residential DSP's. Residential services are 24/7, nights, weekends, and holidays. These are the most difficult shifts to staff.

Pride is currently starting DSP's out at $16.50 an hour with no experience and our average DSP wage is $21.47 per hour. We are also paying $10.00 per hour for sleep time ($7.25 is built into the rate). Pride has about 250 DSPs. Over the last six months we have lost 68 DSPs. This is unsustainable, leads to increased burnout, lower quality, and less continuity for the State's most vulnerable people.

Adjusting the rates to 100% does not need to be implemented at one time. If rates increased by 1%-2% per year until they reached 100% there would be light at the end of the tunnel and give providers hope.

3. Remove the Requirement for Accreditation

The requirement for accreditation is outdated and burdensome for providers without contributing anything to the services we provide. In the last several years the State has continued to add reviews, audits, and monitoring for providers. Below is a list of monitoring and reviews which have been added:

- Training and Monitoring: This review looks at medication errors/injuries and reports of Abuse, Neglect & Exploitation. These incidents are reviewed by the State, Protection & Advocacy Project, and Regional Program Management. All High-Level incidents have a rigorous review process to ensure health and safety, as well as implementation of risk management steps to ensure the likelihood of a similar incident is minimized.
- HCBS: The survey is just one part of the larger Developmental Disabilities (DD) Division's quality management system. The goal is to provide assurances to The Centers for Medicare and Medicaid Services (CMS) that DD licensed providers are providing, and meeting conditions set forth by the DD Division and to ensure improvement and sustainability of waiver services. The survey is a quality mechanism used for waiver services provided by DD licensed providers. Information gathered through the survey is based on observation, record review, and interview. The purpose of the survey is to: 1) determine the provider's organizational performance of service delivery and improvement; 2)ensure quality services to individuals and services are received as identified in plans; 3) assess compliance with state, federal, and waiver requirements; 4) identify trends and strategies for system-wide improvements; 5) identify and encourage positive practices; and 6) remediate and develop strategies for improvement where there are issues identified.
- Payment Error Rate Measurement (PERM): Completed on Providers to ensure services that are being billed are being provided.
- Provider Case Audit Reviews: The process where the state's Medicaid program examines a healthcare provider's medical records and billing practices to ensure compliance with regulations, identifying potential instances of fraud, waste, or abuse.
- Integrity Audits: Completed by the State of ND on Providers to ensure services that are being billed are being provided.
- Quality Enhancement Reviews (QER): Completed by the DD Program Managers, completed on behalf of the individual, and where applicable, the individual's guardian to assess satisfaction with services as well as implementation of services. QERs involve the state's Department of Human Services conducting regular monitoring of individual service plans, performing quality checks to ensure clients have choice in their services and providers, and actively reviewing provider compliance with regulations through case file reviews, all aimed at improving the overall quality of developmental disability services across the state.

- Office of Inspector General (OIG): This is an audit of ND Department of Health and Human Services, but it's providers and individuals who are being observed and gathering data.
- Environmental Scans: Required for licensure by the department showing that the premises are in fit, safe, sanitary condition, and properly equipped to provide good care and treatment.
- National Core Indicator (NCI) assessment: conducted by a third-party entity to assess satisfaction with services. With a focus on people-driven data, one of the goals is to improve the systems that improve lives.

I urge you to support these items to strengthen the services and support which so many individuals and families depend.

Tony Baker, CEO
Pride, Inc.
tonyb@prideinc.org

Testimony in Support of House Bill 1012
Senate Appropriations Committee – Human Resources Division
2025-27 Health and Human Services Executive Budget Recommendation for Appropriations Supporting Home and Community-Based Services
Tuesday, March 18, 2025 | 8:30 AM | Harvest Room, State Capitol

Chairman Dever and Members of the Committee,

My name is Erin Sorensen. I was born and raised on a farm in rural North Dakota, and I am a Registered Nurse and owner of Home Instead, a North Dakota Qualified Service Provider (QSP) Agency. Our agency serves communities across Minot, Bismarck, Hazen, and many small rural areas throughout the state. Additionally, in the fall of 2024, we opened an Agency Foster Home for Adults in Bismarck to further support North Dakotans in need of care.

Home Instead provides high-quality, in-home care services that allow seniors and individuals with disabilities to remain safely in their homes for as long as possible. We offer personalized care ranging from two hours a day to 24-hour support, assisting with activities of daily living, mobility, personal care, homemaking, companionship, transportation, medication reminders, and more.

I want to express my appreciation for previous state appropriations supporting home and community-based services. Today, I ask for your continued support by approving the North Dakota Department of Health and Human Services Executive Budget in House Bill 1012, which includes critical funding for increasing Medicaid reimbursement rates for home care providers.

Without adequate reimbursement rates, home care agencies like mine struggle to recruit and retain skilled caregivers, leading to workforce shortages that put North Dakota's most vulnerable citizens at risk. Many caregivers travel over 45 miles just to reach their clients, and while they are deeply committed to their work, we must ensure they receive fair wages, proper training, licensing, and the resources necessary to continue providing compassionate, quality care.

By investing in home and community-based services, North Dakota can:

- Ensure that seniors and individuals with disabilities receive care in their preferred setting—at home.

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- Increase caregiver wages and benefits to help recruit and retain dedicated professionals in this essential industry.
- Reduce the strain on institutional care facilities, which are significantly more expensive than home care services.

Supporting home care is not just a moral obligation, it is a financially responsible decision that benefits families, caregivers, and small businesses across North Dakota. Without caregivers, there is no home care. We must invest in this workforce to meet the growing demand for in-home services and ensure that North Dakota remains a place where people can age with dignity.

I urge you to vote in favor of HB 1012 to help sustain and strengthen home and community-based services across our great state.

Thank you for your time and consideration. I would be happy to answer any questions you may have.

Please feel free to contact me at 701-748-9953 or erin.sorensen@homeinstead.com if you would like to discuss this further

Sincerely,

Erin Sorensen RN, BSN

Owner, Home Instead

Satellite offices in Bismarck, Hazen and Minot

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House Bill 1012 – Support
March 18, 2025
Senate Appropriations, Human Resources Division
Janelle Moos, AARP ND jmoos@aarp.org

Chairman Dever and Members of the Committee,

My name is Janelle Moos, Associate State Director of Advocacy with AARP North Dakota. AARP is a nonpartisan, nonprofit, nationwide organization with nearly 38 million members. Approximately 82,000 of those members live in North Dakota.

We appreciate this committee's work to dig into issues important to older North Dakotans and this need will continue to grow. Today our population age 50+ is almost 230,000 or 32% and over 50% of those households are age 65 or older. Today in North Dakota over 9 counties have a mean age of over 50 and a number of others are right on their heels.

In 2023, AARP conducted a survey of 703 people over 45 in North Dakota asking them how they feel about issues such as health care, financial security, energy costs, caregiving, livable communities and more. North Dakotans provided three primary takeaways including: 1- retirement is on their minds, 2- affordable healthcare is important to them and 3-They want to remain independent and age in place (click to watch discussion). The third takeaway relates directly to programs and funding outlined in HB 1012- Aging and Adult Services Division including:

- Over half of respondents rated their communities as good or very good places to live.
- Seven in ten would prefer to receive care for themselves or a loved one at home.
- 65% are either currently providing or have provided care in the past to an adult relative or friend.
- 79% want to have services available to age in place
- 78% want to say in their home as they age
- 81% told us that getting places independently is important

Investments in Home and Community Based Services (HCBS) like those in the Aging and Adults Services will support older North Dakotans deserve to know they have options for care as they

age. Overwhelmingly they prefer to stay in their homes and communities and the budget should continue the state moving in a direction that prioritizes Home and Community Based care.

A couple of other notes related to the Aging and Adults Services portion of the DHS budget that we support:

- Home health private nurse increases and targeted rate increase for unit rate increase in order to competitive with other states

- Strengthen HCBS -transition and diversion program—other congregate living- for individuals on Medicaid and need to transition out of nursing home or to a private home

In addition, SNAP is an important program that ensures older adults and families get the nutrition needed. It is an especially important program for Americans over 50 because many face challenges to employment, live on fixed incomes, live alone, and have limited financial resources to pay for necessities like food, housing, and essential medicine. To people struggling to put food on the table, hunger is not a political issue, it is a daily reality. SNAP is a vital lifeline that feeds 23,840 North Dakota households. 35% of those recipients are either elderly or disabled. Also remember, participants generally spend their SNAP dollars locally, soon after receiving them, boosting local economies.

LIHEAP has served as a lifeline for low-income families. As you may know, AARP believe utility issues and rates are a key pocketbook issue. We have intervened in various cases in front of the North Dakota Public Service Commission on behalf of older adults and consumers and know the struggle of families to afford their utility payments. Having a safety net for families especially in our climate is not only the right thing it is the moral thing to do.

Finally, there are important investments in housing including in HB 1012 including –modification grants for accessibility ($1M)- that will support as way to ensure older North Dakotans can continue to live in their homes and communities that we urge you to fund.

Surveys by AARP show that most Americans, including older North Dakotas, prefer to live in walkable neighborhoods that offer a mix of housing and transportation options and are close to jobs, schools, shopping, entertainment, and green spaces. Missing Middle Housing can meet these needs. “Missing Middle Housing” describes a set of residential building types that exist in the middle of the continuum between detached single-family houses and large apartment buildings. The word “middle” as used in the term “Missing Middle Housing” principally refers to the midsized housing types that exist between single family homes and large (often high-rise) apartment or condominium buildings. However, “middle” also relates to the home type’s level of affordability, given that this home type uses land more efficiently, designs small yet spacious

residences, employs lower-cost-but-still-quality construction methods and reduces the reliance on automobile owners.

With a growing aging population, construction of a variety of housing options will become more important. Currently, we have thousands of older adults who are “house rich but cash poor.” Some would like to sell their home and buy something more affordable or accessible in their community, but in most cases, that type of housing does not exist.

Thank you for your work on this important budget that provides the resources and support that allows so many North Dakotans to live and age in their homes and communities.

Testimony on Solutions for Financial Challenges in Basic Care

Senate Appropriations-Human Resources Division

March 18, 2025

HB 1012

My name is Kelly Gustavson, and I am the Social Worker for the Mountrail Bethel Home and Mountrail County Medical Center, in Stanley, ND. I am also the President of ND Long Term Care Social Workers.

Before coming to my current job in Stanley, 13 years ago, I worked Home and Community Based Services in both Williams and Ward Counties. I continue to believe that Home and Community Based services are needed and important, however, when someone is needing 24-hour care or has complex medical needs, then placement of some sort is needed.

Regarding Basic Care especially, this is something that is a great need, especially for those who are unable to afford Assisted Living or may meet the requirements to live in a nursing home, especially if Long Term Care Medicaid is the method of payment. Basic care is a service that is widely used in our State and if not available, where will these people go? Many individuals living in Basic Care require 24/7 assistance. However, our region lacks a sufficient number of Qualified Service Providers (QSPs) and Home and Community-Based Services (HCBS) providers to offer consistent support. Some residents have already attempted to receive care through HCBS but found it inadequate, while others require more assistance than what is available in the community.

The idea of discontinuing Basic Care as a service is something I find very frightening. My residents currently in our Basic care have sold their homes, and would have nowhere to go, to remain in our area. They also would then be looking at moving away from families, friends, their own community, and churches. Affordable housing options, across the state, especially in Western ND, are limited and often not in the price range for those needing assistance in their home. Basic Care offers those who need minimal assistance to have that provided while keeping some of their independence and having help when it is needed, not when someone can be scheduled.

Please continue Basic Care and honor the request of the North Dakota Long Term Care Association for the improved inflators, expanding the margin, and continue the $5 a day add on for property.

I welcome any calls or emails about this matter, to help explain betty why Basic Care is a service that is vital for many people in N.D.

Kelly Gustavson, LBSW
Manager of Social Services
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Testimony

House Bill 1012 – Department of Human Services and Health

Aging Services Budget

Senate Appropriations – Human Resources Division

March 18, 2025

Chairman Dever and members of the committee, my name is Roger Reich. I am the executive director of Minot Commission on Aging providing services for senior citizens in the seven counties in North Central North Dakota. I am also a member of the North Dakota Senior Services Providers, an association of agencies that provide Older American Act Services to the senior population of this state.

Attached to my testimony is a copy of a Feeding Grandma 2025. This is our seventh in a series that we have provided during the legislative session. Each session we have updated it to provide the most current and in-depth data on senior hunger, how our programs help prevent this from happening in North Dakota and why it is one of the most cost-effective methods for keeping seniors in their homes.

The basic premise behind this handout is that providing a stable source of healthy, nutrient dense meals is a key factor in successful aging. In addition, because this service is very cost effective – the cost of providing senior meals for a year equals the cost of two days in the hospital or ten days in a nursing home – it makes good fiscal sense for our state and for the people we serve.

However, the Senior Nutrition Program is so much more than just a meal. At senior centers, it is a chance for our seniors to engage and socialize with other seniors. In addition, our "Meals on Wheels" programs provide meals to our most vulnerable seniors, those that are unable to leave their homes. Home delivered meals also provide our homebound senior with a daily well-ness check. Many times, this might be the only human contact our seniors have throughout their day. This happens every day in our most rural communities and in our largest cities.

In the state of North Dakota the total population of adults age 60+: 176,929 (22.9%).

- Seniors experiencing limited or uncertain access to adequate food (marginally food secure: 9,923 (5.5%)
- Seniors experiencing reduced quality, variety, or desirability of diet (low food secure): 5,365 (3.0%)
- Seniors experiencing reduced food intake (very low food secure): 1,668 (.0.9%)

- Senior households receiving Supplemental Nutrition Assistance Program (SNAP): 6,050 (5.3%)
- Seniors eating less than 1 vegetable a day: 18.8%
- Seniors eating less than 1 fruit a day 34.1%

Social Isolation

- Seniors living alone: 45,932 (27.9%)
- State ranking for risk of social isolation ate 65+: 17th in the U.S.

Poverty

- Seniors living below the poverty line:
    - Supplemental poverty measure: 14,450 (8.5%)
    - Official poverty measure: 14,631 (9.0%)
- Seniors age 65+ who lack income to pay for basic living needs
    - Singles: 44.0%
    - Couples: 21.4%

Health Care Cost

- Total Medicare spending: $1,197,587,193
- Medicaid spending for nursing facilities: $270,369,951.00
- Managed Care Medicaid spending: $421,898,240.00
- Medicare beneficiaries who are dually eligible for Medicaid: 18,120 (13%)
- Cost of 1 day in a hospital: $2,140.00
- Cost of 1 day in a nursing home: $394.00

Over the past few sessions, our senior meal programs have had great support from legislators in adding state dollars to the Aging Services budget to work toward our Associations goal – to have enough combined Federal Title III and State Fund so that ALL senior meals provided by Title III agencies receive the unit rate of reimbursement of $7.62 for congregate and $$8.89 for home delivered meals. This rate is not intended to cover the full cost of the meal. The total cost, estimated to be $12.98 in 2024 about a 12% increase from 2021, are covered with participants' program income contributions, required local match, NSIP dollars and additional funds raised locally. We are also asking that we that we receive a cost of living rate increase the same, as the rest of the DHHS will receive.

Thank you for your time I am happy to answer and questions you might have.

The Lifeline of HB1012

A Personal Testimony on the Impact of Department of Human Services Budget on Essential Health Services

When I think about HB1012 and the Department of Human Services Budget, it feels personal. It's not just numbers on a page. It's the lifeline that helped my family when we needed it most. Have you ever found yourself in a situation where you needed support, but weren't sure where it would come from? That's exactly where we were a few years ago.

My daughter was born with a critical congenital heart defect. I remember those first days in the hospital in Minneapolis, feeling scared and overwhelmed. We spent countless nights there, watching over her as she underwent several procedures, including two open-heart surgeries. At one point, she even had a feeding tube and required medications around the clock. It felt like a whirlwind, and honestly, I often wondered how we'd manage.

This is where the services funded by HB1012 came into play. Early interventions, in-home supports, and respite services became our lifeline. These services weren't just helpful; they were essential. They provided us with the tools and support we needed to navigate a very challenging time. Have you ever leaned on someone or something for support and felt a wave of relief wash over you? That's how it was for us.

Medicaid providers, including physical therapists and occupational therapists became part of our extended family. They worked tirelessly to ensure my daughter had the best possible care. My late mom also played a crucial role. With her extensive medical background, she was the only one qualified to watch over my daughter, providing an additional layer of support and peace of mind. I am forever thankful for her. I often wonder, what would we have done without them? It's a question that still lingers in my mind.

As I reflect on our journey, I can't help but feel a deep sense of gratitude. But also, a sense of responsibility. How do we ensure that other families in similar situations receive the support they need? How do we make sure these services continue to be available for those who need them most?

HB1012 isn't just about funding; it's about caring for our community. It's about giving families like mine a fighting chance. I hope that by sharing our story, it highlights the importance of these services. Because in the end, isn't it about ensuring that every child and every family has the support they need to thrive?

Mersadie N. Barth
March 17, 2025

Senate Appropriations

Human Resources Division

SB 1012

March 18, 2025

Chairman Dever and Committee Members, I'm Courtney Koebele, and I serve as executive director of the North Dakota Medical Association. The North Dakota Medical Association is the professional membership organization for North Dakota physicians, residents, and medical students.

You've heard testimony today that underlines the importance of Medicaid and Medicaid Expansion. Expanding Medicaid provided the much-needed coverage to our low-income patients, improved access to care, improved the health and well-being of the newly insured, and improved the financial stability of our clinics and hospitals.

Medicaid expansion is not simply a budget issue. Lawmakers must also consider the real human effects of this decision, including the health and well-being of those who gain coverage under expansion. Medicaid expansion provided coverage to a population that never had coverage before, including behavioral health coverage.

Medicaid expansion is one of the most consequential state decisions in Medicaid history. The legislature's decision affected the health care and health status of 33,000 of

the state's citizens, with ripple effects throughout the entire healthcare system, the state budget, the economy, employers, and others paying for health insurance.

Our physicians provide the safety net medical services for the most vulnerable of our population – a population of patients who present unique, and often some of the most difficult, challenges. Our Medicaid patients benefit from the services physicians can provide them – from a North Dakota healthcare system that is recognized nationally as a high-quality, efficient healthcare system. However, we have unique healthcare workforce recruitment and retention challenges occurring in our state. Our capital needs continue to grow with aging facilities, technology, and equipment. Costs for medical equipment, new technology, and supplies continue to increase. We must pay the same rates for physicians, nurses, and other health care personnel as the rest of the country.

Physicians in North Dakota continue to do their part in providing good access to quality medical care for Medicaid beneficiaries and showing their ongoing commitment to the long-term sustainability of the Medicaid program. We look forward to working with the Committee to address the future needs for Medicaid medical services.

Thank you for the opportunity to address this committee. I would be happy to answer any questions.

#42583

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Physicians Dedicated to the Health of North Dakota

NDMA is a professional membership organization for North Dakota physicians, residents, and medical students. NDMA maintains a database of information on individual physicians and residents for many purposes. The data is comprised of new licensure information obtained routinely from the ND Board of Medicine, health systems and other facilities, and other sources.

Number of Physicians

As of February 4, 2025, North Dakota has an estimated 1,740 regular active physicians. This does not include retired physicians, residents, or medical students.

UND SMHS Graduates

Of the total 1,740 physicians, 636 are UND School of Medicine & Health Sciences graduates; and 327 are primary care physicians. Primary care physicians include family medicine, internal medicine, obstetrics, and pediatrics.

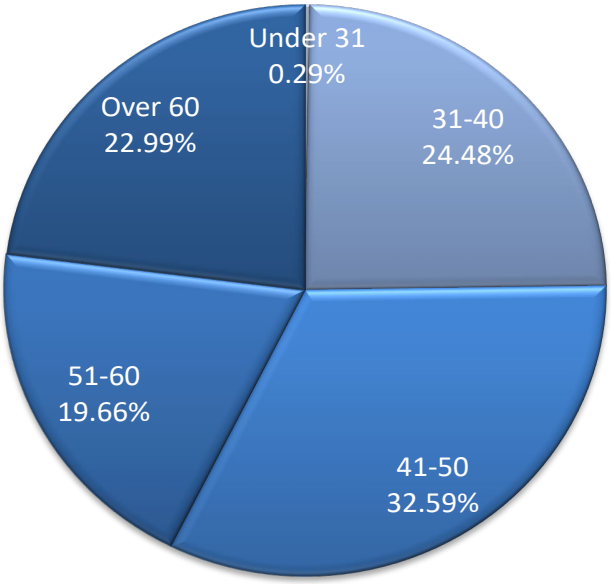
Gender and Age

Of the 1,740 total physicians, 1,157 or 66.5% are male; and 583 or 33.5% are female.

The overall average age of physicians is 50, with the breakdown by age group as follows:

Age	Number	% of Total	Age	Number	% of Total
Under 31	5	0.29%	**51-60**	342	19.66%
31-40	426	24.48%	**Over 60**	400	22.99%
41-50	567	32.59%	**Total**	1740	100.00%

North Dakota Practicing Physicians by Age



Specialty - Primary Care

Of the 1,740 total physicians, 39% or 680 physicians are in primary care. Primary care physicians include family medicine, internal medicine, obstetrics, and pediatrics.

North Dakota Practicing Physicians by Specialty (First Self-Designated Specialty Only)

Specialty	Count	%	Specialty	Count	%
Addiction Medicine	1	0.06%	Nuclear Radiology	1	0.06%
Addiction Psychiatry	1	0.06%	Obstetrics and Gynecology	69	3.97%
Allergy and Immunology	7	0.40%	Occupational Medicine	6	0.34%
Anatomic or Clinical Pathology	10	0.57%	Oncology	9	0.52%
Anatomic Pathology	22	1.26%	Ophthalmology	33	1.90%
Anesthesiology	81	4.66%	Orthopaedic Adult Reconstruction	1	0.06%
Breast Cancer Surgery	2	0.11%	Orthopedic Surgery	54	3.10%
Cardiac Electrophysiology	4	0.23%	Orthopedic Trauma	2	0.11%
Cardiothoracic Surgery	2	0.11%	Otolaryngology	22	1.26%
Cardiovascular Disease	31	1.78%	Pain Management	4	0.23%
Cardiovascular Surgery	4	0.23%	Pain Medicine (Anesthesiology)	6	0.34%
Child Abuse Pediatrics	1	0.06%	Pain Medicine-Physical Medicine & Rehab	1	0.06%
Child and Adolescent Psychiatry	9	0.52%	Pathology	4	0.23%
Child Neurology	1	0.06%	Pediatric Allergy	1	0.06%
Clinical Pathology	3	0.17%	Pediatric Anesthesiology	1	0.06%
Colon and Rectal Surgery	5	0.29%	Pediatric Cardiology	6	0.34%
Critical Care Medicine	24	1.38%	Pediatric Critical Care	7	0.40%
Dermatological Surgery	1	0.06%	Pediatric Endocrinology	1	0.06%
Dermatology	20	1.15%	Pediatric Gastroenterology	1	0.06%
Dermatopathology	2	0.11%	Pediatric Genetics	1	0.06%
Development-Behavioral Pediatrics	1	0.06%	Pediatric Hematology/Oncology	6	0.34%
Diagnostic Radiology	56	3.22%	Pediatric Infectious Disease	2	0.11%
Emergency Medicine	105	6.03%	Pediatric Nephrology	1	0.06%
Endocrinology, Diabetes and Metabolism	10	0.57%	Pediatric Neurology-Neurosurgery	3	0.17%
Family Medicine	304	17.47%	Pediatric Ophthalmology	1	0.06%
Female Pelvic Med & Reconstructive Surgery (OBG)	1	0.06%	Pediatric Orthopedics	2	0.11%
Forensic Pathology	2	0.11%	Pediatric Radiology	1	0.06%
Gastroenterology	20	1.15%	Pediatric Rehabilitation Medicine	1	0.06%
General Surgery	63	3.62%	Pediatric Rheumatology	2	0.11%
Geriatric Medicine (Family Medicine)	2	0.11%	Pediatric Surgery	3	0.17%
Geriatric Medicine (Internal Medicine)	2	0.11%	Pediatric Urology	1	0.06%
Hand Surgery	4	0.23%	Pediatrics	76	4.37%
Head & Neck Surgery	1	0.06%	Physical Medicine and Rehabilitation	14	0.80%
Hematology	18	1.03%	Plastic Surgery	14	0.80%
Hematology/Oncology	4	0.23%	Psychiatry	63	3.62%
Hepatology	1	0.06%	Pulmonary Critical Care Medicine	1	0.06%
Hospice and Palliative Medicine	4	0.23%	Pulmonary Disease	14	0.80%
Hospital Medicine (Family Medicine)	25	1.44%	Radiation Oncology	14	0.80%
Hospital Medicine (Internal Medicine)	104	5.98%	Radiology	11	0.63%
Hospital Medicine (Palliative Medicine)	3	0.17%	Reconstructive	1	0.06%

Specialty	Count	%	Specialty	Count	%
Hospital Medicine (Pediatrics)	22	1.26%	Reproductive Endocrinology & Infertility	3	0.17%
Infectious Disease	18	1.03%	Retina and Vitreous Surgery	1	0.06%
Internal Medicine	80	4.60%	Rheumatology	12	0.69%
Interventional Cardiology	13	0.75%	Sleep Medicine (Internal Medicine)	2	0.11%
Interventional Radiology	12	0.69%	Sports Medicine (Family Medicine)	5	0.29%
Maternal and Fetal Medicine	5	0.29%	Surgical Critical Care	4	0.23%
Maxillofacial Surgery	10	0.57%	Surgical Oncology	1	0.06%
Musculoskeletal Radiology	1	0.06%	Thoracic Surgery	3	0.17%
Neonatal-Perinatal Medicine	23	1.32%	Transplant Surgery	1	0.06%
Nephrology	22	1.26%	Trauma Surgery	2	0.11%
Neurointerventional Radiology	1	0.06%	Undersea & Hyperbaric Medicine	1	0.06%
Neurological Surgery	22	1.26%	Urology	18	1.03%
Neurology	30	1.72%	Vascular Surgery	5	0.29%
Neurophysiology	1	0.06%		1740	100.00%

Practice Location

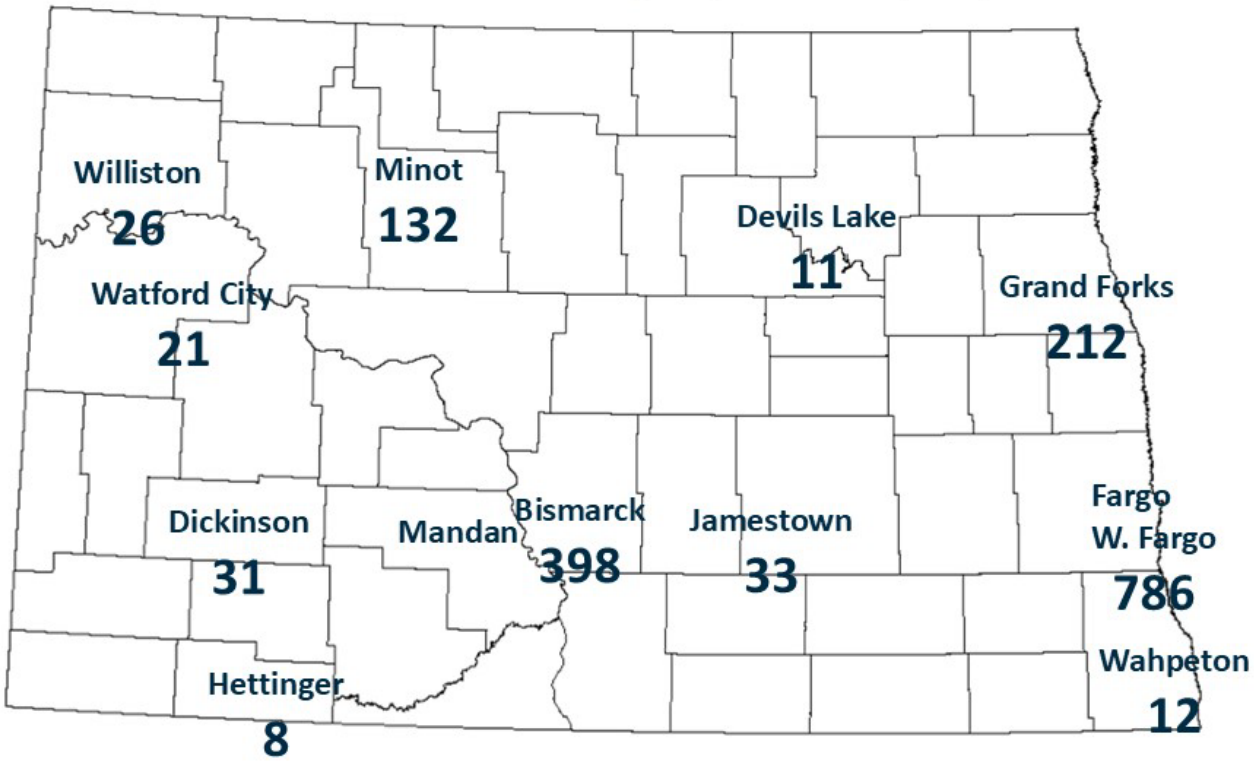
Overall, 87.82% or 1,528 physicians practice in urban areas; and 12.18% or 212 physicians practice in rural areas.

For this purpose, the term “urban” is based on the primary locations of Bismarck-Mandan, Fargo-West Fargo, Grand Forks, and Minot.

When it comes to primary care, 77% of physicians practice in urban areas; and 23% practice in rural areas.

City	Count	%	City	Count	%	City	Count	%
Belcourt	4	0.23%	Garrison	1	0.06%	Minot	132	7.59%
Beulah	3	0.17%	Grafton	7	0.40%	Minot AFB	1	0.11%
Bismarck	389	22.36%	Grand Forks	212	12.18%	New Town	2	0.06%
Bottineau	3	0.17%	Harvey	4	0.23%	Northwood	1	0.11%
Bowman	2	0.11%	Hazen	5	0.29%	Oakes	2	0.17%
Carrington	1	0.06%	Hettinger	8	0.46%	Park River	3	0.06%
Casselton	1	0.06%	Hillsboro	2	0.11%	Rolla	1	0.17%
Cavalier	2	0.11%	Horace	1	0.06%	Rugby	3	0.06%
Crosby	1	0.06%	Jamestown	33	1.90%	Stanley	1	0.06%
Devils Lake	11	0.63%	Langdon	1	0.06%	Trenton	1	0.29%
Dickinson	31	1.78%	Leonard	1	0.06%	Valley City	5	0.69%
Dunseith	1	0.06%	Lisbon	1	0.06%	Wahpeton	12	1.21%
Elgin	1	0.06%	Mandan	9	0.52%	Watford City	21	1.55%
Fargo	759	43.62%	Mandaree	1	0.06%	West Fargo	27	1.49%
Fort Yates	2	0.11%	Mayville	3	0.17%	Williston	26	1.49%
Gackle	1	0.06%	McVille	1	0.06%		1740	

North Dakota Practicing Physicians by City*



*Cities with six or more physicians only.

NDMA

Testimony
House Bill 1012 – Department of Health and Human Services Budget
HR Section of Senate Appropriations
Senator Dick Dever, Chair

March 18, 2025

Chair Dever and Members of the Committee:

My name is Lorena Poppe. I am the owner and CEO of Poppy's Promise, a Bismarck-based provider of Developmental Disabilities services, and the current President of the ND Association of Community Providers (NDACP). I am testifying today in support of HB 1012. NDACP is comprised of both large and small providers, newer organizations, and those that have operated for decades. There is diversity in the types of services we provide but we are on common ground when it comes to matters of reimbursement of services, hiring and maintaining quality staff, and providing a sense of belonging and security for the people we support.

We are requesting an inflationary increase for DD providers of 4% and 3% during the 2025-2027 biennium. This request aligns with national inflation levels over the past two years and is essential to the recruitment of employees in a competitive job market. It is also critical to the retention of staff who are already invested in the people they are supporting. Imagine that you have a child or grandchild that is born with a condition that requires complex medical and personal cares. As a family, you learn about services that can be beneficial and often lifesaving. You get connected to a provider whose staff is dedicated to learning and performing intensive procedures, administering medications, and providing the level of care that is expected and deserved. Your whole family gets to know and trust that staff and sees them as a member of the family. Then with very little notice, that staff announces they are leaving to work in a different industry that pays higher and offers more long-term employment stability. Your family member's progress could suffer while introducing and teaching new staff vital procedures. Bonds formed with staff would go away and building trust with new staff will start again. Now imagine having to go through that every four or six months. Without the ability to meet levels of inflation and provide stability we providers are often seeing turnover like that.

NDACP supports action by the House this session to remove mandatory accreditation as a condition of DD licensure. Allowing accreditation to be a voluntary process will give

providers the ability to focus on the many other required quality assurance oversight processes currently in place.

In summary, I urge you to support an inflationary increase that allows our industry to remain competitive and provide stability for those we serve and their families. We thank you for your support of NDACP and our provider members and for hearing the challenges we face as we work to provide the quality of supports and services every person deserves. Thank you for your time today, and I would be happy to answer any questions you may have.

Lorena Poppe
CEO, Poppy's Promise
lpoppe@poppyspromise.com

Senate Appropriations, HR Section

House Bill 1012

Tuesday, March 18, 2025

Chairman Dever and members of the committee,

My name is Angela Dinius. I am the Executive Director of the North Dakota Association of Community Providers (NDACP). Our members provide essential services and supports to individuals with developmental disabilities throughout North Dakota. It is our privilege to do this work, and we are committed to ensuring high-quality care for the people we support. As we often say, we are "doing what matters for people who matter."

I would like to acknowledge our valued partners, including Tina from the DD Section, Heather and her team at the Life Skills and Transition Center, Donna and her team at Catholic Charities' Guardianship Division, and our advocacy partners across the state. In this field, we achieve the best outcomes and make the greatest impact when we work together to do what's best for the people we support.

NDACP has several critical priorities for this budget, and we urge your support for the following:

1. Inflationary Increase of 4% and 3%

Our payment system was designed to be self-sustaining, provided that inflationary increases align with federal inflation levels. We are requesting a 4% and 3% increase, which directly corresponds to the federal inflation rates for the past two years. Without these adjustments, our ability to maintain quality services will be compromised. We do not have another funding source to address these funding gaps. Almost all our funding comes from state dollars matched by Medicaid, with only 0.29% of cases between July 1, 2023, and June 30, 2024, being private pay.

2. Full Funding for ICF and Residential Habilitation Services

Intermediate Care Facilities (ICF) and Residential Habilitation (Res Hab) programs are currently funded at only 89.7% and 91.6%, respectively, which limits providers' ability to cover costs and retain staff. This funding gap undermines the integrity of our system and places undue strain on providers. For example, the payment system is designed to support an average direct support professional (DSP) wage of $17.96 per hour in ICF settings. However, providers currently pay an average of $20.81 per hour—nearly $3 more than the reimbursement rate. Even with this rate, we are still unable to compete with other industries. This makes it increasingly difficult to recruit and retain qualified staff, ultimately impacting the quality of care for the individuals they support.

Our payment system allows us some flexibility to seek efficiencies, and we have maximized every opportunity to do so. Despite these efforts, we continue to face an unsustainable turnover rate of 45% in residential services and an overall average turnover of 41%. This instability stems, in part, from our inability to offer competitive wages.

To maintain a stable and skilled workforce and ensure the continuity of these essential services, we request full funding for ICF and Residential Habilitation services.

3. Removing the Unfunded Accreditation Mandate

We advocate for accreditation to be a voluntary process, rather than a mandatory, unfunded requirement. While accreditation can be valuable, mandating it without funding diverts already limited resources from direct care. Our services already meet high standards through a variety of state surveys and oversight measures, ensuring accountability and excellence.

4. Supporting Catholic Charities in Their Request for Corporate Guardianship Funding

Corporate guardianship services are vital for individuals with developmental disabilities who do not have anyone else able to serve in this role. Catholic Charities provides a crucial safety net for these individuals, and we strongly support their funding request to ensure they can continue this important work.

Conclusion

The services our providers deliver are life-changing and essential to the well-being of individuals with developmental disabilities. By providing an inflationary increase that matches federal inflation, fully funding ICF and Res Hab services, and eliminating unnecessary financial burdens by making accreditation optional, we can maintain a system that truly meets the needs of those we serve. We appreciate your commitment to making thoughtful investments in these programs, and we look forward to continuing our work together to ensure that North Dakotans with developmental disabilities receive the care and support they deserve.

Thank you for your time and consideration. I am happy to answer any questions you may have.

Angela Dinius
Executive Director
ND Association of Community Providers
angela@ndacp.org

North Dakota Association of Community Providers

The following is a list of the 31 provider members of the North Dakota Association of Community Providers (NDACP), a statewide association whose members are dedicated to supporting individuals with intellectual and developmental disabilities (IDD). These organizations deliver essential services and supports tailored to meet the diverse needs of individuals with IDD across the state.

4th Corporation

ABLE, Inc.

Alpha Opportunities, Inc.

Anne Carlsen Center

Catholic Charities ND

Community Living Services

Community Options

Development Homes, Inc.

Easter Seals Goodwill ND

Enable, Inc.

Encompass Family Support Services

Fraser

Friendship, Inc.

Grand Forks Growth and Support Center

HAV-IT Services

HIT, Inc.

Kalix

KAYD Home Care

Lake Region Corporation

Life Skills and Transition Center

LISTEN

Open Door Center

Opportunity Foundation

Poppy's Promise

Pride, Inc.

Red River Human Services Foundation

Rehab Services, Inc.

REM-ND, Inc.

Success Unlimited

Triumph, Inc.

Vocational Training Center

NDacp

HB 1012
Senate Appropriations – Human Resources Division
Tuesday, March 18, 2025
Senator Dick Dever, Chair

Chairman Dever and Members of the Senate Appropriations – Human Resources Division:

My name is Roxane Romanick and I here today representing Designer Genes of ND, Inc. Designer Genes' membership is made up of individuals with Down syndrome that either live in our state or are represented by family members in North Dakota. Designer Genes' mission is to strengthen opportunities for individuals with Down syndrome and those who support them to earn, learn, and belong.

We estimate that there are about 600 individuals with Down syndrome live in North Dakota and a majority of those individuals are screened to the Individuals with Intellectual Disabilities/Developmental Disabilities (IID/DD) 1915c Medicaid Waiver. One thing that is important to note is that our families who have individuals eligible for our Medicaid waivers depend on the service options within the waivers, but also depend on having access to State Plan Medicaid for their loved ones. Quality waiver service and State Plan options are one of our advocacy priorities as individuals with Down syndrome and their families are able to achieve quality lives in their communities with the formal supports of the Medicaid waivers and State Plan Medicaid.

Cross Disability Advisory Council and Waiver (Reference – Sarah Aker's Medical Services detail): First off, I'd like to thank you for your work and investment in the Cross Disability Advisory Council and continuing work towards a Cross-Disability 1915c Medicaid Waiver for children who fall through the eligibility cracks of our current waiver system. Designer Genes has been talking about this issue for many sessions because we have families whose children with Down syndrome fall off of waiver services when they turn 3. We appreciate the investment in the study by Alvarez and Marsal in the 2021-2022 interim and their continued work with the Cross Disability Advisory Council during the 2023 – 2024 interim. We support the Governor's budget request for continued work on the Cross Disability Waiver.

Family Voices of North Dakota Funding (Reference – Kim Mertz's Healthy and Safe Communities detail): We are in support of the funding for Family Voices of North Dakota as included in your current version of the bill received from the House. Their partnership is invaluable when supporting and

educating our families. We partner with them on Project Carson, which seeks to support families across the state who receive a prenatal diagnosis. This is especially important for our organization as one of our priorities is to support all new diagnoses of Down syndrome which now are primarily happening pre-birth. We have been active partners in Family Voices Parent Leadership Institute which has helped many of our families to become better advocates for their family member with Down syndrome. We also partner with the Special Health Services Section to place new baby support packages into birthing hospitals across North Dakota. There is no state funding involved with this collaboration, but we appreciate the ability to work with the Newborn Screening team to make sure families have needed information when they find out their baby will have Down syndrome.

Autism Waiver (Reference Sarah Aker's Medical Services detail): While most of our families depend on the IID/DD Medicaid Waiver, never less we are concerned about the loss of $9 million dollars in the Autism Waiver line item. Any loss of funding for individuals with disabilities is concerning and also leaves a footprint for future funding decisions across disability populations. This decrease was discussed in the House with the Department and it appears that it's due to a lack of providers and utilization. This is concerning, because we know that we have autistic individuals who struggle to remain in their communities and are at-risk for being institutionalized. We have students who are experiencing seclusion, restraint, expulsion and suspension in schools. We have need and there are reported to be 65 children on the wait list. HB 1067 extends the age limit to 21 years of age for the Autism Waiver. It is important to note that if a child can't use a waiver service option, then they are high risk for falling off the waiver and then also losing State Plan Medicaid benefits. The access to Applied Behavioral Analysis services is only through State Plan Medicaid benefits so falling off a Medicaid Waiver is high stakes for many families. North Dakota does have an option for families of children with disabilities to buy-in to State Plan Medicaid, but it is highly complicated to access and presently only 3 families are eligible for this option. This has been in place since 2007.

Thank you for your time and I would stand for any questions.

Roxane Romanick
Designer Genes of ND, Inc.
701-391-7421
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Testimony on Nursing Facility Incentive Program
Senate Appropriations-Human Resources Division
March 18, 2025
HB 1012

Chairman Dever and members of the Committee. My name is Nikki Wegner, President of the North Dakota Long Term Care Association. We represent all 75 nursing facilities in North Dakota, and we appreciate the opportunity to testify in support of Engrossed HB 1012. We would like to propose an amendment related to the Quality Incentive Program for Nursing Facilities.

As part of the 2021 nursing facility payment system reform study, our association worked closely with providers and the North Dakota Department of Human Services (DHS) to develop the Nursing Facility Incentive Program (NFIP). This program, modeled on Value-Based Purchasing (VBP) principles, was created with guidance from Dr. David Gifford, Medical Director of the American Health Care Association.

In 2023, the Legislature took an important step by securing dedicated funding for this quality-focused model, allocating $12 million in new funding—$4 million for 2023 and $8 million for 2024. A key principle behind this investment was that nursing facilities would not bear financial risk, given their partnership in the payment study. At that time, DHS leadership recognized and commended facilities for their willingness to collaborate, develop long-term cost-saving measures, and contribute to system improvements. The intent was to create a program that strengthened quality, not one that resulted in funding reductions. While leadership at DHHS has since changed, we believe commitments made just two years ago should be honored to maintain trust and consistency in policy.

We are concerned about the recent announcement from DHHS regarding a shift toward penalizing facilities that do not rank in the top tiers of the NFIP. This change, introduced without discussion with providers, represents a significant departure from the original intent of the program. More importantly, we fear this approach could disproportionately impact facilities that are already struggling, undermining the program's goal of supporting continuous quality improvement. Nursing facilities already face financial penalties at the federal level through Medicare for high re-hospitalization rates. If the DHHS decides to go down this path than we believe the payment reforms put in place also need to be revisited.

To maintain the integrity of the NFIP and support ongoing quality improvement efforts, we respectfully request that the Senate include language in HB 1012 directing DHHS to keep the

program as it was designed in 2023 and implemented in 2024. If adjustments are necessary, they should be made through the same collaborative process that was used during the payment study, rather than through unilateral changes.

Below is proposed language that we believe would help ensure the program remains aligned with its intended purpose. Thank you for your time and consideration.

> DHHS must keep the Nursing facility quality incentive program as new dollars and not as a payment withhold. If changes are to be made it must be done collaboratively with providers and brought back to the 2027 legislature.

Nikki Wegner MS, OTR/L, President
North Dakota Long Term Care Association
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HB 1012
Senate Appropriations – Human Resources Division
Tuesday, March 18, 2025
Senator Devor, Chair

Chairman Dever and Members of the Senate Appropriations – Human Resources Division

My name is Kendra Vander Wal and I am the Executive Director for Designer Genes of ND, Inc. Designer Genes' mission is to support individuals with Down syndrome and those who support them to earn, learn, and belong across our state. I stand before you with a unique perspective as a representative of Designer Genes, an early intervention /pediatric occupational therapist, as well as a mom to a 7-year-old son with Down syndrome.

At Designer Genes we estimate that there are over 270 individuals with Down syndrome living in North Dakota and a majority of these individuals benefit from State Plan Medicaid and the 1915 (c) Intellectual / Developmental Disability HCBS Waiver. These supports have been critical in ensuring that individuals with Down syndrome and their families have access to person-centered services that promotes independence, inclusion, and quality of life in their community.

Designer Genes works closely with individuals ranging from newborns, who may experience NICU stays or early intervention needs, all the way to adulthood. Starting from our youngest members, nearly all individuals with either a prenatal or birth diagnosis of Down syndrome are referred to early Intervention (EI) services. The impacts of EI services span far, as heard in Tina Bay's testimony, there were over 3,400 children served in EI between July 2023 - June 2024. Early intervention is often a family's first opportunity to help their child thrive which is why program management and EI supports are key intersection within the continuum of services available to individuals with Down syndrome and their families. Our family has experienced the importance of EI and its foundational impact from birth. Thanks to skilled speech therapists, his case manager, and EI team, we were able to effectively collaborate together to come up with goals that met our family priorities. Because of quality providers, we were able to teach our son sign language and other communication strategies and social skills during his early years. This decreased his frustration and allowed him to communicate with our family and peers in a childcare setting.

As families transition from EI supports after the age of three, robust case management, in-home and respite supports, and Home and Community-Based Services all support individuals and families throughout our state. Investing in these services not only uplifts individuals and families, but also ensures quality care and the amounts of services available for every person is based on the supports they need to live meaningful and engaged lives. Individuals with Down syndrome may face different challenges throughout the lifespan, some of which include

communication and language delays or difficulty with independence in daily routines. That is why we are committed to advocating for high quality providers that are supported, trained, and equipped to help the many individuals and families they are serving. Designer Genes is advocating for an increase in provider rates of 3% and 3% to continue to support high-quality services and to better align with federal inflation levels.

Our family is experiencing workforce shortage of providers through the process of applying for DD waiver-based services. Even though our son did not have to wait for a DD waiver slot, for over two months our family has been on the waitlist for in-home support at a few provider organizations. Therefore, we have not been able to receive waiver-based services. Although our family could utilize the self-directed services – which there are currently over 580 self-directed providers as heard in Tina Bays testimony and is a huge win for many families in North Dakota – we have not been able to dedicate additional time, energy, and resources to utilize this option. Therefore, we continue to wait for in-home and respite care support at local provider agencies.

Continued investment in the developmental disability section and Medicaid supports are important for many individuals in ND. It is not only a budgetary decision, but a decision that has significant impacts on the many families who rely on these services daily across our state.

Thank you for your time and I welcome any questions you may have.

Kendra Vander Wal OTR
Designer Genes of ND, Inc.
701-751-2071
kendra@designergenesnd.com

#42748

Feeding Grandma 2025



We are ND Senior Service Providers, serving older adults across the entire state. **THANK YOU to the ND Legislature for working collaboratively in a proactive way so that essential services, such as senior meals can continue to serve a growing, aging population.**

19,059 ND seniors ate 1,418,902 meals FFY 23!

- 10,439 people ate 375,467 Congregate meals which are served in a social, group setting
- 11,986 people ate 1,043,435 Home Delivered meals which are served to homebound seniors through programs like Meals on Wheels and Home Delivered Meals. This category also includes grab-n-go, take-out and drive-thru meal pick-up.

Senior meals are cost effective!

Senior meals are a cost-effective way to promote good health so that older adults can remain healthy and independent.
*Meals on Wheels America



Meals save ND Medicaid Money!

In FFY 23, 212 of the 11,986 home-delivered meal clients scored with 3+ ADL (Activities of Daily Living) limitations AND were Medicaid eligible. With the average cost of a ND nursing home at $403/day*, this **saves the state over $31.18 million in Medicaid funding annually**. *ND Medicaid LTC Services as of 1/1/2024.

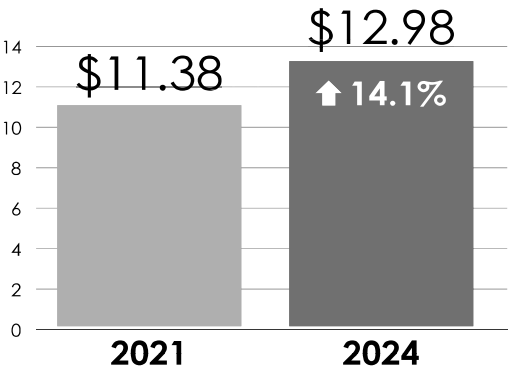
How much does it cost?

The full cost of a senior meal is $12.98. Funding sources are:

- 38.2% Federal (Older Americans Act and NSIP (Nutrition Services Incentive Program)
- 17.8% State
- 17.7% Suggested contribution from clients
- 26.3% Local Providers required match and additional funding

The cost to produce a meal continues to increase with food, supplies and labor costs increasing 14.1% from 2021-June 2024. (See graph to the right.)

****We request the Department of Health and Human Services Cost of Living increases be included in the budget and that the $520,000 reduction in funding in the Governor's Budget be reinstated.****



Written by Colette Iseminger, MD, RD, LRD of the Grand Forks Senior Center for North Dakota Senior Service Providers, 620 4th Ave South, Grand Forks, ND 58201
Contact APT-Brian Barrett | 701-471-5104 | brian@aptnd.com for more information.

ANNE CARLSEN
Nurturing abilities. Changing lives.

Testimony in Support of House Bill 1012

Senate Appropriations
Human Resource Division
Senator Dick Dever, Chair

Tuesday, March 18th, 2025

Good morning, Chairman Dever and Members of the Senate Appropriations, Human Resources Division. My name is Tim Eissinger, and I have the privilege of serving as President and CEO of Anne Carlsen. Anne Carlsen has been providing services to people with intellectual and/or developmental disabilities or delays and their families for over 83 years. We offer services in eight communities in North Dakota, including treatment, services and supports for nearly 3,000 people, including treating children and adolescents with some of the most medically and behaviorally complex needs in the State.

Serving children with Medically Complex needs

Examples illustrating this level of care include the children and adolescents we serve through the Intermediate Care Facility (ICF) on our Jamestown campus. At present, we are providing care for over 20 individuals with high-risk multi-system complexity, including 13 who have tracheostomies and 11 of whom require ventilator support. The level of support they require underscores the critical need for policies that ensure access to the specialized services essential for their health, safety, and quality of life and sustainable funding designed to support that level of care.

Today, I would like to highlight a solution that will address both providing a critical service to children with medically complex needs in North Dakota, as well as address the significant financial challenges Anne Carlsen has faced in serving those with medically complex needs with an ICF level of care over the past three years. Over that time period, the state's own cost report data clearly indicates progressively increasing operating losses within the ICF at Anne Carlsen.

Anne Carlsen Center Intermediate Care Facility Financial Performance

Year	*Total Revenue*	*Total Expenses*	*Net Loss*
2021/2022	$17,291,019	$19,288,833	($1,997,814)
2022/2023	$17,592,781	$19,748,040	($2,155,259)
2023/2024	$19,114,847	$21,877,247	($2,762,400)

There are numerous contributions to these repeated, year-over-year losses:

(1) *Competitive Staff Wages & Benefits for specialized personnel:* Due to an ultra-competitive labor market for nurses, respiratory therapists and other specialized medical personnel, we have been forced to increase wages at a pace disproportionate to reimbursement rate adjustments.

(2) *Staffing Availability & Reliance on Contracted Staff:* Workforce shortages have led to a 272% increase in spending on traveling contracted staff from 2022 to 2024. These contracted professionals cost approximately 50% more than full-time employees, further impacting the financial strain.

(3) *Rising Operational Costs:* Non-wage expenses have also surged beyond reimbursement levels. As an example, supply costs rose 4% in 2023 and another 8% in 2024. These compounding increases make it increasingly difficult to maintain essential services at our Jamestown facility.

Square Peg in Round Hole

Working collaboratively with the Department on better options for the future, we understand that our services for children and adolescents with increasing medical needs are more frequently referenced as "the square peg in a round hole" in the DD system.

As an example, I'd like to tell you about one of the children at Anne Carlsen. This child with Autism, a North Dakota resident, suffered an anoxic brain injury and required out of state medical care. As his medical condition stabilized and his recovery slowed, the team at Mayo Clinic Hospital made a referral to Anne Carlsen. It was noted in the referral that the child was minimally responsive, had plateaued in his rehabilitation and had a poor prognosis; however, was hoping to get the child closer to his family in North Dakota. It took about 6 months for an opening that allowed Anne Carlsen to bring this child back to North Dakota. Upon admission, he did not qualify for the ICF Medical Acuity rate; however, our team of nurses, therapists and CNAs, under the direction of Dr. Quanrud our Medical Director provided care and services to meet this child's needs. Initially, the team noted incremental changes; however, within months, the child began to respond more and more. As of today, this child is walking – starting to run; is eating with minimal assistance and is starting to produce sounds and basic words. We are hopeful that he will leave our services with functional skills and increased independence when he returns home. While the level of care that he required initially was significant, as his condition has stabilized and his recovery has progressed, his needs have changed. When he first arrived he required more intense medical, nursing, and therapy services. As his medical needs have lessened, he now requires less intense medical and nursing care; however, is benefiting greatly from his speech, occupational and physical therapy services. While this type of outcome is not always the case, I believe it illustrates the need for Anne Carlsen to be considered differently with respect to ICF level of care.

We have held a number of meaningful discussions with Jessica Thomasson, Sarah Aker and Tina Bay as we've worked towards finding the best medical treatment model as well as a fiscally sustainable approach to this level of care. We have appreciated their efforts to fully understand both our challenges and opportunities in providing the level of treatment and care required.

Solution #1: Adding Specialty Hospital Licensure

As a group, we believe our best option at this point is to add a Specialty Hospital license to our existing ICF, as has been recommended by the department. This change, we understand, will allow the state to reimburse us in a way that more fairly and accurately reflects the complexity of the individuals for whom we provide care. Legislation is not needed for this change and it can be implemented by administrative rule, which the department has indicated it will lead.

Solution #2: Support to Offset Current and Expected Operating Losses

In consideration of the upcoming biennium, Anne Carlsen would respectfully request consideration of an additional appropriation sufficient to cover expected losses over the time period while working to secure and implement the Specialty Hospital license for a portion of the beds for Anne Carlsen in Jamestown. That amount, based on an average of current ICF losses, would be calculated at $2.2M for each year of the upcoming biennium or a total of $4.4M.

In consideration of the three years of operating losses previously incurred, Anne Carlsen would respectfully request consideration of an additional appropriation sufficient to cover 50% of the ICF operating losses from 2022, 2023 and 2024. Total losses for the previous three-year period amounted to $6,915,473. 50% of the $6.9M operating loss would translate to an appropriation

request of $3,457,736 in an attempt to make Anne Carlsen partially whole. We think 50% of these losses is rational and disciplined as we have shared skin in the game with these losses.

I acknowledge both the size of the request as well as the major task in front of this committee in regard to managing the largest section of the state budget. Please know that Anne Carlsen is open to continued discussions to find the best and most fair solution possible for children and families needing this essential care and treatment.

That concludes my testimony, and I would be happy to address any questions the committee might have.

Sincerely,

Tim Eissinger, CEO
Anne Carlsen

Testimony on Basic Care History
Senate Appropriations-Human Resources Division
March 18, 2025
HB 1012

Chairman Dever and members of the Committee. My name is Shelly Peterson, a consultant with the North Dakota Long Term Care Association. Thank you for the opportunity to testify in support of HB 1012 addressing the history of basic care and how ND got into this program.

For over 100 years Basic care facilities have cared for North Dakotans. The Odd Fellows Home in Devils Lake celebrated 100 years of service in 2024 and St. Ann's Guest Home in Grand Forks just hit their 75th year in 2024. Questions came up last week in your committee about the history and why did ND ever develop basic care services. I would like to provide a brief history of basic care. Today there are 66 facilities accounting for **2,097** licensed beds with an average occupancy of **72%,** which means facilities are caring for about 1509 residents on a daily basis. The majority, 74% rely upon this program to help pay for services and room and board.

HISTORY ON BASIC CARE:
Poor farms in America were created that housed, supported and employed the poor at the public's expense. They declined in the US after the Social Security Act took effect in 1935 and most disappeared about the 1950s. In ND non-profits and fraternal organizations sprung up to help and assist the elderly. They did a lot of fundraising and worked hard to care for those entrusted to their care. Eventually these facilities and those they were caring for reached out to what we know now as County Social Services and sought financial support to pay for the indigent who needed care. County social services became a lifeline for many. Some counties provided financial support to those they found financially eligible. Only Counties that had a facility located in their county funded the service, thus basic care services were not available statewide.

1991
Beginning on July 1, 1991, the state picked up 50% of the cost of basic care services for individuals eligible. The funding source was called optional supplementation, it was an optional service for the counties, and they could choose to participate or not. Thus, the service was still spotty and not available statewide. Prior to that each county decided what they would pay. When the state offered optional supplementation, the county was required to pay the state established rate. Since counties wanted the 50% match provided by the state, most counties paid the rate established by the state.

1993

In 1993, a law was passed (HB 1031) which mandated that a basic care facility has a responsibility to assure a resident's health and safety, assist with ADLs and IADLs, provide leisure, recreational and therapeutic activities, supervision of nutritional needs and medication administration. The law also required that all facilities meet the National Fire Protection Association 101 Life Safety Code.

1995

Effective 7-1-95, Basic care became a statewide service with the state responsible for 70% of the cost and the county paid 30%. A uniform functional assessment was implemented to assure the person had a documented need, as well as they needed to meet financial requirements. The counties completed both processes (need and financial eligibility). HB 1030 passed in 1995 requiring DHS to develop a rate system for Basic care.

1997

Effective 7-1-97 the state covered 100% of the cost of basic care and the counties were no longer involved in paying for basic care. A new rate system was implemented, including a 2% operating margin (calculated on a small portion of the rate).

1999

Effective 7-1-99 the operating margin was increased to 3% but was still only calculated on a small portion of the rate. This brought the average operating margin to .49 cents in 1999 and .51 cents in 2000. Today the average operating margin in basic care in 2024 was $1.90.

Also, occurring in 1999 was a study of Basic care and Assisted living. They studied the inspection process, regulations and payment systems. They were also supposed to consider combining basic care and assisted living into one service model, thus eliminating any distinction between Basic care and assisted living. In the end there was not a recommendation to combine them into one service system. Assisted Living residents liked their retirement model of living and didn't want to lose autonomy and privacy, and they didn't want to be governed by additional state regulations. Assisted living continues to be a private pay market without government financial assistance for individuals. It was also found the Life Safety requirements for Basic care would be very costly and prohibited for assisted living to comply with.

2001

In 2001 the legislature gave DHS (HB1115) authority to apply for a personal care option with CMS. If approved this would allow ND to access federal funds to help pay for Basic care services. CMS approved this option, and this funding source continues today. (As a side note Sarah Akers has indicated she doesn't feel CMS would approve this option today).

2007

In 2007 the legislature mandated all basic care life safety surveys be announced and one half of the health surveys be unannounced. Originally all surveys were unannounced. In a study by the Health Department, they concluded there was not any difference in outcomes between announced and unannounced surveys.

2015

In 2015 the legislature improved the payment system, but nothing was ever implemented because the DHS said they never received sufficient funding. HB 1215 passed allowing basic care attached to a nursing home or assisted living to share staff, as long as the facility still complies with all state and federal regulations.

2019

In 2019 legislation was passed allowing end of life care in basic care, as long as the facility could meet all the needs of residents.

2021

In 2021, DHS, the NDLTCA and members began a study on the basic care payment system. The group arrived at consensus on 4 items and those items were presented to the 2023 legislature and approved. It was agreed upon that the study was incomplete and that we should ask the legislature to fund and continue the study.

2023

In 2023 the legislature funded the study to evaluate the basic care payment system and provided $600,000. Unfortunately, the study neglected to study the basic care payment system and major payments issues remain unresolved.

Today- 2025

The NDLTCA is back before the 2025 legislature asking for the payment issues to be addressed. Even if basic care moves to an HCBS model, the funding issues remain and need to be addressed. DHS has indicated to the Association moving toward this model will likely take at least two biennia to resolve, as a lot of issues need to be evaluated and resolved. We urge the committee not to rush this process and allow the time necessary to evaluate an HCBS model for basic care and determine the payment methodology. A vital component of the Basic care payment system has been state general funds paying for room and board, this is important as the population we are serving has little funds to cover room and board. If this part of the payment is eliminated basic care will likely not survive.

As you've heard no other state has a basic care program, but they do pay for this service in what they call assisted living. Our assisted living is truly retirement living but in other states it is really what we call basic care in ND. We are told some states don't pay for room and board, but they

float extra payments into the service delivery system to help offset room and board costs so they can serve the low income population. At the end of the day everyone just wants to be made whole and be able to provide quality services. We'd love to provide another 100 years of service and need your support to continue that tradition.
Thank you again for allowing me to testify and I would be happy to answer any questions you may have.

Shelly Peterson , Consultant
701-220-1992

Altru

2025 HB 1012
Senate Appropriations – Human Resources Committee
Senator Dick Dever, Chairman
March 18, 2025

Chairman Dever and members of the Senate Human Resources Committee, my name is Joel Larson, I am General Counsel for Altru Health System in Grand Forks, ND. Thank you for this opportunity to provide testimony in support of House Bill 1012 overall, and specifically Section 6 regarding the investment in behavioral health. I ask that you give this bill a **Do Pass** recommendation.

Altru Health System is based in Grand Forks, N.D. Altru is an independent, non-profit healthcare organization. We are physician-led, with over 300 providers and 65 specialties of care. Altru boasts an acute care hospital, specialty hospital, level II trauma center and twenty practice locations throughout northeast North Dakota and northwest Minnesota, serving a population exceeding 230,000 residents. Altru was the first member of the Mayo Clinic Care Network, extending Mayo Clinic expertise to the patients we serve. Altru employs over 3,500 staff and providers who are empowered to fulfill Altru's mission – making a difference for those we care for.

On January 19, 2025, Altru moved behavioral health operations to an expanded behavioral health hospital increasing available beds from 16 to 24. This is the present capacity in the Northeast North Dakota region for adolescent, adult and geriatric behavioral health needs. Altru has partnered with United Health Services (UHS) for the management of the behavioral health hospital. Through this partnership, it is determined that the need for behavioral health beds in Altru's region exceeds the 24 available beds, with some data supporting a need greater than 60 beds. Because of this greater need, Altru has developed plans for a second phase on the behavioral health hospital to add an additional 24 beds, with an expected opening of the early Fall of 2026.

The first phase of the project to renovate the facility to get to 24 beds was slightly more than $17 million. Preliminary numbers for phase 2 have come in at $16.2 million. The requested appropriation follows the lead of the similar appropriation from last session with an 80% state grant and 20% hospital contribution. There is a very real need in the Northeast region as well as the entire state to add behavioral health beds. Altru is ready and willing to increase capacity and to work collaboratively with the NDDHHS staff to meet certain needs for both adolescent and geriatric patients. Furthermore, Altru is well suited with the University of North Dakota School of Medicine and Health Sciences in Grand Forks to work together to grow the psychiatric programs and develop and educate additional students to support the State's needs.

For these reasons, on behalf of Altru Health System, I ask that you give HB 1012, and specifically the appropriation for the behavioral health investment, a **Do Pass** recommendation.

I would be happy to respond to any questions or provide further information if requested. I can be reached at jlarson@altru.org. Thank you.

Respectfully Submitted,



Joel Larson
General Counsel, Altru Health System

HB1012
3-18-25

Testimony on Nursing Facility Incentive Program

Senate Appropriations-Human Resources Division

March 18, 2025

HB 1012

Good morning, Chairman Dever and members of the Committee. My name is Tim Kennedy, Administrator of Parkside Lutheran Hime in Lisbon and Administrator of Four Seasons Healthcare Center in Forman. I am also Vice Chair of the North Dakota Long Term Care Association (NDLTCA).

I was not planning to testify on this bill today, however, I feel compelled to voice my concerns and opinion regarding the idea and announcement of the ND Department of Human Services (DHS) to shift to a penalizing system and withholding from a facility not in the top tiers of the Nursing Facility Incentive Program (NFIP).

Earlier this year I testified at the interim committee hearing, chaired by Senator Davidson. During that testimony, I gave specific examples and details regarding the NFIP and its trickledown effect focusing on specific quality measures that had on improving other quality measures that didn't have a quality incentive attached directly to them but certainly improve the lives of the residents we serve.

I was a member of the original Payment Redesign Committee, originating in 2019. Through a long, challenging process, we developed a new payment model for the first time since 1987. This process was achieved through a collaborative effort and consensus of nursing facilities, NDLTCA and DHS.

The Quality Incentive Payment was always intended to be an added incentive to improve quality over and above covering facility costs and ensuring proper equitable payments to facilities.

I would ask that the language already quoted in the prior testimony be added thus ensuring ongoing collaboration and consensus on payment model changes through the joint efforts of NDLTCA members and DHS.

Tim Kennedy

tim.kennedy@fourseasonshcc.com or timk@drtel.net

701-212-8890

The Arc
North Dakota

Senate Appropriations - Human Resources Division
HB 1012
March 18, 2025

My name is Kirsten Dvorak, and I am the Executive Director of The Arc of North Dakota. For 65 years, our organization has been dedicated to promoting and protecting the human rights of individuals with intellectual and developmental disabilities (IDD). We have worked tirelessly to ensure that individuals with disabilities receive the inclusive services necessary to lead meaningful, independent lives within their communities.

One of our most significant achievements was addressing systemic issues in state-run facilities. A 16-year legal battle exposed severe overcrowding, neglect, and abuse, leading to necessary reforms in medical care, education, and humane treatment. This litigation revealed harmful practices, such as improper physical restraints due to inadequate staffing and resources. These hard-fought changes serve as a critical reminder that vigilance is essential to prevent a return to outdated, isolating methods. Awareness must translate into action and investment to build and maintain a robust support system.

We extend our gratitude to everyone who participated in Disability Awareness Day. However, awareness alone is insufficient—it must be backed by meaningful action and adequate funding. The need for developmental disability (DD) services continues to grow, with 8,410 individuals currently receiving DD program management services. This includes 3,413 children under three and 4,997 individuals aged three and older. Many individuals rely on 24-hour support to navigate their communities safely and engage meaningfully in society.

We strongly advocate increasing provider inflation funding from the proposed 1.5% to 4% in the first year and 3% in the second year. This increase is not just a budgetary figure—it is a critical investment in the 95.2% of the Developmental Disabilities (DD) budget that goes directly to providers. Adequate funding is essential for recruiting and retaining a strong workforce to ensure continuity and quality of care.

Additionally, we support the state's efforts to modernize and expand the State Hospital, ensuring comprehensive and accessible care for individuals with disabilities. However, we prioritize community-based solutions over institutional placements, particularly for youth.

We remain deeply concerned about involuntary discharges caused by staffing shortages and service limitations. Nine individuals were involuntarily discharged between July and December 2024, underscoring the urgent need for sustained investment in service capacity and crisis management solutions.

Despite ongoing collaboration through the Cross-Disability Advisory Council (CDAC), access to home and community-based services in North Dakota remains insufficient. Significant gaps persist, particularly in mental health services for children with Severe Mental Illness (SMI) and support for families with complex care needs. To address these challenges, we must refine the Level of Care criteria to ensure equitable access to services throughout a person's life.

The Arc of North Dakota strongly supports full funding for the CDAC, which has made significant progress in developing a new cross-disability waiver. This initiative fosters collaboration among stakeholders, families, and service providers. It builds upon legislative efforts such as SB 2256 (2021) and SB 2276 (2023), which aimed to streamline services and improve outcomes for children with disabilities.

A crucial aspect of the proposed waiver is paid family caregiving, recognizing families' essential role in providing care. A review by Alvarez and Marsal identified significant service gaps, particularly for children with social deficits, reinforcing the need for family-centered education and support. Proposed changes under SB 2113 will refine CDAC's mission by incorporating individuals with lived experience, ensuring that recommendations address service gaps with practical, equitable solutions.

Investing in these initiatives will strengthen services, promote inclusion, and support individuals with disabilities across North Dakota. We urge full funding for the CDAC and the Children's Waiver to uphold the dignity and rights of all North Dakotans.

Your commitment to adequately funding these critical initiatives is vital. Proactive investment will ensure that North Dakotans with disabilities can live with dignity, independence, and a high quality of life within their communities.

We appreciate your dedication to considering the needs of individuals with disabilities in your decision-making process. Your attention to these critical issues reflects your commitment to the well-being of all North Dakotans.

Kirsten Dvorak
Executive Director
The Arc of North Dakota
701-222-1854

HB 1012 (2025 LEGISLATIVE ASSEMBLY)
HUMAN RESOURCES DIVISION
SENATE APPROPRIATIONS COMMITTEE
HONORABLE DICK DEVER, CHAIRMAN
MARCH 18, 2025
TESTIMONY OF BRUCE MURRY FOR FRASER, LTD

Good Morning, Chairman Dever and members of the Human Resources Division of the Senate Appropriations Committee. I am Bruce Murry, a registered lobbyist for Fraser, Ltd. (Fraser) of Fargo, North Dakota. Fraser supports children, youth, and adults on their life's journeys towards independence through four main programs: independent living, transitional youth services, mental health, and childcare.

Fraser's Stepping Stones Resource Center serves at least 500 young adults (18-26) at risk of homelessness and other crises annually. We weave food, clothing, winter shelter, case management, employment support, and onsite mental health professional visits into a unique center using the Transition to Independence Process. Our evidence-based process shares common features with the State's much-welcomed Certified Community Behavioral Health Centers. We often serve as a destination for police safety interventions, mental health treatment discharges, and emergency stabilization while awaiting other services.

We thank the HR Division's funding for this unique program at $300,000 ($150,000 per year) in 2023, and the Governor for including it in this budget. We will continue multiplying your investment to serve hundreds of threatened young adults from around the state. Private donations fund the majority of the Stepping Stones Resource Center's operations. The State's commitment reassures private donors that the program is broadly supported.

Our Valley Hope Counseling Services increase Fraser's ability to provide services to people with behavioral health needs with much quicker access to

professional mental health services. We appreciate this bill's increased access to behavioral telehealth services. We urge you and the Department to continue that expansion, helping us hire more professionals to serve residents of remote communities. We also appreciate incentives for developing the stretched workforce for professional behavioral health services in this and other bills.

Fraser supports the legislative platform of the North Dakota Association of Community Providers. Thank you for North Dakota's efforts to ensure citizens with intellectual and developmental disabilities receive appropriate services in the least restrictive environment. With your appropriation - and the best possible inflator for providers to meet rising costs - HHS and their expertise help us build and retain our limited workforce. We also recognize the Life Skills and Transition Center's role as a safety net for the people we serve. Relying upon LSTC's safety net, providers can take the organizational risk to serve people with the highest needs in their communities. Making accreditation voluntary will allow Fraser to negotiate a more focused accreditation package to maximize our service quality.

In addition, Fraser wishes to thank the Legislative Assembly for its investments in developing the childcare workforce. Childcare supports the workforce for all of our other programs. Fraser's Child Care Center also struggles to find adequate staffing, and we appreciate the assistance to child care programs within the HB 1012 budget.

Thank you for the chance to address you today. I am happy to answer any of your questions now or as you deliberate. I will find the best expert at Fraser to answer any questions I cannot.

Bruce Murry
Lobbyist 330 for Fraser, Ltd.

701.220.4933 (cell)
bmurry@me.com

2025 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

HB 1012 p.m.
3/18/2025

Relating to leases of the health and human services property, substance use disorder treatment program, basic care payment rates, and state of residence for child care assistance; to provide for a transfer; to authorize a line of credit; to provide legislative intent; to provide for a legislative management study; to provide an application; to provide an exemption; to provide for a report; and to provide an effective date.

2:30 p.m. Chairman Dever opened the hearing.

Members present: Chairman Dever and Senators Cleary, Davison, Magrum and Mathern.

Discussion Topics:

- Department Proposed Amendment
- Human Service Centers
- Inflationary Budget Increase
- Transitional Living
- Recovery Centers
- Budget Request
- Capital Projects
- Exemptions

2:30 p.m. Pam Sagness, Executive Director, Behavioral Health Division, ND Department of Health & Human Services (ND DHHS) testified in favor and submitted testimony #42865 and #42866.

2:34 p.m. Dr. Dan Cramer, Clinical Director, Human Service Centers, ND DHHS, testified in favor and provided testimony #42838, #42862, & #42863.

2:44 p.m. Courtney Peterson, Assistant Chief Financial Officer, ND DHHS, testified in favor and answered committee questions.

2:46 p.m. Donna Aukland, Chief Financial Officer, ND DHHS, testified in favor and answered committee questions.

2:48 p.m. Dr. Dan Cramer, Clinical Director, Human Service Centers, ND DHHS, testified in favor and continued testimony #42838.

2:57 p.m. Alanna Zeller, Director of Clinical Operations, Behavioral Health Clinics, testified in favor and answered committee questions.

2:59 p.m. Pam Sagness, Executive Director, Behavioral Health Division, ND DHHS, testified in favor and answered committee questions.

3:10 p.m. Dr. Dan Cramer, Clinical Director, Human Service Centers, ND DHHS, testified in favor and continued testimony #42838.

3:08 p.m. Alanna Zeller, Director of Clinical Operations, Behavioral Health Clinics, testified in favor and continued testimony #42838.

3:20 p.m. Pam Sagness, Executive Director, Behavioral Health Division, ND DHHS, testified in favor and answered committee questions.

3:22 p.m. Donna Aukland, Chief Financial Officer, ND DHHS, testified in favor and answered committee questions.

3:23 p.m. Alanna Zeller, Director of Clinical Operations, Behavioral Health Clinics, testified in favor and continued testimony #42838.

3:29 p.m. Donna Aukland, Chief Financial Officer, ND DHHS, testified in favor and answered committee questions.

3:30 p.m. Alanna Zeller, Director of Clinical Operations, Behavioral Health Clinics, testified in favor and continued testimony #42838.

3:40 p.m. Dr. Dan Cramer, Clinical Director, Human Service Centers, ND DHHS, testified in favor and answered committee questions.

3:42 p.m. Laura Anderson, Policy Director, ND DHHS, testified in favor and answered committee questions.

3:43 p.m. Donna Aukland, Chief Financial Officer, ND DHHS, referred to previously submitted testimony and answered committee questions and referenced previous testimony #41255 from (3/11/25 at 2:00 p.m.).

Additional Written Testimony:

Cody Kurtz, MFP/NDPP Program Director, Dakota Center for Independent Living, testified in favor and submitted written testimony #42788.

Jeremiah Reiss, Program Participant, testified in favor and submitted written testimony #42806.

Michelle Klabo, Childcare Provider, testified in favor and submitted written testimony #42843.

3:56 p.m. Chairman Dever closed the hearing.

Joan Bares, Committee Clerk

DAKOTA
Center for Independent Living
Serving people with disabilities since 1980

3111 E Broadway Avenue, Bismarck, North Dakota 58501

Chairman Dever and members of the Senate Appropriations – Human Resource Division Committee. My name is Cody Kurtz, and I am the MFP/NDPP Program Director for the Dakota Center for Independent Living. Dakota Center for Independent Living, along with the other three Centers for Independent Living throughout the state of North Dakota have been working with the North Dakota Department of Human Services to provide contractual work for the grant program called the North Dakota Transition and Diversion Pilot Project. This project started out with dollars from COVID and has continued for the last few years. The intentions of the grant program are to assist low-income individuals either on Medicaid, Medicaid Expansion, or receiving services through ND Aging Services Home and Community Based Cares. The program is intended to provide assistance to help keep individuals eligible for the program, living independently in their homes, and preventing them from having to go to a more restrictive environment like a Basic Care or Skilled Nursing Facility.

The program has provided individuals with funding to build ramps onto their homes, do bathroom modifications to make them more accessible for them, and has put in stair lifts. The program also provides assistive equipment for individuals, such as shower chairs, Hoyer lifts, PAL lifts, grab bars, and a number of other equipment that they may not be able to afford themselves. The ultimate goal of the program is to assist individuals to be more independent in their homes for longer and to reduce the need for long term care in a facility setting.

Dakota Center for Independent Living completed 82 diversions through this program from 10/1/2023 to 9/30/2024, the last reporting year for numbers with that program. However, we continue to do the same work this reporting year with similar results.

This program is crucial for residents of North Dakota who are low-income and could not otherwise afford to pay for the items mentioned and would likely need to move into a more restrictive environment. Although Basic Care, Assisted Living, and Skilled Nursing facilities may serve some individuals well, they are not for everyone, and sometimes staying in your own home is the most important place to keep your quality of life high.

Cody Kurtz
MFP/NDPP Program Director
Dakota Center for Independent Living
701 222 – 3636

To whom this may concern. This program helped me tremendously! I was unemployed, was able to get a small apartment through the help of ND rent help but I didn't have any money or furniture. I didn't have a bed so I slept on the floor. This program was amazing and provided me with a bed, a couch, small kitchen table with a couple chairs to go with it among some kitchen utensils. This program gave me hope and a head start to getting my life back. I ran into some hard times and lost most of what I had. Since then I've been working, I get to come home to a place where I can rest on my couch sleep in my bed and eat dinner at a table. Before this, I sat on the floor, ate on the floor and slept on the floor. There's plenty of people around here that need this help. Sometimes things happen that are out of our hands and we have nowhere to turn to. That's where this program steps in and provides hope. I hope you find this letter helpful and know there's good people and families that truly just need a little help.

Thank you.
Jeremiah Reis
(725) 270-4977

Hello, My Name is Amber Roberson-Kitzman. I reside in Beulah ND. I am a 41 year old chronically ill and disabled woman. I'm also a mother to 4 daughters and a grandmother to 4 grandbabies. I have been chronically ill and disabled for over a decade now. I suffer from many ailments such as a neurological condition called Functional neurological disorder. With this disorder comes many difficult, yet daily symptoms. I struggle with walking, balance, vision issues, intense headaches, sleep attacks, seizures, painful spasms, speech issues, body and verbal tics, full body pain, heart issues and many other symptoms. This disorder is completely disabling, as I am about 90% bed ridden. I use a cane and a wheelchair to get around. I am a patient on the TDP program. Because of this program I was able to get help with shower/bathtub rails in my home to feel safer while bathing. I was able to get a wheelchair that fit my body better, so I can feel more comfortable on outtings. The TDPP also helped me get in contact with the housing program to fill out paperwork for the housing voucher program. A program i never knew i would even qualify for..This allows me to stay in my home with my caregiver and my family, instead of having to move to a facility. Being disabled and having very little income is a huge stressor in my life. The TDP program has helped me in so many ways and I truly feel this program is necessary for people like me and others who struggle with chronic illness, pain, and disability. This program has helped improve my quality of life as well as many others who struggle. I can't imagine not having the TDP program and many other programs like it. Especially, since there are so many that depend on it and benefit from it. We don't choose to be sick and disabled. Our life is stripped of a lot of joy, freedom, and options. Programs like the TDPP help us cope, struggle less, and get back to enjoying life a little bit more. On behalf of everyone struggling like i have, please save the TDPP.
Thank you.
Sincerely, Amber Rae Roberson-Kitzman.
(701) 870-0001

We would like to express our deepest gratitude to DeeDee Nagel and the team at Dakota Center for Independent Living for the incredible support they have provided for our family. Before we found this program, my husband's mobility was extremely limited, and his quality of life suffered greatly. The Transition Diversion Pilot Project has truly been a transformative resource for us, offering solutions that we could not have accessed on our own.

The mobile scooter and vehicle ramp they provided have given my husband the ability to regain his mobility and independence. For the first time in years, he can enjoy the outdoors, reconnect with the world, and experience small but deeply meaningful moments that bring joy to his life. Additionally, the standing assist equipment they provided has significantly improved his daily routine, making everyday tasks less burdensome.

What truly sets the Transition Diversion Pilot Program apart is the speed, efficiency, and care with which they deliver their services. The process of receiving life-changing equipment was quick and seamless, alleviating the stress and anxiety that so often accompany these challenges. For families like ours, who are unable to secure assistance elsewhere, this program is nothing short of essential.

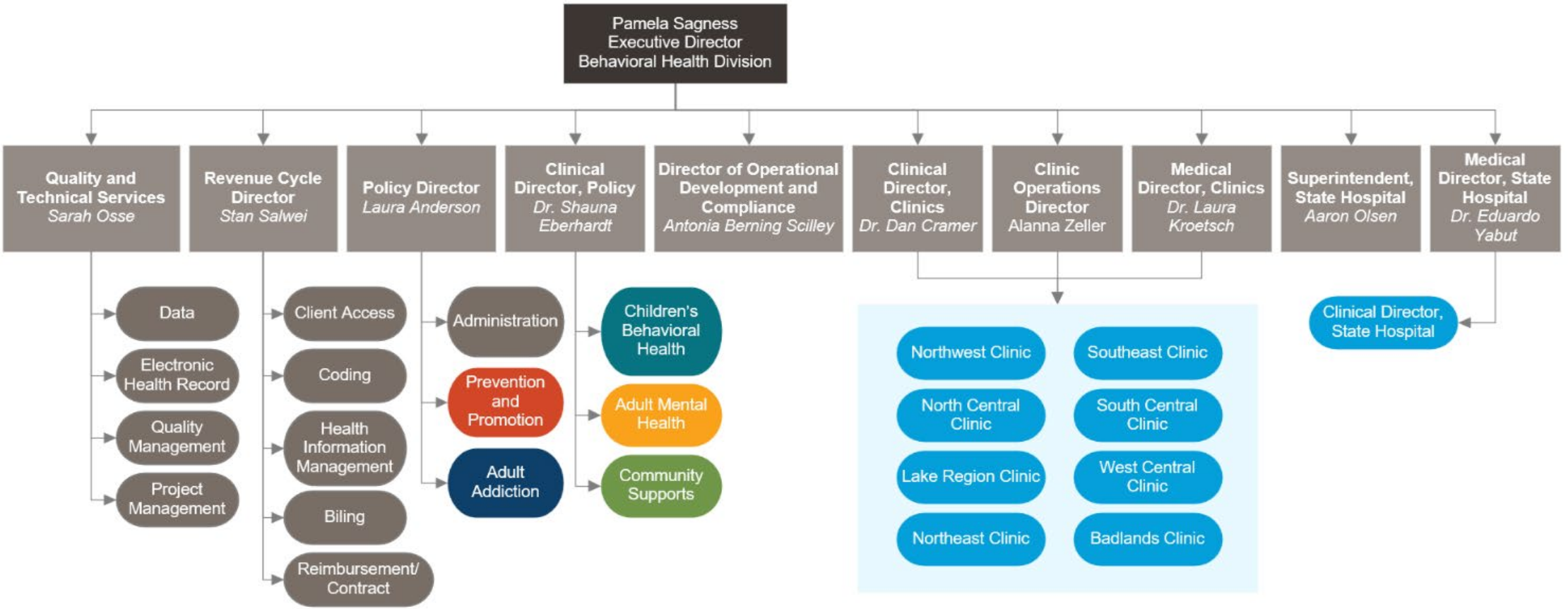
The value of the Transition Diversion Pilot Program extends far beyond the equipment they provide. They empower individuals with disabilities to reclaim a sense of dignity and independence, while also lifting the emotional and financial burdens faced by their families. Their work has a ripple effect that improves not just individual lives but entire communities.

For these reasons, we strongly believe that this program must continue. The Transition/Diversion Pilot Program—it is a vital support system for families in need, and its impact cannot be overstated. Programs like this fill a critical gap, offering hope and assistance to those who would otherwise be left without options. We urge you to recognize the indispensable role it plays and ensure that it remains available for the countless families who rely on it.

The Saul Family
(701) 202-4080

Independent Living has always helped me out from the washrags to the dishrack, they have stuck beside me as in always keeping in touch with me, they have always called me and checked on me.
They showed up and helped me move into my apartment. They have bought me utensils, pots and pans, broom and basic household needs. They have helped me more than anybody could. If anything keep the funding going, and they help other people who need help.
Leighton Condon
(701) 989-5240

Behavioral Health Division





HB1012 Detail to Senate Appropriations

Dr. Dan Cramer | Clinical Director | Behavioral Health Division
Alanna Zeller | Director of Clinic Operations | Behavioral Health Division
March 18, 2025

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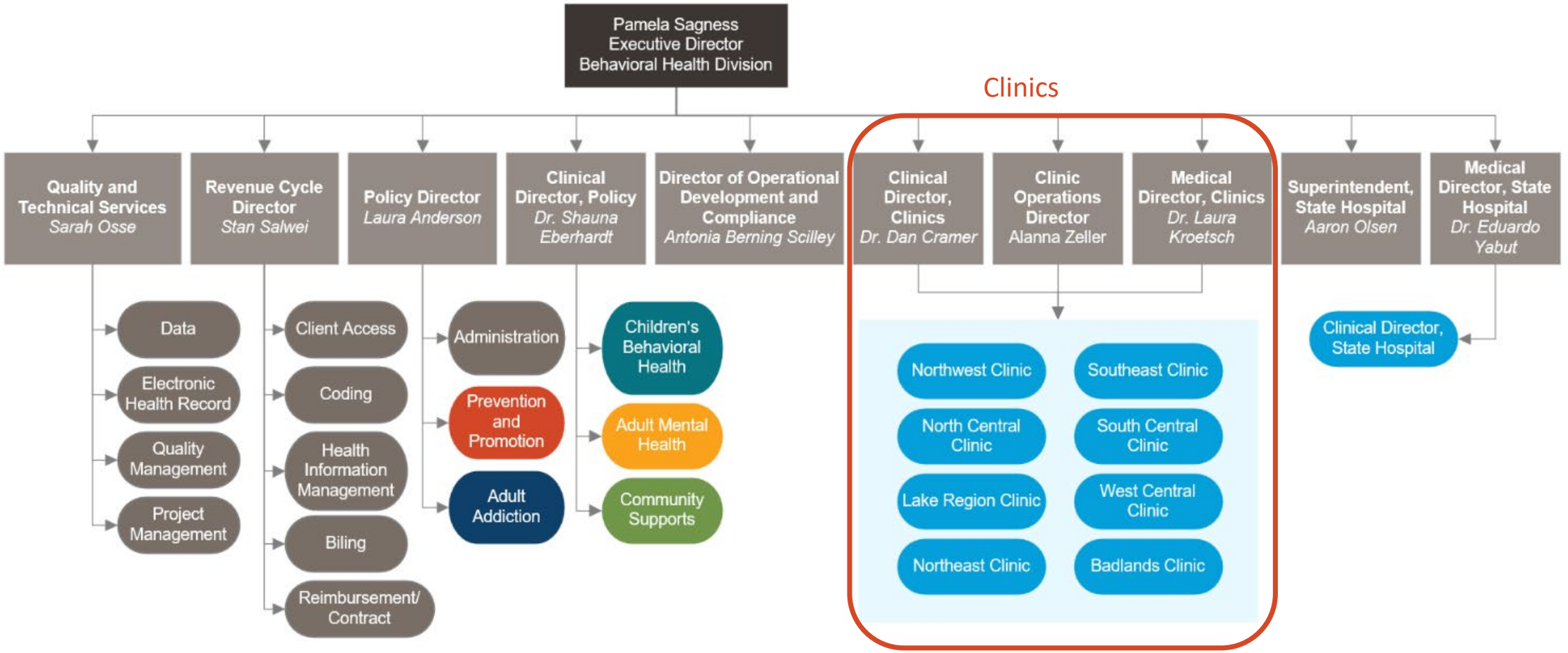
Behavioral Health Division



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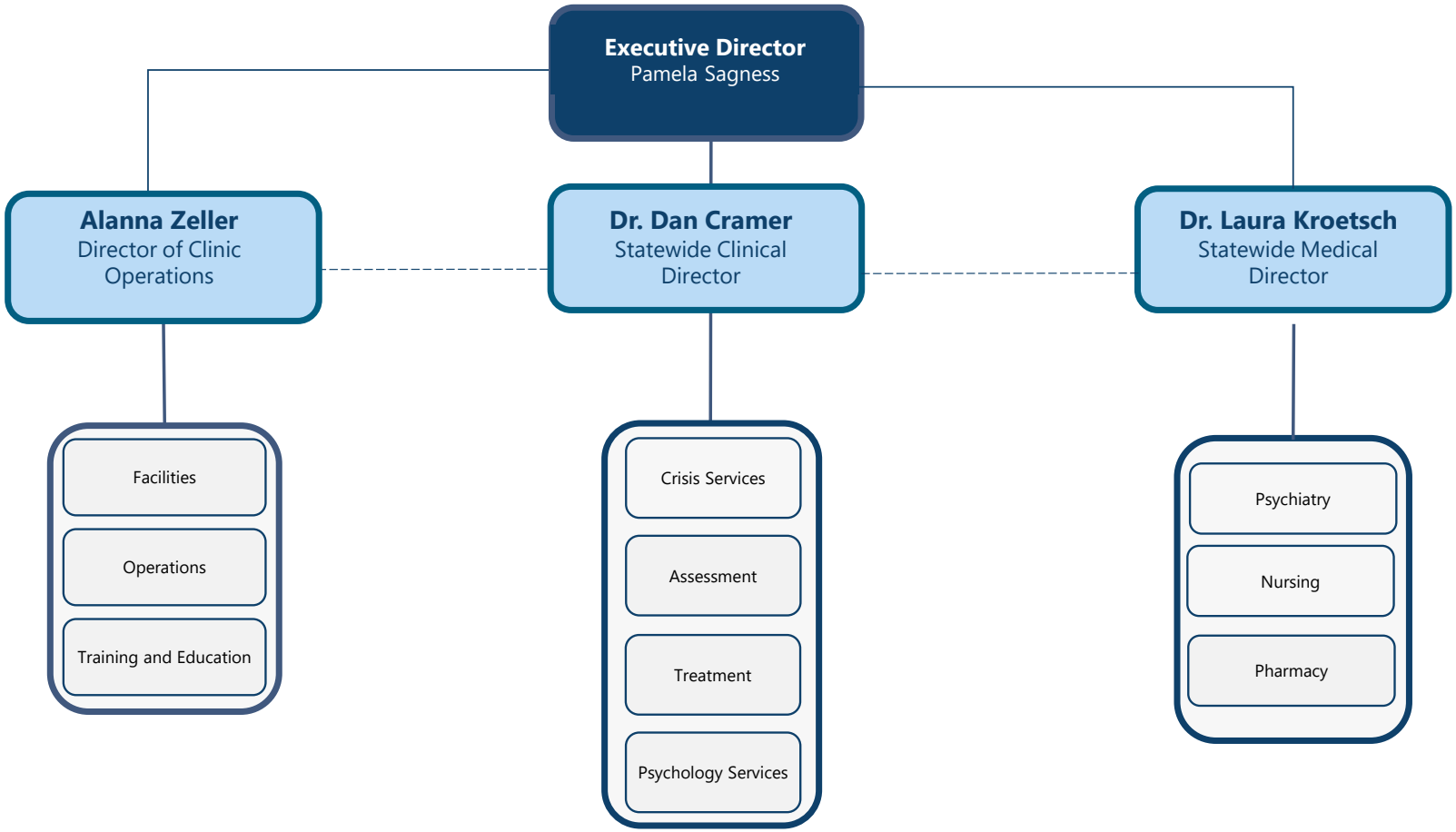
Human Service Center



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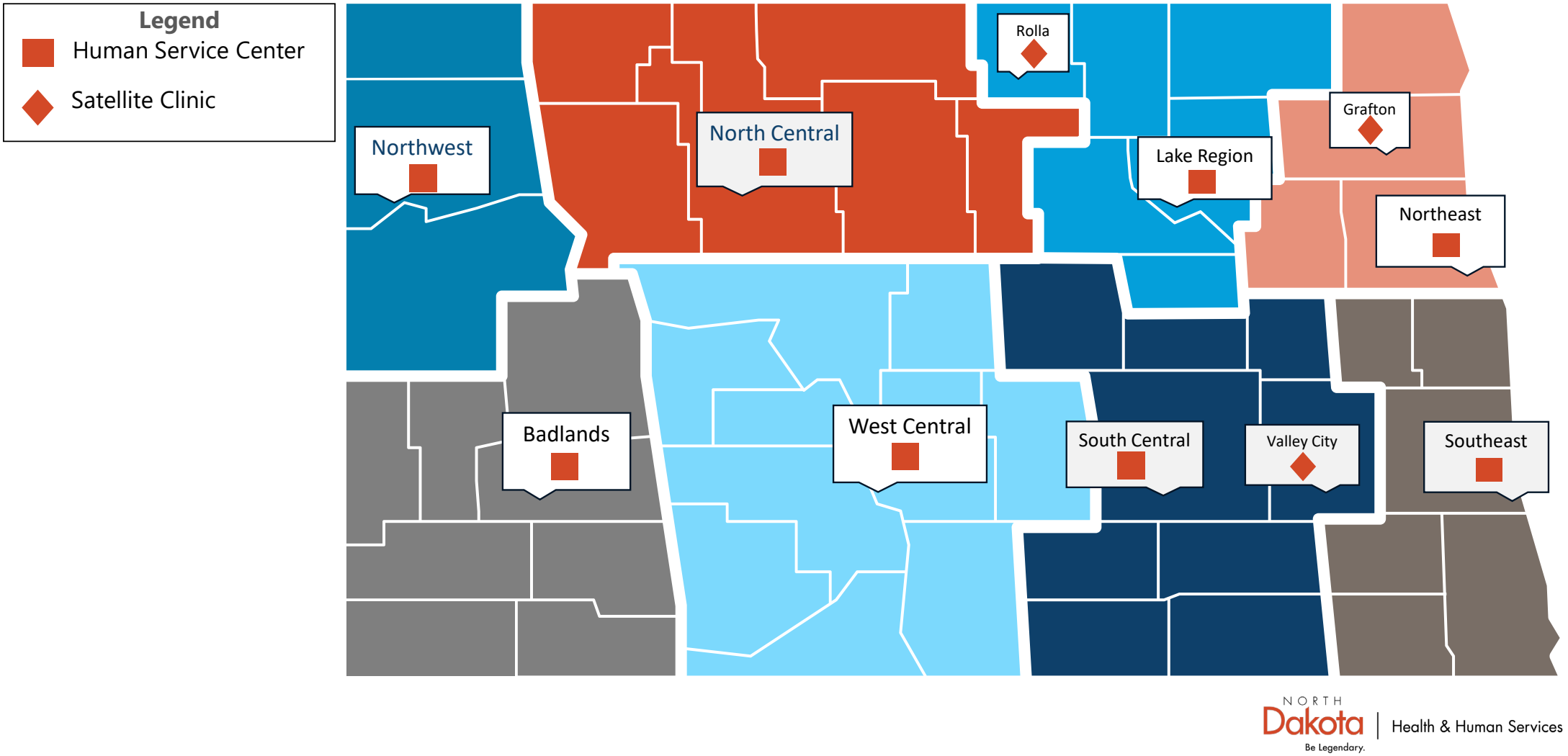
Human Service Centers FTE

Position Numbers Assigned/ Funding Exists	Number of people filling positions	# of Vacancies	# of Temporary
778.65	*620.55*	*158.10*	*54*

Outpatient Clinic Locations



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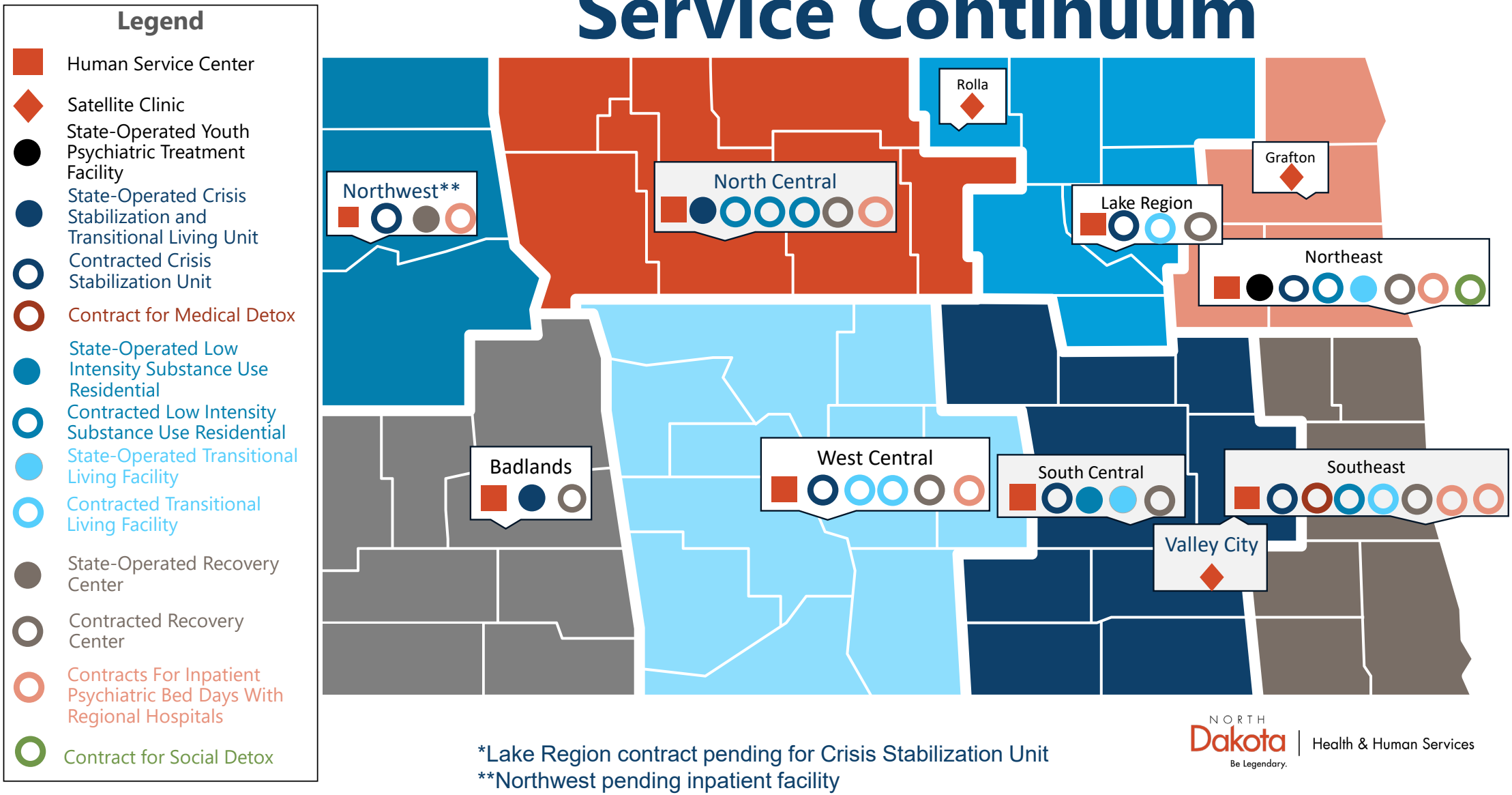
Service Continuum



*Lake Region contract pending for Crisis Stabilization Unit
**Northwest pending inpatient facility

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Comparison of budget expenditures and projections
By Program

PROGRAMS	2023-25 LEGISLATIVE BASE	ONE TIME / CARRYOVER	EXPENDED AS OF 12/31/2024	PROJECTION THROUGH 6/30/2025	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)	ENGROSSED HB 1012	GENERAL	FEDERAL	OTHER
STATE-WIDE HSC RESOURCES	$ 11,926,349	$ 4,150,000	$ 6,361,570	$ 11,547,727	$ 23,910,815	$ (4,038,391)	$ 19,872,424	$ 19,019,248	$ -	$ 853,176
CCBHC	-	-	516,962	1,187,986	4,494,281	(219,000)	4,275,281	2,275,281	2,000,000	-
CLINIC ADMINISTRATION	24,786,429	-	16,727,893	22,832,242	23,213,120	(1,677,000)	21,536,120	21,536,120	-	-
CLINICAL SERVICES	85,452,966	-	51,390,876	71,309,730	88,240,805	(3,199,272)	85,041,532	41,489,917	26,325,927	17,225,688
WRAP AROUND SERVICES	86,025	-	30,679	47,534	99,025	-	99,025	99,025	-	-
SUPPORTIVE HOUSING	67,477	-	42,010	59,950	67,477	-	67,477	67,477	-	-
SERVICES FOR THE HOMELESS	997,071	-	654,140	913,826	1,065,038	(30,000)	1,035,038	445,038	590,000	-
MEDICAL DIR & PSYCHIATRISTS	27,907,169	-	20,558,261	28,560,272	26,596,565	(2,202,618)	24,393,947	24,244,972	-	148,975
YOUTH AND FAMILY SERVICES	10,202,526	-	10,397,324	14,362,151	21,944,678	(1,226,524)	20,718,154	14,193,367	6,524,787	-
RESPITE CARE	60,545	-	13,515	19,629	40,215	261	40,476	40,476	-	-
RUTH MEIERS PRTF DIRECT CARE	4,931,136	-	3,963,536	5,046,803	6,142,243	(501,000)	5,641,243	5,641,243	-	-
CRISIS RESIDENTIAL	14,552,972	-	8,690,201	14,389,558	16,187,002	(1,335,996)	14,851,006	14,851,006	-	-
SOCIAL DETOX	178,413	-	225,000	290,000	265,880	1,973	267,852	267,852	-	-
LOW INTENSITY RESIDENTIAL	708,177	-	846,841	798,224	2,233,313	(545,424)	1,687,889	1,687,889	-	-
HIGH INTENSITY RESIDENTIAL	-	-	780	272,715	298,145	-	298,145	298,145	-	-
TRANSITIONAL LIVING RESIDENTIAL	11,716,444	-	6,206,090	8,812,610	12,764,249	(1,488,834)	11,275,415	11,275,415	-	-
RECOVERY CENTERS	2,730,244	-	1,908,731	2,705,088	3,730,220	(541,823)	3,188,396	3,188,396	-	-
CAPITAL PROJECTS	80,000	735,154	435,396	765,073	1,052,000	(632,000)	420,000	80,000	-	340,000
TOTAL	**$ 196,383,945**	**$ 4,885,154**	**$ 128,969,804**	**$ 183,921,121**	**$ 232,345,068**	**$ (17,635,648)**	**$ 214,709,420**	**$ 160,700,867**	**$ 35,440,713**	**$ 18,567,840**

Section Overview

Our Role



All 8 Clinics provide Community Behavioral Health Services and are state-operated providers of integrated mental health and substance use outpatient care.

Our mission is to provide timely and effective behavioral health services to citizens of North Dakota to improve the quality of life through achieving and sustaining recovery.

Responsible to comply with:

- NDCC 25-03.1
- NDCC 50-06
- NDAC 75-05,
- NDAC 75-09.1

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Engrossed SB 2113

Transition Name of the Human Service Centers to Behavioral Health Clinics

Update in language to align with behavioral health best practice

Example: Update "Prevent, reduce, or eliminate dependency" to "Build resilience, self-sufficiency, and independence"

Requests authority for the Department to establish certification criteria for Certified Community Behavioral Health Clinic



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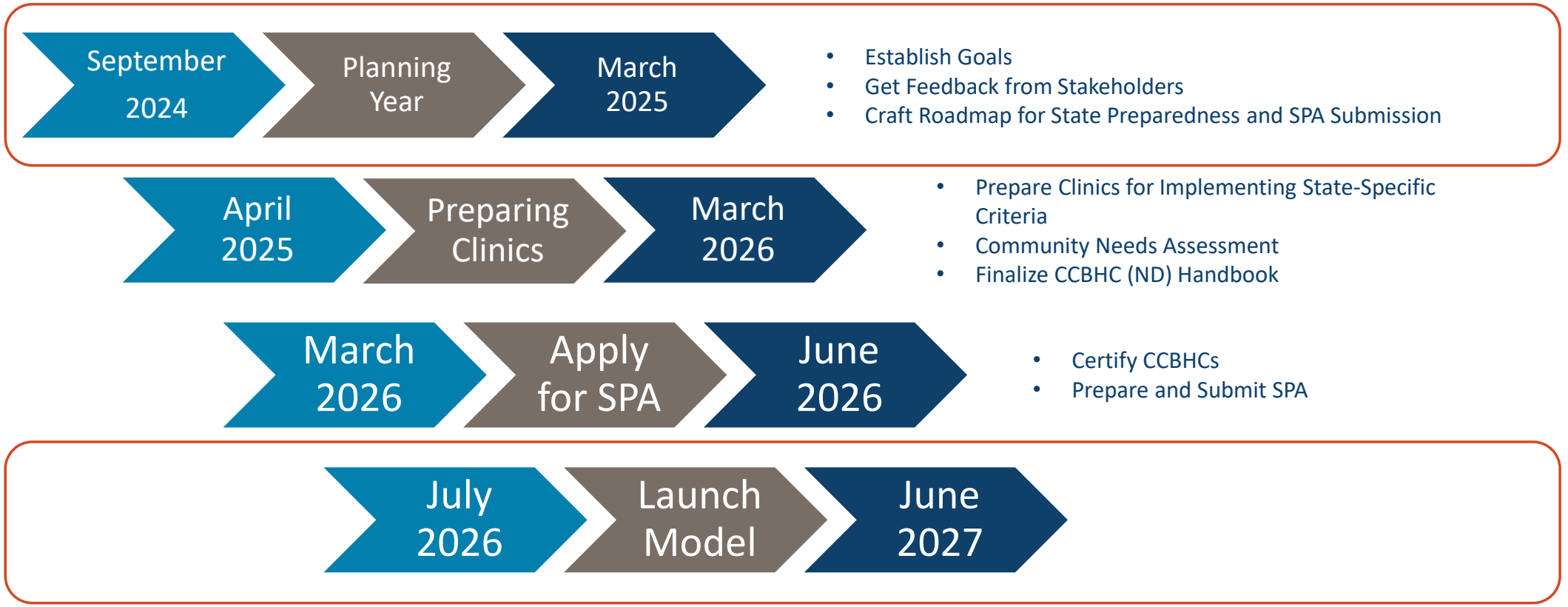
Certified Community Behavioral Health Clinics



ND CCBHC PLANNING AND IMPLEMENTATION TIMELINE*



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**THIS TIMELINE WAS PREPARED FOR NORTH DAKOTA BY NATIONAL COUNCIL FOR MENTAL WELLBEING BASED ON STANDARD PRACTICES*

The National CCBHC Criteria

- **Staffing**
- **Availability & Accessibility of Services**
- **Care Coordination**
- **Scope of Services**
- **Quality & Other Reporting**
- **Organizational Authority, Accreditation & Governance**

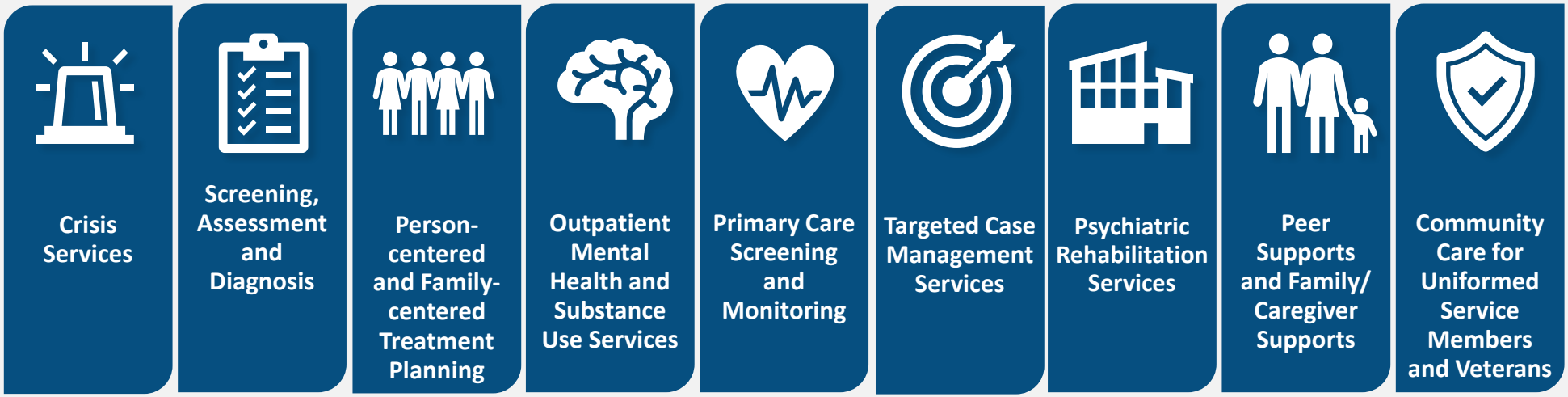
Throughout the criteria, emphasis on:

- Designing requirements to meet state/local needs
- Person-centered care
- Delivery of services outside the clinic
- Innovative partnerships
- Reaching individuals not currently in care
- Measurement-informed care

Certified Community Behavioral Health Clinics

CCBHC

Services may be delivered directly by the CCBHC or by a Designated Collaborating Organization (DCO). CCBHCs are expected to directly deliver the majority of encounters.



Provision of all services is person- and family-centered.

Comparison of budget expenditures and projections
By Program

PROGRAMS	2023-25 LEGISLATIVE BASE	ONE TIME / CARRYOVER	EXPENDED AS OF 12/31/2024	PROJECTION THROUGH 6/30/2025	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)	ENGROSSED HB 1012	GENERAL	FEDERAL	OTHER
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SOCIAL DETOX	178,413	-	225,000	290,000	265,880	1,973	267,852	267,852	-	-
LOW INTENSITY RESIDENTIAL	708,177	-	846,841	798,224	2,233,313	(545,424)	1,687,889	1,687,889	-	-
HIGH INTENSITY RESIDENTIAL	-	-	780	272,715	298,145	-	298,145	298,145	-	-
TRANSITIONAL LIVING RESIDENTIAL	11,716,444	-	6,206,090	8,812,610	12,764,249	(1,488,834)	11,275,415	11,275,415	-	-
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TOTAL	**$ 196,383,945**	**$ 4,885,154**	**$ 128,969,804**	**$ 183,921,121**	**$ 232,345,067**	**$ (17,635,648)**	**$ 214,709,419**	**$ 160,700,867**	**$ 35,440,713**	**$ 18,567,840**

Individuals Served 7/2023-12/2024

10,382 adults served

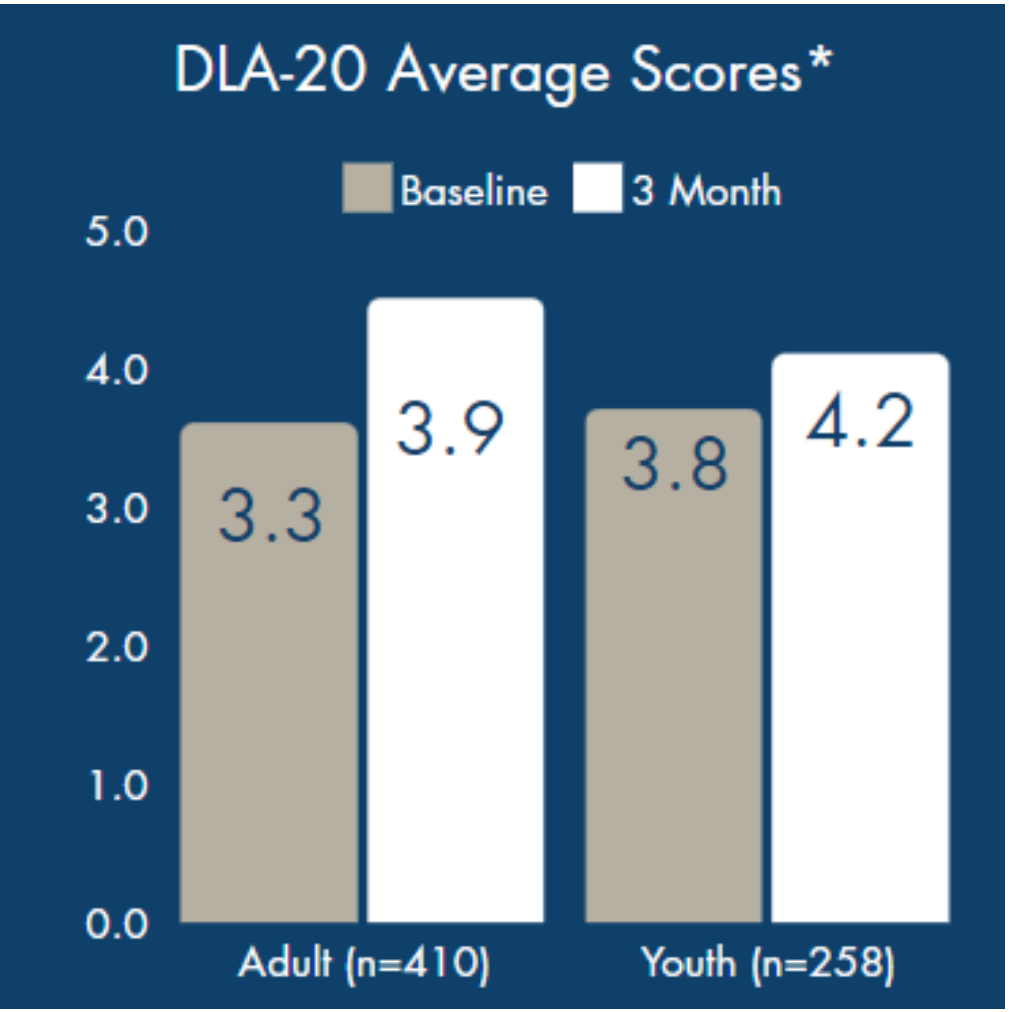
231,860 adult services

2,380 youth served

63,310 youth services

Improving Outcomes

DLA-20 Average Scores, 10/4/2023 – 12/31/2024



- The DLA-20 measures daily living skills across 20 areas, with scores ranging from 1 to 7, where higher scores indicate better functioning.
- 18 % increase in Adult DLA-20 Scores
- 10% increase in Youth DLA-20 Scores
- These increases of scores from baseline to DLA-20s taken again in 3 months suggests measurable progress and highlights the effectiveness of the intervention.

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What We Do: *Community Behavioral Health Outpatient Services*

NDCC 50-06-05.3, 12.1-01-04, 25-03.1-04, 25-03.1-08
NDAC 75-05-04-01, 75-05-03-01, 75-05-03-02, 75-05-03-03, 75-05-03-04, 75-05-03-05, 75-05-03-07
**CCBHC Scope of Service Criteria*

Regional Intervention and Crisis Services*	Diagnostic Assessments*	Psychological Evaluations and Testing	Case Management*	Care Coordination*
Rehabilitative Services*	Peer Support*	Individual, Group and Family Therapy*	Psychiatric Evaluation*	Medication Management*

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What We Do: *Behavioral Health Outpatient Services*

UND Psychiatry Residency Collaboration

Strong teaching site collaboration with UND psychiatry residency

- 6/8 regions offering training rotations
- Plan to expand to 8/8 regions in 2025-2026 academic year.

Training Rotations

- Clozapine clinic (specialty medication management for individuals with Schizophrenia) - Fargo
- Crisis/Continuity Clinic - Fargo
- Outpatient Telehealth Clinic - Adult
- Outpatient Telehealth Clinic – Child

Highest Yield Recruiting Tool

- 10/16 psychiatrists - psychiatric residency at UND School of medicine and health sciences

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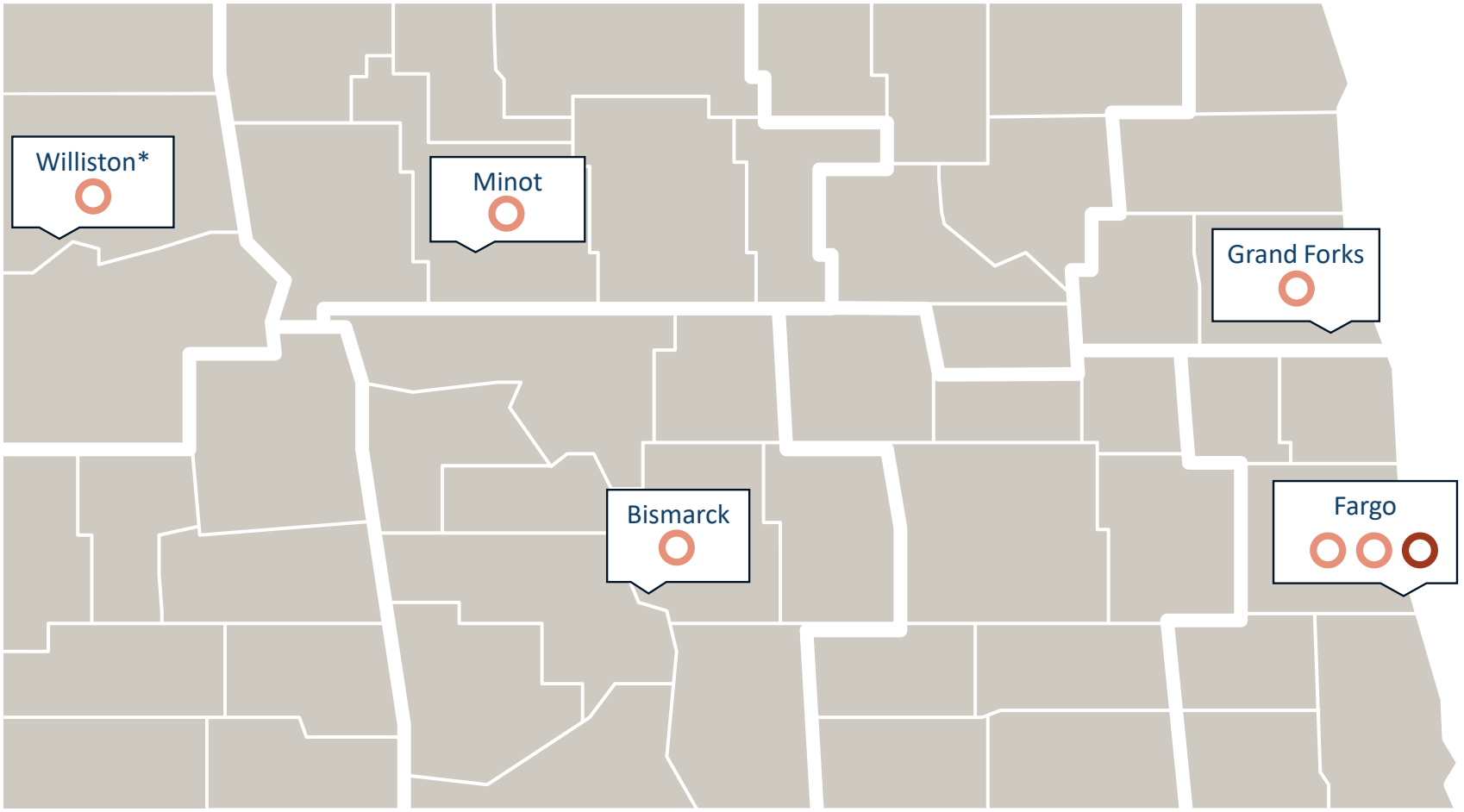
Adult Psychiatric Inpatient and Medical Detox

Legend

- Contracts For Inpatient Psychiatric Bed Days With Regional Hospitals
- Contract For Medical Detox



*Williston pending inpatient facility

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Contract Utilization

Region		SFY2022			SFY2023			SFY2024		
		Dollars Spent	Persons Served	Hospital Days	Dollars Spent	Persons Served	Hospital Days	Dollars Spent	Persons Served	Hospital Days
Williston										
Minot	Trinity	$20,787	6	39	$50,695	21	95	$28,050	33	51
Devils Lake										
Grand Forks	Altru									
Fargo	Prairie St Johns	$1,543,850	562	2807	$1,884,850	510	3427	$2,079,622	545	3671
	Sanford Health	$74,027	23	144	$96,641	24	181	$110,000	29	200
	Clay Cty Detox	$625,518	722	1829	$535,572	654	1566	$665,419	770	1889
Jamestown										
Bismarck	Sanford Health	$62,844	23	118	$9,612	4	18			
Dickinson										
Totals:		**$2,327,026**	**1,336**	**4,937**	**$2,577,370**	**1,213**	**5,287**	**$2,883,091**	**1,377**	**5,811**

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Contract Utilization*

Region		Jul-24 Dollars Spent	Jul-24 Persons Served	Jul-24 Hospital Days	Aug-24 Dollars Spent	Aug-24 Persons Served	Aug-24 Hospital Days	Sep-24 Dollars Spent	Sep-24 Persons Served	Sep-24 Hospital Days
Williston										
Minot	Trinity									
Devils Lake										
Grand Forks	Altru									
Fargo	Prairie St Johns	$231,650	60	397	$219,980	54	377	$402,032	70	689
	Sanford Health	$6,659	3	9	$2,226	1	4	$13,913	3	25
	Clay Cty Detox	$74,380	60	205	$59,867	50	165	$56,601	50	156
Jamestown										
Bismarck	Sanford Health									
Dickinson										
Totals:		**$312,688**	**123**	**611**	**$282,073**	**105**	**546**	**$472,546**	**123**	**870**

Region		Oct-24 Dollars Spent	Oct-24 Persons Served	Oct-24 Hospital Days	Nov-24 Dollars Spent	Nov-24 Persons Served	Nov-24 Hospital Days	Dec-24 Dollars Spent	Dec-24 Persons Served	Dec-24 Hospital Days
Williston										
Minot	Trinity	$45,267	37	77						
Devils Lake										
Grand Forks	Altru									
Fargo	Prairie St Johns	$190,805	42	327	$224,064	64	384	$318,008	61	545
	Sanford Health									
	Clay Cty Detox	$76,194	53	210						
Jamestown										
Bismarck	Sanford Health				$18,144	7	32	$2,268	1	4
Dickinson										
Totals:		**$312,266**	**132**	**614**	**$242,208**	**71**	**416**	**$320,276**	**62**	**549**

*At time of pulling data, invoices had not been received by Sanford Fargo Oct-Dec 2024 as well as Clay County Detox Nov-Dec 2024

NORTH Dakota Be Legendary. | Health & Human Services

Comparison of budget expenditures and projections
By Program

PROGRAMS	2023-25 LEGISLATIVE BASE	ONE TIME / CARRYOVER	EXPENDED AS OF 12/31/2024	PROJECTION THROUGH 6/30/2025	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)	ENGROSSED HB 1012	GENERAL	FEDERAL	OTHER
STATE-WIDE HSC RESOURCES	$ 11,926,349	$ 4,150,000	$ 6,361,570	$ 11,547,727	$ 23,910,814	$ (4,038,391)	$ 19,872,423	$ 19,019,248	$ -	$ 853,176
CCBHC	-	-	516,962	1,187,986	4,494,281	(219,000)	4,275,281	2,275,281	2,000,000	-
CLINIC ADMINISTRATION	24,786,429	-	16,727,893	22,832,242	23,213,120	(1,677,000)	21,536,120	21,536,120	-	-
CLINICAL SERVICES	85,452,966	-	51,390,876	71,309,730	88,240,805	(3,199,272)	85,041,532	41,489,917	26,325,927	17,225,688
SUPPORTIVE HOUSING	67,477	-	42,010	59,950	67,477	-	67,477	67,477	-	-
SERVICES FOR THE HOMELESS	997,071	-	654,140	913,826	1,065,038	(30,000)	1,035,038	445,038	590,000	-
MEDICAL DIR & PSYCHIATRISTS	27,907,169	-	20,558,261	28,560,272	26,596,565	(2,202,618)	24,393,947	24,244,972	-	148,975
YOUTH AND FAMILY SERVICES	10,202,526	-	10,397,324	14,362,151	21,944,678	(1,226,524)	20,718,154	14,193,367	6,524,787	-
WRAP AROUND SERVICES	86,025	-	30,679	47,534	99,025	-	99,025	99,025	-	-
RESPITE CARE	60,545	-	13,515	19,629	40,215	261	40,476	40,476	-	-
RUTH MEIERS PRTF DIRECT CARE	4,931,136	-	3,963,536	5,046,803	6,142,243	(501,000)	5,641,243	5,641,243	-	-
CRISIS RESIDENTIAL	14,552,972	-	8,690,201	14,389,558	16,187,002	(1,335,996)	14,851,006	14,851,006	-	-
SOCIAL DETOX	178,413	-	225,000	290,000	265,880	1,973	267,852	267,852	-	-
LOW INTENSITY RESIDENTIAL	708,177	-	846,841	798,224	2,233,313	(545,424)	1,687,889	1,687,889	-	-
HIGH INTENSITY RESIDENTIAL	-	-	780	272,715	298,145	-	298,145	298,145	-	-
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CAPITAL PROJECTS	80,000	735,154	435,396	765,073	1,052,000	(632,000)	420,000	80,000	-	340,000
TOTAL	**$ 196,383,945**	**$ 4,885,154**	**$ 128,969,804**	**$ 183,921,121**	**$ 232,345,067**	**$ (17,635,648)**	**$ 214,709,419**	**$ 160,700,867**	**$ 35,440,713**	**$ 18,567,840**

What We Do: *Community Behavioral Health Outpatient Services*

Youth and Family Evidence-Based Therapy

NDAC 75-05-03-01

CCBHC Scope of Service Criteria

Functional Family Therapy (FFT)

- FFT is an evidence-based intervention for youth and families designed to meet the needs of at-risk youth involved with the juvenile justice, mental health, school, or child welfare systems. Services are short-term and conducted in both clinic and home/community settings
  - All Regions

ND System of Care (SOC)

- A collaboration of community-based services & supports for youth and families to help them function better at home, school, in the community & going forward with life.
  - Region III and Region VII
  - Funded by Substance Abuse and Mental Health Services (SAMSHA) System of Care Expansion and Sustainability Grant

First Episode Psychosis (FEP)

- Assist young people experiencing early episodes of psychosis and their families by providing early intervention services.
  - Region V and Region VII
  - Funded by Mental Health Block Grant

Multi-Systemic Therapy (MST)

- Family and home-based treatment that strives to change how youth function in their natural settings- home, school and neighborhood-in ways that promote positive social behavior while decreasing antisocial behavior.
  - Region V

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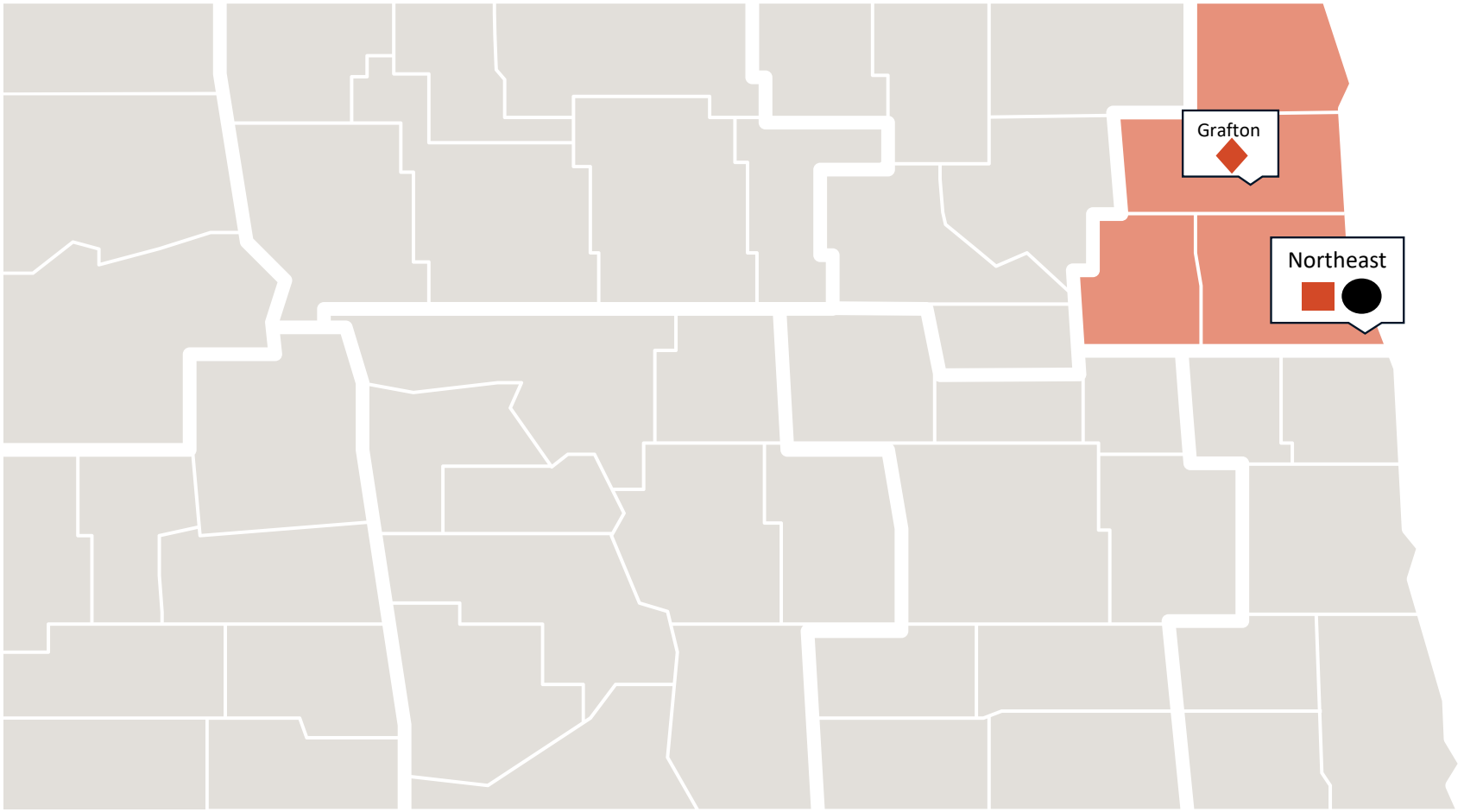
Residential Service Location

Legend

- Human Service Center
- Satellite Clinic
- Ruth Meiers Youth Psychiatric Residential Treatment Facility



NDAC 75-03-17

NORTH Dakota Be Legendary. | Health & Human Services

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By Program

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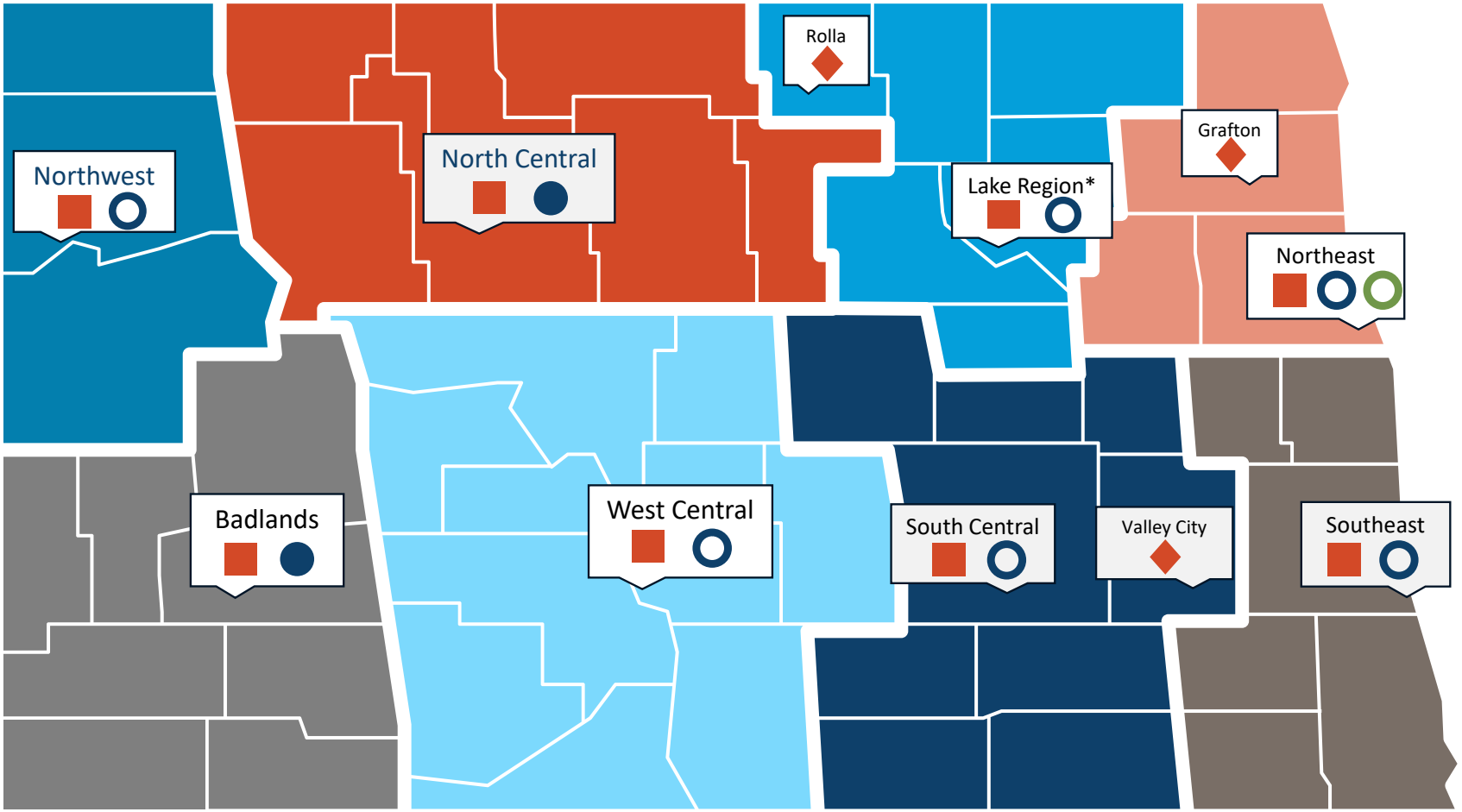
Residential Service Locations

Legend

- Human Service Center
- Satellite Clinic
- State-Operated Crisis Stabilization and Transitional Living Unit
- Contracted Crisis Stabilization Unit
- Contract for Social Detox

*Lake Region contract pending for Crisis Stabilization Unit



NDAC 75-05-03-03 (Crisis Stabilization Units)

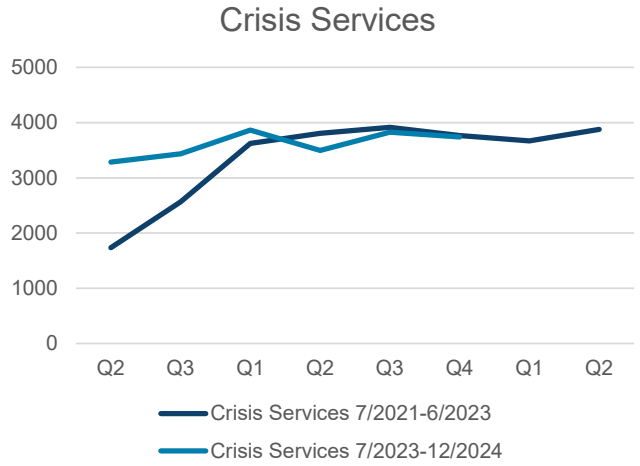
CCBHC Scope of Service

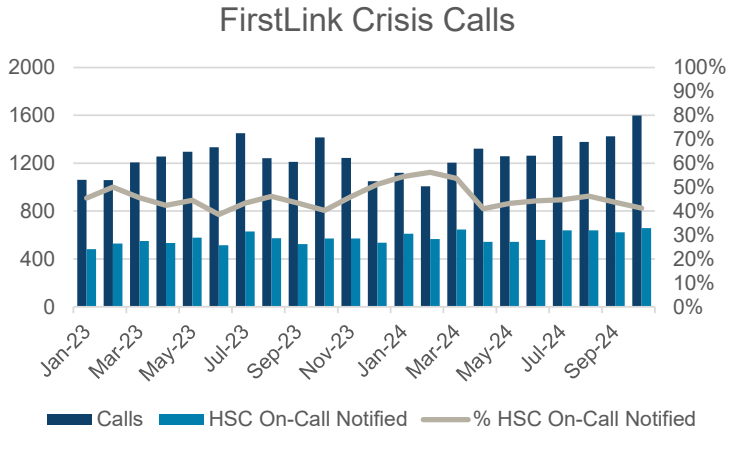
NORTH Dakota | Health & Human Services
Be Legendary.

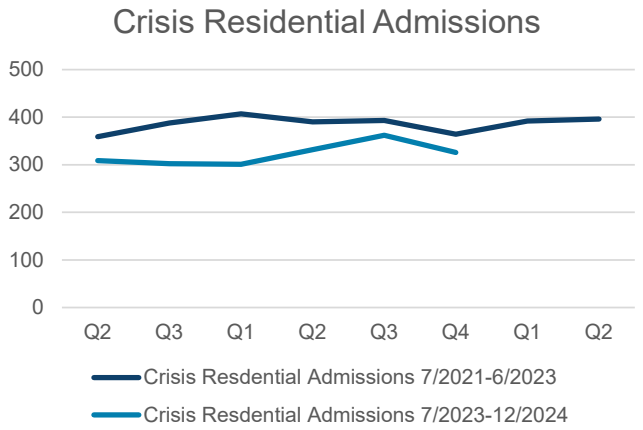
What We Do: *Behavioral Health Crisis Services*

Biennium Comparison (7/2021-6/2023 vs. 7/2023-12/2024)

**FirstLink data is from 1/2023 – 10/2024*







Crisis service utilization has increased since the start of the previous biennium. We are currently providing an average of 1,199 monthly crisis services this biennium, compared to 1,123 in the previous biennium.

The number of crisis calls into the crisis call center, FirstLink, has been steadily increasing. On average, 46% of these calls require notification of the HSC crisis on-call team.

Count of crisis residential admissions decreased since the last biennium, from a monthly average of 129 admissions to 106. However, two regions had extended periods without a residential facility during this biennium, impacting statewide census.

Comparison of budget expenditures and projections
By Program

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Residential Service Locations

Legend

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- Satellite Clinic
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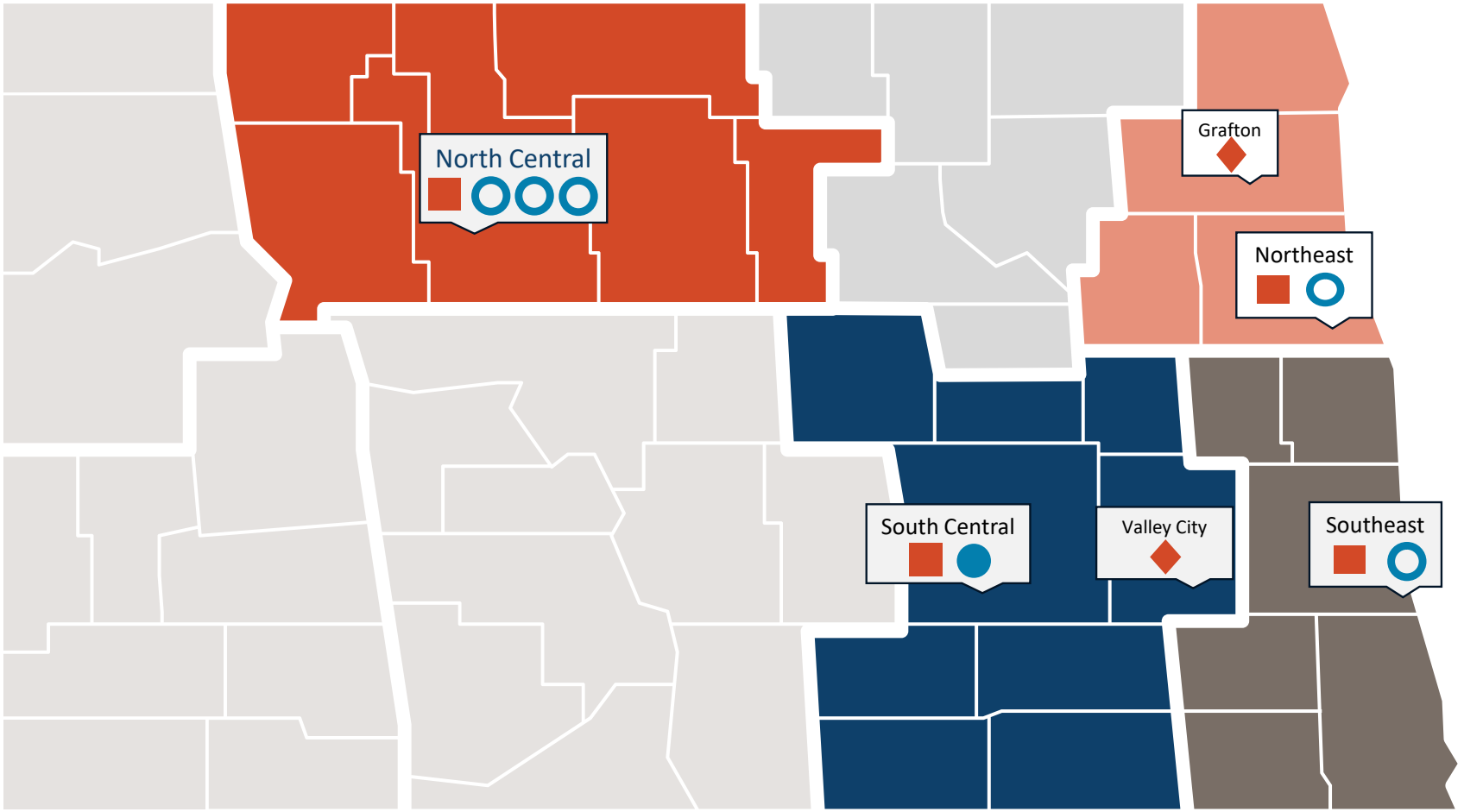

NDAC 75-09.1-02, 75-09.1-03

NORTH Dakota Be Legendary. | Health & Human Services

Comparison of budget expenditures and projections
By Program

PROGRAMS	2023-25 LEGISLATIVE BASE	ONE TIME / CARRYOVER	EXPENDED AS OF 12/31/2024	PROJECTION THROUGH 6/30/2025	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)	ENGROSSED HB 1012	GENERAL	FEDERAL	OTHER
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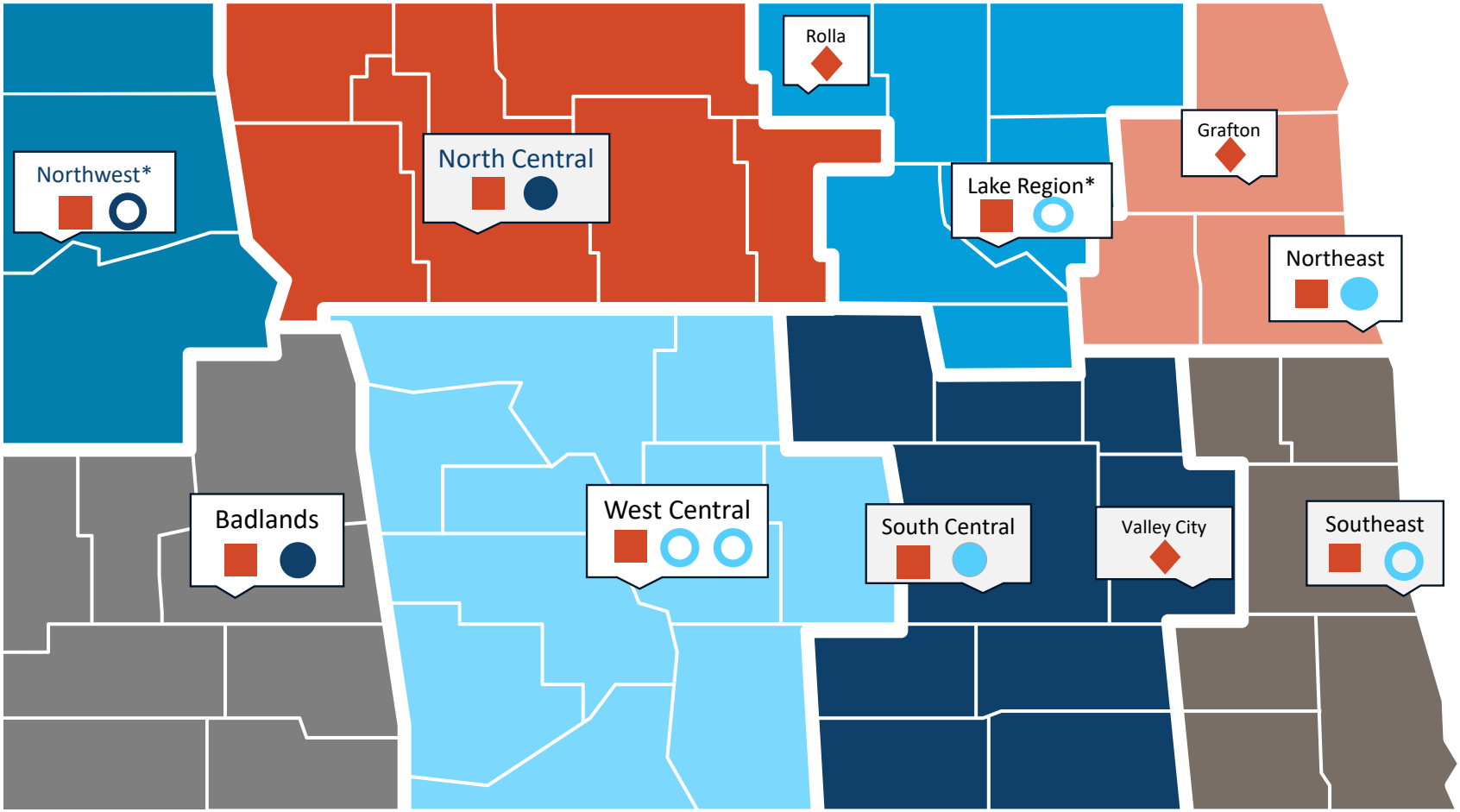
*Transitional living beds available at Crisis Stabilization Unit



NDAC 75-05-03-03

NORTH Dakota Be Legendary. | Health & Human Services

Comparison of budget expenditures and projections
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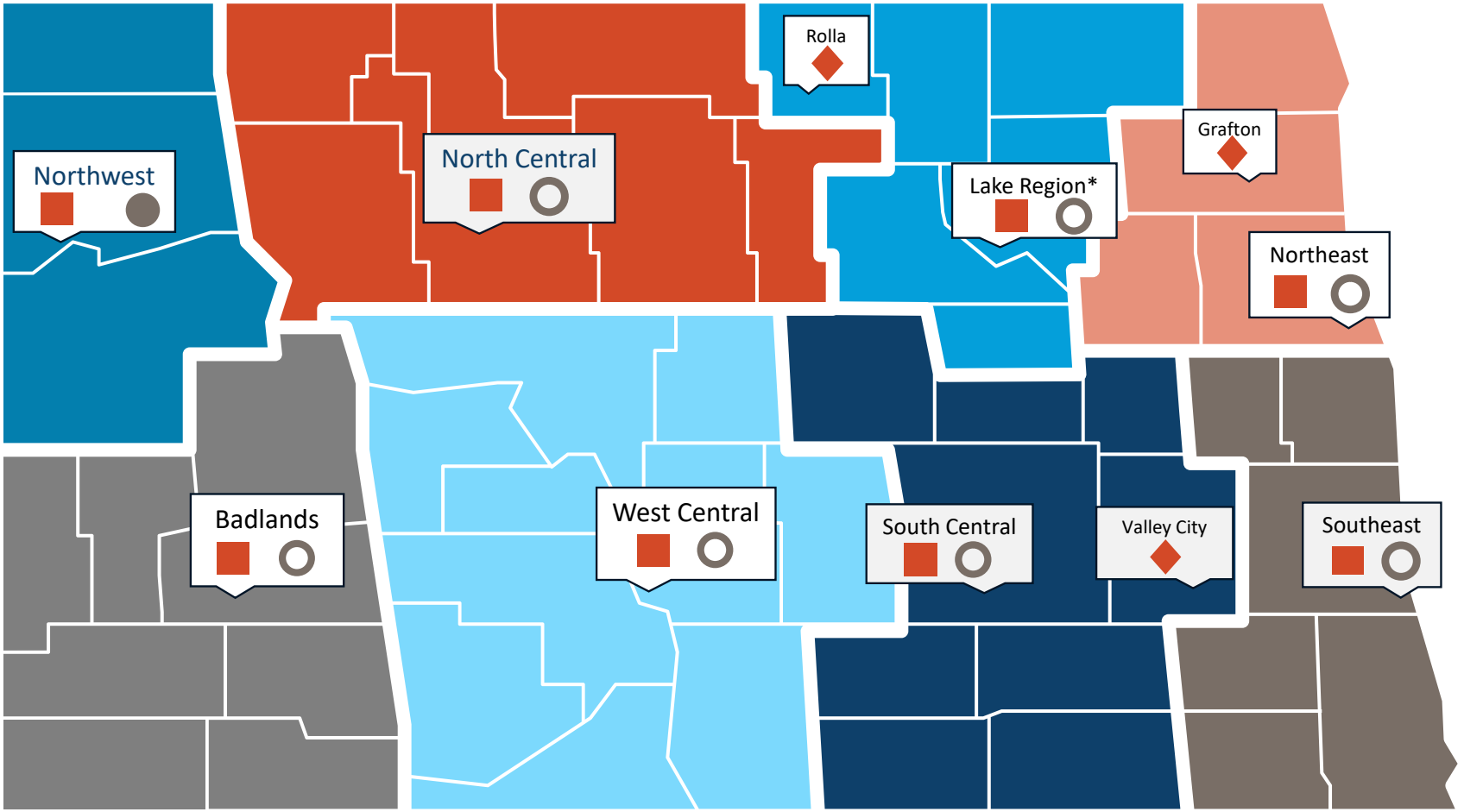
Recovery Center Locations

Legend

- Human Service Center
- Satellite Clinic
- State-Operated Recovery Center
- Contracted Recovery Center



NDAC 75-05-03-03

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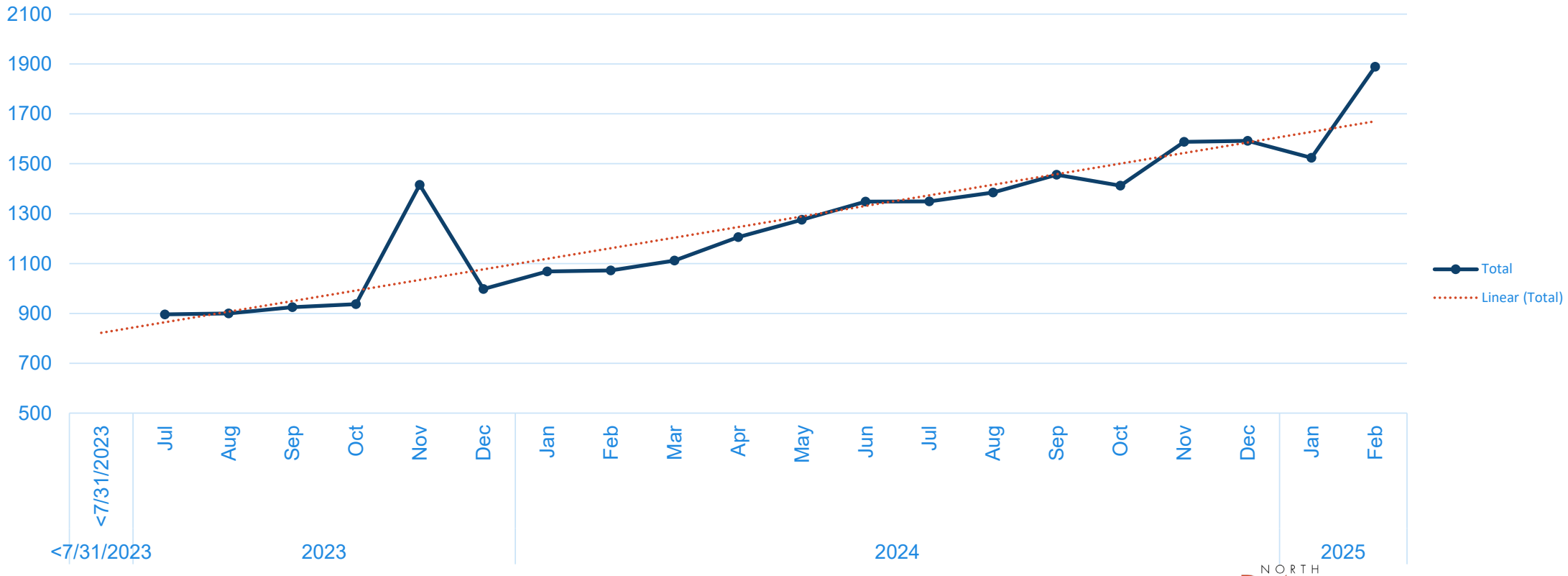
Recovery Centers: *Active Members*

NDAC 75-05-03-03



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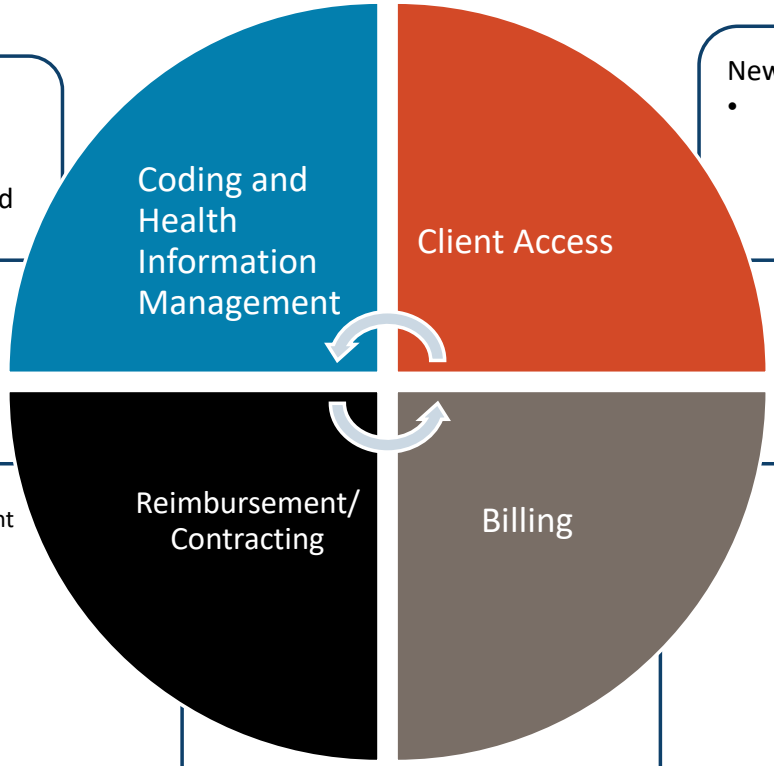
Revenue Cycle Management

Revenue Cycle Management

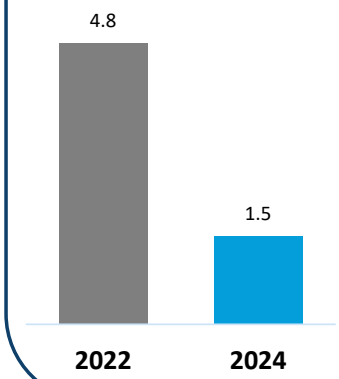
Creation of pre-billing coding model within Electronic Health Record



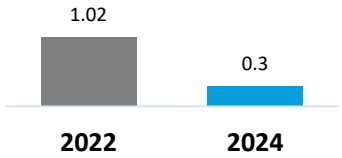
New focused capacity starting Nov. 2024

- Enrolled over 176 clients on commercial, Medicare and Medicaid products in 5 months to pay for services and not be self-pay

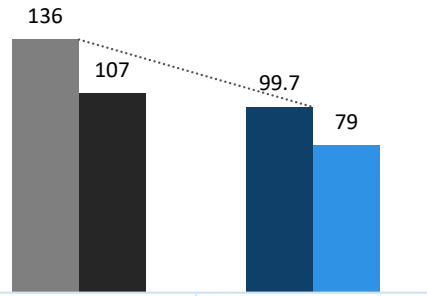
Timely Filing Improvement
(in millions)



Credentialing Improvement
(in millions)

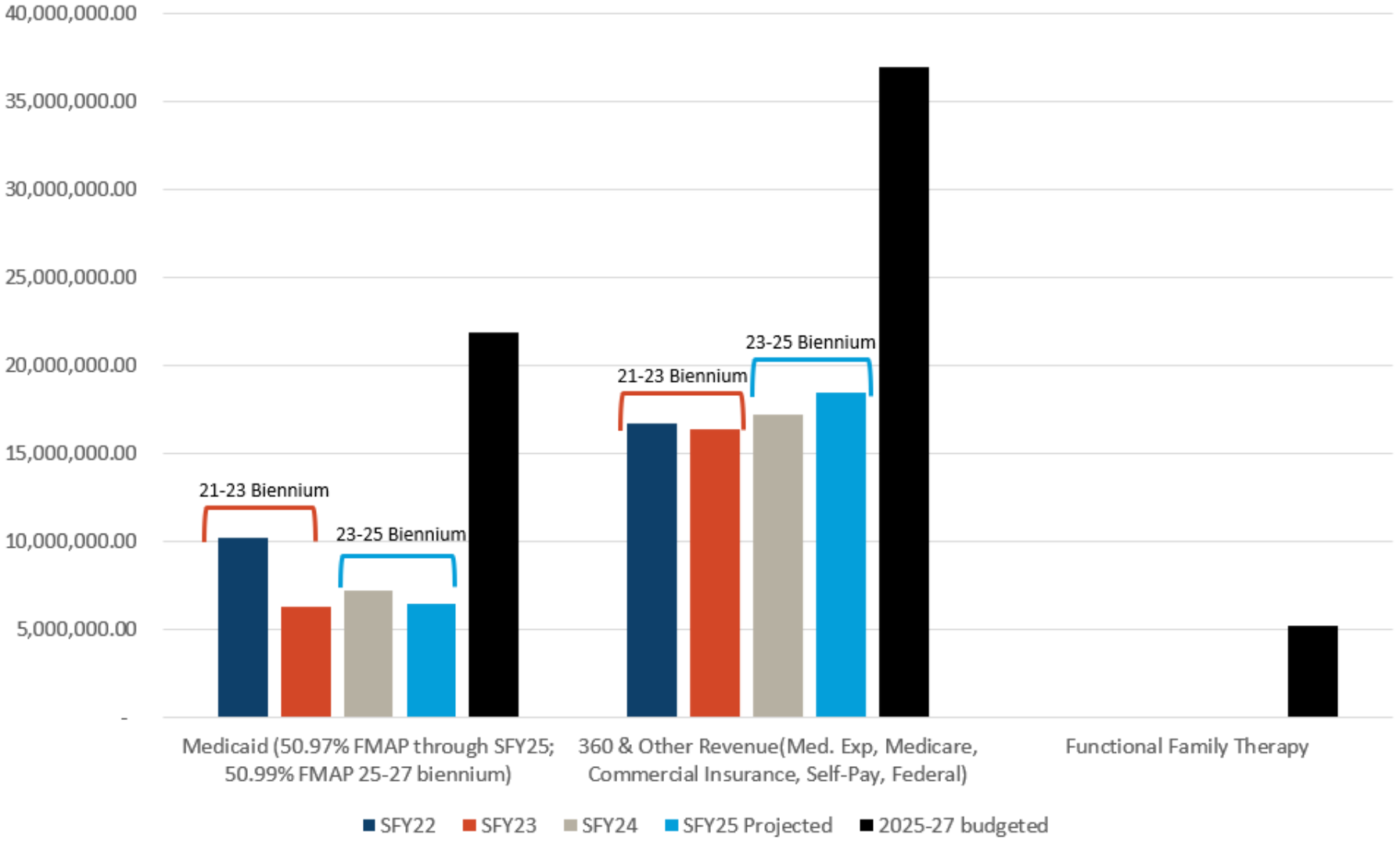


Accounts Receivable Improvement in 2024
(in millions)



	March	December
Total	136	99.7
Over 120 days old	107	79

Clinic Actual and Projected Revenue Point in Time*



*July 2024

Medicaid Rate Setting

- The Department prepares Medicaid rates based on actual costs by code on an annual basis.



2025-2027 Budget Request

Comparison of budget expenditures and projections
By Program

PROGRAMS	2023-25 LEGISLATIVE BASE	ONE TIME / CARRYOVER	EXPENDED AS OF 12/31/2024	PROJECTION THROUGH 6/30/2025	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)	ENGROSSED HB 1012	GENERAL	FEDERAL	OTHER
STATE-WIDE HSC RESOURCES	$ 11,926,349	$ 4,150,000	$ 6,361,570	$ 11,547,727	$ 23,910,814	$ (4,038,391)	$ 19,872,423	$ 19,019,248	$ -	$ 853,176
CCBHC	-	-	516,962	1,187,986	4,494,281	(219,000)	4,275,281	2,275,281	2,000,000	-
CLINIC ADMINISTRATION	24,786,429	-	16,727,893	22,832,242	23,213,120	(1,677,000)	21,536,120	21,536,120	-	-
CLINICAL SERVICES	85,452,966	-	51,390,876	71,309,730	88,240,805	(3,199,272)	85,041,532	41,489,917	26,325,927	17,225,688
SUPPORTIVE HOUSING	67,477	-	42,010	59,950	67,477	-	67,477	67,477	-	-
SERVICES FOR THE HOMELESS	997,071	-	654,140	913,826	1,065,038	(30,000)	1,035,038	445,038	590,000	-
MEDICAL DIR & PSYCHIATRISTS	27,907,169	-	20,558,261	28,560,272	26,596,565	(2,202,618)	24,393,947	24,244,972	-	148,975
YOUTH AND FAMILY SERVICES	10,202,526	-	10,397,324	14,362,151	21,944,678	(1,226,524)	20,718,154	14,193,367	6,524,787	-
WRAP AROUND SERVICES	86,025	-	30,679	47,534	99,025	-	99,025	99,025	-	-
RESPITE CARE	60,545	-	13,515	19,629	40,215	261	40,476	40,476	-	-
RUTH MEIERS PRTF DIRECT CARE	4,931,136	-	3,963,536	5,046,803	6,142,243	(501,000)	5,641,243	5,641,243	-	-
CRISIS RESIDENTIAL	14,552,972	-	8,690,201	14,389,558	16,187,002	(1,335,996)	14,851,006	14,851,006	-	-
SOCIAL DETOX	178,413	-	225,000	290,000	265,880	1,973	267,852	267,852	-	-
LOW INTENSITY RESIDENTIAL	708,177	-	846,841	798,224	2,233,313	(545,424)	1,687,889	1,687,889	-	-
HIGH INTENSITY RESIDENTIAL	-	-	780	272,715	298,145	-	298,145	298,145	-	-
TRANSITIONAL LIVING RESIDENTIAL	11,716,444	-	6,206,090	8,812,610	12,764,249	(1,488,834)	11,275,415	11,275,415	-	-
RECOVERY CENTERS	2,730,244	-	1,908,731	2,705,088	3,730,220	(541,823)	3,188,396	3,188,396	-	-
CAPITAL PROJECTS	80,000	735,154	435,396	765,073	1,052,000	(632,000)	420,000	80,000	-	340,000
TOTAL	**$ 196,383,945**	**$ 4,885,154**	**$ 128,969,804**	**$ 183,921,121**	**$ 232,345,067**	**$ (17,635,648)**	**$ 214,709,419**	**$ 160,700,867**	**$ 35,440,713**	**$ 18,567,840**

Capitol Projects

Southeast Human Service Center Facility-Wide Bathroom Remodel



12 Commercial bathrooms – all original to the build in 1993

- Toilets
- Fixtures
- Stalls
- Counters/sinks

ADA upgrade considerations need to be evaluated

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Changes to Base Budget

By Ongoing, One-Time and Funding Source

BASE BUDGET CHANGES	DESCRIPTION	2025-27 EXECUTIVE BUDGET RECOMMENDATION		ENGROSSED HB 1012	
		GENERAL	OTHER	GENERAL	OTHER
House Amendments	FTE Block Grant Salary Reduction	$ -	$ -	$ (7,432,852)	$ -
House Amendments	Operational Reduction	-	-	(1,844,000)	-
Provider Inflation	Provider Inflation	814,210	-	1,087,414	-
Services- Behaviorial Health Current	Crisis, Addiction & Recovery Contract Inflation	3,778,687	-	1,778,687	-
Services- Behaviorial Health Current	Western ND Staffing Compensation	250,536	-	250,536	-
Children's Behaviorial	Youth Crisis Stabilization Pilot	3,000,000	3,000,000 Fed	-	-
Capital Projects	SEHSC Bathroom Remodel *One time	-	972,000 SIIF	-	340,000 SIIF

Comparison of budgets and funding

By Major Expense

DESCRIPTION	2023-25 LEGISLATIVE BASE	INCREASE / (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)	ENGROSSED HB 1012
Salaries & Benefits	$ 149,788,207	$ 17,792,896	$ 167,581,103	$ (7,432,852)	$ 160,148,251
Operating	45,169,595	17,546,743	62,716,338	(9,570,796)	53,145,542
IT Services	1,346,143	(386,516)	959,627	-	959,627
Capital Asset Expense	80,000	972,000	1,052,000	(632,000)	420,000
Capital Assets	-	36,000	36,000	-	36,000
Total	**$ 196,383,945**	**$ 35,961,123**	**$ 232,345,068**	**$ (17,635,648)**	**$ 214,709,420**
General Fund	**$ 147,552,022**	**$ 27,152,493**	**$ 174,704,515**	**$ (14,003,648)**	**$ 160,700,867**
Federal Funds	**32,716,523**	**5,724,190**	**38,440,713**	**(3,000,000)**	**35,440,713**
Other Funds	**16,115,400**	**3,084,440**	**19,199,840**	**(632,000)**	**18,567,840**
Total Funds	**$ 196,383,945**	**$ 35,961,123**	**$ 232,345,068**	**$ (17,635,648)**	**$ 214,709,420**

The Clinics Budget as % of HHS Budget

- 3.4%

Budget by Funding Source

- 75% General
- 17% Federal
- 8% Other

Budget by Pass Through

- 18.4% Paid to private providers
- 67.0% Direct Service
- 14.0% Admin
- .4% IT
- .2% Capital Projects



Behavioral Health Division
Clinics

Alanna Zeller
Director of Clinic Operations
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Dr. Dan Cramer
Clinical Director, HSC
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Dr. Laura Kroetsch
Medical Director, HSC
lkroetsch@nd.gov

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March 17, 2025

To whom it may concern,

My name is Michelle Klabo, I am a licensed group childcare provider located in Jamestown. I currently care for nine children, with five receiving services through Inclusion. I have been a childcare provider for almost 11 ½ years. I have a bachelor's degree in early childhood education and have been a Step 4 provider on the QRIS rating system with Bright and Early program for 7 years.

Over the last 11 years, I have worked with children with expressive/receptive delays, gross/fine motor challenges, social-emotional and cognitive delays, and medical issues. Over the years, I have worked with many children with special needs in my childcare. It has been a rewarding and amazing challenge, but I won't have gotten this far without a support system helping me learn and modify my childcare environment. I have had the opportunity to work with a handful of inclusion specialists in our state. This additional support, knowledge to ask questions, ideas of how to change environments, ways to approach challenging behaviors and modify them has helped my children learn and grow and how I teach.

Along with the inclusion assistance, the state's financial support has significantly helped my program ABC Learn-N-Play. The ability to pay for additional staff for more 1 to 1 to meet an individual child's goals and objectives. Having funds available to purchase extra materials to teach more activities to meet objectives in a child's IFSP, IEP or care plan has been beneficial to keep costs down. Over the years, I have seen an increase in academic, social-emotional, physical, and cognitive goals by modifying lessons and finding a way to teach to all children. This additional state funding is necessary to make sure ALL children can meet their milestones to have success for their future in life and education.

I am writing in favor of fully funding early childhood inclusion funds. It is vital for our state to continue to grow and build high quality childcare for ALL children in North Dakota.

Sincerely,

Michelle Klabo, Owner

ABC Learn-N-Play

#42862

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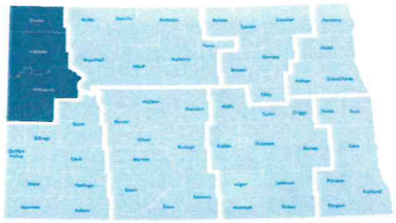
Northwest Human Service Center

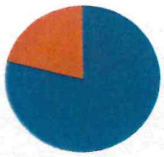


Northwest Human Service Center (NWHSC) provides services to individuals who live in Divide, Williams, and McKenzie counties. This region is comprised of 54,491 residents (7% of North Dakota's population) as estimated by 2021 U.S. Census Bureau.

January 2023 - December 2024

14,876 Services Provided **TO** **1,215** Clients

Services to Youth
3,092



Services to Adults
11,784

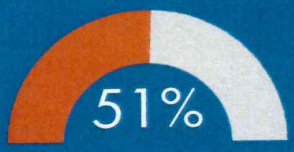
Assessment Services

776 Individuals Screened → **359** Full Assessments Completed → **347** Individuals referred to NWHSC following Full Assessment

NWHSC recommended establishing care and providing services for 45% of the individuals screened at their facility.

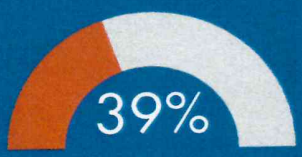
Crisis Services

Total number of Crisis Calls to Call Center → **1300**



of Crisis Calls Registered with Call Center resulted in HSC on-call being notified

Total Crisis Services Provided by HSC → **3274**



of Crisis Services resulted in Mobile Response

Increasing Service Needs

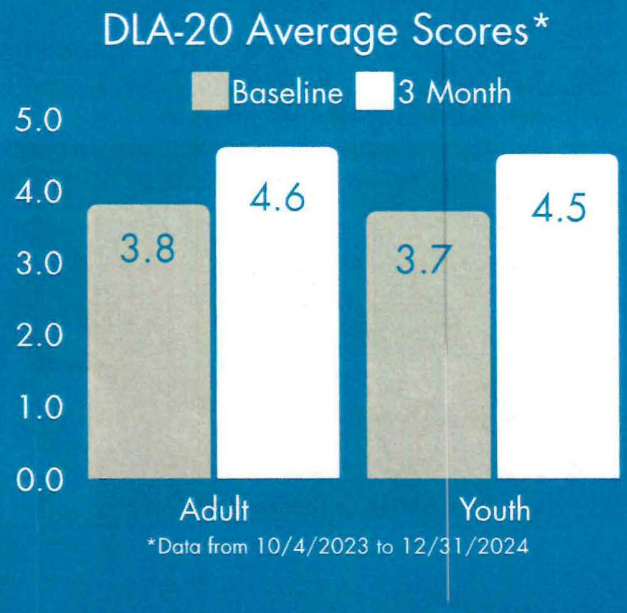
1207

Behavioral Health Services provided in Jails

Improving Outcomes

21% increase in Adult DLA-20 Scores

22% increase in Youth DLA-20 Scores



Successes/Challenges

SUCCESSES

- *Commitment to High Standards of Quality and Compliance:* Successfully maintained its re-accreditation, licensure, and NHSC recertification
- *Community-Driven Crisis Solutions:* Stood up a Crisis Stabilization Unit & partnered with community partners to redesign Crisis Services.
- *Streamlined Care & Enhanced Support:* Increased Clinical Teams productivity and implemented solid service provision within the jail, optimizing our operations and expanded access to high-quality mental health care for a wider range of individuals.

CHALLENGES

- *Staffing Shortages:* High turnover rates and difficulties in recruiting and retaining qualified staff are hindering service delivery.
- *Leadership Gaps:* Insufficient on-site leadership is impacting operational efficiency.
- *Capacity Constraints:* Clinical teams are consistently operating at full capacity, limiting the ability to serve new clients.

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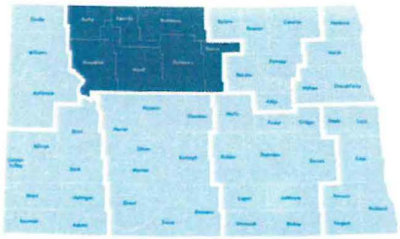
North Central Human Service Center

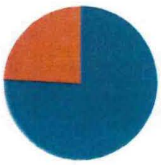


North Central Human Service Center (NCHSC) provides services to individuals who live in Bottineau, Burke, McHenry, Mountrail, Pierce, Renville & Ward counties. This region is comprised of 98,663 residents (13% of North Dakota's population) as estimated by 2021 U.S. Census Bureau.

January 2023 - December 2024

73,693 Services Provided **TO** **2,183** Clients

Services to Youth
17,811



Services to Adults
55,882

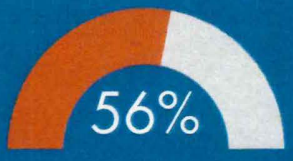
Assessment Services

1,515 Individuals Screened → **1,280** Full Assessments Completed → **1,224** Individuals referred to NCHSC following Full Assessment

NCHSC recommended establishing care and providing services for 81% of the individuals screened at their facility.

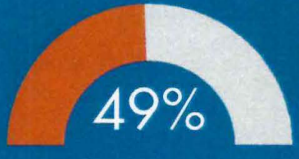
! Crisis Services

Total number of Crisis Calls to Call Center → **1962**



of Crisis Calls Registered with Call Center resulted in HSC on-call being notified

Total Crisis Services Provided by HSC → **3933**



of Crisis Services resulted in Mobile Response

Increasing Service Needs

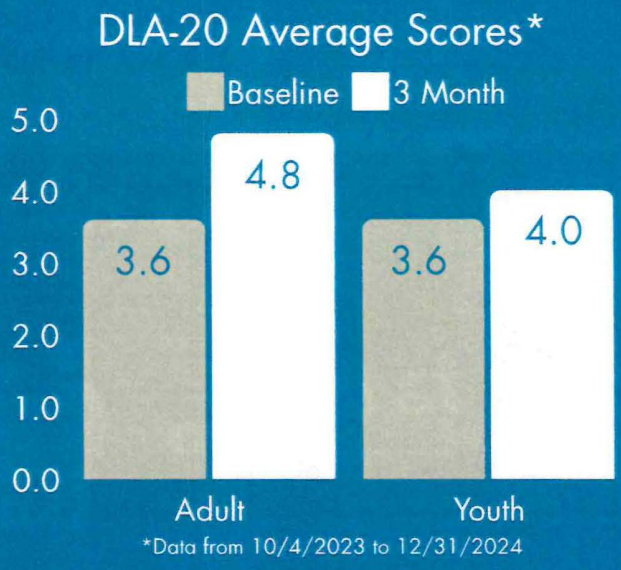
220

Behavioral Health Services provided in Jails

Improving Outcomes

33% increase in Adult DLA-20 Scores

11% increase in Youth DLA-20 Scores



Successes/Challenges

SUCCESSES

- *Reduced Out-of-Home Placements:* Collaboration between Zones and community providers to discuss youth cases has led to a reduction in out-of-home placements for Region 2.
- *Substance Use Disorder Services and Partnerships:* Contracts with three Low-Intensity Residential facilities (ASAM 3.1) for substance use treatment, offering a total of 32 beds. NCHSC also provides ASAM 1, 2.1, and Aftercare. NCHSC Psychiatrists can prescribe Suboxone, and the organization actively participates in community efforts to address substance use disorders among individuals in jail.
- *Enhanced Crisis Services:* NCHSC operates a Drop-In Crisis Unit and a 12-bed Crisis Stabilization Unit, providing essential support for individuals experiencing mental health and substance use crises.

CHALLENGES

- *Limited Higher-Level Care:* A shortage of higher-level care options for individuals with mental health and substance use disorders.
- *Insufficient Supported Housing:* A lack of available supported/recovery housing options for individuals seeking a structured living environment.
- *Homelessness Support Gap:* The absence of a homeless shelter within the region.
- *Youth Medication Service Limitations:* Limited access to medication services for youth with mental health needs.

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Lake Region Human Service Center

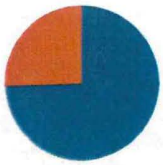


Lake Region Human Service Center (LRHSC) provides services to individuals who live in Benson, Cavalier, Eddy, Ramsey, Rolette, and Towner counties, including Spirit Lake Nation and Turtle Mountain Band of Chippewa. This region is comprised of 37,568 residents (5% of North Dakota's population) as estimated by 2021 U.S. Census Bureau.

January 2023 - December 2024

22,504 Services Provided **TO** **1,500** Clients

Services to Youth
5,743



Services to Adults
16,761

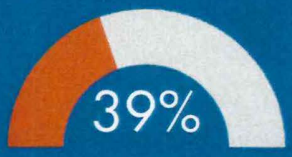
Assessment Services

972 Individuals Screened → **667** Full Assessments Completed → **607** Individuals referred to LRHSC following Full Assessment

LRHSC recommended establishing care and providing services for 62% of the individuals screened at their facility.

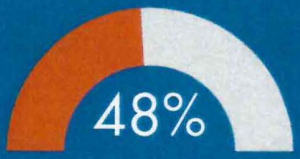
Crisis Services

Total number of Crisis Calls to Call Center → **1647**



of Crisis Calls Registered with Call Center resulted in HSC on-call being notified

Total Crisis Services Provided by HSC → **1786**



of Crisis Services resulted in Mobile Response

Increasing Service Needs

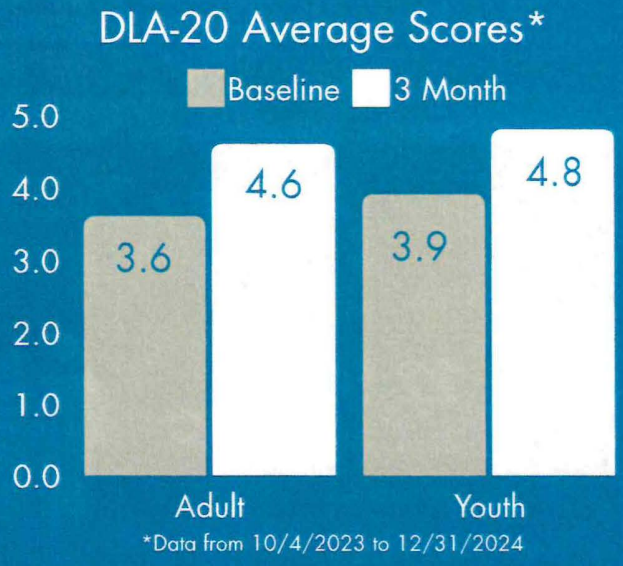
406

Behavioral Health Services provided in Jails

Improving Outcomes

28% increase in Adult DLA-20 Scores

23% increase in Youth DLA-20 Scores



*Data from 10/4/2023 to 12/31/2024

Successes/Challenges

SUCCESSES

- *Staffing Successes and Identifying Service Gaps:* Has made progress in filling vacancies and has been successful in identifying and addressing key service needs within the community. Additionally, the agency has been successful in retaining talented interns, demonstrating a commitment to developing future mental health professionals from within.
- *Strong Community Partnerships and Collaboration:* Maintains positive working relationships with schools within the region and collaborates effectively with law enforcement, hospitals, and ambulance services during crisis situations. Additionally, they demonstrate a commitment to providing appropriate referrals and warm hand-offs to other service providers when necessary.

CHALLENGES

- *Avel E-crisis Services Utilization*: The usage of Avel E-crisis services has been relatively low in this region. Efforts are underway to identify and resolve barriers to utilization and increase usage.
- *Staffing Vacancies:* The organization currently has a vacancy for a daytime crisis position and a functional family therapy position.

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South Central Human Service Center

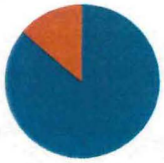


South Central Human Service Center (SCHSC) provides services to individuals who live in Barnes, Dickey, Foster, Griggs, LaMoure, Logan, McIntosh, Stutsman & Wells counties. This region is comprised of 55,291 residents (7% of North Dakota's population) as estimated by 2021 U.S. Census Bureau.

January 2023 - December 2024

39,196 Services Provided **TO** **1,385** Clients

Services to Youth
5,403



Services to Adults
33,793

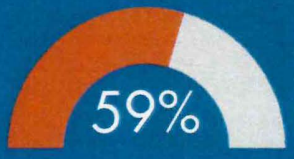
Assessment Services

785 Individuals Screened → **662** Full Assessments Completed → **639** Individuals referred to SCHSC following Full Assessment

SCHSC recommended establishing care and providing services for 81% of the individuals screened at their facility.

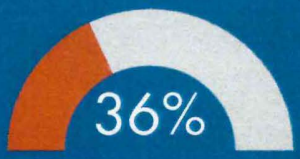
Crisis Services

Total number of Crisis Calls to Call Center → **1968**



of Crisis Calls Registered with Call Center resulted in HSC on-call being notified

Total Crisis Services Provided by HSC → **3358**



of Crisis Services resulted in Mobile Response

Increasing Service Needs

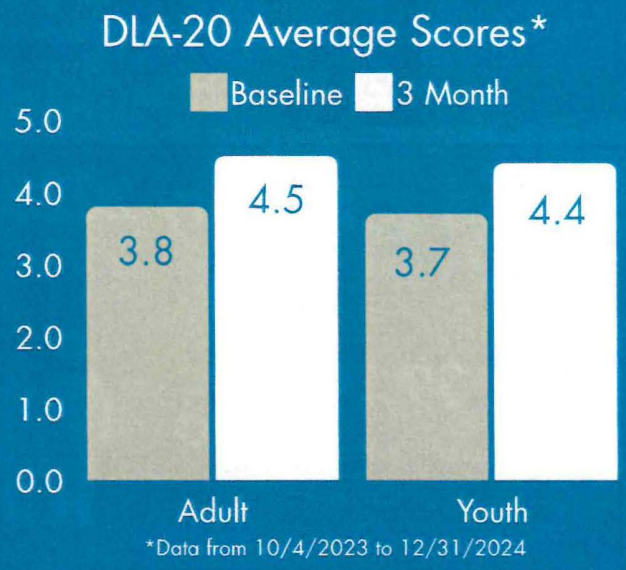
598

Behavioral Health Services provided in Jails

Improving Outcomes

18% increase in Adult DLA-20 Scores

19% increase in Youth DLA-20 Scores



*Data from 10/4/2023 to 12/31/2024

Successes/Challenges

SUCCESSES

- *Enhancing Service Availability and Workforce Development:* Actively expanding service availability through continued collaboration with community providers and by expanding treatment teams. Efforts to increase the workforce of Mental Health and Addiction Clinicians by working with local colleges are also underway.
- *Expanding Treatment Programs:* The organization has seen increased participation in the Rural Drug Court Program and successfully transitioned the Cooperative Treatment Release Program with Stutsman County Correctional Center from NDSH to South Central
-

CHALLENGES

- *Staffing Challenges and Recruitment Difficulties:* Faces significant challenges in filling critical positions due to a shortage of qualified mental health professionals in the region, particularly Psychologists and Licensed Addiction Counselors. This shortage impacts service delivery, including difficulty staffing the crisis team and filling Residential Direct Care Staff positions.

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Southeast Human Service Center

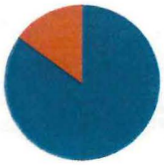


Southeast Human Service Center (SEHSC) provides services to individuals who live in Traill, Cass, Ransom, Sargent, Steele & Richland counties. This region is comprised of 222,439 residents (29% of North Dakota's population) as estimated by 2021 U.S. Census Bureau.

January 2023 - December 2024

76,772 Services Provided **TO** **2,872** Clients

Services to Youth
11,458



Services to Adults
65,314

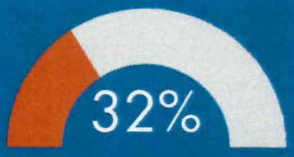
Assessment Services

1,688 Individuals Screened → **685** Full Assessments Completed → **626** Individuals referred to SEHSC following Full Assessment

SEHSC recommended establishing care and providing services for 37% of the individuals screened at their facility.

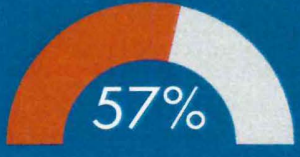
! Crisis Services

Total number of Crisis Calls to Call Center → **9059**



of Crisis Calls Registered with Call Center resulted in HSC on-call being notified

Total Crisis Services Provided by HSC → **6312**



of Crisis Services resulted in Mobile Response

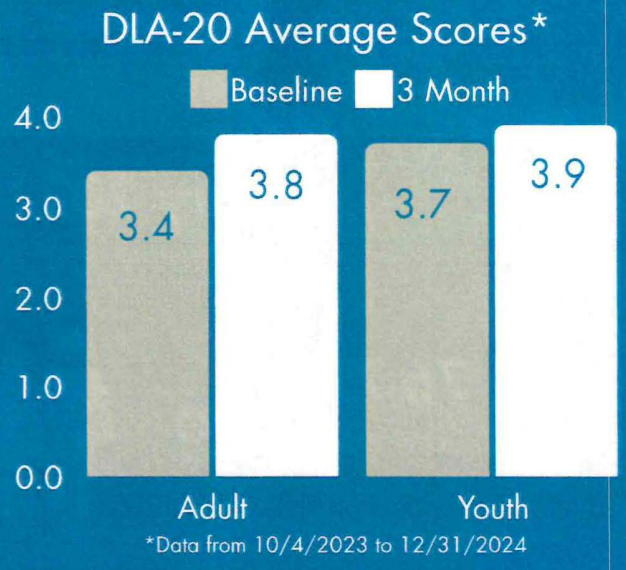
Increasing Service Needs

2,529
Behavioral Health Services provided in Jails

Improving Outcomes

11%
increase in Adult DLA-20 Scores

5%
increase in Youth DLA-20 Scores



*Data from 10/4/2023 to 12/31/2024

Successes/Challenges

SUCCESSES

- *Expanding Services and Building a Stronger System:* Enhanced youth services by hiring a new family peer support role, continuing to provide evidence-based programming with the Multi Systemic therapy (MST), and expanding to offer Functional Family Therapy (FFT). The First Episode Psychosis (FEP) team hired an Employment Specialist and improved crisis support through the addition of an iPad through grant funding, allowing individuals in the program to have access to 988 and safety planning, and made strides towards becoming a CCBHC, hiring key personnel like Behavioral Health Liaisons and a Care Coordinator.
- *Enhancing Workforce and Maintaining Excellence:* Joined the Training Academy for Addiction Professionals to address workforce shortages and increase the number of Addiction Counselors, achieved 10-year APA Accreditation, and secured COA Re-Accreditation, demonstrating a commitment to professional development and maintaining high-quality services.
- *Enhanced Outreach to the Homeless Population:* Established a Downtown Engagement Team to proactively reach out to homeless individuals, reduce barriers to services, and provide risk assessments and crisis planning.

CHALLENGES

- *Operational and Capacity Constraints:* Workforce shortages leading to a significant waitlist of adult programs, insufficient licensed supervisory staff that limits staff training and development, and limited space are hindering the organization's ability to expand services to meet community needs.
- *Loss of Residential Treatment Options:* The closure of Serenity Residential Facility in June 2024 has reduced the availability of residential treatment bed options in the community.

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Northeast Human Service Center

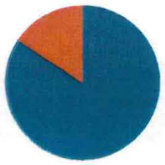


Northeast Human Service Center (NEHSC) provides services to individuals who live in Grand Forks, Walsh, Pembina & Nelson counties. This region is comprised of 92,995 residents (12% of North Dakota's population) as estimated by 2021 U.S. Census Bureau.

January 2023 - December 2024

45,571 Services Provided **TO** **1,779** Clients

Services to Youth
7,126



Services to Adults
38,445

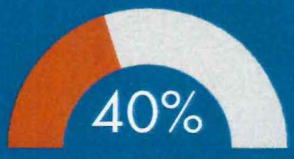
Assessment Services

1,478 Individuals Screened → **859** Full Assessments Completed → **826** Individuals referred to NEHSC following Full Assessment

NEHSC recommended establishing care and providing services for 56% of the individuals screened at their facility.

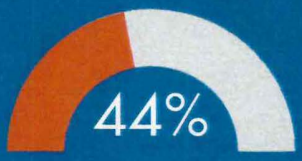
Crisis Services

Total number of Crisis Calls to Call Center → **2123**



of Crisis Calls Registered with Call Center resulted in HSC on-call being notified

Total Crisis Services Provided by HSC → **990**



of Crisis Services resulted in Mobile Response

Increasing Service Needs

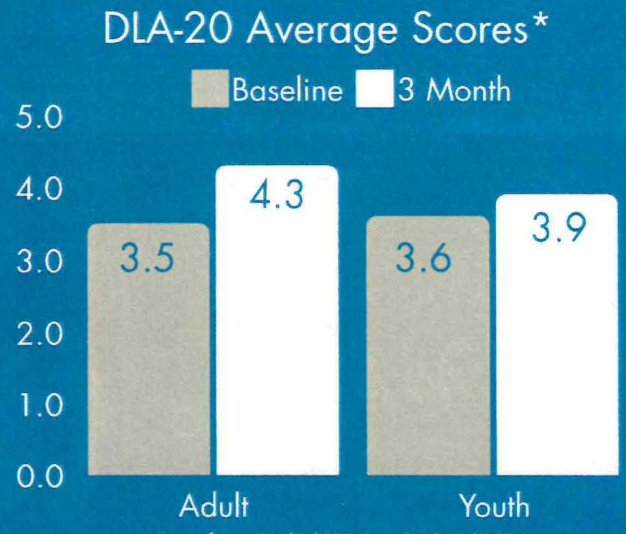
708

Behavioral Health Services provided in Jails

Improving Outcomes

23% increase in Adult DLA-20 Scores

8% increase in Youth DLA-20 Scores



*Data from 10/4/2023 to 12/31/2024

Successes/Challenges

SUCCESSES

- *Enhanced Crisis Support and Community Recognition of Crisis Service Staff* - Improved its crisis support services by implementing full-time night and weekend clinicians, ensuring greater accessibility and responsiveness for individuals in need. This dedication to community well-being was further exemplified by the recognition of Crisis Services staff, Taytum Jones B-mod, and Heather Schake Peer Support with a citizenship award from the GFPD, highlighting the strong and mutually beneficial relationship between the organization and the community it serves.
- *Strengthened Community Partnerships* - Strengthened its relationships with key partners in the community, including a Spectra (FQHCS), law enforcement, and Altru Psychiatry. These strengthened partnerships improve coordination of care, communication, and resource sharing, ultimately benefiting the community and individuals served.

CHALLENGES

- *Lack of Medically Supervised Withdrawal Management:* The region lacks access to local facilities for individuals requiring medically supervised withdrawal management, forcing patients to travel long distances for treatment.
- *Operational and Staffing Crisis:* Facing a shortage of licensed professionals, particularly those willing to work in community-based roles. This staffing crisis, exacerbated by high turnover rates and difficulties in recruiting and retaining qualified personnel, is severely impacting service delivery. Concurrently, clinical teams are consistently operating at full capacity, limiting the ability to serve new clients.

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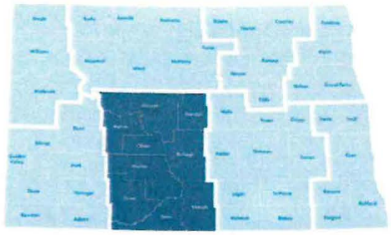
West Central Human Service Center

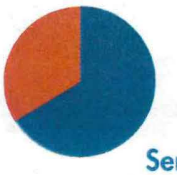


West Central Human Service Center (WCHSC) provides services to individuals who live in Burleigh, Emmons, Grant, Kidder, McLean, Mercer, Morton, Oliver, Sheridan, & Sioux counties. This region is comprised of 165,505 residents (21% of North Dakota's population) as estimated by 2021 U.S. Census Bureau.

January 2023 - December 2024

54,610 Services Provided **TO** **2,780** Clients

Services to Youth
18,436



Services to Adults
36,174

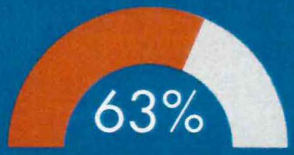
Assessment Services

1,901 Individuals Screened → **1,550** Full Assessments Completed → **1,429** Individuals referred to WCHSC following Full Assessment

WCHSC recommended establishing care and providing services for 75% of the individuals screened at their facility.

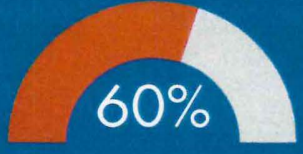
Crisis Services

Total number of Crisis Calls to Call Center → **4913**



63% of Crisis Calls Registered with Call Center resulted in HSC on-call being notified

Total Crisis Services Provided by HSC → **5718**



60% of Crisis Services resulted in Mobile Response

Increasing Service Needs

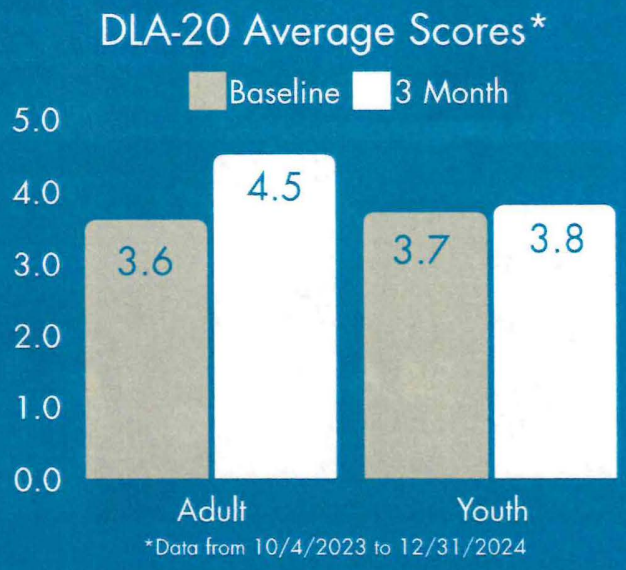
1,276

Behavioral Health Services provided in Jails

Improving Outcomes

25% increase in Adult DLA-20 Scores

3% increase in Youth DLA-20 Scores



Successes/Challenges

SUCCESSES

- *Enhanced Family Therapy Services:* The establishment of a Functional Family Therapy (FFT) Team signifies a significant step towards providing evidence-based treatment for families struggling with mental health challenges.
- *Expanded School Collaboration:* The extension of MOUs with Bismarck Public Schools demonstrates a commitment to strengthening school-based mental health services.
- *Improved Crisis Response:* The addition of a third overnight Crisis Services Therapist has enabled the team to function at full capacity, ensuring greater availability and responsiveness to individuals in crisis situations

CHALLENGES

- *Uncertainty regarding the current work location:* The listing of Prairie Hills Plaza for sale has created uncertainty about the future of the current work location.
- *Workforce shortages and competitive compensation:* Facing difficulties in recruiting and retaining qualified staff due to a competitive job market and the need to offer competitive compensation packages.
- *Lack of substance use disorder residential programming:* There is a gap in the availability of residential programs for individuals with substance use disorders in the region, limiting access to essential treatment services for those in need.

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Badlands Human Service Center

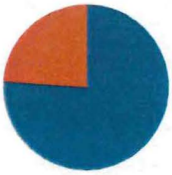


Badlands Human Service Center (BLHSC) provides services to individuals who live in Adams, Billings, Bowman, Dunn, Hettinger, Golden Valley, Slope, & Stark counties. This region is comprised of 47,996 residents (6% of North Dakota's population) as estimated by 2021 U.S. Census Bureau.

January 2023 - December 2024

22,083 Services Provided **TO** **1,375** Clients

Services to Youth
5,254



Services to Adults
16,829

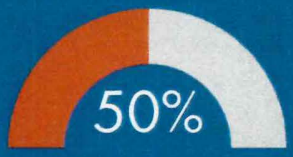
Assessment Services

893 Individuals Screened → **720** Full Assessments Completed → **690** Individuals referred to BLHSC following Full Assessment

BLHSC recommended establishing care and providing services for 77% of the individuals screened at their facility.

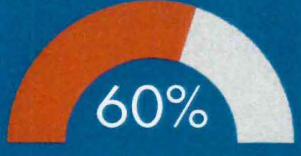
! Crisis Services

Total number of Crisis Calls to Call Center → **1836**



of Crisis Calls Registered with Call Center resulted in HSC on-call being notified

Total Crisis Services Provided by HSC → **3298**



of Crisis Services resulted in Mobile Response

Increasing Service Needs

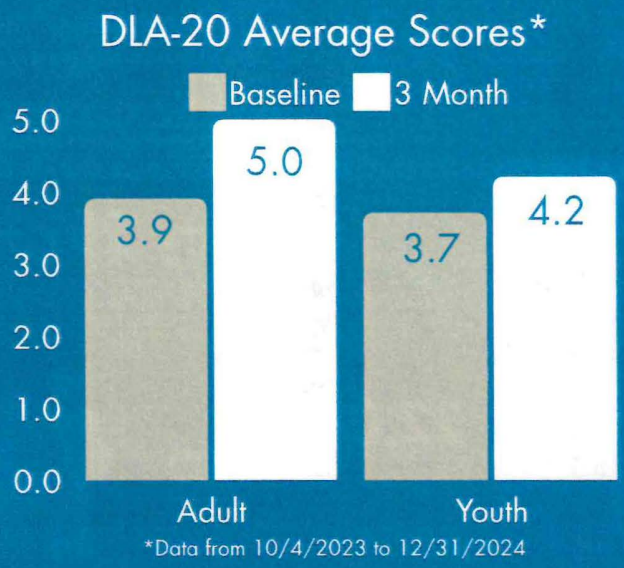
227

Behavioral Health Services provided in Jails

Improving Outcomes

28% increase in Adult DLA-20 Scores

14% increase in Youth DLA-20 Scores



*Data from 10/4/2023 to 12/31/2024

Successes/Challenges

SUCCESSES

- *Pioneering Suboxone Treatment and Expanding Access to Services:* Badlands was the first HSC to implement Suboxone prescribing and has significantly increased access to mental health services by eliminating "priority populations" and ensuring comprehensive assessments for nearly all screened individuals.
- *Staffing Successes and Internal Development:* Despite some vacancies, Badlands has successfully hired a psychologist and FFT therapists. The organization joined the TAAP and will soon have its first internal employee graduate as a Licensed Addiction Counselor (LAC) through the program, demonstrating the success of its internal development strategy. Additionally, two other employees are graduating with their MSWs and will enter supervision plans, further strengthening the clinical team through "growing our own" approach.
- *Expanded Group Programming:* Successfully expanded its group programming to both youth and adults, offering increased access to services through both daytime and evening hours.

CHALLENGES

- *Challenges in Recruiting Mental Health Professionals:* Inadequate access to child psychiatry services has resulted in longer wait times, reaching up to 30-60 days. Addressing this challenge requires collaboration with other regions for cross-coverage. Additionally, hiring and training qualified therapists pose significant challenges due to competitive salaries, limited applicant pools, and the time investment required to train trainees when unable to hired trained therapists.
- *Challenges with Current Residential Facility Layout:* The current residential facility lacks adequate space and layout to safely accommodate walk-ins or drop-offs, which is not aligned with SAMHSA best practices. Safety concerns related to line of sight also exist. The organization is currently working with JLG to address these issues.

NCHSC Progress Towards Certified Community Behavioral Health Clinic

Increase Peer Support Staffing

Providing Medications for Opioid Use Disorder

Increased Substance Use Disorder Treatment

28% Increase In Overall Service Hour

31% Increase Of Psychiatric Evaluations

98% Satisfaction With Psychiatric Care

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NWHSC Progress Towards Certified Community Behavioral Health Clinic

Letter of Intent Submitted

Crisis Drop-In Fully Operational

Providing Medications for Opioid Use Disorder

Addition of Care Coordination

Increase Peer Support Staffing

Focus on Building Community Partnership

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BLHSC Progress Towards Certified Community Behavioral Health Clinic

Letter of Intent Submitted	Expansion of Substance Use Disorder Treatment	Addition of Care Coordination
Staff Training for Military Culture and Veteran Services	Expanding Services Hours	Crisis Services Expansion

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SEHSC Progress Towards Certified Community Behavioral Health Clinic

- Letter of Intent Submitted
- Increase Peer Support Staffing
- Addition of Care Coordination
- Enhanced Community Relationships
- Downtown Engagement Team
- Providing Medications for Substance Use Disorder

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HB 1012
3-18-25

PROPOSED AMENDMENT FOR ENGROSSED HOUSE BILL NO. 1012

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to amend and reenact sections 50-06-06.6, 50-06-42, 50-24.5-02.3, ~~and~~ 50-33-05, and 50-36-03 of the North Dakota Century Code, relating to leases of department of health and human services property, substance use disorder treatment program, basic care payment rates, ~~and~~ state of residence for child care assistance, and opioid settlement advisory committee; to provide for a transfer; to authorize a line of credit; to provide legislative intent; to provide for a legislative management study; to provide an application; to provide an exemption; to provide for a report; and to provide an effective date.

Page 10, lines 4 through 10:

SECTION 18. NEW STATE HOSPITAL - STEERING COMMITTEE. The department of health and human services shall establish a new state hospital facility steering committee to oversee the design and construction of a new state hospital facility, for the biennium beginning July 1, 2025, and ending June 30, 2027. The committee must include representation from the department of health and human services, office of management and budget, the governor's office, and the legislative assembly. The legislative assembly representation must include one member of the senate appointed by the senate majority leader, one member of the house appointed by the house majority leader, and one member of the minority party from either the senate or the house appointed by the minority leaders of the senate and the house.

Page 18, after line 28 insert:

SECTION 36. AMENDMENT. Subsection 1 of section 50-36-03 of the North Dakota Century Code is amended and reenacted as follows:

1. The committee is composed of:
   a. One member of the North Dakota association of counties appointed by the chairman of the legislative management, who shall serve a term of two years.

b. One member of the North Dakota league of cities appointed by the chairman of the legislative management, who shall serve a term of two years.

c. One member of the North Dakota state association of city and county health officials appointed by the chairman of the legislative management, who shall serve a term of two years.

d. One member who represents the highway patrol appointed by the highway patrol superintendent, who shall serve a term of two years.

e. The executive director of the department's division of behavioral health.

f. ~~The managing director of the office of recovery reinvented~~One member in recovery appointed by the governor.

g. One member appointed by the governor who shall serve as a nonvoting member and as the presiding officer of the committee, who shall serve a term of two years.

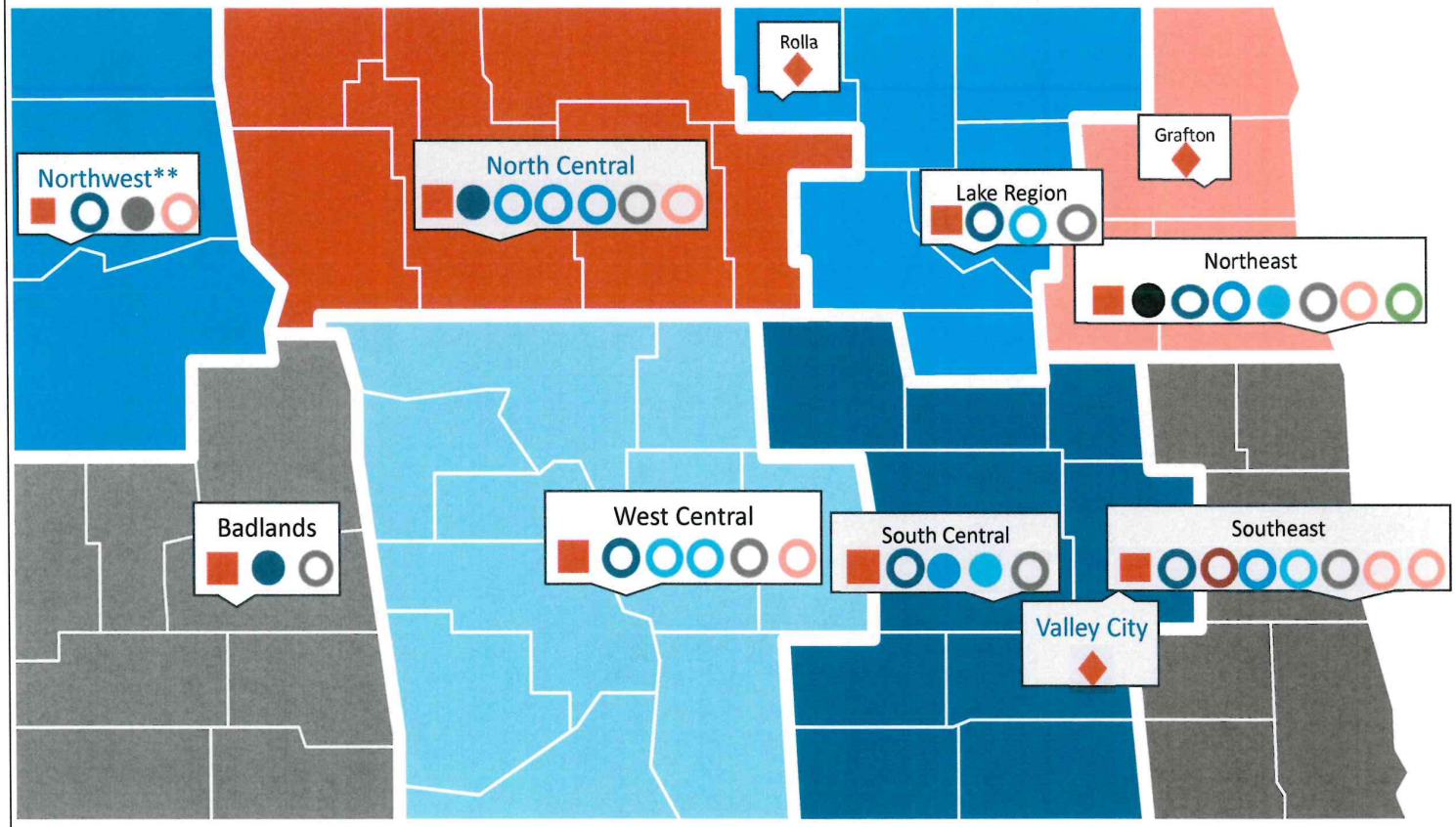
HB1012
3-18-25

#42866

Service Continuum

Legend

- Human Service Center
- Satellite Clinic
- State-Operated Youth Psychiatric Treatment Facility
- State-Operated Crisis Stabilization and Transitional Living Unit
- Contracted Crisis Stabilization Unit
- Contract for Medical Detox
- State-Operated Low Intensity Substance Use Residential
- Contracted Low Intensity Substance Use Residential
- State-Operated Transitional Living Facility
- Contracted Transitional Living Facility
- State-Operated Recovery Center
- Contracted Recovery Center
- Contracts For Inpatient Psychiatric Bed Days With Regional Hospitals
- Contract for Social Detox



*Lake Region contract pending for Crisis Stabilization Unit
**Northwest pending inpatient facility

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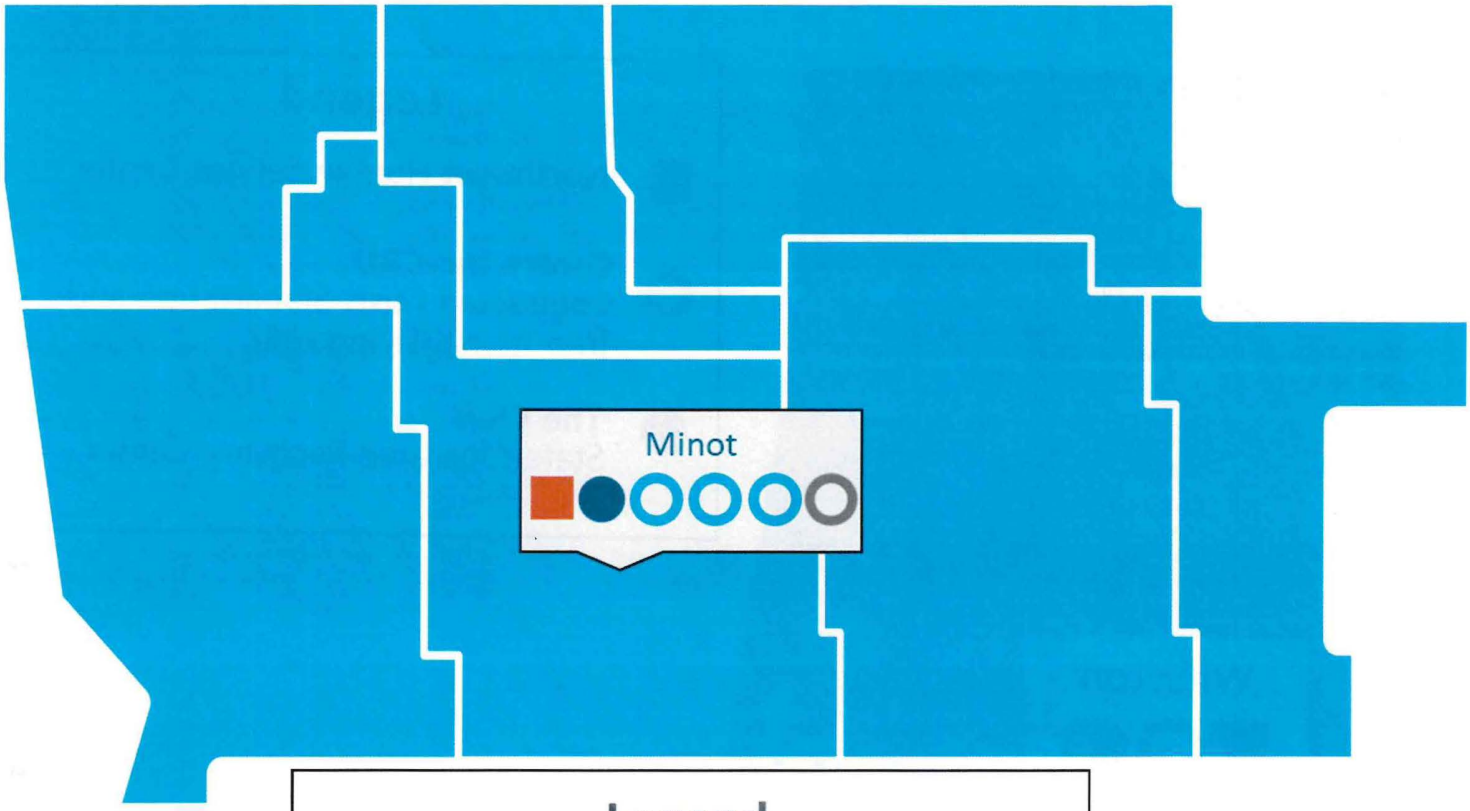
Northwest Behavioral Health Service Facilities



North Central Behavioral Health Service Facilities



Legend

North Central Human Service Center

Open Arms
State-Operated Crisis Stabilization and Transitional Living Unit

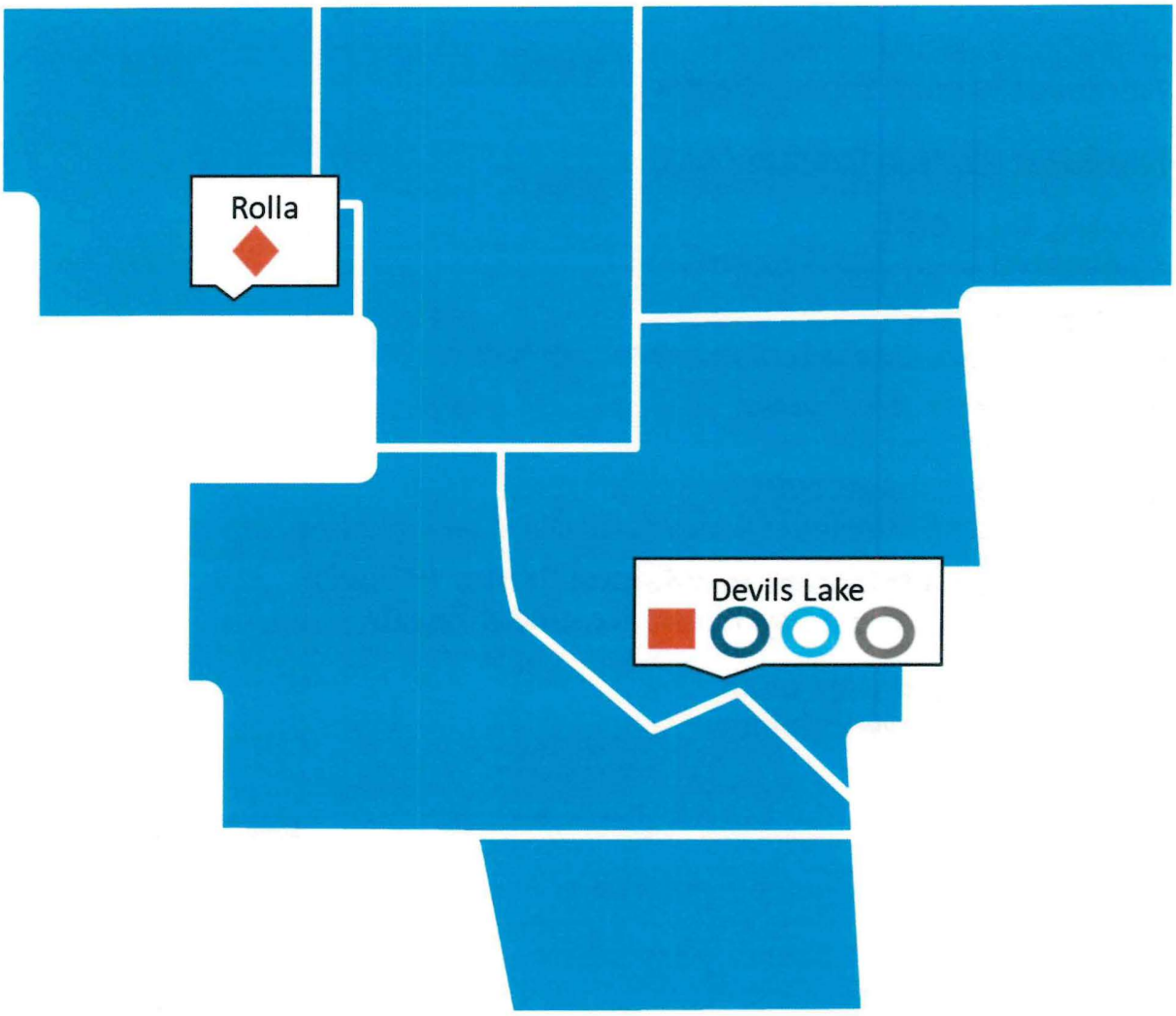
Rehab Services Inc.-Brooklyn Flats
Contracted Low Intensity Substance Use Residential

Rehab Services Inc.-Recovery House
Contracted Low Intensity Substance Use Residential

Rehab Services Inc.-Recovery on 4th
Contracted Low Intensity Substance Use Residential

Peer Vision- Harmony Center
Contracted Recovery Center

Lake Region Behavioral Health Service Facilities



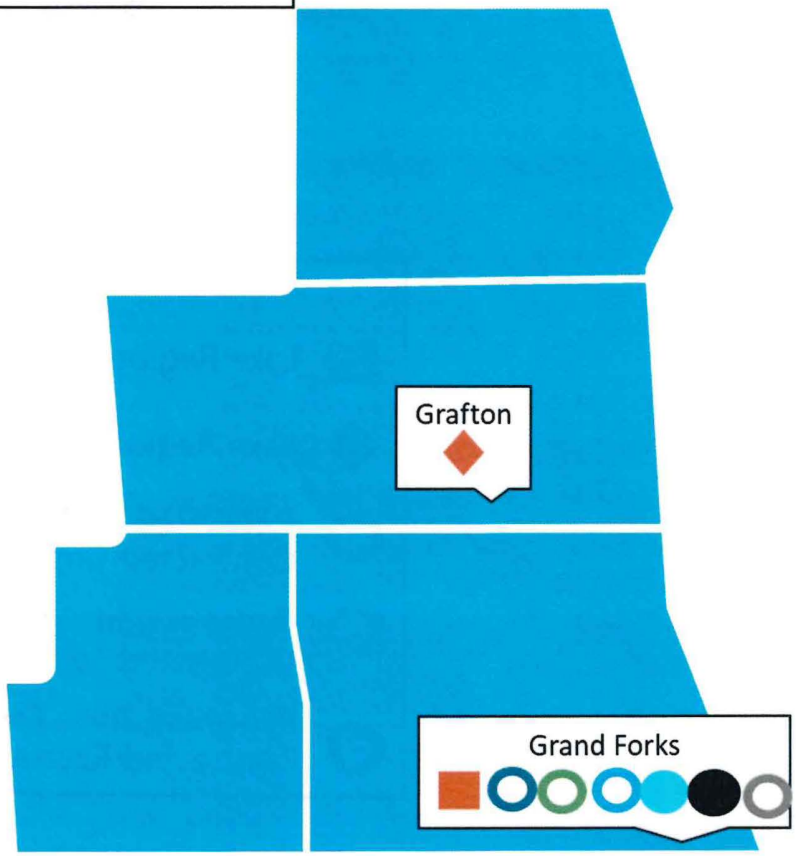
Legend

- Lake Region Human Service Center
- Lake Region-Rolla Satellite Clinic
- **PENDING CONTRACT**
  Contracted Crisis Stabilization Unit
- **Progress, Inc.-Lake Cottage**
  Contracted Transitional Living Facility
- **Progress, Inc.- Freedom Center**
  Contracted Recovery Center

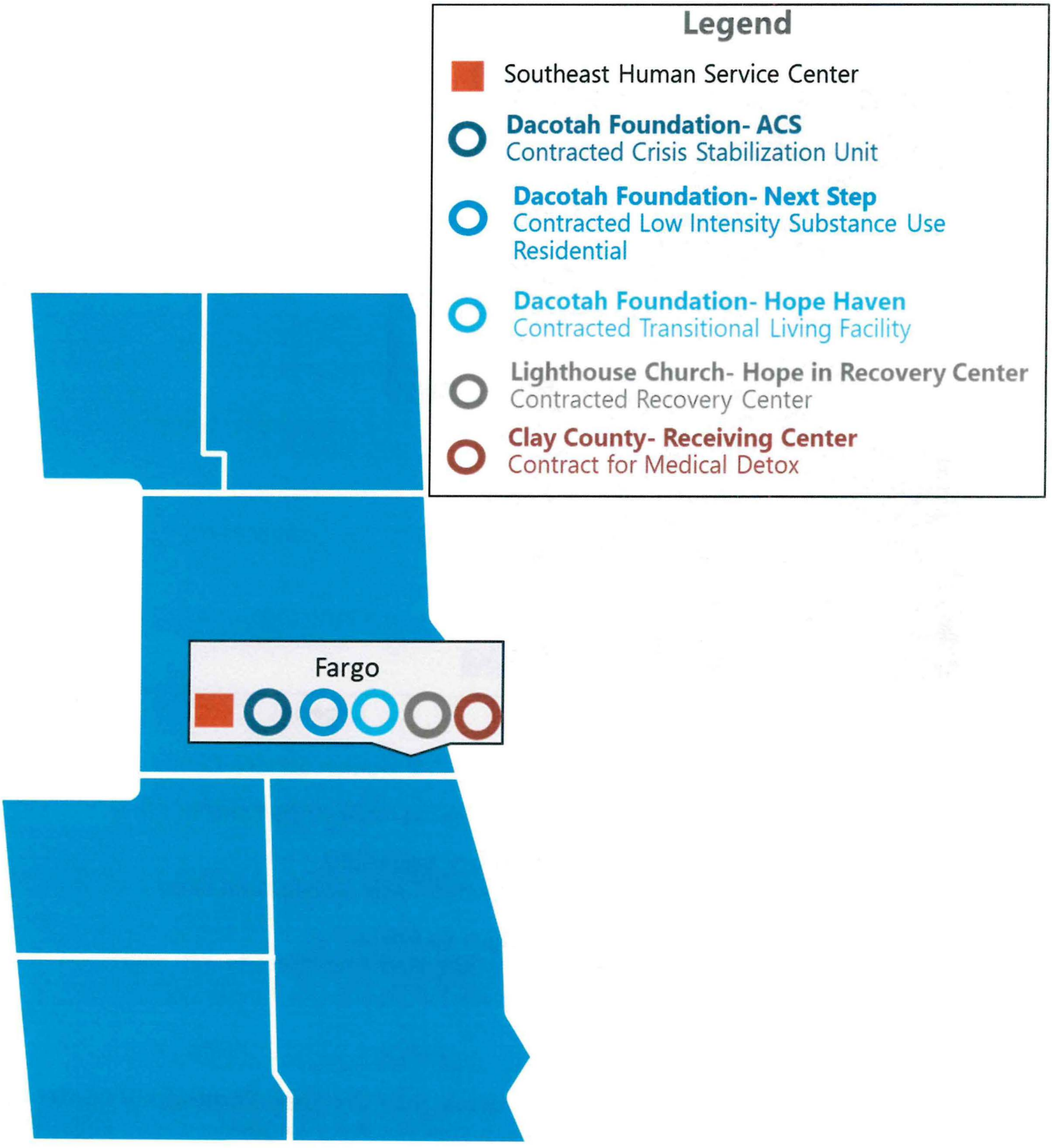
Northeast Behavioral Health Service Facilities

Legend

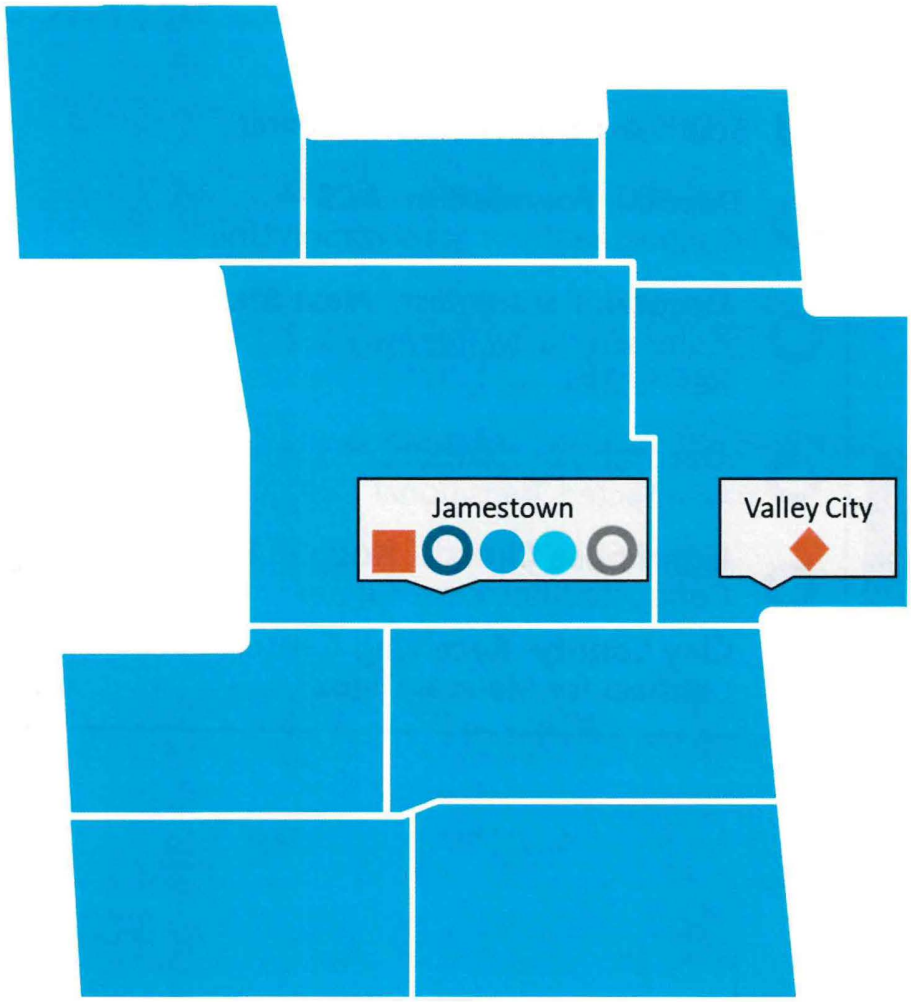
- Northeast Human Service Center
- Northeast-Grafton Satellite Clinic
- **Centre, Inc.- CRU**
  Contracted Crisis Stabilization Unit
- **Centre, Inc**
  Contracted Low Intensity Substance Use Residential
- **Grand Forks Public Heath**
  Contracted Social Detox
- **Duane R. Dornheim (DRD)**
  State-Operated Transitional Living Facility
- **Ruth Meiers Adolescent Residential Center (RMAC)**
  State-Operated Youth Psychiatric Treatment Facility
- **MHAND-Mountainbrooke**
  Contracted Recovery Center



Southeast Behavioral Health Service Facilities



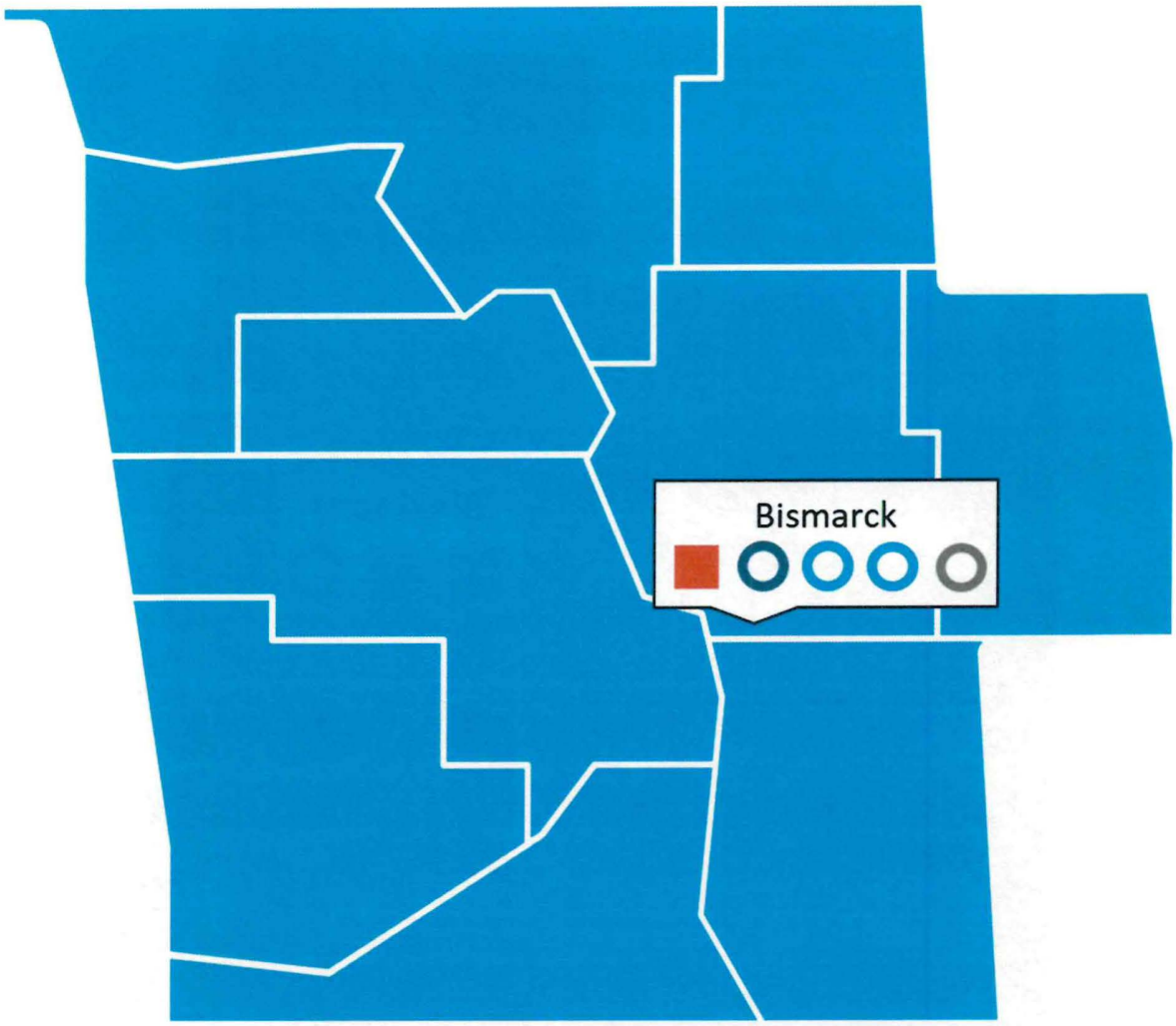
South Central Behavioral Health Service Facilities



Legend

- South Central Human Service Center
- South Central- Valley City Satellite Clinic
- **Progress, Inc. - CSU**
  Contracted Crisis Stabilization Unit
- **Bridges to Recovery**
  State-Operated Low Intensity and High Intensity Substance Use Residential
- **Buffalo City**
  State-Operated Transitional Living Facility
- **Progress, Inc.- Progress Community Center**
  Contracted Recovery Center

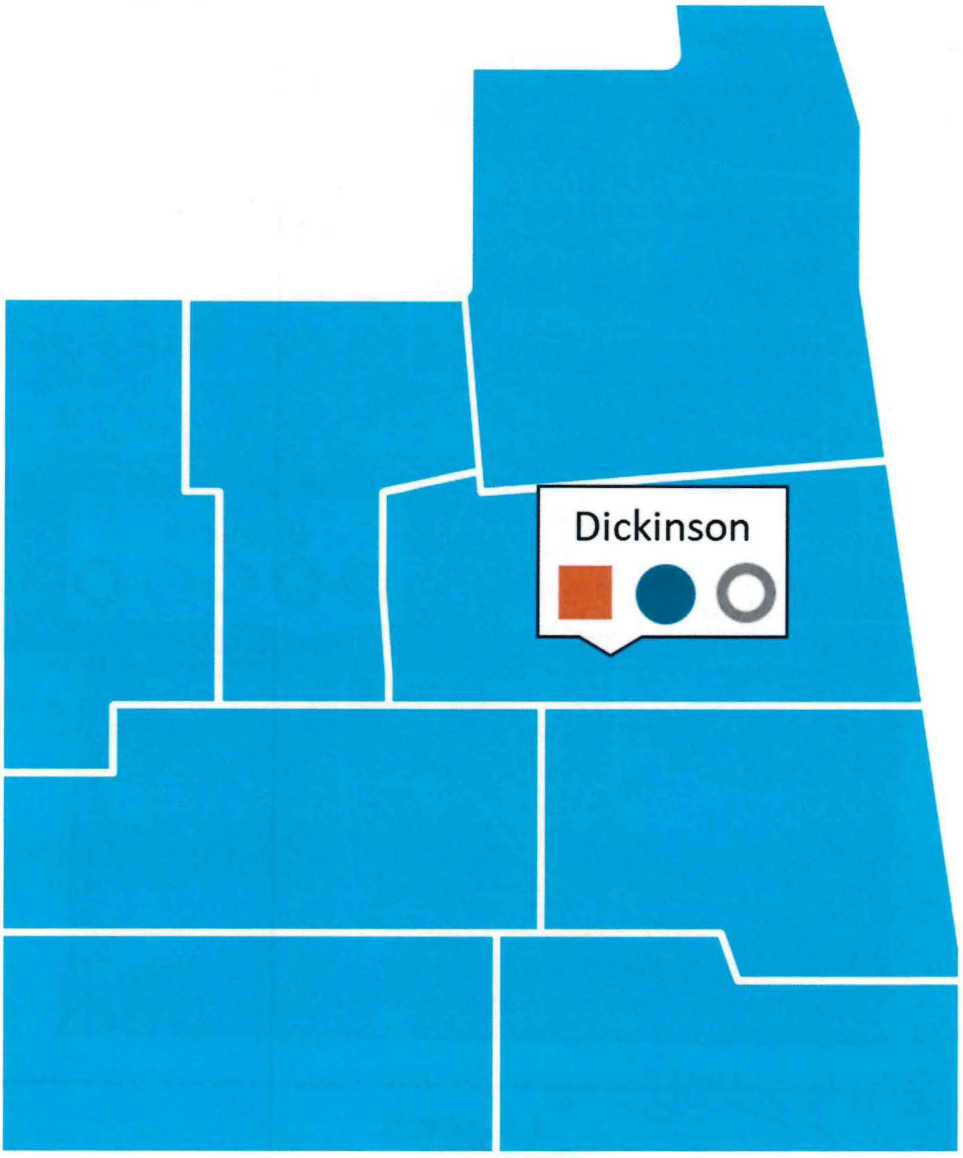
West Central Behavioral Health Service Facilities



Legend

- West Central Human Service Center
- **Dacotah Foundation- ACS**
  Contracted Crisis Stabilization Unit
- **Dacotah Foundation- Sahnish House**
  Contracted Transitional Living Facility
- **Dacotah Foundation-Arbor House**
  Contracted Transitional Living Facility
- **Dacotah Foundation-Dacotah Recovery Center**
  Contracted Recovery Center

Badlands Behavioral Health Service Facilities



Legend

- Badlands Human Service Center
- **Residential Care Center (RCC)**
  State-Operated Crisis Stabilization and Transitional Living Unit
- **Community Action Partnership**
  Contracted Recovery Center

2025 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

HB 1012 a.m.
3/19/2025

Relating to leases of the health and human services property, substance use disorder treatment program, basic care payment rates, and state of residence for child care assistance; to provide for a transfer; to authorize a line of credit; to provide legislative intent; to provide for a legislative management study; to provide an application; to provide an exemption; to provide for a report; and to provide an effective date.

8:30 a.m. Chairman Dever opened the hearing.

Members present: Chairman Dever and Senators Cleary, Davison, Magrum and Mathern.

Discussion Topics:

- North Dakota State Hospital (NDSH)
- Site Plan Options
- Access Roads
- Building Plan
- Benchmarks & Cost Validation
- Project Scope & Budget Update
- NDSH Behavioral Health Statistics
- NDSH Budget Review

8:30 a.m. Pamela Sagness, Executive Director, Behavioral Health Section, North Dakota Department of Health and Human Services (ND DHHS) testified in favor and introduced presentors.

8:31 a.m. Mike Van Klei, Tegra Group, testified in favor and submitted testimony #42989.

8:35 a.m. Donna Aukland, Chief Financial Officer, ND DHHS, testified in favor and answered committee question.

8:40 a.m. Frank Pitts, Architect, JLG Architects, testified in favor and answered committee questions.

8:46 a.m. Dr. Eduardo P. Yabut, Medical Director, North Dakota State Hospital (NDSH) testified in favor and answered committee questions.

8:50 a.m. Mark Honzay, Principal Architect, JLG Architect, testified in favor and continued testimony #42989.

9:25 a.m. Joanna Slominski, General Manager, Mortenson, testified in favor and continued testimony #42989.

9:36 a.m. Mike Van Klei ,TegraGroup, testified in favor and continued testimony #42989.

9:55 a.m. Pam Sagness, Executive Director, Behavioral Health Division, ND HHS, testified in favor and answered committee questions.

9:58 a.m. Mike Van Klei, Director, Tegra Group, testified in favor and answered committee questions.

10:00 a.m. Dr. Eduardo P. Yabut, Medical Director, North Dakota State Hospital (NDSH) testified in favor and answered committee questions.

10:15 a.m. Mike Van Klei, Director, Tegra Group, testified in favor and answered committee questions.

10:15 a.m. Pam Sagness, Executive Director, Behavioral Health Division, NDHHS, testified in favor and answered committee questions.

10:17 a.m. Representative Jon O. Nelson, District, testified in favor and answered committee questions.

10:35 a.m. Chairman Dever recessed.

10:48 a.m. Chairman Dever reconvened.

10:48 a.m. Pamela Sagness, Executive Director, Behavioral Health Section, ND DHS, testified in favor and introduced the presentors.

10:49 a.m. Dr. Eduardo P. Yabut, Medical Director, NDSH, testified in favor and submitted testimony #43019.

11:19 a.m. Aaron Olsen, Superintendent, NDSH, testified in favor and continued testimony #43019.

11:23 a.m. Courtney Peterson Assistant CEO, ND DHHS, testified in favor and answered committee questions.

11:29 a.m. Donna Aukland, Chief Financial Officer, ND DHHS, testified in favor and answered committee questions.

11:30 a.m. Dr. Eduardo P. Yabut, Medical Director, NDSH, testified in favor and answered committee questions.

11:35 a.m. Donna Aukland, Chief Financial Officer, ND DHHS, testified in favor and answered committee questions.

11:35 a.m. Dr. Eduardo P. Yabut, Medical Director, NDSH, testified in favor and answered committee questions.

11:36 a.m. Pam Sagness, Executive Director, Behavioral Health Division, NDHHS, testified in favor and answered committee questions.

11:40 a.m. Aaron Olsen, Superintendent, NDSH, testified in favor and continued testimony #43019.

11:45 a.m. Pam Sagness, Executive Director, Behavioral Health Division, NDHHS, testified in favor and answered committee questions.

Additional Written Testimony:

David Klein, Executive Director, Great Plains Housing Authority, submitted written testimony in favor #41494.

North Dakota Domestic & Sexual Violence Coalition, submitted written testimony in favor #42942.

Community Violence Intervention Center, submitted written testimony in favor #42966, #42969, and #42970.

11:46 a.m. Chairman Dever closed the hearing.

Joan Bares, Committee Clerk

Great Plains Housing Authority

Serving Dickey, Eddy, Foster, Logan, Sargent, Stutsman, and Wells Counties

To: ND Senate Appropriations
From: David Klein, GPHA Executive Director
Date: March 14, 2025
Re: HB1012

Great Plains Housing Authority (GPHA) supports HB1012 and construction of a New State Hospital in Jamestown. Our belief is that a new facility will help facilitate better care and safe environments. This core facility can then look at how to help in regions and partner with other organizations. A new facility will help other communities, health care providers, families, law enforcement, and others access critical behavioral health services.

The old State Hospital complex needs replacing and now is the time.

Mailing address: 300 2nd Ave NE – Suite 200, Jamestown, ND 58401
Toll free: 800-340-4537 Web: www.greatplainsha.com
Phone: 701-252-1098 Email: office@greatplainsha.com
Fax: 701-252-7735 Locations: Carrington, Ellendale, Jamestown, New Rockford

#42942

North Dakota Domestic & Sexual Violence Coalition

521 E Main Ave, Suite 320
Bismarck, ND 58501

Phone: 701.255.6240
Toll Free: 888.255.6240

nddsvc.org
contact@nddsvc.org

March 18, 2025

Senator Dick Dever
North Dakota State Legislature
Senate Appropriations Committee, Human Resources Division
600 East Boulevard Avenue
Bismarck, ND 58505

Chairman Dever and Members of the Senate Appropriations Committee,

Law enforcement agencies across the state collaborate almost daily with domestic violence and sexual assault agencies in our local communities. These collaborative relationships have grown significantly throughout the past 40 plus years, with law enforcement agencies and domestic violence/sexual assault organizations working closely together for the safety of citizens and their children, while holding individuals responsible for these crimes accountable.

Our organizations work together for mutual benefit by providing shared training to staff, attending collaborative meetings, tracking criminal justice data, and making criminal justice system improvements on an ongoing basis.

When a sexual assault is reported, many of our communities activate a Sexual Assault Response Team. These multidisciplinary teams include members from law enforcement, medical professionals and advocates, responding together to ensure that victims of this invasive crime repeat the accounts of their experience the least number of times possible. This coordination ensures that evidence is collected, the chain of custody is followed, and evidence is preserved for prosecution, all while providing a trauma-informed response that gives victims the support they need.

In cases of domestic violence, officers respond in the heat of the moment during times of elevated risk to themselves and victims and must make decisions that protect the safety of all. Several communities participate in the Lethality Assessment Program, connecting victims of violence with a domestic violence advocate at the time of the incident, increasing awareness of safety services available to them while decreasing the likelihood that they will be killed during a future incident.

Law enforcement also supports the work of domestic violence and sexual assault organizations by responding to requests for welfare checks, providing police escorts in high danger situations, responding to security threats at shelters and offices when needed, serving and enforcing protection orders and much more. Related, our organizations count on the services of these agencies to provide safety, support, and guidance after our officers and deputies leave the scene. Through long-term support provided by domestic violence and sexual assault organizations, these complex patterns can be interrupted. The risk to victims and communities can be lessened through successful investigation, prosecution and ultimately rehabilitation for those who use violence.

The below undersigned fully support increased funding for the critical services provided by domestic violence and sexual assault agencies in our state.

North Dakota Domestic & Sexual Violence Coalition

521 E Main Ave, Suite 320
Bismarck, ND 58501

Phone: 701.255.6240
Toll Free: 888.255.6240

nddsvc.org
contact@nddsvc.org

Respectfully submitted,

Matthew Anderson, Chief, Wahpeton Police Department
Corey Bristol, Sheriff, Mountrail County Sheriff's Office
Joe Cianni, Chief, Dickinson Police Department
Dave Draovitch, Chief, Bismarck Police Department
Jason Freedman, Chief, Grand Forks Police Department
Steve Gutknecht, Interim Chief, Williston Police Department
Jesse Jahner, Sheriff, Cass County Sheriff's Office
Matthew Johansen, Sheriff, McKenzie County Sheriff's Office
Ron Jurgens, Sheriff, Walsh County Sheriff's Office
Verlan Kvande, Sheriff, Williams County Sheriff's Office
Bryan Lang, Sheriff, Ramsey County Sheriff's Office
Kelly Leben, Sheriff, Burleigh County Sheriff's Office
Corey Lee, Sheriff, Stark County Sheriff's Office
Kevin Litten, Chief, Stanley Police Department
Pete Nielsen, Chief, West Fargo Police Department
Jon Oien, Chief, Lisbon Police Department
Jeff Osvold, Chief, Cavalier Police Department
Dale Plessas, Interim Chief, Minot Police Department
Gary Ruhl, Sheriff, Richland County Sheriff's Office
Andy Schneider, Sheriff, Grand Forks County Sheriff's Office
Kurt Schwind, Sheriff, Nelson County Sheriff's Office
Jason Toso, Chief, Devils Lake Police Department
Nick Throntveit, Sheriff, Burke County Sheriff's Office
Jesse Wellen, Chief, Watford City Police Department
Matthew Wright, Sheriff, Cavalier County Sheriff's Office
David Zibolski, Chief, Fargo Police Department

CC: Seth O'Neill, Executive Director, North Dakota Domestic & Sexual Violence Coalition and Coiya Tompkins Inman, Chair, Coalition Legislative Committee and President/CEO, Community Violence Intervention Center (a coalition member program)

March 19, 2025

Sen. Kyle Davison, District 41
North Dakota State Legislature
Senate Appropriations Committee, Human Resources Division
600 East Boulevard Avenue, Bismarck, ND 58505

Good Morning, Sen. Davison,

Thank you for your interest and attention to our testimony on House Bill 1012. Following are some additional answers to your questions following Monday's testimony as well as a few points that we believe underscore a justification for further funding beyond the existing House Recommendation of $11.9 million (*see* below).

Program Category	Description of Service	2023-2025 Biennium Request	2023 – 2025 Biennium Appropriation	2025-2027 Biennium Request	2025-2027 Executive Budget	2025-2027 House Recommendation
Domestic Violence & Sexual Assault	Crisis response, advocacy	$10,000,000	$5,936,285	$10,820,160	$8,186,285	$9,886,285
Safe Haven	Supervised visitation and exchange	2,200,000	425,000	2,380,435	425,000	865,000
Sexual Violence Prevention	Bystander intervention program	4,000,000	200,000	4,328,064	200,000	200,000
Domestic Violence Intervention Programming	Intervention for domestic violence offenders	1,425,000	1,000,000	1,568,923	1,000,000	1,000,000
		$17,625,000	**$7,561,285**	**$19,097,582**	**$9,811,285**	**$11,951,285**

Responses to Specific Senator Questions

Chairman Dick Dever asked following my testimony how we feel about the House's recommendation (see yellow column above). We are very grateful to the House's increase. In addition to dollars for prevention services as I shared, our asks for supervised visitation and exchange as well as domestic violence intervention reflect needs, not wants. These category amounts are very similar to what we requested last session and have been thoroughly vetted by our 19 programs, who employ more than 300 professionals, many of whom require bachelor's and master's level education/salary expectations. We are still shy of where we'd like to be in these two categories (**i.e., $1.5 million gap for safe supervised visitation and exchange serving more than 1,400 families and a more than $500,000 gap for domestic violence intervention programs for those who use violence**).

A fully funded request ($19 million) will enable us to reach more of the 250,000 North Dakotans who will be impacted by domestic and sexual violence in their lifetime. With people resources being our largest need, most of our would add staff for advocacy to reach more survivors (safety, transitional services such as housing and transportation, and therapy services). **Related, you asked about our waiting lists for therapy at CVIC. It's linked to resources, and therapy positions are traditionally hard-to-fill for nonprofit agencies, which typically don't pay as much as therapists can make in private practice.**

To that end, following nearly 24 months of business planning, CVIC is in the process of billing for therapy services (when safe to do so). As of March 10th, we finally received approval from a federal grantor who was requesting additional information and prior authorization.

address211 S. 4th St. • Grand Forks, ND 58201 websitecviconline.org
office701-746-0405 fax701-746-5918 crisis701-746-8900 toll free866-746-8900

Increased Violence and Lethality Risks

Of the nearly 350 homicides North Dakota has experienced in the past 10 years, nearly 40% (138) of them were domestic violence related. Following are some additional statistics and trends that underscore the severity.

- Between 2019 and 2023, we saw a 20% increase in survivors of domestic violence served and a 17% increase in survivors of sexual assault served.
- Higher lethality cases involving stabbings, strangulations and injuries needing medical care or ICU stays.
- Increased need for services
    - Domestic violence intervention waiting list/women (Grand Forks)
    - Domestic violence intervention/adding classes to meet increased need (Bismarck)
    - Past participants asking to return to group for support (Grand Forks, Bismarck)
- Increased need for legal support for services such as protection orders.
- Longer shelter stays due to limited community resources, requests for deposits, lengthy wait times for vouchers, and safety concerns regarding domestic violence.
- Increased mental health and addiction needs and waiting lists for therapy services.

When Lutheran Social Services (LSS) filed for bankruptcy in 2021, several agencies came forward to fill gaps:

- **Community Violence Intervention Center, Grand Forks**: Took over the remaining restorative justice contract LSS had with the Victims of Crime Act (VOCA) grantor (restorative justice staff became CVIC employees and CVIC provided office equipment and ongoing supervision). Took over the subcontract with Together Counseling to carry out the remaining therapy goals outlined in the VOCA contract.
- **Domestic Violence Crisis Center, Minot**: Launched domestic violence intervention services. Since August 2021, DVCC has added a second class for men and a class for women.
- **Abused Adult Resource Center, Bismarck**: Launched domestic violence intervention services. Since January 2022, added a second class for men and looking to add a third in 2025.

Agency responses to community needs that did NOT request state funding:

- **Community Violence Intervention Center, Grand Forks**: Shelter campaign ($2 million) primarily funded with private dollars. Served nearly 800 adults/children and provided more than 24,500 nights of shelter since 2017.
- **Domestic Violence Crisis Center, Minot**: Privately funded capital project for new shelter and four-plexes. Served more than 2,800 adults/children and provided nearly 29,000 nights of stay since 2016.

Funding has not increased commensurate with inflation/need

- Prior to a slight increase in funding during the 2023 Legislative Assembly, our state funding has not traditionally adjusted to match inflation and escalating needs. Like many small businesses, our agencies have experienced the challenges associated with increased wage expectations and cost of living expenses as well as health care costs, which have reached all-time highs of 15-19% in some locations.
- While the 2023 session increases enabled us to cover some of the basics, they did not provide enough to appropriately serve the crisis and prevention needs of the state.

Please partner with our coalition to fully fund our request to protect survivors and sustain our life saving services.

Best Regards,

Coiya Nompkins Inman

Coiya T. Inman
President/CEO
Community Violence Intervention Center

address211 S. 4th St. • Grand Forks, ND 58201 websitecviconline.org
office701-746-0405 fax701-746-5918 crisis701-746-8900 toll free866-746-8900

SAFER TOMORROWS ROAD MAP



"Everyone has been so wonderful, warm, and welcoming… Everyone in the community truly works together to make a family successful. I cannot thank you enough."

– CVIC CLIENT

PROGRESS REPORT
JANUARY-DECEMBER
2024

Realizing the Possibility of Ending Generational Violence

Dear Friend,

As we enter another year, our team is beyond grateful for your longstanding support, which has enabled us to serve more families, as well as meet and in some cases exceed, our Safer Tomorrows Road Map goals. Although significant work is still ahead, we believe ending interpersonal violence within two generations is possible, and it's commitments like yours that make this audacious vision attainable.

SAFETY

Your donations continue to provide vital crisis, shelter, and transportation services, all of which increased to meet client needs last quarter as the winter months arrived. Our crisis services continue to show significant need with more clients seeking assistance filing emergency protective orders, and an increase in cases of higher lethality including more cases involving children. More secondary victims sought services on our crisis line and at the CVIC at UND office on how to help their loved ones who are experiencing interpersonal violence. We continue working hard to provide coordinated services across our programs to ensure that clients get the comprehensive support they need to be safe and begin stabilizing their lives.

HEALING

We've now completed our business plan for a self-sustaining therapy center and are in the final stages of receiving approval from our federal funders to begin billing insurance for services. While this process has been longer than anticipated, we're proud of our work in overcoming so many obstacles to arrive at this point. This plan represents a groundbreaking approach with enormous potential not only for CVIC, but also for other domestic violence/sexual assault agencies in the future.

EDUCATION/PREVENTION

Our education and prevention services continue to grow and give us incredible hope for the future. This past quarter, we met with the YORS (Youth Gaining Opportunities, Recognition and Skills) Commission to give them an update on the PACT (Pass It Off, Approach, Check In, and Turn Attention) program they helped us create, and they are excited about the opportunity to continue collaborating including giving feedback on presentations, ideas for activities, sharing trends happening in the schools we should address, and more. We're thrilled to continue incorporating youth voices as it makes our work more effective, relatable, and engaging.

We also have more coaches implementing Coaching Boys into Men (CBIM) this fall/winter than we have had since before Covid. This is due to continuous outreach by our team and support from the athletic directors. We are excited that coaches are recognizing the benefits of this program again!

All of this progress is possible because of your transformational giving, a compassionate heart for those who are hurting, and steadfast commitment to a long-range plan that's developing stronger futures for thousands of families each year. As we start another year, I am truly grateful for the impact we are making together every day. Enjoy learning more in the pages that follow.



With Gratitude,

Coiya Tompkins Inman

Coiya Tompkins Inman
President/CEO

Safer Tomorrows Road Map

Progress toward ending interpersonal violence

RESILIENT *Individuals*

Individuals will heal from trauma and develop resiliency.

STRONG *Families*

As families increase stability, intergenerational violence will decrease.

THRIVING *Communities*

Our communities will realize a shift in cultural norms that value healthy relationships over violence.

2024 has left us energized and ready to work. While we've made significant progress on our Safer Tomorrows Road Map, we are also seeing evidence of increasing need in our community: an increase in clients seeking shelter, an increase in assistance with filing emergency protective orders and seeking representation by the CVIC's client attorney, as well as an increase in cases of higher lethality—including more cases involving children, greater severity of the abuse, and greater frequency of incidents.

However, we continue to rise to meet this immediate need for safety services, while also investing in long-term services we know are needed to reverse this trend. In partnership with Rydell, we received a vehicle for our rural advocacy program allowing us to provide services more widely in rural areas. Our education and prevention work continues to grow, impacting elementary, middle, high school, and college students across Grand Forks County, and we continue to spread community awareness of interpersonal violence and prevention through the Green Dot program. Our plans for a self-sustaining therapy center are moving forward, and with a fully staffed therapy team, we're ensuring we can continue crucial services for our clients on the long journey of healing. As we welcome the new year, we are grateful to have you alongside us.

Rebuilding a *Sense of Hope*

"I am so grateful for the sense of stability that I have thanks to you! I very much feel like a child in regard to doing all of that [grown up] stuff as I really wasn't allowed to handle any of it before so I am clueless. So, one baby step at a time. Quite often, one minute at a time. I do have hope for the future though and know that I just have to get through this season. Speaking of season, I have been working on teaching myself to like Christmas again. With the offender over the years, I began to dread the holidays and my birthday. He would make me feel bad for him not knowing what to get me, or if I would guess what a present was that he had wrapped. So, I have my little pretty tree up, and I think the holidays are going to be very emotional, but **I am safe, my child is so happy, and I can look towards the future in a positive light now.**"

– CVIC CLIENT

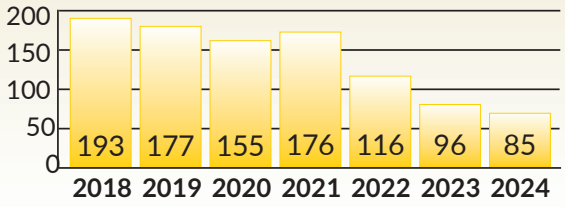


Safer Tomorrows Road Map

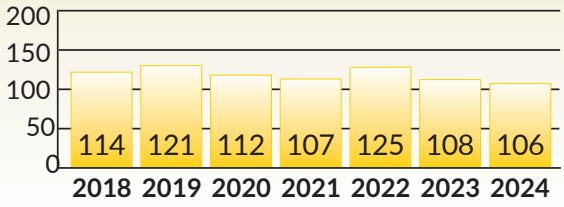
Progress toward ending interpersonal violence

JANUARY-DECEMBER 2024

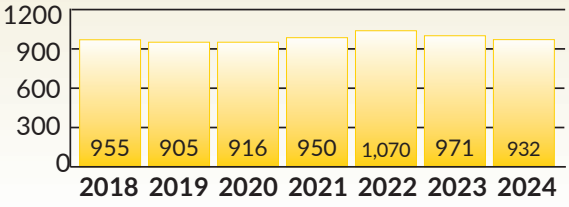
SAFE VISITS
 # Families



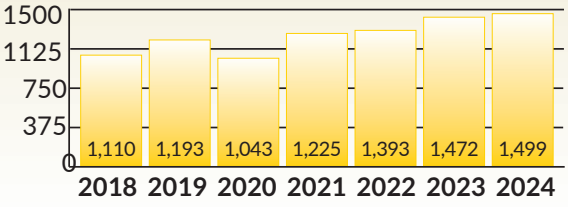
SAFE SHELTER
 # People

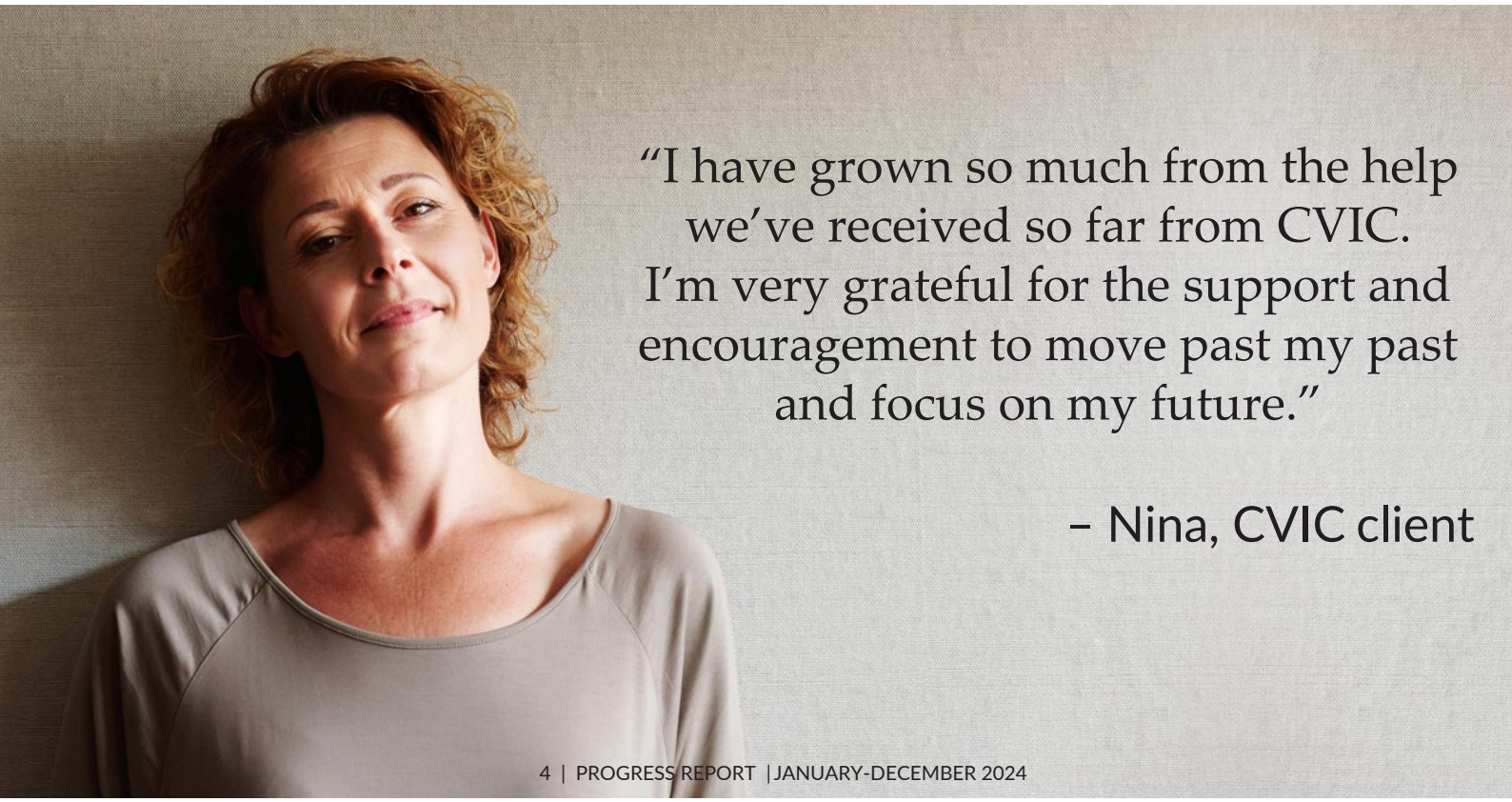


CRISIS RESPONSE
 # People



CRIME VICTIM RIGHTS
 # People



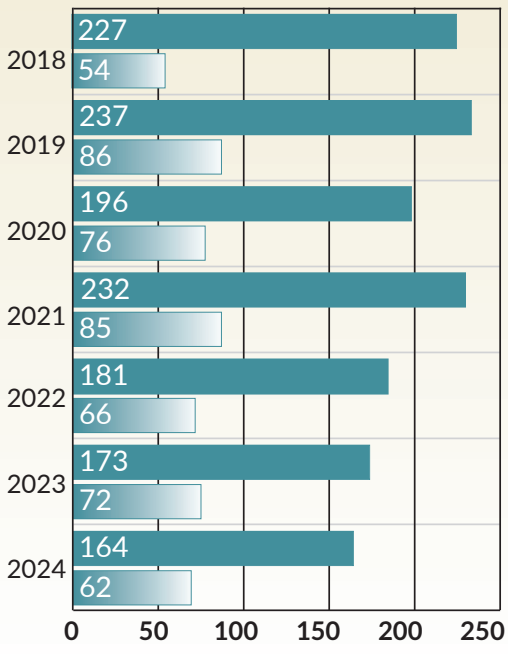


"I have grown so much from the help we've received so far from CVIC. I'm very grateful for the support and encouragement to move past my past and focus on my future."

– Nina, CVIC client

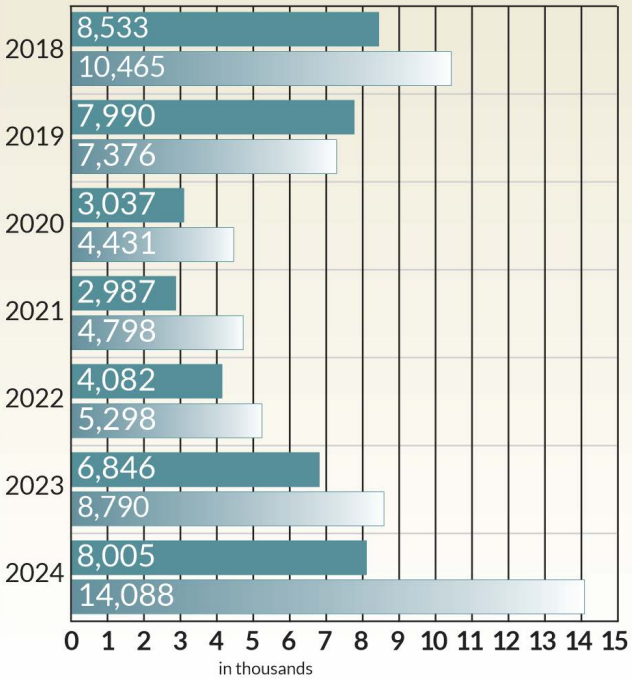
VIOLENCE INTERVENTION

 # Participants
 # Completions



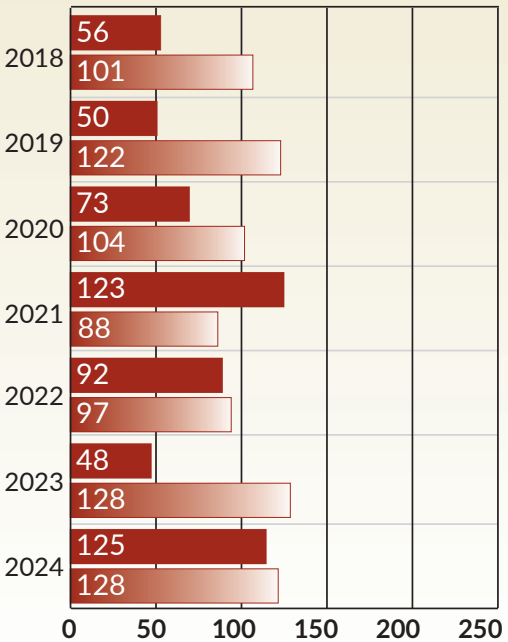
PREVENTION/EDUCATION

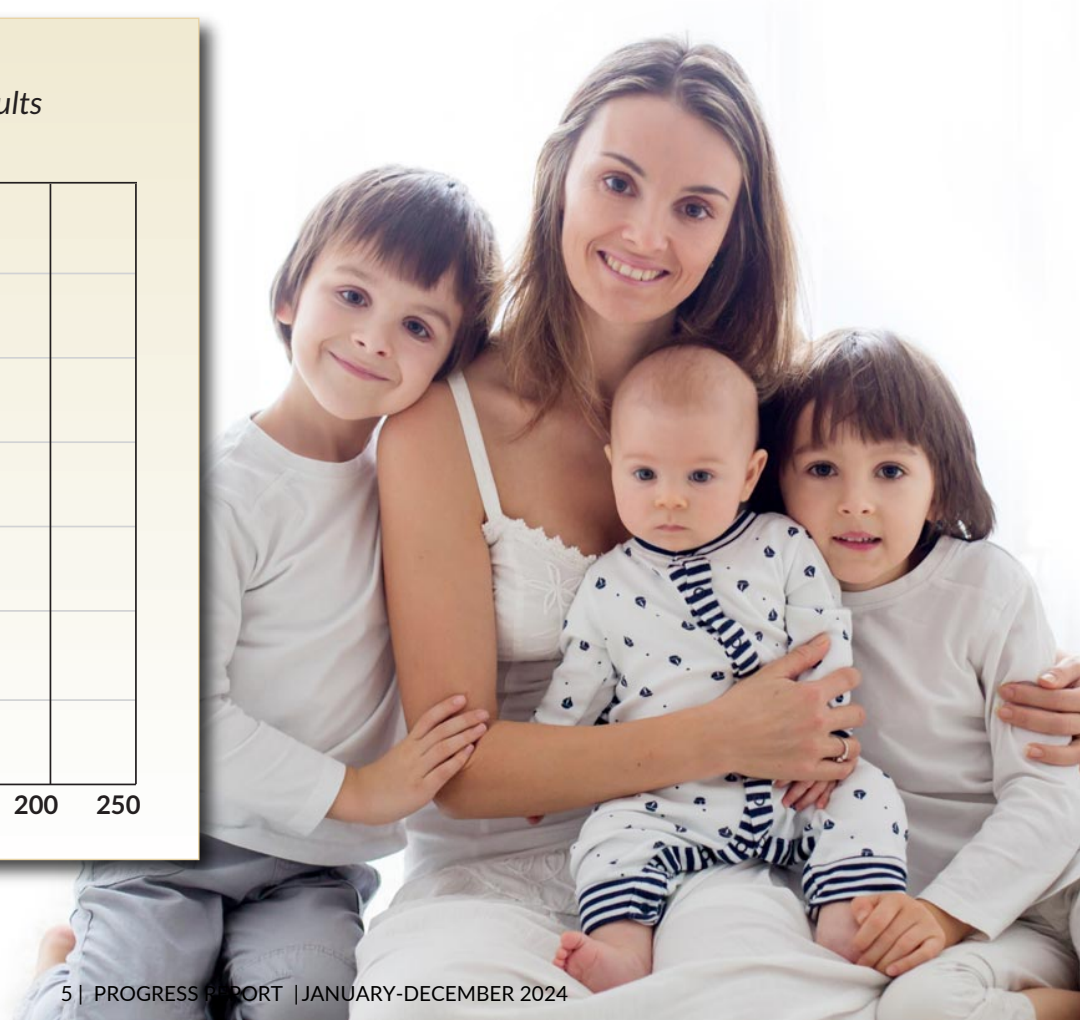
 # Youth
 # Adults/Professionals



THERAPY

 # Youth *# Adults*





Safety

Every person deserves to live a life free of violence

CRISIS SERVICES

- **932** adults were supported through times of crisis, including **795** victims of domestic violence and **137** victims of sexual assault.
- Crisis line advocates answered **431** calls.
- We assisted clients in obtaining **32** orders for protection.
- **99%** of clients reported feeling safer and more aware of ways to plan for safety as a result of CVIC services.

SAFE SHELTER

- **106** people were sheltered for **4,403** nights at Mary's Place while they worked toward safe and independent lives.

SELF-SUFFICIENCY

- **9** families with **10** children received transitional housing services/rental assistance.
- **328** individuals received assistance with housing, employment, or education goals.



Amanda* called CVIC seeking assistance on obtaining a protection order. Since she lived in a rural area, CVIC's specialized rural advocate followed up established a meeting point to minimize transportation barriers. She met with the advocate and received emotional support, safety planning, crisis intervention, and housing assistance. The advocate assisted her with filing a petition for an emergency ex parte temporary domestic violence protection order. Amanda was then connected with CVIC's legal services to ensure she had legal representation at the upcoming protection order hearing. The rural advocate provided transportation assistance to get the client to the necessary appointments to increase her safety. CVIC's client attorney and the rural advocate provided ongoing emotional support and advocacy services through the stressful process of going to court with the hopes of getting the temporary order extended beyond the initial two weeks. Her attorney was successful, and the court granted an extended order which provided long-term protection. Amanda continued to benefit from CVIC's holistic services, and began receiving on-going therapeutic services to help her continue her healing journey.

*Name, some details changed.

Safety

Every person deserves to live a life free of violence

CRIME VICTIM ADVOCACY

- **1,499** victims and witnesses of crimes received case information and support through criminal proceedings.
- CVIC's victim witness specialists attended **1,853** court hearings with or on behalf of crime victims and arranged and attended **339** meetings between crime victims and prosecutors.

LETHALITY ASSESSMENT

- **132** individuals were screened by law enforcement, with **64%** found to be in high danger. **42** victims spoke with a CVIC advocate about what services are available to keep them safe.

SUPERVISED VISITATION

- **85** families were supported during **1,055** supervised visits and **536** supervised exchanges. **97%** of adult participants surveyed agreed they felt that they and their children were safe while using these services.

VIOLENCE INTERVENTION

- **164** new men and women were served in the New Choices program, addressing their use of violence and promoting accountability for the harm they have caused to others.
- **92** participants were also ordered into Domestic Violence Court, the specialized post-sentencing review court that works to hold individuals accountable, monitor sentencing progress, and encourage successful completion.
- The New Choices partner contact reached out to **125** partners of New Choices participants to keep them informed of the participant's status and provide information about CVIC services. Of the partners contacted, **54** received CVIC advocacy services.



"I once believed that I was always right…and that's nonsense! No one is ever 'always right.' But after completing this class I have learned to see things through others' perspective, and realizing my intimidating or demonstrative behaviors that can be hurtful or misunderstood has

helped me to see a better way of living in and creating better and healthier relationships."

– NEW CHOICES PARTICIPANT

Healing

Specialized support heals the impact of trauma so individuals can thrive

YOUTH THERAPY

- **125** children impacted by violence received therapy to address trauma. **78** youth received **1,016** individual therapy sessions. **52** youth participated in **475** group sessions at area schools and CVIC.
- **67** parents received education about parenting needs of children living in violent homes and the effects of violence/trauma on children.

ADULT THERAPY

- **128** adults received therapy services, including **120** adults who received **1,369** sessions of individual therapy, **13** in restorative therapy, and **17** adults who participated in **143** support group sessions.
- **100%** of adult clients surveyed showed improvement in emotional condition.

With a fully staffed youth therapy team, we've seen a significant increase in the number of therapy services provided to youth this year, compared with 2023. We added a rural youth therapist in April which led to an increase in referrals from rural schools, with 10 rural youth currently on the waiting list. Our rural youth therapist has a full caseload and is providing services to youth at five schools.

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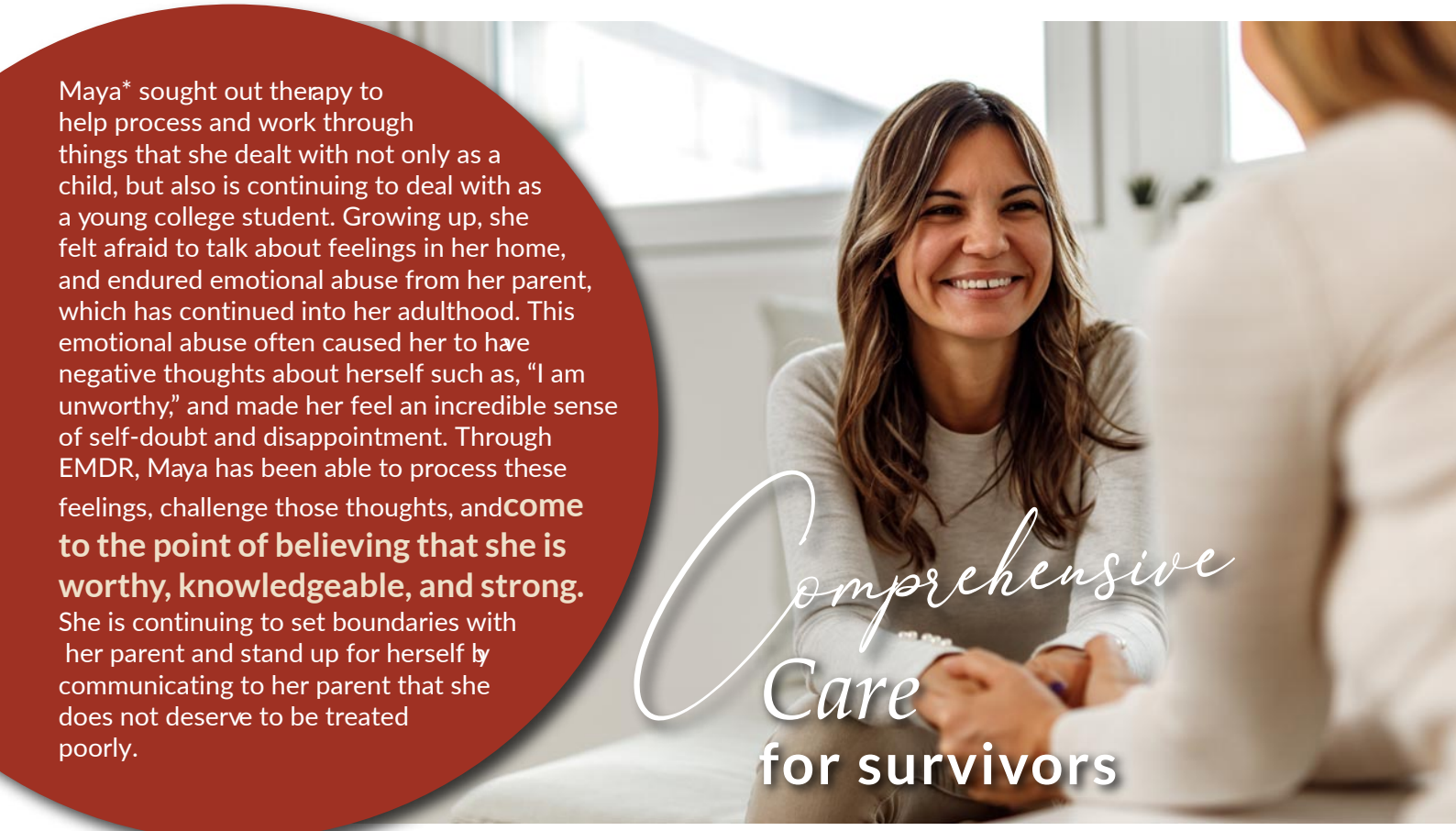

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March 19, 2025

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North Dakota State Legislature
Senate Appropriations Committee, Human Resources Division
600 East Boulevard Avenue, Bismarck, ND 58505

Good Morning, Chairman Dever,

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Increased Violence and Lethality Risks

Of the nearly 350 homicides North Dakota has experienced in the past 10 years, nearly 40% (138) of them were domestic violence related. Following are some additional statistics and trends that underscore the severity.

- Between 2019 and 2023, we saw a 20% increase in survivors of domestic violence served and a 17% increase in survivors of sexual assault served.
- Higher lethality cases involving stabbings, strangulations and injuries needing medical care or ICU stays.
- Increased need for services
    - Domestic violence intervention waiting list/women (Grand Forks)
    - Domestic violence intervention/adding classes to meet increased need (Bismarck)
    - Past participants asking to return to group for support (Grand Forks, Bismarck)
- Increased need for legal support for services such as protection orders.
- Longer shelter stays due to limited community resources, requests for deposits, lengthy wait times for vouchers, and safety concerns regarding domestic violence.
- Increased mental health and addiction needs and waiting lists for therapy services.

When Lutheran Social Services (LSS) filed for bankruptcy in 2021, several agencies came forward to fill gaps:

- **Community Violence Intervention Center, Grand Forks**: Took over the remaining restorative justice contract LSS had with the Victims of Crime Act (VOCA) grantor (restorative justice staff became CVIC employees and CVIC provided office equipment and ongoing supervision). Took over the subcontract with Together Counseling to carry out the remaining therapy goals outlined in the VOCA contract.
- **Domestic Violence Crisis Center, Minot**: Launched domestic violence intervention services. Since August 2021, DVCC has added a second class for men and a class for women.
- **Abused Adult Resource Center, Bismarck**: Launched domestic violence intervention services. Since January 2022, added a second class for men and looking to add a third in 2025.

Agency responses to community needs that did NOT request state funding:

- **Community Violence Intervention Center, Grand Forks**: Shelter campaign ($2 million) primarily funded with private dollars. Served nearly 800 adults/children and provided more than 24,500 nights of shelter since 2017.
- **Domestic Violence Crisis Center, Minot**: Privately funded capital project for new shelter and four-plexes. Served more than 2,800 adults/children and provided nearly 29,000 nights of stay since 2016.

Funding has not increased commensurate with inflation/need

- Prior to a slight increase in funding during the 2023 Legislative Assembly, our state funding has not traditionally adjusted to match inflation and escalating needs. Like many small businesses, our agencies have experienced the challenges associated with increased wage expectations and cost of living expenses as well as health care costs, which have reached all-time highs of 15-19% in some locations.
- While the 2023 session increases enabled us to cover some of the basics, they did not provide enough to appropriately serve the crisis and prevention needs of the state.

Please partner with our coalition to fully fund our request to protect survivors and sustain our life saving services.

Best Regards,

Coiya Nompkins Inman

Coiya T. Inman
President/CEO
Community Violence Intervention Center

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SAFER TOMORROWS ROAD MAP



"Everyone has been so wonderful, warm, and welcoming… Everyone in the community truly works together to make a family successful. I cannot thank you enough."

– CVIC CLIENT

PROGRESS REPORT
JANUARY-DECEMBER
2024

Realizing the Possibility of Ending Generational Violence

Dear Friend,

As we enter another year, our team is beyond grateful for your longstanding support, which has enabled us to serve more families, as well as meet and in some cases exceed, our Safer Tomorrows Road Map goals. Although significant work is still ahead, we believe ending interpersonal violence within two generations is possible, and it's commitments like yours that make this audacious vision attainable.

SAFETY

Your donations continue to provide vital crisis, shelter, and transportation services, all of which increased to meet client needs last quarter as the winter months arrived. Our crisis services continue to show significant need with more clients seeking assistance filing emergency protective orders, and an increase in cases of higher lethality including more cases involving children. More secondary victims sought services on our crisis line and at the CVIC at UND office on how to help their loved ones who are experiencing interpersonal violence. We continue working hard to provide coordinated services across our programs to ensure that clients get the comprehensive support they need to be safe and begin stabilizing their lives.

HEALING

We've now completed our business plan for a self-sustaining therapy center and are in the final stages of receiving approval from our federal funders to begin billing insurance for services. While this process has been longer than anticipated, we're proud of our work in overcoming so many obstacles to arrive at this point. This plan represents a groundbreaking approach with enormous potential not only for CVIC, but also for other domestic violence/sexual assault agencies in the future.

EDUCATION/PREVENTION

Our education and prevention services continue to grow and give us incredible hope for the future. This past quarter, we met with the YORS (Youth Gaining Opportunities, Recognition and Skills) Commission to give them an update on the PACT (Pass It Off, Approach, Check In, and Turn Attention) program they helped us create, and they are excited about the opportunity to continue collaborating including giving feedback on presentations, ideas for activities, sharing trends happening in the schools we should address, and more. We're thrilled to continue incorporating youth voices as it makes our work more effective, relatable, and engaging.

We also have more coaches implementing Coaching Boys into Men (CBIM) this fall/winter than we have had since before Covid. This is due to continuous outreach by our team and support from the athletic directors. We are excited that coaches are recognizing the benefits of this program again!

All of this progress is possible because of your transformational giving, a compassionate heart for those who are hurting, and steadfast commitment to a long-range plan that's developing stronger futures for thousands of families each year. As we start another year, I am truly grateful for the impact we are making together every day. Enjoy learning more in the pages that follow.



With Gratitude,

Coiya Tompkins Inman

Coiya Tompkins Inman
President/CEO

Safer Tomorrows Road Map

Progress toward ending interpersonal violence

RESILIENT *Individuals*

Individuals will heal from trauma and develop resiliency.

STRONG *Families*

As families increase stability, intergenerational violence will decrease.

THRIVING *Communities*

Our communities will realize a shift in cultural norms that value healthy relationships over violence.

2024 has left us energized and ready to work. While we've made significant progress on our Safer Tomorrows Road Map, we are also seeing evidence of increasing need in our community: an increase in clients seeking shelter, an increase in assistance with filing emergency protective orders and seeking representation by the CVIC's client attorney, as well as an increase in cases of higher lethality—including more cases involving children, greater severity of the abuse, and greater frequency of incidents.

However, we continue to rise to meet this immediate need for safety services, while also investing in long-term services we know are needed to reverse this trend. In partnership with Rydell, we received a vehicle for our rural advocacy program allowing us to provide services more widely in rural areas. Our education and prevention work continues to grow, impacting elementary, middle, high school, and college students across Grand Forks County, and we continue to spread community awareness of interpersonal violence and prevention through the Green Dot program. Our plans for a self-sustaining therapy center are moving forward, and with a fully staffed therapy team, we're ensuring we can continue crucial services for our clients on the long journey of healing. As we welcome the new year, we are grateful to have you alongside us.

Rebuilding a *Sense of Hope*

"I am so grateful for the sense of stability that I have thanks to you! I very much feel like a child in regard to doing all of that [grown up] stuff as I really wasn't allowed to handle any of it before so I am clueless. So, one baby step at a time. Quite often, one minute at a time. I do have hope for the future though and know that I just have to get through this season. Speaking of season, I have been working on teaching myself to like Christmas again. With the offender over the years, I began to dread the holidays and my birthday. He would make me feel bad for him not knowing what to get me, or if I would guess what a present was that he had wrapped. So, I have my little pretty tree up, and I think the holidays are going to be very emotional, but **I am safe, my child is so happy, and I can look towards the future in a positive light now.**"

– CVIC CLIENT

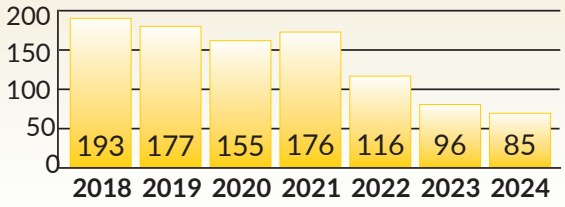


Safer Tomorrows Road Map

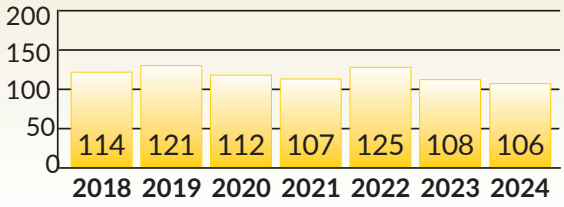
Progress toward ending interpersonal violence

JANUARY-DECEMBER 2024

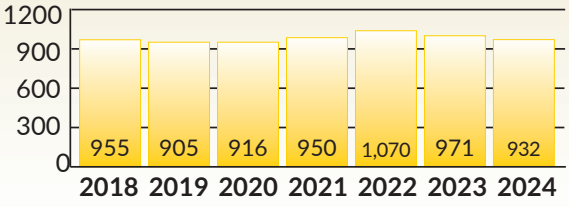
SAFE VISITS
 # Families



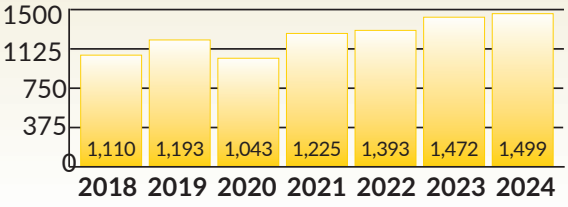
SAFE SHELTER
 # People

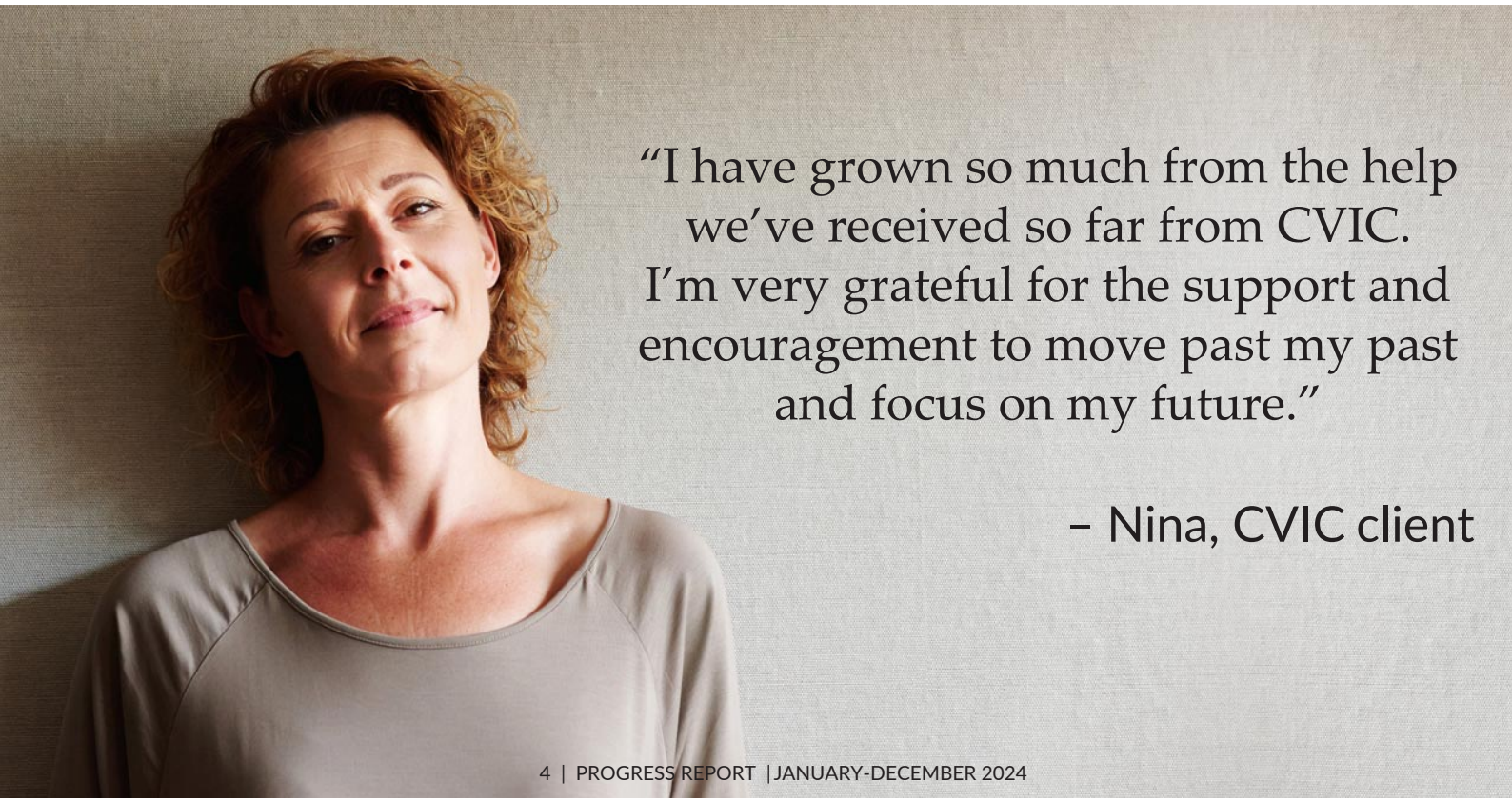


CRISIS RESPONSE
 # People



CRIME VICTIM RIGHTS
 # People



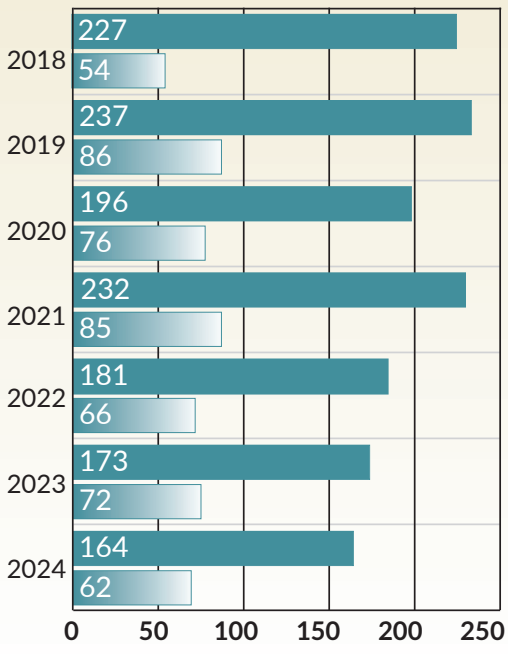


"I have grown so much from the help we've received so far from CVIC. I'm very grateful for the support and encouragement to move past my past and focus on my future."

– Nina, CVIC client

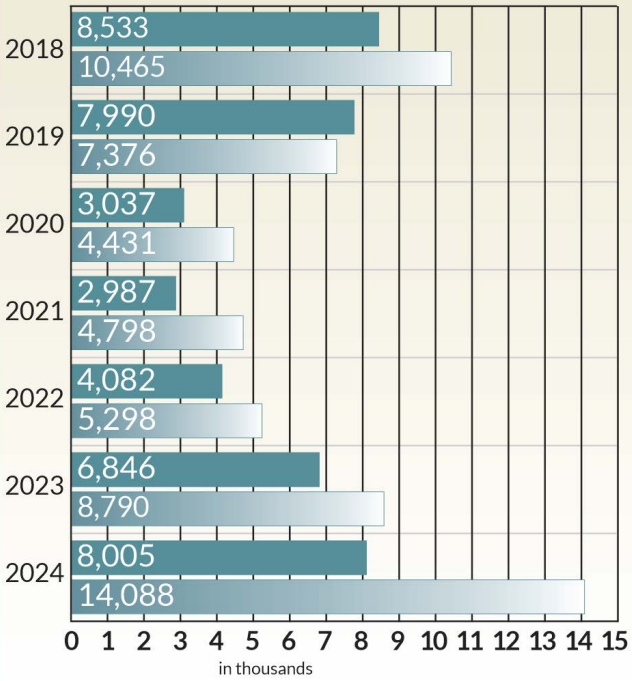
VIOLENCE INTERVENTION

 # Participants
 # Completions



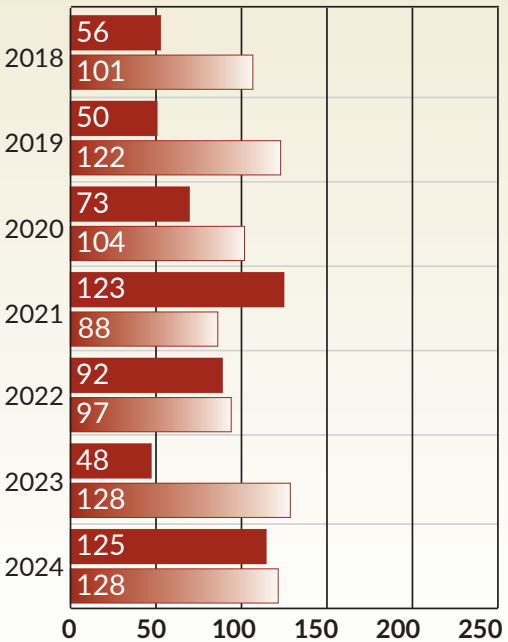
PREVENTION/EDUCATION

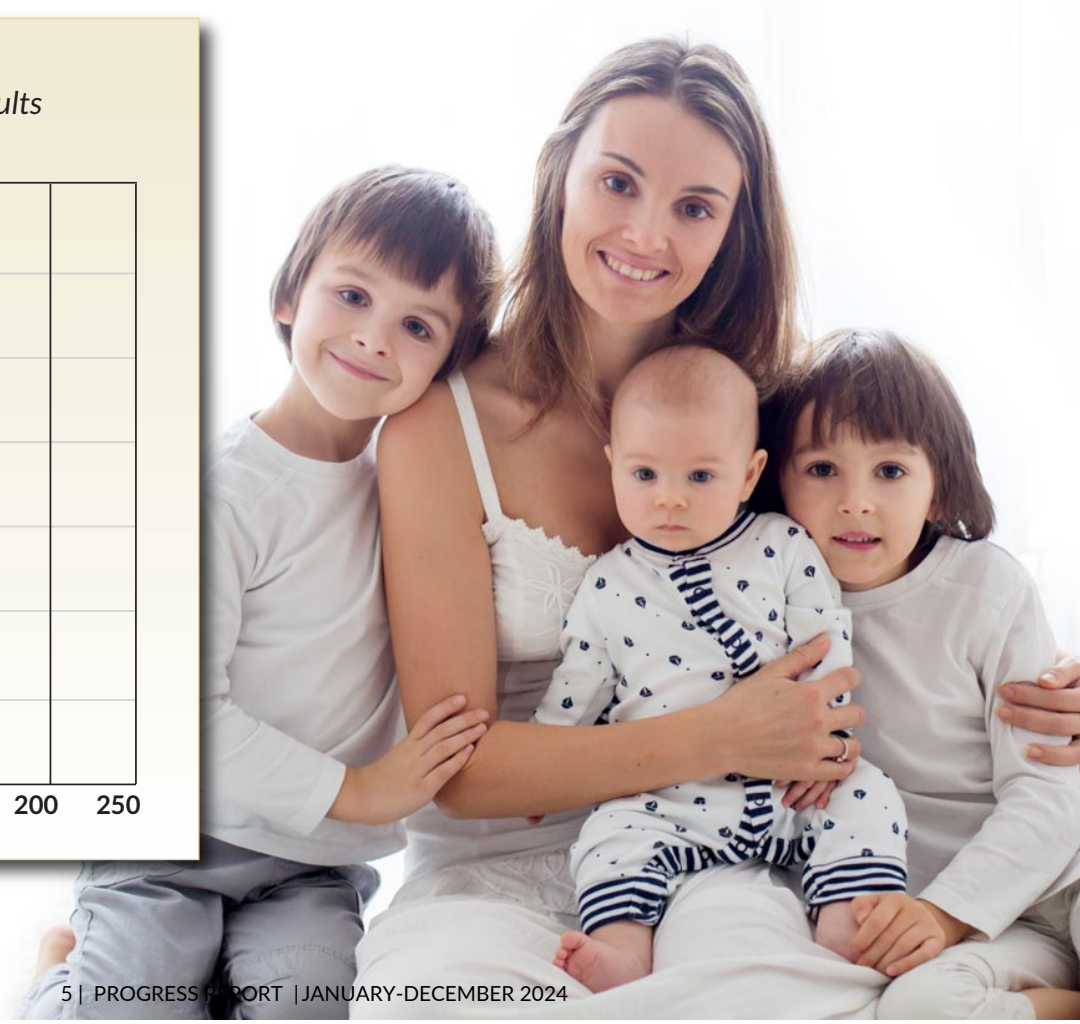
 # Youth
 # Adults/Professionals



THERAPY

 # Youth *# Adults*





Safety

Every person deserves to live a life free of violence

CRISIS SERVICES

- **932** adults were supported through times of crisis, including **795** victims of domestic violence and **137** victims of sexual assault.
- Crisis line advocates answered **431** calls.
- We assisted clients in obtaining **32** orders for protection.
- **99%** of clients reported feeling safer and more aware of ways to plan for safety as a result of CVIC services.

SAFE SHELTER

- **106** people were sheltered for **4,403** nights at Mary's Place while they worked toward safe and independent lives.

SELF-SUFFICIENCY

- **9** families with **10** children received transitional housing services/rental assistance.
- **328** individuals received assistance with housing, employment, or education goals.



Amanda* called CVIC seeking assistance on obtaining a protection order. Since she lived in a rural area, CVIC's specialized rural advocate followed up established a meeting point to minimize transportation barriers. She met with the advocate and received emotional support, safety planning, crisis intervention, and housing assistance. The advocate assisted her with filing a petition for an emergency ex parte temporary domestic violence protection order. Amanda was then connected with CVIC's legal services to ensure she had legal representation at the upcoming protection order hearing. The rural advocate provided transportation assistance to get the client to the necessary appointments to increase her safety. CVIC's client attorney and the rural advocate provided ongoing emotional support and advocacy services through the stressful process of going to court with the hopes of getting the temporary order extended beyond the initial two weeks. Her attorney was successful, and the court granted an extended order which provided long-term protection. Amanda continued to benefit from CVIC's holistic services, and began receiving on-going therapeutic services to help her continue her healing journey.

*Name, some details changed.

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CRIME VICTIM ADVOCACY

- **1,499** victims and witnesses of crimes received case information and support through criminal proceedings.
- CVIC's victim witness specialists attended **1,853** court hearings with or on behalf of crime victims and arranged and attended **339** meetings between crime victims and prosecutors.

LETHALITY ASSESSMENT

- **132** individuals were screened by law enforcement, with **64%** found to be in high danger. **42** victims spoke with a CVIC advocate about what services are available to keep them safe.

SUPERVISED VISITATION

- **85** families were supported during **1,055** supervised visits and **536** supervised exchanges. **97%** of adult participants surveyed agreed they felt that they and their children were safe while using these services.

VIOLENCE INTERVENTION

- **164** new men and women were served in the New Choices program, addressing their use of violence and promoting accountability for the harm they have caused to others.
- **92** participants were also ordered into Domestic Violence Court, the specialized post-sentencing review court that works to hold individuals accountable, monitor sentencing progress, and encourage successful completion.
- The New Choices partner contact reached out to **125** partners of New Choices participants to keep them informed of the participant's status and provide information about CVIC services. Of the partners contacted, **54** received CVIC advocacy services.



"I once believed that I was always right…and that's nonsense! No one is ever 'always right.' But after completing this class I have learned to see things through others' perspective, and realizing my intimidating or demonstrative behaviors that can be hurtful or misunderstood has

helped me to see a better way of living in and creating better and healthier relationships."

– NEW CHOICES PARTICIPANT

Healing

Specialized support heals the impact of trauma so individuals can thrive

YOUTH THERAPY

- **125** children impacted by violence received therapy to address trauma. **78** youth received **1,016** individual therapy sessions. **52** youth participated in **475** group sessions at area schools and CVIC.
- **67** parents received education about parenting needs of children living in violent homes and the effects of violence/trauma on children.

ADULT THERAPY

- **128** adults received therapy services, including **120** adults who received **1,369** sessions of individual therapy, **13** in restorative therapy, and **17** adults who participated in **143** support group sessions.
- **100%** of adult clients surveyed showed improvement in emotional condition.

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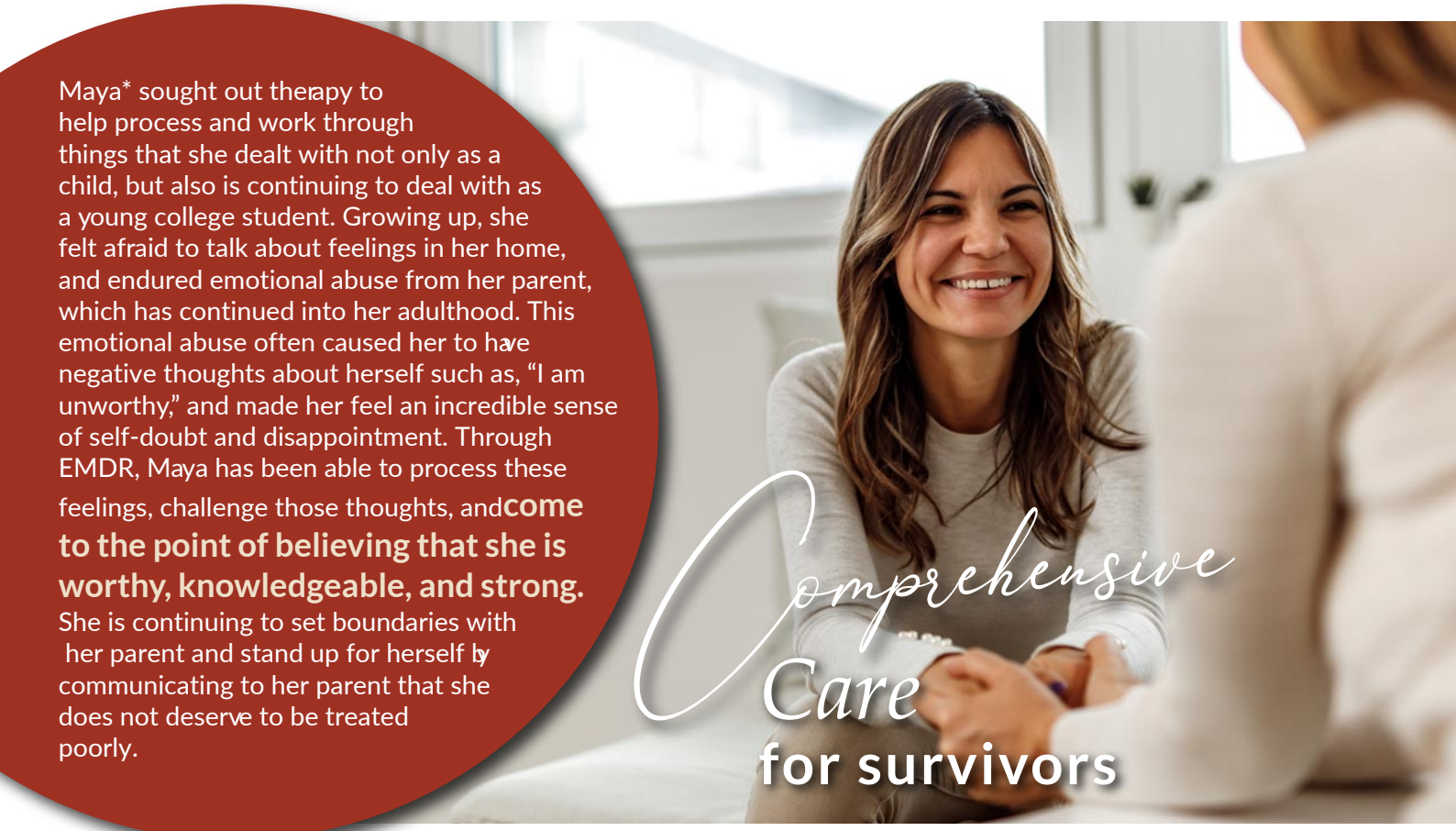

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March 19, 2025

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North Dakota State Legislature
Senate Appropriations Committee, Human Resources Division
600 East Boulevard Avenue, Bismarck, ND 58505

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Of the nearly 350 homicides North Dakota has experienced in the past 10 years, nearly 40% (138) of them were domestic violence related. Following are some additional statistics and trends that underscore the severity.

- Between 2019 and 2023, we saw a 20% increase in survivors of domestic violence served and a 17% increase in survivors of sexual assault served.
- Higher lethality cases involving stabbings, strangulations and injuries needing medical care or ICU stays.
- Increased need for services
    - Domestic violence intervention waiting list/women (Grand Forks)
    - Domestic violence intervention/adding classes to meet increased need (Bismarck)
    - Past participants asking to return to group for support (Grand Forks, Bismarck)
- Increased need for legal support for services such as protection orders.
- Longer shelter stays due to limited community resources, requests for deposits, lengthy wait times for vouchers, and safety concerns regarding domestic violence.
- Increased mental health and addiction needs and waiting lists for therapy services.

When Lutheran Social Services (LSS) filed for bankruptcy in 2021, several agencies came forward to fill gaps:

- **Community Violence Intervention Center, Grand Forks**: Took over the remaining restorative justice contract LSS had with the Victims of Crime Act (VOCA) grantor (restorative justice staff became CVIC employees and CVIC provided office equipment and ongoing supervision). Took over the subcontract with Together Counseling to carry out the remaining therapy goals outlined in the VOCA contract.
- **Domestic Violence Crisis Center, Minot**: Launched domestic violence intervention services. Since August 2021, DVCC has added a second class for men and a class for women.
- **Abused Adult Resource Center, Bismarck**: Launched domestic violence intervention services. Since January 2022, added a second class for men and looking to add a third in 2025.

Agency responses to community needs that did NOT request state funding:

- **Community Violence Intervention Center, Grand Forks**: Shelter campaign ($2 million) primarily funded with private dollars. Served nearly 800 adults/children and provided more than 24,500 nights of shelter since 2017.
- **Domestic Violence Crisis Center, Minot**: Privately funded capital project for new shelter and four-plexes. Served more than 2,800 adults/children and provided nearly 29,000 nights of stay since 2016.

Funding has not increased commensurate with inflation/need

- Prior to a slight increase in funding during the 2023 Legislative Assembly, our state funding has not traditionally adjusted to match inflation and escalating needs. Like many small businesses, our agencies have experienced the challenges associated with increased wage expectations and cost of living expenses as well as health care costs, which have reached all-time highs of 15-19% in some locations.
- While the 2023 session increases enabled us to cover some of the basics, they did not provide enough to appropriately serve the crisis and prevention needs of the state.

Please partner with our coalition to fully fund our request to protect survivors and sustain our life saving services.

Best Regards,

Coiya Nompkins Inman

Coiya T. Inman
President/CEO
Community Violence Intervention Center

address211 S. 4th St. • Grand Forks, ND 58201 websitecviconline.org
office701-746-0405 fax701-746-5918 crisis701-746-8900 toll free866-746-8900

SAFER TOMORROWS ROAD MAP



"Everyone has been so wonderful, warm, and welcoming… Everyone in the community truly works together to make a family successful. I cannot thank you enough."

– CVIC CLIENT

PROGRESS REPORT
JANUARY-DECEMBER
2024

Realizing the Possibility of Ending Generational Violence

Dear Friend,

As we enter another year, our team is beyond grateful for your longstanding support, which has enabled us to serve more families, as well as meet and in some cases exceed, our Safer Tomorrows Road Map goals. Although significant work is still ahead, we believe ending interpersonal violence within two generations is possible, and it's commitments like yours that make this audacious vision attainable.

SAFETY

Your donations continue to provide vital crisis, shelter, and transportation services, all of which increased to meet client needs last quarter as the winter months arrived. Our crisis services continue to show significant need with more clients seeking assistance filing emergency protective orders, and an increase in cases of higher lethality including more cases involving children. More secondary victims sought services on our crisis line and at the CVIC at UND office on how to help their loved ones who are experiencing interpersonal violence. We continue working hard to provide coordinated services across our programs to ensure that clients get the comprehensive support they need to be safe and begin stabilizing their lives.

HEALING

We've now completed our business plan for a self-sustaining therapy center and are in the final stages of receiving approval from our federal funders to begin billing insurance for services. While this process has been longer than anticipated, we're proud of our work in overcoming so many obstacles to arrive at this point. This plan represents a groundbreaking approach with enormous potential not only for CVIC, but also for other domestic violence/sexual assault agencies in the future.

EDUCATION/PREVENTION

Our education and prevention services continue to grow and give us incredible hope for the future. This past quarter, we met with the YORS (Youth Gaining Opportunities, Recognition and Skills) Commission to give them an update on the PACT (Pass It Off, Approach, Check In, and Turn Attention) program they helped us create, and they are excited about the opportunity to continue collaborating including giving feedback on presentations, ideas for activities, sharing trends happening in the schools we should address, and more. We're thrilled to continue incorporating youth voices as it makes our work more effective, relatable, and engaging.

We also have more coaches implementing Coaching Boys into Men (CBIM) this fall/winter than we have had since before Covid. This is due to continuous outreach by our team and support from the athletic directors. We are excited that coaches are recognizing the benefits of this program again!

All of this progress is possible because of your transformational giving, a compassionate heart for those who are hurting, and steadfast commitment to a long-range plan that's developing stronger futures for thousands of families each year. As we start another year, I am truly grateful for the impact we are making together every day. Enjoy learning more in the pages that follow.



With Gratitude,

Coiya Tompkins Inman

Coiya Tompkins Inman
President/CEO

Safer Tomorrows Road Map

Progress toward ending interpersonal violence

RESILIENT *Individuals*

Individuals will heal from trauma and develop resiliency.

STRONG *Families*

As families increase stability, intergenerational violence will decrease.

THRIVING *Communities*

Our communities will realize a shift in cultural norms that value healthy relationships over violence.

2024 has left us energized and ready to work. While we've made significant progress on our Safer Tomorrows Road Map, we are also seeing evidence of increasing need in our community: an increase in clients seeking shelter, an increase in assistance with filing emergency protective orders and seeking representation by the CVIC's client attorney, as well as an increase in cases of higher lethality—including more cases involving children, greater severity of the abuse, and greater frequency of incidents.

However, we continue to rise to meet this immediate need for safety services, while also investing in long-term services we know are needed to reverse this trend. In partnership with Rydell, we received a vehicle for our rural advocacy program allowing us to provide services more widely in rural areas. Our education and prevention work continues to grow, impacting elementary, middle, high school, and college students across Grand Forks County, and we continue to spread community awareness of interpersonal violence and prevention through the Green Dot program. Our plans for a self-sustaining therapy center are moving forward, and with a fully staffed therapy team, we're ensuring we can continue crucial services for our clients on the long journey of healing. As we welcome the new year, we are grateful to have you alongside us.

Rebuilding a *Sense of Hope*

"I am so grateful for the sense of stability that I have thanks to you! I very much feel like a child in regard to doing all of that [grown up] stuff as I really wasn't allowed to handle any of it before so I am clueless. So, one baby step at a time. Quite often, one minute at a time. I do have hope for the future though and know that I just have to get through this season. Speaking of season, I have been working on teaching myself to like Christmas again. With the offender over the years, I began to dread the holidays and my birthday. He would make me feel bad for him not knowing what to get me, or if I would guess what a present was that he had wrapped. So, I have my little pretty tree up, and I think the holidays are going to be very emotional, but **I am safe, my child is so happy, and I can look towards the future in a positive light now.**"

– CVIC CLIENT

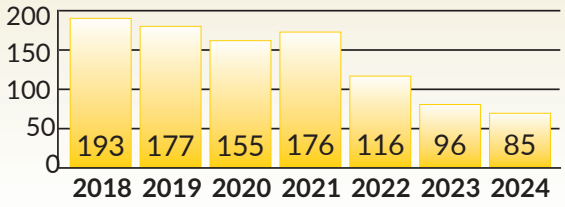


Safer Tomorrows Road Map

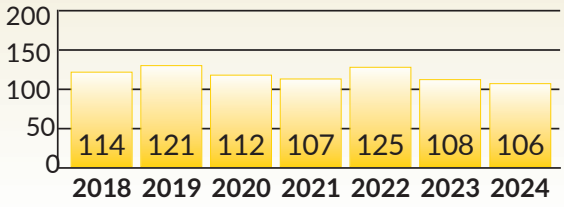
Progress toward ending interpersonal violence

JANUARY-DECEMBER 2024

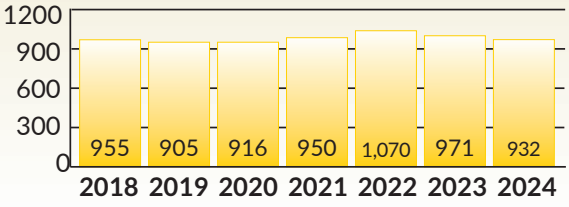
SAFE VISITS
 # Families



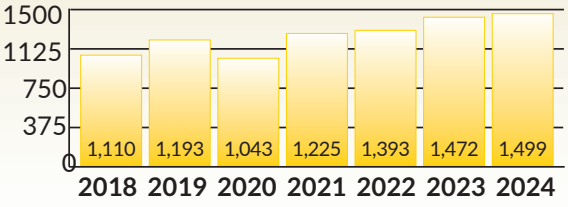
SAFE SHELTER
 # People

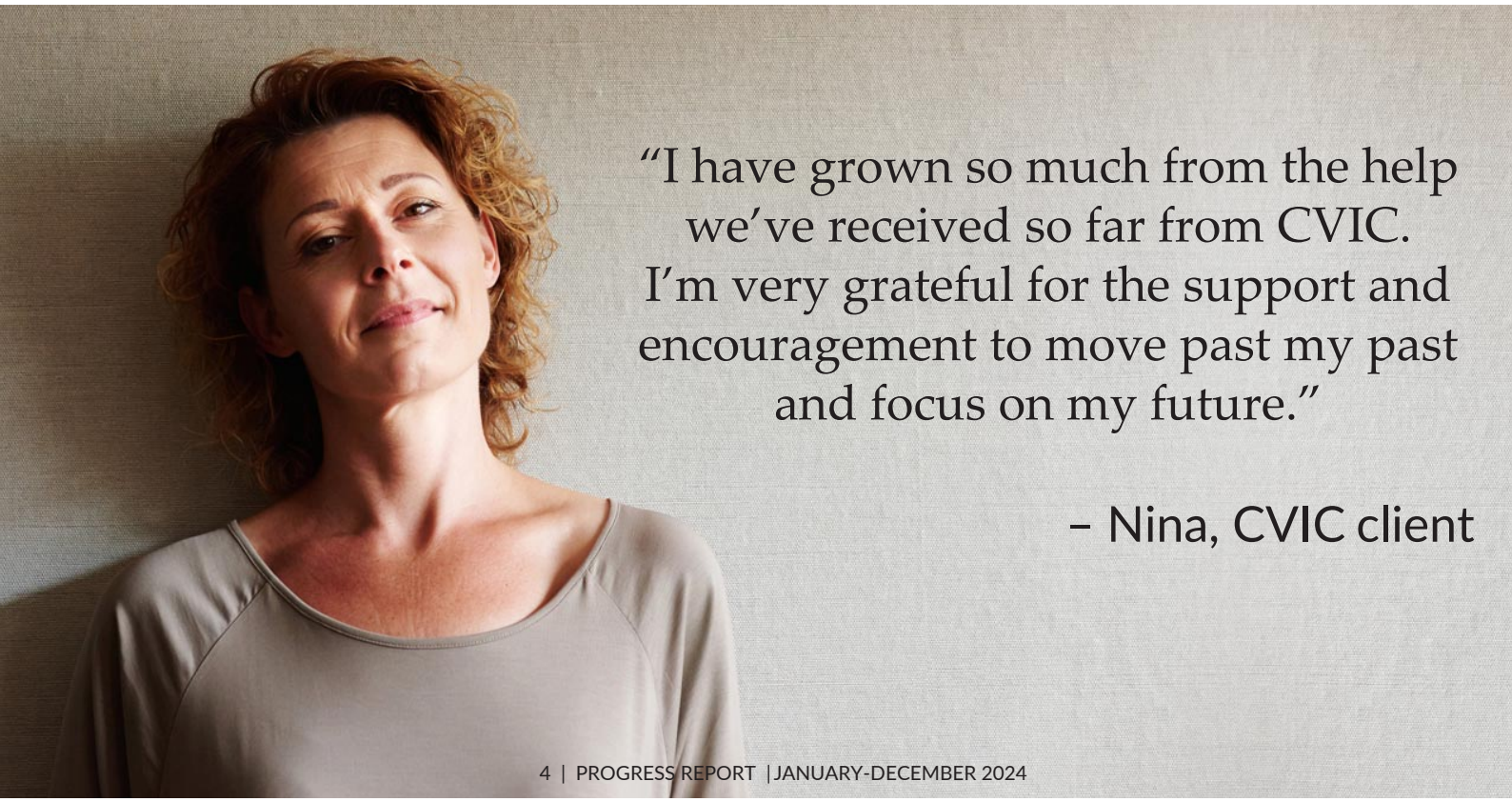


CRISIS RESPONSE
 # People



CRIME VICTIM RIGHTS
 # People



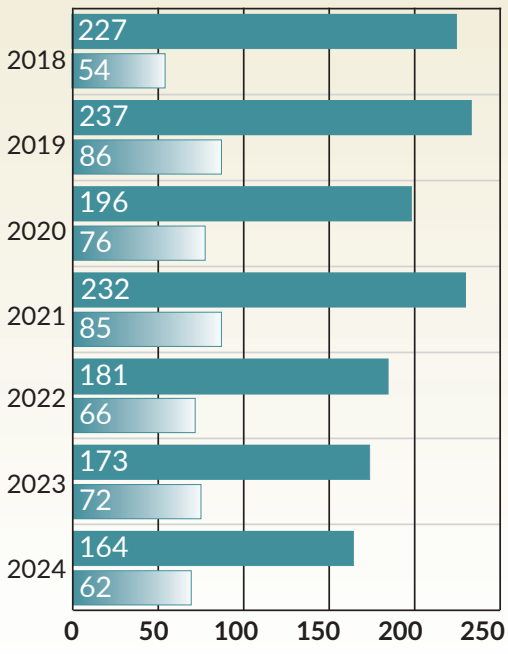


"I have grown so much from the help we've received so far from CVIC. I'm very grateful for the support and encouragement to move past my past and focus on my future."

– Nina, CVIC client

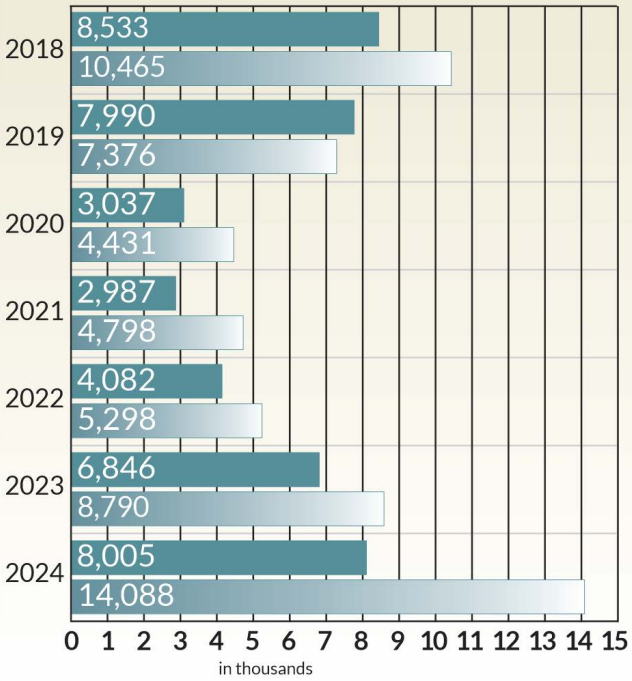
VIOLENCE INTERVENTION

 # Participants
 # Completions



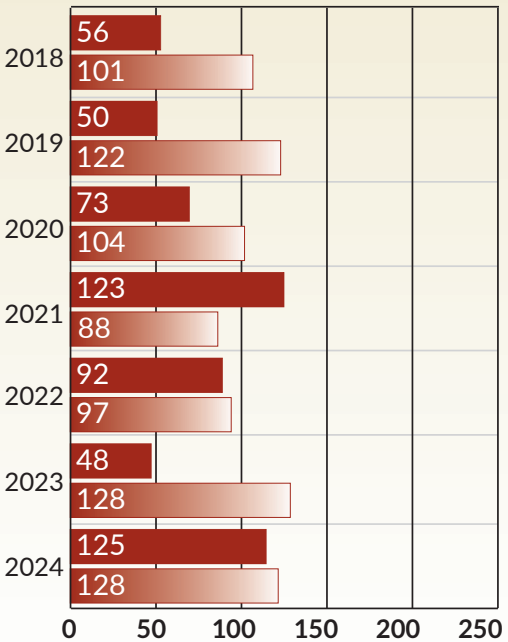
PREVENTION/EDUCATION

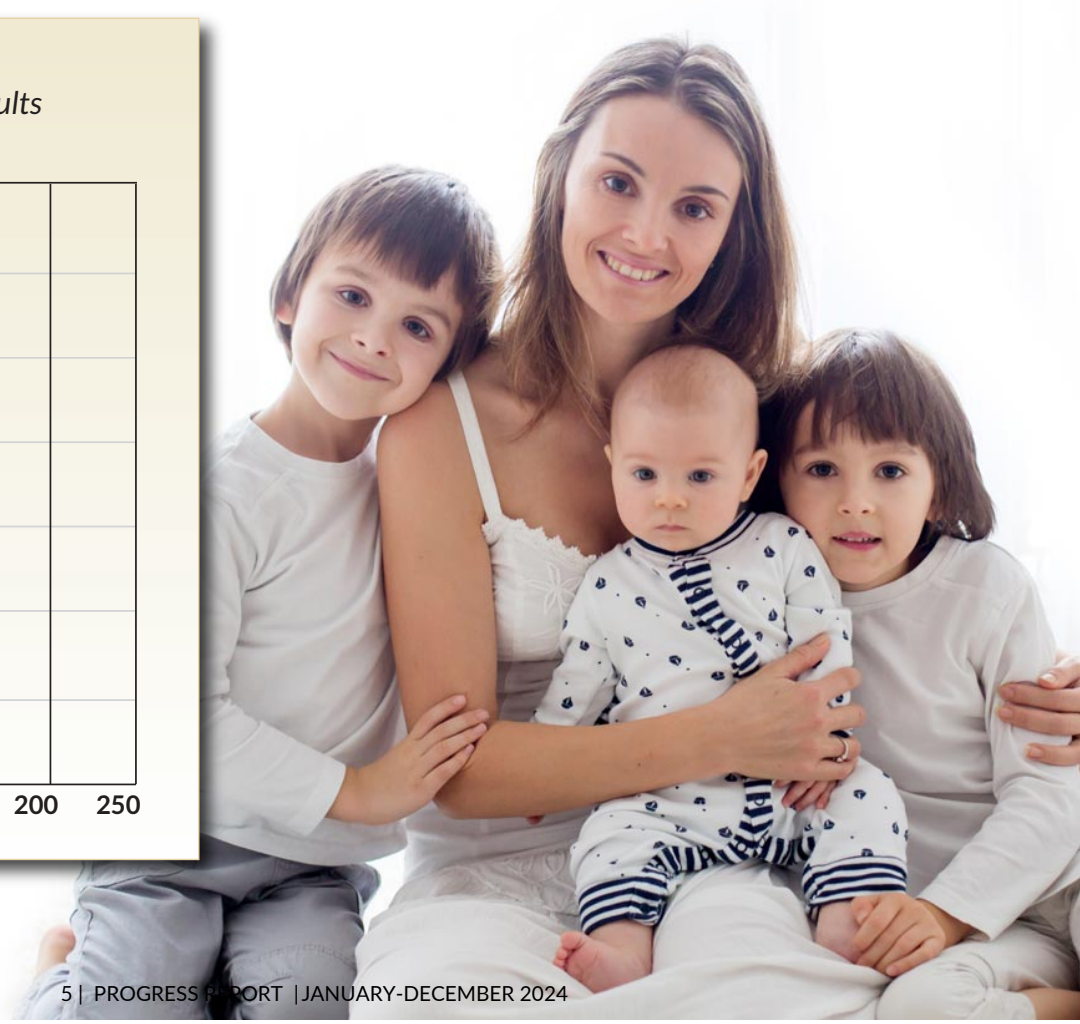
 # Youth
 # Adults/Professionals



THERAPY

 # Youth *# Adults*





Safety

Every person deserves to live a life free of violence

CRISIS SERVICES

- **932** adults were supported through times of crisis, including **795** victims of domestic violence and **137** victims of sexual assault.
- Crisis line advocates answered **431** calls.
- We assisted clients in obtaining **32** orders for protection.
- **99%** of clients reported feeling safer and more aware of ways to plan for safety as a result of CVIC services.

SAFE SHELTER

- **106** people were sheltered for **4,403** nights at Mary's Place while they worked toward safe and independent lives.

SELF-SUFFICIENCY

- **9** families with **10** children received transitional housing services/rental assistance.
- **328** individuals received assistance with housing, employment, or education goals.



Amanda* called CVIC seeking assistance on obtaining a protection order. Since she lived in a rural area, CVIC's specialized rural advocate followed up established a meeting point to minimize transportation barriers. She met with the advocate and received emotional support, safety planning, crisis intervention, and housing assistance. The advocate assisted her with filing a petition for an emergency ex parte temporary domestic violence protection order. Amanda was then connected with CVIC's legal services to ensure she had legal representation at the upcoming protection order hearing. The rural advocate provided transportation assistance to get the client to the necessary appointments to increase her safety. CVIC's client attorney and the rural advocate provided ongoing emotional support and advocacy services through the stressful process of going to court with the hopes of getting the temporary order extended beyond the initial two weeks. Her attorney was successful, and the court granted an extended order which provided long-term protection. Amanda continued to benefit from CVIC's holistic services, and began receiving on-going therapeutic services to help her continue her healing journey.

*Name, some details changed.

Safety

Every person deserves to live a life free of violence

CRIME VICTIM ADVOCACY

- **1,499** victims and witnesses of crimes received case information and support through criminal proceedings.
- CVIC's victim witness specialists attended **1,853** court hearings with or on behalf of crime victims and arranged and attended **339** meetings between crime victims and prosecutors.

LETHALITY ASSESSMENT

- **132** individuals were screened by law enforcement, with **64%** found to be in high danger. **42** victims spoke with a CVIC advocate about what services are available to keep them safe.

SUPERVISED VISITATION

- **85** families were supported during **1,055** supervised visits and **536** supervised exchanges. **97%** of adult participants surveyed agreed they felt that they and their children were safe while using these services.

VIOLENCE INTERVENTION

- **164** new men and women were served in the New Choices program, addressing their use of violence and promoting accountability for the harm they have caused to others.
- **92** participants were also ordered into Domestic Violence Court, the specialized post-sentencing review court that works to hold individuals accountable, monitor sentencing progress, and encourage successful completion.
- The New Choices partner contact reached out to **125** partners of New Choices participants to keep them informed of the participant's status and provide information about CVIC services. Of the partners contacted, **54** received CVIC advocacy services.



"I once believed that I was always right…and that's nonsense! No one is ever 'always right.' But after completing this class I have learned to see things through others' perspective, and realizing my intimidating or demonstrative behaviors that can be hurtful or misunderstood has

helped me to see a better way of living in and creating better and healthier relationships."

– NEW CHOICES PARTICIPANT

Healing

Specialized support heals the impact of trauma so individuals can thrive

YOUTH THERAPY

- **125** children impacted by violence received therapy to address trauma. **78** youth received **1,016** individual therapy sessions. **52** youth participated in **475** group sessions at area schools and CVIC.
- **67** parents received education about parenting needs of children living in violent homes and the effects of violence/trauma on children.

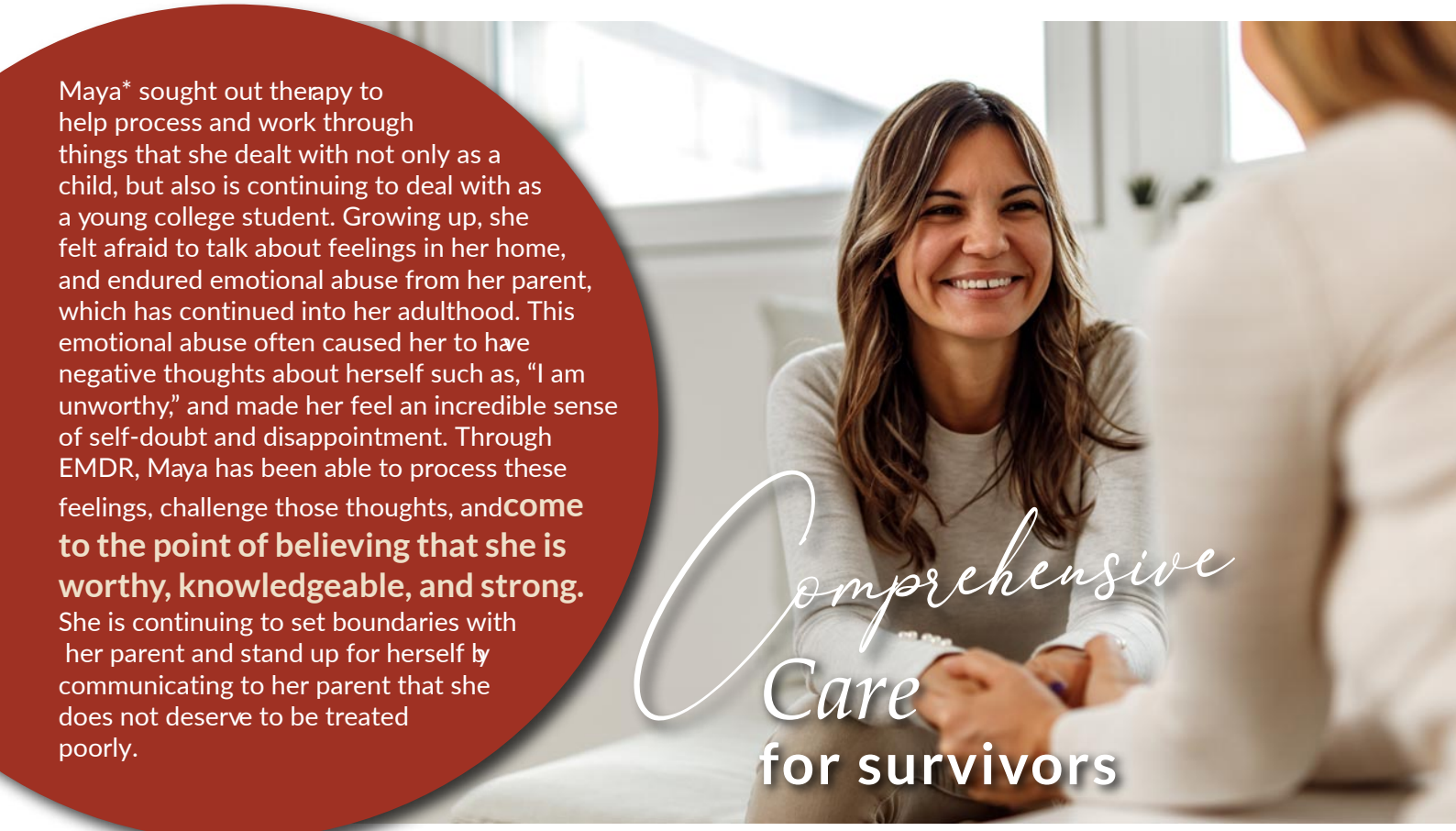
ADULT THERAPY

- **128** adults received therapy services, including **120** adults who received **1,369** sessions of individual therapy, **13** in restorative therapy, and **17** adults who participated in **143** support group sessions.
- **100%** of adult clients surveyed showed improvement in emotional condition.

With a fully staffed youth therapy team, we've seen a significant increase in the number of therapy services provided to youth this year, compared with 2023. We added a rural youth therapist in April which led to an increase in referrals from rural schools, with 10 rural youth currently on the waiting list. Our rural youth therapist has a full caseload and is providing services to youth at five schools.

The number of youth provided individual/family therapy has increased **86%** and the number of sessions for individual/family clients increased **216%.** Because of the group therapist position partially funded by Grand Forks Public Schools, the number of youth participating in groups has increased by **767%**, and the number of sessions by **1,339%**, this year. As adult therapy continues to be fully staffed, services are similar to what was provided in 2023. We have waiting lists for both adult and youth therapy services.

Maya* sought out therapy to help process and work through things that she dealt with not only as a child, but also is continuing to deal with as a young college student. Growing up, she felt afraid to talk about feelings in her home, and endured emotional abuse from her parent, which has continued into her adulthood. This emotional abuse often caused her to have negative thoughts about herself such as, "I am unworthy," and made her feel an incredible sense of self-doubt and disappointment. Through EMDR, Maya has been able to process these feelings, challenge those thoughts, and **come to the point of believing that she is worthy, knowledgeable, and strong.** She is continuing to set boundaries with her parent and stand up for herself by communicating to her parent that she does not deserve to be treated poorly.



*Name, some details changed.

Education/Prevention

Because violence is predictable, it is preventable

YOUTH EDUCATION

- CVIC reached **8,005** youth through **730** presentations; **72%** of youth surveyed planned to use what they learned in their daily lives.

ADULT PRESENTATIONS

- CVIC reached **13,035** adults through **108** presentations; **93%** indicated that they planned to use what they learned.
- CVIC trained **1,053** professionals through **41** presentations; **95%** indicated they plan to use the information learned from training.



EARLY PREVENTION MAKES A DIFFERENCE

While presenting Shrek's Internet Safety Quest to rural 4th graders, many shared stories of online harm that had already happened to them. Students talked about how they have been stalked, hacked, and catfished. During the presentation, CVIC staff walked through different scenarios and ways to stay safe. Students were also able to share about steps they had already taken to stay safe which engaged their peers and made for good conversation and reflections. We know that early prevention and education for students can make a big difference in future outcomes.

*"I liked **Friendships that Work** because it made me feel safe."*

- 5TH GRADE STUDENT

PREVENTING VIOLENCE REQUIRES ALL OF US

On Dec. 14, we held The Green Dot at the Ralph event which was a collaboration between the Green Dot Greater Grand Forks program, Gate City Bank, and the Ralph Engelstad Arena to share bystander intervention strategies with attendees of the UND hockey game. Green Dot is a community program designed to reduce power-based violence in Grand Forks.

The highlight of our event was a 30-second video featuring UND hockey player Bennett Zmolek sharing information about our Green Dot program on the center-hung video board.

We also handed out Green Dot information cards, stickers, and pens to anyone that stopped by our table. It's strong community partnerships like these that allow us to spread the word about CVIC's programs as we work to end violence in Grand Forks.



HB1012
3-19-25

#42989



North Dakota State Hospital

Design Update: March 19, 2025

NORTH Dakota Be Legendary | TEGRA | Mortenson | a+ | JLG architects



Mike Van Klei
Tegra Group



Joanna Slominski
Mortenson



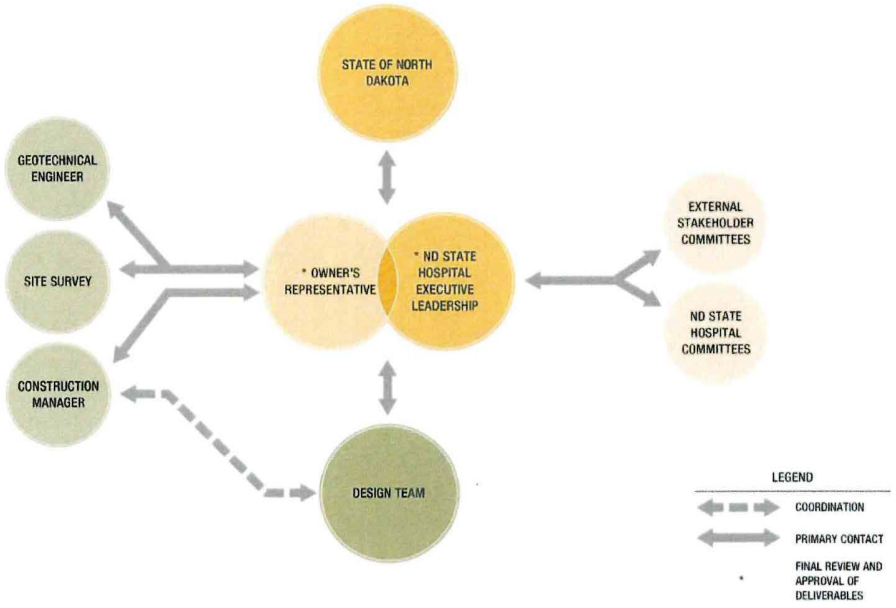
Frank Pitts *(Virtual/Remote)*
architecture +



Mark Honzay
JLG Architects

OWNER	OWNER REPRESENTATIVE	CONSTRUCTION MANAGER	DESIGN TEAM
NORTH Dakota Be Legendary.	TEGRA GROUP	Mortenson	

TEAM ORGANIZATION



JLG Architects
Architect of Record
Project Manager
Furniture Planning & Design

architecture +
Behavioral Health Design Expert
Furniture, Equipment, Signage Planning & Design

Heyer Engineering
Structural Engineer

Interstate Engineering
Civil Engineer
Site Survey

CMTA
Mechanical Engineer
Electrical Engineer

Confluence
Landscape Architect

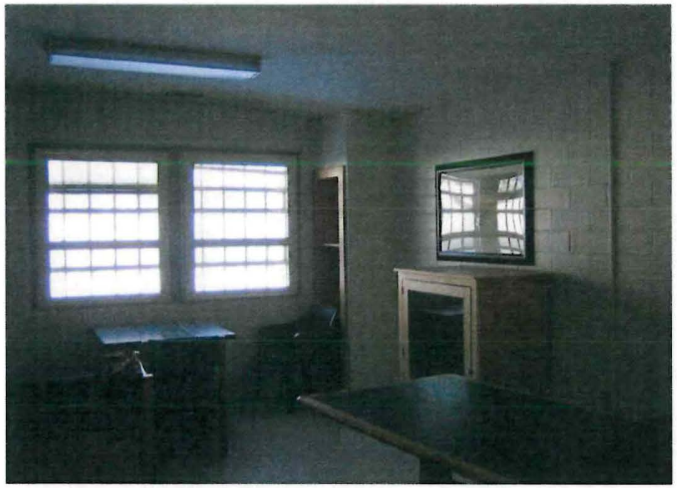
Foodservice Concept Design
Food Service Designer

NORTH DAKOTA STATE HOSPITAL | PROJECT TEAM

Service	Description	Vendor	Step 1 Through $12.5M	Step 2 (+3M) $12.5M to $15.5M
SOFT COSTS			$ 12,193,125	$ 2,697,676
Site Investigation			$ 140,900	$ -
Environmental Investigations	Phase I Assessment	Terracon	$ 3,900	
Geotechnical Investigations	Soil Borings & Analysis	Terracon	$ 85,000	
Site Survey		Interstate Engineering	$ 24,000	
Wetland Delineation Study		Interstate Engineering	$ 28,000	
Professional Fees			$ 11,982,225	$ 2,697,676
Architect & Engineering	Predesign	Design Team	$ 625,000	
Architect & Engineering	Food Service - Current Ops	Design Team	$ 5,810	$ 3,927
Architect & Engineering	Schematic Design	Design Team	$ 2,942,400	
Architect & Engineering	Design Development	Design Team	$ 5,712,000	
Architect & Engineering	Construction Documents	Design Team	$ 1,390,747	$ 2,017,437
Architect & Engineering	Furniture Design	Design Team	$ 159,575	$ 40,925
Architect & Engineering	Medical Equip Design	Design Team	$ 40,000	$ 25,396
Architect & Engineering	Wayfinding & Signage Design	Design Team	$ 10,000	$ 33,250
Architect & Engineering	Kitchen Shell Design	Design Team		$ 5,698
Architect & Engineering	Low Voltage Design	Design Team	$ 204,058	$ 183,652
Design Reimbursables		Design Team	$ 70,483	$ 25,500
Physios' (X-Ray)				$ 10,000
MEP Systems Commissioning				$ 20,570
Building Envelope Commissioning				$ 85,867
Project Management Services			$ 735,000	$ 220,000
Project Management Services Reimbursables			$ 17,553	$ 5,254
Facility Tours			$ 35,000	
Mock Ups			$ 34,600	$ 20,200
Low Voltage / Technology / Audio/Video			$ 70,000	$ -
NDIT Fees			$ 70,000	
CONSTRUCTION COSTS			$ 306,875	$ 200,875
Construction	Preconstruction	Mortenson	$ 306,875	$ 108,125
State Health Department Plan Review and Permit Fees				$ 92,750
OWNER HELD CONTINGENCIES & ALLOWANCES			$ -	$ 101,449
Owner Contingency				$ 57,971
Design Contingency				$ 43,478
GRAND TOTAL			$ 12,500,000	$ 3,000,000

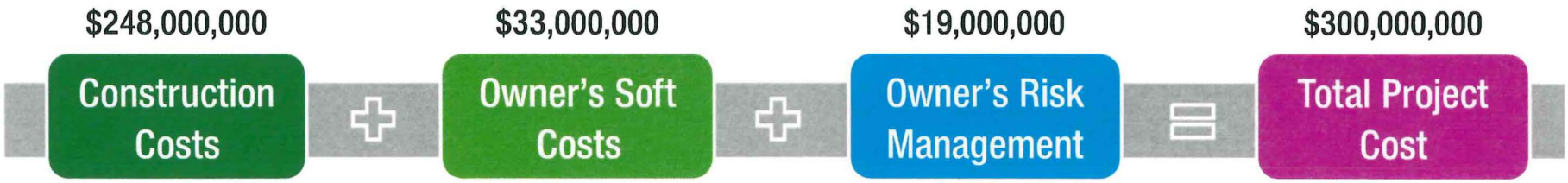
OUTCOME OF THE 68TH NORTH DAKOTA LEGISLATIVE ASSEMBLY

- State of ND approved resources to begin design of new state hospital
- JLG Architects was engaged to lead the design process
- Began design process in July of 2023
- JLG teamed with architecture+ out of New York - National psychiatric hospital design expert
- The team was asked to lead an open, engaging, and collaborative design process
- Listen to NDSH and ND HHS stakeholders and users, understand current and future needs
- Understand challenges, goals, opportunities
- Benchmarked program against national public psychiatric hospitals and evidence-based design solutions
- State Procured Owners Representative – Tegra and Construction Manager – Mortenson to understand the construction and total project cost for the determined design solution





PROJECTED TOTAL PROJECT COSTS



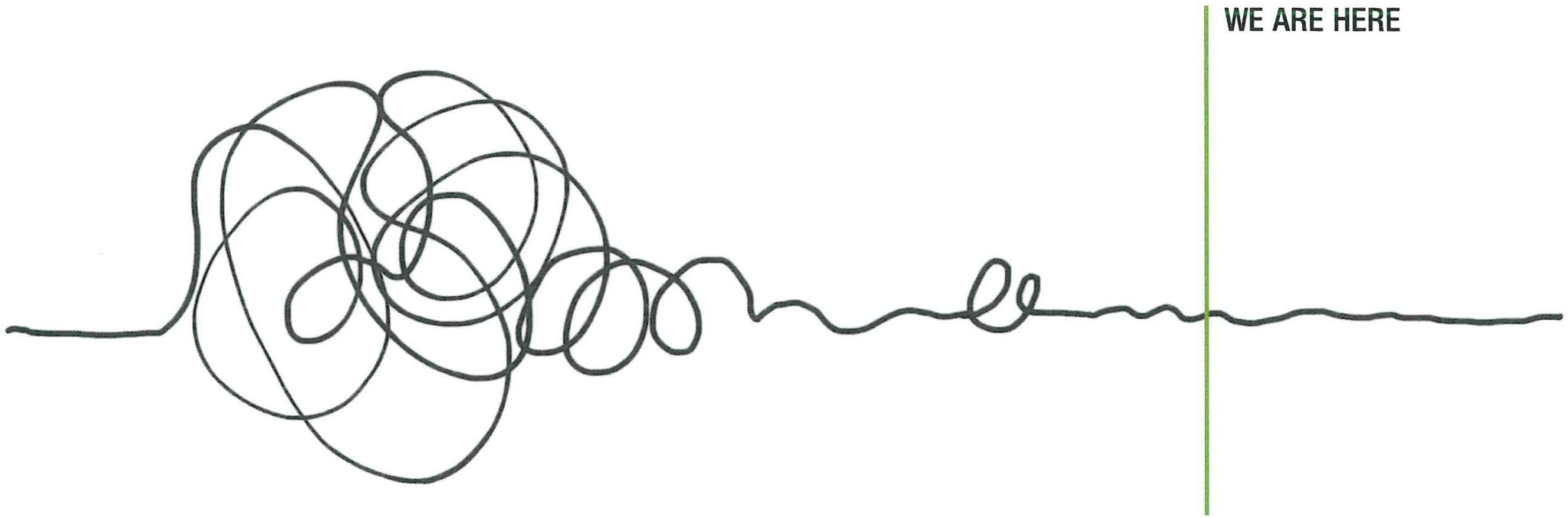
The Design Process

Site Selection & Design Overview

Benchmarks & Cost Validation

Project Scope Update

DESIGN PHASES



PREDESIGN

Understand the Problem
Establish the Program
Understand the Budget
Evaluate the Site

SCHEMATIC DESIGN

Refine the Project Scope
Define Space Relationships
Define the Flow of Spaces
Identify Basic Building Systems
Verify the Project Budget

DESIGN DEVELOPMENT

Develop Detailed Plans, Sections, Elevations
Refine Exterior Image/Character
Establish Finishes
Coordinate Building Systems
Confirm Budget
Mock-Ups

CONSTRUCTION DOCUMENTS

Develop Construction Details and Product Specs
Final Systems Coordination
Perform Final Quality Assurance Review
Verify Construction Cost and Project Budget
Issue for Plan Review and Bidding

THE WHY

IMPROVED CARE & EXPERIENCE

- Increase client capacity without significant staff increases
- Increased capacity will contribute to reducing the wait list for admissions
- Improve client & staff safety, security and well-being
- Modern healthcare facility design, appropriate technology, enhanced security and modern amenities including private client rooms, advanced treatment areas, and therapeutic spaces

EFFICIENCY

- The building will be more efficient to maintain, heat, and cool
- More efficient and concise layout which will make it easier to safely and effectively staff the facility
- Consolidated building footprint which will reduce time, staff redundancy, and steps, allowing staff to care for clients more effectively

COST-EFFECTIVE SOLUTION

- Renovating the existing building to the level that's needed is cost prohibitive
- Renovation would be a significant disruption and will likely reduce bed capacity during a long construction period
- New location will visually disassociate the hospital from JRCC, but would still allow specific service agreements & efficiencies to remain
- More cost effective to operate, staff, and maintain a single 295,815 SF facility vs. the existing multi-building 546,037 SF NDSH campus.

1 HENRY LAHAUG BUILDING
142,762 SF

2 NEW HORIZONS BUILDING
75,485 SF

3 GM BUILDING
82,670 SF

4 LRC BUILDING
40,800 SF

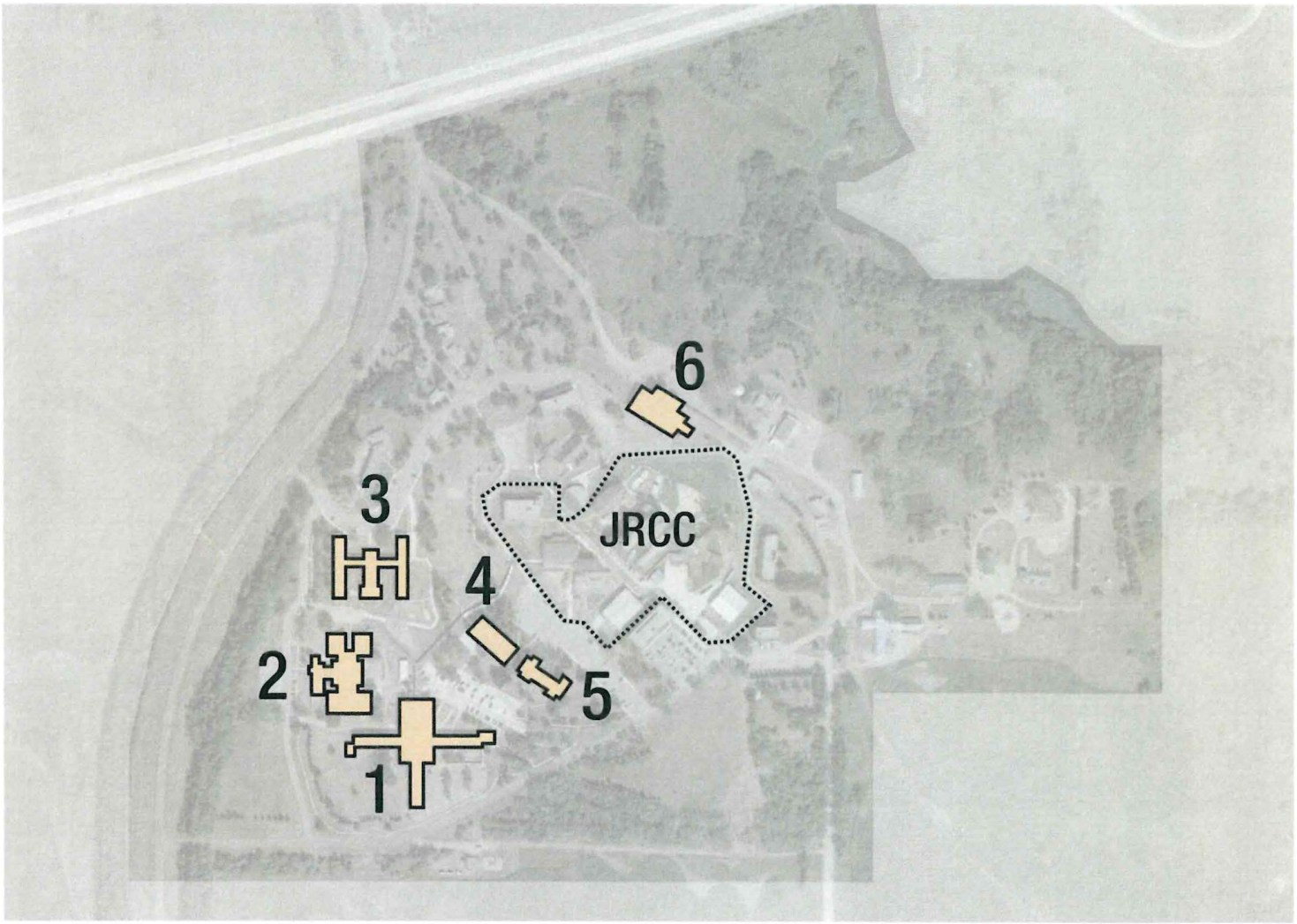
5 16 WEST BUILDING
39,900 SF

6 POWER PLANT BUILDING
40,085 SF

24 ADDITIONAL BUILDINGS
124,335 SF

TOTAL EXISTING
546,037 SF

NEW HOSPITAL PROGRAM
295,815 SF



OPERATING AND MAINTENANCE COSTS

Location	Size (SF)	Plant Ops, Capital Improvements, Emergency Repairs	Utilities	Total	Notes
Existing Campus	546,037	$3,875,360	$1,278,688	$5,154,048	2022/2023 Biennium actual costs
New Hospital	295,815	$857,503	$1,180,332	$2,037,835	Projected costs (calculated in 2022/2023 dollars)
		Project Operating Savings Per Biennium		**$3,116,213**	**Calculated in 2022/2023 dollars**

DEFERRED MAINTENANCE COSTS (EXISTING NDSH CAMPUS)

Location (Current Campus)	Cost	Notes
LaHaug Building	$16,500,000	Data from "NDSH Building Use" report. Date Unknown
Learning Resource Center	$5,250,000	Data from "NDSH Building Use" report. Date Unknown
16 West – Engineering Offices	$6,320,000	Data from "NDSH Building Use" report. Date Unknown
GM Building (SOTEP)	$10,250,000	Data from "NDSH Building Use" report. Date Unknown
New Horizons	$6,750,000	Data from "NDSH Building Use" report. Date Unknown
Swimming Pool	$1,940,000	Data from "NDSH Building Use" report. Date Unknown
Total of Current Campus	**$47,010,000**	**Data from "NDSH Building Use" report. Date Unknown**

The Design Process

Site Selection & Design Overview

Benchmarks & Cost Validation

Project Scope Update

NORTH DAKOTA STATE HOSPITAL

PROJECT STAKEHOLDERS

STATE OF NORTH DAKOTA

Wayne Salter	NDHHS Commissioner
Sara Stolt	NDHHS Deputy Commissioner

ND STATE HOSPITAL EXECUTIVE LEADERSHIP

Pam Sagness	NDHHS Behavioral Health Executive Director
Dr. Eduardo Yabut	Medical Director
Aaron Olson	Superintendent

OWNER'S REPRESENTATIVE

TEGRA GROUP

Mike Van Klei	Director
Carolyn Wolf	Director
Connie Shields	FFE Coordinator

ND STATE HOSPITAL GOVERNING BODY

Pam Sagness	Chair
Aaron Olson	Superintendent
Dr. Eduardo Yabut	Medical Director
Carlotta McCleary	Executive Director
Karen Rohr	Representative
Courtney Peterson	Assistant CFO
Jeff Stenseth	Operation Director
Wayne Salter	NDHHS Commissioner

ND STATE HOSPITAL COMMITTEES

ND Health & Human Services:

Jonathan Alm	Chief Legal Officer
Robert Hobbelman	Director of Technology
Amy Jangula Johnson	Procurement Officer

User Group Assembly/Steering Committee:

Dr. Eduardo Yabut	Medical Director
Aaron Olson	Superintendent
Jeff Comer	Plant Services
Deb Eissinger	QM Director
Melanie Flynn	Director of Res. Services
Beth Satrom	Director of Nursing

User Group: Inpatient Services

Beth Satrom	Director of Nursing
Cari Hanson	Admissions
Kim Matroni	Director of IPS
Cora Courage	Clinical Director
Jessica Graves	Nursing
Carrie Christianson	Nursing/RA

User Group: Adjunct Therapy

Kim Matroni	Director of IPS
Cindy Sperle-Gee	Volunteers
Michael Jan	Library
Joy Johnson	Chaplain

User Group: Clinical Ancillaries

Sara Odin	Radiology/Dental
Jodi Ronningen	Lab Director
Sash Krapp	Lab
Amy Johnson	Pharmacy Director
Jessica Graves	IC/CC
Mackenzie Hanson	Nutrition Services

ND STATE HOSPITAL COMMITTEES

User Group: SOTEP

Melanie Flynn	Director of Res. Services
Katie Banet	Residential Services

User Group: I.T. Med. Records

Eric Ova	IT
Jeremy Drew	IT
Deb Eissinger	QM Director
Jim Cofield	QM
Sheila Moser	Edu/Staff Development

User Group: Facilities MGMT

Joshua Miller	Safety
Larry Culp	Safety & Security
Jeff Comer	Plant Services
Jessica Graves	IC/CC
Javier Dialo	Environmental Services
Amanda Krueger	Central Service Inventory

User Group: Administration

Donna Aukland	Asst CFO
Ruleen McMillan	Admin Assistant
Carie Hanson	Admission/Switchboard
Kelly Rode	Court Proceedings
Bernice Monson	Business Office
Mary Pinlac	Business Office

EXTERNAL STAKEHOLDER COMMITTEES

State and Local AHJ:

Karla Aldinger	NDHSS Director
Tom Blackmore	Jamestown Inspector
Jim Reuther	Jamestown Fire Chief
Doug Nelson	State Fire Marshal

EXTERNAL STAKEHOLDER COMMITTEES

Invited Legislator:

Michelle Strinden	Representative
Alisa Mitskog	Representative
Karen Rohr	Representative
Robin Weisz	Representative
Jon Nelson	Representative
Bernie Satrom	Representative
Don Vigesaa	Representative
Mitch Ostlie	Representative
Sean Cleary	Senator
Kyle Davison	Senator
Tim Mathern	Senator
Judy Lee	Senator
Dick Dever	Senator
Terry Wanzek	Senator
Cole Conley	Senator

ND DOCR:

Chad Pringle	JRCC Warden

NDIT:

Doran Eberle	
John Sheldon	Communications Manager
Doug Hay	
Tana Sorgaard	IT Team Lead
Brian Hieber	

North Dakota Forest Service:

Lezlee Johnson	Team Lead

State Historical Society of North Dakota:

Andrew Clark	Director/Deputy SHPO
Kimberly Jondahl Director	
Bill Peterson	Director/ND SHPO

Stutsman Title:

Jenny Mathias	Title Processor

Stutsman Rural Water District

Geneva Kaiser	General Manager
Jesse Hewson	Distribution Manager

PROJECT TEAM – DESIGN AND CONSTRUCTION CONSULTANTS

DESIGN TEAM

JLG Architects	**Architect of record**
Todd Medd	Principal In Charge
Mark Honzay	Principal
Michael Vetter	Project Manager
Shauntel Fett	Project Architect
Helen White	Job Captain
Zoe Huber	Job Captain
Jill Yn	Job Captain
Zach Nelson	Project Associate
Kerry Kennedy	Project Associate
Madeline Knoll	Intern Architect
architecture +	**Behavioral Health Expert**
Francis Pitts	Principal
Michael Bergen	Principal
Alethea Splittgerber	Senior Project Coor.
Hiroki Sawai	Project Architect
Julie Borden	Interior Designer
Lauren Brock	Interior Designer
Malik Sanders	Job Captain
Interstate Eng.	**Civil Engineer**
Travis Dillman	Principal Engineer
Ben Aaseth	Project Engineer
Heyer Engineering	**Structural Engineer**
Darren Neff	Principal
Isabella Skoblik	Engineer Intern
CMTA	**Mechanical Engineer**
Steve Hoepfner	Project Manager
Jorge Fossland	Mechanical Designer
CMTA	**Electrical Engineer**
Tony Nelson	Director Operations
Derek Gooselaw	Electrical Designer
Ben Larson	Electrical Designer

DESIGN TEAM

Confluence	**Landscape Architect**
Maelo Maldonado	Principal
Laura Bowles	Associate
FCD	**Food Service Designer**
Bryce Van Klein	Principal
Emily Rebb	BIM Manager
JLG/a+	**Furniture Planning & Design**
Karen Mutschelknaus	Designer
Jessi Larson	Designer
Alison Carlson	Designer
Sara Wengert	Principal
Julie Borden	Interior Designer
Lauren Brock	Interior Designer
architecture +	**Equipment Planning & Design**
Sara Wengert	Principal
Julie Borden	Interior Designer
Lauren Brock	Interior Designer
Architecture +	**Signage Planning & Design**
Michael Bergen	Principal
Hiroki Sawai	Project Architect
Julie Borden	Interior Designer
TBD	**Low Voltage**
TBD	
TBD	**Enclosure**
TBD	
TBD	**Commissioning**

CONSTRUCTION MANAGER

Mortenson	
Joanna Slominski	General Manager
Travis Cleem	Project Executive
Kevin Heisdorffer	Senior Design Phase Manager
Kevin Smith	MEP Design Phase Manager
Brian Boe	General Superintendent
Rachel Iverson	Project Manager

GEOTECHNICAL ENGINEER

Terracon	
Bill Olson	Department Manager
Hilary Clifton	Senior Associate
Jason Bivens	Project Manager

SITE SURVEY & WETLANDS DELINEATION

Interstate Engineering	
Travis Dillman	Principal Engineer
Ben Aaseth	Project Engineer
Nick Chicos	Survey Manager
Jason Bivens	Project Manager

KEY LEGISLATOR, GOVERNING BODY, GOVERNOR'S OFFICE, AND COMMUNITY ENGAGEMENT DATES

2023

Kick-off Meeting with HHS Commissioner
August 8, 2023
Governing Body Meeting
September 11, 2023
Governor's Office Meeting
December 19, 2023



Jamestown City & Public Community Engagement
June 25, 2024

2024

SD Workshop #2 - Legislator Design Update Meeting
February 6, 2024
Governing Body Meeting
March 11, 2024
Governor's Office & HHS Commissioner On site Meeting
April 17, 2024
NDSH Staff Engagement & Legislator Design Update Meeting
May 8 - 9, 2024
DD Workshop #2 - Legislator Design Update Meeting
June 4, 2024
Jamestown City & Public Community Engagement
June 25, 2024
ND HHS Budget Decision Package
August 2024
DD Package Submission
August 16, 2024
Governor's Office Design Update Meeting
October 24, 2024
Governor's Office Review Meeting
November 4, 2024
Governor's Office & Legislator Design Update Meeting
November 14, 2024

- Over 110 meetings between design & construction team and key stakeholders
- Governing Body Updates Every Quarter



ND State Hospital Staff Engagement
May 8-9, 2024

PROJECT GUIDING PRINCIPLES

"OUR MISSION IS DEDICATED TO THE CARE, TREATMENT, AND SUPPORT OF EACH INDIVIDUAL'S JOURNEY TOWARD WELLNESS AND RECOVERY WITHIN A SAFE ENVIRONMENT THAT PROMOTES REINTEGRATION IN THE COMMUNITY."



RECOVERY

Foster the reintegration of clients into the community by empowering them to develop the skills and awareness needed to lead successful lives despite illness or injury. The building should facilitate this by ensuring separation from the prison system and incorporating features like enclosed courtyards, outdoor spaces, and natural light to create a supportive environment.



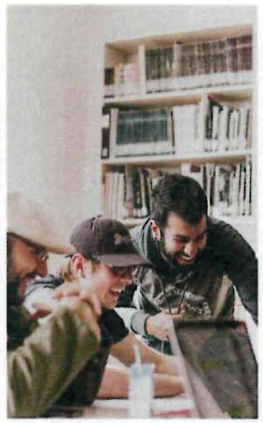
REINTEGRATION

Facilitate individualized reintegration at various levels by designing a home-like environment, offering access to community spaces, creating a familiar and less traumatizing setting, and providing a testing ground for tailored caregiver-patient interactions.



SAFETY

Prioritize comprehensive safety for staff, clients, visitors, contractors, and the community by implementing anti-ligature measures, minimizing blind spots, ensuring the proximity of staff to clients, and integrating alert systems, duress systems, and tracking mechanisms for both clients and staff.



FLEXIBILITY & EFFICIENCY

Maximize space flexibility and efficiency by creating adaptable units capable of shifting or opening specialized care, incorporating smart technology, and strategically placing spaces to enable more efficient and responsive healthcare delivery, and ensuring a dynamic response to changing needs.



COURAGE EVOLUTION & EXPLORATION

Leverage research insights to design an innovative and entirely new environment that actively supports clients in their recovery, fostering a space that encourages courage, exploration, and personal evolution rather than merely rebuilding or rehashing existing models.

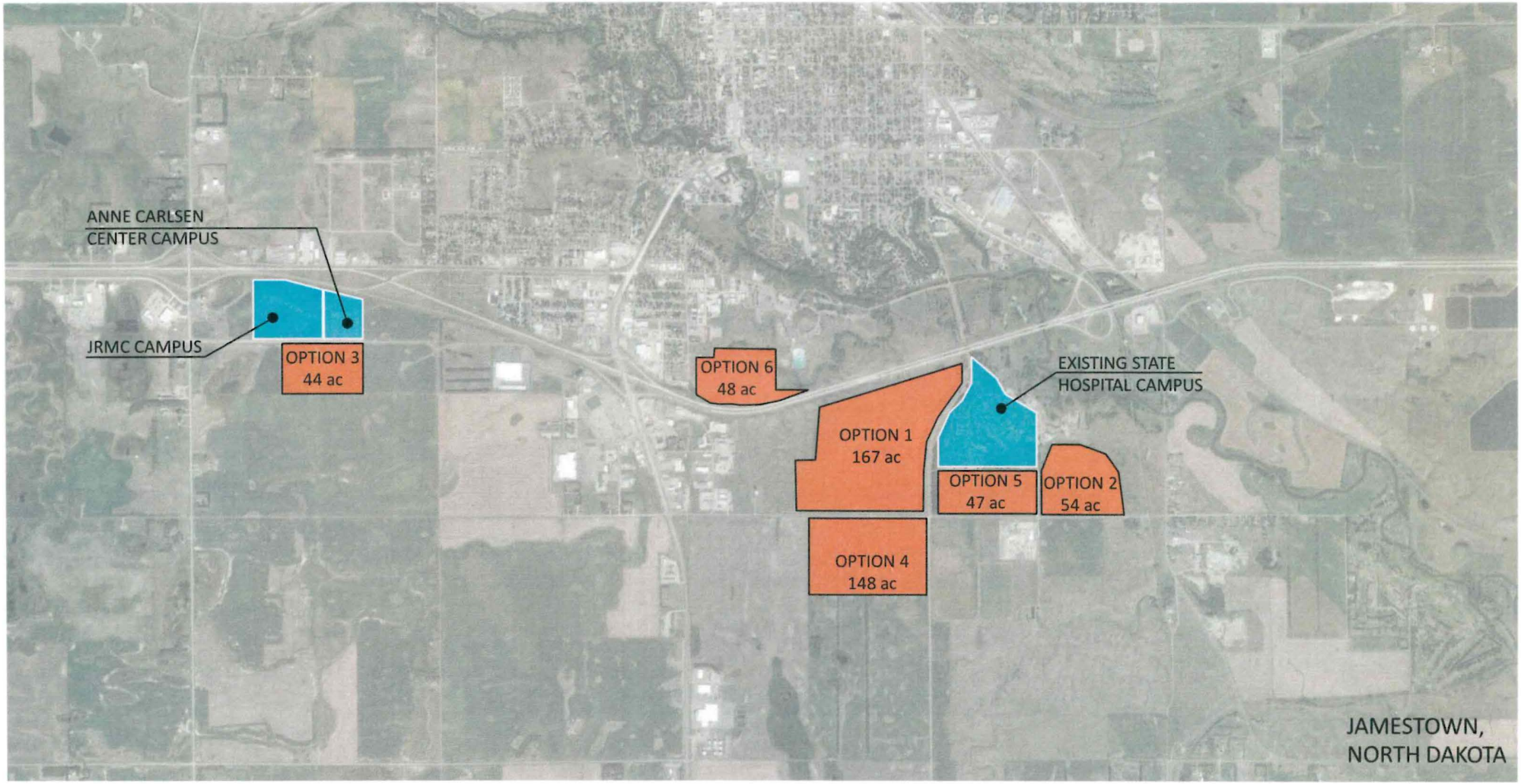


CLIENTS FIRST

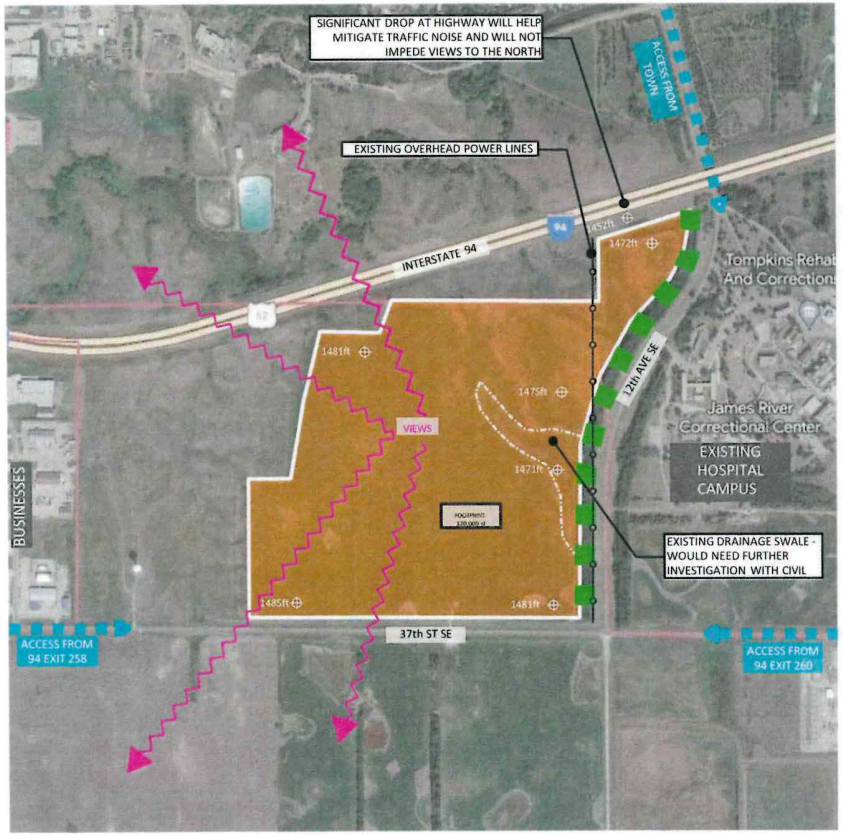
Prioritize clients by placing their needs and experiences at the forefront of every aspect so that decisions are centered on enhancing the overall client experience.

INTEGRATION · EQUITABLE COMMUNITIES · WELL-BEING · CHANGE · DISCOVERY · ECOSYSTEMS · WATER · ENERGY · RESOURCES · ECONOMY

North Dakota Be Legendary. | TEGRA | Mortenson | JLG



NORTH DAKOTA STATE HOSPITAL | SITE SELECTION



SIZE: 136 ACRES

OWNER: ND State Hospital. Currently Operated by Reimers General Partnership

MAIN ACCESS ROAD/INTERSECTION: Access could be from12th Ave or 37th St

ZONING: Out of City Limits - One Mile Extraterritorial Limits POC (Public, Open Development and Conservation District)

STATS:

- Owned by the State of ND. Yes
- Within City Limits: Portion of lot is.
- Distance to Existing Hospital: 0.8 miles
- Distance to JRMC: 3.2 miles
- Excellent Vehicle access from Interstate and City
- Minimal site elevation change
- Easy access to Water & Sewer
- Adjacent land: Public, Agriculture
- Minimal Interstate noise pollution

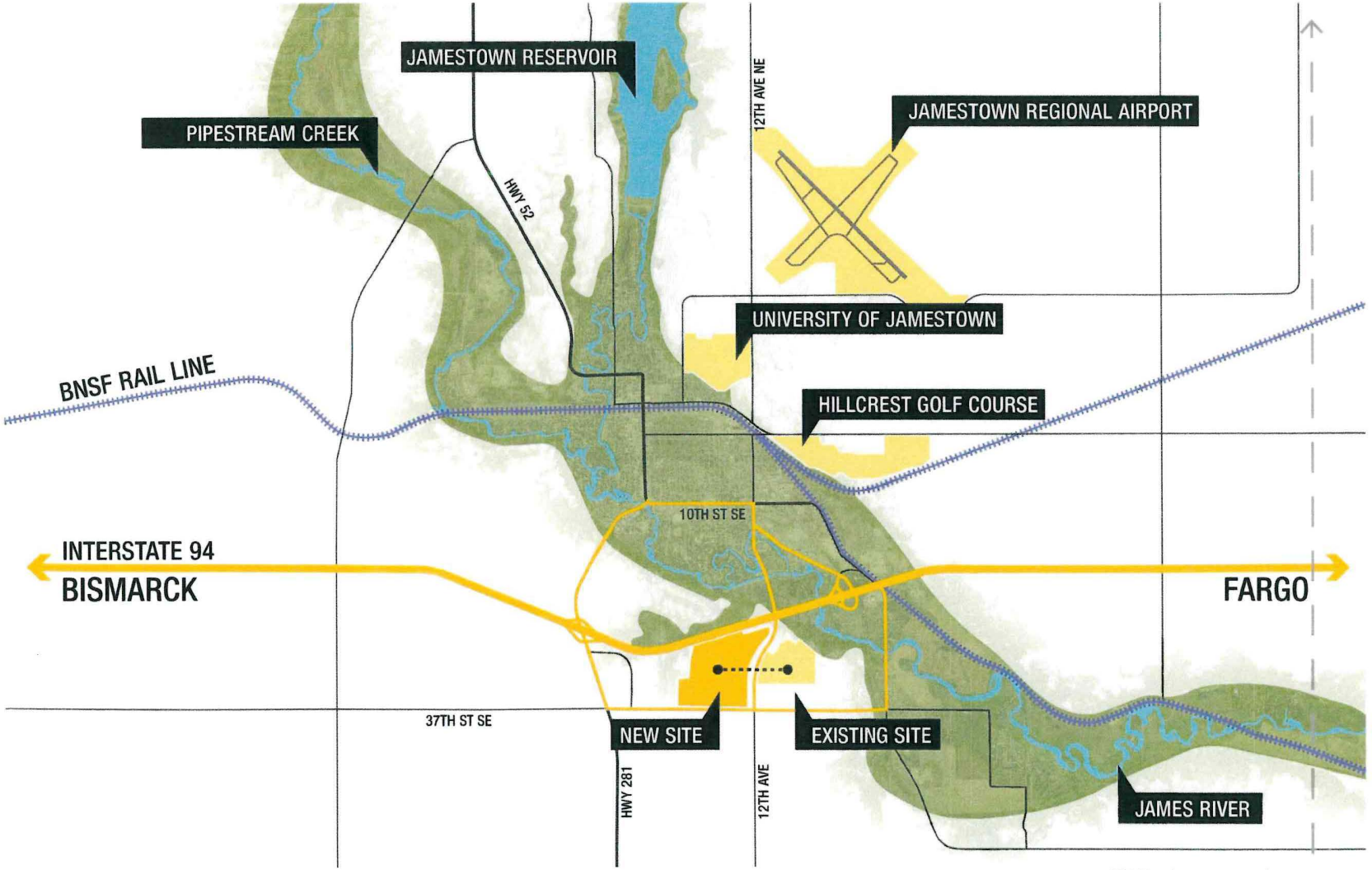
PROS:

- Close proximity to existing/remaining campus functions
- Scenic Views
- Near main traffic corridor but elevated above
- Thick tree line on east side of site
- Excellent Vehicle access from Interstate and City
- Large, relatively flat site.

CONS:

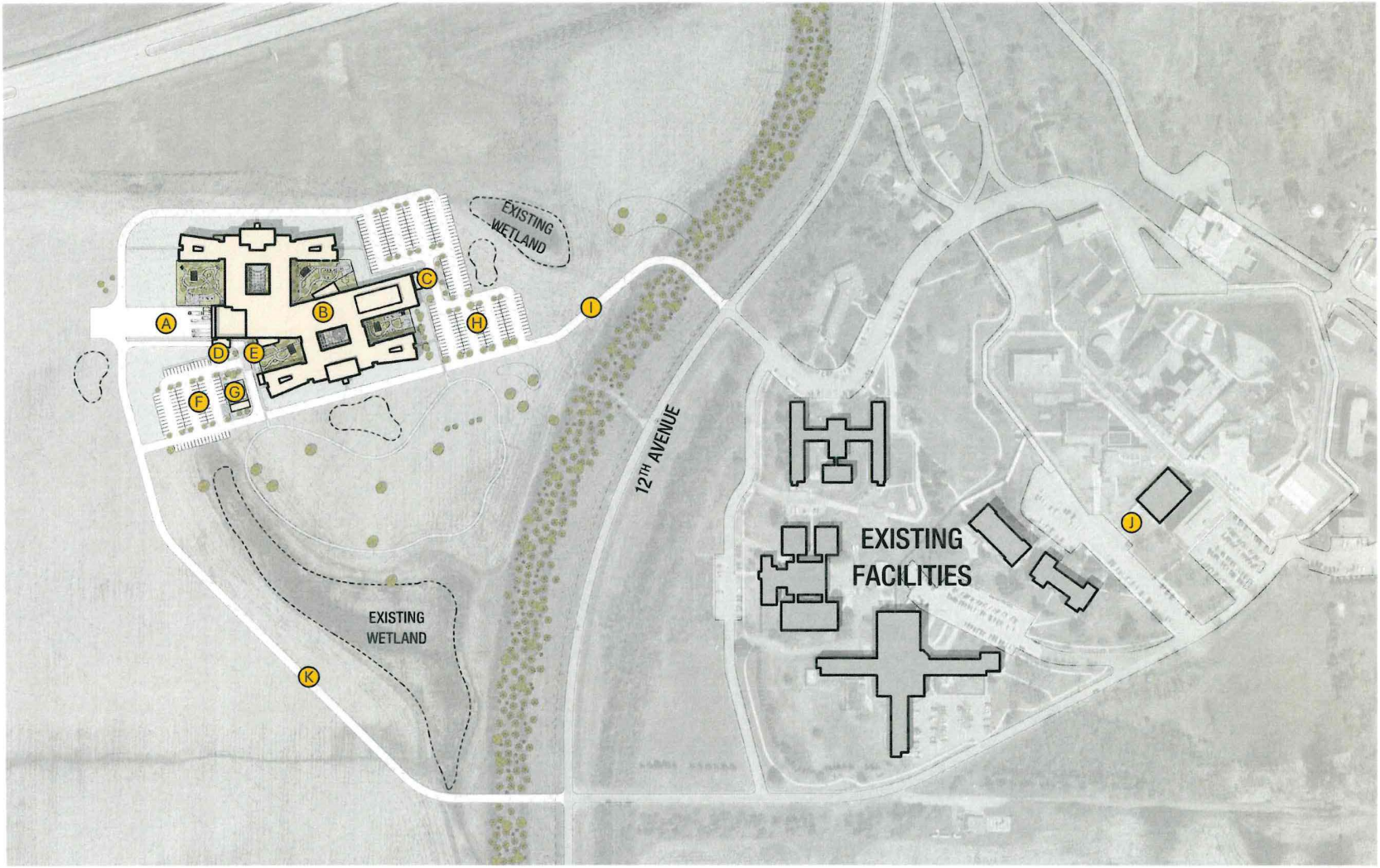
- Proximity to Correctional Center
- Potion of lot outside of City limits
- Minimal Interstate noise pollution



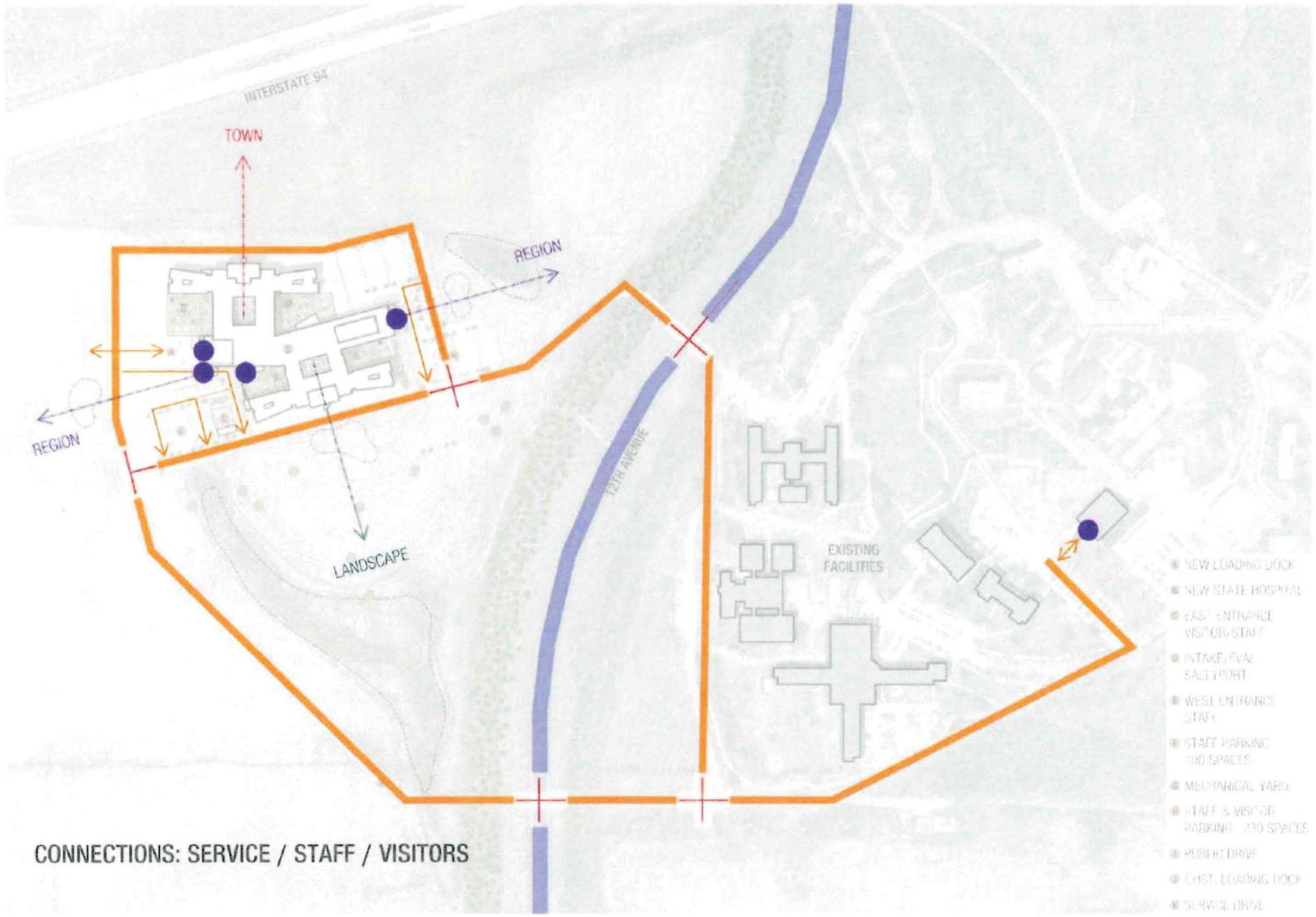


NORTH DAKOTA STATE HOSPITAL | PROJECT SITE VICINITY MAP

- (A) NEW LOADING DOCK
- (B) NEW STATE HOSPITAL
- (C) EAST ENTRACE – VISITOR/STAFF
- (D) INTAKE/EVALUATION SALLYPORT
- (E) WEST ENTRANCE - STAFF
- (F) STAFF PARKING – 100 SPACES
- (G) MECHANICAL YARD
- (H) STAFF & VISITOR PARKING – 230 SPACES
- (I) PUBLIC DRIVE
- (J) EXISTING LOADING DOCK
- (K) SERVICE DRIVE



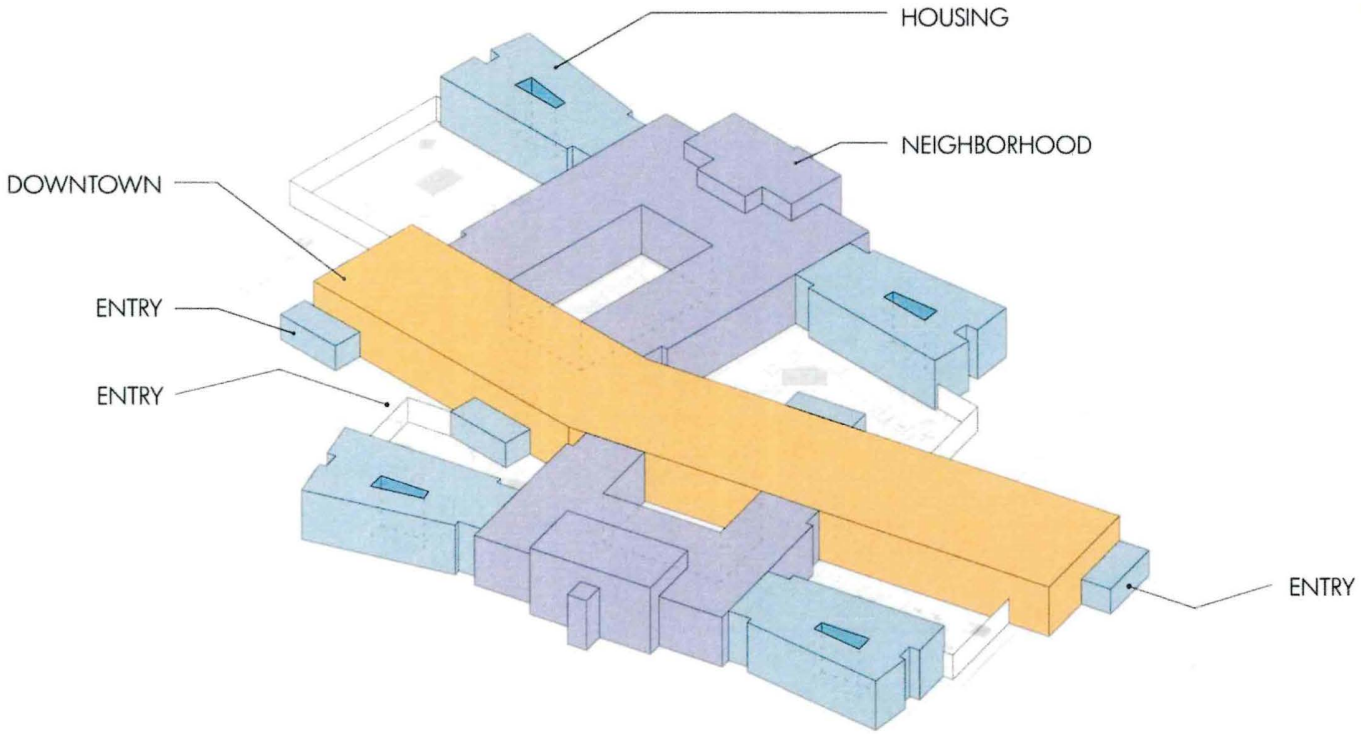
NORTH DAKOTA STATE HOSPITAL | SITE PLAN



NORTH DAKOTA STATE HOSPITAL | SITE CONNECTIONS

BUILDING CONCEPT: A HEALING COMMUNITY SETTLED IN THE LIGHT AND LANDSCAPE ABOVE JAMESTOWN

The building is organized around three major programs: Housing, Neighborhood, and Downtown. This organization mimics the sequence in a typical town with Downtown as the primary hub or heartbeat of the facility, servicing as the primary connections to the outside. The Neighborhoods, serve as a transition from the active Downtown to the more intimate spaces of the Housing wings.



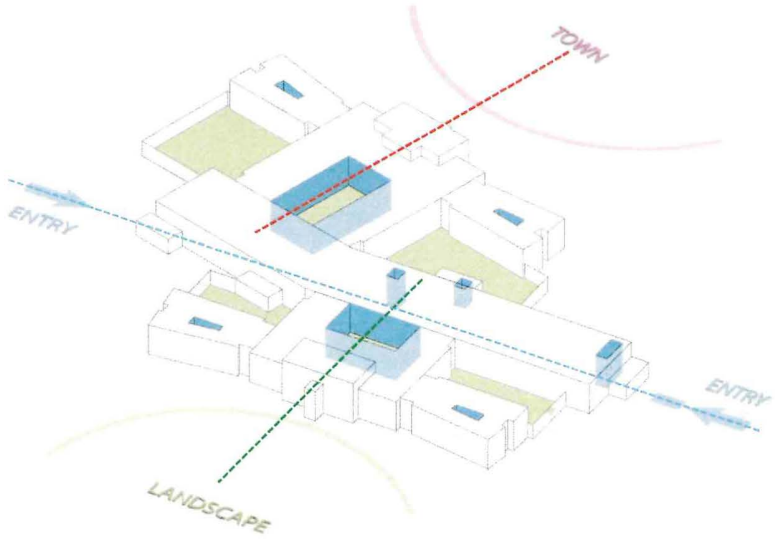
100% PRIVATE BEDROOMS

- Improved sleep.
- Reduction in general violence and aggression
- Reduction in person-on-person patient room predation
- Increased social interaction and therapy participation
- Infection control (having an all-private environment was a boon during the pandemic)
- Greater flexibility in room assignment and resulting higher occupancy rates and shorter wait times for hospitalization
- Improved patient satisfaction
- Reduced average length of stay
- Easier to use a patient-safe bathroom door while safeguarding patient toileting privacy in a private bedroom

CONNECTIONS: MOVEMENT/DAYLIGHT/VIEW

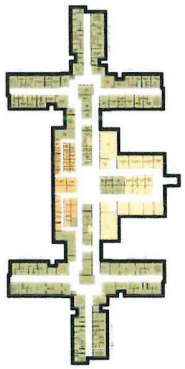
As part of the healing experience, access to natural light and outdoor space is an important goal. Each Housing wing hosts a central lightwell with adjacent quiet spaces to bring sunlight into the center of these areas. Each of the Neighborhoods then provides access to dedicated courtyards for different patient groups, simultaneously providing more access to views and light.



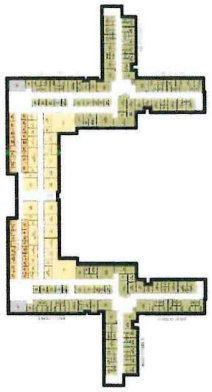


INPATIENT UNIT (IPU) LAYOUT ANALYSIS

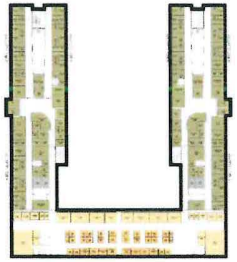
The design team, NDSH Leadership, and NDSH staff reviewed 7 options on layouts for the Inpatient Units. The 'WEDGE' layout was selected for various reasons related to patient care and safety and also was the most efficient layout.



IPU – t
43,142 SF
50 BEDS
863 SF/BED



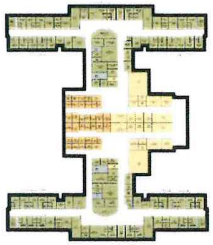
IPU – L
46,504 SF
50 BEDS
930 SF/BED



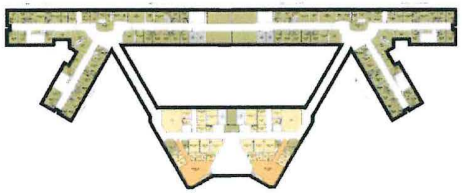
IPU – BAR 1
50,211 SF
50 BEDS
1,004 SF/BED



IPU – BAR 2
46,312 SF
50 BEDS
926 SF/BED



IPU – FLATTEN T
43,912 SF
50 BEDS
878 SF/BED



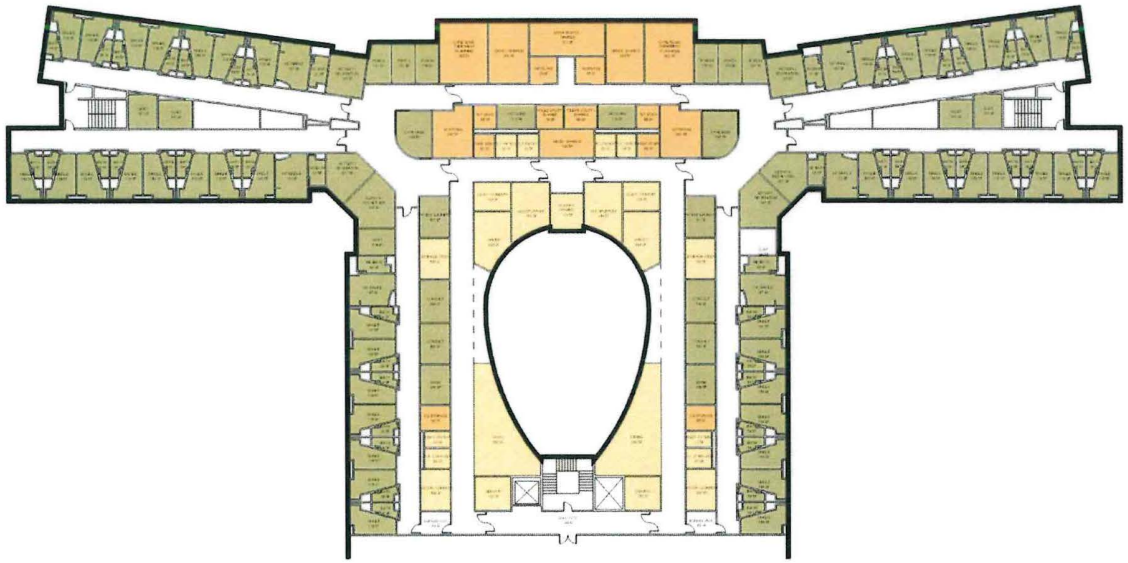
IPU – Y
51,884 SF
50 BEDS
1,038 SF/BED

SELECTED DESIGN



IPU – WEDGE
38,445 SF **Unit SF**
50 BEDS # of Beds
769 SF/BED SF per BED

INPATIENT UNIT (IPU) LAYOUT ANALYSIS



SELECTED DESIGN

IPU – WEDGE

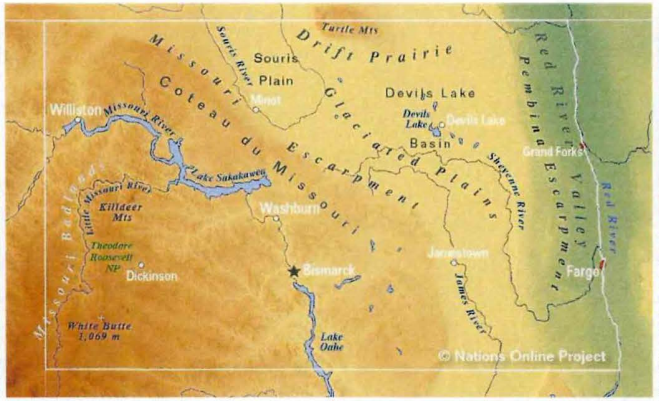
38,445 SF	**Unit SF**
50 BEDS	# of Beds
769 SF/BED	SF per BED

- Selected by NDSH staff and leadership as most aligned to care model
- Most efficient construction/cost
  - Smallest footprint
  - Smallest wall to floor ratio
  - Least expensive option
- Efficient to staff: No client bedrooms are across the hall from each other – less client agitation = less staff intervention
- Evidence Based Care Results: 7 to 9 client subclusters allow smaller relationship circles = less disruption and conflict

REGIONAL CONTEXT

The new facility is being planned south of Interstate 94, overlooking the James River Valley and surrounding glaciated plains. The design draws inspiration from the North Dakota prairies and the existing brick structures within Jamestown, celebrating the state's culture and history.









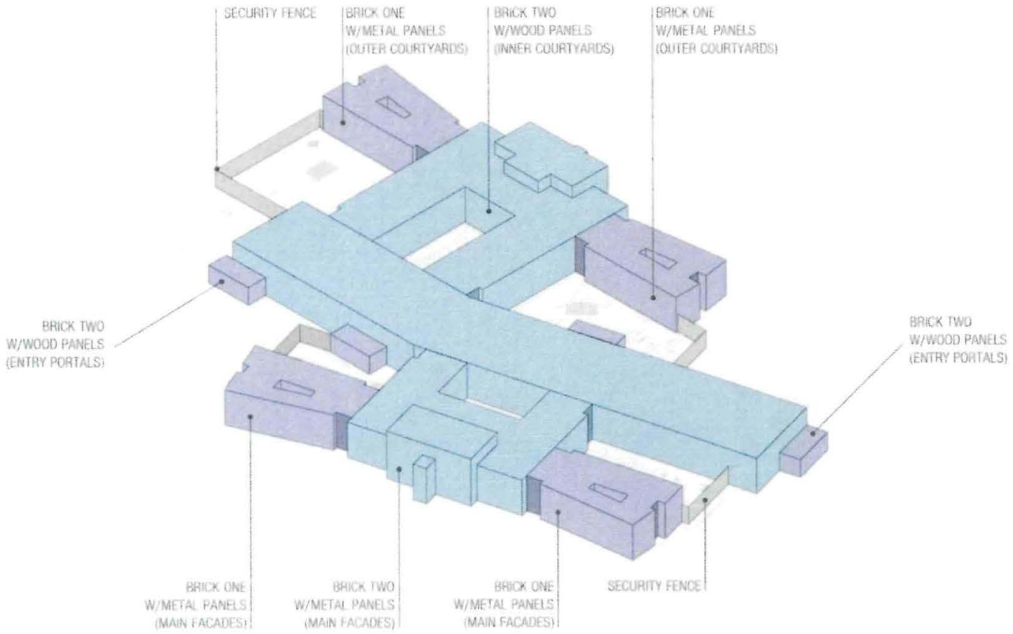




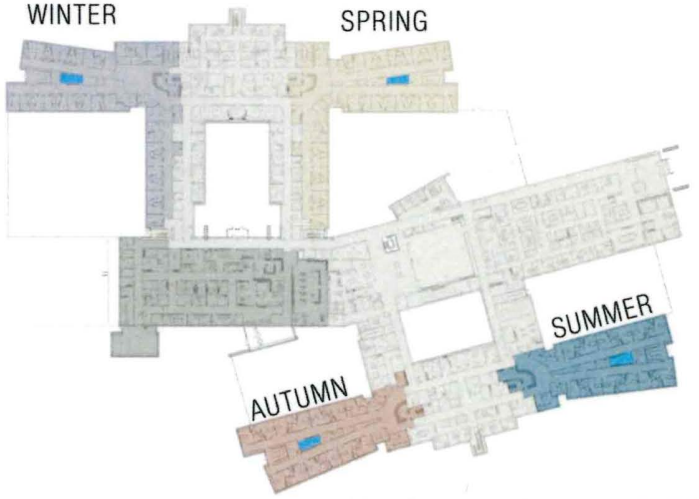


MATERIAL THEME

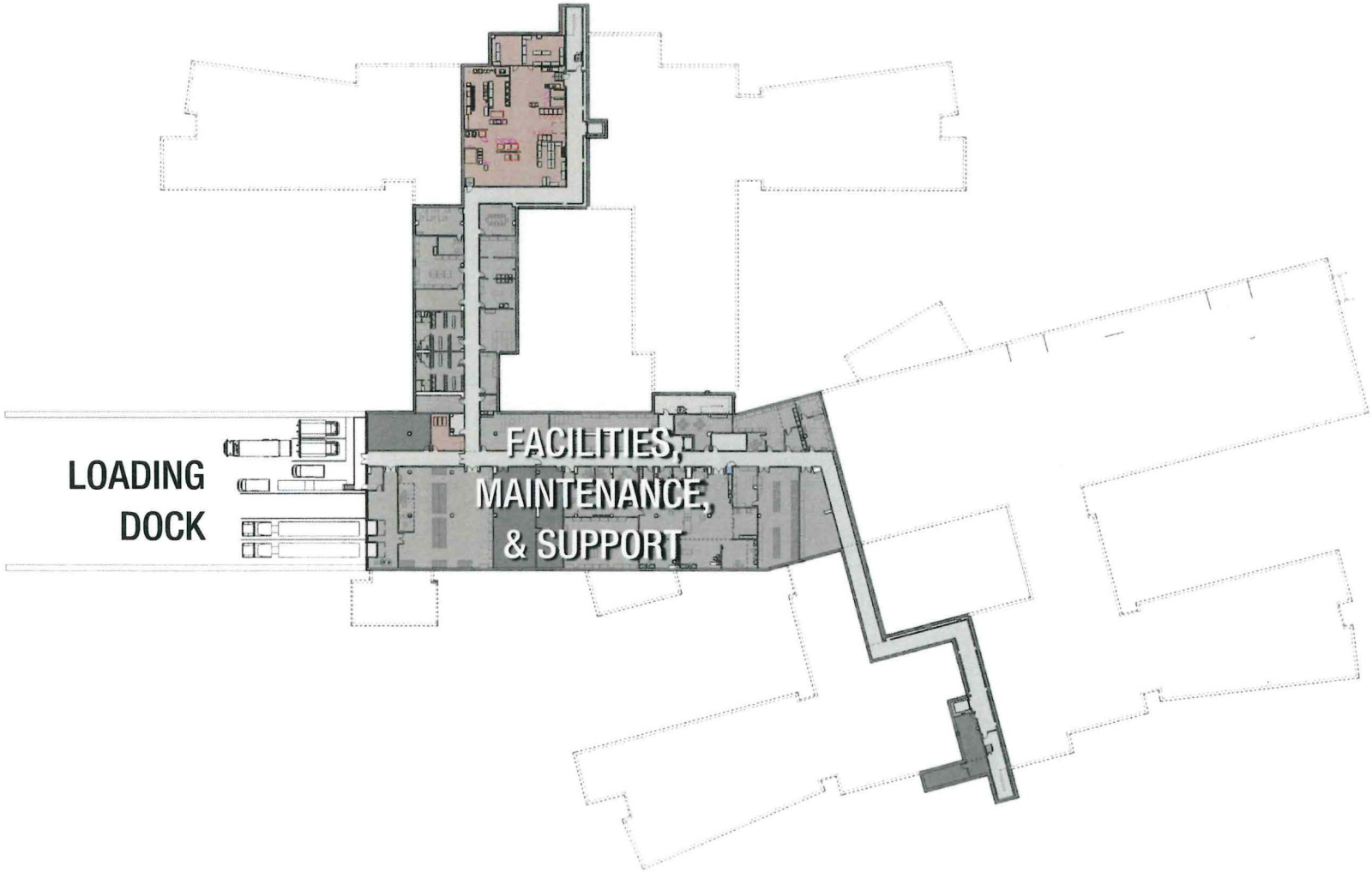




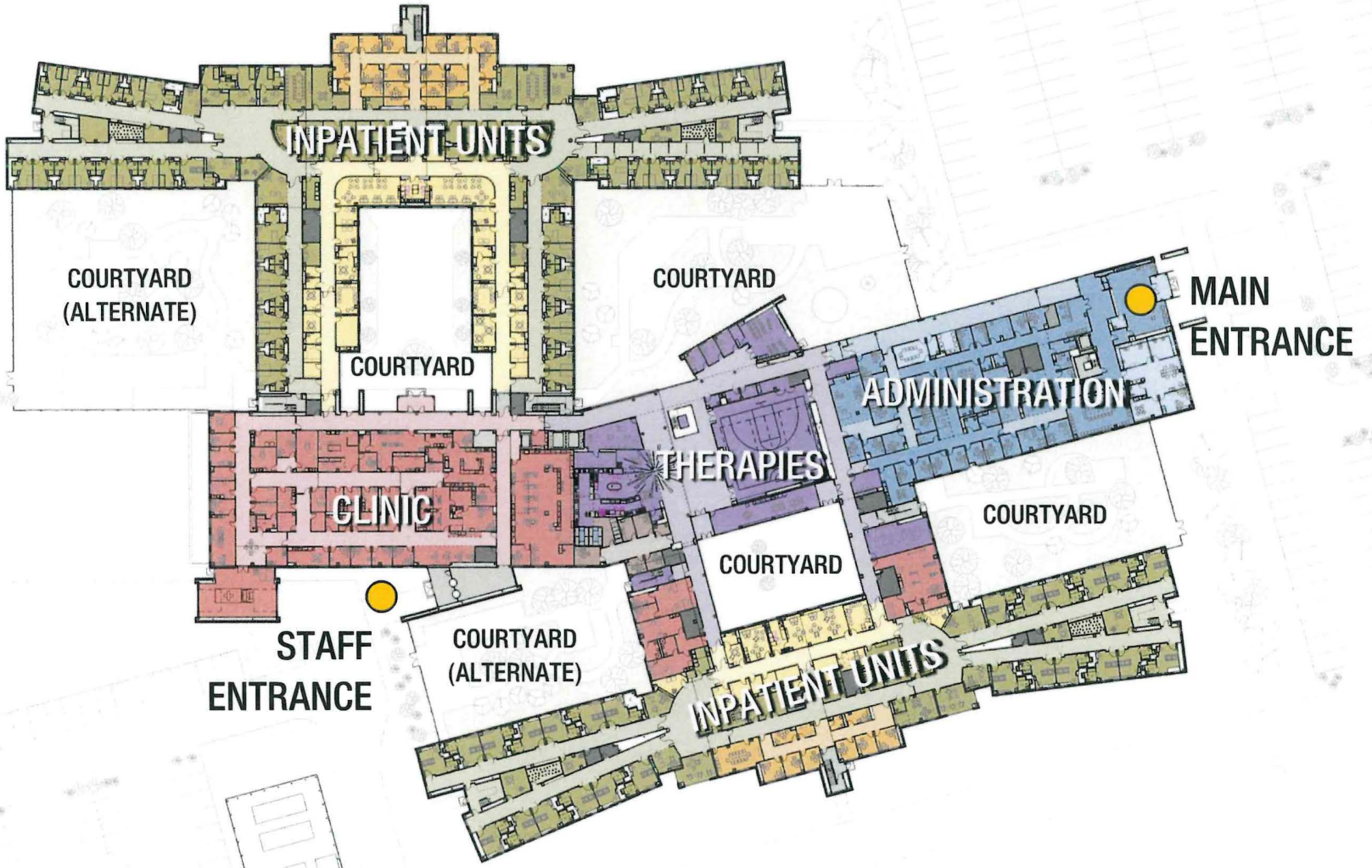




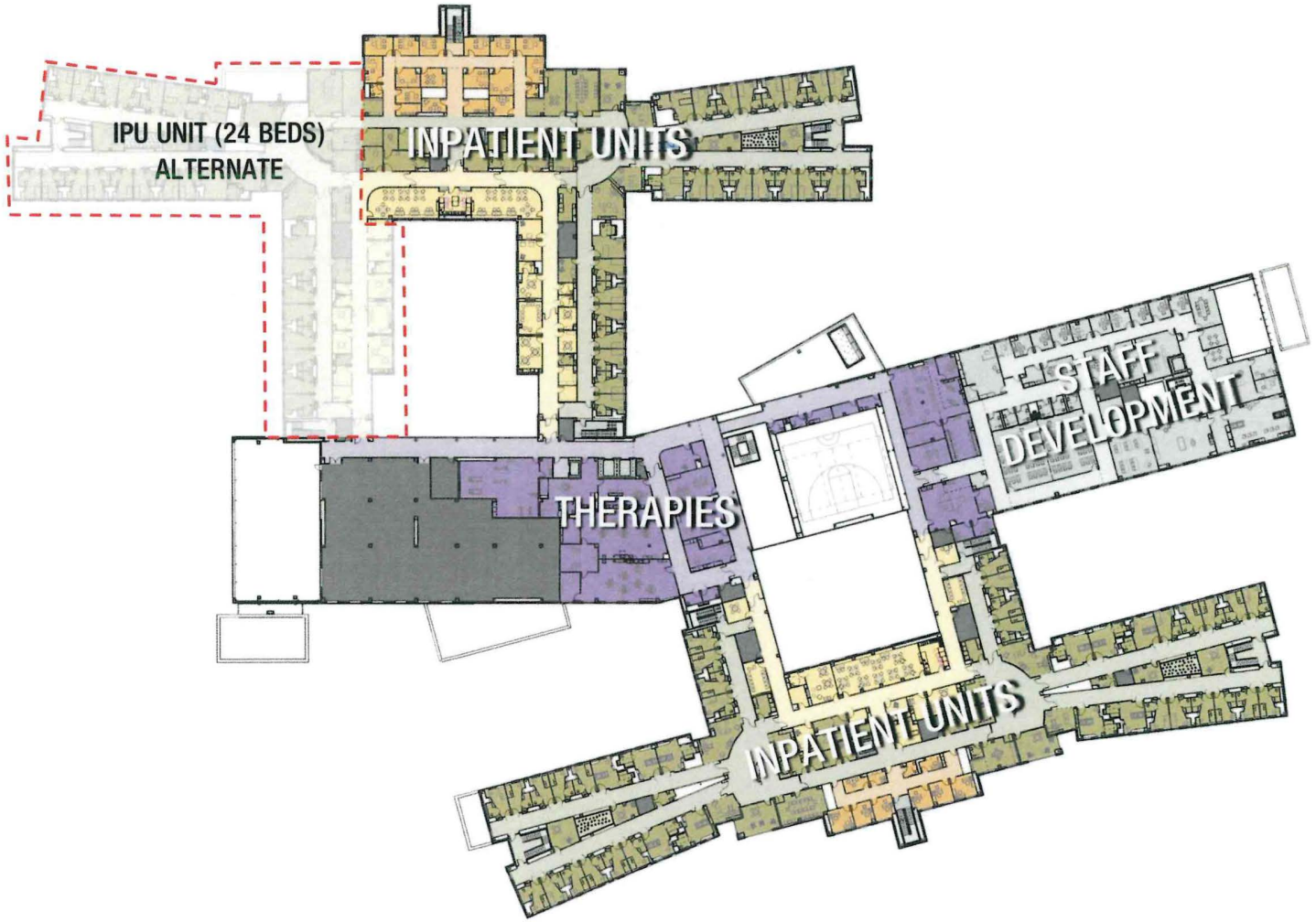
NORTH DAKOTA STATE HOSPITAL | ARCHITECTURAL DESIGN CONCEPT



NORTH DAKOTA STATE HOSPITAL | LOWER LEVEL FLOOR PLAN



NORTH DAKOTA STATE HOSPITAL | FIRST FLOOR PLAN

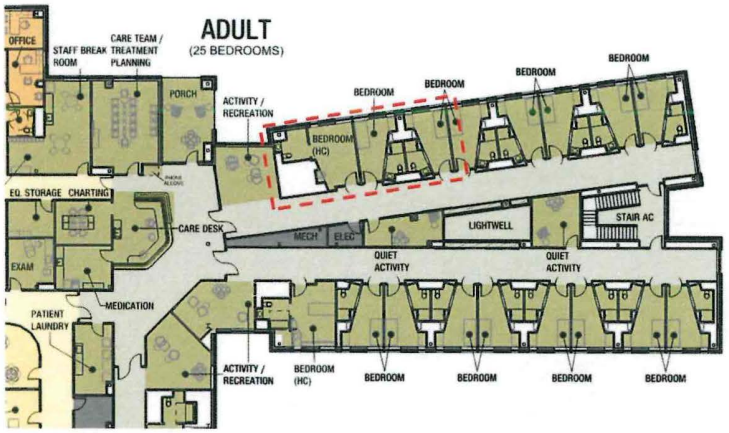


NORTH DAKOTA STATE HOSPITAL | SECOND FLOOR PLAN

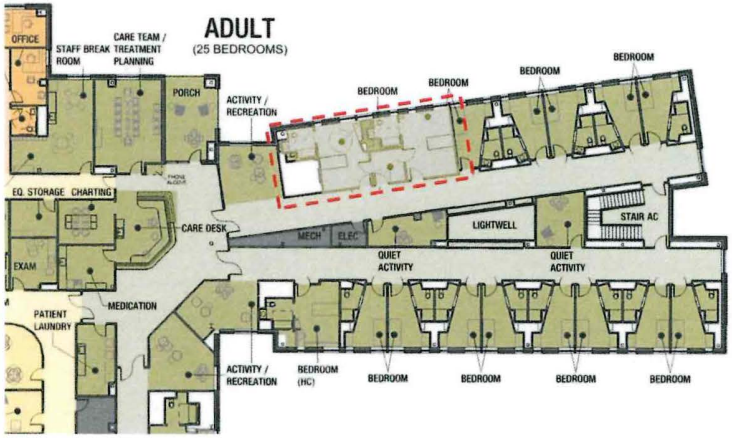
SECOND FLOOR WEST ADULT UNIT



CURRENT SECOND FLOOR EAST ADULT UNIT



PROPOSED SECOND FLOOR EAST ADULT UNIT



- After more consideration related to the 24-bed adult IPU reduction, the team realized that the 2 All (Airborne Infection Isolation Rooms) were inadvertently included in that reduction scope.
- Those rooms are desired to be included in the project base bid, so they need to move to the other adjacent adult IPU wing.

Because All rooms require more space, we needed to omit 3 typical rooms to fit 2 All rooms, reducing the total bed count from 141 to 140.



NORTH DAKOTA STATE HOSPITAL | OVERALL AERIAL VIEW FROM SOUTH



NORTH DAKOTA STATE HOSPITAL | VIEW FROM EAST

NORTH Dakota Be Legendary. | TEGRA | Mortenson | JLG architects



NORTH DAKOTA STATE HOSPITAL | COMMONS

NORTH Dakota Be Legendary | TEGRA | Mortenson | JLG architects



NORTH DAKOTA STATE HOSPITAL | CHAPEL



NORTH DAKOTA STATE HOSPITAL | PATIENT BEDROOM

The Design Process

Site Selection & Design Overview

Benchmarks & Cost Validation

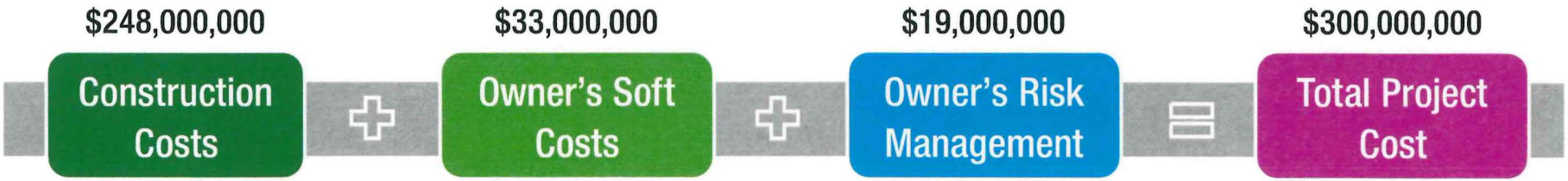
Project Scope Update

PROGRAM ALIGNMENT

The following list of spaces and building elements were, at one point in the design process, requested by NDSH staff, users, or leadership stakeholders. After the design team reviewed the requests against National Inpatient Psychiatric Hospital benchmarks and project goals, these spaces and building elements were either eliminated or reduced in size from the original request to better align with the project goals.

1. All office and workstation sizes were standardized based upon general practice in new state hospitals elsewhere. Many existing offices and workstations are currently larger than what is planned in the new NDSH
2. Shared offices for part-time staff in lieu of private offices
3. Vocational Technology space size and scope reduced to reflect current needs and practices
4. Movement studio and staff/client exercise spaces adjusted in size and number reflecting more efficient use patterns and actual likely usage by staff and clients
5. The total number of elevators was reduced
6. Size of main gymnasium reduced from a full-sized basketball court to a half-sized basketball court to reflect practices at peer state hospitals
7. Recreation and Social space provided in amounts consistent with peer state hospitals
8. Aquatics/Pool Eliminated
9. Grounds Building reduced in size to only support equipment needing in the immediate proximity of the new hospital
10. Transportation/Fleet Vehicle Storage Building eliminated
11. Artifact/Museum not provided
12. SUD (Residential Treatment) Facility/Wing not included in project
13. Central Laundry not included in project
14. Full Central Kitchen not included in project
15. Warehousing beyond the immediate needs for the new hospital with longer term warehousing retained elsewhere on campus
16. Even as the number of handicapped-accessible and skilled nursing bedrooms increased, we've managed to minimize impacts on overall project sizes by optimizing during design with a series of small adjustments:
    a. Reduced the number of Medication Rooms in Geriatric Psychiatry
    b. Shared support space between units at core space within the Adult IPU's
    c. Fine tuning of support staff accommodations within the building basement

PROJECTED TOTAL PROJECT COSTS

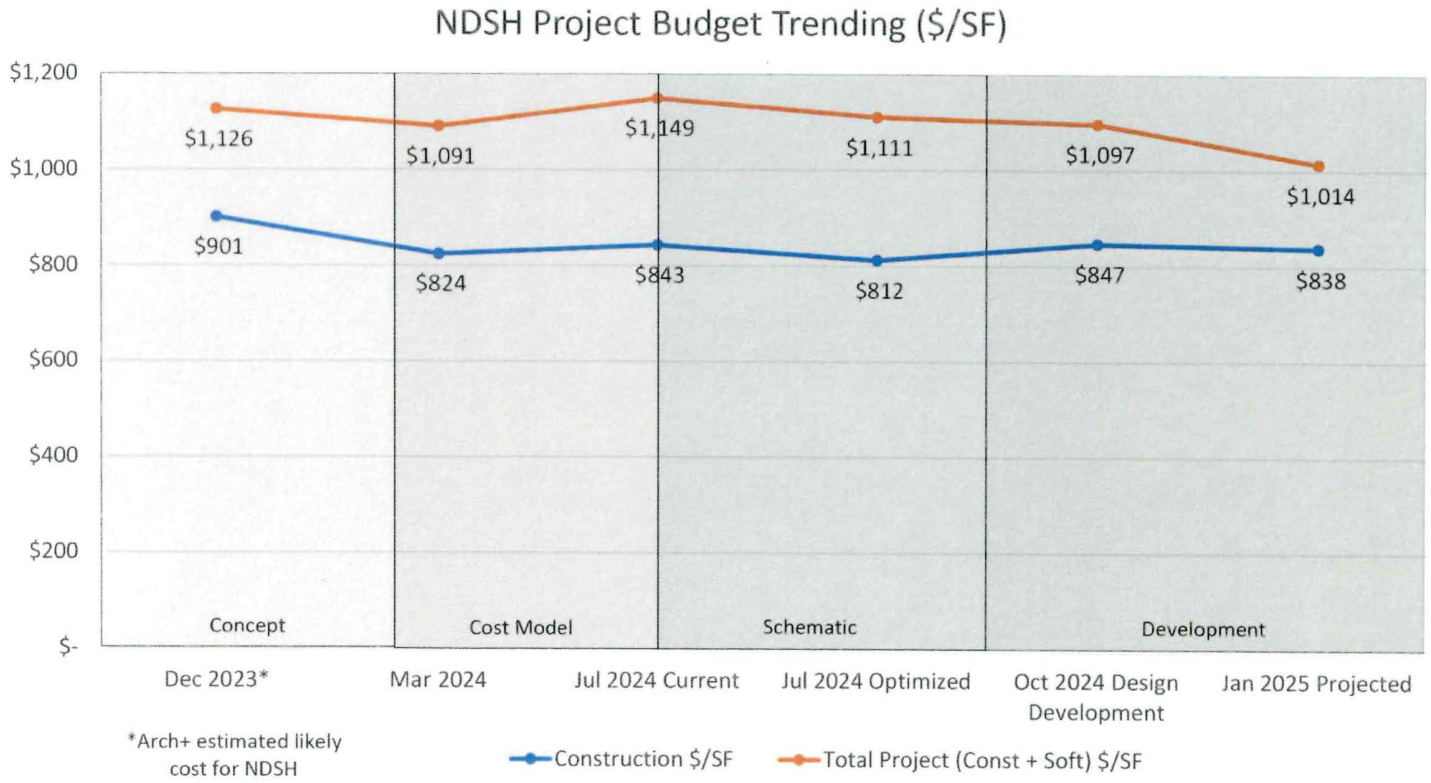


Site Services
Site Work
Structure/Envelope
Interior Environment
Mechanical
Electrical

Furniture, Fixtures & Equipment
Construction Testing
Professional Fees
Low Voltage
Commissioning

Contingencies:

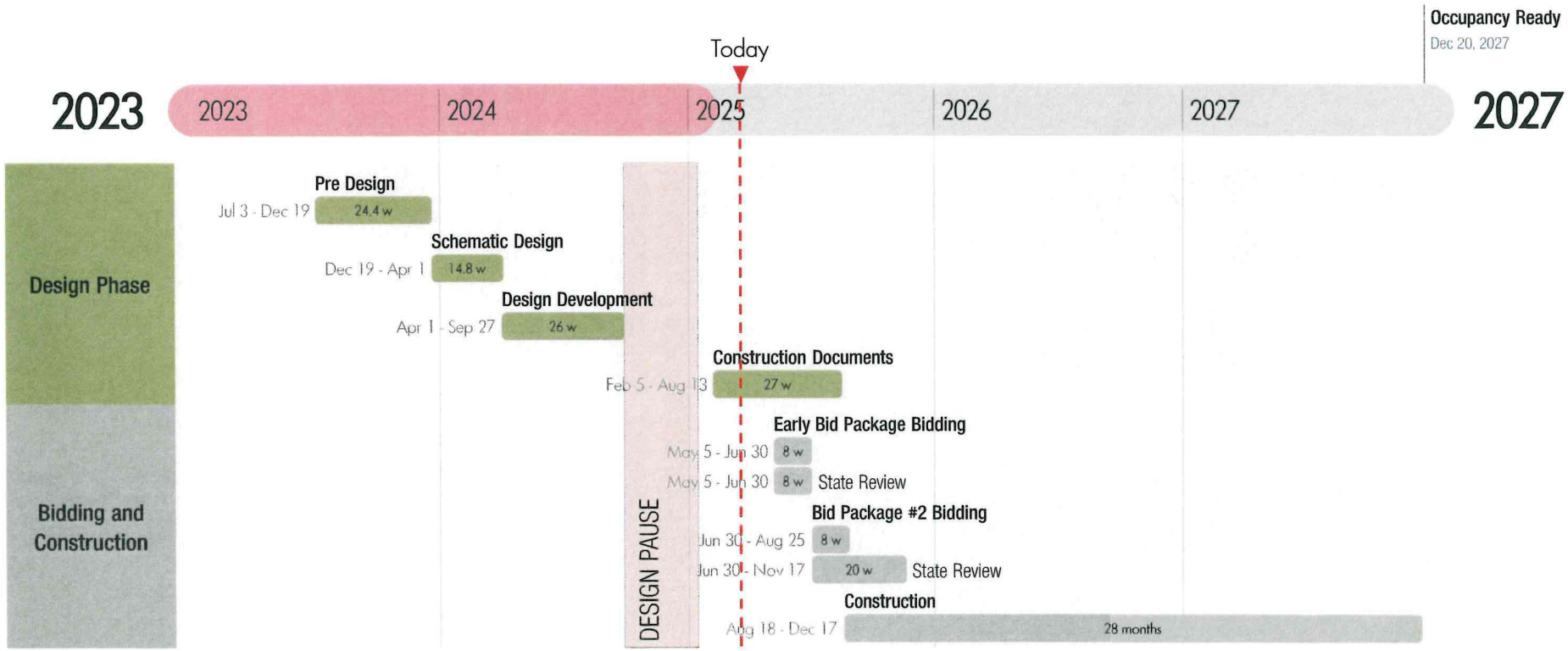
- Escalation
- Bidding Market & Subcontractor involvement
- Unforeseen Conditions
- Errors and Omissions
- Design Changes
- Project Changes


NDSH Project Budget Trending ($/SF)
$1,200
$1,000
$800
$600
$400
$200
$-
$1,126
$1,091
$1,149
$1,111
$1,097
$1,014
$901
$824
$843
$812
$847
$838
Concept
Cost Model
Schematic
Development
Dec 2023*
Mar 2024
Jul 2024 Current
Jul 2024 Optimized
Oct 2024 Design Development
Jan 2025 Projected
*Arch+ estimated likely cost for NDSH
Construction $/SF
Total Project (Const + Soft) $/SF

Name	Location	Beds	Construction Cost	Year of Cost	Construction Cost for 2025 and Adjusted for Jamestown	Construction Costs Per Bed	Total Project Costs Per Bed	Construction Costs Per SF	Comments
Caro Center	Caro, MI	100	$69,698,852	2021	$110,269,551	$1,102,696	$1,433,504		Worked into a budget developed on the basis of an erroneous assumption. Cut corners at every opportunity. This is a new building on an existing campus that is relying on services and supports from elsewhere on the campus. As such, the investment in food support services, administrative spaces, and adjunctive therapy spaces is far less than at NDSH.
Eastern State Hospital, Kentucky	Lexington, KY	230	$108,000,000	2011	$289,192,888	$1,257,360	$1,634,568		Less expensive RTF beds are a significant part of the project, nearly 20% of the bed complement. This is an older project budgeted by the State with more than half the bds being semi-private
Center for Forensic Psychiatry	Ann Arbor, MI	210	$93,000,000	2002	$326,979,811	$1,557,047	$2,024,160		
Rusk State Hospital	Rusk, TX	200	$168,681,096	2020	$320,714,388	$1,603,572	$2,084,643	$954	This is a new bed building on an existing campus with clinical ancillary services, adjunctive therapies, administration, IT, Ed and Training and building/hotel support services being provided elsewhere on the campus.
Austin State Hospital	Austin, TX	240	$210,000,000	2020	$389,641,095	$1,623,505	$2,110,555	$861	This is a new bed building on an existing campus with building/hotel support services being provided elsewhere on the campus.
North Dakota State Hospital	**Jamestown, ND**	**140**	**$248,000,000**	**2024**	**$248,000,000**	**$1,771,429**	**$2,142,857**	**$838**	
San Antonio State Hospital	San Antonio, TX	296	$282,224,723	2020	$532,721,236	$1,799,734	$2,339,654	$990	Comparable to NDSH, but adds kitchen and warehousing supporting the hospital.
Hawaii State Hospital, Forensic Patient Care Facility	Kaneohe, Hawaii	144	$140,000,000	2017	$260,256,686	$1,807,338	$2,349,539		
UW/MC Northwest Behavioral Health Teaching Facility	Seattle, WA	150	$224,500,000	2021	$290,354,217	$1,935,695	$2,516,403		

If values are left blank, that indicates that no information was available to be shared

Bed Count	Total Project Budget	Requires Early Bid Packages	Construction Start Date	Occupancy Ready
140	$300M	Yes	August 2025	December 2027



NORTH DAKOTA STATE HOSPITAL | CURRENT SCHEDULE

The Design Process

Site Selection & Design Overview

Benchmarks & Cost Validation

Project Scope and Budget Update

TOTAL BEDS

EXISTING HOSPITAL	122
NEW HOSPITAL	140

TOTAL PROJECT COST

$332M - $32M = **$300M**

$10M Reduction in Scope/Program

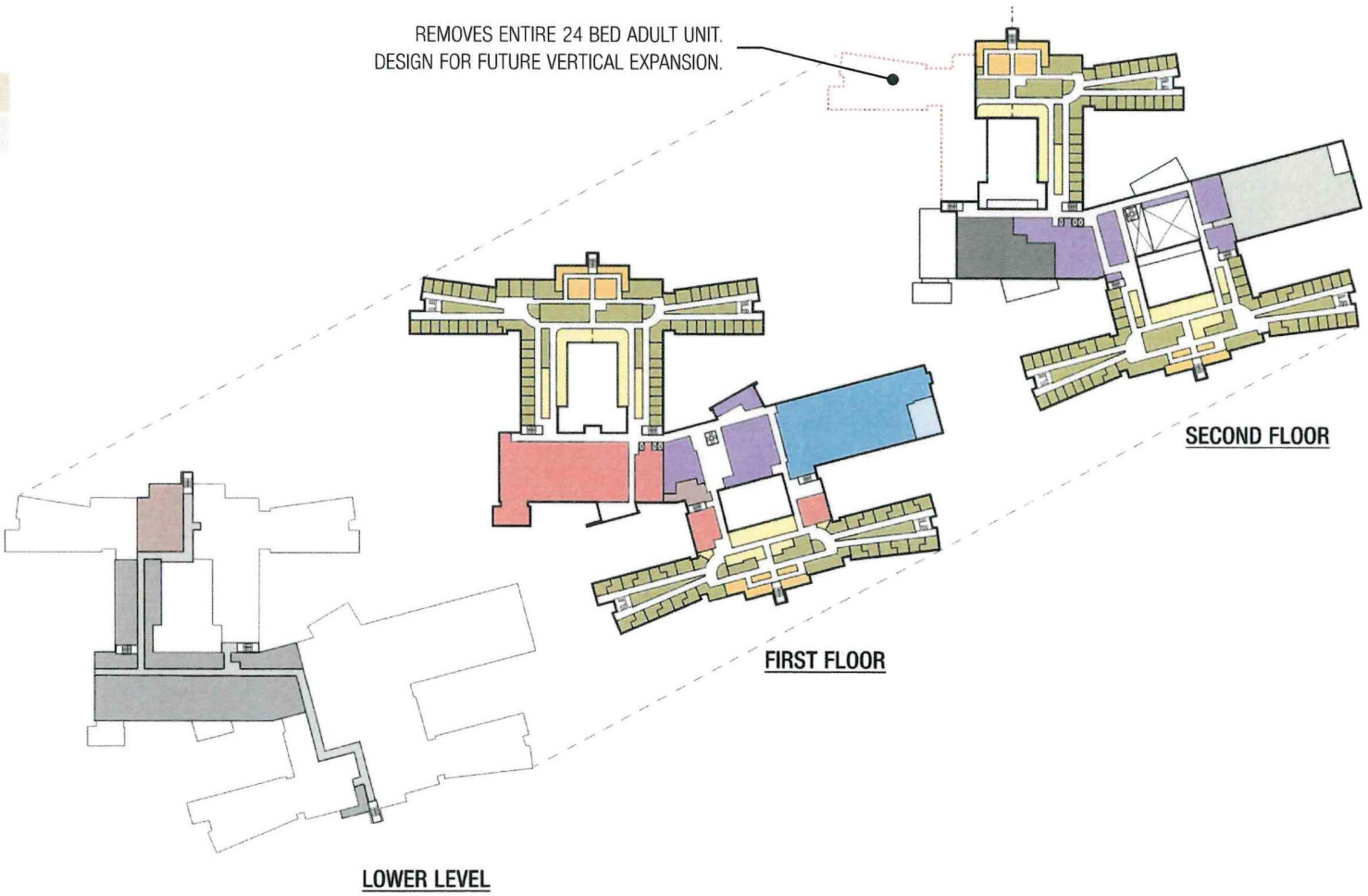
- Removes One inpatient Unit

$10M Reduction in Features/Quality

- Site access road, type of pavement
- Finishes and materials

$12M Reduction in Soft Costs/Equipment

- JRCC Loading Dock enhancements
- Equipment and Furniture
- Contingency



NORTH DAKOTA STATE HOSPITAL | $332M TO $300M PROJECT ALIGNMENT

Current Total Project (CTP) Estimate	$	332,000,000
Changes	$	(32,937,054)
Adjusted CTP with Changes	$	299,062,946
Total Project Budget Goal	$	300,000,000
Additional Reductions Needed or (Excess)	$	(937,054)

		Cost	Comments
PROGRAM/SCOPE CHANGE OPTIONS			
Remove Fit Up of NW Courtyard	$	(450,000)	This will include the removal of benches, plantings, trees, client exercise equipment, and shade structures.
Remove Security Fence at NW Courtyard	$	(300,000)	This would remove the security fence.
Remove Fit Up of SW Courtyard	$	(250,000)	This will include the removal of benches, plantings, trees, client exercise equipment, and shade structures.
Remove Security Fence at SW Courtyard	$	(100,000)	This would remove the security fence.
Eliminate Maintenance Out Building	$	(300,000)	This building was requested to provide on-site storage for maintenance equipment needed in the immediate vicinity of the new building.
Remove 1 Adult Pysch Rehab Unit	$	(8,800,000)	Remove fit-up and shell space (2nd floor construction) from base bid. Includes infrastructure for future vertical expansion.
	$	**(10,200,000)**	

Current Total Project (CTP) Estimate	$	332,000,000
Changes	$	(32,937,054)
Adjusted CTP with Changes	$	299,062,946
Total Project Budget Goal	$	300,000,000
Additional Reductions Needed or (Excess)	$	(937,054)

		Cost	Comments
BUILDING MATERIAL QUALITY CHANGE OPTIONS			
Remove South Site Access Loop Road	$	(900,000)	This will eliminate the dedicated site service road. Public, staff, and service traffic will need to share a single road into site from the east. This will increase potential traffic conflicts between service, staff, and visitor vehicles.
Provide Asphalt Paving at site	$	(1,700,000)	Provide asphalt paving in lieu of concrete paving.
Remove Irrigation System	$	(891,000)	This will remove 100% of the irrigation planned for planted outdoor spaces. This will require NDSH to have staff manually water landscaping/turf areas or hire a contractor on a yearly basis to water these areas.
Remove Screen wall At Mechanical Yard	$	(322,000)	Removal of this screen will make the generators, electrical transformers, and CT cabinets exposed to view in staff parking lot.
Remove Screen wall At Second Story Mechanical Yard	$	(300,000)	Removal of this screen will make the chillers and rooftop equipment exposed to view.
Remove Second Patient Window	$	(225,000)	This will decrease the amount of natural light available in client bedrooms by 16%.
Reduce Interior Glazing	$	(210,000)	Reduce glazing from various locations throughout the interior of the building.
Reduce Exterior Glazing	$	(750,000)	Reduce glazing from various locations throughout the interior of the building.
Replace Terrazzo flooring with Resilient Flooring	$	(500,000)	This material is being planned in the high traffic public and staff/client circulation spaces.
Replace Solid Surface Shower surround with Ceramic Tile	$	(600,000)	Solid surface was selected to reduce the grout lines required to be cleaned in all client rooms. Changing to ceramic tile will increase grout lines and joints and will increase maintenance and cleaning frequency and costs.
Reduce quantity of wood panel	$	(200,000)	Removing a portion of wood paneling from the major public spaces.
Alternate Exterior Metal Panel	$	(612,000)	Working with Mortenson and feedback from subs and vendors, team was able to align on a more cost effective solution
Alternate Exterior Wood Panel	$	(550,000)	Working with Mortenson and feedback from subs and vendors, team was able to align on a more cost effective solution
Remove Folding Partition (Training Room)	$	(106,000)	Removes the abilty to divide the room into two rooms.
Reduce VAV's	$	(1,000,000)	This will reduce the quantity of HVAC zoning throughout the building.
Remove Snow Melt System at Interior Courtyards	$	(270,000)	This will remove the exterior below slab snow melt systems at the interior courtyards
Remove Heat Recovery Chiller	$	(750,000)	This would remove the heat recovery chiller from the project, reduce chilled water redundancy.
Backup Generator (Life Safety Only)	$	(250,000)	This will remove electrical redundancy for full facilty back-up and limit the amount of electrical devices not provided with generator back-up. This may lead to loss of supplies, features, and functions during power outages.
	$	**(10,136,000)**	

Current Total Project (CTP) Estimate	$	332,000,000
Changes	$	(32,937,054)
Adjusted CTP with Changes	$	299,062,946
Total Project Budget Goal	$	300,000,000
Additional Reductions Needed or (Excess)	$	(937,054)

		Cost	Comments
PROJECT SOFT COST CHANGE OPTIONS			
Reduce Project Contingencies aligned with budget/scope reduction	$	(5,700,000)	Reduction of contingency based on reduction of overall project scope and cost
Furniture Reduction for Bed Count Reduction	$	(220,400)	Remove 44 bedrooms and 2nd Floor Psych Rehab Wing Furniture
Furniture Budget Alignment	$	(1,329,765)	Original Budget was $7,978,589, New Estimate is $6,648,824. Align with new estimate.
Low Voltage/IT Design Service Fee Reduction	$	(235,709)	Original Fee was $816,230, New Fee is $580,521. Align with new fee.
Move all Vehicles to Owner Budget, not Project Budget	$	(410,000)	Expense could be delayed until a subsequent biennium or moved to an operations budget. This includes forklifts, delivery trucks, bobcats, etc.
Building Envelope Commissioning	$	(124,467)	Remove all building envelope commissioning items above code minimum.
FS Smallware's	$	(100,000)	Expense could be delayed until a subsequent biennium. Procurement and installation would need to be managed by NDSH.
Equipment Relocation Expense (Medical Equipment)	$	(80,000)	Expense could be delayed until a subsequent biennium. Procurement and installation would need to be managed by NDSH.
Equipment Relocation Expense (Facilities Equipment)	$	(30,000)	Expense could be delayed until a subsequent biennium. Procurement and installation would need to be managed by NDSH.
Moving Expense Delayed until next Biennium	$	(300,000)	Expense could be delayed until a subsequent biennium. Procurement and installation would need to be managed by NDSH.
Specialty Equipment	$	(250,000)	Remove from project budget, NDSH would need to manage procurement and installation, or plan for as a future operating expense.
Artwork Expense Delayed until next Biennium	$	(400,000)	Remove from project, NDSH will manage procurement and installation directly.
Disposal of existing equipment	$	(175,000)	Remove from project, NDSH will manage directly
Specialty Technology Relocation	$	(150,000)	Remove from project, NDSH will manage internally.
Network Printers / Copiers	$	(151,875)	Remove from project , NDSH will manage internally.
Duress Alarm System (Panic/Personal Protection)	$	(230,857)	Remove from project NDSH will need to continue to use existing radios.
Public Address System	$	(958,246)	Remove from project. Will require staff to use cell phones, walkie-talkies, fire alarm system, or other means to communicate across entire facility.
Sound Masking	$	(329,735)	Remove from project. Will reduce the acoustic performance of some spaces which may lead to increased client and staff concerns with privacy and acoustic separation.
JRCC Loading Dock (Existing Loading Dock at Warehouse)	$	(1,425,000)	Remove from project. NDSH & JRCC will need to finalize an operational plan to utilize the existing loading dock, or plan for this as a stand-alone project
	$	**(12,601,054)**	

DESCRIPTION	COST
Food Service Smallware's	$100,000
Medical Equipment Relocation Expense	$80,000
Facilities Equipment Relocation Expense	$30,000
General Moving Expense	$300,000
Food Delivery Truck	$250,000
Laundry Delivery Truck	$150,000
Electronic Pallet Jack	$10,000
TOTAL:	**$920,000**

ALTERNATE	COST
Alternate 1: Add 24 Psych Rehab Beds	$8,800,000
Alternate 2: Add Second Window in Patient Room	$225,000
Alternate 3a: Add Fit-up of NW Patient Courtyard	$450,000
Alternate 3b: Add Fit-up of NW Patient Courtyard Security Fence	$300,000
Alternate 4a: Add Fit-up of SW Patient Courtyard	$250,000
Alternate 4b: Add Fit-up of SW Patient Courtyard Security Fence	$100,000
Alternate 5: Terrazzo in lieu of resilient flooring	$500,000
Alternate 6a: Add Maintenance Out Building	$300,000
Alternate 6b: Add Screen Wall at Utility Yard	$322,000
Alternate 7a: Add Snow Melt at Loading Dock (65' From Dock)	$268,000
Alternate 7b: Add Snow Melt at Interior Courtyards	$270,000
Alternate 8: Add South Site Access Loop Road	$900,000
Alternate 9: Provide Concrete Paving in lieu of Asphalt	$1,700,000
Alternate 10: Add Irrigation System	$891,000
Alternate 11: Add Folding Partition in Training Room	$106,000
Alternate 12: Add Heat Recovery Chiller	$750,000
Alternate 13: Generator with Walk-in Vestibule in lieu of Skin-tight	$160,000
Alternate 14: Add CAT6a Cabling ilo CAT6	$85,000
Alternate 15: Add Duress Alarm System (Panic/Personal Protection)	Included in Soft Cost Budget
Alternate 16: Public Address System	Included in Soft Cost Budget
Alternate 17: Sound Masking	Included in Soft Cost Budget
Alternate 18: JRCC Loading Dock	Included in Soft Cost Budget
TOTAL:	**$16,377,000**

GOVERNOR'S OFFICE APPROVED BUDGET

(BASE BID DESIGN, WITH NO ALTERNATES ACCEPTED)

$248,000,000		$52,000,000		$300,000,000
Construction Costs	+	Soft Costs	=	Total Project Cost

NORTH DAKOTA HOUSE RECOMMENDED BUDGET

(BASE BID DESIGN, WITH ALL ALTERNATES ACCEPTED)

$264,377,000		$64,000,000		$328,377,000
Construction Costs	+	Soft Costs	=	Total Project Cost

Any project budget approved below the $300M direction previously shared will have the following impacts:

1. This will not be the same project. The scope would need to be significantly reduced including removing or shelling the administration wing, all training, IT, quality assurance, and support spaces. The basement would not be fit-up. All of these functions would need to remain in their current buildings on the existing campus.
2. Bed count will need to be reduced.
3. A scope change of this magnitude at this point in the design process would require additional design time.
4. There would be additional costs required to modify the current design documents.
5. Construction start would need to be delayed until May 2026. This delay would add approximately $10M of escalation costs to the budget, which would require additional funding or additional scope reductions.
6. Building occupancy would be delayed by 10 months.

THANK YOU

NORTH Dakota Be Legendary.

TEGRA GROUP

Mortenson

JLG architects

HB1012
3-19-25

#43019



HB 1012 Detail to Senate Appropriations

Behavioral Health Division – State Hospital

March 19, 2025

NORTH Dakota | Health & Human Services

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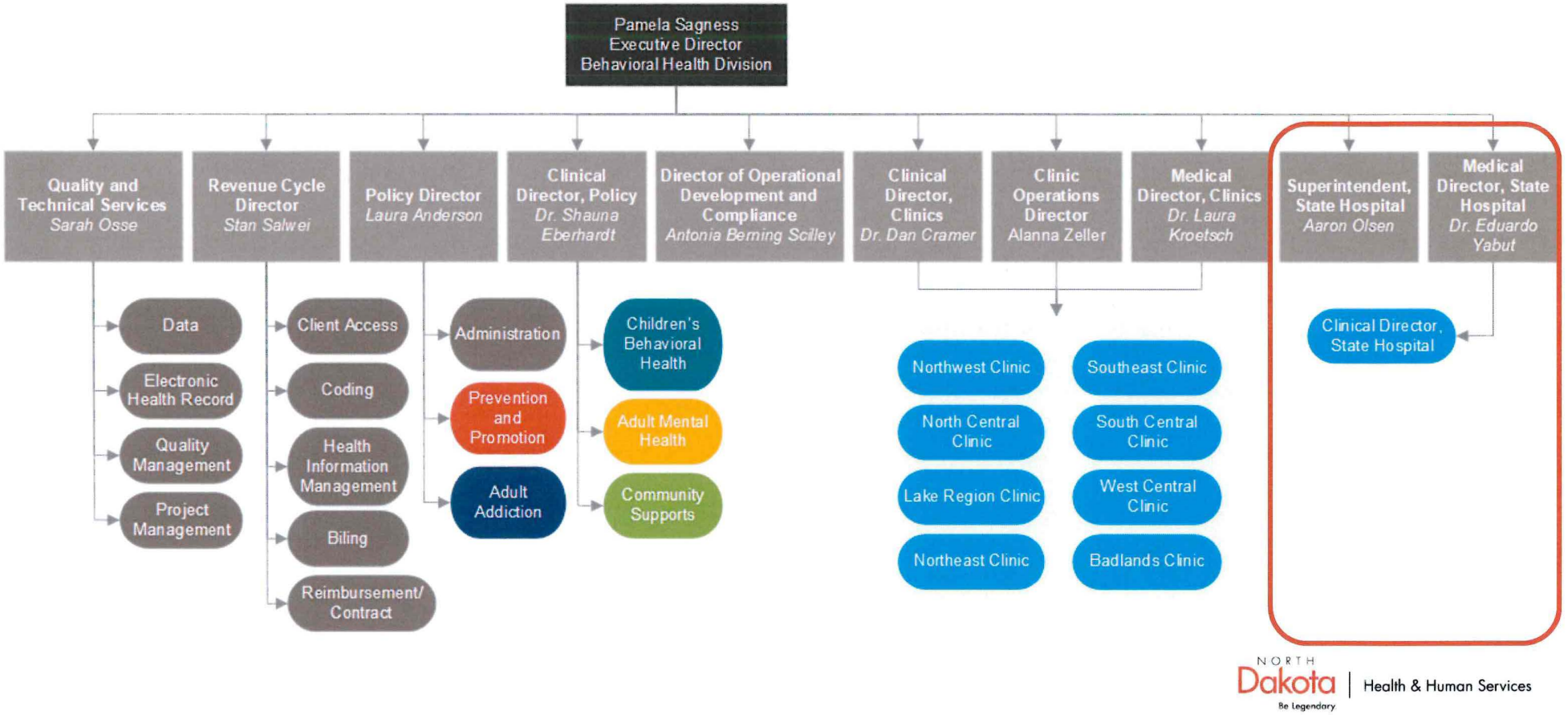
Behavioral Health Division



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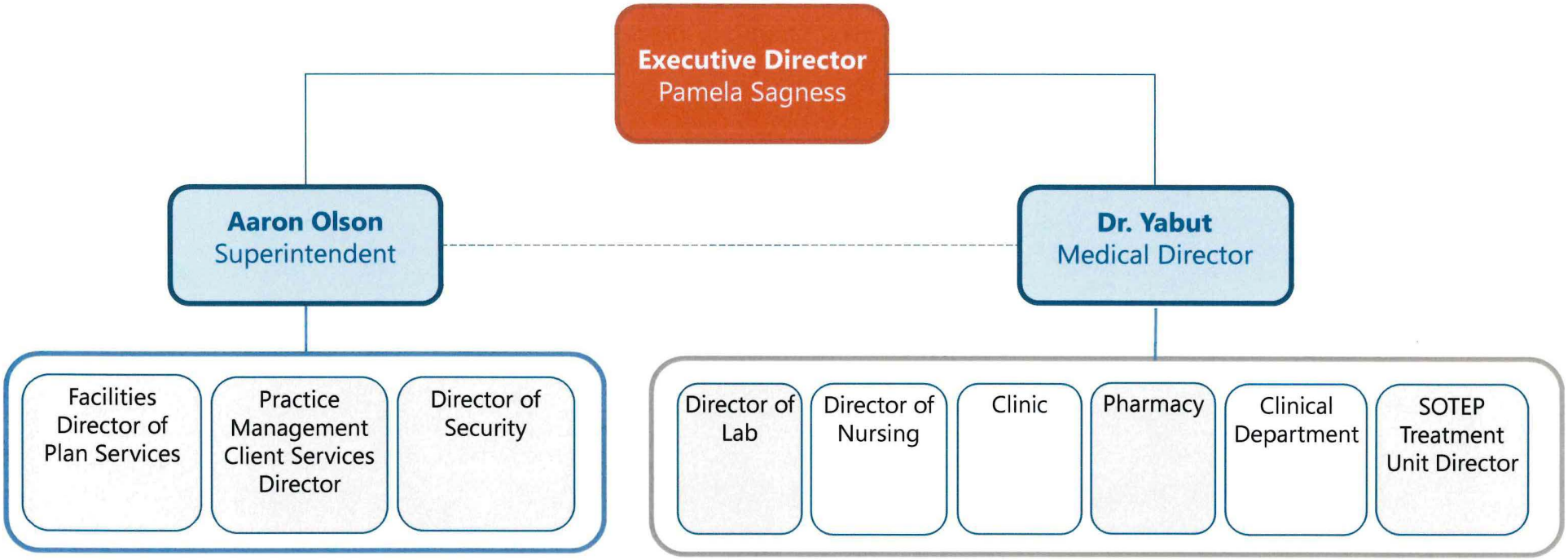
North Dakota State Hospital



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North Dakota State Hospital

Who We Are

Inpatient psychiatric and substance use disorder treatment facility located in Jamestown ND. Providing rehabilitation, forensic and acute psychiatric services through compassionate care, promoting healing and wellness to a diverse population of clients from across North Dakota.

Total Current Team 339.8 (12/1/2024)

- Psychologists
- Psychiatrists
- Registered Nurses
- Licensed Nurse Practitioner
- Licensed Addiction Counselor
- Social Worker's
- Grounds
- Facilities
- Maintenance
- Security
- Direct Care Assistant
- Occupational Therapist
- Ancillary
- Activities

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Programs and Services








- Acute Psychiatric Services
- Geriatric Psychiatric Services
- Forensic Services
- Psychiatric Rehabilitation Services
- Sex Offender Residential Treatment
- Substance Use Disorder Residential Treatment

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North Dakota State Hospital

Who We Serve

Civil Patients:

Suspected of being a danger to themselves or others due to serious mental illness.

- Emergency
- Court Ordered
- Found to be a Danger to Self or Others
- Involuntary Civil Commitment by Judge

Forensic Patients:

Suspected or determined to have a serious mental illness who are involved in with the Criminal Justice system.

- Court Ordered Evaluation
- Unfit to Proceed
- Pre-Sentence Evaluation
- Guilty But Mentally Ill
- Not Guilty by Lack of Criminal Responsibility

NORTH Dakota | Health & Human Services
Be Legendary.

Admissions Biennium

2021-2023 Biennium

Total

860



2023-2025 Biennium*

Total

588



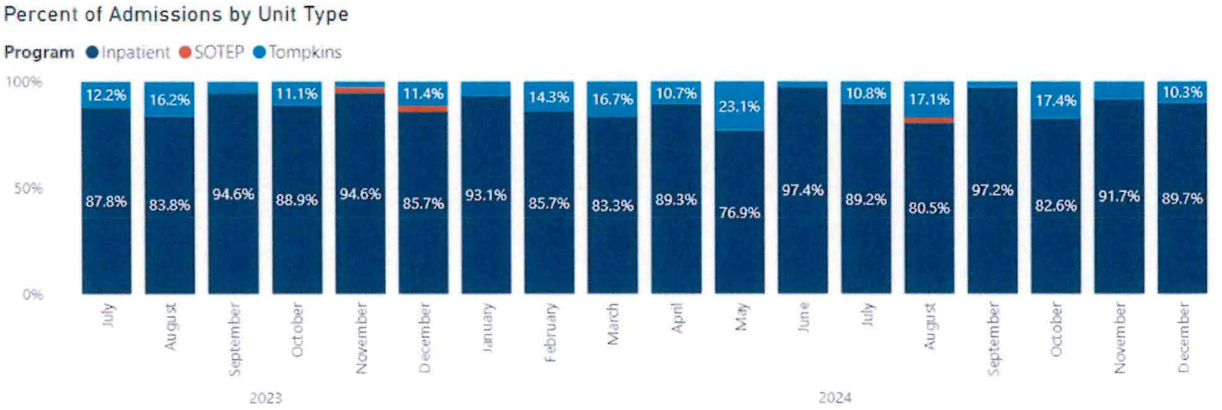
NORTH Dakota | Health & Human Services
Be Legendary

*through 12/31/2024

Admissions by Program

Current Occupancy

- Psych: 588
- SOTEP/ CTC: 3
- Tompkins: 75

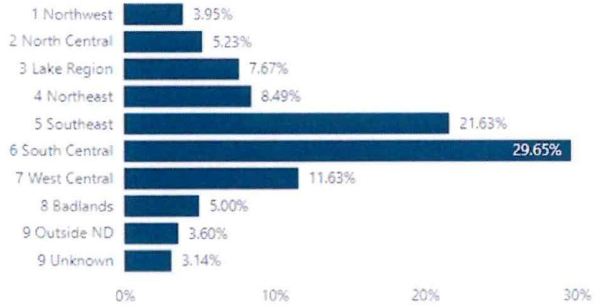




Admissions by Human Service Center Region

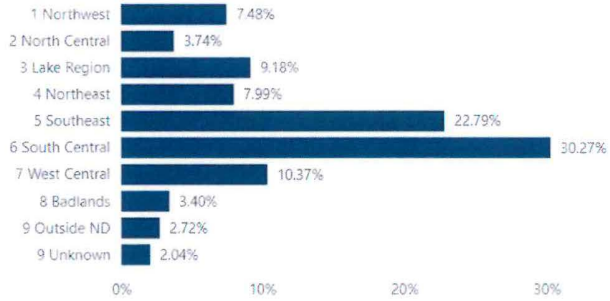
2021-2023 Biennium

1 Northwest	34
2 North Central	45
3 Lake Region	66
4 Northeast	73
5 Southeast	186
6 South Central	255
7 West Central	100
8 Badlands	43
9 Outside ND	31
9 Unknown	27
Total	**860**



2023-2025 Biennium*

1 Northwest	44
2 North Central	22
3 Lake Region	54
4 Northeast	47
5 Southeast	134
6 South Central	178
7 West Central	61
8 Badlands	20
9 Outside ND	16
9 Unknown	12
Total	**588**



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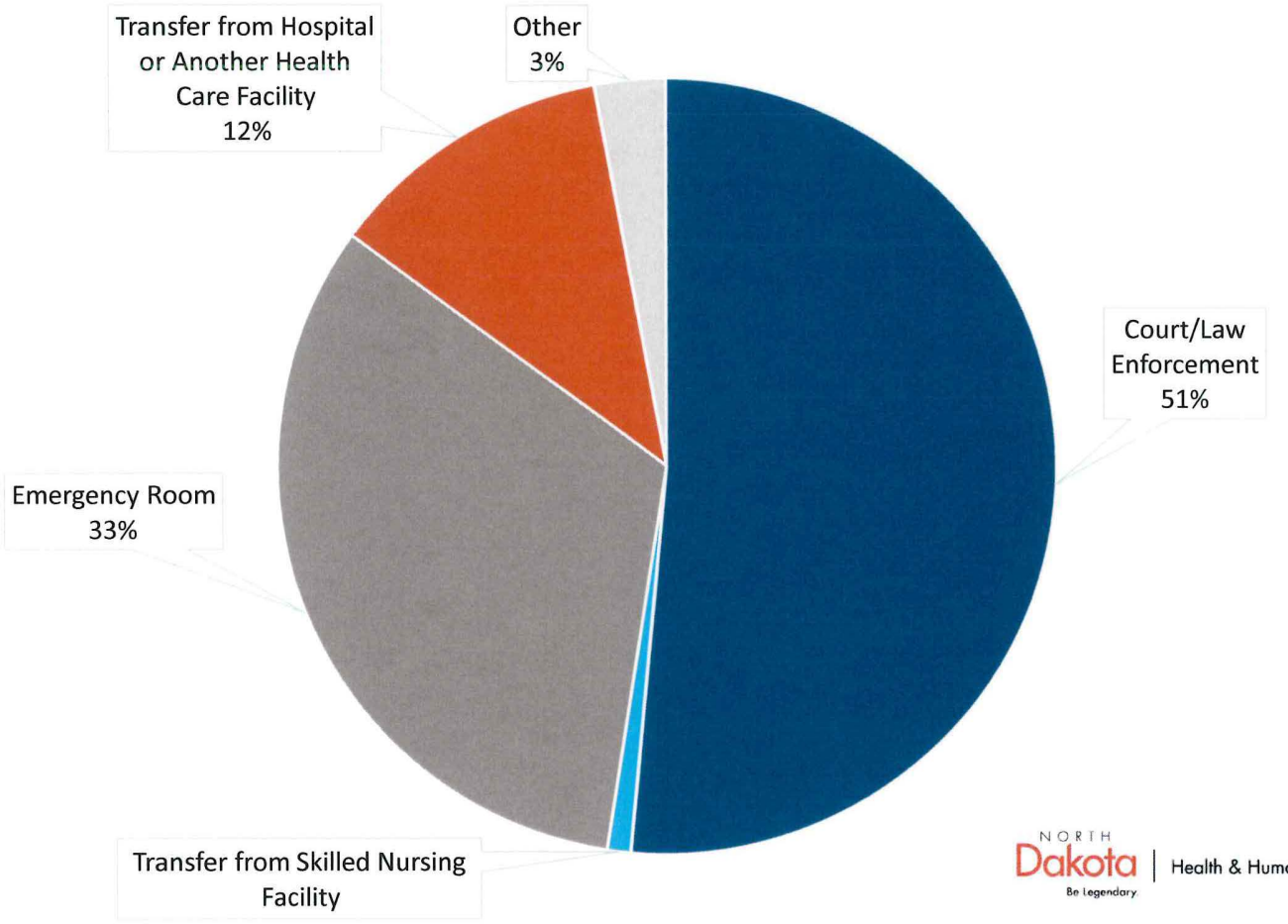
*through 12/31/2024

Inpatient Admissions

By Referral Source



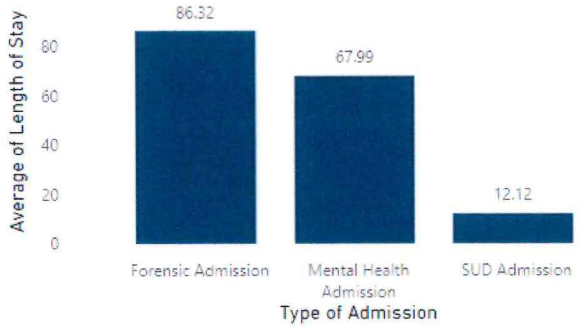
NORTH Dakota Be Legendary | Health & Human Services

7/1/2023-12/31/2024

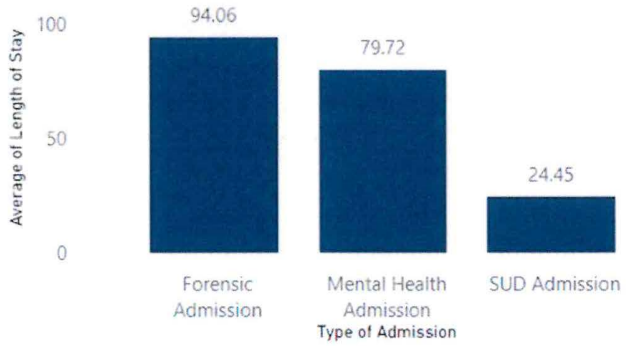
Average Length of Stay by Admission Type

(By Days)

2021-2023 Biennium



2023-2025 Biennium*



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*through 12/31/2024

Sex Offender Residential Treatment
(SOTEP)

- 2 units and a community transition house for a total of 49 beds
- Serves individuals who are civilly committed sexual offenders

Admissions	Occupancy	Average Length of Stay	Occupancy Rate
3	29	10+ years	57%

NORTH Dakota | Health & Human Services
Be Legendary.

7/1/2023-12/31/2024

Substance Use Disorder (SUD) Residential Services

	Admissions	Length of Stay	Average Occupancy
2021-2023 Biennium	226	42.0	13.1
2023-2025 Biennium*	75	54.9	7.7

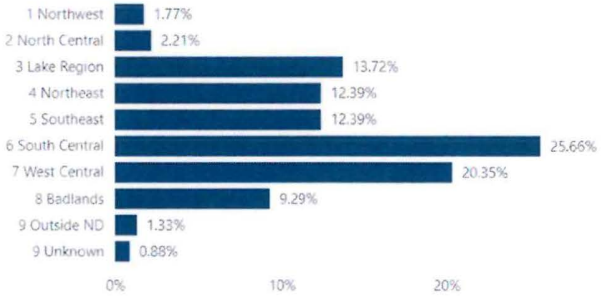
NORTH Dakota Be Legendary | Health & Human Services

*through 12/31/2024

Substance Use Disorder (SUD) Residential Services

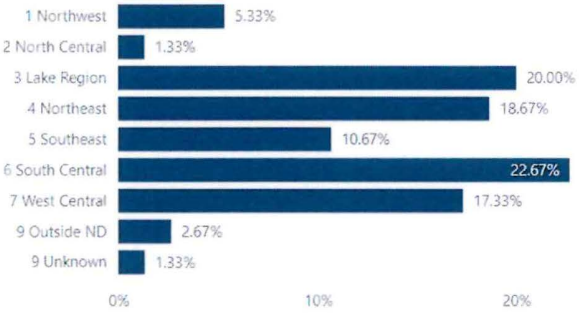
2021-2023 Biennium

1 Northwest	4
2 North Central	5
3 Lake Region	31
4 Northeast	28
5 Southeast	28
6 South Central	58
7 West Central	46
8 Badlands	21
9 Outside ND	3
9 Unknown	2
Total	**226**



2023-2025 Biennium*

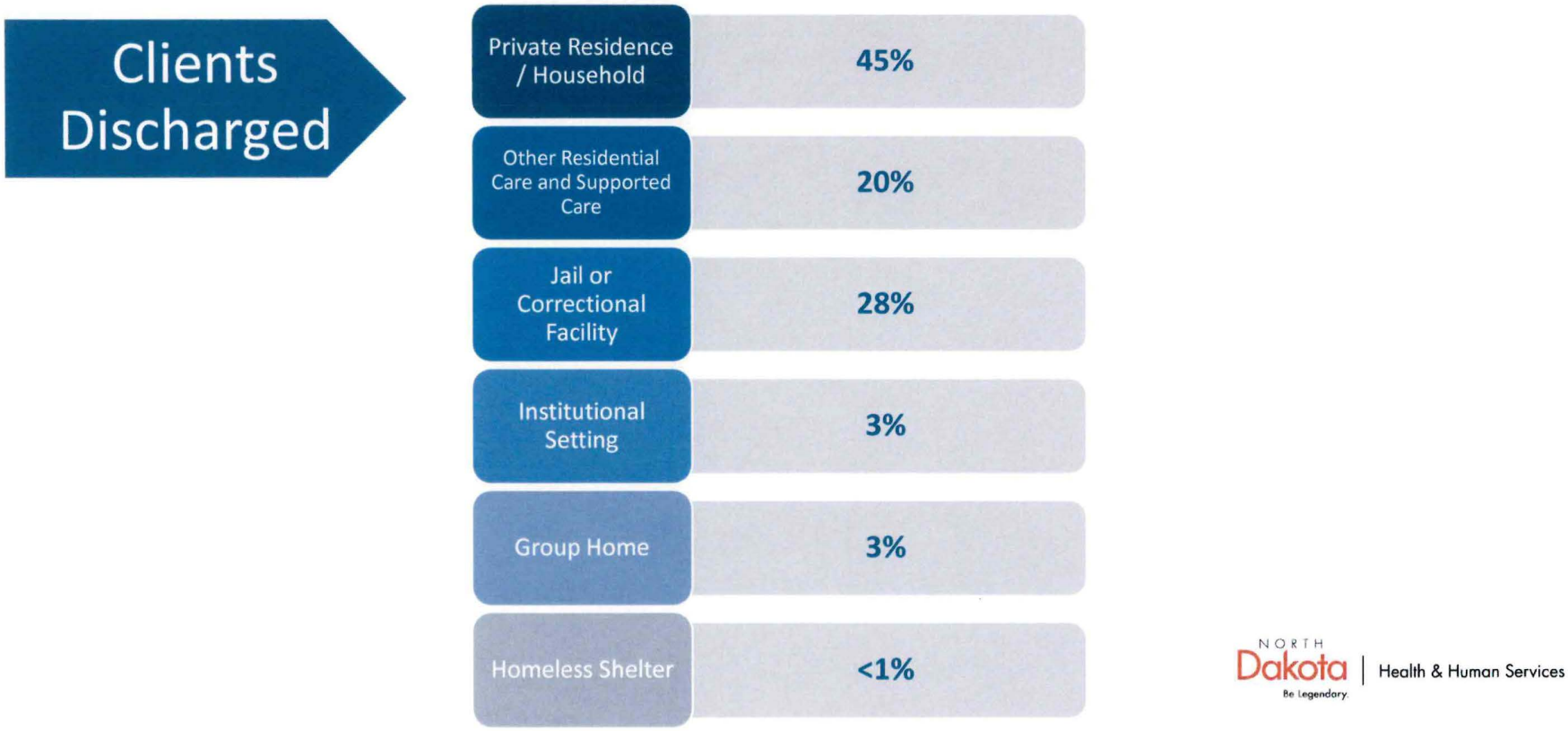
1 Northwest	4
2 North Central	1
3 Lake Region	15
4 Northeast	14
5 Southeast	8
6 South Central	17
7 West Central	13
9 Outside ND	2
9 Unknown	1
Total	**75**



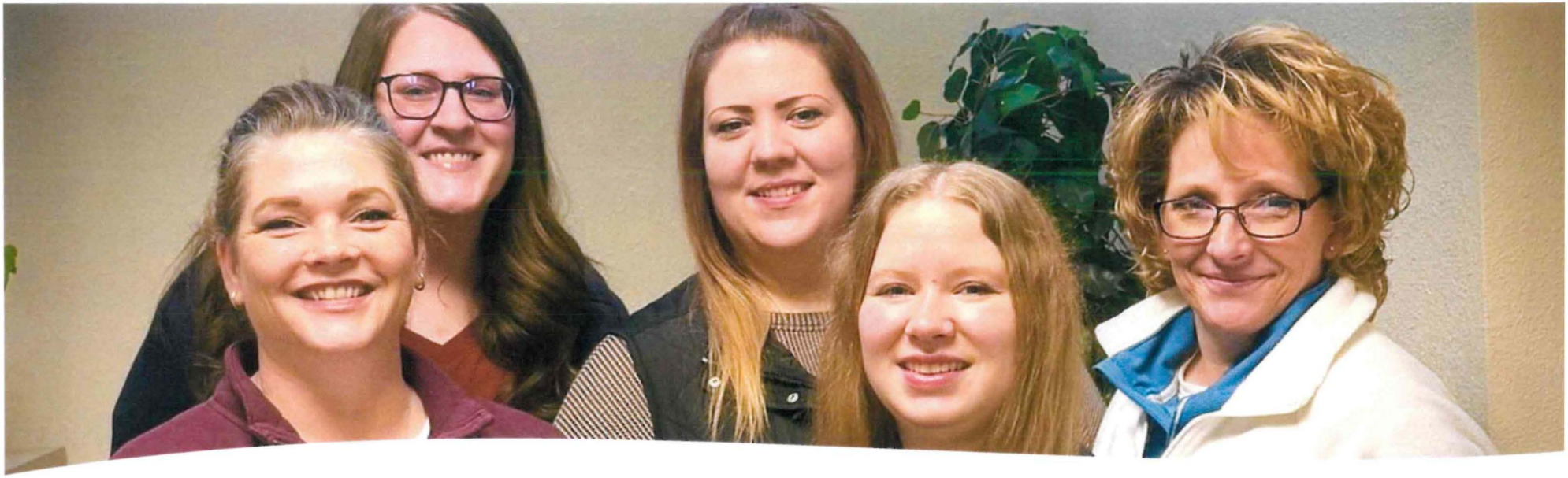
NORTH Dakota Be Legendary | Health & Human Services

**through 12/31/2024*

Hospital Discharges



NORTH Dakota Be Legendary. | Health & Human Services



Forensic Services

2023-2025 Biennium*

Forensic Evaluation Orders

Competency	Criminal Responsibility	Risk Assessments
427	287	31

NORTH Dakota | Health & Human Services
Be Legendary

*through 12/31/2024

Forensic Evaluations

	Evaluations per Month	Restorations per Month	Restoration Length of Stay
2021-2023 Biennium	32.0	4.3	105.2 Days
2023-2025 Biennium	25.3	5.9	88.0 Days

NORTH Dakota Be Legendary. | Health & Human Services

*through 12/31/2024

Restoration Admission Locations

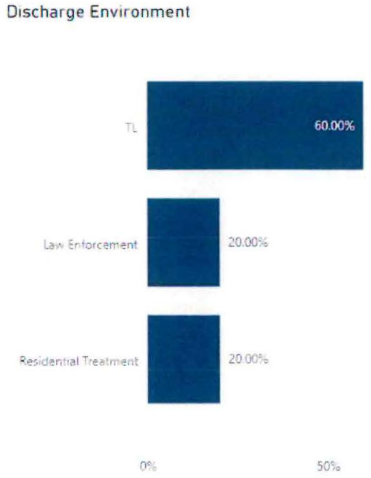


NORTH Dakota Be Legendary | Health & Human Services

*through 12/31/2024

Not Guilty by Lack of Criminal Responsibility Discharges

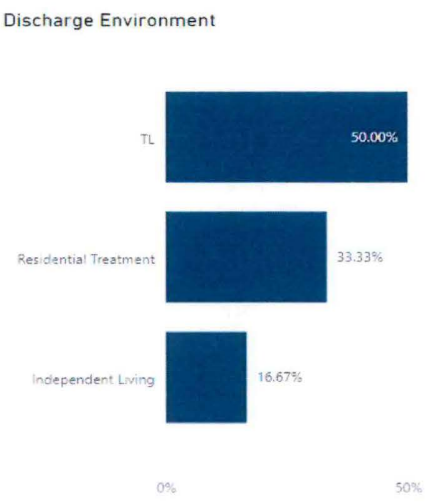
2021-2023 Biennium



Discharges by Environment

Consolidated Discharge Location	Count of PATID
TL	3
Law Enforcement	1
Residential Treatment	1
Total	**5**

2023-2025 Biennium*



Discharges by Environment

Consolidated Discharge Location	Count of PATID
TL	3
Residential Treatment	2
Independent Living	1
Total	**6**

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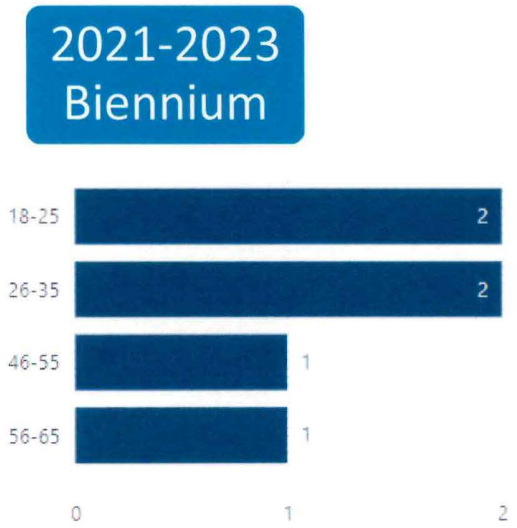
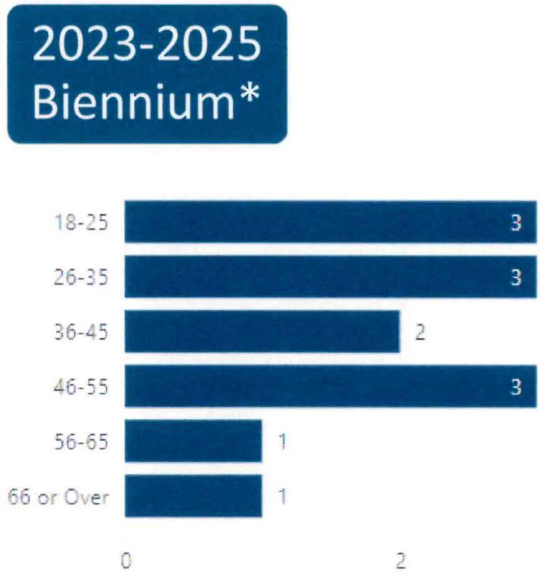
*through 12/31/2024

Not Guilty by Lack of Criminal Responsibility

By Age





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*through 12/31/2024

Admissions by Civil Order Type

2021-2023 Biennium	Emergency	14 Day Order	15-90 Day Order	>90 Day Order
	620	3	43	10

2023-2025 Biennium*	Emergency	14 Day Order	15-90 Day Order	>90 Day Order
	429	5	18	7

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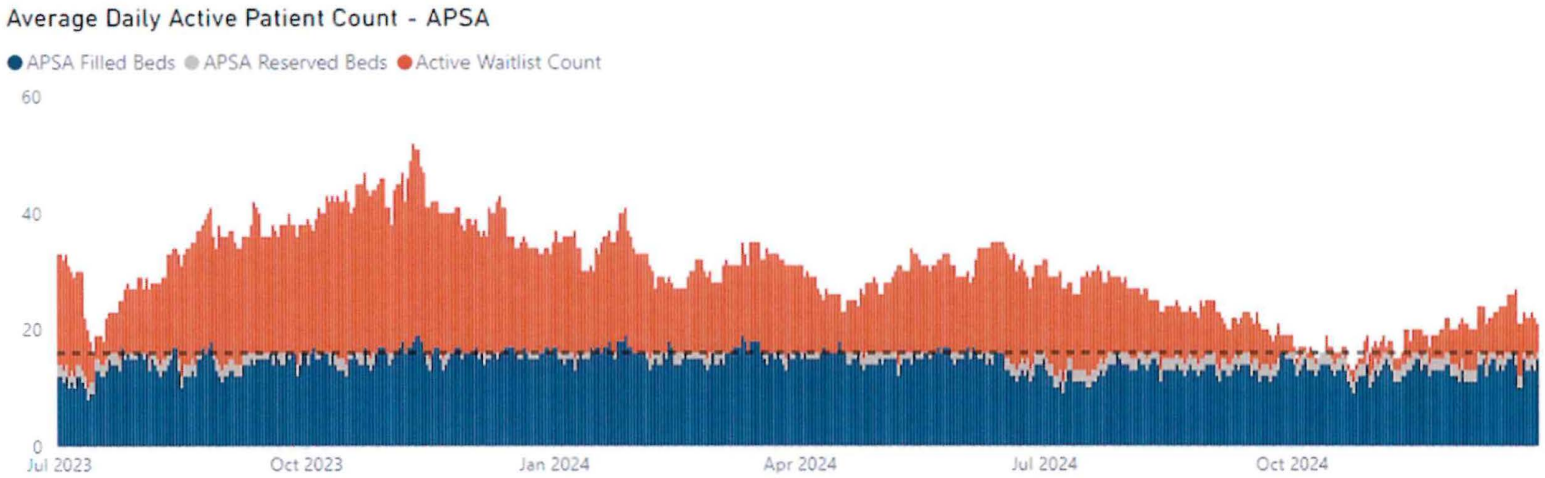
*through 12/31/2024

Pending Admissions vs. Admissions L100 (APSA) Occupancy

2023-2025 Biennium*



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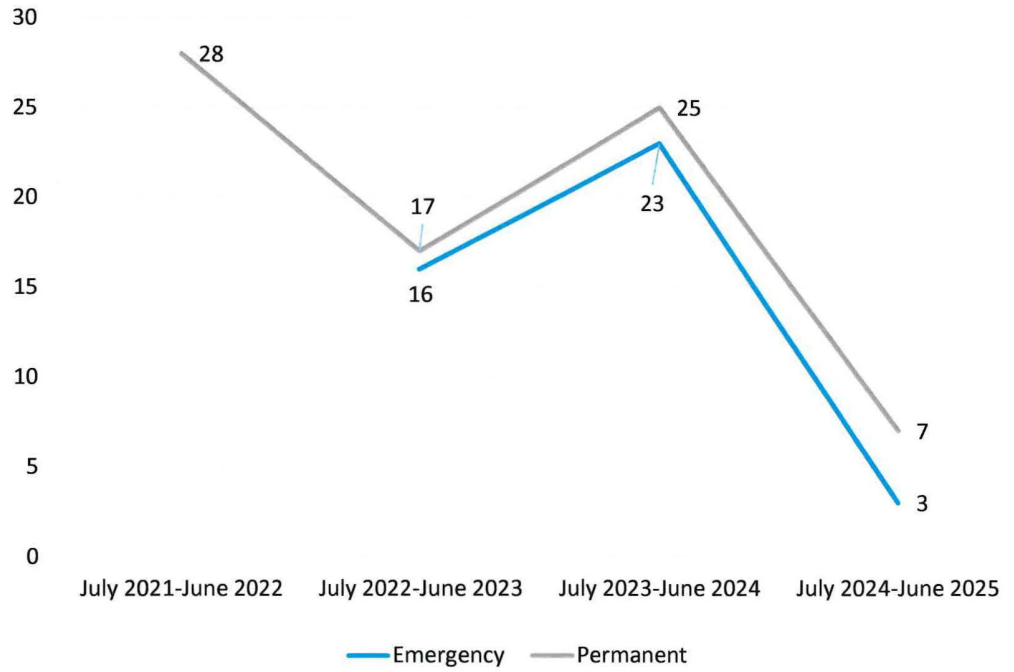
through 12/31/2024

Guardianships

July 2021 - June 2023		
	Emergency	Permanent
July 2021 - June 2022		28
July 2022 - June 2023	16	17
Cost	$14,400.00	$90,000.00
July 2023 - June 2025		
July 2023 - June 2024	23	25
July 2024 - June 2025	3	7
Cost	$23,400.00	$64,000.00



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Institution of Learning

Student Training & Education

Students from UND Department of Psychiatry & Behavioral Science

- 40 3rd year medical students in 2023
- 9 residents in 2023

Nursing Students

- 6,052 hours
- 349 students
- Representing 9 schools

Nurse Practitioners

- 500+ hours

Pharmacy Students

- 1,400 Hours

Counseling Students

- 1,485 hours

SW Students

- 1,158 hours

High School Students

- 3 hours

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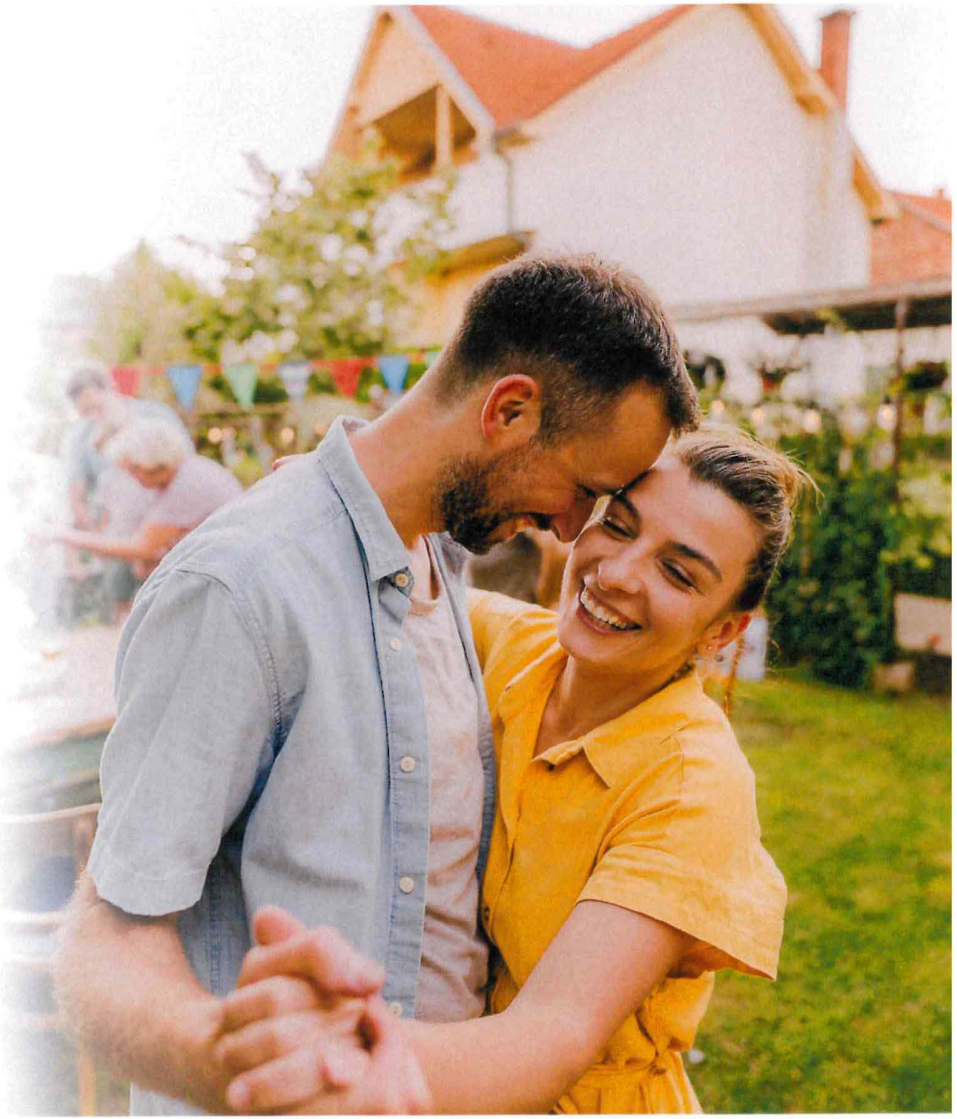
Budget review



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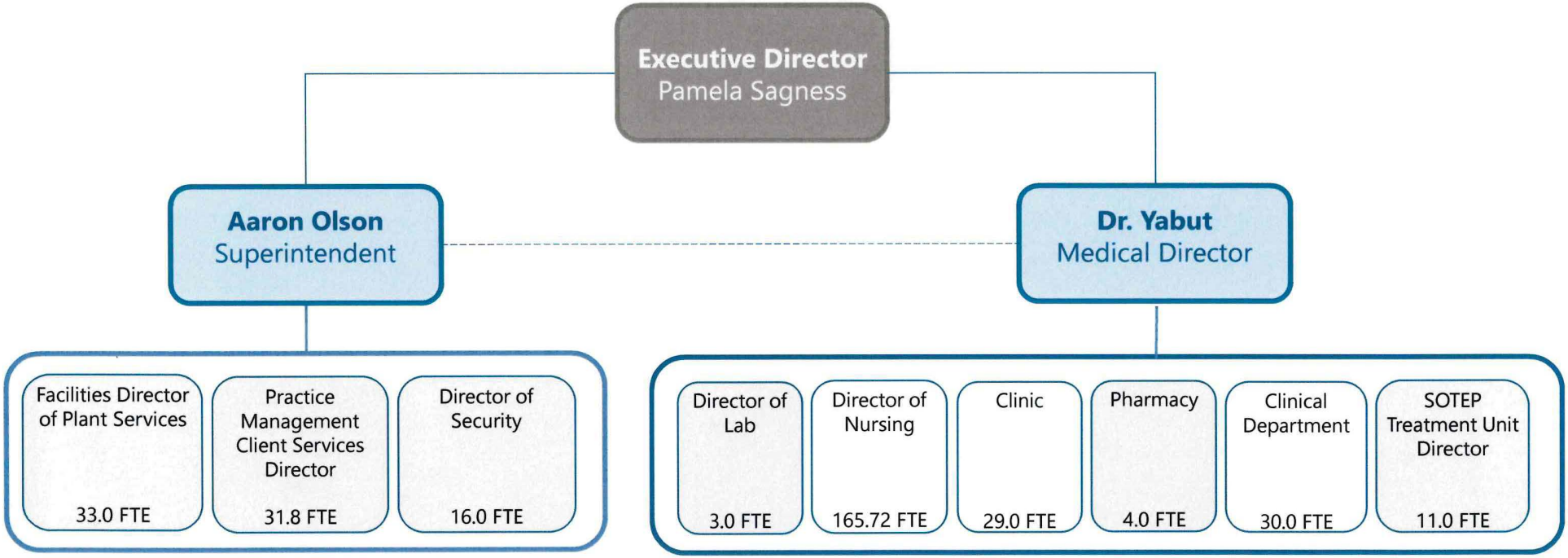
North Dakota State Hospital



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North Dakota State Hospital FTE

Section Name			
Position Numbers Assigned/ Funding Exists	**Number of people filling positions**	**# of Vacancies**	**# of Temporary**
323.52	*275.80*	*47.72*	*64*

Average Age	*45.63*
Avg Years of Service	*11.00*
Retirement Risk	*5.52%*
Turnover 2023	*23.37%*
Turnover 2024	*16.0%*

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Comparison of budget expenditures and projections
By Program

PROGRAMS	2023-25 LEGISLATIVE BASE	ONE TIME / CARRYOVER	EXPENDED AS OF 12/31/2024	PROJECTION THROUGH	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)	ENGROSSED HB 1012	GENERAL	FEDERAL	OTHER
STATE HOSPITAL ADMINISTRATION	$ 7,685,086	$ -	$ 2,137,167	$ 4,763,214	$ 6,935,104	$ (608,773)	$ 6,326,331	$ 6,326,331	$ -	$ -
FACILITIES	9,909,469	16,500,000	17,889,334	27,652,534	311,332,591	29,508,000	340,840,591	10,462,896	-	330,377,695
NUTRITION SERVICES	2,103,940	-	1,655,956	2,620,366	2,904,006	(90,000)	2,814,006	2,634,138	-	179,868
SAFETY SERVICES	838,469	-	573,413	1,114,603	1,129,605	(93,000)	1,036,605	1,036,605	-	-
HOSPITAL SERVICES	3,587,516	-	2,139,694	3,454,632	3,813,360	(318,000)	3,495,360	3,493,698	-	1,662
QUALITY SUPPORT	5,833,108	-	5,076,120	9,206,092	6,934,071	(287,000)	6,647,071	4,710,271	-	1,936,800
ANCILLARY SERVICES	4,197,745	-	2,534,926	4,180,869	4,496,058	(150,000)	4,346,058	3,838,109	-	507,949
INPATIENT SERVICES	43,322,048	-	24,684,777	37,919,012	40,765,646	(2,205,000)	38,560,646	26,018,945	2,004,083	10,537,618
TOMPKINS PROGRAM	4,108,068	-	3,639,602	5,137,776	4,730,947	(417,000)	4,313,947	4,313,947	-	-
SEX OFFENDERS	13,241,524	-	4,755,236	8,765,531	11,780,319	(900,000)	10,880,319	10,880,319	-	-
TOTAL	**$ 94,826,972**	**$ 16,500,000**	**$ 65,086,225**	**$ 104,814,629**	**$ 394,821,706**	**$ 24,439,227**	**$ 419,260,933**	**$ 73,715,258**	**$ 2,004,083**	**$ 343,541,592**

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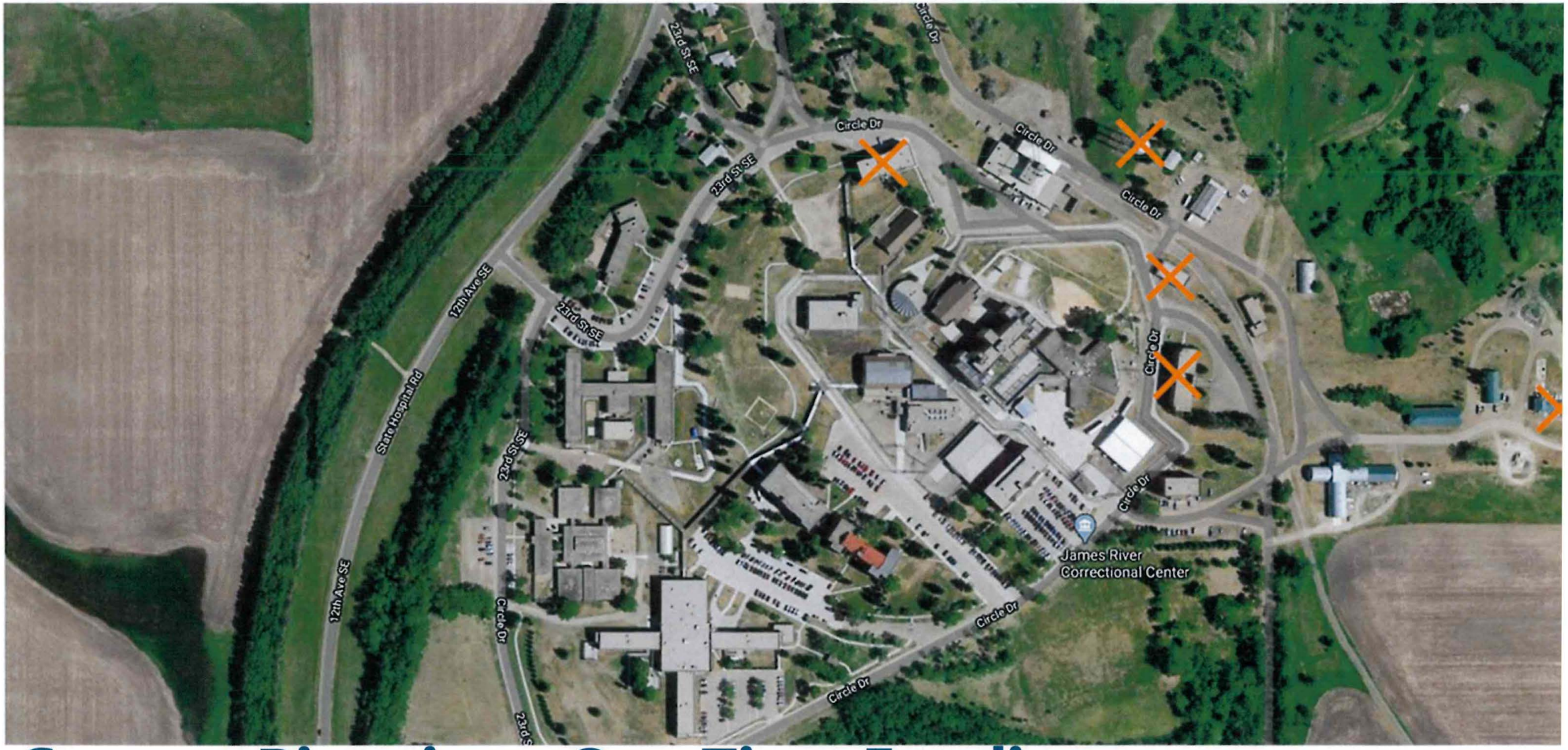

Current Biennium: One Time Funding

Demolition-Complete

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Changes to Base Budget

By Ongoing, One-Time and Funding Source

BASE BUDGET CHANGES	DESCRIPTION	2025-27 EXECUTIVE BUDGET RECOMMENDATION		ENGROSSED HB 1012	
		GENERAL	OTHER	GENERAL	OTHER
FTE Block Grant Reduction	FTE Block Grant Salary Reduction			$ (5,166,000)	
Operational Reduction	Operational Reduction			(395,000)	
State Hospital	New State Hospital Build		300,000,000 Bond		200,000,000 SIIF
	(One-Time)				130,000,000 BND LOC

Comparison of budgets and funding

By Major Expense

DESCRIPTION	2023-25 LEGISLATIVE BASE	INCREASE / (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)	ENGROSSED HB 1012
Salaries & Benefits	$ 76,156,746	$ (2,215,195)	$ 73,941,551	$ (5,165,773)	$ 68,775,778
Operating	17,026,108	2,181,615	19,207,723	(395,000)	18,812,723
IT Services	290,819	28,314	319,133	-	319,133
Capital Asset Expense	1,292,499	-	1,292,499	-	1,292,499
Capital Assets	60,800	300,000,000	300,060,800	30,000,000	330,060,800
Total	**$ 94,826,972**	**$ 299,994,734**	**$ 394,821,706**	**$ 24,439,227**	**$ 419,260,933**
General Fund	**$ 81,684,752**	**$ (2,408,721)**	**$ 79,276,031**	**$ (5,560,773)**	**$ 73,715,258**
Federal Funds	**2,545,855**	**(541,772)**	**2,004,083**	**-**	**2,004,083**
Other Funds	**10,596,365**	**302,945,227**	**313,541,592**	**30,000,000**	**343,541,592**
Total Funds	**$ 94,826,972**	**$ 299,994,734**	**$ 394,821,706**	**$ 24,439,227**	**$ 419,260,933**

State Hospital Budget as % of HHS Budget

- 6.7%

Budget by Funding Source

- 17.6% General
- .5% Federal
- 81.9% Other

Budget by Pass Through

- 2.9% Paid to private providers
- 16% Direct Service
- 2% Admin
- .1% IT
- 79% Capital Projects

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Rate Setting

- The Department calculates the rates annually based on actual operating costs



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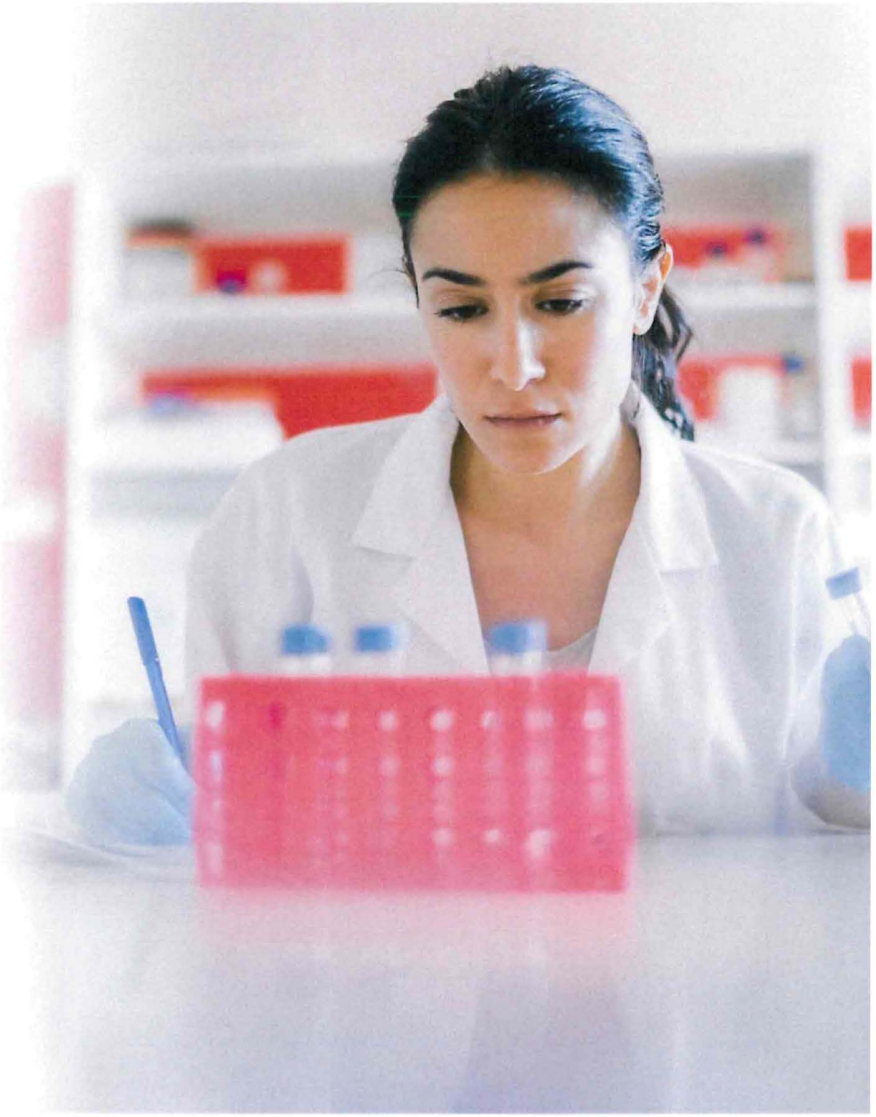
Contact Information

Superintendent
Aaron Olson
olsonaaron@nd.gov

Medical Director
Dr. Eduardo Yabut
eyabut@nd.gov



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2025 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

HB 1012 p.m.
3/19/2025

Relating to leases of the health and human services property, substance use disorder treatment program, basic care payment rates, and state of residence for child care assistance; to provide for a transfer; to authorize a line of credit; to provide legislative intent; to provide for a legislative management study; to provide an application; to provide an exemption; to provide for a report; and to provide an effective date.

2:08 p.m. Chairman Dever opened the hearing.

Members present: Chairman Dever and Senators Cleary, Davison, Magrum and Mathern.

Discussion Topics:

- Policy
- Changes to Base Budget
- Opioid Settlement Fund
- Avel eCare Rural Crisis Care
- Substance Use Disorder (SUD) Voucher
- Drug Court
- Free Through Recovery
- Community Connect
- Peer Support
- Children's Behavioral Health
- Voluntary Treatment Program
- House Amendments
- Comparison of Budget Expenditures & Projections

2:08 p.m. Pamela Sagness, Executive Director, Behavioral Health Division, ND Health & Human Services (NDHHS), testified in favor and gave introductions.

2:09 p.m. Laura Anderson, Policy Director, Behavioral Health Division, NDHHS, testified in favor and submitted testimony #43062 and $43065.

2:20 p.m. Pam Sagness, Executive Director, Behavioral Health Division, NDHHS, testified in favor and answered committee questions.

2:21 p.m. Donna Aukland, Chief Financial Officer, NDHHS, testified in favor and answered committee question.

2:25 p.m. Laura Anderson, Policy Director, Behavioral Health Division, NDHHS, testified in favor and continued testimony.

3:07 p.m. Pam Sagness, Executive Director, Behavioral Health Division, NDHHS, testified in favor and answered committee questions.

2:25 p.m. Laura Anderson, Policy Director, Behavioral Health Division, NDHHS, testified in favor and continued testimony.

3:10 p.m. Shawna Eberhardt, Clinical Director, Behavioral Health Division, NDHHS, testified in favor and continued testimony #43062.

3:20 p.m. Laura Anderson, Policy Director, Behavioral Health Division, NDHHS, testified in favor and continued testimony.

3:20 p.m. Shawna Eberhardt testified in favor and continued testimony.

3:22 p.m. Laura Anderson, Policy Director, Behavioral Health Division, NDHHS, testified in favor and continued testimony.

3:23 p.m. Sarah Osse, Quality and Technical Services, Behavioral Health Division, NDHHS, testified in favor and continued testimony #43062.

3:27 p.m. Laura Anderson, Policy Director, Behavioral Health Division, NDHHS, testified in favor and continued testimony.

3:30 p.m. Pam Sagness, Executive Director, Behavioral Health Division, NDHHS, testified in favor and answered committee questions.

3:34 p.m. Laura Anderson, Policy Director, Behavioral Health Division, NDHHS, testified in favor and continued testimony.

3:38 p.m. Pam Sagness, Executive Director, Behavioral Health Division, NDHHS, testified in favor and answered committee questions.

Additional Written Testimony:

Rebecca Quinn, Associate Director, Center for Rural Health, UND School of Medicines & Health Sciences, submitted written testimony in favor #42825.

Melanie Gaebe, Chair, Behavioral Health Planning Council, submitted written testimony in favor #42922 & #42923.

3:50 p.m. Chairman Dever adjourned the meeting.

Joan Bares, Committee Clerk

NORTH DAKOTA BRAIN INJURY NETWORK
1301 N Columbia Rd Stop 9037
Grand Forks, ND 58202
855.866.1884 | www.ndbin.org

Testimony
House Bill 1012
Senate Appropriations - Human Resources Division
March 19, 2025

Chairman and members of the committee, my name is Rebecca Quinn, and I serve as the associate director at the Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences. My testimony today is on behalf of all the individuals and families impacted by brain injury in North Dakota.

Brain injury impacts every facet of an individual's life and individuals with brain injury are represented across all service systems. Depending on the age of the injury, deficits the person may have, and resources available an individual may qualify for various service systems creating a vast array of available options. Throughout the development of North Dakota's brain injury services, there has been identified the need for a centralized brain injury hub to provide information, support, and training. The North Dakota Brain Injury Network meets these needs by providing a centralized, statewide source of information regarding brain injury and delivers resource facilitation services to individuals with brain injuries. The importance of NDBIN is to help individuals with brain jury, their families and the professionals working with them to navigate the complex system of care and resources that might be available.

During this biennium the budget for NDBIN was increased and with that was able to hire two new staff. We now have a total of five staff located throughout the state. This increase has allowed us to a more regional approach and provide many more in person services and opportunities.

NORTH DAKOTA BRAIN INJURY NETWORK
1301 N Columbia Rd Stop 9037
Grand Forks, ND 58202
855.866.1884 | www.ndbin.org

For the period of July 1, 2023 through Dec 31, 2023 the program has:

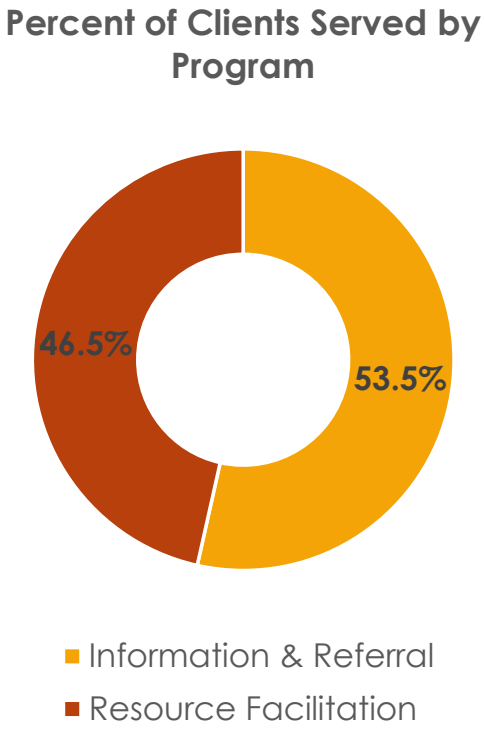
- Switched to a custom designed data tracking system that is currently in use by 11 other state brain injury programs. This has allowed us to be more effective, efficient, and accurate in tracking our data.
- 244 individuals with brain injury served with information and referral or resource facilitation services.
- Developed a Survivor Engagement Group that meets monthly to assist survivors in becoming more involved in advocacy
- 338 varied events provided to over 4,000 participants:
    - 112 support groups, Living Life Fully or Lunch and Learn sessions; this includes a session of Living Life Fully provide to the peer support specialist at the North Dakota State Penitentiary
    - 3 survivor focused book clubs
    - 3 Certified Brain Injury Specialist trainings and developed a new training course for Medicaid service providers
    - Annual Mind Matters Conference and virtual Concussion Symposium
- Continued to host and support our virtual brain injury screening platform and most recently developed a virtual brain injury in education platform to support educators working with students with brain injury
- Contracted for the completion of a Systems Study to help guide future efforts and gain feedback on current programing
- Applied for and received a Department of Justice Grant to partner with ND DOCR on integrating brain injury screening and training within DOCR.

Thank you for your consideration,

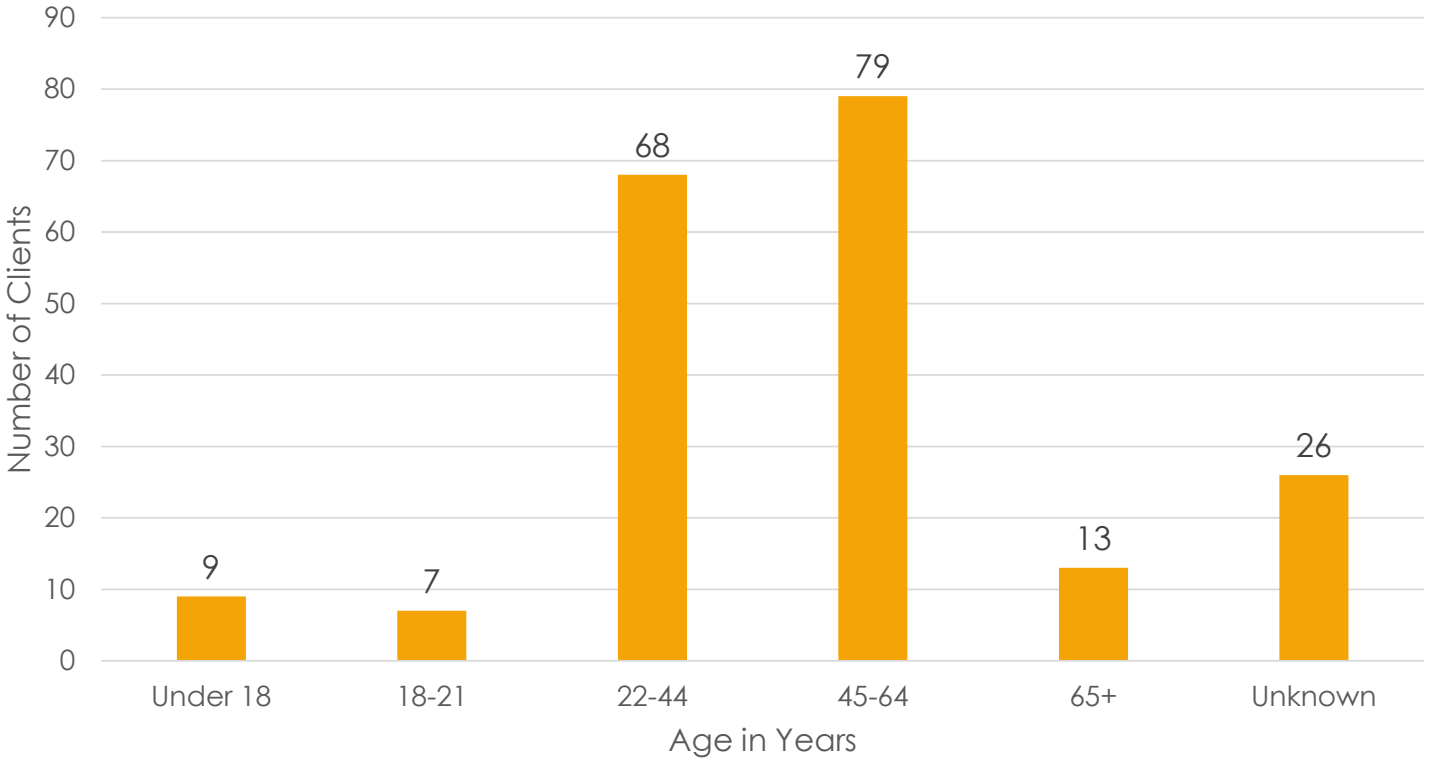
Rebecca Quinn; LMSW, CBIST
Center for Rural Health
1301 N Columbia Road, Stop 9037
Grand Forks, ND 58202-9037

Summary of Clients Served

- **202** unduplicated clients served from July 1, 2023 – September 30, 2024
  - **108** Information & Referral clients
  - **94** Resource Facilitation clients



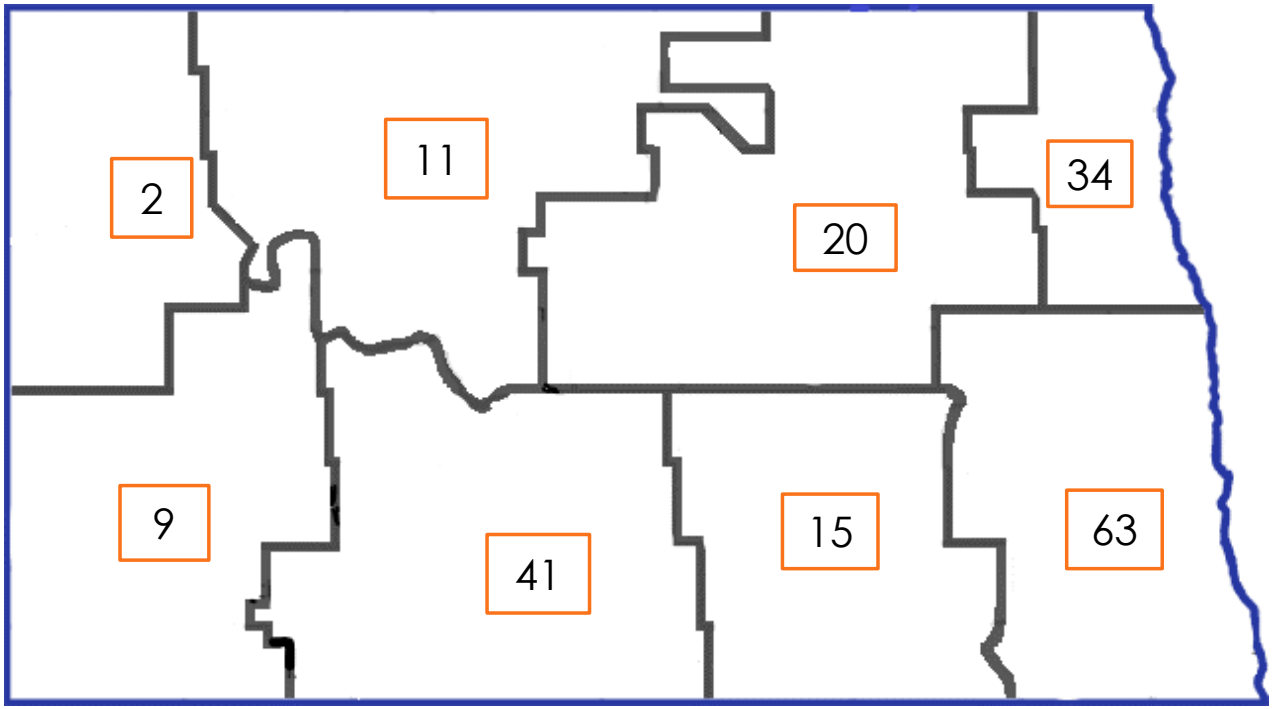
Clients Served by Age



39.1% of clients served were between the ages of 45 and 64 years old

Clients Served by Region

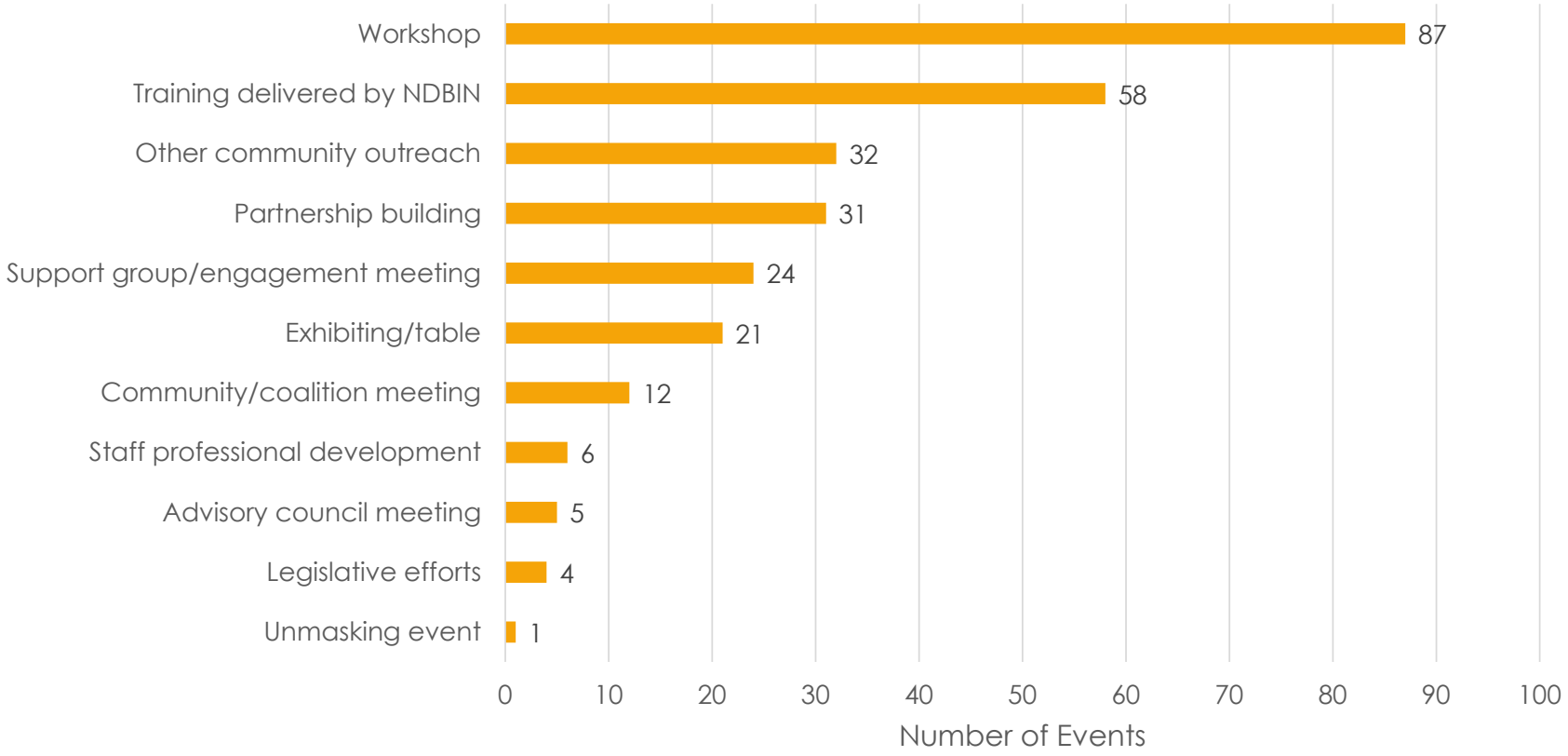
31.2% of clients served were located in Region 5 (Fargo)



Community Outreach Summary

- **334** community outreach events from July 1, 2023 – December 31, 2024
- **4,100** individuals attended community outreach events

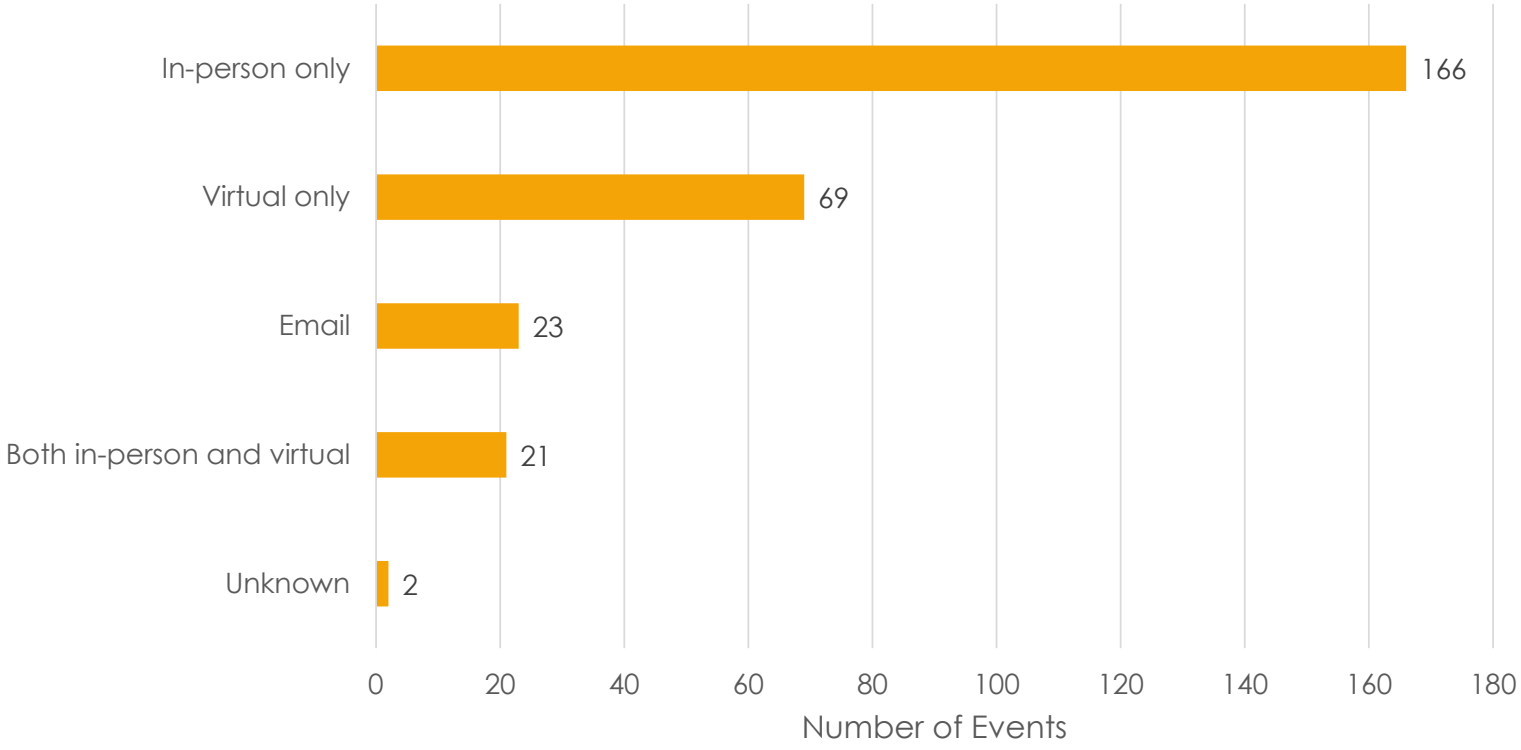
Community Outreach Events by Type



31.0% of outreach events were workshops

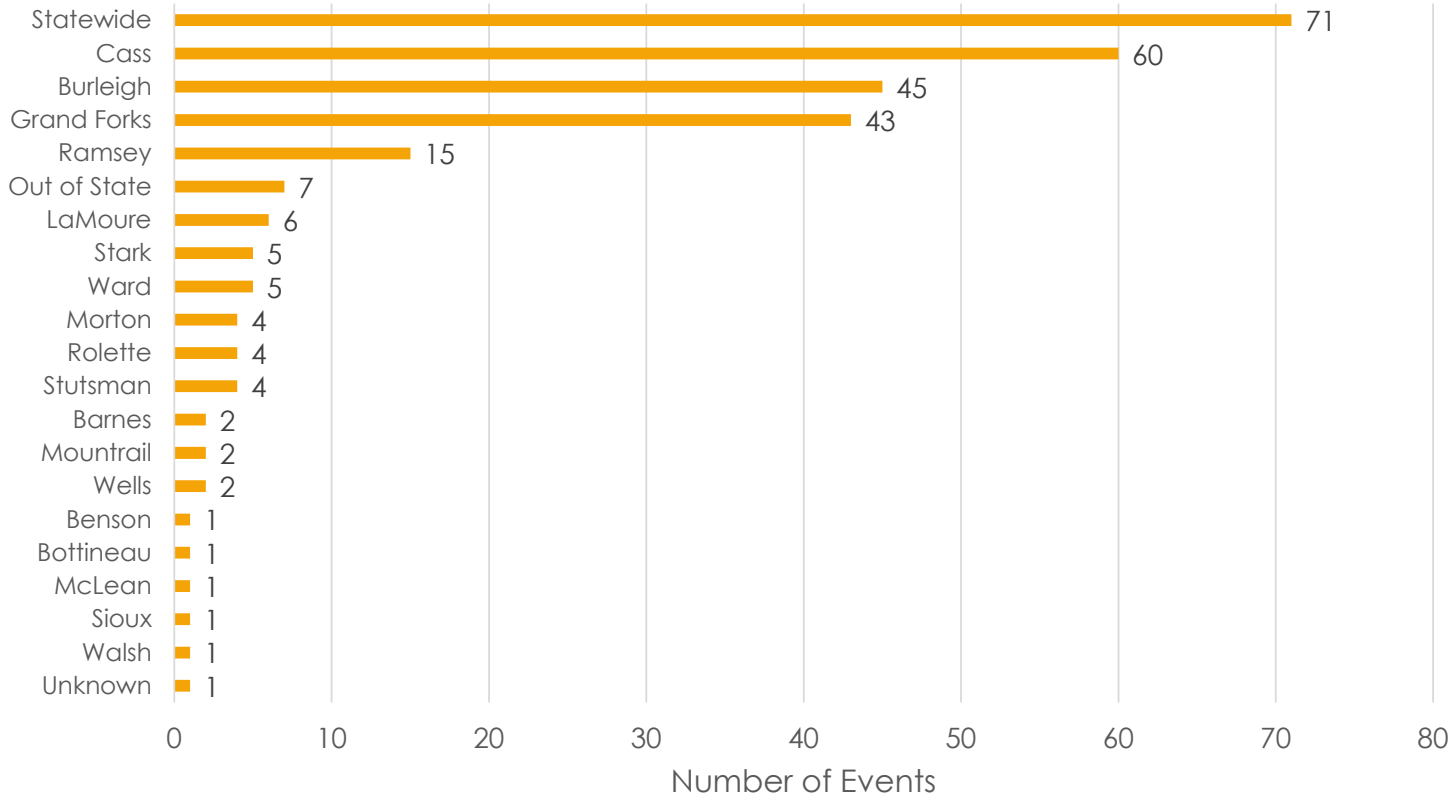
20.6% of outreach events were trainings delivered by NDBIN

Community Outreach Events by Format



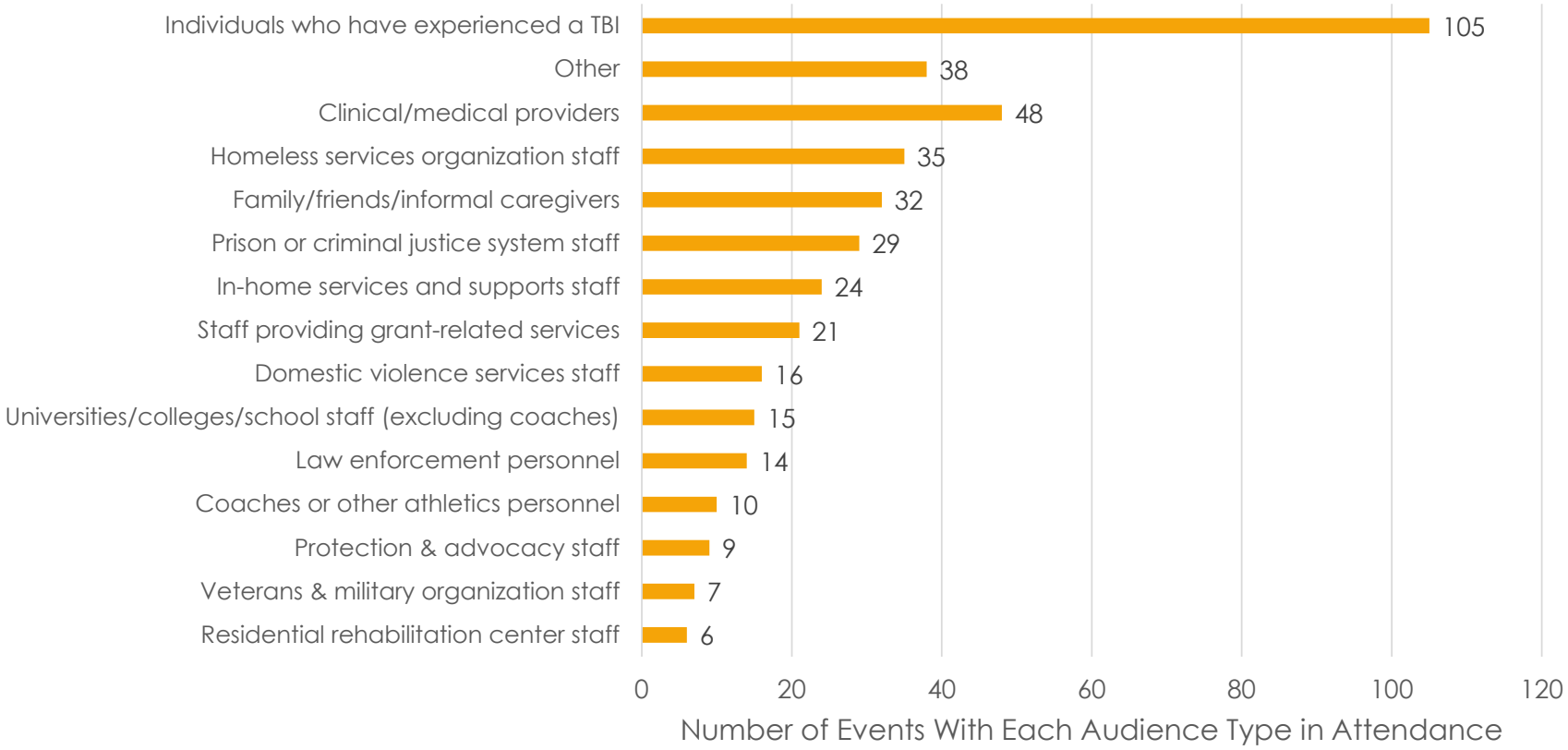
59.1% of outreach events took pace in-person only

Community Outreach Events by Location



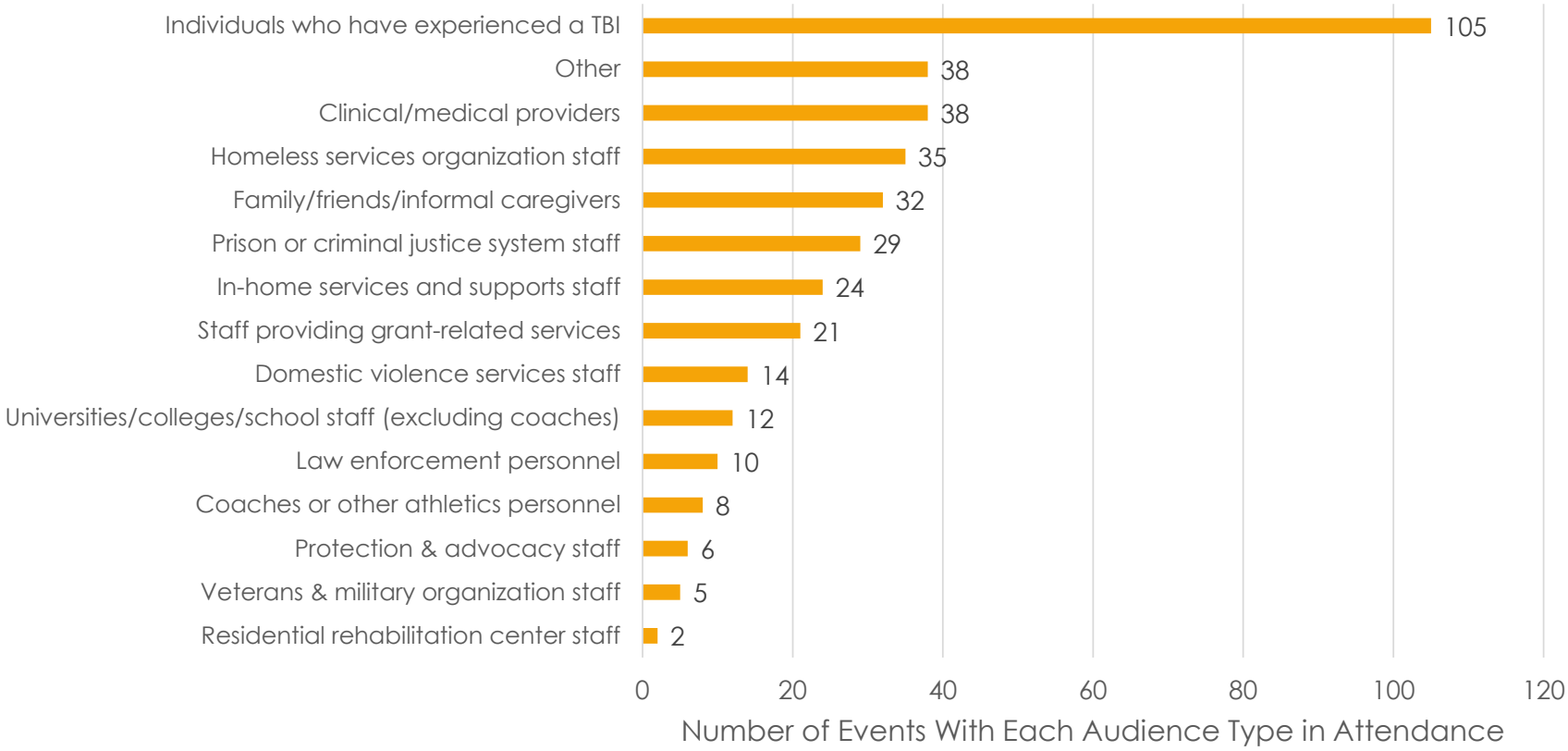
25.3% of community outreach events were statewide

Community Outreach Events by Audience Type



Individuals who have experienced a TBI were the most common audience type at community outreach events

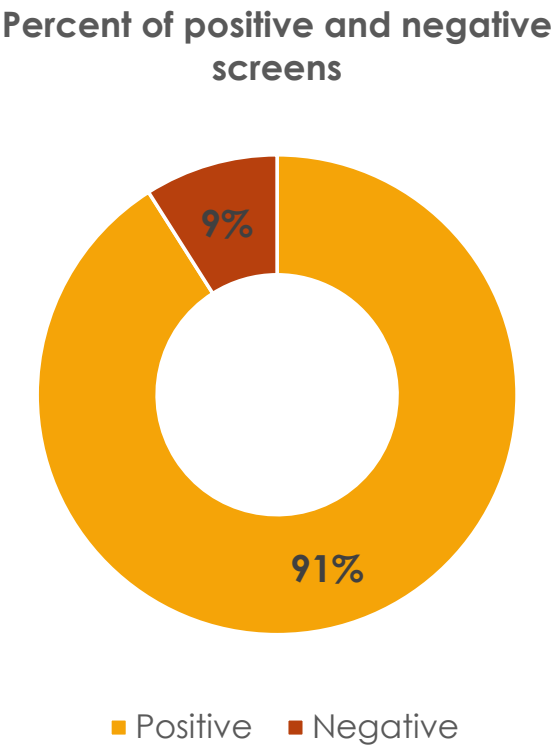
Community Outreach Events by Audience Type



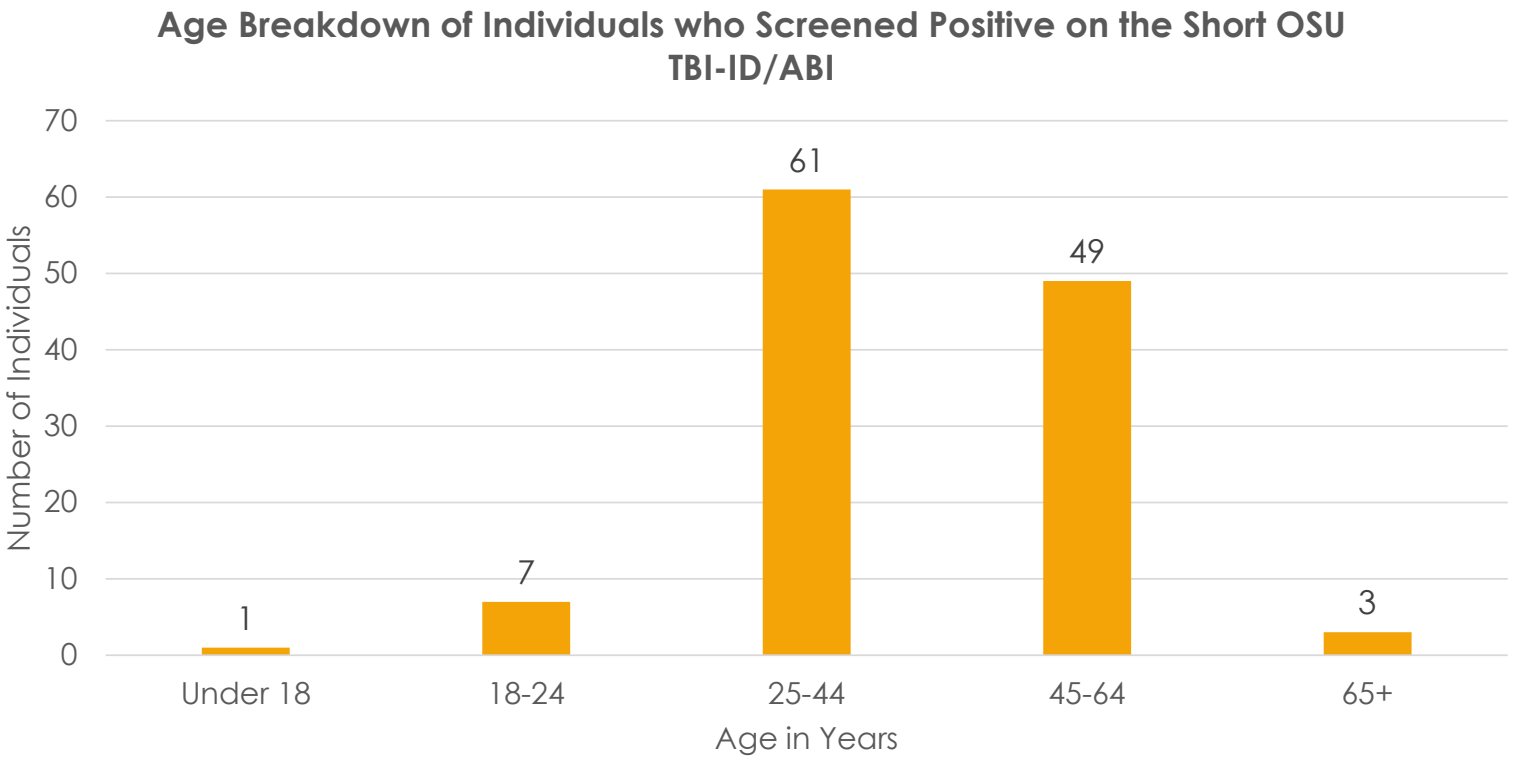
Individuals who have experienced a TBI were the most common audience type at community outreach events

Brain Injury Screening

- Short OSU TBI-ID/ABI used to screen individuals for brain injury
- **133** individuals screened from July 1, 2023 – September 30, 2024
  - **121** screened positive/likely to have a brain injury
  - **12** screened negative/unlikely to have a brain injury



Brain Injury Screening



50.4% of individuals who screened positive for TBI were between the ages of 25 and 44 years old

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behavioral health
planning council

Monitoring, reviewing, and evaluating the allocation and adequacy of mental health and substance abuse services in North Dakota
Focusing on wellness and recovery that is consumer and family driven
For more information: https://www.hhs.nd.gov/bhpc

Testimony
House Bill 1012
Senate Appropriations
Human Resources Division
Sen Dick Dever, Chair
March 19, 2025

Good morning, Chairman Dever and members of the committee. My name is Melanie Gaebe and I am the Chair of the Behavioral Health Planning Council (Council). I am providing testimony on behalf of the Council in support of HB 1012.

For those who may be unfamiliar with the Council, every state receiving federal Mental Health Block Grant funds is required to have a planning and advisory council. North Dakota expanded the focus of the council to include services for substance use disorders under the encouragement of the Federal Substance Abuse and Mental Health Services Administration. This expanded focus moved us toward a behavioral health planning and advisory structure that integrates mental health and substance abuse services.

The Council consists of thirty members who are appointed by the Governor. We have a diverse membership representing a wide array of state agencies, stakeholder groups, mental health providers, as well as consumers who have lived experience with mental health and substance use disorders. Our objective is to monitor, review, and evaluate the allocation and adequacy of mental health and substance abuse services in North Dakota.

behavioral health
planning council

Monitoring, reviewing, and evaluating the allocation and adequacy of mental health and substance abuse services in North Dakota
Focusing on wellness and recovery that is consumer and family driven
For more information: https://www.hhs.nd.gov/bhpc

The second piece of my testimony outlines the priority areas the Behavioral Health Planning Council is supporting this legislative session. The Council supports the funding for the new State Hospital and for Regional based services. There are some who would say that investing in regional services should mean we no longer need the State Hospital, and there are some who would say that investing in the State Hospital means we don't need regional services. But the reality is much more complex. The Council supports the need for a both/and approach to these investments, not an either/or approach.

The Council members are available to assist you with questions or concerns you have with these priorities. As noted on the priority document, please direct questions to the Council's contracted facilitator, Janell Regimbal at janell@insighttosolutions.com. She will be able to direct your questions to the Council members best able to provide you with the information you request.

Thank you,
Melanie Gaebe
Chair, Behavioral Health Planning Council

behavioral health
planning council

Monitoring, reviewing, and evaluating the allocation and adequacy of mental health and substance abuse services in North Dakota
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What is Behavioral Health?

- Refers to mental health and substance use disorders, life stressors and crises, and stress-related physical symptoms. Behavioral health care refers to the prevention, diagnosis and treatment of those conditions. (https://www.ama-assn.org/delivering-care/public-health/what-behavioral-health)
    - Behavioral health and mental health are often used in the same way, but mental health is really a piece of the overall picture of behavioral health

2025 Behavioral Health Planning Council Legislative Priorities

- Full funding of Health and Human Services Behavioral Health agency priorities to include:
    - State hospital replacement funding
    - Expanded school-based behavioral health services
    - Collaboration with housing initiatives to integrate behavioral health systems with housing plans
- Identified Gaps in Statewide Minimum Service Expectations
    - Crisis Services – limitations on the distance mobile crisis units travel mean the majority of the state does not have access
    - Local care options – investments in local options for care will help ease the overcrowding at the state hospital
        - Residential and Partial Hospitalization Programs
        - Expansion of geriatric psychiatric facilities
        - Community-based residential programs for court-ordered treatment
        - Increase capacity for medical detoxification in underserved areas
    - Programs for underserved populations
        - Youth, pregnant/parenting individuals, and rural populations
    - Inclusion of culturally responsive behavioral health traditional healing services in state funded recovery
    - Supported housing
        - Access and equity in recovery housing programs
        - Integration of behavioral health services with ongoing housing plan
- IMD Waiver – The Council continues to oppose the IMD Waiver, but support other options to reach the same goals
    - State plan changes to increase days of care
    - SUD voucher set aside for IMDs
    - Increased flexibility to address gaps
    - Increased coordination between providers and the state
    - Establish rigorous monitoring framework

To be in contact with leadership of the Behavioral Health Planning Council to respond to your questions or for requests for further information, email the Council's contracted facilitator, Janell Regimbal at janell@insighttosolutions.com.



HB 1012

Senate Appropriations – Human Resources Division Committee
Senator Dever, Chairman

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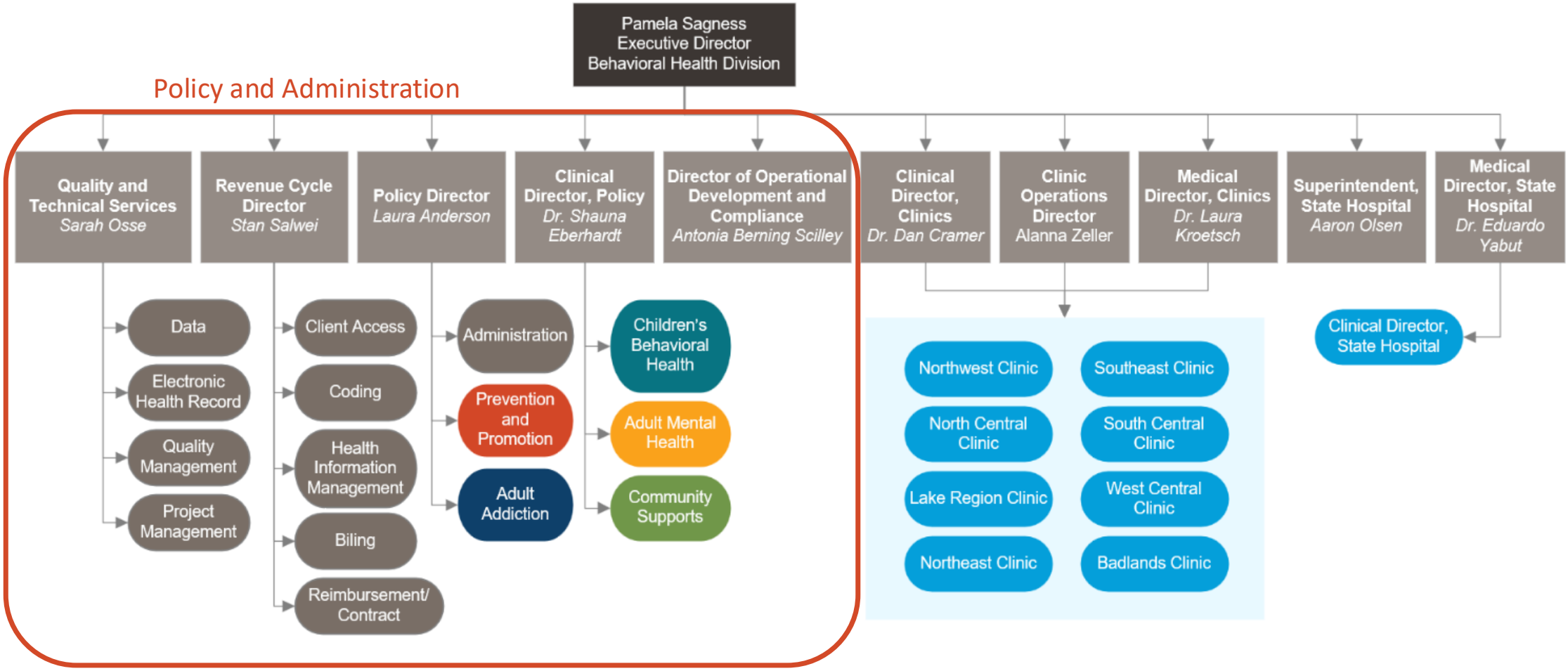
Behavioral Health Division, **Policy & Administration** | March 19, 2025

Behavioral Health Division



Behavioral Health Division Policy Team
Purpose & NDCC References

NDCC 50-06-01.43 establishes a Policy Division responsible for:



Reviewing and **identifying service needs and activities** in the state's behavioral health system in an effort to ensure:

- health and safety,
- access to services, and
- quality services.



Establishing **quality assurance standards** for the licensure of substance use disorder program services and facilities

NDCC 50-31

Substance Abuse Treatment Programs



Providing **policy leadership** in partnership with public and private entities

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COMPARISON OF BUDGETS AND FUNDING

BY MAJOR EXPENSE

DESCRIPTION	2023-25 LEGISLATIVE BASE	INCREASE / (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)	ENGROSSED HB 1012
Salaries & Benefits	$ 8,792,675	$ 8,474,492	$ 17,267,167	$ (1,211,587)	$ 16,055,580
Operating	81,381,458	14,980,641	96,362,099	(2,170,420)	94,191,679
IT Services	-	19,042,285	19,042,285	(3,500,000)	15,542,285
Grants	40,476,298	3,429,322	43,905,620	17,597,697	61,503,317
Total	**$ 130,650,431**	**$ 45,926,740**	**$ 176,577,171**	**$ 10,715,690**	**$ 187,292,861**
General Fund	**$ 78,668,633**	**$ 38,106,598**	**$ 116,775,231**	**$ 1,255,656**	**$ 118,030,887**
Federal Funds	**40,703,315**	**1,574,604**	**42,277,919**	**-**	**42,277,919**
Total Funds	**$ 130,650,431**	**$ 45,926,740**	**$ 176,577,171**	**$ 10,715,690**	**$ 187,292,861**

BH Policy and Administration Budget as % of HHS Total Budget

- 3%

Budget by Funding Source of Engrossed HB 1012

- General Fund: 63.0%
- Federal Fund: 22.6%
- Other Fund: 14.4%

Budget by Pass Through

- Paid to Private Providers: 82.9%
- Admin: 8.8%
- IT: 8.3%

Behavioral Health Division

Policy & Administration Overview: Our role/services



- Regulation
- Certification
- Administration of State & Federal funding/programs
- Payer of behavioral health services
- Training & Technical Assistance
- Revenue Cycle for Clinics and State Hospital
- Quality Improvement
- Data, evaluation and electronic health record

POLICY

REVENUE CYCLE

QUALITY & TECHNICAL SERVICES

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Behavioral Health Policy & Administration
FTE Overview

Position Numbers Assigned/ Funding Exists	Number of people filling positions	# of Vacancies	# of Temporary
100	69	31	0

Average Age	43
Avg Years of Service	7.26
Retirement Risk	0%
Turnover 2023	2.9%
Turnover 2024	6.5%

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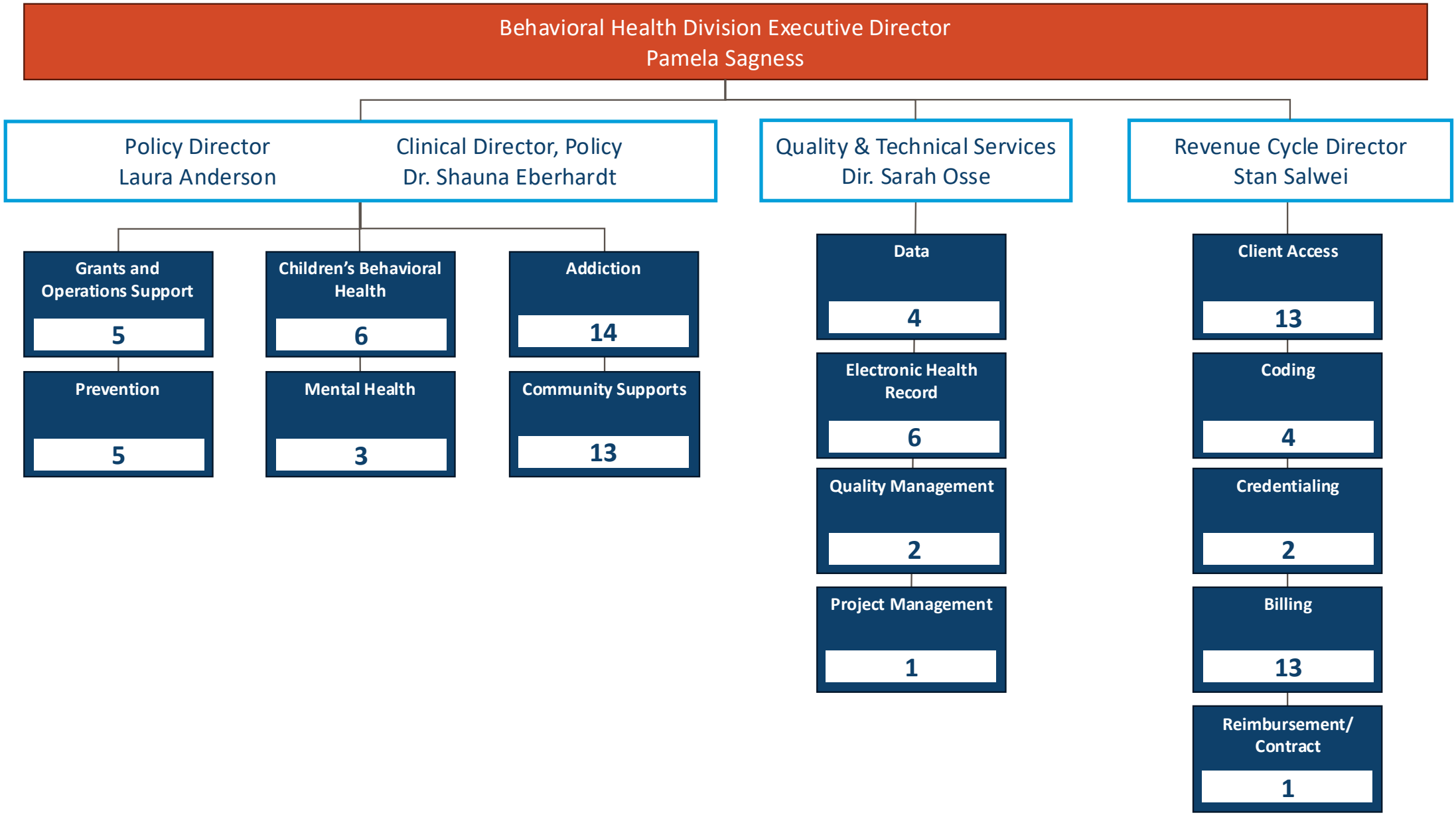
Behavioral Health Division Executive Director
Pamela Sagness
Policy Director
Laura Anderson
Clinical Director, Policy
Dr. Shauna Eberhardt
Quality & Technical Services
Dir. Sarah Osse
Revenue Cycle Director
Stan Salwei
Grants and Operations Support
5
Prevention
5
Children's Behavioral Health
6
Mental Health
3
Addiction
14
Community Supports
13
Data
4
Electronic Health Record
6
Quality Management
2
Project Management
1
Client Access
13
Coding
4
Credentialing
2
Billing
13
Reimbursement/ Contract
1

Policy

Prevention and Promotion James Knopik & Laura Anderson	Children's Behavioral Health Kelli Ulberg	Adult Mental Health Dr. Shauna Eberhardt	Adult Addiction James Knopik & Lacresha Graham	Community Supports Heather Brandt

• Suicide Prevention
• Partnership for Success Grant
• Substance Use Prevention Treatment & Recovery Services (SUPTRS) Block Grant)
• Parents Lead
• MIP and DUI Education Provider Certification
• Opioid efforts (State Opioid Response Grant and Opioid Settlement)
	• Education initiatives
	  • School Behavioral Health Grant
	  • B-HERO
	  • Prevention and Early Intervention Pilot
	• Voluntary Treatment Program
	• Treatment Collaborative for Traumatized Youth (TCTY)
	• PRTF Licensing
	• System of Care Grant
	• Pediatric Mental Healthcare Access Grant
		• Brain Injury
		• Human Service Center Licensing
		• Mental Health Block Grant
		• PATH Grant
		• Avel eCare rural crisis expansion
		• Jail tele-psychiatry
		• Behavioral Health Facility (Williston)
			• SUD Voucher
			• Recovery Housing Assistance Program
			• SUD Treatment Program Licensing
			• OTP Program Licensing
			• Substance Use Prevention Treatment & Recovery Services (SUPTRS) Block Grant)
			• Opioid efforts (State Opioid Response Grant and Opioid Settlement)
			• Gambling Disorder Treatment
				• Free Through Recovery
				• Community Connect
				• Peer Support Certification
				• Permanent Supportive Housing

Improving the lives of North Dakotans



Support the Full Continuum of Care



Increase Community-Based Services



Prevent Criminal Justice Involvement for Individuals with a Behavioral Health Condition

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CHANGES TO BASE BUDGET

BY ONGOING, ONE-TIME AND FUNDING SOURCE

BASE BUDGET CHANGES	DESCRIPTION	2025-27 EXECUTIVE BUDGET		ENGROSSED HB 1012	
		GENERAL	OTHER	GENERAL	OTHER
Service – Cost to Continue	Opioid Settlement		$8,000,000 Opioid Settlement Fund		$8,000,000 Opioid Settlement Fund
Behavioral Health Services	Avel eCare rural crisis support continuation		$2,000,000 CHTF		$1,000,000 CHTF
Behavioral Health Services	Substance Use Disorder (SUD)	$2,500,000		$2,500,000	
Services - BH Expansion	Drug Court treatment support	$200,000		$200,000	
Services - Care Coordination	Continue existing levels of service for Free Through Recovery and Community Connect	$4,761,081		$4,761,081	
Services - Care Coordination	Free Through Recovery	$4,016,908		$4,016,908	
Services - Care Coordination	Community Connect	$4,458,814		$4,458,814	
Services - Care Coordination	Peer Support	$137,900		$137,900	
Children's Behavioral Health	Development of Partial Hospitalization/ Intensive Day Treatment *One Time		$2,000,000 CHTF		$2,000,000 CHTF
Children's Behavioral Health	Treatment Collaborative for Traumatized Youth Expansion	$408,000		$408,000	
Children's Behavioral Health	Voluntary Treatment Program	$1,351,997		$1,351,997	
IT	Electronic Health Record / Pharmacy System Recovery and Backup *One Time		$500,000 SIIF		$500,000 SIIF
IT	Retire Electronic Health Record Legacy System Data Extraction & Migration on Mainframe *One Time		$1,000,000 SIIF		$1,000,000 SIIF
IT	State Hospital Network Redundancy *One Time		$500,000 SIIF		$500,000 SIIF

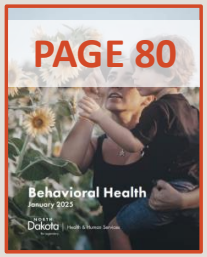
CHANGES TO BASE BUDGET - CONTINUED

BY ONGOING, ONE-TIME AND FUNDING SOURCE

BASE BUDGET CHANGES	DESCRIPTION	RECOMMENDATION		ENGROSSED HB 1012	
		GENERAL	OTHER	GENERAL	OTHER
House Amendment	Behavioral Health Facility Grant *One Time				$12,960,000 SIIF
House Amendment	Grant for Community Cultural Center *One Time				$1,000,000 SIIF
House Amendment	Medical Expenses for IMD Providers			$500,000	
House Amendment	Substance Use Disorder (SUD) - 50/50 Inpatient/Outpatient			$500,000	
House Amendment	Mental Health Voucher for Incarcerated Individuals			$2,500,000	
House Amendment	Behavioral Health Services for Nursing Homes and Basic Care Facilities			$2,000,000	
House Amendment	FTE Block Grant Salary Reduction			($1,211,587)	
House Amendment	Operational Reduction			($3,398,000)	
Provider Inflation	Provider Inflation (1.5%/1.5% to 2%/2%)	$1,088,608		$1,453,885	

Service – Cost to Continue
Opioid Settlement

Opioid Settlement Fund



Current settlements with 13 manufacturers, distributors or pharmacies.

ND has received 22.7M and is projected to receive additional 48M.

$8M was appropriated in the 2023-2025 biennium to HHS

- at least 20% to be used for opioid use prevention and overdose prevention, including best practices relating to fentanyl drug overdose, and workforce development. (NDCC 50-36-06)

BASE BUDGET CHANGES	DESCRIPTION	RECOMMENDATION		ENGROSSED HB 1012	
		GENERAL	OTHER	GENERAL	OTHER
Service – Cost to Continue	Opioid Settlement		$8,000,000 Opioid Settlement Fund		$8,000,000 Opioid Settlement Fund

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List of Opioid Remediation Uses - Exhibit E



Allowable opioid abatement and remediation strategies categorized by the following (including examples):

1. **Core strategies**
   - Purchase, training, and distribution of naloxone or other FDA-approved drug to reverse opioid overdoses
   - Treatment for incarcerated populations with opioid use disorder
2. **Treatment**
   - Support treatment for opioid use disorder
   - Support workforce development for addiction professionals who work with persons with opioid use disorder
   - Support individuals in recovery from opioid use disorder
3. **Prevention**
   - Prevent overprescribing, misuse of opioids, and opioid overdose deaths
4. **Other**
   - Provide education and training to abate the opioid epidemic

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Opioid Settlement Advisory Committee

Listening Sessions

The role of the Advisory Committee is to provide recommendations to HHS on use of appropriated settlement funding. (NDCC 50-36-03)

The Advisory Committee hosted listening sessions and received feedback via email in the summer/fall of 2023 to gather public feedback.

Themes of input included:

- Prevention
- Syringe Service Programs
- Access to treatment
- Access to treatment and recovery services including for those in the criminal justice system
- Enhance behavioral health workforce
- Set aside for tribes



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Opioid Settlement Committee
Funding Recommendations

1	Utilize opioid settlement funds to increase access to **community-based treatment and recovery services in rural areas.**
2	Utilize opioid settlement funds to increase access to **treatment and recovery services in jails**.
3	Utilize opioid settlement funds for **prevention activities**, including coalitions, community work, and prevention activities for youth.
4	Utilize opioid settlement funds to enhance the **behavioral health workforce**.
5	Utilize opioid settlement funds to support **Syringe Service Programs.**
6	Utilize opioid settlement funds to increase access to **community-based treatment and recovery services** in non-rural areas.

Opioid Settlement Funding Grant Highlights

14 applicants were awarded February 2024

- **Endeavor Sober Living** – Supported 21 pregnant and parenting women in their recovery journey with a recovery house. All women have seen an improvement in their employment status and 10 women have been reunified with their children. Looking at opening a second location.
- **USpire** – Served 73 family units, including parents who are incarcerated, to build skills.
- **Heartview/TAAP** – Enhanced the behavioral health workforce by adding 8 new Licensed Addiction Counselor (LAC) training sites, adding 15 new clinical supervisors, providing 15 scholarships and 26 individual stipends
- **Heartview Dickinson** – began providing outpatient Substance Use Disorder treatment services January 27th
- **ONE Program** – connected with several tribal leaders and placed 171 ONE Boxes throughout tribal communities
- **Community Connect Providers** – 51 providers have served 974 individuals
- **Sanford Medical Center Fargo** – Became licensed as an outpatient Substance Use Disorder Treatment provider and served 46 individuals. They have connected 102 individuals to treatment services through the Emergency Department and Ambulatory Care.

Behavioral Health Services Current & Expansion



Rural Crisis (Avel eCare)

PAGE 90



BEHAVIORAL HEALTH CRISIS CONTINUUM

SOMEONE TO TALK TO

988

SOMEONE TO RESPOND

Mobile Crisis Response (Human Service Center)

→ **Avel E-care**

A SAFE PLACE FOR HELP

Crisis Receiving Centers

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Rural Crisis Care – Avel eCare

65 agencies utilizing Avel and the ND Highway Patrol

Total encounters: 162

- Remain in Place: 98
- Voluntary Admissions: 34
- Involuntary Admissions: 9
- Unable to complete assessment: 20

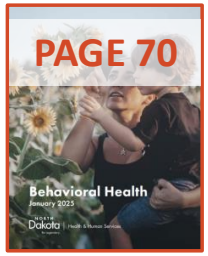
Region	Total Agencies	Regional encounters
Region 1-Northwest	5	32
Region 2- North Central	9	24
Region 3- Lake Region	5	4
Region 4- Northeast	5	12
Region 5- Southeast	11	28
Region 6- Southcentral	14	13
Region 7- West Central	6	10
Region 8- Badlands	10	15
ND Highway Patrol	1	4

1/1/2024-2/28/2025

First Engrossed HB 1012 includes:
- Section 25 allows for carryover from 23-25 biennium

BASE BUDGET CHANGES	DESCRIPTION	RECOMMENDATION		ENGROSSED HB 1012	
		GENERAL	OTHER	GENERAL	OTHER
Behavioral Health Services	Avel eCare rural crisis support continuation		$2,000,000 CHTF		$1,000,000 CHTF





Substance Use Disorder (SUD) Voucher

The SUD Voucher program was established to:

- improve access to quality services
- allow for individual choice of providers

The SUD Voucher is a payer of addiction treatment and recovery services when funding is a barrier to accessing services.

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SUD Voucher

43 providers

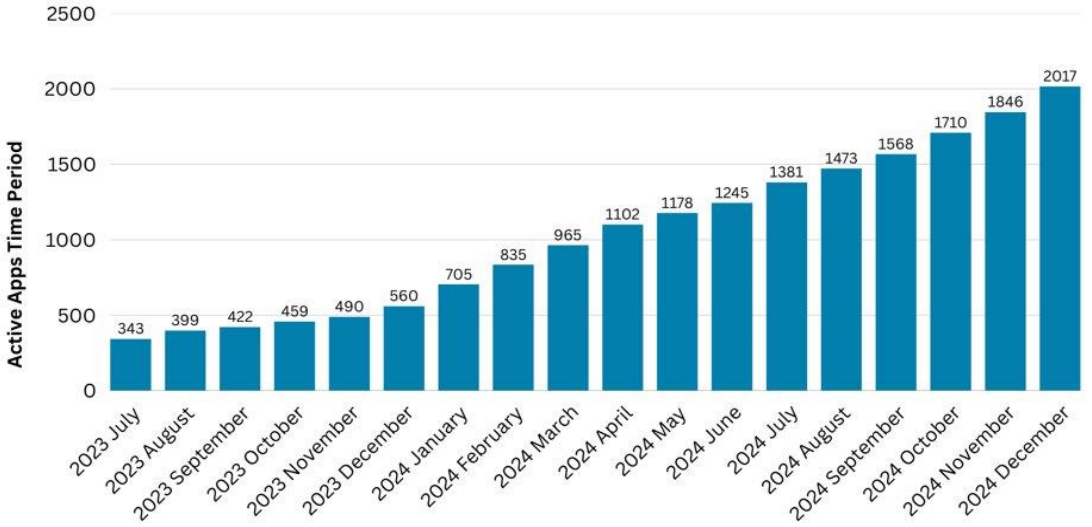
(46% of eligible addiction treatment providers)

9,424 individuals
approved for services since inception in July 2016

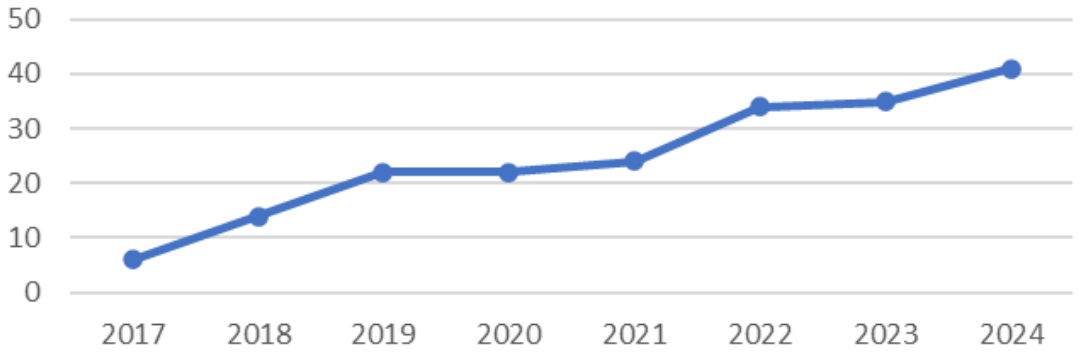
4,154 individuals
active in this biennium

*As of 2/28/2025

Approved Individuals (July 2023 – December 2024)



Number of Providers Per Year



SUD Voucher

Outcomes

Baseline and discharge ratings using a 5-point rating scale (1 lowest to 5 highest).

The following charts show the average baseline and discharge ratings for participants with complete baseline and discharge records, where the discharge occurred during the 2023-2025 biennium (n=836).

PURPOSE

Identify the extent to which the individual participates in meaningful daily activities (employment, school, volunteering, family caretaking, other activities, etc.).



COMMUNITY

Identify the extent to which the individual's relationships and social networks provide support, friendship, love, and hope for overall wellbeing.



HEALTH

Identify how well the individual makes informed healthy choices supporting their physical health and emotional wellbeing (physical activity, attending medical appointments, taking medications as prescribed etc.)



HOME

Identify the stability and safety of the individual's living environment.



Pre Post

SUD Voucher

2023-2025 Biennium Appropriation: **$18,147,874**

During 67th Legislative Assembly, NDCC 50-06-42. was updated to include:

5. *The department shall allocate funding appropriated for the substance use disorder treatment voucher as follows:*
   a) *No more than **forty-five percent** of the appropriated amount may be allocated for **residential substance use disorder services administered by licensed substance abuse treatment programs with more than sixteen beds.***
   b) *The remaining appropriation must be allocated for residential programs with sixteen or fewer beds, nonresidential outpatient, and ancillary substance use disorder services administered by licensed substance abuse treatment programs.*

IMD* Services	Non-IMD Services
45%	55%
$8,166,543	$9,981,311

**Institutions for Mental Disease*

First Engrossed HB 1012 includes Section 33:

- Changing "***forty-five percent***" to "***fifty percent***"
- *"The department, during the last quarter of the biennium, may reallocate projected unused funds that were allocated under paragraph 2 to residential facilities outlined in paragraph 1."*

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SUD Voucher

2023 – 2025 Biennium Expenditures (through 3-12-2025)

2023-2025 Biennium Appropriation: **$18,147,874**

	IMD Services	Non-IMD Services
Percentage allocated	**45%**	**55%**
Funding amount	$8,166,543	$9,981,311
Paid invoices*	$8,207,608	$7,147,840
Refunds to Date*	$804	$415,277
Budget Remaining*	($40,261)	$3,248,768
Estimated funding at end of biennium	Funding was expended in March 2025	$1,258,010

*program-based estimate

BASE BUDGET CHANGES	DESCRIPTION	RECOMMENDATION		ENGROSSED HB 1012	
		GENERAL	OTHER	GENERAL	OTHER
Behavioral Health Services	Substance Use Disorder (SUD)	$2,500,000		$2,500,000	

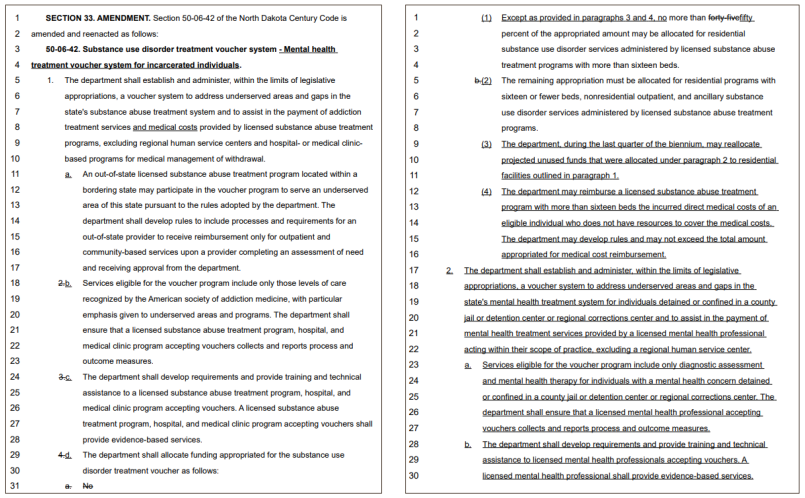
SUD Voucher

House Amendments to Engrossed HB 1012

BASE BUDGET CHANGES	DESCRIPTION	RECOMMENDATION		ENGROSSED HB 1012	
		GENERAL	OTHER	GENERAL	OTHER
House Amendment	Medical Expenses for IMD Providers			$500,000	
House Amendment	Substance Use Disorder (SUD) - 50/50 Inpatient/Outpatient			$500,000	
House Amendment	Mental Health Voucher for Incarcerated Individuals			$2,500,000	

First Engrossed HB 1012 includes: Section 33 amends NDCC 50-06-42. Substance use disorder treatment voucher system - Mental health treatment voucher system for incarcerated individuals.

Pages 16-17 of First Engrossed HB 1012



SECTION 33. AMENDMENT. Section 50-06-42 of the North Dakota Century Code is amended and reenacted as follows:

50-06-42. Substance use disorder treatment voucher system - Mental health treatment voucher system for incarcerated individuals.

1. The department shall establish and administer, within the limits of legislative appropriations, a voucher system to address underserved areas and gaps in the state's substance abuse treatment system and to assist in the payment of addiction treatment services and medical costs provided by licensed substance abuse treatment programs, excluding regional human service centers and hospital- or medical clinic-based programs for medical management of withdrawal.
   a. An out-of-state licensed substance abuse treatment program located within a bordering state may participate in the voucher program to serve an underserved area of this state pursuant to the rules adopted by the department. The department shall develop rules to include processes and requirements for an out-of-state provider to receive reimbursement only for outpatient and community-based services upon a provider completing an assessment of need and receiving approval from the department.
   ~~2.~~ b. Services eligible for the voucher program include only those levels of care recognized by the American society of addiction medicine, with particular emphasis given to underserved areas and programs. The department shall ensure that a licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers collects and reports process and outcome measures.
   ~~3.~~ c. The department shall develop requirements and provide training and technical assistance to a licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers. A licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers shall provide evidence-based services.
   ~~4.~~ d. The department shall allocate funding appropriated for the substance use disorder treatment voucher as follows:
      ~~a.~~ No

(1) Except as provided in paragraphs 3 and 4, no more than ~~forty-five~~fifty percent of the appropriated amount may be allocated for residential substance use disorder services administered by licensed substance abuse treatment programs with more than sixteen beds.

~~b.~~(2) The remaining appropriation must be allocated for residential programs with sixteen or fewer beds, nonresidential outpatient, and ancillary substance use disorder services administered by licensed substance abuse treatment programs.

(3) The department, during the last quarter of the biennium, may reallocate projected unused funds that were allocated under paragraph 2 to residential facilities outlined in paragraph 1.

(4) The department may reimburse a licensed substance abuse treatment program with more than sixteen beds the incurred direct medical costs of an eligible individual who does not have resources to cover the medical costs. The department may develop rules and may not exceed the total amount appropriated for medical cost reimbursement.

2. The department shall establish and administer, within the limits of legislative appropriations, a voucher system to address underserved areas and gaps in the state's mental health treatment system for individuals detained or confined in a county jail or detention center or regional corrections center and to assist in the payment of mental health treatment services provided by a licensed mental health professional acting within their scope of practice, excluding a regional human service center.
   a. Services eligible for the voucher program include only diagnostic assessment and mental health therapy for individuals with a mental health concern detained or confined in a county jail or detention center or regional corrections center. The department shall ensure that a licensed mental health professional accepting vouchers collects and reports process and outcome measures.
   b. The department shall develop requirements and provide training and technical assistance to licensed mental health professionals accepting vouchers. A licensed mental health professional shall provide evidence-based services.

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Drug Court

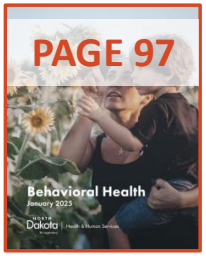
- Partnership with DOCR and Courts
- Service expansion in Fargo area



BASE BUDGET CHANGES	DESCRIPTION	RECOMMENDATION		ENGROSSED HB 1012	
		GENERAL	OTHER	GENERAL	OTHER
Services - BH Expansion	Drug Court treatment support	$200,000		$200,000	

Services – Care Coordination





Free Through Recovery

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FREE THROUGH Recovery

Free Through Recovery is a community based behavioral health program designed to increase recovery support services to individuals involved with the criminal justice system who have behavioral health concerns.

The mission of Free Through Recovery is to:

- improve healthcare outcomes
- reduce recidivism

ELIBILITY

- 18+
- criminal justice system involvement
- behavioral health condition
- daily living challenges

REFERRALS

- by a parole and probation officer
- if the person is transitioning from prison, through an internal assessment process at DOCR



FREE THROUGH Recovery

7,545 Individuals served to date

1,532 Current participants

52 Providers



FREE THROUGH Recovery

March 2018 - Sept. 2024 Outcomes



- Met 3 or 4 outcomes - 69%
- Met < 3 outcomes- 31%

Positive outcomes were achieved by:

- **75%** of the participants in the housing domain
- **67%** of the participants in the employment domain
- **71%** of the participants in the recovery domain
- **73%** of the participants in the law enforcement domain

Overall, from March 2018 through September 2024, 69% of the time participants achieved 3 of the 4 outcomes.

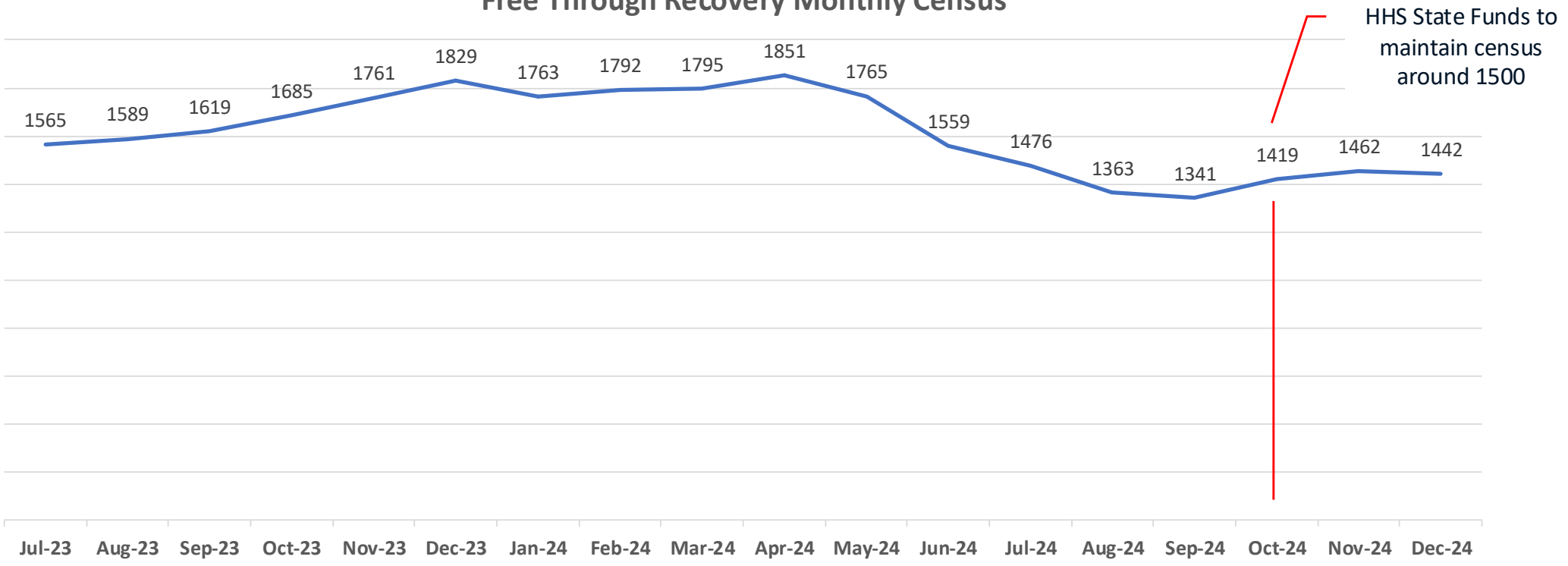
FTR corresponds with reduced reincarceration rates for participating individuals.*

*Stanford Computational Policy Lab; July 27, 2020



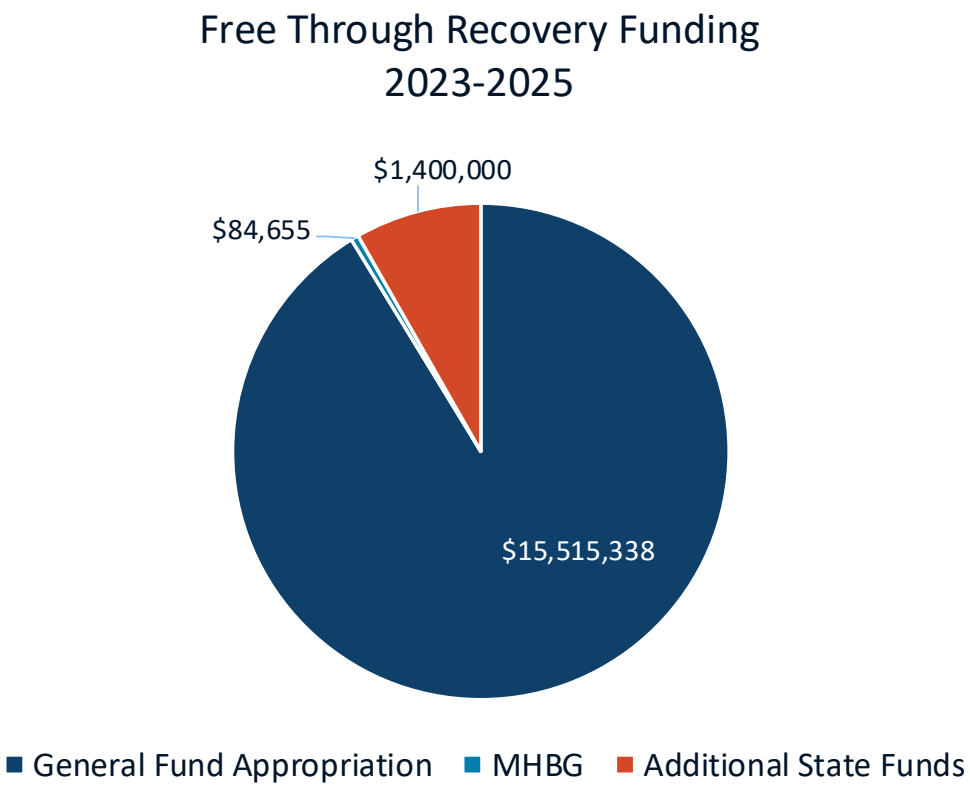
FREE THROUGH Recovery

Free Through Recovery Monthly Census





FREE THROUGH Recovery



2023-2025 Biennium

Amount of Funding	Type of Funding
$15,515,338	General Fund Appropriation
$84,655	Mental Health Block Grant

Additional HHS general funding of $1,400,000 to maintain census around 1,500

TOTAL FUNDING	17,003,018



FREE THROUGH Recovery

2025-2027 Biennium Budget Request

2,423,144 for Free Through Recovery
Would support average monthly census of 1,500

BASE BUDGET CHANGES	DESCRIPTION	RECOMMENDATION		ENGROSSED HB 1012	
		GENERAL	OTHER	GENERAL	OTHER
Services - Care Coordination	Continue existing levels of service for Free Through Recovery and Community Connect	$4,761,081		$4,761,081	
Services - Care Coordination	Free Through Recovery	$4,016,908		$4,016,908	

Increase the monthly census to 2,000 by May 2026 through the end of the biennium

First Engrossed HB 1012 includes total 25-27 Biennium Proposal = 21,955,390





Community Connect

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CommunityConnect
My Recovery. My Story.



Community Connect is a community based behavioral health program designed to increase recovery support services to individuals who have behavioral health concerns.

The mission of Community Connect is to provide quality, community-based behavioral health services to meet the needs of each person.

ELIGIBILITY

- Be 18 years of age or older
- Reside in North Dakota
- Have a mental health or substance use disorder impacting functionality in multiple domains, including housing, employment, parenting, physical health, and/or community connections.

CommunityConnect

My Recovery. My Story.



8,038 Individuals served to date

1,470 Current participants

57 Providers

2/28/2025

CommunityConnect

My Recovery. My Story.



Of participants actively engaged in services:

78% of participants are actively addressing their housing needs.

75% of participants are actively addressing their employment/ financial needs.

77% of participants have had no negative contact with law enforcement.

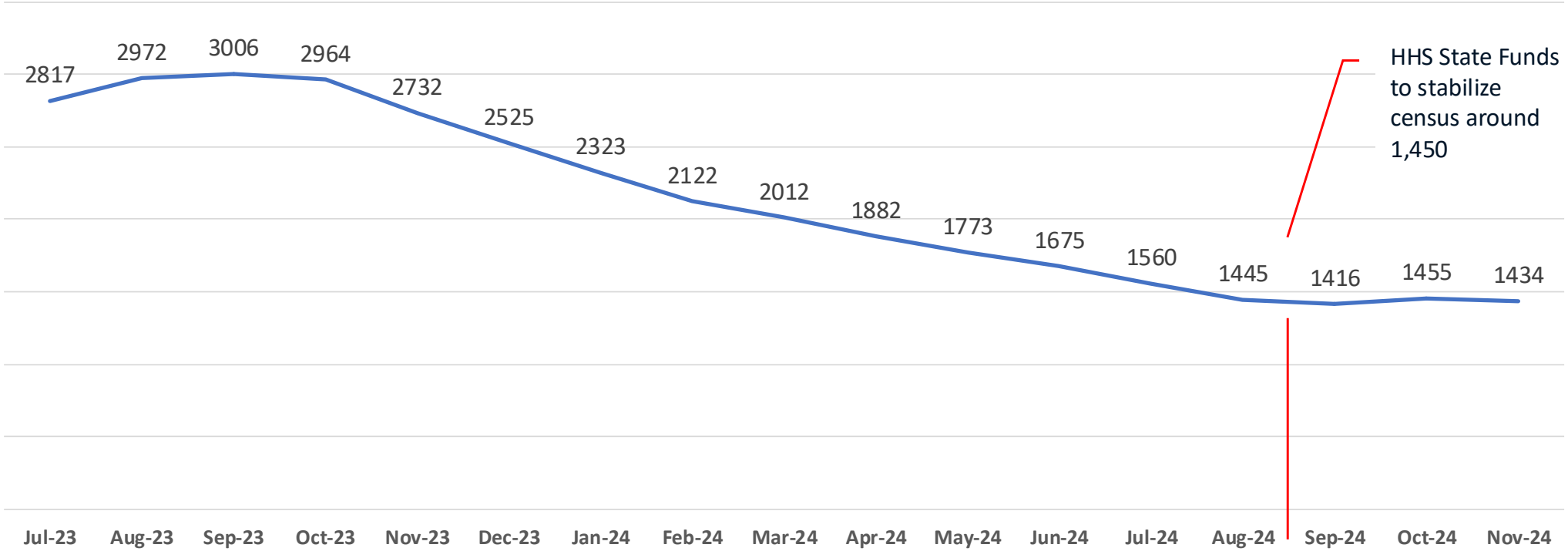
76% of participants are actively addressing their recovery needs.

CommunityConnect

My Recovery. My Story.



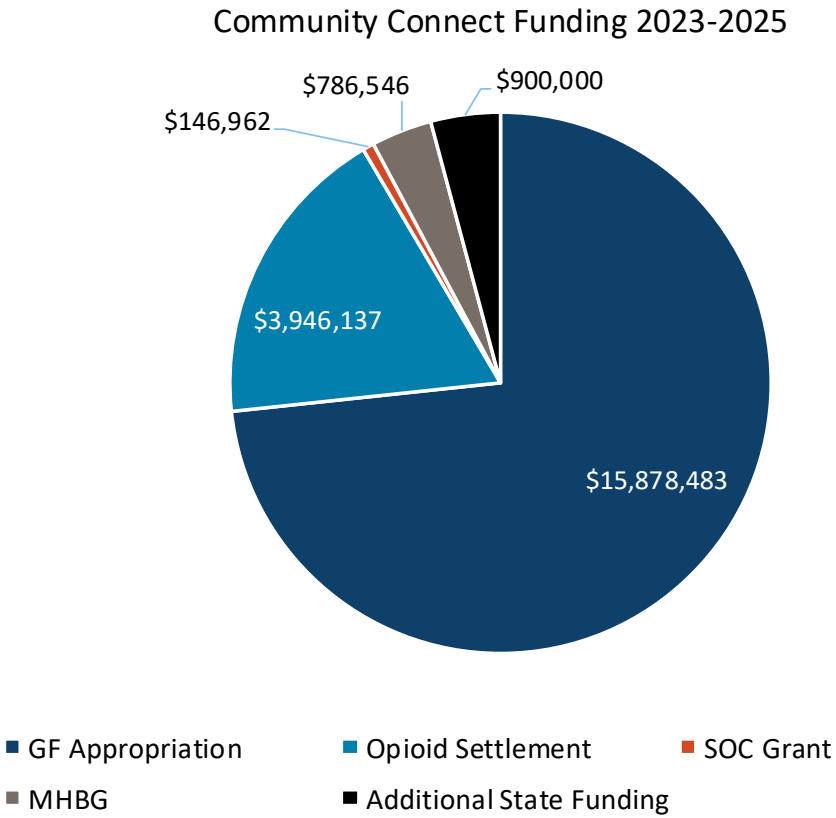
Community Connect Monthly Census



CommunityConnect

My Recovery. My Story.





2023-2025 Biennium

Funding	Type of funding
$15,878,483	General Fund Appropriation
$3,946,137	Opioid Settlement
$146,962	System of Care (SOC) Grant
$786,546	Mental Health Block Grant (MHBG)

Additional HHS general funding of $900,000 to stabilize census around 1,450

TOTAL FUNDING	$21,308,162

CommunityConnect
My Recovery. My Story.



2025-2027 Biennium Budget Request

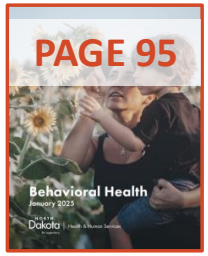
2,337,937 for Community Connect
Would support average monthly census of 1,500

BASE BUDGET CHANGES	DESCRIPTION	RECOMMENDATION		ENGROSSED HB 1012	
		GENERAL	OTHER	GENERAL	OTHER
Services - Care Coordination	Continue existing levels of service for Free Through Recovery and Community Connect	$4,761,081		$4,761,081	
Services - Care Coordination	Community Connect	$4,458,814		$4,458,814	

Increase the monthly census to 2,000 by May 2026 through the end of the biennium

First Engrossed HB 1012 includes total 25-27 Biennium Proposal = 22,222,430





Peer Support

A Peer Support Specialist is a person or family member who uses his or her lived experience of recovery from mental illness, substance use and/or brain injury and skills learned in formal training to deliver services to promote mind-body recovery and resiliency.

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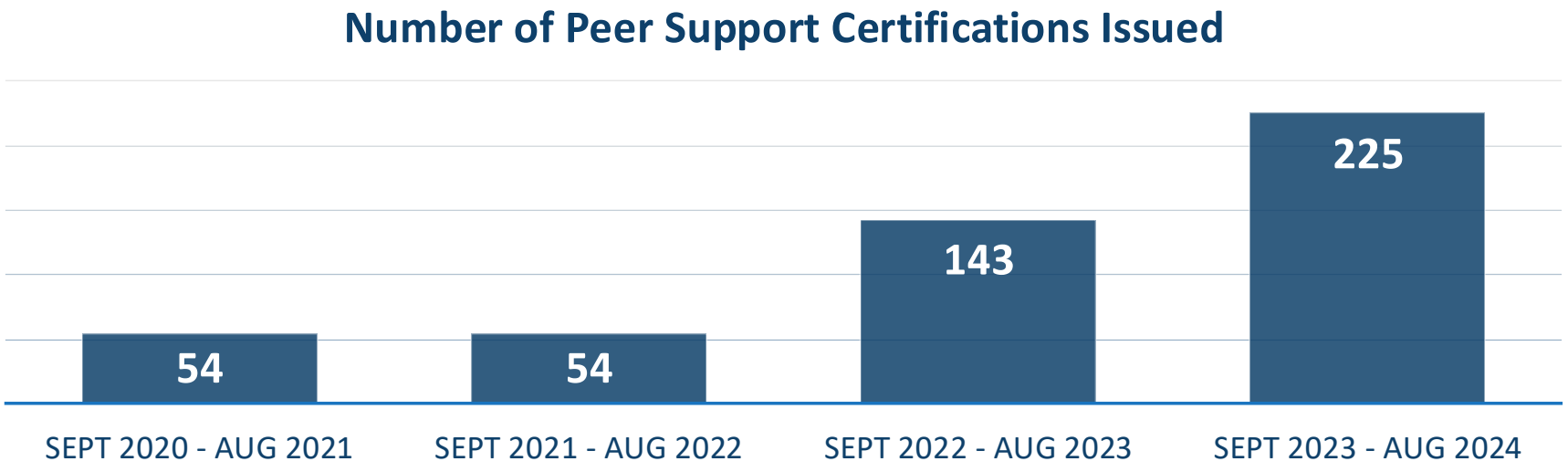
Peer Support



BASE BUDGET CHANGES	DESCRIPTION	RECOMMENDATION		ENGROSSED HB 1012	
		GENERAL	OTHER	GENERAL	OTHER
Services - Care Coordination	Peer Support	$137,900		$137,900	

First Engrossed HB 1012 includes total 25-27 Biennium Proposal = 300,000

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Children's Behavioral Health



Development of Partial Hospitalization/ Intensive Day Treatment

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Partial Hospitalization/ Intensive Day Treatment

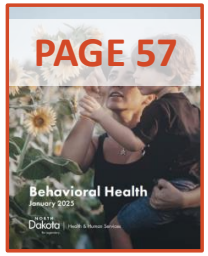
Partial Hospitalization Programs (PHP) and intensive day treatment programs provide intensive, community-based therapeutic services that respond to the chronicity and severity of an individual's behavioral health condition. PHP and day treatment programs can be for mental health conditions, substance use disorders, and co-occurring disorders.

- There is currently limited access to PHP programs for children and adolescents across the state. Fargo (current) and Bismarck (opening in early 2025).
- Projected Impact
  - Increase frequency and intensity of behavioral health services by multidisciplinary treatment teams closer to home.
  - Reduce costly emergency room visits, and inpatient hospitalization stays.
  - Reduce Emergency Department boarding and length of hospital and residential stays.
- Funding for start-up costs as treatment services are reimbursable.



BASE BUDGET CHANGES	DESCRIPTION	RECOMMENDATION		ENGROSSED HB 1012	
		GENERAL	OTHER	GENERAL	OTHER
Children's Behavioral Health	Development of Partial Hospitalization/ Intensive Day Treatment *One Time		$2,000,000 CHTF		$2,000,000 CHTF





Treatment Collaborative for Traumatized Youth (TCTY)

The Treatment Collaborative for Traumatized Youth (TCTY) mission is to enhance the availability of evidence-based mental health treatment for traumatized individuals in North Dakota through implementing evidence-based treatments and building a multidisciplinary collaborative network across the region.

Contract with Sanford Research North

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Treatment Collaborative for Traumatized Youth

BASE BUDGET CHANGES	DESCRIPTION	RECOMMENDATION		ENGROSSED HB 1012	
		GENERAL	OTHER	GENERAL	OTHER
Children's Behavioral Health	Treatment Collaborative for Traumatized Youth Expansion	$408,000		$408,000	

25-27 Expansion

- Focus on supporting TCTY's expert team in enhancing previous trainings and roster maintenance by adding ongoing education and resource dissemination.
- Expand TF-CBT training to offer a TF-CBT training on the western part of the state
- Add an in-person advanced TF-CBT training workshop for previously trained and newly trained mental health professionals.

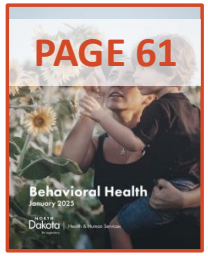
This new proposal will produce the following outcomes:

- 110 TF-CBT trained,
- 180 Advanced TF-CBT trained,
- 200 attended the two-year Education Series, and
- 14,400 exposures to Awareness/Resource Messaging.

First Engrossed HB 1012 includes total 25-27 Biennium Proposal = 608,000



Voluntary Treatment Program



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Voluntary Treatment Program

Provides out of home residential services for Medicaid-eligible children with a serious emotional disorder without requiring parents to relinquish custody (NDCC 50-06-06.13).

- The VTP will pay for maintenance costs of the treatment episode and Medicaid will pay for the treatment costs in accordance with the state plan.
- Providers include Qualified Residential Treatment Providers (QRTPs).

ELIGIBILITY

- Up to the age of 18;
- Currently have a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified in the DSM 5; and
- The functional impairment substantially interferes with or limits the child's role or functioning in the family, school and community activities.
- Youth are unable to be effectively served in the community



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Voluntary Treatment Program

2023-2025 Biennium Appropriation: $453,424

Through December 31, 2024, 98% of the 2023-2025 appropriation has been expended.

- $265,103.00 of Mental Health Block Grant (MHBG) funding has been used to support youth through December 31, 2024.
- To continue the program through June 2025, it is estimated that an additional $600,000 of MHBG funding will be needed to support youth currently in the program and 4 additional youth.

Average 30-day cost of a child in a QRTP	Average length of stay for a child in a QRTP	Average total cost for a child at a QRTP
$16,117.00*	4.4 months*	$70,914.80*

QRTP: Qualified Residential Treatment Program

**These numbers are based off the 23-25 biennium data through September 2024.*

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Voluntary Treatment Program



BASE BUDGET CHANGES	DESCRIPTION	RECOMMENDATION		ENGROSSED HB 1012	
		GENERAL	OTHER	GENERAL	OTHER
Children's Behavioral Health	Voluntary Treatment Program	$1,351,997		$1,351,997	

This funding in addition to base budget would support approximately 25 youth during the 2025-2027 biennium based on average costs.

First Engrossed HB 1012 includes total 25-27 Biennium Proposal = 1,805,421

Information Technology

Electronic Health Record

BASE BUDGET CHANGES	DESCRIPTION	RECOMMENDATION		ENGROSSED HB 1012	
		GENERAL	OTHER	GENERAL	OTHER
IT	Electronic Health Record / Pharmacy System Recovery and Backup *One Time		$500,000 SIIF		$500,000 SIIF
IT	Retire Electronic Health Record Legacy System Data Extraction & Migration on Mainframe *One Time		$1,000,000 SIIF		$1,000,000 SIIF
IT	State Hospital Network Redundancy *One Time		$500,000 SIIF		$500,000 SIIF

EHR Legacy System Data Extraction & Migration

MyAvatar was implemented in 2019, at which point decision was made to leave some historical data in the legacy systems (ROAP and AIMS). In 2023, HHS was notified by the vendor that vendor support for the legacy system would end. Since that time, NDIT has provided support to the extent of their ability and BHD has provided continued funding for this system, which presents increasing data security concerns. Today, the data infrastructure of this legacy system is antiquated and is no longer able to be adequately supported by NDIT.

Project Risks	• It is assumed that the longer this initiative is delayed, the more expensive it will be to complete the initiative due to diminishing subject matter expertise on the legacy system • HHS may become out of compliance with retention laws. • PHI will be lost or violated
Anticipated Benefits	• Reduce maintenance funds allocated to legacy system support. • Continue to maintain compliance with retention regulations. • Reduce PHI security risk.

	2025-2027 Biennium Proposal [ONE TIME FUNDING]
EHR Legacy System Data Extraction & Migration	$1,000,000

First Engrossed HB 1012 includes the total 25-27 Biennium Proposal.

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State Hospital Network Redundancy

The State Hospital does not currently have a redundant network, which contributes to increased patient safety and legal risk in the event of network loss (e.g. the network cable is cut). Without access to internet, State Hospital staff are cut off from access to the patient medical record within the Electronic Health Record (EHR). This decision package would create a redundant network line for failover in the event of primary network loss or instability.

Project Risks	• Single network failure could contribute to increased patient safety risks if access to the EHR is not able to be quickly restored • State Hospital staff will continue to experience interruptions with EHR connectivity, which reduced efficiency and leads to staff dissatisfaction.
Anticipated Benefits	• Reduced potential patient safety and legal risk. • Improved EHR performance.

	2025-2027 Biennium Proposal[ONE TIME FUNDING]
State Hospital Network Redundancy	$500,000

First Engrossed HB 1012 includes the total 25-27 Biennium Proposal.

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EHR System Recovery and Backup Solution

The Behavioral Health Division's Electronic Health Record (EHR) data is hosted by the vendor, Netsmart with no current on-premise data backup or recovery solution. Currently, the State Hospital does not have a viable option for immediate access to critical patient safety data, which contributes to increased patient safety and legal risk. This funding request is to develop a solution to create a data backup, which would be owned and maintained by the State, to ensure immediate access to critical patient data is readily accessible.

Project Risks	• Citizens served at the State Hospital may be subjected to undue safety risks in the event of an EHR service interruption.
Anticipated Benefits	• Secure patient safety in the event of EHR service/ network interruptions.

	2025-2027 Biennium Proposal [ONE TIME FUNDING]
EHR System Recovery and Backup Solution	$500,000

First Engrossed HB 1012 includes the total 25-27 Biennium Proposal.

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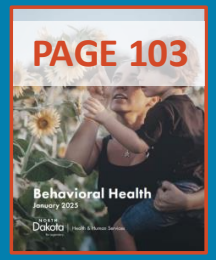
House Amendments

First Engrossed HB 1012

House Amendments

BASE BUDGET CHANGES	DESCRIPTION	RECOMMENDATION		ENGROSSED HB 1012	
		GENERAL	OTHER	GENERAL	OTHER
House Amendment	Behavioral Health Facility Grant *One Time				$12,960,000 SIIF
House Amendment	Grant for Community Cultural Center *One Time				$1,000,000 SIIF
House Amendment	Behavioral Health Services for Nursing Homes and Basic Care Facilities			$2,000,000	
House Amendment	FTE Block Grant Salary Reduction			($1,211,587)	
House Amendment	Operational Reduction			($3,398,000)	
Provider Inflation	Provider Inflation (1.5%/1.5% to 2%/2%)	$1,088,608		$1,453,885	



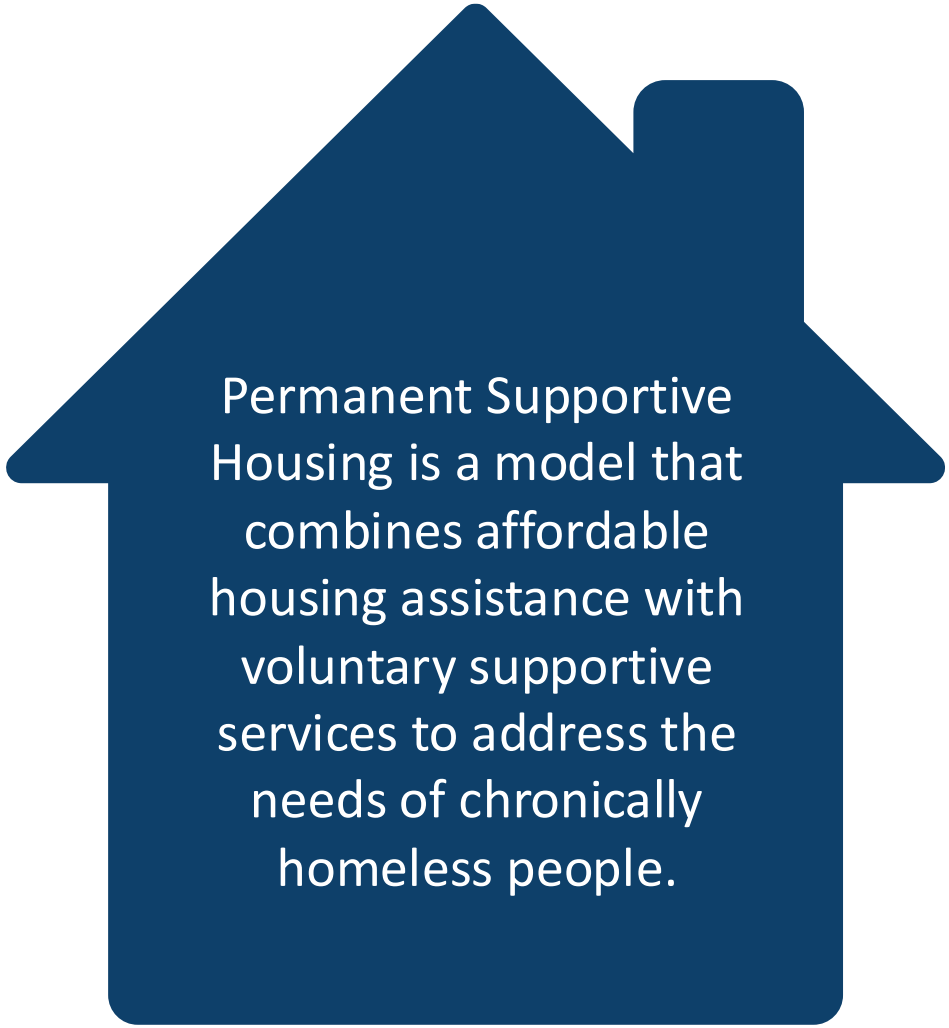
Permanent Supportive Housing

Engrossed HB 1012 Section 21

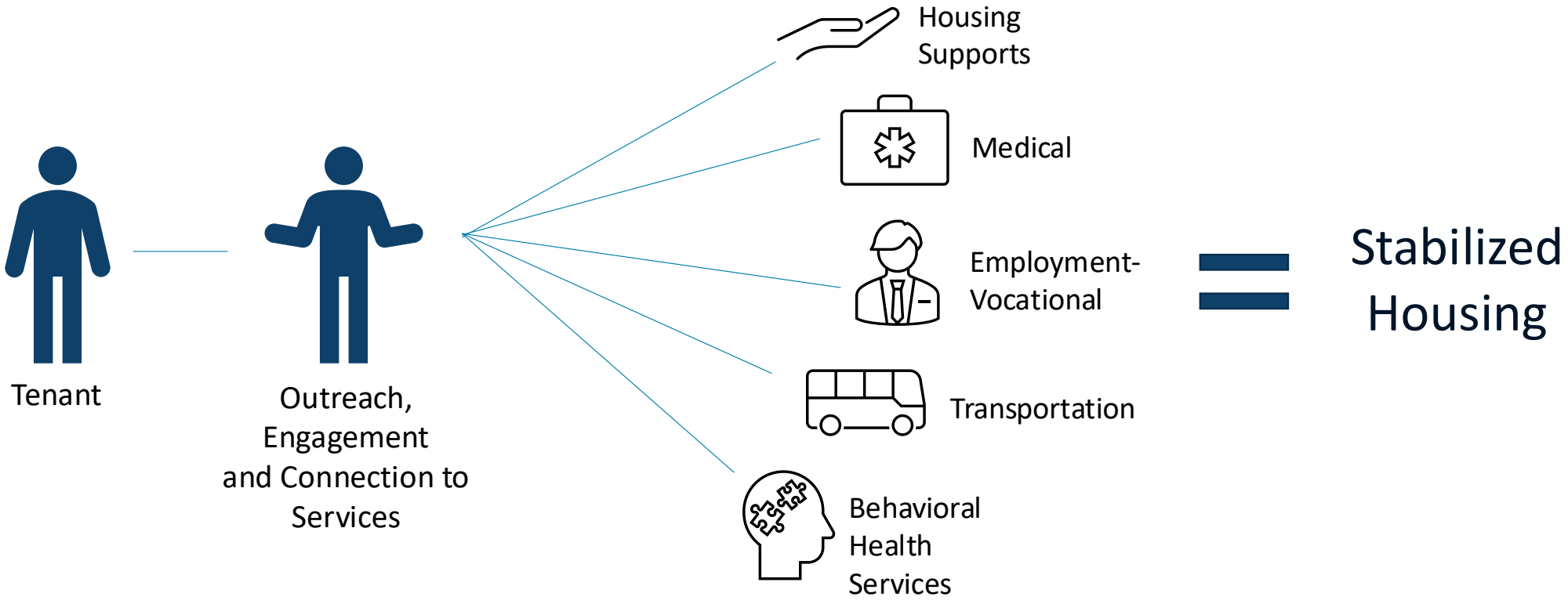
Permanent Supportive Housing

During the 2021 legislative session, Health and Human Services Behavioral Health Division was directed to distribute funding to qualified entities that:

- ☑ utilize best practices for permanent supportive housing,
- ☑ provide recovery-oriented and person-centered services,
- ☑ submit process and outcome measures to the department, and
- ☑ authorize the department to conduct onsite visits to review program operations.



Tenant Experience at Permanent Supportive Housing



Permanent Supportive Housing
Current Contracts



Grantee	Number of Units
Prairie Harvest (Stern Place & Harvest Homes)	21
Grand Forks Housing Authority (LaGrave on First)	42
Beyond Shelter (Cooper House)	42
Burleigh County Housing Authority (Edwinton)	40
Fargo Housing Authority (scattered site)*	40

**began November 2024*

First Engrossed HB 1012 includes:

- 25-27 Base Budget Request: **$4,672,536**
  No proposed change from 2023-2025 biennium
- Section 21. PERMANENT SUPPORTIVE HOUSING GRANTS

COMPARISON OF BUDGET EXPENDITURES AND PROJECTIONS
BY PROGRAM

PROGRAMS	2023-25 LEGISLATIVE BASE	ONE TIME / CARRYOVER	2023-25 EXPENSES THROUGH DECEMBER	PROJECTION THROUGH 6/30/2025	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)	ENGROSSED HB 1012	GENERAL	FEDERAL	OTHER
BH LICENSING CERTIFICATION & ADMINISTRATION	$ 8,683,353	$ 11,200,000	$ 4,581,137	$ 13,661,300	$ 11,816,556	$ 14,496,413	$ 26,312,969	$ 8,886,042	$ 442,873	$ 16,984,055
REVENUE CYCLE ADMINISTRATION	15,003	-	531,704	531,704	4,038,011	(345,000)	3,693,011	3,693,011	-	-
QUALITY & TECHNICAL ADMINISTRATION	232,561	-	584,999	644,934	3,376,056	(285,000)	3,091,056	3,091,056	-	-
BEHAVIORAL HEALTH INFORMATION TECHNOLOGY	-	-	-	-	19,042,285	(3,500,000)	15,542,285	13,542,285	-	2,000,000
VIRTUAL BEHAVIORAL HEALTH CRISIS CARE	-	2,650,000	569,922	1,250,000	-	-	-	-	-	-
VOLUNTARY TREATMENT PROGRAM/BH FACILITY GRANTS	453,424	-	442,788	453,424	1,805,421	-	1,805,421	1,805,421	-	-
MENTAL HEALTH BLOCK GRANT	3,058,872	1,999,554	2,364,763	4,446,302	3,419,484	-	3,419,484	-	3,419,484	-
SUBSTANCE ABUSE BLOCK GRANT	14,093,061	11,603,032	13,932,053	20,250,549	15,560,592	-	15,560,592	-	15,560,592	-
PEDIATRIC MENTAL HEALTH CARE ACCESS PROGRAM	-	-	465,662	465,662	2,100,000	-	2,100,000	-	2,100,000	-
BRAIN INJURY	1,471,306	-	1,000,294	1,373,322	996,483	(62,000)	934,483	934,483	-	-
OPIOID SETTLEMENT	10,000,000	-	2,808,123	8,000,000	8,000,000	-	8,000,000	-	-	8,000,000
STATE OPIOID RESPONSE (SOR)	8,000,000	-	5,138,024	8,000,000	8,000,000	-	8,000,000	-	8,000,000	-
GAMBLING	500,000	-	-	500,000	-	-	-	-	-	-
PARENTS LEAD	200,000	-	97,672	191,815	-	-	-	-	-	-
SUD VOUCHER	18,147,874	3,216,756	12,568,356	17,989,814	21,058,243	3,637,697	24,695,940	24,695,940	-	-
PARTNERSHIP FOR SUCCESS	2,500,000	-	200,000	1,010,000	3,500,000	-	3,500,000	-	3,500,000	-
FREE THROUGH RECOVERY	15,893,821	-	12,202,787	17,283,514	22,274,836	(1,314,812)	20,960,023	20,960,023	-	-
COMMUNITY CONNECT	15,425,678	-	16,211,506	16,818,147	22,547,100	(1,320,058)	21,227,042	21,227,042	-	-
BEHAVIORAL HEALTH EDUCATION	10,200,000	-	3,175,392	6,703,545	10,200,000	-	10,200,000	10,200,000	-	-
SUICIDE PREVENTION	3,588,855	321,735	3,794,296	5,306,983	5,121,356	(216,000)	4,905,356	3,155,357	1,749,999	-
SYSTEM OF CARE	12,000,000	-	2,362,946	4,049,729	7,500,000	-	7,500,000	-	7,500,000	-
HOUSING SUPPORTS	6,186,624	-	3,594,733	6,014,088	6,220,748	(375,550)	5,845,198	5,840,198	5,000	-
TOTAL	**$ 130,650,432**	**$ 30,991,077**	**$ 86,627,157**	**$ 134,944,833**	**$ 176,577,171**	**$ 10,715,690**	**$ 187,292,861**	**$ 118,030,858**	**$ 42,277,948**	**$ 26,984,055**

COMPARISON OF BUDGETS AND FUNDING

BY MAJOR EXPENSE

DESCRIPTION	2023-25 LEGISLATIVE BASE	INCREASE / (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)	ENGROSSED HB 1012
Salaries & Benefits	$ 8,792,675	$ 8,474,492	$ 17,267,167	$ (1,211,587)	$ 16,055,580
Operating	81,381,458	14,980,641	96,362,099	(2,170,420)	94,191,679
IT Services	-	19,042,285	19,042,285	(3,500,000)	15,542,285
Grants	40,476,298	3,429,322	43,905,620	17,597,697	61,503,317
Total	**$ 130,650,431**	**$ 45,926,740**	**$ 176,577,171**	**$ 10,715,690**	**$ 187,292,861**
General Fund	**$ 78,668,633**	**$ 38,106,598**	**$ 116,775,231**	**$ 1,255,656**	**$ 118,030,887**
Federal Funds	**40,703,315**	**1,574,604**	**42,277,919**	**-**	**42,277,919**
Other Funds	**11,278,483**	**6,245,538**	**17,524,021**	**9,460,034**	**26,984,055**
Total Funds	**$ 130,650,431**	**$ 45,926,740**	**$ 176,577,171**	**$ 10,715,690**	**$ 187,292,861**

BH Policy and Administration Budget as % of HHS Total Budget

- 3%

Budget by Funding Source of Engrossed HB 1012

- General Fund: 63.0%
- Federal Fund: 22.6%
- Other Fund: 14.4%

Budget by Pass Through

- Paid to Private Providers: 82.9%
- Admin: 8.8%
- IT: 8.3%



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NORTH Dakota Be Legendary. | Health & Human Services

HB 1012
3-19-25

North Dakota Department of Health and Human Services
Behavioral Health Division Policy & Administration

Withdrawal Management (WM) Overview

Levels of Care

ASAM: American Society of Addiction Medicine 3rd Edition

ASAM 3.2-WM

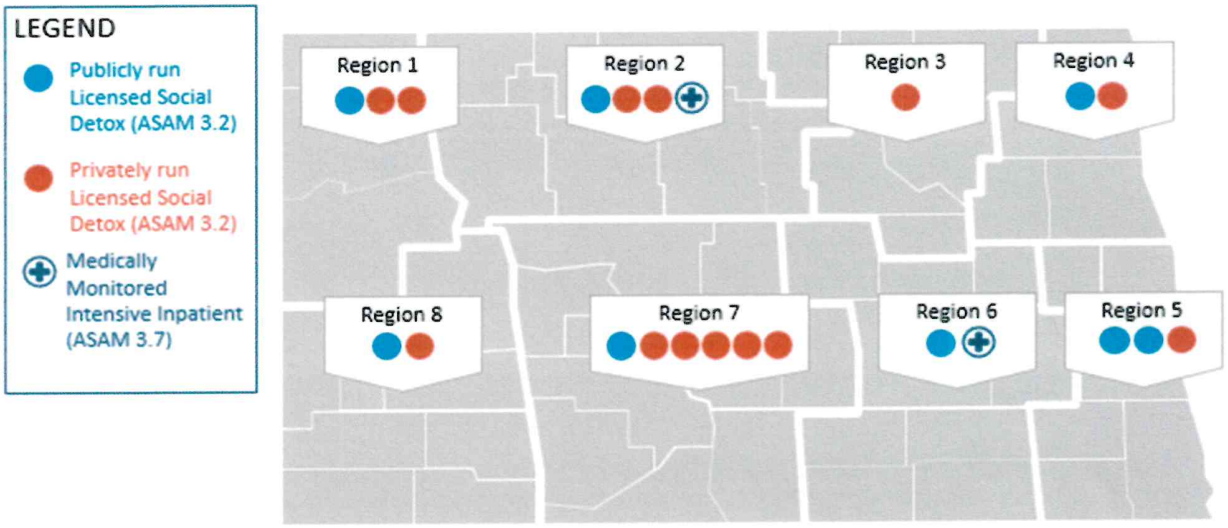
- Clinically-managed residential withdrawal management
- (Social Detox) 24-hour supervision, observation, and support. Emphasis on peer and social support rather than medical and nursing care

ASAM 3.7-WM

- Medically-monitored inpatient withdrawal management
- Medical and nursing professionals provide 24-hour evaluation and withdrawal management

Licensed Providers of Withdrawal Management

- 21 Providers licensed for ASAM 3.2 Withdrawal Management (Social Detoxification)
- 2 Providers licensed for ASAM 3.7 Withdrawal Management (Medical Detoxification)



Current contracts:

- City of Fargo to support 24-hour staffing at the Cass County withdrawal management center [ASAM 3.2]
- CHI St. Alexius Williston for Behavioral Health Facility includes medical withdrawal management for addiction [ASAM 3.7]
- City of Bismarck for training and technical assistance to assist in planning and development of a triage center that includes medical detox [ASAM 3.7]

North Dakota Department of Health and Human Services
Behavioral Health Division Policy & Administration

CHANGES TO BASE BUDGET

BY ONGOING, ONE-TIME AND FUNDING SOURCE

BASE BUDGET CHANGES	DESCRIPTION	2025-27 EXECUTIVE BUDGET		ENGROSSED HB 1012	
		GENERAL	OTHER	GENERAL	OTHER
Service – Cost to Continue	Opioid Settlement		$8,000,000 Opioid Settlement Fund		$8,000,000 Opioid Settlement Fund
Behavioral Health Services	Avel eCare rural crisis support continuation		$2,000,000 CHTF		$1,000,000 CHTF
Behavioral Health Services	Substance Use Disorder (SUD)	$2,500,000		$2,500,000	
Services - BH Expansion	Drug Court treatment support	$200,000		$200,000	
Services - Care Coordination	Continue existing levels of service for Free Through Recovery and Community Connect	$4,761,081		$4,761,081	
Services - Care Coordination	Free Through Recovery	$4,016,908		$4,016,908	
Services - Care Coordination	Community Connect	$4,458,814		$4,458,814	
Services - Care Coordination	Peer Support	$137,900		$137,900	
Children's Behavioral Health	Development of Partial Hospitalization/ Intensive Day Treatment *One Time		$2,000,000 CHTF		$2,000,000 CHTF
Children's Behavioral Health	Treatment Collaborative for Traumatized Youth Expansion	$408,000		$408,000	
Children's Behavioral Health	Voluntary Treatment Program	$1,351,997		$1,351,997	
IT	Electronic Health Record / Pharmacy System Recovery and Backup *One Time		$500,000 SIIF		$500,000 SIIF
IT	Retire Electronic Health Record Legacy System Data Extraction & Migration on Mainframe *One Time		$1,000,000 SIIF		$1,000,000 SIIF
IT	State Hospital Network Redundancy *One Time		$500,000 SIIF		$500,000 SIIF
House Amendment	Behavioral Health Facility Grant *One Time				$12,960,000 SIIF
House Amendment	Grant for Community Cultural Center *One Time				$1,000,000 SIIF
House Amendment	Medical Expenses for IMD Providers			$500,000	
House Amendment	Substance Use Disorder (SUD) - 50/50 Inpatient/Outpatient			$500,000	
House Amendment	Mental Health Voucher for Incarcerated Individuals			$2,500,000	
House Amendment	Behavioral Health Services for Nursing Homes and Basic Care Facilities			$2,000,000	
House Amendment	FTE Block Grant Salary Reduction			($1,211,587)	
House Amendment	Operational Reduction			($3,398,000)	
Provider Inflation	Provider Inflation (1.5%/1.5% to 2%/2%)	$1,088,608		$1,453,885	

North Dakota Department of Health and Human Services

Behavioral Health Division Policy & Administration

Electronic Health Record (EHR) Legacy System Data Extraction & Migration Decision Package: $1,000,000

During implementation of the current EHR solution, decision was made to migrate some data into the new EHR, while leaving a subset of data behind in the legacy EHR system. HHS was notified that vendor support of the legacy system would end in 2023. Funding for migration out of this into a data repository was requested during 23-25 legislative session and was denied. As such, we've continued funding operational support for this system, for which data security is an increasing concern. In addition, all data in the legacy systems remain subject to retention laws, which requires continued administrative support. The data infrastructure of this legacy system is antiquated and is no longer supported by NDIT, and we have not yet been successful in identifying a vendor to provide a quote for completing the work needed to successfully sunset these systems, in part because we no longer have the internal expertise to provide required details. The funding request provided is a rough estimate only and may not cover all needs.

Anticipated Benefits	• Eliminate funding currently utilized to support the legacy system. • Reduce PHI security risk. • Maintenance of retention compliance.
Project Risks	• It is assumed that the longer this initiative is delayed, the more expensive it will be to complete the initiative due to diminishing Subject matter expertise on the legacy system • PHI will be lost or violated. • HHS may become out of compliance with retention laws.
Issue/ Solution	• HHS should hire a consultant to migrate the data out of the legacy system and into a sequel server database.

State Hospital Network Redundancy Decision Package: $500,000

In May 2024, BHD engaged with National Council and MTM as part of its Certified Community Behavioral Health Clinic (CCBHC) consulting services. One component of this consultation included evaluation of the EHR & IT components of operations. On 7/23/24, MTM provided a report of preliminary findings, which indicated the State Hospital is assuming operational risk due to lack of network redundancy and inadequate Wi-Fi connectivity. NDIT has provided an estimate of $134,000 for construction costs and install of an additional network with ~$40,448/ biennium ongoing costs. NDIT further estimated that an additional 246 wireless access points were needed with an estimated cost of $335,790 without wiring or professional services.

Anticipated Benefits	• Reduce risk of loss of access to critical patient data in the event of network disruption. • Reduce WiFi lag, which will improved EHR performance in daily operations.
Project Risks	• State Hospital staff will continue to experience interruptions with EHR connectivity, which reduced efficiency and leads to staff dissatisfaction.
Issue/ Solution	• Implement a redundant network for the State Hospital.

EHR System Recovery and Backup Solution
Decision Package: $500,000

The State Hospital and Clinics, in collaboration with HHS Risk Management, proposed and were denied funding last session for development of an emergency system backup and recovery solution. Because our EHR data is hosted by the vendor, we do not currently have options for accessing data in the event of vendor network failure or localized internet failure. This is of particular concern for State Hospital patient safety, as current medication plans and distribution information would be based on collective staff recollection. While we have been working to develop a minimal viable solution for the State Hospital only over the last two years, we have hit several barriers including lack of expertise (HHS and NDIT) in how healthcare systems operationalize such protocols, particularly as it relates to HIPAA compliance standards. The amount requested here would be to engage with a consultant to develop a system recovery and backup solution, with the hope that the solution would be able to be implemented with the requested funding, but there is no certainty that would be the case.

Anticipated Benefits	• Secure access to critical patient data in the event of EHR service/ network interruptions.
Project Risks	• Citizens served at the State Hospital may be subjected to undue safety risks in the event of an EHR service interruption.
Issue/ Solution	• Contract with a vendor to facilitate implementation of a system backup and recovery solution.

2025 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

HB 1012 9:30 a.m.
3/20/2025

Relating to leases of the health and human services property, substance use disorder treatment program, basic care payment rates, and state of residence for child care assistance; to provide for a transfer; to authorize a line of credit; to provide legislative intent; to provide for a legislative management study; to provide an application; to provide an exemption; to provide for a report; and to provide an effective date.

9:28 a.m. Chairman Dever opened the hearing.

Members present: Chairman Dever and Senators Cleary, Davison, Magrum and Mathern.

Discussion Topics:

- Life Skill Transitions Centers (LSTC)
- Residential Crisis Care
- Non-Residential Care
- LSTC Statistics
- Statewide Applied Behavior Analysts (ABA)
- LSTC Staffing
- LSTC Funding & Budget
- Cedar Grove Roof Replacement
- DD Council
- Olmstead House
- Peer 2 Peer Program

9:29 a.m. Heather Jenkins, Superintendent, Life Skills Transition Center, ND Health and Human Services (ND DHHS) testified in favor and submitted testimony #43198.

9:46 a.m. Jessica Thomasson, Executive Director, Human Services Division, ND DHHS, testified in favor and answered committee questions.

9:50 a.m. Heather Jenkins, Superintendent, Life Skills Transition Center, ND DHHS, testified in favor and continued testimony.

10:32 a.m. Donna Aukland, Chief Financial Officer, Behavioral Health Division, ND DHHS, testified in favor and answered committee questions.

10:35 a.m. Heather Jenkins, Superintendent, Life Skills Transition Center, ND DHHS, testified in favor and continued testimony.

10:44 a.m. Eric Haas, Assistant to the Chief Financial Officer, ND DHHS, testified in favor and answered committee questions.

10:45 a.m. Heather Jenkins, Superintendent, Life Skills Transition Center, ND DHHS, testified in favor and continued testimony.

10:59 a.m. Julianne Horntvedt, Executive Director, ND State Council of Developmental Disabilities, ND DHHS, testified in favor and submitted testimony #43309.

11:15 a.m. Chairman Dever closed the hearing.

Joan Bares, Committee Clerk



Engrossed HB1012 – Life Skills Transition Center

Senate Appropriations | Human Resources Division
Senator Dick Dever, Chairman

NORTH Dakota | Health & Human Services
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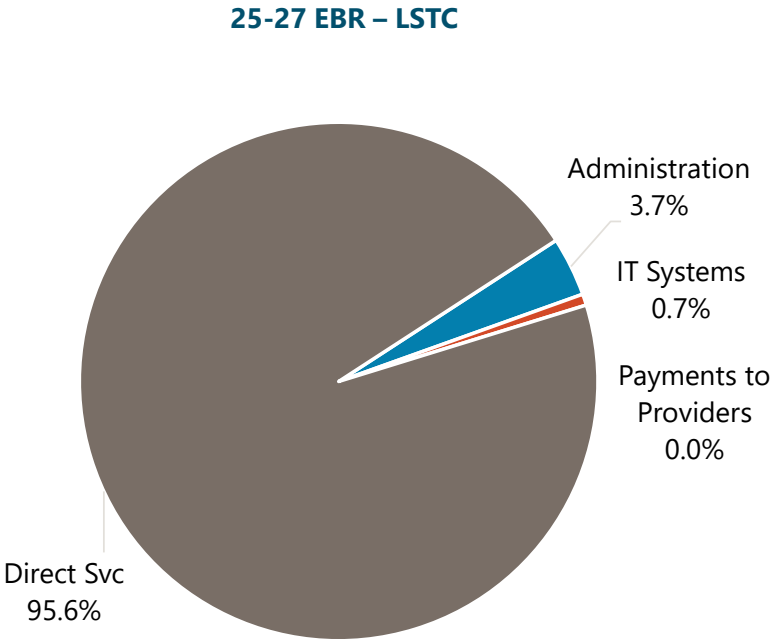
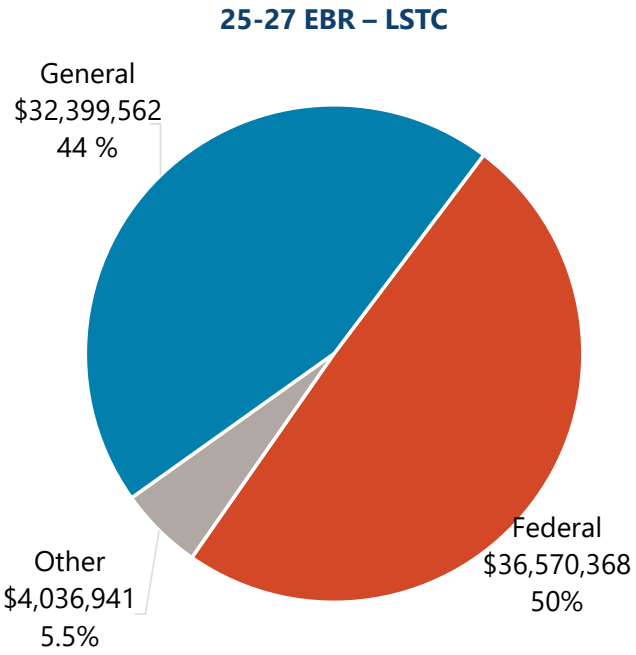
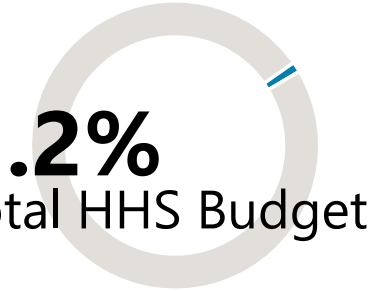
March 20, 2025, Heather Jenkins | Superintendent, Life Skills Transition Center

Budget Overview

Life Skills Transition Center: $73.0 million total budget







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

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

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

LSTC provides both Residential and Non-Residential services

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

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

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

RESIDENTIAL
Crisis / Stabilization
(Specialized ICF)

- Crisis Residential
- Short-term Stabilization Residential
- Transitioning to the community
- Vocational Services
- Long-term Specialized Residential Services

NON-RESIDENTIAL
Statewide Stabilization Supports

- Applied Behavioral Analysts
- Statewide Crisis/Stabilization team
- Specialized Therapeutic Clinic
- Adaptive Equipment Services

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

Residential Services | Crisis/Stabilization

Crisis Residential

$$ Medicaid (fed/gen)

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

Short-term Stabilization

$$ Medicaid (fed/gen)

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

Transition Supports

$$ General Fund

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

Vocational Services

$$ Medicaid (fed/gen)

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

Long-term Specialized Res

$$ Medicaid (fed/gen)

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

Non-Residential Services

Applied Behavioral Analysts

$$ Medicaid (fed/gen)

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

Statewide Crisis/ Stabilization Team

$$ General Fund

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

Therapeutic Clinic

$$ Private Insurance / Contracts

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

Adaptive Equipment Services

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

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



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

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LSTC Census Snapshot

Characteristics of people receiving Residential Services | December 2024

Current Census as of 12-31-24	Admission Timeframe
46	**33%** - 15 ppl admitted in 2024 **43%** - 20 ppl between 2010 & 2023 **24%** - 11 ppl before 2010
32 Adults (age 22+) **14 Youth** (age 13-21)	6 people have lived at LSTC 20-28 years 2 people have lived at LSTC 50-59 years 3 people have lived at 65+ years

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

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

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

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

Key terms defined

Census	# of people receiving Residential Services at the LSTC-operated specialized ICF in Grafton. Census data is a snapshot in time.
Individuals Served	# of people entering and exiting services over a specific period of time.
Residential Capacity	# of people that can be served at the LSTC-operated specialized ICF, based on a combination of physical space available and staff that are needed to meet the unique needs of each individual.

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Census is more than a number

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

Data from July 2023- December 2024

55

July 2023

46

December 2024

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

+22

Admissions

-31

Transitions Completed

-21

Admissions Diverted

11

Transitions Planned (In Process) / On Hold/ Cancelled

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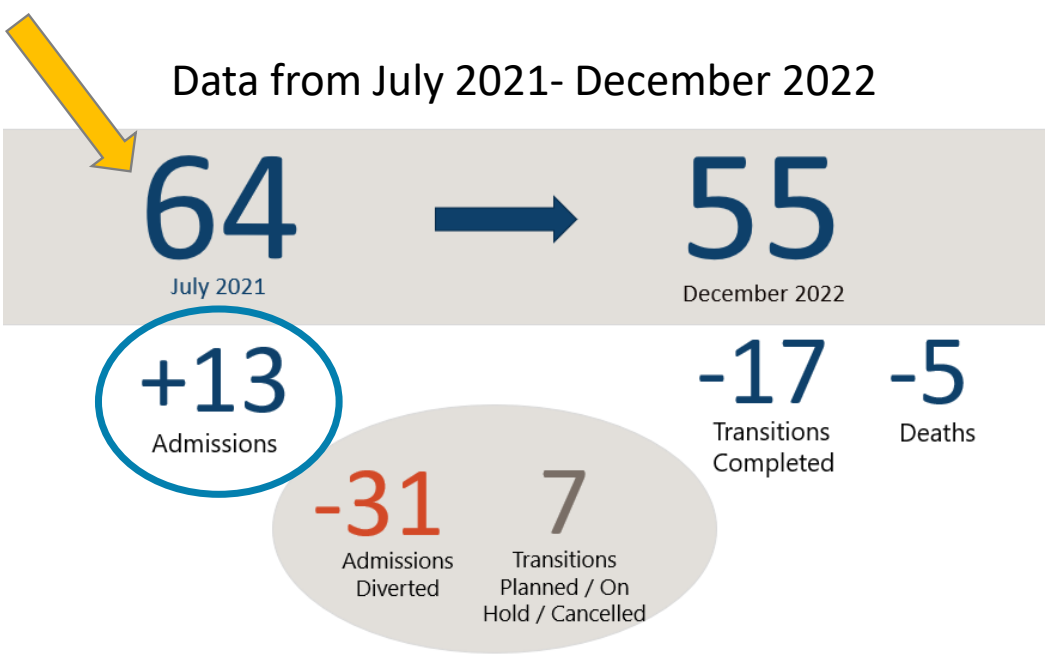
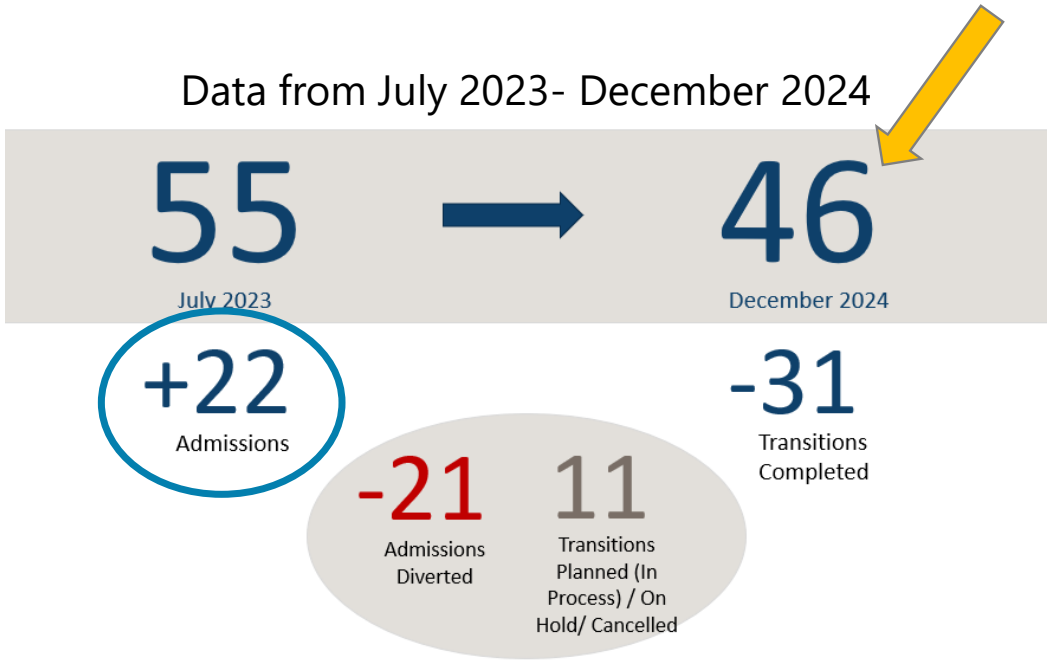
Since July 2021, LSTC's point in time Census has declined by 16% even as admissions have increased by 69%

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





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LSTC *Adult* Admission Data

Characteristics of ADULTS currently admitted

Current Adult Admissions

31 (age 22+)

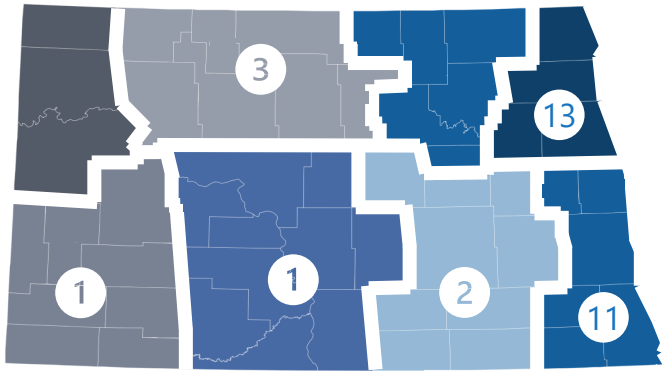
Type of Decision Maker at Admission

68% - Family
32% - Legally Appointed Guardian

Admissions **from** setting type

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

Admissions **from** home region



Reasons provided for admission	
Harm to Others	77%
Elopement	26%
Harm to Self	23%
Mental Illness	13%
Property Destruction	10%
Medical	6%
Not Accepting Supports	6%
Unforeseen Circumstances *Loss of family caregiver, provider closed*	6%
Sexual Inappropriate Behavior	3%

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

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LSTC *Youth* Admission Data

Characteristics of YOUTH currently admitted

Current Youth Admissions

14 (age 14-21)

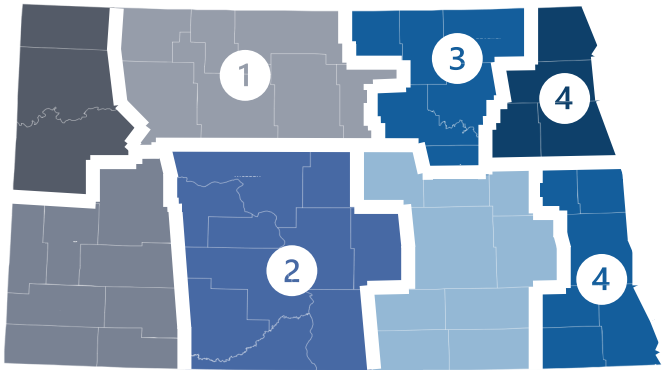
Type of guardian at Admission

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

Admissions from setting type

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

Admissions from home region



Reasons provided for admission by those referring the youth	
Harm to Others	64%
Harm to Self	43%
Elopement	36%
Sexual Inappropriate Behavior	14%
Unforeseen Circumstances *Loss of family caregiver, provider closed, not I/DD*	21%

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

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LSTC Overall New Admission Data

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

New Admissions

22

14 Adults (age 22+)
8 Youth (age 14-21)

Admissions **from** setting type

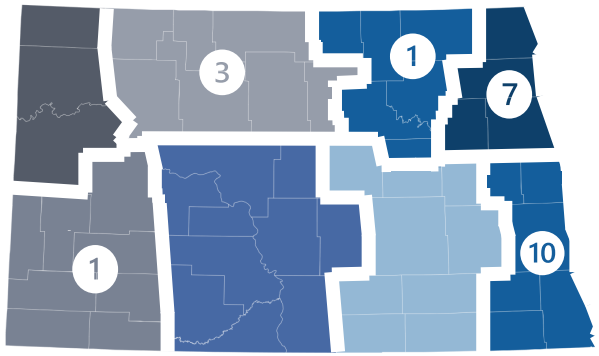
23% - Res Hab
5% - ICF
27% - Family Home
14% - Psych Res Trtmt Fac (PRTF)
14% - State Hospital
5% - Medical Hospital
5% - Juvenile Detention
9% - Homeless

Admissions by **type of guardian**

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

ADULT
64% - corporate guardianship
36% - family guardians

Admissions **from** home region



Reasons provided for admission by those referring the person (people admitted to LSTC as of July 2023)	
Harm to Others	59%
Harm to Self	18%
Elopement	18%
Sexual Inappropriate	9%
Other Health	5%
Unforeseen Circumstances Homelessness, Loss of family caregiver, Provider closed, Individual not accepting of supports offered	27%

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

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Meet Laura



Total stay at LSTC: 8 months
Keys to success: Persistence; high tolerance for boundary-pushing behavior; commitment to "re-admit" after temporary crisis placements; focus on relationships; diligent pursuit of structured environment that meets her needs; totally customized approach to behavior planning; strong school partnership; opportunities to pursue interests

Laura is 16 years old

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

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

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

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

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

What's next for Laura?
What does a stable situation look like for her?

Youth Served at LSTC

New Admissions July 2023- December 2024

Reason for Youth Admission

6 – Danger to Self or Others

2 – Unforeseen circumstances

Type of Custody Arrangement upon Admission to LSTC

4 – Family

2 – Human Service Zone

2 – Legally appointed custodian (age 18-21)

Type of Residential Setting being admitted from

4 – Family home

2 – Psychiatric Hospital

1 – Residential Habilitation

1 – Juvenile Detention Center



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Meet Mason



Total stay at LSTC: 20 days
Keys to success: Joint team training; time to modify new environment; structured approach to medication changes and therapies; opportunity to build relationships in safe, structured environment

Mason is 36 years old.

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

Living in Apt w/Res Hab services
Experienced unexcepted medical emergency

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

Admission focused on physical recovery and adjusting to programming

Transition support included

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

Meet Sam



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

Sam is 55 years old

- Bipolar Disorder
- Mild Intellectual Disability
- Various medical diagnoses

History of challenging symptoms

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

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

History of multiple short-term admissions to LSTC

Outreach services involved since 2013

725+ hours of support in the past 4 years

Successfully living in new community

Residential Services

Short-term Crisis Stabilization Admission Services

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

Crisis Admissions
July 2023-Dec 2024

9

8 discharged
1 active admission

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

100% - Adults
0% - Youth

Services are Medicaid billable



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Non-residential Services

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

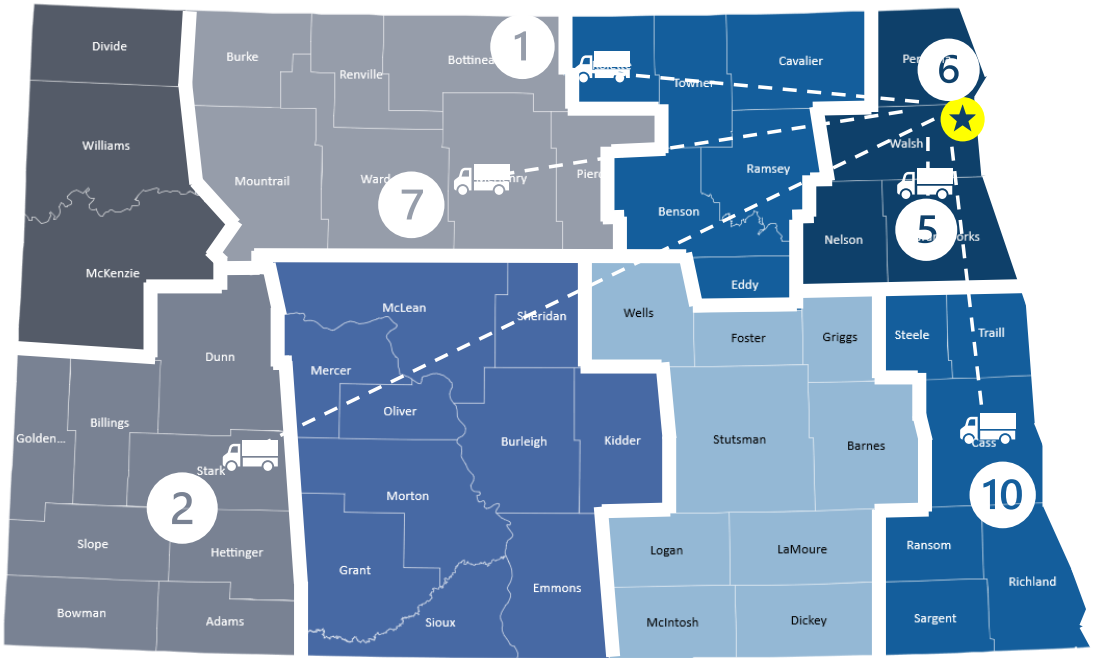
Transition services actively support successful transition from LSTC to another setting by development and implementing comprehensive transition plans. LSTC staff:

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

to ICF/IDD 29% (9)

to Res Hab 65% (20)

to Family Home 6% (2)



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

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

Residential Services

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



5.5%

Re-admission rate

*People discharged 2023-2024

66%

Diversion rate

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



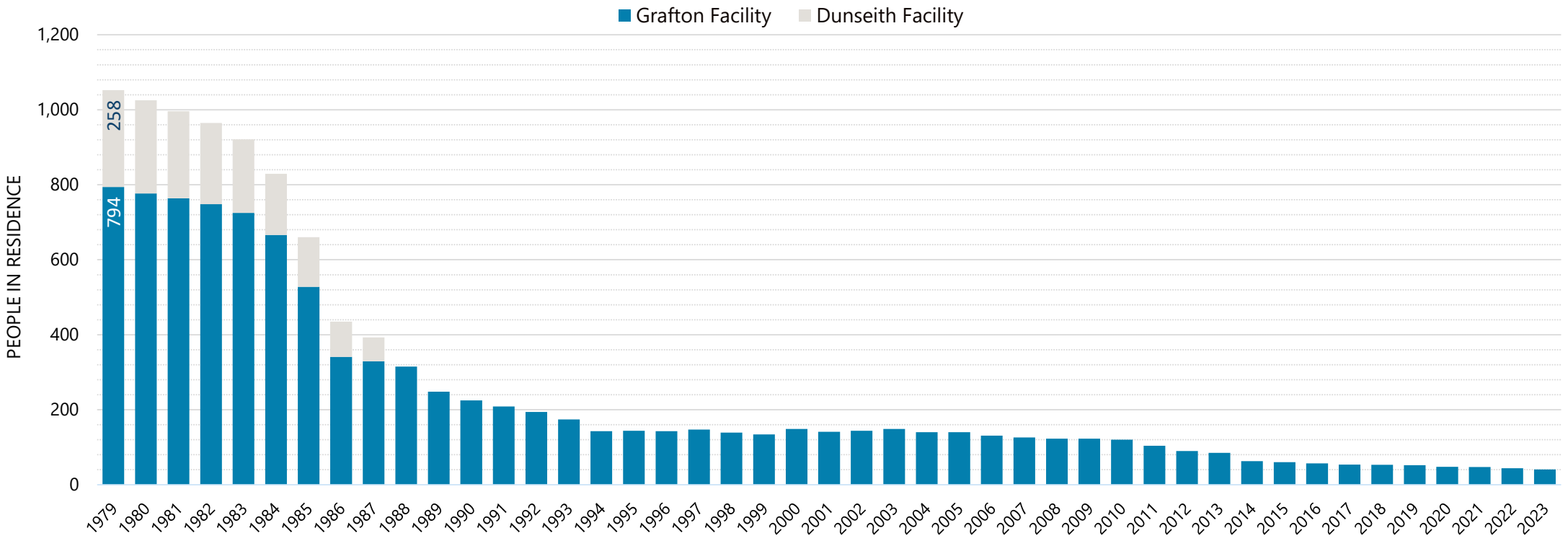
Average Length of Stay at LSTC

2023: **8.1 years**
2024: **2.4 years**

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

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

1979 - 2023 Census | Grafton & Dunseith



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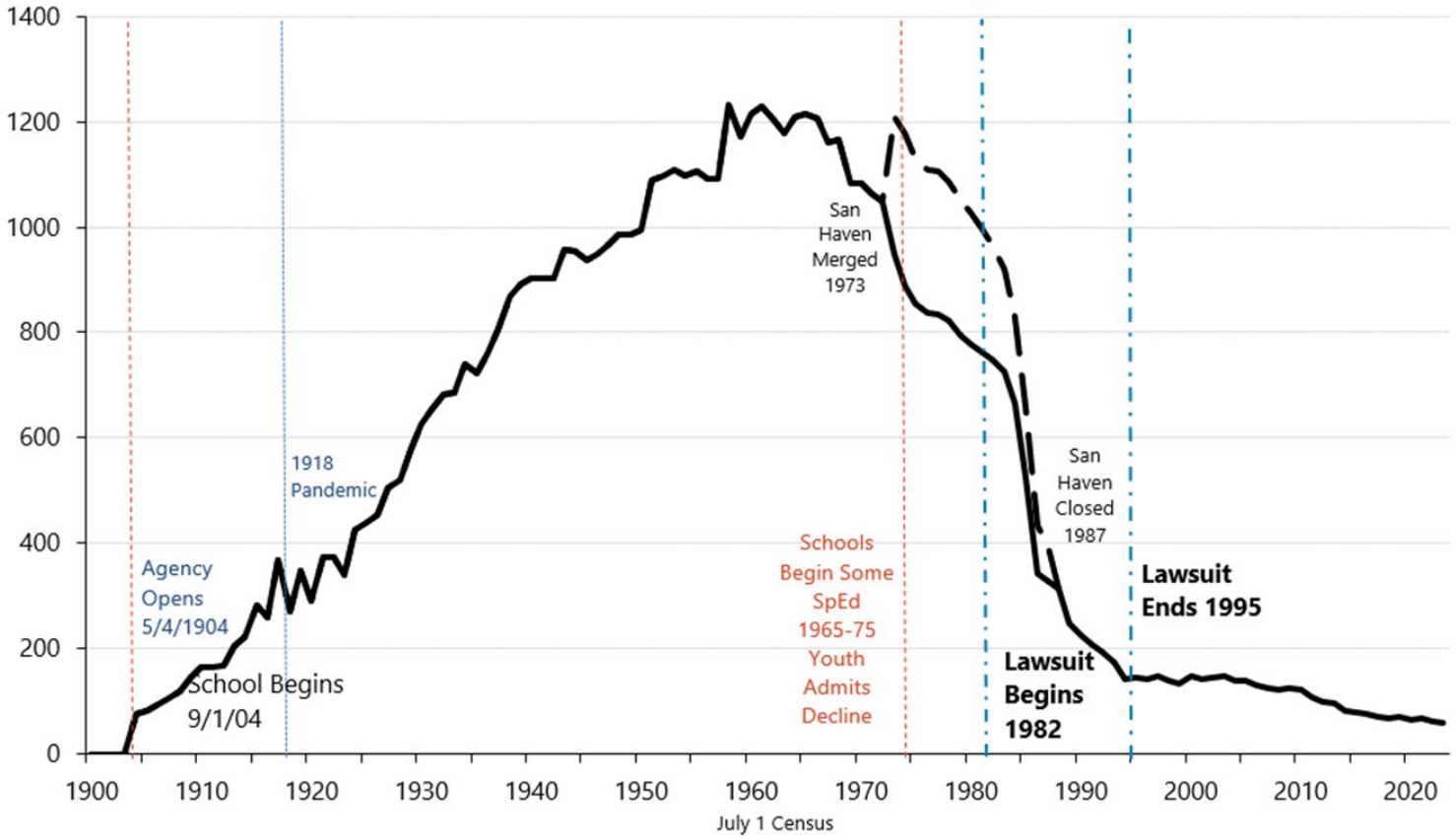
LSTC reached its peak census in 1958, when 1,231 children and adults lived in the state's residential institution



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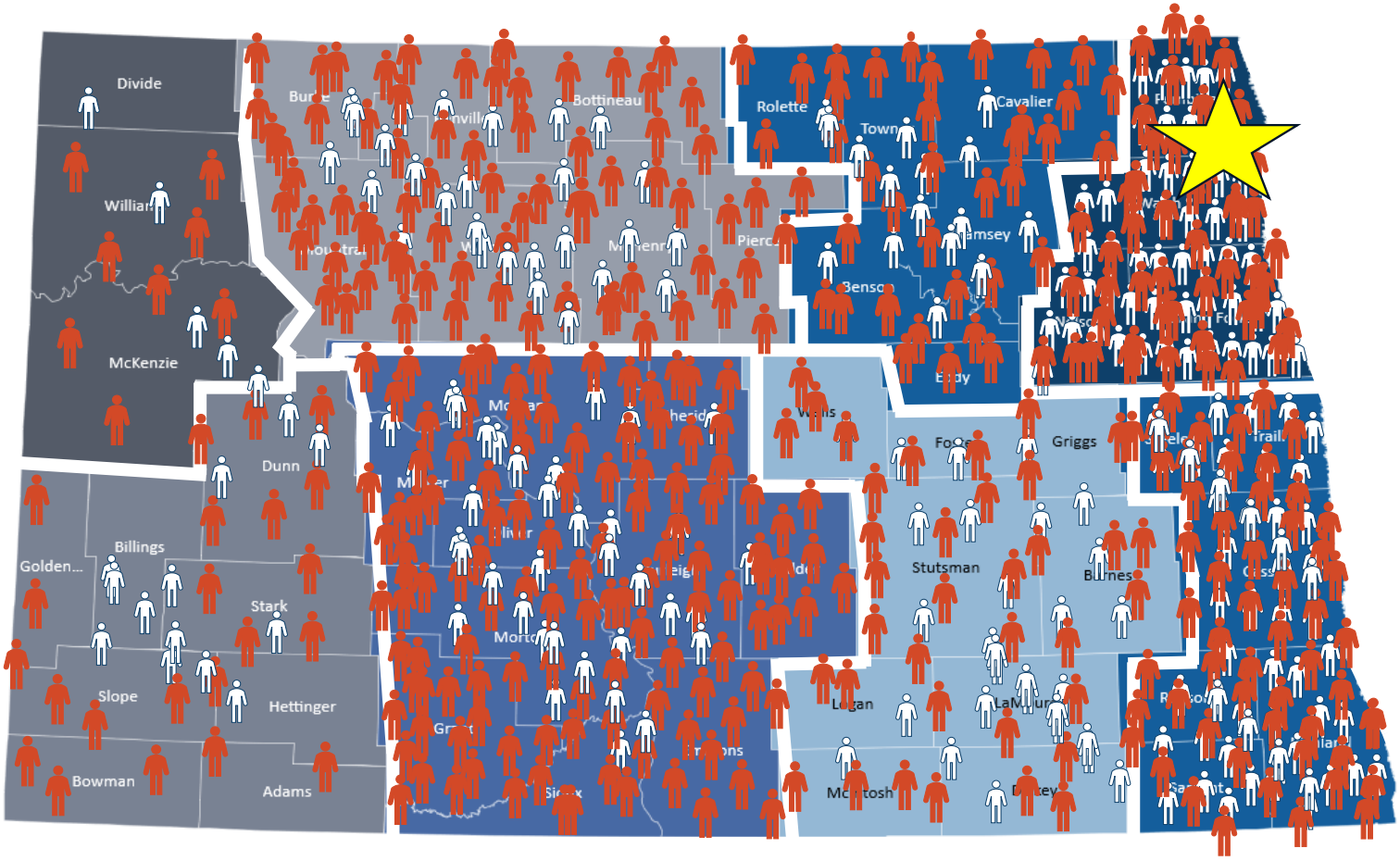
Statewide outreach is a hallmark of LSTCs work today

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



Impact this biennium
July 2023 – Dec 2024

346

Customized Adaptive Equipment (assessment, fitting, design, development, delivery)

225

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

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Meet Shane

Shane is 18 years old.

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

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

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

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

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

Shane is successfully living in his home (DD ICF)

Total stay at LSTC: 0 days
Keys to success: On-site observation and consultation; focused behavior intervention plan dev and training; implementation of consistent and highly structured routine



Non-Residential Services

Statewide Crisis and Stabilization Services (CSC)

- Provide response to people with intellectual/developmental disabilities who are experiencing a de-stabilizing crisis while in their home setting.

- CSC's work with families, providers and community partners to provide individualized and responsive services to help people live successfully in their communities.
  - Program & Behavior Plan Consultation
  - Staff Training and personal coaching
  - Specialized resources for complex healthcare needs, significant behavioral issues, and inappropriate sexual behaviors

- Services paid for with General Fund (i.e., not Medicaid-billable).

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



Non-Residential Services

Statewide Applied Behavior Analysts (ABA)

- Provide professional behavior analysis services to the private providers and families of both adults and children throughout the state.

- Behavior Analysts use evidence-based learning technologies to design teaching methods, helping care teams with:
  - Behavior intervention planning
  - Staff training plans
  - Delivery of staff training and coaching, and
  - Ongoing performance analysis and problem solving

- LSTC has 10 ABAs located statewide.

- Services paid for with General/Federal Fund (i.e., Medicaid-billable).



LSTC Staffing Patterns and Highlights

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

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

*based on 12/1/2024 data

LSTC staff by function

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

LSTC staffing goal is to rely on:

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

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

2 LSTC job types experience higher than average vacancy rates:

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

LSTC staffing continues to evolve to meet changing service demands

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

From 2018 to 2024

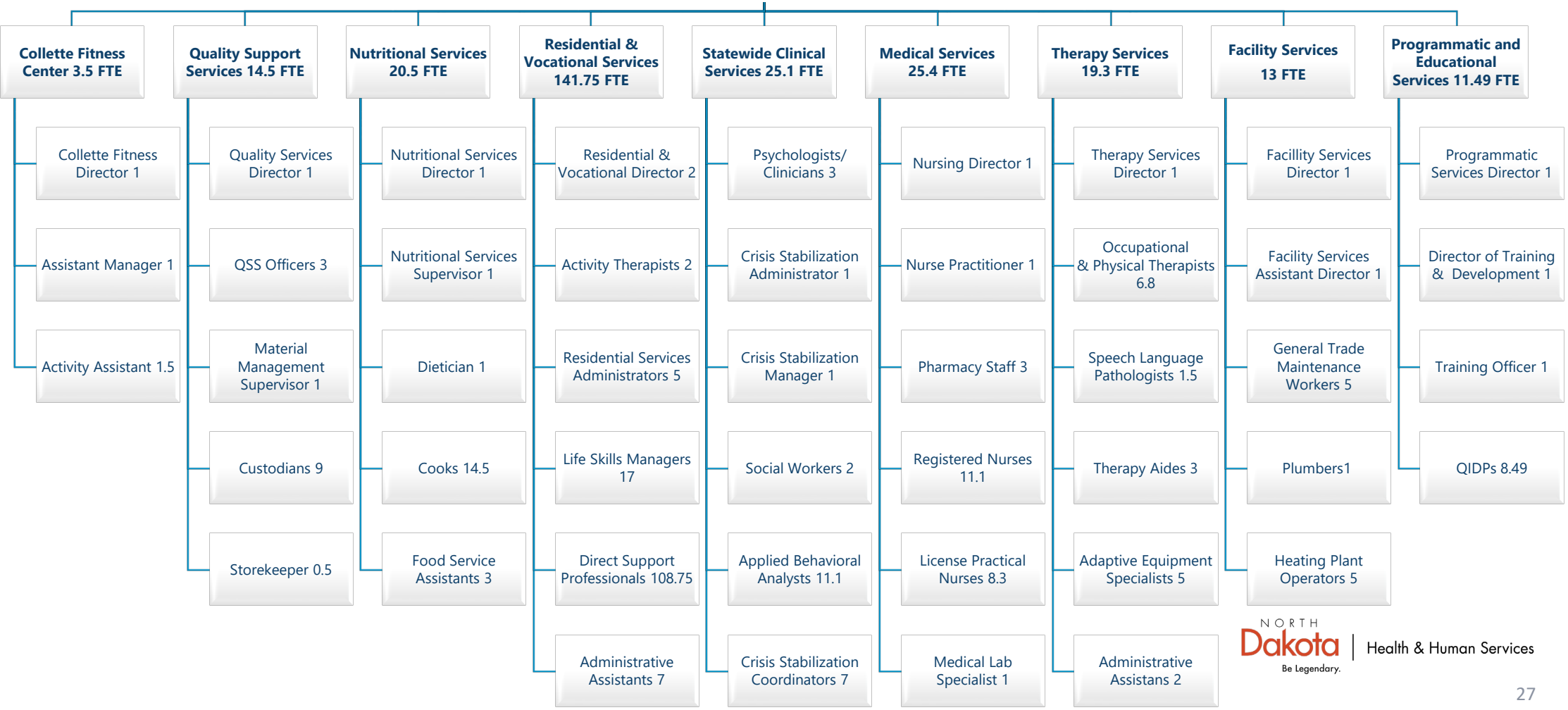
- Point-in-time Census
  - Adult - declined by 40%
  - Youth - declined by 7%
  - Total - declined by 32%
- Total people served increased by 110%
- Total staff
  - Authorized FTE -declined by 18%
  - Filled staff roles - declined by 26%

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

LSTC Point in Time Census & Staffing Information Snapshot as of State Fiscal Year End (June 30)

	Residential Services			Non-Residential Services		
	Adult	Youth	Total Census	# Total people served statewide	FTE	Vacancies
2018	53	15	68	402	338.9	54.3
2019	52	20	72	516	338.7	57.0
2020	46	19	65	605	312.5	45.2
2021	45	19	64	472	322.5	64.5
2022	40	18	58	587	322.5	86.9
2023	39	16	55	720	280.6	47.9
2024	32	14	46	843	276.4	50.9

Superintendent of LSTC
Heather Jenkins



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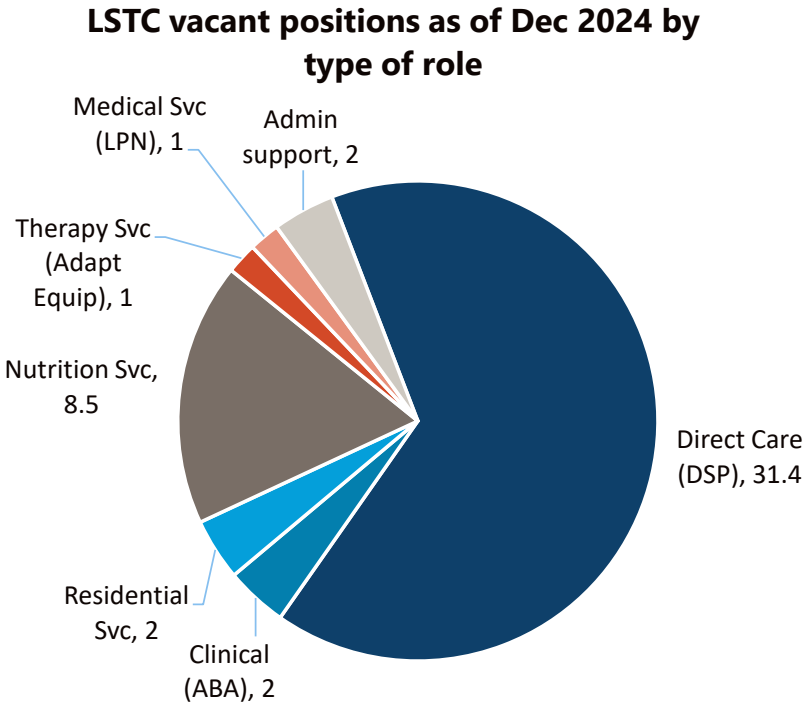
Vacancy report represents ongoing challenges of achieving full staffing level at LSTC

Current status of 50.86 FTEs reported as vacant in Dec 2024

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



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

276.44

FTE

# of full-time equivalent positions assigned to LSTC

81.6%

Filled

225.48

18.4%

Vacant

50.86

24

Current Contracted Employees

56.4%

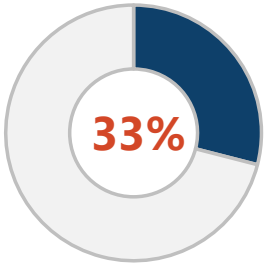
Extended Contract

3,060

8-hour DSP shifts to fill each month

To fulfill the care needs of the current census at LSTC

October 2024



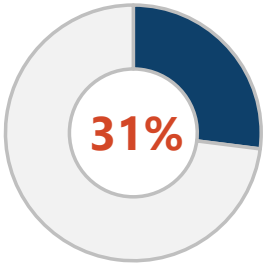
Shifts unfilled

After all employees scheduled

1,009 hours

Mandatory Overtime

November 2024



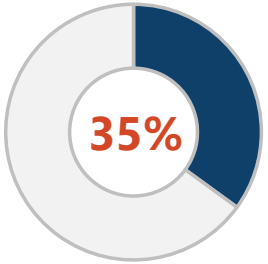
Shifts unfilled

After all employees scheduled

968 hours

Mandatory Overtime

December 2024



Shifts unfilled

After all employees scheduled

1,084 hours

Mandatory Overtime

LSTC Staffing Strategies

Recruitment & Hiring

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

Employee Retention & Engagement

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

Training & Development

- Comprehensive onboarding
- Leadership development for succession planning

Workforce Optimization

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

Employee Well-Being & Support

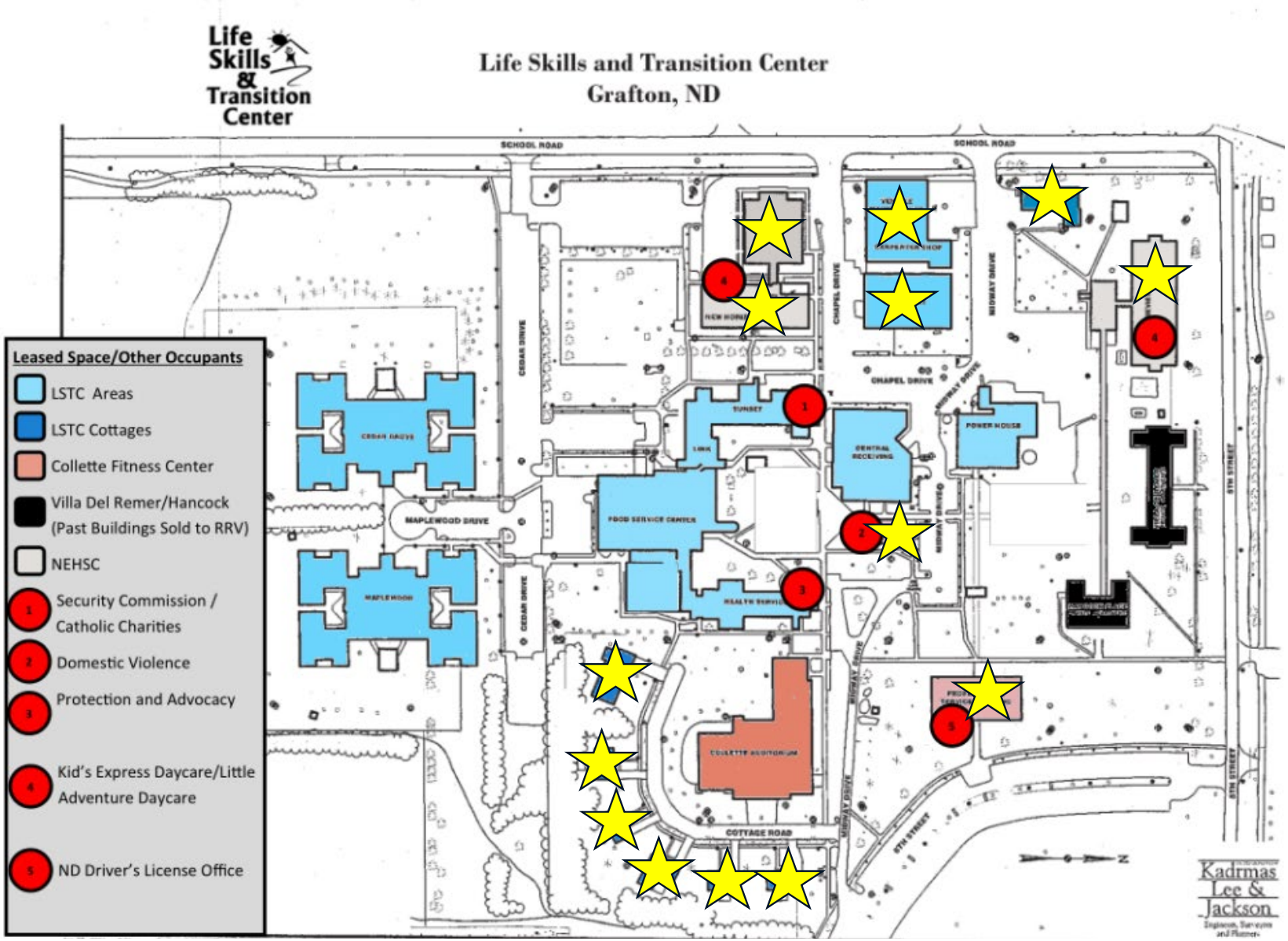
- Mental health resources and wellness programs
- Strong workplace culture emphasizing teamwork and support

Life Skills & Transition Center

Our Space

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





Buildings minimally used by LSTC, if used at all

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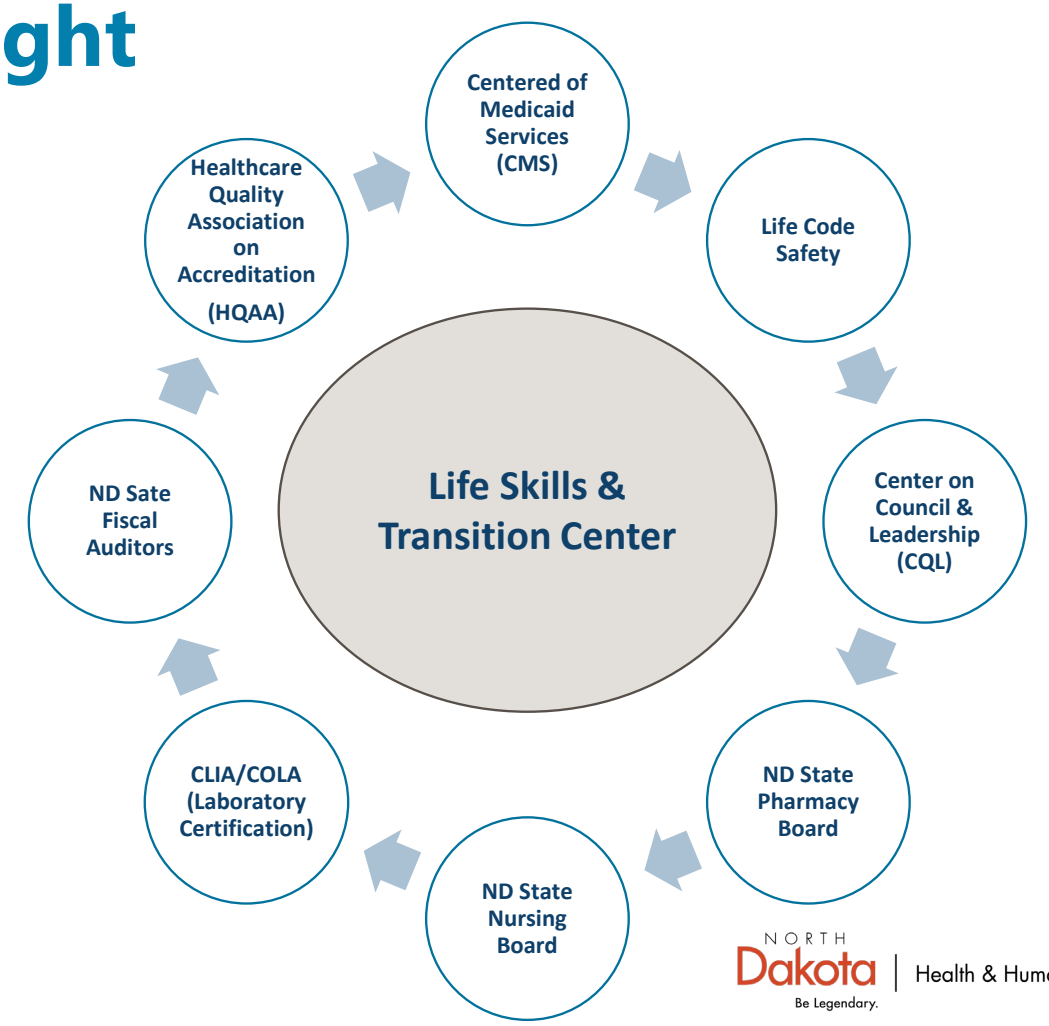
LSTC operations are subject to several level of federal and state oversight

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



Included in Executive Budget Request

LSTC Cedar Grove Roof Replacement

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

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

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



Comparison of budgets and funding

By Major Expense

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

LSTC Budget as % of HHS Budget

- 1.2%

Budget by Funding Source

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

Budget by Pass Through

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

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

2023-25

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

2025-27

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

	23-25 Legislative Base	Projection through 6-30-25	Diff (budgeted to actual) (Over)/Under	25-27 Exec Budget Request
Salaries - Reg & other	$33,387,402	$28,548,662	$4,838,729	$31,071,896
Salaries – OT	$698,876	$6,110,277	$(5,420,401)	$6,058,980
Salaries – Temp	$1,430,701	$2,238,727	$(808,026)	$1,427,042
Benefits	$18,328,327	$15,971,829	$2,366,498	$19,241,295
TOTAL	**$53,846,296**	**$52,869,495**	**$976,801**	**$57,799,213**
Contract staffing for direct care/support	$0	$3,394,984	$(3,394,984)	$2,861,736
TOTAL STAFFING	**$53,846,296**	**$56,274,469**	**$(2,418,183)**	**$60,660,949**
		+4.6% over 23-25 budget		**+12.7%** over 23-25 budget **+7.8%** over 23-25 6-30 projection

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Comparison of budget expenditures and projections

By Program

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

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Changes to Base Budget

By Ongoing, One-Time and Funding Source

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

LSTC-related Policy Bills with Budget Impact

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



On the horizon for LSTC

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



Contact Information

Heather Jenkins
Superintendent,
Life Skills & Transition Center
hcjenkins@nd.gov



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HB1012 Overview to Senate Appropriations - HR Division

Julianne Horntvedt
Executive Director
March 20, 2025

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Our **Vision**

North Dakota is the healthiest state in the nation.

Our **Mission**

HHS fosters positive, comprehensive outcomes by promoting economic, behavioral and physical health, ensuring a holistic approach to individual and community well-being.

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Our **Strategic Priorities**

Support the advancement of strong, stable, healthy families and communities.

Advance the foundations of well-being through access to high-quality services and supports closer to home.

Optimize disaster and epidemic response and recovery.

Advance excellence in agency infrastructure and operations.

Deliver best-in-class, customer-centered experiences.

Foster a culture of excellence where every team member has a voice, adds value and is empowered to make a difference.

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Our **Guiding Principles**

Continuous improvement and innovation: We embrace continuous improvement and innovation as ways to streamline the delivery of services, drive efficiencies and promote best-in-class, customer-centered experiences.

Responsible stewardship: Our organizational effectiveness and impact is enhanced by our strategic and efficient management of agency funding, assets and resources.

Transparent and open communication: We prioritize transparent and open communication to facilitate trust, organizational and stakeholder awareness, collaboration and unity.

Engaged collaboration: We bring a spirit of teamwork and accountability to every interaction, using our combined strengths to drive solutions and success.

Data-centered decisions: Our decisions are grounded in data; we use facts and metrics to inform and guide our actions and evaluate outcomes.

Section Overview



Who we are

- Federally Funded under ACL
- People with I/DD and family members are leaders in our organization



Our role

- We work to make life better for people with developmental disabilities and their families



Services

- We pick goals 5 years at a time
- We fund projects to reach our goals
- Staff/Members/and Grantees carry out our work



Partners | Providers

- We work with and fund various entities; non-profits, schools, providers, families, state agencies, etc.

Successes in the last biennium

Project Successes

- Funded the Olmstead Plan
- Funded a Peer 2 Peer research study
- Funded new initiatives around inclusive childcare and new housing arrangements for people with I/DD
- Work with several new self-advocacy groups around the state to provide education to people with I/DD
- Received an extra Federal Grant to research gaps in aging and disability.



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Changes to Base Budget

By Ongoing, One-Time and Funding Source

Base Budget Changes	DESCRIPTION	ONE-TIME OR ONGOING	GENERAL	OTHER	TOTAL
N/A	No Decision Package				

Comparison of budgets and funding

By Major Expense

DESCRIPTION	2023-25 LEGISLATIVE BASE	INCREASE / (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)	ENGROSSED HB 1012
Salaries & Benefits	$ 321,803	$ 269,530	$ 591,333	$ -	$ 591,333
Operating	234,780	127,820	362,600	-	362,600
Grants	603,651	(502,445)	101,206	-	101,206
Total	**$ 1,160,234**	**$ (105,095)**	**$ 1,055,139**	**$ -**	**$ 1,055,139**
General Fund	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Federal Funds	**1,160,234**	**(105,095)**	**1,055,139**	**-**	**1,055,139**
Other Funds	**-**	**-**	**-**	**-**	**-**

DD Council Budget as % of HHS Budget

- .02%

Budget by Funding Source

- 0% General
- 100% Federal
- 0% Other

Budget by Pass Through

- 5% Paid to Private/Public Providers
- 15% Direct Service
- 80% Admin

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Contact Information

- Julianne Horntvedt
- Executive Director
- jhorntvedt@nd.gov



2025 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

HB 1012
3/21/2025 9:33 a.m.

Relating to leases of the health and human services property, substance use disorder treatment program, basic care payment rates, and state of residence for child care assistance; to provide for a transfer; to authorize a line of credit; to provide legislative intent; to provide for a legislative management study; to provide an application; to provide an exemption; to provide for a report; and to provide an effective date.

9:33 a.m. Chairman Dever opened the hearing.

Members present: Chairman Dever and Senators Cleary, Davison, Magrum and

Mathern. **Discussion Topics:**

- Disability Determination
- Supplementary Security Income (SSI)
- Social Security Disability Insurance (SSDI)
- DDS Quality Reviews
- Disability Determination - Federally Funded
- Refugee Services
- Legal Process
- New American Employment Program
- Adult Learning Centers
- Community Integration

9:33 a.m. Sheri Seil, Director, Disability Determination Services Section, (DDS), Human Services Division, ND Health and Humans Services (ND DHHS) testified in favor and submitted testimony #43277.

10:15 a.m. Holly Triska-Dally, State Refugee Coordinator, Office of Refugee Services, Human Services Division, ND DHHS, testified in favor and submitted testimony #43361.

10:52 a.m. Sara Stolt, Deputy Commissioner, Human Services Division, ND DHHS, testified in favor and answered committee questions.

10:54 a.m. Holly Triska-Dally, State Refugee Coordinator, Office of Refugee Services, Human Services Division, ND DHHS, testified in favor and submitted testimony #43361.

Additional Written Testimony:

Barbara Frydenlund, Administrator, Rolette County Public Health District, submitted written testimony in favor, #42061.

Mike Chaussee, Executive Director, North Dakota Assistive Technology Act Program, submitted written testimony in favor #42513.

Jessica Duffy, RN, Administrator, LaMoure County Public Health Department (LCPHD), submitted written testimony in favor #42559.

Brittany Tschida, Care Coordinator, Peer Support Specialist, submitted written testimony in favor #43291.

11:18 a.m. Chairman Dever closed the hearing.

Joan Bares, Committee Clerk

Testimony
House Bill
1012
Senate Appropriations-Human Resources Division
Appropriations
Monday March 17, 2025,
Rolette County Public Health District

Testimony on the Importance of Enhanced State Aid Support for Local Public Health

Chairperson Dever and members of Senate Appropriations - Human Resources Division.

Thank you for the opportunity to submit written testimony today on the critical importance of state aid support for local public health.

My name is Barbara Frydenlund, Administrator and I represent the Rolette County Public Health District, serving the county of Rolette and dedicated to safeguarding the global health and well-being of our county. Rolette County is within District 9.

As with all Public health entities in North Dakota, Rolette County Public Health is fundamental to the well-being of our community. We provide services including immunizations, maternal and child health programs, disease prevention, health education and prevention programs, and emergency preparedness. These services are crucial in promoting public health, preventing outbreaks, and ensuring that all community members have access to preventive health services.

Rolette County continues to be one of the poorest counties within the state and country. Our mill levy value is limited, by our low land values and non-taxable tribal lands and tribal trust lands within our county.
Despite the federal designation of tribal lands in Rolette County, federal impact aid in lieu of tax base from tribal lands is not available to our county government thus not to public health services.

This is in sharp contrast to federal impact aid allocated to school districts within our service area. Though this is an important part of public-school finances we do have to be cognizant of the fact that

children must be healthy to learn effectively. Current state aid does not factor in the poverty rate and health status of our population. The greater poverty the greater the health needs. We are also plagued with the fiscal ramifications of a grossly inaccurate census collected during the height of the pandemic.

Currently Rolette County state aid payment accounts for three (3%) percent ($57,000.00) of our annual budget. As per the North Dakota Century Code, the max levy of local tax dollars that may be allocated to local public health is five mills and for us that equates to approximately.

$117,000.00. With currently no additional local dollars available to our agency, the importance of state aid is monumental.

For reference thirty-three (33%) of our revenue is generated through fee for service. Currently fifty-one (51%) of our revenue is through federal to state pass-through grants. These grants are decreasing in availability. Again, for your reference our current immunization grant funding is $4800.00 per year, Emergency preparedness funding $3704.00 per year, Maternal Child Health funding is $17,500.00 with a required match of $13,125.00. From the above description you can see why supplemental funding such as state aid is essential to the viability of Rolette County Public Health.

State aid and local tax dollars are the only flexible funding available to local public health to address grant funding match, local community health priorities and foundational public health services.

These two sources also supplement programs including programs such as North Dakota health tracks and immunizations, in which state reimbursement does not equate with the costs of delivery of these essential services. For us, these funds are extremely limited and pose a barrier to providing local services and having adequate match for grants.

Our public health workforce has decreased by 21% in the past year due to lack of available funding and additional cuts are inevitable due to decreased federal and state funding, increasing cost of supplies, the increased cost of living, the ever-increasing health insurance costs. Our public health nursing salaries are non-competitive compared to other agencies. Local public health assumes the same inflationary increased cost as other health and human services across the state.

In addition to the above fiscal description, as all local public health offices do, our public health district acts as a gap filler in the community. We find ourselves spending more time providing case management for families, connecting people to services within or outside of the area.

We provide multiple COMMUNITY needed services, such as educational services, chronic disease services, school health services, mental health first aid, CPR, fluoride varnish applications, car seat programs, Progressive agriculture safety day, babysitting programs, breast pump loaner program, breast feeding support and policy development, clinical care such as dressing changes, injections, sexual disease testing, just to name a few. These services DO NOT have a funding sources outside of state aid.
Without additional local public health funding these services simply cannot continue.

As I referenced health services provided by Rolette County Public Health, the Medicaid Health Tracks program is critical to the health of Medicaid eligible children. This program is a federal program that each state is to implement with the goal of identifying potential physical, and developmental health concerns prior to the conditions manifesting into serious or debilitating and costly health issues. Children receive a head- to-toe assessment by a Registered Nurse and referred to additional health services as deemed necessary or requested by the parent/guardian or the client themselves.

Since 2022 this program has not been fiscally solvent but deemed essential for our population. Since 2005, we have 600-900 children participate annually in this program. I say it is essential due to the number of children who lack a medical home, the families that need support beyond a 15-minute primary care appointment and the significant health concerns identified.

Over the years we have identified children who are deaf, markedly decreased vision, malformed heads, skull fracture, orthopedic concerns, sexual and physical abuse, suicidal ideology, malnourishment, obesity, dangerously high blood lead levels, diabetes, hypertension, massive dental needs, chronic school absenteeism, growth and development delays just to name a few.

All of which no one cannot put a price on. The amount of case management that families are needing continues to escalate, the amount of time assisting families to find a dentist, orthodontist, or mental health service is monumental due to the lack of providers accepting Medicaid clients all of which consumes more staff time and increasing program costs.

The saving grace for the 2024-2025 Health Tracks Program is the Statewide Strategies Grant that we received during the fall of 2024. This funding is one time funding that appropriated by the 2023 legislature and was a competitive grant with a June 2025 end date. I urge you to please consider again allocating such funding. The funding was distributed across the state and included grantees other than local public health. The grant did have a 100% match.

Immunization is one of the most effective public health interventions. It prevents the spread of infectious diseases and protects vulnerable populations.

State aid support enables Rolette County Public Health District to procure vaccines and run immunization clinics, ensuring high vaccination coverage and herd immunity.

Maternal and child health programs are vital for reducing infant and maternal mortality rates. State Aid funding helps to ensures that these essential services are accessible to all mothers and children in the county, regardless of their socio-economic status.

Preventing diseases before they occur is more cost-effective than treating them after they have manifested. Rolette County Public Health District runs various health education programs, including those focused on chronic disease management, nutrition, and physical activity. State aid support facilitates these educational campaigns, helping to reduce the incidence of diseases such as diabetes, heart disease, and obesity.

We know very well that in times of crisis, such as natural disasters or pandemics, local public health districts are on the front lines of response. Adequate state aid can ensure that Rolette County Public Health District is well-prepared with emergency plans, supplies, and trained personnel to manage such situations efficiently and effectively.

State aid support is a lifeline for public health districts. It ensures that they have the financial resources necessary to maintain and/or expand their services. For Rolette County Public Health District, <u>increased</u> state aid means:

1. Ensuring a competent workforce
2. Delivering effective public health strategies to engage the community in prevention
   programming
3. Addressing the health disparities that exist within our community,
   ensuring that everyone has the equal opportunity to achieve
   optimal health.

Without an increase in state aid funding, Rolette County Public Health District would face significant challenges:

1. A lack of funding would force the district to cut back on services, leaving community members without essential healthcare. Immunization rates could drop, disease outbreaks could rise, and maternal and child health programs could.
   suffer.

2. Health inequities could widen as vulnerable populations lose access to critical services. This would exacerbate existing disparities and lead to poorer health outcomes for the community.

3. Without preventive services, more people would rely on emergency care for conditions that could have been managed or prevented. This would strain the healthcare system and increase costs for both individuals and the state.

4. State aid support is crucial for the sustainability and effectiveness of Rolette County Public Health District. It enables the district to provide comprehensive, high-quality care to all community members, regardless of their circumstances.

Investing in public health through state aid not only improves individual health outcomes but also strengthens the entire community, leading to a thriving and healthier future for all.

The importance of state aid support cannot be overstated. It is the backbone of public health infrastructure, ensuring that districts like Rolette County Public Health can continue to serve their communities effectively.

By securing and enhancing state aid support, we invest in a healthier, more resilient future for everyone as we collaborate to become once again the Healthiest State in The Nation.

The current state aid allocation to local public health units is 8,000,000.00 dollars per biennium. Due to increased costs across the board, we are asking for an additional $2,000,000.00 to be included in the NDHHS budget for the 2025-2027 biennium to be distributed to local public health statewide.

Thank you for your consideration.

I stand for questions that you may have.

Sincerely,
Barbara Frydenlund, RN
Rolette County Public Health

NORTH DAKOTA ASSISTIVE
Discover What's Possible

info@ndassistive.org
800-895-4728
www.ndassistive.org

Chairman Dever and Members of the Senate Appropriations Committee – Human Resources Division,

My name is Mike Chaussee, Executive Director at North Dakota Assistive the non-profit organization charged with administering the state's Assistive Technology Act program. ND Assistive is committed to helping people thrive despite their limitations. Through many programs, we empower people to live independently, gain and keep meaningful employment, succeed in school, and fully engage with their families and communities by helping them discover what's possible through adoption of assistive technology (AT). I am writing to express our support for House Bill 1012. While this testimony addresses our work primarily with Vocational Rehabilitation and Adult and Aging Services, we are also building our relationship with Services to Individuals with Disabilities, the Department of Public Instruction, and we see a path where assistive technology can truly benefit behavioral health services as well.

What I appreciate most about Adult and Aging Services is its vision. The agency constantly explores innovative solutions and takes meaningful action to support the independence and well-being of older North Dakotans. Considering the rapid growth of the aging population in the state, the high rate of dementia, rising costs, a workforce shortage, and an underappreciated stress on unpaid caregivers, the work being done in Adult and Aging Services cannot be supported enough. They understand that aging in place is not just a preference—it is a fundamental component of maintaining dignity and quality of life.

Additionally, ND Assistive works closely with Vocational Rehabilitation. We have noticed a dramatic increase in referrals. Through this partnership, we have successfully helped people with disabilities find and keep meaningful work in their communities benefiting not only the individuals involved, but also their employers and the stress on workforce. Our work together highlights the importance of investing in programs that empower North Dakotans to remain active and engaged.

Continued investment in human services is essential. Expanding access to home and community-based services, enhancing workforce recruitment and retention strategies, and leveraging assistive technology are all necessary steps to meet growing demands in North Dakota. The Human Services Division has already demonstrated remarkable leadership in these areas, but sustained legislative support is crucial to maintaining and expanding these vital services.

Thank you for your time and attention,

Mike Chaussee
Executive Director
North Dakota Assistive

Testimony

House Bill 1012

Senate Appropriations-Human Resources Division

Monday March 17, 2025

LaMoure County Public Health Department

Testimony on the Importance of Enhanced State Aid Support for Local Public Health

Chairperson Dever and members of Senate Appropriations, Human Resources Division.

My name is Jessica Duffy, RN Administrator of LaMoure County Public Health Department (LCPHD).

The services provided by LaMoure County Public Health are important to the health of our communities. These services include being the largest provider of immunizations in the county, disease prevention, school nursing, nursing health maintenance, nurse to home visits, health education and drug alcohol and tobacco prevention programs, site for federally qualified primary health care (sliding fee schedule for uninsured individuals and emergency preparedness. These services are beneficial to our communities in promoting the health of the public, preventing disease outbreaks, and ensuring that all community members have access to preventive and other health services.

We receive funding from county general funds, state aid, state grants and federal passthrough grants. We also receive some income from immunization administration.

State aid and local tax dollars are the only flexible funding available. All other dollars are specifically directed to tasks associated with the grants we may or may not receive. Some of the state grant dollars like the immunization grant and PHEP for emergency planning do not come close to covering the time or supplies to continue those programs. Other grants like child and maternal health have matching dollars in which we need flexible non-grant funding to even apply for the grants. We also provide many services that do not have funding sources, but are much needed in our communities.

State aid is important for the continuation of public health services for our communities. This support enables local public health to purchase and store vaccines to offer immunization clinics, provide nursing services for our schools and in home visits to help our elderly or disabled population stay home safely. These funds also assist us to provide education for the public on heart health, suicide prevention, cancer prevention and so much more. State aid ensures we have the financial support to maintain and enhance our services.

Public Health is asking for an additional $2,000,000.00 to be included in the NDHHS budget for the 2025-2027 biennium to be distributed to local public health statewide. This increase will allow public health to continue services and bridge the gap of increased costs associated with providing these essential services.

Thank you for considering supporting bill 1012 and supporting public health services for North Dakotans.

Respectfully,

Jessica Duffy, RN Administrator

LaMoure County Public Health Department



Engrossed House Bill 1012 – Disability Determination Services

Senate Appropriations Committee| HR Division
Senator Dick Dever, Chairman

NORTH Dakota Be Legendary. | Health & Human Services

March 21, 2025 | Sheri Seil | Director, Disability Determination Services Section



About Disability Determination Services

The Disability Determination Services (DDS) Section delivers disability determinations to those applying for Social Security Disability Benefits.

The Social Security disability program provides Social Security Disability Insurance (**SSDI**) and/or Supplemental Security Income (**SSI**) benefits to persons with disabilities who are unable to work

100% federally funded

Number of disability decisions is determined by Social Security Administration (SSA)

DDS team members make medical disability determinations using SSA guidelines

3 main claim levels:

- Initial claims
- Reconsideration claims
- Continuing Disability Reviews

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Collaborating with Social Security, medical providers and claimants across North Dakota

Dept of Health and Human Services	Social Security Administration	Medical providers	Claimants
DDS team members and contracted medical consultants review claims for medical evidence to make the disability determination using SSA guidelines	• Receives and reviews disability applications for benefit eligibility, sends to DDS to make the disability determination • Handles notification & appeals for claimants • Handles payment for those found disabled	• Provide medical records for claimants to assist in the determination process • Provide consultative examination services for those who need further medical evidence for the determination process	Assist in the disability determination process by providing their medical source information, completing forms and attending consultative examinations



Currently ND DDS has 5 contracts with part-time medical consultants

- Provide medical expertise during claims review to DDS claims analyst team members.
- Required part of the disability determination process to concur with the decision and sign off on the disability determination

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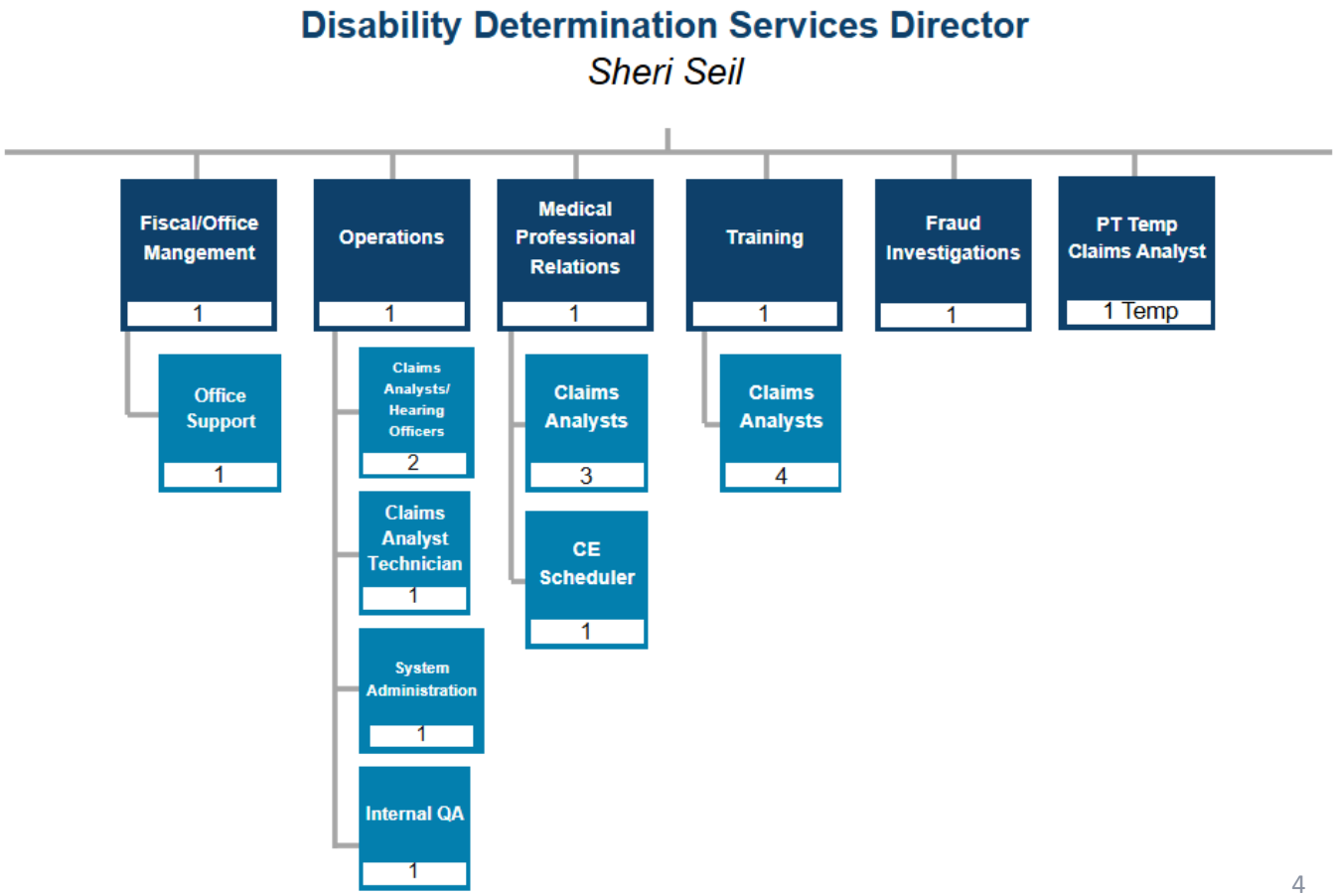
Team Structure and Function

Disability Determination Services

Disability Determination Services			
23-25 FTE	25-27 FTE Requested	# of Temporary	# of Vacancies
23	*23*	*1**	*3**

**numbers as of 12/1/2024*

Average Age	*49*
Avg Years of Service	*12.7*
Retirement Risk	*13%*
Turnover 2021	*9%*
Turnover 2022	*13%*
Turnover 2023	*5%*
Turnover 2024	*9%*



Who benefits from the Social Security Disability programs?

SSI

Supplemental Security Income

"To be eligible for SSI, beneficiaries must have low incomes, limited assets, and either be age 65 or older or have an impaired ability to work at a substantial gainful level as a result of significant disability."

SSDI

Social Security Disability Insurance

"Unlike SSI, there are no income or asset limits for SSDI eligibility. Instead, to qualify for SSDI, enrollees must have a sufficient work history (generally, 40 quarters) and meet the strict federal disability rules."

Source: https://ssa.gov/disability



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Improving the lives of North Dakotans

Social Security benefits provide a source of income for disabled North Dakotans

SSI

$638

Average monthly payment

$4.59 million

Total monthly SSI benefits to North Dakotans

SSDI

$1,317

Average monthly payment

$20.47 million

Total monthly SSDI benefits to North Dakotans



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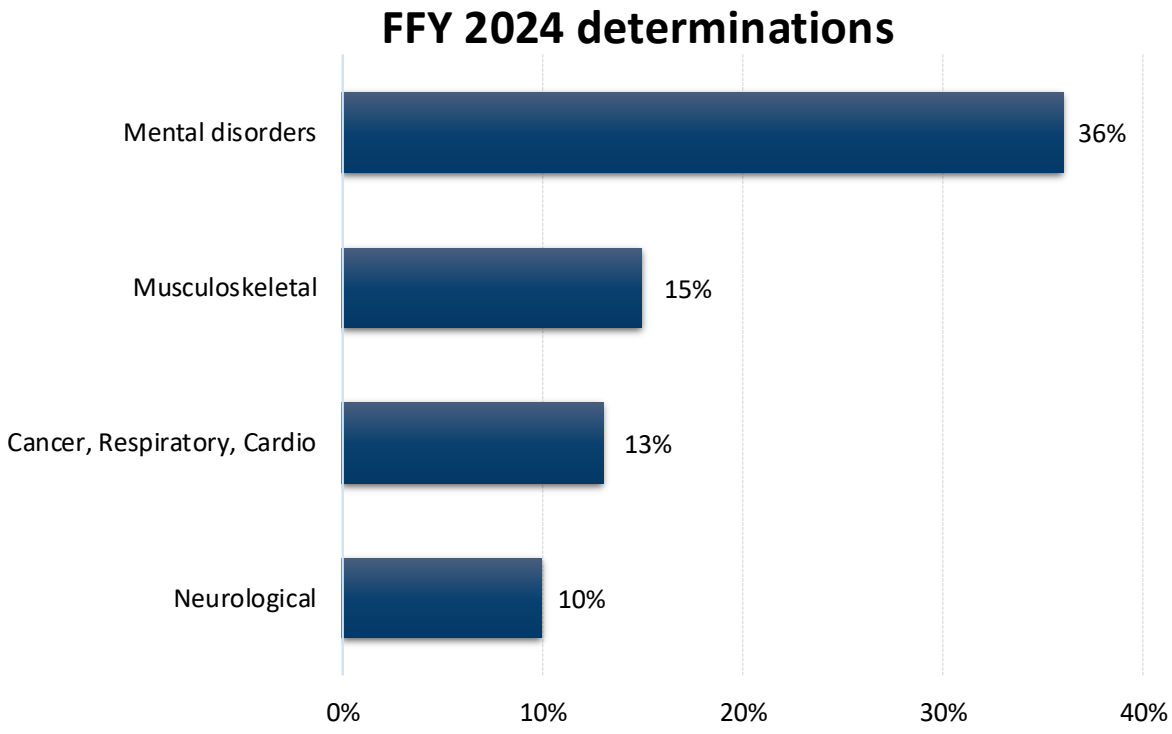
North Dakota data snapshot September 2024

Distribution (by body system) of beneficiaries for SSDI/SSI on initial claims

North Dakota snapshot federal fiscal year 2024

- "The Listing of Impairments describes, for each major body system, impairments considered severe enough to prevent an individual from doing any gainful activity (or in the case of children under age 18 applying for SSI, severe enough to cause marked and severe functional limitations).
- "Most of the listed impairments are permanent or expected to result in death, or the listing includes a specific statement of duration.
- "For all other listings, the evidence must show that the impairment has lasted or is expected to last for a continuous period of at least 12 months.

Source: https://www.ssa.gov/disability/professionals/bluebook/listing-impairments.htm



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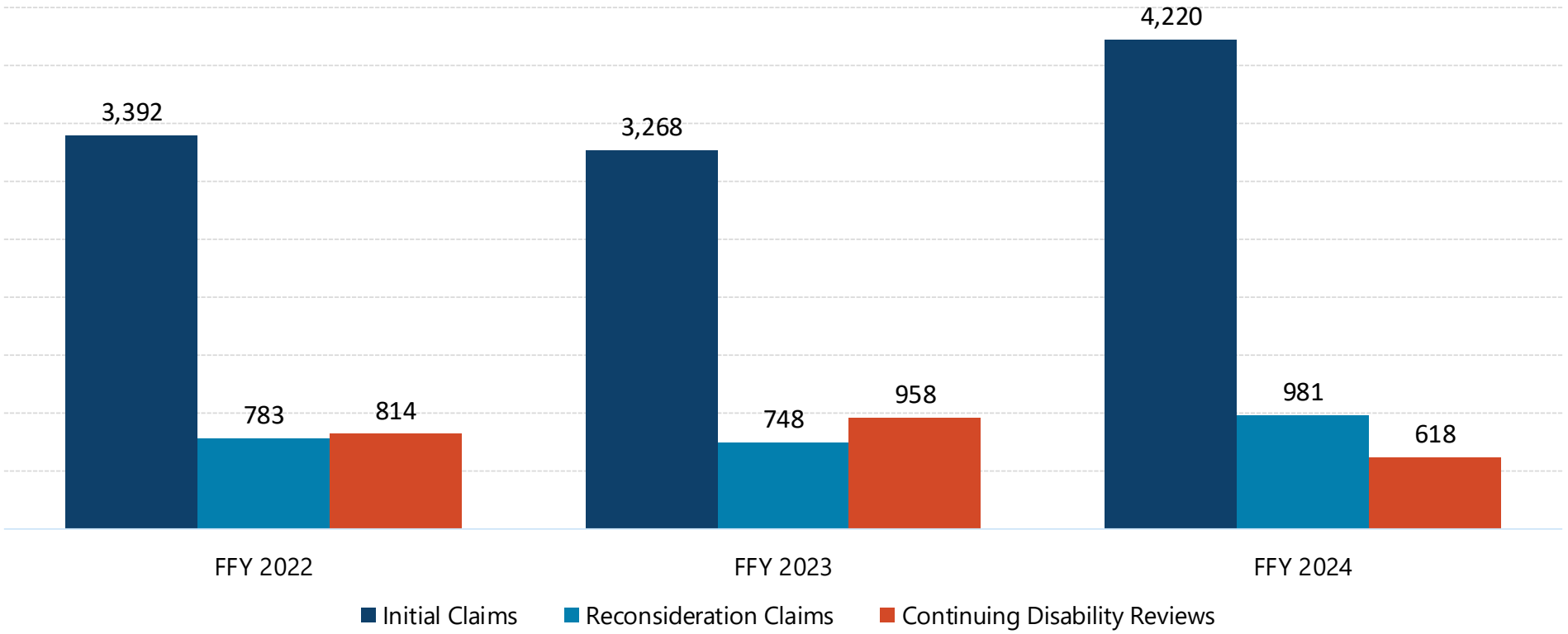
Disability determinations by the numbers

Type of claims processed by ND DDS by federal fiscal year | 2022 - 2024



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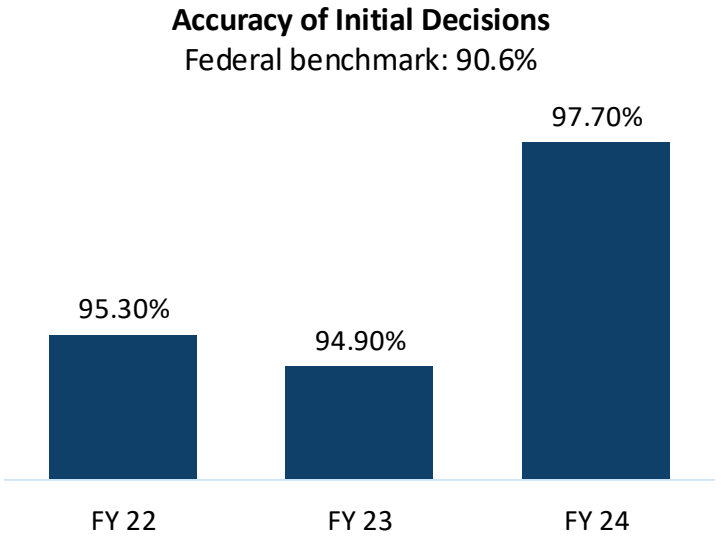
DDS Quality reviews

Federally mandated reviews of disability determinations are conducted by the SSA Office of Quality Review (OQR)

- The quality assurance review of initial DDS disability determinations is mandated by the Regulations (20 CFR 404.1640 – 404.1670)
- The results of this review are used to measure state agency performance accuracy
- Performance Accuracy is based on calendar quarters for the fiscal year, rolling 3-month reports published monthly
- 70 allowances and 70 denials per quarter per state

Initial Performance Accuracy

OQR categorizes deficiencies according to their impact, or potential impact, on the disability determination. OQR further categorizes as either decisional or documentation deficiencies.



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Successes in the last year

- DDS has been working to decrease the initial claims backlog and continues to maintain average processing time (68 days on average) once the claim is assigned
- Presumptive disability is applied on SSI claims (when possible) to provide the best customer service for claimants while waiting their disability decision
- Attrition has decreased after previous years of turnover
- Analyst team members continue to expand their knowledge/skills which leads to increased production

Challenges for DDS

- Last 2 FFYs have seen increases in initial claim receipts which has created increased processing time/backlog
- Continued team member attrition and lack of hiring authority from SSA due to budget constraints



Comparison of budget expenditures and projections

By Program

PROGRAMS	2023-25 LEGISLATIVE BASE	ONE-TIME / CARRYOVER	2023-25 EXPENSES THROUGH DECEMBER	2023-25 PROJECTED EXPENDITURES	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)	ENGROSSED HB 1012	GENERAL	FEDERAL	OTHER
DISABILITY DETERMINATION SRVCS	$ 7,958,992	$ -	$ 5,625,188	$ 7,534,501	$ 8,635,310	$ -	$ 8,635,310	$ -	$ 8,635,310	$ -
TOTAL	**$ 7,958,992**	**$ -**	**$ 5,625,188**	**$ 7,534,501**	**$ 8,635,310**	**$ -**	**$ 8,635,310**	**$ -**	**$8,635,310**	**$ -**

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Comparison of budgets and funding

By Major Expense

DESCRIPTION	2023-25 LEGISLATIVE BASE	INCREASE / (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)	ENGROSSED HB 1012
Salaries & Benefits	$ 4,786,632	$ 432,259	$ 5,218,891	$ -	$ 5,218,891
Operating	1,518,861	(2,442)	1,516,419	-	1,516,419
IT Services	3,500	(3,500)	-	-	-
Grants	1,650,000	250,000	1,900,000	-	1,900,000
Total	**$ 7,958,993**	**$ 676,317**	**$ 8,635,310**	**$ -**	**$ 8,635,310**
General Fund	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Federal Funds	**7,958,993**	**676,317**	**8,635,310**	**-**	**8,635,310**
Other Funds	**-**	**-**	**-**	**-**	**-**
Total Funds	**$ 7,958,993**	**$ 676,317**	**$ 8,635,310**	**$ -**	**$ 8,635,310**

Disability Determination Services
Budget as % of HHS Budget

- 0.1%

Budget by Funding Source

- 0% General
- 100% Federal
- 0% Other

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Contact Information

Sheri Seil, Director
Disability Determination Services
sseil@nd.gov



NORTH Dakota | Health & Human Services
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My name is Brittany Tschida and I work as a Care Coordinator and as a Peer Support Specialist, in North Dakota. I work with people who are battling mental health disorders and/or substance use disorders. We work in the core areas of stable employment, safe and stable housing, reducing substance use and reducing recidivism. We also work in innumerable other areas, including parenting skills, reducing abuse cycles and self-harm reduction. The success rates for people who have a support system are wildly high, but often, bridges have been burnt and people in those circumstances don't have that support, for all kinds of reasons. Community Connect and Free Through Recovery have been proven programs in reducing community costs, even though there is an upfront cost. By the time active participants are discharged, they are most often gainfully employed, emotionally regulated, sober, and connected to the community in healthy and productive ways.



HB 1012 Senate Appropriations Committee – HR Division
Chair, Senator Dick Dever

Holly Triska-Dally | Office of Refugee Services
March 21, 2025

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North Dakota's History of Welcoming

- ND Population 1890: 190,983
- ND Population 1920: 646,872

By 1915, 79% of all North Dakotans were immigrants or the children of immigrants.



Today 38,355 immigrants live in North Dakota
Comprising **5% of the population** but **6.2% of the labor force**
Since 2020, immigrants made up **50% of ND employment growth**

Our Mission

To create community collaborations that strengthen and guide newcomers as they become welcomed neighbors and valued contributors to the economy.

Chapter	Chapter Name
50-06-01.4	Structure of the Department a. Administration of programs for children and families, including refugee services

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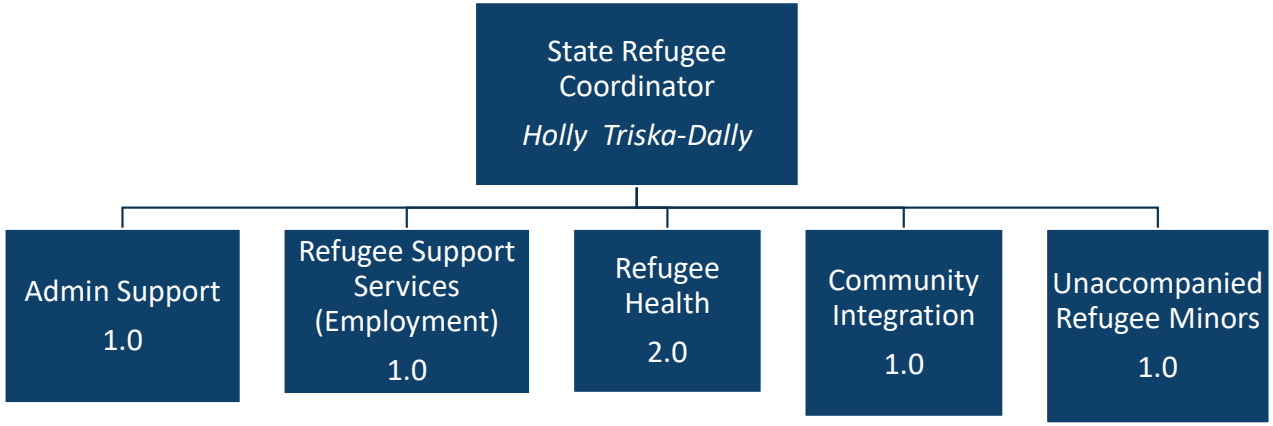
Refugee Services

Office of Deputy Commissioner/Refugee Services			
23-25 FTE	**25-27 FTE Requested**	**# of Temporary**	**# of Vacancies**
7	*7*	*1*	*0*



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The Legal Process for Refugee Resettlement





Overseas Vetting

8 Government Agencies

6 Background checks

3 in-person interviews

U.S. Placement

10 Resettlement Agencies

Initial 90 days in the U.S.

Cultural Orientation

Long-term Success

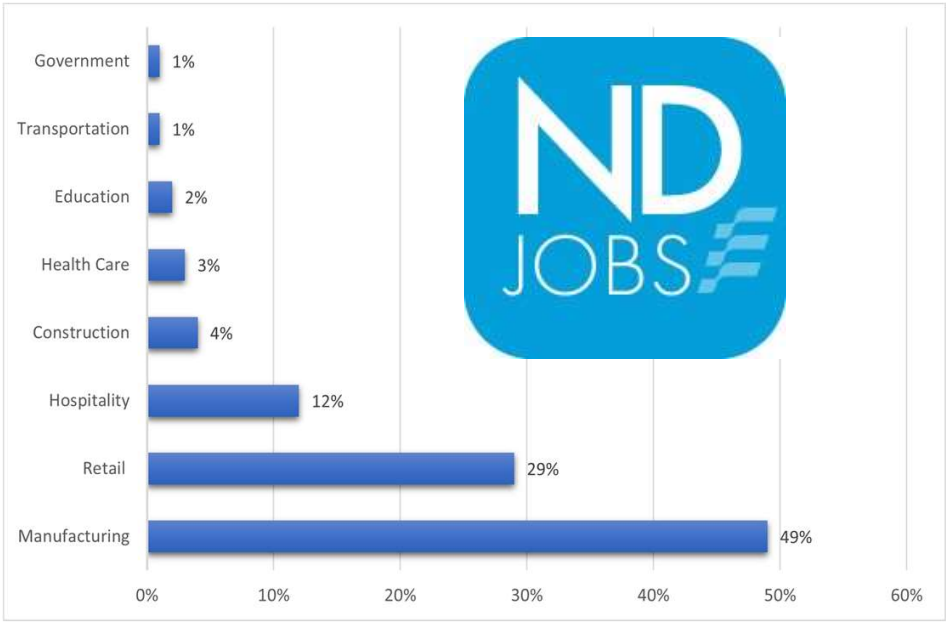
Employment Assistance

English Language Learning

Community Integration

Connecting to Employment





New American Employment Program
North Dakota Job Service Centers

- 636 Employable Adults
- Average time to employment: 90 days
- Average wage: $18.53

Removing Barriers to Employment



English Learning

Adult Learning Centers

- Remote Classes
- Mom and Me Classes
- Workforce-based English



Community Integration

City Governments

- Community Awareness
- Partnership Building
- Citywide Solutions

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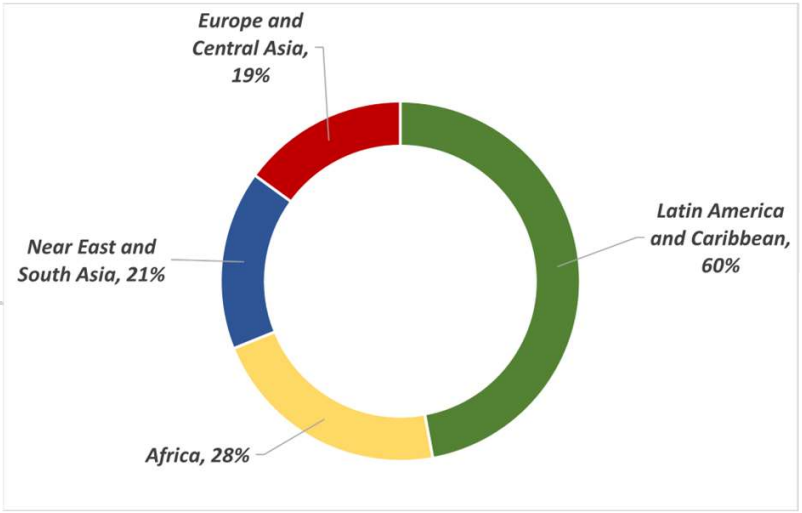
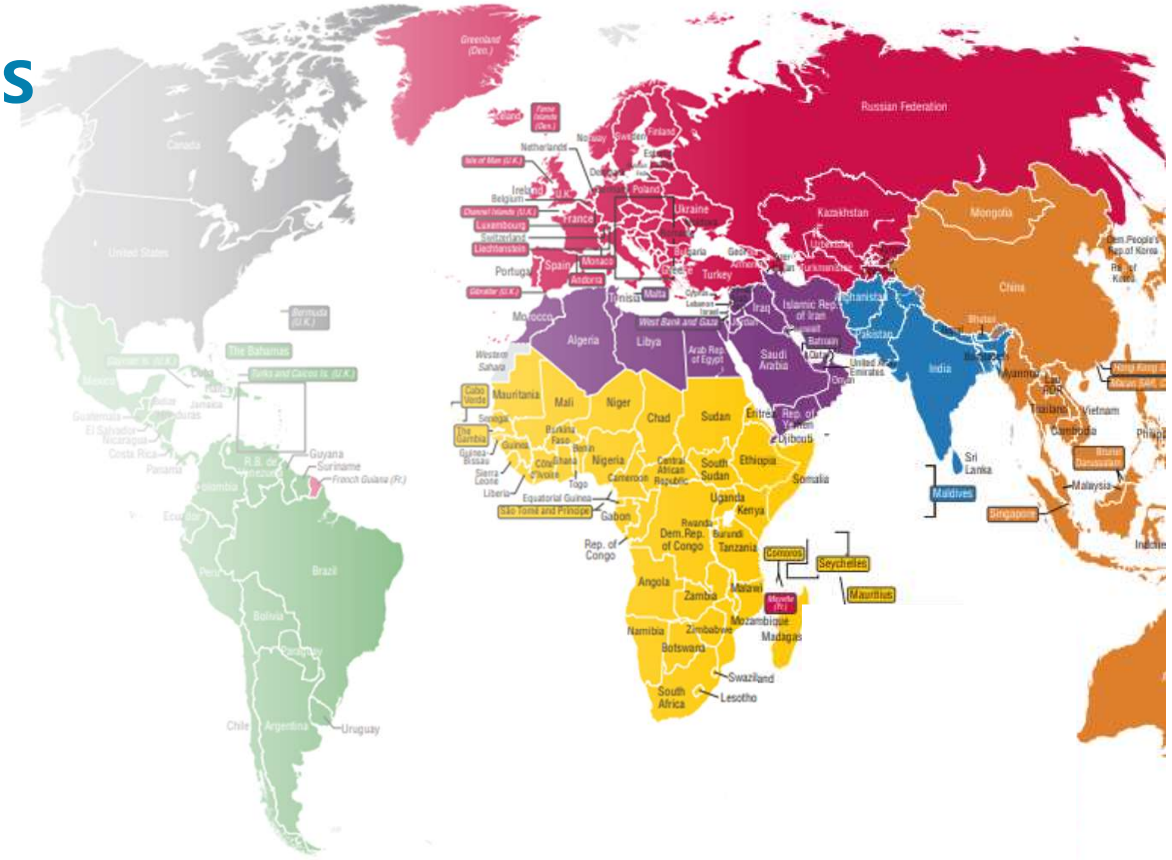
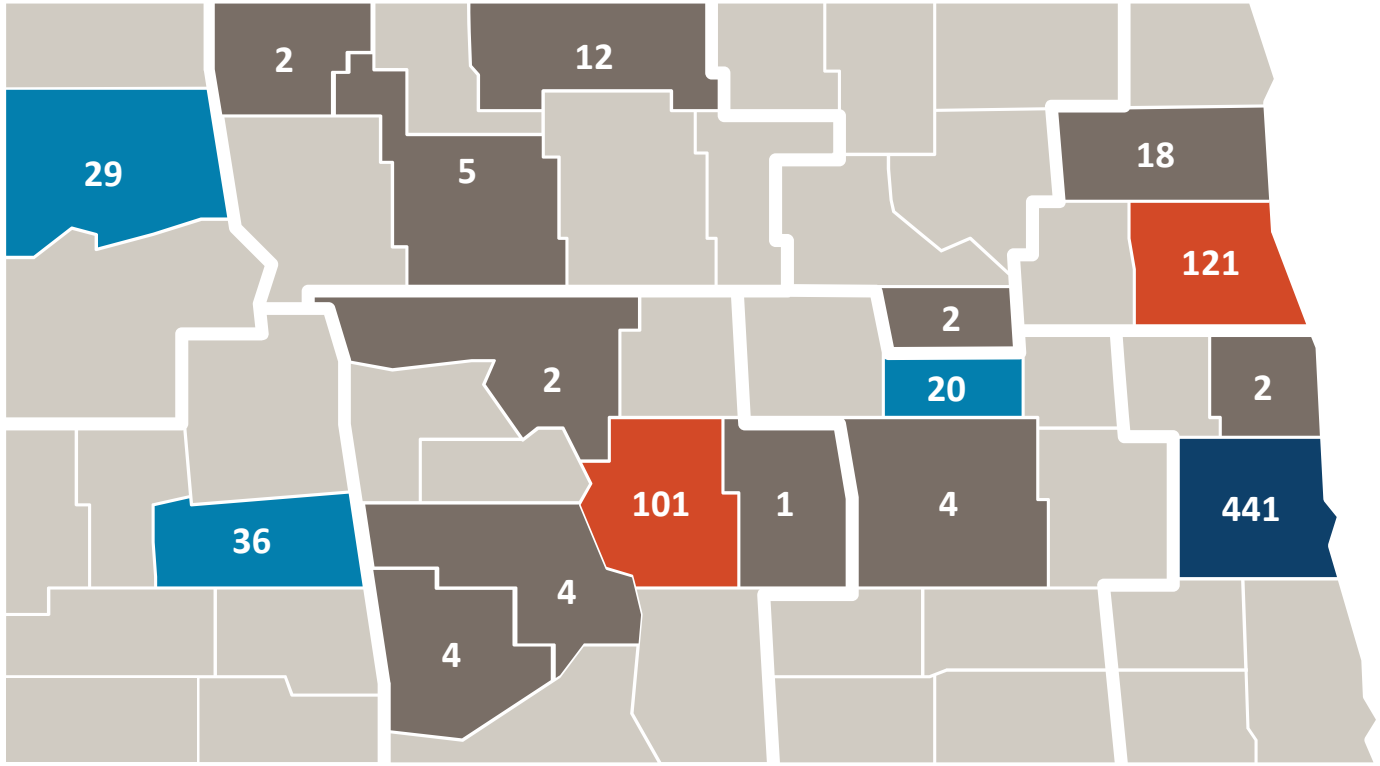
NORTH DAKOTA ARRIVALS BY WORLD REGION





2024 North Dakota Arrivals by County



LEGEND

- Over 200
- 76-199
- 20-75
- 1-19

804 Statewide Arrivals

45% outside of Cass County

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Refugee Services: 2023-2025 Successes

- Improved assessments and outcome measurement

Launch of the Data Management System

- Improved access to English Language Learning

Launch of Virtual ELL Program

- Expanded community-based and employment sector relationships

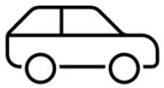
Partnered with over 30 organizations in 10 communities, investing $3.5M in 2024

- Enhanced focus on behavioral health services

Partnered with the Behavioral Health Division to establish 8 wellbeing groups to improve health outcomes.

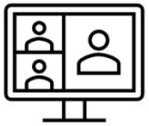


2025-2027 Biennium Goals



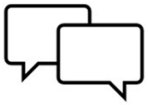
Transportation Solutions

- Public Transport
- Driver's Training
- Car Ownership



Digital Literacy

- Communication
- Job Search
- Virtual Learning



English Language

- Post employment
- Terminology classes
- CTE Readiness

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Changes to Base Budget

By Ongoing, One-Time and Funding Source

BASE BUDGET CHANGES	DESCRIPTION	2025-27 EXECUTIVE BUDGET		ENGROSSED HB 1012	
		GENERAL	OTHER	GENERAL	OTHER
NA					

Comparison of budgets and funding

By Major Expense

DESCRIPTION	2023-25 LEGISLATIVE BASE	INCREASE / (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)	ENGROSSED HB 1012
Salaries & Benefits	$ 853,662	$ 859,175	$ 1,712,837	$ -	$ 1,712,837
Operating	565,731	1,977,410	2,543,141	-	2,543,141
IT Services	6,300	37,170	43,470	-	43,470
Grants	11,208,976	7,468,820	18,677,796	-	18,677,796
Total	**$ 12,634,669**	**$ 10,342,575**	**$ 22,977,244**	**$ -**	**$ 22,977,244**
General Fund	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Federal Funds	**12,634,669**	**10,342,575**	**22,977,244**	**-**	**22,977,244**
Other Funds	**-**	**-**	**-**	**-**	**-**
Total Funds	**$ 12,634,669**	**$ 10,342,575**	**$ 22,977,244**	**$ -**	**$ 22,977,244**

Refugee Services Budget as % of HHS Budget

- 0.4%

Budget by Funding Source

- 0% General
- 100% Federal
- 0% Other

Budget by Pass Through

- 6.2% Paid to private providers
- 81.3% Direct Service
- 12.3% Admin
- 0.2% IT

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The Economic Impact of Welcoming



2005 – 2019

Refugee tax contributions after the cost of initial government services

$124 Billion



2022

Refugee spending power

$82 Billion



2022

Business income from 190,000 U.S. Refugee entrepreneurs

$6.7 Billion



Refugees: **78.2%**

U.S. Born **61.9%**

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Economic Draw to North Dakota

Refugee Secondary Migration:

FFY 22

In migration: 71
Out migration: 8

FFY 23

In migration: 581
Out migration: 2

NORTH Dakota Be Legendary. | Health & Human Services

Contact Information

Holly Triska-Dally
State Refugee Coordinator
htriskadally@nd.gov



NORTH Dakota | Health & Human Services
Be Legendary.

2025 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

HB 1012
3/24/2025

Relating to leases of the health and human services property, substance use disorder treatment program, basic care payment rates, and state of residence for child care assistance; to provide for a transfer; to authorize a line of credit; to provide legislative intent; to provide for a legislative management study; to provide an application; to provide an exemption; to provide for a report; and to provide an effective date.

8:31 a.m. Chairman Dever opened the hearing.

Members present: Chairman Dever and Senators Cleary, Davison, Magrum and Mathern.

Discussion Topics:

- Child Support Section
- Budget Overview
- New Technology Platform
- Child Support Partners
- Performance Measures
- FTE Block Grant Reduction
- IT Services Budget Increase
- Vocational Rehabilitation (VR) Section
- Budget Overview
- Top Performing VR Program
- New VR Technology System Funding Request
- FTE Block Grant Adjustment
- IT Project Management Roadman Need
- Business Operations Section
- Budget Overview
- IT Budget Relocation to Individual Departments
- Salary Block Grant

8:32 a.m. Jim Fleming, Director, Child Support Section, Human Resources Division, ND Health and Human Resources (ND DHHS), testified in favor and submitted testimony #43541.

9:24 a.m. Jim Fleming, Interim Director, Vocational Rehabilitation Section, Human Resources Division, ND DHHS, testified in favor and submitted testimony #43542

10:21 a.m. Sara Stolt, Deputy Commissioner, Human Services Division, ND DHHS, testified in favor and answered committee questions.

10:32 a.m. Donna Aukland, Chief Financial Advisor, ND DHHS, testified in favor and referred to previously submitted testimony #40112, p. 34, 35 & 36 from 3/10/25 .

10:32 a.m. Vice Chair Davison recessed.

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10:44 a.m. Vice Chair Davison reconvened.

10:46 a.m. Donna Aukland, Chief Financial Advisor, ND DHHS, testified in favor and referred to previously submitted testimony #40112, p. 34, 35 & 36 from 3/10/25.

11:16 a.m. Donna Aukland, Chief Financial Advisor, ND DHHS, testified in favor and referred to previously submitted testimony #40465 from 3/11/25.

11:23 a.m. Donna Aukland, Chief Financial Advisor, ND DHHS, testified in favor and referred to previously submitted testimony #40011 from 3/10/25.

11:28 a.m. Sara Stolt, Deputy Commissioner, Human Services Division, ND DHHS, testified in favor and answered committee questions.

11:32 a.m. Donna Aukland, Chief Financial Advisor, ND DHHS, testified in favor and referred to previously submitted testimony #40465.

11:35 a.m. Chairman Dever closed the hearing.

Joan Bares, Committee Clerk



Engrossed House Bill 1012 – Child Support

Senate Appropriations Committee | HR Division
Senator Dick Dever, Chairman

March 24, 2025 | Jim Fleming, Director | Child Support Section

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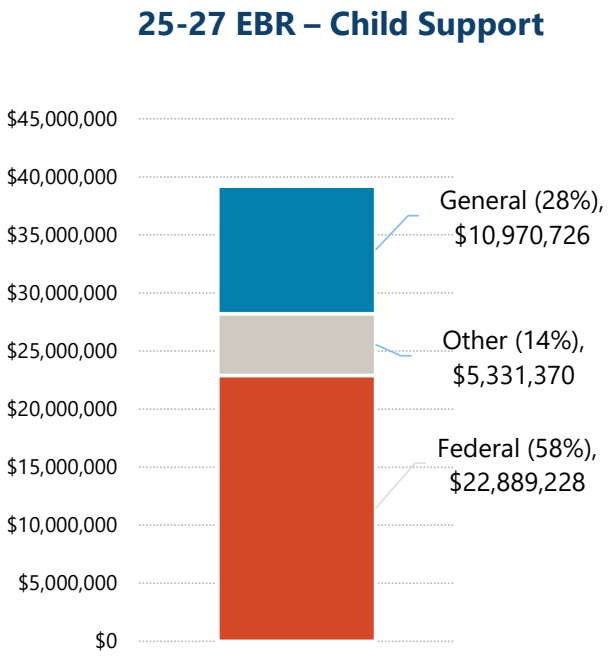
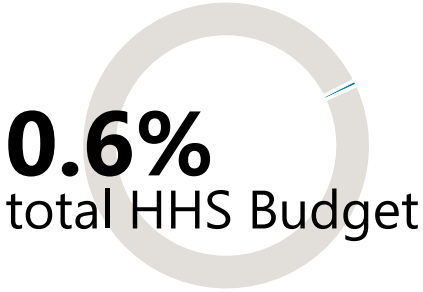
Budget Overview

Child Support: $39.2 million total budget

- Primary funding source is a federal grant through the Office of Child Support (OCS) in the Department of Health & Human Services / Administration for Children & Families (ACF)
- Allowable costs reimbursed at 66/34 federal/state share
- Work to continue on replacement of Child Support technology platform and parallel retirement of the existing mainframe-based system (FACSES)





- 78.58% - Collection of current **monthly support**
- 90.32% - Open cases with a **support order established**
- $254 million – **Arrears owed** at the end of CY 2024 (lower than what was owed in 2016)
- $192.2 million – **Total collections** in CY2024 (record high – up from $185.9 in 2023)

The Child Support section delivers programs and services to:

66,325 children
85,211 parents
87,258 employers

50,805 cases
- Full service – 29,925
- Limited service – 20,880

As of 1-1-2-25

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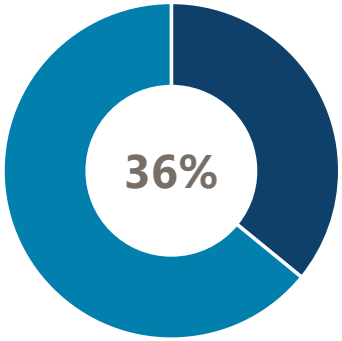
Child Support - Who We Serve

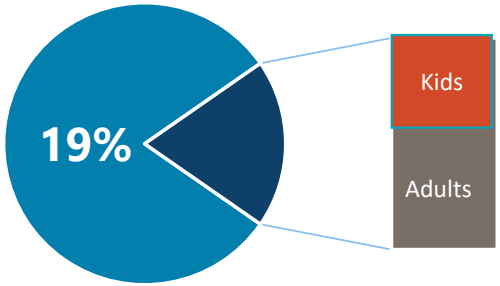
66,325



1 in 3 ND kids

In 2024, 66,325 children received child support services. That is more than 1 of every 3 children under age 18 in the state.

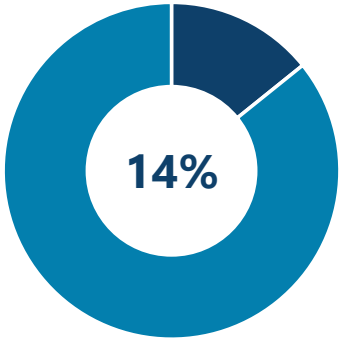
151,536



1 in 5 North Dakotans

151,536 people received child support services in North Dakota in 2024.

85,211



1 in 7 ND adults

In 2024, 85,211 parents received child support services. That means nearly 1 of every 7 adults (age 18+) in the state has a connection to the child support division.

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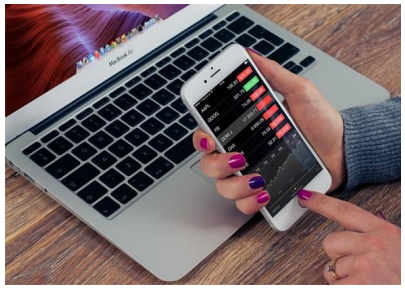
Child Support section provides services that promote family self sufficiency



Establish paternity

- In-hospital paternity acknowledgment program
- Genetic tests
- Paternity judgment



Customer Service

- 24/7/365 information on website and interactive phone system
- Customer service call center
- Appointments



Establish and modify court orders for child and medical support

- Child Support guidelines
- Periodic reviews



Enforcement

- Income withholding
- Tax refunds
- License suspension
- Employment assistance



Account Management

- Receive payments
- Maintain payment ledger
- Disburse payments

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What we do – Full Service and Limited Service

All Cases

Customer service | Income withholding | Account management

Full-Service Cases (IV-D)

- Establishment of paternity
- Establishment of a child support and medical support order
- Other enforcement actions such as tax refund offset and license suspension
- Employment services
- Periodic review and modification of child support obligation
- Opening a full-service case: TANF Referral, Medicaid Referral, Foster Care Referral, Referral from another state or tribal or international child support program, Application by a parent



Meet Bobbi Jo & Tanner



Bobbi Jo is 22 years old and lives in Devils Lake. She used to live with the father of her two-year old son Tanner.

Tanner's father acknowledged his paternity in the hospital when Tanner was born but broke up with Bobbi Jo when Tanner was a baby.

Bobbi Jo has a part-time job at a local convenience store. She is receiving health coverage for herself and Tanner under the Medicaid program.

She is struggling to make ends meet, but currently makes too much income to be eligible for SNAP or TANF.

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Meet Molly and Mark

Molly and Jack got divorced when Mark was 5. Jack has been in and out of jail and has not been a regular part of Mark's life since the divorce.

Molly lost her job and started drinking too much. Eventually, Mark was placed in Foster Care at age 16.

HHS is working with Molly, who is committed to overcoming her addiction, regaining employment, and reuniting with Mark in her home.

What about Jack?



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Supportive Services for Homeless Veterans

- Community Action Partnership of North Dakota
- Improving Communication, including Delivery of Legal Notices
- Understanding Child Support Guidelines and the Modification Process

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Child Support Partners



- Employers
- Judges
- Clerks of court
- Sheriffs
- ND state and local government agencies
- Other state and tribal child support programs
- Private attorneys
- Car dealers
- Gaming operators

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Child Support Tribal Partnerships

- "Lack of jurisdiction" cases are excluded from federal performance measures
- Partnership with Three Affiliated Tribes and Standing Rock Sioux Tribe child support programs
- Bring actions in Turtle Mountain and Spirit Lake tribal courts
- Host Tribal Offset Partnership so tribes can access federal offset services



Child Support Return on Investment

When child support is received, the child is able to grow up in a more secure and stable environment.

- Studies have shown that for every **$1.00** a family **receive**s in child support, **$0.19** is **saved** in reduced need for TANF, SNAP, Medicaid and other programs (nearly $20 million in FY 2024)
- Every **$1.00 spent** on Child Support generated **$6.52 for family recipients**
- Every **$1.00 in state General Funds spent** on Child Support generates **$19.18 in support for family** recipients



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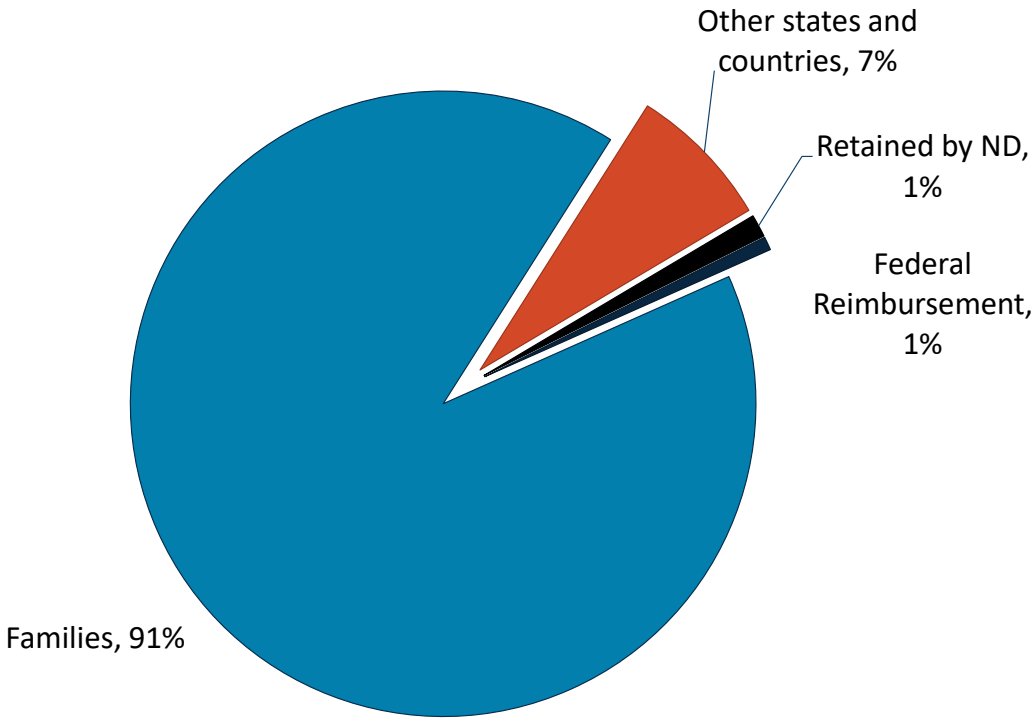
Collections - Where the $115 million goes (FY 2024)

Child support agencies work collaboratively, across state lines, to ensure that families receive the child support they are owed regardless of where they live.



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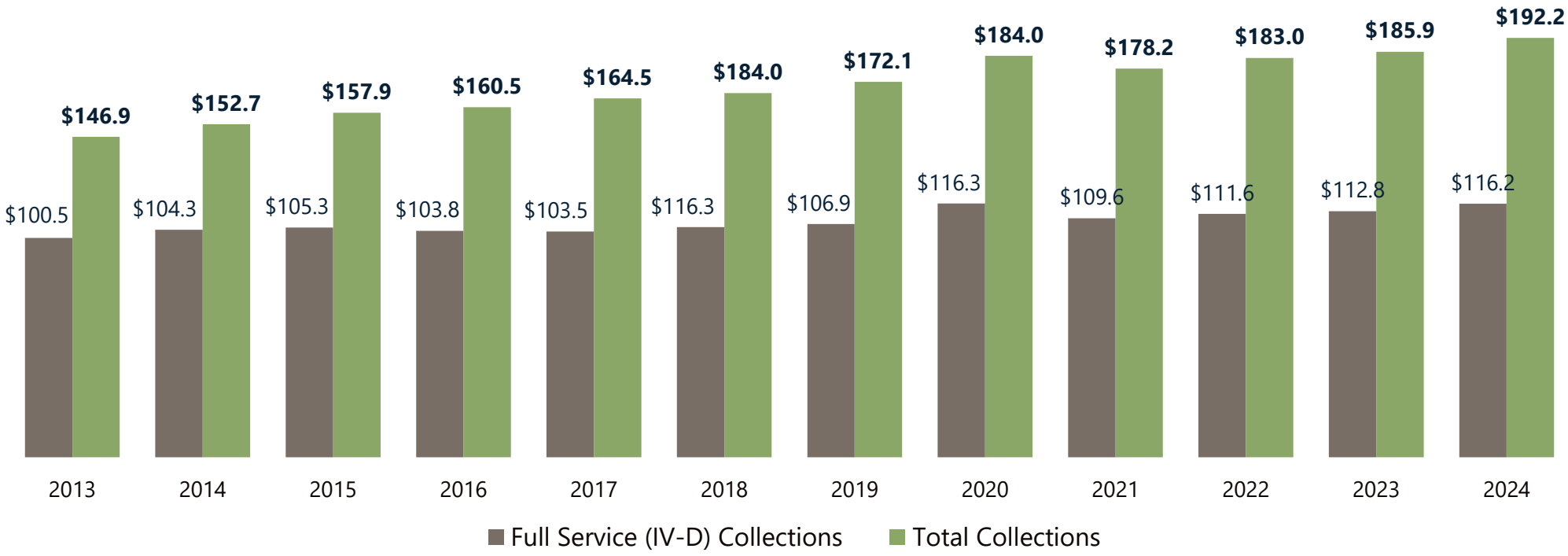
Child Support Performance Measures

	Orders Established	Paternity Established	Current Support	Cases with Arrears Collection	Cost Benefit
ND FFY 2024	90.43% (15)	109.95% (5)	78.55% (2)	70.73% (6)	$6.52 (6)
ND FFY 2023	91.36% (13)	107.46% (5)	77.36% (2)	68.52% (10)	$5.64 (11)
#1 State	94.99%	184.10%	82.56%	84.33%	$9.65
#5 State	94.27%	109.95%	74.38%	70.97%	$6.75
#10 State	91.60%	103.12%	71.15%	68.32%	$5.51
US FFY 2023	90.43%	99.59%	65.30%	63.36%	$4.18

Child Support collections continue to increase



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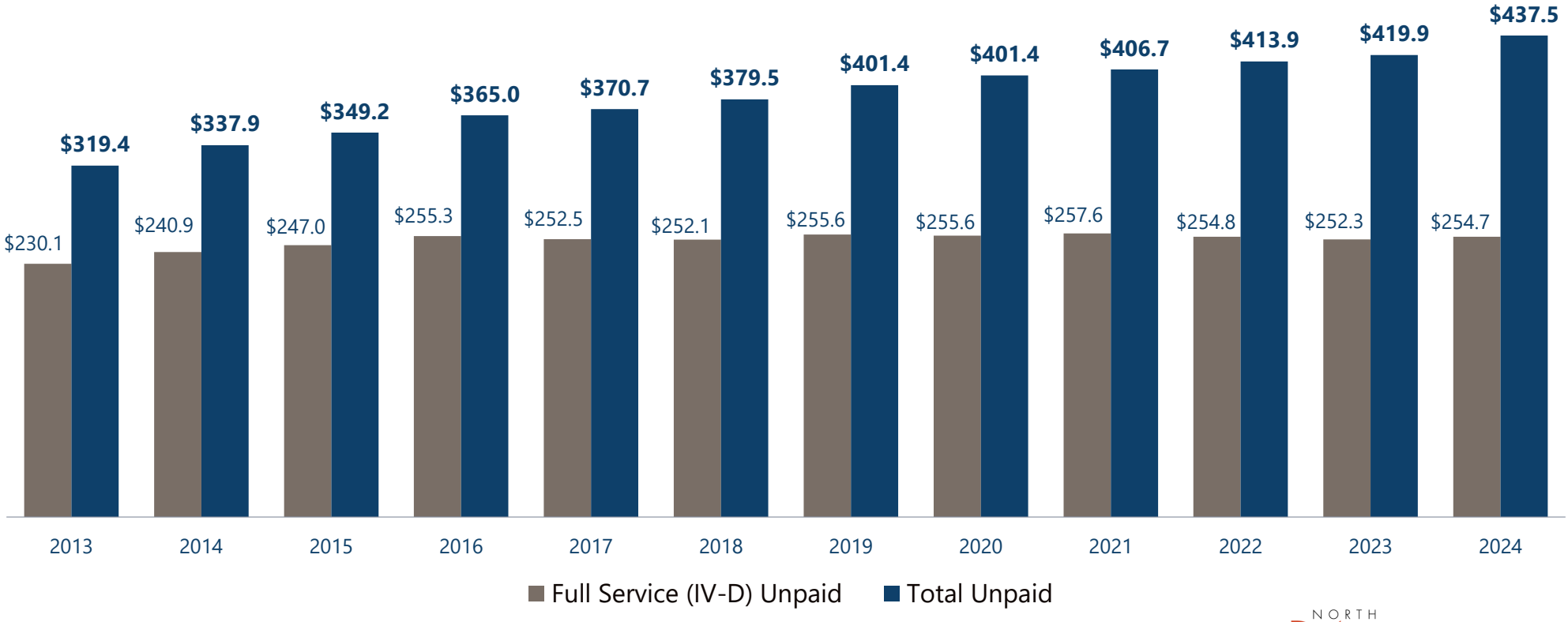
Unpaid support in Full Service cases is being contained



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On the Horizon

Supporting Family Stability & Economic Health

20,000

Over 20,000 families who are owed child support are not receiving the program's full services

$25.5 million

More than $25.5 million in child support per year is not received in the month when it is due

$254 million

More than $254 million is owed in past-due support in full-service cases and over $437.4 million total in all cases

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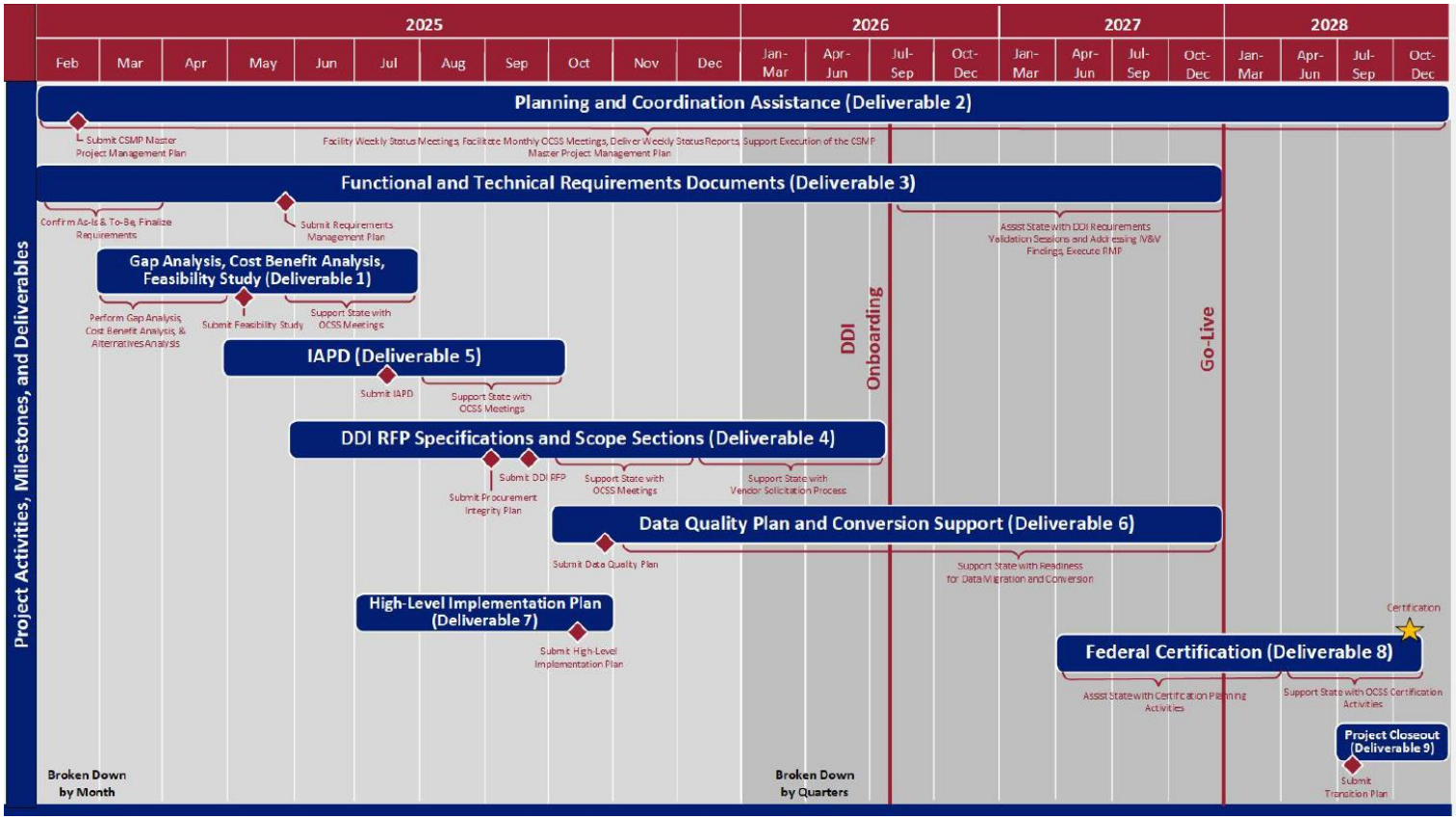
On the Horizon

Replacing the Child Support Technology Platform

HB1012 | Section 25(3) - Carryover Request



- 5-year Child Support IT System replacement project
- Funding approved by 68th Legislative Assembly (2/3 federal, 1/3 state)
- Anticipated Certification of new system – October 2028
- Project includes conversion of existing data, re-establishment of all affected interfaces, and retirement of legacy system
- Carryover request $20,366,271 (Community Trust Fund) & $39,534,525 (Federal Funds)

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Team Structure and Function

Position Numbers Assigned/ Funding Exists	Positions Filled	# of Vacancies	# of Temporary Staff
161.2	*156.2*	*5**	*4**

*Numbers as of 12/1/2024

Average Age	49
Avg Years of Service	13.2
Retirement Risk	*5%*
Turnover 2021	*5%*
Turnover 2022	*7%*
Turnover 2023	*7%*
Turnover 2024	*7%*



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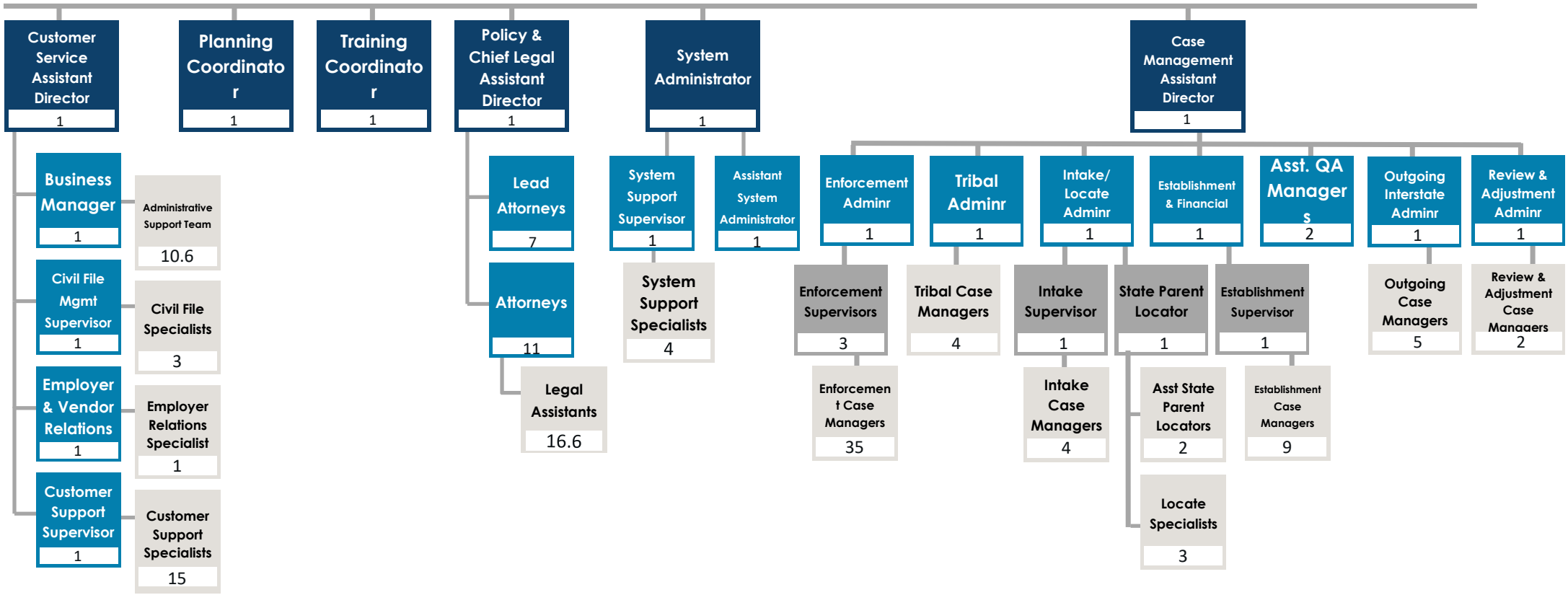
Child Support Director
James Fleming



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Comparison of budgets and funding

By Major Expense

DESCRIPTION	2023-25 LEGISLATIVE BASE	INCREASE / (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)	ENGROSSED HB 1012
Salaries & Benefits	$ 31,111,386	$ 2,237,933	$ 33,349,319	$ (821,891)	$ 32,527,428
Operating	2,505,706	(528,576)	1,977,130	-	1,977,130
IT Services	165,053	3,699,822	3,864,875	-	3,864,875
Total	**$ 33,782,145**	**$ 5,409,179**	**$ 39,191,324**	**$ (821,891)**	**$ 38,369,433**
General Fund	**$ 9,412,781**	**$ 1,557,945**	**$ 10,970,726**	**$ (821,891)**	**$ 10,148,835**
Federal Funds	**20,455,789**	**2,433,439**	**22,889,228**	**0**	**22,889,228**
Other Funds	**3,913,575**	**1,417,795**	**5,331,370**	**-**	**5,331,370**
Total Funds	**$ 33,782,145**	**$ 5,409,179**	**$ 39,191,324**	**$ (821,891)**	**$ 38,369,434**

Child Support Budget as % of HHS Budget

- 0.6%

Budget by Funding Source

- 26% General
- 60% Federal
- 14% Other

Budget by Pass Through

- 2.8% Paid to private providers
- 87.1% Admin
- 10.7% IT

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Changes to Base Budget

By Ongoing, One-Time and Funding Source

BASE BUDGET CHANGES	DESCRIPTION	2025-27 EXECUTIVE BUDGET		ENGROSSED HB 1012	
		GENERAL	OTHER	GENERAL	OTHER
FTE Block Grant Reduction	FTE Block Grant Reduction			-$821,891	

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Comparison of budget expenditures and projections

By Program

PROGRAMS	2023-25 LEGISLATIVE BASE	ONE-TIME / CARRYOVER	2023-25 EXPENSES THROUGH DECEMBER	2023-25 PROJECTED EXPENDITURES	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)	ENGROSSED HB 1012	GENERAL	FEDERAL	OTHER
CHILD SUPPORT ADMINISTRATION	$ 2,803,315	$ -	$ 3,466,093	$ 4,432,052	$ 3,914,159	$ (120,000)	$ 3,794,159	$ 1,373,096	$ 2,421,063	$ -
CHILD SUPPORT OPERATIONS	27,132,132	-	17,556,408	23,884,474	31,019,543	(572,891)	30,446,652	7,466,207	17,649,075	5,331,370
CHILD SUPPORT IT (FACSES)	1,202,586	-	1,055,829	1,366,550	1,250,946	(39,000)	1,211,946	386,322	825,624	-
CUSTOMER SERVICE	2,444,108	-	2,044,774	2,756,257	2,806,677	(90,000)	2,716,677	923,210	1,793,466	-
SUPERVISION VISITATION PROGRAM	200,000	-	122,128	172,128	200,000	-	200,000	-	200,000	-
TOTAL	**$ 33,782,142**	**$ -**	**$ 24,245,232**	**$ 32,611,462**	**$ 39,191,324**	**$ (821,891)**	**$ 38,369,434**	**$ 10,148,835**	**$ 22,889,228**	**$ 5,331,370**

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Summary and key takeaways

- **Program efficiency** continues to improve
- **Revised referral strategies** will further improve program integration
- **Program performance** is strong but has further room for improvement
- **Service improvements** are anticipated from a modern case management system



Contact Info

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Engrossed House Bill 1012 – Vocational Rehab

Senate Appropriations Committee | HR Division
Senator Dick Dever, Chairman

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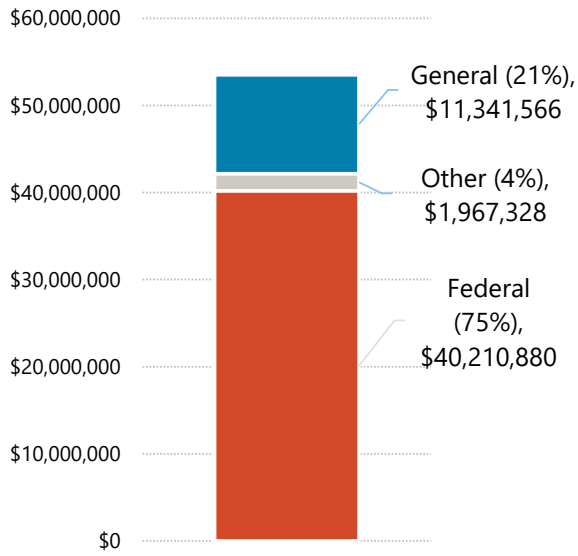
March 24, 2025 | Jim Fleming, Interim Director | Vocational Rehabilitation Section

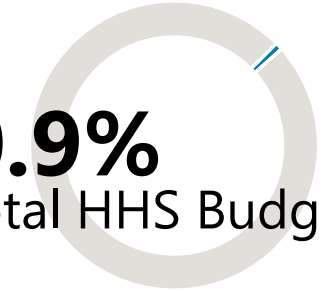
Budget Overview

Vocational Rehabilitation: $53.5 million total budget

- Primary funding source is a federal grant through the Rehabilitation Services Administration (RSA) in the Department of Education
- Capped award amount per state, 80/20 federal/state share
- Majority of expenditure is to provide direct service to North Dakotans:
  - VR Job Counselors, Vision specialists, and business coaches
  - Contracts with Centers for Independent Living, ND Assistive and 70+ schools

25-27 EBR – Voc Rehab

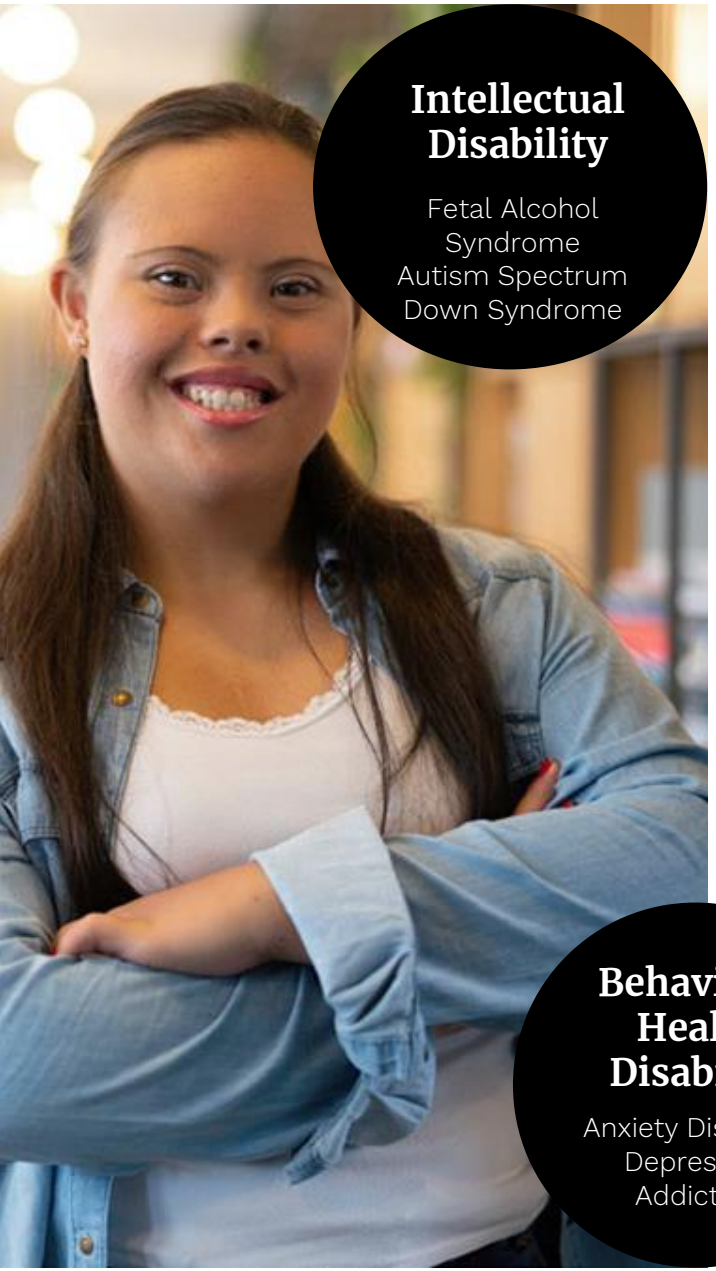




- In 2024 North Dakotans submitted **2,412 new** VR **apps**, completed **1,760** employment **plans** and secured **249 supported** & **customized** jobs
- **30%** of new VR applications are made by **teens and young adults** age 14-24
- **1,796** ND **businesses** received consultation, recruitment and retention support
- **311** people with visual impairments applied to OIB

The Vocational Rehab section helps both high school students and adults with disabilities improve both their immediate job opportunities and long-term career planning, and partners with businesses to find creative ways to hire or retain employees with disabilities.

HHS serves people with Disabilities



Intellectual Disability

Fetal Alcohol Syndrome
Autism Spectrum
Down Syndrome



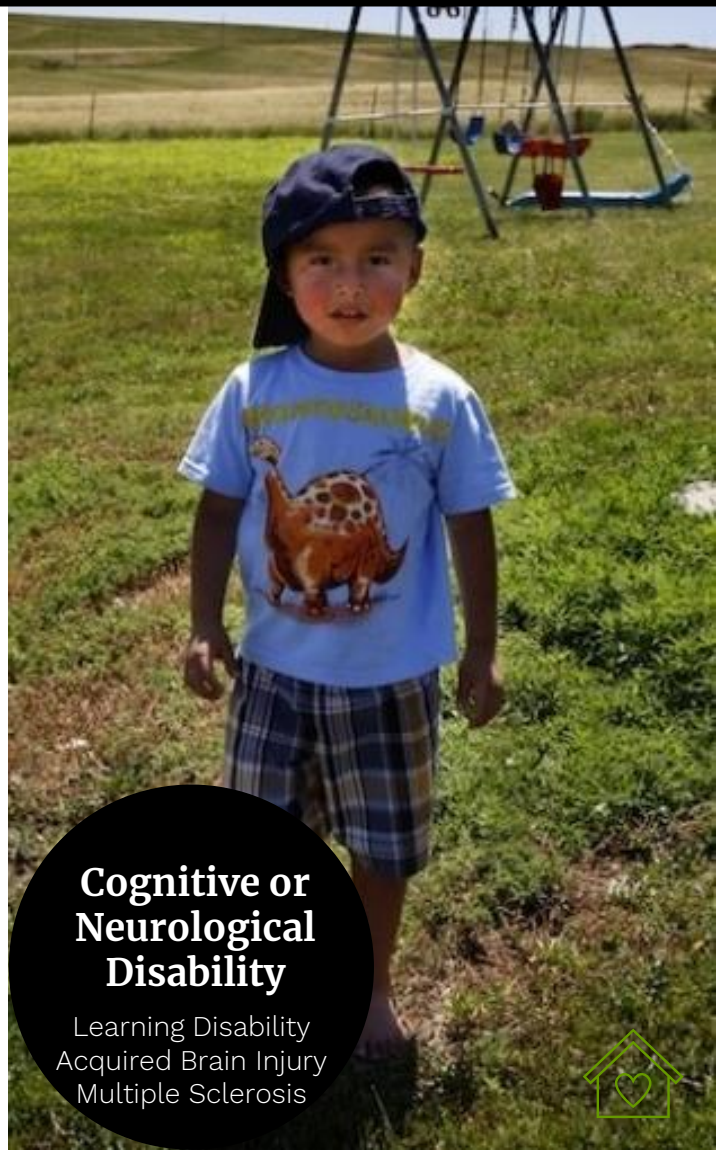
Physical or Sensory Disability

Mobility Impairment
Vision Impairment
Hearing Impairment



Behavioral Health Disability

Anxiety Disorders
Depression
Addiction



Cognitive or Neurological Disability

Learning Disability
Acquired Brain Injury
Multiple Sclerosis

Who might choose to seek services from Voc Rehab?



- Individual seeking service can have a congenital or acquired disability
- Services are inclusive of all types of disability – learning, developmental, physical, cognitive, behavioral
- Barrier to seeking, maintaining, or advancing in employment due to disability
- Jobs acquired are from entry-level to professional
- Clients can come back through the process for career progression, change in career goal or job situation

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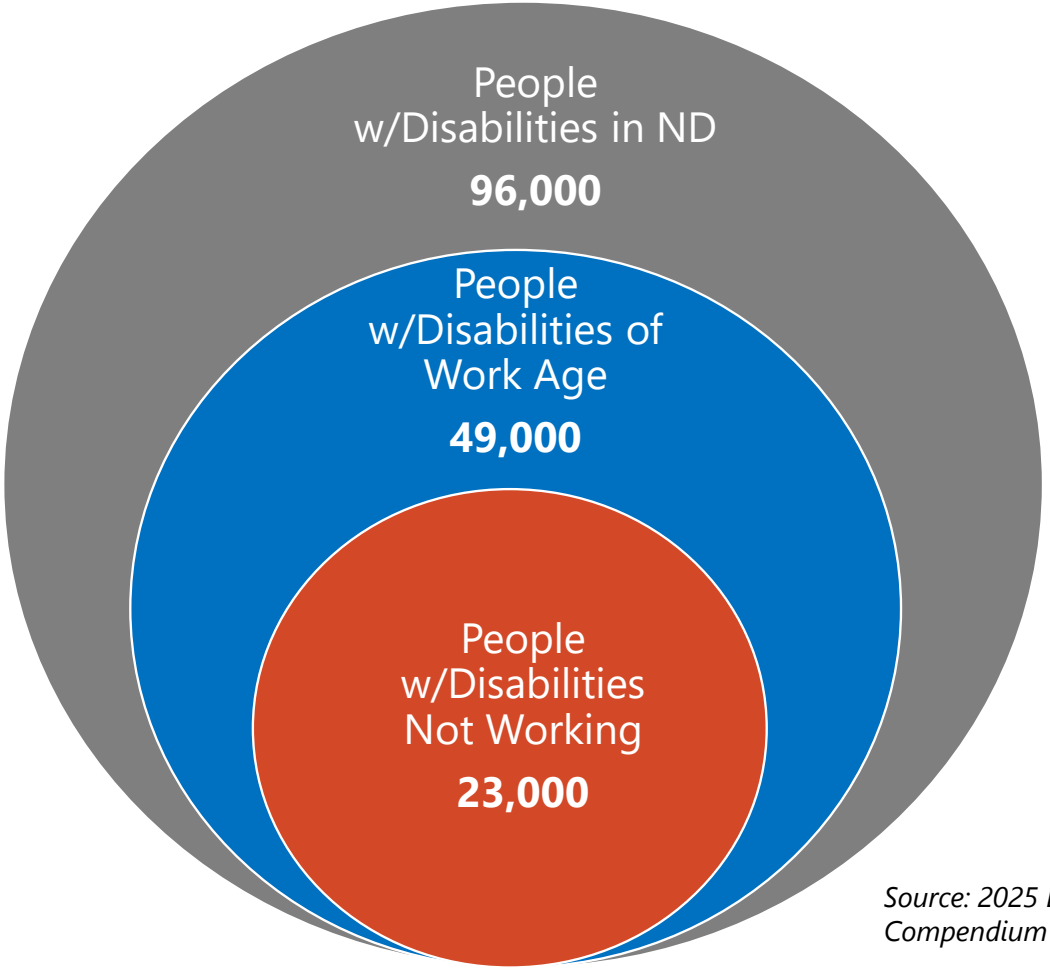
Vocational Rehabilitation

An Essential Part of the Workforce Solution



Source: 2025 Disability Statistics Compendium (2023 data)

VR clients hired in a range of occupations

- 29% - Service
- 19% - Admin Support
- 12% - Operator
- 11% - Professional
- 8% - Laborer
- 8% - Craft Worker
- 7% - Sales
- 3% - Technician
- 3% - Managerial

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Connecting with Employers: Services to Businesses

Any ND employer is eligible for VR services (non-profit or for-profit business or government agency)

- Assist employers in connecting to an untapped labor pool of people with disabilities
- Retaining existing, well-trained and productive workers who may have developed or have a worsening disability
- Providing education on disability awareness, tax incentives and the Americans with Disabilities Act



What is Vocational Rehabilitation? What do we do?

Pre-employment Transition Services (Pre-ETS)	Services to Business	Supported Employment/ Customized Employment	Vision Services (OIB-Older Individuals who are Blind)	Specialized Programs
• Students ages 14-21 • Job exploration • Job readiness training • VR has contracts w/ 71 school in ND	• Connect to qualified applicants • Retaining existing employees w/ developed or have a worsening disability • ADA accommodation consultation • Education on disability awareness, tax incentives	• Additional support during Rehab Process • Job search, interviewing skills, resume writing, tuition assistance, negotiate job tasks w/employer, on-the-job training, etc. • Coordinate supports once VR case is closed	• Individuals 55+ with a significant visual impairment • Home or environmental accommodations/ equipment • Assistive technology – magnifiers, lighting • Communication skills	• Senior Community Service Employment Program (SCSEP) – part of Older Americans Act – 55+, unskilled • Randolph-Sheppard – blind vendors in cafeteria settings in federal buildings and concessions at rest areas

The Vocational Rehabilitation Process

Intake

- Application
- Intake Interview
- Release of Information

CY2024
2,412

Eligibility

- Obtain medical and/or psychological documentation
- Review previous case notes, if applicable

CY2024
2,342

Plan

- Interest inventories
- Skill assessments
- Labor Market Information
- Determine a Job Goal
- Reduce impediments to employment

CY2024
1,760

Employment

- Training toward Job Goal is completed
- Client applies for jobs that are Competitive Integrated Employment
- Client accepts the job

CY2024
967

Case Closure

- Client is stable in their job & no longer requires VR services
- Individual agrees that their case can be closed

VR works collaboratively with organizations and programs serving people with disabilities

Senior Community Service Employment Program (SCSEP)

- Adults age 55+, and below 125% of poverty threshold, gain skills toward re-entering the workforce. Participants may not necessarily have a disability.

Federal Plan Responsibility

- WIOA Unified State Plan for Workforce – DOL (along with JSND, Adult Education and English Literacy, Dept of Commerce, and DPI)
- State Plan for Independent Living – Administration for Community Living (US HHS)

North Dakota Assistive services via Assistive Technology Act

Implementation of the **Randolph-Sheppard Act** in ND

Councils and Commissions

- Statewide Rehabilitation Council
- State Independent Living Council

Designated State Entity for Centers for Independent Living

- Independent living skills training
- Information and referrals for orientation and mobility
- Transition services – from institutions to home/community based, and youth transition to independent living
- Peer mentoring
- Advocacy

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About Vocational Rehabilitation Contracts

- Independent Living Centers
- ND Assistive
- Pre-Employment Transition Students
- Market Decisions - satisfaction surveys
- Motivational Interviewing
- Customized Employment – NDCPD
- Benefits Planning – RSI
- Client Assistive Program (CAP)
- VR Development Group – online training
- World of Work Inventory (WOWI)



VR Expands Workforce and Improves Lives

Employer Assistance: Northwest Auto Body

Business Success Story - Northwest Auto Body

Fargo business meets workforce needs with inclusive team



Located on Fargo's busy Main Avenue, Northwest Auto Body is a family-owned collision repair business that is having an impact on the community.

Inside, it's more than just a repair shop, which is why they were named 2024 North Dakota Vocational Rehabilitation (VR) Employer of the Year.

Manager Scott Johnson and his team have made it a warm and welcoming place for people of all abilities.

Being familiar with VR, Johnson was excited at the opportunity to work with VR to help people with disabilities gain valuable work experience.

"People need chances, and I feel that just giving someone a shot is important," Johnson said. "In this industry, there are so many different jobs that a person can do."

Hearing Assistance: Lori Davidson

Client Success Story - Lori Davidson

Overcoming hearing loss to remain in the workforce



Having crystal-clear hearing at work is a must for Lori Davidson. She spends her workday answering phone calls and interacting face-to-face with patients at a Grand Forks clinic.

"I love working with people," she said.

Three years ago, she noticed that her hearing started to change. It began impacting her work productivity, performance and efficiency.

"I was struggling to hear on the phone and had to ask people to repeat themselves to make sure I heard their information correctly," she said.

Davidson is not alone. Last year, nearly one in four people who were successfully employed and received services from North Dakota Health and Human Services' Vocational Rehabilitation Program (VR) were deaf or hard of hearing, which impacted their job.

To continue working, Davidson knew she needed help. She made an appointment with an audiologist who did an assessment and recommended hearing aids, but the cost was too much and not covered by her

VR Expands Workforce and Improves Lives

Vision Assistance: Marcy Peterson

Client Success Story - Marcy Peterson

Inspirational Fargo woman thrives despite vision loss



There is not a day that goes by that 91-year-old Marcy Peterson isn't either writing, painting or cooking in the comfort of her own home.

"I try to learn something new every day," she said.

Twenty years ago, she helped care for her husband as he battled the challenges of macular degeneration.

Little did she know that she would soon walk in his shoes. Life with legal blindness created obstacles, but she didn't let them stop her from remaining independent.

"I'm determined, and that's what keeps me going," she said. "You find a way of doing things that you never thought of before, and you have to be willing to not only look for help but to accept it."

Simple solutions that support independence



In 2011, Marcy and her husband moved to Fargo and two years later he went into nursing home. Afraid to live

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AGWEEK

LIVESTOCK CATTLE

How Vocational Rehabilitation helped a rancher after he lost an arm

Doug Bichler lost his right arm in 2017. He made immediate changes to Bichler Simmentals to stay in ranching, and later North Dakota Vocational Rehabilitation helped him better adapt for the future.



Doug Bichler demonstrates the ease of opening and closing a gate in his sorting pens. The gates used to have chain latches, which got more difficult for Bichler to use after he lost his right arm in 2017. North Dakota Vocational Rehabilitation helped install the latches to make Bichler's daily life easier. Photo taken Jan. 7, 2025, near Linton, North Dakota. Jenny Schlecht / Agweek

North Dakota VR is the Top Performing Program in the Country

- **66.3%** - Measurable Skill Gain Rate (National rank: 10)
- **67.49%** - Employment Rate Second Quarter After Exit (National rank: 3)
- **$6,253** - Median Earnings Second Quarter After Exit (National rank: 14)
- **69.07%** - Employment Rate Fourth Quarter After Exit (National rank: 1)
- **71.46%** - Credential Attainment Rate (National rank: 1)



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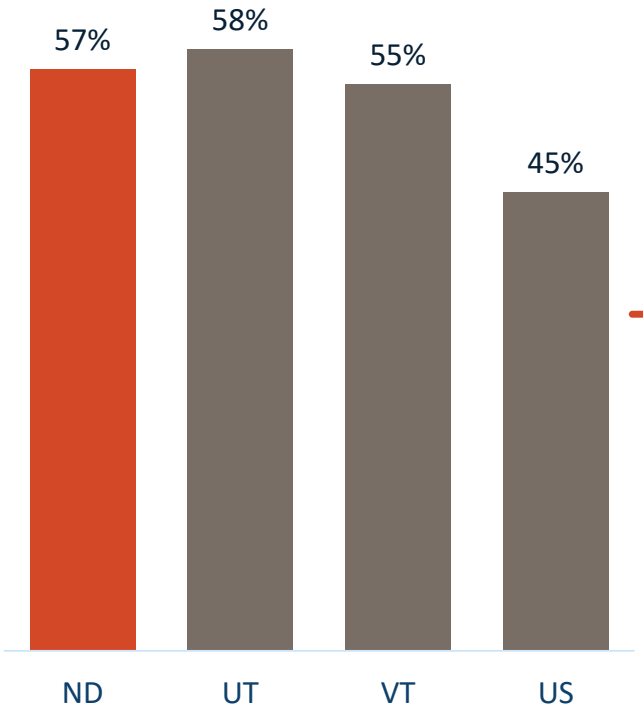
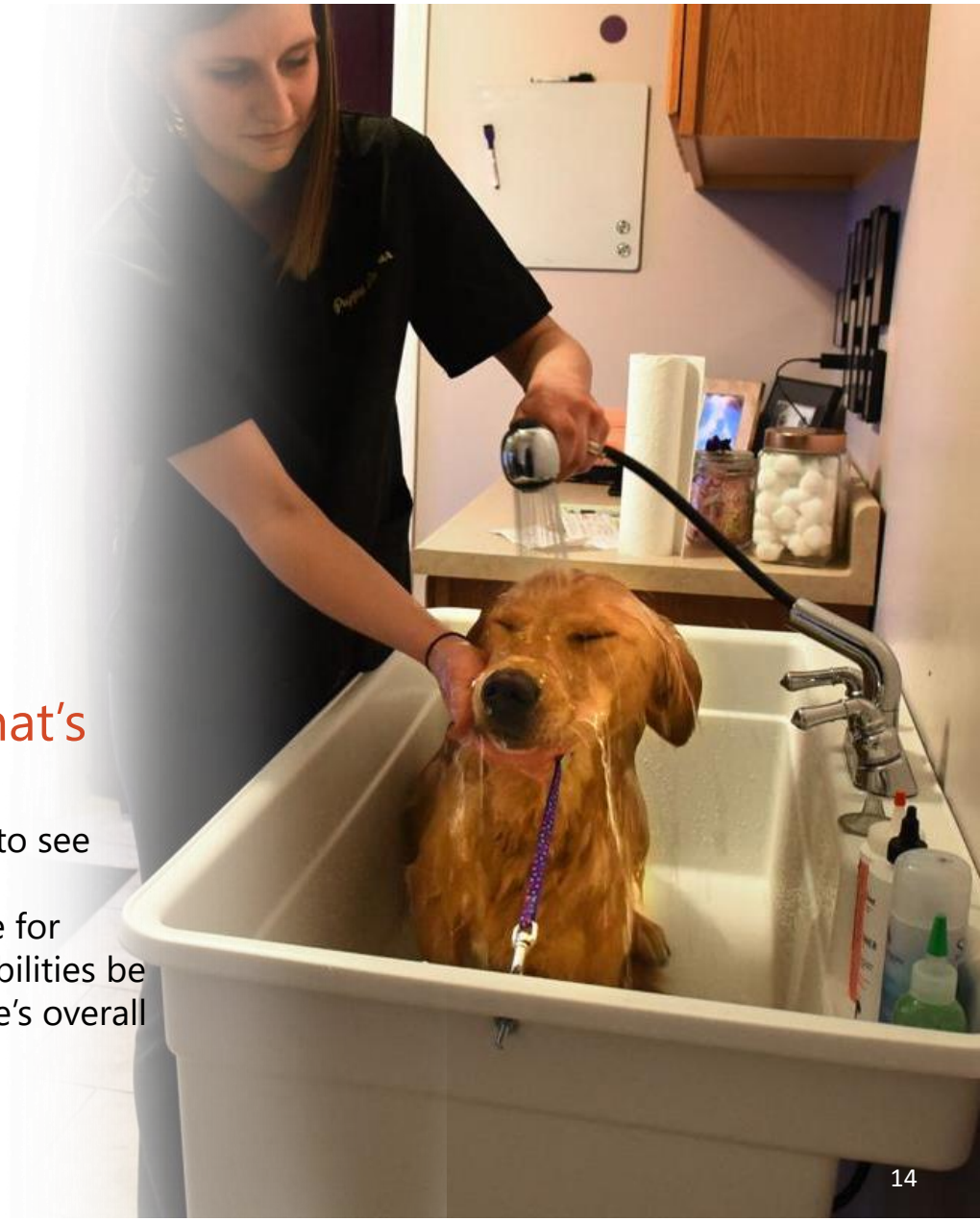
ND is 2nd in the U.S. by % of People with disabilities who are employed



Source: Annual Disability Statistics Compendium, 2023

Rethink What's Possible

In ND we aspire to see the labor force participation rate for people with disabilities be equal to the state's overall rate.



Vocational Rehabilitation Section

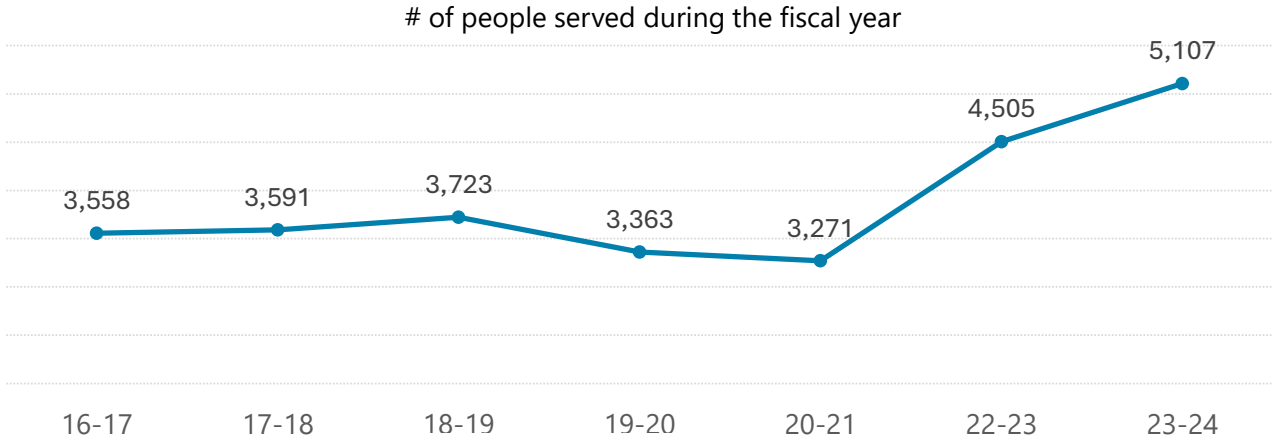
Growing Caseload | Return on Investment

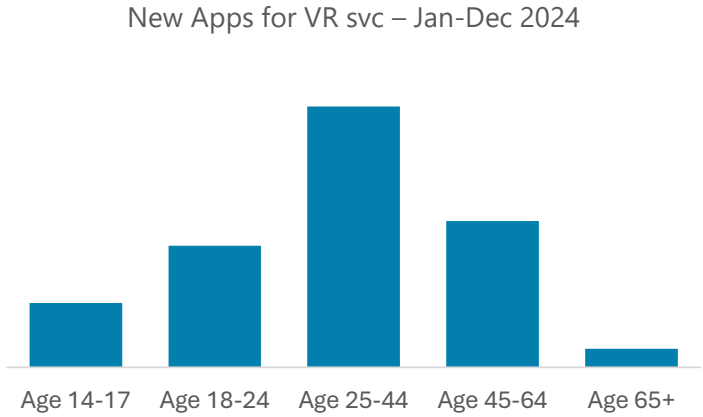
For every **one dollar spent** on Vocational Rehab services clients' **earnings increase** by **$10.82/hour**

For every **one dollar spent** on Vocational Rehab services clients **pay $2.16 in taxes**

39%

Increase in VR cases 2021 to 2024





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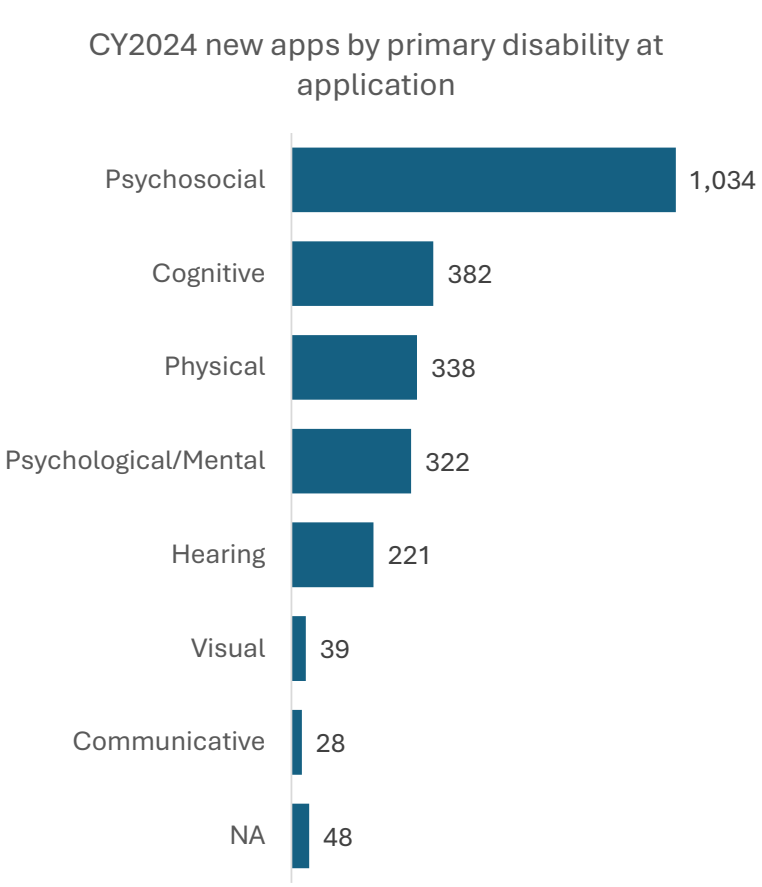
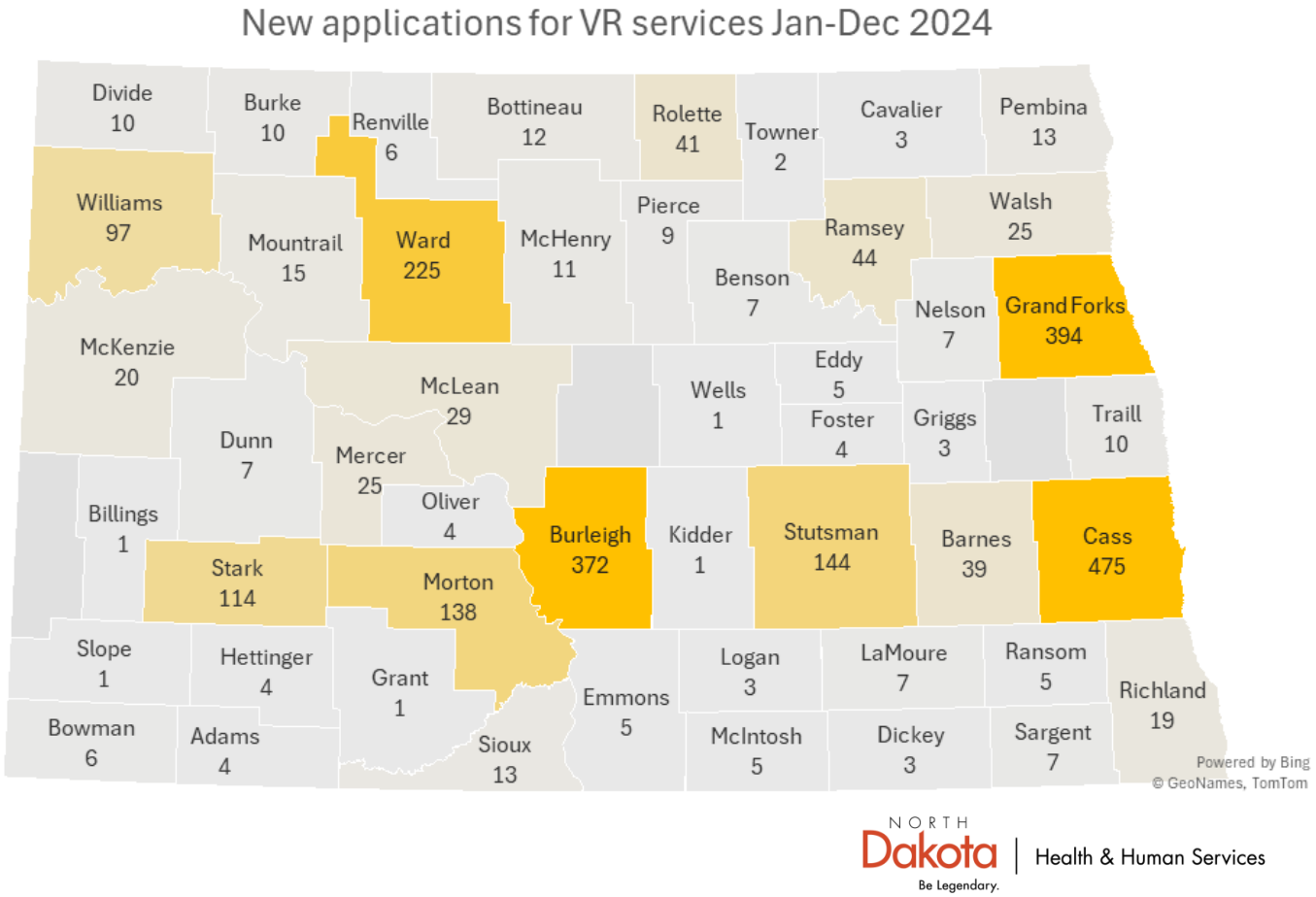
Connecting people with disabilities to employment affects hundreds of ND communities





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Team Structure and Function

Position Numbers Assigned/ Funding Exists	Positions Filled	# of Vacancies	# of Temporary Staff
87	*78*	*9**	*3**

*Numbers as of 12/1/2024

Average Age	47
Avg Years of Service	7.3
Retirement Risk	*8%*
Turnover 2021	*9%*
Turnover 2022	*15%*
Turnover 2023	*10%*
Turnover 2024	*12%*



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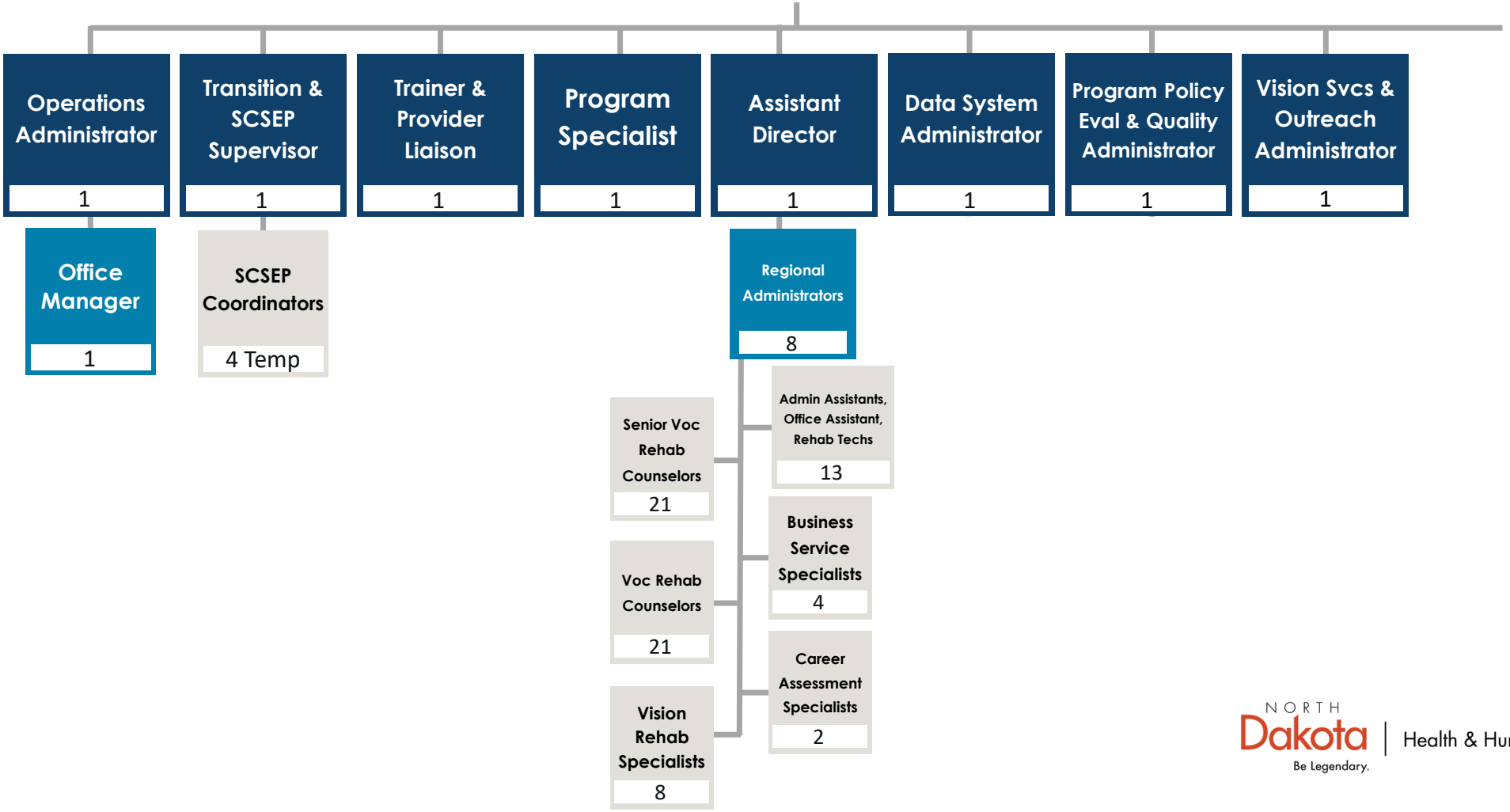
Vocational Rehabilitation Director (interim)
James Fleming



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Included in Executive Budget Request

Implement Comprehensive Vocational Rehab Technology System

- Implement a comprehensive Vocational Rehab technology system that can support the work of connecting people with disabilities to employment.
- Develop customer portals to facilitate more efficient access points that align with expectations of modern systems.
- Streamline data entry and reporting. Support improved services to business. Electronic billing and payment processes.

Total	General	Federal	Other
$8,000,000	$0	$6,296,000	$1,704,000

This is a one-time funding request. (Fed/CHTF)



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Comparison of budget expenditures and projections

By Program

PROGRAMS	2023-25 LEGISLATIVE BASE	ONE-TIME / CARRYOVER	2023-25 EXPENSES THROUGH DECEMBER	2023-25 PROJECTED EXPENDITURES	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)	ENGROSSED HB 1012	GENERAL	FEDERAL	OTHER
VR ADMINISTRATION	$ 4,785,869	$ -	$ 943,615	$ 4,223,713	$ 7,133,204	$ 708,266	$ 7,841,470	$ 2,134,594	$ 5,706,876	$ -
STATE REHAB COUNCIL	175,518	-	50,063	93,942	117,698	-	117,698	11,770	-	105,928
PRE-EMPLOYMENT TRANSITION SERVICES	4,000,000	-	3,619,410	4,000,000	4,000,000	-	4,000,000	852,000	3,148,000	
IT SERVICES	-	-	-	-	8,458,707	-	8,458,707	97,705	6,657,002	1,704,000
REHABILIATION SERVICES	348,048	-	242,437	348,048	358,490	-	358,490	76,358	282,132	
VR REGIONAL STAFF	13,996,381	-	10,590,294	14,284,517	15,395,490	(267,000)	15,128,490	3,027,635	12,100,855	-
BASIC SUPPORT-CASE SERVICES	6,383,332	-	5,946,723	7,542,556	10,479,834	-	10,479,834	1,047,983	9,431,851	-
ASSISTIVE TECH FOR INDIVIDUALS	1,526,541	-	1,074,883	1,456,519	1,500,470	-	1,500,470	659,907	840,563	-
CLIENT ASSISTANCE PROGRAMS	263,834	-	196,822	262,822	304,412	-	304,412	-	304,412	-
SERVICES FOR VISUALLY IMPAIRED	1,768,882	-	1,268,689	1,708,997	2,052,887	(93,000)	1,959,887	1,251,426	708,461	-
RANDOLPH SHEPPARD BEP	175,900	-	33,355	77,330	157,400	-	157,400	-	-	157,400
SR COMMUNITY SVC EMPLOYMENT (SCSEP)	1,101,291	-	248,899	339,370	1,110,242	(18,000)	1,092,242	176,707	915,536	-
CONTRACTS FOR REHAB PROVIDERS	200,000	-	111,577	161,577	-	200,000	200,000	200,000	-	-
CONTRACTS FOR CENTERS FOR IND LIVING	2,553,336	-	1,588,281	2,226,615	2,450,941	-	2,450,941	1,754,874	696,067	-
TOTAL	**$ 37,278,931**	**$ -**	**$ 25,915,048**	**$ 36,726,006**	**$ 53,519,774**	**$ 530,266**	**$ 54,050,040**	**$ 11,290,958**	**$ 40,791,755**	**$ 1,967,328**

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Changes to Base Budget

By Ongoing, One-Time and Funding Source

BASE BUDGET CHANGES	DESCRIPTION	RECOMMENDATION		ENGROSSED HB 1012	
		GENERAL	OTHER	GENERAL	OTHER
IT-New	Implement Comprehensive Vocational Rehab Technology System - One Time		$6,296,000 Federal $1,704,000 SIIF		$6,296,000 Federal $1,704,000 SIIF
Engrossed HB 1012 Adjustment	Provides funding for a Winter Park Adaptive Recreation Program Grant - One Time			$200,000	
FTE Block Grant Adjustment	FTE Block Grant Adjustment			$445,266	
Operating Underfund	Operating Underfund			-$115,000	

Comparison of budgets and funding

By Major Expense

DESCRIPTION	2023-25 LEGISLATIVE BASE	INCREASE / (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)	ENGROSSED HB 1012
Salaries & Benefits	$ 18,185,556	$ 2,940,272	$ 21,125,828	$ 445,266	$ 21,571,094
Operating	8,285,692	669,302	8,954,994	(115,000)	8,839,994
IT Services	8,000	8,450,707	8,458,707	-	8,458,707
Grants	10,799,683	4,180,562	14,980,245	200,000	15,180,245
Total	**$ 37,278,931**	**$ 16,240,843**	**$ 53,519,774**	**$ 530,266**	**$ 54,050,040**
General Fund	**$ 9,630,168**	**$ 1,711,398**	**$ 11,341,566**	**$ (50,608)**	**$ 11,290,958**
Federal Funds	**27,312,864**	**12,898,016**	**40,210,880**	**580,875**	**40,791,755**
Other Funds	**335,899**	**1,631,429**	**1,967,328**	**-**	**1,967,328**
Total Funds	**$ 37,278,931**	**$ 16,240,843**	**$ 53,519,774**	**$ 530,267**	**$ 54,050,041**

Vocational Rehabilitation Budget as % of HHS Budget

- 0.9%

Budget by Funding Source

- 21% General
- 75% Federal
- 4% Other

Budget by Pass Through

- 12.2% Paid to private providers
- 28.1% Direct Service
- 44.1% Admin
- 15.6% IT

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Policy Bills with Budget Impact

		Federal	General	Other
HB 1066	Senior Employment Program – establishment of minimum rate of compensation	$213,038		

- Total Federal Grant
- Cap on administrative costs
- Applicable rate of compensation
- Initial rate of $12 per hour with later adjustments by Administrative Rule
- Current biennium: 49 slots, 20-25 participants, 12 counties





On The Horizon

- Increase Service Capacity to Manage Growing Caseloads
  - Technology Support
  - Centralization/Specialization
  - Internal cost savings
- Improve Support for Business Community
- Develop grants and additional Social Security reimbursements to offset costs

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Summary and key takeaways

- **Federal Funding** continues to be a concern
- **Demand for Vision Services** will continue to exceed federal funding
- **Program performance** is strong but needs continued effort given growing caseload
- **Internal Efficiencies** are anticipated from a modern case management system



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Contact Info

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Interim Director,
Vocational Rehabilitation Section

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https://www.hhs.nd.gov/vr



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2025 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

HB 1012 p.m.
3/24/2025

Relating to leases of the health and human services property, substance use disorder treatment program, basic care payment rates, and state of residence for child care assistance; to provide for a transfer; to authorize a line of credit; to provide legislative intent; to provide for a legislative management study; to provide an application; to provide an exemption; to provide for a report; and to provide an effective date.

2.55 p.m. Chairman Dever called the meeting to order.

Members present: Chairman Dever and Senators Cleary, Davison, Magrum and Mathern.

Discussion Topics:

- Medication Expansion
- Human Services Information Technology (IT) Budget
- Advanced Appropriations for IT Projects
- Section by Section Budget Review
- HB 1216
- HB 1468
- State Hospital Funding

2.56 p.m. Senator Mathern started discussion with concern of the effect on the state budget if Medicaid Expansion is discontinued by the federal government.

3:04 p.m. Senator Cleary questioned the amount of money going toward IT Projects within the Human Services Section: the number of projects, the completion of the projects, the request for new projects and carryover of money for projects.

3:05 p.m. Senator Davison responded with concern over upfront guaranteed appropriation dollars and unexpended appropriation dollars for Human Services IT projects. He referred to the $14,411,218 child welfare project in HB 1012, LC# 25.0156.02000, page 13, Section 25, line 9 as an example. Senator Davison will pursue further with a possible study.

3:09 p.m. Senator Mathern gave options in addressing Senator Davison's concern over upfront guaranteed appropriations. The first option is to apply for credit from the Bank of North Dakota; the second option is to authorize bonding.

3:13 p.m. Steph Gullickson, Fiscal Management Analyst, OMB, testified neutral and answered committee questions.

3:14 p.m. Senator Davison discussed getting the underfund number between the salaries, grants, Medicaid.

3:20 p.m. Senator Cleary discussed the operational underfund.

3:22 p.m. Senator Mathern discussed lowering the Medicaid utilization rate.

3:30 p.m. Senator Davison would like to know the number of behavioral health clinics & the number of staffing needed.

3:25 p.m. Senator Magrum asked about the due date for amendments.

3:25 p.m. Senator Dever discussed HB 1468 and HB 1216.

3:26 p.m. Senator Davison questioned the number of staff needed for the Behavioral Health Clinics.

3:28 p.m. Steph Gullickson, Fiscal Management Analyst, OMB, testified neutral and answered committee questions.

3:32 p.m. Senator Cleary suggested going through long sheets first and then going over the Health and Human Services sections when reviewing budget.

3:33 p.m. Senator Dever stated some sections are 100 % federally funded and don't need discussion.

3:35 p.m. Senator Dever suggested funding the state hospital at 300 million with 30 million dollars in discretionary funding.

3:38 p.m. Steph Gullickson, Fiscal Management Analyst, OMB, testified neutral and answered committee questions.

3:38 p.m. Senator Mathern suggested going to the conference committee with an alternative plan for the State Hospital.

3:45 p.m. Chairman Dever closed the meeting.

Joan Bares, Procedural Clerk

2025 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

HB 1012 AM
3/25/2025

Relating to leases of the health and human services property, substance use disorder treatment program, basic care payment rates, and state of residence for child care assistance; to provide for a transfer; to authorize a line of credit; to provide legislative intent; to provide for a legislative management study; to provide an application; to provide an exemption; to provide for a report; and to provide an effective date.

8:33 a.m. Chairman Dever opened the hearing.

Members present: Chairman Dever and Senators Cleary, Davison, Magrum and Mathern.

Discussion Topics:

- Family First Model
- Family Stress Model
- Safety Framework Practice Model
- Reasons for Removal to Foster Care
- North Dakota Child Welfare System Continuum of Care
- Kinship Care
- Residential Child Care Facility (RCCF)
- Qualified Residential Treatment Program (QRTP)
- Title IV E Funds
- Children In Need of Services Program (CHINS)
- Budget Overview
- Budget Requests
- New Child Welfare Information Technology System
- Human Services Zone (HSZ) Operations
- 457 Fund
- 4 Regions/19 HSZ
- Host County Role
- Department of Corrections & Rehabilitation (DOCR) Collaboration
- Final Disposition (Burial) Assistance
- HSZ Budget & Funding

8:33 a.m. Kelsey Bless, Licensing Administrator, Children and Family Services, Human Services Division, North Dakota Health & Human Services (ND DHHS), testified in favor and submitted testimony #43722 & #44347.

9:49 a.m. Donna Aukland, Chief Financial Officer, ND DHHS, testified in favor and answered committee questions.

10:00 a.m. Kelsey Bless, Licensing Administrator, Children and Family Services, ND DHHS, testified in favor and continued testimony.

10:02 a.m. Jessica Thomasson, Executive Director, Human Services Division, ND DHHS, testified in favor and answered committee questions.

10:05 a.m. Kelsey Bless, Licensing Administrator, Children and Family Services, ND DHHS, testified in favor and continued testimony.

10:13 a.m. Kristen Hanson, CPS Administrator, Child & Family Services, ND DHHS, testified in favor and answered committee questions.

10:17 a.m. Senator Dever recessed the meeting.

10:29 a.m. Senator Dever reconvened the meeting.

10:30 a.m. Kristen Hasbargen, Director, Human Service Zone Operations, ND DHHS, testified in favor and submitted testimony #43727.

11:12 a.m. Jessica Thomasson, Executive Director, Human Services Division, ND DHHS, testified in favor and answered committee questions.

11:15 a.m. Kristen Hasbargen, Director, Human Service Zone Operations, ND DHHS, testified in favor and continued testimony.

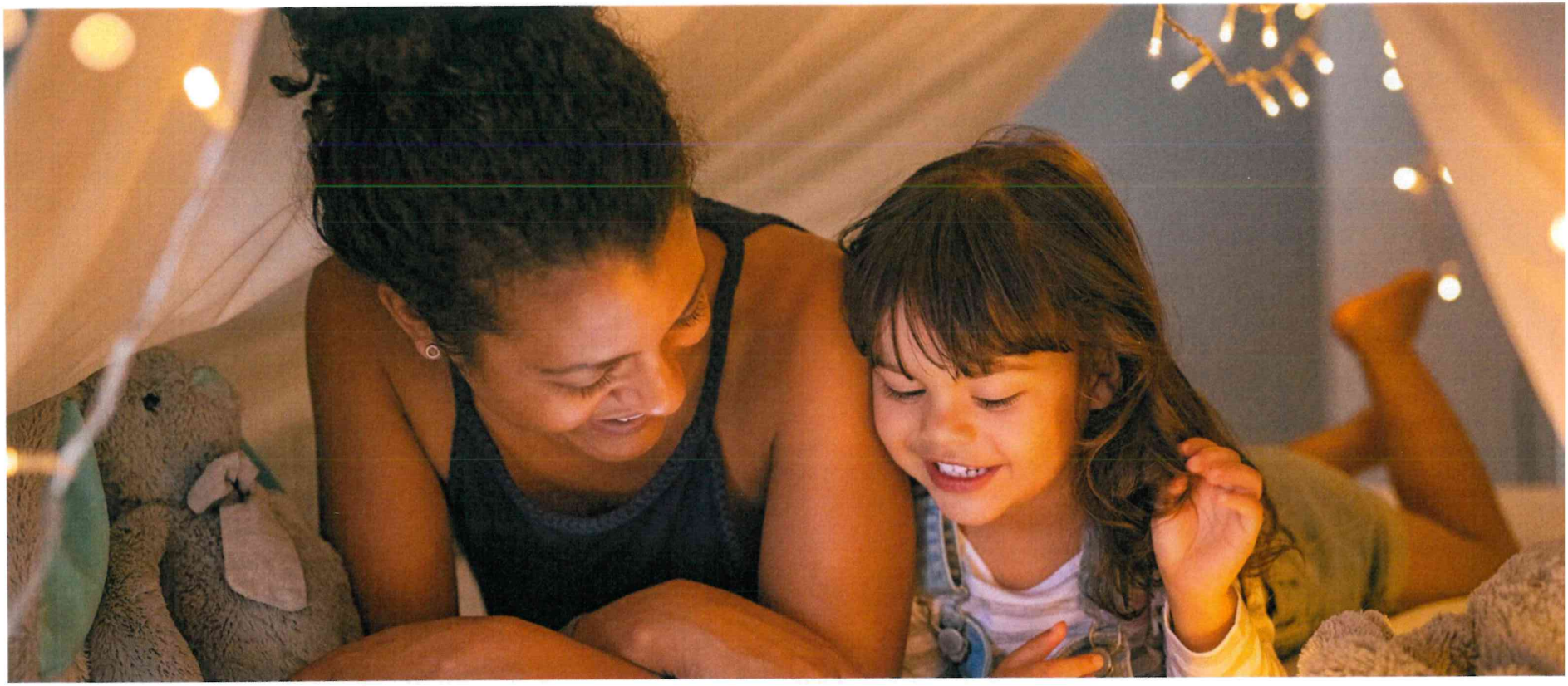
11:16 a.m. Donna Aukland, Chief Financial Officer, ND DHHS, testified in favor and answered committee questions.

11:17 a.m. Kristen Hasbargen, Director, Human Service Zone Operations, ND DHHS, testified in favor and continued testimony.

11:25 a.m. Senator Dever closed the hearing.

Joan Bares, Committee Clerk

HB1012
3-25-25



Engrossed HB1012 Overview – Children & Family Services

Senate Appropriations | Human Resources Division
Senator Dick Dever, Chairman

NORTH Dakota | Health & Human Services
Be Legendary.

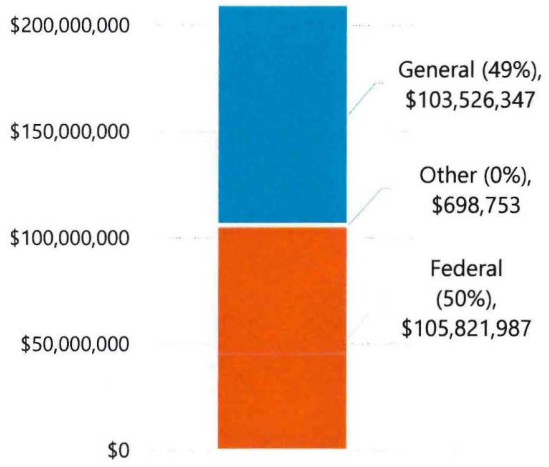
March 25, 2025 | Presented by: Kelsey Bless, Children & Family Services

Budget Overview

Children & Family Services: $210 million total budget

- Primary funding sources are via federal grants by the Children's Bureau in the Administration of Children and Families in the Department of Health and Human Services
- Allowable expenses reimbursed at federal/state share equal to FMAP (50.97% federal as of FY2025)
- 88% of CFS budget is passed through to providers (foster care – state and tribal, QRTP, shelter care) or for other direct service

25-27 Executive Budget Req
Children & Family Services



3.3%
total HHS Budget

- **627** children receiving **prevention** service through FFPSA
- Serving over **950** approved **kinship caregivers** who are caring for **1,700** children
- **750** licensed **foster providers** caring for **1,150** children
- **36** licensed Qualified Residential Treatment Program (**QRTP**) **beds** available; 75% average utilization rate
- **0** children in **out of state** facility placements

Facilitate delivery of programs and services that support child safety, permanency and wellbeing, which together are designed to prevent and reduce incidence of child abuse and neglect and support family reunification and stability wherever possible.

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Grants on a walk-through

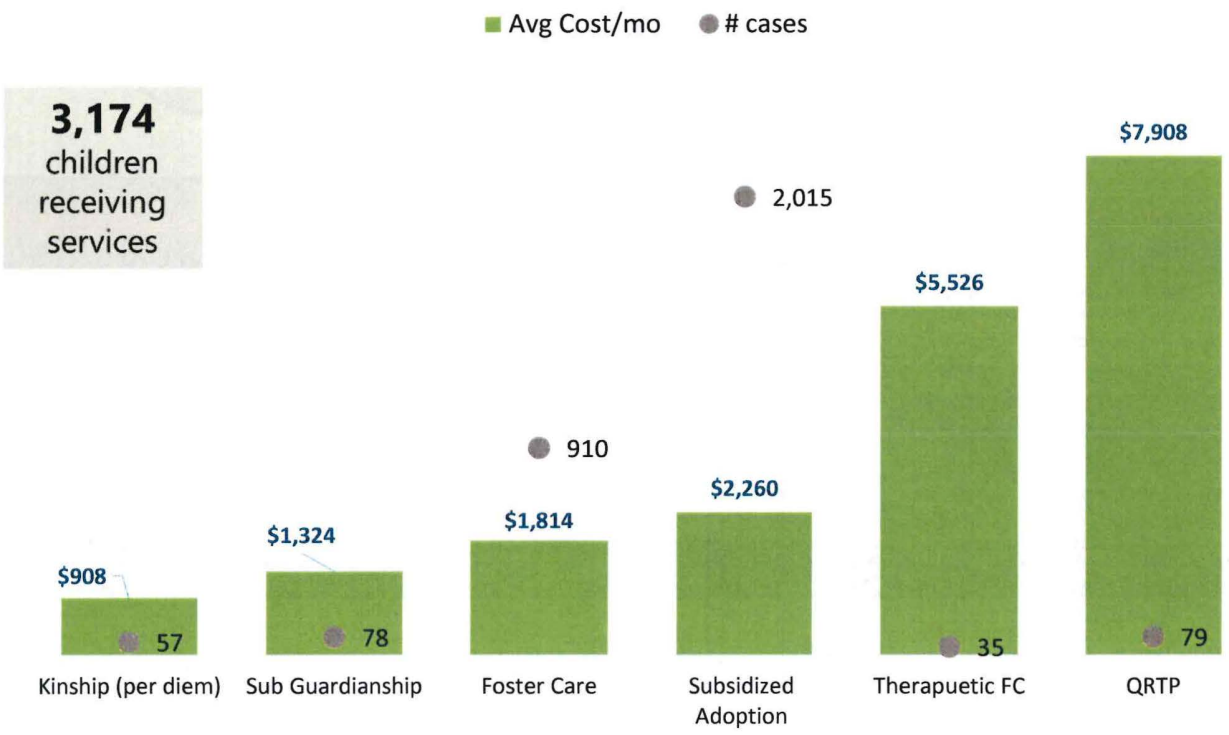
DESCRIPTION	2025-27 BASE BUDGET	COST TO CONTINUE	FMAP	SAVINGS PLAN / ADJ	TOTAL CHANGES	TO GOVERNOR	1.5% / 1.5% INFLATION	TOTAL CHANGES	TO HOUSE	2% / 2% INFLATION	TOTAL CHANGES	TO SENATE
FOSTER CARE (IV-E)	$ 30,124,809	$ (559,788)	$ -	$ -	$ (559,788)	$ 29,565,021	$ 673,667	$ 673,667	$ 30,238,688	$ 226,575	$ 226,575	$ 30,465,263
FOSTER CARE (REGULAR)	34,614,099	8,540,622	-	-	8,540,622	43,154,721	984,302	984,302	44,139,023	331,057	331,057	44,470,080
FOSTER CARE SVC - QRTP	1,737,206	2,546,794	-	-	2,546,794	4,284,000	98,734	98,734	4,382,734	33,214	33,214	4,415,948
FOSTER CARE - THERAPEUTIC	4,470,849	(1,578,981)	-	-	(1,578,981)	2,891,868	60,878	60,878	2,952,746	20,446	20,446	2,973,192
SUBSIDIZED GUARDIANSHIP	1,466,490	159,204	-	-	159,204	1,625,694	27,200	27,200	1,652,894	9,151	9,151	1,662,045
FOSTER CARE-SVC-OTHER	362,578	473,145	-	-	473,145	835,723	18,887	18,887	854,610	6,351	6,351	860,961
SUBSIDIZED ADOPT (IV-E Elig)	47,503,645	8,183,614	-	-	8,183,614	55,687,259	1,264,528	1,264,528	56,951,787	425,275	425,275	57,377,062
SUBSIDIZED ADOPT (Non-IV-E Elig)	6,527,435	427,583	-	-	427,583	6,955,018	158,576	158,576	7,113,594	53,335	53,335	7,166,929
TOTAL FUNDS	$ 126,807,111	$ 18,192,193	$ -	$ -	$ 18,192,193	$ 144,999,304	$ 3,286,772	$ 3,286,772	$ 148,286,076	$ 1,105,403	$1,105,403	$ 149,391,479
GENERAL FUND	$ 58,898,531	$ 9,842,355	$ 209,736	$(7,554,673)	$ 2,497,418	$ 61,395,949	$ 1,417,116	$ 1,417,116	$ 62,813,065	$ 524,675	$ 524,675	$ 63,337,740
FEDERAL FUND	$ 65,301,101	$ 9,872,091	$ 192,628	$ 7,554,673	$ 17,619,392	$ 82,920,493	$ 1,853,766	$ 1,853,766	$ 84,774,259	$ 572,261	$ 572,261	$ 85,346,520
OTHER FUND	$ 2,607,479	$ (1,522,253)	$ (402,364)	$ -	$ (1,924,617)	$ 682,862	$ 15,890	$ 15,890	$ 698,752	$ 8,467	$ 8,467	$ 707,219

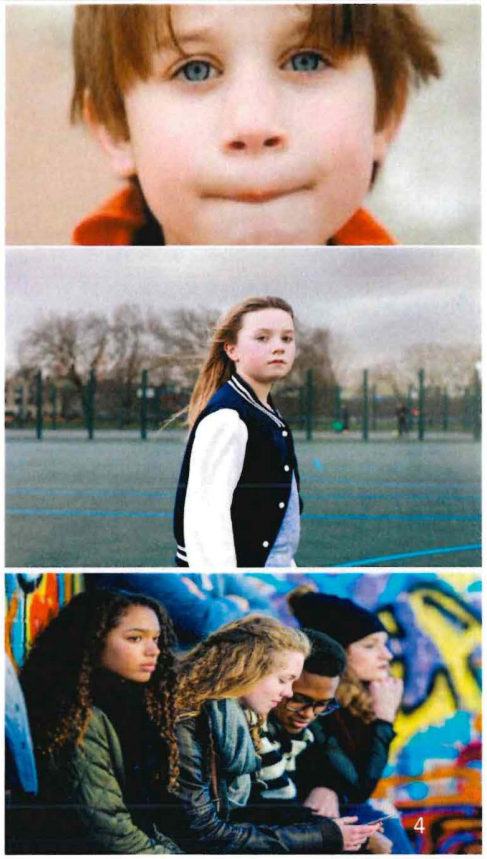


Eligibility is determined for each child upon entry, their eligibility is based on the income of the parents at time of removal. Three funding sources support the cost of care for children in ND foster care and adoption.

Child Welfare Service Continuum

Cost per month per person per type of service – SFY24





CFS Program Purpose and ND Century Code Reference(s)

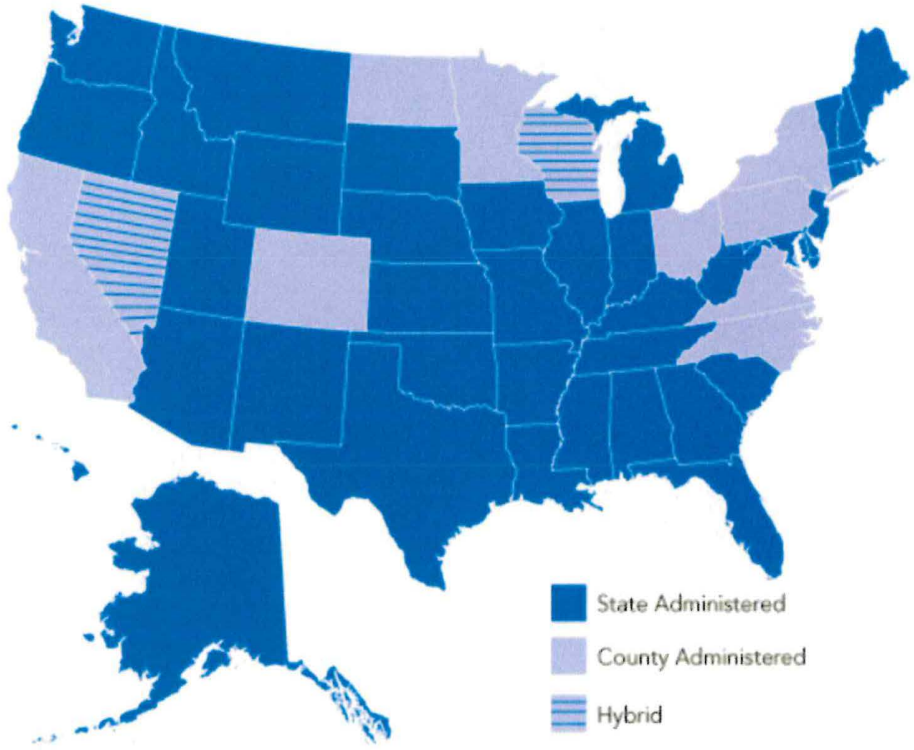
Facilitate delivery of services that support child safety, child permanency, and well-being, which together are designed to prevent and reduce the incidence of child abuse and neglect and support family reunification and stability whenever possible.

Chapter	Chapter Name
50-25.1	Child Abuse and Neglect
50-11	Foster Care
14-15	Adoption for Children
27-20.3	Children in Need of Services (CHINS)



Administrative Structure for Child Welfare

- All States are responsible for compliance with Federal and State requirements; however, they may differ in the way child welfare services are operated and delivered.
- Client serving child welfare functions in ND are delivered by Human Service Zones
  - Hotline to report suspected abuse or neglect
  - Screening and determining need for response
  - Conducting assessments
  - Safety/risk and family functioning assessments
  - Assigning cases to response track
  - Supporting Children in Need of Services (CHINS) referrals



Source: "State vs. County Administration of Child Welfare Services", Fact Sheet from Child Welfare Information Gateway, 2018.



ND Child Welfare System Mission: Safe Children and Strong Families

Safety

Protection

- Child protection services
  - Safe Planning with Families
  - Shelter Care
  - Foster Care
  - Child fatality review panel

Prevention

- Parent Resource Centers
  - Home Visiting Services
  - Behavioral Health & Substance Abuse Services
  - In-home Service
  - IV-E Prevention Services
  - Kinship ND

Permanency

- Family Reunification
- Adoption
- Guardianships
- Interstate compacts for the placement of children
- Independent living services
- Licensing for Foster homes, QRTPs and LCPAs

Well-being

- Family preservation services
- In-home case management
- Children in Need of Services
- Respite care
- Nurturing Parent programs
- Parent aides
- ICWA Family Preservationist (IFP)
- Family centered engagement

The Child Welfare System in North Dakota includes both public and private sector partners



- **627** children receiving **prevention** service through FFPSA
- Serving over **950** approved **kinship caregivers** who are caring for **1,700 children**
- **750** licensed **foster providers** caring for **1,150 children**
- **36** licensed Qualified Residential Treatment Program (**QRTP**) beds available; 75% average utilization rate
- **0** children in out of state facility placements

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North Dakota Child Welfare System

Dept of Health & Human Services

Human Service Centers
- Crisis teams
- Intensive In-home services (therapy & treatment, skills training, behavior mod)
- Targeted case management
- FFT/MSFT

Children & Family Services
- Training/coaching of field staff
- Oversee quality service and system delivery
- Administration of policy
- License foster homes
- IV-E and Adoption Eligibility

Private Providers

- Foster homes, including therapeutic foster care
- Safe shelter for crisis
- Human trafficking supports
- Targeted case management
- Adoption services for children in foster care and the families adopting them
- Title IV-E Prevention Services

Tribal Social Services

- FRAME entry and foster eligibility determinations
- Joint practice model and ICWA training
- Native American Training Institute supports (training, billing, IEP (ICWA Family Preservation)
- FMAP service contracting
- IV-E agreements boost access to funding

Human Service Zones

- Assess present and impending danger
- Safety planning
- Case management
- Assess and build parent capacities
- Provide safe supports for children and families
- In home supports
- Parent aides
- Recruitment and Retention
- Intake for child abuse and neglect reports
- CHINS (Children in Need of Services)

Division of Juvenile Services (DJS)

CFS works closely with DJS specific to children in need of out of home treatment, which results in a foster care placement.

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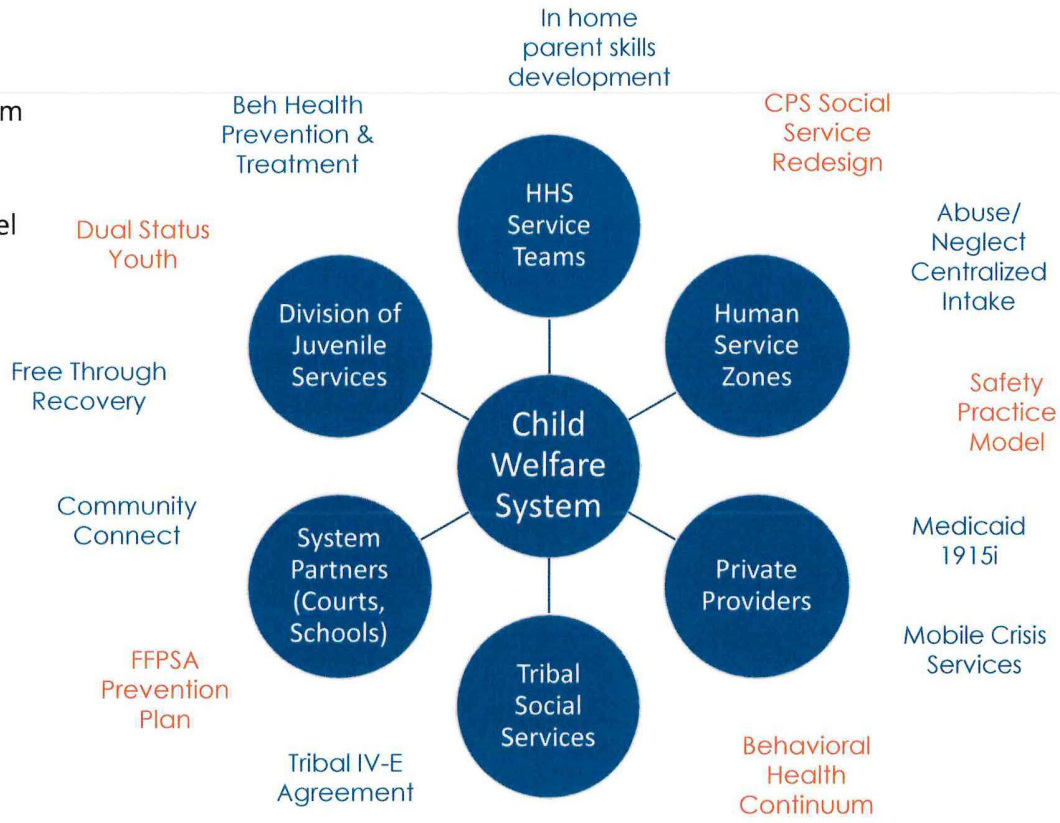
Helping keep kids with their families is a massive undertaking that requires Multi-System Change over a period of years

Strategy

Dual Status Youth
Behavioral Health Continuum
FFPSA Prevention
Social Svc Redesign
Child Welfare Practice Model

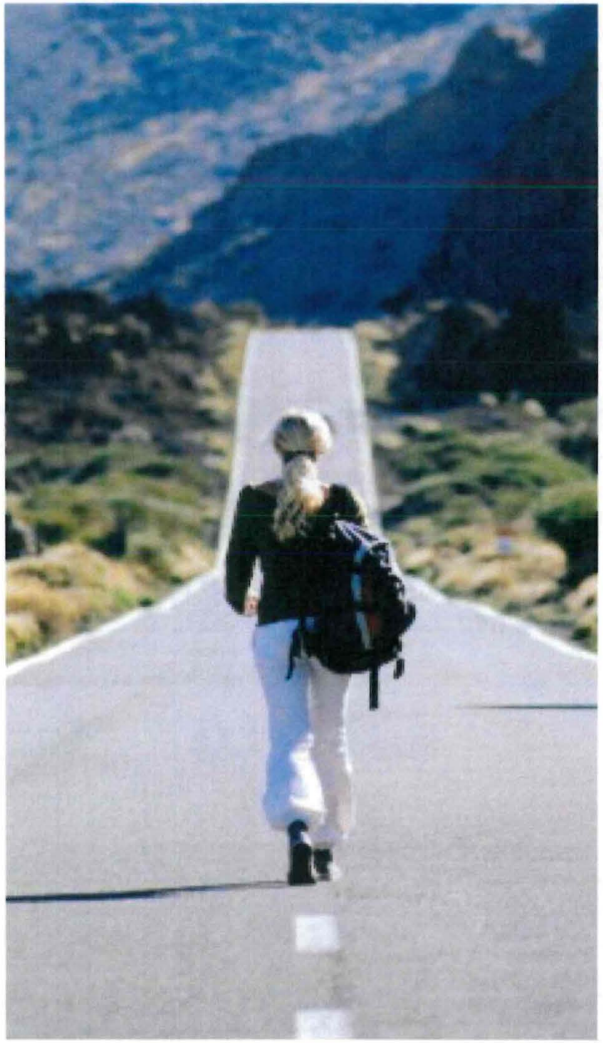


Services

Medicaid 1915i
Free Through Recovery
Community Connect
Mobile Crisis
Abuse/Neglect Intake
In-home parent skills dev
Beh Health Prev/Tx
Tribal IV-E Agreement

What's the BIG Idea?

- ✓ Keep families **together** whenever possible
- ✓ Prioritize safety and family **reunification** whenever possible
- ✓ **Prevent** kids **from** ever **entering** the child welfare system

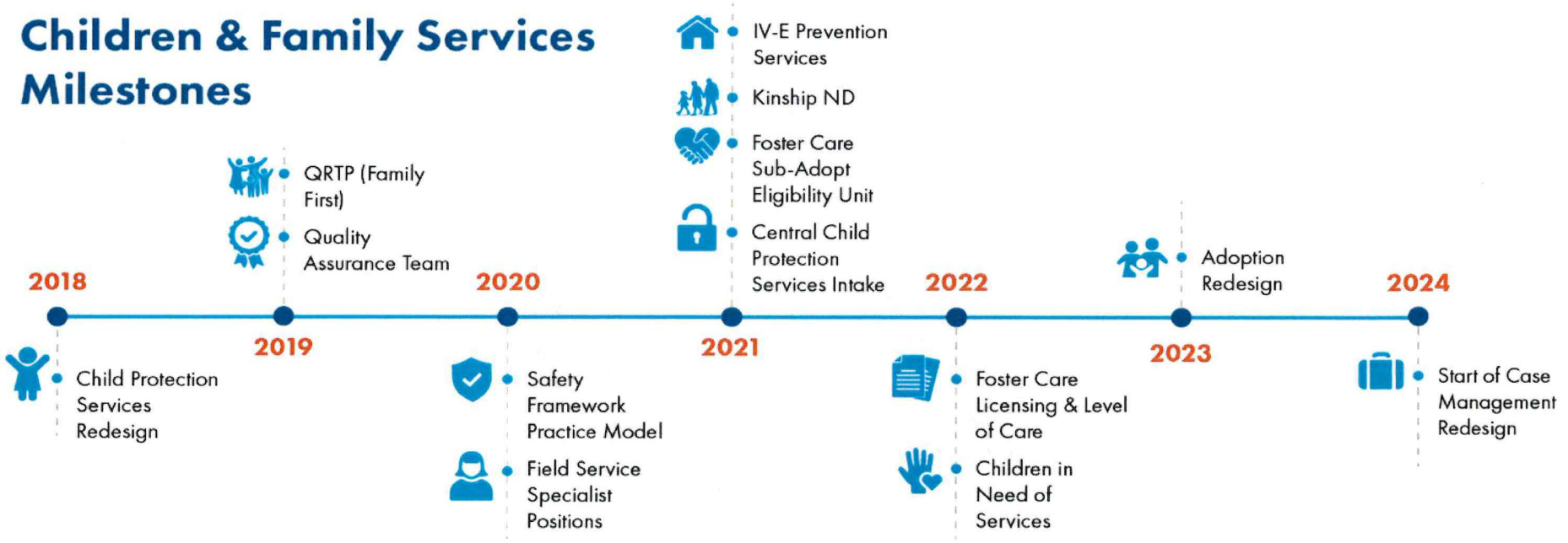


What does "progress" look like?

- ✓ **Reduce** Foster Care Safely
- ✓ **Reduce** Institutional Placements
- ✓ **Reduce** Out of State Placements
- ✓ **Reduce** Substance Abuse as Abuse/Neglect factor
- ✓ **Increase** children receiving evidence-based supports
- ✓ **Increase** Kinship services

North Dakota continues to make progress toward a more family-oriented system of care

Children & Family Services Milestones



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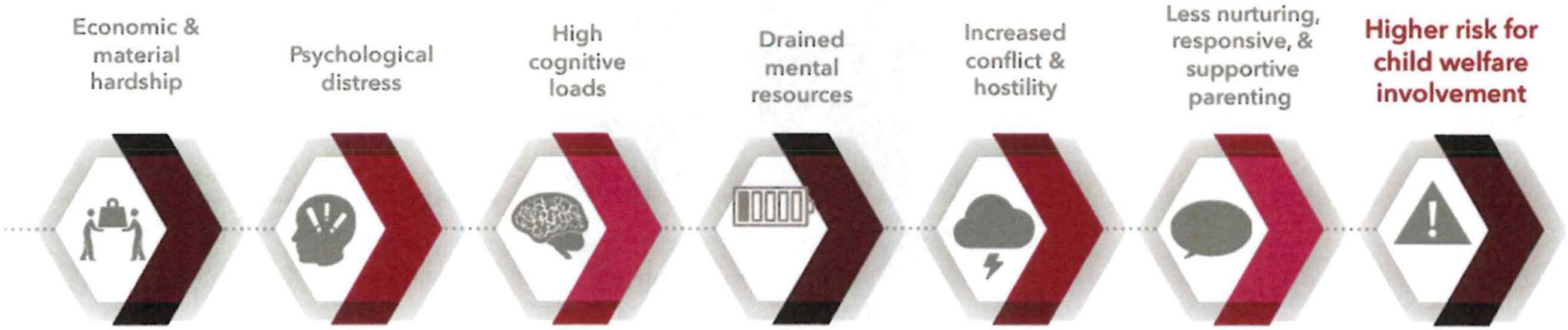
Another frontier to explore

How might economic and material hardship impact parenting and child wellbeing?

Family Stress Model

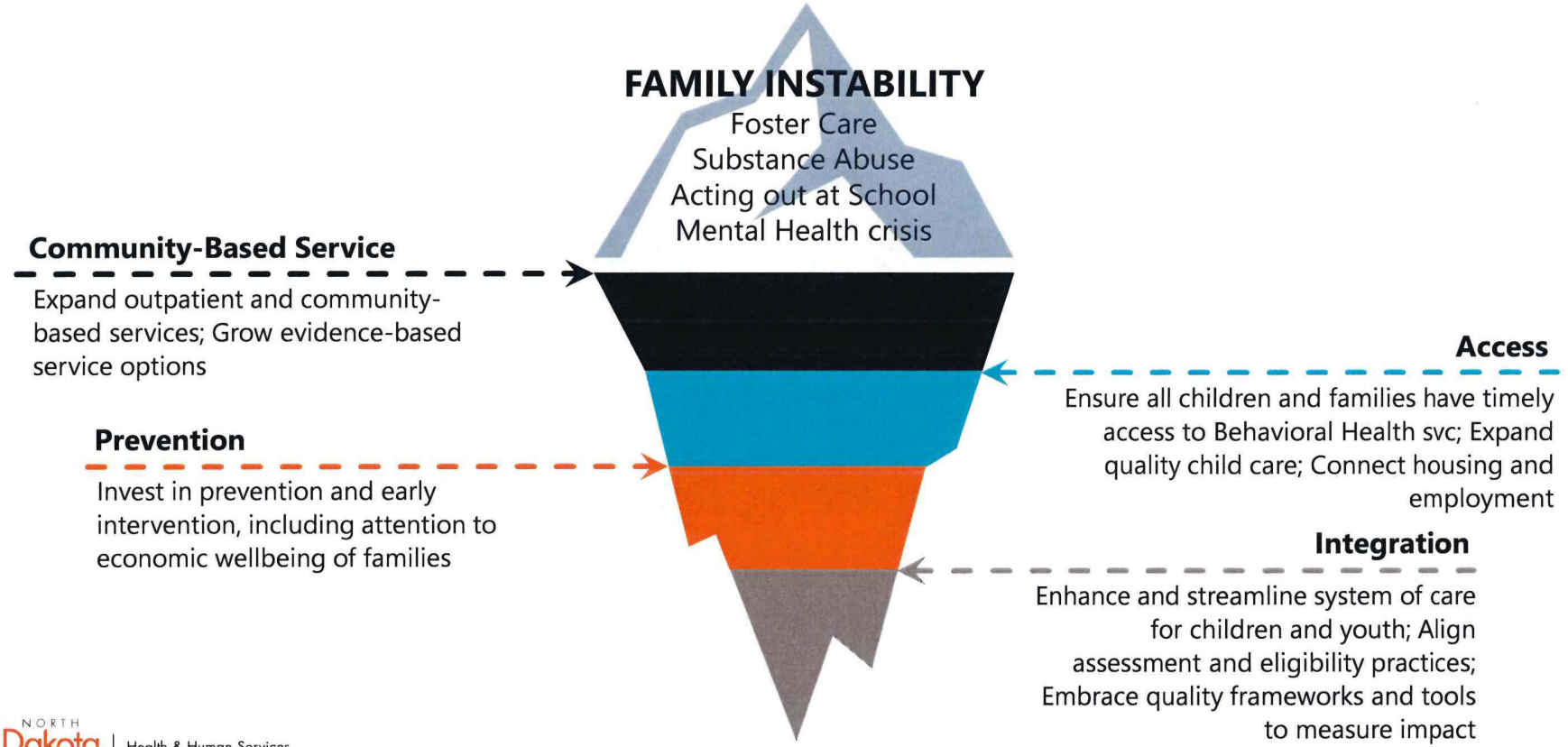


> It's not that people who are struggling to make ends meet aren't well-qualified parents. It's that lack of financial resources creates stressors that make it more difficult to solve problems.

(Conger, 1994) (Neppl, 2016) (Duncan, 2014) (Mistry, 2002)

Data aggregated by: Anderson, C., Grewal-Kök, Y., Cusick, G., Weiner, D., & Thomas, K. (2023). Family and child well-being system: Economic and concrete supports as a core component. [Power Point slides]. Chapin Hall at the University of Chicago.

Connecting what we see and what we need to do



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Meet Sarah & Leah



Sarah (19) and her daughter Leah (1) live in a small efficiency apartment in Grand Forks.

She works part-time as a front desk receptionist for a local hair salon.

She received a scholarship to take classes online at night to earn her associate degree in medical transcription.

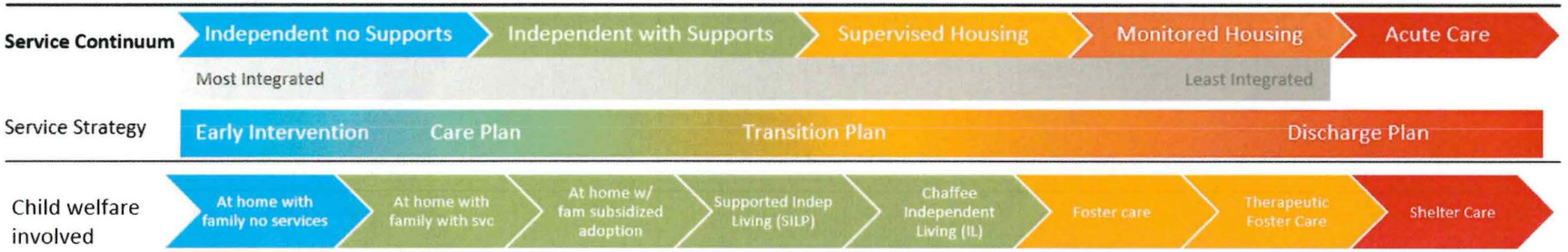
Sarah is almost always late with rent. Her hours at work went down. She hasn't been able to pay the last two months.

Sarah's neighbor watches Leah while she's at work.

Sarah doesn't have a car. She receives SNAP and Leah has health coverage through CHIP. Sarah has coverage through Medicaid Expansion.

How can we help stabilize a family?

Understanding how systems can help children and families avoid crisis-level disruptions





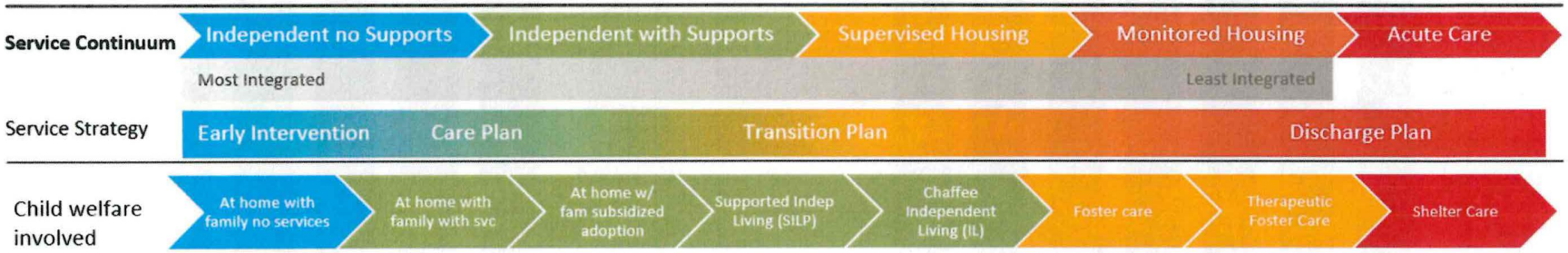
Crisis

BEFORE FFPSA

Sarah would be eligible to participate in a parent skill-building program if a privately funded slot is available in her community.

How can we help stabilize a family?

Understanding how systems can help children and families avoid crisis-level disruptions





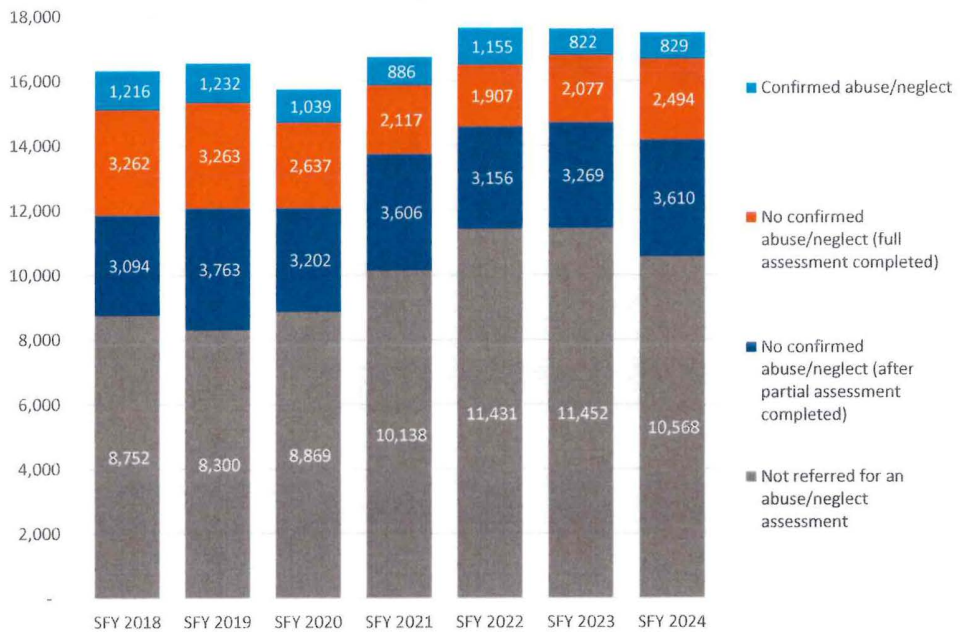
AFTER FFPSA

Because Sarah is at risk of losing her housing, she would be eligible to receive parent skill-building services from an IV-E funded provider.

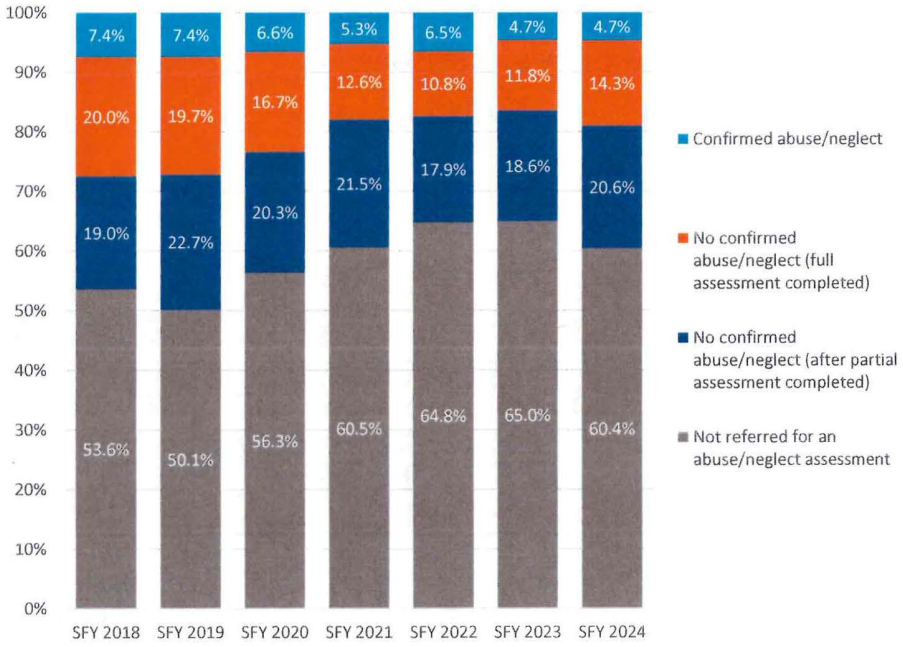
ND sees approximately 800-900 confirmed cases of child abuse or neglect each year

Confirmed cases represent an average of 5% of total reports received

Over the last two years, ND has seen approximately 825 confirmed cases of child abuse and/or neglect each year



Over the last two years, 4.7% of reports of suspected child abuse/neglect are ultimately confirmed



What is Safety?

When can a child remain safely at home and when is removal necessary

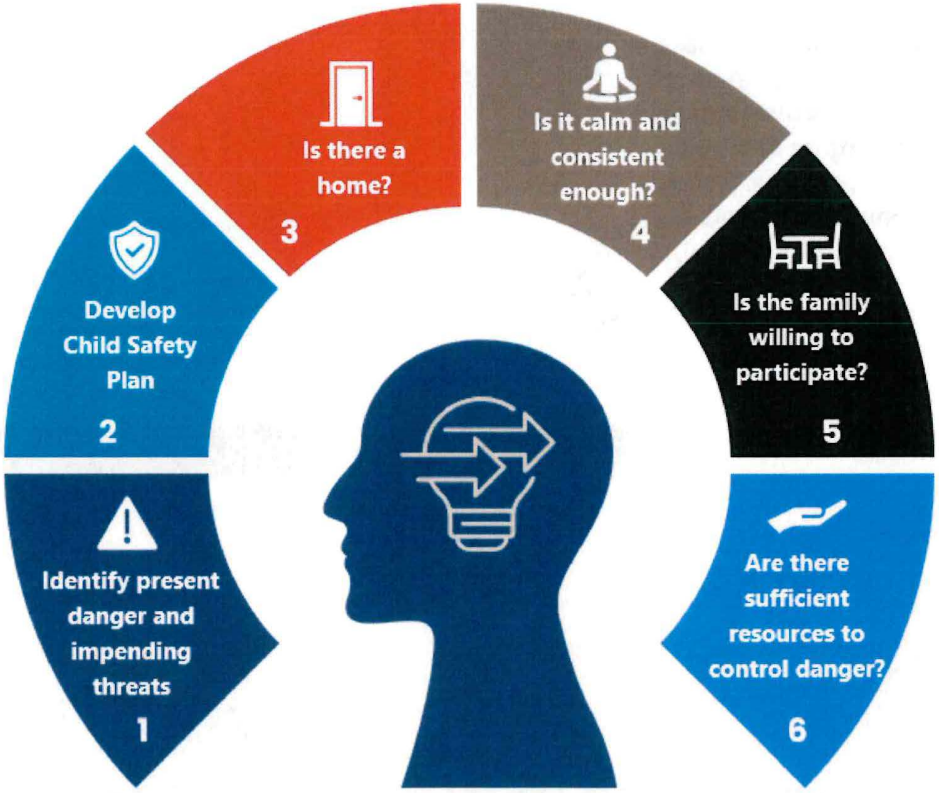
What does it look like when a child is:

SAFE

- ✓ No threats of danger exist within the family, **or**
- ✓ Parents/caregivers possess sufficient protective capacities to control any threat, **or**
- ✓ The child is not vulnerable to the existing danger.

UNSAFE

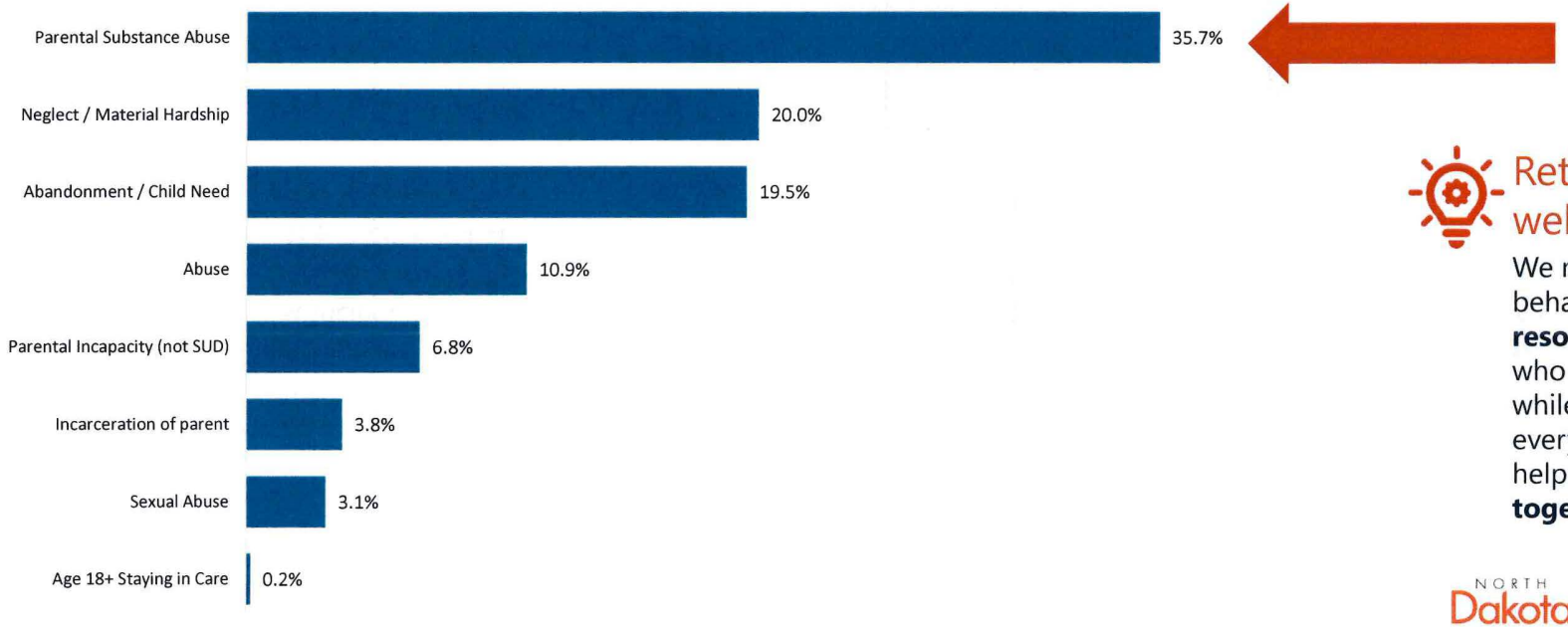
- ✓ Threats of danger exist within the family, **and**
- ✓ Children are vulnerable to such threats, **and**
- ✓ Parents/caregivers have insufficient protective capacities to manage or control the threats.



Substance abuse and unaddressed mental health needs are major de-stabilizing forces in families

Primary Removal Reasons

Percent of children entering care for each removal reason: SFY2023



Rethink child welfare

We need to **connect** behavioral health **resources to families** who are struggling while doing everything we can to help them **stay together safely.**

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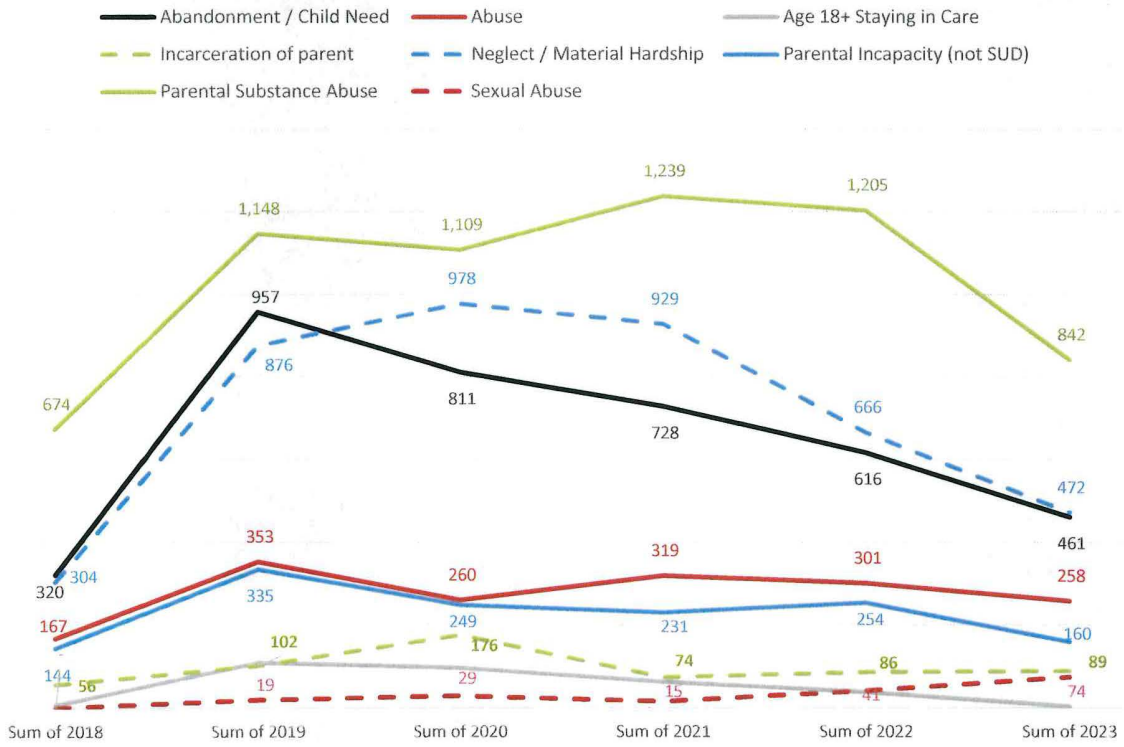
Primary reasons for removal to foster care represent both changes in practice and changes in family needs



Abandonment / Child Need
- Alcohol Abuse - Child
- Child Behavior Problem
- Child Disability/Handicap
- Drug Abuse - Child
- Failure to Return
- Parental Abandonment
- Parental Rights Relinquishment
- Runaway
- Safe Haven Infant
- Whereabouts Unknown

Abuse
- Physical Abuse
- Psychological or Emotional Abuse

Age 18+ Staying in Care
- 18+ Continued Care - Education
- 18+ Continued Care - Employment
- 18+ Continued Care - Empl Prep Program
- 18+ Continued Care - Medical Cond/Disab

Incarceration of parent

Neglect / Material Hardship
- Domestic Violence
- Homelessness
- Housing/Financial Hardship
- Medical Neglect
- Neglect
- Tribal Title IV-E Agreement

Parental Incapacity (not SUD)
- Caretaker's Significant Impairment - Cognitive
- Caretaker's Signif Impair - Physical/Emotional
- Child Requested Placement
- Death of Caretaker
- Inadequate Access to Mental Health Svc

Parental Substance Abuse
- Alcohol Abuse - Caretaker
- Drug Abuse - Caretaker
- Meth Impact (use, selling, manufacturing)
- Prenatal Drug Exposure

Sexual Abuse

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Meet Jayce



Meet Jayce's family.

Age 9

Mom noticed Jayce wasn't himself. His teachers noticed too.

Acting out in school. Aggressive. Defiant. Sullen. Tipped over a desk in the classroom.

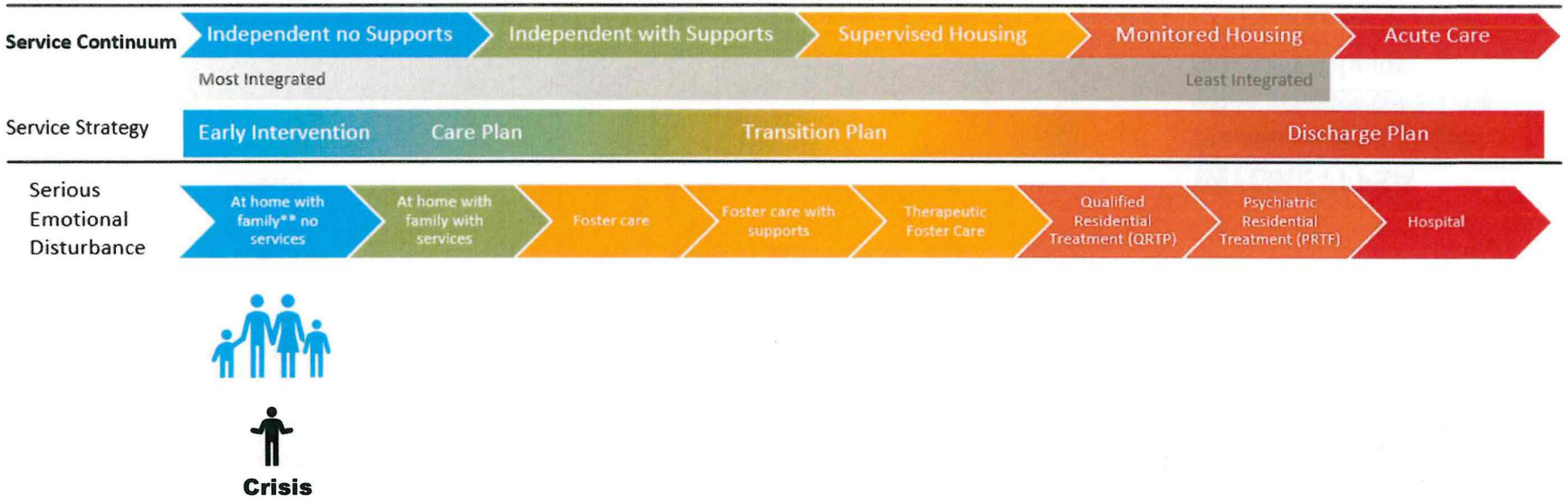
He lives at home with his mom, dad and little brother.

Jayce's school called in an abuse/neglect report.

- Mom, dad and brother (age 4)
- Both mom and dad work full time. Mom is a cashier. Dad works for a farmer.
- They don't qualify for Medicaid. They have a basic insurance package through the exchange.
- Tensions at home are escalating. Jayce's dad is becoming increasingly frustrated and has turned to alcohol in an unhealthy way to cope with Jayce's behavior.

What does it mean to serve a family together rather than apart?

Understanding how systems can help children and families avoid crisis-level disruptions



What does it mean to serve a family together rather than apart?

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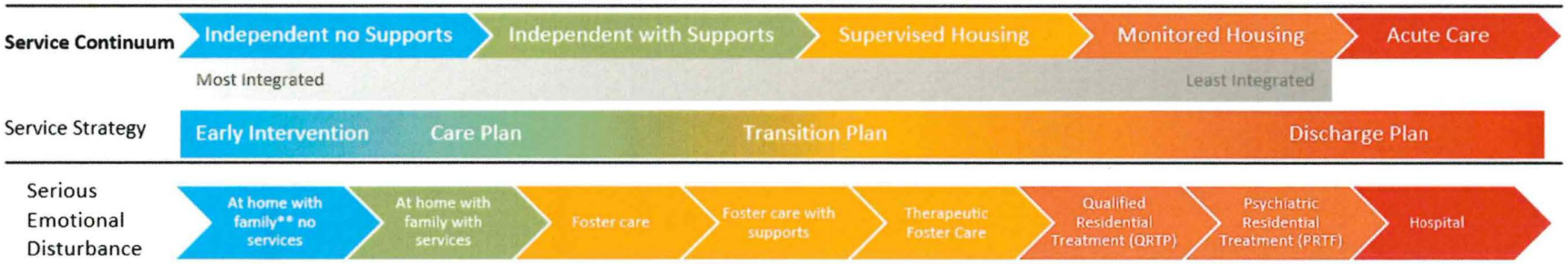






Crisis

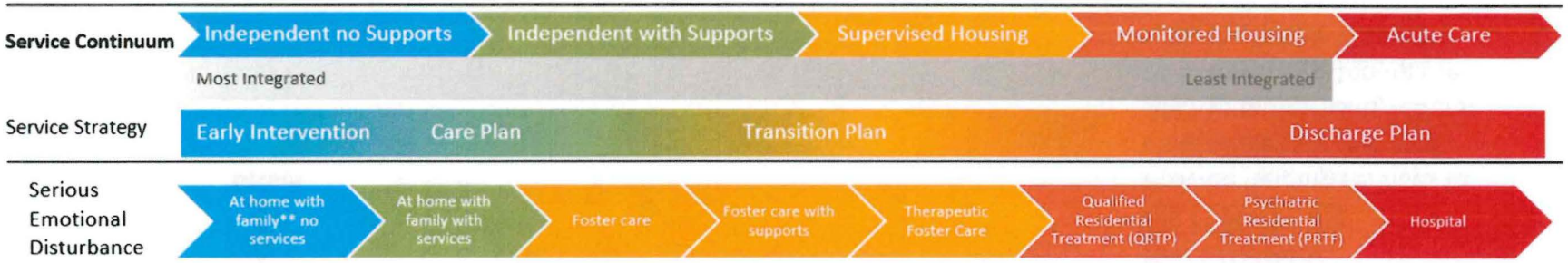


BEFORE FFPSA

Provide services to child while in foster care using federal IV-E funds

What does it mean to serve a family together rather than apart?

Understanding how systems can help children and families avoid crisis-level disruptions



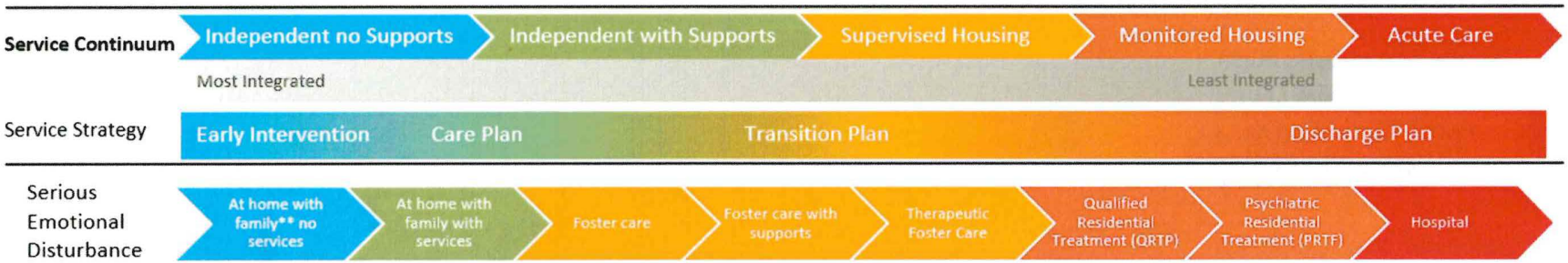


AFTER FFPSA

Provide helping services to family while they are together, using federal IV-E funds

What does it mean to serve a family together rather than apart?

Understanding how systems can help children and families avoid crisis-level disruptions





ALTERNATE - AFTER FFPSA

Provide helping services to child while in foster care AND to family using federal IV-E funds, shortening the time the family is apart

Family settings account for 95% of children affected by an out-of-home placement

North Dakota Child Welfare System Continuum of Care



Relative Kinship Care

15%



Family Foster Home

68%



Treatment Foster Home

10%



Qualified Residential Treatment (QRTP)

2%



Non-Foster

(PRTF, DD, Job Corp, Detention, Hospital)

3%



18+ Continued Foster Care

2%

Meet Taylor



Taylor is 15.
She lives with a foster family.
She has been in the custody of a Human Service Zone for 15 months.

Taylor's behavior has been erratic and risky. She is drinking, smoking marijuana, has run away from school and home, and has been cited by the police 3 times.

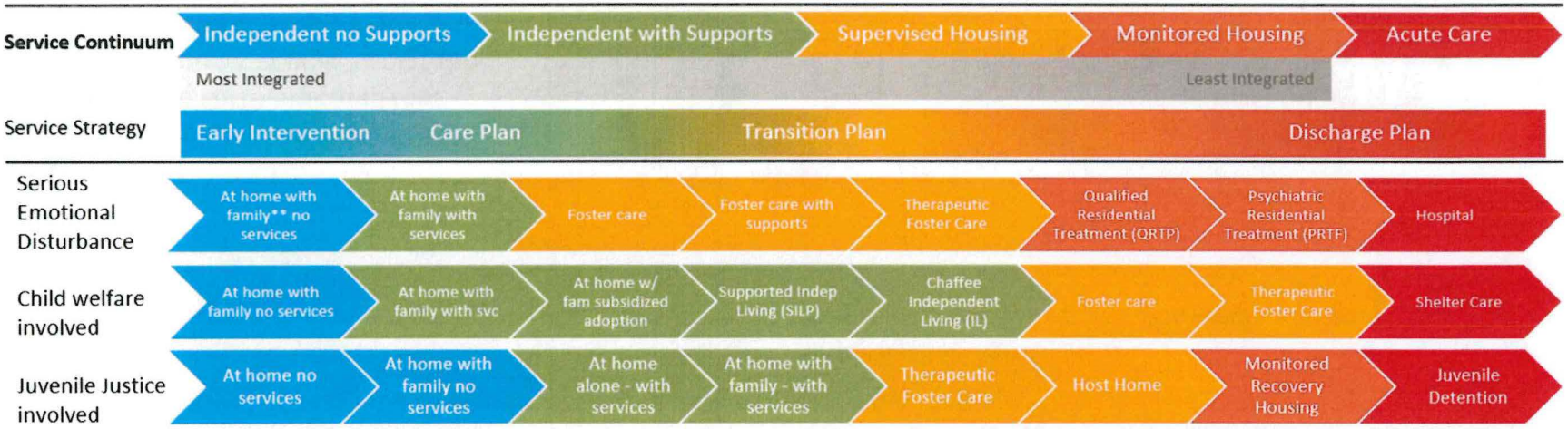
Taylor has been hospitalized twice in the last 3 months for suicidal ideation.

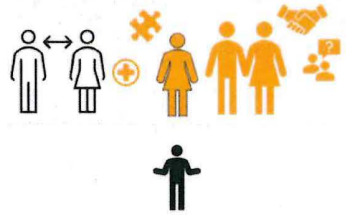
She's not doing well at school or at home.

Her guardian requested an emergency placement at a Qualified Residential Treatment Program (QRTP).

What does it mean to deliver services closer to home?

Understanding how systems can help children and families avoid crisis-level disruptions



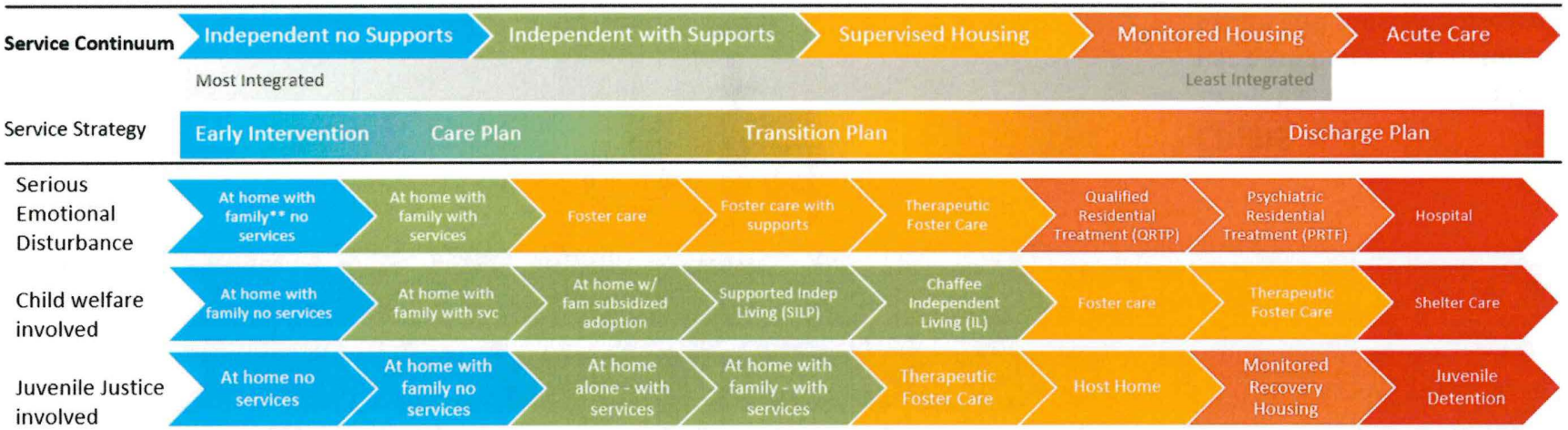


CRISIS

Taylor has been removed from her birth home, has mental health and substance use issues, and has been involved with law enforcement. She is in crisis.

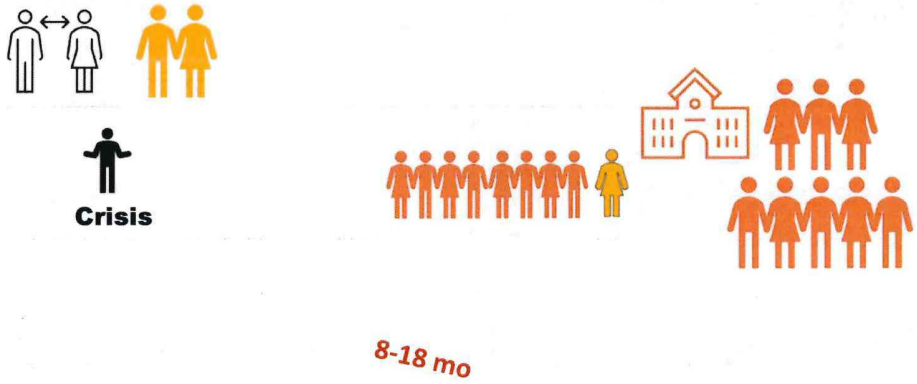
What does it mean to deliver services in most integrated setting?

Understanding how systems can help children and families avoid crisis-level disruptions



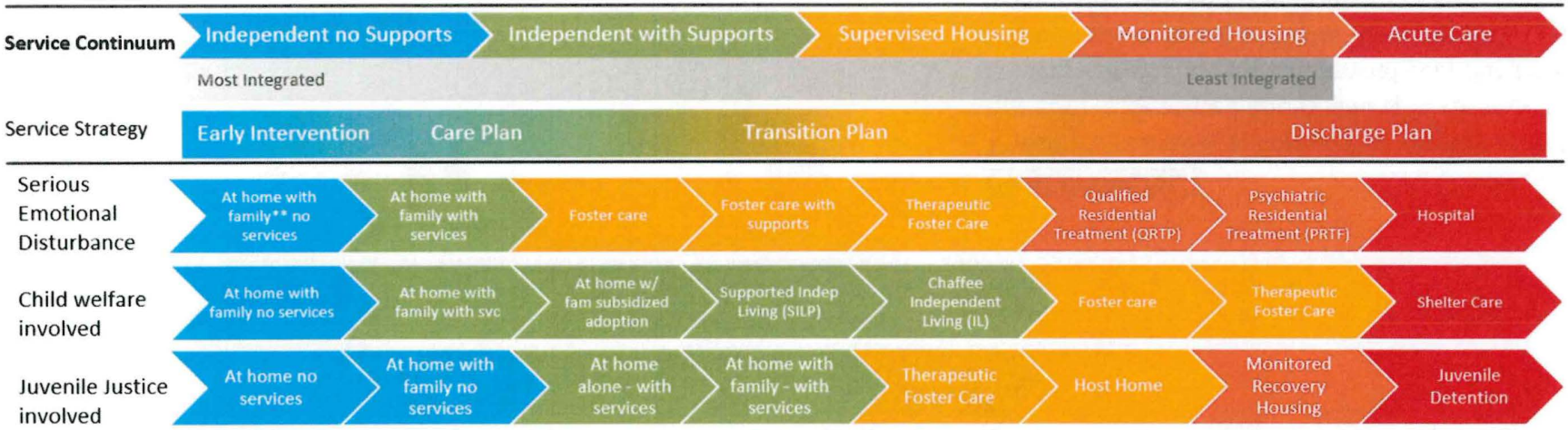
BEFORE FFPSA

Taylor's emergency placement at the QRTP would end when the QRTP indicated that treatment was complete, at which point she would be discharged to a foster home. Length of stay was decided by the facility and many children would remain living in residential care for over a year.



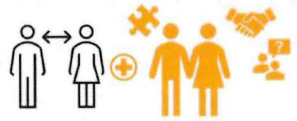
What does it mean to deliver services in most integrated setting?

Understanding how systems can help children and families avoid crisis-level disruptions

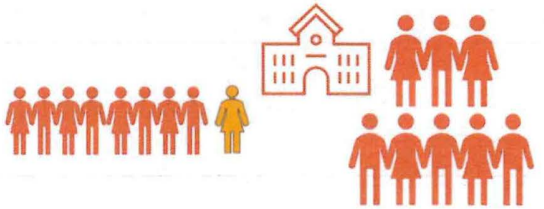


AFTER FFPSA

An independent assessor evaluates the level of care Taylor needs and re-evaluates treatment gains and needs every 3 months. Once it is determined that she doesn't need facility level of treatment any longer, she will discharge to her aunt (kin care) to complete treatment in the community and receive aftercare services for 6 months.



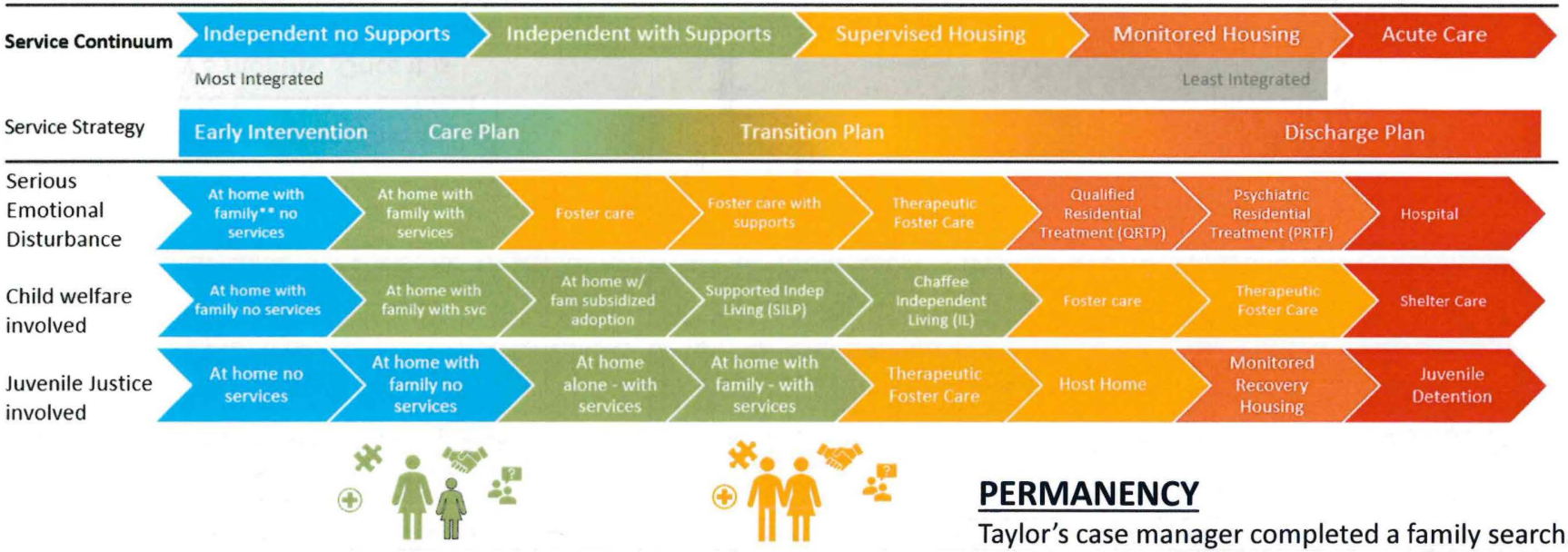
Crisis



4.5 mo

What does it mean to deliver services in most integrated setting?

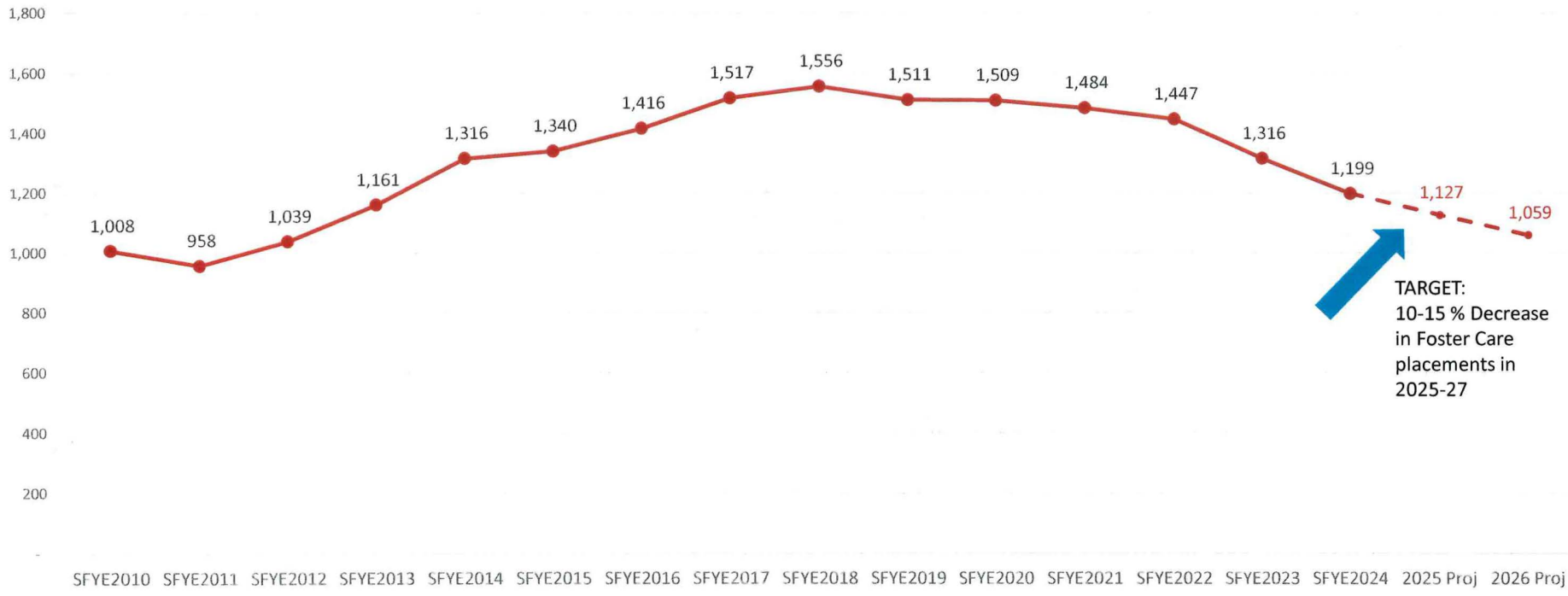
Understanding how systems can help children and families avoid crisis-level disruptions



PERMANENCY

Taylor's case manager completed a family search. Her aunt is identified and is willing to care for Taylor (kinship care). They pursue formal guardianship through the courts and Taylor is discharged from foster care and is no longer in need of "systems" involvement. If Taylor or her family need help to get through tough times, they will still be eligible under FFPSA prevention services.

The 25-27 budget anticipates a modest but steady reduction in foster care and residential placements



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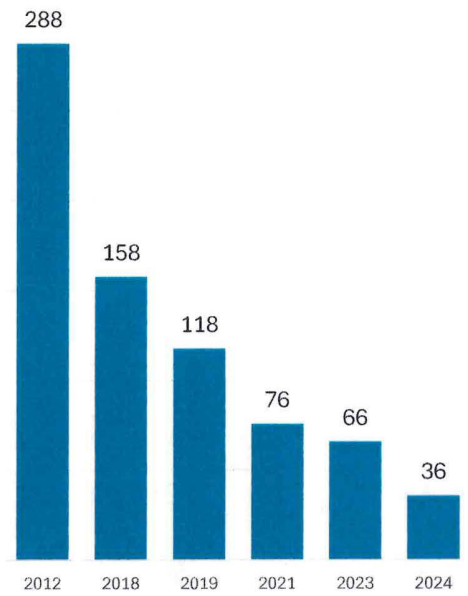
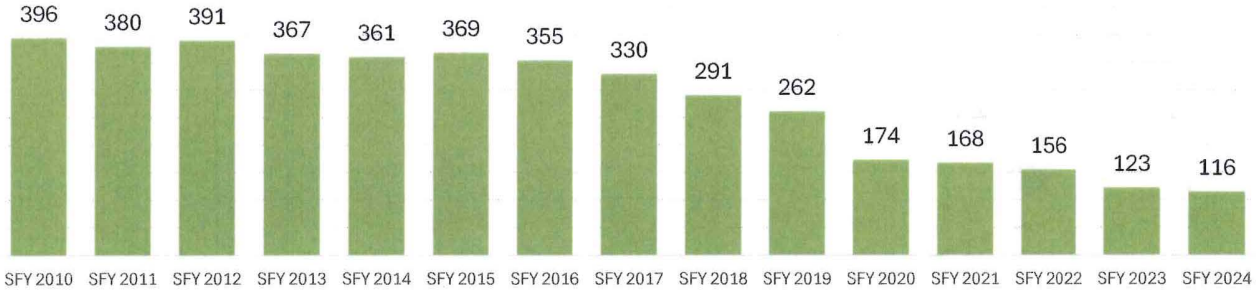
Implementation of Family First Prevention Act marked a shift in utilization of congregate care for children

ND RCCF/QRTP Facility Beds
2012-2024



Total children receiving service in this setting at some point in the year
RCCF/QRTP Facility



QRTP Utilization July 2023 - Dec 2024



Rethink child welfare

In 2024, **3%** of children in child welfare utilized a QRTP setting

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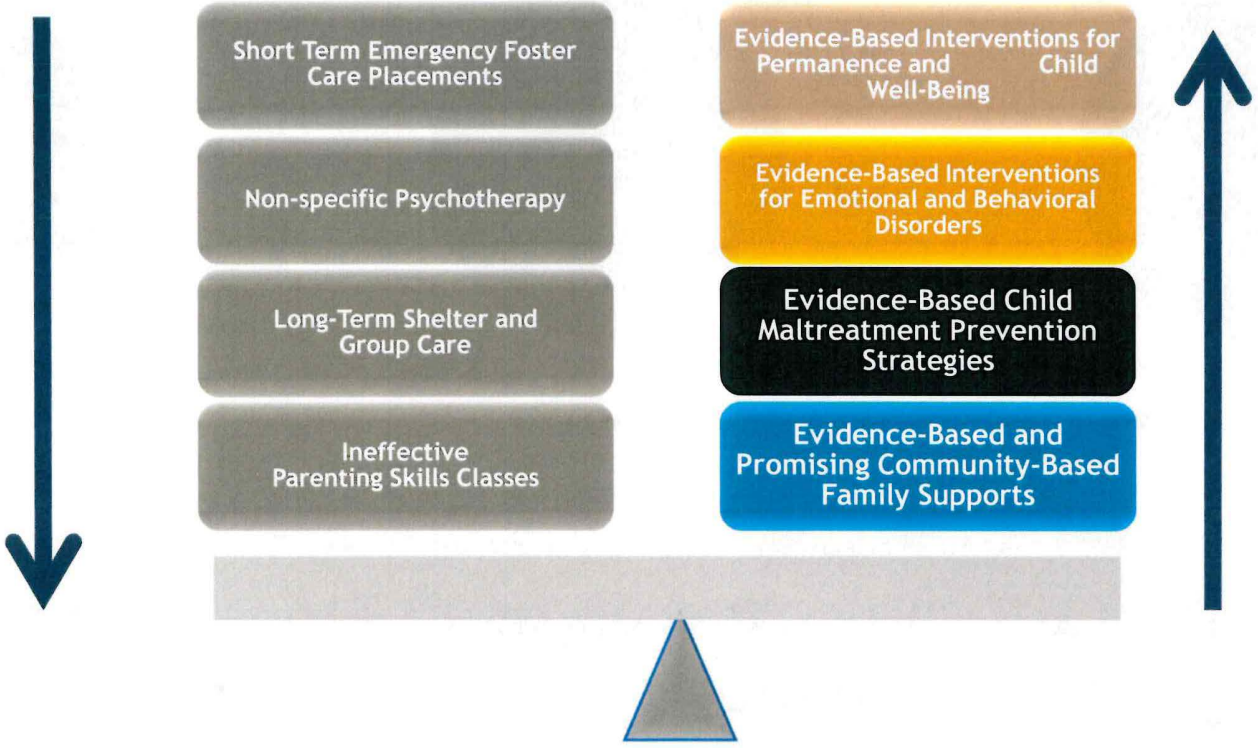
RCCF = Residential Child Care Facility | QRTP = Qualified Residential Treatment Program

Children and Family Services

Shifting Resources to Support What Research Indicates since 2018 has shown success for Children and Families

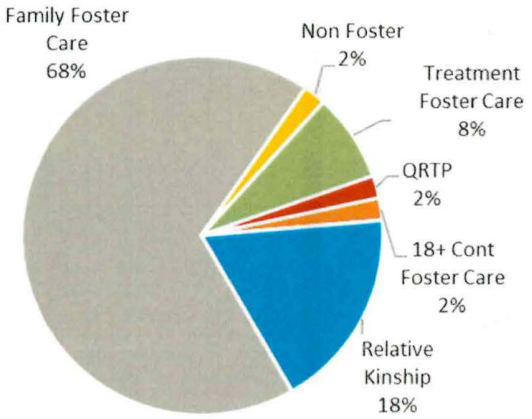
De-scale investment in **approaches** that are **not proven effective**



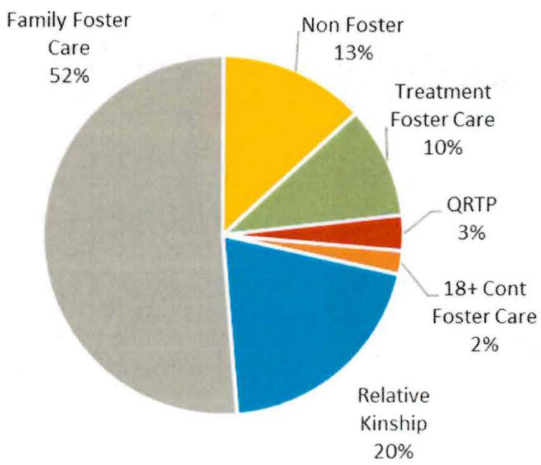
Invest in approaches with **proven results** for the populations being served

Increasing the prevalence of Relative / Kinship Care in ND should support more positive outcomes for kids

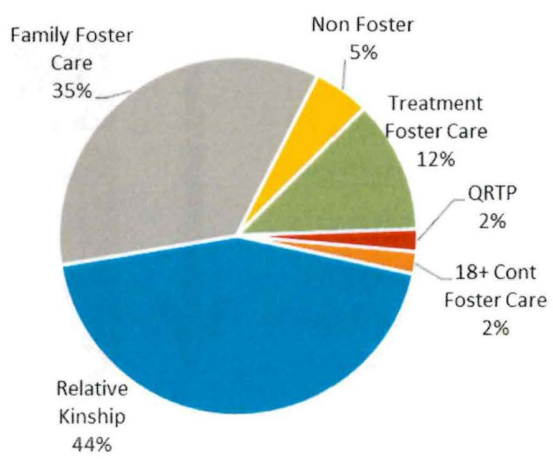
SFY2022



SFY2024



Toward a Future State



Rethink child welfare

Finding ways for kids to be cared for by relatives or other adults with whom they have existing, significant relationships creates better outcomes

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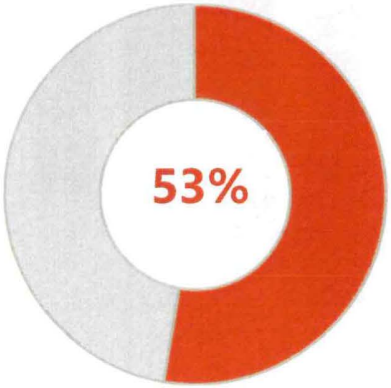
Foster Care in North Dakota – 2024 Snapshot

645



1 in 2 age 0-7

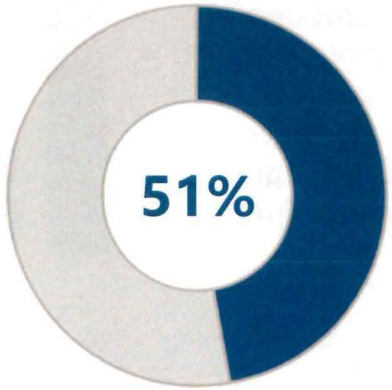
Half of the 1,199 children in foster care in North Dakota are age 7 or younger (53%).

44%

Intense level of care

Of the 169 kids receiving treatment foster care in SFY2024, 74 (44%) were age 7 or younger.

615

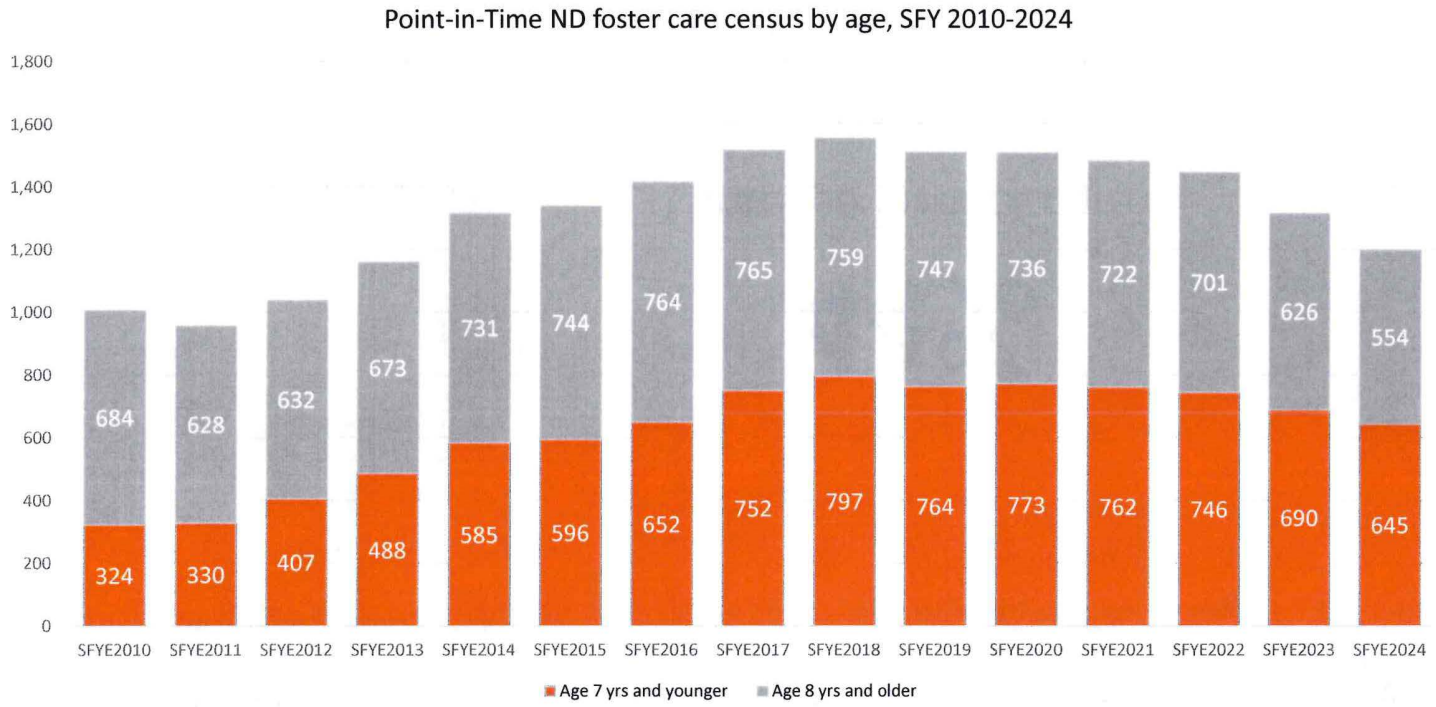


6x more likely

Native American children make up 51% of the total number of children in foster care in ND (615 of 1,199).

Native American children make up 8% of kids under age 18 in ND.

In FY24, 53% of the 1,199 children in foster care are younger than age 7



Rethink child welfare

Early interventions with young families are key to reducing foster care placement for the youngest children.

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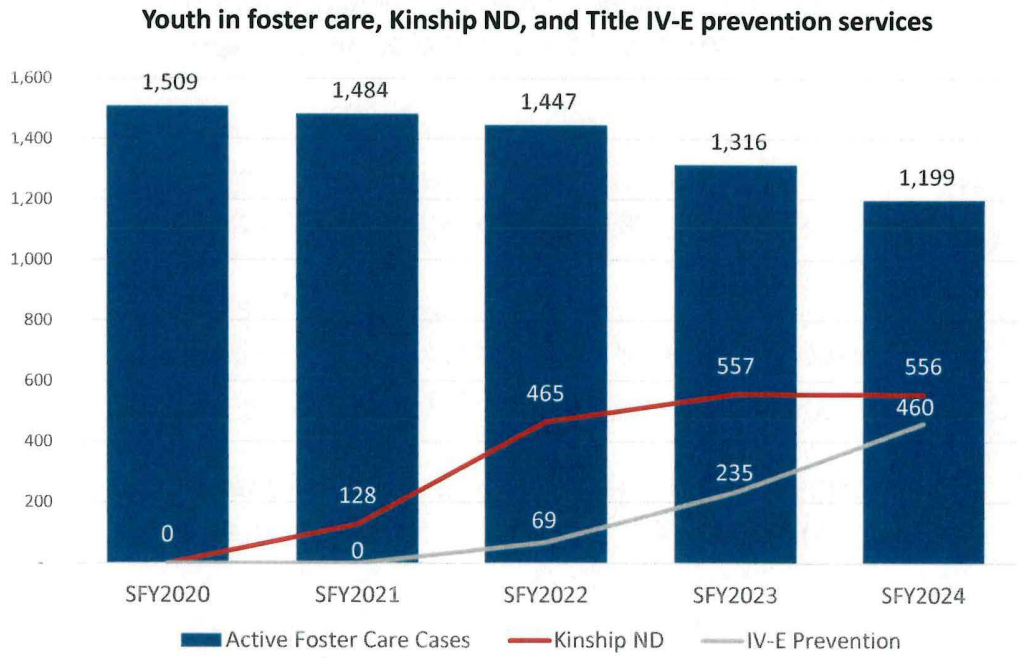
Kin caregiving represents an increasing portion of services to children

Progress and Improvements for Children and Families





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Meet Kevin, Brenda & Brandon



Kevin (43) and Brenda (42) live in a small home in Rolla with their son Brandon (6)

Kevin works for a local builder full time. Brenda is a paraprofessional at the elementary school.

Kevin suffers from depression and has been drinking a lot. Brenda has been diagnosed with an anxiety disorder.

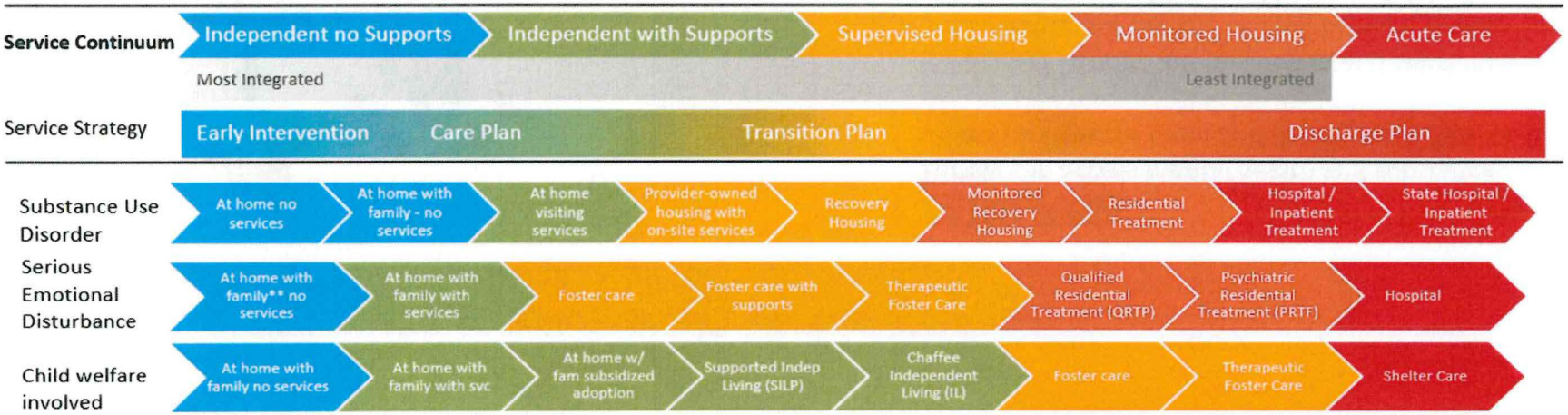
Brandon attends first grade. The year started off well but he's been more withdrawn in class as the year has gone on.

When they're getting hours at work, they can usually make ends meet. Money has been tight lately.

Tensions at home are rising.

What does it mean to serve a family together rather than apart?

Understanding how systems can help children and families avoid crisis-level disruptions



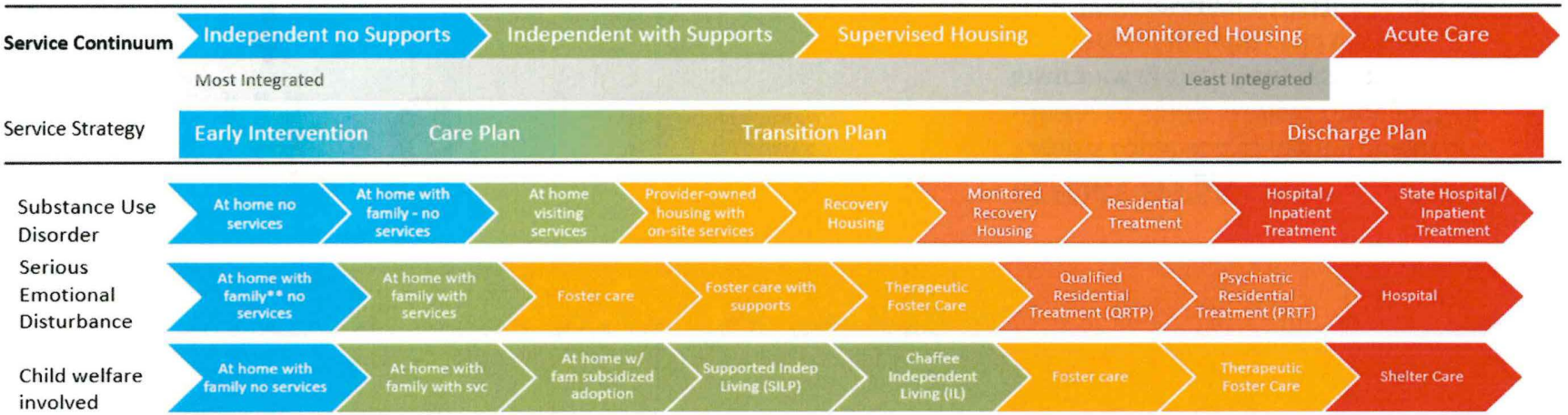


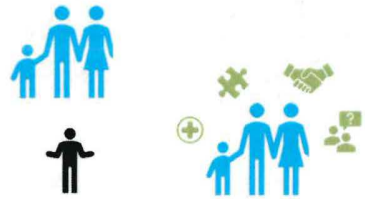
BEFORE FFPSA

Parents could access mental health or substance abuse services through their **insurance** or their **own resources**; **no** intervention with child welfare (Title IV-E) **resources UNTIL** a report of **abuse or neglect** is filed.

What does it mean to serve a family together rather than apart?

Understanding how systems can help children and families avoid crisis-level disruptions





Instability at home

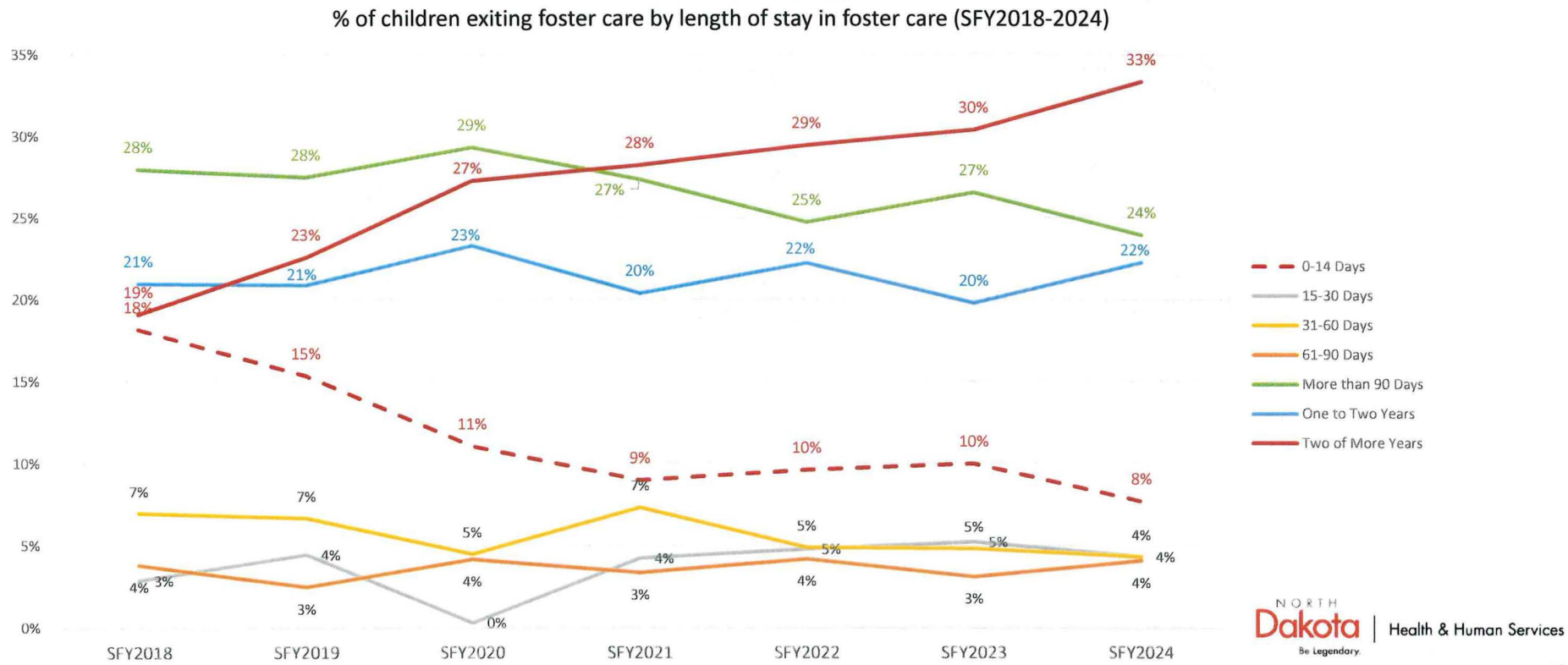
AFTER FFPSA

Family can **access** mental health and substance abuse services for mom and dad **through Title IV-E**

Why now? Parents' mental health and substance abuse issues are causing instability in the home, which means the child could be a candidate for foster care if things escalate further.

Let's get the family services and support ASAP!

Changes in the child welfare practice model are resulting in fewer short-stay placements and more long-stay exits



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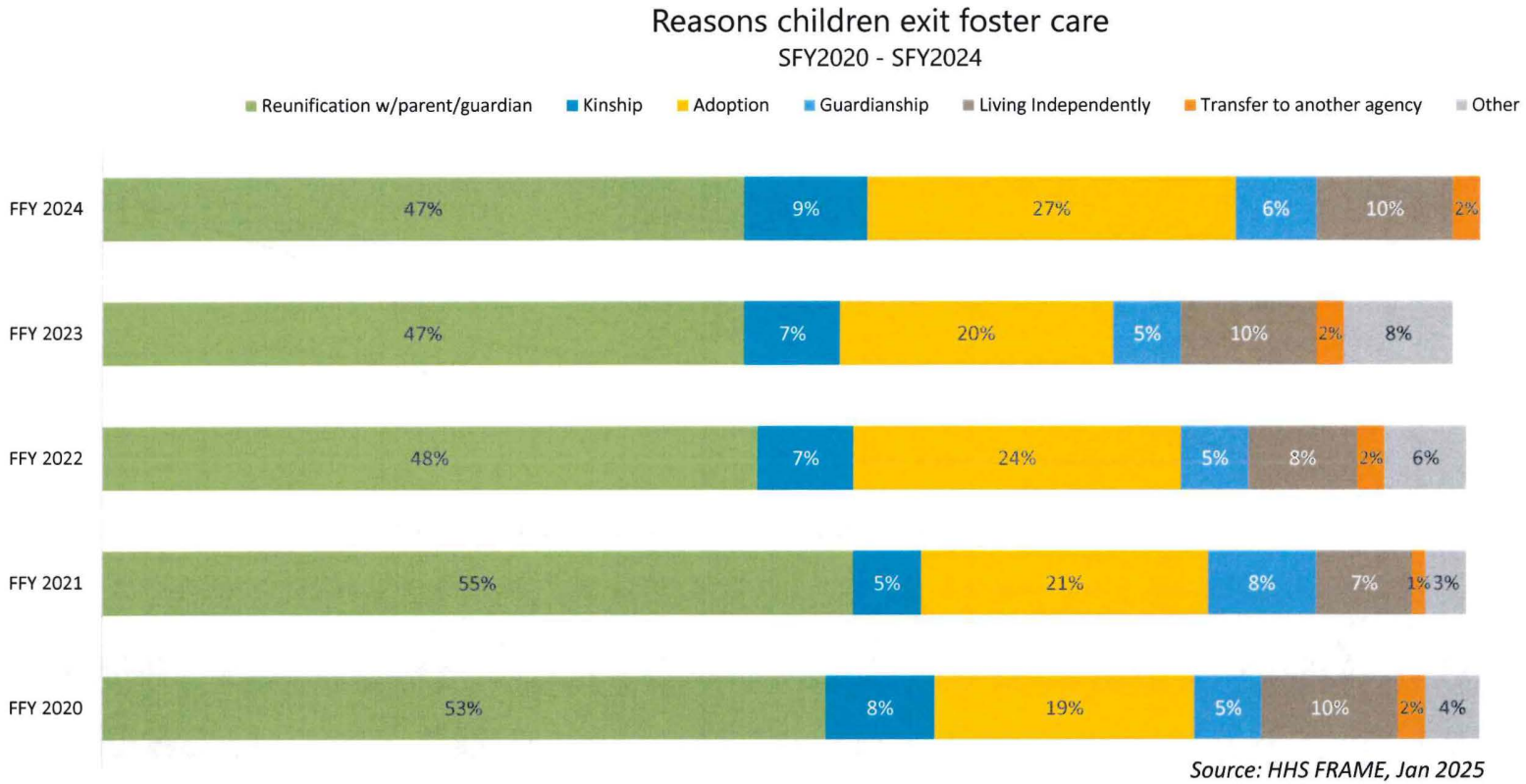
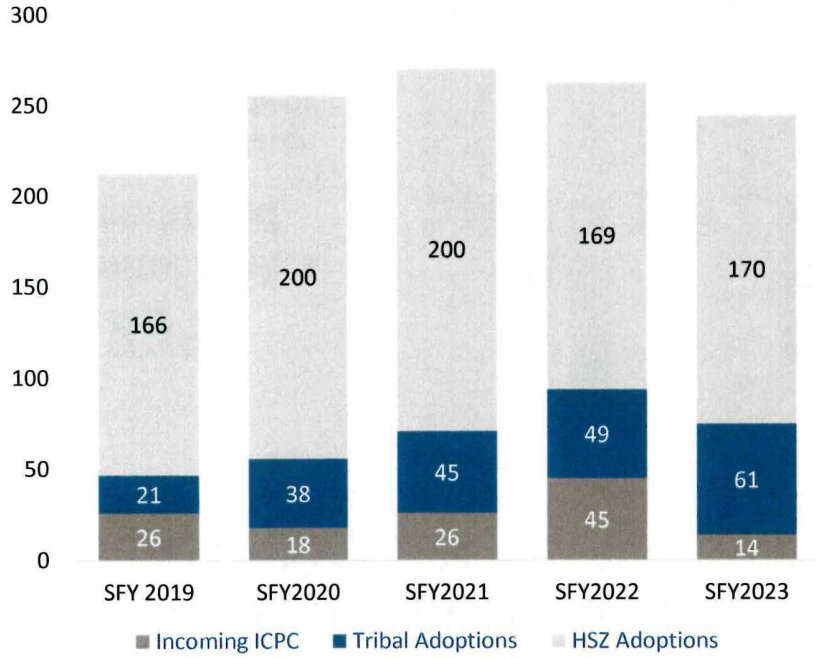
Almost half of children in foster care exit to reunify with family



Source: HHS FRAME, Jan 2025

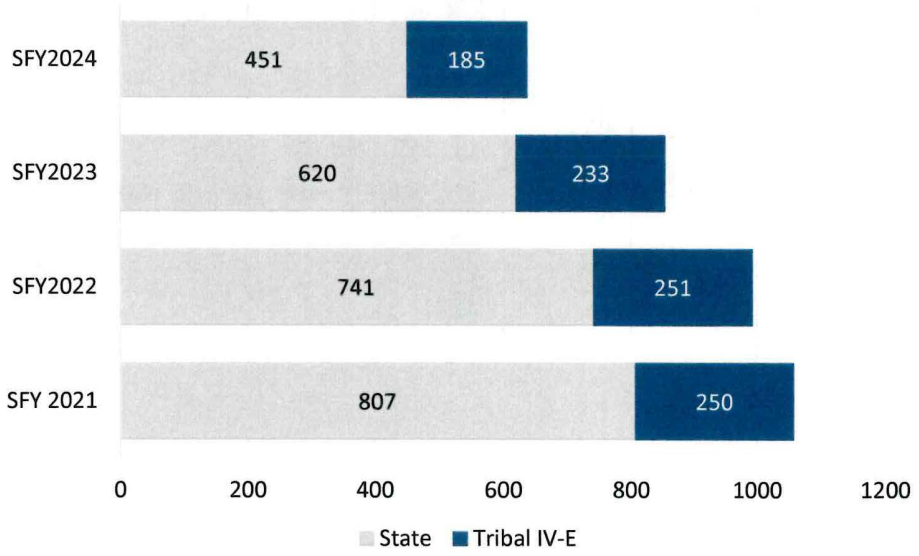
ND is seeing the impact of increased adoptions out of foster care and efforts to exit long-stayers

Finalizations of Public Agency Adoptions



Source: 2023 AASK Agency Report

Children in Foster Care w/TPR & Goal of Adoption



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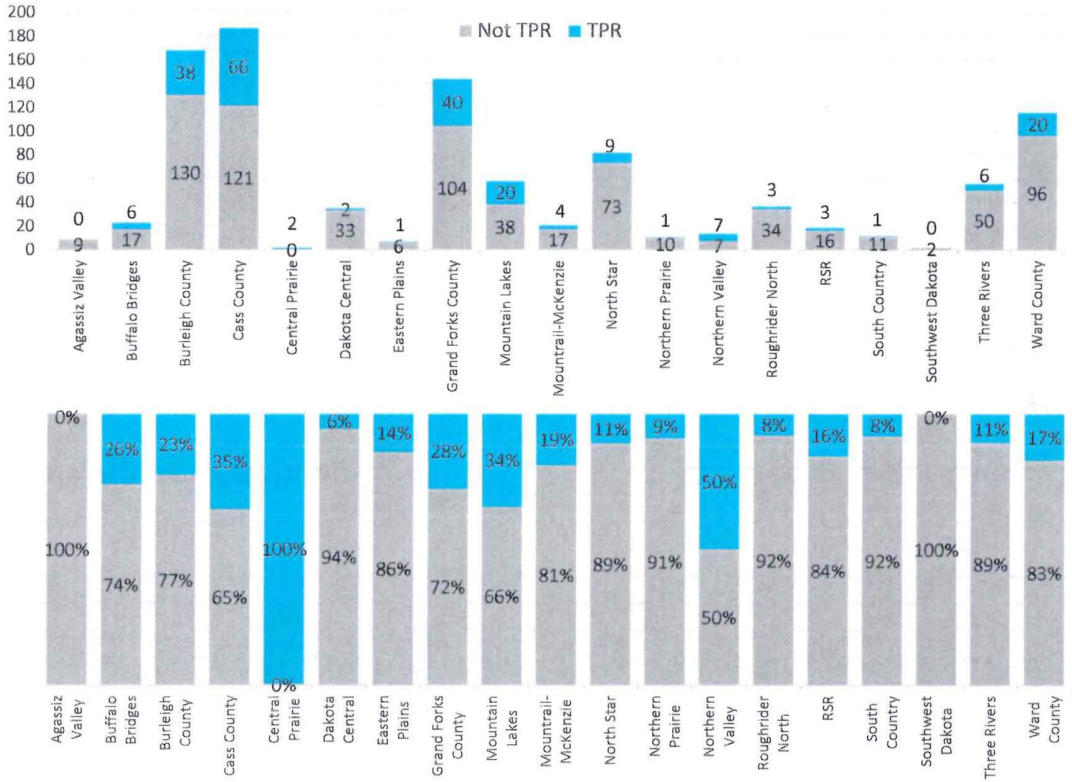
Children who are orphaned as a result of TPR (termination of parental rights) comprise 23% of all children in ND's foster care system in FY24

23%

Parental Rights Terminated

Of the **1,003** children under the custody of the HSZs at the end of SFY2024, 229 (23%) have no legal connection to their biological parents due to Termination of Parental Rights (TPR).



Rethink child welfare

There are both positive and negative consequences associated with terminating parental rights – the balance is different for every child

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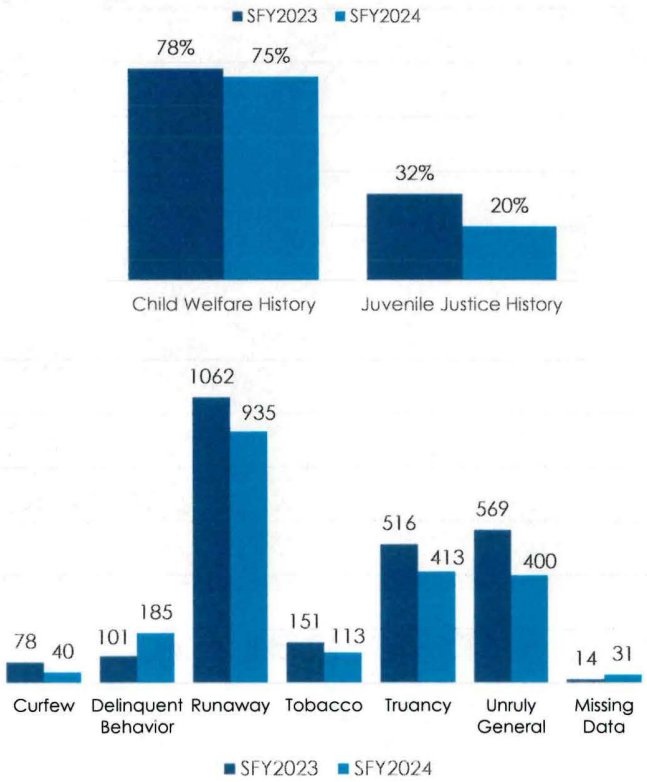
Diverting children from "system" involvement can have long-lasting positive impacts

CHINS

As part of *Juvenile Justice Reform* efforts in North Dakota, the 2021 Legislature approved changes to NDCC 27-20.3 for services to be provided by the child welfare system so that **children** in need of services **who have not committed crimes** can be **served** in the community and be maintained **outside of the Juvenile Court system**.



CHINS Program Goals

- **Connect** children and their families **to appropriate services** in the community;
- Focus on **prevention**, **treatment** services and **support**; and
- **Divert** individuals **from** entering the **foster care** and **juvenile justice** system.

Child behaviors appropriate for CHINS program

- Truancy from school
- Regularly disobeying their parents
- Using and possessing tobacco and related products under 14
- Running away/Curfew

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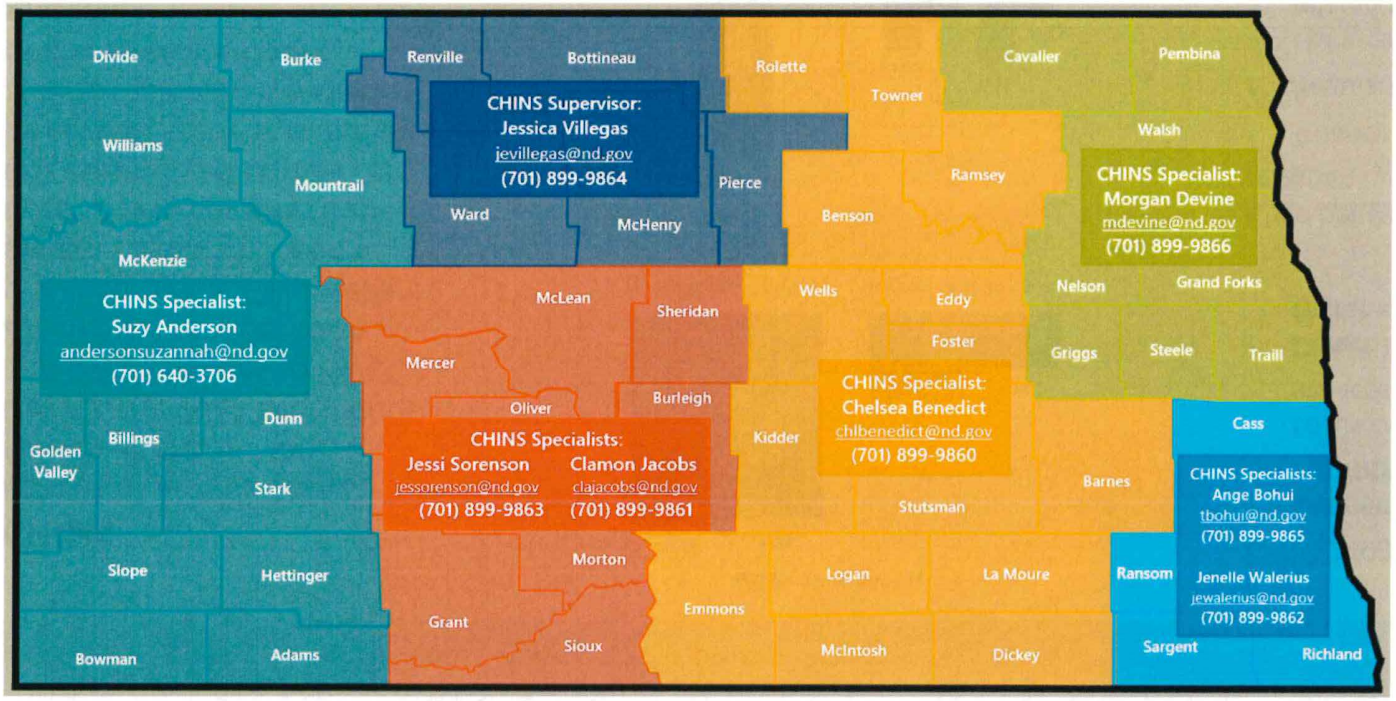
A statewide Human Service Zone team serve as referrals for CHINS-related issues statewide



116,600 # children enrolled in ND K-12

93% Annual attendance rate (2022, 2023, and 2024)

Source: Insights.nd.gov

750 Avg # of people reported to CPS for educational neglect annually (2022-24)

874 # of teens involved in a truancy referral to CHINS (2022-24)

77% one referral & 23% multiple referrals (avg 2.8/child)

- ✓ CHINS is a diversion program.
- ✓ CHINS is not a service. | CHINS is a navigator to service.
- ✓ CHINS is not just about truancy in schools.
- ✓ CHINS serves kids no atter where they are – home, community and school.

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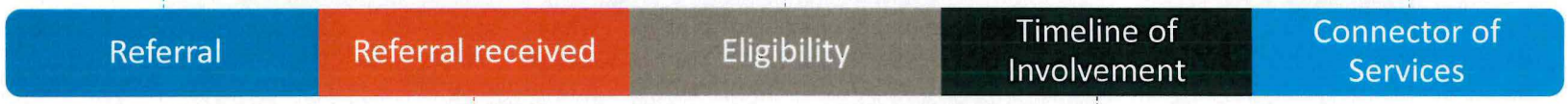
Referring to CHINS

Referral source emails CHINS referral to chins@nd.gov

CHINS Specialists review each referral for eligibility. If eligible, engagement quickly beings with youth and family.

CHINS acts as a conduit. We empower, engage, and connect families to resources in their communities.



Supervisor sends referral to area of service

Varies greatly on the behavior noted and need of the youth and family involved.

Low Intensity Intervention

- Send letter to family with helpful information regarding services and resources in the family's areas.
- Call referral and parent to discuss options of services and options over the phone

84%

Moderate Intensity

- Refer child and family to resources based on needs, including a possible referral for a Family Centered Engagement meeting.
- Assist in identifying potential services and resources to best meet the needs of the youth and family
- Assist in developing the case plan with the family

14%

High Intensity Intervention

- Refer for a Family Centered Engagement meeting as an intervention and any appropriate service(s) based on needs of child and family
- To pull together the system partners and service providers that are engaged with the family to develop the case and service plan
- Review case with supervisors for potential CHIPS referral.

2%

Re-thinking Child Welfare

Why | Who | How



The Big Idea

- Why is this difficult?

Moving from Idea to Reality:

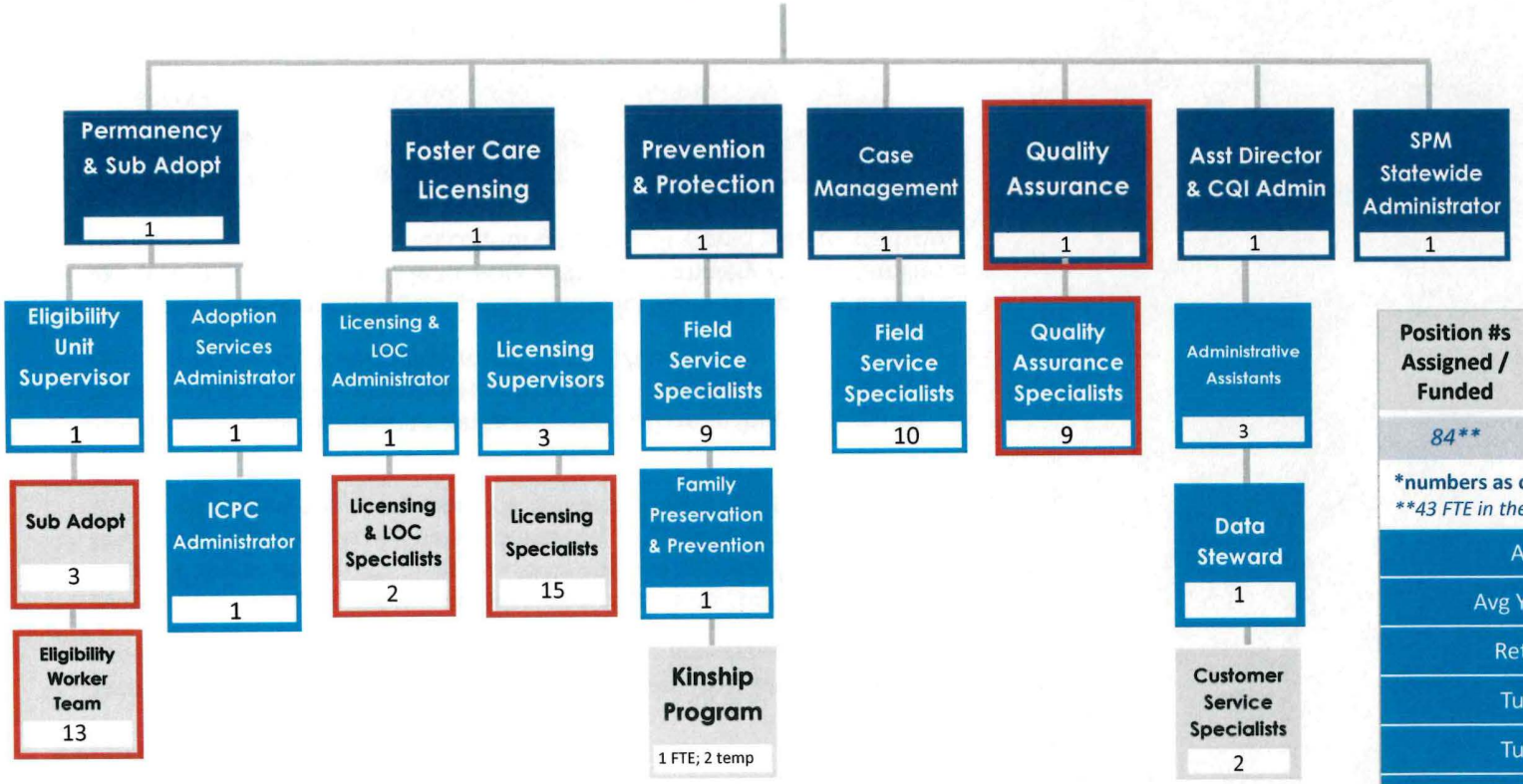
Do more of what works

- Family First IV-E Prevention Services
- Family Engagement
- Certified Shelter Care
- Kin Care
- Foster Care

On the Horizon

- Case Management Redesign
- Opportunities to improve quality of customer service
- Best of Field

Children & Family Services Director
Cory Pedersen



= funding included in HSZ Ops budget

Position #s Assigned / Funded	Positions Filled	# of Vacancies	# of Temp Staff
*84***	*82*	*2**	*2**

**numbers as of 12/1/2024*
***43 FTE in the HSZ Budget*

Average Age	*46*
Avg Years of Service	*11.7*
Retirement Risk	*3.5%*
Turnover 2021	*6%*
Turnover 2022	*5%*
Turnover 2023	*1%*
Turnover 2024	*3.5%*

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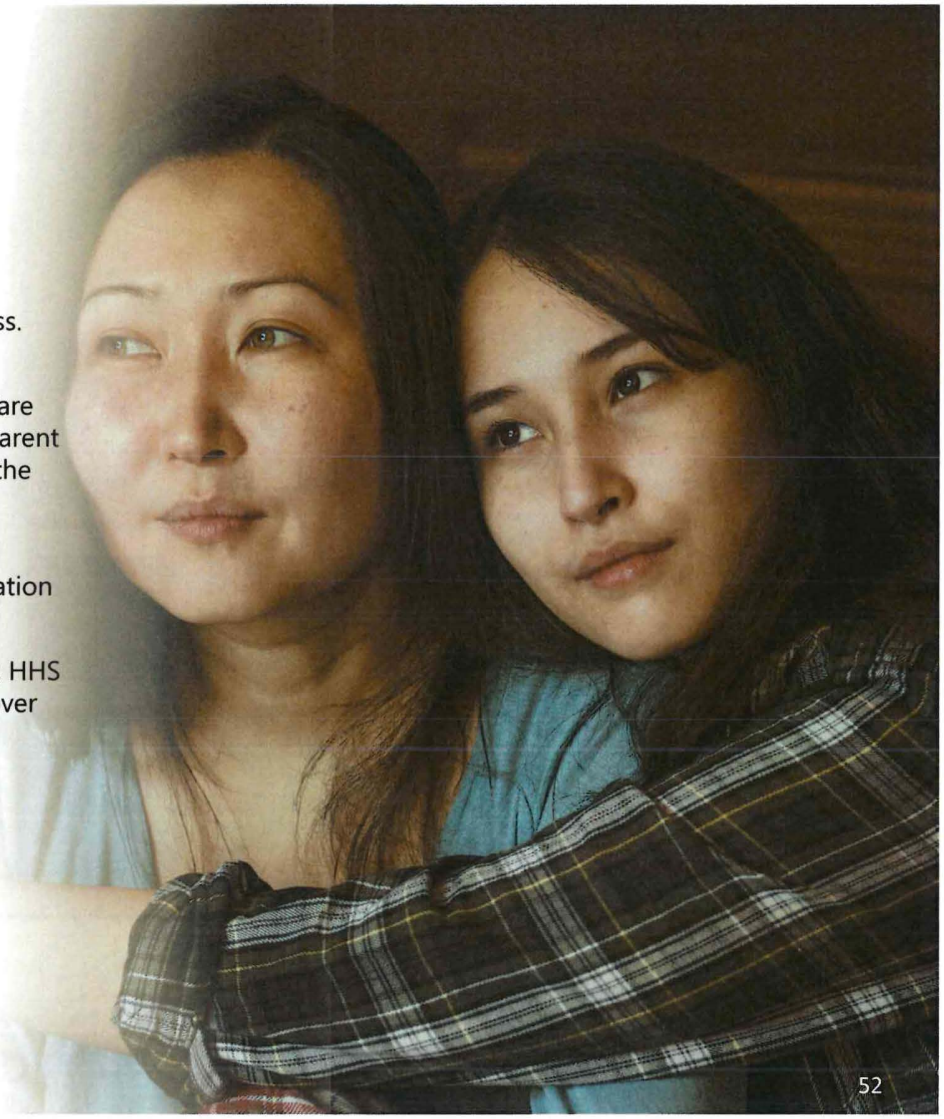
Included in Executive Budget Request

Quality Legal Representation team for Families

- States can leverage federal IV-E funds to make sure that families are well represented through what can be a complex and life-changing legal process.
- This request would support 2 defense attorneys to be contracted by ND Indigent Defense; the attorneys would be trained to specialize in child welfare law. These attorneys would be supported by a licensed social worker and parent with lived experience, to support the connection with families throughout the life of the case.
- The Quality Legal Representation team would utilize federal IV-E match; all funds would be passed through to ND Indigent Defense as the implementation partner for the initiative (50/50 match; total $700,000).
- While the investment in legal representation for families is a new endeavor, HHS expects this group to be able to work with approximately 75-100 families over the course of the biennium (accounting for time it would take to start-up).

Total	General	Federal	Other
$700,000	$350,000	$350,000	$0

This is an ongoing funding request.



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Included in Executive Budget Request

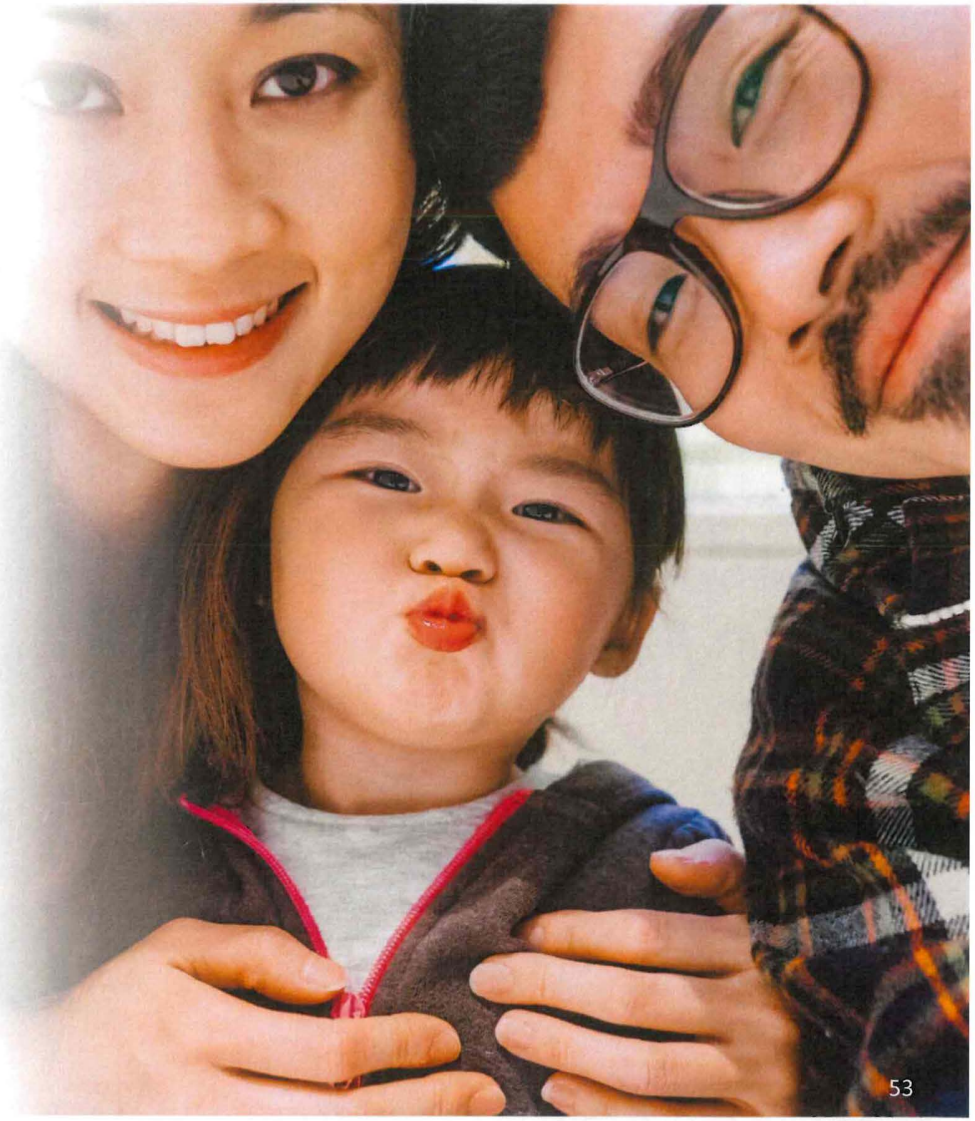
Adoption savings re-investment (aka "de-linked" funding)

- This decision package reflects the reinvestment of savings from subsidized adoption, as determined by the federal funding calculation commonly known as "de-linked" funding.
- The amount of this decision package reflects required re-investment of de-linked adoption savings dollars for 2025-27.

  (Note: Calculation is based on costs associated with maintaining subsidized adoption placement for 172 of the 633 children who were originally deemed as non-IV-E eligible when in foster care but are now eligible for IV-E reimbursement.)

Total	General	Federal	Other
$4,883,205	$4,883,205	$0	$0

This is an ongoing funding request.



What is "DeLinked Funding"?

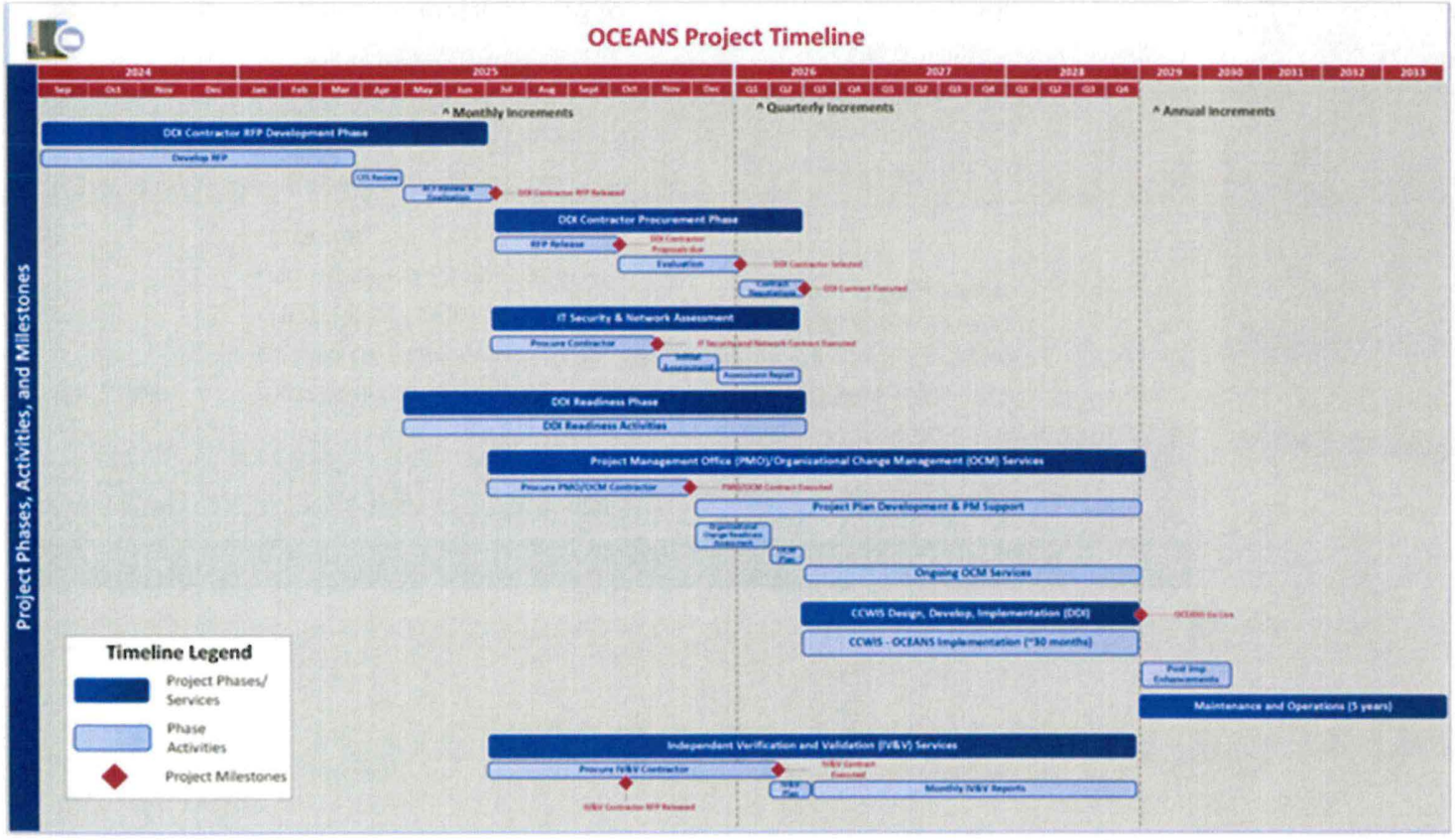
- Federal funding for foster care is only available if the child was removed from a home that would have been eligible for Aid to Families with Dependent Children (AFDC) as the program was defined in 1996.
    - Note: Approximately 47% of ND children in foster care are "IV-E eligible"
- Over the last 20 years Congress has taken steps to remove the "AFDC link" for children who move to permanency through adoption (aka "de-linked").
- States are required to document how they are reinvesting the equivalent of federal funds being used to support children who were not originally "IV-E eligible" as a way to further progress toward positive outcomes for children and families. (Fostering Connections to Success and Increasing Adoptions Act of 2008)



On the Horizon

Replacing the Child Welfare Technology Platform

HB1012 | Section 25(2) - Carryover Request



- 5-year Child Welfare IT System replacement project
- Funding approved by 67th Legislative Assembly (50% federal, 50% state)
- Anticipated Certification of new system – December 2028
- Project includes conversion of existing data, re-establishment of all affected interfaces, and retirement of legacy system
- Carryover request $14,411,218 (General Fund) & $14,411,218 (Federal Funds)

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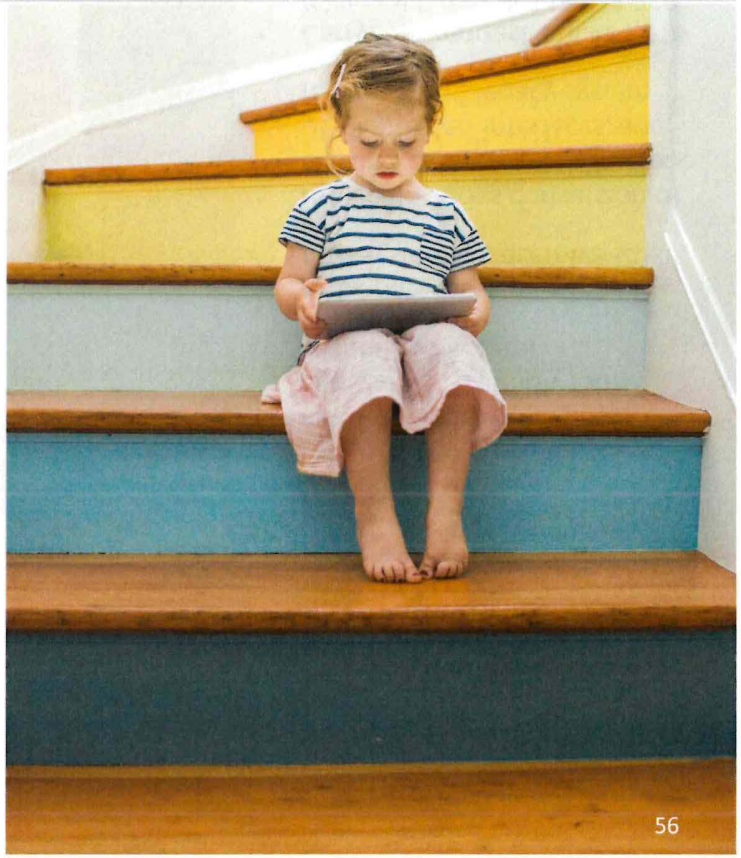
CFS/HSZ-related Policy Bills with Budget Impact

		Other	General
HB 1205	Safety devices for Abandoned Infants		$0 (funding removed)
HB 1268	Expanded drug testing of parents before unsupervised visits with children in foster care when drug use involved as reason for removal	$95,000 (appropriation in bill) + $15,800 (updated with fiscal note) *Source: 457/HSZ budget*	
HB 1328 (and 1129)	Expanding diversion services for CHINS and schools to address behaviors and student attendance concerns		$750,000
SB 2036 and 2037	Juvenile competency add to CHIPS definition	$0	$0 (funding removed)



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Comparison of budget expenditures and projections

By Program

PROGRAMS	2023-25 LEGISLATIVE BASE	ONE-TIME / CARRYOVER	2023-25 EXPENSES THROUGH DECEMBER	2023-25 PROJECTED EXPENDITURES	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)	ENGROSSED HB 1012	GENERAL	FEDERAL	OTHER
CHILDREN & FAMILY SERVICES ADMINISTRATION	$ 1,009,650	$ -	$ 1,042,950	$ 1,408,222	$ 1,387,905	$ 926,205	$ 2,314,110	$ 1,888,709	$ 425,402	$ -
INFORMATION TECHNOLOGY	-	-	-	-	2,651,285	-	2,651,285	2,126,359	524,926	
CHILD ABUSE & NEGLECT SVC	2,049,837	100,000	1,417,573	1,863,582	2,700,006	$ (33,000)	2,667,006	842,038	1,824,968	-
CFS FIELD SERVICE SPECIALIST	3,587,605	-	2,800,418	3,788,590	4,822,130	$ (369,000)	4,453,130	3,970,917	482,213	-
CHILDRENS ADVOCACY CENTERS	4,100,000	-	2,278,907	3,307,607	4,100,000	$ -	4,100,000	4,100,000	-	-
INDEPENDENT LIVING SERVICES	1,173,224	-	773,392	1,158,768	1,393,224	$ -	1,393,224	278,645	1,114,579	-
FOSTER CARE ADMINISTRATION	5,867,636	300,000	3,197,607	5,135,155	8,496,218	$ (110,000)	8,386,218	3,482,695	4,903,523	-
FOSTER CARE	72,662,727	268,347	40,082,610	61,117,297	83,920,987	$ 617,643	84,538,630	31,321,667	52,509,742	707,220
SHELTER CARE SERVICES	481,720	150,000	405,999	563,929	1,000,000	$ -	1,000,000	1,000,000	-	-
SUBSIDIZED GUARDIANSHIP	1,466,490	-	819,631	1,154,725	1,652,894	$ 9,151	1,662,045	831,023	831,023	-
FAMILY PRESERVATION & PREVENTION SVC (FFPS/	7,722,959	-	2,848,877	7,439,268	11,074,797	$ (55,000)	11,019,797	6,026,454	4,993,342	-
JUVENILE JUSTICE (DJS) GRANTS	614,000	-	583,422	736,922	964,000	$ -	964,000	-	964,000	-
INTENSIVE IN-HOME SVC	3,053,748	-	-	763,437	-	$ -	-	-	-	-
KINSHIP SERVICES	2,063,382	200,000	932,880	1,531,308	2,642,326	$ (27,000)	2,615,326	2,215,326	400,000	-
SUBSIDIZED ADOPTION ADMINISTRATION	1,154,173	-	683,054	998,010	1,131,233	$ (57,000)	1,074,233	636,962	437,271	-
SUBSIDIZED ADOPTION DELINKED SVC	8,134,219	-	3,351,397	5,586,726	9,840,179	$ (408,000)	9,432,179	9,082,179	350,000	-
SUBSIDIZED ADOPTION GRANTS	58,199,448	-	44,396,457	60,217,151	69,085,985	$ 337,609	69,423,594	34,659,497	34,764,097	-
TRIBAL SOCIAL SERVICES	3,183,918	-	1,168,362	1,964,342	3,183,918	$ -	3,183,918	1,245,980	1,937,938	-
TOTAL	$ 176,524,737	$ 1,018,347	$106,783,535	$ 158,735,038	$ 210,047,087	$ 831,608	$ 210,878,695	$ 103,708,451	$ 106,463,024	$ 707,220

23-25 ONE-TIME / CARRYOVER: $1,018,347 Public Health Emergency Funds

Changes to Base Budget

By Ongoing, One-Time and Funding Source

BASE BUDGET CHANGES	DESCRIPTION	2025-27 EXECUTIVE BUDGET RECOMMENDATION		ENGROSSED HB 1012	
		GENERAL	OTHER	GENERAL	OTHER
Service-Cost to Continue	Delinked Adoption Savings	$4,883,205		$4,883,205	
Service-Families	Quality Representation for Families	$350,000	350,000-Federal	$350,000	$350,000 (Federal)
Salary Reduction	FTE Block Grant Reduction			(390,795)	
Operational Reduction	Operations adjustment			-$633,000	
Juvenile Justice	Juvenile Justice Diversion			$750,000	
Provider Inflation	Provider Inflation (1.5%/1.5% TO 2%/2%)	$1,417,116	$1,853,766 (Federal) $15,890 (Child Support Collections)	$455,899	$641,037 (Federal) $8,467 (Child Support Collections)

Delinked Funding

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE / (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)	ENGROSSED HB 1012 TOTAL	GENERAL FUND	FEDERAL FUNDS	OTHER FUNDS	FUNDS ALLOCATED AS DELINKED
DeLinked & Adoption Contract	$ -	$ 7,271,167	$ 7,271,167	$ -	$ 7,271,167	$ 7,271,167			$ 3,593,308
Grants Expense*	8,134,219	(5,565,207)	2,569,012	-	2,569,012	2,569,012	350,000		1,289,897
GENERAL FUND	**$ 8,134,219**	**$ 1,705,960**	**$ 9,840,179**	**$ -**	**$ 9,840,179**	**$ 9,840,179**	**$ 350,000**	**$ -**	**$ 4,883,205**
FEDERAL FUND	-	-	-	-	-		-		
OTHER FUND				-				-	
Total	**$ 8,134,219**	**$ 1,705,960**	**$ 9,840,179**	**$ -**	**$ 9,840,179**	**$ 9,840,179**	**$ 350,000**	**$ -**	**$ 4,883,205**

* ***Portion of expenses previously categorized as grants moved from Grants To Operating 25-27***

Services funded with general fund dollars that have been allocated as "de-linked"

- Post-Adoption services (Nexus PATH and Catholic Charities)
- Statewide ICWA family preservationist (Native American Training Institute)
- Pre-petition legal representation for families (Legal Services ND)
- Stipends for UND social work students who work in child welfare in ND (Both Tribal SS and HSZ)
- Legal representation to support kinship guardianship
- Chafee Independent Living services (Nexus PATH)

Comparison of budgets and funding

By Major Expense

DESCRIPTION	2023-25 LEGISLATIVE BASE	INCREASE / (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)	ENGROSSED HB 1012
Salaries & Benefits	$ 7,880,690	$ 1,854,478	$ 9,735,168	$ (390,795)	$ 9,344,373
Operating	6,550,074	10,364,800	16,914,874	117,000	17,031,874
IT Services	-	2,651,285	2,651,285	-	2,651,285
Grants	162,093,973	18,651,787	180,745,760	1,105,403	181,851,163
Total	**$ 176,524,737**	**$ 33,522,350**	**$ 210,047,087**	**$ 831,608**	**$ 210,878,695**
General Fund	**$ 90,947,415**	**$ 12,578,932**	**$ 103,526,347**	**$ 182,104**	**$ 103,708,451**
Federal Funds	**82,736,976**	**23,085,011**	**105,821,987**	**641,037**	**106,463,024**
Other Funds	**2,840,345**	**(2,141,592)**	**698,753**	**8,467**	**707,220**
Total Funds	**$ 176,524,737**	**$ 33,522,350**	**$ 210,047,087**	**$ 831,608**	**$ 210,878,695**

All CFS Budget as % of HHS Budget

- 3.3%

Budget by Funding Source

- 49.3% General
- 50.4% Federal
- 0.3% Other

Budget by Pass Through

- 83% Paid to Private Providers
- 5% Direct Service
- 11% Admin
- 1% Technology

Contact Info

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Children & Family Services
kmbless@nd.gov

Cory Pedersen
Director, Children and Family Services Section
ctpedersen@nd.gov

Child Abuse & Neglect Line
833-958-3500

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Engrossed HB1012 Overview – Human Service Zone Operations

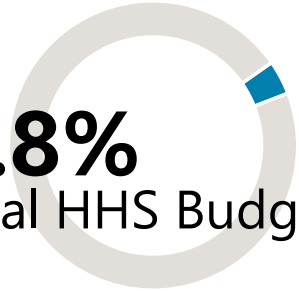
Senate Appropriations | Human Resources Division
Senator Dick Dever, Chairman

NORTH Dakota Be Legendary. | Health & Human Services

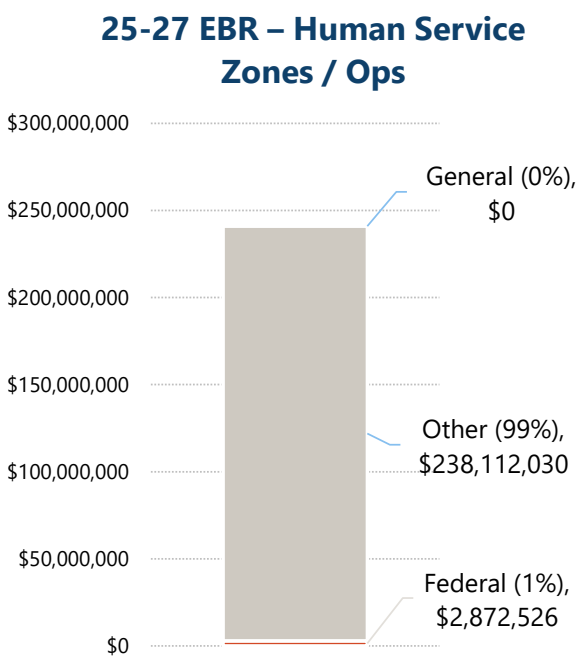
March 25, 2025, Kristen Hasbargen | Director, Human Service Zone Operations

Budget Overview

Human Service Zone Operations: $241 million total budget



- Primary funding source is the ND Property Tax Relief Fund for Human Services (Fund capped at $250 million)
- Budget pays for 100% of the direct and indirect costs associated with Human Service Zone operations
  - 82.5% of budget is passed through directly to HSZ Host counties
  - 17.5% of budget pays for HHS staff who deliver services previously delivered by HSZs/counties (child care licensing, HCBS case management, long-term care eligibility, foster care licensing) and HHS-provided IT related costs



- **912** county employees working in **19** Human Service Zones
- **173.2** HHS employees working in roles that help deliver designated human services
- **52** office locations
- Core HSZ team services are to deliver **child welfare** and **eligibility determination** for family financial assistance

HHS' HSZ Operations team supports the work of the Human Service Zones and Human Service Zone Boards, including review of HSZ Plans, as well as infrastructure support related to various HR and finance functions.

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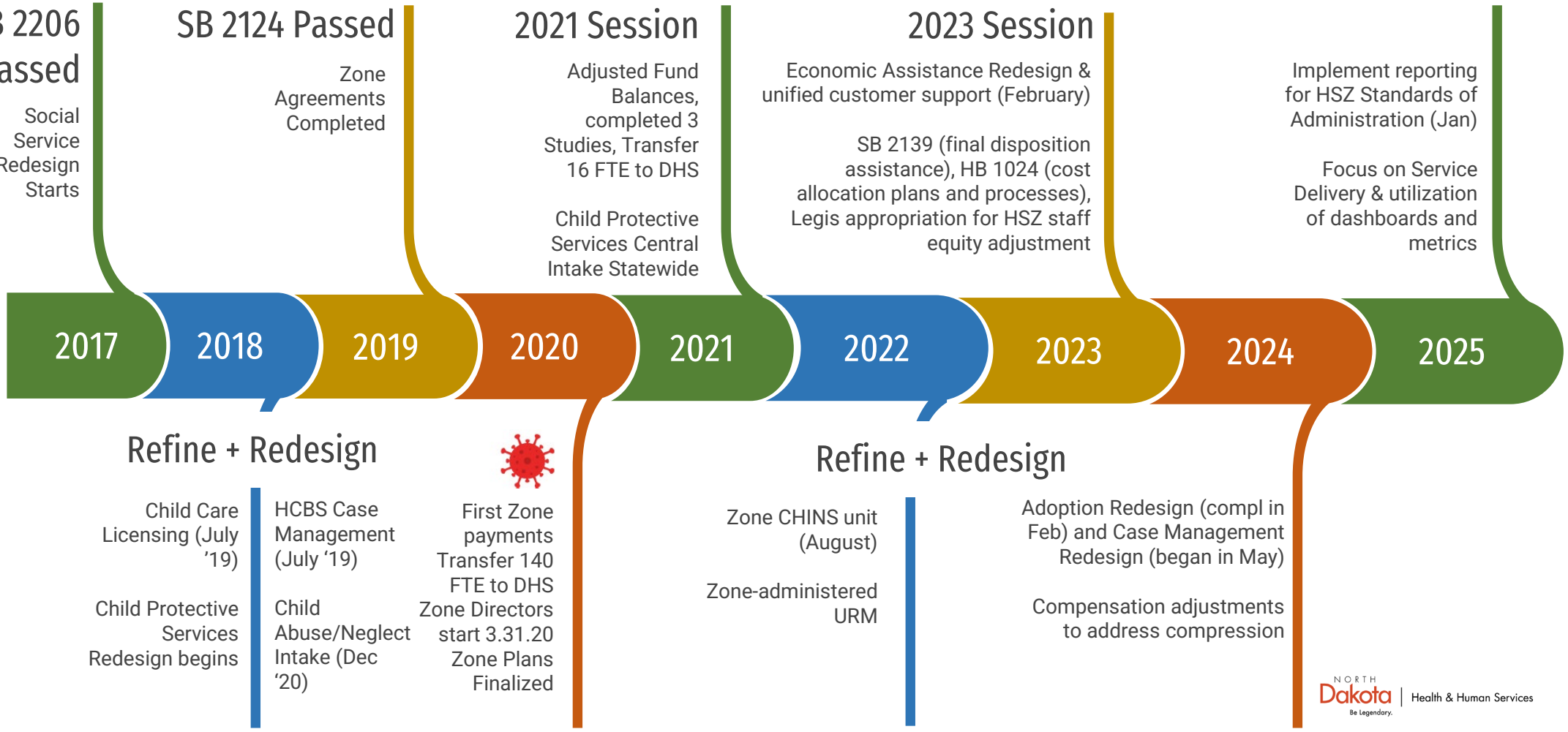
Property Tax Relief Fund established to fund Human Service delivery via Social Service Redesign (SB 2206 – 65th Legislative Assembly)

- OMB transfers funds into HHS' Human Services Fund (aka "457 Fund") based on budget request
  - Services are delivered by both Human Service Zone and HHS staff
  - Funding for Human Service Zone delivered services are captured in a single budget line (grants)
  - Funding for HHS-delivered services are itemized in more detailed budget lines as per HHS practice
- The Property Tax Relief Fund was capped at $250 M in the 2023-25 session



Burleigh Human Service Zone

ND Human Service Zone Implementation Continues



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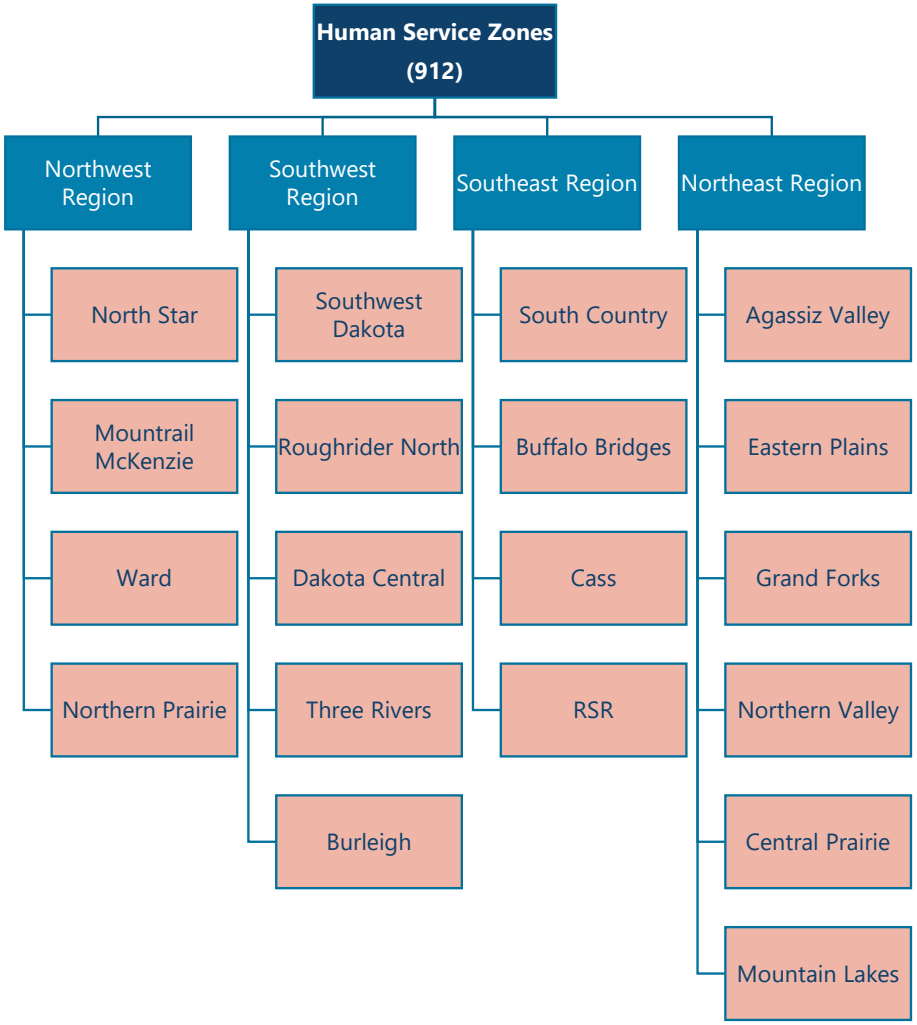
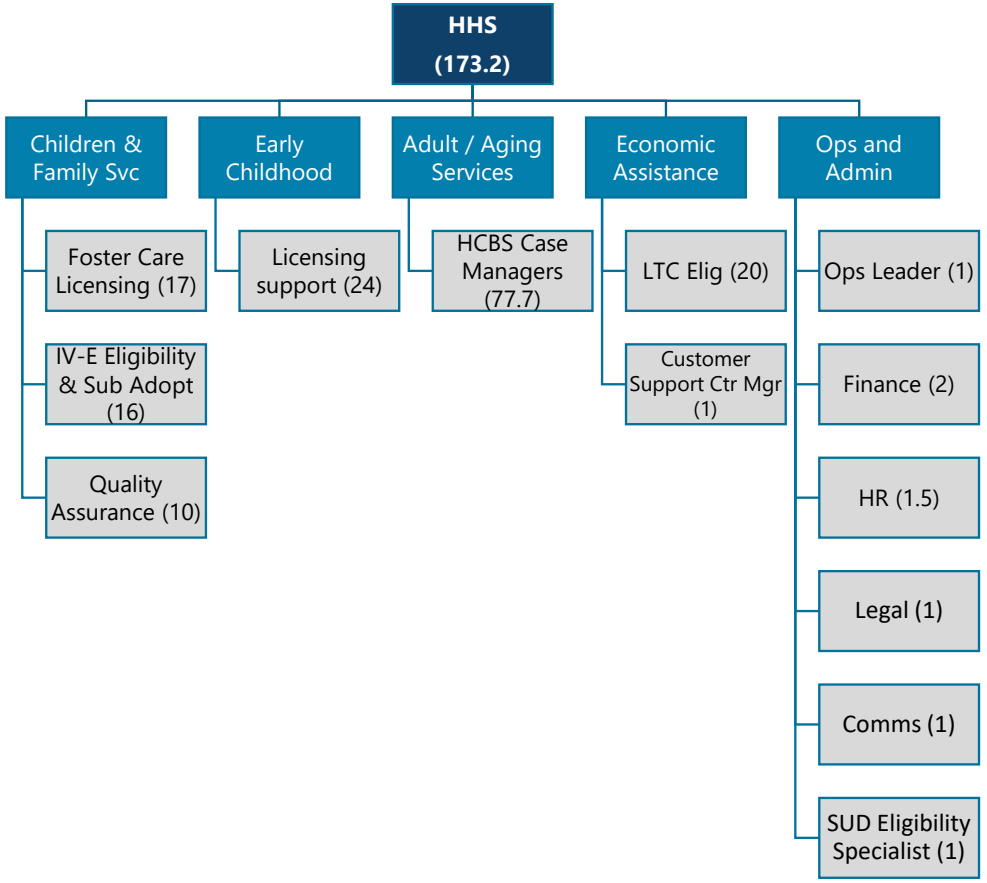
Positions funded via the Human Services Fund (457)

Human Service Delivery Staffing and Team Structure





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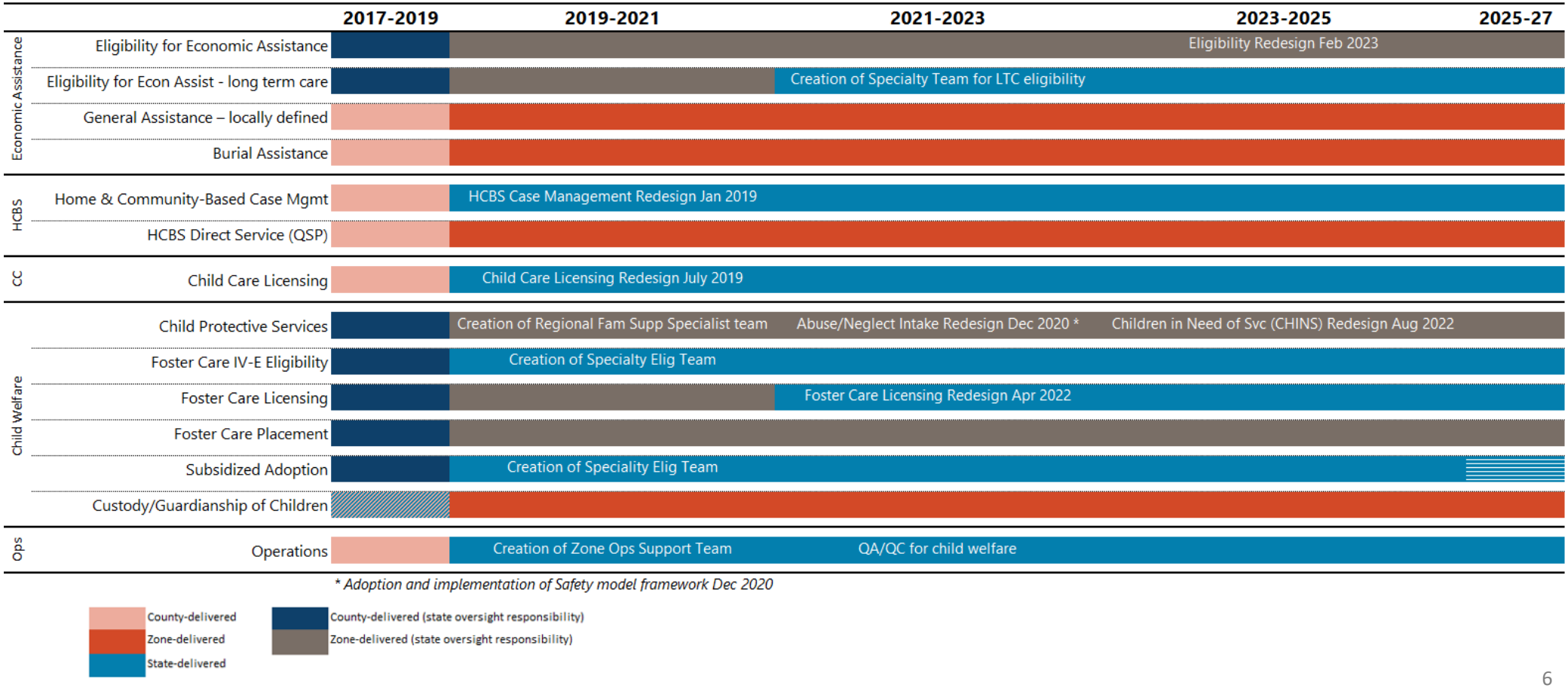
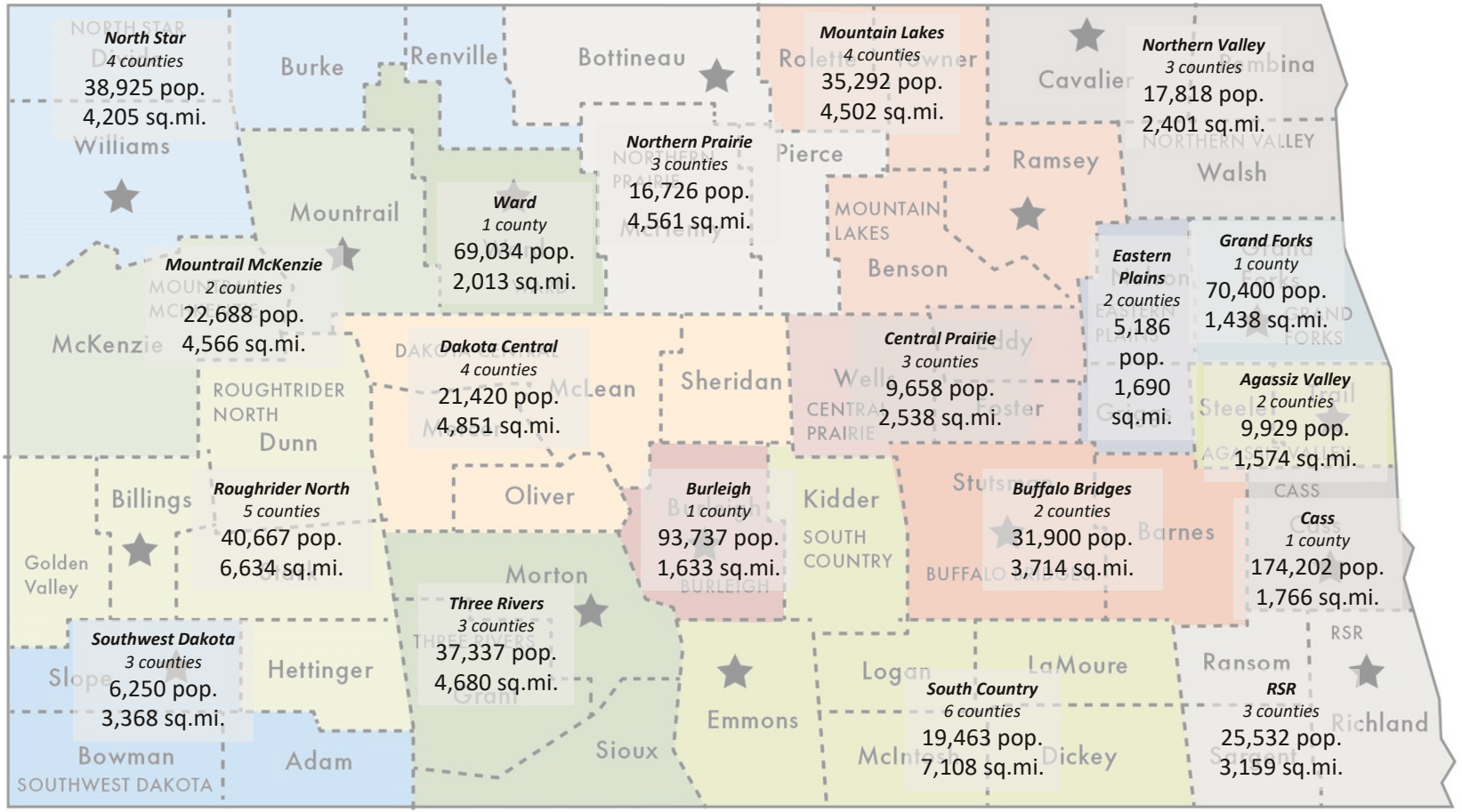
North Dakota's model of human service delivery is characterized by shared roles and responsibilities



19 unique Human Service Zones work together to serve every corner of ND



Population:
5,186 to 174,202

County collaborations:
1 to 6

Square miles of geography covered:
1,438 to 7,108

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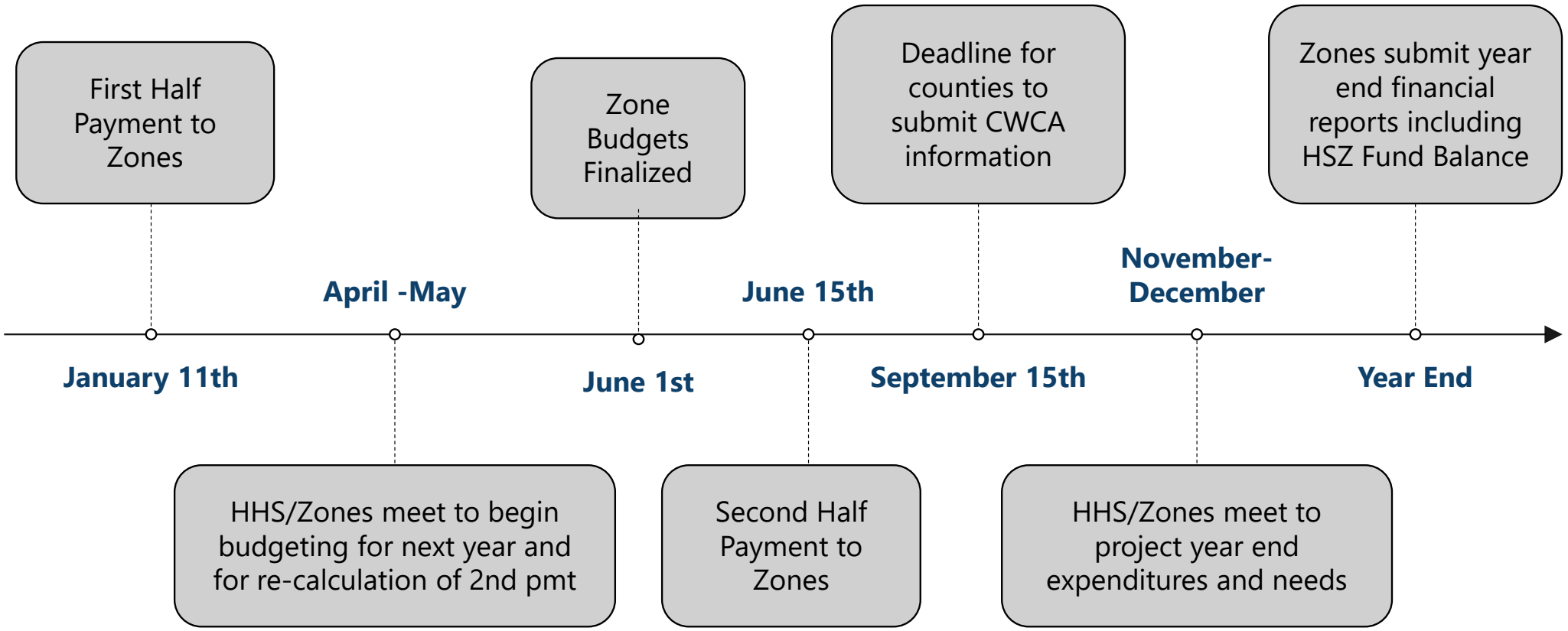
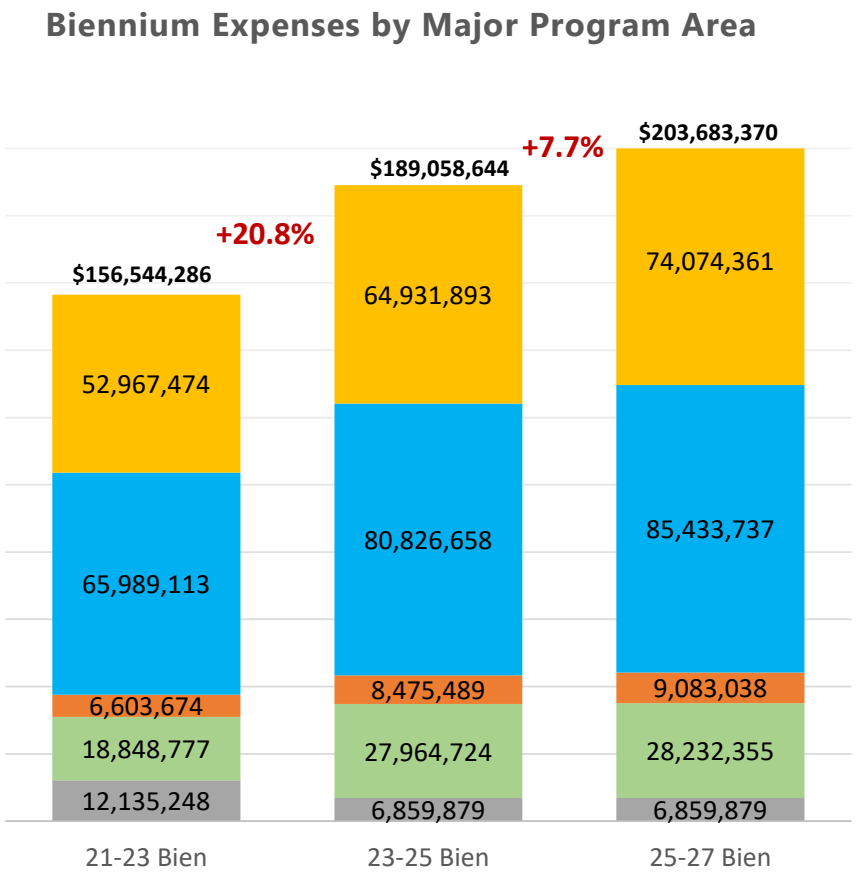
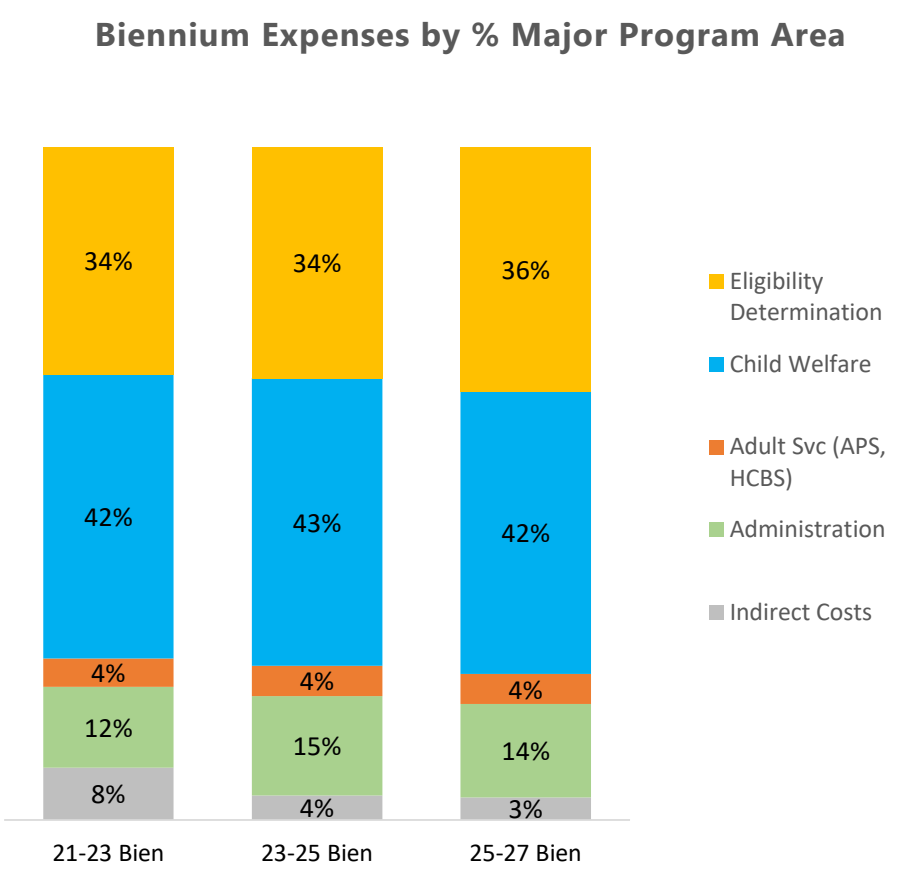
Zone Budgeting Process



Human Svc Zone Budget by Type of Service





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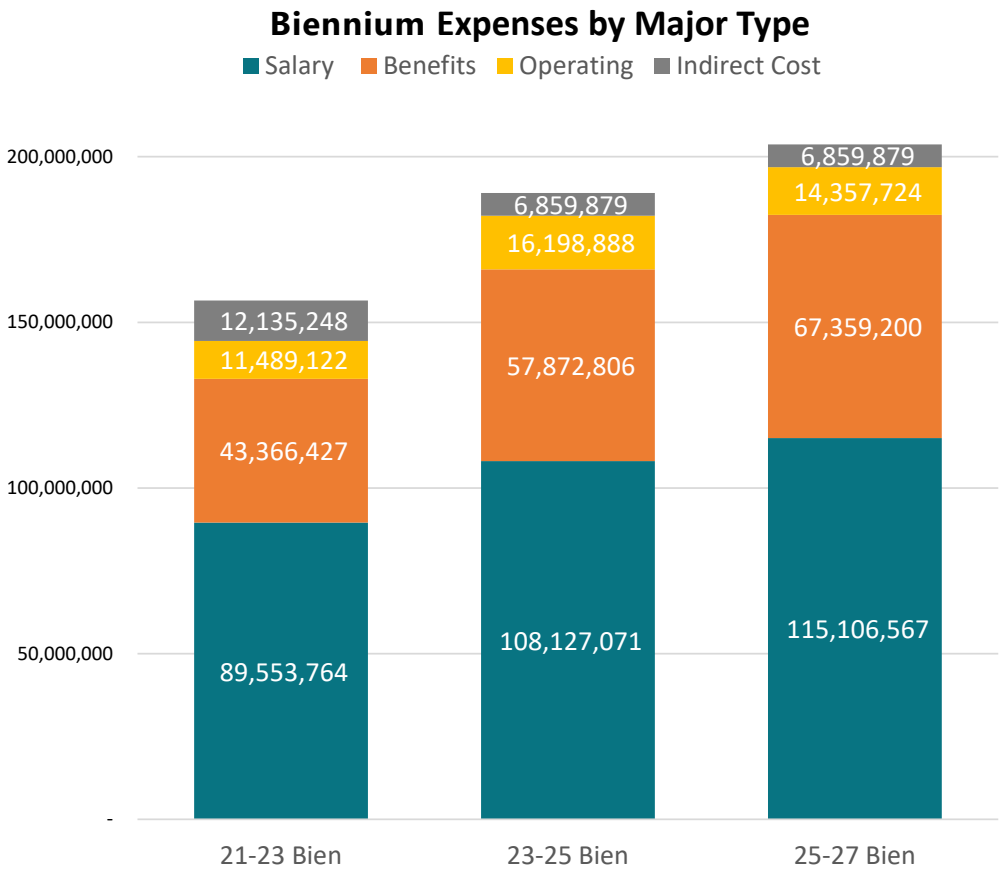
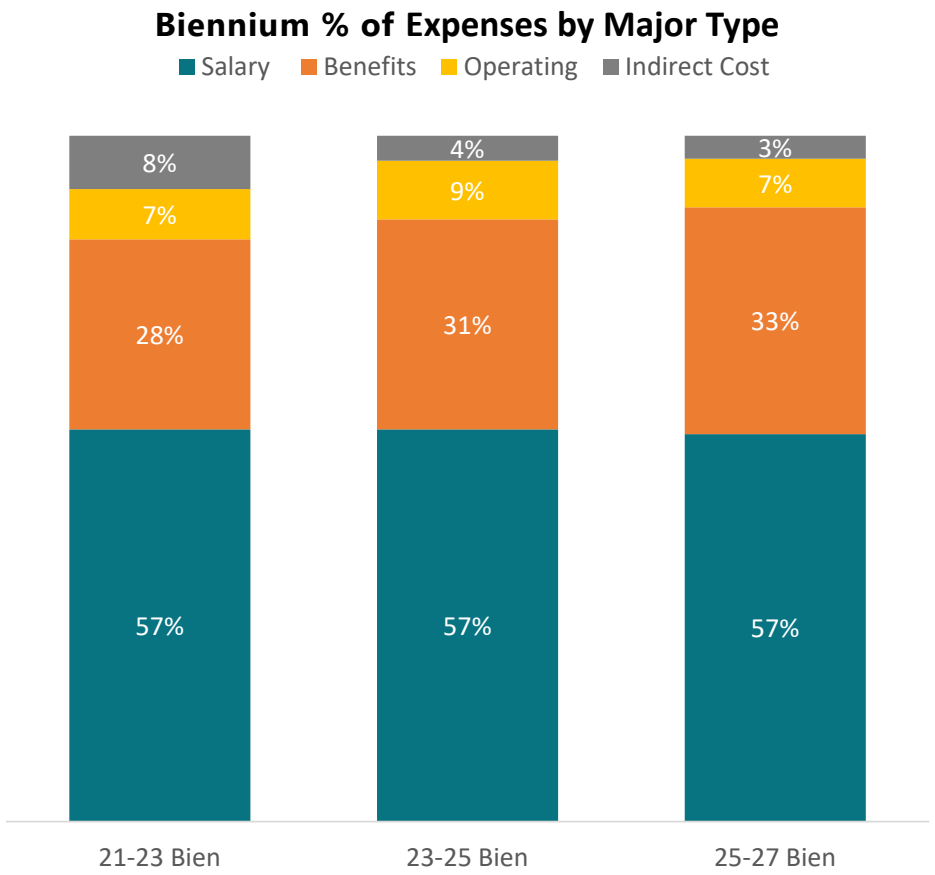
Human Svc Zone Budget by Expense Type





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Who we are and what we do

HHS Zone Operations team

Our role

- Serve as liaison between Zones, Zone Boards, and HHS, including collaborative budget work
- Provide directives, leadership, mentoring and technical assistance to Zones, Zone directors, and HSZ boards
- Mediate between Zones to support function and capacity across system
- Collaborate on visioning, evaluating and solution identifying of services delivered by Zones.

Partners

- Human Service Zone Directors
- HHS Program and Policy (Children and Family Services, Economic Assistance, Legal and Medical Services)
- HSZ Board members and County Officials (Commissioners, Auditors, State's Attorneys)

NDCC Reference for HSZ Authority

NDCC 50-01.1 | Human Service Zones

NDCC 50-35 | State-funded Human Services



Dakota Central Human Service Zone

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Social Service Redesign set the stage for Counties and the State to work together to serve North Dakotans through the Human Service Zone structure

- Standardization
- Consistency
- Shared services + workload
- Increased access and resources for clients
- Decreased multi-function jobs and allowed for specialization/expertise – reduced # of hats
- Clear program performance measurements
- Increased state collaboration + oversight
- Property Tax Relief

	Host County	Zone	HHS
Employer	✖		
Benefits	✖		
HR Policy Manual		✖	✖
HP Policy Addendums - Submitted by Zone/ DHS Approval		✖	
Merit System Requirements			✖
Office Closure	✖	✖	
Supervision of Staff		✖	
Mileage/Reimbursement	✖		
Bonuses (Performance, Retention, etc,...)		✖	✖
Programmatic Policy			✖


Roughrider Human Service Zone

What does it mean to work together?

Human Service Zone Board Role

- Serve as an Advisory Board
- Representative of those served by the Zones
- Co-manage Zone Director Performance, Hiring and Termination
- Each Human Service Zone Board has an elected official (Representative or Senator)

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What does it mean to work together?

Host County Role

- State's Attorney (employee issues, child welfare, contracts)
- Host County Employer
- Host County Auditor
- Payroll + Benefit administration
- Retirement Provider
- Physical Space
- HR Support (varies by Zone)
- EAP Provider (if offered)


North Star Human Service Zone

What does it mean to work together?

What it means to be a Zone Employee

HR Policies

- The Zone HR Policy Manual was created in July of 2020 with HHS and Zone representation
- All of the policies are based on Admin Code, Best Practice or State/Federal Laws
- The Zones must follow the established Zone HR Policy Manual, but each Zone has the ability to create addendums (changes) to certain areas of the policy manual
- Example: Dress Code, Weather Related Closures, Benefits
- The Host County determines office closures related to weather or other incidents
- Telecommute workers are required to work when the office is closed due to weather related or other closures

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What does it mean to work together?

FTE Committee (HR)

Hiring

- SB 2124 directed: "The department of health and human services shall develop a process to review a request from a human service zone for any proposed increase in staff."
- Zones assisted in development of both process and group composition. The committee consists of 4 Zone Directors and 4 members of the HHS Zone Team.
- Salary offers need approval from FTE committee only if above midpoint of salary range.
- Committee meets twice per week.
- This group reviews all FTE requests, salary increases, and temporary hires.



What does it mean to work together?

HHS/State Role

- Establish policy and procedure for programs based on law and administrative rule
- Support programs teams in the zones with technical assistance, hands on training and reviews, including quality reviews
- Administer and adhere to the state merit system for human resource management
- Provide HR technical assistance and support as needed
- Provide official posting and ranking of Zone candidates for interview

New state responsibilities since SB2124

- Funder of all direct costs for delivery of human services
- Provide fiscal support for budgeting and purchasing
- Partner with the zone board on zone director performance management, hiring and terminations

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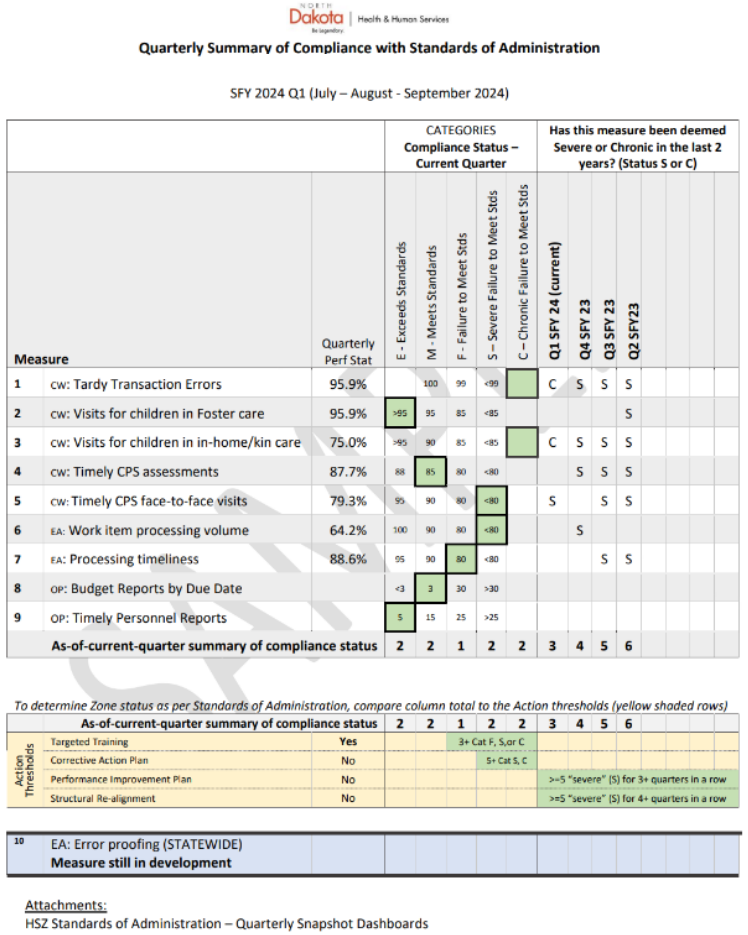
Developed Standards of Administration for Human Services delivered by Human Service Zones

Human Service Zone Standards of Administration include measures that describe basic standards as they apply to HSZ delivery of Human Services, including Child Welfare services, Economic Assistance services, and HSZ Operations.

- Measures 1 - 5 relate to Child Welfare
- Measures 6 and 7 relate to Determining Eligibility
- Measure 8 and 9 relate to Operating
- Measure 10 is in development and will relate to Error Proofing in Determining Eligibility



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Quarterly Summary of Compliance with Standards of Administration

SFY 2024 Q1 (July – August - September 2024)

	Measure	Quarterly Perf Stat	E - Exceeds Standards	M - Meets Standards	F - Failure to Meet Stds	S – Severe Failure to Meet Stds	C – Chronic Failure to Meet Stds	Q1 SFY 24 (current)	Q4 SFY 23	Q3 SFY 23	Q2 SFY23
			CATEGORIES Compliance Status – Current Quarter					Has this measure been deemed Severe or Chronic in the last 2 years? (Status S or C)			
1	CW: Tardy Transaction Errors	95.9%		100	99	<99		C	S	S	S
2	CW: Visits for children in Foster care	95.9%	>95	95	85	<85					S
3	CW: Visits for children in in-home/kin care	75.0%	>95	90	85	<85		C	S	S	S
4	CW: Timely CPS assessments	87.7%	88	85	80	<80			S	S	S
5	CW: Timely CPS face-to-face visits	79.3%	95	90	80	<80		S		S	S
6	EA: Work item processing volume	64.2%	100	90	80	<80			S		
7	EA: Processing timeliness	88.6%	95	90	80	<80				S	S
8	OP: Budget Reports by Due Date		<3	3	30	>30					
9	OP: Timely Personnel Reports		5	15	25	>25					
	As-of-current-quarter summary of compliance status		**2**	**2**	**1**	**2**	**2**	**3**	**4**	**5**	**6**

To determine Zone status as per Standards of Administration, compare column total to the Action thresholds (yellow shaded rows)

	As-of-current-quarter summary of compliance status		2	2	1	2	2	3	4	5	6
Action Thresholds	Targeted Training	Yes			3+ Cat F, S,or C						
	Corrective Action Plan	No				5+ Cat S, C					
	Performance Improvement Plan	No						>=5 "severe" (S) for 3+ quarters in a row			
	Structural Re-alignment	No						>=5 "severe" (S) for 4+ quarters in a row			

10	EA: Error proofing (STATEWIDE) **Measure still in development**										

Attachments:
HSZ Standards of Administration – Quarterly Snapshot Dashboards

Successes this biennium

Increased access to data

- Position Control Log and Data dashboards

Support and Stabilization of Cass CPS team

- HHS and other HSZ members assistance
- New staff onboarding model-now replicated

Staffing Collaboration amongst Zones

- Cross-Zonal Supervision in both child welfare and EA
- Transfer of FTEs for difficult to fill positions (CSC Call Center, Eligibility workers)

March Madness

- Data driven conversations which led to identification of cases that were not being processed timely
- Transparency in assigned work which allowed for designating focus daily (i.e. types of cases or reviews)

Successful PHE Unwinding

Achieving federal Face-to-Face in person case worker visitation standard of 95% (Zones met this goal reaching 96%)

Uniform on-call policy and pay for child welfare team members



Preparing for Re-entry

Human Service Zone/DOCR Collaboration

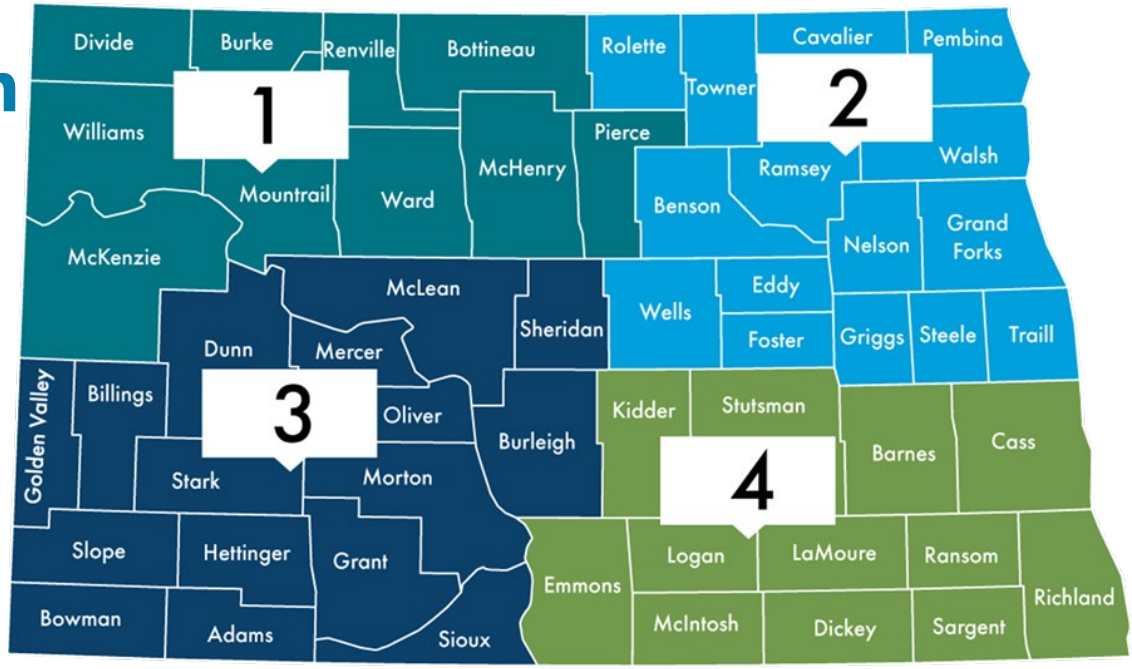
- Buffalo Bridges HSZ monthly visit to James River Correctional Center for application assistance
- Burleigh HSZ recently began 2 Eligibility Workers going to State Penitentiary to assist with apps prior to re-entry
- Zones discussing outreach Dakota Women's Correctional Center in New England and Heart River in Mandan
- Explore beneficial policy changes and potential to support people exiting county jails



Eligibility Processing

Human Service Zone/Economic Assistance Collaboration

- High work volume in one group – How to adjust
- Staffing decisions regionally – What Zone/employer? Where do they work?
- CSC – Staffing to trends and metrics.
- Development of new Eligibility Worker training. Lesson Plan from HHS; Zones looking at Benchmarks and Competencies.



Child Welfare

Human Service Zone/Children Family Services Collaboration

- Cross Zonal Supervision of front line child welfare staff
- Support during a vacancy and mentoring of new team members
- Assist each other in visiting youth in the community where they have placement, both foster and residential facilities. Transportation coordination.
- Shared On Call



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Cass Human Service Zone

More on Staff Turnover

In 2022, Zones gathered data regarding Staff turnover/retention:

- Child Welfare positions - 37.5% turnover
- Economic Assistance - 23.6% turnover

<u>An indicator of progress…</u>

Cass Human Service Zone has created a dashboard to track retention in their Zone and has documented significant progress over the last couple years.

	2022	2024
Child Welfare	65%	15%
Economic Assistance	39%	7%

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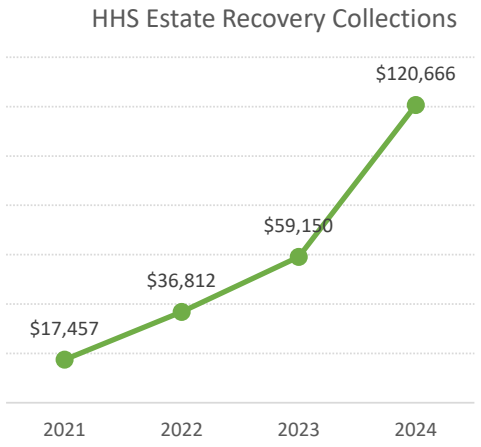
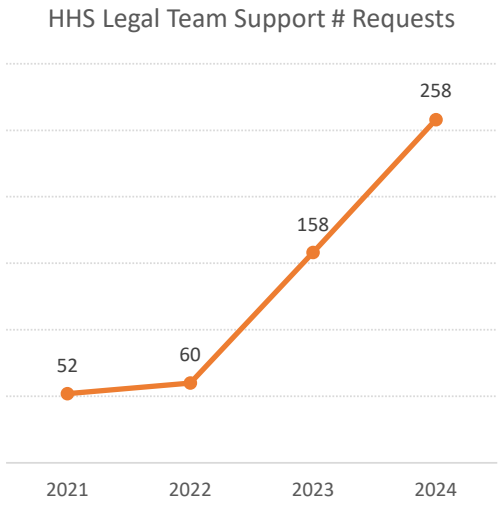
Final Disposition Assistance Trends

Row Labels	2022 - # individuals	2023 - # individuals	2024 - # individuals	2025 - Estimate
Agassiz_Valley	8	5	4	6
Buffalo_Bridges	11	5	19	13
Burleigh	15	29	32	26
Cass	58	93	97	78
Central Prairie	5	0	3	3
Dakota_Central	6	4	14	7
Eastern_Plains	1	2	1	3
Grand_Forks	43	39	59	51
Mountain_Lakes	15	11	43	21
Mountrail_McKenzie	9	4	6	8
North_Star	9	10	28	12
Northern_Prairie	8	7	9	8
Northern_Valley	8	17	17	14
RoughRider_North	7	7	23	14
RSR	5	12	15	11
South_Country	9	3	10	7
Southwest_Dakota	1	0	2	3
Three_Rivers	12	11	22	12
Ward	38	38	50	41
Grand Total	**268**	**297**	**454**	**338**

Row Labels	2022 - GA Burial Costs	2023 - GA Burial Costs	2024 - GA Burial Costs	2025 - GA Burial Costs
Agassiz_Valley	$15,455	$6,125	$17,500	$21,000
Buffalo_Bridges	$21,768	$12,340	$60,175	$45,500
Burleigh	$28,750	$78,211	$107,904	$91,000
Cass	$136,100	$279,114	$275,394	$273,000
Central Prairie	$10,977	$0	$10,105	$10,500
Dakota_Central	$15,500	$13,250	$38,080	$24,500
Eastern_Plains	$2,961	$12,220	$6,896	$10,500
Grand_Forks	$102,585	$79,327	$219,348	$178,500
Mountain_Lakes	$37,510	$39,090	$119,875	$73,500
Mountrail_McKenzie	$23,500	$13,500	$14,000	$28,000
North_Star	$28,275	$32,404	$70,000	$42,000
Northern_Prairie	$18,250	$16,400	$33,893	$28,000
Northern_Valley	$17,360	$42,650	$50,357	$49,000
RoughRider_North	$14,750	$19,359	$71,518	$49,000
RSR	$11,053	$35,589	$35,244	$38,500
South_Country	$16,541	$8,000	$29,357	$24,500
Southwest_Dakota	$1,950	$0	$10,500	$10,500
Three_Rivers	$17,135	$29,053	$66,625	$42,000
Ward	$103,600	$116,993	$165,182	$143,500
Grand Total	**$624,019**	**$833,626**	**$1,401,955**	**$1,183,000**





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Comparison of budgets and funding

By Major Expense – Human Service Zone funding

DESCRIPTION	2023-25 LEGISLATIVE BASE	INCREASE / (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)	ENGROSSED HB 1012
Salaries & Benefits	$ 167,810,916	$ 14,654,852	$ 182,465,768	$ -	$ 182,465,768
Operating	14,308,195	(1,919,143)	12,389,052	-	12,389,052
IT Services	1,890,693	77,978	1,968,671	-	1,968,671
Indirect Cost	11,839,184	(4,979,305)	6,859,879	-	6,859,879
County Generated Revenue	-	(5,000,000)	(5,000,000)	-	(5,000,000)
Total	**$ 195,848,988**	**$ 2,834,382**	**$ 198,683,370**	**$ -**	**$ 198,683,370**
General Fund	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Federal Funds	**-**	**-**	**-**	**-**	**-**
Other Funds	**195,848,988**	**2,834,382**	**198,683,370**	**-**	**198,683,370**
Total Funds	**$ 195,848,988**	**$ 2,834,382**	**$ 198,683,370**	**$ -**	**$ 198,683,370**

Human Service Zones as % of HHS Budget

- 3.2%

Budget by Funding Source

- 0% General
- 0% Federal
- 100% Other

Budget by Pass Through / Function

- 14% Zone Administration
- 42% Child Welfare
- 36% Eligibility Determination
- 4% Adult services (HCBS, APS)
- 4% Indirect costs

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Comparison of budget expenditures and projections

By Program – Human Service Zone funding

PROGRAMS	2023-25 LEGISLATIVE BASE	ONE-TIME / CARRYOVER	2023-25 EXPENSES THROUGH DECEMBER	2023-25 PROJECTED EXPENDITURES	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)	ENGROSSED HB 1012	GENERAL	FEDERAL	OTHER
ADMINISTRATION	$ 28,970,694	$ -	$ 13,553,554	$ 28,038,109	$ 27,539,310	$ -	$ 27,539,310	$ -	$ -	$ 27,539,310
ELIGIBILITY DETERMINATION	67,263,393	-	31,468,284	65,098,143	72,255,991	$ -	72,255,991	-	-	72,255,991
CHILD WELFARE	83,728,889	-	39,171,448	81,033,604	83,336,518	$ -	83,336,518	-	-	83,336,518
ADULT SERVICES (APS, HCBS)	8,779,817	-	4,107,521	8,497,189	8,860,068	$ -	8,860,068	-	-	8,860,068
INDIRECT COSTS	7,106,195	-	3,324,539	6,877,442	6,691,483	$ -	6,691,483	-	-	6,691,483
TOTAL	**$ 195,848,988**	**$ -**	**$ 91,625,346**	**$ 189,544,488**	**$ 198,683,370**	**$ -**	**$ 198,683,370**	**$ -**	**$ -**	**$ 198,683,370**

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Comparison of budgets and funding

By Major Expense – Human Service Zone Operations (combined)

DESCRIPTION	2023-25 LEGISLATIVE BASE	INCREASE / (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)	ENGROSSED HB 1012
Salaries & Benefits	$ 34,086,800	$ 2,305,474	$ 36,392,274	$ -	$ 36,392,274
Operating	1,797,544	830,294	2,627,838	-	2,627,838
IT Services	17,128	3,263,945	3,281,073	-	3,281,073
Grants	195,848,988	2,834,382	198,683,370	-	198,683,370
Total	**$ 231,750,460**	**$ 9,234,095**	**$ 240,984,555**	**$ -**	**$ 240,984,555**
General Fund	**$ 1,876,289**	**$ (1,876,289)**	**$ -**	**$ -**	**$ -**
Federal Funds	**1,620,055**	**1,252,471**	**2,872,526**	**-**	**2,872,526**
Other Funds	**228,254,116**	**9,857,913**	**238,112,029**	**-**	**238,112,029**
Total Funds	**$ 231,750,460**	**$ 9,234,095**	**$ 240,984,555**	**$ -**	**$ 240,984,555**

Costs for HHS-delivered service

Costs for Zone-delivered service

Human Service Zone Operations as % of HHS Budget

- 3.8%

Budget by Funding Source

- 0% General
- 1% Federal
- 99% Other

Budget by Pass Through / Function

- 81% Pass through to Human Service Zones
- 12% HHS - Direct service
- 3% HHS - Admin
- 1% HHS - Technology
- 3% HHS - Programmatic

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Comparison of budget expenditures and projections

By Program – Human Service Zone Operations (combined)

PROGRAMS	2023-25 LEGISLATIVE BASE	ONE-TIME / CARRYOVER	2023-25 EXPENSES THROUGH DECEMBER	2023-25 PROJECTED EXPENDITURES	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)	ENGROSSED HB 1012	GENERAL	FEDERAL	OTHER
HUMAN SERVICE DELIVERY (ZONES)	$ 198,473,352	$ -	$ 91,625,346	$ 189,544,488	$ 205,784,293	$ -	$ 205,784,293	$ -	$ -	$ 205,784,293
CHILD WELFARE QUALITY ASSURANCE	2,175,314	-	1,721,820	2,304,814	2,273,650	-	2,273,650	-	-	2,273,650
FOSTER CARE	7,021,232	-	5,430,958	7,695,333	8,036,439	-	8,036,439	-	173,485	7,862,954
CHILD CARE LICENSING	5,309,346	-	3,749,154	5,014,922	5,078,274	-	5,078,274	-	-	5,078,274
LONG TERM CARE ELIGIBILITY	2,987,248	-	2,945,926	3,920,364	3,781,490	-	3,781,490	-	-	3,781,490
HCBS CASE MANAGEMENT	15,783,967	-	12,092,651	15,807,661	16,030,409	-	16,030,409	-	2,698,966	13,331,444
TOTAL	**$ 231,750,460**	**$ -**	**$ 117,565,855**	**$ 224,287,582**	**$ 240,984,555**	**$ -**	**$ 240,984,555**	**$ -**	**$ 2,872,451**	**$ 238,112,104**

On the horizon for Human Service Zones and HHS



- Economic Assistance Redesign Refinement
  - Adjust
  - Align
  - Improve
- HSZ Data Snapshots – key program measures of effectiveness and impact. Continued awareness, training and analysis to assist in data driven decision making.
- Integrated HR data system for Zones
- Working together to problem solve
  - Case mgmt for children with complex needs | Timeliness of child protection visits| Ongoing recruitment and retention of child welfare team members



Contact Information

Kristen Hasbargen
Director of Zone Operations
krhasbargen@nd.gov

https://www.hhs.nd.gov/human-service/zones

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HB1012
3-

CONNECTING CHILDREN TO HELP
Who Do I Contact?

If a Child is Acting Out

CALL CHILDREN IN NEED OF SERVICES (CHINS) TEAM

CHILD'S BEHAVIORS MAY INCLUDE:

- Truant from school (youth is old enough to get self to and from school)
- Possession/use of tobacco and related products by youth ages 10-13
- Disobeying parents, or
- Running away

REFER TO THE CHILDREN IN NEED OF SERVICES (CHINS) TEAM

1. **Complete** the referral form and learn more.
   Visit: www.hhs.nd.gov/cfs/children-need-services
2. **Submit** referral form by **Fax:** 701.328.0104 or **Email:** chins@nd.gov

Staffed Monday-Friday
8 a.m. - 5 p.m. Central Time
(7 a.m.- 4 p.m. Mountain Time)

IMPORTANT:
In a behavioral health crisis, call 211/988

WHY MAKE A REFERRAL:

- Voluntarily connect children and families to helpful community services
- Divert children/youth from juvenile justice system

LEARN MORE: NDCC 27-20.3

If a Person is Abusing or Neglecting a Child

CALL CHILD PROTECTION SERVICES (CPS) TEAM

A PERSON RESPONSIBLE FOR A CHILD'S WELFARE IS SUSPECTED OF:

- Abuse, causing physical injury
- Educational neglect, failure to make arrangements and/or provide for a child's education
- Emotional abuse
- Neglect, lack of supervision or care
- Sexual abuse

CONTACT CPS INTAKE TEAM

Call: 833.958.3500 toll-free, 711 (TTY)
Fax: 701.328.0361

Staffed Monday-Friday
8 a.m.- 5 p.m., Central Time
(7 a.m.- 4 p.m. Mountain Time)

IMPORTANT:
If it's an EMERGENCY and a child is in immediate danger, CALL 911 NOW

LAW ENFORCEMENT OR MEDICAL PERSONNEL:

- If you need a Child Protection Worker to respond to your location immediately, contact your local Human Service Zone office directly.

LEARN MORE: NDCC 50-25.1

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North Dakota Child Welfare Glossary

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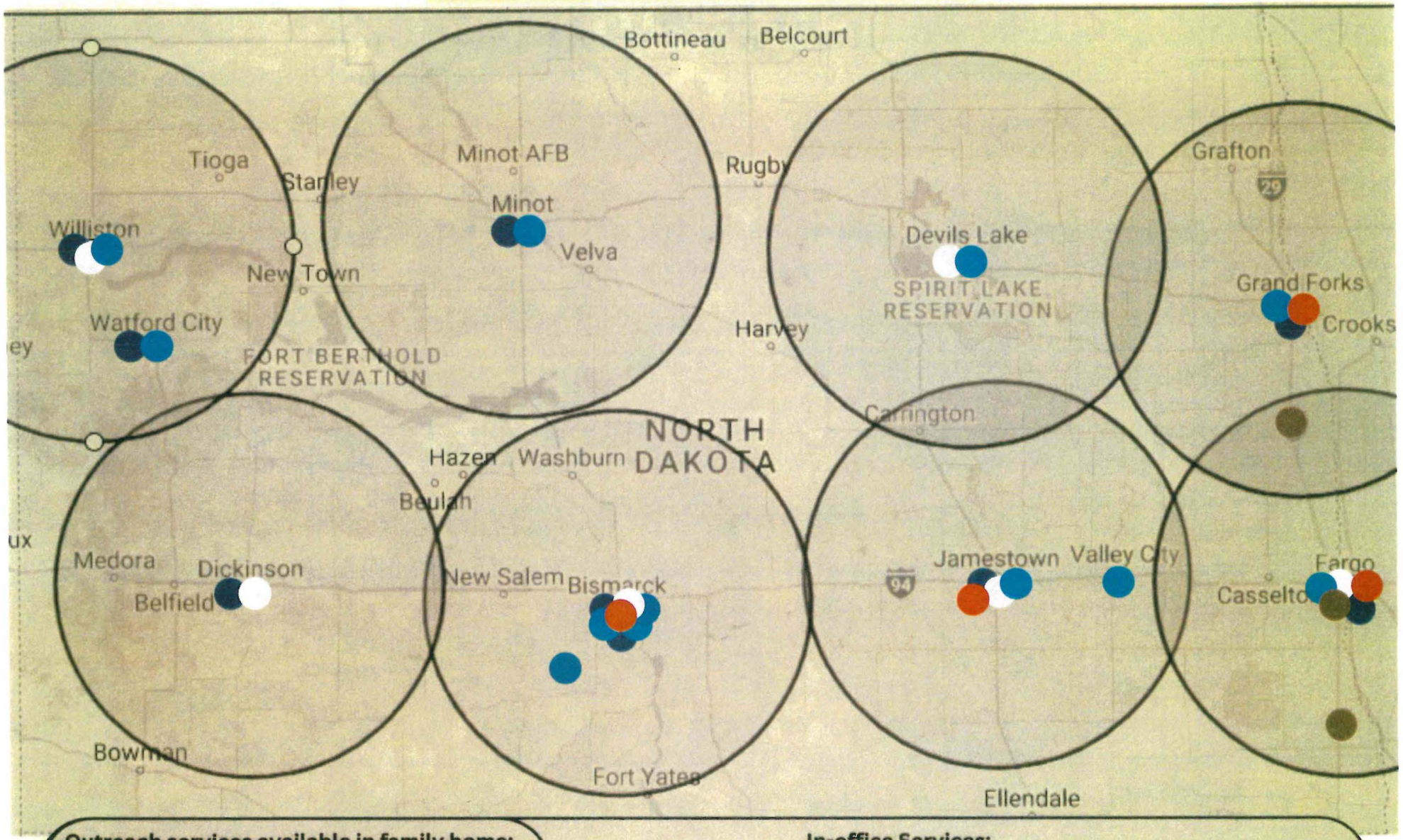
CHILD PROTECTION

- **ASSESSMENT:** A fact finding process designed to gather information that allows for staff to determine if a child meets the definition of an abused or neglected child. A determination either unconfirmed or confirmed where the subject's name is placed on the ND CPS Index. An assessment could be terminated in progress, which would result in case closure with no further action required.
- **CHILD PROTECTION SERVICES (CPS):** Services performed by an agency after a report of child abuse or neglect has been conducted. Services include assessments, planning, referral of treatment, coordination with referral sources, monitoring and delivery of services.
- **CPS CENTRALIZED INTAKE:** North Dakota's CPS call center where professional staff accept reports of suspected child abuse and neglect over the phone via 1-833-958-3500.
- **CONFIRMED:** It is determined a child meets the definition of an abused or neglected child based on the evidence gathered.
- **UNCONFIRMED:** It is determined based upon the evidence, that a child does not meet the definition of an abused or neglected child.

SERVICES/CASE MANAGEMENT

- **ADOPTION:** Safety decision when the court determines that a child in public custody will not be reunited with their parents. Adoption may be legally granted to an identified family as one of their own.
- **CASE MANAGEMENT:** Agency staff assigned to work with the family to determine the needs and services required to achieve a safe outcome. Staff is responsible to organize visitation, meet regularly with the parent and child/ren, work closely with referral sources for services, provide updates to the Court and coordinate various aspects of the case plan.
- **CASE PLAN:** Individualized set of goals developed with the family to enhance parental protective capacities and establish safety in the home.
- **CUSTODIAN:** Means a person or agency, other than a parent or legal guardian, given legal custody of the child by order of the Court. ND custodial agencies include a Human Service Zone, Division of Juvenile Services or a federally recognized Tribe.
- **GUARDIANSHIP:** Safety decision where the court determines that a child in public custody will not be reunited with their parents. Legal guardianship is permanent custody granted to a caregiver, but the child's parental rights remain intact.
- **PLACEMENT:** When it is determined a child is unsafe, a decision must be made regarding placement. A child may remain in their home with in-home safety plan and supports or a child may be placed in out-of-home care with relatives, placed in a licensed foster home, residential treatment facility, Supervised Independent Living setting, or other.
- **REUNIFICATION:** Safety decision to return the child to the parental home after determining impending danger threats can be controlled and the parent/caregiver protective capacities have been sufficiently enhanced.
- **SAFETY PLAN:** A written arrangement between parents/caregivers and the agency when a child is determined to be unsafe. A safety plan remains active as long as danger threats exist and may include in home or out of home placement arrangements.
- **SAFE CHILD:** When no threats of danger exist within the home, or parents/caregivers can protect the child from threats of danger, or the child is not vulnerable (age/development) to such threats.
- **UNSAFE CHILD:** When threats of danger exist in the home, and the child is vulnerable (age/development) to such threats, and parents/caregivers are unable to protect the child from the threats of danger.

IV-E Prevention Services



Outreach services available in family home:

- Brief Strategic Family Therapy
- Functional Family Therapy

Healthy Families available statewide

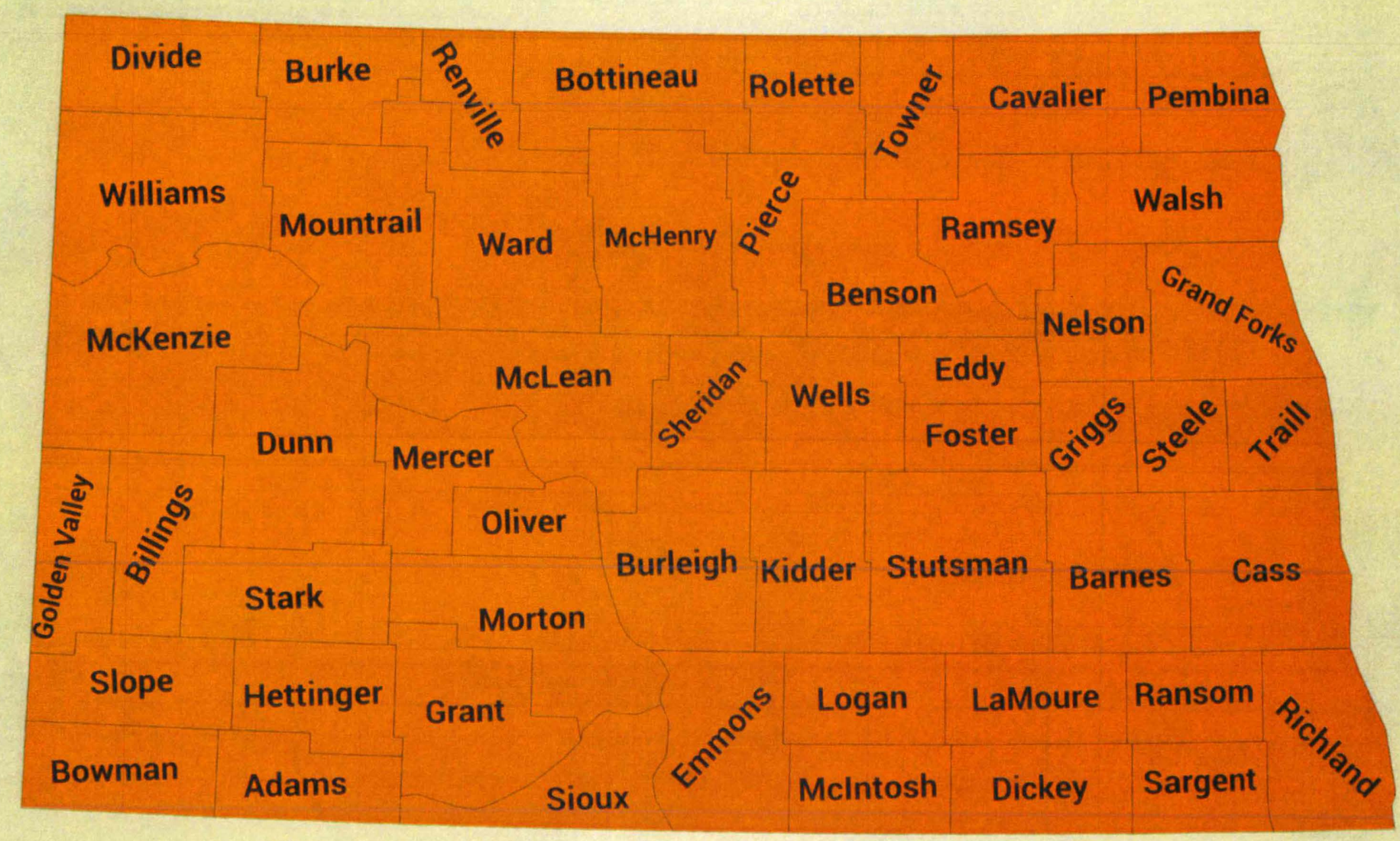
In-office Services:

- Family Check-Up/Everyday Parenting
- Multisystemic Therapy
- Nurse Family Partnership
- Parent Child Interaction Therapy

Screening Provider available statewide

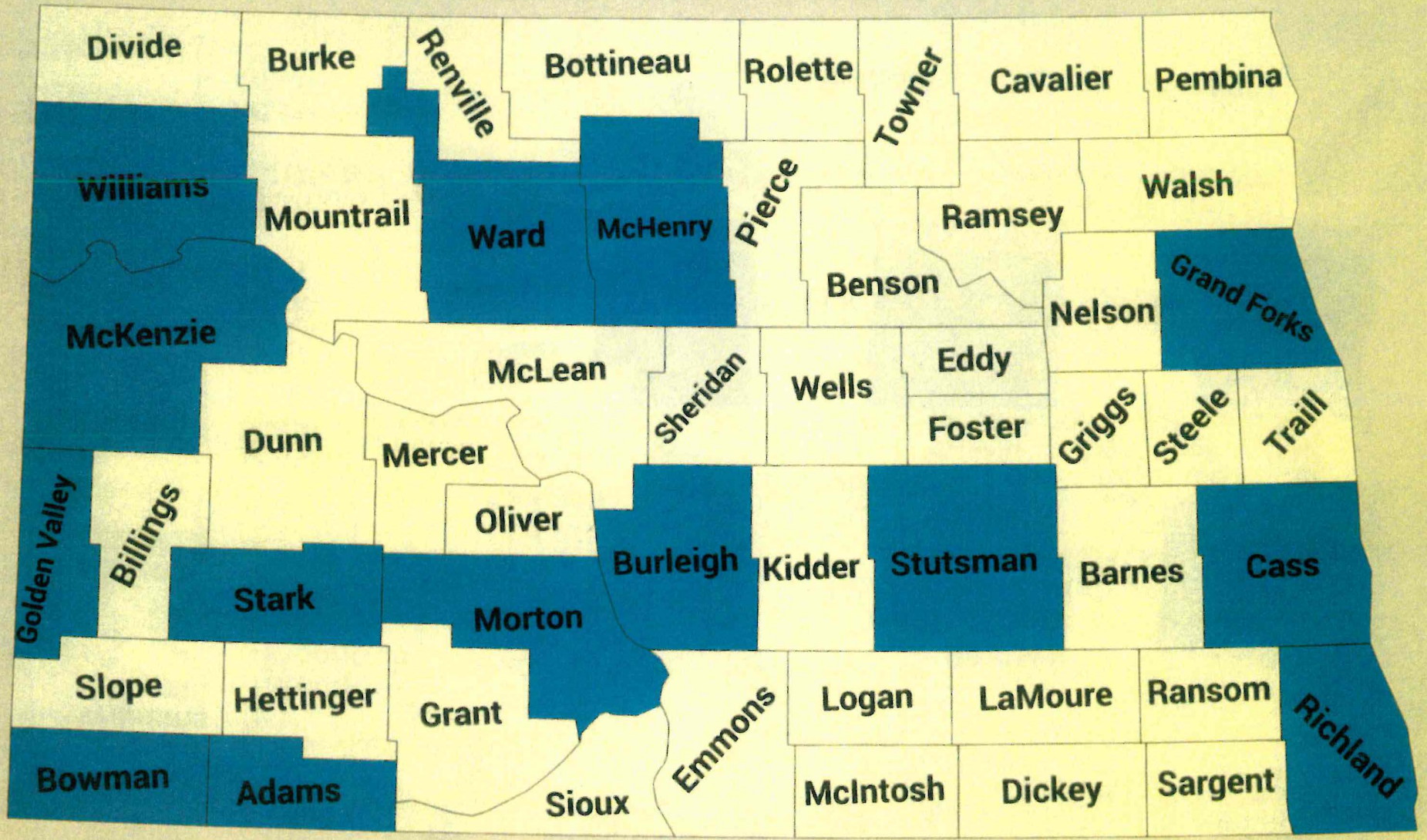
(Circles represent 50 mile radius)

Healthy Families - Statewide



Home visitation program to strengthen family functioning,
reduce risks and build parent protective factors.
Target Population: birth-5yrs
Number of Children Served: 312

Brief Strategic Family Therapy

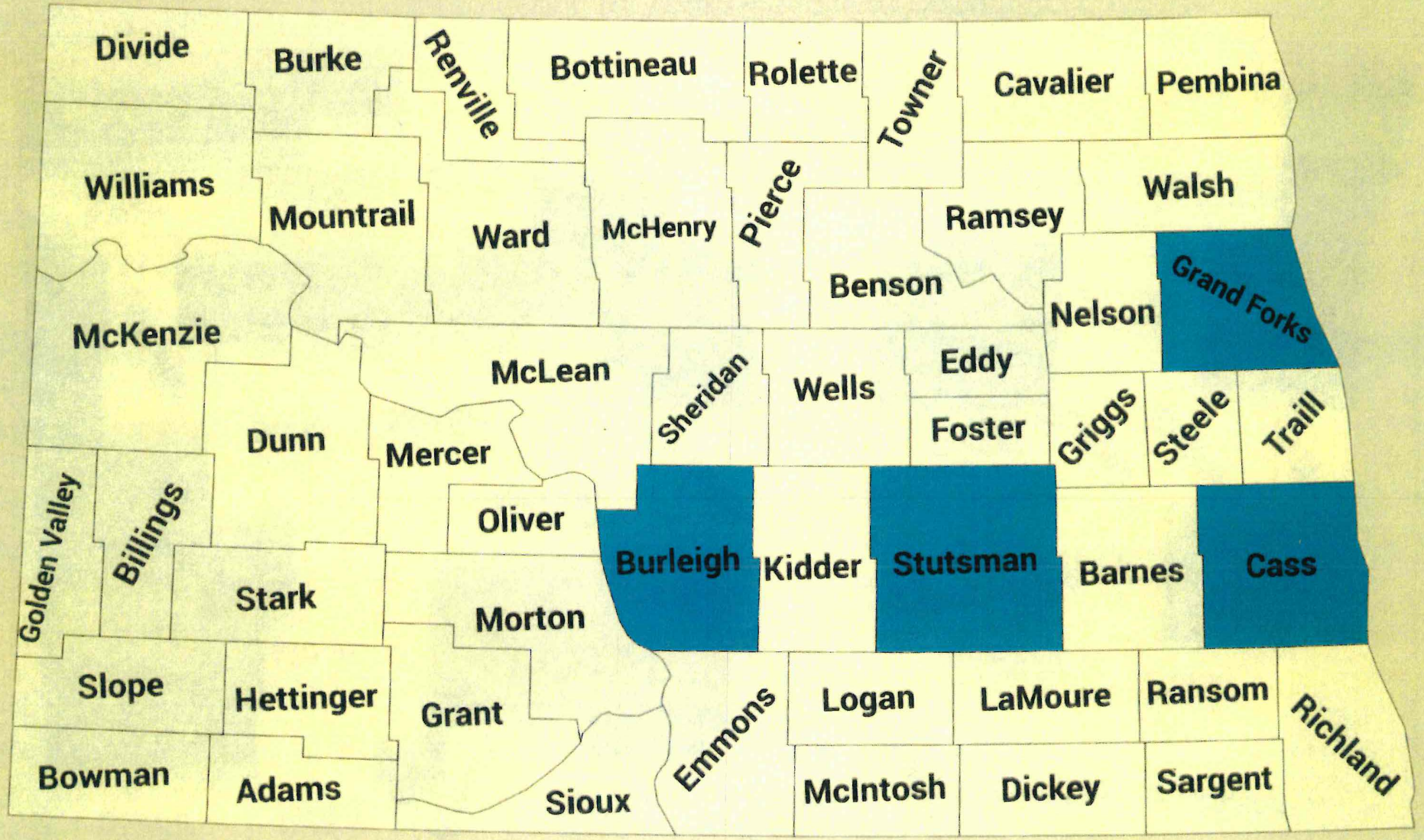


Intensive family intervention for youth with behavior/conduct concerns, substance abuse and delinquency.

Target population: 6-17yrs

Number of Children Served: 119

Parent Child Interaction Therapy

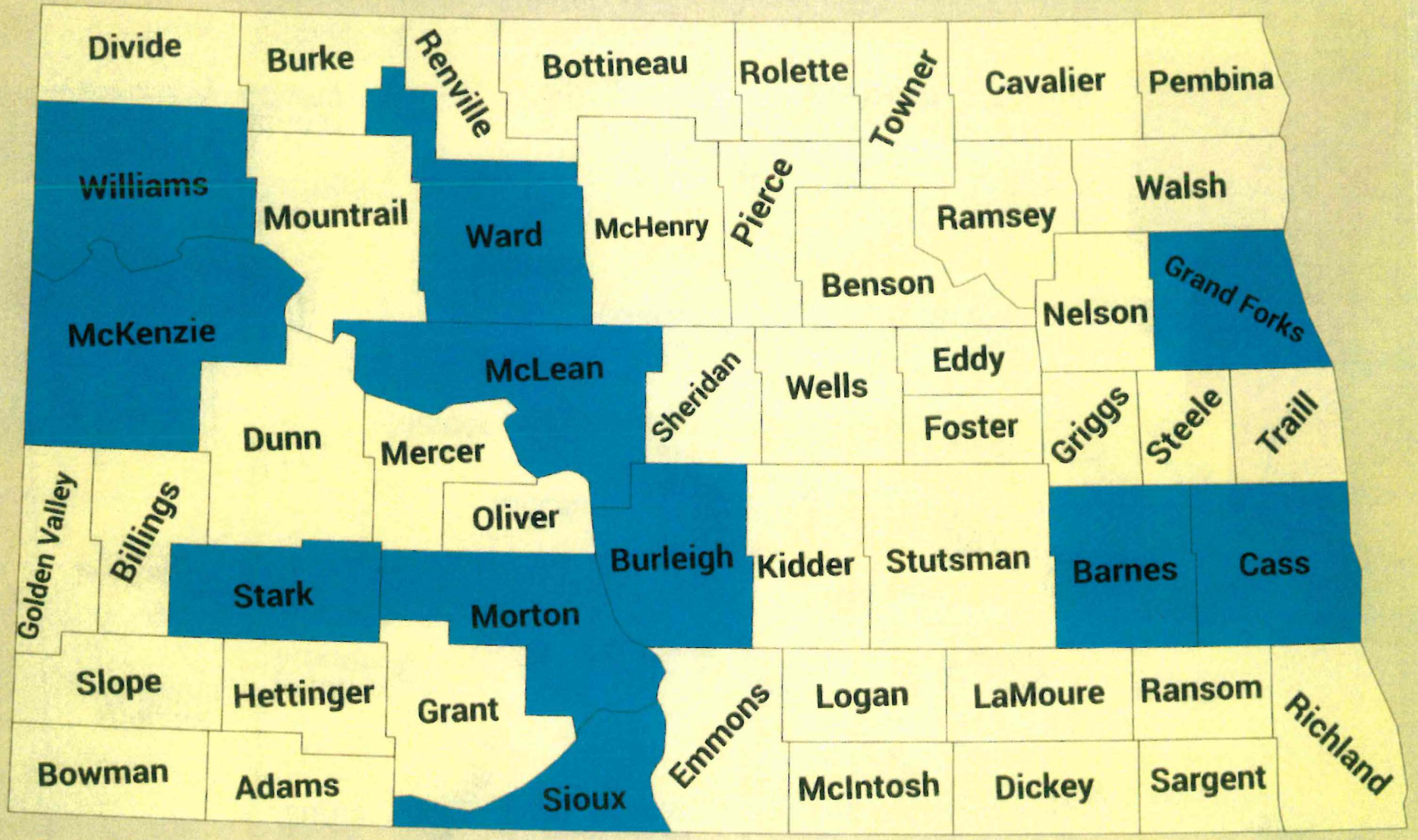


Therapy that coaches' parents with children experiencing emotional and behavioral concerns.

Target Population: 2-7yrs

Number of Children Served: 168

Family Check-Up/Everyday Parenting

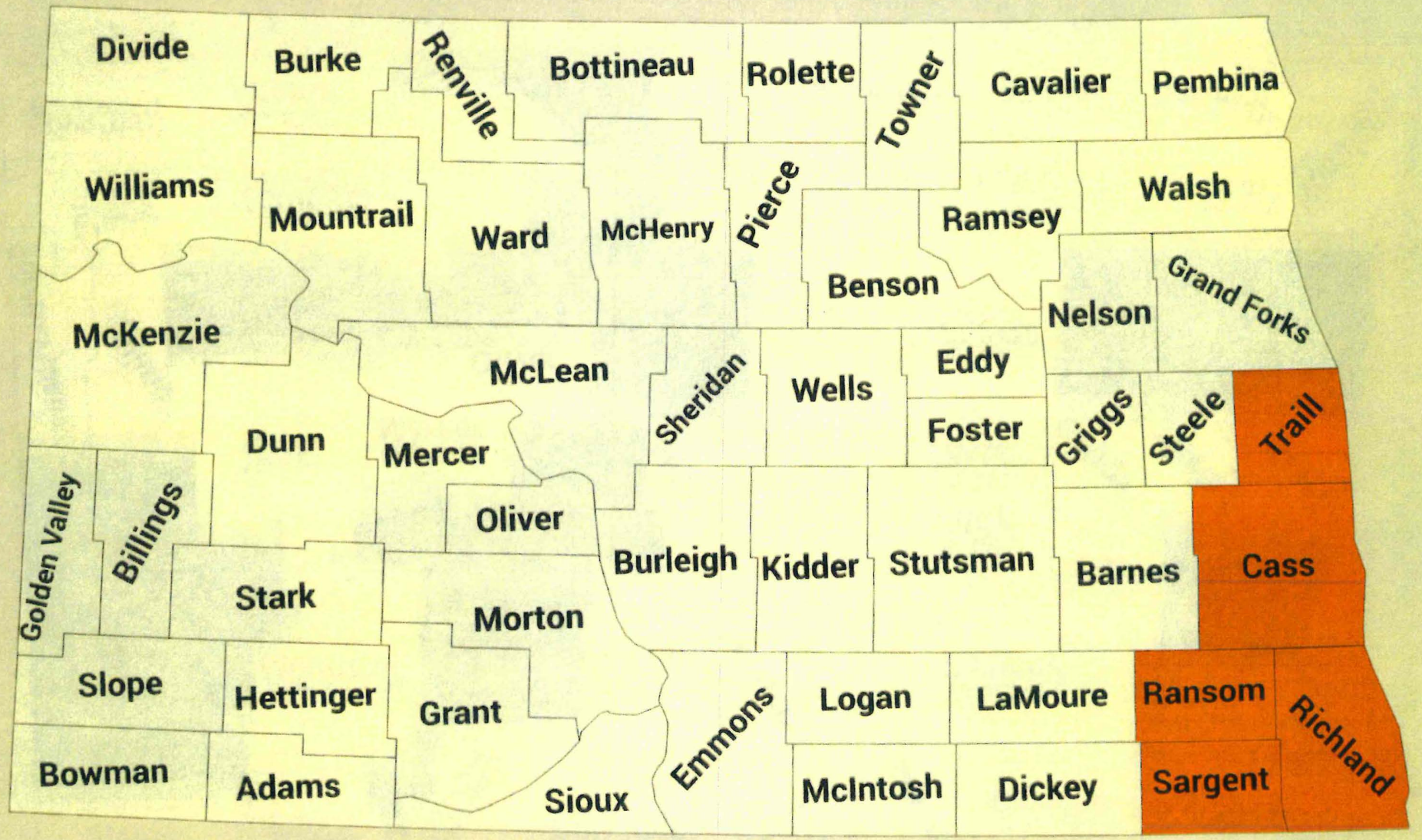


Brief, strengths-based intervention for families with children
with emotional, behavioral, and academic concerns and supports positive parenting.

Target population: 2-17yrs

Number of Children Served: 123

Multisystemic Therapy

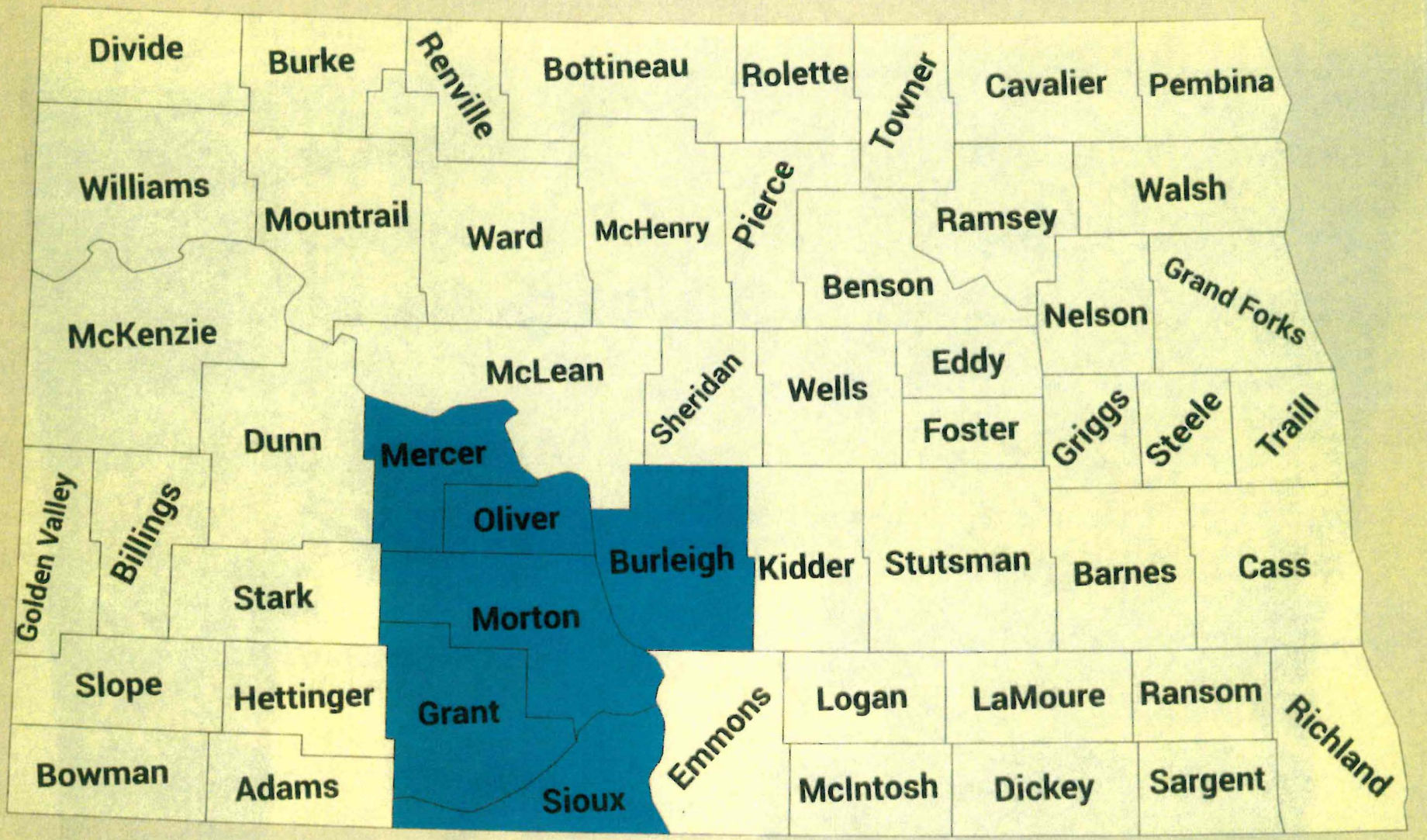


Intensive treatment and intervention for high-risk youth that addresses the core causes of delinquent and antisocial conduct.

Target Population: 12-17yrs

Number of Children Served: 46

Nurse Family Partnership

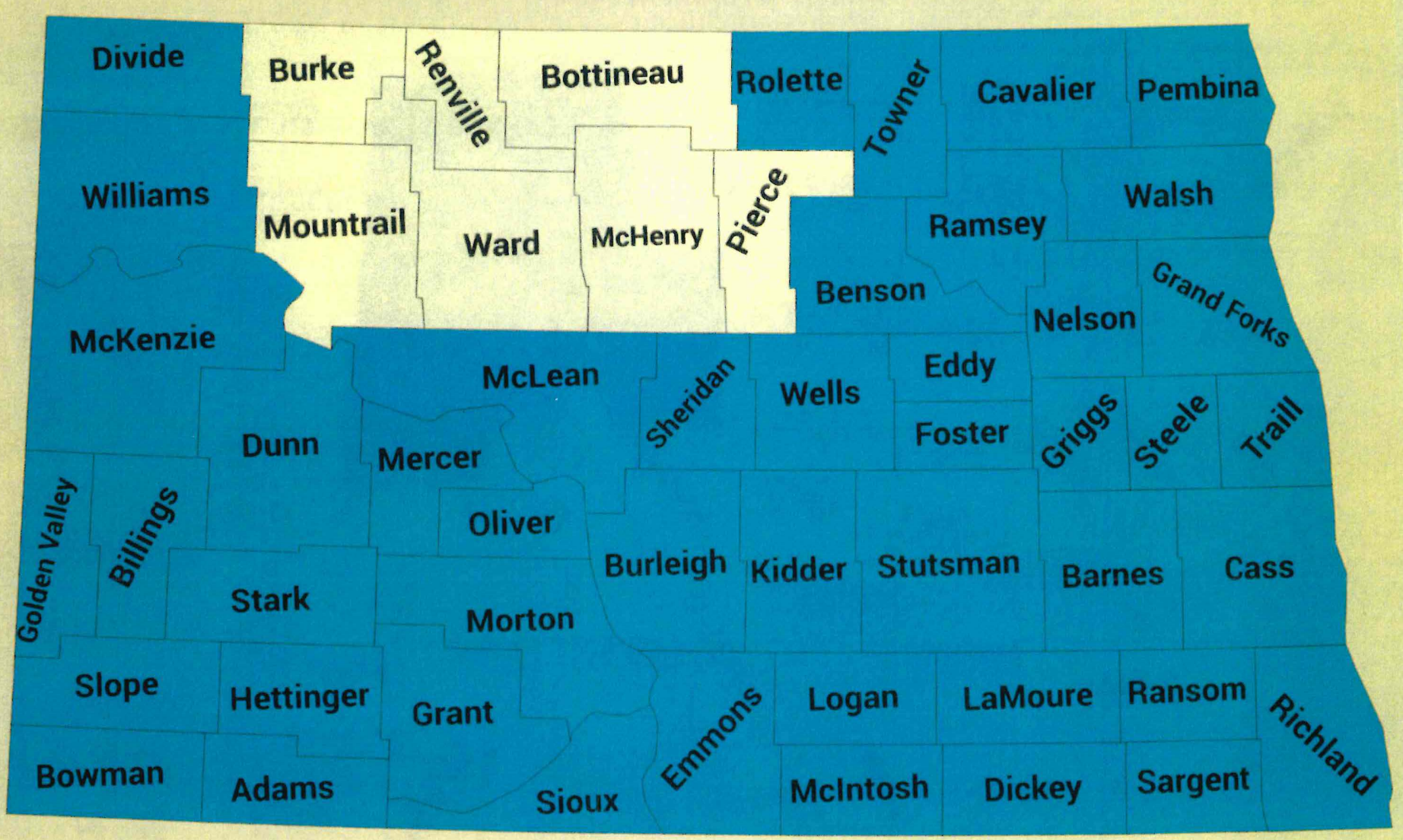


Home visitation by nurses to improve health, relationships and economic well-being of mothers and their infants.

Target Population: birth-2yrs

Number of Children Served: 1

Functional Family Therapy



Beginning in September 2024, family therapy for youth experiencing behavioral or emotional concerns.

Target Population: 11-17yrs

Number of Children Served: 27

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Child In Need of Services

Community Partners Presentation

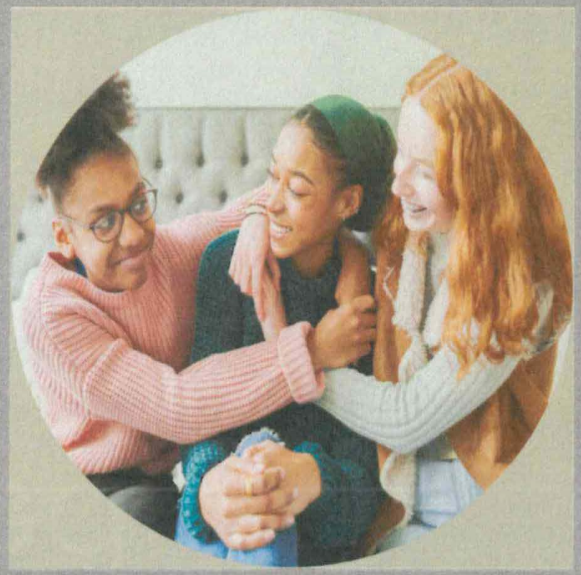
March 2025

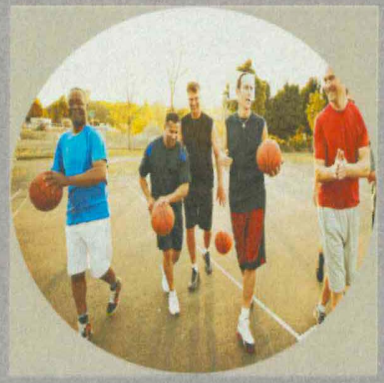


CHINS
Children in Need of Services

Agenda

- Introduction
- Description & Workforce
- Goals
- Referrals
- Eligibility
- Levels of Intensity
- Services
- Data







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CHINS
Children in Need of Services

Introduction

History of CHINS



Part of ND Juvenile Justice Reform

- Enacted during the 2021 Legislative Session
- NDCC 27-20.3-05
- Fully implemented August 2022

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CHINS
Children in Need of Services

Description

What is CHINS?

Voluntary community-based services for children/youth who have not committed crimes



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CHINS
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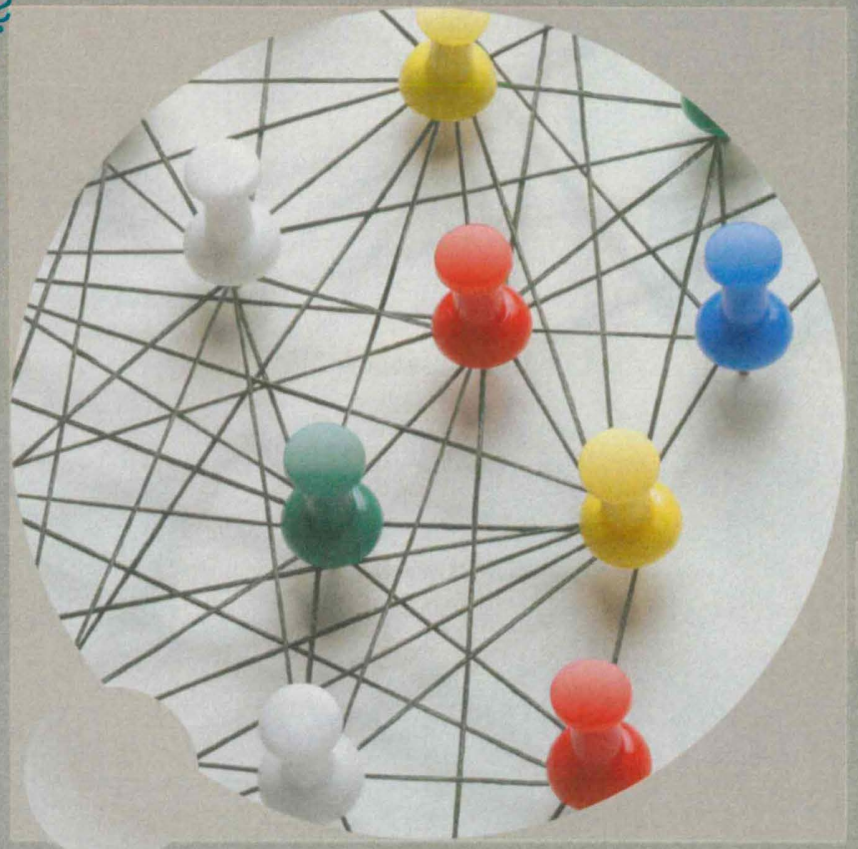
Workforce

Where are CHINS staff located?

CHINS staff are located throughout North Dakota

- 7 CHINS Specialists
- 1 CHINS Supervisor



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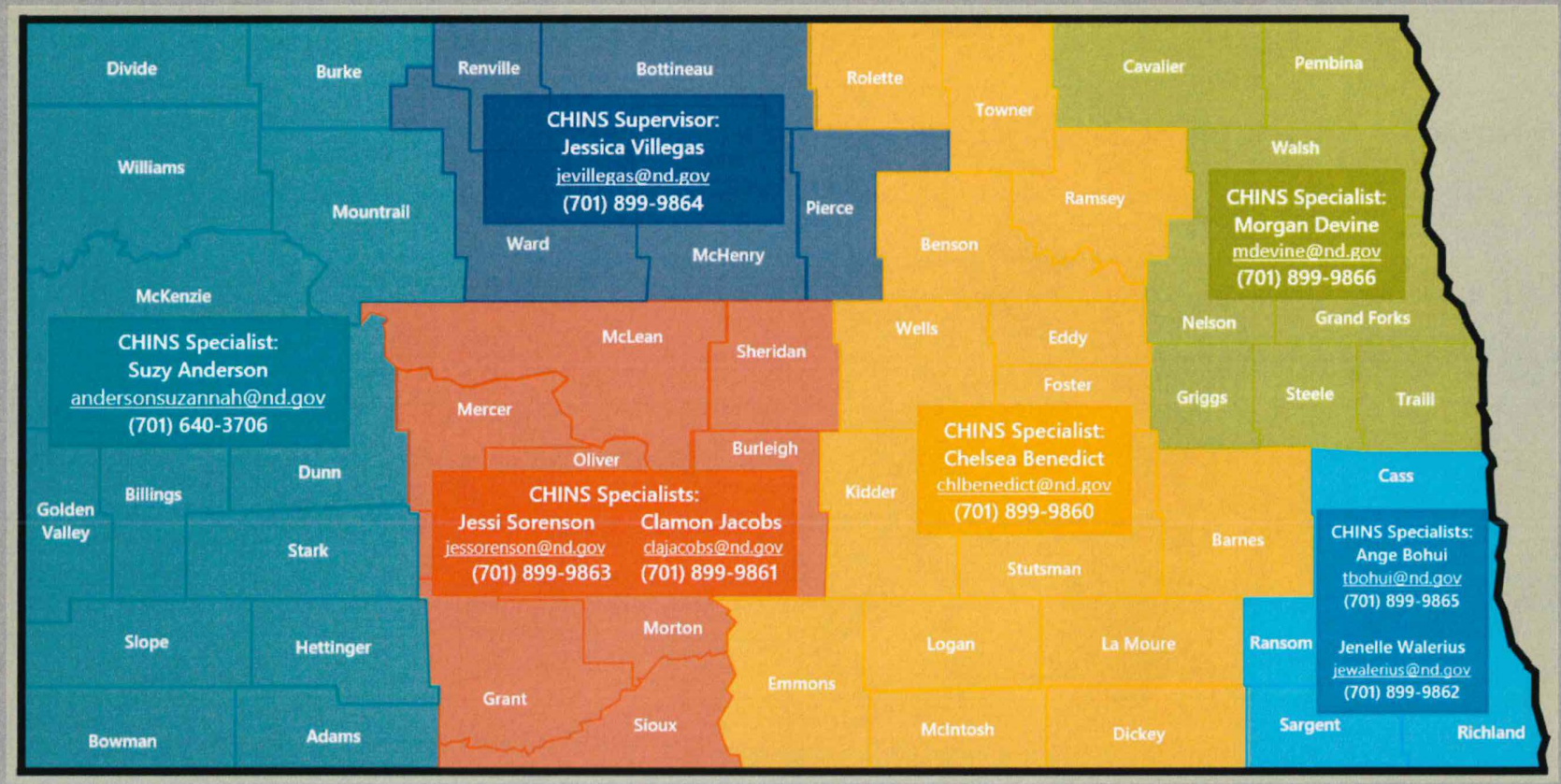
Workforce

Who are the staff members and what areas of ND do they cover?



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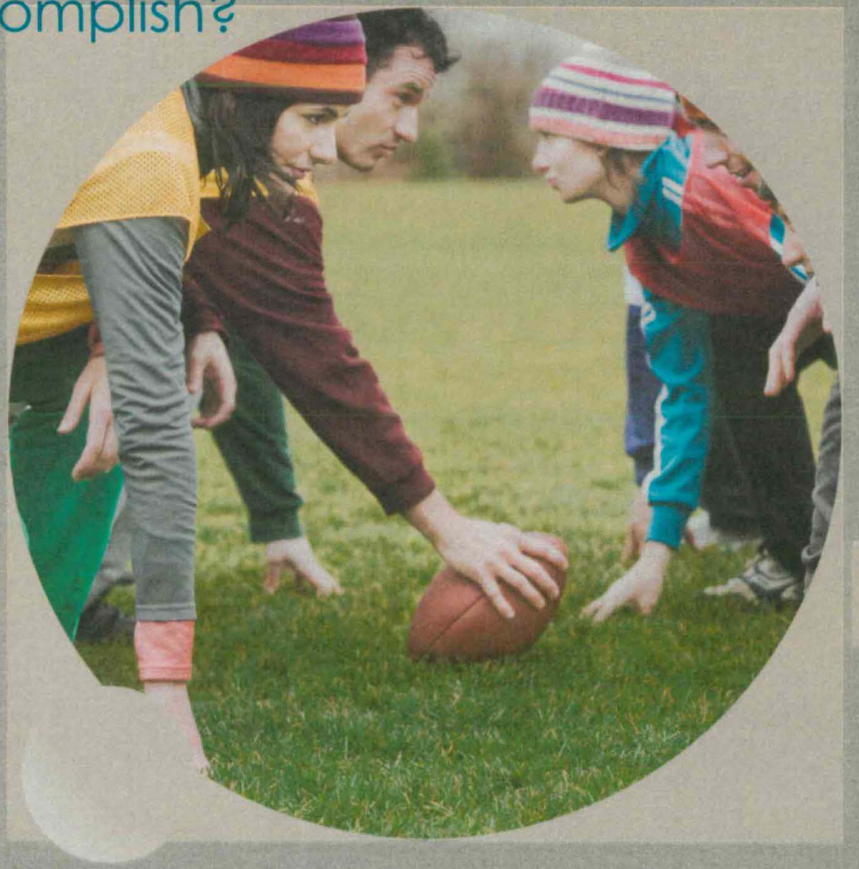
Goals

What is CHINS designed to accomplish?



Maintain children/youth in the community

- Connect children/youth and their families to appropriate services
- Focus on prevention, treatment, and support
- Divert children/youth from entering the juvenile justice system

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Referrals

Who can refer to CHINS?

Referrals come from a variety of community members

- Parents/guardians
- Family members
- Law enforcement
- School officials
- Anyone with factual knowledge concerning the youth and family



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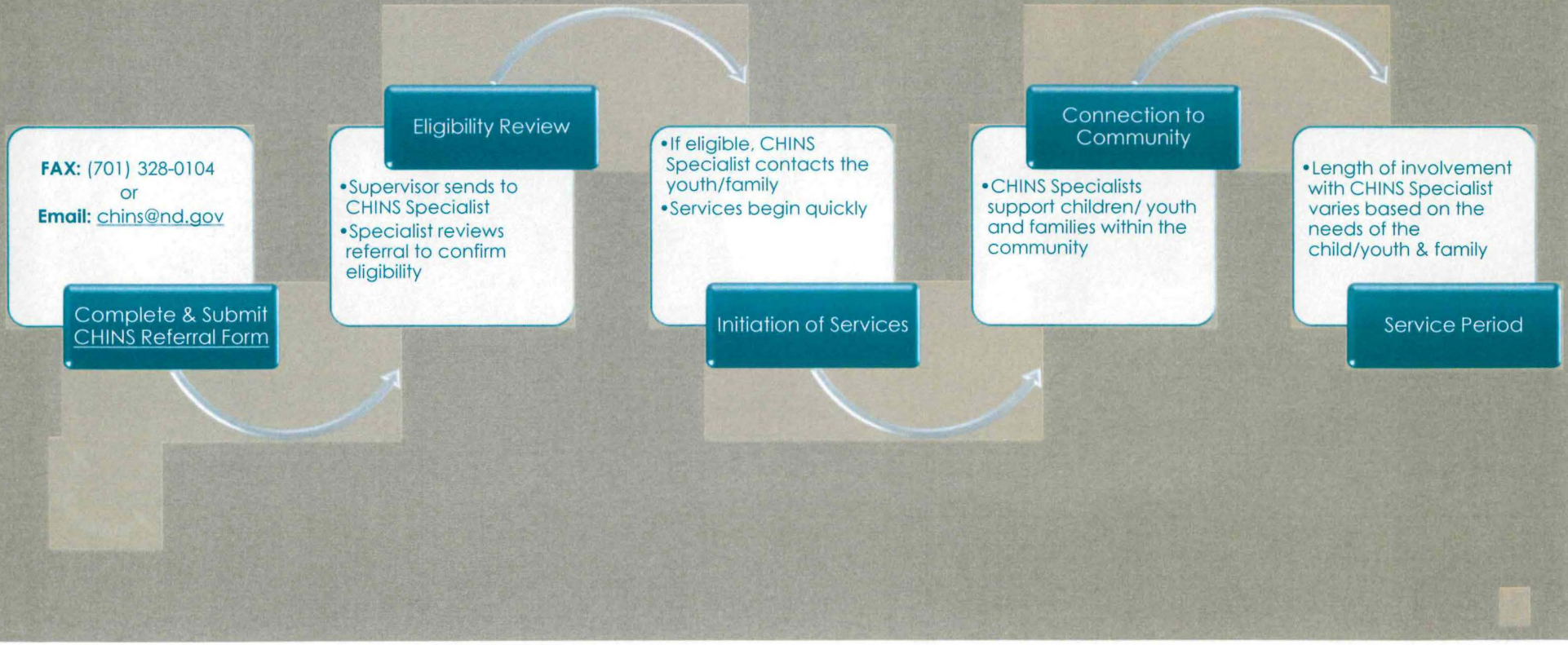
Referrals

What is the Referral Process for CHINS?



Eligibility

What happens after the referral is submitted to CHINS?

The referral form is reviewed

- The child/youth is determined as either eligible or ineligible for CHINS
- If eligible, the CHINS Specialist determines the level of intensity needed and level of intervention necessary.
- If ineligible, the CHINS Specialist contacts the referral source and explains why.



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Levels of Intensity

What are the different levels of intensity for CHINS?

Low

- Send informational letter to family regarding services and resources in their area
- Call referral source & parent/guardian to discuss service options

Moderate

- Conduct intake interview and complete screening/assessments as necessary
- Identify potential service referrals
- Refer for Family Centered Engagement meeting if necessary
- Assist family in developing a case plan
- Follow up with the child/youth, family, and service provider

High

- Conduct intake interview with child/youth and family and complete CHINS Assessment
- Identify appropriate intervention(s) and service referral; coordinate services; schedule and host a Family Centered Engagement meeting
- Engage in warm handoff to services that includes facilitating access to services, preparing a packet of key information for service provider, connect child/youth and family to service provider
- Provide support by meeting with family at least monthly

Levels of Intensity

What are the considerations when determining the level of intensity?

Age of the child/youth	Documented risk of harm to self and/or others
Frequency and/or historical pattern of behaviors and referrals	Documented prior services and efforts made by family and/or school to intervene
Physical and mental/behavioral health of the child/youth	Documented results of evaluations and/or assessments
Whether the child/youth is in custody	Safety of the child/youth
If a runaway, the length of time the child/youth has been missing	

Services

What does the CHINS Specialist do?

CHINS Specialists determine:

- Level of intensity needed
- Level of intervention required to assist the child/youth and family



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Services

What does the CHINS Specialist do?

CHINS Specialists are a conduit for the family

- Empower and engage with children/youth and families
- Connect them to resources and services within their communities



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Children in Need of Services

Services

What can't CHINS do for children/youth and families?

CHINS is not an emergency service

- We cannot address immediate concerns for safety of a child/youth
- We cannot address emergent concerns of harm to self or others
- We encourage calling 988 or 211 for assistance
- Call 911 for delinquent behaviors and other emergency situations

CHINS is not a placement team

- We cannot remove children/youth from the home or place children into foster care, detention, or treatment facilities

Data

What types of referrals has CHINS received since implementation?

Low

- 2,897 referrals have met the criteria for low intensity

Moderate

- 473 referrals have met the criteria for moderate intensity

High

- 93 referrals have met the criteria for high intensity

Total kids - Data from 8/1/22-2/27/25

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Data

What are the demographics of CHINS referrals?

Referral Sources

- 4,438 law enforcement
- 1,372 school
- 141 parents
- 204 other

Referral Types

- 1,430 unruly behavior
- 1,199 truancy
- 2,704 runaway
- 366 tobacco possession

Gender of Children/Youth

- 3,155 male
- 3,000 female

Data from 8/1/22-2/27/25; a child/youth may have been referred more than once.

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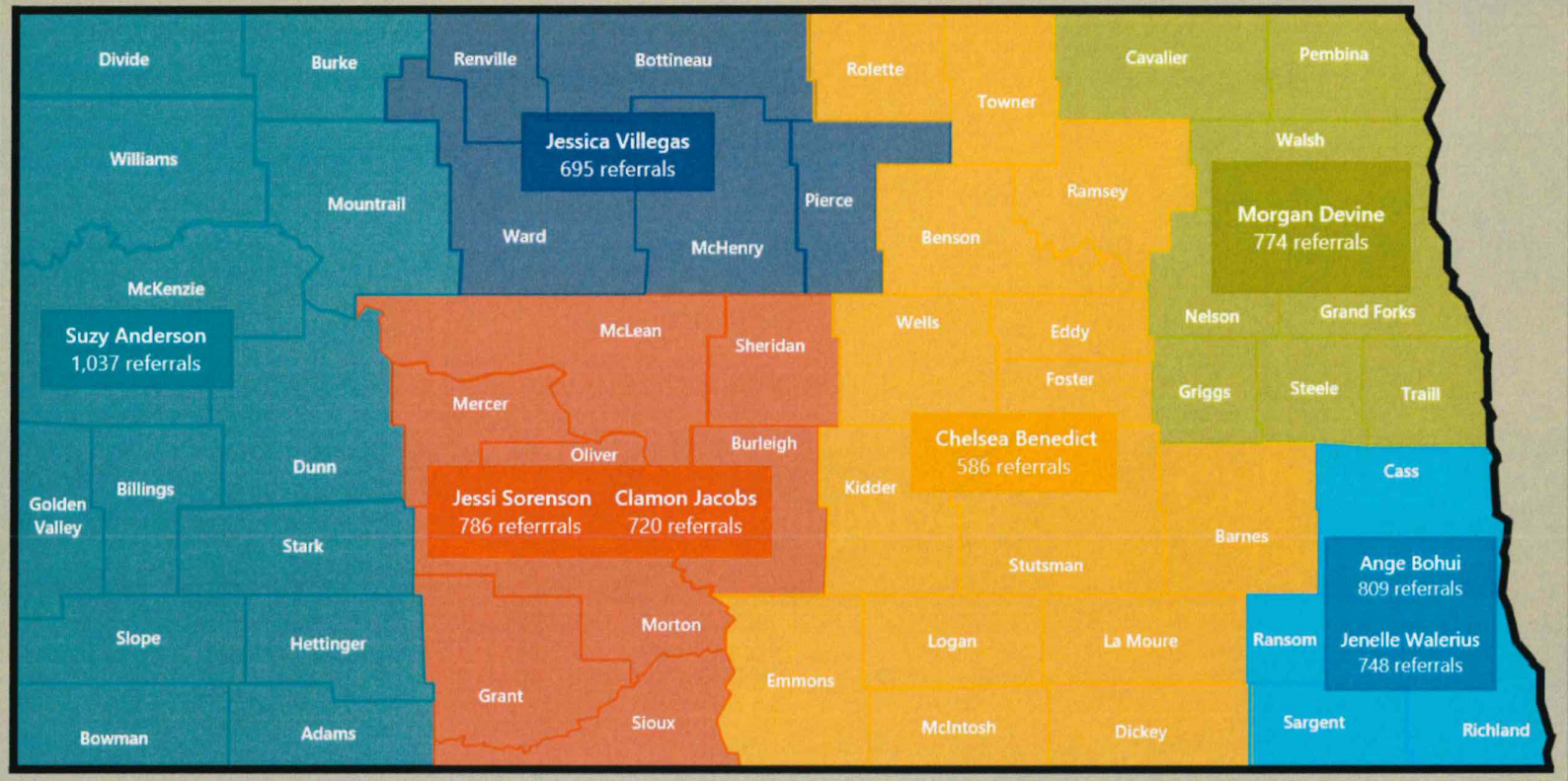
Children in Need of Services

Data

How many referrals has each CHINS Specialist received?



Data from 8/1/22-2/27/25; a child/youth may have been referred more than once.

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CHINS
Children in Need of Services

Thank You!

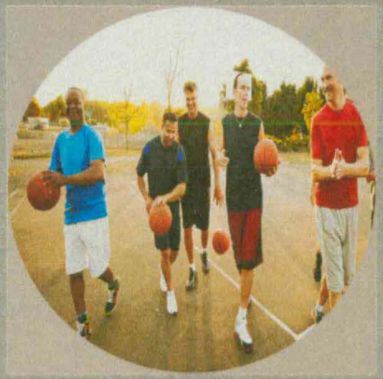
Website:

Children in Need of Services | Health and Human Services North Dakota

Email:

chins@nd.gov







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CHINS
Children in Need of Services

Family Foster Home Licensing & Certification



North Dakota has three Levels of Licensure administered by Children and Family Services for family foster care providers:

License - Full
- Care to up to six children in need of out of home placement, which may include long term placements, respite or shelter care.
- Care to children in need of treatment by specialized providers thru Nexus PATH.

License – Relative
- Care to up to six relative children only.
- No placement maximums unless in treatment foster care.

Certified
- Care to up to three children in need of an out of home safety plan, short-term only; 30 days or less.
- Emergency shelter care is offered during a crisis for 14 days or less.
- Respite care is planned and offered for 4 days or less.

The CFS Licensing Unit works with Tribal Nations and Nexus PATH to approve family foster homes based on NDCC 50-11, NDAC 75-03-36 and licensing policy 622-05.

Eligibility
- Individuals must be age 21.
- Approved fingerprint based criminal background check, including passed child abuse and neglect index check.
- Approved home study assessment.
- Financially stable with reasonable resources to meet the needs of your home.
- Demonstrate the ability to interpret and understand the laws, rules and policies, child case plans, medication labels, etc.

Services
- Family foster care
- Respite care
- Emergency/ Shelter care on-call
- Treatment foster care
- Specialized care to children with complex behavioral health needs, medically fragile and adolescents under the custody of Division of Juvenile Services.

Roles and Responsibilities
- Provide safe care and basic needs.
- Provide daily cares and supervision.
- Provide transportation to school, visitation, activities and medical appointments.
- Communicate with professionals to ensure services are met for the child.
- Participate in case planning meetings.
- Participate in cultural activities for the child.
- Acknowledge foster care is intended to be temporary and offering foster care is a safety service to the community.

Interested in More Information?
- Inquiry Line: 1-833-378-4663
- CFS Licensing Unit: 701-328-2322 or email cfslicensing@nd.gov

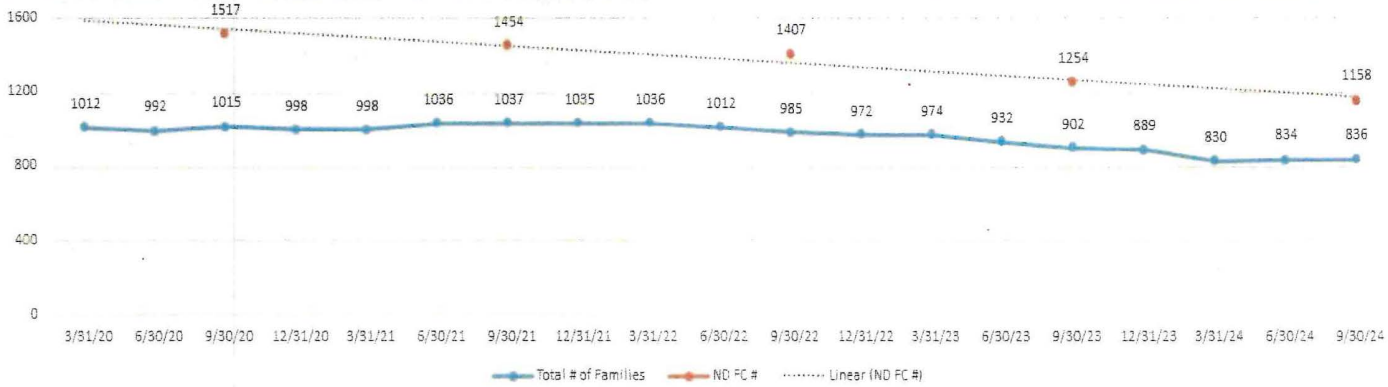
That's a Fact

On any given day in North Dakota, we have roughly:

- 1,150 children in foster care
- 150 licensed relatives
- 600 licensed providers

The data below indicates the volume children in North Dakota foster care is trending downward. This consistent trend is helpful, but there is constant effort made toe ensure provider homes are available and willing to meet the needs of the children in care based on age, gender and complexity of needs.

Children In North Dakota Foster Care vs. Provider Trendline



On average, North Dakota data representing children in foster care includes:

Ages of Children

- 39% ages 5 and under
- 35% ages 6 - 12
- 20% ages 13 - 17
- 6% ages 18+

Custodian of Children

- 81% Human Service Zone and 18+
- 18% Tribal IV-E
- 1% Division of Juvenile Services

Length of Stay for the children in care

- 43% in care less than one year, with 33% of those cases in care 90 days or less
- 23% in care over 1 year, less than 2 years
- 14% in care over 2 years, less than 3 years
- 19% in care greater than 3 years; longest time for a child is 4682 (12.8 years). These cases present with a variety of complex needs, one contributing factor is their length of stay without permanency.

Majority (95%) of the children are placed in a family setting; 16% unlicensed caregivers, 75% with a licensed foster home (relative or unrelated), and 3% in supervised independent living apartments. Case managers work diligently to place children in the least restrictive level of care to meet the child's needs. Since 2019, HHS has seen a reduction in the number of children placed in long term residential settings and an increase in the number of relatives or known caregivers!



Children and Family Services Section
600 East Boulevard Avenue, Dept. 325 ~ Bismarck, ND 58505-0250
Phone: (701) 328-2316 Fax: (701) 328-3538 Email: hhscfs@nd.gov



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Children's Treatment Services Level of Care Determinations

Children's Treatment Services- Level of Care Determination

North Dakota Health and Human Services, Behavioral Health, Children and Family Services and Medical Services partnered across sections to implement a unified clinical assessment to aid in securing treatment services for children.

Purpose

- Determine the least restrictive most appropriate level of care.
- Ensure community services have been exhausted before seeking out-of-home or residential treatment for children.
- Ensure children receive the right services, at the right time, for the right duration.

Eligibility

- Children aged 6 through 17 in need of treatment services.
- Families or case workers seeking out-of-home or residential treatment for a child in their care.

Assessments by Third Party Vendor (Maximus)

- Contracted employees residing in ND use an evidence-based assessment tool.
- Interview with the child, family, therapist, and treatment providers.
- Review clinical and treatment services supporting documentation.
- Review every 90 days when a child is in a residential treatment facility (QRTP/PRTF)
- Review every 180 days when a child is in treatment foster care (TFC)

Placements

- Emergency placements can occur, while the assessment is taking place.
- TFC and QRTP, emergency placements can occur for up to 30 days.
- PRTF, emergency placements can occur for up to 10 days.

Changing the Trajectory

- Data and outcomes show that children do better in family settings. Research indicating placement in institutional/group setting are associated with poorer outcomes.
- Treatment in out-of-home or residential treatment should be short-term.
- Supporting HHS mission in providing services closer to home.

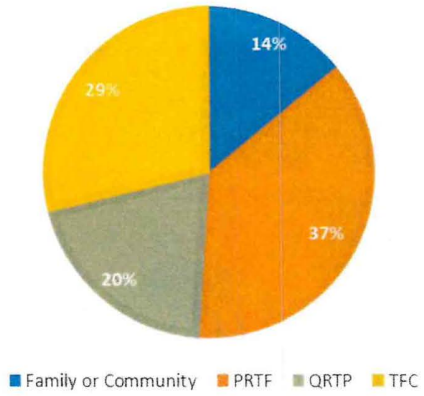
HHS Clinical Alignment Team

The HHS Clinical Alignment Team has employees from Behavioral Health, Children and Family Services, Medical Services and Maximus. The team meets weekly to review cases, the clinical decision support model, trainings for stakeholders, process changes or policy modifications.

Children and Family Services Section
600 East Boulevard Avenue, Dept. 325
Bismarck, ND 58505-0250
Phone: (701) 328-2316 Fax: (701) 328-3538
Email: hhscfs@nd.gov
https://maximusclinicalservices.com/svcs/north_dakota_cts
https://www.hhs.nd.gov/childrens-treatment-services

CTS-LOC Determinations issued since July 1, 2024

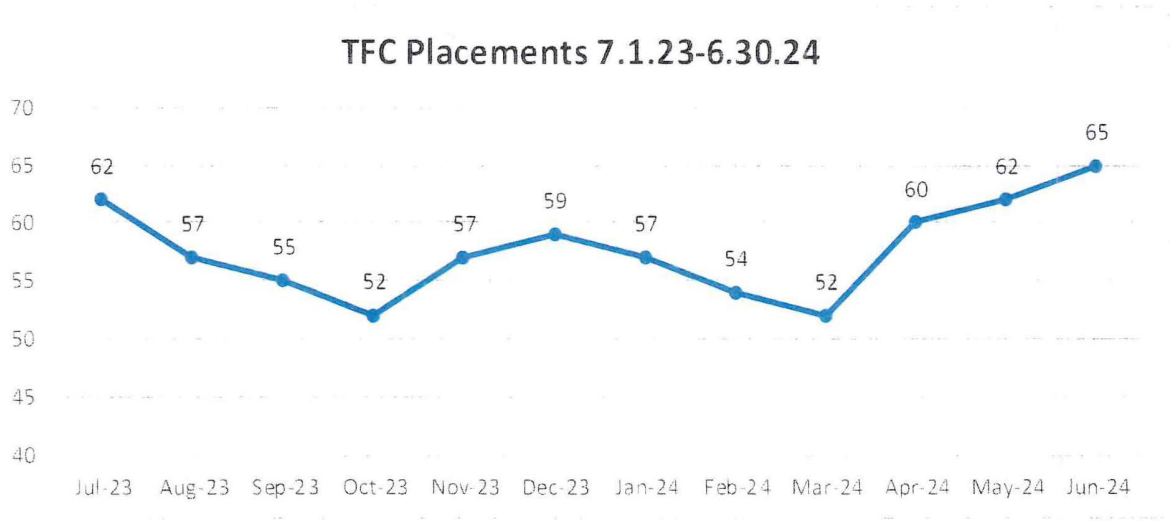
Since July 1, 2024, there have been 413 assessments, completed **234 (57%)** for children in public custody. Majority 89% have been approved for treatment to remain in or enter a PRTF, QRTP or TFC foster home.



Treatment Foster Care

Treatment Foster Care is provided by Nexus PATH Family Healing as a Licensed Child Placing Agency (LCPA) licensed and paid for by HHS Children and Family Services. Treatment Foster Care (TFC) providers receive extra training and support by the agency as children placed in their home require additional in-home supports and services. TFC is an alternative to institutional and residential facilities offering a home environment to meet the complex mental and behavioral health needs of children in a least restrictive family setting. This level of care is for children ages six through 17 who experience frequent, co-occurring symptoms and behaviors that result in the need for increased services, supports and provider training to address complex trauma.

From July 1, 2023, to June 30, 2024, the chart below shows the number of children served in treatment foster care through Nexus PATH Family Healing:



Qualified Residential Treatment Programs

North Dakota has two Qualified Residential Treatment Programs (QRTP), Home on the Range located in Sentinel Butte averaging 94% occupancy in the last six months and Dakota Boys and Girls Ranch located in Minot averaging 69% occupancy in the last six months.

QRTP's are licensed and paid for by HHS Children and Family Services. QRTP's are **short-term** residential treatment providers offering trauma-informed treatment designed to address the serious complex behavioral health needs of children ages 10 through 17. QRTPs must have a trauma-informed treatment model, a registered or licensed nurse and other clinical staff available 24/7. QRTP's must facilitate participation of family members in a child's treatment program, and provide aftercare supports for at least 6 months post discharge.

OVERALL RANK **11**

2023 KIDS COUNT® DATA PROFILE

NORTH DAKOTA

THE ANNIE E. CASEY FOUNDATION

ECONOMIC WELL-BEING — RANK 6

	UNITED STATES			NORTH DAKOTA		
Children in poverty US 12,243,000 | ND 19,000	17% 2019	17% 2021	= SAME	10% 2019	10% 2021	= SAME
Children whose parents lack secure employment US 21,143,000 | ND 37,000	26% 2019	29% 2021	↑ WORSE	21% 2019	20% 2021	↓ BETTER
Children living in households with a high housing cost burden US 21,857,000 | ND 36,000	30% 2019	30% 2021	= SAME	16% 2019	20% 2021	↑ WORSE
Teens not in school and not working US 1,234,000 | ND 3,000	6% 2019	7% 2021	↑ WORSE	4% 2019	7% 2021	↑ WORSE

EDUCATION — RANK 35

	UNITED STATES			NORTH DAKOTA		
Young children (ages 3 and 4) not in school US 4,380,000 | ND 15,000	53% 2012–16	54% 2017–21	↑ WORSE	64% 2012–16	69% 2017–21	↑ WORSE
Fourth-graders not proficient in reading US N.A. | ND N.A.	66% 2019	68% 2022	↑ WORSE	66% 2019	69% 2022	↑ WORSE
Eighth-graders not proficient in math US N.A. | ND N.A.	67% 2019	74% 2022	↑ WORSE	63% 2019	72% 2022	↑ WORSE
High school students not graduating on time* US N.A. | ND N.A.	14% 2018–19	14% 2019–20	= SAME	12% 2018–19	11% 2019–20	↓ BETTER

*N.A.: Not available *Graduation data may not be comparable across time due to the impact of the COVID-19 pandemic.*

Explore data on children and families at **datacenter.aecf.org.**

HEALTH

RANK 19

	UNITED STATES			NORTH DAKOTA		
Low birth-weight babies US 311,932 | ND 672	8.3% 2019	8.5% 2021	↑ WORSE	6.8% 2019	6.6% 2021	↓ BETTER
Children without health insurance US 4,165,000 | ND 14,000	6% 2019	5% 2021	↓ BETTER	8% 2019	7% 2021	↓ BETTER
Child and teen deaths per 100,000 US 23,198 | ND 58	25 2019	30 2021	↑ WORSE	28 2019	29 2021	↑ WORSE
Children and teens (ages 10 to 17) who are overweight or obese US N.A. | ND N.A.	31% 2018–19	33% 2020–21	↑ WORSE	28% 2018–19	29% 2020–21	↑ WORSE

FAMILY AND COMMUNITY

RANK 6

	UNITED STATES			NORTH DAKOTA		
Children in single-parent families US 23,626,000 | ND 48,000	34% 2019	34% 2021	= SAME	28% 2019	27% 2021	↓ BETTER
Children in families where the household head lacks a high school diploma US 8,269,000 | ND 8,000	12% 2019	11% 2021	↓ BETTER	5% 2019	4% 2021	↓ BETTER
Children living in high-poverty areas US 6,086,000 | ND 8,000	13% 2012–16	8% 2017–21	↓ BETTER	5% 2012–16	4% 2017–21	↓ BETTER
Teen births per 1,000 US 146,973 | ND 317	17 2019	14 2021	↓ BETTER	16 2019	13 2021	↓ BETTER

N.A.: Not available

Montana Budget & Policy Center | **ndkidscount.org** | 406.422.5848

Find additional data on this state's children and families at **datacenter.aecf.org/ND.**

Learn about child well-being and state rankings at **www.aecf.org/databook.**

NORTH Dakota
Be Legendary.™

Who Does What in Child Welfare?

ROLES IN NORTH DAKOTA'S HUMAN SERVICE SYSTEM

HUMAN SERVICE ZONES (HSZ) TEAM MEMBERS

☆ *Child Protection Services (CPS) Workers:* Provide protective services for children under age 18, including child protection assessments in response to reports of suspected child abuse or neglect and follow-up services to families.

☆ *CPS Central Intake Unit:* (*Statewide HSZ team*) Is the intake point for reports of suspected child abuse or neglect. Collects facts and provides details to CPS workers at the local HSZ level.

☆ *Child Welfare/CPS Supervisor:* Supervise and support child welfare staff in HSZs.

Foster Care Case Manager: Manages case and is main point of contact for child, parents and foster care provider. *Child is not in the home.*

Child Welfare Case Manager: *(Also called Family/In-Home/ Wrap-around/Family Preservation Case Manager)* Focuses on internal family stability, parental capacities, and identifying needed supports and services. *Child is in the home.*

Family Support/Parent Aide: *(Also called Human Service Aide /Transportation Aide)* Assist parents in building parental capacities and skills to maintain or reunify child with family. Not located in all HSZs. Some only provide transportation to support child and family connections and visits. ■

ND HEALTH AND HUMAN SERVICES (HHS) TEAM

Foster Care Licensing Specialist: Recruits, supports, guides and assesses foster parents through the licensing and renewal process. Works in the HHS Children and Family Services (CFS) Licensing Unit.

☆ *Field Service Specialist:* Monitors fidelity and quality of work related to the Safety Framework child welfare practice model and ND policy, in addition to providing technical assistance to the foster care, child protection and in-home case management units within the Human Service Zones and Division of Juvenile Services (DJS). Is employed by HHS – CFS. ■

Other Non-Child Welfare Support to Families

Children in Need of Services (CHINS): HSZ team connects families and children (whose behaviors Include truancy, disobeying parents, running away and/ or using tobacco products) to local services. hhs.nd.gov/cfs

OTHER INFORMATION

☆ OUT OF HOME PLACEMENT:

- Legal authority to remove a child is authorized by Juvenile Court or Law Enforcement and affirmed by the Courts.
- Deprivation matters are brought forth by the HSZ CPS workers to the removing authorities.
- Out-of-home placements could occur with relatives, kinship care, foster homes, therapeutic foster homes, or QRTP/PRTFs.

CUSTODIAL AGENCY: In ND, foster children are placed under the public custody of three public agencies:

- *Human Service Zones:* ND's 19 Human Service Zones that represent 53 counties serve the greatest volume of foster children in ND's foster care system.
- *Division of Juvenile Services*
- *Tribal Social Services:* North Dakota has a formal State-Tribal Title IV-E agreement with four Tribal Nations: Standing Rock Sioux Tribe, Spirit Lake Nation, Turtle Mountain Band of Chippewa and MHA Nation.

GUARDIAN AD LITEM: Appointed by the court to advocate for the best interests of a child in a juvenile court proceeding.

☆CPS TEAM

SAFETY FRAMEWORK PRACTICE MODEL



ND SFPM is the Safety Assessment and Family Evaluation Model (SAFE) ©2025 Action for Child Protection. All rights reserved.

Safety Framework Practice Model (SFPM) was implemented December 2020 per Social Services Redesign (SB 2124, 2019). SFPM brings consistent child welfare practice for all Human Service Zones whereby they intervene in families with children who are unsafe based on the presence of uncontrolled danger threats. SFPM uses standardized tools and decision-making criteria to make well-founded child safety decisions to ensure we intervene in families' lives only when necessary. Caseworkers must consider specific, key questions to determine the least intrusive and most appropriate level of intervention.

SFPM reinforces safety planning within the home to reduce further trauma to the child. Removing children from their parents/caregivers and family home occurs only after a comprehensive assessment indicates in-home safety planning is not possible. When **1)** the family has made significant progress in achieving the expected outcomes of the case; **2)** child safety is being sustained in the child's home; and **3)** the child's safety can be maintained without the ongoing intervention of safety service providers, the case is closed.

IMPACT/OUTCOMES

CFS tracks whether SFPM is having the intended impact and data trends since implementation are encouraging:

- Reduction in the use of paid foster care;
- Increase in the use of kinship caregivers; and
- Progressive approaches for managing child safety, supporting parents in becoming protective and receiving needed services, and ensuring family well-being.

TRAINING & TECHNICAL ASSISTANCE

100% of Human Service Zone staff must complete Child Welfare Certification Training within the first year of employment. SFPM practice requirements are woven throughout the 6-week curriculum.

607-05 Child Welfare Practice Policy Manual includes the SFPM requirements for child welfare workers and supervisors.

The ND SFPM Field Guide was published and disseminated to the workforce in March 2024 to provide further procedural guidance. In addition, tools, forms, and technical assistance opportunities that are consistently offered to the child welfare workforce.

FIDELITY SUPPORT

In July 2023 CFS implemented Courageous Case Management Site Visits (CCMs). CCMs involve Field Service Specialists and the SFPM Statewide Administrator traveling onsite to meet with Human Service Zone case managers, supervisors, and directors to build on their strengths, address any challenges or barriers to implementing SFPM with fidelity, and foster collaborative relationships.

During CCMs, the CFS team meets with zone staff about case situations that are particularly challenging with the end goal of determining which children continue to require our services and which can move/remain home safely with no further agency intervention.

CCMs have been well-received. In 2023, CFS completed seven CCM Site Visits from July-December 2023. Nine additional Human Service Zones have requested CCMs in 2024.

Title IV-E Prevention Services

Under the Family First Prevention Services Act of 2018



The North Dakota Title IV-E Prevention Services Plan allows ND Department of Health and Human Services access to federal Title IV-E funding for approved evidence-based services to children/youth at risk of out of home placement.

DHHS -Children and Family Services Section is responsible for program administration of the Title IV-E Prevention Services Plan. This includes determining eligibility, monitoring agreements with approved providers, meeting federal requirements, completing QA reviews, and funding Title IV-E prevention services.

North Dakota's approved prevention services are:

- Healthy Families
- Parents as Teachers
- Nurse-Family Partnership
- Homebuilders
- Brief Strategic Family Therapy
- Parent-Child Interaction Therapy
- Multisystemic Therapy
- Functional Family Therapy
- Family Check-Up/Everyday Parenting

RECRUITMENT OF PROVIDERS

Title IV-E prevention services are available in select areas of the state. Recruitment of public and private providers continues. Grants have been awarded to agencies in an effort to grow the number of providers in implementing and delivering evidence-based Title IV-E prevention services.

ELIGIBLE CHILDREN

Federal guidance defines child eligibility criteria. Children eligible for Title IV-E prevention services must meet the following:

- Birth through 17 years of age;
- Resident of North Dakota and a US citizen;
- Not in an open foster care program *(Exception: A youth who is pregnant or parenting)*;
- Lives in the home of a parent/caregiver; and
- Is at risk of out of home placement if preventative services are not offered.

Once the above criteria are met, a determination of eligibility is completed based on circumstances and characteristics of the child and their parents/caregiver.

APPROVED APPLICATIONS

From SFY 2023 to SFY 2024 North Dakota saw a 94% increase in the number of applications approved for Title IV-E prevention services.



PROGRAMS/SERVICES AND LOCATIONS

Services are provided to both children and their parents/caregivers, based upon their identified needs. Each of the services below has specific outcomes measurements identified as a goal for that service.

PREVENTION SERVICE	LOCATIONS	NUMBER OF CHILDREN SERVED
Healthy Families Home visitation program to strengthen family functioning, reduce risks and build parent protective factors. Target Population: birth-5yrs.	Statewide	312
Brief Strategic Family Therapy Intensive family intervention for youth with behavior/conduct concerns, substance abuse and delinquency. Target population: 6-17yrs.	Bismarck, Dickinson, Fargo, Grand Forks, Jamestown, Mandan, Minot, Watford City, Williston	119
Parent-Child Interaction Therapy Therapy that coaches' parents with children experiencing emotional and behavioral concerns. Target Population: 2-7yrs.	Bismarck, Fargo, Grand Forks, Jamestown, West Fargo	168
Family Check-Up/Everyday Parenting Brief, strengths-based intervention for families with children with emotional, behavioral, and academic concerns and supports positive parenting. Target population: 2-17yrs.	Bismarck, Fargo, Grand Forks, Mandan, Minot, Valley City, West Fargo	123
Multisystemic Therapy Intensive treatment and intervention for high-risk youth that addresses the core causes of delinquent and antisocial conduct. Target Population: 12-17yrs.	Southeast Region: Cass, Richland, Ransom, Traill, Sargent	46
Nurse Family Partnership Home visitation by nurses to improve health, relationships and economic well-being of mothers and their infants. Target Population: birth-2yrs.	Bismarck, Grant, Mercer, Morton, Oliver, and Sioux Counties	1
Functional Family Therapy *(started September 2024)* Family therapy for youth experiencing behavioral or emotional concerns. Target Population: 11-17yrs.	Counties serviced by these Regional Human Service Centers: Badlands, Lake Region, Northwest, South Central, Southeast, West Central	27

List of providers can be found at: https://www.hhs.nd.gov/cfs/title-iv-e-prevention-services

IMPACT/OUTCOMES

DHHS-CFS collects data to monitor effectiveness in reaching the desired outcomes for children and parents/caregivers. Below is the outcome data that shows the average change from initial contact with the child and parents/caregivers to 1) last entered survey, or 2) when the service ended.

Since the prevention plan began, just **3%** of the children served have entered foster care at the 12 or 24mth mark after receiving one or more of the above prevention services. NDHHS-CFS is encouraged by this response and will continue to monitor the effectiveness of these prevention services in helping to reduce the number of children entering foster care. Other promising outcomes include:

- **35%** improvement in demonstrated positive parenting practices
- **39%** increase in demonstrated parent skill development
- **29%** improvement in child's physical and mental health
- **43%** improvement in child's participation in routine and expectations

CHILDREN IN NEED OF SERVICES (CHINS)



BACKGROUND

As part of Juvenile Justice Reform efforts in North Dakota, the 2021 Legislature approved changes to NDCC 27-20.3 for services to be provided by the child welfare system so that children in need of services who have not committed crimes can be served in the community and be maintained outside of the Juvenile Court system.

CHINS PROGRAM GOALS

- Connect children and their families to appropriate services in the community;
- Focus on prevention, treatment services and support; and
- Divert individuals from entering the foster care and juvenile justice system.

CHILD BEHAVIORS APPROPRIATE FOR THE CHINS PROGRAM

- Truancy from school
- Regularly disobeying their parents
- Using and possessing tobacco and related products
- Running away

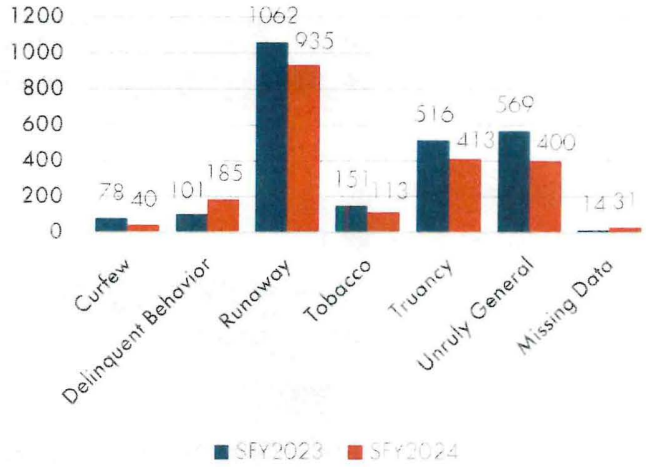
TO REFER TO THE CHINS PROGRAM

Parents, guardians, law enforcement officers, and school officials can refer children to the CHINS Team, staffed statewide by Human Service Zone professionals.

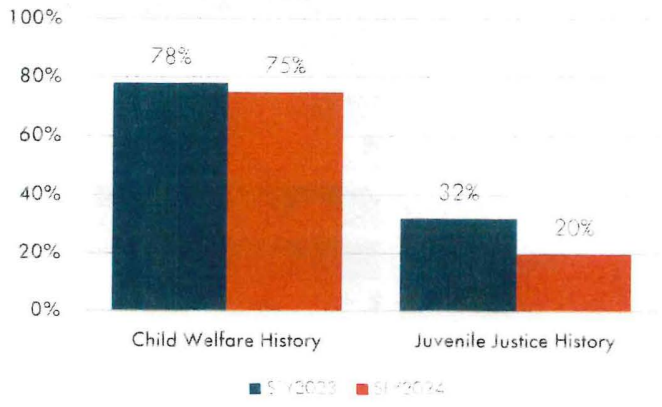
1. Complete a CHINS Referral Form
2. Submit the Referral Form
   - Fax: (701) 328-0104
   - Email: chins@nd.gov
3. Questions regarding the program or referrals can be sent via email to chins@nd.gov or by calling 701-889-9864.

	SFY2023	SFY2024
Total Referrals	2,491	2,117
Total Children	1,493	1,452
Median Age	14 Years	15 Years
Top Living Situation	In Home (89%)	In Home (91%)
Top Referral Source	Law Enforcement (67%)	Law Enforcement (67%)

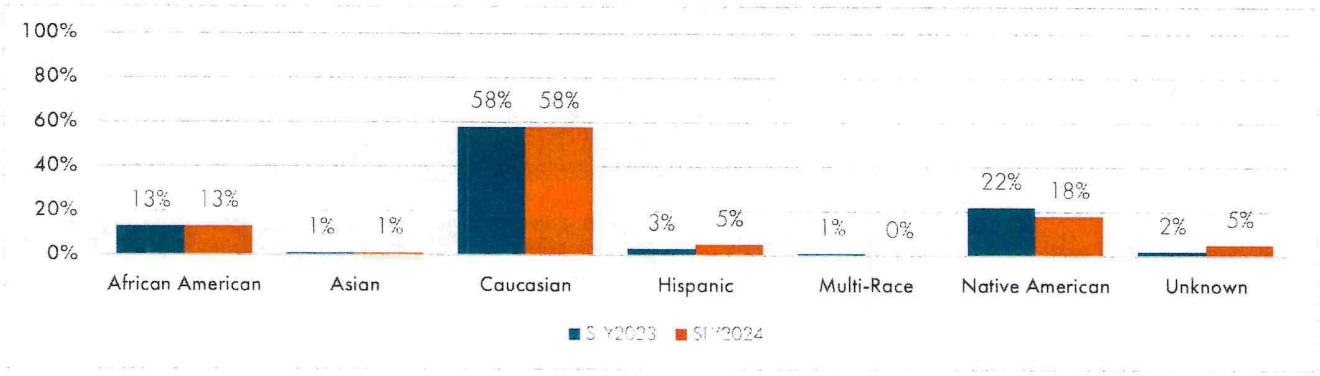
Total Referrals by Category



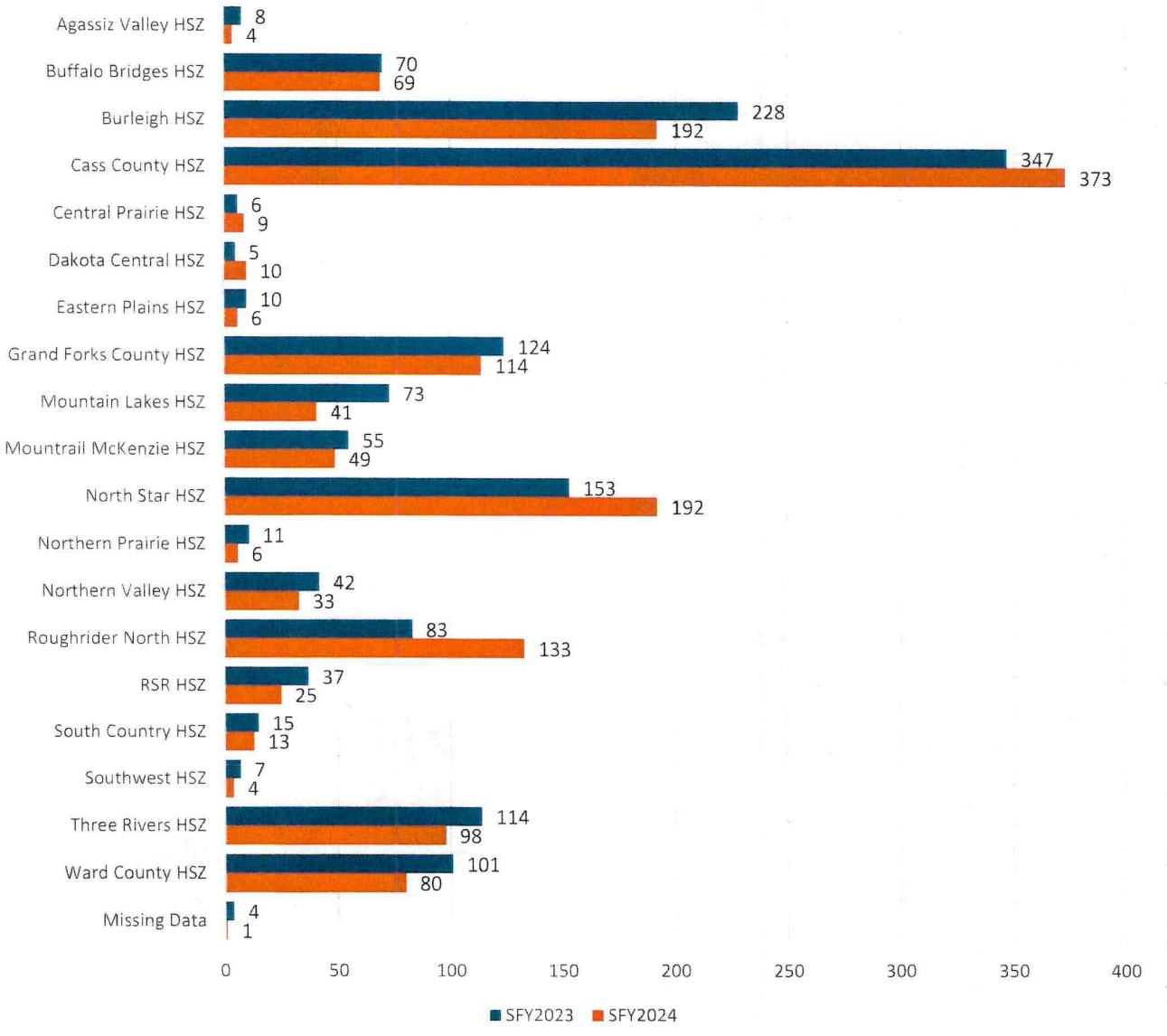
Percentage of Children with Child Welfare or Juvenile Justice History



Total Children by Race



Total Children by Human Service Zone



Children and Family Services Section
600 East Boulevard Avenue, Dept. 325 ~ Bismarck, ND 58505-0250
Phone: (701) 328-2316 Fax: (701) 328-3538 Email: hhscfs@nd.gov



CHILDREN & FAMILY SERVICES

Kinship-ND

NORTH Dakota | Health & Human Services
Be Legendary.

North Dakota has utilized a yearly grant fund under Family First Prevention Services Act (FFPSA) Title IV-B, as well as state funding to create the Kinship-ND program, which assists both relative and fictive kinship caregivers who have taken on full time care of a child who is not their own.

Kinship-ND assists the caregiver with navigating their journey in three main ways:

- 1 on 1 support
- Assistance with resources and information based on their needs
- Limited financial support (2 different funding options: Reimbursement & Allowance)

Top needs

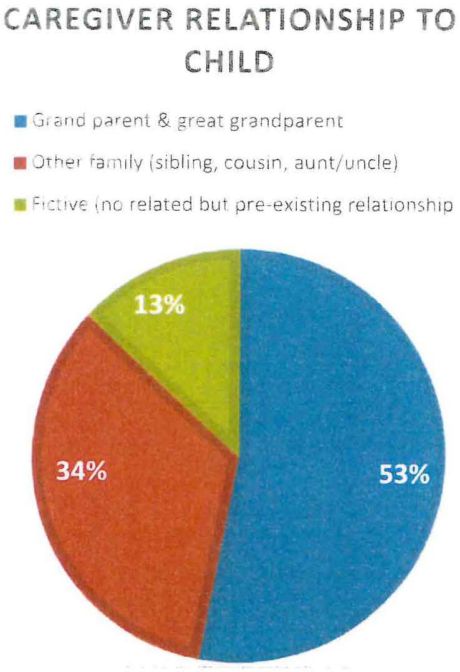
- Financial
- Supplies/ food
- Childcare
- Legal
- Mental health

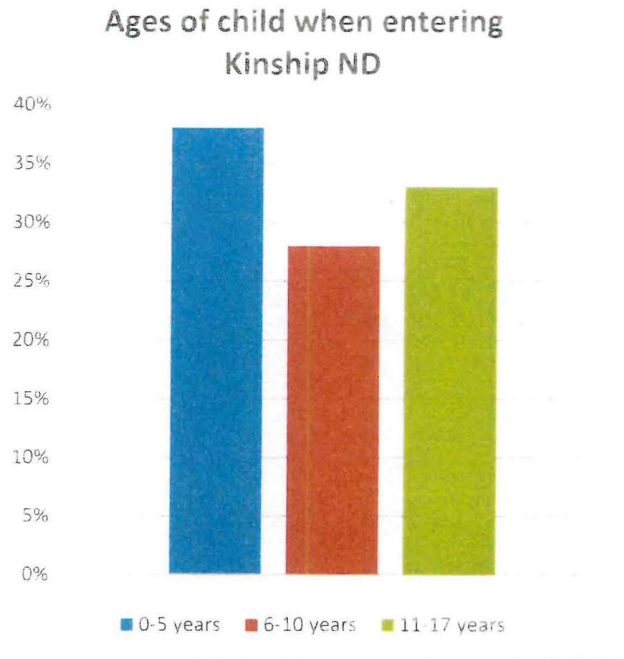
According to childwelfare.org, "Relatives are the preferred resource for children who must be removed from their birth parents because it helps maintain the children's connections with their families, increases stability, and overall minimizes the trauma of family separation. It is imperative that kinship caregivers have the supports they need when a child is placed in their care."

Kinship-ND has been serving caregivers since March 17, 2021

From 3/17/21 – 7/5/24 we have served 937 Caregiver homes with 1,719 Children.

Of those homes there still 635 caregivers who are still caring for 1,134 children in a kinship placement





Grandfamilies.org estimates in North Dakota there are 6,000 children being raised by kin with no parent present and over 9,600 children live in a home where a relative is the head of household.

Child Protection Services



Child Protection Services (CPS) is committed to ensuring the safety and well-being of children by conducting comprehensive assessments upon receipt of a report of suspected child abuse and/or neglect. The purpose of CPS is to assess safety and protect children (anyone under 18 years old) from further maltreatment and identify any ongoing safety threats.

CENTRALIZED INTAKE

This statewide child abuse and neglect reporting line consists of individuals who are specialized to gather comprehensive information to support the workers in their response to children who are maltreated, unsafe, and/or in need of protection and services.

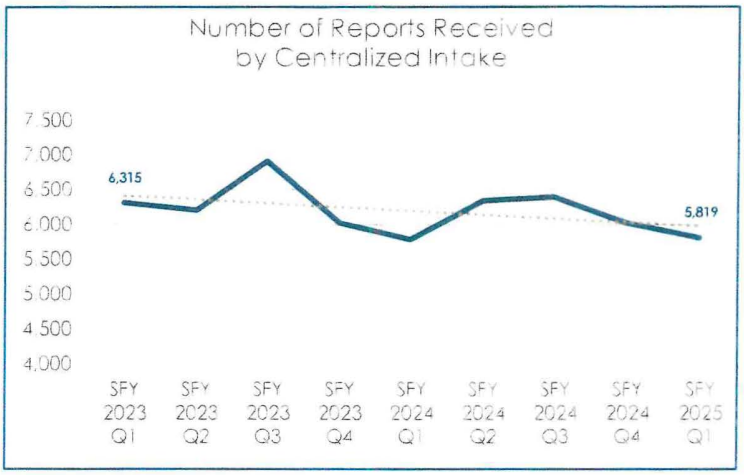
CPS ASSESSMENT

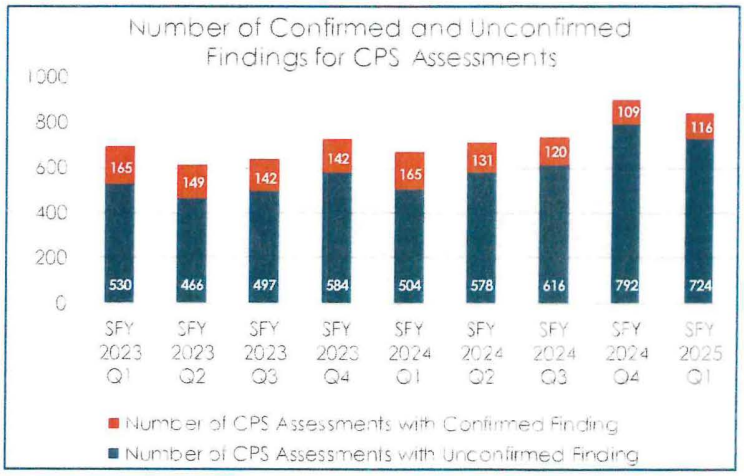
The 19 Human Service Zones are North Dakota's authorized agents who must respond to all reports of suspected child abuse and/or neglect. Zone staff must initiate a CPS assessment of these reports when the information meets the criteria outlined in state statute (NDCC 50-25.1). In most situations, a finding of either "Confirmed" (child was a victim of maltreatment) or "Unconfirmed" (child was not a victim of maltreatment) is made.

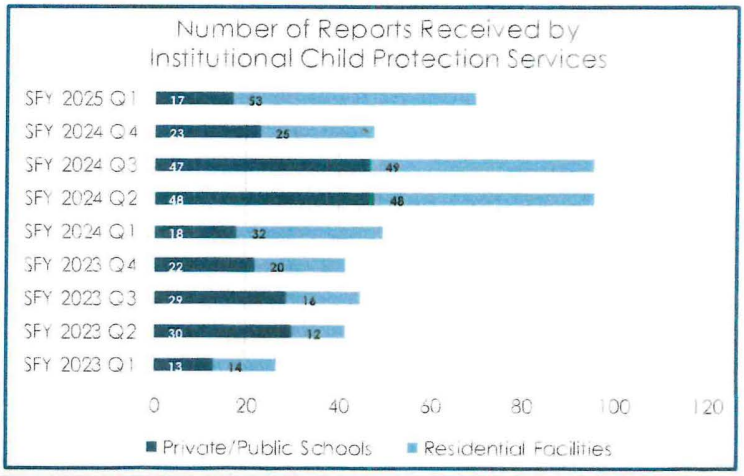
INSTITUTIONAL CHILD PROTECTION SERVICES

Institutional Child Protection Services (ICPS) assesses reports of abuse and/or neglect at institutions that provide services to children to include schools and residential treatment centers. An assessment is completed to assure the children are safe and the institutions adhere to regulations and policies designed to protect the welfare of the children under their care.

DATA



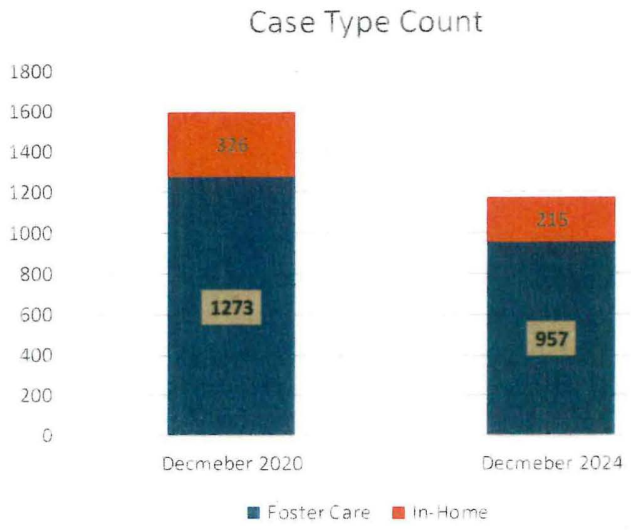


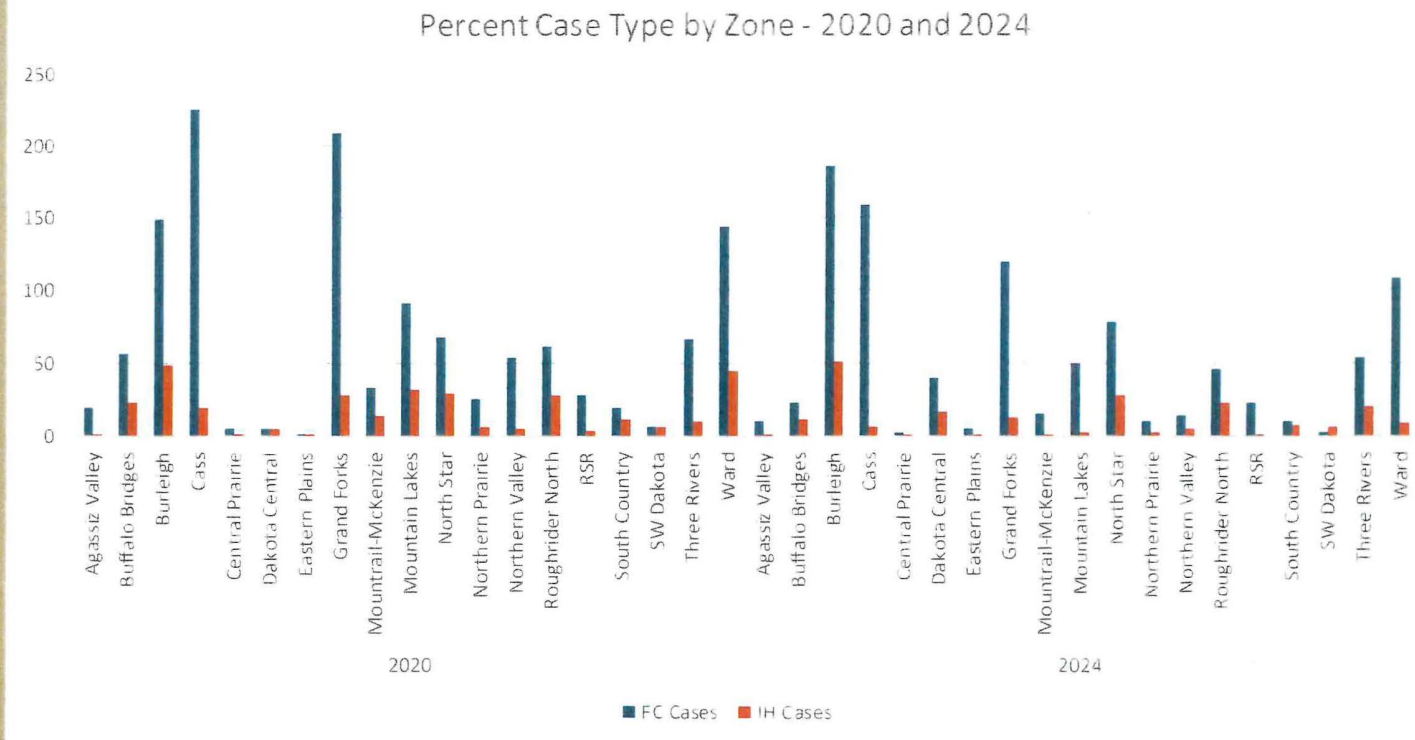


ND Case Management Data Trends – Comparing 2020 to Present



The following data trends represent both foster care and in-home case types with point-in-time data from December 1, 2020 compared to December 1, 2024. In December 2020, the North Dakota child welfare system adopted a new practice model to ensure that services are targeting the right families at the appropriate level of intrusion. Over the past 4 years, implementation training has been maintained and adapted based on the needs of the child welfare workforce. In December 2020, in-home cases constituted 25.6% of all open cases, while in December 2024 this decreased to 22.5%. The total number of cases overall has decreased as well.

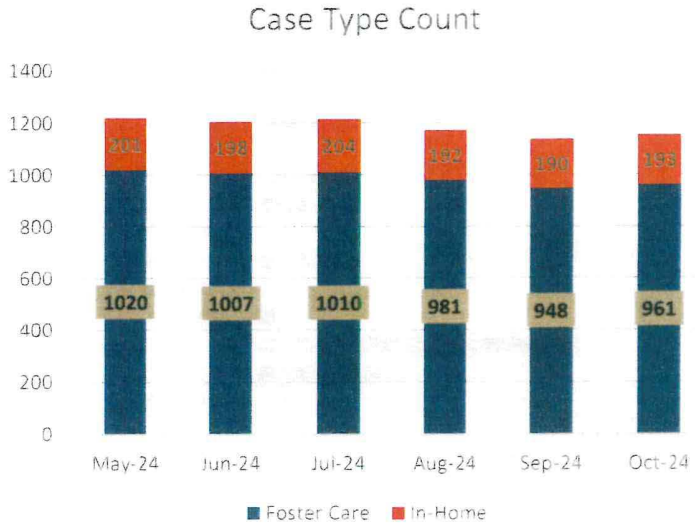


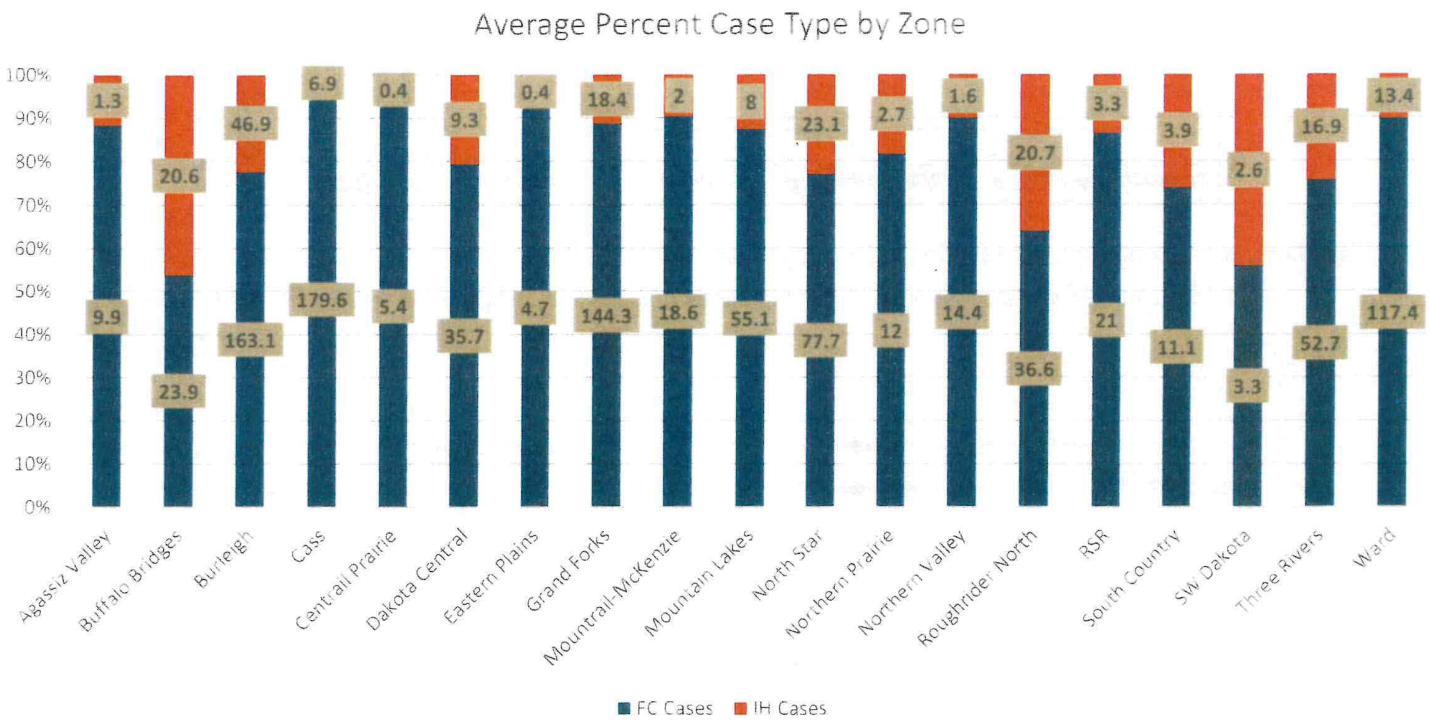


ND Case Management Data Trends



In the North Dakota child welfare system, case management case types are distinguished between in-home and foster care cases. Foster care data tracks the total number of children in each family unit that have entered the foster care system. In-home data focuses on the family unit as a whole, and each family is counted as a single case regardless of the number of children involved with that family. For additional in-depth data trend reporting, in-home cases are sometimes separated out to include the number of children included in each case, as well as the type of safety plan being utilized.

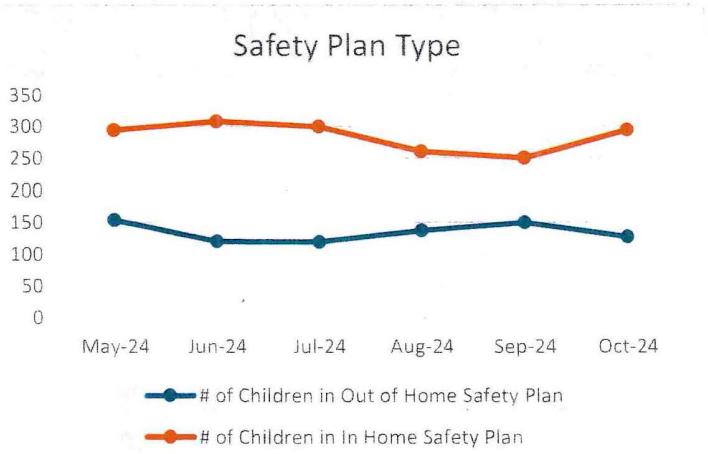




Case type average from May-October 2024

Types of Safety Plans

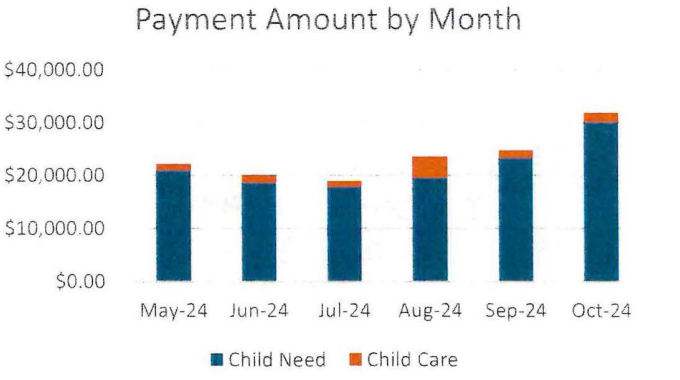
When in-home cases are reported for data tracking purposes, the safety plan type is also considered, as well as how many children that safety plan type involves. This is when it can be more effective to track total number of children in the family unit as opposed to identifying the whole family as the case unit, since there may be situations in which some children in the family unit remain in the home with a safety plan, while other children may need to have an out-of-home safety plan implemented.



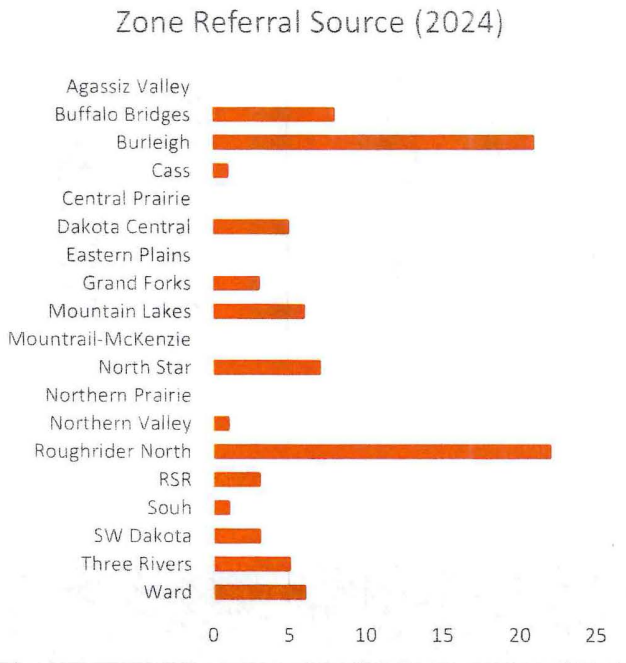
Kinship-ND

Kinship-ND is a program that can be utilized to support families in a variety of ways, including supporting kinship providers with children being served in out-of-home safety plans without agency custody, therefore reducing the level of intrusion into the family unit.

Month (2024)	*# of Caregivers*	*# of Children*	*# Cases Closed*	*# New Applications*
May	29	50	5	1
June	25	44	54	4
July	28	43	3	5
August	30	46	6	8
September	39	64	7	1
October	34	56	11	7



*Child Need rate was increased starting with Oct 2024 payments



Children and Family Services Section
600 East Boulevard Avenue, Dept. 325 ~ Bismarck, ND 58505-0250
Phone: (701) 328-2316 Fax: (701) 328-3538 Email: hhscfs@nd.gov



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Interstate Compact for the Placement of Children (ICPC)

General Information:

The Interstate Compact for the Placement of Children (ICPC) is a contract between all 50 states that allow them to work together to ensure that children who are placed across state lines, who are in the care or custody of a state public child welfare agency, for foster care or adoption receive adequate protection and support services. The ICPC establishes procedures for the placement of children and fixes responsibility for agencies and individuals involved in placing children. The purpose of the ICPC is to protect the child and the party states in the interstate placement of children so that:

- The child is placed in a suitable environment;
- The receiving state has the opportunity to assess that the proposed placement is not contrary to the interests of the child and that its applicable laws and policies have been followed before it approves the placement;
- The sending state obtains enough information to evaluate the proposed placement;
- The care of the child is promoted through appropriate jurisdictional arrangements; and
- The sending agency or individual guarantees the child legal and financial protection

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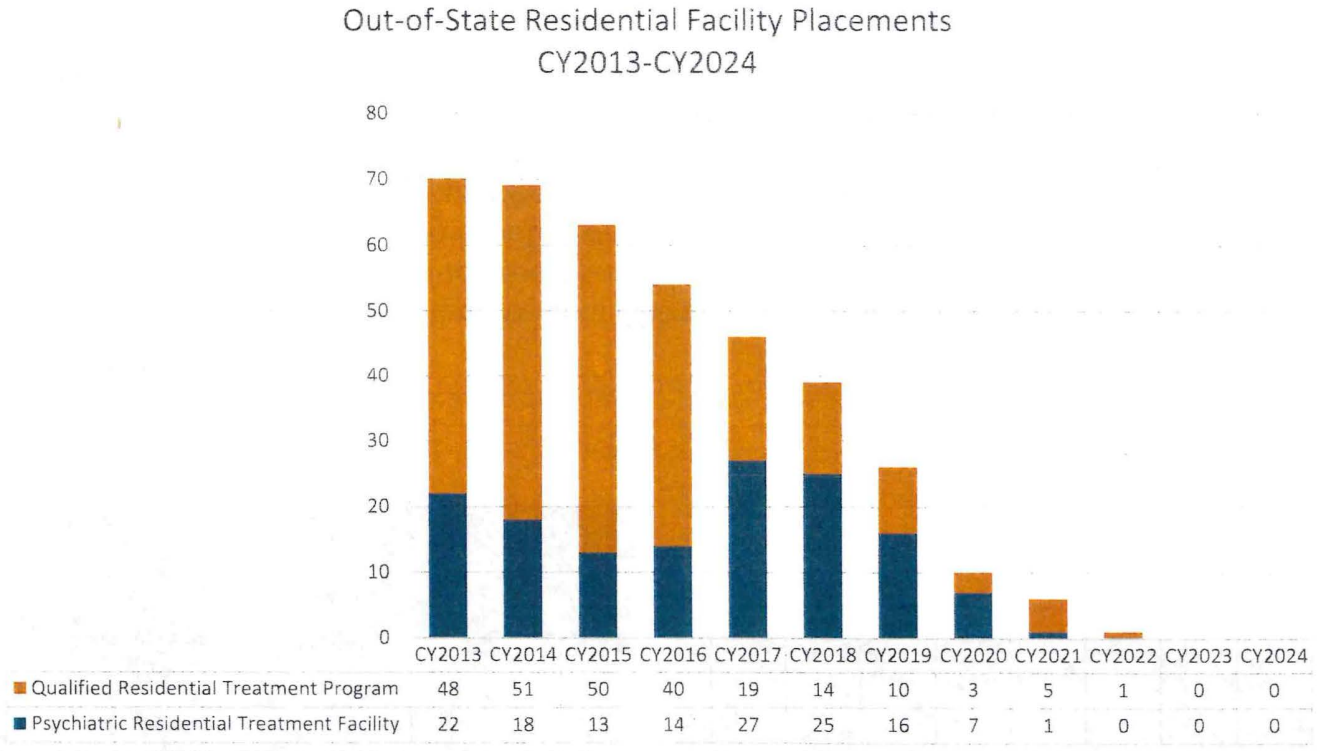
Placement options for which an ICPC be requested:

ICPC can be requested to support several potential placement options

- Parent home
- Relative home
- Foster care provider home
- Adoptive home
- Qualified Residential Treatment Program Facility

ICPC requests processed by North Dakota

- Foster Care and Relative Care – 600 per year (50 per month) both incoming and outgoing
- Adoption – 80 per year both incoming and outgoing
- Out of State Residential Facility Placement – See below



2025 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

HB 1012 p.m.
3/25/2025

Relating to leases of the health and human services property, substance use disorder treatment program, basic care payment rates, and state of residence for child care assistance; to provide for a transfer; to authorize a line of credit; to provide legislative intent; to provide for a legislative management study; to provide an application; to provide an exemption; to provide for a report; and to provide an effective date.

3:15 p.m. Chairman Dever opened the hearing.

Members present: Chairman Dever and Senators Cleary, Davison, Magrum and Mathern.

Discussion Topics:

- Early Childhood
- Budget Overview
- Federal Funding
- Child Care Development Fund (CCDF)
- Head Start Collaboration Grant
- Office of Special Education Programs (OSEP) Part B Section 619 and Section 611
- Child Care Licensing
- Infrastructure Support Funding Request
- Child Care Availability
- Child Care Quality
- Bright & Early ND / ND's Quality Rating & Improvement System (QRIS)
- Child Care Training
- Teaching Strategies Outcome Measurement Tool Funding Request
- Waterford Upstart
- Best in Class Program Expansion Funding Request
- Child Care Provider Grants Funding Request
- Provider Inclusion Support Funding Request
- FTE Block Grant Reduction

3:16 p.m. Jessica Thomasson, Executive Director, Human Services Division, North Dakota Health & Human Services (ND DHHS), testified in favor and highlighted a few excerpts from Kay Larson's testimony #44387.

3:43 p.m. Kay Larson, Director, Early Childhood Section, ND DHHS, testified in favor and submitted testimony #43768.

4:15 p.m. Jessica Thomasson, Executive Director, Human Services Division, ND DHHS, testified in favor and answered committee questions.

3:44 p.m. Kay Larson, Director, Early Childhood Section, ND DHHS, testified in favor and continued testimony.

4:28 p.m. Steph Gullickson, Fiscal Management Analyst, OMB, testified neutral and referred to long sheets.

4:35 p.m. Kay Larson, Director, Early Childhood Section, ND DHHS, testified in favor and continued testimony.

Additional Testimony:

Mychal Cook, Citizen, Dickinson, ND, submitted written testimony in favor #43726.

Carol Maurer, Owner, Ragamuffins Ranch, Stanley, ND, submitted written testimony in favor # 43728.

Kenzi Brown, Owner, Coyote Pups Learning Den, Williston, ND, submitted written testimony in favor #43744.

4:54 p.m. Chairman Dever closed the hearing.

Joan Bares, Committee Clerk

Good morning, esteemed members of the committee. My name is Mychal Reanne Cook. I stand before you as living proof of the transformative power of the F5 Project, a non-profit dedicated to offering a fresh start to formerly incarcerated individuals, those battling addiction, and anyone seeking housing, recovery resources, and peer support.

In 2020, facing probation, I was homeless, jobless, and utterly hopeless. I desperately needed every service the F5 Project provided. As a participant in the Free Through Recovery Program, I found, for the first time amidst my involvement with the criminal justice system, a beacon of hope. The F5 Project offered invaluable peer support and advocacy, connecting me with individuals who understood the arduous journey of rebuilding life after addiction. My care coordinator, was instrumental in my transformation. He tirelessly assisted me in securing employment, driving me to job applications and offering unwavering encouragement. With their steadfast guidance, I also found stable housing.

The impact of the F5 Project has been nothing short of transformative. I am now a junior at Dickinson State University, pursuing a bachelor's degree in psychology with a minor in addiction studies. In the spring of 2024, I achieved a 4.0 GPA, earning a place on the President's List. The F5 Project facilitated my journey from the police blotter to the President’s List in just a few short years—from jobless to gainfully employed, from homeless to housed, and from hopeless to overflowing with hope.

This remarkable transformation was made possible by the Free Through Recovery and Community Connect programs, which provide critical support to individuals like myself. These programs are not merely about rehabilitation; they are about rebuilding lives and fostering a safer, more stable community.

Furthermore, I am now employed as a Peer Support Specialist for the North Dakota Brain Injury Network and a Care Coordinator for the United Way. This state’s investment in my rehabilitation has yielded a return: I am now equipped to give back to my community. I respectfully request this committee to continue that investment. Supporting HB1012 will enable me, and countless others, to improve outcomes for those who desperately need a second chance.

Therefore, I urge the Senate to strongly support HB1012 and ensure continued funding for the Free Through Recovery and Community Connect programs. These programs are essential for individuals seeking a second chance and for the well-being of our community. Investing in these programs is an investment in human potential and a reduction in recidivism, which ultimately saves our state resources.

Thank you for your time and profound consideration.

Mychal Reanne Cook
1022 Villard St. W.
Apartment #408
Dickinson, ND 58601
(701)777.5098

What Makes Ragamuffins Ranch Daycare Unique

We currently have the capacity for 30 Children and are a QRIS Step 3 Program We are a second term (each term being 3 years' time), Step 3 Program. April / 2024 completing a 10-month cohort to recertify, our Step 3 Quality. Step 1-3 are 10-month cohorts individually. I explain this to help the reader understand our level of commitment to quality practices. Currently we are applying for our Step 4 Cohort. Each Cohort (Step) is a 10-month process of onsite coaching, classes, assessments and observations of our program implementing short- and long-term goals, ensuring best practices are always being met. We are a Best-In-Class Kindergarten readiness program offering a sliding fee scale for the Best-In-Class children in the program, we are a member of the Childcare Aware Alliance program offering The Learning Beyond Paper Curriculum for our 0–4-year-old children incorporating purposeful play and meaningful teaching. We work with inclusions (Uspire), also Early Childhood intervention for speech. We are a Unique Program going above and beyond the day-to-day operations in childcare as the programs we participate in are not mandatory rather voluntary it takes a tremendous amount of dedication, time and effort to continue our education in maintaining Quality Practices, our goal is to provide a Quality Childcare Center with a focus on early childhood development incorporating social and emotional growth educating the whole child. We follow the practices of the ND Learning Standards in our curriculum, individual learning plans, documentations and assessments being purposeful in filling all the gaps the year before kindergarten.

We are a unique group of staff members; we are a very strong unit as a team effort in training all new staff. We have a 8-year and 10-year staff member who came to us as a stay home mom wanting to get social for her young child, she is now nearing completion of her (CDA) Child Development Associates Certificate, We have a 3-year staff member with her Degree in Early Childhood Development, we have a 6-year Staff working towards her (CDA) who started with us through the high school work program part time and is now full time, and a one-year staff who came to us wanting to work nearer to young children with a focus in college on inclusions in early childhood development, alongside myself with 21 years of experience in childcare holding a (CDA). These walks of life are potential staff we seek out as they are the puzzle pieces that help to create quality care in childcare. This is what makes Ragamuffins Ranch Daycare Unique! We will be starting our new building of a center offering 120 spots for children in our area.

With the support of our coaches and trainings we believe we are the difference between Childcare and Quality Childcare.

Mountrail County, we are a rural area Total Population in Mountrail County is Est (2023) 9,383 Stanley, Nd Est. (2022) 2,194

We are in Stanley, ND. Mountrail County. County's impacted are Ward County, Williams County and Burke County. We are in the Bakken Oil Field. The childcare Service will provide quality state licensed care with the capacity to serve children ages 0-12 years old in Stanley, North Dakota, and surrounding areas. Our facility will accommodate a maximum of 120 children, which would include two infant rooms. The two infant rooms would provide enough room to accommodate 20 infants, also two rooms for 18 months – 2-year-olds providing room for an additional 30 children. This would account for four rooms in total, dedicated to our need for infant and toddler care in our community. In addition, we will have one room for 3-year-olds which will provide care for 20 children in this age group. Another two rooms will be utilized by using one for 4- and 5-year-olds Best in Class Pre K Program offering a sliding fee scale, providing care for 22 preschool aged children. Lastly, to meet the community needs for before and after school care and summer care for school-age children there will be a dedicated room for 20 school-aged children 6 yr-12yr old. When I add these numbers to our existing 30 children, additional availability for 90 children.

The needs are tremendous! We utilize the services through Bright and Early, Uspire, Right Track and take children on the CCA (Childcare Assistance). We remained committed to childcare services throughout Covid 19 and believe beyond a shadow of a doubt that the service and grant incentives are what has held us above water and have been fortunate to remain open for 12 years in our rural area. The coaches and support services that we receive is what makes the difference between Childcare and Quality Childcare. The coaching support has provided the training, support and resources that allow us the benefit of longevity with staff.

Carol Maurer

Welcome to Best in Class!

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Dear Families,

Your child's 4-year-old classroom has been selected to participate in Best in Class, a program funded through ND Health & Human Services that promotes quality early learning experiences for children in the year before kindergarten. Best in Class builds on program characteristics that drive results by offering affordable, accessible, and quality experiences to participating children in the year before kindergarten.

Best in Class benefits:

- Bases tuition on a sliding-fee scale so it is affordable
- Enrolls children of all abilities
- Provides individualized support for each child through high-quality teacher-child interactions
- Promotes free-play and hands-on learning experiences
- Offers a safe, high-quality environment for children
- Supports child health and well-being by offering health screenings
- Observes and documents children's learning and development (social-emotional, language, physical, cognitive, literacy, and math)
- Includes family engagement opportunities to support child development at home

Attendance:
Regular attendance ensures children benefit from participating in a Best in Class program and is a good measure of family engagement. It also establishes a routine that will benefit children and support their success in school and as lifelong learners.

Enclosed in this parent informational packet you will find:

- Child Information Form *(Please complete and return to program.)*
- Health Screening Permission Form *(Complete and return to program.)*
- Family Engagement Form *(Complete and return to program.)*
- Ready Rosie Flyer *(Family engagement and early learning resource)*

Dear Members of the Committee,

I am writing today in strong support of HB 1012 and the accompanying full funding measures that ensure the continuation of vital child care programs in our community. As the owner of a child care center in Williston, ND, I have witnessed firsthand the transformative power of well-funded early childhood education and care programs.

Our center proudly serves 140 families, and the “Bright and Early” initiative has been instrumental in delivering high-quality care and educational programming. This program not only supports the social and cognitive development of our children but also lays the foundation for their future success in school and life. The comprehensive resources provided through QRIS (Quality Rating and Improvement System) and additional funding have enabled us to maintain a safe, nurturing, and educational environment for our children.

Without the continued support of programs like “Bright and Early” and the necessary funding that HB 1012 proposes, centers like ours would struggle to meet the evolving needs of our community. The funding supports critical aspects of our service—from maintaining qualified staff and ongoing training, to ensuring our facilities are safe and equipped with the resources that foster early learning and development.

I respectfully urge the committee to vote in favor of HB 1012. Your support is not only an investment in our child care infrastructure but also in the future of the children and families who depend on these services. Thank you for your consideration and for your commitment to strengthening early childhood education in our community.

Sincerely,

Kenzi Brown



Engrossed HB1012 Overview – Early Childhood

Senate Appropriations | Human Resources Division
Senator Dick Dever, Chairman

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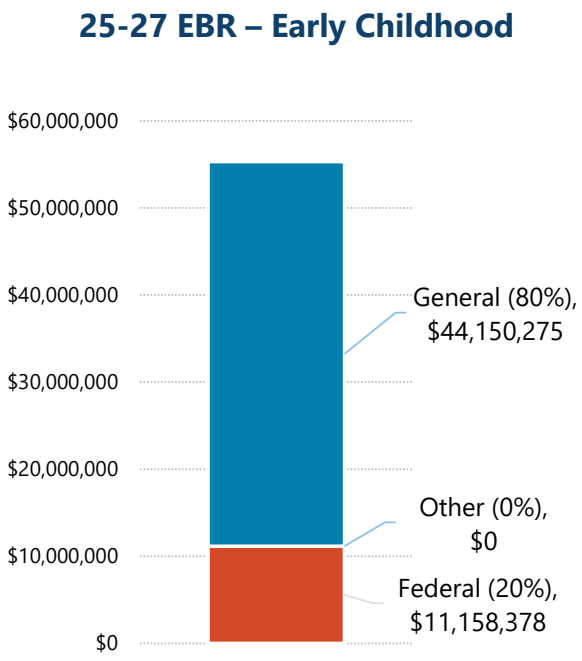
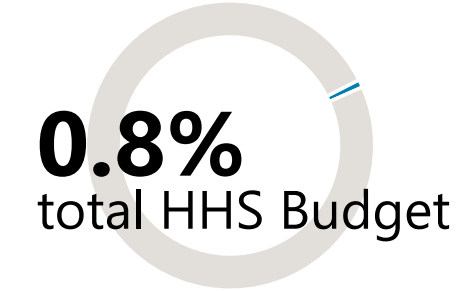
March 25, 2025, Kay Larson | Director, Early Childhood Section

Budget Overview

Early Childhood: $55.3 million total budget

- Primary federal funding source is the Child Care Development Block Grant (CCDBG / CCDF) through the Administration for Children and Families (ACF) at the Department of Health and Human Services
  - CCDBG funds delivery of required quality and licensing functions, resource and referral, and provider support
  - Head Start and Part B 619 grants support coordination and collaboration between partners
- 76% of the Early Childhood budget is either paid directly to providers or for direct service
- Majority of child care licensing related expenses are in the HSZ Operations budget





HB 1540 created resources for child care providers.

- **Grants** for Quality, Facilities, Start-up/Expansion, Inclusion & non-traditional hrs care
- **Shared Service** supports (business mgmt training and operational software, curriculum resources)
- Increased access to **Quality** cohorts and business **coaches**
- **Worker incentives** for above and beyond training

Our goal when children are not with their parents, is that they are in safe and engaging care environments. Investments in quality, inclusive care, facilities, start up, above and beyond training, infrastructure and shared services make it possible for child care providers to create and sustain nurturing environments for children.

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Early Childhood

Summary of Federal Funding Sources

Federal Funding Source	Purpose	Spending Deadline	Grant Year 2024 Deadline	Grant Year 2024 Award
Child Care Development Fund (CCDF) *CCDF funds are used in Economic Assistance and Early Childhood*	Primary Federal Program specifically devoted to providing families with child care subsidy and funding supports to states to improve quality. Total Federal = $23,580,222 Total State = $5,768,485 Requirements: 3% Infant Toddler Quality 9% Quality 5% Admin 70% Direct Service	Discretionary (100% Federal) By end of 3rd Federal Fiscal Year	9/30/2026	$15,420,486
		Mandatory (100% Federal) No specific liquidation date requirement.	N/A	$ 2,506,022
		Matching – Federal/State Match (based on Federal Medicaid Assistance Percentage) By end of 2nd Federal Fiscal Year	9/30/2025	Federal: $ 5,653,714 State: $ 4,751,449
		Maintenance of Effort (MOE) By end of 1st Federal Fiscal Year	9/30/2024	$ 1,017,036
Head Start State Collaboration Grant	Facilitate collaboration among Head Start agencies and entities that carry out activities designed to benefit low-income children from birth to school entry, and their families.	100% Federal Annual awards March 1 – Feb 28	2/28/2025	$ 125,000

Early Childhood

Summary of Federal Funding Sources

Federal Funding Source	Purpose	Spending Deadline	Grant Year 2024 Award
Office of Special Education Programs (OSEP) Part B Section 619 and Section 611 *HHS interdepartmental billing to ND Department of Public Instruction for joint supervision of state requirement*	Assist the State in ensuring the oversight and provisions of all requirements under IDEA, including the assurance of a free appropriate public education (FAPE) in the least restrictive environment, are granted to children with disabilities ages 3-5.	Federal allocation is awarded annually to NDDPI. Federal IDEA, Part B-619 funds are directly distributed to the 31 Special Education Units and the ND School for the Deaf. Section 611 Administrative set aside funds the NDHHS 619 Coordinator position.	$62,675

Early Childhood Purpose and Century Code

Facilitate delivery of programs and services so kids ages 0-5 from all backgrounds and circumstances, their families, and those who support them, have the opportunity to realize their potential.

Chapter	Chapter Name
50-06	Department of Health and Human Services
50-11.1	Early Childhood Services



Infants
0 – 17 months



Toddlers
17 – 35 months



Preschoolers
36 months to Kindergarten



School Agers
Kindergarten through 11 years old

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In ND early childhood is a mixed delivery system, involving both public and private partners using both federal and state funds

ND HHS team	Training and Early Childhood Supports	Early Childhood Experience Providers	ND Department of Public Instruction
• Early Childhood • Children & Family Services (Home Visitation, Child Protection, Abuse Prevention) • Developmental Disabilities (Early Intervention, In-Home supports) • Economic Assistance (Child Care Assistance Program) • Public Health (Maternal & Child Health) • Medicaid (Right Track, CHIP / Healthy Steps)	Trainers, coaches, mentors, consultants • Health and wellness • Business success • Quality improvement • Inclusive child care Consumer education resource and referral	• Early childhood programs including center- and home-based programs • Four-Year-Old Programs in Public and Private Schools • Early Childhood Special Education services • Head Start and Early Head Start • Home visiting, DD & Early Intervention providers	• Office of Specialized Services • PK-12 Strategic Vision • K-12 coordinating council • Comprehensive State Literacy Development Program • Child and Adult Care Food Program • Family Engagement Council

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Early Childhood Programs and Services



Licensing

Health and safety-oriented oversight designed to reduce the risk of children being cared for in an unsafe environment



Professional Development

Maintain workforce registry and vet trainers and training, offer technical assistance to potential and existing providers, establish EC career pathways



Quality

Operate quality improvement system, maintain early childhood standards, support inclusive child care



Best in Class

Support to offer quality experiences in the year before kindergarten focused on child outcomes



Family Support and Education

Consumer ed, child care referrals, early intervention & early special education svc, head start collaboration



EC Operations

CCDF state plan, EC technology coordination and systems support

Child Care Licensing

Calendar Year 2024 Statistics

178 new licenses issued – Gain of 5,129 slots

ND child care licensing specialists process an average of 15 new licenses and 61 license renewals every month

211 licenses closed – Loss of 5,144 slots

260 correction orders issued

Most often for **staff requirements** (background checks, pediatric first aid and CPR, training) and **supervision**/staying in ratio

8 mobile fingerprint units purchased

12 staff trained, 23 printing sessions conducted in February

Did you know?

Seven team members have earned a national credential designed to recognize the competencies of professionals in the human care licensing field?

nara National Association for Regulatory Administration

HHS will launch three new courses this spring to help providers better understand child care licensing, regulations, and compliance.

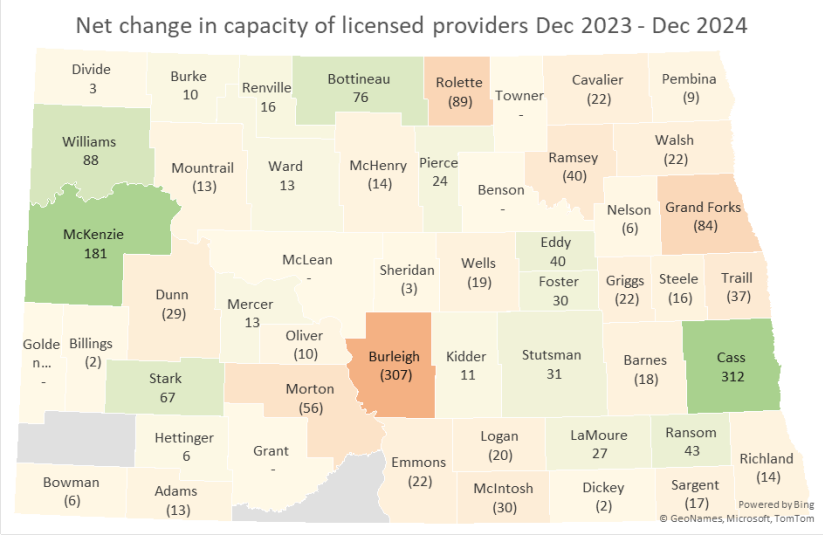


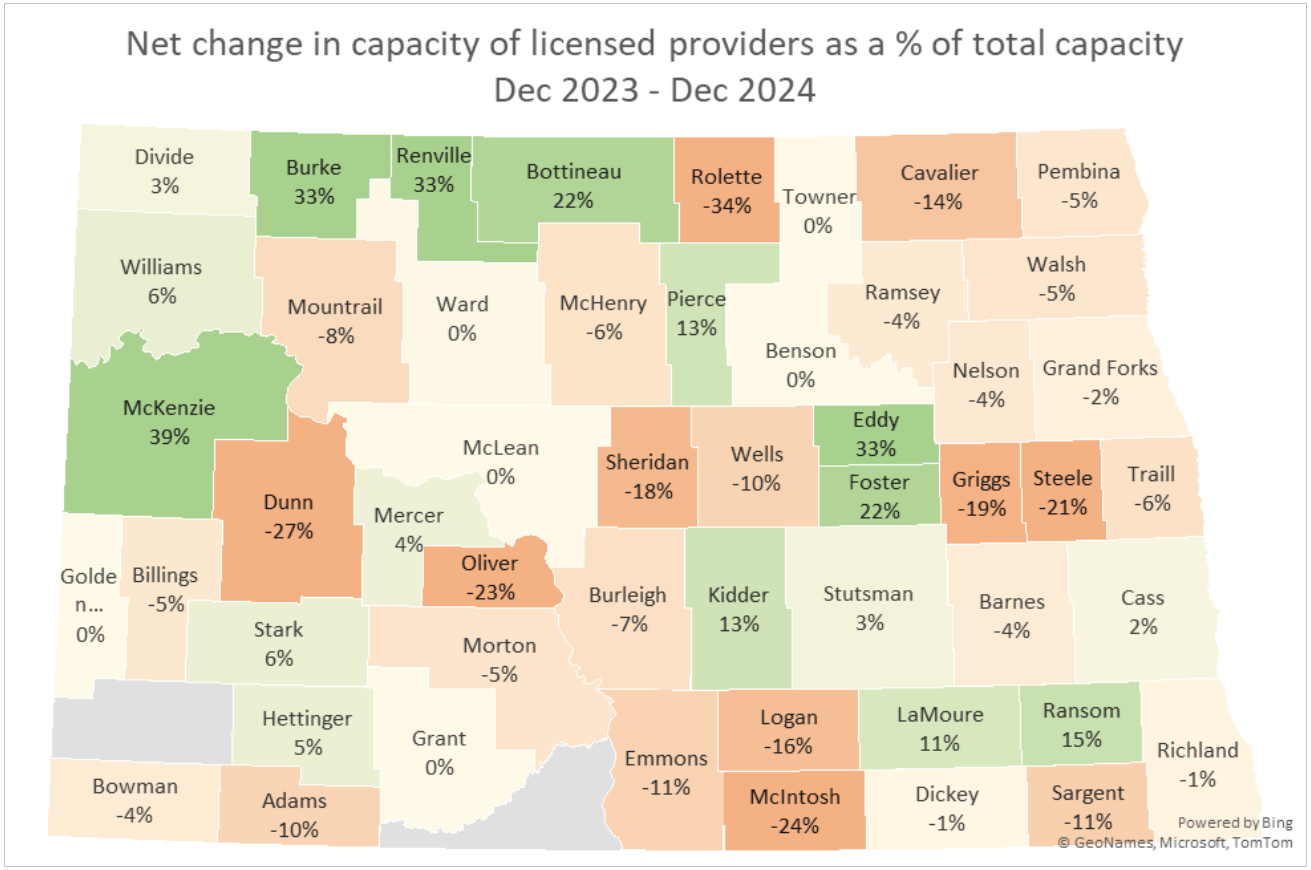
Key Indicator: Child Care Availability | Net Change

Availability

While statewide capacity as a whole was stable in 2024, geographic fluctuations show gains and losses

December 2023 – December 2024





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Availability

Key Indicator: Child Care Availability | Net Change

Net change in capacity of licensed child care

December 2023 – December 2024

County	Net change in Lic Providers	Net change as % of total providers	Net change in Lic Capacity	Net change as % of total capacity
Adams	-1	-16.7%	-13	-10%
Barnes	-1	-8.3%	-18	-4%
Benson	0	0.0%	0	0%
Billings	0	0.0%	-2	-5%
Bottineau	0	0.0%	76	22%
Bowman	0	0.0%	-6	-4%
Burke	1	100.0%	10	33%
Burleigh	-13	-10.0%	-307	-7%
Cass	7	2.1%	312	2%
Cavalier	-2	-33.3%	-22	-14%
Dickey	-1	-8.3%	-2	-1%
Divide	0	0.0%	3	3%
Dunn	-1	-25.0%	-29	-27%
Eddy	0	0.0%	40	33%
Emmons	-2	-18.2%	-22	-11%
Foster	0	0.0%	30	22%
Golden Valley	0	0.0%	0	0%

County	Net change in Lic Providers	Net change as % of total providers	Net change in Lic Capacity	Net change as % of total capacity
Grand Fork	-1	-1.0%	-84	-2%
Grant	0	0.0%	0	0%
Griggs	-2	-33.3%	-22	-19%
Hettinger	0	0.0%	6	5%
Kidder	0	0.0%	11	13%
LaMoure	-1	-9.1%	27	11%
Logan	-1	-20.0%	-20	-16%
McHenry	-1	-11.1%	-14	-6%
McIntosh	-1	-20.0%	-30	-24%
McKenzie	0	0.0%	181	39%
McLean	0	0.0%	0	0%
Mercer	1	9.1%	13	4%
Morton	-2	-3.9%	-56	-5%
Mountrail	-1	-12.5%	-13	-8%
Nelson	0	0.0%	-6	-4%
Oliver	-1	-33.3%	-10	-23%
Pembina	0	0.0%	-9	-5%

County	Net change in Lic Providers	Net change as % of total providers	Net change in Lic Capacity	Net change as % of total capacity
Pierce	0	0.0%	24	13%
Ramsey	-1	-3.7%	-40	-4%
Ransom	0	0.0%	43	15%
Renville	1	50.0%	16	33%
Richland	-1	-2.4%	-14	-1%
Rolette	-2	-18.2%	-89	-34%
Sargent	-1	-20.0%	-17	-11%
Sheridan	-1	-100.0%	-3	-18%
Stark	-4	-8.7%	67	6%
Steele	0	0.0%	-16	-21%
Stutsman	0	0.0%	31	3%
Towner	0	0.0%	0	0%
Traill	-1	-6.3%	-37	-6%
Walsh	0	0.0%	-22	-5%
Ward	1	1.0%	13	0%
Wells	-3	-37.5%	-19	-10%
Williams	-12	-27.3%	88	6%

2024 = Stable

Net change of +49 licensed spaces statewide

Net change of -47 providers statewide

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Availability

Key Indicator: Child Care Availability | Licensed Capacity

Licensed Child Care capacity by county

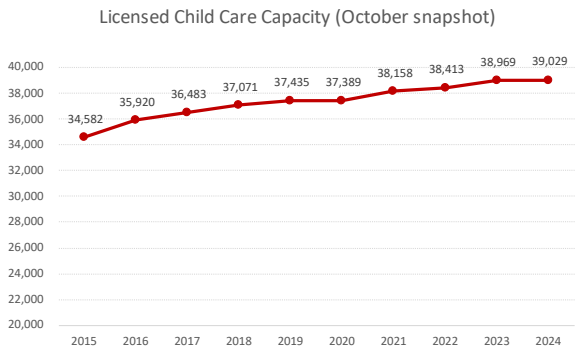
1,122

licensed providers are approved to provide child care for

38,821

children ages 0-12

Last updated: Dec 2024



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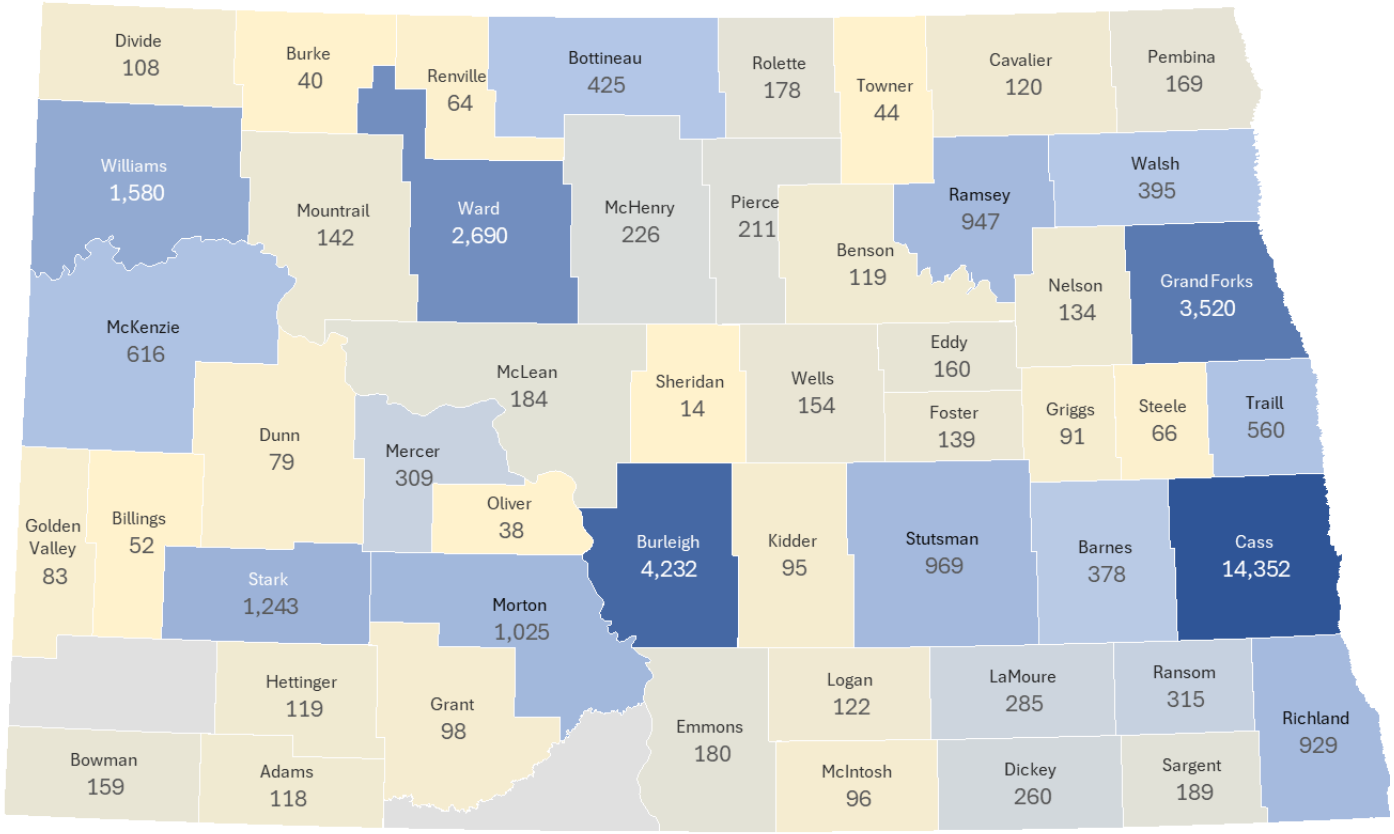


**Source: WLS; excludes Tribally licensed providers, Head Start programs (not state licensed), School-based Pre-K programs*

Availability

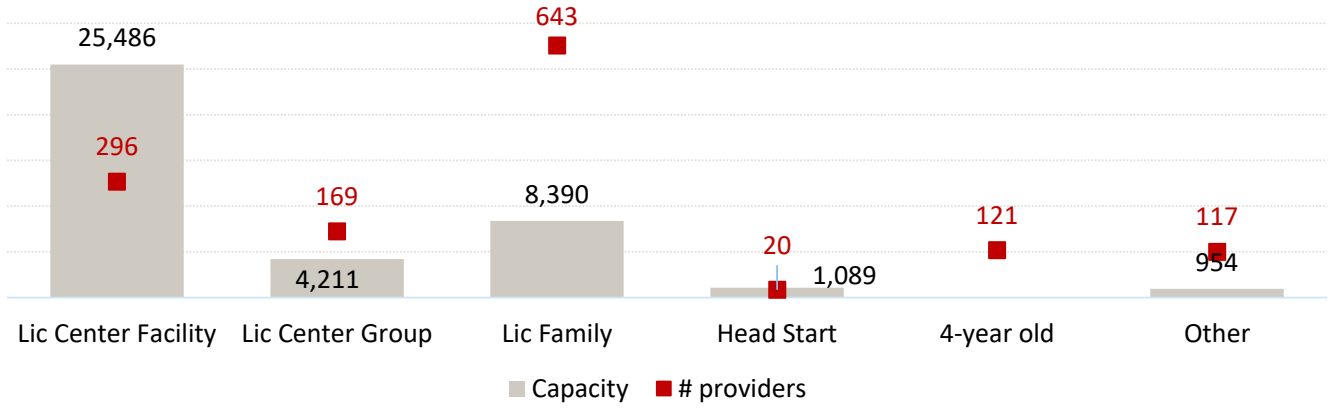
Key Indicator: Child Care Availability | Mixed Delivery

Child Care capacity by type of provider

1,366
providers are approved to provide child care for
40,490
children ages 0-12

Last updated: Dec 2024

	# providers	Capacity
Licensed CC – Center Facility (CEKM)	296	25,846
Licensed CC – Center Group (H)	169	4,211
Licensed CC – Family (FG)	643	8,390
Head Start	20	1,089
4-year old program	121	
Other (ex. non-lic after school)	117	954



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State-licensed early childhood programs are only one part of the early childhood mixed delivery system

North Dakota early childhood options as of December 2024

NDHSA North Dakota HEAD START ASSOCIATION

4
Tribal Head Start Grantees

9
Non-Tribal Head Start Grantees

606
Pregnant women and children served in Early Head Start

1,566
Children ages three to five years old served in Head Start

3,405
Children supported by IDEA Part C Early Intervention

IDEA
Individuals with Disabilities Education Act

1,754
Children receiving IDEA Part B 619 services provided by 32 Early Childhood Special Education Units serving LEAs across ND

103
Schools with Four-Year-Old Program Approval

1,066
Waterford Upstart households using interactive learning program to build skills in reading, math, and science at home in the year before kindergarten

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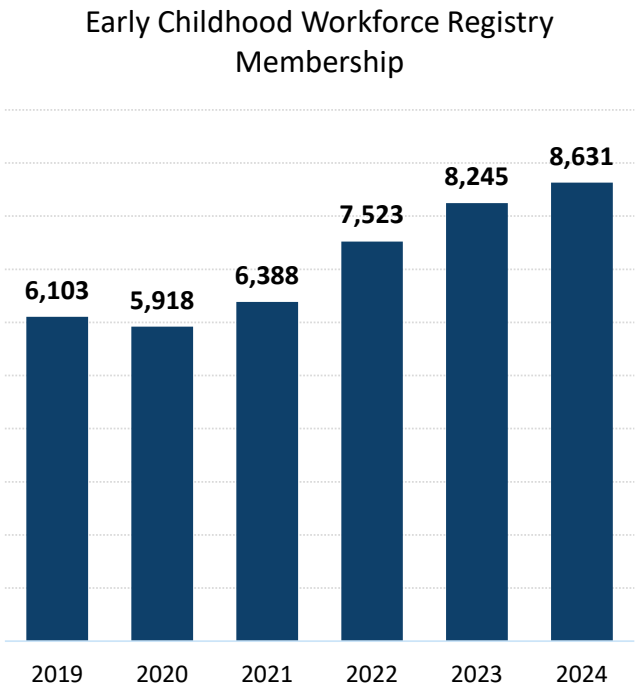
Since 2020, the number of child care workers in the workforce & training registry has grown by 46%

Meets "center director" qualification

Career Pathway Category	Registry Members	Description
A	5,454	Entry level and paraprofessional
B	339	
C	97	
D	115	
E	227	Child development credential
F	20	Center director credential
G	255	Associate's degree in early childhood education or child development
H	205	Bachelor's degree in early childhood education or child development
I	32	Master's degree in early childhood or child development
J	2	Doctoral degree in early childhood or child development
Not placed	1,885	
TOTAL	**8,631**	



NORTH Dakota Be Legendary. | Health & Human Services

Key Indicator: Child Care Availability | Staffing

Availability

Child Care worker pay is relatively consistent across the state

*ND **Median** Wage for Select Occupations | JSND Labor Market Information | Employment and Wage by Occupation **2023***

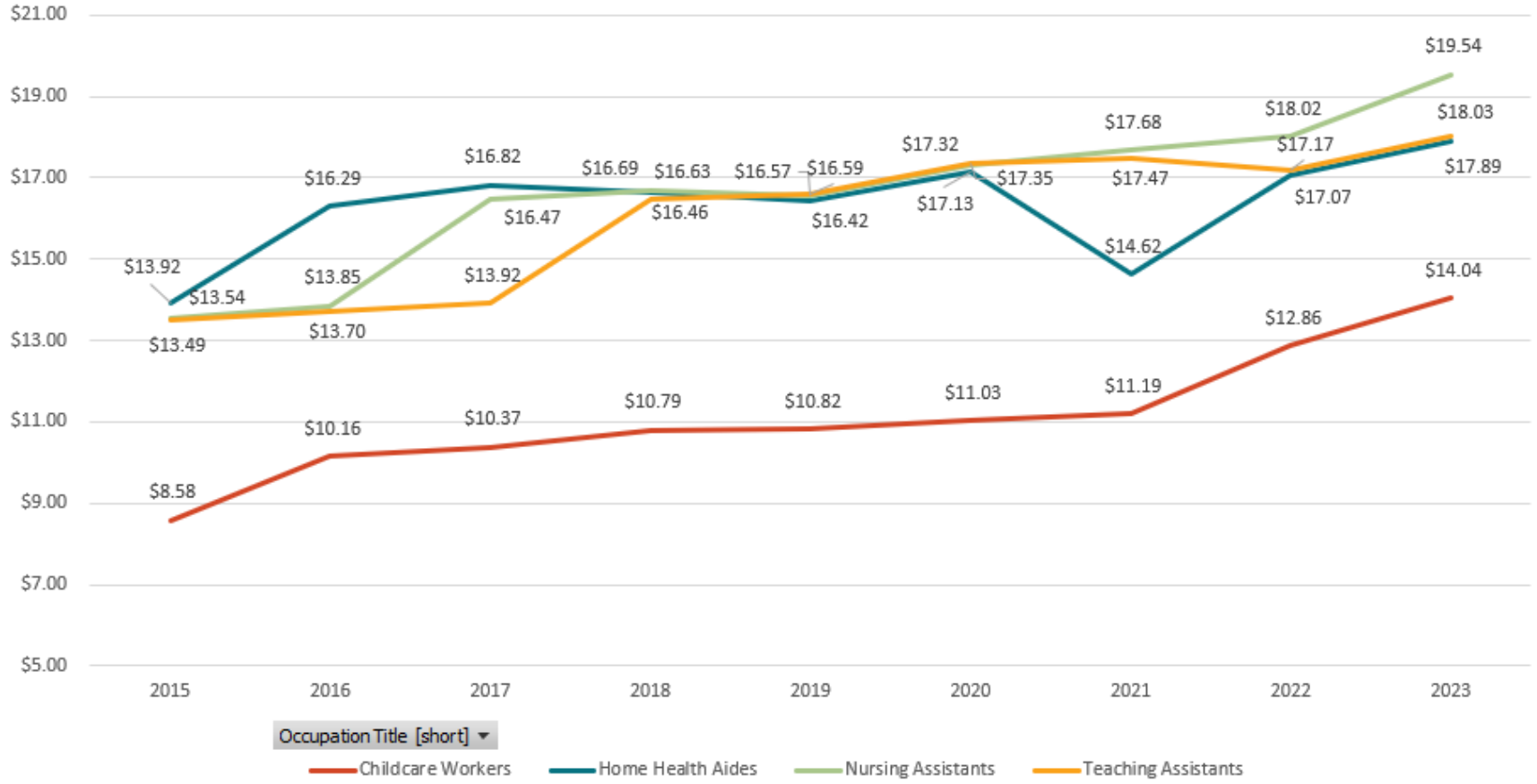
	# of workers	Statewide wage	Reg 1 (Williston)	Reg 2 (Minot)	Reg 3 (Devils Lake)	Reg 4 (Grand Forks)	Reg 5 (Fargo)	Reg 6 (Jamestown)	Reg 7 (Bismarck)	Reg 8 (Dickinson)
Child Care worker	3,380	$14.05	$14.84	$14.24	$13.88	$13.59	$14.15	$13.83	$14.03	$13.88
Teacher's Assistant	5,880	$18.03	$17.83	$19.02	$17.59	$17.47	$17.27	$15.97	$19.31	$18.37
Nursing Assistant	8,630	$19.54	$18.96	$18.70	$20.95	$20.91	$19.21	$21.20	$20.70	$21.71
Home Health Aide	6,720	$17.89	$19.61	$17.76	$18.13	$18.89	$18.32	$18.74	$17.66	$17.76
Preschool Teachers, Except Special Education	570	$18.87	$22.38	$22.11	$19.69	$19.63	$17.08	$22.05	$18.30	$22.05
Education & Childcare Administrators, Preschool & Daycare	250	$29.59	n/a	$21.81	$21.95	$51.92	$29.01	$21.76	$31.11	n/a
Kindergarten teacher	580	$25.97	$29.44	$30.66	$25.04	$24.27	$25.29	$23.90	$30.04	$26.13

Availability

Key Indicator: Child Care Availability | Staffing

Child care worker wages rising but not closing the gap

ND **Median** Wage for Select Occupations | JSND Labor Market Information | Employment & Wage by Occupation **2015-23**



NORTH Dakota | Health & Human Services
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Included in Executive Budget Request

Investing in early childhood infrastructure supports

The added investment in infrastructure capacity allows HHS and its partners to better support both new and existing child care providers across North Dakota. For example:

- The number of programs actively pursuing the "next " quality step has **doubled** in the last year, with each cohort full to capacity. The waiting list to participate in QRIS has been eliminated; any provider who wants to join a quality cohort has been able to do so.
- This means more quality-rated programs were eligible for grant support as well as enhanced CCAP reimbursement based on quality tiers.
- Children and families have the added benefit of improved quality in their local child care environments.

- Infrastructure supports impact the majority of licensed providers in some way, whether through a quality cohort, business coaching, support with licensing, or training resources.

Total	General	Federal	Other
$3,000,000	$3,000,000	$0	$0

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

This item was included in 2023-25 HB 1540 as one time funding of $3 million)



Contracted Partners help deliver core services

Child care resource and referral

- Provide referrals and consumer education to families searching for child care
- Consultation and resources for existing and potential licensed providers to support their day-to-day work with special attention to health and safety in group child care settings, child care environments, interactions with children and families, and business essentials.
- Contract held by South East Education Cooperative.

QRIS Coaching and Assessment

- Continuous quality improvement coaching and assessment of programs participating in QRIS cohorts
- Contract held by Community Action Program Lakes and Prairies.

Inclusive Child Care Support

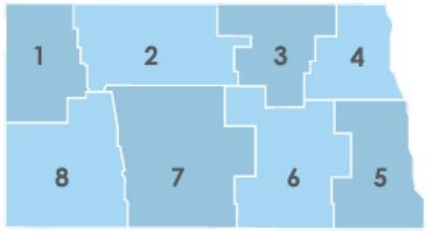
- Consultation, coaching and resources to support providers in caring for children with physical, developmental, or behavioral needs.
- Contract held by USpireND.

Training and Professional Development

1540 **Quality**

North Dakota's Child Care Workforce Registry (Growing Futures) works to promotes the growth of a qualified early childhood workforce with a range of services and resources, including career pathways, an early childhood training gallery.

# of children served:	All children in licensed child care
Provider involvement:	8,631 Growing Futures members 1,597 training stipends paid
Costs and benefits:	$748k (2024-25)
Measurable outcomes:	10201 unique individuals completed Registry approved training in 2024

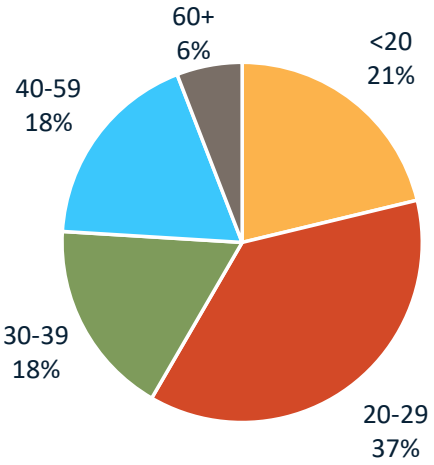


North Dakota's eight Social Services Regions

Growing Futures

6,368
Employment Positions

Age of child care workforce



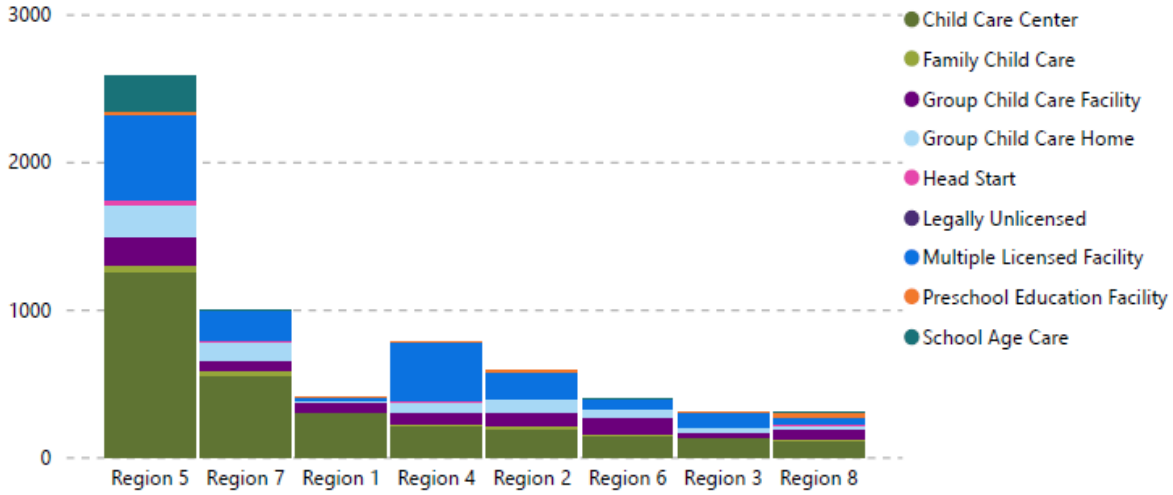
Q4 2024

4,214
Clock Hours

915
Training Events

38
Training Sponsors

Employees by Program License Type per Employer Region



Child Care Coaching, Resource and Referral

Availability

Provide in-the-field training and technical assistance to child care providers, including TA related to licensing violations. Operate a resource and referral service to help parents find and evaluate child care options.

# of children served:	All children in licensed child care
Provider involvement:	834 face-to-face courses; 5,349 online self-paced courses; 170 health safety hours to 8 programs (2023-25)
Costs and benefits:	$3.1 million contract for resource and referral (2023-25)
Other data:	89,857 online and specialist performed referrals (2023-25)

SEEC
SOUTH EAST EDUCATION COOPERATIVE

ChildCare Aware® OF NORTH DAKOTA



Free Business Consultants to help with Child Care Start-ups and Expansions

Business consultants from Child Care Aware® of North Dakota offer guidance and assistance to new and existing child care entrepreneurs.

Their expertise is in the business of child care. They can offer help:

- Identifying demand (i.e., community need),
- Understanding licensing requirements,
- Space planning to optimize the environment for young children,
- Developing strategies for staff recruitment and training,
- Thinking through curriculum considerations, and
- Business planning (including start-up and operational budgets).

Getting Started

- **Finding a Location**
  Things to keep in mind when looking for a property
  - Budget
  - Square footage requirements
  - City zoning regulations
- **Contact Your County Licensing Specialist**
- **Complete the Licensing Process**
- **Contracts & Policies**
  - Licensing requires written policies for all licensed child care programs.
  - Contact a Child Care Aware Start-Up Coordinator at startchildcare@ndchildcare.org to request contract & policy templates.
- **Setting Up Your Environment and Choosing Materials**
  - Your Child Care Aware Start-Up Coordinator can help you in planning your room arrangements.
  - Choosing Materials guide
- **Budgeting**
  For help creating a budget reach out to:
  - Child Care Aware at startchildcare@ndchildcare.org
  - Small Business Development Center
  - The Women's Business Center
- **Ratios and Group Sizes**
  The number of children a provider can care for is determined by their license type, the size of their facility, and the ages of the children.
  - Ratio Guide
- **Staff Management**
  Staff Management Tools

NORTH Dakota | Health & Human Services
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Quality Recognition

1540 Quality

Bright & Early ND is ND's Quality Rating and Improvement System (QRIS). A QRIS is a systematic approach to assess, improve, and communicate the level of quality in early childhood programs. Bright & Early ND was developed to help early childhood programs offer high-quality care that supports each child's learning and development. ND's quality efforts are supported with a variety of grants, incentives and supports.

# of children served:	11,500 spaces in programs that have achieved Step 2, 3 or 4
Provider involvement:	914 providers participating in QRIS
Expenditures:	303 quality grant awards - $836,375* (2023-2025) $2.7 million for QRIS coaching supports (2023-25)
Measurable outcomes:	91 programs are actively renewing or pursuing the next quality step, which includes 42 in the January 2025 cohort • 41 - Step 2 (environment) • 36 - Step 3 (activities) • 14 - Step 4 (interactions) In CY2024, participating programs received 1,386 hours of coaching support.
Other data:	In 2023, 128 observations were completed, and by 2024, that number rose to 182, marking a 42% increase in the number of programs able to use data to inform quality improvement



YMCA – Fargo South

*Includes ARPA funding July-Sept 2023

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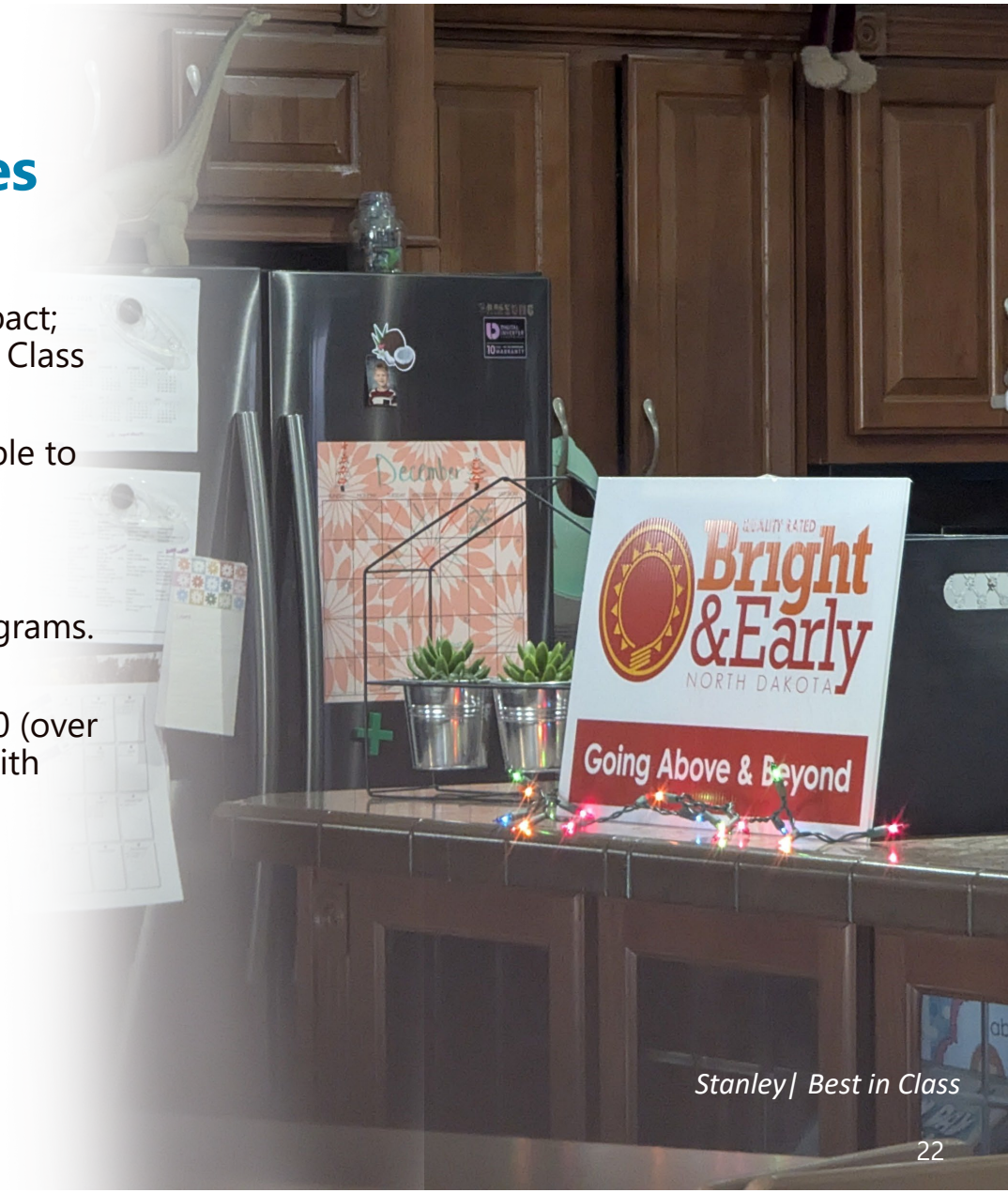
Included in Executive Budget Request

Expand access to Teaching Strategies outcome measurement tool

- Capturing good data is essential to our ability to measure impact; the state makes Teaching Strategies GOLD available to Best in Class and Step 3-4 quality rated programs to accomplish this goal.
- This request increases the number of programs who will be able to use Teaching Strategies for **data collection on quality and outcomes.**
- Adding access to outcome reporting tools would add data collection capacity for 2,000 children in new quality rated programs.
- Data collection portfolios to support quality and outcome measurement represents an expanded investment of $100,000 (over the base budget level of $372,000, which is partially funded with federal dollars).

Total	General	Federal	Other
$100,000	$100,000	$0	$0

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



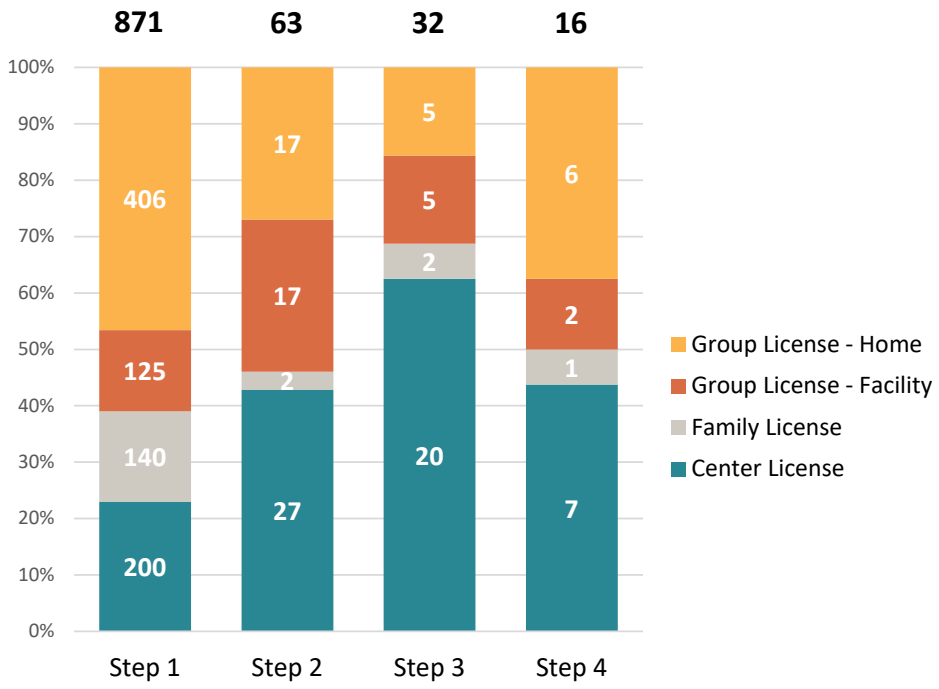
Stanley| Best in Class

Key Indicator: Child Care Quality | Expanding Access

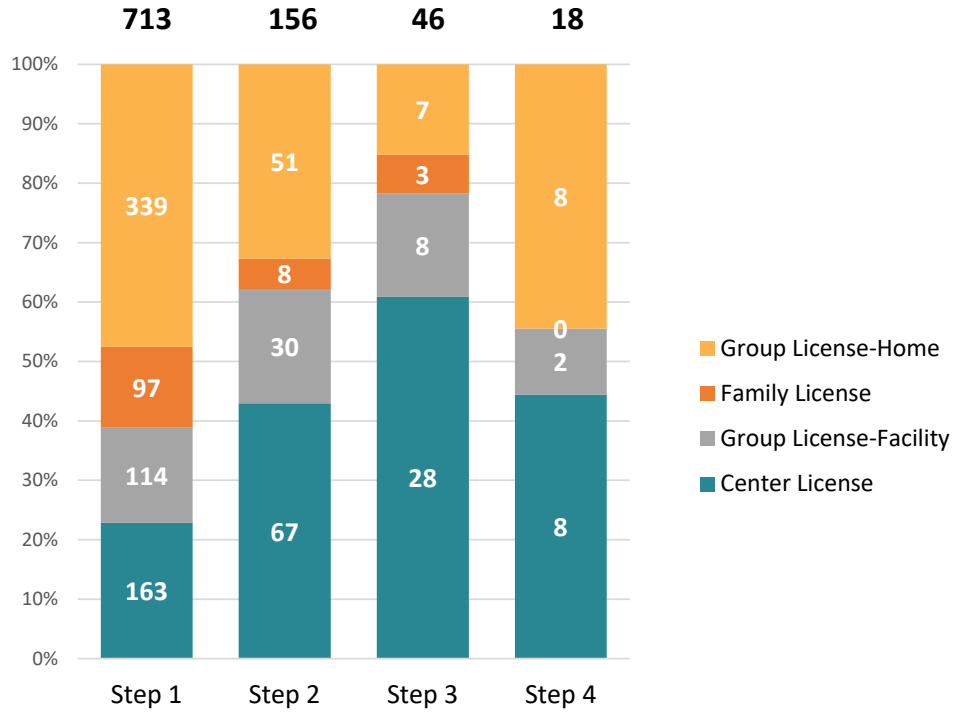
Quality

98% increase in the number of licensed providers with a Step 2, 3 or 4 quality rating

of licensed providers by QRIS rating | July 1 2023 and Feb 1 2025



July 1, 2023
111 programs
Step 2, 3, 4
(982 total)



February 1, 2025
220 programs
Step 2, 3, 4
(933 total)

NORTH Dakota Be Legendary. | Health & Human Services

Key Indicator: Child Care Quality | Expanding Access

13 additional counties now have at least one quality-rated program

Quality

July 2023 – February 2025 | Step 2, 3 4 QRIS providers and capacity by county

County	# providers w/ Step 2, 3, 4 QRIS			Lic capacity of Step 2, 3, 4 QRIS		
	7/1/2023	2/1/2025	Net change	7/1/2023	2/1/2025	Net change
Adams	0	1	**1**	-	20	**20**
Barnes	2	3	**1**	160	220	**60**
Billings	0	1	**1**	-	30	**30**
Bottineau	0	1	**1**	-	16	**16**
Bowman	0	1	**1**	-	15	**15**
Burleigh	9	16	**7**	1,015	1,334	**319**
Cass	31	50	**19**	2,373	4,024	**1,651**
Cavalier	0	1	**1**	-	86	**86**
Dickey	1	3	**2**	30	68	**38**
Divide	0	1	**1**	-	96	**96**
Dunn	0	1	**1**	-	30	**30**
Eddy	0	1	**1**	-	70	**70**
Emmons	1	4	**3**	18	83	**65**
Foster	2	2	**0**	42	42	-
Grand Forks	15	25	**10**	1,185	1,659	**474**
Griggs	0	1	**1**	-	36	**36**
Hettinger	1	1	**0**	30	30	-
LaMoure	1	1	**0**	9	9	-
McHenry	3	3	**0**	77	77	-
McIntosh	0	1	**1**	-	25	**25**
McKenzie	1	4	**3**	17	255	**238**

County	# providers w/ Step 2, 3, 4 QRIS			Lic capacity of Step 2, 3, 4 QRIS		
	7/1/2023	2/1/2025	Net change	7/1/2023	2/1/2025	Net change
McLean	0	1	**1**	-	28	**28**
Mercer	3	3	**0**	137	137	-
Morton	2	6	**4**	92	172	**80**
Mountrail	1	1	**0**	30	30	-
Nelson	2	3	**1**	80	110	**30**
Pierce	2	3	**1**	58	70	**12**
Ramsey	2	7	**5**	199	497	**298**
Ransom	1	1	**0**	55	55	-
Richland	1	4	**3**	149	231	**82**
Rolette	1	2	**1**	20	38	**18**
Sargent	1	3	**2**	30	177	**147**
Stark	0	3	**3**	-	87	**87**
Steele	0	2	**2**	-	50	**50**
Stutsman	5	11	**6**	185	280	**95**
Towner	1	1	**0**	26	26	-
Traill	3	7	**4**	79	278	**199**
Walsh	3	4	**1**	120	142	**22**
Ward	7	22	**15**	394	1,033	**639**
Wells	1	1	**0**	17	17	-
Williams	3	13	**10**	134	713	**579**
TOTAL	**106**	**220**	**114**	**6,761**	**12,396**	**5,635**

NORTH Dakota | Health & Human Services
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Stanley| Best in Class

QRIS participation continues to grow

Here's what Heather Reyes from Wolf Pup Daycare in Watford City has to say...

"The coaches were there the entire time and helped answer any questions I had, and helped provide support in areas that I didn't know I needed. As a childcare director, it isn't easy especially when it comes to being on a strict budget. It can also be challenging to keep staff if there aren't any benefits to offer them.

When the incentives were offered to all staff, it was so greatly appreciated by everyone who received it. The incentives and grants have helped our facility in so many ways. We were able to replace old furniture and toys with new ones and get our classrooms new equipment and quality materials that we haven't been able to have before. We noticed a huge difference in the children's behavior and how excited each child was engaging with the new materials. It honestly felt like a whole new environment. We care for children from the ages of 0-5 and have 16 classrooms and over 150 kids so you can only imagine how these benefits are much needed and how much they do help and benefit us. Having these benefits honestly helps make things less stressful!"

Deb Habedank from Center for Child Development at NDSU, Fargo adds...

"Coaching professionals who meet face-to-face with our team to guide and support quality improvement... reviewed the Bright & Early ND process with us, helped prepare our program for the assessments, and held our team accountable to making long term improvements that are developmentally appropriate for young children. The coach also provided resources and effective support which was only a phone call away; Our educators were excited and proud to share the QRIS process and results with our parents, administration, and the community."

Jody Cymbaluk from Little Scholars Preschool in Williston says...

"The quality of care that this funding has helped increase has been monumental. Our childcare facility has been able to offer a lower teacher/student ratio, hire staff with higher education, offer ongoing staff training opportunities, retain staff, offer family engagement opportunities, and nurture relationships with parents to promote a positive diverse learning experience for their children.

This productive combination has in return fostered a happier staff, less stress for working parents & enabled a higher quality childcare setting in what is an oil impacted county."

Included in Executive Budget Request

Best in Class program expansion

- This request would allow more programs to apply to become Best in Class sites.
- Depending on the make-up of applicants, with this additional investment, Best in Class participation could be estimated to grow by another 10 sites each year hosting an additional 25-30 groups of children (approx. 300-400 children).
- This request represents an expanded investment of $6 M in state funds.

Total	General	Federal	Other
$6,000,000	$6,000,000	$0	$0

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



Stanley| Best in Class

Year Before Kindergarten

Best in Class

Quality

Best in Class is a targeted state investment in programs committed to delivering the highest quality experiences to children and their families in the year before kindergarten. It includes focused efforts to serve children who might be least likely to have the opportunity to access high quality experiences like those offered in Best in Class settings.

# of children served:	1,164 (2024-25)
Provider involvement:	57 program awards - 22 small & 59 large groups
Costs and benefits:	$6.2 M (2024-25)
Measurable outcomes:	Fall/Winter/Spring progress checks



Rugby Best in Class

Best in Class is a targeted investment in the year before kindergarten that includes:

- Award (to help offset expenses)
- Play-based curriculum and assessment
- Early Childhood coach
- Health and Safety coach
- Professional Development

2021-22	2022-23	2023-24	2024-25	2025-26 (EBR)	2025-26 (+unmet demand)
23 programs *18 small groups *11 large groups	33 programs *29 small groups *15 large groups	45 programs *15 small groups *50 large groups	57 programs *22 small groups *59 large groups	67 programs *18 small groups *83 large groups	+3 programs *3 small groups *5 large groups
371 children $2.2M grants*	546 children $2M grants*	878 children $4.9M grants*	1,164 children $6.2M grants*	1,425 children $8M grants*	+110 children +$780k grants*

**Programs also receive coaching resources, and various program supports in addition to grants*

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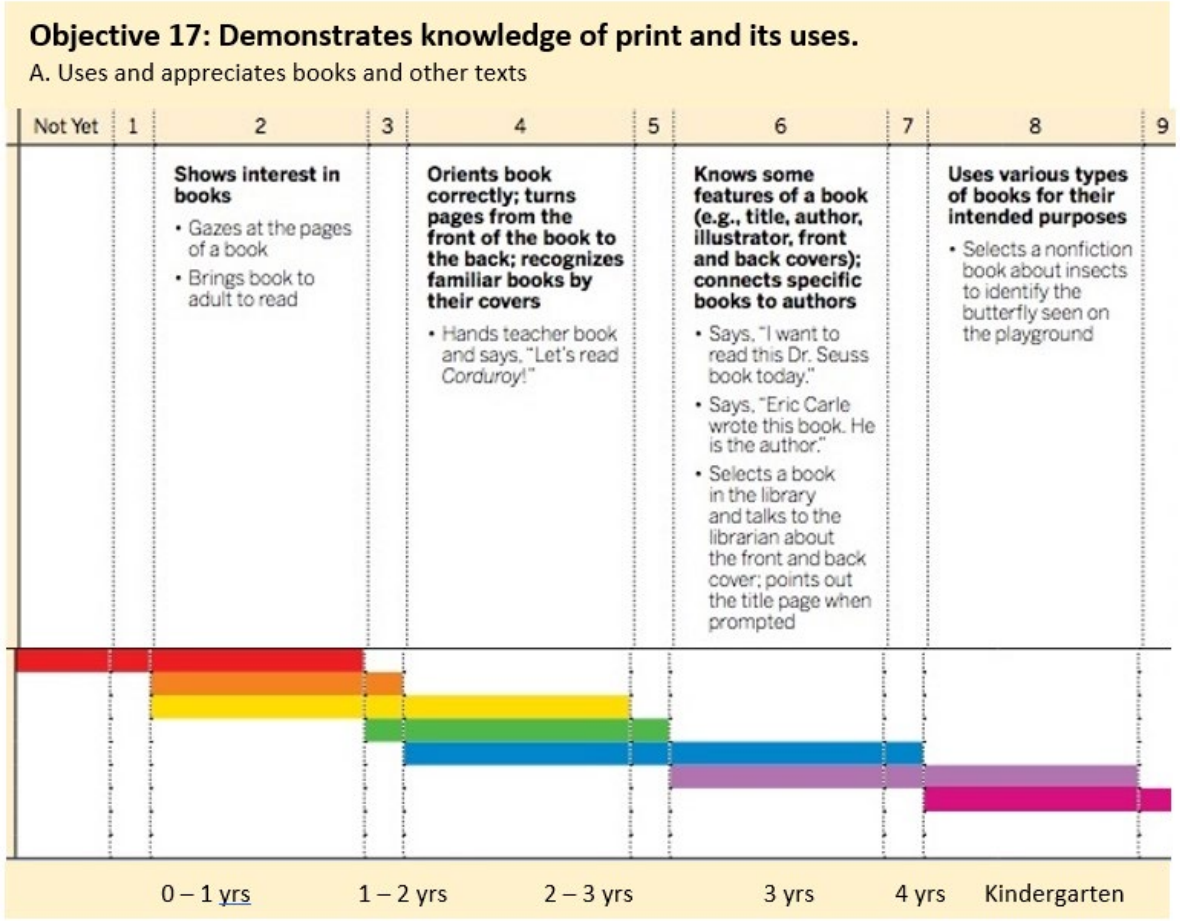
Key Indicator: Child Care Quality | Milestones

Child outcomes associated with early childhood investments are closely linked with program quality.

Quality



What are Widely Held Expectations?

Widely-Held Expectations describe the **range of knowledge, skills, and abilities that children of a particular age typically demonstrate over a year of life**.

These expectations are based on the latest research in early childhood and are **frames of reference** that help parents and teachers **focus on the development of the individual child.**

- ✓ Unique to each child
- ✓ Observation based
- ✓ Inter-rater reliability
- ✓ Benchmarks
- ✓ Supporting materials

NORTH Dakota | Health & Human Services
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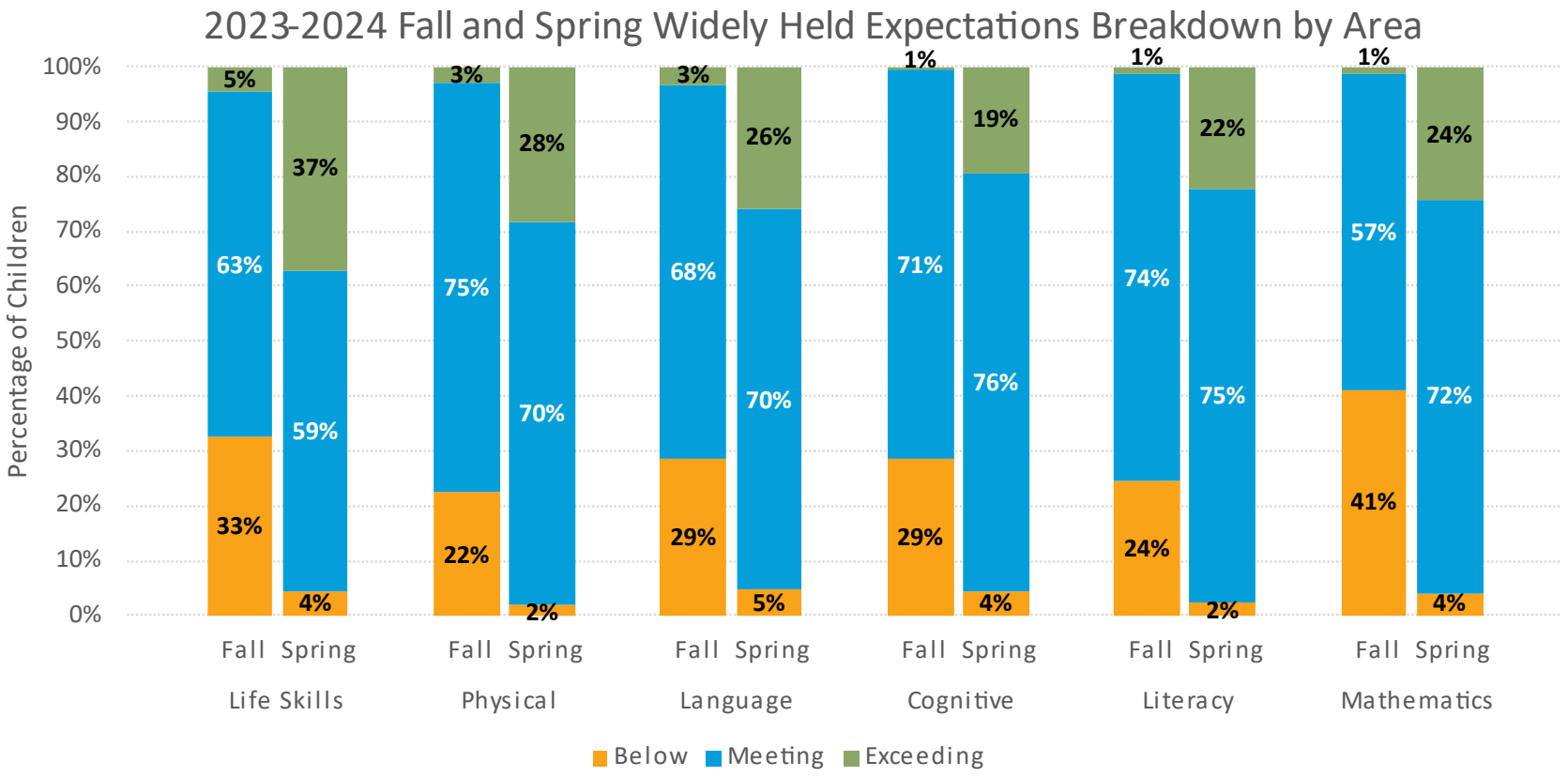
Key Indicator: Child Care Quality | WHE

All Best in Class programs utilize a validated tool to measure progress for each child

Quality

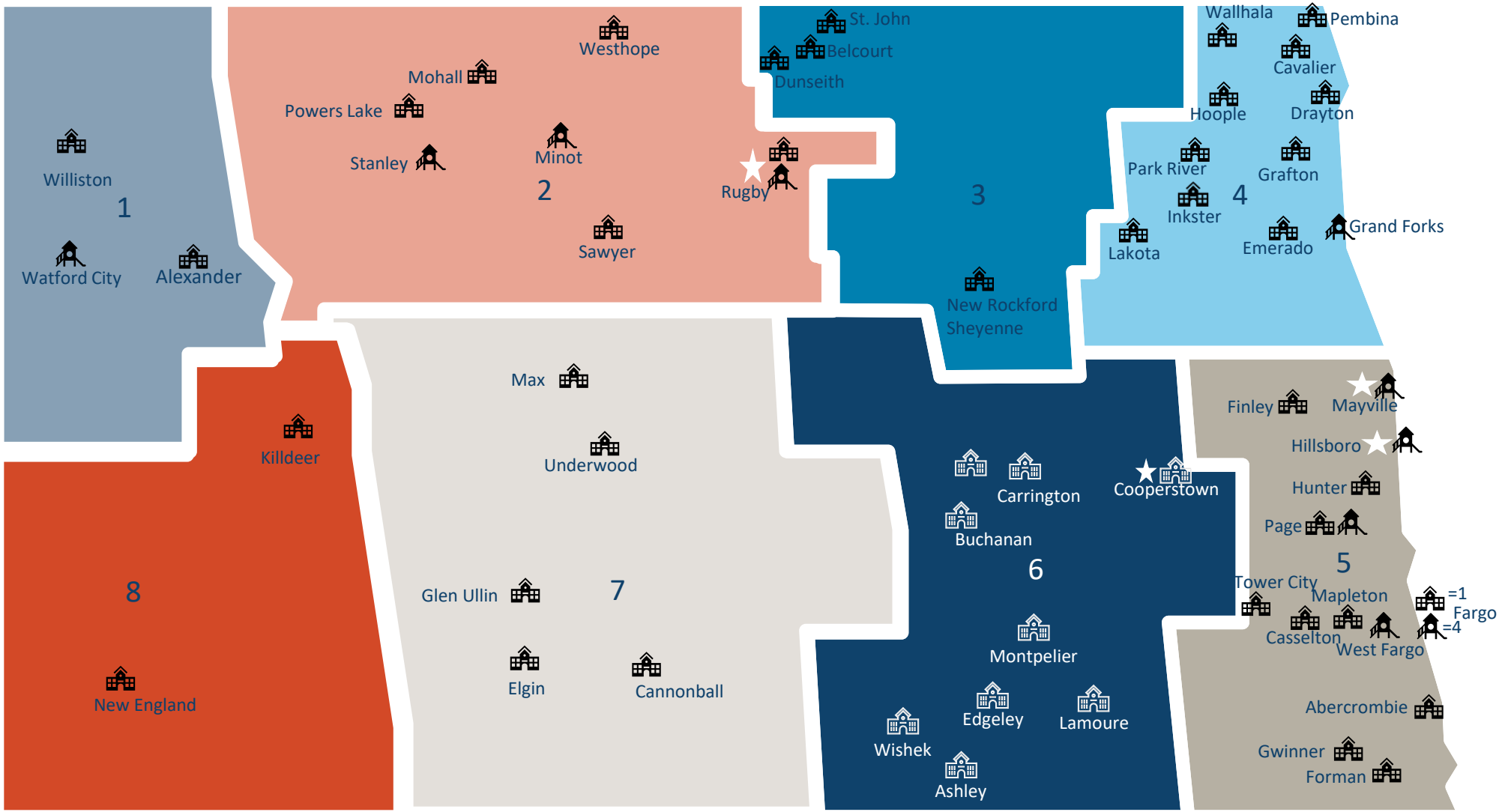


The *Teaching Strategies GOLD* framework expects kids to progress as they get older, based on expected developmental gains.

The **gains** noted from fall to spring in this chart **represent a true change** in the # of kids who are meeting widely held expectations after participating in Best in Class.

NORTH Dakota Be Legendary. | Health & Human Services

2024-2025 Best in Class = 57 programs with 81 classrooms



9 **child care only** classrooms ★4 classrooms **child care with Head Start** and/**or** **4-year-old approval**

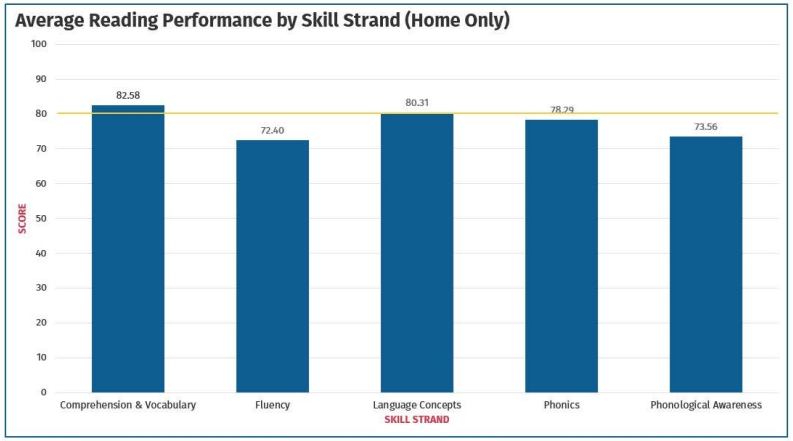
Year Before Kindergarten

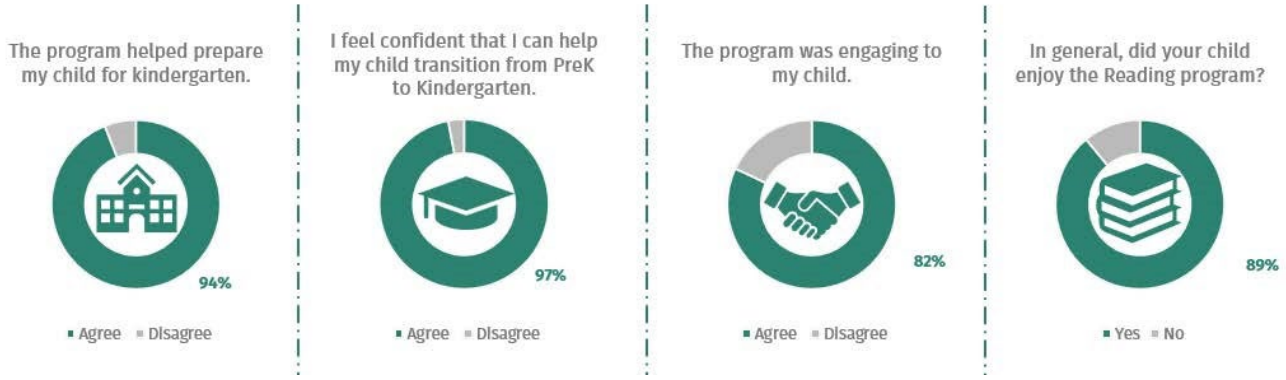
Waterford Upstart

Quality

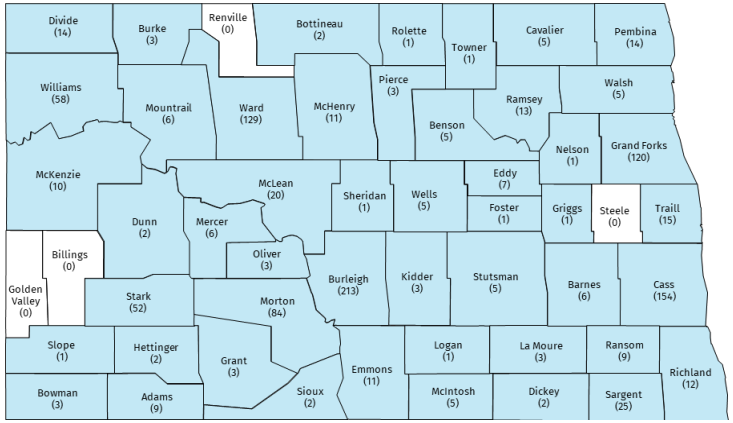
A family-based kindergarten readiness program that helps children in the year before kindergarten develop the cognitive and mindset skills they need for school success. Waterford Upstart is delivered fully in the home, leveraging adaptive software and providing tailored coaching to support families as their child's first teacher.

# of children served:	2292
Provider involvement:	2,292 families (2023-25)
Costs and benefits:	$2.4M (2023-25)
Measurable outcomes:	Usage and Milestones – children who use the software for at least 1,000 minutes experience an average of 2 levels of growth
Other data:	93% of children live in rural communities; 17% live in households with income <200% of federal poverty level (2024-25 cohort)





2024-2025 Participation



Included in Executive Budget Request

Child Care Provider Grants

- Grants and resources to child care providers has made possible hundreds of facility, quality and inclusion grants, a brand new shared services infrastructure as well as child care start-ups and expansions.
- The grants and incentives are designed to be flexible and responsive to program needs.
- This request would allow HHS to offer a targeted number of grants to providers, including things like new program start-ups and existing program expansions, preservation of programs at risk of closure through transition/transfer, quality grants, inclusion support for children with special needs, and facility improvements. .

Note: Engrossed HB 1012 reduced to $2,500,000

Total	General	Federal	Other
$5,000,000	$5,000,000	$0	$0

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

This item was included in 2023-25 HB 1540 as one time funding of $7 million)



Casselton| Best in Class

Availability

Key Indicator: Child Care Capacity

Grants available to support child care operations

	HHS					Commerce
	Facility	Grow	Quality	Non-Trad Hrs	Inclusion	RWIP
Dollars available	$3.1 million	$1.3 million	$1.1 million	$1.8 million	$2.3 million	$7.73 million
# awards made	318	33	290	4	79	21
Max award amt	$20,000	$100,000	$12,000	$500,000	$10,000 env. mods $1,500 equipment $500/quarter/child	$500,000
Avg award amt	$7,900	$28,000	$3,800	$450,000	$29,100	$368,150 match requirement 25%
Impact	Awardees licensed to serve 15,863 children	824 newly available child care spaces (136 infant, 160 toddler, 528 desert)	42% increase in programs using data to inform qual impr; 30% of all licensed spaces are now in Step 2, 3 or 4 rated programs	Increasing child care spaces outside the hours of 7:30 a.m.- 5:30 p.m.	Care maintained in 97% of cases; 47% increase in programs served	521 newly available child care spaces (6 new programs (272 spaces), 5 facility updates (0 new spaces), 10 expansions (249 new spaces)

HHS grant data as of February 2025

Shared Services Alliance

1540 Availability

Support services designed to support child care entrepreneurs' business success and sustainability

Provider involvement: *(participation to date)*	43 programs – Women's Business Center Coaching 105 programs – Procare child care management solution 22 programs – Parachute child care management solution 177 programs – Learning Beyond/Lakeshore
Costs and benefits:	$1.5 million to support delivery of shared services and above and beyond training
Measurable outcomes:	Program launched Sept 2023 Additional cohorts starting in January and March/April

1. Business Training and Coaching by the ND Women's Business Center
2. Access to the Procare Child Care Management technology platform to enable contactless check-in/out, automated invoicing, fee collection and payment processing, family connection tools, and document management. Parachute available to smaller programs.
3. Access to curriculum and environment materials to support service delivery by Learning Beyond and Lakeshore

SEEC South East Education Cooperative
ChildCare Aware® of North Dakota
Procare Solutions
North Dakota Women's Business Center
Learning Beyond™
Lakeshore®

Included in Executive Budget Request

Inclusion support for child care providers

Inclusion Supports connect private child care programs and families with both coaching and financial resources designed to help assure that children with special needs can maintain their place in an integrated child care setting.

- Today there are 5 inclusion coaches who support the more than 1,100 child care programs across ND
- 1 of those coaching roles is supported with funding that expires in 2025. This request would allow us to maintain the current network of 5 inclusion specialists serving the state.
- Inclusion supports are used by 100-200 providers/families each year; the inclusion specialist funded in this request would likely work directly with 30-40 families/providers over the course of the biennium.

Total	General	Federal	Other
$172,500	$172,500	$0	$0

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



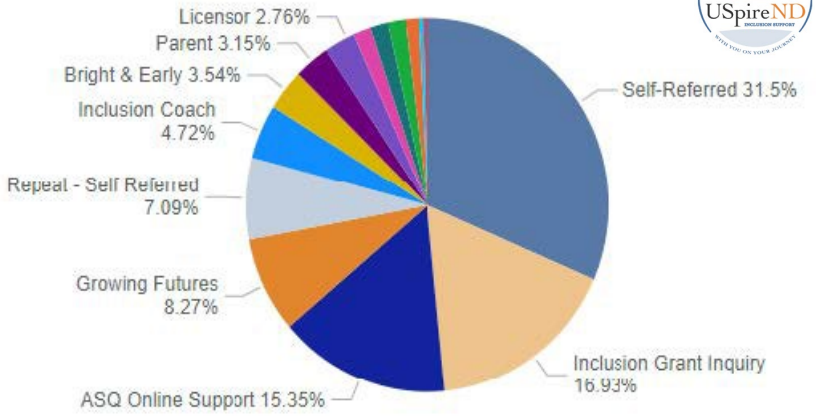
Child Care Inclusion

1540 **Availability**

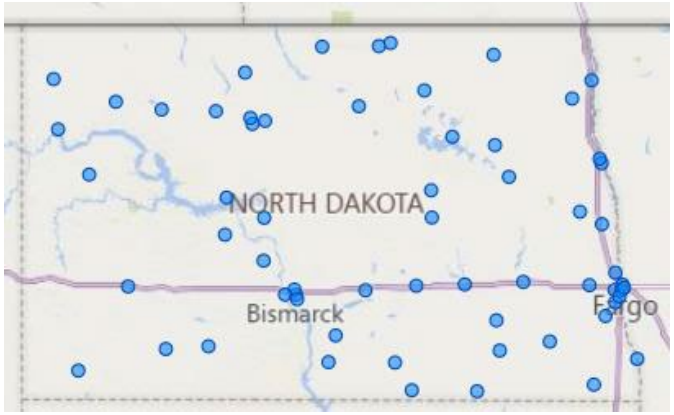
Support, information, resources and coaching for child care providers who are caring for children with unique needs. Child Care inclusion coaches also serve as a facilitator of ND Child Care Inclusion grants

# of children served:	1718 inclusion support instances (FY24)
Provider involvement:	259 child care programs received inclusion support (FY24) 44 providers trained in developmental screening ASQ (FY24)
Costs and benefits:	$1,333,215 inclusion awards to 76 programs (2023-25) $880,000 inclusion coaching and supports (2023-25)
Measurable outcomes:	Care maintained in 97% of cases (3% of cases resulted in expulsion) 209% increase in inclusion support instances in FY 24; 47% more programs served in FY 24
Other data:	3-4 years-olds represent 34% of requested support for specific children; followed closely by 1-2 year-olds (31%)

Incoming Referrals 2024







"Getting the help we needed to make sure we are doing what is best for all children, while also making sure all children are included in all activities is the best aspect of receiving Inclusion Support."

Working Parents Child Care Relief

1540 **Affordability**

State match to employer-led child care benefits to offset child care costs

# of employers participating:	48 currently participating
# of working parents supported:	437 parents working for 53 businesses in 29 communities
Costs and benefits:	$1,218,150
Measurable outcomes:	$300 - $600 for child care costs based on employer program ($150/$150 or $300/$300)



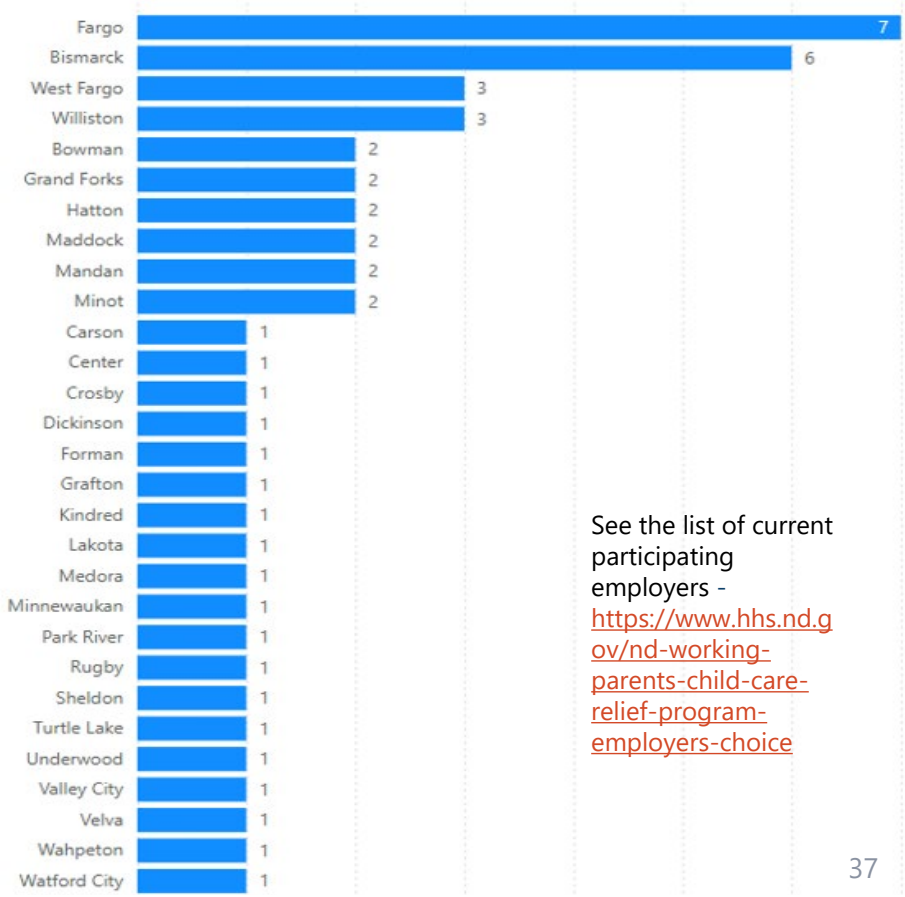


HOW CAN EMPLOYERS BEGIN OFFERING THIS BENEFIT?
Visit hhs.nd.gov/wpccr/employers.





Count of Active Employers by City

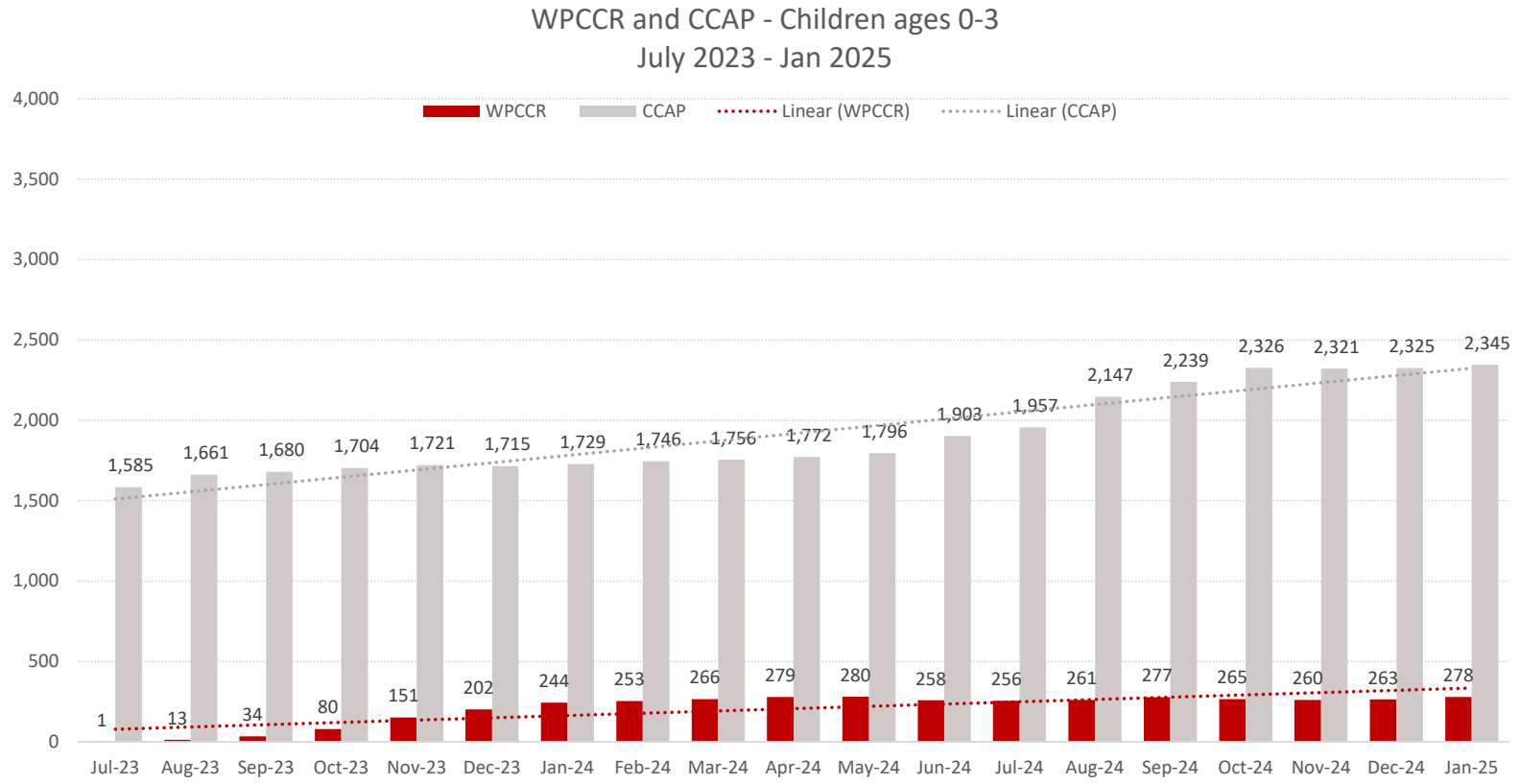


See the list of current participating employers - https://www.hhs.nd.gov/nd-working-parents-child-care-relief-program-employers-choice

Affordability

Key Indicator: Child Care Affordability | WPCCR

Working Parent Child Care Relief has grown to serve 11-12% of the total number of infants and toddlers who benefit from CCAP



How it works

1. Employer Opts In
2. Employee Applies
3. HHS reviews/approves
4. Employer and state each send employee $300/mo *(or $150/mo, depending on employer's benefit level)*
5. Employee pays child care provider

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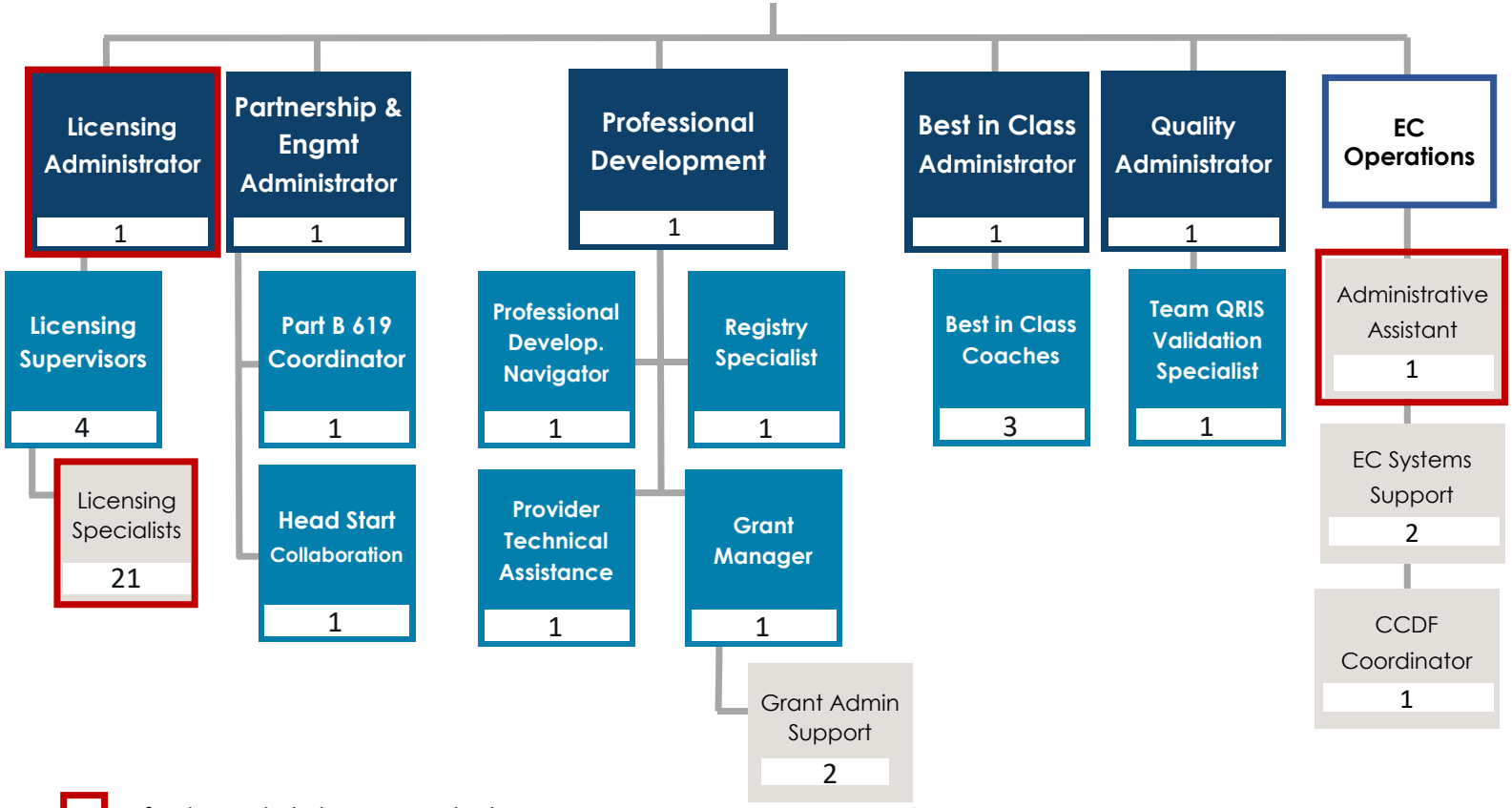
Early Childhood Director
Kay Larson



= funding included in HSZ Ops budget

Position Numbers Assigned/ Funded	Filled Pos-itions	# of Vac-ancies	# of Temp Staff
*47***	*46*	*1**	*1**

***numbers as of 12/1/2024**
*****24 positions funded via the HSZ Ops budget*

Average Age	*48*
Avg Years of Service	*7.7*
Retirement Risk	*7%*
Turnover 2021	*6.25%*
Turnover 2022	*2%*
Turnover 2023	*4%*
Turnover 2024	*8%*

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Comparison of budgets and funding

By Major Expense

DESCRIPTION	2023-25 LEGISLATIVE BASE	INCREASE / (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)	ENGROSSED HB 1012
Salaries & Benefits	$ 4,120,692	$ 1,048,515	$ 5,169,207	$ (200,967)	$ 4,968,240
Operating	24,092,653	853,644	24,946,297	(650,000)	24,296,297
IT Services	-	1,650,872	1,650,872	-	1,650,872
Grants	28,216,994	(4,674,717)	23,542,277	(2,500,000)	21,042,277
Total	**$ 56,430,339**	**$ (1,121,686)**	**$ 55,308,653**	**$ (3,350,967)**	**$ 51,957,686**
General Fund	**$ 28,111,417**	**$ 16,038,858**	**$ 44,150,275**	**$ (3,350,967)**	**$ 40,799,308**
Federal Funds	**28,318,922**	**(17,160,544)**	**11,158,378**	**-**	**11,158,378**
Other Funds	**-**	**-**	**-**	**-**	**-**
Total Funds	**$ 56,430,339**	**$ (1,121,686)**	**$ 55,308,653**	**$ (3,350,967)**	**$ 51,957,686**

Early Childhood Budget as % of HHS Budget

- 0.8%

Budget by Funding Source

- 79% General
- 21% Federal
- 0% Other

Budget by Pass Through

- 21.0% Paid to Private Providers
- 65.7% Direct Service
- 10.1% Admin
- 3.2% IT

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Comparison of budget expenditures and projections

By Program

PROGRAMS	2023-25 LEGISLATIVE BASE	ONE-TIME / CARRYOVER	2023-25 EXPENSES THROUGH DECEMBER	2023-25 PROJECTED EXPENDITURES	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)	ENGROSSED HB 1012	GENERAL	FEDERAL	OTHER
EC ADMIN, RELATED PROGRAMS	$ 2,394,131	$ -	$ 1,405,110	$ 2,059,365	$ 2,900,631	$ (98,967)	$ 2,801,664	$ 1,131,677	$ 1,669,988	$ -
EARLY CHILDHOOD IT	-	-	-	-	1,650,872	-	1,650,872	1,051,011	599,861	-
CHILD CARE LICENSING (PARTIAL)	1,101,875	-	733,036	1,050,499	1,383,447	-	1,383,447	15,660	1,367,787	-
PROVIDER GRANTS, PROF DEV & QUALITY	17,643,165	22,100,000	23,198,700	30,893,248	27,173,703	(3,252,000)	23,921,703	18,200,945	5,720,758	-
YEAR BEFORE KINDERGARTEN PROGRAMS	14,400,000	1,800,000	11,703,896	16,671,282	20,400,000	-	20,400,000	20,400,000	-	-
PRESCHOOL DEVELOPMENT GRANT	20,891,168	-	1,111,890	9,588,140	1,800,000	-	1,800,000	-	1,800,000	-
TOTAL	**$ 56,430,339**	**$ 23,900,000**	**$ 38,152,632**	**$ 60,262,534**	**$ 55,308,653**	**$ (3,350,967)**	**$ 51,957,686**	**$ 40,799,293**	**$ 11,158,393**	**$ -**

23-25 Carryover/One-Time = $22,100,000

- One-time: ARPA Early Childhood Funds - $ 7,100,000
- One-time: HB 1540 (grants, quality infrastructure, Working Parent Child Care Relief) - $15,000,000
- One-time: ESSER Best in Class - $1,800,000

Changes to Base Budget

By Ongoing, One-Time and Funding Source

BASE BUDGET CHANGES	DESCRIPTION	2025-27 EXECUTIVE BUDGET		ENGROSSED HB 1012	
		GENERAL	OTHER	GENERAL	OTHER
Child Care	Best in Class program expansion - One Time	$6,000,000		$6,000,000	
Child Care	Childcare grants, resources and shared services (conversion of HB1540 one-time funding) - One Time	$5,000,000		$2,500,000	
Child Care	Contracts and systems supporting quality infrastructure for child care programs	$3,000,000		$3,000,000	
Child Care	Maintaining expanded inclusion support for child care / children with special needs - One Time	$172,500		$172,500	
Child Care	Offer quality rated child care programs access to Teaching Strategies outcomes measurement system - One Time	$100,000		$100,000	
FTE Block Grant Reduction	FTE Block Grant Reduction			-$200,967	
Operating Reduction	Operating Reduction			-$650,000	

Continued investment in child care makes a difference!

Our goal when children are not with their parents, is that they are in safe and engaging care environments.

State investments in quality, inclusive care, facilities, start up, above and beyond training, infrastructure and shared services make it possible for child care providers to create and sustain nurturing environments for children.



Stanley | Licensed Home Based

Contact Information

Kay Larson
Early Childhood Director
kaylarson@nd.gov

Child Care Resource and Referral
800-997-8515



Grafton | Best in Class

#44387





What is workforce? It's workers.





70% of jobs in the ND labor market pay an average wage of $30/hour or less







Less than $16 / hour	$16 - $22 / hour	$22 - $30 / hour	$30 - $38 / hour	>$38 / hour
Childcare worker	Home health/PT aide	Carpenter	Rotary drill operator	Industrial Engineer
Waiter/Waitress	Personal care aide	Loan processor	HR specialist	Constr mgr
Dishwasher	Receptionist/secretary	Correctional officers	Accountant	Gen/Op mgr
Bartender	Restaurant cook	Auto service tech	Electrician	Dental hygienist
Fast food cooks	Preschool teacher	Surgical tech	PR specialist	Loan officer
Cashiers	Assemblers	EMTs & paramedics	Counselor	Lawyer
Hotel clerk	Maintenance workers	Roofer	Police	Sales mgr
Maid/Housecleaner	Nursing assistant	Real Estate Sales	Registered Nurse	Software dev
Farm Worker/Laborers	Substitute teacher	Lic Practical Nurse	Comp network specialist	Veterinarian
	Stocker/order filler	Dental assistant	Speech pathologist	Pharmacist
	Landscaping/grounds	Firefighter	Production supervisor	Physician
	Janitor	Clergy	Occupational therapist	Dentist
	Laundry/Dry cleaning	Architectural drafter		Psychologist
	Legal secretary	Social worker		
		Hotel manager		
		Light Truck driver		
47,960	**112,430**	**121,150**	**64,390**	**52,920**
# of people employed in a job with average wage of <$16/hour				
represents	*28%*	*30%*	*16%*	*13%*
12% of total jobs				

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Source: Job Service ND 2023 Employment and Wages by Occupation dataset | median wage by occupation; 386,920 jobs included in statewide wage summary

Most all households earning less than 150% of state median income (SMI) will struggle with costs of child care

Affordability

	Families potentially eligible for CCAP						CCAP to WPCCR Jul 2025		WPCCR			
	30% SMI		60% SMI		75% SMI		85% SMI		100% SMI		150% SMI	
Household Size	Annual Income	Hourly Wage	Annual Income	Hourly Wage	Annual Income	Hourly Wage	Annual Income	Hourly Wage	Annual Income	Hourly Wage	Annual Income	Hourly Wage
2	$ 23,359	$11.23	$ 46,717	$22.46	$ 58,397	$28.08	$ 66,183	$ 31.82	$ 77,862	$37.43	$ 116,793	$ 56.15
3	$ 28,855	$13.87	$ 57,710	$27.74	$ 72,137	$34.68	$ 81,755	$ 39.31	$ 96,183	$46.24	$ 144,274	$ 69.36
4	$ 34,351	$16.51	$ 68,702	$33.03	$ 85,877	$41.29	$ 97,328	$ 46.79	$ 114,503	$55.05	$ 171,755	$ 82.57
5	$ 39,847	$19.16	$ 79,694	$38.31	$ 99,618	$47.89	$ 112,900	$ 54.28	$ 132,823	$63.86	$ 199,235	$ 95.79
6	$ 45,343	$21.80	$ 90,686	$43.60	$ 113,358	$54.50	$ 128,472	$ 61.77	$ 151,144	$72.67	$ 226,716	$ 109.00
7	$ 46,374	$22.30	$ 92,747	$44.59	$ 115,934	$55.74	$ 131,392	$ 63.17	$ 154,579	$74.32	$ 231,869	$ 111.48
8	$ 47,404	$22.79	$ 94,808	$45.58	$ 118,511	$56.98	$ 134,312	$ 64.57	$ 158,014	$75.97	$ 237,021	$ 113.95
9	$ 48,435	$23.29	$ 96,870	$46.57	$ 121,087	$58.21	$ 137,232	$ 65.98	$ 161,449	$77.62	$ 242,174	$ 116.43
10	$ 49,465	$23.78	$ 98,931	$47.56	$ 123,663	$59.45	$ 140,152	$ 67.38	$ 164,884	$79.27	$ 247,326	$ 118.91
Family Co-Pay	*$0*		*7% of HH inc*		*7% of HH inc*		*7% of HH inc*		*Costs >WPCCR stipend*		*Costs >WPCCR stipend*	

2023-24 State Median Income (SMI); Hourly wage is calculated assuming 2,080 hours worked per year per annual income range noted

Multiple wage earners could combine earnings to attain the noted household (HH) income / hourly wage.

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Affordability

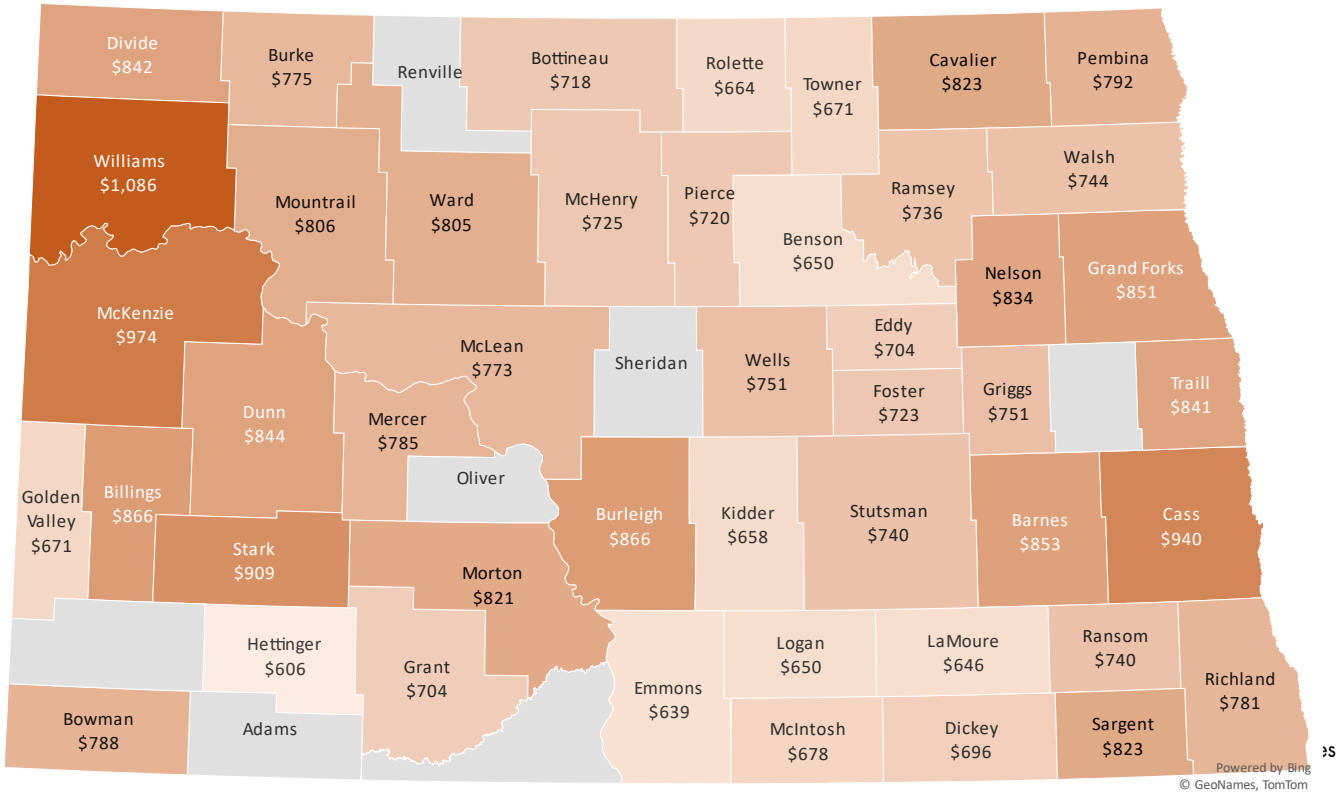
Child care is one of the largest monthly costs for families with young children

WHAT DOES CHILD CARE COST?

Age 0-17 months	Age 18-35 months
Center-based	*Center-based*
$606 - $1,835	$606 - $1,675
Avg: $1,065	**Avg: $1,015**
Family/Group-based	*Family/Group-based*
$520 - $1,410	$599 - $1,300
Avg: $802	**Avg: $791**

Source: Oct 2024 Child Care Market Study conducted for ND Child Care Assistance Program

2024 Average monthly cost of licensed child care for infants (0\17 mo) - All license types



When is child care affordable?

Average monthly cost of infant and toddler care in a Child Care Center compared to household affordability (shown as 7% and 15% of before-tax household income)

2021



1 child (9-month-old)

Center-based avg		*Household income needed?*		= *combined hourly wage of*
$838	→	**@7%...**	**$143,600**	**$69/hr**
		@15%...	*$67,040*	*$32/hr*



1 child (3-year-old)

Center-based avg		*Household income needed?*		= *combined hourly wage of*
$726	→	**@7%...**	**$124,400**	**$60/hr**
		@15%...	*$58,080*	*$28/hr*



2 children (1-year-old and 4-year old)

Center-based avg		*Household income needed?*		= *combined hourly wage of*
$1,564	→	**@7%...**	**$268,100**	**$129/hr**
		@15%...	*$125,120*	*$60/hr*

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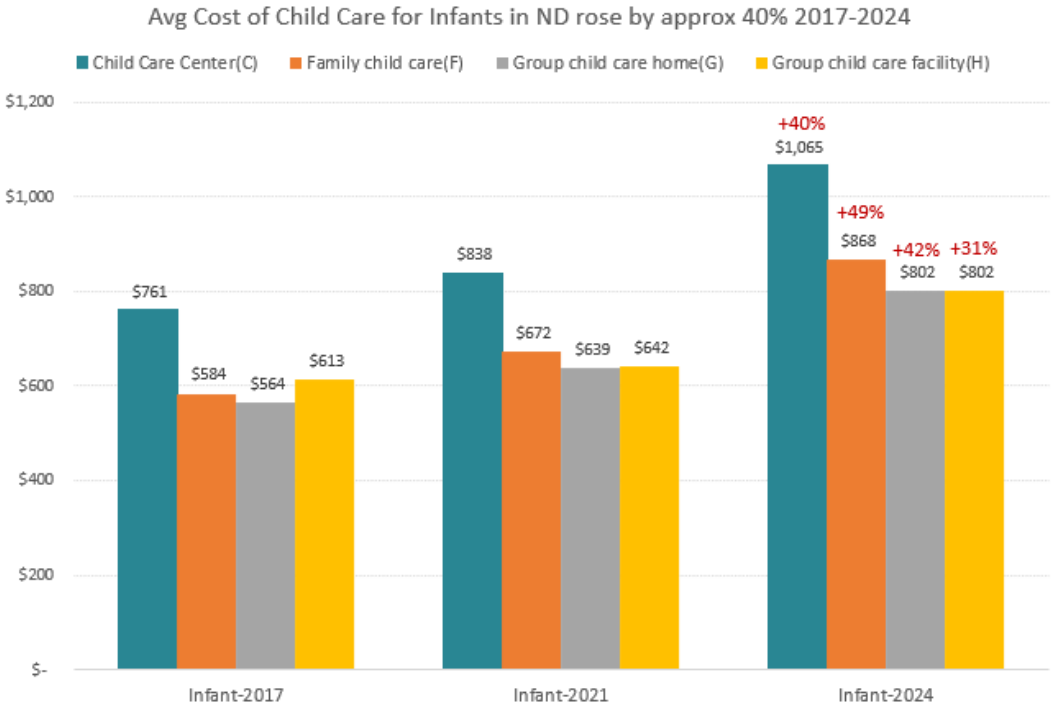
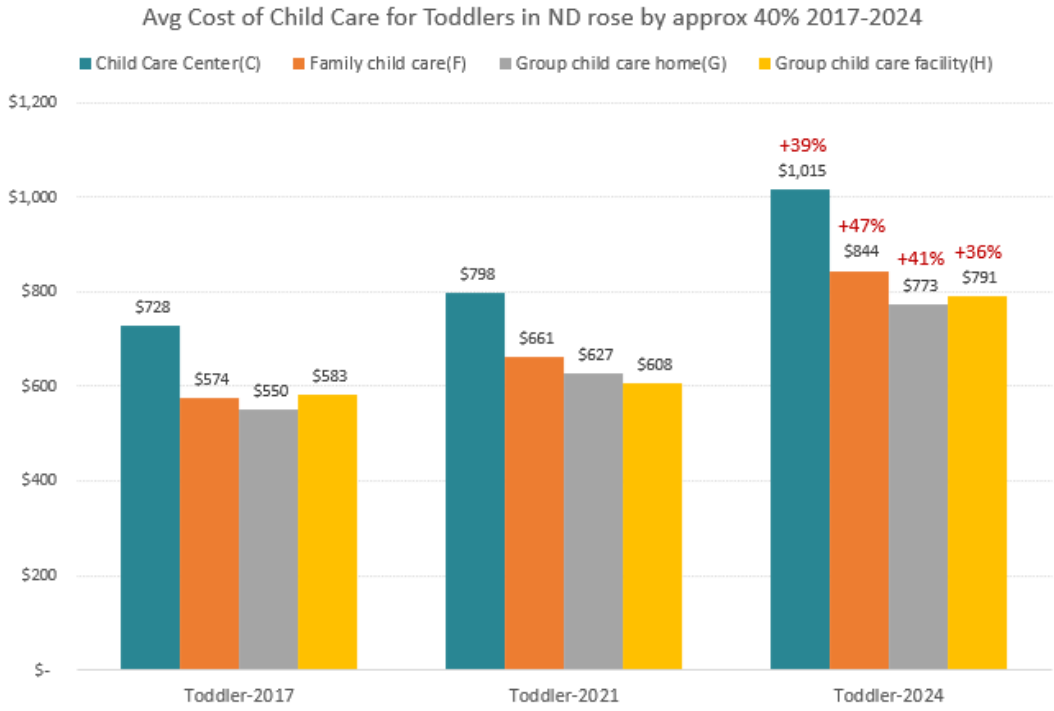
Affordability

Key Indicator: Child Care Access: Cost of Care

Average Cost of Child Care by Type of Provider

Average Infant and Toddler rates for 4 provider types as per triennial market rate survey





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When is child care affordable?

Average monthly cost of infant and toddler care in a Child Care Center compared to household affordability (shown as 7% and 15% of before-tax household income)

2024



1 child (9-month-old)

Center-based avg		*Household income needed?*		= *combined hourly wage of*
$1,082	→	**@7%...**	**$185,400**	**$89/hr**
		@15%...	*$86,560*	*$41/hr*



1 child (3-year-old)

Center-based avg		*Household income needed?*		= *combined hourly wage of*
$1,015	→	**@7%...**	**$174,000**	**$83/hr**
		@15%...	*$81,200*	*$39/hr*



2 children (1-year-old and 4-year old)

Center-based avg		*Household income needed?*		= *combined hourly wage of*
$2,097	→	**@7%...**	**$359,400**	**$172/hr**
		@15%...	*$167,760*	*$80/hr*

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Comparing the cost of child care to the cost of tuition/fees at a 4 year university in the NDUS

Affordability

ND HHS Child Care Market Study Oct 2024 | NDUS Tuition/Fee Schedules 2024-25 academic year



	Annual cost of child care (all license types)
Age 0-1	$10,368
Age 1-2	$10,368
Age 2-3	$10,028
Age 3-4	$9,521
TOTAL	**$40,285**



	Annual cost of tuition/fees (NDUS 4 yr institutions)
Freshman	$8,829
Sophomore	$8,829
Junior	$8,829
Senior	$8,829
TOTAL	**$35,318**

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Child care is a workforce solution that can make a difference for ND employers



Affordability

Connect more working families to child care assistance to keep the cost of child care within 7% of household income



Availability

Make it easier for working families to find child care when and where they need it



Quality

Help kids realize their potential by supporting quality early childhood experiences

What indicators characterize a "healthy" child care sector?



- Broad availability of quality licensed care for infants and toddlers
- Mix of provider types who are licensed
- % of licensed programs operating to full capacity
- Very few/no child care deserts (i.e., areas with critical shortages)
- Equitable distribution of child care assistance statewide
- Inclusion supports that create access for children with special needs
- Growth in capacity is greater than loss of capacity
- Active quality efforts in increasing % of licensed child care slots
- Child care rates cover the cost of delivering quality care
- Increasing % of child care workforce credentialed for promotion
- Parents have options to consider when and where they need them
- Working families w/young children pay no more than 7% of income for quality care

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What does "progress" look like?

- Affordability
- Availability
- Quality
- Infrastructure

- Statewide child care payment model that rewards quality
- Increased # of infant and preschool slots in highest quality settings
- Reduced rates of staff turnover in licensed child care programs
- Increased % of children who are achieving widely held developmental milestones
- Widespread adoption of kindergarten assessment tool by public and private kindergarten programs
- Sector-wide identification and understanding of child care health/safety compliance
- Families have the information they need to feel like they "know what to look for" when seeking quality early childhood experiences for their kids
- Increase in kindergarten readiness on day 1 of kindergarten
- Fewer people who report "child care" as a barrier to work
- Average wage for front line child care workers equal to the average wage for direct care paraprofessionals in other fields (ex. DSP, CNA, QSP)

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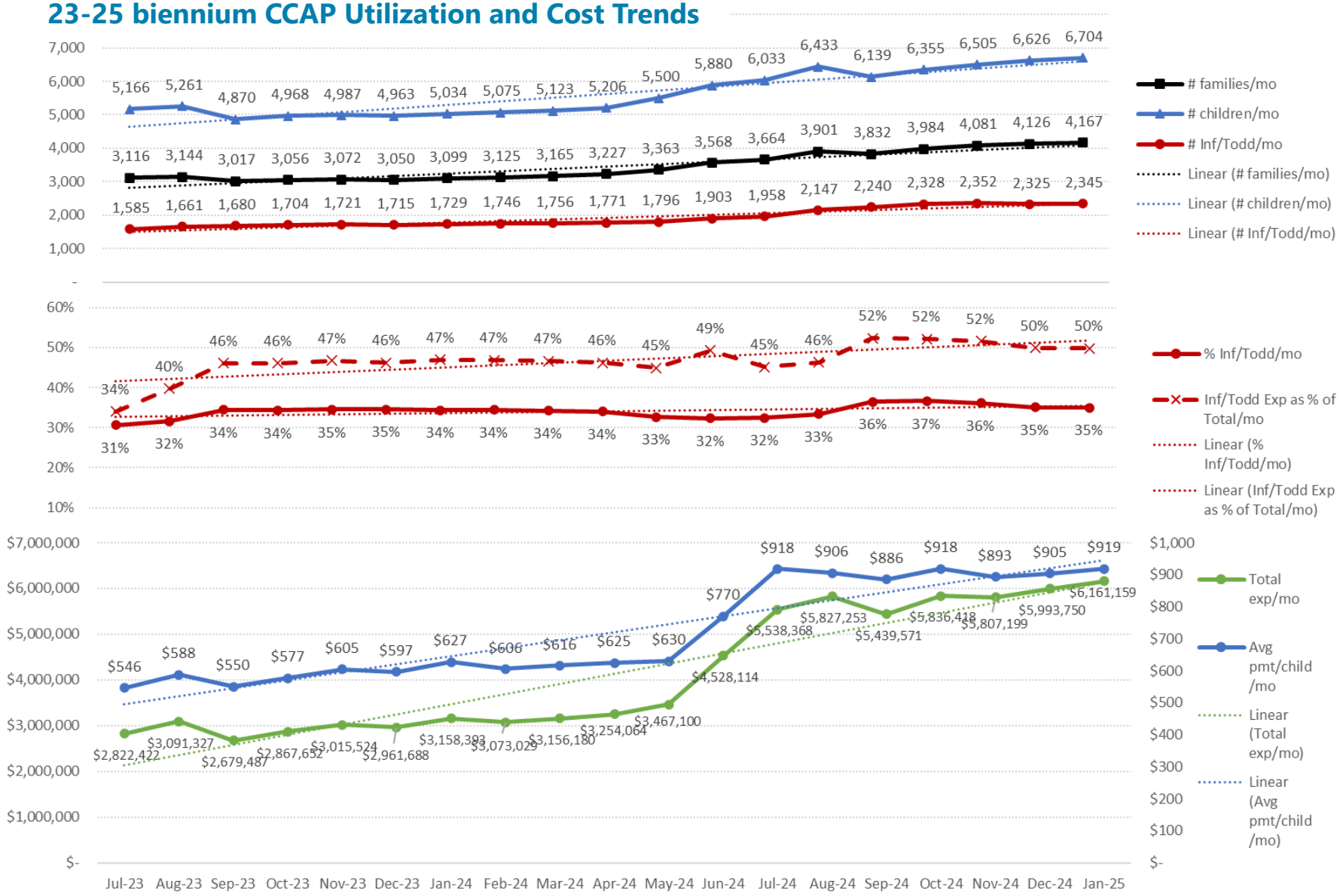
23-25 biennium CCAP Utilization and Cost Trends



Change Jul '23–Jan '25
(by month)

+34% - # families

+30% - # children

+48% - # infant/toddlers

+14% - % infant/toddler as % of children w/CCAP

+47% - % infant/toddler as % of expenditure

+118% - Total expend

+68% - Avg pmt/child

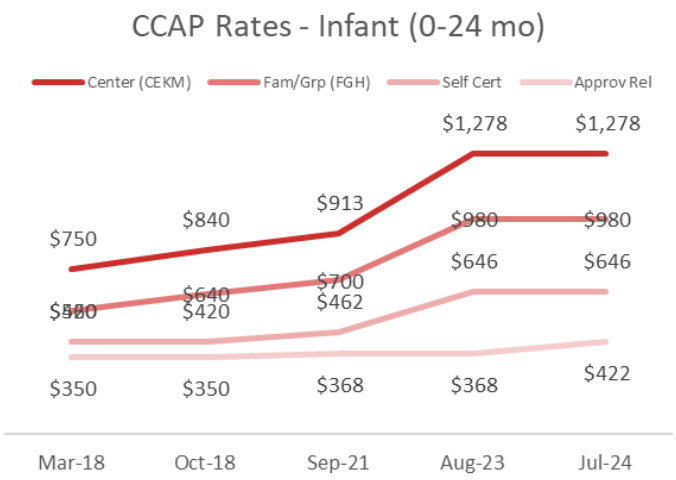
Affordability

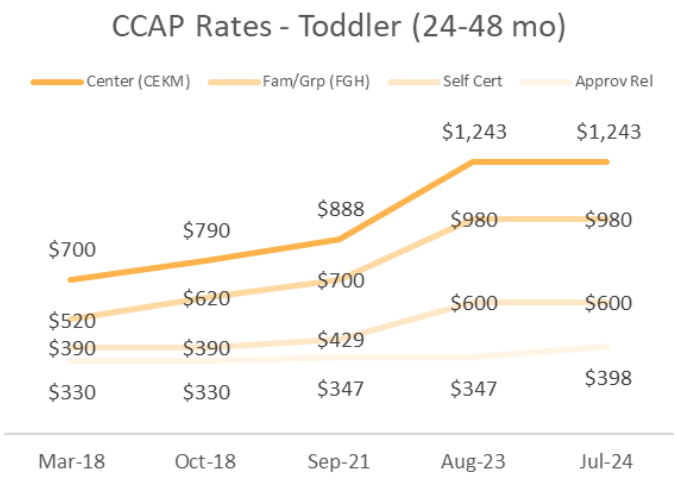
Affordability

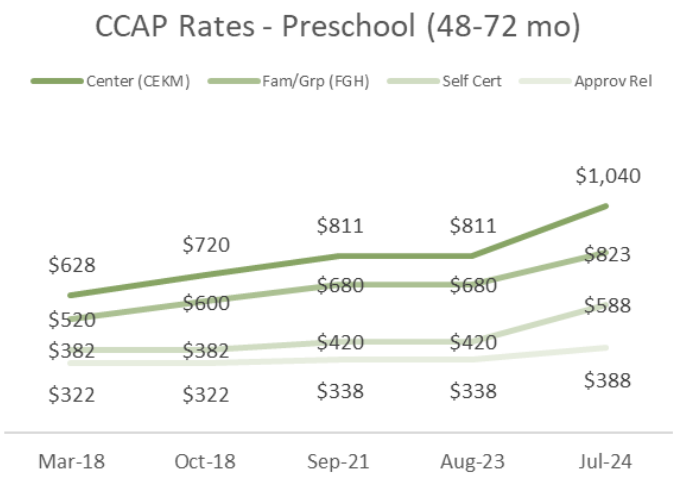
Key Indicator: Child Care Access: Cost of Care

CCAP Market Survey Results 2018 - 2024

The North Dakota Child Care Assistance Program (CCAP) sets the programmatic State Maximum Rate (SMR) at 75% of the "market rate" for services, as verified in a periodic survey of child care providers, with variation in rates by age of children served and type of provider license.







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Availability

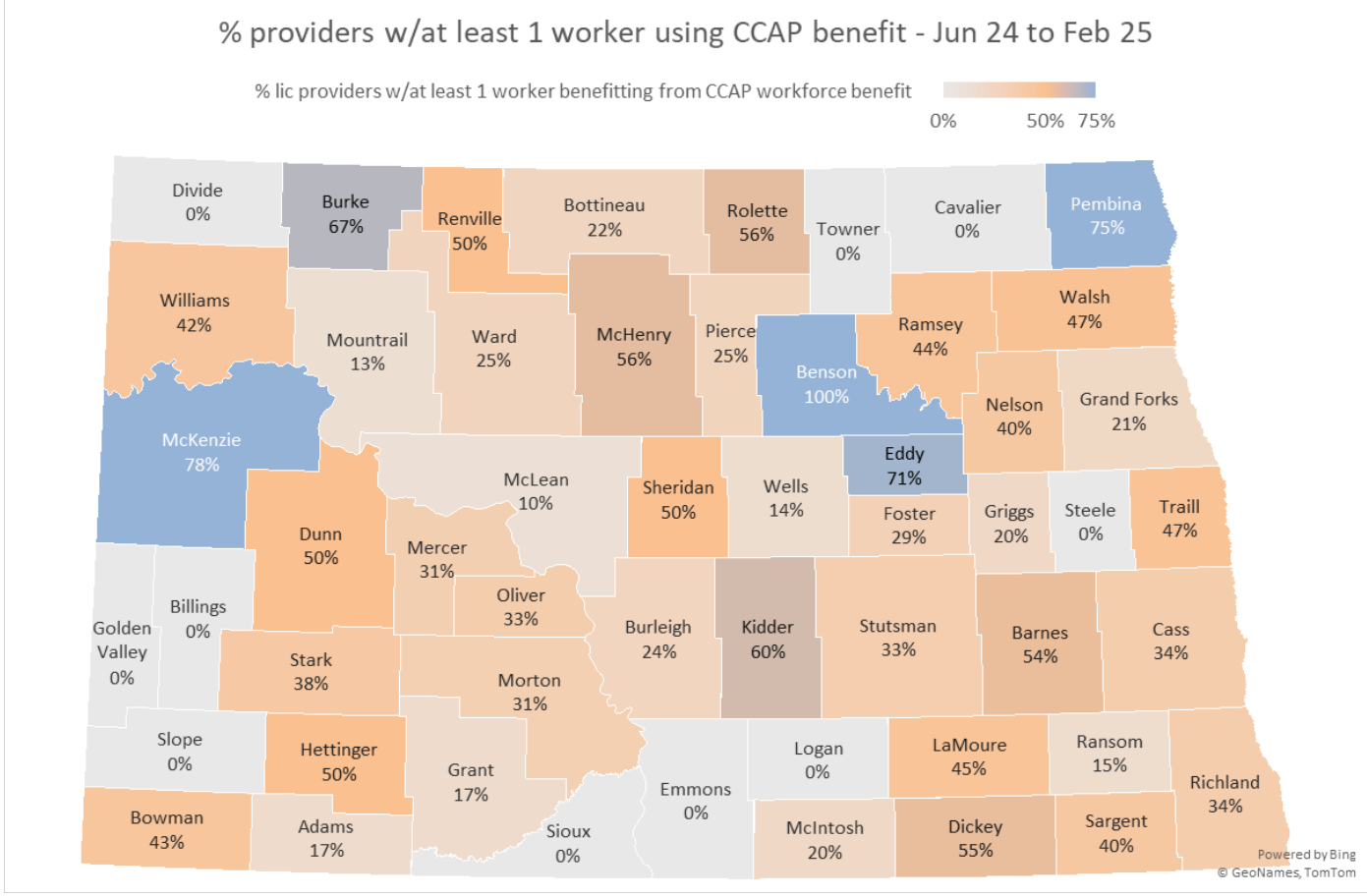
Key Indicator: Child Care Staffing

Child Care Worker Benefit

% Licensed Child Care Providers who have workers utilizing the CCAP Child Care Worker Benefit Jun '24-Feb '25

- **914 workers** employed by 342 providers
- Receiving assistance with child care costs for 1,547 children (approx. 1/3 are ages 0-3)

Average monthly assistance / worker = **$863** which is the **equivalent** to an **$4.98/hr wage increase** *(based on full time status)*

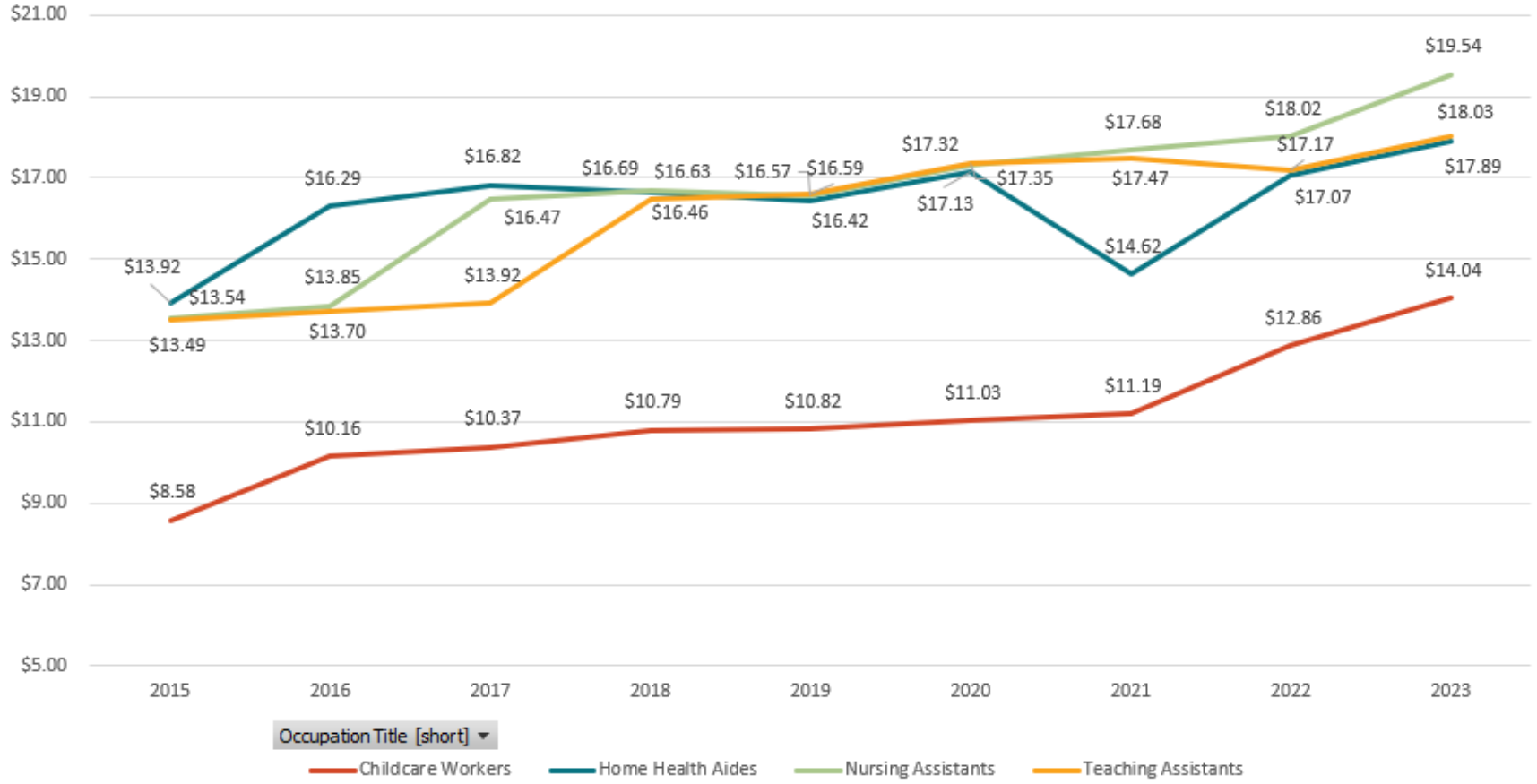


Availability

Key Indicator: Child Care Availability | Staffing

Child care worker wages rising but not closing the gap

ND **Median** Wage for Select Occupations | JSND Labor Market Information | Employment & Wage by Occupation **2015-23**



The average value of the CCAP Workforce Benefit ($4.98/hr) essentially closes the wage gap between child care and other paraprofessional service occupations.

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Key Indicator: Child Care Affordability | CCAP Utilization

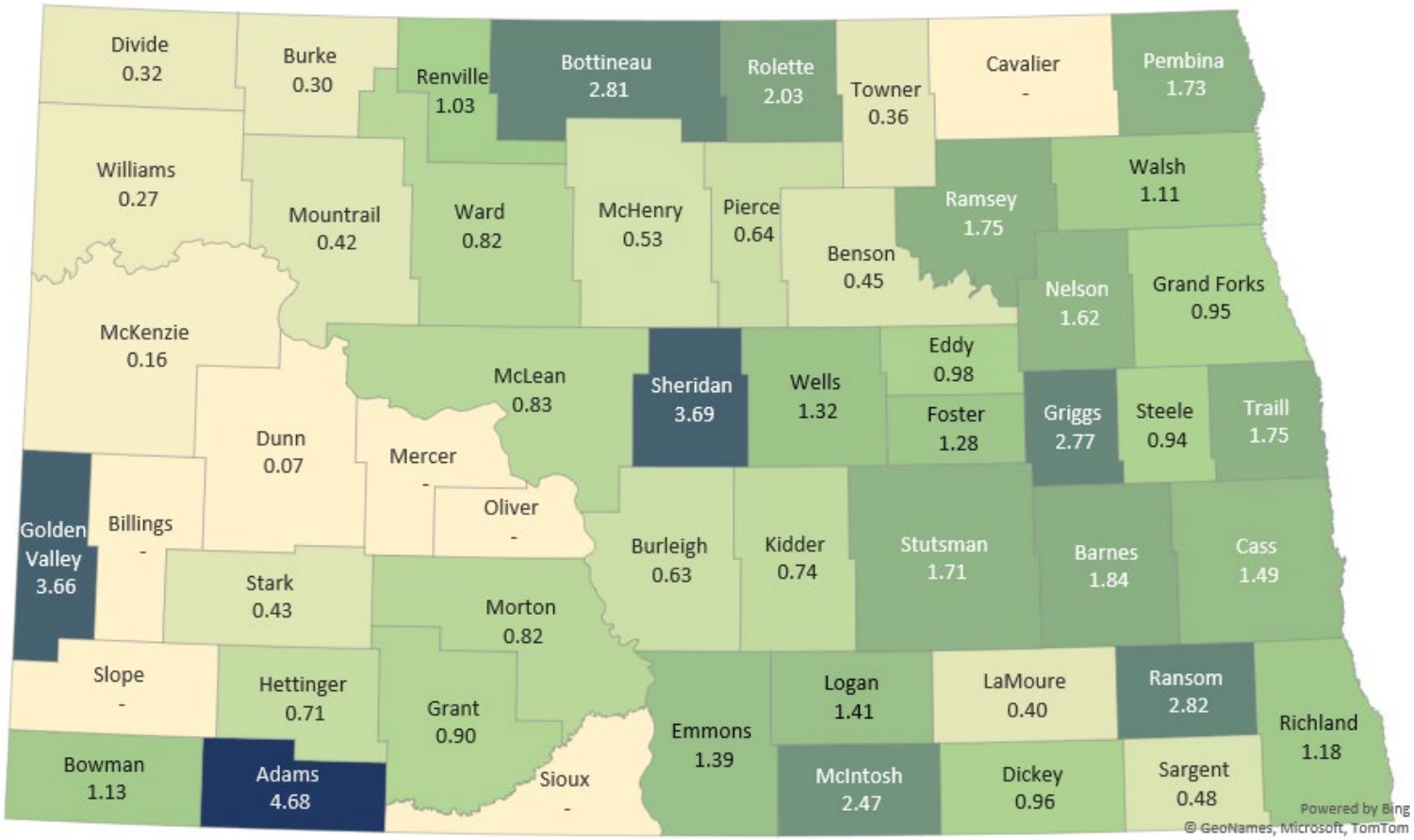
Child Care Assistance as a proportion of population

of children benefitting from CCAP **(0-5)** compared to # likely to need CC (all parents in LF), **adjusting for income** ***[2020-21 analysis]***

QUESTION: Is the rate of utilization what we would expect, based on total # of children age 0-13 with all parents in workforce, *adjusting for household income <80% AMI*?

1.0 (green) = yes
<1.0 (lighter) = less than
>1.0 (darker) = more than





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Key Indicator: Child Care Affordability | CCAP Utilization

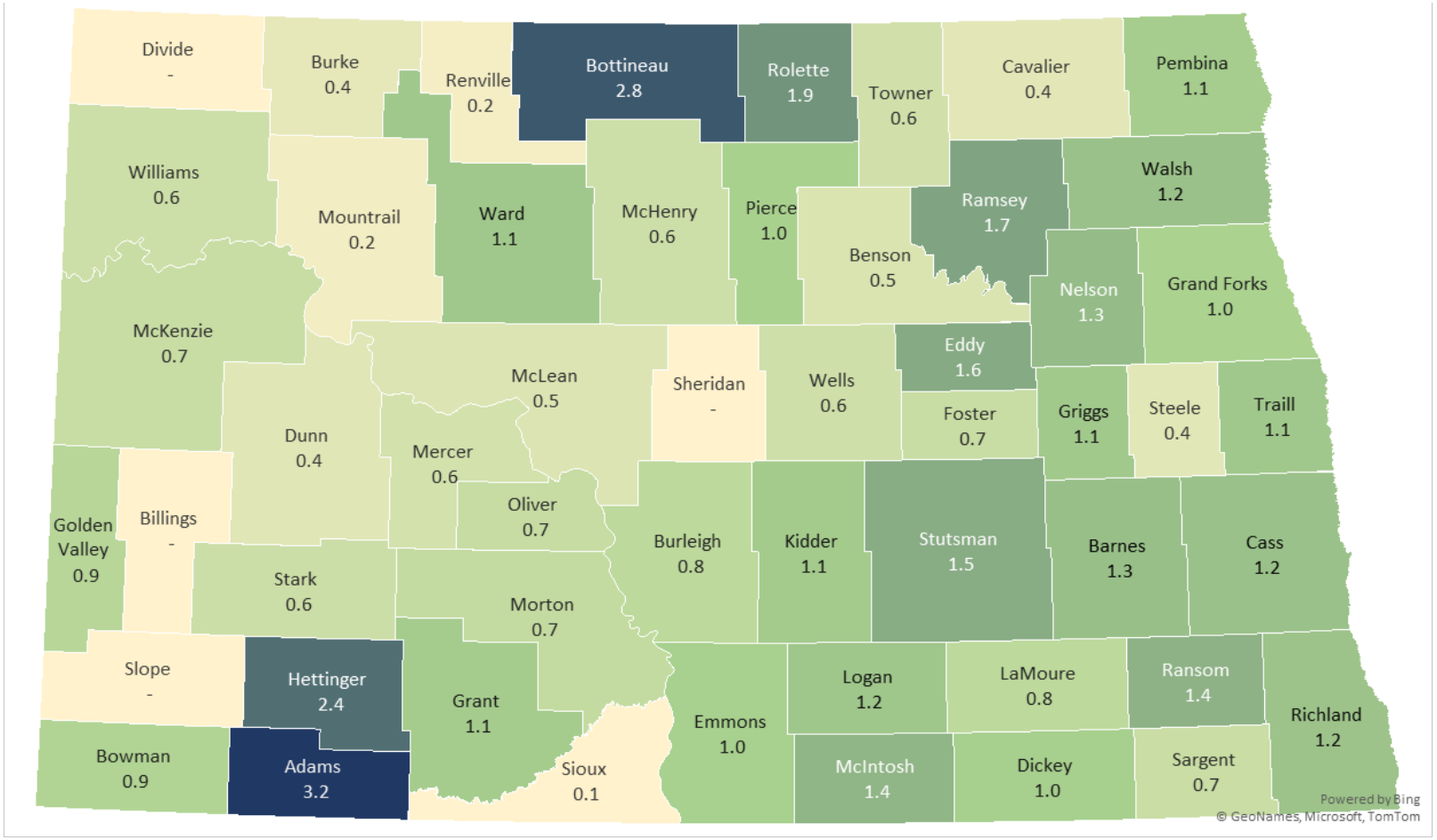
Child Care Assistance as a proportion of population

of children benefitting from CCAP **(0-5)** compared to # likely to need CC (all parents in LF), **adjusting for income** ***[2024 analysis]***

0.1 1.0 3.2

1.0 (green) = yes
<1.0 (lighter) = less than
>1.0 (darker) = more than

In the last 3 years, the utilization of **CCAP** has become **more evenly distributed** across ND.



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Affordability

Estimating demand

Approximately 30% of ND children younger than age 5 likely need and are eligible for child care assistance

All kids ages 0-5
64,724

74% of kids have all parents in labor force (64,724 x 74%) 47,896	&	**30% likely to have informal child care arrangements** (47,896 x 30%) 14,369	=	**50% of all kids ages 0-5 likely to need child care of some kind** (47,896 – 14,369) 33,527

57% of kids ages 0-5 are likely eligible for CCAP per state rules
(33,527 x 57%)
19,110



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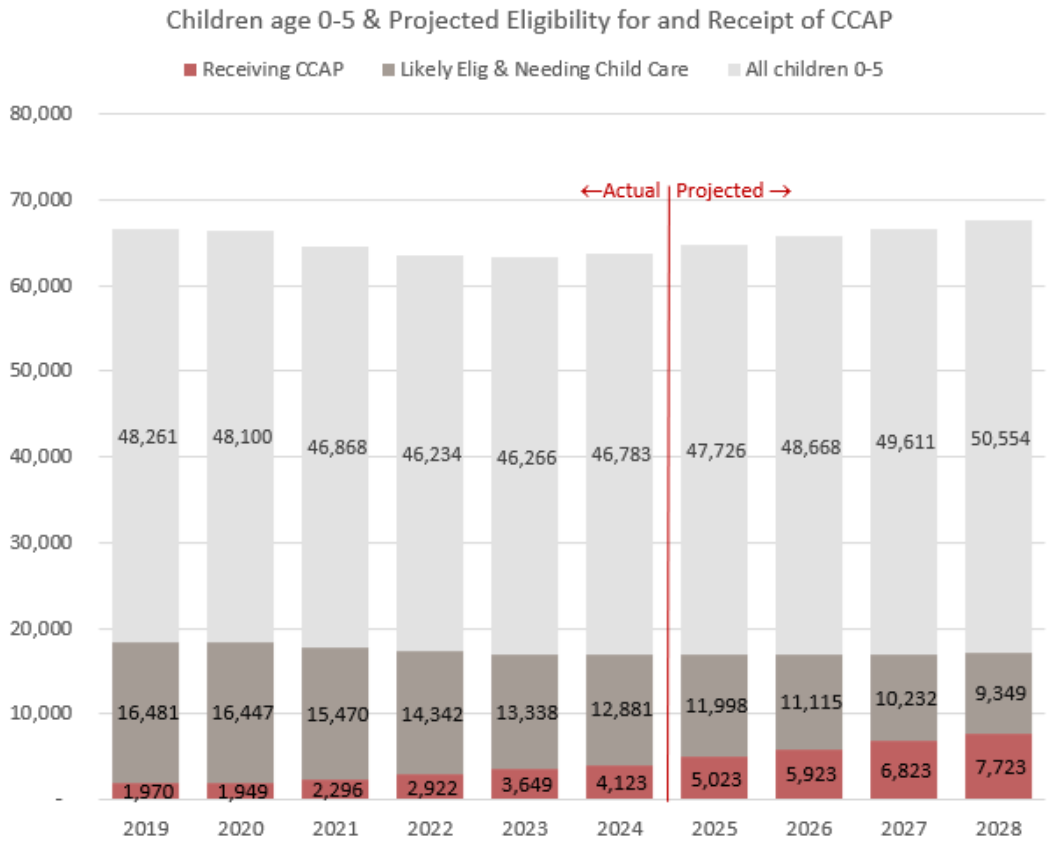
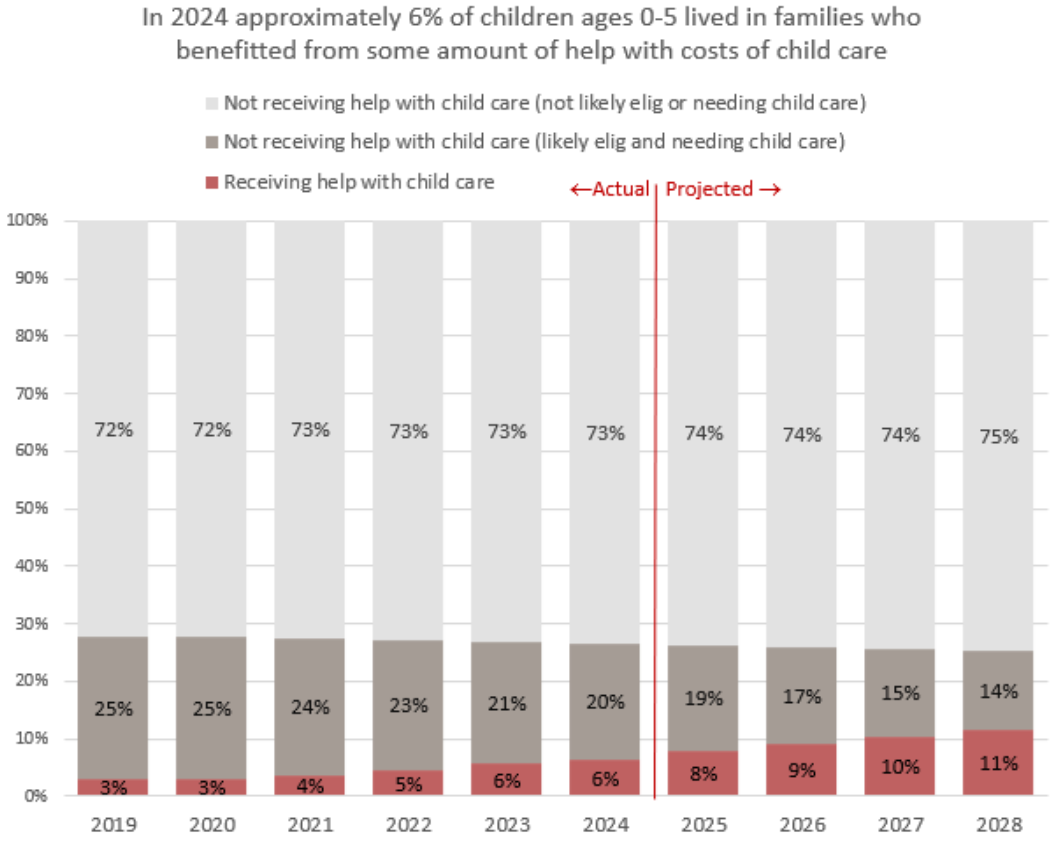
Estimating Demand

In 2024 approximately 6% of children ages 0-5 lived in families who benefitted from some amount of help with costs of child care

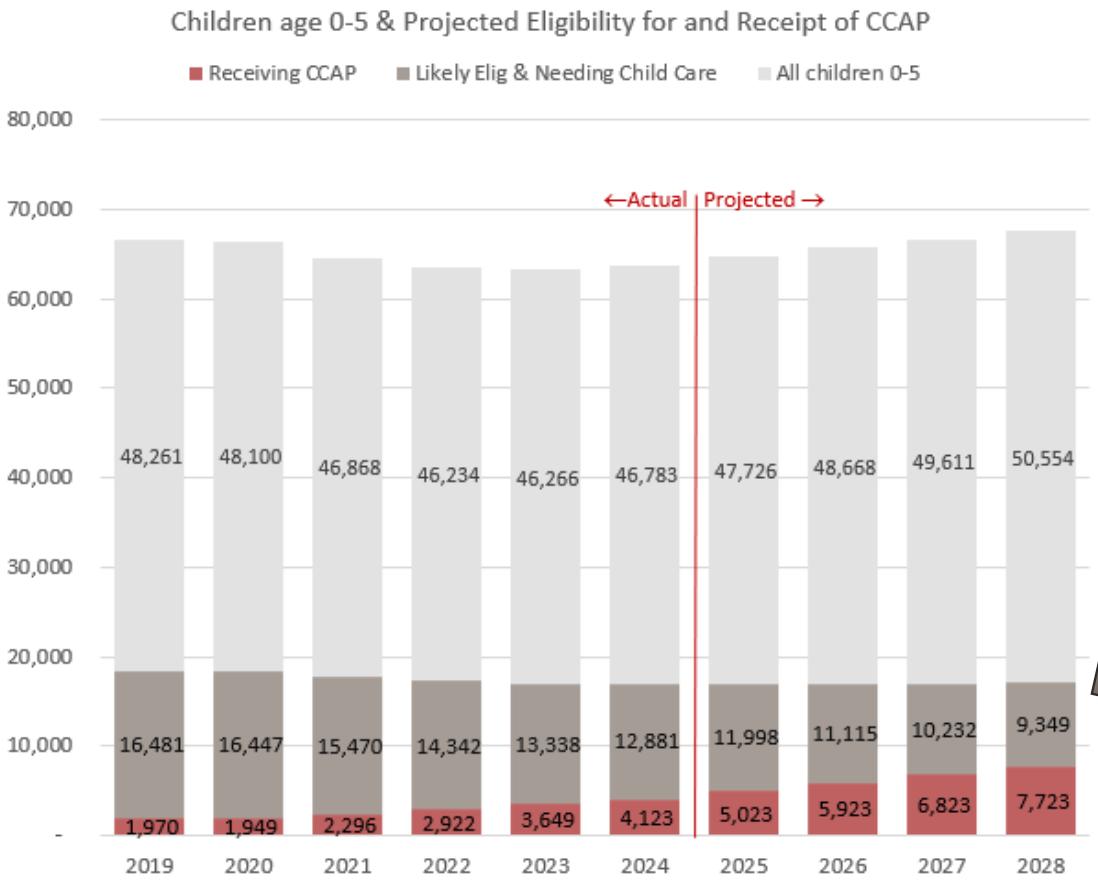
Affordability





Estimating Demand

Since 2021 the number of potentially eligible families receiving assistance with child care costs has doubled



Children 0-5 potentially eligible and likely to need child care but not receiving CCAP

- What % of eligible children should be benefitting from CCAP?
- Does the goal vary by age (i.e., 0-3, 0-5, 0-11)?
- What % of needs should we assume are met with alternatives to licensed care? (i.e., care not eligible for CCAP)

ND HHS analysis based on U.S. Census data (ND Kids Count Population by single year of age) and CCAP utilization data (SPACES data warehouse

Assumptions:

- 0.1% - Population change 0-5 per year
- 50% - % of children age 0-5 likely to need some type of child care
- 57% - % of children 0-5 likely eligible for CCAP as per State program rules

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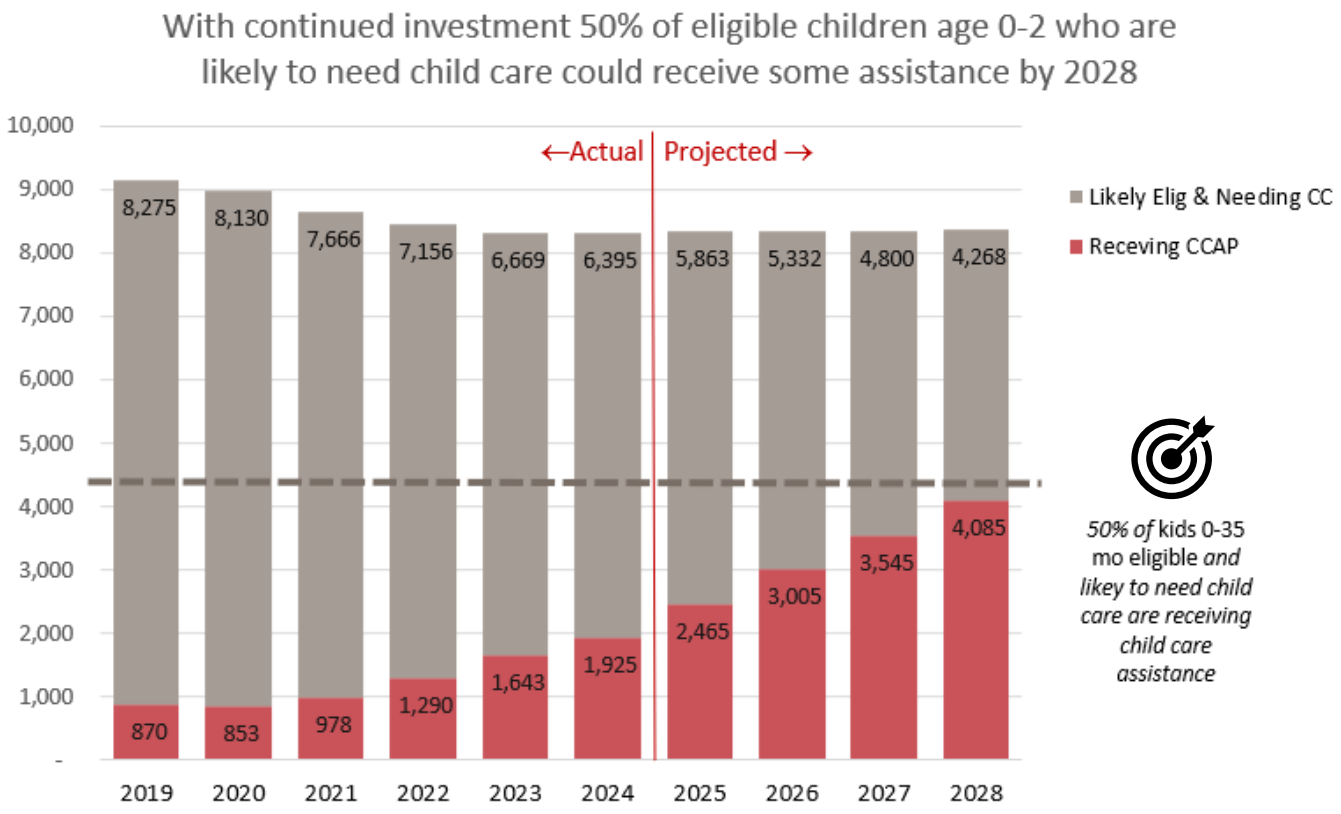
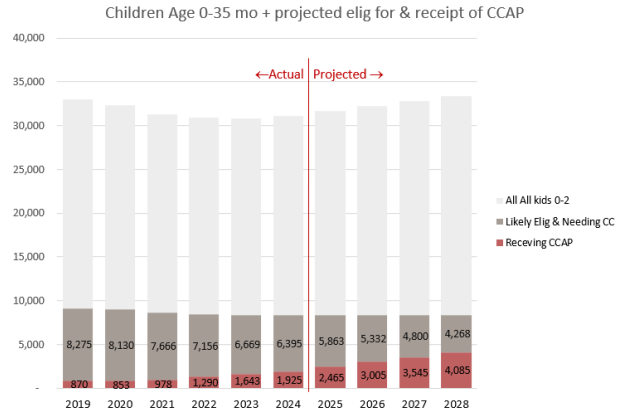
Affordability

Estimating Demand

A higher proportion of families with young children are accessing child care assistance



50% of kids 0-35 mo eligible *and likey to need child care are receiving child care assistance*



ND HHS analysis based on U.S. Census data (ND Kids Count: Population by single age) and Child Care Assistance Program utilization data (SPACES data warehouse)

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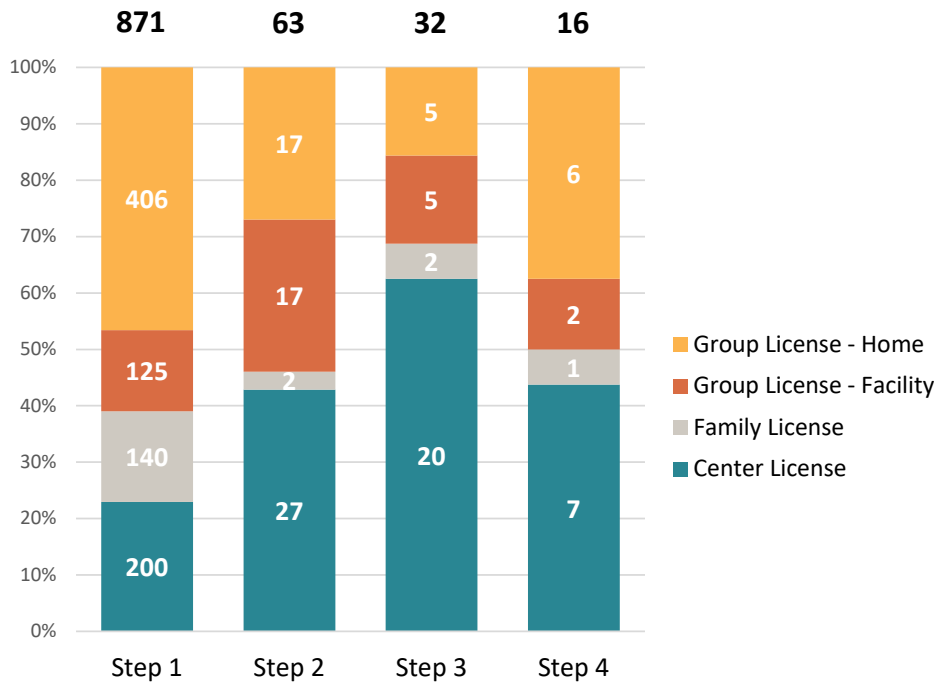
Key Indicator: Child Care Quality | Expanding Access

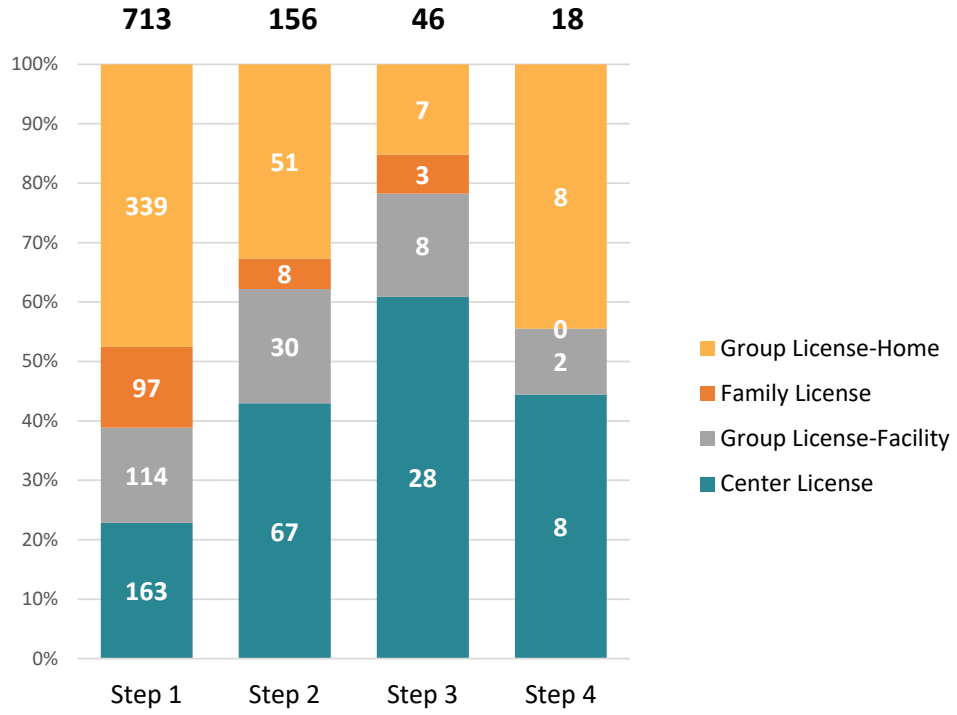
Quality

77% increase in the number of licensed providers with a Step 2, 3 or 4 quality rating

of licensed providers by QRIS rating | July 1 2023 and Feb 1 2025



July 1, 2023
111 programs
Step 2, 3, 4
(982 total)



February 1, 2025
196 programs
Step 2, 3, 4
(933 total)

NORTH Dakota Be Legendary. | Health & Human Services

Key Indicator: Child Care Quality | Expanding Access

13 additional counties now have at least one quality-rated program

Quality

July 2023 – February 2025 | Step 2, 3 4 QRIS providers and capacity by county

County	# providers w/ Step 2, 3, 4 QRIS			Lic capacity of Step 2, 3, 4 QRIS		
	7/1/2023	2/1/2025	Net change	7/1/2023	2/1/2025	Net change
Adams	0	1	**1**	-	20	**20**
Barnes	2	3	**1**	160	220	**60**
Billings	0	1	**1**	-	30	**30**
Bottineau	0	1	**1**	-	16	**16**
Bowman	0	1	**1**	-	15	**15**
Burleigh	9	16	**7**	1,015	1,334	**319**
Cass	31	50	**19**	2,373	4,024	**1,651**
Cavalier	0	1	**1**	-	86	**86**
Dickey	1	3	**2**	30	68	**38**
Divide	0	1	**1**	-	96	**96**
Dunn	0	1	**1**	-	30	**30**
Eddy	0	1	**1**	-	70	**70**
Emmons	1	4	**3**	18	83	**65**
Foster	2	2	**0**	42	42	-
Grand Forks	15	25	**10**	1,185	1,659	**474**
Griggs	0	1	**1**	-	36	**36**
Hettinger	1	1	**0**	30	30	-
LaMoure	1	1	**0**	9	9	-
McHenry	3	3	**0**	77	77	-
McIntosh	0	1	**1**	-	25	**25**
McKenzie	1	4	**3**	17	255	**238**

County	# providers w/ Step 2, 3, 4 QRIS			Lic capacity of Step 2, 3, 4 QRIS		
	7/1/2023	2/1/2025	Net change	7/1/2023	2/1/2025	Net change
McLean	0	1	**1**	-	28	**28**
Mercer	3	3	**0**	137	137	-
Morton	2	6	**4**	92	172	**80**
Mountrail	1	1	**0**	30	30	-
Nelson	2	3	**1**	80	110	**30**
Pierce	2	3	**1**	58	70	**12**
Ramsey	2	7	**5**	199	497	**298**
Ransom	1	1	**0**	55	55	-
Richland	1	4	**3**	149	231	**82**
Rolette	1	2	**1**	20	38	**18**
Sargent	1	3	**2**	30	177	**147**
Stark	0	3	**3**	-	87	**87**
Steele	0	2	**2**	-	50	**50**
Stutsman	5	11	**6**	185	280	**95**
Towner	1	1	**0**	26	26	-
Traill	3	7	**4**	79	278	**199**
Walsh	3	4	**1**	120	142	**22**
Ward	7	22	**15**	394	1,033	**639**
Wells	1	1	**0**	17	17	-
Williams	3	13	**10**	134	713	**579**
TOTAL	**106**	**220**	**114**	**6,761**	**12,396**	**5,635**

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2021

- Best in Class (HB 1466)
- Consolidate many early childhood functions (HB 1416)

2023

- Investments in Child Care Assistance, provider grants, and child care infrastructure (HB 1540)
- Research informed year-before-kindergarten programs *(Best in Class / Waterford Upstart)* (SB 2012)

2025

- Continue pushing toward a healthier child care sector and becoming a state where child care is not a barrier to work



2025 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

HB 1012 a.m.
3/26/2025

Relating to leases of the health and human services property, substance use disorder treatment program, basic care payment rates, and state of residence for child care assistance; to provide for a transfer; to authorize a line of credit; to provide legislative intent; to provide for a legislative management study; to provide an application; to provide an exemption; to provide for a report; and to provide an effective date.

8:30 a.m. Chairman Dever opened the hearing.

Members present: Chairman Dever and Senators Cleary, Davison, Magrum and Mathern.

Discussion Topics:

- Substance Use Disorder (SUD) Voucher
- Medicaid Cuts
- SB 2399/Rate Setting
- Medicaid Automated System
- Behavioral Health Navigator
- Continuum of Care
- Voluntary Treatment Program
- System of Care Grant
- Opioid Settlement Funds
- Training Academy for Addiction Professionals (TAAP)
- IMD Waiver
- Community Connect (CC)
- Free through Recovery (FTR)
- Human Services Research Institute (HRSI)
- Certified Community Behavior Health Clinics (CCBHC)
- Mobil Crisis Teams
- Crisis Stabilization Beds
- State Hospital
- Peer Support
- Autism Waiver
- Recovery Housing Assistance Program (RHAP)
- Cross Disability Waiver
- Crisis Care Services
- Diversion Services

8:31 a.m. Dave Marion, Employee, Prairie Recovery Center, testified in favor and submitted testimony #43819.

8:47 a.m. Jeremy Traen, President/CEO ShareHouse Inc, testified in favor and submitted testimony #43831.

8:56 a.m. Ty Hegland, CEO, Prairie St. John's, testified in favor and submitted testimony #44477.

9:11 a.m. Tim Gienger, Senior Director of Residential Partnerships, Dakota Boys and Girls Ranch, testified in favor and submitted testimony #43769.

9:33 a.m. Kurt Snyder, CEO, Heartview Foundation, testified in favor and submitted testimony #43800.

9:46 a.m. Carlotta McCleary, Executive Director, Mental Health America of North Dakota (MHAN); Executive Director, North Dakota Federation of Families for Children's Mental Health, testified in favor and submitted testimony #44147 & #44148.

9:57 a.m. Chaz Brobst, consumer of mental health services, testified in favor and submitted testimony #43899.

10:11 a.m. Emma Quinn, consumer of mental health services; Business Development Manager, ShareHouse, testified in favor and submitted testimony #43820.

10:28 a.m. Kandia Qual, Program Administrator, Dakotah Foundation, testified in favor and submitted testimony #44156.

10:37 a.m. Doreen Eichele, Chief Operations Officer, Dakota Foundation, testified in favor and submitted testimony #44157.

10:54 a.m. Donene Feist, Director, Family Voices of North Dakota (FVND), testified in favor and submitted testimony #44161.

11:16 a.m. Scott College, CDO, F5 Project, testified in favor and submitted testimony #43780.

11:27 a.m. Mark Johnston, Executive Director Business Development Government Affairs, Avel eCare, testified in favor and submitted testimony #43659.

11:43 a.m. Donnell Preskey, Executive Director, North Dakota Sheriff’s and Deputies Association, testified in favor and submitted testimony #44115.

11:47 a.m. Melanie, Heitkamp, Executive Director, Youthworks, testified in favor and submitted testimony #43797.

Additional Written Testimony:

Lisa Ward, Program Manager & Care Coordinator, Southwest Multi-County Corrections Center (SWMCCC), submitted written testimony in favor #43468.

Mathew Anderson, Chief, Wahpeton Police Department, submitted written testimony in favor #43499.

Jeanna Degelder, RN Manager, Sharehouse Inc., Fargo, ND, submitted written testimony in favor #43641.

Matthew Johansen, Sherrif, McKenzie County, submitted written testimony in favor #43747.

Michael Lynde, Director, Tied for Second Sober Living a& Recovery Support, submitted written testimony in favor #43767.

Denise Andress, Director, ND Training for Addiction Professionals, submitted written testimony in favor #43784.

Jeannie Hochstrasser, Employee, F5 project, submitted written testimony in favor #43809.

Dan Madler, CEO, Beyond Shelter, Inc, submitted written testimony in favor #43812.

Kate Coughlin, Executive Director, Nexus Family Hearing, submitted written testimony in favor #44102.

12:00 p.m. Chairman Dever closed the hearing.

Joan Bares, Committee Clerk

My name is Lalisa Ward, and I am Program Manager and Care Coordinator at Southwest Multi-County Corrections Center (SWMCCC) Community Treatment Program in Dickinson, ND. I would like to share my perspective of the impact Free Through Recovery (FTR) and Community Connect (CC) programs have made. At SWMCCC Community Treatment Program, our mission is to support individuals who are transitioning from incarceration, struggling with addiction and suffering with mental health issues create a stable life for themselves in the Dickinson community and we would not be able to provide these services without the resources provided by the FTR and CC programs.

Through FTR and CC, we are able to help clients secure treatment and recovery services, stable employment, and housing. For many of our clients, these programs help give them a true second chance—an opportunity to break the cycle of addiction and become productive and healthy members of society.

A crucial piece to these programs is the role of peer support specialists. It is not my place to share their stories, but our peer supports, Jesus Cantu and Dakota Gant, have overcome immense obstacles in their lives and now dedicate their time to helping others that find themselves in similar situations. Peer support fosters a sense of belonging and understanding that is often crucial for individuals who may feel disconnected or stigmatized after their release. When our clients realize that they are not alone on this journey the possibilities are endless.

In North Dakota, like many other states, individuals involved in the criminal justice system often face significant barriers upon reentry. They may struggle with addiction, lack of support, limited access to treatment, and difficulty finding stable housing or employment. Without proper support, many individuals are at risk of reoffending. FTR and CC programs provide this support and for many helps them find their path to stability.

To end my testimony, I would like to share a statement provided by Peer Support Specialist Jesus Cantu:

"I, Jesus Cantu III, would like to share how (FTR) Free Through Recovery has been a blessing to me, I am from Texas and I came to North Dakota in November of 2023 to work, but due to the fact that I had a problem with alcohol I started to get in trouble and ended up in jail. While in jail I was informed about this program named All of Us in Recovery that is associated with Free Through Recovery, and I was able to get help through the program. The person that helped me got me into a Sober living house and helped me find a job. She was of great help, and that inspired me not only to want to change but to be part of the change. While I was a client at SWMCCC Community Treatment Program I obtained My Peer Support Training which now allows me to be part of the solution instead of being part of the problem. I am 1 year 10 months 22 days sober today and it's all because of the Free Through Recovery Program."

In conclusion, Free Through Recovery and Community Connect are invaluable programs that offer hope, healing, and the chance for a fresh start to individuals in North Dakota. These programs are essential in transforming lives, reducing recidivism, and creating safer, more resilient communities. As a Care Coordinator at SWMCCC Community Treatment Program, I

can personally attest to the tremendous impact these programs have, and I am grateful for the opportunity to contribute to their success.

Thank you for your time and consideration in recognizing the importance of these programs.

Sincerely,
Lalisa Ward
Program Manager and Care Coordinator
Southwest Multi County Corrections Center Community Treatment Program

WAHPETON POLICE DEPARTMENT

920 3rd Avenue North • Wahpeton, ND 58075 • Phone: 701.642.7722 • Fax 701.642.7842

Protect and Serve

Chairman Dever and members of the Senate Appropriations Committee

I, Chief Matthew Anderson, representing the Wahpeton Police Department, am submitting testimony in favor of HB 1012 and in support of Avel eCare.

Avel eCare was implemented at our department in May 2024. Our officers utilized Avel eCare during 64% of the mental health calls for service in 2024 and have used it on 100% of the mental health calls for service in January 2025. When used, telehealth crisis care visits through Avel eCare resulted in citizens staying in their homes 66% of the time after the visit concluded.

Avel eCare has provided our officers with immediate access to mental health professionals for citizens when there is not an underlying threat to themselves or others. Of the people in crisis who spoke with a telehealth professional, our officers have only had one call back to the same individual. Additionally, some individuals who used Avel eCare have followed up with our office, thanking us for the service provided and how they were treated when in crisis.

Our department maintains a minimum mandatory staffing of two uniform officers on duty 24/7. Prior to using Avel eCare, officers had to transport a citizen in a mental health crisis to a medical facility outside our community. This process took an officer out of service for a minimum of 2.5 hours and required calling in another officer to cover the shift. Since implementing Avel eCare, we have significantly reduced the need to transport citizens to medical facilities and minimized the need to call in off-duty officers for coverage.

For a small police department with few local services available to us when someone is experiencing a mental health crisis, Avel eCare has been a game changer for our officers and community. I strongly encourage continued support for Avel eCare.

Thank you,

Chief Matthew Anderson

Wahpeton Police Department

Chairman Dever and Members of the Committee,

My name is Jeanna Degelder and I am currently the RN Manager at Sharehouse INC in Fargo, ND. I am writing to share my personal testimony with addiction and to advocate for continued funding for this devastating epidemic.

I was working as an ICU nurse when I had received a surgery. I had struggled with alcoholism from a young age but when I became dependent on Fentanyl my whole world shattered. At the time I was married with two small boys ages 4 and 6. One night while on the night shift I had come to my jumping off point and overdosed. I was then taken to an area hospital and given Narcan but sent back to jail too soon as it had worn off again. When I returned to the hospital my kidneys had shut down and I was eventually placed on kidney dialysis not knowing whether I would live or die. By the grace of God my kidney function returned. I was given a new lease on life. Addiction isn't easy but with the right resources and funding for residential treatment I am now 7.5 years sober and a great mom and wife. I regained my nursing license and am now working in the field of addiction and my passion deepens every day.

I am pleading for more funding for our mission as this disease takes several lives everyday across our country. Had I not had the excellent opportunity for intensive outpatient treatment I would not be writing this letter today as I would have probably had lost the battle as so many of the afflicted do.

Please take into consideration my testimony and continued mission to fight addiction.

Sincerely,



Jeanna Degelder, RN

4500 N. Lewis Avenue
Sioux Falls, SD 57104
(605) 606-0100
www.AveleCare.com

Senate Appropriations Committee – Human Resources Division

March 26, 2025

Avel eCare Crisis Care – Support for HB1012

Chairman Dever and members of the committee. Thank you for the opportunity to provide written testimony in support of HB1012, and the impact of Avel eCare Crisis Care in supporting the citizens of North Dakota.

Avel eCare Crisis Care is a virtual hospital system which has supported hospitals and communities in North Dakota for more than 20 years. During the 2023 session, the legislature passed an appropriation for the Department of Health and Human Services (DHHS) to provide virtual crisis response services for immediate, 24/7 access to behavioral health professionals via telemedicine. In the fall of 2023, Avel eCare was selected through competitive bidding to support the state with Crisis Care - ensuring that citizens in crisis receive timely and appropriate care. From day one, the mission of Crisis Care is to strengthen North Dakota's behavioral health system by supporting first responders, and citizens with virtual crisis intervention, reducing unnecessary emergency room visits and law enforcement involvement while improving patient outcomes.

Through our partnership with the DHHS, law enforcement agencies, and other stakeholders across the state, Avel eCare Crisis Care has significantly improved access to crisis mental health care - especially in rural and underserved areas where provider shortages pose a challenge. By leveraging telemedicine, we bring behavioral health expertise to the point of crisis, allowing for real-time assessments, de-escalation, and care coordination with the regional centers, ultimately keeping individuals in their communities whenever possible.

Since expanding our services in North Dakota, we have:

a. Provided virtual crisis consultations: reducing waiting times for critical mental health evaluations.
b. Partnered with NDHHS and the Regional Mental Health Centers to ensure that patients in crisis receive care without unnecessary transfers.
c. Assisted law enforcement by offering immediate access to mental health professionals, reducing the strain on local resources.
d. Helped divert individuals from unnecessary hospitalization and incarceration by offering community-based crisis stabilization.

Our work aligns with North Dakota's commitment to strengthening behavioral health services and ensuring access to care for all citizens. Continued support for crisis care services, including telemedicine, is essential to addressing workforce shortages, improving patient outcomes, and reducing the financial burden on emergency departments, law enforcement agencies, and ultimately the taxpayers.

4500 N. Lewis Avenue
Sioux Falls, SD 57104
(605) 606-0100
www.AveleCare.com

We appreciate the legislature's ongoing leadership in addressing behavioral health needs in North Dakota. Avel eCare Crisis Care is committed to being a strong partner in this effort, and we welcome the opportunity to collaborate further to enhance crisis response services across the state.

Sincerely,

Mark Johnston

Mark Johnston
Executive Director of Business Development – Government Affairs
Avel eCare
4510 North Lewis Ave, Sioux Falls, South Dakota 57104
Mark.Johnston@AveleCare.com

MCKENZIE COUNTY
SHERIFF'S OFFICE
1201 12th St SE Ste B • Watford City, ND 58854

Matthew Johansen, *Sheriff*
Phone: (701) 842-6010
Fax: (701) 842-6455

Testimony Prepared for the

Senate Appropriations Committee/Human Resources Division

March 26, 2025

By: Matthew Johansen, McKenzie County Sheriff Re: HB 1012

Dear Chairman Dever and Members of the Senate Appropriations Committee/HR Division,

My name is Matthew Johansen, McKenzie County Sheriff, and I am here today to support HB 1012.

As a community, we face significant challenges when it comes to providing crisis care for individuals actively in crisis within McKenzie County. The resources available are exceedingly sparse, with the McKenzie County Hospital lacking on-site psychiatric care and no 24-hour crisis care locations in existence. Additionally, all in-patient crisis care facilities are located outside of McKenzie County.

Current State of Crisis Care in McKenzie County

- **Limited Facilities**: There are no local facilities providing inpatient crisis care, necessitating transportation of individuals in crisis to locations outside McKenzie County.
- **High Volume of Calls**: In 2023, the McKenzie County Sheriff's Office responded to 49 calls originating as suicide threats, with a similar number (48) in 2024. This does not account for incidents where threats of suicide evolved from other calls.
- **Committal Transports**:
  - In 2023, the Sheriff's Office completed 46 committal transports, with deputies traveling 5,888 miles, including 12 emergency committals issued by a physician.
  - In 2024, the total committal transports were 39, covering 16,490 miles, with 31 emergency committals issued by a physician, indicating an increased burden on deputies.

Challenges in Crisis Response

- **Initial Response**: Deputies must determine the nature of the incident and decide, often without immediate physician support, whether the person should be brought to the

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emergency room. This process involves gathering facts and evidence surrounding the crisis.

- **Physician Consultation**: The emergency room physician then confers with a psychiatric physician from another facility to determine if an emergency committal is necessary, a process that can take hours and frustrate the individual in crisis.

Benefits of AVEL eCare

- **Comfortable Crisis Resolution**: Individuals in crisis are more willing to open up in familiar surroundings. AVEL eCare allows deputies to offer the opportunity for the individual to speak with a mental health professional via video chat in their current, comfortable location.
- **Visible Assessment**: Video chat enables professionals to visibly assess the patient's demeanor and accurately evaluate their condition, versus solely relying on audible assessments.
- **Enhanced Decision Making**: Deputies retain authority in decision-making, considering the professional's recommendations while assessing the viability of the patient remaining in place.
- **Follow-Up Resources**: Introduction of follow-up through Human Services ensures that patients receive additional resources and support post-crisis, a system that did not exist before AVEL eCare.
- **Efficiency in Staffing**: If a decision is made for the patient to remain in place, deputies can return to other calls for service more quickly, rather than waiting in an emergency room.

Endorsement of AVEL eCare's Crisis Care Program

In today's world, law enforcement agencies are increasingly being called upon to respond to mental health and substance abuse crises. While officers and deputies are dedicated to serving their communities and genuinely want to help, they often lack the clinical training necessary to effectively assess and support individuals in crisis. This is where Avel eCare's Crisis Care program makes a transformative difference.

Since the McKenzie County Sheriff's Office implemented the program in March of 2024, we have utilized it multiple times and it has saved countless trips to the local emergency room and mental health facilities across the state. Avel eCare's innovative virtual co-responder program has been a game-changer for McKenzie County. By providing 24/7 access to behavioral health professionals, this program bridges the gap between immediate crisis response and professional mental health care. Utilizing cellular-enabled tablets, behavioral health professionals can connect

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with law enforcement officers on the scene, assisting with de-escalation, stabilization, and safety assessments during crisis situations—whether on the side of the road or in a living room.

What truly sets Avel eCare's Crisis Care program apart is its comprehensive approach. The support does not end after the initial crisis response. Instead, the program ensures that individuals who were in crisis are seamlessly connected to local mental health resources for follow-up care. This continuity of care is essential in fostering long-term recovery and stability for those affected by mental health crises.

I wholeheartedly endorse Avel eCare's Crisis Care program for its dedication to improving outcomes for individuals in crisis and its unwavering support for law enforcement officers. This program is a testament to the power of innovative solutions in addressing critical gaps in our mental health and public safety systems.

I respectfully request that funding is maintained for this program now and in the future.

Thank you.

Matthew Johansen

McKenzie County Sheriff

TIED FOR SECOND
SOBER LIVING

Senate Appropriations Human Resource Division
North Dakota State Legislature
600 E Boulevard Ave
Bismarck, ND 58505

Subject: Support for House Bill 1012 – Funding for Community Connect and Free Through Recovery

Dear Members of the Senate Appropriations Human Resource Division,

I am writing on behalf of Tied For Second Sober Living and Recovery Support to express strong support for the budget outlined in House Bill 1012, which provides essential funding for the Community Connect and Free Through Recovery programs. Many of our clients participate in these programs and we have witnessed firsthand the critical role they play in supporting individuals on their recovery journey.

Expanding funding for these programs will allow more individuals to access vital resources, improving their chances of long-term recovery and successful reintegration into society. Investing in these services not only strengthens our communities but also reduces recidivism and promotes overall public health and safety.

I urge you to support the budget increases for Community Connect and Free Through Recovery to ensure that those in need continue to receive the assistance necessary for lasting recovery. Thank you for your time and consideration.

Sincerely,

Michael Lynde
Tied For Second Sober Living and Recovery Services
701-471-6770
tiedforsecondsoberliving@gmail.com

DAKOTA BOYS AND GIRLS RANCH

Testimony in support of

HB 1012

March 26, 2025

Greetings Chairman Dever and Members of the committee,

My name is Tim Gienger, Senior Director of Residential Partnerships at Dakota Boys and Girls Ranch. Dakota Boys and Girls Ranch provides two levels of residential treatment to kids from all over the great state of North Dakota, Psychiatric Residential Treatment Facilities (PRTF) and Qualified Residential Treatment Programs (QRTP).

Some of my testimony today, provided on the heels of the testimony you heard from the Department of Human Services over the last two weeks, is in support of what the department reported. And, some of it will bring to light the impact these policies, created with the money appropriated, have had on North Dakota children and families.

Psychiatric Residential Treatment Facilities provide a medical level of care for children who are suffering from psychiatric issues, most often brought on by horrendous trauma. These children may be living with biological parents, adoptive or foster parents, or family members. The vast majority of children served by Ranch PRTFs in Minot, Fargo, and Bismarck, are not in public custody or wards of the state but are from families privately asking for medical care. These are kids from your local communities—children who are hurting and who often draw heavily on the resources of local law enforcement, hospitals, schools, and human service agencies.

Dakota Boys and Girls Ranch also operates a Qualified Residential Treatment Program (QRTP) on its Minot campus. QRTP is a federally defined level of foster care and operates similarly to our PRTF's. We are currently licensed for 12 beds.

As you can imagine, these kids have high needs, which comes at a cost. We, and other North Dakota PRTF's are committed to providing high quality care and treatment to these children, but the financial cost is not sustainable. Until now, the Dakota Boys and Girls Ranch Foundation has been able to underwrite the best-in-class care and treatment these children need. We budget for a $2.5 million shortfall each year and rely heavily on the foundation to make up the difference. That means that in a good year, the foundation grants $2.5 million to the Ranch to care for North Dakota kids. Last year, the foundation granted $7.5 million to the Ranch. While our foundation has been strong, we have depleted the unrestricted funds and another year like that is not sustainable. Last year, we cared for 135 North Dakota children.

DAKOTA BOYS AND GIRLS RANCH

Testimony in support of

HB 1012

North Dakota children come into PRTF's with much more challenging behaviors. In the last ten years, we have closed the state hospital, reduced QRTP and Life Skills and Transition Center beds, and refrained from placing kids in out-of-state facilities. The children with the most challenging behaviors have had to go somewhere, and private providers like the Ranch have picked up the slack. To do this, and keep our children and staff safe, we have had to increase staffing levels, including professional staff. We are also providing increased training, both to meet updated licensure requirements and to ensure our staff are prepared to meet the needs of the kids who come through our doors.

Rate Setting

Rate Setting is one of the functions of Medical Services and I want to say thank you for this committee's support of SB 2399, which is now being heard over in the House Appropriations Committee which will change the formula of Rate Setting and move us towards a more modern way of being reimbursed for quality care.

Parents accessing Medicaid

Some of the families we work with need to access Medicaid to cover the cost of their child's treatment. Parents are frustrated with Medical Services' new automated and centralized system. They tell us they want a consistent contact who can answer some of their ongoing questions regarding Medicaid. When we call to check coverages and claims, we are running into the same issues. Every time we call, we talk to a different person, and we rarely find someone who understands residential treatment coverage so get bounced around. We used to be assigned a point person who was responsive and able to answer our questions in a timely manner.

Behavioral Health Navigator/One Assessment

You heard Pam Sagness' testimony last week regarding the Behavioral Health Navigators. On July 1, 2024, DHHS implemented the One Assessment process, making it mandatory for the behavioral health navigators to be involved in admitting kids into a PRTF. Prior to July 2024, families would contact us directly, we would help them gather the information and records they needed for the Universal application and submit the information to Maximus to determine if the PRTF level of care was appropriate. We used this process with thousands of kids over the years, and a child was rarely denied Medicaid services after we determined them to be eligible. I believe we had a 10-year stretch with no denials, so it is safe to say we had an almost 100% success rate when we screened them.

In June of 2024, we had 48 kids in PRTF care, which put us at capacity. By August 2024, our census dropped to 35 and we have struggled to get above 40 since the implementation of the One Assessment process, which includes the requirement that all applications go through the behavioral health navigator.

DAKOTA BOYS AND GIRLS RANCH

Testimony in support of

HB 1012

The creation of behavioral health navigator positions/One Assessment has caused an undue burden on children and families who are trying to seek services. The services they so desperately need are available, however overregulation by the Department is creating unnecessary barriers that make it difficult for children and families to receive care. There has been some progress on this made with the Department by way of some procedure changes, however, more work needs to be done to adequately remove the barriers for parents.

Voluntary Treatment Program

Last biennium, $453,424 was appropriated for the voluntary treatment program (VTP). This year, the request is a little over $1.3 million, which is a step in the right direction. These VTP funds are vital for families trying to access the QRTP level of care for their children. I would also suggest that the payment structure for VTP funds match the determination structure for QRTP level of care. In other words, if a child is found eligible for QRTP level of care, the VTP funds should be automatically available for that child. Currently there is a mismatch between the two.

System of Care Grant

The Ranch received funds from the System of Care Grant, which has allowed us to create a pilot project for aftercare services for children in our Bismarck PRTF program. Aftercare serves families for six months after their child is discharged from our treatment program, ensuring they are receiving the services they need to be successful in their home and at school. We ask that aftercare services be included in the PRTF rate so all children who receive PRTF treatment have the support they need to be successful.

Solutions

Rate strategy was identified in Sara Aker's testimony for medical services. It would be beneficial for us to work with medical services to find a rate structure that fits with today's PRTF operations.

The Ranch receives more family and referral contacts than the navigators and is able to provide navigation services that meet families' technology, literacy, and transportation needs. Perhaps funds should be appropriated to the Ranch for that service, which would allow DHHS to provide navigation services for a different population. Removing the requirement to go through DHHS' navigators would remove unnecessary government interference, thereby ensuring that children and families are connected to the right service at the right time and without undue delays. Families trying to access services for their children are in crisis. They need help navigating the process so they can access services for their children in a timely manner.

I am not suggesting we provide services for children who don't need them, but that we remove barriers and unnecessary hoops for families whose children need the PRTF level of care. Families are being required to use technology they don't have. They are being asked to understand things that are not possible for them to understand, especially when they are in a state of crisis. They are being

asked to access services that aren't available to them before they can be approved for the services they need. They are being asked to resubmit information because they used an outdated form, even though the information requested is the same. They are being asked to call during hours that don't work for them, and to recall information that is unrecallable and unnecessary.

These are just a few of the barriers families have had to endure. They get frustrated and often give up. Since July 1 of 2024, the State of North Dakota has made it harder for families to get their children the help they need. We owe it to them to do better. I recommend that the department revert to its previous way of admitting kids into the PRTF level of care, thereby removing the state-run barriers that make it difficult to impossible for children to access care.

Tim Gienger, LCSW

Senior Director of Residential Partnerships

Dakota Boys and Girls Ranch

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March 25, 2025

North Dakota Legislative Assembly
600 E Boulevard Ave
Bismarck, ND 58505

Subject: Testimony in Support of Fully Funding Free Through Recovery and Community Connect

Dear Members of the North Dakota Legislative Assembly:

We are writing to express our strong support for the full funding of the **Free Through Recovery (FTR)** and **Community Connect (CC)** programs in North Dakota. As the Executive Leadership Team of F5 Project, the State's largest provider of Free Through Recovery and one of the largest providers of Community Connect, we have witnessed firsthand the transformative impact these programs have on individuals seeking to rebuild their lives after incarceration or treatment, overcome addiction, and reintegrate into society successfully.

Funding programs like **FTR** and **CC** results in savings to the state of North Dakota and therefore the citizens of the state. For example, in 2024, F5 Project contributed an estimated **$10.26 million dollars** in savings through participants successfully completing FTR programming and not returning to prison.

FTR serves as a vital bridge for individuals reentering their communities by providing essential services, including housing assistance, employment support, and mental health care. Many justice-involved individuals face significant barriers upon release, and without structured support, they are at a heightened risk of recidivism. **FTR** helps break this cycle by offering tailored, evidence-based interventions that promote stability and long-term success.

Similarly, **CC** has proven to be a life-changing initiative for those struggling with addiction and behavioral health challenges. This program ensures that participants receive high-quality, individualized case management and peer support. By addressing the root causes of substance use disorders and providing recovery-focused services, **CC** reduces the risk of relapse, enhances public safety, and strengthens our communities.

FTR and **CC** are **essential** programs that contribute not only to reentry and recovery, but also to workforce. The U.S. Chamber of Commerce Workforce Shortage Index – last updated in February 2025, reported North Dakota's Shortage Index to be one of the most severe in the nation – with an index rate of .30. **This means North Dakota only has 30 available workers for every 100 open jobs. FTR** and **CC** programming support activating hidden talent and retaining untapped talent for the many businesses who are affected by our workforce shortage.

It is hard to activate this workforce without programming like **FTR** or **CC** – and it can be expensive to the North Dakota taxpayer to continuously need to account for high recidivism. According to the North Dakota Department of Corrections and Rehabilitation (NDDOCR), the cost to incarcerate one individual annually is $54,000 or roughly $148 per day. In 2024, the recidivism rate in North Dakota was 40% - a rate that F5 Project works diligently to reduce alongside the NDDOCR and through valuable programming like FTR.

In 2024, F5 Project discharged – or ended programming – for 566 participants enrolled on **FTR**. Of those discharged, 75 or 13.25% experienced recidivism – **much lower than the state's total recidivism average of 40%.** Further, 190 discharges successfully completed FTR programming and overcame or significantly reduced the barriers that tend to encourage higher recidivism rates. Success looks like participants who have sustainable employment and housing, can meet their basic needs and more, and contribute to the overall economic health and workforce in North Dakota.

The successful completion and discharge of 190 individuals served through F5 Project on **FTR** in 2024 resulted in an estimated savings of **$10.26 million dollars.** Our data supports information on those who successfully complete the program and does not account for those who are discharged due to no longer being eligible for FTR due to location, changes in services needed, or declining/tapering away from services. **Actual savings are likely to be higher for North Dakota.**

The continued funding of these programs is not just a moral imperative but also a fiscally responsible decision. Research consistently shows that investments in rehabilitation and reentry services lead to significant cost savings by reducing re-incarceration rates, lowering reliance on emergency services, and improving overall community well-being. Every dollar allocated to these programs results in long-term benefits, including increased workforce participation and healthier families.

We urge you to recognize the profound impact of these initiatives and to support the full funding of **Free Through Recovery** and **Community Connect**. By doing so, you are investing in the resilience and potential of North Dakotans who deserve the opportunity to build stable, productive lives.

Thank you for your time and consideration. We appreciate your commitment to policies that strengthen our communities and offer second chances to those who need them most. Please do not hesitate to contact us if you have any questions or if we can provide further insights into the necessity of these programs.

Sincerely,

Adam Martin
CEO + Founder

Jenna Mueller
COO

Scott College
CDO

Megan Indvik
CAO

North Dakota Training Academy *for* Addiction Professionals

Testimony of Denise Andress

ND Training Academy for Addiction Professionals

In Support of HB 1012

Senate Appropriations Committee - Human Resources Division

March 25, 2025

Good morning, Chair Dever and members of the committee. My name is Denise Andress, and I am the director of the Training Academy for Addiction Professionals (TAAP). I am here today to testify in support of HB 1012, specifically the opioid settlement appropriation outlined on page five, section eight. Previously, the CEO of the Heartview Foundation, Kurt Snyder, spoke about the OSF funding TAAP received in January 2024. Today, I would like to take a few moments to discuss the impact of this funding on the addiction counseling workforce and share our vision for expanding these efforts across North Dakota.

Becoming an addiction counselor in North Dakota is a lengthy and rigorous process. In addition to earning a bachelor's or master's degree, most addiction counselors must complete between 350 and 960 supervised training hours at TAAP or one of the other five regional consortiums in the state. TAAP was established in 2015 as an apprenticeship model through the Heartview Foundation to provide accessible training opportunities for students where they live.

To address the growing addiction counselor workforce shortage in the state, TAAP received a grant from the opioid settlement committee. While workforce shortages exist across many industries, addiction counseling is unique in that when we effectively treat individuals with substance use disorders, they can return to their families, communities, and workplaces, helping to strengthen other industries as well. This investment in the addiction counseling workforce

has proven highly successful, exceeding the initial goals we presented to the committee.

With this funding, TAAP has made significant strides. First, we hired a full-time TAAP director—myself—fully dedicated to the administration and success of the program. In this role, I guide students through the process of becoming addiction counselors, answer their questions, advocate for them with the Board of Addiction Counselors, and help them navigate academic requirements. Having a dedicated point of contact has provided students with crucial support in what can often be a complex and overwhelming process.

Additionally, we have been able to provide a livable wage to 29 addiction counselor trainees. To put this into perspective, TAAP previously averaged only four trainees per year and had set a goal of 10 for this grant. The increased number of trainees has been made possible through strong partnerships with our training sites and the Heartview Foundation. Before this funding, the addiction counselor trainees had to complete six months (or 960 hours) of unpaid training. Due to the full-time nature of this requirement, many were unable to hold other jobs during this period, creating a financial barrier to entry into the profession.

TAAP has also received 27 scholarship applications from students in their junior and senior years of college. Of these, we awarded 16 scholarships ranging from $1,700 to $10,000. Each recipient signed an agreement to work as an addiction counselor in North Dakota for five years or repay the funding, ensuring that our state continues to benefit from this investment in workforce development.

Furthermore, TAAP has expanded its training sites from nine to 16, all of which are rigorously vetted to provide high-quality, research-based experiences for trainees. A significant portion of this expansion has occurred in rural areas, allowing students to train in their home communities with the goal of remaining there to serve local populations upon graduation.

Recognizing the critical role of clinical supervisors in the training process, we have also allocated funds to provide stipends to supervisors who take on trainees. Training new counselors is time-intensive and requires preparation, often taking time away from other responsibilities. Offering stipends has helped us recruit 15 additional clinical supervisors across the state. Additionally, TAAP has partnered with ND Department of Health and Human Services, CDC and UND's Center for

Rural Health to develop a free, 20-credit online CEU program for those pursuing clinical supervision status, further strengthening the training pipeline.

Beyond these immediate efforts, TAAP is committed to long-term workforce development through outreach initiatives. We have established a pipeline program to promote addiction counseling as a career choice by partnering with ND HOSA-Future Health Professionals, visiting high schools and colleges, and attending job fairs to engage students early in their career exploration.

I have included a document detailing TAAP's accomplishments with the OSF grant, including a map showing where our trainees live or plan to practice. We strongly encourage the Legislature to continue appropriating funding to the Opioid Settlement Committee, ensuring they have the resources to vet applications and support successful initiatives. Addressing the addiction counseling workforce shortage is not a one-time effort. Sustainable funding will allow us to continue building this workforce by engaging high school and college students, offering scholarships, and providing paid training opportunities. Additionally, we have proposed to the Department of Health and Human Services that TAAP be allowed to contract with other regional consortiums to extend paid training opportunities to students in the other consortiums.

Thank you for the opportunity to speak about the work TAAP is doing to address the addiction workforce shortage in North Dakota. I appreciate your commitment to tackling substance use in our state.

Melanie Heitkamp
Executive Director, Mountain-Plains Youth Services Coalition (DBA: Youthworks)
Testimony in support of HB 1012
House Appropriations Committee – Human Resource Division
March 26, 2025

Good morning, Chairperson Dever and members of the committee:

My name is Melanie Heitkamp, and I am the Executive Director of Youthworks, a private non-profit youth-serving agency. We have provided services in North Dakota since 1986. Our age demographic is 11 to 24, primarily adolescents and young adults. The services we provide include emergency shelter, housing for homeless youth, family counseling, individual counseling, skills groups, anger management, case management, crisis response, street outreach, drop-in services for basic needs, day programming for youth suspended or expelled from school, and anti-trafficking work with survivors of human trafficking and exploitation. We are the Attendant Care provider for law enforcement in Bismarck, Fargo, and Minot, and we operate emergency shelters in those communities.

I am also a Licensed Clinical Social Worker and have worked with thousands of families in my 45 years working with Youthworks and in my earlier practice in rural county social services.

Our mission at Youthworks is to provide a safe place for all youth to belong and be heard. We provide a non-judgmental place where youth and their parents can receive immediate help and support. Our goal is to prevent youth from entering the child welfare and juvenile justice systems, and our outcomes in achieving these goals are strong.

I am here to speak to the urgent need for funding that extends beyond the limits of Title IV-E. While Title IV-E services are vital, they do not support the comprehensive case management and prevention services families need to stay safely together and out of that system. Without investment in broader, more flexible funding streams, families fall through the cracks.

In North Dakota, the CHINS (Children in Need of Services) program is a critical resource for families dealing with truancy, parent-child conflict, runaway behavior, and early signs of substance use. In State Fiscal Year 2024 alone, more than 2,100 referrals were made, serving over 1,450 children. However, the reality is, the CHINS program is merely a referral source for mainstream services, not an ongoing service. This is not a judgement against the CHINS program, but a recognition of the number of children and youth in need of services statewide. With 91% of CHINS referrals living at home at the time of referral, we know that these are not youth who need to be removed from their homes—they need targeted, community-based intervention.

The data also shows that 75% of CHINS youth had prior contact with the child welfare system, and 20% had previous involvement with the juvenile justice system. These numbers highlight the preventive potential of early intervention: without timely support, these youth are at high risk of deeper systems involvement. We must act upstream, not downstream.

Previously, diversion funds provided through the courts allowed us to intervene quickly and holistically with families in crisis. When responsibility for CHINS moved under the Department of Health and Human Services, those court-based diversion funds were discontinued, leaving a gap in service delivery. We need sustainable, dedicated funding to provide diversion services that meet families where they are, before crises escalate.

For more than three decades, Youthworks served as a diversion program for youth across the state, working closely with families, schools, and courts to provide timely interventions. During that time, more than 95% of youth remained safely in their homes, avoiding deeper system involvement. Diversion services were a natural extension of our continuum of care, aligning with existing supports like crisis response, emergency shelter, case management, and counseling. As we look to the future, Youthworks plans to become a Title IV-E Brief Strategic Family Therapy (BSFT) provider, enhancing our ability to deliver evidence-based, family-centered services that prevent out-of-home placements and strengthen family systems.

In my experience, most of the youth I've worked with did not need to be placed on formal probation or removed from their homes. What they needed was early, meaningful intervention from professionals trained to work with adolescents and families in crisis. Without this intervention, families often become overwhelmed, communication breaks down, and the likelihood of out-of-home placement increases.

Addiction, mental health struggles, poverty, and housing instability all compound these challenges, and traditional services often remain out of reach due to cost or availability. Our crisis response and case management teams work quickly and effectively, without unnecessary bureaucracy, to stabilize families and guide them toward longer-term supports.

Thank you for your time today. I urge your thoughtful investment in the services and supports that will keep families intact and youth out of costly systems involvement. We need funding models that match the real needs of children and families—models that include case management, mental health and substance use treatment, and family preservation efforts not supported by Title IV-E. I may be reached at 701.255.6909 or mheitkamp@youthworksnd.org if you have any questions regarding my testimony today.

HEARTVIEW
A NEW LIFE
701-222-0386 www.heartview.org

Testimony of Kurt Snyder

Heartview Foundation

In Support of HB 1012

Senate Appropriations Committee- Human Resources Division

March 26, 2025

Chair Dever and members of the Senate Appropriations Committee- Human Resources Division:

My name is Kurt Snyder and I am the Chief Executive Officer of the Heartview Foundation. I would like to express Heartview Foundation's support of HB 1012, specifically for the Behavioral Health Division. The Heartview Foundation is a 501(c)3 nonprofit substance use treatment facility in North Dakota that was established in 1964. We currently have over 180 employees and offer a wide array of community-based services as well as 61 residential treatment beds. Our four locations in Bismarck-Mandan, Cando, and Dickinson, each have 16 beds or fewer and can serve individuals with Medicaid and Medicaid Expansion.

Mental health and substance abuse are growing issues, 17% of Americans had a substance use disorder in 2022. Heartview greatly benefits from the Behavioral Health Division's work in North Dakota, and we would like to focus our testimony on the major programs which benefit our clients.

SUD Voucher

In 2024, Heartview served 369 individuals with the SUD voucher program. Of those, 256 did not have other insurance and did not qualify for Medicaid or Medicaid Expansion. Heartview has several staff members who work directly with clients to ensure they are covered by private health insurance or apply for Medicaid or the SUD voucher. This program is vital to filling gaps of service and reducing barriers to care.

Opioid Settlement Funds

The Governor's recommendation includes $8 million to be distributed by the opioid settlement fund committee. During the last distribution period, Heartview received two grants. The first was for $426,000 to expand outpatient services in western North Dakota. In January, we officially launched outpatient services, started accepting walk-in evaluations (no appointment needed), and expanded access to medication for opioid use disorder on the third floor of St. Joe's Plaza in Dickinson. The second grant was for the Training Academy for Addiction Professionals (TAAP), which consists of Heartview and 15 other clinical training sites, received $613,000 to provide scholarships and a living wage for addiction counselor trainees. The goal of the grant was to fund 10 scholarships and 10 training positions. However, TAAP was able to fund 15 scholarships and 28 addiction counseling trainees. This provided a major boost to the pipeline and number of addiction counselors seeking and obtaining a license.

Medicaid/Medicaid Expansion Rates

Approximately 67% of Heartview patients in residential and day treatment (Heartview's highest levels of care) utilize Medicaid or Medicaid Expansion. Heartview is the largest substance abuse treatment center in North Dakota eligible to accept Medicaid and Medicaid Expansion and the program has been invaluable for us to serve the increased need in our state. No changes to Medicaid and Medicaid Expansion rates are currently included in this bill; Heartview supports a continuation of past rates for behavioral health needs.

IMD Waiver

Heartview opposes the state pursuing an IMD waiver. Heartview has four residential facilities, a total of 61 beds available that are not considered IMD. Heartview has developed a service delivery system that is rooted in community outpatient services. In order to fully serve our clients' needs, Heartview focuses on wrap-around services instead of residential beds. Each client is treated as an individual with unique needs, so this may include medication assisted treatment, outpatient services, mental health services, and/or residential care. At any given time, we have over 600 individuals in our services, only 61 of which are in residential care. Residential care is and can be very important in the overall service delivery system, but when provided in absence of community-based services, it is incredibly disruptive to the lives of individuals and is ineffective care.

Other Programs

With a growing addiction problem in North Dakota, it is imperative that access to addiction treatment is readily available. A strong state behavioral health division is invaluable to support the services available in North Dakota. Heartview also supports:

- Community Connect and Free Through Recovery- Peer support services can be an important piece of recovery
- Human Services Research Institute (HSRI)- Heartview supports HSRI and the Division of Behavioral Health's strategic plan, especially efforts to recruit and retain qualified behavioral health workforce.
- Certified Community Behavioral Health Clinics and the State Hospital- These programs provide a much-needed safety net for low-income individuals in crisis, as well as for individuals with mental health needs beyond our capacity.

Heartview Foundation encourages the committee to support the Behavioral Health budget to best serve North Dakota citizens. We are always willing to answer questions and any legislators who would like to learn more about Heartview are invited to call us to set up a tour. Thank you for your commitment to addressing the substance abuse crisis in our state.

Senator Dever and committee members

My name is Jeannie Hochstrasser and I reside in district 40. I am writing in support of funding the Behavioral Health Division in HB 1012. I currently work for the F5project as a Care Coordinator/ Peer Support Specialist and am enrolled at Minot State Universities Addiction Studies program. I am writing in favor as both someone who one thrived because of programs like Free Through Recovery and as someone who continues to make an impact in others' lives with my lived experience. In May I will celebrate 5 years clean from drugs and alcohol. One of the biggest influences in my recovery journey was my Peer Support at the time, Racia Tobin. Racia believed in me when not even I could believe in myself. She walked with me as I learned how to be a productive member of society after years of drug use and incarceration. Through her weekly visits I was able to gain employment, housing and custody of my son. She helped me become independent after years of being dependent on a substance. Without her and the Free Through Recovery program, I'm not quite sure I would be where I am today.

Speaking of today, as I mentioned today, I am a full-time college student, full-time trusted employee, a mother, and a wife. Today I sit on the board of 3 recovery-related nonprofit's and give back to my community regularly. With my current position as a Care Coordinator with F5 Project, I get help people with my lived experience. Clients need programs like Free Through Recovery and Community Connect. Programs like these are a lifeline for those who struggle with mental illness and addiction. Furthermore, integration back into society after incarceration can be overwhelming to say the least. Often leading some to reoffend. By offering support through these programs and reducing recidivism rates, we can cut the cost of housing offenders in jails and prison. I sincerely want to thank you for the investments made into programs like this because they saved my life, and hope you continue making these investments so I can do my part in helping others.

Sincerely,

Jeannie Hochstrasser

Testimony in Support of HB 1012
Appropriations – Human Resources Division
Chairman: Senator Dick Dever
March 26, 2025

Submitted by: Dan Madler, Chief Executive Officer - Beyond Shelter, Inc.
701-730-2734, dmadler@beyondshelterinc.com, Lobbyist #30

Chairman Dever and members of the Committee, my name is Dan Madler, and I am the CEO of Beyond Shelter, Inc., (BSI) a mission driven North Dakota nonprofit developer of affordable housing. I would like to express my support for House Bill 1012 as it relates to the Permanent Supportive Housing (PSH) component.

BSI in partnership with several stakeholders/partners has developed three (3) Permanent Supportive Housing developments serving the communities of Fargo (Cooper House), Grand Forks (LaGrave on First), and Bismarck (Edwinton Place) and by utilizing best practices, combined with the PSH funding provided in HB 1012, these three (3) developments have been effective in providing stabilized housing to chronically homeless persons.

In closing, I respectively request your support for HB 1012.

Thank you for your time and consideration.

Testimony on HB 1012 Behavioral Health Section

Senate Appropriations-Human Resources Committee

March 26th, 2025

Chairman Dever and members of the Senate Human Resources Committee, for the record my name is Dave Marion, and I have privilege working for the Prairie Recovery Center, located near Raleigh, North Dakota. Prairie Recovery Center is a one of a kind, committed, residential agency working with individuals seeking addiction and mental health services. PRC provides short-term residential service and out-patient services in a rural environment for recovery. With committed staff and therapists experienced in substance use, mental health and trauma informed work, we pride ourselves on being client centered in all our service delivery and aftercare work.

We are in support of HB 1012 as amended especially for the Behavioral Health Division services. This includes the full funding, including the Governor's Budget request for the ND Substance Use Disorder Voucher Program and its amazing impact that it has on so many through ND that received treatment in a timely manner and not sit on waiting lists. The SUD Voucher Program has served as a safety net for those without health insurance or adequate resources to access addiction treatment in ND and has been lifesaving. With the SUD voucher it has allowed more access as a diversion to jail or incarceration for chronic SUD offenses for individuals that have not been treated, which has been a major talking point, and the Voucher has made it possible to tackle this concern. Currently, approximately 65-70% of individuals fall into this area as a diversion to incarceration. The Prairie Recovery Center works alongside many law enforcement agencies and Parole and Probation to get individuals the help needed to get out of the cycle they are in along with a strong aftercare plan and accountability in their recovery. The Prairie recovery Center also supports great partnerships and work with Community Connect, Free through Recovery and Peer Support services, which are valuable pieces to the continuum of care in recovery for individuals to be successful in their recovery.

The current funding for the voucher was split up into IMD (Institutions for Mental Disease and more than 16 beds) and Non IMD facilities (16 beds or less). The appropriated funds were split 55% for non IMD and 45% for non IMD's, not knowing how the utilization would be at that time. We are in support of the 50-50 amended change knowing more on the utilization of this biennium. This opportunity for committed local providers like Prairie Recovery Center gave more individuals service in a timely manner without long delays to get services on waiting lists that were as long 6-8 weeks. The Prairie Recovery Center has served 245 individuals since July of 2023. The SUD Voucher is accomplishing its goals, and the high utilization really shows the great need for those that qualify for this funding for services. PRC works with law enforcement, jails, parole and probation as a diversion to the revolving door on jails and emergency rooms. The Departments SUD Voucher team works with PRC and looks at all the applications for eligibility and the state qualify them for the voucher program. The SUD Voucher program is supported and endorsed by Dept. Health and Human Services, Behavioral Health Division and has been a great option for many that want and need help with their Addiction and Mental health concerns at the time they need it. Thanks for your time on this very important matter.

Dave Marion

Chairman Dever, and Committee Members,

My name is Emma Quinn, and I am a constituent of District 46 in Fargo. I am testifying today in support of HB 1012 regarding fully funding the Behavioral Health Division and the building of a new state hospital.

I have worked as a peer support specialist and care coordinator for Free Through Recovery and Community Connect. Currently, I work as the Business Development Manager for ShareHouse where I connect with behavioral health providers across the state of North Dakota with one main question "How can I help?". I hold a consumer position on the North Dakota Behavioral Health Planning Council and just ended my term on the Medicaid Medical Advisory Committee. Most importantly though, I am a consumer of behavioral health services in North Dakota and live with a lifelong serious mental illness. I have spent the last 6 years studying and advocating for better behavioral health services in North Dakota, and the views I express here today are of my own and not on behalf of an employer or committee.

I strongly believe that everyone should have access to good affordable behavioral health services no matter where you live. I have always looked at our state's behavioral health as an echo system where every service plays a part and where every part is equally important. We must continue to invest in community-based programs as well as our most intensive services. We have a lot of great programs in North Dakota, but we still have gaps that need to be filled and facilities that need to be updated. When we look at investing in behavioral health it is not an either/or, every level of care is needed and is equally important to the recovery process.

North Dakotans like myself deserve a full continuum of care from outpatient community based services to a therapeutic state hospital and every level in between. I have used various levels of care throughout my mental health journey, and they all were equally important to me finding recovery. Without intensive treatment I would not be standing here today, and it is outpatient services that make my serious mental illness manageable. However, just because I use outpatient services to manage my illness at this time does not mean I will not need intensive services again.

North Dakota's peer support program changed my life as well as hundreds of others. Previously in my career I had worked at a major hospital in Portland Oregon for their chief of surgery but due to my mental health it was hard to maintain a stressful work environment and because of this my symptoms returned resulting on me needing to attend a partial hospitalization program. After moving back to North Dakota I was deathly afraid of my symptoms returning. Prior to taking the peer support training and working as a peer

support, I was working as a part time server in a restaurant, I knew I wanted to do something more with my career, but I felt stuck and unworthy of a career because my mental health had proven to be a challenge in my past.

In that peer support training something magical happened, for the first time outside of treatment and waiting rooms I saw myself in others. The people that were in the training not only understood what it felt like to be me, but we all encouraged each other to be the best versions of ourselves. That peer support training changed my life and that was because legislators decided to invest in behavioral health.

Community based programs such as Community Connect and Free Through Recovery, connect people with mild to moderate symptoms to receive services in their home communities. In Community Connect and Free Through Recovery people are connected with a care coordinator and peer support to help them navigate a complicated system and get wrap around services. No one teaches you how to use the behavioral health system and it can be very intimidating and overwhelming if you are unfamiliar with it. Having someone to walk beside you as figure it out is invaluable.

These programs did not exist when I was severely struggling but I often wonder what my life would look like if I would have received support early on in my mental health journey. Other states are very envious of our programs. When talking with the Roberts County Sheriff Tyler Appel in South Dakota about the programs we have in North Dakota, he talked about how much his community needed something like Community Connect or Free Through Recovery and how he wished South Dakota law makers would invest in behavioral health the way North Dakota did. He was tired of seeing the people of his community die and he knew that these programs would help. That is what these programs do, they save lives. They put families back together, and they make our communities safer places to live.

I once worked with a young woman that had lost both her children to protective custody, she was still actively using and just found out she was pregnant. With the help of Free Through Recovery she was able to find recovery, give birth to a healthy beautiful little boy, gained meaningful employment, and she got custody of her children back. I am proud to say that she is on tract to graduate college this spring with a desire to work at ShareHouse to help other people like herself. I am beyond proud of this woman, and it was with help from legislators like yourself that she was able to accomplish so much.

Despite having wonderful community-based programs, there is a section of our population where their symptoms are to sever to be treated in the community in an outpatient setting. This is why a new state hospital is essential to our entire behavioral health echo system. Without it people will be left without services.

It would be nice to think that if everyone gets community-based services there is no need for inpatient services in our state but that is simply not how it works. Just like any other illness my symptoms fluctuate depending on many factors. When I went to treatment for my mental health I had already been in therapy for 10 plus years and had been taking mental health medications since I was 14 years old. This did not stop my need for intensive mental health treatment. It was only after intensive services that I was able to start making progress towards managing my illness again.

The state hospital serves populations that no one else in the community is willing to serve. If no one in the community will serve you, does that make you unworthy of services? We pay for people's care one way or another, either we serve people with mental illnesses in our behavioral health system or our criminal justice system. How we budget state money determines how we respond to a behavioral health crisis.

As a mentally ill individual, being sent to the current state hospital is my biggest fear. I am not afraid of treatment or how staff will treat me, in fact there are many wonderful people that work at the state hospital and make the best of what they have. However, the building itself is an institution plain and simple.

When I was the chair of the Behavioral Health Planning Council, I started studying the state hospital and have had the opportunity to talk with staff on multiple occasions. When I ask how I can help I always get the same answer, "we need a new building". I would encourage every legislator to tour the state hospital and explore the museum. The current state hospital is an institution, there is no amount of remodeling that is going make the current state hospital a therapeutic environment.

We have learned a lot about behavioral health since the current state hospital was built. To you, windows and outdoor courtyards may be a line item in a budget, but they play a vital role in my recovery. We know more about behavioral health then we did in 1984 when the Lahaug building was built, and even more than prior to that. When we know better, we do better. It is time that North Dakota does better.

While a new state hospital is one piece to North Dakota's behavioral health puzzle we must remember to continue to invest in regional inpatient beds as well. Again, this is not an either/or we must invest in both to have a system where people get healthy.

When people are ready to get help, we must meet them where they are at and reduce as many barriers as we can. The SUD voucher has been and continues to be a vital resource for consumers. The SUD voucher has helped families heal and made our communities safer by allowing people access to treatment that previously would not have been able to afford it.

By continuing to invest in the SUD voucher we are providing critical funding to the people that need it the most. I ask that you implement the recommendation of Governor Armstrong's proposed 2.5 million dollars increase to the SUD voucher, so that more North Dakotans can have access to their choice of provider.

Currently the SUD voucher only pays for treatment but not medical care. I did not realize what a barrier this was for people receiving care until my office was placed directly next to ShareHouse's admission department.

If we want to be the healthiest state in the nation, then it is critical that we fund people's medical care when they in are in a residential facility. People in active addiction are not prioritizing their physical health and are often delaying recovery in order get their physical health care under control so that they can be cleared to come to treatment. It is hard enough to make a phone call and ask for help let alone actually show up and do the work, please do not make it harder for people to get help.

Lastly, we need to be investing in recovery housing. Treatment for both mental health and substance use disorder are just one piece to recovery. People cannot focus on getting healthy if they are worried about where they will live and how they will survive. Stable supportive housing is one of the fundamental pieces to the recovery puzzle and there are many barriers that play a part in why people can't find housing. Currently the Recovery Housing Assistance Program (RHAP) has a waitlist of providers wanting to help but there is not enough money in the program to help ensure people find housing after treatment.

I hope my testimony has helped highlight the wonderful programs that we already have in place and shed light on some of the holes that still exist in our system. We must build a new state hospital as well as investing in community-based programs, it is the only way we will be able to get a handle on this behavioral health crisis. I ask that you fully fund our behavioral health division and give them room to grow so that every North Dakotan can have the opportunity to be happy and healthy.

Thank you for your time and I am prepared to answer any questions that you may have.

-Emma Quinn

Chairman Dever and members of the committee,

My name is Jeremy Traen. I have been an employee of ShareHouse since 2006 and have served in various roles. I became a licensed addiction counselor in 2011 and was appointed President and CEO of ShareHouse in 2023. My personal mission as an employee of ShareHouse has always been to provide the most robust substance use disorder (SUD) services in the state. Today, I am testifying in support of HB1012.

ShareHouse was founded in 1975 as a halfway house in Fargo and has since expanded its services. Today, we operate residential treatment programs for all North Dakota residents in Fargo (IMD facility) and Grand Forks (non-IMD facility). We also provide recovery housing, outpatient SUD treatment, standalone mental health services, and medication-assisted treatment in Fargo. Several of these services are available via telehealth, which we intend to continue expanding to better reach rural communities in North Dakota. I am proud to say that in 2024, **ShareHouse served just under 1,500 unique clients across all services**. Of those, 380 clients were funded by the SUD Voucher offered by the State. Just over 300 clients were served in ShareHouse's IMD facility in Fargo. At any given time, ShareHouse has more than 30 SUD Voucher clients receiving residential services in Fargo.

When I was first hired at ShareHouse, I worked as a Behavioral Health Technician at Robinson Recovery Center (RRC), which operated with a North Dakota grant for uninsured citizens needing residential treatment for methamphetamine use. As I understand it, RRC served as a precursor to our current SUD Voucher program. Over the years, I have witnessed the development of the Voucher and its enormous impact on North Dakotans throughout the state. It is a testament to the strong collaboration between providers, state departments, and legislators.

I would like to share **several brief success stories about the SUD Voucher**, written by ShareHouse team members:

- One individual initially seemed unready for treatment, and we feared they would leave early. However, they remained in treatment, engaged in the process, and struggled with the transition to the next steps because they felt they were learning so much. Over time, their confidence grew, their hope returned, and they built a community with others in treatment. Seeing their transformation was inspiring.

- A gentleman became deeply involved in the AA and NA communities, working through the 12 steps. Through his sponsor, he secured a job managing a property, which allowed him to save enough to get his own place. After experiencing a significant loss in his family, he relied on the support he built through treatment and remained sober, crediting his connections for his success.

- A woman in her 30s and her parents were incredibly grateful for the Voucher. She was in a financial gap—earning too much to qualify for some assistance but lacking insurance for residential treatment. With the Voucher's support, she was able to complete a full continuum of care, including outpatient and aftercare. Her parents actively participated in her counseling sessions, and the family repeatedly expressed their gratitude for the services she received. She later became a Recovery Living client.

- A man in his 30s initially completed five months of treatment, from residential through Low Intensive Outpatient (LIOP). After a relapse six months later, he returned for a brief stay—one month of residential care followed by one month of LIOP. Feeling confident in his recovery, he reengaged with his support network in the community and has remained sober. He continues to refer others to treatment and employs individuals in recovery.

- A woman in her 30s needed to remain near her father, who was battling cancer. The Voucher allowed her to receive treatment locally, enabling her to spend time with him in his final weeks. While we do not know where she is today, we do know that she had the opportunity to receive care when she needed it most—thanks to the Voucher.

The **$2.5 million in additional funding for the SUD Voucher** will be a significant asset in combating addiction across North Dakota. These funds will help create more success stories like those I have shared. I fully support this investment and appreciate the committee's understanding of the urgent need for these resources. Expanding the Voucher will allow providers across the state to enhance services and reach more individuals in need.

During the 2023 legislative session, a decision was made to allocate only **45% of SUD Voucher funds to IMD facilities** to prevent them from consuming the entire budget. However, this led to a projected shortfall for IMD providers and a projected surplus for non-IMD providers—almost identical in amount. Fortunately, the Behavioral Health Division and the Department of Health and Human Services were able to reallocate funds, preventing facilities like ShareHouse from having to pause admissions for up to 250 North Dakota citizens who rely on the SUD Voucher. The House has since adjusted the allocation to **50% and provided a more flexible mechanism** for further adjustments in the next biennium if needed.

Finally, the additional funding for **medical expense reimbursement** within the SUD Voucher is a critical improvement. As an IMD facility, we sometimes serve clients without insurance or whose Medicaid coverage has been paused, which can create barriers to accessing essential resources, including SUD treatment. Because of this, ShareHouse assists these clients with funds for medications, and in extreme medical cases, the client must cover the costs themselves. The medical expense adjustment, along with the other proposed changes, will further strengthen the Voucher program and increase positive outcomes for North Dakotans struggling with addiction.

Thank you for your time and consideration. I am happy to answer any questions the committee may have.

Sincerely,



Jeremy Traen
President/CEO
ShareHouse, Inc.

50TH ANNIVERSARY
SHAREHOUSE
Recovery is possible.

Testimony
HB 1012
March 26, 2025

Chairman Dever and Members of the Committee

My name is Chaz Brobst. I am encouraging you to pass HB 1012. There are many pieces of HB 1012 that affect both my personal life and my professional life.

The behavioral health funding, especially mental health services, are things that I rely on to live my best life and to do my work to the best of my ability. My job requires me to be in a good place mentally. I have struggled with mental health issues for the past 20+ years. I have worked hard to get to the place I am now. Staying in a stable place is important for both my work life and my mental and physical health.

There are many pieces of this bill that are near and dear to my heart. As an individual who has dealt with serious mental illness for over half my life at this point, I know how important funding is for Behavioral Health. Things like 988, mobile crisis units, Peer Support, Behavioral Health Clinics and others. I know what it is like to have to go out of state for mental health care because services have not been offered in North Dakota. This should not be happening. If the Vision of Health and Human Services is really to be the healthiest state, then we need to be providing the funding to provide the services to do just that. Without this funding symptoms of mental illness will increase, and this would include suicide rates in our state. They are already too high. I have gotten lucky that none of my attempts have ended my life. For that I am grateful. I have been given the chance to provide testimony asking you to continue to fund these programs. To some it may be dollar signs, to others it is more time. More time to spend with a loved one. More time for doing the things they enjoy. It is another day on earth. Without funding for behavioral health, lives will be cut short because they cannot receive the care they need in a reasonable amount of time. Until someone has been to that very dark hole you don't know just how long a five-minute hold while trying to access critical mental health care really is. Or how long a month wait is to see a counselor, until every breath seems like an eternity and breathing seems too difficult to do.

In my early 20's, I was hospitalized for the first time at the State Hospital. Since then, I have been hospitalized multiple times at the State Hospital with my last stay about two years ago. Not only is there the stigma of just hearing that you will be admitted to the State Hospital, there is also the condition and feel of being in the State Hospital. The current condition of the State Hospital does not provide a healing environment. A new State Hospital is in the best interest of the state and the people it serves.

For the past six years, I have also been dealing with significant physical health issues. As someone who not only struggles with my mental health but also deals with a lot of medical issues, having a Certified Community Behavioral Health Clinic (CCBHC) approach would be very beneficial to me and many North Dakotans. These CCBHCs focus on all parts of a person. They take a holistic approach and see the whole person. Having professionals know how much medical issues affect a person's mental health and how mental health issues can show up in

physical symptoms is something that needs to be addressed. Having a whole person approach will help with both medical and behavioral health costs. Treating physical health issues will help so that chronic pain, misdiagnosis, and life-threatening illness does not severely impact mental health. Treating mental health issues will help prevent some of the physical symptoms of mental health such as anxiety attacks, unexplained pain, increase of heart rate, and nausea among many others. The CCBHC's will also provide me appropriate community-based care so that I don't have to be unnecessarily admitted to the higher level of care at the State Hospital.

Peer Support is evidence-based practice and is something that should be used on a regular basis. Youth and new clients just coming into the mental health system have a better and quicker chance of recovery if they have someone to guide and answer questions as they navigate an often-confusing system. Even for individuals that have been struggling with mental illness for a long time and navigating the system benefit from peer support by having a story of hope. Peer Support Specialists show that recovery is possible.

Funding organizations such Mental Health America of North Dakota (MHAND) and Consumer Family Network (CFN) is important as MHAND provides a place to help with the navigation of the system and the entire process. CFN provides a safe network for individuals to find hope among their peers. Organizations like North Dakota Federation of Families for Children with Mental Health (NDFFCMH) focuses on getting kids and youth help early enough so they have a better chance at leading productive, healthy adult lives. When kids and youth get the help they need early in life the risk of legal charges lessens. This helps keep youth and adults both to stay out of jail helping with an already crowded system. The Department of Justice (DOJ) is not only already crowded but struggles with funding. Treating and keeping people out of the Justice System helps create stronger and better funded communities.

As I said in the beginning, HB 1012 affects both my personal and professional life. I work in the Developmental Disability (DD) field. Not only does that require me to be in a good, stable place, mentally to do my job effectively. I am also able see how individuals with disabilities face constant hurdles in their lives. A person with a disability is not less than any other person. They deserve to be treated with the same respect and dignity any other person is treated with.

The North Dakota State Council on Developmental Disabilities (NDSCDD) focuses on making North Dakota a place that people with a disability wants to and can live comfortably. NDSCDD works to make positive changes for ALL people to live a safe, happy life.

Focusing on Autism Services and continuing to fund the Autism Waiver (without the decrease of funding) is important for each person with Autism to live their best life. By having the funding available, and having the staff available, to treat and teach someone to cope with their Autism so they can be productive adults and do amazing things. I have people with Autism in my life and they are public speakers, they are graphic designers, they positively make an impact on society. Everyone with Autism or any disability deserves that chance.

Programs like Family Voices, Special Education, Early Intervention, Designer Genes and Fetal Alcohol Syndrome Services each plays an important role in helping children, youth, young adults and adults create a life that is important to them. In my recovery I was taught the phrase

“Build a Life Worth Living”. That phrase applies to every person. All people, disability or not, neurotypical or neurodivergent, every person deserves a chance to “Build a Life Worth Living”. It is up to us, as people in the DD field, to create those opportunities. It is up to you, the Legislatures, to provide the funding for us to make that happen.

In conclusion, I am asking that you support HB 1012, without any cuts. By providing the needed Behavioral Health funding for things like CCBHCs, and Peer Support you are giving people back their lives that was taken away due to Mental Illness. When you support services for those with Disabilities, like the DD Council, Autism Waiver and others you are helping create opportunities for people that, not that long ago weren’t given a chance to succeed. We cannot be taking that chance away now. Together, let’s help “Build a Life Worth Living” for each person in North Dakota. Let’s create and live up to our vision of being the healthiest state.

Thank you for your time today.

Chaz Brobst
Bismarck, ND

Senate Appropriations Committee

Senator Brad Bekkedahl, Chair

March 26, 2025

Testimony of: Kate Coughlin Executive Director | Nexus-PATH Family Healing

kcoughlin@nexuspath.org | Direct: (218) 979-0180

Responding to House Bill 1012

Chair Bekkedahl and members of the Senate Appropriations Committee. My name is Kate Coughlin, Executive Director Nexus-PATH Family Healing.

Our nation's leading pediatric health experts have declared the children's behavioral health crisis so dire that it warrants a national emergency. In 2021, over 35% of North Dakota high school students – grades 9-12 – reported feeling persistent sadness or hopelessness and nearly 1 in 5 reported seriously considering dying by suicide within the past 12-months (Youth Risk Behavior Survey, 2021), equating to approximately 6,818 youth across the state. The challenges of recent years have only increased the need for timely access to high-quality mental health services.

Failure to ensure that mental health services are available when and where people need them has dire consequences for individuals, families and communities throughout North Dakota. In the current system, **only four counties** have the mental health resources their population requires. Only if you live in one of these more densely populated counties can adequate services be found.

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As the Executive Director of a children's mental health care provider that works closely with the state of North Dakota's Division of Behavioral Health and Children and Family Services to ensure youth in North Dakota have access to mental health care in their home state, I implore you to ensure that budgetary restrictions **do not impact services** provided to children and families.

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North Dakota's state agencies have worked tirelessly to partner with non-profit entities – such as Nexus-PATH Family Healing – to institute cutting edge services such as Treatment Foster Care. This service allows young people to be able to access treatment services for mental and behavioral health needs in home-based settings with licensed providers committed to their ongoing work towards wellness. These services occur in communities across our state and strive to reunify children with their natural supports. These services – provided by Nexus-PATH Family Healing – require mental health professionals leading teams of providers to ensure the highest quality of service in the least restrictive environment. Reducing funding to Children and Family Services would negatively impact our ability to continue to grow Treatment Foster Care across North Dakota.

Nexus-PATH Family Healing also supports youth who are in the foster care system through the Chafee grant program. This program is focused on the development of independent living skills for any young person who has been in foster care. This program supports young people in pursuing further education, provides case management and helps young people develop skills that will help them launch into adulthood.

Chairman Bekkedahl and members of the Senate Appropriations Committee, Nexus-PATH Family Healing appreciates the opportunity to provide this information to the 69th North Dakota Legislative Assembly. In his recent State-of-the-State address, Governor Kelly Armstrong shared the passion of his grandmother – Myrt Armstrong – who was an early champion of providing mental health services. As she said, ""In this kind of work we are constantly risking it all, constantly setting out in uncharted waters. Even in brief moments of victory, we know we cannot rest, because the pain of those for whom we struggle – our fuel and our focus – is always there with us." Those words ring as loud today as they did when she spoke them over four decades ago. At Nexus-PATH Family Healing, we strive every day to turn words like these into action, to better the lives of youth across our great state.

Please feel free to reach out to me anytime, should you have any questions or need additional information as you protect funds to address children's mental health challenges.

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Testimony prepared for:
Senate Appropriations - HR
Name, NDACo
March 26th, 2025

NDACo
NORTH DAKOTA ASSOCIATION OF COUNTIES

Re: HB 1012 – Avel eCare Crisis Care

Chairman Dever and Committee members, I'm Donnell Preskey with the North Dakota Association of Counties. One of my roles at NDACo is serving as the Executive Director for the ND Sheriffs & Deputies Association (NDSDA). NDSDA is supportive of continuing state funding of the Avel eCare Crisis Care program in North Dakota in HB 1012. This program has been successful in supporting our local law enforcement in responding to crisis situations, especially in areas where they experience a lack of behavioral health services.

Avel eCare Crisis Care is a telemedicine service that provides immediate, 24/7 access to behavioral health professionals, ensuring that citizens in crisis receive timely and appropriate care. When a deputy responds to a call, and they assess that connecting them with a tele-health professional may be a possible solution to de-escalate the situation and provide the individual with the crisis care they may need, they use a tablet or phone to directly connect with a professional right there at their home or wherever the response location may be. Prior to this as a possible solution, the alternative was bringing the individual to jail or an emergency room.

Last session $2 million was appropriated, that paid for the service to get deployed across North Dakota and included the cost of equipment along with the telehealth service. No local funds were required for Sheriffs Offices to participate, which was a big selling point and a reason the program has been able to spread across the state successfully.

The program not only is a great benefit to the citizens of North Dakota by bringing care to them versus being brought to jail or an ER but it also fills a gap where services are lacking and may be hours away from the nearest jail or hospital. A great majority of the individuals reached are able to stay at home and have a plan to continue with telehealth services.

From 3/24 to 1/25: 45 of 53 counties were utilizing the Avel eCare program with 20 Sheriff's Offices connecting individuals to a telehealth professional in 90 different crisis encounters.

Mr. Chairman, committee members, this program has proven to be a low-cost and effective tool in addressing the mental-health crisis. We strongly encourage you to continue the support for the Avel eCare Crisis Care program.

HB 1012
3-26-25

Mental Health Advocacy Network

Consumer & Family Network
Mental Health America of ND
Youth Move Beyond
The Arc of Bismarck
Fraser, Ltd.
Federation of Families for Children's Mental Health
Protection & Advocacy Project
ND Association of Community Providers
Individual Consumers & Families

Senate Appropriations-Human Resources Committee
HB 1012 Testimony
March 26, 2025
Senator Dever, Chair

Good morning, Chairman Dever and Members of the Senate Appropriations- Human Resources Committee. I am Carlotta McCleary, Executive Director of Mental Health America of North Dakota and Executive Director of the North Dakota Federation of Families for Children's Mental Health. Today I speak on behalf of the Mental Health Advocacy Network (MHAN). MHAN advocates for a consumer/family driven mental health system of care that provides an array of service choices that are timely, responsive and effective. Our vision is for every North Dakotan to have access to the right service—whether it be preventative, treatment, or recovery; at the right time—when the service is needed; and at the right place—as near his or her home as possible.

MHAN is testifying in support of HB 1012. Our priorities and recommendations rely on implementing best practice models of service delivery, including continued pursuit of Certified Community Behavioral Health Clinics in all eight regions of North Dakota and maintaining the IMD Exclusion. Best practices understand that we first need to ensure our citizens receive assistance before they have emergencies. We must have a robust community mental health system of care so that we can reduce the reliance on our costly, intensive institutional care settings. We must have a substantial and multifaceted mental health workforce, which includes utilizing those with lived experience to help people navigate services and embark on their recovery.

SAMHSA's best practices models also include crisis response systems. When a crisis emerges, we must rely on three pillars of crisis response. Those pillars are: 1) a place to call (988), 2) someone to respond (mobile crisis teams), 3) a place to go (crisis stabilization beds/safe beds).

MHAN Priorities For 69th Legislative Assembly

MHAN has realized that while we are not done making improvements to the adult mental health system, the efforts over the last decade have created a solid foundation for further progress. It is now time to expend the same energy in creating a solid foundation for the North Dakota children's mental health system.

Children's Mental Health Services: MHAN urges the state of North Dakota to make a substantial investment in community-based mental health services for children and youth with Serious Emotional Disturbance (SED). One in ten children in North Dakota has a SED, which is over 18,000 children. According to the most recent and corrected data from DHHS, during the 2023-2024 fiscal year, 1,086 children with SED received case management services through the Human Service Centers.

There is a need for high-fidelity wraparound services for children that are individualized to meet a child and family's needs. These are not simply children who have any mental illness or moderate mental illness, they are those with the most significant mental health challenges. When out-of-home placements are to occur, they should be as near their home as possible. A proper crisis response system can divert many from needing more costly out-of-home placements such as hospitalization.

Partial hospitalization for children has recently been added to the Bismarck region. There is money (approximately $2 million) for partial hospitalization in the budget, and MHAN supports that funding. But there will be much more to do. MHAN urges the legislature to view partial hospitalization services as a core regional service in our children's mental health system of care, so that children in all eight regions have access to this service nearer their homes.

Cross-Disability Waiver: MHAN is supporting the establishment of a cross-disability waiver and that it be inclusive of children with mental health needs. As stated earlier, North Dakota is lacking a full continuum of care for children's mental health services in both the public and private sector. Families who have a child with a mental health challenge are expected to make tremendous sacrifices to get their child access to care. Specifically including children with mental health needs into the cross-disability waiver will go a long way to address existing service gaps in serving the over 18,000 children with serious mental illness in need of services.

Family Support Organizations: Family organizations that serve children with mental health needs do great work with small budgets for families throughout the state of North Dakota. Those organizations and programs should continue to be supported and funded so that children with mental health needs and their families can receive assistance. Families would be lost without them.

Peer Support: MHAN supports efforts to make peer support more accessible. This could include making coverage for peer support eligible through standard Medicaid. MHAN believes that employers should be paid a reimbursement rate that allows for all peer support specialist positions to have a living wage with benefits. MHAN also supports the

expansion of certification for family peer support specialists, who will be providing support for families raising children with mental health needs. ND Federation of Families has been providing this evidence-based practice to families since 1994 and wants to be part of the solution to needed children's mental health services.

Mobile Crisis Teams: MHAN strongly supports the continued expansion of mobile crisis teams statewide, especially in rural communities. MHAN also supports efforts to make mobile crisis teams more functional and accessible for families with a child experiencing a mental health crisis.

Crisis Stabilization Beds: We want to build an appropriate regionalized children's crisis bed stabilization system that is responsive to the needs of children experiencing a mental health crisis. These crisis stabilization beds are the third pillar of SAMHSA's crisis response system. This prevents the escalation of crisis within the family unit, ER visits and hospitalizations. This allows for youth having a mental health crisis to have treatment at the most appropriate level on the continuum of care to meet their needs.

To that end, MHAN respectfully requests that the Senate restore $6 million for crisis stabilization beds for children, as was originally in the Governor's budget. That request had not moved forward in the House version of HB 1012. This is a critical aspect of the children's crisis response system: these children need a place to go.

Supported Housing: MHAN supports the continuum of services required to support individuals to obtain and maintain housing. This would be a financial savings to the state, considering the cost of institutional care vs. community-based placements. This would also assist institutions to be able to offer successful transitioning to the community for

persons. Additional supported housing is needed for persons with mental health needs including those that are justice involved and those transitioning out of institutional facilities to allow persons to live in the most integrated setting. This would assist in addressing current gaps related to housing and the service delivery system.

New State Hospital: MHAN supports the establishment of a new State Hospital that is both therapeutic and separated from any prison complex. The physical conditions at the existing State Hospital are as such that North Dakota has a significant risk of a catastrophic systems failure at any time. The expenses of repairing those facilities are so extensive that building a new facility became necessary. MHAN urges the legislature to build a new State Hospital.

This concludes my testimony, and I will be happy to answer any questions you may have.

Carlotta McCleary
Mental Health Advocacy Network, Spokesperson
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Phone: (701) 222-3310

HB 1012
3-26-25

Mental Health Advocacy Network

Consumer & Family Network
Mental Health America of ND
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The Arc of Bismarck
Federation of Families for Children's Mental Health
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ND Association of Community Providers
Fraser, Ltd.
Individual Consumers & Families

Position Statement on IMD Exclusion and the IMD Exclusion Waiver

Mental Health Advocacy Network opposes any proposal to repeal the IMD Exclusion through an IMD Exclusion waiver. 1) Repealing the IMD Exclusion risks reversing decades of federal legislation and policy designed to help states rebalance their Medicaid spending to support more integrated settings and support the *Olmstead* decision. 2) Funds expended toward that purpose could be denied by CMS, particularly because the state of North Dakota has been aware for nearly a decade that it does not have adequate community-based mental health services. 3) The provision of additional community-based mental health services and efforts toward the implementation of Certified Community Behavioral Health Clinics (CCBHCs) and the 1915(i) will lead to improvements in the mental health service delivery system in North Dakota and would be a more fiscally sound route for taxpayers.

1) The *Olmstead* Decision/ Support for Community Integration

The reason why there is an IMD Exclusion is because of the history of institutionalizing those with mental illness without providing community-based services. As deinstitutionalization was beginning, the argument was that people with disabilities, including those with mental illness deserved to be given community services instead of continuing the reliance on large hospitals to provide institutional level of care. The IMD Exclusion pushes states to focus on community-based services, in integrated environments as opposed to institutional care. Because Medicaid reimbursement is available for mental health and substance use disorder services in the community rather than institutions, the IMD Exclusion has provided important incentives to states to develop community-based alternatives and to rebalance spending towards more integrated environments.

To those who say that that was so long ago, and that we are beyond the dangers of the past, people with disabilities say the past is informative about what happens when incentives are stacked against providing community services. Evidence shows that if psychiatric beds are available, they are filled, taking resources from community-based services. When beds are not available, other options meet individuals' needs. Moreover, a large, three-year demonstration program allowing states to claim federal Medicaid reimbursement for services in IMDs found that doing so did not decrease psychiatric emergency room visits or the length of emergency room boarding and did not increase access to psychiatric hospital services. The only major finding was that allowing federal financial protection (FFP) to IMDs increased costs to the federal government.[1]

Spending money on more costly institutional settings would very likely result in less funding made available for more cost-effective community-based programs that provide better outcomes. Having fewer resources available for community-based programs would seriously undercut Congress's intent when enacting the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, Section 1557 of the Affordable Care Act, and most seriously, the Integration Mandate articulated by the Supreme Court's decision in *Olmstead v. LC.*

The Justice Department has found violations of *Olmstead* and the Americans with Disabilities Act in states across the country due to states' overreliance on psychiatric institutions and insufficient community-based services. As North Dakota is well-aware through the Schulte Report of 2014 and the HSRI report of 2018, North Dakota

[11] Crystal Blyer et al, Mathematica Policy Research, *Medicaid Emergency Psychiatric Services Demonstration Evaluation, Final Report* (Aug. 18, 2016), https://innovation.cms.gov/Files/reports/mepd-finalrpt.pdf

remains in a mental health systems crisis and that crisis is about North Dakota not fulfilling the requirements of *Olmstead.* Community-based treatment is often more effective and frequently more cost-effective than inpatient or residential care.

2) **Financial Considerations: IMD Exclusion Waiver vs. Community-Based Services**

There are different types of IMD Exclusion Waivers states have applied for. There are Substance Use Disorder Treatment IMD Exclusion Waivers and there are Mental Health Treatment IMD Exclusion Waivers. States also have the option to pursue both. We need to be clear about what the IMD Exclusion Waiver is and what it is not. It is a means to provide Medicaid reimbursement for inpatient services in facilities with 16 or more beds. There is nothing else it does, and increasing the reliance on institutional care is the exact opposite of what North Dakota-commissioned studies from the last decade said North Dakota needs to do in order to bring an end to this crisis and have a functioning mental health system.

The former Director of the Medical Services Division, Caprice Knapp, testified in front of the legislature in 2021 what it would take to apply for the IMD Exclusion Waiver. While her report was extensive, there are some things that we want to highlight. The required goals and milestones that are required for an IMD Exclusion are extensive, requiring years of planning. There is a high level of administrative costs, post-implementation costs and staffing required for states that seek out this waiver that would remain an ongoing cost requiring millions of dollars.

The $1.5 million or so much of a sum as may be necessary, comes with risks, particularly since all indicators show that the state's level of home and community

services are not adequate at this time. Upon approving of this expenditure, CMS would still need to approve any requests for the waiver. If the request is denied, those expenditures would have been for naught.

While larger facilities may seek out more financial reimbursement for care for persons on Medicaid, even upon approval of an IMD there are limitations on the number of days of reimbursement: 15 days per year for inpatient IMD, 30 days per year for residential IMD. Most crucially, states with an IMD Exclusion Waiver must be "budget neutral" to the federal government, which means that, during the project federal Medicaid expenditures will not be more than federal spending without the demonstration. Unless the state of North Dakota has unlimited funds, it would be funneling preciously needed resources away from community-based services into institutional care; something that would be tantamount to pursuing the exact opposite of the recommendations from every major research report funded by the legislature and the Department since the late 1980s.

The state does currently have contracts with hospitals for some in-patient psychiatric hospitalizations as an alternative means to meet the needs of persons who do require inpatient hospitalization and has a substance use voucher available for all levels of care.

The HSRI "ND Residential Treatment Facility Capacity" report states that there is not a shortage of beds, but rather inappropriate utilization, that is beds occupied by people who could be served in less-intensive settings. The most recent report from Renee Schulte Consulting LLC, entitled "The Acute Psychiatric Residential Care Final Draft Report," stated that there are enough acute hospital beds, but many are in

the wrong locations and are shared with out-of-state placements. In addition, they found that critical access hospitals must be equipped to assess, stabilize, and transfer mental health and substance use patients to appropriate levels of care as required by federal law. During the interim session, Schulte was specifically asked if they could comment on pursuit of an IMD Exclusion Waiver. Schulte's reply was that she did not address that policy proposal, because North Dakota was so far behind on having a functioning mental health system of care that any energy spent contemplating an IMD Exclusion waiver would be pointless. In fact, pursuing an IMD Exclusion Waiver was not a recommendation from any previously commissioned studies.

The state of North Dakota has made great strides in working toward providing community-based services in recent years. While there continue to be considerable needs, through further efforts to implement the 1915(i) and other options available to community services, the state can have a robust mental health delivery system--all without years of planning and high administrative costs related to the application for a waiver of the IMD Exclusion.

When we pull back to consider the enormity of the problem, we have to consider that we have to ensure that North Dakota meets its legal obligation to provide community-based mental health services to *all* of the adult SMI. That is nearly 39,000 North Dakotans by the Department of Health and Human Services' own figures. We are nowhere near that mark. That is the problem North Dakota must solve in order to justify pursuing an IMD Exclusion Waiver. That is why Renee Schulte said to the last Interim legislative body that the state of North Dakota was nowhere near being ready

to contemplate an IMD Exclusion Waiver. Simply put, as it stands now, the North Dakota mental health system cannot withstand an IMD Exclusion Waiver.

3) **Alternatives to IMD Exclusion Waiver/Expansion of Community Based Services**

Investment in community-based services such as permanent supportive housing, mobile crisis teams, assertive community treatment, supported employment, intensive coordinated mobile services, and peer support reduces the need for inpatient beds and allows for more individuals to be served. The 1915(i) State Plan Amendment is an asset North Dakota has and its design has some of the most robust services in the country, but it needs to have better implementation and be given the opportunity to thrive. We had the expectation that it could serve over 11,000 people, but we are nowhere near that total. We need to make it easier for providers to become enrolled and we need to reach more consumers.

The last decade has seen North Dakota acknowledge that the state has a mental health systems crisis. That crisis has not yet ended. The work to create community-based services remains a top priority for HSRI and DHHS. Consumers and family members are adamant that that work must continue. The pursuit of an IMD Exclusion Waiver jeopardizes that work. Simply put: the North Dakota mental health system of care cannot withstand an IMD Exclusion Waiver.

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HB 1012
3-26-25

SENATE HUMAN RESOURCES
APPROPRIATIONS COMMITTEE
MARCH 26, 2025
HB 1012

Chairman Dever and members of the Committee, my name is Kandia Qual, Program Administrator for Dacotah Foundation. My role within the agency is to oversee program operations within both the Fargo and Bismarck regions.

We are here to lend our support to the proposed budget presented by the Department of Health and Human Services.

First, we want to thank you for the many years of support your committee has given to DHHS and the Regional Human Service Centers. I have been with our agency for more than 20 years and have worked closely with the Human Service Centers, as well as presented to several of you throughout that time. We understand the complicated position you are in while making these budget determinations as well as the constraints and limitations everyone is working within. The services we provide would not be possible without your ongoing support. The funding we receive through our Human Service Center contracts allows us to provide a broad continuum of care to the individuals we serve and reduces the frequency of these individuals accessing higher, more expensive levels of care. These programs are critical to the community as the individuals we serve typically struggle with accessing mainstream services. The financial and insurance constraints combined with the intensity of their symptoms and associated symptom driven behaviors create many barriers to receiving services within the private sector programs. This causes these individuals to rely heavily on the Human Service Centers and contracted programs such as ours to have access to and participate in any treatment options.

Throughout recent testimony, we have been hearing providers across the state voice the need for continued and strengthened funding. We are here to add our voice and support to that request. You have already been provided with large amounts of data showing the changes over the past biennium in workforce trends and inflation costs associated with providing programs and services within the State of ND. While this is essential data to understand and address the concerns, I am going to speak from a slightly different perspective regarding the need for on-going and strengthened funding support. I'm coming from the 'boots on the ground' view as someone that is in the day-to-day operations trying to staff, maintain and improve the programs in the regions in which we operate.

Throughout my time with the agency, I have had more direct experience within the Fargo region as that is where I am based. It is also the more competitive region for the job market so although transferable across the state, I am most familiar to speak to what we are experiencing there. Dacotah Foundation, in Fargo, used to be able to maintain a staffing roster of approximately 90-95 employees. Our staff were frequently asking for extra hours to work and there were seldom any shifts open for them to pick up. We were competitive in the job market both in wages and benefits. Due to the number of colleges in the area, recruiting

within the community was relatively easy. Fast forward through the pandemic and the many changes that has brought. With the inflation that has occurred across the nation and in all areas of life, we are no longer competitive with our wages or benefits. Our employees are struggling to pay the cost of increased rent, increased childcare, increased groceries and everything else impacted by inflation with the current wages we are able to offer. The average starting wage in Fargo, regardless of the area of business, is $2-$4 per hour higher than where we can currently start our employees at. Within the past month, we have had multiple applicants turn down offers made for positions due to being offered $4-6 per hour higher from another company. In Fargo alone, over the past 18 months, we have lost 36 employees moving to lateral positions for higher paying jobs. We have been told directly by these exiting staff that they love our agency and wish they could stay but they just can't turn down the financial gain of going elsewhere due to the current costs of living.

While recruitment and retention have become a strong challenge, we have also encountered increased training costs that are impacting our budgets. The employees that we are able to attract at our current starting wage are now coming to us with less experience and less education than what we were previously able to recruit. This equates to a substantial increase in training time and training costs to be at the necessary level of competency to fulfill the scope of our contracts with the Human Service Centers. This increase in training costs is a significant added burden to our budgets. We are in this constant state of recruitment and training only to have people leave within the first several months because they now have the training for a higher wage elsewhere.

The staffing and workforce shortages have caused a trickle effect to many other issues. On any given weekly schedule we post to staff, we have approximately 20 open shifts that we don't have staff to fill. That equates to 160 direct care hours every week that we have to try to bargain and barter with staff to fill, pay overtime expenses for or we are picking them up ourselves as supervisors and administrators which not only puts us into 12-16 hour work days multiple days a week but it takes us away from being able to complete other administrative and supervisory duties that assist in things such as interviewing, hiring, supporting staff growth and development and providing the quality management and development to the programs. We are seeing higher levels of burnout in both the direct care level and the supervisory level staffing than we have seen in any of the previous years. We are seeing people change positions, step down to less responsibility, or leave the field all together due to this. We desperately need to be able to increase our starting wages to become market competitive and maintain an adequate staffing roster not only to continue operations but to grow and strengthen the services we offer.

While the staffing issues and workforce changes have presented a hefty operational challenge within itself, inflation in general is also causing great concerns operationally. The cost of goods, utilities, and repairs have increased dramatically. The cost of a gallon of milk was approximately $2.45 in 2018 (pre-pandemic), the cost of a gallon of milk now is approximately $4.78 or even more depending on where you buy it. We buy 25 gallons of milk per week between all of our Fargo programs, that's $233 more per month, or $2796 more per year just for 1 grocery item that we have to purchase every month. This does not

take into consideration the increase in meat prices, egg prices, and vegetable prices. You can see how quickly this adds up and impacts our budgets.

We also are incurring increased maintenance costs as part of the budget concerns. It has become extremely difficult to find individuals willing to take on smaller repair projects and those that will do them come with a higher price tag for doing so. Our crisis units regularly serve individuals that are experiencing intense symptoms of their mental health and are often agitated, escalated and in situations of distress while they are attempting to stabilize their symptomology. This often results in behaviors that cause damage to our property. We have had individuals tear apart mattresses due to paranoia of things being inside it, multiple holes punched or kicked through walls, and electrical components manipulated to a point they no longer work because individuals believe they are transmitting to conspirators. Just this morning as I was preparing to come speak with you, I received a phone call and managed an incident in Fargo in which an individual was at the crisis unit, threatening significant harm to the staff and the clients and they broke out 3 large windows before police assistance was able to intervene. Including the 3 windows today, we will have replaced 6 large windows, that cost approximately $800 each that were broken out by different individuals while they were in an episode of mental health crisis. All of these scenarios are part of our day-to-day experiences while we attempt to help individuals stabilize the symptoms of their mental health but they also have a significant amount of cost to repair, particularly with inflation costs of goods. To assist in minimizing the impact on our budgets, we are as creative as we can get with repairs. We have had painting parties instead of hiring painters, we have sought out donations of supplies, and we have completed fundraisers to support replacement of items. Staff and Administration have all worked together to learn how to do as much maintenance as we can ourselves in the most creative and inexpensive ways possible. Even with those solutions, we have had approximately $20,000 in repair expenses at the crisis unit to date. Our other programs, both in Fargo and Bismarck all experience the same concerns with maintenance, destruction of property, and increased food and supply costs due to the intense inflation we have experienced.

Despite all of the financial hurdles everyone, including the Department of Health and Human Services and the State as a whole, are currently facing, the work we all do in the communities we serve is critical and we want to continue to support those efforts. Those of us who work in this field have a passion for what we do. We believe there is hope, we believe in recovery, and we believe everyone deserves the opportunity to not only survive but to thrive within their life. Programs such as ours provide stabilization, a solid base for recovery and we give support and hope to those that need it most and in their most dire times. However, in order to continue to provide these essential services, we are asking for and needing your support towards the funding increases in the North Dakota DHHS budget. Without these funding increases to counteract the intense inflation levels we have all faced, programs such as ours will not be able to continue to provide the essential services we do to our most vulnerable populations which will begin to impact communities as a whole in many concerning ways.

SENATE HUMAN RESOURCE APPROPRIATION COMMITTEE
MARCH 26, 2025
HB 1012

Chairman Dever and members of the Committee, my name is Doreen Eichele, Chief Operations Officer for the Dacotah Foundation.

Our agency wishes to lend our support to the proposed budget presented by the ND Department of Health and Human Services. We have been an advocate for community mental health and substance use disorder services and have been a provider of facilities and services since 1970. Members of this committee have been very instrumental in providing the funding that has been vital to the development of these services for our constituents.

Dacotah Foundation has been a partner and collaborated with NDDHHS to pilot and provide multiple levels of residential services throughout our history as a provider. We have responded by identifying unmet needs and investing in facilities where services can be offered.

Our agency provides a full continuum of care from crisis stabilization to transitional and independent living. Our current residential services are 24/7, 365 services. These residential and community-based services have helped positively impact on the lives of a vulnerable population that require specialized assistance and help navigating their recovery.

Services currently provided collaboratively with NDDHHS (81% Budget):

Category	Bismarck	Fargo	Total
Crisis Stabilization	15 Beds/ 1 Site	15 Bed/ 1 Site	30 Beds/ 2 Sites
Transitional Living	20 Beds / 2 Sites	23 Beds/ 2 Sites	43 Beds/4 Sites
Permanent Housing Support Staff	40 Ind/1 Site		40 Ind/1 Site
Recovery Center	30-40 Ind Daily		30-40 Ind Daily
Community Med Management	40 Ind/Daily	40 Ind/Daily	80 Ind
Medical Transportation	20-30 Ind Daily		20-30 Ind Daily

Dacotah Foundation strives to maximize the funds we receive to meet the needs of as many individuals as possible and meet our contractual obligations. On any given day we could make contact with 243 individuals through these residential and community-based services.

One example of this effort is our recovery center and the role it plays in assisting individuals seek and connect to services. The Dacotah Recovery Center is located in Bismarck and provides individuals that self-identify as having a mental illness a place to come together with their peers. They are offered support and education groups. More recently efforts have been directed towards connecting to resources and further case management services to meet the unmet needs of our members and community. This program encounters 30-40 individuals on

most days and provides access to resources that assist with housing, food baskets, employment, and support from their peers. Sometimes it is a place to shower and do their laundry. Staff are available to identify needs, assist where they can, make referrals to connect them with other services in the community and sometimes just meet their basic needs. We have seen an increase in access to this service within the past 4 months. This program and staff intervention reduces the need for higher levels of care. We have sought other funding options to enhance the contract we receive from the NDDHHS through partnering with community service employment programs like NICOA, local food pantries, county nursing and private providers. This program also hires individuals with lived experience that are in recovery.

You have already heard from the Regional Human Service Centers of the need for continued and strengthened funding. We would like to reiterate that need and ask that you give strong consideration to their budget request. This continuum of community and residential services would not be possible without the ongoing support that your committee provides to the Division and its Regional Human Service Centers and private providers. The funding of this budget provides vital residential and community-based services and supports the members of our communities who are seeking mental health and substance use recovery. Your financial support of the NDDHHS budget also saves other State agencies time and financial resources in emergency response, hospitalization and incarceration.

Dacotah Foundation also provides independent housing options for individuals that find it difficult to obtain and maintain housing. These facilities and programs are supported by lease payments, fees, and local donations. (19% Budget)

Category	Bismarck	Fargo	Total
Independent Living	65 Beds/6 Sites	7 Beds/1 Site	73 Beds/7 Sites
Money Management Services	130 Ind	130 Ind	260 Ind
Youth Mentor	45 Ind		45 Ind

While our primary locations of direct service are in the Bismarck-Mandan and Fargo communities, we have also shared information and collaborated with other agencies and regions to build and implement similar services.

As was addressed in Kandia Qual's testimony, our needs continue to be workforce development and retention. Each of the residential programs has staff ratio requirements depending on the level of care. These positions are high intensity and require well-trained individuals with specialized skills and understanding in areas of behavioral and physical health. Staff are often involved in situations with residents who are experiencing elevated psychiatric symptoms and medical needs that can easily and often escalate, requiring emergency interventions. Our staff also needs to know how to deescalate situations and to mitigate risk to both the resident and staff when behaviors are heightened.

To provide the level and quality of care expected, our agency needs to be able to be competitive in our salary and benefits. Our budgets are 85% salary and benefits. Our ability to recruit, train and retain staff is greatly impacted by the lack of adequate funding and a more competitive salary structure. A living wage in ND for a single adult is estimated to be $19.78/hr. (Bismarck $20.27; Fargo $18.74). This outpaces our starting wages by $4.00/hr. You have also heard from other agencies providing direct services who also have high turnover rates due to noncompetitive employment markets. We too need to be able to navigate the employment market by increasing our wages.

Due to workforce challenges, current staff are called on regularly to fill shift shortages which create burnout and impacts budgets due to overtime pay. They are also asked to provide additional training for new staff all while providing vital care for individuals with intense needs. While our turnover rates have improved over the second half of this biennium, we are still in great need of staff. Higher turnover also impacts on budgets negatively as we are expending additional training funds. We feel that increased wages will have a positive impact on turnover.

We, like other providers of direct care, need to find a way to draw more interest to the behavioral health field. While we understand there is more than just money that draws individuals to a certain field, we also understand their ability to meet their financial needs is one of the first considerations when pursuing a career. We believe providing better pay and benefits is a means of taking the first step toward staff retention and workforce development.

Many of our positions are filled by staff who have their first experience in the behavioral health field. They find they truly have an interest and passion in this field but need to be able to support themselves in a financially challenging economy. We see direct service positions as playing a huge part in building a workforce for the future. We want to encourage growth in this industry by providing adequate wages and a path to more opportunities. This entry level experience also helps grow staff for future provision of higher levels of mental health services in a field that struggles with workforce retention. We have had staff that began employment with our agency and have since grown in the profession and are currently supporting and working for NDDHHS. We currently have several individuals working for us that have chosen to pursue further career development in psychiatric nursing and social work due to their experience with our agency. We are also an employer of second chances employing individuals that have life experience and want to give back to others and are building a career path for themselves.

You have a very ominous job of pulling all this together to meet the needs of your constituents. Current funding for mental health services, without the requested increases, jeopardizes the ability and capacity to provide services into the future. We need your favorable support to the NDDHHS budget to continue these important and necessary services.

It is very difficult to draw a full picture of the impact your funding of these programs has and will continue to make. We would like to extend an invitation to any members of your committee wishing to tour our facilities, see our staff in action, and observe how your funding of these services is used to help support individuals in need.

FAMILY VOICES OF NORTH DAKOTA®
Navigating Crossroads to Hope

Testimony on HB1012
2025 Legislative Session
March 9, 2025
Senator Dever, Senate Appropriations Human Resource Division Committee Chairperson

Senator Dever and members of the Committee,

My name is Donene Feist and I am the Director for Family Voices of North Dakota (FVND), Inc. I want to provide to you today testimony on HB 1012 and the Special Health Services (SHS) Division within the Department of Health and Human Services. In my testimony will be providing input on the services of the SHS Division in addition to information on Family Voices of ND and the general fund dollars that flow through the SHS Division.

Family Voices of ND provides educational, informational, and peer support to families of children with special health care needs, medically complex or have a disability. For many years, a vital partner for us as an organization is the Department of Health and Human Services, specifically SHS. Family Voices of North Dakota is statewide family to family health information and education center who serves families of children with special health care needs in ND. Each state in the country and our territories has one family organization that has been designated as a family to family health information and education center. We are that entity for ND.

National prevalence data estimates from the National Survey obtained through the Data Resource Center indicate there is an estimated 39,467 children and youth with special health care needs (CYSHCN) in ND. One in five families in North Dakota (ND) has a child with special health care needs.

Indicator 1.11: Does this child have special health care needs (CSHCN) based on the CSHCN Screener?

	Children with special health care needs (CSHCN)	Non-CSHCN	Total %
%	**21.8**	**78.2**	**100.0**
C.I.	19.2 - 24.7	75.3 - 80.8	
Sample Count	346	1,179	
Pop. Est.	39,467	141,451	

C.I. = 95% Confidence Interval.
Percentages and population estimates (Pop.Est.) are weighted to represent child population in US.

Indicator 1.11: Does this child have special health care needs (CSHCN) based on the CSHCN Screener?

		Children with special health care needs (CSHCN)	Non-CSHCN	Total %
North Dakota	%	**21.8**	**78.2**	**100.0**
	C.I.	19.2 - 24.7	75.3 - 80.8	
	Sample Count	346	1,179	
	Pop. Est.	39,467	141,451	
Nationwide	%	**20.8**	**79.2**	**100.0**
	C.I.	20.4 - 21.3	78.7 - 79.6	
	Sample Count	26,489	82,776	
	Pop. Est.	15,144,222	57,591,048	

C.I. = 95% Confidence Interval.
Percentages and population estimates (Pop.Est.) are weighted to represent child population in US.

As you can see from the comparison charts we have a higher number of children with special health care needs, chronic conditions and disabilities than nationwide. https://www.childhealthdata.org/

The Special Health Services Division has provided services to many of the families we serve for many years. They have been a partner with Family Voices of North Dakota since its beginning in 2001. A continued investment in this program is encouraged and supported. The programs offered within the Department should not go unnoticed. It is our belief these services play a crucial role for families of

CYSHCN in the state. Services to families often serve a role in gap filling of necessary services not otherwise obtained.

Some of these services are:
Financial Coverage Program--helps families pay for medical services for eligible children. They can help pay for health visits and tests needed to diagnose many chronic health conditions. It may also provide the specialty care that is treated for an eligible condition, based on medical and financial eligibility. When there is suspicion of a diagnosis, it is a great comfort to know there is a resource that can assist with the diagnosis and treatment.

- **Diagnostic Services** – Provides coverage for services that promote early diagnosis of SHS eligible medical conditions to all children who meet medical and financial eligibility criteria.
- **Treatment Services** – Provides coverage for services to children with chronic health conditions who meet medical and financial eligibility criteria.

Multidisciplinary Clinics-our staff provides outreach to families at many of the multidisciplinary clinics. We repeatedly hear from families how wonderful it is to have these clinics throughout the state. These clinics allow families to see a number of providers regarding the child's condition along with expertise in a manner that is easily accessible. Seeing providers at one time, avoiding multiple appointments decreases stress for the family. Examples of these clinics: Asthma, Down Syndrome, Cleft Palate, Spina Bifida, Cerebral Palsy, Muscular Dystrophy, and Cystic Fibrosis. Families remain positive regarding these clinics and are grateful that they are available across ND.

Russell Silver Syndrome and Metabolic Food Program- the Metabolic Food Program provides medical food and low-protein modified food products to individuals with Phenylketonuria (PKU) and Maple Syrup Urine Disease (MSUD). Russell Silver provides growth hormone treatment for children with Russell Silver Syndrome.

In addition to the services above provided, they also partner with many efforts across the state such as: Autism initiatives, Newborn Hearing Screens, Newborn Screens, and Medical Home initiatives. The Division provides to other agencies and community members a wealth of knowledge in implementation of care for children and youth with special health care needs and disabilities.

Newborn Screening and Follow-up- program is to identify conditions at an early age when treatment and intervention can prevent health problems, support early

development, and save lives. Newborn screening is a very important test that every baby can benefit from. The testing involves a heel prick on a newborn between 24 and 48 hours after birth that can identify certain metabolic or genetic disorders that can cause serious illness, disability or death to the baby if not identified early. Newborn screening is a screening test and if there is an abnormal result, the newborn always requires further testing to confirm whether he or she has a disorder. There is a treatment available for all of the disorders that are screened, although some treatments may be lifelong.

Newborn screening consists of three simple tests:

Blood Spot – Newborns are screened for nearly 50 genetic and metabolic conditions.

Hearing Screening – Newborns are screened for hearing loss.

Pulse Oximetry Screening – Measures the amount of oxygen in a newborn's blood and can identify serious heart problems. This is also known as Critical Congenital Heart Disease (CCHD) screening.

Family Voices of ND plays a role as advisory members of the New Born Screen and Early Hearing Detection and Intervention. In both of these programs we assist with care coordination for these new families as they are receiving a new diagnosis and connection to services and follow up.

Care Coordination-Care coordination provided through SHS helps families access services and resources in their community, and when needed, across multiple service delivery settings. Although the primary focus of the care coordination is on the health care of the child, this service also attempts to meet the needs of the family.

There are many children who have very complex medical needs. The needs for families are many. While FVND also provides care coordination assistance, it cannot be understated, that care coordination for children with special health care needs is a vital component to continued access of services. The needs are very much increasing each and every year.

Family Advisory-SHS has a family advisory committee. This committee advises and provides valuable input as family members on the ongoing services that is provided by the SHS Division. These families also provide valuable input to any changes that may take place and how would this affect families. There are not enough words that can be expressed for the valuable input of this committee. It also

cannot be understated the enormous respect that the Division provides as equal collaborative partners at the table to families for their input. In my opinion a model for other state agencies. The SHS Division truly embrace family-centered care and the components of it.

In addition to the programs that are provided through SHS, it also is charged by the federal government to monitor and provide education and services on the following six core outcomes of children with special health care needs. The SHS Division has the expertise and knowledge, as well as partners, in all these areas. We encourage the legislative body moving forward on legislation for children with special health care needs to understand the following core outcomes and the technical assistance that can be provided by SHS.

Six Core Outcomes for children with special health care needs:
1-Children with Special Health Care Needs (CSHCN) whose families are partners in shared decision-making for child's optimal health. In all of SHS' work, the value placed on family is immeasurable.
2-CSHCN who receive coordinated, ongoing, comprehensive care within a medical home. SHS has provided expertise and continues to participate in development of medical home and the importance of comprehensive care.
3-CSHCN whose families have consistent and adequate private and/or public insurance to pay for the services they need. SHS understand the critical importance of both private and public funding to assure care for this population.
4-CSHCN who are screened early and continuously for special health care needs. SHS embraces the importance of identifying and treating children early and continuously.
5-CSHCN who can easily access community-based services. Many of the issues that both SHS and FVND hear from families are access to services. In ND, in a geographically vast state, access is not always easy. ND also does not always have the specialty providers available needed by this population of children.
6-Youth with special health care needs will receive the services necessary to make appropriate transitions to adult health care, work and independence. This is crucial for our youth who are transiting into adulthood.

While policies are fluid and ever changing we have moved beyond the Six Core Outcomes of children with special health care needs to a Blueprint for Change by the Federal Maternal and Child Health Bureau. The Blueprint for Change presents a vision for how to improve the system of services for CYSHCN through improved equity, access, quality of life and family well-being and financing. For more information on the Blueprint for Change a link to the National Center is here:

https://www.aap.org/en/patient-care/national-center-for-a-system-of-services-for-children-and-youth-with-special-health-care-needs/

SHS supports school nursing initiatives and promotes the connection between health and academic achievement by ensuring nursing care is safely and effectively delivered to schools, particularly in rural communities.

The SHS Division is a model program that provides a great deal of services with a limited budget. FVND over the years has participated in the Block Grant and Needs Assessment process, which the Division takes very seriously. I hope you would consider an increase in the investment made to this program. It makes a huge impact for families of children with special health care needs and the children themselves. It is a model for agencies to replicate. Your ongoing support for this program is vital to families and children.

For the new members of the committee a little about Family Voices of North Dakota. We are one of three statewide parent organizations in the state. Last biennium we received $175,000 in general funds that flowed through the SHS Division. In the House with Chairman Nelson and committee an additional $100,000 was added to the budget as we have been flat funded for some time. Additionally, our costs continue to rise like everyone else and Chairman Nelson had acknowledged the good work that all of the staff do across the state.

In addition to the support and 1:1 assistance we provide to families, we also provide various trainings and workshops, which help families understand how systems work so that they can also be good stewards of state dollars and the programs of which their children are enrolled. This is done under the Family to Family Health Information Centers. There is one Family to Family in every state across the country. We are a chapter of Family Voices National who oversees all of the Health Information and Education Centers.

Our staff, who all are parents to children with special health care needs, medical complexities and disabilities provides assistance to families by helping them access and navigate services; explaining what the services mean, how systems work, and where the funding comes from. We provide emotional support to assist with their unique and individual needs. In many ways, we also have an Ombudsman type resource as when things go awry or something goes wrong our staff are often who is contacted to help them sort through and navigate this very complex system of care. We have staff in Fargo, Grand Forks, Bismarck, Dickinson, Williston and myself in

Edgeley. Staff in Bismarck cover the Minot area, and I cover the Jamestown and Devils Lake area.

All of our services under the auspices of the statewide health information and education center are performed through a parent-to-parent or peer to peer mechanisms through our staff. Additionally, we operate a parent-to-parent matching program called North Dakota Parent-to-Parent which provides connection of one parent to another as a mentor for emotional support. Sanctioned by Parent to Parent USA. Additionally, in partnership with Designer Genes since 2012, we provide support through a project called Project Carson. Project Carson provides emotional and informational support to families who may receive a ***prenatal diagnosis or an at birth diagnosis***.

Families desperately need a place to go to get the help that they need. We often encounter families who are in crisis and experiencing difficulty accessing services because of denials and ineligibilities.

Again according to the 2022-2023 National Survey of Children's Health, there is approximately 39,467 children and youth who have a special health care need. FVND follows the Maternal and Child Health definition of children with special health care needs, which is those children and youth who have a chronic condition of at least one year, a physical disability or mental health/behavior health diagnosis. Additionally, there are many children and youth who may have a physical disability and a chronic health illness but also may have a co-occurring mental health diagnosis. Because of many families have a co-occurring condition, it often leaves families having to understand and navigate many systems and complicated silos. We receive our referrals through agencies, physician offices, hospitals in state and out of state where a child/youth may be receiving services.

National Outcome Measure: Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system

		CSHCN who receive care in a well-functioning system	CSHCN who do not receive care in a well-functioning system	Total %
CSHCN qualifying on mental health criteria	%	**17.4**	**82.6**	**100.0**
	C.I.	10.5 - 27.5	72.5 - 89.5	
	Sample Count	23	144	
	Pop. Est.	3,642	17,285	
CSHCN NOT qualifying on mental health criteria	%	**21.2**	**78.8**	**100.0**
	C.I.	14.5 - 30.0	70.0 - 85.5	
	Sample Count	34	145	
	Pop. Est.	3,938	14,603	

C.I. = 95% Confidence Interval.
Percentages and population estimates (Pop.Est.) are weighted to represent child population in US.

That data also indicates that:

29.1% of this population utilize public insurance (this may include income eligible Medicaid and waivered Medicaid
17.5% use only private insurance
50.2% of this population use both private and public
27.2% of this population were currently at the time of the survey uninsured.
The number of uninsured for this population has doubled since my last testimony. One of the reasons may be that from the start of the pandemic as it was deemed a public health emergency, they may have been covered through public insurance.

People cannot access what they do not know exists. In essence, we do assist families, one of our most vulnerable population in accessing services they will need in raising their child with a chronic illness and disability. A common theme we hear from families is they were not told where to go to access services. If we were not available to provide that assistance, who then would provide this service to families?

Total Encounters of all calls from 6/1/22-5/31/24	**6/1/22-5/31/24**		
Families unduplicated	**2302**	**First time callers or new families to us**	
Families duplicated	**20704**		
Of the total number of families served/trained, instances of service related to the following issues:			
Individualized assistance (Includes one-on-one instruction, consultation, emotional support, care coordination and mentoring)	**9896**	**Partnering/decision making with providers**	**15042**
Basic contact information and referrals	**340**	**Accessing a medical home**	**4587**
Group training opportunities	**1772**	**Financing for needed health services**	**6133**
Meetings/Conferences and Public Events (includes outreach events and presentations)	**7926**	**Early and continuous screening**	**3625**
		Navigating systems/accessing community services easily	**14528**
		Adolescent transition issues	**2000**

As stated earlier, many times, our encounters with families are heightened because the family is in crisis. We have noted that the issues being presented by families today are being increasingly complex.

Our staff work with a large number of families who experience gaps in service, have difficulty understanding the complexities of our Medicaid systems and Medicaid waivers, and their private insurance who have children with very complex medical issues.

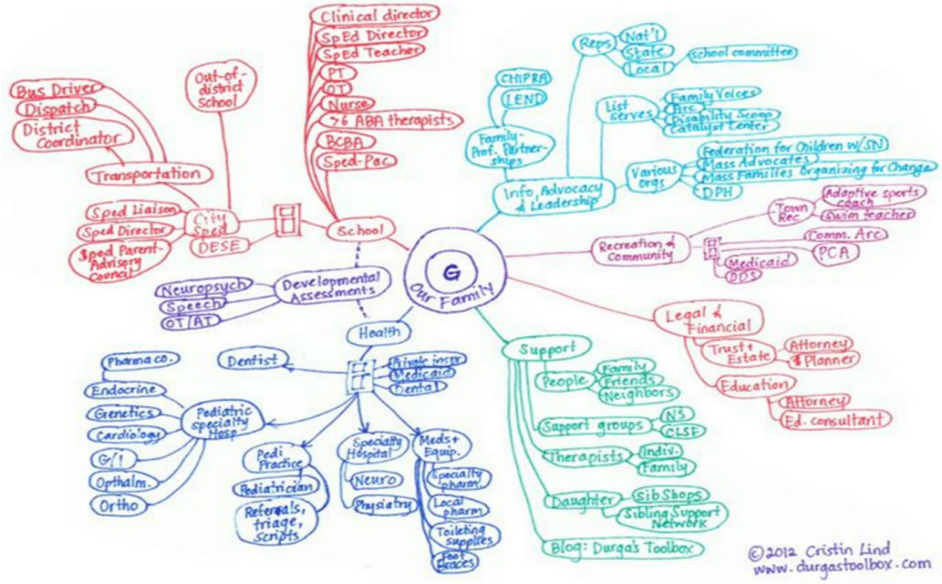
Many providers contact us to make a referral or to assist them in locating resources for families they are working with. Families often do not know where to begin. We will partner with them in making those connections to community resources, possible eligibility criteria and programs, assist them with the application process, follow up with them to assure their family needs are being met, and provide ongoing emotional and informational support.

This table is an example of the categories of calls, trainings and meetings with providers.

Table 2. Provider calls

Our organization provided health care information/education to providers to assist them in better providing services for CSHCN	**6/1/22-5/31/24**
Professionals unduplicated	**1532**
Professionals duplicated	**22479**
Of the total number of providers served/trained, instances of service related to the following issues:	
Partnering/decision making with providers	**14947**
Accessing a medical home	**4084**
Financing for needed health services	**7316**
Early and continuous screening	**4116**
Navigating systems/accessing community services easily	**12416**
Adolescent transition issues	**4780**

In the diagram below you will see children with a chronic condition or disability utilize many services. Most services that families encounter are in silos.



We know and can identify as best practice that families thrive when supported by others with lived experience. We also know that families build capacity, strength and confidence through support and coaching from another parent. Active engagement with families through responsive listening from others who have walked in the same shoes assists families in a manner that allows them to receive services necessary to meet their family and child's needs.

Families across North Dakota have repeatedly shared the difficulty in locating and accessing services when they call our offices. Raising a child or youth with special health care needs, accessing quality services and paying for them while still meeting the needs of the entire family and maintain employment is stressful. Following the pandemic emergency as the system changes within the Department as a whole this has been especially true. It has been most difficult for families to navigate this very complex system.

Senator Dever and members of the committee, I have stood before you all for many years. The needs for families to live, thrive and survive in their community has also increased. We often hope for the best, but don't know what the future holds in a world and system that wasn't built for our children. There is no handbook or parenting book about raising a child with special health care needs and disabilities.

Most of our children don't fit a mold. All are uniquely their own, and many have multiple diseases or disorders so rare that often doctors have never seen. Early on families realize with a heavy heart, the world we live in isn't built for our children. Each and every day families are fighting someone about some aspect of their care. It could be a doctor, nurse, therapist, educator, or an insurance company. Every day families launch battles for what we know our children need to thrive, and sometimes our fight ends in defeat.

Every day many families are fighting a battle against a disability, disease or chronic illness that we will never beat. Most of families know the very real implications of what can happen to our children at any given time.

Our role is not only to provide support, assistance in navigating and connecting to services to families, but through or various trainings and workshops, help families understand how systems work so that they can also be good stewards of state dollars and the programs of which their children are enrolled. A valued provider has stated "It is important to ensure that there are adequate supports for families, as these strengthen the family unit as a whole. This results in a decreased demand for providers as you are creating lasting change within the family unit."

We are requesting continued support of general fund dollars through SHS. The need for family support is not going away. Do the most vulnerable families in the state not deserve assistance? Our staff does incredible work in helping families with emotional and informational support. I couldn't be prouder of them. Your return on investment is on multiple levels. The education we provide to families exemplifies good stewards of state dollars. Our assistance in helping families navigate and understand this complex system of care saves the states dollars in the long run as families are better equipped to navigate this system, rely less on providers and assistance in their role as a family. It would be most difficult to put a dollar amount on that assistance. Assisting providers as well means that they are able to locate information for families in a timely basis also saving state dollars.

A few things following other testimony by Departments: We are pleased that there is funding to move forward with the Cross Disability Waiver. We feel this is a vital step in closing the gaps in many areas for our families across the state. We are pleased also with the Family Caregiver Pilot that has transpired over the interim and

that we hope will become active regularly within the waiver. These are vital changes for the needs of families in ND. For far too long we have had many families who do not fit within a criteria of the current waivers and a Cross Disability waiver will go far in changing that land scape.

I feel, that this will truly move us forward in addressing the gaps that exist in our current system of care for our most vulnerable children and youth. Several of you on this committee have been a part of moving that needle forward for a long time. We absolutely have moved the metrics for the Behavioral Health System and am pleased that we are continuing to work to improve the system of care for our families with special health care needs who are medically complex and have a disability. For that we are most appreciative.

We are very concerned with the decrease of dollars in the autism waiver, as were told there are still at least 68 that remain on a wait list to access the waiver and can receive as many as 15-20 new applications per month. From the number of calls that we receive regarding new families diagnosed with autism, we believe this to be true. We realize that the cause of decrease in dollars is from underutilization, however we feel if respite were an option in the autism waiver in home supports utilization would be increased. In our other 1915c waivers, respite assists in that in home support according to each individual person centered plan. It also provides respite when a caregiver needs a break, a night out per se. Families need both.

While the system as a whole particular for SNAP, TANF and Medicaid, am sure a new call center automated system is great but we hear from families and have experienced ourselves that when things go awry it is very difficult to get the answers that our families need. During the renewals at the end of the pandemic and through the reauthorization process one could be on hold over an hour and still not get the assistance they needed. While this has improved, most recently, one staff was on hold over 45 minutes. Some of the folks on the call center simply did not have the expertise needed to get the help that was needed.

We have requested of the Department a specific line or toll free number for the incidents that are difficult to help navigate an error, or identify how to help a family. Specifically to speak to someone in house with that expertise. Sometimes when

families are in a crisis for time sensitive information or an approval to go out of state a call center is not helpful.

Our hope for the future the state will really work hard to eliminate the gaps in services for children and youth across the board. While we have made huge strides more could be done in this area.

Families are not looking for handouts, but they often need a rope to hang on to, to keep from drowning in an every changing system. Family support and assistance in service navigation is vital to help them live, thrive and survive in an every changing world. Again, we are most appreciative of our partnership with SHS Division and their work, and DHHS who work toward filling the gaps for children.

Thank you for your consideration
Donene Feist
Family Voices of North Dakota, Director
701-493-2634
fvnd@drtel.net or donene@fvnd.org
L-292

HB 2012
3-26-25

Vaagen, Leslie - STechClerk9 - SAPPHR

From: Hegland, Ty <Ty.Hegland@uhsinc.com>
Sent: Sunday, March 30, 2025 11:52 AM
To: Vaagen, Leslie - STechClerk9 - SAPPHR
Subject: HB 2012 Testimony

Importance: High

You don't often get email from ty.hegland@uhsinc.com. Learn why this is important

Members of the Senate Appropriations Human Services Committee,

My name is Ty Hegland and I serve as CEO of Prairie St. John's. I write in support of HB 2012, but also ask for serious consideration be given to four key areas.

Prairie St. John's has a 40 year history of being the cornerstone of behavioral healthcare in North Dakota. In 2024, we received over 12,000 referrals for services spanning the entire state of North Dakota, as well as every state in the union. In order to carry out our services, we operate a 132 bed acute psychiatric hospital, 48 beds of supportive housing for PHP patients, 10 beds of supporting housing for our IOP patients, and three clinics (Adult Outpatient, Child & Adolescent Outpatient, and Assessment).

As a hospital, we do not have the ability to turn away patients who walk through our doors or whom are referred from emergency rooms throughout the region. Though this can put severe pressure on our financial capabilities, we are proud to treat the most complex patients from the most complex health systems in the region.

In 2024, we experience two significant issues that affected our care. First, the acuity of our patients went up significantly. Not only has the severity of our patient's mental health diseases, but so has their medical complexity. Second, we've felt the crushing pressures of inflation and unfunded care on our system. Inflation on staffing costs, utilities, and pharma has had a significant impact on our bottom line. Equally there has been a sharp increase in unfunded care from North Dakota patients, resulting in a significant increase in charity care.

As we look to the future, we want to be able to grow to meet the demand of our state's patients, but in order to do so we need serious consideration towards four things:

1. Strong support of the Grants/Contracts section of the DHHS budget. These resources give DHHS the ability to meet emerging needs like our partnership with Southeast Human Services to meet the needs of the several acute patients in this region.

2. Adjourning early to ensure there is time to adjust state support if the federal government makes significant cuts to the Medicaid/Medicaid Expansion programs.

3. Fiscal restraint with a new state hospital. We are pro-new state hospital, but not at over $2,000,000 per bed. We built a new acute psychiatric hospital in 2023 and did so at $385,000 per bed. Every dollar for brick-and-mortar for state entities are dollars took out of the system that could be leveraged for more services in the private sector.

4. Predictable funding streams which allow us to meet the needs of North Dakotans. The continued volatility of the SUD Voucher and lack of Gero Psych services in this state are a result of not having sustainable funding streams. How do we work as private-public partners so we can strategically grow to meet the needs of the state, while not breaking financially burdening the state? Medicaid plan amendments and waivers leverage dollars in the most fiscally responsible way and without them we will never have enough private providers to meet the needs of our citizens.

We ask that you take these items into consideration and reach out to me personally if you have any questions.

Ty Hegland
Chief Executive Officer
ty.hegland@uhsinc.com

Get Back To Life
PRAIRIE ST. JOHN'S
UHS

Prairie St. John's
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2025 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

HB 1012 p.m.
3/26/2025

Relating to leases of the health and human services property, substance use disorder treatment program, basic care payment rates, and state of residence for child care assistance; to provide for a transfer; to authorize a line of credit; to provide legislative intent; to provide for a legislative management study; to provide an application; to provide an exemption; to provide for a report; and to provide an effective date.

2:42 p.m. Chairman Dever opened the hearing.

Members present: Chairman Dever and Senators Cleary, Davison, Magrum and Mathern.

Discussion Topics:

- Housing First
- Inclusion Support Grant
- Home Visiting Services
- Title IV-E Prevention Services
- Alternatives to Abortion Funding
- Opioid Settlement Funding
- Preschool Development Grant (PDG)
- 457 Fund
- Children in Need of Services (CHINS)
- Child Care Assistance Program and Housing Supports
- Diversion Program
- Older Individuals Who Are Blind Program
- Olmstead Settlement Agreement
- ARC Lawsuit
- Settlement Agreement of 2020
- Family Support

2:42 p.m. Katie Jo Armbrust, Grand Forks Housing Authority, testified in favor and submitted testimony #44167 & #44168.

2:45 p.m. Madison Hanson, an invested graduate student in a Master of Social Work Program, testified in opposition and submitted testimony #44184.

2:44 p.m. Katie Jo Armbrust, Grand Forks Housing Authority, testified in favor and continued testimony.

3:13 p.m. Alex Schweitzer, Board Chairman, Bison World Fund, testified in favor and submitted testimony #44207.

3:21 p.m. Missi Baranko, Executive Director, USpireND, testified in favor and submitted testimony #43814.

3:35 p.m. Robin Fuehrer, Director, Community Church Child Care in Bismarck, testified in favor and submitted testimony #43705.

3:40 p.m. Missi Baranko, Executive Director, USpireND, testified in favor and answered committee questions.

3:48 p.m. Robin Fuehrer, Director, Community Church Child Care in Bismarck, testified in favor and answered committee questions.

3:50 p.m. Desiree Sorenson, Director, Mountrail McKenzie Human Service Zone; Vice Chair, North Dakota Human Service Zone Director Association, testified in favor and submitted testimony #43825 and #44219

4:00 p.m. Allan Peterson, Legislative Representative, North Dakota Association of the Blind (NDAB), testified online in favor and submitted testimony #44129 & #44130.

4:14 p.m. Damon Terzaghi, Senior Director, Medicaid Advocacy for the National Alliance for Care at Home, testified in favor and submitted testimony #43775.

4:23 p.m. George Zenk, parent & spouse of persons with disabilities, testified online in favor.

4:36 p.m. Mathew Schwarz, parent of child with disabilities, testified in favor and submitted testimony #44340.

Additional Written Testimony:

Chelsea Gagner, Service Provider, District 32, submitted written testimony in favor #43758.

Desiree Mills, user of daycare services, submitted written testimony in favor #43818.

Collette Jenson, Owner, Circle of Friends Preschool, Valley City, submitted written testimony in favor #43821.

Colton Rupp, parent of child needing 24/7 care, submitted written testimony in favor #43936.

Pamela Verke, owner of in-home daycare, submitted written testimony in favor #44068.

Jackie Berndt, Director, Hope Center, Fargo, ND, submitted written testimony in favor #44165.

5:09 p.m. Chairman Dever closed the hearing.

Joan Bares, Committee Clerk

House Bill 1012
Senate Appropriations Committee – Human Resource Division
March 26, 2025
Senator Dever, Chair

Chairman Dever and Members of the Senate Appropriations, Human Resources Division, my name is Robin Fuehrer, Director of Community Church Child Care in Bismarck.

I would like to thank you for this last year of funding for our children with special needs. It is, in large part, do to this funding that we have been able to continue to be a program that quickly says 'Yes' to families looking for care for their extraordinary children.

I want to share a few of the things that grant funding has allowed us to do for our children this year.

First, I would like to talk about the Inclusion Support coaching. This service has been of great value to us! Our inclusion coach comes in to observe classrooms, talk with teachers and make recommendations to more fully include our children with special needs. This support has really helped our teachers to get the resources they need to best support their children and, I believe, has diminished teacher burn out, due to the high needs that come with these children. Knowing that we have our support coach takes much of the stress away from including children with needs that we are unfamiliar with in our program. We know that support is available as soon as we need it and that is very valuable to us. As a director, the support I have received in reference to the Inclusion Support Grant has been immeasurable. I tend to have a lot of balls in the air all of the time and the paperwork that comes with grants is a ball that would often get dropped without the support of my coach!

The second part of inclusion support that I want to talk about is funding for staffing, materials and other support for our children. This funding is key to me being able to consistently say yes to families with special needs. The greatest need I have in this area is staffing. Having children with additional needs in a classroom, adhering to regular ratio guidelines, is a set up for failure rather than success. We have seen tremendous success with social/emotional curriculum and supplies for our children who need behavioral support. We have been able to make environmental modifications, like adding sound absorbing panels to some of our rooms, which has been directly connected to decreased negative behaviors. Children who have speech or sensory processing issues have really loved that they are no longer being overwhelmed by sounds in their learning spaces.

I want to share a few stories with you about how this support has been so beneficial for specific children in our care.

We have a child who was kicked out of a previous daycare due to behaviors related to their special needs. I understand the position the director was in- when one child requires eyes and hands very near by at all times, the classroom can not function smoothly with out additional staffing. Having this child in a classroom with a teacher who is supported by our inclusion coach, where sensory needs are being addressed in the environment, and where we have additional staffing available, has made a night and day difference for this child's ability to be included in the classroom! I am hearing from the teacher, the parent, and the child's therapist about the incredible progress that has been made. The Inclusion Support grant helps to supply so much to help this child's ability to succeed in the classroom.

We have a child who comes to us for after school care. In school they require a full time, one on one aide to help them in the classroom. We have been working hard with the child's parent to help them to be included in our classroom for after school care and we would not be able to do this without the extra staffing that the Inclusion Grant helps to provide.

We have a child with a brain injury from infancy, who wants so much to be included in the classroom but, due to the injury, gets very easily overwhelmed and has impulsive behaviors that would make it very difficult, if not impossible, for them to succeed in a classroom without special accommodations. These accommodations are made possible, in part, by the Inclusion Support grant.

I frequently have families call who are referred to us by therapists and other families with special needs. One of those families had a child with a rare platelet condition that caused physical differences and also poses extra risks if the child falls, due to bleeding issues. This child loves to get right in there and play with their peers! The condition they were born with, however, didn't allow arm bones to grow and caused the leg bones to grow in a fused 'w' sit fashion, with legs bent and no ability to bend the knees. Because of this they can not walk but instead scoot around to keep up with others. This family is new to our program and we are meeting with our inclusion coach this week to discuss ways to help this child to be fully included in the classroom. An extra teacher is required for safety reasons and to help move the child from one area of the building to another. We are going to be working with adaptive services to see if there might be a mobility device to help them move down the halls with their peers rather than have to be carried, especially important to children in the "I do it myself!" Phase! We are also looking into different flooring options so, when this spunky child who tries to scoots themselves right up ladders to go down slides, falls they will be better protected from additional serious bleeding issues. The Inclusion Support grant helps to make all of this possible for this child.

When these families call me looking for care, the Inclusion Support grant helps me to quickly say yes, knowing I will have support from my state to care for these children and their families. Thank you for the past funding and I ask that you to please reconsider proposed budget cuts that would seriously impact my ability to continue saying yes when these families call.

Robin Fuehrer
Director
Community Church Child Care
rbnfuehrer@gmail.com
(701)226-7357

Dear Honorable Members of the Committee,

I am here today to express my strong support for fully funding behavioral health services and human services through HB 1012. As someone who works in the treatment field and provides support services with case management, I have seen firsthand the critical importance of these services.

Every day, I work with individuals struggling with mental health issues, substance abuse, homelessness, and other challenges that require specialized support. Behavioral health services and human services provide a lifeline for these individuals, offering them the help and resources they need to survive and thrive.

Without these services, I have witnessed individuals fall through the cracks, struggling to access the care they desperately need. Fully funding these services is not just a moral imperative; it is also a sound investment in the health and well-being of our communities.

I urge you to prioritize the funding of behavioral health services and human services through HB 1012. These services are essential for ensuring that individuals receive the support they need to overcome challenges and live healthy, productive lives.

Thank you for your consideration.

Sincerely,
Chelsea Gagner
District 32

National Alliance for Care at Home

TESTIMONY TO NORTH DAKOTA SENATE APPROPRIATIONS COMMITTEE
HUMAN RESOURCES DIVISION

March 26, 2025

Dear Chairman Dever and Honorable Members of the Subcommittee:

I am submitting this testimony to provide context regarding the Medicaid Early and Periodic Screening, Diagnostic and Treatment (EPSDT) requirements and where concerns have arisen in North Dakota. Specifically, I recommend an amendment to the budget language to address issues with EPSDT, which I provide at the end of this statement. As it is currently applied, there are likely violations of Medicaid statute and regulation in the way that appropriated funds would be spent.

My name is Damon Terzaghi and I am the Senior Director of Medicaid Advocacy for the National Alliance for Care at Home, an organization that works to ensure that everyone has access to the highest quality, person-centered healthcare wherever they call home. I have 20 years of experience in Medicaid policy and programming, including with the Oregon state government, the Federal Centers for Medicare and Medicaid Services (CMS), and the National Association of State Medicaid Directors.

As some background, the EPSDT requirements are the backbone of supports for children in Medicaid, focusing on ensuring that Medicaid provides, "the right care to the right child at the right time in the right setting."[1] Section 1905(r) of the Social Security Act creates EPSDT and requires that children receives all medically necessary services included in section 1905(a) of the Medicaid statute without limits on the amount of care provided. When defining "medically necessary," this includes services, "when they have an ameliorative, maintenance purpose."[2] Under EPSDT, though states may establish "soft" limits on services, there must always be a process to override/allow for exceptions those limits based upon the individualized needs of a child. In short, EPSDT requires that states provide children with the amount of care that is clinically and medically needed to correct or maintain a physical or mental condition.

Private Duty Nursing (PDN) is established by section 1905(a)(8) of the Social Security Act and is therefore a service that is included in the EPSDT mandate. CMS has defined these

[1] https://www.medicaid.gov/medicaid/benefits/downloads/epsdt-coverage-guide.pdf
[2] Ibid

services in regulations at 42 CFR §440.80 as, "nursing services for beneficiaries who require more individual and continuous care than is available from a visiting nurse or routinely provided by the nursing staff of the hospital or skilled nursing facility." Further, §440.80(a) requires that the services be provided by either a registered nurse or a licensed practical nurse and §440.80(b) mandates that the services be delivered, "under the direction of the beneficiary's physician." As you can see, the services are very specialized and available only to individuals with significant conditions that require a substantial amount of skilled nursing care.

A number of lawsuits have challenged and defined the scope of EPSDT services over the years. For example, last year New Mexico was determined to be in violation of EPSDT requirements due to inadequate provision of PDN.[3] Similarly, a district court found Florida in violation of both EPSDT and the Supreme Court's Olmstead ruling due to lack of PDN access for children that resulted in inappropriate institutionalization.[4] You can find a detailed summary of various EPSDT-related litigation over the years at: https://healthlaw.org/resource/epsdt-litigation-trends-and-annotated-docket/

Lastly, the Supreme Court's Olmstead decision provides important context for this discussion.[5] In 1999, the Supreme Court found that unnecessary institutionalization of individuals with disabilities violates their civil rights under the Americans with Disabilities Act (ADA). As such, according to the Department of Justice, states and other public entities are required to, "provide community-based services to persons with disabilities when (1) such services are appropriate; (2) the affected persons do not oppose community-based treatment; and (3) community-based services can be reasonably accommodated, taking into account the resources available to the public entity and the needs of others who are receiving disability services from the entity."[6] Similar to EPSDT, there has been a significant amount of Olmstead-related litigation that has further defined the scope of state responsibilities to assure appropriate community integration for persons with disabilities of all ages.[7]

With this background, I want to address the current concerns in North Dakota. These challenges arise from the implementation of the InterQual® PDN Assessment in March of this year. The implementation of this tool has resulted in a significant reduction to the

[3] M.G. v. Armijo, No. 23-2093, 2024 WL 5370776 (10th Cir. Sept. 17, 2024)
[4] United States v. Florida, No. 12-cv-60460, 2023 WL 4372262 (S.D. Fla. July 14, 2023).
[5] Olmstead v. L.C., 527 U.S. 581 (1999).
[6] https://archive.ada.gov/olmstead/olmstead_about.htm
[7] https://archive.ada.gov/olmstead/olmstead_cases_by_issue.htm

number of hours authorized for many children, overriding the recommendations of physicians, and creating significant concerns about the health and well-being of the kids. As examples:

- In one case, the physician's order for 16 hours of PDN per day was reduced to 10 hours per day on two days per week and 11 hours per day for the remaining five days. This reduction significantly compromises the family's ability to maintain the child's safety and complex care needs at home. The child has a rare and life-threatening genetic-metabolic disorder that requires constant monitoring to prevent metabolic crises triggered by even minor illness, stress, or dietary imbalances. The child is dependent on a G-tube for nutrition and must strictly follow a ketogenic diet. In addition to global developmental delays, this child has microcephaly and an elevated risk of seizures. The reduction in hours leaves dangerous care gaps that put health and safety at serious risk.
- In another case, a physician initially ordered 20 hours per day of PDN for the child, which was approved at only 12 hours per day and is now scheduled to be further reduced to just 9 hours per day. This reduction leaves a significant gap in coverage for a child with highly complex and life-threatening medical needs. This child has bilateral vocal cord paralysis and is tracheostomy-dependent, causing constant risk for airway obstruction, oxygen desaturation, and respiratory distress. The child also requires frequent suctioning, supplemental oxygen therapy, nebulized medications, and heated humidification to maintain a stable airway and prevent mucus plugging. In addition, this child is dependent on a gastrostomy tube for nutrition, hydration, and medication administration via a feeding pump. The proposed reductions in hours do not reflect the intensity of care required to manage this condition safely and could result in preventable hospitalizations or life-threatening complications. Continuation of the full 20 hours of in-home skilled nursing care is medically necessary to maintain stability and support the family in meeting care needs.

Overall, reviewing five pediatric patients, the new policy resulted in reductions totaling over 200 hours per week – more than 40 weekly or nearly 6 daily hours per child on average.

While the state contends that the InterQual® PDN tool provides the state with an accurate assessment of medically necessary services, it is unclear how and why the state's medical reviews consistently and significantly reduced the number of physician-ordered hours. Furthermore, the state's published policy on Medicaid PDN coverage says that services are, "limited to:

- Hours determined medically necessary;
- Hours requested by the ordering physician

- Hours that guardian(s) work and travel to work; or
- Hours that guardian(s) attend school and travel to school; or
- Additional hours for sleep may be allocated for up to 8 hours per 24-hour period when the member's condition and care plan requires intensive nursing interventions and monitoring [...]"

The policy also states that, "PDN hours are not 24 hours/7days a week and cannot be used for respite."[8]

This policy appears to assert that the hours are based on medical necessity **or** the time that a parent/guardian is absent from the home, which would be inappropriate based on both EPSDT requirements as well as the implicit expectation that parents provide care equivalent to PDN. As discussed earlier, the nature of PDN is highly specialized, clinical care and these types of supports cannot be provided by family members, guardians, or other non-clinical individuals. Further, it sets a limit on the number of daily and weekly hours.

Without appropriate amounts of care, these children are at serious risk of adverse events requiring hospitalization and/or long-term institutionalization. Placing children in institutional settings is an unnecessary and poor outcome, splitting up families, and reducing quality of life for everyone involved.

We are also concerned that the current policy will create significant challenges to finances for the North Dakota Human Resources division. Institutionalization and hospitalization are both considerably more expensive than care in the home and could greatly increase Medicaid expenditures. Furthermore, if the Medicaid budgetary projections include this erroneous authorization policy and it is overturned in the future, the increased hours would cause cost overruns from appropriated funds. Lastly, in the event that a lawsuit is brought challenging the PDN authorization policy (given recent precedent established in New Mexico and Florida), the state budget would be further strained by litigation-related expenses.

Since I was contacted for assistance with these concerns in 2024, I have communicated with my former colleagues at the Center for Medicaid and CHIP Services at CMS regarding the various EPSDT requirements to ensure that I am interpreting the statutory and regulatory requirements appropriately and in-line with current practice. As a result, I feel concerned about the current North Dakota policy's compliance with EPSDT and Olmstead

[8] https://www.hhs.nd.gov/sites/www/files/documents/Medicaid%20Policies/private-duty-nursing.pdf

requirements. I therefore recommend that the Committee amend HB1012 and require ND Medicaid to:

1. Submit the revised PDN policy for independent review, ensuring compliance with CMS, EPSDT and Olmstead standards.
2. Engage stakeholders, including families, providers, and advocacy organizations, in the revision process.
3. Report findings and updates back to the Legislature, ensuring transparency and accountability.

I am not advocating for a specific change to the policy; however, I do believe that North Dakota Medicaid, this legislature, and your statewide stakeholders should collaboratively review the policy to ensure that:

- All statutory and regulatory requirements are met;
- Children's medical needs are fully addressed;
- Families are appropriately supported and maintained together in the community; and
- Unnecessary expenditures and cost overruns are avoided.

Thank you for the opportunity to submit this testimony. I am happy to answer any questions that you may have regarding these issues.

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House Bill 1012
Senate Appropriations Committee – Human Resource Division
March 26, 2025
Senator Dever, Chair

Chairman Dever and Members of the Senate Appropriations, Human Resources Division, my name is Missi Baranko, I live in Richardton ND and I am the Executive Director of USpireND, a nonprofit organization in North Dakota that serves children, families and child care providers. USpireND has two main programs, Inclusion Support ND and Healthy Families ND. Both programs receive financial support in the forms of grants and contracts administered by the Department of Health and Human Services and part of HB1012.

I am here today to testify in support of HB1012 and to share the impact it has on children, families and childcare providers.

The first program I am going to talk about is our Inclusion Support program. For your reference, Inclusion Support is one of the contracting partners with the Early Childhood Section of the Department. We are specifically tasked with providing outreach and technical assistance, in the forms of consultation and coaching, to early childhood providers caring for children with special needs and children who require additional support due to challenging behavior, health or developmental needs.

We have five Inclusion Coaches dedicated to supporting early childhood providers across the entire state. In FY24, we offered coaching and consultation to 259 separate early childhood programs with over 1700 instances of support. The support provided is tailored to the unique needs of each child and provider. Our goal is to leverage our expertise in inclusive practices to ensure all children with special needs and disabilities are included in child care settings and routines, and that providers have the necessary support and resources to achieve this.

We know that being a childcare provider can be difficult and meeting the individual needs of all children while also balancing the other needs of the program can feel overwhelming. We also know that early childhood providers want the best for all children in their care.

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Child care providers often seek coaching and consultation to better support children with disabilities in their care. For example, a provider might reach out for guidance on creating an inclusive early childhood space for a child with autism. They may need strategies to help the child engage in group activities and communicate effectively with peers.

Another provider might request assistance in adapting daily routines for a child with physical disabilities. They may need advice on modifying play areas to ensure accessibility and safety, or on using adaptive equipment to support the child's participation in various activities. Additionally, a provider caring for a child with sensory processing issues might seek consultation on managing sensory sensitivity. They might need tips on creating a sensory-friendly space and incorporating sensory breaks into the daily schedule to help the child regulate their sensory input.

In each case, the Inclusion Coach offers tailored support, drawing on their expertise to provide practical solutions and resources. This ensures that all children, regardless of their abilities, can thrive in a nurturing and inclusive child care setting.

Inclusion Coaches also provide coaching and consultation to early childhood providers in applying for and receiving the Inclusive Care Support Grant, which is administered by the Department. This grant is designed to provide financial support to licensed or self-declared early childhood programs in creating and maintaining inclusive environments that support children with disabilities or developmental delays to learn, grow, play and develop alongside their peers. This funding has had a huge impact on providers' ability to care for and continue caring for children with unique needs. We have seen programs use this funding to add staff to lower ratios so they can provide more 1x1 care for a child, completed remodeling to ensure their facility is accessible, purchased materials such as sensory equipment, specialized seating or communication devices and participated in training opportunities to gain knowledge to be able to better support children with disabilities.

On March 25th, Kay Larson, Early Childhood Section Director provided you with an overview of the Early Childhood Section. I want to draw attention to the one time funding areas, specifically the Providers Grants and Shared Services, which has seen a decrease from the Agency budget to the Governor's budget from $7,000,000 to $5,000,000. And then again, another decrease to $2,500,000 from House Appropriations. I am encouraging you to consider adjusting this amount back to $7,000,000 to ensure providers continue to have access to vital grants such as

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the Inclusive Care Support Grant, providing funding to early childhood providers caring for children with special needs and disabilities.

In addition, you will see a one time funding request related to Inclusion Support. This funding ensures we can maintain the employment of five Inclusion Coaches, which allows us to respond in a timely manner to all requests received for Inclusion Support. I also encourage you to take time to read the testimonies, already uploaded, from child care providers who are not able to be here today as they are caring for our children.

At this time, I would entertain any questions related to our Inclusion Support Work and then would like to proceed with my testimony regarding our Healthy Families ND Program.

Healthy Families North Dakota is a home visiting program, and we are thrilled to announce that we are celebrating 25 years of offering free home visiting services to families across our state! Our longevity and success in this space is due to the strong partnerships we have with the Department of Health and Human Services and local communities.

Healthy Families ND currently offers home visiting services to families in ALL 53 counties across North Dakota. It is our focus to ensure we are reaching out and connecting with families, including our most rural areas, bringing services and supports to them in their home and community. Although we do not use income as a factor for eligibility, our most recent data indicates that 52% of enrolled families had an income of $20,000 or less at enrollment.

Healthy Families North Dakota (HFND) focuses on improving maternal and child health, increasing child development, school readiness & family economic self-sufficiency while also preventing family violence and child abuse and neglect. Through this work we strengthen families while creating thriving communities and saving tax payer dollars. Healthy Families ND is accredited through *Healthy Families America*, the nationally recognized, evidence-based home visiting program of Prevent Child Abuse America. Using a two-generation approach, home visiting through HFND assists parents in developing the skills and confidence to raise healthy children and increases family well-being by preventing adversity and building resilience during the most critical years.

HFND is always free & voluntary, with services beginning at a variety of times, focusing on the first three years of a child's life. By using a two-gen approach, HFND builds well-being by

intentionally and simultaneously working with children and adults in their lives. This approach aligns opportunities to optimize each person's potential. The results are healthy parents with family-supporting jobs, healthy children meeting developmental milestones, and better-connected individuals able to participate in civic and family life.

Due to partnerships with the Department, specifically Title IV-E Prevention Services under the Children and Family Services, A2A (Alternatives to Abortion) under Public Health, Women's Health Services and Opioid Settlement Funding under the Behavioral Health Division, we were able to complete over 4000 visits with families across the state in FY24.

This blended approach to funding ensures sustainability for our program and supports families with unique backgrounds, risks and needs in accessing vital home visiting supports regardless of where they may live in North Dakota.

Healthy Families ND was the first program in the state to partner with the Department to access Title IV-E Prevention services. Healthy Families is one of the programs rated as "Well supported" by the Evidenced Based Clearinghouse for Child Welfare which allows our program to access this funding. This means the program has been researched and proven to prevent child abuse and neglect and reduce the number of children entering child welfare and foster care, which is a cost savings to both the state and federal government.

In FY24, we provided vital home visiting services to 207 families due to Title IV-E Funding. Without this funding we would be unable to provide services to these families and would not be able to offer services statewide.

The second funding source I would like to highlight is the A2A, Alternatives to Abortion, through Public Health, Women's Health Services. A2A provides reimbursement for home visits with pregnant women and parents caring for children twelve months of age or younger. Through this work we provide prenatal, postnatal and parenting education supports to families.

The last funding source I want to mention is Opioid Settlement Funding. In December 2023, we participated in the competitive grant application process with the Behavioral Health Division to receive funds from the Opioid Settlement. Our USpireND Healthy Families ND program was one of 14 programs chosen to receive funding. This funding has allowed us to receive reimbursement for costs related to providing home visits to parents who are struggling with substance use, in recovery or incarcerated. The funding also supported reimbursement for

training costs to provide professional development opportunities to all staff, specific to working with parents experiencing challenges with substance use.

Our Healthy Families ND program has over 50 separate funding sources and funders to create a sustainable program, but without the above-mentioned partnerships and funding we would not be able to continue to provide services to all referred families in all counties in North Dakota.

Thank you for your time today, allowing me to share the impact HB1012 has on vital home visiting services in our state. I encourage you to support funding in this budget request related to Title IV-E Prevention Services, A2A and Opioid Settlement Funds.



Missi Baranko
Executive Director, USpireND
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Richardton, ND

Dear Chairman Dever and members of the committee,
My name is Desiree Mills. I'm a wife and mom of two little girls. Both my children attend daycare in the Bismarck community. We roughly pay over $2,000 monthly for daycare. As a family of four, we do not qualify for CCAP due to the drop in eligibility levels from 85% state median income to 75%. Our family has utilized CCAP in the past, however, we were kicked off due to my husband receiving bonus's at his job. His bonus's aren't guaranteed. We consider our family to fall in the grey area. CCAP is a wonderful program for working families. Before the change was made to 75%, we were over by not even $17.00 however, when the change was made we were over by $517.00.I would recommend to reconsider the qualifications of CCAP.

Sincerely,
Desiree Mills

My name is Colette Jenson and I own/operate Circle of Friends Preschool in Valley City, ND. I have done so for 27 years. I am writing to you with great enthusiasm to request your continuing support in securing grants/monies for Early Childhood Education in North Dakota. As you may know, early childhood education plays a critical role in laying the foundation for a child's future success. The first few years of a child's life are essential for cognitive, social, and emotional development, and ensuring that every child has access to high-quality education during this time can have a profound impact on their lifelong learning and opportunities.

I have spent the past year obtaining Step 2 and Step 3 credentials through Bright and Early ND. I worked closely with my assigned coach who helped me continue to provide a nurturing and stimulating environment for my young students. It was a great deal of work, but so worth the knowledge I gained. I also appreciated the monetary grants I received upon completion. These monies were used to purchase new equipment for our center….with so many children in our program, we need a "refresh" often. Also, obtaining Step 2 and 3, has enabled me to apply for the Best in Class grant for the upcoming school year. I am so very excited about his grant. Best in Class would provide me with tools and funds to pay my staff a good wage, fit the classroom with up the date, educational materials, and, most importantly, allow children to attend Pre k 3-4 full days a week at little charge. The financial burden this will take away from parents is important beyond measure

This investment will not only benefit the children directly involved but will also contribute to building a stronger, more educated community for years to come.

I urge you to continue to support early childhood education programs in the great state of North Dakota.

Thank you for your commitment to making the children's lives fuller.

Colette Jenson

NDHSZDA
NORTH DAKOTA HUMAN SERVICE ZONE DIRECTOR ASSOCIATION

Testimony Prepared for the
Senate Appropriations – Human Resource Committee
March 25, 2025
By: Desiree Sorenson, Mountrail McKenzie Human Service Zone Director
RE: House Bill 1012 – Human Service Zone Budget and related Impact

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Chair Dever and members of the Senate Appropriations Human Resources Committee, my name is Desiree Sorenson. I serve as the Mountrail McKenzie Human Service Zone Director, which includes the service area of Mountrail and McKenzie counties. In addition, I am the Vice Chair of the North Dakota Human Service Zone Director Association. Thank you for this opportunity to testify in support of HB 1012.

The human service zone model launched in January 2020 as part of a property tax reform effort. Human service zones provide the local delivery of economic assistance and child welfare programs to the citizens of North Dakota, and there are 19 throughout the state. House Bill 1012 appropriates funding for human service zone operations as part of the Health and Human Services budget (457-fund).

Your packet includes three handouts that help illustrate the roles, achievements, and needs of North Dakota's human service zones.

- **"What Do Human Service Zones (HSZ) Do?"** provides a snapshot of core zone-administered services, which are included in the proposed budget.
- **"The State of Human Service Zones"** maps out geographical zone boundaries. It also provides a summary of significant zone achievements
- **"HSZ and HHS Budget Relationships"** highlights many of the connections between the human service zone and department budgets.

We hope these handouts will be useful references as the committee evaluates and finalizes funding.

The Health and Human Services Zone Operations Team collaborates with zone directors to develop the human service zone budget. We utilize a standardized chart of accounts to support consistency in zone budgets and expenditure reporting. This guides our projection of future costs and identification of opportunities to enhance efficiency. The funding provided by the 68th Legislative Assembly related to equity and compression was instrumental in addressing salary disparities between zone employees. Considerable progress was made toward addressing salary disparities and compensating zone employees for their hard work and expertise. In addition, zone team member turnover and vacancy rates have been stabilized. This support was crucial to these accomplishments, and we appreciate the support we've received.

We also recognize and appreciate the broader investment of transition to human service zones. Over the past four years, staffing models have changed to better address service needs and zone operations. Combined with a standardized chart of accounts, shared budgeting responsibilities, and enhanced communication, we are able to budget with increased accuracy and efficacy. Our proposed budget is, in part, a byproduct of those improvements.

We are pleased that the proposed biennial budget for human service zones reflects only a 7.7% increase to accommodate necessary adjustments to compensation packages and zone-administered programs. In particular, we would like to highlight four highly impactful and interrelated programs for which we request your support.

CHINS (children in need of service): Prior to August 2022, the Juvenile Court system served children in need of services. As part of juvenile justice reforms, this was transition to human service zones.

This program helps to prevent unnecessary youth involvement with the juvenile justice system by recognizing that youth are NOT adults, and that punitive juvenile justice worsens mental, behavioral, and relational health outcomes. It also puts them at risk for the denial of programs and services that are essential to their development into healthy adults, and for increased interactions with law enforcement, child welfare, and juvenile or adult criminal justice systems. Because of this, we cannot overstate the importance of treating youth with dignity, which includes ensuring that our services factor in their physical and emotional development.

In light of these considerations, we respectfully urge you to support the CHINS line item within HB 1012. We also ask for your support of appropriations related to a truancy

study (HB 1129) and the North Dakota Children's Cabinet (SB 2176). These line items and bills do not merely support the continuance of the CHINS program. CHINS is still in the early stages of development, and the budgetary support that we're requesting is, at its core, an essential resource in ongoing program development. By supporting children in need of service through studies and additional networking, you are supporting practical, evidence-based program design.

To that end, we also support the proposed amendment to HB 1129, which provides funding to the Department of Public Instruction to address student attendance and absenteeism. While it may be tempting to simply increase CHINS headcount, this is unlikely to produce the desired impact on truancy. The adequate resourcing of our schools is both an urgent need and a crucial measure to address truancy concerns, including where those concerns are compounded by unique community challenges.

Similarly, an anticipated amendment to HB 1328 would provide funding for diversion programming, providing schools with an additional resource to address "unruly" behavior. Diversion services were previously provided via a variety of contracted vendors as a means for schools to identify problematic behaviors and resolve them with accountability. Diversion programs are considered effective, as studies show it can reduce recidivism rates compared to traditional court processing, particularly when implemented with low-risk youth.

Child Care Assistance Program and Housing Supports: Strong, healthy families — including healthy and functional foster families — cannot exist without the provision of housing and childcare. Human service zones regularly work with citizens who struggle to access these fundamental needs. As a result, we request your support in expanding childcare assistance programs to include foster youth.

Technology: We urge you to support the technology requests with special emphasis on the eligibility system (SPACES) and the child welfare case management system (OCEANS). These investments have a daily impact on zone work. Reliable and modern technology systems are critical to effective, compliant program administration, employee performance management, data-driven decisioning, and documentation for federal reporting.

CFS Budget: The Children and Family Services (CFS) budget has a significant impact on the delivery of child welfare services at the zone level. In particular, we urge you to support post-

adoption services to mitigate the risk of disruption that children and their adoptive families face.

In addition, your support is requested for the ICWA Family Preservationist Program along with pre-petition legal representation (Legal Services ND), social work stipends (University of North Dakota), and Kinship legal representation for legal guardianship. The increased funding request for Title IV-E Prevention services includes as-needed support for families and children (including CHINS).

Furthermore, we support the request for shelter care funding, Nexus PATH therapeutic treatment foster care, and Chafee/Independent Living Services. These services are critical to the zone's child welfare service continuum, and to the wellbeing of North Dakota residents.

We urge support for this budgetary item and for the continuation of performance-based contract funding.

Thank you for your consideration. I stand for questions from the committee.

Congressmen and Women,

I'm writing in hopes of reconsideration of HB1012. My wife and I had our first child a year ago and found quickly she had paralyzed vocal cords so she currently breathes out of a trach. During our 2 month journey in the NICU we were lucky enough to assemble a team of nurses through Dakota Home Care and they were able to bring us home with care for our daughter. This care was very important to us for 2 reasons.

1. We finally got to be back home in Bismarck after 2 months in Fargo.

2. Not only are we finally home, but we have a team to care for our daughter and intervene with any medical since we're unable to send her to a daycare with her medical needs. This will allow us both to keep our jobs.

While in the NICU we found out how lucky we were to have an insurance that covered 24/7 in home nursing as most families aren't so lucky and have to fall back on Medicaid and that delays their arrival coming home as well as limits the amount of coverage families get at home. We were, however, quick to find out through the process that insurance isn't everything it seems and they would do anything to get out of covering our medical bills for our daughter. Because of this we have relied on Medicaid since May 2024. Because of Medicaid my wife and I both didn't have to try to make the decision of who is going to quit their job to stay home to care for our daughter.

Medicaid is very important for the following reasons:
-it helps families get home
-it helps them go back to everyday life when you can't rely on something standard like daycare
-in home nurses have proved to us they're more skilled and trained than our own hospital in Bismarck when we had an ER visit and one of our in home nurses had to meet us to get the track back because our ER team couldn't
-gives families the peace of mind knowing they won't be in medical debt as our daughter is already a $1,000,000 baby
-most importantly they just help alleviate stressors to families that have many other stresses to worry about when you don't get to experience "a normal parenthood" because your child has extra medical needs

We have already experienced cuts from 20 hours a day 5 days a week to 12 hours a day 5 days a week resulting in losing one of our nurses if this doesn't get reversed. We cannot experience anymore cuts because we can't afford to just quit our jobs. Taking cuts like these put families like ours in a bind because again we can't just send our daughter with extra medical needs to a daycare.

All of this isn't for you all to have pity on me and my family as we're still very blessed and wouldn't trade this life or Riley for the world, but I would be remised if I didn't express to you all how important Medicaid has been to us through this journey. Cutting Medicaid hours will put families who need it in big hardship when these dollars and hours are being put to good use so I'd hope you all would take the time to reconsider the cutting of any funding and hours for Medicaid toward families who need it. Thank you for your time.

Colton, Casey, and Riley Rupp.

3/25/2025

Dear Senators Dever, Cleary, Davison, Magrum, and Mathern

I am writing in support of the continuation of funding of the Inclusive Care Support Grant.

I operate an in-home daycare. I care for a child who has a medical diagnosis of autism and ADHD. I have applied for and received funding from the Inclusive Care Support Grant to use to benefit this child. I have used the funds to purchase tools and materials working to support the child's needs for self-regulation, sensory processing, anger and aggression management, social interaction, and improved fine and gross motor skills, These items have helped to aid this child to manage emotions, develop coping strategies, improve social connections and strengthen fine and gross motor skills in a supportive and inclusive environment. With the child's diagnosis the challenges are ongoing, changing, and often time can be challenging. The funds have also allowed me to participate in professional development focused on autism and ADHD. This has allowed me to research and explore new methods that ease transitions and provide the most up-to-date strategies for supporting this child's development and success.

Without the funds from this grant, the purchasing of these supportive tools and materials and added education on autism and ADHD would not have been financially possible. Please continue funding for the Inclusive Care Support Grant.

Pam Verke

1931 Adams Ln

Bismarck, ND 58501

HB1012
3-26-25

Testimony SB2012 Older Individuals Who Are Blind (OIB) Program Appropriation.

To: Representative Jon Nelson, Chair, and Members of the ND House Appropriations Committee, Human Resources Division, 68th Legislative Session.

From: Allan Peterson, Legislative Representative, North Dakota Association of the Blind (NDAB). Home address: 7009 Horseshoe Bend, Horace, ND 58047. H: 701-282-4644; c: 701-429-7209; Email: allan.c.peterson@gmail.com

Re: Testimony in support of the state Appropriation for the Older Individuals Who Are Blind (OIB) Program, Division of Vocational Rehabilitation, Dept. of Human Services

Greetings Chairman Jon Nelson, Vice Chair Stemen, and Representatives, Bert Anderson, Kreidt, Mitskog, O'Brien, Schobinger, Strinden, members of the House Appropriations Committee, Human Resources Division.

We are testifying on our own behalf, as well as, to represent the advocacy goals of the North Dakota Association of the Blind (NDAB). This testimony is given in **support of the Appropriation** for the Older Individuals Who Are Blind Program within the Division of Vocational Rehabilitation for its operation in the next biennium of 2023-2025.

Included with this testimony is a resolution we adopted at our 2022 Convention which supports the appropriation request of the OIB Program in North Dakota.

The OIB Program is administrated by the Division of Vocational Rehabilitation within the Department of Human Services. Funding for the program is generated through a 90% grant from the federal government which requires a minimum state appropriation of 10%. Federal funding for the program is authorized under the U.S. Rehabilitation Act.

Federal funding for the Older Individuals Who Are Blind program is allocated to the states based on population size. Because North Dakota's population base is small in comparison to other more populated states, it receives what is termed a minimal distribution. Minimal federal funding is a problem for the program here in North Dakota because our state is geographically large in relation to its population size. Second, our state has a higher proportion of people in the older age categories, which experience a much higher incidence of sight loss. The Older Individuals Who Are Blind Program is specifically directed to serve individuals who are 55 years of age and older.

Although many significant advances in eye care are being made, sight problems such as macular degeneration, diabetic retinopathy, glaucoma, & cataracts continue to be primary sources of sight loss , particularly, for persons who are 55 and older, and this is the segment of the population which is **disproportionately** increasing in size.

The professional staff which are trained to provide the services for the Older Blind Program are classified as vision rehabilitation specialists. In North Dakota currently there are 7 vision rehabilitation specialists assigned to work in each of the state's 8 defined Human Service regions. Vision specialists, employed in the older blind program, travel to a client's home to do an assessment of needs, and provide the services and counseling that is needed in that person's home environment. The services of this program have helped thousands of our older citizens, who after having lost some or all of their eyesight, have been able to enjoy more independence and a productive and fulfilled life.

The skills and aids that the vision rehabilitation specialists provide to older citizens with sight loss helps them stay in their own homes and postpone or avoid institutionalized nursing home care. The cost savings that are gained by postponing or avoiding institutionalized care and the increased sense of wellbeing and dignity that are realized by being more independent are compelling reasons for the state to provide the appropriation needed for this program in North Dakota. In most instances, the clients served are elderly and live on very fixed incomes so for them to purchase a vision aid that would help them is difficult or impossible. The rural character of ND and limitations on access to public transportation, can mean those who experience severe sight loss are isolated and very dependent on others.

The number of clients served by the OIB specialists has increased significantly in the current biennium. Demographics indicate that the average age is increasing and that the need for this program will steadily increase in the next biennium and beyond.

In 2021 the population of North Dakota was estimated to be 774,948. Credible studies have demonstrated that, conservatively, **3.3%** among the general population will have medical conditions that mildly, moderately, or severely compromise their eyesight – which would mean that more than 20,000 individuals in North Dakota could be affected by some degree of uncorrectable sight loss and that a quarter of whom, about 5,000, may have significant sight loss and/or are "legally blind". Undoubtedly, many so affected would benefit greatly from the services of the OIB program.

A majority of the members of North Dakota Association of the Blind are blind or have a significant visual impairment. Many of us are among the segment of the population who are 55 years old and older.

NDAB Resolution 2022-03:

State 2025 – 2027 Appropriation for the Older Individuals Who Are Blind (OIB) Program in North Dakota

Whereas, demographically, North Dakota is among the states that has the highest proportion of people per capita who are 55 years of age and older, and this is the subpopulation of people who have the highest incidence of significant sight loss that is not medically correctable; and,

Whereas seniors who receive rehabilitation skills training to adjust to sight loss can postpone or avoid institutionalized care and live more productive and fulfilling lives; and,

Whereas, the appropriation that is made for the Older Individuals Who Are Blind (OIB) program in the state budget is critical to meet the costs that this program realizes because, (1) the federal government funds the program in North Dakota at a minimal base level rate due to the size of our population compared to other states, and (2) travel costs are significant because the vision specialists employed in the program need to meet in the client's home setting to make a proper evaluation to assess the skills training needed for that individual person;

Now, be it resolved by the North Dakota Association of the Blind in Convention assembled at the Enchanted Castle in Regent, ND on this Sunday, June 9, 2024, that we, given the increasing demand for vision rehabilitation skills training services available from the Older Individuals Who Are Blind Program, strongly urge the newly elected Governor and the 69th State Legislature that will convene on January 7, 2025, to maintain and increase the state appropriation that is allocated in the 2025-2027 biennial budget within the SB2012 Human Services budget for the Older Individuals Who Are Blind (OIB) Program and that our state appropriation for this program be increased to a 25% match of the federal appropriation that North Dakota receives for this program.

Further be it resolved that we urge our elected federal congressional delegation, to work to maintain and increase the appropriation for the Older Blind Program in the federal budget and that they would work to have the formula for the federal appropriation be based, not only on the state's population size, but also on a state's per capita percentage of people who are 55 years of age and older.

To whom it may concern,

I am the Director overseeing both Hope Center for Learning locations in Fargo, ND. We have been licensed since August 2009 and August 2010. We have been participating in Bright & Early since 2017. We are currently rated Step 3 and began our renewal process in January 2025.

I was the director who opened both centers in 2009 and 2010 within Hope Lutheran Church facilities. One thing I strived for from the beginning was providing a high standard of care. The policies and procedures of the center are continually evolving based on the knowledge we have gained through our involvement in Bright and Early. The support provided for the staff from the Bright and Early coaches and educators has been an invaluable asset to us providing high quality care to our children and families.

In addition to the support and education provided to us from Bright and Early coaches is the funding that we receive to help us continue to provide a high level of care for the children and families we serve. We received $8,000 for each center in quality Improvement grants in 2022, 2023, and 2024. Past grant dollars have been used to maintain and upgrade childcare spaces such as adding new carpeting and having the rooms painted. We have also used this funding to purchase additional furnishing including shelving, chairs, changing station, etc.

The 2024 grant dollars will be used to send all full-time staff (14 staff total) to the ND Early Childhood Conference in Bismarck in April 2025. With these funds we will be able to pay for wages, lodging, food, registration, etc. Being able to provide teachers with quality education opportunities helps us retain high quality early childhood teachers which is the key to any early childhood program. Funding to help us provide education and opportunities for staff is especially important now, when it seems like being able to hire qualified staff is becoming increasingly difficult.

Thank you for your time and consideration in this matter.

Nicole Darling

GRAND FORKS
HOUSING AUTHORITY

Commissioners
Joan Johnson, Chair
Bret Weber, Vice Chair
Tricia Berg
Kimisean Liggett
Jennifer Tarlin

Testimony in Support of HB 1012
Senate Appropriations – Human Resources Division

March 26th, 2025

Chairman Dever and members of the committee,

My name is Katie Jo Armbrust and I work for the Grand Forks Housing Authority. We are the primary provider of housing assistance in Region IV, with some client services as well as an emergency shelter, to more than 2,000 households in the Grand Forks area.

I provide testimony today in support of HB 1012 and the Behavioral Health Division, specifically for the Permanent Supportive Housing (PSH) grants, of which we receive for one of our properties, LaGrave on First. LaGrave on First is a Housing-First Permanent Supportive Housing project with 42 units of one-bedroom, one-bathroom, fully furnished units, that opened in August of 2018. Housing First is a model that was initially supported by the Bush administration and provides access to housing without requiring sobriety or participation in treatment or services. Our tenants are referred to us using a coordinated system which works with homeless providers in the area and across the state; LaGrave on First is specifically for people who have experienced chronic homelessness, which means twelve-plus months of homelessness and they have a disability. Permanent Supportive Housing: permanent meaning there are no restrictions on the length of tenancy, we use typical 12-month leases; supportive meaning there are voluntary services offered on-site and coordinated for off-site to support tenants with their goals and help keep them housed; housing is affordable to each tenant through Federally funded Project-Based Vouchers, each tenant pays approximately 30% of their monthly income towards rent.

During the 2021 legislative session, the administration of these funds changed to the Behavioral Health Division and greatly improved our ability to provide wraparound, supportive services to our tenants. We have housed and supported 55 people since July 1st of 2023 through the end of 2024. We have utilized these dollars to meet tenant needs by not only funding our 24/7 housing support service staff on-site, but also our occupational therapy and nutritional program services. The success of housing people at LaGrave on First is due in large part to the PSH funding, as well as our partnerships with Altru Health System for on-site RN case management and bi-weekly MD visits, and the University of North Dakota in providing internship opportunities for Occupational Therapy students.

Of note, for the 55 individuals that we have supported and housed during the current biennium, 11 of those individuals are original 2018 tenants (6.5 years housed!). At the end of 2024, our 43 residents average length of stay was 43,939 days or approximately 3 years.

Additionally, we have begun the process of transitioning administration of another state PSH grant from Prairie Harvest Mental Health, 21 tenants, to us as they proceed with closing their doors. This switch came at the request of PHMH and includes working with the Behavioral Health Department to ensure service provision is not interrupted for the tenants while their staff become employees of the Grand Forks Housing Authority, anticipated in the next month.

As we are well aware, ending homelessness requires robust services, the state PSH grant provides that. We are immensely grateful for the support provided by the Behavioral Health Division and the continued funding of PSH Grants by you all.

Respectfully submitted,



Katie Jo Armbrust

GRAND FORKS
HOUSING AUTHORITY

Commissioners
Joan Johnson, Chair
Bret Weber, Vice Chair
Tricia Berg
Kimisean Liggett
Jennifer Tarlin

Testimony in Support of HB 1012
Senate Appropriations – Human Resources Division

March 26th, 2025

Chairman Dever and members of the committee,

My name is Katie Jo Armbrust and I work for the Grand Forks Housing Authority. This testimony reflects our support for the $260,000 in funding for 2025-2027 included in HB 1012 under Northeast Clinic's budget for operations of The Nest, our recently opened low-barrier emergency shelter for adult individuals. This program was developed in 2024 to meet a community-wide need; The City recognized withdrawal management was not being utilized for its original purpose, for those in need of supervision while going through withdrawal of substances, so much as a place being sought for shelter by people who were unable to access alternate resources in the area.

The Nest is a 24/7 emergency shelter that serves people who may be under the influence of substances as well as those who may be struggling with their mental health, unlike other shelters within the region. Staff work incredibly closely with partners such as the Grand Forks Police Department, Northeast Human Service Center, Altru Health System, Spectra Health, and other homeless providers. The Nest has received financial support from City of Grand Forks, County of Grand Forks, the State, and Altru Health System, as well as a Federal grant.

Since opening on October 2nd, 2024, we have supported 105 individuals in our 16-bed facility. In less than 6-months of operations, we have been at maximum capacity 165 out of 175 of those days and have been over-capacity 91 of those days, with our staff working to help the more than 109 people we did not have enough beds for. As we work with a larger group to navigate a comprehensive response for people experiencing homelessness across the state, we appreciate the support and partnership with Northeast and the incredible collaboration to shelter those we mutually serve from the region.

Respectfully submitted,



Katie Jo Armbrust

HB1012
3-26-25

Testimony on HB 1012- New State Hospital- In opposition
Senate Appropriations- Human Resource Division
March 26th, 2024

Chairman Dever and members of the Committee,

My name is Madison Hanson. I hold bachelor's degrees in Social Work and Human Development and Family Science, and I am currently completing my Master of Social Work with a concentration in macro-level practice, which emphasizes systems change and public policy. I also serve as a Policy Advocate for the North Dakota chapter of the National Alliance on Mental Illness (NAMI).

But today, I'm not speaking on behalf of an organization. I'm speaking as an invested graduate student, as a young person who calls this state home, and as someone who has spent the past several years immersed in this issue and the treatment of those with serious mental illness. I've attended nearly every legislative hearing regarding the State Hospital proposal. I've studied the history of institutional care, traced the roots of our current system, analyzed the legal frameworks that govern it, and asked one central question: what truly meets the needs of people with serious mental illness in North Dakota?

I want to highlight this: Before the Legislature can even consider the construction of a new state hospital, it must first fulfill its existing legal obligations under NDCC § 50-06-06.5. This statute mandates that the Department of Health and Human Services develop and implement a comprehensive, multidisciplinary continuum of care for individuals with serious and persistent mental illness (SPMI). The law is unambiguous in stating that:

"The continuum of care must provide that a person requiring treatment be submitted to the least restrictive available conditions necessary to achieve the purposes of treatment. The department shall ensure appropriate cooperation with human service zones and private providers in achieving the continuum of care."

Yet, this continuum does not fully exist in North Dakota. According to the Treatment Advocacy Center (2023), 40% of individuals at the Jamestown State Hospital were clinically ready for discharge but remained institutionalized—not due to medical need, but because of a lack of available community-based services. This is not a system failure to be ignored. It is a clear violation of both the intent and spirit of the law.

To proceed with a new centralized institution under these conditions is not only premature—it may also be unlawful. How can the state justify a $330 million investment in a new facility while it fails to meet basic statutory requirements that prioritize community care and the least restrictive environment.

Further complicating this issue is the vague and inconsistent definition of the "specialized population" the state hospital is meant to serve. Under NDCC § 25-02-03, the state hospital is to

serve "specialized populations of individuals with severe mental illness, including individuals with a substance use disorder." While the Department of Health and Human Services determines the scope of that population, the current messaging is inconsistent. At times, it is said to serve primarily forensic and sexual offenders. Yet in practice, the majority of admissions are short-term and emergency psych holds, meaning the hospital is functioning more like a crisis stabilization unit—not a long-term recovery facility.

This ambiguity undermines any transparent assessment of whether the proposed new hospital would meet its intended purpose. Without a clearly defined population and a legally compliant continuum of care, building a new centralized facility only reinforces the current system's inefficiencies and opens the door to open-ended institutional expansion—rather than the development of scalable, regional, recovery-oriented care that North Dakotans actually need.

In the pages that follow, I present a full picture of this issue—its history, legal context, and actionable solutions. I ask you to read this testimony as both a product of rigorous graduate-level research and also a call for moral and systemic accountability. And ultimately, I ask this committee to vote no on the construction of a new state hospital.

Historical Context: The Asylum Model

The history of the state hospital model—once known as the asylum—can be traced back to Dr. Thomas Kirkbride and his 19th-century philosophy of moral treatment. His approach was grounded in the belief that individuals with mental illness would heal best when removed from their communities and placed in structured environments, far from the stressors of daily life. Yet, this very separation also severed individuals from family, community, and the social ties essential to long-term recovery.

This model was radical for its time: a deliberate shift away from punishment and neglect toward an environment designed to promote stability and dignity. Reformers like Dorothea Dix and Thomas Kirkbride championed this vision, leading to the construction of hundreds of state hospitals across North America.

Kirkbride's hospitals were designed not just to house, but to heal—through architecture itself. Yet the promise of this model quickly unraveled. As patient populations grew and funding declined, these institutions became overcrowded, custodial settings—warehousing individuals with a wide range of misunderstood or stigmatized conditions, including developmental disabilities, neurological disorders, and trauma.

In 1880, Kirkbride's colleague Pliny Earle revealed that institutional success rates had been grossly exaggerated. Annual reports falsely inflated the number of "cured" patients, misleading both policymakers and the public. These revelations sparked growing disillusionment and criticism of the asylum model.

Ultimately, the Kirkbride Plan failed—not because its architectural ideals lacked merit, but because infrastructure alone cannot meet the complex, long-term needs of individuals with serious mental illness. No amount of symmetry, natural light, or structured routine can substitute for comprehensive, community-based, individualized care. The asylum model was eventually discredited and abandoned (Kirkbride, 2024).

Deinstitutionalization and Federal Policy

The movement toward deinstitutionalization in the United States did not begin with the 1960s—it was shaped by decades of changing attitudes and professional insight. After World War II, the public and policymakers began to question the morality and effectiveness of large psychiatric institutions. Reports of neglect and overcrowding, combined with growing evidence that people recovered more effectively when supported in their own communities, helped lay the groundwork for reform. Mental illness began to be recognized as a public health concern, not just a custodial issue. These developments led to the rise of the Community Mental Health movement, which envisioned care delivered in local, outpatient settings, rather than in remote, state-run asylums (Grob, 2023).

In 1963, President John F. Kennedy signed the Community Mental Health Act, marking a turning point in federal mental health policy. The legislation was informed in part by his personal experience—his sister Rosemary had undergone a failed lobotomy and was institutionalized for the rest of her life. Kennedy championed the idea of replacing large hospitals with community-based care that prioritized dignity and reintegration. However, the law was underfunded after his assassination and lacked planning for individuals with serious mental illness (SMI). Early implementation focused more on people with developmental and intellectual disabilities, leaving critical gaps in services for adults with complex psychiatric needs.

In 1965, the Institutions for Mental Diseases (IMD) Exclusion Rule was enacted as part of the Social Security Amendments. This rule prohibits Medicaid reimbursement for individuals aged 65 or older or those under 21 years old receiving care in specialized psychiatric facilities with more than 16 beds. The IMD Exclusion created a structural funding barrier that still limits the development of residential mental health programs and the sustainability of IMDs.

For states like North Dakota, the historical underdevelopment of appropriate infrastructure and IMD Exclusion Rule have contributed to a system of repeated hospitalizations and incarcerations, compounded by emergency room visits and law enforcement interventions, outstripping the cost of a well-designed community care system.

Contemporary Consequences of an Outdated System

North Dakota is now facing the long-term consequences of a fragmented continuum of care for individuals with SMI. Decades of policy decisions—some well-intentioned, others shortsighted—have resulted in a behavioral health system that relies too heavily on centralized, acute care at the Jamestown State Hospital. The lack of a fully developed, community-based continuum of care for this specific population has created unsustainable pressure on healthcare providers, law enforcement, and the judicial system while failing to offer timely, appropriate care for those in crisis.

The strain is visible across multiple systems. In 2022, individuals with SMI made up one of the largest subpopulations experiencing homelessness in North Dakota (North Dakota Statewide CoC, 2022). In 2023, just 15 individuals accounted for over 400 police calls—equivalent to the workload of three full-time officers. These individuals were not engaged in criminal behavior; rather, they were trapped in a system where their only options were jail, the emergency room, or a long transport to the state hospital, which often lacked capacity or denied admission (Carvell, 2024). Local judges have also raised concerns about long delays in providing court-ordered treatment, leaving people without care and communities without resolution (Port, 2024).

These patterns reflect a broader systemic failure—one that criminalizes psychiatric symptoms and displaces medical responsibility onto systems that were never designed to handle them. What we're witnessing is not just a healthcare gap, but a systemic design that undermines dignity, recovery, and public safety. This fragmentation is not accidental- it stems from decades of misaligned funding, legal limitations, and underdeveloped infrastructure. We must address

what was never implemented in the era of deinstitutionalization- a full continuum of community based services for individuals with SMI.

Legal and Ethical Concerns

Federal law is clear: individuals with disabilities, including those with serious mental illness (SMI), have the right to receive care in the least restrictive environment appropriate to their needs. Foundational cases such as *Lake v. Cameron* (1966), *O'Connor v. Donaldson* (1975), and *Olmstead v. L.C.* (1999) have consistently affirmed this principle.

In the mid-2010s, the U.S. Department of Justice (DOJ) opened an Olmstead investigation into North Dakota's institutional practices, resulting in a 2020 settlement agreement. However, that agreement has been most specifically interpreted to individuals with intellectual and developmental disabilities (IDD).

This omission leaves people with SMI at continued risk of institutionalization in violation of federal law. In 2023, the Treatment Advocacy Center found that 40% of individuals at the Jamestown State Hospital were clinically ready for discharge but remained confined due to a lack of appropriate community-based services. The current system does not just reflect operational inefficiency—it raises serious legal and ethical concerns.

During recent hearings, the state's Behavioral Health Director confirmed that some individuals have lived at NDSH since the early 1990s. If these individuals no longer meet the criteria for hospitalization but remain institutionalized due to the lack of step-down services, the state may be in violation of both federal mandates and its own ethical obligations.

State law reinforces this concern. Under NDCC § 25-01-16, institutionalized individuals must not be treated with "severity, harshness, or cruelty." Prolonged confinement without medical necessity could reasonably be interpreted as a violation of this statute.

Further, NDCC § 25-02-03 states that the state hospital should serve "specialized populations of individuals with severe mental illness, including individuals with a substance use disorder." However, the statute does not define who qualifies as a "specialized population." While the law delegates that responsibility to the Department of Health and Human Services, no formal administrative rule or publicly accessible definition appears to exist. Without clear guidance or codified criteria, it becomes nearly impossible to determine whether a new state hospital would effectively meet its intended purpose.

This lack of clarity carries serious implications. Without a well-defined population, the state risks building a facility that is misaligned with recovery-oriented models and incapable of addressing regional and demographic variations in need.

Recommendations for Reform

The financial and human costs of this system are unsustainable. North Dakota must take decisive action to expand community-based treatment options that reduce unnecessary institutionalization and ensure individuals with serious mental illness receive care in the least restrictive setting possible. Investing in these services will not only improve outcomes for those affected but also alleviate strain on public resources and ensure compliance with federal legal standards requiring access to community-based care.

1. **Assertive Community Treatment (ACT):**
   Intensive, mobile, team-based care for individuals with SMI. Multidisciplinary teams provide treatment, medication management, housing support, and crisis response. Proven to reduce hospitalizations, arrests, and homelessness.

2. **Certified Community Behavioral Health Clinics (CCBHCs):**
   A federally supported model now expanding in North Dakota. CCBHCs must be equipped to offer ACT.

3. **Regional Acute Care Units:**
   Strengthen Short-term psychiatric stabilization units embedded within local communities. These alternatives to hospitalization reduce travel burdens and increase access to timely care—particularly in rural areas.

4. **Psychiatric Residential Treatment Facilities (PRTFs) for Adults:**
   A missing level of care entirely in North Dakota. PRTFs provide structured, step-down services between inpatient hospitalization and community living, especially for individuals needing longer-term stabilization and supervision.

This continuum of care would address the most urgent system gaps while reducing unnecessary institutionalization. With the $330 million currently proposed for a new centralized hospital, North Dakota has a historic opportunity to choose instead to fund a statewide behavioral health infrastructure that is truly responsive, regional, and recovery-focused.

n conclusion, when we reflect on the history of deinstitutionalization, the origins of the state hospital model, and the laws that continue to shape how care is delivered for people with serious mental illness, a clear truth emerges: we have relied on the institutional model for generations, and it has repeatedly failed to deliver the comprehensive, humane care that people deserve.

Today, we face a defining choice. We can invest $330 million into an outdated system of institutionalization—or we can chart a new course. One that embraces people with mental illness as full members of our communities. One that offers housing, not just hospital beds; opportunity, not just medication; and dignity, not just confinement.

I respectfully ask you to vote no on the proposal for a new state hospital. You have the power—and the responsibility—to shape the future of mental health care in North Dakota. Please, do not let this moment pass.

Thank you for your time and consideration.

Madison Hanson
Master of Social Work Student

HB1012
3-26-25

March 26, 2025

Chairman Dever and Members of the Senate Appropriations Human Resources Division,

Thank you for the opportunity to testify on HB 1012, and specifically in support for Section 32 of the amended bill. I am here on behalf of Bison World, a cultural and bison-themed destination tourist attraction designed for development along I-94 at Exit 258 in Jamestown. The state-owned parcels of land where Bison World would be located are north of the interstate and designated as State Hospital land. I served the State of North Dakota as the Superintendent of the North Dakota State Hospital from 1995 to 2015. During my tenure, no one approached the Hospital about leasing the land, which has been the case for several years. The property is currently not leased but is a good fit for the Bison World project.

About Bison World

Bison World is envisioned as a premier tourist destination that celebrates North Dakota's cultural heritage, history of the bison, and capitalizes on a growing industry of niche tourism, offering true economic potential for North Dakota. The project aims to attract visitors from all around the nation, boost the state's tourism industry, and generate economic activity by leveraging underutilized state land.

The Need for a Long-Term Lease

Under the current statute, lease renewals are limited to two-year terms. While this structure may have met past administrative needs, it creates significant barriers to attracting private investment for large-scale development into the future. Investors require stability and certainty before committing capital. Short-term leases introduce unnecessary risk, making it difficult to secure financing, plan long-term operations, or implement sustainable infrastructure.

A long-term lease would:

- **Encourage Private Investment** – Investors will only commit funds when they have sufficient time to recoup costs and generate returns.
- **Minimize Policy Risks** – A stable lease reduces the likelihood of policy changes disrupting any project, allowing for responsible planning and development.
- **Ensure Public-Private Balance** – The state retains ownership while benefiting from economic activity, infrastructure improvements, and increased public engagement with the site.

Proposed Legislative Amendment

With the guidance of Jonathan Alm at the Department of Health and Human Services, we proposed amendment language in the House that grants the department the discretion to approve long-term leases, with a maximum term of 99 years. This is now Section 32 on page 15 of HB 1012. This flexibility would allow the state to evaluate projects on a case-by-case basis while ensuring long-term economic and community benefits. I've included the language at the bottom of my testimony.

Conclusion

Over the past four years, we have worked diligently to finalize the design of Bison World, pursue state support, and attract private investment. This project will strengthen North Dakota's tourism industry, capture visitors from within and outside the state, stimulate economic activity on underutilized public land, and generate new revenue for the state.

Updating the statute to allow for a long-term lease is a practical solution that will unlock economic potential while ensuring the land remains a valuable asset for the state. We urge the committee's support for this amendment and thank you for your time and consideration.

Alex Schweitzer

Board Chairman, Bison World, Fund

SECTION 32. AMENDMENT. Section 50-06-06.6 of the North Dakota Century Code is amended and reenacted as follows:

50-06-06.6. Department may lease real and personal property.

The commissioner of the department or commissioner's designee may lease ~~surplus farm and pastureland at the state hospital and the life skills and transition center. The commissioner or designee also may enter into further leases of~~ real or personal property at the life skills and transition center or the state hospital upon a specific finding that the granting of each such leasehold interest will result in a net economic gain for the department, taking into account all identifiable costs. Any lease of space for the purpose of providing child care services must meet requirements as determined by the department. The commissioner of the department or commissioner's designee may prescribe the terms and conditions of any leases entered into pursuant to this section and may renew existing leases. ~~Any~~The term of any lease ~~entered into must be subject to renewal or cancelable each biennium~~may not exceed ninety-nine years.

HB1012
3-26-25

The State of Human Service Zones

Human Service Zones were statutorily operationalized on January 1, 2020. Significant administrative, fiscal and programmatic transformation has occurred in all operations areas over the past four years.

As of November 2024, there are currently 19 Human Service Zones employing 921 FTEs across the state.

In addition to the 921 FTE, there are 25 temporary employees, which include interns and other team members. Each of the positions represents a county employee.

The service delivery model in North Dakota is a "state supervised, locally administered" model. Ongoing efforts to join with the department of Health and Human Services to work as "one" to ensure timely, efficiently service delivery to the citizens of North Dakota.

We stand firm that the current model of state supervised, local administered services best meets the unique and diverse needs of North Dakota citizens.

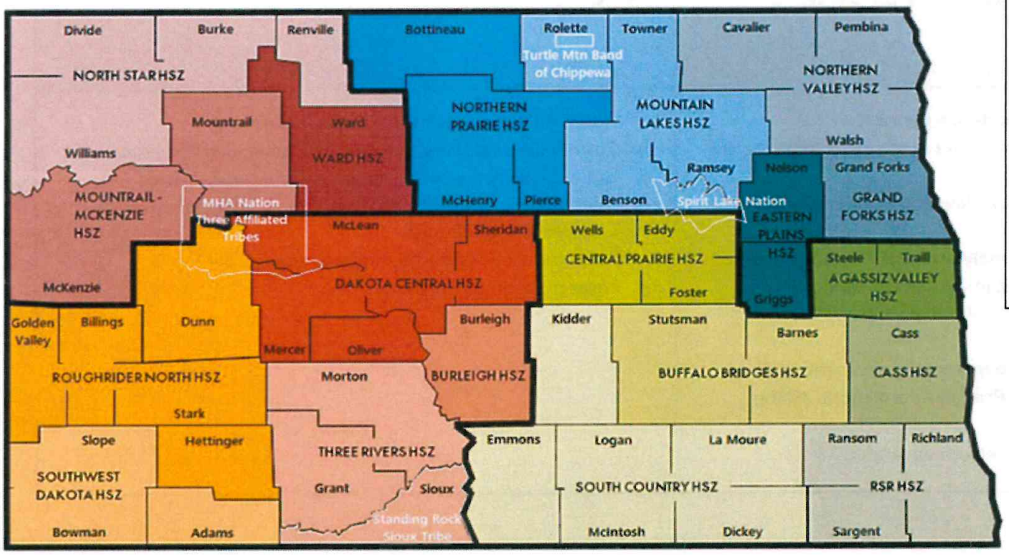
In 2024, the North Dakota Human Service Zone Director Association completed a Strategic Plan, committing to the following goals:

- Manage, secure, and share resources to effectively deliver Human Services across North Dakota.
- Strengthen the Association's impact on the shaping and implementation of state human service policy.
- Foster collaboration and implement efficient decision-making practices for the benefit of those we serve.

The ND Human Service Zone Director Association remain committed to continuing the work that has been done since 2020 to benefit all of North Dakota Citizens.

Ongoing Achievements

- Increased Adminstrative Efficiency
- Clarity on indirect costs
- Tapping into hidden capacity within the statewide workforce
- Enhancing colloborative efforts
- Increase merit system compliance
- Focus on & advocate for local needs



Success of Human Service Zones
Substantial & Ongoing Achievements

Administrative Efficiency

- 19 Human Service Zones; 18 HSZ Directors vs. 43 County Directors
- Consistent budget building & review processes
- Consistent account coding & tracking
- Flexibility in adjusting local funding needs (staffing, vehicles, etc)
- Unified Human Resources Policies
- Unified General Assistance & indent burial policies
- Unified Client compliant policy
- Statewide Speciality Program (CHINS Unit, URM)

Utilizing Hidden Workforce Capacity

- Statewide collaboration for economic assistance administration (e.g. caseload leveling, CSC support)
- Cross-zonal service, support, & collaboration to ensure child safety & service needs are met
- Cross-zonal collaboration for program and people supervision for Economic Assistance and Child Family Services
- Statewide Child Protection Service Intake Unit
- State Economic Assistance Customer Support Center (CSC) & missed interview team
- Utilizing telecommute options when available; enhanced workforce opportunities, and growth & advancement

Clarity on Indirect Costs

- Updated legislative clarity in 2023 legislative session
- Increased oversight & support from HHS in countywide cost plan processes

Increased Merit System Compliance

- Efforts to address salary equity statewide among positions & years of service
- Benefits packages vary by host county

Enhancing Collaborative Efforts to Serve Citizens with Increased Efficiency

- Shifting FTE's to where needs are greatest
- Zone-to-Zone collaboration to serve clients locally; locally administered programs
- Preserving local partnerships (law enforcement, courts, schools, etc)
- Coordinated response & timely implementation of "surge support" to resolve backlog in a program area
- Administrative support for statewide units provided by multiple zones
- identifying subject matter experts to train/mentor other zones in Qualified Service Provider enrollment, billing practices, etc.
- Development of standard performance metrics

Focus on & Advocate for Local Needs

- HSZ Director Association strategic planning
- Coordinated legislative priorities, monitoring & advocacy
- Unified position statements on critical topics/needs
- Continuation & expansion of locally provided services to address service deserts
- Local Community partnerships & engagement
- Local presence & response

WHAT DO HUMAN SERVICE ZONES (HSZ) DO?

There are 53 counties in North Dakota. Local Human Services are provided by 19 Human Service Zones (HSZ) in accordance with HHS policies and ND Century Code.

Services Provided include:

CHILD WELFARE SERVICES

CHILD PROTECTION SERVICES

- The Centralized Intake Unit gathers information about suspected child abuse or neglect, with 14 Zone workers stationed across the state.
- Reports of suspected child abuse or neglect are thoroughly assessed.
- During the assessment process, collaboration occurs with law enforcement, medical providers, schools, and other partners.
- Workers conduct CPS assessments to establish whether maltreatment has taken place or if other unsafe conditions exist in the household, leading to a maltreatment decision.

FOSTER CARE CASE MANGEMENT

- The HSZ Director is the legal custodian of foster youth
- Zone team members provides case management services such as ensuring foster youth's mental health, dental, vision, and education needs are met
- Meets with the youth monthly
- Prepares affidavits, maintains court orders, provides testimony
- Collaborates with foster care providers, States Attorney, law enforcement, schools, medical providers, other family members, and identified partners

CHILD IN NEED OF SERVICES (CHINS)

Statewide unit serving all Zones; Richland-Sargent-Ranson (RSR) HSZ is the state-selected host zone

- CHINS specialists role is to engage, educate, and empower parents/caregivers to be responsive to their child(ren)'s needs
- Receive referrals for youth exhibiting underage tobacco/vaping use, truancy, runaway and ungovernable behavior
- Provides a needs assessment and referrals to community services
- Serve as Dual Status Youth (DSY) liasons to help families, juvenile court and child welfare collaboratively to develop family-driven plans to resolve identified concerns

IN HOME CASE MANAGEMENT

Involves case management services to the family with an unsafe child, with the goal of mitigating threats of danger through an in-home safety plan

Face to Face visits two times a month

Provides referrals and assists families in accessing additional community services

Assists parents/caregivers to enhance parenting skills and increase safety in the home

PARENT AIDE SERVICES

Partners with the case manager to implement case plan

Assisting with ensuring child safety and enhancing parent /caregiver protective capacities through teaching and coaching

Connects the family with community resources and enhance informal support systems

Supports reunification efforts



HUMAN SERVICE ZONES



ECONOMIC ASSISTANCE

- Determine eligibility for Healthcare, SNAP, Child Care Assistance, LIHEAP, and TANF programs
- Leveled caseload ensure benefits are processed timely by leveling caseloads statewide
- Statewide customer Support Center (CSC)
- Human Service Zones provide walk-in services and technical support

CONTRACTED SERVICES

Specialty services provided through Zone contracts in collaboration with HHS (e.g. Adult Protective Service (APS) and Unaccompanied Refugee Minor (URM) Program)

- APS: assess safety of vulnerable adults who are at risk of harm for possible abuse, neglect, exploitation of self-neglect
- URM: Provides services to approved minors who have arrived to the United States without a parent or guardian.
  - Agassiz Valley HSZ is the federal sub-recipient grantee with oversight provided by NDHHS-ORS. Foster care services and benefits to meet cultural and linguistic needs are provided.

GENERAL ASSISTANCE

Determines eligibility for applicants seeking final disposition or General Assistance services

Communicate with surviving family members and funeral providers regarding eligibility

All other community resources must be exhausted prior to approving General Assistance applications

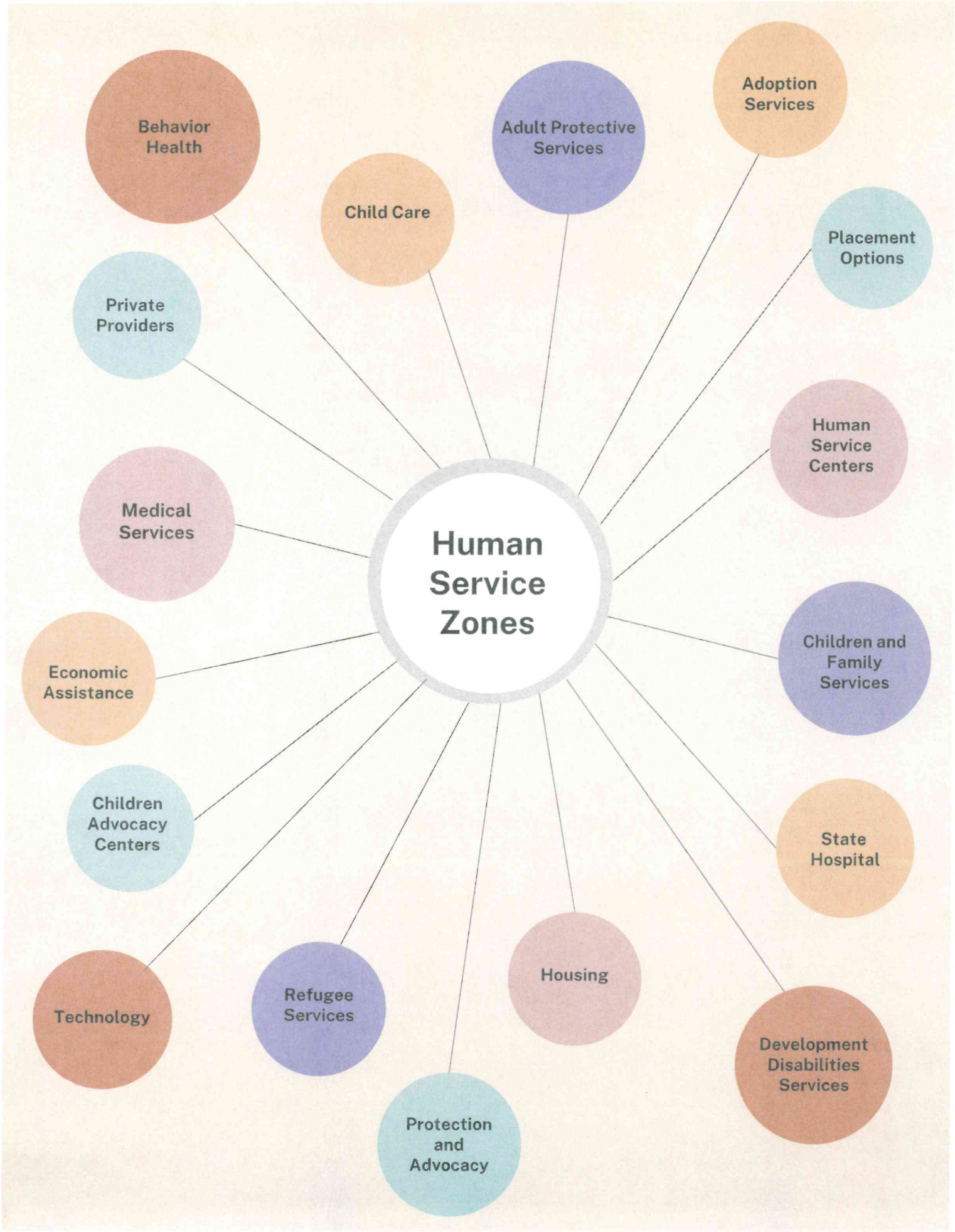
DIRECT CARE ASSOCIATES (QUALIFIED SERVICE PROVIDERS-QSPS)

- Provides services to qualified individuals (e.g. elderly, permanently or temporally disabled) in their own home
  - Personal Care Services (e.g. bathing, dress/undress, hair care)
  - Homemaker services (e.g. housekeeping, laundry, meal prep, chore services
  - Non-Emergency medical transportation
- Determined by local Need and alternative service availability-Offered in 14 Zones
- Collaborates with HCBS case managers for state-funded services
- Offer private pay and locally administered services

LOCAL SERVICES

Each Zone Offers unique local services based on community need

- Food Pantry-Help Organize the local food pantry or is a part of the food pantry in some capacity
- Collaborate with local agencies to provide services (e.g. telehealth options within the community
- Collaborate with other county departments and local partners (e.g. emergency responses)
- Services for citizens in need (e.g. back to school supply drives, holiday giving projects, emergency supplies and supports)
- Engage in local community coalitions as a representative of the HSZ
- Flexibility to be creative to help meet the needs or our local citizens


Human Service Zones
Behavior Health
Child Care
Adult Protective Services
Adoption Services
Placement Options
Private Providers
Human Service Centers
Medical Services
Children and Family Services
Economic Assistance
State Hospital
Children Advocacy Centers
Housing
Technology
Refugee Services
Development Disabilities Services
Protection and Advocacy

HB1012
3-26-25

Senate Human Resources Division
HB 1012
Testimony by Mathew C. Schwarz
March 24, 2025

Good Morning!

Chairman Dever and Members of the Committee.

My name is Matt Schwarz. I am testifying in support of HB1012 as well as briefly provide general comments regarding Developmental Disability (DD) services our family has and continues to experience. I live in Bismarck (District 47) with my daughter Jessica (age 46). Some of you may have met or seen her recently for Disability Awareness Day here in the Great Hall. She was greeted for a few hours by various legislators and friends, including Governor Armstrong. A few of you may recognize me from prior sessions where I have been advocating several decades for my family. For example, recently, in preparing similar testimony in the House, I briefly reviewed some of my testimony from the mid '90s. Some of the same issues I discuss today were pointed out then but still haven't been appropriately addressed today.

My wife and both daughters were all diagnosed with Myotonic Muscular Dystrophy in 1978, a very multisystemic neuromuscular disease, after our second daughter was born. My oldest daughter, Stephanie, passed in 2004. My wife, Marcia, passed in 2016. Jessica continues to live with me in our home as we have our entire lives. We have gotten supports throughout the years, generally, from a program known as Family Support with DD Service Providers. My wife was a Registered Nurse (RN), but abandoned her career to care for our children after their diagnoses. I (we) recall vividly watching a child removed from ICU and taken to Grafton, as the Life Skills and Transition Center (LSTC) was referred to at that time. There was no way we were ready to accept that option with our daughter,

even though it was commonly recommended by physicians in those days. I eventually retired early from my career as an electrical engineer in my mid fifties to provide care for my wife.

As I listened to the various presentations in the House and the Senate, I respect and appreciate the difficult work that legislators, staff, and Providers perform with the complexity of services in the DD world. However, I know, I speak not only for myself but other families. Wages are a big factor but there are other barriers, especially for individuals with intense medical needs. For example, caring for individuals with intense medical needs can quickly result in catastrophic results if appropriate care isn't provided. Not only is the work demanding but a higher level of skill is required. Additionally, families often face other serious problems. The different agencies that pass the buck back and forth results in denials, delays, waste of resources, and perhaps death! Families like ours have sacrificed a lot. But trying to navigate some of these additional barriers are particularly exasperating!

So, my testimony today is intended to give you a little insight into Jessica and our recent journey in that context.

Jessica had been on her ventilator 12 hours per day (while sleeping) and tethered to oxygen 24/7 for many years through a trach which she got at 10 years of age. Her cares are complex involving proper suctioning, changing dressings, monitoring oxygen saturations, etc. After many years of taking care of Jessica at night ourselves, and after Marcia needed more care of her own, which I provided by myself, we finally received Family Support for Jessica 24/7 with Direct Support Professionals (DSPs). We provided the necessary training for DSPs and because of evolving technology Jessica has continued to live in her(our) home with 24/7 supports.

Going on two years ago our DD Provider discharged Jessica from services after giving us a 30-day notice. Protection and Advocacy (P&A) and her Developmental Disability Program Manager (DDPM), attempted to intervene without success! From everything I can tell appropriate policies of both the Provider and the DD Division were not followed. In the evening at 10 pm some of Jessica's caregivers showed up at our home, knowing full well I wouldn't be able to care for Jessica on my own. They didn't ask who was going to pay them. Although, I ended up withdrawing $10K per month from my retirement funds over the next several months. Various advice I had received indicated the State under **NDCC 25-01.2-02**, which was the result of the ARC lawsuit, was obligated to provide care for Jessica.

It states, **"All individuals with developmental disabilities have a RIGHT to appropriate treatment, services, and habilitation for those disabilities. Treatment, services, and habilitation for individuals with a developmental disability MUST be provided in the least restrictive appropriate setting."** (my emphasis on the upper case).

I am not a lawyer, but my understanding is the ND Department of Health and Human Services (NDDHHS), and the DD Division in particular, are the agencies responsible for meeting this RIGHT. The State has accepted substantial federal funding and in return for taking these funds the state has promised to deliver the programs/services to the people that need them. With the RIGHT comes the corresponding RESPONSIBILITY for the State to provide the services described in NDCC-01.2-02.

As is obvious, I couldn't continue paying the caregivers privately out of my retirement funds. Eventually, I had to cave and enroll in the Self Directed Services (SDS) program which essentially made me, (a 75 year old Dad), responsible, not only for Jessica's cares, but also all the DD requirements typically required of a DD Provider, the Overall Service Plan, Data collection, etc. Obviously, this program

(SDS) was never designed for an individual with 24/7 needs on a ventilator. It was designed for families who needed some extra help and had caregivers they chose.

Under the **Settlement Agreement of 2020** that was signed by Governor Burgum in December, 2020, with the U.S. Department of Justice (DOJ), individuals like Jessica are included in the **Protected Class**. Nancy Nikolas Maier (who is in charge of carrying out the Settlement Agreement) and the DOJ attorneys have personally told me that Jessica is part of the Protected Class under the Settlement Agreement. But it appears anyone with Developmental Disabilities (DD) is referred to the DD Division by Aging Services, who, I am told does not agree. As a result, the DD population part of the Settlement Agreement have been ignored, which would be a violation of the Settlement Agreement.

It is important to note, families like us typically want appropriate supports at home while their children are young. However, as we age out, this isn't possible. My understanding is there are presently numerous families similar to my predicament. We have been caring for family members in our homes. But a life event can suddenly change all that.

For me that life event occurred last summer. Gratefully, fortunately, I survived! Last summer Jessica had been in the hospital ICU and was ready to be discharged. Beyond my control the hospital contacted various Nursing Homes to discharge her to but none of the local Nursing Homes accepted. We were frightened beyond belief where she may have eventually been sent. But there was no place for Jessica to go. Previously, individuals like this were funneled to the Life Skills and Transition Center. As you know, this is no longer allowed. Finally, her doctor concluded, as Jessica has experienced changes in her care needs, upon returning home, she now needed 24/7 nursing services.

The ICU doctor understood the laws regarding Home and Community Based Services (HCBS) well. She understood not only the medical benefits but the social

benefits of home, home routine, family, and friends and how that intertwines with health. We totally agree! Her letter written to ND Medicaid stated "First and foremost, we support and advocate for patients/clients to be maintained in the least restrictive environment as long as it is sustainable and beneficial to the patient/client. Secondary to sharing this statement, Jesssica's increased service needs would best be served by private duty nursing of 24 hours a day, 7 days a week." Fortunately, Medical Services approved the doctor's orders. However, every 60 days the Provider has to go through a strict protocol of submittals, which if not strictly followed would result in denial of services. The DOJ attorney told me they believe the process is overly burdensome. In Minnesota I understand, the similar standard is once per year.

Recently, we received a previously unannounced notice on January 2, 2025, from the nursing services Provider that Medical Services (a silo in the NDDHHS) had changed their policy on Private Duty Nursing. Their new policy was to limit the 24/7 services previously approved to what we understood to be a maximum of 8 hours per day (with some other provisions). They also indicated that parents and Guardians were responsible for the remainder of the cares requiring them in advance of signing Attestation SNF 197. This panicked not only our Provider, myself, but our nurses. Furthermore, the policy change was effective back to January 1, 2025. This clearly left Jessica's nurses, some who had left other jobs to work for this Provider, not knowing if they had a job any more, had continued medical insurance, etc. After about a week the policy was again changed, January 8, 2025, (but still unclear to us) that things wouldn't change for Jessica as of now. Language requiring parents and guardians providing services is still included. Guardians are trained to make decisions, not provide services! How do we know what unexpected changes might be implemented in the future again without appropriate notice, or appeal, from Medical Services regarding extremely life-threatening issues. Whatever happened to prior notice, public comment, etc.

Prior to Medical Services just changing policy with such important impact why not get input from families/clients that are dependent on these programs.

Two days after Jessica returned home, I endured my life changing event. Fortunately, the wonderful nurses and caregivers took over and Jessica recovered well.

As mentioned previously, had I not survived my life event**, Jessica had no place to go, a home with appropriate services**, beyond a short term. This has been and continues to be a crisis for families like us! **It is a primary issue in my testimony today!** Individuals with intense medical cares need appropriate homes located around the state. With evolved technology families/clients can receive appropriate services in a Home and Community Based Services (HCBS) environment. We have proved it works for 30+ years! As large malls' tenants are relocating to smaller strip malls, Specialty Clinics are performing services that used to be only performed in hospitals, large institutions are not needed to care for people including those with intense medical needs. When more specialized medical services are needed, they get those services, generally short term, at regional hospitals**. Hospitals (designed for short term) are where medical problems get fixed! Home (long term) is where you go to heal and live!** Smaller homes, four clients to a home, can and need to be built as soon as possible. Families/clients don't want to travel hundreds of miles to be with each other. Services in those homes should be unbundled just like regular families when they choose their doctor, dentist, physical therapist, etc. Families/clients should be able to choose their needed appropriate services like DD Provider, medical doctor, OT, PT, nursing services as needed, etc. If a client gets discharged from their Provider, **they should not also lose their home!** Individuals in the Protected Class of the Settlement Agreement include appropriate housing. These homes could be located around the state as needed and architecturally blended in with

local communities. Perhaps one in Bowman, a couple in Williston, Minot, Bismarck, Fargo and Grand Forks, as needed.

We, as other families, continue to experience excessive denials for equipment and supplies, which we never experienced while I had private insurance. Even with doctors' letters indicating medical necessity, the process is overly cumbersome with denials, often taking months, including appeals, hearings, etc.

An example our medical supplier is Sanford Equip. They have indicated they perform services to families in Minnesota and ND. But they have much greater difficulty getting approval for families/clients supplies and equipment in ND than Minnesota. I have asked and they have agreed to meet with legislators to discuss their experiences.

There are numerous other families/clients whose needs are great as well, although different than ours, at the present time. However, again, this is a crisis that has repeatedly been brought to NDDHHS attention for many years! I have notes including documentation from the DD Division obtained during a meeting we had in 2020 with Tina Bay and Protection & Advocacy (P&A) indicating there were about 80 individuals with similar needs to Jessica. I have recently been told this number has decreased! What has happened to those people? I know some have passed as I recently learned. These individuals**, also have a right to life, with appropriate supports!**

For your information the following demonstrates our continued challenges we are presently facing with Medical Services. Jessica has been referred to the Mayo Clinic in Rochester, Mn for specialized surgery. Multiple doctors confirmed there is no other doctor in ND that has the proper experience to perform the complex surgery which is a common procedure at Mayo. Initially, as has been typical, Medical Services denied the procedure. I had to appeal their decision. Upon further intervention by Jessica's doctor, they finally approved the procedure.

However, transporting Jessica who is on oxygen, a ventilator, including heated humidification, is a complicated undertaking. I have plenty of prior experience transporting my family members to Mayo over the years. We know transporting her ourselves is much less expensive than using ground or air ambulance because it would involve multiple trips. This time nurses need to accompany our trip. Medical Services has denied payment of things like overtime, temporary licensing of nurses since Minnesota is not a compact state for nurses, insisting on they making their own lodging reservations, etc. Not only is this a problem because they are completely unfamiliar with the needs of such an undertaking, but the recommendations will not work the way they insist upon. We started this process in December, 2024, and still haven't got the issues resolved as of today, on how to appropriately transport Jessica for her medical appointment on April 15, 2025. It takes a long lead time to get reservations for lodging near the Mayo Clinic. I am very familiar with the landscape, lodging, parking, leave alone the necessary layout of rooms for multiple individuals in the same building, for both safety and moving around, with Jessica and all her equipment while she attends her appointments. Necessary considerations are refrigeration for her medications, location of outlets in her room, underground tunnels, etc. so one doesn't have to go out on the street carrying ventilator, oxygen tanks, suction machines, ambu bags, etc. So, it doesn't work to have lodging 4 miles from the Clinic as is being suggested by Medical Services! As of today, as I stated earlier, I continue working with the bureaucratic controls, multiple denials, delays, and appeals of getting my daughter the medically necessary services she needs.

Previously, testimony was provided on how appropriate Person-Centered cares can have unexpected positive results for individuals with intensive medical needs. Like the ICU doctor understood, **appropriate cares make all the difference!** Benefits of being close to home, home routine, family, and friends and how that intertwines with healing and health are increasingly recognized as critical. Skilled caregivers combined with modern medical care have resulted in unbelievable,

sometimes referred to as miraculous results. Jessica's primary physician for over 20+ years, recently stated she is in the best condition Jessica has ever been as long as she has known our family. One of our caregivers is actually considering doing a Masters Degree thesis on her experience from when she started working with Jessica to date.

In summary, as I have led you through our journey with the services provided to our family, the need for homes for individuals with intense medical needs (those 26-80?) is critical. **Those of us aging out are running out of time! We insist our adult children get the appropriate home and care they deserve. We want this transition to occur before we are gone so we can help them adjust to what could be another frightening experience for them!** The red lights have been blinking for NDDHHS and the DD Division for many years. **Something needs to be done, now!**

I sincerely thank you for listening to my extensive testimony to help you better understand the issues facing families like us.

In closing, I liked what the Chaplain at the State of the State Address by Governor Armstrong said in his prayer. As I recall his primary petition was taking care of the most vulnerable as a priority!

Thank you for your time and attention.

Mathew C. Schwarz 701- 471- 3197 (Cell)

2025 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

HB 1012 a.m.
3/27/2025

Relating to leases of the health and human services property, substance use disorder treatment program, basic care payment rates, and state of residence for child care assistance; to provide for a transfer; to authorize a line of credit; to provide legislative intent; to provide for a legislative management study; to provide an application; to provide an exemption; to provide for a report; and to provide an effective date.

8:56 a.m. Chairman Dever opened the hearing.

Members present: Chairman Dever and Senators Cleary, Davison, Magrum and Mathern.

Discussion Topics:

- Native, Inc. Amendment Requests
- Provider Support Fund
- Child Care
- Long Term Care - Basic Care
- Private Duty Nursing Hours - Medicaid Cuts
- Olmstead Act
- Veterinarian Loan Repayment Program

8:59 a.m. Lorraine Davis, Founder and CEO, Native, Inc., testified in favor, requested consideration of an amendment to Section 7 line 11, and submitted testimony #44289.

9:35 a.m. Cherelynn Ruiz, enrolled member of the Rosebud Sioux Tribe and client of Native, Inc, testified in favor and submitted testimony #44290.

9:42 a.m. Andrea Pfennig, Vice President Government Affairs, Greater North Dakota Chamber, testified in favor and submitted testimony #44298.

9:49 a.m. Bill Bauman, Missouri Valley Family YMCA, testified in favor and submitted testimony #44299.

10:10 a.m. Nikki Wegner, President, North Dakota Long Term Care Association, testified in favor and submitted testimony #44183.

10:17 a.m. Dr. Kristina Kovacs, Co-Founder and Chief Clinical Officer, Behavioral Health Solutions, testified in favor and submitted testimony #44186.

10:38 a.m. Beverly Unrath, Dakota Home Care, testified in favor and submitted testimony #44308.

10:46 a.m. Amber Cook, Nurse Case Manager, Dakota Home Care, testified in favor.

10:56 a.m. Shane Goettle, Lobbyist, testified in favor.

11:00 a.m. Dr. Erica Schumacker, Practice Owner, North Dakota Veterinary Medical Association (NDVMA), testified in favor and submitted testimony #44314.

11:10 a.m. Julie Ellingson, President, North Dakota Stockman's Association, testified in favor.

Additional Testimony:

Chelsea Gagner, Provider, submitted written testimony in favor #43467.

Tim Blasl, President, North Dakota Hospital Association, submitted written testimony in favor #44245.

11:11 a.m. Chairman Dever closed the hearing.

Joan Bares, Committee Clerk

Dear Chair Dever, Senator Cleary, Senator Davison, Senator Magrum, and Senator Mathern,

I urge you to pass HB 1012, and I'd like to share the importance of Free Through Recovery, Community Connection, and Peer Support.

As a Tenancy Support Specialist with Case Management, I assist clients in connecting with various services, including Free Through Recovery and Community Connect. Having gone through peer support training myself, I've seen firsthand the value of lived experience in helping those in need.

These programs serve individuals struggling with addiction, mental health issues, and homelessness, providing essential support to get them back on their feet and stay there. I've used the Community Connect portal to connect clients with peer-to-peer resources, facilitating meaningful connections with others who have overcome similar challenges.

When considering budget cuts, please remember that these programs make a significant difference in the lives of numerous individuals daily. They are invaluable and worth preserving.

Thank you for your time.

Sincerely,
Chelsea Gagner
District 32

Testimony on Behavioral Health Funding for Nursing Facilities and Basic Care
Senate Appropriations Human Resources Division
March 26, 2025
House Bill 1012

Chairman Dever and members of the Committee, my name is Nikki Wegner, President of the North Dakota Long Term Care Association (NDLTCA). I represent 182 nursing, basic care, and assisted living facilities. Thank you for the opportunity to testify today.

NDLTCA respectfully requests support for the amendment added to HB 1012 by the House, allocating $2 million to implement a specialized behavioral health program for individuals with complex behavioral symptoms in skilled nursing and basic care settings.

Caring for individuals with complex behavioral health needs has traditionally fallen outside the scope of long term care facilities; however, the demand for such care continues to grow. What's needed is a model that provides timely access to specialized support while building the capacity of long term care staff to manage these challenges effectively.

Following my remarks, Behavioral Health Solutions will outline a proposed approach that offers essential behavioral health support and on-site staff training to help meet this need across nursing and basic care settings.

Background

During the interim, in partnership with the North Dakota Department of Health and Human Services (DHHS) and the North Dakota Hospital Association, a broad stakeholder group was convened to address ongoing challenges in caring for individuals with complex behavioral health needs who also qualify for skilled nursing care.

Participants included representatives from DHHS—Aging Services, Long Term Care Medicaid, the State Long Term Care Ombudsman, the State Hospital, and the Human Service Centers—along with the ND Hospital Association, Sanford Health, Altru, Prairie St. John's, Rural Psychiatry Associates, the Alzheimer's Association, the Center for Rural Health, the ND Medical Association, Quality Health Associates, the Department of Corrections and Rehabilitation, and others.

The goal of the working group was to identify system-wide barriers in serving individuals with complex behavioral health needs, particularly the lack of appropriate settings and infrastructure which has led to persistent bottlenecks across care systems. Through this process, two distinct populations were identified. One includes justice-involved individuals who require skilled nursing care. While some existing facilities may be able to serve some in this group with the right support, additional specialized settings are necessary to safely care for those with a history of sexual or violent offenses.

The second population—and focus of the proposed program—includes individuals with challenging behavioral symptoms, often alongside dementia or physical disabilities requiring long term care. Behaviors such as aggression, agitation, or delusions can be difficult to manage, and

many providers lack the confidence to admit or retain these individuals due to the absence of reliable crisis response support. As a result, these individuals often end up in emergency departments, leading to prolonged hospital stays, increased costs, and care environments that are not equipped to meet their needs.

Most skilled nursing and basic care facilities lack the necessary clinical resources, programming, and training to serve this population. The proposed solution embeds behavioral health specialists in long term care settings to provide support, train staff, and build capacity ensuring individuals receive appropriate care while equipping providers to safely and confidently serve this growing population. Behavioral Health Solutions will collaborate with existing providers to expand in-state capacity and promote long-term sustainability.

To expand on the specifics, I now introduce **Dr. Kristina Kovacs** who will share data from **Behavioral Health Solutions** and outline the significant return on investment for implementing targeted behavioral health services in long term care facilities.

This $2 million funding request represents an opportunity to strengthen the continuum of care, reduce costs, enhance care, and prevent unnecessary hospitalizations.

Thank you for your time, and I welcome any questions.

Nikki Wegner MS, OTR/L, President
North Dakota Long Term Care Association
1900 North 11th Street, Bismarck, ND 58501
(701) 222-0660; nikki@ndltca.org

#44186

BEHAVIORAL
HEALTH SOLUTIONS



NORTH DAKOTA PROGRAM

www.bhs.health

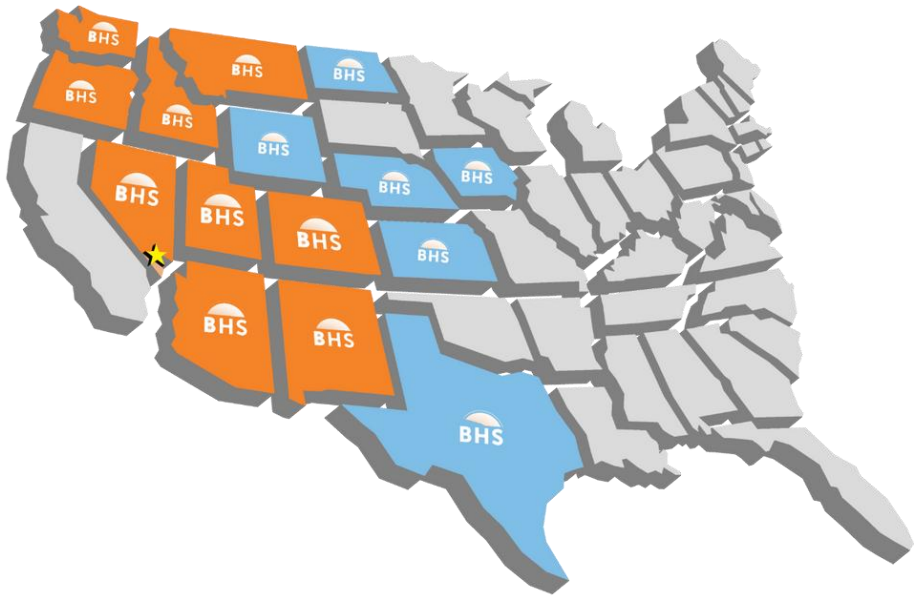
Behavioral Health Solutions

LEADING BEHAVIORAL HEALTH ACROSS THE NATION

Furthering our expansion, Behavioral Health Solutions (BHS) has rapidly expanded its reach and solidified its position as the foremost behavioral provider group in the western region, **offering comprehensive services that span over 350 Skilled Nursing Facilities in 15 states.** We are committed to providing consistent, high-quality care to diverse populations in every region we serve.

- **Services**
  - Administration of Behavioral Programs
  - Psychiatry
  - Medication Management
  - Therapy

- **Areas of Expertise**
  - Behavioral Health Programs in Skilled Nursing
  - Skilled Nursing and Long-Term Care Facilities
  - Outpatient Behavioral Health Services



Industry Trends

UNDERSTANDING BEHAVIORAL HEALTH & FACILITY TRENDS

1. **Younger demographics** entering facilities due to SUD and conditions

2. **Increased demand:** for behavioral health services due to the psychological effects of COVID-19, such as social isolation, trauma, and stress

3. **Complex patient populations** with co-occurring mental and physical health conditions, such as homelessness, substance abuse disorder, dementia, and diseases.

4. **Using the provider selected CPT:** Using the provider selected CPT code(s), the corresponding time allotment(s) for all services provided during the applicable pay period are summed to calculate the total time spent.

5. **Regulatory changes** that require SNFs to provide behavioral health services as part of the comprehensive person-centered care plan, and to monitor and report the quality.

Patient Demographic

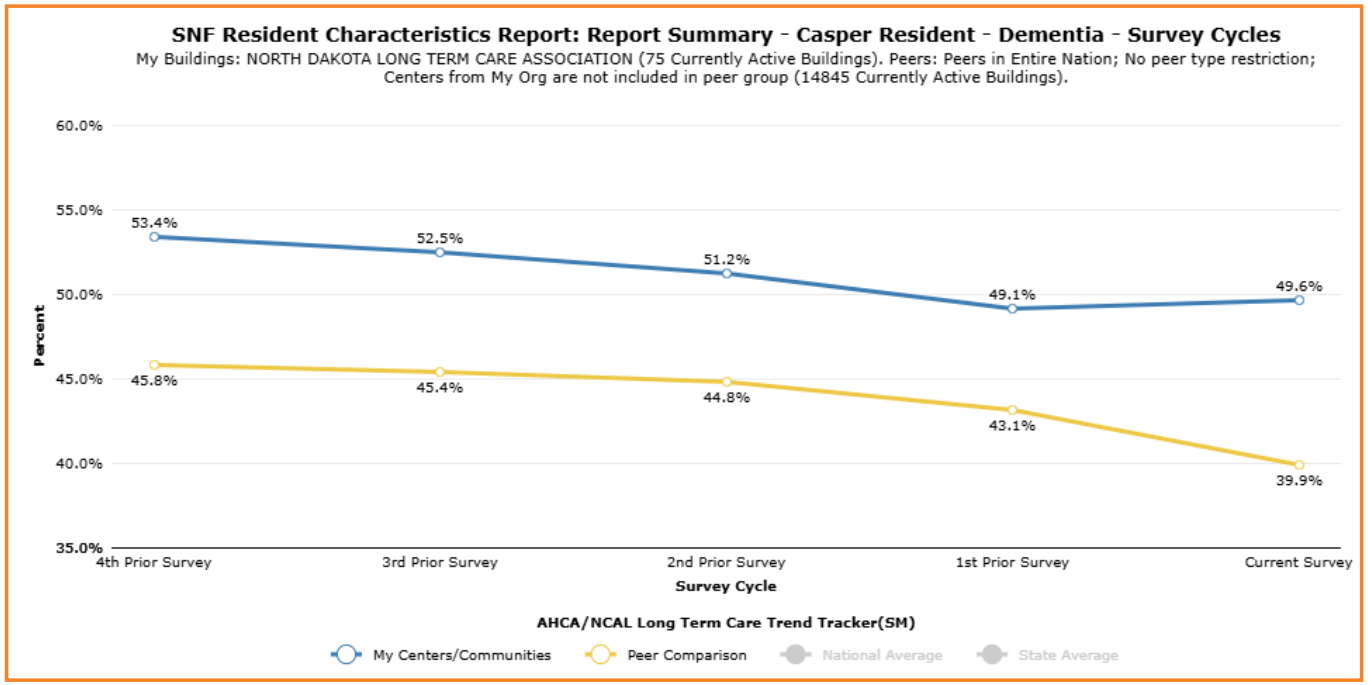
UNDERSTANDING BEHAVIORAL HEALTH & FACILITY TRENDS

- **Rising Prevalence of Dementia:**
  - With the increasing median age of nursing facility residents, there's a notable surge in the prevalence of dementia at later stages.
  - Residents aged over 85 face a 50/50 chance of developing Alzheimer's disease, underlining the need for specialized care.
- **Impact of State Inpatient Facility Closures:**
  - The closure of state inpatient facilities has led to a shift in the landscape, with nursing facilities now catering to a diverse range of patients, including the Chronically Mentally Ill (CMI).
- **Rehabilitation Trends:**
  - Conditions like traumatic brain injury, stroke, and other rehabilitative needs are increasingly being addressed in long-term care (LTC) facilities rather than hospital-based settings, reflecting a shift in the delivery of specialized care.
- **Psychiatric Disorders on the Rise:**
  - Recent studies illuminate a concerning trend, indicating that over 70% of residents in LTC facilities grapple with various psychiatric disorders or disturbances that demand specialized treatment.
  - A comprehensive study published in the Journal of Long-Term Care revealed that more than 51% of LTC facility residents are prescribed psychoactive medications, emphasizing the critical role of mental health care in these settings.

NDLTCA Data

NORTH DAKOTA LONG TERM CARE ASSOCIATION FACTS AND FIGURES

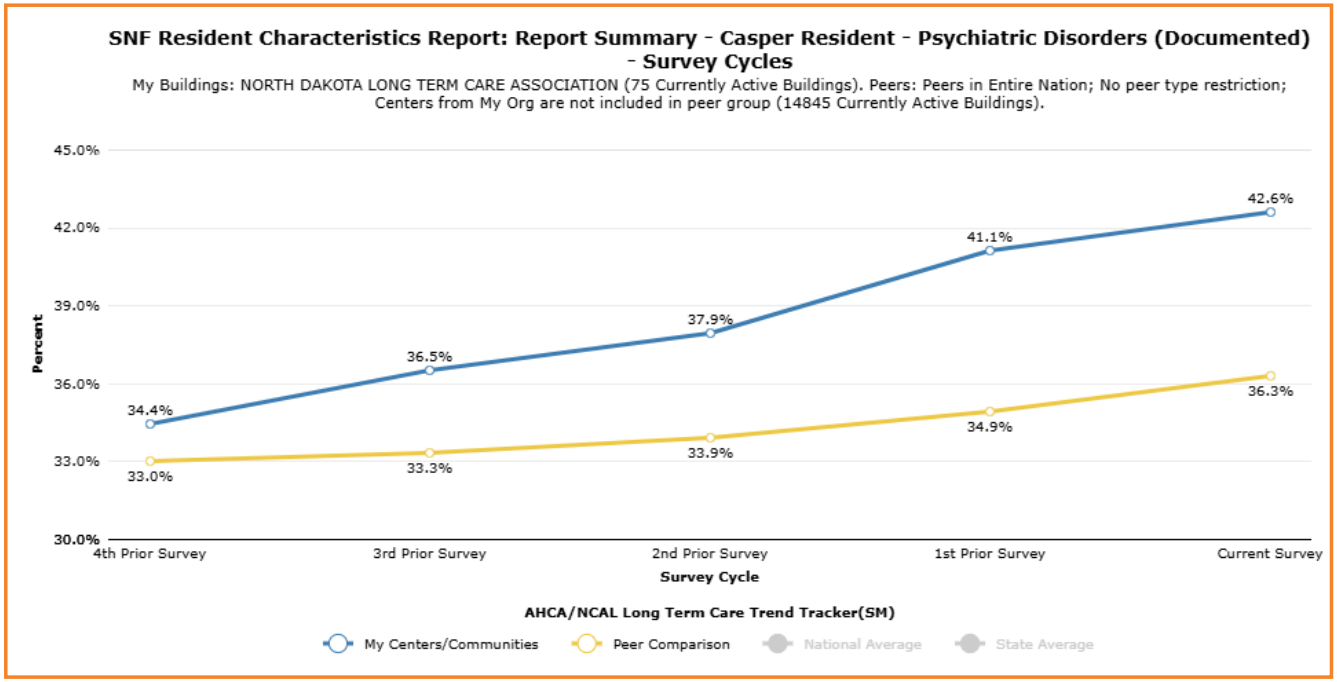
North Dakota nursing facilities care for a higher number of people living with dementia, almost half vs. 40% nationally.



NDLTCA Data

NORTH DAKOTA LONG TERM CARE ASSOCIATION FACTS AND FIGURES

North Dakota nursing facilities also care for a higher percentage of people with psychiatric disorders than their peers nationally. 42.6% in ND vs. 36.3% nationally, this likely explains why ND has a higher rate of antipsychotic use than other states.



NDLTCA Data

CARE NEEDS OF BASIC CARE RESIDENTS

Basic care providers report 60% of the residents have impaired mental status and 30% have a mental health diagnosis.

- **60%** of residents have impaired mental status, ranging from early stage dementia to disorientation.
- **30%** of residents have a mental health diagnosis.
- **12** the number of medications the average basic care resident takes.
- **61%** of residents are independent in dressing, with 2% requiring extensive assistance.
- **94%** of residents need full assistance with medication administration.
- **50%** of residents receive psychoactive drugs.
- **41%** of residents are ambulatory and do not need any staff assistance, 68% use a walker or cane, and 12% use a wheelchair.
- **91%** of residents are independent in transferring and 86% are independent with toileting.
- **63%** the number of medications the average basic care resident takes.

Benefits of Behavioral Programs

EXPLORING THE BENEFITS OF STATE BEHAVIORAL PROGRAMS

Behavioral health funding programs at the state level help to empower skilled nursing facilities (SNFs) to enhance care and partnerships with acute hospitals.

These programs ultimately drive cost savings while improving outcomes across the healthcare system.



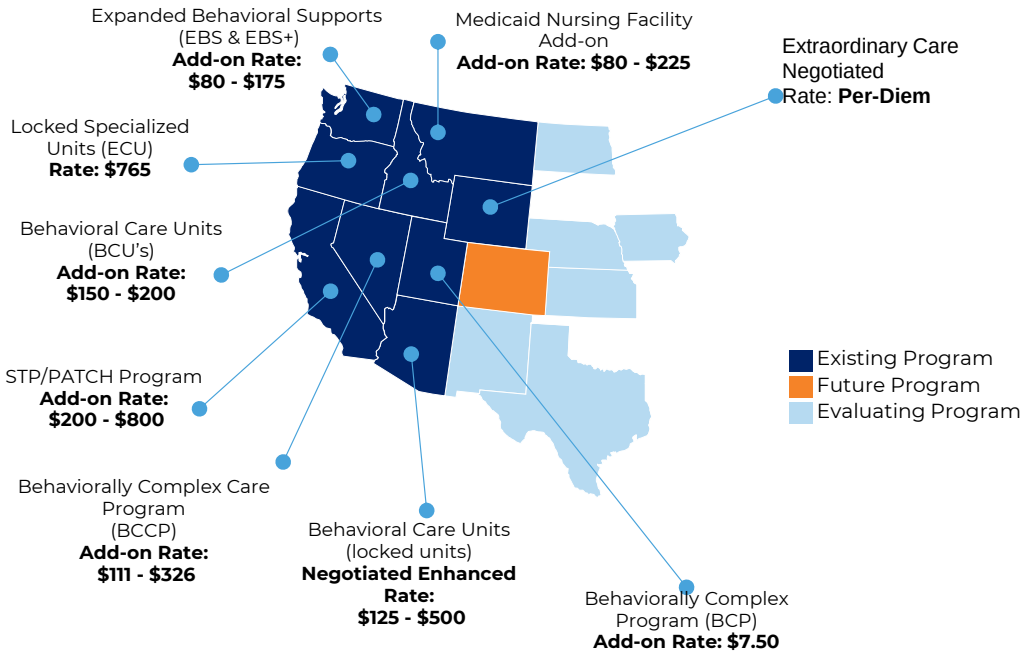
- Allows SNFs to better partner with acute hospitals to address difficult to discharge patients
- Provides funding to increase resources to behaviorally complex patients
- Increases staff retention through additional funding, training, and staff resources
- Reduces acute transfers and decreases acute length of stay
- Reduces out of state placements
- Helps to stabilize patients in the lowest care setting
- Overall savings to the healthcare system

Behavioral Health Programs

EVOLVING NEEDS CALL FOR COMPREHENSIVE BEHAVIORAL HEALTH PROGRAMS

Behavioral health funding programs are often created to address and improve key national priorities, including:

- Supporting timely and successful patient discharges
- Expanding access to behavioral care services
- Providing stability for high utilizers through coordinated care solutions
- Reducing inpatient length of stays with effective treatment approaches



$3M Saved in 12 Months

TRANSFORMING SUD PATIENT CARE IN NEVADA LTC FACILITIES



Key Highlights

- **$3,073,379:** Total 12-month savings to the healthcare system.
- **133%:** Increase in SUD patient intake.
- **24%:** Reduction in discharge rate.
- **52%:** Reduction in serious fall risk with decreased antipsychotic use.



Patient Outcomes

- Reduced the average age of a facility resident by **4 years** over the period
- Improved medication management across **68 facilities.**

Healthcare System Impact: Estimated hospital stay cost saved: **$125,752/site.**

Reducing ER Visits by 72%

IMPACT STUDY: NOVEMBER 2022 – OCTOBER 2023

Scope: 3,899 patients in 9 facilities were reviewed

Key Findings:

ER Admissions:
- On Program: 2.7%
- Not On Program: 9.5%

Result: 72% Reduction in ER visits among BCCP participants



Program Impact: Behavioral health issues are managed effectively in facilities, reducing reliance on emergency departments.

Program Ramp

NORTH DAKOTA

Cost Savings and Impact:
Effective patient management within the SNF/Basic Care setting reduces expenses related to readmissions and acute care interventions contributing to overall lower healthcare costs.

North Dakota Behavioral Health Program Analysis

Facilities Served		10
Avg Beds Per Facility		67
LTC Residents Served Per Year		670
Annual Turnover (36%)		241
Total Patients Impacted Across 2 years		911
Estimated number of staff trained		1,000
Number of lives impacted		1,911
Monthly Cost Per Building	$	12,500.00
Annual Cost	$	1,500,000

Program Ramp

NORTH DAKOTA

Length of Stay in Acute Care Settings

- The CMS 2024 Measure Updates and Specifications Report for the SNF Value-Based Purchasing Program highlights prior hospital lengths of stay (LOS) distribution for SNF patients:

1–3 days: **23.1%**	4–7 days: **44.3%** (largest segment)	8–14 days: **23.4%**	>14 days: **9.2%**

- A focus on proactive care seeks to minimize acute care transfers, enabling patients to remain in lower-cost, high-quality SNF settings for the entirety of their care needs.

Reduction in ER Transfers and Visits

The NV Impact Study (2023) demonstrated a significant reduction in ER transfers, driven by:

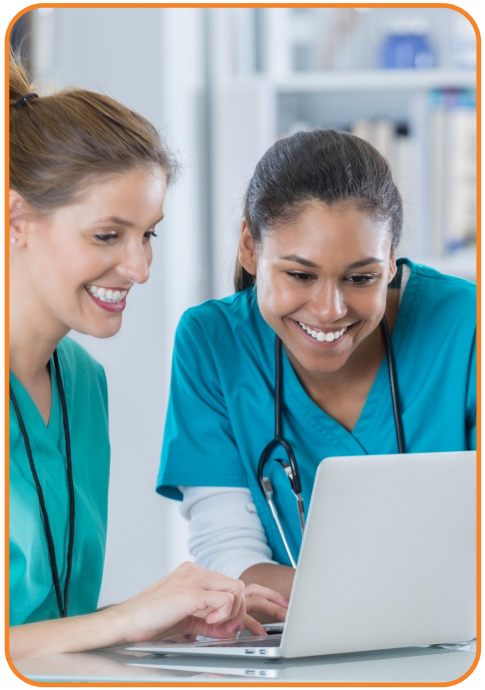
- Enhanced care coordination and proactive oversight, particularly for behavioral health needs.
- Advanced patient monitoring and early interventions to address potential acute episodes before escalation.

Online Education Platform

FOR FACILITY STAFF, IN PARTNERSHIP WITH THE ARIZONA HEALTHCARE ASSOCIATION

Our comprehensive online training platform is designed to equip facility staff with essential skills and knowledge to improve patient care and enhance workplace well-being. This platform will offer:

- ✓ Managing difficult behaviors
- ✓ Trauma-informed care
- ✓ Neuropsychological Assessment
- ✓ Psychiatric disorder education
- ✓ Staff burnout prevention
- ✓ De-escalation techniques
- ✓ Applying care-planned behavioral interventions



Direct Care Services

OUR DIRECT CARE SERVICES FOCUS ON PERSONALIZED, ONE-ON-ONE SUPPORT

Key Components:

- ✓ 1:1 Behavioral Interventions
- ✓ Coping Skills Coaching
- ✓ Socialization and Companionship
- ✓ Redirection and Engagement
- ✓ Mindfulness and Relaxation Activities
- ✓ Wellness Checks
- ✓ Crisis or Urgent Care Planning
- ✓ Positive Reinforcement and Encouragement

Employees Included in These Activities:

- ✓ 1 Psychologist (Program Director)
- ✓ 1 Psychiatrist
- ✓ 1 Licensed Clinical Social Worker (Hospital Liaison)
- ✓ 1 Psych NP
- ✓ 5 Behavioral Health Techs (1 per 2 facilities)
- ✓ Wellness Checks
- ✓ Crisis or Urgent Care Planning
- ✓ 3 Activity Coordinators (1 per 3 facilities)

BHS Services to Support Program

UNDER CAPITATED MODEL

- Staffing training on topics related to managing difficult behaviors (de-escalation, management of psychiatric disorders, trauma informed care, substance use disorder, etc.)
- Creation of person-centered behavioral support and modification plans
- Creation of crisis plans
- Training individual care givers on behavioral modification plans and interventions for behaviorally complex patients
- 1:1 psychosocial activities and application of behavioral interventions by paraprofessionals
- Group psychosocial activities
- CMS regulatory compliance guidance related to behavioral services (i.e.. schizophrenia audits)
- Assistance with resolving urgent facility, resident, or family concerns related to behavioral complexities

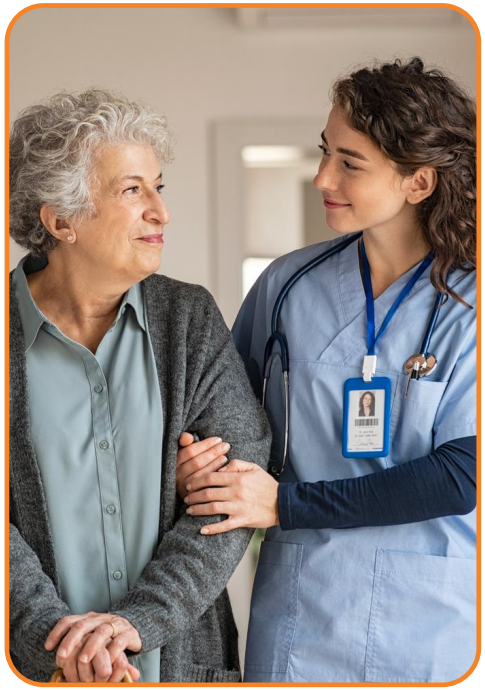


Our Clinical Services

CLINICAL SERVICES OFFERED TO FACILITY

We provide comprehensive behavioral health solutions to support skilled nursing facilities in meeting national priorities and improving patient care.

- ✓ Consistent and available Psychotherapy
- ✓ Routine Psychiatric Care & Medication Management
- ✓ Neuropsychological Assessment
- ✓ Cognitive Care Planning
- ✓ Peer Support Services
- ✓ Collaborative Care Needs
- ✓ Crisis or Urgent Care Planning
- ✓ Monthly Gradual Dose Reduction Meetings



Data Collection

ENSURING TRANSPARENCY AND SUPPORTING BETTER CARE

Reporting Data Back:

- We will provide comprehensive data reporting to ensure transparency and demonstrate program effectiveness.

Current Data Collection Practices:

- Our team is already actively collecting data in multiple states, ensuring we have established processes in place.

Key Data Metrics:

- Patient outcomes and improvement trends
- Medication adherence and reduction tracking
- Behavioral health interventions and their impact

Commitment to Quality:

- Our data collection framework is designed to align with regulatory standards and support improved care delivery.



THANK YOU

www.bhs.health



2025 HB 1012

Senate Appropriations – Human Resources Division

Senator Dick Dever, Chairman

March 27, 2025

Chairman Dever and members of the Committee, my name is Tim Blasl representing the North Dakota Hospital Association (NDHA). Thank you for the opportunity to provide input on the proposed amendment in House Bill 1012 to support behavioral health solutions in nursing and basic care facilities.

The amendment which allocates $2 million for a specialized behavioral health program in skilled nursing and basic care settings, is the result of a collaborative effort among the North Dakota Department of Health and Human Services (NDDHHS), NDHA, the North Dakota Long Term Care Association (NDLTCA), the North Dakota Department of Corrections and Rehabilitation (NDDOCR), the Alzheimer's Association, and other key stakeholders.

In the working group, we learned long-term care providers lack the proper resources and training to manage patients with complex behavioral health needs due to workforce constraints, regulatory requirements, reimbursement limitations, and limited access to specialized providers. As a result, long-term care facilities cannot admit these patients, leaving hospitals responsible for their care. This leads to extended hospital stays, further straining capacity and resources within the acute care system.

NDHA supports efforts to enhance care for individuals with complex needs. The initiative would provide an opportunity to strengthen care coordination and support providers in addressing behavioral health challenges. Similar programs in other states have demonstrated benefits such as improved patient stabilization and reduced reliance on emergency departments.

By supporting behavioral health services within long-term care facilities, North Dakota can help ensure patients receive care in the most appropriate setting while also promoting efficiency within the healthcare system.

We appreciate the committee's consideration of this issue and encourage support for this funding request to help address behavioral health challenges in North Dakota.

Respectfully Submitted,

Tim Blasl, President
North Dakota Hospital Association

HB1012
3-27-25

NATIVE INC.
Community Development Corporation

Native Community Development, Inc. dba NATIVE, Inc. serving urban Indians and other disproportionate populations in North Dakota.

Bismarck Office
2403 East Thayer Avenue
Bismarck ND 58501
Tel: (701) 595-5181
Website: www.ndnadc.org

Fargo Office
115 University Dr. North, Ste. 102
Fargo, ND 58102
Tel: (701) 412-2735
Website: www.ndnadc.org

March 19, 2025

HB 1012
Senate Appropriations - Human Resources Division
Mr. Chairman Dever and Members of the Committee,

My name is Lorraine Davis, Founder and CEO of NATIVE, Inc. serving the urban Indian population and other underserved populations in Bismarck and Fargo, North Dakota. NATIVE, Inc. has been a partner with the ND Behavioral Health Division as a community service provider of the Free through Recovery Program, Community Connect Program and 1915i Program serving in the Bismarck and Fargo areas since 2017. NATIVE, Inc. provides culturally responsive services and programs to our clients. NATIVE, Inc. was created to meet the cultural needs of Native Americans living in urban areas of ND by providing traditional healing (spiritual) services through various ceremonies, talking circles and by way of providing cultural programs--arts and crafts classes, such as, hand drum making classes, regalia making classes, beading classes, star quilt making classes just to name a few—these types of classes are intended to create a cultural connection and space in urban communities and all are welcome to learn and create new healthy and supportive relationships. This is also intended to increase cultural identities amongst Indigenous populations and for non-Natives to learn about them. NATIVE, Inc. has a budget line item in this bill to cover $1 M toward a cultural center in section 7.

I am here today in support of HB 1012 with an amendment to Section 7 line 11 to: least fifty percent of funds needed to purchase the land for a cultural center, the project will be completed within.

Secondly, I request this committee to consider an amendment to include $900,000 budget line item to fund Native American culturally programming in Bismarck area for referrals and requests for foster parents and for participants and their families involved in the Free through Recovery, Community Connect and 1915i programs.

There are no other funds at the federal level nor at the foundation level that funds Native American cultural programming. The one opportunity that we had to use was from a federal government grant that we were fortunate enough to obtain and successfully depleted it last year and we do not have the opportunity to reapply for this funding for the same geographical area—federal grant guidelines. Although NATIVE, Inc. was fortunate to obtain this federal grant to provide cultural programming in the Fargo and Grand Forks areas ending in September 2027. There is no cultural programming funded for the Bismarck area. **This funding request is only to cover only the Bismarck area.**

Due to the disproportionate representation of Native American adults in prison, the growing numbers of Native women into the prison systems, 40% of Native American youth are in the correctional system and many of the schools are dealing with a high volume of at-risk youth, and in 2022, and currently with over 30% dealing with homelessness and housing problems, 48% of child in foster care are Native American--28% of these are from state district courts and

20% are from Tribal Courts, it is critical to provide cultural and traditional healing programming amongst Native Americans living off the reservations referred to as the urban Indians within our state.

Thank you for your time and commitment toward addressing human service needs within ND. I stand for any questions.

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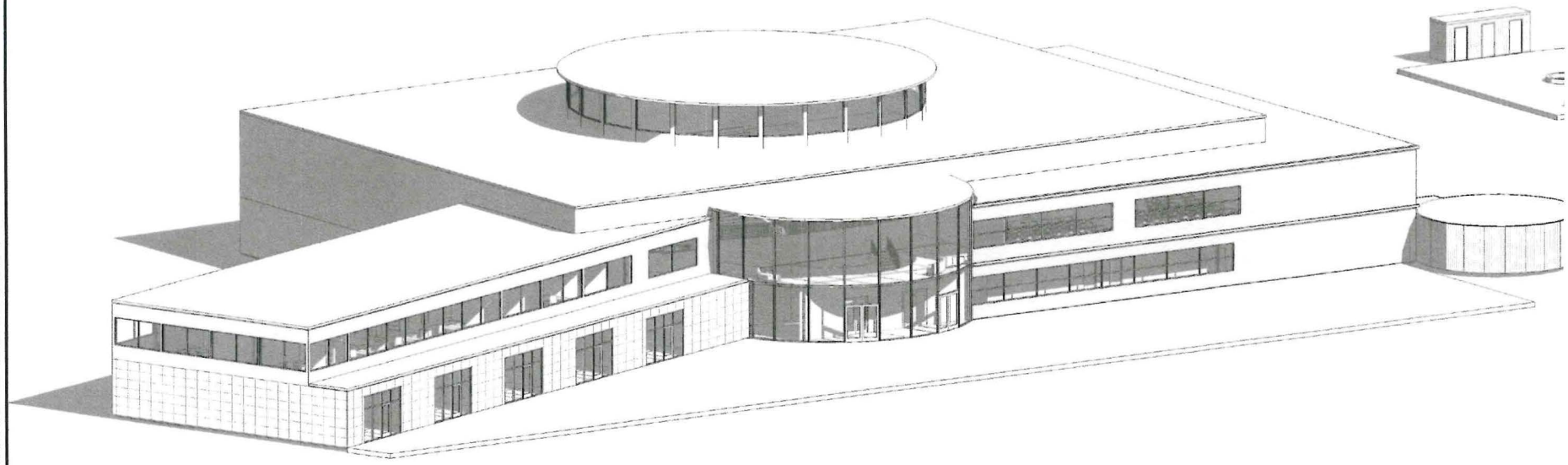


3D VIEW

03/19/25

NATIVE, Inc. 2025-2027 BIENNIUM BUDGET | CULTURAL PROGRAMS 07/01/2025 - 06/30/2027			
BISMARCK			
CATEGORY	AMOUNT	DESCRIPTION	
PERSONNEL			
Program Director (FTE) ($75,000 Annual Salary)	$ 150,000	1 FTE	Bachelors
Benefits @ 15%	$ 22,500		
Youth & Family Coordinator (FTE) ($49,920 year/$24 hr)	$ 99,840	1 FTE (Mid-level)	Bachelors
Benefits @ 15%	$ 14,352		
Chief Executive Officer (P/T) (40% time per year @ $48,000 per year)	$ 96,000	40% of Time: provides guidance to program director, guides the program development and conducts program evaluations, grant reporting, financial management.	Doctorate Educational Leadership exp. August 2025
PERSONNEL-Bienniem Total	**$ 382,692**		
OPERATION			
Office Supplies	$ 26,908		
Cultural Supplies	$ 93,600	$500 per month pow-wow club for 20 per class/6 cohorts per year + $350 per month culture nights	
Professional Development Trainings	$ 30,800	Professional development training (Native American Parenting programs and Recovery programs) for 14 employees @ $2,200 includes tuition costs and may include travel.	
Professional Services	$ 130,000	$30,000 IT Virtual Learning Options, $30,000 Cultural Instructors, $20,000 Curriculum Development Technical Assistance, $10,000 Evaluation/Research & Dev Technical Assistance, $40,000 Marketing/Communications.	
Transportation for afterschool and evening program participants	$ 20,000	To pick up/drop off students for afterschool programming and evening family programs.	
Rent	$ 216,000	100% Communitymonthly rental space in Bismarck $9000 per month	
OPERATING--Bienniem Total	**$ 517,308**		
Bismarck--Bienniem Total	$ 900,000		

HB1012
3-27-25

NATIVE, Inc. Client Testimony in Support of HB1012 | 03/19/2025
Senate Appropriations | Human Resources Division

Introduction

Hello, my name is Cherelynn Ruiz. I am an enrolled member of the Rosebud Sioux Tribe. I grew up in Fort Yates ND. I spent many years of my childhood in foster care and my youth years in juvenile jails in various states. I am married with 10 children and one on the way.

Homeless Experience

I've also been homeless during my youth and adult years. During my youth years, I was homeless with my adopted mom and emotionally and physically abused by my adopted mom who was from Standing Rock. During my adult years, I experienced homelessness when I lived in Ft. Yates housing. I had lived in that house for 9 years before being evicted for abandonment.

Reason for Homelessness

The reason I lost my home in Ft Yates due to abandonment was because I was in jail for 6 months in tribal jail due to not sending my oldest child to school.

What has happened from this experience?

So, I moved to Bismarck in 2015 experiencing homelessness until 2019 literally on the street. I would sleep under corn fields, pine trees, bridges, abandoned trailers, apartment stairways because I didn't know anyone in the Bismarck area. In 2016, I ended up stealing a car so I can be warm, it was too cold outside, and I ended up in prison for the first time.

In 2017 when I got out of prison, I started using drugs and heavily. Then I met my future husband in 2019 in Bismarck. We got married in 2021. He was the one who got us an apartment to live together with our two children for about 7 months until the landlord forced us to vacate the unit to avoid eviction due to a housing violation—my son was lighting fireworks in Bismarck which is illegal. Then, we began living in hotels in Bismarck, then CPS took our kids away. This is when we gave up and started using drugs and alcohol which eventually led to being on the run from law enforcement. This led me back into prison in 2021. In 2023, I was back out and reunited with my husband after staying in the halfway house for 14 months after being released from prison.

What has helped me?

In May 2023, I began coming to NATIVE, Inc. through the FTR program and began attending their cultural and traditional healing programs. NATIVE, Inc. provides classes that taught me how to make ribbon skirts, ribbon shirts, beaded earrings, star quilts, hand drums and then I participated in talking circles, drum nights and sweat lodge ceremonies. It helped me because I felt like I was a part of something positive, and specific to belonging to our Native culture and people. This made me feel free to be myself and to experience something that I've always longed for—a sense of belonging and connected to who I really am. This helped me build confidence, motivation and the belief that I can advocate for myself to get the help that I need so I can have a better life for myself and my whole family. I am still married, and we are expecting a baby in March. We have been able to keep our apartment for the last year because we have chosen to stay sober together.

Although we are walking on the red road this means remaining sober, we still have obstacles with housing. Our current landlord wants us to move out in June because we need to move into a place that

can accommodate our family size of 9 at this time. We need more affordable housing for large families and recovering felons.

The last thing I want to say is that "Even this helps me to heal, sharing my story with leaders who can make a difference."

Outlook

[Native Inc.] Contact Form - new submission

From Kathy Kindschi <reply-to+ecc3b5c20ebb@wixforms.com>
Date Mon 3/17/2025 4:03 PM
To ivy@ndnadc.org <ivy@ndnadc.org>; Lorraine Davis <lorraine@ndnadc.org>

You don't often get email from reply-to+ecc3b5c20ebb@wixforms.com. Learn why this is important

Kathy Kindschi just submitted your form: Contact Form
on Native Inc.

Message Details:

First name: Kathy

Last name: Kindschi

Email: gmakiki@midco.net

Phone: 7012140422

Message: Our nine year old granddaughter, Arabella, who is part Native, is asking to learn about Native words and culture. Kenny V from Burleigh County Social Services recommended that I contact you for help. Arabella came to live with us last fall and her mother is not involved and our son is going through some things. We want to be supportive and encouraging. Please advise. Thank you.

If you think this submission is spam, report it as spam.

To edit your email settings, go to your Inbox on desktop.

GREATER NORTH DAKOTA CHAMBER
HB 1012
Senate Appropriations Committee
Human Resources Division
Chair Dick Dever
March 25, 2025

Mr. Chairman and members of the Committee, my name is Andrea Pfennig, and I am the Vice President of Government Affairs for the Greater North Dakota Chamber. GNDC is North Dakota's largest statewide business advocacy organization, with membership represented by small and large businesses, local chambers, and trade and industry associations across the state. We stand in **support** of House Bill 1012 as it relates to childcare.

Labor availability has been identified as the top business concern facing companies in North Dakota. In our 2024 ND Economics and Employer Survey of our membership:

- 70% of respondents indicated they were having trouble hiring employees.
- 69% of respondents indicated that childcare was an issue for their organization.

In the 2023 legislative session, a historic $65.6 million funding package was passed to help address childcare shortages within the state. GNDC would like to express its appreciation to the legislative body for recognizing the impacts lack of childcare can have on the workforce.

The Working Parents Child Care Relief Program, which was part of the package, was a positive step in addressing childcare issues and worked well for some of our members. However, there were also some challenges with the program.

- The established income thresholds for eligibility excluded some employees.
- Age limitations were a challenge as only ages 0-3 qualify.
- Companies with a large number of employees may find it administratively burdensome.
- The defined contribution amounts limit flexibility. For example, at the inception of the program employers were required to provide $300/month/employee.

Another issue with the program has been lack of awareness. Only 33% of respondents indicated awareness of the program.

Are you aware of the state childcare employer match program?



We hope that the committee will continue to support the program, enabling currently participating businesses to continue offering the benefit to their employees. Greater flexibility is needed to maximize the program's effectiveness. Additionally, whether done in collaboration with GNDC or through some other method, additional outreach is needed in some way.

701.222.0929 ndchamber@ndchamber.com ndchamber.com PO Box 2639 • Bismarck, ND 58502

GNDC would also like to express support for solutions that address childcare availability, such as:

- Coverage of childcare expenses for childcare staff,
- Childcare provider grants,
- Inclusion support for childcare providers, and
- Solutions geared towards addressing nontraditional hours,

Childcare remains an issue for our members, and we would like to express our support for effective and rapidly deployed solutions.

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

March 25, 2025
Re: HB 1012

Chairman Dever and Members of the Senate Appropriations Human Resources Division,

Thank you for the opportunity to testify in support of House Bill 1012 on behalf of the North Dakota Alliance of YMCAs.

Child Care Impacts

The YMCAs are collectively the largest provider of childcare services in the state, serving over 3,200 children in our licensed facilities in Bismarck, Grand Forks, and Fargo. Childcare and early education are fundamental to the well-being of our children and the economic stability of our families—which is all part of the YMCA mission. According to recent studies, about 78% of families with children under 18 have both parents in the workforce. This underscores the necessity of robust childcare services to support these working parents.

We know that quality childcare provides improved employee satisfaction, reduced absenteeism, and increased productivity. Offering child care-related benefits helps attract and retain talent, which is crucial in a competitive job market. For families, accessible and affordable childcare is essential, allowing parents to participate fully in the workforce. This participation not only enhances family income but also contributes significantly to the broader economy.

We believe a true partnership between providers and the state is critical to impacting workforce and youth development.

Child Care Incentives

The state's historical investment in child care programs and funding last biennium provided through the Department of Health and Human Services have significantly helped families manage child care costs and offered providers helpful grants. Additionally, the child care worker benefit program allowing child care workers to receive assistance when they bring their own children to work has been an invaluable resource for the YMCAs in recruiting and retaining staff.

However, despite these important steps, we have yet to scratch the surface of the financial strain child care providers are facing—particularly in classrooms dedicated to our youngest children aged 0-3.

The Reality for Infant & Toddler Care Providers

Caring for infants and toddlers is one of the most resource-intensive services a provider can offer. Strict staffing ratios (1:4 for infants, 1:5 for toddlers), higher operating and wage costs, and

evolving regulatory requirements all contribute to the challenge of keeping these programs financially stable. Our YMCAs are paying on the higher end of wages, up to $18-22 dollars an hour for infant and toddler staff in some cases, to remain competitive in the market and retain quality employees.

Tuition rates alone, however, cannot offset these costs. Market rates are set based on what families can reasonably pay, not on what providers need to cover expenses. Even with tuition ranging from $800-$1,200 per month for infants and toddlers, the reality is that monthly cost approaches $1,700-$2,000 per child for staff, supplies, food, insurance, utilities, facility maintenance, cleaning and more. Some YMCA child care programs are losing as much as $80,000 annually, largely due to the high cost of providing infant and toddler care. Programs that serve only infants are especially hard hit, while others barely break even—even with the more sustainable care of 3-, 4-, and 5-year-olds. These razor-thin margins leave many providers on the brink, with infant care being the most financially unsustainable.

Limited Pricing Flexibility

The U.S. Department of Health and Human Services (HHS) recommends that child care should not exceed 7% of a family's household income to be considered affordable. Yet we understand families spend between 10-20% of their income on child care, with some paying even higher percentages depending on their location and the age of their children.

To understand the real impact, let's break down the typical family's income and expenses. The median household income in Cass County is $73,742 per year. After taxes and benefits, this leaves a family with $63,220 in take-home pay, or about $5,268 per month to cover expenses. Like most families, their income is quickly allocated to necessities (taken from cost-of-living averages, on the lower end):

- Housing (Rent/Mortgage & Utilities): $1,400
- Household Expenses (Groceries, Utilities, Internet, Phone, etc.): $1,200
- Car Payment, Insurance, & Health Insurance: $500
- Gas & Transportation: $500
- Other Essentials (Clothing, Personal Care, etc.): $300
- Total Basic Expenses: $3,900

That leaves $1,368 before factoring in one of the biggest expenses—child care. For families with young children, child care costs are unavoidable. In Cass County, infant care hovers around $1,140 per month, with toddler care at $908 per month. For a family with one infant and one toddler, that's $2,048 per month. In order to pay for child care, this family has reached into its savings or depending on credit for emergencies, savings, unexpected costs like medical bills, car repairs, or home maintenance, let alone considering family fun.

Monthly child care costs can equal or exceed a mortgage or rent payment. We saw reported just last week in the North Dakota News Monitor, child care expenses rival the cost of a four-year public college degree in at least 38 states—an expense families typically spend years preparing for. Families are pushing the limits of what they can afford or dropping out of the workforce to care for their children. Many middle-income families receive no financial assistance at all and still struggle to afford child care tuition, leaving providers unable to raise rates without pricing families out entirely.

Provider Grant Proposal

As the legislature evaluates the 2023 child care package, we believe there is an opportunity to further support providers and incentivize care for the 0-3 age group with a unique funding stream.

As we've discussed, state regulations in child care aim to protect children, support early learning, and deliver long-term benefits like better education and workforce readiness. These are public benefits—but the financial burden falls mostly on private providers and families. That's not fair or sustainable without public support.

Strict licensing rules and ratios, including low child-to-provider ratios in 0-3 care, limit how many children providers can serve. This disrupts the balance of supply and demand. If the state is regulating the industry and shaping the market this way, it should also help stabilize it through funding.

Providers cannot continue to raise prices, or families will be priced out. But they also cannot (and would not) lower quality because of regulations. That puts them in a tough spot—and only public funding can ease that pressure without sacrificing quality or access.

Child care helps parents work, which strengthens the whole economy. So when the state sets rules that raise costs or limit access, it also has a responsibility to keep the system working—with investment.

Bottom line: If the state wants to guide how child care works for the public good, it also needs to help make the system viable. Otherwise, it's like setting the rules for a game but not providing the equipment to play.

With this, we're asking for a dedicated provider grant and corresponding $30 million appropriation to directly support child care providers serving infants and toddlers, ensuring sustainability, affordability, and quality in the ecosystem.

We would encourage that this type of grant supports our child care workforce through wages and hiring incentives. Staff costs comprises up to 80% of total costs, depending on the child's age. It should be directed toward the delta between cost and tuition for infant and toddler care, specifically, where operating costs are highest. And it should recognize providers who participate in

the state's Bright and Early quality rating system at a level 2 or higher, to ensure quality measures and support skilled caregivers. **To ensure the grant reaches those who need it most, eligibility should prioritize:**

- **Licensed child care centers;**
- **Providers who serve a significant percentage of infants and toddlers (0-36 mos); and**
- **Programs that are quality rated at a level greater than or equal to a 2 Star rating.**

Conclusion

The state is providing key support for families with limited income to increase child care affordability. It has helped providers with individual infrastructure and quality grants, our YMCAs included. New child cares are opening in desert areas, easing the strain for those in rural communities and where child care offerings are scarce—and we applaud all of those programs. But the assurances that these child cares and others can continue in the current market are slim.

Now we ask you for your efforts to fund the gap with direct support for providers of infant and toddler care.

Thank you for your consideration as we work together to address an issue with a direct impact on workforce development in North Dakota.

Thank you,

Alliance of North Dakota YMCAs

Bill Bauman
Missouri Valley Family YMCA
Bismarck

Nick Gray
Minot Family YMCA / Triangle Y Camp
Minot

Bob McWilliams
Altru Family YMCA
Grand Forks

Steve Smith
YMCA of the Northern Sky
Fargo



THE HIDDEN FOUNDATION OF OUR ECONOMY

CHILD CARE

Affordable and enriching child care is the hidden foundation of North Dakota's economy.

Without it, parents' ability to work outside of the home is dramatically limited. Preschoolers enter the classroom at an academic disadvantage, which widens the opportunity gap. And without it, elementary students spend out-of-school hours lacking structure, guidance and positive role models.

With your help, we can address these challenges and build future generations of North Dakotans from a solid foundation.

THE CHALLENGE IN NORTH DAKOTA

2nd Highest Labor Force

Participation Rate in the United States,** making it **a struggle to recruit and retain skilled workers.** Workers who are caring for our most precious possessions: our children.

$354 Million Lost

Amount North Dakota's economy loses annually due to child care challenges.*

Two-Generation Workforce

Childcare is a two-generation workforce issue– crucial for our workforce of today and workforce of tomorrow. Only qualified, caring people help build this next workforce. Not machines, animals or Ai.

Childcare Barrier

New residents to the state can help North Dakota thrive. However, childcare is often the barrier that stands between success and stagnation. Additional funding can help bring workforce solutions.

THE Y FUELS NORTH DAKOTA'S ECONOMY

2,113 Employed

Individuals by North Dakota YMCAs. YMCAs are also often the **first employers of young people and build strong, positive work ethics.**

$25,477,591 Paid

Wages and benefits paid to employees by North Dakota YMCAs.

THE Y'S IMPACT IN NORTH DAKOTA

3,230 Children
were enrolled in YMCA licensed childcare centers statewide including 124 infants, 198 toddlers, kindergarten readiness, and school age.

29,555 Youth
participated in out-of-school-time activities at the Y that focus on holistically fostering the physical, social and emotional development of kids.

$1.7 Million Scholarship
helped support kids and families from economically disadvantaged backgrounds participate in North Dakota YMCA programs and activities.

20,000+ Meals
served in rural communities to children 18 and under during the summer. Plus 7,000 meals in Fargo to low income areas during the summer.



I am very thankful for everything that the YMCA has done for me and Kalani. Because of the Y, I didn't have to choose between rent and childcare. I have no doubt that Kalani will be ready for school thanks to all of the help from the Y.

– Nicole, Kalani's mother

A SOUND INVESTMENT

There is no other non-profit like the YMCA. By investing in North Dakota's YMCAs and Child Care, you are helping to secure the future of our economy and workforce. Here's how:

- Enhanced curriculum in Y programs to meet future ND workforce demand
- Additional YMCA child care staff to increase capacity
- More efficient recruitment of employees such as faster and more accurate background checks
- Upgraded practices, equipment and facilities to ensure safety and health of children and staff

We also provide: • Emergency Child Care for Essential Workers • Youth Sports & Enrichment • Meals & Food Distribution • Senior Wellness & Socializing • New American Support • Water Safety & Swimming Lessons • Adaptive Programming • Cancer Survivor Wellness • And So Much More!

ALLIANCE OF NORTH DAKOTA YMCAs

BISMARCK – Missouri Valley Family YMCA
1608 N Washington St | bismarckymca.org

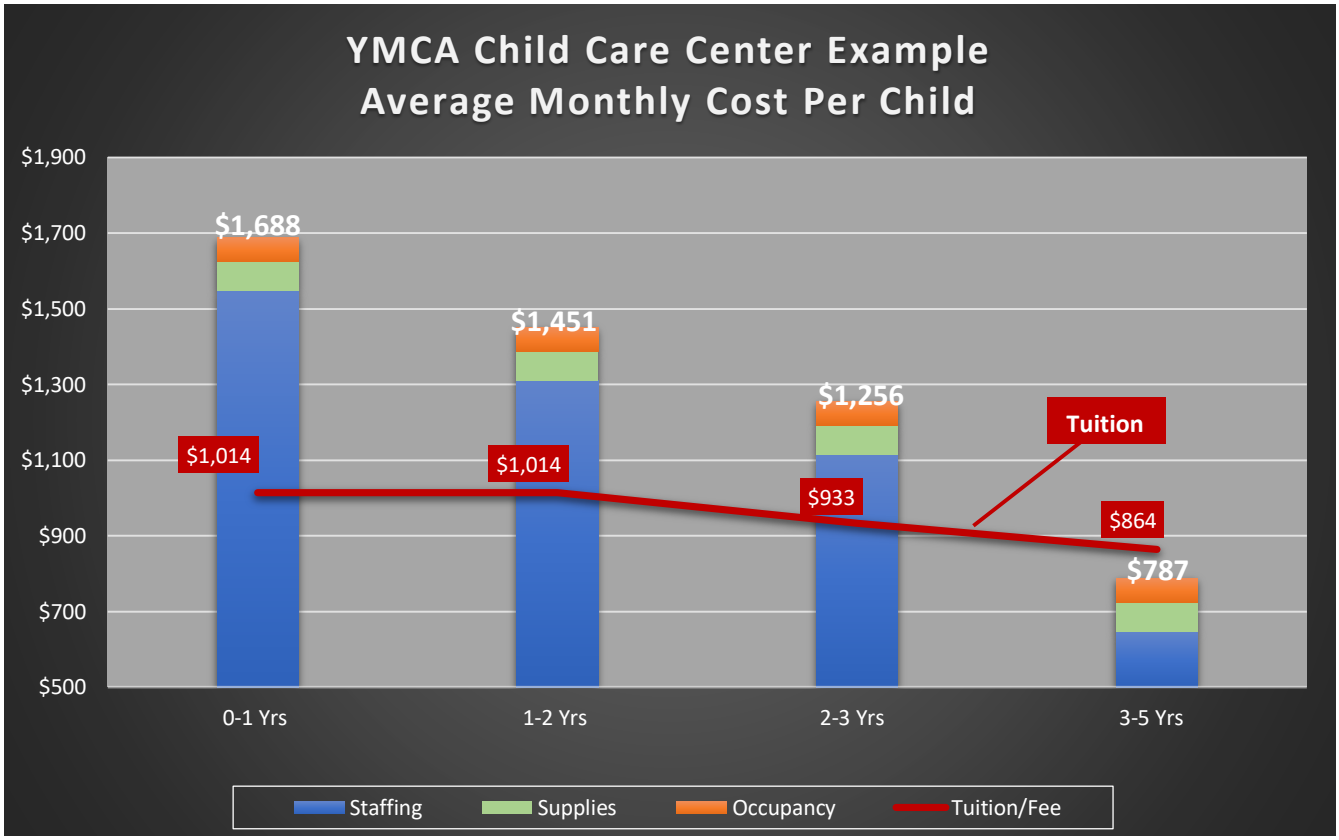
FARGO – YMCA of the Northern Sky
400 1st Ave S & 4243 19th Ave S
ymcanorthernsky.org

GRAND FORKS – Grand Forks YMCA Family Center
215 N 7th St, Grand Forks | gfymca.org

MINOT – YMCA of Minot North Dakota
3515 16th St SW | ymcaminot.org

the YMCA

Sources: *Sandra Bishop, Ph.D., "$122 Billion: The Growing, Annual Cost of the Infant-Toddler Child Care Crisis," ReadyNation, Council for a Strong America (2023).
** www.jec.senate.gov



Income per child:

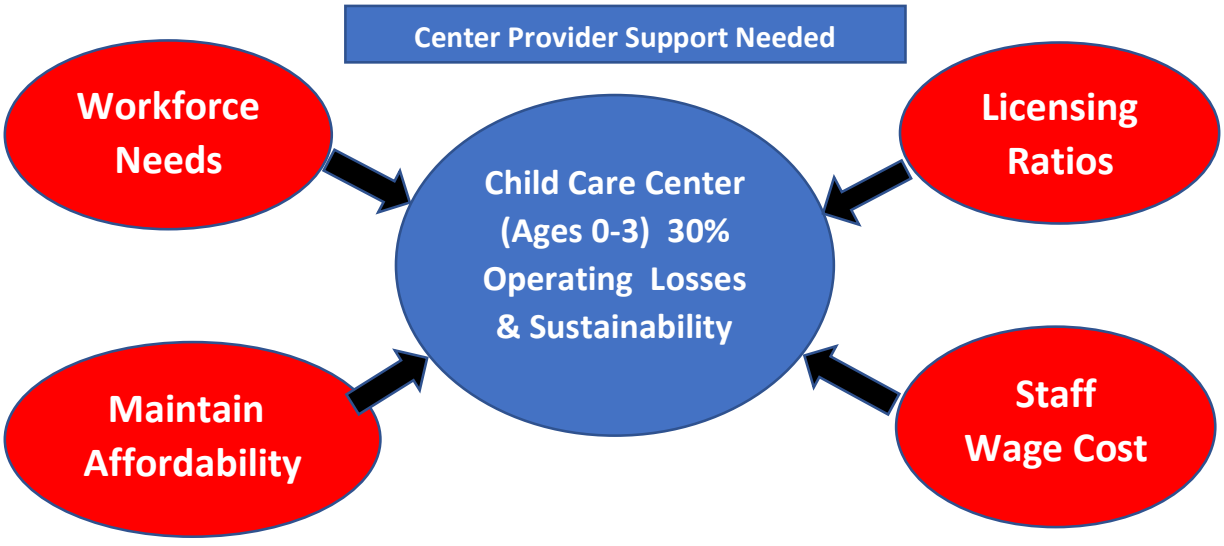
- **Tuition/Fee:** Current monthly rate charged per child in each age group.

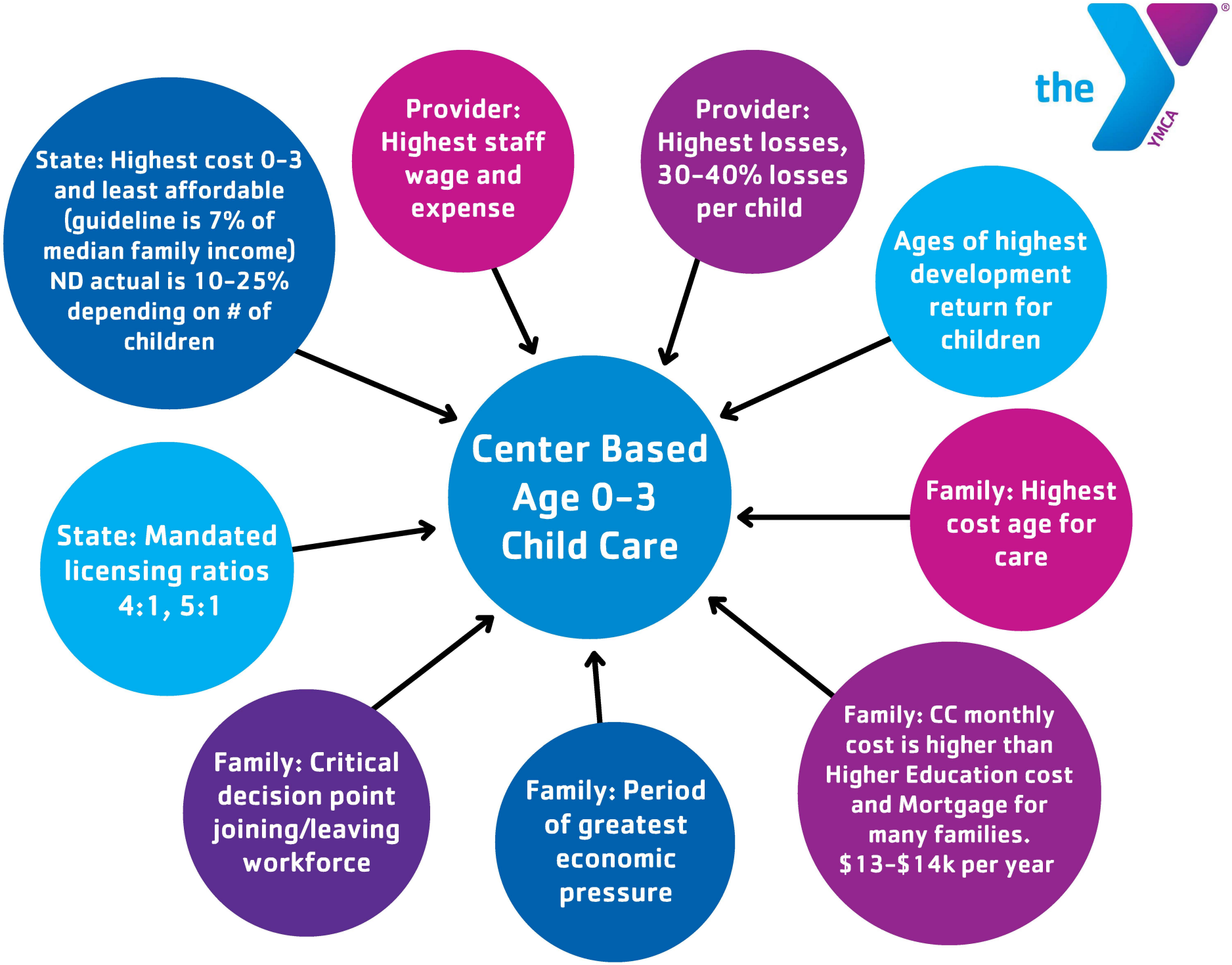
Total monthly cost per child:

- **Staffing:** wages, taxes, benefits, background checks and training. HR, Accounting
- **Supply:** food, learning materials and other supplies.
- **Occupancy:** housekeeping and sanitation supplies, utilities, repairs and IT

** Cost does not include any building/facility lease, debt, interest, deprec cost).*

***Data from two Bismarck YDC Centers – full time care only: 324 children, ages 0-5, 2023*




Center Based Age 0-3 Child Care
State: Highest cost 0-3 and least affordable (guideline is 7% of median family income) ND actual is 10-25% depending on # of children
Provider: Highest staff wage and expense
Provider: Highest losses, 30-40% losses per child
Ages of highest development return for children
State: Mandated licensing ratios 4:1, 5:1
Family: Highest cost age for care
Family: Critical decision point joining/leaving workforce
Family: Period of greatest economic pressure
Family: CC monthly cost is higher than Higher Education cost and Mortgage for many families. $13-$14k per year

TESTIMONY TO NORTH DAKOTA SENATE APPROPRIATIONS COMMITTEE

HUMAN RESOURCES DIVISION

March 26, 2025

Dear Chairman Dever and Honorable Members of the Subcommittee:

My name is Beverly Unrath, and I am the owner of Dakota Home Care, a provider of in-home pediatric and adult nursing services serving families across North Dakota. I am here to respectfully request your consideration of an important addition to **HB1012**—specifically, that the Department of Health and Human Services be directed to review and revise its new Private Duty Nursing (PDN) policy and practices to ensure compliance with **CMS (The Centers for Medicare & Medicaid Services)**, **EPSDT (Early and Periodic Screening, Diagnostic, and Treatment)** requirements and the **Olmstead Act.** I am deeply concerned that the current policy and practice does not align with these federal standards, placing medically fragile individuals and their families at risk of losing access to the care they need to remain safely at home.

North Dakota's Private Duty Nursing program is a critical lifeline for individuals who require ongoing, high-acuity nursing care to survive and thrive at home. These services are not optional—they are medically necessary and often life-sustaining. Under the revised policy, many families are experiencing reduced hours that do not reflect the true complexity of their loved one's care needs. This is happening despite clear federal guidance under **EPSDT**, which mandates that Medicaid cover all medically necessary services for children, and The **Olmstead Act**, which affirms the right of individuals with disabilities to receive care required in the least restrictive setting appropriate to their needs.

Without timely and comprehensive revision of this policy, we risk undermining the stability of home care services for some of our most vulnerable residents. Families are already making heartbreaking decisions—quitting jobs, going without sleep, or considering institutional care—not because it's what they want, but because it's the only option left. This not only contradicts federal protections but also carries a far greater cost to the state in the long run.

We urge the committee to amend HB1012 to require ND Medicaid to:

1. **Submit the revised PDN policy for independent review**, ensuring compliance with CMS, EPSDT and Olmstead standards.
2. **Engage stakeholders**, including families, providers, and advocacy organizations, in the revision process.
3. **Report findings and updates back to the Legislature**, ensuring transparency and accountability.

Thank you for your time and your service to the people of North Dakota. I would be honored to answer any questions or provide additional information as needed.

HB1012
3-27-25

North Dakota Veterinary Medical Association
P.O. Box 1231
Bismarck, ND 58502-1231
T | 701.221.7740 Fax: 701.751.4451
E | execdir@ndvma.com www.ndvma.com

In Support of HB 1012 (Veterinary Medicine Loan Repayment Program)
March 27, 2025

Chair Dever and Members of the Senate Human Services Appropriations Committee,

My name is Dr. Erika Schumacher, and I serve as Director 3 for the North Dakota Veterinary Medical Association (NDVMA). Our organization proudly represents over 300 veterinarians across various disciplines, from companion animal and exotic species to livestock, food and fiber animals, equine medicine, and veterinarians working in research, academia, and government. For more than a century, the NDVMA has been a steadfast advocate for the veterinary profession, working to ensure that statutory changes protect the public, our clients, and patients—while also recognizing the practical realities of veterinary practice and supporting veterinarians in providing safe and effective veterinary services.

I am a mixed-animal veterinarian and practice owner at West Dakota Veterinary Clinic in Dickinson, North Dakota. I'm here today to voice support on behalf of the NDVMA for HB 1012, specifically regarding the Veterinary Medicine Loan Repayment Program (VMLRP).

My professional career has been shaped by two incredible programs: the Professional Student Exchange Program (PSEP) and the Veterinary Medicine Loan Repayment Program (VMLRP). These programs helped me overcome significant obstacles in my journey, and I am here today to share my story with you—one that is proof of the far-reaching impact these programs can have, not just on individual careers, but on rural communities like mine.

I'll start by saying that my path into veterinary medicine was far from traditional. I'm a GED graduate and didn't attend traditional K-12 schooling. When I was accepted into veterinary school, I was also a mother to a 2-year-old child. Balancing motherhood with the intense demands of veterinary school was challenging, but the PSEP program made it possible for me to pursue my dream while raising my family. The financial support from PSEP, which covered the out-of-state portion of my tuition, made it possible for me to attend veterinary school and begin building a career that would allow me to give back to the community I serve.

Upon completing my education, I returned to a rural North Dakota community, where I was able to begin practicing immediately. It was VMLRP's loan repayment assistance that made it financially feasible for me to commit to working in a rural area, where access to veterinary care for food animals is often limited. Veterinarians that are considering working in these areas are having to balance the financial impacts of an average debt of $ 179,505 at time of graduation and are earning an average starting salary of $90,000.

I am proud to say that I'm still in the same practice I started in right out of veterinary school, and in less than 10 years, I have become an owner in an all-women-owned veterinary practice. In fact, I'm evidence of the VMLRP success in recruiting large animal veterinarians and retaining them; this program has an overall retention rate of 79% after fulfilling the contract. In addition, this program has facilitated the buy-in to a practice or starting of a practice with nearly 43% of those completing their contract becoming practice

owners in North Dakota. Through this ownership, I can support my family, provide for my community and contribute to the region's agricultural economy.

None of this would have been possible without the opportunities provided by PSEP and VMLRP. These programs didn't just help me pay down student loans—they helped me build a life, a career, and a business that benefits the entire community. They gave me the chance to return to a rural area that desperately needed veterinary care and to stay here, raise my family, and serve the people and animals who rely on us.

But the need for these programs is not just personal—it's also about the future of rural America. Our rural communities depend on dedicated professionals who are willing to serve in areas that often struggle to attract qualified individuals. The VMLRP is not just life-changing for individuals like me; they are essential to ensuring that rural communities continue to have access to the services they need to thrive.

As you consider policies and programs that affect rural North Dakota, I urge you to continue supporting the VMLRP. This program is vital in addressing the shortage of veterinarians and other essential professionals in rural and underserved areas. It helps promote economic growth through attracting and retaining veterinarians, allowing them to build careers and practices, provide for their families, and contribute to the wellbeing of rural communities that are the backbone of our state's economy.

Thank you for your time, and for your continued support of programs that make a meaningful difference in the lives of individuals and communities across our state.

I'm grateful for the opportunity to share my story with you today, and I am confident that with continued support, many more like me will be able to make a lasting impact in rural communities.

Sincerely,



Dr. Erika Schumacher
NDVMA
Director 3

2025 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

HB 1012
3/31/2025

Relating to leases of the health and human services property, substance use disorder treatment program, basic care payment rates, and state of residence for child care assistance; to provide for a transfer; to authorize a line of credit; to provide legislative intent; to provide for a legislative management study; to provide an application; to provide an exemption; to provide for a report; and to provide an effective date.

8:31 a.m. Chairman Dever opened the hearing.

Members present: Chairman Dever and Senators Cleary, Davison, Magrum and Mathern.

Discussion Topics:

- Economic Assistance
- Federal Funding Sources
- Child Care Development Fund (CCDF)
- Low Income Home Energy Assistance (LIHEAP) Grant
- Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)
- Human Service Zones (HSZ)
- Self Service Portal & Combined Eligibility Systems (SPACES)
- Legacy Systems Retirement from Mainframe - One-Time Funding Request
- Sun Bucks / Summer Electronic Benefits Transfer Program (Summer EBT)
- Child Care Assistance Program (CCAP)
- Budget Review

8:31 a.m. Michelle Gee, Director, Economic Assistance Section, Human Services Division, ND Department of Health and Human Services (ND DHHS), testified in favor and submitted testimony #44392 & #44435.

9:03 a.m. Donna Aukland, Chief Financial Officer, ND DHHS, testified in favor and answered committee questions.

9:04 a.m. Michelle Gee, Director, Economic Assistance Section, Human Services Division, ND DHHS, testified in favor and continued testimony.

9:27 a.m. Eric Haas, Assistant CFO, ND DHHS, testified in favor and answered committee questions.

9:30 a.m. Donna Aukland, Chief Financial Officer, ND DHHS, testified in favor and answered committee questions.

9:34 a.m. Michelle Gee, Director, Economic Assistance Section, ND DHHS, testified in favor and continued testimony.

9:45 a.m. Donna Aukland, Chief Financial Officer, ND DHHS, testified in favor and answered committee questions.

Additional Written Testimony:

Janelle Moos, Associates State Director of Advocacy, AARP North Dakota, submitted written testimony in favor #44372.

9:46 a.m. Chairman Dever closed the hearing.

Joan Bares, Committee Clerk

House Bill 1012, Economic Assistance – Support
March 31, 2025
Senate Appropriations, Human Resources Division
Janelle Moos, AARP ND jmoos@aarp.org

Chairman Dever and Members of the Committee,

My name is Janelle Moos, Associate State Director of Advocacy with AARP North Dakota. AARP is a nonpartisan, nonprofit, nationwide organization with nearly 38 million members. Approximately 82,000 of those members live in North Dakota.

We appreciate this committee's work to dig into issues important to older North Dakotans and this need will continue to grow. Today our population age 50+ is almost 230,000 or 32% and over 50% of those households are age 65 or older. Today in North Dakota over 9 counties have a mean age of over 50 and a number of others are right on their heels

In 2023, AARP conducted a survey of 703 people over 45 in North Dakota asking them how they feel about issues such as health care, financial security, energy costs, caregiving, livable communities and more. North Dakotans provided three primary takeaways including: 1- retirement is on their minds, 2- affordable healthcare is important to them and 3-They want to remain independent and age in place (click to watch discussion). The third takeaway relates directly to programs and funding outlined in HB 1012- Aging and Adult Services Division including:

- Over half of respondents rated their communities as good or very good places to live.
- Seven in ten would prefer to receive care for themselves or a loved one at home.
- 65% are either currently providing or have provided care in the past to an adult relative or friend.
- 79% want to have services available to age in place
- 78% want to say in their home as they age
- 81% told us that getting places independently is important

SNAP is an important program that ensures older adults and families get the nutrition needed. It is an especially important program for Americans over 50 because many face challenges to employment, live on fixed incomes, live alone, and have limited financial resources to pay for necessities like food, housing, and essential medicine. To people struggling to put food on the table, hunger is not a political issue, it is a daily reality. SNAP is a vital lifeline that feeds 23,840 North Dakota households. 35% of those recipients are either elderly or disabled. Also remember, participants generally spend their SNAP dollars locally, soon after receiving them, boosting local economies.

LIHEAP has served as a lifeline for low-income families. As you may know, AARP believe utility issues and rates are a key pocketbook issue. We have intervened in various cases in front of the North Dakota Public Service Commission on behalf of older adults and consumers and know the struggle of families to afford their utility payments. Having a safety net for families especially in our climate is not only the right thing it is the moral thing to do.

Thank you for your work on this important budget that provides the resources and support that allows so many North Dakotans to live and age in their homes and communities.

#44392



Engrossed HB1012 Overview – Economic Assistance

Senate Appropriations | Human Resources Division
Senator Dick Dever, Chairman

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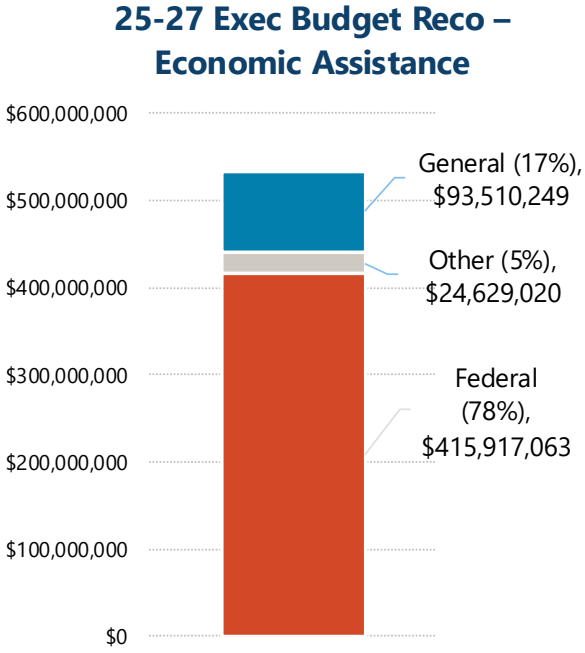
March 31, 2025, Michele Gee | Director, Economic Assistance Section

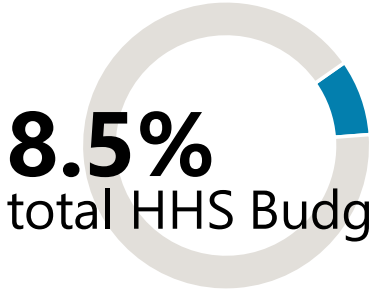
Budget Overview

Economic Assistance: $547.5 million total budget

- 86% of Economic Assistance budget is paid directly to families to help meet basic needs
  - Another 2% of the budget is paid to private community providers who provide various outreach and support services associated with core programs
- With the exception of child care, 97+% of direct assistance administered by Economic Assistance is federally funded
  - Federal funds available for child care assistance are supplemented with general fund dollars to allow ND to serve more families than would otherwise be possible



The Economic Assistance section helps lower-income North Dakotans when they are struggling to make ends meet by connecting them to resources that can help meet their basic needs, preventing greater and more damaging crises.



Core Programs:

- Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF) Program
- Low-Income Home Energy Assistance Program (LIHEAP)
- Child Care Assistance Program (CCAP)
- Housing Stability

+ Eligibility determination process for Medicaid

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Economic Assistance: Overview of Federal Funding Sources

Federal Funding Source	Purpose	Spending Deadline	Grant Year 2024 Deadline	Grant Year 2024 Award
Child Care Development Fund (CCDF) *CCDF funds are used in Economic Assistance and Early Childhood*	Primary Federal Program specifically devoted to providing families with child care subsidy and funding supports to states to improve quality. Total Federal = $23,580,222 Total State = $5,768,485 Requirements: 3% Infant Toddler Quality 9% Quality 5% Admin 70% Direct Service	Discretionary (100% Federal) By end of 3rd Federal Fiscal Year	9/30/2026	$15,420,486
		Mandatory (100% Federal) No specific liquidation date requirement.	N/A	$2,506,022
		Matching – Federal/State Match (based on Federal Medicaid Assistance Percentage) By end of 2nd Federal Fiscal Year	9/30/2025	Federal: $5,653,714 State: $4,751,449
		Maintenance of Effort (100% State) By end of 1st Federal Fiscal Year	9/30/2024	$1,017,036
Low Income Home Energy Assistance (LIHEAP) Grant	To assist low income households, particularly those with the lowest incomes that pay a high proportion of household income for home energy, primarily in meeting their immediate home energy needs.	100% Federal By end of 6th Federal Fiscal Year	9/30/2029	$23,703,987

Economic Assistance: Overview of Federal Funding Sources

Federal Funding Source	Purpose	Spending Deadline	Grant Year 2024 Deadline	Grant Year 2024 Award
Supplemental Nutrition Assistance Program (SNAP)	SNAP is designed to promote the general welfare and to safeguard the health and well being of the Nation's population by raising the levels of nutrition among low-income households.	Benefits are 100% Federal Administration is 50-50 Drawn from a Letter of Credit	N/A	Federal: $115,523,154 (direct benefit) $7,569,717 (admin) State: $57,728 (direct benefit) $6,837,979 (admin) Other: $9,693 (admin)
Temporary Assistance for Needy Families (TANF) Grant *TANF grant is utilizes by Economic Assistance and Children & Family Services*	Four purposes of TANF: • Provide assistance to needy families so that children can be cared for in their own homes or in the homes of relatives • End the dependence of needy parents on government benefits by promoting job preparation, work, and marriage • Prevent and reduce the incidence of out-of-wedlock pregnancies • Encourage the formation and maintenance of two-parent families	No requirement to liquidate by a specific date.	N/A	Federal: $26,300,000 State MOE: $9,069,286

Grants on a Walkthrough

DESCRIPTION	2025-27 BASE BUDGET	COST TO CONTINUE	FMAP	TOTAL CHANGES	TO GOVERNOR	TOTAL CHANGES	TO HOUSE	TOTAL CHANGES	TO SENATE
TANF REGULAR BENEFIT	$ 14,828,741	$ 2,305,054	$ -	$ 2,305,054	$ 17,133,795	$ -	$ 17,133,795	$ -	$ 17,133,795
TANF DIVERSION BENEFIT	60,000	69,180	-	69,180	129,180	-	129,180	-	129,180
TANF KINSHIP CARE	2,980,800	(2,260,800)	-	(2,260,800)	720,000	-	720,000	-	720,000
CHILD CARE	90,611,262	21,595,266	-	21,595,266	112,206,528	-	112,206,528	-	112,206,528
SNAP - BENEFITS	220,820,292	31,116,588	-	31,116,588	251,936,880	-	251,936,880	-	251,936,880
SNAP - SUMMER EBT	-	11,031,265	-	11,031,265	11,031,265	-	11,031,265	-	11,031,265
LIHEAP	33,999,168	9,215,599	-	9,215,599	43,214,767	-	43,214,767	-	43,214,767
TOTAL FUNDS	**$ 363,300,263**	**$ 73,072,152**	**$ -**	**$73,072,152**	**$ 436,372,415**	**$ -**	**$ 436,372,415**	**$ -**	**$ 436,372,415**
GENERAL FUND	**$ 55,003,493**	**$ 21,403,307**	**$ (90,000)**	**$21,313,307**	**$ 76,316,800**	**$ -**	**$ 76,316,800**	**$ -**	**$ 76,316,800**
FEDERAL FUND	**$ 307,644,058**	**$ 38,968,846**	**$ 90,000**	**$39,058,846**	**$ 346,702,904**		**$ 346,702,904**		**$ 346,702,904**
OTHER FUND	**$ 13,352,711**	**$ -**	**$ -**	**$ -**	**$ 13,352,711**		**$ 13,352,711**		**$ 13,352,711**

HHS PROPOSED AMENDMENT - LIHEAP GRANTS FEDERAL REDUCTION	**$ (9,000,000)**

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Other Grants

DESCRIPTION	2023-25 BIENNIUM AMOUNT	INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION			
			TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
Supplemental Nutrition Assistance Program (SNAP) Nutrition Education	$2,400,000	$100,000	$2,500,000	$0	$2,500,000	$0
Supplemental Nutrition Assistance Program (SNAP) Outreach	160,000		160,000		160,000	
Supplemental Nutrition Assistance Program (SNAP) Employment & Training	3,324,756	(528,252)	2,796,504	1,296,040	1,500,464	
Temporary Assistance for Needy Families (TANF) Employment & Training Supportive Services	1,552,772	(490,515)	1,062,228		1,062,228	
Low Income Home Energy Assistance (LIHEAP) Weatherization, Furnace Repair & Replacement, Outreach	11,000,000	(1,000,000)	10,000,000		10,000,000	
Child Care Assistance Program (CCAP) Quality Tier Provider Payments		3,000,000	3,000,000	3,000,000		
Housing Initiative, Eviction Prevention & Housing Stabilization		14,500,000	14,500,000			14,500,000
GENERAL FUND	**$700,000**	**$3,596,038**	**$4,296,038**	**$4,296,040**	**$-**	**$-**
FEDERAL FUND	**17,737,528**	**(2,514,835)**	**15,222,693**	**-**	**15,222,692**	**-**
OTHER FUND	**-**	**14,500,000**	**14,500,000**	**-**	**-**	**14,500,000**
GRAND TOTAL	**$18,437,528**	**$15,581,203**	**$34,018,731**	**$4,296,040**	**$15,222,692**	**$14,500,000**

Comparison of budget expenditures and projections

By Program

PROGRAMS	2023-25 LEGISLATIVE BASE	ONE-TIME / CARRYOVER	2023-25 EXPENSES THROUGH DECEMBER	2023-25 PROJECTED EXPENDITURES	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)	ENGROSSED HB 1012	GENERAL	FEDERAL	OTHER
ECONOMIC ASSISTANCE ADMINSTRATION	$ 1,982,824	$ -	$ 2,124,797	$ 2,904,901	$ 3,874,259	$ (66,013)	$ 3,808,246	$ 894,794	$ 2,913,452	$ -
POLICY & SYSTEM SUPPORT (PASS)	2,859,123	-	2,395,583	3,112,317	2,862,681	(93,000)	2,769,681	1,004,552	1,765,129	-
SPACES OPERATIONS	1,634,070	-	797,702	1,239,327	1,504,467	(57,000)	1,447,467	610,382	837,085	-
ECONOMIC ASSISTANCE IT	-	-	-	-	51,508,995	2,000,000	53,508,995	9,434,513	40,750,120	3,324,362
QUALITY CONTROL	2,475,594	-	1,923,892	2,564,011	2,577,301	(123,000)	2,454,301	1,282,402	1,171,899	-
CHILD CARE ADMINISTRATION	448,367	-	443,471	581,427	3,753,914	(1,500,000)	2,253,914	1,500,000	753,914	-
CHILD CARE GRANTS (CCAP)	90,611,261	33,604,000	71,287,581	100,540,342	112,206,528	-	112,206,528	75,303,066	29,869,390	7,034,072
LIHEAP ADMINISTRATION	11,557,758	-	12,358,869	13,623,141	1,677,264	-	1,677,264	-	1,677,264	-
LIHEAP GRANTS	46,699,140	-	15,639,737	33,654,019	53,214,767	-	53,214,767	-	53,214,767	-
TANF ADMINISTRATION	492,972	-	394,694	519,589	595,923	(3,000)	592,923	26,796	566,127	-
TANF GRANTS	15,839,821	-	7,753,859	10,236,119	18,343,430	-	18,343,430	1,013,734	11,011,057	6,318,639
TANF KINSHIP GRANTS	2,980,800	-	457,015	634,547	720,000	-	720,000	-	720,000	-
TANF JOBS GRANTS	8,504,719	-	5,927,461	8,053,641	9,254,222	-	9,254,222	-	2,302,276	6,951,947
TANF ALTERNATIVE TO ABORTION	600,000	-	132,175	132,175	-	-	-	-	-	-
SNAP ADMINISTRATION	1,175,913	-	1,391,217	1,671,081	2,471,945	(92,000)	2,379,945	1,143,972	1,235,972	-
SNAP GRANTS	226,705,048	-	176,209,373	228,544,141	268,424,649	-	268,424,649	1,296,038	267,128,610	-
HOUSING STABILITY	33,519	62,231,000	41,474,247	52,614,495	14,500,000	(13,500,000)	1,000,000	-	-	1,000,000
TOTAL	**$ 414,600,930**	**$ 95,835,000**	**$ 340,711,673**	**$ 460,625,272**	**$ 547,490,344**	**$ (13,434,013)**	**$ 534,056,332**	**$ 93,510,250**	**$ 415,917,063**	**$ 24,629,020**

HHS PROPOSED AMENDMENT - LIHEAP GRANTS FEDERAL REDUCTION $ (9,000,000)

Carryover:
- Housing Stability $61,646,000
- Child Care COVID Funds $25,904,000
- Additional COVID Funds $ 4,700,000

One Time:
- HB 1540-Child Care Quality Based Payments $3,000,000
- State ARPA Funds (housing stability) $585,000

Note: Child Care General Fund 23-25 includes HB 1540-Child Care Assistance related initiatives (not One-Time) $47,800,000

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NDCC Reference for Economic Assistance

NDCC 50-09 | Aid to Dependent Children

NDCC 50-33 | Child Care Assistance

How do we accomplish our task?

HHS Economic Assistance

Economic Assistance operates North Dakota's Integrated Eligibility system, which is a gateway to all Medicaid services and to the core of family financial resource programs administered by the section.

Program Administration

- Federal Compliance
- State Law & Administrative Rules
- State Plan
- Federal Reporting
- Federal & State Agreements, including data sharing, security, interfaces
- Oversee contracts with community providers for support services and outreach

Supporting Service Delivery

- Training, Policy and System Support
- Benefit Issuance
- Integrated Eligibility technology platform (development, maintenance, security)
- Eligibility determination for long term services and supports

Program Integrity & Performance

- Program Monitoring
- Federal & State Quality Reviews
- Federal & State Audits
- Performance Improvement

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Our work serves as a gateway to stabilizing resources that improve the overall health and wellbeing of 160,000+ North Dakotans each year

Administer family financial assistance programs:

- Supplemental Nutrition Assistance
- Home Energy Assistance
- Child Care Assistance
- Temporary Assistance to Needy Families
- Housing Stability Svc

Determine financial eligibility for:

- Supplemental Nutrition Assistance
- Home Energy Assistance
- Child Care Assistance
- Temporary Assistance to Needy Families
- Housing Stability Svc
- Medicaid / Medicaid Expansion
- Children's Health Insurance
- Development Disability Svc
- Adult/Aging Svc
- Basic Care Assistance
- 1915i

Each month distribute funds to:

- SNAP – $9.9 M to 26,600 households
- Home Energy Assistance - $2 M to 14,000 households
- Child Care Assistance - $6.2 M to 3,800 households
- Temporary Assistance to Needy Families - $500,000 to 700 households
- Housing Stability Svc - $1 million to 1,200

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How do we accomplish our task?

Human Service Zones

Serving North Dakota individuals and families is a partnership. Economic Assistance administers programs, while Human Service Zones determine eligibility to deliver benefits.

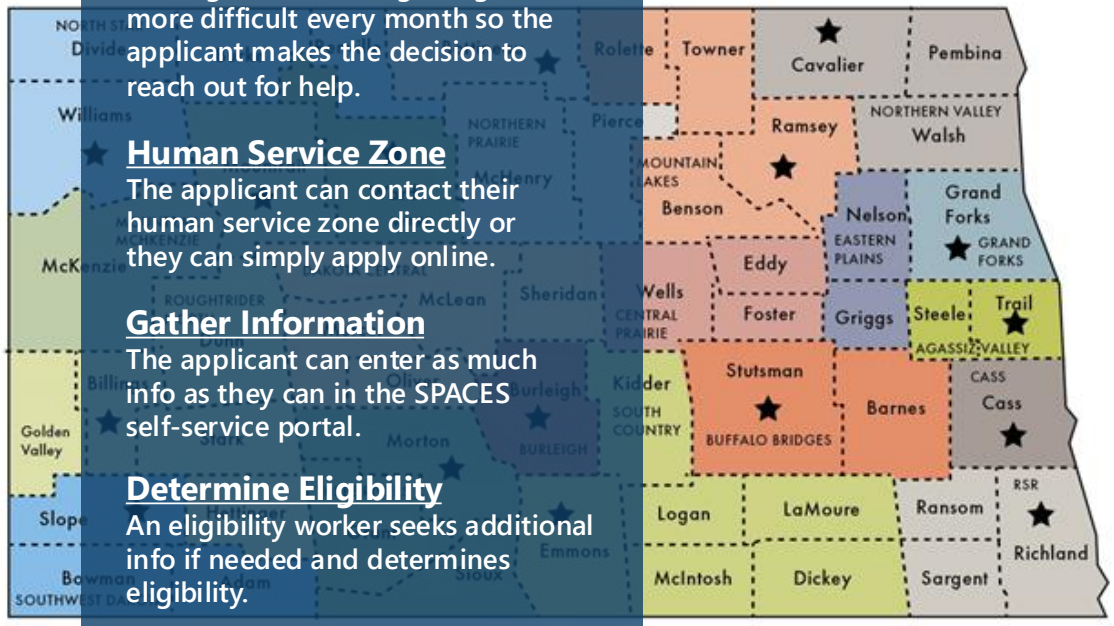
Person Decides to Apply
Making ends meet is getting more difficult every month so the applicant makes the decision to reach out for help.

Human Service Zone
The applicant can contact their human service zone directly or they can simply apply online.

Gather Information
The applicant can enter as much info as they can in the SPACES self-service portal.

Determine Eligibility
An eligibility worker seeks additional info if needed and determines eligibility.

Issue Benefits
If eligible, the state will issue the benefit in the appropriate manner.



How Clients Access Services

One Address. One Phone Number. No Wrong Door.
Eligibility redesign makes it easier for families to get help by simplifying access points.

Centralized Mail Unit

One mail and email address for document submission

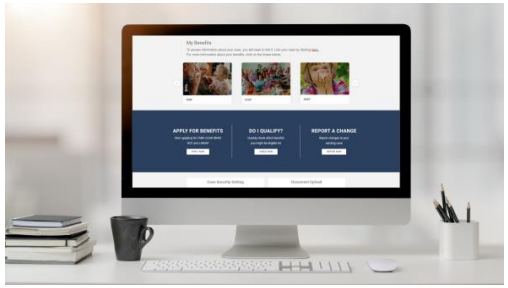
Customer Support Center

One phone number to speak to an expert

Local Support

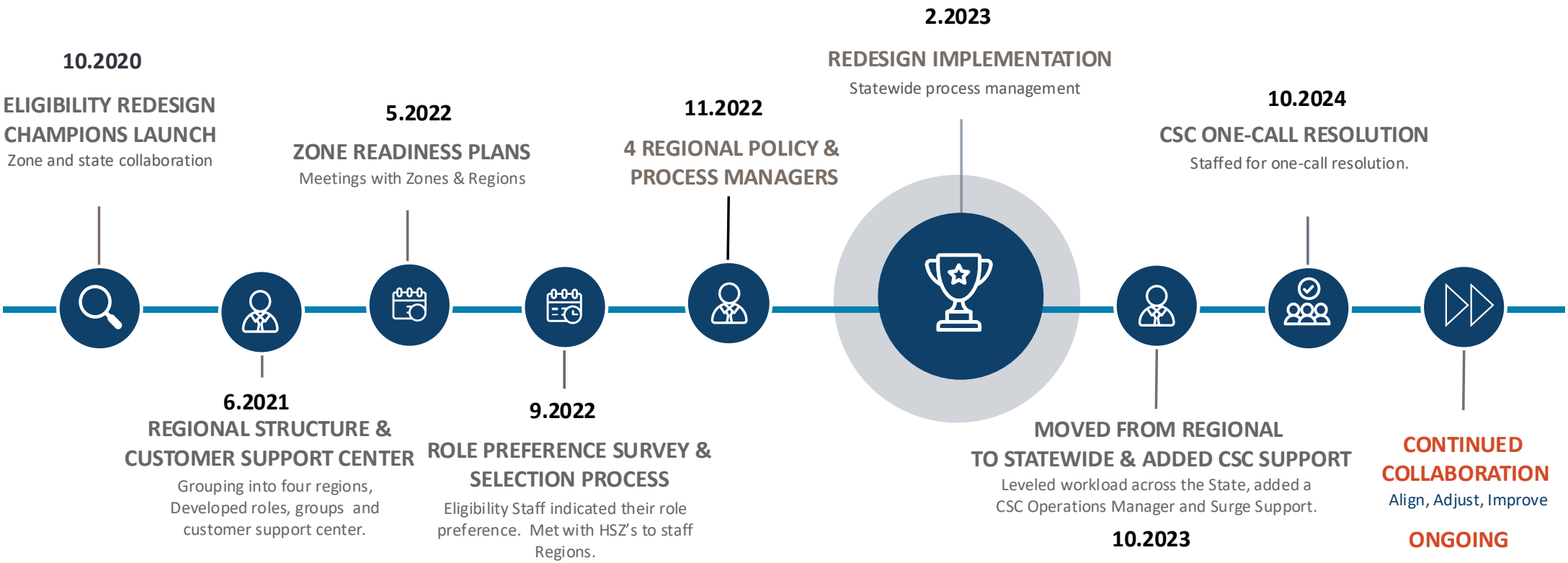
Local offices will remain open for in-person support

Self-Service Portal
Individuals can use the self-service portal to apply, report changes, renew their benefits, view notices, upload documentation, and check their eligibility and benefits.
Dec 2024 SSP Adoption Rate – 47.13%

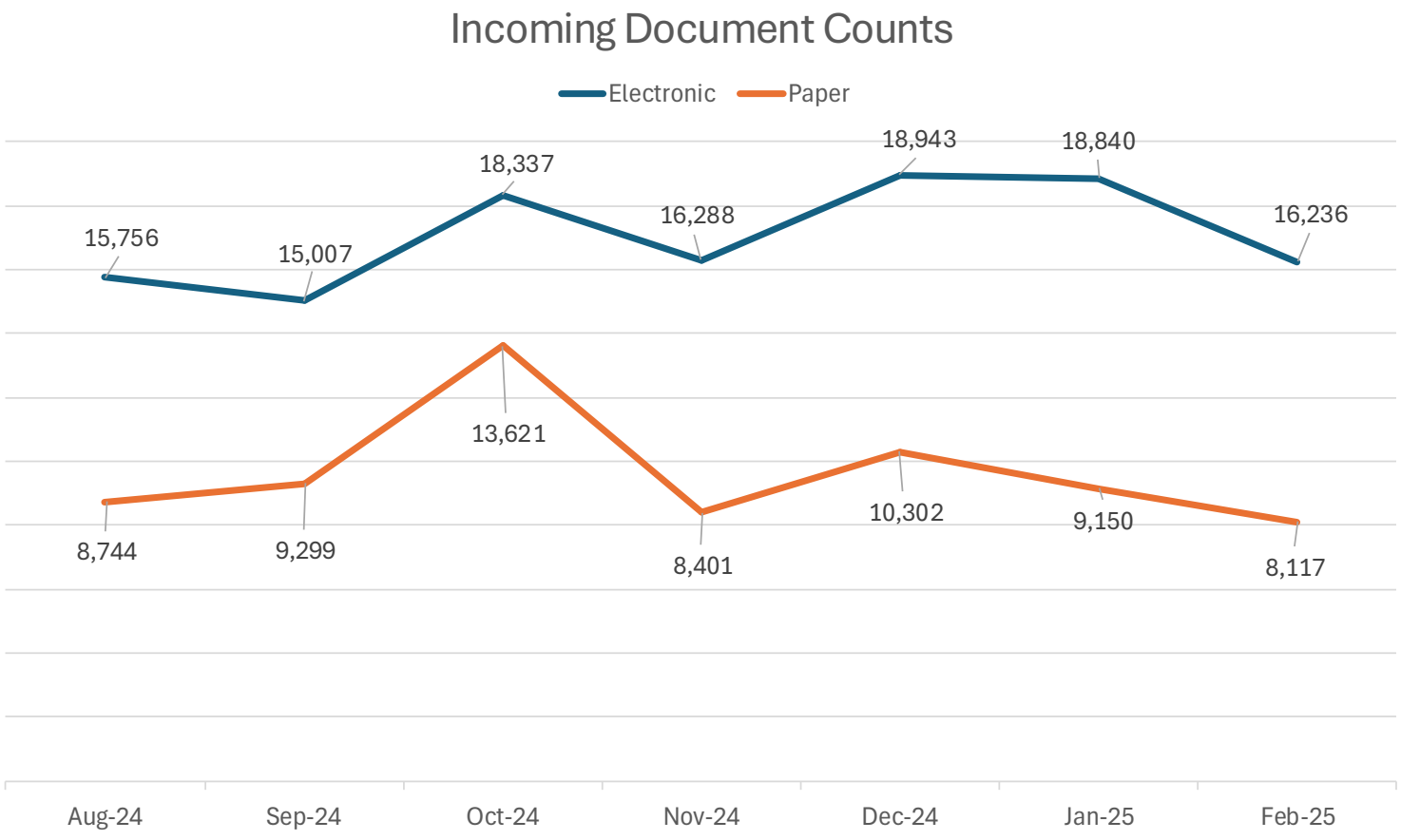


Redesigning the way we work together to deliver resources accurately and efficiently

KEY MILESTONES



Centralized Mail Team assures seamless routing of documents across the state



4 Digital Mail Specialists (HHS)
+
36 Support Specialists (HSZ)
+
3 Support Spec Supervisors (HSZ)

(1) Scan

- Scan paper applications and documentation sent to the central mail unit or to HSZ Office

(2) Index

- Team indexes scanned documents to a work queue.
- Automatic indexing to work queue of electronic submissions via self service portal (SSP)

(3) Assign

- Batch process assigns work from the queue to the eligibility worker based on their role and group assignment

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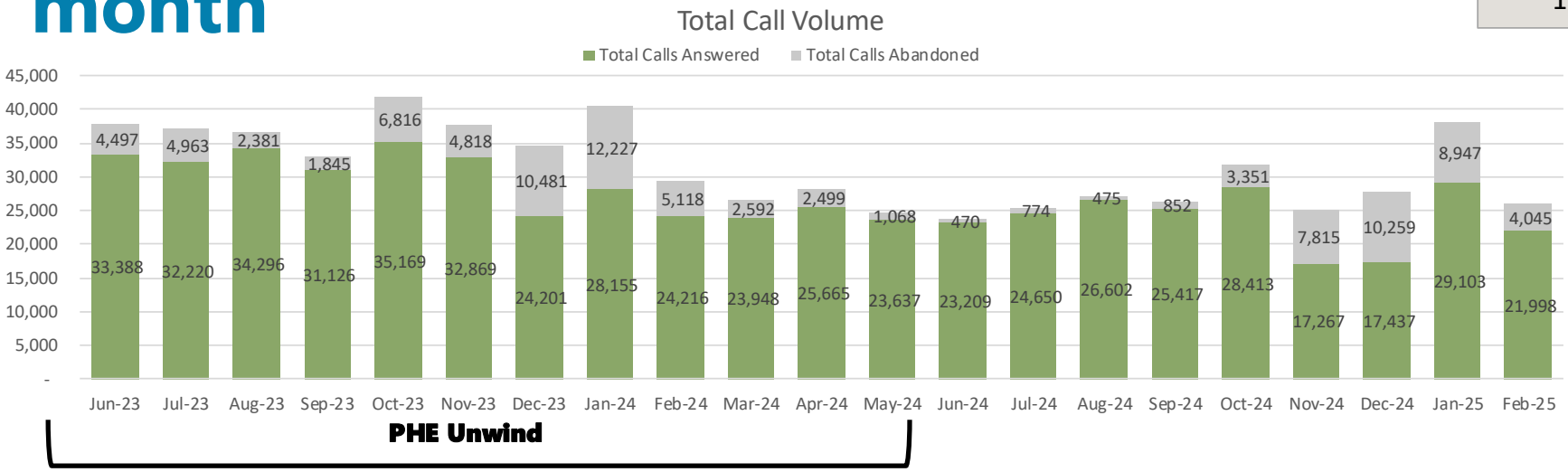
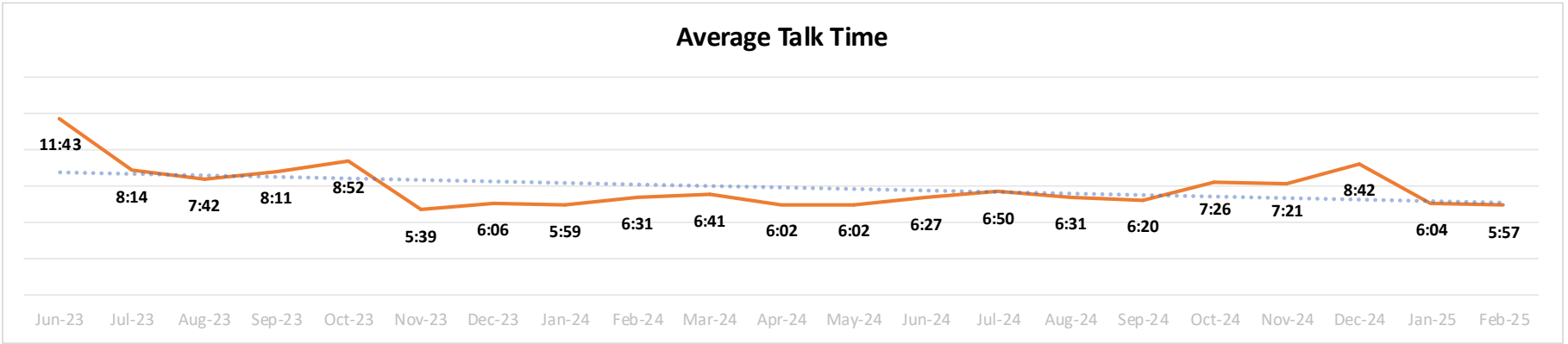
Customer Support Center (CSC) team serves as a resource to tens of thousands of North Dakotans every month

39 CSC agents (37 HSZ, 2 HHS)
+
9 CSC Leads & Sups (HSZ)
+
1 CSC Coordinator (HHS)

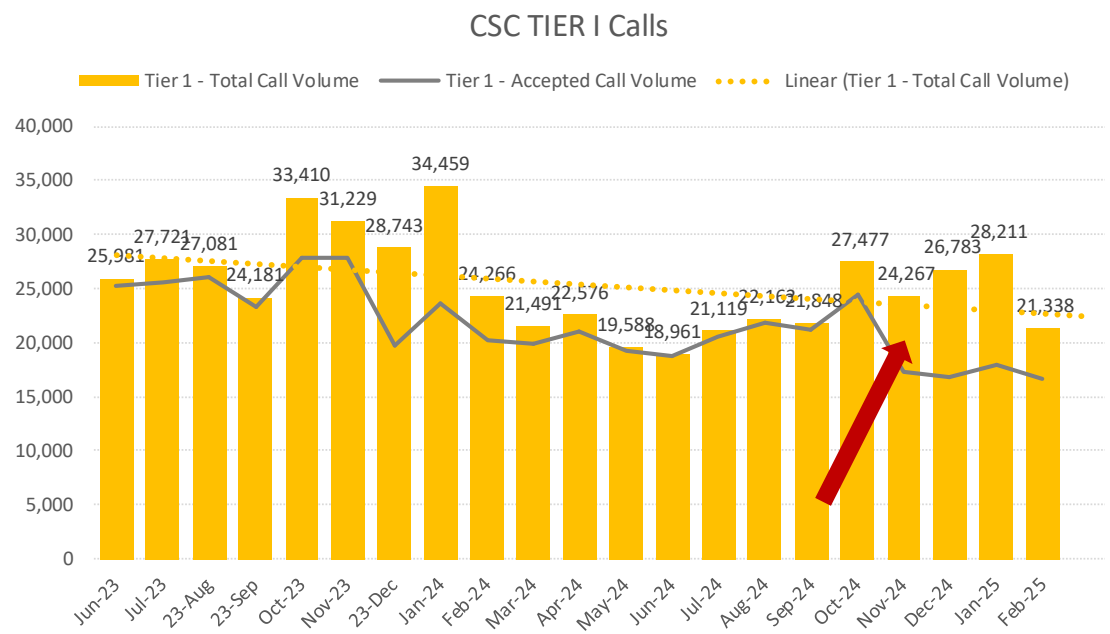


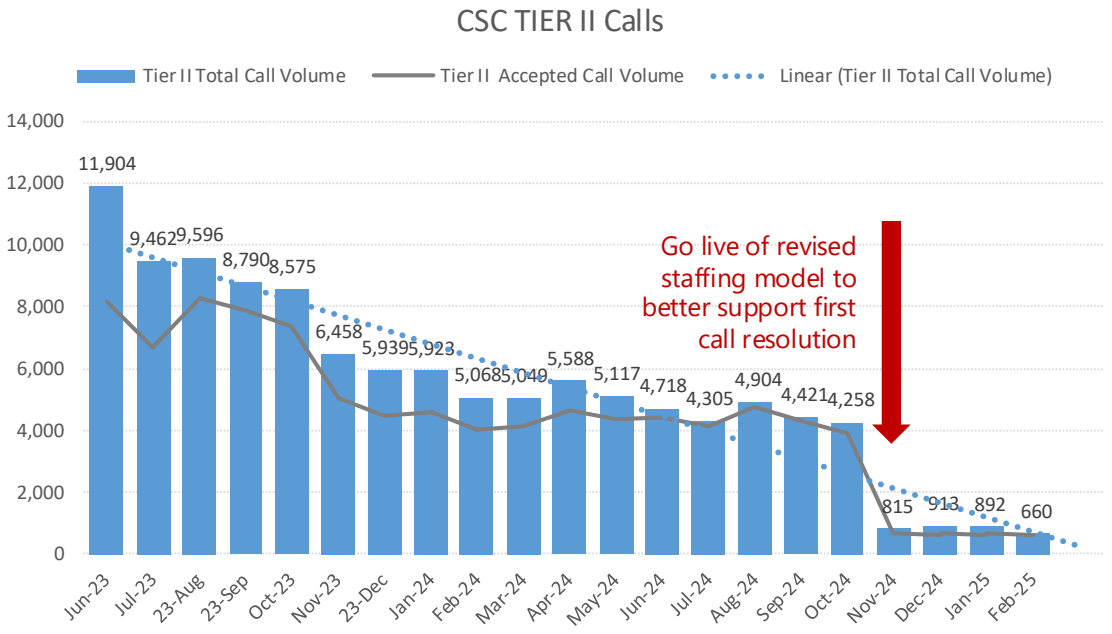


Why do people call?

- When will my case be processed? (#1 - SNAP and #2 Medicaid)
- Questions about what they need to provide to complete review (notice of request for verifications)
- Why was my case closed? Why did the payment status/amount change?
- TANF monthly reporting explanation or JOBS status/inquiry
- EBT cards

First-call resolution helps assure callers get the answers they need

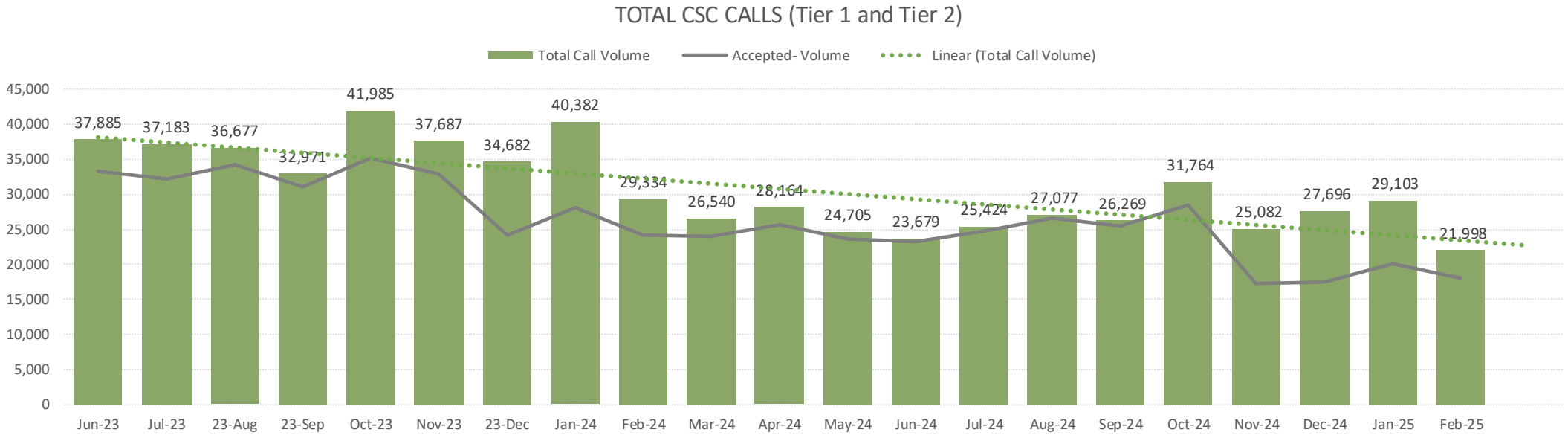


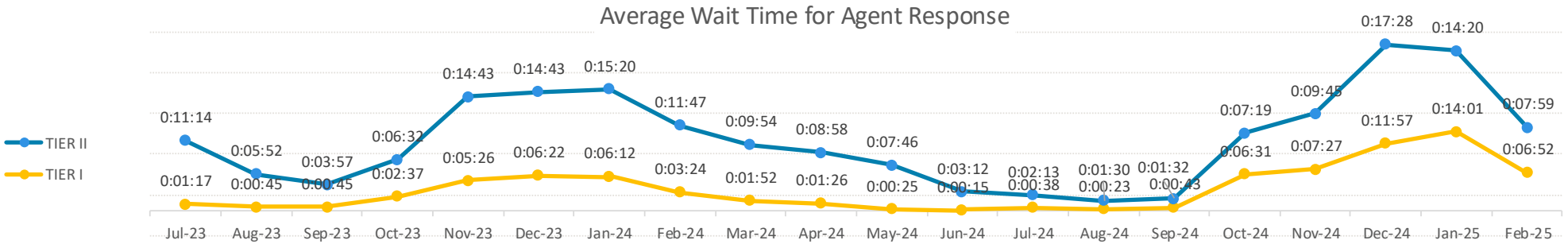


Tier 1 calls are answered by an experienced eligibility worker who is trained to triage calls and answer questions, provide feedback, initiate an action step on a case, or make an appropriate referral/transfer to an alternate source.

Tier 2 eligibility workers manage calls that are more complex, including when callers require de-escalation, or significant case issues that need additional research & documentation.

Average wait times have increased since transitioning to the first call resolution framework





Eligibility teams determine eligibility for 16-18,000 apps & reviews per month by processing 60-70,000+ work items

Centralized Mail Team

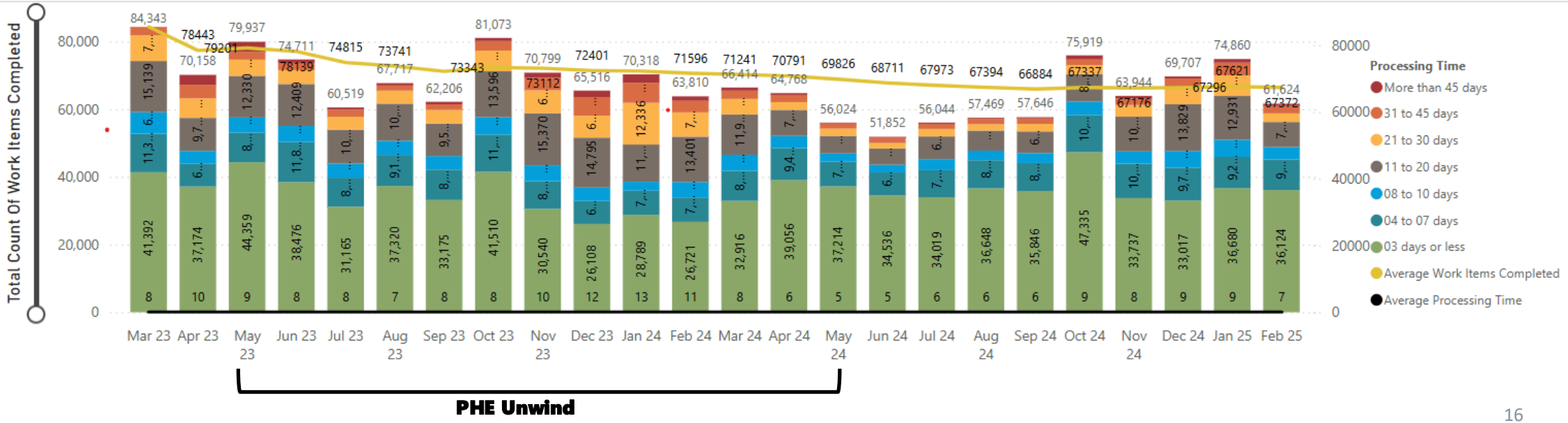
4 Digital Mail Specialists (HHS)
+
36 Support Specialists (HSZ)
+
3 Support Specialist Sups (HSZ)

Customer Support Team

39 CSC agents (37 HSZ, 2 HHS)
+
9 CSC Leads & Sups (HSZ)
+
1 CSC Coordinator (HHS)

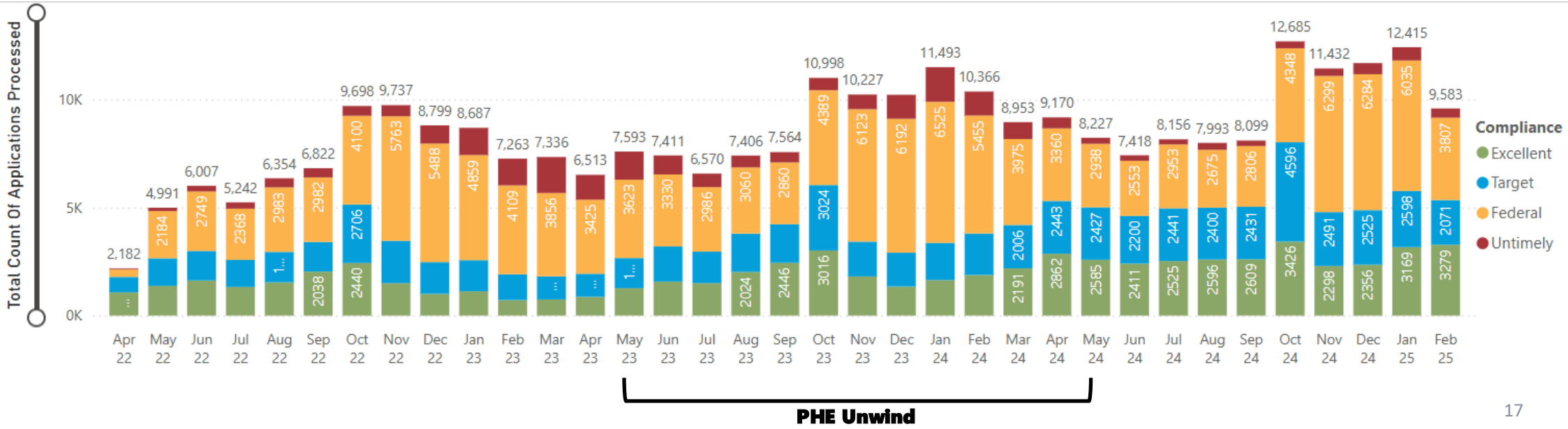
Eligibility Team

124 App processors (HSZ)
+
156 Maint processors (HSZ)
+
20 Long Term Care elig (HHS)



Application Processing - All Programs

- February 2023 – HHS and HSZ's worked together to develop a regional service delivery model to support Economic Assistance and Medicaid coverage.
- May 2023 – First month participants were required to complete a Medicaid renewal, after the temporary Medicaid coverage extension due to the PHE.
- October 2023 – HHS and HSZ's moved from a regional to a statewide service delivery model to support Economic Assistance and Medicaid coverage.
- May 2024 – Last month of Medicaid renewals for PHE unwind.



Review Processing - Medicaid

- February 2023 – HHS and HSZ's worked together to develop a regional service delivery model to support Economic Assistance and Medicaid coverage.
- May 2023 – First month participants were required to complete a Medicaid renewal, after the temporary Medicaid coverage extension due to the PHE.
- October 2023 – HHS and HSZ's moved from a regional to a statewide service delivery model to support Economic Assistance and Medicaid coverage.
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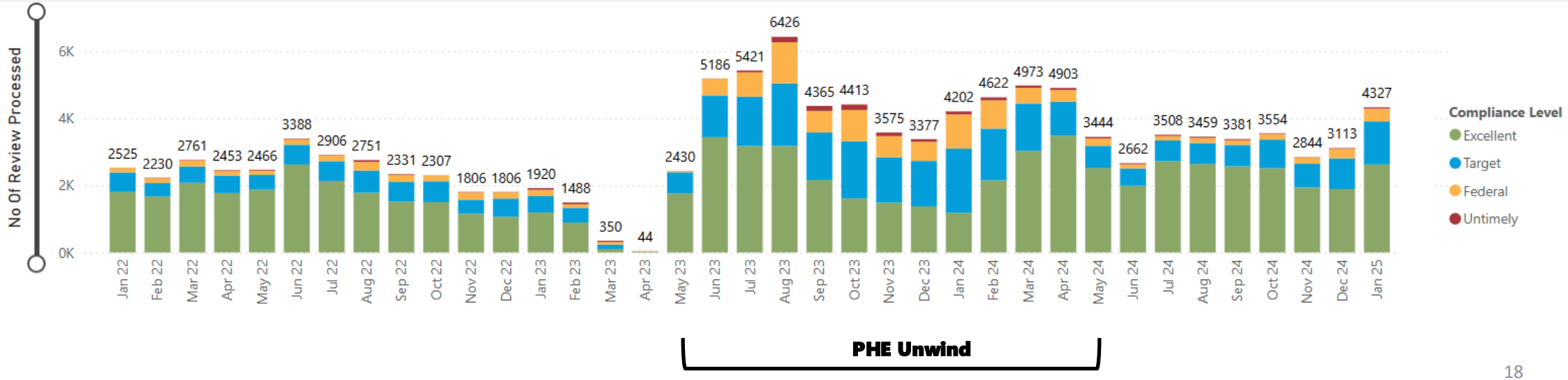

Review Processing – CCAP, SNAP & TANF

- February 2023 – HHS and HSZ's worked together to develop a regional service delivery model to support Economic Assistance and Medicaid coverage.
- May 2023 – First month participants were required to complete a Medicaid renewal, after the temporary Medicaid coverage extension due to the PHE.
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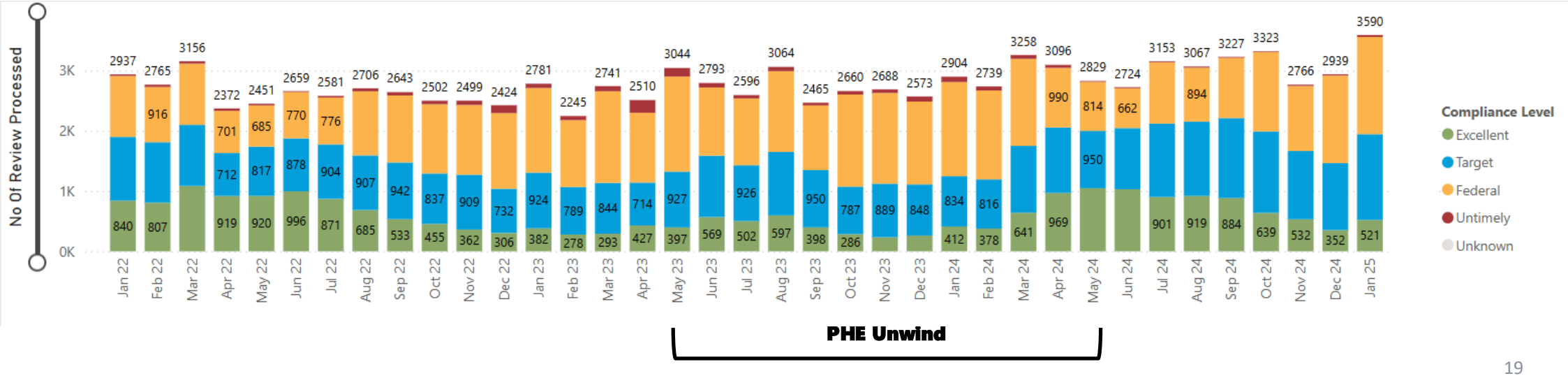
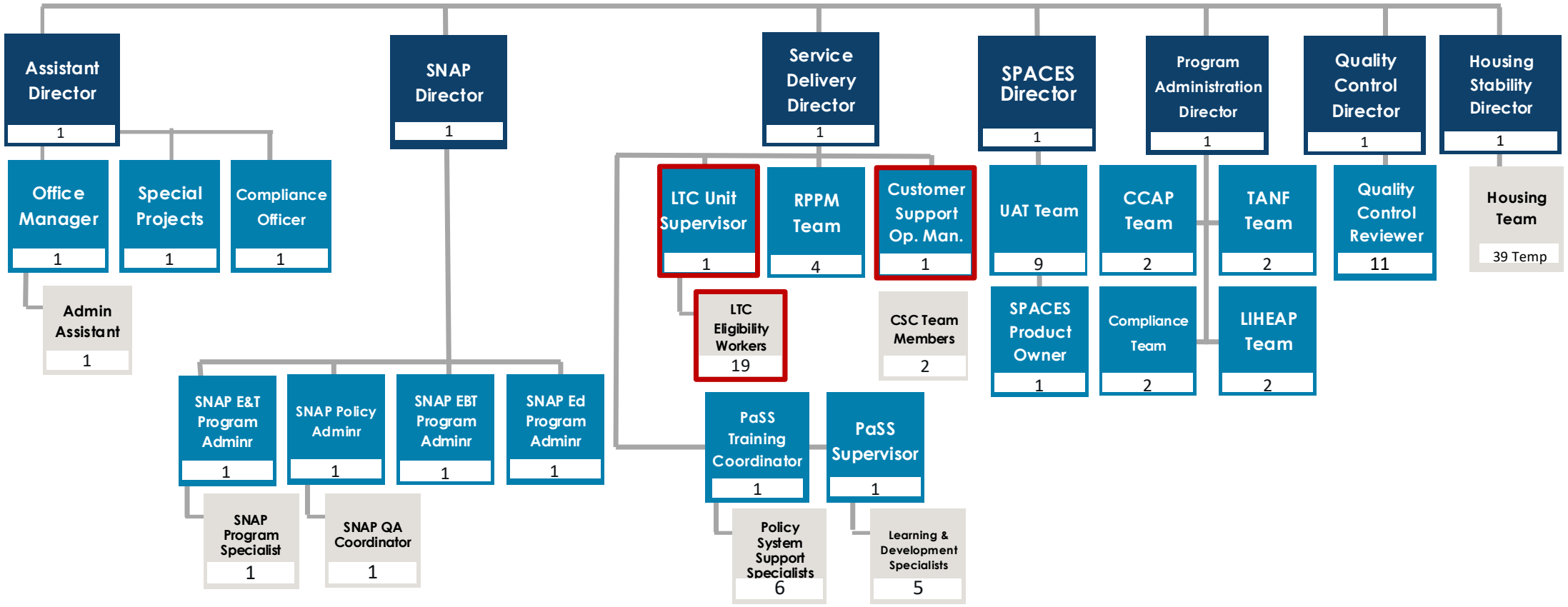


Economic Assistance Director

Michele Gee



= funding included in HSZ Ops budget

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Economic Assistance Team

Economic Assistance			
Position Numbers Assigned/ Funding Exists	**Filled Positions**	**# of Vacancies**	**# of Temporary Staff**
*86***	*77*	*9**	*39**

***Numbers as of 12/1/2024**
***21 FTE in HSZ budget section*

Average Age	*47*
Avg Years of Service	7.4
Retirement Risk	*3.5%*
Turnover 2021	*2%*
Turnover 2022	*3%*
Turnover 2023	*7%*
Turnover 2024	*1%*

7 of 9 vacancies noted here have been filled since December 1

- 1 - LTC Elig Team Supervisor (refill)
- 1 – Compliance Officer (new position responsible for managing federal agreements with CMS, IRS, SSA, etc. Ensure compliance and proper security protocols.)
- 1 – CCAP Provider and TANF Vendor Compliance (new to comply with enhanced federal requirements).
- 1 - LIHEAP Vendor Compliance (new to comply with advanced federal requirements).
- 2 - Learning and Development Specialists (new to better support HSZ training).
- 1 SNAP Nutrition Education Administrator (compliance with FNS expectations)

2 positions offered and accepted, starting May 1, 2025

- 2 User Acceptance Testers to support SPACES maintenance and operations efforts

Supporting Service Delivery

Service Delivery Team

Learning & Development

- Developed 40 new program & system learning modules.
- SNAP, Medicaid and SPACES virtual classroom trainings held monthly.
- Continuous updates to SPACES on-line help, including job aids on complex processes.
- Partnered with HSZ Supervisors & Lead workers to develop a new eligibility worker onboarding plan.
- Meet with supervisors & lead workers monthly to review policy and system changes.

LTC Eligibility Team

- Improved average processing time for applications by 43.8% and reviews by 42.9%.
- Community Outreach and Education:
  - Presented at Statewide, along with the East & West LTC Association Conference
  - Presented at Aging Services Informational Collaboration with facilities, care providers and participants.
  - 23 facility visits over last 2 years.

Regional Policy & Process Managers

Collaboration with HSZs to continuously improve service delivery:

- Shift from regional process to statewide processing – achieving level caseloads statewide.
- Continuous monitoring and escalation of work items to ensure timeliness.
- In-person meetings and training for community partners.

CSC Operations

- Implementation of in-person on-boarding.
- Development of CSC scripting.
- Holiday coverage
- Implemented a supervisor review process.

Policy & System Support Help Desk

Provided policy and technical support to the HSZ eligibility teams.

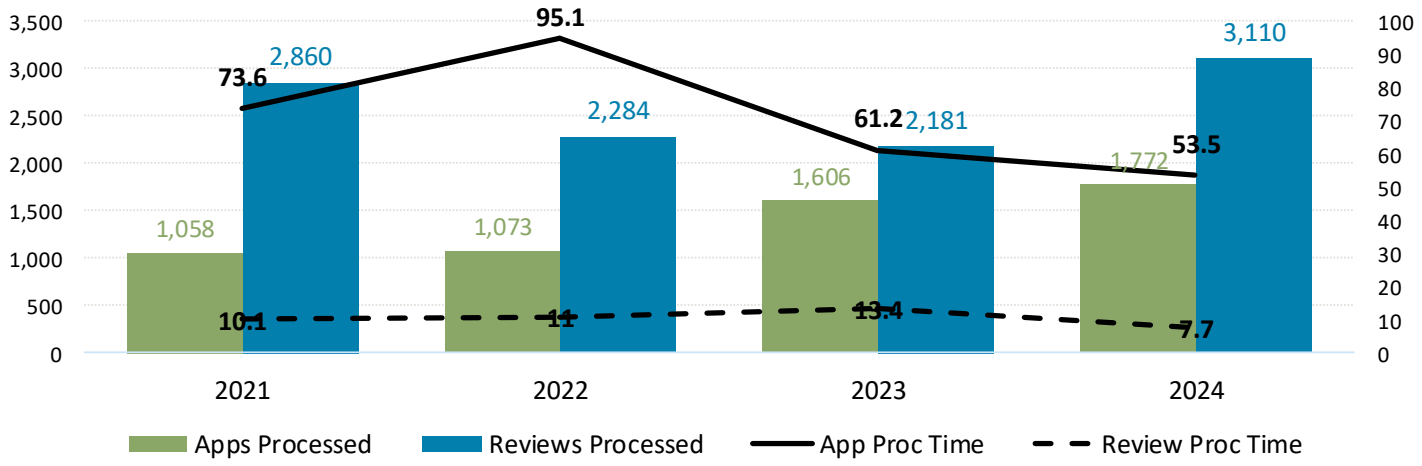
- 34,754 support tickets closed in 2023
- 24,455 support tickets closed in 2024

Supporting Service Delivery

Long-Term Care Eligibility Unit

- Formed in February 2020 as part of Social Service Redesign
- Responsible for determining Medicaid eligibility for individuals who are in:
  - Skilled nursing facilities
  - Memory care
  - Basic care
  - Swing beds, and
  - Individuals receiving home and community based waiver services
- Today, staffed by 17 eligibility workers, 2 supervisors and 1 unit supervisor (HHS)

	2021	2022	2023	2024
Applications Processed:	1,058	1,073	1,606	1,772
Average Application Processing Time:	73.6 days	95.1 days	61.2 days	53.5 days
Reviews Processed in Year:	2,860	2,284	2,181	3,110
Avg Reviews Processing Time:	10.1 days	11.0 days	13.4 days	7.7 days



Supporting Service Delivery

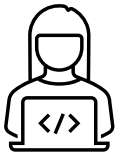
Self-Service Portal & Combined Eligibility System (SPACES)

160,000+
North Dakotans utilized SPACES to access Economic Assistance and Medicaid coverage during SFY 2024



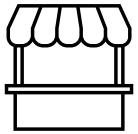
Self-Service Portal

- Screening to help individuals understand what assistance they may qualify to received.
- Dynamic application, gathers information based on the program the individual or family is applying for and their responses.
- Allows individuals to received notices electronically and to receive text messages.
- Participants can report changes, upload documents and complete reviews.
- Mobile Friendly



Worker Portal

- Used by 300 HSZ eligibility team members to determine eligibility and level of benefits for families seeking CCAP, LIHEAP, Medicaid, SNAP and TANF.
- Interfaces with 50+ systems, including MMIS, Child Support, Social Security, Vital Records, IRS, EBT/EPC Vendors, etc.
- Case narratives to support eligibility for historical and audit purposes.
- Create and send notices requesting information, informing individuals of their eligibility, referrals, etc.



Provider Portal

- Associate as a provider for children eligible for CCAP and for households receiving LIHEAP.
- Certify enrollment.
- Submit billings.
- View payment history.
- Submit attendance records.
- Mobile Friendly



Referral Portal

- SNAP & TANF work eligible individuals referred to employment and training partners.
- Programs focus on work readiness, training and job placement services.
- Job Service ND, Community Options, Turtle Mountain Employment and Training, receive referrals and maintain individual participation records.
- Support services for work readiness.



Supporting Service Delivery

SPACES Improvements 2023-25

- Process alignment to support the **statewide eligibility redesign**
- Implemented enhancements in line with CMS and state-identified enrollment strategies for the 12-month unwinding period. This included **passive renewals**, **automating 35% of eligibility determinations**.
- **Social security interface** automation, reducing the number of work items by 80%.
- Successful and timely **implementation of legislative changes** for CCAP, TANF and Medicaid.
- **Self-Service Portal** enhancements driving **adoption rate** from 10.5% to 47.1% in one year

SPACES "Behind the Scenes" Impact

Integrated Eligibility system automation removes need for paper apps





Sun Bucks (summer EBT)

Made available by USDA, Sun Bucks provides food assistance during the summer months to families with school-age children eligible for free or reduced-price school meals, when they don't have access to meals at school.

- Summer 2024 - 38,000 children ($4.6M, 100% fed)
- Direct certification process for Summer 2025 = 44,000 children projected to benefit
  - ✓ 24,000 children will be directly certified because they are eligible for SNAP and TANF
  - ✓ Plus 6-8,000 children will be directly certified as eligible for Medicaid-only

Direct Certification for Free/Reduced Meals

- Nov 2024 added automated data exchange to remove the need for children who are already Medicaid eligible to have to apply again for Free / Reduced Meals from their school
- DPI and HHS exchange data between technology systems to eliminate need for families to complete an additional paper application

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SPACES Looking Ahead

Continuous Improvement is necessary to maintain compliance and improve customer experience

Economic Assistance operates North Dakota's Integrated Eligibility system, which is a gateway to all Medicaid services and to the core of family financial resource programs administered by the section. Together these programs represent more than 70% of the resources distributed through the HHS budget.



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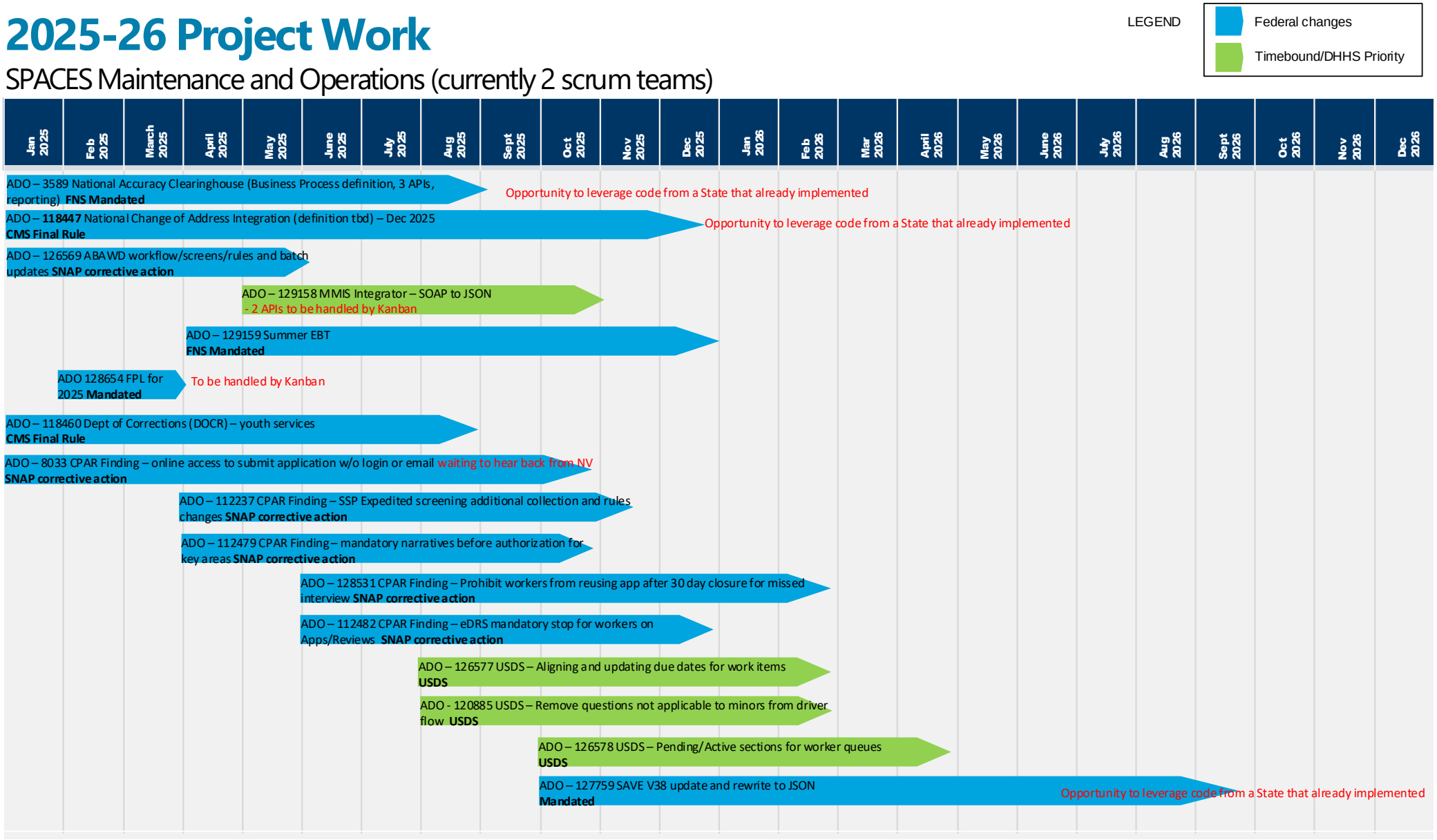
2025-26 Project Work

SPACES Maintenance and Operations (currently 2 scrum teams)



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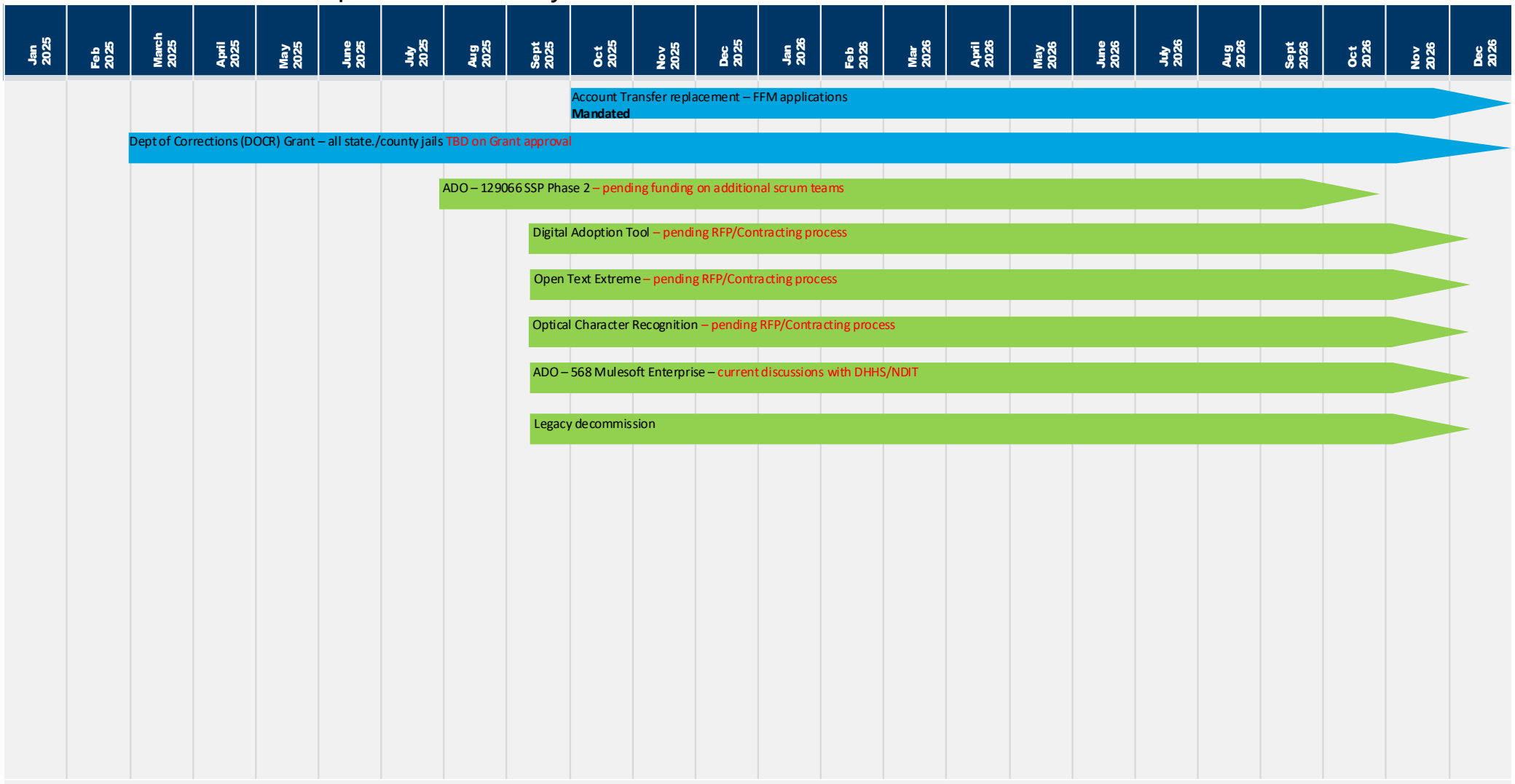


Dec 2024 snapshot showing highest priority changes that are currently in SPACES backlog.

As capacity to address becomes available, operations team will triage items based on a waterfall of decision criteria.

	Title 1	State	Created Date	Progra
7	MMIS FATAL ERROR Prevent sending duplicate data in transactions	New	11/6/2024	
3	[ND-228636] Same individual is Eligible for Multiple COE	New	4/24/2024	MEDICAID
9	MMIS Eligibility Determination needs correct Net Income for children	New	11/6/2024	
8	ND-216021 - Change Reporting Changes_CWD/WWD	New	4/19/2024	MEDICAID
6	ND-140051 - CR 1600: Wiping out of disqualification when there is no Penalty	New	4/19/2024	MEDICAID
8	CAPP Policy change to allow Mat. Leave at App/Reviews	New	9/30/2024	
0	[ND-214477] Mass update closing Work items	New	8/9/2024	
6	CCAP Need ability to move to a child only case.	New	10/28/2024	
4	ND-137463 BENDEX BEER - work item generation	New	11/12/2024	
3	MEDICAID: Changes to SSP for ACA non-applicants.	New	6/25/2024	
6	ND-208829 - HCC - Passive Review Automation of SSI Individuals on Categorically Needy Benefit	New	4/19/2024	MEDICAID
2	Multi Program Driver Flow Changes	New	8/21/2024	
0	TANF - Work Outcomes of TANF Exiters Report (Quarterly)	New	9/3/2024	
1	TANF- Secondary School Diploma or its Recognized Equivalent Attainment Rate (Annual)	New	9/3/2024	
7	TANF-Supplemental Work Outcomes Report (Annual)	New	9/3/2024	
1	[ND-224516] BABY BOT Twins (More than 1 newborn) Pregnancy & SSN Newborn	New	2/20/2024	ALL
8	Penny Bot SSP Analysis - [ND-227849] Conflict Panel - Database Mapping Modifications	New	4/10/2024	ALL
3	Education Summary Screen Logic Enhancement	New	8/7/2024	
9	Eligibility Override creating Cannot Change Segment due to 'Benefits Cannot be changed because of Change in COE'	New	6/10/2024	
9	Messaging needed for SSP for August payments - Dashboard display	New	7/19/2024	
4	ND-183795 - Single Parent Adoption is not considered deprivation for TANF	New	5/22/2024	
2	ND-203049 - ND Verify: Store the request and response XML in the database	New	4/19/2024	ALL
4	ND-223949 - Client Portal | Case linking not available while first application in progress	New	4/19/2024	ALL
3	SNAP EXPEDITED (ND-189135, ND-176503, ND-228647)	New	5/21/2024	SNAP
2	ND-189135 - Income converting and using converted amount to determine expedite status	New	5/21/2024	SNAP
1	ND-191529 - Work Program - Reevaluation of rules for when a person needs to be disenrolled from the JOBS program.	New	5/22/2024	
6	CCAP - QRIS Bonus Payment - Update	New	7/26/2024	
5	Global Change - SAVE should not stop the eligibility determination process while verification is pending.	New	7/28/2024	
7	Education Details - Cancel vs Continue Button Difference Enhancement Logic	New	8/14/2024	
5	CCAP Changes for Non-compliance issues	New	8/22/2024	
8	SNAP – Provisions in the Consolidated Appropriations Act, 2024	New	8/22/2024	
2	Modifying the provider SSP to give updates on when an associated family is due for review.	New	8/22/2024	
9	Absent Parent Update 2.0	New	8/5/2024	
5	Electronic Signature Language needed on SPACES forms	New	9/24/2024	
3	ND-194539 - TANF payment issued incorrectly - $45.00 Out of Home Allowance issued for Long Term Care Arrangement to Ineligible Caretaker as they were considered in Filing Unit	New	5/22/2024	
7	ND-192198 - TANF - removal of selection of MHA Tribal NEW Program for JOBS referral	New	5/22/2024	
5	ND-196188 - TANF Transition budgeting error – child care expenses are not taken into consideration when earned income eligibility for TANF Transition determined	New	5/22/2024	
6	ND-193635 - System must allow JOBS Transportation Allowance to sanctioned individual to cure JOBS sanction in second pending month when application is pending	New	5/22/2024	
0	ND-192135 - TANF issues with children > 16 and JOBS Requirements and school requirement	New	5/22/2024	
0	CCAP-Providers Portal: Unable to edit Pre-Certifications in SSP	New	10/28/2024	
3	CCAP children with a Disability	New	10/28/2024	
2	TBQ data for Bendex	New	11/4/2024	
6	MSP Modifications using TBQ data	New	11/6/2024	
2	Defect / Enhancement: Unearned Income Source - Reimbursement	New	10/26/2024	
7	Remove Option to Limit the Number of Reasonable Opportunity Periods	New	11/14/2024	
8	ABAWD Exemptions questions for Homeless, Foster Child to be mandatory in SPACES	New	11/19/2024	
9	SNAP Tribal Food Distributions - SPACES and SSP Changes	New	11/19/2024	
4	Global Change - Remove References to NDVerify	New	7/26/2024	
2	ND-222191 WORK ITEM: new medical work item/process is needed	New	7/11/2024	
0	FNS Timeliness Technical Assistance Request - Ending 1- and 2-month certification periods to improve timeliness rates	New	11/27/2024	
3	CHIP Coverage when Reported Change in Circumstance is Other Health Insurance	New	12/1/2024	
5	CCAP Add SFN 433 as an option to attach to notices	New	12/1/2024	
9	SSP All Portals | Document Upload | Prevent password protected documents from upload	New	10/31/2024	

Included in Executive Budget Request

Retire Legacy Systems from Mainframe

- While the majority of the Economic Assistance transactional systems no longer operate on the mainframe, there are legacy system tails that need to be retired, including both programmatic data and process interfaces.
- The effort of retiring mainframe systems will require teams to reverse engineer old technology processes and methodically retire older solutions, transferring or purging data as necessary.

Total	General	Federal	Other*
$2,000,000	$0	$1,000,000	$1,000,000

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



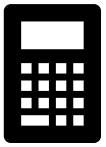
Income Eligibility Limits FFY2025

HHS Economic Assistance programs

TANF – 50% FPL
SNAP – 200% FPL
LIHEAP – 60% SMI
CCAP – 75% SMI

NOTE:
30% State Median Income (SMI) is roughly equivalent to 100% of the Federal Poverty Level (FPL)
60% State Median Income (SMI) is roughly equivalent to 250% of the Federal Poverty Level (FPL)

	TANF				SNAP		LIHEAP		CCAP			
Household	**50% FPL**		**100% FPL**		**200% FPL**		**60% SMI**		**75% SMI**		**85% SMI**	
Size	**Monthly**	**Hourly**	**Monthly**	**Hourly**	**Monthly**	**Hourly**	**Monthly**	**Hourly**	**Monthly**	**Hourly**	**Monthly**	**Hourly**
1	$ 628	$ 3.62	$ 1,255	$ 7.24	$ 2,510	$ 14.48	$ 2,977	$ 17.18	$ 3,722	$ 21.47	$ 4,218	$ 24.33
2	$ 852	$ 4.92	$ 1,704	$ 9.83	$ 3,408	$ 19.66	$ 3,893	$ 22.46	$ 4,867	$ 28.08	$ 5,516	$ 31.82
3	$ 1,076	$ 6.21	$ 2,152	$ 12.42	$ 4,304	$ 24.83	$ 4,809	$ 27.74	$ 6,011	$ 34.68	$ 6,813	$ 39.31
4	$ 1,300	$ 7.50	$ 2,600	$ 15.00	$ 5,200	$ 30.00	$ 5,725	$ 33.03	$ 7,157	$ 41.29	$ 8,111	$ 46.79
5	$ 1,525	$ 8.80	$ 3,049	$ 17.59	$ 6,098	$ 35.18	$ 6,641	$ 38.31	$ 8,302	$ 47.90	$ 9,409	$ 54.28
6	$ 1,749	$ 10.09	$ 3,497	$ 20.18	$ 6,994	$ 40.35	$ 7,557	$ 43.60	$ 9,446	$ 54.50	$ 10,706	$ 61.77
7	$ 1,973	$ 11.38	$ 3,945	$ 22.76	$ 7,890	$ 45.52	$ 7,729	$ 44.59	$ 9,662	$ 55.74	$ 10,950	$ 63.17
8	$ 2,197	$ 12.68	$ 4,394	$ 25.35	$ 8,788	$ 50.70	$ 7,900	$ 45.58	$ 9,876	$ 56.98	$ 11,193	$ 64.58



$377

Family of 3 with monthly income of $6,011 would have a CCAP co-pay of $377
If monthly cost of care = $1,082 (average center / infant)
Family pays $377; CCAP pays $705

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40% of jobs in the ND labor market pay an average wage of $22/hour or less







Less than $16 / hour	$16 - $22 / hour	$22 - $30 / hour	$30 - $38 / hour	>$38 / hour
Childcare worker	Home health/PT aide	Carpenter	Rotary drill operator	Industrial Engineer
Waiter/Waitress	Personal care aide	Loan processor	HR specialist	Constr mgr
Dishwasher	Receptionist/secretary	Correctional officers	Accountant	Gen/Op mgr
Bartender	Restaurant cook	Auto service tech	Electrician	Dental hygienist
Fast food cooks	Preschool teacher	Surgical tech	PR specialist	Loan officer
Cashiers	Assemblers	EMTs & paramedics	Counselor	Lawyer
Hotel clerk	Maintenance workers	Roofer	Police	Sales mgr
Maid/Housecleaner	Nursing assistant	Real Estate Sales	Registered Nurse	Software dev
Farm Worker/Laborers	Substitute teacher	Lic Practical Nurse	Comp network specialist	Veterinarian
	Stocker/order filler	Dental assistant	Speech pathologist	Pharmacist
	Landscaping/grounds	Firefighter	Production supervisor	Physician
	Janitor	Clergy	Occupational therapist	Dentist
	Laundry/Dry cleaning	Architectural drafter		Psychologist
	Legal secretary	Social worker		
		Hotel manager		
		Light Truck driver		
47,960	**112,430**	**121,150**	**64,390**	**52,920**
# of people employed in a job with average wage of <$16/hour *represents 12% of total jobs*	*28%*	*30%*	*16%*	*13%*

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Source: Job Service ND 2023 Employment and Wages by Occupation dataset | median wage by occupation; 386,920 jobs included in statewide wage summary

Program Administration

Low Income Home Energy Assistance Program (LIHEAP)

Help households with home heating costs by paying a portion of their heating bills and assisting with home modifications to support energy efficiency.

	General	Federal	Other	TOTAL
23-25 Biennium	$0	$59,158,002	$0	$59,158,002
25-27 Biennium	$0	$50,975,416	$0	*$50,975,416

*Adjusted to reflect the $9,000,000 reduction from the proposed amendment.

2024 LIHEAP Heating Season (October 2023 – May 2024)

14,118 - Households served

- **16.5%** - Households with a child **under age 5**
- **33%** - Households with an individual **65 or older**

$794 - Average payment per household

$11.2 million – direct payments for heating/cooling

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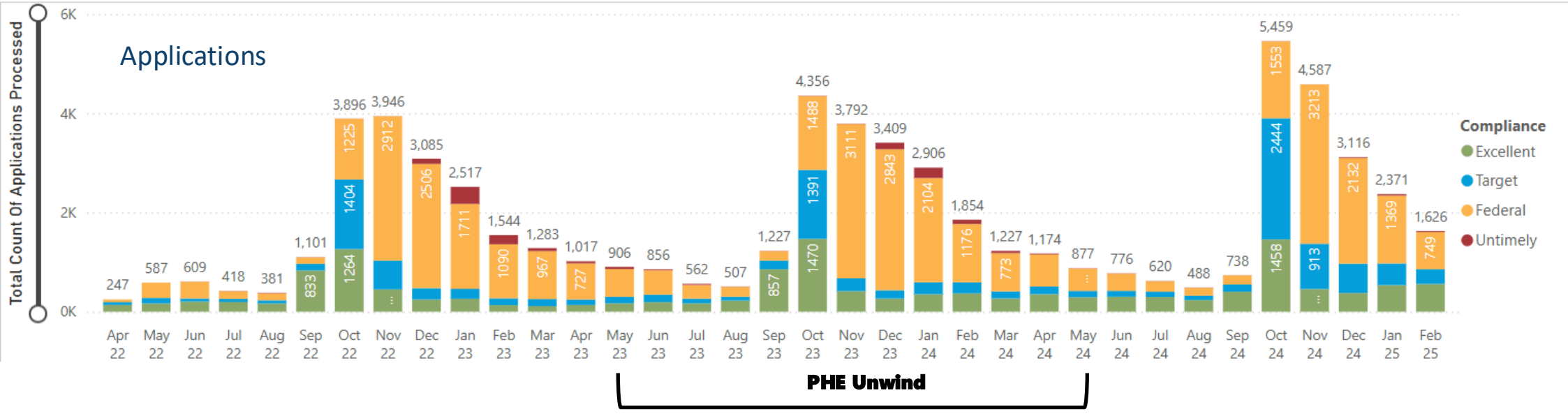
LIHEAP Processing

Average processing time from September 2024 – February 2025 was 21.6 days.

LIHEAP Application Processing Timeliness

Excellent	0-5 days
Target	6-10 days
Federal	11-45 days
Untimely	45+ days





LIHEAP Looking Ahead:
Changes & Improvements

- Supporting affordable housing by limiting energy burden to **6% or less of the family's total income** *(effective October 2024)*
- Converting ND LIHEAP from a partial-year (i.e., heating season) to a **year-round program** *(effective Summer 2025)*
    - Families will no longer need to reapply for LIHEAP at the beginning of every heating season.
    - Eligibility will be determined on an annual review cycle (similar to other programs).
    - Expands access to financial support for cooling costs during the summer months.

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LIHEAP Budget Elements

Note: This slide is adjusted to reflect the $9,000,000 reduction from the proposed amendment.

*25-27 Budget – **Related Services***

$10,000,000

Services:

- Purchase or repair air conditioners and other cooling devices
- Repair or replacement of unsafe furnaces or those that cannot be repaired
- Furnace & chimney cleaning
- Energy-saving improvements such as proper insulation and sealing windows and doors
- Prevent shut-offs, purchase or rental of supplemental heating devices, temporary shelter outside the home.

Provided by:

- ND Dept of Commerce / ND Community Action Agencies

*25-27 Budget – **Direct Assistance***

$34,214,767

Services:

- Heating and Cooling assistance paid to heating and utility vendors

Provided by:

- HHS Economic Assistance/ HSZ

*25-27 Budget - **Administration***

$6,760,650

- Program Administration (policy, compliance, quality assurance, technology system)
- Outreach to potentially eligible households **provided by** Community Options

Program Administration

Temporary Assistance for Needy Families (TANF)

Serving families with children who are deprived of parental support or care due to divorce, separation, death or one or both parents being aged or disabled.

	General	Federal	Other	TOTAL
23-25 Biennium	$3,032,643	$12,645,040	$13,270,856	$28,957,269
25-27 Biennium	$1,040,530	$17,510,307	$13,270,586	$31,821,422

June – November 2024:

695 – Average # of families served/month

$640 - Average payment per family/month

$63 - Average support service payment per family/month

51% of the TANF households are child-only, meaning a child is living with a relative, other than mom or dad.

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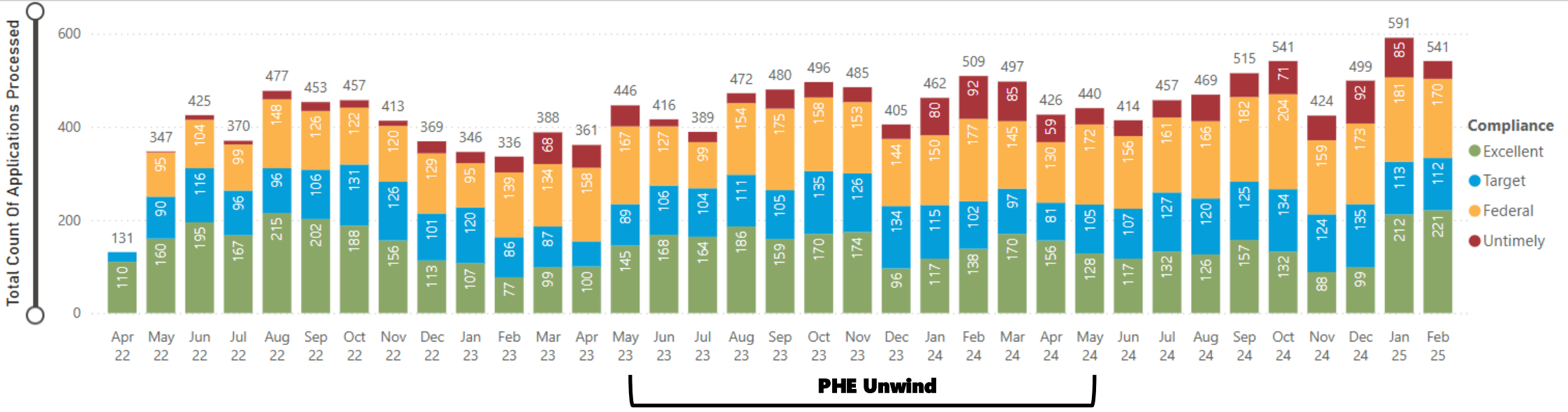
TANF Processing

Average processing time from September 2024 – February 2025 was 27.9 days.

TANF Application Processing Timeliness

Excellent	0-10 days
Target	11-20 days
Federal	21-30 days
Untimely	31+ days

Applications





TANF Program Changes as per 2023-25 Legislative Session actions

- August 2023, implemented an increase in the TANF benefit amount, essentially doubling the amount for eligible families.
    - A caretaker with 2 children, working 40 hours per at $7.25 per hour or $1,160 per month is eligible for a benefit amount of $896 per month. Prior to this change, the family would have received a $448 benefit.
- October 2023, eliminated the benefit cap provision, preventing an increase in TANF when a child is born to a household member who was receiving TANF during the probable month of conception.
- October 2023, provide eligibility for pregnant women from the start of their pregnancy.
- October 2023, allow for an additional 12 months of earned income disregard as a work incentive.

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TANF Looking Ahead

Changes & Improvements

- Reduce burden on families and eligibility workers moving from monthly reporting to a 6- or 12-month review period.
- Enhance work support through motivational interviewing and expanded supportive services
- Re-evaluate state retention of child support collections involving TANF families.
- Annualized increase for benefit level to sustain progress made in last legislative session



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TANF Program Budget Elements

*25-27 Budget – **Direct Benefits***

$19,063,430

Programs:

- TANF **Regular** Benefits to families with children who are deprived of parental support or care due to divorce, separation, death, or one or both parents being aged or disabled.
- TANF **Diversion** provides short-term emergency benefits & services to families during a 'specific crisis or episode of need'. Limited to four months within a 12-month period.
- TANF **Kinship** Care provides funding and services for children in the care, custody, and control of a HSZ, DJS, ND Tribal agency, or who are placed with a relative. In addition to the regular TANF benefit the family receives a $300 TANF Kinship Care maintenance payment.

Provided by:

- HHS Economic Assistance/HSZ

*25-27 Budget – **Employment & Training Services***

$9,254,222

Services:

- Employment & Training Services for work-eligible individuals assisting with job skills training, job search and readiness, vocational training, on-the-job training, etc.
- **Supportive Services** provides TANF-eligible families with supportive payments to assist them in becoming or maintaining employment. Examples include license or certification fees, transportation, vehicle repairs, tools, employment-related clothing, etc.

Provided by:

- Job Service ND, Community Options, Inc., Turtle Mountain Employment & Training

*25-27 Budget - **Administration***

$3,503,770

- Program Administration (policy, compliance, quality assurance, technology system)



Program Administration

Supplemental Nutrition Assistance Program (SNAP)

Provide nutrition benefits to supplement the food budget of lower-income families so they can purchase healthy food and move towards self-sufficiency.

	General	Federal	Other	TOTAL
23-25 Biennium	$1,260,459	$228,581,956	$0	$229,842,525
25-27 Biennium	$2,440,011	$278,368,201	$0	$280,808,211

June – November 2024:

26,330 – Average # of households served/month

- 36.2% include a child under age 18
- 22.4% include an individual 60+

50,733 – Average number of individuals served/month

$376 – Average benefit per household/month

$9.9 million – Total SNAP dollars issued/month

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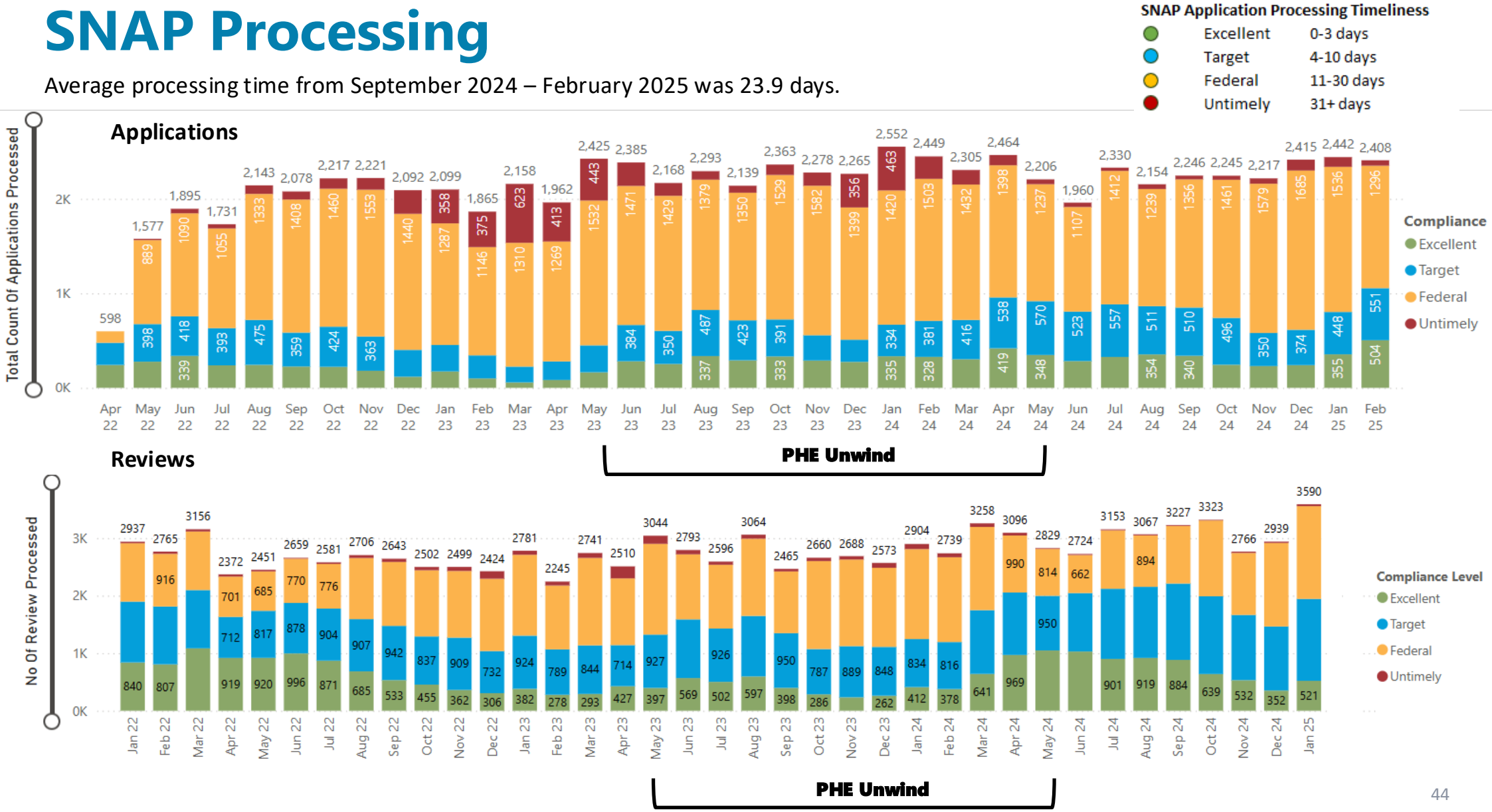
SNAP Processing

Average processing time from September 2024 – February 2025 was 23.9 days.



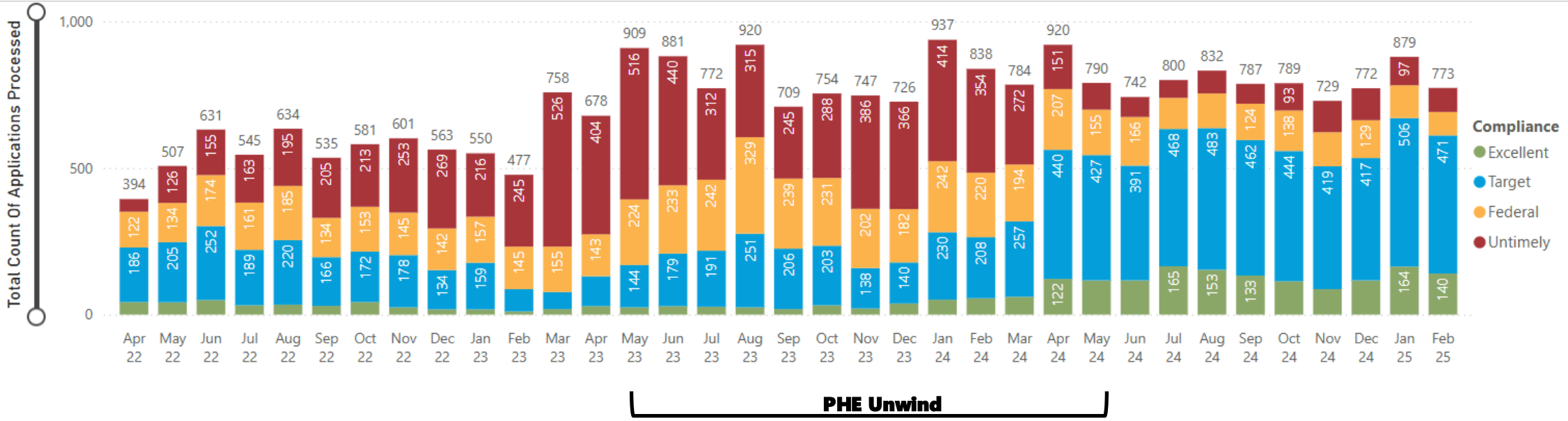
Expedited SNAP Processing

Average processing time from September 2024 – February 2025 was 5.8 days.

Expedited SNAP Processing Timeliness

Excellent	0 days
Target	1-3 days
Federal	4-7 days
Untimely	8+ days

Expedited Applications



Sun Bucks (Summer EBT)

The Summer Electronic Benefits Transfer Program, or SUN Bucks provides food assistance to households with **school-age children** who are **eligible for free or reduced-priced school meals during the summer,** when they don't have access to meals at school.

- New Program available through USDA, Food and Nutrition Services (FNS).
- Partnership with the Department of Public Instruction to develop and implement the program in ND, the first year of availability which was summer 2024.
- **38,412** children and their families received $4.6M in benefits. FNS established a benefit level of **$120 per child**.
- Children receiving, SNAP, TANF, Medicaid or free or reduced-price meals are directly certified for Sun Bucks.
- Children who are not directly certified who may be eligible for Sun Bucks can still apply for the Program.
- Summer 2025 – anticipating **44,000** children will benefit.



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SNAP Looking Ahead

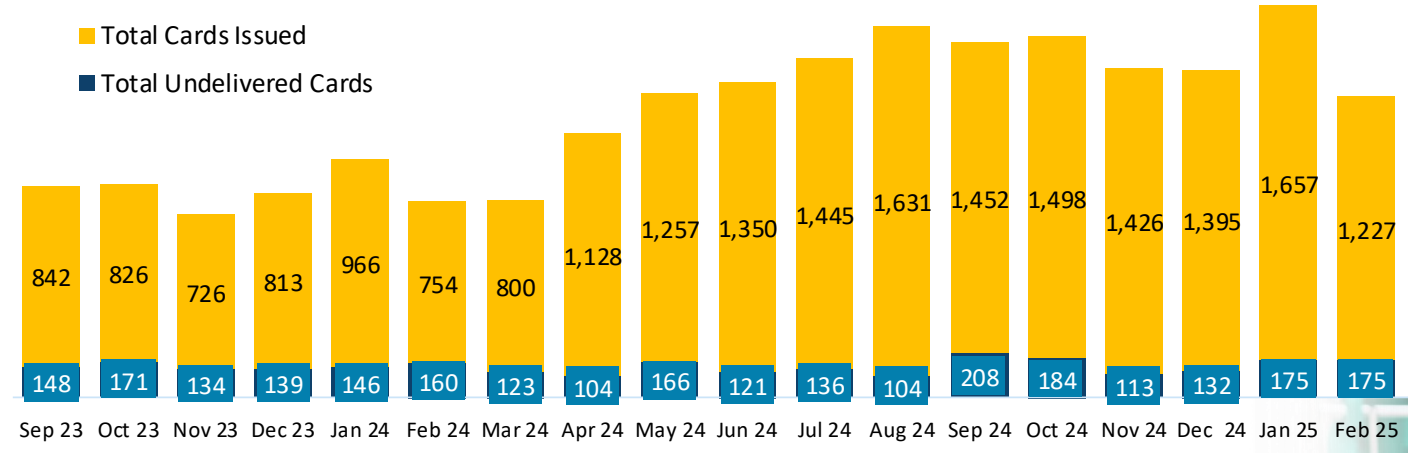
Changes & Improvement

Partnering with HSZ's to develop a **hybrid EBT issuance model**, to ensure individual can meet their family's food needs that considers:

- Elderly or Disabled
- Individuals experiencing homelessness
- Applicants who meet the federal definition of expedited, requiring a determination within 7 days:
  - Households with less than $150 in countable income
  - Households whose shelter costs are more than their income



EBT Card Issuance



SNAP Budget Elements

*25-27 Budget – **Direct Assistance***

$262,968,145

Services:

- SNAP Benefits
- SunBucks – Summer EBT Program

Provided by:

- HHS Economic Assistance/ HSZ/ND Department of Public Instruction

25-27 Budget - Administration

$12,383,563

- Program Administration (policy, compliance, quality assurance, technology system)

*25-27 Budget – **Related Services***

$5,456,504

Services:

- Employment & Training Services for work-eligible individuals, provided by: Job Service ND/Community Option, Inc
- SNAP Nutrition Education, provided by: NDSU Extension Service Family Nutrition Program
- Outreach & Application Assistance, provided by: Great Plains Food Bank



New Federal Spending Awards

SNAP infrastructure grants

- **$55,725** to support the cost of third-party earnings verification with an expenditure date of 9/30/2025.
- **$1.1 M** technology grant to enhance the Sun Bucks solution, reducing manual intervention with an expenditure date of 9/30/2028.
- **$123,725** to enhance the application and verification process and improve communications, including the ability to text message individual with an expenditure date of 9/30/2025.

These new grant funds will help offset expenditures related to required SNAP infrastructure investments.

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Included in Executive Budget Request

Eviction prevention and housing stabilization

Strategically targeting interventions that address household budget gaps can prevent the spread of crisis and instability.

- Eviction prevention and targeted rent assistance for people at highest risk of housing instability, in connection with participation in other HHS-funded services - $13.5 million
- Home Renovation incentives to address accessibility modifications - $1 million

Note: Engrossed HB 1012 reduced to $1,000,000

Total	General	Federal	Other*
$14,500,000	$0	$0	$14,500,000

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



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Program Administration

Child Care Assistance Program (CCAP)

Pays a portion of child care costs for working families and those in training or education programs, with no co-pay required for families at or below 30% of the state median income.

	General	Federal	Other	TOTAL
23-25 Biennium	$60,989,759	$29,005,185	$7,034,072	$97,029,016
25-27 Biennium	$76,803,066	$31,317,762	$7,034,072	$115,154,900

June 2024 – Nov 2024

6,178 – Average # children served/month

3,812 - Average # families served/month

Infants and Toddlers (ages 0-36 mo) represent **49%** of payments and **35%** of children who benefit from CCAP each month

$32.6 million - Total CCAP dollars supporting families

$882 - Average payment per child/month

1,032 – Providers receiving CCAP payment(s)/month

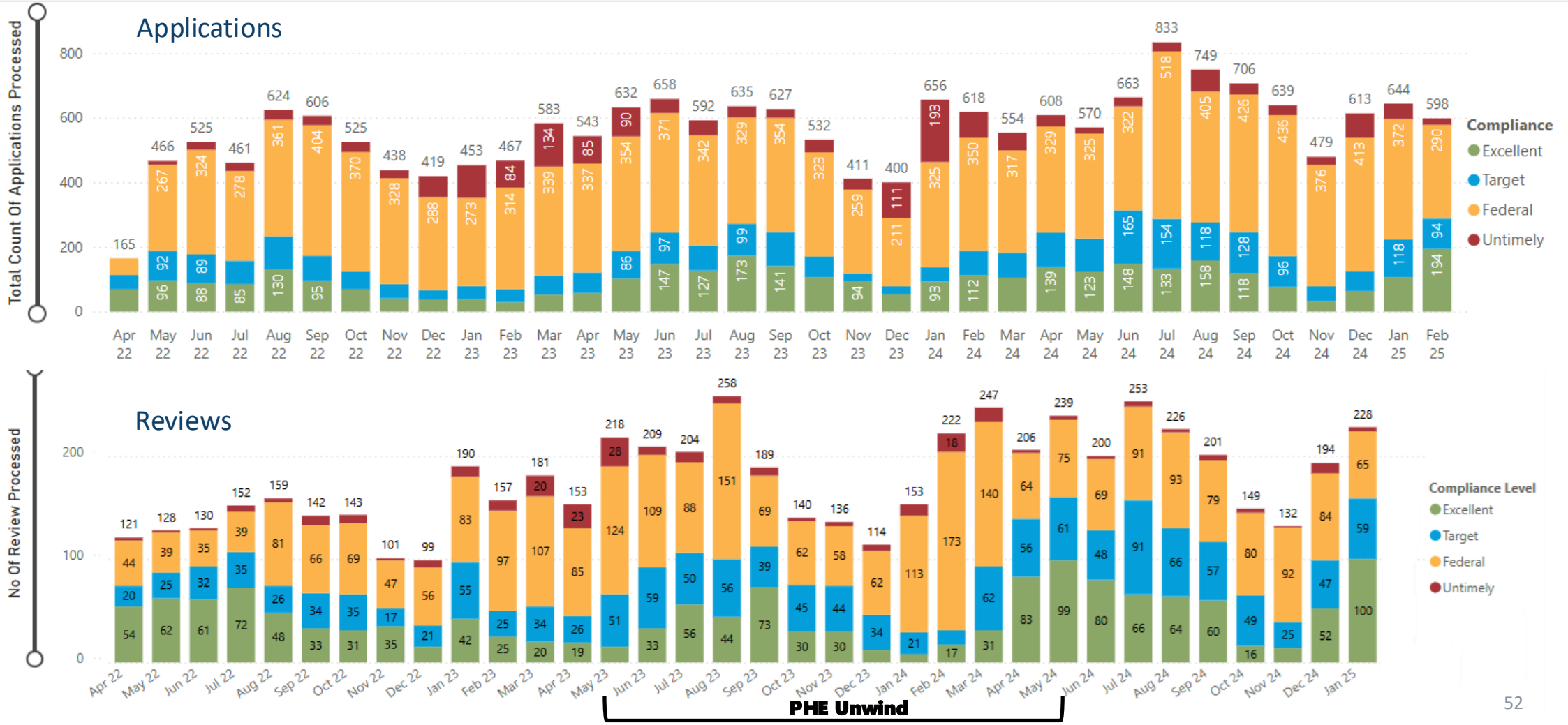


Child Care Assistance Program

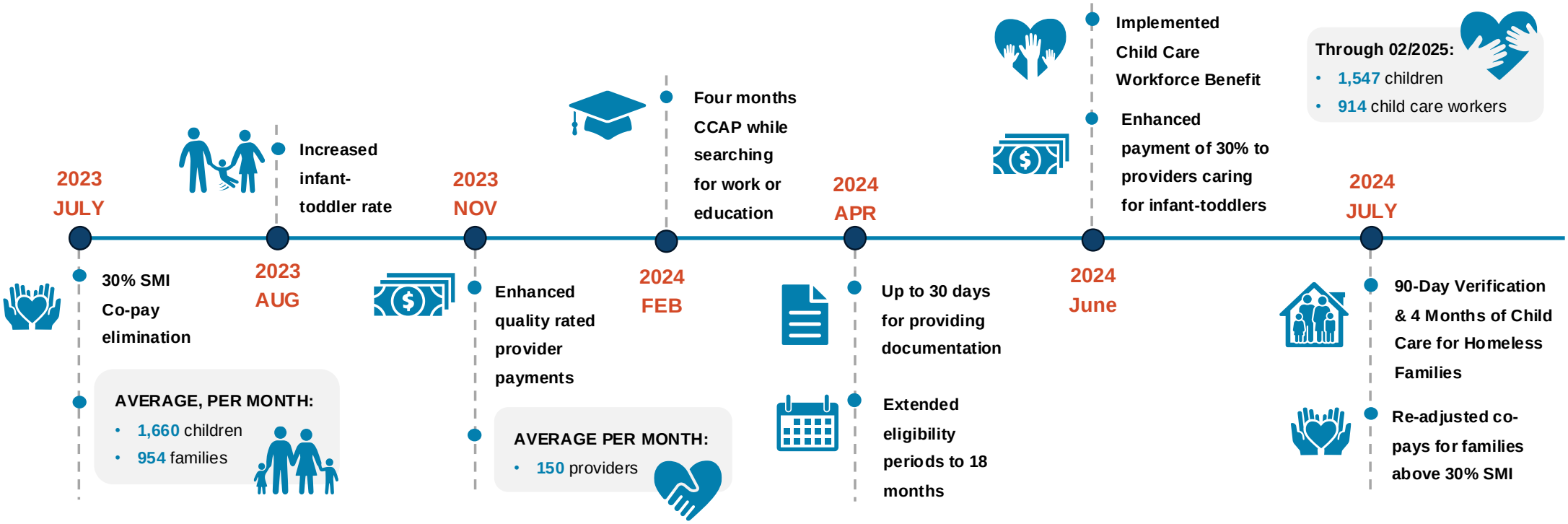
Average processing time from September 2024 – February 2025 was 26 days.

CCAP Application Processing Timeliness

Excellent	0-5 days
Target	6-10 days
Federal	11-30 days
Untimely	31+ days



HB 1540 CCAP Improvements 2023-25



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Child Care Assistance (CCAP) Budget Elements

*25-27 Budget – **Child Care Assistance to families***

$91,806,528

Services:

- Monthly payment of a portion of child care costs for parents who are working, actively seeking work or pursuing education or training.
  - Amount of payment is based on household income, family size, age of children, and type of child care provider
  - Family share (aka: co-payment) varies from 2-6% of household income
- Streamlined eligibility for households experiencing homelessness, and for families already determined eligible for SNAP or Medicaid

*25-27 Budget – **Infant/Toddler & Quality Bonus Payments***

$23,400,000

Services:

- Bonus payment to child care providers caring for children ages 0 to 36 months (+30% of state max rate (SMR)
- Bonus payment to child care providers who have achieved Step 2, 3 or 4 quality rating (+5-15% of SMR)

*25-27 Budget - **Administration***

$2,253,914

- Program Administration (policy, compliance, quality assurance, technology system)
- Annual market survey of providers
- Outreach to potentially eligible households

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Included in Executive Budget Request

Quality-tiers for Child Care Assistance payments (HB1540)

- Quality-based CCAP bonus available to providers that participate in Bright & Early ND
- One-Time Funding of $3 million appropriated in 2023 Legislative Session – HB 1540
- Implemented November 2023 with expenditures through February 2025 of $1,561,444.
- February 2025, 149 providers received payment, up from 59 providers in the initial month.

Note: Engrossed HB 1012 reduced to $1,500,000

Total	General	Federal	Other
$3,000,000	$3,000,000	$0	$0

This is a one-time funding request.



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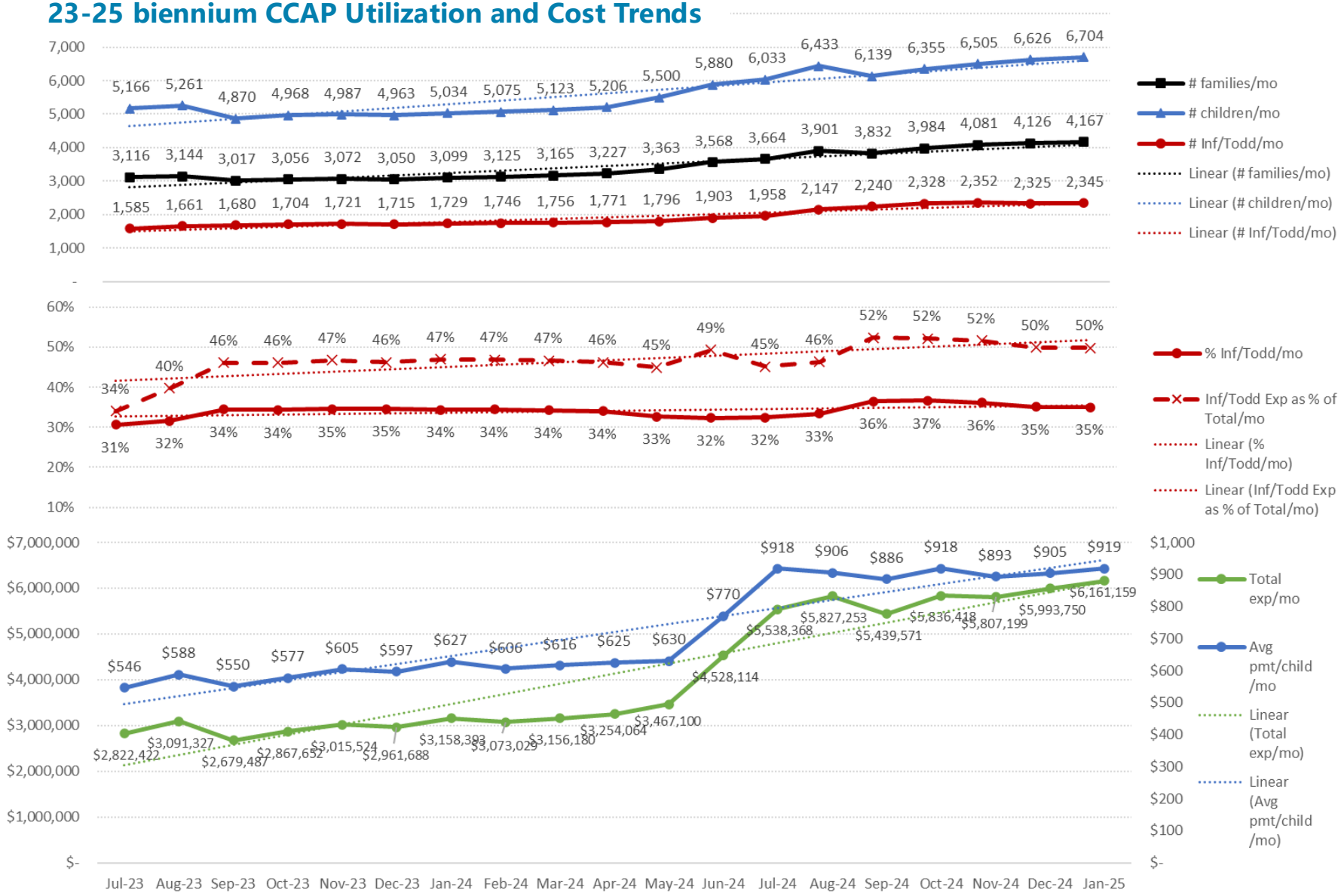
23-25 biennium CCAP Utilization and Cost Trends



Change Jul '23–Jan '25
(by month)

+34% - # families

+30% - # children

+48% - # infant/toddlers

+14% - % infant/toddler as % of children w/CCAP

+47% - % infant/toddler as % of expenditure

+118% - Total expend

+68% - Avg pmt/child

Affordability

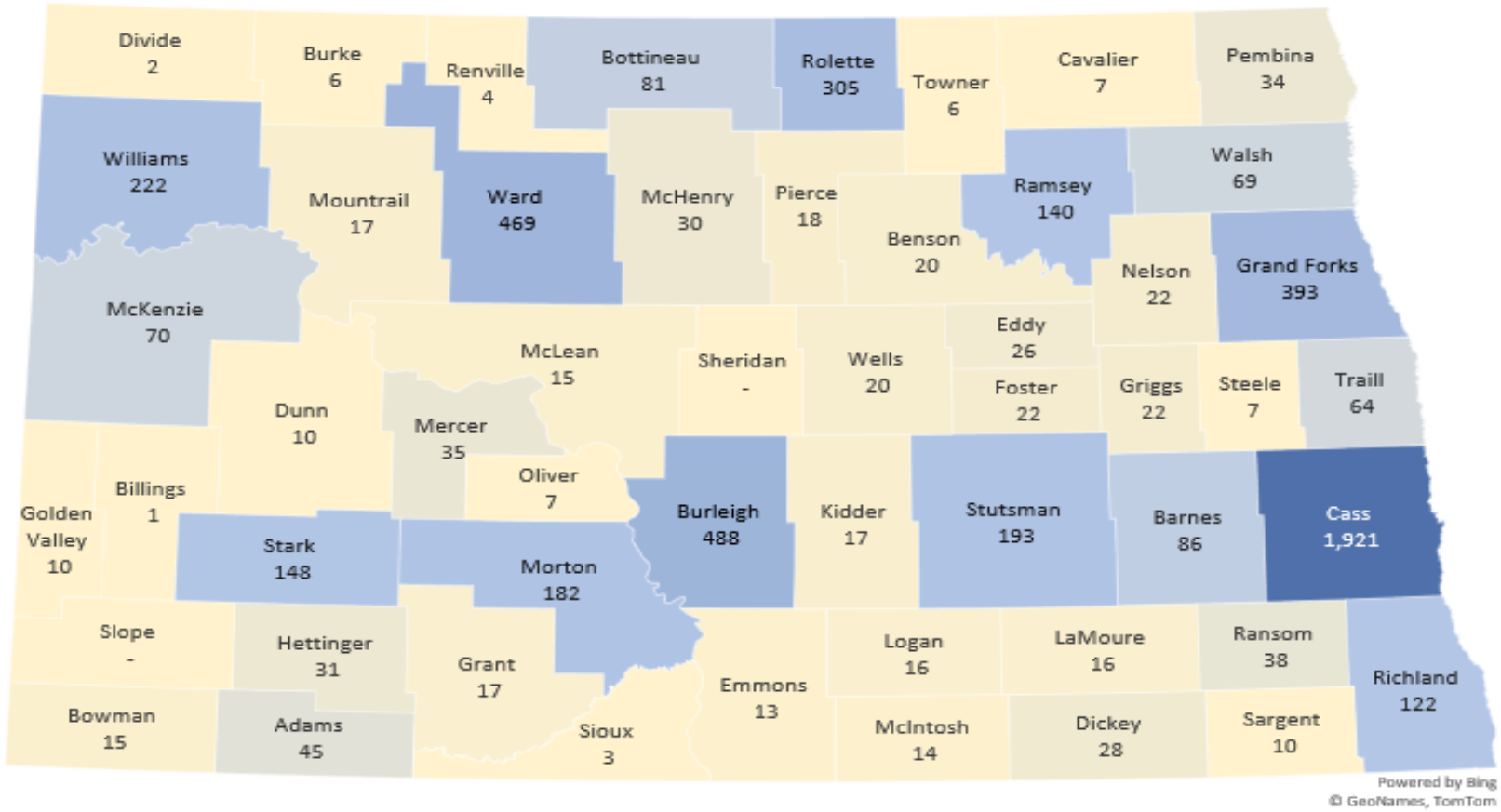
Key Indicator: Child Care Affordability | CCAP Utilization

Child Care Assistance by County

Monthly average number of children benefitting from CCAP Jan 24 – Dec 24

5,556

Average number of children benefitting from CCAP each month



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Key Indicator: Child Care Affordability | CCAP Utilization

Child Care Assistance makes a difference for working parents

Jan 2025 survey of Child Care Assistance Program participants | County-level analysis of CCAP utilization as a proportion of total CCAP utilization

Q: How has child care assistance impacted your ability to manage work hours and schedules?

- Child care assistance allows parents to maintain stable employment, work full-time, and balance their schedules without the constant worry of affording child care.
- Many single parents and families with unpredictable incomes emphasized that without this support, they would struggle to work or would have to take on additional jobs, reducing time with their children.
- Some mentioned that CCAP helped them pursue education or career advancement.

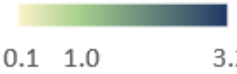
  → *"I honestly don't know how I would manage work without daycare assistance. Daycare costs more than my mortgage!"*

  → *"The CCAP program has allowed my spouse and I to fully continue our work routines and manage to make a livable wage for our family of five."*

  → *"We can afford groceries without skipping items for the adults."*

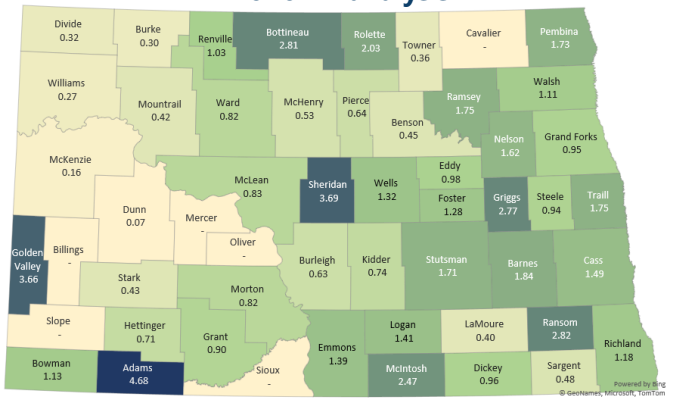
QUESTION: Is the rate of utilization what we would expect, based on total # of children age 0-13 with all parents in workforce, *adjusting for household income <80% AMI*?

1.0 (green) = yes
<1.0 (lighter) = less than
>1.0 (darker) = more than

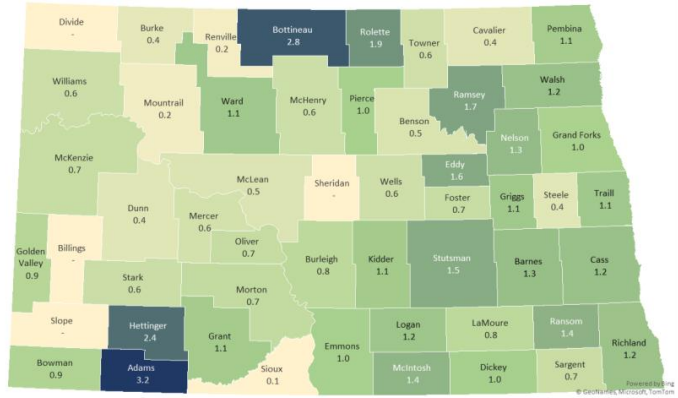


In the last 3 years, the utilization of CCAP has become more evenly distributed across ND.

2020-21 analysis



2023-24 analysis



HHS analysis: CCAP as a proportion of population (# of children benefitting from CCAP age 0-5 compared to # likely to need CC (all parents in LF), adjusting for income)

Child Care Assistance makes a difference in working parents' household budgets

Excerpts from survey of families receiving Child Care Assistance | January 2025

Q: How would you manage childcare costs without the assistance?

- Many parents stated they would not be able to afford childcare at all without CCAP, forcing them to quit their jobs, work nights, or rely on other government assistance.
- Several shared that over half of their paycheck would go toward child care, making it impossible to pay for housing, food, and other necessities.
- Others said they would have to depend on family members or unreliable care options to manage.

→ *"I honestly couldn't. I barely make bills the way it is."*

→ *"Over half of my paycheck would go to daycare costs, and I would either have to quit my job or get another job during the night."*

→ *"I wouldn't have been able to afford childcare and work."*

→ *"I would have to leave my job."*

Q: What does child care assistance mean to your household budget? How did the money help you?

- For many families, CCAP makes basic survival possible by allowing them to pay rent, utilities, and groceries while staying employed.
- Some shared that it gave them financial stability to handle unexpected expenses, medical bills, and even small quality-of-life improvements.
- Others noted the program improved their mental health by reducing financial stress and allowed them to focus on work and family.

→ *"We are able to cover unexpected expenses without having to panic and pull from savings. With young children, you never know what is going to happen—this has been a lifesaver when it comes to unexpected sickness/medical expenses."*

→ *"I got a better job. Better mental health. Higher pay. Doing better at work because I don't have to worry."*

→ *"Our budget is manageable now. The assistance we have allows us to work full-time and afford bills still."*

CCAP Co-Payments by State Median Income (SMI) and Household Size – July 2024

	0% -30% SMI	31% - 40% SMI		41% - 50% SMI		51% - 60% SMI		61%- 69% SMI		70% -75% SMI	
HH Size	Copay	Lowest Copay	Highest Copay	Lowest Copay	Highest Copay	Lowest Copay	Highest Copay	Lowest Copay	Highest Copay	Lowest Copay	Highest Copay
		2% of Income		2% of Income		2% of Income		4% of Income		6% of Income	
Average # families by SMI Jul-Dec 2024	**1,100**	**520**		**500**		**434**		**365**		**95**	
1	$0	$32	$41	$43	$51	$107	$124	$192	$215	$221	$234
2	$0	$42	$53	$56	$67	$140	$162	$251	$280	$289	$306
3	$0	$52	$66	$69	$83	$172	$200	$310	$346	$357	$377
4	$0	$62	$78	$82	$99	$205	$238	$369	$412	$425	$449
5	$0	$71	$90	$95	$114	$238	$276	$428	$478	$493	$521
6	$0	$81	$103	$108	$130	$271	$314	$488	$544	$561	$593
7	$0	$83	$105	$111	$133	$277	$321	$499	$557	$573	$607
8	$0	$85	$108	$113	$136	$283	$328	$510	$569	$586	$620

Family of 3 with monthly income of $6,011 would have a CCAP co-pay of $377

Child Care Workforce Benefit Experience

November 2024, Economic Assistance Child Care team hosted two listening sessions to hear from providers on their experiences, feedback and insights with the Child Care Assistance Program.

Provider quotes on the **Child Care Workforce Benefit's impact** on **staff recruitment, retention, and operational sustainability**

"This has been life-changing for our center as far as hiring and recruitment."

"The workforce benefit, has kept us open... This is life-changing for us."

"The benefit has helped me give bonuses to staff. I can't guarantee raises because it's grant funding, but bonuses have been really nice."

"It's helping providers actually be able to stay open and support their staff."

"I love the childcare workforce benefit."

"It makes a big difference for our employees, and it's great that income isn't a factor for them to qualify"

"This benefit has kept us afloat. We've talked about closing in the past, but this has really made a difference"

"It's a big help for us. This has helped us sustain operations during tough times."

"It's great to see something so supportive for staff, it's made a big difference in retaining employees"

"It would be great to have more assurance that the benefit will last long-term so we can confidently plan."

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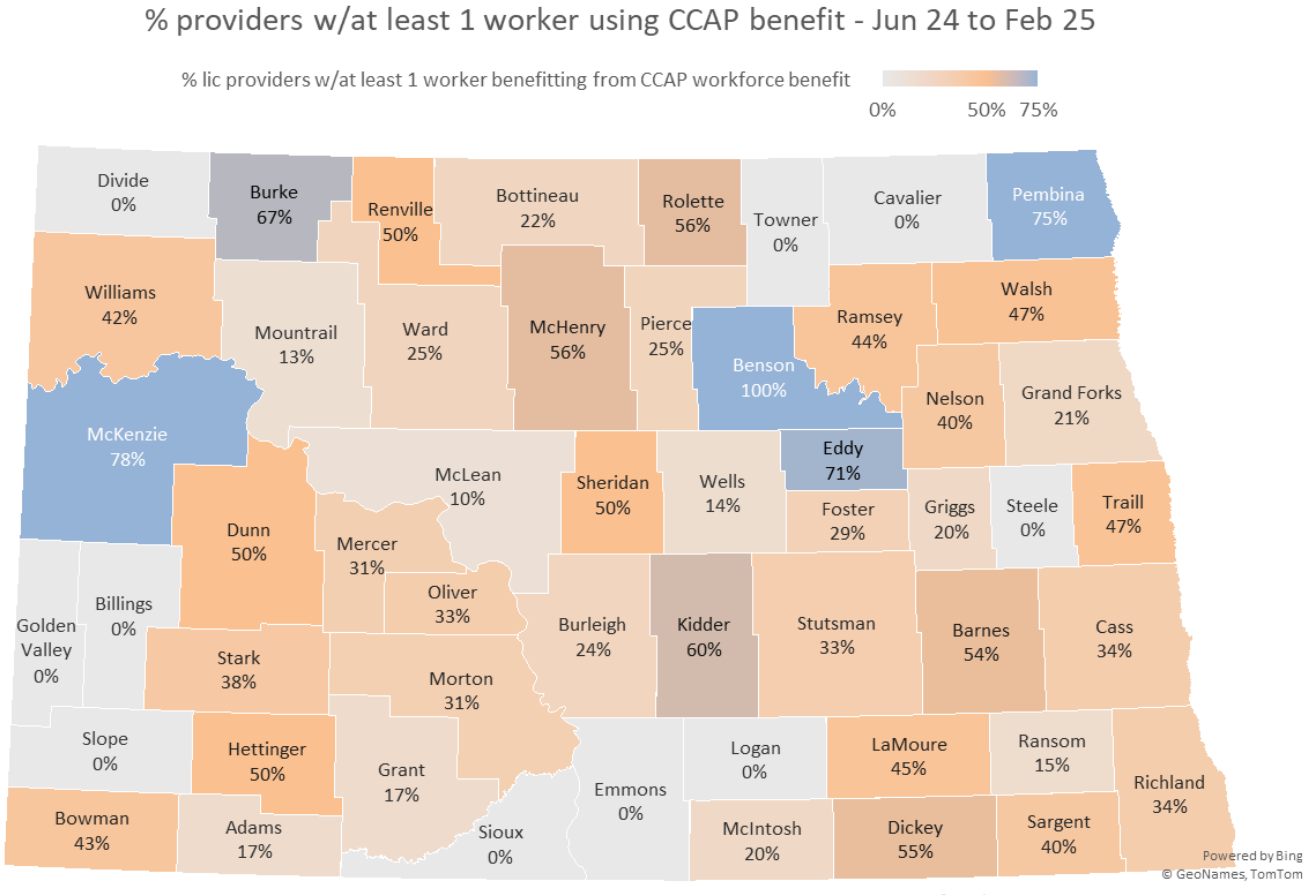
Key Indicator: Child Care Staffing

Child Care Worker Benefit

% Licensed Child Care Providers who have workers utilizing the CCAP Child Care Worker Benefit Jun '24-Feb '25

- **914 workers** employed by 342 providers
- Receiving assistance with child care costs for 1,547 children (approx. 1/3 are ages 0-3)

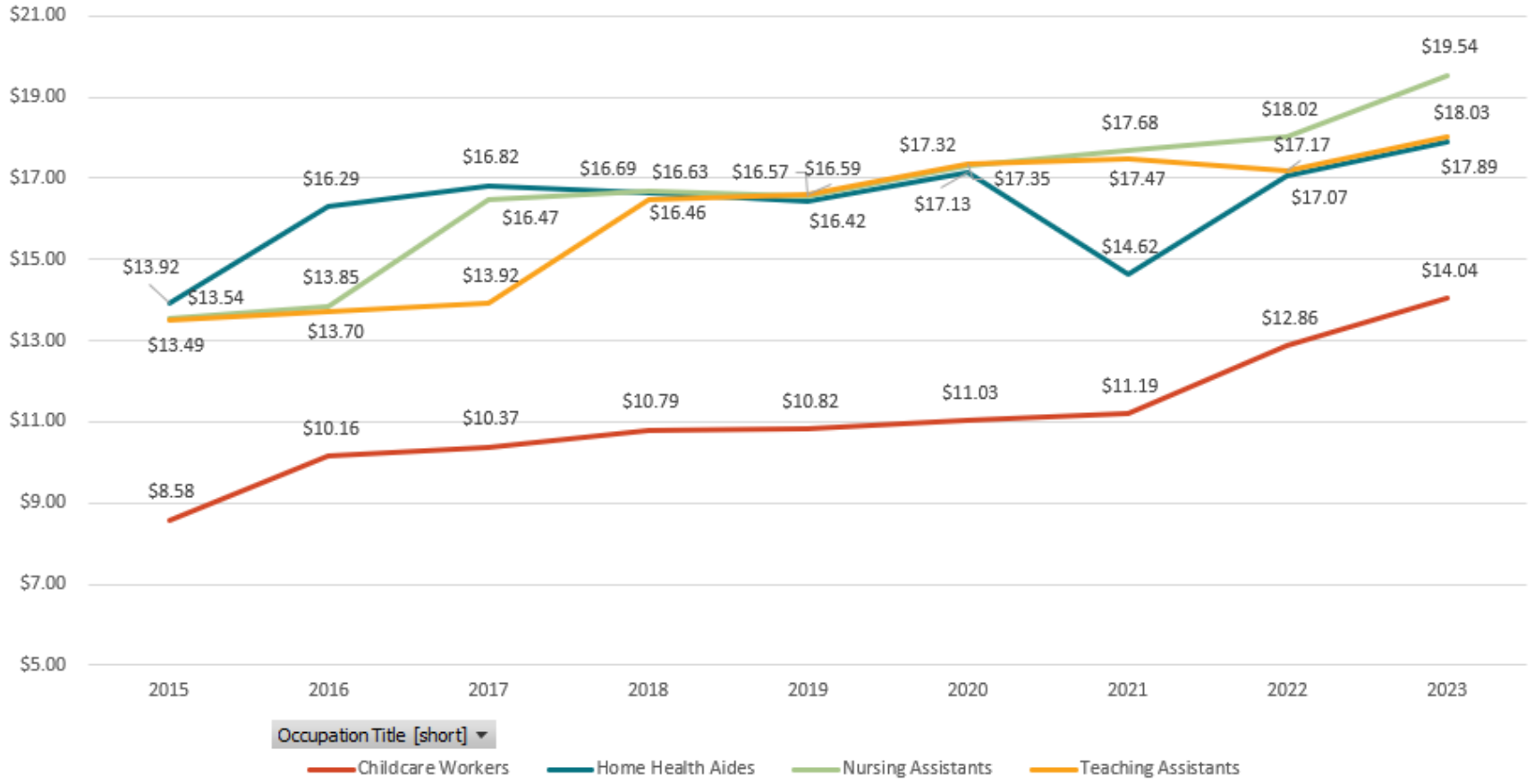
Average monthly assistance / worker = **$863** which is the **equivalent** to an **$4.98/hr wage increase** *(based on full time status)*



Key Indicator: Child Care Availability | Staffing

Child care worker wages rising but not closing the gap

ND **Median** Wage for Select Occupations | JSND Labor Market Information | Employment & Wage by Occupation **2015-23**



The average value of the CCAP Workforce Benefit ($4.98/hr) essentially closes the wage gap between child care and other paraprofessional service occupations.

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Changes to Base Budget

By Ongoing, One-Time and Funding Source

BASE BUDGET CHANGES	DESCRIPTION	2025-27 EXECUTIVE BUDGET		ENGROSSED HB 1012	
		GENERAL	OTHER	GENERAL	OTHER
Child Care	Quality based pmts in CCAP - One Time	$3,000,000		$1,500,000	
IT-Existing	Retire Legacy Systems from Mainframe - One Time		$1,000,000 SIIF $1,000,000 Federal		$1,000,000 SIIF $1,000,000 Federal
Housing Initative	Connect Renters with Modest Incomes to Existing Housing - One Time		$10,000,000 SIIF		0
Housing Initative	Eviction Prevention to Help Renters Avoid Housing Crisis - One Time		$3,500,000 SIIF		0
Housing Initative	Investing in Existing Housing to Improve Accessibility - One Time		$1,000,000 SIIF		$1,000,000 SIIF
FTE Block Grant Reduction	FTE Block Grant Reduction			-$402,013	
Operating Reduction	Operating Reduction			-$32,000	

Comparison of budgets and funding

By Major Expense

DESCRIPTION	2023-25 LEGISLATIVE BASE	INCREASE / (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)	ENGROSSED HB 1012
Salaries & Benefits	$ 10,376,918	$ 2,154,954	$ 12,531,872	$ (402,012)	$ 12,129,860
Operating	9,772,250	3,263,873	13,036,123	(32,000)	13,004,123
IT Services	14,000	51,517,203	51,531,203	2,000,000	53,531,203
Grants	394,437,762	75,953,384	470,391,146	(15,000,000)	455,391,146
Total	**$ 414,600,930**	**$ 132,889,414**	**$ 547,490,344**	**$ (13,434,012)**	**$ 534,056,332**
General Fund	**$ 59,248,641**	**$ 36,195,573**	**$ 95,444,214**	**$ (1,933,965)**	**$ 93,510,249**
Federal Funds	**334,748,232**	**80,168,878**	**414,917,110**	**999,953**	**415,917,063**
Other Funds	**20,604,057**	**16,524,963**	**37,129,020**	**(12,500,000)**	**24,629,020**
Total Funds	**$ 414,600,930**	**$ 132,889,414**	**$ 547,490,344**	**$ (13,434,012)**	**$ 534,056,332**
HHS PROPOSED AMENDMENT - LIHEAP GRANTS FEDERAL REDUCTION					**$ (9,000,000)**

Economic Assistance Budget as % of HHS Budget

- 8.5%

Budget by Funding Source

- 17% General
- 78% Federal
- 5% Other

Budget by Pass Through

- 2.2% Paid to private providers
- 85.3% Direct Services
- 2.5% Admin
- 10.0% IT

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One Time State and Local Relief Funds

HB1012 | Section 25(6) - Carryover Request

$18,941,847 from Chapter 549 of 2021 Special Session Laws

- Emergency Rent Assistance Program | U.S. Treasury. Grant expenditure deadline 9-30-25. $200 million original award. Estimate 3% remaining as of 6-30-25. Anticipate 100% expenditure by end of grant period.
- Homeowner Assistance Fund | U.S. Treasury. Grant expenditure deadline 9-30-26. $50 million original award. Estimate 20% remaining as of 6-30-25. Anticipate 100% expenditure by end of grant award period.



Contact Information

Michele Gee
Economic Assistance Director
mgee@nd.gov

Apply for Help
866-614-6005



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APPROVED RELATIVE CHILD CARE PROVIDERS

Approved relative child care providers offer a trusted option for child care, allowing children to stay with someone they know and feel comfortable with. This supports families by providing care in a familiar environment while ensuring children's safety and well-being.

Who is eligible to be an approved relative provider?

Approved relatives must be related to the child by marriage, blood relationship or court decree. This is specific to the following family members:

- Grandparent or great grandparent
- Aunt or uncle
- Sibling who is age 18 or older

Requirements

- Must live in a separate home from the children they are providing care for.
- All adults living in the home are checked against the "North Dakota Office of Attorney General, Convicted Sex Offenders and Offenders Against Children-Public List."
- Approved relative providers must keep attendance records for each child in their care. These records must be handled in a way that protects the identity of the CCAP family and must be provided at the request of the state or human service office. Records should include the following:
  - Child's name
  - Date care was provided
  - Check in and check out times

Setting
Private residence

Age Range
Infants, toddlers, preschoolers and school-age children

Child Care Assistance Program Eligible
Yes

Child and Adult Care Food Program Eligible
No

Number of Children
Up to five children, of which no more than three may be under the age of 24 months. The provider's own children under age 12 must be included in the total.

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2025 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

HB 1012
3/31/2025 p.m.

Relating to leases of the health and human services property, substance use disorder treatment program, basic care payment rates, and state of residence for child care assistance; to provide for a transfer; to authorize a line of credit; to provide legislative intent; to provide for a legislative management study; to provide an application; to provide an exemption; to provide for a report; and to provide an effective date.

2:54 p.m. Chairman Dever opened the hearing.

Members present: Chairman Dever and Senators Cleary, Davison, Magrum and Mathern.

Discussion Topics:

- Budget Review Process
- Eviction and Housing Stabilization Program
- Child Care Programs

2:54 p.m. Chairman Dever asked if there were any testimonies, and no one responded.

2:56 p.m. Chairman Dever started discussion of how to proceed in the budget review process.

2:56 p.m. Keith Mantz, Financial Analyst, LC, referred to previously submitted testimony #40132. He suggested updating the longsheet (March 7th) as the committee goes along.

2:58 p.m. Senator Cleary started discussion about budget process review.

3:09 p.m. Donna Aukland, CFO, North Dakota Department of Health and Human Services (ND DHHS), testified in favor, and discussed size and scope and Medicaid and estimating budget.

3:16 p.m. Senator Davison suggested plugging in budget numbers into the longsheets so we can see where we are with the budget as we go along in the process. The committee will also receive input from the department concerning their priorities.

3:20 p.m. Donna Aukland, CFO, ND DHHS, testified in favor, and answered questions about the Eviction Prevention and Housing Stabilization Program.

3:23 p.m. Senator Davison continued discussion of the Eviction Prevention and Stabilization Program.

3:30 p.m. Donna Aukland, CFO, ND DHHS, testified in favor and answered questions concerning what their budget priorities are and where they can cut.

3:31 p.m. Senator Cleary gives his suggestion about going through the longsheets section by section.

3:32 p.m. Donna Aukland, CFO, ND DHHS, testified in favor, referenced testimony #44392. and answered questions concerning the Child Care Development Fund.

3:45 p.m. Donna Aukland, CFO, ND DHHS, testified in favor, and answered questions about the Covid carry over money.

3:48 p.m. Donna Aukland, CFO, ND DHHS, testified in favor, and answered questions about IHEAP funding.

4:04 p.m. Chairman Dever closed the hearing.

Joan Bares, Committee Clerk

2025 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

HB 1012
4/1/2025

Relating to the department of health and human services.

2:43 p.m. Chairman Dever opened the hearing.

Members present: Chairman Dever and Senators Cleary, Davison, Magrum and Mathern.

Discussion Topics:

- Public Health COVID Funding Update
- Four Terminated Grants
- COVID Funding Budget Cut
- IT Modernization Contracts
- Public Health Budget Review Line by Line

2:45 p.m. Dirk Wilke, Interim Commissioner, ND Department of Health & Human Services, (ND DHHS), testified in favor, gave Public Health COVID funding update, answered committee questions, and submitted testimony #44531.

3:00 p.m. Keith Mantz, Fiscal Analyst, LC, testified neutral and submitted testimony #44536.

3:05 p.m. Donna Aukland, CFO, ND DHHS, testified in favor and answered committee questions concerning COVID Funding in the Behavioral Health Division.

3:13 p.m. Chairman Dever began discussion of Public Health budget review line-by-line.

3:14 p.m. Keith Mantz, Fiscal Analyst, LC, testified neutral and referred to longsheets #44536.

3:16 p.m. Senator Davison discussed the reallocation of $2,213,930, million from coordinating purchasing to support immunization access (public health and consolidated lab fund) to one-time funding of public health IT data modernization projects (public health and consolidated lab fund). The committee approved.

3:17 p.m. Keith Mantz, Fiscal Analyst, LC, testified neutral and referred to longsheets #44536.

3:18 p.m. Dirk Wilke, Interim Commissioner, ND DHHS, testified in favor and answered committee questions.

3:21 p.m. Donna Aukland, CFO, ND DHHS, testified in favor and referred to previously submitted testimony #44531.

3:23 p.m. Chairman Dever asked the committee for any objections to reducing the Public Health federal dollars budget ($220,000,) by $60,000, which represents the loss of COVID dollars. The committee approved.

3:23 p.m. Donna Aukland, CFO, ND DHHS, testified in favor and referred to longsheets #44536.

3:34 p.m. Chairman Dever discussed status of Local Public Health current base funding (8,000,000,). Funding doesn't change and the committee approved.

3:41 p.m. Chairman Dever referred to longsheet #44536 and stated salary increases, health insurance increases, FTE block grant pool, base budget adjustments and transfers, and the added funding to replace new and vacant FTE pools, do not need committee action.

3:42 p.m. Chairman Dever started discussion of funding for: expansion of domestic & sexual violence prevention, additional domestic violence and sexual violence prevention, Safe Haven, and maternal and child health programs.

3:44 p.m. Steph Gullickson, Fiscal Management Analyst, OMB, testified neutral and answered committee questions.

3:46 p.m. Senator Mathern inquired about the zero balance in the maternal and child health programs enhancement budget and the committee approved.

3:46 p.m. Keith Mantz, Fiscal Analyst, LC, testified neutral, referred to longsheets #44536, and answered committee questions.

3:47 p.m. Dirk Wilke, Interim Commissioner, ND DHHS, testified in favor and answered committee questions.

3:50 p.m. Senator Mathern inquired about funding for coordinated purchasing to support immunization access.

3:50 p.m. Keith Mantz, Fiscal Analyst, LC, testified neutral, referred to longsheets, #44536, and answered committee questions. Keith stated that the immunization funding ($2,213,930,) was discussed earlier and will be reallocated from special funds to one-time funding public health IT projects.

3:51 p.m. Senator Davison would like to remove funding for additional domestic violence prevention funding ($1,700,000,) and Safe Haven ($440,000) and the committee approved.

3:53 p.m. Chairman Dever started the discussion about the forensic pathology contract.

4:04 p.m. Dirk Wilke, Executive Director, NDDHHS, testified in favor and answered committee questions.

4:09 p.m. Keith Mantz, Financial Management Analyst, LC, testified neutral, referred to longsheets #44536, and answered committee questions. He suggested reducing the general fund by $866,156, and leaving the remaining $1 million in the general fund. This would be even with what was done last biennium and the committee approved.

4:09 p.m. Chairman Dever started discussion about the food and lodging 7% addition fee increase to 20% in total.

4:09 p.m. Keith Mantz, Financial Management Analyst, LC, testified neutral, referred to longsheets $44536, and answered committee questions. Food and lodging is shifting funds from the general fund to special funds and the committee approved.

4:10 p.m. Dirk Wilke, Executive Director, NDDHHS, testified in favor and answered committee questions.

4:11 p.m. Senator Davis started discussion about funding for the additional grant for Family Voices and mentioned funding went from the base ($160,000,) to $260,000. He would like to revisit this.

4:13 p.m. Senator Cleary suggested reducing the funding (from $637,611, to $287,661,) for the Fetal Alcohol Syndrome Program and the committee approved.

4:14 p.m. Senator Dever stated the FTE Position is an adjustment and therefore no committee action needed.

4:14 Keith Mantz, Financial Management Analyst, LC, testified neutral, referred to longsheets #44536, and answered committee questions.

4:15 p.m. Chairman Dever started discussion of funding ($251,500,) for nonfatal toxicology testing equipment (health lab). Committee gave approval.

4:16 p.m. Chairman Dever started discussion of funding ($2,962,304,) for Public Health laboratory transition (SIF). Committee gave approval.

4:16 p.m. Chairman Dever started discussion of funding ($278,000,) for Forensic examiner electronic records system (community health trust fund).

4:16 p.m. Senator Cleary stated a need to consolidate all IT projects and prioritize them to include completion dates. He suggested revisiting the budget for the forensic examiner electronic records system.

4:17 p.m. Senator Magrum recommended removing the funding ($300,000,) for the Cass County animal shelter (community health trust fund). Committee gave approval.

4:17 p.m. Senator Cleary recommended removing the funding ($750,000,) for the statewide health strategies grant (community health trust fund). Committee gave approval.

4:18 p.m. Keith, Mantz, Financial Management Analyst, LC, testified neutral and reviewed committee suggestions for the general fund items. These suggestions are: remove funding ($1,700,000,) from additional domestic and sexual violence prevention programs, remove funding ($440,000,) for the safe haven project, reduce funding ($2,866,156, down to $2,000,00,) for the fetal alcohol spectrum disorder clinic. Committee gave approval.

4:19 p.m. Donna Aukland, CFO, ND DHHS, testified in favor and answered committee questions.

4:21 p.m. Senator Davison recommended keeping the funding ($350,000,) for the food and lodging management system (community health trust fund), removing the funding ($650,000,) for the health facilities and EMS licensure management system (community health trust fund). He also recommended removing the remaining two funding items: funding ($300,000,) for the Cass County animal shelter (community health trust fund), the funding ($750,000,) for the statewide health strategies grant (community health trust fund). Committee gave approval.

4:22 p.m. Donna Aukland, CFO, ND DHHS, testified in favor, referred to longsheet, and answered committee questions.

4:24 p.m. Dirk Wilke, Executive Director, ND DHHS, testified in favor and answered committee questions.

4:25 p.m. Senator Cleary questioned the funding for the fetal alcohol spectrum syndrome program.

4:28 p.m. Chairman Dever closed the hearing.

Joan Bares, Committee Clerk

HB 1012
4-1-25

44526



House Bill 1012 Public Health COVID Funding Update

Senate Appropriations Committee; Human Resources Division
Senator Dever, Chairman

Department of Health and Human Services

Public Health Division | April 1, 2025

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Overview of Impacted Grants

North Dakota HHS received $97.38 million in CARES Act and other funding for three Epidemiology/Lab Capacity grants. About $57 million had not yet been expended and was obligated through May 31, 2026. The funding had been reserved for technology updates and responding to possible future disease control and prevention needs.

HHS was also awarded a $31.2 million Health Disparities grant from CARES, ARPA and other funding to support health strategies, system improvement and public education; $3.4 million remained and was obligated through May 31, 2026.

In addition, HHS received three federal pandemic-era grants totaling about $32 million from ARPA, CARES and other sources to support Immunization efforts. $8.4 million remained, which was obligated in contracts to local public health units and other providers and for public education through June 30, 2025.

Areas of Impact

- $30.7 million- Federal Authority for Laboratory Supplies
- $17 million- Federal Authority for Enhanced Testing Capacity
- $7.3 million- IT Contracts for Public Health Modernization
- $2.4 million- Local Public Health
- $2.4 million- Universities
- $1.4 million- Health Strategies and System Improvement

Comparison of budgets and funding

By Major Expense

DESCRIPTION	2023-25 LEGISLATIVE BASE	INCREASE / (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)	ENGROSSED HB 1012	FEDERAL REDUCTION	PROPOSED SECOND ENGROSSED HB 1012
Salaries & Benefits	$ 59,350,591	$ (4,484,731)	$ 54,865,860	$ (1,023,462)	$ 53,842,398		$ 53,842,398
Operating	79,472,661	38,364,797	117,837,458	-	117,837,458	(48,121,583)	69,715,875
IT Services	21,514,248	7,535,136	29,049,384	-	29,049,384		29,049,384
Capital Asset Expense	189,000	(64,000)	125,000	-	125,000	-	125,000
Capital Assets	1,830,780	1,729,838	3,560,618	-	3,560,618	-	3,560,618
Grants	134,774,793	(22,255,664)	112,519,129	1,927,661	114,446,790	(12,595,000)	101,851,790
Total	**$ 297,132,073**	**$ 20,825,376**	**$ 317,957,449**	**$ 904,199**	**$ 318,861,648**	**$ (60,716,583)**	**$258,145,065**
General Fund	**$ 46,947,855**	**$ 4,988,088**	**$ 51,935,943**	**$ 2,649,057**	**$ 54,585,000**	**$ -**	**$ 54,585,000**
Federal Funds	**213,654,756**	**6,397,692**	**220,052,448**	**464,811**	**220,517,259**	**(60,716,583)**	**159,800,675**
Other Funds	**36,529,462**	**9,439,597**	**45,969,059**	**(2,209,669)**	**43,759,390**	**-**	**43,759,390**
Total Funds	**$ 297,132,073**	**$ 20,825,377**	**$ 317,957,450**	**$ 904,199**	**$ 318,861,649**	**$ (60,716,583)**	**$258,145,065**

Public Health Budget as % of HHS Budget

- 5.1%

Budget by Funding Source

- 17.1% General
- 69.2% Federal
- 13.7% Other

Budget by Pass Through

- 64.1% Paid to private providers
- 11.7% Direct Service
- 14.0% Admin
- 9.1% IT
- 1.1% Capital Projects

Budget Request

- Re-allocate the $2,213,930 of Special Funds from the Coordinated Immunization Access request to Public Health Data Modernization projects.

HB1012
4-1-25

#44536

April 1, 2025

Legislative Council

Department of Health and Human Services - Budget No. 325
Agency Worksheet - House Bill No. 1012

	House Version				Senate Version				Senate Compared to House Version			
									Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Division Totals												
FTE block grant pool	2,688.35	309,564,625	286,720,150	596,284,775	2,593.35	309,564,625	286,720,150	596,284,775	(95.00)			0
Business Operations	0.00	$49,695,542	$47,368,089	$97,063,631	0.00	$49,695,542	$47,368,089	$97,063,631				$0
Behavioral Health	0.00	181,697,125	399,223,478	580,920,603	0.00	181,697,125	399,223,478	580,920,603				0
Human Services	0.00	656,536,511	1,226,448,044	1,882,984,555	0.00	656,536,511	1,217,448,044	1,873,984,555			($9,000,000)	(9,000,000)
Medical Services	0.00	1,045,252,542	1,810,657,071	2,855,909,613	0.00	1,045,252,542	1,810,657,071	2,855,909,613				0
Public Health	0.00	35,204,848	229,814,403	265,019,251	0.00	35,204,848	229,814,403	265,019,251				0
Total ongoing funding changes	**2,688.35**	**$2,277,951,193**	**$4,000,231,235**	**$6,278,182,428**	**2,593.35**	**$2,277,951,193**	**$3,991,231,235**	**$6,269,182,428**	**(95.00)**	**$0**	**($9,000,000)**	**($9,000,000)**
	0.00	**$0**	**$0**	**$0**	**0.00**	**$0**	**$0**	**$0**	**0.00**	**$0**	**$0**	**$0**
Total Changes to Base Level Funding	**2,688.35**	**$2,277,951,193**	**$4,000,231,235**	**$6,278,182,428**	**2,593.35**	**$2,277,951,193**	**$3,991,231,235**	**$6,269,182,428**	**(95.00)**	**$0**	**($9,000,000)**	**($9,000,000)**
2025-27 Total Funding	**2,688.35**	**$2,277,951,193**	**$4,000,231,235**	**$6,278,182,428**	**2,593.35**	**$2,277,951,193**	**$3,991,231,235**	**$6,269,182,428**	**(95.00)**	**$0**	**($9,000,000)**	**($9,000,000)**
Federal funds included in other funds			*$3,097,751,241*				*$3,088,751,241*				*($9,000,000)*	
	X	X	X	X	X	X	X	X				
Total ongoing changes - Percentage of base level	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*

Other Sections in Department of Health and Human Services - Budget No. 325

Section Description	House Version	Senate Version	
Funding transfers	Section 3 authorizes the transfer of appropriation authority between line items within Section 1 of the bill.	Section 3 authorizes the transfer of appropriation authority between line items within Section 1 of the bill.	
FTE position block grant program	Section 4 authorizes DHHS to increase or decrease the authorized FTE positions subject to the availability of funds.	Section 4 authorizes DHHS to increase or decrease the authorized FTE positions subject to the availability of funds.	
FTE Block grant reporting	Section 5 has requires the department to report on the block grant program.	Section 5 has requires the department to report on the block grant program.	
Behavioral health facility grant - SIIF	Section 6 identifies $12,960,000 from the SIIF for a grant to establish a behavioral health facility in the northeast human service region.	Section 6 identifies $12,960,000 from the SIIF for a grant to establish a behavioral health facility in the northeast human service region.	
Community cultural center grant - SIIF	Section 7 identifies $1,000,000 from the SIIF for a one-time grant for a community cultural center in the west central human service region.	Section 7 identifies $1,000,000 from the SIIF for a one-time grant for a community cultural center in the west central human service region.	
Juvenile justice diversion services and program - General fund	Section 8 identifies $750,000 of one-time funding from the general fund for juvenile justice diversion services and programs.	Section 8 identifies $750,000 of one-time funding from the general fund for juvenile justice diversion services and programs.	
Animal shelter grant - Community health trust fund	Section 9 identifies $300,000 of one-time funding from the community health trust fund to provide a grant for construction of an animal shelter.	Section 9 identifies $300,000 of one-time funding from the community health trust fund to provide a grant for construction of an animal shelter.	

Other Sections in Department of Health and Human Services - Budget No. 325

Section Description	House Version	Senate Version	
Statewide health strategies - Community health trust fund	Section 10 identifies $750,000 of one-time funding from the community health trust fund for the statewide health strategies initiative.	Section 10 identifies $750,000 of one-time funding from the community health trust fund for the statewide health strategies initiative.	
Other funds - Insurance tax distribution fund	Section 11 identifies $1,125,000 from the insurance tax distribution fund for rural emergency medical services grants.	Section 11 identifies $1,125,000 from the insurance tax distribution fund for rural emergency medical services grants.	
Other funds - Community health trust fund	Section 12 identifies $38,713,522 from the community health trust fund for the following purposes: loan repayment programs ($594,500), tobacco and vaping programs ($11,599,698), cancer and women's way programs ($909,824), behavioral risk state survey ($200,000), domestic violence programs ($4,250,000), local public health grants ($3,275,000), 988 crisis hotline ($1,867,500), various information technology system upgrades ($2,967,000), grants to rural ambulances ($7,000,000), law enforcement rural crisis support program ($1,000,000), Development of partial hospitalization/intensive day treatment ($2,000,000), Critical access hospital networking ($2,000,000), Animal shelter grant ($300,000), statewide health strategies ($750,000).	Section 12 identifies $38,713,522 from the community health trust fund for the following purposes: loan repayment programs ($594,500), tobacco and vaping programs ($11,599,698), cancer and women's way programs ($909,824), behavioral risk state survey ($200,000), domestic violence programs ($4,250,000), local public health grants ($3,275,000), 988 crisis hotline ($1,867,500), various information technology system upgrades ($2,967,000), grants to rural ambulances ($7,000,000), law enforcement rural crisis support program ($1,000,000), Development of partial hospitalization/intensive day treatment ($2,000,000), Critical access hospital networking ($2,000,000), Animal shelter grant ($300,000), statewide health strategies ($750,000).	
Other funds - Human service finance fund	Section 13 identifies $239,112,030 from the human services finance fund for state-paid economic assistance and social and human services.	Section 13 identifies $239,112,030 from the human services finance fund for state-paid economic assistance and social and human services.	
Opioid settlement fund	Section 14 identifies $8,000,000 from the opioid settlement fund for opioid remediation and abatement efforts.	Section 14 identifies $8,000,000 from the opioid settlement fund for opioid remediation and abatement efforts.	
Other funds - SIIF	Section 15 identifies $227,474,784 from SIIF for the following purposes: retiring technology from the mainframe ($7,500,000), new state lab and purchase security equipment ($2,962,304), capital projects in human service centers and the LSTC ($1,052,480), housing initiative programs ($1,000,000), technology projects at the State Hospital ($1,000,000), behavioral health facility grant ($12,960,000), community cultural center grant ($1,000,000), and a new State Hospital capital project ($200,000,000).	Section 15 identifies $227,474,784 from SIIF for the following purposes: retiring technology from the mainframe ($7,500,000), new state lab and purchase security equipment ($2,962,304), capital projects in human service centers and the LSTC ($1,052,480), housing initiative programs ($1,000,000), technology projects at the State Hospital ($1,000,000), behavioral health facility grant ($12,960,000), community cultural center grant ($1,000,000), and a new State Hospital capital project ($200,000,000).	
Bank of North Dakota line of credit	Section 16 provides for a $130,000,000 Bank of North Dakota line of credit for costs associated with the construction of a new state hospital.	Section 16 provides for a $130,000,000 Bank of North Dakota line of credit for costs associated with the construction of a new state hospital.	
Laboratory building steering committee	Section 17 requires DHHS will maintain the laboratory building steering committee to oversee the design and construction of the laboratory building project during the biennium or until the work is completed, whichever is earlier.	Section 17 requires DHHS will maintain the laboratory building steering committee to oversee the design and construction of the laboratory building project during the biennium or until the work is completed, whichever is earlier.	
New state hospital steering committee	Section 18 requires DHHS will establish a state hospital facility steering committee to oversee the design and construction of the new State Hospital project during the biennium.	Section 18 requires DHHS will establish a state hospital facility steering committee to oversee the design and construction of the new State Hospital project during the biennium.	

Other Sections in Department of Health and Human Services - Budget No. 325

Section Description	House Version	Senate Version	
Capital payments	Section 19 authorizes DHHS to expend funds for the payment of special assessments at the State Hospital, Southeast Human Service Center, and Life Skills and Transition Center.	Section 19 authorizes DHHS to expend funds for the payment of special assessments at the State Hospital, Southeast Human Service Center, and Life Skills and Transition Center.	
Capital projects - Emergency commission approval	Section 20 authorizes transfers from line items within Section 1 of this bill for capital projects and maintenance pertaining to the operation of facilities including demolition projects of up to $10 million, DHHS may seek emergency commission approval to spend more than $10 million under this section.	Section 20 authorizes transfers from line items within Section 1 of this bill for capital projects and maintenance pertaining to the operation of facilities including demolition projects of up to $10 million, DHHS may seek emergency commission approval to spend more than $10 million under this section.	
Permanent supportive housing grants	Section 21 directs DHHS to develop a funding methodology to distribute the funding to qualified entities that utilize best practices for permanent supportive housing, provide recovery-oriented and person-centered services, submit processes and outcome measures to DHHS, and authorize DHHS to conduct onsite visits to review program operations for the funding of $4,672,536 included in Section 1 of the bill.	Section 21 directs DHHS to develop a funding methodology to distribute the funding to qualified entities that utilize best practices for permanent supportive housing, provide recovery-oriented and person-centered services, submit processes and outcome measures to DHHS, and authorize DHHS to conduct onsite visits to review program operations for the funding of $4,672,536 included in Section 1 of the bill.	
Expenditures may not exceed appropriation - Medical assistance expansion program	Section 22 identifies the sum of $662,099,340, of which $66,209,934 is from the general fund, for the Medicaid Expansion program for the 2025-27 biennium. The expenditures for individuals enrolled in Medicaid Expansion may not exceed this amount.	Section 22 identifies the sum of $662,099,340, of which $66,209,934 is from the general fund, for the Medicaid Expansion program for the 2025-27 biennium. The expenditures for individuals enrolled in Medicaid Expansion may not exceed this amount.	
Human service centers - certified community behavioral health clinics - FTE positions	Section 23 requires DHHS to continue the process of human service centers becoming certified community behavioral health clinics to provide continuous community-based behavioral health services for children and adults. Federal funding must be pursued and subject to the availability of generated income, DHHS may add FTE positions for field services to provide direct services.	Section 23 requires DHHS to continue the process of human service centers becoming certified community behavioral health clinics to provide continuous community-based behavioral health services for children and adults. Federal funding must be pursued and subject to the availability of generated income, DHHS may add FTE positions for field services to provide direct services.	
Intermediate care facility moratorium	Section 24 precludes DHHS from adding any new licensed intermediate care facility for individuals with intellectual disabilities beds to the state's licensed bed capacity during the biennium.	Section 24 precludes DHHS from adding any new licensed intermediate care facility for individuals with intellectual disabilities beds to the state's licensed bed capacity during the biennium.	
Exemption for certain unexpended appropriations to be continued into the 2025-27 biennium	Subsection 1 - $3,674,757 from the general fund and $25,918,566 from federal funds for Medicaid management information system modularization technology.	Subsection 1 - $3,674,757 from the general fund and $25,918,566 from federal funds for Medicaid management information system modularization technology.	
	Subsection 2 - $14,411,218 from the general fund and $14,411,218 from federal funds for the child welfare technology project.	Subsection 2 - $14,411,218 from the general fund and $14,411,218 from federal funds for the child welfare technology project.	
	Subsection 3 -$20,366,271 from the community health trust fund and $39,534,525 from federal funds for the child support computer replacement project.	Subsection 3 -$20,366,271 from the community health trust fund and $39,534,525 from federal funds for the child support computer replacement project.	
	Subsection 4 - $10,989,217 from SIIF for the procurement and grants management system.	Subsection 4 - $10,989,217 from SIIF for the procurement and grants management system.	
	Subsection 5 - $4.15 million from the general fund for defraying the expenses of additional human service centers to begin the process of becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults.	Subsection 5 - $4.15 million from the general fund for defraying the expenses of additional human service centers to begin the process of becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults.	

Other Sections in Department of Health and Human Services - Budget No. 325

Section Description	House Version	Senate Version	
	Subsection 6 - $18,941,847 in Chapter 549 of the 2021 Special Session Laws.	Subsection 6 - $18,941,847 in Chapter 549 of the 2021 Special Session Laws.	
	Subsection 7 - $55,120,000 from the federal state fiscal recovery fund for a public health laboratory capital project.	Subsection 7 - $55,120,000 from the federal state fiscal recovery fund for a public health laboratory capital project.	
	Subsection 8 - $5 million from the general funds for the purpose of employer-led child care cost-share program.	Subsection 8 - $5 million from the general funds for the purpose of employer-led child care cost-share program.	
	Subsection 9 - $986,555 from the general fund for the purpose of streamlining background checks.	Subsection 9 - $986,555 from the general fund for the purpose of streamlining background checks.	
	Subsection 10 - $2,223,981 from the federal state fiscal recovery fund for the implementation of a virtual behavioral health crisis care program for rural law enforcement.	Subsection 10 - $2,223,981 from the federal state fiscal recovery fund for the implementation of a virtual behavioral health crisis care program for rural law enforcement.	
	Subsection 11 - $500,000 from federal funds for the purpose of program integrity audits.	Subsection 11 - $500,000 from federal funds for the purpose of program integrity audits.	
	Subsection 12 - $1,950,000 from general funds for a northwest human service region behavioral health facility grant.	Subsection 12 - $1,950,000 from general funds for a northwest human service region behavioral health facility grant.	
Legislative intent - Utilization rate adjustment	Section 26 provides intent that DHHS seek a deficiency appropriation for any expenditures that exceed appropriated amounts as a result of underfunding, utilization rates, value-based purchasing for nursing facilities, reduction in federal medical assistance percentage, and unexpected contract cost increases that exceed 10 percent during the biennium if funding is not sufficient to pay actual expenses.	Section 26 provides intent that DHHS seek a deficiency appropriation for any expenditures that exceed appropriated amounts as a result of underfunding, utilization rates, value-based purchasing for nursing facilities, reduction in federal medical assistance percentage, and unexpected contract cost increases that exceed 10 percent during the biennium if funding is not sufficient to pay actual expenses.	
Legislative intent - Provider rate increase	Section 27 provides for a 2 percent increase each year of the biennium for human service provider inflation. The provider inflation increase in this section does not apply to nursing facilities.	Section 27 provides for a 2 percent increase each year of the biennium for human service provider inflation. The provider inflation increase in this section does not apply to nursing facilities.	
Legislative intent - Developmental disabilities provider accreditation requirement	Section 28 provides for elimination of the administrative rule requirement that providers of developmental disabilities services be accredited as a condition of being eligible for receiving payments for services from DHHS.	Section 28 provides for elimination of the administrative rule requirement that providers of developmental disabilities services be accredited as a condition of being eligible for receiving payments for services from DHHS.	
Legislative intent - Medical assistance	Section 29 provides for DHHS to review the amount, duration, coverage, utilization rates, medical necessity, and scope of medical assistance services, and may implement any adjustments the department determines appropriate.	Section 29 provides for DHHS to review the amount, duration, coverage, utilization rates, medical necessity, and scope of medical assistance services, and may implement any adjustments the department determines appropriate.	
Federal funding appeal limitation	Section 30 provides except as otherwise specifically provided by federal law, a person may not appeal a denial, revocation, reduction in services or payment, or the termination of a program or service by DHHS due to the unavailability of federal coronavirus funding received under federal law resulting from the federal coronavirus pandemic emergency declaration.	Section 30 provides except as otherwise specifically provided by federal law, a person may not appeal a denial, revocation, reduction in services or payment, or the termination of a program or service by DHHS due to the unavailability of federal coronavirus funding received under federal law resulting from the federal coronavirus pandemic emergency declaration.	
Long term structured residences plan - report	Section 31 provides for DHHS to review options and develop a plan to establish long-term structured residences.	Section 31 provides for DHHS to review options and develop a plan to establish long-term structured residences.	

Other Sections in Department of Health and Human Services - Budget No. 325

Section Description	House Version	Senate Version	
Lease of land at the State Hospital and Life Skills and Transition Center	Section 32 amends section 50-06-06.6 of the North Dakota Century Code to allow for a lease term of real or personal property for term not to exceed ninety-nine years at the life skills and transition center or the state hospital.	Section 32 amends section 50-06-06.6 of the North Dakota Century Code to allow for a lease term of real or personal property for term not to exceed ninety-nine years at the life skills and transition center or the state hospital.	
Use of SUD voucher	Section 33 amends section 50-06-42 of the North Dakota Century Code to include medical costs in the substance use voucher system payments for individuals in a licensed substance abuse treatment program and allow for the substance use voucher system for individuals detained or confined in a county jail or detention center or regional corrections center.	Section 33 amends section 50-06-42 of the North Dakota Century Code to include medical costs in the substance use voucher system payments for individuals in a licensed substance abuse treatment program and allow for the substance use voucher system for individuals detained or confined in a county jail or detention center or regional corrections center.	
Basic care payment rate	Section 34 amends section 50-24.5-02.3 of the North Dakota Century Code to extend the basic care payment rate increase of five dollars per day through June 30, 2027.	Section 34 amends section 50-24.5-02.3 of the North Dakota Century Code to extend the basic care payment rate increase of five dollars per day through June 30, 2027.	
Child care workforce benefits	Section 35 amends section 50-33-05 of the North Dakota Century Code to include individuals employed by an early childhood program within the boundaries of the state if approved for the state's child care assistance child care workforce benefit.	Section 35 amends section 50-33-05 of the North Dakota Century Code to include individuals employed by an early childhood program within the boundaries of the state if approved for the state's child care assistance child care workforce benefit.	
Housing availability assessment - collaboration with housing finance agency	Section 36 provides for DHHS to collaborate with the North Dakota Housing Finance Agency and other appropriate stakeholders to assess the availability of housing for individuals requiring extraordinary health care support services.	Section 36 provides for DHHS to collaborate with the North Dakota Housing Finance Agency and other appropriate stakeholders to assess the availability of housing for individuals requiring extraordinary health care support services.	
Behavioral health clinics, North Dakota State Hospital, and Life Skills and Transition Center funding	Section 37 identifies funding for the behavioral health clinics, State Hospital, and Life Skills and Transition Center.	Section 37 identifies funding for the behavioral health clinics, State Hospital, and Life Skills and Transition Center.	
Legislative management study - student truancy and absenteeism	Section 38 provides for a study on truancy and student absenteeism in kindergarten through grade twelve public schools.	Section 38 provides for a study on truancy and student absenteeism in kindergarten through grade twelve public schools.	
Legislative Management study - obesity health implications	Section 39 provides for a study on the health implications of obesity on the residents of the state and options to increase access to prevention and treatments for obesity.	Section 39 provides for a study on the health implications of obesity on the residents of the state and options to increase access to prevention and treatments for obesity.	
Legislative Management report - behavioral health facility grants	Section 40 requires DHHS to provide reports to the Legislative Management regarding the award grant funding to increase the number of behavioral health beds in the state.	Section 40 requires DHHS to provide reports to the Legislative Management regarding the award grant funding to increase the number of behavioral health beds in the state.	

Legislative Council

Business Operations - 100 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	House Version				Senate Version				Senate Compared to House Version Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	114.40	$74,099,008	$118,894,310	$192,993,318	114.40	$74,099,008	$118,894,310	$192,993,318	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$1,035,502	$531,151	$1,566,653		$1,035,502	$531,151	$1,566,653				$0
Health insurance increase		651,154	363,569	1,014,723		651,154	363,569	1,014,723				0
Base budget adjustments and transfers		(16,396,866)	(66,836,143)	(83,233,009)		(16,396,866)	(66,836,143)	(83,233,009)				0
FTE block grant pool	(180.55)	(12,603,508)	(17,737,100)	(30,340,608)	(180.55)	(12,603,508)	(17,737,100)	(30,340,608)				0
Information Technology Department (ITD) rate increases		5,196,748	2,152,302	7,349,050		5,196,748	2,152,302	7,349,050				0
IT contractual Inflationary rate increases		20,730,788		20,730,788		20,730,788		20,730,788				0
Operational underfund		(3,050,000)		(3,050,000)		(3,050,000)		(3,050,000)				0
Additional salary funding/underfunding		(20,157,874)		(20,157,874)		(20,157,874)		(20,157,874)				0
Office of Administrative Hearings and Attorney General fee increases		190,590		190,590		190,590		190,590				0
FTE position adjustment	66.15			0	66.15			0				0
Total ongoing funding changes	**(114.40)**	**($24,403,466)**	**($81,526,221)**	**($105,929,687)**	**(114.40)**	**($24,403,466)**	**($81,526,221)**	**($105,929,687)**	**0.00**	**$0**	**$0**	**$0**
One-Time Funding Items												
Retire mainframe and legacy systems (SIIF)			$10,000,000	$10,000,000			$10,000,000	$10,000,000				$0
Total one-time funding changes	**0.00**	**$0**	**$10,000,000**	**$10,000,000**	**0.00**	**$0**	**$10,000,000**	**$10,000,000**	**0.00**	**$0**	**$0**	**$0**
Total Changes to Base Level Funding	**(114.40)**	**($24,403,466)**	**($71,526,221)**	**($95,929,687)**	**(114.40)**	**($24,403,466)**	**($71,526,221)**	**($95,929,687)**	**0.00**	**$0**	**$0**	**$0**
2025-27 Total Funding	**0.00**	**$49,695,542**	**$47,368,089**	**$97,063,631**	**0.00**	**$49,695,542**	**$47,368,089**	**$97,063,631**	**0.00**	**$0**	**$0**	**$0**
Federal funds included in other funds			*$41,760,908*				*$41,760,908*				*$0*	
Total ongoing changes - Percentage of base level	*(100.0%)*	*(32.9%)*	*(68.6%)*	*(54.9%)*	*(100.0%)*	*(32.9%)*	*(68.6%)*	*(54.9%)*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*(100.0%)*	*(32.9%)*	*(60.2%)*	*(49.7%)*	*(100.0%)*	*(32.9%)*	*(60.2%)*	*(49.7%)*	*N/A*	*N/A*	*N/A*	*N/A*

Legislative Council

Behavioral Health - 200 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	House Version				Senate Version				Senate Compared to House Version Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	1,054.27	$307,905,408	$113,955,941	$421,861,349	1,054.27	$307,905,408	$113,955,941	$421,861,349	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$8,392,306	$134,924	$8,527,230		$8,392,306	$134,924	$8,527,230				$0
Health insurance increase		6,517,157	114,129	6,631,286		6,517,157	114,129	6,631,286				0
Base budget adjustments and transfers		15,466,235	2,311,139	17,777,374		15,466,235	2,311,139	17,777,374				0
FTE block grant pool	(1,159.20)	(190,198,399)	(68,592,655)	(258,791,054)	(1,159.20)	(190,198,399)	(68,592,655)	(258,791,054)				0
Cost to continue programs		5,709,106	(5,000,000)	709,106		5,709,106	(5,000,000)	709,106				0
Opioid settlement			8,000,000	8,000,000			8,000,000	8,000,000				0
Avel eCare rural crisis support continuation (community health trust fund)- reduce other funds			1,000,000	1,000,000			1,000,000	1,000,000				0
Substance use disorder voucher utilization expansion		2,500,000		2,500,000		2,500,000		2,500,000				0
Additional substance use disorder funding for medical expenses with institution for mental disease voucher		500,000		500,000		500,000		500,000				0
Substance use disorder - 50/50 inpatient/outpatient		500,000		500,000		500,000		500,000				0
Mental health and substance use disorder treatment for incarcerated individuals		2,500,000		2,500,000		2,500,000		2,500,000				0
Western ND behavioral health staffing salary equity		250,536		250,536		250,536		250,536				0
Inflation for vendors crisis residential contract		706,233		706,233		706,233		706,233				0
Inflation for vendors addiction residential contract		917,786		917,786		917,786		917,786				0
Inflation for vendors recovery/rehab contract		2,154,668		2,154,668		2,154,668		2,154,668				0
Inflation for vendors adjustment		(2,000,000)		(2,000,000)		(2,000,000)		(2,000,000)				0
Treatment collaboration for traumatized youth expansion		408,000		408,000		408,000		408,000				0
Voluntary treatment program/qualified residential treatment program private custody youth		1,351,997		1,351,997		1,351,997		1,351,997				0
Youth crisis stabilization pilot				0				0				0
Cost to continue free through recovery and community connect		4,761,081		4,761,081		4,761,081		4,761,081				0
Expanded Community Connect services		4,458,814		4,458,814		4,458,814		4,458,814				0
Expand free through recovery services		4,016,908		4,016,908		4,016,908		4,016,908				0
Peer support increase		137,990		137,990		137,990		137,990				0
Drug court treatment expansion		200,000		200,000		200,000		200,000				0
Provider inflation increase 2% and 2%		2,541,299		2,541,299		2,541,299		2,541,299				0
Behavioral health services for nursing homes and basic care facilities		2,000,000		2,000,000		2,000,000		2,000,000				0
FTE position adjustment	104.93			0	104.93			0				0
Total ongoing funding changes	**(1,054.27)**	**($126,208,283)**	**($62,032,463)**	**($188,240,746)**	**(1,054.27)**	**($126,208,283)**	**($62,032,463)**	**($188,240,746)**	**0.00**	**$0**	**$0**	**$0**
One-Time Funding Items												
Electronic Health Record/Pharmacy system (SIIF)			$500,000	$500,000			$500,000	$500,000				$0

Retire health record legacy system on mainframe (SIIF)			1,000,000	1,000,000			1,000,000	1,000,000				0
State hospital network redundancy and speed (SIIF)			500,000	500,000			500,000	500,000				0
Develop partial hospitalization/intensive day treatment (community health trust fund)			2,000,000	2,000,000			2,000,000	2,000,000				0
Bathroom remodel at Southeast Human Service Center (SIIF)			340,000	340,000			340,000	340,000				0
Construction of new state hospital -(SIIF) - BND line of credit			330,000,000	330,000,000			330,000,000	330,000,000				0
Behavioral health facility grant(SIIF)			12,960,000	12,960,000			12,960,000	12,960,000				0
Total one-time funding changes	**0.00**	**$0**	**$347,300,000**	**$347,300,000**	**0.00**	**$0**	**$347,300,000**	**$347,300,000**	**0.00**	**$0**	**$0**	**$0**
Total Changes to Base Level Funding	**(1,054.27)**	**($126,208,283)**	**$285,267,537**	**$159,059,254**	**(1,054.27)**	**($126,208,283)**	**$285,267,537**	**$159,059,254**	**0.00**	**$0**	**$0**	**$0**
2025-27 Total Funding	**0.00**	**$181,697,125**	**$399,223,478**	**$580,920,603**	**0.00**	**$181,697,125**	**$399,223,478**	**$580,920,603**	**0.00**	**$0**	**$0**	**$0**
Federal funds included in other funds			*$42,070,302*				*$42,070,302*				*$0*	
Total ongoing changes - Percentage of base level	*(100.0%)*	*(41.0%)*	*(54.4%)*	*(44.6%)*	*(100.0%)*	*(41.0%)*	*(54.4%)*	*(44.6%)*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*(100.0%)*	*(41.0%)*	*250.3%*	*37.7%*	*(100.0%)*	*(41.0%)*	*250.3%*	*37.7%*	*N/A*	*N/A*	*N/A*	*N/A*

Legislative Council

Human Services - 300 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	House Version				Senate Version				Senate Compared to House Version			
									Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	1,009.16	$623,450,353	$1,240,409,529	$1,863,859,882	1,009.16	$623,450,353	$1,240,409,529	$1,863,859,882	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$2,546,488	$4,704,191	$7,250,679		$2,546,488	$4,704,191	$7,250,679				$0
Health insurance increase		2,072,787	3,795,116	5,867,903		2,072,787	3,795,116	5,867,903				0
FTE block grant pool	(1,029.70)	(76,722,653)	(150,764,540)	(227,487,193)	(1,029.70)	(76,722,653)	(150,764,540)	(227,487,193)				0
Base budget adjustments and transfers		10,605,259	93,868,910	104,474,169		10,605,259	93,868,910	104,474,169				0
DHHS cost to continue		57,330,438	(2,746,684)	54,583,754		57,330,438	(2,746,684)	54,583,754				0
Adoption contract increase		4,883,205		4,883,205		4,883,205		4,883,205				0
Housing assistance to support targeted population - DOJ		300,000		300,000		300,000		300,000				0
Services to support transition and diversion from institution - DOJ		2,733,934	2,555,463	5,289,397		2,733,934	2,555,463	5,289,397				0
Implement host home service DD HCBS waiver		1,689,900	1,689,900	3,379,800		1,689,900	1,689,900	3,379,800				0
Adult Protective Services coverage contracts		718,522		718,522		718,522		718,522				0
Representation supports for families		350,000	350,000	700,000		350,000	350,000	700,000				0
Provider inflation increase 2% and 2%		12,988,702	13,926,186	26,914,888		12,988,702	13,926,186	26,914,888				0
Zone employee increases 3% and 3% and health insurance			5,002,833	5,002,833			5,002,833	5,002,833				0
FMAP percentage change 50.0% to 50.99%		(4,290,660)	744,660	(3,546,000)		(4,290,660)	744,660	(3,546,000)				0
State dementia coordinator	1.00			0	1.00			0				0
FTE position adjustment	19.54			0	19.54			0				0
LIHEAP reduction - accounting change				0			(9,000,000)	(9,000,000)			($9,000,000)	(9,000,000)
Total ongoing funding changes	**(1,009.16)**	**$15,205,922**	**($26,873,965)**	**($11,668,043)**	**(1,009.16)**	**$15,205,922**	**($35,873,965)**	**($20,668,043)**	**0.00**	**$0**	**($9,000,000)**	**($9,000,000)**
One-Time Funding Items												
Retire economic assistance legacy system on mainframe (SIIF)			$2,000,000	$2,000,000			$2,000,000	$2,000,000				$0
Conversion of developmental disabilities eligibility assessment		$200,000	200,000	400,000		$200,000	200,000	400,000				0
Implement comprehensive vocational rehab technology system (federal funds) (community health trust fund)			8,000,000	8,000,000			8,000,000	8,000,000				0
Replace roof at Cedar Grove building at LSTC (SIIF)			712,480	712,480			712,480	712,480				0
Best in Class expansion		6,000,000		6,000,000		6,000,000		6,000,000				0
Childcare grants, resources and shared services		2,500,000		2,500,000		2,500,000		2,500,000				0
Early childhood quality infrastructure		3,000,000		3,000,000		3,000,000		3,000,000				0
Maintaining expanded inclusion support for special needs childcare		172,500		172,500		172,500		172,500				0
Offer quality rated childcare programs access to teaching strategy		100,000		100,000		100,000		100,000				0
Quality tiered payments for childcare assistance program		1,500,000		1,500,000		1,500,000		1,500,000				0

Housing assistance for people at risk of instability (SIIF)				0				0				0
Eviction prevention program (SIIF)				0				0				0
Home renovation incentives for accessibility (SIIF)			1,000,000	1,000,000			1,000,000	1,000,000				0
Grant for community cultural center (SIIF)			1,000,000	1,000,000			1,000,000	1,000,000				0
Winter park adaptive recreation program grant		200,000		200,000		200,000		200,000				0
Intermediate care facility grant for Anne Carlsen		3,457,736		3,457,736		3,457,736		3,457,736				0
Juvenile justice services		750,000		750,000		750,000		750,000				0
Total one-time funding changes	**0.00**	**$17,880,236**	**$12,912,480**	**$30,792,716**	**0.00**	**$17,880,236**	**$12,912,480**	**$30,792,716**	**0.00**	**$0**	**$0**	**$0**
Total Changes to Base Level Funding	**(1,009.16)**	**$33,086,158**	**($13,961,485)**	**$19,124,673**	**(1,009.16)**	**$33,086,158**	**($22,961,485)**	**$10,124,673**	**0.00**	**$0**	**($9,000,000)**	**($9,000,000)**
2025-27 Total Funding	**0.00**	**$656,536,511**	**$1,226,448,044**	**$1,882,984,555**	**0.00**	**$656,536,511**	**$1,217,448,044**	**$1,873,984,555**	**0.00**	**$0**	**($9,000,000)**	**($9,000,000)**
Federal funds included in other funds			*$958,049,164*				*$949,049,164*				*($9,000,000)*	
Total ongoing changes - Percentage of base level	*(100.0%)*	*2.4%*	*(2.2%)*	*(0.6%)*	*(100.0%)*	*2.4%*	*(2.9%)*	*(1.1%)*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*(100.0%)*	*5.3%*	*(1.1%)*	*1.0%*	*(100.0%)*	*5.3%*	*(1.9%)*	*0.5%*	*N/A*	*N/A*	*N/A*	*N/A*

Other Sections in Human Services - 300 - Budget No. 325

Section Description	House Version	Senate Version	
No other sections			

Legislative Council

Medical Services - 400 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	House Version				Senate Version				Senate Compared to House Version Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	90.50	$958,216,598	$1,818,029,530	$2,776,246,128	90.50	$958,216,598	$1,818,029,530	$2,776,246,128	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$338,151	$479,188	$817,339		$338,151	$479,188	$817,339				$0
Health insurance increase		233,619	342,896	576,515		233,619	342,896	576,515				0
Base budget adjustments and transfers		(28,505,732)	61,061,722	32,555,990		(28,505,732)	61,061,722	32,555,990				0
DHHS cost to continue		71,253,662	(118,383,672)	(47,130,010)		71,253,662	(118,383,672)	(47,130,010)				0
HCBS cost to continue		36,977,113	27,837,811	64,814,924		36,977,113	27,837,811	64,814,924				0
FTE block grant pool	(101.75)	(9,636,069)	(15,163,610)	(24,799,679)	(101.75)	(9,636,069)	(15,163,610)	(24,799,679)				0
DD bed assessment adjustment			7,209,580	7,209,580			7,209,580	7,209,580				0
Value based purchasing Medicaid		1,000,000	1,000,000	2,000,000		1,000,000	1,000,000	2,000,000				0
Home health targeted rate increase		1,235,768	1,235,768	2,471,536		1,235,768	1,235,768	2,471,536				0
Qualified service provider target rate increase		3,595,104	1,797,552	5,392,656		3,595,104	1,797,552	5,392,656				0
HCBS cross disability waiver		2,474,226	2,474,226	4,948,452		2,474,226	2,474,226	4,948,452				0
Rebase Medicaid rates for ambulance service		2,189,770	2,189,770	4,379,540		2,189,770	2,189,770	4,379,540				0
Provider inflation increases 2% and 2%		13,689,672	15,190,970	28,880,642		13,689,672	15,190,970	28,880,642				0
FMAP percentage change 50.0% to 50.99%		(7,809,340)	1,355,340	(6,454,000)		(7,809,340)	1,355,340	(6,454,000)				0
FTE position adjustment	11.25			0	11.25			0				0
Total ongoing funding changes	**(90.50)**	**$87,035,944**	**($11,372,459)**	**$75,663,485**	**(90.50)**	**$87,035,944**	**($11,372,459)**	**$75,663,485**	**0.00**	**$0**	**$0**	**$0**
One-Time Funding Items												
Retire Medicaid legacy system on mainframe (SIIF)			$2,000,000	$2,000,000			$2,000,000	$2,000,000				$0
Critical access hospital networking grant (CHTF)			2,000,000	2,000,000			2,000,000	2,000,000				0
Total one-time funding changes	**0.00**	**$0**	**$4,000,000**	**$4,000,000**	**0.00**	**$0**	**$4,000,000**	**$4,000,000**	**0.00**	**$0**	**$0**	**$0**
Total Changes to Base Level Funding	**(90.50)**	**$87,035,944**	**($7,372,459)**	**$79,663,485**	**(90.50)**	**$87,035,944**	**($7,372,459)**	**$79,663,485**	**0.00**	**$0**	**$0**	**$0**
2025-27 Total Funding	**0.00**	**$1,045,252,542**	**$1,810,657,071**	**$2,855,909,613**	**0.00**	**$1,045,252,542**	**$1,810,657,071**	**$2,855,909,613**	**0.00**	**$0**	**$0**	**$0**
Federal funds included in other funds			*$1,747,182,952*				*$1,747,182,952*				*$0*	
Total ongoing changes - Percentage of base level	*(100.0%)*	*9.1%*	*(0.6%)*	*2.7%*	*(100.0%)*	*9.1%*	*(0.6%)*	*2.7%*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*(100.0%)*	*9.1%*	*(0.4%)*	*2.9%*	*(100.0%)*	*9.1%*	*(0.4%)*	*2.9%*	*N/A*	*N/A*	*N/A*	*N/A*

Legislative Council

Public Health - 500 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	House Version				Senate Version				Senate Compared to House Version			
									Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	215.50	$47,756,180	$250,440,690	$298,196,870	215.50	$47,756,180	$250,440,690	$298,196,870	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$1,714,252		$1,714,252		$1,714,252		$1,714,252				$0
Health insurance increase		1,183,357		1,183,357		1,183,357		1,183,357				0
FTE block grant pool	(217.15)	(20,403,996)	($34,462,245)	(54,866,241)	(217.15)	(20,403,996)	($34,462,245)	(54,866,241)				0
Base budget adjustments and transfers		(1,503,118)	3,120,553	1,617,435		(1,503,118)	3,120,553	1,617,435				0
Adds funding to replace the 2023-25 new FTE pool		65,094	50,008	115,102		65,094	50,008	115,102				0
Adds funding to replace the 2023-25 vacant FTE pool		569,060	1,754,865	2,323,925		569,060	1,754,865	2,323,925				0
Expansion for domestic and sexual violence prevention (community health trust fund)			2,250,000	2,250,000			2,250,000	2,250,000				0
Additional domestic violence and sexual violence prevention		1,700,000		1,700,000		1,700,000		1,700,000				0
Funding for Safe Haven program		440,000		440,000		440,000		440,000				0
Maternal and child health programs enhancement				0				0				0
Coordinated purchasing to support immunization access (public health and consolidated lab fund)			2,213,930	2,213,930			2,213,930	2,213,930				0
Forensic pathology contract		2,866,156	(1,000,000)	1,866,156		2,866,156	(1,000,000)	1,866,156				0
Food and lodging 7.5% additional fee increase to 20% in total		(71,298)	71,298	0		(71,298)	71,298	0				0
Additional grant for Family Voices		100,000		100,000		100,000		100,000				0
Fetal Alcohol spectrum disorder clinic		637,661		637,661		637,661		637,661				0
FTE position adjustment	1.65			0	1.65			0				0
Total ongoing funding changes	**(215.50)**	**($12,702,832)**	**($26,001,591)**	**($38,704,423)**	**(215.50)**	**($12,702,832)**	**($26,001,591)**	**($38,704,423)**	**0.00**	**$0**	**$0**	**$0**
One-Time Funding Items												
Nonfatal toxicology testing equipment(health lab)		$151,500	$100,000	$251,500		$151,500	$100,000	251,500				0
Public health laboratory transition (SIIF)			2,962,304	2,962,304			2,962,304	2,962,304				0
Forensic examiner electronic records system (community health trust fund)			278,000	278,000			278,000	278,000				0
Food and lodging management information system(community health trust fund)			335,000	335,000			335,000	335,000				0
Health facilities and EMS licensure management system (community health trust fund)			650,000	650,000			650,000	650,000				0
Funding for Cass County animal shelter(community health trust fund)			300,000	300,000			300,000	300,000				0
Statewide health strategies grant (community health trust fund)			750,000	750,000			750,000	750,000				0
Total one-time funding changes	**0.00**	**$151,500**	**$5,375,304**	**$5,526,804**	**0.00**	**$151,500**	**$5,375,304**	**$5,526,804**	**0.00**	**$0**	**$0**	**$0**

Total Changes to Base Level Funding	**(215.50)**	**($12,551,332)**	**($20,626,287)**	**($33,177,619)**	**(215.50)**	**($12,551,332)**	**($20,626,287)**	**($33,177,619)**	**0.00**	**$0**	**$0**	**$0**
2025-27 Total Funding	**0.00**	**$35,204,848**	**$229,814,403**	**$265,019,251**	**0.00**	**$35,204,848**	**$229,814,403**	**$265,019,251**	**0.00**	**$0**	**$0**	**$0**
Federal funds included in other funds			*$188,459,479*				*$188,459,479*				*$0*	
Total ongoing changes - Percentage of base level	*(100.0%)*	*(26.6%)*	*(10.4%)*	*(13.0%)*	*(100.0%)*	*(26.6%)*	*(10.4%)*	*(13.0%)*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*(100.0%)*	*(26.3%)*	*(8.2%)*	*(11.1%)*	*(100.0%)*	*(26.3%)*	*(8.2%)*	*(11.1%)*	*N/A*	*N/A*	*N/A*	*N/A*

2025 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

HB 1012 a.m.
4/2/2025

Relating to the department of health and human services.

9:00 a.m. Chairman Dever opened the hearing.

Members present: Chairman Dever and Senators Cleary, Davison, Magrum and Mathern.

Discussion Topics:

- Public Health Budget Decision Revisit - Information Technology (IT) Budget
- Community Behavioral Health Clinics FTE Funding Request
- Terminated Federal Funding Update
- Business Operations Budget Review Line-By-Line
- Behavioral Health Budget Review Line-By-Line

9:01 a.m. Keith Mantz, Fiscal Analyst, LC, submitted testimony #44553 and #44574.

9:05 a.m. Senator Davison questioned the priorities of the Information Technology budget. He suggested removing the funding ($278,000,) from the forensic examiner electronic records system (community health trust fund) and per discussion the committee approved.

9:07a.m. Donna Aukland, CFO, North Dakota Health and Human Services (ND DHHS), started the discussion for an increase in FTE block funding ($20,000,000,). The department will need an extra 103 Full-Time Equivalent (FTE) employees for the four new Certified Community Behavioral Health Clinics (CCBHC) and referenced testimony #44741.

9:23 a.m. Sara Stolt, Deputy Commissioner, ND DHHS, testified in favor, and answered committee questions about FTE block funding.

9:34 a.m. Keith Mantz, Financial Analyst, LC, testified neutral, referred to bill and answered questions about FTE block funding.

9:34 a.m. Senator Dever and committee agree this funding needs further information and will be revisited.

9:36 a.m. Chairman Dever started discussion concerning the Business Operations Budget line-by-line

9:36 a.m. Donna Aukland, CFO, ND DHHS, testified in favor, referred to longsheets #44574, and started the discussion of the Business Operations budget, salary increase, health insurance increase, base budget adjustments and transfers. These line items require no committee decisions. The FTE block grant pool is deferred to later this afternoon.

9:40 a.m. Senator Davison inquired about the funding ($10,000,000) to retiring the mainframe and legacy systems (SIIF).

9:41 a.m. Donna Aukland, CFO, ND DHHS, testified in favor, referred to longsheets #44574 and answered questions about retiring the mainframe and legacy systems.

9:42 a.m. Senator Davison mentioned the dollars in Section 13 will need to be changed.

9:42 a.m. Sara Stolt, Deputy Commissioner, ND DHHS, testified in favor, and answered questions about funding the retiring of the mainframe and legacy systems and committee approved.

9:44 a.m. Donna Aukland, CFO, ND DHHS, testified in favor and discussed sections of the bill for special consideration: sections 5, 20 and 25.

9:57 a.m. Chairman Dever recessed the meeting.

10:14 a.m. Chairman Dever reconvened the meeting.

10:14 a.m. Chairman Dever started discussion of terminated federal funding.

10:14 a.m. Pamela Sagness, Executive Director, Behavioral Health and Human Services, ND DHHS, testified in favor, and gave an update on terminated federal funding related to the Behavioral Health Division, and submitted testimony #44561 and #44741.

10:25 a.m. Chairman Dever started discussion of additional salary funding/underfunding-103 CCBHC.

10:25 a.m. Pamela Sagness, Executive Director, Behavioral Health and Human Services, ND DHHS, testified in favor and answered committee questions concerning the request for 103 FTEs and the Certified Community Behavioral Health Clinics (CCBHC). Discussion is ongoing and funding will be revisited.

10:43 a.m. Chairman Dever started the discussion for the Behavioral Health Budget Review line-by-line and referred to previously submitted testimony #44536. The first four line-items: salary increase, health insurance increase, base budget adjustments and transfers, and FTE block grant pool, require no committee action.

10:43 a.m. Chairman Dever started the discussion of funding ($709,106,) for the cost to continue programs.

10:45 a.m. Donna Aukland, CFO, ND DHHS, testified in favor, referred to longsheets #44536, and answered committee questions concerning the cost to continue line-item. She stated this line represents moving money around in the budget requires no committee action.

10:46 a.m. Chairman Dever started the discussion of funding ($8,000,000,) for the Opioid Settlement.

10:47 a.m. Pamela Sagness, Executive Director, Behavioral Health and Human Services, ND DHHS, testified in favor and answered committee questions concerning funding for the opioid settlement and committee approved.

10:50 a.m. Chairman Dever started the discussion of funding ($1,000,000,) for Avel ecare.

10:50 a.m. Pamela Sagness, Executive Director, Behavioral Health and Human Services, ND DHHS, testified in favor and answered committee questions concerning Avel ecare.

10:52 a.m. Donna Aukland, CFO, ND DHHS, testified in favor, referred to longsheets #44553, and answered committee questions concerning Avel ecare. The governor approved 1 million (community health trust fund) plus the carryover of 1 million. Page 14 of HB 1012, Section 25, Line 10 needs to be changed from $2,223,982 to $1,000,000.

10:56 a.m. Senator Davison approved funding and per discussion committee approved.

10:57 a.m. Chairman Dever started the discussion of funding for additional substance use disorder funding for medical expenses with institutions for mental disease voucher, substance use disorder - 50/50 inpatient/outpatient, and mental health and substance use disorder treatment for incarcerated individuals

10:58 a.m. Pamela Sagness, Executive Director, Behavioral Health and Human Services, ND DHHS, testified in favor and answered committee questions.

11:00 a.m. Senator Davison started the discussion and gave his opinion on three line-items: reduce funding from ($500,000, to $250,000,) for the additional substance use disorder funding for medical expenses with institutions for mental disease voucher; keep funding ($500,000,) for substance use disorder - 50/50 inpatient/outpatient, and remove funding (2,500,000,) for mental health and substance use disorder treatment for incarcerated individuals.

11:30 a.m. Senator Davis reiterated his funding suggestions and committee approved.

11:30 a.m. Chairman Dever started discussion for funding ($250,536,) of western ND behavioral health staffing salary equity.

11:31 a.m. Pamela Sagness, Executive Director, Behavioral Health and Human Services, ND DHHS, testified in favor and answered committee questions concerning the funding for western ND behavioral health staffing salary equity and committee approved.

11:32 a.m. Chairman Dever started the discussion about the next 4 line-items: vendor crisis residential contract, vendor addiction residential contract, vendors addiction residential contract and vendors recovery/rehab contract.

11:33 a.m. Pamela Sagness, Executive Director, Behavioral Health and Human Services, ND DHHS, testified in favor and answered committee questions concerning: vendor crisis

residential contract, vendor addiction residential contract, vendors addiction residential contract and vendors recovery/rehab contract.

11:34 a.m. Keith Mantz, Financial Analyst, testified neutral, referred to longsheets #44553, and answered committee questions.

11:35 a.m. Chairman Dever and Senator Davison approve funding for vendor crisis residential contract, vendor addiction residential contract, vendors addiction residential contract and vendors recovery/rehab contract and committee approved.

11:35 a.m. Chairman Dever started the discussion of funding ($408,000,) for treatment collaboration for traumatized youth expansion and committee approved.

11:36 a.m. Chairman Dever started thediscussion of funding ($1,351,997,) for voluntary treatment program/qualified residential treatment program.

11:37 a.m. Pamela Sagness, Executive Director, Behavioral Health and Human Services, ND DHHS, testified in favor and answered committee questions concerning voluntary treatment program/qualified residential treatment program.

11:40 a.m. The committee asked for follow up and will revisit funding for the voluntary treatment/qualified residential treatment program.

11:42 a.m. Chairman Dever started the discussion of funding ($0) for youth crisis stabilization pilot and committee approved.

11:44 a.m. Pamela Sagness, Executive Director, Behavioral Health and Human Services, ND DHHS, testified in favor and answered committee questions concerning youth crisis stabilization pilot.

11:49 a.m. Senator Cleary suggested 1.5 from federal funding and 1.5 from community health trust fund for a total funding of $3,000,000, and committee approved.

11:49 a.m. Chairman Dever started the discussion of funding for three line-items: the funding ($4,761,081,) for cost to continue free through recovery and community connect, the funding ($4,458,814,) for expanded community connect services, and the funding ($4,016,908,) for expanded free through recovery services.

11:49 a.m. Pamela Sagness, Executive Director, Behavioral Health and Human Services, ND DHHS, testified in favor and answered committee questions concerning: cost to continue free through recovery and community connect, expanded community connect services, and expanded free through recovery services.

12:04 a.m. Keith Mantz, Financial Analyst, LC, testified neutral and referred to longsheets #44553.

12:05 p.m. Discussion will continue in the afternoon.

Additional Written Testimony:

Senator Mathern, District 11, submitted testimony #44557.

12:06 p.m. Chairman Dever closed hearing.

Joan Bares, Committee Clerk

HB 1012
4-2-25

Legislative Council

Department of Health and Human Services - Budget No. 325
Agency Worksheet - House Bill No. 1012

	House Version				Senate Version				Senate Compared to House Version			
									Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Division Totals												
FTE block grant pool	2,688.35	309,564,625	286,720,150	596,284,775	2,593.35	309,564,625	286,720,150	596,284,775	(95.00)			0
Business Operations	0.00	$49,695,542	$47,368,089	$97,063,631	0.00	$49,695,542	$47,368,089	$97,063,631				$0
Behavioral Health	0.00	181,697,125	399,223,478	580,920,603	0.00	181,697,125	399,223,478	580,920,603				0
Human Services	0.00	656,536,511	1,226,448,044	1,882,984,555	0.00	656,536,511	1,217,448,044	1,873,984,555			($9,000,000)	(9,000,000)
Medical Services	0.00	1,045,252,542	1,810,657,071	2,855,909,613	0.00	1,045,252,542	1,810,657,071	2,855,909,613				0
Public Health	0.00	35,204,848	229,814,403	265,019,251	0.00	31,911,031	228,114,403	260,025,434		($3,293,817)	(1,700,000)	(4,993,817)
Total ongoing funding changes	**2,688.35**	**$2,277,951,193**	**$4,000,231,235**	**$6,278,182,428**	**2,593.35**	**$2,274,657,376**	**$3,989,531,235**	**$6,264,188,611**	**(95.00)**	**($3,293,817)**	**($10,700,000)**	**($13,993,817)**
	0.00	**$0**	**$0**	**$0**	**0.00**	**$0**	**$0**	**$0**	**0.00**	**$0**	**$0**	**$0**
Total Changes to Base Level Funding	**2,688.35**	**$2,277,951,193**	**$4,000,231,235**	**$6,278,182,428**	**2,593.35**	**$2,274,657,376**	**$3,989,531,235**	**$6,264,188,611**	**(95.00)**	**($3,293,817)**	**($10,700,000)**	**($13,993,817)**
2025-27 Total Funding	**2,688.35**	**$2,277,951,193**	**$4,000,231,235**	**$6,278,182,428**	**2,593.35**	**$2,274,657,376**	**$3,989,531,235**	**$6,264,188,611**	**(95.00)**	**($3,293,817)**	**($10,700,000)**	**($13,993,817)**
Federal funds included in other funds			*$3,221,583,871*				*$3,212,583,871*				*($9,000,000)*	
	X				X							
Total ongoing changes - Percentage of base level	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*

Other Sections in Department of Health and Human Services - Budget No. 325

Section Description	House Version	Senate Version	
Funding transfers	Section 3 authorizes the transfer of appropriation authority between line items within Section 1 of the bill.	Section 3 authorizes the transfer of appropriation authority between line items within Section 1 of the bill.	
FTE position block grant program	Section 4 authorizes DHHS to increase or decrease the authorized FTE positions subject to the availability of funds.	Section 4 authorizes DHHS to increase or decrease the authorized FTE positions subject to the availability of funds.	
FTE Block grant reporting	Section 5 has requires the department to report on the block grant program.	Section 5 has requires the department to report on the block grant program.	
Behavioral health facility grant - SIIF	Section 6 identifies $12,960,000 from the SIIF for a grant to establish a behavioral health facility in the northeast human service region.	Section 6 identifies $12,960,000 from the SIIF for a grant to establish a behavioral health facility in the northeast human service region.	
Community cultural center grant - SIIF	Section 7 identifies $1,000,000 from the SIIF for a one-time grant for a community cultural center in the west central human service region.	Section 7 identifies $1,000,000 from the SIIF for a one-time grant for a community cultural center in the west central human service region.	
Juvenile justice diversion services and program - General fund	Section 8 identifies $750,000 of one-time funding from the general fund for juvenile justice diversion services and programs.	Section 8 identifies $750,000 of one-time funding from the general fund for juvenile justice diversion services and programs.	
Animal shelter grant - Community health trust fund	Section 9 identifies $300,000 of one-time funding from the community health trust fund to provide a grant for construction of an animal shelter.	Section 9 identifies $300,000 of one-time funding from the community health trust fund to provide a grant for construction of an animal shelter.	

Legislative Council

Public Health - 500 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	House Version				Senate Version				Senate Compared to House Version Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	215.50	$47,756,180	$250,440,690	$298,196,870	215.50	$47,756,180	$250,440,690	$298,196,870	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$1,714,252		$1,714,252		$1,714,252		$1,714,252				$0
Health insurance increase		1,183,357		1,183,357		1,183,357		1,183,357				0
FTE block grant pool	(217.15)	(20,403,996)	($34,462,245)	(54,866,241)	(217.15)	(20,403,996)	($34,462,245)	(54,866,241)				0
Base budget adjustments and transfers		(1,503,118)	3,120,553	1,617,435		(1,503,118)	3,120,553	1,617,435				0
Adds funding to replace the 2023-25 new FTE pool		65,094	50,008	115,102		65,094	50,008	115,102				0
Adds funding to replace the 2023-25 vacant FTE pool		569,060	1,754,865	2,323,925		569,060	1,754,865	2,323,925				0
Expansion for domestic and sexual violence prevention (community health trust fund)			2,250,000	2,250,000			2,250,000	2,250,000				0
Additional domestic violence and sexual violence prevention		1,700,000		1,700,000		0		0		($1,700,000)		(1,700,000)
Funding for Safe Haven program		440,000		440,000		0		0		(440,000)		(440,000)
Maternal and child health programs enhancement				0				0				0
Coordinated purchasing to support immunization access (public health and consolidated lab fund)			2,213,930	2,213,930			0	0			($2,213,930)	(2,213,930)
Forensic pathology contract		2,866,156	(1,000,000)	1,866,156		2,000,000	(1,000,000)	1,000,000		(866,156)		(866,156)
Food and lodging 7.5% additional fee increase to 20% in total		(71,298)	71,298	0		(71,298)	71,298	0				0
Additional grant for Family Voices		100,000		100,000		100,000		100,000				0
Fetal Alcohol spectrum disorder clinic		637,661		637,661		350,000		350,000		(287,661)		(287,661)
FTE position adjustment	1.65			0	1.65			0				0
Total ongoing funding changes	**(215.50)**	**($12,702,832)**	**($26,001,591)**	**($38,704,423)**	**(215.50)**	**($15,996,649)**	**($28,215,521)**	**($44,212,170)**	**0.00**	**($3,293,817)**	**($2,213,930)**	**($5,507,747)**
One-Time Funding Items												
Nonfatal toxicology testing equipment(health lab)		$151,500	$100,000	$251,500		$151,500	$100,000	251,500				0
Public health laboratory transition (SIIF)			2,962,304	2,962,304			2,962,304	2,962,304				0
Forensic examiner electronic records system (community health trust fund)			278,000	278,000			278,000	278,000				0
Food and lodging management information system(community health trust fund)			335,000	335,000			335,000	335,000				0
Health facilities and EMS licensure management system (community health trust fund)			650,000	650,000			0	0			($650,000)	(650,000)
Funding for Cass County animal shelter(community health trust fund)			300,000	300,000			0	0			(300,000)	(300,000)
Statewide health strategies grant (community health trust fund)			750,000	750,000			0	0			(750,000)	(750,000)
Public Health Data Modernization(public health and consolidated lab fund)				0			2,213,930	2,213,930			2,213,930	2,213,930

Total one-time funding changes	0.00	$151,500	$5,375,304	$5,526,804	0.00	$151,500	$5,889,234	$6,040,734	0.00	$0	$513,930	$513,930
Total Changes to Base Level Funding	(215.50)	($12,551,332)	($20,626,287)	($33,177,619)	(215.50)	($15,845,149)	($22,326,287)	($38,171,436)	0.00	($3,293,817)	($1,700,000)	($4,993,817)
2025-27 Total Funding	0.00	$35,204,848	$229,814,403	$265,019,251	0.00	$31,911,031	$228,114,403	$260,025,434	0.00	($3,293,817)	($1,700,000)	($4,993,817)
Federal funds included in other funds			*$188,459,479*				*$188,459,479*				*$0*	
Total ongoing changes - Percentage of base level	*(100.0%)*	*(26.6%)*	*(10.4%)*	*(13.0%)*	*(100.0%)*	*(33.5%)*	*(11.3%)*	*(14.8%)*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*(100.0%)*	*(26.3%)*	*(8.2%)*	*(11.1%)*	*(100.0%)*	*(33.2%)*	*(8.9%)*	*(12.8%)*	*N/A*	*N/A*	*N/A*	*N/A*

HB 1012 4-2-25

Bill No. 1012 Fiscal No. 2 25.0156.02010s 03/25/2025

STATEMENT OF PURPOSE OF AMENDMENT:

House Bill No. 1012 - Summary of Senate Action

	Base Budget	House Version	Senate Changes	Senate Version
Department of Health and Human Services				
Total all funds	$0	$596,284,775	$0	$596,284,775
Less estimated income	0	286,720,150	0	286,720,150
General fund	$0	$309,564,625	$0	$309,564,625
FTE	0.00	2,688.35	0.00	2,688.35
DHHS - Business Operations				
Total all funds	$192,993,318	$97,063,631	$0	$97,063,631
Less estimated income	118,894,310	47,368,089	0	47,368,089
General fund	$74,099,008	$49,695,542	$0	$49,695,542
FTE	114.40	0.00	0.00	0.00
DHHS - Behavioral Health				
Total all funds	$421,861,349	$580,920,603	($289,495,000)	$291,425,603
Less estimated income	113,955,941	399,223,478	(330,000,000)	69,223,478
General fund	$307,905,408	$181,697,125	$40,505,000	$222,202,125
FTE	1,054.27	0.00	0.00	0.00
DHHS - Human Services				
Total all funds	$1,863,859,882	$1,882,984,555	$0	$1,882,984,555
Less estimated income	1,240,409,529	1,226,448,044	0	1,226,448,044
General fund	$623,450,353	$656,536,511	$0	$656,536,511
FTE	1,009.16	0.00	0.00	0.00
DHHS - Medical Services				
Total all funds	$2,776,246,128	$2,855,909,613	$0	$2,855,909,613
Less estimated income	1,818,029,530	1,810,657,071	0	1,810,657,071
General fund	$958,216,598	$1,045,252,542	$0	$1,045,252,542
FTE	90.50	0.00	0.00	0.00
DHHS - Public Health				
Total all funds	$298,196,870	$265,019,251	$0	$265,019,251
Less estimated income	250,440,690	229,814,403	0	229,814,403
General fund	$47,756,180	$35,204,848	$0	$35,204,848
FTE	215.50	0.00	0.00	0.00
Bill total				
Total all funds	$5,553,157,547	$6,278,182,428	($289,495,000)	$5,988,687,428
Less estimated income	3,541,730,000	4,000,231,235	(330,000,000)	3,670,231,235
General fund	$2,011,427,547	$2,277,951,193	$40,505,000	$2,318,456,193
FTE	2,483.83	2,688.35	0.00	2,688.35

House Bill No. 1012 - Department of Health and Human Services - Senate Action

	Base Budget	House Version	Senate Changes	Senate Version
Salaries and wages block grant		$596,284,775		$596,284,775
Total all funds	$0	$596,284,775	$0	$596,284,775
Less estimated income	0	286,720,150	0	286,720,150
General fund	$0	$309,564,625	$0	$309,564,625
FTE	0.00	2,688.35	0.00	2,688.35

House Bill No. 1012 - DHHS - Business Operations - Senate Action

	Base Budget	House Version	Senate Changes	Senate Version
Salaries and wages	$25,763,358			
Operating expenses	155,308,399	$78,284,629		$78,284,629
Capital assets	108,934			
Grants	11,812,627	18,779,002		18,779,002
Total all funds	$192,993,318	$97,063,631	$0	$97,063,631
Less estimated income	118,894,310	47,368,089	0	47,368,089
General fund	$74,099,008	$49,695,542	$0	$49,695,542
FTE	114.40	0.00	0.00	0.00

House Bill No. 1012 - DHHS - Behavioral Health - Senate Action

	Base Budget	House Version	Senate Changes	Senate Version
Salaries and wages	$8,792,675			
Operating expenses	79,381,458	$103,269,596		$103,269,596
Grants	40,476,298	62,365,620		62,365,620
Behavioral health clinics	196,383,945	56,405,232		56,405,232
State Hospital	94,826,973	350,880,155	($289,495,000)	61,385,155
Opioid addiction prevention	2,000,000	8,000,000		8,000,000
Total all funds	$421,861,349	$580,920,603	($289,495,000)	$291,425,603
Less estimated income	113,955,941	399,223,478	(330,000,000)	69,223,478
General fund	$307,905,408	$181,697,125	$40,505,000	$222,202,125
FTE	1,054.27	0.00	0.00	0.00

Department 327 - DHHS - Behavioral Health - Detail of Senate Changes

	Removes Funding for State Hospital Project[1]	Provides Funding to Remodel LaHaug Building[2]	Adds Facility Grants[3]	Adds Funding to Update State Hospital Master Plan[4]	Total Senate Changes
Salaries and wages					
Operating expenses					
Grants					
Behavioral health clinics					
State Hospital	($330,000,000)	$16,500,000	$24,000,000	$5,000	($289,495,000)
Opioid addiction prevention					
Total all funds	($330,000,000)	$16,500,000	$24,000,000	$5,000	($289,495,000)
Less estimated income	(330,000,000)	0	0	0	(330,000,000)
General fund	$0	$16,500,000	$24,000,000	$5,000	$40,505,000
FTE	0.00	0.00	0.00	0.00	0.00

[1] Funding from the strategic investment and improvements fund ($200 million) and from a Bank of North Dakota line of credit ($130 million) for a new state hospital project are removed.

[2] One-time funding is provided to update the LaHaug building at the State Hospital.

[3] One-time funding is added for grants to private providers to increase the number of residential care beds.

[4] One-time funding is added to update the State Hospital long-term master plan for facilities.

House Bill No. 1012 - DHHS - Human Services - Senate Action

	Base Budget	House Version	Senate Changes	Senate Version
Salaries and wages	$168,325,918			
Operating expenses	88,885,469	$197,143,705		$197,143,705
Capital assets	10,000	10,000		10,000
Grants	621,189,007	715,582,267		715,582,267
Life Skills and Transition Center	44,992,263	15,207,658		15,207,658
Grants - Medical assistance	742,793,564	750,448,643		750,448,643
County social services	197,663,661	204,592,282		204,592,282
Total all funds	$1,863,859,882	$1,882,984,555	$0	$1,882,984,555
Less estimated income	1,240,409,529	1,226,448,044	0	1,226,448,044
General fund	$623,450,353	$656,536,511	$0	$656,536,511
FTE	1,009.16	0.00	0.00	0.00

House Bill No. 1012 - DHHS - Medical Services - Senate Action

	Base Budget	House Version	Senate Changes	Senate Version
Salaries and wages	$21,008,344			
Operating expenses	70,807,977	$163,172,539		$163,172,539
Grants	1,651,004	3,457,804		3,457,804
Grants - Medical assistance	2,682,778,803	2,689,279,270		2,689,279,270
Total all funds	$2,776,246,128	$2,855,909,613	$0	$2,855,909,613
Less estimated income	1,818,029,530	1,810,657,071	0	1,810,657,071
General fund	$958,216,598	$1,045,252,542	$0	$1,045,252,542
FTE	90.50	0.00	0.00	0.00

House Bill No. 1012 - DHHS - Public Health - Senate Action

	Base Budget	House Version	Senate Changes	Senate Version
Salaries and wages	$60,415,388			
Operating expenses	37,721,213	$55,574,882		$55,574,882
Capital assets	1,469,780	3,685,618		3,685,618
Grants	81,718,145	85,963,641		85,963,641
Tobacco prevention	13,063,162	13,040,555		13,040,555
WIC food payments	19,900,000	21,000,000		21,000,000
COVID-19 response	83,909,182	85,754,555		85,754,555
Total all funds	$298,196,870	$265,019,251	$0	$265,019,251
Less estimated income	250,440,690	229,814,403	0	229,814,403
General fund	$47,756,180	$35,204,848	$0	$35,204,848
FTE	215.50	0.00	0.00	0.00

House Bill No. 1012 - Other Changes - Senate Action

This amendment also:

- Removes a section to create a new state hospital facility steering committee.
- Provides for the Department of Health and Human Services to contract with a private provider for services to geriatric psychiatric patients.

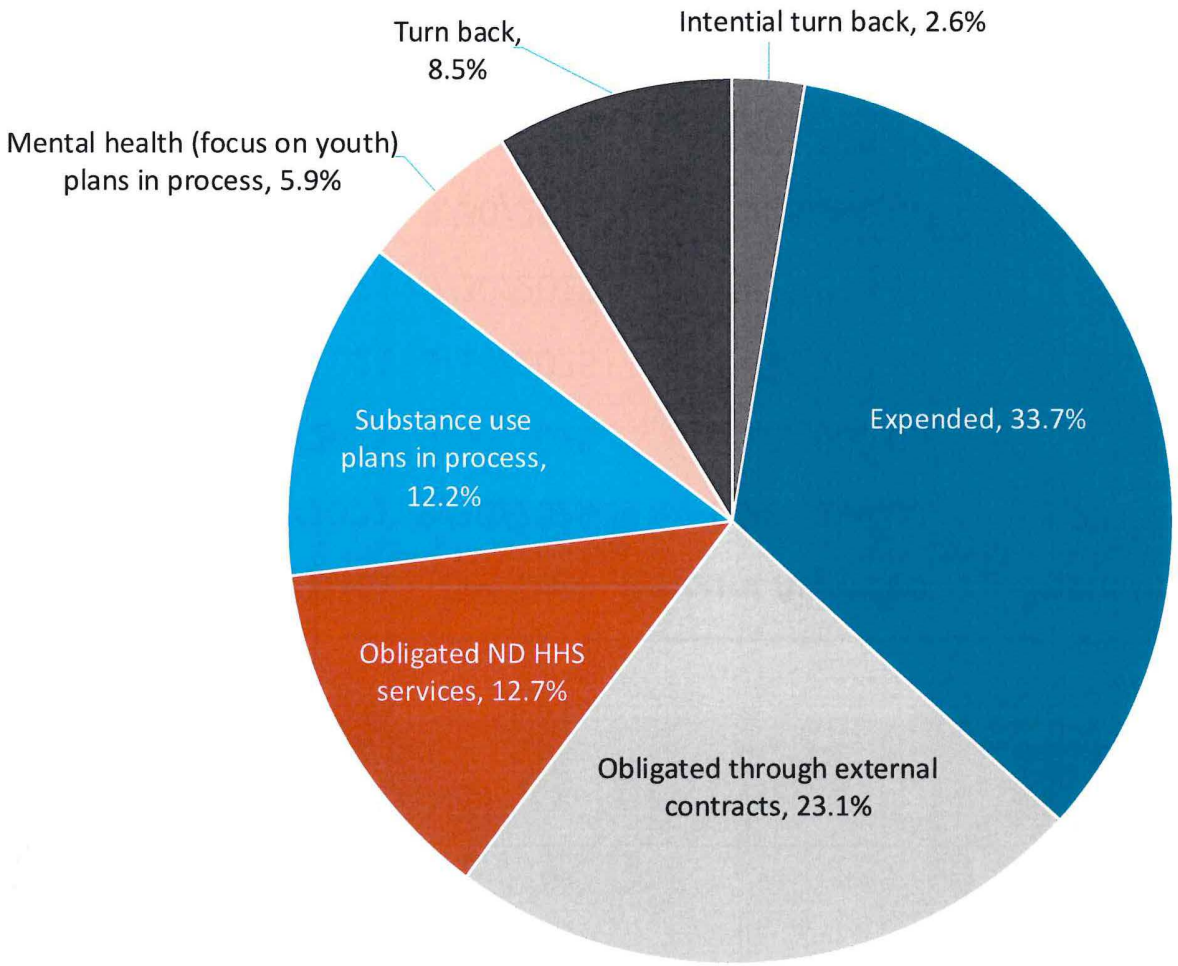
HB1012
4-2-25

HHS Behavioral Health

COVID Grant Federal Funding Termination

Grant	Start Date	End Date	Amount Awarded	Spent to Date	Remaining
SUPTRS Supplement 2	9/1/2021	9/30/2025	5,288,864.00	1,271,414.98	4,017,449.02
SUPTRS Supplement 3	9/1/2021	9/30/2025	125,000.00	-	125,000.00
MHBG Supplement 1	3/15/2021	3/14/2025	1,435,102.00	1,325,019.11	110,082.89
MHBG Supplement 2	9/1/2021	9/30/2025	2,478,813.00	587,434.72	1,891,378.28
MHBG Supplement 3	9/1/2021	9/30/2025	125,000.00	-	125,000.00
		TOTAL	**$9,452,779.00**	**$3,183,868.81**	**$6,268,910.19**

Of the $9,452,779 total awarded:



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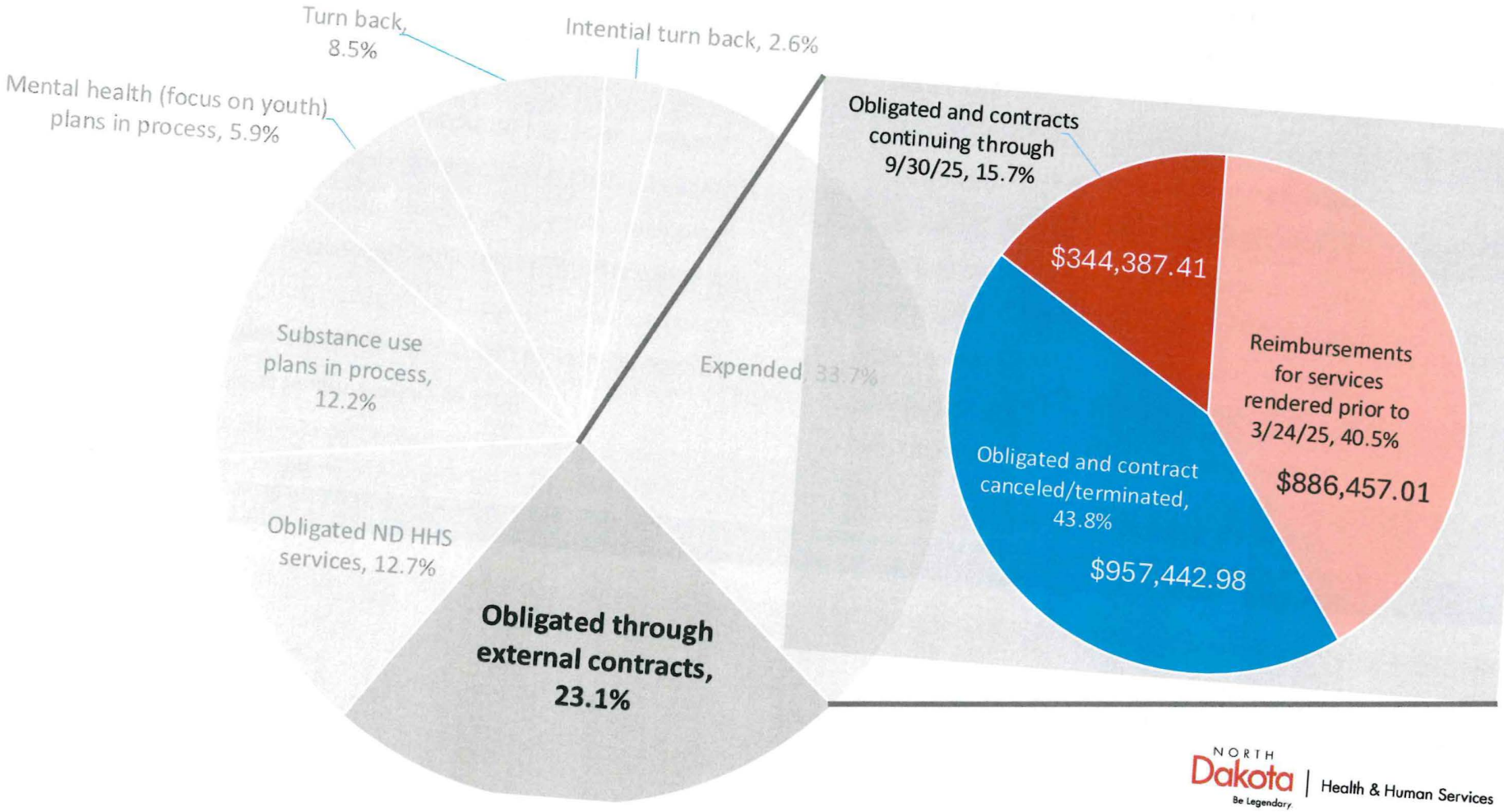
Of the $9,452,779 total awarded:



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Canceled or Terminated Contracts

Vendor (Brief Description)	Amount	Action Taken
City of Bismarck (Assist City of Bismarck & BBPH in facilitating plans for the coordination of a Community Triage Center)	115,000.00	Contract was in process; canceled
BeMoreColorful (Behavioral Health Workforce Tool)	160,000.00	Contract was in process; canceled
Worldwide Travel – NE (Mental health support for HSC team members)	28,000.00	Contract was in process; canceled
Worldwide Travel – NC (Mental health support for HSC team members)	28,000.00	Contract was in process; canceled
Worldwide Travel – NW (Mental health support for HSC team members)	28,000.00	Contract was in process; canceled
Worldwide Travel – SE (Mental health support for HSC team members)	28,000.00	Contract was in process; canceled
Worldwide Travel – WC (Mental health support for HSC team members)	28,000.00	Contract was in process; canceled
Worldwide Travel – BL (Mental health support for HSC team members)	28,000.00	Contract was in process; canceled
Flint Communications (prevention basics messaging development)	38,250.00	Contract terminated ($34,410 remaining)
Flint Communications (Parents Lead & Opioids messaging)	787,582.03	Contract terminated ($327,932.85 remaining)
Haugen Consulting (trainings/webinars for clinicians)	86,875.53	Contract terminated ($40,035.61 remaining)
Gemini Consulting (dementia community education sessions and dementia communication coaching sessions for DOCR)	144,000.00	Contract terminated ($112,064.52 remaining)

Contracts Maintaining through Sept 30, 2025

Vendor (Brief Description)	Amount
City of Fargo (Withdrawal management)	221,000.00
UND (First Episode Psychosis program fidelity)	42,666.71
Appalachian Consulting (peer support trainings)	25,338.18
Angie Muhs (CISM & Crisis response consultation)	30,000.00
Corner Post (CISM & Crisis response consultation)	30,000.00
DeCoteau Trauma (CISM & Crisis response consultation)	30,000.00
Empowered MH (CISM & Crisis response consultation)	30,000.00
Ronin Counseling (CISM & Crisis response consultation)	30,000.00
Healing Foundations (CISM & Crisis response consultation)	30,000.00
Lotus DBA/Holistic Healing (CISM & Crisis response consultation)	50,000.00
Down to Earth (CISM & Crisis response consultation)	50,000.00
Connect Us (CISM & Crisis response consultation)	50,000.00
Tammy Ness (CISM & Crisis response consultation)	50,000.00
19 LPHU and 4 Tribes (substance use prevention)	200,000.00

NORTH Dakota | Health & Human Services
Be Legendary

HB1012
4-1-25

#44574

April 1, 2025

Legislative Council

Department of Health and Human Services - Budget No. 325
Agency Worksheet - House Bill No. 1012

	House Version				Senate Version				Senate Compared to House Version			
									Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Division Totals												
FTE block grant pool	2,688.35	309,564,625	286,720,150	596,284,775	2,593.35	309,564,625	286,720,150	596,284,775	(95.00)			0
Business Operations	0.00	$49,695,542	$47,368,089	$97,063,631	0.00	$49,695,542	$47,368,089	$97,063,631				$0
Behavioral Health	0.00	181,697,125	399,223,478	580,920,603	0.00	181,697,125	399,223,478	580,920,603				0
Human Services	0.00	656,536,511	1,226,448,044	1,882,984,555	0.00	656,536,511	1,217,448,044	1,873,984,555			($9,000,000)	(9,000,000)
Medical Services	0.00	1,045,252,542	1,810,657,071	2,855,909,613	0.00	1,045,252,542	1,810,657,071	2,855,909,613				0
Public Health	0.00	35,204,848	229,814,403	265,019,251	0.00	35,204,848	229,814,403	265,019,251				0
Total ongoing funding changes	**2,688.35**	**$2,277,951,193**	**$4,000,231,235**	**$6,278,182,428**	**2,593.35**	**$2,277,951,193**	**$3,991,231,235**	**$6,269,182,428**	**(95.00)**	**$0**	**($9,000,000)**	**($9,000,000)**
	0.00	**$0**	**$0**	**$0**	**0.00**	**$0**	**$0**	**$0**	**0.00**	**$0**	**$0**	**$0**
Total Changes to Base Level Funding	**2,688.35**	**$2,277,951,193**	**$4,000,231,235**	**$6,278,182,428**	**2,593.35**	**$2,277,951,193**	**$3,991,231,235**	**$6,269,182,428**	**(95.00)**	**$0**	**($9,000,000)**	**($9,000,000)**
2025-27 Total Funding	**2,688.35**	**$2,277,951,193**	**$4,000,231,235**	**$6,278,182,428**	**2,593.35**	**$2,277,951,193**	**$3,991,231,235**	**$6,269,182,428**	**(95.00)**	**$0**	**($9,000,000)**	**($9,000,000)**
Federal funds included in other funds			*$3,097,751,241*				*$3,088,751,241*				*($9,000,000)*	
	X	X	X	X	X	X	X	X				
Total ongoing changes - Percentage of base level	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*

Other Sections in Department of Health and Human Services - Budget No. 325

Section Description	House Version	Senate Version	
Funding transfers	Section 3 authorizes the transfer of appropriation authority between line items within Section 1 of the bill.	Section 3 authorizes the transfer of appropriation authority between line items within Section 1 of the bill.	
FTE position block grant program	Section 4 authorizes DHHS to increase or decrease the authorized FTE positions subject to the availability of funds.	Section 4 authorizes DHHS to increase or decrease the authorized FTE positions subject to the availability of funds.	
FTE Block grant reporting	Section 5 has requires the department to report on the block grant program.	Section 5 has requires the department to report on the block grant program.	
Behavioral health facility grant - SIIF	Section 6 identifies $12,960,000 from the SIIF for a grant to establish a behavioral health facility in the northeast human service region.	Section 6 identifies $12,960,000 from the SIIF for a grant to establish a behavioral health facility in the northeast human service region.	
Community cultural center grant - SIIF	Section 7 identifies $1,000,000 from the SIIF for a one-time grant for a community cultural center in the west central human service region.	Section 7 identifies $1,000,000 from the SIIF for a one-time grant for a community cultural center in the west central human service region.	
Juvenile justice diversion services and program - General fund	Section 8 identifies $750,000 of one-time funding from the general fund for juvenile justice diversion services and programs.	Section 8 identifies $750,000 of one-time funding from the general fund for juvenile justice diversion services and programs.	
Animal shelter grant - Community health trust fund	Section 9 identifies $300,000 of one-time funding from the community health trust fund to provide a grant for construction of an animal shelter.	Section 9 identifies $300,000 of one-time funding from the community health trust fund to provide a grant for construction of an animal shelter.	

Other Sections in Department of Health and Human Services - Budget No. 325

Section Description	House Version	Senate Version	
Statewide health strategies - Community health trust fund	Section 10 identifies $750,000 of one-time funding from the community health trust fund for the statewide health strategies initiative.	Section 10 identifies $750,000 of one-time funding from the community health trust fund for the statewide health strategies initiative.	
Other funds - Insurance tax distribution fund	Section 11 identifies $1,125,000 from the insurance tax distribution fund for rural emergency medical services grants.	Section 11 identifies $1,125,000 from the insurance tax distribution fund for rural emergency medical services grants.	
Other funds - Community health trust fund	Section 12 identifies $38,713,522 from the community health trust fund for the following purposes: loan repayment programs ($594,500), tobacco and vaping programs ($11,599,698), cancer and women's way programs ($909,824), behavioral risk state survey ($200,000), domestic violence programs ($4,250,000), local public health grants ($3,275,000), 988 crisis hotline ($1,867,500), various information technology system upgrades ($2,967,000), grants to rural ambulances ($7,000,000), law enforcement rural crisis support program ($1,000,000), Development of partial hospitalization/intensive day treatment ($2,000,000), Critical access hospital networking ($2,000,000), Animal shelter grant ($300,000), statewide health strategies ($750,000).	Section 12 identifies $38,713,522 from the community health trust fund for the following purposes: loan repayment programs ($594,500), tobacco and vaping programs ($11,599,698), cancer and women's way programs ($909,824), behavioral risk state survey ($200,000), domestic violence programs ($4,250,000), local public health grants ($3,275,000), 988 crisis hotline ($1,867,500), various information technology system upgrades ($2,967,000), grants to rural ambulances ($7,000,000), law enforcement rural crisis support program ($1,000,000), Development of partial hospitalization/intensive day treatment ($2,000,000), Critical access hospital networking ($2,000,000), Animal shelter grant ($300,000), statewide health strategies ($750,000).	
Other funds - Human service finance fund	Section 13 identifies $239,112,030 from the human services finance fund for state-paid economic assistance and social and human services.	Section 13 identifies $239,112,030 from the human services finance fund for state-paid economic assistance and social and human services.	
Opioid settlement fund	Section 14 identifies $8,000,000 from the opioid settlement fund for opioid remediation and abatement efforts.	Section 14 identifies $8,000,000 from the opioid settlement fund for opioid remediation and abatement efforts.	
Other funds - SIIF	Section 15 identifies $227,474,784 from SIIF for the following purposes: retiring technology from the mainframe ($7,500,000), new state lab and purchase security equipment ($2,962,304), capital projects in human service centers and the LSTC ($1,052,480), housing initiative programs ($1,000,000), technology projects at the State Hospital ($1,000,000), behavioral health facility grant ($12,960,000), community cultural center grant ($1,000,000), and a new State Hospital capital project ($200,000,000).	Section 15 identifies $227,474,784 from SIIF for the following purposes: retiring technology from the mainframe ($7,500,000), new state lab and purchase security equipment ($2,962,304), capital projects in human service centers and the LSTC ($1,052,480), housing initiative programs ($1,000,000), technology projects at the State Hospital ($1,000,000), behavioral health facility grant ($12,960,000), community cultural center grant ($1,000,000), and a new State Hospital capital project ($200,000,000).	
Bank of North Dakota line of credit	Section 16 provides for a $130,000,000 Bank of North Dakota line of credit for costs associated with the construction of a new state hospital.	Section 16 provides for a $130,000,000 Bank of North Dakota line of credit for costs associated with the construction of a new state hospital.	
Laboratory building steering committee	Section 17 requires DHHS will maintain the laboratory building steering committee to oversee the design and construction of the laboratory building project during the biennium or until the work is completed, whichever is earlier.	Section 17 requires DHHS will maintain the laboratory building steering committee to oversee the design and construction of the laboratory building project during the biennium or until the work is completed, whichever is earlier.	
New state hospital steering committee	Section 18 requires DHHS will establish a state hospital facility steering committee to oversee the design and construction of the new State Hospital project during the biennium.	Section 18 requires DHHS will establish a state hospital facility steering committee to oversee the design and construction of the new State Hospital project during the biennium.	

Other Sections in Department of Health and Human Services - Budget No. 325

Section Description	House Version	Senate Version	
Capital payments	Section 19 authorizes DHHS to expend funds for the payment of special assessments at the State Hospital, Southeast Human Service Center, and Life Skills and Transition Center.	Section 19 authorizes DHHS to expend funds for the payment of special assessments at the State Hospital, Southeast Human Service Center, and Life Skills and Transition Center.	
Capital projects - Emergency commission approval	Section 20 authorizes transfers from line items within Section 1 of this bill for capital projects and maintenance pertaining to the operation of facilities including demolition projects of up to $10 million, DHHS may seek emergency commission approval to spend more than $10 million under this section.	Section 20 authorizes transfers from line items within Section 1 of this bill for capital projects and maintenance pertaining to the operation of facilities including demolition projects of up to $10 million, DHHS may seek emergency commission approval to spend more than $10 million under this section.	
Permanent supportive housing grants	Section 21 directs DHHS to develop a funding methodology to distribute the funding to qualified entities that utilize best practices for permanent supportive housing, provide recovery-oriented and person-centered services, submit processes and outcome measures to DHHS, and authorize DHHS to conduct onsite visits to review program operations for the funding of $4,672,536 included in Section 1 of the bill.	Section 21 directs DHHS to develop a funding methodology to distribute the funding to qualified entities that utilize best practices for permanent supportive housing, provide recovery-oriented and person-centered services, submit processes and outcome measures to DHHS, and authorize DHHS to conduct onsite visits to review program operations for the funding of $4,672,536 included in Section 1 of the bill.	
Expenditures may not exceed appropriation - Medical assistance expansion program	Section 22 identifies the sum of $662,099,340, of which $66,209,934 is from the general fund, for the Medicaid Expansion program for the 2025-27 biennium. The expenditures for individuals enrolled in Medicaid Expansion may not exceed this amount.	Section 22 identifies the sum of $662,099,340, of which $66,209,934 is from the general fund, for the Medicaid Expansion program for the 2025-27 biennium. The expenditures for individuals enrolled in Medicaid Expansion may not exceed this amount.	
Human service centers - certified community behavioral health clinics - FTE positions	Section 23 requires DHHS to continue the process of human service centers becoming certified community behavioral health clinics to provide continuous community-based behavioral health services for children and adults. Federal funding must be pursued and subject to the availability of generated income, DHHS may add FTE positions for field services to provide direct services.	Section 23 requires DHHS to continue the process of human service centers becoming certified community behavioral health clinics to provide continuous community-based behavioral health services for children and adults. Federal funding must be pursued and subject to the availability of generated income, DHHS may add FTE positions for field services to provide direct services.	
Intermediate care facility moratorium	Section 24 precludes DHHS from adding any new licensed intermediate care facility for individuals with intellectual disabilities beds to the state's licensed bed capacity during the biennium.	Section 24 precludes DHHS from adding any new licensed intermediate care facility for individuals with intellectual disabilities beds to the state's licensed bed capacity during the biennium.	
Exemption for certain unexpended appropriations to be continued into the 2025-27 biennium	Subsection 1 - $3,674,757 from the general fund and $25,918,566 from federal funds for Medicaid management information system modularization technology.	Subsection 1 - $3,674,757 from the general fund and $25,918,566 from federal funds for Medicaid management information system modularization technology.	
	Subsection 2 - $14,411,218 from the general fund and $14,411,218 from federal funds for the child welfare technology project.	Subsection 2 - $14,411,218 from the general fund and $14,411,218 from federal funds for the child welfare technology project.	
	Subsection 3 -$20,366,271 from the community health trust fund and $39,534,525 from federal funds for the child support computer replacement project.	Subsection 3 -$20,366,271 from the community health trust fund and $39,534,525 from federal funds for the child support computer replacement project.	
	Subsection 4 - $10,989,217 from SIIF for the procurement and grants management system.	Subsection 4 - $10,989,217 from SIIF for the procurement and grants management system.	
	Subsection 5 - $4.15 million from the general fund for defraying the expenses of additional human service centers to begin the process of becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults.	Subsection 5 - $4.15 million from the general fund for defraying the expenses of additional human service centers to begin the process of becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults.	

Other Sections in Department of Health and Human Services - Budget No. 325

Section Description	House Version	Senate Version	
	Subsection 6 - $18,941,847 in Chapter 549 of the 2021 Special Session Laws.	Subsection 6 - $18,941,847 in Chapter 549 of the 2021 Special Session Laws.	
	Subsection 7 - $55,120,000 from the federal state fiscal recovery fund for a public health laboratory capital project.	Subsection 7 - $55,120,000 from the federal state fiscal recovery fund for a public health laboratory capital project.	
	Subsection 8 - $5 million from the general funds for the purpose of employer-led child care cost-share program.	Subsection 8 - $5 million from the general funds for the purpose of employer-led child care cost-share program.	
	Subsection 9 - $986,555 from the general fund for the purpose of streamlining background checks.	Subsection 9 - $986,555 from the general fund for the purpose of streamlining background checks.	
	Subsection 10 - $2,223,981 from the federal state fiscal recovery fund for the implementation of a virtual behavioral health crisis care program for rural law enforcement.	Subsection 10 - $2,223,981 from the federal state fiscal recovery fund for the implementation of a virtual behavioral health crisis care program for rural law enforcement.	
	Subsection 11 - $500,000 from federal funds for the purpose of program integrity audits.	Subsection 11 - $500,000 from federal funds for the purpose of program integrity audits.	
	Subsection 12 - $1,950,000 from general funds for a northwest human service region behavioral health facility grant.	Subsection 12 - $1,950,000 from general funds for a northwest human service region behavioral health facility grant.	
Legislative intent - Utilization rate adjustment	Section 26 provides intent that DHHS seek a deficiency appropriation for any expenditures that exceed appropriated amounts as a result of underfunding, utilization rates, value-based purchasing for nursing facilities, reduction in federal medical assistance percentage, and unexpected contract cost increases that exceed 10 percent during the biennium if funding is not sufficient to pay actual expenses.	Section 26 provides intent that DHHS seek a deficiency appropriation for any expenditures that exceed appropriated amounts as a result of underfunding, utilization rates, value-based purchasing for nursing facilities, reduction in federal medical assistance percentage, and unexpected contract cost increases that exceed 10 percent during the biennium if funding is not sufficient to pay actual expenses.	
Legislative intent - Provider rate increase	Section 27 provides for a 2 percent increase each year of the biennium for human service provider inflation. The provider inflation increase in this section does not apply to nursing facilities.	Section 27 provides for a 2 percent increase each year of the biennium for human service provider inflation. The provider inflation increase in this section does not apply to nursing facilities.	
Legislative intent - Developmental disabilities provider accreditation requirement	Section 28 provides for elimination of the administrative rule requirement that providers of developmental disabilities services be accredited as a condition of being eligible for receiving payments for services from DHHS.	Section 28 provides for elimination of the administrative rule requirement that providers of developmental disabilities services be accredited as a condition of being eligible for receiving payments for services from DHHS.	
Legislative intent - Medical assistance	Section 29 provides for DHHS to review the amount, duration, coverage, utilization rates, medical necessity, and scope of medical assistance services, and may implement any adjustments the department determines appropriate.	Section 29 provides for DHHS to review the amount, duration, coverage, utilization rates, medical necessity, and scope of medical assistance services, and may implement any adjustments the department determines appropriate.	
Federal funding appeal limitation	Section 30 provides except as otherwise specifically provided by federal law, a person may not appeal a denial, revocation, reduction in services or payment, or the termination of a program or service by DHHS due to the unavailability of federal coronavirus funding received under federal law resulting from the federal coronavirus pandemic emergency declaration.	Section 30 provides except as otherwise specifically provided by federal law, a person may not appeal a denial, revocation, reduction in services or payment, or the termination of a program or service by DHHS due to the unavailability of federal coronavirus funding received under federal law resulting from the federal coronavirus pandemic emergency declaration.	
Long term structured residences plan - report	Section 31 provides for DHHS to review options and develop a plan to establish long-term structured residences.	Section 31 provides for DHHS to review options and develop a plan to establish long-term structured residences.	

Other Sections in Department of Health and Human Services - Budget No. 325

Section Description	House Version	Senate Version	
Lease of land at the State Hospital and Life Skills and Transition Center	Section 32 amends section 50-06-06.6 of the North Dakota Century Code to allow for a lease term of real or personal property for term not to exceed ninety-nine years at the life skills and transition center or the state hospital.	Section 32 amends section 50-06-06.6 of the North Dakota Century Code to allow for a lease term of real or personal property for term not to exceed ninety-nine years at the life skills and transition center or the state hospital.	
Use of SUD voucher	Section 33 amends section 50-06-42 of the North Dakota Century Code to include medical costs in the substance use voucher system payments for individuals in a licensed substance abuse treatment program and allow for the substance use voucher system for individuals detained or confined in a county jail or detention center or regional corrections center.	Section 33 amends section 50-06-42 of the North Dakota Century Code to include medical costs in the substance use voucher system payments for individuals in a licensed substance abuse treatment program and allow for the substance use voucher system for individuals detained or confined in a county jail or detention center or regional corrections center.	
Basic care payment rate	Section 34 amends section 50-24.5-02.3 of the North Dakota Century Code to extend the basic care payment rate increase of five dollars per day through June 30, 2027.	Section 34 amends section 50-24.5-02.3 of the North Dakota Century Code to extend the basic care payment rate increase of five dollars per day through June 30, 2027.	
Child care workforce benefits	Section 35 amends section 50-33-05 of the North Dakota Century Code to include individuals employed by an early childhood program within the boundaries of the state if approved for the state's child care assistance child care workforce benefit.	Section 35 amends section 50-33-05 of the North Dakota Century Code to include individuals employed by an early childhood program within the boundaries of the state if approved for the state's child care assistance child care workforce benefit.	
Housing availability assessment - collaboration with housing finance agency	Section 36 provides for DHHS to collaborate with the North Dakota Housing Finance Agency and other appropriate stakeholders to assess the availability of housing for individuals requiring extraordinary health care support services.	Section 36 provides for DHHS to collaborate with the North Dakota Housing Finance Agency and other appropriate stakeholders to assess the availability of housing for individuals requiring extraordinary health care support services.	
Behavioral health clinics, North Dakota State Hospital, and Life Skills and Transition Center funding	Section 37 identifies funding for the behavioral health clinics, State Hospital, and Life Skills and Transition Center.	Section 37 identifies funding for the behavioral health clinics, State Hospital, and Life Skills and Transition Center.	
Legislative management study - student truancy and absenteeism	Section 38 provides for a study on truancy and student absenteeism in kindergarten through grade twelve public schools.	Section 38 provides for a study on truancy and student absenteeism in kindergarten through grade twelve public schools.	
Legislative Management study - obesity health implications	Section 39 provides for a study on the health implications of obesity on the residents of the state and options to increase access to prevention and treatments for obesity.	Section 39 provides for a study on the health implications of obesity on the residents of the state and options to increase access to prevention and treatments for obesity.	
Legislative Management report - behavioral health facility grants	Section 40 requires DHHS to provide reports to the Legislative Management regarding the award grant funding to increase the number of behavioral health beds in the state.	Section 40 requires DHHS to provide reports to the Legislative Management regarding the award grant funding to increase the number of behavioral health beds in the state.	

Legislative Council

Business Operations - 100 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	House Version				Senate Version				Senate Compared to House Version Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	114.40	$74,099,008	$118,894,310	$192,993,318	114.40	$74,099,008	$118,894,310	$192,993,318	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$1,035,502	$531,151	$1,566,653		$1,035,502	$531,151	$1,566,653				$0
Health insurance increase		651,154	363,569	1,014,723		651,154	363,569	1,014,723				0
Base budget adjustments and transfers		(16,396,866)	(66,836,143)	(83,233,009)		(16,396,866)	(66,836,143)	(83,233,009)				0
FTE block grant pool	(180.55)	(12,603,508)	(17,737,100)	(30,340,608)	(180.55)	(12,603,508)	(17,737,100)	(30,340,608)				0
Information Technology Department (ITD) rate increases		5,196,748	2,152,302	7,349,050		5,196,748	2,152,302	7,349,050				0
IT contractual Inflationary rate increases		20,730,788		20,730,788		20,730,788		20,730,788				0
Operational underfund		(3,050,000)		(3,050,000)		(3,050,000)		(3,050,000)				0
Additional salary funding/underfunding		(20,157,874)		(20,157,874)		(20,157,874)		(20,157,874)				0
Office of Administrative Hearings and Attorney General fee increases		190,590		190,590		190,590		190,590				0
FTE position adjustment	66.15			0	66.15			0				0
Total ongoing funding changes	**(114.40)**	**($24,403,466)**	**($81,526,221)**	**($105,929,687)**	**(114.40)**	**($24,403,466)**	**($81,526,221)**	**($105,929,687)**	**0.00**	**$0**	**$0**	**$0**
One-Time Funding Items												
Retire mainframe and legacy systems (SIIF)			$10,000,000	$10,000,000			$10,000,000	$10,000,000				$0
Total one-time funding changes	**0.00**	**$0**	**$10,000,000**	**$10,000,000**	**0.00**	**$0**	**$10,000,000**	**$10,000,000**	**0.00**	**$0**	**$0**	**$0**
Total Changes to Base Level Funding	**(114.40)**	**($24,403,466)**	**($71,526,221)**	**($95,929,687)**	**(114.40)**	**($24,403,466)**	**($71,526,221)**	**($95,929,687)**	**0.00**	**$0**	**$0**	**$0**
2025-27 Total Funding	**0.00**	**$49,695,542**	**$47,368,089**	**$97,063,631**	**0.00**	**$49,695,542**	**$47,368,089**	**$97,063,631**	**0.00**	**$0**	**$0**	**$0**
Federal funds included in other funds			*$41,760,908*				*$41,760,908*				*$0*	
Total ongoing changes - Percentage of base level	*(100.0%)*	*(32.9%)*	*(68.6%)*	*(54.9%)*	*(100.0%)*	*(32.9%)*	*(68.6%)*	*(54.9%)*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*(100.0%)*	*(32.9%)*	*(60.2%)*	*(49.7%)*	*(100.0%)*	*(32.9%)*	*(60.2%)*	*(49.7%)*	*N/A*	*N/A*	*N/A*	*N/A*

Legislative Council

Behavioral Health - 200 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	House Version				Senate Version				Senate Compared to House Version Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	1,054.27	$307,905,408	$113,955,941	$421,861,349	1,054.27	$307,905,408	$113,955,941	$421,861,349	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$8,392,306	$134,924	$8,527,230		$8,392,306	$134,924	$8,527,230				$0
Health insurance increase		6,517,157	114,129	6,631,286		6,517,157	114,129	6,631,286				0
Base budget adjustments and transfers		15,466,235	2,311,139	17,777,374		15,466,235	2,311,139	17,777,374				0
FTE block grant pool	(1,159.20)	(190,198,399)	(68,592,655)	(258,791,054)	(1,159.20)	(190,198,399)	(68,592,655)	(258,791,054)				0
Cost to continue programs		5,709,106	(5,000,000)	709,106		5,709,106	(5,000,000)	709,106				0
Opioid settlement			8,000,000	8,000,000			8,000,000	8,000,000				0
Avel eCare rural crisis support continuation (community health trust fund)- reduce other funds			1,000,000	1,000,000			1,000,000	1,000,000				0
Substance use disorder voucher utilization expansion		2,500,000		2,500,000		2,500,000		2,500,000				0
Additional substance use disorder funding for medical expenses with institution for mental disease voucher		500,000		500,000		500,000		500,000				0
Substance use disorder - 50/50 inpatient/outpatient		500,000		500,000		500,000		500,000				0
Mental health and substance use disorder treatment for incarcerated individuals		2,500,000		2,500,000		2,500,000		2,500,000				0
Western ND behavioral health staffing salary equity		250,536		250,536		250,536		250,536				0
Inflation for vendors crisis residential contract		706,233		706,233		706,233		706,233				0
Inflation for vendors addiction residential contract		917,786		917,786		917,786		917,786				0
Inflation for vendors recovery/rehab contract		2,154,668		2,154,668		2,154,668		2,154,668				0
Inflation for vendors adjustment		(2,000,000)		(2,000,000)		(2,000,000)		(2,000,000)				0
Treatment collaboration for traumatized youth expansion		408,000		408,000		408,000		408,000				0
Voluntary treatment program/qualified residential treatment program private custody youth		1,351,997		1,351,997		1,351,997		1,351,997				0
Youth crisis stabilization pilot				0				0				0
Cost to continue free through recovery and community connect		4,761,081		4,761,081		4,761,081		4,761,081				0
Expanded Community Connect services		4,458,814		4,458,814		4,458,814		4,458,814				0
Expand free through recovery services		4,016,908		4,016,908		4,016,908		4,016,908				0
Peer support increase		137,990		137,990		137,990		137,990				0
Drug court treatment expansion		200,000		200,000		200,000		200,000				0
Provider inflation increase 2% and 2%		2,541,299		2,541,299		2,541,299		2,541,299				0
Behavioral health services for nursing homes and basic care facilities		2,000,000		2,000,000		2,000,000		2,000,000				0
FTE position adjustment	104.93			0	104.93			0				0
Total ongoing funding changes	**(1,054.27)**	**($126,208,283)**	**($62,032,463)**	**($188,240,746)**	**(1,054.27)**	**($126,208,283)**	**($62,032,463)**	**($188,240,746)**	**0.00**	**$0**	**$0**	**$0**
One-Time Funding Items												
Electronic Health Record/Pharmacy system (SIIF)			$500,000	$500,000			$500,000	$500,000				$0

Retire health record legacy system on mainframe (SIIF)			1,000,000	1,000,000			1,000,000	1,000,000				0
State hospital network redundancy and speed (SIIF)			500,000	500,000			500,000	500,000				0
Develop partial hospitalization/intensive day treatment (community health trust fund)			2,000,000	2,000,000			2,000,000	2,000,000				0
Bathroom remodel at Southeast Human Service Center (SIIF)			340,000	340,000			340,000	340,000				0
Construction of new state hospital -(SIIF) - BND line of credit			330,000,000	330,000,000			330,000,000	330,000,000				0
Behavioral health facility grant(SIIF)			12,960,000	12,960,000			12,960,000	12,960,000				0
Total one-time funding changes	**0.00**	**$0**	**$347,300,000**	**$347,300,000**	**0.00**	**$0**	**$347,300,000**	**$347,300,000**	**0.00**	**$0**	**$0**	**$0**
Total Changes to Base Level Funding	**(1,054.27)**	**($126,208,283)**	**$285,267,537**	**$159,059,254**	**(1,054.27)**	**($126,208,283)**	**$285,267,537**	**$159,059,254**	**0.00**	**$0**	**$0**	**$0**
2025-27 Total Funding	**0.00**	**$181,697,125**	**$399,223,478**	**$580,920,603**	**0.00**	**$181,697,125**	**$399,223,478**	**$580,920,603**	**0.00**	**$0**	**$0**	**$0**
Federal funds included in other funds			*$42,070,302*				*$42,070,302*				*$0*	
Total ongoing changes - Percentage of base level	*(100.0%)*	*(41.0%)*	*(54.4%)*	*(44.6%)*	*(100.0%)*	*(41.0%)*	*(54.4%)*	*(44.6%)*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*(100.0%)*	*(41.0%)*	*250.3%*	*37.7%*	*(100.0%)*	*(41.0%)*	*250.3%*	*37.7%*	*N/A*	*N/A*	*N/A*	*N/A*

Legislative Council

Human Services - 300 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	House Version				Senate Version				Senate Compared to House Version			
									Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	1,009.16	$623,450,353	$1,240,409,529	$1,863,859,882	1,009.16	$623,450,353	$1,240,409,529	$1,863,859,882	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$2,546,488	$4,704,191	$7,250,679		$2,546,488	$4,704,191	$7,250,679				$0
Health insurance increase		2,072,787	3,795,116	5,867,903		2,072,787	3,795,116	5,867,903				0
FTE block grant pool	(1,029.70)	(76,722,653)	(150,764,540)	(227,487,193)	(1,029.70)	(76,722,653)	(150,764,540)	(227,487,193)				0
Base budget adjustments and transfers		10,605,259	93,868,910	104,474,169		10,605,259	93,868,910	104,474,169				0
DHHS cost to continue		57,330,438	(2,746,684)	54,583,754		57,330,438	(2,746,684)	54,583,754				0
Adoption contract increase		4,883,205		4,883,205		4,883,205		4,883,205				0
Housing assistance to support targeted population - DOJ		300,000		300,000		300,000		300,000				0
Services to support transition and diversion from institution - DOJ		2,733,934	2,555,463	5,289,397		2,733,934	2,555,463	5,289,397				0
Implement host home service DD HCBS waiver		1,689,900	1,689,900	3,379,800		1,689,900	1,689,900	3,379,800				0
Adult Protective Services coverage contracts		718,522		718,522		718,522		718,522				0
Representation supports for families		350,000	350,000	700,000		350,000	350,000	700,000				0
Provider inflation increase 2% and 2%		12,988,702	13,926,186	26,914,888		12,988,702	13,926,186	26,914,888				0
Zone employee increases 3% and 3% and health insurance			5,002,833	5,002,833			5,002,833	5,002,833				0
FMAP percentage change 50.0% to 50.99%		(4,290,660)	744,660	(3,546,000)		(4,290,660)	744,660	(3,546,000)				0
State dementia coordinator	1.00			0	1.00			0				0
FTE position adjustment	19.54			0	19.54			0				0
LIHEAP reduction - accounting change				0			(9,000,000)	(9,000,000)			($9,000,000)	(9,000,000)
Total ongoing funding changes	**(1,009.16)**	**$15,205,922**	**($26,873,965)**	**($11,668,043)**	**(1,009.16)**	**$15,205,922**	**($35,873,965)**	**($20,668,043)**	**0.00**	**$0**	**($9,000,000)**	**($9,000,000)**
One-Time Funding Items												
Retire economic assistance legacy system on mainframe (SIIF)			$2,000,000	$2,000,000			$2,000,000	$2,000,000				$0
Conversion of developmental disabilities eligibility assessment		$200,000	200,000	400,000		$200,000	200,000	400,000				0
Implement comprehensive vocational rehab technology system (federal funds) (community health trust fund)			8,000,000	8,000,000			8,000,000	8,000,000				0
Replace roof at Cedar Grove building at LSTC (SIIF)			712,480	712,480			712,480	712,480				0
Best in Class expansion		6,000,000		6,000,000		6,000,000		6,000,000				0
Childcare grants, resources and shared services		2,500,000		2,500,000		2,500,000		2,500,000				0
Early childhood quality infrastructure		3,000,000		3,000,000		3,000,000		3,000,000				0
Maintaining expanded inclusion support for special needs childcare		172,500		172,500		172,500		172,500				0
Offer quality rated childcare programs access to teaching strategy		100,000		100,000		100,000		100,000				0
Quality tiered payments for childcare assistance program		1,500,000		1,500,000		1,500,000		1,500,000				0

Housing assistance for people at risk of instability (SIIF)				0				0				0
Eviction prevention program (SIIF)				0				0				0
Home renovation incentives for accessibility (SIIF)			1,000,000	1,000,000			1,000,000	1,000,000				0
Grant for community cultural center (SIIF)			1,000,000	1,000,000			1,000,000	1,000,000				0
Winter park adaptive recreation program grant		200,000		200,000		200,000		200,000				0
Intermediate care facility grant for Anne Carlsen		3,457,736		3,457,736		3,457,736		3,457,736				0
Juvenile justice services		750,000		750,000		750,000		750,000				0
Total one-time funding changes	**0.00**	**$17,880,236**	**$12,912,480**	**$30,792,716**	**0.00**	**$17,880,236**	**$12,912,480**	**$30,792,716**	**0.00**	**$0**	**$0**	**$0**
Total Changes to Base Level Funding	**(1,009.16)**	**$33,086,158**	**($13,961,485)**	**$19,124,673**	**(1,009.16)**	**$33,086,158**	**($22,961,485)**	**$10,124,673**	**0.00**	**$0**	**($9,000,000)**	**($9,000,000)**
2025-27 Total Funding	**0.00**	**$656,536,511**	**$1,226,448,044**	**$1,882,984,555**	**0.00**	**$656,536,511**	**$1,217,448,044**	**$1,873,984,555**	**0.00**	**$0**	**($9,000,000)**	**($9,000,000)**
Federal funds included in other funds			*$958,049,164*				*$949,049,164*				*($9,000,000)*	
Total ongoing changes - Percentage of base level	*(100.0%)*	*2.4%*	*(2.2%)*	*(0.6%)*	*(100.0%)*	*2.4%*	*(2.9%)*	*(1.1%)*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*(100.0%)*	*5.3%*	*(1.1%)*	*1.0%*	*(100.0%)*	*5.3%*	*(1.9%)*	*0.5%*	*N/A*	*N/A*	*N/A*	*N/A*

Other Sections in Human Services - 300 - Budget No. 325

Section Description	House Version	Senate Version	
No other sections			

Legislative Council

Medical Services - 400 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	House Version				Senate Version				Senate Compared to House Version Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	90.50	$958,216,598	$1,818,029,530	$2,776,246,128	90.50	$958,216,598	$1,818,029,530	$2,776,246,128	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$338,151	$479,188	$817,339		$338,151	$479,188	$817,339				$0
Health insurance increase		233,619	342,896	576,515		233,619	342,896	576,515				0
Base budget adjustments and transfers		(28,505,732)	61,061,722	32,555,990		(28,505,732)	61,061,722	32,555,990				0
DHHS cost to continue		71,253,662	(118,383,672)	(47,130,010)		71,253,662	(118,383,672)	(47,130,010)				0
HCBS cost to continue		36,977,113	27,837,811	64,814,924		36,977,113	27,837,811	64,814,924				0
FTE block grant pool	(101.75)	(9,636,069)	(15,163,610)	(24,799,679)	(101.75)	(9,636,069)	(15,163,610)	(24,799,679)				0
DD bed assessment adjustment			7,209,580	7,209,580			7,209,580	7,209,580				0
Value based purchasing Medicaid		1,000,000	1,000,000	2,000,000		1,000,000	1,000,000	2,000,000				0
Home health targeted rate increase		1,235,768	1,235,768	2,471,536		1,235,768	1,235,768	2,471,536				0
Qualified service provider target rate increase		3,595,104	1,797,552	5,392,656		3,595,104	1,797,552	5,392,656				0
HCBS cross disability waiver		2,474,226	2,474,226	4,948,452		2,474,226	2,474,226	4,948,452				0
Rebase Medicaid rates for ambulance service		2,189,770	2,189,770	4,379,540		2,189,770	2,189,770	4,379,540				0
Provider inflation increases 2% and 2%		13,689,672	15,190,970	28,880,642		13,689,672	15,190,970	28,880,642				0
FMAP percentage change 50.0% to 50.99%		(7,809,340)	1,355,340	(6,454,000)		(7,809,340)	1,355,340	(6,454,000)				0
FTE position adjustment	11.25			0	11.25			0				0
Total ongoing funding changes	**(90.50)**	**$87,035,944**	**($11,372,459)**	**$75,663,485**	**(90.50)**	**$87,035,944**	**($11,372,459)**	**$75,663,485**	**0.00**	**$0**	**$0**	**$0**
One-Time Funding Items												
Retire Medicaid legacy system on mainframe (SIIF)			$2,000,000	$2,000,000			$2,000,000	$2,000,000				$0
Critical access hospital networking grant (CHTF)			2,000,000	2,000,000			2,000,000	2,000,000				0
Total one-time funding changes	**0.00**	**$0**	**$4,000,000**	**$4,000,000**	**0.00**	**$0**	**$4,000,000**	**$4,000,000**	**0.00**	**$0**	**$0**	**$0**
Total Changes to Base Level Funding	**(90.50)**	**$87,035,944**	**($7,372,459)**	**$79,663,485**	**(90.50)**	**$87,035,944**	**($7,372,459)**	**$79,663,485**	**0.00**	**$0**	**$0**	**$0**
2025-27 Total Funding	**0.00**	**$1,045,252,542**	**$1,810,657,071**	**$2,855,909,613**	**0.00**	**$1,045,252,542**	**$1,810,657,071**	**$2,855,909,613**	**0.00**	**$0**	**$0**	**$0**
Federal funds included in other funds			*$1,747,182,952*				*$1,747,182,952*				*$0*	
Total ongoing changes - Percentage of base level	*(100.0%)*	*9.1%*	*(0.6%)*	*2.7%*	*(100.0%)*	*9.1%*	*(0.6%)*	*2.7%*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*(100.0%)*	*9.1%*	*(0.4%)*	*2.9%*	*(100.0%)*	*9.1%*	*(0.4%)*	*2.9%*	*N/A*	*N/A*	*N/A*	*N/A*

Legislative Council

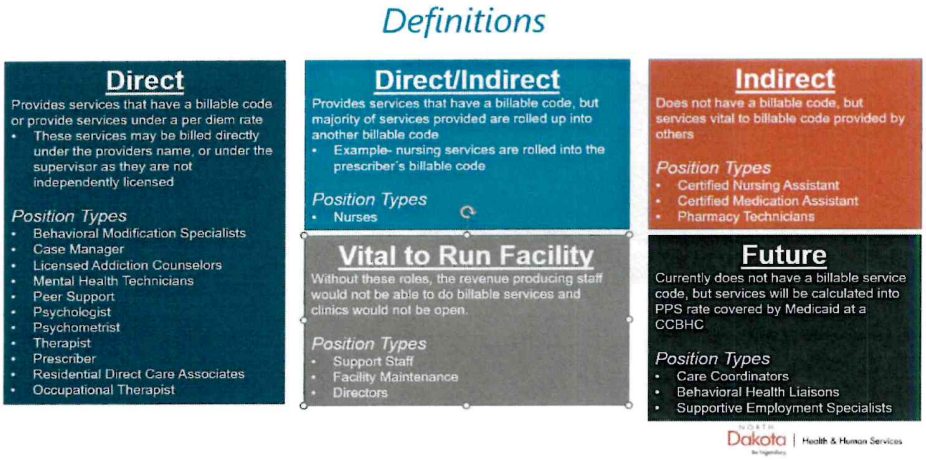
Public Health - 500 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	House Version				Senate Version				Senate Compared to House Version			
									Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	215.50	$47,756,180	$250,440,690	$298,196,870	215.50	$47,756,180	$250,440,690	$298,196,870	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$1,714,252		$1,714,252		$1,714,252		$1,714,252				$0
Health insurance increase		1,183,357		1,183,357		1,183,357		1,183,357				0
FTE block grant pool	(217.15)	(20,403,996)	($34,462,245)	(54,866,241)	(217.15)	(20,403,996)	($34,462,245)	(54,866,241)				0
Base budget adjustments and transfers		(1,503,118)	3,120,553	1,617,435		(1,503,118)	3,120,553	1,617,435				0
Adds funding to replace the 2023-25 new FTE pool		65,094	50,008	115,102		65,094	50,008	115,102				0
Adds funding to replace the 2023-25 vacant FTE pool		569,060	1,754,865	2,323,925		569,060	1,754,865	2,323,925				0
Expansion for domestic and sexual violence prevention (community health trust fund)			2,250,000	2,250,000			2,250,000	2,250,000				0
Additional domestic violence and sexual violence prevention		1,700,000		1,700,000		1,700,000		1,700,000				0
Funding for Safe Haven program		440,000		440,000		440,000		440,000				0
Maternal and child health programs enhancement				0				0				0
Coordinated purchasing to support immunization access (public health and consolidated lab fund)			2,213,930	2,213,930			2,213,930	2,213,930				0
Forensic pathology contract		2,866,156	(1,000,000)	1,866,156		2,866,156	(1,000,000)	1,866,156				0
Food and lodging 7.5% additional fee increase to 20% in total		(71,298)	71,298	0		(71,298)	71,298	0				0
Additional grant for Family Voices		100,000		100,000		100,000		100,000				0
Fetal Alcohol spectrum disorder clinic		637,661		637,661		637,661		637,661				0
FTE position adjustment	1.65			0	1.65			0				0
Total ongoing funding changes	**(215.50)**	**($12,702,832)**	**($26,001,591)**	**($38,704,423)**	**(215.50)**	**($12,702,832)**	**($26,001,591)**	**($38,704,423)**	**0.00**	**$0**	**$0**	**$0**
One-Time Funding Items												
Nonfatal toxicology testing equipment(health lab)		$151,500	$100,000	$251,500		$151,500	$100,000	251,500				0
Public health laboratory transition (SIIF)			2,962,304	2,962,304			2,962,304	2,962,304				0
Forensic examiner electronic records system (community health trust fund)			278,000	278,000			278,000	278,000				0
Food and lodging management information system(community health trust fund)			335,000	335,000			335,000	335,000				0
Health facilities and EMS licensure management system (community health trust fund)			650,000	650,000			650,000	650,000				0
Funding for Cass County animal shelter(community health trust fund)			300,000	300,000			300,000	300,000				0
Statewide health strategies grant (community health trust fund)			750,000	750,000			750,000	750,000				0
Total one-time funding changes	**0.00**	**$151,500**	**$5,375,304**	**$5,526,804**	**0.00**	**$151,500**	**$5,375,304**	**$5,526,804**	**0.00**	**$0**	**$0**	**$0**

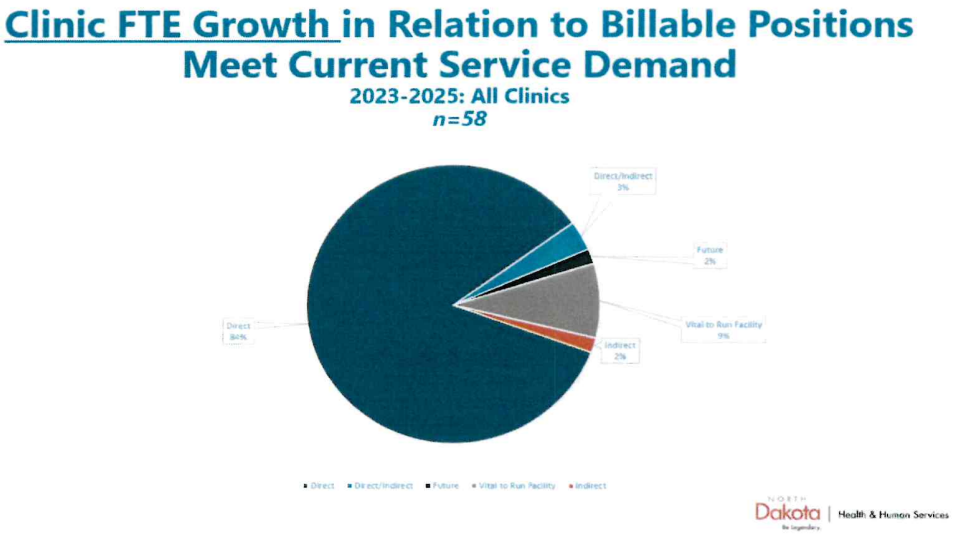
Total Changes to Base Level Funding	**(215.50)**	**($12,551,332)**	**($20,626,287)**	**($33,177,619)**	**(215.50)**	**($12,551,332)**	**($20,626,287)**	**($33,177,619)**	**0.00**	**$0**	**$0**	**$0**
2025-27 Total Funding	**0.00**	**$35,204,848**	**$229,814,403**	**$265,019,251**	**0.00**	**$35,204,848**	**$229,814,403**	**$265,019,251**	**0.00**	**$0**	**$0**	**$0**
Federal funds included in other funds			*$188,459,479*				*$188,459,479*				*$0*	
Total ongoing changes - Percentage of base level	*(100.0%)*	*(26.6%)*	*(10.4%)*	*(13.0%)*	*(100.0%)*	*(26.6%)*	*(10.4%)*	*(13.0%)*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*(100.0%)*	*(26.3%)*	*(8.2%)*	*(11.1%)*	*(100.0%)*	*(26.3%)*	*(8.2%)*	*(11.1%)*	*N/A*	*N/A*	*N/A*	*N/A*

From: Segness, Pamela
To: Vaagen, Leslie - STechClerk9 - SAPPHR
Cc: Aukland, Donna M.; Wilke, Dirk D.
Subject: CCBHC FTE Information - as requested this morning by Les
Date: Monday, April 7, 2025 9:42:40 AM
Attachments: image001.png
image002.png
image003.png

Workforce Needs:
The following information is in response to your request regarding workforce needs to implement CCBHC in 4 regions (Williston, Minot, Dickinson, Fargo). We have included several visuals to help represent the areas of service (direct, indirect, vital to run facility positions, and future-planned positions). The first graphic illustrates the types of positions under each, and the colors will provide the key to the graphs below.



During the Summer of 2024 HHS approved the eight clinics request of 58 positions in total to support clinics and residentials to meet the demand of their current identified service population. A sample of positions requested were therapists, licensed addiction counselors, direct care associates , care coordinators.

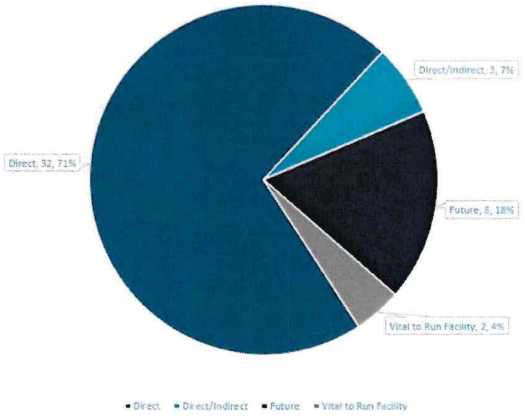


45 positions are needed to expand services to meet CCBHC requirements in 4 clinics (Williston, Minot, Dickinson, Fargo). A sample of positions requested were therapists, licensed addiction counselors, case managers, care coordinators, prescribers, and additional facility supports like support staff and maintenance workers.

CCBHC Expansion FTE Request in Relation to Billable Positions

2025-2027 Northwest, North Central, Badlands, and Southeast

n=45 FTE



NORTH Dakota | Health & Human Services

Certification:
As discussed during clinic testimony, there is no federal certification for CCBHC. It is the responsibility of the state to establish its own criteria, requirements, and certification process in accordance with local laws and regulations; ensuring that the certification process is tailored to the specific needs and standards of the state. Once a state develops certification criteria and requirements, then clinics can apply and go through a review to determine if the clinic meets certification criteria. North Dakota currently does not have an established certification criteria or process but is actively engaged in the development. SB 2113 will grant authority to the Behavioral Health Division to establish certification criteria which will be set in administrative code, with plan of certification to be accessible by clinics Spring/Summer 2026.

Federal Grant Funding:
The Behavioral Health Division has applied for grant funding from SAMHSA to pursue assistance with CCBHC implementation, as outlined below. These grants support states in the development of CCBHC certification and clinics in the implementation to meet CCBHC Certification. The Behavioral Health Division was awarded a CCBHC Planning Grant in December 2024. To note, grants are not required for states to stand up certification criteria and process.

May 2022	The Behavioral Health Division submitted three federal grant applications for the FY 2022 Certified Community Behavioral Health Clinic Planning, Development, and Implementation Grant (CCBHC-PDI) NOFO No. SM-22-002 for **Badlands**, **South Central** and **Northeast** Human Service Centers.	NOT AWARDED
Dec 2022	The Behavioral Health Division submitted a federal grant application for FY 2023 Cooperative Agreements for Certified Community Behavioral Health Clinic Planning Grants (CCBHC Planning Grants) NOFO No. SM-23-015.	NOT AWARDED
May 2023	The Behavioral Health Division submitted three federal grant applications for the FY 2023 Certified Community Behavioral Health Clinic Planning, Development, and Implementation Grant (CCBHC-PDI) NOFO No. SM-23-024 for **Badlands**, **Northwest** and **Northeast** Human Service Centers.	NOT AWARDED
Sept 2024	The Behavioral Health Division submitted a federal grant application for FY 2024 Cooperative Agreements for Certified Community Behavioral Health Clinic Planning Grants (CCBHC Planning Grants) NOFO No. SM-25-001	AWARDED *As of 12/31/2024*

2025 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

HB 1012 p.m.
4/2/2025

Relating to the department of health and human services.

3:21 p.m. Chairman Dever opened the hearing.

Members present: Chairman Dever and Senators Cleary, Davison, Magrum and Mathern.

Discussion Topics:

- Line-By-Line Behavioral Health Budget Review

3:21 p.m. Chairman Dever continued discussion from this morning concerning the Community Connect and Free through Recovery services and referred to longsheets #44553.

3:22 p.m. Senator Davison suggested $3,500,000, for expanded Community Connect services and $2,000,000, for expanded Free Through Recovery services and the committee approved.

3:23 p.m. Chairman Dever started discussion of funding ($137,990,) for the Peer Support Program increase and the funding ($200,000,) for the Drug Court treatment expansion.

3:24 p.m. Pamela Sagness, Executive Director, Behavioral Health and Human Services, ND DHHS, testified in favor and answered committee questions concerning the Peer Support Program and the Drug Court treatment expansion.

3:24 p.m. Chairman Dever stated leaving the funding as is and per discussion the committee approved.

3:25 p.m. Chairman Dever started discussion of funding ($2,541,299,) for provider inflation increase 2% and 2%.

3:24 p.m. Senator Cleary suggested a revisit of the provider inflation increase until the budget review process is completed for all divisions and per discussion the committee gave approval for a revisit.

3:26 p.m. Chairman Dever started discussion of funding (2,000,000,) for behavioral health services for nursing homes and basic care facilities.

3:26 p.m. Senator Mathern proposed an amendment which will be discussed another day.

3:27 p.m. Keith Mantz, Financial Analyst, LC, testified neutral and answered committee questions.

3:31 p.m. Senator Dever suggested revisiting behavioral health services for nursing homes and basic care facilities once the amendment is presented and per discussion the committee gave approval to revisit.

3:34 p.m. Chairman Dever started discussion of the line-item, FTE position adjustment.

3:35 p.m. Donna Aukland, CFO, ND DHHS, testified neutral and stated it is an adjustment and does not need committee attention.

3:36 p.m. Keith Mantz, Financial Analyst, testified neutral and answered committee questions about FTE adjustment.

3:36 p.m. Chairman Dever started discussion of one-time funding items with the funding ($500,000,) for the electronic health record/pharmacy system (SIIF).

3:37 p.m. Senator Davison approved of this funding and per discussion the committee approved.

3:37 p.m. Chairman Dever started discussion of funding ($1,000,000,) to retire the health record legacy system on the mainframe.

3:37 p.m. Senator Davison approved of this funding and per discussion the committee approved

3:37 p.m. Chairman Dever started discussion of funding ($500,000,) for state hospital network redundancy and speed (SIF).

3:38 p.m. Donna Aukland, CFO, ND DHHS, testified in favor and answered questions concerning state hospital network redundancy and speed.

3:40 p.m. Pamela Sagness, Executive Director, Behavioral Health and Human Services, ND DHHS, testified in favor and answered committee questions concerning state hospital network redundancy and speed.

3:41 p.m Senator Davison suggested approving funding and per discussion the committee approved

3:41 p.m. Chairman Dever started discussion of funding ($2,000,000,) to develop partial hospitalization/intense day treatment (community health trust fund).

3:42 p.m. Pamela Sagness, Executive Director, Behavioral Health and Human Services, ND DHHS, testified in favor and answered committee questions to develop partial hospitalization/intense day treatment (community health trust fund).

3:45 p.m. Senator Davison, Mathern, and Cleary approved and per discussion the committee approved

3:47 p.m. Chairman Dever started discussion of funding ($340,000,) for bathroom remodel at Southeast Human Service Center (SIIF).

3:48 p.m. Donna Aukland, CFO, ND DHHS, testified in favor and answered committee questions about funding for bathroom remodel at Southeast Human Service Center.

3:52 p.m. Keith Mantz, Financial Analyst, LC, testified neutral and answered committee questions

3:52 p.m. Senator Davison suggested restoring funding back to $972,000, and per discussion the committee approved.

3:54 p.m. Chairman Dever started discussion of funding (($330,000,000,) for construction of the new state hospital and suggested a revisit because of upcoming amendments and per discussion the committee gave approval to revisit.

3:57 p.m. Chairman Dever started discussion of funding ($12,960,000) for the behavioral health facility grant (SIIF).

4:07 p.m. Chairman Dever suggested a revisit and per discussion the committee approved a revisit.

4:07 p.m. Chairman Dever started discussion about sections of the bill pertaining to the Behavioral Health Division.

4:08 p.m. Pamela Sagness, Executive Director, Behavioral Health and Human Services, ND DHHS, testified in favor, answered questions about sections pertaining to the Behavioral Health Division.

4:09 p.m. Pamela Sagness, Executive Director, Behavioral Health and Human Services, ND DHHS, testified in favor, presented a proposed amendment and submitted testimony #44589.

4:10 p.m. Senator Davison inquired about behavioral health education grants.

4:11 p.m. Pamela Sagness, Executive Director, Behavioral Health and Human Services, ND DHHS, testified in favor and answered questions about the behavioral health education grants.

4:13 p.m. Senator Cleary inquired about System of Care.

4:13 p.m. Pamela Sagness, Executive Director, Behavioral Health and Human Services, ND DHHS, testified in favor and answered questions about System of Care.

4:19 p.m. Chairman Dever closed the opening

Joan Bares, Committee Clerk

HB1012
4-2-25

PROPOSED AMENDMENT FOR ENGROSSED HOUSE BILL NO. 1012

Page 1, lines 1 through 8:

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to amend and reenact sections 50-06-06.6, 50-06-42, 50-24.5-02.3, ~~and~~ 50-33-05, and 50-36-03 of the North Dakota Century Code, relating to leases of department of health and human services property, substance use disorder treatment program, basic care payment rates, ~~and~~ state of residence for child care assistance, and opioid settlement advisory committee; to provide for a transfer; to authorize a line of credit; to provide legislative intent; to provide for a legislative management study; to provide an application; to provide an exemption; to provide for a report; and to provide an effective date.

Page 18, after line 28 insert:

SECTION 36. AMENDMENT. Subsection 1 of section 50-36-03 of the North Dakota Century Code is amended and reenacted as follows:

1. The committee is composed of:
   a. One member of the North Dakota association of counties appointed by the chairman of the legislative management, who shall serve a term of two years.
   b. One member of the North Dakota league of cities appointed by the chairman of the legislative management, who shall serve a term of two years.
   c. One member of the North Dakota state association of city and county health officials appointed by the chairman of the legislative management, who shall serve a term of two years.
   d. One member who represents the highway patrol appointed by the highway patrol superintendent, who shall serve a term of two years.
   e. The executive director of the department's division of behavioral health.
   f. ~~The managing director of the office of recovery reinvented~~One member in recovery appointed by the governor.
   g. One member appointed by the governor who shall serve as a nonvoting member and as the presiding officer of the committee, who shall serve a term of two years.

2025 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

HB 1012 a.m.
4/3/2025

Related to Health and Human Services.

9:36 a.m. Chairman Dever opened the hearing.

Members present: Chairman Dever and Senators Cleary, Davison, Magrum and Mathern.

Discussion Topics:

- Medical Services Line-by-Line Budget Review
- Medical Services Bill Sections

9:36 a.m. Chairman Dever started the discussion of the Medical Services Budget and stated that the first 3 line-terms, salary increase, health insurance increase, and base budget adjustments, and referred to previously submitted testimony #40790 do not need committee attention.

9:36 a.m. Sara Aker, Executive Director, Medical Services, North Dakota Department of Health & Human Services (ND DHHS), testified in favor, started the discussion of HCBS cost to continue, and submitted testimony #44613. This is an oversight in budgeting where they did not include the projected increase in utilization for HCBS services. Committee approved funding.

9:36 a.m. Sara Aker, Executive Director, Medical Services, ND DHHS, testified in favor, started the discussion of DHHS cost to continue, and referred to previously submitted testimony #40790. Committee approved funding.

9:37 a.m. Chairman Dever stated that the FTE block pool is an adjustment and doesn't need committee attention.

9:39 a.m. Sara Aker, Executive Director, Medical Services, ND DHHS, testified in favor, started the discussion of DD bed assessment adjustment, and referred to previously submitted testimony #40790. Committee approved funding.

9:40 a.m. Sara Aker, Executive Director, Medical Services, ND DHHS, testified in favor, started the discussion of value-based purchasing Medicaid, and referred to previously submitted testimony #40790. Committee approved funding.

9:49 a.m. Sara Aker, Executive Director, Medical Services, ND DHHS, testified in favor, started the discussion of home health targeted rate increase, and referred to previously submitted testimony #40790. Committee approved funding.

9:40 a.m. Sara Aker, Executive Director, Medical Services, ND DHHS, testified in favor, started the discussion of qualified service provide (QSP) target rate increase, and referred to previously submitted testimony #40790. Committee will revisit.

10:03 a.m. Chairman Dever started the discussion concerning the HCBS cross disability waiver. Committee approved funding.

10:04 a.m. Sara Aker, Executive Director, Medical Services, ND DHHS, testified in favor, started the discussion of rebase Medicaid rates for ambulance service, and referred to previously submitted testimony #40790.

10:04 a.m. Senator Davison recommended reducing the Rebase Medicaid rates for ambulance service funding from $4,379,540 to $1,000,000. Committee approved funding.

10:04 a.m. Sara Aker, Executive Director, Medical Services, ND DHHS, testified in favor, started the discussion on provider inflation increase 2% and 2%, and referred to previously submitted testimony #40790. Committee will revisit.

10:10 a.m. Sara Aker, Executive Director, Medical Services, ND DHHS, testified in favor, started the discussion of FMAP percentage change, and referred to previously submitted testimony #40790. Committee approved funding.

10:12 a.m. Chairman Dever stated the FTE position adjustment line-item is a reconciliation line and doesn't need committee attention.

10:12 a.m. Chairman Dever started the discussion of one-time funding for retiring the legacy system on the mainframe.

10:15 a.m. Senator Davison stated retiring the Medicaid Legacy system on the mainframe needed to be done. Committee approved funding.

10:13 a.m. Donna Aukland, CFO ND DHHS, testified in favor, answered committee questions concerning the Legacy System and submitted testimony # 44607.

10:15 a.m. Sara Aker, Executive Director, Medical Services, ND DHHS, testified in favor, started the discussion of critical access hospital networking grant, and referred to previously submitted testimony #40790.

10:17 a.m. Senator Magrum recommended reducing the critical-access hospital networking grant from $2,000,000, down to $1,000,000,. Committee approved funding.

10:18 a.m. Senator Mathern started the discussion of funding for incentive grants to nursing homes, proposed an amendment #25.0156.02004, page 7, section 7, and submitted testimony #44619.

10:20 a.m. Sara Aker, Executive Director, Medical Services, ND DHHS, testified in neutral and addressed Senator Mathern's amendment and answered committee questions.

10:26 a.m. Senator Mathern will work on the amendment and bring it back.

10:26 a.m. Chairman Dever discussed the long-term care targeted rate increase. They are requesting a 3% increase.

10:27 a.m. Sara Aker, Executive Director, Medical Services, ND DHHS, testified in favor and answered committee questions concerning targeted rate increase.

10:30 a.m. Senator Cleary started the discussion concerning provider inflation increase.

10:30 a.m. Sara Aker, Executive Director, Medical Services, ND DHHS, testified in favor, and answered committee questions. This topic will be revisited.

10:33 a.m. Senator Magrum asked about FTE position adjustments.

10:33 a.m. Donna Aukland, CFO, ND DHHS, testified in favor and answered committee questions concerning FTE adjustments.

10:34 a.m. Chairman Dever started the discussion about bill sections related to the Medical Services Section.

10:34 a.m. Sara Aker, Executive Director, Medical Services, ND, DHHS, testified in favor, and reviewed bill sections related to Medicaid, page 11, section 22.

10:36 a.m. Senator Davison started the discussion about 1915i. This funding will be revisited.

10:38 a.m. Sara Aker, Executive Director, Medical Services, ND DHHS, testified in favor, and answered committee questions about 1915i.

10:42 a.m. Sara Aker, Executive Director, Medical Services, ND DHHS, testified in favor, and reviewed sections 4, 5, 6, 25, 26, 29, 34.

10:48 a.m. Donna Aukland, CFO, ND DHHS, testified in favor and answered committee questions concerning sections.

10:49 a.m. Eric Haas, Assistant CFO, ND DHHS, testified in favor and answered committee questions concerning sections.

10:50 a.m. Steph Gullickson, Fiscal Management Analyst, OMB, testified neutral and answered committee questions concerning sections.

11:03 a.m. Keith Mantz, Financial Analyst, LC, testified neutral and answered questions concerning funding for basic care daily rate. This will be revisited.

11:17 a.m. Chairman Dever closed the hearing.

Joan Bares, Committee Clerk

HB1012
4-3-25

NORTH Dakota | Health & Human Services
Be Legendary.

CCBHC Salary Request

Anticipated Hire Date	Number of positions	Cost for Biennium	General Fund	Other Funds
Jul-25	33	$ 5,831,815	$ 4,082,270	$ 1,749,545
Aug-25	9	1,715,848	1,527,478	188,370
Sep-25	17	2,959,827	2,282,942	676,885
Oct-25	21	4,474,351	3,173,443	1,300,908
Nov-25	2	351,120	245,784	105,336
Dec-25	3	462,726	323,908	138,818
Jan-26	-	-	-	-
Feb-26	1	168,487	117,941	50,546
Mar-26	4	634,304	444,013	190,291
Apr-26	-	-	-	-
May-26	-	-	-	-
Jun-26	1	128,843	90,190	38,653
Jul-26	4	391,596	274,117	117,479
Aug-26	2	187,561	131,293	56,268
Sep-26	1	99,110	69,377	29,733
Oct-26	1	89,199	62,439	26,760
Nov-26	-	-	-	-
Dec-26	-	-	-	-
Jan-27	4	197,904	138,533	59,371
Feb-27	-	-	-	-
Mar-27	-	-	-	-
Apr-27	-	-	-	-
May-27	-	-	-	-
Jun-27	-	-	-	-
	103	**$ 17,692,691**	**$ 12,963,729**	**$ 4,728,962**



House Bill 1012

Senate Appropriations | Human Resources Division
Senator Dever, Chairman

Medical Services Detail | Sarah Aker | Executive Director

March 12, 2025

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Acronyms

ADL – Activity of Daily Living
AMP - Average Manufacturer Price
BCBS ND – Blue Cross Blue Shield of North Dakota
CAH – Critical Access Hospital
CCBHC – Certified Community Behavioral Health Clinic
CFR – Code of Federal Regulation
CMS – Centers for Medicare & Medicaid Services
CON – Certificate of Need
CY – Calendar Year
DME – Durable Medical Equipment
DOCR – ND Department of Corrections & Rehabilitation
DRG – Diagnosis Related Group
DSH – Disproportionate Share Hospital
D-SNP – Dual Eligible Special Needs Plan
DUR – Drug Use Review
EAPG – Enhanced Ambulatory Patient Groups
EPSDT – Early, Periodic, Screening, Diagnosis, & Treatment
FFM – Federally Facilitated Marketplace
FFP – Federal Financial Participation
FFS – Fee for Service
FFY – Federal Fiscal Year (October 1 – September 30)
FMAP – Federal Medical Assistance Percentage
FPL – Federal Poverty Level
FQHC – Federally Qualified Health Center
FTE – Full Time Equivalent
GME – Graduate Medical Education
HCBS – Home and Community Based Services
HHS – ND Department of Health & Human Services
HIE – Health Information Exchange
HIN – Health Information Network
HSC – Human Service Center
HSZ – Human Service Zone
IAPD – Implementation Advance Planning Document
ICF – Intermediate Care Facility
IHS – Indian Health Services
IMD – Institution for Mental Disease
LOC – Level of Care
LS – Long Stay
LTC – Long Term Care
MCO – Managed Care Organization
MDRP - Medicaid Drug Rebate Agreement
MFCU – Medicaid Fraud Control Unit
MLR – Medical Loss Ratio
MMIS – Medicaid Management Information System (Claims Processing System)
MOE – Maintenance of Effort
NEMT – Non-Emergency Medical Transportation
NF – Nursing Facility
NFIP – Nursing Facility Incentive Program
OAPD – Operational Advance Planning Document
OOS – Out of State
PACE – Program of All Inclusive Care for the Elderly
PA – Prior Authorization
Part D – Medicare Prescription Drug Program
PDL – Preferred Drug List
PDMP – Prescription Drug Monitoring Program
PDPM – Patient Driven Payment Model
PDN – Private Duty Nursing
PERM – Payment Error Rate Measurement
PHE – Public Health Emergency
PMPM – Per Member Per Month
PPS – Prospective Payment System
PRTF – Psychiatric Residential Treatment Program
PUPM – Per Utilizer Per Month
QRTP – Qualified Residential Treatment Program
QSP – Qualified Service Provider
RFP – Request for Proposal
RHC – Rural Health Clinic
RVU – Relative Value Unit
Rx - Prescription
SA – Service Authorization
SFY – State Fiscal Year (July 1 – June 30)
SNAP – Supplemental Nutritional Assistance Program
SPA – State Plan Amendment
SSA – Social Security Administration
SSP – Self Service Portal
SSI – Supplemental Security Income
TANF – Temporary Assistance for Needy Families
Title XIX – Medicaid
Title XXI (CHIP) – Children's Health Insurance Program
TMSIS – Transformed Medicaid Statistical Information System
TPL – Third Party Liability
UPL – Upper Payment Limit
UR – Utilization Review
UTI – Urinary Track Infection
VBP – Value Based Purchasing
WIC – Women, Infant, Children Program

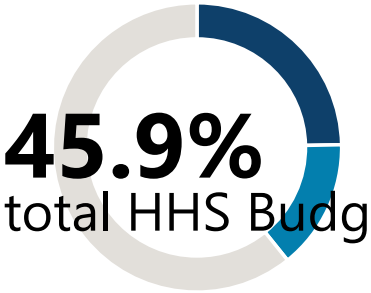
Medical Services Presentation Roadmap

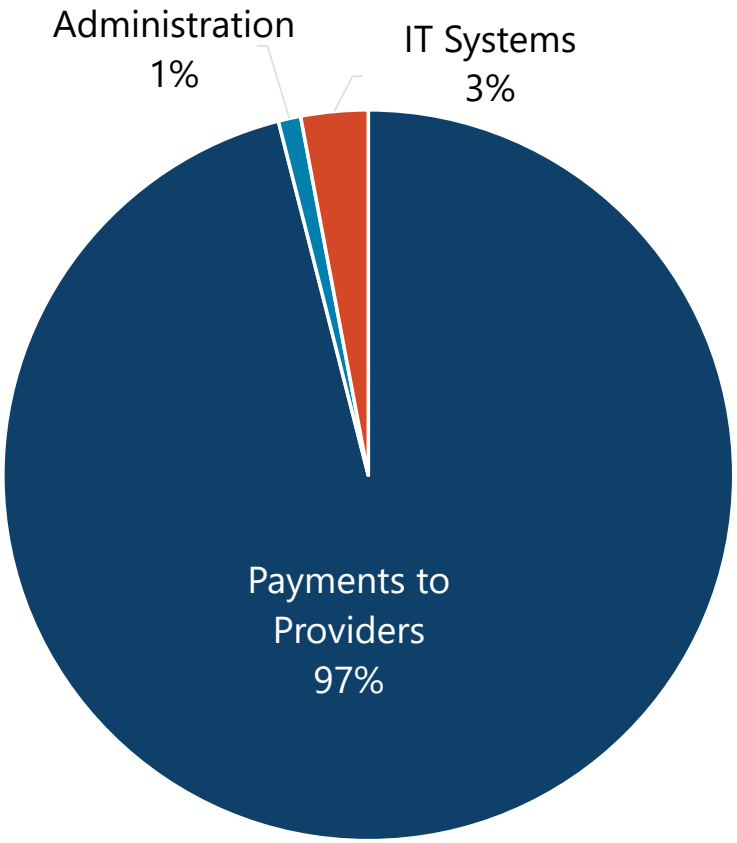
- Budget Overview & Key Medicaid Tenets
- Medical Services
  - Who We Serve
  - Who We Are
  - 2025 – 2027 Budget & Other Resource Requirements
- Long Term Care
  - 2025 – 2027 Budget & Other Resource Requirements
- Summary

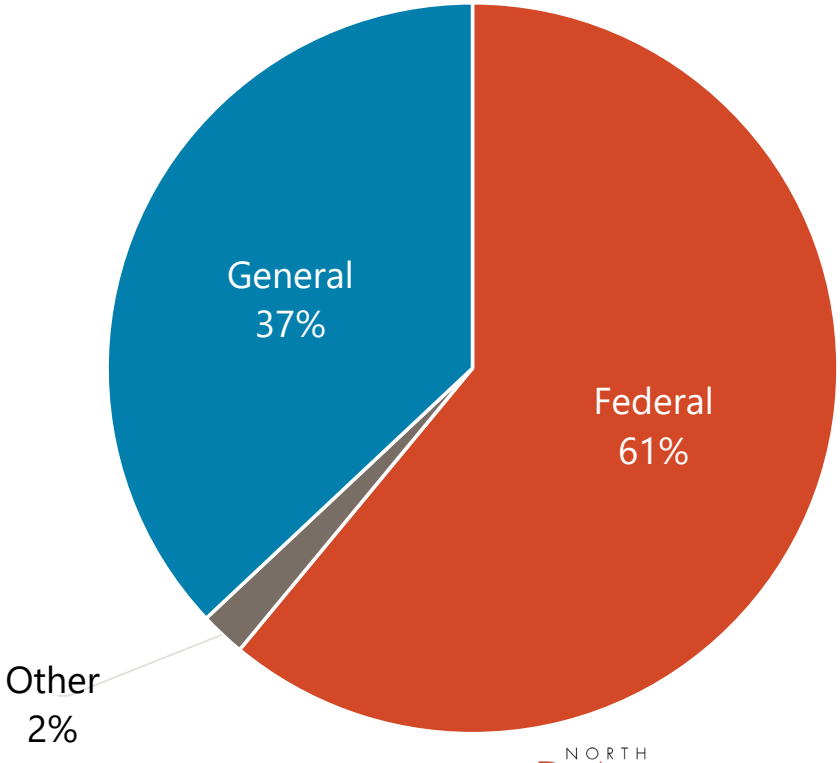


Budget Overview

Medical Services & Long-Term Care: $2.9 Billion Total Budget







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Key Medicaid Tenets

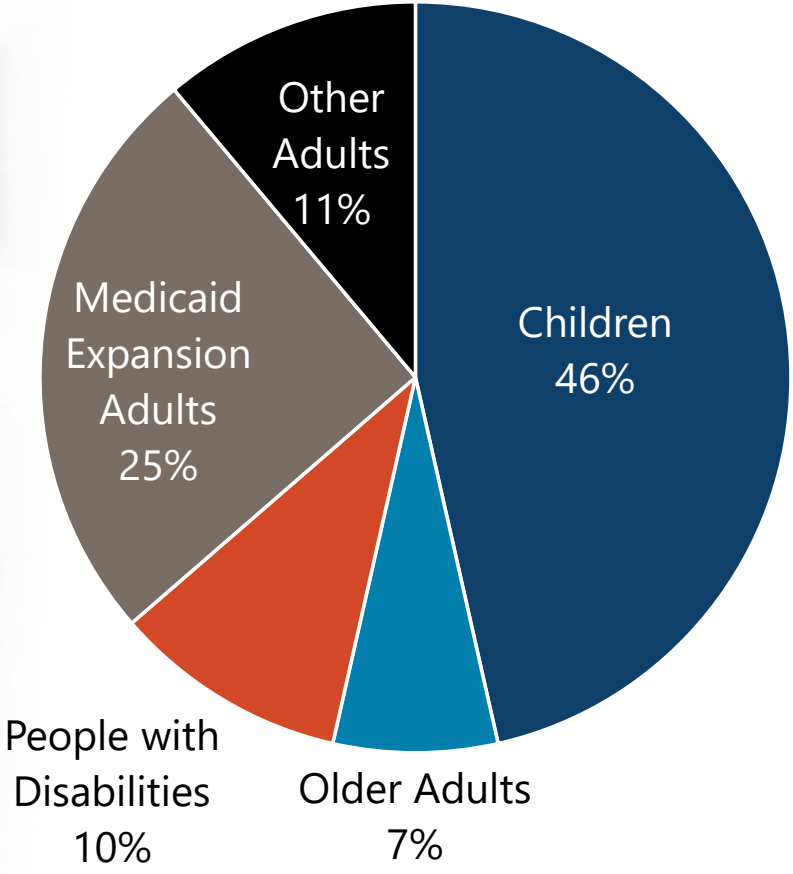
- Entitlement Program
  - Anyone who meets eligibility rules has a right to enroll and be served in Medicaid
    - HCBS waivers can be limited by a total number of slots.
  - Federal financial support
- Partnership with the Federal Government
  - Federal mandates and regulations obligate state action and expenditures
  - Federal approval required for changes to Medicaid program
- Not a traditional grant
  - Open ended funding source; no cap on total federal funds
  - Cost sharing model; State funding match required for use of federal funds

Who We Serve

Medical Services



Who is covered by North Dakota Medicaid?



State Fiscal Year 2024

- 152,273 Unduplicated Individuals
- 112,558 Average Monthly Enrollment

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Who We Serve



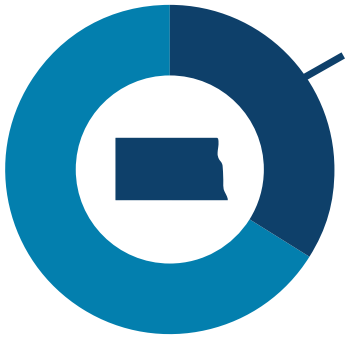
Nearly **1 in 7 North Dakotans** in any given month will have health coverage through Medicaid or CHIP



Up to **1 of every 3 children** under the age of 19 in North Dakota has health coverage through Medicaid or CHIP



52.5% nursing facility residents are paid by Medicaid



34% of children born in North Dakota will be on Medicaid or CHIP during their first year of life

Federal Poverty Level & HHS Programs

2025 CALENDAR YEAR FEDERAL POVERTY GUIDELINES Annual Amount at Various Income Percentage Levels							
Family Size	34%	100%	130%	138%	175%	185%	205%
1	$5,321	$15,650	$20,345	$21,597	$27,388	$28,953	$32,083
2	$7,191	$21,150	$27,495	$29,187	$37,013	$39,128	$43,358
3	$9,061	$26,650	$34,645	$36,777	$46,638	$49,303	$54,633
4	$10,931	$32,150	$41,795	$44,367	$56,263	$59,478	$65,908
5	$12,801	$37,650	$48,945	$51,957	$65,888	$69,653	$77,183
6	$14,671	$43,150	$56,095	$59,547	$75,513	$79,828	$88,458
7	$16,541	$48,650	$63,245	$67,137	$85,138	$90,003	$99,733
8	$18,411	$54,150	$70,395	$74,727	$94,763	$100,178	$111,008

Children	**205%**
Parent/Caretaker	**34%**
Expansion Adults	**138%**
Pregnant Women	**175%**
SNAP	**130%**
WIC	**185%**

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Medicaid Regulations

Federal Government

Social Security Act (SSA)	Title XIX - Medicaid Title XXI - CHIP
Code of Federal Regulations (CFR)	42 CFR Part IV
State Medicaid Director Letters (SMDLs) and State Health Official (SHO) Letters	Supplemental guidance issued by the Center for Medicare and Medicaid Services (CMS) containing CMS policy interpretations of the SSA or CFR.
Medicaid State Plan & Medicaid Waivers	Acts as a contract between the state and the federal government describing how North Dakota administers the state's Medicaid program and waivers of the Medicaid program.

State Government

Century Code	50-24.1 – Medical Assistance for Needy Persons 50-24.6 – Medical Assistance Drug Use Review and Authorization 50-29 – Children's Health Insurance Program
Administrative Code	75-02-02 – Medical Services 75-02-02.1 – Eligibility for Medicaid 75-02-05 – Provider Integrity 75-02 – Economic Assistance 75-03 – Community Services 75-04 – Developmental Disabilities
State Billing and Policy Manuals	ND Medicaid guidance for providers regarding covered services and billing requirements.

Mandatory and Optional Covered Services

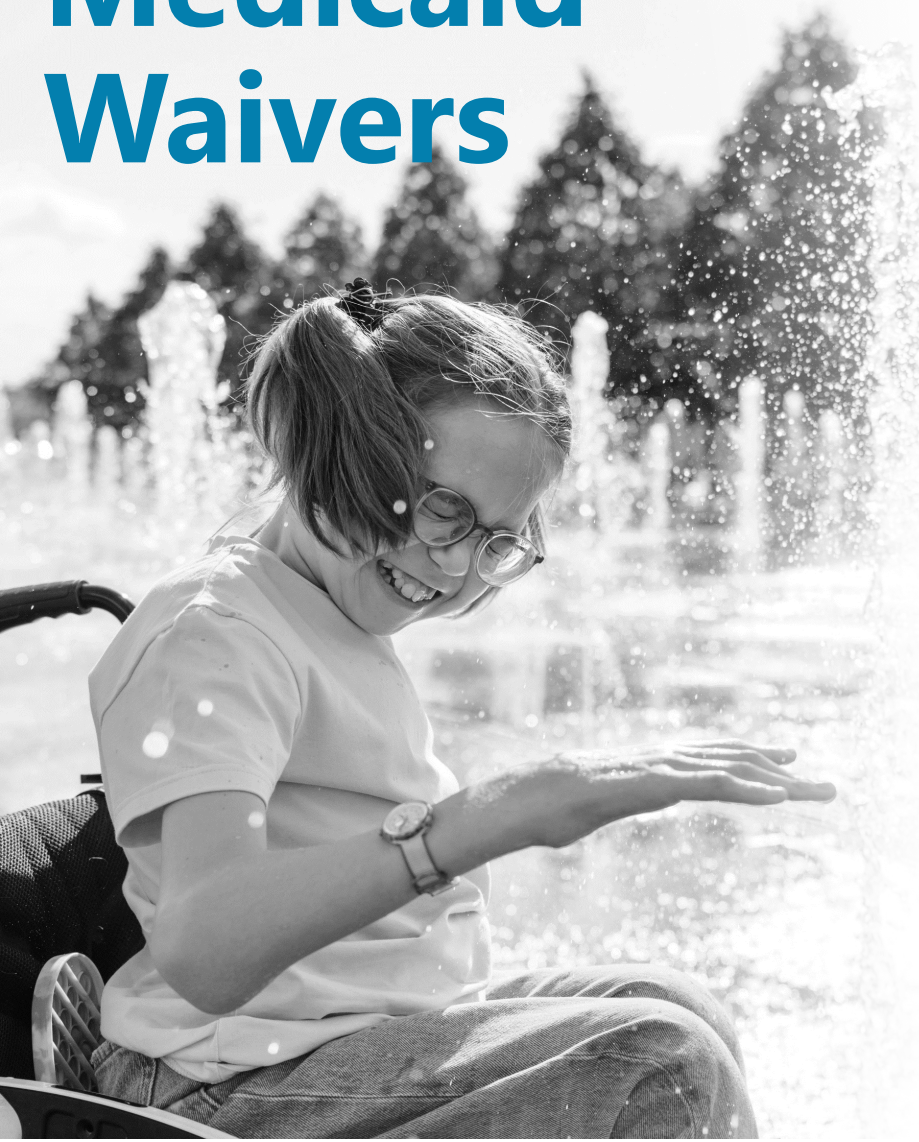
Mandatory Services

- Inpatient hospital
- Outpatient hospital
- EPSDT: Early and Periodic Screening, Diagnostic and Treatment Services
- Nursing facility
- Home health
- Physician services
- Rural health clinic services
- Federally qualified health center services
- Laboratory and x-ray services
- Family planning services
- Nurse midwife services
- Certified Pediatric and Family Nurse Practitioner services
- Transportation to medical care
- Tobacco cessation counseling for pregnant women

North Dakota Optional Services

- Prescription Drugs
- Clinic services
- Physical therapy, occupational therapy and speech, hearing and language disorder services
- Respiratory care services
- Podiatry services
- Optometry services and eyeglasses
- Dental services and dentures
- Prosthetics
- Chiropractic services
- Personal Care and Private Duty Nursing services
- Hospice
- Case Management
- Services for Individuals Age 65 or Older in an IMD
- Services in an ICF for individuals with an intellectual disability
- 1915(i) and 1915(c) Home and Community Based Services
- Inpatient psychiatric services for individuals under age 21
- Basic Care

Medicaid Waivers



- Waivers are a method for a state to test new or different ways to deliver and pay for health care services
  - Cannot waive the basic tenants of Medicaid
  - Cannot cap overall Medicaid enrollment
  - Must be cost/budget neutral
- Can vary from existing federal Medicaid requirements in certain areas
  - Access to services
  - Level of care requirements
  - Services Provided
  - Population Served
- Specific process to obtain Waivers
  - Requires a series of detailed steps, including an application and public notice
  - Requires a series of negotiations between the state and the federal government
- Common waivers include 1915(c) and 1115 waivers.

North Dakota Medicaid Waivers

1915(c) Home and Community Based Services (HCBS) Waivers

- Autism Spectrum Disorder Waiver
- Children's Hospice Waiver
- Waiver for Medically Fragile Children
- Waiver for Home and Community Based Services
- Traditional Intellectual Disabilities and Developmental Disabilities HCBS Waiver

- 1915(c) waivers have two components of eligibility:
  - Functional Need
    - Assessments are used to measure an individual's needs. The assessment helps shape the care plan in addition to verifying eligibility.
  - Financial
    - For waivers, only the income of the individual applying for the waiver's income is used to determine financial eligibility.
    - Allows coverage of disabled individuals at incomes higher than those that would traditionally qualify for Medicaid.

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Home and Community Based Services

Programs and Populations

	Intellectual and Developmental Disabilities	Physical Disabilities	Behavioral Health
	Medicaid State Plan		
Adults	Traditional Intellectual Disabilities and Developmental Disabilities HCBS Waiver	Waiver for Home and Community Based Services Programs for All Inclusive Care for the Elderly (PACE)	1915(i)
	Medicaid State Plan		
Children	Traditional Intellectual Disabilities and Developmental Disabilities HCBS Waiver Autism Spectrum Disorder Waiver	Waiver for Medically Fragile Children	1915(i)

Children's Hospice Waiver



Money Follows the Person



Serving Children with Disabilities

2021

SB 2256: Legislative Management Study of Developmental Disability Services and Autism Spectrum Disorder Waiver and Voucher Programs

2022

North Dakota Developmental Disabilities Study
Recommended Children's Cross Disability Waiver to provide individual and family supports.

2023

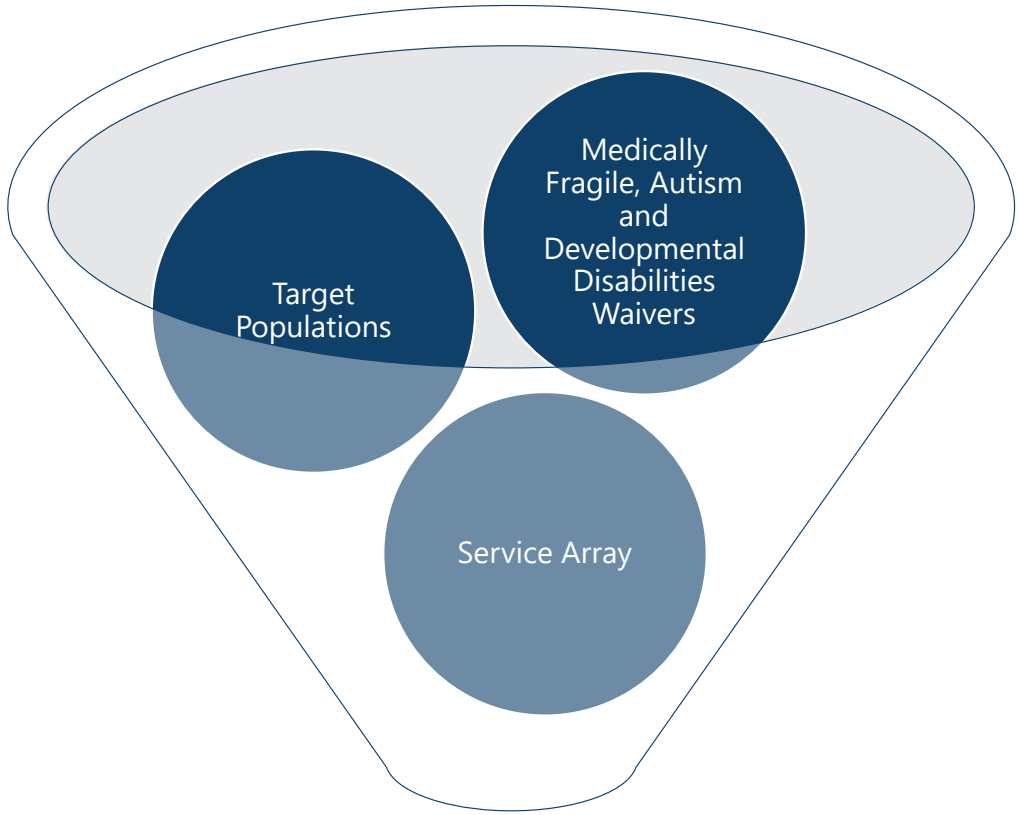
SB 2276: Established Cross Disability Advisory Council

2024

Cross Disability Advisory Council met monthly from December 2023 – May 2024 to provide input regarding design of new cross disability waiver.

Cross Disability Advisory Council compiled detailed recommendations in design of a potential new cross-disability children's waiver.

2025



Cross Disability Children's Waiver helps children and families gain independence, self-determination, social capital, economic sufficiency, and community inclusion.

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Cross Disability Advisory Council

Related Bills:
Senate Bill 2113 | Relating to [...] Membership of the Cross Disability Advisory Council
Senate Bill 2305 | Relating to the family paid caregiver program and the cross-disability advisory council

- Ensure the right people are getting the right amount of care, in the right environment
- Combine Existing Non-Residential Services in Current Children's Waivers
- Focus on Gaining Independence & Navigating Transitions
  - Family Training & Skill Building
- Flexibility for Families
- Case Management & Family Navigation
- Person and family focused outcomes

Cross Disability Waiver Implementation
Ongoing

Total	$4,948,452
General	$2,474,226
Federal	$2,474,226

The Children's Cross-Disability Waiver is being designed to address existing disparities in access to home and community-based services for children with disabilities. This innovative waiver transforms the way support is provided, ensuring equitable access to essential services for children aged 3 to 21 who have mild to moderate support needs.

2023-2025 Biennium Activities:

1. Design and Test New Level of Care for Cross Disability Waiver and Developmental Disabilities Waiver
2. Design Cross Disability Waiver
   - Service Array
   - Access
   - Quality
   - Provider Qualifications & Rates
3. Start Building Service Infrastructure

Funding will support:

- Subject Matter Expertise
- Cross Disability Advisory Council Facilitator
- Service Infrastructure Development

Who We Are

Medical Services Division

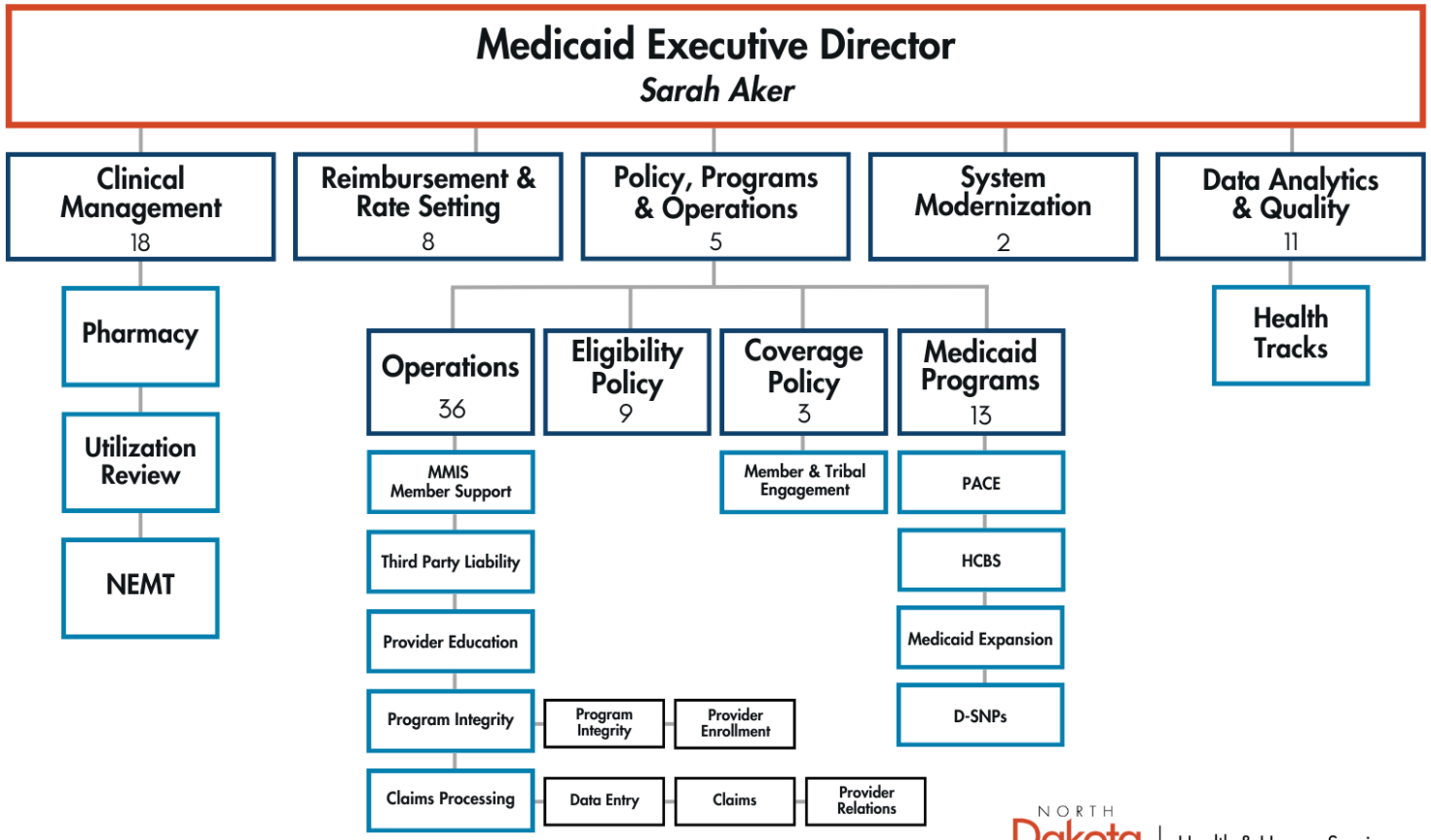
Medical Services Division

Team Structure and Function

Medical Services Division			
Position #s Assigned/ Funding Exists	Positions Filled	# of Vacancies	# of Temporary Staff
106	*95.85*	*10**	*12**

*As of 12/01/2024

Average Age	*48*
Avg Years of Service	*11*
Retirement Risk	*12%*
Turnover 2021	*1%*
Turnover 2022	*6%*
Turnover 2023	*11%*
Turnover 2024	*7%*



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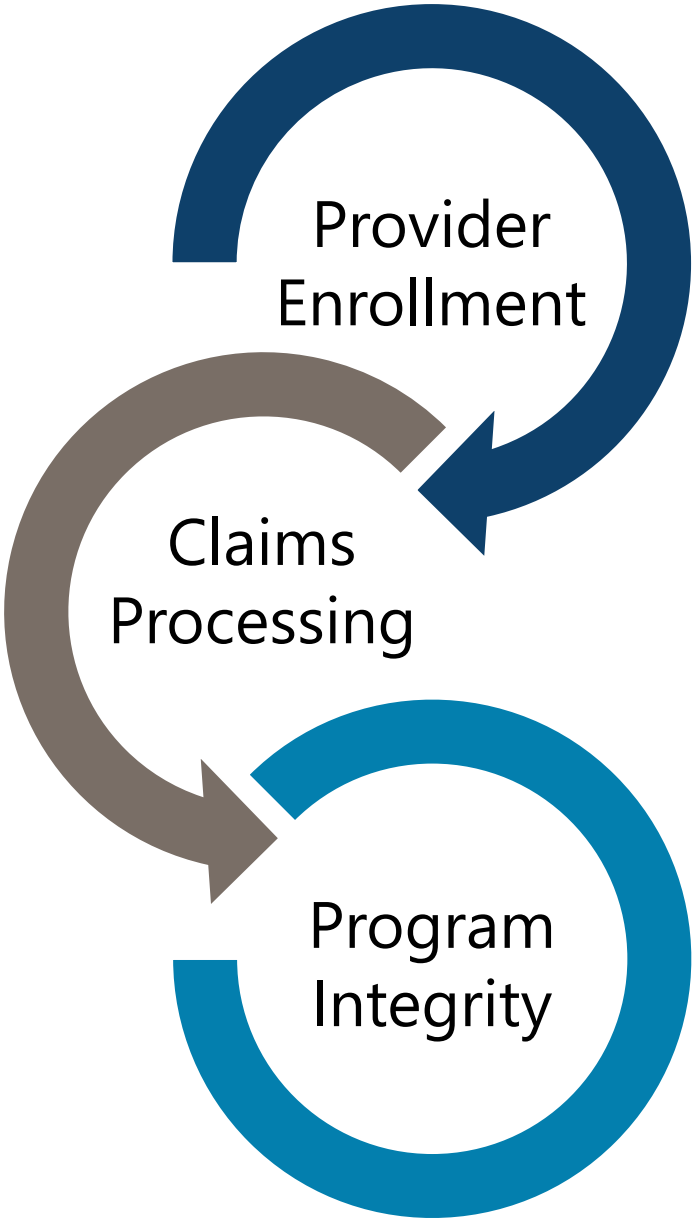


PROVIDER ENROLLMENT

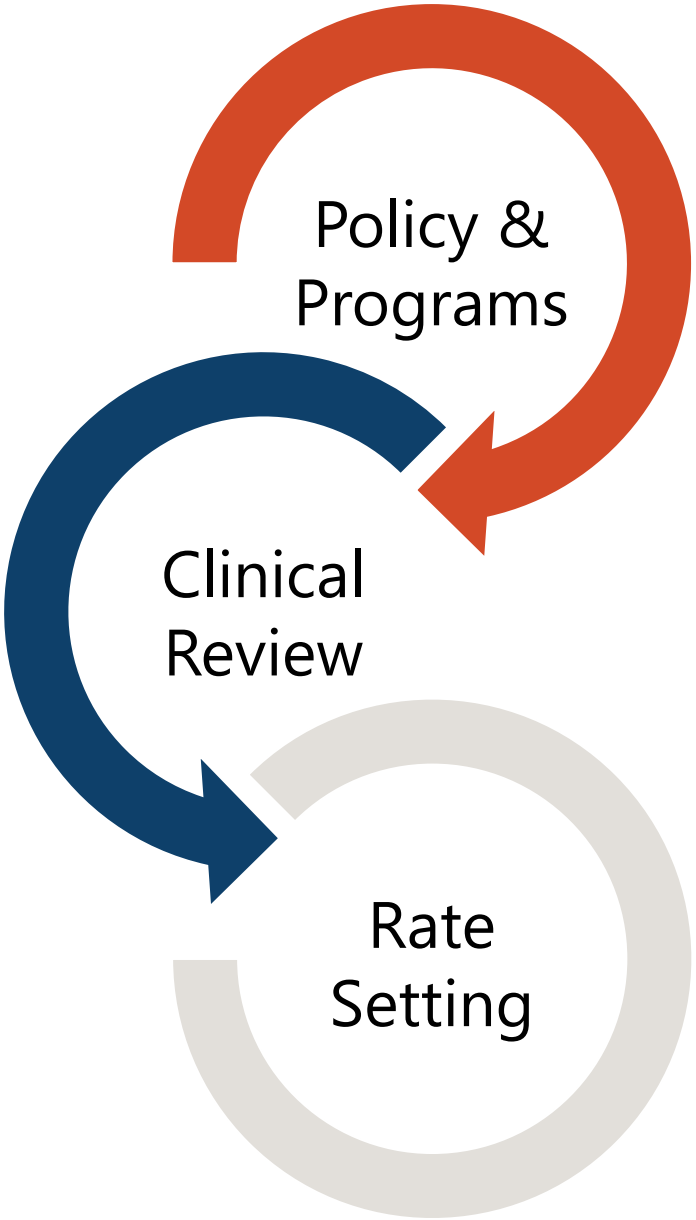
- Ensures providers meet all federal and state standards to enroll as a Medicaid provider and remain an eligible provider.
- ND Medicaid has over 24,000 enrolled providers.
- On average, new enrollments were processed within 11 days.

CLAIMS PROCESSING

- Processes claims for services from Medicaid providers.
  - Includes claim functions for other state entities (ex. DOCR).
- Over 7 million claims processed annually. Claims were processed within 7 days of receipt during SFY24.
  - Data entered 44,115 paper claims in SFY24.
  - Manually processed 634,972 claims in SFY24.
- Answered over 52,000 annual calls from providers & members.

PROGRAM INTEGRITY

- Conducts federally mandated review process through post-payment provider reviews and investigates reports of fraud, waste and abuse.
- Medical Services staff works alongside the Medicaid Fraud Control Unit (MFCU) & CMS Program Integrity Contractors.



POLICY & PROGRAM ADMINISTRATION

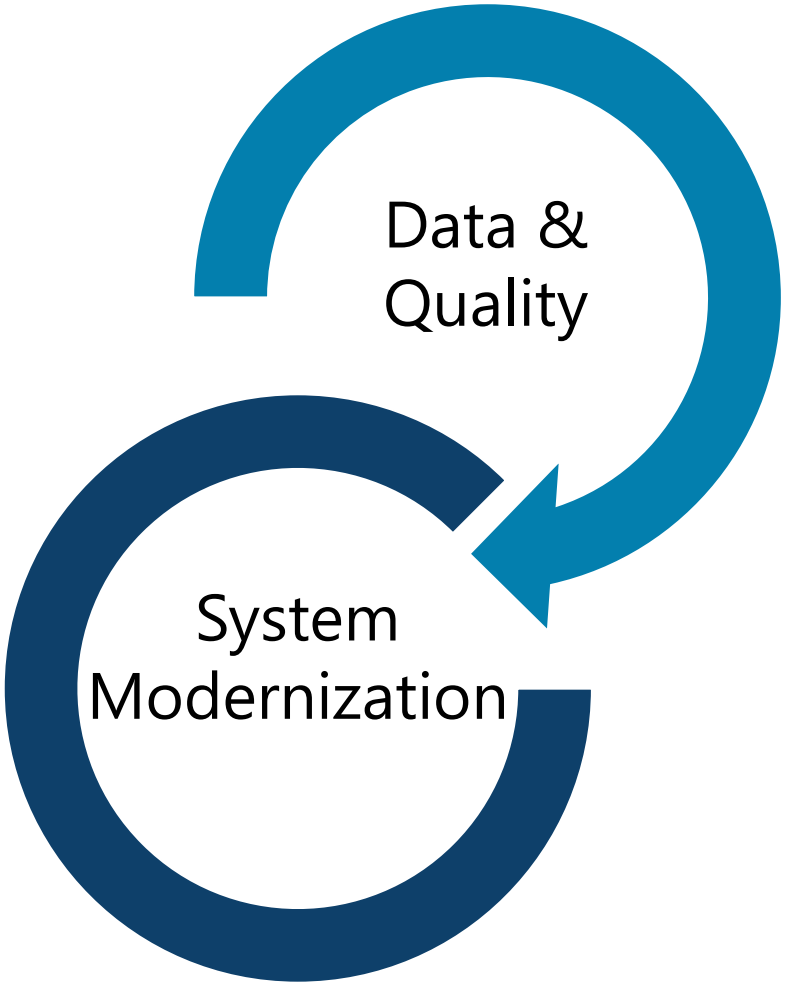
- Eligibility & Coverage Policy
- HCBS Operations & Oversight
- Managed Care Oversight
- Provider, Member & Tribal Engagement

CLINICAL REVIEW & PHARMACY MANAGEMENT

- Service Authorization & Certification of Need
- Non-Emergency Medical Transportation
- Hospital Complex Discharge Planning
- Drug Utilization Review
- Preferred Drug List (PDL) & Supplemental Drug Rebates

REIMBURSEMENT & RATE SETTING

- Research, calculate, and set provider rates and rate methodologies.
- Review & audit provider cost reports.
- Calculate Medicaid Upper Payment Limits.



DATA & QUALITY

- Data Analytics & Reporting
- Quality Strategy
- Health Tracks
- Value Based Programs

SYSTEM MODERNIZATION

- Implement Medicaid IT Roadmap to ensure systems are up to date.
- Responsible for submitting IAPD and OAPD for Medicaid systems to capture enhanced federal match.
- Current & Upcoming Modernization Projects:
  - Systems Integrator | Leidos | Kicked-Off May 2024
  - Module 1: Provider Enrollment | RFP Draft in Progress

Successes

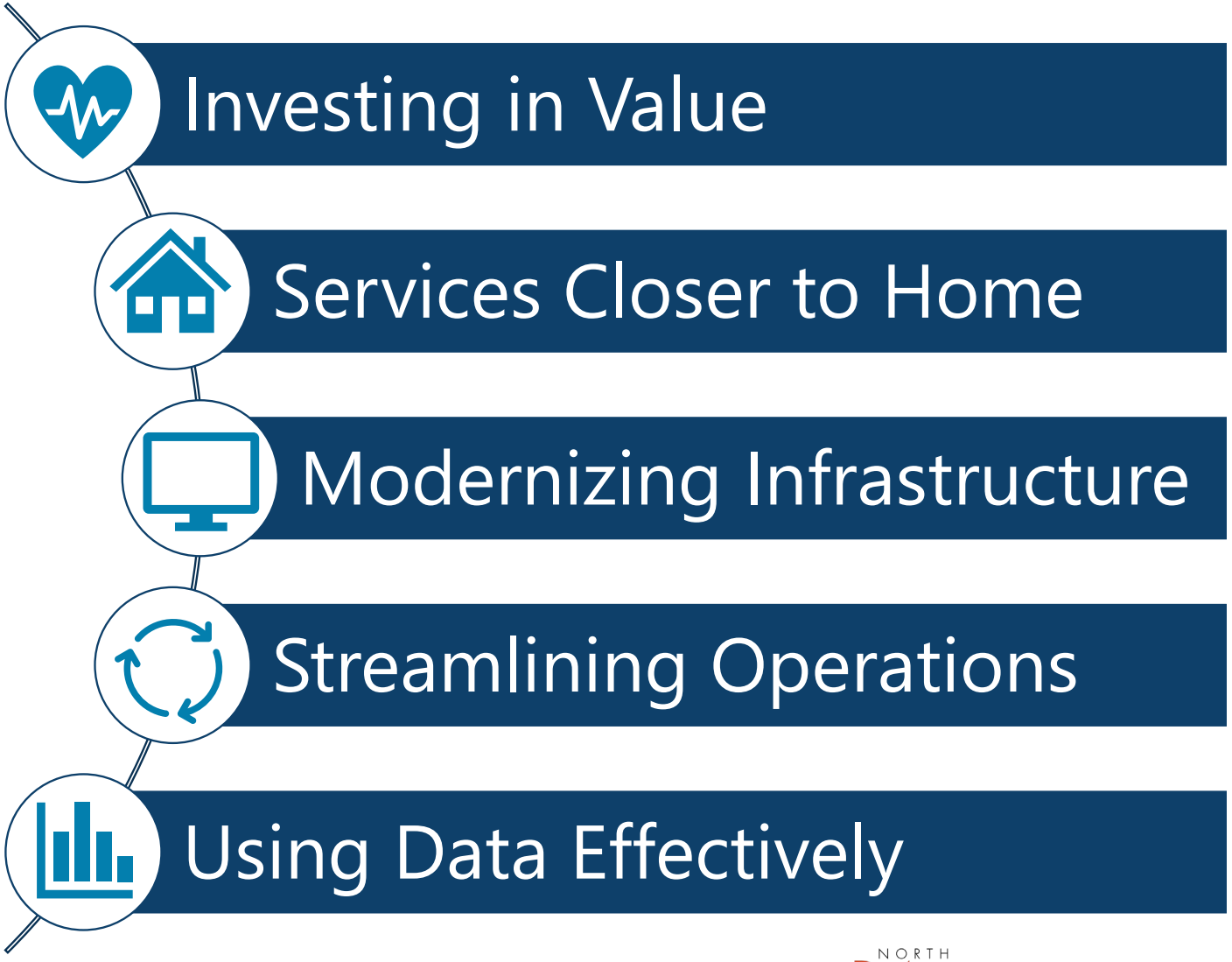
- Value Based Purchasing Implementatio
- Unwinding
- Systems Integrator Procurement
- D-SNP Implementation
- Medicaid School Based Administrative Implementation
- Member, Provider, & Tribal Engagemer
- Complex Discharge Coordination
- Increased Customer Support
  - QSP Provider Enrollment Portal
- Collaboration Across HHS & State Age
  - ND HIN OAPD Funding
  - Cross Disability Waiver Planning
  - Data Sharing with DPI



Challenges, Opportunities, & Areas of Risk

- Federal Regulations & Limitations
- Community vs. Institutional Care
- Complex Patients
- Data & System Limitations
- Vendor & Provider Accountability and Partnerships
- Rate Strategy
- Competing Priorities & Finite Resources

Our Key Priorities



Goals for the Next Biennium

- Bending the Cost Curve
- Delivering Whole Person Care
- Promoting Sustainability & Value
- Improving the Member & Provider Experience

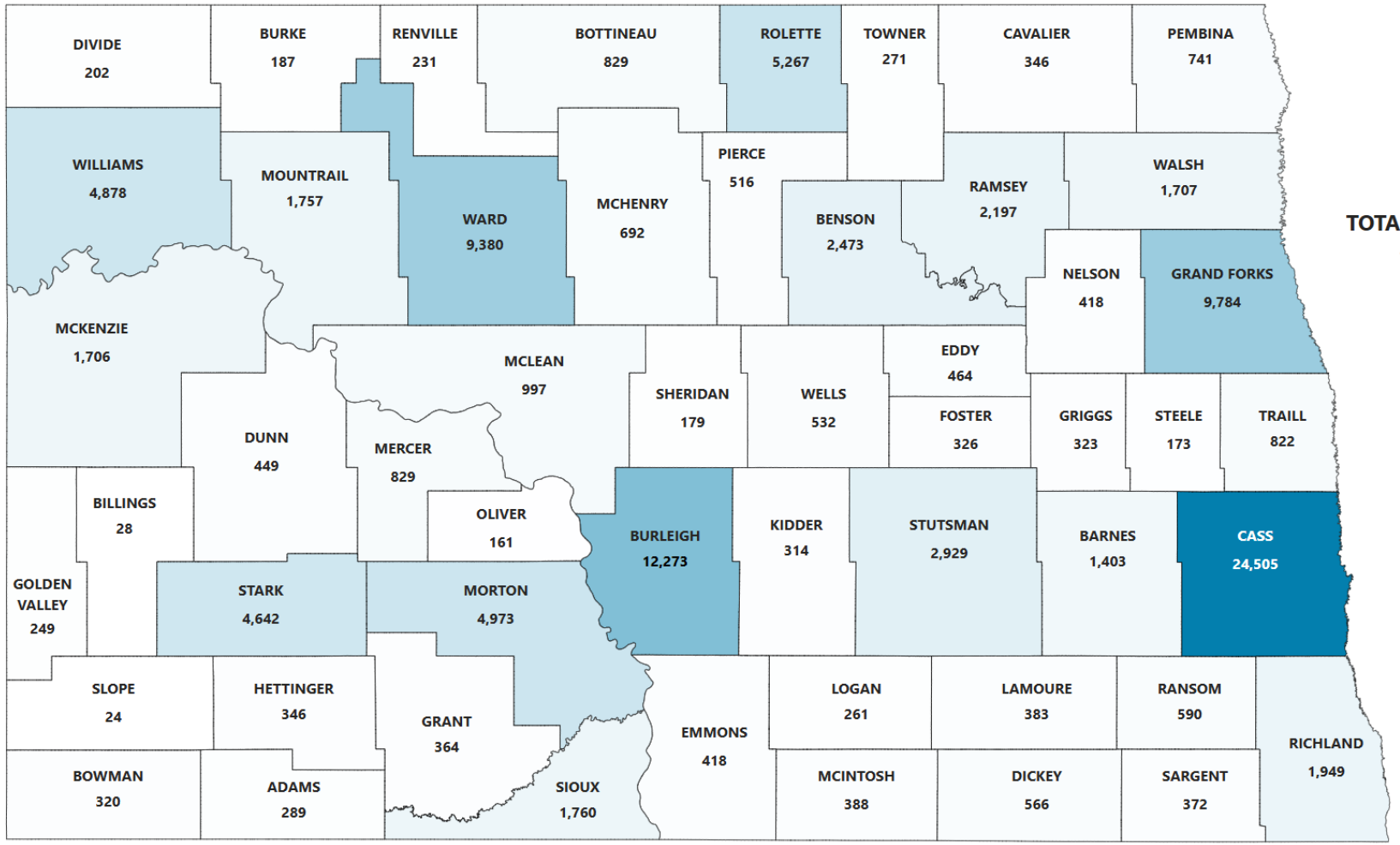


Eligibles & Unwinding

Last updated: 03/06/2024

MEDICAID ELIGIBLES BY COUNTY

February 2025



TOTAL ELIGIBLES

108,345

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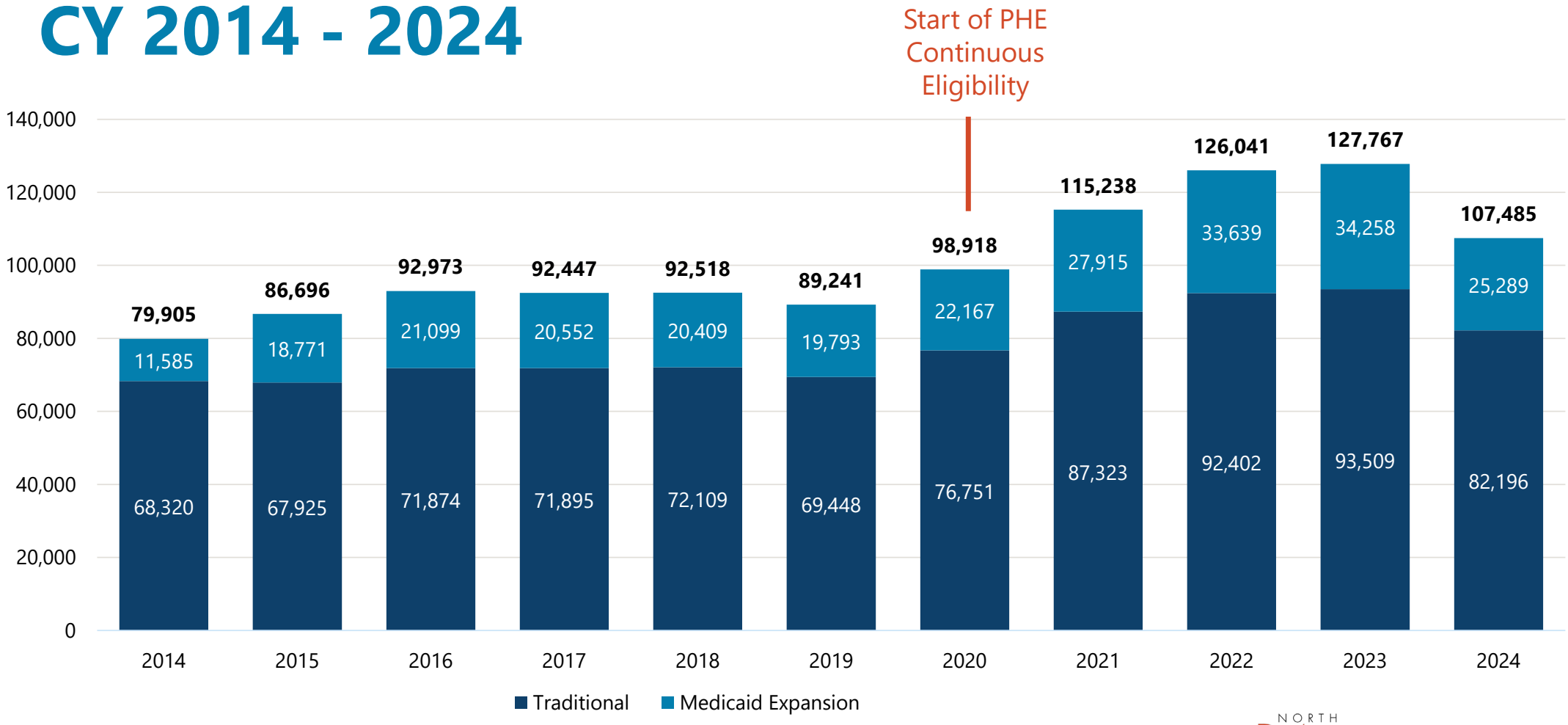
Public Health Emergency Continuous Eligibility Requirement

The Families First Coronavirus Response Act (FFCRA) passed in March 2020 provided an additional 6.2% FMAP to states.

- To receive the enhanced FMAP, states had to meet certain Maintenance of Effort requirements including continuous coverage of all individuals enrolled on or after March 2020.
  - Members could only be disenrolled from a state's Medicaid program if they asked to be disenrolled, moved out of state, or died.
- In December 2022, Congress delinked the Medicaid continuous coverage requirement from the PHE, allowing states to resume Medicaid coverage terminations effective April 1, 2023.
- "Unwinding" is a term used to refer to the return to normal Medicaid eligibility rules.

ND Medicaid Average Monthly Enrollment CY 2014 - 2024



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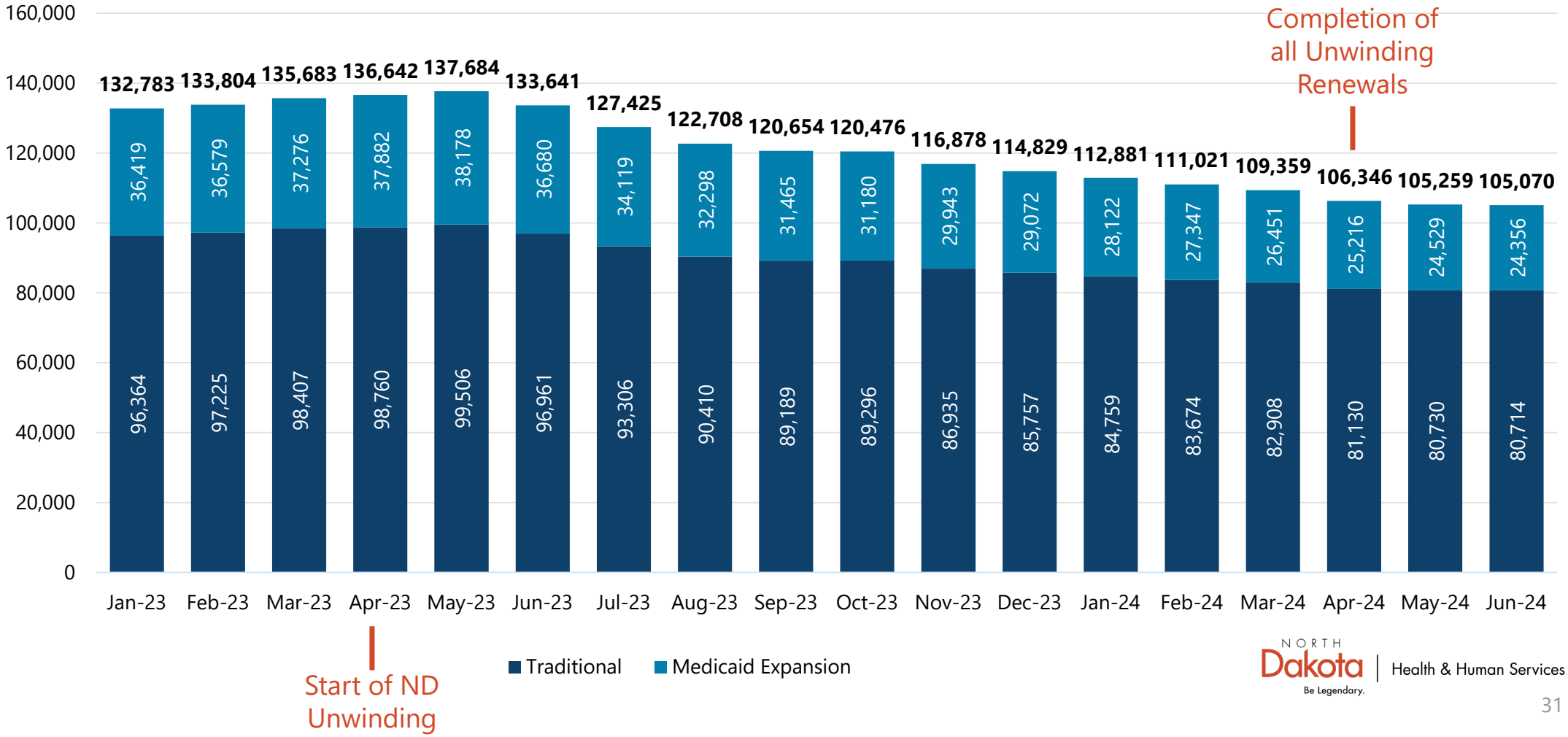
Monthly Enrollment
January 2023 – June 2024



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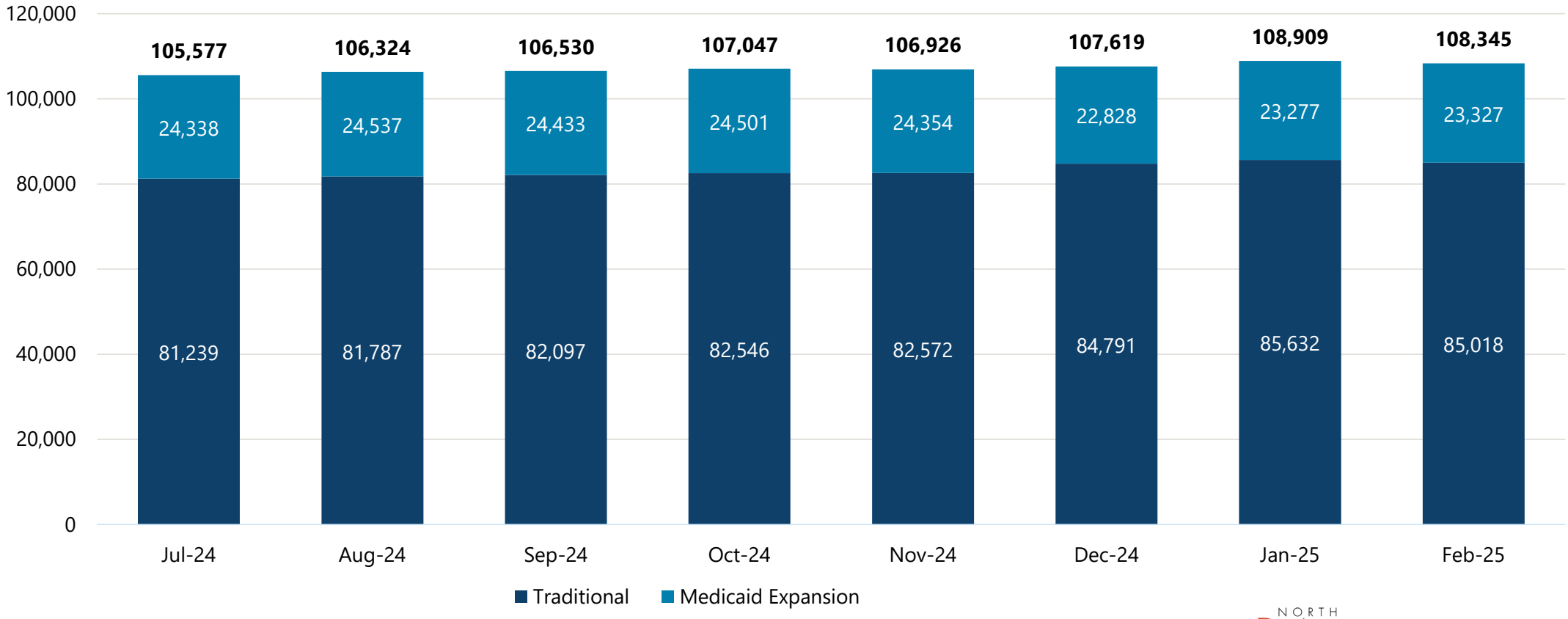
Monthly Enrollment
July 2024 – February 2025



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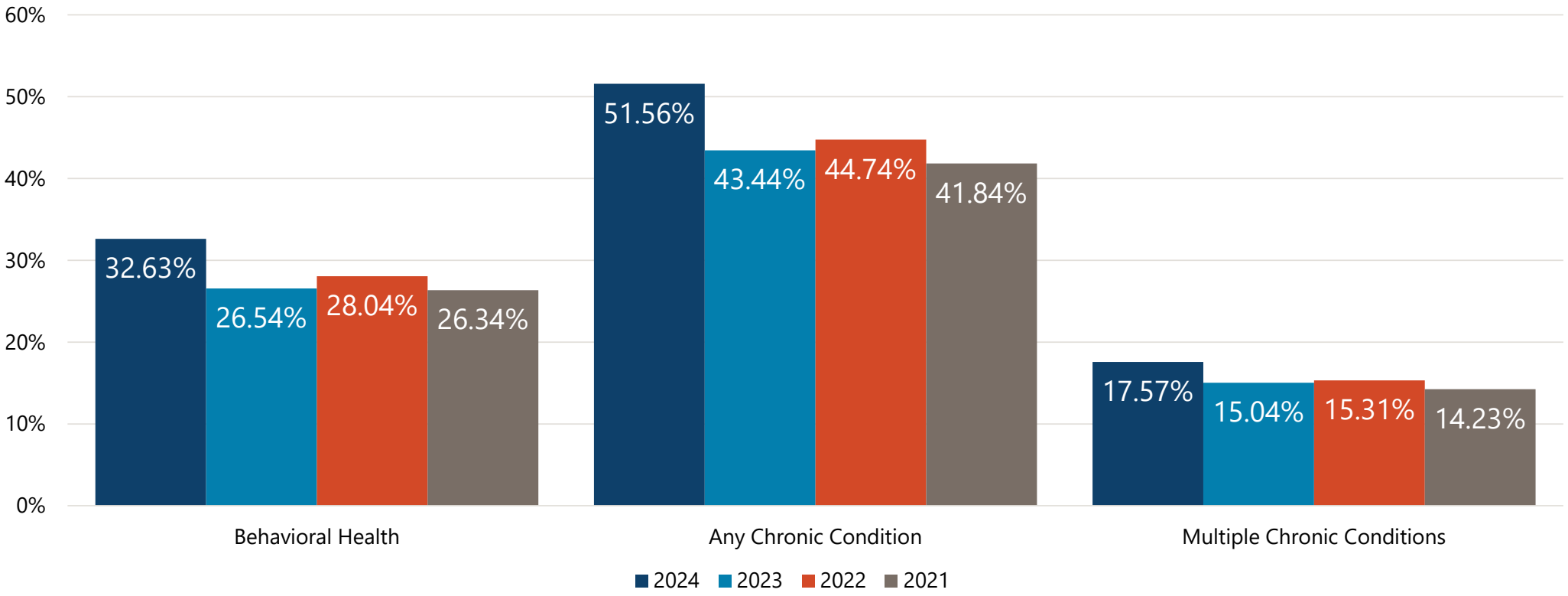
Traditional Medicaid: Chronic Conditions

Percent of Members with Diagnosis



Note: Chronic Conditions include Mental Health, Substance Use Disorder, Asthma, COPD, Diabetes, Heart Disease, Hypertension, Obesity, Pain Conditions

Medicaid & Incarceration

Federal Fund Restrictions for Inmates

Federal Medicaid funds may not be used to pay for services for people while they are inmates of a public institution.

- Incarceration does **not** make a person ineligible. People who are held involuntarily in a correctional facility may be eligible for and enrolled in Medicaid.
  - ND Medicaid suspends Medicaid eligibility while an individual is incarcerated.
- Medicaid can make medical payments for incarcerated individuals when they are inpatients in a medical institution for 24 hours or more.
- There are some limited exceptions that allow the use of federal Medicaid funds for youth and young adults who are incarcerated.

Youth and Young Adults in Carceral Settings

Section 5121 of the Consolidated Appropriations Act, 2023

Requires states to:

1. Exchange data with all settings where the eligible population could be – state-run facilities, county jails and tribal jails.
2. Work with facilities to help people enroll in Medicaid if they are not already enrolled.
3. Work with facilities to provide access to covered services for the eligible group.

	Section 5121
Who is included?	Medicaid members under age 21 and former foster care youth through age 26.
What Medicaid services are included?	Limited screenings, diagnostic services and care coordination
When are the services covered?	Post-Adjudication; 30 days prior to and following release

States must create an internal operational plan that shows how they will achieve compliance with estimated timeframes.

Federal Grant

State Grants to Support Continuity of Care for Medicaid Members Following Incarceration

- *Total Award:* $5M (all federal, no state match required. ND received maximum award)
- *Grant Period:* January 2025 to December 2028
- *Goal:* Bidirectional data exchange with all DOCR facilities and county/tribal jails by the end of 2028

Related Bill:
House Bill 1549 | Relating to [...] criminal justice data collection

Costs & Outcomes

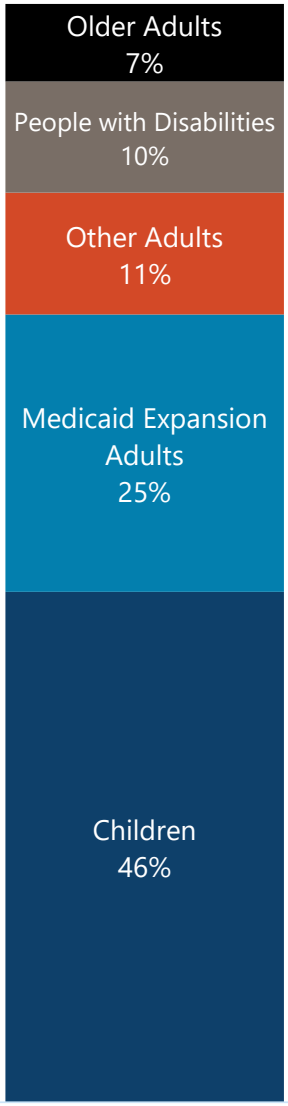
How do we measure results in Medicaid?

Expenditures & Outcomes

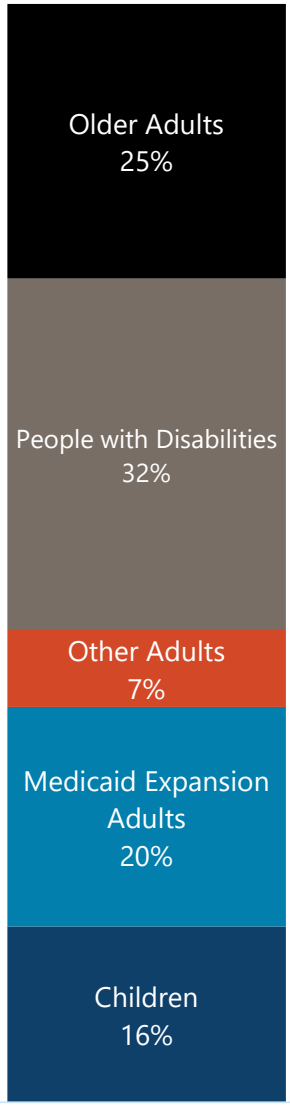
The Center for Medicare and Medicaid Services (CMS) collects and publishes data related to both expenditures and outcomes on the Medicaid & CHIP Scorecard.

- Expenditure data comes from TMSIS and CMS-64 Reports.
  - Expenditures in Medicaid are influenced by both rates and utilization.
- Outcome measures include nationally standardized metrics outlined in the Core Set and other reports.
- Data lags current performance.
  - Most recent data available is for CY 2022 and Core Set Year 2023 (Services in CY 2022).

North Dakota Medicaid Enrollment and Expenditures SFY 2024

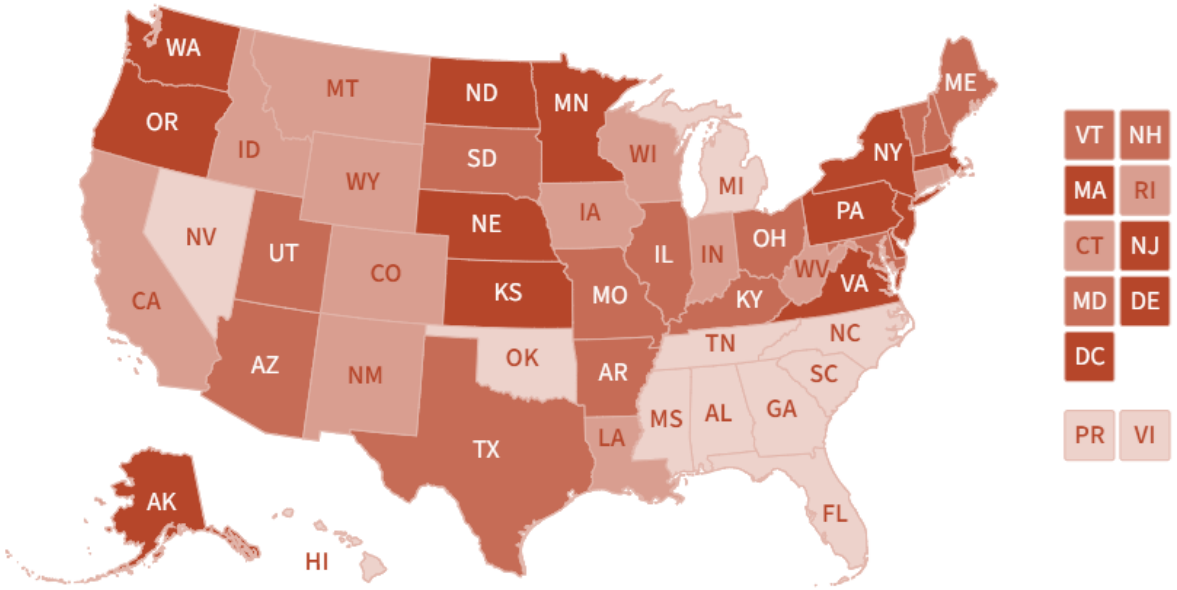


Enrollment



Expenditures

Per Capita Expenditures: CY 2022



- North Dakota ranked **2nd** in the nation for highest total per capita expenditures.
  - North Dakota ranked **1st for Medicaid Expansion** per capita expenditures
  - ND Medicaid ranked **1st for Aged** per capita expenditures.
  - ND Medicaid ranked **7th for People with Disabilities** per capita expenditures.

	Total	Children	Traditional Adults	Medicaid Expansion	Aged	People with Disabilities
North Dakota	**$13,097**	**$4,003**	**$6,207**	**$14,120**	**$36,020**	**$35,311**
National Median	$9,108	$3,822	$6,207	$7,818	$19,079	$25,639
Difference	$3,989	$181	$0	$6,302	$16,941	$9,672

Medicaid and CHIP Scorecard - Medicaid Per Capita Expenditures

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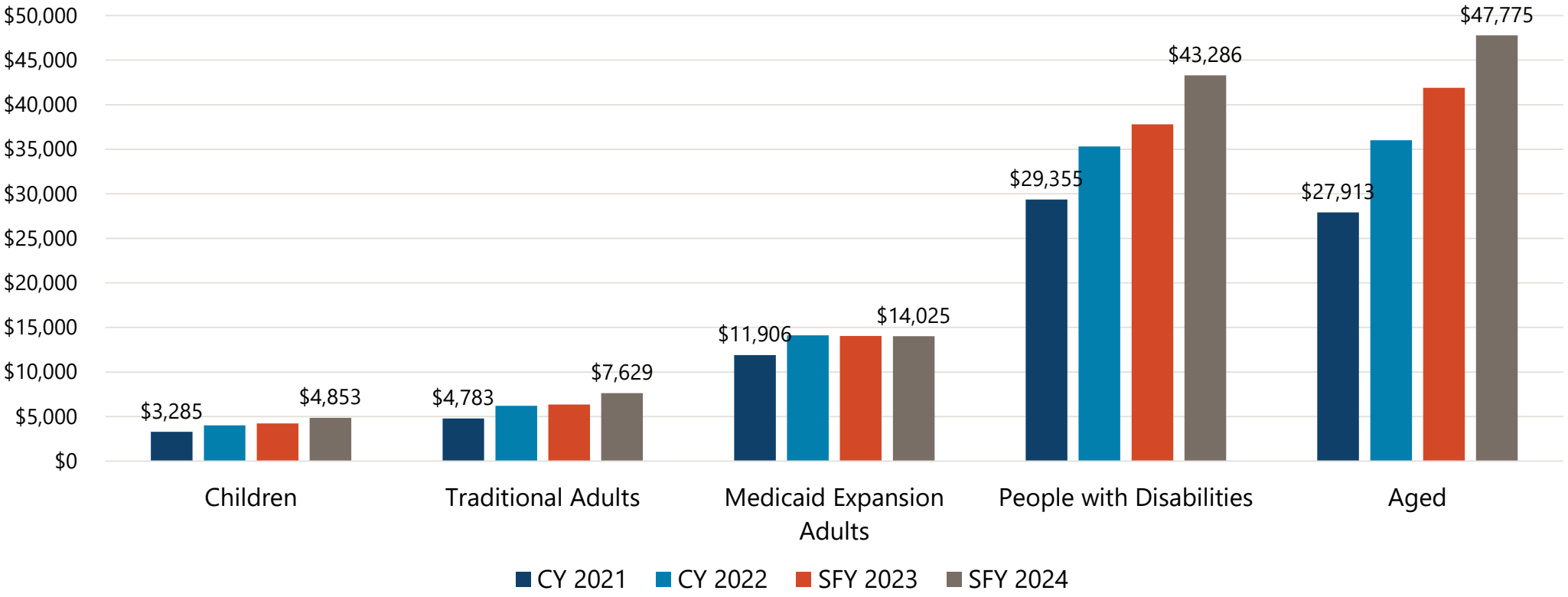
Per Capita Expenditures



Note: CY 2021 and CY 2022 Data obtained from Medicaid and CHIP Scorecard - Medicaid Per Capita Expenditures. SFY 2023 and SFY 2024 numbers calculated from ND TMSIS data.

Top 25 High Cost Claims vs. Top 25 High Cost People

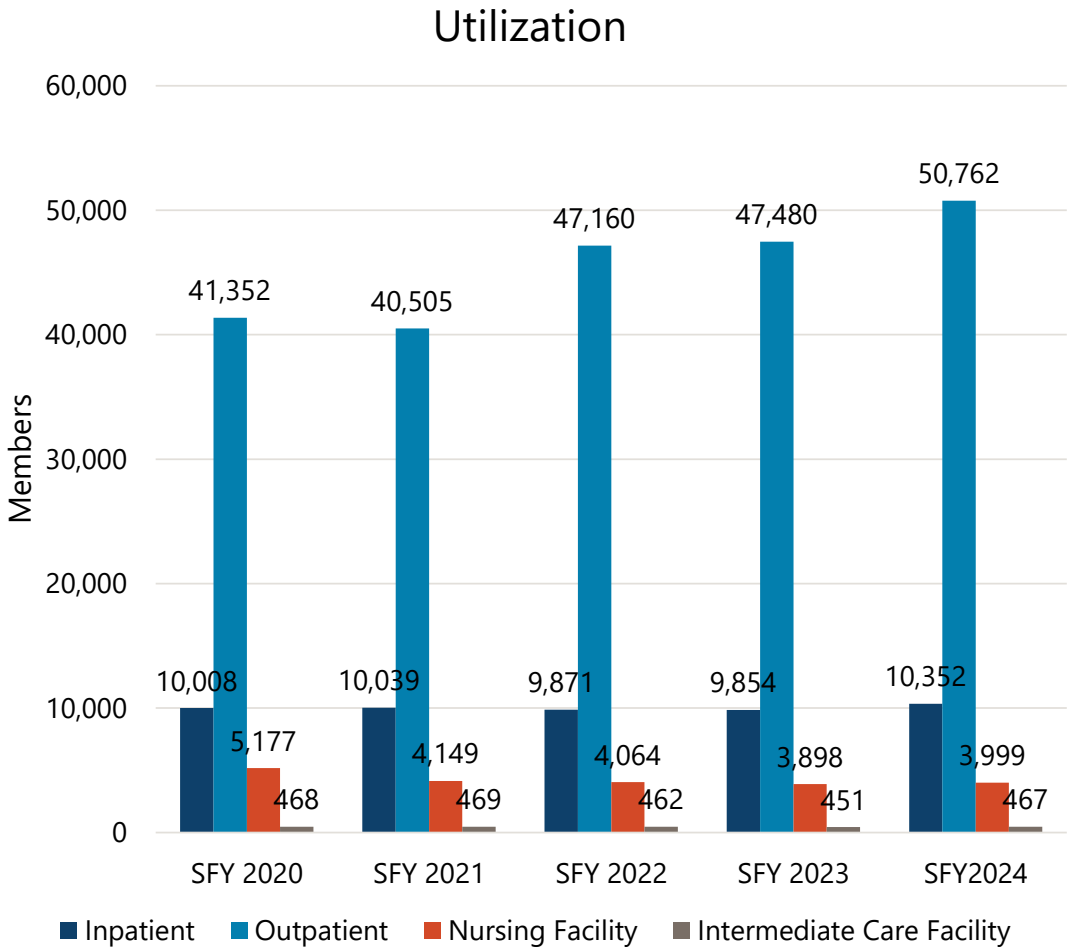
Top 25 Claims

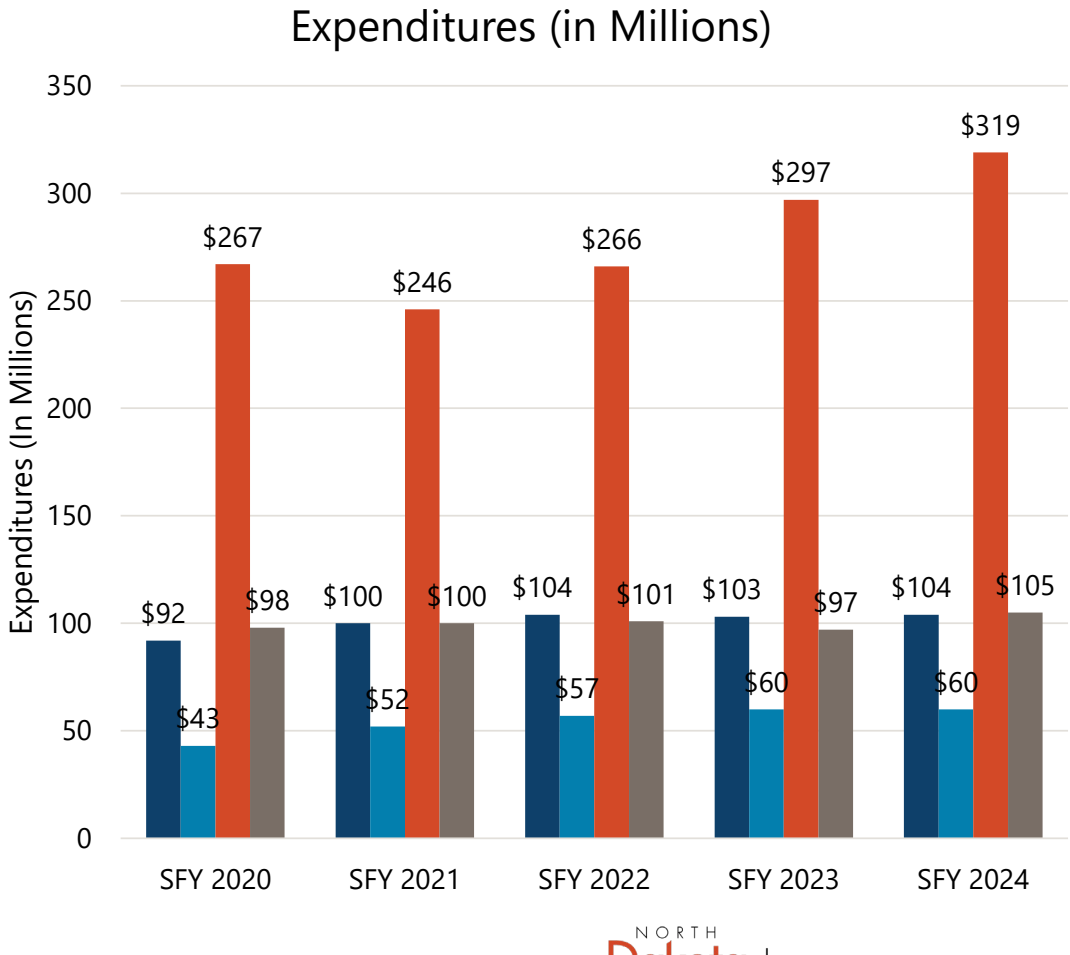
- Average Amount: $309,949
- 64% were for infants
- 60% related to cardiovascular disorders or disease
- Other diseases included: Cancer, End Stage Renal Disease (ERSD), and other rare conditions

Top 25 People

- Average Amount: $801,645
- 8% were for infants
- 24% related to cardiovascular disorders or disease
- 40% related to traumatic brain injury or other developmental or intellectual disabilities
- Other diseases included respiratory disorders, cancer, and kidney disease.

Utilization and Expenditures





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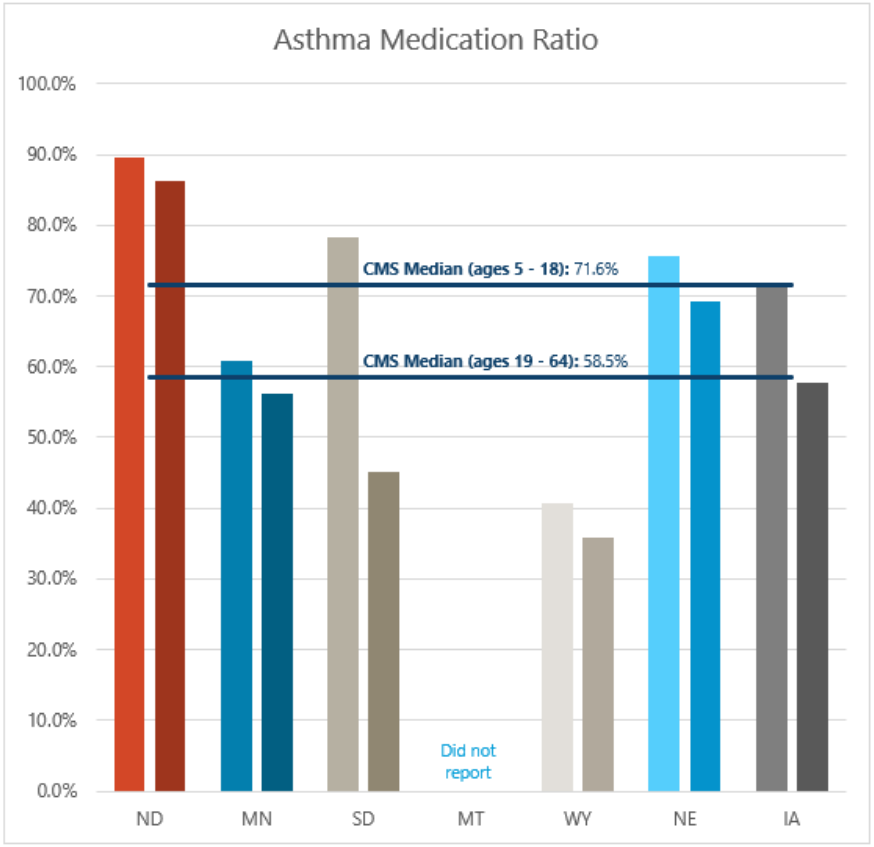
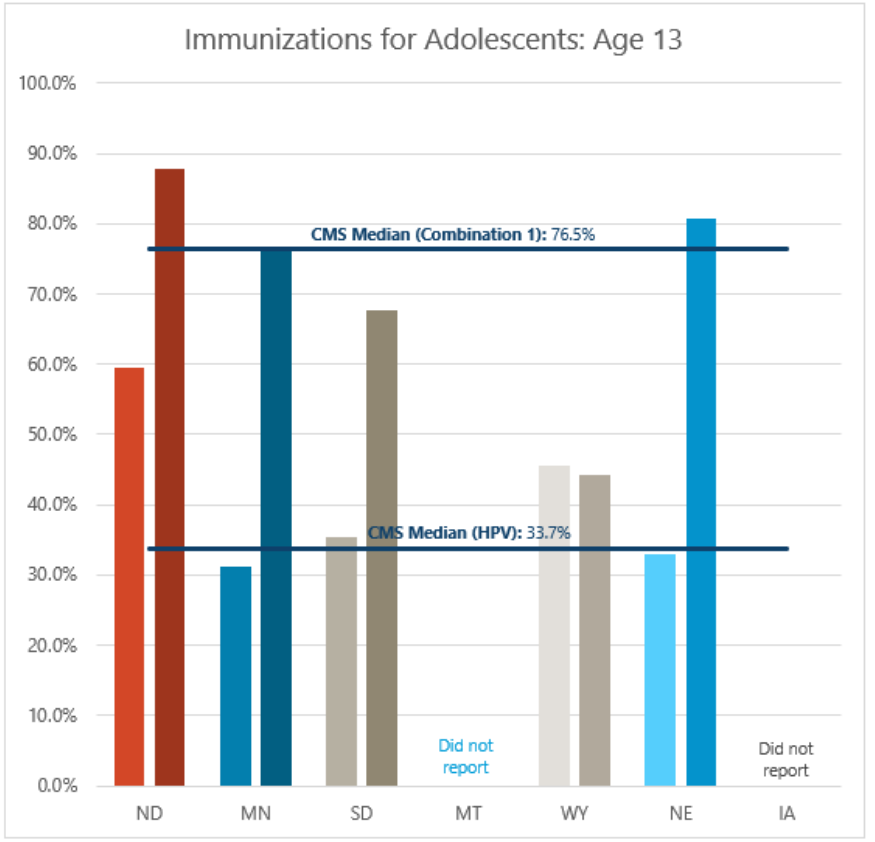
Outcomes: Medicaid and CHIP Scorecard

- ND Medicaid reported 100 metrics across the Child and Adult Core Set for FFY 2023.
  - ND Medicaid rated above the National Median in 35 measures (35%).
    - ND is in the top quartile for 16 measures.
  - ND Medicaid rated below the National Median in 57 measures (57%).
    - ND is in the bottom quartile for 34 measures.
  - Due to small denominator sizes, 8 measures have their data suppressed

Top Quartile Outcomes: FFY 2023



	ND	MN	SD	MT	WY	NE	IA
Ages 5 - 18	89.5%	60.8%	78.2%		40.8%	75.6%	71.9%
Ages 19 - 64	86.3%	56.1%	45.2%		35.8%	69.3%	57.7%



	ND	MN	SD	MT	WY	NE	IA
HPV	59.5%	31.1%	35.4%		45.5%	33.0%	
Combination 1	87.9%	76.5%	67.6%		44.3%	80.7%	

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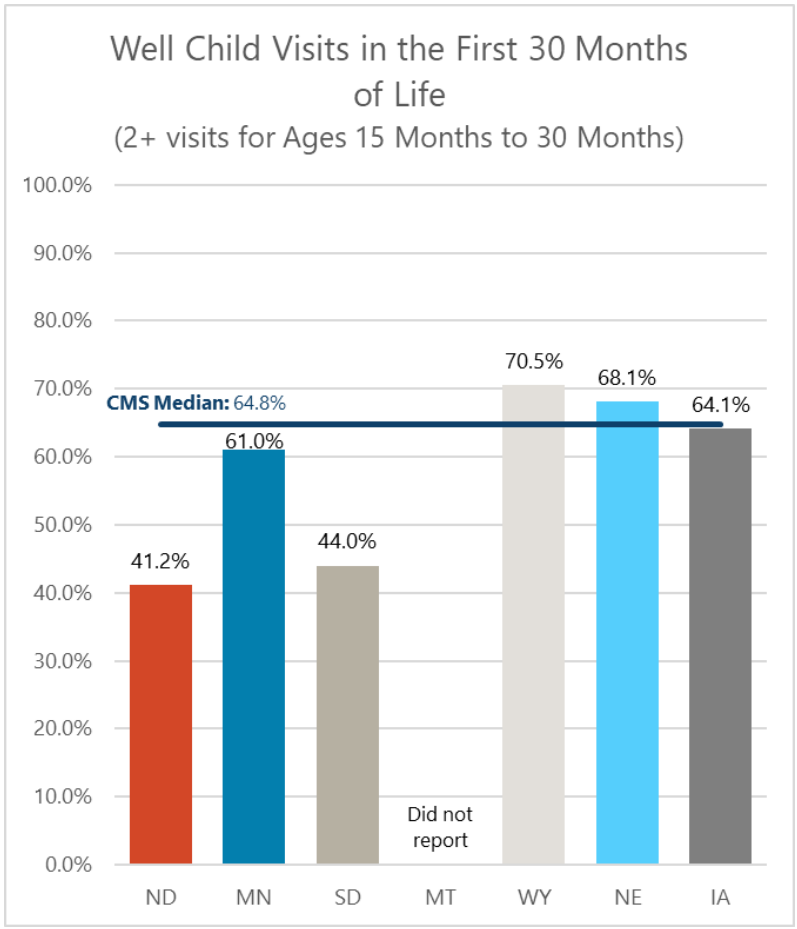
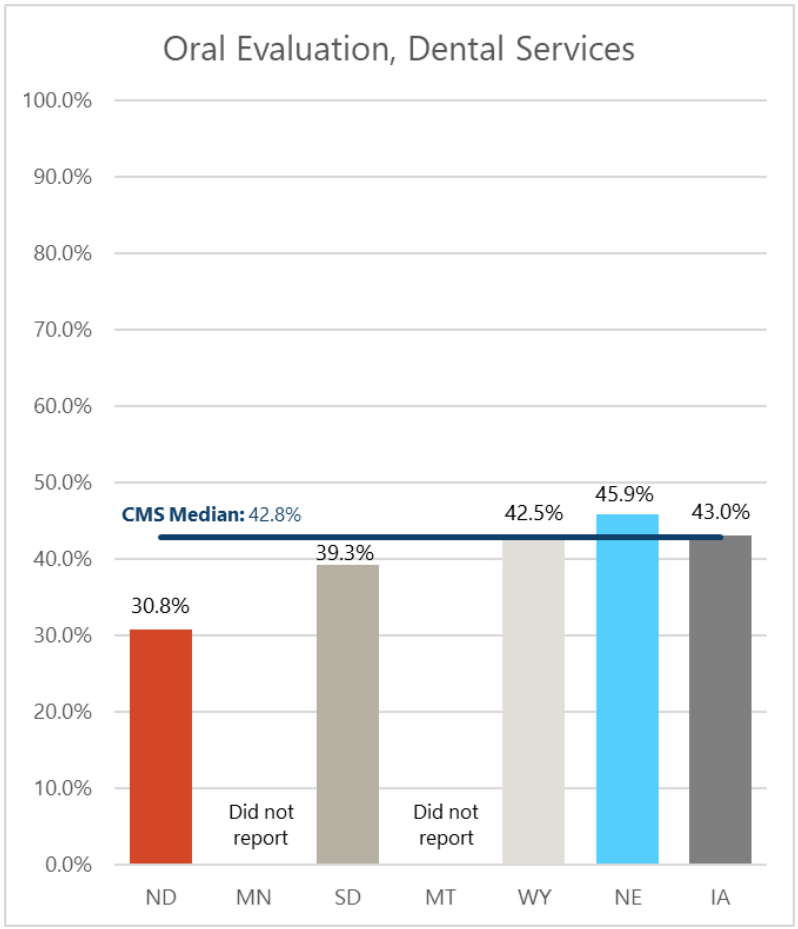
Bottom Quartile Outcomes: FFY 2023





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Value Based Programs

Why Value Based Care?



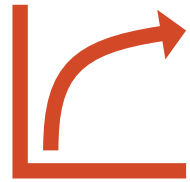
Accountability for Enhanced Care Delivery



Improved Patient Experiences & Outcomes

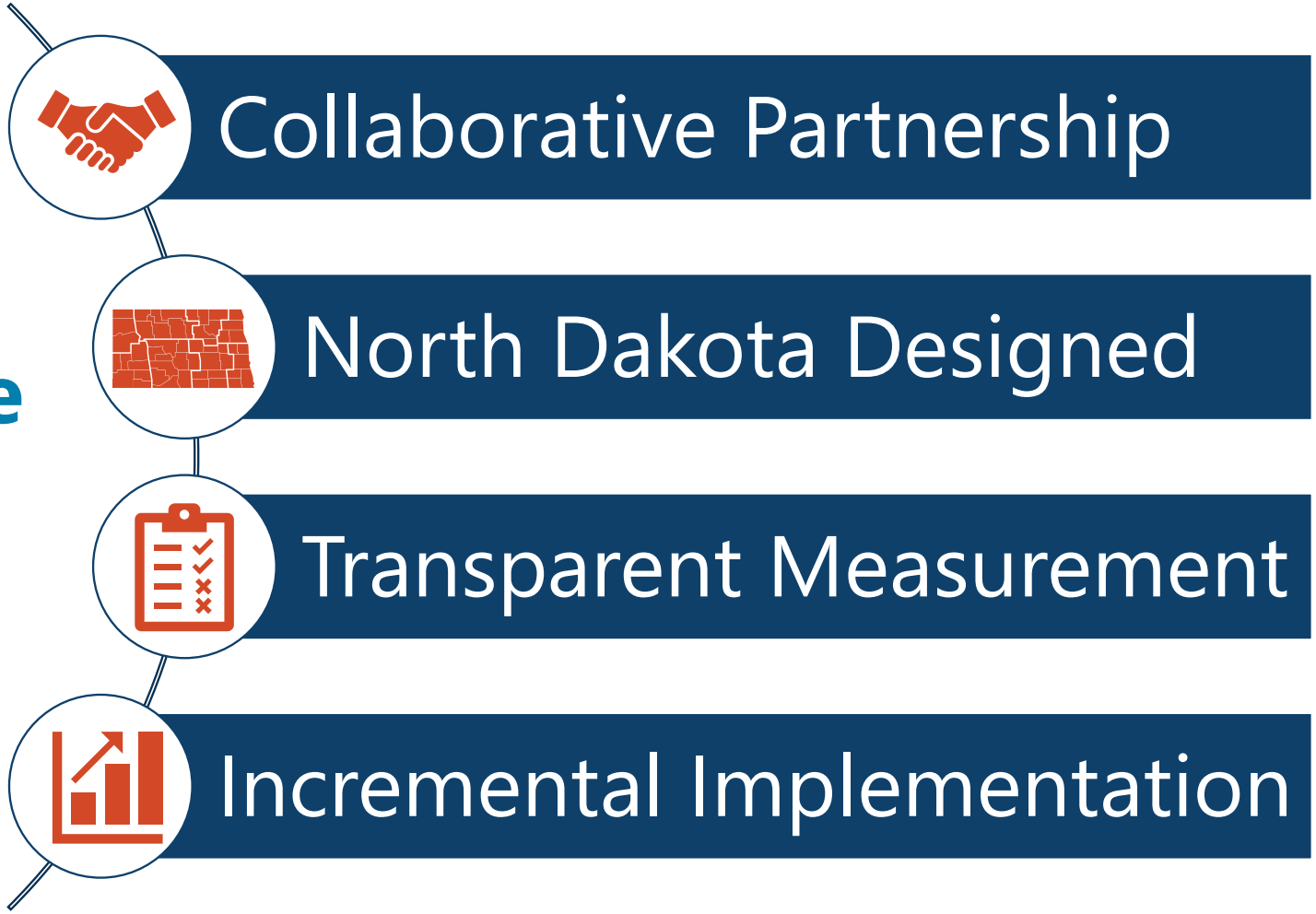


Stable & Predictable Funding for Providers



Lower Long Term Costs Achieved by Shifting the Cost Curve

North Dakota Medicaid Value Based Care Approach

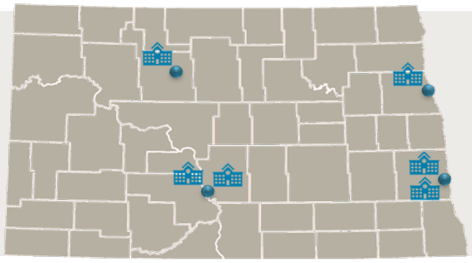


Health System Value-Based Purchasing

Program Start Date: July 1st, 2023

6 Prospective Payment System (PPS) Health Systems are mandatory participants in the model

The PPS Hospital System VBP Program puts a portion of hospital payments at risk for performance on a suite of quality measures for their ND Medicaid patient population. PPS Hospital Systems will see no loss of funding if they meet specific success criteria.



2024
Pay for Reporting

1. Submit Quality Improvement Plans through VBP Reporting Tool
2. VBP Quality Improvement Outcomes Meeting
3. Supplemental Data Submission

2025

Pay for Reporting

+

Pay for Performance
(Initial Measure Set)

2026
Pay for Performance

Initial Measure Set
Well-Child Visits First 15 Months of Life
Child & Adolescent Well-Care Visit
Breast Cancer Screening
Postpartum Care: Prenatal & Postpartum Care
Screening for Depression & Documented Follow-up Plan
Ambulatory Care Emergency Department (ED) Visits
Plan All-Cause Readmissions
Topical Fluoride for Children

Expanded Measure Set
Colorectal Cancer Screening
Controlling High Blood Pressure
Maternal Health Services Optional Measures: (systems must select 1) 1. Prenatal Care: Prenatal Care & Postpartum Care 2. Contraceptive Care: Postpartum Women 3. Structural Measure: Perinatal Collaborative Participation
Behavioral Health Services Optional Measures: (systems must select 1) 1. Follow-up After Emergency Department Visit for Alcohol & Other Drugs Abuse or Dependence 2. Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment

Health System Value-Based Purchasing Outcomes

	State Goal	System A	System B	System C	System D	System E	System F	Combined System Rate
* Ambulatory Care: Emergency Department Utilization (AMB-CH)	31.90	28.29	28.89	40.25	41.35	36.42	32.85	33.45
Breast Cancer Screening (BCS-AD)	52.20%	29.97%	44.51%	35.14%	34.38%	48.29%	31.83%	35.69%
Child & Adolescent Well-Care Visits (WCV-CH)	48.07%	47.29%	47.51%	39.20%	34.72%	53.95%	48.86%	46.61%
* Plan All-Cause Readmissions (PCR-AD)	0.9850	0.7701	1.2557	0.8469	1.1143	0.8098	0.7860	0.8454
Postpartum Care: Prenatal and Postpartum Care (PPC)	78.10%	73.37%	58.87%	62.07%	54.95%	58.36%	76.95%	66.02%
Screening for Depression & Documented Follow-up Plan (CDF)	72.60%	7.68%	0.13%	8.35%	1.75%	62.83%	6.40%	14.41%
Topical Fluoride for Children (TFL-CH)	19.30%	13.08%	16.22%	9.17%	8.95%	13.44%	13.95%	12.91%
Well-Child Visit First 15 Months (W30-CH)	66.76%	43.02%	51.26%	52.21%	47.44%	61.50%	44.50%	48.85%
Well-Child Visit 15 – 30 Months of Life (W30-CH)	58.38%	55.99%	65.84%	61.18%	44.16%	64.93%	55.94%	58.68%

Performance Timeframe: January 2024 – November 2024 (11-month performance snapshot)
2024 final performance will be produced in May 2025 which allows the systems 12 months to close care gaps & final inclusion of supplemental data.

Meeting State Goal	13 metrics
Improvement from CY 2023	25 metrics

** Lower Performance is better*

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Nursing Facility Incentive Program

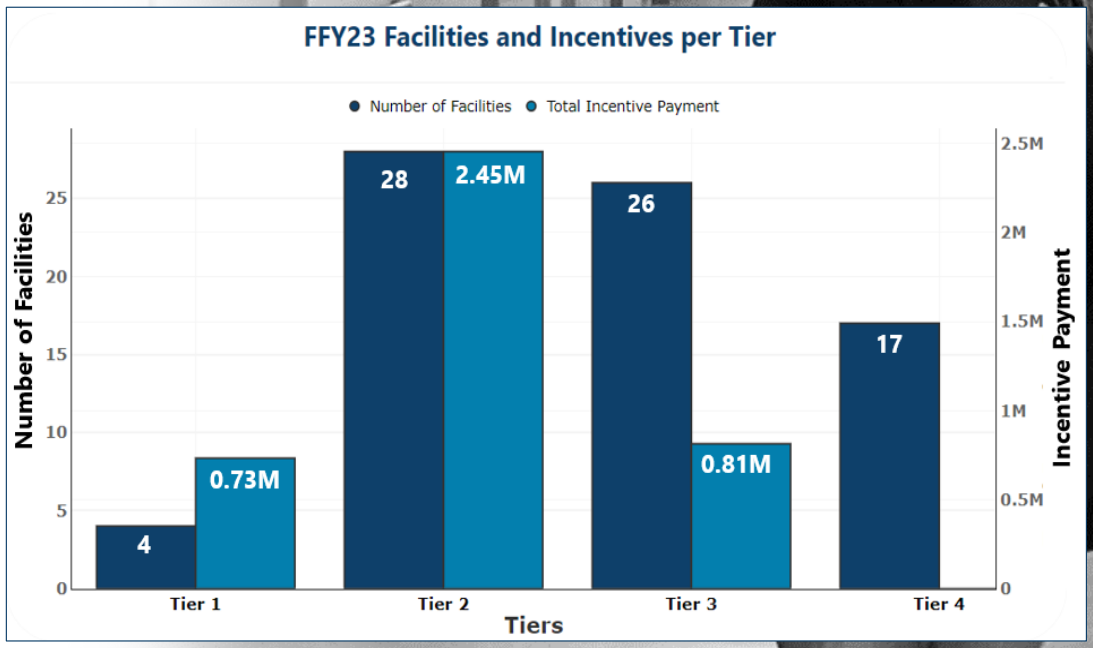
Improve resident outcomes through an incentive payment based on specific quality measures.

- Incentive program; no payments are at risk.
- All Medicare/Medicaid certified facilities that have been open 10 months will participate.

- Incentive fund distribution is done annually in June.
- Annual payments based on Quality Measure performance:
  - Tier 1: 100% of incentive payment
  - Tier 2: 85% of incentive payment
  - Tier 3: 60% of incentive payment
  - Tier 4: Not eligible for an incentive payment
- Nursing Facility Quality Measures:
  - Patient Care Measures
    - Long-Stay Urinary Tract Infections
    - Long-Stay Antipsychotic use
    - Long-Stay Pressure Ulcers
  - Facility Process Measures
    - Long-Stay Hospitalizations
    - ACHA/NCAL National Quality Award (Baldrige Framework)

Initial Outcomes

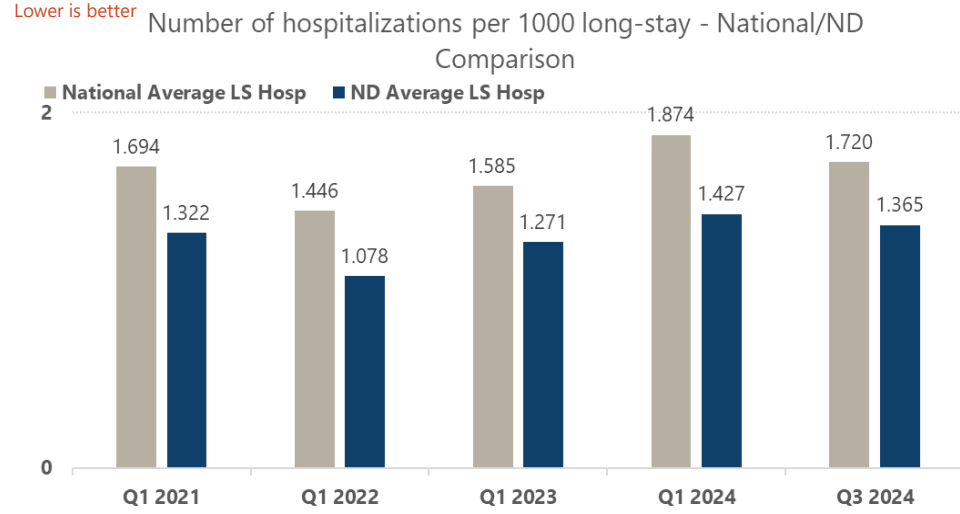
- $4 million dollars distributed in June 2024
- 58 out of 75 Nursing Facilities received incentives to improve quality of care for residents
- Examples of reported use of funds include
  - New mattresses for entire facility
  - Staff bonuses
  - Building renovation
  - Staff training



Carrie Zazeski, Administrator, Elm Crest Manor, New Salem

Nursing Facility Incentive Program Initial Outcomes

Lower is better



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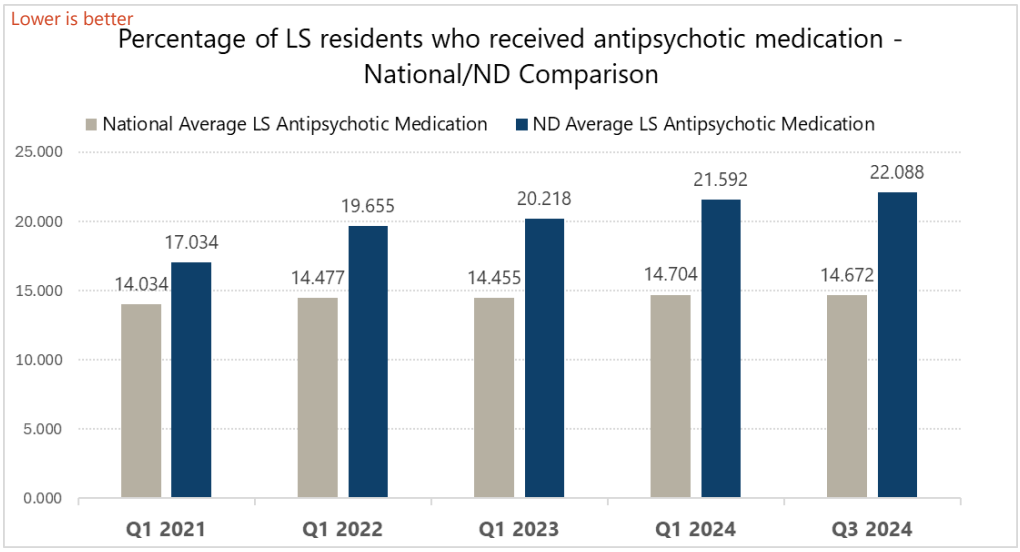

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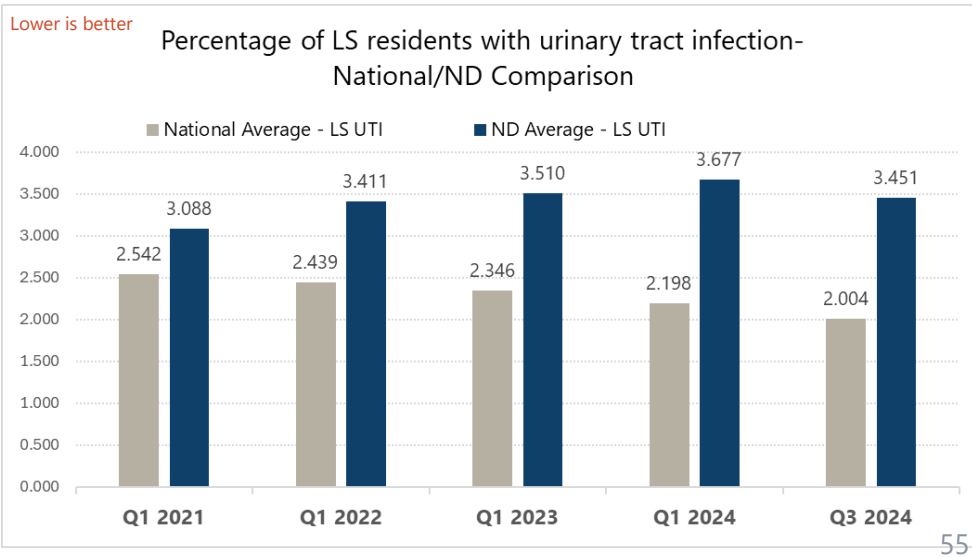


What's next in Value Based Care?

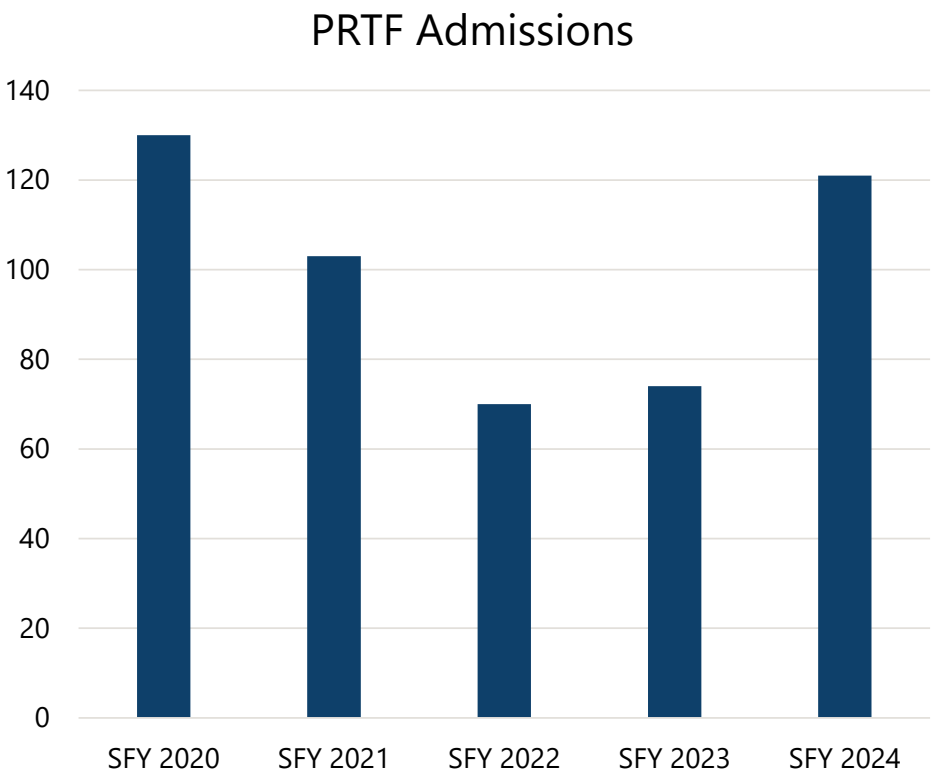


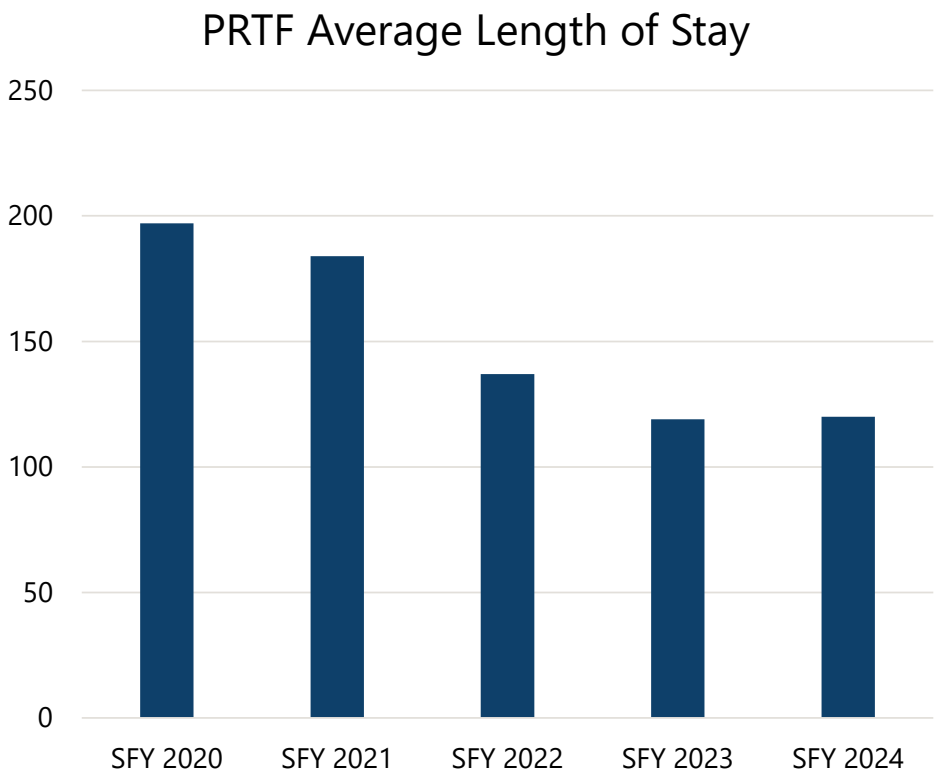
Refinement and Expansion of Current Programs

Exploration of New Provider Groups

- High-Cost Services
- Opportunity to Impact Care Outcomes and Improve Services
- Ability to Incentivize Innovation
- Need to Stabilize Funding

Psychiatric Residential Treatment Facilities





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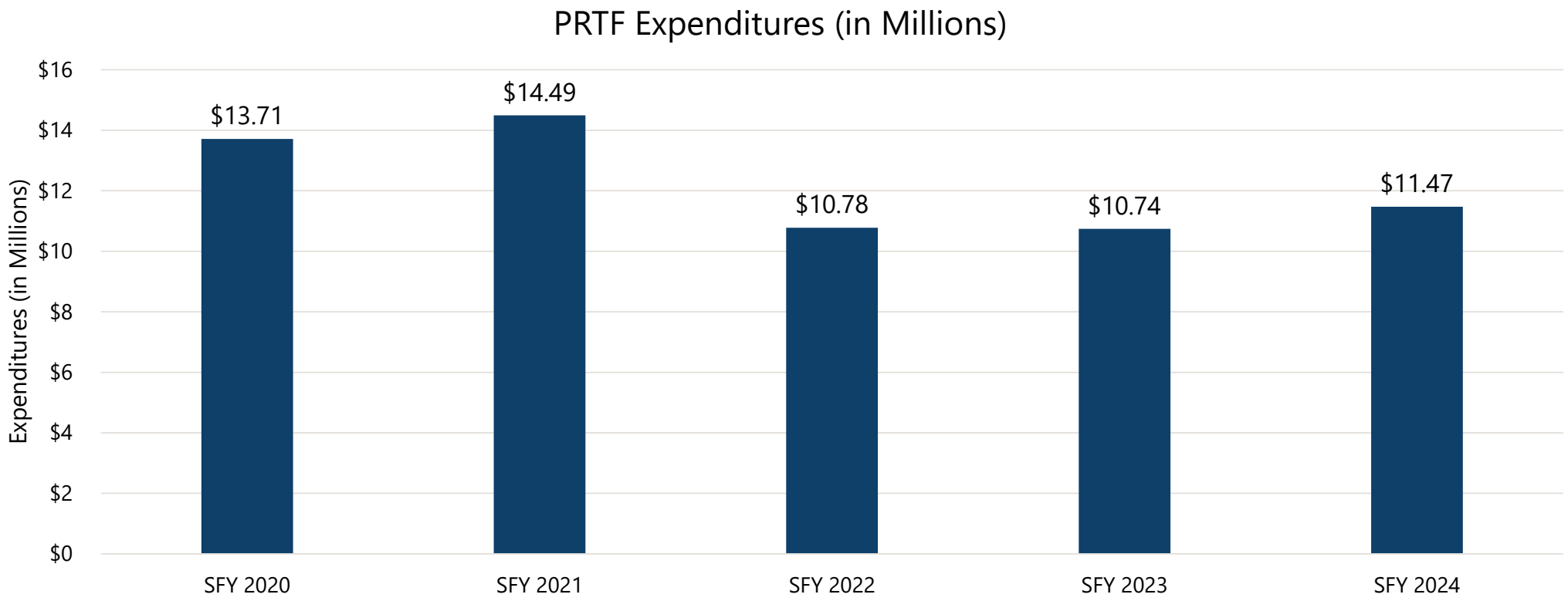
Psychiatric Residential Treatment Facility Expenditures



Value Based Care
Ongoing

Total	$2,000,000
General	$1,000,000
Federal	$1,000,000

Expand care focused on value to additional provider groups and continue to refine current programs to ensure populations are supported with person-centered care and support.

Refinement and Expansion of Current Programs

- Continue to grow and refine current value-based programs.
- Review attributed populations and supports available to individuals with complex health care needs.
- Strengthen care coordination to ensure service delivery provides comprehensive, person-centered care focused on ensuring access and appropriate follow-up supports across multiple delivery systems.

Exploration of New Provider Groups

- Expand health system value-based program to rural delivery system to include critical access hospitals and associated primary care providers. Ensure rural VBP design builds on the current program to improve healthcare quality, accessibility, and sustainability in rural areas.
- Explore a value-based purchasing model with PRTFs and QRTP providers to drive towards enhanced services and outcomes for youth while ensuring stability of safety net service delivery for children with behavioral health needs in North Dakota.

Funding will support:

- Subject Matter Expertise
- Value Based Program Provider Workgroup Facilitator
- Service Infrastructure Development

Rates & Reimbursement

Rate Methodology Guiding Principles
Traditional Medicaid

- Predictable
- Consistent
- Transparent
- Data Driven
- Population Focused
- Quality & Outcomes Oriented
- Incentivizes Innovation, Efficiency & Community Based Care

Rate Methodologies in Fee For Service Medicaid

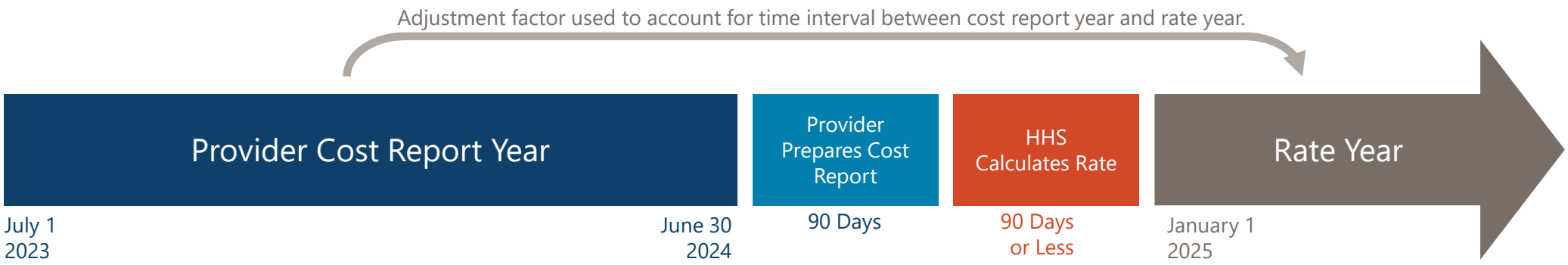
- **Cost Based Per Diem** – Uses cost reports as the basis for setting individual facility per diem payments. Per diem payments may be adjusted to account for patient acuity.
- **Classification System** – Defines an episode (ex. inpatient admission or outpatient visit) and assigns a classification based on services provided. May be used in conjunction with cost reports to assign facility specific base rates.
- **Relative Value Units** – Defines the resource intensity of a service. Used in conjunction with a conversion factor.
- **Fees –** List of reimbursements correlated to a nationally defined code set.
- **Percent of Charge –** Uses a defined percentage to reimburse based on billed charges.
- **Cost Settlement –** Compares provider costs to payments made by ND Medicaid.

What is a cost report?

A cost report is a financial document submitted by health care providers and outline the expenses incurred in delivering patient care and include data on operating costs, salaries, supplies, and other expenditures. Cost report data is used to set provider reimbursement rates.

- Cost reports cover a defined time period and are used to detail provider costs during that timeframe.
- Costs are generally broken into a few distinct categories:
  - Direct Care
  - Indirect Care
  - Property
  - Other
- Some costs are not allowable (ex. lobbying) for use in calculating reimbursement rates.
- Cost categories have limits to ensure that costs are reasonable and efficient.

How are cost reports used to set rates?



The rate methodology for the service uses cost report data to calculate provider rates.

- An adjustment factor is used to inflate costs forward from the cost report year to the rate year.
- Provider cost reports and underlying data may be audited to ensure that costs were appropriately reported and allocated.
- The department must prepare/calculate rates for multiple providers within the same 90 day timeframe.

Upper Payment Limit

- Medicaid payments are required to be "consistent with efficiency, economy, and quality of care."
- CMS requires states to demonstrate compliance that payments for certain providers do not exceed an upper payment limit (UPL).
- The UPL is a reasonable estimate of the amount that would have been paid for the same service under Medicare payment principles.

Required Upper Payment Limit Demonstrations in North Dakota:

- Inpatient Hospital Services
- Outpatient Hospital Services
- Nursing Facility Services
- Institutions for Mental Disease (IMD)
- Clinic Services
- Intermediate Care Facility for the Individuals with Intellectual Disabilities (ICF/IID)
- Psychiatric Residential Treatment Facility (PRTF)

Federal Financial Participation Limit:

- Durable Medical Equipment

How does ND Medicaid reimbursement compare? Example Professional Services, SFY 2025 & CY 2025

Physician Services | 99214 – Established Patient Office Visit 30 - 39 Minutes				
North Dakota Medicaid	Medicare: North Dakota MAC	Minnesota Medicaid	Montana Medicaid	South Dakota Medicaid
$137.06	$122.84	$96.63	$169.11	$112.75

Obstetric Services | 59400 - Routine Obstetric Care Including Antepartum Care, Vaginal Delivery Postpartum Care				
North Dakota Medicaid	Medicare: North Dakota MAC	Minnesota Medicaid	Montana Medicaid	South Dakota Medicaid
$2,468.16	$2,198.30	$1,387.89	$3,199.23	$2,220.16

Behavioral Health | 90832 – Psychotherapy, 30 Minutes				
North Dakota Medicaid	Medicare: North Dakota MAC	Minnesota Medicaid	Montana Medicaid	South Dakota Medicaid
$84.48	$78.30	$64.71	$52.78 – $103.26	$69.48

How does ND Medicaid reimbursement compare? Example Facility Services, SFY 2025 & CY 2025

Nursing Facility | Average Daily Rate

North Dakota Medicaid	Medicare[1]	Minnesota Medicaid[2]	Montana Medicaid	South Dakota Medicaid
$401.74	$513.18	$363.48	$282.78	$278.17

Psychiatric Residential Treatment Facility | Average Daily Rate

North Dakota Medicaid	Medicare	Minnesota Medicaid	Montana Medicaid	South Dakota Medicaid
$ 1,199.09	-	$952.76	$509.81	$408.43

Behavioral Health | Substance Use Disorder Services ASAM Level 3.5

North Dakota Medicaid	Medicare	Minnesota Medicaid	Montana Medicaid	South Dakota Medicaid
$612.46	-	$230.78	$256.95	$295.57

Hospital | Average PPS Hospital Base Rate[3]

North Dakota Medicaid	Medicare
$12,159	$7,493

Note:

1. Medicare Nursing Facility coverage is for short term, intensive rehab focused services. Medicare does not cover long term nursing facility stays. Medicare rate is sample rate in a rural facility.
2. Minnesota Medicaid rate is for double occupancy room; average rate provided by MN DHHS staff.
3. Medicaid and Medicare both use Diagnosis Related Groups (DRGs). North Dakota Medicaid uses All Patient Refined (APR) -DRG and Medicare uses Medicare Severity (MS)-DRG; each system has their own weights & final reimbursement.

Provider Inflation
Ongoing

Governor's Recommendation:

Total	**$16,215,764**
General	$6,949,693
Federal	$9,266,071

- SFY 2026: 1.5%
- SFY 2027: 1.5%

Engrossed by House:

Total	**$21,668,914**
General	$9,286,780
Federal	$12,382,134

- SFY 2026: 2%
- SFY 2027: 2%

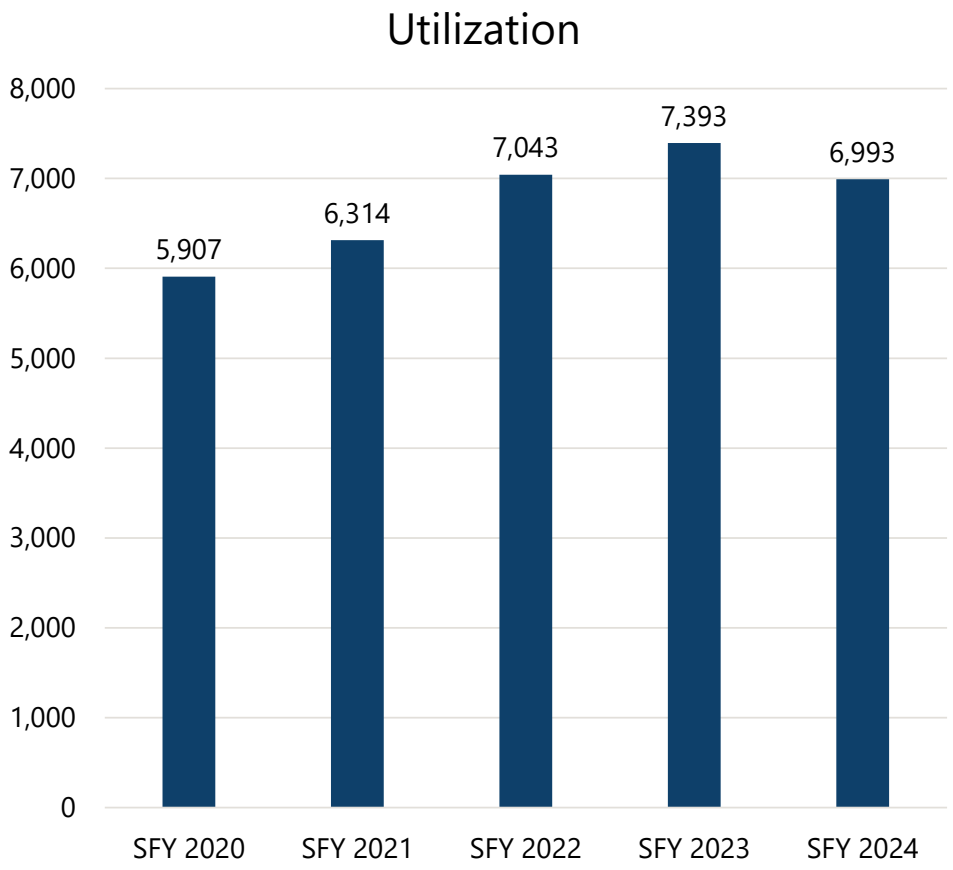
- Provider inflation is applied to provider rates in accordance with the rate methodology for the service.
  - Most provider rates paid from a fee schedule are updated each July 1.
  - Inflation is used as the adjustment factor to inflate costs forward from provider cost reports for most cost-based providers.
    - Some providers use a standardized index in place of inflation.

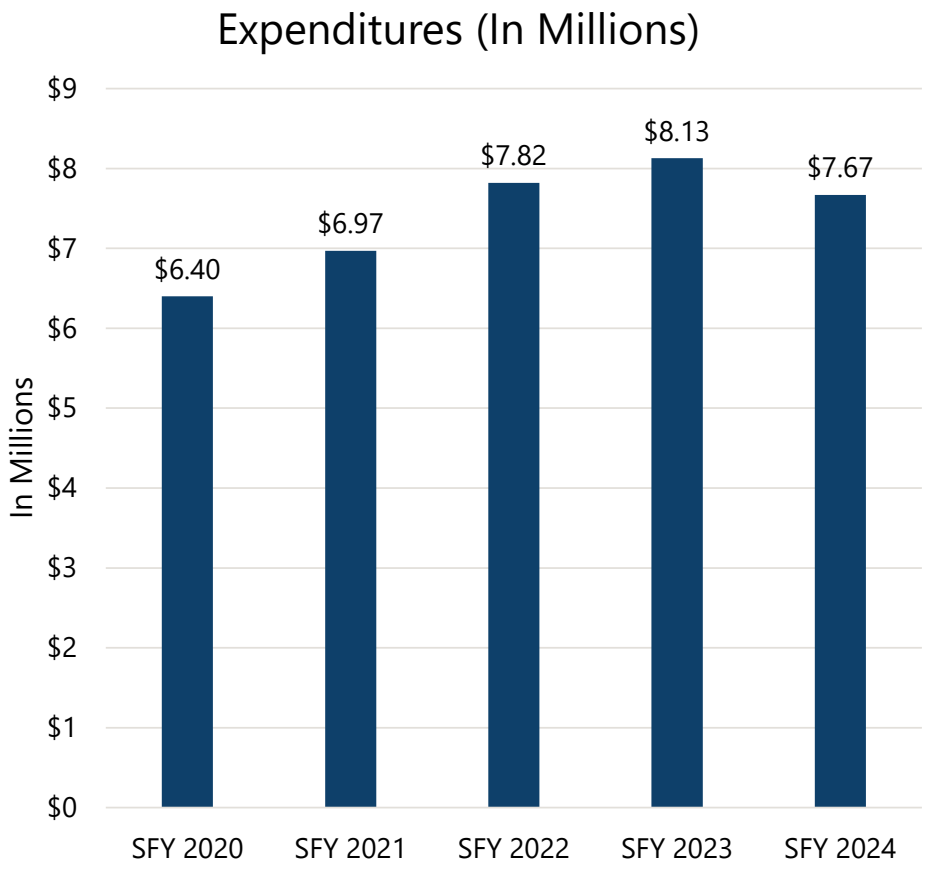
Appropriated Inflation, SFY 2019 - 2024					
2019	2020	2021	2022	2023	2024
2.0%	2.5%	2.0%	0.25%	3.0%	3.0%

Inflation: Medical Services

Inflator		Total	General	Federal
1%		**$10,798,536**	$4,627,998	$6,170,538
1.5%	Governor's Recommended Budget	**$16,215,764**	$6,949,693	$9,266,071
2%	Recommended by House	**$21,668,914**	$9,286,780	$12,382,134

Ambulance Utilization & Expenditures





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Ambulance Targeted Rate Increase

Ongoing

Total	$4,379,540
General	$2,189,770
Federal	$2,189,770

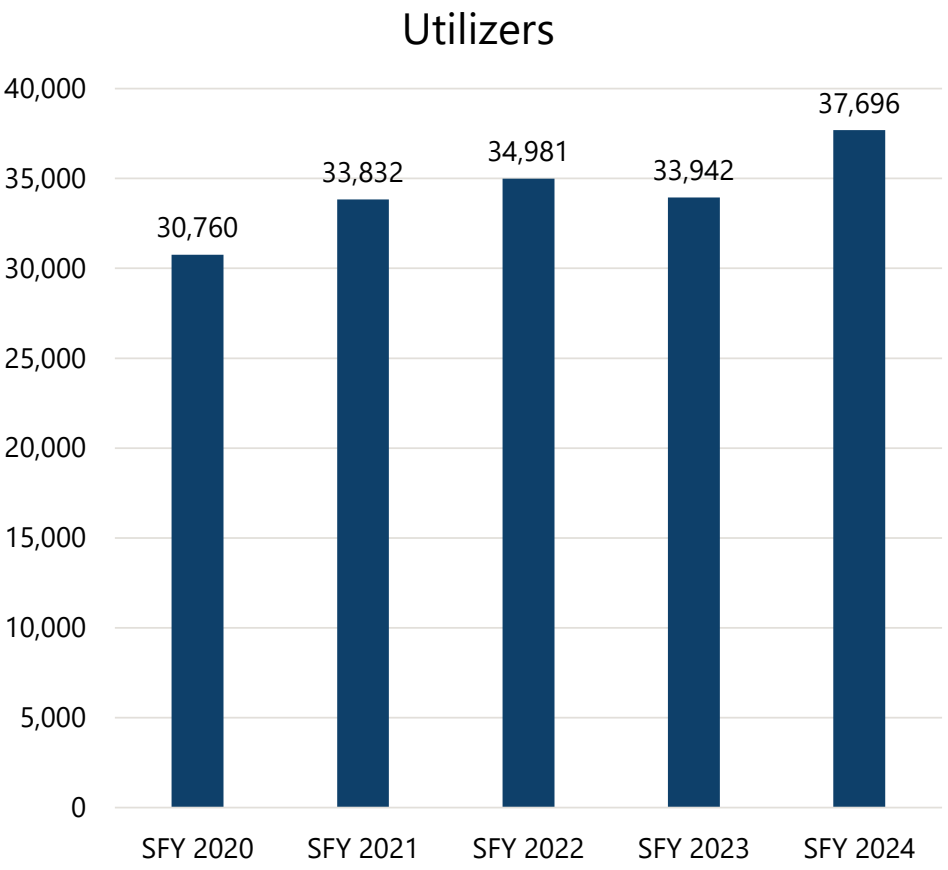
Increase rebases ambulance rates to the Lowest Quartile Medicare Rural Base Rate.

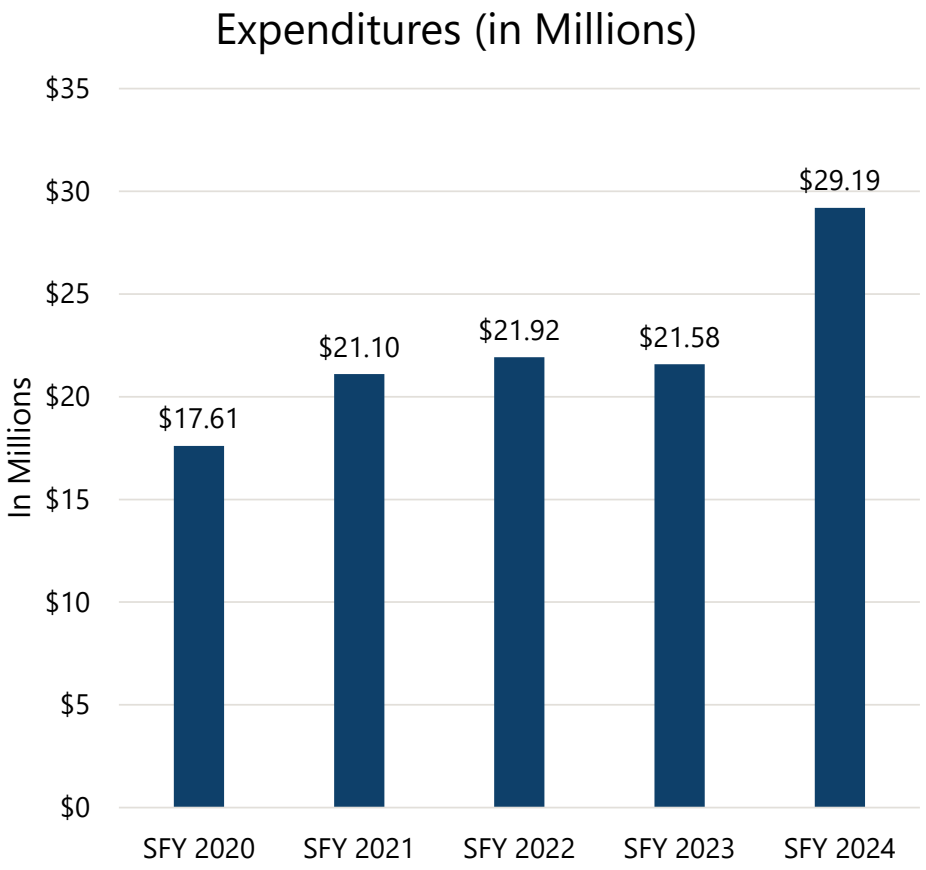
Related Bill:
House Bill 1322 | Relating to Ambulance Service Provider Reimbursement
Note: HB 1322 does not apply to Medicaid.

A0427: Ambulance Service, Advanced Life Support, Emergency Transport, Level 1 Base Rate					
North Dakota Medicaid	Medicare Rural – Lowest Quartile	Minnesota Medicaid	Montana Medicaid	South Dakota Medicaid	Wyoming Medicaid
$602.19	$669.35	$530.06	$280.94	$479.85	$291.24

A0429: Ambulance Service, Basic Life Support, Emergency Transport Base Rate					
North Dakota Medicaid	Medicare Rural – Lowest Quartile	Minnesota Medicaid	Montana Medicaid	South Dakota Medicaid	Wyoming Medicaid
$507.10	$563.67	$446.36	$236.58	$404.08	$245.26

Dental Utilization & Expenditures





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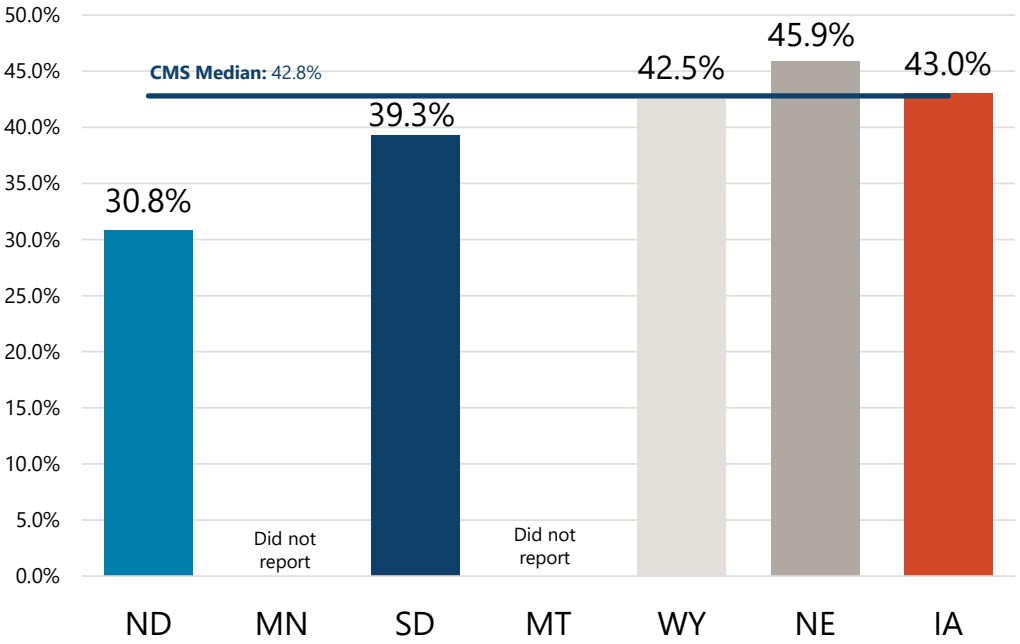
Dental Outcomes & Rates

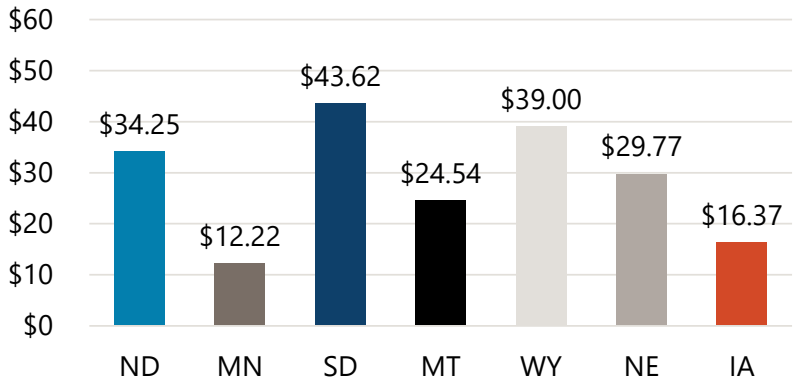
ND Medicaid Dental Rates were last rebased in 2009. Dental rates have increased approximately 42% since last rebase.

Oral Evaluation, Dental Services, FFY 2023

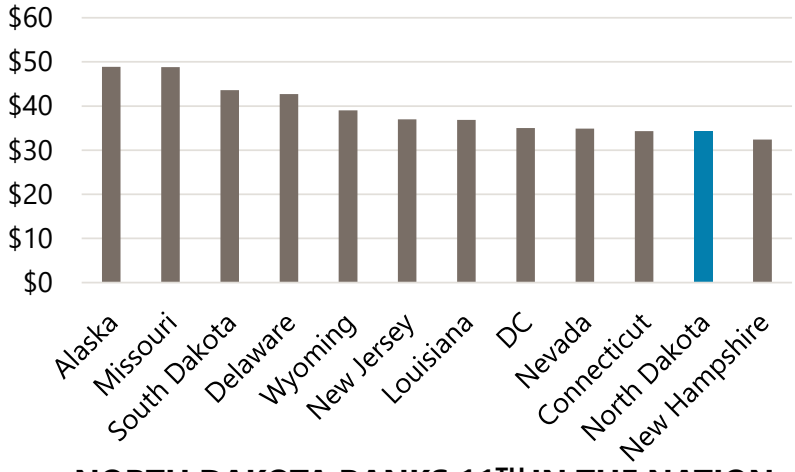


Related Bills:
House Bill 1567 | Relating to Dental and Oral Health Care Status among Medicaid Recipients and Workforce Support to Improve Access for Low-Income Children
Senate Bill 2231 | Relating to Covered Services for Medical Assistance

Medicaid Reimbursement Rate: D0120 Periodic Oral Evaluation, SFY2025



NORTH DAKOTA RANKS 3RD IN THE REGION



NORTH DAKOTA RANKS 11TH IN THE NATION

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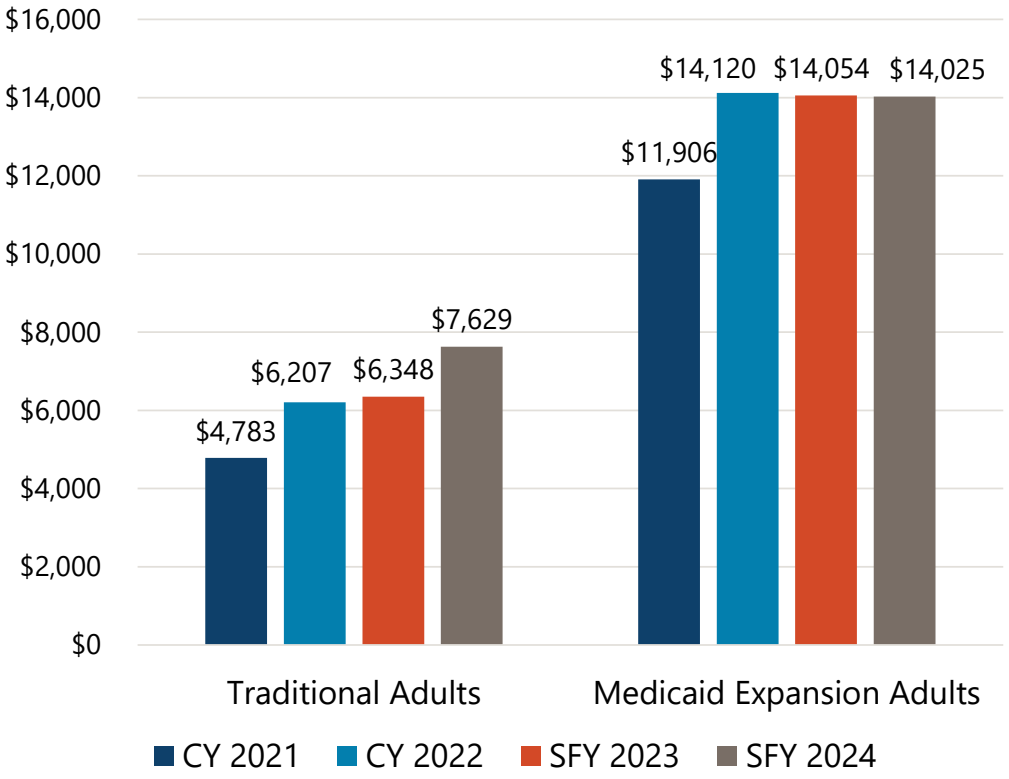
Managed Care & Medicaid Expansion

Per Capita Expenditures: Medicaid Expansion & Traditional Adults



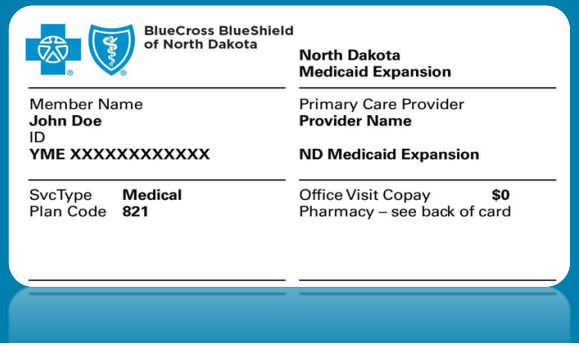
- ND Medicaid ranked **1st for Medicaid Expansion per capita** expenditures.
- ND Medicaid ranked 25th **for Traditional Adult** expenditures.

Note: CY 2021 and CY 2022 Data obtained from Medicaid and CHIP Scorecard - Medicaid Per Capita Expenditures. SFY 2023 and SFY 2024 numbers calculated from ND TMSIS data.

Medicaid Expansion Coverage

North Dakota provides Medicaid Expansion through risk based Managed Care.

- Current Vendor: Blue Cross Blue Shield of North Dakota (BCBS ND)



- There are a few key differences between Medicaid Expansion and traditional Medicaid. Medicaid Expansion **does not** cover:
  - Skilled Nursing Facility Services[1]
  - Dental Services[2]
  - Vision Services[2]
  - Any waiver services
  - Long Term Care services

Related Bill:
Senate Bill 2231 | Relating to Covered Services for Medical Assistance

[1] *Only covers up to 30 days and only covers a skilled level of care*
[2] *Only covered for 19- and 20-year-olds*

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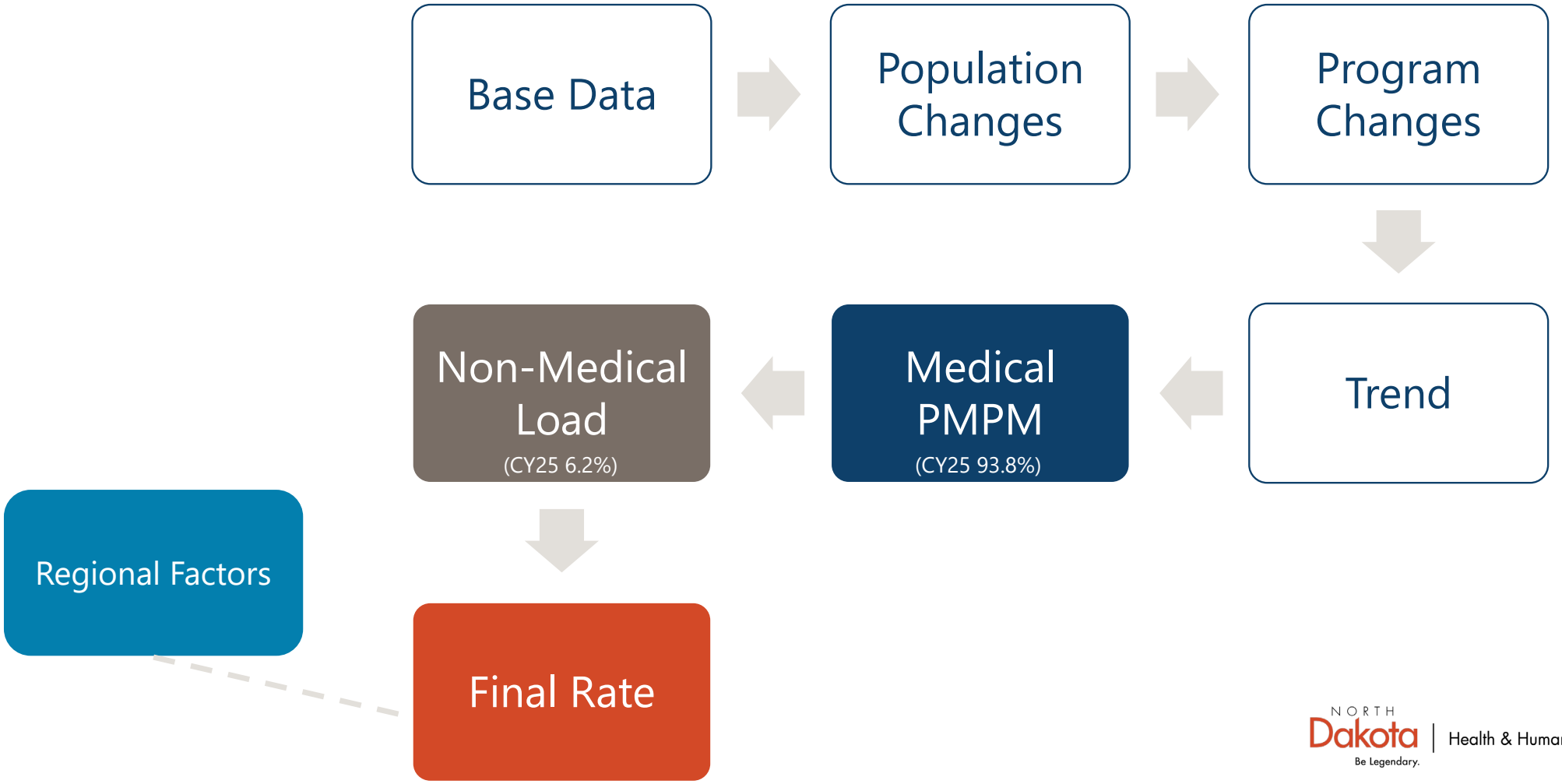
Managed Care

- **Managed Care Plans use their own provider networks.** Providers must enroll in Blue Cross Blue Shield to provide care to Medicaid Expansion members.
- **Managed Care Plans use their own coverage criteria, authorization process, and limits.** Providers must follow Blue Cross Blue Shield policies for Medicaid Expansion members.
- **Managed Care Plans use their own reimbursement methodology and fee schedules.** Providers are paid according to Blue Cross Blue Shield's policy for Medicaid Expansion members.
- **North Dakota Medicaid has carved out pharmacy benefits for Medicaid Expansion members.** Pharmacy benefits are the same for Medicaid Expansion and traditional Medicaid.

How does ND Medicaid pay for services?

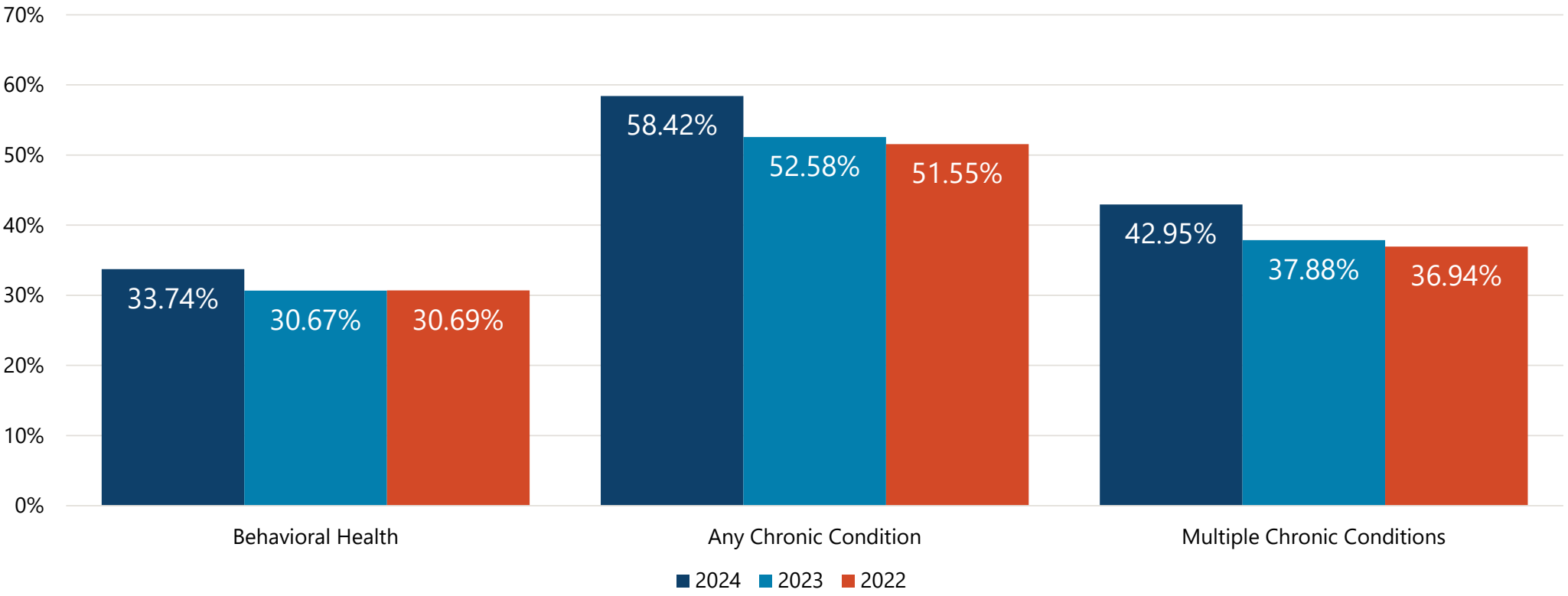
Traditional Medicaid: Fee For Service (FFS)	Medicaid Expansion: Managed Care Organization (MCO)
State pays providers directly for each covered service received by a Medicaid member.	State pays a monthly fee called a capitation payment to the managed care organization (MCO).
Only services received by members are paid.	Monthly fee is paid to MCO regardless of member use of services.

Capitation Rate Development Process



Medicaid Expansion: Chronic Conditions

Percent of Members with Diagnosis



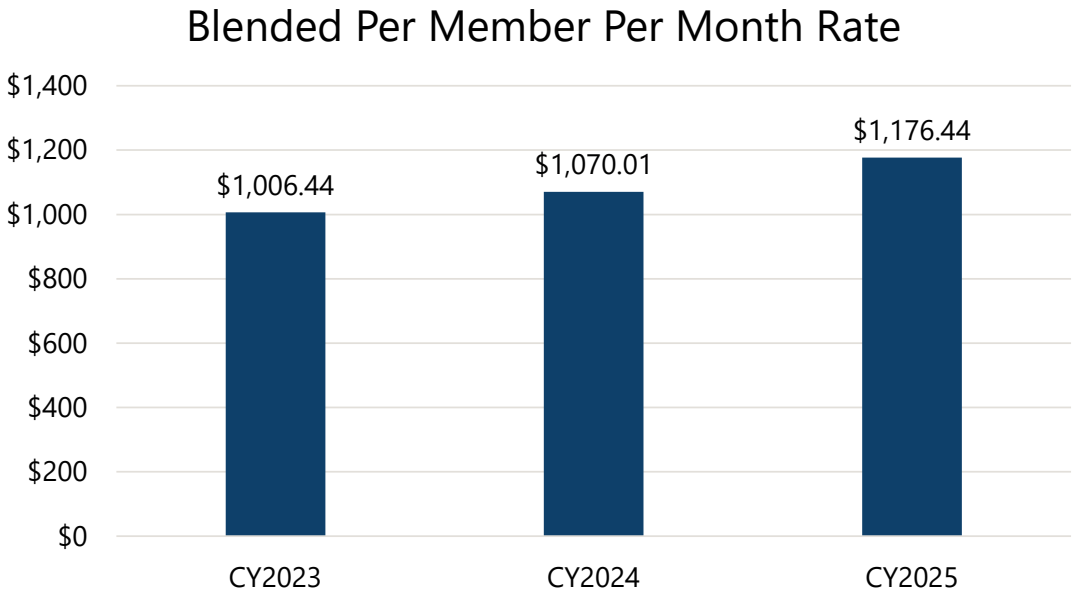
Note: Chronic Conditions include Mental Health, Substance Use Disorder, Asthma, COPD, Diabetes, Heart Disease, Hypertension, Obesity, Pain Conditions

2025 Capitation Rates

CY2025 capitation rates are in development by our actuary in conjunction with HHS and BCBSND.

- CY2025 capitation rates implement Senate Bill 2012 provision to ensure that the capitation rate calculation assumes that MCO rates will not exceed 145% of Medicare reimbursement, except for services noted in Section 22.

- No decrease to the CY2025 Capitation Rates to comply with 145% of Medicare requirement.
  - Actuarial analysis showed BCBS was already at 144.5% in aggregate of Medicare.
- Overall, 9.1% increase in rates for CY2025.



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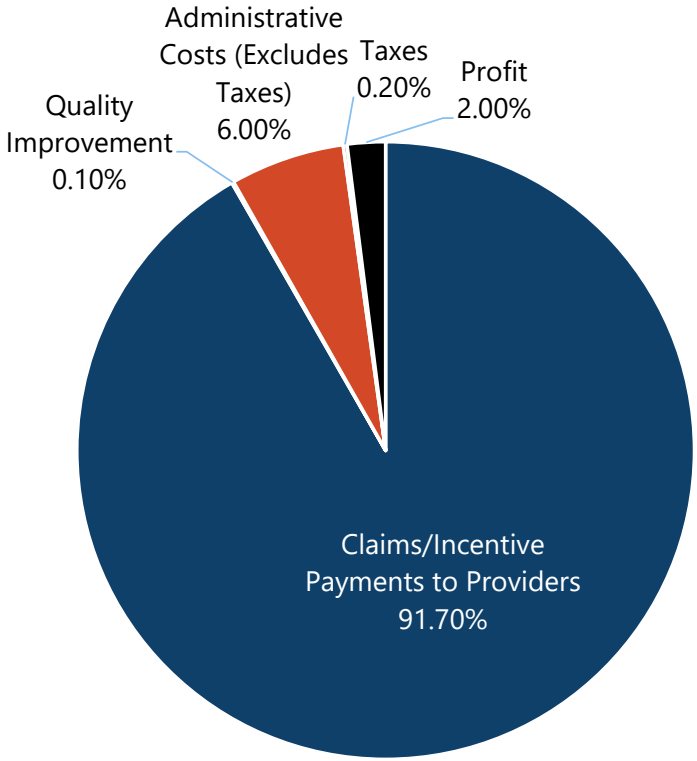
Medical Loss Ratio (MLR) & Profit Cap

- Since reprocuring the Medicaid Expansion contract in 2022, ND Medicaid has used both a Medical Loss Ratio (MLR) and Profit Cap to protect the state.
  - Profit Cap: Overall limit on the amount of profit that can be retained by the plan.
  - Medical Loss Ratio: Requires a specific percentage of the total capitation is spent on services and quality improvement. Protects states from paying for excessive administrative expenses or profits.
- While providing overall protection to the state, a profit cap can be a disincentive to continued innovation and lowering administrative costs.
- For CY 2025, ND Medicaid will use a robust MLR as the key Managed Care risk mitigation strategy.

Allocation of Retained MCO Revenue



Performance Withhold: 2023

- 2% of Capitation Payments were withheld from the monthly premium.
- MCO had opportunity to earn back funds based on meeting quality goals.

Quality Rating	Earn Back Percent	Quality Performance
◆	0%	MCO rate below NCQA Quality Compass National Average
◆◆	50%	MCO rate equals or exceeds NCQA Quality Compass National Average, but is less than 75th percentile
◆◆◆	75%	MCO rate equals or exceeds NCQA Quality Compass 75th percentile but does not meet 90th percentile
◆◆◆◆	100%	MCO rate equals or exceeds NCQA Quality Compass 90th percentile

Measure	CY2023 Quality Rating
Initiation and Engagement of Substance Use Disorder (SUD) Treatment	◆◆
Follow up after ER Visit for SUD	◆◆◆
Follow up after ER Visit for Mental Illness	◆
Controlling High Blood Pressure	◆
Hemoglobin A1c Control for Patients with Diabetes	◆
Eye Exam for Patients with Diabetes	◆
Plan All Cause Readmissions	◆
Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate	◆◆◆
Diabetes Short Term Complications Admissions Rate	◆

22.93% Total Earn Back for CY 2023

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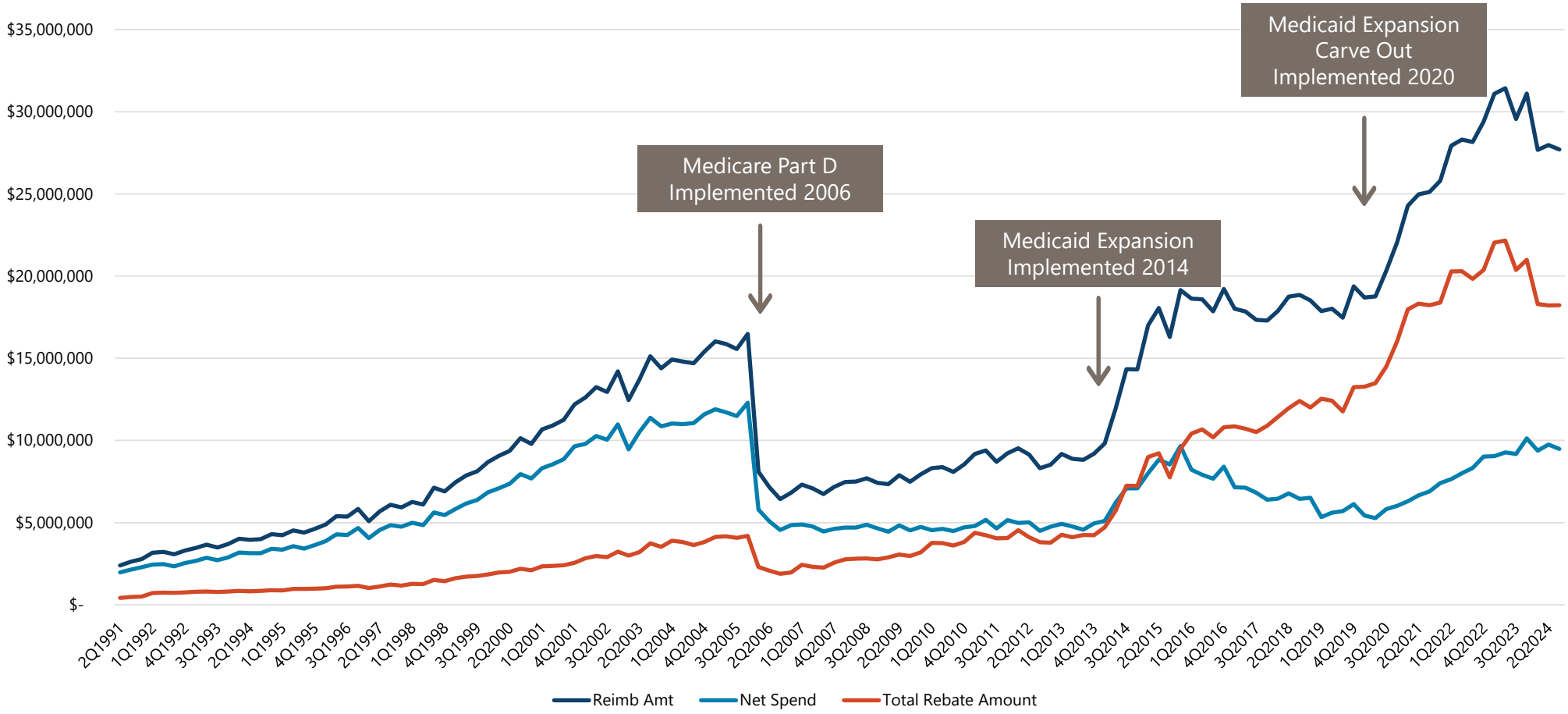
Drugs

Prescription Drug Spend History



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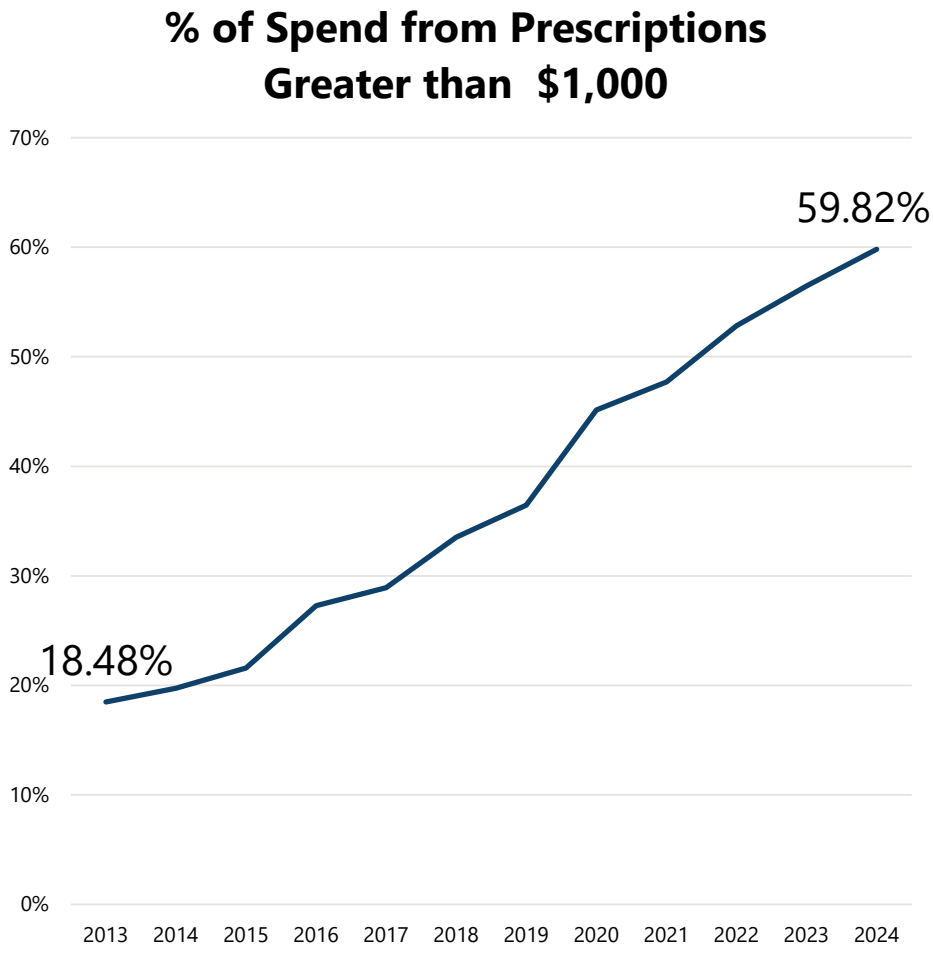
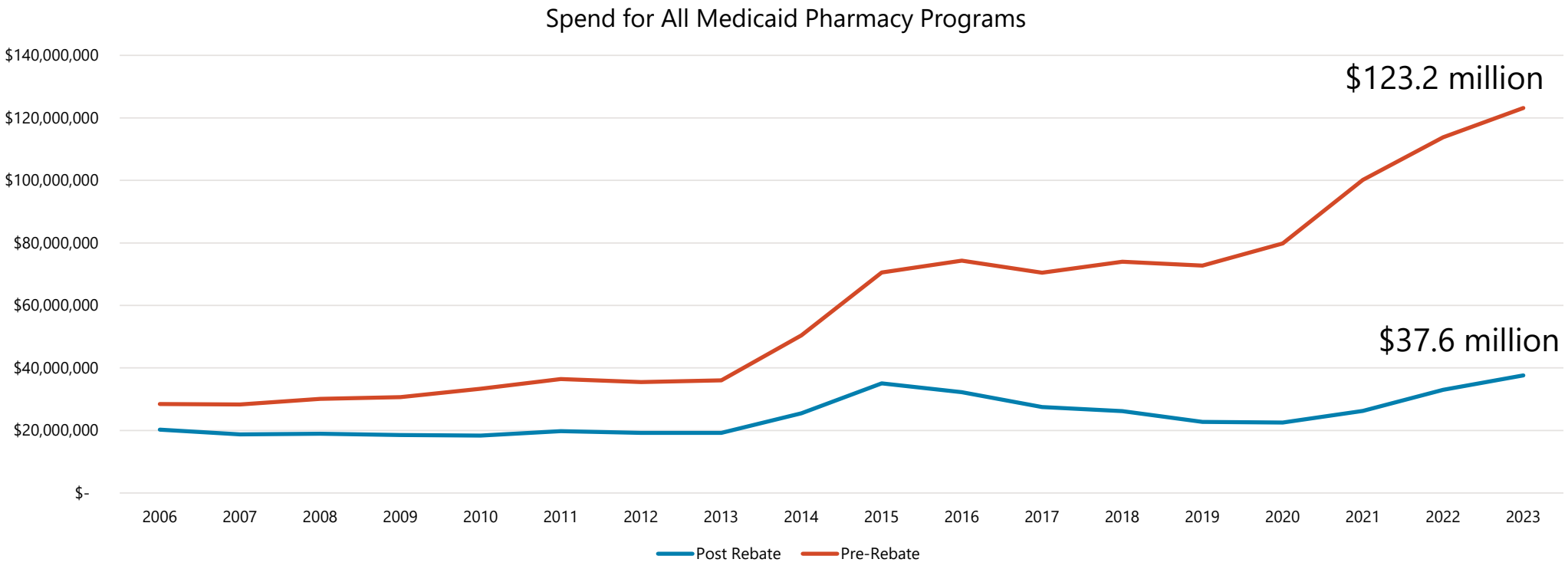
Cost Drivers

- **Drug Classes:** 6 drug classes make up 36.3% of the drug budget (4Q23 to 3Q24):
  - Cystic Fibrosis, Immunomodulators, Migraine, Non-Insulin Diabetes, Pulmonary Hypertension, Tardive Dyskinesia
  - Spend for these classes increased by 138% between 1Q2020 and 3Q2024 to $10 million per quarter
  - During the same period, claims volume for drugs in these classes only increased by 14%
- **Hyper-Cost Drugs:** 50 hyper-cost drugs make up 33.7% of the drug budget (4Q23 to 3Q24):
  - Over $950,000 spent on 22 claims from 4Q23 to 3Q24 on just 3 drugs: Daybue, Gattex, and Oxervate



Drug Rebates are Increasingly Important

- Pre-rebate spend growing much faster than post-rebate spend



Summary

- Drugs continue to get more expensive due to many factors:
  - New drugs continue to list at higher and higher prices
  - The drugs being used are more expensive as newer more effective drugs are available
  - Many more cell and gene therapies are coming with limited opportunity for value-based agreements
  - More drugs are being approved for rare diseases and oncology at very expensive list prices, some without evidence of efficacy
  - Congressional changes (AMP cap removal and increased offset amounts)
  - Shortages

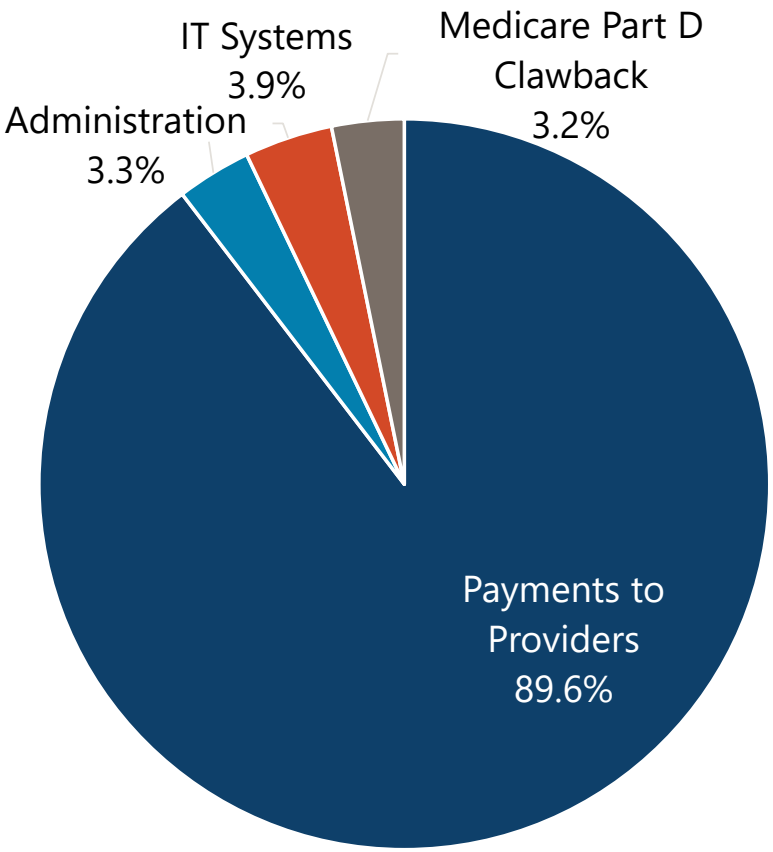
- Tools to minimize growth in spend:
  - Finding rebate opportunities
  - Utilization management
  - Eliminating fraud, waste, or abuse potential

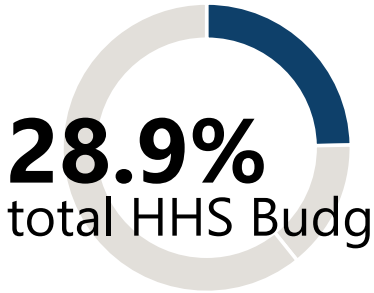
2025 – 2027 Budget & Other Resource Requirements

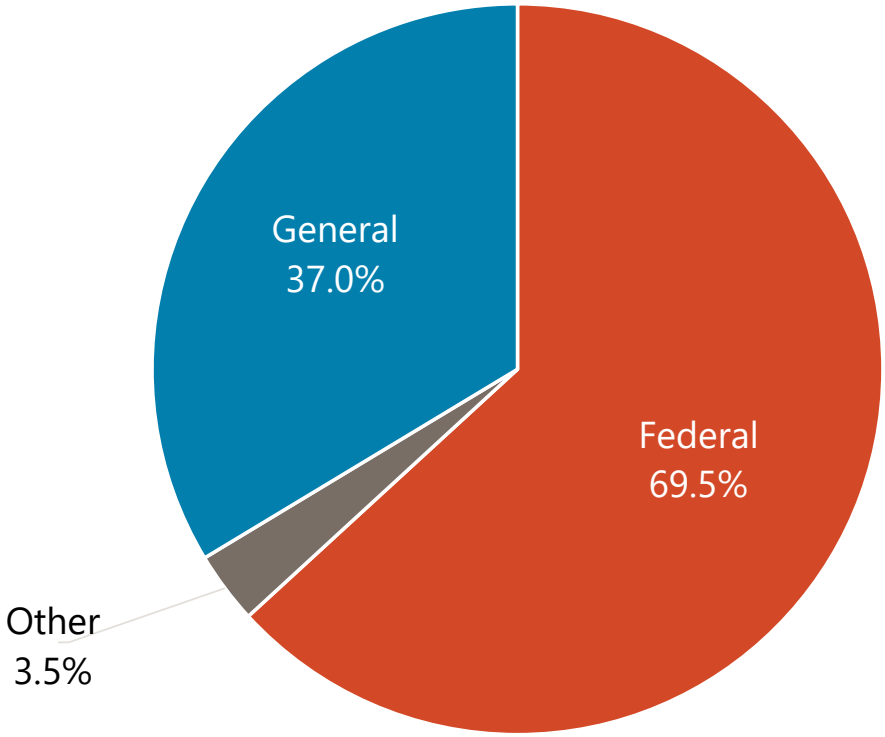
Medical Services

Budget Overview

Medical Services: $1.8 Billion Total Budget







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Comparison of budget expenditures and projections
By Program

PROGRAMS	2023-25 LEGISLATIVE BASE	ONE-TIME/ CARRYOVER	2023-25 EXPENSES THROUGH DECEMBER	2023-25 PROJECTED EXPENDITURES	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)	ENGROSSED HB 1012	GENERAL	FEDERAL	OTHER
MEDICAL SERVICES ADMINISTRATION	$ 42,658,801	$ 6,500,000	$ 33,046,288	$ 52,561,958	$ 56,643,190	$ (1,535,850)	$ 55,107,340	$ 20,614,986	$ 34,492,354	$ -
MEDICAL SERVICES IT					70,088,697	-	70,088,697	11,994,518	57,594,179	500,000
DRUG CLAWBACK	49,291,723		31,171,799	43,494,730	56,426,848	-	56,426,848	54,266,848	-	2,160,000
COUNTY JAIL CLAIMS	1,000,000		678,943	928,943	1,000,000	-	1,000,000	-	-	1,000,000
CROSS DISABILITY WAIVER IMPLEMENTATION		-			4,948,452	-	4,948,452	2,474,226	2,474,226	
CRITICAL ACCESS HOSPITAL NETWORKING GRANT					-	2,000,000	2,000,000			2,000,000
MEDICAL SERVICES	**1,721,252,658**	**-**	**1,148,727,533**	**1,593,726,563**	**1,616,619,252**	**5,453,149**	**1,622,072,401**	**401,127,387**	**1,164,030,895**	**56,914,119**
Inpatient Hospital	227,650,273	-	157,894,416	218,399,757	235,436,722	1,581,875	237,018,597	117,944,763	119,073,834	-
Outpatient Hospital	125,343,902	-	87,526,972	122,743,731	127,121,698	553,643	127,675,341	46,228,667	64,972,555	16,474,119
Professional Services	137,991,523	-	106,260,015	149,800,633	151,553,918	1,126,354	152,680,272	74,482,154	78,198,118	-
Drugs	84,898,305	-	67,515,161	111,660,402	86,742,424	-	86,742,424	9,200,881	59,841,542	17,700,000
Indian Health Services	58,583,364	-	58,311,115	84,183,190	94,554,742	706,212	95,260,955	-	95,260,955	-
PRTF Services	24,340,239	-	15,354,505	21,383,435	21,445,266	159,382	21,604,648	10,534,399	11,070,249	-
Dental Services	36,094,013	-	26,257,349	36,718,477	36,993,255	274,935	37,268,190	18,111,629	19,156,561	-
Premiums	54,734,853	-	35,239,170	49,412,897	56,694,910	-	56,694,910	26,496,898	30,198,012	-
Other Services	153,836,340	-	105,776,050	152,799,846	136,815,944	997,527	137,813,470	28,324,324	86,749,147	22,740,000
1915(i) State Plan Services	15,163,012		1,208,913	1,555,798	7,161,033	53,221	7,214,254	3,593,739	3,620,515	-
Expansion Medicaid	802,616,834	-	487,383,867	645,068,397	662,099,340	-	662,099,340	66,209,934	595,889,406	-
TOTAL	**$ 1,814,203,182**	**$ 6,500,000**	**$1,213,624,563**	**$ 1,690,712,194**	**$ 1,805,726,439**	**$ 5,917,299**	**$ 1,811,643,738**	**$ 490,477,965**	**$ 1,258,591,654**	**$ 62,574,119**

Changes to Base Budget

By Ongoing, One-Time and Funding Source

BASE BUDGET CHANGES	DESCRIPTION	2025-27 EXECUTIVE BUDGET		ENGROSSED HB 1012	
		GENERAL	OTHER	GENERAL	OTHER
Services - Cost to Continue	Bed Assessment Tax	$ -	$7,209,580 - Provider Assessment Fund	$ -	$7,209,580 - Provider Assessment Fund
Compliance & Quality	Value-Based Purchasing	1,000,000	1,000,000 - Federal	1,000,000	1,000,000 - Federal
Services - DOJ	Home Health/Private Duty Nursing Targeted Rate Increase	1,235,768	1,235,768 - Federal	1,235,768	1,235,768 - Federal
Services - Home & Community Based Services	Cross Disability Waiver Implementation	2,474,226	2,474,226 - Federal	2,474,226	2,474,226 - Federal
Healthcare Workforce	Rebase Targeted Medicaid Rate Increase for Ambulance Services	2,189,770	2.189,770 - Federal	2,189,770	2,189,770 - Federal
IT - Existing	Retire Medicaid legacy system on mainframe (One-time Funding)		2,000,000 - Federal 1,500,000 SIIF 500,000		2,000,000 - Federal 1,500,000 SIIF 500,000
Additional Executive Decision Packages	Provider Inflation (1.5%/1.5%) vs (2%/2%)	6,949,693	9,266,071 - Federal	9,175,044	12,493,870 - Federal
Additional Executive Decision Packages	FMAP Reduction	15,065,248	(18,978,279) - Federal	15,065,248	(18,978,279) - Federal
House Amendment	Provides Funding for a Critical Access Hospital Networking Grant (One-Time Funding)				2,000,000 - CHTF
House Amendment	FTE Block Grant Salary Reduction	-	-	(659,167)	(73,683) - Federal
House Amendment	Operating Reduction	-	-	(803,000)	-

Note:
1. Private Duty Nursing & Home Health Targeted Rate Increase discussed in Long Term Care Budget slides.

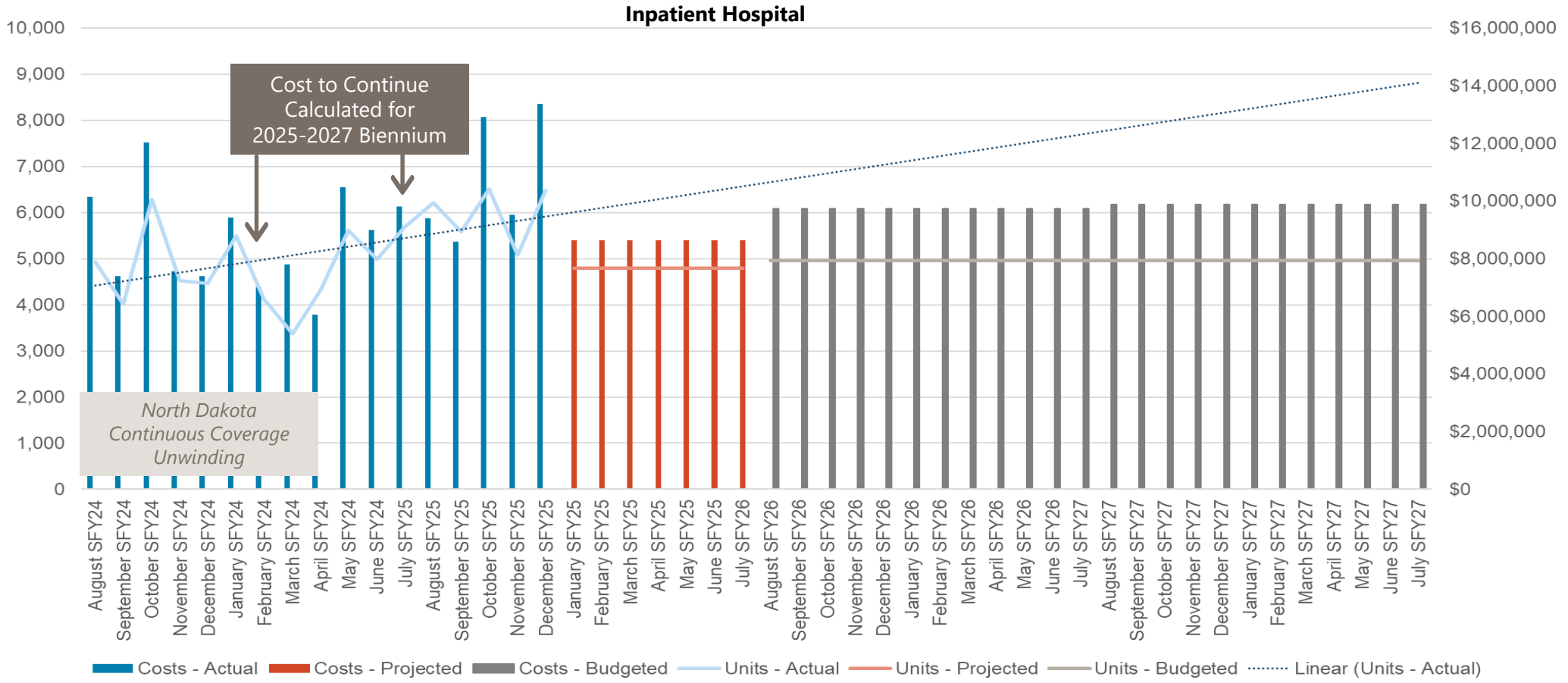
Comparison of budgets and funding

By Major Expense

DESCRIPTION	2023-25 LEGISLATIVE BASE	INCREASE / (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)	ENGROSSED HB 1012
Salaries & Benefits	$ 21,008,344	$ 3,792,100	$ 24,800,444	$ (732,850)	$ 24,067,594
Operating	70,807,976	22,275,866	93,083,842	(803,000)	92,280,842
IT Services	-	70,088,697	70,088,697	-	70,088,697
Capital Asset Expense	-	-	-	-	-
Capital Assets	-	-	-	-	-
Grants	1,722,386,862	(104,633,406)	1,617,753,456	7,453,149	1,625,206,605
Total	**$ 1,814,203,182**	**$ (8,476,743)**	**$ 1,805,726,439**	**$ 5,917,299**	**$ 1,811,643,738**
General Fund	**$ 471,540,015**	**$ 18,174,765**	**$ 489,714,780**	**$ 763,184**	**$ 490,477,964**
Federal Funds	**1,283,426,535**	**(27,988,995)**	**1,255,437,540**	**3,154,115**	**1,258,591,655**
Other Funds	**59,236,632**	**1,337,487**	**60,574,119**	**2,000,000**	**62,574,119**
Total Funds	**$ 1,814,203,182**	**$ (8,476,743)**	**$ 1,805,726,439**	**$ 5,917,299**	**$ 1,811,643,738**

How We Budget

Medical Services & Long-Term Care



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How We Budget

Top Services: Medical Services

North Dakota Department of Health and Human Services
Medical Services
Unit and Cost Comparison
12 Month Average to Executive Budget Request (EBR) 2025 - 2027 Biennium

Program	12 Month Average in Units (April 2023 - March 2024)	Monthly average units for EBR 2025 - 2027	Change from EBR to 12 mo Avg units	12 Month Average in Cost per Unit (April 2023 - March 2024)	Monthly average cost per unit for EBR 2025 - 2027	Change from EBR to 12 mo Avg cost per unit	Monthly average units for first 14 months of 23-25	Monthly average unit cost for first 14 months of 23-25
INPATIENT HOSPITAL	4,775	4,962	187	$1,813.98	$1,977.00	$163.02	4,976	$1,752.06
OUTPATIENT HOSPITAL	231,057	239,415	8,358	$21.29	$22.12	$0.83	263,361	$18.81
PROFESSIONAL SERVICES	326,120	298,372	(27,748)	$17.47	$21.16	$3.69	309,126	$19.52
DRUGS	95,349	86,375	(8,974)	$67.73	$41.84	($25.89)	90,364	$30.36
INDIAN HEALTH SERVICES	23,383	25,582	2,199	$135.17	$154.01	$18.84	23,708	$144.36
1915i STATE PLAN SERVICES	2,748	13,023	10,275	$16.18	$22.91	$6.73	3,331	$16.34
PRTF SERVICES	1,230	1,270	40	$686.58	$703.58	$17.00	1,232	$713.69
DENTAL SERVICES	18,716	18,408	(308)	$80.43	$83.73	$3.30	18,269	$80.93
PREMIUMS	11,266	11,413	147	$171.61	$206.98	$35.37	11,059	$174.15
EXPANSION MEDICAID	30,675	23,500	(7,175)	$986.69	$1,173.94	$187.25	26,882	$991.27

Savings Plan
Medical Services

DESCRIPTION OF SAVINGS	GENERAL FUND	FEDERAL FUND	OTHER FUND
Pay Co-Pays on $0 Drugs to Allow Rebate	(450,000)	(1,050,000)	-
Bed Tax Assessment	-	-	(7,209,580)
Operational Reduction	(3,866,980)		
Information Technology Reduction	(9,561,053)		
TPL/Claims Recoveries	(1,830,000)	(1,830,000)	

Grants on a Walkthrough

Recommendation to the Governor

DESCRIPTION	2025-27 BASE BUDGET	COST TO CONTINUE	FMAP	SAVINGS PLAN	REDUCTION	TOTAL CHANGES	TO GOVERNOR
TRADITIONAL MEDICAID	$ 918,635,886	$ 45,160,756	$ (3,913,031)	$ (8,709,580)	$ (28,930,539)	$ 3,607,606	$ 922,243,492
INPATIENT HOSPITAL	227,650,273	3,082,453	-	-	-	3,082,453	230,732,726
OUTPATIENT HOSPITAL	125,343,902	131,436	-	-	-	131,436	125,475,338
PROFESSIONAL SERVICES	137,991,523	10,212,973	-	-	-	10,212,973	148,204,496
DRUGS	84,898,305	3,344,118	-	(1,500,000)	-	1,844,118	86,742,423
INDIAN HEALTH SERVICES	58,583,364	33,871,506	-	-	-	33,871,506	92,454,870
PRTF SERVICES	24,340,239	(3,368,924)	-	-	-	(3,368,924)	20,971,315
DENTAL SERVICES	36,094,013	81,672	-	-	-	81,672	36,175,685
PREMIUMS	54,734,853	1,960,057	-	-	-	1,960,057	56,694,910
OTHER SERVICES	168,999,414	(4,154,535)	(3,913,031)	(7,209,580)	(28,930,539)	(44,207,685)	124,791,729
EXPANSION MEDICAID	802,616,834	(140,517,494)	-	-	-	(140,517,494)	662,099,340
TOTAL FUNDS	**$ 1,721,252,720**	**$ (95,356,738)**	**$ (3,913,031)**	**$ (8,709,580)**	**$ (28,930,539)**	**$ (136,909,888)**	**$ 1,584,342,832**
GENERAL FUND	**$ 408,309,812**	**$ (6,464,515)**	**$ 15,065,248**	**$ (450,000)**	**$ (28,930,539)**	**$ (20,779,806)**	**$ 387,530,006**

Governor's Recommendation to the House

DESCRIPTION	TO GOVERNOR	INFLATION	SERVICES - COST TO CONTINUE	COMPLIANCE & QUALITY	SERVICES- DOJ	HEALTHCARE WORKFORCE	TOTAL CHANGES	TO HOUSE
TRADITIONAL MEDICAID	$ 922,243,492	$ 16,215,764	$ 7,209,580	$ 2,000,000	$ 2,471,536	$ 4,379,540	$ 32,276,420	$ 954,519,912
INPATIENT HOSPITAL	230,732,726	4,703,996	-	-	-	-	4,703,996	235,436,722
OUTPATIENT HOSPITAL	125,475,338	1,646,360	-	-	-	-	1,646,360	127,121,698
PROFESSIONAL SERVICES	148,204,496	3,349,422	-	-	-	-	3,349,422	151,553,918
DRUGS	86,742,423	-	-	-	-	-	-	86,742,423
INDIAN HEALTH SERVICES	92,454,870	2,099,873	-	-	-	-	2,099,873	94,554,743
PRTF SERVICES	20,971,315	473,952	-	-	-	-	473,952	21,445,267
DENTAL SERVICES	36,175,685	817,570	-	-	-	-	817,570	36,993,255
PREMIUMS	56,694,910	-	-	-	-	-	-	56,694,910
OTHER SERVICES	124,791,729	3,124,592	7,209,580	2,000,000	2,471,536	4,379,540	19,185,248	143,976,977
EXPANSION MEDICAID	662,099,340	-	-	-	-	-	-	662,099,340
TOTAL FUNDS	**$ 1,584,342,832**	**$ 16,215,764**	**$ 7,209,580**	**$ 2,000,000**	**$ 2,471,536**	**$ 4,379,540**	**$ 32,276,420**	**$ 1,616,619,252**
GENERAL FUND	**$ 387,530,006**	**$ 6,949,693**	**$ -**	**$ 1,000,000**	**$ 1,235,768**	**$ 2,189,770**	**$ 11,375,231**	**$ 398,905,237**

Grants on a Walkthrough

Governor's Recommendation to the House

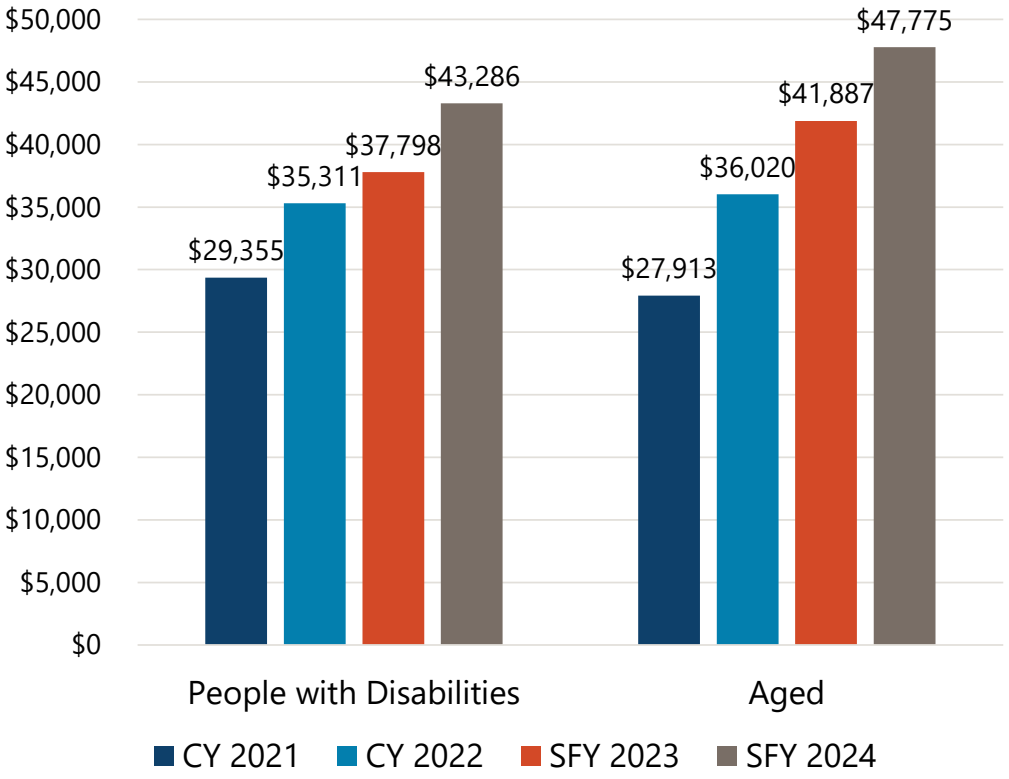
DESCRIPTION	TO GOVERNOR	INFLATION	SERVICES - COST TO CONTINUE	COMPLIANCE & QUALITY	SERVICES- DOJ	HEALTHCARE WORKFORCE	TOTAL CHANGES	TO HOUSE
TRADITIONAL MEDICAID	$ 922,243,492	$ 16,215,764	$ 7,209,580	$ 2,000,000	$ 2,471,536	$ 4,379,540	$ 32,276,420	$ 954,519,912
INPATIENT HOSPITAL	230,732,726	4,703,996	-	-	-	-	4,703,996	235,436,722
OUTPATIENT HOSPITAL	125,475,338	1,646,360	-	-	-	-	1,646,360	127,121,698
PROFESSIONAL SERVICES	148,204,496	3,349,422	-	-	-	-	3,349,422	151,553,918
DRUGS	86,742,423	-	-	-	-	-	-	86,742,423
INDIAN HEALTH SERVICES	92,454,870	2,099,873	-	-	-	-	2,099,873	94,554,743
PRTF SERVICES	20,971,315	473,952	-	-	-	-	473,952	21,445,267
DENTAL SERVICES	36,175,685	817,570	-	-	-	-	817,570	36,993,255
PREMIUMS	56,694,910	-	-	-	-	-	-	56,694,910
OTHER SERVICES	124,791,729	3,124,592	7,209,580	2,000,000	2,471,536	4,379,540	19,185,248	143,976,977
EXPANSION MEDICAID	662,099,340	-	-	-	-	-	-	662,099,340
TOTAL FUNDS	**$ 1,584,342,832**	**$ 16,215,764**	**$ 7,209,580**	**$ 2,000,000**	**$ 2,471,536**	**$ 4,379,540**	**$ 32,276,420**	**$ 1,616,619,252**
GENERAL FUND	**$ 387,530,006**	**$ 6,949,693**	**$ -**	**$ 1,000,000**	**$ 1,235,768**	**$ 2,189,770**	**$ 11,375,231**	**$ 398,905,237**

House Recommendation to the Senate

DESCRIPTION	INFLATION 2% / 2%	TOTAL CHANGES	TO SENATE
TRADITIONAL MEDICAID	$ 5,453,149	$ 5,453,149	$ 959,973,061
INPATIENT HOSPITAL	1,581,875	1,581,875	237,018,597
OUTPATIENT HOSPITAL	553,643	553,643	127,675,341
PROFESSIONAL SERVICES	1,126,354	1,126,354	152,680,272
DRUGS	-	-	86,742,423
INDIAN HEALTH SERVICES	706,212	706,212	95,260,955
PRTF SERVICES	159,382	159,382	21,604,649
DENTAL SERVICES	274,935	274,935	37,268,190
PREMIUMS	-	-	56,694,910
OTHER SERVICES	1,050,748	1,050,748	145,027,725
EXPANSION MEDICAID	-	-	662,092,940
TOTAL FUNDS	**$ 5,453,149**	**$ 5,453,149**	**$ 1,622,072,401**
GENERAL FUND	**$ 2,225,351**	**$ 2,225,351**	**$ 401,127,388**

Long Term Care

Per Capita Expenditures: Aged & People with Disabilities

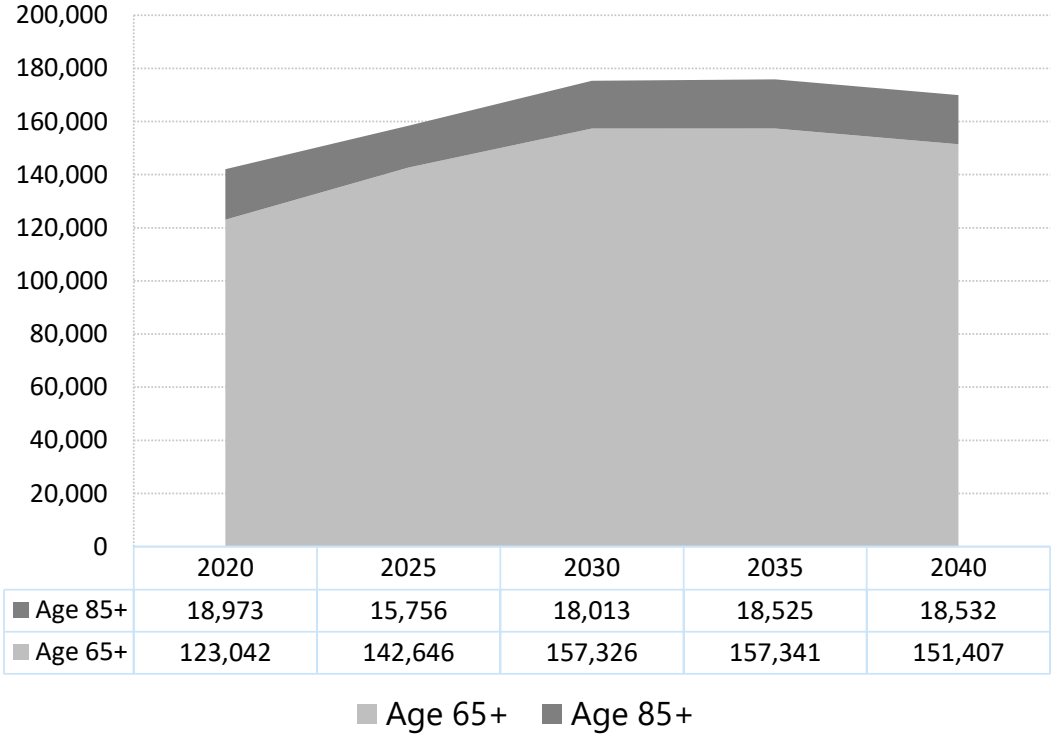


- ND Medicaid ranked **1st for Aged per capita** expenditures.
- ND Medicaid ranked **7th for People with Disabilities per capita** expenditures.

Note: CY 2021 and CY 2022 Data obtained from Medicaid and CHIP Scorecard - Medicaid Per Capita Expenditures. SFY 2023 and SFY 2024 numbers calculated from ND TMSIS data.

Who We Serve

Older adults and adults with physical disabilities make up a growing percentage of North Dakota's population



	2020	2025	2030	2035	2040
Age 85+	18,973	15,756	18,013	18,525	18,532
Age 65+	123,042	142,646	157,326	157,341	151,407

Source: 2024 ND State Data Center Population Projections

- The population age 65+ is expected to experience the **largest period of growth between now and 2035**
  - People age 65+ represent 18-19% of ND population
  - **Age 85+** consistently represents approx. 15% of total pop age 65+ but the **number of people** in that age group will **grow by 3,000** between now and **2035**

7 in 10

Americans 65+ will need LTC services for an average of 5 years

Long Term Care Eligibility

Functional Need

- Individuals must have a level of care that indicates a need for long term care.
- Assessments are used to measure an individual's needs. The assessment can help shape the care plan in addition to verifying eligibility.
- Functional needs can also drive acuity-based payments to providers.

+

Financial Need

Income Limit

Income is any item an individual receives in cash or in-kind that can be used to meet basic needs.

Some Medicaid members must "spend down" their income to qualify for Medicaid. Members in an institution retain a personal needs allowance.

Asset Limit

Single: $3,000
Married: $6,000

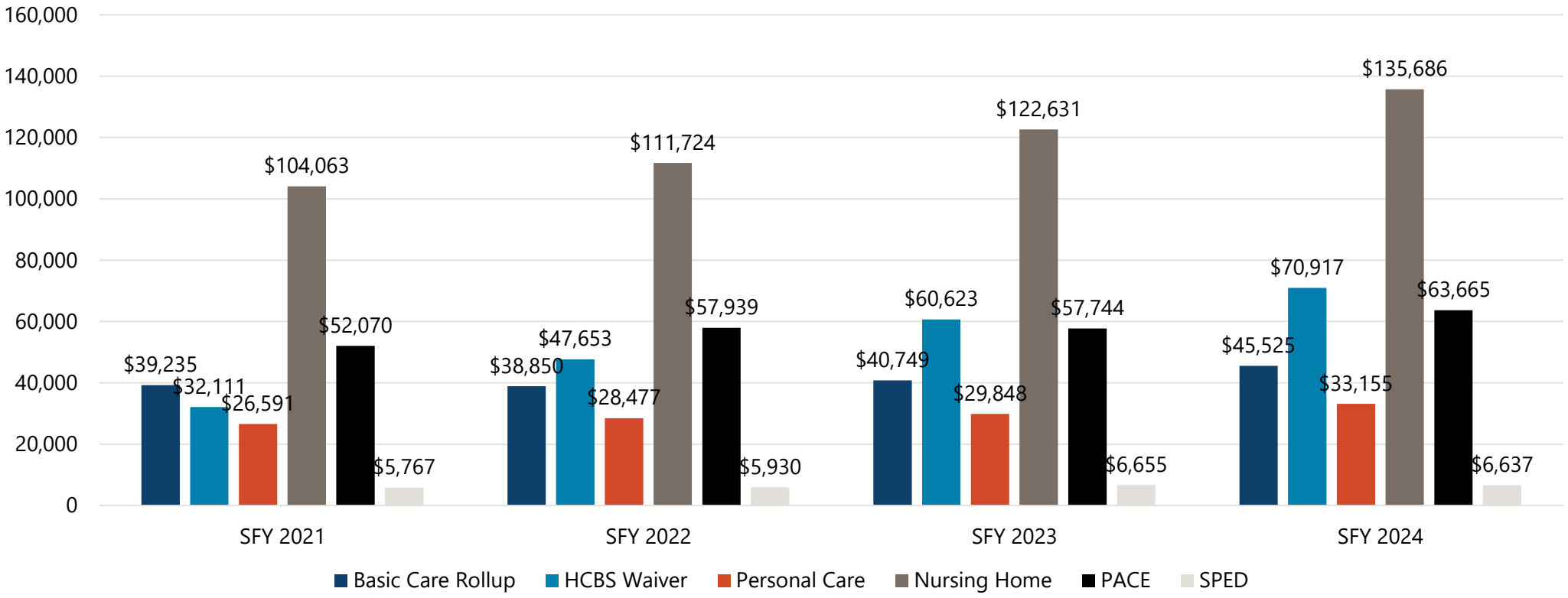
Note: Special Spousal Impoverishment rules apply when the individual's spouse is not applying or not in a medical facility.

Medicaid LTC eligibility includes a 5-year lookback period to ensure that assets were not gifted or sold under fair market value.

Related Bill:
House Bill 1485 | Relating to the Personal Needs Allowance Amount for Eligible Beneficiaries

Where the Long-Term Care Budget Goes

Average Cost per Person



Note: Basic Care Rollup includes both Basic Care Personal Care and Room and Board

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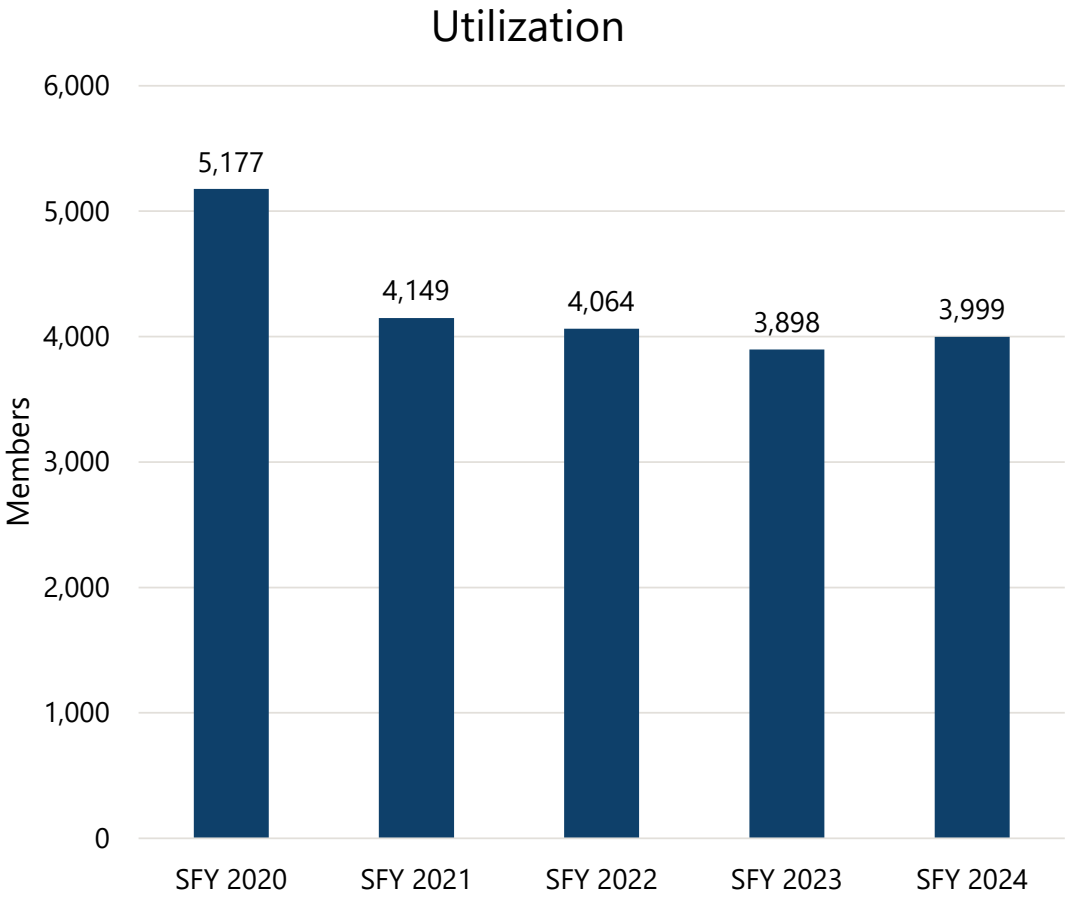
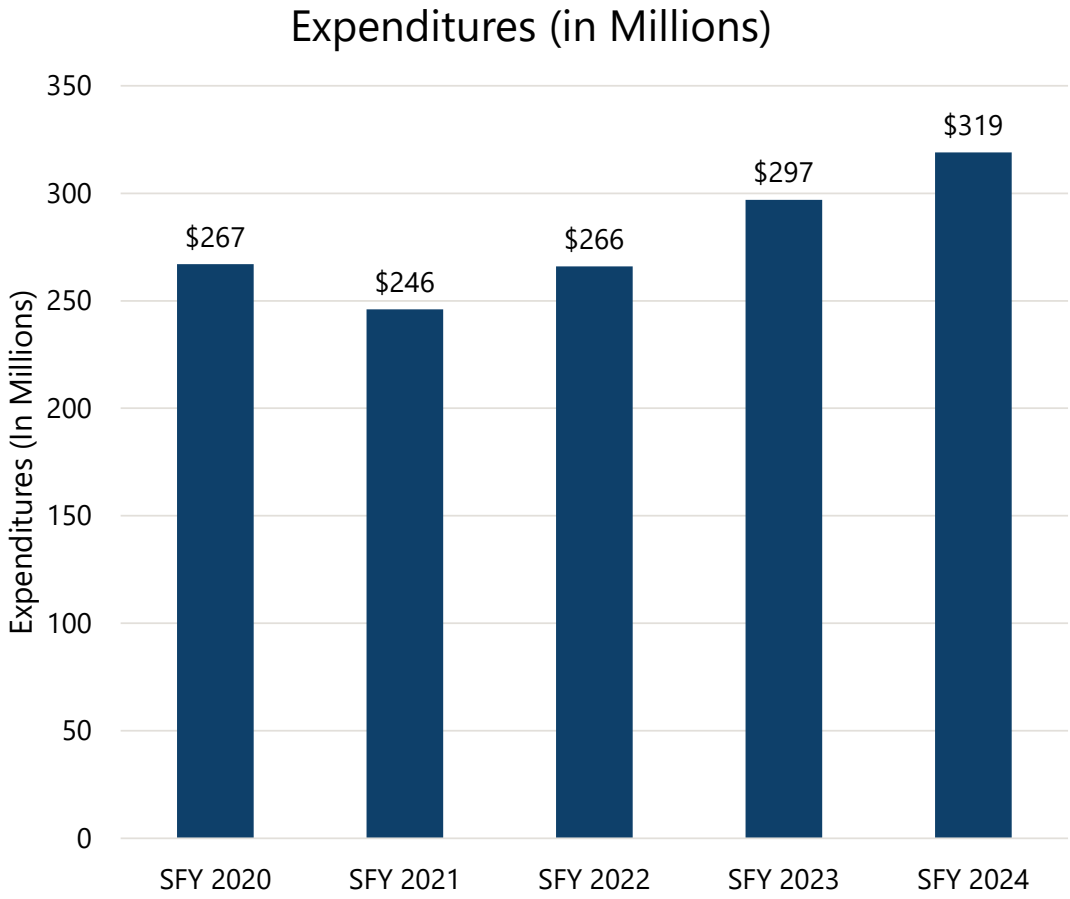
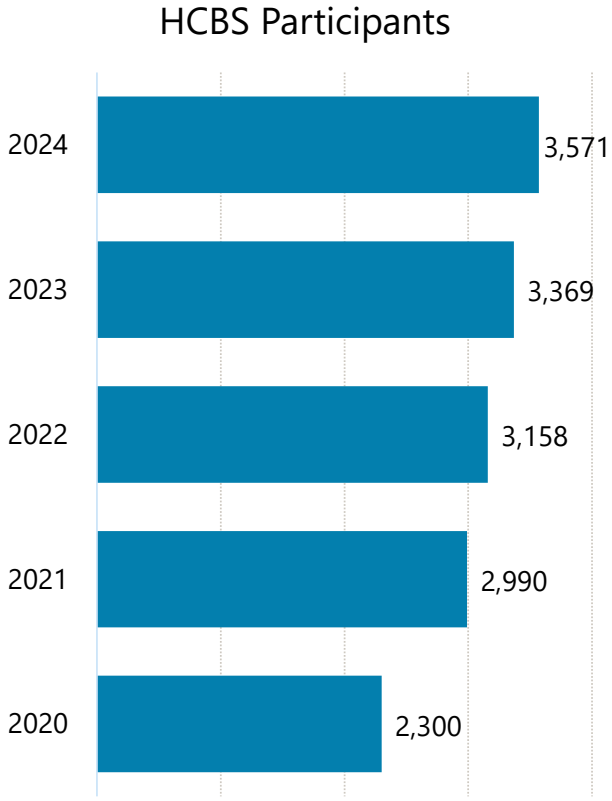
Nursing Facility Utilization & Expenditures





More North Dakotans are choosing home-based community care options every year

- ✓ The **demand** for in-home and community-based services has continued to **increase.**
- ✓ More HCBS participants have **complex needs** (medical and behavioral health) that increase the amount of time and skills necessary to provide **quality services.**
- ✓ **Rising acuity levels** have created a demand for more **complex services** and providers who can employ higher trained staff including **nurses and supervisory** staff.



54% increase since 2020

What is HCBS?
Services delivered in an **integrated setting**.

What is an integrated setting?
A private home, apartment etc., owned or rented by the individual or their family, or an individual adult foster care setting.

Implementing the Settlement Agreement between U.S. DOJ & State of North Dakota

PURPOSE is to ensure that ND will **meet Americans with Disabilities Act (ADA) requirements** by providing services, programs, and activities for individuals with physical disabilities in the most integrated setting appropriate to their needs.

Effective Dec. 14, 2020

Agreement will terminate eight years after effective date if Parties agree that the state has attained substantial compliance with all provisions and maintained that compliance for a period of one year.

Watch Diversion and Transition Testimonials- Adults and Aging Health and Human Services North Dakota

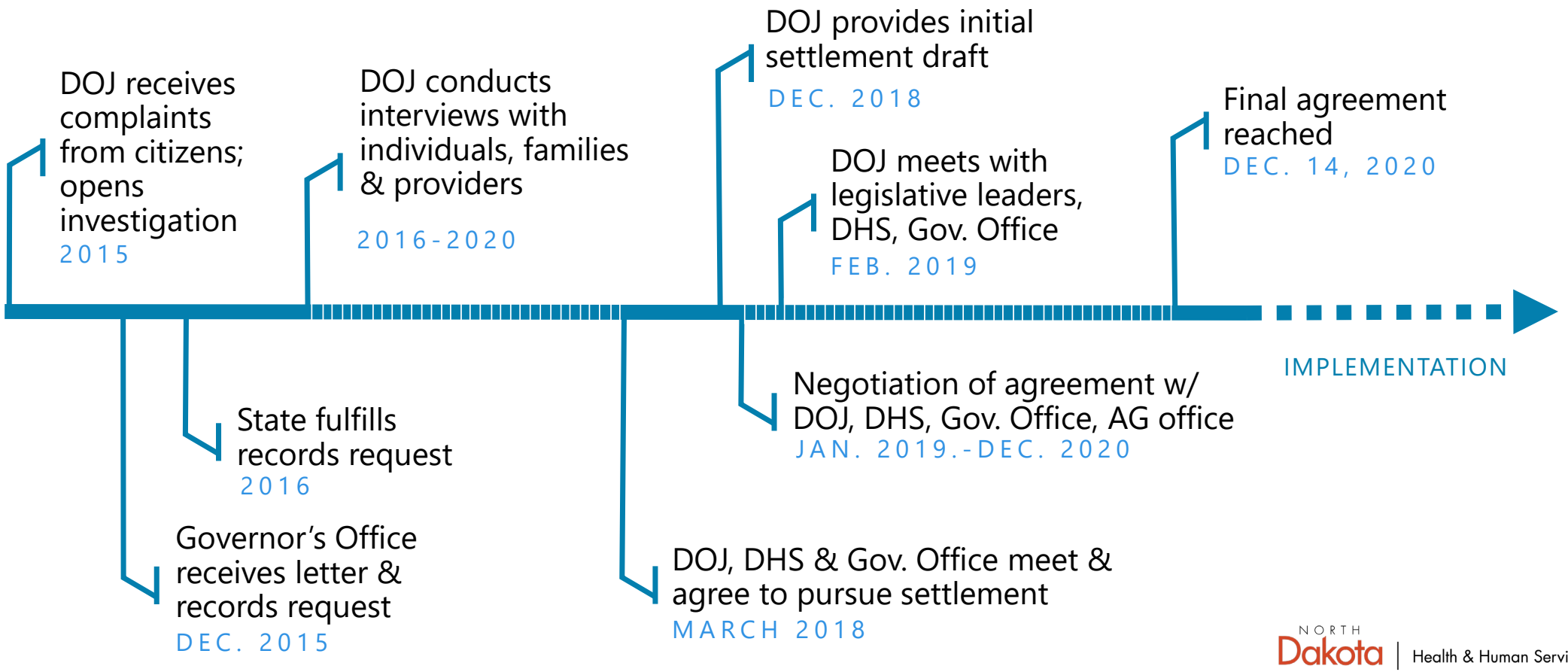


US DOJ Settlement Agreement Americans with Disabilities Act

- The Americans with Disabilities Act (ADA) requires public agencies to **eliminate unnecessary segregation** of persons with disabilities and provide services in the **most integrated setting appropriate** to the needs of the individual.
- In **1999** the Federal Supreme Court **Olmstead** decision **affirmed** the **ADA** requirements.
- Most **integrated setting** is an individual or family home



DOJ Settlement Agreement Timeline



Who are we trying to reach?

Target population members (TPMs)



Basic Eligibility

- Individual with physical disability
- Over age 21
- Eligible or likely to become eligible to receive Medicaid long-term services and supports (LTSS)
- Is likely to require LTSS for at least 90 days.

IF in skilled nursing setting

- Receive Medicaid-funded nursing facility services AND
  - Likely to require long term services and supports
- Receive nursing facility services AND
  - Likely to become eligible for Medicaid within 90 days, have submitted a Medicaid application, and have approval for a long-term nursing facility stay

IF in hospital or home setting

- Referred for a nursing facility level of care determination AND
  - Likely to need services long term
- Need services to continue living in the community AND
  - Currently have a HCBS Case Manager or have contacted the ADRL

49
PER 1000

PEOPLE OVER 65 IN CERTIFIED NURSING FACILITIES

HIGHEST RATE IN THE U.S. **IN 2015**

Sources: Henry J Kaiser Foundation, US Census Bureau (2016)

DOJ Settlement Agreement

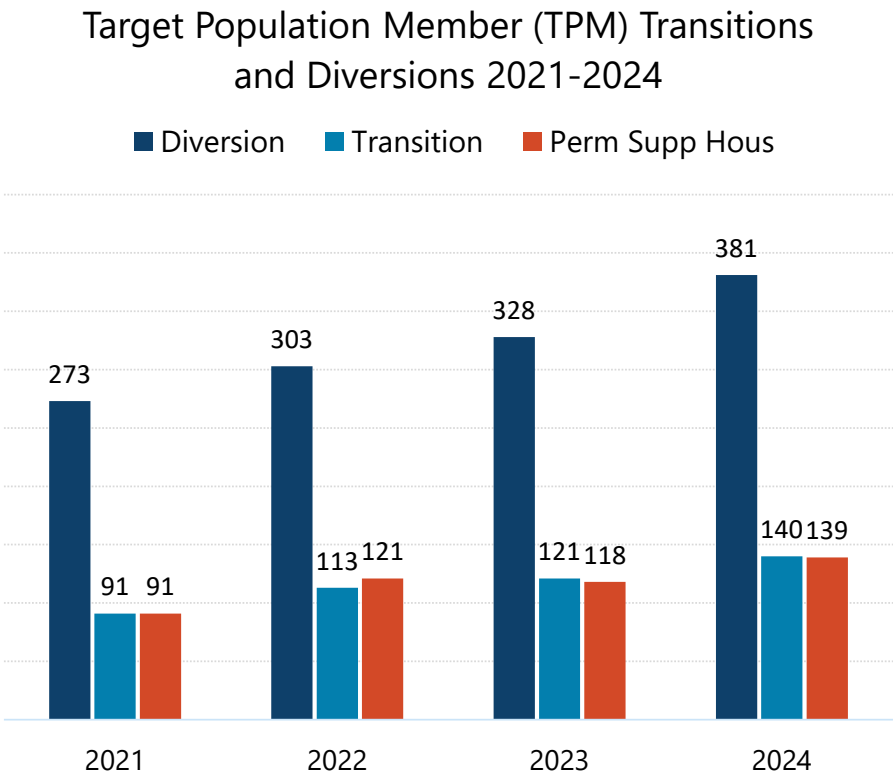
HCBS is supporting increase in Transition and Diversion from institutional settings

"**Diversion**" happens when a Medicaid eligible individual who screens at a nursing facility level of care receives a set of services (HCBS, housing etc.) that allows them to remain in an integrated setting and avoid institutionalization.

"Transition" happens when a Medicaid eligible individual who resides at a nursing facility receives transition supports and a set of services (HCBS, housing etc.) that allows them to move to an integrated setting in the community.

"**Permanent Supported Housing**" is providing affordable housing, rental assistance, meeting with landlords, application assistance etc., in addition to other traditional HCBS that allows an individual to live in a private residence alone or with family, their significant other or roommates of their choosing.

Housing is the #1 barrier to transition



DOJ Settlement Agreement Benchmarks

2020-2024

- **Transition at least 100 TPMs** by the end of **year 2 (2022)**, and by the end of **year 4 (2024) transition at least 60%** of those requesting to transition out of the SNF (within 120 days of request).
- **Divert** at least **100** TPMs within **2 years (2022)** and an **additional 150** by the end of **year 4 (2024)** who are choosing to receive care in the community.
- Provide permanent supported housing (rental assistance) to **20 TPMs in year 1 (2021)**, **30 in year 2 (2022), 60 in year 3 (2023).**

2025-2028

- **Transition 70% of TPMs by year 6 (2026) and 85% by year 7 (2027)** who are requesting transition out of the SNF (within 120 days of request).
- **Divert** an **additional 150 TPMs** to community-based services by **year 6** (2026) and **continue to divert** all who are **choosing to receive care in the community.**
- **Provide** permanent supported housing **(rental assistance)** to additional TPMs based on the aggregate need. *Note: Almost all transitions require some type of state or federally funded rental assistance.*

The Agreement will terminate **eight years (Dec 13, 2028)** after the effective date if the Parties agree that the State has attained substantial compliance with all provisions and maintained that compliance for a period of one year.

Cost to Continue: Home and Community Based Services Growth

Ongoing

Total	$64,814,924
General	$36,977,113
Federal	$27,837,811

The original submission of cost-to-continue related costs for HHS neglected to include HCBS Growth that is typically part of the calculation; the omission was an error and not reflective of change in policy or operation.

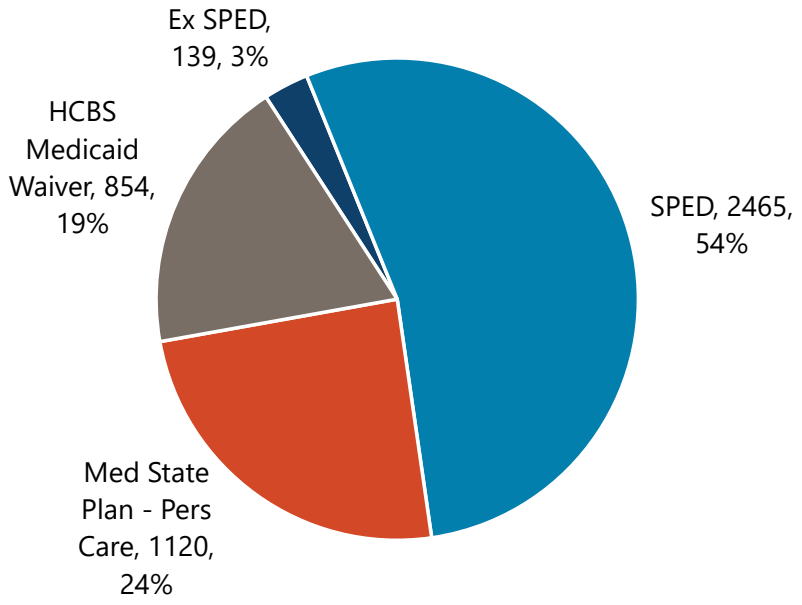
Demand for home and community-based services has continued to increase.

This is reflective of the growing number of North Dakota residents who are entering age ranges where health issues become more prevalent, as well as the success of the state's efforts to both divert and transition people from living in institutional settings.

Home-based community care options older adults and adults with physical disabilities

3,571

Number of people supported by HCBS in CY2024



Source: NDHHS HCBS Caseload Data Nov 2024 (unduplicated count)

- Primarily serves older adults and individuals with physical disabilities
- Recipients must be both functionally and financially eligible
- May have client cost share based on income
- Federal and state funds
- Recipients range in age from 17-104 years old

Adult & Aging Services

HCBS Case Management

HCBS Case Managers

Provide the support and structure needed to connect eligible people in need of in-home and community- based care to qualified service providers (QSPs) in their community.

What do they do?

- Determine eligibility
- Conduct person-centered planning
- Assess needs
- Authorize services
- Monitor for health and safety
- Provide support and guidance to family caregivers

73 and **4**

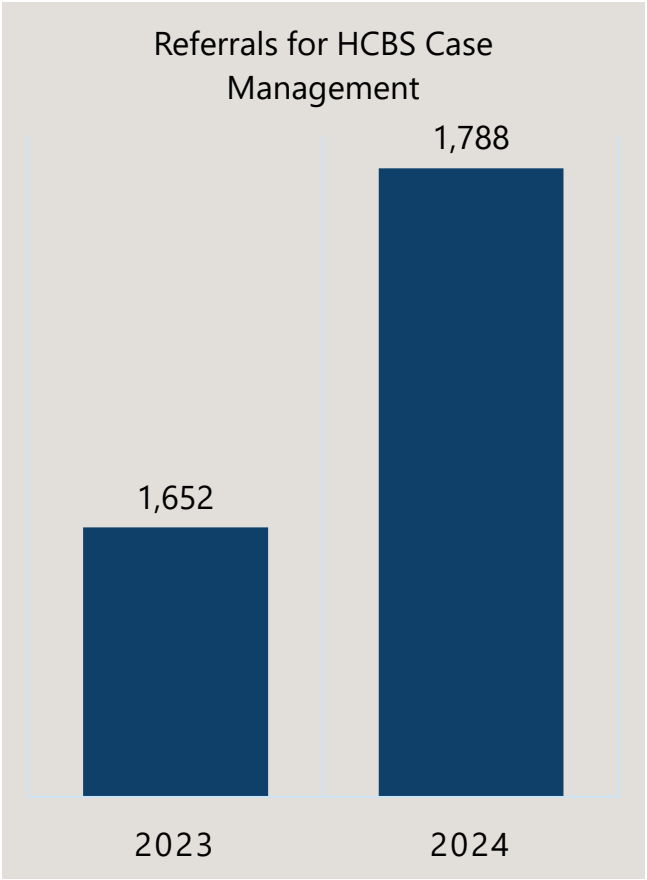
73 HCBS case managers and 4 Basic Care case managers are supervised by Adult & Aging Services

150 and **80**

On average, 150 new referrals and 80 new cases opened for HCBS each month

4,329

Provided Case Management to **3,538** HCBS recipients and **791** Medicaid Basic Care residents in 2024



Adult & Aging Services

Supporting QSPs who deliver care is a top priority







Qualified Service Providers (QSPs)

Agency and individual independent contractors who enroll to provide various HCBS

1,359
Qualified Services Providers (QSPs) provide services

206
Agency QSPs

1,153
Individual QSPs

Agency QSPs ranked the rate of compensation as the most important factor to retain employees.
UND Independent QSP Survey Oct 2024

334 new individual QSPs and **45** new agency QSPs enrolled to provide care in 2024

What motivates individual QSPs to enroll as a provider?
Someone important to them needed care.

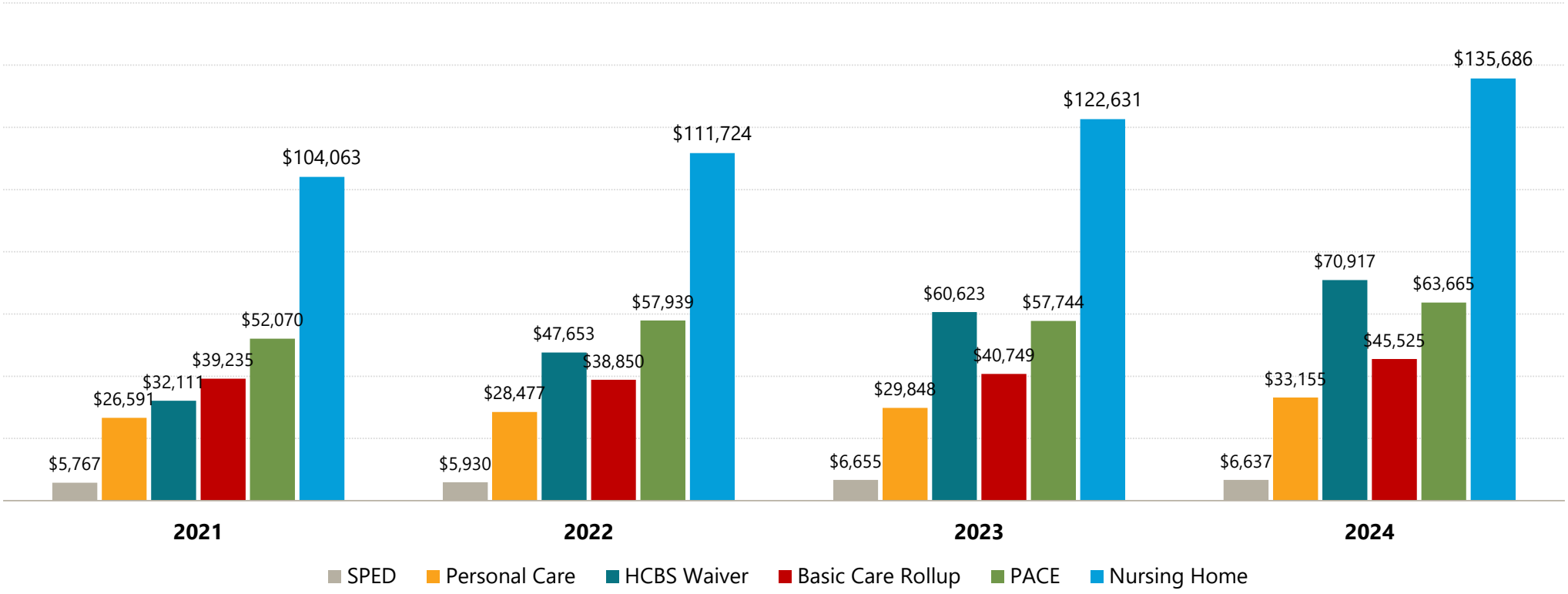






Average spending per person per year

Long-Term Care services and supports

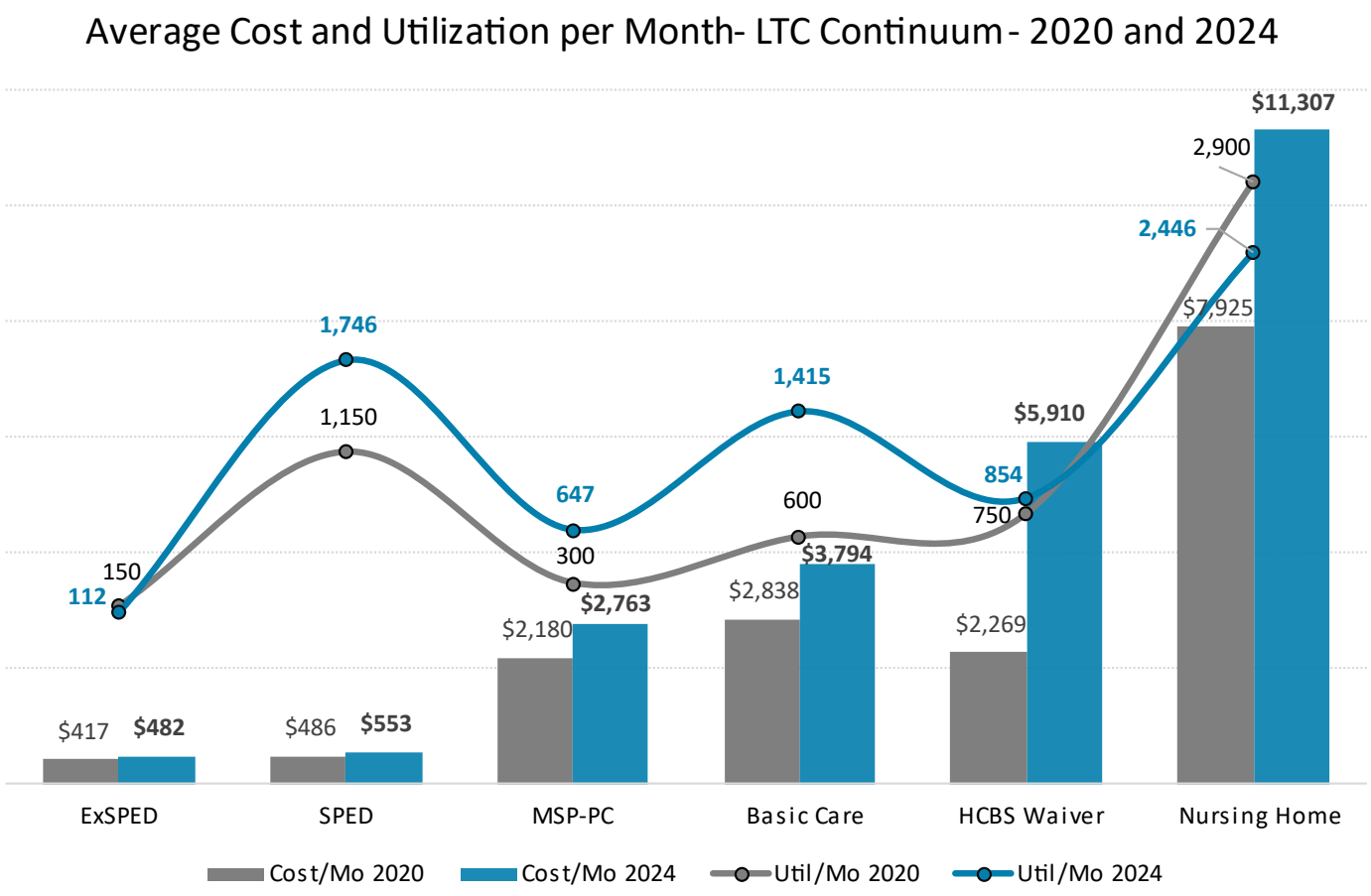


Note: Basic Care Rollup includes both Basic Care Personal Care and Room and Board

Connecting the Housing-Service Continuum to Budget

Long Term Care Services and Supports

Analysis of State Fiscal Year (SFY) 2020 and 2024 claims data | Average cost/month | Avg utilization/month



Between 2020 and 2024, North Dakota saw an increase in utilization of services at the entry-levels of the continuum of long term services and supports and a decrease in utilization of nursing home care.

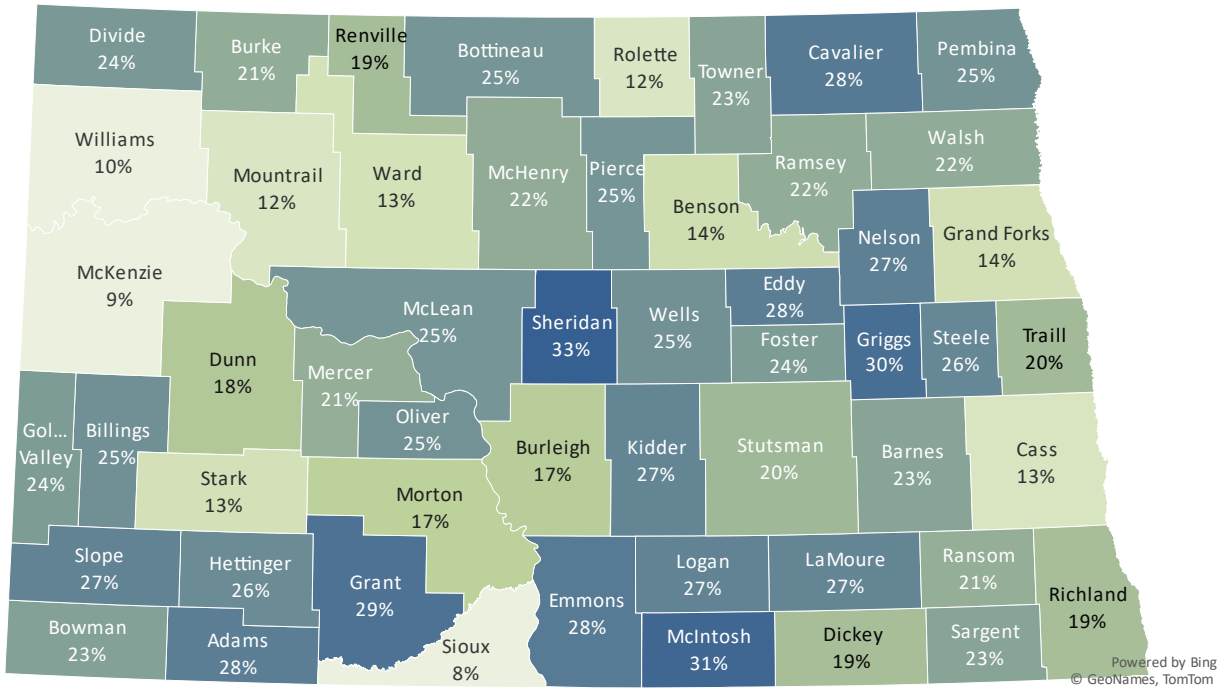
Costs continued to increase across all service lines with the most significant increases associated with care types that serve the highest acuity levels.

There are several factors driving the need for the full array of Adult/Aging services and for HCBS generally

1. Population characteristics
   - % of people living alone
   - Age distribution
   - Disability prevalence
2. Demand
   - Shifting expectations about where/how to receive services
   - Technology-enabled environmental modifications
   - # of people needing services
3. Complexity of care needed
   - Co-occurrence of behavioral and physical health diagnoses

15.9% of ND population was age 65+ in 2022

% of population age 65+ by county

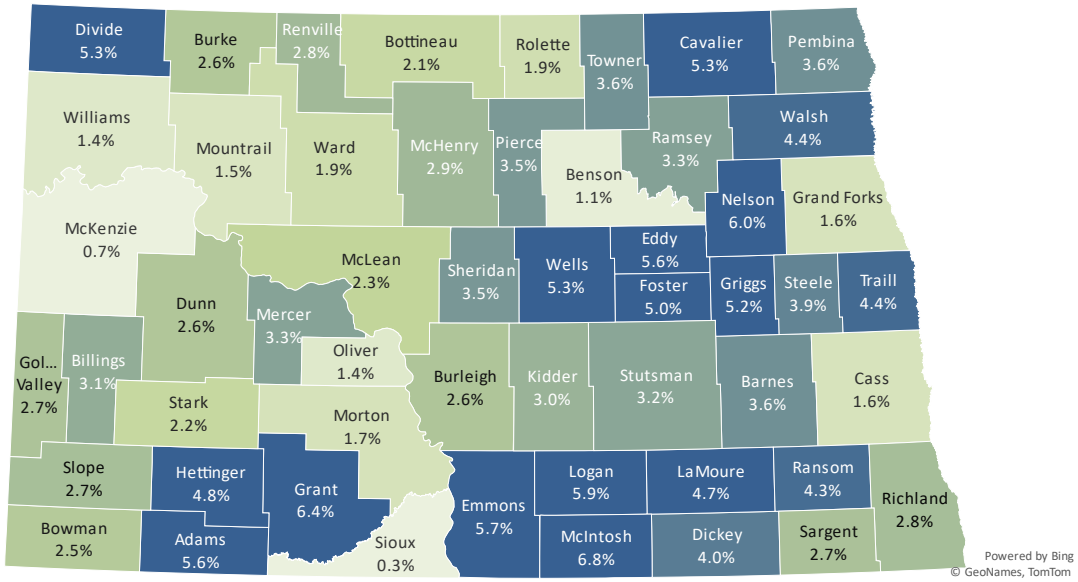


The next 10 years will represent the most significant shift in demographics for ND and most US states

The patterns represented here (2022 data) will become more exaggerated between now and 2035

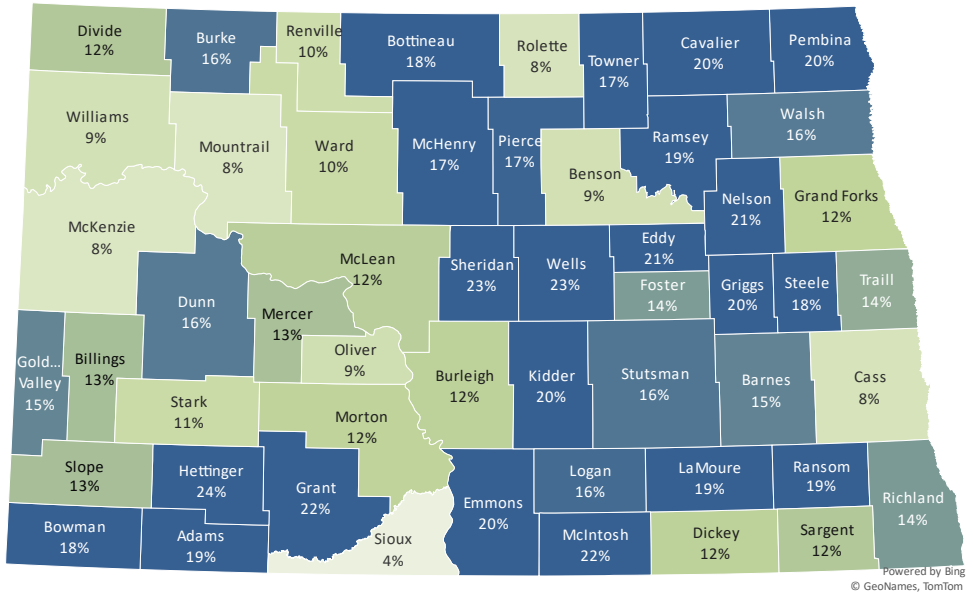
2.3% of ND population was age 85+ in 2022

% of population age 85+ by county



11.8% of ND households are someone age 65+ who is living alone

% of households by county consisting of a person age 65+ who is living alone (2022)



59% of current HCBS recipients **live alone** this is *above the national average* of 48%.

→ Lack of natural supports increases the need and amount of paid care necessary to maintain health and safety.

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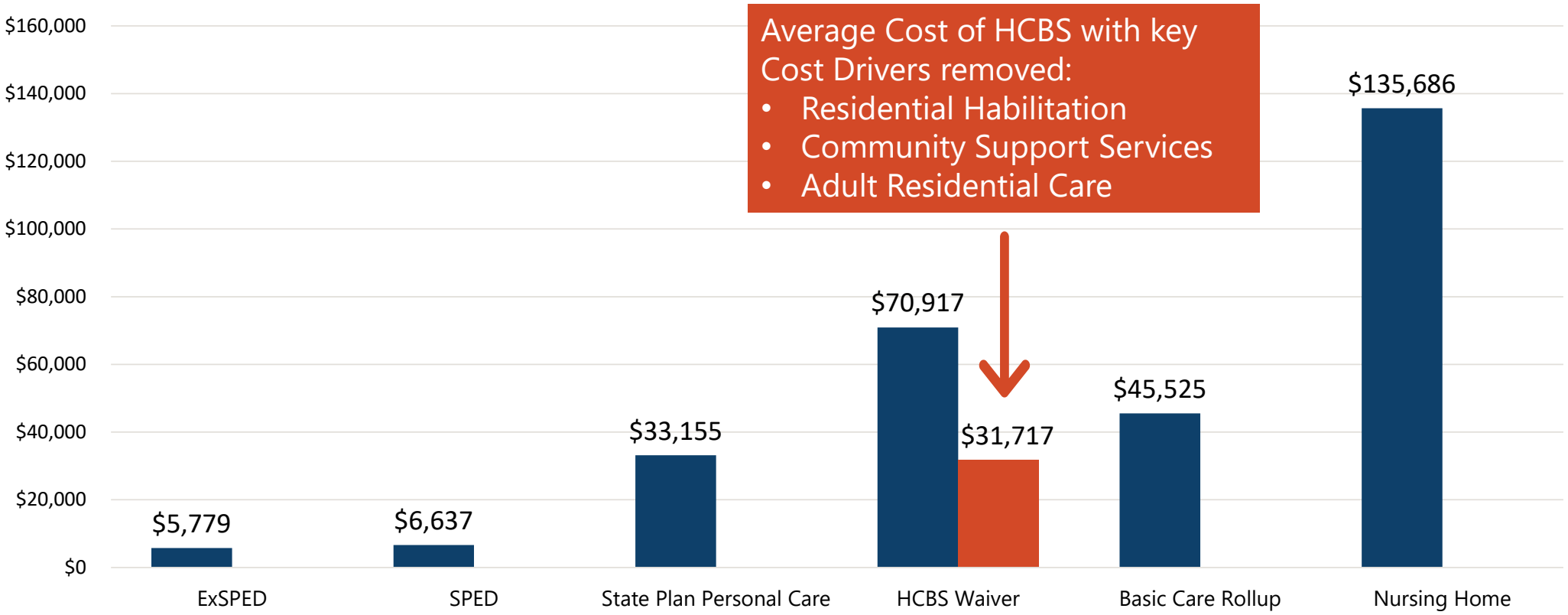
SFY 2024 Long Term Care Continuum

Average Cost Per Person Per Year



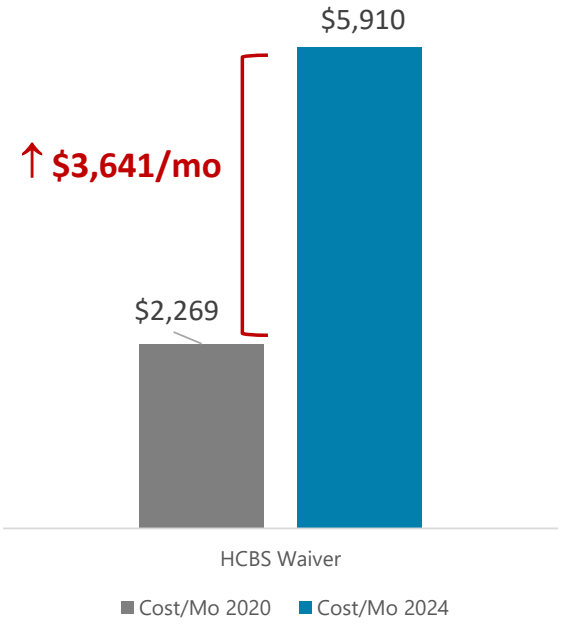
Note: Basic Care Rollup includes both Basic Care Personal Care and Room and Board

What's driving HCBS Waiver cost growth?

Today's HCBS Waiver serves individuals with **unique and complex needs**, including individuals:

- Transitioning from the State hospital
- Transitioning home from a nursing facility
- Discharging from local hospitals
- Who have received a "needs cannot be met" denial from a nursing facility
- Who have a history of felony convictions

From 2020 to 2024, average monthly per person HCBS Waiver costs grew by 160%



Top HCBS Cost Drivers

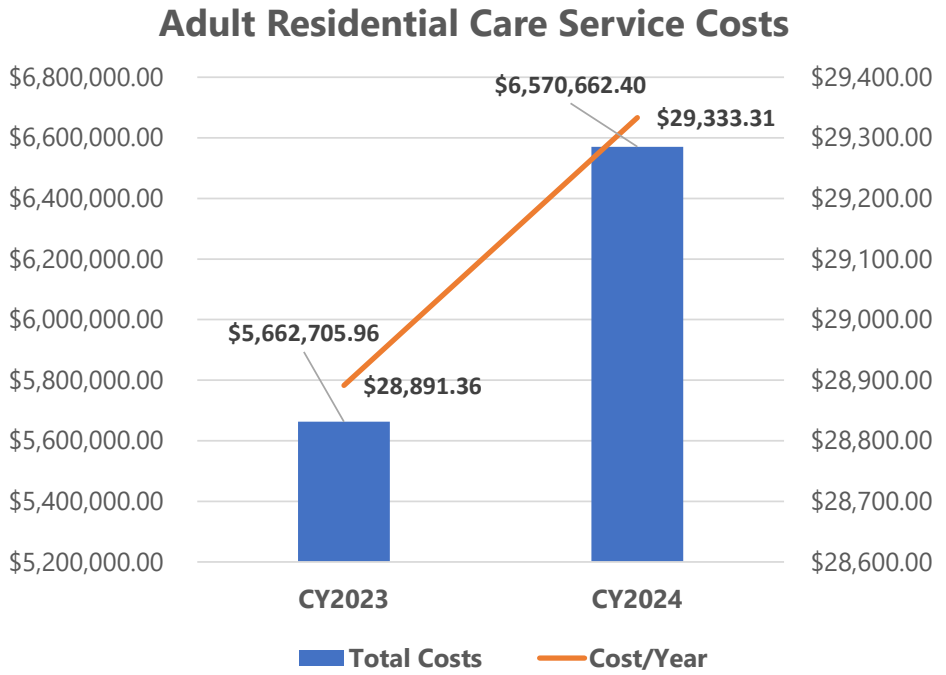
1. **24-hour** delivery of complex cares
2. Prevalence of **serious mental illness** and **substance use disorder** in HCBS recipients
3. Increasing number of HCBS recipients with **complex medical** needs

Cost driver #1

24-hour delivery of complex cares

Adult Residential Care

- 24-hour residential services for individual with **memory impairment** or **traumatic brain injury.**
- Individuals have a daily need for a **safe supervised structured environment**, personal care, and medication supports. Not impaired in eating, bathing, toileting.
- In SFY 24 **29%** (224) **of waiver participants** were enrolled in this service.
- Average service cost per person per year = **$29,333**
- Individual also pays up to $1,005 for room and board = **$12,060** year



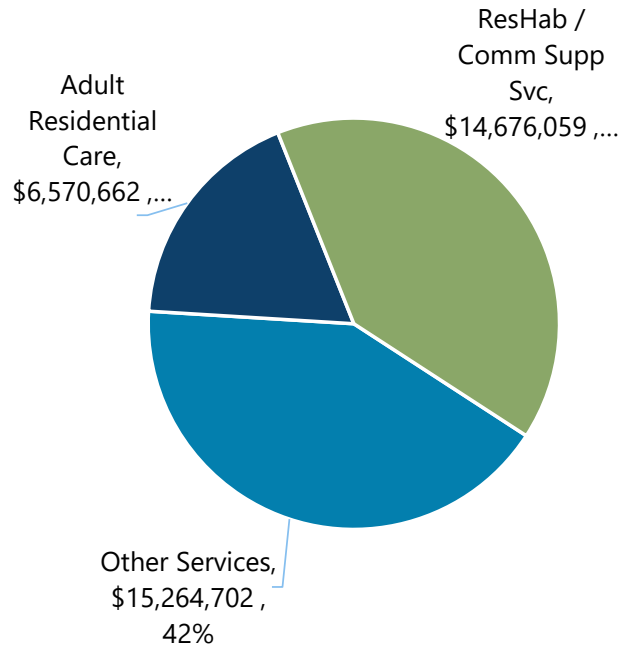
13,700 individuals 65+ are living with Alzheimer's in ND. *Source: Alzheimer's Association (2024)*

Cost driver #1

24-hour delivery of complex cares

Residential Habilitation and **Community Support Svcs**

- Up to 24-hour all inclusive supports for individuals who meet a nursing facility level of care and require daily services.
- Service requires providers to have a nurse and a care coordinator with a minimum of a 4-year degree.
- In SFY 24 **16%** (121) of waiver participants are enrolled in this service.
- Average cost per person per year = **$121,290**



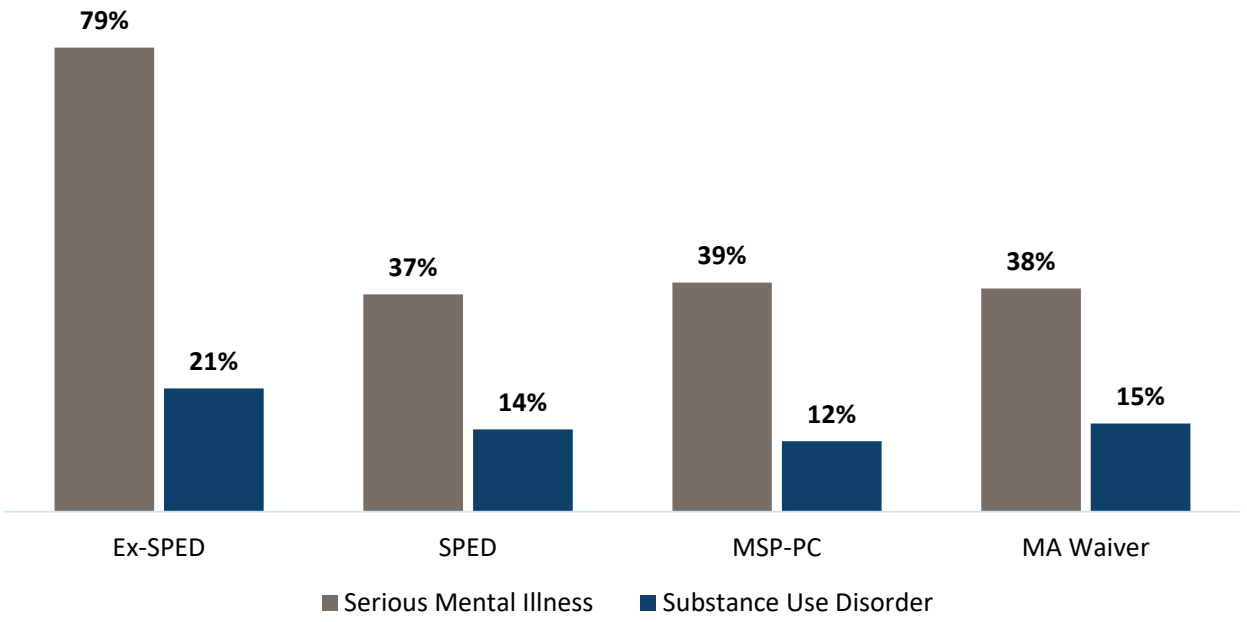
16% of waiver **participants** account for **40%** of the **cost** of care

Cost driver #2

Prevalence of Behavioral Health Needs

- An increasing number of individuals seeking HCBS services have significant behavioral health needs, including diagnoses of serious mental illness and substance use disorders.
- Family home care and other family caregiver service modes are common modes of service delivery.
- Appropriate caregiver training is essential to prevent caregiver burnout but upskilling and supporting QSPs remains a barrier.

% of HCBS participants by type of service reporting Serious Mental Illness (SMI) or Substance Use Disorder (SUD) as a primary issue



Source: NDHHS HCBS Case Management data system, 2024

Cost driver #3

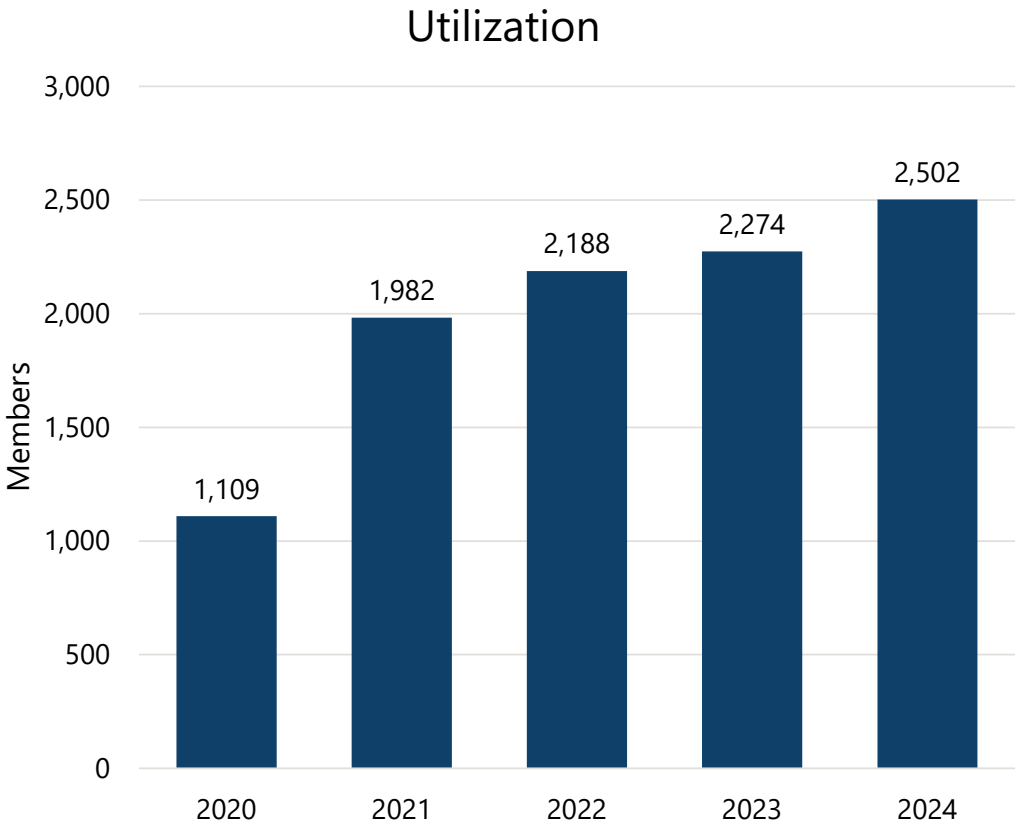
Prevalence of Complex Medical Needs

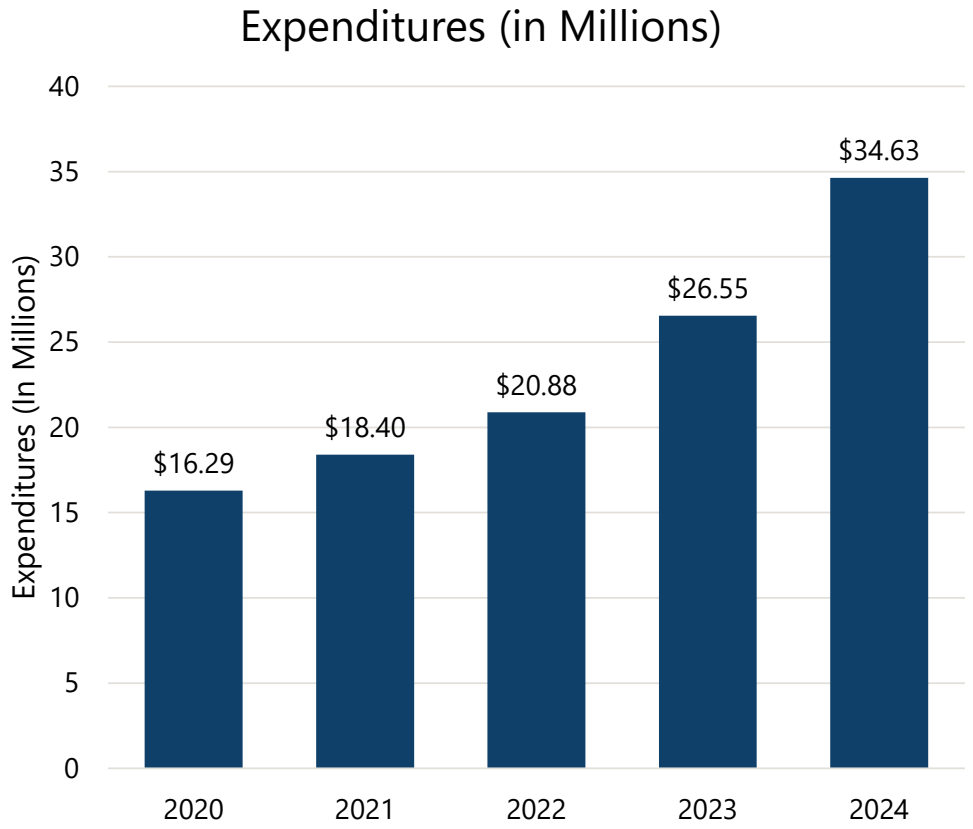
Common medical conditions reported by HCBS participants
Osteo arthritis
Chronic obstructive pulmonary disease (COPD)
Stroke
Type 2 diabetes
Paralysis
Heart Failure
Age related physical impairment
Dementia
Brain Injury

Common medical tasks completed for HCBS participants
Medication Administration
Tracheostomy cares and suctioning
PEG tube feedings and medications
Insulin administration including sliding scale
Port dressing changes
Wound care
IV Therapy
Care coordination/ medical escort
Foley catheter

Primarily served with Residential Habilitation and Community Support services, with additional support from extended personal care and nurse education services

Qualified Service Provider Utilization & Expenditures





Types of SUPPORT SERVICES available via HCBS

Adult Day Care	Adult Foster Care	Adult Residential Care	Homemaker	Home Delivered Meals	Non-Medical Transportation
Case Management	Chore	Community Support Services/ Residential Habilitation	Non - Medical Transportation Escort	Nurse Education	Personal Care - daily rate
Community Transition Services	Companionship	Emergency Response System	Personal Care - unit rate	Personal Care - Assisted Living	Respite
Environmental Modification	Extended Personal Care	Family Home Care	Supervision	Supported Employment	Transitional Living

Note: Lighter blue shading indicates service included in EBR *Targeted Rate Increase* request

Qualified Service Providers Targeted Rate Increase

Ongoing

Total	$5,392,656
General	$3,595,104
Federal	$1,797,552

Increase impacts the HCBS Waiver, DD Waiver, Autism Waiver, SPED, and Ex-SPED. Services impacted include nursing, personal care, respite, companionship, and homemaker services.

- ND's rates lag states in the region.
  - South Dakota did a comprehensive rate study of in-home providers in 2023 that reviewed baseline and benchmark wages and other costs for Qualified Service Provider services.

Select Qualified Service Provider Agency Rates per 15-minute unit					
	ND	MN	MT	SD	WY
Personal Care	$8.05	$5.95	$8.92	$10.88	$8.53
Homemaker	$7.14	$7.90	-	$10.88	$6.62
Respite	$7.93	$9.64	$6.02	$10.53	$7.50
Companion	$7.14	$7.90	-	$10.53	$7.60
Nursing	$17.64	$12.46	$19.30	$22.60	$19.15

QSP rate increases target areas of highest need



QSP Nursing Services

- **Nurse Education** – assessment, nursing plan of care development and training
- **Extended Personal Care** - hands-on medical care tailored to individual's needs, including skilled or nursing care
- **Updated Agency Rate -** $19.71 per 15-min unit



QSP Aide Services

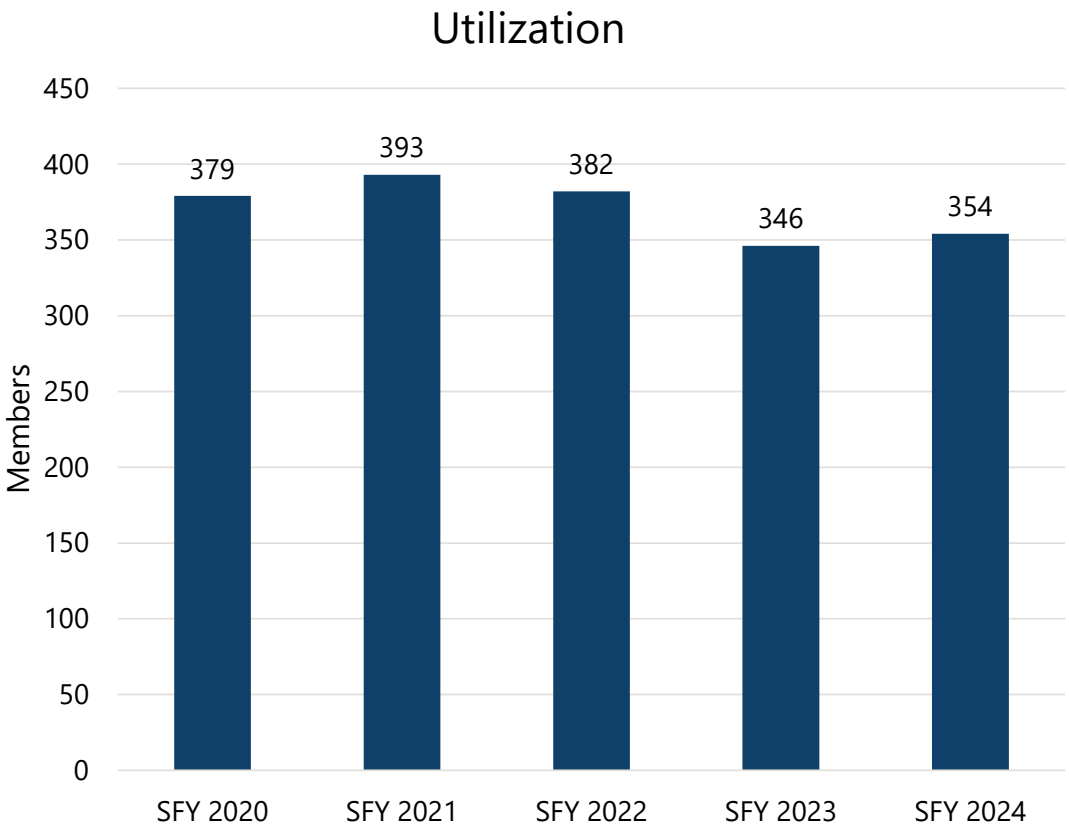
- **Homemaker** – housework, meal prep, laundry, shopping assistance
- **Chore** – Heavy cleaning, snow removal, lawn care
- **Personal Care** (unit rate) – help with personal hygiene, mobility etc.
- **Respite** – short break for caregivers
- **Supported Employment** – on the job support to remain employed
- **Transitional Living** – independent living skills training
- **Updated Agency Rate -** $9.40 per 15-min unit

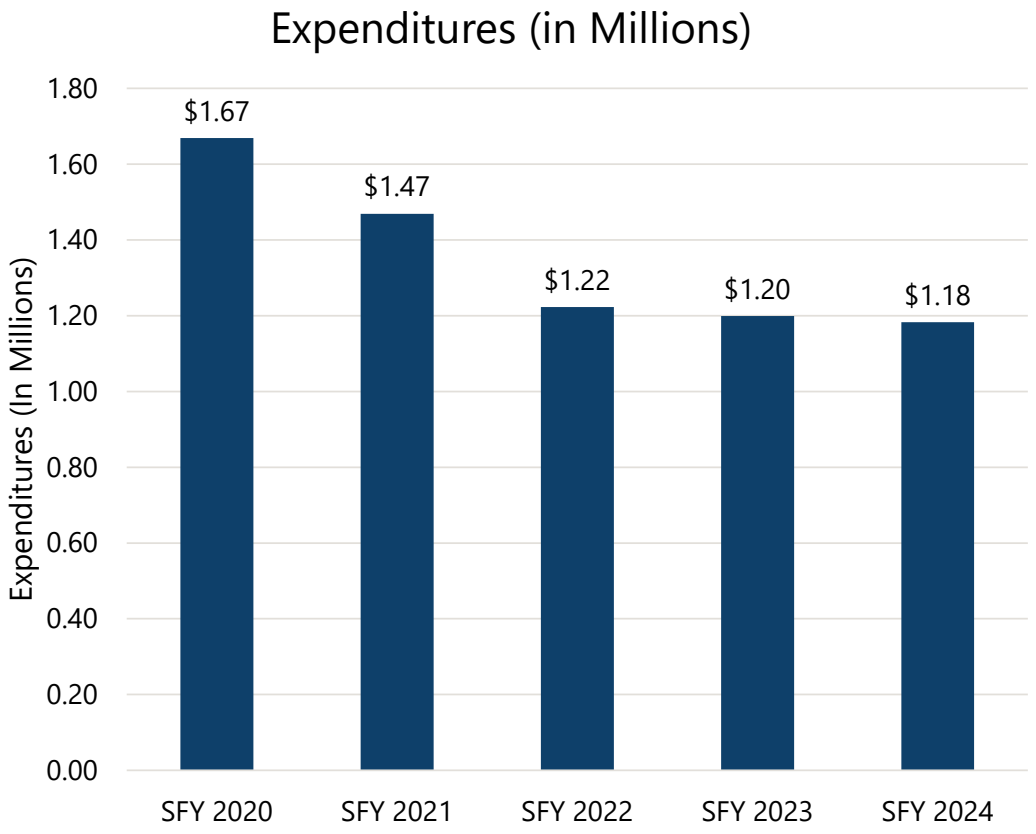


QSP Companion Services

- **Non-Medical Transportation – Escort** – help with mobility while shopping, banking etc.
- **Companionship** – socialization to reduce isolation
- **Supervision**- monitoring to ensure safety for people with cognitive impairment
- **Updated Agency Rate -** $9.10 per 15-min unit

Home Health Utilization & Expenditures





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Private Duty Nursing & Home Health Targeted Rate Increase

Ongoing

Total	$2,471,536
General	$1,235,768
Federal	$1,235,768

Increase rebases home health rates based on cost report information and aligns private duty nursing rates with home health skilled nursing.

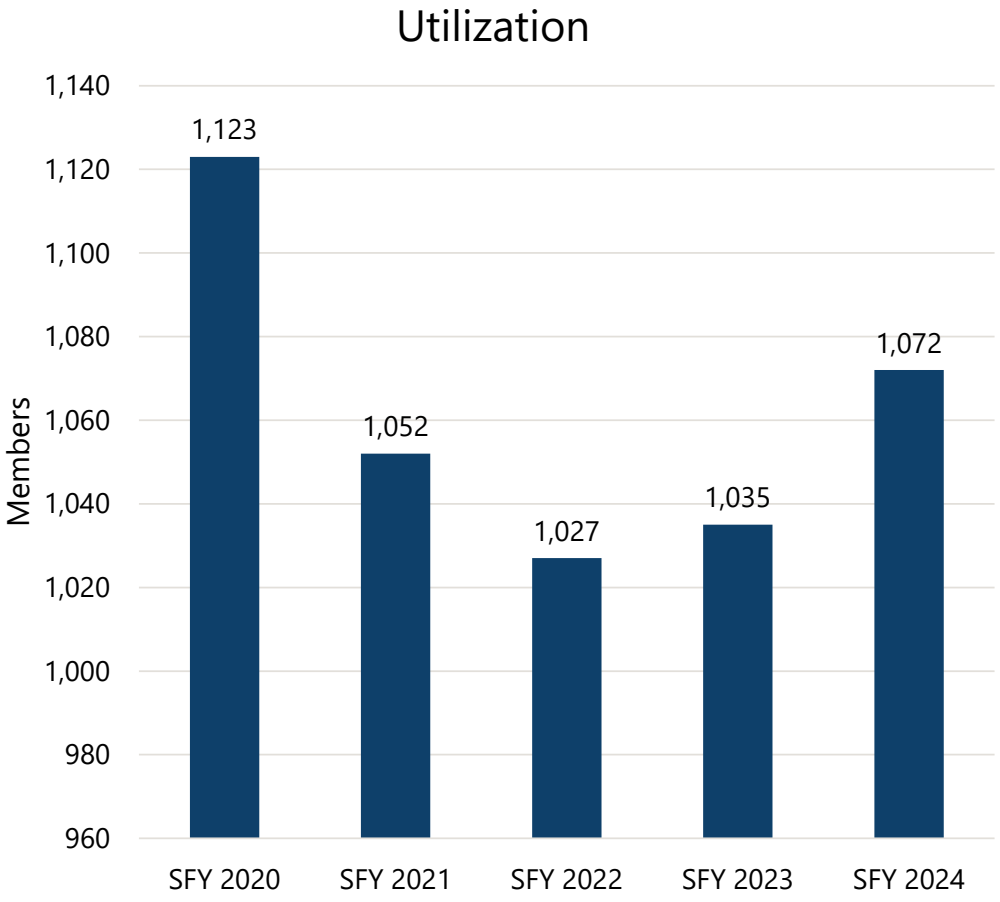
Included in Medical Services Budget

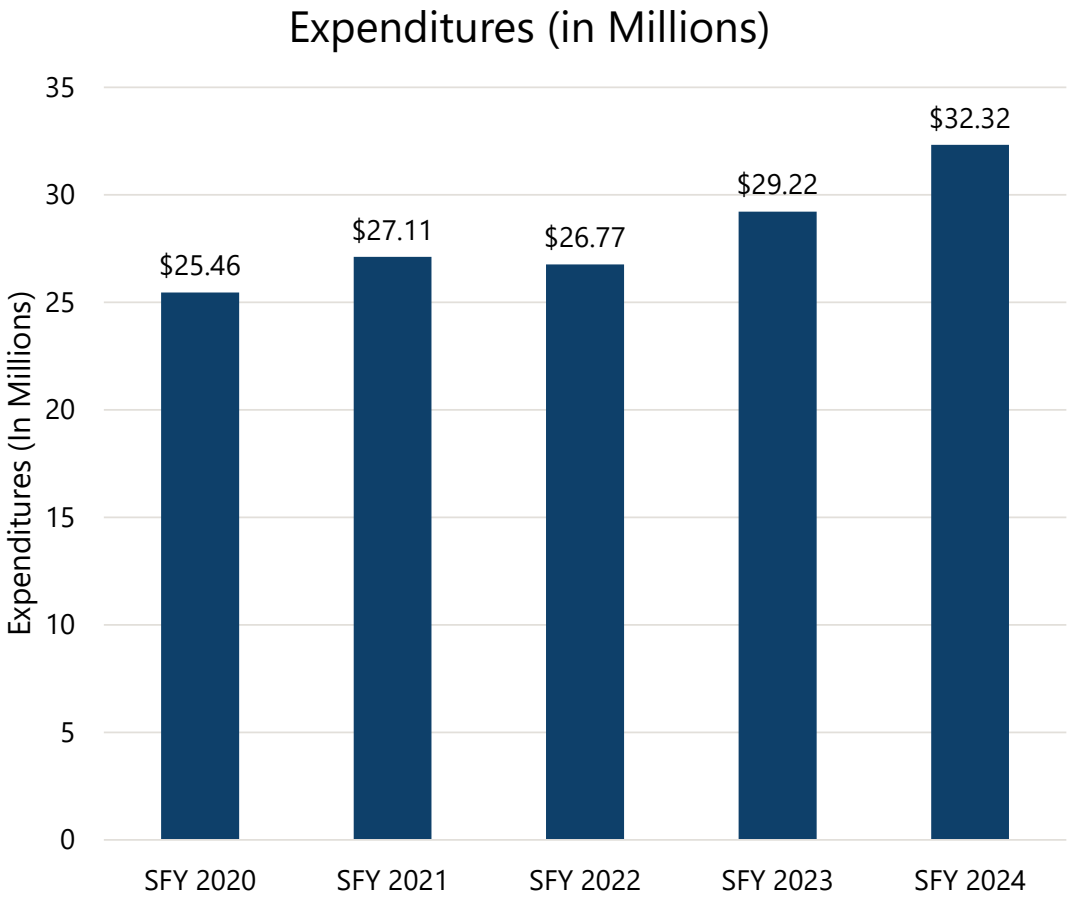
- Private Duty Nursing rates lag Home Health which may disincentivize agencies from serving patients with long term care needs.

Home Health Rate, RN	Private Duty Nursing, RN
$140.57 (per visit)	$66.83 (per hour)

- Home Health rates have not been rebased since 2004.
- Current SFY25 average rate for Home Health is $140.57 per visit.
  - Rebase projected to increase average rate to $219 per visit.

Basic Care Utilization & Expenditures





Note: Basic Care Expenditures include both Basic Care Personal Care and Room and Board

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Basic Care, Assisted Living & Adult Residential Concerns

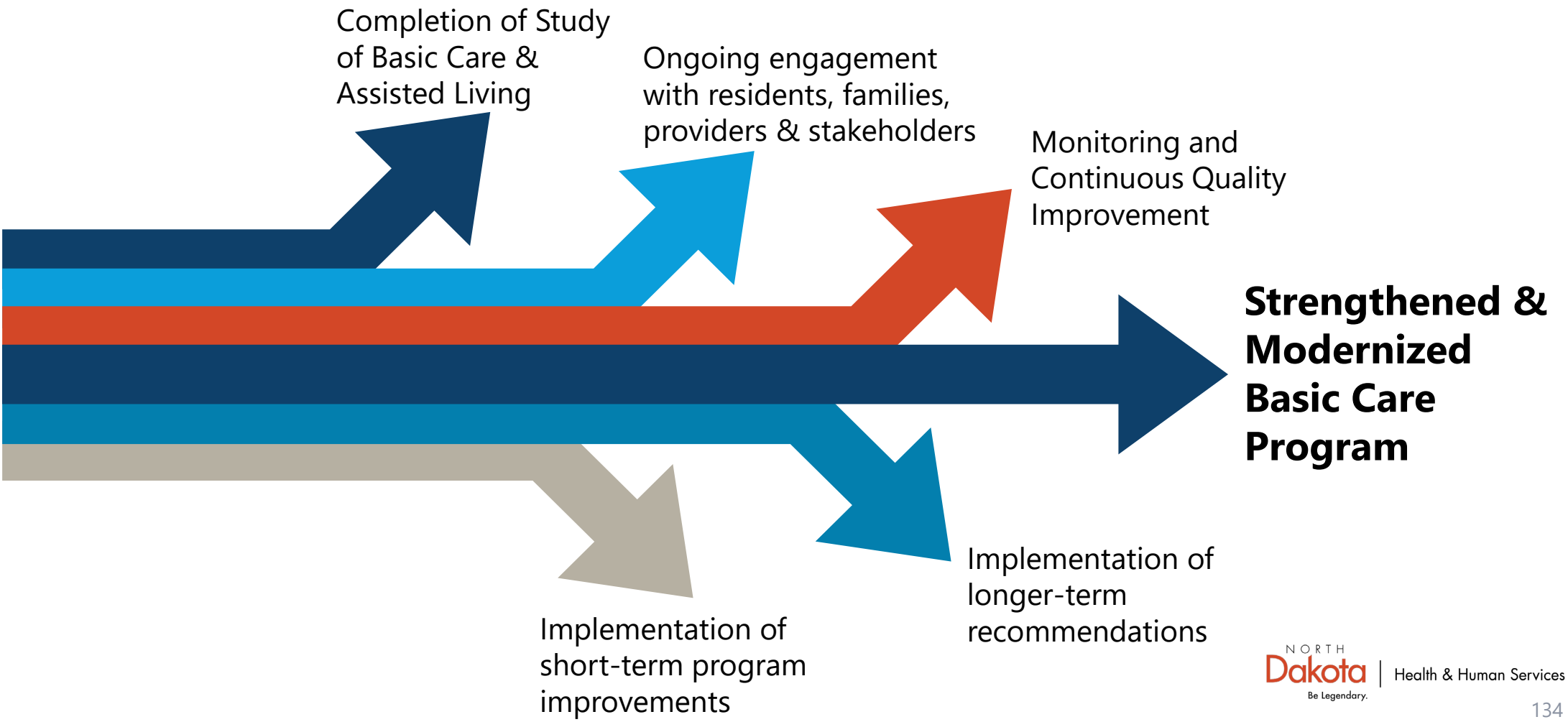
Top Health Response Section Concerns

- Infrequent Basic Care Facility Surveys (33-year inspection cycle)
- Lack of Assisted Living Licensure Standards

Top Medical Services Division Concerns

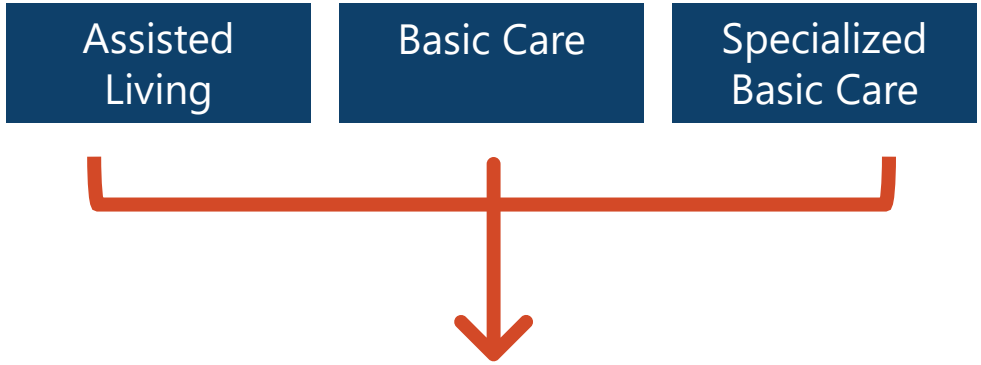
- Family Confusion
- Licensure Based on Payer Source
- Federal Funding Risk
- HCBS Settings Rule Compliance
- Department of Justice Risk

Basic Care Strategy



Basic Care Study Recommendations

1. Streamline licensing by creating a new single licensure type to cover both assisted living and Basic Care facilities.
2. Strengthen existing assisted living and Basic Care policy and create additional policies to reflect current requirements within the program, incorporate best practices, and align with State and federal requirements, as applicable.
3. Develop and implement State-led universal assisted living and Basic Care training and materials to educate all stakeholders.
4. Adopt strategies to improve and expand the current service and programmatic array within Basic Care to integrate residents more comprehensively into the community.
5. Update regulatory oversight process based on implementation of recommendations.



New Streamlined Licensure

- HCBS Focused; Reduced Institutional Licensure Requirements
- Regulatory Partnership based on Collaboration & Incremental Enforcement
- Eligible for HCBS Waiver Participation & Reimbursement
- Allows Providers to Design their Service Array
- Supports More Choices for Elders & Families

Basic Care Study Recommendations

6. Implement quality improvement initiative requirements for Basic Care facilities to improve quality of care and align facilities with best practices.
7. Update regulations to use publicly available indexes for cost trending to align more consistently with observed trends in provider costs.
8. Implement a Fair Rental Value (FRV) methodology to reimburse Basic Care provider property costs.
9. Implement tiered add-on payments for residents with increased ADLs care need and align reimbursement methodologies.

New Streamlined Licensure

- HCBS Focused; Reduced Institutional Licensure Requirements
- Regulatory Partnership based on Collaboration & Incremental Enforcement
- Eligible for HCBS Waiver Participation & Reimbursement
- Allows Providers to Design their Service Array
- Supports More Choices for Elders & Families



Person-Centered Sustainable
Funding Model
Incentivizing Continued Improvement & Innovation

Related Bill:
House Bill 1619 | Relating to a long-term care facility infrastructure loan fund

Provider Inflation
Ongoing

Governor's Recommendation:

Total	**$5,396,854**
General	$3,294,874
Federal	$2,101,980

- SFY 2026: 1.5%
- SFY 2027: 1.5%

Engrossed by House:

Total	**$7,211,726**
General	$4,402,892
Federal	$2,808,834

- SFY 2026: 2%
- SFY 2027: 2%

- Provider inflation is applied to provider rates in accordance with the rate methodology for the service.
  - Most provider rates paid from a fee schedule are updated each July 1.
  - Inflation is used as the adjustment factor to inflate costs forward from provider cost reports for most cost-based providers.
    - Some providers use a standardized index in place of inflation.

Appropriated Inflation, SFY 2019 - 2024					
2019	2020	2021	2022	2023	2024
2.0%	2.5%	2.0%	0.25%	3.0%	3.0%

Inflation: Long Term Care

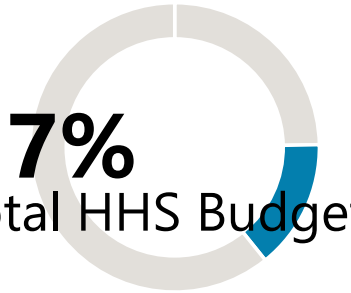
Inflator		Total	General	Federal
1%		**$3,593,922**	$2,194,151	$1,399,771
1.5%	Governor's Recommended Budget	**$5,396,854**	$3,294,874	$2,101,980
2%	Recommended by House	**$7,211,726**	$4,402,892	$2,808,834

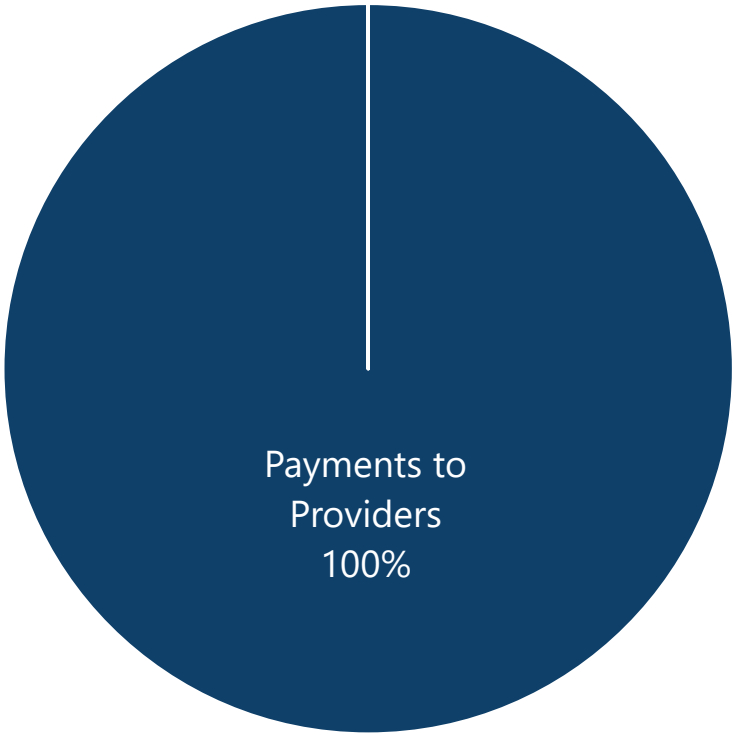
2025 – 2027 Budget & Other Resource Requirements

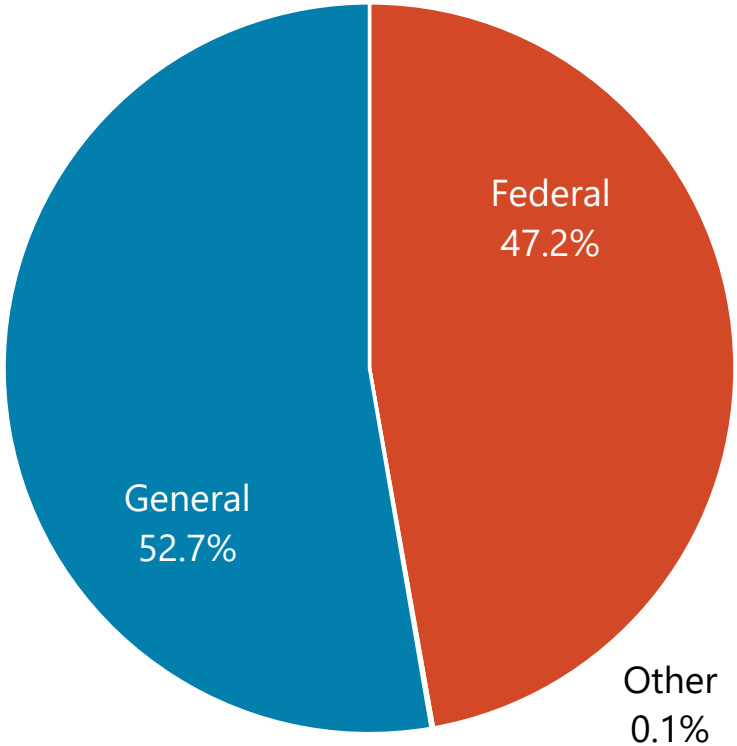
Long Term Care

Budget Overview

Long-Term Care: $1.07 Billion Total Budget







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Comparison of budget expenditures and projections
By Program

PROGRAMS	2023-25 LEGISLATIVE BASE	ONE-TIME/ CARRYOVER	2023-25 EXPENSES THROUGH DECEMBER	2023-25 PROJECTED EXPENDITURES	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)	ENGROSSED HB 1012	GENERAL	FEDERAL	OTHER
NURSING FACILITIES	$ 734,744,666	$ -	$ 464,338,300	$ 681,054,722	$ 748,874,436	$ -	$ 748,874,436	$ 371,493,486	$ 377,380,950	$ -
AGED & DISABLED WAIVER	54,112,132	-	64,185,967	93,205,221	132,086,653	546,405	132,633,058	68,262,976	64,370,082	-
BASIC CARE	72,887,129	-	45,958,465	65,346,018	67,973,866	505,184	68,479,050	48,522,912	19,056,137	900,000
SPED	22,402,748	-	17,492,181	25,061,812	30,129,473	165,482	30,294,955	30,294,955	-	-
EXPANDED SPED	1,313,728	-	946,589	1,324,401	1,324,973	9,960	1,334,932	1,334,932	-	-
PERSONAL CARE SERVICES	33,664,038	-	29,309,396	43,331,650	56,779,642	311,152	57,090,795	28,335,617	28,755,177	-
TARGETED CASE MANAGEMENT	940,828	-	887,039	1,230,059	1,329,776	9,883	1,339,659	662,113	677,546	-
CHILDREN'S MED FRAGILE WAIVER	814,760	-	326,114	541,107	768,988	2,890	771,877	383,994	387,883	-
PACE PROGRAM	29,356,221	-	17,356,351	24,201,173	24,271,866	180,389	24,452,256	12,085,324	12,366,932	-
COMMUNITY OF CARE	330,000	-	85,115	85,115	330,000	-	330,000	330,000	-	-
PERSONAL NEEDS ALLOWANCE	193,200	-	279,192	279,192	376,800	-	376,800	376,800	-	-
CHILDREN'S HOSPICE WAIVER	76,950	-	-	19,507	79,644	544	80,188	39,725	40,462	-
AUTISM VOUCHER	300,000	-	77,292	77,292	-	-	-	-	-	-
AUTISM WAIVER	10,906,545	-	670,742	869,069	1,388,898	82,984	1,471,882	680,156	791,726	-
TOTAL	**$ 962,042,944**	**$ -**	**$ 641,912,745**	**$ 936,626,339**	**$ 1,065,715,015**	**$ 1,814,873**	**$ 1,067,529,887**	**$ 562,802,991**	**$ 503,826,896**	**$ 900,000**

Changes to Base Budget

By Ongoing, One-Time and Funding Source

BASE BUDGET CHANGES	DESCRIPTION	2025-27 EXECUTIVE BUDGET		ENGROSSED HB 1012	
		GENERAL	OTHER	GENERAL	OTHER
Services - Cost to Continue	Home & Community Based Services Growth	$ 36,977,113	$27,837,811 - Federal	$ 36,977,113	$27,837,811 - Federal
Services - DOJ	QSP/HCBS Targeted Rate Increase	$ 3,595,104	1,797,552 - Federal	$ 3,595,104	1,797,552 - Federal
Additional Executive Decision Packages	FMAP Reduction	$ 15,974,519	(18,516,068) - Federal	$ 15,974,519	(18,516,068) - Federal
Additional Executive Decision Packages	Provider Inflation (1.5%/1.5%) vs (2%/2%)	$ 3,294,874	2,101,980 - Federal	$ 4,369,070	2,842,652 - Federal

Comparison of Budgets and Funding

By Major Expense

DESCRIPTION	2023-25 LEGISLATIVE BASE	INCREASE / (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)	ENGROSSED HB 1012
Salaries & Benefits	$ -	$ -	$ -	$ -	$ -
Operating	-	-	-	-	-
IT Services	-	-	-	-	-
Capital Asset Expense	-	-	-	-	-
Capital Assets	-	-	-	-	-
Grants	962,042,944	103,672,071	1,065,715,015	1,814,872	1,067,529,887
Total	**$ 962,042,944**	**$ 103,672,071**	**$ 1,065,715,015**	**$ 1,814,872**	**$ 1,067,529,887**
General Fund	**$ 486,676,583**	**$ 75,052,209**	**$ 561,728,792**	**$ 1,074,199**	**$ 562,802,991**
Federal Funds	**474,554,361**	**28,531,862**	**503,086,223**	**740,673**	**503,826,896**
Other Funds	**812,000**	**88,000**	**900,000**	**-**	**900,000**
Total Funds	**$ 962,042,944**	**$ 103,672,071**	**$ 1,065,715,015**	**$ 1,814,872**	**$ 1,067,529,887**

How We Budget

Top Services: Long Term Care

North Dakota Department of Health and Human Services
Long Term Care
Unit and Cost Comparison
12 Month Average to Executive Budget Request (EBR) 2025 - 2027 Biennium

Program	12 Month Average in Units (April 2023 - March 2024)	Monthly average units for EBR 2025 - 2027	Change from EBR to 12 mo Avg units	12 Month Average in Cost per Unit (April 2023 - March 2024)	Monthly average cost per unit for EBR 2025 - 2027	Change from EBR to 12 mo Avg cost per unit	Monthly average units for first 14 months of 23-25	Monthly average unit cost for first 14 months of 23-25
NURSING HOME	79,579	80,277	698	$329.27	$389.73	$60.46	80,152	$346.12
BASIC CARE	46,805	46,705	(100)	$55.38	$59.30	$3.92	47,450	$57.38
HCBS WAIVER	92,903	90,204	(2,699)	$28.91	$60.26	$31.35	107,823	$31.52
PACE PYMT ALL-INCL CARE ELDRLY	187	186	(1)	$4,986.75	$5,317.08	$330.33	189	$5,149.43
SPED	87,052	82,104	(4,948)	$10.20	$15.04	$4.84	90,703	$10.89
EXPANDED SPED	4,735	4,663	(72)	$11.01	$11.57	$0.56	4,827	$11.34
PERSONAL CARE SERVICES	243,831	237,919	(5,912)	$6.73	$9.78	$3.05	239,780	$7.35
TARGETED CASE MANAGEMENT	2,618	2,590	(28)	$18.77	$20.92	$2.15	2,804	$19.16
CHILDREN'S MED FRAGILE WAIVER	42	42	0	$342.54	$754.36	$411.82	49	$374.90
CHILDREN'S HOSPICE WAIVER	0	1	1	$0.00	$3,251.15	$3,251.15	-	$0.00
AUTISM WAIVER	989	27,746	26,757	$19.09	$1.72	($17.37)	1,712	$18.72

Savings Plan
Long Term Care

DESCRIPTION OF SAVINGS	GENERAL FUND	FEDERAL FUND	OTHER FUND
Quality Incentive Pool Nursing Facilities - Correct Funding	(8,000,000)		
Quality Incentive Pool Nursing Facilities - Partial Withhold	(4,000,000)	4,000,000	

Grants on a Walkthrough

Recommendation to the Governor

DESCRIPTION	2025-27 BASE BUDGET	COST TO CONTINUE	FMAP	SAVINGS PLAN	REDUCTION	TOTAL CHANGES	TO GOVERNOR
NURSING FACILITIES	$ 734,744,666	$ 24,671,318	$ (2,541,549)	$ (8,000,000)	$ -	$ 14,129,769	$ 748,874,435
BASIC CARE	72,887,128	(6,415,521)	-	-	-	(6,415,521)	66,471,607
PACE PYMT ALL-INCL CARE ELDRLY	29,356,221	(5,620,775)	-	-	-	(5,620,775)	23,735,446
AGED & DISABLED WAIVER	54,112,132	19,524,971	-	-	-	19,524,971	73,637,103
SPED	22,402,748	(628,766)	-	-	-	(628,766)	21,773,982
EXPANDED SPED	1,313,728	(3,237)	-	-	-	(3,237)	1,310,491
PERSONAL CARE SERVICES	33,664,038	7,277,064	-	-	-	7,277,064	40,941,102
TARGETED CASE MANAGEMENT	940,828	359,560	-	-	-	359,560	1,300,388
CHILDREN'S MED FRAGILE WAIVER	814,760	(434,562)	-	-	-	(434,562)	380,198
CHILDREN'S HOSPICE WAIVER	76,950	(5,425)	-	-	-	(5,425)	71,525
AUTISM WAIVER	10,906,545	963	-	-	-	963	10,907,508
AUTISM VOUCHER	-	-	-	-	-	-	-
TOTAL FUNDS	**$ 961,219,744**	**$ 38,725,590**	**$ (2,541,549)**	**$ (8,000,000)**	**$ -**	**$ 28,184,041**	**$ 989,403,785**
GENERAL FUND	**$ 484,992,253**	**$ 28,188,132**	**$ 15,974,519**	**$ (12,000,000)**	**$ -**	**$ 32,162,651**	**$ 517,154,904**

Governor's Recommendation to the House

DESCRIPTION	TO GOVERNOR	INFLATION 1.5% / 1.5%	SERVICES - COST TO CONTINUE	SVC - DOJ	TOTAL CHANGES	TO HOUSE
NURSING FACILITIES	$ 748,874,435	$ -	$ -	$ -	$ -	$ 748,874,435
BASIC CARE	66,471,607	1,502,258	-	-	1,502,258	67,973,865
PACE PYMT ALL-INCL CARE ELDRLY	23,735,446	536,421	-	-	536,421	24,271,867
AGED & DISABLED WAIVER	73,637,103	1,624,836	51,432,058	5,392,656	58,449,550	132,086,653
SPED	21,773,982	492,092	7,863,400	-	8,355,492	30,129,474
EXPANDED SPED	1,310,491	29,617	(15,134)	-	14,483	1,324,974
PERSONAL CARE SERVICES	40,941,102	925,269	14,913,272	-	15,838,541	56,779,643
TARGETED CASE MANAGEMENT	1,300,388	29,389	-	-	29,389	1,329,777
CHILDREN'S MED FRAGILE WAIVER	380,198	8,592	380,198	-	388,790	768,988
CHILDREN'S HOSPICE WAIVER	71,525	1,616	6,502	-	8,118	79,643
AUTISM WAIVER	10,907,508	246,763	(9,765,372)	-	(9,518,609)	1,388,899
AUTISM VOUCHER	-	-	-	-	-	-
TOTAL FUNDS	**$ 989,403,785**	**$ 5,396,854**	**$ 64,814,924**	**$ 5,392,656**	**$ 75,604,434**	**$ 1,065,008,219**
GENERAL FUND	**$ 517,154,904**	**$ 3,294,874**	**$ 36,977,113**	**$ 3,595,104**	**$ 43,867,091**	**$ 561,021,995**

Grants on a Walkthrough

Governor's Recommendation to the House

DESCRIPTION	TO GOVERNOR	INFLATION 1.5% / 1.5%	SERVICES - COST TO CONTINUE	SVC - DOJ	TOTAL CHANGES	TO HOUSE
NURSING FACILITIES	$ 748,874,435	$ -	$ -	$ -	$ -	$ 748,874,435
BASIC CARE	66,471,607	1,502,258	-	-	1,502,258	67,973,865
PACE PYMT ALL-INCL CARE ELDRLY	23,735,446	536,421	-	-	536,421	24,271,867
AGED & DISABLED WAIVER	73,637,103	1,624,836	51,432,058	5,392,656	58,449,550	132,086,653
SPED	21,773,982	492,092	7,863,400	-	8,355,492	30,129,474
EXPANDED SPED	1,310,491	29,617	(15,134)	-	14,483	1,324,974
PERSONAL CARE SERVICES	40,941,102	925,269	14,913,272	-	15,838,541	56,779,643
TARGETED CASE MANAGEMENT	1,300,388	29,389	-	-	29,389	1,329,777
CHILDREN'S MED FRAGILE WAIVER	380,198	8,592	380,198	-	388,790	768,988
CHILDREN'S HOSPICE WAIVER	71,525	1,616	6,502	-	8,118	79,643
AUTISM WAIVER	10,907,508	246,763	(9,765,372)	-	(9,518,609)	1,388,899
AUTISM VOUCHER	-	-	-	-	-	-
TOTAL FUNDS	**$ 989,403,785**	**$ 5,396,854**	**$ 64,814,924**	**$ 5,392,656**	**$ 75,604,434**	**$ 1,065,008,219**
GENERAL FUND	**$ 517,154,904**	**$ 3,294,874**	**$ 36,977,113**	**$ 3,595,104**	**$ 43,867,091**	**$ 561,021,995**

House Recommendation to the Senate

DESCRIPTION	INFLATION 2% / 2%	TOTAL CHANGES	TO SENATE
NURSING FACILITIES	$ -	$ -	$ 748,874,435
BASIC CARE	505,184	505,184	68,479,049
PACE PYMT ALL-INCL CARE ELDRLY	180,389	180,389	24,452,256
AGED & DISABLED WAIVER	546,405	546,405	132,633,058
SPED	165,481	165,481	30,294,955
EXPANDED SPED	9,958	9,958	1,334,932
PERSONAL CARE SERVICES	311,152	311,152	57,090,795
TARGETED CASE MANAGEMENT	9,882	9,882	1,339,659
CHILDREN'S MED FRAGILE WAIVER	2,889	2,889	771,877
CHILDREN'S HOSPICE WAIVER	544	544	80,187
AUTISM WAIVER	82,984	82,984	1,471,883
AUTISM VOUCHER	-	-	-
TOTAL FUNDS	**$ 1,814,868**	**$ 1,814,868**	**$ 1,066,823,087**
GENERAL FUND	**$ 1,074,196**	**$ 1,074,196**	**$ 562,096,191**

Legislative Bills with Potential Budget Impact

- HB 1067 – disregards survivor benefits and court ordered child support for children on a waiver and extends the Autism Spectrum Disorder waiver age to 21.
- HB 1485 – increases personal needs allowance by $10.
- SB 2190 – mandates coverage of ABA services adults with Autism.
- SB 2231 – adds dental services for Medicaid Expansion members.
- SB 2271 – revises adults residential rate methodology.
- SB 2305 – continues paid family caregiving pilot.
- SB 2399 – requires HHS to modify PRTF rate methodology

Take-Aways

- Bending the Cost Curve
  - Value Based Care
- Delivering Whole Person Care
  - Cross Disability Waiver
- Promoting Sustainability & Value
  - Targeted Provider Rate Increases: Home Health and Private Duty Nursing, Qualified Service Providers, Ambulance
- Improving the Member & Provider Experience



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NORTH Dakota Be Legendary. | Health & Human Services

HB1012
4-3-25

3. The department shall require an entity receiving funding under this section to operate the facility for at least ten years and require the grant amount to be repaid if the entity does not operate the facility for at least ten years.

4. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 7. NURSING FACILITY INCENTIVE PROGRAM - REPORT. The department of health and human services may not change the 2023-25 biennium payment structure of the nursing facility incentive program during the biennium beginning July 1, 2025, and ending June 30, 2027. The department, in collaboration with the North Dakota long term care association, may review alternative payment structures for the program during the 2025-26 interim and report any recommended changes to be considered for implementation during the 2027-29 biennium to the legislative management by July 31, 2026.

SECTION 8. COMMUNITY CULTURAL CENTER GRANT - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND - APPLICATION. Section 1 of this Act includes the sum of $1,000,000 from the strategic investment and improvements fund for the purpose of providing a one-time community cultural center grant in the west central human service region. An entity may apply for a grant under this section if the entity certifies to the department it has secured at least fifty percent of funds needed to complete the project, the project will be completed within two years of receiving the grant funds, and the grants funds will be used only for costs of constructing a community cultural center. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 9. JUVENILE JUSTICE DIVERSION SERVICES AND PROGRAMS - TASK FORCE - REPORT. Section 1 of this Act includes the sum of $750,000 from the general fund for juvenile justice diversion services and programs. The department of health and human services must use the funding for services to youth at risk of juvenile justice involvement but who have not committed delinquent acts as defined in chapter 27-20.4.

The department shall establish a task force with representation from divisions in the department, human service zones, the department of public instruction, elementary and secondary schools, and members of the legislative assembly, to review juvenile justice diversion services and program. The department shall report its findings and recommendations to the legislative management and children's cabinet.

2025 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

HB 1012 p.m.
4/3/2025

Related to health and human services.

2:45 p.m. Chairman Dever opened the hearing.

Discussion Topics:

- Human Services Line-by-Line Budget Review

Members present: Chairman Dever and Senators Cleary, Davison, Magrum and Mathern.

2:48 p.m. Chairman Dever started the discussion and referred to previously submitted testimony #44673. He stated the first five line-items: salary increase, health insurance increase, FTE block grant pool, and base budget adjustments and transfers, and DHHS cost to continue do not need committee attention.

2:48 p.m. Jessica Thomasson, Executive Director, Human Services, North Dakota Department Health & Human Services (ND DHHS), testified in favor, reviewed funding for adoption contract increase and answered committee questions.

2:59 p.m. Jessica Thomasson, Executive Director, Human Services, ND DHHS, testified in favor, reviewed funding for housing assistance to support targeted population - DOJ and answered committee questions.

3:01 p.m. Jessica Thomasson, Executive Director, Human Services, ND DHHS, testified in favor, reviewed services to support transition and diversion from institution and answered committee questions.

3:10 p.m. Jessica Thomasson, Executive Director, Human Services, ND DHHS, testified in favor, reviewed funding for implementing host homes services DD HCBS waiver and answered committee questions.

3:12 p.m. Donna Aukland, CFO, ND DHHS, testified in favor and answered committee questions about implementing host homes services DD HCBS waiver and FMAP percentage. FMAP percentages will be revisited.

3:15 p.m. Jessica Thomasson, Executive Director, Human Services, ND DHHS, testified in favor, reviewed funding for adult protection services coverage contracts and answered committee questions.

3:16 p.m. Jessica Thomasson, Executive Director, Human Services, ND DHHS, testified in favor, reviewed funding for representative support for families, and answered committee questions.

3:20 p.m. Jessica Thomasson, Executive Director, Human Services, ND DHHS, testified in favor, reviewed funding for provider inflation increase 2% by 2% and answered committee questions. Per discussion this is a revisit.

3:20 p.m. Jessica Thomasson, Executive Director, Human Services, ND DHHS, testified in favor, reviewed funding for Zone employment increase 3% and answered committee questions.

3:20 p.m. Jessica Thomasson, Executive Director, Human Services, ND DHHS, testified in favor, reviewed funding for FMAP percentage change 50.0% to 50.99%, and answered committee questions.

3:21 p.m. Jessica Thomasson, Executive Director, Human Services, ND DHHS, testified in favor, reviewed funding for the state dementia coordinator, and answered committee questions.

3:22 p.m. Jessica Thomasson, Executive Director, Human Services, ND DHHS, testified in favor, reviewed funding for the LIHEAP reduction - accounting change, and answered committee questions.

3:23 p.m. Senator Davison discussed FTE Block Grant.

3:25 p.m. Jessica Thomasson, Executive Director, Human Services, ND DHHS, testified in favor, reviewed funding provider inflation increase 2% and 2%, and answered committee questions. Per discussion this funding is a revisit.

3:26 p.m. Donna Aukland, CFO, ND DHHS, testified in favor and answered committee questions about provider inflation.

3:27 p.m. Senato Cleary noted the state dementia coordinator position was added without funding. Senator Davison suggested removing that position.

3:32 p.m. Senator Cleary noted utilization for foster care is projected to be expended by 61 million this biennium. This is in the first line of the Human Services budget sheet labeled 2025-27 Biennium Base Level. He suggested reducing the funding. Per discussion this funding is a revisit.

3:32 p.m. Chairman Dever started the discussion of Human Services one-time funding with the retire economic assistance legacy system.

3:32 p.m. Jessica Thomasson, Executive Director, Human Services, ND DHHS, testified in favor, reviewed funding to retire economic assistance legacy system and answered committee questions.

3:32 p.m. Jessica Thomasson, Executive Director, Human Services, ND DHHS, testified in favor, reviewed funding for conversion of developmental disabilities eligibility assessment and answered committee questions.

3:35 p.m. Jessica Thomasson, Executive Director, Human Services, ND DHHS, testified in favor, reviewed funding for the implementation comprehensive vocational rehab technology system, and answered committee questions.

3:37 p.m. Senator Davison recommended reducing the implementation comprehensive vocational rehab technology system funding from 8,000,000 to 1,000,000.

3:41 p.m. Keith Mantz, Fiscal Analyst, LC, testified neutral and answered committee questions concerning reducing the implementation comprehensive vocational rehab technology system funding.

3:42 p.m. Jessica Thomasson, Executive Director, Human Services, ND DHHS, testified in favor, reviewed funding to replace roof at Cedar Grove building at LSTC, and answered committee questions.

3:43 p.m. Jessica Thomasson, Executive Director, Human Services, ND DHHS, testified in favor, reviewed funding Best in Class expansion, and answered committee questions.

3:45 p.m. Davison questioned the funding for Best in Class Expansion, Childcare grants, resources and shared services, and early childhood quality infrastructure, & Waterford. He recommends looking at this funding as a package. Per discussion this funding is a revisit.

3:54 p.m. Jessica Thomasson, Executive Director, Human Services, ND DHHS, testified in favor, reviewed funding for Childcare grants, resources and shared services, and early childhood quality infrastructure. This funding will be talked about as a package and the funding is a revisit.

3:56 p.m. Jessica Thomasson, Executive Director, Human Services, ND DHHS, testified in favor, and reviewed funding for: maintaining expanded inclusion support for special needs childcare, offer quality-rated childcare programs access to teaching strategy, and quality tiered payments for childcare assistance program.

4:00 p.m. Jessica Thomasson, Executive Director, Human Services, ND DHHS, testified in favor, and reviewed funding for: housing assistance for people at risk of instability, and eviction prevention program

4:06 p.m. Senator Davison suggested putting $1,000,000, in the housing assistance budget and $500,000, in the eviction prevention program budget and taking this to the conference committee.

4:07 p.m. Jessica Thomasson, Executive Director, Human Services, ND DHHS, testified in favor, and added to the conversation on the housing assistance and eviction prevention program budget.

4:09 p.m. Chairman Dever recessed.

4:17 p.m. Chairman Dever reconvened.

4:17 p.m. Sarah Aker, Executive Director, Medical Services, ND DHHS, testified in favor, and brought up concerns about Section 28 - Legislative Intent - Developmental Disabilities Provider, which removes accreditation requirements. Section 28 needs to be removed, and a study needs to be added

4:28 p.m. Jessica Thomasson, Executive Director, Human Services, ND DHHS, testified in favor, and reviewed funding ($1,000,000), for home renovation incentives for accessibility.

4:28 p.m. Jessica Thomasson, Executive Director, Human Services, ND DHHS, testified in favor, and reviewed funding for a grant for a community cultural center. Per discussion this funding is a revisit.

4:30 p.m. Lorraine Davis, Owner CEO, Native Inc., testified in favor.

4:35 p.m. Jessica Thomasson, Executive Director, Human Services, ND DHHS, testified in favor, and started discussion of winter park adaptive recreation program grant. The committee would like to move the funding to zero and take this to the conference committee.

4:36 p.m. Jessica Thomasson, Executive Director, Human Services, ND DHHS, testified in favor, and started discussion of the intermediate care facility grant for the Anne Carlsen Center. Funding (3,457,736) from the general fund was moved to other funds, and an additional $942,264, was added to other funds.

4:42 p.m. Jessica Thomasson, Executive Director, Human Services, ND DHHS, testified in favor, and started discussion of the funding for juvenile justice services. The committee suggested reducing the funding from $750,000, to $500,000,.

4:47 p.m. Jessica Thomasson, Executive Director, Human Services, ND DHHS, testified in favor, and started discussion of ICF bed moratorium.

4:48 p.m. Keith Mantz, Financial Analyst, LC, testified neutral and answered questions about ICF bed moratorium.

4:51 p.m. Chairman Dever closed the hearing.

Joan Bares, Committee Clerk

2025 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

HB 1012 a.m.
04/04/25

Relating to leases of the health and human services property, substance use disorder treatment program, basic care payment rates, and state of residence for child care assistance; to provide for a transfer; to authorize a line of credit; to provide legislative intent; to provide for a legislative management study; to provide an application; to provide an exemption; to provide for a report; and to provide an effective date.

9:31 a.m. Chairman Dever opened the hearing.

Members present: Chairman Dever and Senators Cleary, Davison, Magrum and Mathern.

Discussion Topics:

- Human Services Line-by-Line Budget Review

9:32 a.m. Keith Mantz, Fiscal Analyst, LC, testified neutral and submitted testimony #44673.

9:33 a.m. Senator Davison started the discussion with foster care projections. He would like to reduce this funding from 84 ½ million to 65 million, reducing 9 million from the general fund and 9 million from the federal fund. The foster care funding is in the first line, 2025-2027 Biennium Base Level. Committee approved.

9:38 a.m. Donna Aukland, CFO, ND DHHS, testified in favor and referred to previously submitted testimony #43722 - page 57 from 3/25/25 at 8:31 a.m.

9:41 a.m. Chairman Dever started discussion about funding for the community cultural center (SIIF) grant.

9:41 a.m. Keith Mantz, Financial Analyst, LC, testified neutral and referred to section 7 of the bill.

9:55 a.m. Senator Davison suggests reducing the funding from $1,000,000 to $300,000, for programming and amend Section 7 of bill to include intent. Committee approved.

9:57 a.m. Senator Magrum started discussion about Section 34 Basic Care Payment Rates

10:08 a.m. Jessica Thomasson, Executive Director, Human Services Division, ND DHHS, answered questions pertaining to Basic Care Payment Rates.

10:13 a.m. Senator Davison started discussion about funding decision points: decide on inflators, state hospital, 30 million underfund, CCBHC FTE employees.

10:16: a.m. Steph Gullickson, Fiscal Analyst, OMB, testified neutral and answered questions concerning the executive budget and the executive budget requests. The executive budget request is 6,266,277 plus a 6 million dollar addition.

10:20 a.m. Senator Mathern started discussion of deferred maintenance of the La Hauge State Hospital building.

10:22 a.m. Senator Davison asked if there was an assessment on the La Hague State Hospital building.

10:22 a.m. Donna Aukland, CFO, ND DHHS, testified in favor and answered the committee question concerning a State Hospital assessment.

10:26 a.m. Chairman Dever stated further discussion on the state hospital is forthcoming.

10:29 a.m. Senator Davison asked how to increase the projections for the revenue amount for Medicaid billings for the Certified Community Behavioral Health Clinics (CCHBC).. Donna Aukland will work on this.

10:32 a.m. Chairman Dever closed the hearing.

Joan Bares, Committee Clerk

Legislative Council

Department of Health and Human Services - Budget No. 325
Agency Worksheet - House Bill No. 1012

	House Version				Senate Version				Senate Compared to House Version			
									Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Division Totals												
FTE block grant pool	2,688.35	309,564,625	286,720,150	596,284,775	2,593.35	309,564,625	286,720,150	596,284,775	(95.00)			0
Business Operations	0.00	$49,695,542	$47,368,089	$97,063,631	0.00	$49,695,542	$47,368,089	$97,063,631				$0
Behavioral Health	0.00	181,697,125	399,223,478	580,920,603	0.00	175,971,403	402,855,478	578,826,881		($5,725,722)	$3,632,000	(2,093,722)
Human Services	0.00	656,536,511	1,226,448,044	1,882,984,555	0.00	652,128,775	1,216,848,044	1,868,976,819		(4,407,736)	(9,600,000)	(14,007,736)
Medical Services	0.00	1,045,252,542	1,810,657,071	2,855,909,613	0.00	1,044,062,772	1,808,467,301	2,852,530,073		(1,189,770)	(2,189,770)	(3,379,540)
Public Health	0.00	35,204,848	229,814,403	265,019,251	0.00	31,827,031	227,836,403	259,663,434		(3,377,817)	(1,978,000)	(5,355,817)
Total ongoing funding changes	**2,688.35**	**$2,277,951,193**	**$4,000,231,235**	**$6,278,182,428**	**2,593.35**	**$2,263,250,148**	**$3,990,095,465**	**$6,253,345,613**	**(95.00)**	**($14,701,045)**	**($10,135,770)**	**($24,836,815)**
	0.00	**$0**	**$0**	**$0**	**0.00**	**$0**	**$0**	**$0**	**0.00**	**$0**	**$0**	**$0**
Total Changes to Base Level Funding	**2,688.35**	**$2,277,951,193**	**$4,000,231,235**	**$6,278,182,428**	**2,593.35**	**$2,263,250,148**	**$3,990,095,465**	**$6,253,345,613**	**(95.00)**	**($14,701,045)**	**($10,135,770)**	**($24,836,815)**
2025-27 Total Funding	**2,688.35**	**$2,277,951,193**	**$4,000,231,235**	**$6,278,182,428**	**2,593.35**	**$2,263,250,148**	**$3,990,095,465**	**$6,253,345,613**	**(95.00)**	**($14,701,045)**	**($10,135,770)**	**($24,836,815)**
Federal funds included in other funds			*$3,221,583,871*				*$3,206,598,101*				*($14,985,770)*	
Total ongoing changes - Percentage of base level	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*

Other Sections in Department of Health and Human Services - Budget No. 325

Section Description	House Version	Senate Version	
Funding transfers	Section 3 authorizes the transfer of appropriation authority between line items within Section 1 of the bill.	Section 3 authorizes the transfer of appropriation authority between line items within Section 1 of the bill.	
FTE position block grant program	Section 4 authorizes DHHS to increase or decrease the authorized FTE positions subject to the availability of funds.	Section 4 authorizes DHHS to increase or decrease the authorized FTE positions subject to the availability of funds.	
FTE Block grant reporting	Section 5 has requires the department to report on the block grant program.	Section 5 requires the department to report on the block grant program.	
Behavioral health facility grant - SIIF	Section 6 identifies $12,960,000 from the SIIF for a grant to establish a behavioral health facility in the northeast human service region.	Section 6 identifies $12,960,000 from the SIIF for a grant to establish a behavioral health facility in the northeast human service region.	
Community cultural center grant - SIIF	Section 7 identifies $1,000,000 from the SIIF for a one-time grant for a community cultural center in the west central human service region.	Section 7 identifies $1,000,000 from the SIIF for a one-time grant for a community cultural center in the west central human service region.	
Juvenile justice diversion services and program - General fund	Section 8 identifies $750,000 of one-time funding from the general fund for juvenile justice diversion services and programs.	Section 8 identifies $750,000 of one-time funding from the general fund for juvenile justice diversion services and programs.	
Animal shelter grant - Community health trust fund	Section 9 identifies $300,000 of one-time funding from the community health trust fund to provide a grant for construction of an animal shelter.	Section 9 identifies $300,000 of one-time funding from the community health trust fund to provide a grant for construction of an animal shelter.	

Other Sections in Department of Health and Human Services - Budget No. 325

Section Description	House Version	Senate Version	
Statewide health strategies - Community health trust fund	Section 10 identifies $750,000 of one-time funding from the community health trust fund for the statewide health strategies initiative.	Section 10 identifies $750,000 of one-time funding from the community health trust fund for the statewide health strategies initiative.	
Other funds - Insurance tax distribution fund	Section 11 identifies $1,125,000 from the insurance tax distribution fund for rural emergency medical services grants.	Section 11 identifies $1,125,000 from the insurance tax distribution fund for rural emergency medical services grants.	
Other funds - Community health trust fund	Section 12 identifies $38,713,522 from the community health trust fund for the following purposes: loan repayment programs ($594,500), tobacco and vaping programs ($11,599,698), cancer and women's way programs ($909,824), behavioral risk state survey ($200,000), domestic violence programs ($4,250,000), local public health grants ($3,275,000), 988 crisis hotline ($1,867,500), various information technology system upgrades ($2,967,000), grants to rural ambulances ($7,000,000), law enforcement rural crisis support program ($1,000,000), Development of partial hospitalization/intensive day treatment ($2,000,000), Critical access hospital networking ($2,000,000), Animal shelter grant ($300,000), statewide health strategies ($750,000).	Section 12 identifies $38,713,522 from the community health trust fund for the following purposes: loan repayment programs ($594,500), tobacco and vaping programs ($11,599,698), cancer and women's way programs ($909,824), behavioral risk state survey ($200,000), domestic violence programs ($4,250,000), local public health grants ($3,275,000), 988 crisis hotline ($1,867,500), various information technology system upgrades ($2,967,000), grants to rural ambulances ($7,000,000), law enforcement rural crisis support program ($1,000,000), Development of partial hospitalization/intensive day treatment ($2,000,000), Critical access hospital networking ($2,000,000), Animal shelter grant ($300,000), statewide health strategies ($750,000).	
Other funds - Human service finance fund	Section 13 identifies $239,112,030 from the human services finance fund for state-paid economic assistance and social and human services.	Section 13 identifies $239,112,030 from the human services finance fund for state-paid economic assistance and social and human services.	
Opioid settlement fund	Section 14 identifies $8,000,000 from the opioid settlement fund for opioid remediation and abatement efforts.	Section 14 identifies $8,000,000 from the opioid settlement fund for opioid remediation and abatement efforts.	
Other funds - SIIF	Section 15 identifies $227,474,784 from SIIF for the following purposes: retiring technology from the mainframe ($7,500,000), new state lab and purchase security equipment ($2,962,304), capital projects in human service centers and the LSTC ($1,052,480), housing initiative programs ($1,000,000), technology projects at the State Hospital ($1,000,000), behavioral health facility grant ($12,960,000), community cultural center grant ($1,000,000), and a new State Hospital capital project ($200,000,000).	Section 15 identifies $227,474,784 from SIIF for the following purposes: retiring technology from the mainframe ($7,500,000), new state lab and purchase security equipment ($2,962,304), capital projects in human service centers and the LSTC ($1,052,480), housing initiative programs ($1,000,000), technology projects at the State Hospital ($1,000,000), behavioral health facility grant ($12,960,000), community cultural center grant ($1,000,000), and a new State Hospital capital project ($200,000,000).	
Bank of North Dakota line of credit	Section 16 provides for a $130,000,000 Bank of North Dakota line of credit for costs associated with the construction of a new state hospital.	Section 16 provides for a $130,000,000 Bank of North Dakota line of credit for costs associated with the construction of a new state hospital.	
Laboratory building steering committee	Section 17 requires DHHS will maintain the laboratory building steering committee to oversee the design and construction of the laboratory building project during the biennium or until the work is completed, whichever is earlier.	Section 17 requires DHHS will maintain the laboratory building steering committee to oversee the design and construction of the laboratory building project during the biennium or until the work is completed, whichever is earlier.	
New state hospital steering committee	Section 18 requires DHHS will establish a state hospital facility steering committee to oversee the design and construction of the new State Hospital project during the biennium.	Section 18 requires DHHS will establish a state hospital facility steering committee to oversee the design and construction of the new State Hospital project during the biennium.	

Other Sections in Department of Health and Human Services - Budget No. 325

Section Description	House Version	Senate Version	
Capital payments	Section 19 authorizes DHHS to expend funds for the payment of special assessments at the State Hospital, Southeast Human Service Center, and Life Skills and Transition Center.	Section 19 authorizes DHHS to expend funds for the payment of special assessments at the State Hospital, Southeast Human Service Center, and Life Skills and Transition Center.	
Capital projects - Emergency commission approval	Section 20 authorizes transfers from line items within Section 1 of this bill for capital projects and maintenance pertaining to the operation of facilities including demolition projects of up to $10 million. DHHS may seek emergency commission approval to spend more than $10 million under this section.	Section 20 authorizes transfers from line items within Section 1 of this bill for capital projects and maintenance pertaining to the operation of facilities including demolition projects of up to $10 million, DHHS may seek emergency commission approval to spend more than $10 million under this section.	
Permanent supportive housing grants	Section 21 directs DHHS to develop a funding methodology to distribute the funding to qualified entities that utilize best practices for permanent supportive housing, provide recovery-oriented and person-centered services, submit processes and outcome measures to DHHS, and authorize DHHS to conduct onsite visits to review program operations for the funding of $4,672,536 included in Section 1 of the bill.	Section 21 directs DHHS to develop a funding methodology to distribute the funding to qualified entities that utilize best practices for permanent supportive housing, provide recovery-oriented and person-centered services, submit processes and outcome measures to DHHS, and authorize DHHS to conduct onsite visits to review program operations for the funding of $4,672,536 included in Section 1 of the bill.	
Expenditures may not exceed appropriation - Medical assistance expansion program	Section 22 identifies the sum of $662,099,340, of which $66,209,934 is from the general fund, for the Medicaid Expansion program for the 2025-27 biennium. The expenditures for individuals enrolled in Medicaid Expansion may not exceed this amount.	Section 22 identifies the sum of $662,099,340, of which $66,209,934 is from the general fund, for the Medicaid Expansion program for the 2025-27 biennium. The expenditures for individuals enrolled in Medicaid Expansion may not exceed this amount.	
Human service centers - certified community behavioral health clinics - FTE positions	Section 23 requires DHHS to continue the process of human service centers becoming certified community behavioral health clinics to provide continuous community-based behavioral health services for children and adults. Federal funding must be pursued and subject to the availability of generated income, DHHS may add FTE positions for field services to provide direct services.	Section 23 requires DHHS to continue the process of human service centers becoming certified community behavioral health clinics to provide continuous community-based behavioral health services for children and adults. Federal funding must be pursued and subject to the availability of generated income, DHHS may add FTE positions for field services to provide direct services.	
Intermediate care facility moratorium	Section 24 precludes DHHS from adding any new licensed intermediate care facility for individuals with intellectual disabilities beds to the state's licensed bed capacity during the biennium.	Section 24 precludes DHHS from adding any new licensed intermediate care facility for individuals with intellectual disabilities beds to the state's licensed bed capacity during the biennium.	
Exemption for certain unexpended appropriations to be continued into the 2025-27 biennium	Subsection 1 - $3,674,757 from the general fund and $25,918,566 from federal funds for Medicaid management information system modularization technology.	Subsection 1 - $3,674,757 from the general fund and $25,918,566 from federal funds for Medicaid management information system modularization technology.	
	Subsection 2 - $14,411,218 from the general fund and $14,411,218 from federal funds for the child welfare technology project.	Subsection 2 - $14,411,218 from the general fund and $14,411,218 from federal funds for the child welfare technology project.	
	Subsection 3 -$20,366,271 from the community health trust fund and $39,534,525 from federal funds for the child support computer replacement project.	Subsection 3 -$20,366,271 from the community health trust fund and $39,534,525 from federal funds for the child support computer replacement project.	
	Subsection 4 - $10,989,217 from SIIF for the procurement and grants management system.	Subsection 4 - $10,989,217 from SIIF for the procurement and grants management system.	
	Subsection 5 - $4.15 million from the general fund for defraying the expenses of additional human service centers to begin the process of becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults.	Subsection 5 - $4.15 million from the general fund for defraying the expenses of additional human service centers to begin the process of becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults.	

Other Sections in Department of Health and Human Services - Budget No. 325

Section Description	House Version	Senate Version	
	Subsection 6 - $18,941,847 in Chapter 549 of the 2021 Special Session Laws.	Subsection 6 - $18,941,847 in Chapter 549 of the 2021 Special Session Laws.	
	Subsection 7 - $55,120,000 from the federal state fiscal recovery fund for a public health laboratory capital project.	Subsection 7 - $55,120,000 from the federal state fiscal recovery fund for a public health laboratory capital project.	
	Subsection 8 - $5 million from the general funds for the purpose of employer-led child care cost-share program.	Subsection 8 - $5 million from the general funds for the purpose of employer-led child care cost-share program.	
	Subsection 9 - $986,555 from the general fund for the purpose of streamlining background checks.	Subsection 9 - $986,555 from the general fund for the purpose of streamlining background checks.	
	Subsection 10 - $2,223,981 from the federal state fiscal recovery fund for the implementation of a virtual behavioral health crisis care program for rural law enforcement.	Subsection 10 - $2,223,981 from the federal state fiscal recovery fund for the implementation of a virtual behavioral health crisis care program for rural law enforcement.	
	Subsection 11 - $500,000 from federal funds for the purpose of program integrity audits.	Subsection 11 - $500,000 from federal funds for the purpose of program integrity audits.	
	Subsection 12 - $1,950,000 from general funds for a northwest human service region behavioral health facility grant.	Subsection 12 - $1,950,000 from general funds for a northwest human service region behavioral health facility grant.	
Legislative intent - Utilization rate adjustment	Section 26 provides intent that DHHS seek a deficiency appropriation for any expenditures that exceed appropriated amounts as a result of underfunding, utilization rates, value-based purchasing for nursing facilities, reduction in federal medical assistance percentage, and unexpected contract cost increases that exceed 10 percent during the biennium if funding is not sufficient to pay actual expenses.	Section 26 provides intent that DHHS seek a deficiency appropriation for any expenditures that exceed appropriated amounts as a result of underfunding, utilization rates, value-based purchasing for nursing facilities, reduction in federal medical assistance percentage, and unexpected contract cost increases that exceed 10 percent during the biennium if funding is not sufficient to pay actual expenses.	
Legislative intent - Provider rate increase	Section 27 provides for a 2 percent increase each year of the biennium for human service provider inflation. The provider inflation increase in this section does not apply to nursing facilities.	Section 27 provides for a 2 percent increase each year of the biennium for human service provider inflation. The provider inflation increase in this section does not apply to nursing facilities.	
Legislative intent - Developmental disabilities provider accreditation requirement	Section 28 provides for elimination of the administrative rule requirement that providers of developmental disabilities services be accredited as a condition of being eligible for receiving payments for services from DHHS.	Section 28 provides for elimination of the administrative rule requirement that providers of developmental disabilities services be accredited as a condition of being eligible for receiving payments for services from DHHS.	
Legislative intent - Medical assistance	Section 29 provides for DHHS to review the amount, duration, coverage, utilization rates, medical necessity, and scope of medical assistance services, and may implement any adjustments the department determines appropriate.	Section 29 provides for DHHS to review the amount, duration, coverage, utilization rates, medical necessity, and scope of medical assistance services, and may implement any adjustments the department determines appropriate.	
Federal funding appeal limitation	Section 30 provides except as otherwise specifically provided by federal law, a person may not appeal a denial, revocation, reduction in services or payment, or the termination of a program or service by DHHS due to the unavailability of federal coronavirus funding received under federal law resulting from the federal coronavirus pandemic emergency declaration.	Section 30 provides except as otherwise specifically provided by federal law, a person may not appeal a denial, revocation, reduction in services or payment, or the termination of a program or service by DHHS due to the unavailability of federal coronavirus funding received under federal law resulting from the federal coronavirus pandemic emergency declaration.	
Long term structured residences plan - report	Section 31 provides for DHHS to review options and develop a plan to establish long-term structured residences.	Section 31 provides for DHHS to review options and develop a plan to establish long-term structured residences.	

Other Sections in Department of Health and Human Services - Budget No. 325

Section Description	House Version	Senate Version	
Lease of land at the State Hospital and Life Skills and Transition Center	Section 32 amends section 50-06-06.6 of the North Dakota Century Code to allow for a lease term of real or personal property for term not to exceed ninety-nine years at the life skills and transition center or the state hospital.	Section 32 amends section 50-06-06.6 of the North Dakota Century Code to allow for a lease term of real or personal property for term not to exceed ninety-nine years at the life skills and transition center or the state hospital.	
Use of SUD voucher	Section 33 amends section 50-06-42 of the North Dakota Century Code to include medical costs in the substance use voucher system payments for individuals in a licensed substance abuse treatment program and allow for the substance use voucher system for individuals detained or confined in a county jail or detention center or regional corrections center.	Section 33 amends section 50-06-42 of the North Dakota Century Code to include medical costs in the substance use voucher system payments for individuals in a licensed substance abuse treatment program and allow for the substance use voucher system for individuals detained or confined in a county jail or detention center or regional corrections center.	
Basic care payment rate	Section 34 amends section 50-24.5-02.3 of the North Dakota Century Code to extend the basic care payment rate increase of five dollars per day through June 30, 2027.	Section 34 amends section 50-24.5-02.3 of the North Dakota Century Code to extend the basic care payment rate increase of five dollars per day through June 30, 2027.	
Child care workforce benefits	Section 35 amends section 50-33-05 of the North Dakota Century Code to include individuals employed by an early childhood program within the boundaries of the state if approved for the state's child care assistance child care workforce benefit.	Section 35 amends section 50-33-05 of the North Dakota Century Code to include individuals employed by an early childhood program within the boundaries of the state if approved for the state's child care assistance child care workforce benefit.	
Housing availability assessment - collaboration with housing finance agency	Section 36 provides for DHHS to collaborate with the North Dakota Housing Finance Agency and other appropriate stakeholders to assess the availability of housing for individuals requiring extraordinary health care support services.	Section 36 provides for DHHS to collaborate with the North Dakota Housing Finance Agency and other appropriate stakeholders to assess the availability of housing for individuals requiring extraordinary health care support services.	
Behavioral health clinics, North Dakota State Hospital, and Life Skills and Transition Center funding	Section 37 identifies funding for the behavioral health clinics, State Hospital, and Life Skills and Transition Center.	Section 37 identifies funding for the behavioral health clinics, State Hospital, and Life Skills and Transition Center.	
Legislative management study - student truancy and absenteeism	Section 38 provides for a study on truancy and student absenteeism in kindergarten through grade twelve public schools.	Section 38 provides for a study on truancy and student absenteeism in kindergarten through grade twelve public schools.	
Legislative Management study - obesity health implications	Section 39 provides for a study on the health implications of obesity on the residents of the state and options to increase access to prevention and treatments for obesity.	Section 39 provides for a study on the health implications of obesity on the residents of the state and options to increase access to prevention and treatments for obesity.	
Legislative Management report - behavioral health facility grants	Section 40 requires DHHS to provide reports to the Legislative Management regarding the award grant funding to increase the number of behavioral health beds in the state.	Section 40 requires DHHS to provide reports to the Legislative Management regarding the award grant funding to increase the number of behavioral health beds in the state.	

Legislative Council

Business Operations - 100 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	House Version				Senate Version				Senate Compared to House Version Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	114.40	$74,099,008	$118,894,310	$192,993,318	114.40	$74,099,008	$118,894,310	$192,993,318	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$1,035,502	$531,151	$1,566,653		$1,035,502	$531,151	$1,566,653				$0
Health insurance increase		651,154	363,569	1,014,723		651,154	363,569	1,014,723				0
Base budget adjustments and transfers		(16,396,866)	(66,836,143)	(83,233,009)		(16,396,866)	(66,836,143)	(83,233,009)				0
FTE block grant pool	(180.55)	(12,603,508)	(17,737,100)	(30,340,608)	(180.55)	(12,603,508)	(17,737,100)	(30,340,608)				0
Information Technology Department (ITD) rate increases		5,196,748	2,152,302	7,349,050		5,196,748	2,152,302	7,349,050				0
IT contractual Inflationary rate increases		20,730,788		20,730,788		20,730,788		20,730,788				0
Operational underfund		(3,050,000)		(3,050,000)		(3,050,000)		(3,050,000)				0
Additional salary funding/underfunding- 103 CCBHC		(20,157,874)		(20,157,874)		(20,157,874)		(20,157,874)				0
Office of Administrative Hearings and Attorney General fee increases		190,590		190,590		190,590		190,590				0
FTE position adjustment	66.15			0	66.15			0				0
Total ongoing funding changes	**(114.40)**	**($24,403,466)**	**($81,526,221)**	**($105,929,687)**	**(114.40)**	**($24,403,466)**	**($81,526,221)**	**($105,929,687)**	**0.00**	**$0**	**$0**	**$0**
One-Time Funding Items												
Retire mainframe and legacy systems (SIIF)			$10,000,000	$10,000,000			$10,000,000	$10,000,000				$0
Total one-time funding changes	**0.00**	**$0**	**$10,000,000**	**$10,000,000**	**0.00**	**$0**	**$10,000,000**	**$10,000,000**	**0.00**	**$0**	**$0**	**$0**
Total Changes to Base Level Funding	**(114.40)**	**($24,403,466)**	**($71,526,221)**	**($95,929,687)**	**(114.40)**	**($24,403,466)**	**($71,526,221)**	**($95,929,687)**	**0.00**	**$0**	**$0**	**$0**
2025-27 Total Funding	**0.00**	**$49,695,542**	**$47,368,089**	**$97,063,631**	**0.00**	**$49,695,542**	**$47,368,089**	**$97,063,631**	**0.00**	**$0**	**$0**	**$0**
Federal funds included in other funds			*$41,760,908*				*$41,760,908*				*$0*	
Total ongoing changes - Percentage of base level	*(100.0%)*	*(32.9%)*	*(68.6%)*	*(54.9%)*	*(100.0%)*	*(32.9%)*	*(68.6%)*	*(54.9%)*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*(100.0%)*	*(32.9%)*	*(60.2%)*	*(49.7%)*	*(100.0%)*	*(32.9%)*	*(60.2%)*	*(49.7%)*	*N/A*	*N/A*	*N/A*	*N/A*

Legislative Council

Behavioral Health - 200 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	House Version				Senate Version				Senate Compared to House Version Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	1,054.27	$307,905,408	$113,955,941	$421,861,349	1,054.27	$307,905,408	$113,955,941	$421,861,349	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$8,392,306	$134,924	$8,527,230		$8,392,306	$134,924	$8,527,230				$0
Health insurance increase		6,517,157	114,129	6,631,286		6,517,157	114,129	6,631,286				0
Base budget adjustments and transfers		15,466,235	2,311,139	17,777,374		15,466,235	2,311,139	17,777,374				0
FTE block grant pool	(1,159.20)	(190,198,399)	(68,592,655)	(258,791,054)	(1,159.20)	(190,198,399)	(68,592,655)	(258,791,054)				0
Cost to continue programs		5,709,106	(5,000,000)	709,106		5,709,106	(5,000,000)	709,106				0
Opioid settlement			8,000,000	8,000,000			8,000,000	8,000,000				0
Avel eCare rural crisis support continuation (community health trust fund)- reduce other funds			1,000,000	1,000,000			1,000,000	1,000,000				0
Substance use disorder voucher utilization expansion		2,500,000		2,500,000		2,500,000		2,500,000				0
Additional substance use disorder funding for medical expenses with institution for mental disease voucher		500,000		500,000		250,000		250,000		($250,000)		(250,000)
Substance use disorder - 50/50 inpatient/outpatient		500,000		500,000		500,000		500,000				0
Mental health and substance use disorder treatment for incarcerated individuals		2,500,000		2,500,000		0		0		(2,500,000)		(2,500,000)
Western ND behavioral health staffing salary equity		250,536		250,536		250,536		250,536				0
Inflation for vendors crisis residential contract		706,233		706,233		706,233		706,233				0
Inflation for vendors addiction residential contract		917,786		917,786		917,786		917,786				0
Inflation for vendors recovery/rehab contract		2,154,668		2,154,668		2,154,668		2,154,668				0
Inflation for vendors adjustment		(2,000,000)		(2,000,000)		(2,000,000)		(2,000,000)				0
Treatment collaboration for traumatized youth expansion		408,000		408,000		408,000		408,000				0
Voluntary treatment program/qualified residential treatment program private custody youth		1,351,997		1,351,997		1,351,997		1,351,997				0
Youth crisis stabilization pilot(CHTF/Fed)				0			3,000,000	3,000,000			$3,000,000	3,000,000
Cost to continue free through recovery and community connect		4,761,081		4,761,081		4,761,081		4,761,081				0
Expanded Community Connect services		4,458,814		4,458,814		3,500,000		3,500,000		(958,814)		(958,814)
Expand free through recovery services		4,016,908		4,016,908		2,000,000		2,000,000		(2,016,908)		(2,016,908)
Peer support increase		137,990		137,990		137,990		137,990				0
Drug court treatment expansion		200,000		200,000		200,000		200,000				0
Provider inflation increase 2% and 2%		2,541,299		2,541,299		2,541,299		2,541,299				0
Behavioral health services for nursing homes and basic care facilities		2,000,000		2,000,000		2,000,000		2,000,000				0
FTE position adjustment	104.93			0	104.93			0				0
Total ongoing funding changes	**(1,054.27)**	**($126,208,283)**	**($62,032,463)**	**($188,240,746)**	**(1,054.27)**	**($131,934,005)**	**($59,032,463)**	**($190,966,468)**	**0.00**	**($5,725,722)**	**$3,000,000**	**($2,725,722)**
One-Time Funding Items												
Electronic Health Record/Pharmacy system (SIIF)			$500,000	$500,000			$500,000	$500,000				$0

Retire health record legacy system on mainframe (SIIF)			1,000,000	1,000,000			1,000,000	1,000,000				0
State hospital network redundancy and speed (SIIF)			500,000	500,000			500,000	500,000				0
Develop partial hospitalization/intensive day treatment (community health trust fund)			2,000,000	2,000,000			2,000,000	2,000,000				0
Bathroom remodel at Southeast Human Service Center (SIIF)			340,000	340,000			972,000	972,000			$632,000	632,000
Construction of new state hospital -(SIIF) - BND line of credit			330,000,000	330,000,000			330,000,000	330,000,000				0
Behavioral health facility grant(SIIF)			12,960,000	12,960,000			12,960,000	12,960,000				0
Total one-time funding changes	**0.00**	**$0**	**$347,300,000**	**$347,300,000**	**0.00**	**$0**	**$347,932,000**	**$347,932,000**	**0.00**	**$0**	**$632,000**	**$632,000**
Total Changes to Base Level Funding	**(1,054.27)**	**($126,208,283)**	**$285,267,537**	**$159,059,254**	**(1,054.27)**	**($131,934,005)**	**$288,899,537**	**$156,965,532**	**0.00**	**($5,725,722)**	**$3,632,000**	**($2,093,722)**
2025-27 Total Funding	**0.00**	**$181,697,125**	**$399,223,478**	**$580,920,603**	**0.00**	**$175,971,403**	**$402,855,478**	**$578,826,881**	**0.00**	**($5,725,722)**	**$3,632,000**	**($2,093,722)**
Federal funds included in other funds			*$42,070,302*				*$43,570,302*				*$1,500,000*	
Total ongoing changes - Percentage of base level	*(100.0%)*	*(41.0%)*	*(54.4%)*	*(44.6%)*	*(100.0%)*	*(42.8%)*	*(51.8%)*	*(45.3%)*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*(100.0%)*	*(41.0%)*	*250.3%*	*37.7%*	*(100.0%)*	*(42.8%)*	*253.5%*	*37.2%*	*N/A*	*N/A*	*N/A*	*N/A*

Legislative Council

Human Services - 300 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	House Version				Senate Version				Senate Compared to House Version Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	1,009.16	$623,450,353	$1,240,409,529	$1,863,859,882	1,009.16	$623,450,353	$1,240,409,529	$1,863,859,882	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$2,546,488	$4,704,191	$7,250,679		$2,546,488	$4,704,191	$7,250,679				$0
Health insurance increase		2,072,787	3,795,116	5,867,903		2,072,787	3,795,116	5,867,903				0
FTE block grant pool	(1,029.70)	(76,722,653)	(150,764,540)	(227,487,193)	(1,028.70)	(76,722,653)	(150,764,540)	(227,487,193)	1.00			0
Base budget adjustments and transfers		10,605,259	93,868,910	104,474,169		10,605,259	93,868,910	104,474,169				0
DHHS cost to continue		57,330,438	(2,746,684)	54,583,754		57,330,438	(2,746,684)	54,583,754				0
Adoption contract increase		4,883,205		4,883,205		4,883,205		4,883,205				0
Housing assistance to support targeted population - DOJ		300,000		300,000		300,000		300,000				0
Services to support transition and diversion from institution - DOJ		2,733,934	2,555,463	5,289,397		2,733,934	2,555,463	5,289,397				0
Implement host home service DD HCBS waiver		1,689,900	1,689,900	3,379,800		1,689,900	1,689,900	3,379,800				0
Adult Protective Services coverage contracts		718,522		718,522		718,522		718,522				0
Representation supports for families		350,000	350,000	700,000		350,000	350,000	700,000				0
Provider inflation increase 2% and 2%		12,988,702	13,926,186	26,914,888		12,988,702	13,926,186	26,914,888				0
Zone employee increases 3% and 3% and health insurance			5,002,833	5,002,833			5,002,833	5,002,833				0
FMAP percentage change 50.0% to 50.99%		(4,290,660)	744,660	(3,546,000)		(4,290,660)	744,660	(3,546,000)				0
State dementia coordinator	1.00			0	0.00			0	(1.00)			0
FTE position adjustment	19.54			0	19.54			0				0
LIHEAP reduction - accounting change				0			(9,000,000)	(9,000,000)			($9,000,000)	(9,000,000)
Total ongoing funding changes	**(1,009.16)**	**$15,205,922**	**($26,873,965)**	**($11,668,043)**	**(1,009.16)**	**$15,205,922**	**($35,873,965)**	**($20,668,043)**	**0.00**	**$0**	**($9,000,000)**	**($9,000,000)**
One-Time Funding Items												
Retire economic assistance legacy system on mainframe (SIIF)			$2,000,000	$2,000,000			$2,000,000	$2,000,000				$0
Conversion of developmental disabilities eligibility assessment		$200,000	200,000	400,000		$200,000	200,000	400,000				0
Implement comprehensive vocational rehab technology system (federal funds) (community health trust fund)			8,000,000	8,000,000			1,000,000	1,000,000			($7,000,000)	(7,000,000)
Replace roof at Cedar Grove building at LSTC (SIIF)			712,480	712,480			712,480	712,480				0
Best in Class expansion		6,000,000		6,000,000		6,000,000		6,000,000				0
Childcare grants, resources and shared services		2,500,000		2,500,000		2,500,000		2,500,000				0
Early childhood quality infrastructure		3,000,000		3,000,000		3,000,000		3,000,000				0
Maintaining expanded inclusion support for special needs childcare		172,500		172,500		172,500		172,500				0
Offer quality rated childcare programs access to teaching strategy		100,000		100,000		100,000		100,000				0
Quality tiered payments for childcare assistance program		1,500,000		1,500,000		1,500,000		1,500,000				0

Housing assistance for people at risk of instability (SIIF)				0			1,000,000	1,000,000			1,000,000	1,000,000
Eviction prevention program (SIIF)				0			500,000	500,000			500,000	500,000
Home renovation incentives for accessibility (SIIF)			1,000,000	1,000,000			1,000,000	1,000,000				0
Grant for community cultural center (SIIF)			1,000,000	1,000,000			1,000,000	1,000,000				0
Winter park adaptive recreation program grant		200,000		200,000		0		0		($200,000)		(200,000)
Intermediate care facility grant for Anne Carlsen (CHTF)		3,457,736		3,457,736		0	4,400,000	4,400,000		(3,457,736)	4,400,000	942,264
Juvenile justice services (CHTF)		750,000		750,000		0	500,000	500,000		(750,000)	500,000	(250,000)
Total one-time funding changes	**0.00**	**$17,880,236**	**$12,912,480**	**$30,792,716**	**0.00**	**$13,472,500**	**$12,312,480**	**$25,784,980**	**0.00**	**($4,407,736)**	**($600,000)**	**($5,007,736)**
Total Changes to Base Level Funding	**(1,009.16)**	**$33,086,158**	**($13,961,485)**	**$19,124,673**	**(1,009.16)**	**$28,678,422**	**($23,561,485)**	**$5,116,937**	**0.00**	**($4,407,736)**	**($9,600,000)**	**($14,007,736)**
2025-27 Total Funding	**0.00**	**$656,536,511**	**$1,226,448,044**	**$1,882,984,555**	**0.00**	**$652,128,775**	**$1,216,848,044**	**$1,868,976,819**	**0.00**	**($4,407,736)**	**($9,600,000)**	**($14,007,736)**
Federal funds included in other funds			*$958,049,164*				*$942,753,164*				*($15,296,000)*	
Total ongoing changes - Percentage of base level	*(100.0%)*	*2.4%*	*(2.2%)*	*(0.6%)*	*(100.0%)*	*2.4%*	*(2.9%)*	*(1.1%)*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*(100.0%)*	*5.3%*	*(1.1%)*	*1.0%*	*(100.0%)*	*4.6%*	*(1.9%)*	*0.3%*	*N/A*	*N/A*	*N/A*	*N/A*

Other Sections in Human Services - 300 - Budget No. 325

Section Description	House Version	Senate Version	
No other sections			

Legislative Council

Medical Services - 400 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	House Version				Senate Version				Senate Compared to House Version Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	90.50	$958,216,598	$1,818,029,530	$2,776,246,128	90.50	$958,216,598	$1,818,029,530	$2,776,246,128	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$338,151	$479,188	$817,339		$338,151	$479,188	$817,339				$0
Health insurance increase		233,619	342,896	576,515		233,619	342,896	576,515				0
Base budget adjustments and transfers		(28,505,732)	61,061,722	32,555,990		(28,505,732)	61,061,722	32,555,990				0
DHHS cost to continue		71,253,662	(118,383,672)	(47,130,010)		71,253,662	(118,383,672)	(47,130,010)				0
HCBS cost to continue		36,977,113	27,837,811	64,814,924		36,977,113	27,837,811	64,814,924				0
FTE block grant pool	(101.75)	(9,636,069)	(15,163,610)	(24,799,679)	(101.75)	(9,636,069)	(15,163,610)	(24,799,679)				0
DD bed assessment adjustment			7,209,580	7,209,580			7,209,580	7,209,580				0
Value based purchasing Medicaid		1,000,000	1,000,000	2,000,000		1,000,000	1,000,000	2,000,000				0
Home health targeted rate increase		1,235,768	1,235,768	2,471,536		1,235,768	1,235,768	2,471,536				0
Qualified service provider target rate increase		3,595,104	1,797,552	5,392,656		3,595,104	1,797,552	5,392,656				0
HCBS cross disability waiver		2,474,226	2,474,226	4,948,452		2,474,226	2,474,226	4,948,452				0
Rebase Medicaid rates for ambulance service		2,189,770	2,189,770	4,379,540		1,000,000	1,000,000	2,000,000		($1,189,770)	($1,189,770)	(2,379,540)
Provider inflation increases 2% and 2%		13,689,672	15,190,970	28,880,642		13,689,672	15,190,970	28,880,642				0
FMAP percentage change 50.0% to 50.99%		(7,809,340)	1,355,340	(6,454,000)		(7,809,340)	1,355,340	(6,454,000)				0
FTE position adjustment	11.25			0	11.25			0				0
Total ongoing funding changes	**(90.50)**	**$87,035,944**	**($11,372,459)**	**$75,663,485**	**(90.50)**	**$85,846,174**	**($12,562,229)**	**$73,283,945**	**0.00**	**($1,189,770)**	**($1,189,770)**	**($2,379,540)**
One-Time Funding Items												
Retire Medicaid legacy system on mainframe (SIIF)			$2,000,000	$2,000,000			$2,000,000	$2,000,000				$0
Critical access hospital networking grant (CHTF)			2,000,000	2,000,000			1,000,000	1,000,000			($1,000,000)	(1,000,000)
Total one-time funding changes	**0.00**	**$0**	**$4,000,000**	**$4,000,000**	**0.00**	**$0**	**$3,000,000**	**$3,000,000**	**0.00**	**$0**	**($1,000,000)**	**($1,000,000)**
Total Changes to Base Level Funding	**(90.50)**	**$87,035,944**	**($7,372,459)**	**$79,663,485**	**(90.50)**	**$85,846,174**	**($9,562,229)**	**$76,283,945**	**0.00**	**($1,189,770)**	**($2,189,770)**	**($3,379,540)**
2025-27 Total Funding	**0.00**	**$1,045,252,542**	**$1,810,657,071**	**$2,855,909,613**	**0.00**	**$1,044,062,772**	**$1,808,467,301**	**$2,852,530,073**	**0.00**	**($1,189,770)**	**($2,189,770)**	**($3,379,540)**
Federal funds included in other funds			*$1,747,182,952*				*$1,745,993,182*				*($1,189,770)*	
Total ongoing changes - Percentage of base level	*(100.0%)*	*9.1%*	*(0.6%)*	*2.7%*	*(100.0%)*	*9.0%*	*(0.7%)*	*2.6%*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*(100.0%)*	*9.1%*	*(0.4%)*	*2.9%*	*(100.0%)*	*9.0%*	*(0.5%)*	*2.7%*	*N/A*	*N/A*	*N/A*	*N/A*

Legislative Council

Public Health - 500 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	House Version				Senate Version				Senate Compared to House Version Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	215.50	$47,756,180	$250,440,690	$298,196,870	215.50	$47,756,180	$250,440,690	$298,196,870	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$1,714,252		$1,714,252		$1,714,252		$1,714,252				$0
Health insurance increase		1,183,357		1,183,357		1,183,357		1,183,357				0
FTE block grant pool	(217.15)	(20,403,996)	($34,462,245)	(54,866,241)	(217.15)	(20,403,996)	($34,462,245)	(54,866,241)				0
Base budget adjustments and transfers		(1,503,118)	3,120,553	1,617,435		(1,503,118)	3,120,553	1,617,435				0
Adds funding to replace the 2023-25 new FTE pool		65,094	50,008	115,102		65,094	50,008	115,102				0
Adds funding to replace the 2023-25 vacant FTE pool		569,060	1,754,865	2,323,925		569,060	1,754,865	2,323,925				0
Expansion for domestic and sexual violence prevention (community health trust fund)			2,250,000	2,250,000			2,250,000	2,250,000				0
Additional domestic violence and sexual violence prevention		1,700,000		1,700,000		0		0		($1,700,000)		(1,700,000)
Funding for Safe Haven program		440,000		440,000		0		0		(440,000)		(440,000)
Maternal and child health programs enhancement				0				0				0
Coordinated purchasing to support immunization access (public health and consolidated lab fund)			2,213,930	2,213,930			0	0			($2,213,930)	(2,213,930)
Forensic pathology contract		2,866,156	(1,000,000)	1,866,156		2,000,000	(1,000,000)	1,000,000		(866,156)		(866,156)
Food and lodging 7.5% additional fee increase to 20% in total		(71,298)	71,298	0		(71,298)	71,298	0				0
Additional grant for Family Voices		100,000		100,000		16,000		16,000		(84,000)		(84,000)
Fetal Alcohol spectrum disorder clinic		637,661		637,661		350,000		350,000		(287,661)		(287,661)
FTE position adjustment	1.65			0	1.65			0				0
Total ongoing funding changes	**(215.50)**	**($12,702,832)**	**($26,001,591)**	**($38,704,423)**	**(215.50)**	**($16,080,649)**	**($28,215,521)**	**($44,296,170)**	**0.00**	**($3,377,817)**	**($2,213,930)**	**($5,591,747)**
One-Time Funding Items												
Nonfatal toxicology testing equipment(health lab)		$151,500	$100,000	$251,500		$151,500	$100,000	251,500				0
Public health laboratory transition (SIIF)			2,962,304	2,962,304			2,962,304	2,962,304				0
Forensic examiner electronic records system (community health trust fund)			278,000	278,000			0	0			($278,000)	(278,000)
Food and lodging management information system(community health trust fund)			335,000	335,000			335,000	335,000				0
Health facilities and EMS licensure management system (community health trust fund)			650,000	650,000			0	0			(650,000)	(650,000)
Funding for Cass County animal shelter(community health trust fund)			300,000	300,000			0	0			(300,000)	(300,000)
Statewide health strategies grant (community health trust fund)			750,000	750,000			0	0			(750,000)	(750,000)
Public Health Data Modernization(public health and consolidated lab fund)				0			2,213,930	2,213,930			2,213,930	2,213,930

Total one-time funding changes	0.00	$151,500	$5,375,304	$5,526,804	0.00	$151,500	$5,611,234	$5,762,734	0.00	$0	$235,930	$235,930
Total Changes to Base Level Funding	(215.50)	($12,551,332)	($20,626,287)	($33,177,619)	(215.50)	($15,929,149)	($22,604,287)	($38,533,436)	0.00	($3,377,817)	($1,978,000)	($5,355,817)
2025-27 Total Funding	0.00	$35,204,848	$229,814,403	$265,019,251	0.00	$31,827,031	$227,836,403	$259,663,434	0.00	($3,377,817)	($1,978,000)	($5,355,817)
Federal funds included in other funds			*$188,459,479*				*$188,459,479*				*$0*	
Total ongoing changes - Percentage of base level	*(100.0%)*	*(26.6%)*	*(10.4%)*	*(13.0%)*	*(100.0%)*	*(33.7%)*	*(11.3%)*	*(14.9%)*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*(100.0%)*	*(26.3%)*	*(8.2%)*	*(11.1%)*	*(100.0%)*	*(33.4%)*	*(9.0%)*	*(12.9%)*	*N/A*	*N/A*	*N/A*	*N/A*

2025 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

HB 1012 a.m.
4/7/2025

Relating to the department of health & human services.

10:08 a.m. Chairman Dever opened the hearing.

Members present: Chairman Dever and Senators Cleary, Davison, Magrum and Mathern.

Discussion Topics:

- Medical Homes
- Nursing Facility Incentive Program
- Skilled Nursing and Basic Care Facilities

10:09 a.m. Matt Schwarz, Parent of Disabled Person, started discussion of proposed medical homes.

10:12 a.m. Jeff Ubl, Owner, Ubl Architect, testified in favor and submitted testimony #44732.

10:26 a.m. George Zenk, Parent of Disabled Person, testified in favor online.

10:38 a.m. Bruce Murry, Lobbyist, testified in favor, referred to Section 31 of the bill, and answered committee questions

10:42 a.m. Matt Schwarz, Parent of Disabled Person, testified in favor, and submitted testimony #44735.

10:57 a.m. Dirk Wilke, Interim Commissioner, ND Department of Health and Human Services (ND DHHS), answered committee questions.

10:55 a.m. Senator Davison stated further discussion is needed on proposed medical homes.

10:59 a.m. Senator Mathern started discussion about his proposed amendment concerning Section 7, Nursing Facility Incentive Program - Report and submitted testimony #44730.

11:05 a.m. Sara Aker, Executive Director, Medical Service, ND DHHS, testified neutral and answered committee questions concerning proposed amendment.

11:25 a.m. Senator Mathern started discussion about his proposed amendment concerning Section 7, Skilled Nursing and Basic Care Facilities' Behavioral Health Services Grant and submitted testimony #44736.

11:31 a.m. Keith Mantz, Fiscal Analyst, LC, testified neutral, and referred to previously submitted testimony #44536.

11:31 a.m. Chairman Dever stated further discussion on both of Senator Mathern's proposed amendments need further discussion.

11:35 a.m. Donna Aukland, CFO, ND DHHS, answered committee question concerning $750,000, in Section 9 of the bill.

11:40 a.m. Chairman Dever closed meeting.

Joan Bares, Committee Clerk

3. The department shall require an entity receiving funding under this section to operate the facility for at least ten years and require the grant amount to be repaid if the entity does not operate the facility for at least ten years.
4. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 7. NURSING FACILITY INCENTIVE PROGRAM - REPORT. The department of health and human services shall study alternative payment structures for the nursing facility incentive program, including the potential use of a withhold during the biennium beginning July 1, 2025, and ending June 30, 2027. The department shall conduct this study in collaboration with the North Dakota long term care association and providers. The department may not implement a nursing facility withhold during the 2025-27 biennium. The department shall report its findings and any recommended changes to the payment structure of the nursing facility incentive program for the 2027-29 biennium to the legislative management for consideration by September 1, 2026.

SECTION 8. COMMUNITY CULTURAL CENTER GRANT - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND - APPLICATION. Section 1 of this Act includes the sum of $1,000,000 from the strategic investment and improvements fund for the purpose of providing a one-time community cultural center grant in the west central human service region. An entity may apply for a grant under this section if the entity certifies to the department it has secured at least fifty percent of funds needed to complete the project, the project will be completed within two years of receiving the grant funds, and the grants funds will be used only for costs of constructing a community cultural center. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 9. JUVENILE JUSTICE DIVERSION SERVICES AND PROGRAMS - TASK FORCE - REPORT. Section 1 of this Act includes the sum of $750,000 from the general fund for juvenile justice diversion services and programs. The department of health and human services must use the funding for services to youth at risk of juvenile justice involvement but who have not committed delinquent acts as defined in chapter 27-20.4.

The department shall establish a task force with representation from divisions in the department, human service zones, the department of public instruction, elementary and secondary schools, and members of the legislative assembly, to review juvenile justice diversion

HB1012
4-7-25

Client Name
Project Name
Date: April 01, 2025
Prepared by: Jeff Ubl

Cost Analysis
Pre-Design/Planning

		New	Renovation	Total
Building SF:		5,000	0	5,000

		Unit	Quantity	Cost	Total	Notes
Remediation						
Demolition - Site		Lump	0	50,000.00	$ -	
Demolition - Building		SF	0	12.00	$ -	
Demolition - Asbestos/Environmental		SF	0	6.00	$ -	
Demolition - General		SF	0	10.00	$ -	
Demolition - HVAC		SF	0	1.00	$ -	
Demolition - Plumbing		SF	0	2.00	$ -	
Demolition - Electrical		SF	0	1.00	$ -	
General Requirements (2%)		Percentage			$ -	
Subtotal Remediation Costs					$ -	
CONSTRUCTION						
New Sitework - Grading		Lump	1	25,000.00	$ 25,000.00	Allowance - Need to be Verified
New Sitework - Excavation		SF	5000	4.00	$ 20,000.00	Allowance - Need to be Verified
New Sitework - Paving		Lump	1	25,000.00	$ 25,000.00	Allowance - Need to be Verified
New Sitework - Pavement Markings		Lump	0	0.00	$ -	Allowance - Need to be Verified
New Sitework - Fencing/Bollards		Lump	0	0.00	$ -	Allowance - Need to be Verified
New Sitework - Utilities		Lump	1	15,000.00	$ 15,000.00	Allowance - Need to be Verified
New Sitework - Landscaping		Lump	1	12,500.00	$ 12,500.00	Allowance - Need to be Verified
General Requirements (2%)		Percentage			$ 1,950.00	
Subtotal Site Costs					$ 99,450.00	
New - General		SF	5000	178.00	$ 890,000.00	
New - HVAC		SF	5000	55.00	$ 275,000.00	
New - Plumbing		SF	5000	17.00	$ 85,000.00	
New - Fire Protection		SF	5000	5.00	$ 25,000.00	
New - Electrical		SF	5000	45.00	$ 225,000.00	
Other - High Flow Oxygen System		SF	4000	6.00	$ 24,000.00	
Other - Back-up Generator		Lump	1	15,000.00	$ 15,000.00	
other		Lump	0	0.00	$ -	
Other		Lump	0	0.00	$ -	
General Requirements (2%)		Percentage			$ 30,780.00	
Subtotal Building Costs					$ 1,569,780.00	
Subtotal Construction Costs					$ 1,669,230.00	
OTHER CONSTRUCTION COSTS						
CM Fee (3%)		Percentage			$ 50,076.90	
General Conditions (8.75%)		Percentage			$ 146,057.63	
Design Contingency (12%)		Percentage			$ 200,307.60	
CM Contingency (5%)		Percentage			$ 83,461.50	
Subcontractor Default (SDI)		Percentage			$ 16,692.30	
General Liability Insurance		Percentage			$ 15,857.69	
Performance and Payment Bond		Percentage			$ 11,684.61	
Escalation to Midpoint of Construction		Percentage			$ 208,653.75	
NET SUBTOTAL HARDCOSTS					$ 2,402,021.97	
SOFT COSTS						
Building Permit		Percentage			$ 14,412.13	
Owner's Builders Risk		Percentage			$ 4,804.04	
Geotechnical Engineering		Actual	5	2200.00	$ 11,000.00	
Contingency - Owner (10%)		Percentage			$ 120,101.10	
Land Acquisition		SF	21000	8.00	$ 168,000.00	
FFE (Medical Equipment)		Lump	1	400000.00	$ 400,000.00	
Security		Lump	0	0.00	$ -	
IT and Telephone		Lump	0	0.00	$ -	
Kitchen Equipment		Lump	0	0.00	$ -	
Moving Expenses		Lump	0	0.00	$ -	
Professional Fees		Percentage			$ 192,161.76	
Subtotal Soft Costs					$ 910,479.03	
TOTAL PROJECT BUDGET					**$3,312,501.00**	

	Actual	Low Range	High Range
PROJECT BUDGET RANGE	$3,312,501.00	$3,146,875.95	$3,478,126.05
COST PER SF FOR BUDGET	$662.50	$629.38	$695.63
COST PER SF FOR BUILDING ONLY	$480.40		

In providing this opinion of "Probable Cost", the client understands the Consultant has no control over the cost of availability of labor, equipment or materials, or over market conditions, or contractor's pricing methods and that the Consultant's estimates are based on professional judgement and experience. The Consultant makes no warranty, express or implied, that the bids or negotiated cost or work will not vary from the Consultant's estimate. This opinion of probable cost is considered confidential and proprietary and shall only be used for the purposes of this specific project and shall not be shared without written permission by the Consultant.

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ADDRESSING HOME AND COMMUNITY BASED NEEDS OF DD CLIENTS IN NORTH DAKOTA

(A Workplan in Progress as of 2/1/2025)

At least five years ago (2/21/2020) a meeting was held with the DD Division (Tina Bay) and Protection and Advocacy (Teresa Larson) to address the needs of DD clients with Support Intensity Scales (SIS) of 10 or greater. Indications were 80-85 clients fit this level of intense medical needs being served either in an institution or by individual families!

Something needs to be done to address these needs in the Home and Community Based environment as required by law, NOW!

Discussion

Four people with significant disabilities need a home where substantial medical services can be provided in their home. It needs to be appropriate for people who are medically fragile, allows them to be in the least restrictive environment, and person-centered to maintain their independence as much as possible.

Features should be for four clients maximum per building to minimize footprint in typical residential setting, space for medical equipment, services, covered parking options, independent (with supports) living quarters with commons area, workout/therapy room and storm shelter.

FEATURES & THOUGHTS OF HOMES (The Building) FOR CHILDREN & ADULTS WITH INTENSIVE MEDICAL NEEDS

The concept and features of a home, Home and Community Based (HCB), other than an institution (Nursing Home, Hospital, etc.) intended for children (pediatric) and adults with intensive medical needs, including those with Physical and Developmental Disabilities, is highlighted as follows. Technology has made this possible. Families want their loved ones close, not hundreds of miles away! These facilities need to be professionally designed, constructed, and maintained, including the grounds. They should comply with federal guidelines (laws) to accommodate up to four clients and located in various communities throughout the State. These buildings could be located as needed. For example, perhaps, one in Bowman, 2-3 in Williston, Minot, Bismarck, Grand Forks, Fargo, etc.

The buildings should be unbundled from services which are provided separately by Providers. i.e. DD Providers, Aging Services, Private Duty Nursing Services, etc. (just like one chooses their own doctor) Clients should be person -centered, and able to choose which providers are best suited to their needs. These services would be coordinated with the case managers of each Service Provider. The "home" should not be a condition tied to the services the client may choose, for example, in the case a Service Provider discharges for whatever reason. The client should not, then, additionally, lose their home!

The construction of these buildings could be incentivized for private investment groups (for profit and non-profit), with appropriate guidelines. Real estate developers, tax credits, etc. along with State incentives can make this happen quickly! Low interest loans could be provided by the Bank of ND, grants, State subsidies, etc. They could be quickly constructed within 1-3 years.

Design Characteristics:

1. Four clients maximum per building to minimize footprint in typical residential setting.
2. Private living units (apartment like) containing1 living/kitchen area, 1 primary bedroom with bathroom/closet, 1 office/storage room, 1 laundry room/partial bathroom. This is necessary for various reasons, the least of which includes client cares and infection control (MRSA, VRE, etc.). The individual living units are imperative for promoting independence with appropriate supports, maintaining privacy, and insuring infection control practices.
3. Non-slip antimicrobial flooring for safety and hygiene.
4. Congregate area (Great Room) for larger gatherings where clients may recreate, socialize, relax, aesthetically appealing, fireplace, furniture, kitchen.
5. Therapy room for physical therapy, occupational therapy, speech therapy, would double as storm shelter.
6. Oxygen supplied with ports around the building as needed.
7. Generator for power back up for extended power outages including UPS (Uninterruptible Power Supply) for power quality of sensitive electronic medical equipment, i.e. ventilators, oximeters, medical treatment devices, etc.
8. Spaces/closets for medical supplies which are typically provided for medical suppliers (i.e. Sanford Equip) on a monthly basis and must be accounted for and inventoried by each client's caregivers.
9. Some facilitation of physical remote telemetry technology. Remote both within the building and beyond as technology keeps changing.
10. Wide hallways and doors for medical equipment (40 Inch Doorways) to move wheelchairs, Hoyers, beds, etc.
11. Sound proof walls as needed to reduce stress, maintain privacy, and for sleeping disorders.
12. Separate HVAC with HEPA filtration for infection control climate stability, personal temperature and humidity control in private areas particularly important for clients with respiratory needs including traches.
13. Extra electrical outlets for medical equipment.

14. Reinforced construction with space for storage of larger equipment like standing lifts, Hoyers, ceiling lifts, etc. Preferably a garage(s) could house these as needed, as well as for loading and unloading clients as transportation during inclement weather (freezing temperatures, rain, etc.) including ventilators, oximeters, etc. for appointments, outings, etc. doesn't work well for medically fragile clients.

As the dialogue regarding these homes continues, it is important to include the thoughts of the nurses, DSP's and other caregivers, etc. as they to all the intensive work! They have a lot to contribute as well!

CREATE A NEW CLASS OF DIRECT SERVICE PROVIDERS (DSP's) FOR STAFFING THE INTENSE MEDICAL NEEDS OF CHILDREN AND ADULTS WITH INTENSE MEDICAL NEEDS

1. Providing cares in a medically intensive environment is hard work! There are individuals who are willing to do this work with appropriate incentives!
2. Create a new classification for DSP's and pay scale that reflects, incentivizes, enables, and appropriately rewards those employees to perform this important work.
3. Add $7.50 per hour to the standard DSP hourly rate for this new class of DSP's.

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3. The department shall require an entity receiving funding under this section to operate the facility for at least ten years and require the grant amount to be repaid if the entity does not operate the facility for at least ten years.

4. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 7. SKILLED NURSING AND BASIC CARE FACILITIES' BEHAVIORAL HEALTH SERVICES GRANT. Section 1 of this Act includes the sum of $2,000,000 from the general fund for a skilled nursing and basic care facilities' behavioral health services grant. The department of health and human services shall use this funding for providing a grant to a participating behavioral health group for a capitated payment model to provide training and technical assistance, consultation, and direct patient care to individuals residing in skilled nursing and basic care facilities with a medically based behavioral health disorder resulting in disruptive or complex behaviors.

SECTION 8. COMMUNITY CULTURAL CENTER GRANT - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND - APPLICATION. Section 1 of this Act includes the sum of $1,000,000 from the strategic investment and improvements fund for the purpose of providing a one-time community cultural center grant in the west central human service region. An entity may apply for a grant under this section if the entity certifies to the department it has secured at least fifty percent of funds needed to complete the project, the project will be completed within two years of receiving the grant funds, and the grants funds will be used only for costs of constructing a community cultural center. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 9. JUVENILE JUSTICE DIVERSION SERVICES AND PROGRAMS - TASK FORCE - REPORT. Section 1 of this Act includes the sum of $750,000 from the general fund for juvenile justice diversion services and programs. The department of health and human services must use the funding for services to youth at risk of juvenile justice involvement but who have not committed delinquent acts as defined in chapter 27-20.4.

The department shall establish a task force with representation from divisions in the department, human service zones, the department of public instruction, elementary and secondary schools, and members of the legislative assembly, to review juvenile justice diversion

2025 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

HB 1012 9:47 a.m.
04/08/25

Relating to leases of the health and human services property, substance use disorder treatment program, basic care payment rates, and state of residence for child care assistance; to provide for a transfer; to authorize a line of credit; to provide legislative intent; to provide for a legislative management study; to provide an application; to provide an exemption; to provide for a report; and to provide an effective date.

9:47 a.m. Chairman Dever opened the hearing.

Members present: Chairman Dever and Senators Cleary, Davison, Magrum and Mathern.

Discussion Topics:

- Decision Points

9:47 a.m. Chairman Dever asked for decision points to revisit.

9:47 a.m. Senator Cleary, Mathern and Davison are working on amendments and the amendments are not ready.

9:52 a.m. Chairman Dever closed hearing.

Joan Bares, Committee Clerk

2025 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

HB 1012 9:47 a.m.
04/08/25

Relating to leases of the health and human services property, substance use disorder treatment program, basic care payment rates, and state of residence for child care assistance; to provide for a transfer; to authorize a line of credit; to provide legislative intent; to provide for a legislative management study; to provide an application; to provide an exemption; to provide for a report; and to provide an effective date.

9:47 a.m. Chairman Dever opened the hearing.

Members present: Chairman Dever and Senators Cleary, Davison, Magrum and Mathern.

Discussion Topics:

- Proposed Amendments

9:47 a.m. Chairman Dever asked for decision points to revisit.

9:47 a.m. Senator Cleary is working with Senator Davison on amendments for childcare and would like to wait until he is present.

9:47 a.m. Senator Mathern is working with Davison on amendments and would like to wait until Senator Davison is present.

9:52 a.m. Chairman Dever closed hearing.

Joan Bares

2025 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

HB 1012 10:08 a.m.
04/08/25

Relating to leases of the health and human services property, substance use disorder treatment program, basic care payment rates, and state of residence for child care assistance; to provide for a transfer; to authorize a line of credit; to provide legislative intent; to provide for a legislative management study; to provide an application; to provide an exemption; to provide for a report; and to provide an effective date.

10:08 a.m. Chairman Dever opened the hearing.

Members present: Chairman Dever and Senators Cleary, Davison, Magrum and Mathern.

Discussion Topics:

- Medical Services Section Budget Review

10:10 a.m. Keith Mantz, Finance Analyst, LC, referred to submitted testimony #44673.

10:12 a.m. Chairman Dever asked for decision points to revisit.

10:12 a.m. Senator Cleary referred to previously submitted testimony #44673 and started discussion of Medical Services - 400, qualified service provider (QSP) target rate increase.

10:13 a.m. Donna Aukland, CFO, North Dakota Department of Health and Human Services (ND DHHS), testified in favor and answered committee questions about QSP target rate increases and referred to previous testimony #44392.

10:16 a.m. Jessica Thomasson, Executive Director, Human Service Division, ND DHHS, testified in favor and answered committee questions concerning QSP target rate increases.

10:25 a.m. Senator Cleary introduced an amendment LC #25.0156.02002 and submitted testimony #44780.

11:06 a.m. Chairman Dever closed the hearing.

Joan Bares, Committee Clerk

Legislative Council

Department of Health and Human Services - Budget No. 325
Agency Worksheet - House Bill No. 1012

	House Version				Senate Version				Senate Compared to House Version			
									Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Division Totals												
FTE block grant pool	2,688.35	309,564,625	286,720,150	596,284,775	2,593.35	309,564,625	286,720,150	596,284,775	(95.00)			0
Business Operations	0.00	$49,695,542	$47,368,089	$97,063,631	0.00	$49,695,542	$47,368,089	$97,063,631				$0
Behavioral Health	0.00	181,697,125	399,223,478	580,920,603	0.00	175,971,403	402,855,478	578,826,881		($5,725,722)	$3,632,000	(2,093,722)
Human Services	0.00	656,536,511	1,226,448,044	1,882,984,555	0.00	652,128,775	1,216,848,044	1,868,976,819		(4,407,736)	(9,600,000)	(14,007,736)
Medical Services	0.00	1,045,252,542	1,810,657,071	2,855,909,613	0.00	1,044,062,772	1,808,467,301	2,852,530,073		(1,189,770)	(2,189,770)	(3,379,540)
Public Health	0.00	35,204,848	229,814,403	265,019,251	0.00	31,827,031	227,836,403	259,663,434		(3,377,817)	(1,978,000)	(5,355,817)
Total ongoing funding changes	**2,688.35**	**$2,277,951,193**	**$4,000,231,235**	**$6,278,182,428**	**2,593.35**	**$2,263,250,148**	**$3,990,095,465**	**$6,253,345,613**	**(95.00)**	**($14,701,045)**	**($10,135,770)**	**($24,836,815)**
	0.00	**$0**	**$0**	**$0**	**0.00**	**$0**	**$0**	**$0**	**0.00**	**$0**	**$0**	**$0**
Total Changes to Base Level Funding	**2,688.35**	**$2,277,951,193**	**$4,000,231,235**	**$6,278,182,428**	**2,593.35**	**$2,263,250,148**	**$3,990,095,465**	**$6,253,345,613**	**(95.00)**	**($14,701,045)**	**($10,135,770)**	**($24,836,815)**
2025-27 Total Funding	**2,688.35**	**$2,277,951,193**	**$4,000,231,235**	**$6,278,182,428**	**2,593.35**	**$2,263,250,148**	**$3,990,095,465**	**$6,253,345,613**	**(95.00)**	**($14,701,045)**	**($10,135,770)**	**($24,836,815)**
Federal funds included in other funds			*$3,221,583,871*				*$3,206,598,101*				*($14,985,770)*	
Total ongoing changes - Percentage of base level	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*

Other Sections in Department of Health and Human Services - Budget No. 325

Section Description	House Version	Senate Version	
Funding transfers	Section 3 authorizes the transfer of appropriation authority between line items within Section 1 of the bill.	Section 3 authorizes the transfer of appropriation authority between line items within Section 1 of the bill.	
FTE position block grant program	Section 4 authorizes DHHS to increase or decrease the authorized FTE positions subject to the availability of funds.	Section 4 authorizes DHHS to increase or decrease the authorized FTE positions subject to the availability of funds.	
FTE Block grant reporting	Section 5 has requires the department to report on the block grant program.	Section 5 requires the department to report on the block grant program.	
Behavioral health facility grant - SIIF	Section 6 identifies $12,960,000 from the SIIF for a grant to establish a behavioral health facility in the northeast human service region.	Section 6 identifies $12,960,000 from the SIIF for a grant to establish a behavioral health facility in the northeast human service region.	
Community cultural center grant - SIIF	Section 7 identifies $1,000,000 from the SIIF for a one-time grant for a community cultural center in the west central human service region.	Section 7 identifies $1,000,000 from the SIIF for a one-time grant for a community cultural center in the west central human service region.	
Juvenile justice diversion services and program - General fund	Section 8 identifies $750,000 of one-time funding from the general fund for juvenile justice diversion services and programs.	Section 8 identifies $750,000 of one-time funding from the general fund for juvenile justice diversion services and programs.	
Animal shelter grant - Community health trust fund	Section 9 identifies $300,000 of one-time funding from the community health trust fund to provide a grant for construction of an animal shelter.	Section 9 identifies $300,000 of one-time funding from the community health trust fund to provide a grant for construction of an animal shelter.	

Other Sections in Department of Health and Human Services - Budget No. 325

Section Description	House Version	Senate Version	
Statewide health strategies - Community health trust fund	Section 10 identifies $750,000 of one-time funding from the community health trust fund for the statewide health strategies initiative.	Section 10 identifies $750,000 of one-time funding from the community health trust fund for the statewide health strategies initiative.	
Other funds - Insurance tax distribution fund	Section 11 identifies $1,125,000 from the insurance tax distribution fund for rural emergency medical services grants.	Section 11 identifies $1,125,000 from the insurance tax distribution fund for rural emergency medical services grants.	
Other funds - Community health trust fund	Section 12 identifies $38,713,522 from the community health trust fund for the following purposes: loan repayment programs ($594,500), tobacco and vaping programs ($11,599,698), cancer and women's way programs ($909,824), behavioral risk state survey ($200,000), domestic violence programs ($4,250,000), local public health grants ($3,275,000), 988 crisis hotline ($1,867,500), various information technology system upgrades ($2,967,000), grants to rural ambulances ($7,000,000), law enforcement rural crisis support program ($1,000,000), Development of partial hospitalization/intensive day treatment ($2,000,000), Critical access hospital networking ($2,000,000), Animal shelter grant ($300,000), statewide health strategies ($750,000).	Section 12 identifies $38,713,522 from the community health trust fund for the following purposes: loan repayment programs ($594,500), tobacco and vaping programs ($11,599,698), cancer and women's way programs ($909,824), behavioral risk state survey ($200,000), domestic violence programs ($4,250,000), local public health grants ($3,275,000), 988 crisis hotline ($1,867,500), various information technology system upgrades ($2,967,000), grants to rural ambulances ($7,000,000), law enforcement rural crisis support program ($1,000,000), Development of partial hospitalization/intensive day treatment ($2,000,000), Critical access hospital networking ($2,000,000), Animal shelter grant ($300,000), statewide health strategies ($750,000).	
Other funds - Human service finance fund	Section 13 identifies $239,112,030 from the human services finance fund for state-paid economic assistance and social and human services.	Section 13 identifies $239,112,030 from the human services finance fund for state-paid economic assistance and social and human services.	
Opioid settlement fund	Section 14 identifies $8,000,000 from the opioid settlement fund for opioid remediation and abatement efforts.	Section 14 identifies $8,000,000 from the opioid settlement fund for opioid remediation and abatement efforts.	
Other funds - SIIF	Section 15 identifies $227,474,784 from SIIF for the following purposes: retiring technology from the mainframe ($7,500,000), new state lab and purchase security equipment ($2,962,304), capital projects in human service centers and the LSTC ($1,052,480), housing initiative programs ($1,000,000), technology projects at the State Hospital ($1,000,000), behavioral health facility grant ($12,960,000), community cultural center grant ($1,000,000), and a new State Hospital capital project ($200,000,000).	Section 15 identifies $227,474,784 from SIIF for the following purposes: retiring technology from the mainframe ($7,500,000), new state lab and purchase security equipment ($2,962,304), capital projects in human service centers and the LSTC ($1,052,480), housing initiative programs ($1,000,000), technology projects at the State Hospital ($1,000,000), behavioral health facility grant ($12,960,000), community cultural center grant ($1,000,000), and a new State Hospital capital project ($200,000,000).	
Bank of North Dakota line of credit	Section 16 provides for a $130,000,000 Bank of North Dakota line of credit for costs associated with the construction of a new state hospital.	Section 16 provides for a $130,000,000 Bank of North Dakota line of credit for costs associated with the construction of a new state hospital.	
Laboratory building steering committee	Section 17 requires DHHS will maintain the laboratory building steering committee to oversee the design and construction of the laboratory building project during the biennium or until the work is completed, whichever is earlier.	Section 17 requires DHHS will maintain the laboratory building steering committee to oversee the design and construction of the laboratory building project during the biennium or until the work is completed, whichever is earlier.	
New state hospital steering committee	Section 18 requires DHHS will establish a state hospital facility steering committee to oversee the design and construction of the new State Hospital project during the biennium.	Section 18 requires DHHS will establish a state hospital facility steering committee to oversee the design and construction of the new State Hospital project during the biennium.	

Other Sections in Department of Health and Human Services - Budget No. 325

Section Description	House Version	Senate Version	
Capital payments	Section 19 authorizes DHHS to expend funds for the payment of special assessments at the State Hospital, Southeast Human Service Center, and Life Skills and Transition Center.	Section 19 authorizes DHHS to expend funds for the payment of special assessments at the State Hospital, Southeast Human Service Center, and Life Skills and Transition Center.	
Capital projects - Emergency commission approval	Section 20 authorizes transfers from line items within Section 1 of this bill for capital projects and maintenance pertaining to the operation of facilities including demolition projects of up to $10 million. DHHS may seek emergency commission approval to spend more than $10 million under this section.	Section 20 authorizes transfers from line items within Section 1 of this bill for capital projects and maintenance pertaining to the operation of facilities including demolition projects of up to $10 million, DHHS may seek emergency commission approval to spend more than $10 million under this section.	
Permanent supportive housing grants	Section 21 directs DHHS to develop a funding methodology to distribute the funding to qualified entities that utilize best practices for permanent supportive housing, provide recovery-oriented and person-centered services, submit processes and outcome measures to DHHS, and authorize DHHS to conduct onsite visits to review program operations for the funding of $4,672,536 included in Section 1 of the bill.	Section 21 directs DHHS to develop a funding methodology to distribute the funding to qualified entities that utilize best practices for permanent supportive housing, provide recovery-oriented and person-centered services, submit processes and outcome measures to DHHS, and authorize DHHS to conduct onsite visits to review program operations for the funding of $4,672,536 included in Section 1 of the bill.	
Expenditures may not exceed appropriation - Medical assistance expansion program	Section 22 identifies the sum of $662,099,340, of which $66,209,934 is from the general fund, for the Medicaid Expansion program for the 2025-27 biennium. The expenditures for individuals enrolled in Medicaid Expansion may not exceed this amount.	Section 22 identifies the sum of $662,099,340, of which $66,209,934 is from the general fund, for the Medicaid Expansion program for the 2025-27 biennium. The expenditures for individuals enrolled in Medicaid Expansion may not exceed this amount.	
Human service centers - certified community behavioral health clinics - FTE positions	Section 23 requires DHHS to continue the process of human service centers becoming certified community behavioral health clinics to provide continuous community-based behavioral health services for children and adults. Federal funding must be pursued and subject to the availability of generated income, DHHS may add FTE positions for field services to provide direct services.	Section 23 requires DHHS to continue the process of human service centers becoming certified community behavioral health clinics to provide continuous community-based behavioral health services for children and adults. Federal funding must be pursued and subject to the availability of generated income, DHHS may add FTE positions for field services to provide direct services.	
Intermediate care facility moratorium	Section 24 precludes DHHS from adding any new licensed intermediate care facility for individuals with intellectual disabilities beds to the state's licensed bed capacity during the biennium.	Section 24 precludes DHHS from adding any new licensed intermediate care facility for individuals with intellectual disabilities beds to the state's licensed bed capacity during the biennium.	
Exemption for certain unexpended appropriations to be continued into the 2025-27 biennium	Subsection 1 - $3,674,757 from the general fund and $25,918,566 from federal funds for Medicaid management information system modularization technology.	Subsection 1 - $3,674,757 from the general fund and $25,918,566 from federal funds for Medicaid management information system modularization technology.	
	Subsection 2 - $14,411,218 from the general fund and $14,411,218 from federal funds for the child welfare technology project.	Subsection 2 - $14,411,218 from the general fund and $14,411,218 from federal funds for the child welfare technology project.	
	Subsection 3 -$20,366,271 from the community health trust fund and $39,534,525 from federal funds for the child support computer replacement project.	Subsection 3 -$20,366,271 from the community health trust fund and $39,534,525 from federal funds for the child support computer replacement project.	
	Subsection 4 - $10,989,217 from SIIF for the procurement and grants management system.	Subsection 4 - $10,989,217 from SIIF for the procurement and grants management system.	
	Subsection 5 - $4.15 million from the general fund for defraying the expenses of additional human service centers to begin the process of becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults.	Subsection 5 - $4.15 million from the general fund for defraying the expenses of additional human service centers to begin the process of becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults.	

Other Sections in Department of Health and Human Services - Budget No. 325

Section Description	House Version	Senate Version	
	Subsection 6 - $18,941,847 in Chapter 549 of the 2021 Special Session Laws.	Subsection 6 - $18,941,847 in Chapter 549 of the 2021 Special Session Laws.	
	Subsection 7 - $55,120,000 from the federal state fiscal recovery fund for a public health laboratory capital project.	Subsection 7 - $55,120,000 from the federal state fiscal recovery fund for a public health laboratory capital project.	
	Subsection 8 - $5 million from the general funds for the purpose of employer-led child care cost-share program.	Subsection 8 - $5 million from the general funds for the purpose of employer-led child care cost-share program.	
	Subsection 9 - $986,555 from the general fund for the purpose of streamlining background checks.	Subsection 9 - $986,555 from the general fund for the purpose of streamlining background checks.	
	Subsection 10 - $2,223,981 from the federal state fiscal recovery fund for the implementation of a virtual behavioral health crisis care program for rural law enforcement.	Subsection 10 - $2,223,981 from the federal state fiscal recovery fund for the implementation of a virtual behavioral health crisis care program for rural law enforcement.	
	Subsection 11 - $500,000 from federal funds for the purpose of program integrity audits.	Subsection 11 - $500,000 from federal funds for the purpose of program integrity audits.	
	Subsection 12 - $1,950,000 from general funds for a northwest human service region behavioral health facility grant.	Subsection 12 - $1,950,000 from general funds for a northwest human service region behavioral health facility grant.	
Legislative intent - Utilization rate adjustment	Section 26 provides intent that DHHS seek a deficiency appropriation for any expenditures that exceed appropriated amounts as a result of underfunding, utilization rates, value-based purchasing for nursing facilities, reduction in federal medical assistance percentage, and unexpected contract cost increases that exceed 10 percent during the biennium if funding is not sufficient to pay actual expenses.	Section 26 provides intent that DHHS seek a deficiency appropriation for any expenditures that exceed appropriated amounts as a result of underfunding, utilization rates, value-based purchasing for nursing facilities, reduction in federal medical assistance percentage, and unexpected contract cost increases that exceed 10 percent during the biennium if funding is not sufficient to pay actual expenses.	
Legislative intent - Provider rate increase	Section 27 provides for a 2 percent increase each year of the biennium for human service provider inflation. The provider inflation increase in this section does not apply to nursing facilities.	Section 27 provides for a 2 percent increase each year of the biennium for human service provider inflation. The provider inflation increase in this section does not apply to nursing facilities.	
Legislative intent - Developmental disabilities provider accreditation requirement	Section 28 provides for elimination of the administrative rule requirement that providers of developmental disabilities services be accredited as a condition of being eligible for receiving payments for services from DHHS.	Section 28 provides for elimination of the administrative rule requirement that providers of developmental disabilities services be accredited as a condition of being eligible for receiving payments for services from DHHS.	
Legislative intent - Medical assistance	Section 29 provides for DHHS to review the amount, duration, coverage, utilization rates, medical necessity, and scope of medical assistance services, and may implement any adjustments the department determines appropriate.	Section 29 provides for DHHS to review the amount, duration, coverage, utilization rates, medical necessity, and scope of medical assistance services, and may implement any adjustments the department determines appropriate.	
Federal funding appeal limitation	Section 30 provides except as otherwise specifically provided by federal law, a person may not appeal a denial, revocation, reduction in services or payment, or the termination of a program or service by DHHS due to the unavailability of federal coronavirus funding received under federal law resulting from the federal coronavirus pandemic emergency declaration.	Section 30 provides except as otherwise specifically provided by federal law, a person may not appeal a denial, revocation, reduction in services or payment, or the termination of a program or service by DHHS due to the unavailability of federal coronavirus funding received under federal law resulting from the federal coronavirus pandemic emergency declaration.	
Long term structured residences plan - report	Section 31 provides for DHHS to review options and develop a plan to establish long-term structured residences.	Section 31 provides for DHHS to review options and develop a plan to establish long-term structured residences.	

Other Sections in Department of Health and Human Services - Budget No. 325

Section Description	House Version	Senate Version	
Lease of land at the State Hospital and Life Skills and Transition Center	Section 32 amends section 50-06-06.6 of the North Dakota Century Code to allow for a lease term of real or personal property for term not to exceed ninety-nine years at the life skills and transition center or the state hospital.	Section 32 amends section 50-06-06.6 of the North Dakota Century Code to allow for a lease term of real or personal property for term not to exceed ninety-nine years at the life skills and transition center or the state hospital.	
Use of SUD voucher	Section 33 amends section 50-06-42 of the North Dakota Century Code to include medical costs in the substance use voucher system payments for individuals in a licensed substance abuse treatment program and allow for the substance use voucher system for individuals detained or confined in a county jail or detention center or regional corrections center.	Section 33 amends section 50-06-42 of the North Dakota Century Code to include medical costs in the substance use voucher system payments for individuals in a licensed substance abuse treatment program and allow for the substance use voucher system for individuals detained or confined in a county jail or detention center or regional corrections center.	
Basic care payment rate	Section 34 amends section 50-24.5-02.3 of the North Dakota Century Code to extend the basic care payment rate increase of five dollars per day through June 30, 2027.	Section 34 amends section 50-24.5-02.3 of the North Dakota Century Code to extend the basic care payment rate increase of five dollars per day through June 30, 2027.	
Child care workforce benefits	Section 35 amends section 50-33-05 of the North Dakota Century Code to include individuals employed by an early childhood program within the boundaries of the state if approved for the state's child care assistance child care workforce benefit.	Section 35 amends section 50-33-05 of the North Dakota Century Code to include individuals employed by an early childhood program within the boundaries of the state if approved for the state's child care assistance child care workforce benefit.	
Housing availability assessment - collaboration with housing finance agency	Section 36 provides for DHHS to collaborate with the North Dakota Housing Finance Agency and other appropriate stakeholders to assess the availability of housing for individuals requiring extraordinary health care support services.	Section 36 provides for DHHS to collaborate with the North Dakota Housing Finance Agency and other appropriate stakeholders to assess the availability of housing for individuals requiring extraordinary health care support services.	
Behavioral health clinics, North Dakota State Hospital, and Life Skills and Transition Center funding	Section 37 identifies funding for the behavioral health clinics, State Hospital, and Life Skills and Transition Center.	Section 37 identifies funding for the behavioral health clinics, State Hospital, and Life Skills and Transition Center.	
Legislative management study - student truancy and absenteeism	Section 38 provides for a study on truancy and student absenteeism in kindergarten through grade twelve public schools.	Section 38 provides for a study on truancy and student absenteeism in kindergarten through grade twelve public schools.	
Legislative Management study - obesity health implications	Section 39 provides for a study on the health implications of obesity on the residents of the state and options to increase access to prevention and treatments for obesity.	Section 39 provides for a study on the health implications of obesity on the residents of the state and options to increase access to prevention and treatments for obesity.	
Legislative Management report - behavioral health facility grants	Section 40 requires DHHS to provide reports to the Legislative Management regarding the award grant funding to increase the number of behavioral health beds in the state.	Section 40 requires DHHS to provide reports to the Legislative Management regarding the award grant funding to increase the number of behavioral health beds in the state.	

Legislative Council

Business Operations - 100 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	House Version				Senate Version				Senate Compared to House Version Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	114.40	$74,099,008	$118,894,310	$192,993,318	114.40	$74,099,008	$118,894,310	$192,993,318	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$1,035,502	$531,151	$1,566,653		$1,035,502	$531,151	$1,566,653				$0
Health insurance increase		651,154	363,569	1,014,723		651,154	363,569	1,014,723				0
Base budget adjustments and transfers		(16,396,866)	(66,836,143)	(83,233,009)		(16,396,866)	(66,836,143)	(83,233,009)				0
FTE block grant pool	(180.55)	(12,603,508)	(17,737,100)	(30,340,608)	(180.55)	(12,603,508)	(17,737,100)	(30,340,608)				0
Information Technology Department (ITD) rate increases		5,196,748	2,152,302	7,349,050		5,196,748	2,152,302	7,349,050				0
IT contractual Inflationary rate increases		20,730,788		20,730,788		20,730,788		20,730,788				0
Operational underfund		(3,050,000)		(3,050,000)		(3,050,000)		(3,050,000)				0
Additional salary funding/underfunding- 103 CCBHC		(20,157,874)		(20,157,874)		(20,157,874)		(20,157,874)				0
Office of Administrative Hearings and Attorney General fee increases		190,590		190,590		190,590		190,590				0
FTE position adjustment	66.15			0	66.15			0				0
Total ongoing funding changes	**(114.40)**	**($24,403,466)**	**($81,526,221)**	**($105,929,687)**	**(114.40)**	**($24,403,466)**	**($81,526,221)**	**($105,929,687)**	**0.00**	**$0**	**$0**	**$0**
One-Time Funding Items												
Retire mainframe and legacy systems (SIIF)			$10,000,000	$10,000,000			$10,000,000	$10,000,000				$0
Total one-time funding changes	**0.00**	**$0**	**$10,000,000**	**$10,000,000**	**0.00**	**$0**	**$10,000,000**	**$10,000,000**	**0.00**	**$0**	**$0**	**$0**
Total Changes to Base Level Funding	**(114.40)**	**($24,403,466)**	**($71,526,221)**	**($95,929,687)**	**(114.40)**	**($24,403,466)**	**($71,526,221)**	**($95,929,687)**	**0.00**	**$0**	**$0**	**$0**
2025-27 Total Funding	**0.00**	**$49,695,542**	**$47,368,089**	**$97,063,631**	**0.00**	**$49,695,542**	**$47,368,089**	**$97,063,631**	**0.00**	**$0**	**$0**	**$0**
Federal funds included in other funds			*$41,760,908*				*$41,760,908*				*$0*	
Total ongoing changes - Percentage of base level	*(100.0%)*	*(32.9%)*	*(68.6%)*	*(54.9%)*	*(100.0%)*	*(32.9%)*	*(68.6%)*	*(54.9%)*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*(100.0%)*	*(32.9%)*	*(60.2%)*	*(49.7%)*	*(100.0%)*	*(32.9%)*	*(60.2%)*	*(49.7%)*	*N/A*	*N/A*	*N/A*	*N/A*

Legislative Council

Behavioral Health - 200 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	House Version				Senate Version				Senate Compared to House Version Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	1,054.27	$307,905,408	$113,955,941	$421,861,349	1,054.27	$307,905,408	$113,955,941	$421,861,349	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$8,392,306	$134,924	$8,527,230		$8,392,306	$134,924	$8,527,230				$0
Health insurance increase		6,517,157	114,129	6,631,286		6,517,157	114,129	6,631,286				0
Base budget adjustments and transfers		15,466,235	2,311,139	17,777,374		15,466,235	2,311,139	17,777,374				0
FTE block grant pool	(1,159.20)	(190,198,399)	(68,592,655)	(258,791,054)	(1,159.20)	(190,198,399)	(68,592,655)	(258,791,054)				0
Cost to continue programs		5,709,106	(5,000,000)	709,106		5,709,106	(5,000,000)	709,106				0
Opioid settlement			8,000,000	8,000,000			8,000,000	8,000,000				0
Avel eCare rural crisis support continuation (community health trust fund)- reduce other funds			1,000,000	1,000,000			1,000,000	1,000,000				0
Substance use disorder voucher utilization expansion		2,500,000		2,500,000		2,500,000		2,500,000				0
Additional substance use disorder funding for medical expenses with institution for mental disease voucher		500,000		500,000		250,000		250,000		($250,000)		(250,000)
Substance use disorder - 50/50 inpatient/outpatient		500,000		500,000		500,000		500,000				0
Mental health and substance use disorder treatment for incarcerated individuals		2,500,000		2,500,000		0		0		(2,500,000)		(2,500,000)
Western ND behavioral health staffing salary equity		250,536		250,536		250,536		250,536				0
Inflation for vendors crisis residential contract		706,233		706,233		706,233		706,233				0
Inflation for vendors addiction residential contract		917,786		917,786		917,786		917,786				0
Inflation for vendors recovery/rehab contract		2,154,668		2,154,668		2,154,668		2,154,668				0
Inflation for vendors adjustment		(2,000,000)		(2,000,000)		(2,000,000)		(2,000,000)				0
Treatment collaboration for traumatized youth expansion		408,000		408,000		408,000		408,000				0
Voluntary treatment program/qualified residential treatment program private custody youth		1,351,997		1,351,997		1,351,997		1,351,997				0
Youth crisis stabilization pilot(CHTF/Fed)				0			3,000,000	3,000,000			$3,000,000	3,000,000
Cost to continue free through recovery and community connect		4,761,081		4,761,081		4,761,081		4,761,081				0
Expanded Community Connect services		4,458,814		4,458,814		3,500,000		3,500,000		(958,814)		(958,814)
Expand free through recovery services		4,016,908		4,016,908		2,000,000		2,000,000		(2,016,908)		(2,016,908)
Peer support increase		137,990		137,990		137,990		137,990				0
Drug court treatment expansion		200,000		200,000		200,000		200,000				0
Provider inflation increase 2% and 2%		2,541,299		2,541,299		2,541,299		2,541,299				0
Behavioral health services for nursing homes and basic care facilities		2,000,000		2,000,000		2,000,000		2,000,000				0
FTE position adjustment	104.93			0	104.93			0				0
Total ongoing funding changes	**(1,054.27)**	**($126,208,283)**	**($62,032,463)**	**($188,240,746)**	**(1,054.27)**	**($131,934,005)**	**($59,032,463)**	**($190,966,468)**	**0.00**	**($5,725,722)**	**$3,000,000**	**($2,725,722)**
One-Time Funding Items												
Electronic Health Record/Pharmacy system (SIIF)			$500,000	$500,000			$500,000	$500,000				$0

Retire health record legacy system on mainframe (SIIF)			1,000,000	1,000,000			1,000,000	1,000,000				0
State hospital network redundancy and speed (SIIF)			500,000	500,000			500,000	500,000				0
Develop partial hospitalization/intensive day treatment (community health trust fund)			2,000,000	2,000,000			2,000,000	2,000,000				0
Bathroom remodel at Southeast Human Service Center (SIIF)			340,000	340,000			972,000	972,000			$632,000	632,000
Construction of new state hospital -(SIIF) - BND line of credit			330,000,000	330,000,000			330,000,000	330,000,000				0
Behavioral health facility grant(SIIF)			12,960,000	12,960,000			12,960,000	12,960,000				0
Total one-time funding changes	**0.00**	**$0**	**$347,300,000**	**$347,300,000**	**0.00**	**$0**	**$347,932,000**	**$347,932,000**	**0.00**	**$0**	**$632,000**	**$632,000**
Total Changes to Base Level Funding	**(1,054.27)**	**($126,208,283)**	**$285,267,537**	**$159,059,254**	**(1,054.27)**	**($131,934,005)**	**$288,899,537**	**$156,965,532**	**0.00**	**($5,725,722)**	**$3,632,000**	**($2,093,722)**
2025-27 Total Funding	**0.00**	**$181,697,125**	**$399,223,478**	**$580,920,603**	**0.00**	**$175,971,403**	**$402,855,478**	**$578,826,881**	**0.00**	**($5,725,722)**	**$3,632,000**	**($2,093,722)**
Federal funds included in other funds			*$42,070,302*				*$43,570,302*				*$1,500,000*	
Total ongoing changes - Percentage of base level	*(100.0%)*	*(41.0%)*	*(54.4%)*	*(44.6%)*	*(100.0%)*	*(42.8%)*	*(51.8%)*	*(45.3%)*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*(100.0%)*	*(41.0%)*	*250.3%*	*37.7%*	*(100.0%)*	*(42.8%)*	*253.5%*	*37.2%*	*N/A*	*N/A*	*N/A*	*N/A*

Legislative Council

Human Services - 300 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	House Version				Senate Version				Senate Compared to House Version Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	1,009.16	$623,450,353	$1,240,409,529	$1,863,859,882	1,009.16	$623,450,353	$1,240,409,529	$1,863,859,882	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$2,546,488	$4,704,191	$7,250,679		$2,546,488	$4,704,191	$7,250,679				$0
Health insurance increase		2,072,787	3,795,116	5,867,903		2,072,787	3,795,116	5,867,903				0
FTE block grant pool	(1,029.70)	(76,722,653)	(150,764,540)	(227,487,193)	(1,028.70)	(76,722,653)	(150,764,540)	(227,487,193)	1.00			0
Base budget adjustments and transfers		10,605,259	93,868,910	104,474,169		10,605,259	93,868,910	104,474,169				0
DHHS cost to continue		57,330,438	(2,746,684)	54,583,754		57,330,438	(2,746,684)	54,583,754				0
Adoption contract increase		4,883,205		4,883,205		4,883,205		4,883,205				0
Housing assistance to support targeted population - DOJ		300,000		300,000		300,000		300,000				0
Services to support transition and diversion from institution - DOJ		2,733,934	2,555,463	5,289,397		2,733,934	2,555,463	5,289,397				0
Implement host home service DD HCBS waiver		1,689,900	1,689,900	3,379,800		1,689,900	1,689,900	3,379,800				0
Adult Protective Services coverage contracts		718,522		718,522		718,522		718,522				0
Representation supports for families		350,000	350,000	700,000		350,000	350,000	700,000				0
Provider inflation increase 2% and 2%		12,988,702	13,926,186	26,914,888		12,988,702	13,926,186	26,914,888				0
Zone employee increases 3% and 3% and health insurance			5,002,833	5,002,833			5,002,833	5,002,833				0
FMAP percentage change 50.0% to 50.99%		(4,290,660)	744,660	(3,546,000)		(4,290,660)	744,660	(3,546,000)				0
State dementia coordinator	1.00			0	0.00			0	(1.00)			0
FTE position adjustment	19.54			0	19.54			0				0
LIHEAP reduction - accounting change				0			(9,000,000)	(9,000,000)			($9,000,000)	(9,000,000)
Total ongoing funding changes	**(1,009.16)**	**$15,205,922**	**($26,873,965)**	**($11,668,043)**	**(1,009.16)**	**$15,205,922**	**($35,873,965)**	**($20,668,043)**	**0.00**	**$0**	**($9,000,000)**	**($9,000,000)**
One-Time Funding Items												
Retire economic assistance legacy system on mainframe (SIIF)			$2,000,000	$2,000,000			$2,000,000	$2,000,000				$0
Conversion of developmental disabilities eligibility assessment		$200,000	200,000	400,000		$200,000	200,000	400,000				0
Implement comprehensive vocational rehab technology system (federal funds) (community health trust fund)			8,000,000	8,000,000			1,000,000	1,000,000			($7,000,000)	(7,000,000)
Replace roof at Cedar Grove building at LSTC (SIIF)			712,480	712,480			712,480	712,480				0
Best in Class expansion		6,000,000		6,000,000		6,000,000		6,000,000				0
Childcare grants, resources and shared services		2,500,000		2,500,000		2,500,000		2,500,000				0
Early childhood quality infrastructure		3,000,000		3,000,000		3,000,000		3,000,000				0
Maintaining expanded inclusion support for special needs childcare		172,500		172,500		172,500		172,500				0
Offer quality rated childcare programs access to teaching strategy		100,000		100,000		100,000		100,000				0
Quality tiered payments for childcare assistance program		1,500,000		1,500,000		1,500,000		1,500,000				0

Housing assistance for people at risk of instability (SIIF)				0			1,000,000	1,000,000			1,000,000	1,000,000
Eviction prevention program (SIIF)				0			500,000	500,000			500,000	500,000
Home renovation incentives for accessibility (SIIF)			1,000,000	1,000,000			1,000,000	1,000,000				0
Grant for community cultural center (SIIF)			1,000,000	1,000,000			1,000,000	1,000,000				0
Winter park adaptive recreation program grant		200,000		200,000		0		0		($200,000)		(200,000)
Intermediate care facility grant for Anne Carlsen (CHTF)		3,457,736		3,457,736		0	4,400,000	4,400,000		(3,457,736)	4,400,000	942,264
Juvenile justice services (CHTF)		750,000		750,000		0	500,000	500,000		(750,000)	500,000	(250,000)
Total one-time funding changes	**0.00**	**$17,880,236**	**$12,912,480**	**$30,792,716**	**0.00**	**$13,472,500**	**$12,312,480**	**$25,784,980**	**0.00**	**($4,407,736)**	**($600,000)**	**($5,007,736)**
Total Changes to Base Level Funding	**(1,009.16)**	**$33,086,158**	**($13,961,485)**	**$19,124,673**	**(1,009.16)**	**$28,678,422**	**($23,561,485)**	**$5,116,937**	**0.00**	**($4,407,736)**	**($9,600,000)**	**($14,007,736)**
2025-27 Total Funding	**0.00**	**$656,536,511**	**$1,226,448,044**	**$1,882,984,555**	**0.00**	**$652,128,775**	**$1,216,848,044**	**$1,868,976,819**	**0.00**	**($4,407,736)**	**($9,600,000)**	**($14,007,736)**
Federal funds included in other funds			*$958,049,164*				*$942,753,164*				*($15,296,000)*	
Total ongoing changes - Percentage of base level	*(100.0%)*	*2.4%*	*(2.2%)*	*(0.6%)*	*(100.0%)*	*2.4%*	*(2.9%)*	*(1.1%)*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*(100.0%)*	*5.3%*	*(1.1%)*	*1.0%*	*(100.0%)*	*4.6%*	*(1.9%)*	*0.3%*	*N/A*	*N/A*	*N/A*	*N/A*

Other Sections in Human Services - 300 - Budget No. 325

Section Description	House Version	Senate Version	
No other sections			

Legislative Council

Medical Services - 400 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	House Version				Senate Version				Senate Compared to House Version Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	90.50	$958,216,598	$1,818,029,530	$2,776,246,128	90.50	$958,216,598	$1,818,029,530	$2,776,246,128	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$338,151	$479,188	$817,339		$338,151	$479,188	$817,339				$0
Health insurance increase		233,619	342,896	576,515		233,619	342,896	576,515				0
Base budget adjustments and transfers		(28,505,732)	61,061,722	32,555,990		(28,505,732)	61,061,722	32,555,990				0
DHHS cost to continue		71,253,662	(118,383,672)	(47,130,010)		71,253,662	(118,383,672)	(47,130,010)				0
HCBS cost to continue		36,977,113	27,837,811	64,814,924		36,977,113	27,837,811	64,814,924				0
FTE block grant pool	(101.75)	(9,636,069)	(15,163,610)	(24,799,679)	(101.75)	(9,636,069)	(15,163,610)	(24,799,679)				0
DD bed assessment adjustment			7,209,580	7,209,580			7,209,580	7,209,580				0
Value based purchasing Medicaid		1,000,000	1,000,000	2,000,000		1,000,000	1,000,000	2,000,000				0
Home health targeted rate increase		1,235,768	1,235,768	2,471,536		1,235,768	1,235,768	2,471,536				0
Qualified service provider target rate increase		3,595,104	1,797,552	5,392,656		3,595,104	1,797,552	5,392,656				0
HCBS cross disability waiver		2,474,226	2,474,226	4,948,452		2,474,226	2,474,226	4,948,452				0
Rebase Medicaid rates for ambulance service		2,189,770	2,189,770	4,379,540		1,000,000	1,000,000	2,000,000		($1,189,770)	($1,189,770)	(2,379,540)
Provider inflation increases 2% and 2%		13,689,672	15,190,970	28,880,642		13,689,672	15,190,970	28,880,642				0
FMAP percentage change 50.0% to 50.99%		(7,809,340)	1,355,340	(6,454,000)		(7,809,340)	1,355,340	(6,454,000)				0
FTE position adjustment	11.25			0	11.25			0				0
Total ongoing funding changes	**(90.50)**	**$87,035,944**	**($11,372,459)**	**$75,663,485**	**(90.50)**	**$85,846,174**	**($12,562,229)**	**$73,283,945**	**0.00**	**($1,189,770)**	**($1,189,770)**	**($2,379,540)**
One-Time Funding Items												
Retire Medicaid legacy system on mainframe (SIIF)			$2,000,000	$2,000,000			$2,000,000	$2,000,000				$0
Critical access hospital networking grant (CHTF)			2,000,000	2,000,000			1,000,000	1,000,000			($1,000,000)	(1,000,000)
Total one-time funding changes	**0.00**	**$0**	**$4,000,000**	**$4,000,000**	**0.00**	**$0**	**$3,000,000**	**$3,000,000**	**0.00**	**$0**	**($1,000,000)**	**($1,000,000)**
Total Changes to Base Level Funding	**(90.50)**	**$87,035,944**	**($7,372,459)**	**$79,663,485**	**(90.50)**	**$85,846,174**	**($9,562,229)**	**$76,283,945**	**0.00**	**($1,189,770)**	**($2,189,770)**	**($3,379,540)**
2025-27 Total Funding	**0.00**	**$1,045,252,542**	**$1,810,657,071**	**$2,855,909,613**	**0.00**	**$1,044,062,772**	**$1,808,467,301**	**$2,852,530,073**	**0.00**	**($1,189,770)**	**($2,189,770)**	**($3,379,540)**
Federal funds included in other funds			*$1,747,182,952*				*$1,745,993,182*				*($1,189,770)*	
Total ongoing changes - Percentage of base level	*(100.0%)*	*9.1%*	*(0.6%)*	*2.7%*	*(100.0%)*	*9.0%*	*(0.7%)*	*2.6%*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*(100.0%)*	*9.1%*	*(0.4%)*	*2.9%*	*(100.0%)*	*9.0%*	*(0.5%)*	*2.7%*	*N/A*	*N/A*	*N/A*	*N/A*

Legislative Council

Public Health - 500 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	House Version				Senate Version				Senate Compared to House Version Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	215.50	$47,756,180	$250,440,690	$298,196,870	215.50	$47,756,180	$250,440,690	$298,196,870	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$1,714,252		$1,714,252		$1,714,252		$1,714,252				$0
Health insurance increase		1,183,357		1,183,357		1,183,357		1,183,357				0
FTE block grant pool	(217.15)	(20,403,996)	($34,462,245)	(54,866,241)	(217.15)	(20,403,996)	($34,462,245)	(54,866,241)				0
Base budget adjustments and transfers		(1,503,118)	3,120,553	1,617,435		(1,503,118)	3,120,553	1,617,435				0
Adds funding to replace the 2023-25 new FTE pool		65,094	50,008	115,102		65,094	50,008	115,102				0
Adds funding to replace the 2023-25 vacant FTE pool		569,060	1,754,865	2,323,925		569,060	1,754,865	2,323,925				0
Expansion for domestic and sexual violence prevention (community health trust fund)			2,250,000	2,250,000			2,250,000	2,250,000				0
Additional domestic violence and sexual violence prevention		1,700,000		1,700,000		0		0		($1,700,000)		(1,700,000)
Funding for Safe Haven program		440,000		440,000		0		0		(440,000)		(440,000)
Maternal and child health programs enhancement				0				0				0
Coordinated purchasing to support immunization access (public health and consolidated lab fund)			2,213,930	2,213,930			0	0			($2,213,930)	(2,213,930)
Forensic pathology contract		2,866,156	(1,000,000)	1,866,156		2,000,000	(1,000,000)	1,000,000		(866,156)		(866,156)
Food and lodging 7.5% additional fee increase to 20% in total		(71,298)	71,298	0		(71,298)	71,298	0				0
Additional grant for Family Voices		100,000		100,000		16,000		16,000		(84,000)		(84,000)
Fetal Alcohol spectrum disorder clinic		637,661		637,661		350,000		350,000		(287,661)		(287,661)
FTE position adjustment	1.65			0	1.65			0				0
Total ongoing funding changes	**(215.50)**	**($12,702,832)**	**($26,001,591)**	**($38,704,423)**	**(215.50)**	**($16,080,649)**	**($28,215,521)**	**($44,296,170)**	**0.00**	**($3,377,817)**	**($2,213,930)**	**($5,591,747)**
One-Time Funding Items												
Nonfatal toxicology testing equipment(health lab)		$151,500	$100,000	$251,500		$151,500	$100,000	251,500				0
Public health laboratory transition (SIIF)			2,962,304	2,962,304			2,962,304	2,962,304				0
Forensic examiner electronic records system (community health trust fund)			278,000	278,000			0	0			($278,000)	(278,000)
Food and lodging management information system(community health trust fund)			335,000	335,000			335,000	335,000				0
Health facilities and EMS licensure management system (community health trust fund)			650,000	650,000			0	0			(650,000)	(650,000)
Funding for Cass County animal shelter(community health trust fund)			300,000	300,000			0	0			(300,000)	(300,000)
Statewide health strategies grant (community health trust fund)			750,000	750,000			0	0			(750,000)	(750,000)
Public Health Data Modernization(public health and consolidated lab fund)				0			2,213,930	2,213,930			2,213,930	2,213,930

Total one-time funding changes	0.00	$151,500	$5,375,304	$5,526,804	0.00	$151,500	$5,611,234	$5,762,734	0.00	$0	$235,930	$235,930
Total Changes to Base Level Funding	(215.50)	($12,551,332)	($20,626,287)	($33,177,619)	(215.50)	($15,929,149)	($22,604,287)	($38,533,436)	0.00	($3,377,817)	($1,978,000)	($5,355,817)
2025-27 Total Funding	0.00	$35,204,848	$229,814,403	$265,019,251	0.00	$31,827,031	$227,836,403	$259,663,434	0.00	($3,377,817)	($1,978,000)	($5,355,817)
Federal funds included in other funds			*$188,459,479*				*$188,459,479*				*$0*	
Total ongoing changes - Percentage of base level	*(100.0%)*	*(26.6%)*	*(10.4%)*	*(13.0%)*	*(100.0%)*	*(33.7%)*	*(11.3%)*	*(14.9%)*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*(100.0%)*	*(26.3%)*	*(8.2%)*	*(11.1%)*	*(100.0%)*	*(33.4%)*	*(9.0%)*	*(12.9%)*	*N/A*	*N/A*	*N/A*	*N/A*

HB1012
4-8-25

3. The department shall require an entity receiving funding under this section to operate the facility for at least ten years and require the grant amount to be repaid if the entity does not operate the facility for at least ten years.
4. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 7. APPROPRIATION - INFANT AND TODDLER CARE PROVIDER SUPPORT GRANTS - REPORT. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $15,535,000, or so much of the sum as may be necessary, to the department of health and human services for grants to licensed child care providers to support high-quality early childhood care for infants and toddlers, for the biennium beginning July 1, 2025, and ending June 30, 2027. The department shall administer the grant program and include the following provisions:

1. To qualify for a grant under this section, a grant recipient must:
   a. Be a licensed child care facility within the state of North Dakota;
   b. Be enrolled in the state's bright and early quality rating system at a 2-star, 3-star, or 4-star rating level; and
   c. Provide care for children ages birth through three years of age.
2. Eligible providers may receive up to $300 per month for each child from 0 to 17 months of age and up to $180 per month for each child from 18 to 36 months of age.
3. The department shall distribute the grant funds on a quarterly basis. Grant funds may not be used for non-child care-related expenses or debt repayment.
4. Grant recipients shall submit annual reports to the department detailing fund usage, enrollment statistics, and other information requested by the department.
5. The department shall provide reports to the legislative management and to the appropriations committees of the seventieth legislative assembly on grants awarded and the effectiveness of the program.

SECTION 8. COMMUNITY CULTURAL CENTER GRANT - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND - APPLICATION. Section 1 of this Act includes the sum of $1,000,000 from the strategic investment and improvements fund for the purpose of providing a one-time community cultural center grant in the west central human service region. An entity may apply for a grant under this section if the entity certifies to the department it has secured at

2025 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

HB 1012 11:18 a.m.
04/08/25

Relating to leases of the health and human services property, substance use disorder treatment program, basic care payment rates, and state of residence for child care assistance; to provide for a transfer; to authorize a line of credit; to provide legislative intent; to provide for a legislative management study; to provide an application; to provide an exemption; to provide for a report; and to provide an effective date.

11:19 a.m. Chairman Dever opened the hearing.

Members present: Chairman Dever and Senators Cleary, Davison, Magrum and Mathern.

Discussion Topics:

- Full-Time Equivalent (FTE) Block Grant Underfund
- Entitlement Programs

11:20 a.m. Senator Davison started a discussion concerning the FTE block grant underfund.

11:20 a.m. Donna Aukland, CFO, North Dakota Department of Health and Human Services (ND DHHS), testified in favor and answered committee questions concerning the FTE block grant underfund, and referred to previously submitted testimony #40465.

11:40 a.m. Donna Aukland, CFO, ND DHHS, testified in favor and answered committee questions about entitlement programs and submitted testimony #44986.

11:54 a.m. Chairman Dever closed the hearing.

Joan Bares, Committee Clerk

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HHS Federal Entitlement Programs

2025-27 BIENNIUM

Section	2023-2035 Legislative Base	Engrossed 1012	General	Federal	Other
Economic Assistance	379,855,270	452,189,373	77,612,838	361,223,824	13,352,711
Developmental Disabilities	742,793,592	767,748,941	377,480,409	390,268,532	-
Children & Family Services	143,646,802	168,240,366	77,140,345	90,392,800	707,220
Medicaid/Long Term Care	2,682,965,602	2,689,272,288	963,600,379	1,667,857,791	57,814,119
Total	**3,949,261,266**	**4,077,450,968**	**1,495,833,971**	**2,509,742,947**	**71,874,050**
Engrossed HB 1012		6,278,182,428	2,277,951,193	4,000,231,235	
Percent of Engrossed 1012		65%	66%	65%	

NOTE: IF YOU ARE PROGRAM ELIGIBLE AND A CLAIM SUBMITTED/PRESENTED, HHS IS OBLIGATED TO PAY.

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ECONOMIC ASSISTANCE

PROGRAM DETAIL
2025-27 BIENNIUM

PROGRAMS	2023-25 LEGISLATIVE BASE	ONE-TIME / CARRYOVER	2023-25 EXPENSES THROUGH DECEMBER	2023-25 PROJECTED EXPENDITURES	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)	ENGROSSED HB 1012	GENERAL	FEDERAL	OTHER
ECONOMIC ASSISTANCE ADMINSTRATION	$ 1,982,824	$ -	$ 2,124,797	$ 2,904,901	$ 3,874,259	$ (66,013)	$ 3,808,246	$ 894,794	$ 2,913,452	$ -
POLICY & SYSTEM SUPPORT (PASS)	2,859,123	-	2,395,583	3,112,317	2,862,681	(93,000)	2,769,681	1,004,552	1,765,129	-
SPACES OPERATIONS	1,634,070	-	797,702	1,239,327	1,504,467	(57,000)	1,447,467	610,382	837,085	-
ECONOMIC ASSISTANCE IT	-	-	-	-	51,508,995	2,000,000	53,508,995	9,434,513	40,750,120	3,324,362
QUALITY CONTROL	2,475,594	-	1,923,892	2,564,011	2,577,301	(123,000)	2,454,301	1,282,402	1,171,899	-
CHILD CARE ADMINISTRATION	448,367	-	443,471	581,427	3,753,914	(1,500,000)	2,253,914	1,500,000	753,914	-
CHILD CARE GRANTS (CCAP)	90,611,261	33,604,000	71,287,581	100,540,342	112,206,528	-	112,206,528	75,303,066	29,869,390	7,034,072
LIHEAP ADMINISTRATION	11,557,758	-	12,358,869	13,623,141	1,677,264	-	1,677,264	-	1,677,264	-
LIHEAP GRANTS	46,699,140	-	15,639,737	33,654,019	53,214,767	-	53,214,767	-	53,214,767	-
TANF ADMINISTRATION	492,972	-	394,694	519,589	595,923	(3,000)	592,923	26,796	566,127	-
TANF GRANTS	15,839,821	-	7,753,859	10,236,119	18,343,430	-	18,343,430	1,013,734	11,011,057	6,318,639
TANF KINSHIP GRANTS	2,980,800	-	457,015	634,547	720,000	-	720,000	-	720,000	-
TANF JOBS GRANTS	8,504,719	-	5,927,461	8,053,641	9,254,222	-	9,254,222	(1)	2,302,276	6,951,947
TANF ALTERNATIVE TO ABORTION	600,000	-	132,175	132,175	-	-	-	-	-	-
SNAP ADMINISTRATION	1,175,913	-	1,391,217	1,671,081	2,471,945	(92,000)	2,379,945	1,143,972	1,235,972	-
SNAP GRANTS	226,705,048	-	176,209,373	228,544,141	268,424,649	-	268,424,649	1,296,038	267,128,610	-
EMERGENCY RENT BRIDGE	33,519	62,231,000	41,474,247	52,614,495	14,500,000	(13,500,000)	1,000,000	-	-	1,000,000
TOTAL	**$ 414,600,930**	**$ 95,835,000**	**$ 340,711,673**	**$ 460,625,272**	**$ 547,490,344**	**$ (13,434,013)**	**$ 534,056,332**	**$ 93,510,249**	**$ 415,917,063**	**$ 24,629,020**

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DEVELOPMENTAL DISABILITIES

PROGRAM DETAIL
2025-27 BIENNIUM

PROGRAMS	2023-25 LEGISLATIVE BASE	ONE-TIME / CARRYOVER	2023-25 EXPENSES THROUGH DECEMBER	2023-25 PROJECTED EXPENDITURES	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)	ENGROSSED HB 1012	GENERAL	FEDERAL	OTHER
DD ADMIN AND RELATED PROGRAMS	$ 8,330,349	$ 2,500,000	$ 5,731,580	$ 8,551,173	$ 12,055,271	$ (153,059)	$ 11,902,212	$ 4,649,030	$ 7,253,182	-
HCBS CAPACITY (10% REINV)	-	-	633,852	688,764	1,043,494	-	1,043,494	-	521,747	521,747
PROVIDER RETENTION GRANTS (10% REINV)	-	1,593,594	300,300	920,031	-	$ 3,457,736	3,457,736	3,457,736	-	-
CORPORATE GUARDIANSHIPS	4,788,545	-	3,156,844	4,049,631	6,109,355	$ (380,000)	5,729,355	5,729,355	-	-
DD CASE MANAGEMENT (DDPM)	22,635,279	-	18,452,295	24,861,662	26,457,120	$ (1,125,000)	25,332,120	12,167,692	13,164,428	-
EARLY INTERVENTION PROGRAMS	3,650,698	804,825	1,912,762	2,711,577	2,857,680	$ 18,819	2,876,499	-	2,876,499	-
DD SVC GRANTS	742,793,592	-	514,859,734	730,079,538	762,116,908	$ 5,632,033	767,748,941	377,480,409	390,268,532	-
TOTAL	**$ 782,198,463**	**$ 4,898,419**	**$ 545,047,367**	**$ 771,862,376**	**$ 810,639,828**	**$ 7,450,529**	**$ 818,090,357**	**$ 403,484,222**	**$ 414,084,388**	**$ 521,747**

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CHILDREN AND FAMILY SERVICES

PROGRAM DETAIL
2025-27 BIENNIUM

PROGRAMS	2023-25 LEGISLATIVE BASE	ONE-TIME / CARRYOVER	2023-25 EXPENSES THROUGH DECEMBER	2023-25 PROJECTED EXPENDITURES	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)	ENGROSSED HB 1012	GENERAL	FEDERAL	OTHER
CHILDREN & FAMILY SERVICES ADMINISTRATION	$ 1,009,650	$ -	$ 1,042,950	$ 1,408,222	$ 4,039,190	$ 926,205	$ 4,965,395	$ 4,015,068	$ 950,328	$ -
CHILD ABUSE & NEGLECT SVC	2,049,837	100,000	1,417,573	1,863,582	2,700,006	(33,000)	2,667,006	842,038	1,824,968	-
CFS FIELD SERVICE SPECIALIST	3,587,605	-	2,800,418	3,788,590	4,822,130	(369,000)	4,453,130	3,970,917	482,213	-
CHILDRENS ADVOCACY CENTERS	4,100,000	-	2,278,907	3,307,607	4,100,000	-	4,100,000	4,100,000	-	-
INDEPENDENT LIVING SERVICES	1,173,224	-	773,392	1,158,768	1,393,224	-	1,393,224	278,645	1,114,579	-
FOSTER CARE ADMINISTRATION	5,867,636	300,000	3,197,607	5,135,155	8,496,218	(110,000)	8,386,218	3,482,695	4,903,523	-
FOSTER CARE	72,662,727	268,347	40,082,610	61,117,297	83,920,987	617,643	84,538,630	31,321,667	52,509,742	707,220
SHELTER CARE SERVICES	481,720	150,000	405,999	563,929	1,000,000	-	1,000,000	1,000,000	-	-
SUBSIDIZED GUARDIANSHIP	1,466,490	-	819,631	1,154,725	1,652,894	9,151	1,662,045	831,023	831,023	-
FAMILY PRESERVATION & PREVENTION SVC (FFPSA)	7,722,959	-	2,848,877	7,439,268	11,074,797	(55,000)	11,019,797	6,026,454	4,993,342	-
JUVENILE JUSTICE (DJS) GRANTS	614,000	-	583,422	736,922	964,000	-	964,000	-	764,000	-
INTENSIVE IN-HOME SVC	3,053,748	-	-	763,437	-	-	-	-	-	-
KINSHIP SERVICES	2,063,382	200,000	932,880	1,531,308	2,642,326	(27,000)	2,615,326	2,215,326	400,000	-
SUBSIDIZED ADOPTION ADMINISTRATION	1,154,173	-	683,054	998,010	1,131,233	(57,000)	1,074,233	636,962	437,271	-
SUBSIDIZED ADOPTION DELINKED SVC	8,134,219	-	3,351,397	5,586,726	9,840,179	(408,000)	9,432,179	9,082,179	350,000	-
SUBSIDIZED ADOPTION GRANTS	58,199,448	-	44,396,457	60,217,151	69,085,985	337,609	69,423,594	34,659,497	34,764,097	-
TRIBAL SOCIAL SERVICES	3,183,918	-	1,168,362	1,964,342	3,183,918	-	3,183,918	1,245,980	1,937,938	-
TOTAL	**$ 176,524,737**	**$ 1,018,347**	**$ 106,783,535**	**$ 158,735,038**	**$ 210,047,087**	**$ 831,608**	**$ 210,878,695**	**$ 103,708,451**	**$ 106,463,024**	**$ 707,220**

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MEDICAL SERVICES

PROGRAM DETAIL
2025-27 BIENNIUM

DESCRIPTION	2023-25 LEGISLATIVE BASE	ONE-TIME / CARRYOVER	2023-25 EXPENSES THROUGH DECEMBER	2023-25 PROJECTED EXPENDITURES	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)	ENGROSSED HB 1012	GENERAL	FEDERAL	OTHER
MEDICAL SERVICES ADMINISTRATION	$ 42,658,801	$ 6,500,000	$ 33,046,288	$ 52,561,958	$ 56,643,190	$ (1,535,850)	$ 55,107,340	$ 20,614,986	$ 34,492,354	$ -
MEDICAL SERVICES IT					70,088,697	-	70,088,697	11,994,518	57,594,179	500,000
DRUG CLAWBACK	49,291,723		31,171,799	43,494,730	56,426,848	-	56,426,848	54,266,848	-	2,160,000
COUNTY JAIL CLAIMS	1,000,000		678,943	928,943	1,000,000	-	1,000,000	-	-	1,000,000
CROSS DISABILITY WAIVER IMPLEMENTATION		-			4,948,452	-	4,948,452	2,474,226	2,474,226	
CRITICAL ACCESS HOSPITAL NETWORKING GRANT					-	2,000,000	2,000,000			2,000,000
MEDICAL SERVICES	**1,721,252,658**	**-**	**1,148,727,533**	**1,593,726,563**	**1,616,619,252**	**5,453,149**	**1,622,072,401**	**401,127,387**	**1,164,030,895**	**56,914,119**
Inpatient Hospital	227,650,273	-	157,894,416	218,399,757	235,436,722	1,581,875	237,018,597	117,944,763	119,073,834	-
Outpatient Hospital	125,343,902	-	87,526,972	122,743,731	127,121,698	553,643	127,675,341	46,228,667	64,972,555	16,474,119
Professional Services	137,991,523	-	106,260,015	149,800,633	151,553,918	1,126,354	152,680,272	74,482,154	78,198,118	-
Drugs	84,898,305	-	67,515,161	111,660,402	86,742,424	-	86,742,424	9,200,881	59,841,542	17,700,000
Indian Health Services	58,583,364	-	58,311,115	84,183,190	94,554,742	706,212	95,260,955	-	95,260,955	-
PRTF Services	24,340,239	-	15,354,505	21,383,435	21,445,266	159,382	21,604,648	10,534,399	11,070,249	-
Dental Services	36,094,013	-	26,257,349	36,718,477	36,993,255	274,935	37,268,190	18,111,629	19,156,561	-
Premiums	54,734,853	-	35,239,170	49,412,897	56,694,910	-	56,694,910	26,496,898	30,198,012	-
Other Services	153,836,340	-	105,776,050	152,799,846	136,815,944	997,527	137,813,470	28,324,324	86,749,147	22,740,000
1915(i) State Plan Services	15,163,012		1,208,913	1,555,798	7,161,033	53,221	7,214,254	3,593,739	3,620,515	-
Expansion Medicaid	802,616,834	-	487,383,867	645,068,397	662,099,340	-	662,099,340	66,209,934	595,889,406	-
TOTAL	**$ 1,814,203,182**	**$ 6,500,000**	**$ 1,213,624,563**	**$ 1,690,712,194**	**$ 1,805,726,439**	**$ 5,917,299**	**$ 1,811,643,738**	**$ 490,477,965**	**$ 1,258,591,654**	**$ 62,574,119**
NURSING FACILITIES	$ 734,744,666	$ -	$ 464,338,300	$ 681,054,722	$ 748,874,436	$ -	$ 748,874,436	$ 371,493,486	$ 377,380,950	$ -
AGED & DISABLED WAIVER	54,112,132	-	64,185,967	93,205,221	132,086,653	546,405	132,633,058	68,262,976	64,370,082	-
BASIC CARE	72,887,129	-	45,958,465	65,346,018	67,973,866	505,184	68,479,050	48,522,912	19,056,137	900,000
SPED	22,402,748	-	17,492,181	25,061,812	30,129,473	165,482	30,294,955	30,294,955	-	-
EXPANDED SPED	1,313,728	-	946,589	1,324,401	1,324,973	9,960	1,334,932	1,334,932	-	-
PERSONAL CARE SERVICES	33,664,038	-	29,309,396	43,331,650	56,779,642	311,152	57,090,795	28,335,617	28,755,177	-
TARGETED CASE MANAGEMENT	940,828	-	887,039	1,230,059	1,329,776	9,883	1,339,659	662,113	677,546	-
CHILDREN'S MED FRAGILE WAIVER	814,760	-	326,114	541,107	768,988	2,890	771,877	383,994	387,883	-
PACE PROGRAM	29,356,221	-	17,356,351	24,201,173	24,271,866	180,389	24,452,256	12,085,324	12,366,932	-
COMMUNITY OF CARE	330,000	-	85,115	85,115	330,000	-	330,000	330,000	-	-
PERSONAL NEEDS ALLOWANCE	193,200	-	279,192	279,192	376,800	-	376,800	376,800	-	-
CHILDREN'S HOSPICE WAIVER	76,950	-	-	19,507	79,644	544	80,188	39,725	40,462	-
AUTISM VOUCHER	300,000	-	77,292	77,292	-	-	-	-	-	-
AUTISM WAIVER	10,906,545	-	670,742	869,069	1,388,898	82,984	1,471,882	680,156	791,726	-
TOTAL	**$ 962,042,944**	**$ -**	**$ 641,912,745**	**$ 936,626,339**	**$ 1,065,715,015**	**$ 1,814,873**	**$ 1,067,529,887**	**$ 562,802,991**	**$ 503,826,896**	**$ 900,000**

2025 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

HB 1012 3:05 a.m.
04/09/25

Relating to leases of the health and human services property, substance use disorder treatment program, basic care payment rates, and state of residence for child care assistance; to provide for a transfer; to authorize a line of credit; to provide legislative intent; to provide for a legislative management study; to provide an application; to provide an exemption; to provide for a report; and to provide an effective date.

3:05 p.m. Chairman Dever opened the hearing.

Members present: Chairman Dever and Senators Cleary, Davison, Magrum and Mathern.

Discussion Topics:

- Awaiting amendment

3:06 p.m. Senator Cleary wanted to start with HB 1612 so this hearing will be set aside.

3:06 p.m. Chairman Dever closed the hearing.

Joan Bares, Committee Clerk

2025 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

HB 1012 315 p.m.
4/9/2025

Related to Health and Human Services

3:14 p.m. Chairman Dever opened the hearing.

Members present: Chairman Dever and Senators Cleary, Davison, Magrum and Mathern.

Discussion Topics

- Best in Class
- Carryover
- Provider Inflation
- Maternal Health Study
- Grafton Life Skills and Transition Center Study

3:14 p.m. Chairman Dever started the discussion with the Humans Services Budget - 300, and referred to previously submitted testimony #44673.

3:15 p.m. Senator Cleary proposed reducing the Best in Class expansion from $6,000,000, to $2,000,000, and accepting the funding the house had proposed for childcare grants, resources and shared services ($2,500,000,) and early childhood quality infrastructure ($3,000,000,). Committee approved.

3:15 p.m. Senator Davison also proposed removing the funding for Waterford (2,400,000,). Committee approved.

3:16 p.m. Keith Mantz, Financial Analyst, LC, clarified that the funding for Ministry on the Margins ($285,000,) and Fraser Ltd. ($300,000,) will remain and that within the bill, carryover is being reduced from $5,000,000, down to $1,000,000,. Committee approved.

3:21 p.m. Senator Davison asked about the grant for the community cultural center programming. It was approved earlier to reduce funding from $1,000,000, to $300,000.

3:22 p.m. Chairman Dever started discussion of reviewing the Medical Services - 400 budget starting with the line item, provider inflation increase 2% by 2%.

3;25 p.m. Senator Cleary would like to wait upon further information before making a decision about provider inflation. Committee approved.

3:27 p.m. Senator Mathern's amendment for the medical home fourplex will be done tonight and ready for tomorrow.

3:27 p.m. Eric Haas, Assistant CFO, ND Department of Health and Human Services (ND DHHS, testified in favor and answered questions pertaining to an FMAP change.

3:30 p.m. Senator Cleary introduced an amendment LC #25.0156.02020, to add a legislative management study to funding for maternal health services, and submitted testimony #44873. Committee approved.

3:37 p.m. Chairman Dever introduced an amendment LC #25.0156.02015 for a study for implementation of a social care technology platform and submitted testimony #44875.

3:39 p.m. Senator Davison questioned why we are receiving a proposal from a vendor and not from the department.

3:41 p.m. Donna Aukland, CFO, ND DHHS, testified against, and stated this is the first time she is hearing about this amendment LC#25.0256.02015 and since it is not in the governor's budget she does not support.

3:44 p.m. Chairman Dever introduced an amendment LC #25.0156.02000 for a study to review the Grafton Life Skills and Transition Center campus and submitted testimony #44871.

3:44 p.m. Donna Aukland, CFO, ND DHHS, testified in favor of a study to review the Grafton Life Skills and Transition Center campus and answered committee questions. Committee approved.

3:52 p.m. Chairman Dever started a discussion concerning guardianship funding.

3:52 p.m. Donna Aukland, CFO ND DHHS, testified in favor, answered committee questions concerning guardianship funding, and submitted testimony #44876. She suggested removing the funding ($6,532,355,) for now. This funding is dependent upon the passing of SB 2029. Committee approved.

3:58 p.m. Senator Davison started a discussion about the Medicaid entitlement program. and suggested reducing the 1915i to 5 million.

4:03 p.m. Donna Aukland, CFO, ND DHHS, testified in favor and suggested adding a line decreasing utilization of 1915i. One million would go to the general fund, one million to the federal fund and it goes to the grants 73 line-Medicaid grants. Committee approved.

4:04 p.m. Donna Aukland, CFO, ND DHHS, testified in favor, submitted testimony #44973, and answered questions about the FMAP. She suggested moving FMAP general fund ($1,962,900), to Other Funds. Committee Approved.

4:10 p.m. Senator Davis and Keith Mantz are working on an amendment about behavioral health facilities and Altru.

4:10 p.m. Keith Mantz, Financial Analyst, LC, asked if we wanted to remove Section 38 on student truancy. It was suggested to remove the study and go to conference committee. Committee approved.

4:13 p.m. Keith Mantz, also asked about the proposal for an assistive technology study. This was left up in the air without a discussion.

4:15 p.m. Chairman Dever closed the hearing.

Joan Bares, Committee Clerk

HB1012
4-9-25

ENGROSSED HOUSE BILL NO. 1012
FIRST ENGROSSMENT (25.0156.02000)

SECTION XX. LEGISLATIVE INTENT – LIFE SKILLS AND TRANSITION CENTER. It is the intent of the sixty-ninth legislative assembly that the department of health and human services undertake a review of the facilities and land at life skills and transition center to delineate the portions of life skills and transition center's current campus that are necessary for delivery of services and the portions of its campus that are not necessary for the delivery of services and as such could be conveyed to a local government or related public or not-for-profit community development entity to facilitate the redevelopment of so-designated excess facilities and lands in a manner that both optimizes local community development goals and the successful operation of life skills and transition center. The department of health and human services shall present any request to convey excess facilities and lands to the seventieth legislative assembly.

25.0156.02020
Title.

Prepared by the Legislative Council staff for Senator Cleary
April 9, 2025

Sixty-ninth
Legislative Assembly
of North Dakota

PROPOSED AMENDMENTS TO FIRST ENGROSSMENT

ENGROSSED HOUSE BILL NO. 1012

Introduced by

Appropriations Committee

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to amend and reenact sections 50-06-06.6, 50-06-42, 50-24.5-02.3, and 50-33-05 of the North Dakota Century Code, relating to leases of department of health and human services property, substance use disorder treatment program, basic care payment rates, and state of residence for child care assistance; to provide for a transfer; to authorize a line of credit; to provide legislative intent; to provide for a legislative management study; to provide an application; to provide an exemption; to provide for a report; and to provide an effective date.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. APPROPRIATION. The funds provided in this section, or so much of the funds as may be necessary, are appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, and from other funds derived from special funds and federal funds, to the department of health and human services for the purpose of defraying the expenses of its various divisions, for the biennium beginning July 1, 2025, and ending June 30, 2027, as follows:

Subdivision 1.

SALARIES AND WAGES BLOCK GRANT

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages block grant	$0	$596,284,775	$596,284,775

Total all funds	0	596,284,775	596,284,775
Less other funds	0	286,720,150	286,720,150
Total general fund	$0	$309,564,625	$309,564,625

Subdivision 2.

BUSINESS OPERATIONS

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$25,763,358	($25,763,358)	$0
Operating expenses	155,308,399	(77,023,770)	78,284,629
Capital assets	108,934	(108,934)	0
Grants	11,812,627	6,966,375	18,779,002
Total all funds	$192,993,318	($95,929,687)	$97,063,631
Less other funds	118,894,310	(71,526,221)	47,368,089
Total general fund	$74,099,008	($24,403,466)	$49,695,542

Subdivision 3.

BEHAVIORAL HEALTH

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$8,792,675	($8,792,675)	$0
Operating expenses	79,381,458	23,888,138	103,269,596
Grants	40,476,298	21,889,322	62,365,620
Behavioral health clinics	196,383,945	(139,978,713)	56,405,232
State hospital	94,826,973	256,053,182	350,880,155
Opioid addiction prevention	2,000,000	6,000,000	8,000,000
Total all funds	$421,861,349	$159,059,254	$580,920,603
Less other funds	113,955,941	285,267,537	399,223,478
Total general fund	$307,905,408	($126,208,283)	$181,697,125

Subdivision 4.

HUMAN SERVICES

	Base Level	Adjustments or Enhancements	Appropriation

Salaries and wages	$168,325,918	($168,325,918)	$0
Operating expenses	88,885,469	108,258,236	197,143,705
Capital assets	10,000	0	10,000
Grants	621,189,007	94,393,260	715,582,267
Life skills and transition center	44,992,263	(29,784,605)	15,207,658
Grants - medical assistance	742,793,564	7,655,079	750,448,643
County social services	197,663,661	6,928,621	204,592,282
Total all funds	$1,863,859,882	$19,124,673	$1,882,984,555
Less other funds	1,240,409,529	(13,961,485)	1,226,448,044
Total general fund	$623,450,353	$33,086,158	$656,536,511

Subdivision 5.

MEDICAL SERVICES

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$21,008,344	($21,008,344)	$0
Operating expenses	70,807,977	92,364,562	163,172,539
Grants	1,651,004	1,806,800	3,457,804
Grants - medical assistance	2,682,778,803	6,500,467	2,689,279,270
Total all funds	$2,776,246,128	$79,663,485	$2,855,909,613
Less other funds	1,818,029,530	(7,372,459)	1,810,657,071
Total general fund	$958,216,598	$87,035,944	$1,045,252,542

Subdivision 6.

PUBLIC HEALTH

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$60,415,388	($60,415,388)	$0
Operating expenses	37,721,213	17,853,669	55,574,882
Capital assets	1,469,780	2,215,838	3,685,618
Grants	81,718,145	4,245,496	85,963,641
Tobacco prevention	13,063,162	(22,607)	13,040,555
Women, infants, and children	19,900,000	1,100,000	21,000,000

food payments			
Cares Act/COVID-19	83,909,182	1,845,373	85,754,555
Total all funds	$298,196,870	($33,177,619)	$265,019,251
Less other funds	250,440,690	(20,626,287)	229,814,403
Total general fund	$47,756,180	($12,551,332)	$35,204,848

Subdivision 7.

TOTAL - SECTION 1

	Base Level	Adjustments or Enhancements	Appropriation
Grand total all funds	$5,553,157,547	$725,024,881	$6,278,182,428
Grand total other funds	3,541,730,000	458,501,235	4,000,231,235
Grand total general fund	$2,011,427,547	$266,523,646	$2,277,951,193
Full-time equivalent positions	2,483.83	204.52	2,688.35

SECTION 2. ONE TIME FUNDING - EFFECT ON BASE BUDGET - REPORT TO SEVENTIETH LEGISLATIVE ASSEMBLY. The following amounts reflect the one-time funding items included in section 1 of this Act which are not included in the entity's base budget for the 2027-29 biennium and which the entity shall report to the appropriations committees of the seventieth legislative assembly regarding the use of this funding:

One-Time Funding Description	General Fund	Other Funds	Total
Technology projects	$0	$10,263,000	$10,263,000
Human service centers and life skills and transition center projects	0	1,052,480	1,052,480
Retire mainframe	0	15,000,000	15,000,000
Child care programs	13,272,500	0	13,272,500
Housing programs	0	1,000,000	1,000,000
State laboratory move and equipment	0	2,962,304	2,962,304
Partial hospitalization day treatment	0	2,000,000	2,000,000
Developmental disabilities eligibility assessment tool for kids	200,000	200,000	400,000
Toxicology equipment	151,500	100,000	251,500
New state hospital	0	330,000,000	330,000,000

Behavioral health facility grant	0	12,960,000	12,960,000
Cultural community center grant	0	1,000,000	1,000,000
Adaptive recreation grant	200,000	0	200,000
Intermediate care facility grant	3,457,736	0	3,457,736
Juvenile justice diversion services	750,000	0	750,000
Animal shelter grant	0	300,000	300,000
Statewide health strategies	0	750,000	750,000
Critical access hospital networking	0	2,000,000	2,000,000
Total	$18,031,736	$379,587,784	$397,619,520

SECTION 3. FUNDING TRANSFERS - EXEMPTION - AUTHORIZATION - REPORT. Notwithstanding section 54-16-04, the director of the office of management and budget shall transfer appropriation authority between line items within subdivisions 1, 2, 3, 4, 5, and 6 of section 1 of this Act and any other appropriation authority for the department of health and human services approved by the sixty-ninth legislative assembly, for the biennium beginning July 1, 2025, and ending June 30, 2027, as requested by the department of health and human services. The department of health and human services shall notify the legislative council of any transfer made pursuant to this section. The department of health and human services shall report to the budget section after June 30, 2026, any transfer made in excess of $50,000 and to the appropriations committees of the seventieth legislative assembly regarding any transfers made pursuant to this section.

SECTION 4. FULL-TIME EQUIVALENT POSITION BLOCK GRANT PROGRAM - REPORT. Section 1 of this Act includes funding for a full-time equivalent position block grant program. This funding as approved by the sixty-ninth legislative assembly is available for defraying the expense of full-time equivalent positions as determined by the department of health and human services. Notwithstanding any other provision of law, the department is authorized to increase or decrease authorized full-time equivalent positions subject to the availability of funds and the provisions of this section. The department of health and human services many not increase full-time equivalent positions for the purpose of transferring human service zone employees to state employment. Pursuant to section 3 of this Act, the department is authorized to transfer appropriation authority of up to the underfunded amount of $30,000,000 to the salaries and wages block grant line item. The department of health and human services

shall report to the office of management and budget and legislative council any adjustments to full-time equivalent positions.

SECTION 5. DEPARTMENT OF HEALTH AND HUMAN SERVICES - SALARIES AND WAGES BLOCK GRANT - VACANT POSITIONS - REPORT. The department of health and human services shall report to the budget section quarterly during the 2025-26 interim regarding the status of its salaries and wages block grant and vacant positions and employee turnover. The report must include:

1. The legislative appropriation for salaries and wages allocated by the department to major department programs by funding source and the number of FTE positions the department is allocating to each major program based on the legislative appropriation;
2. Any changes to salaries and wages funding or FTE positions allocated to major department programs;
3. Any new FTE positions added, the cost of the position for the remainder of the biennium, and the cost to continue funding the position in the subsequent biennium by funding source;
4. Any FTE positions removed and related funding;
5. The number of FTE positions that become vacant and the number filled each month;
6. The number of vacant FTE positions at the end of each month;
7. Salaries and wages savings resulting from vacant positions and employee turnover each month by funding source; and
8. The use of salaries and wages savings for other purposes for each month by funding source.

SECTION 6. BEHAVIORAL HEALTH FACILITY GRANT - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND - APPLICATION.

1. Section 1 of this Act includes the sum of $12,960,000 from the strategic investment and improvements fund for a behavioral health facility grant pursuant to this section.
2. A grant of $12,960,000 must be provided to establish a behavioral health facility in the northeast human service region. The grant recipient must provide matching funds of $3,240,000 to establish the facility.

3. The department shall require an entity receiving funding under this section to operate the facility for at least ten years and require the grant amount to be repaid if the entity does not operate the facility for at least ten years.
4. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 7. COMMUNITY CULTURAL CENTER GRANT - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND - APPLICATION. Section 1 of this Act includes the sum of $1,000,000 from the strategic investment and improvements fund for the purpose of providing a one-time community cultural center grant in the west central human service region. An entity may apply for a grant under this section if the entity certifies to the department it has secured at least fifty percent of funds needed to complete the project, the project will be completed within two years of receiving the grant funds, and the grants funds will be used only for costs of constructing a community cultural center. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 8. JUVENILE JUSTICE DIVERSION SERVICES AND PROGRAMS - TASK FORCE - REPORT. Section 1 of this Act includes the sum of $750,000 from the general fund for juvenile justice diversion services and programs. The department of health and human services must use the funding for services to youth at risk of juvenile justice involvement but who have not committed delinquent acts as defined in chapter 27-20.4.

The department shall establish a task force with representation from divisions in the department, human service zones, the department of public instruction, elementary and secondary schools, and members of the legislative assembly, to review juvenile justice diversion services and program. The department shall report its findings and recommendations to the legislative management and children's cabinet.

SECTION 9. ANIMAL SHELTER GRANT - COMMUNITY HEALTH TRUST FUND. Section 1 of this Act includes the sum of $300,000 from the community health trust fund for a grant for the construction of an animal shelter. The department of health and human services may award a grant for the construction of an animal shelter to an organization that provides twenty dollars of nonstate matching funds for every dollar of grant funds received. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 10. STATEWIDE HEALTH STRATEGIES - COMMUNITY HEALTH TRUST FUND. Section 1 of this Act includes the sum of $750,000 of one-time funding from the community health trust fund for the statewide health strategies initiative. The department of health and human services may spend the funding upon securing dollar-for-dollar matching funds.

SECTION 11. OTHER FUNDS - INSURANCE TAX DISTRIBUTION FUND. The other funds line item in subdivision 5 of section 1 of this Act includes the sum of $1,125,000 from the insurance tax distribution fund for rural emergency medical services grants.

SECTION 12. OTHER FUNDS - COMMUNITY HEALTH TRUST FUND. The other funds line items in section 1 of this Act includes the sum of $38,713,522 from the community health trust fund for the following purposes:

Loan repayment programs	$594,500
Tobacco and vaping programs	11,599,698
Cancer and women's way programs	909,824
Behavior risk state survey	200,000
Domestic violence programs	4,250,000
Local public health grants	3,275,000
988 crisis hotline	1,867,500
Various information technology system upgrades	2,967,000
Grants to rural ambulances	7,000,000
Law enforcement rural crisis support program	1,000,000
Development of partial hospitalization/intensive day treatment	2,000,000
Critical access hospital networking	2,000,000
Animal shelter grant	300,000
Statewide health strategies	750,000
Total	$38,713,522

SECTION 13. OTHER FUNDS - HUMAN SERVICE FINANCE FUND. The other funds line items in section 1 of this Act includes the sum of $239,112,030 from the human service finance fund for state-paid economic assistance and social and human services.

SECTION 14. OTHER FUNDS - OPIOID SETTLEMENT FUND. The other funds line item in section 1 of this Act includes the sum of $8,000,000 from the opioid settlement fund for opioid remediation and abatement efforts.

SECTION 15. OTHER FUNDS - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND The other funds line items in section 1 of this Act includes the sum of $227,474,784 from the strategic investment and improvements fund for the following purposes:

Retiring technology from the mainframe	$7,500,000
Move into the new state laboratory and purchase security equipment	2,962,304
Capital projects in human service centers and life skills and transition center	1,052,480
Housing initiative programs	1,000,000
Technology projects at the state hospital	1,000,000
New state hospital	200,000,000
Behavioral health facility grant	12,960,000
Community cultural center grant	1,000,000
Total	$227,474,784

SECTION 16. OTHER FUNDS - BANK OF NORTH DAKOTA LINE OF CREDIT - STATE HOSPITAL PROJECT. The other funds line item in subdivision 2 of section 1 of this Act includes $130,000,000 from a Bank of North Dakota line of credit. The department of health and human services may borrow up to $130,000,000 through a line of credit from the Bank of North Dakota during the biennium beginning July 1, 2025, and ending June 30, 2027, for costs associated with the construction of a new state hospital. The interest rate on the line of credit may not exceed the prevailing interest rate charged to North Dakota governmental entities. If the department accesses the line of credit, it shall request a deficiency appropriation from the seventieth legislative assembly to repay the line of credit.

SECTION 17. LABORATORY BUILDING STEERING COMMITTEE. The department of health and human services shall maintain the laboratory building steering committee to oversee the design and construction of the laboratory building project, for the biennium beginning July 1, 2025, and ending June 30, 2027, or until work is completed, whichever occurs earlier. The committee must include representation from the department of health and human services, department of environmental quality, office of management and budget, the governor's office, and the legislative assembly. The legislative assembly representation must include one member

of the senate appointed by the senate majority leader, one member of the house appointed by the house majority leader, and one member of the minority party from either the senate or the house appointed by the minority leaders of the senate and the house.

SECTION 18. NEW STATE HOSPITAL - STEERING COMMITTEE. The department of health and human services shall establish a new state hospital facility steering committee to oversee the design and construction of a new state hospital facility, for the biennium beginning July 1, 2025, and ending June 30, 2027. The committee must include one member of the senate appointed by the senate majority leader, one member of the house appointed by the house majority leader, and one member of the minority party from either the senate or the house appointed by the minority leaders of the senate and the house.

SECTION 19. CAPITAL PAYMENTS. During the biennium beginning July 1, 2025, and ending June 30, 2027, the department of health and human services is authorized to expend funds for the payment of special assessments at the state hospital, southeast human service center, and life skills and transition center. Pursuant to section 3 of this Act, the director of the office of management and budget may transfer appropriation authority between line items within section 1 of this Act and any remaining appropriation authority for the department of health and human services approved by the sixty-ninth legislative assembly. The department of health and human services may transfer funds for the payment of special assessments at the state hospital, southeast human service center, and life skills and transition center ahead of the special needs assessments schedule. Notwithstanding section 54-27-12, the department of health and human services may spend funds for the payment of special assessments at the state hospital and life skills and transition center.

SECTION 20. CAPITAL PROJECTS - EMERGENCY COMMISSION AND BUDGET SECTION APPROVAL. During the biennium beginning July 1, 2025, and ending June 30, 2027, pursuant to section 3 of this Act, the director of the office of management and budget may transfer appropriation authority between line items within section 1 of this Act and any remaining appropriation authority for the department of health and human services approved by the sixty-ninth legislative assembly for capital projects and maintenance pertaining to operation of its facilities, including demolition projects. Notwithstanding section 54-27-12, the department of health and human services may spend up to $10,000,000 for capital projects and maintenance pertaining to operation of its facilities, including demolition projects, under this section and may

seek emergency commission and budget section approval to spend more than $10,000,000 under this section.

SECTION 21. PERMANENT SUPPORTIVE HOUSING GRANTS. Section 1 of this Act includes the sum of $4,672,536 from the general fund for permanent supportive housing grants. The department of health and human services shall develop a funding methodology to distribute the funding to qualified entities that utilize best practices for permanent supportive housing, provide recovery-oriented and person-centered services, submit process and outcome measures to the department of health and human services, and authorize the department of health and human services to conduct onsite visits to review program operations.

SECTION 22. EXPENDITURES MAY NOT EXCEED APPROPRIATION - MEDICAL ASSISTANCE EXPANSION PROGRAM - APPLICATION.

1. Section 1 of this Act includes the sum of $662,099,340, of which $66,209,934 is from the general fund, for the medical assistance expansion program, for the biennium beginning July 1, 2025, and ending June 30, 2027. The expenditures for individuals eligible for the medical assistance expansion program may not exceed this amount.
2. The department of health and human services may exceed appropriations for increases in medical assistance expansion program caseload, for the addition of coverage consistent with the traditional Medicaid 1915(i) state plan, utilization rates, and reduction in federal medical assistance percentage.
3. The managed care organization under contract with the department of health and human services to manage the medical assistance expansion program shall reimburse providers within the same provider type and specialty at consistent levels and with consistent methodology and may not provide incentive, quality, or supplemental payments to providers, unless part of a value-based program approved by the department of health and human services. The managed care organization shall reimburse all North Dakota substance use providers of American society of addiction medicine level 2.5 at consistent levels and with consistent methodology. The managed care organization may consider urban and rural providers as different provider types.
4. The managed care organization and the department of health and human services shall ensure payments to Indian or Tribal 638 health care providers, federally qualified health centers,and rural health clinics meet the federally required minimum levels of

reimbursement. Critical access hospitals may not be paid less than one hundred percent of Medicare allowable costs and human service centers may not be paid less than one hundred percent of the current traditional Medicaid rate. Behavioral health services involving partial hospitalization, intensive outpatient, professional services, and residential behavioral health services provided in facilities that are not institutions for mental diseases are not subject to the provisions in subsection 6.

5. The department of health and human services shall ensure providers within the same provider type and specialty are reimbursed at consistent levels and with consistent methodology and shall ensure the capitation rates under risk contracts are actuarially sound and are adequate to meet managed care organization contractual requirements regarding availability of services, assurance or adequate capacity and services, and coordination and continuity of care.

6. Except for the provisions in subsection 4, managed care organization premium payments must be built using the assumption that rates paid to providers under the medical assistance expansion program may not exceed one hundred forty-five percent of Medicare reimbursement rates paid to providers on January 1, 2025.

SECTION 23. HUMAN SERVICE CENTERS - CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS - FULL-TIME EQUIVALENT POSITIONS - REPORT. The department of health and human services shall continue the process of the human service centers becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults. The department of health and human services shall pursue additional federal funding as available. Subject to the availability of generated income, the department of health and human services may add full-time equivalent positions for the clinics to provide direct services for the period beginning with the effective date of this Act and ending June 30, 2027. The department of health and human services shall report to the office of management and budget and legislative council each time a position is added.

SECTION 24. INTERMEDIATE CARE FACILITY MORATORIUM. The department of health and human services may not add any new licensed intermediate care facility for individuals with intellectual disabilities beds to the state's licensed bed capacity between July 1, 2025, and June 30, 2027.

SECTION 25. EXEMPTION - UNEXPENDED APPROPRIATIONS. The following appropriations are not subject to the provisions of section 54-44.1-11 and any unexpended appropriation authority may be continued into the biennium beginning July 1, 2025, and ending June 30, 2027:

1. The sum of $3,674,757 appropriated from the general fund and the sum of $25,918,566 appropriated from federal funds for the Medicaid management information system modularization technology project in chapter 12 of the 2021 Session Laws;
2. The sum of $14,411,218 appropriated from the general fund and the sum of $14,411,218 appropriated from federal funds for the child welfare technology project in chapter 12 of the 2021 Session Laws;
3. The sum of $20,366,271 appropriated from the community health trust fund and the sum of $39,534,525 appropriated from federal funds for the child support computer replacement project in chapter 44 of the 2023 Session Laws;
4. The sum of $10,989,217 appropriated from the strategic investment and improvements fund for the procurement and grants management system in chapter 44 of the 2023 Session Laws;
5. The sum of $4,150,000 appropriated from the general fund for defraying the expenses of additional human service centers to begin the process of becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults in chapter 44 of the 2023 Session Laws;
6. The sum of $18,941,847 appropriated to the department of health and human services in chapter 549 of the 2021 Special Session Laws;
7. The sum of $55,120,000 appropriated from the federal state fiscal recovery fund for a public health laboratory capital project in chapter 4 of the 2023 Session Laws;
8. The sum of $5,000,000 appropriated from the general fund for the purpose of employer-led child care cost-share program in chapter 446 of the 2023 Session Laws;
9. The sum of $986,555 appropriated from the general fund for the purpose of streamlining background checks project in chapter 446 of the 2023 Session Laws;

10. The sum of $2,223,981 appropriated from the federal state fiscal recovery fund for the implementation of a virtual behavioral health crisis care program for rural law enforcement in chapter 44 of the 2023 Session Laws; and
11. The sum of $500,000 appropriated from the general fund and the sum of $500,000 appropriated from federal funds for the purpose of program integrity audits in chapter 44 of the 2023 Session Laws.
12. The sum of $1,950,000 appropriated from the general fund to the department of health and human services for a northwest human service region behavioral health facility grant in chapter 44 of the 2023 Session Laws.

SECTION 26. LEGISLATIVE INTENT - UTILIZATION RATE ADJUSTMENT. It is the intent of the sixty-ninth legislative assembly that the department of health and human services seek a deficiency appropriation from the seventieth legislative assembly for any expenditures that exceed appropriated amounts as a result of underfunding, utilization rates, value-based purchasing for nursing facilities, reduction in federal medical assistance percentage, and unexpected contract cost increases that exceed ten percent, during the biennium beginning July 1, 2025, and ending June 30, 2027, if funding is not sufficient to pay actual expenses.

SECTION 27. LEGISLATIVE INTENT - PROVIDER RATE INCREASE. Except as otherwise noted, section 1 of this Act includes funding for human service provider inflation increases of two percent for each year of the biennium beginning July 1, 2025, and ending June 30, 2027. The provider inflation increase in this section does not apply to nursing facilities.

SECTION 28. LEGISLATIVE INTENT - DEVELOPMENTAL DISABILITIES PROVIDER ACCREDITATION REQUIREMENT. It is the intent of the sixty-ninth legislative assembly that the department of health and human services eliminate its administrative rule requirement that providers of developmental disabilities services be accredited as a condition of being eligible for receiving payments for services from the department of health and human services.

SECTION 29. LEGISLATIVE INTENT - MEDICAL ASSISTANCE. It is the intent of the sixty-ninth legislative assembly that the department of health and human services review the amount, duration, coverage, utilization rates, medical necessity, and scope of medical assistance services, and may implement any adjustments the department determines appropriate.

SECTION 30. FEDERAL FUNDING APPEAL LIMITATION. Except as otherwise specifically provided by federal law, a person may not appeal a denial, revocation, reduction in services or payment, or the termination of a program or service by the department of health and human services dues to the unavailability of federal coronavirus funding received under federal law resulting from the federal coronavirus pandemic emergency declarations, for the biennium beginning July 1, 2025, and ending June 30, 2027.

SECTION 31. DEPARTMENT OF HEALTH AND HUMAN SERVICES - LONG-TERM STRUCTURED RESIDENCES PLAN - REPORT. During the 2025-26 interim, the department of health and human services shall review options and develop a plan to establish long-term structured residences. The department shall review necessary changes to statutes, rules, policies, and the estimated fiscal impact of establishing the residences. A long-term structured residence must be a highly structured therapeutic residential mental health treatment facility that is staffed continuously and designed to treat adults under chapters 12.1-04.1 and 25-03.1 who have severe and persistent mental illness and who have reached the maximum benefit from the mental health resources available elsewhere in the community or hospital. The department shall present a report to the legislative management by October 1, 2026, regarding its plan to establish long-term structured residences.

SECTION 32. AMENDMENT. Section 50-06-06.6 of the North Dakota Century Code is amended and reenacted as follows:

50-06-06.6. Department may lease real and personal property.

The commissioner of the department or commissioner's designee may lease ~~surplus farm and pastureland at the state hospital and the life skills and transition center. The commissioner or designee also may enter into further leases of~~ real or personal property at the life skills and transition center or the state hospital upon a specific finding that the granting of each such leasehold interest will result in a net economic gain for the department, taking into account all identifiable costs. Any lease of space for the purpose of providing child care services must meet requirements as determined by the department. The commissioner of the department or commissioner's designee may prescribe the terms and conditions of any leases entered into pursuant to this section and may renew existing leases. ~~Any~~The term of any lease ~~entered into must be subject to renewal or cancelable each biennium~~may not exceed ninety-nine years.

SECTION 33. AMENDMENT. Section 50-06-42 of the North Dakota Century Code is amended and reenacted as follows:

50-06-42. Substance use disorder treatment voucher system - Mental health treatment voucher system for incarcerated individuals.

1. The department shall establish and administer, within the limits of legislative appropriations, a voucher system to address underserved areas and gaps in the state's substance abuse treatment system and to assist in the payment of addiction treatment services and medical costs provided by licensed substance abuse treatment programs, excluding regional human service centers and hospital- or medical clinic-based programs for medical management of withdrawal.
   a. An out-of-state licensed substance abuse treatment program located within a bordering state may participate in the voucher program to serve an underserved area of this state pursuant to the rules adopted by the department. The department shall develop rules to include processes and requirements for an out-of-state provider to receive reimbursement only for outpatient and community-based services upon a provider completing an assessment of need and receiving approval from the department.
   ~~2.~~b. Services eligible for the voucher program include only those levels of care recognized by the American society of addiction medicine, with particular emphasis given to underserved areas and programs. The department shall ensure that a licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers collects and reports process and outcome measures.
   ~~3.~~c. The department shall develop requirements and provide training and technical assistance to a licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers. A licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers shall provide evidence-based services.
   ~~4.~~d. The department shall allocate funding appropriated for the substance use disorder treatment voucher as follows:
      ~~a.~~ ~~No~~

(1) Except as provided in paragraphs 3 and 4, no more than ~~forty-five~~fifty percent of the appropriated amount may be allocated for residential substance use disorder services administered by licensed substance abuse treatment programs with more than sixteen beds.

~~b.~~(2) The remaining appropriation must be allocated for residential programs with sixteen or fewer beds, nonresidential outpatient, and ancillary substance use disorder services administered by licensed substance abuse treatment programs.

(3) The department, during the last quarter of the biennium, may reallocate projected unused funds that were allocated under paragraph 2 to residential facilities outlined in paragraph 1.

(4) The department may reimburse a licensed substance abuse treatment program with more than sixteen beds the incurred direct medical costs of an eligible individual who does not have resources to cover the medical costs. The department may develop rules and may not exceed the total amount appropriated for medical cost reimbursement.

2. The department shall establish and administer, within the limits of legislative appropriations, a voucher system to address underserved areas and gaps in the state's mental health treatment system for individuals detained or confined in a county jail or detention center or regional corrections center and to assist in the payment of mental health treatment services provided by a licensed mental health professional acting within their scope of practice, excluding a regional human service center.

a. Services eligible for the voucher program include only diagnostic assessment and mental health therapy for individuals with a mental health concern detained or confined in a county jail or detention center or regional corrections center. The department shall ensure that a licensed mental health professional accepting vouchers collects and reports process and outcome measures.

b. The department shall develop requirements and provide training and technical assistance to licensed mental health professionals accepting vouchers. A licensed mental health professional shall provide evidence-based services.

SECTION 34. AMENDMENT. Section 50-24.5-02.3 of the North Dakota Century Code is amended and reenacted as follows:

50-24.5-02.3. Basic care payment rates.

1. The department shall determine limits for the care of residents of basic care facilities that qualify as vendors of an aged, blind, and disabled persons program and for implementing provisions of this chapter based on data demonstrating the most recent costs that must be incurred for the care of residents in efficiently and economically operated basic care facilities. The department shall determine the limits every four years by July first, beginning with July 1, 2023.
2. The department shall establish the limits by using the median rates from the most recent data available. The direct care limit must be the median plus eighteen percent. The indirect care limit must be the median plus twelve percent.
3. For the rate year beginning July 1, 2023, the department shall increase rates and limits three and one-half percent for inflation. For the rate year beginning July 1, 2024, the department shall increase rates and limits three and one-half percent for inflation.
4. The department shall provide a rate increase in the amount of five dollars per day for the period beginning July 1, 2023, and ending June 30, ~~2025~~2027, after which the increase is not effective. This rate increase may not be included in any calculation of inflation increase.
5. Within the limits of legislative appropriations, the department shall establish an uncompensated care expense of three hundred sixty-five days.

SECTION 35. AMENDMENT. Section 50-33-05 of the North Dakota Century Code is amended and reenacted as follows:

50-33-05. State of residence.

Only child care assistance units physically residing within the boundaries of the state are eligible for child care assistance, unless the individual is employed by an early childhood program within the boundaries of the state and the individual has been approved for the state's child care assistance child care workforce benefit.

SECTION 36. HOUSING AVAILABILITY ASSESSMENT - COLLABORATION WITH HOUSING FINANCE AGENCY. The department of health and human services shall collaborate with the North Dakota housing finance agency and other appropriate stakeholders to assess the

availability of housing for individuals requiring extraordinary health care support services, for the biennium beginning July 1, 2025, and ending June 30, 2027. Based on the results of the assessment, if necessary, the department shall develop a plan to expand access to housing providing the least restrictive environment for individuals requiring extraordinary health care support services.

SECTION 37. BEHAVIORAL HEALTH CLINICS, NORTH DAKOTA STATE HOSPITAL, AND LIFE SKILLS AND TRANSITION CENTER FUNDING. Section 1 of this Act includes funding for the behavioral health clinics, North Dakota state hospital, and life skills and transition center as follows:

1.	Behavioral health clinics:		
	a.	Salaries and wages	$156,967,103
	b.	Operating and capital	64,131,965
	c.	Total	$221,099,068
2.	State hospital:		
	a.	Salaries and wages	$68,775,551
	b.	Operating and capital	350,880,155
	c.	Total	$419,655,706
3.	Life skills and transition center:		
	a.	Salaries and wages	$55,540,213
	b.	Operating and capital	15,207,658
	c.	Total	$70,747,871

SECTION 38. LEGISLATIVE MANAGEMENT STUDY - STUDENT TRUANCY AND ABSENTEEISM. The legislative management shall consider studying, during the 2025-26 interim, truancy and student absenteeism in kindergarten through grade twelve public schools. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement its recommendations, to the seventieth legislative assembly.

SECTION 39. LEGISLATIVE MANAGEMENT STUDY - OBESITY HEALTH IMPLICATIONS. The legislative management shall consider studying, during the 2025-26 interim, the health implications of obesity on the residents of the state and options to increase access to prevention and treatments for obesity. If conducted, the study must review costs associated with obesity including comorbidities, treatments available for obesity, obesity

diagnosis guidelines including use of body mass index compared with percentage of body fat, and examining the difference between being an individual who is healthy and overweight as compared to an obese individual. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement its recommendations, to the seventieth legislative assembly.

SECTION 40. LEGISLATIVE MANAGEMENT STUDY - MATERNAL HEALTH SERVICES - ACCESS AND WORKFORCE.

1. During the 2025-26 interim, the legislative management shall consider studying access to maternal health services. The study must include:
   a. Consideration of the availability of prenatal and childbirth services, including provider shortages and service use.
   b. Development of strategies to increase the number of obstetricians, family doctors, and midwives providing maternal health services in this state.
   c. A review of coverage and reimbursement for doulas and midwives, including training and certification needs.
   d. Consideration of insurance and public policy options to improve maternal health outcomes, including through the Medicaid program.
   e. Input from health care providers, insurers, public health officials, and maternal health experts.
2. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement its recommendations, to the seventieth legislative assembly.

SECTION 41. LEGISLATIVE MANAGEMENT REPORT - BEHAVIORAL HEALTH FACILITY GRANTS. During the 2025-26 interim the department of health and human services shall provide reports to the legislative management regarding the award of grant funding to increase the number of behavioral health beds in the state.

SECTION 42. EFFECTIVE DATE. Section 33 of this Act becomes effective on July 1, 2026.

25.0156.02015
Title.

Prepared by the Legislative Council staff for Senator Dever
April 2, 2025

Sixty-ninth
Legislative Assembly
of North Dakota

PROPOSED AMENDMENTS TO FIRST ENGROSSMENT

ENGROSSED HOUSE BILL NO. 1012

Introduced by

Appropriations Committee

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to amend and reenact sections 50-06-06.6, 50-06-42, 50-24.5-02.3, and 50-33-05 of the North Dakota Century Code, relating to leases of department of health and human services property, substance use disorder treatment program, basic care payment rates, and state of residence for child care assistance; to provide for a transfer; to authorize a line of credit; to provide legislative intent; to provide for a legislative management study; to provide an application; to provide an exemption; to provide for a report; and to provide an effective date.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. APPROPRIATION. The funds provided in this section, or so much of the funds as may be necessary, are appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, and from other funds derived from special funds and federal funds, to the department of health and human services for the purpose of defraying the expenses of its various divisions, for the biennium beginning July 1, 2025, and ending June 30, 2027, as follows:

Subdivision 1.

SALARIES AND WAGES BLOCK GRANT

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages block grant	$0	$596,284,775	$596,284,775

Total all funds	$0	$596,284,775	$596,284,775
Less other funds	0	286,720,150	286,720,150
Total general fund	$0	$309,564,625	$309,564,625

Subdivision 2.

BUSINESS OPERATIONS

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$25,763,358	($25,763,358)	$0
Operating expenses	155,308,399	(77,023,770)	78,284,629
Capital assets	108,934	(108,934)	0
Grants	11,812,627	6,966,375	18,779,002
Total all funds	$192,993,318	($95,929,687)	$97,063,631
Less other funds	118,894,310	(71,526,221)	47,368,089
Total general fund	$74,099,008	($24,403,466)	$49,695,542

Subdivision 3.

BEHAVIORAL HEALTH

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$8,792,675	($8,792,675)	$0
Operating expenses	79,381,458	23,888,138	103,269,596
Grants	40,476,298	21,889,322	62,365,620
Behavioral health clinics	196,383,945	(139,978,713)	56,405,232
State hospital	94,826,973	256,053,182	350,880,155
Opioid addiction prevention	2,000,000	6,000,000	8,000,000
Total all funds	$421,861,349	$159,059,254	$580,920,603
Less other funds	113,955,941	285,267,537	399,223,478
Total general fund	$307,905,408	($126,208,283)	$181,697,125

Subdivision 4.

HUMAN SERVICES

	Base Level	Adjustments or Enhancements	Appropriation

Salaries and wages	$168,325,918	($168,325,918)	$0
Operating expenses	88,885,469	108,258,236	197,143,705
Capital assets	10,000	0	10,000
Grants	621,189,007	94,393,260	715,582,267
Life skills and transition center	44,992,263	(29,784,605)	15,207,658
Grants - medical assistance	742,793,564	7,655,079	750,448,643
County social services	197,663,661	6,928,621	204,592,282
Total all funds	$1,863,859,882	$19,124,673	$1,882,984,555
Less other funds	1,240,409,529	(13,961,485)	1,226,448,044
Total general fund	$623,450,353	$33,086,158	$656,536,511

Subdivision 5.

MEDICAL SERVICES

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$21,008,344	($21,008,344)	$0
Operating expenses	70,807,977	92,364,562	163,172,539
Grants	1,651,004	1,806,800	3,457,804
Grants - medical assistance	2,682,778,803	6,500,467	2,689,279,270
Total all funds	$2,776,246,128	$79,663,485	$2,855,909,613
Less other funds	1,818,029,530	(7,372,459)	1,810,657,071
Total general fund	$958,216,598	$87,035,944	$1,045,252,542

Subdivision 6.

PUBLIC HEALTH

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$60,415,388	($60,415,388)	$0
Operating expenses	37,721,213	17,853,669	55,574,882
Capital assets	1,469,780	2,215,838	3,685,618
Grants	81,718,145	4,245,496	85,963,641
Tobacco prevention	13,063,162	(22,607)	13,040,555
Women, infants, and children	19,900,000	1,100,000	21,000,000

food payments			
Cares Act/COVID-19	83,909,182	1,845,373	85,754,555
Total all funds	$298,196,870	($33,177,619)	$265,019,251
Less other funds	250,440,690	(20,626,287)	229,814,403
Total general fund	$47,756,180	($12,551,332)	$35,204,848

Subdivision 7.

TOTAL - SECTION 1

	Base Level	Adjustments or Enhancements	Appropriation
Grand total all funds	$5,553,157,547	$725,024,881	$6,278,182,428
Grand total other funds	3,541,730,000	458,501,235	4,000,231,235
Grand total general fund	$2,011,427,547	$266,523,646	$2,277,951,193
Full-time equivalent positions	2,483.83	204.52	2,688.35

SECTION 2. ONE TIME FUNDING - EFFECT ON BASE BUDGET - REPORT TO SEVENTIETH LEGISLATIVE ASSEMBLY. The following amounts reflect the one-time funding items included in section 1 of this Act which are not included in the entity's base budget for the 2027-29 biennium and which the entity shall report to the appropriations committees of the seventieth legislative assembly regarding the use of this funding:

One-Time Funding Description	General Fund	Other Funds	Total
Technology projects	$0	$10,263,000	$10,263,000
Human service centers and life skills and transition center projects	0	1,052,480	1,052,480
Retire mainframe	0	15,000,000	15,000,000
Child care programs	13,272,500	0	13,272,500
Housing programs	0	1,000,000	1,000,000
State laboratory move and equipment	0	2,962,304	2,962,304
Partial hospitalization day treatment	0	2,000,000	2,000,000
Developmental disabilities eligibility assessment tool for kids	200,000	200,000	400,000
Toxicology equipment	151,500	100,000	251,500
New state hospital	0	330,000,000	330,000,000

Behavioral health facility grant	0	12,960,000	12,960,000
Cultural community center grant	0	1,000,000	1,000,000
Adaptive recreation grant	200,000	0	200,000
Intermediate care facility grant	3,457,736	0	3,457,736
Juvenile justice diversion services	750,000	0	750,000
Animal shelter grant	0	300,000	300,000
Statewide health strategies	0	750,000	750,000
Critical access hospital networking	0	2,000,000	2,000,000
Total	$18,031,736	$379,587,784	$397,619,520

SECTION 3. FUNDING TRANSFERS - EXEMPTION - AUTHORIZATION - REPORT. Notwithstanding section 54-16-04, the director of the office of management and budget shall transfer appropriation authority between line items within subdivisions 1, 2, 3, 4, 5, and 6 of section 1 of this Act and any other appropriation authority for the department of health and human services approved by the sixty-ninth legislative assembly, for the biennium beginning July 1, 2025, and ending June 30, 2027, as requested by the department of health and human services. The department of health and human services shall notify the legislative council of any transfer made pursuant to this section. The department of health and human services shall report to the budget section after June 30, 2026, any transfer made in excess of $50,000 and to the appropriations committees of the seventieth legislative assembly regarding any transfers made pursuant to this section.

SECTION 4. FULL-TIME EQUIVALENT POSITION BLOCK GRANT PROGRAM - REPORT. Section 1 of this Act includes funding for a full-time equivalent position block grant program. This funding as approved by the sixty-ninth legislative assembly is available for defraying the expense of full-time equivalent positions as determined by the department of health and human services. Notwithstanding any other provision of law, the department is authorized to increase or decrease authorized full-time equivalent positions subject to the availability of funds and the provisions of this section. The department of health and human services many not increase full-time equivalent positions for the purpose of transferring human service zone employees to state employment. Pursuant to section 3 of this Act, the department is authorized to transfer appropriation authority of up to the underfunded amount of $30,000,000 to the salaries and wages block grant line item. The department of health and human services

shall report to the office of management and budget and legislative council any adjustments to full-time equivalent positions.

SECTION 5. DEPARTMENT OF HEALTH AND HUMAN SERVICES - SALARIES AND WAGES BLOCK GRANT - VACANT POSITIONS - REPORT. The department of health and human services shall report to the budget section quarterly during the 2025-26 interim regarding the status of its salaries and wages block grant and vacant positions and employee turnover. The report must include:

1. The legislative appropriation for salaries and wages allocated by the department to major department programs by funding source and the number of FTE positions the department is allocating to each major program based on the legislative appropriation;
2. Any changes to salaries and wages funding or FTE positions allocated to major department programs;
3. Any new FTE positions added, the cost of the position for the remainder of the biennium, and the cost to continue funding the position in the subsequent biennium by funding source;
4. Any FTE positions removed and related funding;
5. The number of FTE positions that become vacant and the number filled each month;
6. The number of vacant FTE positions at the end of each month;
7. Salaries and wages savings resulting from vacant positions and employee turnover each month by funding source; and
8. The use of salaries and wages savings for other purposes for each month by funding source.

SECTION 6. BEHAVIORAL HEALTH FACILITY GRANT - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND - APPLICATION.

1. Section 1 of this Act includes the sum of $12,960,000 from the strategic investment and improvements fund for a behavioral health facility grant pursuant to this section.
2. A grant of $12,960,000 must be provided to establish a behavioral health facility in the northeast human service region. The grant recipient must provide matching funds of $3,240,000 to establish the facility.

3. The department shall require an entity receiving funding under this section to operate the facility for at least ten years and require the grant amount to be repaid if the entity does not operate the facility for at least ten years.
4. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 7. COMMUNITY CULTURAL CENTER GRANT - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND - APPLICATION. Section 1 of this Act includes the sum of $1,000,000 from the strategic investment and improvements fund for the purpose of providing a one-time community cultural center grant in the west central human service region. An entity may apply for a grant under this section if the entity certifies to the department it has secured at least fifty percent of funds needed to complete the project, the project will be completed within two years of receiving the grant funds, and the grants funds will be used only for costs of constructing a community cultural center. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 8. JUVENILE JUSTICE DIVERSION SERVICES AND PROGRAMS - TASK FORCE - REPORT. Section 1 of this Act includes the sum of $750,000 from the general fund for juvenile justice diversion services and programs. The department of health and human services must use the funding for services to youth at risk of juvenile justice involvement but who have not committed delinquent acts as defined in chapter 27-20.4.

The department shall establish a task force with representation from divisions in the department, human service zones, the department of public instruction, elementary and secondary schools, and members of the legislative assembly, to review juvenile justice diversion services and program. The department shall report its findings and recommendations to the legislative management and children's cabinet.

SECTION 9. ANIMAL SHELTER GRANT - COMMUNITY HEALTH TRUST FUND. Section 1 of this Act includes the sum of $300,000 from the community health trust fund for a grant for the construction of an animal shelter. The department of health and human services may award a grant for the construction of an animal shelter to an organization that provides twenty dollars of nonstate matching funds for every dollar of grant funds received. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 10. STATEWIDE HEALTH STRATEGIES - COMMUNITY HEALTH TRUST FUND. Section 1 of this Act includes the sum of $750,000 of one-time funding from the community health trust fund for the statewide health strategies initiative. The department of health and human services may spend the funding upon securing dollar-for-dollar matching funds.

SECTION 11. OTHER FUNDS - INSURANCE TAX DISTRIBUTION FUND. The other funds line item in subdivision 5 of section 1 of this Act includes the sum of $1,125,000 from the insurance tax distribution fund for rural emergency medical services grants.

SECTION 12. OTHER FUNDS - COMMUNITY HEALTH TRUST FUND. The other funds line items in section 1 of this Act includes the sum of $38,713,522 from the community health trust fund for the following purposes:

Loan repayment programs	$594,500
Tobacco and vaping programs	11,599,698
Cancer and women's way programs	909,824
Behavior risk state survey	200,000
Domestic violence programs	4,250,000
Local public health grants	3,275,000
988 crisis hotline	1,867,500
Various information technology system upgrades	2,967,000
Grants to rural ambulances	7,000,000
Law enforcement rural crisis support program	1,000,000
Development of partial hospitalization/intensive day treatment	2,000,000
Critical access hospital networking	2,000,000
Animal shelter grant	300,000
Statewide health strategies	750,000
Total	$38,713,522

SECTION 13. OTHER FUNDS - HUMAN SERVICE FINANCE FUND. The other funds line items in section 1 of this Act includes the sum of $239,112,030 from the human service finance fund for state-paid economic assistance and social and human services.

SECTION 14. OTHER FUNDS - OPIOID SETTLEMENT FUND. The other funds line item in section 1 of this Act includes the sum of $8,000,000 from the opioid settlement fund for opioid remediation and abatement efforts.

SECTION 15. OTHER FUNDS - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND. The other funds line items in section 1 of this Act includes the sum of $227,474,784 from the strategic investment and improvements fund for the following purposes:

Retiring technology from the mainframe	$7,500,000
Move into the new state laboratory and purchase security equipment	2,962,304
Capital projects in human service centers and life skills and transition center	1,052,480
Housing initiative programs	1,000,000
Technology projects at the state hospital	1,000,000
New state hospital	200,000,000
Behavioral health facility grant	12,960,000
Community cultural center grant	1,000,000
Total	$227,474,784

SECTION 16. OTHER FUNDS - BANK OF NORTH DAKOTA LINE OF CREDIT - STATE HOSPITAL PROJECT. The other funds line item in subdivision 2 of section 1 of this Act includes $130,000,000 from a Bank of North Dakota line of credit. The department of health and human services may borrow up to $130,000,000 through a line of credit from the Bank of North Dakota during the biennium beginning July 1, 2025, and ending June 30, 2027, for costs associated with the construction of a new state hospital. The interest rate on the line of credit may not exceed the prevailing interest rate charged to North Dakota governmental entities. If the department accesses the line of credit, it shall request a deficiency appropriation from the seventieth legislative assembly to repay the line of credit.

SECTION 17. LABORATORY BUILDING STEERING COMMITTEE. The department of health and human services shall maintain the laboratory building steering committee to oversee the design and construction of the laboratory building project, for the biennium beginning July 1, 2025, and ending June 30, 2027, or until work is completed, whichever occurs earlier. The committee must include representation from the department of health and human services, department of environmental quality, office of management and budget, the governor's office, and the legislative assembly. The legislative assembly representation must include one member

of the senate appointed by the senate majority leader, one member of the house appointed by the house majority leader, and one member of the minority party from either the senate or the house appointed by the minority leaders of the senate and the house.

SECTION 18. NEW STATE HOSPITAL - STEERING COMMITTEE. The department of health and human services shall establish a new state hospital facility steering committee to oversee the design and construction of a new state hospital facility, for the biennium beginning July 1, 2025, and ending June 30, 2027. The committee must include one member of the senate appointed by the senate majority leader, one member of the house appointed by the house majority leader, and one member of the minority party from either the senate or the house appointed by the minority leaders of the senate and the house.

SECTION 19. CAPITAL PAYMENTS. During the biennium beginning July 1, 2025, and ending June 30, 2027, the department of health and human services is authorized to expend funds for the payment of special assessments at the state hospital, southeast human service center, and life skills and transition center. Pursuant to section 3 of this Act, the director of the office of management and budget may transfer appropriation authority between line items within section 1 of this Act and any remaining appropriation authority for the department of health and human services approved by the sixty-ninth legislative assembly. The department of health and human services may transfer funds for the payment of special assessments at the state hospital, southeast human service center, and life skills and transition center ahead of the special needs assessments schedule. Notwithstanding section 54-27-12, the department of health and human services may spend funds for the payment of special assessments at the state hospital and life skills and transition center.

SECTION 20. CAPITAL PROJECTS - EMERGENCY COMMISSION AND BUDGET SECTION APPROVAL. During the biennium beginning July 1, 2025, and ending June 30, 2027, pursuant to section 3 of this Act, the director of the office of management and budget may transfer appropriation authority between line items within section 1 of this Act and any remaining appropriation authority for the department of health and human services approved by the sixty-ninth legislative assembly for capital projects and maintenance pertaining to operation of its facilities, including demolition projects. Notwithstanding section 54-27-12, the department of health and human services may spend up to $10,000,000 for capital projects and maintenance pertaining to operation of its facilities, including demolition projects, under this section and may

seek emergency commission and budget section approval to spend more than $10,000,000 under this section.

SECTION 21. PERMANENT SUPPORTIVE HOUSING GRANTS. Section 1 of this Act includes the sum of $4,672,536 from the general fund for permanent supportive housing grants. The department of health and human services shall develop a funding methodology to distribute the funding to qualified entities that utilize best practices for permanent supportive housing, provide recovery-oriented and person-centered services, submit process and outcome measures to the department of health and human services, and authorize the department of health and human services to conduct onsite visits to review program operations.

SECTION 22. EXPENDITURES MAY NOT EXCEED APPROPRIATION - MEDICAL ASSISTANCE EXPANSION PROGRAM - APPLICATION.

1. Section 1 of this Act includes the sum of $662,099,340, of which $66,209,934 is from the general fund, for the medical assistance expansion program, for the biennium beginning July 1, 2025, and ending June 30, 2027. The expenditures for individuals eligible for the medical assistance expansion program may not exceed this amount.
2. The department of health and human services may exceed appropriations for increases in medical assistance expansion program caseload, for the addition of coverage consistent with the traditional Medicaid 1915(i) state plan, utilization rates, and reduction in federal medical assistance percentage.
3. The managed care organization under contract with the department of health and human services to manage the medical assistance expansion program shall reimburse providers within the same provider type and specialty at consistent levels and with consistent methodology and may not provide incentive, quality, or supplemental payments to providers, unless part of a value-based program approved by the department of health and human services. The managed care organization shall reimburse all North Dakota substance use providers of American society of addiction medicine level 2.5 at consistent levels and with consistent methodology. The managed care organization may consider urban and rural providers as different provider types.
4. The managed care organization and the department of health and human services shall ensure payments to Indian or Tribal 638 health care providers, federally qualified health centers,and rural health clinics meet the federally required minimum levels of

reimbursement. Critical access hospitals may not be paid less than one hundred percent of Medicare allowable costs and human service centers may not be paid less than one hundred percent of the current traditional Medicaid rate. Behavioral health services involving partial hospitalization, intensive outpatient, professional services, and residential behavioral health services provided in facilities that are not institutions for mental diseases are not subject to the provisions in subsection 6.

5. The department of health and human services shall ensure providers within the same provider type and specialty are reimbursed at consistent levels and with consistent methodology and shall ensure the capitation rates under risk contracts are actuarially sound and are adequate to meet managed care organization contractual requirements regarding availability of services, assurance or adequate capacity and services, and coordination and continuity of care.

6. Except for the provisions in subsection 4, managed care organization premium payments must be built using the assumption that rates paid to providers under the medical assistance expansion program may not exceed one hundred forty-five percent of Medicare reimbursement rates paid to providers on January 1, 2025.

SECTION 23. HUMAN SERVICE CENTERS - CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS - FULL-TIME EQUIVALENT POSITIONS - REPORT. The department of health and human services shall continue the process of the human service centers becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults. The department of health and human services shall pursue additional federal funding as available. Subject to the availability of generated income, the department of health and human services may add full-time equivalent positions for the clinics to provide direct services for the period beginning with the effective date of this Act and ending June 30, 2027. The department of health and human services shall report to the office of management and budget and legislative council each time a position is added.

SECTION 24. INTERMEDIATE CARE FACILITY MORATORIUM. The department of health and human services may not add any new licensed intermediate care facility for individuals with intellectual disabilities beds to the state's licensed bed capacity between July 1, 2025, and June 30, 2027.

SECTION 25. EXEMPTION - UNEXPENDED APPROPRIATIONS. The following appropriations are not subject to the provisions of section 54-44.1-11 and any unexpended appropriation authority may be continued into the biennium beginning July 1, 2025, and ending June 30, 2027:

1. The sum of $3,674,757 appropriated from the general fund and the sum of $25,918,566 appropriated from federal funds for the Medicaid management information system modularization technology project in chapter 12 of the 2021 Session Laws;
2. The sum of $14,411,218 appropriated from the general fund and the sum of $14,411,218 appropriated from federal funds for the child welfare technology project in chapter 12 of the 2021 Session Laws;
3. The sum of $20,366,271 appropriated from the community health trust fund and the sum of $39,534,525 appropriated from federal funds for the child support computer replacement project in chapter 44 of the 2023 Session Laws;
4. The sum of $10,989,217 appropriated from the strategic investment and improvements fund for the procurement and grants management system in chapter 44 of the 2023 Session Laws;
5. The sum of $4,150,000 appropriated from the general fund for defraying the expenses of additional human service centers to begin the process of becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults in chapter 44 of the 2023 Session Laws;
6. The sum of $18,941,847 appropriated to the department of health and human services in chapter 549 of the 2021 Special Session Laws;
7. The sum of $55,120,000 appropriated from the federal state fiscal recovery fund for a public health laboratory capital project in chapter 4 of the 2023 Session Laws;
8. The sum of $5,000,000 appropriated from the general fund for the purpose of employer-led child care cost-share program in chapter 446 of the 2023 Session Laws;
9. The sum of $986,555 appropriated from the general fund for the purpose of streamlining background checks project in chapter 446 of the 2023 Session Laws;

10. The sum of $2,223,981 appropriated from the federal state fiscal recovery fund for the implementation of a virtual behavioral health crisis care program for rural law enforcement in chapter 44 of the 2023 Session Laws; and
11. The sum of $500,000 appropriated from the general fund and the sum of $500,000 appropriated from federal funds for the purpose of program integrity audits in chapter 44 of the 2023 Session Laws.
12. The sum of $1,950,000 appropriated from the general fund to the department of health and human services for a northwest human service region behavioral health facility grant in chapter 44 of the 2023 Session Laws.

SECTION 26. LEGISLATIVE INTENT - UTILIZATION RATE ADJUSTMENT. It is the intent of the sixty-ninth legislative assembly that the department of health and human services seek a deficiency appropriation from the seventieth legislative assembly for any expenditures that exceed appropriated amounts as a result of underfunding, utilization rates, value-based purchasing for nursing facilities, reduction in federal medical assistance percentage, and unexpected contract cost increases that exceed ten percent, during the biennium beginning July 1, 2025, and ending June 30, 2027, if funding is not sufficient to pay actual expenses.

SECTION 27. LEGISLATIVE INTENT - PROVIDER RATE INCREASE. Except as otherwise noted, section 1 of this Act includes funding for human service provider inflation increases of two percent for each year of the biennium beginning July 1, 2025, and ending June 30, 2027. The provider inflation increase in this section does not apply to nursing facilities.

SECTION 28. LEGISLATIVE INTENT - DEVELOPMENTAL DISABILITIES PROVIDER ACCREDITATION REQUIREMENT. It is the intent of the sixty-ninth legislative assembly that the department of health and human services eliminate its administrative rule requirement that providers of developmental disabilities services be accredited as a condition of being eligible for receiving payments for services from the department of health and human services.

SECTION 29. LEGISLATIVE INTENT - MEDICAL ASSISTANCE. It is the intent of the sixty-ninth legislative assembly that the department of health and human services review the amount, duration, coverage, utilization rates, medical necessity, and scope of medical assistance services, and may implement any adjustments the department determines appropriate.

SECTION 30. FEDERAL FUNDING APPEAL LIMITATION. Except as otherwise specifically provided by federal law, a person may not appeal a denial, revocation, reduction in services or payment, or the termination of a program or service by the department of health and human services dues to the unavailability of federal coronavirus funding received under federal law resulting from the federal coronavirus pandemic emergency declarations, for the biennium beginning July 1, 2025, and ending June 30, 2027.

SECTION 31. DEPARTMENT OF HEALTH AND HUMAN SERVICES - LONG-TERM STRUCTURED RESIDENCES PLAN - REPORT. During the 2025-26 interim, the department of health and human services shall review options and develop a plan to establish long-term structured residences. The department shall review necessary changes to statutes, rules, policies, and the estimated fiscal impact of establishing the residences. A long-term structured residence must be a highly structured therapeutic residential mental health treatment facility that is staffed continuously and designed to treat adults under chapters 12.1-04.1 and 25-03.1 who have severe and persistent mental illness and who have reached the maximum benefit from the mental health resources available elsewhere in the community or hospital. The department shall present a report to the legislative management by October 1, 2026, regarding its plan to establish long-term structured residences.

SECTION 32. AMENDMENT. Section 50-06-06.6 of the North Dakota Century Code is amended and reenacted as follows:

50-06-06.6. Department may lease real and personal property.

The commissioner of the department or commissioner's designee may lease ~~surplus farm and pastureland at the state hospital and the life skills and transition center. The commissioner or designee also may enter into further leases of~~ real or personal property at the life skills and transition center or the state hospital upon a specific finding that the granting of each such leasehold interest will result in a net economic gain for the department, taking into account all identifiable costs. Any lease of space for the purpose of providing child care services must meet requirements as determined by the department. The commissioner of the department or commissioner's designee may prescribe the terms and conditions of any leases entered into pursuant to this section and may renew existing leases. ~~Any~~The term of any lease ~~entered into must be subject to renewal or cancelable each biennium~~may not exceed ninety-nine years.

SECTION 33. AMENDMENT. Section 50-06-42 of the North Dakota Century Code is amended and reenacted as follows:

50-06-42. Substance use disorder treatment voucher system - Mental health treatment voucher system for incarcerated individuals.

1. The department shall establish and administer, within the limits of legislative appropriations, a voucher system to address underserved areas and gaps in the state's substance abuse treatment system and to assist in the payment of addiction treatment services and medical costs provided by licensed substance abuse treatment programs, excluding regional human service centers and hospital- or medical clinic-based programs for medical management of withdrawal.
   a. An out-of-state licensed substance abuse treatment program located within a bordering state may participate in the voucher program to serve an underserved area of this state pursuant to the rules adopted by the department. The department shall develop rules to include processes and requirements for an out-of-state provider to receive reimbursement only for outpatient and community-based services upon a provider completing an assessment of need and receiving approval from the department.
   ~~2.~~b. Services eligible for the voucher program include only those levels of care recognized by the American society of addiction medicine, with particular emphasis given to underserved areas and programs. The department shall ensure that a licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers collects and reports process and outcome measures.
   ~~3.~~c. The department shall develop requirements and provide training and technical assistance to a licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers. A licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers shall provide evidence-based services.
   ~~4.~~d. The department shall allocate funding appropriated for the substance use disorder treatment voucher as follows:
      ~~a.~~ ~~No~~

(1) Except as provided in paragraphs 3 and 4, no more than ~~forty-five~~fifty percent of the appropriated amount may be allocated for residential substance use disorder services administered by licensed substance abuse treatment programs with more than sixteen beds.

~~b.~~(2) The remaining appropriation must be allocated for residential programs with sixteen or fewer beds, nonresidential outpatient, and ancillary substance use disorder services administered by licensed substance abuse treatment programs.

(3) The department, during the last quarter of the biennium, may reallocate projected unused funds that were allocated under paragraph 2 to residential facilities outlined in paragraph 1.

(4) The department may reimburse a licensed substance abuse treatment program with more than sixteen beds the incurred direct medical costs of an eligible individual who does not have resources to cover the medical costs. The department may develop rules and may not exceed the total amount appropriated for medical cost reimbursement.

2. The department shall establish and administer, within the limits of legislative appropriations, a voucher system to address underserved areas and gaps in the state's mental health treatment system for individuals detained or confined in a county jail or detention center or regional corrections center and to assist in the payment of mental health treatment services provided by a licensed mental health professional acting within their scope of practice, excluding a regional human service center.

a. Services eligible for the voucher program include only diagnostic assessment and mental health therapy for individuals with a mental health concern detained or confined in a county jail or detention center or regional corrections center. The department shall ensure that a licensed mental health professional accepting vouchers collects and reports process and outcome measures.

b. The department shall develop requirements and provide training and technical assistance to licensed mental health professionals accepting vouchers. A licensed mental health professional shall provide evidence-based services.

SECTION 34. AMENDMENT. Section 50-24.5-02.3 of the North Dakota Century Code is amended and reenacted as follows:

50-24.5-02.3. Basic care payment rates.

1. The department shall determine limits for the care of residents of basic care facilities that qualify as vendors of an aged, blind, and disabled persons program and for implementing provisions of this chapter based on data demonstrating the most recent costs that must be incurred for the care of residents in efficiently and economically operated basic care facilities. The department shall determine the limits every four years by July first, beginning with July 1, 2023.
2. The department shall establish the limits by using the median rates from the most recent data available. The direct care limit must be the median plus eighteen percent. The indirect care limit must be the median plus twelve percent.
3. For the rate year beginning July 1, 2023, the department shall increase rates and limits three and one-half percent for inflation. For the rate year beginning July 1, 2024, the department shall increase rates and limits three and one-half percent for inflation.
4. The department shall provide a rate increase in the amount of five dollars per day for the period beginning July 1, 2023, and ending June 30, ~~2025~~2027, after which the increase is not effective. This rate increase may not be included in any calculation of inflation increase.
5. Within the limits of legislative appropriations, the department shall establish an uncompensated care expense of three hundred sixty-five days.

SECTION 35. AMENDMENT. Section 50-33-05 of the North Dakota Century Code is amended and reenacted as follows:

50-33-05. State of residence.

Only child care assistance units physically residing within the boundaries of the state are eligible for child care assistance, unless the individual is employed by an early childhood program within the boundaries of the state and the individual has been approved for the state's child care assistance child care workforce benefit.

SECTION 36. HOUSING AVAILABILITY ASSESSMENT - COLLABORATION WITH HOUSING FINANCE AGENCY. The department of health and human services shall collaborate with the North Dakota housing finance agency and other appropriate stakeholders to assess the

availability of housing for individuals requiring extraordinary health care support services, for the biennium beginning July 1, 2025, and ending June 30, 2027. Based on the results of the assessment, if necessary, the department shall develop a plan to expand access to housing providing the least restrictive environment for individuals requiring extraordinary health care support services.

SECTION 37. BEHAVIORAL HEALTH CLINICS, NORTH DAKOTA STATE HOSPITAL, AND LIFE SKILLS AND TRANSITION CENTER FUNDING. Section 1 of this Act includes funding for the behavioral health clinics, North Dakota state hospital, and life skills and transition center as follows:

1.	Behavioral health clinics:		
	a.	Salaries and wages	$156,967,103
	b.	Operating and capital	64,131,965
	c.	Total	$221,099,068
2.	State hospital:		
	a.	Salaries and wages	$68,775,551
	b.	Operating and capital	350,880,155
	c.	Total	$419,655,706
3.	Life skills and transition center:		
	a.	Salaries and wages	$55,540,213
	b.	Operating and capital	15,207,658
	c.	Total	$70,747,871

SECTION 38. LEGISLATIVE MANAGEMENT STUDY - STUDENT TRUANCY AND ABSENTEEISM. The legislative management shall consider studying, during the 2025-26 interim, truancy and student absenteeism in kindergarten through grade twelve public schools. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement its recommendations, to the seventieth legislative assembly.

SECTION 39. LEGISLATIVE MANAGEMENT STUDY - OBESITY HEALTH IMPLICATIONS. The legislative management shall consider studying, during the 2025-26 interim, the health implications of obesity on the residents of the state and options to increase access to prevention and treatments for obesity. If conducted, the study must review costs associated with obesity including comorbidities, treatments available for obesity, obesity

diagnosis guidelines including use of body mass index compared with percentage of body fat, and examining the difference between being an individual who is healthy and overweight as compared to an obese individual. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement its recommendations, to the seventieth legislative assembly.

SECTION 40. LEGISLATIVE MANAGEMENT REPORT - BEHAVIORAL HEALTH FACILITY GRANTS. During the 2025-26 interim the department of health and human services shall provide reports to the legislative management regarding the award of grant funding to increase the number of behavioral health beds in the state.

SECTION 41. DEPARTMENT OF HEALTH AND HUMAN SERVICES - COORDINATED SOCIAL CARE TECHNOLOGY PLATFORM STUDY. The department of health and human services shall study, during the 2025-26 interim, the potential implementation and benefits of utilizing a coordinated social care technology platform to improve service delivery, streamline referrals, and enhance care coordination across health, human services, and community-based organizations. The study must include input from relevant stakeholders, including health care providers, behavioral health professionals, community-based organizations, the department of corrections and rehabilitation, job service North Dakota, workforce safety and insurance, the department of public instruction, and other applicable agencies.

The study must address:

1. The platform's ability to support closed loop referrals and real-time date sharing across systems and agencies;
2. Potential improvements in client outcomes, interagency coordination, and operational efficiency;
3. Integration with existing state and local systems, including education, corrections, workforce, public health platforms, and related data privacy considerations;
4. Funding mechanisms, including potential federal or private match opportunities;
5. Best practices from other states that have implemented similar cross-sector platforms; and
6. Any anticipated costs, implementation barriers, or regulatory considerations across participating agencies.

The department shall report its findings and any recommendations, including estimated implementation costs and potential budget impacts, to the legislative management by September 30, 2026.

SECTION 42. EFFECTIVE DATE. Section ~~33~~34 of this Act becomes effective on July 1, 2026.

NORTH Dakota | Health & Human Services
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Human Services Division

Guardianship Funds
2025 - 2027

Section	HB 1012 Total	HB 1012 General	SB 2029 Total	SB 2029 General	Increase to SB 2029
Aging Services - Establishment	423,000	423,000	1,550,000	1,550,000	1,127,000
Developmental Disabilities					
Establishment	300,000	300,000	780,000	780,000	480,000
Corporate Guardianship	5,809,355	5,809,355	5,500,000	5,500,000	(309,355)
Total	**$ 6,532,355**	**$ 6,532,355**	**$ 7,830,000**	**$ 7,830,000**	**$ 1,297,645**

Federal Funds Information for States
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Issue Brief 25-11, April 1, 2025

Preliminary FY 2027 FMAPs

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Summary

The Bureau of Economic Analysis (BEA) has released preliminary state personal income data for 2024 (release, interactive data). The federal government uses state per capita personal income to calculate each state's federal reimbursement rate for Medicaid and other grants using the Federal Medical Assistance Percentage (FMAP). The Children's Health Insurance Program (CHIP) uses an enhanced FMAP, which is higher than the Medicaid FMAP.

This BEA release allows projections of fiscal year (FY) 2027 regular FMAPs and enhanced FMAPs, which are based on per capita incomes for calendar years (CYs) 2022-2024.

FFIS's projections show that FMAPs will increase in 16 states and decline in 24, ranging from a +1.53 percentage-point change in **North Dakota** to a -0.93 percentage-point change in **Delaware**. However, these projections are based on preliminary data; subsequent adjustments can result in substantial differences between projected and final FMAPs for some states.

FY 2027 FMAPs

The FMAP is the share of state Medicaid benefit costs paid by the federal government (with alternate matching rates for certain jurisdictions, populations, services, and special situations; more details are available here). It also determines the federal share of Title IV-E foster care and adoption assistance maintenance payments. Additionally, the FMAP is used to determine the Medicare Part D "clawback," the federal share of certain child support enforcement collections, Temporary Assistance for Needy Families (TANF) contingency funds, and the matching portion of the Child Care and Development Fund (CCDF).

The FMAP is based on a three-year average of state per capita personal income compared to the national average. The FY 2027 FMAPs rely on per capita personal income for CYs 2022-2024. To receive an increase in the FMAP, a state must experience a decline in its share of U.S. average per capita income compared to the prior-year calculations.

- A state with average per capita income receives an FMAP of 55%; no state can receive less than 50% or more than 83%.
- The FMAP is statutorily set for the District of Columbia (70%).
- Territories are also subject to a statutory rate and Medicaid spending caps. However, legislation has increased the caps and provided increases in their matching rates. Most recently, the Consolidated Appropriations Act, 2023, extended a temporary 76% matching rate for Puerto Rico through FY 2027 and permanently extended the 83% matching rate for the other territories.

Table 1 at the end of the brief displays regular FMAPs for FYs 2023-2026 and FFIS's projections for FY 2027. The regular FMAPs exclude the following adjustments, with each adjustment applying to different programs and Medicaid expenditure categories:

- The temporary 6.2 percentage-point increase in the Families First Coronavirus Response Act (FFCRA) through March 31, 2023, and the phasedown of this increase through December 31, 2023 (see FFIS *Issue Brief 23-01*). This increase affects almost all programs that rely on the regular FMAP (more details are here and in the referenced brief).
- The temporary 5 percentage-point FMAP increase for states adopting the Affordable Care Act (ACA) Medicaid expansion, an incentive provided in the American Rescue Plan (ARP). To date, qualifying states are **North Carolina** (10/1/23 – 9/30/25), **South Dakota** (7/1/23 – 6/30/25), and **Missouri** and **Oklahoma** (7/1/21 - 6/30/23). This adjustment applies to specified Medicaid expenditures, including the Part D clawbacks (details available here).
- The ACA disaster-recovery FMAP adjustment for states, which is triggered when a state has recently experienced a major, statewide disaster and the regular FMAP rate declines by at least 3 percentage points from the prior year. This adjustment applies to specified Medicaid expenditures, including Part D clawbacks, and Title IV-E (more details on the calculation are available here). **Louisiana** qualified for this adjustment in FYs 2011-2014. Most recently, **Arizona** qualified for the adjustment in FYs 2024-2025 and **Nebraska** qualified in FY 2026. At this time, FFIS does not estimate that Nebraska will qualify in FY 2027 because its projected FMAP decline relative to the FY 2026 disaster-recovery adjusted FMAP is less than 3 percentage points.

The table below lists the projected change in each state's FMAP in FY 2027.

FY 2027 Preliminary FMAP Percentage-Point Change

Increases				Decreases				No Change	
North Dakota	1.53	Florida	0.15	Delaware	-0.93	New Mexico	-0.30	California	0.00
Iowa	0.66	Pennsylvania	0.15	Vermont	-0.81	Oregon	-0.29	Colorado	0.00
Illinois	0.40	Georgia	0.15	Montana	-0.76	West Virginia	-0.23	Connecticut	0.00
Rhode Island	0.40	Indiana	0.12	Kansas	-0.74	Arkansas	-0.22	District of Columbia	0.00
South Dakota	0.33	Idaho	0.11	Alaska	-0.73	Nevada	-0.18	Maryland	0.00
Minnesota	0.26	Mississippi	0.09	Maine	-0.73	Tennessee	-0.18	Massachusetts	0.00
Michigan	0.23	Wisconsin	0.07	Oklahoma	-0.57	Arizona	-0.16	New Hampshire	0.00
Kentucky	0.19	Louisiana	0.06	Missouri	-0.53	Nebraska	-0.16	New Jersey	0.00
				Hawaii	-0.45	South Carolina	-0.16	New York	0.00
				Virginia	-0.39	Alabama	-0.10	Washington	0.00
				North Carolina	-0.36	Ohio	-0.02	Wyoming	0.00
				Utah	-0.33	Texas	-0.02		

Highlights for FY 2027 projections include:

- FMAPs are projected to increase in 16 states (compared to 13 in FY 2026), with **North Dakota** (1.53) and **Iowa** (0.66) seeing the largest increases.
- FMAPs are projected to decline in 24 states (compared to 26 states in FY 2026). **Delaware** (-0.93) and **Vermont** (-0.81) could see the largest FMAP reductions. **Nebraska's** regular FMAP is projected to decline -0.16, but the decline is larger (-1.74) compared to its disaster-recovery adjustment FMAP in FY 2026.

- **Mississippi** is projected to retain the highest FMAP at 76.99, followed by **West Virginia** (73.99), and **Alabama** (72.53).
- The 10 states at the statutory 50.00 minimum FMAP in FY 2026 are projected to remain there in FY 2026. **Virginia** is projected to re-join these states (it was last at the floor in FY 2022).

Factors affecting FMAPs

Changes in FMAPs primarily result from per capita personal income shifts and data revisions. However, the formula doesn't necessarily capture recent economic trends because it relies on a three-year average and the data used to calculate the FMAP for a given year are outdated by the time the year begins. A state could see a reduction in its FMAP as its economy is declining and vice versa. For example, **Montana** and **Vermont** are projected to see a relatively large FMAP decline in 2027 even though their 2024 total state personal income growth was less than the national average.

Population shifts can have a big impact on FMAPs. Low population growth or population losses in some states lead to relatively higher per capita personal income estimates, resulting in lower FMAPs. For example, estimated population losses contribute to the projected FY 2027 FMAP decline in **Vermont** and **West Virginia**.

Conversely, large population gains can lead to relatively lower per capita personal income estimates despite significant growth in personal income. **Florida** is one of the states projected to see an FMAP increase in FY 2027. It experienced the second largest percentage population gain in 2024, which led to below-average per capita personal income growth in 2024, even though its total personal income growth exceeded the national average.

Lastly, income changes in large wealthy states can affect the national average, which in turn affects FMAPs in other states. During the Great Recession, slow income growth in large wealthy states made other states relatively wealthier (by reducing the national average), thereby reducing the less-wealthy states' FMAPs while having no impact on the wealthy states, which received the statutory minimum. This factor started to come into play again with **California** and **New York** experiencing below-average personal income growth in 2022 and 2023. However, both states had above-average growth in 2024.

Enhanced FMAPs

CHIP uses an enhanced FMAP, subject to the availability of funds from a state's federal allotment. The enhanced FMAPs are calculated by reducing each state's Medicaid share by 30% and are capped at 85%. They are displayed in Table 2 and exclude the temporary FFCRA FMAP increases, which were incorporated into the formula for calculating the matching rate.

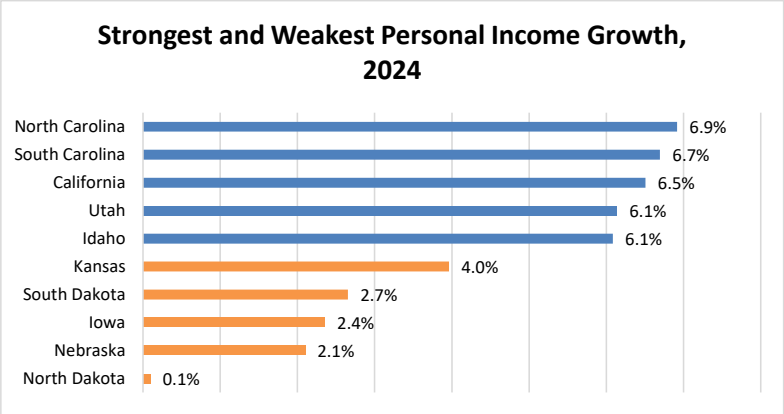
Personal Income Data

Personal income data are produced by BEA as part of the National Income and Product Accounts (NIPAs). State personal income is the income received by all persons in a state from all sources, including net earnings by place of residence, rental income, dividends, interest, and transfer payments. Nationally, personal income increased 5.4% in 2024, down from 5.9% growth in 2023. The table on the next page summarizes recent trends.

U.S. Personal Income ($ in billions)										
	2015	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**
Amount	$15,467	$15,885	$16,659	$17,514	$18,350	$19,601	$21,404	$22,077	$23,380	$24,633
% Change		*2.7%*	*4.9%*	*5.1%*	*4.8%*	*6.8%*	*9.2%*	*3.1%*	*5.9%*	*5.4%*

Net earnings increased 5.5% in 2024. Nationally, the largest contributors to earnings growth were health care and social assistance; state and local government; and professional, scientific, and technical services.

Table 3 shows the total personal income of states and regions for 2022-2024. The following chart lists the states with the strongest and weakest growth in this measure in 2024, which ranged from 6.9% in **North Carolina** to 0.1% in **North Dakota**.



Per Capita Personal Income Data

Nationally, per capita personal income grew 4.3% to $72,425 in 2024, as shown below.

U.S. Per Capita Personal Income										
	2015	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**
Amount	$48,062	$48,974	$51,006	$53,311	$55,567	$59,114	$64,450	$66,096	$69,418	$72,425
% Change		*1.9%*	*4.1%*	*4.5%*	*4.2%*	*6.4%*	*9.0%*	*2.6%*	*5.0%*	*4.3%*

The chart below lists the states with the strongest and weakest per capita personal income growth in 2024, which ranged from 5.9% in **California** to -0.8% in **North Dakota**.

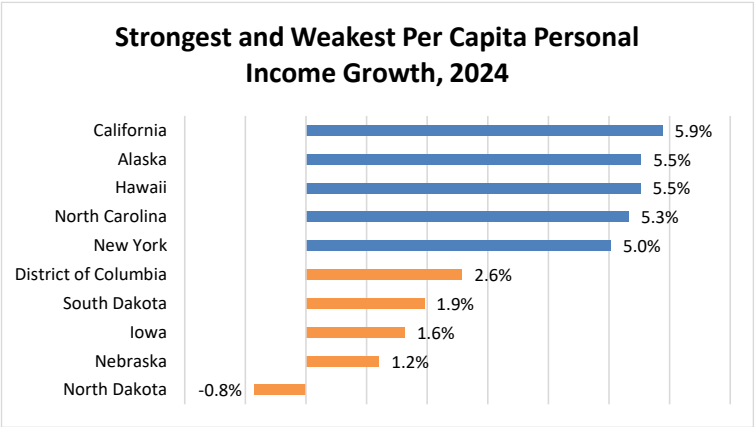


Table 4 provides details for states and regions. It also shows how each state's per capita personal income compares to the national average.

Next Steps

Final FY 2027 FMAPs and enhanced FMAPs will be based on revised per capita personal income data for 2022-2024, scheduled to be released by BEA on September 26. FFIS will recalculate FY 2027 FMAPs at that time.

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Table 1

Base FMAPs, 2023-2027 1/

(federal fiscal years, federal share as a percent)

State	2023	2024	2025	2026	Preliminary 2027	Change 2023-2027	Change 2026-2027	Addendum: 2027 FMAP Without Floors
Alabama	72.43	73.12	72.84	72.63	72.53	0.10	-0.10	72.53
Alaska	50.00	50.01	51.54	52.42	51.69	1.69	-0.73	51.69
Arizona 3/	69.56	66.29	64.89	64.34	64.18	-5.38	-0.16	64.18
Arkansas	71.31	72.00	71.14	69.23	69.01	-2.30	-0.22	69.01
California	50.00	50.00	50.00	50.00	50.00	0.00	0.00	38.53
Colorado	50.00	50.00	50.00	50.00	50.00	0.00	0.00	40.55
Connecticut	50.00	50.00	50.00	50.00	50.00	0.00	0.00	25.63
Delaware	58.49	59.71	60.15	59.41	58.48	-0.01	-0.93	58.48
District of Columbia	70.00	70.00	70.00	70.00	70.00	0.00	0.00	N/A
Florida	60.05	57.96	57.17	57.22	57.37	-2.68	0.15	57.37
Georgia	66.02	65.89	66.04	66.40	66.55	0.53	0.15	66.55
Hawaii	56.06	58.56	59.08	59.68	59.23	3.17	-0.45	59.23
Idaho	70.11	69.72	67.59	66.91	67.02	-3.09	0.11	67.02
Illinois	50.00	51.09	51.38	51.82	52.22	2.22	0.40	52.22
Indiana	65.66	65.62	64.90	64.74	64.86	-0.80	0.12	64.86
Iowa	63.13	64.13	63.25	62.70	63.36	0.23	0.66	63.36
Kansas	59.76	60.97	61.87	60.67	59.93	0.17	-0.74	59.93
Kentucky	72.17	71.78	71.48	71.41	71.60	-0.57	0.19	71.60
Louisiana	67.28	67.67	68.06	67.83	67.89	0.61	0.06	67.89
Maine	63.29	62.65	62.06	61.29	60.56	-2.73	-0.73	60.56
Maryland	50.00	50.00	50.00	50.00	50.00	0.00	0.00	47.55
Massachusetts	50.00	50.00	50.00	50.00	50.00	0.00	0.00	24.47
Michigan	64.71	64.94	65.13	65.30	65.53	0.82	0.23	65.53
Minnesota	50.79	51.49	51.16	50.68	50.94	0.15	0.26	50.94
Mississippi	77.86	77.27	76.90	76.90	76.99	-0.87	0.09	76.99
Missouri 2/	65.81	66.07	65.31	64.44	63.91	-1.90	-0.53	63.91
Montana	64.12	63.91	62.37	61.47	60.71	-3.41	-0.76	60.71
Nebraska 3/	57.87	58.60	57.52	54.36	54.20	-3.67	-0.16	54.20
Nevada	62.65	60.77	60.22	59.80	59.62	-3.03	-0.18	59.62
New Hampshire	50.00	50.00	50.00	50.00	50.00	0.00	0.00	41.66
New Jersey	50.00	50.00	50.00	50.00	50.00	0.00	0.00	38.62
New Mexico	73.26	72.59	71.68	71.66	71.36	-1.90	-0.30	71.36
New York	50.00	50.00	50.00	50.00	50.00	0.00	0.00	37.66
North Carolina 2/	67.71	65.91	65.06	64.62	64.26	-3.45	-0.36	64.26
North Dakota	51.55	53.82	50.97	50.99	52.52	0.97	1.53	52.52
Ohio	63.58	64.30	64.60	64.85	64.83	1.25	-0.02	64.83
Oklahoma 2/	67.36	67.53	67.08	66.47	65.90	-1.46	-0.57	65.90
Oregon	60.32	59.31	59.00	57.75	57.46	-2.86	-0.29	57.46
Pennsylvania	52.00	54.12	55.09	56.06	56.21	4.21	0.15	56.21
Rhode Island	53.96	55.01	56.31	57.50	57.90	3.94	0.40	57.90
South Carolina	70.58	69.53	69.67	69.53	69.37	-1.21	-0.16	69.37
South Dakota 2/	56.74	54.98	53.07	51.01	51.34	-5.40	0.33	51.34
Tennessee	66.10	65.28	64.81	64.16	63.98	-2.12	-0.18	63.98
Texas	59.87	60.15	60.00	59.83	59.81	-0.06	-0.02	59.81
Utah	65.90	65.90	64.36	62.46	62.13	-3.77	-0.33	62.13
Vermont	55.82	56.75	58.19	59.01	58.20	2.38	-0.81	58.20
Virginia	50.65	51.22	50.99	50.39	50.00	-0.65	-0.39	49.42
Washington	50.00	50.00	50.00	50.00	50.00	0.00	0.00	40.06
West Virginia	74.02	74.10	73.84	74.22	73.99	-0.03	-0.23	73.99
Wisconsin	60.10	60.66	60.43	60.68	60.75	0.65	0.07	60.75
Wyoming	50.00	50.00	50.00	50.00	50.00	0.00	0.00	37.91
Puerto Rico 4/	76.00	76.00	76.00	76.00	76.00	0.00	0.00	N/A
Territories 4/	83.00	83.00	83.00	83.00	83.00	0.00	0.00	N/A

1/ FMAPs do not reflect the temporary 6.2 percentage-point FMAP increase from January 1, 2020 through March 31, 2023, and the subsequent phasedown through December 31, 2023.

2/ FMAPs do not reflect the temporary 5 percentage-point FMAP increase, included in the America Rescue Plan, for expanding Medicaid.

3/ FMAPs do not reflect the ACA disaster-recovery FMAP adjustment: Arizona (67.93 in FY 2024 and 65.65 in FY 2025) and Nebraska (55.94 in FY 2026).

4/ Congress has provided an FMAP increase for the territories: 76% for Puerto Rico through FY 2027 and a permanent 83% for other territories.

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Table 2

Enhanced FMAPs, 2023-2027 1/

(federal fiscal years, federal share as a percent)

State	2023	2024	2025	2026	Preliminary 2027	Percentage-Point Change 2026-2027	Percentage-Point Change 2023-2027
Alabama	80.70	81.18	80.99	80.84	80.77	-0.07	0.07
Alaska	65.00	65.01	66.08	66.69	66.18	-0.51	1.18
Arizona	78.69	76.40	75.42	75.04	74.93	-0.11	-3.77
Arkansas	79.92	80.40	79.80	78.46	78.31	-0.15	-1.61
California	65.00	65.00	65.00	65.00	65.00	0.00	0.00
Colorado	65.00	65.00	65.00	65.00	65.00	0.00	0.00
Connecticut	65.00	65.00	65.00	65.00	65.00	0.00	0.00
Delaware	70.94	71.80	72.11	71.59	70.94	-0.65	-0.01
District of Columbia	79.00	79.00	79.00	79.00	79.00	0.00	0.00
Florida	72.04	70.57	70.02	70.05	70.16	0.10	-1.88
Georgia	76.21	76.12	76.23	76.48	76.59	0.10	0.37
Hawaii	69.24	70.99	71.36	71.78	71.46	-0.31	2.22
Idaho	79.08	78.80	77.31	76.84	76.91	0.08	-2.16
Illinois	65.00	65.76	65.97	66.27	66.55	0.28	1.55
Indiana	75.96	75.93	75.43	75.32	75.40	0.08	-0.56
Iowa	74.19	74.89	74.28	73.89	74.35	0.46	0.16
Kansas	71.83	72.68	73.31	72.47	71.95	-0.52	0.12
Kentucky	80.52	80.25	80.04	79.99	80.12	0.13	-0.40
Louisiana	77.10	77.37	77.64	77.48	77.52	0.04	0.43
Maine	74.30	73.86	73.44	72.90	72.39	-0.51	-1.91
Maryland	65.00	65.00	65.00	65.00	65.00	0.00	0.00
Massachusetts	65.00	65.00	65.00	65.00	65.00	0.00	0.00
Michigan	75.30	75.46	75.59	75.71	75.87	0.16	0.57
Minnesota	65.55	66.04	65.81	65.48	65.66	0.18	0.11
Mississippi	84.50	84.09	83.83	83.83	83.89	0.06	-0.61
Missouri	76.07	76.25	75.72	75.11	74.74	-0.37	-1.33
Montana	74.88	74.74	73.66	73.03	72.50	-0.53	-2.39
Nebraska	70.51	71.02	70.26	68.05	67.94	-0.11	-2.57
Nevada	73.86	72.54	72.15	71.86	71.73	-0.13	-2.12
New Hampshire	65.00	65.00	65.00	65.00	65.00	0.00	0.00
New Jersey	65.00	65.00	65.00	65.00	65.00	0.00	0.00
New Mexico	81.28	80.81	80.18	80.16	79.95	-0.21	-1.33
New York	65.00	65.00	65.00	65.00	65.00	0.00	0.00
North Carolina	77.40	76.14	75.54	75.23	74.98	-0.25	-2.41
North Dakota	66.09	67.67	65.68	65.69	66.76	1.07	0.68
Ohio	74.51	75.01	75.22	75.40	75.38	-0.01	0.88
Oklahoma	77.15	77.27	76.96	76.53	76.13	-0.40	-1.02
Oregon	72.22	71.52	71.30	70.43	70.22	-0.20	-2.00
Pennsylvania	66.40	67.88	68.56	69.24	69.35	0.10	2.95
Rhode Island	67.77	68.51	69.42	70.25	70.53	0.28	2.76
South Carolina	79.41	78.67	78.77	78.67	78.56	-0.11	-0.85
South Dakota	69.72	68.49	67.15	65.71	65.94	0.23	-3.78
Tennessee	76.27	75.70	75.37	74.91	74.79	-0.13	-1.48
Texas	71.91	72.11	72.00	71.88	71.87	-0.01	-0.04
Utah	76.13	76.13	75.05	73.72	73.49	-0.23	-2.64
Vermont	69.07	69.73	70.73	71.31	70.74	-0.57	1.67
Virginia	65.46	65.85	65.69	65.27	65.00	-0.27	-0.45
Washington	65.00	65.00	65.00	65.00	65.00	0.00	0.00
West Virginia	81.81	81.87	81.69	81.95	81.79	-0.16	-0.02
Wisconsin	72.07	72.46	72.30	72.48	72.53	0.05	0.46
Wyoming	65.00	65.00	65.00	65.00	65.00	0.00	0.00
Puerto Rico	83.20	83.20	83.20	83.20	83.20	0.00	0.00
Territories	85.00	85.00	85.00	85.00	85.00	0.00	0.00

1/ Enhanced FMAPs do not reflect the temporary increase from January 1, 2020 through March 31, 2023, and the subsequent phasedown through December 31, 2023.

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Table 3

Total Personal Income of States and Regions, 2022-2024

(calendar years, $ in millions)

State	2022	2023	2024	Percent Change 2022-2023	Percent Change 2023-2024
Alabama	$262,236	$276,926	$292,360	5.6%	5.6%
Alaska	50,607	52,520	55,693	3.8%	6.0%
Arizona	434,339	464,775	488,730	7.0%	5.2%
Arkansas	168,535	176,809	184,259	4.9%	4.2%
California	3,003,826	3,166,135	3,372,091	5.4%	6.5%
Colorado	447,854	470,606	492,712	5.1%	4.7%
Connecticut	306,718	325,346	342,645	6.1%	5.3%
Delaware	65,208	68,982	72,879	5.8%	5.7%
District of Columbia	67,776	72,525	76,007	7.0%	4.8%
Florida	1,436,107	1,553,426	1,645,166	8.2%	5.9%
Georgia	625,219	660,448	697,614	5.6%	5.6%
Hawaii	90,054	94,971	100,537	5.5%	5.9%
Idaho	110,794	116,675	123,772	5.3%	6.1%
Illinois	862,729	906,648	943,055	5.1%	4.0%
Indiana	402,920	420,260	441,783	4.3%	5.1%
Iowa	197,021	201,333	206,072	2.2%	2.4%
Kansas	183,034	194,414	202,115	6.2%	4.0%
Kentucky	237,781	250,569	263,951	5.4%	5.3%
Louisiana	255,687	269,140	281,987	5.3%	4.8%
Maine	85,708	90,868	95,723	6.0%	5.3%
Maryland	439,741	465,937	491,898	6.0%	5.6%
Massachusetts	601,910	634,296	670,283	5.4%	5.7%
Michigan	582,021	613,719	641,085	5.4%	4.5%
Minnesota	399,446	416,325	434,157	4.2%	4.3%
Mississippi	138,524	145,962	153,089	5.4%	4.9%
Missouri	364,499	387,905	404,331	6.4%	4.2%
Montana	69,132	73,620	76,894	6.5%	4.4%
Nebraska	131,989	141,151	144,111	6.9%	2.1%
Nevada	198,485	211,575	224,334	6.6%	6.0%
New Hampshire	104,684	110,684	116,778	5.7%	5.5%
New Jersey	719,974	762,803	798,742	5.9%	4.7%
New Mexico	112,181	117,016	122,815	4.3%	5.0%
New York	1,524,707	1,611,169	1,703,276	5.7%	5.7%
North Carolina	630,559	670,051	716,389	6.3%	6.9%
North Dakota	55,488	56,475	56,530	1.8%	0.1%
Ohio	686,658	724,779	763,207	5.6%	5.3%
Oklahoma	233,290	245,439	256,622	5.2%	4.6%
Oregon	271,773	287,183	301,994	5.7%	5.2%
Pennsylvania	848,383	893,649	930,521	5.3%	4.1%
Rhode Island	70,450	74,046	77,791	5.1%	5.1%
South Carolina	287,548	308,078	328,702	7.1%	6.7%
South Dakota	63,440	66,620	68,387	5.0%	2.7%
Tennessee	417,369	443,472	469,138	6.3%	5.8%
Texas	1,891,499	2,020,899	2,125,967	6.8%	5.2%
Utah	205,519	219,332	232,792	6.7%	6.1%
Vermont	41,172	43,336	45,451	5.3%	4.9%
Virginia	604,997	643,579	679,282	6.4%	5.5%
Washington	589,077	632,296	667,991	7.3%	5.6%
West Virginia	88,939	93,505	97,593	5.1%	4.4%
Wisconsin	365,166	384,068	402,881	5.2%	4.9%
Wyoming	44,460	47,928	50,503	7.8%	5.4%
Region					
New England	1,210,641	1,278,575	1,348,669	5.6%	5.5%
Mideast	3,665,789	3,875,065	4,073,323	5.7%	5.1%
Great Lakes	2,899,494	3,049,473	3,192,010	5.2%	4.7%
Plains	1,394,917	1,464,221	1,515,704	5.0%	3.5%
Southeast	5,153,501	5,491,964	5,809,528	6.6%	5.8%
Southwest	2,671,309	2,848,129	2,994,134	6.6%	5.1%
Rocky Mountains	877,761	928,161	976,672	5.7%	5.2%
Far West	4,203,822	4,444,680	4,722,638	5.7%	6.3%
United States	**$22,077,232**	**$23,380,269**	**$24,632,680**	**5.9%**	**5.4%**

Source: Bureau of Economic Analysis

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Table 4

Per Capita Personal Income, 2022-2024

(calendar years)

State	2022	2023	2024	Percent Change 2022-2023	Percent Change 2023-2024	Share of National Average 2022	Share of National Average 2023	Share of National Average 2024
Alabama	$51,660	$54,112	$56,684	4.7%	4.8%	78.2%	78.0%	78.3%
Alaska	68,905	71,309	75,247	3.5%	5.5%	104.2%	102.7%	103.9%
Arizona	58,873	62,194	64,456	5.6%	3.6%	89.1%	89.6%	89.0%
Arkansas	55,299	57,603	59,663	4.2%	3.6%	83.7%	83.0%	82.4%
California	76,741	80,771	85,518	5.3%	5.9%	116.1%	116.4%	118.1%
Colorado	76,544	79,746	82,705	4.2%	3.7%	115.8%	114.9%	114.2%
Connecticut	84,777	89,307	93,235	5.3%	4.4%	128.3%	128.7%	128.7%
Delaware	63,890	66,557	69,282	4.2%	4.1%	96.7%	95.9%	95.7%
District of Columbia	100,153	105,518	108,233	5.4%	2.6%	151.5%	152.0%	149.4%
Florida	64,171	67,821	70,390	5.7%	3.8%	97.1%	97.7%	97.2%
Georgia	57,193	59,691	62,393	4.4%	4.5%	86.5%	86.0%	86.1%
Hawaii	62,522	65,888	69,520	5.4%	5.5%	94.6%	94.9%	96.0%
Idaho	56,984	59,192	61,836	3.9%	4.5%	86.2%	85.3%	85.4%
Illinois	68,352	71,716	74,197	4.9%	3.5%	103.4%	103.3%	102.4%
Indiana	58,867	61,083	63,802	3.8%	4.5%	89.1%	88.0%	88.1%
Iowa	61,515	62,557	63,573	1.7%	1.6%	93.1%	90.1%	87.8%
Kansas	62,313	65,869	68,038	5.7%	3.3%	94.3%	94.9%	93.9%
Kentucky	52,615	55,063	57,526	4.7%	4.5%	79.6%	79.3%	79.4%
Louisiana	55,661	58,661	61,332	5.4%	4.6%	84.2%	84.5%	84.7%
Maine	61,620	64,922	68,129	5.4%	4.9%	93.2%	93.5%	94.1%
Maryland	71,013	74,945	78,538	5.5%	4.8%	107.4%	108.0%	108.4%
Massachusetts	85,712	89,760	93,927	4.7%	4.6%	129.7%	129.3%	129.7%
Michigan	57,907	60,865	63,221	5.1%	3.9%	87.6%	87.7%	87.3%
Minnesota	69,813	72,366	74,943	3.7%	3.6%	105.6%	104.2%	103.5%
Mississippi	47,086	49,593	52,017	5.3%	4.9%	71.2%	71.4%	71.8%
Missouri	58,986	62,484	64,740	5.9%	3.6%	89.2%	90.0%	89.4%
Montana	61,610	65,075	67,615	5.6%	3.9%	93.2%	93.7%	93.4%
Nebraska	66,923	71,006	71,859	6.1%	1.2%	101.3%	102.3%	99.2%
Nevada	62,493	65,822	68,657	5.3%	4.3%	94.5%	94.8%	94.8%
New Hampshire	74,952	78,936	82,878	5.3%	5.0%	113.4%	113.7%	114.4%
New Jersey	77,456	81,325	84,071	5.0%	3.4%	117.2%	117.2%	116.1%
New Mexico	53,069	55,166	57,652	4.0%	4.5%	80.3%	79.5%	79.6%
New York	77,382	81,630	85,733	5.5%	5.0%	117.1%	117.6%	118.4%
North Carolina	58,871	61,579	64,855	4.6%	5.3%	89.1%	88.7%	89.5%
North Dakota	71,042	71,574	70,966	0.7%	-0.8%	107.5%	103.1%	98.0%
Ohio	58,301	61,297	64,225	5.1%	4.8%	88.2%	88.3%	88.7%
Oklahoma	57,943	60,395	62,661	4.2%	3.8%	87.7%	87.0%	86.5%
Oregon	63,986	67,514	70,685	5.5%	4.7%	96.8%	97.3%	97.6%
Pennsylvania	65,336	68,649	71,148	5.1%	3.6%	98.9%	98.9%	98.2%
Rhode Island	64,075	67,105	69,936	4.7%	4.2%	96.9%	96.7%	96.6%
South Carolina	54,378	57,180	59,995	5.2%	4.9%	82.3%	82.4%	82.8%
South Dakota	69,736	72,546	73,959	4.0%	1.9%	105.5%	104.5%	102.1%
Tennessee	59,099	62,039	64,908	5.0%	4.6%	89.4%	89.4%	89.6%
Texas	62,812	65,768	67,942	4.7%	3.3%	95.0%	94.7%	93.8%
Utah	60,607	63,700	66,443	5.1%	4.3%	91.7%	91.8%	91.7%
Vermont	63,523	66,803	70,086	5.2%	4.9%	96.1%	96.2%	96.8%
Virginia	69,673	73,681	77,093	5.8%	4.6%	105.4%	106.1%	106.4%
Washington	75,580	80,472	83,938	6.5%	4.3%	114.3%	115.9%	115.9%
West Virginia	50,131	52,813	55,138	5.3%	4.4%	75.8%	76.1%	76.1%
Wisconsin	61,851	64,763	67,586	4.7%	4.4%	93.6%	93.3%	93.3%
Wyoming	76,394	81,918	85,945	7.2%	4.9%	115.6%	118.0%	118.7%
Region								
New England	79,775	83,766	87,655	5.0%	4.6%	120.7%	120.7%	121.0%
Mideast	73,501	77,384	80,717	5.3%	4.3%	111.2%	111.5%	111.4%
Great Lakes	61,431	64,389	67,032	4.8%	4.1%	92.9%	92.8%	92.6%
Plains	64,269	67,085	68,966	4.4%	2.8%	97.2%	96.6%	95.2%
Southeast	59,230	62,295	65,084	5.2%	4.5%	89.6%	89.7%	89.9%
Southwest	61,225	64,167	66,390	4.8%	3.5%	92.6%	92.4%	91.7%
Rocky Mountains	68,095	71,221	74,060	4.6%	4.0%	103.0%	102.6%	102.3%
Far West	74,358	78,387	82,686	5.4%	5.5%	112.5%	112.9%	114.2%
U.S. Average	**$66,096**	**$69,418**	**$72,425**	**5.0%**	**4.3%**	**100.0%**	**100.0%**	**100.0%**

Source: Bureau of Economic Analysis

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2025 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

HB 1012 a.m.
4/9/2025

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; relating to an extraordinary medical needs housing loan fund; relating to leases of the health and human services property, substance use disorder treatment program, basic care payment rates, and state of residence for child care assistance; to provide for a transfer; to authorize a line of credit; to provide legislative intent; to provide for a legislative management study; to provide an application; to provide an exemption; to provide for a report; and to provide an effective date.

9:48 a.m. Chairman Dever opened the hearing.

Members present: Chairman Dever and Senators Cleary, Davison, Magrum and Mathern.

Discussion Topics

- Fourplex Medical Home.
- Value-Based Care Incentive Program
- Disability Service Accreditation Study.

9:51 a.m. Senator Mathern discussed a proposed amendment for the fourplex medical home. The amendment is ready yet.

9:57 a.m. Senator Davison introduced an amendment LC #25.0156.02021 changing Section 40 - disability service accreditation, and Section 41 - value-based care, and submitted testimony #44846.

10:18 a.m. Keith Mantz, Financial Analyst, LC, clarified that Section 28 was to be removed.

10:20 a.m. Senator Cleary has a proposed amendment for a maternal health study.

10:21 a.m. Senator Magrum discussed his amendment and submitted testimony #44957.

10:27 a.m. Senator Davison introduced an amendment LC #25.0156.02000 and submitted testimony #44850.

10:31 a.m. Steph Gullickson, Financial Analyst, OMB, testified neutral and answered committee questions concerning language in bill pertaining to Family Voices.

10:33 a.m. Keith Mantz, Financial Analyst, LC, clarified that the grant for Family Voices would be an ongoing grant.

10:38 a.m. Donna Aukland, CFO, ND Department of Health and Human Services (ND DHHS) testified in favor, and submitted testimony #44851.

10:50 a.m. Keith Mantz, Financial Analyst, LC, clarified the changes to be made. Change the underfund from $30,000,000, to $11,036, 271, for the general fund portion, and add $4,7728,962, to other funds.

10:59 a.m. Chairman Dever started a discussion about the funding for behavioral health services for nursing homes and basic care facilities. This again is a revisit of funding.

11:11 a.m. Chairman Dever started a discussion of the funding for the state hospital. It was suggested to remove funding and go to the conference committee.

11:17 a.m. Senator Mathern distributed an evaluation of how many behavioral health beds are in our system and submitted testimony #44857. He will be talking about his proposed amendments.

11:24 a.m. Senator Cleary suggested removing state hospital funding and putting it in the OMB budget.

11:30 a.m. Keith Mantz, Financial Analyst, LC, asked what changes need to be made to Sections 16 and 18.

11:31 a.m. Chairman Dever suggested keeping Section 18 and taking out Section 16.

11:39 Keith Mantz, Financial Analyst, LC, clarified that the committee would like to give Altru 1 million for planning plus a line of credit.

11:42 a.m. Chairman Dever closed the hearing.

Joan Bares, Committee Clerk

25.0156.02021
Title.

Prepared by the Legislative Council staff for Senator Davison
April 8, 2025

Sixty-ninth
Legislative Assembly
of North Dakota

PROPOSED AMENDMENTS TO FIRST ENGROSSMENT

ENGROSSED HOUSE BILL NO. 1012

Introduced by

Appropriations Committee

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to amend and reenact sections 50-06-06.6, 50-06-42, 50-24.5-02.3, and 50-33-05 of the North Dakota Century Code, relating to leases of department of health and human services property, substance use disorder treatment program, basic care payment rates, and state of residence for child care assistance; to provide for a transfer; to authorize a line of credit; to provide legislative intent; to provide for a legislative management study; to provide for a value-based care incentive program; to provide an application; to provide an exemption; to provide for a report; and to provide an effective date.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. APPROPRIATION. The funds provided in this section, or so much of the funds as may be necessary, are appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, and from other funds derived from special funds and federal funds, to the department of health and human services for the purpose of defraying the expenses of its various divisions, for the biennium beginning July 1, 2025, and ending June 30, 2027, as follows:

Subdivision 1.

SALARIES AND WAGES BLOCK GRANT

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages block grant	$0	$596,284,775	$596,284,775

Total all funds	$0	$596,284,775	$596,284,775
Less other funds	0	286,720,150	286,720,150
Total general fund	$0	$309,564,625	$309,564,625

Subdivision 2.

BUSINESS OPERATIONS

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$25,763,358	($25,763,358)	$0
Operating expenses	155,308,399	(77,023,770)	78,284,629
Capital assets	108,934	(108,934)	0
Grants	11,812,627	6,966,375	18,779,002
Total all funds	$192,993,318	($95,929,687)	$97,063,631
Less other funds	118,894,310	(71,526,221)	47,368,089
Total general fund	$74,099,008	($24,403,466)	$49,695,542

Subdivision 3.

BEHAVIORAL HEALTH

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$8,792,675	($8,792,675)	$0
Operating expenses	79,381,458	23,888,138	103,269,596
Grants	40,476,298	21,889,322	62,365,620
Behavioral health clinics	196,383,945	(139,978,713)	56,405,232
State hospital	94,826,973	256,053,182	350,880,155
Opioid addiction prevention	2,000,000	6,000,000	8,000,000
Total all funds	$421,861,349	$159,059,254	$580,920,603
Less other funds	113,955,941	285,267,537	399,223,478
Total general fund	$307,905,408	($126,208,283)	$181,697,125

Subdivision 4.

HUMAN SERVICES

	Base Level	Adjustments or Enhancements	Appropriation

Salaries and wages	$168,325,918	($168,325,918)	$0
Operating expenses	88,885,469	108,258,236	197,143,705
Capital assets	10,000	0	10,000
Grants	621,189,007	94,393,260	715,582,267
Life skills and transition center	44,992,263	(29,784,605)	15,207,658
Grants - medical assistance	742,793,564	7,655,079	750,448,643
County social services	197,663,661	6,928,621	204,592,282
Total all funds	$1,863,859,882	$19,124,673	$1,882,984,555
Less other funds	1,240,409,529	(13,961,485)	1,226,448,044
Total general fund	$623,450,353	$33,086,158	$656,536,511

Subdivision 5.

MEDICAL SERVICES

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$21,008,344	($21,008,344)	$0
Operating expenses	70,807,977	92,364,562	163,172,539
Grants	1,651,004	1,806,800	3,457,804
Grants - medical assistance	2,682,778,803	6,500,467	2,689,279,270
Total all funds	$2,776,246,128	$79,663,485	$2,855,909,613
Less other funds	1,818,029,530	(7,372,459)	1,810,657,071
Total general fund	$958,216,598	$87,035,944	$1,045,252,542

Subdivision 6.

PUBLIC HEALTH

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$60,415,388	($60,415,388)	$0
Operating expenses	37,721,213	17,853,669	55,574,882
Capital assets	1,469,780	2,215,838	3,685,618
Grants	81,718,145	4,245,496	85,963,641
Tobacco prevention	13,063,162	(22,607)	13,040,555
Women, infants, and children	19,900,000	1,100,000	21,000,000

food payments			
Cares Act/COVID-19	83,909,182	1,845,373	85,754,555
Total all funds	$298,196,870	($33,177,619)	$265,019,251
Less other funds	250,440,690	(20,626,287)	229,814,403
Total general fund	$47,756,180	($12,551,332)	$35,204,848

Subdivision 7.

TOTAL - SECTION 1

	Base Level	Adjustments or Enhancements	Appropriation
Grand total all funds	$5,553,157,547	$725,024,881	$6,278,182,428
Grand total other funds	3,541,730,000	458,501,235	4,000,231,235
Grand total general fund	$2,011,427,547	$266,523,646	$2,277,951,193
Full-time equivalent positions	2,483.83	204.52	2,688.35

SECTION 2. ONE TIME FUNDING - EFFECT ON BASE BUDGET - REPORT TO SEVENTIETH LEGISLATIVE ASSEMBLY. The following amounts reflect the one-time funding items included in section 1 of this Act which are not included in the entity's base budget for the 2027-29 biennium and which the entity shall report to the appropriations committees of the seventieth legislative assembly regarding the use of this funding:

One-Time Funding Description	General Fund	Other Funds	Total
Technology projects	$0	$10,263,000	$10,263,000
Human service centers and life skills and transition center projects	0	1,052,480	1,052,480
Retire mainframe	0	15,000,000	15,000,000
Child care programs	13,272,500	0	13,272,500
Housing programs	0	1,000,000	1,000,000
State laboratory move and equipment	0	2,962,304	2,962,304
Partial hospitalization day treatment	0	2,000,000	2,000,000
Developmental disabilities eligibility assessment tool for kids	200,000	200,000	400,000
Toxicology equipment	151,500	100,000	251,500
New state hospital	0	330,000,000	330,000,000

Behavioral health facility grant	0	12,960,000	12,960,000
Cultural community center grant	0	1,000,000	1,000,000
Adaptive recreation grant	200,000	0	200,000
Intermediate care facility grant	3,457,736	0	3,457,736
Juvenile justice diversion services	750,000	0	750,000
Animal shelter grant	0	300,000	300,000
Statewide health strategies	0	750,000	750,000
Critical access hospital networking	0	2,000,000	2,000,000
Total	$18,031,736	$379,587,784	$397,619,520

SECTION 3. FUNDING TRANSFERS - EXEMPTION - AUTHORIZATION - REPORT. Notwithstanding section 54-16-04, the director of the office of management and budget shall transfer appropriation authority between line items within subdivisions 1, 2, 3, 4, 5, and 6 of section 1 of this Act and any other appropriation authority for the department of health and human services approved by the sixty-ninth legislative assembly, for the biennium beginning July 1, 2025, and ending June 30, 2027, as requested by the department of health and human services. The department of health and human services shall notify the legislative council of any transfer made pursuant to this section. The department of health and human services shall report to the budget section after June 30, 2026, any transfer made in excess of $50,000 and to the appropriations committees of the seventieth legislative assembly regarding any transfers made pursuant to this section.

SECTION 4. FULL-TIME EQUIVALENT POSITION BLOCK GRANT PROGRAM - REPORT. Section 1 of this Act includes funding for a full-time equivalent position block grant program. This funding as approved by the sixty-ninth legislative assembly is available for defraying the expense of full-time equivalent positions as determined by the department of health and human services. Notwithstanding any other provision of law, the department is authorized to increase or decrease authorized full-time equivalent positions subject to the availability of funds and the provisions of this section. The department of health and human services many not increase full-time equivalent positions for the purpose of transferring human service zone employees to state employment. Pursuant to section 3 of this Act, the department is authorized to transfer appropriation authority of up to the underfunded amount of $30,000,000 to the salaries and wages block grant line item. The department of health and human services

shall report to the office of management and budget and legislative council any adjustments to full-time equivalent positions.

SECTION 5. DEPARTMENT OF HEALTH AND HUMAN SERVICES - SALARIES AND WAGES BLOCK GRANT - VACANT POSITIONS - REPORT. The department of health and human services shall report to the budget section quarterly during the 2025-26 interim regarding the status of its salaries and wages block grant and vacant positions and employee turnover. The report must include:

1. The legislative appropriation for salaries and wages allocated by the department to major department programs by funding source and the number of FTE positions the department is allocating to each major program based on the legislative appropriation;
2. Any changes to salaries and wages funding or FTE positions allocated to major department programs;
3. Any new FTE positions added, the cost of the position for the remainder of the biennium, and the cost to continue funding the position in the subsequent biennium by funding source;
4. Any FTE positions removed and related funding;
5. The number of FTE positions that become vacant and the number filled each month;
6. The number of vacant FTE positions at the end of each month;
7. Salaries and wages savings resulting from vacant positions and employee turnover each month by funding source; and
8. The use of salaries and wages savings for other purposes for each month by funding source.

SECTION 6. BEHAVIORAL HEALTH FACILITY GRANT - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND - APPLICATION.

1. Section 1 of this Act includes the sum of $12,960,000 from the strategic investment and improvements fund for a behavioral health facility grant pursuant to this section.
2. A grant of $12,960,000 must be provided to establish a behavioral health facility in the northeast human service region. The grant recipient must provide matching funds of $3,240,000 to establish the facility.

3. The department shall require an entity receiving funding under this section to operate the facility for at least ten years and require the grant amount to be repaid if the entity does not operate the facility for at least ten years.
4. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 7. COMMUNITY CULTURAL CENTER GRANT - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND - APPLICATION. Section 1 of this Act includes the sum of $1,000,000 from the strategic investment and improvements fund for the purpose of providing a one-time community cultural center grant in the west central human service region. An entity may apply for a grant under this section if the entity certifies to the department it has secured at least fifty percent of funds needed to complete the project, the project will be completed within two years of receiving the grant funds, and the grants funds will be used only for costs of constructing a community cultural center. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 8. JUVENILE JUSTICE DIVERSION SERVICES AND PROGRAMS - TASK FORCE - REPORT. Section 1 of this Act includes the sum of $750,000 from the general fund for juvenile justice diversion services and programs. The department of health and human services must use the funding for services to youth at risk of juvenile justice involvement but who have not committed delinquent acts as defined in chapter 27-20.4.

The department shall establish a task force with representation from divisions in the department, human service zones, the department of public instruction, elementary and secondary schools, and members of the legislative assembly, to review juvenile justice diversion services and program. The department shall report its findings and recommendations to the legislative management and children's cabinet.

SECTION 9. ANIMAL SHELTER GRANT - COMMUNITY HEALTH TRUST FUND. Section 1 of this Act includes the sum of $300,000 from the community health trust fund for a grant for the construction of an animal shelter. The department of health and human services may award a grant for the construction of an animal shelter to an organization that provides twenty dollars of nonstate matching funds for every dollar of grant funds received. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 10. STATEWIDE HEALTH STRATEGIES - COMMUNITY HEALTH TRUST FUND. Section 1 of this Act includes the sum of $750,000 of one-time funding from the community health trust fund for the statewide health strategies initiative. The department of health and human services may spend the funding upon securing dollar-for-dollar matching funds.

SECTION 11. OTHER FUNDS - INSURANCE TAX DISTRIBUTION FUND. The other funds line item in subdivision 5 of section 1 of this Act includes the sum of $1,125,000 from the insurance tax distribution fund for rural emergency medical services grants.

SECTION 12. OTHER FUNDS - COMMUNITY HEALTH TRUST FUND. The other funds line items in section 1 of this Act includes the sum of $38,713,522 from the community health trust fund for the following purposes:

Loan repayment programs	$594,500
Tobacco and vaping programs	11,599,698
Cancer and women's way programs	909,824
Behavior risk state survey	200,000
Domestic violence programs	4,250,000
Local public health grants	3,275,000
988 crisis hotline	1,867,500
Various information technology system upgrades	2,967,000
Grants to rural ambulances	7,000,000
Law enforcement rural crisis support program	1,000,000
Development of partial hospitalization/intensive day treatment	2,000,000
Critical access hospital networking	2,000,000
Animal shelter grant	300,000
Statewide health strategies	750,000
Total	$38,713,522

SECTION 13. OTHER FUNDS - HUMAN SERVICE FINANCE FUND. The other funds line items in section 1 of this Act includes the sum of $239,112,030 from the human service finance fund for state-paid economic assistance and social and human services.

SECTION 14. OTHER FUNDS - OPIOID SETTLEMENT FUND. The other funds line item in section 1 of this Act includes the sum of $8,000,000 from the opioid settlement fund for opioid remediation and abatement efforts.

SECTION 15. OTHER FUNDS - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND. The other funds line items in section 1 of this Act includes the sum of $227,474,784 from the strategic investment and improvements fund for the following purposes:

Retiring technology from the mainframe	$7,500,000
Move into the new state laboratory and purchase security equipment	2,962,304
Capital projects in human service centers and life skills and transition center	1,052,480
Housing initiative programs	1,000,000
Technology projects at the state hospital	1,000,000
New state hospital	200,000,000
Behavioral health facility grant	12,960,000
Community cultural center grant	1,000,000
Total	$227,474,784

SECTION 16. OTHER FUNDS - BANK OF NORTH DAKOTA LINE OF CREDIT - STATE HOSPITAL PROJECT. The other funds line item in subdivision 2 of section 1 of this Act includes $130,000,000 from a Bank of North Dakota line of credit. The department of health and human services may borrow up to $130,000,000 through a line of credit from the Bank of North Dakota during the biennium beginning July 1, 2025, and ending June 30, 2027, for costs associated with the construction of a new state hospital. The interest rate on the line of credit may not exceed the prevailing interest rate charged to North Dakota governmental entities. If the department accesses the line of credit, it shall request a deficiency appropriation from the seventieth legislative assembly to repay the line of credit.

SECTION 17. LABORATORY BUILDING STEERING COMMITTEE. The department of health and human services shall maintain the laboratory building steering committee to oversee the design and construction of the laboratory building project, for the biennium beginning July 1, 2025, and ending June 30, 2027, or until work is completed, whichever occurs earlier. The committee must include representation from the department of health and human services, department of environmental quality, office of management and budget, the governor's office, and the legislative assembly. The legislative assembly representation must include one member

of the senate appointed by the senate majority leader, one member of the house appointed by the house majority leader, and one member of the minority party from either the senate or the house appointed by the minority leaders of the senate and the house.

SECTION 18. NEW STATE HOSPITAL - STEERING COMMITTEE. The department of health and human services shall establish a new state hospital facility steering committee to oversee the design and construction of a new state hospital facility, for the biennium beginning July 1, 2025, and ending June 30, 2027. The committee must include one member of the senate appointed by the senate majority leader, one member of the house appointed by the house majority leader, and one member of the minority party from either the senate or the house appointed by the minority leaders of the senate and the house.

SECTION 19. CAPITAL PAYMENTS. During the biennium beginning July 1, 2025, and ending June 30, 2027, the department of health and human services is authorized to expend funds for the payment of special assessments at the state hospital, southeast human service center, and life skills and transition center. Pursuant to section 3 of this Act, the director of the office of management and budget may transfer appropriation authority between line items within section 1 of this Act and any remaining appropriation authority for the department of health and human services approved by the sixty-ninth legislative assembly. The department of health and human services may transfer funds for the payment of special assessments at the state hospital, southeast human service center, and life skills and transition center ahead of the special needs assessments schedule. Notwithstanding section 54-27-12, the department of health and human services may spend funds for the payment of special assessments at the state hospital and life skills and transition center.

SECTION 20. CAPITAL PROJECTS - EMERGENCY COMMISSION AND BUDGET SECTION APPROVAL. During the biennium beginning July 1, 2025, and ending June 30, 2027, pursuant to section 3 of this Act, the director of the office of management and budget may transfer appropriation authority between line items within section 1 of this Act and any remaining appropriation authority for the department of health and human services approved by the sixty-ninth legislative assembly for capital projects and maintenance pertaining to operation of its facilities, including demolition projects. Notwithstanding section 54-27-12, the department of health and human services may spend up to $10,000,000 for capital projects and maintenance pertaining to operation of its facilities, including demolition projects, under this section and may

seek emergency commission and budget section approval to spend more than $10,000,000 under this section.

SECTION 21. PERMANENT SUPPORTIVE HOUSING GRANTS. Section 1 of this Act includes the sum of $4,672,536 from the general fund for permanent supportive housing grants. The department of health and human services shall develop a funding methodology to distribute the funding to qualified entities that utilize best practices for permanent supportive housing, provide recovery-oriented and person-centered services, submit process and outcome measures to the department of health and human services, and authorize the department of health and human services to conduct onsite visits to review program operations.

SECTION 22. EXPENDITURES MAY NOT EXCEED APPROPRIATION - MEDICAL ASSISTANCE EXPANSION PROGRAM - APPLICATION.

1. Section 1 of this Act includes the sum of $662,099,340, of which $66,209,934 is from the general fund, for the medical assistance expansion program, for the biennium beginning July 1, 2025, and ending June 30, 2027. The expenditures for individuals eligible for the medical assistance expansion program may not exceed this amount.
2. The department of health and human services may exceed appropriations for increases in medical assistance expansion program caseload, for the addition of coverage consistent with the traditional Medicaid 1915(i) state plan, utilization rates, and reduction in federal medical assistance percentage.
3. The managed care organization under contract with the department of health and human services to manage the medical assistance expansion program shall reimburse providers within the same provider type and specialty at consistent levels and with consistent methodology and may not provide incentive, quality, or supplemental payments to providers, unless part of a value-based program approved by the department of health and human services. The managed care organization shall reimburse all North Dakota substance use providers of American society of addiction medicine level 2.5 at consistent levels and with consistent methodology. The managed care organization may consider urban and rural providers as different provider types.
4. The managed care organization and the department of health and human services shall ensure payments to Indian or Tribal 638 health care providers, federally qualified health centers,and rural health clinics meet the federally required minimum levels of

reimbursement. Critical access hospitals may not be paid less than one hundred percent of Medicare allowable costs and human service centers may not be paid less than one hundred percent of the current traditional Medicaid rate. Behavioral health services involving partial hospitalization, intensive outpatient, professional services, and residential behavioral health services provided in facilities that are not institutions for mental diseases are not subject to the provisions in subsection 6.

5. The department of health and human services shall ensure providers within the same provider type and specialty are reimbursed at consistent levels and with consistent methodology and shall ensure the capitation rates under risk contracts are actuarially sound and are adequate to meet managed care organization contractual requirements regarding availability of services, assurance or adequate capacity and services, and coordination and continuity of care.

6. Except for the provisions in subsection 4, managed care organization premium payments must be built using the assumption that rates paid to providers under the medical assistance expansion program may not exceed one hundred forty-five percent of Medicare reimbursement rates paid to providers on January 1, 2025.

SECTION 23. HUMAN SERVICE CENTERS - CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS - FULL-TIME EQUIVALENT POSITIONS - REPORT. The department of health and human services shall continue the process of the human service centers becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults. The department of health and human services shall pursue additional federal funding as available. Subject to the availability of generated income, the department of health and human services may add full-time equivalent positions for the clinics to provide direct services for the period beginning with the effective date of this Act and ending June 30, 2027. The department of health and human services shall report to the office of management and budget and legislative council each time a position is added.

SECTION 24. INTERMEDIATE CARE FACILITY MORATORIUM. The department of health and human services may not add any new licensed intermediate care facility for individuals with intellectual disabilities beds to the state's licensed bed capacity between July 1, 2025, and June 30, 2027.

SECTION 25. EXEMPTION - UNEXPENDED APPROPRIATIONS. The following appropriations are not subject to the provisions of section 54-44.1-11 and any unexpended appropriation authority may be continued into the biennium beginning July 1, 2025, and ending June 30, 2027:

1. The sum of $3,674,757 appropriated from the general fund and the sum of $25,918,566 appropriated from federal funds for the Medicaid management information system modularization technology project in chapter 12 of the 2021 Session Laws;
2. The sum of $14,411,218 appropriated from the general fund and the sum of $14,411,218 appropriated from federal funds for the child welfare technology project in chapter 12 of the 2021 Session Laws;
3. The sum of $20,366,271 appropriated from the community health trust fund and the sum of $39,534,525 appropriated from federal funds for the child support computer replacement project in chapter 44 of the 2023 Session Laws;
4. The sum of $10,989,217 appropriated from the strategic investment and improvements fund for the procurement and grants management system in chapter 44 of the 2023 Session Laws;
5. The sum of $4,150,000 appropriated from the general fund for defraying the expenses of additional human service centers to begin the process of becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults in chapter 44 of the 2023 Session Laws;
6. The sum of $18,941,847 appropriated to the department of health and human services in chapter 549 of the 2021 Special Session Laws;
7. The sum of $55,120,000 appropriated from the federal state fiscal recovery fund for a public health laboratory capital project in chapter 4 of the 2023 Session Laws;
8. The sum of $5,000,000 appropriated from the general fund for the purpose of employer-led child care cost-share program in chapter 446 of the 2023 Session Laws;
9. The sum of $986,555 appropriated from the general fund for the purpose of streamlining background checks project in chapter 446 of the 2023 Session Laws;

10. The sum of $2,223,981 appropriated from the federal state fiscal recovery fund for the implementation of a virtual behavioral health crisis care program for rural law enforcement in chapter 44 of the 2023 Session Laws; and
11. The sum of $500,000 appropriated from the general fund and the sum of $500,000 appropriated from federal funds for the purpose of program integrity audits in chapter 44 of the 2023 Session Laws.
12. The sum of $1,950,000 appropriated from the general fund to the department of health and human services for a northwest human service region behavioral health facility grant in chapter 44 of the 2023 Session Laws.

SECTION 26. LEGISLATIVE INTENT - UTILIZATION RATE ADJUSTMENT. It is the intent of the sixty-ninth legislative assembly that the department of health and human services seek a deficiency appropriation from the seventieth legislative assembly for any expenditures that exceed appropriated amounts as a result of underfunding, utilization rates, value-based purchasing for nursing facilities, reduction in federal medical assistance percentage, and unexpected contract cost increases that exceed ten percent, during the biennium beginning July 1, 2025, and ending June 30, 2027, if funding is not sufficient to pay actual expenses.

SECTION 27. LEGISLATIVE INTENT - PROVIDER RATE INCREASE. Except as otherwise noted, section 1 of this Act includes funding for human service provider inflation increases of two percent for each year of the biennium beginning July 1, 2025, and ending June 30, 2027. The provider inflation increase in this section does not apply to nursing facilities.

SECTION 28. LEGISLATIVE INTENT - DEVELOPMENTAL DISABILITIES PROVIDER ACCREDITATION REQUIREMENT. It is the intent of the sixty-ninth legislative assembly that the department of health and human services eliminate its administrative rule requirement that providers of developmental disabilities services be accredited as a condition of being eligible for receiving payments for services from the department of health and human services.

SECTION 29. LEGISLATIVE INTENT - MEDICAL ASSISTANCE. It is the intent of the sixty-ninth legislative assembly that the department of health and human services review the amount, duration, coverage, utilization rates, medical necessity, and scope of medical assistance services, and may implement any adjustments the department determines appropriate.

SECTION 30. FEDERAL FUNDING APPEAL LIMITATION. Except as otherwise specifically provided by federal law, a person may not appeal a denial, revocation, reduction in services or payment, or the termination of a program or service by the department of health and human services dues to the unavailability of federal coronavirus funding received under federal law resulting from the federal coronavirus pandemic emergency declarations, for the biennium beginning July 1, 2025, and ending June 30, 2027.

SECTION 31. DEPARTMENT OF HEALTH AND HUMAN SERVICES - LONG-TERM STRUCTURED RESIDENCES PLAN - REPORT. During the 2025-26 interim, the department of health and human services shall review options and develop a plan to establish long-term structured residences. The department shall review necessary changes to statutes, rules, policies, and the estimated fiscal impact of establishing the residences. A long-term structured residence must be a highly structured therapeutic residential mental health treatment facility that is staffed continuously and designed to treat adults under chapters 12.1-04.1 and 25-03.1 who have severe and persistent mental illness and who have reached the maximum benefit from the mental health resources available elsewhere in the community or hospital. The department shall present a report to the legislative management by October 1, 2026, regarding its plan to establish long-term structured residences.

SECTION 32. AMENDMENT. Section 50-06-06.6 of the North Dakota Century Code is amended and reenacted as follows:

50-06-06.6. Department may lease real and personal property.

The commissioner of the department or commissioner's designee may lease ~~surplus farm and pastureland at the state hospital and the life skills and transition center. The commissioner or designee also may enter into further leases of~~ real or personal property at the life skills and transition center or the state hospital upon a specific finding that the granting of each such leasehold interest will result in a net economic gain for the department, taking into account all identifiable costs. Any lease of space for the purpose of providing child care services must meet requirements as determined by the department. The commissioner of the department or commissioner's designee may prescribe the terms and conditions of any leases entered into pursuant to this section and may renew existing leases. ~~Any~~The term of any lease ~~entered into must be subject to renewal or cancelable each biennium~~may not exceed ninety-nine years.

SECTION 33. AMENDMENT. Section 50-06-42 of the North Dakota Century Code is amended and reenacted as follows:

50-06-42. Substance use disorder treatment voucher system - Mental health treatment voucher system for incarcerated individuals.

1. The department shall establish and administer, within the limits of legislative appropriations, a voucher system to address underserved areas and gaps in the state's substance abuse treatment system and to assist in the payment of addiction treatment services and medical costs provided by licensed substance abuse treatment programs, excluding regional human service centers and hospital- or medical clinic-based programs for medical management of withdrawal.
   a. An out-of-state licensed substance abuse treatment program located within a bordering state may participate in the voucher program to serve an underserved area of this state pursuant to the rules adopted by the department. The department shall develop rules to include processes and requirements for an out-of-state provider to receive reimbursement only for outpatient and community-based services upon a provider completing an assessment of need and receiving approval from the department.
   ~~2.~~b. Services eligible for the voucher program include only those levels of care recognized by the American society of addiction medicine, with particular emphasis given to underserved areas and programs. The department shall ensure that a licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers collects and reports process and outcome measures.
   ~~3.~~c. The department shall develop requirements and provide training and technical assistance to a licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers. A licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers shall provide evidence-based services.
   ~~4.~~d. The department shall allocate funding appropriated for the substance use disorder treatment voucher as follows:
      ~~a.~~ ~~No~~

(1) Except as provided in paragraphs 3 and 4, no more than ~~forty-five~~fifty percent of the appropriated amount may be allocated for residential substance use disorder services administered by licensed substance abuse treatment programs with more than sixteen beds.

~~b.~~(2) The remaining appropriation must be allocated for residential programs with sixteen or fewer beds, nonresidential outpatient, and ancillary substance use disorder services administered by licensed substance abuse treatment programs.

(3) The department, during the last quarter of the biennium, may reallocate projected unused funds that were allocated under paragraph 2 to residential facilities outlined in paragraph 1.

(4) The department may reimburse a licensed substance abuse treatment program with more than sixteen beds the incurred direct medical costs of an eligible individual who does not have resources to cover the medical costs. The department may develop rules and may not exceed the total amount appropriated for medical cost reimbursement.

2. The department shall establish and administer, within the limits of legislative appropriations, a voucher system to address underserved areas and gaps in the state's mental health treatment system for individuals detained or confined in a county jail or detention center or regional corrections center and to assist in the payment of mental health treatment services provided by a licensed mental health professional acting within their scope of practice, excluding a regional human service center.

a. Services eligible for the voucher program include only diagnostic assessment and mental health therapy for individuals with a mental health concern detained or confined in a county jail or detention center or regional corrections center. The department shall ensure that a licensed mental health professional accepting vouchers collects and reports process and outcome measures.

b. The department shall develop requirements and provide training and technical assistance to licensed mental health professionals accepting vouchers. A licensed mental health professional shall provide evidence-based services.

SECTION 34. AMENDMENT. Section 50-24.5-02.3 of the North Dakota Century Code is amended and reenacted as follows:

50-24.5-02.3. Basic care payment rates.

1. The department shall determine limits for the care of residents of basic care facilities that qualify as vendors of an aged, blind, and disabled persons program and for implementing provisions of this chapter based on data demonstrating the most recent costs that must be incurred for the care of residents in efficiently and economically operated basic care facilities. The department shall determine the limits every four years by July first, beginning with July 1, 2023.
2. The department shall establish the limits by using the median rates from the most recent data available. The direct care limit must be the median plus eighteen percent. The indirect care limit must be the median plus twelve percent.
3. For the rate year beginning July 1, 2023, the department shall increase rates and limits three and one-half percent for inflation. For the rate year beginning July 1, 2024, the department shall increase rates and limits three and one-half percent for inflation.
4. The department shall provide a rate increase in the amount of five dollars per day for the period beginning July 1, 2023, and ending June 30, ~~2025~~2027, after which the increase is not effective. This rate increase may not be included in any calculation of inflation increase.
5. Within the limits of legislative appropriations, the department shall establish an uncompensated care expense of three hundred sixty-five days.

SECTION 35. AMENDMENT. Section 50-33-05 of the North Dakota Century Code is amended and reenacted as follows:

50-33-05. State of residence.

Only child care assistance units physically residing within the boundaries of the state are eligible for child care assistance, unless the individual is employed by an early childhood program within the boundaries of the state and the individual has been approved for the state's child care assistance child care workforce benefit.

SECTION 36. HOUSING AVAILABILITY ASSESSMENT - COLLABORATION WITH HOUSING FINANCE AGENCY. The department of health and human services shall collaborate with the North Dakota housing finance agency and other appropriate stakeholders to assess the

availability of housing for individuals requiring extraordinary health care support services, for the biennium beginning July 1, 2025, and ending June 30, 2027. Based on the results of the assessment, if necessary, the department shall develop a plan to expand access to housing providing the least restrictive environment for individuals requiring extraordinary health care support services.

SECTION 37. BEHAVIORAL HEALTH CLINICS, NORTH DAKOTA STATE HOSPITAL, AND LIFE SKILLS AND TRANSITION CENTER FUNDING. Section 1 of this Act includes funding for the behavioral health clinics, North Dakota state hospital, and life skills and transition center as follows:

1.	Behavioral health clinics:		
	a.	Salaries and wages	$156,967,103
	b.	Operating and capital	64,131,965
	c.	Total	$221,099,068
2.	State hospital:		
	a.	Salaries and wages	$68,775,551
	b.	Operating and capital	350,880,155
	c.	Total	$419,655,706
3.	Life skills and transition center:		
	a.	Salaries and wages	$55,540,213
	b.	Operating and capital	15,207,658
	c.	Total	$70,747,871

SECTION 38. LEGISLATIVE MANAGEMENT STUDY - STUDENT TRUANCY AND ABSENTEEISM. The legislative management shall consider studying, during the 2025-26 interim, truancy and student absenteeism in kindergarten through grade twelve public schools. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement its recommendations, to the seventieth legislative assembly.

SECTION 39. LEGISLATIVE MANAGEMENT STUDY - OBESITY HEALTH IMPLICATIONS. The legislative management shall consider studying, during the 2025-26 interim, the health implications of obesity on the residents of the state and options to increase access to prevention and treatments for obesity. If conducted, the study must review costs associated with obesity including comorbidities, treatments available for obesity, obesity

diagnosis guidelines including use of body mass index compared with percentage of body fat, and examining the difference between being an individual who is healthy and overweight as compared to an obese individual. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement its recommendations, to the seventieth legislative assembly.

SECTION 40. DISABILITY SERVICE ACCREDITATION STUDY - LEGISLATIVE MANAGEMENT REPORT. During the 2025-26 interim, the department of health and human services shall study accreditation requirements and provider costs for serving individuals with intellectual and developmental disabilities, including the cost of accreditation relative to the cost of providing services and reimbursement. The department shall report its findings, and any legislation necessary to implement recommendations arising from its findings, to the legislative management by September 1, 2026.

SECTION 41. VALUE-BASED CARE INCENTIVE PROGRAM - PAYMENT WITHHOLD FOR NURSING FACILITIES - COLLABORATION WITH NORTH DAKOTA LONG TERM CARE ASSOCIATION. During the 2025-26 interim, the department of health and human services, in collaboration with the North Dakota long term care association, shall develop a payment withhold structure for value-based payments to fund the value-based care incentive program for nursing facilities. The department shall implement the payment withhold beginning July 1, 2027. The department may not implement a payment withhold before July 1, 2027.

SECTION 42. LEGISLATIVE MANAGEMENT REPORT - BEHAVIORAL HEALTH FACILITY GRANTS. During the 2025-26 interim the department of health and human services shall provide reports to the legislative management regarding the award of grant funding to increase the number of behavioral health beds in the state.

SECTION 43. EFFECTIVE DATE. Section 33 of this Act becomes effective on July 1, 2026.

HB1012
4-9-23
Sam Davison

ENGROSSED HOUSE BILL NO. 1012
FIRST ENGROSSMENT (25.0156.02000)

Page 5, line 2 will need to be adjust to $50,000.

Page 5, line 3 will need to be adjust to $4,400,000.

SECTION XX. INTERMEDIATE CARE FACILITY GRANT – APPLICATION.
Section 1 of this Act includes the sum of $4,400,000 from the general fund for the purpose of providing a one-time grant to a provider in the south central human service region. An entity may receive the grant under this section if the entity is an intermediate care facility, provides early intervention, clinical services, residential services, community and home support, education, recreation and leisure, and assistive technology, provides services in at least eight communities for individuals with intellectual or developmental disabilities, and the grant funds will be used only for the costs of providing services to medically and behaviorally complex children and young adults. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION XX. SPECIAL HEALTH CARE NEEDS GRANT – APPLICATION.
Section 1 of this Act includes the sum of $50,000 from the general fund for the purpose of providing a one-time grant to a provider in the south central human service region. An entity may receive the grant under this section if the entity provides state-wide educational, informational, training and workshops, and peer support to families with children with special health care needs, medically complex, or have a disability and the grant funds will be used only for the costs of such services. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

HB 1012
4-9-25

NORTH Dakota | Health & Human Services
Be Legendary

Bill Number	2021-2023 Ending FTE Total	FTE Funded during 23-25 Legislative Session	2023 - 2025 Total Funded FTE
SB 2012 (2023)	2,265.33	94.00	2,359.33
HB 1004 (2023)	210.50	5.00	215.50
SB 2236 (2023)		2.00	2.00
SB 2265 (2023)		1.00	1.00
SB 2276 (2023)		4.00	4.00
Total (2023)	**2,475.83**	**106.00**	**2,581.83**
HB 1012 (2025)	2,475.83	8.00	2,483.83
Difference			98.00
Executive Budget Request (2025)			2,688.35
2023-2025 Total Funded FTE			2,581.83
Difference			106.52
2025-27 FTE with $0 Funding			95.00
Remaining FTE			11.52

These bills were passed before the FTE block grant was added into SB 2012(2023)

HHS Salary information

Jan Payroll	22,980,941
New Positions Hired but not started	101,234
Total Jan Payroll	23,082,175
24 Months Total Jan Payroll	553,972,209
Salary Benefit Package	35,148,749
Total Minimum Salary	589,120,958
Total EBR Salary Request	**626,284,773**
Difference Total EBR Request - Min Salary	37,163,815
Cost Containment (Underfund)	(30,000,000)
Total House Salaries	**596,284,773**
Additional Block Grant Flexibility General Fund*	18,963,729
Additional Block Grant Flexibility Other Funds	4,728,962
Total Requested Senate Salaries	**619,977,464**
Total Salary General Underfund	(11,036,271)
Total Salary difference EBR Vs. Requested Senate	(6,307,309)

* This will partially be funded by the following

Medicaid Underfund (50/50 match GF/FF)	(8,000,000)
Increase in revenue projection for Clincs	(2,000,000)

HB1012
4-9-25
Sen Mathern

Senator Tim Mathern 4.8.2025

Green = Currently expanding and/or willing to.

Red= Severe gap in continuum, contributing to SH population.

	Current Bed Count	Target Population	Expansion Plans
Altru Hospital (Grand Forks)	24	Adolesents, Adults	Willing to expand per state needs. Requests $16M to add 24 additional beds. (Will also redirect Devils Lake patients from SH)
CHI St Alexius (Bismarck)	18	Adolesents, Adults	+ 30 beds. After expansion, adult capacity will increase to 18 beds. 30 beds for youth.
Trinity Health (Minot)	26	Adolesents, Adults	Needs Incentive to expand
Prairie St. Johns (Fargo)	132	Adolesents, Adults	Supportive Housing
Current Total Beds	*200*		*254*
Geropsych- Valley City	32	Older Adults	
Geropsych- Ellendale	20	Older Adults	
Geropsych- DIckinson	20	Older Adults	
Total Geropsych Beds	*72 Beds*		Nursing homes need incentive to expand
Psychiatric Residential Treatment Facilities (Youth)	82 beds (6 facilities)	Ages 5-18	
Psychiatric Residential Treatment Facilities (Adult)	0	Ages 18-64	No adult PRTFs exist in North Dakota. Either kept in SH, or in inappropriate living settings such as basic care, memory care
SUD Treatment Facilities	106 licensed facilities	Adult & Youth	11 new programs opened in 2024

25.0156.02023
Title.

Prepared by the Legislative Council staff for Senator Magrum
April 8, 2025

Sixty-ninth
Legislative Assembly
of North Dakota

PROPOSED AMENDMENTS TO FIRST ENGROSSMENT

ENGROSSED HOUSE BILL NO. 1012

Introduced by

Appropriations Committee

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an appropriation to the legislative council for contracting for a disability services study; to amend and reenact sections 50-06-06.6, 50-06-42, 50-24.5-02.3, and 50-33-05 of the North Dakota Century Code, relating to leases of department of health and human services property, substance use disorder treatment program, basic care payment rates, and state of residence for child care assistance; to provide for a transfer; to authorize a line of credit; to provide legislative intent; to provide for a legislative management study; to provide an application; to provide an exemption; to provide for a report; and to provide an effective date.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. APPROPRIATION. The funds provided in this section, or so much of the funds as may be necessary, are appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, and from other funds derived from special funds and federal funds, to the department of health and human services for the purpose of defraying the expenses of its various divisions, for the biennium beginning July 1, 2025, and ending June 30, 2027, as follows:

Subdivision 1.

SALARIES AND WAGES BLOCK GRANT

	Base Level	Adjustments or Enhancements	Appropriation

Salaries and wages block grant	$0	$596,284,775	$596,284,775
Total all funds	$0	$596,284,775	$596,284,775
Less other funds	0	286,720,150	286,720,150
Total general fund	$0	$309,564,625	$309,564,625

Subdivision 2.

BUSINESS OPERATIONS

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$25,763,358	($25,763,358)	$0
Operating expenses	155,308,399	(77,023,770)	78,284,629
Capital assets	108,934	(108,934)	0
Grants	11,812,627	6,966,375	18,779,002
Total all funds	$192,993,318	($95,929,687)	$97,063,631
Less other funds	118,894,310	(71,526,221)	47,368,089
Total general fund	$74,099,008	($24,403,466)	$49,695,542

Subdivision 3.

BEHAVIORAL HEALTH

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$8,792,675	($8,792,675)	$0
Operating expenses	79,381,458	23,888,138	103,269,596
Grants	40,476,298	21,889,322	62,365,620
Behavioral health clinics	196,383,945	(139,978,713)	56,405,232
State hospital	94,826,973	256,053,182	350,880,155
Opioid addiction prevention	2,000,000	6,000,000	8,000,000
Total all funds	$421,861,349	$159,059,254	$580,920,603
Less other funds	113,955,941	285,267,537	399,223,478
Total general fund	$307,905,408	($126,208,283)	$181,697,125

Subdivision 4.

HUMAN SERVICES

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$168,325,918	($168,325,918)	$0
Operating expenses	88,885,469	108,258,236	197,143,705
Capital assets	10,000	0	10,000
Grants	621,189,007	94,393,260	715,582,267
Life skills and transition center	44,992,263	(29,784,605)	15,207,658
Grants - medical assistance	742,793,564	7,655,079	750,448,643
County social services	197,663,661	6,928,621	204,592,282
Total all funds	$1,863,859,882	$19,124,673	$1,882,984,555
Less other funds	1,240,409,529	(13,961,485)	1,226,448,044
Total general fund	$623,450,353	$33,086,158	$656,536,511

Subdivision 5.

MEDICAL SERVICES

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$21,008,344	($21,008,344)	$0
Operating expenses	70,807,977	92,364,562	163,172,539
Grants	1,651,004	1,806,800	3,457,804
Grants - medical assistance	2,682,778,803	6,500,467	2,689,279,270
Total all funds	$2,776,246,128	$79,663,485	$2,855,909,613
Less other funds	1,818,029,530	(7,372,459)	1,810,657,071
Total general fund	$958,216,598	$87,035,944	$1,045,252,542

Subdivision 6.

PUBLIC HEALTH

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$60,415,388	($60,415,388)	$0
Operating expenses	37,721,213	17,853,669	55,574,882
Capital assets	1,469,780	2,215,838	3,685,618
Grants	81,718,145	4,245,496	85,963,641

Tobacco prevention	13,063,162	(22,607)	13,040,555
Women, infants, and children food payments	19,900,000	1,100,000	21,000,000
Cares Act/COVID-19	83,909,182	1,845,373	85,754,555
Total all funds	$298,196,870	($33,177,619)	$265,019,251
Less other funds	250,440,690	(20,626,287)	229,814,403
Total general fund	$47,756,180	($12,551,332)	$35,204,848

Subdivision 7.

TOTAL - SECTION 1

	Base Level	Adjustments or Enhancements	Appropriation
Grand total all funds	$5,553,157,547	$725,024,881	$6,278,182,428
Grand total other funds	3,541,730,000	458,501,235	4,000,231,235
Grand total general fund	$2,011,427,547	$266,523,646	$2,277,951,193
Full-time equivalent positions	2,483.83	204.52	2,688.35

SECTION 2. ONE TIME FUNDING - EFFECT ON BASE BUDGET - REPORT TO SEVENTIETH LEGISLATIVE ASSEMBLY. The following amounts reflect the one-time funding items included in section 1 of this Act which are not included in the entity's base budget for the 2027-29 biennium and which the entity shall report to the appropriations committees of the seventieth legislative assembly regarding the use of this funding:

One-Time Funding Description	General Fund	Other Funds	Total
Technology projects	$0	$10,263,000	$10,263,000
Human service centers and life skills and transition center projects	0	1,052,480	1,052,480
Retire mainframe	0	15,000,000	15,000,000
Child care programs	13,272,500	0	13,272,500
Housing programs	0	1,000,000	1,000,000
State laboratory move and equipment	0	2,962,304	2,962,304
Partial hospitalization day treatment	0	2,000,000	2,000,000
Developmental disabilities eligibility assessment tool for kids	200,000	200,000	400,000

Toxicology equipment	151,500	100,000	251,500
New state hospital	0	330,000,000	330,000,000
Behavioral health facility grant	0	12,960,000	12,960,000
Cultural community center grant	0	1,000,000	1,000,000
Adaptive recreation grant	200,000	0	200,000
Intermediate care facility grant	3,457,736	0	3,457,736
Juvenile justice diversion services	750,000	0	750,000
Animal shelter grant	0	300,000	300,000
Statewide health strategies	0	750,000	750,000
Critical access hospital networking	0	2,000,000	2,000,000
Total	$18,031,736	$379,587,784	$397,619,520

SECTION 3. FUNDING TRANSFERS - EXEMPTION - AUTHORIZATION - REPORT. Notwithstanding section 54-16-04, the director of the office of management and budget shall transfer appropriation authority between line items within subdivisions 1, 2, 3, 4, 5, and 6 of section 1 of this Act and any other appropriation authority for the department of health and human services approved by the sixty-ninth legislative assembly, for the biennium beginning July 1, 2025, and ending June 30, 2027, as requested by the department of health and human services. The department of health and human services shall notify the legislative council of any transfer made pursuant to this section. The department of health and human services shall report to the budget section after June 30, 2026, any transfer made in excess of $50,000 and to the appropriations committees of the seventieth legislative assembly regarding any transfers made pursuant to this section.

SECTION 4. FULL-TIME EQUIVALENT POSITION BLOCK GRANT PROGRAM - REPORT. Section 1 of this Act includes funding for a full-time equivalent position block grant program. This funding as approved by the sixty-ninth legislative assembly is available for defraying the expense of full-time equivalent positions as determined by the department of health and human services. Notwithstanding any other provision of law, the department is authorized to increase or decrease authorized full-time equivalent positions subject to the availability of funds and the provisions of this section. The department of health and human services many not increase full-time equivalent positions for the purpose of transferring human service zone employees to state employment. Pursuant to section 3 of this Act, the department

is authorized to transfer appropriation authority of up to the underfunded amount of $30,000,000 to the salaries and wages block grant line item. The department of health and human services shall report to the office of management and budget and legislative council any adjustments to full-time equivalent positions.

SECTION 5. DEPARTMENT OF HEALTH AND HUMAN SERVICES - SALARIES AND WAGES BLOCK GRANT - VACANT POSITIONS - REPORT. The department of health and human services shall report to the budget section quarterly during the 2025-26 interim regarding the status of its salaries and wages block grant and vacant positions and employee turnover. The report must include:

1. The legislative appropriation for salaries and wages allocated by the department to major department programs by funding source and the number of FTE positions the department is allocating to each major program based on the legislative appropriation;
2. Any changes to salaries and wages funding or FTE positions allocated to major department programs;
3. Any new FTE positions added, the cost of the position for the remainder of the biennium, and the cost to continue funding the position in the subsequent biennium by funding source;
4. Any FTE positions removed and related funding;
5. The number of FTE positions that become vacant and the number filled each month;
6. The number of vacant FTE positions at the end of each month;
7. Salaries and wages savings resulting from vacant positions and employee turnover each month by funding source; and
8. The use of salaries and wages savings for other purposes for each month by funding source.

SECTION 6. BEHAVIORAL HEALTH FACILITY GRANT - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND - APPLICATION.

1. Section 1 of this Act includes the sum of $12,960,000 from the strategic investment and improvements fund for a behavioral health facility grant pursuant to this section.
2. A grant of $12,960,000 must be provided to establish a behavioral health facility in the northeast human service region. The grant recipient must provide matching funds of $3,240,000 to establish the facility.

3. The department shall require an entity receiving funding under this section to operate the facility for at least ten years and require the grant amount to be repaid if the entity does not operate the facility for at least ten years.
4. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 7. COMMUNITY CULTURAL CENTER GRANT - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND - APPLICATION. Section 1 of this Act includes the sum of $1,000,000 from the strategic investment and improvements fund for the purpose of providing a one-time community cultural center grant in the west central human service region. An entity may apply for a grant under this section if the entity certifies to the department it has secured at least fifty percent of funds needed to complete the project, the project will be completed within two years of receiving the grant funds, and the grants funds will be used only for costs of constructing a community cultural center. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 8. JUVENILE JUSTICE DIVERSION SERVICES AND PROGRAMS - TASK FORCE - REPORT. Section 1 of this Act includes the sum of $750,000 from the general fund for juvenile justice diversion services and programs. The department of health and human services must use the funding for services to youth at risk of juvenile justice involvement but who have not committed delinquent acts as defined in chapter 27-20.4.

The department shall establish a task force with representation from divisions in the department, human service zones, the department of public instruction, elementary and secondary schools, and members of the legislative assembly, to review juvenile justice diversion services and program. The department shall report its findings and recommendations to the legislative management and children's cabinet.

SECTION 9. ANIMAL SHELTER GRANT - COMMUNITY HEALTH TRUST FUND. Section 1 of this Act includes the sum of $300,000 from the community health trust fund for a grant for the construction of an animal shelter. The department of health and human services may award a grant for the construction of an animal shelter to an organization that provides twenty dollars of nonstate matching funds for every dollar of grant funds received. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 10. STATEWIDE HEALTH STRATEGIES - COMMUNITY HEALTH TRUST FUND. Section 1 of this Act includes the sum of $750,000 of one-time funding from the community health trust fund for the statewide health strategies initiative. The department of health and human services may spend the funding upon securing dollar-for-dollar matching funds.

SECTION 11. OTHER FUNDS - INSURANCE TAX DISTRIBUTION FUND. The other funds line item in subdivision 5 of section 1 of this Act includes the sum of $1,125,000 from the insurance tax distribution fund for rural emergency medical services grants.

SECTION 12. OTHER FUNDS - COMMUNITY HEALTH TRUST FUND. The other funds line items in section 1 of this Act includes the sum of $38,713,522 from the community health trust fund for the following purposes:

Loan repayment programs	$594,500
Tobacco and vaping programs	11,599,698
Cancer and women's way programs	909,824
Behavior risk state survey	200,000
Domestic violence programs	4,250,000
Local public health grants	3,275,000
988 crisis hotline	1,867,500
Various information technology system upgrades	2,967,000
Grants to rural ambulances	7,000,000
Law enforcement rural crisis support program	1,000,000
Development of partial hospitalization/intensive day treatment	2,000,000
Critical access hospital networking	2,000,000
Animal shelter grant	300,000
Statewide health strategies	750,000
Total	$38,713,522

SECTION 13. OTHER FUNDS - HUMAN SERVICE FINANCE FUND. The other funds line items in section 1 of this Act includes the sum of $239,112,030 from the human service finance fund for state-paid economic assistance and social and human services.

SECTION 14. OTHER FUNDS - OPIOID SETTLEMENT FUND. The other funds line item in section 1 of this Act includes the sum of $8,000,000 from the opioid settlement fund for opioid remediation and abatement efforts.

SECTION 15. OTHER FUNDS - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND. The other funds line items in section 1 of this Act includes the sum of $227,474,784 from the strategic investment and improvements fund for the following purposes:

Retiring technology from the mainframe	$7,500,000
Move into the new state laboratory and purchase security equipment	2,962,304
Capital projects in human service centers and life skills and transition center	1,052,480
Housing initiative programs	1,000,000
Technology projects at the state hospital	1,000,000
New state hospital	200,000,000
Behavioral health facility grant	12,960,000
Community cultural center grant	1,000,000
Total	$227,474,784

SECTION 16. OTHER FUNDS - BANK OF NORTH DAKOTA LINE OF CREDIT - STATE HOSPITAL PROJECT. The other funds line item in subdivision 2 of section 1 of this Act includes $130,000,000 from a Bank of North Dakota line of credit. The department of health and human services may borrow up to $130,000,000 through a line of credit from the Bank of North Dakota during the biennium beginning July 1, 2025, and ending June 30, 2027, for costs associated with the construction of a new state hospital. The interest rate on the line of credit may not exceed the prevailing interest rate charged to North Dakota governmental entities. If the department accesses the line of credit, it shall request a deficiency appropriation from the seventieth legislative assembly to repay the line of credit.

SECTION 17. LABORATORY BUILDING STEERING COMMITTEE. The department of health and human services shall maintain the laboratory building steering committee to oversee the design and construction of the laboratory building project, for the biennium beginning July 1, 2025, and ending June 30, 2027, or until work is completed, whichever occurs earlier. The committee must include representation from the department of health and human services, department of environmental quality, office of management and budget, the governor's office, and the legislative assembly. The legislative assembly representation must include one member

of the senate appointed by the senate majority leader, one member of the house appointed by the house majority leader, and one member of the minority party from either the senate or the house appointed by the minority leaders of the senate and the house.

SECTION 18. NEW STATE HOSPITAL - STEERING COMMITTEE. The department of health and human services shall establish a new state hospital facility steering committee to oversee the design and construction of a new state hospital facility, for the biennium beginning July 1, 2025, and ending June 30, 2027. The committee must include one member of the senate appointed by the senate majority leader, one member of the house appointed by the house majority leader, and one member of the minority party from either the senate or the house appointed by the minority leaders of the senate and the house.

SECTION 19. CAPITAL PAYMENTS. During the biennium beginning July 1, 2025, and ending June 30, 2027, the department of health and human services is authorized to expend funds for the payment of special assessments at the state hospital, southeast human service center, and life skills and transition center. Pursuant to section 3 of this Act, the director of the office of management and budget may transfer appropriation authority between line items within section 1 of this Act and any remaining appropriation authority for the department of health and human services approved by the sixty-ninth legislative assembly. The department of health and human services may transfer funds for the payment of special assessments at the state hospital, southeast human service center, and life skills and transition center ahead of the special needs assessments schedule. Notwithstanding section 54-27-12, the department of health and human services may spend funds for the payment of special assessments at the state hospital and life skills and transition center.

SECTION 20. CAPITAL PROJECTS - EMERGENCY COMMISSION AND BUDGET SECTION APPROVAL. During the biennium beginning July 1, 2025, and ending June 30, 2027, pursuant to section 3 of this Act, the director of the office of management and budget may transfer appropriation authority between line items within section 1 of this Act and any remaining appropriation authority for the department of health and human services approved by the sixty-ninth legislative assembly for capital projects and maintenance pertaining to operation of its facilities, including demolition projects. Notwithstanding section 54-27-12, the department of health and human services may spend up to $10,000,000 for capital projects and maintenance pertaining to operation of its facilities, including demolition projects, under this section and may

seek emergency commission and budget section approval to spend more than $10,000,000 under this section.

SECTION 21. PERMANENT SUPPORTIVE HOUSING GRANTS. Section 1 of this Act includes the sum of $4,672,536 from the general fund for permanent supportive housing grants. The department of health and human services shall develop a funding methodology to distribute the funding to qualified entities that utilize best practices for permanent supportive housing, provide recovery-oriented and person-centered services, submit process and outcome measures to the department of health and human services, and authorize the department of health and human services to conduct onsite visits to review program operations.

SECTION 22. EXPENDITURES MAY NOT EXCEED APPROPRIATION - MEDICAL ASSISTANCE EXPANSION PROGRAM - APPLICATION.

1. Section 1 of this Act includes the sum of $662,099,340, of which $66,209,934 is from the general fund, for the medical assistance expansion program, for the biennium beginning July 1, 2025, and ending June 30, 2027. The expenditures for individuals eligible for the medical assistance expansion program may not exceed this amount.
2. The department of health and human services may exceed appropriations for increases in medical assistance expansion program caseload, for the addition of coverage consistent with the traditional Medicaid 1915(i) state plan, utilization rates, and reduction in federal medical assistance percentage.
3. The managed care organization under contract with the department of health and human services to manage the medical assistance expansion program shall reimburse providers within the same provider type and specialty at consistent levels and with consistent methodology and may not provide incentive, quality, or supplemental payments to providers, unless part of a value-based program approved by the department of health and human services. The managed care organization shall reimburse all North Dakota substance use providers of American society of addiction medicine level 2.5 at consistent levels and with consistent methodology. The managed care organization may consider urban and rural providers as different provider types.
4. The managed care organization and the department of health and human services shall ensure payments to Indian or Tribal 638 health care providers, federally qualified health centers,and rural health clinics meet the federally required minimum levels of

reimbursement. Critical access hospitals may not be paid less than one hundred percent of Medicare allowable costs and human service centers may not be paid less than one hundred percent of the current traditional Medicaid rate. Behavioral health services involving partial hospitalization, intensive outpatient, professional services, and residential behavioral health services provided in facilities that are not institutions for mental diseases are not subject to the provisions in subsection 6.

5. The department of health and human services shall ensure providers within the same provider type and specialty are reimbursed at consistent levels and with consistent methodology and shall ensure the capitation rates under risk contracts are actuarially sound and are adequate to meet managed care organization contractual requirements regarding availability of services, assurance or adequate capacity and services, and coordination and continuity of care.

6. Except for the provisions in subsection 4, managed care organization premium payments must be built using the assumption that rates paid to providers under the medical assistance expansion program may not exceed one hundred forty-five percent of Medicare reimbursement rates paid to providers on January 1, 2025.

SECTION 23. HUMAN SERVICE CENTERS - CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS - FULL-TIME EQUIVALENT POSITIONS - REPORT. The department of health and human services shall continue the process of the human service centers becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults. The department of health and human services shall pursue additional federal funding as available. Subject to the availability of generated income, the department of health and human services may add full-time equivalent positions for the clinics to provide direct services for the period beginning with the effective date of this Act and ending June 30, 2027. The department of health and human services shall report to the office of management and budget and legislative council each time a position is added.

SECTION 24. INTERMEDIATE CARE FACILITY MORATORIUM. The department of health and human services may not add any new licensed intermediate care facility for individuals with intellectual disabilities beds to the state's licensed bed capacity between July 1, 2025, and June 30, 2027.

SECTION 25. EXEMPTION - UNEXPENDED APPROPRIATIONS. The following appropriations are not subject to the provisions of section 54-44.1-11 and any unexpended appropriation authority may be continued into the biennium beginning July 1, 2025, and ending June 30, 2027:

1. The sum of $3,674,757 appropriated from the general fund and the sum of $25,918,566 appropriated from federal funds for the Medicaid management information system modularization technology project in chapter 12 of the 2021 Session Laws;
2. The sum of $14,411,218 appropriated from the general fund and the sum of $14,411,218 appropriated from federal funds for the child welfare technology project in chapter 12 of the 2021 Session Laws;
3. The sum of $20,366,271 appropriated from the community health trust fund and the sum of $39,534,525 appropriated from federal funds for the child support computer replacement project in chapter 44 of the 2023 Session Laws;
4. The sum of $10,989,217 appropriated from the strategic investment and improvements fund for the procurement and grants management system in chapter 44 of the 2023 Session Laws;
5. The sum of $4,150,000 appropriated from the general fund for defraying the expenses of additional human service centers to begin the process of becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults in chapter 44 of the 2023 Session Laws;
6. The sum of $18,941,847 appropriated to the department of health and human services in chapter 549 of the 2021 Special Session Laws;
7. The sum of $55,120,000 appropriated from the federal state fiscal recovery fund for a public health laboratory capital project in chapter 4 of the 2023 Session Laws;
8. The sum of $5,000,000 appropriated from the general fund for the purpose of employer-led child care cost-share program in chapter 446 of the 2023 Session Laws;
9. The sum of $986,555 appropriated from the general fund for the purpose of streamlining background checks project in chapter 446 of the 2023 Session Laws;

10. The sum of $2,223,981 appropriated from the federal state fiscal recovery fund for the implementation of a virtual behavioral health crisis care program for rural law enforcement in chapter 44 of the 2023 Session Laws; and
11. The sum of $500,000 appropriated from the general fund and the sum of $500,000 appropriated from federal funds for the purpose of program integrity audits in chapter 44 of the 2023 Session Laws.
12. The sum of $1,950,000 appropriated from the general fund to the department of health and human services for a northwest human service region behavioral health facility grant in chapter 44 of the 2023 Session Laws.

SECTION 26. LEGISLATIVE INTENT - UTILIZATION RATE ADJUSTMENT. It is the intent of the sixty-ninth legislative assembly that the department of health and human services seek a deficiency appropriation from the seventieth legislative assembly for any expenditures that exceed appropriated amounts as a result of underfunding, utilization rates, value-based purchasing for nursing facilities, reduction in federal medical assistance percentage, and unexpected contract cost increases that exceed ten percent, during the biennium beginning July 1, 2025, and ending June 30, 2027, if funding is not sufficient to pay actual expenses.

SECTION 27. LEGISLATIVE INTENT - PROVIDER RATE INCREASE. Except as otherwise noted, section 1 of this Act includes funding for human service provider inflation increases of two percent for each year of the biennium beginning July 1, 2025, and ending June 30, 2027. The provider inflation increase in this section does not apply to nursing facilities.

SECTION 28. LEGISLATIVE INTENT - DEVELOPMENTAL DISABILITIES PROVIDER ACCREDITATION REQUIREMENT. It is the intent of the sixty-ninth legislative assembly that the department of health and human services eliminate its administrative rule requirement that providers of developmental disabilities services be accredited as a condition of being eligible for receiving payments for services from the department of health and human services.

SECTION 29. LEGISLATIVE INTENT - MEDICAL ASSISTANCE. It is the intent of the sixty-ninth legislative assembly that the department of health and human services review the amount, duration, coverage, utilization rates, medical necessity, and scope of medical assistance services, and may implement any adjustments the department determines appropriate.

SECTION 30. FEDERAL FUNDING APPEAL LIMITATION. Except as otherwise specifically provided by federal law, a person may not appeal a denial, revocation, reduction in services or payment, or the termination of a program or service by the department of health and human services dues to the unavailability of federal coronavirus funding received under federal law resulting from the federal coronavirus pandemic emergency declarations, for the biennium beginning July 1, 2025, and ending June 30, 2027.

SECTION 31. DEPARTMENT OF HEALTH AND HUMAN SERVICES - LONG-TERM STRUCTURED RESIDENCES PLAN - REPORT. During the 2025-26 interim, the department of health and human services shall review options and develop a plan to establish long-term structured residences. The department shall review necessary changes to statutes, rules, policies, and the estimated fiscal impact of establishing the residences. A long-term structured residence must be a highly structured therapeutic residential mental health treatment facility that is staffed continuously and designed to treat adults under chapters 12.1-04.1 and 25-03.1 who have severe and persistent mental illness and who have reached the maximum benefit from the mental health resources available elsewhere in the community or hospital. The department shall present a report to the legislative management by October 1, 2026, regarding its plan to establish long-term structured residences.

SECTION 32. AMENDMENT. Section 50-06-06.6 of the North Dakota Century Code is amended and reenacted as follows:

50-06-06.6. Department may lease real and personal property.

The commissioner of the department or commissioner's designee may lease ~~surplus farm and pastureland at the state hospital and the life skills and transition center. The commissioner or designee also may enter into further leases of~~ real or personal property at the life skills and transition center or the state hospital upon a specific finding that the granting of each such leasehold interest will result in a net economic gain for the department, taking into account all identifiable costs. Any lease of space for the purpose of providing child care services must meet requirements as determined by the department. The commissioner of the department or commissioner's designee may prescribe the terms and conditions of any leases entered into pursuant to this section and may renew existing leases. ~~Any~~The term of any lease ~~entered into must be subject to renewal or cancelable each biennium~~may not exceed ninety-nine years.

SECTION 33. AMENDMENT. Section 50-06-42 of the North Dakota Century Code is amended and reenacted as follows:

50-06-42. Substance use disorder treatment voucher system - Mental health treatment voucher system for incarcerated individuals.

1. The department shall establish and administer, within the limits of legislative appropriations, a voucher system to address underserved areas and gaps in the state's substance abuse treatment system and to assist in the payment of addiction treatment services and medical costs provided by licensed substance abuse treatment programs, excluding regional human service centers and hospital- or medical clinic-based programs for medical management of withdrawal.
   a. An out-of-state licensed substance abuse treatment program located within a bordering state may participate in the voucher program to serve an underserved area of this state pursuant to the rules adopted by the department. The department shall develop rules to include processes and requirements for an out-of-state provider to receive reimbursement only for outpatient and community-based services upon a provider completing an assessment of need and receiving approval from the department.
   ~~2.~~b. Services eligible for the voucher program include only those levels of care recognized by the American society of addiction medicine, with particular emphasis given to underserved areas and programs. The department shall ensure that a licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers collects and reports process and outcome measures.
   ~~3.~~c. The department shall develop requirements and provide training and technical assistance to a licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers. A licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers shall provide evidence-based services.
   ~~4.~~d. The department shall allocate funding appropriated for the substance use disorder treatment voucher as follows:
      ~~a.~~ ~~No~~

(1) Except as provided in paragraphs 3 and 4, no more than ~~forty-five~~fifty percent of the appropriated amount may be allocated for residential substance use disorder services administered by licensed substance abuse treatment programs with more than sixteen beds.

~~b.~~(2) The remaining appropriation must be allocated for residential programs with sixteen or fewer beds, nonresidential outpatient, and ancillary substance use disorder services administered by licensed substance abuse treatment programs.

(3) The department, during the last quarter of the biennium, may reallocate projected unused funds that were allocated under paragraph 2 to residential facilities outlined in paragraph 1.

(4) The department may reimburse a licensed substance abuse treatment program with more than sixteen beds the incurred direct medical costs of an eligible individual who does not have resources to cover the medical costs. The department may develop rules and may not exceed the total amount appropriated for medical cost reimbursement.

2. The department shall establish and administer, within the limits of legislative appropriations, a voucher system to address underserved areas and gaps in the state's mental health treatment system for individuals detained or confined in a county jail or detention center or regional corrections center and to assist in the payment of mental health treatment services provided by a licensed mental health professional acting within their scope of practice, excluding a regional human service center.

a. Services eligible for the voucher program include only diagnostic assessment and mental health therapy for individuals with a mental health concern detained or confined in a county jail or detention center or regional corrections center. The department shall ensure that a licensed mental health professional accepting vouchers collects and reports process and outcome measures.

b. The department shall develop requirements and provide training and technical assistance to licensed mental health professionals accepting vouchers. A licensed mental health professional shall provide evidence-based services.

SECTION 34. AMENDMENT. Section 50-24.5-02.3 of the North Dakota Century Code is amended and reenacted as follows:

50-24.5-02.3. Basic care payment rates.

1. The department shall determine limits for the care of residents of basic care facilities that qualify as vendors of an aged, blind, and disabled persons program and for implementing provisions of this chapter based on data demonstrating the most recent costs that must be incurred for the care of residents in efficiently and economically operated basic care facilities. The department shall determine the limits every four years by July first, beginning with July 1, 2023.
2. The department shall establish the limits by using the median rates from the most recent data available. The direct care limit must be the median plus eighteen percent. The indirect care limit must be the median plus twelve percent.
3. For the rate year beginning July 1, 2023, the department shall increase rates and limits three and one-half percent for inflation. For the rate year beginning July 1, 2024, the department shall increase rates and limits three and one-half percent for inflation.
4. The department shall provide a rate increase in the amount of five dollars per day for the period beginning July 1, 2023, and ending June 30, ~~2025~~2027, after which the increase is not effective. This rate increase may not be included in any calculation of inflation increase.
5. Within the limits of legislative appropriations, the department shall establish an uncompensated care expense of three hundred sixty-five days.

SECTION 35. AMENDMENT. Section 50-33-05 of the North Dakota Century Code is amended and reenacted as follows:

50-33-05. State of residence.

Only child care assistance units physically residing within the boundaries of the state are eligible for child care assistance, unless the individual is employed by an early childhood program within the boundaries of the state and the individual has been approved for the state's child care assistance child care workforce benefit.

SECTION 36. HOUSING AVAILABILITY ASSESSMENT - COLLABORATION WITH HOUSING FINANCE AGENCY. The department of health and human services shall collaborate with the North Dakota housing finance agency and other appropriate stakeholders to assess the

availability of housing for individuals requiring extraordinary health care support services, for the biennium beginning July 1, 2025, and ending June 30, 2027. Based on the results of the assessment, if necessary, the department shall develop a plan to expand access to housing providing the least restrictive environment for individuals requiring extraordinary health care support services.

SECTION 37. BEHAVIORAL HEALTH CLINICS, NORTH DAKOTA STATE HOSPITAL, AND LIFE SKILLS AND TRANSITION CENTER FUNDING. Section 1 of this Act includes funding for the behavioral health clinics, North Dakota state hospital, and life skills and transition center as follows:

1.	Behavioral health clinics:		
	a.	Salaries and wages	$156,967,103
	b.	Operating and capital	64,131,965
	c.	Total	$221,099,068
2.	State hospital:		
	a.	Salaries and wages	$68,775,551
	b.	Operating and capital	350,880,155
	c.	Total	$419,655,706
3.	Life skills and transition center:		
	a.	Salaries and wages	$55,540,213
	b.	Operating and capital	15,207,658
	c.	Total	$70,747,871

SECTION 38. LEGISLATIVE MANAGEMENT STUDY - STUDENT TRUANCY AND ABSENTEEISM. The legislative management shall consider studying, during the 2025-26 interim, truancy and student absenteeism in kindergarten through grade twelve public schools. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement its recommendations, to the seventieth legislative assembly.

SECTION 39. LEGISLATIVE MANAGEMENT STUDY - OBESITY HEALTH IMPLICATIONS. The legislative management shall consider studying, during the 2025-26 interim, the health implications of obesity on the residents of the state and options to increase access to prevention and treatments for obesity. If conducted, the study must review costs associated with obesity including comorbidities, treatments available for obesity, obesity

diagnosis guidelines including use of body mass index compared with percentage of body fat, and examining the difference between being an individual who is healthy and overweight as compared to an obese individual. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement its recommendations, to the seventieth legislative assembly.

SECTION 40. LEGISLATIVE MANAGEMENT STUDY- DISABILITY SERVICES.

1. During the 2025-26 interim, the legislative management shall study the efficiency, effectiveness, and outcomes of developmental disability services provided by the department of health and human services. The study must include:
   a. A review of the approval process, an analysis of accountability measures, an assessment of gaps in services, and an evaluation of overall program management.
   b. An assessment of whether the department is effectively managing cases and complying with federal law in the provision of support and services to individuals with disabilities.
   c. Input from advocates, clients from the disability community, zone directors, service providers, and health care providers who serve disabled individuals.
   d. Collaboration with the cross-disability advisory council.
2. The legislative council may contract with a consultant with expertise in the provision of developmental disability services to assist in the study.
3. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement its recommendations, to the seventieth legislative assembly.

SECTION 41. APPROPRIATION - COMMUNITY HEALTH TRUST FUND - LEGISLATIVE COUNCIL - DISABILITY SERVICES - ONE-TIME FUNDING. There is appropriated out of any moneys in the community health trust fund, not otherwise appropriated, the sum of $150,000, or so much of the sum as may be necessary, to the legislative council for the purpose of contracting for consulting services for the study provided for in section 40 of this Act, for the biennium beginning July 1, 2025, and ending June 30, 2027. The appropriation provided in this section is considered a one-time funding item.

SECTION 42. LEGISLATIVE MANAGEMENT REPORT - BEHAVIORAL HEALTH FACILITY GRANTS. During the 2025-26 interim the department of health and human services shall provide reports to the legislative management regarding the award of grant funding to increase the number of behavioral health beds in the state.

SECTION 43. EFFECTIVE DATE. Section 33 of this Act becomes effective on July 1, 2026.

2025 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

HB 1012 a.m.
4/10/2025

Related to Health and Human Services

10:05 a.m. Chairman Dever opened the hearing.

Members present: Chairman Dever and Senators Cleary, Davison, Magrum and Mathern.

Discussion Topics

- FTE Block Grant
- Longsheet Error
- Provider Inflation Rates
- Medical Homes

10:05 a.m. Keith Mantz, Financial Analyst, LC, submitted testimony #45000.

10:07 a.m. Chairman Dever started the discussion with a second review of the Health and Human Services budget and referred to previously submitted testimony #45000. He started with Salaries and Wages Block Grant Funding, page 6.

10:08 a.m. Senator Cleary started the discussion of FTE for Credentialed Community Behavior Health Clinics (CCBHC).

10:13 a.m. Donna Aukland, CFO, ND DHHS, testified in favor, answered questions concerning FTE's for the CCBHC's.

10:23 a.m. Donna Aukland, CFO, ND DHHS, stated that there is an error in the longsheet. 60 million needs to come out of Public Health Other Funds.

10:40 a.m. Keith Mantz, Financial Analyst, LC, clarified changes to longsheets on Salaries and Wages Block Grant Funding Pool, page 6. The two changes are: reduce the change to underfunding from $18,963,729, to 14,222,797, and remove the reference to FTE numbers. Committee approved.

10:44 a.m. Chairman Dever started the discussion of the Business Operations Section, page 7. The committee had no changes.

10:45 a.m. Keith Mantz, Financial Analyst, LC, testified neutral answered questions about additional salary funding/underfunding - 103 CCBHC.

10:47 a.m. Chairman Dever started the discussion of the Behavioral Health Division, page 8.

10:47 a.m. Senator Mathern started the discussion of provider inflation rates and submitted testimony #44907.

10:50 a.m. Senator Magrum suggested moving the provider inflation rates to 2% and 1 ½

10:52 a.m. Donna Aukland, CFO, ND DHHS, testified in favor and answered questions about provider inflation rates.

10:53 a.m. Chairman Dever started the discussion of behavioral health services for nursing homes and basic care facilities.

10:54 a.m. Keith Mantz, Financial Analyst, LC, noted that the funding for behavioral health services was removed. Committee approved.

10:54 a.m. Chairman Dever started the discussion of the state hospital. The funding was removed. Committee approved and will be taking this to conference committee.

10:54 a.m. Chairman Dever started the discussion of the Altru behavioral health facility grant and Senator Davison stated he is working on an

11:01 a.m. Chairman Dever started the discussion concerning funding the Human Services Division, page 10. No concerns were mentioned.

11:02 a.m. Chairman Dever started the discussion concerning funding for Medical Services, page 12, and stated the funding for provider inflation increase 2% to 2% will be revisited pending more information.

11:04 a.m. Donna Aukland, CFO, ND DHHS, testified in favor and discussed revised FMAP FFY 2027 -1%.

11:06 a.m. Keith Mantz, Financial Analyst, LC, testified neutral and answered committee questions concerning FMAP.

11:07 a.m. Eric Haas, Assistant CFO, ND DHHS, testified in favor and answered committee questions concerning FMAP.

11:08 a.m. Chairman Dever started the discussion concerning the review of the Public Health Section.

11:10 a.m. Senator Mathern introduced an amendment for a medical home fourplex and referenced previously submitted testimony #44907. This amendment is not quite ready and will be discussed this afternoon or tomorrow.

11:13 a.m. Steph Gullickson, Fiscal Management Analyst, OMB, testified neutral and answered committee questions.

11:14 a.m. Chairman Dever started the discussion of reviewing the section of HB 1012 and referred to longsheets previously submitted #44898.

11:39 a.m. Chairman Dever closed the hearing.

Joan Bares, Committee Clerk

25.0156.02025
Title.

Prepared by the Legislative Council staff for Senator Mathern
April 10, 2025

Sixty-ninth
Legislative Assembly
of North Dakota

PROPOSED AMENDMENTS TO FIRST ENGROSSMENT

ENGROSSED HOUSE BILL NO. 1012

Introduced by

Appropriations Committee

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to create and enact a new section to chapter 6-09 of the North Dakota Century Code, relating to an extraordinary medical needs housing loan fund; to amend and reenact sections 50-06-06.6, 50-06-42, 50-24.5-02.3, and 50-33-05 of the North Dakota Century Code, relating to leases of department of health and human services property, substance use disorder treatment program, basic care payment rates, and state of residence for child care assistance; to provide for a transfer; to authorize a line of credit; to provide legislative intent; to provide for a legislative management study; to provide ~~an~~for application; to provide an exemption; to provide for a report; and to provide an effective date.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. APPROPRIATION. The funds provided in this section, or so much of the funds as may be necessary, are appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, and from other funds derived from special funds and federal funds, to the department of health and human services for the purpose of defraying the expenses of its various divisions, for the biennium beginning July 1, 2025, and ending June 30, 2027, as follows:

Subdivision 1.

SALARIES AND WAGES BLOCK GRANT

	Base Level	Adjustments or Enhancements	Appropriation

Salaries and wages block grant	$0	$596,284,775	$596,284,775
Total all funds	0	596,284,775	596,284,775
Less other funds	0	286,720,150	286,720,150
Total general fund	$0	$309,564,625	$309,564,625

Subdivision 2.

BUSINESS OPERATIONS

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$25,763,358	($25,763,358)	$0
Operating expenses	155,308,399	(77,023,770)	78,284,629
Capital assets	108,934	(108,934)	0
Grants	11,812,627	6,966,375	18,779,002
Total all funds	$192,993,318	($95,929,687)	$97,063,631
Less other funds	118,894,310	(71,526,221)	47,368,089
Total general fund	$74,099,008	($24,403,466)	$49,695,542

Subdivision 3.

BEHAVIORAL HEALTH

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$8,792,675	($8,792,675)	$0
Operating expenses	79,381,458	23,888,138	103,269,596
Grants	40,476,298	21,889,322	62,365,620
Behavioral health clinics	196,383,945	(139,978,713)	56,405,232
State hospital	94,826,973	256,053,182	350,880,155
Opioid addiction prevention	2,000,000	6,000,000	8,000,000
Total all funds	$421,861,349	$159,059,254	$580,920,603
Less other funds	113,955,941	285,267,537	399,223,478
Total general fund	$307,905,408	($126,208,283)	$181,697,125

Subdivision 4.

HUMAN SERVICES

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$168,325,918	($168,325,918)	$0
Operating expenses	88,885,469	108,258,236	197,143,705
Capital assets	10,000	0	10,000
Grants	621,189,007	94,393,260	715,582,267
Life skills and transition center	44,992,263	(29,784,605)	15,207,658
Grants - medical assistance	742,793,564	7,655,079	750,448,643
County social services	197,663,661	6,928,621	204,592,282
Total all funds	$1,863,859,882	$19,124,673	$1,882,984,555
Less other funds	1,240,409,529	(13,961,485)	1,226,448,044
Total general fund	$623,450,353	$33,086,158	$656,536,511

Subdivision 5.

MEDICAL SERVICES

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$21,008,344	($21,008,344)	$0
Operating expenses	70,807,977	92,364,562	163,172,539
Grants	1,651,004	1,806,800	3,457,804
Grants - medical assistance	2,682,778,803	6,500,467	2,689,279,270
Total all funds	$2,776,246,128	$79,663,485	$2,855,909,613
Less other funds	1,818,029,530	(7,372,459)	1,810,657,071
Total general fund	$958,216,598	$87,035,944	$1,045,252,542

Subdivision 6.

PUBLIC HEALTH

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$60,415,388	($60,415,388)	$0
Operating expenses	37,721,213	17,853,669	55,574,882
Capital assets	1,469,780	2,215,838	3,685,618
Grants	81,718,145	4,245,496	85,963,641

Tobacco prevention	13,063,162	(22,607)	13,040,555
Women, infants, and children food payments	19,900,000	1,100,000	21,000,000
Cares Act/COVID-19	83,909,182	1,845,373	85,754,555
Total all funds	$298,196,870	($33,177,619)	$265,019,251
Less other funds	250,440,690	(20,626,287)	229,814,403
Total general fund	$47,756,180	($12,551,332)	$35,204,848

Subdivision 7.

TOTAL - SECTION 1

	Base Level	Adjustments or Enhancements	Appropriation
Grand total all funds	$5,553,157,547	$725,024,881	$6,278,182,428
Grand total other funds	3,541,730,000	458,501,235	4,000,231,235
Grand total general fund	$2,011,427,547	$266,523,646	$2,277,951,193
Full-time equivalent positions	2,483.83	204.52	2,688.35

SECTION 2. ONE TIME FUNDING - EFFECT ON BASE BUDGET - REPORT TO SEVENTIETH LEGISLATIVE ASSEMBLY. The following amounts reflect the one-time funding items included in section 1 of this Act which are not included in the entity's base budget for the 2027-29 biennium and which the entity shall report to the appropriations committees of the seventieth legislative assembly regarding the use of this funding:

One-Time Funding Description	General Fund	Other Funds	Total
Technology projects	$0	$10,263,000	$10,263,000
Human service centers and life skills and transition center projects	0	1,052,480	1,052,480
Retire mainframe	0	15,000,000	15,000,000
Child care programs	13,272,500	0	13,272,500
Housing programs	0	1,000,000	1,000,000
State laboratory move and equipment	0	2,962,304	2,962,304
Partial hospitalization day treatment	0	2,000,000	2,000,000
Developmental disabilities eligibility assessment tool for kids	200,000	200,000	400,000

Toxicology equipment	151,500	100,000	251,500
New state hospital	0	330,000,000	330,000,000
Behavioral health facility grant	0	12,960,000	12,960,000
Cultural community center grant	0	1,000,000	1,000,000
Adaptive recreation grant	200,000	0	200,000
Intermediate care facility grant	3,457,736	0	3,457,736
Juvenile justice diversion services	750,000	0	750,000
Animal shelter grant	0	300,000	300,000
Statewide health strategies	0	750,000	750,000
Critical access hospital networking	0	2,000,000	2,000,000
Total	$18,031,736	$379,587,784	$397,619,520

SECTION 3. FUNDING TRANSFERS - EXEMPTION - AUTHORIZATION - REPORT. Notwithstanding section 54-16-04, the director of the office of management and budget shall transfer appropriation authority between line items within subdivisions 1, 2, 3, 4, 5, and 6 of section 1 of this Act and any other appropriation authority for the department of health and human services approved by the sixty-ninth legislative assembly, for the biennium beginning July 1, 2025, and ending June 30, 2027, as requested by the department of health and human services. The department of health and human services shall notify the legislative council of any transfer made pursuant to this section. The department of health and human services shall report to the budget section after June 30, 2026, any transfer made in excess of $50,000 and to the appropriations committees of the seventieth legislative assembly regarding any transfers made pursuant to this section.

SECTION 4. FULL-TIME EQUIVALENT POSITION BLOCK GRANT PROGRAM - REPORT. Section 1 of this Act includes funding for a full-time equivalent position block grant program. This funding as approved by the sixty-ninth legislative assembly is available for defraying the expense of full-time equivalent positions as determined by the department of health and human services. Notwithstanding any other provision of law, the department is authorized to increase or decrease authorized full-time equivalent positions subject to the availability of funds and the provisions of this section. The department of health and human services many not increase full-time equivalent positions for the purpose of transferring human service zone employees to state employment. Pursuant to section 3 of this Act, the department

is authorized to transfer appropriation authority of up to the underfunded amount of $30,000,000 to the salaries and wages block grant line item. The department of health and human services shall report to the office of management and budget and legislative council any adjustments to full-time equivalent positions.

SECTION 5. DEPARTMENT OF HEALTH AND HUMAN SERVICES - SALARIES AND WAGES BLOCK GRANT - VACANT POSITIONS - REPORT. The department of health and human services shall report to the budget section quarterly during the 2025-26 interim regarding the status of its salaries and wages block grant and vacant positions and employee turnover. The report must include:

1. The legislative appropriation for salaries and wages allocated by the department to major department programs by funding source and the number of FTE positions the department is allocating to each major program based on the legislative appropriation;
2. Any changes to salaries and wages funding or FTE positions allocated to major department programs;
3. Any new FTE positions added, the cost of the position for the remainder of the biennium, and the cost to continue funding the position in the subsequent biennium by funding source;
4. Any FTE positions removed and related funding;
5. The number of FTE positions that become vacant and the number filled each month;
6. The number of vacant FTE positions at the end of each month;
7. Salaries and wages savings resulting from vacant positions and employee turnover each month by funding source; and
8. The use of salaries and wages savings for other purposes for each month by funding source.

SECTION 6. BEHAVIORAL HEALTH FACILITY GRANT - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND - APPLICATION.

1. Section 1 of this Act includes the sum of $12,960,000 from the strategic investment and improvements fund for a behavioral health facility grant pursuant to this section.
2. A grant of $12,960,000 must be provided to establish a behavioral health facility in the northeast human service region. The grant recipient must provide matching funds of $3,240,000 to establish the facility.

3. The department shall require an entity receiving funding under this section to operate the facility for at least ten years and require the grant amount to be repaid if the entity does not operate the facility for at least ten years.
4. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 7. APPROPRIATION - MEDICAL HOUSING FOR INDIVIDUALS WITH EXTRAORDINARY MEDICAL NEEDS - ONE-TIME FUNDING.

1. There is appropriated out of any moneys in the general fund in the state treasury, the sum of $200,000, or so much of the sum as may be necessary, to the department of health and human services for the purpose of preliminary design consultation and project administration of developing housing for individuals with disabilities that have extraordinary medical needs and for rent subsidies for individuals residing in these housing facilities for the biennium beginning July 1, 2025, and ending June 30, 2027.
2. The department of health and human services shall collaborate with the North Dakota housing finance agency, individuals with disabilities, caregivers, and families to solicit proposals for the development of accessible housing for individuals with disabilities that have extraordinary medical needs, for the biennium beginning July 1, 2025, and ending June 30, 2027. The department shall solicit proposals from public entities, for-profit organizations, and non-profit organizations to design, construct, maintain, and operate the housing facility. Proposals must:
   a. Ensure that services in the facility may be provided separately from the facility ownership interests;
   b. Ensure that individuals residing in the facility may choose among independent living service providers; and
   c. Comply with the federal home and community based settings rules as defined under 42 CFR 441.301(c)(4).

SECTION 8. A new section to chapter 6-09 of the North Dakota Century Code is created and enacted as follows:

Extraordinary medical needs housing loan fund - Continuing appropriation.

1. The Bank of North Dakota shall administer a loan program to provide loans for new construction projects to provide housing for individuals with disabilities that have

extraordinary medical needs. A construction project may include a land purchase and the construction costs of the project. The applicant must comply with project requirements as approved by the department of health and human services and the North Dakota housing finance agency.

2. The extraordinary medical needs housing loan fund is a special fund maintained in the state treasury from which the Bank shall provide loans under this section. The fund consists of revenues transferred under legislative authorization, interest upon moneys in the fund, and collections of interest and principal on loans made from the fund. All moneys in the fund are appropriated on a continuing basis to the Bank for the purpose of providing loans under this section.

3. The developer of the housing facility for individuals with disabilities that have extraordinary medical needs may submit an application to the Bank for a loan. The application must:

   a. Provide detail on the proposed construction project and its compliance with the department of health and human services and the North Dakota housing finance agency requirements;

   b. Demonstrate the need and long-term viability of the project; and

   c. Include financial information the Bank determines appropriate to verify eligibility.

4. A loan approved under this section:

   a. May not exceed three million three hundred thousand dollars for a project;

   b. Must have an interest rate that does not exceed two percent; and

   c. Must have a repayment schedule of no longer than twenty years.

5. A recipient of a loan under this section shall complete the financed construction project within twenty-four months of the approval of the loan. Failure to comply with this subsection may result in forfeiture of the entire loan received under this section.

6. The Bank shall deposit in the fund all principal and interest paid on the loans made from the fund. The Bank may deduct from interest payments a service fee for costs of administering the loan program. The fund must be audited annually pursuant to section 6-09-29 and the cost of the audit and any other actual costs incurred by the Bank on behalf of the fund must be paid from the fund.

SECTION 9. TRANSFER - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND - EXTRAORDINARY MEDICAL NEEDS HOUSING LOAN FUND. The office of management and budget shall transfer the sum of $3,300,000 from the strategic investment and improvements fund to the extraordinary medical needs housing loan fund during the biennium beginning July 1, 2025, and ending June 30, 2027.

SECTION 10. COMMUNITY CULTURAL CENTER GRANT - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND - APPLICATION. Section 1 of this Act includes the sum of $1,000,000 from the strategic investment and improvements fund for the purpose of providing a one-time community cultural center grant in the west central human service region. An entity may apply for a grant under this section if the entity certifies to the department it has secured at least fifty percent of funds needed to complete the project, the project will be completed within two years of receiving the grant funds, and the grants funds will be used only for costs of constructing a community cultural center. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 11. JUVENILE JUSTICE DIVERSION SERVICES AND PROGRAMS - TASK FORCE - REPORT. Section 1 of this Act includes the sum of $750,000 from the general fund for juvenile justice diversion services and programs. The department of health and human services must use the funding for services to youth at risk of juvenile justice involvement but who have not committed delinquent acts as defined in chapter 27-20.4.

The department shall establish a task force with representation from divisions in the department, human service zones, the department of public instruction, elementary and secondary schools, and members of the legislative assembly~~,~~ to review juvenile justice diversion services and program. The department shall report its findings and recommendations to the legislative management and children's cabinet.

SECTION 12. ANIMAL SHELTER GRANT - COMMUNITY HEALTH TRUST FUND. Section 1 of this Act includes the sum of $300,000 from the community health trust fund for a grant for the construction of an animal shelter. The department of health and human services may award a grant for the construction of an animal shelter to an organization that provides twenty dollars of nonstate matching funds for every dollar of grant funds received. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 13. STATEWIDE HEALTH STRATEGIES - COMMUNITY HEALTH TRUST FUND. Section 1 of this Act includes the sum of $750,000 of one-time funding from the community health trust fund for the statewide health strategies initiative. The department of health and human services may spend the funding upon securing dollar-for-dollar matching funds.

SECTION 14. OTHER FUNDS - INSURANCE TAX DISTRIBUTION FUND. The other funds line item in subdivision 5 of section 1 of this Act includes the sum of $1,125,000 from the insurance tax distribution fund for rural emergency medical services grants.

SECTION 15. OTHER FUNDS - COMMUNITY HEALTH TRUST FUND. The other funds line items in section 1 of this Act includes the sum of $38,713,522 from the community health trust fund for the following purposes:

Loan repayment programs	$594,500
Tobacco and vaping programs	11,599,698
Cancer and women's way programs	909,824
Behavior risk state survey	200,000
Domestic violence programs	4,250,000
Local public health grants	3,275,000
988 crisis hotline	1,867,500
Various information technology system upgrades	2,967,000
Grants to rural ambulances	7,000,000
Law enforcement rural crisis support program	1,000,000
Development of partial hospitalization/intensive day treatment	2,000,000
Critical access hospital networking	2,000,000
Animal shelter grant	300,000
Statewide health strategies	750,000
Total	$38,713,522

SECTION 16. OTHER FUNDS - HUMAN SERVICE FINANCE FUND. The other funds line items in section 1 of this Act includes the sum of $239,112,030 from the human service finance fund for state-paid economic assistance and social and human services.

SECTION 17. OTHER FUNDS - OPIOID SETTLEMENT FUND. The other funds line item in section 1 of this Act includes the sum of $8,000,000 from the opioid settlement fund for opioid remediation and abatement efforts.

SECTION 18. OTHER FUNDS - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND. The other funds line items in section 1 of this Act includes the sum of $227,474,784 from the strategic investment and improvements fund for the following purposes:

Retiring technology from the mainframe	$7,500,000
Move into the new state laboratory and purchase security equipment	2,962,304
Capital projects in human service centers and life skills and transition center	1,052,480
Housing initiative programs	1,000,000
Technology projects at the state hospital	1,000,000
New state hospital	200,000,000
Behavioral health facility grant	12,960,000
Community cultural center grant	1,000,000
Total	$227,474,784

SECTION 19. OTHER FUNDS - BANK OF NORTH DAKOTA LINE OF CREDIT - STATE HOSPITAL PROJECT. The other funds line item in subdivision 2 of section 1 of this Act includes $130,000,000 from a Bank of North Dakota line of credit. The department of health and human services may borrow up to $130,000,000 through a line of credit from the Bank of North Dakota during the biennium beginning July 1, 2025, and ending June 30, 2027, for costs associated with the construction of a new state hospital. The interest rate on the line of credit may not exceed the prevailing interest rate charged to North Dakota governmental entities. If the department accesses the line of credit, it shall request a deficiency appropriation from the seventieth legislative assembly to repay the line of credit.

SECTION 20. LABORATORY BUILDING STEERING COMMITTEE. The department of health and human services shall maintain the laboratory building steering committee to oversee the design and construction of the laboratory building project, for the biennium beginning July 1, 2025, and ending June 30, 2027, or until work is completed, whichever occurs earlier. The committee must include representation from the department of health and human services, department of environmental quality, office of management and budget, the governor's office, and the legislative assembly. The legislative assembly representation must include one member

of the senate appointed by the senate majority leader, one member of the house appointed by the house majority leader, and one member of the minority party from either the senate or the house appointed by the minority leaders of the senate and the house.

SECTION 21. NEW STATE HOSPITAL - STEERING COMMITTEE. The department of health and human services shall establish a new state hospital facility steering committee to oversee the design and construction of a new state hospital facility, for the biennium beginning July 1, 2025, and ending June 30, 2027. The committee must include one member of the senate appointed by the senate majority leader, one member of the house appointed by the house majority leader, and one member of the minority party from either the senate or the house appointed by the minority leaders of the senate and the house.

SECTION 22. CAPITAL PAYMENTS. During the biennium beginning July 1, 2025, and ending June 30, 2027, the department of health and human services is authorized to expend funds for the payment of special assessments at the state hospital, southeast human service center, and life skills and transition center. Pursuant to section 3 of this Act, the director of the office of management and budget may transfer appropriation authority between line items within section 1 of this Act and any remaining appropriation authority for the department of health and human services approved by the sixty-ninth legislative assembly. The department of health and human services may transfer funds for the payment of special assessments at the state hospital, southeast human service center, and life skills and transition center ahead of the special needs assessments schedule. Notwithstanding section 54-27-12, the department of health and human services may spend funds for the payment of special assessments at the state hospital and life skills and transition center.

SECTION 23. CAPITAL PROJECTS - EMERGENCY COMMISSION AND BUDGET SECTION APPROVAL. During the biennium beginning July 1, 2025, and ending June 30, 2027, pursuant to section 3 of this Act, the director of the office of management and budget may transfer appropriation authority between line items within section 1 of this Act and any remaining appropriation authority for the department of health and human services approved by the sixty-ninth legislative assembly for capital projects and maintenance pertaining to operation of its facilities, including demolition projects. Notwithstanding section 54-27-12, the department of health and human services may spend up to $10,000,000 for capital projects and maintenance pertaining to operation of its facilities, including demolition projects, under this section and may

seek emergency commission and budget section approval to spend more than $10,000,000 under this section.

SECTION 24. PERMANENT SUPPORTIVE HOUSING GRANTS. Section 1 of this Act includes the sum of $4,672,536 from the general fund for permanent supportive housing grants. The department of health and human services shall develop a funding methodology to distribute the funding to qualified entities that utilize best practices for permanent supportive housing, provide recovery-oriented and person-centered services, submit process and outcome measures to the department of health and human services, and authorize the department of health and human services to conduct onsite visits to review program operations.

SECTION 25. EXPENDITURES MAY NOT EXCEED APPROPRIATION - MEDICAL ASSISTANCE EXPANSION PROGRAM - APPLICATION.

1. Section 1 of this Act includes the sum of $662,099,340, of which $66,209,934 is from the general fund, for the medical assistance expansion program, for the biennium beginning July 1, 2025, and ending June 30, 2027. The expenditures for individuals eligible for the medical assistance expansion program may not exceed this amount.
2. The department of health and human services may exceed appropriations for increases in medical assistance expansion program caseload, for the addition of coverage consistent with the traditional Medicaid 1915(i) state plan, utilization rates, and reduction in federal medical assistance percentage.
3. The managed care organization under contract with the department of health and human services to manage the medical assistance expansion program shall reimburse providers within the same provider type and specialty at consistent levels and with consistent methodology and may not provide incentive, quality, or supplemental payments to providers, unless part of a value-based program approved by the department of health and human services. The managed care organization shall reimburse all North Dakota substance use providers of American society of addiction medicine level 2.5 at consistent levels and with consistent methodology. The managed care organization may consider urban and rural providers as different provider types.
4. The managed care organization and the department of health and human services shall ensure payments to Indian or Tribal 638 health care providers, federally qualified health centers,and rural health clinics meet the federally required minimum levels of

reimbursement. Critical access hospitals may not be paid less than one hundred percent of Medicare allowable costs and human service centers may not be paid less than one hundred percent of the current traditional Medicaid rate. Behavioral health services involving partial hospitalization, intensive outpatient, professional services, and residential behavioral health services provided in facilities that are not institutions for mental diseases are not subject to the provisions in subsection 6.

5. The department of health and human services shall ensure providers within the same provider type and specialty are reimbursed at consistent levels and with consistent methodology and shall ensure the capitation rates under risk contracts are actuarially sound and are adequate to meet managed care organization contractual requirements regarding availability of services, assurance or adequate capacity and services, and coordination and continuity of care.

6. Except for the provisions in subsection 4, managed care organization premium payments must be built using the assumption that rates paid to providers under the medical assistance expansion program may not exceed one hundred forty-five percent of Medicare reimbursement rates paid to providers on January 1, 2025.

SECTION 26. HUMAN SERVICE CENTERS - CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS - FULL-TIME EQUIVALENT POSITIONS - REPORT. The department of health and human services shall continue the process of the human service centers becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults. The department of health and human services shall pursue additional federal funding as available. Subject to the availability of generated income, the department of health and human services may add full-time equivalent positions for the clinics to provide direct services for the period beginning with the effective date of this Act and ending June 30, 2027. The department of health and human services shall report to the office of management and budget and legislative council each time a position is added.

SECTION 27. INTERMEDIATE CARE FACILITY MORATORIUM. The department of health and human services may not add any new licensed intermediate care facility for individuals with intellectual disabilities beds to the state's licensed bed capacity between July 1, 2025, and June 30, 2027.

SECTION 28. EXEMPTION - UNEXPENDED APPROPRIATIONS. The following appropriations are not subject to the provisions of section 54-44.1-11 and any unexpended appropriation authority may be continued into the biennium beginning July 1, 2025, and ending June 30, 2027:

1. The sum of $3,674,757 appropriated from the general fund and the sum of $25,918,566 appropriated from federal funds for the Medicaid management information system modularization technology project in chapter 12 of the 2021 Session Laws;
2. The sum of $14,411,218 appropriated from the general fund and the sum of $14,411,218 appropriated from federal funds for the child welfare technology project in chapter 12 of the 2021 Session Laws;
3. The sum of $20,366,271 appropriated from the community health trust fund and the sum of $39,534,525 appropriated from federal funds for the child support computer replacement project in chapter 44 of the 2023 Session Laws;
4. The sum of $10,989,217 appropriated from the strategic investment and improvements fund for the procurement and grants management system in chapter 44 of the 2023 Session Laws;
5. The sum of $4,150,000 appropriated from the general fund for defraying the expenses of additional human service centers to begin the process of becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults in chapter 44 of the 2023 Session Laws;
6. The sum of $18,941,847 appropriated to the department of health and human services in chapter 549 of the 2021 Special Session Laws;
7. The sum of $55,120,000 appropriated from the federal state fiscal recovery fund for a public health laboratory capital project in chapter 4 of the 2023 Session Laws;
8. The sum of $5,000,000 appropriated from the general fund for the purpose of employer-led child care cost-share program in chapter 446 of the 2023 Session Laws;
9. The sum of $986,555 appropriated from the general fund for the purpose of streamlining background checks project in chapter 446 of the 2023 Session Laws;

10. The sum of $2,223,981 appropriated from the federal state fiscal recovery fund for the implementation of a virtual behavioral health crisis care program for rural law enforcement in chapter 44 of the 2023 Session Laws; ~~and~~

11. The sum of $500,000 appropriated from the general fund and the sum of $500,000 appropriated from federal funds for the purpose of program integrity audits in chapter 44 of the 2023 Session Laws~~.~~; and

12. The sum of $1,950,000 appropriated from the general fund to the department of health and human services for a northwest human service region behavioral health facility grant in chapter 44 of the 2023 Session Laws.

SECTION 29. LEGISLATIVE INTENT - UTILIZATION RATE ADJUSTMENT. It is the intent of the sixty-ninth legislative assembly that the department of health and human services seek a deficiency appropriation from the seventieth legislative assembly for any expenditures that exceed appropriated amounts as a result of underfunding, utilization rates, value-based purchasing for nursing facilities, reduction in federal medical assistance percentage, and unexpected contract cost increases that exceed ten percent, during the biennium beginning July 1, 2025, and ending June 30, 2027, if funding is not sufficient to pay actual expenses.

SECTION 30. LEGISLATIVE INTENT - PROVIDER RATE INCREASE. Except as otherwise noted, section 1 of this Act includes funding for human service provider inflation increases of two percent for each year of the biennium beginning July 1, 2025, and ending June 30, 2027. The provider inflation increase in this section does not apply to nursing facilities.

SECTION 31. LEGISLATIVE INTENT - DEVELOPMENTAL DISABILITIES PROVIDER ACCREDITATION REQUIREMENT. It is the intent of the sixty-ninth legislative assembly that the department of health and human services eliminate its administrative rule requirement that providers of developmental disabilities services be accredited as a condition of being eligible for receiving payments for services from the department of health and human services.

SECTION 32. LEGISLATIVE INTENT - MEDICAL ASSISTANCE. It is the intent of the sixty-ninth legislative assembly that the department of health and human services review the amount, duration, coverage, utilization rates, medical necessity, and scope of medical assistance services, and may implement any adjustments the department determines appropriate.

SECTION 33. FEDERAL FUNDING APPEAL LIMITATION. Except as otherwise specifically provided by federal law, a person may not appeal a denial, revocation, reduction in services or payment, or the termination of a program or service by the department of health and human services dues to the unavailability of federal coronavirus funding received under federal law resulting from the federal coronavirus pandemic emergency declarations, for the biennium beginning July 1, 2025, and ending June 30, 2027.

SECTION 34. DEPARTMENT OF HEALTH AND HUMAN SERVICES - LONG-TERM STRUCTURED RESIDENCES PLAN - REPORT. During the 2025-26 interim, the department of health and human services shall review options and develop a plan to establish long-term structured residences. The department shall review necessary changes to statutes, rules, policies, and the estimated fiscal impact of establishing the residences. A long-term structured residence must be a highly structured therapeutic residential mental health treatment facility that is staffed continuously and designed to treat adults under chapters 12.1-04.1 and 25-03.1 who have severe and persistent mental illness and who have reached the maximum benefit from the mental health resources available elsewhere in the community or hospital. The department shall present a report to the legislative management by October 1, 2026, regarding its plan to establish long-term structured residences.

SECTION 35. AMENDMENT. Section 50-06-06.6 of the North Dakota Century Code is amended and reenacted as follows:

50-06-06.6. Department may lease real and personal property.

The commissioner of the department or commissioner's designee may lease ~~surplus farm and pastureland at the state hospital and the life skills and transition center. The commissioner or designee also may enter into further leases of~~ real or personal property at the life skills and transition center or the state hospital upon a specific finding that the granting of each such leasehold interest will result in a net economic gain for the department, taking into account all identifiable costs. Any lease of space for the purpose of providing child care services must meet requirements as determined by the department. The commissioner of the department or commissioner's designee may prescribe the terms and conditions of any leases entered into pursuant to this section and may renew existing leases. ~~Any~~The term of any lease ~~entered into must be subject to renewal or cancelable each biennium~~may not exceed ninety-nine years.

SECTION 36. AMENDMENT. Section 50-06-42 of the North Dakota Century Code is amended and reenacted as follows:

50-06-42. Substance use disorder treatment voucher system - Mental health treatment voucher system for incarcerated individuals.

1. The department shall establish and administer, within the limits of legislative appropriations, a voucher system to address underserved areas and gaps in the state's substance abuse treatment system and to assist in the payment of addiction treatment services and medical costs provided by licensed substance abuse treatment programs, excluding regional human service centers and hospital- or medical clinic-based programs for medical management of withdrawal.
   a. An out-of-state licensed substance abuse treatment program located within a bordering state may participate in the voucher program to serve an underserved area of this state pursuant to the rules adopted by the department. The department shall develop rules to include processes and requirements for an out-of-state provider to receive reimbursement only for outpatient and community-based services upon a provider completing an assessment of need and receiving approval from the department.
   ~~2.~~b. Services eligible for the voucher program include only those levels of care recognized by the American society of addiction medicine, with particular emphasis given to underserved areas and programs. The department shall ensure that a licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers collects and reports process and outcome measures.
   ~~3.~~c. The department shall develop requirements and provide training and technical assistance to a licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers. A licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers shall provide evidence-based services.
   ~~4.~~d. The department shall allocate funding appropriated for the substance use disorder treatment voucher as follows:
      ~~a.~~ ~~No~~

(1) Except as provided in paragraphs 3 and 4, no more than ~~forty-five~~fifty percent of the appropriated amount may be allocated for residential substance use disorder services administered by licensed substance abuse treatment programs with more than sixteen beds.

~~b.~~(2) The remaining appropriation must be allocated for residential programs with sixteen or fewer beds, nonresidential outpatient, and ancillary substance use disorder services administered by licensed substance abuse treatment programs.

(3) The department, during the last quarter of the biennium, may reallocate projected unused funds that were allocated under paragraph 2 to residential facilities outlined in paragraph 1.

(4) The department may reimburse a licensed substance abuse treatment program with more than sixteen beds the incurred direct medical costs of an eligible individual who does not have resources to cover the medical costs. The department may develop rules and may not exceed the total amount appropriated for medical cost reimbursement.

2. The department shall establish and administer, within the limits of legislative appropriations, a voucher system to address underserved areas and gaps in the state's mental health treatment system for individuals detained or confined in a county jail or detention center or regional corrections center and to assist in the payment of mental health treatment services provided by a licensed mental health professional acting within their scope of practice, excluding a regional human service center.

a. Services eligible for the voucher program include only diagnostic assessment and mental health therapy for individuals with a mental health concern detained or confined in a county jail or detention center or regional corrections center. The department shall ensure that a licensed mental health professional accepting vouchers collects and reports process and outcome measures.

b. The department shall develop requirements and provide training and technical assistance to licensed mental health professionals accepting vouchers. A licensed mental health professional shall provide evidence-based services.

SECTION 37. AMENDMENT. Section 50-24.5-02.3 of the North Dakota Century Code is amended and reenacted as follows:

50-24.5-02.3. Basic care payment rates.

1. The department shall determine limits for the care of residents of basic care facilities that qualify as vendors of an aged, blind, and disabled persons program and for implementing provisions of this chapter based on data demonstrating the most recent costs that must be incurred for the care of residents in efficiently and economically operated basic care facilities. The department shall determine the limits every four years by July first, beginning with July 1, 2023.
2. The department shall establish the limits by using the median rates from the most recent data available. The direct care limit must be the median plus eighteen percent. The indirect care limit must be the median plus twelve percent.
3. For the rate year beginning July 1, 2023, the department shall increase rates and limits three and one-half percent for inflation. For the rate year beginning July 1, 2024, the department shall increase rates and limits three and one-half percent for inflation.
4. The department shall provide a rate increase in the amount of five dollars per day for the period beginning July 1, 2023, and ending June 30, ~~2025~~2027, after which the increase is not effective. This rate increase may not be included in any calculation of inflation increase.
5. Within the limits of legislative appropriations, the department shall establish an uncompensated care expense of three hundred sixty-five days.

SECTION 38. AMENDMENT. Section 50-33-05 of the North Dakota Century Code is amended and reenacted as follows:

50-33-05. State of residence.

Only child care assistance units physically residing within the boundaries of the state are eligible for child care assistance, unless the individual is employed by an early childhood program within the boundaries of the state and the individual has been approved for the state's child care assistance child care workforce benefit.

SECTION 39. HOUSING AVAILABILITY ASSESSMENT - COLLABORATION WITH HOUSING FINANCE AGENCY. The department of health and human services shall collaborate with the North Dakota housing finance agency and other appropriate stakeholders to assess the

availability of housing for individuals requiring extraordinary health care support services, for the biennium beginning July 1, 2025, and ending June 30, 2027. Based on the results of the assessment, if necessary, the department shall develop a plan to expand access to housing providing the least restrictive environment for individuals requiring extraordinary health care support services.

SECTION 40. BEHAVIORAL HEALTH CLINICS, NORTH DAKOTA STATE HOSPITAL, AND LIFE SKILLS AND TRANSITION CENTER FUNDING. Section 1 of this Act includes funding for the behavioral health clinics, North Dakota state hospital, and life skills and transition center as follows:

1.	Behavioral health clinics:		
	a.	Salaries and wages	$156,967,103
	b.	Operating and capital	64,131,965
	c.	Total	$221,099,068
2.	State hospital:		
	a.	Salaries and wages	$68,775,551
	b.	Operating and capital	350,880,155
	c.	Total	$419,655,706
3.	Life skills and transition center:		
	a.	Salaries and wages	$55,540,213
	b.	Operating and capital	15,207,658
	c.	Total	$70,747,871

SECTION 41. LEGISLATIVE MANAGEMENT STUDY - STUDENT TRUANCY AND ABSENTEEISM. The legislative management shall consider studying, during the 2025-26 interim, truancy and student absenteeism in kindergarten through grade twelve public schools. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement its recommendations, to the seventieth legislative assembly.

SECTION 42. LEGISLATIVE MANAGEMENT STUDY - OBESITY HEALTH IMPLICATIONS. The legislative management shall consider studying, during the 2025-26 interim, the health implications of obesity on the residents of the state and options to increase access to prevention and treatments for obesity. If conducted, the study must review costs associated with obesity including comorbidities, treatments available for obesity, obesity

diagnosis guidelines including use of body mass index compared with percentage of body fat, and examining the difference between being an individual who is healthy and overweight as compared to an obese individual. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement its recommendations, to the seventieth legislative assembly.

SECTION 43. LEGISLATIVE MANAGEMENT REPORT - BEHAVIORAL HEALTH FACILITY GRANTS. During the 2025-26 interim the department of health and human services shall provide reports to the legislative management regarding the award of grant funding to increase the number of behavioral health beds in the state.

SECTION 44. EFFECTIVE DATE. Section 33 of this Act becomes effective on July 1, 2026.

April 10, 2025

HB1012
4-10-25
Kelly Schmidt

Legislative Council

Department of Health and Human Services - Budget No. 325
Agency Worksheet - House Bill No. 1012

	House Version				Senate Version				Senate Compared to House Version			
									Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Division Totals												
FTE block grant pool	2,688.35	309,564,625	286,720,150	596,284,775	2,696.35	333,257,316	286,720,150	619,977,466	8.00	23,692,691		23,692,691
Business Operations	0.00	$49,695,542	$47,368,089	$97,063,631	0.00	$49,695,542	$47,368,089	$97,063,631				$0
Behavioral Health	0.00	181,697,125	399,223,478	580,920,603	0.00	171,971,403	74,855,478	246,826,881		($9,725,722)	($324,368,000)	(334,093,722)
Human Services	0.00	656,536,511	1,226,448,044	1,882,984,555	0.00	642,318,520	1,209,110,944	1,851,429,464		(14,217,991)	(17,337,100)	(31,555,091)
Medical Services	0.00	1,045,252,542	1,810,657,071	2,855,909,613	0.00	1,032,025,672	1,810,504,401	2,842,530,073		(13,226,870)	(152,670)	(13,379,540)
Public Health	0.00	35,204,848	229,814,403	265,019,251	0.00	31,827,031	227,836,403	259,663,434		(3,377,817)	(1,978,000)	(5,355,817)
Total 2025-27 funding	**2,688.35**	**$2,277,951,193**	**$4,000,231,235**	**$6,278,182,428**	**2,696.35**	**$2,261,095,484**	**$3,656,395,465**	**$5,917,490,949**	**8.00**	**($16,855,709)**	**($343,835,770)**	**($360,691,479)**
	0.00	**$0**	**$0**	**$0**	**0.00**	**$0**	**$0**	**$0**	**0.00**	**$0**	**$0**	**$0**
Total Base Level Funding	**2,688.35**	**$2,277,951,193**	**$4,000,231,235**	**$6,278,182,428**	**2,696.35**	**$2,261,095,484**	**$3,656,395,465**	**$5,917,490,949**	**8.00**	**($16,855,709)**	**($343,835,770)**	**($360,691,479)**
2025-27 Total Funding	**2,688.35**	**$2,277,951,193**	**$4,000,231,235**	**$6,278,182,428**	**2,696.35**	**$2,261,095,484**	**$3,656,395,465**	**$5,917,490,949**	**8.00**	**($16,855,709)**	**($343,835,770)**	**($360,691,479)**
Federal funds included in other funds			*$3,101,550,885*				*$3,081,565,115*				*($19,985,770)*	
Total ongoing changes - Percentage of base level	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*

Other Sections in Department of Health and Human Services - Budget No. 325

Section Description	House Version	Senate Version	
Funding transfers	Section 3 authorizes the transfer of appropriation authority between line items within Section 1 of the bill.	Section 3 authorizes the transfer of appropriation authority between line items within Section 1 of the bill.	
FTE position block grant program	Section 4 authorizes DHHS to increase or decrease the authorized FTE positions subject to the availability of funds.	Section 4 authorizes DHHS to increase or decrease the authorized FTE positions subject to the availability of funds.	
FTE Block grant reporting	Section 5 has requires the department to report on the block grant program.	Section 5 requires the department to report on the block grant program.	
Behavioral health facility grant - SIIF	Section 6 identifies $12,960,000 from the SIIF for a grant to establish a behavioral health facility in the northeast human service region.	Section 6 identifies $12,960,000 from the SIIF for a grant to establish a behavioral health facility in the northeast human service region.	
Community cultural center grant - SIIF	Section 7 identifies $1,000,000 from the SIIF for a one-time grant for a community cultural center in the west central human service region.	Section 7 identifies $300,000 from the SIIF for a one-time grant for a community cultural center in the west central human service region.	
Juvenile justice diversion services and program - General fund	Section 8 identifies $750,000 of one-time funding from the general fund for juvenile justice diversion services and programs.	Section 8 identifies $500,000 of one-time funding from the community health trust fund for juvenile justice diversion services and programs.	
Animal shelter grant - Community health trust fund	Section 9 identifies $300,000 of one-time funding from the community health trust fund to provide a grant for construction of an animal shelter.		

Other Sections in Department of Health and Human Services - Budget No. 325

Section Description	House Version	Senate Version	
Statewide health strategies - Community health trust fund	Section 10 identifies $750,000 of one-time funding from the community health trust fund for the statewide health strategies initiative.		
Other funds - Insurance tax distribution fund	Section 11 identifies $1,125,000 from the insurance tax distribution fund for rural emergency medical services grants.	Section 11 identifies $1,125,000 from the insurance tax distribution fund for rural emergency medical services grants.	
Other funds - Community health trust fund	Section 12 identifies $38,713,522 from the community health trust fund for the following purposes: loan repayment programs ($594,500), tobacco and vaping programs ($11,599,698), cancer and women's way programs ($909,824), behavioral risk state survey ($200,000), domestic violence programs ($4,250,000), local public health grants ($3,275,000), 988 crisis hotline ($1,867,500), various information technology system upgrades ($2,967,000), grants to rural ambulances ($7,000,000), law enforcement rural crisis support program ($1,000,000), Development of partial hospitalization/intensive day treatment ($2,000,000), Critical access hospital networking ($2,000,000), Animal shelter grant ($300,000), statewide health strategies ($750,000).	Section 10 identifies $38,713,522 from the community health trust fund for the following purposes: loan repayment programs ($594,500), tobacco and vaping programs ($11,599,698), cancer and women's way programs ($909,824), behavioral risk state survey ($200,000), domestic violence programs ($4,250,000), local public health grants ($3,275,000), 988 crisis hotline ($1,867,500), various information technology system upgrades ($2,967,000), grants to rural ambulances ($7,000,000), law enforcement rural crisis support program ($1,000,000), Development of partial hospitalization/intensive day treatment ($2,000,000), Critical access hospital networking ($2,000,000), Animal shelter grant ($300,000), statewide health strategies ($750,000).	
Other funds - Human service finance fund	Section 13 identifies $239,112,030 from the human services finance fund for state-paid economic assistance and social and human services.	Section 11 identifies $239,112,030 from the human services finance fund for state-paid economic assistance and social and human services.	
Opioid settlement fund	Section 14 identifies $8,000,000 from the opioid settlement fund for opioid remediation and abatement efforts.	Section 12 identifies $8,000,000 from the opioid settlement fund for opioid remediation and abatement efforts.	
Other funds - SIIF	Section 15 identifies $227,474,784 from SIIF for the following purposes: retiring technology from the mainframe ($7,500,000), new state lab and purchase security equipment ($2,962,304), capital projects in human service centers and the LSTC ($1,052,480), housing initiative programs ($1,000,000), technology projects at the State Hospital ($1,000,000), behavioral health facility grant ($12,960,000), community cultural center grant ($1,000,000), and a new State Hospital capital project ($200,000,000).	Section 13 identifies $227,474,784 from SIIF for the following purposes: retiring technology from the mainframe ($7,500,000), new state lab and purchase security equipment ($2,962,304), capital projects in human service centers and the LSTC ($1,052,480), housing initiative programs ($1,000,000), technology projects at the State Hospital ($1,000,000), behavioral health facility grant ($12,960,000), community cultural center grant ($1,000,000), and a new State Hospital capital project ($200,000,000).	
Bank of North Dakota line of credit	Section 16 provides for a $130,000,000 Bank of North Dakota line of credit for costs associated with the construction of a new state hospital.	Section 14 provides for a $130,000,000 Bank of North Dakota line of credit for costs associated with the construction of a new state hospital.	
Laboratory building steering committee	Section 17 requires DHHS will maintain the laboratory building steering committee to oversee the design and construction of the laboratory building project during the biennium or until the work is completed, whichever is earlier.	Section 15 requires DHHS will maintain the laboratory building steering committee to oversee the design and construction of the laboratory building project during the biennium or until the work is completed, whichever is earlier.	
New state hospital steering committee	Section 18 requires DHHS will establish a state hospital facility steering committee to oversee the design and construction of the new State Hospital project during the biennium.	Section 16 requires DHHS will establish a state hospital facility steering committee to oversee the design and construction of the new State Hospital project during the biennium.	

Other Sections in Department of Health and Human Services - Budget No. 325

Section Description	House Version	Senate Version	
Capital payments	Section 19 authorizes DHHS to expend funds for the payment of special assessments at the State Hospital, Southeast Human Service Center, and Life Skills and Transition Center.	Section 17 authorizes DHHS to expend funds for the payment of special assessments at the State Hospital, Southeast Human Service Center, and Life Skills and Transition Center.	
Capital projects - Emergency commission approval	Section 20 authorizes transfers from line items within Section 1 of this bill for capital projects and maintenance pertaining to the operation of facilities including demolition projects of up to $10 million, DHHS may seek emergency commission approval to spend more than $10 million under this section.	Section 18 authorizes transfers from line items within Section 1 of this bill for capital projects and maintenance pertaining to the operation of facilities including demolition projects of up to $10 million, DHHS may seek emergency commission approval to spend more than $10 million under this section.	
Permanent supportive housing grants	Section 21 directs DHHS to develop a funding methodology to distribute the funding to qualified entities that utilize best practices for permanent supportive housing, provide recovery-oriented and person-centered services, submit processes and outcome measures to DHHS, and authorize DHHS to conduct onsite visits to review program operations for the funding of $4,672,536 included in Section 1 of the bill.	Section 19 directs DHHS to develop a funding methodology to distribute the funding to qualified entities that utilize best practices for permanent supportive housing, provide recovery-oriented and person-centered services, submit processes and outcome measures to DHHS, and authorize DHHS to conduct onsite visits to review program operations for the funding of $4,672,536 included in Section 1 of the bill.	
Expenditures may not exceed appropriation - Medical assistance expansion program	Section 22 identifies the sum of $662,099,340, of which $66,209,934 is from the general fund, for the Medicaid Expansion program for the 2025-27 biennium. The expenditures for individuals enrolled in Medicaid Expansion may not exceed this amount.	Section 20 identifies the sum of $662,099,340, of which $66,209,934 is from the general fund, for the Medicaid Expansion program for the 2025-27 biennium. The expenditures for individuals enrolled in Medicaid Expansion may not exceed this amount.	
Human service centers - certified community behavioral health clinics - FTE positions	Section 23 requires DHHS to continue the process of human service centers becoming certified community behavioral health clinics to provide continuous community-based behavioral health services for children and adults. Federal funding must be pursued and subject to the availability of generated income, DHHS may add FTE positions for field services to provide direct services.	Section 21 requires DHHS to continue the process of human service centers becoming certified community behavioral health clinics to provide continuous community-based behavioral health services for children and adults. Federal funding must be pursued and subject to the availability of generated income, DHHS may add FTE positions for field services to provide direct services.	
Intermediate care facility moratorium	Section 24 precludes DHHS from adding any new licensed intermediate care facility for individuals with intellectual disabilities beds to the state's licensed bed capacity during the biennium.	Section 22 precludes DHHS from adding any new licensed intermediate care facility for individuals with intellectual disabilities beds to the state's licensed bed capacity during the biennium.	
Exemption for certain unexpended appropriations to be continued into the 2025-27 biennium - Section 23	Subsection 1 - $3,674,757 from the general fund and $25,918,566 from federal funds for Medicaid management information system modularization technology.	Subsection 1 - $3,674,757 from the general fund and $25,918,566 from federal funds for Medicaid management information system modularization technology.	
	Subsection 2 - $14,411,218 from the general fund and $14,411,218 from federal funds for the child welfare technology project.	Subsection 2 - $14,411,218 from the general fund and $14,411,218 from federal funds for the child welfare technology project.	
	Subsection 3 -$20,366,271 from the community health trust fund and $39,534,525 from federal funds for the child support computer replacement project.	Subsection 3 -$20,366,271 from the community health trust fund and $39,534,525 from federal funds for the child support computer replacement project.	
	Subsection 4 - $10,989,217 from SIIF for the procurement and grants management system.	Subsection 4 - $10,989,217 from SIIF for the procurement and grants management system.	
	Subsection 5 - $4.15 million from the general fund for defraying the expenses of additional human service centers to begin the process of becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults.	Subsection 5 - $4.15 million from the general fund for defraying the expenses of additional human service centers to begin the process of becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults.	

Other Sections in Department of Health and Human Services - Budget No. 325

Section Description	House Version	Senate Version	
	Subsection 6 - $18,941,847 in Chapter 549 of the 2021 Special Session Laws.	Subsection 6 - $18,941,847 in Chapter 549 of the 2021 Special Session Laws.	
	Subsection 7 - $55,120,000 from the federal state fiscal recovery fund for a public health laboratory capital project.	Subsection 7 - $55,120,000 from the federal state fiscal recovery fund for a public health laboratory capital project.	
	Subsection 8 - $5 million from the general funds for the purpose of employer-led child care cost-share program.	Subsection 8 - $5 million from the general funds for the purpose of employer-led child care cost-share program.	
	Subsection 9 - $986,555 from the general fund for the purpose of streamlining background checks.	Subsection 9 - $986,555 from the general fund for the purpose of streamlining background checks.	
	Subsection 10 - $2,223,981 from the federal state fiscal recovery fund for the implementation of a virtual behavioral health crisis care program for rural law enforcement.	Subsection 10 - $2,223,981 from the federal state fiscal recovery fund for the implementation of a virtual behavioral health crisis care program for rural law enforcement.	
	Subsection 11 - $500,000 from federal funds for the purpose of program integrity audits.	Subsection 11 - $500,000 from federal funds for the purpose of program integrity audits.	
	Subsection 12 - $1,950,000 from general funds for a northwest human service region behavioral health facility grant.	Subsection 12 - $1,950,000 from general funds for a northwest human service region behavioral health facility grant.	
Legislative intent - Utilization rate adjustment	Section 26 provides intent that DHHS seek a deficiency appropriation for any expenditures that exceed appropriated amounts as a result of underfunding, utilization rates, value-based purchasing for nursing facilities, reduction in federal medical assistance percentage, and unexpected contract cost increases that exceed 10 percent during the biennium if funding is not sufficient to pay actual expenses.	Section 24 provides intent that DHHS seek a deficiency appropriation for any expenditures that exceed appropriated amounts as a result of underfunding, utilization rates, value-based purchasing for nursing facilities, reduction in federal medical assistance percentage, and unexpected contract cost increases that exceed 10 percent during the biennium if funding is not sufficient to pay actual expenses.	
Legislative intent - Provider rate increase	Section 27 provides for a 2 percent increase each year of the biennium for human service provider inflation. The provider inflation increase in this section does not apply to nursing facilities.	Section 25 provides for a 2 percent increase each year of the biennium for human service provider inflation. The provider inflation increase in this section does not apply to nursing facilities.	
Legislative intent - Developmental disabilities provider accreditation requirement	Section 28 provides for elimination of the administrative rule requirement that providers of developmental disabilities services be accredited as a condition of being eligible for receiving payments for services from DHHS.	Section 26 provides for elimination of the administrative rule requirement that providers of developmental disabilities services be accredited as a condition of being eligible for receiving payments for services from DHHS.	
Legislative intent - Medical assistance	Section 29 provides for DHHS to review the amount, duration, coverage, utilization rates, medical necessity, and scope of medical assistance services, and may implement any adjustments the department determines appropriate.	Section 27 provides for DHHS to review the amount, duration, coverage, utilization rates, medical necessity, and scope of medical assistance services, and may implement any adjustments the department determines appropriate.	
Federal funding appeal limitation	Section 30 provides except as otherwise specifically provided by federal law, a person may not appeal a denial, revocation, reduction in services or payment, or the termination of a program or service by DHHS due to the unavailability of federal coronavirus funding received under federal law resulting from the federal coronavirus pandemic emergency declaration.	Section 28 provides except as otherwise specifically provided by federal law, a person may not appeal a denial, revocation, reduction in services or payment, or the termination of a program or service by DHHS due to the unavailability of federal coronavirus funding received under federal law resulting from the federal coronavirus pandemic emergency declaration.	
Long term structured residences plan - report	Section 31 provides for DHHS to review options and develop a plan to establish long-term structured residences.	Section 29 provides for DHHS to review options and develop a plan to establish long-term structured residences.	

Other Sections in Department of Health and Human Services - Budget No. 325

Section Description	House Version	Senate Version	
Lease of land at the State Hospital and Life Skills and Transition Center	Section 32 amends section 50-06-06.6 of the North Dakota Century Code to allow for a lease term of real or personal property for term not to exceed ninety-nine years at the life skills and transition center or the state hospital.	Section 30 amends section 50-06-06.6 of the North Dakota Century Code to allow for a lease term of real or personal property for term not to exceed ninety-nine years at the life skills and transition center or the state hospital.	
Use of SUD voucher	Section 33 amends section 50-06-42 of the North Dakota Century Code to include medical costs in the substance use voucher system payments for individuals in a licensed substance abuse treatment program and allow for the substance use voucher system for individuals detained or confined in a county jail or detention center or regional corrections center.	Section 31 amends section 50-06-42 of the North Dakota Century Code to include medical costs in the substance use voucher system payments for individuals in a licensed substance abuse treatment program and allow for the substance use voucher system for individuals detained or confined in a county jail or detention center or regional corrections center.	
Basic care payment rate	Section 34 amends section 50-24.5-02.3 of the North Dakota Century Code to extend the basic care payment rate increase of five dollars per day through June 30, 2027.	Section 32 amends section 50-24.5-02.3 of the North Dakota Century Code to extend the basic care payment rate increase of five dollars per day through June 30, 2027.	
Child care workforce benefits	Section 35 amends section 50-33-05 of the North Dakota Century Code to include individuals employed by an early childhood program within the boundaries of the state if approved for the state's child care assistance child care workforce benefit.	Section 33 amends section 50-33-05 of the North Dakota Century Code to include individuals employed by an early childhood program within the boundaries of the state if approved for the state's child care assistance child care workforce benefit.	
		Section 34 amends section 50-36-03 to change the make up of the opioid settlement advisory committee.	
Housing availability assessment - collaboration with housing finance agency	Section 36 provides for DHHS to collaborate with the North Dakota Housing Finance Agency and other appropriate stakeholders to assess the availability of housing for individuals requiring extraordinary health care support services.	Section 35 provides for DHHS to collaborate with the North Dakota Housing Finance Agency and other appropriate stakeholders to assess the availability of housing for individuals requiring extraordinary health care support services.	
Behavioral health clinics, North Dakota State Hospital, and Life Skills and Transition Center funding	Section 37 identifies funding for the behavioral health clinics, State Hospital, and Life Skills and Transition Center.	Section 36 identifies funding for the behavioral health clinics, State Hospital, and Life Skills and Transition Center.	
Legislative management study - student truancy and absenteeism	Section 38 provides for a study on truancy and student absenteeism in kindergarten through grade twelve public schools.	Section 37 provides for a study on truancy and student absenteeism in kindergarten through grade twelve public schools.	
Legislative Management study - obesity health implications	Section 39 provides for a study on the health implications of obesity on the residents of the state and options to increase access to prevention and treatments for obesity.	Section 38 provides for a study on the health implications of obesity on the residents of the state and options to increase access to prevention and treatments for obesity.	
Legislative Management report - behavioral health facility grants	Section 40 requires DHHS to provide reports to the Legislative Management regarding the award grant funding to increase the number of behavioral health beds in the state.	Section 39 requires DHHS to provide reports to the Legislative Management regarding the award grant funding to increase the number of behavioral health beds in the state.	

Legislative Council

Salaries and Wages Block Grant Funding Pool - Budget No. 325
Agency Worksheet - House Bill No. 1012

	House Version				Senate Version				Senate Compared to House Version			
									Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	0.00	$0	$0	$0	0.00	$0	$0	$0	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salaries and wages block grant pool	2,688.35	$309,564,625	$286,720,150	$596,284,775	2,688.35	$309,564,625	$286,720,150	$596,284,775				$0
Change to underfunding				0	103.00	18,963,729		18,963,729	103.00	$18,963,729		18,963,729
Additional block grant funding				0		4,728,962		4,728,962		4,728,962		4,728,962
Remove FTE's not funded				0	(95.00)			0	(95.00)			0
2025-27 Total Funding	**2,688.35**	**$309,564,625**	**$286,720,150**	**$596,284,775**	**2,696.35**	**$333,257,316**	**$286,720,150**	**$619,977,466**	**8.00**	**$23,692,691**	**$0**	**$23,692,691**
Federal funds included in other funds			*$244,061,066*				*$244,061,066*				*$0*	

No other sections

Legislative Council

Business Operations - 100 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	House Version				Senate Version				Senate Compared to House Version Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	114.40	$74,099,008	$118,894,310	$192,993,318	114.40	$74,099,008	$118,894,310	$192,993,318	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$1,035,502	$531,151	$1,566,653		$1,035,502	$531,151	$1,566,653				$0
Health insurance increase		651,154	363,569	1,014,723		651,154	363,569	1,014,723				0
Base budget adjustments and transfers		(16,396,866)	(66,836,143)	(83,233,009)		(16,396,866)	(66,836,143)	(83,233,009)				0
FTE block grant pool	(180.55)	(12,603,508)	(17,737,100)	(30,340,608)	(180.55)	(12,603,508)	(17,737,100)	(30,340,608)				0
Information Technology Department (ITD) rate increases		5,196,748	2,152,302	7,349,050		5,196,748	2,152,302	7,349,050				0
IT contractual Inflationary rate increases		20,730,788		20,730,788		20,730,788		20,730,788				0
Operational underfund		(3,050,000)		(3,050,000)		(3,050,000)		(3,050,000)				0
Additional salary funding/underfunding- 103 CCBHC		(20,157,874)		(20,157,874)		(20,157,874)		(20,157,874)				0
Office of Administrative Hearings and Attorney General fee increases		190,590		190,590		190,590		190,590				0
FTE position adjustment	66.15			0	66.15			0				0
Total ongoing funding changes	**(114.40)**	**($24,403,466)**	**($81,526,221)**	**($105,929,687)**	**(114.40)**	**($24,403,466)**	**($81,526,221)**	**($105,929,687)**	**0.00**	**$0**	**$0**	**$0**
One-Time Funding Items												
Retire mainframe and legacy systems ($4MM HS fin fund/$6MM fed)			$10,000,000	$10,000,000			$10,000,000	$10,000,000				$0
Total one-time funding changes	**0.00**	**$0**	**$10,000,000**	**$10,000,000**	**0.00**	**$0**	**$10,000,000**	**$10,000,000**	**0.00**	**$0**	**$0**	**$0**
Total Changes to Base Level Funding	**(114.40)**	**($24,403,466)**	**($71,526,221)**	**($95,929,687)**	**(114.40)**	**($24,403,466)**	**($71,526,221)**	**($95,929,687)**	**0.00**	**$0**	**$0**	**$0**
2025-27 Total Funding	**0.00**	**$49,695,542**	**$47,368,089**	**$97,063,631**	**0.00**	**$49,695,542**	**$47,368,089**	**$97,063,631**	**0.00**	**$0**	**$0**	**$0**
Federal funds included in other funds			*$42,760,908*				*$42,760,908*				*$0*	
Total ongoing changes - Percentage of base level	*(100.0%)*	*(32.9%)*	*(68.6%)*	*(54.9%)*	*(100.0%)*	*(32.9%)*	*(68.6%)*	*(54.9%)*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*(100.0%)*	*(32.9%)*	*(60.2%)*	*(49.7%)*	*(100.0%)*	*(32.9%)*	*(60.2%)*	*(49.7%)*	*N/A*	*N/A*	*N/A*	*N/A*

Legislative Council

Behavioral Health - 200 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	House Version				Senate Version				Senate Compared to House Version			
									Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	1,054.27	$307,905,408	$113,955,941	$421,861,349	1,054.27	$307,905,408	$113,955,941	$421,861,349	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$8,392,306	$134,924	$8,527,230		$8,392,306	$134,924	$8,527,230				$0
Health insurance increase		6,517,157	114,129	6,631,286		6,517,157	114,129	6,631,286				0
Base budget adjustments and transfers		15,466,235	2,311,139	17,777,374		15,466,235	2,311,139	17,777,374				0
FTE block grant pool	(1,159.20)	(190,198,399)	(68,592,655)	(258,791,054)	(1,159.20)	(190,198,399)	(68,592,655)	(258,791,054)				0
Cost to continue programs		5,709,106	(5,000,000)	709,106		5,709,106	(5,000,000)	709,106				0
Opioid settlement			8,000,000	8,000,000			8,000,000	8,000,000				0
Avel eCare rural crisis support continuation (community health trust fund)- reduce other funds			1,000,000	1,000,000			1,000,000	1,000,000				0
Substance use disorder voucher utilization expansion		2,500,000		2,500,000		2,500,000		2,500,000				0
Additional substance use disorder funding for medical expenses with institution for mental disease voucher		500,000		500,000		250,000		250,000		($250,000)		(250,000)
Substance use disorder - 50/50 inpatient/outpatient		500,000		500,000		500,000		500,000				0
Mental health and substance use disorder treatment for incarcerated individuals		2,500,000		2,500,000		0		0		(2,500,000)		(2,500,000)
Western ND behavioral health staffing salary equity		250,536		250,536		250,536		250,536				0
Inflation for vendors crisis residential contract		706,233		706,233		706,233		706,233				0
Inflation for vendors addiction residential contract		917,786		917,786		917,786		917,786				0
Inflation for vendors recovery/rehab contract		2,154,668		2,154,668		2,154,668		2,154,668				0
Inflation for vendors adjustment		(2,000,000)		(2,000,000)		(2,000,000)		(2,000,000)				0
Treatment collaboration for traumatized youth expansion		408,000		408,000		408,000		408,000				0
Voluntary treatment program/qualified residential treatment program private custody youth		1,351,997		1,351,997		1,351,997		1,351,997				0
Youth crisis stabilization pilot(CHTF/Fed)				0			3,000,000	3,000,000			$3,000,000	3,000,000
Cost to continue free through recovery and community connect		4,761,081		4,761,081		4,761,081		4,761,081				0
Expanded Community Connect services		4,458,814		4,458,814		3,500,000		3,500,000		(958,814)		(958,814)
Expand free through recovery services		4,016,908		4,016,908		2,000,000		2,000,000		(2,016,908)		(2,016,908)
Peer support increase		137,990		137,990		137,990		137,990				0
Drug court treatment expansion		200,000		200,000		200,000		200,000				0
Provider inflation increase 2% and 2%		2,541,299		2,541,299		2,541,299		2,541,299				0
Behavioral health services for nursing homes and basic care facilities		2,000,000		2,000,000		0		0		(2,000,000)		(2,000,000)
Increased revenue projection - clinics				0		(2,000,000)	2,000,000	0		(2,000,000)	2,000,000	0
FTE position adjustment	104.93			0	104.93			0				0
Total ongoing funding changes	**(1,054.27)**	**($126,208,283)**	**($62,032,463)**	**($188,240,746)**	**(1,054.27)**	**($135,934,005)**	**($57,032,463)**	**($192,966,468)**	**0.00**	**($9,725,722)**	**$5,000,000**	**($4,725,722)**
One-Time Funding Items												
Electronic Health Record/Pharmacy system (SIIF)			$500,000	$500,000			$500,000	$500,000				$0

Retire health record legacy system on mainframe (SIIF)			1,000,000	1,000,000			1,000,000	1,000,000				0
State hospital network redundancy and speed (SIIF)			500,000	500,000			500,000	500,000				0
Develop partial hospitalization/intensive day treatment (community health trust fund)			2,000,000	2,000,000			2,000,000	2,000,000				0
Bathroom remodel at Southeast Human Service Center (SIIF)			340,000	340,000			972,000	972,000			$632,000	632,000
Construction of new state hospital -(SIIF) - BND line of credit			330,000,000	330,000,000			0	0			(330,000,000)	(330,000,000)
Behavioral health facility grant(SIIF)			12,960,000	12,960,000			12,960,000	12,960,000				0
Total one-time funding changes	**0.00**	**$0**	**$347,300,000**	**$347,300,000**	**0.00**	**$0**	**$17,932,000**	**$17,932,000**	**0.00**	**$0**	**($329,368,000)**	**($329,368,000)**
Total Changes to Base Level Funding	**(1,054.27)**	**($126,208,283)**	**$285,267,537**	**$159,059,254**	**(1,054.27)**	**($135,934,005)**	**($39,100,463)**	**($175,034,468)**	**0.00**	**($9,725,722)**	**($324,368,000)**	**($334,093,722)**
2025-27 Total Funding	**0.00**	**$181,697,125**	**$399,223,478**	**$580,920,603**	**0.00**	**$171,971,403**	**$74,855,478**	**$246,826,881**	**0.00**	**($9,725,722)**	**($324,368,000)**	**($334,093,722)**
Federal funds included in other funds			*$42,070,302*				*$43,570,302*				*$1,500,000*	
Total ongoing changes - Percentage of base level	*(100.0%)*	*(41.0%)*	*(54.4%)*	*(44.6%)*	*(100.0%)*	*(44.1%)*	*(50.0%)*	*(45.7%)*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*(100.0%)*	*(41.0%)*	*250.3%*	*37.7%*	*(100.0%)*	*(44.1%)*	*(34.3%)*	*(41.5%)*	*N/A*	*N/A*	*N/A*	*N/A*

Legislative Council

Human Services - 300 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	House Version				Senate Version				Senate Compared to House Version			
									Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	1,009.16	$623,450,353	$1,240,409,529	$1,863,859,882	1,009.16	$623,450,353	$1,240,409,529	$1,863,859,882	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$2,546,488	$4,704,191	$7,250,679		$2,546,488	$4,704,191	$7,250,679				$0
Health insurance increase		2,072,787	3,795,116	5,867,903		2,072,787	3,795,116	5,867,903				0
FTE block grant pool	(1,029.70)	(76,722,653)	(150,764,540)	(227,487,193)	(1,028.70)	(76,722,653)	(150,764,540)	(227,487,193)	1.00			0
Base budget adjustments and transfers		10,605,259	93,868,910	104,474,169		10,605,259	93,868,910	104,474,169				0
DHHS cost to continue		57,330,438	(2,746,684)	54,583,754		57,330,438	(2,746,684)	54,583,754				0
Adoption contract increase		4,883,205		4,883,205		4,883,205		4,883,205				0
Housing assistance to support targeted population - DOJ		300,000		300,000		300,000		300,000				0
Services to support transition and diversion from institution - DOJ		2,733,934	2,555,463	5,289,397		2,733,934	2,555,463	5,289,397				0
Implement host home service DD HCBS waiver		1,689,900	1,689,900	3,379,800		1,689,900	1,689,900	3,379,800				0
Adult Protective Services coverage contracts		718,522		718,522		718,522		718,522				0
Representation supports for families		350,000	350,000	700,000		350,000	350,000	700,000				0
Provider inflation increase 2% and 2%		12,988,702	13,926,186	26,914,888		12,988,702	13,926,186	26,914,888				0
Zone employee increases 3% and 3% and health insurance			5,002,833	5,002,833			5,002,833	5,002,833				0
FMAP percentage change 50.0% to 50.99%		(4,290,660)	744,660	(3,546,000)		(4,290,660)	744,660	(3,546,000)				0
State dementia coordinator	1.00			0	0.00			0	(1.00)			0
FTE position adjustment	19.54			0	19.54			0				0
LIHEAP reduction - accounting change				0			(9,000,000)	(9,000,000)			($9,000,000)	(9,000,000)
Adjust foster care expected case load				0		(9,000,000)	(9,000,000)	(18,000,000)		($9,000,000)	(9,000,000)	(18,000,000)
Remove Waterford program funding				0		(2,400,000)		(2,400,000)		(2,400,000)		(2,400,000)
Ministry on the margins				0		285,000		285,000		285,000		285,000
Fraser ltd				0		300,000		300,000		300,000		300,000
Remove guardianship funding				0		(6,532,355)		(6,532,355)		(6,532,355)		(6,532,355)
Revised FMAP FFY 2027 - 1%				0		(1,962,900)	1,962,900	0		(1,962,900)	1,962,900	0
Total ongoing funding changes	**(1,009.16)**	**$15,205,922**	**($26,873,965)**	**($11,668,043)**	**(1,009.16)**	**($4,104,333)**	**($42,911,065)**	**($47,015,398)**	**0.00**	**($19,310,255)**	**($16,037,100)**	**($35,347,355)**
One-Time Funding Items												
Retire economic assistance legacy system on mainframe (SIIF)			$2,000,000	$2,000,000			$2,000,000	$2,000,000				$0
Conversion of developmental disabilities eligibility assessment		$200,000	200,000	400,000		$200,000	200,000	400,000				0
Implement comprehensive vocational rehab technology system (federal funds) (community health trust fund)			8,000,000	8,000,000			1,000,000	1,000,000			($7,000,000)	(7,000,000)
Replace roof at Cedar Grove building at LSTC (SIIF)			712,480	712,480			712,480	712,480				0
Best in Class expansion		6,000,000		6,000,000		2,000,000		2,000,000		($4,000,000)		(4,000,000)
Childcare grants, resources and shared services		2,500,000		2,500,000		2,500,000		2,500,000				0
Early childhood quality infrastructure		3,000,000		3,000,000		3,000,000		3,000,000				0
Maintaining expanded inclusion support for special needs childcare		172,500		172,500		172,500		172,500				0

Offer quality rated childcare programs access to teaching strategy		100,000		100,000		100,000		100,000				0
Quality tiered payments for childcare assistance program		1,500,000		1,500,000		1,500,000		1,500,000				0
Housing assistance for people at risk of instability (SIIF)				0			1,000,000	1,000,000			1,000,000	1,000,000
Eviction prevention program (SIIF)				0			500,000	500,000			500,000	500,000
Home renovation incentives for accessibility (SIIF)			1,000,000	1,000,000			1,000,000	1,000,000				0
Grant for community cultural center programming			1,000,000	1,000,000			300,000	300,000			(700,000)	(700,000)
Winter park adaptive recreation program grant		200,000		200,000		0		0		(200,000)		(200,000)
Intermediate care facility grant for Anne Carlsen		3,457,736		3,457,736		0	4,400,000	4,400,000		(3,457,736)	4,400,000	942,264
Juvenile justice services (CHTF)		750,000		750,000		0	500,000	500,000		(750,000)	500,000	(250,000)
Infant and toddler care provider support				0		13,500,000		13,500,000		13,500,000		13,500,000
Total one-time funding changes	**0.00**	**$17,880,236**	**$12,912,480**	**$30,792,716**	**0.00**	**$22,972,500**	**$11,612,480**	**$34,584,980**	**0.00**	**$5,092,264**	**($1,300,000)**	**$3,792,264**
Total Changes to Base Level Funding	**(1,009.16)**	**$33,086,158**	**($13,961,485)**	**$19,124,673**	**(1,009.16)**	**$18,868,167**	**($31,298,585)**	**($12,430,418)**	**0.00**	**($14,217,991)**	**($17,337,100)**	**($31,555,091)**
2025-27 Total Funding	**0.00**	**$656,536,511**	**$1,226,448,044**	**$1,882,984,555**	**0.00**	**$642,318,520**	**$1,209,110,944**	**$1,851,429,464**	**0.00**	**($14,217,991)**	**($17,337,100)**	**($31,555,091)**
Federal funds included in other funds			*$958,049,164*				*$935,716,064*				*($22,333,100)*	
Total ongoing changes - Percentage of base level	*(100.0%)*	*2.4%*	*(2.2%)*	*(0.6%)*	*(100.0%)*	*(0.7%)*	*(3.5%)*	*(2.5%)*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*(100.0%)*	*5.3%*	*(1.1%)*	*1.0%*	*(100.0%)*	*3.0%*	*(2.5%)*	*(0.7%)*	*N/A*	*N/A*	*N/A*	*N/A*

Other Sections in Human Services - 300 - Budget No. 325

Section Description	House Version	Senate Version	
No other sections			

Legislative Council

Medical Services - 400 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	House Version				Senate Version				Senate Compared to House Version Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	90.50	$958,216,598	$1,818,029,530	$2,776,246,128	90.50	$958,216,598	$1,818,029,530	$2,776,246,128	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$338,151	$479,188	$817,339		$338,151	$479,188	$817,339				$0
Health insurance increase		233,619	342,896	576,515		233,619	342,896	576,515				0
Base budget adjustments and transfers		(28,505,732)	61,061,722	32,555,990		(28,505,732)	61,061,722	32,555,990				0
DHHS cost to continue		71,253,662	(118,383,672)	(47,130,010)		71,253,662	(118,383,672)	(47,130,010)				0
HCBS cost to continue		36,977,113	27,837,811	64,814,924		36,977,113	27,837,811	64,814,924				0
FTE block grant pool	(101.75)	(9,636,069)	(15,163,610)	(24,799,679)	(101.75)	(9,636,069)	(15,163,610)	(24,799,679)				0
DD bed assessment adjustment			7,209,580	7,209,580			7,209,580	7,209,580				0
Value based purchasing Medicaid		1,000,000	1,000,000	2,000,000		1,000,000	1,000,000	2,000,000				0
Home health targeted rate increase		1,235,768	1,235,768	2,471,536		1,235,768	1,235,768	2,471,536				0
Qualified service provider target rate increase		3,595,104	1,797,552	5,392,656		3,595,104	1,797,552	5,392,656				0
HCBS cross disability waiver		2,474,226	2,474,226	4,948,452		2,474,226	2,474,226	4,948,452				0
Rebase Medicaid rates for ambulance service		2,189,770	2,189,770	4,379,540		1,000,000	1,000,000	2,000,000		($1,189,770)	($1,189,770)	(2,379,540)
Provider inflation increases 2% and 2%		13,689,672	15,190,970	28,880,642		13,689,672	15,190,970	28,880,642				0
FMAP percentage change 50.0% to 50.99%		(7,809,340)	1,355,340	(6,454,000)		(7,809,340)	1,355,340	(6,454,000)				0
Medicaid underfund				0		(4,000,000)	(4,000,000)	(8,000,000)		(4,000,000)	(4,000,000)	(8,000,000)
1915(I) reduction				0		(1,000,000)	(1,000,000)	(2,000,000)		(1,000,000)	(1,000,000)	(2,000,000)
Revised FMAP FFY 2027 - 1%				0		(7,037,100)	7,037,100	0		(7,037,100)	7,037,100	0
FTE position adjustment	11.25			0	11.25			0				0
Total ongoing funding changes	**(90.50)**	**$87,035,944**	**($11,372,459)**	**$75,663,485**	**(90.50)**	**$73,809,074**	**($10,525,129)**	**$63,283,945**	**0.00**	**($13,226,870)**	**$847,330**	**($12,379,540)**
One-Time Funding Items												
Retire Medicaid legacy system on mainframe (SIIF)			$2,000,000	$2,000,000			$2,000,000	$2,000,000				$0
Critical access hospital networking grant (CHTF)			2,000,000	2,000,000			1,000,000	1,000,000			($1,000,000)	(1,000,000)
Total one-time funding changes	**0.00**	**$0**	**$4,000,000**	**$4,000,000**	**0.00**	**$0**	**$3,000,000**	**$3,000,000**	**0.00**	**$0**	**($1,000,000)**	**($1,000,000)**
Total Changes to Base Level Funding	**(90.50)**	**$87,035,944**	**($7,372,459)**	**$79,663,485**	**(90.50)**	**$73,809,074**	**($7,525,129)**	**$66,283,945**	**0.00**	**($13,226,870)**	**($152,670)**	**($13,379,540)**
2025-27 Total Funding	**0.00**	**$1,045,252,542**	**$1,810,657,071**	**$2,855,909,613**	**0.00**	**$1,032,025,672**	**$1,810,504,401**	**$2,842,530,073**	**0.00**	**($13,226,870)**	**($152,670)**	**($13,379,540)**
Federal funds included in other funds			*$1,747,182,952*				*$1,748,030,282*				*$847,330*	
Total ongoing changes - Percentage of base level	*(100.0%)*	*9.1%*	*(0.6%)*	*2.7%*	*(100.0%)*	*7.7%*	*(0.6%)*	*2.3%*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*(100.0%)*	*9.1%*	*(0.4%)*	*2.9%*	*(100.0%)*	*7.7%*	*(0.4%)*	*2.4%*	*N/A*	*N/A*	*N/A*	*N/A*

Legislative Council

Public Health - 500 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	House Version				Senate Version				Senate Compared to House Version			
									Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	215.50	$47,756,180	$250,440,690	$298,196,870	215.50	$47,756,180	$250,440,690	$298,196,870	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$1,714,252		$1,714,252		$1,714,252		$1,714,252				$0
Health insurance increase		1,183,357		1,183,357		1,183,357		1,183,357				0
FTE block grant pool	(217.15)	(20,403,996)	($34,462,245)	(54,866,241)	(217.15)	(20,403,996)	($34,462,245)	(54,866,241)				0
Base budget adjustments and transfers		(1,503,118)	3,120,553	1,617,435		(1,503,118)	3,120,553	1,617,435				0
Adds funding to replace the 2023-25 new FTE pool		65,094	50,008	115,102		65,094	50,008	115,102				0
Adds funding to replace the 2023-25 vacant FTE pool		569,060	1,754,865	2,323,925		569,060	1,754,865	2,323,925				0
Expansion for domestic and sexual violence prevention (community health trust fund)			2,250,000	2,250,000			2,250,000	2,250,000				0
Additional domestic violence and sexual violence prevention		1,700,000		1,700,000		0		0		($1,700,000)		(1,700,000)
Funding for Safe Haven program		440,000		440,000		0		0		(440,000)		(440,000)
Maternal and child health programs enhancement				0				0				0
Coordinated purchasing to support immunization access (public health and consolidated lab fund)			2,213,930	2,213,930			0	0			($2,213,930)	(2,213,930)
Forensic pathology contract		2,866,156	(1,000,000)	1,866,156		2,000,000	(1,000,000)	1,000,000		(866,156)		(866,156)
Food and lodging 7.5% additional fee increase to 20% in total		(71,298)	71,298	0		(71,298)	71,298	0				0
Additional grant for Family Voices		100,000		100,000		16,000		16,000		(84,000)		(84,000)
Fetal Alcohol spectrum disorder clinic		637,661		637,661		350,000		350,000		(287,661)		(287,661)
FTE position adjustment	1.65			0	1.65			0				0
Total ongoing funding changes	**(215.50)**	**($12,702,832)**	**($26,001,591)**	**($38,704,423)**	**(215.50)**	**($16,080,649)**	**($28,215,521)**	**($44,296,170)**	**0.00**	**($3,377,817)**	**($2,213,930)**	**($5,591,747)**
One-Time Funding Items												
Nonfatal toxicology testing equipment(health lab)		$151,500	$100,000	$251,500		$151,500	$100,000	251,500				0
Public health laboratory transition (SIIF)			2,962,304	2,962,304			2,962,304	2,962,304				0
Forensic examiner electronic records system (community health trust fund)			278,000	278,000			0	0			($278,000)	(278,000)
Food and lodging management information system(community health trust fund)			335,000	335,000			335,000	335,000				0
Health facilities and EMS licensure management system (community health trust fund)			650,000	650,000			0	0			(650,000)	(650,000)
Funding for Cass County animal shelter(community health trust fund)			300,000	300,000			0	0			(300,000)	(300,000)
Statewide health strategies grant (community health trust fund)			750,000	750,000			0	0			(750,000)	(750,000)
Public Health Data Modernization(public health and consolidated lab fund)				0			2,213,930	2,213,930			2,213,930	2,213,930

Total one-time funding changes	0.00	$151,500	$5,375,304	$5,526,804	0.00	$151,500	$5,611,234	$5,762,734	0.00	$0	$235,930	$235,930
Total Changes to Base Level Funding	(215.50)	($12,551,332)	($20,626,287)	($33,177,619)	(215.50)	($15,929,149)	($22,604,287)	($38,533,436)	0.00	($3,377,817)	($1,978,000)	($5,355,817)
2025-27 Total Funding	0.00	$35,204,848	$229,814,403	$265,019,251	0.00	$31,827,031	$227,836,403	$259,663,434	0.00	($3,377,817)	($1,978,000)	($5,355,817)
Federal funds included in other funds			*$188,459,479*				*$188,459,479*				*$0*	
Total ongoing changes - Percentage of base level	*(100.0%)*	*(26.6%)*	*(10.4%)*	*(13.0%)*	*(100.0%)*	*(33.7%)*	*(11.3%)*	*(14.9%)*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*(100.0%)*	*(26.3%)*	*(8.2%)*	*(11.1%)*	*(100.0%)*	*(33.4%)*	*(9.0%)*	*(12.9%)*	*N/A*	*N/A*	*N/A*	*N/A*

2025 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

HB 1012 p.m.
4/10/2025

Related to Health and Human Services.

3:29 p.m. Chairman Dever opened the hearing.

Members present: Chairman Dever and Senators Cleary, Davison, Magrum and Mathern.

Discussion Topics

- Decision Points
- Provider Rate
- Medical Homes
- Altru Amendment

3:30 p.m. Chairman Dever started the discussion with three decision points: provider rate, basic care $5 dollar a day, medical homes, and Altru amendment.

3:30 p.m. Senator Mathern introduced an amendment LC #25.0156.02025 and submitted testimony #44918. He suggested adopting section 7 and 8, but not adopting section 9.

3:45 p.m. Senator Davison started the discussion of Senator Mathern's amendment.

3:50 p.m. The committee approved an amendment including sections 7 and 8.

4:00 p.m. Chairman Dever started the discussion of provider rates with Magrum's proposal of 2% and 1 ½%. Committee approved.

4:00 p.m. Chairman Dever started the discussion of basic care $5 daily.

4:00 p.m. Keith Mantz, Financial Analyst, LC, testified neutral and answered questions.

4:03 p.m. Senator Davis suggested giving $5 a day to basic care with a study for rebasing the rates for long-term care. Senator Mathern and Keith Mantz will work on amendment language. Committee Approved.

Additional Testimony:

Donna Aukland, testified in favor and submitted testimony #44911 and #44925.

4:09 p.m. Chairman Dever closed the hearing.

Joan Bares, Committee Clerk

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PROVIDER INFLATION

HOUSE RECOMMENDATION

2025-27 BIENNIUM

Inflation Percentage 1.5%/1.5%	2025-27 Biennium				Increase from Executive Request			2027-29 Biennium Estimated Cost to Continue**			
Program	**TOTAL**	**GENERAL**	**FEDERAL**	**OTHER**	**GENERAL**	**FEDERAL**	**OTHER**	**TOTAL**	**GENERAL**	**FEDERAL**	**OTHER**
Inpatient Hospitals	$ 4,703,996	$ 2,337,489	$ 2,366,507	$ -	$ -	$ -	$ -	$ 1,581,875	$ 956,806	$ 625,069	$ -
Outpatient Hospitals	1,646,360	807,986	838,374	-	-	-	-	553,643	330,408	223,235	-
Professional Services	3,349,422	1,637,091	1,712,331	-	-	-	-	1,126,354	669,146	457,208	-
Other Medical Programs	6,515,987	2,167,127	4,348,860	-	-	-	-	3,586,076	886,935	2,699,141	-
Basic Care	1,502,259	1,088,531	413,728	-	-	-	-	505,184	396,211	108,973	-
HCBS/Children Services	3,894,595	2,206,343	1,688,252	-	-	-	-	1,343,649	881,962	461,687	-
Developmental Disability	16,808,241	8,293,006	8,515,235	-	-	-	-	12,277,347	6,691,658	5,585,689	-
Children and Family Services	3,286,773	1,417,116	1,853,766	15,891	-	-	-	3,060,733	1,477,200	1,516,744	66,789
Behavioral Health Policy	1,088,608	1,088,608	-	-	-	-	-	366,480	366,480	-	-
Human Service Clinics	814,210	814,210	-	-	-	-	-	274,104	274,104	-	-
Aging Services	46,348	32,653	13,695	-	-	-	-	15,603	10,993	4,610	-
Grand Total	**$ 43,656,799**	**$ 21,890,160**	**$ 21,750,748**	**$ 15,891**	**$ -**	**$ -**	**$ -**	**$ 24,691,048**	**$ 12,941,903**	**$ 11,682,356**	**$ 66,789**

Inflation Percentage 2%/2%	2025-27 Biennium				Increase from Executive Request			2027-29 Biennium Estimated Cost to Continue**			
Program	**TOTAL**	**GENERAL**	**FEDERAL**	**OTHER**	**GENERAL**	**FEDERAL**	**OTHER**	**TOTAL**	**GENERAL**	**FEDERAL**	**OTHER**
Inpatient Hospitals	$ 6,285,871	$ 3,123,555	$ 3,162,316	$ -	$ 786,066	$ 795,809	$ -	$ 2,123,042	$ 1,226,846	$ 896,196	$ -
Outpatient Hospitals	2,200,003	1,079,700	1,120,303	-	271,714	281,929	-	743,047	423,749	319,298	-
Professional Services	4,475,776	2,187,622	2,288,154	-	550,531	575,823	-	1,511,686	858,266	653,420	-
Other Medical Programs	8,707,265	2,895,903	5,811,362	-	728,776	1,462,502	-	4,344,899	1,137,293	3,207,606	-
Basic Care	2,007,443	1,454,587	552,856	-	366,056	139,128	-	678,010	521,639	156,371	-
HCBS/Children Services	5,204,284	2,948,305	2,255,979	-	741,962	567,727	-	1,791,924	1,136,712	655,212	-
Developmental Disability	22,460,812	11,081,970	11,378,842	-	2,788,964	2,863,607	-	14,254,682	7,671,451	6,583,231	-
Children and Family Services	4,392,176	1,863,122	2,507,817	21,237	446,006	654,051	5,346	3,427,371	1,640,200	1,718,149	69,022
Behavioral Health Policy	1,453,885	1,453,885	-	-	365,277	-	-	491,047	491,047	-	-
Human Service Clinics	1,087,414	1,087,414	-	-	273,204	-	-	367,272	367,272	-	-
Aging Services	61,900	43,610	18,290	-	10,957	4,595	-	20,906	14,729	6,177	-
Grand Total	**$ 58,336,829**	**$ 29,219,673**	**$ 29,095,919**	**$ 21,237**	**$ 7,329,513**	**$ 7,345,171**	**$ 5,346**	**$ 29,753,886**	**$ 15,489,204**	**$ 14,195,660**	**$ 69,022**

NORTH Dakota | Health & Human Services
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PROVIDER INFLATION

HOUSE RECOMMENDATION

2025-27 BIENNIUM

Inflation Percentage 2.5%/2.5%	2025-27 Biennium				Increase from Executive Request			2027-29 Biennium Estimated Cost to Continue**			
Program	TOTAL	GENERAL	FEDERAL	OTHER	GENERAL	FEDERAL	OTHER	TOTAL	GENERAL	FEDERAL	OTHER
Inpatient Hospitals	$ 7,867,745	$ 3,909,620	$ 3,958,125	$ -	$ 1,572,131	$ 1,591,618	$ -	$ 2,664,210	$ 1,496,887	$ 1,167,323	$ -
Outpatient Hospitals	2,753,646	1,351,415	1,402,231	-	543,429	563,857	-	932,452	517,090	415,361	-
Professional Services	5,602,130	2,738,153	2,863,977	-	1,101,062	1,151,646	-	1,897,018	1,047,386	849,632	-
Other Medical Programs	10,898,541	3,624,678	7,273,864	-	1,457,551	2,925,004	-	5,103,723	1,387,652	3,716,072	-
Basic Care	2,512,627	1,820,643	691,984	-	732,112	278,256	-	850,837	647,067	203,769	-
HCBS/Children Services	6,513,972	3,690,267	2,823,705	-	1,483,924	1,135,453	-	2,240,199	1,391,462	848,737	-
Developmental Disability	28,113,451	13,870,940	14,242,511	-	5,577,934	5,727,276	-	16,232,085	8,651,249	7,580,836	-
Children and Family Services	5,497,579	2,332,038	3,138,957	26,583	914,922	1,285,191	10,692	3,794,009	1,803,199	1,919,554	71,256
Behavioral Health Policy	1,820,365	1,820,365	-	-	731,757	-	-	616,818	616,818	-	-
Human Service Clinics	1,361,518	1,361,518	-	-	547,308	-	-	461,341	461,341	-	-
Aging Services	77,503	54,603	22,900	-	21,950	9,205	-	26,261	18,502	7,760	-
Grand Total	**$ 73,019,078**	**$ 36,574,241**	**$ 36,418,254**	**$ 26,583**	**$ 14,684,081**	**$ 14,667,506**	**$ 10,692**	**$ 34,818,952**	**$ 18,038,653**	**$ 16,709,043**	**$ 71,256**

Inflation Percentage 3%/3%	2025-27 Biennium				Increase from Executive Request			2027-29 Biennium Estimated Cost to Continue**			
Program	TOTAL	GENERAL	FEDERAL	OTHER	GENERAL	FEDERAL	OTHER	TOTAL	GENERAL	FEDERAL	OTHER
Inpatient Hospitals	$ 9,460,027	$ 4,700,863	$ 4,759,164	$ -	$ 2,363,374	$ 2,392,657	$ -	$ 3,215,784	$ 1,772,104	$ 1,443,680	$ -
Outpatient Hospitals	3,310,932	1,624,919	1,686,013	-	816,933	847,639	-	1,125,499	612,221	513,278	-
Professional Services	6,735,894	3,292,310	3,443,584	-	1,655,219	1,731,253	-	2,289,760	1,240,132	1,049,628	-
Other Medical Programs	13,104,280	4,358,253	8,746,027	-	2,191,126	4,397,167	-	5,877,009	1,642,810	4,234,199	-
Basic Care	3,021,135	2,189,108	832,027	-	1,100,577	418,299	-	1,026,986	774,904	252,082	-
Other Long Term Care	7,832,278	4,437,115	3,395,163	-	2,230,772	1,706,911	-	2,697,092	1,651,099	1,045,993	-
Developmental Disability	33,803,424	16,678,378	17,125,046	-	8,385,372	8,609,811	-	18,246,823	9,649,517	8,597,306	-
Children and Family Services	6,610,341	2,804,091	3,774,283	31,967	1,386,975	1,920,517	16,076	3,899,329	1,477,200	2,348,603	73,526
Behavioral Health Policy	2,188,049	2,188,049	-	-	1,099,441	-	-	743,792	743,792	-	-
Human Service Clinics	1,636,522	1,636,522	-	-	822,312	-	-	556,309	556,309	-	-
Aging Services	93,157	65,631	27,526	-	32,978	13,831	-	31,667	22,310	9,357	-
Grand Total	**$ 87,796,039**	**$ 43,975,239**	**$ 43,788,833**	**$ 31,967**	**$ 22,085,079**	**$ 22,038,085**	**$ 16,076**	**$ 39,710,050**	**$ 20,142,398**	**$ 19,494,126**	**$ 73,526**

NB1012
4-10-25
Sen Matthews

3. The department shall require an entity receiving funding under this section to operate the facility for at least ten years and require the grant amount to be repaid if the entity does not operate the facility for at least ten years.
4. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 7. APPROPRIATION - MEDICAL HOUSING FOR INDIVIDUALS WITH EXTRAORDINARY MEDICAL NEEDS - ONE-TIME FUNDING.

1. There is appropriated out of any moneys in the general fund in the state treasury, the sum of $200,000, or so much of the sum as may be necessary, to the department of health and human services for the purpose of preliminary design consultation and project administration of developing housing for individuals with disabilities that have extraordinary medical needs and for rent subsidies for individuals residing in these housing facilities for the biennium beginning July 1, 2025, and ending June 30, 2027.
2. The department of health and human services shall collaborate with the North Dakota housing finance agency, individuals with disabilities, caregivers, and families to solicit proposals for the development of accessible housing for individuals with disabilities that have extraordinary medical needs, for the biennium beginning July 1, 2025, and ending June 30, 2027. The department shall solicit proposals from public entities, for-profit organizations, and non-profit organizations to design, construct, maintain, and operate the housing facility. Proposals must:
   a. Ensure that services in the facility may be provided separately from the facility ownership interests;
   b. Ensure that individuals residing in the facility may choose among independent living service providers; and
   c. Comply with the federal home and community based settings rules as defined under 42 CFR 441.301(c)(4).

SECTION 8. A new section to chapter 6-09 of the North Dakota Century Code is created and enacted as follows:

Extraordinary medical needs housing loan fund - Continuing appropriation.

1. The Bank of North Dakota shall administer a loan program to provide loans for new construction projects to provide housing for individuals with disabilities that have

extraordinary medical needs. A construction project may include a land purchase and the construction costs of the project. The applicant must comply with project requirements as approved by the department of health and human services and the North Dakota housing finance agency.

2. The extraordinary medical needs housing loan fund is a special fund maintained in the state treasury from which the Bank shall provide loans under this section. The fund consists of revenues transferred under legislative authorization, interest upon moneys in the fund, and collections of interest and principal on loans made from the fund. All moneys in the fund are appropriated on a continuing basis to the Bank for the purpose of providing loans under this section.

3. The developer of the housing facility for individuals with disabilities that have extraordinary medical needs may submit an application to the Bank for a loan. The application must:

   a. Provide detail on the proposed construction project and its compliance with the department of health and human services and the North Dakota housing finance agency requirements;

   b. Demonstrate the need and long-term viability of the project; and

   c. Include financial information the Bank determines appropriate to verify eligibility.

4. A loan approved under this section:

   a. May not exceed three million three hundred thousand dollars for a project;

   b. Must have an interest rate that does not exceed two percent; and

   c. Must have a repayment schedule of no longer than twenty years.

5. A recipient of a loan under this section shall complete the financed construction project within twenty-four months of the approval of the loan. Failure to comply with this subsection may result in forfeiture of the entire loan received under this section.

6. The Bank shall deposit in the fund all principal and interest paid on the loans made from the fund. The Bank may deduct from interest payments a service fee for costs of administering the loan program. The fund must be audited annually pursuant to section 6-09-29 and the cost of the audit and any other actual costs incurred by the Bank on behalf of the fund must be paid from the fund.

SECTION 9. TRANSFER - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND - EXTRAORDINARY MEDICAL NEEDS HOUSING LOAN FUND. The office of management and budget shall transfer the sum of $3,300,000 from the strategic investment and improvements fund to the extraordinary medical needs housing loan fund during the biennium beginning July 1, 2025, and ending June 30, 2027.

SECTION 10. COMMUNITY CULTURAL CENTER GRANT - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND - APPLICATION. Section 1 of this Act includes the sum of $1,000,000 from the strategic investment and improvements fund for the purpose of providing a one-time community cultural center grant in the west central human service region. An entity may apply for a grant under this section if the entity certifies to the department it has secured at least fifty percent of funds needed to complete the project, the project will be completed within two years of receiving the grant funds, and the grants funds will be used only for costs of constructing a community cultural center. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 11. JUVENILE JUSTICE DIVERSION SERVICES AND PROGRAMS - TASK FORCE - REPORT. Section 1 of this Act includes the sum of $750,000 from the general fund for juvenile justice diversion services and programs. The department of health and human services must use the funding for services to youth at risk of juvenile justice involvement but who have not committed delinquent acts as defined in chapter 27-20.4.

The department shall establish a task force with representation from divisions in the department, human service zones, the department of public instruction, elementary and secondary schools, and members of the legislative assembly~~,~~ to review juvenile justice diversion services and program. The department shall report its findings and recommendations to the legislative management and children's cabinet.

SECTION 12. ANIMAL SHELTER GRANT - COMMUNITY HEALTH TRUST FUND. Section 1 of this Act includes the sum of $300,000 from the community health trust fund for a grant for the construction of an animal shelter. The department of health and human services may award a grant for the construction of an animal shelter to an organization that provides twenty dollars of nonstate matching funds for every dollar of grant funds received. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

HB1012
4-10-25
Donna Ashland

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PROVIDER INFLATION

SENATE RECOMMENDATION
2025-27 BIENNIUM

Inflation Percentage 1.5%/1.5%	2025-27 Biennium				Increase from Executive Request		
Program	TOTAL	GENERAL	FEDERAL	OTHER	GENERAL	FEDERAL	OTHER
Inpatient Hospitals	$ 4,703,996	$ 2,337,489	$ 2,366,507	$ -	$ -	$ -	$ -
Outpatient Hospitals	1,646,360	807,986	838,374	-	-	-	-
Professional Services	3,349,422	1,637,091	1,712,331	-	-	-	-
Other Medical Programs	6,515,987	2,167,127	4,348,860	-	-	-	-
Basic Care	1,502,259	1,088,531	413,728	-	-	-	-
HCBS/Children Services	3,894,595	2,206,343	1,688,252	-	-	-	-
Developmental Disability	16,808,241	8,293,006	8,515,235	-	-	-	-
Children and Family Services	3,286,773	1,417,116	1,853,766	15,891	-	-	-
Behavioral Health Policy	1,088,608	1,088,608	-	-	-	-	-
Human Service Clinics	814,210	814,210	-	-	-	-	-
Aging Services	46,348	32,653	13,695	-	-	-	-
Grand Total	$ 43,656,799	$ 21,890,160	$ 21,750,748	$ 15,891	$ -	$ -	$ -

Inflation Percentage 2%/1.5%	2025-27 Biennium				Increase from Executive Request		
Program	TOTAL	GENERAL	FEDERAL	OTHER	GENERAL	FEDERAL	OTHER
Inpatient Hospitals	$ 5,755,110	$ 2,859,528	$ 2,895,582	$ -	$ 522,039	$ 529,075	$ -
Outpatient Hospitals	2,014,241	988,437	1,025,805	-	180,451	187,431	-
Professional Services	4,097,854	2,002,709	2,095,145	-	365,618	382,814	-
Other Medical Programs	7,969,739	2,651,119	5,318,620	-	483,992	969,760	-
Basic Care	1,837,940	1,331,716	506,224	-	243,185	92,496	-
HCBS/Children Services	4,764,793	2,699,127	2,065,666	-	492,784	377,414	-
Developmental Disability	20,553,319	10,139,779	10,413,539	-	1,846,773	1,898,304	-
Children and Family Services	4,016,866	1,703,190	2,294,334	19,342	286,074	440,568	3,451
Behavioral Health Policy	1,331,123	1,331,123			242,515	-	-
Human Service Clinics	995,596	995,596			181,386	-	-
Aging Services	56,673	39,928	16,746		7,275	3,051	-
	$ 53,393,255	$ 26,742,252	$ 26,631,661	$ 19,342	$ 4,852,092	$ 4,880,913	$ 3,451

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PROVIDER INFLATION

SENATE RECOMMENDATION

2025-27 BIENNIUM

Inflation Percentage 2%/2%	2025-27 Biennium				Increase from Executive Request		
Program	TOTAL	GENERAL	FEDERAL	OTHER	GENERAL	FEDERAL	OTHER
Inpatient Hospitals	$ 6,285,871	$ 3,123,555	$ 3,162,316	$ -	$ 786,066	$ 795,809	$ -
Outpatient Hospitals	2,200,003	1,079,700	1,120,303	-	271,714	281,929	-
Professional Services	4,475,776	2,187,622	2,288,154	-	550,531	575,823	-
Other Medical Programs	8,707,265	2,895,903	5,811,362	-	728,776	1,462,502	-
Basic Care	2,007,443	1,454,587	552,856	-	366,056	139,128	-
HCBS/Children Services	5,204,284	2,948,305	2,255,979	-	741,962	567,727	-
Developmental Disability	22,460,812	11,081,970	11,378,842	-	2,788,964	2,863,607	-
Children and Family Services	4,392,176	1,863,122	2,507,817	21,237	446,006	654,051	5,346
Behavioral Health Policy	1,453,885	1,453,885	-	-	365,277	-	-
Human Service Clinics	1,087,414	1,087,414	-	-	273,204	-	-
Aging Services	61,900	43,610	18,290	-	10,957	4,595	-
Grand Total	$ 58,336,829	$ 29,219,673	$ 29,095,919	$ 21,237	$ 7,329,513	$ 7,345,171	$ 5,346

Inflation Percentage 2.5%/2.5%	2025-27 Biennium				Increase from Executive Request		
Program	TOTAL	GENERAL	FEDERAL	OTHER	GENERAL	FEDERAL	OTHER
Inpatient Hospitals	$ 7,867,745	$ 3,909,620	$ 3,958,125	$ -	$ 1,572,131	$ 1,591,618	$ -
Outpatient Hospitals	2,753,646	1,351,415	1,402,231	-	543,429	563,857	-
Professional Services	5,602,130	2,738,153	2,863,977	-	1,101,062	1,151,646	-
Other Medical Programs	10,898,541	3,624,678	7,273,864	-	1,457,551	2,925,004	-
Basic Care	2,512,627	1,820,643	691,984	-	732,112	278,256	-
HCBS/Children Services	6,513,972	3,690,267	2,823,705	-	1,483,924	1,135,453	-
Developmental Disability	20,560,221	10,140,357	10,419,864	-	1,847,351	1,904,629	-
Children and Family Services	5,497,579	2,332,038	3,138,957	26,583	914,922	1,285,191	10,692
Behavioral Health Policy	1,820,365	1,820,365	-	-	731,757	-	-
Human Service Clinics	1,361,518	1,361,518	-	-	547,308	-	-
Aging Services	77,503	54,603	22,900	-	21,950	9,205	-
Grand Total	$ 65,465,848	$ 32,843,658	$ 32,595,607	$ 26,583	$ 10,953,498	$ 10,844,859	$ 10,692

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PROVIDER INFLATION

SENATE RECOMMENDATION

2025-27 BIENNIUM

Inflation Percentage 3%/3%	2025-27 Biennium				Increase from Executive Request		
Program	TOTAL	GENERAL	FEDERAL	OTHER	GENERAL	FEDERAL	OTHER
Inpatient Hospitals	$ 9,460,027	$ 4,700,863	$ 4,759,164	$ -	$ 2,363,374	$ 2,392,657	$ -
Outpatient Hospitals	3,310,932	1,624,919	1,686,013	-	816,933	847,639	-
Professional Services	6,735,894	3,292,310	3,443,584	-	1,655,219	1,731,253	-
Other Medical Programs	13,104,280	4,358,253	8,746,027	-	2,191,126	4,397,167	-
Basic Care	3,021,135	2,189,108	832,027	-	1,100,577	418,299	-
Other Long Term Care	7,832,278	4,437,115	3,395,163	-	2,230,772	1,706,911	-
Developmental Disability	33,803,424	16,678,378	17,125,046	-	8,385,372	8,609,811	-
Children and Family Services	6,610,341	2,804,091	3,774,283	31,967	1,386,975	1,920,517	16,076
Behavioral Health Policy	2,188,049	2,188,049	-	-	1,099,441	-	-
Human Service Clinics	1,636,522	1,636,522	-	-	822,312	-	-
Aging Services	93,157	65,631	27,526	-	32,978	13,831	-
Grand Total	$ 87,796,039	$ 43,975,239	$ 43,788,833	$ 31,967	$ 22,085,079	$ 22,038,085	$ 16,076

2025 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

HB 1012 a.m.
4/11/2025

Related to Health and Human Services.

10:40 a.m. Chairman Dever opened the hearing.

Members present: Chairman Dever and Senators Cleary, Davison, Magrum and Mathern.

Discussion Topics

- Governor's office have an appointee
- Ocean System - Information Technology Project - Ocean System

10:40 a.m. Keith Mantz, Financial Analyst, LC, submitted testimony #44951.

10:43 a.m. Chairman Dever discussed HB 2271.

10:44 a.m. Senator Davison suggested reducing the funding from $12,960,000, to $5,000,000, in the budget for the Altru behavioral health facility grant. Committee approved.

10:45 a.m. Keith Mantz, Financial Analyst, LC, testified neutral and clarified changes.

10:47 a.m. Senator Davison started a discussion concerning section 25, #2, the funding for the information technology project - Ocean System. He suggested reducing the general funding from $14,411,218, to $6,000,000, plus adding a line of credit and keeping federal authority. Committee approved.

10:48 a.m. Donna Aukland, CFO, North Dakota Department of Health and Human Services, (ND DHHS). testified in favor and answered committee questions concerning the information technology project - Ocean System.

10:57 a.m. Keith Mantz, Financial Analyst, LC clarified changes to section 25, #2 concerning the information technology project - Ocean System.

10:58 a.m. Senator Cleary referenced HB 2176 which should have included an amendment and submitted testimony LC#25.1017.02001 #44953. The amendment states who attends the children's cabinet meetings from the governor's office.

11:00 a.m. Keith Mantz, Financial Analyst, LC, clarified changes.

11:08 a.m. Chairman Dever closed the hearing.

Joan Bares, Committee Clerk

HB 1012
4-11-25
Keith Munch

#44951

April 10, 2025

Legislative Council

Department of Health and Human Services - Budget No. 325
Agency Worksheet - House Bill No. 1012

	House Version				Senate Version				Senate Compared to House Version			
									Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Division Totals												
FTE block grant pool	2,688.35	309,564,625	286,720,150	596,284,775	0.00	328,528,354	291,449,112	619,977,466	(2,688.35)	18,963,729	4,728,962	23,692,691
Business Operations	0.00	$49,695,542	$47,368,089	$97,063,631	0.00	$49,695,542	$47,368,089	$97,063,631				$0
Behavioral Health	0.00	181,697,125	399,223,478	580,920,603	0.00	171,756,823	74,855,478	246,612,301		($9,940,302)	($324,368,000)	(334,308,302)
Human Services	0.00	656,536,511	1,226,448,044	1,882,984,555	0.00	641,212,715	1,207,909,377	1,849,122,092		(15,323,796)	(18,538,667)	(33,862,463)
Medical Services	0.00	1,045,252,542	1,810,657,071	2,855,909,613	0.00	1,030,868,636	1,809,220,473	2,840,089,109		(14,383,906)	(1,436,598)	(15,820,504)
Public Health	0.00	35,204,848	229,814,403	265,019,251	0.00	31,861,031	167,119,820	198,980,851		(3,343,817)	(62,694,583)	(66,038,400)
Total 2025-27 funding	**2,688.35**	**$2,277,951,193**	**$4,000,231,235**	**$6,278,182,428**	**0.00**	**$2,253,923,101**	**$3,597,922,349**	**$5,851,845,450**	**(2,688.35)**	**($24,028,092)**	**($402,308,886)**	**($426,336,978)**
	0.00	**$0**	**$0**	**$0**	**0.00**	**$0**	**$0**	**$0**	**0.00**	**$0**	**$0**	**$0**
Total Base Level Funding	**2,688.35**	**$2,277,951,193**	**$4,000,231,235**	**$6,278,182,428**	**0.00**	**$2,253,923,101**	**$3,597,922,349**	**$5,851,845,450**	**(2,688.35)**	**($24,028,092)**	**($402,308,886)**	**($426,336,978)**
2025-27 Total Funding	**2,688.35**	**$2,277,951,193**	**$4,000,231,235**	**$6,278,182,428**	**0.00**	**$2,253,923,101**	**$3,597,922,349**	**$5,851,845,450**	**(2,688.35)**	**($24,028,092)**	**($402,308,886)**	**($426,336,978)**
Federal funds included in other funds			*$3,101,550,885*				*$3,018,363,037*				*($83,187,848)*	

Legislative Council

Salaries and Wages Block Grant Funding Pool - Budget No. 325
Agency Worksheet - House Bill No. 1012

	House Version				Senate Version				Senate Compared to House Version Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	0.00	$0	$0	$0	0.00	$0	$0	$0	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salaries and wages block grant pool	2,688.35	$309,564,625	$286,720,150	$596,284,775	0.00	$309,564,625	$286,720,150	$596,284,775	(2,688.35)			$0
Change to underfunding				0		18,963,729		18,963,729		$18,963,729		18,963,729
Additional block grant funding - human services finance fund				0			4,728,962	4,728,962			$4,728,962	4,728,962
Remove FTE's not funded				0				0				0
2025-27 Total Funding	**2,688.35**	**$309,564,625**	**$286,720,150**	**$596,284,775**	**0.00**	**$328,528,354**	**$291,449,112**	**$619,977,466**	**(2,688.35)**	**$18,963,729**	**$4,728,962**	**$23,692,691**
Federal funds included in other funds			*$244,061,066*				*$244,061,066*				*$0*	

No other sections

Legislative Council

Business Operations - 100 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	House Version				Senate Version				Senate Compared to House Version Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	114.40	$74,099,008	$118,894,310	$192,993,318	114.40	$74,099,008	$118,894,310	$192,993,318	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$1,035,502	$531,151	$1,566,653		$1,035,502	$531,151	$1,566,653				$0
Health insurance increase		651,154	363,569	1,014,723		651,154	363,569	1,014,723				0
Base budget adjustments and transfers		(16,396,866)	(66,836,143)	(83,233,009)		(16,396,866)	(66,836,143)	(83,233,009)				0
FTE block grant pool	(180.55)	(12,603,508)	(17,737,100)	(30,340,608)	(180.55)	(12,603,508)	(17,737,100)	(30,340,608)				0
Information Technology Department (ITD) rate increases		5,196,748	2,152,302	7,349,050		5,196,748	2,152,302	7,349,050				0
IT contractual Inflationary rate increases		20,730,788		20,730,788		20,730,788		20,730,788				0
Operational underfund		(3,050,000)		(3,050,000)		(3,050,000)		(3,050,000)				0
Additional salary funding/underfunding		(20,157,874)		(20,157,874)		(20,157,874)		(20,157,874)				0
Office of Administrative Hearings and Attorney General fee increases		190,590		190,590		190,590		190,590				0
FTE position adjustment	66.15			0	66.15			0				0
Total ongoing funding changes	**(114.40)**	**($24,403,466)**	**($81,526,221)**	**($105,929,687)**	**(114.40)**	**($24,403,466)**	**($81,526,221)**	**($105,929,687)**	**0.00**	**$0**	**$0**	**$0**
One-Time Funding Items												
Retire mainframe and legacy systems ($4MM HS fin fund/$6MM fed)			$10,000,000	$10,000,000			$10,000,000	$10,000,000				$0
Total one-time funding changes	**0.00**	**$0**	**$10,000,000**	**$10,000,000**	**0.00**	**$0**	**$10,000,000**	**$10,000,000**	**0.00**	**$0**	**$0**	**$0**
Total Changes to Base Level Funding	**(114.40)**	**($24,403,466)**	**($71,526,221)**	**($95,929,687)**	**(114.40)**	**($24,403,466)**	**($71,526,221)**	**($95,929,687)**	**0.00**	**$0**	**$0**	**$0**
2025-27 Total Funding	**0.00**	**$49,695,542**	**$47,368,089**	**$97,063,631**	**0.00**	**$49,695,542**	**$47,368,089**	**$97,063,631**	**0.00**	**$0**	**$0**	**$0**
Federal funds included in other funds			*$42,760,908*				*$42,760,908*				*$0*	
Total ongoing changes - Percentage of base level	*(100.0%)*	*(32.9%)*	*(68.6%)*	*(54.9%)*	*(100.0%)*	*(32.9%)*	*(68.6%)*	*(54.9%)*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*(100.0%)*	*(32.9%)*	*(60.2%)*	*(49.7%)*	*(100.0%)*	*(32.9%)*	*(60.2%)*	*(49.7%)*	*N/A*	*N/A*	*N/A*	*N/A*

Legislative Council

Behavioral Health - 200 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	House Version				Senate Version				Senate Compared to House Version Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	1,054.27	$307,905,408	$113,955,941	$421,861,349	1,054.27	$307,905,408	$113,955,941	$421,861,349	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$8,392,306	$134,924	$8,527,230		$8,392,306	$134,924	$8,527,230				$0
Health insurance increase		6,517,157	114,129	6,631,286		6,517,157	114,129	6,631,286				0
Base budget adjustments and transfers		15,466,235	2,311,139	17,777,374		15,466,235	2,311,139	17,777,374				0
FTE block grant pool	(1,159.20)	(190,198,399)	(68,592,655)	(258,791,054)	(1,159.20)	(190,198,399)	(68,592,655)	(258,791,054)				0
Cost to continue programs		5,709,106	(5,000,000)	709,106		5,709,106	(5,000,000)	709,106				0
Opioid settlement			8,000,000	8,000,000			8,000,000	8,000,000				0
Avel eCare rural crisis support continuation (community health trust fund)- reduce other funds			1,000,000	1,000,000			1,000,000	1,000,000				0
Substance use disorder voucher utilization expansion		2,500,000		2,500,000		2,500,000		2,500,000				0
Additional substance use disorder funding for medical expenses with institution for mental disease voucher		500,000		500,000		250,000		250,000		($250,000)		(250,000)
Substance use disorder - 50/50 inpatient/outpatient		500,000		500,000		500,000		500,000				0
Mental health and substance use disorder treatment for incarcerated individuals		2,500,000		2,500,000		0		0		(2,500,000)		(2,500,000)
Western ND behavioral health staffing salary equity		250,536		250,536		250,536		250,536				0
Inflation for vendors crisis residential contract		706,233		706,233		706,233		706,233				0
Inflation for vendors addiction residential contract		917,786		917,786		917,786		917,786				0
Inflation for vendors recovery/rehab contract		2,154,668		2,154,668		2,154,668		2,154,668				0
Inflation for vendors adjustment		(2,000,000)		(2,000,000)		(2,000,000)		(2,000,000)				0
Treatment collaboration for traumatized youth expansion		408,000		408,000		408,000		408,000				0
Voluntary treatment program/qualified residential treatment program private custody youth		1,351,997		1,351,997		1,351,997		1,351,997				0
Youth crisis stabilization pilot(CHTF/Fed)				0			3,000,000	3,000,000			$3,000,000	3,000,000
Cost to continue free through recovery and community connect		4,761,081		4,761,081		4,761,081		4,761,081				0
Expanded Community Connect services		4,458,814		4,458,814		3,500,000		3,500,000		(958,814)		(958,814)
Expand free through recovery services		4,016,908		4,016,908		2,000,000		2,000,000		(2,016,908)		(2,016,908)
Peer support increase		137,990		137,990		137,990		137,990				0
Drug court treatment expansion		200,000		200,000		200,000		200,000				0
Provider inflation increase 2% and 2%		2,541,299		2,541,299		2,541,299		2,541,299				0
Behavioral health services for nursing homes and basic care facilities		2,000,000		2,000,000		0		0		(2,000,000)		(2,000,000)
Increased revenue projection - clinics				0		(2,000,000)	2,000,000	0		(2,000,000)	2,000,000	0
Provider inflation adjustment to 2% and 1.5%				0		(214,580)		(214,580)		(214,580)		(214,580)
FTE position adjustment	104.93			0	104.93			0				0
Total ongoing funding changes	**(1,054.27)**	**($126,208,283)**	**($62,032,463)**	**($188,240,746)**	**(1,054.27)**	**($136,148,585)**	**($57,032,463)**	**($193,181,048)**	**0.00**	**($9,940,302)**	**$5,000,000**	**($4,940,302)**
One-Time Funding Items												

Electronic Health Record/Pharmacy system (SIIF)			$500,000	$500,000			$500,000	$500,000				$0
Retire health record legacy system on mainframe (SIIF)			1,000,000	1,000,000			1,000,000	1,000,000				0
State hospital network redundancy and speed (SIIF)			500,000	500,000			500,000	500,000				0
Develop partial hospitalization/intensive day treatment (community health trust fund)			2,000,000	2,000,000			2,000,000	2,000,000				0
Bathroom remodel at Southeast Human Service Center (SIIF)			340,000	340,000			972,000	972,000			$632,000	632,000
Construction of new state hospital -(SIIF) - BND line of credit			330,000,000	330,000,000			0	0			(330,000,000)	(330,000,000)
Behavioral health facility grant(SIIF)			12,960,000	12,960,000			12,960,000	12,960,000				0
Total one-time funding changes	**0.00**	**$0**	**$347,300,000**	**$347,300,000**	**0.00**	**$0**	**$17,932,000**	**$17,932,000**	**0.00**	**$0**	**($329,368,000)**	**($329,368,000)**
Total Changes to Base Level Funding	**(1,054.27)**	**($126,208,283)**	**$285,267,537**	**$159,059,254**	**(1,054.27)**	**($136,148,585)**	**($39,100,463)**	**($175,249,048)**	**0.00**	**($9,940,302)**	**($324,368,000)**	**($334,308,302)**
2025-27 Total Funding	**0.00**	**$181,697,125**	**$399,223,478**	**$580,920,603**	**0.00**	**$171,756,823**	**$74,855,478**	**$246,612,301**	**0.00**	**($9,940,302)**	**($324,368,000)**	**($334,308,302)**
Federal funds included in other funds			*$42,070,302*				*$43,570,302*				*$1,500,000*	
Total ongoing changes - Percentage of base level	*(100.0%)*	*(41.0%)*	*(54.4%)*	*(44.6%)*	*(100.0%)*	*(44.2%)*	*(50.0%)*	*(45.8%)*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*(100.0%)*	*(41.0%)*	*250.3%*	*37.7%*	*(100.0%)*	*(44.2%)*	*(34.3%)*	*(41.5%)*	*N/A*	*N/A*	*N/A*	*N/A*

Legislative Council

Human Services - 300 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	House Version				Senate Version				Senate Compared to House Version			
									Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	1,009.16	$623,450,353	$1,240,409,529	$1,863,859,882	1,009.16	$623,450,353	$1,240,409,529	$1,863,859,882	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$2,546,488	$4,704,191	$7,250,679		$2,546,488	$4,704,191	$7,250,679				$0
Health insurance increase		2,072,787	3,795,116	5,867,903		2,072,787	3,795,116	5,867,903				0
FTE block grant pool	(1,029.70)	(76,722,653)	(150,764,540)	(227,487,193)	(1,028.70)	(76,722,653)	(150,764,540)	(227,487,193)	1.00			0
Base budget adjustments and transfers		10,605,259	93,868,910	104,474,169		10,605,259	93,868,910	104,474,169				0
DHHS cost to continue		57,330,438	(2,746,684)	54,583,754		57,330,438	(2,746,684)	54,583,754				0
Adoption contract increase		4,883,205		4,883,205		4,883,205		4,883,205				0
Housing assistance to support targeted population - DOJ		300,000		300,000		300,000		300,000				0
Services to support transition and diversion from institution - DOJ		2,733,934	2,555,463	5,289,397		2,733,934	2,555,463	5,289,397				0
Implement host home service DD HCBS waiver		1,689,900	1,689,900	3,379,800		1,689,900	1,689,900	3,379,800				0
Adult Protective Services coverage contracts		718,522		718,522		718,522		718,522				0
Representation supports for families		350,000	350,000	700,000		350,000	350,000	700,000				0
Provider inflation increase 2% and 2%		12,988,702	13,926,186	26,914,888		12,988,702	13,926,186	26,914,888				0
Zone employee increases 3% and 3% and health insurance			5,002,833	5,002,833			5,002,833	5,002,833				0
FMAP percentage change 50.0% to 50.99%		(4,290,660)	744,660	(3,546,000)		(4,290,660)	744,660	(3,546,000)				0
State dementia coordinator	1.00			0	0.00			0	(1.00)			0
FTE position adjustment	19.54			0	19.54			0				0
LIHEAP reduction - accounting change				0			(9,000,000)	(9,000,000)			($9,000,000)	(9,000,000)
Adjust foster care expected case load				0		(9,000,000)	(9,000,000)	(18,000,000)		($9,000,000)	(9,000,000)	(18,000,000)
Remove Waterford program funding				0		(2,400,000)		(2,400,000)		(2,400,000)		(2,400,000)
Ministry on the margins				0		285,000		285,000		285,000		285,000
Fraser itd				0		300,000		300,000		300,000		300,000
Remove guardianship funding				0		(6,532,355)		(6,532,355)		(6,532,355)		(6,532,355)
Revised FMAP FFY 2027 - 1%				0		(1,962,900)	1,962,900	0		(1,962,900)	1,962,900	0
Provider inflation adjustment to 2% and 1.5%				0		(1,105,805)	(1,201,567)	(2,307,372)		(1,105,805)	(1,201,567)	(2,307,372)
Total ongoing funding changes	**(1,009.16)**	**$15,205,922**	**($26,873,965)**	**($11,668,043)**	**(1,009.16)**	**($5,210,138)**	**($44,112,632)**	**($49,322,770)**	**0.00**	**($20,416,060)**	**($17,238,667)**	**($37,654,727)**
One-Time Funding Items												
Retire economic assistance legacy system on mainframe (SIIF)			$2,000,000	$2,000,000			$2,000,000	$2,000,000				$0
Conversion of developmental disabilities eligibility assessment		$200,000	200,000	400,000		$200,000	200,000	400,000				0
Implement comprehensive vocational rehab technology system (federal funds) (community health trust fund)			8,000,000	8,000,000			1,000,000	1,000,000			($7,000,000)	(7,000,000)
Replace roof at Cedar Grove building at LSTC (SIIF)			712,480	712,480			712,480	712,480				0
Best in Class expansion		6,000,000		6,000,000		2,000,000		2,000,000		($4,000,000)		(4,000,000)
Childcare grants, resources and shared services		2,500,000		2,500,000		2,500,000		2,500,000				0
Early childhood quality infrastructure		3,000,000		3,000,000		3,000,000		3,000,000				0

Maintaining expanded inclusion support for special needs childcare		172,500		172,500		172,500		172,500				0
Offer quality rated childcare programs access to teaching strategy		100,000		100,000		100,000		100,000				0
Quality tiered payments for childcare assistance program		1,500,000		1,500,000		1,500,000		1,500,000				0
Housing assistance for people at risk of instability (SIIF)				0			1,000,000	1,000,000			1,000,000	1,000,000
Eviction prevention program (SIIF)				0			500,000	500,000			500,000	500,000
Home renovation incentives for accessibility (SIIF)			1,000,000	1,000,000			1,000,000	1,000,000				0
Grant for community cultural center programming			1,000,000	1,000,000			300,000	300,000			(700,000)	(700,000)
Winter park adaptive recreation program grant		200,000		200,000		0		0		(200,000)		(200,000)
Intermediate care facility grant for Anne Carlsen		3,457,736		3,457,736		0	4,400,000	4,400,000		(3,457,736)	4,400,000	942,264
Juvenile justice services (CHTF)		750,000		750,000		0	500,000	500,000		(750,000)	500,000	(250,000)
Infant and toddler care provider support				0		13,500,000		13,500,000		13,500,000		13,500,000
Total one-time funding changes	**0.00**	**$17,880,236**	**$12,912,480**	**$30,792,716**	**0.00**	**$22,972,500**	**$11,612,480**	**$34,584,980**	**0.00**	**$5,092,264**	**($1,300,000)**	**$3,792,264**
Total Changes to Base Level Funding	**(1,009.16)**	**$33,086,158**	**($13,961,485)**	**$19,124,673**	**(1,009.16)**	**$17,762,362**	**($32,500,152)**	**($14,737,790)**	**0.00**	**($15,323,796)**	**($18,538,667)**	**($33,862,463)**
2025-27 Total Funding	**0.00**	**$656,536,511**	**$1,226,448,044**	**$1,882,984,555**	**0.00**	**$641,212,715**	**$1,207,909,377**	**$1,849,122,092**	**0.00**	**($15,323,796)**	**($18,538,667)**	**($33,862,463)**
Federal funds included in other funds			*$958,049,164*				*$934,514,497*				*($23,534,667)*	
Total ongoing changes - Percentage of base level	*(100.0%)*	*2.4%*	*(2.2%)*	*(0.6%)*	*(100.0%)*	*(0.8%)*	*(3.6%)*	*(2.6%)*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*(100.0%)*	*5.3%*	*(1.1%)*	*1.0%*	*(100.0%)*	*2.8%*	*(2.6%)*	*(0.8%)*	*N/A*	*N/A*	*N/A*	*N/A*

Other Sections in Human Services - 300 - Budget No. 325

Section Description	House Version	Senate Version	
No other sections			

Legislative Council

Medical Services - 400 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	House Version				Senate Version				Senate Compared to House Version			
									Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	90.50	$958,216,598	$1,818,029,530	$2,776,246,128	90.50	$958,216,598	$1,818,029,530	$2,776,246,128	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$338,151	$479,188	$817,339		$338,151	$479,188	$817,339				$0
Health insurance increase		233,619	342,896	576,515		233,619	342,896	576,515				0
Base budget adjustments and transfers		(28,505,732)	61,061,722	32,555,990		(28,505,732)	61,061,722	32,555,990				0
DHHS cost to continue		71,253,662	(118,383,672)	(47,130,010)		71,253,662	(118,383,672)	(47,130,010)				0
HCBS cost to continue		36,977,113	27,837,811	64,814,924		36,977,113	27,837,811	64,814,924				0
FTE block grant pool	(101.75)	(9,636,069)	(15,163,610)	(24,799,679)	(101.75)	(9,636,069)	(15,163,610)	(24,799,679)				0
DD bed assessment adjustment			7,209,580	7,209,580			7,209,580	7,209,580				0
Value based purchasing Medicaid		1,000,000	1,000,000	2,000,000		1,000,000	1,000,000	2,000,000				0
Home health targeted rate increase		1,235,768	1,235,768	2,471,536		1,235,768	1,235,768	2,471,536				0
Qualified service provider target rate increase		3,595,104	1,797,552	5,392,656		3,595,104	1,797,552	5,392,656				0
HCBS cross disability waiver		2,474,226	2,474,226	4,948,452		2,474,226	2,474,226	4,948,452				0
Rebase Medicaid rates for ambulance service		2,189,770	2,189,770	4,379,540		1,000,000	1,000,000	2,000,000		($1,189,770)	($1,189,770)	(2,379,540)
Provider inflation increases 2% and 2%		13,689,672	15,190,970	28,880,642		13,689,672	15,190,970	28,880,642				0
FMAP percentage change 50.0% to 50.99%		(7,809,340)	1,355,340	(6,454,000)		(7,809,340)	1,355,340	(6,454,000)				0
Medicaid underfund				0		(4,000,000)	(4,000,000)	(8,000,000)		(4,000,000)	(4,000,000)	(8,000,000)
1915(I) reduction				0		(1,000,000)	(1,000,000)	(2,000,000)		(1,000,000)	(1,000,000)	(2,000,000)
Revised FMAP FFY 2027 - 1%				0		(7,037,100)	7,037,100	0		(7,037,100)	7,037,100	0
Provider inflation adjustment to 2% and 1.5%				0		(1,157,036)	(1,283,928)	(2,440,964)		(1,157,036)	(1,283,928)	(2,440,964)
Transfer basic care daily rate to one-time				0		(4,067,056)	(1,474,184)	(5,541,240)		(4,067,056)	(1,474,184)	(5,541,240)
FTE position adjustment	11.25			0	11.25			0				0
Total ongoing funding changes	**(90.50)**	**$87,035,944**	**($11,372,459)**	**$75,663,485**	**(90.50)**	**$68,584,982**	**($13,283,241)**	**$55,301,741**	**0.00**	**($18,450,962)**	**($1,910,782)**	**($20,361,744)**
One-Time Funding Items												
Retire Medicaid legacy system on mainframe (SIIF)			$2,000,000	$2,000,000			$2,000,000	$2,000,000				$0
Critical access hospital networking grant (CHTF)			2,000,000	2,000,000			1,000,000	1,000,000			($1,000,000)	(1,000,000)
Transfer basic care daily rate to one-time				0		$4,067,056	1,474,184	5,541,240		$4,067,056	1,474,184	5,541,240
Total one-time funding changes	**0.00**	**$0**	**$4,000,000**	**$4,000,000**	**0.00**	**$4,067,056**	**$4,474,184**	**$8,541,240**	**0.00**	**$4,067,056**	**$474,184**	**$4,541,240**
Total Changes to Base Level Funding	**(90.50)**	**$87,035,944**	**($7,372,459)**	**$79,663,485**	**(90.50)**	**$72,652,038**	**($8,809,057)**	**$63,842,981**	**0.00**	**($14,383,906)**	**($1,436,598)**	**($15,820,504)**
2025-27 Total Funding	**0.00**	**$1,045,252,542**	**$1,810,657,071**	**$2,855,909,613**	**0.00**	**$1,030,868,636**	**$1,809,220,473**	**$2,840,089,109**	**0.00**	**($14,383,906)**	**($1,436,598)**	**($15,820,504)**
Federal funds included in other funds			*$1,747,182,952*				*$1,746,746,354*				*($436,598)*	
Total ongoing changes - Percentage of base level	*(100.0%)*	*9.1%*	*(0.6%)*	*2.7%*	*(100.0%)*	*7.2%*	*(0.7%)*	*2.0%*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*(100.0%)*	*9.1%*	*(0.4%)*	*2.9%*	*(100.0%)*	*7.6%*	*(0.5%)*	*2.3%*	*N/A*	*N/A*	*N/A*	*N/A*

Legislative Council

Public Health - 500 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	House Version				Senate Version				Senate Compared to House Version Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	215.50	$47,756,180	$250,440,690	$298,196,870	215.50	$47,756,180	$250,440,690	$298,196,870	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$1,714,252		$1,714,252		$1,714,252		$1,714,252				$0
Health insurance increase		1,183,357		1,183,357		1,183,357		1,183,357				0
FTE block grant pool	(217.15)	(20,403,996)	($34,462,245)	(54,866,241)	(217.15)	(20,403,996)	($34,462,245)	(54,866,241)				0
Base budget adjustments and transfers		(1,503,118)	3,120,553	1,617,435		(1,503,118)	3,120,553	1,617,435				0
Adds funding to replace the 2023-25 new FTE pool		65,094	50,008	115,102		65,094	50,008	115,102				0
Adds funding to replace the 2023-25 vacant FTE pool		569,060	1,754,865	2,323,925		569,060	1,754,865	2,323,925				0
Expansion for domestic and sexual violence prevention (community health trust fund)			2,250,000	2,250,000			2,250,000	2,250,000				0
Additional domestic violence and sexual violence prevention		1,700,000		1,700,000		0		0		($1,700,000)		(1,700,000)
Funding for Safe Haven program		440,000		440,000		0		0		(440,000)		(440,000)
Maternal and child health programs enhancement				0				0				0
Coordinated purchasing to support immunization access (public health and consolidated lab fund)			2,213,930	2,213,930			0	0			($2,213,930)	(2,213,930)
Forensic pathology contract		2,866,156	(1,000,000)	1,866,156		2,000,000	(1,000,000)	1,000,000		(866,156)		(866,156)
Food and lodging 7.5% additional fee increase to 20% in total		(71,298)	71,298	0		(71,298)	71,298	0				0
Additional grant for Family Voices		100,000		100,000		50,000		50,000		(50,000)		(50,000)
Fetal Alcohol spectrum disorder clinic		637,661		637,661		350,000		350,000		(287,661)		(287,661)
Reduce cares act/COVID funds				0			(60,716,583)	(60,716,583)			(60,716,583)	(60,716,583)
FTE position adjustment	1.65			0	1.65			0				0
Total ongoing funding changes	**(215.50)**	**($12,702,832)**	**($26,001,591)**	**($38,704,423)**	**(215.50)**	**($16,046,649)**	**($88,932,104)**	**($104,978,753)**	**0.00**	**($3,343,817)**	**($62,930,513)**	**($66,274,330)**
One-Time Funding Items												
Nonfatal toxicology testing equipment(health lab)		$151,500	$100,000	$251,500		$151,500	$100,000	251,500				0
Public health laboratory transition (SIIF)			2,962,304	2,962,304			2,962,304	2,962,304				0
Forensic examiner electronic records system (community health trust fund)			278,000	278,000			0	0			($278,000)	(278,000)
Food and lodging management information system(community health trust fund)			335,000	335,000			335,000	335,000				0
Health facilities and EMS licensure management system (community health trust fund)			650,000	650,000			0	0			(650,000)	(650,000)
Funding for Cass County animal shelter(community health trust fund)			300,000	300,000			0	0			(300,000)	(300,000)
Statewide health strategies grant (community health trust fund)			750,000	750,000			0	0			(750,000)	(750,000)

Public Health Data Modernization(public health and consolidated lab fund)				0			2,213,930	2,213,930			2,213,930	2,213,930
Total one-time funding changes	**0.00**	**$151,500**	**$5,375,304**	**$5,526,804**	**0.00**	**$151,500**	**$5,611,234**	**$5,762,734**	**0.00**	**$0**	**$235,930**	**$235,930**
Total Changes to Base Level Funding	**(215.50)**	**($12,551,332)**	**($20,626,287)**	**($33,177,619)**	**(215.50)**	**($15,895,149)**	**($83,320,870)**	**($99,216,019)**	**0.00**	**($3,343,817)**	**($62,694,583)**	**($66,038,400)**
2025-27 Total Funding	**0.00**	**$35,204,848**	**$229,814,403**	**$265,019,251**	**0.00**	**$31,861,031**	**$167,119,820**	**$198,980,851**	**0.00**	**($3,343,817)**	**($62,694,583)**	**($66,038,400)**
Federal funds included in other funds			*$188,459,479*				*$127,742,896*				*($60,716,583)*	
Total ongoing changes - Percentage of base level	*(100.0%)*	*(26.6%)*	*(10.4%)*	*(13.0%)*	*(100.0%)*	*(33.6%)*	*(35.5%)*	*(35.2%)*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*(100.0%)*	*(26.3%)*	*(8.2%)*	*(11.1%)*	*(100.0%)*	*(33.3%)*	*(33.3%)*	*(33.3%)*	*N/A*	*N/A*	*N/A*	*N/A*

25.1017.02001
Title.

Prepared by the Legislative Council staff for Senator Axtman
March 10, 2025

Sixty-ninth
Legislative Assembly
of North Dakota

PROPOSED AMENDMENTS TO FIRST ENGROSSMENT

ENGROSSED SENATE BILL NO. 2176

Introduced by

Senators Axtman, Hogan

Representatives O'Brien, Pyle

A BILL for an Act to create and enact a new section to chapter 54-07 of the North Dakota Century Code, relating to the children's cabinet and designated working groups; to repeal section 50-06-43.1 of the North Dakota Century Code, relating to the children's cabinet; and to provide for a legislative management report~~; and to provide an appropriation~~.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. A new section to chapter 54-07 of the North Dakota Century Code is created and enacted as follows:

Children's cabinet - Membership - Duties - Working groups - Report.

1. The children's cabinet is created to assess, guide, and coordinate the care for children and families across the state's branches of government and the tribal nations.
2. The children's cabinet is composed of:
   a. The governor, or the governor's designee;
   b. The chief justice of the supreme court, or the chief justice's designee;
   c. Two members of the house of representatives, appointed by the majority leader of the house of representatives to serve two-year terms;
   d. Two members of the senate, appointed by the majority leader of the senate to serve two-year terms;
   e. The superintendent of public instruction, or the superintendent's designee;
   f. The director of the committee on protection and advocacy, or the director's designee;

g. The commissioner of the department of health and human services, or the commissioner's designee;

h. A representative of the tribal nations in the state, who is appointed by the governor; and

i. Five individuals, appointed by the governor to serve a term of two years at the pleasure of the governor, consisting of:

(1) A local school representative;

(2) A local special education representative;

(3) A human service zone director;

(4) A representative of a private agency that provides direct services to vulnerable children; and

(5) A parent.

3. The governor, in collaboration with the chairman of the legislative management, shall appoint as the presiding officer of the children's cabinet a member of the governor's cabinet or a legislator serving on the children's cabinet. The children's cabinet shall select one of its members to serve as the vice-presiding officer.

4. The children's cabinet shall meet at least quarterly. Additional meetings may be held at the discretion of the presiding officer.

5. The children's cabinet shall:

a. Coordinate broad-based leadership across programs, agencies, branches of government, and tribal nations to meet the needs of children and families;

b. Develop strategies to address gaps or needs regarding early care and education, medical and behavioral health, community, child welfare, and juvenile justice;

c. Develop strategies to provide for the full continuum of care in the delivery of services, including promotion, prevention, early identification and intervention, service delivery, and recovery;

d. Seek to engage cooperation across public and private service providers;

e. Provide a comprehensive vision for how and where children are best served, attending to children and families in a respectful and relevant manner;

f. Seek strategies to provide services to children without consideration of prior engagement with juvenile services;

g. Provide for the active participation of consumers and providers statewide on advisory committees;

h. Receive information and recommendations from the department of health and human services, department of corrections and rehabilitation, and other state agencies;

i. Establish and oversee designated working groups to develop policies impacting children and families; and

j. Provide an annual report to the legislative management and governor regarding the activities and findings of:

(1) The children's cabinet; and

(2) Other designated working groups on children and family issues.

6. a. The office of the governor shall provide staffing and administrative services for the children's cabinet and coordinate with other designated working groups on children and family issues.

b. The governor or the governor's designee serving on the cabinet may appoint a representative to serve in that official's capacity at a meeting if the governor or governor's designee is unable to attend.

7. a. The presiding officer of the children's cabinet may designate working groups and appoint or remove liaisons to serve on the working groups.

b. A member of the children's cabinet or working group who is not a state employee is entitled to reimbursement for mileage and expenses as provided by law for state officers and employees, to be paid by the office of the governor.

c. A state employee who is a member of the children's cabinet or working group is entitled to receive that employee's regular salary and is entitled to reimbursement for mileage and expenses to be paid by the employing agency.

d. A member of the children's cabinet or working group who is a member of the legislative assembly is entitled to receive per diem compensation at the rate provided under section 54-35-10 for each day performing official duties of the children's cabinet or working group. The legislative council shall pay the per diem compensation and reimbursement for travel and such expenses as provided by

law for any member of the children's cabinet or working group who is a member of the legislative assembly.

SECTION 2. REPEAL. Section 50-06-43.1 of the North Dakota Century Code is repealed.

~~**SECTION 3. APPROPRIATION - OFFICE OF THE GOVERNOR - CHILDREN'S CABINET.** There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $220,000, or so much of the sum as may be necessary, to the office of the governor, for the purpose of administering the children's cabinet and coordinating designated working groups, for the biennium beginning July 1, 2025, and ending June 30, 2027.~~

2025 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

HB 1012
4/14/2025

Related to Health and Human Services.

3:32 p.m. Chairman Dever opened the hearing.

Members present: Chairman Dever and Senators Cleary, Davison, Magrum and Mathern.

Discussion Topics

- Waterford Project
- Final Budget Review
- Three Changes to Bill

3:32 p.m. Senator Dever started discussion about the process to review the bill.

3:32 p.m. Keith Mantz, Fiscal Analyst, LC, testified neutral and submitted testimony #44981 and #44985.

3:38 p.m. Chairman Dever started discussion of bill with the Statement of Purpose Section 1-9 of the bill.

3:46 p.m. Chairman Dever discussed page 7 & 8, Section 2 - One-Time Funding.

3:48 p.m. Keith Mantz, Fiscal Analyst, LC, testified neutral and answered committee questions.

3:52 p.m. Senator Cleary asked about Medical Housing Fourplex.

3:52 p.m. Keith Mantz, Fiscal Analyst, LC, testified neutral and answered committee questions.

3:55 p.m. Chairman Dever discussed Section 3 & Section 4. A correction needs to be made to page 9, Section 4, line 16. Change $30,000,000, to $6,307,309.

3:56 p.m. Donna Aukland, CFO, North Dakota Department of Health and Human Services (ND DHH), testified in favor and answered committee questions pertaining to the change.

3: 58 p.m. Keith Mantz, Fiscal Analyst, LC, testified neutral and answered committee questions pertaining to the change.

3:58 p.m. Chairman Dever discussed Section 5 - Section 18.

4:04 p.m. Keith Mantz, Financial Analyst, LC, testified neutral and answered committee questions.

4:06 p.m. The second change is on page 15, section 18, line 25, change "human service centers" to "certified community behavior health clinics."

4:06 p.m. Donna Aukland, CFO, ND DHHS, testified neutral and answered committee questions concerning Section 16.

4:06 p.m. Chairman Dever discussed Sections 19 - 30.

4:19 p.m. Chairman Dever discussed A third change on page 21, Section 31, lines 16 and 17. Strikeout "may implement any adjustments the department determines appropriate and replace with "report any findings and recommendations to the seventeenth legislative assembly."

4:20 p.m. Chairman Dever discussed Section 32 - 50.

4:36 p.m. Steph Gullickson, Fiscal Management Analyst, OMB, testified neutral, and discussed an issue with Section 16. Some dollar amounts need to be double-checked and should match.

4:38 p.m. Chairman Dever discussed the total of all funds.

4:42 p.m. Keith Mantz, Financial Analyst, LC, explained FTE count.

4:46 p.m. Donna Aukland, CFO, ND DHHS, testified in favor and answered committee questions concerning FTE count.

5:05 p.m. Donna Aukland, CFO, ND DHHS, testified in favor and answered committee questions concerning FMAP.

Additional Testimony:

Carlotta McCleary, Spokesperson, Mental Health Advocacy Network, submitted written testimony # 45001 in favor.

5:07 p.m. Chairman Dever closed the hearing.

Joan Bares, Committee Clerk

April 14, 2025

Legislative Council

Department of Health and Human Services - Budget No. 325
Agency Worksheet - House Bill No. 1012

	House Version				Senate Version				Senate Compared to House Version Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Division Totals												
FTE block grant pool	2,688.35	309,564,625	286,720,150	596,284,775	2,688.35	328,528,354	291,449,112	619,977,466		18,963,729	4,728,962	23,692,691
Business Operations	0.00	$49,695,542	$47,368,089	$97,063,631	0.00	$49,695,542	$47,368,089	$97,063,631				$0
Behavioral Health	0.00	181,697,125	399,223,478	580,920,603	0.00	171,756,823	66,895,478	238,652,301		($9,940,302)	($332,328,000)	(342,268,302)
Human Services	0.00	656,536,511	1,226,448,044	1,882,984,555	0.00	641,212,715	1,216,320,595	1,857,533,310		(15,323,796)	(10,127,449)	(25,451,245)
Medical Services	0.00	1,045,252,542	1,810,657,071	2,855,909,613	0.00	1,031,068,636	1,809,220,473	2,840,289,109		(14,183,906)	(1,436,598)	(15,620,504)
Public Health	0.00	35,204,848	229,814,403	265,019,251	0.00	31,861,031	167,119,820	198,980,851		(3,343,817)	(62,694,583)	(66,038,400)
Total 2025-27 funding	**2,688.35**	**$2,277,951,193**	**$4,000,231,235**	**$6,278,182,428**	**2,688.35**	**$2,254,123,101**	**$3,598,373,567**	**$5,852,496,668**	**0.00**	**($23,828,092)**	**($401,857,668)**	**($425,685,760)**
	0.00	**$0**	**$0**	**$0**	**0.00**	**$0**	**$0**	**$0**	**0.00**	**$0**	**$0**	**$0**
Total Base Level Funding	**2,688.35**	**$2,277,951,193**	**$4,000,231,235**	**$6,278,182,428**	**2,688.35**	**$2,254,123,101**	**$3,598,373,567**	**$5,852,496,668**	**0.00**	**($23,828,092)**	**($401,857,668)**	**($425,685,760)**
2025-27 Total Funding	**2,688.35**	**$2,277,951,193**	**$4,000,231,235**	**$6,278,182,428**	**2,688.35**	**$2,254,123,101**	**$3,598,373,567**	**$5,852,496,668**	**0.00**	**($23,828,092)**	**($401,857,668)**	**($425,685,760)**
Federal funds included in other funds			*$3,101,550,885*				*$3,018,363,037*				*($83,187,848)*	
Total ongoing changes - Percentage of base level	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*

Other Sections in Department of Health and Human Services - Budget No. 325

Section Description	House Version	Senate Version	
Funding transfers	Section 3 authorizes the transfer of appropriation authority between line items within Section 1 of the bill.	Section 3 authorizes the transfer of appropriation authority between line items within Section 1 of the bill.	
FTE position block grant program	Section 4 authorizes DHHS to increase or decrease the authorized FTE positions subject to the availability of funds.	Section 4 authorizes DHHS to increase or decrease the authorized FTE positions subject to the availability of funds.	
FTE Block grant reporting	Section 5 has requires the department to report on the block grant program.	Section 5 requires the department to report on the block grant program.	
Behavioral health facility grant - SIIF	Section 6 identifies $12,960,000 from the SIIF for a grant to establish a behavioral health facility in the northeast human service region.	Section 6 identifies $5,000,000 from the SIIF for a grant to establish a behavioral health facility in the northeast human service region.	
Infant and toddler care provider support direct payment		Section 7 identifies $13,500,000 of one-time funding for direct payments to licensed child care providers to support high-quality early childhood care for infants and toddlers.	
Intermediate care facility medically and behaviorally complex services grant - SIIF		Section 8 identifies $4,400,000 from the SIIF for a one-time grant for a licensed intermediate care facility in the south central human service region.	
Special health care needs grant		Section 9 identifies $50,000 from general fund for a grant for a provider in south central human services for education, information, training, and peer support to families with children with special needs.	

Other Sections in Department of Health and Human Services - Budget No. 325

Section Description	House Version	Senate Version	
Crisis services grants		Section 10 identifies $585,000 from general fund for a grants of $300,000 to a crisis organization that provides crisis services to young adults at risk of being homeless and $285,000 to a volunteer based ecumenical ministry organization.	
Medical housing for individuals with extraordinary medical needs		Section 11 identifies $200,000 for preliminary design to develop medical housing for individuals with extraordinary medical needs and to provide rent subsidies to individuals that reside in these housing facilities.	
Community cultural center grant - SIIF	Section 7 identifies $1,000,000 from the SIIF for a one-time grant for a community cultural center in the west central human service region.	Section 12 identifies $300,000 from the SIIF for a one-time grant for a community cultural center in the west central human service region.	
Juvenile justice diversion services and program - Community health trust fund	Section 8 identifies $750,000 of one-time funding from the general fund for juvenile justice diversion services and programs.	Section 13 identifies $500,000 of one-time funding from the community health trust fund for juvenile justice diversion services and programs.	
Animal shelter grant - Community health trust fund	Section 9 identifies $300,000 of one-time funding from the community health trust fund to provide a grant for construction of an animal shelter.		
Statewide health strategies - Community health trust fund	Section 10 identifies $750,000 of one-time funding from the community health trust fund for the statewide health strategies initiative.		
Other funds - Insurance tax distribution fund	Section 11 identifies $1,125,000 from the insurance tax distribution fund for rural emergency medical services grants.	Section 14 identifies $1,125,000 from the insurance tax distribution fund for rural emergency medical services grants.	
Other funds - Community health trust fund	Section 12 identifies $38,713,522 from the community health trust fund for the following purposes: loan repayment programs ($594,500), tobacco and vaping programs ($11,599,698), cancer and women's way programs ($909,824), behavioral risk state survey ($200,000), domestic violence programs ($4,250,000), local public health grants ($3,275,000), 988 crisis hotline ($1,867,500), various information technology system upgrades ($2,967,000), grants to rural ambulances ($7,000,000), law enforcement rural crisis support program ($1,000,000), Development of partial hospitalization/intensive day treatment ($2,000,000), Critical access hospital networking ($2,000,000), Animal shelter grant ($300,000), statewide health strategies ($750,000).	Section 15 identifies $41,431,522 from the community health trust fund for the following purposes: loan repayment programs ($594,500), tobacco prevention grants to public health units ($6,250,000), tobacco prevention ($4,549,698), tobacco cessation grants ($500,000), youth vaping prevention ($300,000), cancer and women's way programs ($909,824), behavioral risk state survey ($200,000), youth crisis stabilization ($1,500,000), intermediate care facility grant ($4,400,000), domestic violence programs ($4,250,000), local public health grants ($3,275,000), 988 crisis hotline ($1,867,500), various information technology system upgrades ($1,335,000), grants to rural ambulances ($7,000,000), law enforcement rural crisis support program ($1,000,000), Development of partial hospitalization/intensive day treatment ($2,000,000), juvenile justice services ($500,000), critical access hospital networking ($1,000,000).	
Other funds - Human service finance fund	Section 13 identifies $239,112,030 from the human services finance fund for state-paid economic assistance and social and human services.	Section 16 identifies $242,112,030 from the human services finance fund for state-paid economic assistance and social and human services.	
Opioid settlement fund	Section 14 identifies $8,000,000 from the opioid settlement fund for opioid remediation and abatement efforts.	Section 17 identifies $8,000,000 from the opioid settlement fund for opioid remediation and abatement efforts.	

Other Sections in Department of Health and Human Services - Budget No. 325

Section Description	House Version	Senate Version	
Other funds - SIIF	Section 15 identifies $227,474,784 from SIIF for the following purposes: retiring technology from the mainframe ($7,500,000), new state lab and purchase security equipment ($2,962,304), capital projects in human service centers and the LSTC ($1,052,480), housing initiative programs ($1,000,000), technology projects at the State Hospital ($1,000,000), behavioral health facility grant ($12,960,000), community cultural center grant ($1,000,000), and a new State Hospital capital project ($200,000,000).	Section 18 identifies $18,446,784 from SIIF for the following purposes: retiring technology from the mainframe ($5,000,000), new state lab and purchase security equipment ($2,962,304), capital projects in human service centers and the LSTC ($1,684,480), housing initiative programs ($2,500,000), technology projects at the State Hospital ($1,000,000), behavioral health facility grant ($5,000,000), community cultural center grant ($300,000).	
Bank of North Dakota line of credit	Section 16 provides for a $130,000,000 Bank of North Dakota line of credit for costs associated with the construction of a new state hospital.	Section 19 provides for a $8,411,218 Bank of North Dakota line of credit for costs associated with the child welfare technology project.	
Laboratory building steering committee	Section 17 requires DHHS will maintain the laboratory building steering committee to oversee the design and construction of the laboratory building project during the biennium or until the work is completed, whichever is earlier.	Section 20 requires DHHS will maintain the laboratory building steering committee to oversee the design and construction of the laboratory building project during the biennium or until the work is completed, whichever is earlier.	
New state hospital steering committee	Section 18 requires DHHS will establish a state hospital facility steering committee to oversee the design and construction of the new State Hospital project during the biennium.	Section 21 requires DHHS will establish a state hospital facility steering committee to oversee the design and construction of the new State Hospital project during the biennium.	
Capital payments	Section 19 authorizes DHHS to expend funds for the payment of special assessments at the State Hospital, Southeast Human Service Center, and Life Skills and Transition Center.	Section 22 authorizes DHHS to expend funds for the payment of special assessments at the State Hospital, Southeast Human Service Center, and Life Skills and Transition Center.	
Capital projects - Emergency commission approval	Section 20 authorizes transfers from line items within Section 1 of this bill for capital projects and maintenance pertaining to the operation of facilities including demolition projects of up to $10 million, DHHS may seek emergency commission approval to spend more than $10 million under this section.	Section 23 authorizes transfers from line items within Section 1 of this bill for capital projects and maintenance pertaining to the operation of facilities including demolition projects of up to $10 million, DHHS may seek emergency commission approval to spend more than $10 million under this section.	
Permanent supportive housing grants	Section 21 directs DHHS to develop a funding methodology to distribute the funding to qualified entities that utilize best practices for permanent supportive housing, provide recovery-oriented and person-centered services, submit processes and outcome measures to DHHS, and authorize DHHS to conduct onsite visits to review program operations for the funding of $4,672,536 included in Section 1 of the bill.	Section 24 directs DHHS to develop a funding methodology to distribute the funding to qualified entities that utilize best practices for permanent supportive housing, provide recovery-oriented and person-centered services, submit processes and outcome measures to DHHS, and authorize DHHS to conduct onsite visits to review program operations for the funding of $4,672,536 included in Section 1 of the bill.	
Expenditures may not exceed appropriation - Medical assistance expansion program	Section 22 identifies the sum of $662,099,340, of which $66,209,934 is from the general fund, for the Medicaid Expansion program for the 2025-27 biennium. The expenditures for individuals enrolled in Medicaid Expansion may not exceed this amount.	Section 25 identifies the sum of $662,099,340, of which $66,209,934 is from the general fund, for the Medicaid Expansion program for the 2025-27 biennium. The expenditures for individuals enrolled in Medicaid Expansion may not exceed this amount.	
Human service centers - certified community behavioral health clinics - FTE positions	Section 23 requires DHHS to continue the process of human service centers becoming certified community behavioral health clinics to provide continuous community-based behavioral health services for children and adults. Federal funding must be pursued and subject to the availability of generated income, DHHS may add FTE positions for field services to provide direct services.	Section 26 requires DHHS to continue the process of human service centers becoming certified community behavioral health clinics to provide continuous community-based behavioral health services for children and adults. Federal funding must be pursued and subject to the availability of generated income, DHHS may add FTE positions for field services to provide direct services.	

Other Sections in Department of Health and Human Services - Budget No. 325

Section Description	House Version	Senate Version	
Intermediate care facility moratorium	Section 24 precludes DHHS from adding any new licensed intermediate care facility for individuals with intellectual disabilities beds to the state's licensed bed capacity during the biennium.	Section 27 precludes DHHS from adding any new licensed intermediate care facility for individuals with intellectual disabilities beds to the state's licensed bed capacity during the biennium.	
Exemption for certain unexpended appropriations to be continued into the 2025-27 biennium - Section 28	Subsection 1 - $3,674,757 from the general fund and $25,918,566 from federal funds for Medicaid management information system modularization technology.	Subsection 1 - $3,674,757 from the general fund and $25,918,566 from federal funds for Medicaid management information system modularization technology.	
	Subsection 2 - $14,411,218 from the general fund and $14,411,218 from federal funds for the child welfare technology project.	Subsection 2 - $6,000,000 from the general fund and $14,411,218 from federal funds for the child welfare technology project.	
	Subsection 3 -$20,366,271 from the community health trust fund and $39,534,525 from federal funds for the child support computer replacement project.	Subsection 3 -$20,366,271 from the community health trust fund and $39,534,525 from federal funds for the child support computer replacement project.	
	Subsection 4 - $10,989,217 from SIIF for the procurement and grants management system.	Subsection 4 - $10,989,217 from SIIF for the procurement and grants management system.	
	Subsection 5 - $4.15 million from the general fund for defraying the expenses of additional human service centers to begin the process of becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults.	Subsection 5 - $4.15 million from the general fund for defraying the expenses of additional human service centers to begin the process of becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults.	
	Subsection 6 - $18,941,847 in Chapter 549 of the 2021 Special Session Laws.	Subsection 6 - $18,941,847 in Chapter 549 of the 2021 Special Session Laws.	
	Subsection 7 - $55,120,000 from the federal state fiscal recovery fund for a public health laboratory capital project.	Subsection 7 - $55,120,000 from the federal state fiscal recovery fund for a public health laboratory capital project.	
	Subsection 8 - $5 million from the general funds for the purpose of employer-led child care cost-share program.	Subsection 8 - $1 million from the general funds for the purpose of employer-led child care cost-share program.	
	Subsection 9 - $986,555 from the general fund for the purpose of streamlining background checks.	Subsection 9 - $986,555 from the general fund for the purpose of streamlining background checks.	
	Subsection 10 - $2,223,981 from the federal state fiscal recovery fund for the implementation of a virtual behavioral health crisis care program for rural law enforcement.	Subsection 10 - $1,000,000 from the federal state fiscal recovery fund for the implementation of a virtual behavioral health crisis care program for rural law enforcement.	
	Subsection 11 - $500,000 from federal funds for the purpose of program integrity audits.	Subsection 11 - $500,000 from federal funds for the purpose of program integrity audits.	
	Subsection 12 - $1,950,000 from general funds for a northwest human service region behavioral health facility grant.	Subsection 12 - $1,950,000 from general funds for a northwest human service region behavioral health facility grant.	
Legislative intent - Utilization rate adjustment	Section 26 provides intent that DHHS seek a deficiency appropriation for any expenditures that exceed appropriated amounts as a result of underfunding, utilization rates, value-based purchasing for nursing facilities, reduction in federal medical assistance percentage, and unexpected contract cost increases that exceed 10 percent during the biennium if funding is not sufficient to pay actual expenses.	Section 29 provides intent that DHHS seek a deficiency appropriation for any expenditures that exceed appropriated amounts as a result of underfunding, utilization rates, value-based purchasing for nursing facilities, reduction in federal medical assistance percentage, and unexpected contract cost increases that exceed 10 percent during the biennium if funding is not sufficient to pay actual expenses.	
Legislative intent - Provider rate increase	Section 27 provides for a 2 percent increase each year of the biennium for human service provider inflation. The provider inflation increase in this section does not apply to nursing facilities.	Section 30 provides for a 2 percent increase for the first year and 1.5 percent increase the second year of the biennium for human service provider inflation. The provider inflation increase in this section does not apply to nursing facilities.	

Other Sections in Department of Health and Human Services - Budget No. 325

Section Description	House Version	Senate Version	
Legislative intent - Developmental disabilities provider accreditation requirement	Section 28 provides for elimination of the administrative rule requirement that providers of developmental disabilities services be accredited as a condition of being eligible for receiving payments for services from DHHS.		
Legislative intent - Medical assistance	Section 29 provides for DHHS to review the amount, duration, coverage, utilization rates, medical necessity, and scope of medical assistance services, and may implement any adjustments the department determines appropriate.	Section 31 provides for DHHS to review the amount, duration, coverage, utilization rates, medical necessity, and scope of medical assistance services, and may implement any adjustments the department determines appropriate.	
Federal funding appeal limitation	Section 30 provides except as otherwise specifically provided by federal law, a person may not appeal a denial, revocation, reduction in services or payment, or the termination of a program or service by DHHS due to the unavailability of federal coronavirus funding received under federal law resulting from the federal coronavirus pandemic emergency declaration.	Section 32 provides except as otherwise specifically provided by federal law, a person may not appeal a denial, revocation, reduction in services or payment, or the termination of a program or service by DHHS due to the unavailability of federal coronavirus funding received under federal law resulting from the federal coronavirus pandemic emergency declaration.	
Long term structured residences plan - report	Section 31 provides for DHHS to review options and develop a plan to establish long-term structured residences.	Section 33 provides for DHHS to review options and develop a plan to establish long-term structured residences.	
Extraordinary medical needs housing loan fund		Section 34 establishes a loan program at the Bank of North Dakota to provide loans for new construction projects to provide housing for individuals with disabilities that have extraordinary medical needs.	
Lease of land at the State Hospital and Life Skills and Transition Center	Section 32 amends section 50-06-06.6 of the North Dakota Century Code to allow for a lease term of real or personal property for term not to exceed ninety-nine years at the life skills and transition center or the state hospital.	Section 35 amends section 50-06-06.6 of the North Dakota Century Code to allow for a lease term of real or personal property for term not to exceed ninety-nine years at the life skills and transition center or the state hospital.	
Use of SUD voucher	Section 33 amends section 50-06-42 of the North Dakota Century Code to include medical costs in the substance use voucher system payments for individuals in a licensed substance abuse treatment program and allow for the substance use voucher system for individuals detained or confined in a county jail or detention center or regional corrections center.	Section 36 amends section 50-06-42 of the North Dakota Century Code to include medical costs in the substance use voucher system payments for individuals in a licensed substance abuse treatment program and allow for the substance use voucher system for individuals detained or confined in a county jail or detention center or regional corrections center.	
Basic care payment rate	Section 34 amends section 50-24.5-02.3 of the North Dakota Century Code to extend the basic care payment rate increase of five dollars per day through June 30, 2027.	Section 37 amends section 50-24.5-02.3 of the North Dakota Century Code to extend the basic care payment rate increase of five dollars per day through June 30, 2027.	
Child care workforce benefits	Section 35 amends section 50-33-05 of the North Dakota Century Code to include individuals employed by an early childhood program within the boundaries of the state if approved for the state's child care assistance child care workforce benefit.	Section 38 amends section 50-33-05 of the North Dakota Century Code to include individuals employed by an early childhood program within the boundaries of the state if approved for the state's child care assistance child care workforce benefit.	
Opioid settlement advisory committee		Section 39 amends section 50-36-03 to change the make up of the opioid settlement advisory committee.	
Children's cabinet - Governor's designee		Section 40 amends subsection 6 of section 54-07 as created by Senate Bill No. 2176 to allow the governor to appoint a representative.	

Other Sections in Department of Health and Human Services - Budget No. 325

Section Description	House Version	Senate Version	
Housing availability assessment - collaboration with housing finance agency	Section 36 provides for DHHS to collaborate with the North Dakota Housing Finance Agency and other appropriate stakeholders to assess the availability of housing for individuals requiring extraordinary health care support services.	Section 41 provides for DHHS to collaborate with the North Dakota Housing Finance Agency and other appropriate stakeholders to assess the availability of housing for individuals requiring extraordinary health care support services.	
Behavioral health clinics, North Dakota State Hospital, and Life Skills and Transition Center funding	Section 37 identifies funding for the behavioral health clinics, State Hospital, and Life Skills and Transition Center.	Section 42 identifies funding for the behavioral health clinics, State Hospital, and Life Skills and Transition Center.	
Legislative management study - student truancy and absenteeism	Section 38 provides for a study on truancy and student absenteeism in kindergarten through grade twelve public schools.	Section 43 provides for a study on truancy and student absenteeism in kindergarten through grade twelve public schools.	
Legislative Management study - obesity health implications	Section 39 provides for a study on the health implications of obesity on the residents of the state and options to increase access to prevention and treatments for obesity.	Section 44 provides for a study on the health implications of obesity on the residents of the state and options to increase access to prevention and treatments for obesity.	
Legislative Management study - maternal health services		Section 45 provides for a study on access to maternal health services.	
Legislative intent - Life skills and transition center		Section 46 establishes that the department of health and human services will review the facilities at the life skills and transition center to identify needs for services and possible community uses.	
Disability service accreditation study		Section 47 directs the department of health and human services to study and report on accreditation requirements and provider costs for serving individuals with intellectual and developmental disabilities.	
Value-based care incentive program - payment withhold for nursing facilities		Section 48 directs the department of health and human services to work with the North Dakota long term care association to develop a payment withhold structure. It will not be implemented before July 1, 2027	
Legislative Management study - disability services		Section 49 provides for a legislative management study on the efficiency, effectiveness, and outcomes of developmental disability services.	
Appropriation for a study by the legislative council on disability services		Section 50 provides an appropriation of $150,000 from the community health trust fund to the legislative council to contract with a consulting service for a disability service study.	
Legislative Management report - behavioral health facility grants	Section 40 requires DHHS to provide reports to the Legislative Management regarding the award grant funding to increase the number of behavioral health beds in the state.	Section 51 requires DHHS to provide reports to the Legislative Management regarding the award grant funding to increase the number of behavioral health beds in the state.	
Establishes an effective date		Section 52 establishes an effective date of July 1, 2026 for section 36.	
Establishes an effective date		Section 53 establishes an effective date of January 1, 2026 for section 7.	

Legislative Council

Salaries and Wages Block Grant Funding Pool - Budget No. 325
Agency Worksheet - House Bill No. 1012

	House Version				Senate Version				Senate Compared to House Version Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	0.00	$0	$0	$0	0.00	$0	$0	$0	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salaries and wages block grant pool	2,688.35	$309,564,625	$286,720,150	$596,284,775	2,688.35	$309,564,625	$286,720,150	$596,284,775				$0
Change to underfunding				0		18,963,729		18,963,729		$18,963,729		18,963,729
Additional block grant funding - human services operating fund				0			4,728,962	4,728,962			$4,728,962	4,728,962
2025-27 Total Funding	**2,688.35**	**$309,564,625**	**$286,720,150**	**$596,284,775**	**2,688.35**	**$328,528,354**	**$291,449,112**	**$619,977,466**	**0.00**	**$18,963,729**	**$4,728,962**	**$23,692,691**
Federal funds included in other funds			*$244,061,066*				*$244,061,066*				*$0*	

No other sections

Legislative Council

Business Operations - 100 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	House Version				Senate Version				Senate Compared to House Version Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	114.40	$74,099,008	$118,894,310	$192,993,318	114.40	$74,099,008	$118,894,310	$192,993,318	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$1,035,502	$531,151	$1,566,653		$1,035,502	$531,151	$1,566,653				$0
Health insurance increase		651,154	363,569	1,014,723		651,154	363,569	1,014,723				0
Base budget adjustments and transfers		(16,396,866)	(66,836,143)	(83,233,009)		(16,396,866)	(66,836,143)	(83,233,009)				0
FTE block grant pool	(180.55)	(12,603,508)	(17,737,100)	(30,340,608)	(180.55)	(12,603,508)	(17,737,100)	(30,340,608)				0
Information Technology Department (ITD) rate increases		5,196,748	2,152,302	7,349,050		5,196,748	2,152,302	7,349,050				0
IT contractual Inflationary rate increases		20,730,788		20,730,788		20,730,788		20,730,788				0
Operational underfund		(3,050,000)		(3,050,000)		(3,050,000)		(3,050,000)				0
Additional salary funding/underfunding		(20,157,874)		(20,157,874)		(20,157,874)		(20,157,874)				0
Office of Administrative Hearings and Attorney General fee increases		190,590		190,590		190,590		190,590				0
FTE position adjustment	66.15			0	66.15			0				0
Total ongoing funding changes	**(114.40)**	**($24,403,466)**	**($81,526,221)**	**($105,929,687)**	**(114.40)**	**($24,403,466)**	**($81,526,221)**	**($105,929,687)**	**0.00**	**$0**	**$0**	**$0**
One-Time Funding Items												
Retire mainframe and legacy systems ($4MM HS fin fund/$6MM fed)			$10,000,000	$10,000,000			$10,000,000	$10,000,000				$0
Total one-time funding changes	**0.00**	**$0**	**$10,000,000**	**$10,000,000**	**0.00**	**$0**	**$10,000,000**	**$10,000,000**	**0.00**	**$0**	**$0**	**$0**
Total Changes to Base Level Funding	**(114.40)**	**($24,403,466)**	**($71,526,221)**	**($95,929,687)**	**(114.40)**	**($24,403,466)**	**($71,526,221)**	**($95,929,687)**	**0.00**	**$0**	**$0**	**$0**
2025-27 Total Funding	**0.00**	**$49,695,542**	**$47,368,089**	**$97,063,631**	**0.00**	**$49,695,542**	**$47,368,089**	**$97,063,631**	**0.00**	**$0**	**$0**	**$0**
Federal funds included in other funds			*$42,760,908*				*$42,760,908*				*$0*	
Total ongoing changes - Percentage of base level	*(100.0%)*	*(32.9%)*	*(68.6%)*	*(54.9%)*	*(100.0%)*	*(32.9%)*	*(68.6%)*	*(54.9%)*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*(100.0%)*	*(32.9%)*	*(60.2%)*	*(49.7%)*	*(100.0%)*	*(32.9%)*	*(60.2%)*	*(49.7%)*	*N/A*	*N/A*	*N/A*	*N/A*

Legislative Council

Behavioral Health - 200 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	House Version				Senate Version				Senate Compared to House Version			
									Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	1,054.27	$307,905,408	$113,955,941	$421,861,349	1,054.27	$307,905,408	$113,955,941	$421,861,349	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$8,392,306	$134,924	$8,527,230		$8,392,306	$134,924	$8,527,230				$0
Health insurance increase		6,517,157	114,129	6,631,286		6,517,157	114,129	6,631,286				0
Base budget adjustments and transfers		15,466,235	2,311,139	17,777,374		15,466,235	2,311,139	17,777,374				0
FTE block grant pool	(1,159.20)	(190,198,399)	(68,592,655)	(258,791,054)	(1,159.20)	(190,198,399)	(68,592,655)	(258,791,054)				0
Cost to continue programs		5,709,106	(5,000,000)	709,106		5,709,106	(5,000,000)	709,106				0
Opioid settlement			8,000,000	8,000,000			8,000,000	8,000,000				0
Avel eCare rural crisis support continuation (community health trust fund)- reduce other funds			1,000,000	1,000,000			1,000,000	1,000,000				0
Substance use disorder voucher utilization expansion		2,500,000		2,500,000		2,500,000		2,500,000				0
Additional substance use disorder funding for medical expenses with institution for mental disease voucher		500,000		500,000		250,000		250,000		($250,000)		(250,000)
Substance use disorder - 50/50 inpatient/outpatient		500,000		500,000		500,000		500,000				0
Mental health and substance use disorder treatment for incarcerated individuals		2,500,000		2,500,000		0		0		(2,500,000)		(2,500,000)
Western ND behavioral health staffing salary equity		250,536		250,536		250,536		250,536				0
Inflation for vendors crisis residential contract		706,233		706,233		706,233		706,233				0
Inflation for vendors addiction residential contract		917,786		917,786		917,786		917,786				0
Inflation for vendors recovery/rehab contract		2,154,668		2,154,668		2,154,668		2,154,668				0
Inflation for vendors adjustment		(2,000,000)		(2,000,000)		(2,000,000)		(2,000,000)				0
Treatment collaboration for traumatized youth expansion		408,000		408,000		408,000		408,000				0
Voluntary treatment program/qualified residential treatment program private custody youth		1,351,997		1,351,997		1,351,997		1,351,997				0
Youth crisis stabilization pilot(CHTF/Fed)				0			3,000,000	3,000,000			$3,000,000	3,000,000
Cost to continue free through recovery and community connect		4,761,081		4,761,081		4,761,081		4,761,081				0
Expanded Community Connect services		4,458,814		4,458,814		3,500,000		3,500,000		(958,814)		(958,814)
Expand free through recovery services		4,016,908		4,016,908		2,000,000		2,000,000		(2,016,908)		(2,016,908)
Peer support increase		137,990		137,990		137,990		137,990				0
Drug court treatment expansion		200,000		200,000		200,000		200,000				0
Provider inflation increase 2% and 2%		2,541,299		2,541,299		2,541,299		2,541,299				0
Behavioral health services for nursing homes and basic care facilities		2,000,000		2,000,000		0		0		(2,000,000)		(2,000,000)
Increased revenue projection - clinics				0		(2,000,000)	2,000,000	0		(2,000,000)	2,000,000	0
Provider inflation adjustment to 2% and 1.5%				0		(214,580)		(214,580)		(214,580)		(214,580)
FTE position adjustment	104.93			0	104.93			0				0
Total ongoing funding changes	**(1,054.27)**	**($126,208,283)**	**($62,032,463)**	**($188,240,746)**	**(1,054.27)**	**($136,148,585)**	**($57,032,463)**	**($193,181,048)**	**0.00**	**($9,940,302)**	**$5,000,000**	**($4,940,302)**
One-Time Funding Items												

Electronic Health Record/Pharmacy system (SIIF)			$500,000	$500,000			$500,000	$500,000				$0
Retire health record legacy system on mainframe (SIIF)			1,000,000	1,000,000			1,000,000	1,000,000				0
State hospital network redundancy and speed (SIIF)			500,000	500,000			500,000	500,000				0
Develop partial hospitalization/intensive day treatment (community health trust fund)			2,000,000	2,000,000			2,000,000	2,000,000				0
Bathroom remodel at Southeast Human Service Center (SIIF)			340,000	340,000			972,000	972,000			$632,000	632,000
Construction of new state hospital -(SIIF) - BND line of credit			330,000,000	330,000,000			0	0			(330,000,000)	(330,000,000)
Behavioral health facility grant(SIIF)			12,960,000	12,960,000			5,000,000	5,000,000			(7,960,000)	(7,960,000)
Total one-time funding changes	**0.00**	**$0**	**$347,300,000**	**$347,300,000**	**0.00**	**$0**	**$9,972,000**	**$9,972,000**	**0.00**	**$0**	**($337,328,000)**	**($337,328,000)**
Total Changes to Base Level Funding	**(1,054.27)**	**($126,208,283)**	**$285,267,537**	**$159,059,254**	**(1,054.27)**	**($136,148,585)**	**($47,060,463)**	**($183,209,048)**	**0.00**	**($9,940,302)**	**($332,328,000)**	**($342,268,302)**
2025-27 Total Funding	**0.00**	**$181,697,125**	**$399,223,478**	**$580,920,603**	**0.00**	**$171,756,823**	**$66,895,478**	**$238,652,301**	**0.00**	**($9,940,302)**	**($332,328,000)**	**($342,268,302)**
Federal funds included in other funds			*$42,070,302*				*$43,570,302*				*$1,500,000*	
Total ongoing changes - Percentage of base level	*(100.0%)*	*(41.0%)*	*(54.4%)*	*(44.6%)*	*(100.0%)*	*(44.2%)*	*(50.0%)*	*(45.8%)*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*(100.0%)*	*(41.0%)*	*250.3%*	*37.7%*	*(100.0%)*	*(44.2%)*	*(41.3%)*	*(43.4%)*	*N/A*	*N/A*	*N/A*	*N/A*

Legislative Council

Human Services - 300 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	House Version				Senate Version				Senate Compared to House Version Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	1,009.16	$623,450,353	$1,240,409,529	$1,863,859,882	1,009.16	$623,450,353	$1,240,409,529	$1,863,859,882	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$2,546,488	$4,704,191	$7,250,679		$2,546,488	$4,704,191	$7,250,679				$0
Health insurance increase		2,072,787	3,795,116	5,867,903		2,072,787	3,795,116	5,867,903				0
FTE block grant pool	(1,029.70)	(76,722,653)	(150,764,540)	(227,487,193)	(1,028.70)	(76,722,653)	(150,764,540)	(227,487,193)	1.00			0
Base budget adjustments and transfers		10,605,259	93,868,910	104,474,169		10,605,259	93,868,910	104,474,169				0
DHHS cost to continue		57,330,438	(2,746,684)	54,583,754		57,330,438	(2,746,684)	54,583,754				0
Adoption contract increase		4,883,205		4,883,205		4,883,205		4,883,205				0
Housing assistance to support targeted population - DOJ		300,000		300,000		300,000		300,000				0
Services to support transition and diversion from institution - DOJ		2,733,934	2,555,463	5,289,397		2,733,934	2,555,463	5,289,397				0
Implement host home service DD HCBS waiver		1,689,900	1,689,900	3,379,800		1,689,900	1,689,900	3,379,800				0
Adult Protective Services coverage contracts		718,522		718,522		718,522		718,522				0
Representation supports for families		350,000	350,000	700,000		350,000	350,000	700,000				0
Provider inflation increase 2% and 2%		12,988,702	13,926,186	26,914,888		12,988,702	13,926,186	26,914,888				0
Zone employee increases 3% and 3% and health insurance			5,002,833	5,002,833			5,002,833	5,002,833				0
FMAP percentage change 50.0% to 50.99%		(4,290,660)	744,660	(3,546,000)		(4,290,660)	744,660	(3,546,000)				0
State dementia coordinator	1.00			0	0.00			0	(1.00)			0
FTE position adjustment	19.54			0	19.54			0				0
LIHEAP reduction - accounting change				0			(9,000,000)	(9,000,000)			($9,000,000)	(9,000,000)
Adjust foster care expected case load				0		(9,000,000)	(9,000,000)	(18,000,000)		($9,000,000)	(9,000,000)	(18,000,000)
Remove Waterford program funding				0		(2,400,000)		(2,400,000)		(2,400,000)		(2,400,000)
Ministry on the margins				0		285,000		285,000		285,000		285,000
Fraser ltd				0		300,000		300,000		300,000		300,000
Remove guardianship funding				0		(6,532,355)		(6,532,355)		(6,532,355)		(6,532,355)
Revised FMAP FFY 2027 - 1%				0		(1,962,900)	1,962,900	0		(1,962,900)	1,962,900	0
Provider inflation adjustment to 2% and 1.5%				0		(1,105,805)	(1,201,567)	(2,307,372)		(1,105,805)	(1,201,567)	(2,307,372)
Total ongoing funding changes	**(1,009.16)**	**$15,205,922**	**($26,873,965)**	**($11,668,043)**	**(1,009.16)**	**($5,210,138)**	**($44,112,632)**	**($49,322,770)**	**0.00**	**($20,416,060)**	**($17,238,667)**	**($37,654,727)**
One-Time Funding Items												
Retire economic assistance legacy system on mainframe (SIIF)			$2,000,000	$2,000,000			$2,000,000	$2,000,000				$0
Conversion of developmental disabilities eligibility assessment		$200,000	200,000	400,000		$200,000	200,000	400,000				0
Implement comprehensive vocational rehab technology system (federal funds) (community health trust fund)			8,000,000	8,000,000			1,000,000	1,000,000			($7,000,000)	(7,000,000)
Replace roof at Cedar Grove building at LSTC (SIIF)			712,480	712,480			712,480	712,480				0
Best in Class expansion		6,000,000		6,000,000		2,000,000		2,000,000		($4,000,000)		(4,000,000)
Childcare grants, resources and shared services		2,500,000		2,500,000		2,500,000		2,500,000				0
Early childhood quality infrastructure		3,000,000		3,000,000		3,000,000		3,000,000				0

Maintaining expanded inclusion support for special needs childcare		172,500		172,500		172,500		172,500				0
Offer quality rated childcare programs access to teaching strategy		100,000		100,000		100,000		100,000				0
Quality tiered payments for childcare assistance program		1,500,000		1,500,000		1,500,000		1,500,000				0
Housing assistance for people at risk of instability (SIIF)				0			1,000,000	1,000,000			1,000,000	1,000,000
Eviction prevention program (SIIF)				0			500,000	500,000			500,000	500,000
Home renovation incentives for accessibility (SIIF)			1,000,000	1,000,000			1,000,000	1,000,000				0
Grant for community cultural center programming			1,000,000	1,000,000			300,000	300,000			(700,000)	(700,000)
Winter park adaptive recreation program grant		200,000		200,000		0		0		(200,000)		(200,000)
Intermediate care facility grant for Anne Carlsen		3,457,736		3,457,736		0	4,400,000	4,400,000		(3,457,736)	4,400,000	942,264
Juvenile justice services (CHTF)		750,000		750,000		0	500,000	500,000		(750,000)	500,000	(250,000)
Infant and toddler care provider support				0		13,500,000		13,500,000		13,500,000		13,500,000
Child welfare technology project line of credit				0			8,411,218	8,411,218			8,411,218	8,411,218
Total one-time funding changes	**0.00**	**$17,880,236**	**$12,912,480**	**$30,792,716**	**0.00**	**$22,972,500**	**$20,023,698**	**$42,996,198**	**0.00**	**$5,092,264**	**$7,111,218**	**$12,203,482**
Total Changes to Base Level Funding	**(1,009.16)**	**$33,086,158**	**($13,961,485)**	**$19,124,673**	**(1,009.16)**	**$17,762,362**	**($24,088,934)**	**($6,326,572)**	**0.00**	**($15,323,796)**	**($10,127,449)**	**($25,451,245)**
2025-27 Total Funding	**0.00**	**$656,536,511**	**$1,226,448,044**	**$1,882,984,555**	**0.00**	**$641,212,715**	**$1,216,320,595**	**$1,857,533,310**	**0.00**	**($15,323,796)**	**($10,127,449)**	**($25,451,245)**
Federal funds included in other funds			*$958,049,164*				*$934,514,497*				*($23,534,667)*	
Total ongoing changes - Percentage of base level	*(100.0%)*	*2.4%*	*(2.2%)*	*(0.6%)*	*(100.0%)*	*(0.8%)*	*(3.6%)*	*(2.6%)*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*(100.0%)*	*5.3%*	*(1.1%)*	*1.0%*	*(100.0%)*	*2.8%*	*(1.9%)*	*(0.3%)*	*N/A*	*N/A*	*N/A*	*N/A*

Other Sections in Human Services - 300 - Budget No. 325

Section Description	House Version	Senate Version	
No other sections			

Legislative Council

Medical Services - 400 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	House Version				Senate Version				Senate Compared to House Version			
									Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	90.50	$958,216,598	$1,818,029,530	$2,776,246,128	90.50	$958,216,598	$1,818,029,530	$2,776,246,128	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$338,151	$479,188	$817,339		$338,151	$479,188	$817,339				$0
Health insurance increase		233,619	342,896	576,515		233,619	342,896	576,515				0
Base budget adjustments and transfers		(28,505,732)	61,061,722	32,555,990		(28,505,732)	61,061,722	32,555,990				0
DHHS cost to continue		71,253,662	(118,383,672)	(47,130,010)		71,253,662	(118,383,672)	(47,130,010)				0
HCBS cost to continue		36,977,113	27,837,811	64,814,924		36,977,113	27,837,811	64,814,924				0
FTE block grant pool	(101.75)	(9,636,069)	(15,163,610)	(24,799,679)	(101.75)	(9,636,069)	(15,163,610)	(24,799,679)				0
DD bed assessment adjustment			7,209,580	7,209,580			7,209,580	7,209,580				0
Value based purchasing Medicaid		1,000,000	1,000,000	2,000,000		1,000,000	1,000,000	2,000,000				0
Home health targeted rate increase		1,235,768	1,235,768	2,471,536		1,235,768	1,235,768	2,471,536				0
Qualified service provider target rate increase		3,595,104	1,797,552	5,392,656		3,595,104	1,797,552	5,392,656				0
HCBS cross disability waiver		2,474,226	2,474,226	4,948,452		2,474,226	2,474,226	4,948,452				0
Rebase Medicaid rates for ambulance service		2,189,770	2,189,770	4,379,540		1,000,000	1,000,000	2,000,000		($1,189,770)	($1,189,770)	(2,379,540)
Provider inflation increases 2% and 2%		13,689,672	15,190,970	28,880,642		13,689,672	15,190,970	28,880,642				0
FMAP percentage change 50.0% to 50.99%		(7,809,340)	1,355,340	(6,454,000)		(7,809,340)	1,355,340	(6,454,000)				0
Medicaid underfund				0		(4,000,000)	(4,000,000)	(8,000,000)		(4,000,000)	(4,000,000)	(8,000,000)
1915(I) reduction				0		(1,000,000)	(1,000,000)	(2,000,000)		(1,000,000)	(1,000,000)	(2,000,000)
Revised FMAP FFY 2027 - 1%				0		(7,037,100)	7,037,100	0		(7,037,100)	7,037,100	0
Provider inflation adjustment to 2% and 1.5%				0		(1,157,036)	(1,283,928)	(2,440,964)		(1,157,036)	(1,283,928)	(2,440,964)
Transfer basic care daily rate to one-time				0		(4,067,056)	(1,474,184)	(5,541,240)		(4,067,056)	(1,474,184)	(5,541,240)
FTE position adjustment	11.25			0	11.25			0				0
Total ongoing funding changes	**(90.50)**	**$87,035,944**	**($11,372,459)**	**$75,663,485**	**(90.50)**	**$68,584,982**	**($13,283,241)**	**$55,301,741**	**0.00**	**($18,450,962)**	**($1,910,782)**	**($20,361,744)**
One-Time Funding Items												
Retire Medicaid legacy system on mainframe (SIIF)			$2,000,000	$2,000,000			$2,000,000	$2,000,000				$0
Critical access hospital networking grant (CHTF)			2,000,000	2,000,000			1,000,000	1,000,000			($1,000,000)	(1,000,000)
Transfer basic care daily rate to one-time				0		$4,067,056	1,474,184	5,541,240		$4,067,056	1,474,184	5,541,240
Housing extraordinary medical needs				0		200,000		200,000		200,000	-	200,000
Total one-time funding changes	**0.00**	**$0**	**$4,000,000**	**$4,000,000**	**0.00**	**$4,267,056**	**$4,474,184**	**$8,741,240**	**0.00**	**$4,267,056**	**$474,184**	**$4,741,240**
Total Changes to Base Level Funding	**(90.50)**	**$87,035,944**	**($7,372,459)**	**$79,663,485**	**(90.50)**	**$72,852,038**	**($8,809,057)**	**$64,042,981**	**0.00**	**($14,183,906)**	**($1,436,598)**	**($15,620,504)**
2025-27 Total Funding	**0.00**	**$1,045,252,542**	**$1,810,657,071**	**$2,855,909,613**	**0.00**	**$1,031,068,636**	**$1,809,220,473**	**$2,840,289,109**	**0.00**	**($14,183,906)**	**($1,436,598)**	**($15,620,504)**
Federal funds included in other funds			*$1,747,182,952*				*$1,746,746,354*				*($436,598)*	
Total ongoing changes - Percentage of base level	*(100.0%)*	*9.1%*	*(0.6%)*	*2.7%*	*(100.0%)*	*7.2%*	*(0.7%)*	*2.0%*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*(100.0%)*	*9.1%*	*(0.4%)*	*2.9%*	*(100.0%)*	*7.6%*	*(0.5%)*	*2.3%*	*N/A*	*N/A*	*N/A*	*N/A*

Legislative Council

Public Health - 500 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	House Version				Senate Version				Senate Compared to House Version Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	215.50	$47,756,180	$250,440,690	$298,196,870	215.50	$47,756,180	$250,440,690	$298,196,870	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$1,714,252		$1,714,252		$1,714,252		$1,714,252				$0
Health insurance increase		1,183,357		1,183,357		1,183,357		1,183,357				0
FTE block grant pool	(217.15)	(20,403,996)	($34,462,245)	(54,866,241)	(217.15)	(20,403,996)	($34,462,245)	(54,866,241)				0
Base budget adjustments and transfers		(1,503,118)	3,120,553	1,617,435		(1,503,118)	3,120,553	1,617,435				0
Adds funding to replace the 2023-25 new FTE pool		65,094	50,008	115,102		65,094	50,008	115,102				0
Adds funding to replace the 2023-25 vacant FTE pool		569,060	1,754,865	2,323,925		569,060	1,754,865	2,323,925				0
Expansion for domestic and sexual violence prevention (community health trust fund)			2,250,000	2,250,000			2,250,000	2,250,000				0
Additional domestic violence and sexual violence prevention		1,700,000		1,700,000		0		0		($1,700,000)		(1,700,000)
Funding for Safe Haven program		440,000		440,000		0		0		(440,000)		(440,000)
Maternal and child health programs enhancement				0				0				0
Coordinated purchasing to support immunization access (public health and consolidated lab fund)			2,213,930	2,213,930			0	0			($2,213,930)	(2,213,930)
Forensic pathology contract		2,866,156	(1,000,000)	1,866,156		2,000,000	(1,000,000)	1,000,000		(866,156)		(866,156)
Food and lodging 7.5% additional fee increase to 20% in total		(71,298)	71,298	0		(71,298)	71,298	0				0
Additional grant for Family Voices		100,000		100,000		50,000		50,000		(50,000)		(50,000)
Fetal Alcohol spectrum disorder clinic		637,661		637,661		350,000		350,000		(287,661)		(287,661)
Reduce cares act/COVID funds				0			(60,716,583)	(60,716,583)			(60,716,583)	(60,716,583)
FTE position adjustment	1.65			0	1.65			0				0
Total ongoing funding changes	**(215.50)**	**($12,702,832)**	**($26,001,591)**	**($38,704,423)**	**(215.50)**	**($16,046,649)**	**($88,932,104)**	**($104,978,753)**	**0.00**	**($3,343,817)**	**($62,930,513)**	**($66,274,330)**
One-Time Funding Items												
Nonfatal toxicology testing equipment(health lab)		$151,500	$100,000	$251,500		$151,500	$100,000	251,500				0
Public health laboratory transition (SIIF)			2,962,304	2,962,304			2,962,304	2,962,304				0
Forensic examiner electronic records system (community health trust fund)			278,000	278,000			0	0			($278,000)	(278,000)
Food and lodging management information system(community health trust fund)			335,000	335,000			335,000	335,000				0
Health facilities and EMS licensure management system (community health trust fund)			650,000	650,000			0	0			(650,000)	(650,000)
Funding for Cass County animal shelter(community health trust fund)			300,000	300,000			0	0			(300,000)	(300,000)
Statewide health strategies grant (community health trust fund)			750,000	750,000			0	0			(750,000)	(750,000)

Public Health Data Modernization(public health and consolidated lab fund)				0			2,213,930	2,213,930			2,213,930	2,213,930
Total one-time funding changes	**0.00**	**$151,500**	**$5,375,304**	**$5,526,804**	**0.00**	**$151,500**	**$5,611,234**	**$5,762,734**	**0.00**	**$0**	**$235,930**	**$235,930**
Total Changes to Base Level Funding	**(215.50)**	**($12,551,332)**	**($20,626,287)**	**($33,177,619)**	**(215.50)**	**($15,895,149)**	**($83,320,870)**	**($99,216,019)**	**0.00**	**($3,343,817)**	**($62,694,583)**	**($66,038,400)**
2025-27 Total Funding	**0.00**	**$35,204,848**	**$229,814,403**	**$265,019,251**	**0.00**	**$31,861,031**	**$167,119,820**	**$198,980,851**	**0.00**	**($3,343,817)**	**($62,694,583)**	**($66,038,400)**
Federal funds included in other funds			*$188,459,479*				*$127,742,896*				*($60,716,583)*	
Total ongoing changes - Percentage of base level	*(100.0%)*	*(26.6%)*	*(10.4%)*	*(13.0%)*	*(100.0%)*	*(33.6%)*	*(35.5%)*	*(35.2%)*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*(100.0%)*	*(26.3%)*	*(8.2%)*	*(11.1%)*	*(100.0%)*	*(33.3%)*	*(33.3%)*	*(33.3%)*	*N/A*	*N/A*	*N/A*	*N/A*

25.0156.02012
Title.
Fiscal No. 4

Prepared by the Legislative Council staff for Senate Appropriations - Human Resources Division Committee
April 14, 2025

Sixty-ninth
Legislative Assembly
of North Dakota

PROPOSED AMENDMENTS TO FIRST ENGROSSMENT

ENGROSSED HOUSE BILL NO. 1012

Introduced by

Appropriations Committee

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to create and enact a new section to chapter 6-09 of the North Dakota Century Code, relating to an extraordinary medical needs housing loan fund; to amend and reenact sections 50-06-06.6, 50-06-42, 50-24.5-02.3, ~~and~~ 50-33-05, and subsection 1 of 50-36-03 of the North Dakota Century Code and subsection 6 of the new section to chapter 54-07 of the North Dakota Century Code created in section 1 of Senate Bill No. 2176, as approved by the sixty-ninth legislative assembly, relating to leases of department of health and human services property, substance use disorder treatment program, basic care payment rates, ~~and~~ state of residence for child care assistance, opioid settlement advisory committee, and children's cabinet; to provide for a transfer; to authorize a line of credit; to provide legislative intent; to provide for a legislative management study; to provide an application; to provide an exemption; to provide for a report; and to provide an effective date.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. APPROPRIATION. The funds provided in this section, or so much of the funds as may be necessary, are appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, and from other funds derived from special funds and federal funds, to the department of health and human services for the purpose of defraying the expenses of its various divisions, for the biennium beginning July 1, 2025, and ending June 30, 2027, as follows:

~~Subdivision 1.~~

~~SALARIES AND WAGES BLOCK GRANT~~

	Base Level	Adjustments or Enhancements	Appropriation
~~Salaries and wages block grant~~	~~$0~~	~~$596,284,775~~	~~$596,284,775~~
~~Total all funds~~	~~0~~	~~596,284,775~~	~~596,284,775~~
~~Less other funds~~	~~0~~	~~286,720,150~~	~~286,720,150~~
~~Total general fund~~	~~$0~~	~~$309,564,625~~	~~$309,564,625~~

~~Subdivision 2.~~

~~BUSINESS OPERATIONS~~

	Base Level	Adjustments or Enhancements	Appropriation
~~Salaries and wages~~	~~$25,763,358~~	~~($25,763,358)~~	~~$0~~
~~Operating expenses~~	~~155,308,399~~	~~(77,023,770)~~	~~78,284,629~~
~~Capital assets~~	~~108,934~~	~~(108,934)~~	~~0~~
~~Grants~~	~~11,812,627~~	~~6,966,375~~	~~18,779,002~~
~~Total all funds~~	~~$192,993,318~~	~~($95,929,687)~~	~~$97,063,631~~
~~Less other funds~~	~~118,894,310~~	~~(71,526,221)~~	~~47,368,089~~
~~Total general fund~~	~~$74,099,008~~	~~($24,403,466)~~	~~$49,695,542~~

~~Subdivision 3.~~

~~BEHAVIORAL HEALTH~~

	Base Level	Adjustments or Enhancements	Appropriation
~~Salaries and wages~~	~~$8,792,675~~	~~($8,792,675)~~	~~$0~~
~~Operating expenses~~	~~79,381,458~~	~~23,888,138~~	~~103,269,596~~
~~Grants~~	~~40,476,298~~	~~21,889,322~~	~~62,365,620~~
~~Behavioral health clinics~~	~~196,383,945~~	~~(139,978,713)~~	~~56,405,232~~
~~State hospital~~	~~94,826,973~~	~~256,053,182~~	~~350,880,155~~
~~Opioid addiction prevention~~	~~2,000,000~~	~~6,000,000~~	~~8,000,000~~
~~Total all funds~~	~~$421,861,349~~	~~$159,059,254~~	~~$580,920,603~~
~~Less other funds~~	~~113,955,941~~	~~285,267,537~~	~~399,223,478~~
~~Total general fund~~	~~$307,905,408~~	~~($126,208,283)~~	~~$181,697,125~~

~~Subdivision 4.~~

~~HUMAN SERVICES~~

	Base Level	Adjustments or Enhancements	Appropriation
~~Salaries and wages~~	~~$168,325,918~~	~~($168,325,918)~~	~~$0~~
~~Operating expenses~~	~~88,885,469~~	~~108,258,236~~	~~197,143,705~~
~~Capital assets~~	~~10,000~~	~~0~~	~~10,000~~
~~Grants~~	~~621,189,007~~	~~94,393,260~~	~~715,582,267~~
~~Life skills and transition center~~	~~44,992,263~~	~~(29,784,605)~~	~~15,207,658~~
~~Grants - medical assistance~~	~~742,793,564~~	~~7,655,079~~	~~750,448,643~~
~~County social services~~	~~197,663,661~~	~~6,928,621~~	~~204,592,282~~
~~Total all funds~~	~~$1,863,859,882~~	~~$19,124,673~~	~~$1,882,984,555~~
~~Less other funds~~	~~1,240,409,529~~	~~(13,961,485)~~	~~1,226,448,044~~
~~Total general fund~~	~~$623,450,353~~	~~$33,086,158~~	~~$656,536,511~~

~~Subdivision 5.~~

~~MEDICAL SERVICES~~

	Base Level	Adjustments or Enhancements	Appropriation
~~Salaries and wages~~	~~$21,008,344~~	~~($21,008,344)~~	~~$0~~
~~Operating expenses~~	~~70,807,977~~	~~92,364,562~~	~~163,172,539~~
~~Grants~~	~~1,651,004~~	~~1,806,800~~	~~3,457,804~~
~~Grants - medical assistance~~	~~2,682,778,803~~	~~6,500,467~~	~~2,689,279,270~~
~~Total all funds~~	~~$2,776,246,128~~	~~$79,663,485~~	~~$2,855,909,613~~
~~Less other funds~~	~~1,818,029,530~~	~~(7,372,459)~~	~~1,810,657,071~~
~~Total general fund~~	~~$958,216,598~~	~~$87,035,944~~	~~$1,045,252,542~~

~~Subdivision 6.~~

~~PUBLIC HEALTH~~

	Base Level	Adjustments or Enhancements	Appropriation
~~Salaries and wages~~	~~$60,415,388~~	~~($60,415,388)~~	~~$0~~
~~Operating expenses~~	~~37,721,213~~	~~17,853,669~~	~~55,574,882~~

~~Capital assets~~	~~1,469,780~~	~~2,215,838~~	~~3,685,618~~
~~Grants~~	~~81,718,145~~	~~4,245,496~~	~~85,963,641~~
~~Tobacco prevention~~	~~13,063,162~~	~~(22,607)~~	~~13,040,555~~
~~Women, infants, and children food payments~~	~~19,900,000~~	~~1,100,000~~	~~21,000,000~~
~~Cares Act/COVID-19~~	~~83,909,182~~	~~1,845,373~~	~~85,754,555~~
~~Total all funds~~	~~$298,196,870~~	~~($33,177,619)~~	~~$265,019,251~~
~~Less other funds~~	~~250,440,690~~	~~(20,626,287)~~	~~229,814,403~~
~~Total general fund~~	~~$47,756,180~~	~~($12,551,332)~~	~~$35,204,848~~

~~Subdivision 7.~~

~~TOTAL - SECTION 1~~

	~~Base Level~~	~~Adjustments or Enhancements~~	~~Appropriation~~
~~Grand total all funds~~	~~$5,553,157,547~~	~~$725,024,881~~	~~$6,278,182,428~~
~~Grand total other funds~~	~~3,541,730,000~~	~~458,501,235~~	~~4,000,231,235~~
~~Grand total general fund~~	~~$2,011,427,547~~	~~$266,523,646~~	~~$2,277,951,193~~
~~Full-time equivalent positions~~	~~2,483.83~~	~~204.52~~	~~2,688.35~~

Subdivision 1.

SALARIES AND WAGES BLOCK GRANT

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages block grant	$0	$619,977,466	$619,977,466
Total all funds	0	619,977,466	619,977,466
Less other funds	0	291,449,112	291,449,112
Total general fund	$0	$328,528,354	$328,528,354

Subdivision 2.

BUSINESS OPERATIONS

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$25,763,358	($25,763,358)	$0
Operating expenses	155,308,399	(77,023,770)	78,284,629

Capital assets	108,934	(108,934)	0
Grants	11,812,627	6,966,375	18,779,002
Total all funds	$192,993,318	($95,929,687)	$97,063,631
Less other funds	118,894,310	(71,526,221)	47,368,089
Total general fund	$74,099,008	($24,403,466)	$49,695,542

Subdivision 3.

BEHAVIORAL HEALTH

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$8,792,675	($8,792,675)	$0
Operating expenses	79,381,458	23,789,660	103,171,118
Grants	40,476,298	9,179,322	49,655,620
Behavioral health clinics	196,383,945	(139,438,537)	56,945,408
State hospital	94,826,973	(73,946,818)	20,880,155
Opioid addiction prevention	2,000,000	6,000,000	8,000,000
Total all funds	$421,861,349	($183,209,048)	$238,652,301
Less other funds	113,955,941	(47,060,463)	66,895,478
Total general fund	$307,905,408	($136,148,585)	$171,756,823

Subdivision 4.

HUMAN SERVICES

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$168,325,918	($168,325,918)	$0
Operating expenses	88,885,469	109,950,106	198,835,575
Capital assets	10,000	0	10,000
Grants	621,189,007	67,250,145	688,439,152
Life skills and transition center	44,992,263	(29,784,605)	15,207,658
Grants - medical assistance	742,793,564	7,655,079	750,448,643
County social services	197,663,661	6,928,621	204,592,282
Total all funds	$1,863,859,882	($6,326,572)	$1,857,533,310

Less other funds	1,240,409,529	(24,088,934)	1,216,320,595
Total general fund	$623,450,353	$17,762,362	$641,212,715

Subdivision 5.

MEDICAL SERVICES

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$21,008,344	($21,008,344)	$0
Operating expenses	70,807,977	92,364,562	163,172,539
Grants	1,651,004	1,006,800	2,657,804
Grants - medical assistance	2,682,778,803	(8,320,037)	2,674,458,766
Total all funds	$2,776,246,128	$64,042,981	$2,840,289,109
Less other funds	1,818,029,530	(8,809,057)	1,809,220,473
Total general fund	$958,216,598	$72,852,038	$1,031,068,636

Subdivision 6.

PUBLIC HEALTH

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$60,415,388	($60,415,388)	$0
Operating expenses	37,721,213	(31,434,070)	6,287,143
Capital assets	1,469,780	1,287,838	2,757,618
Grants	81,718,145	(11,577,165)	70,140,980
Tobacco prevention	13,063,162	(22,607)	13,040,555
Women, infants, and children food payments	19,900,000	1,100,000	21,000,000
Cares Act/COVID-19	83,909,182	1,845,373	85,754,555
Total all funds	$298,196,870	($99,216,019)	$198,980,851
Less other funds	250,440,690	(83,320,870)	167,119,820
Total general fund	$47,756,180	($15,895,149)	$31,861,031

Subdivision 7.

TOTAL - SECTION 1

	Base Level	Adjustments or Enhancements	Appropriation
Grand total all funds	$5,553,157,547	$299,339,121	$5,852,496,668
Grand total other funds	3,541,730,000	56,643,567	3,598,373,567
Grand total general fund	$2,011,427,547	$242,695,554	$2,254,123,101
Full-time equivalent positions	2,483.83	204.52	2,688.35

SECTION 2. ONE TIME FUNDING - EFFECT ON BASE BUDGET - REPORT TO SEVENTIETH LEGISLATIVE ASSEMBLY. The following amounts reflect the one-time funding items included in section 1 of this Act which are not included in the entity's base budget for the 2027-29 biennium and which the entity shall report to the appropriations committees of the seventieth legislative assembly regarding the use of this funding:

~~One-Time Funding Description~~	~~General Fund~~	~~Other Funds~~	~~Total~~
~~Technology projects~~	~~$0~~	~~$10,263,000~~	~~$10,263,000~~
~~Human service centers and life skills and transition center projects~~	~~0~~	~~1,052,480~~	~~1,052,480~~
~~Retire mainframe~~	~~0~~	~~15,000,000~~	~~15,000,000~~
~~Child care programs~~	~~13,272,500~~	~~0~~	~~13,272,500~~
~~Housing programs~~	~~0~~	~~1,000,000~~	~~1,000,000~~
~~State laboratory move and equipment~~	~~0~~	~~2,962,304~~	~~2,962,304~~
~~Partial hospitalization day treatment~~	~~0~~	~~2,000,000~~	~~2,000,000~~
~~Developmental disabilities eligibility assessment tool for kids~~	~~200,000~~	~~200,000~~	~~400,000~~
~~Toxicology equipment~~	~~151,500~~	~~100,000~~	~~251,500~~
~~New state hospital~~	~~0~~	~~330,000,000~~	~~330,000,000~~
~~Behavioral health facility grant~~	~~0~~	~~12,960,000~~	~~12,960,000~~
~~Cultural community center grant~~	~~0~~	~~1,000,000~~	~~1,000,000~~
~~Adaptive recreation grant~~	~~200,000~~	~~0~~	~~200,000~~
~~Intermediate care facility grant~~	~~3,457,736~~	~~0~~	~~3,457,736~~
~~Juvenile justice diversion services~~	~~750,000~~	~~0~~	~~750,000~~
~~Animal shelter grant~~	~~0~~	~~300,000~~	~~300,000~~
~~Statewide health strategies~~	~~0~~	~~750,000~~	~~750,000~~

~~Critical access hospital networking~~	~~0~~	~~2,000,000~~	~~2,000,000~~
~~Total~~	~~$18,031,736~~	~~$379,587,784~~	~~$397,619,520~~
One-Time Funding Description	General Fund	Other Funds	Total
Technology projects	$0	$4,548,930	$4,548,930
Human service centers and life skills and transition center projects	0	1,684,480	1,684,480
Retire mainframe	0	15,000,000	15,000,000
Child care programs	9,272,500	0	9,272,500
Housing programs	0	2,500,000	2,500,000
State laboratory move and equipment	0	2,962,304	2,962,304
Partial hospitalization day treatment	0	2,000,000	2,000,000
Developmental disabilities eligibility assessment tool for kids	200,000	200,000	400,000
Toxicology equipment	151,500	100,000	251,500
Behavioral health facility grant	0	5,000,000	5,000,000
Cultural community center grant	0	300,000	300,000
Intermediate care facility grant	0	4,400,000	4,400,000
Juvenile justice diversion services	0	500,000	500,000
Critical access hospital networking	0	1,000,000	1,000,000
Basic care $5 daily rate	4,067,056	1,474,184	5,541,240
Infant and toddler care provider support	13,500,000	0	13,500,000
Child welfare technology project line of credit	0	8,411,218	8,411,218
Medical housing for individuals with extraordinary medical needs	200,000	0	200,000
Total	$27,391,056	$50,081,116	$77,472,172

SECTION 3. FUNDING TRANSFERS - EXEMPTION - AUTHORIZATION - REPORT. Notwithstanding section 54-16-04, the director of the office of management and budget shall transfer appropriation authority between line items within subdivisions 1, 2, 3, 4, 5, and 6 of section 1 of this Act and any other appropriation authority for the department of health and human services approved by the sixty-ninth legislative assembly, for the biennium beginning

July 1, 2025, and ending June 30, 2027, as requested by the department of health and human services. The department of health and human services shall notify the legislative council of any transfer made pursuant to this section. The department of health and human services shall report to the budget section after June 30, 2026, any transfer made in excess of $50,000 and to the appropriations committees of the seventieth legislative assembly regarding any transfers made pursuant to this section.

SECTION 4. FULL-TIME EQUIVALENT POSITION BLOCK GRANT PROGRAM - REPORT. Section 1 of this Act includes funding for a full-time equivalent position block grant program. This funding as approved by the sixty-ninth legislative assembly is available for defraying the expense of full-time equivalent positions as determined by the department of health and human services. Notwithstanding any other provision of law, the department is authorized to increase or decrease authorized full-time equivalent positions subject to the availability of funds and the provisions of this section. The department of health and human services many not increase full-time equivalent positions for the purpose of transferring human service zone employees to state employment. Pursuant to section 3 of this Act, the department is authorized to transfer appropriation authority of up to the underfunded amount of $30,000,000 to the salaries and wages block grant line item. The department of health and human services shall report to the office of management and budget and legislative council any adjustments to full-time equivalent positions.

SECTION 5. DEPARTMENT OF HEALTH AND HUMAN SERVICES - SALARIES AND WAGES BLOCK GRANT - VACANT POSITIONS - REPORT. The department of health and human services shall report to the budget section quarterly during the 2025-26 interim regarding the status of its salaries and wages block grant and vacant positions and employee turnover. The report must include:

1. The legislative appropriation for salaries and wages allocated by the department to major department programs by funding source and the number of FTE positions the department is allocating to each major program based on the legislative appropriation;
2. Any changes to salaries and wages funding or FTE positions allocated to major department programs;

3. Any new FTE positions added, the cost of the position for the remainder of the biennium, and the cost to continue funding the position in the subsequent biennium by funding source;
4. Any FTE positions removed and related funding;
5. The number of FTE positions that become vacant and the number filled each month;
6. The number of vacant FTE positions at the end of each month;
7. Salaries and wages savings resulting from vacant positions and employee turnover each month by funding source; and
8. The use of salaries and wages savings for other purposes for each month by funding source.

SECTION 6. BEHAVIORAL HEALTH FACILITY GRANT - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND - APPLICATION.

1. Section 1 of this Act includes the sum of ~~$12,960,000~~$5,000,000 from the strategic investment and improvements fund for a behavioral health facility grant pursuant to this section.

~~2. A grant of $12,960,000 must be provided to establish a behavioral health facility in the northeast human service region. The grant recipient must provide matching funds of $3,240,000 to establish the facility.~~

~~3.~~2. The department shall require an entity receiving funding under this section to operate the facility for at least ten years and require the grant amount to be repaid if the entity does not operate the facility for at least ten years.

~~4.~~3. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 7. INFANT AND TODDLER CARE PROVIDER SUPPORT DIRECT PAYMENT - ONE-TIME - REPORT. Section 1 of this Act includes the sum of $13,500,000 of one-time funding from the general fund for direct payments to licensed child care providers to support high-quality early childhood care for infants and toddlers. The department shall administer the direct payment program and include the following provisions:

1. To qualify for a direct payment under this section, a direct payment recipient must:
   a. Be a licensed child care facility within the state of North Dakota;

b. Be enrolled in the state's bright and early quality rating system at a two-star, three-star, or four-star rating level; and

c. Provide care for children from birth through three years of age.

2. Eligible providers may receive up to $300 per month for each child from birth through seventeen months of age and up to $180 per month for each child from eighteen through thirty-six months of age.

3. The department shall distribute the direct payments on a quarterly basis. Direct payments may not be used for non-child care-related expenses or debt repayment.

4. Direct payment recipients shall submit annual reports to the department detailing fund usage, enrollment statistics, and other information requested by the department.

5. The department shall provide reports to the legislative management and to the appropriations committees of the seventieth legislative assembly on direct payments and the effectiveness of the program.

SECTION 8. INTERMEDIATE CARE FACILITY MEDICALLY AND BEHAVIORALLY COMPLEX SERVICES GRANT - APPLICATION. Section 1 of this Act includes the sum of $4,400,000 of one-time funding from the community health trust fund for providing a one-time grant to a licensed intermediate care facility in the south central human service region for providing services to children or young adults with medically and behaviorally complex conditions. To be eligible to receive the grant under this section, a licensed intermediate care facility must provide early intervention, clinical, and residential services, provide community and home support, education, recreation and leisure activities, and assistive technology; and provide services in at least eight communities for individuals with intellectual or developmental disabilities. The grant funds awarded may be used only for the costs of providing services to children and young adults with medically and behaviorally complex conditions. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 9. SPECIAL HEALTH CARE NEEDS GRANT - APPLICATION. Section 1 of this Act includes the sum of $50,000 from the general fund for providing a grant to a provider in the south central human service region for statewide education, information, training, and peer support to families with children with special health care needs,

medically complex conditions, or a disability. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 10. CRISIS SERVICES GRANTS - APPLICATION. Section 1 of this Act includes the sum of $585,000 from the general fund for providing crisis services grants. The grants include the sum of $300,000 for crisis organizations that provide crisis services to young adults who are at risk of being homeless or experiencing other serious adverse life events and the sum of $285,000 to a volunteer-based ecumenical ministry organization. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 11. MEDICAL HOUSING FOR INDIVIDUALS WITH EXTRAORDINARY MEDICAL NEEDS - ONE-TIME FUNDING.

1. Section 1 of this Act includes the sum of $200,000 from the general fund for the preliminary design consultation and project administration of developing housing for individuals with disabilities that have extraordinary medical needs and for rent subsidies for individuals residing in these housing facilities for the biennium beginning July 1, 2025, and ending June 30, 2027.
2. The department of health and human services shall collaborate with the North Dakota housing finance agency, individuals with disabilities, caregivers, and families to solicit proposals for the development of accessible housing for individuals with disabilities that have extraordinary medical needs, for the biennium beginning July 1, 2025, and ending June 30, 2027. The department shall solicit proposals from public entities, for-profit organizations, and nonprofit organizations to design, construct, maintain, and operate the housing facility. Proposals must:
   a. Ensure that services in the facility may be provided separately from the facility ownership interests;
   b. Ensure that individuals residing in the facility may choose among independent living service providers; and
   c. Comply with the federal home and community-based settings rules as defined under 42 CFR 441.301(c)(4).

SECTION 12. COMMUNITY CULTURAL CENTER GRANT - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND - APPLICATION. Section 1 of this Act includes the sum of ~~$1,000,000~~$300,000 from the strategic investment and improvements fund for the purpose of providing a one-time community cultural center programming grant in the west central human service region. An entity may apply for a grant under this section if the entity certifies to the department ~~it has secured at least fifty percent of funds needed to complete the project, the project will be completed within two years of receiving the grant funds, and the grants funds will be used only for costs of constructing a~~the funds will be used for programs within the community cultural center. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 13. JUVENILE JUSTICE DIVERSION SERVICES AND PROGRAMS - TASK FORCE - REPORT. Section 1 of this Act includes the sum of ~~$750,000~~ $500,000 of one-time funding from the ~~general~~community health trust fund for juvenile justice diversion services and programs. The department of health and human services must use the funding for services to youth at risk of juvenile justice involvement but who have not committed delinquent acts as defined in chapter 27-20.4.

The department shall establish a task force with representation from divisions in the department, human service zones, the department of public instruction, elementary and secondary schools, and members of the legislative assembly, to review juvenile justice diversion services and program. The department shall report its findings and recommendations to the legislative management and children's cabinet.

~~**SECTION 9. ANIMAL SHELTER GRANT - COMMUNITY HEALTH TRUST FUND.** Section 1 of this Act includes the sum of $300,000 from the community health trust fund for a grant for the construction of an animal shelter. The department of health and human services may award a grant for the construction of an animal shelter to an organization that provides twenty dollars of nonstate matching funds for every dollar of grant funds received. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.~~

~~**SECTION 10. STATEWIDE HEALTH STRATEGIES - COMMUNITY HEALTH TRUST FUND.** Section 1 of this Act includes the sum of $750,000 of one-time funding from the community health trust fund for the statewide health strategies initiative. The department of~~

~~health and human services may spend the funding upon securing dollar-for-dollar matching funds.~~

SECTION 14. OTHER FUNDS - INSURANCE TAX DISTRIBUTION FUND. The other funds line item in subdivision 5 of section 1 of this Act includes the sum of $1,125,000 from the insurance tax distribution fund for rural emergency medical services grants.

SECTION 15. OTHER FUNDS - COMMUNITY HEALTH TRUST FUND. The other funds line items in section 1 of this Act includes the sum of ~~$38,713,522~~$41,431,522 from the community health trust fund for the following purposes:

Loan repayment programs	$594,500
~~Tobacco and vaping programs~~	~~11,599,698~~
Tobacco prevention and control grants to local public health units	6,250,000
Tobacco prevention and control	4,549,698
Tobacco cessation grants	500,000
Youth vaping prevention grants	300,000
Cancer and women's way programs	909,824
Behavior risk state survey	200,000
Youth crisis stabilization	1,500,000
Intermediate care facility grant	4,400,000
Domestic violence programs	4,250,000
Local public health grants	3,275,000
988 crisis hotline	1,867,500
~~Various information technology system upgrades~~	~~2,967,000~~
Various information technology system upgrades	1,335,000
Grants to rural ambulances	7,000,000
Law enforcement rural crisis support program	1,000,000
Development of partial hospitalization/intensive day treatment	2,000,000
Juveline justice services	500,000
~~Critical access hospital networking~~	~~2,000,000~~
Critical access hospital networking	1,000,000
~~Animal shelter grant~~	~~300,000~~

~~Statewide health strategies 750,000~~

~~Total $38,713,522~~

Total $41,431,522

SECTION 16. OTHER FUNDS - HUMAN SERVICE FINANCE FUND. The other funds line items in section 1 of this Act includes the sum of ~~$239,112,030~~$242,112,030 from the human service finance fund for state-paid economic assistance and social and human services.

SECTION 17. OTHER FUNDS - OPIOID SETTLEMENT FUND. The other funds line item in section 1 of this Act includes the sum of $8,000,000 from the opioid settlement fund for opioid remediation and abatement efforts.

SECTION 18. OTHER FUNDS - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND The other funds line items in section 1 of this Act includes the sum of ~~$227,474,784~~$18,446,784 from the strategic investment and improvements fund for the following purposes:

~~Retiring technology from the mainframe $7,500,000~~

~~Move into the new state laboratory and purchase security equipment 2,962,304~~

~~Capital projects in human service centers and life skills and transition center 1,052,480~~

~~Housing initiative programs 1,000,000~~

~~Technology projects at the state hospital 1,000,000~~

~~New state hospital 200,000,000~~

~~Behavioral health facility grant 12,960,000~~

~~Community cultural center grant 1,000,000~~

~~Total $227,474,784~~

Retiring technology from the mainframe $5,000,000

New state laboratory move-in costs and security equipment purchases 2,962,304

Capital projects in human service centers and life skills and transition center 1,684,480

Housing initiative programs 2,500,000

Technology projects at the state hospital 1,000,000

Behavioral health facility grant 5,000,000

Community cultural center grant 300,000

Total $18,446,784

SECTION 19. OTHER FUNDS - BANK OF NORTH DAKOTA LINE OF CREDIT - ~~STATE HOSPITAL~~CHILD WELFARE TECHNOLOGY PROJECT. The other funds line item in subdivision 2 of section 1 of this Act includes ~~$130,000,000~~the sum of $8,411,218 from a Bank of North Dakota line of credit. The department of health and human services may borrow up to ~~$130,000,000~~$8,411,218 through a line of credit from the Bank of North Dakota during the biennium beginning July 1, 2025, and ending June 30, 2027, for costs associated with ~~the construction of a new state hospital~~a child welfare technology project. The interest rate on the line of credit may not exceed the prevailing interest rate charged to North Dakota governmental entities. If the department accesses the line of credit, it shall request a deficiency appropriation from the seventieth legislative assembly to repay the line of credit.

SECTION 20. LABORATORY BUILDING STEERING COMMITTEE. The department of health and human services shall maintain the laboratory building steering committee to oversee the design and construction of the laboratory building project, for the biennium beginning July 1, 2025, and ending June 30, 2027, or until work is completed, whichever occurs earlier. The committee must include representation from the department of health and human services, department of environmental quality, office of management and budget, the governor's office, and the legislative assembly. The legislative assembly representation must include one member of the senate appointed by the senate majority leader, one member of the house appointed by the house majority leader, and one member of the minority party from either the senate or the house appointed by the minority leaders of the senate and the house.

SECTION 21. NEW STATE HOSPITAL - STEERING COMMITTEE. The department of health and human services shall establish a new state hospital facility steering committee to oversee the design and construction of a new state hospital facility, for the biennium beginning July 1, 2025, and ending June 30, 2027. The committee must include representation from the department of health and human services, office of management and budget, the governor's office, and the legislative assembly. The legislative assembly representation must include one member of the senate appointed by the senate majority leader, one member of the house appointed by the house majority leader, and one member of the minority party from either the senate or the house appointed by the minority leaders of the senate and the house.

SECTION 22. CAPITAL PAYMENTS. During the biennium beginning July 1, 2025, and ending June 30, 2027, the department of health and human services is authorized to expend

funds for the payment of special assessments at the state hospital, southeast human service center, and life skills and transition center. Pursuant to section 3 of this Act, the director of the office of management and budget may transfer appropriation authority between line items within section 1 of this Act and any remaining appropriation authority for the department of health and human services approved by the sixty-ninth legislative assembly. The department of health and human services may transfer funds for the payment of special assessments at the state hospital, southeast human service center, and life skills and transition center ahead of the special needs assessments schedule. Notwithstanding section 54-27-12, the department of health and human services may spend funds for the payment of special assessments at the state hospital and life skills and transition center.

SECTION 23. CAPITAL PROJECTS - EMERGENCY COMMISSION AND BUDGET SECTION APPROVAL. During the biennium beginning July 1, 2025, and ending June 30, 2027, pursuant to section 3 of this Act, the director of the office of management and budget may transfer appropriation authority between line items within section 1 of this Act and any remaining appropriation authority for the department of health and human services approved by the sixty-ninth legislative assembly for capital projects and maintenance pertaining to operation of its facilities, including demolition projects. Notwithstanding section 54-27-12, the department of health and human services may spend up to $10,000,000 for capital projects and maintenance pertaining to operation of its facilities, including demolition projects, under this section and may seek emergency commission and budget section approval to spend more than $10,000,000 under this section.

SECTION 24. PERMANENT SUPPORTIVE HOUSING GRANTS. Section 1 of this Act includes the sum of $4,672,536 from the general fund for permanent supportive housing grants. The department of health and human services shall develop a funding methodology to distribute the funding to qualified entities that utilize best practices for permanent supportive housing, provide recovery-oriented and person-centered services, submit process and outcome measures to the department of health and human services, and authorize the department of health and human services to conduct onsite visits to review program operations.

SECTION 25. EXPENDITURES MAY NOT EXCEED APPROPRIATION - MEDICAL ASSISTANCE EXPANSION PROGRAM - APPLICATION.

1. Section 1 of this Act includes the sum of $662,099,340, of which $66,209,934 is from the general fund, for the medical assistance expansion program, for the biennium beginning July 1, 2025, and ending June 30, 2027. The expenditures for individuals eligible for the medical assistance expansion program may not exceed this amount.
2. The department of health and human services may exceed appropriations for increases in medical assistance expansion program caseload, for the addition of coverage consistent with the traditional Medicaid 1915(i) state plan, utilization rates, and reduction in federal medical assistance percentage.
3. The managed care organization under contract with the department of health and human services to manage the medical assistance expansion program shall reimburse providers within the same provider type and specialty at consistent levels and with consistent methodology and may not provide incentive, quality, or supplemental payments to providers, unless part of a value-based program approved by the department of health and human services. The managed care organization shall reimburse all North Dakota substance use providers of American society of addiction medicine level 2.5 at consistent levels and with consistent methodology. The managed care organization may consider urban and rural providers as different provider types.
4. The managed care organization and the department of health and human services shall ensure payments to Indian or Tribal 638 health care providers, federally qualified health centers,and rural health clinics meet the federally required minimum levels of reimbursement. Critical access hospitals may not be paid less than one hundred percent of Medicare allowable costs and human service centers may not be paid less than one hundred percent of the current traditional Medicaid rate. Behavioral health services involving partial hospitalization, intensive outpatient, professional services, and residential behavioral health services provided in facilities that are not institutions for mental diseases are not subject to the provisions in subsection 6.
5. The department of health and human services shall ensure providers within the same provider type and specialty are reimbursed at consistent levels and with consistent methodology and shall ensure the capitation rates under risk contracts are actuarially sound and are adequate to meet managed care organization contractual requirements

regarding availability of services, assurance or adequate capacity and services, and coordination and continuity of care.

6. Except for the provisions in subsection 4, managed care organization premium payments must be built using the assumption that rates paid to providers under the medical assistance expansion program may not exceed one hundred forty-five percent of Medicare reimbursement rates paid to providers on January 1, 2025.

SECTION 26. HUMAN SERVICE CENTERS - CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS - FULL-TIME EQUIVALENT POSITIONS - REPORT. The department of health and human services shall continue the process of the human service centers becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults. The department of health and human services shall pursue additional federal funding as available. Subject to the availability of generated income, the department of health and human services may add full-time equivalent positions for the clinics to provide direct services for the period beginning with the effective date of this Act and ending June 30, 2027. The department of health and human services shall report to the office of management and budget and legislative council each time a position is added.

SECTION 27. INTERMEDIATE CARE FACILITY MORATORIUM. The department of health and human services may not add any new licensed intermediate care facility for individuals with intellectual disabilities beds to the state's licensed bed capacity between July 1, 2025, and June 30, 2027.

SECTION 28. EXEMPTION - UNEXPENDED APPROPRIATIONS. The following appropriations are not subject to the provisions of section 54-44.1-11 and any unexpended appropriation authority may be continued into the biennium beginning July 1, 2025, and ending June 30, 2027:

1. The sum of $3,674,757 appropriated from the general fund and the sum of $25,918,566 appropriated from federal funds for the Medicaid management information system modularization technology project in chapter 12 of the 2021 Session Laws;
2. The sum of ~~$14,411,218~~$6,000,000 appropriated from the general fund and the sum of $14,411,218 appropriated from federal funds for the child welfare technology project in chapter 12 of the 2021 Session Laws;

3. The sum of $20,366,271 appropriated from the community health trust fund and the sum of $39,534,525 appropriated from federal funds for the child support computer replacement project in chapter 44 of the 2023 Session Laws;
4. The sum of $10,989,217 appropriated from the strategic investment and improvements fund for the procurement and grants management system in chapter 44 of the 2023 Session Laws;
5. The sum of $4,150,000 appropriated from the general fund for defraying the expenses of additional human service centers to begin the process of becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults in chapter 44 of the 2023 Session Laws;
6. The sum of $18,941,847 appropriated to the department of health and human services in chapter 549 of the 2021 Special Session Laws;
7. The sum of $55,120,000 appropriated from the federal state fiscal recovery fund for a public health laboratory capital project in chapter 4 of the 2023 Session Laws;
8. The sum of ~~$5,000,000~~$1,000,000 appropriated from the general fund for the purpose of employer-led child care cost-share program in chapter 446 of the 2023 Session Laws;
9. The sum of $986,555 appropriated from the general fund for the purpose of streamlining background checks project in chapter 446 of the 2023 Session Laws;
10. The sum of ~~$2,223,981~~$1,000,000 appropriated from the federal state fiscal recovery fund for the implementation of a virtual behavioral health crisis care program for rural law enforcement in chapter 44 of the 2023 Session Laws; and
11. The sum of $500,000 appropriated from the general fund and the sum of $500,000 appropriated from federal funds for the purpose of program integrity audits in chapter 44 of the 2023 Session Laws.
12. The sum of $1,950,000 appropriated from the general fund to the department of health and human services for a northwest human service region behavioral health facility grant in chapter 44 of the 2023 Session Laws.

SECTION 29. LEGISLATIVE INTENT - UTILIZATION RATE ADJUSTMENT. It is the intent of the sixty-ninth legislative assembly that the department of health and human services seek a deficiency appropriation from the seventieth legislative assembly for any expenditures that

exceed appropriated amounts as a result of underfunding, utilization rates, value-based purchasing for nursing facilities, reduction in federal medical assistance percentage, and unexpected contract cost increases that exceed ten percent, during the biennium beginning July 1, 2025, and ending June 30, 2027, if funding is not sufficient to pay actual expenses.

SECTION 30. LEGISLATIVE INTENT - PROVIDER RATE INCREASE. Except as otherwise noted, section 1 of this Act includes funding for human service provider inflation increases of two percent for ~~each year~~the first year and one and one-half percent the second year of the biennium beginning July 1, 2025, and ending June 30, 2027. The provider inflation increase in this section does not apply to nursing facilities.

~~**SECTION 29. LEGISLATIVE INTENT - DEVELOPMENTAL DISABILITIES PROVIDER ACCREDITATION REQUIREMENT.** It is the intent of the sixty-ninth legislative assembly that the department of health and human services eliminate its administrative rule requirement that providers of developmental disabilities services be accredited as a condition of being eligible for receiving payments for services from the department of health and human services.~~

SECTION 31. LEGISLATIVE INTENT - MEDICAL ASSISTANCE. It is the intent of the sixty-ninth legislative assembly that the department of health and human services review the amount, duration, coverage, utilization rates, medical necessity, and scope of medical assistance services, and may implement any adjustments the department determines appropriate.

SECTION 32. FEDERAL FUNDING APPEAL LIMITATION. Except as otherwise specifically provided by federal law, a person may not appeal a denial, revocation, reduction in services or payment, or the termination of a program or service by the department of health and human services dues to the unavailability of federal coronavirus funding received under federal law resulting from the federal coronavirus pandemic emergency declarations, for the biennium beginning July 1, 2025, and ending June 30, 2027.

SECTION 33. DEPARTMENT OF HEALTH AND HUMAN SERVICES - LONG-TERM STRUCTURED RESIDENCES PLAN - REPORT. During the 2025-26 interim, the department of health and human services shall review options and develop a plan to establish long-term structured residences. The department shall review necessary changes to statutes, rules, policies, and the estimated fiscal impact of establishing the residences. A long-term structured residence must be a highly structured therapeutic residential mental health treatment facility

that is staffed continuously and designed to treat adults under chapters 12.1-04.1 and 25-03.1 who have severe and persistent mental illness and who have reached the maximum benefit from the mental health resources available elsewhere in the community or hospital. The department shall present a report to the legislative management by October 1, 2026, regarding its plan to establish long-term structured residences.

SECTION 34. A new section to chapter 6-09 of the North Dakota Century Code is created and enacted as follows:

Extraordinary medical needs housing loan fund - Continuing appropriation.

1. The Bank of North Dakota shall administer a loan program to provide loans for new construction projects to provide housing for individuals with disabilities that have extraordinary medical needs. A construction project may include a land purchase and the construction costs of the project. The applicant must comply with project requirements as approved by the department of health and human services and the North Dakota housing finance agency.
2. The extraordinary medical needs housing loan fund is a special fund maintained in the state treasury from which the Bank shall provide loans under this section. The fund consists of revenues transferred under legislative authorization, interest upon moneys in the fund, and collections of interest and principal on loans made from the fund. All moneys in the fund are appropriated on a continuing basis to the Bank for the purpose of providing loans under this section.
3. The developer of the housing facility for individuals with disabilities that have extraordinary medical needs may submit an application to the Bank for a loan. The application must:
   a. Provide detail on the proposed construction project and its compliance with the department of health and human services and the North Dakota housing finance agency requirements;
   b. Demonstrate the need and long-term viability of the project; and
   c. Include financial information the Bank determines appropriate to verify eligibility.
4. A loan approved under this section:
   a. May not exceed three million three hundred thousand dollars for a project;
   b. Must have an interest rate that does not exceed two percent; and

c. Must have a repayment schedule of no longer than twenty years.

5. A recipient of a loan under this section shall complete the financed construction project within twenty-four months of the approval of the loan. Failure to comply with this subsection may result in forfeiture of the entire loan received under this section.

6. The Bank shall deposit in the fund all principal and interest paid on the loans made from the fund. The Bank may deduct from interest payments a service fee for costs of administering the loan program. The fund must be audited annually pursuant to section 6-09-29 and the cost of the audit and any other actual costs incurred by the Bank on behalf of the fund must be paid from the fund.

SECTION 35. AMENDMENT. Section 50-06-06.6 of the North Dakota Century Code is amended and reenacted as follows:

50-06-06.6. Department may lease real and personal property.

The commissioner of the department or commissioner's designee may lease ~~surplus farm and pastureland at the state hospital and the life skills and transition center. The commissioner or designee also may enter into further leases of~~ real or personal property at the life skills and transition center or the state hospital upon a specific finding that the granting of each such leasehold interest will result in a net economic gain for the department, taking into account all identifiable costs. Any lease of space for the purpose of providing child care services must meet requirements as determined by the department. The commissioner of the department or commissioner's designee may prescribe the terms and conditions of any leases entered into pursuant to this section and may renew existing leases. ~~Any~~The term of any lease ~~entered into must be subject to renewal or cancelable each biennium~~may not exceed ninety-nine years.

SECTION 36. AMENDMENT. Section 50-06-42 of the North Dakota Century Code is amended and reenacted as follows:

50-06-42. Substance use disorder treatment voucher system - Mental health treatment voucher system for incarcerated individuals.

~~1.~~ The department shall establish and administer, within the limits of legislative appropriations, a voucher system to address underserved areas and gaps in the state's substance abuse treatment system and to assist in the payment of addiction treatment services and medical costs provided by licensed substance abuse treatment programs, excluding

regional human service centers and hospital- or medical clinic-based programs for medical management of withdrawal.

~~a.~~1. An out-of-state licensed substance abuse treatment program located within a bordering state may participate in the voucher program to serve an underserved area of this state pursuant to the rules adopted by the department. The department shall develop rules to include processes and requirements for an out-of-state provider to receive reimbursement only for outpatient and community-based services upon a provider completing an assessment of need and receiving approval from the department.

2.~~b.~~ Services eligible for the voucher program include only those levels of care recognized by the American society of addiction medicine, with particular emphasis given to underserved areas and programs. The department shall ensure that a licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers collects and reports process and outcome measures.

3.~~c.~~ The department shall develop requirements and provide training and technical assistance to a licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers. A licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers shall provide evidence-based services.

4.~~d.~~ The department shall allocate funding appropriated for the substance use disorder treatment voucher as follows:

~~a. No~~

~~(1)~~a. Except as provided in paragraphs 3 and 4, no more than ~~forty-five~~fifty percent of the appropriated amount may be allocated for residential substance use disorder services administered by licensed substance abuse treatment programs with more than sixteen beds.

b.~~(2)~~ The remaining appropriation must be allocated for residential programs with sixteen or fewer beds, nonresidential outpatient, and ancillary substance use disorder services administered by licensed substance abuse treatment programs.

~~(3)~~c. The department, during the last quarter of the biennium, may reallocate projected unused funds that were allocated under paragraph 2 to residential facilities outlined in paragraph 1.

~~(4)~~d. The department may reimburse a licensed substance abuse treatment program with more than sixteen beds the incurred direct medical costs of an eligible individual who does not have resources to cover the medical costs. The department may develop rules and may not exceed the total amount appropriated for medical cost reimbursement.

~~2. The department shall establish and administer, within the limits of legislative appropriations, a voucher system to address underserved areas and gaps in the state's mental health treatment system for individuals detained or confined in a county jail or detention center or regional corrections center and to assist in the payment of mental health treatment services provided by a licensed mental health professional acting within their scope of practice, excluding a regional human service center.~~

~~a. Services eligible for the voucher program include only diagnostic assessment and mental health therapy for individuals with a mental health concern detained or confined in a county jail or detention center or regional corrections center. The department shall ensure that a licensed mental health professional accepting vouchers collects and reports process and outcome measures.~~

~~b. The department shall develop requirements and provide training and technical assistance to licensed mental health professionals accepting vouchers. A licensed mental health professional shall provide evidence-based services.~~

SECTION 37. AMENDMENT. Section 50-24.5-02.3 of the North Dakota Century Code is amended and reenacted as follows:

50-24.5-02.3. Basic care payment rates.

1. The department shall determine limits for the care of residents of basic care facilities that qualify as vendors of an aged, blind, and disabled persons program and for implementing provisions of this chapter based on data demonstrating the most recent costs that must be incurred for the care of residents in efficiently and economically operated basic care facilities. The department shall determine the limits every four years by July first, beginning with July 1, 2023.

2. The department shall establish the limits by using the median rates from the most recent data available. The direct care limit must be the median plus eighteen percent. The indirect care limit must be the median plus twelve percent.
3. For the rate year beginning July 1, 2023, the department shall increase rates and limits three and one-half percent for inflation. For the rate year beginning July 1, 2024, the department shall increase rates and limits three and one-half percent for inflation.
4. The department shall provide a rate increase in the amount of five dollars per day for the period beginning July 1, 2023, and ending June 30, ~~2025~~2027, after which the increase is not effective. This rate increase may not be included in any calculation of inflation increase.
5. Within the limits of legislative appropriations, the department shall establish an uncompensated care expense of three hundred sixty-five days.

SECTION 38. AMENDMENT. Section 50-33-05 of the North Dakota Century Code is amended and reenacted as follows:

50-33-05. State of residence.

Only child care assistance units physically residing within the boundaries of the state are eligible for child care assistance, unless the individual is employed by an early childhood program within the boundaries of the state and the individual has been approved for the state's child care assistance child care workforce benefit.

SECTION 39. AMENDMENT. Subsection 1 of section 50-36-03 of the North Dakota Century Code is amended and reenacted as follows:

1. The committee is composed of:
   a. One member of the North Dakota association of counties appointed by the chairman of the legislative management, who shall serve a term of two years.
   b. One member of the North Dakota league of cities appointed by the chairman of the legislative management, who shall serve a term of two years.
   c. One member of the North Dakota state association of city and county health officials appointed by the chairman of the legislative management, who shall serve a term of two years.
   d. One member who represents the highway patrol appointed by the highway patrol superintendent, who shall serve a term of two years.

e. The executive director of the department's division of behavioral health.

f. ~~The managing director of the office of recovery reinvented.~~One member in recovery appointed by the governor.

g. One member appointed by the governor who shall serve as a nonvoting member and as the presiding officer of the committee, who shall serve a term of two years.

SECTION 40. Subsection 6 of the new section to chapter 54-07 of the North Dakota Century Code, as created by section 1 of Senate Bill No. 2176, as approved by the sixty-ninth legislative assembly, is amended and reenacted as follows:

6. a. The office of the governor shall provide staffing and administrative services for the children's cabinet and coordinate with other designated working groups on children and family issues.

b. The governor or the governor's designee serving on the cabinet may appoint a representative to serve in that official's capacity at a meeting if the governor or governor's designee is unable to attend.

SECTION 41. HOUSING AVAILABILITY ASSESSMENT - COLLABORATION WITH HOUSING FINANCE AGENCY. The department of health and human services shall collaborate with the North Dakota housing finance agency and other appropriate stakeholders to assess the availability of housing for individuals requiring extraordinary health care support services, for the biennium beginning July 1, 2025, and ending June 30, 2027. Based on the results of the assessment, if necessary, the department shall develop a plan to expand access to housing providing the least restrictive environment for individuals requiring extraordinary health care support services.

SECTION 42. BEHAVIORAL HEALTH CLINICS, NORTH DAKOTA STATE HOSPITAL, AND LIFE SKILLS AND TRANSITION CENTER FUNDING. Section 1 of this Act includes funding for the behavioral health clinics, North Dakota state hospital, and life skills and transition center as follows:

1. Behavioral health clinics:

a.	Salaries and wages	~~$156,967,103~~$177,840,942
b.	Operating and capital	~~64,131,965~~56,945,408
c.	Total	~~$221,099,068~~$234,786,350

2. State hospital:
   a. Salaries and wages ~~$68,775,551~~$70,477,378
   b. Operating and capital ~~350,880,155~~20,880,155
   c. Total ~~$419,655,706~~$91,357,533
3. Life skills and transition center:
   a. Salaries and wages ~~$55,540,213~~$56,284,356
   b. Operating and capital ~~15,207,658~~15,207,658
   c. Total ~~$70,747,871~~$71,492,014

SECTION 43. LEGISLATIVE MANAGEMENT STUDY - STUDENT TRUANCY AND ABSENTEEISM. The legislative management shall consider studying, during the 2025-26 interim, truancy and student absenteeism in kindergarten through grade twelve public schools. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement its recommendations, to the seventieth legislative assembly.

SECTION 44. LEGISLATIVE MANAGEMENT STUDY - OBESITY HEALTH IMPLICATIONS. The legislative management shall consider studying, during the 2025-26 interim, the health implications of obesity on the residents of the state and options to increase access to prevention and treatments for obesity. If conducted, the study must review costs associated with obesity including comorbidities, treatments available for obesity, obesity diagnosis guidelines including use of body mass index compared with percentage of body fat, and examining the difference between being an individual who is healthy and overweight as compared to an obese individual. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement its recommendations, to the seventieth legislative assembly.

SECTION 45. LEGISLATIVE MANAGEMENT STUDY - MATERNAL HEALTH SERVICES - ACCESS AND WORKFORCE.

1. During the 2025-26 interim, the legislative management shall consider studying access to maternal health services. The study must include:
   a. Consideration of the availability of prenatal and childbirth services, including provider shortages and service use.
   b. Development of strategies to increase the number of obstetricians, family doctors, and midwives providing maternal health services in this state.

c. A review of coverage and reimbursement for doulas and midwives, including training and certification needs.

d. Consideration of insurance and public policy options to improve maternal health outcomes, including through the Medicaid program.

e. Input from health care providers, insurers, public health officials, and maternal health experts.

2. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement its recommendations, to the seventieth legislative assembly.

SECTION 46. LEGISLATIVE INTENT - LIFE SKILLS AND TRANSITION CENTER. It is the intent of the sixty-ninth legislative assembly that during the 2025-26 interim, the department of health and human services review the facilities and land at the life skills and transition center to identify the portions of the life skills and transition center campus that are necessary for delivery of services and the portions of the campus that could be conveyed to a local government or related public or not-for-profit community development entity to redevelop to optimize local community development goals and the successful operation of the life skills and transition center. It is further the intent of the legislative assembly that the department of health and human services present any request to convey any portions of the campus to the seventieth legislative assembly.

SECTION 47. DISABILITY SERVICE ACCREDITATION STUDY - LEGISLATIVE MANAGEMENT REPORT. During the 2025-26 interim, the department of health and human services shall study accreditation requirements and provider costs for serving individuals with intellectual and developmental disabilities, including the cost of accreditation relative to the cost of providing services and reimbursement. The department shall report its findings and recommendations, together with any legislation necessary to implement recommendations to the legislative management by September 1, 2026.

SECTION 48. VALUE-BASED CARE INCENTIVE PROGRAM - PAYMENT WITHHOLD FOR NURSING FACILITIES - COLLABORATION WITH NORTH DAKOTA LONG TERM CARE ASSOCIATION. During the 2025-26 interim, the department of health and human services, in collaboration with the North Dakota long term care association, shall develop a payment withhold structure for value-based payments to provide funding for the value-based

care incentive program for nursing facilities. The department shall implement the payment withhold beginning July 1, 2027. The department may not implement a payment withhold before July 1, 2027.

SECTION 49. LEGISLATIVE MANAGEMENT STUDY- DISABILITY SERVICES.

1. During the 2025-26 interim, the legislative management shall study the efficiency, effectiveness, and outcomes of developmental disability services provided by the department of health and human services. The study must include:
   a. A review of the approval process, an analysis of accountability measures, an assessment of gaps in services, and an evaluation of overall program management.
   b. An assessment of whether the department is effectively managing cases and complying with federal law in the provision of support and services to individuals with disabilities.
   c. Input from advocates, clients from the disability community, zone directors, service providers, and health care providers who serve individuals with disabilities.
   d. Collaboration with the cross-disability advisory council.
2. The legislative council may contract with a consultant with expertise in the provision of developmental disability services to assist in the study.
3. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement its recommendations, to the seventieth legislative assembly.

SECTION 50. APPROPRIATION - COMMUNITY HEALTH TRUST FUND - LEGISLATIVE COUNCIL - DISABILITY SERVICES - ONE-TIME FUNDING. There is appropriated out of any moneys in the community health trust fund, not otherwise appropriated, the sum of $150,000, or so much of the sum as may be necessary, to the legislative council for the purpose of contracting for consulting services for a disability services study, for the biennium beginning July 1, 2025, and ending June 30, 2027. The appropriation provided in this section is considered a one-time funding item.

SECTION 51. LEGISLATIVE MANAGEMENT REPORT - BEHAVIORAL HEALTH FACILITY GRANTS. During the 2025-26 interim the department of health and human services

shall provide reports to the legislative management regarding the award of grant funding to increase the number of behavioral health beds in the state.

SECTION 52. EFFECTIVE DATE. Section ~~33~~36 of this Act becomes effective on July 1, 2026.

SECTION 53. EFFECTIVE DATE. Section 7 of this Act becomes effective on January 1, 2026.

STATEMENT OF PURPOSE OF AMENDMENT:

House Bill No. 1012 - Summary of Senate Action

	Base Budget	House Version	Senate Changes	Senate Version
Department of Health and Human Services				
Total all funds	$0	$596,284,775	$23,692,691	$619,977,466
Less estimated income	0	286,720,150	4,728,962	291,449,112
General fund	$0	$309,564,625	$18,963,729	$328,528,354
FTE	0.00	2,688.35	0.00	2,688.35
DHHS - Business Operations				
Total all funds	$192,993,318	$97,063,631	$0	$97,063,631
Less estimated income	118,894,310	47,368,089	0	47,368,089
General fund	$74,099,008	$49,695,542	$0	$49,695,542
FTE	114.40	0.00	0.00	0.00
DHHS - Behavioral Health				
Total all funds	$421,861,349	$580,920,603	($342,268,302)	$238,652,301
Less estimated income	113,955,941	399,223,478	(332,328,000)	66,895,478
General fund	$307,905,408	$181,697,125	($9,940,302)	$171,756,823
FTE	1,054.27	0.00	0.00	0.00
DHHS - Human Services				
Total all funds	$1,863,859,882	$1,882,984,555	($25,451,245)	$1,857,533,310
Less estimated income	1,240,409,529	1,226,448,044	(10,127,449)	1,216,320,595
General fund	$623,450,353	$656,536,511	($15,323,796)	$641,212,715
FTE	1,009.16	0.00	0.00	0.00
DHHS - Medical Services				
Total all funds	$2,776,246,128	$2,855,909,613	($15,620,504)	$2,840,289,109
Less estimated income	1,818,029,530	1,810,657,071	(1,436,598)	1,809,220,473
General fund	$958,216,598	$1,045,252,542	($14,183,906)	$1,031,068,636
FTE	90.50	0.00	0.00	0.00
DHHS - Public Health				
Total all funds	$298,196,870	$265,019,251	($66,038,400)	$198,980,851
Less estimated income	250,440,690	229,814,403	(62,694,583)	167,119,820
General fund	$47,756,180	$35,204,848	($3,343,817)	$31,861,031
FTE	215.50	0.00	0.00	0.00
Legislative Council				
Total all funds	$0	$0	$150,000	$150,000
Less estimated income	0	0	150,000	150,000
General fund	$0	$0	$0	$0
FTE	0.00	0.00	0.00	0.00
Bill total				
Total all funds	$5,553,157,547	$6,278,182,428	($425,535,760)	$5,852,646,668
Less estimated income	3,541,730,000	4,000,231,235	(401,707,668)	3,598,523,567
General fund	$2,011,427,547	$2,277,951,193	($23,828,092)	$2,254,123,101
FTE	2,483.83	2,688.35	0.00	2,688.35

House Bill No. 1012 - Legislative Council - Senate Action

	Base Budget	House Version	Senate Changes	Senate Version
Disability services study			$150,000	$150,000
Total all funds	$0	$0	$150,000	$150,000
Less estimated income	0	0	150,000	150,000
General fund	$0	$0	$0	$0
FTE	0.00	0.00	0.00	0.00

Department 160 - Legislative Council - Detail of Senate Changes

	Adds Funding for Disability Services Study[1]	Total Senate Changes
Disability services study	$150,000	$150,000
Total all funds	$150,000	$150,000
Less estimated income	150,000	150,000
General fund	$0	$0
FTE	0.00	0.00

[1] One-time funding is added from the community health trust fund for consulting services for a Legislative Management study of disability services provided by the Department of Health and Human Services.

House Bill No. 1012 - Department of Health and Human Services - Senate Action

	Base Budget	House Version	Senate Changes	Senate Version
Salaries and wages block grant		$596,284,775	$23,692,691	$619,977,466
Total all funds	$0	$596,284,775	$23,692,691	$619,977,466
Less estimated income	0	286,720,150	4,728,962	291,449,112
General fund	$0	$309,564,625	$18,963,729	$328,528,354
FTE	0.00	2,688.35	0.00	2,688.35

Department 325 - Department of Health and Human Services - Detail of Senate Changes

	Adjusts Funding for Salaries and Wages Block Grant[1]	Total Senate Changes
Salaries and wages block grant	$23,692,691	$23,692,691
Total all funds	$23,692,691	$23,692,691
Less estimated income	4,728,962	4,728,962
General fund	$18,963,729	$18,963,729
FTE	0.00	2,688.35

[1] Funding for the salaries and wages block grant is adjusted as follows:

Description	FTE	General Fund	Other Funds	Total
Adds funding to reduce underfunding		$18,963,729	$0	$18,963,729
Adds salary funding from operating fund		0	4,728,962	4,728,962
Total changes to salaries and wages block grant	0.00	$18,963,729	$4,728,962	$23,692,691

House Bill No. 1012 - DHHS - Business Operations - Senate Action

	Base Budget	House Version	Senate Changes	Senate Version
Salaries and wages	$25,763,358			
Operating expenses	155,308,399	$78,284,629		$78,284,629
Capital assets	108,934			
Grants	11,812,627	18,779,002		18,779,002
Total all funds	$192,993,318	$97,063,631	$0	$97,063,631
Less estimated income	118,894,310	47,368,089	0	47,368,089
General fund	$74,099,008	$49,695,542	$0	$49,695,542
FTE	114.40	0.00	0.00	0.00

House Bill No. 1012 - DHHS - Behavioral Health - Senate Action

	Base Budget	House Version	Senate Changes	Senate Version
Salaries and wages	$8,792,675			
Operating expenses	79,381,458	$103,269,596	($98,478)	$103,171,118
Grants	40,476,298	62,365,620	(12,710,000)	49,655,620
Behavioral health clinics	196,383,945	56,405,232	540,176	56,945,408
State Hospital	94,826,973	350,880,155	(330,000,000)	20,880,155
Opioid addiction prevention	2,000,000	8,000,000		8,000,000
Total all funds	$421,861,349	$580,920,603	($342,268,302)	$238,652,301
Less estimated income	113,955,941	399,223,478	(332,328,000)	66,895,478
General fund	$307,905,408	$181,697,125	($9,940,302)	$171,756,823
FTE	1,054.27	0.00	0.00	0.00

Department 327 - DHHS - Behavioral Health - Detail of Senate Changes

	Adjusts Funding for Behavioral Health Division[1]	Total Senate Changes
Salaries and wages		
Operating expenses	($98,478)	($98,478)
Grants	(12,710,000)	(12,710,000)
Behavioral health clinics	540,176	540,176
State Hospital	(330,000,000)	(330,000,000)
Opioid addiction prevention		
Total all funds	($342,268,302)	($342,268,302)
Less estimated income	(332,328,000)	(332,328,000)
General fund	($9,940,302)	($9,940,302)
FTE	0.00	0.00

[1] Funding for the behavioral health division is adjusted as follows:

Description	FTE	General Fund	Other Funds	Total
Reduces funding for SUD for medical expenses in institutions for mental disease facilities to $250,000.		($250,000)	$0	($250,000)
Removes SUD funding added by the House for treatment for incarcerated individuals		(2,500,000)	0	(2,500,000)
Provides funding for youth crisis stabilization pilot project		0	3,000,000	3,000,000
Reduces funding added by the House to expand the community connect program to provide an increase of $3,500,000		(958,814)	0	(958,814)
Reduces funding added by the House to expand the free through recovery program to provide an increase of $2 million		(2,016,908)	0	(2,016,908)
Removes funding added by the House for behavioral health services in nursing homes and basic care facilities		(2,000,000)	0	(2,000,000)
Adjusts funding to reflect increased revenue from the certified community behavioral health clinics		(2,000,000)	2,000,000	0
Adjusts the annual provider inflation increase to 2% and 1.5%.		(214,580)	0	(214,580)
Total ongoing changes		($9,940,302)	$5,000,000	($4,940,302)
One-time funding items:				
Adds funding to remodel bathrooms at the Southeast human service center.		$0	$632,000	$632,000
Removes funding to construct a new state hospital.		0	(330,000,000)	(330,000,000)
Reduces funding added by the House for a grant to a behavioral health facility in the Northeast human service region to provide a total of $5 million		0	(7,960,000)	(7,960,000)
Total one-time funding changes		$0	($337,328,000)	($337,328,000)
Total Senate changes		($9,940,302)	($332,328,000)	($342,268,302)

House Bill No. 1012 - DHHS - Human Services - Senate Action

	Base Budget	House Version	Senate Changes	Senate Version
Salaries and wages	$168,325,918			
Operating expenses	88,885,469	$197,143,705	$1,691,870	$198,835,575
Capital assets	10,000	10,000		10,000
Grants	621,189,007	715,582,267	(27,143,115)	688,439,152
Life Skills and Transition Center	44,992,263	15,207,658		15,207,658
Grants - Medical assistance	742,793,564	750,448,643		750,448,643
County social services	197,663,661	204,592,282		204,592,282
Total all funds	$1,863,859,882	$1,882,984,555	($25,451,245)	$1,857,533,310
Less estimated income	1,240,409,529	1,226,448,044	(10,127,449)	1,216,320,595
General fund	$623,450,353	$656,536,511	($15,323,796)	$641,212,715
FTE	1,009.16	0.00	0.00	0.00

Department 328 - DHHS - Human Services - Detail of Senate Changes

	Adjusts Funding for Human Services Division[1]	Total Senate Changes
Salaries and wages		
Operating expenses	$1,691,870	$1,691,870
Capital assets		
Grants	(27,143,115)	(27,143,115)
Life Skills and Transition Center		
Grants - Medical assistance		
County social services		
Total all funds	($25,451,245)	($25,451,245)
Less estimated income	(10,127,449)	(10,127,449)
General fund	($15,323,796)	($15,323,796)
FTE	0.00	0.00

[1] Funding for the human services division is adjusted as follows:

Description	FTE	General Fund	Other Funds	Total
Increases estimated FMAP percentage by 1%		($1,962,900)	$1,962,900	$0
Adjusts the annual provider inflation increase to 2% and 1.5%.		(1,105,805)	(1,201,567)	(2,307,372)
Removes guardianship services (Funding provided in Senate Bill No. 2029)		(6,532,355)	0	(6,532,355)
Removes funding for the Waterford program		(2,400,000)	0	(2,400,000)
Adjusts foster care case load projections		(9,000,000)	(9,000,000)	(18,000,000)
Adjusts funding for low income home energy assistance program		0	(9,000,000)	(9,000,000)
Provides funding for Ministry on the Margins		285,000	0	285,000
Provides funding for Fraser LTD		300,000	0	300,000
Total ongoing funding changes		($20,416,060)	($17,238,667)	($37,654,727)
One-time funding items:				
Provides funding to implement a comprehensive vocational rehab technology system to connect people with disabilities to employment.		$0	($7,000,000)	($7,000,000)
Reduces funding to expand the best in class program to provide for a $2 million increase		(4,000,000)	0	(4,000,000)
Adds funding for housing assistance for people at risk of instability		0	1,000,000	1,000,000
Adds funding for eviction prevention program		0	500,000	500,000
Reduces funding for a community cultural center grant		0	(700,000)	(700,000)
Removes funding for a winter park adaptive grant		(200,000)	0	(200,000)
Adjusts funding for an intermediate care facility grant		(3,457,736)	4,400,000	942,264
Adjusts funding for juvenile justice diversion services.		(750,000)	500,000	(250,000)
Provides funding for infant and toddler care		13,500,000	0	13,500,000
Provides funding from a Bank of North Dakota line of credit for a child welfare technology project.		0	8,411,218	8,411,218
Total one-time funding changes		$5,092,264	$7,111,218	$12,203,482
Total Senate changes		($15,323,796)	($10,127,449)	($25,451,245)

House Bill No. 1012 - DHHS - Medical Services - Senate Action

	Base Budget	House Version	Senate Changes	Senate Version
Salaries and wages	$21,008,344			
Operating expenses	70,807,977	$163,172,539		$163,172,539
Grants	1,651,004	3,457,804	($800,000)	2,657,804
Grants - Medical assistance	2,682,778,803	2,689,279,270	(14,820,504)	2,674,458,766
Total all funds	$2,776,246,128	$2,855,909,613	($15,620,504)	$2,840,289,109
Less estimated income	1,818,029,530	1,810,657,071	(1,436,598)	1,809,220,473
General fund	$958,216,598	$1,045,252,542	($14,183,906)	$1,031,068,636
FTE	90.50	0.00	0.00	0.00

Department 329 - DHHS - Medical Services - Detail of Senate Changes

	Adjusts Funding for Medical Services Division[1]	Total Senate Changes
Salaries and wages		
Operating expenses		
Grants	($800,000)	($800,000)
Grants - Medical assistance	(14,820,504)	(14,820,504)
Total all funds	($15,620,504)	($15,620,504)
Less estimated income	(1,436,598)	(1,436,598)
General fund	($14,183,906)	($14,183,906)
FTE	0.00	0.00

[1] Funding for the medical services division is adjusted as follows:

Description	FTE	General Fund	Other Funds	Total
Long-term care:				
Transfers basic care $5 daily rate to one-time funding		($4,067,056)	($1,474,184)	($5,541,240)
Medicaid:				
Provides funding to rebase ambulance rates to the lowest quartile Medicare rural base rate.		($1,189,770)	($1,189,770)	($2,379,540)
Adjusts Medicaid case load projections		(4,000,000)	(4,000,000)	(8,000,000)
Reduces 1915(i) case load projections		(1,000,000)	(1,000,000)	(2,000,000)
Increases estimated FMAP percentage by 1%		(7,037,100)	7,037,100	0
Adjusts the annual provider inflation increase to 2% and 1.5%.		(1,157,036)	(1,283,928)	(2,440,964)
Total ongoing funding changes		($18,450,962)	($1,910,782)	($20,361,744)
One-time funding items:				
Removes funding for a critical access hospital networking grant.		$0	($1,000,000)	($1,000,000)
Transfers basic care $5 daily rate from ongoing funding		4,067,056	1,474,184	5,541,240
Provides funding for costs associated with housing for individuals with extraordinary medical needs		200,000	0	200,000
Total one-time funding changes		$4,267,056	$474,184	$4,741,240
Total Senate changes		($14,183,906)	($1,436,598)	($15,620,504)

House Bill No. 1012 - DHHS - Public Health - Senate Action

	Base Budget	House Version	Senate Changes	Senate Version
Salaries and wages	$60,415,388			
Operating expenses	37,721,213	$55,574,882	($49,287,739)	$6,287,143
Capital assets	1,469,780	3,685,618	(928,000)	2,757,618
Grants	81,718,145	85,963,641	(15,822,661)	70,140,980
Tobacco prevention	13,063,162	13,040,555		13,040,555
WIC food payments	19,900,000	21,000,000		21,000,000
COVID-19 response	83,909,182	85,754,555		85,754,555
Total all funds	$298,196,870	$265,019,251	($66,038,400)	$198,980,851
Less estimated income	250,440,690	229,814,403	(62,694,583)	167,119,820
General fund	$47,756,180	$35,204,848	($3,343,817)	$31,861,031
FTE	215.50	0.00	0.00	0.00

Department 330 - DHHS - Public Health - Detail of Senate Changes

	Adjusts Funding for Public Health Division[1]	Total Senate Changes
Salaries and wages		
Operating expenses	($49,287,739)	($49,287,739)
Capital assets	(928,000)	(928,000)
Grants	(15,822,661)	(15,822,661)
Tobacco prevention		
WIC food payments		
COVID-19 response		
Total all funds	($66,038,400)	($66,038,400)
Less estimated income	(62,694,583)	(62,694,583)
General fund	($3,343,817)	($3,343,817)
FTE	0.00	0.00

[1] Funding for the public health division is adjusted as follows:

Description	FTE	General Fund	Other Funds	Total
Reduces additional funding added by the House for domestic and sexual violence.		($1,700,000)	$0	($1,700,000)
Removes funding added by the House for the Safe Haven program		(440,000)	0	(440,000)
Removes funding added by the House for vaccines for healthcare providers off federal contract.		0	(2,213,930)	(2,213,930)
Reduces funding added by the House for forensic pathology contract services with UND to provide an increase of $1 million.		(866,156)	0	(866,156)
Reduces funding added by the House for a grant to the Family Voices program to provide an increase of $50,000		(50,000)	0	(50,000)
Reduces funding added by the House for a fetal alcohol spectrum disorder clinic at UND to provide $350,000.		(287,661)	0	(287,661)
Reduces federal CARES ACT/COVID funding		0	(60,716,583)	(60,716,583)
Total ongoing changes		($3,343,817)	($62,930,513)	($66,274,330)
One-time funding items:				
Removes funding added by the House to purchase a forensic examiner electronic records system.		$0	($278,000)	($278,000)
Removes funding added by the House for licensure management system.		0	(650,000)	(650,000)
Removes funding added by the House for a Cass County animal shelter grant		0	(300,000)	(300,000)
Removes funding added by the House for the Statewide health strategies grant.		0	(750,000)	(750,000)
Provides funding from the public health lab fund for public health data modernization.		0	2,213,930	2,213,930
Total one-time funding changes		$0	$235,930	$235,930
Total Senate changes		($3,343,817)	($62,694,583)	($66,038,400)

House Bill No. 1012 - Other Changes - Senate Action

This amendment also:

- Adds sections to provide guidelines regarding the use of funding for infant and toddler care provider payments, intermediate care facility medically and behaviorally complex services grants, special health care needs grants, crisis services grants, and medical housing for individuals with extraordinary medical needs.
- Adjusts sections identifying funding from the strategic investment and improvements fund and community health trust fund.
- Removes sections identifying funding for an animal shelter grant and statewide health strategies.
- Removes a Bank of North Dakota line of credit for a new State Hospital project and adds a Bank of North Dakota line of credit for a child welfare technology project.
- Adjusts the membership of the new State Hospital steering committee to include representatives of DHHS, the Office of Management and Budget, Governor's office, and the Legislative Assembly.
- Adjusts various exemptions to allow the continuation of unexpended appropriation authority into the 2025-27 biennium. These adjustments will increase the July 1, 2025, general fund balance by $12,411,218.
- Removes a section to provide legislative intent that DHHS eliminate its administrative rule requirement that providers of developmental disabilities services be accredited as a condition to receive payments for services.
- Creates a new section to Chapter 6-09 to create an extraordinary medical needs housing loan fund and to provide guidelines regarding the use of the loan fund.
- Amends Section 50-36-03 relating to the membership of the opioid advisory committee.
- Amends provisions relating to the Children's Cabinet as approved in Senate Bill No. 2176.
- Provides for a Legislative Management study of maternal health services.
- Provides legislative intent that DHHS review the utilization of the Life Skills and Transition Center campus to determine if any portions of the campus can be conveyed for use by community organizations.
- Provides for DHHS to study developmental disability service provider accreditation.
- Provides for DHHS to develop a payment structure to provide funding for a value-based care incentive program for nursing facilities.

- Provides for a Legislative Management study of developmental disability services provided by DHHS and provides an appropriation of $150,000 to the Legislative Council for consultant services for the study.

Mental Health Advocacy Network

Consumer & Family Network, Federation of Families for Children's Mental Health, Mental Health America of ND, Protection & Advocacy Project, ND Association of Community Providers, The Arc of Bismarck, Fraser, Ltd., Individuals with Lived Experience and Family Members.

MHAN HB 1012 Priorities for Consideration for the Senate Appropriations-Human Resources Division Committee

1. **Children's Crisis Stabilization Beds**
   - MHAN requests the addition of $6 million for crisis stabilization beds for children as proposed in the Governor's budget.
   - This is a critical aspect of the children's crisis response system: these children need a place to go.
2. **Children's Mental Health Services**
   - MHAN supports the approximately $2 million for partial hospitalization services for children in HB 1012 budget
3. **Cross-Disability Waiver & Mental Health**
   - MHAN supports the cross-disability waiver and urges the legislature to support it being inclusive of children with mental health conditions
4. **Continued Support for Family Support Organizations**
5. **Establish Certified Community Behavioral Health Clinics (CCBHC) in All Eight Regions**
6. **Continue Expanding Peer Support, including Family Peer Support, Living Wages and Benefits**
7. **Expand Capability and Reach of Mobile Crisis Teams, including with Children**
8. **Maintain the IMD Exclusion**
9. **Expand Supported Housing Opportunities for People with Mental Illness, Including those with Criminal Justice Records**
10. **Support the Building of a New State Hospital**

Carlotta McCleary
Mental Health Advocacy Network, Spokesperson
E-Mail: cmccleary@ndffcmh.com
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2025 SENATE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Harvest Room, State Capitol

HB 1012
4/15/2025

Related to Health and Human Services.

9:03 a.m. Chairman Dever opened the hearing.

Members present: Chairman Dever and Senators Cleary, Davison, Magrum and Mathern.

Discussion Topics

- Changes to Final Bill

9:03 a.m. Senator Dever started discussion about the process to review the bill. Three changes were made.

9:03 a.m. Keith Mantz, Fiscal Analyst, LC, testified neutral and submitted testimony #44991.

9:04 a.m. Senator Cleary noted HB 1485 and HB 2399 had fiscal notes and no appropriation was added. The appropriations will be added in the conference committee.

9:08 a.m. Keith Mantz, Fiscal Analyst, LC, discussed the three changes to this last proposed amendment. The first change is page 9, section 4, line 17. Change $30,000,000, to $6,307,309,. The second change is page 15, section 18, line 22. Change the wording of "human service centers" to "certified community behavior health clinics". The third change is page 21, section 31, lines 16 and 17. Strikeout "may implement any adjustments the department determines appropriate" and replace with "report any findings and recommendations to the seventieth legislative assembly".

9:10 a.m. Senator Davison moved to adopt amendment LC 25.0156.02028.

9:10 a.m. Senator Cleary seconded the motion.

Voice vote: Motion passed.

9:11 a.m. Senator Davison moved Do Pass as Amended.

9:11 a.m. Senator Cleary seconded the motion.

Senators	Vote
Senator Dick Dever	Y
Senator Sean Cleary	Y
Senator Kyle Davison	Y
Senator Jeffrey J. Magrum	Y

Senator Tim Mathern	N

Motion passed. 4-1-0

Senator Dever will carry the bill.

9:20 a.m. Chairman Dever closed the hearing.

Joan Bares, Committee Clerk

25.0156.02028
Title.
Fiscal No. 6

Prepared by the Legislative Council staff for Senate Appropriations - Human Resources Division Committee
April 14, 2025

Sixty-ninth
Legislative Assembly
of North Dakota

PROPOSED AMENDMENTS TO FIRST ENGROSSMENT

ENGROSSED HOUSE BILL NO. 1012

Introduced by

Appropriations Committee

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to create and enact a new section to chapter 6-09 of the North Dakota Century Code, relating to an extraordinary medical needs housing loan fund; to amend and reenact sections 50-06-06.6, 50-06-42, 50-24.5-02.3, ~~and~~ 50-33-05, and subsection 1 of 50-36-03 of the North Dakota Century Code and subsection 6 of the new section to chapter 54-07 of the North Dakota Century Code created in section 1 of Senate Bill No. 2176, as approved by the sixty-ninth legislative assembly, relating to leases of department of health and human services property, substance use disorder treatment program, basic care payment rates, ~~and~~ state of residence for child care assistance, opioid settlement advisory committee, and children's cabinet; to provide for a transfer; to authorize a line of credit; to provide legislative intent; to provide for a legislative management study; to provide an application; to provide an exemption; to provide for a report; and to provide an effective date.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. APPROPRIATION. The funds provided in this section, or so much of the funds as may be necessary, are appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, and from other funds derived from special funds and federal funds, to the department of health and human services for the purpose of defraying the expenses of its various divisions, for the biennium beginning July 1, 2025, and ending June 30, 2027, as follows:

~~Subdivision 1.~~

~~SALARIES AND WAGES BLOCK GRANT~~

	Base Level	Adjustments or Enhancements	Appropriation
~~Salaries and wages block grant~~	~~$0~~	~~$596,284,775~~	~~$596,284,775~~
~~Total all funds~~	~~0~~	~~596,284,775~~	~~596,284,775~~
~~Less other funds~~	~~0~~	~~286,720,150~~	~~286,720,150~~
~~Total general fund~~	~~$0~~	~~$309,564,625~~	~~$309,564,625~~

~~Subdivision 2.~~

~~BUSINESS OPERATIONS~~

	Base Level	Adjustments or Enhancements	Appropriation
~~Salaries and wages~~	~~$25,763,358~~	~~($25,763,358)~~	~~$0~~
~~Operating expenses~~	~~155,308,399~~	~~(77,023,770)~~	~~78,284,629~~
~~Capital assets~~	~~108,934~~	~~(108,934)~~	~~0~~
~~Grants~~	~~11,812,627~~	~~6,966,375~~	~~18,779,002~~
~~Total all funds~~	~~$192,993,318~~	~~($95,929,687)~~	~~$97,063,631~~
~~Less other funds~~	~~118,894,310~~	~~(71,526,221)~~	~~47,368,089~~
~~Total general fund~~	~~$74,099,008~~	~~($24,403,466)~~	~~$49,695,542~~

~~Subdivision 3.~~

~~BEHAVIORAL HEALTH~~

	Base Level	Adjustments or Enhancements	Appropriation
~~Salaries and wages~~	~~$8,792,675~~	~~($8,792,675)~~	~~$0~~
~~Operating expenses~~	~~79,381,458~~	~~23,888,138~~	~~103,269,596~~
~~Grants~~	~~40,476,298~~	~~21,889,322~~	~~62,365,620~~
~~Behavioral health clinics~~	~~196,383,945~~	~~(139,978,713)~~	~~56,405,232~~
~~State hospital~~	~~94,826,973~~	~~256,053,182~~	~~350,880,155~~
~~Opioid addiction prevention~~	~~2,000,000~~	~~6,000,000~~	~~8,000,000~~
~~Total all funds~~	~~$421,861,349~~	~~$159,059,254~~	~~$580,920,603~~
~~Less other funds~~	~~113,955,941~~	~~285,267,537~~	~~399,223,478~~
~~Total general fund~~	~~$307,905,408~~	~~($126,208,283)~~	~~$181,697,125~~

~~Subdivision 4.~~

~~HUMAN SERVICES~~

	Base Level	Adjustments or Enhancements	Appropriation
~~Salaries and wages~~	~~$168,325,918~~	~~($168,325,918)~~	~~$0~~
~~Operating expenses~~	~~88,885,469~~	~~108,258,236~~	~~197,143,705~~
~~Capital assets~~	~~10,000~~	~~0~~	~~10,000~~
~~Grants~~	~~621,189,007~~	~~94,393,260~~	~~715,582,267~~
~~Life skills and transition center~~	~~44,992,263~~	~~(29,784,605)~~	~~15,207,658~~
~~Grants - medical assistance~~	~~742,793,564~~	~~7,655,079~~	~~750,448,643~~
~~County social services~~	~~197,663,661~~	~~6,928,621~~	~~204,592,282~~
~~Total all funds~~	~~$1,863,859,882~~	~~$19,124,673~~	~~$1,882,984,555~~
~~Less other funds~~	~~1,240,409,529~~	~~(13,961,485)~~	~~1,226,448,044~~
~~Total general fund~~	~~$623,450,353~~	~~$33,086,158~~	~~$656,536,511~~

~~Subdivision 5.~~

~~MEDICAL SERVICES~~

	Base Level	Adjustments or Enhancements	Appropriation
~~Salaries and wages~~	~~$21,008,344~~	~~($21,008,344)~~	~~$0~~
~~Operating expenses~~	~~70,807,977~~	~~92,364,562~~	~~163,172,539~~
~~Grants~~	~~1,651,004~~	~~1,806,800~~	~~3,457,804~~
~~Grants - medical assistance~~	~~2,682,778,803~~	~~6,500,467~~	~~2,689,279,270~~
~~Total all funds~~	~~$2,776,246,128~~	~~$79,663,485~~	~~$2,855,909,613~~
~~Less other funds~~	~~1,818,029,530~~	~~(7,372,459)~~	~~1,810,657,071~~
~~Total general fund~~	~~$958,216,598~~	~~$87,035,944~~	~~$1,045,252,542~~

~~Subdivision 6.~~

~~PUBLIC HEALTH~~

	Base Level	Adjustments or Enhancements	Appropriation
~~Salaries and wages~~	~~$60,415,388~~	~~($60,415,388)~~	~~$0~~
~~Operating expenses~~	~~37,721,213~~	~~17,853,669~~	~~55,574,882~~

~~Capital assets~~	~~1,469,780~~	~~2,215,838~~	~~3,685,618~~
~~Grants~~	~~81,718,145~~	~~4,245,496~~	~~85,963,641~~
~~Tobacco prevention~~	~~13,063,162~~	~~(22,607)~~	~~13,040,555~~
~~Women, infants, and children food payments~~	~~19,900,000~~	~~1,100,000~~	~~21,000,000~~
~~Cares Act/COVID-19~~	~~83,909,182~~	~~1,845,373~~	~~85,754,555~~
~~Total all funds~~	~~$298,196,870~~	~~($33,177,619)~~	~~$265,019,251~~
~~Less other funds~~	~~250,440,690~~	~~(20,626,287)~~	~~229,814,403~~
~~Total general fund~~	~~$47,756,180~~	~~($12,551,332)~~	~~$35,204,848~~

~~Subdivision 7.~~

~~TOTAL - SECTION 1~~

	~~Base Level~~	~~Adjustments or Enhancements~~	~~Appropriation~~
~~Grand total all funds~~	~~$5,553,157,547~~	~~$725,024,881~~	~~$6,278,182,428~~
~~Grand total other funds~~	~~3,541,730,000~~	~~458,501,235~~	~~4,000,231,235~~
~~Grand total general fund~~	~~$2,011,427,547~~	~~$266,523,646~~	~~$2,277,951,193~~
~~Full-time equivalent positions~~	~~2,483.83~~	~~204.52~~	~~2,688.35~~

Subdivision 1.

SALARIES AND WAGES BLOCK GRANT

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages block grant	$0	$619,977,466	$619,977,466
Total all funds	0	619,977,466	619,977,466
Less other funds	0	291,449,112	291,449,112
Total general fund	$0	$328,528,354	$328,528,354

Subdivision 2.

BUSINESS OPERATIONS

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$25,763,358	($25,763,358)	$0
Operating expenses	155,308,399	(77,023,770)	78,284,629

Capital assets	108,934	(108,934)	0
Grants	11,812,627	6,966,375	18,779,002
Total all funds	$192,993,318	($95,929,687)	$97,063,631
Less other funds	118,894,310	(71,526,221)	47,368,089
Total general fund	$74,099,008	($24,403,466)	$49,695,542

Subdivision 3.

BEHAVIORAL HEALTH

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$8,792,675	($8,792,675)	$0
Operating expenses	79,381,458	23,789,660	103,171,118
Grants	40,476,298	9,179,322	49,655,620
Behavioral health clinics	196,383,945	(139,438,537)	56,945,408
State hospital	94,826,973	(73,946,818)	20,880,155
Opioid addiction prevention	2,000,000	6,000,000	8,000,000
Total all funds	$421,861,349	($183,209,048)	$238,652,301
Less other funds	113,955,941	(47,060,463)	66,895,478
Total general fund	$307,905,408	($136,148,585)	$171,756,823

Subdivision 4.

HUMAN SERVICES

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$168,325,918	($168,325,918)	$0
Operating expenses	88,885,469	109,950,106	198,835,575
Capital assets	10,000	0	10,000
Grants	621,189,007	67,250,145	688,439,152
Life skills and transition center	44,992,263	(29,784,605)	15,207,658
Grants - medical assistance	742,793,564	7,655,079	750,448,643
County social services	197,663,661	6,928,621	204,592,282
Total all funds	$1,863,859,882	($6,326,572)	$1,857,533,310

Less other funds	1,240,409,529	(24,088,934)	1,216,320,595
Total general fund	$623,450,353	$17,762,362	$641,212,715

Subdivision 5.

MEDICAL SERVICES

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$21,008,344	($21,008,344)	$0
Operating expenses	70,807,977	92,364,562	163,172,539
Grants	1,651,004	1,006,800	2,657,804
Grants - medical assistance	2,682,778,803	(8,320,037)	2,674,458,766
Total all funds	$2,776,246,128	$64,042,981	$2,840,289,109
Less other funds	1,818,029,530	(8,809,057)	1,809,220,473
Total general fund	$958,216,598	$72,852,038	$1,031,068,636

Subdivision 6.

PUBLIC HEALTH

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$60,415,388	($60,415,388)	$0
Operating expenses	37,721,213	(31,434,070)	6,287,143
Capital assets	1,469,780	1,287,838	2,757,618
Grants	81,718,145	(11,577,165)	70,140,980
Tobacco prevention	13,063,162	(22,607)	13,040,555
Women, infants, and children food payments	19,900,000	1,100,000	21,000,000
Cares Act/COVID-19	83,909,182	1,845,373	85,754,555
Total all funds	$298,196,870	($99,216,019)	$198,980,851
Less other funds	250,440,690	(83,320,870)	167,119,820
Total general fund	$47,756,180	($15,895,149)	$31,861,031

Subdivision 7.

TOTAL - SECTION 1

	Base Level	Adjustments or Enhancements	Appropriation
Grand total all funds	$5,553,157,547	$299,339,121	$5,852,496,668
Grand total other funds	3,541,730,000	56,643,567	3,598,373,567
Grand total general fund	$2,011,427,547	$242,695,554	$2,254,123,101
Full-time equivalent positions	2,483.83	204.52	2,688.35

SECTION 2. ONE TIME FUNDING - EFFECT ON BASE BUDGET - REPORT TO SEVENTIETH LEGISLATIVE ASSEMBLY. The following amounts reflect the one-time funding items included in section 1 of this Act which are not included in the entity's base budget for the 2027-29 biennium and which the entity shall report to the appropriations committees of the seventieth legislative assembly regarding the use of this funding:

~~One-Time Funding Description~~	~~General Fund~~	~~Other Funds~~	~~Total~~
~~Technology projects~~	~~$0~~	~~$10,263,000~~	~~$10,263,000~~
~~Human service centers and life skills and transition center projects~~	~~0~~	~~1,052,480~~	~~1,052,480~~
~~Retire mainframe~~	~~0~~	~~15,000,000~~	~~15,000,000~~
~~Child care programs~~	~~13,272,500~~	~~0~~	~~13,272,500~~
~~Housing programs~~	~~0~~	~~1,000,000~~	~~1,000,000~~
~~State laboratory move and equipment~~	~~0~~	~~2,962,304~~	~~2,962,304~~
~~Partial hospitalization day treatment~~	~~0~~	~~2,000,000~~	~~2,000,000~~
~~Developmental disabilities eligibility assessment tool for kids~~	~~200,000~~	~~200,000~~	~~400,000~~
~~Toxicology equipment~~	~~151,500~~	~~100,000~~	~~251,500~~
~~New state hospital~~	~~0~~	~~330,000,000~~	~~330,000,000~~
~~Behavioral health facility grant~~	~~0~~	~~12,960,000~~	~~12,960,000~~
~~Cultural community center grant~~	~~0~~	~~1,000,000~~	~~1,000,000~~
~~Adaptive recreation grant~~	~~200,000~~	~~0~~	~~200,000~~
~~Intermediate care facility grant~~	~~3,457,736~~	~~0~~	~~3,457,736~~
~~Juvenile justice diversion services~~	~~750,000~~	~~0~~	~~750,000~~
~~Animal shelter grant~~	~~0~~	~~300,000~~	~~300,000~~
~~Statewide health strategies~~	~~0~~	~~750,000~~	~~750,000~~

~~Critical access hospital networking~~	~~0~~	~~2,000,000~~	~~2,000,000~~
~~Total~~	~~$18,031,736~~	~~$379,587,784~~	~~$397,619,520~~
One-Time Funding Description	General Fund	Other Funds	Total
Technology projects	$0	$4,548,930	$4,548,930
Human service centers and life skills and transition center projects	0	1,684,480	1,684,480
Retire mainframe	0	15,000,000	15,000,000
Child care programs	9,272,500	0	9,272,500
Housing programs	0	2,500,000	2,500,000
State laboratory move and equipment	0	2,962,304	2,962,304
Partial hospitalization day treatment	0	2,000,000	2,000,000
Developmental disabilities eligibility assessment tool for kids	200,000	200,000	400,000
Toxicology equipment	151,500	100,000	251,500
Behavioral health facility grant	0	5,000,000	5,000,000
Cultural community center grant	0	300,000	300,000
Intermediate care facility grant	0	4,400,000	4,400,000
Juvenile justice diversion services	0	500,000	500,000
Critical access hospital networking	0	1,000,000	1,000,000
Basic care $5 daily rate	4,067,056	1,474,184	5,541,240
Infant and toddler care provider support	13,500,000	0	13,500,000
Child welfare technology project line of credit	0	8,411,218	8,411,218
Medical housing for individuals with extraordinary medical needs	200,000	0	200,000
Total	$27,391,056	$50,081,116	$77,472,172

SECTION 3. FUNDING TRANSFERS - EXEMPTION - AUTHORIZATION - REPORT. Notwithstanding section 54-16-04, the director of the office of management and budget shall transfer appropriation authority between line items within subdivisions 1, 2, 3, 4, 5, and 6 of section 1 of this Act and any other appropriation authority for the department of health and human services approved by the sixty-ninth legislative assembly, for the biennium beginning

July 1, 2025, and ending June 30, 2027, as requested by the department of health and human services. The department of health and human services shall notify the legislative council of any transfer made pursuant to this section. The department of health and human services shall report to the budget section after June 30, 2026, any transfer made in excess of $50,000 and to the appropriations committees of the seventieth legislative assembly regarding any transfers made pursuant to this section.

SECTION 4. FULL-TIME EQUIVALENT POSITION BLOCK GRANT PROGRAM - REPORT. Section 1 of this Act includes funding for a full-time equivalent position block grant program. This funding as approved by the sixty-ninth legislative assembly is available for defraying the expense of full-time equivalent positions as determined by the department of health and human services. Notwithstanding any other provision of law, the department is authorized to increase or decrease authorized full-time equivalent positions subject to the availability of funds and the provisions of this section. The department of health and human services many not increase full-time equivalent positions for the purpose of transferring human service zone employees to state employment. Pursuant to section 3 of this Act, the department is authorized to transfer appropriation authority of up to the underfunded amount of ~~$30,000,000~~$6,307,309 to the salaries and wages block grant line item. The department of health and human services shall report to the office of management and budget and legislative council any adjustments to full-time equivalent positions.

SECTION 5. DEPARTMENT OF HEALTH AND HUMAN SERVICES - SALARIES AND WAGES BLOCK GRANT - VACANT POSITIONS - REPORT. The department of health and human services shall report to the budget section quarterly during the 2025-26 interim regarding the status of its salaries and wages block grant and vacant positions and employee turnover. The report must include:

1. The legislative appropriation for salaries and wages allocated by the department to major department programs by funding source and the number of FTE positions the department is allocating to each major program based on the legislative appropriation;
2. Any changes to salaries and wages funding or FTE positions allocated to major department programs;

3. Any new FTE positions added, the cost of the position for the remainder of the biennium, and the cost to continue funding the position in the subsequent biennium by funding source;
4. Any FTE positions removed and related funding;
5. The number of FTE positions that become vacant and the number filled each month;
6. The number of vacant FTE positions at the end of each month;
7. Salaries and wages savings resulting from vacant positions and employee turnover each month by funding source; and
8. The use of salaries and wages savings for other purposes for each month by funding source.

SECTION 6. BEHAVIORAL HEALTH FACILITY GRANT - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND - APPLICATION.

1. Section 1 of this Act includes the sum of ~~$12,960,000~~$5,000,000 from the strategic investment and improvements fund for a behavioral health facility grant pursuant to this section.

~~2. A grant of $12,960,000 must be provided to establish a behavioral health facility in the northeast human service region. The grant recipient must provide matching funds of $3,240,000 to establish the facility.~~

~~3.~~2. The department shall require an entity receiving funding under this section to operate the facility for at least ten years and require the grant amount to be repaid if the entity does not operate the facility for at least ten years.

~~4.~~3. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 7. INFANT AND TODDLER CARE PROVIDER SUPPORT DIRECT PAYMENT - ONE-TIME - REPORT. Section 1 of this Act includes the sum of $13,500,000 of one-time funding from the general fund for direct payments to licensed child care providers to support high-quality early childhood care for infants and toddlers. The department shall administer the direct payment program and include the following provisions:

1. To qualify for a direct payment under this section, a direct payment recipient must:
   a. Be a licensed child care facility within the state of North Dakota;

b. Be enrolled in the state's bright and early quality rating system at a two-star, three-star, or four-star rating level; and

c. Provide care for children from birth through three years of age.

2. Eligible providers may receive up to $300 per month for each child from birth through seventeen months of age and up to $180 per month for each child from eighteen through thirty-six months of age.

3. The department shall distribute the direct payments on a quarterly basis. Direct payments may not be used for non-child care-related expenses or debt repayment.

4. Direct payment recipients shall submit annual reports to the department detailing fund usage, enrollment statistics, and other information requested by the department.

5. The department shall provide reports to the legislative management and to the appropriations committees of the seventieth legislative assembly on direct payments and the effectiveness of the program.

SECTION 8. INTERMEDIATE CARE FACILITY MEDICALLY AND BEHAVIORALLY COMPLEX SERVICES GRANT - APPLICATION. Section 1 of this Act includes the sum of $4,400,000 of one-time funding from the community health trust fund for providing a one-time grant to a licensed intermediate care facility in the south central human service region for providing services to children or young adults with medically and behaviorally complex conditions. To be eligible to receive the grant under this section, a licensed intermediate care facility must provide early intervention, clinical, and residential services, provide community and home support, education, recreation and leisure activities, and assistive technology; and provide services in at least eight communities for individuals with intellectual or developmental disabilities. The grant funds awarded may be used only for the costs of providing services to children and young adults with medically and behaviorally complex conditions. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 9. SPECIAL HEALTH CARE NEEDS GRANT - APPLICATION. Section 1 of this Act includes the sum of $50,000 from the general fund for providing a grant to a provider in the south central human service region for statewide education, information, training, and peer support to families with children with special health care needs, medically complex

conditions, or a disability. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 10. CRISIS SERVICES GRANTS - APPLICATION. Section 1 of this Act includes the sum of $585,000 from the general fund for providing crisis services grants. The grants include the sum of $300,000 for crisis organizations that provide crisis services to young adults who are at risk of being homeless or experiencing other serious adverse life events and the sum of $285,000 to a volunteer-based ecumenical ministry organization. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 11. MEDICAL HOUSING FOR INDIVIDUALS WITH EXTRAORDINARY MEDICAL NEEDS - ONE-TIME FUNDING.

1. Section 1 of this Act includes the sum of $200,000 from the general fund for the preliminary design consultation and project administration of developing housing for individuals with disabilities that have extraordinary medical needs and for rent subsidies for individuals residing in these housing facilities, for the biennium beginning July 1, 2025, and ending June 30, 2027.
2. The department of health and human services shall collaborate with the North Dakota housing finance agency, individuals with disabilities, caregivers, and families to solicit proposals for the development of accessible housing for individuals with disabilities that have extraordinary medical needs, for the biennium beginning July 1, 2025, and ending June 30, 2027. The department shall solicit proposals from public entities, for-profit organizations, and nonprofit organizations to design, construct, maintain, and operate the housing facility. Proposals must:
   a. Ensure that services in the facility may be provided separately from the facility ownership interests;
   b. Ensure that individuals residing in the facility may choose among independent living service providers; and
   c. Comply with the federal home and community-based settings rules as defined under 42 CFR 441.301(c)(4).

SECTION 12. COMMUNITY CULTURAL CENTER GRANT - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND - APPLICATION. Section 1 of this Act includes the sum of

~~$1,000,000~~$300,000 from the strategic investment and improvements fund for the purpose of providing a one-time community cultural center programming grant in the west central human service region. An entity may apply for a grant under this section if the entity certifies to the department ~~it has secured at least fifty percent of funds needed to complete the project, the project will be completed within two years of receiving the grant funds, and the grants funds will be used only for costs of constructing a~~the funds will be used for programs within the community cultural center. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 13. JUVENILE JUSTICE DIVERSION SERVICES AND PROGRAMS - TASK FORCE - REPORT. Section 1 of this Act includes the sum of ~~$750,000~~ $500,000 of one-time funding from the ~~general~~community health trust fund for juvenile justice diversion services and programs. The department of health and human services must use the funding for services to youth at risk of juvenile justice involvement but who have not committed delinquent acts as defined in chapter 27-20.4.

The department shall establish a task force with representation from divisions in the department, human service zones, the department of public instruction, elementary and secondary schools, and members of the legislative assembly, to review juvenile justice diversion services and program. The department shall report its findings and recommendations to the legislative management and children's cabinet.

~~**SECTION 9. ANIMAL SHELTER GRANT - COMMUNITY HEALTH TRUST FUND.** Section 1 of this Act includes the sum of $300,000 from the community health trust fund for a grant for the construction of an animal shelter. The department of health and human services may award a grant for the construction of an animal shelter to an organization that provides twenty dollars of nonstate matching funds for every dollar of grant funds received. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.~~

~~**SECTION 10. STATEWIDE HEALTH STRATEGIES - COMMUNITY HEALTH TRUST FUND.** Section 1 of this Act includes the sum of $750,000 of one-time funding from the community health trust fund for the statewide health strategies initiative. The department of health and human services may spend the funding upon securing dollar-for-dollar matching funds.~~

SECTION 14. OTHER FUNDS - INSURANCE TAX DISTRIBUTION FUND. The other funds line item in subdivision 5 of section 1 of this Act includes the sum of $1,125,000 from the insurance tax distribution fund for rural emergency medical services grants.

SECTION 15. OTHER FUNDS - COMMUNITY HEALTH TRUST FUND. The other funds line items in section 1 of this Act includes the sum of ~~$38,713,522~~$41,431,522 from the community health trust fund for the following purposes:

Loan repayment programs	$594,500
~~Tobacco and vaping programs~~	~~11,599,698~~
Tobacco prevention and control grants to local public health units	6,250,000
Tobacco prevention and control	4,549,698
Tobacco cessation grants	500,000
Youth vaping prevention grants	300,000
Cancer and women's way programs	909,824
Behavior risk state survey	200,000
Youth crisis stabilization	1,500,000
Intermediate care facility grant	4,400,000
Domestic violence programs	4,250,000
Local public health grants	3,275,000
988 crisis hotline	1,867,500
~~Various information technology system upgrades~~	~~2,967,000~~
Various information technology system upgrades	1,335,000
Grants to rural ambulances	7,000,000
Law enforcement rural crisis support program	1,000,000
Development of partial hospitalization/intensive day treatment	2,000,000
Juveline justice services	500,000
~~Critical access hospital networking~~	~~2,000,000~~
Critical access hospital networking	1,000,000
~~Animal shelter grant~~	~~300,000~~
~~Statewide health strategies~~	~~750,000~~
~~Total~~	~~$38,713,522~~
Total	$41,431,522

SECTION 16. OTHER FUNDS - HUMAN SERVICE FINANCE FUND. The other funds line items in section 1 of this Act includes the sum of ~~$239,112,030~~$242,112,030 from the human service finance fund for state-paid economic assistance and social and human services.

SECTION 17. OTHER FUNDS - OPIOID SETTLEMENT FUND. The other funds line item in section 1 of this Act includes the sum of $8,000,000 from the opioid settlement fund for opioid remediation and abatement efforts.

SECTION 18. OTHER FUNDS - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND The other funds line items in section 1 of this Act includes the sum of ~~$227,474,784~~$18,446,784 from the strategic investment and improvements fund for the following purposes:

~~Retiring technology from the mainframe~~	~~$7,500,000~~
~~Move into the new state laboratory and purchase security equipment~~	~~2,962,304~~
~~Capital projects in human service centers and life skills and transition center~~	~~1,052,480~~
~~Housing initiative programs~~	~~1,000,000~~
~~Technology projects at the state hospital~~	~~1,000,000~~
~~New state hospital~~	~~200,000,000~~
~~Behavioral health facility grant~~	~~12,960,000~~
~~Community cultural center grant~~	~~1,000,000~~
~~Total~~	~~$227,474,784~~
Retiring technology from the mainframe	$5,000,000
New state laboratory move-in costs and security equipment purchases	2,962,304
Capital projects in certified community behavioral health clinics and life skills and transition center	1,684,480
Housing initiative programs	2,500,000
Technology projects at the state hospital	1,000,000
Behavioral health facility grant	5,000,000
Community cultural center grant	300,000
Total	$18,446,784

SECTION 19. OTHER FUNDS - BANK OF NORTH DAKOTA LINE OF CREDIT - ~~STATE HOSPITAL~~CHILD WELFARE TECHNOLOGY PROJECT. The other funds line item in subdivision 2 of section 1 of this Act includes ~~$130,000,000~~the sum of $8,411,218 from a Bank

of North Dakota line of credit. The department of health and human services may borrow up to ~~$130,000,000~~$8,411,218 through a line of credit from the Bank of North Dakota during the biennium beginning July 1, 2025, and ending June 30, 2027, for costs associated with ~~the construction of a new state hospital~~a child welfare technology project. The interest rate on the line of credit may not exceed the prevailing interest rate charged to North Dakota governmental entities. If the department accesses the line of credit, it shall request a deficiency appropriation from the seventieth legislative assembly to repay the line of credit.

SECTION 20. LABORATORY BUILDING STEERING COMMITTEE. The department of health and human services shall maintain the laboratory building steering committee to oversee the design and construction of the laboratory building project, for the biennium beginning July 1, 2025, and ending June 30, 2027, or until work is completed, whichever occurs earlier. The committee must include representation from the department of health and human services, department of environmental quality, office of management and budget, the governor's office, and the legislative assembly. The legislative assembly representation must include one member of the senate appointed by the senate majority leader, one member of the house appointed by the house majority leader, and one member of the minority party from either the senate or the house appointed by the minority leaders of the senate and the house.

SECTION 21. NEW STATE HOSPITAL - STEERING COMMITTEE. The department of health and human services shall establish a new state hospital facility steering committee to oversee the design and construction of a new state hospital facility, for the biennium beginning July 1, 2025, and ending June 30, 2027. The committee must include representation from the department of health and human services, office of management and budget, the governor's office, and the legislative assembly. The legislative assembly representation must include one member of the senate appointed by the senate majority leader, one member of the house appointed by the house majority leader, and one member of the minority party from either the senate or the house appointed by the minority leaders of the senate and the house.

SECTION 22. CAPITAL PAYMENTS. During the biennium beginning July 1, 2025, and ending June 30, 2027, the department of health and human services is authorized to expend funds for the payment of special assessments at the state hospital, southeast human service center, and life skills and transition center. Pursuant to section 3 of this Act, the director of the office of management and budget may transfer appropriation authority between line items within

section 1 of this Act and any remaining appropriation authority for the department of health and human services approved by the sixty-ninth legislative assembly. The department of health and human services may transfer funds for the payment of special assessments at the state hospital, southeast human service center, and life skills and transition center ahead of the special needs assessments schedule. Notwithstanding section 54-27-12, the department of health and human services may spend funds for the payment of special assessments at the state hospital and life skills and transition center.

SECTION 23. CAPITAL PROJECTS - EMERGENCY COMMISSION AND BUDGET SECTION APPROVAL. During the biennium beginning July 1, 2025, and ending June 30, 2027, pursuant to section 3 of this Act, the director of the office of management and budget may transfer appropriation authority between line items within section 1 of this Act and any remaining appropriation authority for the department of health and human services approved by the sixty-ninth legislative assembly for capital projects and maintenance pertaining to operation of its facilities, including demolition projects. Notwithstanding section 54-27-12, the department of health and human services may spend up to $10,000,000 for capital projects and maintenance pertaining to operation of its facilities, including demolition projects, under this section and may seek emergency commission and budget section approval to spend more than $10,000,000 under this section.

SECTION 24. PERMANENT SUPPORTIVE HOUSING GRANTS. Section 1 of this Act includes the sum of $4,672,536 from the general fund for permanent supportive housing grants. The department of health and human services shall develop a funding methodology to distribute the funding to qualified entities that utilize best practices for permanent supportive housing, provide recovery-oriented and person-centered services, submit process and outcome measures to the department of health and human services, and authorize the department of health and human services to conduct onsite visits to review program operations.

SECTION 25. EXPENDITURES MAY NOT EXCEED APPROPRIATION - MEDICAL ASSISTANCE EXPANSION PROGRAM - APPLICATION.

1. Section 1 of this Act includes the sum of $662,099,340, of which $66,209,934 is from the general fund, for the medical assistance expansion program, for the biennium beginning July 1, 2025, and ending June 30, 2027. The expenditures for individuals eligible for the medical assistance expansion program may not exceed this amount.

2. The department of health and human services may exceed appropriations for increases in medical assistance expansion program caseload, for the addition of coverage consistent with the traditional Medicaid 1915(i) state plan, utilization rates, and reduction in federal medical assistance percentage.

3. The managed care organization under contract with the department of health and human services to manage the medical assistance expansion program shall reimburse providers within the same provider type and specialty at consistent levels and with consistent methodology and may not provide incentive, quality, or supplemental payments to providers, unless part of a value-based program approved by the department of health and human services. The managed care organization shall reimburse all North Dakota substance use providers of American society of addiction medicine level 2.5 at consistent levels and with consistent methodology. The managed care organization may consider urban and rural providers as different provider types.

4. The managed care organization and the department of health and human services shall ensure payments to Indian or Tribal 638 health care providers, federally qualified health centers,and rural health clinics meet the federally required minimum levels of reimbursement. Critical access hospitals may not be paid less than one hundred percent of Medicare allowable costs and human service centers may not be paid less than one hundred percent of the current traditional Medicaid rate. Behavioral health services involving partial hospitalization, intensive outpatient, professional services, and residential behavioral health services provided in facilities that are not institutions for mental diseases are not subject to the provisions in subsection 6.

5. The department of health and human services shall ensure providers within the same provider type and specialty are reimbursed at consistent levels and with consistent methodology and shall ensure the capitation rates under risk contracts are actuarially sound and are adequate to meet managed care organization contractual requirements regarding availability of services, assurance or adequate capacity and services, and coordination and continuity of care.

6. Except for the provisions in subsection 4, managed care organization premium payments must be built using the assumption that rates paid to providers under the

medical assistance expansion program may not exceed one hundred forty-five percent of Medicare reimbursement rates paid to providers on January 1, 2025.

SECTION 26. HUMAN SERVICE CENTERS - CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS - FULL-TIME EQUIVALENT POSITIONS - REPORT. The department of health and human services shall continue the process of the human service centers becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults. The department of health and human services shall pursue additional federal funding as available. Subject to the availability of generated income, the department of health and human services may add full-time equivalent positions for the clinics to provide direct services for the period beginning with the effective date of this Act and ending June 30, 2027. The department of health and human services shall report to the office of management and budget and legislative council each time a position is added.

SECTION 27. INTERMEDIATE CARE FACILITY MORATORIUM. The department of health and human services may not add any new licensed intermediate care facility for individuals with intellectual disabilities beds to the state's licensed bed capacity between July 1, 2025, and June 30, 2027.

SECTION 28. EXEMPTION - UNEXPENDED APPROPRIATIONS. The following appropriations are not subject to the provisions of section 54-44.1-11 and any unexpended appropriation authority may be continued into the biennium beginning July 1, 2025, and ending June 30, 2027:

1. The sum of $3,674,757 appropriated from the general fund and the sum of $25,918,566 appropriated from federal funds for the Medicaid management information system modularization technology project in chapter 12 of the 2021 Session Laws;
2. The sum of ~~$14,411,218~~$6,000,000 appropriated from the general fund and the sum of $14,411,218 appropriated from federal funds for the child welfare technology project in chapter 12 of the 2021 Session Laws;
3. The sum of $20,366,271 appropriated from the community health trust fund and the sum of $39,534,525 appropriated from federal funds for the child support computer replacement project in chapter 44 of the 2023 Session Laws;

4. The sum of $10,989,217 appropriated from the strategic investment and improvements fund for the procurement and grants management system in chapter 44 of the 2023 Session Laws;
5. The sum of $4,150,000 appropriated from the general fund for defraying the expenses of additional human service centers to begin the process of becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults in chapter 44 of the 2023 Session Laws;
6. The sum of $18,941,847 appropriated to the department of health and human services in chapter 549 of the 2021 Special Session Laws;
7. The sum of $55,120,000 appropriated from the federal state fiscal recovery fund for a public health laboratory capital project in chapter 4 of the 2023 Session Laws;
8. The sum of ~~$5,000,000~~$1,000,000 appropriated from the general fund for the purpose of employer-led child care cost-share program in chapter 446 of the 2023 Session Laws;
9. The sum of $986,555 appropriated from the general fund for the purpose of streamlining background checks project in chapter 446 of the 2023 Session Laws;
10. The sum of ~~$2,223,981~~$1,000,000 appropriated from the federal state fiscal recovery fund for the implementation of a virtual behavioral health crisis care program for rural law enforcement in chapter 44 of the 2023 Session Laws; and
11. The sum of $500,000 appropriated from the general fund and the sum of $500,000 appropriated from federal funds for the purpose of program integrity audits in chapter 44 of the 2023 Session Laws.
12. The sum of $1,950,000 appropriated from the general fund to the department of health and human services for a northwest human service region behavioral health facility grant in chapter 44 of the 2023 Session Laws.

SECTION 29. LEGISLATIVE INTENT - UTILIZATION RATE ADJUSTMENT. It is the intent of the sixty-ninth legislative assembly that the department of health and human services seek a deficiency appropriation from the seventieth legislative assembly for any expenditures that exceed appropriated amounts as a result of underfunding, utilization rates, value-based purchasing for nursing facilities, reduction in federal medical assistance percentage, and

unexpected contract cost increases that exceed ten percent, during the biennium beginning July 1, 2025, and ending June 30, 2027, if funding is not sufficient to pay actual expenses.

SECTION 30. LEGISLATIVE INTENT - PROVIDER RATE INCREASE. Except as otherwise noted, section 1 of this Act includes funding for human service provider inflation increases of two percent for ~~each year~~the first year and one and one-half percent the second year of the biennium beginning July 1, 2025, and ending June 30, 2027. The provider inflation increase in this section does not apply to nursing facilities.

~~**SECTION 29. LEGISLATIVE INTENT - DEVELOPMENTAL DISABILITIES PROVIDER ACCREDITATION REQUIREMENT.** It is the intent of the sixty-ninth legislative assembly that the department of health and human services eliminate its administrative rule requirement that providers of developmental disabilities services be accredited as a condition of being eligible for receiving payments for services from the department of health and human services.~~

SECTION 31. LEGISLATIVE INTENT - MEDICAL ASSISTANCE. It is the intent of the sixty-ninth legislative assembly that the department of health and human services review the amount, duration, coverage, utilization rates, medical necessity, and scope of medical assistance services, and ~~may implement any adjustments the department determines appropriate~~report any findings and recommendations to the seventieth legislative assembly.

SECTION 32. FEDERAL FUNDING APPEAL LIMITATION. Except as otherwise specifically provided by federal law, a person may not appeal a denial, revocation, reduction in services or payment, or the termination of a program or service by the department of health and human services dues to the unavailability of federal coronavirus funding received under federal law resulting from the federal coronavirus pandemic emergency declarations, for the biennium beginning July 1, 2025, and ending June 30, 2027.

SECTION 33. DEPARTMENT OF HEALTH AND HUMAN SERVICES - LONG-TERM STRUCTURED RESIDENCES PLAN - REPORT. During the 2025-26 interim, the department of health and human services shall review options and develop a plan to establish long-term structured residences. The department shall review necessary changes to statutes, rules, policies, and the estimated fiscal impact of establishing the residences. A long-term structured residence must be a highly structured therapeutic residential mental health treatment facility that is staffed continuously and designed to treat adults under chapters 12.1-04.1 and 25-03.1 who have severe and persistent mental illness and who have reached the maximum benefit

from the mental health resources available elsewhere in the community or hospital. The department shall present a report to the legislative management by October 1, 2026, regarding its plan to establish long-term structured residences.

SECTION 34. A new section to chapter 6-09 of the North Dakota Century Code is created and enacted as follows:

Extraordinary medical needs housing loan fund - Continuing appropriation.

1. The Bank of North Dakota shall administer a loan program to provide loans for new construction projects to provide housing for individuals with disabilities that have extraordinary medical needs. A construction project may include a land purchase and the construction costs of the project. The applicant must comply with project requirements as approved by the department of health and human services and the North Dakota housing finance agency.
2. The extraordinary medical needs housing loan fund is a special fund maintained in the state treasury from which the Bank shall provide loans under this section. The fund consists of revenues transferred under legislative authorization, interest upon moneys in the fund, and collections of interest and principal on loans made from the fund. All moneys in the fund are appropriated on a continuing basis to the Bank for the purpose of providing loans under this section.
3. The developer of the housing facility for individuals with disabilities that have extraordinary medical needs may submit an application to the Bank for a loan. The application must:
   a. Provide detail on the proposed construction project and its compliance with the department of health and human services and the North Dakota housing finance agency requirements;
   b. Demonstrate the need and long-term viability of the project; and
   c. Include financial information the Bank determines appropriate to verify eligibility.
4. A loan approved under this section:
   a. May not exceed three million three hundred thousand dollars for a project;
   b. Must have an interest rate that does not exceed two percent; and
   c. Must have a repayment schedule of no longer than twenty years.

5. A recipient of a loan under this section shall complete the financed construction project within twenty-four months of the approval of the loan. Failure to comply with this subsection may result in forfeiture of the entire loan received under this section.
6. The Bank shall deposit in the fund all principal and interest paid on the loans made from the fund. The Bank may deduct from interest payments a service fee for costs of administering the loan program. The fund must be audited annually pursuant to section 6-09-29 and the cost of the audit and any other actual costs incurred by the Bank on behalf of the fund must be paid from the fund.

SECTION 35. AMENDMENT. Section 50-06-06.6 of the North Dakota Century Code is amended and reenacted as follows:

50-06-06.6. Department may lease real and personal property.

The commissioner of the department or commissioner's designee may lease ~~surplus farm and pastureland at the state hospital and the life skills and transition center. The commissioner or designee also may enter into further leases of~~ real or personal property at the life skills and transition center or the state hospital upon a specific finding that the granting of each such leasehold interest will result in a net economic gain for the department, taking into account all identifiable costs. Any lease of space for the purpose of providing child care services must meet requirements as determined by the department. The commissioner of the department or commissioner's designee may prescribe the terms and conditions of any leases entered into pursuant to this section and may renew existing leases. ~~Any~~The term of any lease ~~entered into must be subject to renewal or cancelable each biennium~~may not exceed ninety-nine years.

SECTION 36. AMENDMENT. Section 50-06-42 of the North Dakota Century Code is amended and reenacted as follows:

50-06-42. Substance use disorder treatment voucher system - Mental health treatment voucher system for incarcerated individuals.

~~1.~~ The department shall establish and administer, within the limits of legislative appropriations, a voucher system to address underserved areas and gaps in the state's substance abuse treatment system and to assist in the payment of addiction treatment services and medical costs provided by licensed substance abuse treatment programs, excluding regional human service centers and hospital- or medical clinic-based programs for medical management of withdrawal.

~~a.~~1. An out-of-state licensed substance abuse treatment program located within a bordering state may participate in the voucher program to serve an underserved area of this state pursuant to the rules adopted by the department. The department shall develop rules to include processes and requirements for an out-of-state provider to receive reimbursement only for outpatient and community-based services upon a provider completing an assessment of need and receiving approval from the department.

2.~~b.~~ Services eligible for the voucher program include only those levels of care recognized by the American society of addiction medicine, with particular emphasis given to underserved areas and programs. The department shall ensure that a licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers collects and reports process and outcome measures.

3.~~c.~~ The department shall develop requirements and provide training and technical assistance to a licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers. A licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers shall provide evidence-based services.

4.~~d.~~ The department shall allocate funding appropriated for the substance use disorder treatment voucher as follows:

~~a. No~~

~~(1)~~a. Except as provided in paragraphs 3 and 4, no more than ~~forty-five~~fifty percent of the appropriated amount may be allocated for residential substance use disorder services administered by licensed substance abuse treatment programs with more than sixteen beds.

b.~~(2)~~ The remaining appropriation must be allocated for residential programs with sixteen or fewer beds, nonresidential outpatient, and ancillary substance use disorder services administered by licensed substance abuse treatment programs.

~~(3)~~c. The department, during the last quarter of the biennium, may reallocate projected unused funds that were allocated under paragraph 2 to residential facilities outlined in paragraph 1.

~~(4)~~d. The department may reimburse a licensed substance abuse treatment program with more than sixteen beds the incurred direct medical costs of an eligible individual who does not have resources to cover the medical costs. The department may develop rules and may not exceed the total amount appropriated for medical cost reimbursement.

~~2. The department shall establish and administer, within the limits of legislative appropriations, a voucher system to address underserved areas and gaps in the state's mental health treatment system for individuals detained or confined in a county jail or detention center or regional corrections center and to assist in the payment of mental health treatment services provided by a licensed mental health professional acting within their scope of practice, excluding a regional human service center.~~

~~a. Services eligible for the voucher program include only diagnostic assessment and mental health therapy for individuals with a mental health concern detained or confined in a county jail or detention center or regional corrections center. The department shall ensure that a licensed mental health professional accepting vouchers collects and reports process and outcome measures.~~

~~b. The department shall develop requirements and provide training and technical assistance to licensed mental health professionals accepting vouchers. A licensed mental health professional shall provide evidence-based services.~~

SECTION 37. AMENDMENT. Section 50-24.5-02.3 of the North Dakota Century Code is amended and reenacted as follows:

50-24.5-02.3. Basic care payment rates.

1. The department shall determine limits for the care of residents of basic care facilities that qualify as vendors of an aged, blind, and disabled persons program and for implementing provisions of this chapter based on data demonstrating the most recent costs that must be incurred for the care of residents in efficiently and economically operated basic care facilities. The department shall determine the limits every four years by July first, beginning with July 1, 2023.
2. The department shall establish the limits by using the median rates from the most recent data available. The direct care limit must be the median plus eighteen percent. The indirect care limit must be the median plus twelve percent.

3. For the rate year beginning July 1, 2023, the department shall increase rates and limits three and one-half percent for inflation. For the rate year beginning July 1, 2024, the department shall increase rates and limits three and one-half percent for inflation.
4. The department shall provide a rate increase in the amount of five dollars per day for the period beginning July 1, 2023, and ending June 30, ~~2025~~2027, after which the increase is not effective. This rate increase may not be included in any calculation of inflation increase.
5. Within the limits of legislative appropriations, the department shall establish an uncompensated care expense of three hundred sixty-five days.

SECTION 38. AMENDMENT. Section 50-33-05 of the North Dakota Century Code is amended and reenacted as follows:

50-33-05. State of residence.

Only child care assistance units physically residing within the boundaries of the state are eligible for child care assistance, unless the individual is employed by an early childhood program within the boundaries of the state and the individual has been approved for the state's child care assistance child care workforce benefit.

SECTION 39. AMENDMENT. Subsection 1 of section 50-36-03 of the North Dakota Century Code is amended and reenacted as follows:

1. The committee is composed of:
   a. One member of the North Dakota association of counties appointed by the chairman of the legislative management, who shall serve a term of two years.
   b. One member of the North Dakota league of cities appointed by the chairman of the legislative management, who shall serve a term of two years.
   c. One member of the North Dakota state association of city and county health officials appointed by the chairman of the legislative management, who shall serve a term of two years.
   d. One member who represents the highway patrol appointed by the highway patrol superintendent, who shall serve a term of two years.
   e. The executive director of the department's division of behavioral health.
   f. ~~The managing director of the office of recovery reinvented.~~One member in recovery appointed by the governor.

g. One member appointed by the governor who shall serve as a nonvoting member and as the presiding officer of the committee, who shall serve a term of two years.

SECTION 40. Subsection 6 of the new section to chapter 54-07 of the North Dakota Century Code, as created by section 1 of Senate Bill No. 2176, as approved by the sixty-ninth legislative assembly, is amended and reenacted as follows:

6. a. The office of the governor shall provide staffing and administrative services for the children's cabinet and coordinate with other designated working groups on children and family issues.

b. The governor or the governor's designee serving on the cabinet may appoint a representative to serve in that official's capacity at a meeting if the governor or governor's designee is unable to attend.

SECTION 41. HOUSING AVAILABILITY ASSESSMENT - COLLABORATION WITH HOUSING FINANCE AGENCY. The department of health and human services shall collaborate with the North Dakota housing finance agency and other appropriate stakeholders to assess the availability of housing for individuals requiring extraordinary health care support services, for the biennium beginning July 1, 2025, and ending June 30, 2027. Based on the results of the assessment, if necessary, the department shall develop a plan to expand access to housing providing the least restrictive environment for individuals requiring extraordinary health care support services.

SECTION 42. BEHAVIORAL HEALTH CLINICS, NORTH DAKOTA STATE HOSPITAL, AND LIFE SKILLS AND TRANSITION CENTER FUNDING. Section 1 of this Act includes funding for the behavioral health clinics, North Dakota state hospital, and life skills and transition center as follows:

1. Behavioral health clinics:
   a. Salaries and wages ~~$156,967,103~~$177,840,942
   b. Operating and capital ~~64,131,965~~56,945,408
   c. Total ~~$221,099,068~~$234,786,350
2. State hospital:
   a. Salaries and wages ~~$68,775,551~~$70,477,378
   b. Operating and capital ~~350,880,155~~20,880,155

c.	Total	~~$419,655,706~~$91,357,533
3.	Life skills and transition center:	
a.	Salaries and wages	~~$55,540,213~~$56,284,356
b.	Operating and capital	~~15,207,658~~15,207,658
c.	Total	~~$70,747,871~~$71,492,014

SECTION 43. LEGISLATIVE MANAGEMENT STUDY - STUDENT TRUANCY AND ABSENTEEISM. The legislative management shall consider studying, during the 2025-26 interim, truancy and student absenteeism in kindergarten through grade twelve public schools. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement its recommendations, to the seventieth legislative assembly.

SECTION 44. LEGISLATIVE MANAGEMENT STUDY - OBESITY HEALTH IMPLICATIONS. The legislative management shall consider studying, during the 2025-26 interim, the health implications of obesity on the residents of the state and options to increase access to prevention and treatments for obesity. If conducted, the study must review costs associated with obesity including comorbidities, treatments available for obesity, obesity diagnosis guidelines including use of body mass index compared with percentage of body fat, and examining the difference between being an individual who is healthy and overweight as compared to an obese individual. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement its recommendations, to the seventieth legislative assembly.

SECTION 45. LEGISLATIVE MANAGEMENT STUDY - MATERNAL HEALTH SERVICES - ACCESS AND WORKFORCE.

1. During the 2025-26 interim, the legislative management shall consider studying access to maternal health services. The study must include:
   a. Consideration of the availability of prenatal and childbirth services, including provider shortages and service use.
   b. Development of strategies to increase the number of obstetricians, family doctors, and midwives providing maternal health services in this state.
   c. A review of coverage and reimbursement for doulas and midwives, including training and certification needs.

d. Consideration of insurance and public policy options to improve maternal health outcomes, including through the Medicaid program.

e. Input from health care providers, insurers, public health officials, and maternal health experts.

2. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement its recommendations, to the seventieth legislative assembly.

SECTION 46. LEGISLATIVE INTENT - LIFE SKILLS AND TRANSITION CENTER. It is the intent of the sixty-ninth legislative assembly that during the 2025-26 interim, the department of health and human services review the facilities and land at the life skills and transition center to identify the portions of the life skills and transition center campus that are necessary for delivery of services and the portions of the campus that could be conveyed to a local government or related public or not-for-profit community development entity to redevelop to optimize local community development goals and the successful operation of the life skills and transition center. It is further the intent of the legislative assembly that the department of health and human services present any request to convey any portions of the campus to the seventieth legislative assembly.

SECTION 47. DISABILITY SERVICE ACCREDITATION STUDY - LEGISLATIVE MANAGEMENT REPORT. During the 2025-26 interim, the department of health and human services shall study accreditation requirements and provider costs for serving individuals with intellectual and developmental disabilities, including the cost of accreditation relative to the cost of providing services and reimbursement. The department shall report its findings and recommendations, together with any legislation necessary to implement recommendations to the legislative management by September 1, 2026.

SECTION 48. VALUE-BASED CARE INCENTIVE PROGRAM - PAYMENT WITHHOLD FOR NURSING FACILITIES - COLLABORATION WITH NORTH DAKOTA LONG TERM CARE ASSOCIATION. During the 2025-26 interim, the department of health and human services, in collaboration with the North Dakota long term care association, shall develop a payment withhold structure for value-based payments to provide funding for the value-based care incentive program for nursing facilities. The department shall implement the payment

withhold beginning July 1, 2027. The department may not implement a payment withhold before July 1, 2027.

SECTION 49. LEGISLATIVE MANAGEMENT STUDY- DISABILITY SERVICES.

1. During the 2025-26 interim, the legislative management shall study the efficiency, effectiveness, and outcomes of developmental disability services provided by the department of health and human services. The study must include:
   a. A review of the approval process, an analysis of accountability measures, an assessment of gaps in services, and an evaluation of overall program management.
   b. An assessment of whether the department is effectively managing cases and complying with federal law in the provision of support and services to individuals with disabilities.
   c. Input from advocates, clients from the disability community, zone directors, service providers, and health care providers who serve individuals with disabilities.
   d. Collaboration with the cross-disability advisory council.
2. The legislative council may contract with a consultant with expertise in the provision of developmental disability services to assist in the study.
3. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement its recommendations, to the seventieth legislative assembly.

SECTION 50. APPROPRIATION - COMMUNITY HEALTH TRUST FUND - LEGISLATIVE COUNCIL - DISABILITY SERVICES - ONE-TIME FUNDING. There is appropriated out of any moneys in the community health trust fund, not otherwise appropriated, the sum of $150,000, or so much of the sum as may be necessary, to the legislative council for the purpose of contracting for consulting services for a disability services study, for the biennium beginning July 1, 2025, and ending June 30, 2027. The appropriation in this section is considered a one-time funding item.

SECTION 51. LEGISLATIVE MANAGEMENT REPORT - BEHAVIORAL HEALTH FACILITY GRANTS. During the 2025-26 interim the department of health and human services

shall provide reports to the legislative management regarding the award of grant funding to increase the number of behavioral health beds in the state.

SECTION 52. EFFECTIVE DATE. Section ~~33~~36 of this Act becomes effective on July 1, 2026.

SECTION 53. EFFECTIVE DATE. Section 7 of this Act becomes effective on January 1, 2026.

STATEMENT OF PURPOSE OF AMENDMENT:

House Bill No. 1012 - Summary of Senate Action

	Base Budget	House Version	Senate Changes	Senate Version
Department of Health and Human Services				
Total all funds	$0	$596,284,775	$23,692,691	$619,977,466
Less estimated income	0	286,720,150	4,728,962	291,449,112
General fund	$0	$309,564,625	$18,963,729	$328,528,354
FTE	0.00	2,688.35	0.00	2,688.35
DHHS - Business Operations				
Total all funds	$192,993,318	$97,063,631	$0	$97,063,631
Less estimated income	118,894,310	47,368,089	0	47,368,089
General fund	$74,099,008	$49,695,542	$0	$49,695,542
FTE	114.40	0.00	0.00	0.00
DHHS - Behavioral Health				
Total all funds	$421,861,349	$580,920,603	($342,268,302)	$238,652,301
Less estimated income	113,955,941	399,223,478	(332,328,000)	66,895,478
General fund	$307,905,408	$181,697,125	($9,940,302)	$171,756,823
FTE	1,054.27	0.00	0.00	0.00
DHHS - Human Services				
Total all funds	$1,863,859,882	$1,882,984,555	($25,451,245)	$1,857,533,310
Less estimated income	1,240,409,529	1,226,448,044	(10,127,449)	1,216,320,595
General fund	$623,450,353	$656,536,511	($15,323,796)	$641,212,715
FTE	1,009.16	0.00	0.00	0.00
DHHS - Medical Services				
Total all funds	$2,776,246,128	$2,855,909,613	($15,620,504)	$2,840,289,109
Less estimated income	1,818,029,530	1,810,657,071	(1,436,598)	1,809,220,473
General fund	$958,216,598	$1,045,252,542	($14,183,906)	$1,031,068,636
FTE	90.50	0.00	0.00	0.00
DHHS - Public Health				
Total all funds	$298,196,870	$265,019,251	($66,038,400)	$198,980,851
Less estimated income	250,440,690	229,814,403	(62,694,583)	167,119,820
General fund	$47,756,180	$35,204,848	($3,343,817)	$31,861,031
FTE	215.50	0.00	0.00	0.00
Legislative Council				
Total all funds	$0	$0	$150,000	$150,000
Less estimated income	0	0	150,000	150,000
General fund	$0	$0	$0	$0
FTE	0.00	0.00	0.00	0.00
Bill total				
Total all funds	$5,553,157,547	$6,278,182,428	($425,535,760)	$5,852,646,668
Less estimated income	3,541,730,000	4,000,231,235	(401,707,668)	3,598,523,567
General fund	$2,011,427,547	$2,277,951,193	($23,828,092)	$2,254,123,101
FTE	2,483.83	2,688.35	0.00	2,688.35

House Bill No. 1012 - Legislative Council - Senate Action

	Base Budget	House Version	Senate Changes	Senate Version
Disability services study			$150,000	$150,000
Total all funds	$0	$0	$150,000	$150,000
Less estimated income	0	0	150,000	150,000
General fund	$0	$0	$0	$0
FTE	0.00	0.00	0.00	0.00

Department 160 - Legislative Council - Detail of Senate Changes

	Adds Funding for Disability Services Study[1]	Total Senate Changes
Disability services study	$150,000	$150,000
Total all funds	$150,000	$150,000
Less estimated income	150,000	150,000
General fund	$0	$0
FTE	0.00	0.00

[1] One-time funding is added from the community health trust fund for consulting services for a Legislative Management study of disability services provided by the Department of Health and Human Services.

House Bill No. 1012 - Department of Health and Human Services - Senate Action

	Base Budget	House Version	Senate Changes	Senate Version
Salaries and wages block grant		$596,284,775	$23,692,691	$619,977,466
Total all funds	$0	$596,284,775	$23,692,691	$619,977,466
Less estimated income	0	286,720,150	4,728,962	291,449,112
General fund	$0	$309,564,625	$18,963,729	$328,528,354
FTE	0.00	2,688.35	0.00	2,688.35

Department 325 - Department of Health and Human Services - Detail of Senate Changes

	Adjusts Funding for Salaries and Wages Block Grant[1]	Total Senate Changes
Salaries and wages block grant	$23,692,691	$23,692,691
Total all funds	$23,692,691	$23,692,691
Less estimated income	4,728,962	4,728,962
General fund	$18,963,729	$18,963,729
FTE	0.00	0.00

[1] Funding for the salaries and wages block grant is adjusted as follows:

Description	FTE	General Fund	Other Funds	Total
Adds funding to reduce underfunding		$18,963,729	$0	$18,963,729
Adds salary funding from operating fund		0	4,728,962	4,728,962
Total changes to salaries and wages block grant	0.00	$18,963,729	$4,728,962	$23,692,691

House Bill No. 1012 - DHHS - Business Operations - Senate Action

	Base Budget	House Version	Senate Changes	Senate Version
Salaries and wages	$25,763,358			
Operating expenses	155,308,399	$78,284,629		$78,284,629
Capital assets	108,934			
Grants	11,812,627	18,779,002		18,779,002
Total all funds	$192,993,318	$97,063,631	$0	$97,063,631
Less estimated income	118,894,310	47,368,089	0	47,368,089
General fund	$74,099,008	$49,695,542	$0	$49,695,542
FTE	114.40	0.00	0.00	0.00

House Bill No. 1012 - DHHS - Behavioral Health - Senate Action

	Base Budget	House Version	Senate Changes	Senate Version
Salaries and wages	$8,792,675			
Operating expenses	79,381,458	$103,269,596	($98,478)	$103,171,118
Grants	40,476,298	62,365,620	(12,710,000)	49,655,620
Behavioral health clinics	196,383,945	56,405,232	540,176	56,945,408
State Hospital	94,826,973	350,880,155	(330,000,000)	20,880,155
Opioid addiction prevention	2,000,000	8,000,000		8,000,000
Total all funds	$421,861,349	$580,920,603	($342,268,302)	$238,652,301
Less estimated income	113,955,941	399,223,478	(332,328,000)	66,895,478
General fund	$307,905,408	$181,697,125	($9,940,302)	$171,756,823
FTE	1,054.27	0.00	0.00	0.00

Department 327 - DHHS - Behavioral Health - Detail of Senate Changes

	Adjusts Funding for Behavioral Health Division[1]	Total Senate Changes
Salaries and wages		
Operating expenses	($98,478)	($98,478)
Grants	(12,710,000)	(12,710,000)
Behavioral health clinics	540,176	540,176
State Hospital	(330,000,000)	(330,000,000)
Opioid addiction prevention		
Total all funds	($342,268,302)	($342,268,302)
Less estimated income	(332,328,000)	(332,328,000)
General fund	($9,940,302)	($9,940,302)
FTE	0.00	0.00

[1] Funding for the behavioral health division is adjusted as follows:

House Bill No. 1012 - DHHS - Medical Services - Senate Action

	Base Budget	House Version	Senate Changes	Senate Version
Salaries and wages	$21,008,344			
Operating expenses	70,807,977	$163,172,539		$163,172,539
Grants	1,651,004	3,457,804	($800,000)	2,657,804
Grants - Medical assistance	2,682,778,803	2,689,279,270	(14,820,504)	2,674,458,766
Total all funds	$2,776,246,128	$2,855,909,613	($15,620,504)	$2,840,289,109
Less estimated income	1,818,029,530	1,810,657,071	(1,436,598)	1,809,220,473
General fund	$958,216,598	$1,045,252,542	($14,183,906)	$1,031,068,636
FTE	90.50	0.00	0.00	0.00

Department 329 - DHHS - Medical Services - Detail of Senate Changes

	Adjusts Funding for Medical Services Division[1]	Total Senate Changes
Salaries and wages		
Operating expenses		
Grants	($800,000)	($800,000)
Grants - Medical assistance	(14,820,504)	(14,820,504)
Total all funds	($15,620,504)	($15,620,504)
Less estimated income	(1,436,598)	(1,436,598)
General fund	($14,183,906)	($14,183,906)
FTE	0.00	0.00

[1] Funding for the medical services division is adjusted as follows:

Description	FTE	General Fund	Other Funds	Total
Long-term care:				
Transfers basic care $5 daily rate to one-time funding		($4,067,056)	($1,474,184)	($5,541,240)
Medicaid:				
Provides funding to rebase ambulance rates to the lowest quartile Medicare rural base rate		($1,189,770)	($1,189,770)	($2,379,540)
Adjusts Medicaid case load projections		(4,000,000)	(4,000,000)	(8,000,000)
Reduces 1915(i) case load projections		(1,000,000)	(1,000,000)	(2,000,000)
Increases estimated FMAP percentage by 1%		(7,037,100)	7,037,100	0
Adjusts the annual provider inflation increase to 2% and 1.5%		(1,157,036)	(1,283,928)	(2,440,964)
Total ongoing funding changes		($18,450,962)	($1,910,782)	($20,361,744)
One-time funding items:				
Removes funding for a critical access hospital networking grant		$0	($1,000,000)	($1,000,000)
Transfers basic care $5 daily rate from ongoing funding		4,067,056	1,474,184	5,541,240
Provides funding for costs associated with housing for individuals with extraordinary medical needs		200,000	0	200,000
Total one-time funding changes		$4,267,056	$474,184	$4,741,240
Total Senate changes		($14,183,906)	($1,436,598)	($15,620,504)

House Bill No. 1012 - DHHS - Public Health - Senate Action

	Base Budget	House Version	Senate Changes	Senate Version
Salaries and wages	$60,415,388			
Operating expenses	37,721,213	$55,574,882	($49,287,739)	$6,287,143
Capital assets	1,469,780	3,685,618	(928,000)	2,757,618
Grants	81,718,145	85,963,641	(15,822,661)	70,140,980
Tobacco prevention	13,063,162	13,040,555		13,040,555
WIC food payments	19,900,000	21,000,000		21,000,000
COVID-19 response	83,909,182	85,754,555		85,754,555
Total all funds	$298,196,870	$265,019,251	($66,038,400)	$198,980,851
Less estimated income	250,440,690	229,814,403	(62,694,583)	167,119,820
General fund	$47,756,180	$35,204,848	($3,343,817)	$31,861,031
FTE	215.50	0.00	0.00	0.00

Department 330 - DHHS - Public Health - Detail of Senate Changes

	Adjusts Funding for Public Health Division[1]	Total Senate Changes
Salaries and wages		
Operating expenses	($49,287,739)	($49,287,739)
Capital assets	(928,000)	(928,000)
Grants	(15,822,661)	(15,822,661)
Tobacco prevention		
WIC food payments		
COVID-19 response		
Total all funds	($66,038,400)	($66,038,400)
Less estimated income	(62,694,583)	(62,694,583)
General fund	($3,343,817)	($3,343,817)
FTE	0.00	0.00

[1] Funding for the public health division is adjusted as follows:

Description	FTE	General Fund	Other Funds	Total
Reduces additional funding added by the House for domestic and sexual violence		($1,700,000)	$0	($1,700,000)
Removes funding added by the House for the Safe Haven program		(440,000)	0	(440,000)
Removes funding added by the House for vaccines for healthcare providers off federal contract		0	(2,213,930)	(2,213,930)
Reduces funding added by the House for forensic pathology contract services with UND to provide an increase of $1 million		(866,156)	0	(866,156)
Reduces funding added by the House for a grant to the Family Voices program to provide an increase of $50,000		(50,000)	0	(50,000)
Reduces funding added by the House for a fetal alcohol spectrum disorder clinic at UND to provide $350,000		(287,661)	0	(287,661)
Reduces federal CARES ACT/COVID funding		0	(60,716,583)	(60,716,583)
Total ongoing changes		($3,343,817)	($62,930,513)	($66,274,330)
One-time funding items:				
Removes funding added by the House to purchase a forensic examiner electronic records system		$0	($278,000)	($278,000)
Removes funding added by the House for licensure management system		0	(650,000)	(650,000)
Removes funding added by the House for a Cass County animal shelter grant		0	(300,000)	(300,000)
Removes funding added by the House for the Statewide health strategies grant		0	(750,000)	(750,000)
Provides funding from the public health lab fund for public health data modernization		0	2,213,930	2,213,930
Total one-time funding changes		$0	$235,930	$235,930
Total Senate changes		($3,343,817)	($62,694,583)	($66,038,400)

House Bill No. 1012 - Other Changes - Senate Action

This amendment also:

- Adds sections to provide guidelines regarding the use of funding for infant and toddler care provider payments, intermediate care facility medically and behaviorally complex services grants, special health care needs grants, crisis services grants, and medical housing for individuals with extraordinary medical needs.
- Adjusts sections identifying funding from the strategic investment and improvements fund and community health trust fund.
- Removes sections identifying funding for an animal shelter grant and statewide health strategies.
- Removes a Bank of North Dakota line of credit for a new State Hospital project and adds a Bank of North Dakota line of credit for a child welfare technology project.
- Adjusts the membership of the new State Hospital steering committee to include representatives of DHHS, the Office of Management and Budget, Governor's office, and the Legislative Assembly.
- Adjusts various exemptions to allow the continuation of unexpended appropriation authority into the 2025-27 biennium. These adjustments will increase the July 1, 2025, general fund balance by $12,411,218.
- Removes a section to provide legislative intent that DHHS eliminate its administrative rule requirement that providers of developmental disabilities services be accredited as a condition to receive payments for services.
- Creates a new section to Chapter 6-09 to create an extraordinary medical needs housing loan fund and to provide guidelines regarding the use of the loan fund.
- Amends Section 50-36-03 relating to the membership of the opioid advisory committee.
- Amends provisions relating to the Children's Cabinet as approved in Senate Bill No. 2176.
- Provides for a Legislative Management study of maternal health services.
- Provides legislative intent that DHHS review the utilization of the Life Skills and Transition Center campus to determine if any portions of the campus can be conveyed for use by community organizations.
- Provides for DHHS to study developmental disability service provider accreditation.
- Provides for DHHS to develop a payment structure to provide funding for a value-based care incentive program for nursing facilities.

- Provides for a Legislative Management study of developmental disability services provided by DHHS and provides an appropriation of $150,000 to the Legislative Council for consultant services for the study.

2025 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee
Harvest Room, State Capitol

HB 1012
4/15/2025

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to amend and reenact sections 50-06-06.6, 50-06-42, 50-24.5-02.3, and 50-33-05 of the North Dakota Century Code, relating to leases of department of health and human services property, substance use disorder treatment program, basic care payment rates, and state of residence for child care assistance; to provide for a transfer; to authorize a line of credit; to provide legislative intent; to provide for a legislative management study; to provide an application; to provide an exemption; to provide for a report; and to provide an effective date.

3:15 p.m. Vice-Chairman Erbele called the meeting to order.

Members Present: Vice-Chairman Erbele, and Senators Burckhard, Cleary, Conley, Davison, Dever, Dwyer, Magrum, Mathern, Meyer, Schaible, Sickler, Sorvaag, Thomas, Wanzek.
Members Absent: Chairman Bekkedahl.

Discussion Topics:

- State Hospital Land Lease
- Early Childhood Child Care
- Budget Increases
- Provider Inflationary Percentage Increase
- Reimbursement Comparison Among States

3:16 p.m. Senator Dever introduced the bill and submitted testimony #45007.

3:51 p.m. Senator Dever moved amendment LC 25.0156.02028.

3:51 p.m. Senator Davison seconded the motion.

Senators	Vote
Senator Brad Bekkedahl	A
Senator Robert Erbele	Y
Senator Randy A. Burckhard	Y
Senator Sean Cleary	Y
Senator Cole Conley	Y
Senator Kyle Davison	Y
Senator Dick Dever	Y
Senator Michael Dwyer	Y
Senator Jeffery J. Magrum	Y
Senator Tim Mathern	N
Senator Scott Meyer	Y
Senator Donald Schaible	Y

Senator Jonathan Sickler	Y
Senator Ronald Sorvaag	Y
Senator Paul J. Thomas	Y
Senator Terry M. Wanzek	Y

Motion Passed 14-1-1.

3:54 p.m. Senator Mathern provided information about provider inflationary rate and submitted testimony #45010.

4:05 p.m. Senator Dever moved a Do Pass as Amended.

4:05 p.m. Senator Magrum seconded the motion.

Senators	Vote
Senator Brad Bekkedahl	A
Senator Robert Erbele	Y
Senator Randy A. Burckhard	Y
Senator Sean Cleary	Y
Senator Cole Conley	Y
Senator Kyle Davison	Y
Senator Dick Dever	Y
Senator Michael Dwyer	Y
Senator Jeffery J. Magrum	Y
Senator Tim Mathern	Y
Senator Scott Meyer	Y
Senator Donald Schaible	Y
Senator Jonathan Sickler	Y
Senator Ronald Sorvaag	Y
Senator Paul J. Thomas	Y
Senator Terry M. Wanzek	Y

Motion Passed 15-0-1.

Senator Dever will carry the bill.

4:07 p.m. Vice-Chairman Erbele closed the hearing.

Elizabeth Reiten, Committee Clerk

25.0156.02028
Title.03000
Fiscal No. 6

Prepared by the Legislative Council staff for Senate Appropriations - Human Resources Division Committee
April 14, 2025

Sixty-ninth
Legislative Assembly
of North Dakota

PROPOSED AMENDMENTS TO FIRST ENGROSSMENT

4/15/25 VC
1 of 40

ENGROSSED HOUSE BILL NO. 1012

Introduced by

Appropriations Committee

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to create and enact a new section to chapter 6-09 of the North Dakota Century Code, relating to an extraordinary medical needs housing loan fund; to amend and reenact sections 50-06-06.6, 50-06-42, 50-24.5-02.3, and 50-33-05, and subsection 1 of 50-36-03 of the North Dakota Century Code and subsection 6 of the new section to chapter 54-07 of the North Dakota Century Code created in section 1 of Senate Bill No. 2176, as approved by the sixty-ninth legislative assembly, relating to leases of department of health and human services property, substance use disorder treatment program, basic care payment rates, ~~and~~ state of residence for child care assistance, opioid settlement advisory committee, and children's cabinet; to provide for a transfer; to authorize a line of credit; to provide legislative intent; to provide for a legislative management study; to provide an application; to provide an exemption; to provide for a report; and to provide an effective date.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. APPROPRIATION. The funds provided in this section, or so much of the funds as may be necessary, are appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, and from other funds derived from special funds and federal funds, to the department of health and human services for the purpose of defraying the expenses of its various divisions, for the biennium beginning July 1, 2025, and ending June 30, 2027, as follows:

~~Subdivision 1.~~

SALARIES AND WAGES BLOCK GRANT

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages block grant	$0	$596,284,775	$596,284,775
Total all funds	0	596,284,775	596,284,775
Less other funds	0	286,720,150	286,720,150
Total general fund	$0	$309,564,625	$309,564,625

Subdivision 2.

BUSINESS OPERATIONS

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$25,763,358	($25,763,358)	$0
Operating expenses	155,308,399	(77,023,770)	78,284,629
Capital assets	108,934	(108,934)	0
Grants	11,812,627	6,966,375	18,779,002
Total all funds	$192,993,318	($95,929,687)	$97,063,631
Less other funds	118,894,310	(71,526,221)	47,368,089
Total general fund	$74,099,008	($24,403,466)	$49,695,542

Subdivision 3.

BEHAVIORAL HEALTH

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$8,792,675	($8,792,675)	$0
Operating expenses	79,381,458	23,888,138	103,269,596
Grants	40,476,298	21,889,322	62,365,620
Behavioral health clinics	196,383,945	(139,978,713)	56,405,232
State hospital	94,826,973	256,053,182	350,880,155
Opioid addiction prevention	2,000,000	6,000,000	8,000,000
Total all funds	$421,861,349	$159,059,254	$580,920,603
Less other funds	113,955,941	285,267,537	399,223,478
Total general fund	$307,905,408	($126,208,283)	$181,697,125

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Subdivision 4.

HUMAN SERVICES

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$168,325,918	($168,325,918)	$0
Operating expenses	88,885,469	108,258,236	197,143,705
Capital assets	10,000	0	10,000
Grants	621,189,007	94,393,260	715,582,267
Life skills and transition center	44,992,263	(29,784,605)	15,207,658
Grants - medical assistance	742,793,564	7,655,079	750,448,643
County social services	197,663,661	6,928,621	204,592,282
Total all funds	$1,863,859,882	$19,124,673	$1,882,984,555
Less other funds	1,240,409,529	(13,961,485)	1,226,448,044
Total general fund	$623,450,353	$33,086,158	$656,536,511

Subdivision 5.

MEDICAL SERVICES

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$21,008,344	($21,008,344)	$0
Operating expenses	70,807,977	92,364,562	163,172,539
Grants	1,651,004	1,806,800	3,457,804
Grants - medical assistance	2,682,778,803	6,500,467	2,689,279,270
Total all funds	$2,776,246,128	$79,663,485	$2,855,909,613
Less other funds	1,818,029,530	(7,372,459)	1,810,657,071
Total general fund	$958,216,598	$87,035,944	$1,045,252,542

Subdivision 6.

PUBLIC HEALTH

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$60,415,388	($60,415,388)	$0
Operating expenses	37,721,213	17,853,669	55,574,882

~~Capital assets~~	~~1,469,780~~	~~2,215,838~~	~~3,685,618~~
~~Grants~~	~~81,718,145~~	~~4,245,496~~	~~85,963,641~~
~~Tobacco prevention~~	~~13,063,162~~	~~(22,607)~~	~~13,040,555~~
~~Women, infants, and children food payments~~	~~19,900,000~~	~~1,100,000~~	~~21,000,000~~
~~Cares Act/COVID-19~~	~~83,909,182~~	~~1,845,373~~	~~85,754,555~~
~~Total all funds~~	~~$298,196,870~~	~~($33,177,619)~~	~~$265,019,251~~
~~Less other funds~~	~~250,440,690~~	~~(20,626,287)~~	~~229,814,403~~
~~Total general fund~~	~~$47,756,180~~	~~($12,551,332)~~	~~$35,204,848~~

~~Subdivision 7.~~

~~TOTAL - SECTION 1~~

	~~Base Level~~	~~Adjustments or Enhancements~~	~~Appropriation~~
~~Grand total all funds~~	~~$5,553,157,547~~	~~$725,024,881~~	~~$6,278,182,428~~
~~Grand total other funds~~	~~3,541,730,000~~	~~458,501,235~~	~~4,000,231,235~~
~~Grand total general fund~~	~~$2,011,427,547~~	~~$266,523,646~~	~~$2,277,951,193~~
~~Full-time equivalent positions~~	~~2,483.83~~	~~204.52~~	~~2,688.35~~

Subdivision 1.

SALARIES AND WAGES BLOCK GRANT

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages block grant	$0	$619,977,466	$619,977,466
Total all funds	0	619,977,466	619,977,466
Less other funds	0	291,449,112	291,449,112
Total general fund	$0	$328,528,354	$328,528,354

Subdivision 2.

BUSINESS OPERATIONS

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$25,763,358	($25,763,358)	$0
Operating expenses	155,308,399	(77,023,770)	78,284,629

Capital assets	108,934	(108,934)	0
Grants	11,812,627	6,966,375	18,779,002
Total all funds	$192,993,318	($95,929,687)	$97,063,631
Less other funds	118,894,310	(71,526,221)	47,368,089
Total general fund	$74,099,008	($24,403,466)	$49,695,542

Subdivision 3.

BEHAVIORAL HEALTH

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$8,792,675	($8,792,675)	$0
Operating expenses	79,381,458	23,789,660	103,171,118
Grants	40,476,298	9,179,322	49,655,620
Behavioral health clinics	196,383,945	(139,438,537)	56,945,408
State hospital	94,826,973	(73,946,818)	20,880,155
Opioid addiction prevention	2,000,000	6,000,000	8,000,000
Total all funds	$421,861,349	($183,209,048)	$238,652,301
Less other funds	113,955,941	(47,060,463)	66,895,478
Total general fund	$307,905,408	($136,148,585)	$171,756,823

Subdivision 4.

HUMAN SERVICES

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$168,325,918	($168,325,918)	$0
Operating expenses	88,885,469	109,950,106	198,835,575
Capital assets	10,000	0	10,000
Grants	621,189,007	67,250,145	688,439,152
Life skills and transition center	44,992,263	(29,784,605)	15,207,658
Grants - medical assistance	742,793,564	7,655,079	750,448,643
County social services	197,663,661	6,928,621	204,592,282
Total all funds	$1,863,859,882	($6,326,572)	$1,857,533,310

Less other funds	1,240,409,529	(24,088,934)	1,216,320,595
Total general fund	$623,450,353	$17,762,362	$641,212,715

Subdivision 5.

MEDICAL SERVICES

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$21,008,344	($21,008,344)	$0
Operating expenses	70,807,977	92,364,562	163,172,539
Grants	1,651,004	1,006,800	2,657,804
Grants - medical assistance	2,682,778,803	(8,320,037)	2,674,458,766
Total all funds	$2,776,246,128	$64,042,981	$2,840,289,109
Less other funds	1,818,029,530	(8,809,057)	1,809,220,473
Total general fund	$958,216,598	$72,852,038	$1,031,068,636

Subdivision 6.

PUBLIC HEALTH

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$60,415,388	($60,415,388)	$0
Operating expenses	37,721,213	(31,434,070)	6,287,143
Capital assets	1,469,780	1,287,838	2,757,618
Grants	81,718,145	(11,577,165)	70,140,980
Tobacco prevention	13,063,162	(22,607)	13,040,555
Women, infants, and children food payments	19,900,000	1,100,000	21,000,000
Cares Act/COVID-19	83,909,182	1,845,373	85,754,555
Total all funds	$298,196,870	($99,216,019)	$198,980,851
Less other funds	250,440,690	(83,320,870)	167,119,820
Total general fund	$47,756,180	($15,895,149)	$31,861,031

Subdivision 7.

TOTAL - SECTION 1

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	Base Level	Adjustments or Enhancements	Appropriation
Grand total all funds	$5,553,157,547	$299,339,121	$5,852,496,668
Grand total other funds	3,541,730,000	56,643,567	3,598,373,567
Grand total general fund	$2,011,427,547	$242,695,554	$2,254,123,101
Full-time equivalent positions	2,483.83	204.52	2,688.35

SECTION 2. ONE TIME FUNDING - EFFECT ON BASE BUDGET - REPORT TO SEVENTIETH LEGISLATIVE ASSEMBLY. The following amounts reflect the one-time funding items included in section 1 of this Act which are not included in the entity's base budget for the 2027-29 biennium and which the entity shall report to the appropriations committees of the seventieth legislative assembly regarding the use of this funding:

One-Time Funding Description	General Fund	Other Funds	Total
Technology projects	$0	$10,263,000	$10,263,000
Human service centers and life skills and transition center projects	0	1,052,480	1,052,480
Retire mainframe	0	15,000,000	15,000,000
Child care programs	13,272,500	0	13,272,500
Housing programs	0	1,000,000	1,000,000
State laboratory move and equipment	0	2,962,304	2,962,304
Partial hospitalization day treatment	0	2,000,000	2,000,000
Developmental disabilities eligibility assessment tool for kids	200,000	200,000	400,000
Toxicology equipment	151,500	100,000	251,500
New state hospital	0	330,000,000	330,000,000
Behavioral health facility grant	0	12,960,000	12,960,000
Cultural community center grant	0	1,000,000	1,000,000
Adaptive recreation grant	200,000	0	200,000
Intermediate care facility grant	3,457,736	0	3,457,736
Juvenile justice diversion services	750,000	0	750,000
Animal shelter grant	0	300,000	300,000
Statewide health strategies	0	750,000	750,000

~~Critical access hospital networking~~	~~0~~	~~2,000,000~~	~~2,000,000~~
~~Total~~	~~$18,031,736~~	~~$379,587,784~~	~~$397,619,520~~
One-Time Funding Description	General Fund	Other Funds	Total
Technology projects	$0	$4,548,930	$4,548,930
Human service centers and life skills and transition center projects	0	1,684,480	1,684,480
Retire mainframe	0	15,000,000	15,000,000
Child care programs	9,272,500	0	9,272,500
Housing programs	0	2,500,000	2,500,000
State laboratory move and equipment	0	2,962,304	2,962,304
Partial hospitalization day treatment	0	2,000,000	2,000,000
Developmental disabilities eligibility assessment tool for kids	200,000	200,000	400,000
Toxicology equipment	151,500	100,000	251,500
Behavioral health facility grant	0	5,000,000	5,000,000
Cultural community center grant	0	300,000	300,000
Intermediate care facility grant	0	4,400,000	4,400,000
Juvenile justice diversion services	0	500,000	500,000
Critical access hospital networking	0	1,000,000	1,000,000
Basic care $5 daily rate	4,067,056	1,474,184	5,541,240
Infant and toddler care provider support	13,500,000	0	13,500,000
Child welfare technology project line of credit	0	8,411,218	8,411,218
Medical housing for individuals with extraordinary medical needs	200,000	0	200,000
Total	$27,391,056	$50,081,116	$77,472,172

SECTION 3. FUNDING TRANSFERS - EXEMPTION - AUTHORIZATION - REPORT. Notwithstanding section 54-16-04, the director of the office of management and budget shall transfer appropriation authority between line items within subdivisions 1, 2, 3, 4, 5, and 6 of section 1 of this Act and any other appropriation authority for the department of health and human services approved by the sixty-ninth legislative assembly, for the biennium beginning

July 1, 2025, and ending June 30, 2027, as requested by the department of health and human services. The department of health and human services shall notify the legislative council of any transfer made pursuant to this section. The department of health and human services shall report to the budget section after June 30, 2026, any transfer made in excess of $50,000 and to the appropriations committees of the seventieth legislative assembly regarding any transfers made pursuant to this section.

SECTION 4. FULL-TIME EQUIVALENT POSITION BLOCK GRANT PROGRAM - REPORT. Section 1 of this Act includes funding for a full-time equivalent position block grant program. This funding as approved by the sixty-ninth legislative assembly is available for defraying the expense of full-time equivalent positions as determined by the department of health and human services. Notwithstanding any other provision of law, the department is authorized to increase or decrease authorized full-time equivalent positions subject to the availability of funds and the provisions of this section. The department of health and human services many not increase full-time equivalent positions for the purpose of transferring human service zone employees to state employment. Pursuant to section 3 of this Act, the department is authorized to transfer appropriation authority of up to the underfunded amount of ~~$30,000,000~~$6,307,309 to the salaries and wages block grant line item. The department of health and human services shall report to the office of management and budget and legislative council any adjustments to full-time equivalent positions.

SECTION 5. DEPARTMENT OF HEALTH AND HUMAN SERVICES - SALARIES AND WAGES BLOCK GRANT - VACANT POSITIONS - REPORT. The department of health and human services shall report to the budget section quarterly during the 2025-26 interim regarding the status of its salaries and wages block grant and vacant positions and employee turnover. The report must include:

1. The legislative appropriation for salaries and wages allocated by the department to major department programs by funding source and the number of FTE positions the department is allocating to each major program based on the legislative appropriation;
2. Any changes to salaries and wages funding or FTE positions allocated to major department programs;

3. Any new FTE positions added, the cost of the position for the remainder of the biennium, and the cost to continue funding the position in the subsequent biennium by funding source;
4. Any FTE positions removed and related funding;
5. The number of FTE positions that become vacant and the number filled each month;
6. The number of vacant FTE positions at the end of each month;
7. Salaries and wages savings resulting from vacant positions and employee turnover each month by funding source; and
8. The use of salaries and wages savings for other purposes for each month by funding source.

SECTION 6. BEHAVIORAL HEALTH FACILITY GRANT - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND - APPLICATION.

1. Section 1 of this Act includes the sum of ~~$12,960,000~~$5,000,000 from the strategic investment and improvements fund for a behavioral health facility grant pursuant to this section.
2. ~~A grant of $12,960,000 must be provided to establish a behavioral health facility in the northeast human service region. The grant recipient must provide matching funds of $3,240,000 to establish the facility.~~
~~3.~~ The department shall require an entity receiving funding under this section to operate the facility for at least ten years and require the grant amount to be repaid if the entity does not operate the facility for at least ten years.
~~4.~~3. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 7. INFANT AND TODDLER CARE PROVIDER SUPPORT DIRECT PAYMENT - ONE-TIME - REPORT. Section 1 of this Act includes the sum of $13,500,000 of one-time funding from the general fund for direct payments to licensed child care providers to support high-quality early childhood care for infants and toddlers. The department shall administer the direct payment program and include the following provisions:

1. To qualify for a direct payment under this section, a direct payment recipient must:
   a. Be a licensed child care facility within the state of North Dakota;

b. Be enrolled in the state's bright and early quality rating system at a two-star, three-star, or four-star rating level; and

c. Provide care for children from birth through three years of age.

2. Eligible providers may receive up to $300 per month for each child from birth through seventeen months of age and up to $180 per month for each child from eighteen through thirty-six months of age.

3. The department shall distribute the direct payments on a quarterly basis. Direct payments may not be used for non-child care-related expenses or debt repayment.

4. Direct payment recipients shall submit annual reports to the department detailing fund usage, enrollment statistics, and other information requested by the department.

5. The department shall provide reports to the legislative management and to the appropriations committees of the seventieth legislative assembly on direct payments and the effectiveness of the program.

SECTION 8. INTERMEDIATE CARE FACILITY MEDICALLY AND BEHAVIORALLY COMPLEX SERVICES GRANT - APPLICATION. Section 1 of this Act includes the sum of $4,400,000 of one-time funding from the community health trust fund for providing a one-time grant to a licensed intermediate care facility in the south central human service region for providing services to children or young adults with medically and behaviorally complex conditions. To be eligible to receive the grant under this section, a licensed intermediate care facility must provide early intervention, clinical, and residential services, provide community and home support, education, recreation and leisure activities, and assistive technology; and provide services in at least eight communities for individuals with intellectual or developmental disabilities. The grant funds awarded may be used only for the costs of providing services to children and young adults with medically and behaviorally complex conditions. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 9. SPECIAL HEALTH CARE NEEDS GRANT - APPLICATION. Section 1 of this Act includes the sum of $50,000 from the general fund for providing a grant to a provider in the south central human service region for statewide education, information, training, and peer support to families with children with special health care needs, medically complex

conditions, or a disability. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 10. CRISIS SERVICES GRANTS - APPLICATION. Section 1 of this Act includes the sum of $585,000 from the general fund for providing crisis services grants. The grants include the sum of $300,000 for crisis organizations that provide crisis services to young adults who are at risk of being homeless or experiencing other serious adverse life events and the sum of $285,000 to a volunteer-based ecumenical ministry organization. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 11. MEDICAL HOUSING FOR INDIVIDUALS WITH EXTRAORDINARY MEDICAL NEEDS - ONE-TIME FUNDING.

1. Section 1 of this Act includes the sum of $200,000 from the general fund for the preliminary design consultation and project administration of developing housing for individuals with disabilities that have extraordinary medical needs and for rent subsidies for individuals residing in these housing facilities, for the biennium beginning July 1, 2025, and ending June 30, 2027.
2. The department of health and human services shall collaborate with the North Dakota housing finance agency, individuals with disabilities, caregivers, and families to solicit proposals for the development of accessible housing for individuals with disabilities that have extraordinary medical needs, for the biennium beginning July 1, 2025, and ending June 30, 2027. The department shall solicit proposals from public entities, for-profit organizations, and nonprofit organizations to design, construct, maintain, and operate the housing facility. Proposals must:
   a. Ensure that services in the facility may be provided separately from the facility ownership interests;
   b. Ensure that individuals residing in the facility may choose among independent living service providers; and
   c. Comply with the federal home and community-based settings rules as defined under 42 CFR 441.301(c)(4).

SECTION 12. COMMUNITY CULTURAL CENTER GRANT - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND - APPLICATION. Section 1 of this Act includes the sum of

~~$1,000,000~~$300,000 from the strategic investment and improvements fund for the purpose of providing a one-time community cultural center programming grant in the west central human service region. An entity may apply for a grant under this section if the entity certifies to the department ~~it has secured at least fifty percent of funds needed to complete the project, the project will be completed within two years of receiving the grant funds, and the grants funds will be used only for costs of constructing a~~the funds will be used for programs within the community cultural center. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 13. JUVENILE JUSTICE DIVERSION SERVICES AND PROGRAMS - TASK FORCE - REPORT. Section 1 of this Act includes the sum of ~~$750,000~~$500,000 of one-time funding from the ~~general~~community health trust fund for juvenile justice diversion services and programs. The department of health and human services must use the funding for services to youth at risk of juvenile justice involvement but who have not committed delinquent acts as defined in chapter 27-20.4.

The department shall establish a task force with representation from divisions in the department, human service zones, the department of public instruction, elementary and secondary schools, and members of the legislative assembly, to review juvenile justice diversion services and program. The department shall report its findings and recommendations to the legislative management and children's cabinet.

~~**SECTION 9. ANIMAL SHELTER GRANT - COMMUNITY HEALTH TRUST FUND.** Section 1 of this Act includes the sum of $300,000 from the community health trust fund for a grant for the construction of an animal shelter. The department of health and human services may award a grant for the construction of an animal shelter to an organization that provides twenty dollars of nonstate matching funds for every dollar of grant funds received. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.~~

~~**SECTION 10. STATEWIDE HEALTH STRATEGIES - COMMUNITY HEALTH TRUST FUND.** Section 1 of this Act includes the sum of $750,000 of one-time funding from the community health trust fund for the statewide health strategies initiative. The department of health and human services may spend the funding upon securing dollar-for-dollar matching funds.~~

SECTION 14. OTHER FUNDS - INSURANCE TAX DISTRIBUTION FUND. The other funds line item in subdivision 5 of section 1 of this Act includes the sum of $1,125,000 from the insurance tax distribution fund for rural emergency medical services grants.

SECTION 15. OTHER FUNDS - COMMUNITY HEALTH TRUST FUND. The other funds line items in section 1 of this Act includes the sum of ~~$38,713,522~~$41,431,522 from the community health trust fund for the following purposes:

Loan repayment programs	$594,500
~~Tobacco and vaping programs~~	~~11,599,698~~
Tobacco prevention and control grants to local public health units	6,250,000
Tobacco prevention and control	4,549,698
Tobacco cessation grants	500,000
Youth vaping prevention grants	300,000
Cancer and women's way programs	909,824
Behavior risk state survey	200,000
Youth crisis stabilization	1,500,000
Intermediate care facility grant	4,400,000
Domestic violence programs	4,250,000
Local public health grants	3,275,000
988 crisis hotline	1,867,500
~~Various information technology system upgrades~~	~~2,967,000~~
Various information technology system upgrades	1,335,000
Grants to rural ambulances	7,000,000
Law enforcement rural crisis support program	1,000,000
Development of partial hospitalization/intensive day treatment	2,000,000
Juveline justice services	500,000
~~Critical access hospital networking~~	~~2,000,000~~
Critical access hospital networking	1,000,000
~~Animal shelter grant~~	~~300,000~~
~~Statewide health strategies~~	~~750,000~~
~~Total~~	~~$38,713,522~~
Total	$41,431,522

SECTION 16. OTHER FUNDS - HUMAN SERVICE FINANCE FUND. The other funds line items in section 1 of this Act includes the sum of ~~$239,112,030~~$242,112,030 from the human service finance fund for state-paid economic assistance and social and human services.

SECTION 17. OTHER FUNDS - OPIOID SETTLEMENT FUND. The other funds line item in section 1 of this Act includes the sum of $8,000,000 from the opioid settlement fund for opioid remediation and abatement efforts.

SECTION 18. OTHER FUNDS - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND The other funds line items in section 1 of this Act includes the sum of ~~$227,474,784~~$18,446,784 from the strategic investment and improvements fund for the following purposes:

~~Retiring technology from the mainframe~~	~~$7,500,000~~
~~Move into the new state laboratory and purchase security equipment~~	~~2,962,304~~
~~Capital projects in human service centers and life skills and transition center~~	~~1,052,480~~
~~Housing initiative programs~~	~~1,000,000~~
~~Technology projects at the state hospital~~	~~1,000,000~~
~~New state hospital~~	~~200,000,000~~
~~Behavioral health facility grant~~	~~12,960,000~~
~~Community cultural center grant~~	~~1,000,000~~
~~Total~~	~~$227,474,784~~
Retiring technology from the mainframe	$5,000,000
New state laboratory move-in costs and security equipment purchases	2,962,304
Capital projects in certified community behavioral health clinics and life skills and transition center	1,684,480
Housing initiative programs	2,500,000
Technology projects at the state hospital	1,000,000
Behavioral health facility grant	5,000,000
Community cultural center grant	300,000
Total	$18,446,784

SECTION 19. OTHER FUNDS - BANK OF NORTH DAKOTA LINE OF CREDIT - ~~STATE HOSPITAL~~CHILD WELFARE TECHNOLOGY PROJECT. The other funds line item in subdivision 2 of section 1 of this Act includes ~~$130,000,000~~the sum of $8,411,218 from a Bank

of North Dakota line of credit. The department of health and human services may borrow up to ~~$130,000,000~~$8,411,218 through a line of credit from the Bank of North Dakota during the biennium beginning July 1, 2025, and ending June 30, 2027, for costs associated with ~~the construction of a new state hospital~~a child welfare technology project. The interest rate on the line of credit may not exceed the prevailing interest rate charged to North Dakota governmental entities. If the department accesses the line of credit, it shall request a deficiency appropriation from the seventieth legislative assembly to repay the line of credit.

SECTION 20. LABORATORY BUILDING STEERING COMMITTEE. The department of health and human services shall maintain the laboratory building steering committee to oversee the design and construction of the laboratory building project, for the biennium beginning July 1, 2025, and ending June 30, 2027, or until work is completed, whichever occurs earlier. The committee must include representation from the department of health and human services, department of environmental quality, office of management and budget, the governor's office, and the legislative assembly. The legislative assembly representation must include one member of the senate appointed by the senate majority leader, one member of the house appointed by the house majority leader, and one member of the minority party from either the senate or the house appointed by the minority leaders of the senate and the house.

SECTION 21. NEW STATE HOSPITAL - STEERING COMMITTEE. The department of health and human services shall establish a new state hospital facility steering committee to oversee the design and construction of a new state hospital facility, for the biennium beginning July 1, 2025, and ending June 30, 2027. The committee must include representation from the department of health and human services, office of management and budget, the governor's office, and the legislative assembly. The legislative assembly representation must include one member of the senate appointed by the senate majority leader, one member of the house appointed by the house majority leader, and one member of the minority party from either the senate or the house appointed by the minority leaders of the senate and the house.

SECTION 22. CAPITAL PAYMENTS. During the biennium beginning July 1, 2025, and ending June 30, 2027, the department of health and human services is authorized to expend funds for the payment of special assessments at the state hospital, southeast human service center, and life skills and transition center. Pursuant to section 3 of this Act, the director of the office of management and budget may transfer appropriation authority between line items within

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section 1 of this Act and any remaining appropriation authority for the department of health and human services approved by the sixty-ninth legislative assembly. The department of health and human services may transfer funds for the payment of special assessments at the state hospital, southeast human service center, and life skills and transition center ahead of the special needs assessments schedule. Notwithstanding section 54-27-12, the department of health and human services may spend funds for the payment of special assessments at the state hospital and life skills and transition center.

SECTION 23. CAPITAL PROJECTS - EMERGENCY COMMISSION AND BUDGET SECTION APPROVAL. During the biennium beginning July 1, 2025, and ending June 30, 2027, pursuant to section 3 of this Act, the director of the office of management and budget may transfer appropriation authority between line items within section 1 of this Act and any remaining appropriation authority for the department of health and human services approved by the sixty-ninth legislative assembly for capital projects and maintenance pertaining to operation of its facilities, including demolition projects. Notwithstanding section 54-27-12, the department of health and human services may spend up to $10,000,000 for capital projects and maintenance pertaining to operation of its facilities, including demolition projects, under this section and may seek emergency commission and budget section approval to spend more than $10,000,000 under this section.

SECTION 24. PERMANENT SUPPORTIVE HOUSING GRANTS. Section 1 of this Act includes the sum of $4,672,536 from the general fund for permanent supportive housing grants. The department of health and human services shall develop a funding methodology to distribute the funding to qualified entities that utilize best practices for permanent supportive housing, provide recovery-oriented and person-centered services, submit process and outcome measures to the department of health and human services, and authorize the department of health and human services to conduct onsite visits to review program operations.

SECTION 25. EXPENDITURES MAY NOT EXCEED APPROPRIATION - MEDICAL ASSISTANCE EXPANSION PROGRAM - APPLICATION.

1. Section 1 of this Act includes the sum of $662,099,340, of which $66,209,934 is from the general fund, for the medical assistance expansion program, for the biennium beginning July 1, 2025, and ending June 30, 2027. The expenditures for individuals eligible for the medical assistance expansion program may not exceed this amount.

2. The department of health and human services may exceed appropriations for increases in medical assistance expansion program caseload, for the addition of coverage consistent with the traditional Medicaid 1915(i) state plan, utilization rates, and reduction in federal medical assistance percentage.

3. The managed care organization under contract with the department of health and human services to manage the medical assistance expansion program shall reimburse providers within the same provider type and specialty at consistent levels and with consistent methodology and may not provide incentive, quality, or supplemental payments to providers, unless part of a value-based program approved by the department of health and human services. The managed care organization shall reimburse all North Dakota substance use providers of American society of addiction medicine level 2.5 at consistent levels and with consistent methodology. The managed care organization may consider urban and rural providers as different provider types.

4. The managed care organization and the department of health and human services shall ensure payments to Indian or Tribal 638 health care providers, federally qualified health centers,and rural health clinics meet the federally required minimum levels of reimbursement. Critical access hospitals may not be paid less than one hundred percent of Medicare allowable costs and human service centers may not be paid less than one hundred percent of the current traditional Medicaid rate. Behavioral health services involving partial hospitalization, intensive outpatient, professional services, and residential behavioral health services provided in facilities that are not institutions for mental diseases are not subject to the provisions in subsection 6.

5. The department of health and human services shall ensure providers within the same provider type and specialty are reimbursed at consistent levels and with consistent methodology and shall ensure the capitation rates under risk contracts are actuarially sound and are adequate to meet managed care organization contractual requirements regarding availability of services, assurance or adequate capacity and services, and coordination and continuity of care.

6. Except for the provisions in subsection 4, managed care organization premium payments must be built using the assumption that rates paid to providers under the

medical assistance expansion program may not exceed one hundred forty-five percent of Medicare reimbursement rates paid to providers on January 1, 2025.

SECTION 26. HUMAN SERVICE CENTERS - CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS - FULL-TIME EQUIVALENT POSITIONS - REPORT. The department of health and human services shall continue the process of the human service centers becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults. The department of health and human services shall pursue additional federal funding as available. Subject to the availability of generated income, the department of health and human services may add full-time equivalent positions for the clinics to provide direct services for the period beginning with the effective date of this Act and ending June 30, 2027. The department of health and human services shall report to the office of management and budget and legislative council each time a position is added.

SECTION 27. INTERMEDIATE CARE FACILITY MORATORIUM. The department of health and human services may not add any new licensed intermediate care facility for individuals with intellectual disabilities beds to the state's licensed bed capacity between July 1, 2025, and June 30, 2027.

SECTION 28. EXEMPTION - UNEXPENDED APPROPRIATIONS. The following appropriations are not subject to the provisions of section 54-44.1-11 and any unexpended appropriation authority may be continued into the biennium beginning July 1, 2025, and ending June 30, 2027:

1. The sum of $3,674,757 appropriated from the general fund and the sum of $25,918,566 appropriated from federal funds for the Medicaid management information system modularization technology project in chapter 12 of the 2021 Session Laws;
2. The sum of ~~$14,411,218~~$6,000,000 appropriated from the general fund and the sum of $14,411,218 appropriated from federal funds for the child welfare technology project in chapter 12 of the 2021 Session Laws;
3. The sum of $20,366,271 appropriated from the community health trust fund and the sum of $39,534,525 appropriated from federal funds for the child support computer replacement project in chapter 44 of the 2023 Session Laws;

4. The sum of $10,989,217 appropriated from the strategic investment and improvements fund for the procurement and grants management system in chapter 44 of the 2023 Session Laws;
5. The sum of $4,150,000 appropriated from the general fund for defraying the expenses of additional human service centers to begin the process of becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults in chapter 44 of the 2023 Session Laws;
6. The sum of $18,941,847 appropriated to the department of health and human services in chapter 549 of the 2021 Special Session Laws;
7. The sum of $55,120,000 appropriated from the federal state fiscal recovery fund for a public health laboratory capital project in chapter 4 of the 2023 Session Laws;
8. The sum of ~~$5,000,000~~$1,000,000 appropriated from the general fund for the purpose of employer-led child care cost-share program in chapter 446 of the 2023 Session Laws;
9. The sum of $986,555 appropriated from the general fund for the purpose of streamlining background checks project in chapter 446 of the 2023 Session Laws;
10. The sum of ~~$2,223,981~~$1,000,000 appropriated from the federal state fiscal recovery fund for the implementation of a virtual behavioral health crisis care program for rural law enforcement in chapter 44 of the 2023 Session Laws; and
11. The sum of $500,000 appropriated from the general fund and the sum of $500,000 appropriated from federal funds for the purpose of program integrity audits in chapter 44 of the 2023 Session Laws.
12. The sum of $1,950,000 appropriated from the general fund to the department of health and human services for a northwest human service region behavioral health facility grant in chapter 44 of the 2023 Session Laws.

SECTION 29. LEGISLATIVE INTENT - UTILIZATION RATE ADJUSTMENT. It is the intent of the sixty-ninth legislative assembly that the department of health and human services seek a deficiency appropriation from the seventieth legislative assembly for any expenditures that exceed appropriated amounts as a result of underfunding, utilization rates, value-based purchasing for nursing facilities, reduction in federal medical assistance percentage, and

unexpected contract cost increases that exceed ten percent, during the biennium beginning July 1, 2025, and ending June 30, 2027, if funding is not sufficient to pay actual expenses.

SECTION 30. LEGISLATIVE INTENT - PROVIDER RATE INCREASE. Except as otherwise noted, section 1 of this Act includes funding for human service provider inflation increases of two percent for ~~each year~~the first year and one and one-half percent the second year of the biennium beginning July 1, 2025, and ending June 30, 2027. The provider inflation increase in this section does not apply to nursing facilities.

~~**SECTION 29. LEGISLATIVE INTENT - DEVELOPMENTAL DISABILITIES PROVIDER ACCREDITATION REQUIREMENT.** It is the intent of the sixty-ninth legislative assembly that the department of health and human services eliminate its administrative rule requirement that providers of developmental disabilities services be accredited as a condition of being eligible for receiving payments for services from the department of health and human services.~~

SECTION 31. LEGISLATIVE INTENT - MEDICAL ASSISTANCE. It is the intent of the sixty-ninth legislative assembly that the department of health and human services review the amount, duration, coverage, utilization rates, medical necessity, and scope of medical assistance services, and ~~may implement any adjustments the department determines appropriate~~report any findings and recommendations to the seventieth legislative assembly.

SECTION 32. FEDERAL FUNDING APPEAL LIMITATION. Except as otherwise specifically provided by federal law, a person may not appeal a denial, revocation, reduction in services or payment, or the termination of a program or service by the department of health and human services dues to the unavailability of federal coronavirus funding received under federal law resulting from the federal coronavirus pandemic emergency declarations, for the biennium beginning July 1, 2025, and ending June 30, 2027.

SECTION 33. DEPARTMENT OF HEALTH AND HUMAN SERVICES - LONG-TERM STRUCTURED RESIDENCES PLAN - REPORT. During the 2025-26 interim, the department of health and human services shall review options and develop a plan to establish long-term structured residences. The department shall review necessary changes to statutes, rules, policies, and the estimated fiscal impact of establishing the residences. A long-term structured residence must be a highly structured therapeutic residential mental health treatment facility that is staffed continuously and designed to treat adults under chapters 12.1-04.1 and 25-03.1 who have severe and persistent mental illness and who have reached the maximum benefit

from the mental health resources available elsewhere in the community or hospital. The department shall present a report to the legislative management by October 1, 2026, regarding its plan to establish long-term structured residences.

SECTION 34. A new section to chapter 6-09 of the North Dakota Century Code is created and enacted as follows:

Extraordinary medical needs housing loan fund - Continuing appropriation.

1. The Bank of North Dakota shall administer a loan program to provide loans for new construction projects to provide housing for individuals with disabilities that have extraordinary medical needs. A construction project may include a land purchase and the construction costs of the project. The applicant must comply with project requirements as approved by the department of health and human services and the North Dakota housing finance agency.
2. The extraordinary medical needs housing loan fund is a special fund maintained in the state treasury from which the Bank shall provide loans under this section. The fund consists of revenues transferred under legislative authorization, interest upon moneys in the fund, and collections of interest and principal on loans made from the fund. All moneys in the fund are appropriated on a continuing basis to the Bank for the purpose of providing loans under this section.
3. The developer of the housing facility for individuals with disabilities that have extraordinary medical needs may submit an application to the Bank for a loan. The application must:
   a. Provide detail on the proposed construction project and its compliance with the department of health and human services and the North Dakota housing finance agency requirements;
   b. Demonstrate the need and long-term viability of the project; and
   c. Include financial information the Bank determines appropriate to verify eligibility.
4. A loan approved under this section:
   a. May not exceed three million three hundred thousand dollars for a project;
   b. Must have an interest rate that does not exceed two percent; and
   c. Must have a repayment schedule of no longer than twenty years.

5. A recipient of a loan under this section shall complete the financed construction project within twenty-four months of the approval of the loan. Failure to comply with this subsection may result in forfeiture of the entire loan received under this section.
6. The Bank shall deposit in the fund all principal and interest paid on the loans made from the fund. The Bank may deduct from interest payments a service fee for costs of administering the loan program. The fund must be audited annually pursuant to section 6-09-29 and the cost of the audit and any other actual costs incurred by the Bank on behalf of the fund must be paid from the fund.

SECTION 35. AMENDMENT. Section 50-06-06.6 of the North Dakota Century Code is amended and reenacted as follows:

50-06-06.6. Department may lease real and personal property.

The commissioner of the department or commissioner's designee may lease ~~surplus farm and pastureland at the state hospital and the life skills and transition center. The commissioner or designee also may enter into further leases of~~ real or personal property at the life skills and transition center or the state hospital upon a specific finding that the granting of each such leasehold interest will result in a net economic gain for the department, taking into account all identifiable costs. Any lease of space for the purpose of providing child care services must meet requirements as determined by the department. The commissioner of the department or commissioner's designee may prescribe the terms and conditions of any leases entered into pursuant to this section and may renew existing leases. ~~Any~~The term of any lease ~~entered into must be subject to renewal or cancelable each biennium~~may not exceed ninety-nine years.

SECTION 36. AMENDMENT. Section 50-06-42 of the North Dakota Century Code is amended and reenacted as follows:

50-06-42. Substance use disorder treatment voucher system - Mental health treatment voucher system for incarcerated individuals.

~~1.~~ The department shall establish and administer, within the limits of legislative appropriations, a voucher system to address underserved areas and gaps in the state's substance abuse treatment system and to assist in the payment of addiction treatment services and medical costs provided by licensed substance abuse treatment programs, excluding regional human service centers and hospital- or medical clinic-based programs for medical management of withdrawal.

~~a.~~1. An out-of-state licensed substance abuse treatment program located within a bordering state may participate in the voucher program to serve an underserved area of this state pursuant to the rules adopted by the department. The department shall develop rules to include processes and requirements for an out-of-state provider to receive reimbursement only for outpatient and community-based services upon a provider completing an assessment of need and receiving approval from the department.

2.~~b.~~ Services eligible for the voucher program include only those levels of care recognized by the American society of addiction medicine, with particular emphasis given to underserved areas and programs. The department shall ensure that a licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers collects and reports process and outcome measures.

3.~~c.~~ The department shall develop requirements and provide training and technical assistance to a licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers. A licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers shall provide evidence-based services.

4.~~d.~~ The department shall allocate funding appropriated for the substance use disorder treatment voucher as follows:

~~a. No~~

~~(1)~~a. Except as provided in ~~paragraphs 3 and 4~~subdivisions c and d, no more than ~~forty-five~~fifty percent of the appropriated amount may be allocated for residential substance use disorder services administered by licensed substance abuse treatment programs with more than sixteen beds.

b.~~(2)~~ The remaining appropriation must be allocated for residential programs with sixteen or fewer beds, nonresidential outpatient, and ancillary substance use disorder services administered by licensed substance abuse treatment programs.

~~(3)~~c. The department, during the last quarter of the biennium, may reallocate projected unused funds that were allocated under paragraph 2 to residential facilities outlined in paragraph 1.

~~(4)~~d. The department may reimburse a licensed substance abuse treatment program with more than sixteen beds the incurred direct medical costs of an eligible individual who does not have resources to cover the medical costs. The department may develop rules and may not exceed the total amount appropriated for medical cost reimbursement.

~~2. The department shall establish and administer, within the limits of legislative appropriations, a voucher system to address underserved areas and gaps in the state's mental health treatment system for individuals detained or confined in a county jail or detention center or regional corrections center and to assist in the payment of mental health treatment services provided by a licensed mental health professional acting within their scope of practice, excluding a regional human service center.~~

~~a. Services eligible for the voucher program include only diagnostic assessment and mental health therapy for individuals with a mental health concern detained or confined in a county jail or detention center or regional corrections center. The department shall ensure that a licensed mental health professional accepting vouchers collects and reports process and outcome measures.~~

~~b. The department shall develop requirements and provide training and technical assistance to licensed mental health professionals accepting vouchers. A licensed mental health professional shall provide evidence-based services.~~

SECTION 37. AMENDMENT. Section 50-24.5-02.3 of the North Dakota Century Code is amended and reenacted as follows:

50-24.5-02.3. Basic care payment rates.

1. The department shall determine limits for the care of residents of basic care facilities that qualify as vendors of an aged, blind, and disabled persons program and for implementing provisions of this chapter based on data demonstrating the most recent costs that must be incurred for the care of residents in efficiently and economically operated basic care facilities. The department shall determine the limits every four years by July first, beginning with July 1, 2023.
2. The department shall establish the limits by using the median rates from the most recent data available. The direct care limit must be the median plus eighteen percent. The indirect care limit must be the median plus twelve percent.

3. For the rate year beginning July 1, 2023, the department shall increase rates and limits three and one-half percent for inflation. For the rate year beginning July 1, 2024, the department shall increase rates and limits three and one-half percent for inflation.
4. The department shall provide a rate increase in the amount of five dollars per day for the period beginning July 1, 2023, and ending June 30, ~~2025~~2027, after which the increase is not effective. This rate increase may not be included in any calculation of inflation increase.
5. Within the limits of legislative appropriations, the department shall establish an uncompensated care expense of three hundred sixty-five days.

SECTION 38. AMENDMENT. Section 50-33-05 of the North Dakota Century Code is amended and reenacted as follows:

50-33-05. State of residence.

Only child care assistance units physically residing within the boundaries of the state are eligible for child care assistance, unless the individual is employed by an early childhood program within the boundaries of the state and the individual has been approved for the state's child care assistance child care workforce benefit.

SECTION 39. AMENDMENT. Subsection 1 of section 50-36-03 of the North Dakota Century Code is amended and reenacted as follows:

1. The committee is composed of:
   a. One member of the North Dakota association of counties appointed by the chairman of the legislative management, who shall serve a term of two years.
   b. One member of the North Dakota league of cities appointed by the chairman of the legislative management, who shall serve a term of two years.
   c. One member of the North Dakota state association of city and county health officials appointed by the chairman of the legislative management, who shall serve a term of two years.
   d. One member who represents the highway patrol appointed by the highway patrol superintendent, who shall serve a term of two years.
   e. The executive director of the department's division of behavioral health.
   f. ~~The managing director of the office of recovery reinvented~~One member in recovery appointed by the governor.

g. One member appointed by the governor who shall serve as a nonvoting member and as the presiding officer of the committee, who shall serve a term of two years.

SECTION 40. AMENDMENT. Subsection 6 of the new section to chapter 54-07 of the North Dakota Century Code, as created by section 1 of Senate Bill No. 2176, as approved by the sixty-ninth legislative assembly, is amended and reenacted as follows:

6. a. The office of the governor shall provide staffing and administrative services for the children's cabinet and coordinate with other designated working groups on children and family issues.

b. The governor or the governor's designee serving on the cabinet may appoint a representative to serve in that official's capacity at a meeting if the governor or governor's designee is unable to attend.

SECTION 41. HOUSING AVAILABILITY ASSESSMENT - COLLABORATION WITH HOUSING FINANCE AGENCY. The department of health and human services shall collaborate with the North Dakota housing finance agency and other appropriate stakeholders to assess the availability of housing for individuals requiring extraordinary health care support services, for the biennium beginning July 1, 2025, and ending June 30, 2027. Based on the results of the assessment, if necessary, the department shall develop a plan to expand access to housing providing the least restrictive environment for individuals requiring extraordinary health care support services.

SECTION 42. BEHAVIORAL HEALTH CLINICS, NORTH DAKOTA STATE HOSPITAL, AND LIFE SKILLS AND TRANSITION CENTER FUNDING. Section 1 of this Act includes funding for the behavioral health clinics, North Dakota state hospital, and life skills and transition center as follows:

1. Behavioral health clinics:
   a. Salaries and wages ~~$156,967,103~~$177,840,942
   b. Operating and capital ~~64,131,965~~56,945,408
   c. Total ~~$221,099,068~~$234,786,350
2. State hospital:
   a. Salaries and wages ~~$68,775,551~~$70,477,378
   b. Operating and capital ~~350,880,155~~20,880,155

c. Total ~~$419,655,706~~$91,357,533

3. Life skills and transition center:

a. Salaries and wages ~~$55,540,213~~$56,284,356

b. Operating and capital ~~15,207,658~~15,207,658

c. Total ~~$70,747,871~~$71,492,014

SECTION 43. LEGISLATIVE MANAGEMENT STUDY - STUDENT TRUANCY AND ABSENTEEISM. The legislative management shall consider studying, during the 2025-26 interim, truancy and student absenteeism in kindergarten through grade twelve public schools. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement its recommendations, to the seventieth legislative assembly.

SECTION 44. LEGISLATIVE MANAGEMENT STUDY - OBESITY HEALTH IMPLICATIONS. The legislative management shall consider studying, during the 2025-26 interim, the health implications of obesity on the residents of the state and options to increase access to prevention and treatments for obesity. If conducted, the study must review costs associated with obesity including comorbidities, treatments available for obesity, obesity diagnosis guidelines including use of body mass index compared with percentage of body fat, and examining the difference between being an individual who is healthy and overweight as compared to an obese individual. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement its recommendations, to the seventieth legislative assembly.

SECTION 45. LEGISLATIVE MANAGEMENT STUDY - MATERNAL HEALTH SERVICES - ACCESS AND WORKFORCE.

1. During the 2025-26 interim, the legislative management shall consider studying access to maternal health services. The study must include:
   a. Consideration of the availability of prenatal and childbirth services, including provider shortages and service use.
   b. Development of strategies to increase the number of obstetricians, family doctors, and midwives providing maternal health services in this state.
   c. A review of coverage and reimbursement for doulas and midwives, including training and certification needs.

d. Consideration of insurance and public policy options to improve maternal health outcomes, including through the Medicaid program.

e. Input from health care providers, insurers, public health officials, and maternal health experts.

2. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement its recommendations, to the seventieth legislative assembly.

SECTION 46. LEGISLATIVE INTENT - LIFE SKILLS AND TRANSITION CENTER. It is the intent of the sixty-ninth legislative assembly that during the 2025-26 interim, the department of health and human services review the facilities and land at the life skills and transition center to identify the portions of the life skills and transition center campus that are necessary for delivery of services and the portions of the campus that could be conveyed to a local government or related public or not-for-profit community development entity to redevelop to optimize local community development goals and the successful operation of the life skills and transition center. It is further the intent of the legislative assembly that the department of health and human services present any request to convey any portions of the campus to the seventieth legislative assembly.

SECTION 47. DISABILITY SERVICE ACCREDITATION STUDY - LEGISLATIVE MANAGEMENT REPORT. During the 2025-26 interim, the department of health and human services shall study accreditation requirements and provider costs for serving individuals with intellectual and developmental disabilities, including the cost of accreditation relative to the cost of providing services and reimbursement. The department shall report its findings and recommendations, together with any legislation necessary to implement recommendations to the legislative management by September 1, 2026.

SECTION 48. VALUE-BASED CARE INCENTIVE PROGRAM - PAYMENT WITHHOLD FOR NURSING FACILITIES - COLLABORATION WITH NORTH DAKOTA LONG TERM CARE ASSOCIATION. During the 2025-26 interim, the department of health and human services, in collaboration with the North Dakota long term care association, shall develop a payment withhold structure for value-based payments to provide funding for the value-based care incentive program for nursing facilities. The department shall implement the payment

withhold beginning July 1, 2027. The department may not implement a payment withhold before July 1, 2027.

SECTION 49. LEGISLATIVE MANAGEMENT STUDY- DISABILITY SERVICES.

1. During the 2025-26 interim, the legislative management shall study the efficiency, effectiveness, and outcomes of developmental disability services provided by the department of health and human services. The study must include:
   a. A review of the approval process, an analysis of accountability measures, an assessment of gaps in services, and an evaluation of overall program management.
   b. An assessment of whether the department is effectively managing cases and complying with federal law in the provision of support and services to individuals with disabilities.
   c. Input from advocates, clients from the disability community, zone directors, service providers, and health care providers who serve individuals with disabilities.
   d. Collaboration with the cross-disability advisory council.
2. The legislative council may contract with a consultant with expertise in the provision of developmental disability services to assist in the study.
3. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement its recommendations, to the seventieth legislative assembly.

SECTION 50. APPROPRIATION - COMMUNITY HEALTH TRUST FUND - LEGISLATIVE COUNCIL - DISABILITY SERVICES - ONE-TIME FUNDING. There is appropriated out of any moneys in the community health trust fund, not otherwise appropriated, the sum of $150,000, or so much of the sum as may be necessary, to the legislative council for the purpose of contracting for consulting services for a disability services study, for the biennium beginning July 1, 2025, and ending June 30, 2027. The appropriation in this section is considered a one-time funding item.

SECTION 51. LEGISLATIVE MANAGEMENT REPORT - BEHAVIORAL HEALTH FACILITY GRANTS. During the 2025-26 interim the department of health and human services

shall provide reports to the legislative management regarding the award of grant funding to increase the number of behavioral health beds in the state.

SECTION 52. EFFECTIVE DATE. Section ~~33~~36 of this Act becomes effective on July 1, 2026.

SECTION 53. EFFECTIVE DATE. Section 7 of this Act becomes effective on January 1, 2026.

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STATEMENT OF PURPOSE OF AMENDMENT:

House Bill No. 1012 - Summary of Senate Action

	Base Budget	House Version	Senate Changes	Senate Version
Department of Health and Human Services				
Total all funds	$0	$596,284,775	$23,692,691	$619,977,466
Less estimated income	0	286,720,150	4,728,962	291,449,112
General fund	$0	$309,564,625	$18,963,729	$328,528,354
FTE	0.00	2,688.35	0.00	2,688.35
DHHS - Business Operations				
Total all funds	$192,993,318	$97,063,631	$0	$97,063,631
Less estimated income	118,894,310	47,368,089	0	47,368,089
General fund	$74,099,008	$49,695,542	$0	$49,695,542
FTE	114.40	0.00	0.00	0.00
DHHS - Behavioral Health				
Total all funds	$421,861,349	$580,920,603	($342,268,302)	$238,652,301
Less estimated income	113,955,941	399,223,478	(332,328,000)	66,895,478
General fund	$307,905,408	$181,697,125	($9,940,302)	$171,756,823
FTE	1,054.27	0.00	0.00	0.00
DHHS - Human Services				
Total all funds	$1,863,859,882	$1,882,984,555	($25,451,245)	$1,857,533,310
Less estimated income	1,240,409,529	1,226,448,044	(10,127,449)	1,216,320,595
General fund	$623,450,353	$656,536,511	($15,323,796)	$641,212,715
FTE	1,009.16	0.00	0.00	0.00
DHHS - Medical Services				
Total all funds	$2,776,246,128	$2,855,909,613	($15,620,504)	$2,840,289,109
Less estimated income	1,818,029,530	1,810,657,071	(1,436,598)	1,809,220,473
General fund	$958,216,598	$1,045,252,542	($14,183,906)	$1,031,068,636
FTE	90.50	0.00	0.00	0.00
DHHS - Public Health				
Total all funds	$298,196,870	$265,019,251	($66,038,400)	$198,980,851
Less estimated income	250,440,690	229,814,403	(62,694,583)	167,119,820
General fund	$47,756,180	$35,204,848	($3,343,817)	$31,861,031
FTE	215.50	0.00	0.00	0.00
Legislative Council				
Total all funds	$0	$0	$150,000	$150,000
Less estimated income	0	0	150,000	150,000
General fund	$0	$0	$0	$0
FTE	0.00	0.00	0.00	0.00
Bill total				
Total all funds	$5,553,157,547	$6,278,182,428	($425,535,760)	$5,852,646,668
Less estimated income	3,541,730,000	4,000,231,235	(401,707,668)	3,598,523,567
General fund	$2,011,427,547	$2,277,951,193	($23,828,092)	$2,254,123,101
FTE	2,483.83	2,688.35	0.00	2,688.35

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House Bill No. 1012 - Legislative Council - Senate Action

	Base Budget	House Version	Senate Changes	Senate Version
Disability services study			$150,000	$150,000
Total all funds	$0	$0	$150,000	$150,000
Less estimated income	0	0	150,000	150,000
General fund	$0	$0	$0	$0
FTE	0.00	0.00	0.00	0.00

Department 160 - Legislative Council - Detail of Senate Changes

	Adds Funding for Disability Services Study[1]	Total Senate Changes
Disability services study	$150,000	$150,000
Total all funds	$150,000	$150,000
Less estimated income	150,000	150,000
General fund	$0	$0
FTE	0.00	0.00

[1] One-time funding is added from the community health trust fund for consulting services for a Legislative Management study of disability services provided by the Department of Health and Human Services.

House Bill No. 1012 - Department of Health and Human Services - Senate Action

	Base Budget	House Version	Senate Changes	Senate Version
Salaries and wages block grant		$596,284,775	$23,692,691	$619,977,466
Total all funds	$0	$596,284,775	$23,692,691	$619,977,466
Less estimated income	0	286,720,150	4,728,962	291,449,112
General fund	$0	$309,564,625	$18,963,729	$328,528,354
FTE	0.00	2,688.35	0.00	2,688.35

Department 325 - Department of Health and Human Services - Detail of Senate Changes

	Adjusts Funding for Salaries and Wages Block Grant[1]	Total Senate Changes
Salaries and wages block grant	$23,692,691	$23,692,691
Total all funds	$23,692,691	$23,692,691
Less estimated income	4,728,962	4,728,962
General fund	$18,963,729	$18,963,729
FTE	0.00	0.00

[1] Funding for the salaries and wages block grant is adjusted as follows:

Description	FTE	General Fund	Other Funds	Total
Adds funding to reduce underfunding		$18,963,729	$0	$18,963,729
Adds salary funding from operating fund		0	4,728,962	4,728,962
Total changes to salaries and wages block grant	0.00	$18,963,729	$4,728,962	$23,692,691

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House Bill No. 1012 - DHHS - Business Operations - Senate Action

	Base Budget	House Version	Senate Changes	Senate Version
Salaries and wages	$25,763,358			
Operating expenses	155,308,399	$78,284,629		$78,284,629
Capital assets	108,934			
Grants	11,812,627	18,779,002		18,779,002
Total all funds	$192,993,318	$97,063,631	$0	$97,063,631
Less estimated income	118,894,310	47,368,089	0	47,368,089
General fund	$74,099,008	$49,695,542	$0	$49,695,542
FTE	114.40	0.00	0.00	0.00

House Bill No. 1012 - DHHS - Behavioral Health - Senate Action

	Base Budget	House Version	Senate Changes	Senate Version
Salaries and wages	$8,792,675			
Operating expenses	79,381,458	$103,269,596	($98,478)	$103,171,118
Grants	40,476,298	62,365,620	(12,710,000)	49,655,620
Behavioral health clinics	196,383,945	56,405,232	540,176	56,945,408
State Hospital	94,826,973	350,880,155	(330,000,000)	20,880,155
Opioid addiction prevention	2,000,000	8,000,000		8,000,000
Total all funds	$421,861,349	$580,920,603	($342,268,302)	$238,652,301
Less estimated income	113,955,941	399,223,478	(332,328,000)	66,895,478
General fund	$307,905,408	$181,697,125	($9,940,302)	$171,756,823
FTE	1,054.27	0.00	0.00	0.00

Department 327 - DHHS - Behavioral Health - Detail of Senate Changes

	Adjusts Funding for Behavioral Health Division[1]	Total Senate Changes
Salaries and wages		
Operating expenses	($98,478)	($98,478)
Grants	(12,710,000)	(12,710,000)
Behavioral health clinics	540,176	540,176
State Hospital	(330,000,000)	(330,000,000)
Opioid addiction prevention		
Total all funds	($342,268,302)	($342,268,302)
Less estimated income	(332,328,000)	(332,328,000)
General fund	($9,940,302)	($9,940,302)
FTE	0.00	0.00

[1] Funding for the behavioral health division is adjusted as follows:

Description	FTE	General Fund	Other Funds	Total
Reduces funding for SUD for medical expenses in institutions for mental disease facilities to $250,000		($250,000)	$0	($250,000)
Removes SUD funding added by the House for treatment for incarcerated individuals		(2,500,000)	0	(2,500,000)
Provides funding for youth crisis stabilization pilot project		0	3,000,000	3,000,000
Reduces funding added by the House to expand the community connect program to provide an increase of $3.5 million		(958,814)	0	(958,814)
Reduces funding added by the House to expand the free through recovery program to provide an increase of $2 million		(2,016,908)	0	(2,016,908)
Removes funding added by the House for behavioral health services in nursing homes and basic care facilities		(2,000,000)	0	(2,000,000)
Adjusts funding to reflect increased revenue from the certified community behavioral health clinics		(2,000,000)	2,000,000	0
Adjusts the annual provider inflation increase to 2% and 1.5%		(214,580)	0	(214,580)
Total ongoing changes		($9,940,302)	$5,000,000	($4,940,302)
One-time funding items:				
Adds funding to remodel bathrooms at the Southeast human service center		$0	$632,000	$632,000
Removes funding to construct a new state hospital		0	(330,000,000)	(330,000,000)
Reduces funding added by the House for a grant to a behavioral health facility in the Northeast human service region to provide a total of $5 million		0	(7,960,000)	(7,960,000)
Total one-time funding changes		$0	($337,328,000)	($337,328,000)
Total Senate changes		($9,940,302)	($332,328,000)	($342,268,302)

House Bill No. 1012 - DHHS - Human Services - Senate Action

	Base Budget	House Version	Senate Changes	Senate Version
Salaries and wages	$168,325,918			
Operating expenses	88,885,469	$197,143,705	$1,691,870	$198,835,575
Capital assets	10,000	10,000		10,000
Grants	621,189,007	715,582,267	(27,143,115)	688,439,152
Life Skills and Transition Center	44,992,263	15,207,658		15,207,658
Grants - Medical assistance	742,793,564	750,448,643		750,448,643
County social services	197,663,661	204,592,282		204,592,282
Total all funds	$1,863,859,882	$1,882,984,555	($25,451,245)	$1,857,533,310
Less estimated income	1,240,409,529	1,226,448,044	(10,127,449)	1,216,320,595
General fund	$623,450,353	$656,536,511	($15,323,796)	$641,212,715
FTE	1,009.16	0.00	0.00	0.00

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Department 328 - DHHS - Human Services - Detail of Senate Changes

	Adjusts Funding for Human Services Division[1]	Total Senate Changes
Salaries and wages		
Operating expenses	$1,691,870	$1,691,870
Capital assets		
Grants	(27,143,115)	(27,143,115)
Life Skills and Transition Center		
Grants - Medical assistance		
County social services		
Total all funds	($25,451,245)	($25,451,245)
Less estimated income	(10,127,449)	(10,127,449)
General fund	($15,323,796)	($15,323,796)
FTE	0.00	0.00

[1] Funding for the human services division is adjusted as follows:

Description	FTE	General Fund	Other Funds	Total
Increases estimated FMAP percentage by 1%		($1,962,900)	$1,962,900	$0
Adjusts the annual provider inflation increase to 2% and 1.5%		(1,105,805)	(1,201,567)	(2,307,372)
Removes guardianship services (Funding provided in Senate Bill No. 2029)		(6,532,355)	0	(6,532,355)
Removes funding for the Waterford program		(2,400,000)	0	(2,400,000)
Adjusts foster care case load projections		(9,000,000)	(9,000,000)	(18,000,000)
Adjusts funding for low income home energy assistance program		0	(9,000,000)	(9,000,000)
Provides funding for Ministry on the Margins		285,000	0	285,000
Provides funding for Fraser LTD		300,000	0	300,000
Total ongoing funding changes		($20,416,060)	($17,238,667)	($37,654,727)
One-time funding items:				
Provides funding to implement a comprehensive vocational rehab technology system to connect people with disabilities to employment		$0	($7,000,000)	($7,000,000)
Reduces funding to expand the best in class program to provide for a $2 million increase		(4,000,000)	0	(4,000,000)
Adds funding for housing assistance for people at risk of instability		0	1,000,000	1,000,000
Adds funding for eviction prevention program		0	500,000	500,000
Reduces funding for a community cultural center grant		0	(700,000)	(700,000)
Removes funding for a winter park adaptive grant		(200,000)	0	(200,000)
Adjusts funding for an intermediate care facility grant		(3,457,736)	4,400,000	942,264
Adjusts funding for juvenile justice diversion services		(750,000)	500,000	(250,000)
Provides funding for infant and toddler care		13,500,000	0	13,500,000
Provides funding from a Bank of North Dakota line of credit for a child welfare technology project		0	8,411,218	8,411,218
Total one-time funding changes		$5,092,264	$7,111,218	$12,203,482
Total Senate changes		($15,323,796)	($10,127,449)	($25,451,245)

House Bill No. 1012 - DHHS - Medical Services - Senate Action

	Base Budget	House Version	Senate Changes	Senate Version
Salaries and wages	$21,008,344			
Operating expenses	70,807,977	$163,172,539		$163,172,539
Grants	1,651,004	3,457,804	($800,000)	2,657,804
Grants - Medical assistance	2,682,778,803	2,689,279,270	(14,820,504)	2,674,458,766
Total all funds	$2,776,246,128	$2,855,909,613	($15,620,504)	$2,840,289,109
Less estimated income	1,818,029,530	1,810,657,071	(1,436,598)	1,809,220,473
General fund	$958,216,598	$1,045,252,542	($14,183,906)	$1,031,068,636
FTE	90.50	0.00	0.00	0.00

Department 329 - DHHS - Medical Services - Detail of Senate Changes

	Adjusts Funding for Medical Services Division[1]	Total Senate Changes
Salaries and wages		
Operating expenses		
Grants	($800,000)	($800,000)
Grants - Medical assistance	(14,820,504)	(14,820,504)
Total all funds	($15,620,504)	($15,620,504)
Less estimated income	(1,436,598)	(1,436,598)
General fund	($14,183,906)	($14,183,906)
FTE	0.00	0.00

[1] Funding for the medical services division is adjusted as follows:

Description	FTE	General Fund	Other Funds	Total
Long-term care:				
Transfers basic care $5 daily rate to one-time funding		($4,067,056)	($1,474,184)	($5,541,240)
Medicaid:				
Provides funding to rebase ambulance rates to the lowest quartile Medicare rural base rate		($1,189,770)	($1,189,770)	($2,379,540)
Adjusts Medicaid case load projections		(4,000,000)	(4,000,000)	(8,000,000)
Reduces 1915(i) case load projections		(1,000,000)	(1,000,000)	(2,000,000)
Increases estimated FMAP percentage by 1%		(7,037,100)	7,037,100	0
Adjusts the annual provider inflation increase to 2% and 1.5%		(1,157,036)	(1,283,928)	(2,440,964)
Total ongoing funding changes		($18,450,962)	($1,910,782)	($20,361,744)
One-time funding items:				
Removes funding for a critical access hospital networking grant		$0	($1,000,000)	($1,000,000)
Transfers basic care $5 daily rate from ongoing funding		4,067,056	1,474,184	5,541,240
Provides funding for costs associated with housing for individuals with extraordinary medical needs		200,000	0	200,000
Total one-time funding changes		$4,267,056	$474,184	$4,741,240
Total Senate changes		($14,183,906)	($1,436,598)	($15,620,504)

House Bill No. 1012 - DHHS - Public Health - Senate Action

	Base Budget	House Version	Senate Changes	Senate Version
Salaries and wages	$60,415,388			
Operating expenses	37,721,213	$55,574,882	($49,287,739)	$6,287,143
Capital assets	1,469,780	3,685,618	(928,000)	2,757,618
Grants	81,718,145	85,963,641	(15,822,661)	70,140,980
Tobacco prevention	13,063,162	13,040,555		13,040,555
WIC food payments	19,900,000	21,000,000		21,000,000
COVID-19 response	83,909,182	85,754,555		85,754,555
Total all funds	$298,196,870	$265,019,251	($66,038,400)	$198,980,851
Less estimated income	250,440,690	229,814,403	(62,694,583)	167,119,820
General fund	$47,756,180	$35,204,848	($3,343,817)	$31,861,031
FTE	215.50	0.00	0.00	0.00

Department 330 - DHHS - Public Health - Detail of Senate Changes

	Adjusts Funding for Public Health Division[1]	Total Senate Changes
Salaries and wages		
Operating expenses	($49,287,739)	($49,287,739)
Capital assets	(928,000)	(928,000)
Grants	(15,822,661)	(15,822,661)
Tobacco prevention		
WIC food payments		
COVID-19 response		
Total all funds	($66,038,400)	($66,038,400)
Less estimated income	(62,694,583)	(62,694,583)
General fund	($3,343,817)	($3,343,817)
FTE	0.00	0.00

[1] Funding for the public health division is adjusted as follows:

Description	FTE	General Fund	Other Funds	Total
Reduces additional funding added by the House for domestic and sexual violence		($1,700,000)	$0	($1,700,000)
Removes funding added by the House for the Safe Haven program		(440,000)	0	(440,000)
Removes funding added by the House for vaccines for health care providers off federal contract		0	(2,213,930)	(2,213,930)
Reduces funding added by the House for forensic pathology contract services with UND to provide an increase of $1 million		(866,156)	0	(866,156)
Reduces funding added by the House for a grant to the Family Voices program to provide an increase of $50,000		(50,000)	0	(50,000)
Reduces funding added by the House for a fetal alcohol spectrum disorder clinic at UND to provide $350,000		(287,661)	0	(287,661)
Reduces federal Cares Act/COVID funding		0	(60,716,583)	(60,716,583)
Total ongoing changes		($3,343,817)	($62,930,513)	($66,274,330)
One-time funding items:				
Removes funding added by the House to purchase a forensic examiner electronic records system		$0	($278,000)	($278,000)
Removes funding added by the House for licensure management system		0	(650,000)	(650,000)
Removes funding added by the House for a Cass County animal shelter grant		0	(300,000)	(300,000)
Removes funding added by the House for the Statewide health strategies grant		0	(750,000)	(750,000)
Provides funding from the public health laboratory fund for public health data modernization		0	2,213,930	2,213,930
Total one-time funding changes		$0	$235,930	$235,930
Total Senate changes		($3,343,817)	($62,694,583)	($66,038,400)

House Bill No. 1012 - Other Changes - Senate Action

This amendment also:

- Adds sections to provide guidelines regarding the use of funding for infant and toddler care provider payments, intermediate care facility medically and behaviorally complex services grants, special health care needs grants, crisis services grants, and medical housing for individuals with extraordinary medical needs.
- Adjusts sections identifying funding from the strategic investment and improvements fund and community health trust fund.
- Removes sections identifying funding for an animal shelter grant and statewide health strategies.
- Removes a Bank of North Dakota line of credit for a new State Hospital project and adds a Bank of North Dakota line of credit for a child welfare technology project.
- Adjusts the membership of the new State Hospital steering committee to include representatives of DHHS, the Office of Management and Budget, Governor's office, and the Legislative Assembly.
- Adjusts various exemptions to allow the continuation of unexpended appropriation authority into the 2025-27 biennium. These adjustments will increase the July 1, 2025, general fund balance by $12,411,218.
- Removes a section to provide legislative intent that DHHS eliminate its administrative rule requirement that providers of developmental disabilities services be accredited as a condition to receive payments for services.
- Creates a new section to Chapter 6-09 to create an extraordinary medical needs housing loan fund and to provide guidelines regarding the use of the loan fund.
- Amends Section 50-36-03 relating to the membership of the opioid advisory committee.
- Amends provisions relating to the Children's Cabinet as approved in Senate Bill No. 2176.
- Provides for a Legislative Management study of maternal health services.
- Provides legislative intent that DHHS review the utilization of the Life Skills and Transition Center campus to determine if any portions of the campus can be conveyed for use by community organizations.
- Provides for DHHS to study developmental disability service provider accreditation.
- Provides for DHHS to develop a payment structure to provide funding for a value-based care incentive program for nursing facilities.

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- Provides for a Legislative Management study of developmental disability services provided by DHHS and provides an appropriation of $150,000 to the Legislative Council for consultant services for the study.

REPORT OF STANDING COMMITTEE
ENGROSSED HB 1012

Appropriations Committee (Sen. Bekkedahl, Chairman) recommends **AMENDMENTS (25.0156.02028)** and when so amended, recommends **DO PASS** (15 YEAS, 0 NAYS, 1 ABSENT OR EXCUSED AND NOT VOTING). Engrossed HB 1012 was placed on the Sixth order on the calendar. This bill does not affect workforce development.

#HB1012
4-15-25

25.0156.02028
Title.
Fiscal No. 6

Prepared by the Legislative Council staff for Senate Appropriations - Human Resources Division Committee 4/9/91
April 14, 2025

Sixty-ninth
Legislative Assembly
of North Dakota

PROPOSED AMENDMENTS TO FIRST ENGROSSMENT

ENGROSSED HOUSE BILL NO. 1012

Introduced by

Appropriations Committee

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to create and enact a new section to chapter 6-09 of the North Dakota Century Code, relating to an extraordinary medical needs housing loan fund; to amend and reenact sections 50-06-06.6, 50-06-42, 50-24.5-02.3, ~~and~~ 50-33-05, and subsection 1 of 50-36-03 of the North Dakota Century Code and subsection 6 of the new section to chapter 54-07 of the North Dakota Century Code created in section 1 of Senate Bill No. 2176, as approved by the sixty-ninth legislative assembly, relating to leases of department of health and human services property, substance use disorder treatment program, basic care payment rates, ~~and~~ state of residence for child care assistance, opioid settlement advisory committee, and children's cabinet; to provide for a transfer; to authorize a line of credit; to provide legislative intent; to provide for a legislative management study; to provide an application; to provide an exemption; to provide for a report; and to provide an effective date.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. APPROPRIATION. The funds provided in this section, or so much of the funds as may be necessary, are appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, and from other funds derived from special funds and federal funds, to the department of health and human services for the purpose of defraying the expenses of its various divisions, for the biennium beginning July 1, 2025, and ending June 30, 2027, as follows:

~~Subdivision 1.~~

~~SALARIES AND WAGES BLOCK GRANT~~

	Base Level	Adjustments or Enhancements	Appropriation
~~Salaries and wages block grant~~	~~$0~~	~~$596,284,775~~	~~$596,284,775~~
~~Total all funds~~	~~0~~	~~596,284,775~~	~~596,284,775~~
~~Less other funds~~	~~0~~	~~286,720,150~~	~~286,720,150~~
~~Total general fund~~	~~$0~~	~~$309,564,625~~	~~$309,564,625~~

~~Subdivision 2.~~

~~BUSINESS OPERATIONS~~

	Base Level	Adjustments or Enhancements	Appropriation
~~Salaries and wages~~	~~$25,763,358~~	~~($25,763,358)~~	~~$0~~
~~Operating expenses~~	~~155,308,399~~	~~(77,023,770)~~	~~78,284,629~~
~~Capital assets~~	~~108,934~~	~~(108,934)~~	~~0~~
~~Grants~~	~~11,812,627~~	~~6,966,375~~	~~18,779,002~~
~~Total all funds~~	~~$192,993,318~~	~~($95,929,687)~~	~~$97,063,631~~
~~Less other funds~~	~~118,894,310~~	~~(71,526,221)~~	~~47,368,089~~
~~Total general fund~~	~~$74,099,008~~	~~($24,403,466)~~	~~$49,695,542~~

~~Subdivision 3.~~

~~BEHAVIORAL HEALTH~~

	Base Level	Adjustments or Enhancements	Appropriation
~~Salaries and wages~~	~~$8,792,675~~	~~($8,792,675)~~	~~$0~~
~~Operating expenses~~	~~79,381,458~~	~~23,888,138~~	~~103,269,596~~
~~Grants~~	~~40,476,298~~	~~21,889,322~~	~~62,365,620~~
~~Behavioral health clinics~~	~~196,383,945~~	~~(139,978,713)~~	~~56,405,232~~
~~State hospital~~	~~94,826,973~~	~~256,053,182~~	~~350,880,155~~
~~Opioid addiction prevention~~	~~2,000,000~~	~~6,000,000~~	~~8,000,000~~
~~Total all funds~~	~~$421,861,349~~	~~$159,059,254~~	~~$580,920,603~~
~~Less other funds~~	~~113,955,941~~	~~285,267,537~~	~~399,223,478~~
~~Total general fund~~	~~$307,905,408~~	~~($126,208,283)~~	~~$181,697,125~~

~~Subdivision 4.~~

~~HUMAN SERVICES~~

	Base Level	Adjustments or Enhancements	Appropriation
~~Salaries and wages~~	~~$168,325,918~~	~~($168,325,918)~~	~~$0~~
~~Operating expenses~~	~~88,885,469~~	~~108,258,236~~	~~197,143,705~~
~~Capital assets~~	~~10,000~~	~~0~~	~~10,000~~
~~Grants~~	~~621,189,007~~	~~94,393,260~~	~~715,582,267~~
~~Life skills and transition center~~	~~44,992,263~~	~~(29,784,605)~~	~~15,207,658~~
~~Grants - medical assistance~~	~~742,793,564~~	~~7,655,079~~	~~750,448,643~~
~~County social services~~	~~197,663,661~~	~~6,928,621~~	~~204,592,282~~
~~Total all funds~~	~~$1,863,859,882~~	~~$19,124,673~~	~~$1,882,984,555~~
~~Less other funds~~	~~1,240,409,529~~	~~(13,961,485)~~	~~1,226,448,044~~
~~Total general fund~~	~~$623,450,353~~	~~$33,086,158~~	~~$656,536,511~~

~~Subdivision 5.~~

~~MEDICAL SERVICES~~

	Base Level	Adjustments or Enhancements	Appropriation
~~Salaries and wages~~	~~$21,008,344~~	~~($21,008,344)~~	~~$0~~
~~Operating expenses~~	~~70,807,977~~	~~92,364,562~~	~~163,172,539~~
~~Grants~~	~~1,651,004~~	~~1,806,800~~	~~3,457,804~~
~~Grants - medical assistance~~	~~2,682,778,803~~	~~6,500,467~~	~~2,689,279,270~~
~~Total all funds~~	~~$2,776,246,128~~	~~$79,663,485~~	~~$2,855,909,613~~
~~Less other funds~~	~~1,818,029,530~~	~~(7,372,459)~~	~~1,810,657,071~~
~~Total general fund~~	~~$958,216,598~~	~~$87,035,944~~	~~$1,045,252,542~~

~~Subdivision 6.~~

~~PUBLIC HEALTH~~

	Base Level	Adjustments or Enhancements	Appropriation
~~Salaries and wages~~	~~$60,415,388~~	~~($60,415,388)~~	~~$0~~
~~Operating expenses~~	~~37,721,213~~	~~17,853,669~~	~~55,574,882~~

~~Capital assets~~	~~1,469,780~~	~~2,215,838~~	~~3,685,618~~
~~Grants~~	~~81,718,145~~	~~4,245,496~~	~~85,963,641~~
~~Tobacco prevention~~	~~13,063,162~~	~~(22,607)~~	~~13,040,555~~
~~Women, infants, and children food payments~~	~~19,900,000~~	~~1,100,000~~	~~21,000,000~~
~~Cares Act/COVID-19~~	~~83,909,182~~	~~1,845,373~~	~~85,754,555~~
~~Total all funds~~	~~$298,196,870~~	~~($33,177,619)~~	~~$265,019,251~~
~~Less other funds~~	~~250,440,690~~	~~(20,626,287)~~	~~229,814,403~~
~~Total general fund~~	~~$47,756,180~~	~~($12,551,332)~~	~~$35,204,848~~

~~Subdivision 7.~~

~~TOTAL - SECTION 1~~

	~~Base Level~~	~~Adjustments or Enhancements~~	~~Appropriation~~
~~Grand total all funds~~	~~$5,553,157,547~~	~~$725,024,881~~	~~$6,278,182,428~~
~~Grand total other funds~~	~~3,541,730,000~~	~~458,501,235~~	~~4,000,231,235~~
~~Grand total general fund~~	~~$2,011,427,547~~	~~$266,523,646~~	~~$2,277,951,193~~
~~Full-time equivalent positions~~	~~2,483.83~~	~~204.52~~	~~2,688.35~~

Subdivision 1.

SALARIES AND WAGES BLOCK GRANT

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages block grant	$0	$619,977,466	$619,977,466
Total all funds	0	619,977,466	619,977,466
Less other funds	0	291,449,112	291,449,112
Total general fund	$0	$328,528,354	$328,528,354

Subdivision 2.

BUSINESS OPERATIONS

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$25,763,358	($25,763,358)	$0
Operating expenses	155,308,399	(77,023,770)	78,284,629

Capital assets	108,934	(108,934)	0
Grants	11,812,627	6,966,375	18,779,002
Total all funds	$192,993,318	($95,929,687)	$97,063,631
Less other funds	118,894,310	(71,526,221)	47,368,089
Total general fund	$74,099,008	($24,403,466)	$49,695,542

Subdivision 3.

BEHAVIORAL HEALTH

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$8,792,675	($8,792,675)	$0
Operating expenses	79,381,458	23,789,660	103,171,118
Grants	40,476,298	9,179,322	49,655,620
Behavioral health clinics	196,383,945	(139,438,537)	56,945,408
State hospital	94,826,973	(73,946,818)	20,880,155
Opioid addiction prevention	2,000,000	6,000,000	8,000,000
Total all funds	$421,861,349	($183,209,048)	$238,652,301
Less other funds	113,955,941	(47,060,463)	66,895,478
Total general fund	$307,905,408	($136,148,585)	$171,756,823

Subdivision 4.

HUMAN SERVICES

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$168,325,918	($168,325,918)	$0
Operating expenses	88,885,469	109,950,106	198,835,575
Capital assets	10,000	0	10,000
Grants	621,189,007	67,250,145	688,439,152
Life skills and transition center	44,992,263	(29,784,605)	15,207,658
Grants - medical assistance	742,793,564	7,655,079	750,448,643
County social services	197,663,661	6,928,621	204,592,282
Total all funds	$1,863,859,882	($6,326,572)	$1,857,533,310

Less other funds	1,240,409,529	(24,088,934)	1,216,320,595
Total general fund	$623,450,353	$17,762,362	$641,212,715

Subdivision 5.

MEDICAL SERVICES

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$21,008,344	($21,008,344)	$0
Operating expenses	70,807,977	92,364,562	163,172,539
Grants	1,651,004	1,006,800	2,657,804
Grants - medical assistance	2,682,778,803	(8,320,037)	2,674,458,766
Total all funds	$2,776,246,128	$64,042,981	$2,840,289,109
Less other funds	1,818,029,530	(8,809,057)	1,809,220,473
Total general fund	$958,216,598	$72,852,038	$1,031,068,636

Subdivision 6.

PUBLIC HEALTH

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$60,415,388	($60,415,388)	$0
Operating expenses	37,721,213	(31,434,070)	6,287,143
Capital assets	1,469,780	1,287,838	2,757,618
Grants	81,718,145	(11,577,165)	70,140,980
Tobacco prevention	13,063,162	(22,607)	13,040,555
Women, infants, and children food payments	19,900,000	1,100,000	21,000,000
Cares Act/COVID-19	83,909,182	1,845,373	85,754,555
Total all funds	$298,196,870	($99,216,019)	$198,980,851
Less other funds	250,440,690	(83,320,870)	167,119,820
Total general fund	$47,756,180	($15,895,149)	$31,861,031

Subdivision 7.

TOTAL - SECTION 1

	Base Level	Adjustments or Enhancements	Appropriation
Grand total all funds	$5,553,157,547	$299,339,121	$5,852,496,668
Grand total other funds	3,541,730,000	56,643,567	3,598,373,567
Grand total general fund	$2,011,427,547	$242,695,554	$2,254,123,101
Full-time equivalent positions	2,483.83	204.52	2,688.35

SECTION 2. ONE TIME FUNDING - EFFECT ON BASE BUDGET - REPORT TO SEVENTIETH LEGISLATIVE ASSEMBLY. The following amounts reflect the one-time funding items included in section 1 of this Act which are not included in the entity's base budget for the 2027-29 biennium and which the entity shall report to the appropriations committees of the seventieth legislative assembly regarding the use of this funding:

~~One-Time Funding Description~~	~~General Fund~~	~~Other Funds~~	~~Total~~
~~Technology projects~~	~~$0~~	~~$10,263,000~~	~~$10,263,000~~
~~Human service centers and life skills and transition center projects~~	~~0~~	~~1,052,480~~	~~1,052,480~~
~~Retire mainframe~~	~~0~~	~~15,000,000~~	~~15,000,000~~
~~Child care programs~~	~~13,272,500~~	~~0~~	~~13,272,500~~
~~Housing programs~~	~~0~~	~~1,000,000~~	~~1,000,000~~
~~State laboratory move and equipment~~	~~0~~	~~2,962,304~~	~~2,962,304~~
~~Partial hospitalization day treatment~~	~~0~~	~~2,000,000~~	~~2,000,000~~
~~Developmental disabilities eligibility assessment tool for kids~~	~~200,000~~	~~200,000~~	~~400,000~~
~~Toxicology equipment~~	~~151,500~~	~~100,000~~	~~251,500~~
~~New state hospital~~	~~0~~	~~330,000,000~~	~~330,000,000~~
~~Behavioral health facility grant~~	~~0~~	~~12,960,000~~	~~12,960,000~~
~~Cultural community center grant~~	~~0~~	~~1,000,000~~	~~1,000,000~~
~~Adaptive recreation grant~~	~~200,000~~	~~0~~	~~200,000~~
~~Intermediate care facility grant~~	~~3,457,736~~	~~0~~	~~3,457,736~~
~~Juvenile justice diversion services~~	~~750,000~~	~~0~~	~~750,000~~
~~Animal shelter grant~~	~~0~~	~~300,000~~	~~300,000~~
~~Statewide health strategies~~	~~0~~	~~750,000~~	~~750,000~~

~~Critical access hospital networking~~	~~0~~	~~2,000,000~~	~~2,000,000~~
~~Total~~	~~$18,031,736~~	~~$379,587,784~~	~~$397,619,520~~
One-Time Funding Description	General Fund	Other Funds	Total
Technology projects	$0	$4,548,930	$4,548,930
Human service centers and life skills and transition center projects	0	1,684,480	1,684,480
Retire mainframe	0	15,000,000	15,000,000
Child care programs	9,272,500	0	9,272,500
Housing programs	0	2,500,000	2,500,000
State laboratory move and equipment	0	2,962,304	2,962,304
Partial hospitalization day treatment	0	2,000,000	2,000,000
Developmental disabilities eligibility assessment tool for kids	200,000	200,000	400,000
Toxicology equipment	151,500	100,000	251,500
Behavioral health facility grant	0	5,000,000	5,000,000
Cultural community center grant	0	300,000	300,000
Intermediate care facility grant	0	4,400,000	4,400,000
Juvenile justice diversion services	0	500,000	500,000
Critical access hospital networking	0	1,000,000	1,000,000
Basic care $5 daily rate	4,067,056	1,474,184	5,541,240
Infant and toddler care provider support	13,500,000	0	13,500,000
Child welfare technology project line of credit	0	8,411,218	8,411,218
Medical housing for individuals with extraordinary medical needs	200,000	0	200,000
Total	$27,391,056	$50,081,116	$77,472,172

SECTION 3. FUNDING TRANSFERS - EXEMPTION - AUTHORIZATION - REPORT. Notwithstanding section 54-16-04, the director of the office of management and budget shall transfer appropriation authority between line items within subdivisions 1, 2, 3, 4, 5, and 6 of section 1 of this Act and any other appropriation authority for the department of health and human services approved by the sixty-ninth legislative assembly, for the biennium beginning

July 1, 2025, and ending June 30, 2027, as requested by the department of health and human services. The department of health and human services shall notify the legislative council of any transfer made pursuant to this section. The department of health and human services shall report to the budget section after June 30, 2026, any transfer made in excess of $50,000 and to the appropriations committees of the seventieth legislative assembly regarding any transfers made pursuant to this section.

SECTION 4. FULL-TIME EQUIVALENT POSITION BLOCK GRANT PROGRAM - REPORT. Section 1 of this Act includes funding for a full-time equivalent position block grant program. This funding as approved by the sixty-ninth legislative assembly is available for defraying the expense of full-time equivalent positions as determined by the department of health and human services. Notwithstanding any other provision of law, the department is authorized to increase or decrease authorized full-time equivalent positions subject to the availability of funds and the provisions of this section. The department of health and human services many not increase full-time equivalent positions for the purpose of transferring human service zone employees to state employment. Pursuant to section 3 of this Act, the department is authorized to transfer appropriation authority of up to the underfunded amount of ~~$30,000,000~~$6,307,309 to the salaries and wages block grant line item. The department of health and human services shall report to the office of management and budget and legislative council any adjustments to full-time equivalent positions.

SECTION 5. DEPARTMENT OF HEALTH AND HUMAN SERVICES - SALARIES AND WAGES BLOCK GRANT - VACANT POSITIONS - REPORT. The department of health and human services shall report to the budget section quarterly during the 2025-26 interim regarding the status of its salaries and wages block grant and vacant positions and employee turnover. The report must include:

1. The legislative appropriation for salaries and wages allocated by the department to major department programs by funding source and the number of FTE positions the department is allocating to each major program based on the legislative appropriation;
2. Any changes to salaries and wages funding or FTE positions allocated to major department programs;

3. Any new FTE positions added, the cost of the position for the remainder of the biennium, and the cost to continue funding the position in the subsequent biennium by funding source;
4. Any FTE positions removed and related funding;
5. The number of FTE positions that become vacant and the number filled each month;
6. The number of vacant FTE positions at the end of each month;
7. Salaries and wages savings resulting from vacant positions and employee turnover each month by funding source; and
8. The use of salaries and wages savings for other purposes for each month by funding source.

SECTION 6. BEHAVIORAL HEALTH FACILITY GRANT - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND - APPLICATION.

1. Section 1 of this Act includes the sum of ~~$12,960,000~~$5,000,000 from the strategic investment and improvements fund for a behavioral health facility grant pursuant to this section.

~~2. A grant of $12,960,000 must be provided to establish a behavioral health facility in the northeast human service region. The grant recipient must provide matching funds of $3,240,000 to establish the facility.~~

~~3.~~2. The department shall require an entity receiving funding under this section to operate the facility for at least ten years and require the grant amount to be repaid if the entity does not operate the facility for at least ten years.

~~4.~~3. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 7. INFANT AND TODDLER CARE PROVIDER SUPPORT DIRECT PAYMENT - ONE-TIME - REPORT. Section 1 of this Act includes the sum of $13,500,000 of one-time funding from the general fund for direct payments to licensed child care providers to support high-quality early childhood care for infants and toddlers. The department shall administer the direct payment program and include the following provisions:

1. To qualify for a direct payment under this section, a direct payment recipient must:
   a. Be a licensed child care facility within the state of North Dakota;

b. Be enrolled in the state's bright and early quality rating system at a two-star, three-star, or four-star rating level; and

c. Provide care for children from birth through three years of age.

2. Eligible providers may receive up to $300 per month for each child from birth through seventeen months of age and up to $180 per month for each child from eighteen through thirty-six months of age.

3. The department shall distribute the direct payments on a quarterly basis. Direct payments may not be used for non-child care-related expenses or debt repayment.

4. Direct payment recipients shall submit annual reports to the department detailing fund usage, enrollment statistics, and other information requested by the department.

5. The department shall provide reports to the legislative management and to the appropriations committees of the seventieth legislative assembly on direct payments and the effectiveness of the program.

SECTION 8. INTERMEDIATE CARE FACILITY MEDICALLY AND BEHAVIORALLY COMPLEX SERVICES GRANT - APPLICATION. Section 1 of this Act includes the sum of $4,400,000 of one-time funding from the community health trust fund for providing a one-time grant to a licensed intermediate care facility in the south central human service region for providing services to children or young adults with medically and behaviorally complex conditions. To be eligible to receive the grant under this section, a licensed intermediate care facility must provide early intervention, clinical, and residential services, provide community and home support, education, recreation and leisure activities, and assistive technology; and provide services in at least eight communities for individuals with intellectual or developmental disabilities. The grant funds awarded may be used only for the costs of providing services to children and young adults with medically and behaviorally complex conditions. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 9. SPECIAL HEALTH CARE NEEDS GRANT - APPLICATION. Section 1 of this Act includes the sum of $50,000 from the general fund for providing a grant to a provider in the south central human service region for statewide education, information, training, and peer support to families with children with special health care needs, medically complex

conditions, or a disability. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 10. CRISIS SERVICES GRANTS - APPLICATION. Section 1 of this Act includes the sum of $585,000 from the general fund for providing crisis services grants. The grants include the sum of $300,000 for crisis organizations that provide crisis services to young adults who are at risk of being homeless or experiencing other serious adverse life events and the sum of $285,000 to a volunteer-based ecumenical ministry organization. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 11. MEDICAL HOUSING FOR INDIVIDUALS WITH EXTRAORDINARY MEDICAL NEEDS - ONE-TIME FUNDING.

1. Section 1 of this Act includes the sum of $200,000 from the general fund for the preliminary design consultation and project administration of developing housing for individuals with disabilities that have extraordinary medical needs and for rent subsidies for individuals residing in these housing facilities, for the biennium beginning July 1, 2025, and ending June 30, 2027.
2. The department of health and human services shall collaborate with the North Dakota housing finance agency, individuals with disabilities, caregivers, and families to solicit proposals for the development of accessible housing for individuals with disabilities that have extraordinary medical needs, for the biennium beginning July 1, 2025, and ending June 30, 2027. The department shall solicit proposals from public entities, for-profit organizations, and nonprofit organizations to design, construct, maintain, and operate the housing facility. Proposals must:
   a. Ensure that services in the facility may be provided separately from the facility ownership interests;
   b. Ensure that individuals residing in the facility may choose among independent living service providers; and
   c. Comply with the federal home and community-based settings rules as defined under 42 CFR 441.301(c)(4).

SECTION 12. COMMUNITY CULTURAL CENTER GRANT - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND - APPLICATION. Section 1 of this Act includes the sum of

~~$1,000,000~~$300,000 from the strategic investment and improvements fund for the purpose of providing a one-time community cultural center programming grant in the west central human service region. An entity may apply for a grant under this section if the entity certifies to the department ~~it has secured at least fifty percent of funds needed to complete the project, the project will be completed within two years of receiving the grant funds, and the grants funds will be used only for costs of constructing a~~the funds will be used for programs within the community cultural center. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 13. JUVENILE JUSTICE DIVERSION SERVICES AND PROGRAMS - TASK FORCE - REPORT. Section 1 of this Act includes the sum of ~~$750,000~~ $500,000 of one-time funding from the ~~general~~community health trust fund for juvenile justice diversion services and programs. The department of health and human services must use the funding for services to youth at risk of juvenile justice involvement but who have not committed delinquent acts as defined in chapter 27-20.4.

The department shall establish a task force with representation from divisions in the department, human service zones, the department of public instruction, elementary and secondary schools, and members of the legislative assembly, to review juvenile justice diversion services and program. The department shall report its findings and recommendations to the legislative management and children's cabinet.

~~**SECTION 9. ANIMAL SHELTER GRANT - COMMUNITY HEALTH TRUST FUND.** Section 1 of this Act includes the sum of $300,000 from the community health trust fund for a grant for the construction of an animal shelter. The department of health and human services may award a grant for the construction of an animal shelter to an organization that provides twenty dollars of nonstate matching funds for every dollar of grant funds received. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.~~

~~**SECTION 10. STATEWIDE HEALTH STRATEGIES - COMMUNITY HEALTH TRUST FUND.** Section 1 of this Act includes the sum of $750,000 of one-time funding from the community health trust fund for the statewide health strategies initiative. The department of health and human services may spend the funding upon securing dollar-for-dollar matching funds.~~

SECTION 14. OTHER FUNDS - INSURANCE TAX DISTRIBUTION FUND. The other funds line item in subdivision 5 of section 1 of this Act includes the sum of $1,125,000 from the insurance tax distribution fund for rural emergency medical services grants.

SECTION 15. OTHER FUNDS - COMMUNITY HEALTH TRUST FUND. The other funds line items in section 1 of this Act includes the sum of ~~$38,713,522~~$41,431,522 from the community health trust fund for the following purposes:

Loan repayment programs	$594,500
~~Tobacco and vaping programs~~	~~11,599,698~~
Tobacco prevention and control grants to local public health units	6,250,000
Tobacco prevention and control	4,549,698
Tobacco cessation grants	500,000
Youth vaping prevention grants	300,000
Cancer and women's way programs	909,824
Behavior risk state survey	200,000
Youth crisis stabilization	1,500,000
Intermediate care facility grant	4,400,000
Domestic violence programs	4,250,000
Local public health grants	3,275,000
988 crisis hotline	1,867,500
~~Various information technology system upgrades~~	~~2,967,000~~
Various information technology system upgrades	1,335,000
Grants to rural ambulances	7,000,000
Law enforcement rural crisis support program	1,000,000
Development of partial hospitalization/intensive day treatment	2,000,000
Juveline justice services	500,000
~~Critical access hospital networking~~	~~2,000,000~~
Critical access hospital networking	1,000,000
~~Animal shelter grant~~	~~300,000~~
~~Statewide health strategies~~	~~750,000~~
~~Total~~	~~$38,713,522~~
Total	$41,431,522

SECTION 16. OTHER FUNDS - HUMAN SERVICE FINANCE FUND. The other funds line items in section 1 of this Act includes the sum of ~~$239,112,030~~$242,112,030 from the human service finance fund for state-paid economic assistance and social and human services.

SECTION 17. OTHER FUNDS - OPIOID SETTLEMENT FUND. The other funds line item in section 1 of this Act includes the sum of $8,000,000 from the opioid settlement fund for opioid remediation and abatement efforts.

SECTION 18. OTHER FUNDS - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND The other funds line items in section 1 of this Act includes the sum of ~~$227,474,784~~$18,446,784 from the strategic investment and improvements fund for the following purposes:

~~Retiring technology from the mainframe~~	~~$7,500,000~~
~~Move into the new state laboratory and purchase security equipment~~	~~2,962,304~~
~~Capital projects in human service centers and life skills and transition center~~	~~1,052,480~~
~~Housing initiative programs~~	~~1,000,000~~
~~Technology projects at the state hospital~~	~~1,000,000~~
~~New state hospital~~	~~200,000,000~~
~~Behavioral health facility grant~~	~~12,960,000~~
~~Community cultural center grant~~	~~1,000,000~~
~~Total~~	~~$227,474,784~~
Retiring technology from the mainframe	$5,000,000
New state laboratory move-in costs and security equipment purchases	2,962,304
Capital projects in certified community behavioral health clinics and life skills and transition center	1,684,480
Housing initiative programs	2,500,000
Technology projects at the state hospital	1,000,000
Behavioral health facility grant	5,000,000
Community cultural center grant	300,000
Total	$18,446,784

SECTION 19. OTHER FUNDS - BANK OF NORTH DAKOTA LINE OF CREDIT - ~~STATE HOSPITAL~~CHILD WELFARE TECHNOLOGY PROJECT. The other funds line item in subdivision 2 of section 1 of this Act includes ~~$130,000,000~~the sum of $8,411,218 from a Bank

of North Dakota line of credit. The department of health and human services may borrow up to ~~$130,000,000~~$8,411,218 through a line of credit from the Bank of North Dakota during the biennium beginning July 1, 2025, and ending June 30, 2027, for costs associated with ~~the construction of a new state hospital~~a child welfare technology project. The interest rate on the line of credit may not exceed the prevailing interest rate charged to North Dakota governmental entities. If the department accesses the line of credit, it shall request a deficiency appropriation from the seventieth legislative assembly to repay the line of credit.

SECTION 20. LABORATORY BUILDING STEERING COMMITTEE. The department of health and human services shall maintain the laboratory building steering committee to oversee the design and construction of the laboratory building project, for the biennium beginning July 1, 2025, and ending June 30, 2027, or until work is completed, whichever occurs earlier. The committee must include representation from the department of health and human services, department of environmental quality, office of management and budget, the governor's office, and the legislative assembly. The legislative assembly representation must include one member of the senate appointed by the senate majority leader, one member of the house appointed by the house majority leader, and one member of the minority party from either the senate or the house appointed by the minority leaders of the senate and the house.

SECTION 21. NEW STATE HOSPITAL - STEERING COMMITTEE. The department of health and human services shall establish a new state hospital facility steering committee to oversee the design and construction of a new state hospital facility, for the biennium beginning July 1, 2025, and ending June 30, 2027. The committee must include representation from the department of health and human services, office of management and budget, the governor's office, and the legislative assembly. The legislative assembly representation must include one member of the senate appointed by the senate majority leader, one member of the house appointed by the house majority leader, and one member of the minority party from either the senate or the house appointed by the minority leaders of the senate and the house.

SECTION 22. CAPITAL PAYMENTS. During the biennium beginning July 1, 2025, and ending June 30, 2027, the department of health and human services is authorized to expend funds for the payment of special assessments at the state hospital, southeast human service center, and life skills and transition center. Pursuant to section 3 of this Act, the director of the office of management and budget may transfer appropriation authority between line items within

section 1 of this Act and any remaining appropriation authority for the department of health and human services approved by the sixty-ninth legislative assembly. The department of health and human services may transfer funds for the payment of special assessments at the state hospital, southeast human service center, and life skills and transition center ahead of the special needs assessments schedule. Notwithstanding section 54-27-12, the department of health and human services may spend funds for the payment of special assessments at the state hospital and life skills and transition center.

SECTION 23. CAPITAL PROJECTS - EMERGENCY COMMISSION AND BUDGET SECTION APPROVAL. During the biennium beginning July 1, 2025, and ending June 30, 2027, pursuant to section 3 of this Act, the director of the office of management and budget may transfer appropriation authority between line items within section 1 of this Act and any remaining appropriation authority for the department of health and human services approved by the sixty-ninth legislative assembly for capital projects and maintenance pertaining to operation of its facilities, including demolition projects. Notwithstanding section 54-27-12, the department of health and human services may spend up to $10,000,000 for capital projects and maintenance pertaining to operation of its facilities, including demolition projects, under this section and may seek emergency commission and budget section approval to spend more than $10,000,000 under this section.

SECTION 24. PERMANENT SUPPORTIVE HOUSING GRANTS. Section 1 of this Act includes the sum of $4,672,536 from the general fund for permanent supportive housing grants. The department of health and human services shall develop a funding methodology to distribute the funding to qualified entities that utilize best practices for permanent supportive housing, provide recovery-oriented and person-centered services, submit process and outcome measures to the department of health and human services, and authorize the department of health and human services to conduct onsite visits to review program operations.

SECTION 25. EXPENDITURES MAY NOT EXCEED APPROPRIATION - MEDICAL ASSISTANCE EXPANSION PROGRAM - APPLICATION.

1. Section 1 of this Act includes the sum of $662,099,340, of which $66,209,934 is from the general fund, for the medical assistance expansion program, for the biennium beginning July 1, 2025, and ending June 30, 2027. The expenditures for individuals eligible for the medical assistance expansion program may not exceed this amount.

2. The department of health and human services may exceed appropriations for increases in medical assistance expansion program caseload, for the addition of coverage consistent with the traditional Medicaid 1915(i) state plan, utilization rates, and reduction in federal medical assistance percentage.
3. The managed care organization under contract with the department of health and human services to manage the medical assistance expansion program shall reimburse providers within the same provider type and specialty at consistent levels and with consistent methodology and may not provide incentive, quality, or supplemental payments to providers, unless part of a value-based program approved by the department of health and human services. The managed care organization shall reimburse all North Dakota substance use providers of American society of addiction medicine level 2.5 at consistent levels and with consistent methodology. The managed care organization may consider urban and rural providers as different provider types.
4. The managed care organization and the department of health and human services shall ensure payments to Indian or Tribal 638 health care providers, federally qualified health centers,and rural health clinics meet the federally required minimum levels of reimbursement. Critical access hospitals may not be paid less than one hundred percent of Medicare allowable costs and human service centers may not be paid less than one hundred percent of the current traditional Medicaid rate. Behavioral health services involving partial hospitalization, intensive outpatient, professional services, and residential behavioral health services provided in facilities that are not institutions for mental diseases are not subject to the provisions in subsection 6.
5. The department of health and human services shall ensure providers within the same provider type and specialty are reimbursed at consistent levels and with consistent methodology and shall ensure the capitation rates under risk contracts are actuarially sound and are adequate to meet managed care organization contractual requirements regarding availability of services, assurance or adequate capacity and services, and coordination and continuity of care.
6. Except for the provisions in subsection 4, managed care organization premium payments must be built using the assumption that rates paid to providers under the

medical assistance expansion program may not exceed one hundred forty-five percent of Medicare reimbursement rates paid to providers on January 1, 2025.

SECTION 26. HUMAN SERVICE CENTERS - CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS - FULL-TIME EQUIVALENT POSITIONS - REPORT. The department of health and human services shall continue the process of the human service centers becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults. The department of health and human services shall pursue additional federal funding as available. Subject to the availability of generated income, the department of health and human services may add full-time equivalent positions for the clinics to provide direct services for the period beginning with the effective date of this Act and ending June 30, 2027. The department of health and human services shall report to the office of management and budget and legislative council each time a position is added.

SECTION 27. INTERMEDIATE CARE FACILITY MORATORIUM. The department of health and human services may not add any new licensed intermediate care facility for individuals with intellectual disabilities beds to the state's licensed bed capacity between July 1, 2025, and June 30, 2027.

SECTION 28. EXEMPTION - UNEXPENDED APPROPRIATIONS. The following appropriations are not subject to the provisions of section 54-44.1-11 and any unexpended appropriation authority may be continued into the biennium beginning July 1, 2025, and ending June 30, 2027:

1. The sum of $3,674,757 appropriated from the general fund and the sum of $25,918,566 appropriated from federal funds for the Medicaid management information system modularization technology project in chapter 12 of the 2021 Session Laws;
2. The sum of ~~$14,411,218~~$6,000,000 appropriated from the general fund and the sum of $14,411,218 appropriated from federal funds for the child welfare technology project in chapter 12 of the 2021 Session Laws;
3. The sum of $20,366,271 appropriated from the community health trust fund and the sum of $39,534,525 appropriated from federal funds for the child support computer replacement project in chapter 44 of the 2023 Session Laws;

4. The sum of $10,989,217 appropriated from the strategic investment and improvements fund for the procurement and grants management system in chapter 44 of the 2023 Session Laws;
5. The sum of $4,150,000 appropriated from the general fund for defraying the expenses of additional human service centers to begin the process of becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults in chapter 44 of the 2023 Session Laws;
6. The sum of $18,941,847 appropriated to the department of health and human services in chapter 549 of the 2021 Special Session Laws;
7. The sum of $55,120,000 appropriated from the federal state fiscal recovery fund for a public health laboratory capital project in chapter 4 of the 2023 Session Laws;
8. The sum of ~~$5,000,000~~$1,000,000 appropriated from the general fund for the purpose of employer-led child care cost-share program in chapter 446 of the 2023 Session Laws;
9. The sum of $986,555 appropriated from the general fund for the purpose of streamlining background checks project in chapter 446 of the 2023 Session Laws;
10. The sum of ~~$2,223,981~~$1,000,000 appropriated from the federal state fiscal recovery fund for the implementation of a virtual behavioral health crisis care program for rural law enforcement in chapter 44 of the 2023 Session Laws; and
11. The sum of $500,000 appropriated from the general fund and the sum of $500,000 appropriated from federal funds for the purpose of program integrity audits in chapter 44 of the 2023 Session Laws.
12. The sum of $1,950,000 appropriated from the general fund to the department of health and human services for a northwest human service region behavioral health facility grant in chapter 44 of the 2023 Session Laws.

SECTION 29. LEGISLATIVE INTENT - UTILIZATION RATE ADJUSTMENT. It is the intent of the sixty-ninth legislative assembly that the department of health and human services seek a deficiency appropriation from the seventieth legislative assembly for any expenditures that exceed appropriated amounts as a result of underfunding, utilization rates, value-based purchasing for nursing facilities, reduction in federal medical assistance percentage, and

unexpected contract cost increases that exceed ten percent, during the biennium beginning July 1, 2025, and ending June 30, 2027, if funding is not sufficient to pay actual expenses.

SECTION 30. LEGISLATIVE INTENT - PROVIDER RATE INCREASE. Except as otherwise noted, section 1 of this Act includes funding for human service provider inflation increases of two percent for ~~each year~~the first year and one and one-half percent the second year of the biennium beginning July 1, 2025, and ending June 30, 2027. The provider inflation increase in this section does not apply to nursing facilities.

~~**SECTION 29. LEGISLATIVE INTENT - DEVELOPMENTAL DISABILITIES PROVIDER ACCREDITATION REQUIREMENT.** It is the intent of the sixty-ninth legislative assembly that the department of health and human services eliminate its administrative rule requirement that providers of developmental disabilities services be accredited as a condition of being eligible for receiving payments for services from the department of health and human services.~~

SECTION 31. LEGISLATIVE INTENT - MEDICAL ASSISTANCE. It is the intent of the sixty-ninth legislative assembly that the department of health and human services review the amount, duration, coverage, utilization rates, medical necessity, and scope of medical assistance services, and ~~may implement any adjustments the department determines appropriate~~report any findings and recommendations to the seventieth legislative assembly.

SECTION 32. FEDERAL FUNDING APPEAL LIMITATION. Except as otherwise specifically provided by federal law, a person may not appeal a denial, revocation, reduction in services or payment, or the termination of a program or service by the department of health and human services dues to the unavailability of federal coronavirus funding received under federal law resulting from the federal coronavirus pandemic emergency declarations, for the biennium beginning July 1, 2025, and ending June 30, 2027.

SECTION 33. DEPARTMENT OF HEALTH AND HUMAN SERVICES - LONG-TERM STRUCTURED RESIDENCES PLAN - REPORT. During the 2025-26 interim, the department of health and human services shall review options and develop a plan to establish long-term structured residences. The department shall review necessary changes to statutes, rules, policies, and the estimated fiscal impact of establishing the residences. A long-term structured residence must be a highly structured therapeutic residential mental health treatment facility that is staffed continuously and designed to treat adults under chapters 12.1-04.1 and 25-03.1 who have severe and persistent mental illness and who have reached the maximum benefit

from the mental health resources available elsewhere in the community or hospital. The department shall present a report to the legislative management by October 1, 2026, regarding its plan to establish long-term structured residences.

SECTION 34. A new section to chapter 6-09 of the North Dakota Century Code is created and enacted as follows:

Extraordinary medical needs housing loan fund - Continuing appropriation.

1. The Bank of North Dakota shall administer a loan program to provide loans for new construction projects to provide housing for individuals with disabilities that have extraordinary medical needs. A construction project may include a land purchase and the construction costs of the project. The applicant must comply with project requirements as approved by the department of health and human services and the North Dakota housing finance agency.
2. The extraordinary medical needs housing loan fund is a special fund maintained in the state treasury from which the Bank shall provide loans under this section. The fund consists of revenues transferred under legislative authorization, interest upon moneys in the fund, and collections of interest and principal on loans made from the fund. All moneys in the fund are appropriated on a continuing basis to the Bank for the purpose of providing loans under this section.
3. The developer of the housing facility for individuals with disabilities that have extraordinary medical needs may submit an application to the Bank for a loan. The application must:
   a. Provide detail on the proposed construction project and its compliance with the department of health and human services and the North Dakota housing finance agency requirements;
   b. Demonstrate the need and long-term viability of the project; and
   c. Include financial information the Bank determines appropriate to verify eligibility.
4. A loan approved under this section:
   a. May not exceed three million three hundred thousand dollars for a project;
   b. Must have an interest rate that does not exceed two percent; and
   c. Must have a repayment schedule of no longer than twenty years.

5. A recipient of a loan under this section shall complete the financed construction project within twenty-four months of the approval of the loan. Failure to comply with this subsection may result in forfeiture of the entire loan received under this section.
6. The Bank shall deposit in the fund all principal and interest paid on the loans made from the fund. The Bank may deduct from interest payments a service fee for costs of administering the loan program. The fund must be audited annually pursuant to section 6-09-29 and the cost of the audit and any other actual costs incurred by the Bank on behalf of the fund must be paid from the fund.

SECTION 35. AMENDMENT. Section 50-06-06.6 of the North Dakota Century Code is amended and reenacted as follows:

50-06-06.6. Department may lease real and personal property.

The commissioner of the department or commissioner's designee may lease ~~surplus farm and pastureland at the state hospital and the life skills and transition center. The commissioner or designee also may enter into further leases of~~ real or personal property at the life skills and transition center or the state hospital upon a specific finding that the granting of each such leasehold interest will result in a net economic gain for the department, taking into account all identifiable costs. Any lease of space for the purpose of providing child care services must meet requirements as determined by the department. The commissioner of the department or commissioner's designee may prescribe the terms and conditions of any leases entered into pursuant to this section and may renew existing leases. ~~Any~~The term of any lease ~~entered into must be subject to renewal or cancelable each biennium~~may not exceed ninety-nine years.

SECTION 36. AMENDMENT. Section 50-06-42 of the North Dakota Century Code is amended and reenacted as follows:

50-06-42. Substance use disorder treatment voucher system - Mental health treatment voucher system for incarcerated individuals.

~~1.~~ The department shall establish and administer, within the limits of legislative appropriations, a voucher system to address underserved areas and gaps in the state's substance abuse treatment system and to assist in the payment of addiction treatment services and medical costs provided by licensed substance abuse treatment programs, excluding regional human service centers and hospital- or medical clinic-based programs for medical management of withdrawal.

~~a.~~1. An out-of-state licensed substance abuse treatment program located within a bordering state may participate in the voucher program to serve an underserved area of this state pursuant to the rules adopted by the department. The department shall develop rules to include processes and requirements for an out-of-state provider to receive reimbursement only for outpatient and community-based services upon a provider completing an assessment of need and receiving approval from the department.

2.~~b.~~ Services eligible for the voucher program include only those levels of care recognized by the American society of addiction medicine, with particular emphasis given to underserved areas and programs. The department shall ensure that a licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers collects and reports process and outcome measures.

3.~~c.~~ The department shall develop requirements and provide training and technical assistance to a licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers. A licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers shall provide evidence-based services.

4.~~d.~~ The department shall allocate funding appropriated for the substance use disorder treatment voucher as follows:

~~a. No~~

~~(1)~~a. Except as provided in paragraphs 3 and 4, no more than ~~forty-five~~fifty percent of the appropriated amount may be allocated for residential substance use disorder services administered by licensed substance abuse treatment programs with more than sixteen beds.

b.~~(2)~~ The remaining appropriation must be allocated for residential programs with sixteen or fewer beds, nonresidential outpatient, and ancillary substance use disorder services administered by licensed substance abuse treatment programs.

~~(3)~~c. The department, during the last quarter of the biennium, may reallocate projected unused funds that were allocated under paragraph 2 to residential facilities outlined in paragraph 1.

~~(4)~~d. The department may reimburse a licensed substance abuse treatment program with more than sixteen beds the incurred direct medical costs of an eligible individual who does not have resources to cover the medical costs. The department may develop rules and may not exceed the total amount appropriated for medical cost reimbursement.

~~2. The department shall establish and administer, within the limits of legislative appropriations, a voucher system to address underserved areas and gaps in the state's mental health treatment system for individuals detained or confined in a county jail or detention center or regional corrections center and to assist in the payment of mental health treatment services provided by a licensed mental health professional acting within their scope of practice, excluding a regional human service center.~~

~~a. Services eligible for the voucher program include only diagnostic assessment and mental health therapy for individuals with a mental health concern detained or confined in a county jail or detention center or regional corrections center. The department shall ensure that a licensed mental health professional accepting vouchers collects and reports process and outcome measures.~~

~~b. The department shall develop requirements and provide training and technical assistance to licensed mental health professionals accepting vouchers. A licensed mental health professional shall provide evidence-based services.~~

SECTION 37. AMENDMENT. Section 50-24.5-02.3 of the North Dakota Century Code is amended and reenacted as follows:

50-24.5-02.3. Basic care payment rates.

1. The department shall determine limits for the care of residents of basic care facilities that qualify as vendors of an aged, blind, and disabled persons program and for implementing provisions of this chapter based on data demonstrating the most recent costs that must be incurred for the care of residents in efficiently and economically operated basic care facilities. The department shall determine the limits every four years by July first, beginning with July 1, 2023.
2. The department shall establish the limits by using the median rates from the most recent data available. The direct care limit must be the median plus eighteen percent. The indirect care limit must be the median plus twelve percent.

3. For the rate year beginning July 1, 2023, the department shall increase rates and limits three and one-half percent for inflation. For the rate year beginning July 1, 2024, the department shall increase rates and limits three and one-half percent for inflation.
4. The department shall provide a rate increase in the amount of five dollars per day for the period beginning July 1, 2023, and ending June 30, ~~2025~~2027, after which the increase is not effective. This rate increase may not be included in any calculation of inflation increase.
5. Within the limits of legislative appropriations, the department shall establish an uncompensated care expense of three hundred sixty-five days.

SECTION 38. AMENDMENT. Section 50-33-05 of the North Dakota Century Code is amended and reenacted as follows:

50-33-05. State of residence.

Only child care assistance units physically residing within the boundaries of the state are eligible for child care assistance, unless the individual is employed by an early childhood program within the boundaries of the state and the individual has been approved for the state's child care assistance child care workforce benefit.

SECTION 39. AMENDMENT. Subsection 1 of section 50-36-03 of the North Dakota Century Code is amended and reenacted as follows:

1. The committee is composed of:
   a. One member of the North Dakota association of counties appointed by the chairman of the legislative management, who shall serve a term of two years.
   b. One member of the North Dakota league of cities appointed by the chairman of the legislative management, who shall serve a term of two years.
   c. One member of the North Dakota state association of city and county health officials appointed by the chairman of the legislative management, who shall serve a term of two years.
   d. One member who represents the highway patrol appointed by the highway patrol superintendent, who shall serve a term of two years.
   e. The executive director of the department's division of behavioral health.
   f. ~~The managing director of the office of recovery reinvented.~~One member in recovery appointed by the governor.

g. One member appointed by the governor who shall serve as a nonvoting member and as the presiding officer of the committee, who shall serve a term of two years.

SECTION 40. Subsection 6 of the new section to chapter 54-07 of the North Dakota Century Code, as created by section 1 of Senate Bill No. 2176, as approved by the sixty-ninth legislative assembly, is amended and reenacted as follows:

6. a. The office of the governor shall provide staffing and administrative services for the children's cabinet and coordinate with other designated working groups on children and family issues.

b. The governor or the governor's designee serving on the cabinet may appoint a representative to serve in that official's capacity at a meeting if the governor or governor's designee is unable to attend.

SECTION 41. HOUSING AVAILABILITY ASSESSMENT - COLLABORATION WITH HOUSING FINANCE AGENCY. The department of health and human services shall collaborate with the North Dakota housing finance agency and other appropriate stakeholders to assess the availability of housing for individuals requiring extraordinary health care support services, for the biennium beginning July 1, 2025, and ending June 30, 2027. Based on the results of the assessment, if necessary, the department shall develop a plan to expand access to housing providing the least restrictive environment for individuals requiring extraordinary health care support services.

SECTION 42. BEHAVIORAL HEALTH CLINICS, NORTH DAKOTA STATE HOSPITAL, AND LIFE SKILLS AND TRANSITION CENTER FUNDING. Section 1 of this Act includes funding for the behavioral health clinics, North Dakota state hospital, and life skills and transition center as follows:

1. Behavioral health clinics:
   a. Salaries and wages ~~$156,967,103~~$177,840,942
   b. Operating and capital ~~64,131,965~~56,945,408
   c. Total ~~$221,099,068~~$234,786,350
2. State hospital:
   a. Salaries and wages ~~$68,775,551~~$70,477,378
   b. Operating and capital ~~350,880,155~~20,880,155

c.	Total	~~$419,655,706~~$91,357,533
3.	Life skills and transition center:	
a.	Salaries and wages	~~$55,540,213~~$56,284,356
b.	Operating and capital	~~15,207,658~~15,207,658
c.	Total	~~$70,747,871~~$71,492,014

SECTION 43. LEGISLATIVE MANAGEMENT STUDY - STUDENT TRUANCY AND ABSENTEEISM. The legislative management shall consider studying, during the 2025-26 interim, truancy and student absenteeism in kindergarten through grade twelve public schools. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement its recommendations, to the seventieth legislative assembly.

SECTION 44. LEGISLATIVE MANAGEMENT STUDY - OBESITY HEALTH IMPLICATIONS. The legislative management shall consider studying, during the 2025-26 interim, the health implications of obesity on the residents of the state and options to increase access to prevention and treatments for obesity. If conducted, the study must review costs associated with obesity including comorbidities, treatments available for obesity, obesity diagnosis guidelines including use of body mass index compared with percentage of body fat, and examining the difference between being an individual who is healthy and overweight as compared to an obese individual. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement its recommendations, to the seventieth legislative assembly.

SECTION 45. LEGISLATIVE MANAGEMENT STUDY - MATERNAL HEALTH SERVICES - ACCESS AND WORKFORCE.

1. During the 2025-26 interim, the legislative management shall consider studying access to maternal health services. The study must include:
   a. Consideration of the availability of prenatal and childbirth services, including provider shortages and service use.
   b. Development of strategies to increase the number of obstetricians, family doctors, and midwives providing maternal health services in this state.
   c. A review of coverage and reimbursement for doulas and midwives, including training and certification needs.

d. Consideration of insurance and public policy options to improve maternal health outcomes, including through the Medicaid program.

e. Input from health care providers, insurers, public health officials, and maternal health experts.

2. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement its recommendations, to the seventieth legislative assembly.

SECTION 46. LEGISLATIVE INTENT - LIFE SKILLS AND TRANSITION CENTER. It is the intent of the sixty-ninth legislative assembly that during the 2025-26 interim, the department of health and human services review the facilities and land at the life skills and transition center to identify the portions of the life skills and transition center campus that are necessary for delivery of services and the portions of the campus that could be conveyed to a local government or related public or not-for-profit community development entity to redevelop to optimize local community development goals and the successful operation of the life skills and transition center. It is further the intent of the legislative assembly that the department of health and human services present any request to convey any portions of the campus to the seventieth legislative assembly.

SECTION 47. DISABILITY SERVICE ACCREDITATION STUDY - LEGISLATIVE MANAGEMENT REPORT. During the 2025-26 interim, the department of health and human services shall study accreditation requirements and provider costs for serving individuals with intellectual and developmental disabilities, including the cost of accreditation relative to the cost of providing services and reimbursement. The department shall report its findings and recommendations, together with any legislation necessary to implement recommendations to the legislative management by September 1, 2026.

SECTION 48. VALUE-BASED CARE INCENTIVE PROGRAM - PAYMENT WITHHOLD FOR NURSING FACILITIES - COLLABORATION WITH NORTH DAKOTA LONG TERM CARE ASSOCIATION. During the 2025-26 interim, the department of health and human services, in collaboration with the North Dakota long term care association, shall develop a payment withhold structure for value-based payments to provide funding for the value-based care incentive program for nursing facilities. The department shall implement the payment

withhold beginning July 1, 2027. The department may not implement a payment withhold before July 1, 2027.

SECTION 49. LEGISLATIVE MANAGEMENT STUDY- DISABILITY SERVICES.

1. During the 2025-26 interim, the legislative management shall study the efficiency, effectiveness, and outcomes of developmental disability services provided by the department of health and human services. The study must include:
   a. A review of the approval process, an analysis of accountability measures, an assessment of gaps in services, and an evaluation of overall program management.
   b. An assessment of whether the department is effectively managing cases and complying with federal law in the provision of support and services to individuals with disabilities.
   c. Input from advocates, clients from the disability community, zone directors, service providers, and health care providers who serve individuals with disabilities.
   d. Collaboration with the cross-disability advisory council.
2. The legislative council may contract with a consultant with expertise in the provision of developmental disability services to assist in the study.
3. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement its recommendations, to the seventieth legislative assembly.

SECTION 50. APPROPRIATION - COMMUNITY HEALTH TRUST FUND - LEGISLATIVE COUNCIL - DISABILITY SERVICES - ONE-TIME FUNDING. There is appropriated out of any moneys in the community health trust fund, not otherwise appropriated, the sum of $150,000, or so much of the sum as may be necessary, to the legislative council for the purpose of contracting for consulting services for a disability services study, for the biennium beginning July 1, 2025, and ending June 30, 2027. The appropriation in this section is considered a one-time funding item.

SECTION 51. LEGISLATIVE MANAGEMENT REPORT - BEHAVIORAL HEALTH FACILITY GRANTS. During the 2025-26 interim the department of health and human services

shall provide reports to the legislative management regarding the award of grant funding to increase the number of behavioral health beds in the state.

SECTION 52. EFFECTIVE DATE. Section ~~33~~36 of this Act becomes effective on July 1, 2026.

SECTION 53. EFFECTIVE DATE. Section 7 of this Act becomes effective on January 1, 2026.

STATEMENT OF PURPOSE OF AMENDMENT:

House Bill No. 1012 - Summary of Senate Action

	Base Budget	House Version	Senate Changes	Senate Version
Department of Health and Human Services				
Total all funds	$0	$596,284,775	$23,692,691	$619,977,466
Less estimated income	0	286,720,150	4,728,962	291,449,112
General fund	$0	$309,564,625	$18,963,729	$328,528,354
FTE	0.00	2,688.35	0.00	2,688.35
DHHS - Business Operations				
Total all funds	$192,993,318	$97,063,631	$0	$97,063,631
Less estimated income	118,894,310	47,368,089	0	47,368,089
General fund	$74,099,008	$49,695,542	$0	$49,695,542
FTE	114.40	0.00	0.00	0.00
DHHS - Behavioral Health				
Total all funds	$421,861,349	$580,920,603	($342,268,302)	$238,652,301
Less estimated income	113,955,941	399,223,478	(332,328,000)	66,895,478
General fund	$307,905,408	$181,697,125	($9,940,302)	$171,756,823
FTE	1,054.27	0.00	0.00	0.00
DHHS - Human Services				
Total all funds	$1,863,859,882	$1,882,984,555	($25,451,245)	$1,857,533,310
Less estimated income	1,240,409,529	1,226,448,044	(10,127,449)	1,216,320,595
General fund	$623,450,353	$656,536,511	($15,323,796)	$641,212,715
FTE	1,009.16	0.00	0.00	0.00
DHHS - Medical Services				
Total all funds	$2,776,246,128	$2,855,909,613	($15,620,504)	$2,840,289,109
Less estimated income	1,818,029,530	1,810,657,071	(1,436,598)	1,809,220,473
General fund	$958,216,598	$1,045,252,542	($14,183,906)	$1,031,068,636
FTE	90.50	0.00	0.00	0.00
DHHS - Public Health				
Total all funds	$298,196,870	$265,019,251	($66,038,400)	$198,980,851
Less estimated income	250,440,690	229,814,403	(62,694,583)	167,119,820
General fund	$47,756,180	$35,204,848	($3,343,817)	$31,861,031
FTE	215.50	0.00	0.00	0.00
Legislative Council				
Total all funds	$0	$0	$150,000	$150,000
Less estimated income	0	0	150,000	150,000
General fund	$0	$0	$0	$0
FTE	0.00	0.00	0.00	0.00
Bill total				
Total all funds	$5,553,157,547	$6,278,182,428	($425,535,760)	$5,852,646,668
Less estimated income	3,541,730,000	4,000,231,235	(401,707,668)	3,598,523,567
General fund	$2,011,427,547	$2,277,951,193	($23,828,092)	$2,254,123,101
FTE	2,483.83	2,688.35	0.00	2,688.35

House Bill No. 1012 - Legislative Council - Senate Action

	Base Budget	House Version	Senate Changes	Senate Version
Disability services study			$150,000	$150,000
Total all funds	$0	$0	$150,000	$150,000
Less estimated income	0	0	150,000	150,000
General fund	$0	$0	$0	$0
FTE	0.00	0.00	0.00	0.00

Department 160 - Legislative Council - Detail of Senate Changes

	Adds Funding for Disability Services Study[1]	Total Senate Changes
Disability services study	$150,000	$150,000
Total all funds	$150,000	$150,000
Less estimated income	150,000	150,000
General fund	$0	$0
FTE	0.00	0.00

[1] One-time funding is added from the community health trust fund for consulting services for a Legislative Management study of disability services provided by the Department of Health and Human Services.

House Bill No. 1012 - Department of Health and Human Services - Senate Action

	Base Budget	House Version	Senate Changes	Senate Version
Salaries and wages block grant		$596,284,775	$23,692,691	$619,977,466
Total all funds	$0	$596,284,775	$23,692,691	$619,977,466
Less estimated income	0	286,720,150	4,728,962	291,449,112
General fund	$0	$309,564,625	$18,963,729	$328,528,354
FTE	0.00	2,688.35	0.00	2,688.35

Department 325 - Department of Health and Human Services - Detail of Senate Changes

	Adjusts Funding for Salaries and Wages Block Grant[1]	Total Senate Changes
Salaries and wages block grant	$23,692,691	$23,692,691
Total all funds	$23,692,691	$23,692,691
Less estimated income	4,728,962	4,728,962
General fund	$18,963,729	$18,963,729
FTE	0.00	0.00

[1] Funding for the salaries and wages block grant is adjusted as follows:

Description	FTE	General Fund	Other Funds	Total
Adds funding to reduce underfunding		$18,963,729	$0	$18,963,729
Adds salary funding from operating fund		0	4,728,962	4,728,962
Total changes to salaries and wages block grant	0.00	$18,963,729	$4,728,962	$23,692,691

House Bill No. 1012 - DHHS - Business Operations - Senate Action

	Base Budget	House Version	Senate Changes	Senate Version
Salaries and wages	$25,763,358			
Operating expenses	155,308,399	$78,284,629		$78,284,629
Capital assets	108,934			
Grants	11,812,627	18,779,002		18,779,002
Total all funds	$192,993,318	$97,063,631	$0	$97,063,631
Less estimated income	118,894,310	47,368,089	0	47,368,089
General fund	$74,099,008	$49,695,542	$0	$49,695,542
FTE	114.40	0.00	0.00	0.00

House Bill No. 1012 - DHHS - Behavioral Health - Senate Action

	Base Budget	House Version	Senate Changes	Senate Version
Salaries and wages	$8,792,675			
Operating expenses	79,381,458	$103,269,596	($98,478)	$103,171,118
Grants	40,476,298	62,365,620	(12,710,000)	49,655,620
Behavioral health clinics	196,383,945	56,405,232	540,176	56,945,408
State Hospital	94,826,973	350,880,155	(330,000,000)	20,880,155
Opioid addiction prevention	2,000,000	8,000,000		8,000,000
Total all funds	$421,861,349	$580,920,603	($342,268,302)	$238,652,301
Less estimated income	113,955,941	399,223,478	(332,328,000)	66,895,478
General fund	$307,905,408	$181,697,125	($9,940,302)	$171,756,823
FTE	1,054.27	0.00	0.00	0.00

Department 327 - DHHS - Behavioral Health - Detail of Senate Changes

	Adjusts Funding for Behavioral Health Division[1]	Total Senate Changes
Salaries and wages		
Operating expenses	($98,478)	($98,478)
Grants	(12,710,000)	(12,710,000)
Behavioral health clinics	540,176	540,176
State Hospital	(330,000,000)	(330,000,000)
Opioid addiction prevention		
Total all funds	($342,268,302)	($342,268,302)
Less estimated income	(332,328,000)	(332,328,000)
General fund	($9,940,302)	($9,940,302)
FTE	0.00	0.00

[1] Funding for the behavioral health division is adjusted as follows:

Description	FTE	General Fund	Other Funds	Total
Reduces funding for SUD for medical expenses in institutions for mental disease facilities to $250,000		($250,000)	$0	($250,000)
Removes SUD funding added by the House for treatment for incarcerated individuals		(2,500,000)	0	(2,500,000)
Provides funding for youth crisis stabilization pilot project		0	3,000,000	3,000,000
Reduces funding added by the House to expand the community connect program to provide an increase of $3,500,000		(958,814)	0	(958,814)
Reduces funding added by the House to expand the free through recovery program to provide an increase of $2 million		(2,016,908)	0	(2,016,908)
Removes funding added by the House for behavioral health services in nursing homes and basic care facilities		(2,000,000)	0	(2,000,000)
Adjusts funding to reflect increased revenue from the certified community behavioral health clinics		(2,000,000)	2,000,000	0
Adjusts the annual provider inflation increase to 2% and 1.5%		(214,580)	0	(214,580)
Total ongoing changes		($9,940,302)	$5,000,000	($4,940,302)
One-time funding items:				
Adds funding to remodel bathrooms at the Southeast human service center		$0	$632,000	$632,000
Removes funding to construct a new state hospital		0	(330,000,000)	(330,000,000)
Reduces funding added by the House for a grant to a behavioral health facility in the Northeast human service region to provide a total of $5 million		0	(7,960,000)	(7,960,000)
Total one-time funding changes		$0	($337,328,000)	($337,328,000)
Total Senate changes		($9,940,302)	($332,328,000)	($342,268,302)

House Bill No. 1012 - DHHS - Human Services - Senate Action

	Base Budget	House Version	Senate Changes	Senate Version
Salaries and wages	$168,325,918			
Operating expenses	88,885,469	$197,143,705	$1,691,870	$198,835,575
Capital assets	10,000	10,000		10,000
Grants	621,189,007	715,582,267	(27,143,115)	688,439,152
Life Skills and Transition Center	44,992,263	15,207,658		15,207,658
Grants - Medical assistance	742,793,564	750,448,643		750,448,643
County social services	197,663,661	204,592,282		204,592,282
Total all funds	$1,863,859,882	$1,882,984,555	($25,451,245)	$1,857,533,310
Less estimated income	1,240,409,529	1,226,448,044	(10,127,449)	1,216,320,595
General fund	$623,450,353	$656,536,511	($15,323,796)	$641,212,715
FTE	1,009.16	0.00	0.00	0.00

Department 328 - DHHS - Human Services - Detail of Senate Changes

	Adjusts Funding for Human Services Division[1]	Total Senate Changes
Salaries and wages		
Operating expenses	$1,691,870	$1,691,870
Capital assets		
Grants	(27,143,115)	(27,143,115)
Life Skills and Transition Center		
Grants - Medical assistance		
County social services		
Total all funds	($25,451,245)	($25,451,245)
Less estimated income	(10,127,449)	(10,127,449)
General fund	($15,323,796)	($15,323,796)
FTE	0.00	0.00

[1] Funding for the human services division is adjusted as follows:

Description	FTE	General Fund	Other Funds	Total
Increases estimated FMAP percentage by 1%		($1,962,900)	$1,962,900	$0
Adjusts the annual provider inflation increase to 2% and 1.5%		(1,105,805)	(1,201,567)	(2,307,372)
Removes guardianship services (Funding provided in Senate Bill No. 2029)		(6,532,355)	0	(6,532,355)
Removes funding for the Waterford program		(2,400,000)	0	(2,400,000)
Adjusts foster care case load projections		(9,000,000)	(9,000,000)	(18,000,000)
Adjusts funding for low income home energy assistance program		0	(9,000,000)	(9,000,000)
Provides funding for Ministry on the Margins		285,000	0	285,000
Provides funding for Fraser LTD		300,000	0	300,000
Total ongoing funding changes		($20,416,060)	($17,238,667)	($37,654,727)
One-time funding items:				
Provides funding to implement a comprehensive vocational rehab technology system to connect people with disabilities to employment		$0	($7,000,000)	($7,000,000)
Reduces funding to expand the best in class program to provide for a $2 million increase		(4,000,000)	0	(4,000,000)
Adds funding for housing assistance for people at risk of instability		0	1,000,000	1,000,000
Adds funding for eviction prevention program		0	500,000	500,000
Reduces funding for a community cultural center grant		0	(700,000)	(700,000)
Removes funding for a winter park adaptive grant		(200,000)	0	(200,000)
Adjusts funding for an intermediate care facility grant		(3,457,736)	4,400,000	942,264
Adjusts funding for juvenile justice diversion services		(750,000)	500,000	(250,000)
Provides funding for infant and toddler care		13,500,000	0	13,500,000
Provides funding from a Bank of North Dakota line of credit for a child welfare technology project		0	8,411,218	8,411,218
Total one-time funding changes		$5,092,264	$7,111,218	$12,203,482
Total Senate changes		($15,323,796)	($10,127,449)	($25,451,245)

House Bill No. 1012 - DHHS - Medical Services - Senate Action

	Base Budget	House Version	Senate Changes	Senate Version
Salaries and wages	$21,008,344			
Operating expenses	70,807,977	$163,172,539		$163,172,539
Grants	1,651,004	3,457,804	($800,000)	2,657,804
Grants - Medical assistance	2,682,778,803	2,689,279,270	(14,820,504)	2,674,458,766
Total all funds	$2,776,246,128	$2,855,909,613	($15,620,504)	$2,840,289,109
Less estimated income	1,818,029,530	1,810,657,071	(1,436,598)	1,809,220,473
General fund	$958,216,598	$1,045,252,542	($14,183,906)	$1,031,068,636
FTE	90.50	0.00	0.00	0.00

Department 329 - DHHS - Medical Services - Detail of Senate Changes

	Adjusts Funding for Medical Services Division[1]	Total Senate Changes
Salaries and wages		
Operating expenses		
Grants	($800,000)	($800,000)
Grants - Medical assistance	(14,820,504)	(14,820,504)
Total all funds	($15,620,504)	($15,620,504)
Less estimated income	(1,436,598)	(1,436,598)
General fund	($14,183,906)	($14,183,906)
FTE	0.00	0.00

[1] Funding for the medical services division is adjusted as follows:

Description	FTE	General Fund	Other Funds	Total
Long-term care:				
Transfers basic care $5 daily rate to one-time funding		($4,067,056)	($1,474,184)	($5,541,240)
Medicaid:				
Provides funding to rebase ambulance rates to the lowest quartile Medicare rural base rate		($1,189,770)	($1,189,770)	($2,379,540)
Adjusts Medicaid case load projections		(4,000,000)	(4,000,000)	(8,000,000)
Reduces 1915(i) case load projections		(1,000,000)	(1,000,000)	(2,000,000)
Increases estimated FMAP percentage by 1%		(7,037,100)	7,037,100	0
Adjusts the annual provider inflation increase to 2% and 1.5%		(1,157,036)	(1,283,928)	(2,440,964)
Total ongoing funding changes		($18,450,962)	($1,910,782)	($20,361,744)
One-time funding items:				
Removes funding for a critical access hospital networking grant		$0	($1,000,000)	($1,000,000)
Transfers basic care $5 daily rate from ongoing funding		4,067,056	1,474,184	5,541,240
Provides funding for costs associated with housing for individuals with extraordinary medical needs		200,000	0	200,000
Total one-time funding changes		$4,267,056	$474,184	$4,741,240
Total Senate changes		($14,183,906)	($1,436,598)	($15,620,504)

House Bill No. 1012 - DHHS - Public Health - Senate Action

	Base Budget	House Version	Senate Changes	Senate Version
Salaries and wages	$60,415,388			
Operating expenses	37,721,213	$55,574,882	($49,287,739)	$6,287,143
Capital assets	1,469,780	3,685,618	(928,000)	2,757,618
Grants	81,718,145	85,963,641	(15,822,661)	70,140,980
Tobacco prevention	13,063,162	13,040,555		13,040,555
WIC food payments	19,900,000	21,000,000		21,000,000
COVID-19 response	83,909,182	85,754,555		85,754,555
Total all funds	$298,196,870	$265,019,251	($66,038,400)	$198,980,851
Less estimated income	250,440,690	229,814,403	(62,694,583)	167,119,820
General fund	$47,756,180	$35,204,848	($3,343,817)	$31,861,031
FTE	215.50	0.00	0.00	0.00

Department 330 - DHHS - Public Health - Detail of Senate Changes

	Adjusts Funding for Public Health Division[1]	Total Senate Changes
Salaries and wages		
Operating expenses	($49,287,739)	($49,287,739)
Capital assets	(928,000)	(928,000)
Grants	(15,822,661)	(15,822,661)
Tobacco prevention		
WIC food payments		
COVID-19 response		
Total all funds	($66,038,400)	($66,038,400)
Less estimated income	(62,694,583)	(62,694,583)
General fund	($3,343,817)	($3,343,817)
FTE	0.00	0.00

[1] Funding for the public health division is adjusted as follows:

Description	FTE	General Fund	Other Funds	Total
Reduces additional funding added by the House for domestic and sexual violence		($1,700,000)	$0	($1,700,000)
Removes funding added by the House for the Safe Haven program		(440,000)	0	(440,000)
Removes funding added by the House for vaccines for healthcare providers off federal contract		0	(2,213,930)	(2,213,930)
Reduces funding added by the House for forensic pathology contract services with UND to provide an increase of $1 million		(866,156)	0	(866,156)
Reduces funding added by the House for a grant to the Family Voices program to provide an increase of $50,000		(50,000)	0	(50,000)
Reduces funding added by the House for a fetal alcohol spectrum disorder clinic at UND to provide $350,000		(287,661)	0	(287,661)
Reduces federal CARES ACT/COVID funding		0	(60,716,583)	(60,716,583)
Total ongoing changes		($3,343,817)	($62,930,513)	($66,274,330)
One-time funding items:				
Removes funding added by the House to purchase a forensic examiner electronic records system		$0	($278,000)	($278,000)
Removes funding added by the House for licensure management system		0	(650,000)	(650,000)
Removes funding added by the House for a Cass County animal shelter grant		0	(300,000)	(300,000)
Removes funding added by the House for the Statewide health strategies grant		0	(750,000)	(750,000)
Provides funding from the public health lab fund for public health data modernization		0	2,213,930	2,213,930
Total one-time funding changes		$0	$235,930	$235,930
Total Senate changes		($3,343,817)	($62,694,583)	($66,038,400)

House Bill No. 1012 - Other Changes - Senate Action

This amendment also:

- Adds sections to provide guidelines regarding the use of funding for infant and toddler care provider payments, intermediate care facility medically and behaviorally complex services grants, special health care needs grants, crisis services grants, and medical housing for individuals with extraordinary medical needs.
- Adjusts sections identifying funding from the strategic investment and improvements fund and community health trust fund.
- Removes sections identifying funding for an animal shelter grant and statewide health strategies.
- Removes a Bank of North Dakota line of credit for a new State Hospital project and adds a Bank of North Dakota line of credit for a child welfare technology project.
- Adjusts the membership of the new State Hospital steering committee to include representatives of DHHS, the Office of Management and Budget, Governor's office, and the Legislative Assembly.
- Adjusts various exemptions to allow the continuation of unexpended appropriation authority into the 2025-27 biennium. These adjustments will increase the July 1, 2025, general fund balance by $12,411,218.
- Removes a section to provide legislative intent that DHHS eliminate its administrative rule requirement that providers of developmental disabilities services be accredited as a condition to receive payments for services.
- Creates a new section to Chapter 6-09 to create an extraordinary medical needs housing loan fund and to provide guidelines regarding the use of the loan fund.
- Amends Section 50-36-03 relating to the membership of the opioid advisory committee.
- Amends provisions relating to the Children's Cabinet as approved in Senate Bill No. 2176.
- Provides for a Legislative Management study of maternal health services.
- Provides legislative intent that DHHS review the utilization of the Life Skills and Transition Center campus to determine if any portions of the campus can be conveyed for use by community organizations.
- Provides for DHHS to study developmental disability service provider accreditation.
- Provides for DHHS to develop a payment structure to provide funding for a value-based care incentive program for nursing facilities.

- Provides for a Legislative Management study of developmental disability services provided by DHHS and provides an appropriation of $150,000 to the Legislative Council for consultant services for the study.

4-15-25
HB 1012

NORTH Dakota | Health & Human Services
Be Legendary.

PROVIDER INFLATION

2%/1.5% VS 2%/2%
2025-27 BIENNIUM

Inflation Percentage 2%/1.5%	2025-27 Biennium				Increase from Executive Request		
Program	TOTAL	GENERAL	FEDERAL	OTHER	GENERAL	FEDERAL	OTHER
Inpatient Hospitals	$ 5,755,110	$ 2,859,528	$ 2,895,582	$ -	$ 522,039	$ 529,075	$ -
Outpatient Hospitals	2,014,242	988,437	1,025,805	-	180,451	187,431	-
Professional Services	4,097,854	2,002,709	2,095,145	-	365,618	382,814	-
Other Medical Programs	7,969,739	2,651,119	5,318,620	-	483,992	969,760	-
Basic Care	1,837,940	1,331,716	506,224	-	243,185	92,496	-
HCBS/Children Services	4,764,793	2,699,127	2,065,666	-	492,784	377,414	-
Developmental Disability	20,553,318	10,139,779	10,413,539	-	1,846,773	1,898,304	-
Children and Family Services	4,016,866	1,703,190	2,294,334	19,342	286,074	440,568	3,451
Behavioral Health Policy	1,331,123	1,331,123	-	-	242,515	-	-
Human Service Clinics	995,596	995,596	-	-	181,386	-	-
Aging Services	56,674	39,928	16,746	-	7,275	3,051	-
	$ 53,393,255	$ 26,742,252	$ 26,631,661	$ 19,342	$ 4,852,092	$ 4,880,913	$ 3,451

Inflation Percentage 2%/2%	2025-27 Biennium				Increase from Executive Request		
Program	TOTAL	GENERAL	FEDERAL	OTHER	GENERAL	FEDERAL	OTHER
Inpatient Hospitals	$ 6,285,871	$ 3,123,555	$ 3,162,316	$ -	$ 786,066	$ 795,809	$ -
Outpatient Hospitals	2,200,003	1,079,700	1,120,303	-	271,714	281,929	-
Professional Services	4,475,776	2,187,622	2,288,154	-	550,531	575,823	-
Other Medical Programs	8,707,265	2,895,903	5,811,362	-	728,776	1,462,502	-
Basic Care	2,007,443	1,454,587	552,856	-	366,056	139,128	-
HCBS/Children Services	5,204,284	2,948,305	2,255,979	-	741,962	567,727	-
Developmental Disability	22,460,812	11,081,970	11,378,842	-	2,788,964	2,863,607	-
Children and Family Services	4,392,176	1,863,122	2,507,817	21,237	446,006	654,051	5,346
Behavioral Health Policy	1,453,885	1,453,885	-	-	365,277	-	-
Human Service Clinics	1,087,414	1,087,414	-	-	273,204	-	-
Aging Services	61,900	43,610	18,290	-	10,957	4,595	-
Grand Total	$ 58,336,829	$ 29,219,673	$ 29,095,919	$ 21,237	$ 7,329,513	$ 7,345,171	$ 5,346

DIFFERENCE	$ 4,943,574	$ 2,477,421	$ 2,464,258	$ 1,895	$ 2,477,421	$ 2,464,258	$ 1,895

2025 CONFERENCE COMMITTEE

HB 1012

2025 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

HB 1012
4/23/2025
Conference Committee

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

10:30 a.m. Chairman J. Nelson called the meeting to order.

Members Present: Chairman J. Nelson, Representatives: O'Brien, Mitskog, Chairman Dever, Senators: Davidson, Cleary.

Discussion Topics:

- Committee Action
- Community Trust Fund
- Long Sheet

10:35 a.m. Keith Mantz, Fiscal Analyst, ND Legislative Council, reviewed documents, #45149.

10:38 a.m. Keith Mantz, Fiscal Analyst, ND Legislative Council, continued with review of the documents #45148.

11: 33 a.m. Chairman J. Nelson adjourned the meeting.

Jan Kamphuis, Committee Clerk

April 14, 2025

Legislative Council

Department of Health and Human Services - Budget No. 325
Agency Worksheet - House Bill No. 1012

	House Version				Senate Version				Senate Compared to House Version Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Division Totals												
FTE block grant pool	2,688.35	309,564,625	286,720,150	596,284,775	2,688.35	328,528,354	291,449,112	619,977,466		18,963,729	4,728,962	23,692,691
Business Operations	0.00	$49,695,542	$47,368,089	$97,063,631	0.00	$49,695,542	$47,368,089	$97,063,631				$0
Behavioral Health	0.00	181,697,125	399,223,478	580,920,603	0.00	171,756,823	66,895,478	238,652,301		($9,940,302)	($332,328,000)	(342,268,302)
Human Services	0.00	656,536,511	1,226,448,044	1,882,984,555	0.00	641,212,715	1,216,320,595	1,857,533,310		(15,323,796)	(10,127,449)	(25,451,245)
Medical Services	0.00	1,045,252,542	1,810,657,071	2,855,909,613	0.00	1,031,068,636	1,809,220,473	2,840,289,109		(14,183,906)	(1,436,598)	(15,620,504)
Public Health	0.00	35,204,848	229,814,403	265,019,251	0.00	31,861,031	167,119,820	198,980,851		(3,343,817)	(62,694,583)	(66,038,400)
Total 2025-27 funding	**2,688.35**	**$2,277,951,193**	**$4,000,231,235**	**$6,278,182,428**	**2,688.35**	**$2,254,123,101**	**$3,598,373,567**	**$5,852,496,668**	**0.00**	**($23,828,092)**	**($401,857,668)**	**($425,685,760)**
	0.00	**$0**	**$0**	**$0**	**0.00**	**$0**	**$0**	**$0**	**0.00**	**$0**	**$0**	**$0**
Total Base Level Funding	**2,688.35**	**$2,277,951,193**	**$4,000,231,235**	**$6,278,182,428**	**2,688.35**	**$2,254,123,101**	**$3,598,373,567**	**$5,852,496,668**	**0.00**	**($23,828,092)**	**($401,857,668)**	**($425,685,760)**
2025-27 Total Funding	**2,688.35**	**$2,277,951,193**	**$4,000,231,235**	**$6,278,182,428**	**2,688.35**	**$2,254,123,101**	**$3,598,373,567**	**$5,852,496,668**	**0.00**	**($23,828,092)**	**($401,857,668)**	**($425,685,760)**
Federal funds included in other funds			*$3,101,550,885*				*$3,018,363,037*				*($83,187,848)*	
Total ongoing changes - Percentage of base level	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*

Other Sections in Department of Health and Human Services - Budget No. 325

Section Description	House Version	Senate Version	
Funding transfers	Section 3 authorizes the transfer of appropriation authority between line items within Section 1 of the bill.	Section 3 authorizes the transfer of appropriation authority between line items within Section 1 of the bill.	
FTE position block grant program	Section 4 authorizes DHHS to increase or decrease the authorized FTE positions subject to the availability of funds.	Section 4 authorizes DHHS to increase or decrease the authorized FTE positions subject to the availability of funds.	
FTE Block grant reporting	Section 5 has requires the department to report on the block grant program.	Section 5 requires the department to report on the block grant program.	
Behavioral health facility grant - SIIF	Section 6 identifies $12,960,000 from the SIIF for a grant to establish a behavioral health facility in the northeast human service region.	Section 6 identifies $5,000,000 from the SIIF for a grant to establish a behavioral health facility in the northeast human service region.	
Infant and toddler care provider support direct payment		Section 7 identifies $13,500,000 of one-time funding for direct payments to licensed child care providers to support high-quality early childhood care for infants and toddlers.	
Intermediate care facility medically and behaviorally complex services grant - SIIF		Section 8 identifies $4,400,000 from the SIIF for a one-time grant for a licensed intermediate care facility in the south central human service region.	
Special health care needs grant		Section 9 identifies $50,000 from general fund for a grant for a provider in south central human services for education, information, training, and peer support to families with children with special needs.	

Other Sections in Department of Health and Human Services - Budget No. 325

Section Description	House Version	Senate Version	
Crisis services grants		Section 10 identifies $585,000 from general fund for a grants of $300,000 to a crisis organization that provides crisis services to young adults at risk of being homeless and $285,000 to a volunteer based ecumenical ministry organization.	
Medical housing for individuals with extraordinary medical needs		Section 11 identifies $200,000 for preliminary design to develop medical housing for individuals with extraordinary medical needs and to provide rent subsidies to individuals that reside in these housing facilities.	
Community cultural center grant - SIIF	Section 7 identifies $1,000,000 from the SIIF for a one-time grant for a community cultural center in the west central human service region.	Section 12 identifies $300,000 from the SIIF for a one-time grant for a community cultural center in the west central human service region.	
Juvenile justice diversion services and program - Community health trust fund	Section 8 identifies $750,000 of one-time funding from the general fund for juvenile justice diversion services and programs.	Section 13 identifies $500,000 of one-time funding from the community health trust fund for juvenile justice diversion services and programs.	
Animal shelter grant - Community health trust fund	Section 9 identifies $300,000 of one-time funding from the community health trust fund to provide a grant for construction of an animal shelter.		
Statewide health strategies - Community health trust fund	Section 10 identifies $750,000 of one-time funding from the community health trust fund for the statewide health strategies initiative.		
Other funds - Insurance tax distribution fund	Section 11 identifies $1,125,000 from the insurance tax distribution fund for rural emergency medical services grants.	Section 14 identifies $1,125,000 from the insurance tax distribution fund for rural emergency medical services grants.	
Other funds - Community health trust fund	Section 12 identifies $38,713,522 from the community health trust fund for the following purposes: loan repayment programs ($594,500), tobacco and vaping programs ($11,599,698), cancer and women's way programs ($909,824), behavioral risk state survey ($200,000), domestic violence programs ($4,250,000), local public health grants ($3,275,000), 988 crisis hotline ($1,867,500), various information technology system upgrades ($2,967,000), grants to rural ambulances ($7,000,000), law enforcement rural crisis support program ($1,000,000), Development of partial hospitalization/intensive day treatment ($2,000,000), Critical access hospital networking ($2,000,000), Animal shelter grant ($300,000), statewide health strategies ($750,000).	Section 15 identifies $41,431,522 from the community health trust fund for the following purposes: loan repayment programs ($594,500), tobacco prevention grants to public health units ($6,250,000), tobacco prevention ($4,549,698), tobacco cessation grants ($500,000), youth vaping prevention ($300,000), cancer and women's way programs ($909,824), behavioral risk state survey ($200,000), youth crisis stabilization ($1,500,000), intermediate care facility grant ($4,400,000), domestic violence programs ($4,250,000), local public health grants ($3,275,000), 988 crisis hotline ($1,867,500), various information technology system upgrades ($1,335,000), grants to rural ambulances ($7,000,000), law enforcement rural crisis support program ($1,000,000), Development of partial hospitalization/intensive day treatment ($2,000,000), juvenile justice services ($500,000), critical access hospital networking ($1,000,000).	
Other funds - Human service finance fund	Section 13 identifies $239,112,030 from the human services finance fund for state-paid economic assistance and social and human services.	Section 16 identifies $242,112,030 from the human services finance fund for state-paid economic assistance and social and human services.	
Opioid settlement fund	Section 14 identifies $8,000,000 from the opioid settlement fund for opioid remediation and abatement efforts.	Section 17 identifies $8,000,000 from the opioid settlement fund for opioid remediation and abatement efforts.	

Other Sections in Department of Health and Human Services - Budget No. 325

Section Description	House Version	Senate Version	
Other funds - SIIF	Section 15 identifies $227,474,784 from SIIF for the following purposes: retiring technology from the mainframe ($7,500,000), new state lab and purchase security equipment ($2,962,304), capital projects in human service centers and the LSTC ($1,052,480), housing initiative programs ($1,000,000), technology projects at the State Hospital ($1,000,000), behavioral health facility grant ($12,960,000), community cultural center grant ($1,000,000), and a new State Hospital capital project ($200,000,000).	Section 18 identifies $18,446,784 from SIIF for the following purposes: retiring technology from the mainframe ($5,000,000), new state lab and purchase security equipment ($2,962,304), capital projects in human service centers and the LSTC ($1,684,480), housing initiative programs ($2,500,000), technology projects at the State Hospital ($1,000,000), behavioral health facility grant ($5,000,000), community cultural center grant ($300,000).	
Bank of North Dakota line of credit	Section 16 provides for a $130,000,000 Bank of North Dakota line of credit for costs associated with the construction of a new state hospital	Section 19 provides for a $8,411,218 Bank of North Dakota line of credit for costs associated with the child welfare technology project.	
Laboratory building steering committee	Section 17 requires DHHS will maintain the laboratory building steering committee to oversee the design and construction of the laboratory building project during the biennium or until the work is completed, whichever is earlier.	Section 20 requires DHHS will maintain the laboratory building steering committee to oversee the design and construction of the laboratory building project during the biennium or until the work is completed, whichever is earlier.	
New state hospital steering committee	Section 18 requires DHHS will establish a state hospital facility steering committee to oversee the design and construction of the new State Hospital project during the biennium	Section 21 requires DHHS will establish a state hospital facility steering committee to oversee the design and construction of the new State Hospital project during the biennium.	
Capital payments	Section 19 authorizes DHHS to expend funds for the payment of special assessments at the State Hospital, Southeast Human Service Center, and Life Skills and Transition Center.	Section 22 authorizes DHHS to expend funds for the payment of special assessments at the State Hospital, Southeast Human Service Center, and Life Skills and Transition Center.	
Capital projects - Emergency commission approval	Section 20 authorizes transfers from line items within Section 1 of this bill for capital projects and maintenance pertaining to the operation of facilities including demolition projects of up to $10 million, DHHS may seek emergency commission approval to spend more than $10 million under this section.	Section 23 authorizes transfers from line items within Section 1 of this bill for capital projects and maintenance pertaining to the operation of facilities including demolition projects of up to $10 million, DHHS may seek emergency commission approval to spend more than $10 million under this section.	
Permanent supportive housing grants	Section 21 directs DHHS to develop a funding methodology to distribute the funding to qualified entities that utilize best practices for permanent supportive housing, provide recovery-oriented and person-centered services, submit processes and outcome measures to DHHS, and authorize DHHS to conduct onsite visits to review program operations for the funding of $4,672,536 included in Section 1 of the bill.	Section 24 directs DHHS to develop a funding methodology to distribute the funding to qualified entities that utilize best practices for permanent supportive housing, provide recovery-oriented and person-centered services, submit processes and outcome measures to DHHS, and authorize DHHS to conduct onsite visits to review program operations for the funding of $4,672,536 included in Section 1 of the bill.	
Expenditures may not exceed appropriation - Medical assistance expansion program	Section 22 identifies the sum of $662,099,340, of which $66,209,934 is from the general fund, for the Medicaid Expansion program for the 2025-27 biennium. The expenditures for individuals enrolled in Medicaid Expansion may not exceed this amount.	Section 25 identifies the sum of $662,099,340, of which $66,209,934 is from the general fund, for the Medicaid Expansion program for the 2025-27 biennium. The expenditures for individuals enrolled in Medicaid Expansion may not exceed this amount.	
Human service centers - certified community behavioral health clinics - FTE positions	Section 23 requires DHHS to continue the process of human service centers becoming certified community behavioral health clinics to provide continuous community-based behavioral health services for children and adults. Federal funding must be pursued and subject to the availability of generated income, DHHS may add FTE positions for field services to provide direct services.	Section 26 requires DHHS to continue the process of human service centers becoming certified community behavioral health clinics to provide continuous community-based behavioral health services for children and adults. Federal funding must be pursued and subject to the availability of generated income, DHHS may add FTE positions for field services to provide direct services	

Other Sections in Department of Health and Human Services - Budget No. 325

Section Description	House Version	Senate Version	
Intermediate care facility moratorium	Section 24 precludes DHHS from adding any new licensed intermediate care facility for individuals with intellectual disabilities beds to the state's licensed bed capacity during the biennium.	Section 27 precludes DHHS from adding any new licensed intermediate care facility for individuals with intellectual disabilities beds to the state's licensed bed capacity during the biennium.	
Exemption for certain unexpended appropriations to be continued into the 2025-27 biennium - Section 28	Subsection 1 - $3,674,757 from the general fund and $25,918,566 from federal funds for Medicaid management information system modularization technology.	Subsection 1 - $3,674,757 from the general fund and $25,918,566 from federal funds for Medicaid management information system modularization technology.	
	Subsection 2 - $14,411,218 from the general fund and $14,411,218 from federal funds for the child welfare technology project.	Subsection 2 - $6,000,000 from the general fund and $14,411,218 from federal funds for the child welfare technology project.	
	Subsection 3 -$20,366,271 from the community health trust fund and $39,534,525 from federal funds for the child support computer replacement project.	Subsection 3 -$20,366,271 from the community health trust fund and $39,534,525 from federal funds for the child support computer replacement project.	
	Subsection 4 - $10,989,217 from SIIF for the procurement and grants management system.	Subsection 4 - $10,989,217 from SIIF for the procurement and grants management system.	
	Subsection 5 - $4 15 million from the general fund for defraying the expenses of additional human service centers to begin the process of becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults.	Subsection 5 - $4 15 million from the general fund for defraying the expenses of additional human service centers to begin the process of becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults.	
	Subsection 6 - $18,941,847 in Chapter 549 of the 2021 Special Session Laws.	Subsection 6 - $18,941,847 in Chapter 549 of the 2021 Special Session Laws.	
	Subsection 7 - $55,120,000 from the federal state fiscal recovery fund for a public health laboratory capital project.	Subsection 7 - $55,120,000 from the federal state fiscal recovery fund for a public health laboratory capital project.	
	Subsection 8 - $5 million from the general funds for the purpose of employer-led child care cost-share program.	Subsection 8 - $1 million from the general funds for the purpose of employer-led child care cost-share program.	
	Subsection 9 - $986,555 from the general fund for the purpose of streamlining background checks.	Subsection 9 - $986,555 from the general fund for the purpose of streamlining background checks.	
	Subsection 10 - $2,223,981 from the federal state fiscal recovery fund for the implementation of a virtual behavioral health crisis care program for rural law enforcement.	Subsection 10 - $1,000,000 from the federal state fiscal recovery fund for the implementation of a virtual behavioral health crisis care program for rural law enforcement.	
	Subsection 11 - $500,000 from federal funds for the purpose of program integrity audits.	Subsection 11 - $500,000 from federal funds for the purpose of program integrity audits.	
	Subsection 12 - $1,950,000 from general funds for a northwest human service region behavioral health facility grant.	Subsection 12 - $1,950,000 from general funds for a northwest human service region behavioral health facility grant.	
Legislative intent - Utilization rate adjustment	Section 26 provides intent that DHHS seek a deficiency appropriation for any expenditures that exceed appropriated amounts as a result of underfunding, utilization rates, value-based purchasing for nursing facilities, reduction in federal medical assistance percentage, and unexpected contract cost increases that exceed 10 percent during the biennium if funding is not sufficient to pay actual expenses.	Section 29 provides intent that DHHS seek a deficiency appropriation for any expenditures that exceed appropriated amounts as a result of underfunding, utilization rates, value-based purchasing for nursing facilities, reduction in federal medical assistance percentage, and unexpected contract cost increases that exceed 10 percent during the biennium if funding is not sufficient to pay actual expenses.	
Legislative intent - Provider rate increase	Section 27 provides for a 2 percent increase each year of the biennium for human service provider inflation. The provider inflation increase in this section does not apply to nursing facilities.	Section 30 provides for a 2 percent increase for the first year and 1.5 percent increase the second year of the biennium for human service provider inflation. The provider inflation increase in this section does not apply to nursing facilities.	

Other Sections in Department of Health and Human Services - Budget No. 325

Section Description	House Version	Senate Version	
Legislative intent - Developmental disabilities provider accreditation requirement	Section 28 provides for elimination of the administrative rule requirement that providers of developmental disabilities services be accredited as a condition of being eligible for receiving payments for services from DHHS.		
Legislative intent - Medical assistance	Section 29 provides for DHHS to review the amount, duration, coverage, utilization rates, medical necessity, and scope of medical assistance services, and may implement any adjustments the department determines appropriate.	Section 31 provides for DHHS to review the amount, duration, coverage, utilization rates, medical necessity, and scope of medical assistance services, and may implement any adjustments the department determines appropriate.	
Federal funding appeal limitation	Section 30 provides except as otherwise specifically provided by federal law, a person may not appeal a denial, revocation, reduction in services or payment, or the termination of a program or service by DHHS due to the unavailability of federal coronavirus funding received under federal law resulting from the federal coronavirus pandemic emergency declaration.	Section 32 provides except as otherwise specifically provided by federal law, a person may not appeal a denial, revocation, reduction in services or payment, or the termination of a program or service by DHHS due to the unavailability of federal coronavirus funding received under federal law resulting from the federal coronavirus pandemic emergency declaration.	
Long term structured residences plan - report	Section 31 provides for DHHS to review options and develop a plan to establish long-term structured residences.	Section 33 provides for DHHS to review options and develop a plan to establish long-term structured residences.	
Extraordinary medical needs housing loan fund		Section 34 establishes a loan program at the Bank of North Dakota to provide loans for new construction projects to provide housing for individuals with disabilities that have extraordinary medical needs.	
Lease of land at the State Hospital and Life Skills and Transition Center	Section 32 amends section 50-06-06.6 of the North Dakota Century Code to allow for a lease term of real or personal property for term not to exceed ninety-nine years at the life skills and transition center or the state hospital.	Section 35 amends section 50-06-06.6 of the North Dakota Century Code to allow for a lease term of real or personal property for term not to exceed ninety-nine years at the life skills and transition center or the state hospital.	
Use of SUD voucher	Section 33 amends section 50-06-42 of the North Dakota Century Code to include medical costs in the substance use voucher system payments for individuals in a licensed substance abuse treatment program and allow for the substance use voucher system for individuals detained or confined in a county jail or detention center or regional corrections center.	Section 36 amends section 50-06-42 of the North Dakota Century Code to include medical costs in the substance use voucher system payments for individuals in a licensed substance abuse treatment program and allow for the substance use voucher system for individuals detained or confined in a county jail or detention center or regional corrections center.	
Basic care payment rate	Section 34 amends section 50-24.5-02.3 of the North Dakota Century Code to extend the basic care payment rate increase of five dollars per day through June 30, 2027.	Section 37 amends section 50-24.5-02.3 of the North Dakota Century Code to extend the basic care payment rate increase of five dollars per day through June 30, 2027.	
Child care workforce benefits	Section 35 amends section 50-33-05 of the North Dakota Century Code to include individuals employed by an early childhood program within the boundaries of the state if approved for the state's child care assistance child care workforce benefit.	Section 38 amends section 50-33-05 of the North Dakota Century Code to include individuals employed by an early childhood program within the boundaries of the state if approved for the state's child care assistance child care workforce benefit.	
Opioid settlement advisory committee		Section 39 amends section 50-36-03 to change the make up of the opioid settlement advisory committee.	
Children's cabinet - Governor's designee		Section 40 amends subsection 6 of section 54-07 as created by Senate Bill No. 2176 to allow the governor to appoint a representative.	

Other Sections in Department of Health and Human Services - Budget No. 325

Section Description	House Version	Senate Version	
Housing availability assessment - collaboration with housing finance agency	Section 36 provides for DHHS to collaborate with the North Dakota Housing Finance Agency and other appropriate stakeholders to assess the availability of housing for individuals requiring extraordinary health care support services.	Section 41 provides for DHHS to collaborate with the North Dakota Housing Finance Agency and other appropriate stakeholders to assess the availability of housing for individuals requiring extraordinary health care support services.	
Behavioral health clinics, North Dakota State Hospital, and Life Skills and Transition Center funding	Section 37 identifies funding for the behavioral health clinics, State Hospital, and Life Skills and Transition Center.	Section 42 identifies funding for the behavioral health clinics, State Hospital, and Life Skills and Transition Center.	
Legislative management study - student truancy and absenteeism	Section 38 provides for a study on truancy and student absenteeism in kindergarten through grade twelve public schools.	Section 43 provides for a study on truancy and student absenteeism in kindergarten through grade twelve public schools	
Legislative Management study - obesity health implications	Section 39 provides for a study on the health implications of obesity on the residents of the state and options to increase access to prevention and treatments for obesity	Section 44 provides for a study on the health implications of obesity on the residents of the state and options to increase access to prevention and treatments for obesity.	
Legislative Management study - maternal health services		Section 45 provides for a study on access to maternal health services.	
Legislative intent - Life skills and transition center		Section 46 establishes that the department of health and human services will review the facilities at the life skills and transition center to identify needs for services and possible community uses.	
Disability service accreditation study		Section 47 directs the department of health and human services to study and report on accreditation requirements and provider costs for serving individuals with intellectual and developmental disabilities.	
Value-based care incentive program - payment withhold for nursing facilities		Section 48 directs the department of health and human services to work with the North Dakota long term care association to develop a payment withhold structure It will not be implemented before July 1, 2027	
Legislative Management study - disability services		Section 49 provides for a legislative management study on the efficiency, effectiveness, and outcomes of developmental disability services.	
Appropriation for a study by the legislative council on disability services		Section 50 provides an appropriation of $150,000 from the community health trust fund to the legislative council to contract with a consulting service for a disability service study.	
Legislative Management report - behavioral health facility grants	Section 40 requires DHHS to provide reports to the Legislative Management regarding the award grant funding to increase the number of behavioral health beds in the state.	Section 51 requires DHHS to provide reports to the Legislative Management regarding the award grant funding to increase the number of behavioral health beds in the state.	
Establishes an effective date		Section 52 establishes an effective date of July 1, 2026 for section 36.	
Establishes an effective date		Section 53 establishes an effective date of January 1, 2026 for section 7	

Legislative Council

Salaries and Wages Block Grant Funding Pool - Budget No. 325
Agency Worksheet - House Bill No. 1012

	House Version				Senate Version				Senate Compared to House Version Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	0.00	$0	$0	$0	0.00	$0	$0	$0	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salaries and wages block grant pool	2,688.35	$309,564,625	$286,720,150	$596,284,775	2,688.35	$309,564,625	$286,720,150	$596,284,775				$0
Change to underfunding				0		18,963,729		18,963,729		$18,963,729		18,963,729
Additional block grant funding - human services operating fund				0			4,728,962	4,728,962			$4,728,962	4,728,962
2025-27 Total Funding	**2,688.35**	**$309,564,625**	**$286,720,150**	**$596,284,775**	**2,688.35**	**$328,528,354**	**$291,449,112**	**$619,977,466**	**0.00**	**$18,963,729**	**$4,728,962**	**$23,692,691**
Federal funds included in other funds			*$244,061,066*				*$244,061,066*				*$0*	

No other sections

Legislative Council

Business Operations - 100 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	House Version				Senate Version				Senate Compared to House Version Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	114.40	$74,099,008	$118,894,310	$192,993,318	114.40	$74,099,008	$118,894,310	$192,993,318	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$1,035,502	$531,151	$1,566,653		$1,035,502	$531,151	$1,566,653				$0
Health insurance increase		651,154	363,569	1,014,723		651,154	363,569	1,014,723				0
Base budget adjustments and transfers		(16,396,866)	(66,836,143)	(83,233,009)		(16,396,866)	(66,836,143)	(83,233,009)				0
FTE block grant pool	(180.55)	(12,603,508)	(17,737,100)	(30,340,608)	(180.55)	(12,603,508)	(17,737,100)	(30,340,608)				0
Information Technology Department (ITD) rate increases		5,196,748	2,152,302	7,349,050		5,196,748	2,152,302	7,349,050				0
IT contractual Inflationary rate increases		20,730,788		20,730,788		20,730,788		20,730,788				0
Operational underfund		(3,050,000)		(3,050,000)		(3,050,000)		(3,050,000)				0
Additional salary funding/underfunding		(20,157,874)		(20,157,874)		(20,157,874)		(20,157,874)				0
Office of Administrative Hearings and Attorney General fee increases		190,590		190,590		190,590		190,590				0
FTE position adjustment	66.15			0	66.15			0				0
Total ongoing funding changes	**(114.40)**	**($24,403,466)**	**($81,526,221)**	**($105,929,687)**	**(114.40)**	**($24,403,466)**	**($81,526,221)**	**($105,929,687)**	**0.00**	**$0**	**$0**	**$0**
One-Time Funding Items												
Retire mainframe and legacy systems ($4MM HS fin fund/$6MM fed)			$10,000,000	$10,000,000			$10,000,000	$10,000,000				$0
Total one-time funding changes	**0.00**	**$0**	**$10,000,000**	**$10,000,000**	**0.00**	**$0**	**$10,000,000**	**$10,000,000**	**0.00**	**$0**	**$0**	**$0**
Total Changes to Base Level Funding	**(114.40)**	**($24,403,466)**	**($71,526,221)**	**($95,929,687)**	**(114.40)**	**($24,403,466)**	**($71,526,221)**	**($95,929,687)**	**0.00**	**$0**	**$0**	**$0**
2025-27 Total Funding	**0.00**	**$49,695,542**	**$47,368,089**	**$97,063,631**	**0.00**	**$49,695,542**	**$47,368,089**	**$97,063,631**	**0.00**	**$0**	**$0**	**$0**
Federal funds included in other funds			*$42,760,908*				*$42,760,908*				*$0*	
Total ongoing changes - Percentage of base level	*(100.0%)*	*(32.9%)*	*(68.6%)*	*(54.9%)*	*(100.0%)*	*(32.9%)*	*(68.6%)*	*(54.9%)*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*(100.0%)*	*(32.9%)*	*(60.2%)*	*(49.7%)*	*(100.0%)*	*(32.9%)*	*(60.2%)*	*(49.7%)*	*N/A*	*N/A*	*N/A*	*N/A*

Legislative Council

Behavioral Health - 200 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	House Version				Senate Version				Senate Compared to House Version Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	1,054.27	$307,905,408	$113,955,941	$421,861,349	1,054.27	$307,905,408	$113,955,941	$421,861,349	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$8,392,306	$134,924	$8,527,230		$8,392,306	$134,924	$8,527,230				$0
Health insurance increase		6,517,157	114,129	6,631,286		6,517,157	114,129	6,631,286				0
Base budget adjustments and transfers		15,466,235	2,311,139	17,777,374		15,466,235	2,311,139	17,777,374				0
FTE block grant pool	(1,159.20)	(190,198,399)	(68,592,655)	(258,791,054)	(1,159.20)	(190,198,399)	(68,592,655)	(258,791,054)				0
Cost to continue programs		5,709,106	(5,000,000)	709,106		5,709,106	(5,000,000)	709,106				0
Opioid settlement			8,000,000	8,000,000			8,000,000	8,000,000				0
Avel eCare rural crisis support continuation (community health trust fund)- reduce other funds			1,000,000	1,000,000			1,000,000	1,000,000				0
Substance use disorder voucher utilization expansion		2,500,000		2,500,000		2,500,000		2,500,000				0
Additional substance use disorder funding for medical expenses with institution for mental disease voucher		500,000		500,000		250,000		250,000		($250,000)		(250,000)
Substance use disorder - 50/50 inpatient/outpatient		500,000		500,000		500,000		500,000				0
Mental health and substance use disorder treatment for incarcerated individuals		2,500,000		2,500,000		0		0		(2,500,000)		(2,500,000)
Western ND behavioral health staffing salary equity		250,536		250,536		250,536		250,536				0
Inflation for vendors crisis residential contract		706,233		706,233		706,233		706,233				0
Inflation for vendors addiction residential contract		917,786		917,786		917,786		917,786				0
Inflation for vendors recovery/rehab contract		2,154,668		2,154,668		2,154,668		2,154,668				0
Inflation for vendors adjustment		(2,000,000)		(2,000,000)		(2,000,000)		(2,000,000)				0
Treatment collaboration for traumatized youth expansion		408,000		408,000		408,000		408,000				0
Voluntary treatment program/qualified residential treatment program private custody youth		1,351,997		1,351,997		1,351,997		1,351,997				0
Youth crisis stabilization pilot(CHTF/Fed)				0			3,000,000	3,000,000			$3,000,000	3,000,000
Cost to continue free through recovery and community connect		4,761,081		4,761,081		4,761,081		4,761,081				0
Expanded Community Connect services		4,458,814		4,458,814		3,500,000		3,500,000		(958,814)		(958,814)
Expand free through recovery services		4,016,908		4,016,908		2,000,000		2,000,000		(2,016,908)		(2,016,908)
Peer support increase		137,990		137,990		137,990		137,990				0
Drug court treatment expansion		200,000		200,000		200,000		200,000				0
Provider inflation increase 2% and 2%		2,541,299		2,541,299		2,541,299		2,541,299				0
Behavioral health services for nursing homes and basic care facilities		2,000,000		2,000,000		0		0		(2,000,000)		(2,000,000)
Increased revenue projection - clinics				0		(2,000,000)	2,000,000	0		(2,000,000)	2,000,000	0
Provider inflation adjustment to 2% and 1.5%				0		(214,580)		(214,580)		(214,580)		(214,580)
FTE position adjustment	104.93			0	104.93			0				0
Total ongoing funding changes	**(1,054.27)**	**($126,208,283)**	**($62,032,463)**	**($188,240,746)**	**(1,054.27)**	**($136,148,585)**	**($57,032,463)**	**($193,181,048)**	**0.00**	**($9,940,302)**	**$5,000,000**	**($4,940,302)**
One-Time Funding Items												

Electronic Health Record/Pharmacy system (SIIF)			$500,000	$500,000			$500,000	$500,000				$0
Retire health record legacy system on mainframe (SIIF)			1,000,000	1,000,000			1,000,000	1,000,000				0
State hospital network redundancy and speed (SIIF)			500,000	500,000			500,000	500,000				0
Develop partial hospitalization/intensive day treatment (community health trust fund)			2,000,000	2,000,000			2,000,000	2,000,000				0
Bathroom remodel at Southeast Human Service Center (SIIF)			340,000	340,000			972,000	972,000			$632,000	632,000
Construction of new state hospital -(SIIF) - BND line of credit			330,000,000	330,000,000			0	0			(330,000,000)	(330,000,000)
Behavioral health facility grant(SIIF)			12,960,000	12,960,000			5,000,000	5,000,000			(7,960,000)	(7,960,000)
Total one-time funding changes	**0.00**	**$0**	**$347,300,000**	**$347,300,000**	**0.00**	**$0**	**$9,972,000**	**$9,972,000**	**0.00**	**$0**	**($337,328,000)**	**($337,328,000)**
Total Changes to Base Level Funding	**(1,054.27)**	**($126,208,283)**	**$285,267,537**	**$159,059,254**	**(1,054.27)**	**($136,148,585)**	**($47,060,463)**	**($183,209,048)**	**0.00**	**($9,940,302)**	**($332,328,000)**	**($342,268,302)**
2025-27 Total Funding	**0.00**	**$181,697,125**	**$399,223,478**	**$580,920,603**	**0.00**	**$171,756,823**	**$66,895,478**	**$238,652,301**	**0.00**	**($9,940,302)**	**($332,328,000)**	**($342,268,302)**
Federal funds included in other funds			*$42,070,302*				*$43,570,302*				*$1,500,000*	
Total ongoing changes - Percentage of base level	*(100.0%)*	*(41.0%)*	*(54.4%)*	*(44.6%)*	*(100.0%)*	*(44.2%)*	*(50.0%)*	*(45.8%)*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*(100.0%)*	*(41.0%)*	*250.3%*	*37.7%*	*(100.0%)*	*(44.2%)*	*(41.3%)*	*(43.4%)*	*N/A*	*N/A*	*N/A*	*N/A*

Legislative Council

Human Services - 300 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	House Version				Senate Version				Senate Compared to House Version			
									Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	1,009 16	$623,450,353	$1,240,409,529	$1,863,859,882	1,009 16	$623,450,353	$1,240,409,529	$1,863,859,882	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$2,546,488	$4,704,191	$7,250,679		$2,546,488	$4,704,191	$7,250,679				$0
Health insurance increase		2,072,787	3,795,116	5,867,903		2,072,787	3,795,116	5,867,903				0
FTE block grant pool	(1,029 70)	(76,722,653)	(150,764,540)	(227,487,193)	(1,028.70)	(76,722,653)	(150,764,540)	(227,487,193)	1.00			0
Base budget adjustments and transfers		10,605,259	93,868,910	104,474,169		10,605,259	93,868,910	104,474,169				0
DHHS cost to continue		57,330,438	(2,746,684)	54,583,754		57,330,438	(2,746,684)	54,583,754				0
Adoption contract increase		4,883,205		4,883,205		4,883,205		4,883,205				0
Housing assistance to support targeted population - DOJ		300,000		300,000		300,000		300,000				0
Services to support transition and diversion from institution - DOJ		2,733,934	2,555,463	5,289,397		2,733,934	2,555,463	5,289,397				0
Implement host home service DD HCBS waiver		1,689,900	1,689,900	3,379,800		1,689,900	1,689,900	3,379,800				0
Adult Protective Services coverage contracts		718,522		718,522		718,522		718,522				0
Representation supports for families		350,000	350,000	700,000		350,000	350,000	700,000				0
Provider inflation increase 2% and 2%		12,988,702	13,926,186	26,914,888		12,988,702	13,926,186	26,914,888				0
Zone employee increases 3% and 3% and health insurance			5,002,833	5,002,833			5,002,833	5,002,833				0
FMAP percentage change 50.0% to 50.99%		(4,290,660)	744,660	(3,546,000)		(4,290,660)	744,660	(3,546,000)				0
State dementia coordinator	1.00			0	0.00			0	(1.00)			0
FTE position adjustment	19 54			0	19 54			0				0
LIHEAP reduction - accounting change				0			(9,000,000)	(9,000,000)			($9,000,000)	(9,000,000)
Adjust foster care expected case load				0		(9,000,000)	(9,000,000)	(18,000,000)		($9,000,000)	(9,000,000)	(18,000,000)
Remove Waterford program funding				0		(2,400,000)		(2,400,000)		(2,400,000)		(2,400,000)
Ministry on the margins				0		285,000		285,000		285,000		285,000
Fraser ltd				0		300,000		300,000		300,000		300,000
Remove guardianship funding				0		(6,532,355)		(6,532,355)		(6,532,355)		(6,532,355)
Revised FMAP FFY 2027 - 1%				0		(1,962,900)	1,962,900	0		(1,962,900)	1,962,900	0
Provider inflation adjustment to 2% and 1.5%				0		(1,105,805)	(1,201,567)	(2,307,372)		(1,105,805)	(1,201,567)	(2,307,372)
Total ongoing funding changes	**(1,009.16)**	**$15,205,922**	**($26,873,965)**	**($11,668,043)**	**(1,009.16)**	**($5,210,138)**	**($44,112,632)**	**($49,322,770)**	**0.00**	**($20,416,060)**	**($17,238,667)**	**($37,654,727)**
One-Time Funding Items												
Retire economic assistance legacy system on mainframe (SIIF)			$2,000,000	$2,000,000			$2,000,000	$2,000,000				$0
Conversion of developmental disabilities eligibility assessment		$200,000	200,000	400,000		$200,000	200,000	400,000				0
Implement comprehensive vocational rehab technology system (federal funds) (community health trust fund)			8,000,000	8,000,000			1,000,000	1,000,000			($7,000,000)	(7,000,000)
Replace roof at Cedar Grove building at LSTC (SIIF)			712,480	712,480			712,480	712,480				0
Best in Class expansion		6,000,000		6,000,000		2,000,000		2,000,000		($4,000,000)		(4,000,000)
Childcare grants, resources and shared services		2,500,000		2,500,000		2,500,000		2,500,000				0
Early childhood quality infrastructure		3,000,000		3,000,000		3,000,000		3,000,000				0

Maintaining expanded inclusion support for special needs childcare		172,500		172,500		172,500		172,500				0
Offer quality rated childcare programs access to teaching strategy		100,000		100,000		100,000		100,000				0
Quality tiered payments for childcare assistance program		1,500,000		1,500,000		1,500,000		1,500,000				0
Housing assistance for people at risk of instability (SIIF)				0			1,000,000	1,000,000			1,000,000	1,000,000
Eviction prevention program (SIIF)				0			500,000	500,000			500,000	500,000
Home renovation incentives for accessibility (SIIF)			1,000,000	1,000,000			1,000,000	1,000,000				0
Grant for community cultural center programming			1,000,000	1,000,000			300,000	300,000			(700,000)	(700,000)
Winter park adaptive recreation program grant		200,000		200,000		0		0		(200,000)		(200,000)
Intermediate care facility grant for Anne Carlsen		3,457,736		3,457,736		0	4,400,000	4,400,000		(3,457,736)	4,400,000	942,264
Juvenile justice services (CHTF)		750,000		750,000		0	500,000	500,000		(750,000)	500,000	(250,000)
Infant and toddler care provider support				0		13,500,000		13,500,000		13,500,000		13,500,000
Child welfare technology project line of credit				0			8,411,218	8,411,218			8,411,218	8,411,218
Total one-time funding changes	**0.00**	**$17,880,236**	**$12,912,480**	**$30,792,716**	**0.00**	**$22,972,500**	**$20,023,698**	**$42,996,198**	**0.00**	**$5,092,264**	**$7,111,218**	**$12,203,482**
Total Changes to Base Level Funding	**(1,009.16)**	**$33,086,158**	**($13,961,485)**	**$19,124,673**	**(1,009.16)**	**$17,762,362**	**($24,088,934)**	**($6,326,572)**	**0.00**	**($15,323,796)**	**($10,127,449)**	**($25,451,245)**
2025-27 Total Funding	**0.00**	**$656,536,511**	**$1,226,448,044**	**$1,882,984,555**	**0.00**	**$641,212,715**	**$1,216,320,595**	**$1,857,533,310**	**0.00**	**($15,323,796)**	**($10,127,449)**	**($25,451,245)**
Federal funds included in other funds			*$958,049,164*				*$934,514,497*				*($23,534,667)*	
Total ongoing changes - Percentage of base level	*(100.0%)*	*2.4%*	*(2.2%)*	*(0.6%)*	*(100.0%)*	*(0.8%)*	*(3.6%)*	*(2.6%)*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*(100.0%)*	*5.3%*	*(1.1%)*	*1.0%*	*(100.0%)*	*2.8%*	*(1.9%)*	*(0.3%)*	*N/A*	*N/A*	*N/A*	*N/A*

Other Sections in Human Services - 300 - Budget No. 325

Section Description	House Version	Senate Version	
No other sections			

Legislative Council

Medical Services - 400 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	House Version				Senate Version				Senate Compared to House Version			
									Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	90.50	$958,216,598	$1,818,029,530	$2,776,246,128	90.50	$958,216,598	$1,818,029,530	$2,776,246,128	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$338,151	$479,188	$817,339		$338,151	$479,188	$817,339				$0
Health insurance increase		233,619	342,896	576,515		233,619	342,896	576,515				0
Base budget adjustments and transfers		(28,505,732)	61,061,722	32,555,990		(28,505,732)	61,061,722	32,555,990				0
DHHS cost to continue		71,253,662	(118,383,672)	(47,130,010)		71,253,662	(118,383,672)	(47,130,010)				0
HCBS cost to continue		36,977,113	27,837,811	64,814,924		36,977,113	27,837,811	64,814,924				0
FTE block grant pool	(101.75)	(9,636,069)	(15,163,610)	(24,799,679)	(101.75)	(9,636,069)	(15,163,610)	(24,799,679)				0
DD bed assessment adjustment			7,209,580	7,209,580			7,209,580	7,209,580				0
Value based purchasing Medicaid		1,000,000	1,000,000	2,000,000		1,000,000	1,000,000	2,000,000				0
Home health targeted rate increase		1,235,768	1,235,768	2,471,536		1,235,768	1,235,768	2,471,536				0
Qualified service provider target rate increase		3,595,104	1,797,552	5,392,656		3,595,104	1,797,552	5,392,656				0
HCBS cross disability waiver		2,474,226	2,474,226	4,948,452		2,474,226	2,474,226	4,948,452				0
Rebase Medicaid rates for ambulance service		2,189,770	2,189,770	4,379,540		1,000,000	1,000,000	2,000,000		($1,189,770)	($1,189,770)	(2,379,540)
Provider inflation increases 2% and 2%		13,689,672	15,190,970	28,880,642		13,689,672	15,190,970	28,880,642				0
FMAP percentage change 50.0% to 50.99%		(7,809,340)	1,355,340	(6,454,000)		(7,809,340)	1,355,340	(6,454,000)				0
Medicaid underfund				0		(4,000,000)	(4,000,000)	(8,000,000)		(4,000,000)	(4,000,000)	(8,000,000)
1915(I) reduction				0		(1,000,000)	(1,000,000)	(2,000,000)		(1,000,000)	(1,000,000)	(2,000,000)
Revised FMAP FFY 2027 - 1%				0		(7,037,100)	7,037,100	0		(7,037,100)	7,037,100	0
Provider inflation adjustment to 2% and 1.5%				0		(1,157,036)	(1,283,928)	(2,440,964)		(1,157,036)	(1,283,928)	(2,440,964)
Transfer basic care daily rate to one-time				0		(4,067,056)	(1,474,184)	(5,541,240)		(4,067,056)	(1,474,184)	(5,541,240)
FTE position adjustment	11.25			0	11.25			0				0
Total ongoing funding changes	**(90.50)**	**$87,035,944**	**($11,372,459)**	**$75,663,485**	**(90.50)**	**$68,584,982**	**($13,283,241)**	**$55,301,741**	**0.00**	**($18,450,962)**	**($1,910,782)**	**($20,361,744)**
One-Time Funding Items												
Retire Medicaid legacy system on mainframe (SIIF)			$2,000,000	$2,000,000			$2,000,000	$2,000,000				$0
Critical access hospital networking grant (CHTF)			2,000,000	2,000,000			1,000,000	1,000,000			($1,000,000)	(1,000,000)
Transfer basic care daily rate to one-time				0		$4,067,056	1,474,184	5,541,240		$4,067,056	1,474,184	5,541,240
Housing extraordinary medical needs				0		200,000		200,000		200,000	-	200,000
Total one-time funding changes	**0.00**	**$0**	**$4,000,000**	**$4,000,000**	**0.00**	**$4,267,056**	**$4,474,184**	**$8,741,240**	**0.00**	**$4,267,056**	**$474,184**	**$4,741,240**
Total Changes to Base Level Funding	**(90.50)**	**$87,035,944**	**($7,372,459)**	**$79,663,485**	**(90.50)**	**$72,852,038**	**($8,809,057)**	**$64,042,981**	**0.00**	**($14,183,906)**	**($1,436,598)**	**($15,620,504)**
2025-27 Total Funding	**0.00**	**$1,045,252,542**	**$1,810,657,071**	**$2,855,909,613**	**0.00**	**$1,031,068,636**	**$1,809,220,473**	**$2,840,289,109**	**0.00**	**($14,183,906)**	**($1,436,598)**	**($15,620,504)**
Federal funds included in other funds			*$1,747,182,952*				*$1,746,746,354*				*($436,598)*	
Total ongoing changes - Percentage of base level	*(100.0%)*	*9.1%*	*(0.6%)*	*2.7%*	*(100.0%)*	*7.2%*	*(0.7%)*	*2.0%*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*(100.0%)*	*9.1%*	*(0.4%)*	*2.9%*	*(100.0%)*	*7.6%*	*(0.5%)*	*2.3%*	*N/A*	*N/A*	*N/A*	*N/A*

Legislative Council

Public Health - 500 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	House Version				Senate Version				Senate Compared to House Version Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	215.50	$47,756,180	$250,440,690	$298,196,870	215.50	$47,756,180	$250,440,690	$298,196,870	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$1,714,252		$1,714,252		$1,714,252		$1,714,252				$0
Health insurance increase		1,183,357		1,183,357		1,183,357		1,183,357				0
FTE block grant pool	(217.15)	(20,403,996)	($34,462,245)	(54,866,241)	(217.15)	(20,403,996)	($34,462,245)	(54,866,241)				0
Base budget adjustments and transfers		(1,503,118)	3,120,553	1,617,435		(1,503,118)	3,120,553	1,617,435				0
Adds funding to replace the 2023-25 new FTE pool		65,094	50,008	115,102		65,094	50,008	115,102				0
Adds funding to replace the 2023-25 vacant FTE pool		569,060	1,754,865	2,323,925		569,060	1,754,865	2,323,925				0
Expansion for domestic and sexual violence prevention (community health trust fund)			2,250,000	2,250,000			2,250,000	2,250,000				0
Additional domestic violence and sexual violence prevention		1,700,000		1,700,000		0		0		($1,700,000)		(1,700,000)
Funding for Safe Haven program		440,000		440,000		0		0		(440,000)		(440,000)
Maternal and child health programs enhancement				0				0				0
Coordinated purchasing to support immunization access (public health and consolidated lab fund)			2,213,930	2,213,930			0	0			($2,213,930)	(2,213,930)
Forensic pathology contract		2,866,156	(1,000,000)	1,866,156		2,000,000	(1,000,000)	1,000,000		(866,156)		(866,156)
Food and lodging 7.5% additional fee increase to 20% in total		(71,298)	71,298	0		(71,298)	71,298	0				0
Additional grant for Family Voices		100,000		100,000		50,000		50,000		(50,000)		(50,000)
Fetal Alcohol spectrum disorder clinic		637,661		637,661		350,000		350,000		(287,661)		(287,661)
Reduce cares act/COVID funds				0			(60,716,583)	(60,716,583)			(60,716,583)	(60,716,583)
FTE position adjustment	1.65			0	1.65			0				0
Total ongoing funding changes	**(215.50)**	**($12,702,832)**	**($26,001,591)**	**($38,704,423)**	**(215.50)**	**($16,046,649)**	**($88,932,104)**	**($104,978,753)**	**0.00**	**($3,343,817)**	**($62,930,513)**	**($66,274,330)**
One-Time Funding Items												
Nonfatal toxicology testing equipment(health lab)		$151,500	$100,000	$251,500		$151,500	$100,000	251,500				0
Public health laboratory transition (SIIF)			2,962,304	2,962,304			2,962,304	2,962,304				0
Forensic examiner electronic records system (community health trust fund)			278,000	278,000			0	0			($278,000)	(278,000)
Food and lodging management information system(community health trust fund)			335,000	335,000			335,000	335,000				0
Health facilities and EMS licensure management system (community health trust fund)			650,000	650,000			0	0			(650,000)	(650,000)
Funding for Cass County animal shelter(community health trust fund)			300,000	300,000			0	0			(300,000)	(300,000)
Statewide health strategies grant (community health trust fund)			750,000	750,000			0	0			(750,000)	(750,000)

Public Health Data Modernization(public health and consolidated lab fund)				0			2,213,930	2,213,930			2,213,930	2,213,930
Total one-time funding changes	**0.00**	**$151,500**	**$5,375,304**	**$5,526,804**	**0.00**	**$151,500**	**$5,611,234**	**$5,762,734**	**0.00**	**$0**	**$235,930**	**$235,930**
Total Changes to Base Level Funding	**(215.50)**	**($12,551,332)**	**($20,626,287)**	**($33,177,619)**	**(215.50)**	**($15,895,149)**	**($83,320,870)**	**($99,216,019)**	**0.00**	**($3,343,817)**	**($62,694,583)**	**($66,038,400)**
2025-27 Total Funding	**0.00**	**$35,204,848**	**$229,814,403**	**$265,019,251**	**0.00**	**$31,861,031**	**$167,119,820**	**$198,980,851**	**0.00**	**($3,343,817)**	**($62,694,583)**	**($66,038,400)**
Federal funds included in other funds			*$188,459,479*				*$127,742,896*				*($60,716,583)*	
Total ongoing changes - Percentage of base level	*(100.0%)*	*(26.6%)*	*(10.4%)*	*(13.0%)*	*(100.0%)*	*(33.6%)*	*(35.5%)*	*(35.2%)*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*(100.0%)*	*(26.3%)*	*(8.2%)*	*(11.1%)*	*(100.0%)*	*(33.3%)*	*(33.3%)*	*(33.3%)*	*N/A*	*N/A*	*N/A*	*N/A*

ANALYSIS OF THE COMMUNITY HEALTH TRUST FUND FOR THE 2023-25 AND 2025-27 BIENNIUMS
(REFLECTING LEGISLATIVE ACTION THROUGH APRIL 22, 2025)

	2023-25 Biennium		2025-27 Biennium	
Beginning balance		$31,973,946		$40,475,258
Add estimated revenues				
Transfers to date from the tobacco settlement trust fund	$42,734,549[1]		$0	
Projected transfers from the tobacco settlement trust fund	0[2]		40,000,000[2]	
JUUL Labs, Inc., settlement proceeds (2023 HB 1004)	1,390,271[2]		1,000,000[2]	
Refund of prior biennium expenditures from the fund	45		0	
Total estimated revenues		44,124,865[2]		41,000,000[2]
Total available		$76,098,811		$81,475,258
Less estimated expenditures and adjustments				
Department of Health and Human Services - Public Health (2023 HB 1004 and HB 1477; 2025 HB 1012)				
Tobacco prevention and control program grants to local public health units for tobacco prevention and control	$5,950,000		$6,250,000	
Tobacco prevention and control, including the Tobacco Quitline, cessation grants, other program grants, and operating expenses	4,943,000[3]		4,549,698[3]	
Tobacco cessation grants	500,000		500,000	
Youth vaping prevention grants	300,000		300,000	
Women's Way program	329,500		329,500	
Behavioral Risk Factor State Survey	200,000		200,000	
Dentists' loan repayment program	360,000[4]		360,000[4]	
Behavioral health loan repayment program	234,500[5]		234,500[5]	
Cancer programs	580,324		580,324	
Domestic violence offender treatment	1,000,000[6]		1,000,000[6]	
Domestic violence prevention	1,000,000[6]		3,250,000[6]	
Local public health state aid	3,275,000[7]		3,275,000[7]	
Forensic examiner contract	1,000,000[8]		0[8]	
One-time funding for a statewide health strategies initiative	1,500,000[9]			
Grants to rural emergency medical services and rural ambulance service districts (2023 HB 1477)	7,000,000[10]		7,000,000[10]	
Food and lodging management information system			335,000	
Department of Health and Human Services - Human Services (2023 SB 2012; 2025 HB 1012 and SB 2200)				
Child support computer replacement project - Funding provided in 2023 SB 2012 is continued to the 2025-27 biennium (Section 28 of 2025 HB 1012)	33,729		20,366,271	
988 crisis hotline program, including $500,000 appropriated in 2025 SB 2200	1,867,500		2,367,500	
Cross-Disability Advisory Council	700,000		0	
Basic care funding rate study	600,000		0	
Health Care Task Force	750,000		0	
Vocational rehabilitation information technology system			1,000,000	
Law enforcement rural crisis support program			1,000,000	

Develop partial hospitalization/intensive day treatment			2,000,000	
Critical access hospital networking			1,000,000	
Intermediate care facility grant			4,400,000	
Youth crisis stabilization			1,500,000	
Juvenile justice services			500,000	
University of North Dakota School of Medicine and Health Sciences - Clinically integrated network grant (2023 SB 2012)	3,500,000		0	
University of North Dakota - Funding to establish a North Dakota Center for Aerospace Medicine is in addition to $250,000 provided from federal funds (2025 HB 1612)			250,000	
Department of Corrections and Rehabilitation - Grant to establish a diversion and deflection center in Fargo (2025 SB 2015)			5,000,000	
Total estimated expenditures and adjustments		35,623,553		67,547,793
Estimated ending balance		$40,475,258		$13,927,465

[1]Through April 21, 2025, the state has received tobacco settlement payments totaling $42,734,549 for the 2023-25 biennium, all of which has been transferred from the tobacco settlement trust fund to the community health trust fund. Total transfers of $217,812,453 have been made from the tobacco settlement trust fund to the community health trust fund.

[2]Revenues - Interest earned on the community health trust fund is deposited in the general fund. Community health trust fund revenues for the 2023-25 biennium are based on actual revenues received through April 21, 2025, and the March 2025 legislative revenue forecast for the remainder of the 2023-25 biennium. The estimated revenues for the 2025-27 biennium are based on the March 2025 legislative revenue forecast.

In September 2022, the Attorney General's office announced an agreement had been reached between JUUL Labs, Inc., and 34 states and territories regarding JUUL Labs Inc., e-cigarette marketing and sales practices. Of the $438.5 million total settlement, North Dakota was awarded $6,028,211, which will be paid in installments over a period of 6 to 10 years. The Legislative Assembly, in House Bill No. 1004 (2023), provided 80 percent of funding deposited in the Attorney General refund fund from the JUUL Labs, Inc., settlement during the 2021-23 biennium be transferred to the community health trust fund and requires 80 percent of additional funding received from the settlement be deposited directly in the community health trust fund beginning in the 2023-25 biennium.

[3]North Dakota Century Code Section 54-27-25 provides money in the community health trust fund may be appropriated for community-based public health programs and other public health programs, including programs with an emphasis on preventing or reducing tobacco usage. The 2003 Legislative Assembly authorized the establishment of a telephone "Tobacco Quitline." The 2007 Legislative Assembly increased the funding for the Tobacco Quitline to provide nicotine replacement therapy and cessation counseling.

[4]In 2023 the Legislative Assembly provided a total of $585,200 for the dentists' loan repayment program, of which $360,000 is from the community health trust fund and $225,200 is from the general fund. The Senate version of House Bill No. 1012 (2025) provides a total of $585,200 for the dentists' loan repayment program, of which $360,000 is from the community health trust fund and $225,200 is from the general fund.

[5]In 2023 the Legislative Assembly provided a total of $528,480 for the behavioral health loan repayment program, of which $234,500 is from the community health trust fund and $293,980 is from the general fund. The Senate version of House Bill No. 1012 (2025) provides a total of $426,000 for the behavioral health loan repayment program, of which $234,500 is from the community health trust fund and $191,500 is from the general fund.

[6]In 2023 the Legislative Assembly increased funding for domestic violence offender treatment to provide $1,000,000 from the community health trust fund. In addition, the Legislative Assembly increased funding for domestic violence prevention to provide a total of $5,936,285, of which $4,596,285 is from the general fund, $1,000,000 is from the community health trust fund, and $340,000 is from the domestic violence and sexual assault prevention fund which receives revenue from marriage license fees. The Senate version of House Bill No. 1012 (2025) provides a total of $1,000,000 from the community health trust fund for domestic violence offender treatment and $8,186,285 for domestic violence prevention, of which $4,596,285 is from the general fund, $3,250,000 is from the community health trust fund, and $340,000 is from the domestic violence and sexual assault prevention fund which receives revenue from marriage license fees.

[7]In 2023 the Legislative Assembly increased funding from the community health trust fund by $2,750,000 to provide a total of $8,000,000 for local public health unit state aid grants, of which $4,725,000 is from the general fund and $3,275,000 is from the community health trust fund. The Senate version of House Bill No. 1012 (2025) provides a total of $8,000,000 for local public health unit state aid grants, of which $4,725,000 is from the general fund and $3,275,000 is from the community health trust fund.

[8]In 2023 the Legislative Assembly provided $1,000,000 from the community health trust fund for Public Health's forensic examiner contract with the University of North Dakota School of Medicine and Health Sciences and increased funding for the contract from the general fund to $755,292, to provide a total of $1,755,292 for the 2023-25 biennium. The Senate version of House Bill No. 1012 (2025) provides a total of $2,755,292 from the general fund for Public Health's forensic examiner contract with the University of North Dakota School of Medicine and Health Sciences.

[9]In 2021 the Legislative Assembly provided one-time funding of $1.5 million from the community health trust fund for a statewide health strategies initiative totaling $3 million. The Legislative Assembly provided the one-time funding from the community health trust fund for the statewide health strategies initiative is contingent on the State Department of Health securing $1.5 million in dollar-for-dollar matching funds. In House Bill No. 1004 (2023), the Legislative Assembly allowed Public Health to continue the $3 million of one-time funding, appropriated during the 2021-23 biennium for a statewide health strategies initiative, to the 2023-25 biennium and provided the $1.5 million continued from the community health trust fund is contingent on the department securing dollar-for-dollar matching funds. The Senate version of House Bill No. 1012 (2025) does not include funding for statewide health strategies.

[10]In 2023 the Legislative Assembly, in House Bill No. 1477 increased funding for emergency medical services by providing $7,000,000 from the community health trust fund to aid the functions and operations of rural emergency medical services and rural ambulance service districts, to provide a total of $14,721,000 for emergency medical services, of which $6,596,000 is from the general fund, $7,000,000 is from the community health trust fund, and $1,125,000 is from the insurance tax distribution fund, for the 2023-25 biennium. The Senate version of House Bill No. 1012 (2025) provides a total of $14,721,000 for emergency medical services, of which $6,446,000 is from the general fund, $7,000,000 is from the community health trust fund, $150,000 is from other special funds, and $1,125,000 is from the insurance tax distribution fund.

FUND HISTORY

Section 54-27-25, created by House Bill No. 1475 (1999), established the community health trust fund. This section created a tobacco settlement trust fund for the deposit of all tobacco settlement money obtained by the state. Money in the fund must be transferred within 30 days of its deposit in the fund as follows:

- 10 percent to the community health trust fund. In House Bill No. 1012 (2017), the Legislative Assembly suspended transfers from the tobacco settlement trust fund to the common schools trust fund during the 2017-19 biennium and increased transfers from the tobacco settlement trust fund to the community health trust fund from 10 to 55 percent of the tobacco settlement revenues deposited in the tobacco settlement trust fund.
- 45 percent to the common schools trust fund. In House Bill No. 1012 (2017), the Legislative Assembly suspended transfers from the tobacco settlement trust fund to the common schools trust fund during the 2017-19 biennium and increased transfers from the tobacco settlement trust fund to the community health trust fund from 10 to 55 percent of the tobacco settlement revenues deposited in the tobacco settlement trust fund.
- 45 percent to the water development trust fund.

Section 54-27-25, as amended in Senate Bill No. 2012 (2019), provided all money in the fund must be transferred within 30 days of receipt to the community health trust fund.

In the November 2008 general election, voters approved Initiated Measure No. 3 that amended Section 54-27-25 to establish a tobacco prevention and control trust fund. The measure provides for a portion of tobacco settlement funds received by the state to be deposited in this new fund rather than the entire amount in the tobacco settlement trust fund. Tobacco settlement money received under subsection IX(c)(1) of the Master Settlement Agreement, which continues in perpetuity, will continue to be deposited into the tobacco settlement trust fund and allocated pursuant to Section 54-27-25. In 2009, tobacco settlement money received under subsection IX(c)(2) of the Master Settlement Agreement, relating to strategic contribution payments, which began in 2008 and continued through 2017, was deposited into the tobacco prevention and control trust fund. The measure also provided 80 percent of the funds allocated to the community health trust fund from the tobacco settlement trust fund be used for tobacco prevention and control. However, in Senate Bill No. 2004 (2017), the Legislative Assembly amended Section 54-27-25 to remove the 80 percent restriction on transfers to the community health trust fund.

The Legislative Assembly, in Senate Bill No. 2003 (2015), amended Section 54-27-25 related to the tobacco settlement trust fund to provide the principal and interest of the fund may be appropriated to the Attorney General for the enforcement of the Master Settlement Agreement and any disputes with the agreement. Appropriations made to the Attorney General for enforcement of the Master Settlement Agreement reduce the amount available for transfer from the tobacco settlement trust fund to the community health trust fund. The Legislative Assembly, in Senate Bill No. 2012 (2019), removed this authorization. In Senate Bill No. 2004 (2021), the Legislative Assembly repealed the tobacco prevention and control trust fund and required the Office of Management and Budget to transfer any money remaining in the tobacco prevention and control trust fund to the community health trust fund on July 1, 2021.

The Legislative Assembly, in House Bill No. 1004 (2023), created a new section to Chapter 54-27 to provide for the deposit of funds to be received pursuant to an agreement reached between the Attorney General's office and JUUL Labs, Inc. In September 2022, the Attorney General's office announced an agreement had been reached between JUUL Labs, Inc., and 34 states and territories regarding JUUL Labs, Inc., e-cigarette marketing and sales practices. Of the $438.5 million total settlement, North Dakota was awarded $6,028,211, which will be paid in installments over a period of 6 to 10 years. The Legislative Assembly, in House Bill No. 1004 (2023), provided 80 percent of funding deposited in the Attorney General refund fund from the JUUL Labs, Inc., settlement during the 2021-23 biennium be transferred to the community health trust fund and requires 80 percent of additional funding received from the settlement be deposited directly in the community health trust fund beginning in the 2023-25 biennium.

2025 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

HB 1012
4/23/2025
Conference Committee

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

3:29 p.m. Chairman J. Nelson called the meeting to order.

Members Present: Chairman J. Nelson, Representatives: O'Brien, Mitskog, Chairman Dever, Senators: Davidson, Cleary.

Discussion Topics:

- Eviction funding
- Anne Carlson funding
- Juvenile justice services

3:30 p.m. Keith Mantz, Fiscal Analyst, ND Legislative Council, reviewed the long sheet (previous testimony 042325, #45148).

3:31 p.m. Donna Aukland, Chief Financial Officer, ND Health and Human Services, confirmed the Budget Housing Assistance and Eviction Prevention Program was moved to the Industrial Commissions budget (previous testimony 042324, #45148).

3:45 p.m. Sarah Aker, Executive Director, Medical Services, ND Health and Human Services, spoke about the transition plan for Anne Carlsen (previous testimony 042325, #45148).

3:46 p.m. Kirsten Baesler, State Superintendent, Public Instruction, addressed the Up Start, Waterford and the Best-in-Class programs (previous testimony 042325, #45148).

4:05 p.m. Lorraine Shepherd-Davis, Founder and CEO, Native American Inc., Native American Development Center, spoke to the Culture Center (previous testimony 042325, #45148).

4:13 p.m. Keith Mantz, Fisal Analyst, ND Legislative Council spoke to the Housing Assistance Fund and Rent Stabilization Program.

4:23 p.m. Sarah Aker, Executive Director, Medical Services, ND Health and Human Services stated that the additional funds for Basic Care were federal dollars.

4:24 p.m. Stephanie Gullickson, Fiscal Analyst, ND Office of Management and Budget shared the balance in the Community Health Trust Fund (previous testimony 042325, #45148).

4:32 p.m. Chairman J. Nelson adjourned the meeting.

Jan Kamphuis, Committee Clerk

2025 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

HB1012
4/24/2025
Conference Committee

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

8:59 a.m. Chairman J. Nelson called the meeting to order.

Members Present: Chairman J. Nelson, Representatives: O'Brien, Mitskog, Chairman Dever, Senators: Davidson, Cleary.

Discussion Topics:

- Domestic violence funding
- IT projects funding

9:00 a.m. Keith Mantz, Fiscal Analyst, ND Legislative Council, reviewed the long sheet (previous testimony 042325 # 45158).

9:05 a.m. Donna Aukland, Chief Financial Officer, ND Department of Health and Human Services, addressed one time funding for IT projects to complete immunization access (previous testimony 042325 # 45158).

9:09 a.m. Dirk Wilke, Interim Commissioner, ND Department of Health and Human Services, addressed that UND will continue with autopsy contract, but it is not additional work (previous testimony 042325 # 45158).

9:17 a.m. Keith Mantz, Fiscal Analyst, ND Legislative Council, continued with long sheet review (previous testimony 042325 # 45158).

9:24 a.m. Dirk Wilke, Interim Commissioner, ND Department of Health and Human Services, addressed statewide health strategies grant.

10:02 a.m. Chairman J. Nelson adjourned the meeting.

Jan Kamphuis, Committee Clerk

2025 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

HB 1012
4/24/2025
Conference Committee

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

3:30 p.m. Chairman J. Nelson called the meeting to order.

Members Present: Chairman J. Nelson, Representatives: O'Brien, Mitskog, Chairman Dever, Senators: Davidson, Cleary.

Discussion Topics:

- Information Technology

3:31 p.m. Senator Davidson discussed IT strategy (previous testimony 042325, #45148).

3:44 p.m. Stephanie Gullickson, Fiscal Analyst, ND Office of Management and Budget, stated that the OMB would be reconciled with the 457 fund to include the technology piece (previous testimony 042325, #45148).

3:45 p.m. Donna Aukland, Chief Financial Officer, ND Health and Human Services, provided clarity for funding (previous testimony 042325, #45148) #45176.

3:54 p.m. Keith Mantz, Fiscal Analyst, ND Legislative Council, advised the committee to make a motion to accept the Senate changes amending from the House bill (previous testimony 042325, #45158).

3:55 p.m. Representative O'Brien moved the house accepts the Senate IT changes to include the $278,000 for the forensic examiner electronic record system.

3:55 p.m. Senator Davison seconded.

3:56 p.m. Roll call vote.

3:56 p.m. Motion passed 6-0-0.

3:58 p.m. Keith Mantz, Fiscal Analyst, ND Legislative Council, advised the committee that the EMS funding was removed when the motion was made.

3:59 p.m. Jessica Thomasson, Executive Director, Human Services Division, ND Health and Human Services, spoke to the Senior Nutrition program (previous testimony 042325, #45148).

4:00 Donna Aukland, Chief Financial Officer, ND Health and Human Services, spoke to applied underfunding for the Nutrition program.

4:09 p.m. Sarah Aker, Executive Director, Medical Services, ND Health and Human Services, discussed behavioral health issues (previous testimony 042325, #45148).

4:11 p.m. Pam Sagness, Executive Director, Behavioral Health Services, ND Department of Health and Human Services, stated that the department does not have the capacity to provide behavioral health training that is requested, she also went on to explain the SUD voucher for inpatient / outpatient (previous testimony 042325, #45148).

4:16 p.m. Keith Mantz, Fiscal Analyst, ND Legislative Council, recommended that the committee make a motion.

4:21 p.m. Senator Cleary moved the House to accept the Senate amendment of $250,000 for SUD funding for medical expenses for inpatient and outpatients.

4:21 p.m. Representative O'Brien seconded.

4:22 p.m. Roll call vote.

4:22 p.m. Motion passed 6-0-0.

4:32 p.m. Pam Sagness, Executive Director, Behavioral Health Services, ND Department of Health and Human Services, stated that her department does not cover mental health services for incarcerated individuals.

4:35 p.m. Senator Cleary moved the Senate rejects its amendment of $ 3 million for Youth Stabilization Program.

4:35 p.m. Representative O'Brien seconded the motion.

4:36 p.m. Roll call vote.

4:36 p.m. Motion passed 6-0-0.

4:37 p.m. Chairman J. Nelson adjourned the meeting.

Jan Kamphuis, Committee Clerk

HB 1012 042425 1556 PM Roll Call Vote

Amendment

HB 1012

Date Submitted: April 24, 2025, 3:56 p.m.

Action: Passed

Amendment LC #: Pending LC #

Description of Amendment: Accept Senate Changes amended from the House version - IT changes

Motioned By: O'Brien, Emily

Seconded By: Davison, Kyle

Emergency Clause: None

Vote Results: 6 - 0 - 0

Rep. Nelson, Jon O.	Yea
Rep. O'Brien, Emily	Yea
Rep. Mitskog, Alisa	Yea
Sen. Dever, Dick	Yea
Sen. Cleary, Sean	Yea
Sen. Davison, Kyle	Yea

HB 1012 042425 1622 PM Roll Call Vote

Amendment

HB 1012

Date Submitted: April 24, 2025, 4:22 p.m.

Action: Passed

Amendment LC #: Pending LC #

Description of Amendment: SUD for inpt/out pt medical cost $250,000

Motioned By: Cleary, Sean

Seconded By: O'Brien, Emily

Emergency Clause: None

Vote Results: 6 - 0 - 0

Rep. Nelson, Jon O.	Yea
Rep. O'Brien, Emily	Yea
Rep. Mitskog, Alisa	Yea
Sen. Dever, Dick	Yea
Sen. Cleary, Sean	Yea
Sen. Davison, Kyle	Yea

HB 1012 042425 1636 PM Roll Call Vote

Amendment

HB 1012

Date Submitted: April 24, 2025, 4:36 p.m.

Action: Passed

Amendment LC #: Pending LC #

Description of Amendment: youth crisis pilot

Motioned By: Cleary, Sean

Seconded By: O'Brien, Emily

Emergency Clause: None

Vote Results: 6 - 0 - 0

Rep. Nelson, Jon O.	Yea
Rep. O'Brien, Emily	Yea
Rep. Mitskog, Alisa	Yea
Sen. Dever, Dick	Yea
Sen. Cleary, Sean	Yea
Sen. Davison, Kyle	Yea

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PROVIDER INFLATION

SENATE RECOMMENDATION
2025-27 BIENNIUM

Inflation Percentage 1.5%/1.5%	2025-27 Biennium				Increase from Executive Request		
Program	TOTAL	GENERAL	FEDERAL	OTHER	GENERAL	FEDERAL	OTHER
Inpatient Hospitals	$ 4,703,996	$ 2,337,489	$ 2,366,507	$ -	$ -	$ -	$ -
Outpatient Hospitals	1,646,360	807,986	838,374	-	-	-	-
Professional Services	3,349,422	1,637,091	1,712,331	-	-	-	-
Other Medical Programs	6,515,987	2,167,127	4,348,860	-	-	-	-
Basic Care	1,502,259	1,088,531	413,728	-	-	-	-
HCBS/Children Services	3,894,595	2,206,343	1,688,252	-	-	-	-
Developmental Disability	16,808,241	8,293,006	8,515,235	-	-	-	-
Children and Family Services	3,286,773	1,417,116	1,853,766	15,891	-	-	-
Behavioral Health Policy	1,088,608	1,088,608	-	-	-	-	-
Human Service Clinics	814,210	814,210	-	-	-	-	-
Aging Services	46,348	32,653	13,695	-	-	-	-
Grand Total	$ 43,656,799	$ 21,890,160	$ 21,750,748	$ 15,891	$ -	$ -	$ -

Inflation Percentage 2%/1.5%	2025-27 Biennium				Increase from Executive Request		
Program	TOTAL	GENERAL	FEDERAL	OTHER	GENERAL	FEDERAL	OTHER
Inpatient Hospitals	$ 5,755,110	$ 2,859,528	$ 2,895,582	$ -	$ 522,039	$ 529,075	$ -
Outpatient Hospitals	2,014,241	988,437	1,025,805	-	180,451	187,431	-
Professional Services	4,097,854	2,002,709	2,095,145	-	365,618	382,814	-
Other Medical Programs	7,969,739	2,651,119	5,318,620	-	483,992	969,760	-
Basic Care	1,837,940	1,331,716	506,224	-	243,185	92,496	-
HCBS/Children Services	4,764,793	2,699,127	2,065,666	-	492,784	377,414	-
Developmental Disability	20,553,319	10,139,779	10,413,539	-	1,846,773	1,898,304	-
Children and Family Services	4,016,866	1,703,190	2,294,334	19,342	286,074	440,568	3,451
Behavioral Health Policy	1,331,123	1,331,123			242,515	-	-
Human Service Clinics	995,596	995,596			181,386	-	-
Aging Services	56,673	39,928	16,746		7,275	3,051	-
	$ 53,393,255	$ 26,742,252	$ 26,631,661	$ 19,342	$ 4,852,092	$ 4,880,913	$ 3,451

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PROVIDER INFLATION

SENATE RECOMMENDATION
2025-27 BIENNIUM

Inflation Percentage 2%/2%	2025-27 Biennium				Increase from Executive Request		
Program	TOTAL	GENERAL	FEDERAL	OTHER	GENERAL	FEDERAL	OTHER
Inpatient Hospitals	$ 6,285,871	$ 3,123,555	$ 3,162,316	$ -	$ 786,066	$ 795,809	$ -
Outpatient Hospitals	2,200,003	1,079,700	1,120,303	-	271,714	281,929	-
Professional Services	4,475,776	2,187,622	2,288,154	-	550,531	575,823	-
Other Medical Programs	8,707,265	2,895,903	5,811,362	-	728,776	1,462,502	-
Basic Care	2,007,443	1,454,587	552,856	-	366,056	139,128	-
HCBS/Children Services	5,204,284	2,948,305	2,255,979	-	741,962	567,727	-
Developmental Disability	22,460,812	11,081,970	11,378,842	-	2,788,964	2,863,607	-
Children and Family Services	4,392,176	1,863,122	2,507,817	21,237	446,006	654,051	5,346
Behavioral Health Policy	1,453,885	1,453,885	-	-	365,277	-	-
Human Service Clinics	1,087,414	1,087,414	-	-	273,204	-	-
Aging Services	61,900	43,610	18,290	-	10,957	4,595	-
Grand Total	**$ 58,336,829**	**$ 29,219,673**	**$ 29,095,919**	**$ 21,237**	**$ 7,329,513**	**$ 7,345,171**	**$ 5,346**

Inflation Percentage 3.5%/0%	2025-27 Biennium				Difference from Executive Request		
Program	TOTAL	GENERAL	FEDERAL	OTHER	GENERAL	FEDERAL	OTHER
Inpatient Hospitals	$ 7,284,949	$ 3,618,035	$ 3,666,914	$ -	$ 1,280,546	$ 1,300,407	$ -
Outpatient Hospitals	2,549,673	1,250,628	1,299,044	-	442,642	460,670	-
Professional Services	5,187,157	2,533,949	2,653,208	-	896,858	940,877	-
Other Medical Programs	10,075,035	3,354,345	6,720,690	-	1,187,218	2,371,830	-
Basic Care	2,326,506	1,685,430	641,076	-	596,899	227,348	-
HCBS/Children Services	6,031,061	3,415,288	2,615,774	-	1,208,945	927,522	-
Developmental Disability	25,953,966	12,798,113	13,155,854	-	4,505,107	4,640,619	-
Children and Family Services	5,059,142	2,140,941	2,894,300	23,900	723,825	1,040,534	8,009
Behavioral Health Policy	1,684,966	1,684,966	-	-	596,358	-	-
Human Service Clinics	1,260,248	1,260,248	-	-	446,038	-	-
Aging Services	71,738	50,541	21,197	-	17,888	7,502	-
Grand Total	**$ 67,484,442**	**$ 33,792,484**	**$ 33,668,058**	**$ 23,900**	**$ 11,902,324**	**$ 11,917,310**	**$ 8,009**

NORTH Dakota | Health & Human Services
Be Legendary.

PROVIDER INFLATION

SENATE RECOMMENDATION

2025-27 BIENNIUM

Inflation Percentage 2.5%/2.5%	2025-27 Biennium				Increase from Executive Request		
Program	TOTAL	GENERAL	FEDERAL	OTHER	GENERAL	FEDERAL	OTHER
Inpatient Hospitals	$ 7,867,745	$ 3,909,620	$ 3,958,125	$ -	$ 1,572,131	$ 1,591,618	$ -
Outpatient Hospitals	2,753,646	1,351,415	1,402,231	-	543,429	563,857	-
Professional Services	5,602,130	2,738,153	2,863,977	-	1,101,062	1,151,646	-
Other Medical Programs	10,898,541	3,624,678	7,273,864	-	1,457,551	2,925,004	-
Basic Care	2,512,627	1,820,643	691,984	-	732,112	278,256	-
HCBS/Children Services	6,513,972	3,690,267	2,823,705	-	1,483,924	1,135,453	-
Developmental Disability	20,560,221	10,140,357	10,419,864	-	1,847,351	1,904,629	-
Children and Family Services	5,497,579	2,332,038	3,138,957	26,583	914,922	1,285,191	10,692
Behavioral Health Policy	1,820,365	1,820,365	-	-	731,757	-	-
Human Service Clinics	1,361,518	1,361,518	-	-	547,308	-	-
Aging Services	77,503	54,603	22,900	-	21,950	9,205	-
Grand Total	$ 65,465,848	$ 32,843,658	$ 32,595,607	$ 26,583	$ 10,953,498	$ 10,844,859	$ 10,692

Inflation Percentage 3%/3%	2025-27 Biennium				Increase from Executive Request		
Program	TOTAL	GENERAL	FEDERAL	OTHER	GENERAL	FEDERAL	OTHER
Inpatient Hospitals	$ 9,460,027	$ 4,700,863	$ 4,759,164	$ -	$ 2,363,374	$ 2,392,657	$ -
Outpatient Hospitals	3,310,932	1,624,919	1,686,013	-	816,933	847,639	-
Professional Services	6,735,894	3,292,310	3,443,584	-	1,655,219	1,731,253	-
Other Medical Programs	13,104,280	4,358,253	8,746,027	-	2,191,126	4,397,167	-
Basic Care	3,021,135	2,189,108	832,027	-	1,100,577	418,299	-
Other Long Term Care	7,832,278	4,437,115	3,395,163	-	2,230,772	1,706,911	-
Developmental Disability	33,803,424	16,678,378	17,125,046	-	8,385,372	8,609,811	-
Children and Family Services	6,610,341	2,804,091	3,774,283	31,967	1,386,975	1,920,517	16,076
Behavioral Health Policy	2,188,049	2,188,049	-	-	1,099,441	-	-
Human Service Clinics	1,636,522	1,636,522	-	-	822,312	-	-
Aging Services	93,157	65,631	27,526	-	32,978	13,831	-
Grand Total	$ 87,796,039	$ 43,975,239	$ 43,788,833	$ 31,967	$ 22,085,079	$ 22,038,085	$ 16,076

2025 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

HB 1012
4/25/2025
Conference Committee

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

8:30 a.m. Chairman J. Nelson called the meeting to order.

Members Present: Chairman J. Nelson, Representatives: O'Brien, Mitskog, Chairman Dever, Senators: Davidson, Cleary.

Discussion Topics:

- Committee Action

8:33 a.m. Keith Mantz, Fiscal Analyst, ND Legislative Council, reviewed the long sheet (previous testimony 042325 #45158).

8:41 a.m. Senator Cleary moves the House accept the Senate amendment of $2 million fund transfer of increase clinic revenue projection.

8:41 a.m. Senator Dever seconds.

8:41 a.m. Roll call vote taken.

8:41 a.m. Motion passed 6-0-0.

8:43 a.m. Senator Dever moved the House accept the Senate amendment of $972k for Southeast Human Service Center bathroom remodel.

8:43 a.m Senator Davison seconded.

8:44 a.m. Roll call vote taken.

8:44 a.m. Motion passed 6-0-0.

8:45 a.m. Keith Mantz, Fiscal Analyst, ND Legislative Council, clarified the house version is the base.

9:16 a.m. Representative O'Brien moved the house accepts the Senate amendments of LIHEAP $9 million reduction and $18 million Foster Care loan reduction.

9:16 a.m. Senator Dever seconded.

9:16 a.m. Roll call vote taken.

9:16 a.m. Motion passed 6-0-0.

9:21 a.m. Jessica Thomasson, Executive Director, Human Service Division, ND Health and Human Services, described the current state of Best in Class (previous testimony 042325 #45158).

9:33 a.m. Senator Dever moved the House accept the Senate amendment of $285k increase for Ministry on the Margins.

9:34 a.m. Senator Cleary seconded.

9:36 a.m. Roll call vote taken

9:36 a.m. Motion passed 6-0-0.

9:38 a.m. Stephanie Gullickson, Fiscal Analyst, ND Office of Management and Budget, spoke to the timeline of the Guardianship language (previous testimony 042325 #45158).

9:40 a.m. Donna Aukland, Chief Financial Officer, ND Department of Health and Human Services, said 6.5 million is what is needed to continue guardianship (previous testimony 042325 #45158).

9:42 a.m. Representative O'Brien move the House accept the Senate amendment on the revised FMAP $1.96 million fund transfer.

9:42 a.m. Representative Mitskog seconded.

9:42 a.m. Roll call vote taken.

9:42 a.m. Motion passed 6-0-0.

9:43 a.m. Senator Cleary moved the Senate accept the House amendment of no housing assistance instability funding.

9:43 a.m. Representative O'Brien seconded.

9:44 a.m. Keith Mantz, Fiscal Analyst, ND Legislative Council, requested a motion be made.

9:45 a.m. Roll call vote taken.

9:45 a.m. Motion passed 6-0-0.

9:55 a.m. Senator Dever moved the Senate accept the House amendment of $3.46 million for Anne Carlsen intermediate care facility grant.

9:55 a.m. Representative O'Brien seconded.

9:56 a.m. Roll call vote taken.

9:56 a.m. Motion failed 4-2-0.

9:58 a.m. Donna Aukland, Chief Financial Officer, ND Health and Human Services, suggested 457 funds as an option to consider.

9: 58 a.m. Chairman J. Nelson adjourned the meeting.

Jan Kamphuis, Committee Clerk

HB 1012 042525 0841 AM Roll Call Vote

Amendment

HB 1012

Date Submitted: April 25, 2025, 8:41 a.m.

Action: Passed

Amendment LC #: Pending LC #

Description of Amendment: Increase revenue in clinics adopt changes

Motioned By: Cleary, Sean

Seconded By: Dever, Dick

Emergency Clause: None

Vote Results: 6 - 0 - 0

Rep. Nelson, Jon O.	Yea
Rep. O'Brien, Emily	Yea
Rep. Mitskog, Alisa	Yea
Sen. Dever, Dick	Yea
Sen. Cleary, Sean	Yea
Sen. Davison, Kyle	Yea

HB 1012 042525 0844 AM Roll Call Vote

Amendment

HB 1012

Date Submitted: April 25, 2025, 8:44 a.m.

Action: Passed

Amendment LC #: Pending LC #

Description of Amendment: bathroom remodel

Motioned By: Dever, Dick

Seconded By: Davison, Kyle

Emergency Clause: None

Vote Results: 6 - 0 - 0

Rep. Nelson, Jon O.	Yea
Rep. O'Brien, Emily	Yea
Rep. Mitskog, Alisa	Yea
Sen. Dever, Dick	Yea
Sen. Cleary, Sean	Yea
Sen. Davison, Kyle	Yea

HB 1012 042525 0916 AM Roll Call Vote

Amendment

HB 1012

Date Submitted: April 25, 2025, 9:16 a.m.

Action: Passed

Amendment LC #: Pending LC #

Description of Amendment: Foster Care/ LIEAHF

Motioned By: O'Brien, Emily

Seconded By: Dever, Dick

Emergency Clause: None

Vote Results: 6 - 0 - 0

Rep. Nelson, Jon O.	Yea
Rep. O'Brien, Emily	Yea
Rep. Mitskog, Alisa	Yea
Sen. Dever, Dick	Yea
Sen. Cleary, Sean	Yea
Sen. Davison, Kyle	Yea

HB 1012 042525 0935 AM Roll Call Vote

Amendment

HB 1012

Date Submitted: April 25, 2025, 9:35 a.m.

Action: Passed

Amendment LC #: Pending LC #

Description of Amendment: Ministry on the margins

Motioned By: Dever, Dick

Seconded By: Cleary, Sean

Emergency Clause: None

Vote Results: 6 - 0 - 0

Rep. Nelson, Jon O.	Yea
Rep. O'Brien, Emily	Yea
Rep. Mitskog, Alisa	Yea
Sen. Dever, Dick	Yea
Sen. Cleary, Sean	Yea
Sen. Davison, Kyle	Yea

HB 1012 042525 0942 AM Roll Call Vote

Amendment

HB 1012

Date Submitted: April 25, 2025, 9:42 a.m.

Action: Passed

Amendment LC #: Pending LC #

Description of Amendment: Revised FMAP

Motioned By: O'Brien, Emily

Seconded By: Mitskog, Alisa

Emergency Clause: None

Vote Results: 6 - 0 - 0

Rep. Nelson, Jon O.	Yea
Rep. O'Brien, Emily	Yea
Rep. Mitskog, Alisa	Yea
Sen. Dever, Dick	Yea
Sen. Cleary, Sean	Yea
Sen. Davison, Kyle	Yea

HB 1012 042525 0944 AM Roll Call Vote

Amendment

HB 1012

Date Submitted: April 25, 2025, 9:44 a.m.

Action: Passed

Amendment LC #: Pending LC #

Description of Amendment: Housing Assistance for instability

Motioned By: Cleary, Sean

Seconded By: O'Brien, Emily

Emergency Clause: None

Vote Results: 6 - 0 - 0

Rep. Nelson, Jon O.	Yea
Rep. O'Brien, Emily	Yea
Rep. Mitskog, Alisa	Yea
Sen. Dever, Dick	Yea
Sen. Cleary, Sean	Yea
Sen. Davison, Kyle	Yea

HB 1012 042525 0955 AM Roll Call Vote

Amendment

HB 1012

Date Submitted: April 25, 2025, 9:55 a.m.

Action: Failed

Amendment LC #: Pending LC #

Description of Amendment: Facility grant Anne Carlsen $3457,736

Motioned By: Dever, Dick

Seconded By: O'Brien, Emily

Emergency Clause: None

Vote Results: 4 - 2 - 0

Rep. Nelson, Jon O.	Yea
Rep. O'Brien, Emily	Yea
Rep. Mitskog, Alisa	Yea
Sen. Dever, Dick	Yea
Sen. Cleary, Sean	Nay
Sen. Davison, Kyle	Nay

2025 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

HB 1012
4/25/2025
Conference Committee

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

10:39 a.m. Chairman J. Nelson called the meeting to order.

Members Present: Chairman J. Nelson, Representatives: O'Brien, Mitskog, Chairman Dever, Senators: Davidson, Cleary.

Discussion Topics:

- Committee Action

10:44 a.m. Jessica Thomasson, Executive Director, Human Services, ND Department of Health and Human Services, clarified the Juvenile Justice services program (previous testimony 042325 #45148).

10:49 a.m. Representative Mitskog moved the Senate to accept the House Amendment of $750k for Juvenile Justice program transferring the funding to use 457 funds.

10:50 a.m. Senator Dever seconded.

10:50 a.m. Roll call vote taken.

10:50 a.m. Motion passed 6-0-0.

11:00 a.m. Sarah Aker, Executive Director, Medical Services, ND Department of Health and Human Services, discussed Medicaid EMS rates (previous testimony 042325 #45148).

11:05 a.m. Senator Davison moved the House accept the Senate Amendment of $2 million for Medicare rates for EMS.

11:06 a.m. Representative O'Brien seconded.

11:06 a.m. Roll call vote taken.

11:06 a.m. Motion passed 6-0-0.

11:07 a.m. Senator Cleary moved the House accept the Senate amendment of revised FMAP FFY $7.04 million fund transfer.

11:07 a.m. Senator Dever seconded.

11:07 a.m. Roll call vote taken.

11:07 a.m. Motion passed 6-0-0.

11:11 Stephanie Gullickson, Fiscal Analyst, ND Office of Management and Budget, clarified the base daily care rate # 45192.

11:12 a.m. Sarah Aker, Executive Director, Medical Services, ND Department of Health and Human Services spoke to Medicaid funding and language to direct the department to look for a recommendation for basic care reimbursement.

11:14 a.m. Stephanie Gullickson, Fiscal Analyst, ND Office of Management and Budget spoke to reducing the general fund by 1.4 million and then using the Healthcare Trust fund.

11:16 a.m. Sarah Aker, Executive Director, Medical Services, ND Department of Health and Human Services, stated Basic Care is part of the Medicaid state plan services, and referenced eligibility and funding.

11:18 a.m. Senator Davison moved to reduce transfer of basic care daily rate by $1.47 million and make $5 per day one-time.

11:18 a.m. Representative Mitskog seconded.

11:18 a.m. Keith Mantz, Fiscal Analyst, ND Legislative Council, inquired that they move the Healthcare Trust Fund to zero (previous testimony 042325 #45148).

11:20 a.m. Roll call vote taken.

11:20 a.m. Motion passed 6-0-0.

11:21 a.m. Senator Davison moved Anne Carlsen to $4.4 million and reduce critical access hospital networking grant to $2 million.

11:21 a.m. Senator Cleary seconded.

11:27 a.m. Senator Davison rescinded his motion.

11:28 a.m. Senator Cleary rescinded his second.

11:29 a.m. Senator Dever moved the House accept the Senate Amendment for $200k for housing extraordinary medical needs.

11:29 a.m. Representative Mitskog seconded.

11:30 a.m. Keith Mantz, Fiscal Analyst, ND Legislative Council, clarified the sections of the bill #45192.

11:36 a.m. Roll call vote taken.

11:36 a.m. Motion passed 5-1-0.

11:45 a.m. Donna Aukland, Chief Financial Officer, ND Department Health and Human Service clarified one time funding (previous testimony 042325 #45148).

11:45 a.m. Senator Davison moved coordinated purchasing to support immunization access funds from ongoing to one-time funding.

11:45 a.m. Senator Dever seconded.

11:46 a.m. Roll call vote taken.

11:46 a.m. Motion passed 5-0-1.

11:48 a.m. Chairman J. Nelson adjourned the meeting.

Jan Kamphuis, Committee Clerk

HB 1012 042525 1050 AM Roll Call Vote

Amendment

HB 1012

Date Submitted: April 25, 2025, 10:50 a.m.

Action: Passed

Amendment LC #: Pending LC #

Description of Amendment: Juvenile Justice services using 457 funds

Motioned By: Mitskog, Alisa

Seconded By: Dever, Dick

Emergency Clause: None

Vote Results: 6 - 0 - 0

Rep. Nelson, Jon O.	Yea
Rep. O'Brien, Emily	Yea
Rep. Mitskog, Alisa	Yea
Sen. Dever, Dick	Yea
Sen. Cleary, Sean	Yea
Sen. Davison, Kyle	Yea

HB 1012 042525 1106 AM Roll Call Vote

Amendment

HB 1012

Date Submitted: April 25, 2025, 11:06 a.m.

Action: Passed

Amendment LC #: Pending LC #

Description of Amendment: Rebase Medicaid rates for ambulance service reduction additional $ 1 million

Motioned By: Davison, Kyle

Seconded By: O'Brien, Emily

Emergency Clause: None

Vote Results: 6 - 0 - 0

Rep. Nelson, Jon O.	Yea
Rep. O'Brien, Emily	Yea
Rep. Mitskog, Alisa	Yea
Sen. Dever, Dick	Yea
Sen. Cleary, Sean	Yea
Sen. Davison, Kyle	Yea

HB 1012 042525 1108 AM Roll Call Vote

Amendment

HB 1012

Date Submitted: April 25, 2025, 11:08 a.m.

Action: Passed

Amendment LC #: Pending LC #

Description of Amendment: FMAP revised

Motioned By: Cleary, Sean

Seconded By: Dever, Dick

Emergency Clause: None

Vote Results: 6 - 0 - 0

Rep. Nelson, Jon O.	Yea
Rep. O'Brien, Emily	Yea
Rep. Mitskog, Alisa	Yea
Sen. Dever, Dick	Yea
Sen. Cleary, Sean	Yea
Sen. Davison, Kyle	Yea

HB 1012 042525 1119 AM Roll Call Vote

Amendment

HB 1012

Date Submitted: April 25, 2025, 11:19 a.m.

Action: Passed

Amendment LC #: Pending LC #

Description of Amendment: Transfer of Basic Care daily rate to one -time reduce by 1.4 million

Motioned By: Davison, Kyle

Seconded By: Mitskog, Alisa

Emergency Clause: None

Vote Results: 6 - 0 - 0

Rep. Nelson, Jon O.	Yea
Rep. O'Brien, Emily	Yea
Rep. Mitskog, Alisa	Yea
Sen. Dever, Dick	Yea
Sen. Cleary, Sean	Yea
Sen. Davison, Kyle	Yea

HB 1012 042525 1136 AM Roll Call Vote

Amendment

HB 1012

Date Submitted: April 25, 2025, 11:36 a.m.

Action: Passed

Amendment LC #: Pending LC #

Description of Amendment: Housing extraordinary medical needs-

Motioned By: Dever, Dick

Seconded By: Mitskog, Alisa

Emergency Clause: None

Vote Results: 5 - 1 - 0

Rep. Nelson, Jon O.	Yea
Rep. O'Brien, Emily	Nay
Rep. Mitskog, Alisa	Yea
Sen. Dever, Dick	Yea
Sen. Cleary, Sean	Yea
Sen. Davison, Kyle	Yea

HB 1012 042525 1146 AM Roll Call Vote

Amendment

HB 1012

Date Submitted: April 25, 2025, 11:46 a.m.

Action: Passed

Amendment LC #: Pending LC #

Description of Amendment: Coordinating purchasing to support immunization -remove from ongoing to onetime

Motioned By: Davison, Kyle

Seconded By: Dever, Dick

Emergency Clause: None

Vote Results: 5 - 0 - 1

Rep. Nelson, Jon O.	Yea
Rep. O'Brien, Emily	Yea
Rep. Mitskog, Alisa	Yea
Sen. Dever, Dick	Yea
Sen. Cleary, Sean	Absent
Sen. Davison, Kyle	Yea

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Sixty-ninth
Legislative Assembly
of North Dakota

FIRST ENGROSSMENT
with Senate Amendments

ENGROSSED HOUSE BILL NO. 1012

Introduced by

Appropriations Committee

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to create and enact a new section to chapter 6-09 of the North Dakota Century Code, relating to an extraordinary medical needs housing loan fund; to amend and reenact sections 50-06-06.6, 50-06-42, 50-24.5-02.3, and 50-33-05, and subsection 1 of 50-36-03 of the North Dakota Century Code and subsection 6 of the new section to chapter 54-07 of the North Dakota Century Code created in section 1 of Senate Bill No. 2176, as approved by the sixty-ninth legislative assembly, relating to leases of department of health and human services property, substance use disorder treatment program, basic care payment rates, state of residence for child care assistance, opioid settlement advisory committee, and children's cabinet; to provide for a transfer; to authorize a line of credit; to provide legislative intent; to provide for a legislative management study; to provide an application; to provide an exemption; to provide for a report; and to provide an effective date.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. APPROPRIATION. The funds provided in this section, or so much of the funds as may be necessary, are appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, and from other funds derived from special funds and federal funds, to the department of health and human services for the purpose of defraying the expenses of its various divisions, for the biennium beginning July 1, 2025, and ending June 30, 2027, as follows:

Subdivision 1.

SALARIES AND WAGES BLOCK GRANT

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages block grant	$0	$619,977,466	$619,977,466
Total all funds	0	619,977,466	619,977,466
Less other funds	0	291,449,112	291,449,112
Total general fund	$0	$328,528,354	$328,528,354

Subdivision 2.

BUSINESS OPERATIONS

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$25,763,358	($25,763,358)	$0
Operating expenses	155,308,399	(77,023,770)	78,284,629
Capital assets	108,934	(108,934)	0
Grants	11,812,627	6,966,375	18,779,002
Total all funds	$192,993,318	($95,929,687)	$97,063,631
Less other funds	118,894,310	(71,526,221)	47,368,089
Total general fund	$74,099,008	($24,403,466)	$49,695,542

Subdivision 3.

BEHAVIORAL HEALTH

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$8,792,675	($8,792,675)	$0
Operating expenses	79,381,458	23,789,660	103,171,118
Grants	40,476,298	9,179,322	49,655,620
Behavioral health clinics	196,383,945	(139,438,537)	56,945,408
State hospital	94,826,973	(73,946,818)	20,880,155
Opioid addiction prevention	2,000,000	6,000,000	8,000,000
Total all funds	$421,861,349	($183,209,048)	$238,652,301
Less other funds	113,955,941	(47,060,463)	66,895,478
Total general fund	$307,905,408	($136,148,585)	$171,756,823

Subdivision 4.

HUMAN SERVICES

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$168,325,918	($168,325,918)	$0
Operating expenses	88,885,469	109,950,106	198,835,575
Capital assets	10,000	0	10,000
Grants	621,189,007	67,250,145	688,439,152
Life skills and transition center	44,992,263	(29,784,605)	15,207,658
Grants - medical assistance	742,793,564	7,655,079	750,448,643
County social services	197,663,661	6,928,621	204,592,282
Total all funds	$1,863,859,882	($6,326,572)	$1,857,533,310
Less other funds	1,240,409,529	(24,088,934)	1,216,320,595
Total general fund	$623,450,353	$17,762,362	$641,212,715

Subdivision 5.

MEDICAL SERVICES

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$21,008,344	($21,008,344)	$0
Operating expenses	70,807,977	92,364,562	163,172,539
Grants	1,651,004	1,006,800	2,657,804
Grants - medical assistance	2,682,778,803	(8,320,037)	2,674,458,766
Total all funds	$2,776,246,128	$64,042,981	$2,840,289,109
Less other funds	1,818,029,530	(8,809,057)	1,809,220,473
Total general fund	$958,216,598	$72,852,038	$1,031,068,636

Subdivision 6.

PUBLIC HEALTH

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$60,415,388	($60,415,388)	$0
Operating expenses	37,721,213	(31,434,070)	6,287,143
Capital assets	1,469,780	1,287,838	2,757,618

Grants	81,718,145	(11,577,165)	70,140,980
Tobacco prevention	13,063,162	(22,607)	13,040,555
Women, infants, and children food payments	19,900,000	1,100,000	21,000,000
Cares Act/COVID-19	83,909,182	1,845,373	85,754,555
Total all funds	$298,196,870	($99,216,019)	$198,980,851
Less other funds	250,440,690	(83,320,870)	167,119,820
Total general fund	$47,756,180	($15,895,149)	$31,861,031

Subdivision 7.

TOTAL - SECTION 1

	Base Level	Adjustments or Enhancements	Appropriation
Grand total all funds	$5,553,157,547	$299,339,121	$5,852,496,668
Grand total other funds	3,541,730,000	56,643,567	3,598,373,567
Grand total general fund	$2,011,427,547	$242,695,554	$2,254,123,101
Full-time equivalent positions	2,483.83	204.52	2,688.35

SECTION 2. ONE TIME FUNDING - EFFECT ON BASE BUDGET - REPORT TO SEVENTIETH LEGISLATIVE ASSEMBLY. The following amounts reflect the one-time funding items included in section 1 of this Act which are not included in the entity's base budget for the 2027-29 biennium and which the entity shall report to the appropriations committees of the seventieth legislative assembly regarding the use of this funding:

One-Time Funding Description	General Fund	Other Funds	Total
Technology projects	$0	$4,548,930	$4,548,930
Human service centers and life skills and transition center projects	0	1,684,480	1,684,480
Retire mainframe	0	15,000,000	15,000,000
Child care programs	9,272,500	0	9,272,500
Housing programs	0	2,500,000	2,500,000
State laboratory move and equipment	0	2,962,304	2,962,304
Partial hospitalization day treatment	0	2,000,000	2,000,000
Developmental disabilities eligibility	200,000	200,000	400,000

assessment tool for kids			
Toxicology equipment	151,500	100,000	251,500
Behavioral health facility grant	0	5,000,000	5,000,000
Cultural community center grant	0	300,000	300,000
Intermediate care facility grant	0	4,400,000	4,400,000
Juvenile justice diversion services	0	500,000	500,000
Critical access hospital networking	0	1,000,000	1,000,000
Basic care $5 daily rate	4,067,056	1,474,184	5,541,240
Infant and toddler care provider support	13,500,000	0	13,500,000
Child welfare technology project line of credit	0	8,411,218	8,411,218
Medical housing for individuals with extraordinary medical needs	200,000	0	200,000
Total	$27,391,056	$50,081,116	$77,472,172

SECTION 3. FUNDING TRANSFERS - EXEMPTION - AUTHORIZATION - REPORT. Notwithstanding section 54-16-04, the director of the office of management and budget shall transfer appropriation authority between line items within subdivisions 1, 2, 3, 4, 5, and 6 of section 1 of this Act and any other appropriation authority for the department of health and human services approved by the sixty-ninth legislative assembly, for the biennium beginning July 1, 2025, and ending June 30, 2027, as requested by the department of health and human services. The department of health and human services shall notify the legislative council of any transfer made pursuant to this section. The department of health and human services shall report to the budget section after June 30, 2026, any transfer made in excess of $50,000 and to the appropriations committees of the seventieth legislative assembly regarding any transfers made pursuant to this section.

SECTION 4. FULL-TIME EQUIVALENT POSITION BLOCK GRANT PROGRAM - REPORT. Section 1 of this Act includes funding for a full-time equivalent position block grant program. This funding as approved by the sixty-ninth legislative assembly is available for defraying the expense of full-time equivalent positions as determined by the department of health and human services. Notwithstanding any other provision of law, the department is authorized to increase or decrease authorized full-time equivalent positions subject to the

availability of funds and the provisions of this section. The department of health and human services many not increase full-time equivalent positions for the purpose of transferring human service zone employees to state employment. Pursuant to section 3 of this Act, the department is authorized to transfer appropriation authority of up to the underfunded amount of $6,307,309 to the salaries and wages block grant line item. The department of health and human services shall report to the office of management and budget and legislative council any adjustments to full-time equivalent positions.

SECTION 5. DEPARTMENT OF HEALTH AND HUMAN SERVICES - SALARIES AND WAGES BLOCK GRANT - VACANT POSITIONS - REPORT. The department of health and human services shall report to the budget section quarterly during the 2025-26 interim regarding the status of its salaries and wages block grant and vacant positions and employee turnover. The report must include:

1. The legislative appropriation for salaries and wages allocated by the department to major department programs by funding source and the number of FTE positions the department is allocating to each major program based on the legislative appropriation;
2. Any changes to salaries and wages funding or FTE positions allocated to major department programs;
3. Any new FTE positions added, the cost of the position for the remainder of the biennium, and the cost to continue funding the position in the subsequent biennium by funding source;
4. Any FTE positions removed and related funding;
5. The number of FTE positions that become vacant and the number filled each month;
6. The number of vacant FTE positions at the end of each month;
7. Salaries and wages savings resulting from vacant positions and employee turnover each month by funding source; and
8. The use of salaries and wages savings for other purposes for each month by funding source.

SECTION 6. BEHAVIORAL HEALTH FACILITY GRANT - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND - APPLICATION.

1. Section 1 of this Act includes the sum of $5,000,000 from the strategic investment and improvements fund for a behavioral health facility grant pursuant to this section.

2. The department shall require an entity receiving funding under this section to operate the facility for at least ten years and require the grant amount to be repaid if the entity does not operate the facility for at least ten years.
3. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 7. INFANT AND TODDLER CARE PROVIDER SUPPORT DIRECT PAYMENT - ONE-TIME - REPORT. Section 1 of this Act includes the sum of $13,500,000 of one-time funding from the general fund for direct payments to licensed child care providers to support high-quality early childhood care for infants and toddlers. The department shall administer the direct payment program and include the following provisions:

1. To qualify for a direct payment under this section, a direct payment recipient must:
   a. Be a licensed child care facility within the state of North Dakota;
   b. Be enrolled in the state's bright and early quality rating system at a two-star, three-star, or four-star rating level; and
   c. Provide care for children from birth through three years of age.
2. Eligible providers may receive up to $300 per month for each child from birth through seventeen months of age and up to $180 per month for each child from eighteen through thirty-six months of age.
3. The department shall distribute the direct payments on a quarterly basis. Direct payments may not be used for non-child care-related expenses or debt repayment.
4. Direct payment recipients shall submit annual reports to the department detailing fund usage, enrollment statistics, and other information requested by the department.
5. The department shall provide reports to the legislative management and to the appropriations committees of the seventieth legislative assembly on direct payments and the effectiveness of the program.

SECTION 8. INTERMEDIATE CARE FACILITY MEDICALLY AND BEHAVIORALLY COMPLEX SERVICES GRANT - APPLICATION. Section 1 of this Act includes the sum of $4,400,000 of one-time funding from the community health trust fund for providing a one-time grant to a licensed intermediate care facility in the south central human service region for providing services to children or young adults with medically and behaviorally complex conditions. To be eligible to receive the grant under this section, a licensed intermediate care

facility must provide early intervention, clinical, and residential services, provide community and home support, education, recreation and leisure activities, and assistive technology; and provide services in at least eight communities for individuals with intellectual or developmental disabilities. The grant funds awarded may be used only for the costs of providing services to children and young adults with medically and behaviorally complex conditions. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 9. SPECIAL HEALTH CARE NEEDS GRANT - APPLICATION. Section 1 of this Act includes the sum of $50,000 from the general fund for providing a grant to a provider in the south central human service region for statewide education, information, training, and peer support to families with children with special health care needs, medically complex conditions, or a disability. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 10. CRISIS SERVICES GRANTS - APPLICATION. Section 1 of this Act includes the sum of $585,000 from the general fund for providing crisis services grants. The grants include the sum of $300,000 for crisis organizations that provide crisis services to young adults who are at risk of being homeless or experiencing other serious adverse life events and the sum of $285,000 to a volunteer-based ecumenical ministry organization. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 11. MEDICAL HOUSING FOR INDIVIDUALS WITH EXTRAORDINARY MEDICAL NEEDS - ONE-TIME FUNDING.

1. Section 1 of this Act includes the sum of $200,000 from the general fund for the preliminary design consultation and project administration of developing housing for individuals with disabilities that have extraordinary medical needs and for rent subsidies for individuals residing in these housing facilities, for the biennium beginning July 1, 2025, and ending June 30, 2027.
2. The department of health and human services shall collaborate with the North Dakota housing finance agency, individuals with disabilities, caregivers, and families to solicit proposals for the development of accessible housing for individuals with disabilities that have extraordinary medical needs, for the biennium beginning July 1, 2025, and

ending June 30, 2027. The department shall solicit proposals from public entities, for-profit organizations, and nonprofit organizations to design, construct, maintain, and operate the housing facility. Proposals must:

a. Ensure that services in the facility may be provided separately from the facility ownership interests;

b. Ensure that individuals residing in the facility may choose among independent living service providers; and

c. Comply with the federal home and community-based settings rules as defined under 42 CFR 441.301(c)(4).

SECTION 12. COMMUNITY CULTURAL CENTER GRANT - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND - APPLICATION. Section 1 of this Act includes the sum of $300,000 from the strategic investment and improvements fund for the purpose of providing a one-time community cultural center programming grant in the west central human service region. An entity may apply for a grant under this section if the entity certifies to the department the funds will be used for programs within the community cultural center. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 13. JUVENILE JUSTICE DIVERSION SERVICES AND PROGRAMS - TASK FORCE - REPORT. Section 1 of this Act includes the sum of $500,000 of one-time funding from the community health trust fund for juvenile justice diversion services and programs. The department of health and human services must use the funding for services to youth at risk of juvenile justice involvement but who have not committed delinquent acts as defined in chapter 27-20.4.

The department shall establish a task force with representation from divisions in the department, human service zones, the department of public instruction, elementary and secondary schools, and members of the legislative assembly, to review juvenile justice diversion services and program. The department shall report its findings and recommendations to the legislative management and children's cabinet.

SECTION 14. OTHER FUNDS - INSURANCE TAX DISTRIBUTION FUND. The other funds line item in subdivision 5 of section 1 of this Act includes the sum of $1,125,000 from the insurance tax distribution fund for rural emergency medical services grants.

SECTION 15. OTHER FUNDS - COMMUNITY HEALTH TRUST FUND. The other funds line items in section 1 of this Act includes the sum of $41,431,522 from the community health trust fund for the following purposes:

Loan repayment programs	$594,500
Tobacco prevention and control grants to local public health units	6,250,000
Tobacco prevention and control	4,549,698
Tobacco cessation grants	500,000
Youth vaping prevention grants	300,000
Cancer and women's way programs	909,824
Behavior risk state survey	200,000
Youth crisis stabilization	1,500,000
Intermediate care facility grant	4,400,000
Domestic violence programs	4,250,000
Local public health grants	3,275,000
988 crisis hotline	1,867,500
Various information technology system upgrades	1,335,000
Grants to rural ambulances	7,000,000
Law enforcement rural crisis support program	1,000,000
Development of partial hospitalization/intensive day treatment	2,000,000
Juveline justice services	500,000
Critical access hospital networking	1,000,000
Total	$41,431,522

SECTION 16. OTHER FUNDS - HUMAN SERVICE FINANCE FUND. The other funds line items in section 1 of this Act includes the sum of $242,112,030 from the human service finance fund for state-paid economic assistance and social and human services.

SECTION 17. OTHER FUNDS - OPIOID SETTLEMENT FUND. The other funds line item in section 1 of this Act includes the sum of $8,000,000 from the opioid settlement fund for opioid remediation and abatement efforts.

SECTION 18. OTHER FUNDS - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND The other funds line items in section 1 of this Act includes the sum of $18,446,784 from the strategic investment and improvements fund for the following purposes:

Retiring technology from the mainframe	$5,000,000
New state laboratory move-in costs and security equipment purchases	2,962,304
Capital projects in certified community behavioral health clinics and life skills and transition center	1,684,480
Housing initiative programs	2,500,000
Technology projects at the state hospital	1,000,000
Behavioral health facility grant	5,000,000
Community cultural center grant	300,000
Total	$18,446,784

SECTION 19. OTHER FUNDS - BANK OF NORTH DAKOTA LINE OF CREDIT - CHILD WELFARE TECHNOLOGY PROJECT. The other funds line item in subdivision 2 of section 1 of this Act includes the sum of $8,411,218 from a Bank of North Dakota line of credit. The department of health and human services may borrow up to $8,411,218 through a line of credit from the Bank of North Dakota during the biennium beginning July 1, 2025, and ending June 30, 2027, for costs associated with a child welfare technology project. The interest rate on the line of credit may not exceed the prevailing interest rate charged to North Dakota governmental entities. If the department accesses the line of credit, it shall request a deficiency appropriation from the seventieth legislative assembly to repay the line of credit.

SECTION 20. LABORATORY BUILDING STEERING COMMITTEE. The department of health and human services shall maintain the laboratory building steering committee to oversee the design and construction of the laboratory building project, for the biennium beginning July 1, 2025, and ending June 30, 2027, or until work is completed, whichever occurs earlier. The committee must include representation from the department of health and human services, department of environmental quality, office of management and budget, the governor's office, and the legislative assembly. The legislative assembly representation must include one member of the senate appointed by the senate majority leader, one member of the house appointed by the house majority leader, and one member of the minority party from either the senate or the house appointed by the minority leaders of the senate and the house.

SECTION 21. NEW STATE HOSPITAL - STEERING COMMITTEE. The department of health and human services shall establish a new state hospital facility steering committee to oversee the design and construction of a new state hospital facility, for the biennium beginning

July 1, 2025, and ending June 30, 2027. The committee must include representation from the department of health and human services, office of management and budget, the governor's office, and the legislative assembly. The legislative assembly representation must include one member of the senate appointed by the senate majority leader, one member of the house appointed by the house majority leader, and one member of the minority party from either the senate or the house appointed by the minority leaders of the senate and the house.

SECTION 22. CAPITAL PAYMENTS. During the biennium beginning July 1, 2025, and ending June 30, 2027, the department of health and human services is authorized to expend funds for the payment of special assessments at the state hospital, southeast human service center, and life skills and transition center. Pursuant to section 3 of this Act, the director of the office of management and budget may transfer appropriation authority between line items within section 1 of this Act and any remaining appropriation authority for the department of health and human services approved by the sixty-ninth legislative assembly. The department of health and human services may transfer funds for the payment of special assessments at the state hospital, southeast human service center, and life skills and transition center ahead of the special needs assessments schedule. Notwithstanding section 54-27-12, the department of health and human services may spend funds for the payment of special assessments at the state hospital and life skills and transition center.

SECTION 23. CAPITAL PROJECTS - EMERGENCY COMMISSION AND BUDGET SECTION APPROVAL. During the biennium beginning July 1, 2025, and ending June 30, 2027, pursuant to section 3 of this Act, the director of the office of management and budget may transfer appropriation authority between line items within section 1 of this Act and any remaining appropriation authority for the department of health and human services approved by the sixty-ninth legislative assembly for capital projects and maintenance pertaining to operation of its facilities, including demolition projects. Notwithstanding section 54-27-12, the department of health and human services may spend up to $10,000,000 for capital projects and maintenance pertaining to operation of its facilities, including demolition projects, under this section and may seek emergency commission and budget section approval to spend more than $10,000,000 under this section.

SECTION 24. PERMANENT SUPPORTIVE HOUSING GRANTS. Section 1 of this Act includes the sum of $4,672,536 from the general fund for permanent supportive housing grants.

The department of health and human services shall develop a funding methodology to distribute the funding to qualified entities that utilize best practices for permanent supportive housing, provide recovery-oriented and person-centered services, submit process and outcome measures to the department of health and human services, and authorize the department of health and human services to conduct onsite visits to review program operations.

SECTION 25. EXPENDITURES MAY NOT EXCEED APPROPRIATION - MEDICAL ASSISTANCE EXPANSION PROGRAM - APPLICATION.

1. Section 1 of this Act includes the sum of $662,099,340, of which $66,209,934 is from the general fund, for the medical assistance expansion program, for the biennium beginning July 1, 2025, and ending June 30, 2027. The expenditures for individuals eligible for the medical assistance expansion program may not exceed this amount.
2. The department of health and human services may exceed appropriations for increases in medical assistance expansion program caseload, for the addition of coverage consistent with the traditional Medicaid 1915(i) state plan, utilization rates, and reduction in federal medical assistance percentage.
3. The managed care organization under contract with the department of health and human services to manage the medical assistance expansion program shall reimburse providers within the same provider type and specialty at consistent levels and with consistent methodology and may not provide incentive, quality, or supplemental payments to providers, unless part of a value-based program approved by the department of health and human services. The managed care organization shall reimburse all North Dakota substance use providers of American society of addiction medicine level 2.5 at consistent levels and with consistent methodology. The managed care organization may consider urban and rural providers as different provider types.
4. The managed care organization and the department of health and human services shall ensure payments to Indian or Tribal 638 health care providers, federally qualified health centers,and rural health clinics meet the federally required minimum levels of reimbursement. Critical access hospitals may not be paid less than one hundred percent of Medicare allowable costs and human service centers may not be paid less than one hundred percent of the current traditional Medicaid rate. Behavioral health services involving partial hospitalization, intensive outpatient, professional services,

and residential behavioral health services provided in facilities that are not institutions for mental diseases are not subject to the provisions in subsection 6.

5. The department of health and human services shall ensure providers within the same provider type and specialty are reimbursed at consistent levels and with consistent methodology and shall ensure the capitation rates under risk contracts are actuarially sound and are adequate to meet managed care organization contractual requirements regarding availability of services, assurance or adequate capacity and services, and coordination and continuity of care.

6. Except for the provisions in subsection 4, managed care organization premium payments must be built using the assumption that rates paid to providers under the medical assistance expansion program may not exceed one hundred forty-five percent of Medicare reimbursement rates paid to providers on January 1, 2025.

SECTION 26. HUMAN SERVICE CENTERS - CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS - FULL-TIME EQUIVALENT POSITIONS - REPORT. The department of health and human services shall continue the process of the human service centers becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults. The department of health and human services shall pursue additional federal funding as available. Subject to the availability of generated income, the department of health and human services may add full-time equivalent positions for the clinics to provide direct services for the period beginning with the effective date of this Act and ending June 30, 2027. The department of health and human services shall report to the office of management and budget and legislative council each time a position is added.

SECTION 27. INTERMEDIATE CARE FACILITY MORATORIUM. The department of health and human services may not add any new licensed intermediate care facility for individuals with intellectual disabilities beds to the state's licensed bed capacity between July 1, 2025, and June 30, 2027.

SECTION 28. EXEMPTION - UNEXPENDED APPROPRIATIONS. The following appropriations are not subject to the provisions of section 54-44.1-11 and any unexpended appropriation authority may be continued into the biennium beginning July 1, 2025, and ending June 30, 2027:

1. The sum of $3,674,757 appropriated from the general fund and the sum of $25,918,566 appropriated from federal funds for the Medicaid management information system modularization technology project in chapter 12 of the 2021 Session Laws;
2. The sum of $6,000,000 appropriated from the general fund and the sum of $14,411,218 appropriated from federal funds for the child welfare technology project in chapter 12 of the 2021 Session Laws;
3. The sum of $20,366,271 appropriated from the community health trust fund and the sum of $39,534,525 appropriated from federal funds for the child support computer replacement project in chapter 44 of the 2023 Session Laws;
4. The sum of $10,989,217 appropriated from the strategic investment and improvements fund for the procurement and grants management system in chapter 44 of the 2023 Session Laws;
5. The sum of $4,150,000 appropriated from the general fund for defraying the expenses of additional human service centers to begin the process of becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults in chapter 44 of the 2023 Session Laws;
6. The sum of $18,941,847 appropriated to the department of health and human services in chapter 549 of the 2021 Special Session Laws;
7. The sum of $55,120,000 appropriated from the federal state fiscal recovery fund for a public health laboratory capital project in chapter 4 of the 2023 Session Laws;
8. The sum of $1,000,000 appropriated from the general fund for the purpose of employer-led child care cost-share program in chapter 446 of the 2023 Session Laws;
9. The sum of $986,555 appropriated from the general fund for the purpose of streamlining background checks project in chapter 446 of the 2023 Session Laws;
10. The sum of $1,000,000 appropriated from the federal state fiscal recovery fund for the implementation of a virtual behavioral health crisis care program for rural law enforcement in chapter 44 of the 2023 Session Laws; and
11. The sum of $500,000 appropriated from the general fund and the sum of $500,000 appropriated from federal funds for the purpose of program integrity audits in chapter 44 of the 2023 Session Laws.

12. The sum of $1,950,000 appropriated from the general fund to the department of health and human services for a northwest human service region behavioral health facility grant in chapter 44 of the 2023 Session Laws.

SECTION 29. LEGISLATIVE INTENT - UTILIZATION RATE ADJUSTMENT. It is the intent of the sixty-ninth legislative assembly that the department of health and human services seek a deficiency appropriation from the seventieth legislative assembly for any expenditures that exceed appropriated amounts as a result of underfunding, utilization rates, value-based purchasing for nursing facilities, reduction in federal medical assistance percentage, and unexpected contract cost increases that exceed ten percent, during the biennium beginning July 1, 2025, and ending June 30, 2027, if funding is not sufficient to pay actual expenses.

SECTION 30. LEGISLATIVE INTENT - PROVIDER RATE INCREASE. Except as otherwise noted, section 1 of this Act includes funding for human service provider inflation increases of two percent for the first year and one and one-half percent the second year of the biennium beginning July 1, 2025, and ending June 30, 2027. The provider inflation increase in this section does not apply to nursing facilities.

SECTION 31. LEGISLATIVE INTENT - MEDICAL ASSISTANCE. It is the intent of the sixty-ninth legislative assembly that the department of health and human services review the amount, duration, coverage, utilization rates, medical necessity, and scope of medical assistance services, and report any findings and recommendations to the seventieth legislative assembly.

SECTION 32. FEDERAL FUNDING APPEAL LIMITATION. Except as otherwise specifically provided by federal law, a person may not appeal a denial, revocation, reduction in services or payment, or the termination of a program or service by the department of health and human services dues to the unavailability of federal coronavirus funding received under federal law resulting from the federal coronavirus pandemic emergency declarations, for the biennium beginning July 1, 2025, and ending June 30, 2027.

SECTION 33. DEPARTMENT OF HEALTH AND HUMAN SERVICES - LONG-TERM STRUCTURED RESIDENCES PLAN - REPORT. During the 2025-26 interim, the department of health and human services shall review options and develop a plan to establish long-term structured residences. The department shall review necessary changes to statutes, rules, policies, and the estimated fiscal impact of establishing the residences. A long-term structured

residence must be a highly structured therapeutic residential mental health treatment facility that is staffed continuously and designed to treat adults under chapters 12.1-04.1 and 25-03.1 who have severe and persistent mental illness and who have reached the maximum benefit from the mental health resources available elsewhere in the community or hospital. The department shall present a report to the legislative management by October 1, 2026, regarding its plan to establish long-term structured residences.

SECTION 34. A new section to chapter 6-09 of the North Dakota Century Code is created and enacted as follows:

Extraordinary medical needs housing loan fund - Continuing appropriation.

1. The Bank of North Dakota shall administer a loan program to provide loans for new construction projects to provide housing for individuals with disabilities that have extraordinary medical needs. A construction project may include a land purchase and the construction costs of the project. The applicant must comply with project requirements as approved by the department of health and human services and the North Dakota housing finance agency.
2. The extraordinary medical needs housing loan fund is a special fund maintained in the state treasury from which the Bank shall provide loans under this section. The fund consists of revenues transferred under legislative authorization, interest upon moneys in the fund, and collections of interest and principal on loans made from the fund. All moneys in the fund are appropriated on a continuing basis to the Bank for the purpose of providing loans under this section.
3. The developer of the housing facility for individuals with disabilities that have extraordinary medical needs may submit an application to the Bank for a loan. The application must:
   a. Provide detail on the proposed construction project and its compliance with the department of health and human services and the North Dakota housing finance agency requirements;
   b. Demonstrate the need and long-term viability of the project; and
   c. Include financial information the Bank determines appropriate to verify eligibility.
4. A loan approved under this section:
   a. May not exceed three million three hundred thousand dollars for a project;

b. Must have an interest rate that does not exceed two percent; and

c. Must have a repayment schedule of no longer than twenty years.

5. A recipient of a loan under this section shall complete the financed construction project within twenty-four months of the approval of the loan. Failure to comply with this subsection may result in forfeiture of the entire loan received under this section.

6. The Bank shall deposit in the fund all principal and interest paid on the loans made from the fund. The Bank may deduct from interest payments a service fee for costs of administering the loan program. The fund must be audited annually pursuant to section 6-09-29 and the cost of the audit and any other actual costs incurred by the Bank on behalf of the fund must be paid from the fund.

SECTION 35. AMENDMENT. Section 50-06-06.6 of the North Dakota Century Code is amended and reenacted as follows:

50-06-06.6. Department may lease real and personal property.

The commissioner of the department or commissioner's designee may lease ~~surplus farm and pastureland at the state hospital and the life skills and transition center. The commissioner or designee also may enter into further leases of~~ real or personal property at the life skills and transition center or the state hospital upon a specific finding that the granting of each such leasehold interest will result in a net economic gain for the department, taking into account all identifiable costs. Any lease of space for the purpose of providing child care services must meet requirements as determined by the department. The commissioner of the department or commissioner's designee may prescribe the terms and conditions of any leases entered into pursuant to this section and may renew existing leases. ~~Any~~The term of any lease ~~entered into must be subject to renewal or cancelable each biennium~~may not exceed ninety-nine years.

SECTION 36. AMENDMENT. Section 50-06-42 of the North Dakota Century Code is amended and reenacted as follows:

50-06-42. Substance use disorder treatment voucher system - Mental health treatment voucher system for incarcerated individuals.

~~1.~~ The department shall establish and administer, within the limits of legislative appropriations, a voucher system to address underserved areas and gaps in the state's substance abuse treatment system and to assist in the payment of addiction treatment services and medical costs provided by licensed substance abuse treatment programs, excluding

regional human service centers and hospital- or medical clinic-based programs for medical management of withdrawal.

1. An out-of-state licensed substance abuse treatment program located within a bordering state may participate in the voucher program to serve an underserved area of this state pursuant to the rules adopted by the department. The department shall develop rules to include processes and requirements for an out-of-state provider to receive reimbursement only for outpatient and community-based services upon a provider completing an assessment of need and receiving approval from the department.
2. Services eligible for the voucher program include only those levels of care recognized by the American society of addiction medicine, with particular emphasis given to underserved areas and programs. The department shall ensure that a licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers collects and reports process and outcome measures.
3. The department shall develop requirements and provide training and technical assistance to a licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers. A licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers shall provide evidence-based services.
4. The department shall allocate funding appropriated for the substance use disorder treatment voucher as follows:
   ~~a. No~~
   a. Except as provided in subdivisions c and d, no more than ~~forty-five~~fifty percent of the appropriated amount may be allocated for residential substance use disorder services administered by licensed substance abuse treatment programs with more than sixteen beds.
   b. The remaining appropriation must be allocated for residential programs with sixteen or fewer beds, nonresidential outpatient, and ancillary substance use disorder services administered by licensed substance abuse treatment programs.

c. The department, during the last quarter of the biennium, may reallocate projected unused funds that were allocated under paragraph 2 to residential facilities outlined in paragraph 1.

d. The department may reimburse a licensed substance abuse treatment program with more than sixteen beds the incurred direct medical costs of an eligible individual who does not have resources to cover the medical costs. The department may develop rules and may not exceed the total amount appropriated for medical cost reimbursement.

SECTION 37. AMENDMENT. Section 50-24.5-02.3 of the North Dakota Century Code is amended and reenacted as follows:

50-24.5-02.3. Basic care payment rates.

1. The department shall determine limits for the care of residents of basic care facilities that qualify as vendors of an aged, blind, and disabled persons program and for implementing provisions of this chapter based on data demonstrating the most recent costs that must be incurred for the care of residents in efficiently and economically operated basic care facilities. The department shall determine the limits every four years by July first, beginning with July 1, 2023.
2. The department shall establish the limits by using the median rates from the most recent data available. The direct care limit must be the median plus eighteen percent. The indirect care limit must be the median plus twelve percent.
3. For the rate year beginning July 1, 2023, the department shall increase rates and limits three and one-half percent for inflation. For the rate year beginning July 1, 2024, the department shall increase rates and limits three and one-half percent for inflation.
4. The department shall provide a rate increase in the amount of five dollars per day for the period beginning July 1, 2023, and ending June 30, ~~2025~~2027, after which the increase is not effective. This rate increase may not be included in any calculation of inflation increase.
5. Within the limits of legislative appropriations, the department shall establish an uncompensated care expense of three hundred sixty-five days.

SECTION 38. AMENDMENT. Section 50-33-05 of the North Dakota Century Code is amended and reenacted as follows:

50-33-05. State of residence.

Only child care assistance units physically residing within the boundaries of the state are eligible for child care assistance, unless the individual is employed by an early childhood program within the boundaries of the state and the individual has been approved for the state's child care assistance child care workforce benefit.

SECTION 39. AMENDMENT. Subsection 1 of section 50-36-03 of the North Dakota Century Code is amended and reenacted as follows:

1. The committee is composed of:
   a. One member of the North Dakota association of counties appointed by the chairman of the legislative management, who shall serve a term of two years.
   b. One member of the North Dakota league of cities appointed by the chairman of the legislative management, who shall serve a term of two years.
   c. One member of the North Dakota state association of city and county health officials appointed by the chairman of the legislative management, who shall serve a term of two years.
   d. One member who represents the highway patrol appointed by the highway patrol superintendent, who shall serve a term of two years.
   e. The executive director of the department's division of behavioral health.
   f. ~~The managing director of the office of recovery reinvented~~One member in recovery appointed by the governor.
   g. One member appointed by the governor who shall serve as a nonvoting member and as the presiding officer of the committee, who shall serve a term of two years.

SECTION 40. AMENDMENT. Subsection 6 of the new section to chapter 54-07 of the North Dakota Century Code, as created by section 1 of Senate Bill No. 2176, as approved by the sixty-ninth legislative assembly, is amended and reenacted as follows:

6. a. The office of the governor shall provide staffing and administrative services for the children's cabinet and coordinate with other designated working groups on children and family issues.

b. The governor or the governor's designee serving on the cabinet may appoint a representative to serve in that official's capacity at a meeting if the governor or governor's designee is unable to attend.

SECTION 41. HOUSING AVAILABILITY ASSESSMENT - COLLABORATION WITH HOUSING FINANCE AGENCY. The department of health and human services shall collaborate with the North Dakota housing finance agency and other appropriate stakeholders to assess the availability of housing for individuals requiring extraordinary health care support services, for the biennium beginning July 1, 2025, and ending June 30, 2027. Based on the results of the assessment, if necessary, the department shall develop a plan to expand access to housing providing the least restrictive environment for individuals requiring extraordinary health care support services.

SECTION 42. BEHAVIORAL HEALTH CLINICS, NORTH DAKOTA STATE HOSPITAL, AND LIFE SKILLS AND TRANSITION CENTER FUNDING. Section 1 of this Act includes funding for the behavioral health clinics, North Dakota state hospital, and life skills and transition center as follows:

1. Behavioral health clinics:		
a. Salaries and wages		$177,840,942
b. Operating and capital		56,945,408
c. Total		$234,786,350
2. State hospital:		
a. Salaries and wages		$70,477,378
b. Operating and capital		20,880,155
c. Total		$91,357,533
3. Life skills and transition center:		
a. Salaries and wages		$56,284,356
b. Operating and capital		15,207,658
c. Total		$71,492,014

SECTION 43. LEGISLATIVE MANAGEMENT STUDY - STUDENT TRUANCY AND ABSENTEEISM. The legislative management shall consider studying, during the 2025-26 interim, truancy and student absenteeism in kindergarten through grade twelve public schools.

The legislative management shall report its findings and recommendations, together with any legislation necessary to implement its recommendations, to the seventieth legislative assembly.

SECTION 44. LEGISLATIVE MANAGEMENT STUDY - OBESITY HEALTH IMPLICATIONS. The legislative management shall consider studying, during the 2025-26 interim, the health implications of obesity on the residents of the state and options to increase access to prevention and treatments for obesity. If conducted, the study must review costs associated with obesity including comorbidities, treatments available for obesity, obesity diagnosis guidelines including use of body mass index compared with percentage of body fat, and examining the difference between being an individual who is healthy and overweight as compared to an obese individual. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement its recommendations, to the seventieth legislative assembly.

SECTION 45. LEGISLATIVE MANAGEMENT STUDY - MATERNAL HEALTH SERVICES - ACCESS AND WORKFORCE.

1. During the 2025-26 interim, the legislative management shall consider studying access to maternal health services. The study must include:
   a. Consideration of the availability of prenatal and childbirth services, including provider shortages and service use.
   b. Development of strategies to increase the number of obstetricians, family doctors, and midwives providing maternal health services in this state.
   c. A review of coverage and reimbursement for doulas and midwives, including training and certification needs.
   d. Consideration of insurance and public policy options to improve maternal health outcomes, including through the Medicaid program.
   e. Input from health care providers, insurers, public health officials, and maternal health experts.
2. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement its recommendations, to the seventieth legislative assembly.

SECTION 46. LEGISLATIVE INTENT - LIFE SKILLS AND TRANSITION CENTER. It is the intent of the sixty-ninth legislative assembly that during the 2025-26 interim, the department of

health and human services review the facilities and land at the life skills and transition center to identify the portions of the life skills and transition center campus that are necessary for delivery of services and the portions of the campus that could be conveyed to a local government or related public or not-for-profit community development entity to redevelop to optimize local community development goals and the successful operation of the life skills and transition center. It is further the intent of the legislative assembly that the department of health and human services present any request to convey any portions of the campus to the seventieth legislative assembly.

SECTION 47. DISABILITY SERVICE ACCREDITATION STUDY - LEGISLATIVE MANAGEMENT REPORT. During the 2025-26 interim, the department of health and human services shall study accreditation requirements and provider costs for serving individuals with intellectual and developmental disabilities, including the cost of accreditation relative to the cost of providing services and reimbursement. The department shall report its findings and recommendations, together with any legislation necessary to implement recommendations to the legislative management by September 1, 2026.

SECTION 48. VALUE-BASED CARE INCENTIVE PROGRAM - PAYMENT WITHHOLD FOR NURSING FACILITIES - COLLABORATION WITH NORTH DAKOTA LONG TERM CARE ASSOCIATION. During the 2025-26 interim, the department of health and human services, in collaboration with the North Dakota long term care association, shall develop a payment withhold structure for value-based payments to provide funding for the value-based care incentive program for nursing facilities. The department shall implement the payment withhold beginning July 1, 2027. The department may not implement a payment withhold before July 1, 2027.

SECTION 49. LEGISLATIVE MANAGEMENT STUDY- DISABILITY SERVICES.

1. During the 2025-26 interim, the legislative management shall study the efficiency, effectiveness, and outcomes of developmental disability services provided by the department of health and human services. The study must include:
   a. A review of the approval process, an analysis of accountability measures, an assessment of gaps in services, and an evaluation of overall program management.

b. An assessment of whether the department is effectively managing cases and complying with federal law in the provision of support and services to individuals with disabilities.

c. Input from advocates, clients from the disability community, zone directors, service providers, and health care providers who serve individuals with disabilities.

d. Collaboration with the cross-disability advisory council.

2. The legislative council may contract with a consultant with expertise in the provision of developmental disability services to assist in the study.

3. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement its recommendations, to the seventieth legislative assembly.

SECTION 50. APPROPRIATION - COMMUNITY HEALTH TRUST FUND - LEGISLATIVE COUNCIL - DISABILITY SERVICES - ONE-TIME FUNDING. There is appropriated out of any moneys in the community health trust fund, not otherwise appropriated, the sum of $150,000, or so much of the sum as may be necessary, to the legislative council for the purpose of contracting for consulting services for a disability services study, for the biennium beginning July 1, 2025, and ending June 30, 2027. The appropriation in this section is considered a one-time funding item.

SECTION 51. LEGISLATIVE MANAGEMENT REPORT - BEHAVIORAL HEALTH FACILITY GRANTS. During the 2025-26 interim the department of health and human services shall provide reports to the legislative management regarding the award of grant funding to increase the number of behavioral health beds in the state.

SECTION 52. EFFECTIVE DATE. Section 36 of this Act becomes effective on July 1, 2026.

SECTION 53. EFFECTIVE DATE. Section 7 of this Act becomes effective on January 1, 2026.

2025 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

HB 1012
4/26/2025
Conference Committee

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

9:40 a.m. Chairman J. Nelson called the meeting to order.

Members Present: Chairman J. Nelson, Representatives: O'Brien, Mitskog, Chairman Dever, Senators: Davidson, Cleary.

Discussion Topics:

- Committee Action

9:42 a.m. Donna Aukland, Chief Financial Officer, ND Health and Human Services, discussed that the community health trust funds were moved to general funds (previous testimony 042324 #45148).

9:45 a.m. Senator Davison moved to reduce the UND Forensic Pathology Contract by half to 433k.

9:45 a.m. Senator Cleary seconded.

9:46 a.m. Roll call vote.

9:46 a.m. Motion passed 6-0-0.

9:50 a.m. Donna Aukland, Chief Financial Officer, ND Health and Human Services, explained that there was a 3% reduction on the base.

9:52 a.m. Senator Davison moved the House accept the Senate Amendment of $350k for Fetal Alcohol Spectrum Disorder Clinic be funded from the Community Health Trust Fund.

9:52 a.m. Senator Cleary seconded.

9:53 a.m. Senator Davison withdrew his motion

9:54 a.m. Senator Cleary withdrew his motion.

9:54 a.m. Senator Davison moved the House accept the Senate Amendment of $350k for Fetal Alcohol Spectrum Disorder Clinic be a one-time fund from the General Fund.

9:54 a.m. Senator Cleary seconded.

9:55 a.m. Roll call vote

9:56 a.m. Motion passed 6-0-0.

9:56 a.m. Representative O'Brien moved the House accept the Senate Amendment of $60.72 million reduction of Care Acts & COVID funds.

9:56 a.m. Senator Davison seconded.

9:56 a.m. Roll call vote.

9:57 a.m. Motion passed 6-0-0.

9:57 a.m. Senator Davison moved the House accept the Senate Amendment of $300k reduction for Cass County animal shelter.

9:57 a.m. Representative O'Brien seconded.

9:58 a.m. Roll call vote.

9:58 a.m. Motion passed 6-0-0.

10:05 a.m. Senator Davison moved the House accept the Senate amendment of 750k reduction for Statewide Health Strategies Grant.

10:05 a.m. Senator Cleary seconded.

10:06 a.m. Roll call vote.

10:06 a.m. Motion passed 5-1-0.

10:10 Donna Aukland, Chief Financial Officer, ND Health and Human Services, described why new language was added.

10:31 Keith Mantz, Fiscal Analyst, ND Legislative Council, commented that sub section 2 had changed (previous testimony 042325 #45148).

10:32 a.m. Donna Aukland, Chief Financial Officer, ND Health and Human Services, spoke to carry over money that was already spent.

10:34 Keith Mantz, Fiscal Analyst, ND Legislative Council, noted the differences in the inflators and changes made in bill, #45217.

10:48 a.m. Senator Dever moved the House accept the Senate amendment for Section 31 language in place of Section 29.

10:48 a.m. Senator Davison seconded.

10:49 a.m. Roll call vote

10:49 a.m. Motion passed 6-0-0.

10:51 a.m. Senator Cleary moved the House accept the Senate Amendment of Section 39 for Opioid Settlement Advisory Committee.

10:51 a.m. Senator Dever seconded.

10:51 a.m. Roll call vote.

10:51 a.m. Motion passed 6-0-0.

10:52 a.m. Senator Cleary moved the House accept the Senate Amendment of Section 40 for Children's Cabinet Governor's Designee.

10:52 a.m. Senator Dever seconded.

10:52 a.m. Roll call vote.

10:52 a.m. Motion passed 6-0-0.

11:02 a.m. Keith Mantz, Fiscal Analyst, ND Legislative Council, spoke to a section change.

11:02 a.m. Donna Aukland, Chief Financial Officer, ND Health and Human Services, spoke to technical correction to section number 52.

11:28 a.m. Representative Nelson proposed an amendment package to fund everything.

11:32 a.m. Stephanie Gullickson, Fiscal Analyst, ND Office of Management and Budget, will research the Gaming Fund balance (previous testimony 042325 #45148).

11:46 a.m. Senator Davison moved the Senate accept proposed Amendments package to include Winter Park, Critical Access, Family Voices, Domestic Violence Prevention, Safe Haven, Fraiser, Anne Carlsen, Rough Rider.

11:46 a.m. Representative O'Brien seconded.

11:51 a.m. Stephanie Gullickson, Fiscal Analyst, ND Office of Management and Budget, clarified it was one time funding.

11:56 a.m. Keith Mantz, Fiscal Analyst, ND Legislative Council, clarified the amendment package.

11:57 a.m. Roll call vote

11:57 a.m. Motion passed 6-0-0.

11:59 a.m. Chairman J. Nelson adjourned the meeting.

Jan Kamphuis, Committee Clerk

HB 1012 042625 0946 AM Roll Call Vote

Amendment

HB 1012

Date Submitted: April 26, 2025, 9:46 a.m.

Action: Passed

Amendment LC #: Pending LC #

Description of Amendment: UND forensic contract- reduce by half

Motioned By: Davison, Kyle

Seconded By: Cleary, Sean

Emergency Clause: None

Vote Results: 6 - 0 - 0

Rep. Nelson, Jon O.	Yea
Rep. O'Brien, Emily	Yea
Rep. Mitskog, Alisa	Yea
Sen. Dever, Dick	Yea
Sen. Cleary, Sean	Yea
Sen. Davison, Kyle	Yea

HB 1012 042625 0954 AM Roll Call Vote

Amendment

HB 1012

Date Submitted: April 26, 2025, 9:54 a.m.

Action: Passed

Amendment LC #: Pending LC #

Description of Amendment: Fetal Alcohol Spectrum Disorder - onetime funding from General Fund

Motioned By: Davison, Kyle

Seconded By: Cleary, Sean

Emergency Clause: None

Vote Results: 6 - 0 - 0

Rep. Nelson, Jon O.	Yea
Rep. O'Brien, Emily	Yea
Rep. Mitskog, Alisa	Yea
Sen. Dever, Dick	Yea
Sen. Cleary, Sean	Yea
Sen. Davison, Kyle	Yea

HB 1012 042625 0956 AM Roll Call Vote

Amendment

HB 1012

Date Submitted: April 26, 2025, 9:56 a.m.

Action: Passed

Amendment LC #: Pending LC #

Description of Amendment: Reduce Care acts

Motioned By: O'Brien, Emily

Seconded By: Davison, Kyle

Emergency Clause: None

Vote Results: 6 - 0 - 0

Rep. Nelson, Jon O.	Yea
Rep. O'Brien, Emily	Yea
Rep. Mitskog, Alisa	Yea
Sen. Dever, Dick	Yea
Sen. Cleary, Sean	Yea
Sen. Davison, Kyle	Yea

HB 1012 042625 0958 AM Roll Call Vote

Reconsider

HB 1012

Date Submitted: April 26, 2025, 9:58 a.m.

Action: Passed

Amendment LC #: Pending LC #

Description of Amendment: Cass County animal shelter - $300k reduction

Motioned By: Davison, Kyle

Seconded By: O'Brien, Emily

Emergency Clause: None

Vote Results: 6 - 0 - 0

Rep. Nelson, Jon O.	Yea
Rep. O'Brien, Emily	Yea
Rep. Mitskog, Alisa	Yea
Sen. Dever, Dick	Yea
Sen. Cleary, Sean	Yea
Sen. Davison, Kyle	Yea

HB 1012 042625 1005 AM Roll Call Vote

Amendment

HB 1012

Date Submitted: April 26, 2025, 10:05 a.m.

Action: Passed

Amendment LC #: Pending LC #

Description of Amendment: Statewide Health Strategies grant removes 750,000

Motioned By: Davison, Kyle

Seconded By: Cleary, Sean

Emergency Clause: None

Vote Results: 5 - 1 - 0

Rep. Nelson, Jon O.	Yea
Rep. O'Brien, Emily	Yea
Rep. Mitskog, Alisa	Nay
Sen. Dever, Dick	Yea
Sen. Cleary, Sean	Yea
Sen. Davison, Kyle	Yea

HB 1012 042625 1049 AM Roll Call Vote

Amendment

HB 1012

Date Submitted: April 26, 2025, 10:49 a.m.

Action: Passed

Amendment LC #: Pending LC #

Description of Amendment: Accept language in section 31 of Senate version

Motioned By: Dever, Dick

Seconded By: Davison, Kyle

Emergency Clause: None

Vote Results: 6 - 0 - 0

Rep. Nelson, Jon O.	Yea
Rep. O'Brien, Emily	Yea
Rep. Mitskog, Alisa	Yea
Sen. Dever, Dick	Yea
Sen. Cleary, Sean	Yea
Sen. Davison, Kyle	Yea

HB 1012 042625 1051 AM Roll Call Vote

Amendment

HB 1012

Date Submitted: April 26, 2025, 10:51 a.m.

Action: Passed

Amendment LC #: Pending LC #

Description of Amendment: Opioid settlement advisory committee

Motioned By: Cleary, Sean

Seconded By: Dever, Dick

Emergency Clause: None

Vote Results: 6 - 0 - 0

Rep. Nelson, Jon O.	Yea
Rep. O'Brien, Emily	Yea
Rep. Mitskog, Alisa	Yea
Sen. Dever, Dick	Yea
Sen. Cleary, Sean	Yea
Sen. Davison, Kyle	Yea

HB 1012 042625 1052 AM Roll Call Vote

Amendment

HB 1012

Date Submitted: April 26, 2025, 10:52 a.m.

Action: Passed

Amendment LC #: Pending LC #

Description of Amendment: Children's cabinet designee

Motioned By: Cleary, Sean

Seconded By: Dever, Dick

Emergency Clause: None

Vote Results: 6 - 0 - 0

Rep. Nelson, Jon O.	Yea
Rep. O'Brien, Emily	Yea
Rep. Mitskog, Alisa	Yea
Sen. Dever, Dick	Yea
Sen. Cleary, Sean	Yea
Sen. Davison, Kyle	Yea

HB 1012 042625 1157 AM Roll Call Vote

Amendment

HB 1012

Date Submitted: April 26, 2025, 11:57 a.m.

Action: Passed

Amendment LC #: Pending LC#

Description of Amendment: Nelson Package - Winter Park, Critical Access, Family Voices, Domestic Violence Prevention, Safe Haven, Fraser, Anne Carlsen, and Rough Rider funding

Motioned By: Davison, Kyle

Seconded By: O'Brien, Emily

Emergency Clause: None

Vote Results: 6 - 0 - 0

Rep. Nelson, Jon O.	Yea
Rep. O'Brien, Emily	Yea
Rep. Mitskog, Alisa	Yea
Sen. Dever, Dick	Yea
Sen. Cleary, Sean	Yea
Sen. Davison, Kyle	Yea

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Fiscal No. 6

Prepared by the Legislative Council staff for Senate Appropriations - Human Resources Division Committee
April 14, 2025

Sixty-ninth
Legislative Assembly
of North Dakota

PROPOSED AMENDMENTS TO FIRST ENGROSSMENT

ENGROSSED HOUSE BILL NO. 1012

Introduced by

Appropriations Committee

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to create and enact a new section to chapter 6-09 of the North Dakota Century Code, relating to an extraordinary medical needs housing loan fund; to amend and reenact sections 50-06-06.6, 50-06-42, 50-24.5-02.3, and 50-33-05, and subsection 1 of 50-36-03 of the North Dakota Century Code and subsection 6 of the new section to chapter 54-07 of the North Dakota Century Code created in section 1 of Senate Bill No. 2176, as approved by the sixty-ninth legislative assembly, relating to leases of department of health and human services property, substance use disorder treatment program, basic care payment rates, ~~and~~ state of residence for child care assistance, opioid settlement advisory committee, and children's cabinet; to provide for a transfer; to authorize a line of credit; to provide legislative intent; to provide for a legislative management study; to provide an application; to provide an exemption; to provide for a report; and to provide an effective date.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. APPROPRIATION. The funds provided in this section, or so much of the funds as may be necessary, are appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, and from other funds derived from special funds and federal funds, to the department of health and human services for the purpose of defraying the expenses of its various divisions, for the biennium beginning July 1, 2025, and ending June 30, 2027, as follows:

~~Subdivision 1.~~

~~SALARIES AND WAGES BLOCK GRANT~~

	Base Level	Adjustments or Enhancements	Appropriation
~~Salaries and wages block grant~~	~~$0~~	~~$596,284,775~~	~~$596,284,775~~
~~Total all funds~~	~~0~~	~~596,284,775~~	~~596,284,775~~
~~Less other funds~~	~~0~~	~~286,720,150~~	~~286,720,150~~
~~Total general fund~~	~~$0~~	~~$309,564,625~~	~~$309,564,625~~

~~Subdivision 2.~~

~~BUSINESS OPERATIONS~~

	Base Level	Adjustments or Enhancements	Appropriation
~~Salaries and wages~~	~~$25,763,358~~	~~($25,763,358)~~	~~$0~~
~~Operating expenses~~	~~155,308,399~~	~~(77,023,770)~~	~~78,284,629~~
~~Capital assets~~	~~108,934~~	~~(108,934)~~	~~0~~
~~Grants~~	~~11,812,627~~	~~6,966,375~~	~~18,779,002~~
~~Total all funds~~	~~$192,993,318~~	~~($95,929,687)~~	~~$97,063,631~~
~~Less other funds~~	~~118,894,310~~	~~(71,526,221)~~	~~47,368,089~~
~~Total general fund~~	~~$74,099,008~~	~~($24,403,466)~~	~~$49,695,542~~

~~Subdivision 3.~~

~~BEHAVIORAL HEALTH~~

	Base Level	Adjustments or Enhancements	Appropriation
~~Salaries and wages~~	~~$8,792,675~~	~~($8,792,675)~~	~~$0~~
~~Operating expenses~~	~~79,381,458~~	~~23,888,138~~	~~103,269,596~~
~~Grants~~	~~40,476,298~~	~~21,889,322~~	~~62,365,620~~
~~Behavioral health clinics~~	~~196,383,945~~	~~(139,978,713)~~	~~56,405,232~~
~~State hospital~~	~~94,826,973~~	~~256,053,182~~	~~350,880,155~~
~~Opioid addiction prevention~~	~~2,000,000~~	~~6,000,000~~	~~8,000,000~~
~~Total all funds~~	~~$421,861,349~~	~~$159,059,254~~	~~$580,920,603~~
~~Less other funds~~	~~113,955,941~~	~~285,267,537~~	~~399,223,478~~
~~Total general fund~~	~~$307,905,408~~	~~($126,208,283)~~	~~$181,697,125~~

~~Subdivision 4.~~

~~HUMAN SERVICES~~

	Base Level	Adjustments or Enhancements	Appropriation
~~Salaries and wages~~	~~$168,325,918~~	~~($168,325,918)~~	~~$0~~
~~Operating expenses~~	~~88,885,469~~	~~108,258,236~~	~~197,143,705~~
~~Capital assets~~	~~10,000~~	~~0~~	~~10,000~~
~~Grants~~	~~621,189,007~~	~~94,393,260~~	~~715,582,267~~
~~Life skills and transition center~~	~~44,992,263~~	~~(29,784,605)~~	~~15,207,658~~
~~Grants - medical assistance~~	~~742,793,564~~	~~7,655,079~~	~~750,448,643~~
~~County social services~~	~~197,663,661~~	~~6,928,621~~	~~204,592,282~~
~~Total all funds~~	~~$1,863,859,882~~	~~$19,124,673~~	~~$1,882,984,555~~
~~Less other funds~~	~~1,240,409,529~~	~~(13,961,485)~~	~~1,226,448,044~~
~~Total general fund~~	~~$623,450,353~~	~~$33,086,158~~	~~$656,536,511~~

~~Subdivision 5.~~

~~MEDICAL SERVICES~~

	Base Level	Adjustments or Enhancements	Appropriation
~~Salaries and wages~~	~~$21,008,344~~	~~($21,008,344)~~	~~$0~~
~~Operating expenses~~	~~70,807,977~~	~~92,364,562~~	~~163,172,539~~
~~Grants~~	~~1,651,004~~	~~1,806,800~~	~~3,457,804~~
~~Grants - medical assistance~~	~~2,682,778,803~~	~~6,500,467~~	~~2,689,279,270~~
~~Total all funds~~	~~$2,776,246,128~~	~~$79,663,485~~	~~$2,855,909,613~~
~~Less other funds~~	~~1,818,029,530~~	~~(7,372,459)~~	~~1,810,657,071~~
~~Total general fund~~	~~$958,216,598~~	~~$87,035,944~~	~~$1,045,252,542~~

~~Subdivision 6.~~

~~PUBLIC HEALTH~~

	Base Level	Adjustments or Enhancements	Appropriation
~~Salaries and wages~~	~~$60,415,388~~	~~($60,415,388)~~	~~$0~~
~~Operating expenses~~	~~37,721,213~~	~~17,853,669~~	~~55,574,882~~

~~Capital assets~~	~~1,469,780~~	~~2,215,838~~	~~3,685,618~~
~~Grants~~	~~81,718,145~~	~~4,245,496~~	~~85,963,641~~
~~Tobacco prevention~~	~~13,063,162~~	~~(22,607)~~	~~13,040,555~~
~~Women, infants, and children food payments~~	~~19,900,000~~	~~1,100,000~~	~~21,000,000~~
~~Cares Act/COVID-19~~	~~83,909,182~~	~~1,845,373~~	~~85,754,555~~
~~Total all funds~~	~~$298,196,870~~	~~($33,177,619)~~	~~$265,019,251~~
~~Less other funds~~	~~250,440,690~~	~~(20,626,287)~~	~~229,814,403~~
~~Total general fund~~	~~$47,756,180~~	~~($12,551,332)~~	~~$35,204,848~~

~~Subdivision 7.~~

~~TOTAL - SECTION 1~~

	~~Base Level~~	~~Adjustments or Enhancements~~	~~Appropriation~~
~~Grand total all funds~~	~~$5,553,157,547~~	~~$725,024,881~~	~~$6,278,182,428~~
~~Grand total other funds~~	~~3,541,730,000~~	~~458,501,235~~	~~4,000,231,235~~
~~Grand total general fund~~	~~$2,011,427,547~~	~~$266,523,646~~	~~$2,277,951,193~~
~~Full-time equivalent positions~~	~~2,483.83~~	~~204.52~~	~~2,688.35~~

Subdivision 1.

SALARIES AND WAGES BLOCK GRANT

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages block grant	$0	$619,977,466	$619,977,466
Total all funds	0	619,977,466	619,977,466
Less other funds	0	291,449,112	291,449,112
Total general fund	$0	$328,528,354	$328,528,354

Subdivision 2.

BUSINESS OPERATIONS

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$25,763,358	($25,763,358)	$0
Operating expenses	155,308,399	(77,023,770)	78,284,629

Capital assets	108,934	(108,934)	0
Grants	11,812,627	6,966,375	18,779,002
Total all funds	$192,993,318	($95,929,687)	$97,063,631
Less other funds	118,894,310	(71,526,221)	47,368,089
Total general fund	$74,099,008	($24,403,466)	$49,695,542

Subdivision 3.

BEHAVIORAL HEALTH

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$8,792,675	($8,792,675)	$0
Operating expenses	79,381,458	23,789,660	103,171,118
Grants	40,476,298	9,179,322	49,655,620
Behavioral health clinics	196,383,945	(139,438,537)	56,945,408
State hospital	94,826,973	(73,946,818)	20,880,155
Opioid addiction prevention	2,000,000	6,000,000	8,000,000
Total all funds	$421,861,349	($183,209,048)	$238,652,301
Less other funds	113,955,941	(47,060,463)	66,895,478
Total general fund	$307,905,408	($136,148,585)	$171,756,823

Subdivision 4.

HUMAN SERVICES

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$168,325,918	($168,325,918)	$0
Operating expenses	88,885,469	109,950,106	198,835,575
Capital assets	10,000	0	10,000
Grants	621,189,007	67,250,145	688,439,152
Life skills and transition center	44,992,263	(29,784,605)	15,207,658
Grants - medical assistance	742,793,564	7,655,079	750,448,643
County social services	197,663,661	6,928,621	204,592,282
Total all funds	$1,863,859,882	($6,326,572)	$1,857,533,310

Less other funds	1,240,409,529	(24,088,934)	1,216,320,595
Total general fund	$623,450,353	$17,762,362	$641,212,715

Subdivision 5.

MEDICAL SERVICES

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$21,008,344	($21,008,344)	$0
Operating expenses	70,807,977	92,364,562	163,172,539
Grants	1,651,004	1,006,800	2,657,804
Grants - medical assistance	2,682,778,803	(8,320,037)	2,674,458,766
Total all funds	$2,776,246,128	$64,042,981	$2,840,289,109
Less other funds	1,818,029,530	(8,809,057)	1,809,220,473
Total general fund	$958,216,598	$72,852,038	$1,031,068,636

Subdivision 6.

PUBLIC HEALTH

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$60,415,388	($60,415,388)	$0
Operating expenses	37,721,213	(31,434,070)	6,287,143
Capital assets	1,469,780	1,287,838	2,757,618
Grants	81,718,145	(11,577,165)	70,140,980
Tobacco prevention	13,063,162	(22,607)	13,040,555
Women, infants, and children food payments	19,900,000	1,100,000	21,000,000
Cares Act/COVID-19	83,909,182	1,845,373	85,754,555
Total all funds	$298,196,870	($99,216,019)	$198,980,851
Less other funds	250,440,690	(83,320,870)	167,119,820
Total general fund	$47,756,180	($15,895,149)	$31,861,031

Subdivision 7.

TOTAL - SECTION 1

	Base Level	Adjustments or Enhancements	Appropriation
Grand total all funds	$5,553,157,547	$299,339,121	$5,852,496,668
Grand total other funds	3,541,730,000	56,643,567	3,598,373,567
Grand total general fund	$2,011,427,547	$242,695,554	$2,254,123,101
Full-time equivalent positions	2,483.83	204.52	2,688.35

SECTION 2. ONE TIME FUNDING - EFFECT ON BASE BUDGET - REPORT TO SEVENTIETH LEGISLATIVE ASSEMBLY. The following amounts reflect the one-time funding items included in section 1 of this Act which are not included in the entity's base budget for the 2027-29 biennium and which the entity shall report to the appropriations committees of the seventieth legislative assembly regarding the use of this funding:

One-Time Funding Description	General Fund	Other Funds	Total
Technology projects	$0	$10,263,000	$10,263,000
Human service centers and life skills and transition center projects	0	1,052,480	1,052,480
Retire mainframe	0	15,000,000	15,000,000
Child care programs	13,272,500	0	13,272,500
Housing programs	0	1,000,000	1,000,000
State laboratory move and equipment	0	2,962,304	2,962,304
Partial hospitalization day treatment	0	2,000,000	2,000,000
Developmental disabilities eligibility assessment tool for kids	200,000	200,000	400,000
Toxicology equipment	151,500	100,000	251,500
New state hospital	0	330,000,000	330,000,000
Behavioral health facility grant	0	12,960,000	12,960,000
Cultural community center grant	0	1,000,000	1,000,000
Adaptive recreation grant	200,000	0	200,000
Intermediate care facility grant	3,457,736	0	3,457,736
Juvenile justice diversion services	750,000	0	750,000
Animal shelter grant	0	300,000	300,000
Statewide health strategies	0	750,000	750,000

~~Critical access hospital networking~~	~~0~~	~~2,000,000~~	~~2,000,000~~
~~Total~~	~~$18,031,736~~	~~$379,587,784~~	~~$397,619,520~~

One-Time Funding Description	General Fund	Other Funds	Total
Technology projects	$0	$4,548,930	$4,548,930
Human service centers and life skills and transition center projects	0	1,684,480	1,684,480
Retire mainframe	0	15,000,000	15,000,000
Child care programs	9,272,500	0	9,272,500
Housing programs	0	2,500,000	2,500,000
State laboratory move and equipment	0	2,962,304	2,962,304
Partial hospitalization day treatment	0	2,000,000	2,000,000
Developmental disabilities eligibility assessment tool for kids	200,000	200,000	400,000
Toxicology equipment	151,500	100,000	251,500
Behavioral health facility grant	0	5,000,000	5,000,000
Cultural community center grant	0	300,000	300,000
Intermediate care facility grant	0	4,400,000	4,400,000
Juvenile justice diversion services	0	500,000	500,000
Critical access hospital networking	0	1,000,000	1,000,000
Basic care $5 daily rate	4,067,056	1,474,184	5,541,240
Infant and toddler care provider support	13,500,000	0	13,500,000
Child welfare technology project line of credit	0	8,411,218	8,411,218
Medical housing for individuals with extraordinary medical needs	200,000	0	200,000
Total	$27,391,056	$50,081,116	$77,472,172

SECTION 3. FUNDING TRANSFERS - EXEMPTION - AUTHORIZATION - REPORT. Notwithstanding section 54-16-04, the director of the office of management and budget shall transfer appropriation authority between line items within subdivisions 1, 2, 3, 4, 5, and 6 of section 1 of this Act and any other appropriation authority for the department of health and human services approved by the sixty-ninth legislative assembly, for the biennium beginning

July 1, 2025, and ending June 30, 2027, as requested by the department of health and human services. The department of health and human services shall notify the legislative council of any transfer made pursuant to this section. The department of health and human services shall report to the budget section after June 30, 2026, any transfer made in excess of $50,000 and to the appropriations committees of the seventieth legislative assembly regarding any transfers made pursuant to this section.

SECTION 4. FULL-TIME EQUIVALENT POSITION BLOCK GRANT PROGRAM - REPORT. Section 1 of this Act includes funding for a full-time equivalent position block grant program. This funding as approved by the sixty-ninth legislative assembly is available for defraying the expense of full-time equivalent positions as determined by the department of health and human services. Notwithstanding any other provision of law, the department is authorized to increase or decrease authorized full-time equivalent positions subject to the availability of funds and the provisions of this section. The department of health and human services many not increase full-time equivalent positions for the purpose of transferring human service zone employees to state employment. Pursuant to section 3 of this Act, the department is authorized to transfer appropriation authority of up to the underfunded amount of ~~$30,000,000~~$6,307,309 to the salaries and wages block grant line item. The department of health and human services shall report to the office of management and budget and legislative council any adjustments to full-time equivalent positions.

SECTION 5. DEPARTMENT OF HEALTH AND HUMAN SERVICES - SALARIES AND WAGES BLOCK GRANT - VACANT POSITIONS - REPORT. The department of health and human services shall report to the budget section quarterly during the 2025-26 interim regarding the status of its salaries and wages block grant and vacant positions and employee turnover. The report must include:

1. The legislative appropriation for salaries and wages allocated by the department to major department programs by funding source and the number of FTE positions the department is allocating to each major program based on the legislative appropriation;
2. Any changes to salaries and wages funding or FTE positions allocated to major department programs;

3. Any new FTE positions added, the cost of the position for the remainder of the biennium, and the cost to continue funding the position in the subsequent biennium by funding source;
4. Any FTE positions removed and related funding;
5. The number of FTE positions that become vacant and the number filled each month;
6. The number of vacant FTE positions at the end of each month;
7. Salaries and wages savings resulting from vacant positions and employee turnover each month by funding source; and
8. The use of salaries and wages savings for other purposes for each month by funding source.

SECTION 6. BEHAVIORAL HEALTH FACILITY GRANT - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND - APPLICATION.

1. Section 1 of this Act includes the sum of ~~$12,960,000~~$5,000,000 from the strategic investment and improvements fund for a behavioral health facility grant pursuant to this section.
2. ~~A grant of $12,960,000 must be provided to establish a behavioral health facility in the northeast human service region. The grant recipient must provide matching funds of $3,240,000 to establish the facility.~~
~~3.~~ The department shall require an entity receiving funding under this section to operate the facility for at least ten years and require the grant amount to be repaid if the entity does not operate the facility for at least ten years.
~~4.~~3. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 7. INFANT AND TODDLER CARE PROVIDER SUPPORT DIRECT PAYMENT - ONE-TIME - REPORT. Section 1 of this Act includes the sum of $13,500,000 of one-time funding from the general fund for direct payments to licensed child care providers to support high-quality early childhood care for infants and toddlers. The department shall administer the direct payment program and include the following provisions:

1. To qualify for a direct payment under this section, a direct payment recipient must:
   a. Be a licensed child care facility within the state of North Dakota;

b. Be enrolled in the state's bright and early quality rating system at a two-star, three-star, or four-star rating level; and

c. Provide care for children from birth through three years of age.

2. Eligible providers may receive up to $300 per month for each child from birth through seventeen months of age and up to $180 per month for each child from eighteen through thirty-six months of age.

3. The department shall distribute the direct payments on a quarterly basis. Direct payments may not be used for non-child care-related expenses or debt repayment.

4. Direct payment recipients shall submit annual reports to the department detailing fund usage, enrollment statistics, and other information requested by the department.

5. The department shall provide reports to the legislative management and to the appropriations committees of the seventieth legislative assembly on direct payments and the effectiveness of the program.

SECTION 8. INTERMEDIATE CARE FACILITY MEDICALLY AND BEHAVIORALLY COMPLEX SERVICES GRANT - APPLICATION. Section 1 of this Act includes the sum of $4,400,000 of one-time funding from the community health trust fund for providing a one-time grant to a licensed intermediate care facility in the south central human service region for providing services to children or young adults with medically and behaviorally complex conditions. To be eligible to receive the grant under this section, a licensed intermediate care facility must provide early intervention, clinical, and residential services, provide community and home support, education, recreation and leisure activities, and assistive technology; and provide services in at least eight communities for individuals with intellectual or developmental disabilities. The grant funds awarded may be used only for the costs of providing services to children and young adults with medically and behaviorally complex conditions. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 9. SPECIAL HEALTH CARE NEEDS GRANT - APPLICATION. Section 1 of this Act includes the sum of $50,000 from the general fund for providing a grant to a provider in the south central human service region for statewide education, information, training, and peer support to families with children with special health care needs, medically complex

conditions, or a disability. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 10. CRISIS SERVICES GRANTS - APPLICATION. Section 1 of this Act includes the sum of $585,000 from the general fund for providing crisis services grants. The grants include the sum of $300,000 for crisis organizations that provide crisis services to young adults who are at risk of being homeless or experiencing other serious adverse life events and the sum of $285,000 to a volunteer-based ecumenical ministry organization. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 11. MEDICAL HOUSING FOR INDIVIDUALS WITH EXTRAORDINARY MEDICAL NEEDS - ONE-TIME FUNDING.

1. Section 1 of this Act includes the sum of $200,000 from the general fund for the preliminary design consultation and project administration of developing housing for individuals with disabilities that have extraordinary medical needs and for rent subsidies for individuals residing in these housing facilities, for the biennium beginning July 1, 2025, and ending June 30, 2027.
2. The department of health and human services shall collaborate with the North Dakota housing finance agency, individuals with disabilities, caregivers, and families to solicit proposals for the development of accessible housing for individuals with disabilities that have extraordinary medical needs, for the biennium beginning July 1, 2025, and ending June 30, 2027. The department shall solicit proposals from public entities, for-profit organizations, and nonprofit organizations to design, construct, maintain, and operate the housing facility. Proposals must:
   a. Ensure that services in the facility may be provided separately from the facility ownership interests;
   b. Ensure that individuals residing in the facility may choose among independent living service providers; and
   c. Comply with the federal home and community-based settings rules as defined under 42 CFR 441.301(c)(4).

SECTION 12. COMMUNITY CULTURAL CENTER GRANT - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND - APPLICATION. Section 1 of this Act includes the sum of

~~$1,000,000~~$300,000 from the strategic investment and improvements fund for the purpose of providing a one-time community cultural center programming grant in the west central human service region. An entity may apply for a grant under this section if the entity certifies to the department ~~it has secured at least fifty percent of funds needed to complete the project, the project will be completed within two years of receiving the grant funds, and the grants funds will be used only for costs of constructing a~~the funds will be used for programs within the community cultural center. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 13. JUVENILE JUSTICE DIVERSION SERVICES AND PROGRAMS - TASK FORCE - REPORT. Section 1 of this Act includes the sum of ~~$750,000~~$500,000 of one-time funding from the ~~general~~community health trust fund for juvenile justice diversion services and programs. The department of health and human services must use the funding for services to youth at risk of juvenile justice involvement but who have not committed delinquent acts as defined in chapter 27-20.4.

The department shall establish a task force with representation from divisions in the department, human service zones, the department of public instruction, elementary and secondary schools, and members of the legislative assembly, to review juvenile justice diversion services and program. The department shall report its findings and recommendations to the legislative management and children's cabinet.

~~**SECTION 9. ANIMAL SHELTER GRANT - COMMUNITY HEALTH TRUST FUND.** Section 1 of this Act includes the sum of $300,000 from the community health trust fund for a grant for the construction of an animal shelter. The department of health and human services may award a grant for the construction of an animal shelter to an organization that provides twenty dollars of nonstate matching funds for every dollar of grant funds received. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.~~

~~**SECTION 10. STATEWIDE HEALTH STRATEGIES - COMMUNITY HEALTH TRUST FUND.** Section 1 of this Act includes the sum of $750,000 of one-time funding from the community health trust fund for the statewide health strategies initiative. The department of health and human services may spend the funding upon securing dollar-for-dollar matching funds.~~

SECTION 14. OTHER FUNDS - INSURANCE TAX DISTRIBUTION FUND. The other funds line item in subdivision 5 of section 1 of this Act includes the sum of $1,125,000 from the insurance tax distribution fund for rural emergency medical services grants.

SECTION 15. OTHER FUNDS - COMMUNITY HEALTH TRUST FUND. The other funds line items in section 1 of this Act includes the sum of ~~$38,713,522~~$41,431,522 from the community health trust fund for the following purposes:

Loan repayment programs	$594,500
~~Tobacco and vaping programs~~	~~11,599,698~~
Tobacco prevention and control grants to local public health units	6,250,000
Tobacco prevention and control	4,549,698
Tobacco cessation grants	500,000
Youth vaping prevention grants	300,000
Cancer and women's way programs	909,824
Behavior risk state survey	200,000
Youth crisis stabilization	1,500,000
Intermediate care facility grant	4,400,000
Domestic violence programs	4,250,000
Local public health grants	3,275,000
988 crisis hotline	1,867,500
~~Various information technology system upgrades~~	~~2,967,000~~
Various information technology system upgrades	1,335,000
Grants to rural ambulances	7,000,000
Law enforcement rural crisis support program	1,000,000
Development of partial hospitalization/intensive day treatment	2,000,000
Juveline justice services	500,000
~~Critical access hospital networking~~	~~2,000,000~~
Critical access hospital networking	1,000,000
~~Animal shelter grant~~	~~300,000~~
~~Statewide health strategies~~	~~750,000~~
~~Total~~	~~$38,713,522~~
Total	$41,431,522

SECTION 16. OTHER FUNDS - HUMAN SERVICE FINANCE FUND. The other funds line items in section 1 of this Act includes the sum of ~~$239,112,030~~$242,112,030 from the human service finance fund for state-paid economic assistance and social and human services.

SECTION 17. OTHER FUNDS - OPIOID SETTLEMENT FUND. The other funds line item in section 1 of this Act includes the sum of $8,000,000 from the opioid settlement fund for opioid remediation and abatement efforts.

SECTION 18. OTHER FUNDS - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND The other funds line items in section 1 of this Act includes the sum of ~~$227,474,784~~$18,446,784 from the strategic investment and improvements fund for the following purposes:

~~Retiring technology from the mainframe~~	~~$7,500,000~~
~~Move into the new state laboratory and purchase security equipment~~	~~2,962,304~~
~~Capital projects in human service centers and life skills and transition center~~	~~1,052,480~~
~~Housing initiative programs~~	~~1,000,000~~
~~Technology projects at the state hospital~~	~~1,000,000~~
~~New state hospital~~	~~200,000,000~~
~~Behavioral health facility grant~~	~~12,960,000~~
~~Community cultural center grant~~	~~1,000,000~~
~~Total~~	~~$227,474,784~~
Retiring technology from the mainframe	$5,000,000
New state laboratory move-in costs and security equipment purchases	2,962,304
Capital projects in certified community behavioral health clinics and life skills and transition center	1,684,480
Housing initiative programs	2,500,000
Technology projects at the state hospital	1,000,000
Behavioral health facility grant	5,000,000
Community cultural center grant	300,000
Total	$18,446,784

SECTION 19. OTHER FUNDS - BANK OF NORTH DAKOTA LINE OF CREDIT - ~~STATE HOSPITAL~~CHILD WELFARE TECHNOLOGY PROJECT. The other funds line item in subdivision 2 of section 1 of this Act includes ~~$130,000,000~~the sum of $8,411,218 from a Bank

of North Dakota line of credit. The department of health and human services may borrow up to ~~$130,000,000~~$8,411,218 through a line of credit from the Bank of North Dakota during the biennium beginning July 1, 2025, and ending June 30, 2027, for costs associated with ~~the construction of a new state hospital~~a child welfare technology project. The interest rate on the line of credit may not exceed the prevailing interest rate charged to North Dakota governmental entities. If the department accesses the line of credit, it shall request a deficiency appropriation from the seventieth legislative assembly to repay the line of credit.

SECTION 20. LABORATORY BUILDING STEERING COMMITTEE. The department of health and human services shall maintain the laboratory building steering committee to oversee the design and construction of the laboratory building project, for the biennium beginning July 1, 2025, and ending June 30, 2027, or until work is completed, whichever occurs earlier. The committee must include representation from the department of health and human services, department of environmental quality, office of management and budget, the governor's office, and the legislative assembly. The legislative assembly representation must include one member of the senate appointed by the senate majority leader, one member of the house appointed by the house majority leader, and one member of the minority party from either the senate or the house appointed by the minority leaders of the senate and the house.

SECTION 21. NEW STATE HOSPITAL - STEERING COMMITTEE. The department of health and human services shall establish a new state hospital facility steering committee to oversee the design and construction of a new state hospital facility, for the biennium beginning July 1, 2025, and ending June 30, 2027. The committee must include representation from the department of health and human services, office of management and budget, the governor's office, and the legislative assembly. The legislative assembly representation must include one member of the senate appointed by the senate majority leader, one member of the house appointed by the house majority leader, and one member of the minority party from either the senate or the house appointed by the minority leaders of the senate and the house.

SECTION 22. CAPITAL PAYMENTS. During the biennium beginning July 1, 2025, and ending June 30, 2027, the department of health and human services is authorized to expend funds for the payment of special assessments at the state hospital, southeast human service center, and life skills and transition center. Pursuant to section 3 of this Act, the director of the office of management and budget may transfer appropriation authority between line items within

section 1 of this Act and any remaining appropriation authority for the department of health and human services approved by the sixty-ninth legislative assembly. The department of health and human services may transfer funds for the payment of special assessments at the state hospital, southeast human service center, and life skills and transition center ahead of the special needs assessments schedule. Notwithstanding section 54-27-12, the department of health and human services may spend funds for the payment of special assessments at the state hospital and life skills and transition center.

SECTION 23. CAPITAL PROJECTS - EMERGENCY COMMISSION AND BUDGET SECTION APPROVAL. During the biennium beginning July 1, 2025, and ending June 30, 2027, pursuant to section 3 of this Act, the director of the office of management and budget may transfer appropriation authority between line items within section 1 of this Act and any remaining appropriation authority for the department of health and human services approved by the sixty-ninth legislative assembly for capital projects and maintenance pertaining to operation of its facilities, including demolition projects. Notwithstanding section 54-27-12, the department of health and human services may spend up to $10,000,000 for capital projects and maintenance pertaining to operation of its facilities, including demolition projects, under this section and may seek emergency commission and budget section approval to spend more than $10,000,000 under this section.

SECTION 24. PERMANENT SUPPORTIVE HOUSING GRANTS. Section 1 of this Act includes the sum of $4,672,536 from the general fund for permanent supportive housing grants. The department of health and human services shall develop a funding methodology to distribute the funding to qualified entities that utilize best practices for permanent supportive housing, provide recovery-oriented and person-centered services, submit process and outcome measures to the department of health and human services, and authorize the department of health and human services to conduct onsite visits to review program operations.

SECTION 25. EXPENDITURES MAY NOT EXCEED APPROPRIATION - MEDICAL ASSISTANCE EXPANSION PROGRAM - APPLICATION.

1. Section 1 of this Act includes the sum of $662,099,340, of which $66,209,934 is from the general fund, for the medical assistance expansion program, for the biennium beginning July 1, 2025, and ending June 30, 2027. The expenditures for individuals eligible for the medical assistance expansion program may not exceed this amount.

2. The department of health and human services may exceed appropriations for increases in medical assistance expansion program caseload, for the addition of coverage consistent with the traditional Medicaid 1915(i) state plan, utilization rates, and reduction in federal medical assistance percentage.
3. The managed care organization under contract with the department of health and human services to manage the medical assistance expansion program shall reimburse providers within the same provider type and specialty at consistent levels and with consistent methodology and may not provide incentive, quality, or supplemental payments to providers, unless part of a value-based program approved by the department of health and human services. The managed care organization shall reimburse all North Dakota substance use providers of American society of addiction medicine level 2.5 at consistent levels and with consistent methodology. The managed care organization may consider urban and rural providers as different provider types.
4. The managed care organization and the department of health and human services shall ensure payments to Indian or Tribal 638 health care providers, federally qualified health centers,and rural health clinics meet the federally required minimum levels of reimbursement. Critical access hospitals may not be paid less than one hundred percent of Medicare allowable costs and human service centers may not be paid less than one hundred percent of the current traditional Medicaid rate. Behavioral health services involving partial hospitalization, intensive outpatient, professional services, and residential behavioral health services provided in facilities that are not institutions for mental diseases are not subject to the provisions in subsection 6.
5. The department of health and human services shall ensure providers within the same provider type and specialty are reimbursed at consistent levels and with consistent methodology and shall ensure the capitation rates under risk contracts are actuarially sound and are adequate to meet managed care organization contractual requirements regarding availability of services, assurance or adequate capacity and services, and coordination and continuity of care.
6. Except for the provisions in subsection 4, managed care organization premium payments must be built using the assumption that rates paid to providers under the

medical assistance expansion program may not exceed one hundred forty-five percent of Medicare reimbursement rates paid to providers on January 1, 2025.

SECTION 26. HUMAN SERVICE CENTERS - CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS - FULL-TIME EQUIVALENT POSITIONS - REPORT. The department of health and human services shall continue the process of the human service centers becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults. The department of health and human services shall pursue additional federal funding as available. Subject to the availability of generated income, the department of health and human services may add full-time equivalent positions for the clinics to provide direct services for the period beginning with the effective date of this Act and ending June 30, 2027. The department of health and human services shall report to the office of management and budget and legislative council each time a position is added.

SECTION 27. INTERMEDIATE CARE FACILITY MORATORIUM. The department of health and human services may not add any new licensed intermediate care facility for individuals with intellectual disabilities beds to the state's licensed bed capacity between July 1, 2025, and June 30, 2027.

SECTION 28. EXEMPTION - UNEXPENDED APPROPRIATIONS. The following appropriations are not subject to the provisions of section 54-44.1-11 and any unexpended appropriation authority may be continued into the biennium beginning July 1, 2025, and ending June 30, 2027:

1. The sum of $3,674,757 appropriated from the general fund and the sum of $25,918,566 appropriated from federal funds for the Medicaid management information system modularization technology project in chapter 12 of the 2021 Session Laws;
2. The sum of ~~$14,411,218~~$6,000,000 appropriated from the general fund and the sum of $14,411,218 appropriated from federal funds for the child welfare technology project in chapter 12 of the 2021 Session Laws;
3. The sum of $20,366,271 appropriated from the community health trust fund and the sum of $39,534,525 appropriated from federal funds for the child support computer replacement project in chapter 44 of the 2023 Session Laws;

4. The sum of $10,989,217 appropriated from the strategic investment and improvements fund for the procurement and grants management system in chapter 44 of the 2023 Session Laws;
5. The sum of $4,150,000 appropriated from the general fund for defraying the expenses of additional human service centers to begin the process of becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults in chapter 44 of the 2023 Session Laws;
6. The sum of $18,941,847 appropriated to the department of health and human services in chapter 549 of the 2021 Special Session Laws;
7. The sum of $55,120,000 appropriated from the federal state fiscal recovery fund for a public health laboratory capital project in chapter 4 of the 2023 Session Laws;
8. The sum of ~~$5,000,000~~$1,000,000 appropriated from the general fund for the purpose of employer-led child care cost-share program in chapter 446 of the 2023 Session Laws;
9. The sum of $986,555 appropriated from the general fund for the purpose of streamlining background checks project in chapter 446 of the 2023 Session Laws;
10. The sum of ~~$2,223,981~~$1,000,000 appropriated from the federal state fiscal recovery fund for the implementation of a virtual behavioral health crisis care program for rural law enforcement in chapter 44 of the 2023 Session Laws; and
11. The sum of $500,000 appropriated from the general fund and the sum of $500,000 appropriated from federal funds for the purpose of program integrity audits in chapter 44 of the 2023 Session Laws.
12. The sum of $1,950,000 appropriated from the general fund to the department of health and human services for a northwest human service region behavioral health facility grant in chapter 44 of the 2023 Session Laws.

SECTION 29. LEGISLATIVE INTENT - UTILIZATION RATE ADJUSTMENT. It is the intent of the sixty-ninth legislative assembly that the department of health and human services seek a deficiency appropriation from the seventieth legislative assembly for any expenditures that exceed appropriated amounts as a result of underfunding, utilization rates, value-based purchasing for nursing facilities, reduction in federal medical assistance percentage, and

unexpected contract cost increases that exceed ten percent, during the biennium beginning July 1, 2025, and ending June 30, 2027, if funding is not sufficient to pay actual expenses.

SECTION 30. LEGISLATIVE INTENT - PROVIDER RATE INCREASE. Except as otherwise noted, section 1 of this Act includes funding for human service provider inflation increases of two percent for ~~each year~~the first year and one and one-half percent the second year of the biennium beginning July 1, 2025, and ending June 30, 2027. The provider inflation increase in this section does not apply to nursing facilities.

~~**SECTION 29. LEGISLATIVE INTENT - DEVELOPMENTAL DISABILITIES PROVIDER ACCREDITATION REQUIREMENT.** It is the intent of the sixty-ninth legislative assembly that the department of health and human services eliminate its administrative rule requirement that providers of developmental disabilities services be accredited as a condition of being eligible for receiving payments for services from the department of health and human services.~~

SECTION 31. LEGISLATIVE INTENT - MEDICAL ASSISTANCE. It is the intent of the sixty-ninth legislative assembly that the department of health and human services review the amount, duration, coverage, utilization rates, medical necessity, and scope of medical assistance services, and ~~may implement any adjustments the department determines appropriate~~report any findings and recommendations to the seventieth legislative assembly.

SECTION 32. FEDERAL FUNDING APPEAL LIMITATION. Except as otherwise specifically provided by federal law, a person may not appeal a denial, revocation, reduction in services or payment, or the termination of a program or service by the department of health and human services dues to the unavailability of federal coronavirus funding received under federal law resulting from the federal coronavirus pandemic emergency declarations, for the biennium beginning July 1, 2025, and ending June 30, 2027.

SECTION 33. DEPARTMENT OF HEALTH AND HUMAN SERVICES - LONG-TERM STRUCTURED RESIDENCES PLAN - REPORT. During the 2025-26 interim, the department of health and human services shall review options and develop a plan to establish long-term structured residences. The department shall review necessary changes to statutes, rules, policies, and the estimated fiscal impact of establishing the residences. A long-term structured residence must be a highly structured therapeutic residential mental health treatment facility that is staffed continuously and designed to treat adults under chapters 12.1-04.1 and 25-03.1 who have severe and persistent mental illness and who have reached the maximum benefit

from the mental health resources available elsewhere in the community or hospital. The department shall present a report to the legislative management by October 1, 2026, regarding its plan to establish long-term structured residences.

SECTION 34. A new section to chapter 6-09 of the North Dakota Century Code is created and enacted as follows:

Extraordinary medical needs housing loan fund - Continuing appropriation.

1. The Bank of North Dakota shall administer a loan program to provide loans for new construction projects to provide housing for individuals with disabilities that have extraordinary medical needs. A construction project may include a land purchase and the construction costs of the project. The applicant must comply with project requirements as approved by the department of health and human services and the North Dakota housing finance agency.
2. The extraordinary medical needs housing loan fund is a special fund maintained in the state treasury from which the Bank shall provide loans under this section. The fund consists of revenues transferred under legislative authorization, interest upon moneys in the fund, and collections of interest and principal on loans made from the fund. All moneys in the fund are appropriated on a continuing basis to the Bank for the purpose of providing loans under this section.
3. The developer of the housing facility for individuals with disabilities that have extraordinary medical needs may submit an application to the Bank for a loan. The application must:
   a. Provide detail on the proposed construction project and its compliance with the department of health and human services and the North Dakota housing finance agency requirements;
   b. Demonstrate the need and long-term viability of the project; and
   c. Include financial information the Bank determines appropriate to verify eligibility.
4. A loan approved under this section:
   a. May not exceed three million three hundred thousand dollars for a project;
   b. Must have an interest rate that does not exceed two percent; and
   c. Must have a repayment schedule of no longer than twenty years.

5. A recipient of a loan under this section shall complete the financed construction project within twenty-four months of the approval of the loan. Failure to comply with this subsection may result in forfeiture of the entire loan received under this section.

6. The Bank shall deposit in the fund all principal and interest paid on the loans made from the fund. The Bank may deduct from interest payments a service fee for costs of administering the loan program. The fund must be audited annually pursuant to section 6-09-29 and the cost of the audit and any other actual costs incurred by the Bank on behalf of the fund must be paid from the fund.

SECTION 35. AMENDMENT. Section 50-06-06.6 of the North Dakota Century Code is amended and reenacted as follows:

50-06-06.6. Department may lease real and personal property.

The commissioner of the department or commissioner's designee may lease ~~surplus farm and pastureland at the state hospital and the life skills and transition center. The commissioner or designee also may enter into further leases of~~ real or personal property at the life skills and transition center or the state hospital upon a specific finding that the granting of each such leasehold interest will result in a net economic gain for the department, taking into account all identifiable costs. Any lease of space for the purpose of providing child care services must meet requirements as determined by the department. The commissioner of the department or commissioner's designee may prescribe the terms and conditions of any leases entered into pursuant to this section and may renew existing leases. ~~Any~~The term of any lease ~~entered into must be subject to renewal or cancelable each biennium~~may not exceed ninety-nine years.

SECTION 36. AMENDMENT. Section 50-06-42 of the North Dakota Century Code is amended and reenacted as follows:

50-06-42. Substance use disorder treatment voucher system - Mental health treatment voucher system for incarcerated individuals.

~~1.~~ The department shall establish and administer, within the limits of legislative appropriations, a voucher system to address underserved areas and gaps in the state's substance abuse treatment system and to assist in the payment of addiction treatment services and medical costs provided by licensed substance abuse treatment programs, excluding regional human service centers and hospital- or medical clinic-based programs for medical management of withdrawal.

~~a.~~1. An out-of-state licensed substance abuse treatment program located within a bordering state may participate in the voucher program to serve an underserved area of this state pursuant to the rules adopted by the department. The department shall develop rules to include processes and requirements for an out-of-state provider to receive reimbursement only for outpatient and community-based services upon a provider completing an assessment of need and receiving approval from the department.

2.~~b.~~ Services eligible for the voucher program include only those levels of care recognized by the American society of addiction medicine, with particular emphasis given to underserved areas and programs. The department shall ensure that a licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers collects and reports process and outcome measures.

3.~~c.~~ The department shall develop requirements and provide training and technical assistance to a licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers. A licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers shall provide evidence-based services.

4.~~d.~~ The department shall allocate funding appropriated for the substance use disorder treatment voucher as follows:

~~a.~~ ~~No~~

~~(1)~~a. Except as provided in ~~paragraphs 3 and 4~~subdivisions c and d, no more than ~~forty-five~~fifty percent of the appropriated amount may be allocated for residential substance use disorder services administered by licensed substance abuse treatment programs with more than sixteen beds.

b.~~(2)~~ The remaining appropriation must be allocated for residential programs with sixteen or fewer beds, nonresidential outpatient, and ancillary substance use disorder services administered by licensed substance abuse treatment programs.

~~(3)~~c. The department, during the last quarter of the biennium, may reallocate projected unused funds that were allocated under paragraph 2 to residential facilities outlined in paragraph 1.

~~(4)~~d. The department may reimburse a licensed substance abuse treatment program with more than sixteen beds the incurred direct medical costs of an eligible individual who does not have resources to cover the medical costs. The department may develop rules and may not exceed the total amount appropriated for medical cost reimbursement.

~~2. The department shall establish and administer, within the limits of legislative appropriations, a voucher system to address underserved areas and gaps in the state's mental health treatment system for individuals detained or confined in a county jail or detention center or regional corrections center and to assist in the payment of mental health treatment services provided by a licensed mental health professional acting within their scope of practice, excluding a regional human service center.~~

~~a. Services eligible for the voucher program include only diagnostic assessment and mental health therapy for individuals with a mental health concern detained or confined in a county jail or detention center or regional corrections center. The department shall ensure that a licensed mental health professional accepting vouchers collects and reports process and outcome measures.~~

~~b. The department shall develop requirements and provide training and technical assistance to licensed mental health professionals accepting vouchers. A licensed mental health professional shall provide evidence-based services.~~

SECTION 37. AMENDMENT. Section 50-24.5-02.3 of the North Dakota Century Code is amended and reenacted as follows:

50-24.5-02.3. Basic care payment rates.

1. The department shall determine limits for the care of residents of basic care facilities that qualify as vendors of an aged, blind, and disabled persons program and for implementing provisions of this chapter based on data demonstrating the most recent costs that must be incurred for the care of residents in efficiently and economically operated basic care facilities. The department shall determine the limits every four years by July first, beginning with July 1, 2023.
2. The department shall establish the limits by using the median rates from the most recent data available. The direct care limit must be the median plus eighteen percent. The indirect care limit must be the median plus twelve percent.

3. For the rate year beginning July 1, 2023, the department shall increase rates and limits three and one-half percent for inflation. For the rate year beginning July 1, 2024, the department shall increase rates and limits three and one-half percent for inflation.
4. The department shall provide a rate increase in the amount of five dollars per day for the period beginning July 1, 2023, and ending June 30, ~~2025~~2027, after which the increase is not effective. This rate increase may not be included in any calculation of inflation increase.
5. Within the limits of legislative appropriations, the department shall establish an uncompensated care expense of three hundred sixty-five days.

SECTION 38. AMENDMENT. Section 50-33-05 of the North Dakota Century Code is amended and reenacted as follows:

50-33-05. State of residence.

Only child care assistance units physically residing within the boundaries of the state are eligible for child care assistance, unless the individual is employed by an early childhood program within the boundaries of the state and the individual has been approved for the state's child care assistance child care workforce benefit.

SECTION 39. AMENDMENT. Subsection 1 of section 50-36-03 of the North Dakota Century Code is amended and reenacted as follows:

1. The committee is composed of:
   a. One member of the North Dakota association of counties appointed by the chairman of the legislative management, who shall serve a term of two years.
   b. One member of the North Dakota league of cities appointed by the chairman of the legislative management, who shall serve a term of two years.
   c. One member of the North Dakota state association of city and county health officials appointed by the chairman of the legislative management, who shall serve a term of two years.
   d. One member who represents the highway patrol appointed by the highway patrol superintendent, who shall serve a term of two years.
   e. The executive director of the department's division of behavioral health.
   f. ~~The managing director of the office of recovery reinvented~~One member in recovery appointed by the governor.

g. One member appointed by the governor who shall serve as a nonvoting member and as the presiding officer of the committee, who shall serve a term of two years.

SECTION 40. AMENDMENT. Subsection 6 of the new section to chapter 54-07 of the North Dakota Century Code, as created by section 1 of Senate Bill No. 2176, as approved by the sixty-ninth legislative assembly, is amended and reenacted as follows:

6. a. The office of the governor shall provide staffing and administrative services for the children's cabinet and coordinate with other designated working groups on children and family issues.

b. The governor or the governor's designee serving on the cabinet may appoint a representative to serve in that official's capacity at a meeting if the governor or governor's designee is unable to attend.

SECTION 41. HOUSING AVAILABILITY ASSESSMENT - COLLABORATION WITH HOUSING FINANCE AGENCY. The department of health and human services shall collaborate with the North Dakota housing finance agency and other appropriate stakeholders to assess the availability of housing for individuals requiring extraordinary health care support services, for the biennium beginning July 1, 2025, and ending June 30, 2027. Based on the results of the assessment, if necessary, the department shall develop a plan to expand access to housing providing the least restrictive environment for individuals requiring extraordinary health care support services.

SECTION 42. BEHAVIORAL HEALTH CLINICS, NORTH DAKOTA STATE HOSPITAL, AND LIFE SKILLS AND TRANSITION CENTER FUNDING. Section 1 of this Act includes funding for the behavioral health clinics, North Dakota state hospital, and life skills and transition center as follows:

1. Behavioral health clinics:
   a. Salaries and wages ~~$156,967,103~~$177,840,942
   b. Operating and capital ~~64,131,965~~56,945,408
   c. Total ~~$221,099,068~~$234,786,350
2. State hospital:
   a. Salaries and wages ~~$68,775,551~~$70,477,378
   b. Operating and capital ~~350,880,155~~20,880,155

c. Total ~~$419,655,706~~$91,357,533

3. Life skills and transition center:

a. Salaries and wages ~~$55,540,213~~$56,284,356

b. Operating and capital ~~15,207,658~~15,207,658

c. Total ~~$70,747,871~~$71,492,014

SECTION 43. LEGISLATIVE MANAGEMENT STUDY - STUDENT TRUANCY AND ABSENTEEISM. The legislative management shall consider studying, during the 2025-26 interim, truancy and student absenteeism in kindergarten through grade twelve public schools. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement its recommendations, to the seventieth legislative assembly.

SECTION 44. LEGISLATIVE MANAGEMENT STUDY - OBESITY HEALTH IMPLICATIONS. The legislative management shall consider studying, during the 2025-26 interim, the health implications of obesity on the residents of the state and options to increase access to prevention and treatments for obesity. If conducted, the study must review costs associated with obesity including comorbidities, treatments available for obesity, obesity diagnosis guidelines including use of body mass index compared with percentage of body fat, and examining the difference between being an individual who is healthy and overweight as compared to an obese individual. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement its recommendations, to the seventieth legislative assembly.

SECTION 45. LEGISLATIVE MANAGEMENT STUDY - MATERNAL HEALTH SERVICES - ACCESS AND WORKFORCE.

1. During the 2025-26 interim, the legislative management shall consider studying access to maternal health services. The study must include:
   a. Consideration of the availability of prenatal and childbirth services, including provider shortages and service use.
   b. Development of strategies to increase the number of obstetricians, family doctors, and midwives providing maternal health services in this state.
   c. A review of coverage and reimbursement for doulas and midwives, including training and certification needs.

d. Consideration of insurance and public policy options to improve maternal health outcomes, including through the Medicaid program.

e. Input from health care providers, insurers, public health officials, and maternal health experts.

2. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement its recommendations, to the seventieth legislative assembly.

SECTION 46. LEGISLATIVE INTENT - LIFE SKILLS AND TRANSITION CENTER. It is the intent of the sixty-ninth legislative assembly that during the 2025-26 interim, the department of health and human services review the facilities and land at the life skills and transition center to identify the portions of the life skills and transition center campus that are necessary for delivery of services and the portions of the campus that could be conveyed to a local government or related public or not-for-profit community development entity to redevelop to optimize local community development goals and the successful operation of the life skills and transition center. It is further the intent of the legislative assembly that the department of health and human services present any request to convey any portions of the campus to the seventieth legislative assembly.

SECTION 47. DISABILITY SERVICE ACCREDITATION STUDY - LEGISLATIVE MANAGEMENT REPORT. During the 2025-26 interim, the department of health and human services shall study accreditation requirements and provider costs for serving individuals with intellectual and developmental disabilities, including the cost of accreditation relative to the cost of providing services and reimbursement. The department shall report its findings and recommendations, together with any legislation necessary to implement recommendations to the legislative management by September 1, 2026.

SECTION 48. VALUE-BASED CARE INCENTIVE PROGRAM - PAYMENT WITHHOLD FOR NURSING FACILITIES - COLLABORATION WITH NORTH DAKOTA LONG TERM CARE ASSOCIATION. During the 2025-26 interim, the department of health and human services, in collaboration with the North Dakota long term care association, shall develop a payment withhold structure for value-based payments to provide funding for the value-based care incentive program for nursing facilities. The department shall implement the payment

withhold beginning July 1, 2027. The department may not implement a payment withhold before July 1, 2027.

SECTION 49. LEGISLATIVE MANAGEMENT STUDY- DISABILITY SERVICES.

1. During the 2025-26 interim, the legislative management shall study the efficiency, effectiveness, and outcomes of developmental disability services provided by the department of health and human services. The study must include:
   a. A review of the approval process, an analysis of accountability measures, an assessment of gaps in services, and an evaluation of overall program management.
   b. An assessment of whether the department is effectively managing cases and complying with federal law in the provision of support and services to individuals with disabilities.
   c. Input from advocates, clients from the disability community, zone directors, service providers, and health care providers who serve individuals with disabilities.
   d. Collaboration with the cross-disability advisory council.
2. The legislative council may contract with a consultant with expertise in the provision of developmental disability services to assist in the study.
3. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement its recommendations, to the seventieth legislative assembly.

SECTION 50. APPROPRIATION - COMMUNITY HEALTH TRUST FUND - LEGISLATIVE COUNCIL - DISABILITY SERVICES - ONE-TIME FUNDING. There is appropriated out of any moneys in the community health trust fund, not otherwise appropriated, the sum of $150,000, or so much of the sum as may be necessary, to the legislative council for the purpose of contracting for consulting services for a disability services study, for the biennium beginning July 1, 2025, and ending June 30, 2027. The appropriation in this section is considered a one-time funding item.

SECTION 51. LEGISLATIVE MANAGEMENT REPORT - BEHAVIORAL HEALTH FACILITY GRANTS. During the 2025-26 interim the department of health and human services

shall provide reports to the legislative management regarding the award of grant funding to increase the number of behavioral health beds in the state.

SECTION 52. EFFECTIVE DATE. Section ~~33~~36 of this Act becomes effective on July 1, 2026.

SECTION 53. EFFECTIVE DATE. Section 7 of this Act becomes effective on January 1, 2026.

2025 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

HB 1012
4/28/2025
Conference Committee

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

3:02 p.m. Chairman J. Nelson called the meeting to order.

Members Present: Chairman J. Nelson, Representatives O'Brien, Mitskog, Chairman Dever, Senators Cleary, Davison.

Discussion Topics:

- Committee Action

3:04 p.m. Keith Mantz, Fiscal Analyst, ND Legislative Council, reviewed documents, and spoke to funding distribution, #45273, #45279.

3:10 p.m. Stephanie Gullickson, Fiscal Analyst, Office of Management and Budget, clarified where the funding would be allocated #45279.

3:11 p.m. Keith Mantz, Fiscal Analyst, ND Legislative Council, explained the highlighted items on the long sheet are items that need final decisions.

3:17 p.m. Donna Aukland, Chief Financial Officer, ND Department of Health and Human Services, clarified underfunding (previous testimony 042325 #45148).

3:23 p.m. Donna Aukland, Chief Financial Officer, ND Department of Health and Human Service, clarified that they had more time to take a deeper dive into utilization and found some additional funds #45276.

3:31 p.m. Dirk Wilke, Interim Commissioner, ND Department of Health and Health Services, verified the current numbers and stated the department was in support #45276.

3:32 p.m. Donna Aukland, Chief Financial Officer, ND Department of Health and Human Services, reassured the committee that they could always make a budget adjustment.

3:37 p.m. Representative O'Brien moved $8.46 million to salary underfund and $36.26 utilization for Developmental Disability and Long-term Care.

3:37 p.m. Senate Cleary seconded.

3:39 p.m. Donna Aukland, Chief Financial Officer, ND Department of Health and Human Services, stated she will work with Keith for exact numbers.

3:39 p.m. Roll vote call.

3:40 p.m. Motion passed 6-0-0.

3:48 p.m. Pam Sagness, Executive Director, Behavioral Health Division, ND Department of Health and Human Services, gave an update on the progress of Williston Behavioral Health project, and the Dickinson project #45278.

3:54 p.m. Senator Cleary moved to adopt the Senate position of $1 million for Free for Recovery and 475K Community Connect and leave out $2.5 million SUD Voucher and $2 million for Behavioral Health.

3:55 p.m. Senator Davison seconded.

4:01 p.m. Senator Cleary tabled the motion.

4:05 p.m. Chairman J. Nelson adjourned the meeting.

Jan Kamphuis, Committee Clerk

HB 1012 042825 1539 PM Roll Call Vote

Amendment

HB 1012

Date Submitted: April 28, 2025, 3:39 p.m.

Action: Passed

Amendment LC #: Pending LC #

Description of Amendment: Salary underfund, utilization, block grant

Motioned By: O'Brien, Emily

Seconded By: Cleary, Sean

Emergency Clause: None

Vote Results: 6 - 0 - 0

Rep. Nelson, Jon O.	Yea
Rep. O'Brien, Emily	Yea
Rep. Mitskog, Alisa	Yea
Sen. Dever, Dick	Yea
Sen. Cleary, Sean	Yea
Sen. Davison, Kyle	Yea

Community Health Trust Fund

	2025-27 Biennium	
Estimated Ending Balance 04/22/2025	$ 13,927,465	
Forensic examiner electronic records system	(278,000)	(Added)
Youth Crisis Stabilization	1,500,000	(Removed)
Juvenile Justice	500,000	(Moved Human Services Finance Fund-457- $750,000)
Critical access hospital networking	(1,000,000)	(Additional)
Revised estmated ending balance	14,649,465	

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HHS Federal Entitlement Programs

2025-27 BIENNIUM

Section	2023-2035 Legislative Base	Engrossed 1012	General	Federal	Other
Economic Assistance	379,855,270	452,189,373	77,612,838	361,223,824	13,352,711
Developmental Disabilities	742,793,592	767,748,941	377,480,409	390,268,532	-
Children & Family Services	143,646,802	168,240,366	77,140,345	90,392,800	707,220
Medicaid/Long Term Care	2,682,965,602	2,689,272,288	963,600,379	1,667,857,791	57,814,119
Total	**3,949,261,266**	**4,077,450,968**	**1,495,833,971**	**2,509,742,947**	**71,874,050**
Engrossed HB 1012		6,278,182,428	2,277,951,193	4,000,231,235	
Percent of Engrossed 1012		65%	66%	65%	

NOTE: IF YOU ARE PROGRAM ELIGIBLE AND A CLAIM SUBMITTED/PRESENTED, HHS IS OBLIGATED TO PAY.

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ECONOMIC ASSISTANCE

PROGRAM DETAIL
2025-27 BIENNIUM

PROGRAMS	2023-25 LEGISLATIVE BASE	ONE-TIME / CARRYOVER	2023-25 EXPENSES THROUGH DECEMBER	2023-25 PROJECTED EXPENDITURES	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)	ENGROSSED HB 1012	GENERAL	FEDERAL	OTHER
ECONOMIC ASSISTANCE ADMINSTRATION	$ 1,982,824	$ -	$ 2,124,797	$ 2,904,901	$ 3,874,259	$ (66,013)	$ 3,808,246	$ 894,794	$ 2,913,452	$ -
POLICY & SYSTEM SUPPORT (PASS)	2,859,123	-	2,395,583	3,112,317	2,862,681	(93,000)	2,769,681	1,004,552	1,765,129	-
SPACES OPERATIONS	1,634,070	-	797,702	1,239,327	1,504,467	(57,000)	1,447,467	610,382	837,085	-
ECONOMIC ASSISTANCE IT	-	-	-	-	51,508,995	2,000,000	53,508,995	9,434,513	40,750,120	3,324,362
QUALITY CONTROL	2,475,594	-	1,923,892	2,564,011	2,577,301	(123,000)	2,454,301	1,282,402	1,171,899	-
CHILD CARE ADMINISTRATION	448,367	-	443,471	581,427	3,753,914	(1,500,000)	2,253,914	1,500,000	753,914	-
CHILD CARE GRANTS (CCAP)	90,611,261	33,604,000	71,287,581	100,540,342	112,206,528	-	112,206,528	75,303,066	29,869,390	7,034,072
LIHEAP ADMINISTRATION	11,557,758	-	12,358,869	13,623,141	1,677,264	-	1,677,264	-	1,677,264	-
LIHEAP GRANTS	46,699,140	-	15,639,737	33,654,019	53,214,767	-	53,214,767	-	53,214,767	-
TANF ADMINISTRATION	492,972	-	394,694	519,589	595,923	(3,000)	592,923	26,796	566,127	-
TANF GRANTS	15,839,821	-	7,753,859	10,236,119	18,343,430	-	18,343,430	1,013,734	11,011,057	6,318,639
TANF KINSHIP GRANTS	2,980,800	-	457,015	634,547	720,000	-	720,000	-	720,000	-
TANF JOBS GRANTS	8,504,719	-	5,927,461	8,053,641	9,254,222	-	9,254,222	(1)	2,302,276	6,951,947
TANF ALTERNATIVE TO ABORTION	600,000	-	132,175	132,175	-	-	-	-	-	-
SNAP ADMINISTRATION	1,175,913	-	1,391,217	1,671,081	2,471,945	(92,000)	2,379,945	1,143,972	1,235,972	-
SNAP GRANTS	226,705,048	-	176,209,373	228,544,141	268,424,649	-	268,424,649	1,296,038	267,128,610	-
EMERGENCY RENT BRIDGE	33,519	62,231,000	41,474,247	52,614,495	14,500,000	(13,500,000)	1,000,000	-	-	1,000,000
TOTAL	**$ 414,600,930**	**$ 95,835,000**	**$ 340,711,673**	**$ 460,625,272**	**$ 547,490,344**	**$ (13,434,013)**	**$ 534,056,332**	**$ 93,510,249**	**$ 415,917,063**	**$ 24,629,020**

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DEVELOPMENTAL DISABILITIES

PROGRAM DETAIL
2025-27 BIENNIUM

PROGRAMS	2023-25 LEGISLATIVE BASE	ONE-TIME / CARRYOVER	2023-25 EXPENSES THROUGH DECEMBER	2023-25 PROJECTED EXPENDITURES	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)	ENGROSSED HB 1012	GENERAL	FEDERAL	OTHER
DD ADMIN AND RELATED PROGRAMS	$ 8,330,349	$ 2,500,000	$ 5,731,580	$ 8,551,173	$ 12,055,271	$ (153,059)	$ 11,902,212	$ 4,649,030	$ 7,253,182	-
HCBS CAPACITY (10% REINV)	-	-	633,852	688,764	1,043,494	-	1,043,494	-	521,747	521,747
PROVIDER RETENTION GRANTS (10% REINV)	-	1,593,594	300,300	920,031	-	$ 3,457,736	3,457,736	3,457,736	-	-
CORPORATE GUARDIANSHIPS	4,788,545	-	3,156,844	4,049,631	6,109,355	$ (380,000)	5,729,355	5,729,355	-	-
DD CASE MANAGEMENT (DDPM)	22,635,279	-	18,452,295	24,861,662	26,457,120	$ (1,125,000)	25,332,120	12,167,692	13,164,428	-
EARLY INTERVENTION PROGRAMS	3,650,698	804,825	1,912,762	2,711,577	2,857,680	$ 18,819	2,876,499	-	2,876,499	-
DD SVC GRANTS	742,793,592	-	514,859,734	730,079,538	762,116,908	$ 5,632,033	767,748,941	377,480,409	390,268,532	-
TOTAL	**$ 782,198,463**	**$ 4,898,419**	**$ 545,047,367**	**$ 771,862,376**	**$ 810,639,828**	**$ 7,450,529**	**$ 818,090,357**	**$ 403,484,222**	**$ 414,084,388**	**$ 521,747**

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CHILDREN AND FAMILY SERVICES

PROGRAM DETAIL
2025-27 BIENNIUM

PROGRAMS	2023-25 LEGISLATIVE BASE	ONE-TIME / CARRYOVER	2023-25 EXPENSES THROUGH DECEMBER	2023-25 PROJECTED EXPENDITURES	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)	ENGROSSED HB 1012	GENERAL	FEDERAL	OTHER
CHILDREN & FAMILY SERVICES ADMINISTRATION	$ 1,009,650	$ -	$ 1,042,950	$ 1,408,222	$ 4,039,190	$ 926,205	$ 4,965,395	$ 4,015,068	$ 950,328	$ -
CHILD ABUSE & NEGLECT SVC	2,049,837	100,000	1,417,573	1,863,582	2,700,006	(33,000)	2,667,006	842,038	1,824,968	-
CFS FIELD SERVICE SPECIALIST	3,587,605	-	2,800,418	3,788,590	4,822,130	(369,000)	4,453,130	3,970,917	482,213	-
CHILDRENS ADVOCACY CENTERS	4,100,000	-	2,278,907	3,307,607	4,100,000	-	4,100,000	4,100,000	-	-
INDEPENDENT LIVING SERVICES	1,173,224	-	773,392	1,158,768	1,393,224	-	1,393,224	278,645	1,114,579	-
FOSTER CARE ADMINISTRATION	5,867,636	300,000	3,197,607	5,135,155	8,496,218	(110,000)	8,386,218	3,482,695	4,903,523	-
FOSTER CARE	72,662,727	268,347	40,082,610	61,117,297	83,920,987	617,643	84,538,630	31,321,667	52,509,742	707,220
SHELTER CARE SERVICES	481,720	150,000	405,999	563,929	1,000,000	-	1,000,000	1,000,000	-	-
SUBSIDIZED GUARDIANSHIP	1,466,490	-	819,631	1,154,725	1,652,894	9,151	1,662,045	831,023	831,023	-
FAMILY PRESERVATION & PREVENTION SVC (FFPSA)	7,722,959	-	2,848,877	7,439,268	11,074,797	(55,000)	11,019,797	6,026,454	4,993,342	-
JUVENILE JUSTICE (DJS) GRANTS	614,000	-	583,422	736,922	964,000	-	964,000	-	764,000	-
INTENSIVE IN-HOME SVC	3,053,748	-	-	763,437	-	-	-	-	-	-
KINSHIP SERVICES	2,063,382	200,000	932,880	1,531,308	2,642,326	(27,000)	2,615,326	2,215,326	400,000	-
SUBSIDIZED ADOPTION ADMINISTRATION	1,154,173	-	683,054	998,010	1,131,233	(57,000)	1,074,233	636,962	437,271	-
SUBSIDIZED ADOPTION DELINKED SVC	8,134,219	-	3,351,397	5,586,726	9,840,179	(408,000)	9,432,179	9,082,179	350,000	-
SUBSIDIZED ADOPTION GRANTS	58,199,448	-	44,396,457	60,217,151	69,085,985	337,609	69,423,594	34,659,497	34,764,097	-
TRIBAL SOCIAL SERVICES	3,183,918	-	1,168,362	1,964,342	3,183,918	-	3,183,918	1,245,980	1,937,938	-
TOTAL	**$ 176,524,737**	**$ 1,018,347**	**$ 106,783,535**	**$ 158,735,038**	**$ 210,047,087**	**$ 831,608**	**$ 210,878,695**	**$ 103,708,451**	**$ 106,463,024**	**$ 707,220**

NORTH Dakota | Health & Human Services
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MEDICAL SERVICES

PROGRAM DETAIL
2025-27 BIENNIUM

DESCRIPTION	2023-25 LEGISLATIVE BASE	ONE-TIME / CARRYOVER	2023-25 EXPENSES THROUGH DECEMBER	2023-25 PROJECTED EXPENDITURES	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)	ENGROSSED HB 1012	GENERAL	FEDERAL	OTHER
MEDICAL SERVICES ADMINISTRATION	$ 42,658,801	$ 6,500,000	$ 33,046,288	$ 52,561,958	$ 56,643,190	$ (1,535,850)	$ 55,107,340	$ 20,614,986	$ 34,492,354	$ -
MEDICAL SERVICES IT					70,088,697	-	70,088,697	11,994,518	57,594,179	500,000
DRUG CLAWBACK	49,291,723		31,171,799	43,494,730	56,426,848	-	56,426,848	54,266,848	-	2,160,000
COUNTY JAIL CLAIMS	1,000,000		678,943	928,943	1,000,000	-	1,000,000	-	-	1,000,000
CROSS DISABILITY WAIVER IMPLEMENTATION		-			4,948,452	-	4,948,452	2,474,226	2,474,226	
CRITICAL ACCESS HOSPITAL NETWORKING GRANT					-	2,000,000	2,000,000			2,000,000
MEDICAL SERVICES	**1,721,252,658**	**-**	**1,148,727,533**	**1,593,726,563**	**1,616,619,252**	**5,453,149**	**1,622,072,401**	**401,127,387**	**1,164,030,895**	**56,914,119**
Inpatient Hospital	227,650,273	-	157,894,416	218,399,757	235,436,722	1,581,875	237,018,597	117,944,763	119,073,834	-
Outpatient Hospital	125,343,902	-	87,526,972	122,743,731	127,121,698	553,643	127,675,341	46,228,667	64,972,555	16,474,119
Professional Services	137,991,523	-	106,260,015	149,800,633	151,553,918	1,126,354	152,680,272	74,482,154	78,198,118	-
Drugs	84,898,305	-	67,515,161	111,660,402	86,742,424	-	86,742,424	9,200,881	59,841,542	17,700,000
Indian Health Services	58,583,364	-	58,311,115	84,183,190	94,554,742	706,212	95,260,955	-	95,260,955	-
PRTF Services	24,340,239	-	15,354,505	21,383,435	21,445,266	159,382	21,604,648	10,534,399	11,070,249	-
Dental Services	36,094,013	-	26,257,349	36,718,477	36,993,255	274,935	37,268,190	18,111,629	19,156,561	-
Premiums	54,734,853	-	35,239,170	49,412,897	56,694,910	-	56,694,910	26,496,898	30,198,012	-
Other Services	153,836,340	-	105,776,050	152,799,846	136,815,944	997,527	137,813,470	28,324,324	86,749,147	22,740,000
1915(i) State Plan Services	15,163,012		1,208,913	1,555,798	7,161,033	53,221	7,214,254	3,593,739	3,620,515	-
Expansion Medicaid	802,616,834	-	487,383,867	645,068,397	662,099,340	-	662,099,340	66,209,934	595,889,406	-
TOTAL	**$ 1,814,203,182**	**$ 6,500,000**	**$ 1,213,624,563**	**$ 1,690,712,194**	**$ 1,805,726,439**	**$ 5,917,299**	**$ 1,811,643,738**	**$ 490,477,965**	**$ 1,258,591,654**	**$ 62,574,119**
NURSING FACILITIES	$ 734,744,666	$ -	$ 464,338,300	$ 681,054,722	$ 748,874,436	$ -	$ 748,874,436	$ 371,493,486	$ 377,380,950	$ -
AGED & DISABLED WAIVER	54,112,132	-	64,185,967	93,205,221	132,086,653	546,405	132,633,058	68,262,976	64,370,082	-
BASIC CARE	72,887,129	-	45,958,465	65,346,018	67,973,866	505,184	68,479,050	48,522,912	19,056,137	900,000
SPED	22,402,748	-	17,492,181	25,061,812	30,129,473	165,482	30,294,955	30,294,955	-	-
EXPANDED SPED	1,313,728	-	946,589	1,324,401	1,324,973	9,960	1,334,932	1,334,932	-	-
PERSONAL CARE SERVICES	33,664,038	-	29,309,396	43,331,650	56,779,642	311,152	57,090,795	28,335,617	28,755,177	-
TARGETED CASE MANAGEMENT	940,828	-	887,039	1,230,059	1,329,776	9,883	1,339,659	662,113	677,546	-
CHILDREN'S MED FRAGILE WAIVER	814,760	-	326,114	541,107	768,988	2,890	771,877	383,994	387,883	-
PACE PROGRAM	29,356,221	-	17,356,351	24,201,173	24,271,866	180,389	24,452,256	12,085,324	12,366,932	-
COMMUNITY OF CARE	330,000	-	85,115	85,115	330,000	-	330,000	330,000	-	-
PERSONAL NEEDS ALLOWANCE	193,200	-	279,192	279,192	376,800	-	376,800	376,800	-	-
CHILDREN'S HOSPICE WAIVER	76,950	-	-	19,507	79,644	544	80,188	39,725	40,462	-
AUTISM VOUCHER	300,000	-	77,292	77,292	-	-	-	-	-	-
AUTISM WAIVER	10,906,545	-	670,742	869,069	1,388,898	82,984	1,471,882	680,156	791,726	-
TOTAL	**$ 962,042,944**	**$ -**	**$ 641,912,745**	**$ 936,626,339**	**$ 1,065,715,015**	**$ 1,814,873**	**$ 1,067,529,887**	**$ 562,802,991**	**$ 503,826,896**	**$ 900,000**

Timeline for Inpatient Behavioral Health Project at CHI St. Alexius Health Williston

February 12, 2025

This memo is a summary of the work completed to date on the CHI Health Williston project to reopen our inpatient behavioral health unit. The memo's intended audience is North Dakota legislators. The memo is compiled by Garrick Hyde, president of CHI Health Williston.

Brief Timeline

Spring 2023 – The North Dakota legislature appropriates $1.95 million in grant money for inpatient behavioral health in Williston, ND. This Williston appropriation is separate from a larger appropriation for inpatient behavioral health in Dickinson, ND.

June 2023 – CHI Health Williston applies for the $1.95 million in State grant money. CHI Health Dickinson does not move forward in their separate application.

Fall 2023 – CHI Health Williston is awarded the grant by the State. The grant will reimburse $1.95 million to CHI Williston after the hospital spends the amount on renovating a 9-bed inpatient behavioral health unit and an adjoining outpatient behavioral health area. The project was originally estimated to cost a total of $3.7 million, with the balance of $1.75 million coming from CHI Williston's local hospital foundation.

January 2024 – The contract for the grant is ratified by the State and CHI on January 29, 2024. CHI begins the work of designing the renovation to the shuttered inpatient behavioral health unit. After several months of planning work and floorplan design with the architects, the hospital achieves a finalized design for the floorplan. See *Attachment 1* of this memo for the finalized design. Note that the floorplan includes renovations for a 9-bed inpatient unit as well as an adjoining outpatient treatment area.

May 2024 – The architects inform CHI Health Williston that an earlier 2022 project budget, created by CHI, significantly understates the true cost of the renovation. The architects calculate that the $3.7 million estimate will cover the inpatient renovation, but another $2.5 million is needed to do the adjoining outpatient treatment area. Rather than allow the entire project to be derailed, CHI Williston approached the State's Health and Human Services leadership with a revised proposal to amend the existing grant contract to exclude outpatient renovations from the project scope.

September 2024 – The State's Health and Human Services leadership agree to a revised grant scope that excludes outpatient renovations. The $1.95 million in grant money and the $1.75 million coming from CHI Williston's local foundation will be sufficient for the inpatient unit renovation. The revised contract for the grant is ratified by the State and CHI on September 26, 2024.

November 2024 – CHI Health Williston moves forward in planning the construction. One concern from CHI is the project deadline, as stated in the contract: "This Grant runs from September 1, 2023, through

June 30, 2025. This Grant will not automatically renew." It's likely that CHI Williston won't complete the construction by the project deadline, so the hospital asked the State for guidance on the contract language. The HHS leadership responded, "We will be requesting carryover during legislative session for any of the $1,950,000 that is not spent this biennium to have authority to spend next biennium. Once that carryover is approved/final at the end of session we can amend the contract end date." CHI Williston understands that approval to carry over the funding won't be known until the end of legislative session at the end of April. The hospital paused in beginning construction until we know if the 2023 grant money will carry over.

To date, no money has been spent by CHI Health Williston, nor reimbursed by the State.

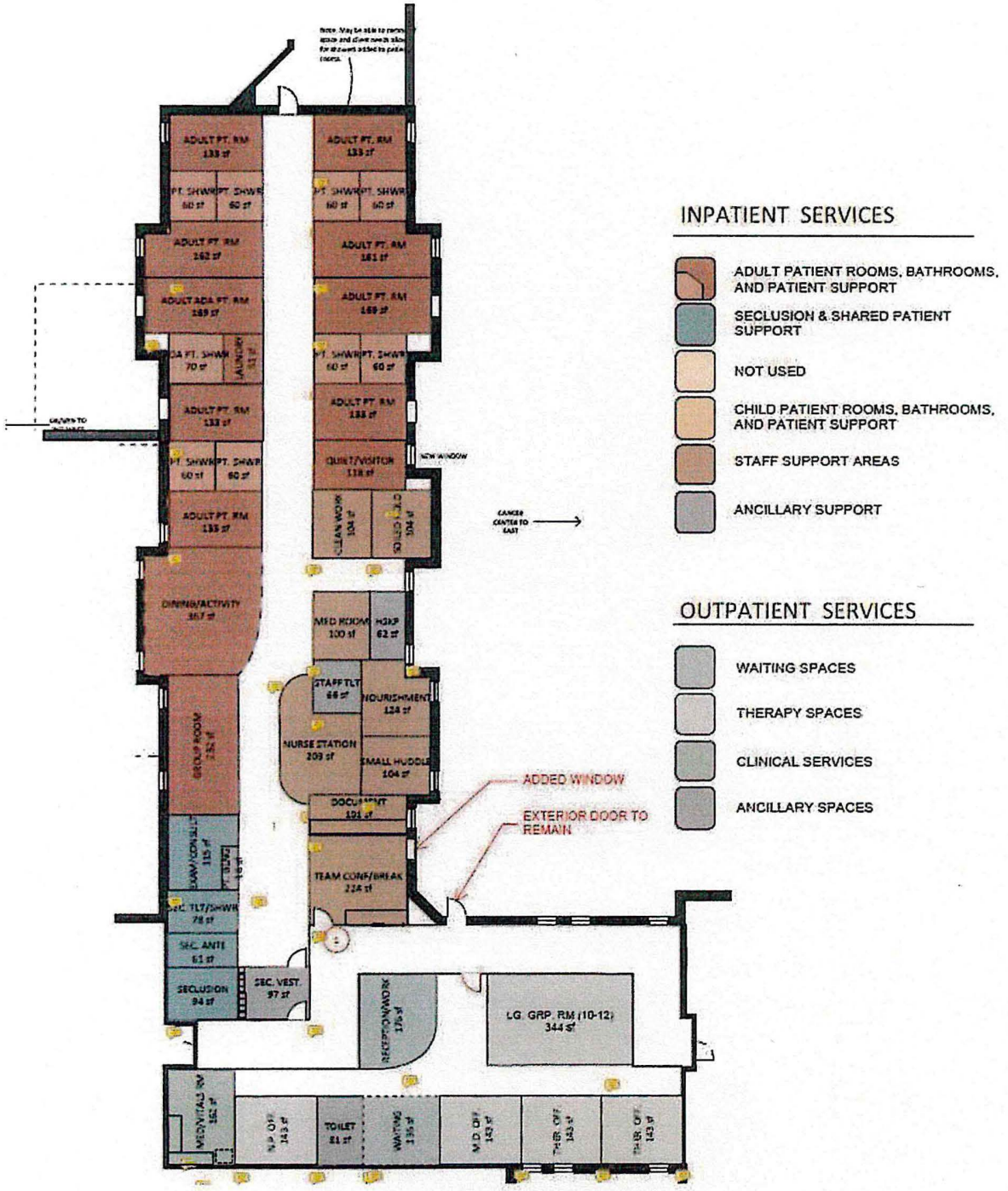
Next Steps

1. CHI Health Williston awaits confirmation from State HHS leadership that the 2023 grant for $1.95 million will carry over to 2025, determined by the 2025 legislative session
2. CHI Health Williston would like to create the outpatient treatment areas as originally planned in the attached floorplan. We need an additional $2.5 million for this renovation.
3. CHI Health Williston seeks support from the State legislature to appropriate $2.5 million in additional grant funds in the 2025 session to create the outpatient behavioral health treatment area.

Thank you,

Garrick Hyde
President, CHI St. Alexius Health Williston
O 701.713.3689 | C 801.282.0800
garrick.hyde@commonspirit.org

Attachment 1 Finalized 2024 Floorplan Design – 9 adult inpatient rooms plus outpatient services at CHI St. Alexius Health Williston



Williston CHI Language Request

Sagness, Pamela
Nelson, Jon O.
Thu, Apr 3, 2025, 8:40 PM

ENGROSSED HOUE BILL NO. 1012
FIRST ENGROSSMENT WITH SENATE AMENDMENTS
(Senator Bekkedahl)

A line will need to be added to Section 2, One Time Funding, regarding the additional $1,500,000 for the behavioral health facility grants. In the alternative, $1,500,000 could be added to line 31, page 4 of .02000 version of Section 2.

New Section to be added:

SECTION XX. BEHAVIORAL HEALTH FACILITY GRANT. Section 1 of this Act includes the sum of $1,500,000 appropriated from the general fund and Section 25 of this Act includes any unexpended appropriation up to $1,950,000 appropriated from the general fund in chapter 44 of the 2023 Session Laws for a total of $3,450,000 for the purpose of continuing to provide a one-time behavioral health facility grant to establish a behavioral health facility in the northwest human service center region with the grant recipient, for the biennium beginning July 1, 2025, and ending June 30, 2027. The department of health and human services shall provide a grant as follows:

1. The grant recipient must provide matching funds of $1,750,000 to establish the facility.

2. The grant term must be for five years.

3. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

4. To continue to receive the grant, the behavioral health facility grant recipient shall:

   a. Enter a grant agreement or amendment, or both with the department;

b. Use grant funds by December 31, 2025, to support the provision of behavioral health in the grant award service areas;

c. Provide and disclose information needed to comply with the department's data collection requirements; and

d. Operate in compliance with grant requirements.

5. The department may recapture grant funds distributed to a grant recipient found by the department to be out of compliance with the requirements established by the grant program, including ending or reducing the operation of the behavioral health facility in the service area.

6. The department may not collect property, equipment, or supplies purchased with grant funds from the grant recipient after successful completion of the terms of the grant.

April 26, 2025

Legislative Council

Department of Health and Human Services - Budget No. 325
Agency Worksheet - House Bill No. 1012

	Conference Committee Version				Conference Committee Compared to House Version				Conference CommitteeCompared to Senate Version			
					Increase (Decrease)				Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Division Totals												
FTE block grant pool	2,688.35	$309,564,625	$286,720,150	$596,284,775				0		(18,963,729)	(4,728,962)	(23,692,691)
Business Operations		$49,695,542	$47,368,089	$97,063,631	0.00			$0	0.00			$0
Behavioral Health		179,447,125	401,855,478	581,302,603	0.00	($2,250,000)	$2,632,000	382,000	0.00	$7,690,302	$334,960,000	342,650,302
Human Services		641,950,875	1,216,972,162	1,858,923,037	0.00	(14,585,636)	(9,475,882)	(24,061,518)	0.00	738,160	651,567	1,389,727
Medical Services		1,035,777,620	1,817,952,453	2,853,730,073	0.00	(9,474,922)	7,295,382	(2,179,540)	0.00	4,708,984	8,731,980	13,440,964
Public Health		32,344,109	169,297,820	201,641,929	0.00	(2,860,739)	(60,516,583)	(63,377,322)	0.00	483,078	2,178,000	2,661,078
Total 2025-27 funding	**2,688.35**	**$2,248,779,896**	**$3,940,166,152**	**$6,188,946,048**	**0.00**	**($29,171,297)**	**($60,065,083)**	**($89,236,380)**	**0.00**	**($5,343,205)**	**$341,792,585**	**$336,449,380**
	0.00	**$0**	**$0**	**$0**	**0.00**	**$0**	**$0**	**$0**	**0.00**	**$0**	**$0**	**$0**
Total Base Level Funding	**2,688.35**	**$2,248,779,896**	**$3,940,166,152**	**$6,188,946,048**	**0.00**	**($29,171,297)**	**($60,065,083)**	**($89,236,380)**	**0.00**	**($5,343,205)**	**$341,792,585**	**$336,449,380**
2025-27 Total Funding	**2,688.35**	**$2,248,779,896**	**$3,940,166,152**	**$6,188,946,048**	**0.00**	**($29,171,297)**	**($60,065,083)**	**($89,236,380)**	**0.00**	**($5,343,205)**	**$341,792,585**	**$336,449,380**
Federal funds included in other funds			*$3,024,348,532*				*($77,202,353)*				*$5,985,495*	
	X	X	X	X								
Total ongoing changes - Percentage of base level	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*

Other Sections in Department of Health and Human Services - Budget No. 325

Section Description	Conference Committee Version		
Funding transfers	Section 3 authorizes the transfer of appropriation authority between line items within Section 1 of the bill.		
FTE position block grant program	Section 4 authorizes DHHS to increase or decrease the authorized FTE positions subject to the availability of funds.		
FTE Block grant reporting	Section 5 requires the department to report on the block grant program.		
Behavioral health facility grant - SIIF			
Infant and toddler care provider support direct payment			
Intermediate care facility medically and behaviorally complex services grant - SIIF			
Special health care needs grant			

Other Sections in Department of Health and Human Services - Budget No. 325

Section Description	Conference Committee Version		
Crisis services grants			
Medical housing for individuals with extraordinary medical needs			
Community cultural center grant - SIIF			
Juvenile justice diversion services and program - Community health trust fund	Section 13 identifies $750,000 of one-time funding from the human services finance fund for juvenile justice diversion services and programs.		
Animal shelter grant - Community health trust fund			
Statewide health strategies - Community health trust fund			
Other funds - Insurance tax distribution fund	Section 14 identifies $1,125,000 from the insurance tax distribution fund for rural emergency medical services grants.		
Other funds - Community health trust fund			
Other funds - Human service finance fund	Section 16 identifies $242,112,030 from the human services finance fund for state-paid economic assistance and social and human services.		
Opioid settlement fund	Section 17 identifies $8,000,000 from the opioid settlement fund for opioid remediation and abatement efforts.		

Other Sections in Department of Health and Human Services - Budget No. 325

Section Description	Conference Committee Version		
Other funds - SIIF			
Bank of North Dakota line of credit	Section 19 provides for a $8,411,218 Bank of North Dakota line of credit for costs associated with the child welfare technology project.		
Laboratory building steering committee	Section 20 requires DHHS will maintain the laboratory building steering committee to oversee the design and construction of the laboratory building project during the biennium or until the work is completed, whichever is earlier.		
New state hospital steering committee			
Capital payments	Section 22 authorizes DHHS to expend funds for the payment of special assessments at the State Hospital, Southeast Human Service Center, and Life Skills and Transition Center.		
Capital projects - Emergency commission approval	Section 23 authorizes transfers from line items within Section 1 of this bill for capital projects and maintenance pertaining to the operation of facilities including demolition projects of up to $10 million, DHHS may seek emergency commission approval to spend more than $10 million under this section.		
Permanent supportive housing grants			
Expenditures may not exceed appropriation - Medical assistance expansion program			
Human service centers - certified community behavioral health clinics - FTE positions			

Other Sections in Department of Health and Human Services - Budget No. 325

Section Description	Conference Committee Version		
Intermediate care facility moratorium	Section 27 precludes DHHS from adding any new licensed intermediate care facility for individuals with intellectual disabilities beds to the state's licensed bed capacity during the biennium.		
Exemption for certain unexpended appropriations to be continued into the 2025-27 biennium - Section 28	Subsection 1 - $3,674,757 from the general fund and $25,918,566 from federal funds for Medicaid management information system modularization technology.		
	Subsection 2 - $6,000,000 from the general fund and $14,411,218 from federal funds for the child welfare technology project.		
	Subsection 3 -$20,366,271 from the community health trust fund and $39,534,525 from federal funds for the child support computer replacement project.		
	Subsection 4 - $10,989,217 from SIIF for the procurement and grants management system.		
	Subsection 5 - $4.15 million from the general fund for defraying the expenses of additional human service centers to begin the process of becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults.		
	Subsection 6 - $18,941,847 in Chapter 549 of the 2021 Special Session Laws.		
	Subsection 7 - $55,120,000 from the federal state fiscal recovery fund for a public health laboratory capital project.		
	Subsection 8 - $1 million from the general funds for the purpose of employer-led child care cost-share program.		
	Subsection 9 - $986,555 from the general fund for the purpose of streamlining background checks.		
	Subsection 10 - $1,000,000 from the federal state fiscal recovery fund for the implementation of a virtual behavioral health crisis care program for rural law enforcement.		
	Subsection 11 - $500,000 from federal funds for the purpose of program integrity audits.		
	Subsection 12 - $1,950,000 from general funds for a northwest human service region behavioral health facility grant.		
Legislative intent - Utilization rate adjustment	Section 29 provides intent that DHHS seek a deficiency appropriation for any expenditures that exceed appropriated amounts as a result of underfunding, utilization rates, value-based purchasing for nursing facilities, reduction in federal medical assistance percentage, and unexpected contract cost increases that exceed 10 percent during the biennium if funding is not sufficient to pay actual expenses.		
Legislative intent - Provider rate increase			

Other Sections in Department of Health and Human Services - Budget No. 325

Section Description	Conference Committee Version		
Legislative intent - Developmental disabilities provider accreditation requirement			
Legislative intent - Medical assistance	Section 31 provides for DHHS to review the amount, duration, coverage, utilization rates, medical necessity, and scope of medical assistance services, and report any findings and recommendations to the seventieth legislative assembly.		
Federal funding appeal limitation			
Long term structured residences plan - report			
Extraordinary medical needs housing loan fund			
Lease of land at the State Hospital and Life Skills and Transition Center	Section 35 amends section 50-06-06.6 of the North Dakota Century Code to allow for a lease term of real or personal property for term not to exceed ninety-nine years at the life skills and transition center or the state hospital.		
Use of SUD voucher	Section 36 amends section 50-06-42 of the North Dakota Century Code to include medical costs in the substance use voucher system payments for individuals in a licensed substance abuse treatment program and allow for the substance use voucher system for individuals detained or confined in a county jail or detention center or regional corrections center.		
Basic care payment rate	Section 37 amends section 50-24.5-02.3 of the North Dakota Century Code to extend the basic care payment rate increase of five dollars per day through June 30, 2027.		
Child care workforce benefits	Section 38 amends section 50-33-05 of the North Dakota Century Code to include individuals employed by an early childhood program within the boundaries of the state if approved for the state's child care assistance child care workforce benefit.		
Opioid settlement advisory committee	Section 39 amends section 50-36-03 to change the make up of the opioid settlement advisory committee.		
Children's cabinet - Governor's designee	Section 40 amends subsection 6 of section 54-07 as created by Senate Bill No. 2176 to allow the governor to appoint a representative.		

Other Sections in Department of Health and Human Services - Budget No. 325

Section Description	Conference Committee Version		
Housing availability assessment - collaboration with housing finance agency			
Behavioral health clinics, North Dakota State Hospital, and Life Skills and Transition Center funding			
Legislative management study - student truancy and absenteeism	Section 43 provides for a study on truancy and student absenteeism in kindergarten through grade twelve public schools.		
Legislative Management study - obesity health implications			
Legislative Management study - maternal health services			
Legislative intent - Life skills and transition center			
Disability service accreditation study			
Value-based care incentive program - payment withhold for nursing facilities			
Legislative Management study - disability services			
Appropriation for a study by the legislative council on disability services			
Legislative Management report - behavioral health facility grants			
Establishes an effective date			
Establishes an effective date			

Legislative Council

Business Operations - 100 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	Conference Committee Version				Conference Committee Compared to House Version				Conference CommitteeCompared to Senate Version			
					Increase (Decrease)				Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	114.40	$74,099,008	$118,894,310	$192,993,318	0.00	$0	$0	$0	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$1,035,502	$531,151	$1,566,653				$0				$0
Health insurance increase		651,154	363,569	1,014,723				0				0
Base budget adjustments and transfers		(16,396,866)	(66,836,143)	(83,233,009)				0				0
FTE block grant pool	(180.55)	(12,603,508)	(17,737,100)	(30,340,608)				0				0
Information Technology Department (ITD) rate increases		5,196,748	2,152,302	7,349,050				0				0
IT contractual Inflationary rate increases		20,730,788		20,730,788				0				0
Operational underfund		(3,050,000)		(3,050,000)				0				0
Additional salary funding/underfunding		(20,157,874)		(20,157,874)				0				0
Office of Administrative Hearings and Attorney General fee increases		190,590		190,590				0				0
FTE position adjustment	66.15			0				0				0
Total ongoing funding changes	**(114.40)**	**($24,403,466)**	**($81,526,221)**	**($105,929,687)**	**0.00**	**$0**	**$0**	**$0**	**0.00**	**$0**	**$0**	**$0**
One-Time Funding Items												
Retire mainframe and legacy systems ($4MM HS fin fund/$6MM fed)			$10,000,000	$10,000,000				$0				$0
Total one-time funding changes	**0.00**	**$0**	**$10,000,000**	**$10,000,000**	**0.00**	**$0**	**$0**	**$0**	**0.00**	**$0**	**$0**	**$0**
Total Changes to Base Level Funding	**(114.40)**	**($24,403,466)**	**($71,526,221)**	**($95,929,687)**	**0.00**	**$0**	**$0**	**$0**	**0.00**	**$0**	**$0**	**$0**
2025-27 Total Funding	**0.00**	**$49,695,542**	**$47,368,089**	**$97,063,631**	**0.00**	**$0**	**$0**	**$0**	**0.00**	**$0**	**$0**	**$0**
Federal funds included in other funds			*$42,760,908*				*$0*				*$0*	
Total ongoing changes - Percentage of base level	*(100.0%)*	*(32.9%)*	*(68.6%)*	*(54.9%)*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*(100.0%)*	*(32.9%)*	*(60.2%)*	*(49.7%)*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*

Legislative Council

Behavioral Health - 200 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	Conference Committee Version				Conference Committee Compared to House Version				Conference CommitteeCompared to Senate Version			
					Increase (Decrease)				Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	1,054.27	$307,905,408	$113,955,941	$421,861,349	0.00	$0	$0	$0	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$8,392,306	$134,924	$8,527,230				$0				$0
Health insurance increase		6,517,157	114,129	6,631,286				0				0
Base budget adjustments and transfers		15,466,235	2,311,139	17,777,374				0				0
FTE block grant pool	(1,159.20)	(190,198,399)	(68,592,655)	(258,791,054)				0				0
Cost to continue programs		5,709,106	(5,000,000)	709,106				0				0
Opioid settlement			8,000,000	8,000,000				0				0
Avel eCare rural crisis support continuation (community health trust fund)- reduce other funds			1,000,000	1,000,000				0				0
Substance use disorder voucher utilization expansion		2,500,000		2,500,000				0				0
Additional substance use disorder funding for medical expenses with institution for mental disease voucher		250,000		250,000		($250,000)		(250,000)				0
Substance use disorder - 50/50 inpatient/outpatient		500,000		500,000				0				0
Mental health and substance use disorder treatment for incarcerated individuals		2,500,000		2,500,000				0		$2,500,000		2,500,000
Western ND behavioral health staffing salary equity		250,536		250,536				0				0
Inflation for vendors crisis residential contract		706,233		706,233				0				0
Inflation for vendors addiction residential contract		917,786		917,786				0				0
Inflation for vendors recovery/rehab contract		2,154,668		2,154,668				0				0
Inflation for vendors adjustment		(2,000,000)		(2,000,000)				0				0
Treatment collaboration for traumatized youth expansion		408,000		408,000				0				0
Voluntary treatment program/qualified residential treatment program private custody youth		1,351,997		1,351,997				0				0
Youth crisis stabilization pilot(CHTF/Fed)				0				0			($3,000,000)	(3,000,000)
Cost to continue free through recovery and community connect		4,761,081		4,761,081				0				0
Expanded Community Connect services		4,458,814		4,458,814				0		958,814		958,814
Expand free through recovery services		4,016,908		4,016,908				0		2,016,908		2,016,908
Peer support increase		137,990		137,990				0				0
Drug court treatment expansion		200,000		200,000				0				0
Provider inflation increase 2% and 2%		2,541,299		2,541,299				0				0
Behavioral health services for nursing homes and basic care facilities		2,000,000		2,000,000				0		2,000,000		2,000,000
Increased revenue projection - clinics (Human services finance fund)		(2,000,000)	2,000,000	0		(2,000,000)	$2,000,000	0				0
Provider inflation adjustment to 2% and 1.5%				0				0		214,580		214,580

FTE position adjustment	104.93			0				0				0
Total ongoing funding changes	(1,054.27)	($128,458,283)	($60,032,463)	($188,490,746)	0.00	($2,250,000)	$2,000,000	($250,000)	0.00	$7,690,302	($3,000,000)	$4,690,302
One-Time Funding Items												
Electronic Health Record/Pharmacy system (SIIF)			$500,000	$500,000				$0				$0
Retire health record legacy system on mainframe (SIIF)			1,000,000	1,000,000				0				0
State hospital network redundancy and speed (SIIF)			500,000	500,000				0				0
Develop partial hospitalization/intensive day treatment (community health trust fund)			2,000,000	2,000,000				0				0
Bathroom remodel at Southeast Human Service Center (SIIF)			972,000	972,000			$632,000	632,000				0
Construction of new state hospital -(SIIF) - BND line of credit			330,000,000	330,000,000				0			$330,000,000	330,000,000
Behavioral health facility grant(SIIF)			12,960,000	12,960,000				0			7,960,000	7,960,000
Total one-time funding changes	0.00	$0	$347,932,000	$347,932,000	0.00	$0	$632,000	$632,000	0.00	$0	$337,960,000	$337,960,000
Total Changes to Base Level Funding	(1,054.27)	($128,458,283)	$287,899,537	$159,441,254	0.00	($2,250,000)	$2,632,000	$382,000	0.00	$7,690,302	$334,960,000	$342,650,302
2025-27 Total Funding	0.00	$179,447,125	$401,855,478	$581,302,603	0.00	($2,250,000)	$2,632,000	$382,000	0.00	$7,690,302	$334,960,000	$342,650,302
Federal funds included in other funds			*$42,070,302*				*$0*				*($1,500,000)*	
Total ongoing changes - Percentage of base level	*(100.0%)*	*(41.7%)*	*(52.7%)*	*(44.7%)*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*(100.0%)*	*(41.7%)*	*252.6%*	*37.8%*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*

Legislative Council

Human Services - 300 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	Conference Committee Version				Conference Committee Compared to House Version Increase (Decrease)				Conference CommitteeCompared to Senate Version Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	1,009.16	$623,450,353	$1,240,409,529	$1,863,859,882	0.00	$0	$0	$0	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$2,546,488	$4,704,191	$7,250,679				$0				$0
Health insurance increase		2,072,787	3,795,116	5,867,903				0				0
FTE block grant pool	(1,029.70)	(76,722,653)	(150,764,540)	(227,487,193)				0	(1.00)			0
Base budget adjustments and transfers		10,605,259	93,868,910	104,474,169				0				0
DHHS cost to continue		57,330,438	(2,746,684)	54,583,754				0				0
Adoption contract increase		4,883,205		4,883,205				0				0
Housing assistance to support targeted population - DOJ		300,000		300,000				0				0
Services to support transition and diversion from institution - DOJ		2,733,934	2,555,463	5,289,397				0				0
Implement host home service DD HCBS waiver		1,689,900	1,689,900	3,379,800				0				0
Adult Protective Services coverage contracts		718,522		718,522				0				0
Representation supports for families		350,000	350,000	700,000				0				0
Provider inflation increase 2% and 2%		12,988,702	13,926,186	26,914,888				0				0
Zone employee increases 3% and 3% and health insurance			5,002,833	5,002,833				0				0
FMAP percentage change 50.0% to 50.99%		(4,290,660)	744,660	(3,546,000)				0				0
State dementia coordinator	1.00			0				0	1.00			0
FTE position adjustment	19.54			0				0				0
LIHEAP reduction - accounting change			(9,000,000)	(9,000,000)			($9,000,000)	(9,000,000)				0
Adjust foster care expected case load		(9,000,000)	(9,000,000)	(18,000,000)		($9,000,000)	(9,000,000)	(18,000,000)				0
Remove Waterford program funding				0				0		$2,400,000		2,400,000
Ministry on the margins		285,000		285,000		285,000		285,000				0
Fraser ltd		300,000		300,000		300,000		300,000				0
Remove guardianship funding				0				0		6,532,355		6,532,355
Revised FMAP FFY 2027 - 1%		(1,962,900)	1,962,900	0		(1,962,900)	1,962,900	0				0
Provider inflation adjustment to 2% and 1.5%				0				0		1,105,805	$1,201,567	2,307,372
Winter park adaptive recreation program grant		200,000		200,000		200,000		200,000		200,000		200,000
Total ongoing funding changes	**(1,009.16)**	**$5,028,022**	**($42,911,065)**	**($37,883,043)**	**0.00**	**($10,177,900)**	**($16,037,100)**	**($26,215,000)**	**0.00**	**$10,238,160**	**$1,201,567**	**$11,439,727**
One-Time Funding Items												
Retire economic assistance legacy system on mainframe (SIIF)(Fed)			$2,000,000	$2,000,000				$0				$0
Conversion of developmental disabilities eligibility assessment		$200,000	200,000	400,000				0				0
Implement comprehensive vocational rehab technology system (federal funds) (community health trust fund)			1,000,000	1,000,000			($7,000,000)	(7,000,000)				0
Replace roof at Cedar Grove building at LSTC (SIIF)			712,480	712,480				0				0
Best in Class expansion		6,000,000		6,000,000				0		$4,000,000		4,000,000
Childcare grants, resources and shared services		2,500,000		2,500,000				0				0
Early childhood quality infrastructure		3,000,000		3,000,000				0				0

Maintaining expanded inclusion support for special needs childcare		172,500		172,500				0				0
Offer quality rated childcare programs access to teaching strategy		100,000		100,000				0				0
Quality tiered payments for childcare assistance program		1,500,000		1,500,000				0				0
Housing assistance for people at risk of instability (SIIF)				0				0			($1,000,000)	(1,000,000)
Eviction prevention program (SIIF)				0				0			(500,000)	(500,000)
Home renovation incentives for accessibility (SIIF)			1,000,000	1,000,000				0				0
Grant for community cultural center programming (SIIF)			1,000,000	1,000,000				0			700,000	700,000
Winter park adaptive recreation program grant		0		0		($200,000)		(200,000)				0
Intermediate care facility grant for Anne Carlsen (CHTF)		0	4,400,000	4,400,000		(3,457,736)	4,400,000	942,264				0
Juvenile justice services (Human services finance fund - 457)		0	750,000	750,000		(750,000)	750,000	0			250,000	250,000
Infant and toddler care provider support				0				0		(13,500,000)		(13,500,000)
Child welfare technology project line of credit			8,411,218	8,411,218			8,411,218	8,411,218				0
Total one-time funding changes	**0.00**	**$13,472,500**	**$19,473,698**	**$32,946,198**	**0.00**	**($4,407,736)**	**$6,561,218**	**$2,153,482**	**0.00**	**($9,500,000)**	**($550,000)**	**($10,050,000)**
Total Changes to Base Level Funding	**(1,009.16)**	**$18,500,522**	**($23,437,367)**	**($4,936,845)**	**0.00**	**($14,585,636)**	**($9,475,882)**	**($24,061,518)**	**0.00**	**$738,160**	**$651,567**	**$1,389,727**
2025-27 Total Funding	**0.00**	**$641,950,875**	**$1,216,972,162**	**$1,858,923,037**	**0.00**	**($14,585,636)**	**($9,475,882)**	**($24,061,518)**	**0.00**	**$738,160**	**$651,567**	**$1,389,727**
Federal funds included in other funds			*$935,716,064*				*($22,333,100)*				*$1,201,567*	
Total ongoing changes - Percentage of base level	*(100.0%)*	*0.8%*	*(3.5%)*	*(2.0%)*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*(100.0%)*	*3.0%*	*(1.9%)*	*(0.3%)*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*

Legislative Council

Medical Services - 400 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	Conference Committee Version				Conference Committee Compared to House Version				Conference CommitteeCompared to Senate Version			
					Increase (Decrease)				Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	90.50	$958,216,598	$1,818,029,530	$2,776,246,128	0.00	$0	$0	$0	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$338,151	$479,188	$817,339				$0				$0
Health insurance increase		233,619	342,896	576,515				0				0
Base budget adjustments and transfers		(28,505,732)	61,061,722	32,555,990				0				0
DHHS cost to continue		71,253,662	(118,383,672)	(47,130,010)				0				0
HCBS cost to continue		36,977,113	27,837,811	64,814,924				0				0
FTE block grant pool	(101.75)	(9,636,069)	(15,163,610)	(24,799,679)				0				0
DD bed assessment adjustment			7,209,580	7,209,580				0				0
Value based purchasing Medicaid		1,000,000	1,000,000	2,000,000				0				0
Home health targeted rate increase		1,235,768	1,235,768	2,471,536				0				0
Qualified service provider target rate increase		3,595,104	1,797,552	5,392,656				0				0
HCBS cross disability waiver		2,474,226	2,474,226	4,948,452				0				0
Rebase Medicaid rates for ambulance service		1,000,000	1,000,000	2,000,000		($1,189,770)	($1,189,770)	(2,379,540)				0
Provider inflation increases 2% and 2%		13,689,672	15,190,970	28,880,642				0				0
FMAP percentage change 50.0% to 50.99%		(7,809,340)	1,355,340	(6,454,000)				0				0
Medicaid underfund				0				0		$4,000,000	$4,000,000	8,000,000
1915(i) reduction				0				0		1,000,000	1,000,000	2,000,000
Revised FMAP FFY 2027 - 1%		(7,037,100)	7,037,100	0		(7,037,100)	7,037,100	0				0
Provider inflation adjustment to 2% and 1.5%				0				0		1,157,036	1,283,928	2,440,964
Transfer basic care daily rate to one-time		(4,067,056)	(1,474,184)	(5,541,240)		(4,067,056)	(1,474,184)	(5,541,240)				0
FTE position adjustment	11.25			0				0				0
Total ongoing funding changes	**(90.50)**	**$74,742,018**	**($6,999,313)**	**$67,742,705**	**0.00**	**($12,293,926)**	**$4,373,146**	**($7,920,780)**	**0.00**	**$6,157,036**	**$6,283,928**	**$12,440,964**
One-Time Funding Items												
Retire Medicaid legacy system on mainframe (SIIF)			$2,000,000	$2,000,000				$0				$0
Critical access hospital networking grant (CHTF)			2,000,000	2,000,000				0			$1,000,000	1,000,000
Transfer basic care daily rate to one-time(health care trust fund)		$2,619,004	2,922,236	5,541,240		$2,619,004	$2,922,236	5,541,240		($1,448,052)	1,448,052	0
Housing extraordinary medical needs		200,000		200,000		200,000		200,000				0
Total one-time funding changes	**0.00**	**$2,819,004**	**$6,922,236**	**$9,741,240**	**0.00**	**$2,819,004**	**$2,922,236**	**$5,741,240**	**0.00**	**($1,448,052)**	**$2,448,052**	**$1,000,000**
Total Changes to Base Level Funding	**(90.50)**	**$77,561,022**	**($77,077)**	**$77,483,945**	**0.00**	**($9,474,922)**	**$7,295,382**	**($2,179,540)**	**0.00**	**$4,708,984**	**$8,731,980**	**$13,440,964**
2025-27 Total Funding	**0.00**	**$1,035,777,620**	**$1,817,952,453**	**$2,853,730,073**	**0.00**	**($9,474,922)**	**$7,295,382**	**($2,179,540)**	**0.00**	**$4,708,984**	**$8,731,980**	**$13,440,964**
Federal funds included in other funds			*$1,753,030,282*				*$5,847,330*				*$6,283,928*	
Total ongoing changes - Percentage of base level	*(100.0%)*	*7.8%*	*(0.4%)*	*2.4%*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*(100.0%)*	*8.1%*	*(0.0%)*	*2.8%*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*

Legislative Council

Public Health - 500 - Budget No. 325
Agency Worksheet - House Bill No. 1012

	Conference Committee Version				Conference Committee Compared to House Version Increase (Decrease)				Conference CommitteeCompared to Senate Version Increase (Decrease)			
	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total	FTE Positions	General Fund	Other Funds	Total
2025-27 Biennium Base Level	215.50	$47,756,180	$250,440,690	$298,196,870	0.00	$0	$0	$0	0.00	$0	$0	$0
2025-27 Ongoing Funding Changes												
Salary increase		$1,714,252		$1,714,252				$0				$0
Health insurance increase		1,183,357		1,183,357				0				0
FTE block grant pool	(217.15)	(20,403,996)	($34,462,245)	(54,866,241)				0				0
Base budget adjustments and transfers		(1,503,118)	3,120,553	1,617,435				0				0
Adds funding to replace the 2023-25 new FTE pool		65,094	50,008	115,102				0				0
Adds funding to replace the 2023-25 vacant FTE pool		569,060	1,754,865	2,323,925				0				0
Expansion for domestic and sexual violence prevention (community health trust fund)			2,250,000	2,250,000				0				0
Additional domestic violence and sexual violence prevention (Charitable gaming operating fund)(Reduces general fund)		0	1,900,000	1,900,000		($1,700,000)	$1,900,000	200,000			$1,900,000	1,900,000
Funding for Safe Haven program		0		0		(440,000)		(440,000)				0
Maternal and child health programs enhancement				0				0				0
Coordinated purchasing to support immunization access (public health and consolidated lab fund)			0	0			(2,213,930)	(2,213,930)				0
Forensic pathology contract		2,433,078	(1,000,000)	1,433,078		(433,078)		(433,078)		$433,078		433,078
Food and lodging 7.5% additional fee increase to 20% in total		(71,298)	71,298	0				0				0
Additional grant for Family Voices		100,000		100,000				0		50,000		50,000
Fetal Alcohol spectrum disorder clinic		0		0		(637,661)		(637,661)		(350,000)		(350,000)
Reduce cares act/COVID funds			(60,716,583)	(60,716,583)			(60,716,583)	(60,716,583)				0
FTE position adjustment	1.65			0				0				0
Total ongoing funding changes	**(215.50)**	**($15,913,571)**	**($87,032,104)**	**($102,945,675)**	**0.00**	**($3,210,739)**	**($61,030,513)**	**($64,241,252)**	**0.00**	**$133,078**	**$1,900,000**	**$2,033,078**
One-Time Funding Items												
Nonfatal toxicology testing equipment(health lab)		$151,500	$100,000	251,500				0				0
Public health laboratory transition (SIIF)			2,962,304	2,962,304				0				0
Forensic examiner electronic records system (community health trust fund)			278,000	278,000				0			$278,000	278,000
Food and lodging management information system(community health trust fund)			335,000	335,000				0				0
Health facilities and EMS licensure management system (community health trust fund)			0	0			($650,000)	(650,000)				0
Funding for Cass County animal shelter(community health trust fund)			0	0			(300,000)	(300,000)				0

Statewide health strategies grant (community health trust fund)			0	0			(750,000)	(750,000)				0
Public Health Data Modernization(public health and consolidated lab fund)			2,213,930	2,213,930			2,213,930	2,213,930				0
Fetal alcohol spectrum disorder clinic		350,000		350,000		$350,000		350,000		$350,000		350,000
Total one-time funding changes	**0.00**	**$501,500**	**$5,889,234**	**$6,390,734**	**0.00**	**$350,000**	**$513,930**	**$863,930**	**0.00**	**$350,000**	**$278,000**	**$628,000**
Total Changes to Base Level Funding	**(215.50)**	**($15,412,071)**	**($81,142,870)**	**($96,554,941)**	**0.00**	**($2,860,739)**	**($60,516,583)**	**($63,377,322)**	**0.00**	**$483,078**	**$2,178,000**	**$2,661,078**
2025-27 Total Funding	**0.00**	**$32,344,109**	**$169,297,820**	**$201,641,929**	**0.00**	**($2,860,739)**	**($60,516,583)**	**($63,377,322)**	**0.00**	**$483,078**	**$2,178,000**	**$2,661,078**
Federal funds included in other funds			*$127,742,896*				*($60,716,583)*				*$0*	
Total ongoing changes - Percentage of base level	*(100.0%)*	*(33.3%)*	*(34.8%)*	*(34.5%)*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*
Total changes - Percentage of base level	*(100.0%)*	*(32.3%)*	*(32.4%)*	*(32.4%)*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*

2025 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

HB 1012
4/29/2025
Conference Committee

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

10:05 a.m. Chairman J. Nelson called the meeting to order.

Members Present: Chairman J. Nelson, Representatives O'Brien, Mitskog, Chairman Dever, Senators Cleary, Davison.

Discussion Topics:

- Committee Action
- Community Connect
- Free for Recovery

10:11 a.m. Pam Sagness, Executive Director, Behavioral Health Division, ND Department of Health and Human Services, spoke to the current budget request and the expansion of Community Connect and Free for Recovery (previous testimony 042825 #45276).

10:22 a.m. Senator Davison moved the Senate accept the House Amendment to fund Free through Recovery and Community Connect.

10:23 a.m. Representative O'Brien seconded.

10:25 a.m. Roll call vote.

10:25 a.m. Motion passed 5-1-0.

10:26 a.m. Pam Sagness, Executive Director, Behavioral Health Division, ND Department of Health and Human Services, clarified all language of mental health would be removed #45295.

10:29 a.m. Jessica Thomasson, Executive Director, Human Services, ND of Health and Human Services, spoke to the use of funds for Vocational Rehabilitation Services (previous testimony 042825 #45279).

10:37 a.m. Pam Sagness, Executive Director, Behavioral Health Division, ND Department of Health and Human Services, spoke to Behavioral Health Project in Williston, ND.

10:48 a.m. Keith Mantz, Fiscal Analyst, ND Legislative Council, spoke to language that could be added to have a progress report for each budget section #45295.

10:48 a.m. Pam Sagness, Executive Director, Behavioral Health Division, ND Department of Health and Human Services, clarified that progress reports have been already added.

10:58 a.m. Chairman J. Nelson adjourned the meeting.

Jan Kamphuis, Committee Clerk

HB 1012 042925 1023 AM Roll Call Vote

Amendment

HB 1012

Date Submitted: April 29, 2025, 10:23 a.m.

Action: Passed

Amendment LC #: Pending LC #

Description of Amendment: Community Connect, Free for Recovery

Motioned By: Davison, Kyle

Seconded By: O'Brien, Emily

Emergency Clause: None

Vote Results: 5 - 1 - 0

Rep. Nelson, Jon O.	Yea
Rep. O'Brien, Emily	Yea
Rep. Mitskog, Alisa	Nay
Sen. Dever, Dick	Yea
Sen. Cleary, Sean	Yea
Sen. Davison, Kyle	Yea

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1012 (Nelson IMD)

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; ~~and~~to amend and reenact section 50-06-42 of the North Dakota Century Code, relating to substance use disorder treatment voucher system; to provide for a report; and to provide an effective date.

SECTION 9. AMENDMENT. Section 50-06-42 of the North Dakota Century Code is amended and reenacted as follows:

50-06-42. Substance use disorder treatment voucher system.

1. The department shall establish and administer, within the limits of legislative appropriations, a voucher system to address underserved areas and gaps in the state's substance abuse treatment system and to assist in the payment of addiction treatment services and medical costs provided by licensed substance abuse treatment programs, excluding regional human service centers and hospital- or medical clinic-based programs for medical management of withdrawal. An out-of-state licensed substance abuse treatment program located within a bordering state may participate in the voucher program to serve an underserved area of this state pursuant to the rules adopted by the department. The department shall develop rules to include processes and requirements for an out-of-state provider to receive reimbursement only for outpatient and community-based services upon a provider completing an assessment of need and receiving approval from the department.
2. Services eligible for the voucher program include only those levels of care recognized by the American society of addiction medicine, with particular emphasis given to underserved areas and programs. The department shall ensure that a licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers collects and reports process and outcome measures.

3. The department shall develop requirements and provide training and technical assistance to a licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers. A licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers shall provide evidence-based services.

4. The department shall allocate funding appropriated for the substance use disorder treatment voucher as follows:

   a. ~~No~~Except as provided in subdivision c, no more than forty-five percent of the appropriated amount may be allocated for residential substance use disorder services administered by licensed substance abuse treatment programs with more than sixteen beds.

   b. The remaining appropriation must be allocated for residential programs with sixteen or fewer beds, nonresidential outpatient, and ancillary substance use disorder services administered by licensed substance abuse treatment programs.

   c. The department may reimburse a licensed substance abuse treatment program with more than sixteen beds the incurred direct medical costs of an eligible individual who does not have resources to cover the medical costs. The department may develop rules and may not exceed the total amount appropriated for medical cost reimbursement.

SECTION 10. EFFECTIVE DATE. Section 9 of this Act becomes effective on July 1, 2026.

2025 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

HB 1012
4/29/2025
Conference Committee

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

1:48 p.m. Chairman J. Nelson called the meeting to order.

Members Present: Chairman J. Nelson, Representatives O'Brien, Mitskog, Chairman Dever, Senators Cleary, Davison.

Discussion Topics:

- Committee Action

1:50 p.m. Senator Davison moved to amend $1.5 million in addition to Williston Behavioral Health facility with 10 beds and to adopt new language.

1:50 p.m. Representative O'Brien seconded.

1:50 p.m. Keith Mantz, Fiscal Analyst, ND Legislative Council, stated he mirrored the language to reflect similar language in the other Behavioral entities (previous testimony 042825 #45278).

1:57 p.m. Roll call vote.

1:57 p.m. Motion passed 4-2-0

1:58 p.m. Representative O'Brien moved funding for $1.5 million be taken from SIIF Fund.

1:58 p.m. Senator Dever seconded.

1:58 p.m. Roll call vote.

1:58 p.m. Motion failed 3-3-0.

1:59 p.m. Keith Mantz, Fiscal Analyst, ND Legislative Council, additional comments.

2:02p.m. Representative O'Brien moved the Senate accept the House amendment for $7.96 million in restoration from SIIF Fund for 24 beds at Altru.

2:02 p.m. Representative Mitskog seconded.

2:07 p.m. Joel Larson, General Counsel for Altru Health System, commented that the funding would be for 24 Psychiatric Beds.

2:11 p.m. Roll call vote.

2:11 p.m. Motion passed 5-1-0.

2:13 p.m. Keith Mantz, Fiscal Analyst, ND Legislative Council, clarified that $1.950 million from the Williston project would be carried over.

2:19 p.m. Representative O'Brien explained the proposed amendment #45299.

2:20 p.m. Representative O'Brien moved Statewide Dementia Coordination.

2:20 p.m. Representative Mitskog seconded.

2:22 p.m. Roll call vote.

2:22 p.m. Motion passed 6-0-0.

2:22 p.m. Representative O'Brien explained proposed amendment #45299.

2:23 p.m. Stephanie Gullickison, Fiscal Analyst, ND Office of Management and Budget, explained the transfer of funds #45299.

2:24 p.m. Representative O'Brien moved the Office of Guardianship and Conservatorship.

2:24 p.m. Senator Cleary seconded.

2:24 p.m. Keith Mantz, Fiscal Analyst, ND Legislative Council, recommended one-time funding #45299.

2:25 p.m. Roll call vote.

2:25 p.m. Motion carried 6-0-0.

2:27 p.m. Chairman J. Nelson adjourned the meeting.

Jan Kamphuis, Committee Clerk

HB 1012 042925 1354 PM Roll Call Vote

Amendment

HB 1012

Date Submitted: April 29, 2025, 1:54 p.m.

Action: Passed

Amendment LC #: Pending LC #

Description of Amendment: Williston Behavioral Health- 10 beds

Motioned By: Davison, Kyle

Seconded By: O'Brien, Emily

Emergency Clause: None

Vote Results: 4 - 2 - 0

Rep. Nelson, Jon O.	Yea
Rep. O'Brien, Emily	Yea
Rep. Mitskog, Alisa	Nay
Sen. Dever, Dick	Yea
Sen. Cleary, Sean	Nay
Sen. Davison, Kyle	Yea

HB 1012 042925 1358 PM Roll Call Vote

Amendment

HB 1012

Date Submitted: April 29, 2025, 1:58 p.m.

Action: Failed

Amendment LC #: Pending LC #

Description of Amendment: Funding for 1,5 come from SIIF

Motioned By: O'Brien, Emily

Seconded By: Dever, Dick

Emergency Clause: None

Vote Results: 3 - 3 - 0

Rep. Nelson, Jon O.	Yea
Rep. O'Brien, Emily	Yea
Rep. Mitskog, Alisa	Nay
Sen. Dever, Dick	Yea
Sen. Cleary, Sean	Nay
Sen. Davison, Kyle	Nay

HB 1012 042925 1402 PM Roll Call Vote

Amendment

HB 1012

Date Submitted: April 29, 2025, 2:02 p.m.

Action: Passed

Amendment LC #: Pending LC #

Description of Amendment: Altru project 7.96 reinstated

Motioned By: O'Brien, Emily

Seconded By: Mitskog, Alisa

Emergency Clause: None

Vote Results: 5 - 1 - 0

Rep. Nelson, Jon O.	Yea
Rep. O'Brien, Emily	Yea
Rep. Mitskog, Alisa	Yea
Sen. Dever, Dick	Yea
Sen. Cleary, Sean	Yea
Sen. Davison, Kyle	Nay

HB 1012 042925 1421 PM Roll Call Vote

Amendment

HB 1012

Date Submitted: April 29, 2025, 2:21 p.m.

Action: Passed

Amendment LC #: Pending LC #

Description of Amendment: Statewide Dementia coordination

Motioned By: O'Brien, Emily

Seconded By: Mitskog, Alisa

Emergency Clause: None

Vote Results: 6 - 0 - 0

Rep. Nelson, Jon O.	Yea
Rep. O'Brien, Emily	Yea
Rep. Mitskog, Alisa	Yea
Sen. Dever, Dick	Yea
Sen. Cleary, Sean	Yea
Sen. Davison, Kyle	Yea

HB 1012 042925 1424 PM Roll Call Vote

Amendment

HB 1012

Date Submitted: April 29, 2025, 2:24 p.m.

Action: Passed

Amendment LC #: Pending LC #

Description of Amendment: Office of Guardianship and Conservatorship

Motioned By: O'Brien, Emily

Seconded By: Cleary, Sean

Emergency Clause: None

Vote Results: 6 - 0 - 0

Rep. Nelson, Jon O.	Yea
Rep. O'Brien, Emily	Yea
Rep. Mitskog, Alisa	Yea
Sen. Dever, Dick	Yea
Sen. Cleary, Sean	Yea
Sen. Davison, Kyle	Yea

U'ra ter l

SECTION . TRANSFER. Section 1 of this Act includes the sum of $3,266,178 from the general fund for guardianship programs. On April 1, 2026, the office of management and budget shall transfer any unspent appropriation authority for guardianship programs from the department of health and human services to the office of guardianship and conservatorship, for the biennium beginning July 1, 2025, and ending June 30, 2027.

SECTION. APPROPRIATION – OFFICE OF GUARDIANSHIP AND CONSERVATORSHIP. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $3,266,178 to the office of guardianship and conservatorship for purposes of providing guardianship services, effective April 1, 2026.

STATEWIDE DEMENTIA COORDINATION
(Requested by Representative Nelson)

SECTION XX. LEGISLATIVE INTENT – STATEWIDE DEMENTIA COORDINATION. It is the intent of the sixty-ninth legislative assembly that the department of health and human services address the statewide coordination of dementia services.

2025 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

HB 1012
4/29/2025
Conference Committee

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

4:02 p.m. Chairman J. Nelson called the meeting to order.

Members Present: Chairman J. Nelson, Representatives O'Brien, Mitskog, Chairman Dever, Senators Cleary, Davison.

Discussion Topics:

- Committee Action

4:03 p.m. Nikki Wegner, President of ND Long-term Care Association introduced Brad DeYoung from Eide Bailly.

4:03 p.m. Bradley DeJong, Partner, Eide Bailly, testified and submitted testimony #45315.

4:25 p.m. Kirsten Baesler, State Superintendent, ND Department Public Instruction, discussed the potential placement of putting Waterford program back in the Department of Public Instruction.

4:46 p.m. Representative O'Brien moved the House accept the Senate Amendments of $8 million Medicaid underfund and 2 million 1915 (I) reduction.

4:46 p.m. Senator Dever seconded.

4:48 p.m. Keith Mantz, Fiscal Analyst, ND Legislative Council, explained the comparison between the Conference Committee and the Senate version (previous testimony 042825 #45279).

4:50 p.m. Roll call vote.

4:50 p.m. Motion passed 6-0-0.

4:56 p.m. Senator Davison moved the House accept the Senate Amendment to remove $2 million in Behavioral Health Services for Nursing Homes and Basic Care.

4:56 p.m. Representative O'Brien seconded.

4:57 p.m. Roll call vote

4:57 p.m. Motion passed 5-1-0.

4:57 p.m. Chairman J. Nelson adjourned the meeting.

Jan Kamphuis, Committee Clerk

HB 1012 042925 1650 PM Roll Call Vote

Amendment

HB 1012

Date Submitted: April 29, 2025, 4:50 p.m.

Action: Passed

Amendment LC #: Pending LC #

Description of Amendment: Medicaid underfund-1915 reduction

Motioned By: O'Brien, Emily

Seconded By: Dever, Dick

Emergency Clause: None

Vote Results: 6 - 0 - 0

Rep. Nelson, Jon O.	Yea
Rep. O'Brien, Emily	Yea
Rep. Mitskog, Alisa	Yea
Sen. Dever, Dick	Yea
Sen. Cleary, Sean	Yea
Sen. Davison, Kyle	Yea

HB 1012 042925 1656 PM Roll Call Vote

Amendment

HB 1012

Date Submitted: April 29, 2025, 4:56 p.m.

Action: Passed

Amendment LC #: Pending LC #

Description of Amendment: Remove 2 million from Behavioral Health and Nursing Home

Motioned By: Davison, Kyle

Seconded By: O'Brien, Emily

Emergency Clause: None

Vote Results: 5 - 1 - 0

Rep. Nelson, Jon O.	Yea
Rep. O'Brien, Emily	Yea
Rep. Mitskog, Alisa	Nay
Sen. Dever, Dick	Yea
Sen. Cleary, Sean	Yea
Sen. Davison, Kyle	Yea

ND Basic Care
Rate Setting Process Review
Demostration of 6 Month Excluded Inflation Impact

Modeled Rate Setting for 7/1/25 Rates	
Cost Incurred Period	7/1/23 to 6/30/24
Example Allowable Cost Total	$ 250,000
1/2 of CPI as of 12/31/2024	1.45%
Legislative Provided Inflation	2.00%
Amount included in Rates as of 7/1/2025 to cover costs for 7/1/2025 to 6/30/2026	$ 258,698

Inflation of Costs	
Cost Incurred Period	7/1/23 to 6/30/24
Example Allowable Cost Total	$ 250,000
CPI for 7/1/24 to 6/30/25 (est)	2.40%
CPI for 7/1/25 to 6/30/26 (est)	2.40%
	$ 262,144
Costs exceeding payment	**$ (3,447)**
	-1.3%

Modeled Rate Setting for 7/1/25 Rates with additional 6 Months Adjusted	
Cost Incurred Period	7/1/23 to 6/30/24
Example Allowable Cost Total	$ 250,000
CPI as of 12/31/2024 (2.9%)	2.90%
Legislative Provided Inflation	2.00%
Amount included in Rates as of 7/1/2025 to cover costs for 7/1/2025 to 6/30/2026	$ 262,395
Payment Exceeding Costs	$ 251
	0.10%

2025 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

HB 1012
4/30/2025
Conference Committee

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

9:01 a.m. Chairman J. Nelson called the meeting to order.

Members Present: Chairman J. Nelson, Representatives: O'Brien, Mitskog, Chairman Dever, Senators: Davidson, Cleary.

Discussion Topics:

- Committee Action

9:02 a.m. Representative O'Brien moved the House accept the Senate Amendment to reduce the State Hospital funding to be at zero and remove Section 21 Steering Committee and be placed in the OMB HB 1015.

9:02 a.m. Senator Davison seconded.

9:03 a.m. Keith Mantz, Fiscal Analyst, ND Legislative Council, clarified the State Hospital section #45322.

9:08 a.m. Roll call vote.

9:08 a.m. Motion passed 6-0-0.

9:09 a.m. Representative O'Brien moved to amend to 2 and 2 for inflators.

9:09 a.m. Representative Mitskog seconded.

9:12 a.m. Motion failed 4-2-0.

9:14 a.m. Senate Cleary discussed proposed childcare amendment package #45324.

9:22 a.m. Senate Cleary moved proposed Amendment for a childcare package (Waterford, Best in Class, Infant and Toddler Provider Fund, Working Parent Credit, Grants, Quality Rated Bonus).

9:22 a.m. Senator Davison seconded.

9:25 a.m. Jessica Thomasson, Executive Director, Human Services, ND Health and Human Servies, clarified that there are 278 family members currently participating in the Working Parent Credit program.

9:34 a.m. Senator Cleary rescinded the motion.

9:34 a.m. Senator Davison moved to further amended the Amendment package with an additional $2.2 million carryover for Working Parent Credit and one time funding for Waterford.

9:35 a.m. Senator Cleary seconded.

9:35 a.m. Roll call vote.

9:35 a.m. Motion passed 5-1-0

9:36 a.m. Keith Mantz, Fiscal Analyst, ND Legislative Council, clarified that the Working Parent Credit is a carry-over of $2.2 million #45322.

9:39 a.m. Donna Aukland, Chief Financial Officer, ND Health and Human Services, directed the committee to the current version of the bill #45327.

9:40 a.m. Keith Mantz, Fiscal Analyst, ND Legislative Council, distributed the Engrossed HB 1012 LC 25.0156.02028 #45327.

9:42 a.m. Sarah Aker, Executive Director, Medical Services, ND Health and Human Services, spoke to the current bill and asked that the language stay in Section 31 allowing them more flexibility over the next biennium #45327.

9: 53 a.m. Dirk Wilke, Interim Commissioner, ND Health and Human Services, stated that if the language was removed, they would default to normal operating practices.

9:54 a.m. Chairman J. Nelson adjourned the meeting.

Jan Kamphuis, Committee Clerk

HB 1012 043025 0906 AM Roll Call Vote

Amendment

HB 1012

Date Submitted: April 30, 2025, 9:06 a.m.

Action: Passed

Amendment LC #: Pending LC #

Motioned By: O'Brien, Emily

Seconded By: Davison, Kyle

Emergency Clause: None

Vote Results: 6 - 0 - 0

Description: State Hospital reduce funding and remove steering comm

Rep. Nelson, Jon O.	Yea
Rep. O'Brien, Emily	Yea
Rep. Mitskog, Alisa	Yea
Sen. Dever, Dick	Yea
Sen. Cleary, Sean	Yea
Sen. Davison, Kyle	Yea

HB 1012 043025 0912 AM Roll Call Vote

Amendment

HB 1012

Date Submitted: April 30, 2025, 9:12 a.m.

Action: Failed

Amendment LC #: Pending LC #

Motioned By: O'Brien, Emily

Seconded By: Mitskog, Alisa

Emergency Clause: None

Vote Results: 4 - 2 - 0

Description: Move Inflators to 2 and 2

Rep. Nelson, Jon O.	Yea
Rep. O'Brien, Emily	Yea
Rep. Mitskog, Alisa	Yea
Sen. Dever, Dick	Yea
Sen. Cleary, Sean	Nay
Sen. Davison, Kyle	Nay

HB 1012 043025 0935 AM Roll Call Vote

Amendment

HB 1012

Date Submitted: April 30, 2025, 9:35 a.m.

Action: Passed

Amendment LC #: Pending LC #

Motioned By: Davison, Kyle

Seconded By: Cleary, Sean

Emergency Clause: None

Vote Results: 5 - 1 - 0

Description: Childcare package with Waterford as one time , 2.2 added to Parent Credit

Rep. Nelson, Jon O.	Nay
Rep. O'Brien, Emily	Yea
Rep. Mitskog, Alisa	Yea
Sen. Dever, Dick	Yea
Sen. Cleary, Sean	Yea
Sen. Davison, Kyle	Yea

25.0159.02020
Title.

Prepared by the Legislative Council staff for Representative O'Brien
April 28, 2025

Sixty-ninth
Legislative Assembly
of North Dakota

PROPOSED AMENDMENTS TO FIRST ENGROSSMENT

ENGROSSED HOUSE BILL NO. 1015

Introduced by

Appropriations Committee

A BILL for an Act to provide an appropriation for defraying the expenses of the various divisions under the supervision of the director of the office of management and budget; to amend and reenact section 57-51.1-07.5 of the North Dakota Century Code, relating to the state share of oil and gas tax revenue allocations; to repeal section 11-38-08 of the North Dakota Century Code, relating to county achievement days; to authorize a line of credit; to provide for a transfer; to provide an exemption; to provide for a report; and to declare an emergency.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. APPROPRIATION. The funds provided in this section, or so much of the funds as may be necessary, are appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, and from other funds derived from special funds and federal funds, to the office of management and budget for the purpose of defraying the expenses of the office of management and budget, for the biennium beginning July 1, 2025, and ending June 30, 2027, as follows:

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$23,510,218	$2,774,739	$26,284,957
New and vacant FTE pool	98,200,000	(96,997,038)	1,202,962
Operating expenses	18,217,793	6,874,081	25,091,874
Capital assets	308,355	5,808,649	6,117,004
Emergency commission contingency fund	750,000	(750,000)	0

Guardianship grants	7,100,000	0	7,100,000
Prairie public broadcasting	1,200,000	(1,200,000)	0
Community service supervision grants	350,000	(35,000)	315,000
State employee child care benefits	3,000,000	(1,635,000)	1,365,000
Student internship program	0	500,000	500,000
Deferred maintenance funding pool	0	40,000,000	40,000,000
Rent, moving, and space reconfiguration pool	0	2,000,000	2,000,000
Total all funds	$152,636,366	($42,659,569)	$109,976,797
Less other funds	71,757,126	(6,630,280)	65,126,846
Total general fund	$80,879,240	($36,029,289)	$44,849,951
Full-time equivalent positions	110.00	1.00	111.00

SECTION 2. ONE-TIME FUNDING - EFFECT ON BASE BUDGET - REPORT TO SEVENTIETH LEGISLATIVE ASSEMBLY. The following amounts reflect the one-time funding items included in the appropriation in section 1 of this Act which are not included in the entity's base budget for the 2027-29 biennium and which the entity shall report to the appropriations committees of the seventieth legislative assembly regarding the use of this funding:

One-Time Funding Description	General Fund	Other Funds	Total
Procurement automation	$0	$515,052	$515,052
Recruiting management system	250,000	0	250,000
Student internship program	500,000	0	500,000
Employee leave payouts	99,305	50,695	150,000
Snow removal equipment	0	172,000	172,000
Floor scrubber	0	20,000	20,000
Capitol building improvements	0	3,000,000	3,000,000
Governor's residence projects	0	2,350,000	2,350,000
Deferred maintenance pool	0	40,000,000	40,000,000
Rent, moving and space reconfiguration pool	0	2,000,000	2,000,000
Total	$849,305	$48,107,747	$48,957,052

SECTION 3. NEW AND VACANT FTE POOL - LIMITATION - TRANSFER REQUEST. The office of management and budget may not spend funds appropriated in the new and vacant FTE pool line item in section 1 of this Act, but may transfer funds from the new and vacant

FTE pool line item to the salaries and wages line item in accordance with the provisions of this Act.

SECTION 4. APPROPRIATION - COMMUNITY SERVICES SUPERVISION FUND. Any moneys in the community service supervision fund under section 29-26-22 are appropriated to the office of management and budget for distribution to community corrections association regions on or before August first of each year, for the biennium beginning July 1, 2025, and ending June 30, 2027.

SECTION 5. APPROPRIATION- STATE HOSPITAL - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND - ONE-TIME FUNDING. There is appropriated out of any moneys in the strategic investment and improvements fund in the state treasury, not otherwise appropriated, the sum of $200,000,000, or so much of the sum as may be necessary, to the office of management and budget for the purpose of planning, design, construction, and other related expenses necessary for construction of a new state hospital, for the biennium beginning July 1, 2025, and ending June 30, 2027. The office of management and budget shall oversee the project consistent with the objectives approved by the state hospital steering committee established in section 7 of this Act. The office of management and budget may seek other federal, state, local, or private funds, and may enter contracts, agreements, or partnerships as necessary to complete the project. The appropriation in this section is a one-time funding item.

SECTION 6. APPROPRIATION - BANK OF NORTH DAKOTA LINE OF CREDIT - STATE HOSPITAL PROJECT. The office of management and budget may borrow up to $100,000,000 through a line of credit from the Bank of North Dakota during the biennium beginning July 1, 2025, and ending June 30, 2027, the proceeds of which are appropriated to the office of management and budget for defraying costs associated with the construction of a new state hospital. The interest rate on the line of credit may not exceed the prevailing interest rate charged to North Dakota governmental entities. If the office of management and budget accesses the line of credit, it shall request a deficiency appropriation from the seventieth legislative assembly to repay the line of credit.

SECTION 7. NEW STATE HOSPITAL - STEERING COMMITTEE. The office of management and budget shall establish a new state hospital facility steering committee to oversee the design and construction of a new state hospital facility, for the biennium beginning July 1, 2025, and ending June 30, 2027. The committee must include representation from the

department of health and human services, office of management and budget, the governor's office, and the legislative assembly. The legislative assembly representation must include one member of the senate appointed by the senate majority leader, one member of the house appointed by the house majority leader, and one member of the minority party from either the senate or the house appointed by the minority leaders of the senate and the house.

SECTION 8. TRANSFER - SOCIAL SERVICES FUND TO HUMAN SERVICE FINANCE FUND. The office of management and budget shall transfer the sum of $250,000,000 from the social services fund to the human service finance fund during the biennium beginning July 1, 2025, and ending June 30, 2027.

SECTION 9. TRANSFER AUTHORITY - STUDENT INTERNSHIP PROGRAM - DEFERRED MAINTENANCE FUNDING POOL - RENT, MOVING, AND SPACE RECONFIGURATION POOL. The office of management and budget may transfer appropriation authority to eligible state agencies during the biennium beginning July 1, 2025, and ending June 30, 2027, from the line items in section 1 of this Act as follows:

1. From the student internship line item for student internships.
2. From the deferred maintenance pool line item for deferred maintenance projects.
3. From the rent, moving, and space reconfiguration pool line item for agency lease, relocation, and remodeling costs.

SECTION 10. TRANSFER - FEDERAL STATE FISCAL RECOVERY FUND APPROPRIATION AUTHORITY TO DEPARTMENT OF CORRECTIONS AND REHABILITATION - EXEMPTION - SPENDING RESTRICTION - REPORT.

1. Notwithstanding any other provision of law, on or before June 30, 2025, the office of management and budget shall transfer any federal state fiscal recovery fund appropriation authority amounts previously obligated but not anticipated to be expended from the state agency that received the appropriation authority to the department of corrections and rehabilitation for the purpose of defraying the expenses of salaries and wages of the department of corrections and rehabilitation, for the biennium beginning July 1, 2023, and ending June 30, 2025.
2. Notwithstanding any other provision of law, on or before December 31, 2026, the office of management and budget shall transfer any federal state fiscal recovery fund appropriation authority amounts previously obligated but not anticipated to be

expended from the state agency that received the appropriation authority to the department of corrections and rehabilitation for the purpose of defraying the expenses of salaries and wages of the department of corrections and rehabilitation, for the biennium beginning July 1, 2025 and ending June 30, 2027.

3. The office of management and budget shall transfer any uncommitted accumulated interest and earnings of the federal state fiscal recovery fund to the department of corrections and rehabilitation during the biennium beginning July 1, 2025, and ending June 30, 2027. Any interest and earnings received by the department of corrections and rehabilitation under this section are appropriated to the department for the purpose of defraying the expenses of salaries and wages, for the biennium beginning July 1, 2025, and ending June 30, 2027.

4. The department of corrections and rehabilitation may not spend general fund appropriations equal to the amount of any federal state fiscal recovery fund moneys transferred to the department under this section.

5. The office of management and budget shall report to the budget section regarding any appropriation authority and interest and earnings transferred under this section.

SECTION 11. OTHER FUNDS - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND. The other funds line item in section 1 of this Act includes the sum of $42,707,052 from the strategic investment and improvements fund for the following projects:

Procurement automation	$515,052
Snow removal equipment	172,000
Floor scrubber	20,000
Deferred maintenance pool	40,000,000
Rent, moving, and space reconfiguration pool	2,000,000
Total	$42,707,052

SECTION 12. OTHER FUNDS - CAPITOL BUILDING FUND. The other funds line item in section 1 of this Act includes the sum of $5,850,000 from the capitol building fund for the following purposes and projects:

Ongoing Capitol grounds repairs	$500,000
Governor's residence projects	2,350,000

Capitol building improvements	3,000,000
Total	$5,850,000

SECTION 13. GRANTS AND SPECIAL ITEMS. Section 1 of this Act includes appropriation authority which may be used only for the following grants and special items:

Unemployment insurance	$1,500,000
Capitol grounds planning commission	$25,000
Statewide memberships and related expenses	$757,489

SECTION 14. STATE EMPLOYEE COMPENSATION ADJUSTMENTS - GUIDELINES.

1. The 2025-27 biennium compensation adjustments for permanent state employees are to average 3 percent per eligible employee for the first fiscal year of the biennium and are to average 3 percent per eligible employee for the second year of the biennium. The increases for the first year of the biennium are to be given beginning with the month of July 2025, to be paid in August 2025, and for the second year of the biennium are to be given beginning with the month of July 2026, to be paid in August 2026. Increases for eligible state employees are to be based on documented performance and are not to be the same percentage increase for each employee.
2. The office of management and budget shall develop guidelines for use by state agencies for providing compensation adjustments for classified state employees. The guidelines must follow the compensation philosophy statement under section 54-44.3-01.2.
3. Probationary employees are not entitled to the increases. However, at the discretion of the appointing authority, probationary employees may be given all or a portion of the increases effective in July, paid in August, or upon completion of probation. Employees whose overall documented performance level does not meet standards are not eligible for any salary increase.

SECTION 15. NEW AND VACANT FTE POOL - GUIDELINES - EXEMPTION - TRANSFERS - REPORTS - APPLICATION.

1. Notwithstanding section 54-16-04, the office of management and budget shall transfer funds from an executive branch state agency's new and vacant FTE pool line item to the agency's salaries and wages line item or other line items with salaries and wages funding as requested by the agency in accordance with provisions of this section.

2. An executive branch state agency may request a transfer to provide funding for the salaries and wages necessary for the remainder of the 2025-27 biennium for a new full-time equivalent position authorized by the sixty-ninth legislative assembly from the date of hiring through the end of the biennium, limited to the amount identified for the position in the statement of purpose of amendment.
3. After July 31, 2026, an executive branch state agency may request a transfer if the agency projects actual salaries and wages expenditures will exceed the agency's available salaries and wages funding for the biennium. The transfer amount may not exceed the amount by which the agency's actual salaries and wages savings from vacant positions and employee turnover to date and estimates for the remainder of the biennium adjusted for other identified uses of any savings are less than the vacant position savings estimate used by the sixty-ninth legislative assembly in development of the agency's appropriation. The agency shall provide documentation supporting the need for the transfer to the office of management and budget and legislative council in advance of the transfer request.
4. Each executive branch state agency with a new and vacant FTE pool line item shall report to the office of management and budget and the legislative council on a quarterly basis regarding any transfer of appropriation authority for filling a new full-time equivalent position. The report must include the funding transferred, the title of the position filled, the salary funding removed by the sixty-ninth legislative assembly for the position by funding source as identified in the statement of purpose of amendment, and the date the position was filled.
5. Each executive branch state agency with a new and vacant FTE pool line item shall report quarterly to the office of management and budget and the legislative council on the number of full-time equivalent positions that become vacant and the number of positions filled each month, the number of vacant positions at the end of each month, salaries and wages savings by funding source for each month resulting from vacant positions and employee turnover, and the use of salaries and wages savings by funding source for other purposes, including accrued leave payouts, salary increases in addition to general salary increases provided by the sixty-ninth legislative assembly, bonuses, incentive or location pay adjustments, reclassifications, temporary salaries or

overtime in excess of amounts provided by the sixty-ninth legislative assembly, or other items.

6. The office of management and budget shall report to each meeting of the budget section regarding the status of funding in each executive branch state agency's new and vacant FTE pool line item; vacant positions, employee turnover, and savings from vacant positions and employee turnover by agency; and uses of savings from vacant positions and employee turnover for other purposes by agency.
7. The provisions of section 54-27-10 do not apply to the salaries and wages line item of appropriations approved by the sixty-ninth legislative assembly, for the biennium beginning July 1, 2025, and ending June 30, 2027.
8. An executive branch state agency may request a deficiency appropriation from the seventieth legislative assembly if the funding in the agency's new and vacant FTE pool line item is insufficient to provide the necessary salaries and wages funding for the biennium.

SECTION 16. AMENDMENT. Section 57-51.1-07.5 of the North Dakota Century Code is amended and reenacted as follows:

57-51.1-07.5. State share of oil and gas taxes - Deposits.

From the revenues designated for deposit in the state general fund under chapters 57-51 and 57-51.1, the state treasurer shall deposit the revenues received each biennium in the following order:

1. The first two hundred thirty million dollars into the state general fund;
2. The next two hundred fifty million dollars into the social service fund;
3. The next seventy-five million dollars into the budget stabilization fund, but not in an amount that would bring the balance in the fund to more than the limit in section 54-27.2-01;
4. The next two hundred thirty million dollars into the state general fund;
5. The next ten million dollars into the lignite research fund;
6. The next twenty million dollars into the state disaster relief fund, but not in an amount that would bring the unobligated balance in the fund to more than twenty million dollars;

7. The next ~~four hundred million~~two hundred seventy million dollars into the strategic investment and improvements fund;
8. The next sixty-five million dollars to the public employees retirement fund for the main system plan;
9. The next fifty-nine million seven hundred fifty thousand dollars, or the amount necessary to provide for twice the amount of the distributions under subsection 2 of section 57-51.1-07.7, into the funds designated for infrastructure development in non-oil-producing counties under sections 57-51.1-07.7 and 57-51.1-07.8 with fifty percent deposited into the municipal infrastructure fund and fifty percent deposited into the county and township infrastructure fund;
10. The next ~~one hundred seventy million two hundred fifty thousand~~two hundred twenty million two hundred fifty thousand dollars or the amount necessary to provide a total of ~~two hundred thirty million~~two hundred eighty million dollars into the funds designated for infrastructure development in non-oil-producing counties under sections 57-51.1-07.7 and 57-51.1-07.8 with fifty percent deposited into the municipal infrastructure fund and fifty percent deposited into the county and township infrastructure fund;
11. The next twenty million dollars into the airport infrastructure fund; and
12. Any additional revenues into the strategic investment and improvements fund.

SECTION 17. REPEAL. Section 11-38-08 of the North Dakota Century Code is repealed.

SECTION 18. EXEMPTION - FISCAL MANAGEMENT. The amount appropriated for the fiscal management division, as contained in section 1 of chapter 640 of the 2023 Special Session Session Laws is not subject to the provisions of section 54-44.1-11. Any unexpended funds from this appropriation are available for continued development and operating costs of the statewide systems, including accounting, management, and payroll, during the biennium beginning July 1, 2025, and ending June 30, 2027.

SECTION 19. EXEMPTION - UNEXPENDED APPROPRIATIONS. The following appropriations are not subject to the provisions of section 54-44.1-11 and may be continued into the biennium beginning July 1, 2025, and ending June 30, 2027:

1. The sum of $500,000 appropriated from the strategic investment and improvements fund in section 1 and identified in section 2 of chapter 40 of the 2019 Session Laws

and continued into the 2021-23 biennium pursuant to chapter 42 of the 2021 Session Laws and continued into the 2023-25 biennium pursuant to chapter 640 of the 2023 Special Session Session Laws for an assessment of state facilities.

2. The sum of $3,659,555 appropriated from federal funds in section 1 and identified in section 2 of chapter 640 of the 2023 Special Session Session Laws for governor's emergency education relief program.

3. The sum of $4,000,000 from the capitol building fund in section 1 and identified in section 2 of chapter 640 of the 2023 Special Session Session Laws for the window replacement project.

4. The sum of $2,500,000 appropriated from the general fund in section 1 and identified in section 2 of chapter 640 of the 2023 Special Session Session Laws for space utilization improvements.

5. The sum of $20,000,000 appropriated from the strategic investment and improvements fund in section 1 and identified in section 2 of chapter 640 of the 2023 Special Session Laws for the boiler replacement project and water mitigation at the liberty memorial building.

6. The sum of $400,000 appropriated from the general fund in section 1 and identified in section 2 of chapter 640 of the 2023 Special Session Session Laws for the procurement automation project.

SECTION 20. EMERGENCY. Section 7 of this Act is declared to be an emergency measure.

Program	Governor's Recommendation	House Level	Senate Level	Conference Committee Proposal
Waterford	2.4	2.4	0	1.5
Best in Class	6	6	2	4
Infant & Toddler Provider Fund	0	0	13.5	11
Working Parent Tax Credit	5	5	1	0
Grants	5	2.5	2.5	3
Quality Rated Bonus	3	1.5	1.5	1.5
Total	21.4	17.4	20.5	21

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Fiscal No. 6

Prepared by the Legislative Council staff for Senate Appropriations - Human Resources Division Committee
April 14, 2025

Sixty-ninth
Legislative Assembly
of North Dakota

PROPOSED AMENDMENTS TO FIRST ENGROSSMENT

ENGROSSED HOUSE BILL NO. 1012

Introduced by

Appropriations Committee

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to create and enact a new section to chapter 6-09 of the North Dakota Century Code, relating to an extraordinary medical needs housing loan fund; to amend and reenact sections 50-06-06.6, 50-06-42, 50-24.5-02.3, and 50-33-05, and subsection 1 of 50-36-03 of the North Dakota Century Code and subsection 6 of the new section to chapter 54-07 of the North Dakota Century Code created in section 1 of Senate Bill No. 2176, as approved by the sixty-ninth legislative assembly, relating to leases of department of health and human services property, substance use disorder treatment program, basic care payment rates, ~~and~~ state of residence for child care assistance, opioid settlement advisory committee, and children's cabinet; to provide for a transfer; to authorize a line of credit; to provide legislative intent; to provide for a legislative management study; to provide an application; to provide an exemption; to provide for a report; and to provide an effective date.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. APPROPRIATION. The funds provided in this section, or so much of the funds as may be necessary, are appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, and from other funds derived from special funds and federal funds, to the department of health and human services for the purpose of defraying the expenses of its various divisions, for the biennium beginning July 1, 2025, and ending June 30, 2027, as follows:

~~Subdivision 1.~~

~~SALARIES AND WAGES BLOCK GRANT~~

	Base Level	Adjustments or Enhancements	Appropriation
~~Salaries and wages block grant~~	~~$0~~	~~$596,284,775~~	~~$596,284,775~~
~~Total all funds~~	~~0~~	~~596,284,775~~	~~596,284,775~~
~~Less other funds~~	~~0~~	~~286,720,150~~	~~286,720,150~~
~~Total general fund~~	~~$0~~	~~$309,564,625~~	~~$309,564,625~~

~~Subdivision 2.~~

~~BUSINESS OPERATIONS~~

	Base Level	Adjustments or Enhancements	Appropriation
~~Salaries and wages~~	~~$25,763,358~~	~~($25,763,358)~~	~~$0~~
~~Operating expenses~~	~~155,308,399~~	~~(77,023,770)~~	~~78,284,629~~
~~Capital assets~~	~~108,934~~	~~(108,934)~~	~~0~~
~~Grants~~	~~11,812,627~~	~~6,966,375~~	~~18,779,002~~
~~Total all funds~~	~~$192,993,318~~	~~($95,929,687)~~	~~$97,063,631~~
~~Less other funds~~	~~118,894,310~~	~~(71,526,221)~~	~~47,368,089~~
~~Total general fund~~	~~$74,099,008~~	~~($24,403,466)~~	~~$49,695,542~~

~~Subdivision 3.~~

~~BEHAVIORAL HEALTH~~

	Base Level	Adjustments or Enhancements	Appropriation
~~Salaries and wages~~	~~$8,792,675~~	~~($8,792,675)~~	~~$0~~
~~Operating expenses~~	~~79,381,458~~	~~23,888,138~~	~~103,269,596~~
~~Grants~~	~~40,476,298~~	~~21,889,322~~	~~62,365,620~~
~~Behavioral health clinics~~	~~196,383,945~~	~~(139,978,713)~~	~~56,405,232~~
~~State hospital~~	~~94,826,973~~	~~256,053,182~~	~~350,880,155~~
~~Opioid addiction prevention~~	~~2,000,000~~	~~6,000,000~~	~~8,000,000~~
~~Total all funds~~	~~$421,861,349~~	~~$159,059,254~~	~~$580,920,603~~
~~Less other funds~~	~~113,955,941~~	~~285,267,537~~	~~399,223,478~~
~~Total general fund~~	~~$307,905,408~~	~~($126,208,283)~~	~~$181,697,125~~

~~Subdivision 4.~~

~~HUMAN SERVICES~~

	Base Level	Adjustments or Enhancements	Appropriation
~~Salaries and wages~~	~~$168,325,918~~	~~($168,325,918)~~	~~$0~~
~~Operating expenses~~	~~88,885,469~~	~~108,258,236~~	~~197,143,705~~
~~Capital assets~~	~~10,000~~	~~0~~	~~10,000~~
~~Grants~~	~~621,189,007~~	~~94,393,260~~	~~715,582,267~~
~~Life skills and transition center~~	~~44,992,263~~	~~(29,784,605)~~	~~15,207,658~~
~~Grants - medical assistance~~	~~742,793,564~~	~~7,655,079~~	~~750,448,643~~
~~County social services~~	~~197,663,661~~	~~6,928,621~~	~~204,592,282~~
~~Total all funds~~	~~$1,863,859,882~~	~~$19,124,673~~	~~$1,882,984,555~~
~~Less other funds~~	~~1,240,409,529~~	~~(13,961,485)~~	~~1,226,448,044~~
~~Total general fund~~	~~$623,450,353~~	~~$33,086,158~~	~~$656,536,511~~

~~Subdivision 5.~~

~~MEDICAL SERVICES~~

	Base Level	Adjustments or Enhancements	Appropriation
~~Salaries and wages~~	~~$21,008,344~~	~~($21,008,344)~~	~~$0~~
~~Operating expenses~~	~~70,807,977~~	~~92,364,562~~	~~163,172,539~~
~~Grants~~	~~1,651,004~~	~~1,806,800~~	~~3,457,804~~
~~Grants - medical assistance~~	~~2,682,778,803~~	~~6,500,467~~	~~2,689,279,270~~
~~Total all funds~~	~~$2,776,246,128~~	~~$79,663,485~~	~~$2,855,909,613~~
~~Less other funds~~	~~1,818,029,530~~	~~(7,372,459)~~	~~1,810,657,071~~
~~Total general fund~~	~~$958,216,598~~	~~$87,035,944~~	~~$1,045,252,542~~

~~Subdivision 6.~~

~~PUBLIC HEALTH~~

	Base Level	Adjustments or Enhancements	Appropriation
~~Salaries and wages~~	~~$60,415,388~~	~~($60,415,388)~~	~~$0~~
~~Operating expenses~~	~~37,721,213~~	~~17,853,669~~	~~55,574,882~~

~~Capital assets~~	~~1,469,780~~	~~2,215,838~~	~~3,685,618~~
~~Grants~~	~~81,718,145~~	~~4,245,496~~	~~85,963,641~~
~~Tobacco prevention~~	~~13,063,162~~	~~(22,607)~~	~~13,040,555~~
~~Women, infants, and children food payments~~	~~19,900,000~~	~~1,100,000~~	~~21,000,000~~
~~Cares Act/COVID-19~~	~~83,909,182~~	~~1,845,373~~	~~85,754,555~~
~~Total all funds~~	~~$298,196,870~~	~~($33,177,619)~~	~~$265,019,251~~
~~Less other funds~~	~~250,440,690~~	~~(20,626,287)~~	~~229,814,403~~
~~Total general fund~~	~~$47,756,180~~	~~($12,551,332)~~	~~$35,204,848~~

~~Subdivision 7.~~

~~TOTAL - SECTION 1~~

	~~Base Level~~	~~Adjustments or Enhancements~~	~~Appropriation~~
~~Grand total all funds~~	~~$5,553,157,547~~	~~$725,024,881~~	~~$6,278,182,428~~
~~Grand total other funds~~	~~3,541,730,000~~	~~458,501,235~~	~~4,000,231,235~~
~~Grand total general fund~~	~~$2,011,427,547~~	~~$266,523,646~~	~~$2,277,951,193~~
~~Full-time equivalent positions~~	~~2,483.83~~	~~204.52~~	~~2,688.35~~

Subdivision 1.

SALARIES AND WAGES BLOCK GRANT

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages block grant	$0	$619,977,466	$619,977,466
Total all funds	0	619,977,466	619,977,466
Less other funds	0	291,449,112	291,449,112
Total general fund	$0	$328,528,354	$328,528,354

Subdivision 2.

BUSINESS OPERATIONS

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$25,763,358	($25,763,358)	$0
Operating expenses	155,308,399	(77,023,770)	78,284,629

Capital assets	108,934	(108,934)	0
Grants	11,812,627	6,966,375	18,779,002
Total all funds	$192,993,318	($95,929,687)	$97,063,631
Less other funds	118,894,310	(71,526,221)	47,368,089
Total general fund	$74,099,008	($24,403,466)	$49,695,542

Subdivision 3.

BEHAVIORAL HEALTH

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$8,792,675	($8,792,675)	$0
Operating expenses	79,381,458	23,789,660	103,171,118
Grants	40,476,298	9,179,322	49,655,620
Behavioral health clinics	196,383,945	(139,438,537)	56,945,408
State hospital	94,826,973	(73,946,818)	20,880,155
Opioid addiction prevention	2,000,000	6,000,000	8,000,000
Total all funds	$421,861,349	($183,209,048)	$238,652,301
Less other funds	113,955,941	(47,060,463)	66,895,478
Total general fund	$307,905,408	($136,148,585)	$171,756,823

Subdivision 4.

HUMAN SERVICES

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$168,325,918	($168,325,918)	$0
Operating expenses	88,885,469	109,950,106	198,835,575
Capital assets	10,000	0	10,000
Grants	621,189,007	67,250,145	688,439,152
Life skills and transition center	44,992,263	(29,784,605)	15,207,658
Grants - medical assistance	742,793,564	7,655,079	750,448,643
County social services	197,663,661	6,928,621	204,592,282
Total all funds	$1,863,859,882	($6,326,572)	$1,857,533,310

Less other funds	1,240,409,529	(24,088,934)	1,216,320,595
Total general fund	$623,450,353	$17,762,362	$641,212,715

Subdivision 5.

MEDICAL SERVICES

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$21,008,344	($21,008,344)	$0
Operating expenses	70,807,977	92,364,562	163,172,539
Grants	1,651,004	1,006,800	2,657,804
Grants - medical assistance	2,682,778,803	(8,320,037)	2,674,458,766
Total all funds	$2,776,246,128	$64,042,981	$2,840,289,109
Less other funds	1,818,029,530	(8,809,057)	1,809,220,473
Total general fund	$958,216,598	$72,852,038	$1,031,068,636

Subdivision 6.

PUBLIC HEALTH

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$60,415,388	($60,415,388)	$0
Operating expenses	37,721,213	(31,434,070)	6,287,143
Capital assets	1,469,780	1,287,838	2,757,618
Grants	81,718,145	(11,577,165)	70,140,980
Tobacco prevention	13,063,162	(22,607)	13,040,555
Women, infants, and children food payments	19,900,000	1,100,000	21,000,000
Cares Act/COVID-19	83,909,182	1,845,373	85,754,555
Total all funds	$298,196,870	($99,216,019)	$198,980,851
Less other funds	250,440,690	(83,320,870)	167,119,820
Total general fund	$47,756,180	($15,895,149)	$31,861,031

Subdivision 7.

TOTAL - SECTION 1

	Base Level	Adjustments or Enhancements	Appropriation
Grand total all funds	$5,553,157,547	$299,339,121	$5,852,496,668
Grand total other funds	3,541,730,000	56,643,567	3,598,373,567
Grand total general fund	$2,011,427,547	$242,695,554	$2,254,123,101
Full-time equivalent positions	2,483.83	204.52	2,688.35

SECTION 2. ONE TIME FUNDING - EFFECT ON BASE BUDGET - REPORT TO SEVENTIETH LEGISLATIVE ASSEMBLY. The following amounts reflect the one-time funding items included in section 1 of this Act which are not included in the entity's base budget for the 2027-29 biennium and which the entity shall report to the appropriations committees of the seventieth legislative assembly regarding the use of this funding:

~~One-Time Funding Description~~	~~General Fund~~	~~Other Funds~~	~~Total~~
~~Technology projects~~	~~$0~~	~~$10,263,000~~	~~$10,263,000~~
~~Human service centers and life skills and transition center projects~~	~~0~~	~~1,052,480~~	~~1,052,480~~
~~Retire mainframe~~	~~0~~	~~15,000,000~~	~~15,000,000~~
~~Child care programs~~	~~13,272,500~~	~~0~~	~~13,272,500~~
~~Housing programs~~	~~0~~	~~1,000,000~~	~~1,000,000~~
~~State laboratory move and equipment~~	~~0~~	~~2,962,304~~	~~2,962,304~~
~~Partial hospitalization day treatment~~	~~0~~	~~2,000,000~~	~~2,000,000~~
~~Developmental disabilities eligibility assessment tool for kids~~	~~200,000~~	~~200,000~~	~~400,000~~
~~Toxicology equipment~~	~~151,500~~	~~100,000~~	~~251,500~~
~~New state hospital~~	~~0~~	~~330,000,000~~	~~330,000,000~~
~~Behavioral health facility grant~~	~~0~~	~~12,960,000~~	~~12,960,000~~
~~Cultural community center grant~~	~~0~~	~~1,000,000~~	~~1,000,000~~
~~Adaptive recreation grant~~	~~200,000~~	~~0~~	~~200,000~~
~~Intermediate care facility grant~~	~~3,457,736~~	~~0~~	~~3,457,736~~
~~Juvenile justice diversion services~~	~~750,000~~	~~0~~	~~750,000~~
~~Animal shelter grant~~	~~0~~	~~300,000~~	~~300,000~~
~~Statewide health strategies~~	~~0~~	~~750,000~~	~~750,000~~

~~Critical access hospital networking~~	~~0~~	~~2,000,000~~	~~2,000,000~~
~~Total~~	~~$18,031,736~~	~~$379,587,784~~	~~$397,619,520~~

One-Time Funding Description	General Fund	Other Funds	Total
Technology projects	$0	$4,548,930	$4,548,930
Human service centers and life skills and transition center projects	0	1,684,480	1,684,480
Retire mainframe	0	15,000,000	15,000,000
Child care programs	9,272,500	0	9,272,500
Housing programs	0	2,500,000	2,500,000
State laboratory move and equipment	0	2,962,304	2,962,304
Partial hospitalization day treatment	0	2,000,000	2,000,000
Developmental disabilities eligibility assessment tool for kids	200,000	200,000	400,000
Toxicology equipment	151,500	100,000	251,500
Behavioral health facility grant	0	5,000,000	5,000,000
Cultural community center grant	0	300,000	300,000
Intermediate care facility grant	0	4,400,000	4,400,000
Juvenile justice diversion services	0	500,000	500,000
Critical access hospital networking	0	1,000,000	1,000,000
Basic care $5 daily rate	4,067,056	1,474,184	5,541,240
Infant and toddler care provider support	13,500,000	0	13,500,000
Child welfare technology project line of credit	0	8,411,218	8,411,218
Medical housing for individuals with extraordinary medical needs	200,000	0	200,000
Total	$27,391,056	$50,081,116	$77,472,172

SECTION 3. FUNDING TRANSFERS - EXEMPTION - AUTHORIZATION - REPORT. Notwithstanding section 54-16-04, the director of the office of management and budget shall transfer appropriation authority between line items within subdivisions 1, 2, 3, 4, 5, and 6 of section 1 of this Act and any other appropriation authority for the department of health and human services approved by the sixty-ninth legislative assembly, for the biennium beginning

July 1, 2025, and ending June 30, 2027, as requested by the department of health and human services. The department of health and human services shall notify the legislative council of any transfer made pursuant to this section. The department of health and human services shall report to the budget section after June 30, 2026, any transfer made in excess of $50,000 and to the appropriations committees of the seventieth legislative assembly regarding any transfers made pursuant to this section.

SECTION 4. FULL-TIME EQUIVALENT POSITION BLOCK GRANT PROGRAM - REPORT. Section 1 of this Act includes funding for a full-time equivalent position block grant program. This funding as approved by the sixty-ninth legislative assembly is available for defraying the expense of full-time equivalent positions as determined by the department of health and human services. Notwithstanding any other provision of law, the department is authorized to increase or decrease authorized full-time equivalent positions subject to the availability of funds and the provisions of this section. The department of health and human services many not increase full-time equivalent positions for the purpose of transferring human service zone employees to state employment. Pursuant to section 3 of this Act, the department is authorized to transfer appropriation authority of up to the underfunded amount of ~~$30,000,000~~$6,307,309 to the salaries and wages block grant line item. The department of health and human services shall report to the office of management and budget and legislative council any adjustments to full-time equivalent positions.

SECTION 5. DEPARTMENT OF HEALTH AND HUMAN SERVICES - SALARIES AND WAGES BLOCK GRANT - VACANT POSITIONS - REPORT. The department of health and human services shall report to the budget section quarterly during the 2025-26 interim regarding the status of its salaries and wages block grant and vacant positions and employee turnover. The report must include:

1. The legislative appropriation for salaries and wages allocated by the department to major department programs by funding source and the number of full-time equivalent positions the department is allocating to each major program based on the legislative appropriation;
2. Any changes to salaries and wages funding or full-time equivalent positions allocated to major department programs;

3. Any new full-time equivalent positions added, the cost of the position for the remainder of the biennium, and the cost to continue funding the position in the subsequent biennium by funding source;
4. Any full-time equivalent positions removed and related funding;
5. The number of full-time equivalent positions that become vacant and the number filled each month;
6. The number of vacant full-time equivalent positions at the end of each month;
7. Salaries and wages savings resulting from vacant positions and employee turnover each month by funding source; and
8. The use of salaries and wages savings for other purposes for each month by funding source.

SECTION 6. BEHAVIORAL HEALTH FACILITY GRANT - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND - APPLICATION.

1. Section 1 of this Act includes the sum of ~~$12,960,000~~$5,000,000 from the strategic investment and improvements fund for a behavioral health facility grant pursuant to this section.
2. ~~A grant of $12,960,000 must be provided to establish a behavioral health facility in the northeast human service region. The grant recipient must provide matching funds of $3,240,000 to establish the facility.~~
~~3.~~ The department shall require an entity receiving funding under this section to operate the facility for at least ten years and require the grant amount to be repaid if the entity does not operate the facility for at least ten years.
~~4.~~3. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 7. INFANT AND TODDLER CARE PROVIDER SUPPORT DIRECT PAYMENT - ONE-TIME - REPORT. Section 1 of this Act includes the sum of $13,500,000 of one-time funding from the general fund for direct payments to licensed child care providers to support high-quality early childhood care for infants and toddlers. The department shall administer the direct payment program and include the following provisions:

1. To qualify for a direct payment under this section, a direct payment recipient must:
   a. Be a licensed child care facility within the state of North Dakota;

b. Be enrolled in the state's bright and early quality rating system at a two-star, three-star, or four-star rating level; and

c. Provide care for children from birth through three years of age.

2. Eligible providers may receive up to $300 per month for each child from birth through seventeen months of age and up to $180 per month for each child from eighteen through thirty-six months of age.

3. The department shall distribute the direct payments on a quarterly basis. Direct payments may not be used for non-child care-related expenses or debt repayment.

4. Direct payment recipients shall submit annual reports to the department detailing fund usage, enrollment statistics, and other information requested by the department.

5. The department shall provide reports to the legislative management and to the appropriations committees of the seventieth legislative assembly on direct payments and the effectiveness of the program.

SECTION 8. INTERMEDIATE CARE FACILITY MEDICALLY AND BEHAVIORALLY COMPLEX SERVICES GRANT - APPLICATION. Section 1 of this Act includes the sum of $4,400,000 of one-time funding from the community health trust fund for providing a one-time grant to a licensed intermediate care facility in the south central human service region for providing services to children or young adults with medically and behaviorally complex conditions. To be eligible to receive the grant under this section, a licensed intermediate care facility must provide early intervention, clinical, and residential services, provide community and home support, education, recreation and leisure activities, and assistive technology; and provide services in at least eight communities for individuals with intellectual or developmental disabilities. The grant funds awarded may be used only for the costs of providing services to children and young adults with medically and behaviorally complex conditions. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 9. SPECIAL HEALTH CARE NEEDS GRANT - APPLICATION. Section 1 of this Act includes the sum of $50,000 from the general fund for providing a grant to a provider in the south central human service region for statewide education, information, training, and peer support to families with children with special health care needs, medically complex

conditions, or a disability. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 10. CRISIS SERVICES GRANTS - APPLICATION. Section 1 of this Act includes the sum of $585,000 from the general fund for providing crisis services grants. The grants include the sum of $300,000 for crisis organizations that provide crisis services to young adults who are at risk of being homeless or experiencing other serious adverse life events and the sum of $285,000 to a volunteer-based ecumenical ministry organization. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 11. MEDICAL HOUSING FOR INDIVIDUALS WITH EXTRAORDINARY MEDICAL NEEDS - ONE-TIME FUNDING.

1. Section 1 of this Act includes the sum of $200,000 from the general fund for the preliminary design consultation and project administration of developing housing for individuals with disabilities that have extraordinary medical needs and for rent subsidies for individuals residing in these housing facilities, for the biennium beginning July 1, 2025, and ending June 30, 2027.
2. The department of health and human services shall collaborate with the North Dakota housing finance agency, individuals with disabilities, caregivers, and families to solicit proposals for the development of accessible housing for individuals with disabilities that have extraordinary medical needs, for the biennium beginning July 1, 2025, and ending June 30, 2027. The department shall solicit proposals from public entities, for-profit organizations, and nonprofit organizations to design, construct, maintain, and operate the housing facility. Proposals must:
   a. Ensure that services in the facility may be provided separately from the facility ownership interests;
   b. Ensure that individuals residing in the facility may choose among independent living service providers; and
   c. Comply with the federal home and community-based settings rules as defined under 42 CFR 441.301(c)(4).

SECTION 12. COMMUNITY CULTURAL CENTER GRANT - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND - APPLICATION. Section 1 of this Act includes the sum of

~~$1,000,000~~$300,000 from the strategic investment and improvements fund for the purpose of providing a one-time community cultural center programming grant in the west central human service region. An entity may apply for a grant under this section if the entity certifies to the department ~~it has secured at least fifty percent of funds needed to complete the project, the project will be completed within two years of receiving the grant funds, and the grants funds will be used only for costs of constructing a~~the funds will be used for programs within the community cultural center. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 13. JUVENILE JUSTICE DIVERSION SERVICES AND PROGRAMS - TASK FORCE - REPORT. Section 1 of this Act includes the sum of ~~$750,000~~$500,000 of one-time funding from the ~~general~~community health trust fund for juvenile justice diversion services and programs. The department of health and human services must use the funding for services to youth at risk of juvenile justice involvement but who have not committed delinquent acts as defined in chapter 27-20.4.

The department shall establish a task force with representation from divisions in the department, human service zones, the department of public instruction, elementary and secondary schools, and members of the legislative assembly, to review juvenile justice diversion services and program. The department shall report its findings and recommendations to the legislative management and children's cabinet.

~~**SECTION 9. ANIMAL SHELTER GRANT - COMMUNITY HEALTH TRUST FUND.** Section 1 of this Act includes the sum of $300,000 from the community health trust fund for a grant for the construction of an animal shelter. The department of health and human services may award a grant for the construction of an animal shelter to an organization that provides twenty dollars of nonstate matching funds for every dollar of grant funds received. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.~~

~~**SECTION 10. STATEWIDE HEALTH STRATEGIES - COMMUNITY HEALTH TRUST FUND.** Section 1 of this Act includes the sum of $750,000 of one-time funding from the community health trust fund for the statewide health strategies initiative. The department of health and human services may spend the funding upon securing dollar-for-dollar matching funds.~~

SECTION 14. OTHER FUNDS - INSURANCE TAX DISTRIBUTION FUND. The other funds line item in subdivision 5 of section 1 of this Act includes the sum of $1,125,000 from the insurance tax distribution fund for rural emergency medical services grants.

SECTION 15. OTHER FUNDS - COMMUNITY HEALTH TRUST FUND. The other funds line items in section 1 of this Act includes the sum of ~~$38,713,522~~$41,431,522 from the community health trust fund for the following purposes:

Loan repayment programs	$594,500
~~Tobacco and vaping programs~~	~~11,599,698~~
Tobacco prevention and control grants to local public health units	6,250,000
Tobacco prevention and control	4,549,698
Tobacco cessation grants	500,000
Youth vaping prevention grants	300,000
Cancer and women's way programs	909,824
Behavior risk state survey	200,000
Youth crisis stabilization	1,500,000
Intermediate care facility grant	4,400,000
Domestic violence programs	4,250,000
Local public health grants	3,275,000
988 crisis hotline	1,867,500
~~Various information technology system upgrades~~	~~2,967,000~~
Various information technology system upgrades	1,335,000
Grants to rural ambulances	7,000,000
Law enforcement rural crisis support program	1,000,000
Development of partial hospitalization/intensive day treatment	2,000,000
Juveline justice services	500,000
~~Critical access hospital networking~~	~~2,000,000~~
Critical access hospital networking	1,000,000
~~Animal shelter grant~~	~~300,000~~
~~Statewide health strategies~~	~~750,000~~
~~Total~~	~~$38,713,522~~
Total	$41,431,522

SECTION 16. OTHER FUNDS - HUMAN SERVICE FINANCE FUND. The other funds line items in section 1 of this Act includes the sum of ~~$239,112,030~~$242,112,030 from the human service finance fund for state-paid economic assistance and social and human services.

SECTION 17. OTHER FUNDS - OPIOID SETTLEMENT FUND. The other funds line item in section 1 of this Act includes the sum of $8,000,000 from the opioid settlement fund for opioid remediation and abatement efforts.

SECTION 18. OTHER FUNDS - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND. The other funds line items in section 1 of this Act includes the sum of ~~$227,474,784~~$18,446,784 from the strategic investment and improvements fund for the following purposes:

~~Retiring technology from the mainframe~~	~~$7,500,000~~
~~Move into the new state laboratory and purchase security equipment~~	~~2,962,304~~
~~Capital projects in human service centers and life skills and transition center~~	~~1,052,480~~
~~Housing initiative programs~~	~~1,000,000~~
~~Technology projects at the state hospital~~	~~1,000,000~~
~~New state hospital~~	~~200,000,000~~
~~Behavioral health facility grant~~	~~12,960,000~~
~~Community cultural center grant~~	~~1,000,000~~
~~Total~~	~~$227,474,784~~
Retiring technology from the mainframe	$5,000,000
New state laboratory move-in costs and security equipment purchases	2,962,304
Capital projects in certified community behavioral health clinics and life skills and transition center	1,684,480
Housing initiative programs	2,500,000
Technology projects at the state hospital	1,000,000
Behavioral health facility grant	5,000,000
Community cultural center grant	300,000
Total	$18,446,784

SECTION 19. OTHER FUNDS - BANK OF NORTH DAKOTA LINE OF CREDIT - ~~STATE HOSPITAL~~CHILD WELFARE TECHNOLOGY PROJECT. The other funds line item in subdivision 2 of section 1 of this Act includes ~~$130,000,000~~the sum of $8,411,218 from a Bank

of North Dakota line of credit. The department of health and human services may borrow up to ~~$130,000,000~~$8,411,218 through a line of credit from the Bank of North Dakota during the biennium beginning July 1, 2025, and ending June 30, 2027, for costs associated with ~~the construction of a new state hospital~~a child welfare technology project. The interest rate on the line of credit may not exceed the prevailing interest rate charged to North Dakota governmental entities. If the department accesses the line of credit, it shall request a deficiency appropriation from the seventieth legislative assembly to repay the line of credit.

SECTION 20. LABORATORY BUILDING STEERING COMMITTEE. The department of health and human services shall maintain the laboratory building steering committee to oversee the design and construction of the laboratory building project, for the biennium beginning July 1, 2025, and ending June 30, 2027, or until work is completed, whichever occurs earlier. The committee must include representation from the department of health and human services, department of environmental quality, office of management and budget, the governor's office, and the legislative assembly. The legislative assembly representation must include one member of the senate appointed by the senate majority leader, one member of the house appointed by the house majority leader, and one member of the minority party from either the senate or the house appointed by the minority leaders of the senate and the house.

SECTION 21. NEW STATE HOSPITAL - STEERING COMMITTEE. The department of health and human services shall establish a new state hospital facility steering committee to oversee the design and construction of a new state hospital facility, for the biennium beginning July 1, 2025, and ending June 30, 2027. The committee must include representation from the department of health and human services, office of management and budget, the governor's office, and the legislative assembly. The legislative assembly representation must include one member of the senate appointed by the senate majority leader, one member of the house appointed by the house majority leader, and one member of the minority party from either the senate or the house appointed by the minority leaders of the senate and the house.

SECTION 22. CAPITAL PAYMENTS. During the biennium beginning July 1, 2025, and ending June 30, 2027, the department of health and human services is authorized to expend funds for the payment of special assessments at the state hospital, southeast human service center, and life skills and transition center. Pursuant to section 3 of this Act, the director of the office of management and budget may transfer appropriation authority between line items within

section 1 of this Act and any remaining appropriation authority for the department of health and human services approved by the sixty-ninth legislative assembly. The department of health and human services may transfer funds for the payment of special assessments at the state hospital, southeast human service center, and life skills and transition center ahead of the special needs assessments schedule. Notwithstanding section 54-27-12, the department of health and human services may spend funds for the payment of special assessments at the state hospital and life skills and transition center.

SECTION 23. CAPITAL PROJECTS - EMERGENCY COMMISSION AND BUDGET SECTION APPROVAL. During the biennium beginning July 1, 2025, and ending June 30, 2027, pursuant to section 3 of this Act, the director of the office of management and budget may transfer appropriation authority between line items within section 1 of this Act and any remaining appropriation authority for the department of health and human services approved by the sixty-ninth legislative assembly for capital projects and maintenance pertaining to operation of its facilities, including demolition projects. Notwithstanding section 54-27-12, the department of health and human services may spend up to $10,000,000 for capital projects and maintenance pertaining to operation of its facilities, including demolition projects, under this section and may seek emergency commission and budget section approval to spend more than $10,000,000 under this section.

SECTION 24. PERMANENT SUPPORTIVE HOUSING GRANTS. Section 1 of this Act includes the sum of $4,672,536 from the general fund for permanent supportive housing grants. The department of health and human services shall develop a funding methodology to distribute the funding to qualified entities that utilize best practices for permanent supportive housing, provide recovery-oriented and person-centered services, submit process and outcome measures to the department of health and human services, and authorize the department of health and human services to conduct onsite visits to review program operations.

SECTION 25. EXPENDITURES MAY NOT EXCEED APPROPRIATION - MEDICAL ASSISTANCE EXPANSION PROGRAM - APPLICATION.

1. Section 1 of this Act includes the sum of $662,099,340, of which $66,209,934 is from the general fund, for the medical assistance expansion program, for the biennium beginning July 1, 2025, and ending June 30, 2027. The expenditures for individuals eligible for the medical assistance expansion program may not exceed this amount.

2. The department of health and human services may exceed appropriations for increases in medical assistance expansion program caseload, for the addition of coverage consistent with the traditional Medicaid 1915(i) state plan, utilization rates, and reduction in federal medical assistance percentage.
3. The managed care organization under contract with the department of health and human services to manage the medical assistance expansion program shall reimburse providers within the same provider type and specialty at consistent levels and with consistent methodology and may not provide incentive, quality, or supplemental payments to providers, unless part of a value-based program approved by the department of health and human services. The managed care organization shall reimburse all North Dakota substance use providers of American society of addiction medicine level 2.5 at consistent levels and with consistent methodology. The managed care organization may consider urban and rural providers as different provider types.
4. The managed care organization and the department of health and human services shall ensure payments to Indian or Tribal 638 health care providers, federally qualified health centers,and rural health clinics meet the federally required minimum levels of reimbursement. Critical access hospitals may not be paid less than one hundred percent of Medicare allowable costs and human service centers may not be paid less than one hundred percent of the current traditional Medicaid rate. Behavioral health services involving partial hospitalization, intensive outpatient, professional services, and residential behavioral health services provided in facilities that are not institutions for mental diseases are not subject to the provisions in subsection 6.
5. The department of health and human services shall ensure providers within the same provider type and specialty are reimbursed at consistent levels and with consistent methodology and shall ensure the capitation rates under risk contracts are actuarially sound and are adequate to meet managed care organization contractual requirements regarding availability of services, assurance or adequate capacity and services, and coordination and continuity of care.
6. Except for the provisions in subsection 4, managed care organization premium payments must be built using the assumption that rates paid to providers under the

medical assistance expansion program may not exceed one hundred forty-five percent of Medicare reimbursement rates paid to providers on January 1, 2025.

SECTION 26. HUMAN SERVICE CENTERS - CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS - FULL-TIME EQUIVALENT POSITIONS - REPORT. The department of health and human services shall continue the process of the human service centers becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults. The department of health and human services shall pursue additional federal funding as available. Subject to the availability of generated income, the department of health and human services may add full-time equivalent positions for the clinics to provide direct services for the period beginning with the effective date of this Act and ending June 30, 2027. The department of health and human services shall report to the office of management and budget and legislative council each time a position is added.

SECTION 27. INTERMEDIATE CARE FACILITY MORATORIUM. The department of health and human services may not add any new licensed intermediate care facility for individuals with intellectual disabilities beds to the state's licensed bed capacity between July 1, 2025, and June 30, 2027.

SECTION 28. EXEMPTION - UNEXPENDED APPROPRIATIONS. The following appropriations are not subject to the provisions of section 54-44.1-11 and any unexpended appropriation authority may be continued into the biennium beginning July 1, 2025, and ending June 30, 2027:

1. The sum of $3,674,757 appropriated from the general fund and the sum of $25,918,566 appropriated from federal funds for the Medicaid management information system modularization technology project in chapter 12 of the 2021 Session Laws;
2. The sum of ~~$14,411,218~~$6,000,000 appropriated from the general fund and the sum of $14,411,218 appropriated from federal funds for the child welfare technology project in chapter 12 of the 2021 Session Laws;
3. The sum of $20,366,271 appropriated from the community health trust fund and the sum of $39,534,525 appropriated from federal funds for the child support computer replacement project in chapter 44 of the 2023 Session Laws;

4. The sum of $10,989,217 appropriated from the strategic investment and improvements fund for the procurement and grants management system in chapter 44 of the 2023 Session Laws;
5. The sum of $4,150,000 appropriated from the general fund for defraying the expenses of additional human service centers to begin the process of becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults in chapter 44 of the 2023 Session Laws;
6. The sum of $18,941,847 appropriated to the department of health and human services in chapter 549 of the 2021 Special Session Laws;
7. The sum of $55,120,000 appropriated from the federal state fiscal recovery fund for a public health laboratory capital project in chapter 4 of the 2023 Session Laws;
8. The sum of ~~$5,000,000~~$1,000,000 appropriated from the general fund for the purpose of employer-led child care cost-share program in chapter 446 of the 2023 Session Laws;
9. The sum of $986,555 appropriated from the general fund for the purpose of streamlining background checks project in chapter 446 of the 2023 Session Laws;
10. The sum of ~~$2,223,981~~$1,000,000 appropriated from the federal state fiscal recovery fund for the implementation of a virtual behavioral health crisis care program for rural law enforcement in chapter 44 of the 2023 Session Laws; and
11. The sum of $500,000 appropriated from the general fund and the sum of $500,000 appropriated from federal funds for the purpose of program integrity audits in chapter 44 of the 2023 Session Laws.
12. The sum of $1,950,000 appropriated from the general fund to the department of health and human services for a northwest human service region behavioral health facility grant in chapter 44 of the 2023 Session Laws.

SECTION 29. LEGISLATIVE INTENT - UTILIZATION RATE ADJUSTMENT. It is the intent of the sixty-ninth legislative assembly that the department of health and human services seek a deficiency appropriation from the seventieth legislative assembly for any expenditures that exceed appropriated amounts as a result of underfunding, utilization rates, value-based purchasing for nursing facilities, reduction in federal medical assistance percentage, and

unexpected contract cost increases that exceed ten percent, during the biennium beginning July 1, 2025, and ending June 30, 2027, if funding is not sufficient to pay actual expenses.

SECTION 30. LEGISLATIVE INTENT - PROVIDER RATE INCREASE. Except as otherwise noted, section 1 of this Act includes funding for human service provider inflation increases of two percent for ~~each year~~the first year and one and one-half percent the second year of the biennium beginning July 1, 2025, and ending June 30, 2027. The provider inflation increase in this section does not apply to nursing facilities.

~~**SECTION 29. LEGISLATIVE INTENT - DEVELOPMENTAL DISABILITIES PROVIDER ACCREDITATION REQUIREMENT.** It is the intent of the sixty-ninth legislative assembly that the department of health and human services eliminate its administrative rule requirement that providers of developmental disabilities services be accredited as a condition of being eligible for receiving payments for services from the department of health and human services.~~

SECTION 31. LEGISLATIVE INTENT - MEDICAL ASSISTANCE. It is the intent of the sixty-ninth legislative assembly that the department of health and human services review the amount, duration, coverage, utilization rates, medical necessity, and scope of medical assistance services, and ~~may implement any adjustments the department determines appropriate~~report any findings and recommendations to the seventieth legislative assembly.

SECTION 32. FEDERAL FUNDING APPEAL LIMITATION. Except as otherwise specifically provided by federal law, a person may not appeal a denial, revocation, reduction in services or payment, or the termination of a program or service by the department of health and human services dues to the unavailability of federal coronavirus funding received under federal law resulting from the federal coronavirus pandemic emergency declarations, for the biennium beginning July 1, 2025, and ending June 30, 2027.

SECTION 33. DEPARTMENT OF HEALTH AND HUMAN SERVICES - LONG-TERM STRUCTURED RESIDENCES PLAN - REPORT. During the 2025-26 interim, the department of health and human services shall review options and develop a plan to establish long-term structured residences. The department shall review necessary changes to statutes, rules, policies, and the estimated fiscal impact of establishing the residences. A long-term structured residence must be a highly structured therapeutic residential mental health treatment facility that is staffed continuously and designed to treat adults under chapters 12.1-04.1 and 25-03.1 who have severe and persistent mental illness and who have reached the maximum benefit

from the mental health resources available elsewhere in the community or hospital. The department shall present a report to the legislative management by October 1, 2026, regarding its plan to establish long-term structured residences.

SECTION 34. A new section to chapter 6-09 of the North Dakota Century Code is created and enacted as follows:

Extraordinary medical needs housing loan fund - Continuing appropriation.

1. The Bank of North Dakota shall administer a loan program to provide loans for new construction projects to provide housing for individuals with disabilities that have extraordinary medical needs. A construction project may include a land purchase and the construction costs of the project. The applicant must comply with project requirements as approved by the department of health and human services and the North Dakota housing finance agency.
2. The extraordinary medical needs housing loan fund is a special fund maintained in the state treasury from which the Bank shall provide loans under this section. The fund consists of revenues transferred under legislative authorization, interest upon moneys in the fund, and collections of interest and principal on loans made from the fund. All moneys in the fund are appropriated on a continuing basis to the Bank for the purpose of providing loans under this section.
3. The developer of the housing facility for individuals with disabilities that have extraordinary medical needs may submit an application to the Bank for a loan. The application must:
   a. Provide detail on the proposed construction project and its compliance with the department of health and human services and the North Dakota housing finance agency requirements;
   b. Demonstrate the need and long-term viability of the project; and
   c. Include financial information the Bank determines appropriate to verify eligibility.
4. A loan approved under this section:
   a. May not exceed three million three hundred thousand dollars for a project;
   b. Must have an interest rate that does not exceed two percent; and
   c. Must have a repayment schedule of no longer than twenty years.

5. A recipient of a loan under this section shall complete the financed construction project within twenty-four months of the approval of the loan. Failure to comply with this subsection may result in forfeiture of the entire loan received under this section.

6. The Bank shall deposit in the fund all principal and interest paid on the loans made from the fund. The Bank may deduct from interest payments a service fee for costs of administering the loan program. The fund must be audited annually pursuant to section 6-09-29 and the cost of the audit and any other actual costs incurred by the Bank on behalf of the fund must be paid from the fund.

SECTION 35. AMENDMENT. Section 50-06-06.6 of the North Dakota Century Code is amended and reenacted as follows:

50-06-06.6. Department may lease real and personal property.

The commissioner of the department or commissioner's designee may lease ~~surplus farm and pastureland at the state hospital and the life skills and transition center. The commissioner or designee also may enter into further leases of~~ real or personal property at the life skills and transition center or the state hospital upon a specific finding that the granting of each such leasehold interest will result in a net economic gain for the department, taking into account all identifiable costs. Any lease of space for the purpose of providing child care services must meet requirements as determined by the department. The commissioner of the department or commissioner's designee may prescribe the terms and conditions of any leases entered into pursuant to this section and may renew existing leases. ~~Any~~The term of any lease ~~entered into must be subject to renewal or cancelable each biennium~~may not exceed ninety-nine years.

SECTION 36. AMENDMENT. Section 50-06-42 of the North Dakota Century Code is amended and reenacted as follows:

50-06-42. Substance use disorder treatment voucher system - Mental health treatment voucher system for incarcerated individuals.

~~1.~~ The department shall establish and administer, within the limits of legislative appropriations, a voucher system to address underserved areas and gaps in the state's substance abuse treatment system and to assist in the payment of addiction treatment services and medical costs provided by licensed substance abuse treatment programs, excluding regional human service centers and hospital- or medical clinic-based programs for medical management of withdrawal.

~~a.~~1. An out-of-state licensed substance abuse treatment program located within a bordering state may participate in the voucher program to serve an underserved area of this state pursuant to the rules adopted by the department. The department shall develop rules to include processes and requirements for an out-of-state provider to receive reimbursement only for outpatient and community-based services upon a provider completing an assessment of need and receiving approval from the department.

2.~~b.~~ Services eligible for the voucher program include only those levels of care recognized by the American society of addiction medicine, with particular emphasis given to underserved areas and programs. The department shall ensure that a licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers collects and reports process and outcome measures.

3.~~c.~~ The department shall develop requirements and provide training and technical assistance to a licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers. A licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers shall provide evidence-based services.

4.~~d.~~ The department shall allocate funding appropriated for the substance use disorder treatment voucher as follows:

~~a.~~ ~~No~~

~~(1)~~a. Except as provided in ~~paragraphs 3 and 4~~subdivisions c and d, no more than ~~forty-five~~fifty percent of the appropriated amount may be allocated for residential substance use disorder services administered by licensed substance abuse treatment programs with more than sixteen beds.

b.~~(2)~~ The remaining appropriation must be allocated for residential programs with sixteen or fewer beds, nonresidential outpatient, and ancillary substance use disorder services administered by licensed substance abuse treatment programs.

~~(3)~~c. The department, during the last quarter of the biennium, may reallocate projected unused funds that were allocated under paragraph 2 to residential facilities outlined in paragraph 1.

~~(4)~~d. The department may reimburse a licensed substance abuse treatment program with more than sixteen beds the incurred direct medical costs of an eligible individual who does not have resources to cover the medical costs. The department may develop rules and may not exceed the total amount appropriated for medical cost reimbursement.

~~2. The department shall establish and administer, within the limits of legislative appropriations, a voucher system to address underserved areas and gaps in the state's mental health treatment system for individuals detained or confined in a county jail or detention center or regional corrections center and to assist in the payment of mental health treatment services provided by a licensed mental health professional acting within their scope of practice, excluding a regional human service center.~~

~~a. Services eligible for the voucher program include only diagnostic assessment and mental health therapy for individuals with a mental health concern detained or confined in a county jail or detention center or regional corrections center. The department shall ensure that a licensed mental health professional accepting vouchers collects and reports process and outcome measures.~~

~~b. The department shall develop requirements and provide training and technical assistance to licensed mental health professionals accepting vouchers. A licensed mental health professional shall provide evidence-based services.~~

SECTION 37. AMENDMENT. Section 50-24.5-02.3 of the North Dakota Century Code is amended and reenacted as follows:

50-24.5-02.3. Basic care payment rates.

1. The department shall determine limits for the care of residents of basic care facilities that qualify as vendors of an aged, blind, and disabled persons program and for implementing provisions of this chapter based on data demonstrating the most recent costs that must be incurred for the care of residents in efficiently and economically operated basic care facilities. The department shall determine the limits every four years by July first, beginning with July 1, 2023.
2. The department shall establish the limits by using the median rates from the most recent data available. The direct care limit must be the median plus eighteen percent. The indirect care limit must be the median plus twelve percent.

3. For the rate year beginning July 1, 2023, the department shall increase rates and limits three and one-half percent for inflation. For the rate year beginning July 1, 2024, the department shall increase rates and limits three and one-half percent for inflation.
4. The department shall provide a rate increase in the amount of five dollars per day for the period beginning July 1, 2023, and ending June 30, ~~2025~~2027, after which the increase is not effective. This rate increase may not be included in any calculation of inflation increase.
5. Within the limits of legislative appropriations, the department shall establish an uncompensated care expense of three hundred sixty-five days.

SECTION 38. AMENDMENT. Section 50-33-05 of the North Dakota Century Code is amended and reenacted as follows:

50-33-05. State of residence.

Only child care assistance units physically residing within the boundaries of the state are eligible for child care assistance, unless the individual is employed by an early childhood program within the boundaries of the state and the individual has been approved for the state's child care assistance child care workforce benefit.

SECTION 39. AMENDMENT. Subsection 1 of section 50-36-03 of the North Dakota Century Code is amended and reenacted as follows:

1. The committee is composed of:
   a. One member of the North Dakota association of counties appointed by the chairman of the legislative management, who shall serve a term of two years.
   b. One member of the North Dakota league of cities appointed by the chairman of the legislative management, who shall serve a term of two years.
   c. One member of the North Dakota state association of city and county health officials appointed by the chairman of the legislative management, who shall serve a term of two years.
   d. One member who represents the highway patrol appointed by the highway patrol superintendent, who shall serve a term of two years.
   e. The executive director of the department's division of behavioral health.
   f. ~~The managing director of the office of recovery reinvented~~One member in recovery appointed by the governor.

g. One member appointed by the governor who shall serve as a nonvoting member and as the presiding officer of the committee, who shall serve a term of two years.

SECTION 40. AMENDMENT. Subsection 6 of the new section to chapter 54-07 of the North Dakota Century Code, as created by section 1 of Senate Bill No. 2176, as approved by the sixty-ninth legislative assembly, is amended and reenacted as follows:

6. a. The office of the governor shall provide staffing and administrative services for the children's cabinet and coordinate with other designated working groups on children and family issues.

b. The governor or the governor's designee serving on the cabinet may appoint a representative to serve in that official's capacity at a meeting if the governor or governor's designee is unable to attend.

SECTION 41. HOUSING AVAILABILITY ASSESSMENT - COLLABORATION WITH HOUSING FINANCE AGENCY. The department of health and human services shall collaborate with the North Dakota housing finance agency and other appropriate stakeholders to assess the availability of housing for individuals requiring extraordinary health care support services, for the biennium beginning July 1, 2025, and ending June 30, 2027. Based on the results of the assessment, if necessary, the department shall develop a plan to expand access to housing providing the least restrictive environment for individuals requiring extraordinary health care support services.

SECTION 42. BEHAVIORAL HEALTH CLINICS, NORTH DAKOTA STATE HOSPITAL, AND LIFE SKILLS AND TRANSITION CENTER FUNDING. Section 1 of this Act includes funding for the behavioral health clinics, North Dakota state hospital, and life skills and transition center as follows:

1. Behavioral health clinics:
   a. Salaries and wages ~~$156,967,103~~$177,840,942
   b. Operating and capital ~~64,131,965~~56,945,408
   c. Total ~~$221,099,068~~$234,786,350
2. State hospital:
   a. Salaries and wages ~~$68,775,551~~$70,477,378
   b. Operating and capital ~~350,880,155~~20,880,155

c. Total ~~$419,655,706~~$91,357,533

3. Life skills and transition center:

a. Salaries and wages ~~$55,540,213~~$56,284,356

b. Operating and capital ~~15,207,658~~15,207,658

c. Total ~~$70,747,871~~$71,492,014

SECTION 43. LEGISLATIVE MANAGEMENT STUDY - STUDENT TRUANCY AND ABSENTEEISM. The legislative management shall consider studying, during the 2025-26 interim, truancy and student absenteeism in kindergarten through grade twelve public schools. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement its recommendations, to the seventieth legislative assembly.

SECTION 44. LEGISLATIVE MANAGEMENT STUDY - OBESITY HEALTH IMPLICATIONS. The legislative management shall consider studying, during the 2025-26 interim, the health implications of obesity on the residents of the state and options to increase access to prevention and treatments for obesity. If conducted, the study must review costs associated with obesity including comorbidities, treatments available for obesity, obesity diagnosis guidelines including use of body mass index compared with percentage of body fat, and examining the difference between being an individual who is healthy and overweight as compared to an obese individual. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement its recommendations, to the seventieth legislative assembly.

SECTION 45. LEGISLATIVE MANAGEMENT STUDY - MATERNAL HEALTH SERVICES - ACCESS AND WORKFORCE.

1. During the 2025-26 interim, the legislative management shall consider studying access to maternal health services. The study must include:
   a. Consideration of the availability of prenatal and childbirth services, including provider shortages and service use.
   b. Development of strategies to increase the number of obstetricians, family doctors, and midwives providing maternal health services in this state.
   c. A review of coverage and reimbursement for doulas and midwives, including training and certification needs.

d. Consideration of insurance and public policy options to improve maternal health outcomes, including through the Medicaid program.

e. Input from health care providers, insurers, public health officials, and maternal health experts.

2. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement its recommendations, to the seventieth legislative assembly.

SECTION 46. LEGISLATIVE INTENT - LIFE SKILLS AND TRANSITION CENTER. It is the intent of the sixty-ninth legislative assembly that during the 2025-26 interim, the department of health and human services review the facilities and land at the life skills and transition center to identify the portions of the life skills and transition center campus that are necessary for delivery of services and the portions of the campus that could be conveyed to a local government or related public or not-for-profit community development entity to redevelop to optimize local community development goals and the successful operation of the life skills and transition center. It is further the intent of the legislative assembly that the department of health and human services present any request to convey any portions of the campus to the seventieth legislative assembly.

SECTION 47. DISABILITY SERVICE ACCREDITATION STUDY - LEGISLATIVE MANAGEMENT REPORT. During the 2025-26 interim, the department of health and human services shall study accreditation requirements and provider costs for serving individuals with intellectual and developmental disabilities, including the cost of accreditation relative to the cost of providing services and reimbursement. The department shall report its findings and recommendations, together with any legislation necessary to implement recommendations to the legislative management by September 1, 2026.

SECTION 48. VALUE-BASED CARE INCENTIVE PROGRAM - PAYMENT WITHHOLD FOR NURSING FACILITIES - COLLABORATION WITH NORTH DAKOTA LONG TERM CARE ASSOCIATION. During the 2025-26 interim, the department of health and human services, in collaboration with the North Dakota long term care association, shall develop a payment withhold structure for value-based payments to provide funding for the value-based care incentive program for nursing facilities. The department shall implement the payment

withhold beginning July 1, 2027. The department may not implement a payment withhold before July 1, 2027.

SECTION 49. LEGISLATIVE MANAGEMENT STUDY- DISABILITY SERVICES.

1. During the 2025-26 interim, the legislative management shall study the efficiency, effectiveness, and outcomes of developmental disability services provided by the department of health and human services. The study must include:
   a. A review of the approval process, an analysis of accountability measures, an assessment of gaps in services, and an evaluation of overall program management.
   b. An assessment of whether the department is effectively managing cases and complying with federal law in the provision of support and services to individuals with disabilities.
   c. Input from advocates, clients from the disability community, zone directors, service providers, and health care providers who serve individuals with disabilities.
   d. Collaboration with the cross-disability advisory council.
2. The legislative council may contract with a consultant with expertise in the provision of developmental disability services to assist in the study.
3. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement its recommendations, to the seventieth legislative assembly.

SECTION 50. APPROPRIATION - COMMUNITY HEALTH TRUST FUND - LEGISLATIVE COUNCIL - DISABILITY SERVICES - ONE-TIME FUNDING. There is appropriated out of any moneys in the community health trust fund, not otherwise appropriated, the sum of $150,000, or so much of the sum as may be necessary, to the legislative council for the purpose of contracting for consulting services for a disability services study, for the biennium beginning July 1, 2025, and ending June 30, 2027. The appropriation in this section is considered a one-time funding item.

SECTION 51. LEGISLATIVE MANAGEMENT REPORT - BEHAVIORAL HEALTH FACILITY GRANTS. During the 2025-26 interim the department of health and human services

shall provide reports to the legislative management regarding the award of grant funding to increase the number of behavioral health beds in the state.

SECTION 52. EFFECTIVE DATE. Section ~~33~~36 of this Act becomes effective on July 1, 2026.

SECTION 53. EFFECTIVE DATE. Section 7 of this Act becomes effective on January 1, 2026.

2025 HOUSE STANDING COMMITTEE MINUTES

Appropriations - Human Resources Division
Roughrider Room, State Capitol

HB 1012
4/30/2025
Conference Committee

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to provide an exemption; and to provide for a report.

1:02 p.m. Chairman J. Nelson called the meeting to order.

Members Present: Chairman J. Nelson, Representatives: O'Brien, Mitskog, Chairman Dever, Senators: Davison, Cleary.

Discussion Topics:

- Committee Action

1: 02 p.m. Chairman Nelson discussed proposed amendment LC# 25.0156.02051, #45336.

1:08 p.m. Representative O'Brien moved amendment LC# 25.0156.02051, #45336.

1:08 p.m. Senator Dever seconded.

1;13 p.m. Roll call vote.

1:13 p.m. Motion failed 4-2-0.

1:14 p.m. Senator Cleary moved the House accept the Senate Amendment of $300,000 grant for Cultural Center Programing onetime funding from Community Health Trust Fund, #45337.

1:16 p.m. Senator Davis seconded.

1:20 p.m. Lorraine Shepherd-Davis, Chief Executive Officer, Native American Development Center, spoke to the Cultural Program Funding, #45337.

1:31 p.m. Roll call vote.

1:31 p.m. Motion carried 6-0-0.

1:35 p.m. Representative Mitskog discussed a proposed amendment for the Life Skills Transition Center reduction of $2.5 million LC# 25.0156.02052s, #45338.

1:41 p.m. Representative Mitskog moved to accept amendment LC# 25.0156.02052s, #45338.

1:42 p.m. Representative O'Brien seconded.

1:43 p.m. Roll call vote.

1:43 p.m. Motion passed 5-1-0.

1:45 p.m. Senator Cleary moved to remove $1 million from EMS Medicaid rates and support 2 and 2 inflators, #45148.

1:45 p.m. Representative Mitskog seconded.

1:50 p.m. Roll call vote.

1:50 p.m. Motion passed 6-0-0.

1:52 p.m. Keith Mantz, Fiscal Analyst, ND Legislative Council, reviewed material that the committee needed to act on LC# 25.0156.02028 (previous testimony from 042625 #45217).

1:53 p.m. Senator Cleary moved to remove Section 31 from the bill (previous testimony from 042625 #45217).

1:53 p.m. Representative O'Brien seconded.

1:54 p.m. Roll call vote.

1:54 p.m. Motion passed 6-0-0.

1:55 p.m. Keith Mantz, Fiscal Analyst, ND Legislative Council, requested a motion be made.

1:55 p.m. Representative O'Brien moved to reinstate language of subsection 2 of Section 6 and match funds of $3.24 million (previous testimony from 042625 #45217).

1:56 p.m. Representative Mitskog seconded.

1:57 p.m. Roll vote call.

1:57 p.m. Motion passed 6-0-0.

2:00 p.m. Jonathan Alm, Chief Legal Officer, ND Department of Health and Human Services, addressed the proper wording for the motion (previous testimony from 042625 #45217).

2:01 p.m. Representative O'Brien moved Section 36, page 23, Line 25 - Remove 'For incarcerated individuals,' page 24, Line 29 remove paragraph 2 and change to subdivision b, and Line 30 remove paragraph 1 and change to subdivision a (previous testimony from 042625 #45217).

2:03 p.m. Senator Dever seconded.

2:03 p.m. Roll call vote.

2:03 p.m. Motion passed 6-0-0.

2:04 p.m. Keith Mantz, Fiscal Analyst, ND Legislative Council, clarified that the changes do not follow the handout #45217.

2:05 p.m. Jonathan Alm, Chief Legal Counsel, ND Department of Health and Human Services, clarified that the changes would be appropriate.

2:11 p.m. Keith Mantz, Fiscal Analyst, ND Legislative Council, stated Section 29 was in the House bill but was removed by the Senate.

2:15 p.m. Donna Aukland, Chief Financial Officer, ND Department of Health and Human Services, provided clarification on the language that the House added and the Senate removed (previous testimony from 042625 #45217).

2:15 p.m. Representative O'Brien moved the House accept the Senate Amendment to remove Section 29 of Administrative Rule of DD providers being accredited (previous testimony from 042625 #45217).

2:15 p.m. Senator Cleary seconded.

2:16 p.m. Roll call vote.

2:16 p.m. Motion passed 6-0-0.

2:36 p.m. Chairman J. Nelson explained a proposed amendment that would recommend a collaboration with Basic Care and other providers to address annual unrecognized inflation, #45340.

2:39 p.m. Representative Mitskog moved collaboration with Basic Care, Longterm Care Association, and Legislators to correct annual unrecognized inflation, #45340.

2:39 p.m. Senator Dever seconded.

2:41 p.m. Sarah Aker, Executive Director, Division Medical Services, ND Department of Health and Human Services, stated that it could easily incorporate a discussion into SB 2271 to study the basic care payment rate would include legislators as stakeholders to correct annual unrecognized inflation, #45340.

2:45 p.m. Representative Mitskog rescinded the motion.

2:45 p.m. Senator Dever rescinded the second.

2:46 p.m. Chairman Nelson explained proposed amendment, #45340.

2:49 p.m. Sarah Aker, Executive Director, Division Medical Services, ND Department of Health and Human Services, spoke to an existing language in the bill.

2:57 p.m. Representative Mitskog moved Section 48 regarding Nursing Facility Incentive Program Study and Report, #45340.

2:57 p.m. Motion failed for a lack of second.

2:57 p.m. Keith Mantz, Fiscal Analyst, ND Legislative Council, advised the committee that they did not need a motion to accept the Senate version.

3:00 p.m. Representative O'Brien moved to change language to budget section on line 1 of Section 51 (previous testimony from 042625 #45217).

3:00 p.m. Senator Cleary seconded.

3:00 p.m. Roll call vote.

3:00 p.m. Motion passed 6-0-0.

3:01 p.m. Representative O'Brien explained proposed Amendment LC# 25.0156.02032, #45341.

3:01 p.m. Representative O'Brien moved Amendment LC# 25.0156.02032, #45341.

3:02 p.m. Representative Mitskog seconded.

3:02 p.m. Roll call vote.

3:02 p.m. Motion failed 1-5-0.

3:03 p.m. Representative O'Brien moved to remove Section 44 on Obesity Health Study

(previous testimony from 042625 #45217) .

3:04 p.m. Senator Dever seconded.

3:04 p.m. Roll call vote.

3:04 p.m. Motion passed 6-0-0.

3:05 p.m. Representative O'Brien moved to change the language to 'shall consider studying' on Section 49 of Disability Services Study (previous testimony from 042625 #45217).

3:06 p.m. Representative Mitskog seconded.

3:07 p.m. Roll call vote.

3:07 p.m. Motion passed 6-0-0.

3:09 p.m. Chairman J. Nelson proposed an increase in state grants for Public Health for 2 million dollars from the Community Health Trust Fund.

3:11 p.m. Representative O'Brien moved to add $2 million from Community Health Trust Fund for state grants of Public Health (previous testimony from 042625 #45217).

3:11 p.m. Representative Mitskog seconded.

3:11 p.m. Roll call vote.

3:11 p.m. Motion failed 4-2-0.

3:14 p.m. Senator Dever moved Amendment LC# 25.0156.02035 in place of LC# 25.0156.02028, #45363.

3:14 p.m. Representative O'Brien seconded.

3:14 p.m. Roll call vote.

3:14 p.m. Motion passed 6-0-0.

3:16 p.m. Keith Mantz, Fiscal Analyst, ND Legislative Council, commented he will have the bill prepared as soon as possible.

3:17 p.m. Chairman Nelson to carry.

3:17 p.m. Chairman Dever to carry.

3:18 p.m. Chairman J. Nelson adjourned the meeting.

Jan Kamphuis, Committee Clerk

25.0156.02035
Title.05000
Fiscal No. 2

Prepared by the Legislative Council staff for Conference Committee

May 1, 2025

Sixty-ninth
Legislative Assembly
of North Dakota

PROPOSED AMENDMENTS TO FIRST ENGROSSMENT

VC 5/1/25
1 of 44

ENGROSSED HOUSE BILL NO. 1012

Introduced by

Appropriations Committee

In place of amendment (25.0156.02028) adopted by the Senate, Engrossed House Bill No. 1012 is amended by amendment (25.0156.02035) as follows:

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to create and enact a new section to chapter 6-09 of the North Dakota Century Code, relating to an extraordinary medical needs housing loan fund; to amend and reenact sections 50-06-06.6, 50-06-42, 50-24.5-02.3, and 50-33-05, and subsection 1 of 50-36-03 of the North Dakota Century Code and subsection 6 of the new section to chapter 54-07 of the North Dakota Century Code created in section 1 of Senate Bill No. 2176, as approved by the sixty-ninth legislative assembly, relating to leases of department of health and human services property, substance use disorder treatment program, basic care payment rates, ~~and~~ state of residence for child care assistance, opioid settlement advisory committee, and children's cabinet; to provide for a transfer; to authorize a line of credit; to provide legislative intent; to provide for a legislative management study; to provide an application; to provide an exemption; to provide for a report; and to provide an effective date.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. APPROPRIATION. The funds provided in this section, or so much of the funds as may be necessary, are appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, and from other funds derived from special funds and federal funds, to the department of health and human services for the purpose of defraying the expenses of its various divisions, for the biennium beginning July 1, 2025, and ending June 30, 2027, as follows:

Subdivision 1.

SALARIES AND WAGES BLOCK GRANT

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages block grant	$0	$596,284,775	$596,284,775
Total all funds	0	596,284,775	596,284,775
Less other funds	0	286,720,150	286,720,150
Total general fund	$0	$309,564,625	$309,564,625

Subdivision 2.

BUSINESS OPERATIONS

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$25,763,358	($25,763,358)	$0
Operating expenses	155,308,399	(77,023,770)	78,284,629
Capital assets	108,934	(108,934)	0
Grants	11,812,627	6,966,375	18,779,002
Total all funds	$192,993,318	($95,929,687)	$97,063,631
Less other funds	118,894,310	(71,526,221)	47,368,089
Total general fund	$74,099,008	($24,403,466)	$49,695,542

Subdivision 3.

BEHAVIORAL HEALTH

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$8,792,675	($8,792,675)	$0
Operating expenses	79,381,458	23,888,138	103,269,596
Grants	40,476,298	21,889,322	62,365,620
Behavioral health clinics	196,383,945	(139,978,713)	56,405,232
State hospital	94,826,973	256,053,182	350,880,155
Opioid addiction prevention	2,000,000	6,000,000	8,000,000
Total all funds	$421,861,349	$159,059,254	$580,920,603

Less other funds	113,955,941	285,267,537	399,223,478
Total general fund	$307,905,408	($126,208,283)	$181,697,125

Subdivision 4.

HUMAN SERVICES

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$168,325,918	($168,325,918)	$0
Operating expenses	88,885,469	108,258,236	197,143,705
Capital assets	10,000	0	10,000
Grants	621,189,007	94,393,260	715,582,267
Life skills and transition center	44,992,263	(29,784,605)	15,207,658
Grants - medical assistance	742,793,564	7,655,079	750,448,643
County social services	197,663,661	6,928,621	204,592,282
Total all funds	$1,863,859,882	$19,124,673	$1,882,984,555
Less other funds	1,240,409,529	(13,961,485)	1,226,448,044
Total general fund	$623,450,353	$33,086,158	$656,536,511

Subdivision 5.

MEDICAL SERVICES

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$21,008,344	($21,008,344)	$0
Operating expenses	70,807,977	92,364,562	163,172,539
Grants	1,651,004	1,806,800	3,457,804
Grants - medical assistance	2,682,778,803	6,500,467	2,689,279,270
Total all funds	$2,776,246,128	$79,663,485	$2,855,909,613
Less other funds	1,818,029,530	(7,372,459)	1,810,657,071
Total general fund	$958,216,598	$87,035,944	$1,045,252,542

Subdivision 6.

PUBLIC HEALTH

	Base Level	Adjustments or Enhancements	Appropriation

~~Salaries and wages~~	~~$60,415,388~~	~~($60,415,388)~~	~~$0~~
~~Operating expenses~~	~~37,721,213~~	~~17,853,669~~	~~55,574,882~~
~~Capital assets~~	~~1,469,780~~	~~2,215,838~~	~~3,685,618~~
~~Grants~~	~~81,718,145~~	~~4,245,496~~	~~85,963,641~~
~~Tobacco prevention~~	~~13,063,162~~	~~(22,607)~~	~~13,040,555~~
~~Women, infants, and children food payments~~	~~19,900,000~~	~~1,100,000~~	~~21,000,000~~
~~Cares Act/COVID-19~~	~~83,909,182~~	~~1,845,373~~	~~85,754,555~~
~~Total all funds~~	~~$298,196,870~~	~~($33,177,619)~~	~~$265,019,251~~
~~Less other funds~~	~~250,440,690~~	~~(20,626,287)~~	~~229,814,403~~
~~Total general fund~~	~~$47,756,180~~	~~($12,551,332)~~	~~$35,204,848~~

~~Subdivision 7.~~

~~TOTAL - SECTION 1~~

	Base Level	Adjustments or Enhancements	Appropriation
~~Grand total all funds~~	~~$5,553,157,547~~	~~$725,024,881~~	~~$6,278,182,428~~
~~Grand total other funds~~	~~3,541,730,000~~	~~458,501,235~~	~~4,000,231,235~~
~~Grand total general fund~~	~~$2,011,427,547~~	~~$266,523,646~~	~~$2,277,951,193~~
~~Full-time equivalent positions~~	~~2,483.83~~	~~204.52~~	~~2,688.35~~

Subdivision 1.

SALARIES AND WAGES BLOCK GRANT

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages block grant	$0	$611,513,737	$611,513,737
Total all funds	0	611,513,737	611,513,737
Less other funds	0	291,449,112	291,449,112
Total general fund	$0	$320,064,625	$320,064,625

Subdivision 2.

BUSINESS OPERATIONS

	Base Level	Adjustments or Enhancements	Appropriation

Salaries and wages	$25,763,358	($25,763,358)	$0
Operating expenses	155,308,399	(77,023,770)	78,284,629
Capital assets	108,934	(108,934)	0
Grants	11,812,627	6,966,375	18,779,002
Total all funds	$192,993,318	($95,929,687)	$97,063,631
Less other funds	118,894,310	(71,526,221)	47,368,089
Total general fund	$74,099,008	($24,403,466)	$49,695,542

Subdivision 3.

BEHAVIORAL HEALTH

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$8,792,675	($8,792,675)	$0
Operating expenses	79,381,458	23,888,138	103,269,596
Grants	40,476,298	18,639,322	59,115,620
Behavioral health clinics	196,383,945	(139,346713)	57,037,232
State hospital	94,826,973	(73,946,818)	20,880,155
Opioid addiction prevention	2,000,000	6,000,000	8,000,000
Total all funds	$421,861,349	($173,558,746)	$248,302,603
Less other funds	113,955,941	(42,100,463)	71,855,478
Total general fund	$307,905,408	($131,458,283)	$176,447,125

Subdivision 4.

HUMAN SERVICES

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$168,325,918	($168,325,918)	$0
Operating expenses	88,885,469	114,503,276	203,388,745
Capital assets	10,000	0	10,000
Grants	621,189,007	68,720,524	689,909,531
Life skills and transition center	44,992,263	(32,284,605)	12,707,658
Grants - medical assistance	742,793,564	(2,344,921)	740,448,643
County social services	197,663,661	6,928,621	204,592,282

Total all funds	$1,863,859,882	($12,803,023)	$1,851,056,859
Less other funds	1,240,409,529	(29,237,367)	1,211,172,162
Total general fund	$623,450,353	$16,434,344	$639,884,697

Subdivision 5.

MEDICAL SERVICES

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$21,008,344	($21,008,344)	$0
Operating expenses	70,807,977	92,364,562	163,172,539
Grants	1,651,004	2,006,800	3,657,804
Grants - medical assistance	2,682,778,803	(72,879,073)	2,609,899,730
Total all funds	$2,776,246,128	$483,945	$2,776,730,073
Less other funds	1,818,029,530	(39,227,077)	1,778,802,453
Total general fund	$958,216,598	$39,711,022	$997,927,620

Subdivision 6.

PUBLIC HEALTH

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$60,415,388	($60,415,388)	$0
Operating expenses	37,721,213	17,120,591	54,841,804
Capital assets	1,469,780	1,565,838	3,035,618
Grants	81,718,145	2,967,835	84,685,980
Tobacco prevention	13,063,162	(22,607)	13,040,555
Women, infants, and children food payments	19,900,000	1,100,000	21,000,000
Cares Act/COVID-19	83,909,182	(58,871,210)	25,037,972
Total all funds	$298,196,870	($96,554,941)	$201,641,929
Less other funds	250,440,690	(81,142,870)	169,297,820
Total general fund	$47,756,180	($15,412,071)	$32,344,109

Subdivision 7.

TOTAL - SECTION 1

	Base Level	Adjustments or Enhancements	Appropriation
Grand total all funds	$5,553,157,547	$233,151,285	$5,786,308,832
Grand total other funds	3,541,730,000	28,215,114	3,569,945,114
Grand total general fund	$2,011,427,547	$204,936,171	$2,216,363,718
Full-time equivalent positions	2,483.83	204.52	2,688.35

SECTION 2. ONE-TIME FUNDING - EFFECT ON BASE BUDGET - REPORT TO SEVENTIETH LEGISLATIVE ASSEMBLY. The following amounts reflect the one-time funding items included in section 1 of this Act which are not included in the entity's base budget for the 2027-29 biennium and which the entity shall report to the appropriations committees of the seventieth legislative assembly regarding the use of this funding:

~~One-Time Funding Description~~	~~General Fund~~	~~Other Funds~~	~~Total~~
~~Technology projects~~	~~$0~~	~~$10,263,000~~	~~$10,263,000~~
~~Human service centers and life skills and transition center projects~~	~~0~~	~~1,052,480~~	~~1,052,480~~
~~Retire mainframe~~	~~0~~	~~15,000,000~~	~~15,000,000~~
~~Child care programs~~	~~13,272,500~~	~~0~~	~~13,272,500~~
~~Housing programs~~	~~0~~	~~1,000,000~~	~~1,000,000~~
~~State laboratory move and equipment~~	~~0~~	~~2,962,304~~	~~2,962,304~~
~~Partial hospitalization day treatment~~	~~0~~	~~2,000,000~~	~~2,000,000~~
~~Developmental disabilities eligibility assessment tool for kids~~	~~200,000~~	~~200,000~~	~~400,000~~
~~Toxicology equipment~~	~~151,500~~	~~100,000~~	~~251,500~~
~~New state hospital~~	~~0~~	~~330,000,000~~	~~330,000,000~~
~~Behavioral health facility grant~~	~~0~~	~~12,960,000~~	~~12,960,000~~
~~Cultural community center grant~~	~~0~~	~~1,000,000~~	~~1,000,000~~
~~Adaptive recreation grant~~	~~200,000~~	~~0~~	~~200,000~~
~~Intermediate care facility grant~~	~~3,457,736~~	~~0~~	~~3,457,736~~
~~Juvenile justice diversion services~~	~~750,000~~	~~0~~	~~750,000~~
~~Animal shelter grant~~	~~0~~	~~300,000~~	~~300,000~~
~~Statewide health strategies~~	~~0~~	~~750,000~~	~~750,000~~

~~Critical access hospital networking~~	~~0~~	~~2,000,000~~	~~2,000,000~~
~~Total~~	~~$18,031,736~~	~~$379,587,784~~	~~$397,619,520~~
One-Time Funding Description	General Fund	Other Funds	Total
Technology projects	$0	$4,826,930	$4,826,930
Human service centers and life skills and transition center projects	0	1,684,480	1,684,480
Retire mainframe	0	15,000,000	15,000,000
Child care programs	11,772,500	0	11,772,500
Housing programs	0	1,000,000	1,000,000
State laboratory move and equipment	0	2,962,304	2,962,304
Partial hospitalization day treatment	0	2,000,000	2,000,000
Developmental disabilities eligibility assessment tool for kids	200,000	200,000	400,000
Toxicology equipment	151,500	100,000	251,500
Behavioral health facility grant	0	12,960,000	12,960,000
Cultural community center grant	0	300,000	300,000
Intermediate care facility grant	0	4,400,000	4,400,000
Juvenile justice diversion services	0	750,000	750,000
Critical access hospital networking	0	2,000,000	2,000,000
Basic care daily rate increase	2,619,004	2,922,236	5,541,240
Infant and toddler care provider support	11,000,000	0	11,000,000
Child welfare technology project line of credit	0	8,411,218	8,411,218
Medical housing for individuals with extraordinary medical needs	200,000	0	200,000
Northwest behavioral health facility grant	1,500,000	0	1,500,000
Guardianship funding	3,266,177	0	3,266,177
Waterford upstart funding	1,500,000	0	1,500,000
Fetal alcohol spectrum disorder clinic	350,000	0	350,000
Total	$32,559,181	$59,517,168	$92,076,349

SECTION 3. FUNDING TRANSFERS - EXEMPTION - AUTHORIZATION - REPORT. Notwithstanding section 54-16-04, the director of the office of management and budget shall transfer appropriation authority between line items within subdivisions 1, 2, 3, 4, 5, and 6 of section 1 of this Act and any other appropriation authority for the department of health and human services approved by the sixty-ninth legislative assembly, for the biennium beginning July 1, 2025, and ending June 30, 2027, as requested by the department of health and human services. The department of health and human services shall notify the legislative council of any transfer made pursuant to this section. The department of health and human services shall report to the budget section after June 30, 2026, any transfer made in excess of $50,000 and to the appropriations committees of the seventieth legislative assembly regarding any transfers made pursuant to this section.

SECTION 4. FULL-TIME EQUIVALENT POSITION BLOCK GRANT PROGRAM - REPORT. Section 1 of this Act includes funding for a full-time equivalent position block grant program. This funding as approved by the sixty-ninth legislative assembly is available for defraying the expense of full-time equivalent positions as determined by the department of health and human services. Notwithstanding any other provision of law, the department is authorized to increase or decrease authorized full-time equivalent positions subject to the availability of funds and the provisions of this section. The department of health and human services many not increase full-time equivalent positions for the purpose of transferring human service zone employees to state employment. Pursuant to section 3 of this Act, the department is authorized to transfer appropriation authority of up to the underfunded amount of ~~$30,000,000~~$14,771,038 to the salaries and wages block grant line item. The department of health and human services shall report to the office of management and budget and legislative council any adjustments to full-time equivalent positions.

SECTION 5. DEPARTMENT OF HEALTH AND HUMAN SERVICES - SALARIES AND WAGES BLOCK GRANT - VACANT POSITIONS - REPORT. The department of health and human services shall report to the budget section quarterly during the 2025-26 interim regarding the status of its salaries and wages block grant and vacant positions and employee turnover. The report must include:

1. The legislative appropriation for salaries and wages allocated by the department to major department programs by funding source and the number of full-time equivalent

positions the department is allocating to each major program based on the legislative appropriation;

2. Any changes to salaries and wages funding or full-time equivalent positions allocated to major department programs;
3. Any new full-time equivalent positions added, the cost of the position for the remainder of the biennium, and the cost to continue funding the position in the subsequent biennium by funding source;
4. Any full-time equivalent positions removed and related funding;
5. The number of full-time equivalent positions that become vacant and the number filled each month;
6. The number of vacant full-time equivalent positions at the end of each month;
7. Salaries and wages savings resulting from vacant positions and employee turnover each month by funding source; and
8. The use of salaries and wages savings for other purposes for each month by funding source.

SECTION 6. BEHAVIORAL HEALTH FACILITY GRANT - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND - APPLICATION.

1. Section 1 of this Act includes the sum of $12,960,000 from the strategic investment and improvements fund for a behavioral health facility grant pursuant to this section.
2. A grant of $12,960,000 must be provided to establish a behavioral health facility in the northeast human service region. The grant recipient must provide matching funds of $3,240,000 to establish the facility.
3. The department shall require an entity receiving funding under this section to operate the facility for at least ten years and require the grant amount to be repaid if the entity does not operate the facility for at least ten years.
4. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 7. APPROPRIATION - OFFICE OF GUARDIANSHIP AND CONSERVATORSHIP. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $3,266,178, or so much of the sum as may be necessary, to the office of guardianship and conservatorship, for the biennium beginning July 1,

2025, and ending June 30, 2027, for the purpose of providing guardianship services after March 30, 2026.

SECTION 8. TRANSFER - OFFICE OF GUARDIANSHIP AND CONSERVATORSHIP. Section 1 of this Act includes the sum of $3,266,177 from the general fund for guardianship programs. On April 1, 2026, the office of management and budget shall transfer any unspent appropriation authority for guardianship programs from the department of health and human services to the office of guardianship and conservatorship, for the biennium beginning July 1, 2025, and ending June 30, 2027.

SECTION 9. INFANT AND TODDLER CARE PROVIDER SUPPORT DIRECT PAYMENT - ONE-TIME - REPORT. Section 1 of this Act includes the sum of $11,000,000 of one-time funding from the general fund for direct payments to licensed child care providers to support high-quality early childhood care for infants and toddlers. The department shall administer the direct payment program and include the following provisions:

1. To qualify for a direct payment under this section, a direct payment recipient may not be currently receiving a child care assistance program infant/toddler bonus payment and must:
   a. Be a licensed child care facility within the state of North Dakota;
   b. Be enrolled in the state's bright and early quality rating system at a two-star, three-star, or four-star rating level; and
   c. Provide care for children from birth through three years of age.
2. Eligible providers may receive up to $200 per month for each child from birth through seventeen months of age and up to $115 per month for each child from eighteen through thirty-six months of age.
3. The department shall distribute the direct payments on a quarterly basis. Direct payments may not be used for non-child care-related expenses or debt repayment.
4. Direct payment recipients shall submit annual reports to the department detailing fund usage, enrollment statistics, and other information requested by the department.
5. The department shall provide reports to the legislative management and to the appropriations committees of the seventieth legislative assembly on direct payments and the effectiveness of the program.

SECTION 10. INTERMEDIATE CARE FACILITY MEDICALLY AND BEHAVIORALLY COMPLEX SERVICES GRANT - ONE-TIME - APPLICATION. Section 1 of this Act includes the sum of $4,400,000 of one-time funding from the community health trust fund for providing a one-time grant to a licensed intermediate care facility in the south central human service region for providing services to children or young adults with medically and behaviorally complex conditions. To be eligible to receive the grant under this section, a licensed intermediate care facility must provide early intervention, clinical, and residential services, provide community and home support, education, recreation and leisure activities, and assistive technology; and provide services in at least eight communities for individuals with intellectual or developmental disabilities. The grant funds awarded may be used only for the costs of providing services to children and young adults with medically and behaviorally complex conditions. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 11. SPECIAL HEALTH CARE NEEDS GRANT - APPLICATION. Section 1 of this Act includes the sum of $100,000 from the general fund for providing a grant to a provider in the south central human service region for statewide education, information, training, and peer support to families with children with special health care needs, medically complex conditions, or a disability. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 12. CRISIS SERVICES GRANTS - APPLICATION. Section 1 of this Act includes the sum of $585,000 from the general fund for providing crisis services grants, including the sum of $300,000 for crisis organizations that provide crisis services to young adults who are at risk of being homeless or experiencing other serious adverse life events and the sum of $285,000 to a volunteer-based ecumenical ministry organization. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 13. MEDICAL HOUSING FOR INDIVIDUALS WITH EXTRAORDINARY MEDICAL NEEDS - ONE-TIME FUNDING.

1. Section 1 of this Act includes the sum of $200,000 from the general fund for the preliminary design consultation and project administration of developing housing for individuals with disabilities that have extraordinary medical needs and for rent

subsidies for individuals residing in these housing facilities, for the biennium beginning July 1, 2025, and ending June 30, 2027.

2. The department of health and human services shall collaborate with the North Dakota housing finance agency, individuals with disabilities, caregivers, and families to solicit proposals for the development of accessible housing for individuals with disabilities that have extraordinary medical needs, for the biennium beginning July 1, 2025, and ending June 30, 2027. The department shall solicit proposals from public entities, for-profit organizations, and nonprofit organizations to design, construct, maintain, and operate the housing facility. Proposals must:
   a. Ensure that services in the facility may be provided separately from the facility ownership interests;
   b. Ensure that individuals residing in the facility may choose among independent living service providers; and
   c. Comply with the federal home and community-based settings rules as defined under 42 CFR 441.301(c)(4).

SECTION 14. BEHAVIORAL HEALTH FACILITY GRANT - GENERAL FUND - ONE-TIME - APPLICATION. Section 1 of this Act includes the sum of $1,500,000 appropriated from the general fund and section 29 of this Act continues unexpended appropriation authority of up to $1,950,000 appropriated from the general fund in chapter 44 of the 2023 Session Laws to provide a total of $3,450,000 for the purpose of providing a one-time behavioral health facility grant to establish a behavioral health facility in the northwest human service center region, for the biennium beginning July 1, 2025, and ending June 30, 2027. The department of health and human services shall include the following provisions relating to the grant award.

1. The grant recipient must provide matching funds of at least $1,750,000 to establish the facility.
2. The department shall require an entity receiving a grant under this section to operate the facility for at least ten years and require the grant amount to be repaid if the entity does not operate the facility for at least ten years.
3. To continue to receive the grant, the behavioral health facility grant recipient must:
   a. Enter a grant agreement or amendment or both with the department;

b. Provide and disclose information needed to comply with the department's datacollection requirements; and

c. Operate in compliance with grant requirements.

4. The department may recapture grant funds distributed to a grant recipient found by the department to be out of compliance with the requirements established for the grant program.

5. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section

SECTION 15. COMMUNITY CULTURAL CENTER GRANT - ~~STRATEGIC INVESTMENT AND IMPROVEMENTS~~COMMUNITY HEALTH TRUST FUND - APPLICATION. Section 1 of this Act includes the sum of ~~$1,000,000~~$300,000 from the ~~strategic investment and improvements~~community health trust fund for the purpose of providing a one-time community cultural center programming grant in the west central human service region. An entity may apply for a grant under this section if the entity certifies to the department ~~it has secured at least fifty percent of funds needed to complete the project, the project will be completed within two years of receiving the grant funds, and the grants funds will be used only for costs of constructing a~~the funds will be used for programs within the community cultural center. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 16. JUVENILE JUSTICE DIVERSION SERVICES AND PROGRAMS - TASK FORCE - REPORT. Section 1 of this Act includes the sum of $750,000 of one-time funding from the ~~general~~human services finance fund for juvenile justice diversion services and programs. The department of health and human services must use the funding for services to youth at risk of juvenile justice involvement but who have not committed delinquent acts as defined in chapter 27-20.4.

The department shall establish a task force with representation from divisions in the department, human service zones, the department of public instruction, elementary and secondary schools, and members of the legislative assembly, to review juvenile justice diversion services and program. The department shall report its findings and recommendations to the legislative management and children's cabinet.

~~**SECTION 9. ANIMAL SHELTER GRANT - COMMUNITY HEALTH TRUST FUND.** Section 1 of this Act includes the sum of $300,000 from the community health trust fund for a grant for the construction of an animal shelter. The department of health and human services may award a grant for the construction of an animal shelter to an organization that provides twenty dollars of nonstate matching funds for every dollar of grant funds received. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.~~

~~**SECTION 10. STATEWIDE HEALTH STRATEGIES - COMMUNITY HEALTH TRUST FUND.** Section 1 of this Act includes the sum of $750,000 of one-time funding from the community health trust fund for the statewide health strategies initiative. The department of health and human services may spend the funding upon securing dollar-for-dollar matching funds.~~

SECTION 17. OTHER FUNDS - INSURANCE TAX DISTRIBUTION FUND. The other funds line item in subdivision 5 of section 1 of this Act includes the sum of $1,125,000 from the insurance tax distribution fund for rural emergency medical services grants.

SECTION 18. OTHER FUNDS - COMMUNITY HEALTH TRUST FUND. The other funds line items in section 1 of this Act includes the sum of ~~$38,713,522~~$41,009,522 from the community health trust fund for the following purposes:

Loan repayment programs	$594,500
~~Tobacco and vaping programs~~	~~11,599,698~~
Tobacco prevention and control grants to local public health units	6,250,000
Tobacco prevention and control	4,549,698
Tobacco cessation grants	500,000
Youth vaping prevention grants	300,000
Cancer and women's way programs	909,824
Behavior risk state survey	200,000
Intermediate care facility grant	4,400,000
Domestic violence programs	4,250,000
Local public health grants	3,275,000
988 crisis hotline	1,867,500
~~Various information technology system upgrades~~	~~2,967,000~~

Various information technology system upgrades	1,335,000
Grants to rural ambulances	7,000,000
Law enforcement rural crisis support program	1,000,000
Development of partial hospitalization/intensive day treatment	2,000,000
Critical access hospital networking	2,000,000
~~Animal shelter grant~~	~~300,000~~
~~Statewide health strategies~~	~~750,000~~
~~Total~~	~~$38,713,522~~
Forensic examiner electronic records	278,000
Cultural center programming	300,000
Total	$41,009,522

SECTION 19. OTHER FUNDS - HUMAN SERVICE FINANCE FUND. The other funds line items in section 1 of this Act includes the sum of ~~$239,112,030~~$242,862,030 from the human service finance fund for state-paid economic assistance and social and human services.

SECTION 20. OTHER FUNDS - OPIOID SETTLEMENT FUND. The other funds line item in section 1 of this Act includes the sum of $8,000,000 from the opioid settlement fund for opioid remediation and abatement efforts.

SECTION 21. OTHER FUNDS - CHARITABLE GAMING OPERATING FUND. The other funds line item in section 1 of this Act includes the sum of $1,900,000 from the charitable gaming operating fund for domestic and sexual violence prevention.

SECTION 22. OTHER FUNDS - HEALTH CARE TRUST FUND. The other funds line item in section 1 of this Act includes the sum of $1,448,052 from the health care trust fund for the additional daily rate increase for basic care.

SECTION 23. OTHER FUNDS - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND. The other funds line items in section 1 of this Act includes the sum of ~~$227,474,784~~$22,106,784 from the strategic investment and improvements fund for the following purposes:

~~Retiring technology from the mainframe~~	~~$7,500,000~~
~~Move into the new state laboratory and purchase security equipment~~	~~2,962,304~~
~~Capital projects in human service centers and life skills and transition center~~	~~1,052,480~~
~~Housing initiative programs~~	~~1,000,000~~

~~Technology projects at the state hospital~~	~~1,000,000~~
~~New state hospital~~	~~200,000,000~~
~~Behavioral health facility grant~~	~~12,960,000~~
~~Community cultural center grant~~	~~1,000,000~~
~~Total~~	~~$227,474,784~~
Retiring technology from the mainframe	$2,500,000
New state laboratory move-in costs and security equipment purchases	2,962,304
Capital projects in certified community behavioral health clinics and life skills and transition center	1,684,480
Housing initiative programs	1,000,000
Technology projects at the state hospital	1,000,000
Behavioral health facility grant	12,960,000
Total	$22,106,784

SECTION 24. OTHER FUNDS - BANK OF NORTH DAKOTA LINE OF CREDIT - ~~STATE HOSPITAL~~CHILD WELFARE TECHNOLOGY PROJECT. The other funds line item in subdivision 2 of section 1 of this Act includes ~~$130,000,000~~the sum of $8,411,218 from a Bank of North Dakota line of credit. The department of health and human services may borrow up to ~~$130,000,000~~$8,411,218 through a line of credit from the Bank of North Dakota during the biennium beginning July 1, 2025, and ending June 30, 2027, for costs associated with ~~the construction of a new state hospital~~a child welfare technology project. The interest rate on the line of credit may not exceed the prevailing interest rate charged to North Dakota governmental entities. If the department accesses the line of credit, it shall request a deficiency appropriation from the seventieth legislative assembly to repay the line of credit.

SECTION 25. LABORATORY BUILDING STEERING COMMITTEE. The department of health and human services shall maintain the laboratory building steering committee to oversee the design and construction of the laboratory building project, for the biennium beginning July 1, 2025, and ending June 30, 2027, or until work is completed, whichever occurs earlier. The committee must include representation from the department of health and human services, department of environmental quality, office of management and budget, the governor's office, and the legislative assembly. The legislative assembly representation must include one member of the senate appointed by the senate majority leader, one member of the house appointed by

the house majority leader, and one member of the minority party from either the senate or the house appointed by the minority leaders of the senate and the house.

~~**SECTION 25. NEW STATE HOSPITAL - STEERING COMMITTEE.** The department of health and human services shall establish a new state hospital facility steering committee to oversee the design and construction of a new state hospital facility, for the biennium beginning July 1, 2025, and ending June 30, 2027. The committee must include one member of the senate appointed by the senate majority leader, one member of the house appointed by the house majority leader, and one member of the minority party from either the senate or the house appointed by the minority leaders of the senate and the house.~~

SECTION 26. CAPITAL PAYMENTS. During the biennium beginning July 1, 2025, and ending June 30, 2027, the department of health and human services is authorized to expend funds for the payment of special assessments at the state hospital, southeast human service center, and life skills and transition center. Pursuant to section 3 of this Act, the director of the office of management and budget may transfer appropriation authority between line items within section 1 of this Act and any remaining appropriation authority for the department of health and human services approved by the sixty-ninth legislative assembly. The department of health and human services may transfer funds for the payment of special assessments at the state hospital, southeast human service center, and life skills and transition center ahead of the special needs assessments schedule. Notwithstanding section 54-27-12, the department of health and human services may spend funds for the payment of special assessments at the state hospital and life skills and transition center.

SECTION 27. CAPITAL PROJECTS - EMERGENCY COMMISSION AND BUDGET SECTION APPROVAL. During the biennium beginning July 1, 2025, and ending June 30, 2027, pursuant to section 3 of this Act, the director of the office of management and budget may transfer appropriation authority between line items within section 1 of this Act and any remaining appropriation authority for the department of health and human services approved by the sixty-ninth legislative assembly for capital projects and maintenance pertaining to operation of its facilities, including demolition projects. Notwithstanding section 54-27-12, the department of health and human services may spend up to $10,000,000 for capital projects and maintenance pertaining to operation of its facilities, including demolition projects, under this section and may

seek emergency commission and budget section approval to spend more than $10,000,000 under this section.

SECTION 28. PERMANENT SUPPORTIVE HOUSING GRANTS. Section 1 of this Act includes the sum of $4,672,536 from the general fund for permanent supportive housing grants. The department of health and human services shall develop a funding methodology to distribute the funding to qualified entities that utilize best practices for permanent supportive housing, provide recovery-oriented and person-centered services, submit process and outcome measures to the department of health and human services, and authorize the department of health and human services to conduct onsite visits to review program operations.

SECTION 29. EXPENDITURES MAY NOT EXCEED APPROPRIATION - MEDICAL ASSISTANCE EXPANSION PROGRAM - APPLICATION.

1. Section 1 of this Act includes the sum of $662,099,340, of which $66,209,934 is from the general fund, for the medical assistance expansion program, for the biennium beginning July 1, 2025, and ending June 30, 2027. The expenditures for individuals eligible for the medical assistance expansion program may not exceed this amount.
2. The department of health and human services may exceed appropriations for increases in medical assistance expansion program caseload, for the addition of coverage consistent with the traditional Medicaid 1915(i) state plan, utilization rates, and reduction in federal medical assistance percentage.
3. The managed care organization under contract with the department of health and human services to manage the medical assistance expansion program shall reimburse providers within the same provider type and specialty at consistent levels and with consistent methodology and may not provide incentive, quality, or supplemental payments to providers, unless part of a value-based program approved by the department of health and human services. The managed care organization shall reimburse all North Dakota substance use providers of American society of addiction medicine level 2.5 at consistent levels and with consistent methodology. The managed care organization may consider urban and rural providers as different provider types.
4. The managed care organization and the department of health and human services shall ensure payments to Indian or Tribal 638 health care providers, federally qualified health centers,and rural health clinics meet the federally required minimum levels of

reimbursement. Critical access hospitals may not be paid less than one hundred percent of Medicare allowable costs and human service centers may not be paid less than one hundred percent of the current traditional Medicaid rate. Behavioral health services involving partial hospitalization, intensive outpatient, professional services, and residential behavioral health services provided in facilities that are not institutions for mental diseases are not subject to the provisions in subsection 6.

5. The department of health and human services shall ensure providers within the same provider type and specialty are reimbursed at consistent levels and with consistent methodology and shall ensure the capitation rates under risk contracts are actuarially sound and are adequate to meet managed care organization contractual requirements regarding availability of services, assurance or adequate capacity and services, and coordination and continuity of care.

6. Except for the provisions in subsection 4, managed care organization premium payments must be built using the assumption that rates paid to providers under the medical assistance expansion program may not exceed one hundred forty-five percent of Medicare reimbursement rates paid to providers on January 1, 2025.

SECTION 30. HUMAN SERVICE CENTERS - CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS - FULL-TIME EQUIVALENT POSITIONS - REPORT. The department of health and human services shall continue the process of the human service centers becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults. The department of health and human services shall pursue additional federal funding as available. Subject to the availability of generated income, the department of health and human services may add full-time equivalent positions for the clinics to provide direct services for the period beginning with the effective date of this Act and ending June 30, 2027. The department of health and human services shall report to the office of management and budget and legislative council each time a position is added.

SECTION 31. INTERMEDIATE CARE FACILITY MORATORIUM. The department of health and human services may not add any new licensed intermediate care facility for individuals with intellectual disabilities beds to the state's licensed bed capacity between July 1, 2025, and June 30, 2027.

SECTION 32. EXEMPTION - UNEXPENDED APPROPRIATIONS. The following appropriations are not subject to the provisions of section 54-44.1-11 and any unexpended appropriation authority may be continued into the biennium beginning July 1, 2025, and ending June 30, 2027:

1. The sum of $3,674,757 appropriated from the general fund and the sum of $25,918,566 appropriated from federal funds for the Medicaid management information system modularization technology project in chapter 12 of the 2021 Session Laws;
2. The sum of ~~$14,411,218~~$6,000,000 appropriated from the general fund and the sum of $14,411,218 appropriated from federal funds for the child welfare technology project in chapter 12 of the 2021 Session Laws;
3. The sum of $20,366,271 appropriated from the community health trust fund and the sum of $39,534,525 appropriated from federal funds for the child support computer replacement project in chapter 44 of the 2023 Session Laws;
4. The sum of $10,989,217 appropriated from the strategic investment and improvements fund for the procurement and grants management system in chapter 44 of the 2023 Session Laws;
5. The sum of $4,150,000 appropriated from the general fund for defraying the expenses of additional human service centers to begin the process of becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults in chapter 44 of the 2023 Session Laws;
6. The sum of $18,941,847 appropriated to the department of health and human services in chapter 549 of the 2021 Special Session Session Laws;
7. The sum of $55,120,000 appropriated from the federal state fiscal recovery fund for a public health laboratory capital project in chapter 4 of the 2023 Session Laws;
8. The sum of ~~$5,000,000~~$2,200,000 appropriated from the general fund for the purpose of employer-led child care cost-share program in chapter 446 of the 2023 Session Laws;
9. The sum of $986,555 appropriated from the general fund for the purpose of streamlining background checks project in chapter 446 of the 2023 Session Laws;

10. The sum of ~~$2,223,981~~$1,000,000 appropriated from the federal state fiscal recovery fund for the implementation of a virtual behavioral health crisis care program for rural law enforcement in chapter 44 of the 2023 Session Laws; and
11. The sum of $500,000 appropriated from the general fund and the sum of $500,000 appropriated from federal funds for the purpose of program integrity audits in chapter 44 of the 2023 Session Laws.
12. The sum of $1,950,000 appropriated from the general fund to the department of health and human services for a northwest human service region behavioral health facility grant in chapter 44 of the 2023 Session Laws.

SECTION 33. LEGISLATIVE INTENT - UTILIZATION RATE ADJUSTMENT. It is the intent of the sixty-ninth legislative assembly that the department of health and human services seek a deficiency appropriation from the seventieth legislative assembly for any expenditures that exceed appropriated amounts as a result of underfunding, utilization rates, value-based purchasing for nursing facilities, reduction in federal medical assistance percentage, and unexpected contract cost increases that exceed ten percent, during the biennium beginning July 1, 2025, and ending June 30, 2027, if funding is not sufficient to pay actual expenses.

SECTION 34. LEGISLATIVE INTENT - PROVIDER RATE INCREASE. Except as otherwise noted, section 1 of this Act includes funding for human service provider inflation increases of two percent for each year of the biennium beginning July 1, 2025, and ending June 30, 2027. The provider inflation increase in this section does not apply to nursing facilities.

~~**SECTION 29. LEGISLATIVE INTENT - DEVELOPMENTAL DISABILITIES PROVIDER ACCREDITATION REQUIREMENT.** It is the intent of the sixty-ninth legislative assembly that the department of health and human services eliminate its administrative rule requirement that providers of developmental disabilities services be accredited as a condition of being eligible for receiving payments for services from the department of health and human services.~~

~~**SECTION 35. LEGISLATIVE INTENT - MEDICAL ASSISTANCE.** It is the intent of the sixty-ninth legislative assembly that the department of health and human services review the amount, duration, coverage, utilization rates, medical necessity, and scope of medical assistance services, and may implement any adjustments the department determines appropriate.~~

SECTION 35. FEDERAL FUNDING APPEAL LIMITATION. Except as otherwise specifically provided by federal law, a person may not appeal a denial, revocation, reduction in services or payment, or the termination of a program or service by the department of health and human services dues to the unavailability of federal coronavirus funding received under federal law resulting from the federal coronavirus pandemic emergency declarations, for the biennium beginning July 1, 2025, and ending June 30, 2027.

SECTION 36. DEPARTMENT OF HEALTH AND HUMAN SERVICES - LONG-TERM STRUCTURED RESIDENCES PLAN - REPORT. During the 2025-26 interim, the department of health and human services shall review options and develop a plan to establish long-term structured residences. The department shall review necessary changes to statutes, rules, policies, and the estimated fiscal impact of establishing the residences. A long-term structured residence must be a highly structured therapeutic residential mental health treatment facility that is staffed continuously and designed to treat adults under chapters 12.1-04.1 and 25-03.1 who have severe and persistent mental illness and who have reached the maximum benefit from the mental health resources available elsewhere in the community or hospital. The department shall present a report to the legislative management by October 1, 2026, regarding its plan to establish long-term structured residences.

SECTION 37. AMENDMENT. A new section to chapter 6-09 of the North Dakota Century Code is created and enacted as follows:

Extraordinary medical needs housing loan fund - Continuing appropriation.

1. The Bank of North Dakota shall administer a loan program to provide loans for new construction projects to provide housing for individuals with disabilities that have extraordinary medical needs. A construction project may include a land purchase and the construction costs of the project. The applicant must comply with project requirements as approved by the department of health and human services and the North Dakota housing finance agency.
2. The extraordinary medical needs housing loan fund is a special fund maintained in the state treasury from which the Bank shall provide loans under this section. The fund consists of revenues transferred under legislative authorization, interest upon moneys in the fund, and collections of interest and principal on loans made from the fund. All

moneys in the fund are appropriated on a continuing basis to the Bank for the purpose of providing loans under this section.

3. The developer of the housing facility for individuals with disabilities that have extraordinary medical needs may submit an application to the Bank for a loan. The application must:

a. Provide detail on the proposed construction project and its compliance with the department of health and human services and the North Dakota housing finance agency requirements;

b. Demonstrate the need and long-term viability of the project; and

c. Include financial information the Bank determines appropriate to verify eligibility.

4. A loan approved under this section:

a. May not exceed three million three hundred thousand dollars for a project;

b. Must have an interest rate that does not exceed two percent; and

c. Must have a repayment schedule of no longer than twenty years.

5. A recipient of a loan under this section shall complete the financed construction project within twenty-four months of the approval of the loan. Failure to comply with this subsection may result in forfeiture of the entire loan received under this section.

6. The Bank shall deposit in the fund all principal and interest paid on the loans made from the fund. The Bank may deduct from interest payments a service fee for costs of administering the loan program. The fund must be audited annually pursuant to section 6-09-29 and the cost of the audit and any other actual costs incurred by the Bank on behalf of the fund must be paid from the fund.

SECTION 38. AMENDMENT. Section 50-06-06.6 of the North Dakota Century Code is amended and reenacted as follows:

50-06-06.6. Department may lease real and personal property.

The commissioner of the department or commissioner's designee may lease ~~surplus farm and pastureland at the state hospital and the life skills and transition center. The commissioner or designee also may enter into further leases of~~ real or personal property at the life skills and transition center or the state hospital upon a specific finding that the granting of each such leasehold interest will result in a net economic gain for the department, taking into account all identifiable costs. Any lease of space for the purpose of providing child care services must meet

requirements as determined by the department. The commissioner of the department or commissioner's designee may prescribe the terms and conditions of any leases entered into pursuant to this section and may renew existing leases. ~~Any~~The term of any lease ~~entered into must be subject to renewal or cancelable each biennium~~may not exceed ninety-nine years.

SECTION 39. AMENDMENT. Section 50-06-42 of the North Dakota Century Code is amended and reenacted as follows:

50-06-42. Substance use disorder treatment voucher system ~~- Mental health treatment voucher system for incarcerated individuals~~.

1. The department shall establish and administer, within the limits of legislative appropriations, a voucher system to address underserved areas and gaps in the state's substance abuse treatment system and to assist in the payment of addiction treatment services and medical costs provided by licensed substance abuse treatment programs, excluding regional human service centers and hospital- or medical clinic-based programs for medical management of withdrawal.

~~a.~~ An out-of-state licensed substance abuse treatment program located within a bordering state may participate in the voucher program to serve an underserved area of this state pursuant to the rules adopted by the department. The department shall develop rules to include processes and requirements for an out-of-state provider to receive reimbursement only for outpatient and community-based services upon a provider completing an assessment of need and receiving approval from the department.

2.~~b.~~ Services eligible for the voucher program include only those levels of care recognized by the American society of addiction medicine, with particular emphasis given to underserved areas and programs. The department shall ensure that a licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers collects and reports process and outcome measures.

3.~~c.~~ The department shall develop requirements and provide training and technical assistance to a licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers. A licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers shall provide evidence-based services.

4.~~d.~~ The department shall allocate funding appropriated for the substance use disorder treatment voucher as follows:

a. ~~No(1)~~ Except as provided in ~~paragraphs 3 and 4~~subdivisions c and d, no more than ~~forty-five~~fifty percent of the appropriated amount may be allocated for residential substance use disorder services administered by licensed substance abuse treatment programs with more than sixteen beds.

b.~~(2)~~ The remaining appropriation must be allocated for residential programs with sixteen or fewer beds, nonresidential outpatient, and ancillary substance use disorder services administered by licensed substance abuse treatment programs.

~~(3)~~c. The department, during the last quarter of the biennium, may reallocate projected unused funds that were allocated under ~~paragraph 2~~subdivision b to residential facilities outlined in ~~paragraph 1~~subdivision a.

~~(4)~~d. The department may reimburse a licensed substance abuse treatment program with more than sixteen beds the incurred direct medical costs of an eligible individual who does not have resources to cover the medical costs. The department may develop rules and may not exceed the total amount appropriated for medical cost reimbursement.

~~2. The department shall establish and administer, within the limits of legislative appropriations, a voucher system to address underserved areas and gaps in the state's mental health treatment system for individuals detained or confined in a county jail or detention center or regional corrections center and to assist in the payment of mental health treatment services provided by a licensed mental health professional acting within their scope of practice, excluding a regional human service center.~~

~~a. Services eligible for the voucher program include only diagnostic assessment and mental health therapy for individuals with a mental health concern detained or confined in a county jail or detention center or regional corrections center. The department shall ensure that a licensed mental health professional accepting vouchers collects and reports process and outcome measures.~~

~~b. The department shall develop requirements and provide training and technical assistance to licensed mental health professionals accepting vouchers. A licensed mental health professional shall provide evidence-based services.~~

SECTION 40. AMENDMENT. Section 50-24.5-02.3 of the North Dakota Century Code is amended and reenacted as follows:

50-24.5-02.3. Basic care payment rates.

1. The department shall determine limits for the care of residents of basic care facilities that qualify as vendors of an aged, blind, and disabled persons program and for implementing provisions of this chapter based on data demonstrating the most recent costs that must be incurred for the care of residents in efficiently and economically operated basic care facilities. The department shall determine the limits every four years by July first, beginning with July 1, 2023.
2. The department shall establish the limits by using the median rates from the most recent data available. The direct care limit must be the median plus eighteen percent. The indirect care limit must be the median plus twelve percent.
3. For the rate year beginning July 1, 2023, the department shall increase rates and limits three and one-half percent for inflation. For the rate year beginning July 1, 2024, the department shall increase rates and limits three and one-half percent for inflation.
4. The department shall provide a rate increase in the amount of five dollars per day for the period beginning July 1, 2023, and ending June 30, ~~2025~~2027, after which the increase is not effective. This rate increase may not be included in any calculation of inflation increase.
5. Within the limits of legislative appropriations, the department shall establish an uncompensated care expense of three hundred sixty-five days.

SECTION 41. AMENDMENT. Section 50-33-05 of the North Dakota Century Code is amended and reenacted as follows:

50-33-05. State of residence.

Only child care assistance units physically residing within the boundaries of the state are eligible for child care assistance, unless the individual is employed by an early childhood program within the boundaries of the state and the individual has been approved for the state's child care assistance child care workforce benefit.

SECTION 42. AMENDMENT. Subsection 1 of section 50-36-03 of the North Dakota Century Code is amended and reenacted as follows:

1. The committee is composed of:

a. One member of the North Dakota association of counties appointed by the chairman of the legislative management, who shall serve a term of two years.

b. One member of the North Dakota league of cities appointed by the chairman of the legislative management, who shall serve a term of two years.

c. One member of the North Dakota state association of city and county health officials appointed by the chairman of the legislative management, who shall serve a term of two years.

d. One member who represents the highway patrol appointed by the highway patrol superintendent, who shall serve a term of two years.

e. The executive director of the department's division of behavioral health.

f. ~~The managing director of the office of recovery reinvented~~One member in recovery appointed by the governor.

g. One member appointed by the governor who shall serve as a nonvoting member and as the presiding officer of the committee, who shall serve a term of two years.

SECTION 43. AMENDMENT. Subsection 6 of the new section to chapter 54-07 of the North Dakota Century Code, as created by section 1 of Senate Bill No. 2176, as approved by the sixty-ninth legislative assembly, is amended and reenacted as follows:

6. a. The office of the governor shall provide staffing and administrative services for the children's cabinet and coordinate with other designated working groups on children and family issues.

b. The governor or the governor's designee serving on the cabinet may appoint a representative to serve in that official's capacity at a meeting if the governor or governor's designee is unable to attend.

SECTION 44. HOUSING AVAILABILITY ASSESSMENT - COLLABORATION WITH HOUSING FINANCE AGENCY. The department of health and human services shall collaborate with the North Dakota housing finance agency and other appropriate stakeholders to assess the availability of housing for individuals requiring extraordinary health care support services, for the biennium beginning July 1, 2025, and ending June 30, 2027. Based on the results of the assessment, if necessary, the department shall develop a plan to expand access to housing

providing the least restrictive environment for individuals requiring extraordinary health care support services.

SECTION 45. BEHAVIORAL HEALTH CLINICS, NORTH DAKOTA STATE HOSPITAL, AND LIFE SKILLS AND TRANSITION CENTER FUNDING. Section 1 of this Act includes funding for the behavioral health clinics, North Dakota state hospital, and life skills and transition center as follows:

1. Behavioral health clinics:
   a. Salaries and wages ~~$156,967,103~~$174,911,640
   b. Operating and capital ~~64,131,965~~57,037,232
   c. Total ~~$221,099,068~~$231,948,872
2. State hospital:
   a. Salaries and wages ~~$68,775,551~~$68,999,503
   b. Operating and capital ~~350,880,155~~20,880,155
   c. Total ~~$419,655,706~~$89,879,658
3. Life skills and transition center:
   a. Salaries and wages ~~$55,540,213~~$55,639,421
   b. Operating and capital ~~15,207,658~~12,707,658
   c. Total ~~$70,747,871~~$68,347,079

SECTION 46. LEGISLATIVE MANAGEMENT STUDY - STUDENT TRUANCY AND ABSENTEEISM. The legislative management shall consider studying, during the 2025-26 interim, truancy and student absenteeism in kindergarten through grade twelve public schools. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement its recommendations, to the seventieth legislative assembly.

~~**SECTION 47. LEGISLATIVE MANAGEMENT STUDY - OBESITY HEALTH IMPLICATIONS.** The legislative management shall consider studying, during the 2025-26 interim, the health implications of obesity on the residents of the state and options to increase access to prevention and treatments for obesity. If conducted, the study must review costs associated with obesity including comorbidities, treatments available for obesity, obesity diagnosis guidelines including use of body mass index compared with percentage of body fat, and examining the difference between being an individual who is healthy and overweight as compared to an obese individual. The legislative management shall report its findings and~~

~~recommendations, together with any legislation necessary to implement its recommendations, to the seventieth legislative assembly.~~

SECTION 47. LEGISLATIVE MANAGEMENT STUDY - MATERNAL HEALTH SERVICES - ACCESS AND WORKFORCE.

1. During the 2025-26 interim, the legislative management shall consider studying access to maternal health services. The study must include:
   a. Consideration of the availability of prenatal and childbirth services, including provider shortages and service use.
   b. Development of strategies to increase the number of obstetricians, family doctors, and midwives providing maternal health services in this state.
   c. A review of coverage and reimbursement for doulas and midwives, including training and certification needs.
   d. Consideration of insurance and public policy options to improve maternal health outcomes, including through the Medicaid program.
   e. Input from health care providers, insurers, public health officials, and maternal health experts.
2. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement its recommendations, to the seventieth legislative assembly.

SECTION 48. LEGISLATIVE INTENT - LIFE SKILLS AND TRANSITION CENTER. It is the intent of the sixty-ninth legislative assembly that during the 2025-26 interim, the department of health and human services review the facilities and land at the life skills and transition center to identify the portions of the life skills and transition center campus that are necessary for delivery of services and the portions of the campus that could be conveyed to a local government or related public or not-for-profit community development entity to redevelop to optimize local community development goals and the successful operation of the life skills and transition center. It is further the intent of the legislative assembly that the department of health and human services present any request to convey any portions of the campus to the seventieth legislative assembly.

SECTION 49. DISABILITY SERVICE ACCREDITATION STUDY - LEGISLATIVE MANAGEMENT REPORT. During the 2025-26 interim, the department of health and human

services shall study accreditation requirements and provider costs for serving individuals with intellectual and developmental disabilities, including the cost of accreditation relative to the cost of providing services and reimbursement. The department shall report its findings and recommendations, together with any legislation necessary to implement recommendations to the legislative management by September 1, 2026.

SECTION 50. VALUE-BASED CARE INCENTIVE PROGRAM - PAYMENT WITHHOLD FOR NURSING FACILITIES - COLLABORATION WITH NORTH DAKOTA LONG TERM CARE ASSOCIATION. During the 2025-26 interim, the department of health and human services, in collaboration with the North Dakota long term care association, shall develop a payment withhold structure for value-based payments to provide funding for the value-based care incentive program for nursing facilities. The department shall implement the payment withhold beginning July 1, 2027. The department may not implement a payment withhold before July 1, 2027.

SECTION 51. LEGISLATIVE MANAGEMENT STUDY- DISABILITY SERVICES.

1. During the 2025-26 interim, the legislative management shall consider a study of the efficiency, effectiveness, and outcomes of developmental disability services provided by the department of health and human services. The study must include:
   a. A review of the approval process, an analysis of accountability measures, an assessment of gaps in services, and an evaluation of overall program management.
   b. An assessment of whether the department is effectively managing cases and complying with federal law in the provision of support and services to individuals with disabilities.
   c. Input from advocates, clients from the disability community, zone directors, service providers, and health care providers who serve individuals with disabilities.
   d. Collaboration with the cross-disability advisory council.
2. The legislative council may contract with a consultant with expertise in the provision of developmental disability services to assist in the study.

3. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement its recommendations, to the seventieth legislative assembly.

SECTION 52. APPROPRIATION - COMMUNITY HEALTH TRUST FUND - LEGISLATIVE COUNCIL - DISABILITY SERVICES - ONE-TIME FUNDING. There is appropriated out of any moneys in the community health trust fund, not otherwise appropriated, the sum of $150,000, or so much of the sum as may be necessary, to the legislative council for the purpose of contracting for consulting services for a disability services study, for the biennium beginning July 1, 2025, and ending June 30, 2027. The appropriation in this section is considered a one-time funding item.

SECTION 53. LEGISLATIVE INTENT - STATEWIDE DEMENTIA COORDINATION. It is the intent of the sixty-ninth legislative assembly that the department of health and human services address the statewide coordination of dementia services.

SECTION 54. LEGISLATIVE MANAGEMENT REPORT - BEHAVIORAL HEALTH FACILITY GRANTS. During the 2025-26 interim the department of health and human services shall provide reports to the ~~legislative management~~budget section regarding the award of grant funding to increase the number of behavioral health beds in the state.

SECTION 55. EFFECTIVE DATE. Section ~~33~~39 of this Act becomes effective on July 1, 2026.

SECTION 56. EFFECTIVE DATE. Section 9 of this Act becomes effective on January 1, 2026.

STATEMENT OF PURPOSE OF AMENDMENT:

House Bill No. 1012 - Summary of Conference Committee Action

	Base Budget	House Version	Conference Committee Changes	Conference Committee Version	Senate Version	Comparison to Senate
Legislative Council						
Total all funds	$0	$0	$150,000	$150,000	$150,000	$0
Less estimated income	0	0	150,000	150,000	150,000	0
General fund	$0	$0	$0	$0	$0	$0
FTE	0.00	0.00	0.00	0.00	0.00	0.00
Department of Health and Human Services						
Total all funds	$0	$596,284,775	$15,228,962	$611,513,737	$619,977,466	($8,463,729)
Less estimated income	0	286,720,150	4,728,962	291,449,112	291,449,112	0
General fund	$0	$309,564,625	$10,500,000	$320,064,625	$328,528,354	($8,463,729)
FTE	0.00	2,688.35	0.00	2,688.35	2,688.35	0.00
DHHS - Business Operations						
Total all funds	$192,993,318	$97,063,631	$0	$97,063,631	$97,063,631	$0
Less estimated income	118,894,310	47,368,089	0	47,368,089	47,368,089	0
General fund	$74,099,008	$49,695,542	$0	$49,695,542	$49,695,542	$0
FTE	114.40	0.00	0.00	0.00	0.00	0.00
DHHS - Behavioral Health						
Total all funds	$421,861,349	$580,920,603	($332,618,000)	$248,302,603	$238,652,301	$9,650,302
Less estimated income	113,955,941	399,223,478	(327,368,000)	71,855,478	66,895,478	4,960,000
General fund	$307,905,408	$181,697,125	($5,250,000)	$176,447,125	$171,756,823	$4,690,302
FTE	1,054.27	0.00	0.00	0.00	0.00	0.00
DHHS - Human Services						
Total all funds	$1,863,859,882	$1,882,984,555	($31,927,696)	$1,851,056,859	$1,857,533,310	($6,476,451)
Less estimated income	1,240,409,529	1,226,448,044	(15,275,882)	1,211,172,162	1,216,320,595	(5,148,433)
General fund	$623,450,353	$656,536,511	($16,651,814)	$639,884,697	$641,212,715	($1,328,018)
FTE	1,009.16	0.00	0.00	0.00	0.00	0.00
DHHS - Medical Services						
Total all funds	$2,776,246,128	$2,855,909,613	($79,179,540)	$2,776,730,073	$2,840,289,109	($63,559,036)
Less estimated income	1,818,029,530	1,810,657,071	(31,854,618)	1,778,802,453	1,809,220,473	(30,418,020)
General fund	$958,216,598	$1,045,252,542	($47,324,922)	$997,927,620	$1,031,068,636	($33,141,016)
FTE	90.50	0.00	0.00	0.00	0.00	0.00
DHHS - Public Health						
Total all funds	$298,196,870	$265,019,251	($63,377,322)	$201,641,929	$198,980,851	$2,661,078
Less estimated income	250,440,690	229,814,403	(60,516,583)	169,297,820	167,119,820	2,178,000
General fund	$47,756,180	$35,204,848	($2,860,739)	$32,344,109	$31,861,031	$483,078
FTE	215.50	0.00	0.00	0.00	0.00	0.00
Office of Guardianship						
Total all funds	$0	$0	$3,266,178	$3,266,178	$0	$3,266,178
Less estimated income	0	0	0	0	0	0
General fund	$0	$0	$3,266,178	$3,266,178	$0	$3,266,178
FTE	0.00	0.00	0.00	0.00	0.00	0.00
Bill total						
Total all funds	$5,553,157,547	$6,278,182,428	($488,457,418)	$5,789,725,010	$5,852,646,668	($62,921,658)
Less estimated income	3,541,730,000	4,000,231,235	(430,136,121)	3,570,095,114	3,598,523,567	(28,428,453)
General fund	$2,011,427,547	$2,277,951,193	($58,321,297)	$2,219,629,896	$2,254,123,101	($34,493,205)
FTE	2,483.83	2,688.35	0.00	2,688.35	2,688.35	0.00

House Bill No. 1012 - Legislative Council - Conference Committee Action

	Base Budget	House Version	Conference Committee Changes	Conference Committee Version	Senate Version	Comparison to Senate
Disability services study			$150,000	$150,000	$150,000	
Total all funds	$0	$0	$150,000	$150,000	$150,000	$0
Less estimated income	0	0	150,000	150,000	150,000	0
General fund	$0	$0	$0	$0	$0	$0
FTE	0.00	0.00	0.00	0.00	0.00	0.00

Department 160 - Legislative Council - Detail of Conference Committee Changes

	Adds Funding for Disability Services Study[1]	Total Conference Committee Changes
Disability services study	$150,000	$150,000
Total all funds	$150,000	$150,000
Less estimated income	150,000	150,000
General fund	$0	$0
FTE	0.00	0.00

[1] One-time funding is added from the community health trust fund for consulting services for a Legislative Management study of disability services provided by the Department of Health and Human Services, the same as the Senate.

House Bill No. 1012 - Office of Guardianship - Conference Committee Action

	Base Budget	House Version	Conference Committee Changes	Conference Committee Version	Senate Version	Comparison to Senate
Office of guardianship			$3,266,178	$3,266,178		$3,266,178
Total all funds	$0	$0	$3,266,178	$3,266,178	$0	$3,266,178
Less estimated income	0	0	0	0	0	0
General fund	$0	$0	$3,266,178	$3,266,178	$0	$3,266,178
FTE	0.00	0.00	0.00	0.00	0.00	0.00

Department 315 - Office of Guardianship - Detail of Conference Committee Changes

	Adds Funding for Office of Guardianship Services[1]	Total Conference Committee Changes
Office of guardianship	$3,266,178	$3,266,178
Total all funds	$3,266,178	$3,266,178
Less estimated income	0	0
General fund	$3,266,178	$3,266,178
FTE	0.00	0.00

[1] Funding from the general fund is added for operations of the Office of Guardianship and Conservatorship to provide guardianship services effective April 1, 2026.

House Bill No. 1012 - Department of Health and Human Services - Conference Committee Action

	Base Budget	House Version	Conference Committee Changes	Conference Committee Version	Senate Version	Comparison to Senate
Salaries and wages block grant		$596,284,775	$15,228,962	$611,513,737	$619,977,466	($8,463,729)
Total all funds	$0	$596,284,775	$15,228,962	$611,513,737	$619,977,466	($8,463,729)
Less estimated income	0	286,720,150	4,728,962	291,449,112	291,449,112	0
General fund	$0	$309,564,625	$10,500,000	$320,064,625	$328,528,354	($8,463,729)
FTE	0.00	2,688.35	0.00	2,688.35	2,688.35	0.00

Department 325 - Department of Health and Human Services - Detail of Conference Committee Changes

	Adjusts Funding for Salaries and Wages Block Grant[1]	Total Conference Committee Changes
Salaries and wages block grant	$15,228,962	$15,228,962
Total all funds	$15,228,962	$15,228,962
Less estimated income	4,728,962	4,728,962
General fund	$10,500,000	$10,500,000
FTE	0.00	0.00

[1] Funding for the salaries and wages block grant is adjusted as follows:

Description	FTE	General Fund	Other Funds	Total
Adds funding to reduce underfunding, the Senate added $18,963,729.		$10,500,000	$0	$10,500,00
Adds salary funding from operating fund the same as the Senate.		0	4,728,962	4,728,962
Total changes to salaries and wages block grant			$4,728,962	$15,228,962

House Bill No. 1012 - DHHS - Business Operations - Conference Committee Action

	Base Budget	House Version	Conference Committee Changes	Conference Committee Version	Senate Version	Comparison to Senate
Salaries and wages	$25,763,358					
Operating expenses	155,308,399	$78,284,629		$78,284,629	$78,284,629	
Capital assets	108,934					
Grants	11,812,627	18,779,002		18,779,002	18,779,002	
Total all funds	$192,993,318	$97,063,631	$0	$97,063,631	$97,063,631	$0
Less estimated income	118,894,310	47,368,089	0	47,368,089	47,368,089	0
General fund	$74,099,008	$49,695,542	$0	$49,695,542	$49,695,542	$0
FTE	114.40	0.00	0.00	0.00	0.00	0.00

House Bill No. 1012 - DHHS - Behavioral Health - Conference Committee Action

	Base Budget	House Version	Conference Committee Changes	Conference Committee Version	Senate Version	Comparison to Senate
Salaries and wages	$8,792,675					
Operating expenses	79,381,458	$103,269,596		$103,269,596	$103,171,118	$98,478
Grants	40,476,298	62,365,620	($3,250,000)	59,115,620	49,655,620	9,460,000
Behavioral health clinics	196,383,945	56,405,232	632,000	57,037,232	56,945,408	91,824
State Hospital	94,826,973	350,880,155	(330,000,000)	20,880,155	20,880,155	
Opioid addiction prevention	2,000,000	8,000,000		8,000,000	8,000,000	
Total all funds	$421,861,349	$580,920,603	($332,618,000)	$248,302,603	$238,652,301	$9,650,302
Less estimated income	113,955,941	399,223,478	(327,368,000)	71,855,478	66,895,478	4,960,000
General fund	$307,905,408	$181,697,125	($5,250,000)	$176,447,125	$171,756,823	$4,690,302
FTE	1,054.27	0.00	0.00	0.00	0.00	0.00

Department 327 - DHHS - Behavioral Health - Detail of Conference Committee Changes

	Adjusts Funding for Behavioral Health Division[1]	Total Conference Committee Changes
Salaries and wages		
Operating expenses		
Grants	($3,250,000)	($3,250,000)
Behavioral health clinics	632,000	632,000
State Hospital	(330,000,000)	(330,000,000)
Opioid addiction prevention		
Total all funds	($332,618,000)	($332,618,000)
Less estimated income	(327,368,000)	(327,368,000)
General fund	($5,250,000)	($5,250,000)
FTE	0.00	0.00

[1] Funding for the behavioral health division is adjusted as follows:

Description	FTE	General Fund	Other Funds	Total
Reduces funding for SUD for medical expenses in institutions for mental disease facilities to $250,000, the same as the Senate.		($250,000)	$0	($250,000)
Removes SUD funding added by the House for treatment for incarcerated individuals, the same as the Senate.		(2,500,000)	0	(2,500,000)
Provides no funding for youth crisis stabilization pilot project the same as the House. The Senate provided $3,000,000.		0	0	0
Did not change the House version of $4,458,814 to expand the community connect program. The Senate had reduced this amount to $3.5 million.		0		0
Did not change the House version of $4,016,908 to expand the free through recovery program. The Senate had reduced this amount to $2 million.		0	0	0
Removes funding added by the House for behavioral health services in nursing homes and basic care facilities, the same as the Senate.		(2,000,000)	0	(2,000,000)
Adjusts funding to reflect increased revenue from the certified community behavioral health clinics, the same as the Senate.		(2,000,000)	2,000,000	0
Provides for annual provider inflation increase of 2% and 2%, the same as the House. The Senate provided for a 2% and 1.5% inflation increase.		0	0	0
Total ongoing changes		($6,750,000)	$2,000,000	($4,750,000)
One-time funding items:				
Adds funding to remodel bathrooms at the Southeast human service center, the same as the Senate.		$0	$632,000	$632,000
Removes funding to construct a new state hospital, the same as the Senate.		0	(330,000,000)	(330,000,000)
Did not change the House version of $12,960,000 for a grant to a behavioral health facility in the Northeast human service region, the Senate had reduced the amount to $5 million.		0	0	0
Adds funding for a behavioral health facility in the northwest human service center region. Neither the House nor the Senate included funding for this grant.		1,500,000	0	1,500,000
Total one-time funding changes		$1,500,000	($329,368,000)	($327,868,000)
Total conference committee changes		($5,250,000)	($327,368,000)	($332,618,000)

House Bill No. 1012 - DHHS - Human Services - Conference Committee Action

	Base Budget	House Version	Conference Committee Changes	Conference Committee Version	Senate Version	Comparison to Senate
Salaries and wages	$168,325,918					
Operating expenses	88,885,469	$197,143,705	$6,245,040	$203,388,745	$198,835,575	$4,553,170
Capital assets	10,000	10,000		10,000	10,000	
Grants	621,189,007	715,582,267	(25,672,736)	689,909,531	688,439,152	1,470,379
Life Skills and Transition Center	44,992,263	15,207,658	(2,500,000)	12,707,658	15,207,658	(2,500,000)
Grants - Medical assistance	742,793,564	750,448,643	(10,000,000)	740,448,643	750,448,643	(10,000,000)
County social services	197,663,661	204,592,282		204,592,282	204,592,282	
Total all funds	$1,863,859,882	$1,882,984,555	($31,927,696)	$1,851,056,859	$1,857,533,310	($6,476,451)
Less estimated income	1,240,409,529	1,226,448,044	(15,275,882)	1,211,172,162	1,216,320,595	(5,148,433)
General fund	$623,450,353	$656,536,511	($16,651,814)	$639,884,697	$641,212,715	($1,328,018)
FTE	1,009.16	0.00	0.00	0.00	0.00	0.00

Department 328 - DHHS - Human Services - Detail of Conference Committee Changes

	Adjusts Funding for Human Services Division[1]	Total Conference Committee Changes
Salaries and wages		
Operating expenses	$6,245,040	$6,245,040
Capital assets		
Grants	(25,672,736)	(25,672,736)
Life Skills and Transition Center	(2,500,000)	(2,500,000)
Grants - Medical assistance	(10,000,000)	(10,000,000)
County social services		
Total all funds	($31,927,696)	($31,927,696)
Less estimated income	(15,275,882)	(15,275,882)
General fund	($16,651,814)	($16,651,814)
FTE	0.00	0.00

[1] Funding for the human services division is adjusted as follows:

Description	FTE	General Fund	Other Funds	Total
Increases estimated FMAP percentage by 1%, the same as the Senate.		($1,962,900)	$1,962,900	$0
Provides for annual provider inflation increase of 2% and 2%, the same as the House. The Senate provided for a 2% and 1.5% inflation increase.		0	0	0
Removes guardianship services from ongoing funding, the same as the Senate.		(6,532,355)	0	(6,532,355)
Removes ongoing funding for the Waterford program, the same as the Senate.		(2,400,000)	0	(2,400,000)
Adjusts foster care case load projections, the same as the Senate.		(9,000,000)	(9,000,000)	(18,000,000)
Adjusts funding for low income home energy assistance program, the same as the Senate.		0	(9,000,000)	(9,000,000)
Provides funding for Ministry on the Margins, the same as the Senate.		285,000	0	285,000
Provides funding for Fraser LTD, the same as the Senate.		300,000	0	300,000
Adds funding for adaptive recreation at winter park. The House added the funding as one-time. The Senate did not add funding.		200,000		200,000
Reduces DD grants utilization, the Senate did not change		(4,900,000)	(5,100,000)	(10,000,000)
Reduction in case load at life skills and transition center, the Senate did not change.		(2,500,000)	0	(2,500,000)
Total ongoing funding changes		($26,510,255)	($21,137,100)	($47,647,355)
One-time funding items:				
Provides funding to implement a comprehensive vocational rehab technology system to connect people with disabilities to employment, the same as the Senate.		$0	($7,000,000)	($7,000,000)
Reduces funding to expand the best in class program to provide for a $4 million increase. The Senate increased the program by $2 million.		(2,000,000)	0	(2,000,000)
Increases funding for child care grants to $3 million. The Senate had included $2.5 million.		500,000		500,000
Provides no funding for housing assistance for people at risk of instability. The Senate had included $1 million.		0	0	0
Provides no funding for eviction prevention program The Senate had included $500,000.		0	0	0
Reduces funding for a community cultural center grant, the same as the Senate.		0	(700,000)	(700,000)
Removes funding for a winter park adaptive grant, the same as the Senate.		(200,000)	0	(200,000)
Adjusts funding for an intermediate care facility grant, the same as the Senate.		(3,457,736)	4,400,000	942,264
Changes the funding source to the human service finance fund for juvenile justice diversion services. The Senate reduced this amount to $500,000.		(750,000)	750,000	0
Provides funding for infant and toddler care, the Senate had provided for $13.5 million.		11,000,000	0	11,000,000
Provides funding from a Bank of North Dakota line of credit for a child welfare technology project, the same as the Senate.		0	8,411,218	8,411,218
Provided funding for guardianship programs for a partial year, the Senate had removed the funding.		3,266,177		3,266,177

Provides funding for the Waterford Upstart program, the Senate had removed the funding.	1,500,000		1,500,000
Total one-time funding changes	$9,858,441	$5,861,218	$15,719,659
Total conference committee changes	($16,651,814)	($15,275,882)	($31,927,696)

House Bill No. 1012 - DHHS - Medical Services - Conference Committee Action

	Base Budget	House Version	Conference Committee Changes	Conference Committee Version	Senate Version	Comparison to Senate
Salaries and wages	$21,008,344					
Operating expenses	70,807,977	$163,172,539		$163,172,539	$163,172,539	
Grants	1,651,004	3,457,804	$200,000	3,657,804	2,657,804	$1,000,000
Grants - Medical assistance	2,682,778,803	2,689,279,270	(79,379,540)	2,609,899,730	2,674,458,766	(64,559,036)
Total all funds	$2,776,246,128	$2,855,909,613	($79,179,540)	$2,776,730,073	$2,840,289,109	($63,559,036)
Less estimated income	1,818,029,530	1,810,657,071	(31,854,618)	1,778,802,453	1,809,220,473	(30,418,020)
General fund	$958,216,598	$1,045,252,542	($47,324,922)	$997,927,620	$1,031,068,636	($33,141,016)
FTE	90.50	0.00	0.00	0.00	0.00	0.00

Department 329 - DHHS - Medical Services - Detail of Conference Committee Changes

	Adjusts Funding for Medical Services Division[1]	Total Conference Committee Changes
Salaries and wages		
Operating expenses		
Grants	$200,000	$200,000
Grants - Medical assistance	(79,379,540)	(79,379,540)
Total all funds	($79,179,540)	($79,179,540)
Less estimated income	(31,854,618)	(31,854,618)
General fund	($47,324,922)	($47,324,922)
FTE	0.00	0.00

[1] Funding for the medical services division is adjusted as follows:

Description	FTE	General Fund	Other Funds	Total
Transfers basic care $5 daily rate to one-time funding, the same as the Senate.		($4,067,056)	($1,474,184)	($5,541,240)
Removes funding to rebase ambulance rates to the lowest quartile Medicare rural base rate. The Senate provided $2 million.		($2,189,770)	($2,189,770)	($4,379,540)
Adjusts Medicaid case load projections, the same as the Senate.		(4,000,000)	(4,000,000)	(8,000,000)
Reduces 1915(i) case load projections, the same as the Senate.		(1,000,000)	(1,000,000)	(2,000,000)
Increases estimated FMAP percentage by 1%, the same as the Senate.		(7,037,100)	7,037,100	0
Reduces long term care grant utilization. The Senate did not reduce the funding.		(31,850,000)	(33,150,000)	(65,000,000)
Provides for annual provider inflation increase of 2% and 2%, the same as the House. The Senate provided for 2% and 1.5% inflation increases.		0	0	0
Total ongoing funding changes		($50,143,926)	($34,776,854)	($84,920,780)
One-time funding items:				
Did not change the House version of $2 million for a critical access hospital networking grant. The Senate had reduced the amount to $1 million.		$0	$0	$0
Transfers basic care $5 daily rate from ongoing funding, the same as the Senate.		2,619,004	2,922,236	5,541,240
Provides funding for costs associated with housing for individuals with extraordinary medical needs, the same as the Senate.		200,000	0	200,000
Total one-time funding changes		$2,819,004	$2,922,236	$5,741,240
Total conference committee Changes		($47,324,922)	($31,854,618)	($79,179,540)

House Bill No. 1012 - DHHS - Public Health - Conference Committee Action

	Base Budget	House Version	Conference Committee Changes	Conference Committee Version	Senate Version	Comparison to Senate
Salaries and wages	$60,415,388					
Operating expenses	37,721,213	$55,574,882	($733,078)	$54,841,804	$6,287,143	$48,554,661
Capital assets	1,469,780	3,685,618	(650,000)	3,035,618	2,757,618	278,000
Grants	81,718,145	85,963,641	(1,277,661)	84,685,980	70,140,980	14,545,000
Tobacco prevention	13,063,162	13,040,555		13,040,555	13,040,555	
WIC food payments	19,900,000	21,000,000		21,000,000	21,000,000	
COVID-19 response	83,909,182	85,754,555	(60,716,583)	25,037,972	85,754,555	(60,716,583)
Total all funds	$298,196,870	$265,019,251	($63,377,322)	$201,641,929	$198,980,851	$2,661,078
Less estimated income	250,440,690	229,814,403	(60,516,583)	169,297,820	167,119,820	2,178,000
General fund	$47,756,180	$35,204,848	($2,860,739)	$32,344,109	$31,861,031	$483,078
FTE	215.50	0.00	0.00	0.00	0.00	0.00

Department 330 - DHHS - Public Health - Detail of Conference Committee Changes

	Adjusts Funding for Public Health Division[1]	Total Conference Committee Changes
Salaries and wages		
Operating expenses	($733,078)	($733,078)
Capital assets	(650,000)	(650,000)
Grants	(1,277,661)	(1,277,661)
Tobacco prevention		
WIC food payments		
COVID-19 response	(60,716,583)	(60,716,583)
Total all funds	($63,377,322)	($63,377,322)
Less estimated income	(60,516,583)	(60,516,583)
General fund	($2,860,739)	($2,860,739)
FTE	0.00	0.00

[1] Funding for the public health division is adjusted as follows:

Description	FTE	General Fund	Other Funds	Total
Adjusts funding added by the House for domestic and sexual violence to $1.9 million. The Senate did not provide any additional funding.		($1,700,000)	$1,900,000	$200,000
Removes funding added by the House for the Safe Haven program, the same as the Senate.		(440,000)	0	(440,000)
Removes funding added by the House for vaccines for health care providers off federal contract, the same as the Senate.		0	(2,213,930)	(2,213,930)
Reduces funding added by the House for forensic pathology contract services with UND to provide an increase of $1,433,078. The Senate provided $1 million.		(433,078)	0	(433,078)
Did not change the House version to increase the grant to the Family Voices program by $100,000. The Senate provided an increase of $50,000.		0	0	0
Removes ongoing funding added by the House for a fetal alcohol spectrum disorder clinic at UND and moves to one-time funding. The Senate reduced the funding to $350,000.		(637,661)	0	(637,661)
Reduces federal Cares Act/COVID funding, the same as the Senate.		0	(60,716,583)	(60,716,583)
Total ongoing changes		($3,210,739)	($61,030,513)	($64,241,252)
One-time funding items				
Did not change the House version of $278,000 to purchase a forensic examiner electronic records system. The Senate had removed funding for this item.		$0	$0	$0
Removes funding added by the House for licensure management system, the same as the Senate.		0	(650,000)	(650,000)
Removes funding added by the House for a Cass County animal shelter grant, the same as the Senate.		0	(300,000)	(300,000)
Removes funding added by the House for the Statewide health strategies grant, the same as the Senate.		0	(750,000)	(750,000)
Reduces funding added by the House for a fetal alcohol spectrum disorder clinic at UND to provide $350,000 as one-time funding, the same as the Senate.		350,000		350,000
Provides funding from the public health laboratory fund for public health data modernization, the same as the Senate.		0	2,213,930	2,213,930
Total one-time changes		$350,000	$513,930	$863,930
Total conference committee changes		($2,860,739)	($60,516,583)	($63,377,322)

House Bill No. 1012 - Other Changes - Conference Committee Action

This amendment also:

- Adds sections to provide guidelines regarding the use of funding for infant and toddler care provider payments, intermediate care facility medically and behaviorally complex services grants, special health care needs grants, crisis services grants, and medical housing for individuals with extraordinary medical needs. The Senate also added these sections.
- Adjusts sections identifying funding from the strategic investment and improvements fund and community health trust fund, the same as the Senate.
- Identifies funding from the health care trust fund for basic care daily rate increases.
- Appropriates funding from the charitable gaming operating fund resulting in a general fund revenue reduction of $1.9 million.
- Removes sections identifying funding for an animal shelter grant and statewide health strategies. The Senate also removed these sections.
- Removes a Bank of North Dakota line of credit for a new State Hospital project and adds a Bank of North Dakota line of credit for a child welfare technology project. The Senate also made these changes.

- Removes the new State Hospital steering committee.
- Adjusts various exemptions to allow the continuation of unexpended appropriation authority into the 2025-27 biennium. These adjustments will increase the July 1, 2025, general fund balance by $2,800,000. The Senate version would have increased revenues by $4 million.
- Removes a section to provide legislative intent that DHHS eliminate its administrative rule requirement that providers of developmental disabilities services be accredited as a condition to receive payments for services, the same as the Senate.
- Creates a new section to Chapter 6-09 to create an extraordinary medical needs housing loan fund and to provide guidelines regarding the use of the loan fund, the same as the Senate.
- Amends Section 50-36-03 relating to the membership of the opioid advisory committee, the same as the Senate.
- Amends provisions relating to the Children's Cabinet as approved in Senate Bill No. 2176, the same as the Senate.
- Provides for a Legislative Management study of maternal health services, the same as the Senate.
- Provides legislative intent that DHHS review the utilization of the Life Skills and Transition Center campus to determine if any portions of the campus can be conveyed for use by community organizations, the same as the Senate.
- Provides for DHHS to study developmental disability service provider accreditation, the same as the Senate.
- Provides for DHHS to develop a payment structure to provide funding for a value-based care incentive program for nursing facilities, the same as the Senate.
- Adds a section of legislative intent regarding statewide dementia care coordination.
- Removes a section providing for a Legislative Management study of obesity health implications.
- Provides for a Legislative Management study of developmental disability services provided by DHHS and provides an appropriation of $150,000 from the community health trust fund to the Legislative Council for consultant services for the study, the same as the Senate.

HB 1012 043025 1313 PM Roll Call Vote

Amendment

HB 1012

Date Submitted: April 30, 2025, 1:13 p.m.

Action: Failed

Amendment LC #: 25.0156.02051

Motioned By: O'Brien, Emily

Seconded By: Dever, Dick

Emergency Clause: None

Vote Results: 4 - 2 - 0

Description: Community Cultural Center

Rep. Nelson, Jon O.	Yea
Rep. O'Brien, Emily	Yea
Rep. Mitskog, Alisa	Yea
Sen. Dever, Dick	Yea
Sen. Cleary, Sean	Nay
Sen. Davison, Kyle	Nay

HB 1012 043025 1317 PM Roll Call Vote

Amendment

HB 1012

Date Submitted: April 30, 2025, 1:17 p.m.

Action: Passed

Amendment LC #: Pending LC #

Motioned By: Cleary, Sean

Seconded By: Davison, Kyle

Emergency Clause: None

Vote Results: 6 - 0 - 0

Description: Cultural Center-Accept the $300,000 for programing from Community Health Trust Fund -onetime funding

Rep. Nelson, Jon O.	Yea
Rep. O'Brien, Emily	Yea
Rep. Mitskog, Alisa	Yea
Sen. Dever, Dick	Yea
Sen. Cleary, Sean	Yea
Sen. Davison, Kyle	Yea

HB 1012 043025 1343 PM Roll Call Vote

Amendment

HB 1012

Date Submitted: April 30, 2025, 1:43 p.m.

Action: Passed

Amendment LC #: 25.0156.02052

Motioned By: Mitskog, Alisa

Seconded By: O'Brien, Emily

Emergency Clause: None

Vote Results: 5 - 1 - 0

Description: Life Skills Transition Center -2.5 million reduction

Rep. Nelson, Jon O.	Yea
Rep. O'Brien, Emily	Yea
Rep. Mitskog, Alisa	Yea
Sen. Dever, Dick	Yea
Sen. Cleary, Sean	Yea
Sen. Davison, Kyle	Nay

HB 1012 043025 1350 PM Roll Call Vote

Amendment

HB 1012

Date Submitted: April 30, 2025, 1:50 p.m.

Action: Passed

Amendment LC #: Pending LC #

Motioned By: Cleary, Sean

Seconded By: Mitskog, Alisa

Emergency Clause: None

Vote Results: 6 - 0 - 0

Description: Reduce EMS Medicaid to zero remove 1 million and support the 2 and 2 inflators

Rep. Nelson, Jon O.	Yea
Rep. O'Brien, Emily	Yea
Rep. Mitskog, Alisa	Yea
Sen. Dever, Dick	Yea
Sen. Cleary, Sean	Yea
Sen. Davison, Kyle	Yea

HB 1012 043025 1354 PM Roll Call Vote

Amendment

HB 1012

Date Submitted: April 30, 2025, 1:54 p.m.

Action: Passed

Amendment LC #: Pending LC #

Motioned By: Cleary, Sean

Seconded By: O'Brien, Emily

Emergency Clause: None

Vote Results: 6 - 0 - 0

Description: Remove Section 31 from the bill

Rep. Nelson, Jon O.	Yea
Rep. O'Brien, Emily	Yea
Rep. Mitskog, Alisa	Yea
Sen. Dever, Dick	Yea
Sen. Cleary, Sean	Yea
Sen. Davison, Kyle	Yea

HB 1012 043025 1357 PM Roll Call Vote

Amendment

HB 1012

Date Submitted: April 30, 2025, 1:57 p.m.

Action: Passed

Amendment LC #: Pending LC #

Motioned By: O'Brien, Emily

Seconded By: Mitskog, Alisa

Emergency Clause: None

Vote Results: 6 - 0 - 0

Description: Section 6 -Reinstate sub section 2 language

Rep. Nelson, Jon O.	Yea
Rep. O'Brien, Emily	Yea
Rep. Mitskog, Alisa	Yea
Sen. Dever, Dick	Yea
Sen. Cleary, Sean	Yea
Sen. Davison, Kyle	Yea

HB 1012 043025 1403 PM Roll Call Vote

Amendment

HB 1012

Date Submitted: April 30, 2025, 2:03 p.m.

Action: Passed

Amendment LC #: Pending LC #

Motioned By: O'Brien, Emily

Seconded By: Dever, Dick

Emergency Clause: None

Vote Results: 6 - 0 - 0

Description: Section 36: pg. 25 remove for incarcerated individuals, pg 24 remove line 29 of paragraph 2 with subdivision b, and line 30 of paragraph 1 with subdivision a.

Rep. Nelson, Jon O.	Yea
Rep. O'Brien, Emily	Yea
Rep. Mitskog, Alisa	Yea
Sen. Dever, Dick	Yea
Sen. Cleary, Sean	Yea
Sen. Davison, Kyle	Yea

HB 1012 043025 1416 PM Roll Call Vote

Amendment

HB 1012

Date Submitted: April 30, 2025, 2:16 p.m.

Action: Passed

Amendment LC #: Pending LC #

Motioned By: O'Brien, Emily

Seconded By: Cleary, Sean

Emergency Clause: None

Vote Results: 6 - 0 - 0

Description: Remove Section 29 eliminating the administrative rule that DD providers be accredited

Rep. Nelson, Jon O.	Yea
Rep. O'Brien, Emily	Yea
Rep. Mitskog, Alisa	Yea
Sen. Dever, Dick	Yea
Sen. Cleary, Sean	Yea
Sen. Davison, Kyle	Yea

HB 1012 043025 1500 PM Roll Call Vote

Amendment

HB 1012

Date Submitted: April 30, 2025, 3 p.m.

Action: Passed

Amendment LC #: Pending LC #

Motioned By: O'Brien, Emily

Seconded By: Cleary, Sean

Emergency Clause: None

Vote Results: 6 - 0 - 0

Description: Report to budget section

Rep. Nelson, Jon O.	Yea
Rep. O'Brien, Emily	Yea
Rep. Mitskog, Alisa	Yea
Sen. Dever, Dick	Yea
Sen. Cleary, Sean	Yea
Sen. Davison, Kyle	Yea

HB 1012 043025 1502 PM Roll Call Vote

Amendment

HB 1012

Date Submitted: April 30, 2025, 3:02 p.m.

Action: Failed

Amendment LC #: 25.0156.02032

Motioned By: O'Brien, Emily

Seconded By: Mitskog, Alisa

Emergency Clause: None

Vote Results: 1 - 5 - 0

Description: Section 44-Diagnostic and supplemental breast examination study

Rep. Nelson, Jon O.	Nay
Rep. O'Brien, Emily	Nay
Rep. Mitskog, Alisa	Yea
Sen. Dever, Dick	Nay
Sen. Cleary, Sean	Nay
Sen. Davison, Kyle	Nay

HB 1012 043025 1504 PM Roll Call Vote

Amendment

HB 1012

Date Submitted: April 30, 2025, 3:04 p.m.

Action: Passed

Amendment LC #: Pending LC #

Motioned By: O'Brien, Emily

Seconded By: Dever, Dick

Emergency Clause: None

Vote Results: 6 - 0 - 0

Description: remove section 44-Study obesity health

Rep. Nelson, Jon O.	Yea
Rep. O'Brien, Emily	Yea
Rep. Mitskog, Alisa	Yea
Sen. Dever, Dick	Yea
Sen. Cleary, Sean	Yea
Sen. Davison, Kyle	Yea

HB 1012 043025 1507 PM Roll Call Vote

Amendment

HB 1012

Date Submitted: April 30, 2025, 3:07 p.m.

Action: Passed

Amendment LC #: Pending LC #

Motioned By: O'Brien, Emily

Seconded By: Mitskog, Alisa

Emergency Clause: None

Vote Results: 6 - 0 - 0

Description: Section 49 - change to shall consider studty Disability Services

Rep. Nelson, Jon O.	Yea
Rep. O'Brien, Emily	Yea
Rep. Mitskog, Alisa	Yea
Sen. Dever, Dick	Yea
Sen. Cleary, Sean	Yea
Sen. Davison, Kyle	Yea

HB 1012 043025 1513 PM Roll Call Vote

Amendment

HB 1012

Date Submitted: April 30, 2025, 3:13 p.m.

Action: Failed

Amendment LC #: Pending LC #

Motioned By: O'Brien, Emily

Seconded By: Mitskog, Alisa

Emergency Clause: None

Vote Results: 4 - 2 - 0

Description: Increase by 2 million for state grants for Public Health

Rep. Nelson, Jon O.	Yea
Rep. O'Brien, Emily	Yea
Rep. Mitskog, Alisa	Yea
Sen. Dever, Dick	Yea
Sen. Cleary, Sean	Nay
Sen. Davison, Kyle	Nay

HB 1012 043025 1514 PM Roll Call Vote

Final Recommendation

HB 1012

Date Submitted: April 30, 2025, 3:14 p.m.

Recommendation: In Place Of

Amendment LC #: 25.0156.02035

Engrossed LC #: N/A

Motioned By: Dever, Dick

Seconded By: O'Brien, Emily

House Carrier: Nelson, Jon O.

Senate Carrier: Dever, Dick

Emergency Clause: None

Vote Results: 6 - 0 - 0

Description: Final Vote

Rep. Nelson, Jon O.	Yea
Rep. O'Brien, Emily	Yea
Rep. Mitskog, Alisa	Yea
Sen. Dever, Dick	Yea
Sen. Cleary, Sean	Yea
Sen. Davison, Kyle	Yea

REPORT OF CONFERENCE COMMITTEE
ENGROSSED HB 1012

Your conference committee (Sens. Dever, Cleary, Davison and Reps. Nelson, O'Brien, Mitskog) recommends that in place of amendment 25.0156.02028 adopted by the Senate, Engrossed HB 1012 is amended by amendment 25.0156.02035.

Engrossed HB 1012 was placed on the Seventh order of business on the calendar.

3. The department shall require an entity receiving funding under this section to operate the facility for at least ten years and require the grant amount to be repaid if the entity does not operate the facility for at least ten years.
4. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 7. COMMUNITY CULTURAL CENTER GRANT - ~~STRATEGIC INVESTMENT AND IMPROVEMENTS FUND~~COMMUNITY HEALTH TRUST FUND - ONE-TIME FUNDING - APPLICATION. Section 1 of this Act includes the sum of $1,000,000 from the ~~strategic investment and improvements~~community health trust fund for the purpose of providing a one-time community cultural center grant in the west central human service region. An entity may apply for a grant under this section if the entity certifies to the department it has secured at least ~~fifty percent of funds needed to complete the project, the project will be completed within two years of receiving the grant funds,~~$15,000,000 in nonstate funding for the project and the ~~grants~~grant funds will be used only for costs of constructing a community cultural center excluding any land purchase. The nonstate funding must be raised by June 30, 2029. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 8. JUVENILE JUSTICE DIVERSION SERVICES AND PROGRAMS - TASK FORCE - REPORT. Section 1 of this Act includes the sum of $750,000 from the general fund for juvenile justice diversion services and programs. The department of health and human services must use the funding for services to youth at risk of juvenile justice involvement but who have not committed delinquent acts as defined in chapter 27-20.4.

The department shall establish a task force with representation from divisions in the department, human service zones, the department of public instruction, elementary and secondary schools, and members of the legislative assembly, to review juvenile justice diversion services and program. The department shall report its findings and recommendations to the legislative management and children's cabinet.

SECTION 9. ANIMAL SHELTER GRANT - COMMUNITY HEALTH TRUST FUND. Section 1 of this Act includes the sum of $300,000 from the community health trust fund for a grant for the construction of an animal shelter. The department of health and human services may award a grant for the construction of an animal shelter to an organization that provides

25.0156.03000

Sixty-ninth
Legislative Assembly
of North Dakota

FIRST ENGROSSMENT
with Senate Amendments

ENGROSSED HOUSE BILL NO. 1012

Introduced by

Appropriations Committee

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to create and enact a new section to chapter 6-09 of the North Dakota Century Code, relating to an extraordinary medical needs housing loan fund; to amend and reenact sections 50-06-06.6, 50-06-42, 50-24.5-02.3, and 50-33-05, and subsection 1 of 50-36-03 of the North Dakota Century Code and subsection 6 of the new section to chapter 54-07 of the North Dakota Century Code created in section 1 of Senate Bill No. 2176, as approved by the sixty-ninth legislative assembly, relating to leases of department of health and human services property, substance use disorder treatment program, basic care payment rates, state of residence for child care assistance, opioid settlement advisory committee, and children's cabinet; to provide for a transfer; to authorize a line of credit; to provide legislative intent; to provide for a legislative management study; to provide an application; to provide an exemption; to provide for a report; and to provide an effective date.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. APPROPRIATION. The funds provided in this section, or so much of the funds as may be necessary, are appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, and from other funds derived from special funds and federal funds, to the department of health and human services for the purpose of defraying the expenses of its various divisions, for the biennium beginning July 1, 2025, and ending June 30, 2027, as follows:

Subdivision 1.

SALARIES AND WAGES BLOCK GRANT

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages block grant	$0	$619,977,466	$619,977,466
Total all funds	0	619,977,466	619,977,466
Less other funds	0	291,449,112	291,449,112
Total general fund	$0	$328,528,354	$328,528,354

Subdivision 2.

BUSINESS OPERATIONS

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$25,763,358	($25,763,358)	$0
Operating expenses	155,308,399	(77,023,770)	78,284,629
Capital assets	108,934	(108,934)	0
Grants	11,812,627	6,966,375	18,779,002
Total all funds	$192,993,318	($95,929,687)	$97,063,631
Less other funds	118,894,310	(71,526,221)	47,368,089
Total general fund	$74,099,008	($24,403,466)	$49,695,542

Subdivision 3.

BEHAVIORAL HEALTH

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$8,792,675	($8,792,675)	$0
Operating expenses	79,381,458	23,789,660	103,171,118
Grants	40,476,298	9,179,322	49,655,620
Behavioral health clinics	196,383,945	(139,438,537)	56,945,408
State hospital	94,826,973	(73,946,818)	20,880,155
Opioid addiction prevention	2,000,000	6,000,000	8,000,000
Total all funds	$421,861,349	($183,209,048)	$238,652,301
Less other funds	113,955,941	(47,060,463)	66,895,478
Total general fund	$307,905,408	($136,148,585)	$171,756,823

Subdivision 4.

HUMAN SERVICES

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$168,325,918	($168,325,918)	$0
Operating expenses	88,885,469	109,950,106	198,835,575
Capital assets	10,000	0	10,000
Grants	621,189,007	67,250,145	688,439,152
Life skills and transition center	44,992,263	(29,784,605)	15,207,658
Grants - medical assistance	742,793,564	7,655,079	750,448,643
County social services	197,663,661	6,928,621	204,592,282
Total all funds	$1,863,859,882	($6,326,572)	$1,857,533,310
Less other funds	1,240,409,529	(24,088,934)	1,216,320,595
Total general fund	$623,450,353	$17,762,362	$641,212,715

Subdivision 5.

MEDICAL SERVICES

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$21,008,344	($21,008,344)	$0
Operating expenses	70,807,977	92,364,562	163,172,539
Grants	1,651,004	1,006,800	2,657,804
Grants - medical assistance	2,682,778,803	(8,320,037)	2,674,458,766
Total all funds	$2,776,246,128	$64,042,981	$2,840,289,109
Less other funds	1,818,029,530	(8,809,057)	1,809,220,473
Total general fund	$958,216,598	$72,852,038	$1,031,068,636

Subdivision 6.

PUBLIC HEALTH

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$60,415,388	($60,415,388)	$0
Operating expenses	37,721,213	(31,434,070)	6,287,143
Capital assets	1,469,780	1,287,838	2,757,618

Grants	81,718,145	(11,577,165)	70,140,980
Tobacco prevention	13,063,162	(22,607)	13,040,555
Women, infants, and children food payments	19,900,000	1,100,000	21,000,000
Cares Act/COVID-19	83,909,182	1,845,373	85,754,555
Total all funds	$298,196,870	($99,216,019)	$198,980,851
Less other funds	250,440,690	(83,320,870)	167,119,820
Total general fund	$47,756,180	($15,895,149)	$31,861,031

Subdivision 7.

TOTAL - SECTION 1

	Base Level	Adjustments or Enhancements	Appropriation
Grand total all funds	$5,553,157,547	$299,339,121	$5,852,496,668
Grand total other funds	3,541,730,000	56,643,567	3,598,373,567
Grand total general fund	$2,011,427,547	$242,695,554	$2,254,123,101
Full-time equivalent positions	2,483.83	204.52	2,688.35

SECTION 2. ONE TIME FUNDING - EFFECT ON BASE BUDGET - REPORT TO SEVENTIETH LEGISLATIVE ASSEMBLY. The following amounts reflect the one-time funding items included in section 1 of this Act which are not included in the entity's base budget for the 2027-29 biennium and which the entity shall report to the appropriations committees of the seventieth legislative assembly regarding the use of this funding:

One-Time Funding Description	General Fund	Other Funds	Total
Technology projects	$0	$4,548,930	$4,548,930
Human service centers and life skills and transition center projects	0	1,684,480	1,684,480
Retire mainframe	0	15,000,000	15,000,000
Child care programs	9,272,500	0	9,272,500
Housing programs	0	2,500,000	2,500,000
State laboratory move and equipment	0	2,962,304	2,962,304
Partial hospitalization day treatment	0	2,000,000	2,000,000
Developmental disabilities eligibility	200,000	200,000	400,000

assessment tool for kids			
Toxicology equipment	151,500	100,000	251,500
Behavioral health facility grant	0	5,000,000	5,000,000
Cultural community center grant	0	300,000	300,000
Intermediate care facility grant	0	4,400,000	4,400,000
Juvenile justice diversion services	0	500,000	500,000
Critical access hospital networking	0	1,000,000	1,000,000
Basic care $5 daily rate	4,067,056	1,474,184	5,541,240
Infant and toddler care provider support	13,500,000	0	13,500,000
Child welfare technology project line of credit	0	8,411,218	8,411,218
Medical housing for individuals with extraordinary medical needs	200,000	0	200,000
Total	$27,391,056	$50,081,116	$77,472,172

SECTION 3. FUNDING TRANSFERS - EXEMPTION - AUTHORIZATION - REPORT. Notwithstanding section 54-16-04, the director of the office of management and budget shall transfer appropriation authority between line items within subdivisions 1, 2, 3, 4, 5, and 6 of section 1 of this Act and any other appropriation authority for the department of health and human services approved by the sixty-ninth legislative assembly, for the biennium beginning July 1, 2025, and ending June 30, 2027, as requested by the department of health and human services. The department of health and human services shall notify the legislative council of any transfer made pursuant to this section. The department of health and human services shall report to the budget section after June 30, 2026, any transfer made in excess of $50,000 and to the appropriations committees of the seventieth legislative assembly regarding any transfers made pursuant to this section.

SECTION 4. FULL-TIME EQUIVALENT POSITION BLOCK GRANT PROGRAM - REPORT. Section 1 of this Act includes funding for a full-time equivalent position block grant program. This funding as approved by the sixty-ninth legislative assembly is available for defraying the expense of full-time equivalent positions as determined by the department of health and human services. Notwithstanding any other provision of law, the department is authorized to increase or decrease authorized full-time equivalent positions subject to the

availability of funds and the provisions of this section. The department of health and human services many not increase full-time equivalent positions for the purpose of transferring human service zone employees to state employment. Pursuant to section 3 of this Act, the department is authorized to transfer appropriation authority of up to the underfunded amount of $6,307,309 to the salaries and wages block grant line item. The department of health and human services shall report to the office of management and budget and legislative council any adjustments to full-time equivalent positions.

SECTION 5. DEPARTMENT OF HEALTH AND HUMAN SERVICES - SALARIES AND WAGES BLOCK GRANT - VACANT POSITIONS - REPORT. The department of health and human services shall report to the budget section quarterly during the 2025-26 interim regarding the status of its salaries and wages block grant and vacant positions and employee turnover. The report must include:

1. The legislative appropriation for salaries and wages allocated by the department to major department programs by funding source and the number of full-time equivalent positions the department is allocating to each major program based on the legislative appropriation;
2. Any changes to salaries and wages funding or full-time equivalent positions allocated to major department programs;
3. Any new full-time equivalent positions added, the cost of the position for the remainder of the biennium, and the cost to continue funding the position in the subsequent biennium by funding source;
4. Any full-time equivalent positions removed and related funding;
5. The number of full-time equivalent positions that become vacant and the number filled each month;
6. The number of vacant full-time equivalent positions at the end of each month;
7. Salaries and wages savings resulting from vacant positions and employee turnover each month by funding source; and
8. The use of salaries and wages savings for other purposes for each month by funding source.

SECTION 6. BEHAVIORAL HEALTH FACILITY GRANT - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND - APPLICATION.

1. Section 1 of this Act includes the sum of $5,000,000 from the strategic investment and improvements fund for a behavioral health facility grant pursuant to this section.
2. The department shall require an entity receiving funding under this section to operate the facility for at least ten years and require the grant amount to be repaid if the entity does not operate the facility for at least ten years.
3. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 7. INFANT AND TODDLER CARE PROVIDER SUPPORT DIRECT PAYMENT - ONE-TIME - REPORT. Section 1 of this Act includes the sum of $13,500,000 of one-time funding from the general fund for direct payments to licensed child care providers to support high-quality early childhood care for infants and toddlers. The department shall administer the direct payment program and include the following provisions:

1. To qualify for a direct payment under this section, a direct payment recipient must:
   a. Be a licensed child care facility within the state of North Dakota;
   b. Be enrolled in the state's bright and early quality rating system at a two-star, three-star, or four-star rating level; and
   c. Provide care for children from birth through three years of age.
2. Eligible providers may receive up to $300 per month for each child from birth through seventeen months of age and up to $180 per month for each child from eighteen through thirty-six months of age.
3. The department shall distribute the direct payments on a quarterly basis. Direct payments may not be used for non-child care-related expenses or debt repayment.
4. Direct payment recipients shall submit annual reports to the department detailing fund usage, enrollment statistics, and other information requested by the department.
5. The department shall provide reports to the legislative management and to the appropriations committees of the seventieth legislative assembly on direct payments and the effectiveness of the program.

SECTION 8. INTERMEDIATE CARE FACILITY MEDICALLY AND BEHAVIORALLY COMPLEX SERVICES GRANT - APPLICATION. Section 1 of this Act includes the sum of $4,400,000 of one-time funding from the community health trust fund for providing a one-time grant to a licensed intermediate care facility in the south central human service region for

providing services to children or young adults with medically and behaviorally complex conditions. To be eligible to receive the grant under this section, a licensed intermediate care facility must provide early intervention, clinical, and residential services, provide community and home support, education, recreation and leisure activities, and assistive technology; and provide services in at least eight communities for individuals with intellectual or developmental disabilities. The grant funds awarded may be used only for the costs of providing services to children and young adults with medically and behaviorally complex conditions. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 9. SPECIAL HEALTH CARE NEEDS GRANT - APPLICATION. Section 1 of this Act includes the sum of $50,000 from the general fund for providing a grant to a provider in the south central human service region for statewide education, information, training, and peer support to families with children with special health care needs, medically complex conditions, or a disability. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 10. CRISIS SERVICES GRANTS - APPLICATION. Section 1 of this Act includes the sum of $585,000 from the general fund for providing crisis services grants. The grants include the sum of $300,000 for crisis organizations that provide crisis services to young adults who are at risk of being homeless or experiencing other serious adverse life events and the sum of $285,000 to a volunteer-based ecumenical ministry organization. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 11. MEDICAL HOUSING FOR INDIVIDUALS WITH EXTRAORDINARY MEDICAL NEEDS - ONE-TIME FUNDING.

1. Section 1 of this Act includes the sum of $200,000 from the general fund for the preliminary design consultation and project administration of developing housing for individuals with disabilities that have extraordinary medical needs and for rent subsidies for individuals residing in these housing facilities, for the biennium beginning July 1, 2025, and ending June 30, 2027.
2. The department of health and human services shall collaborate with the North Dakota housing finance agency, individuals with disabilities, caregivers, and families to solicit

proposals for the development of accessible housing for individuals with disabilities that have extraordinary medical needs, for the biennium beginning July 1, 2025, and ending June 30, 2027. The department shall solicit proposals from public entities, for-profit organizations, and nonprofit organizations to design, construct, maintain, and operate the housing facility. Proposals must:

a. Ensure that services in the facility may be provided separately from the facility ownership interests;

b. Ensure that individuals residing in the facility may choose among independent living service providers; and

c. Comply with the federal home and community-based settings rules as defined under 42 CFR 441.301(c)(4).

SECTION 12. COMMUNITY CULTURAL CENTER GRANT - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND - APPLICATION. Section 1 of this Act includes the sum of $300,000 from the strategic investment and improvements fund for the purpose of providing a one-time community cultural center programming grant in the west central human service region. An entity may apply for a grant under this section if the entity certifies to the department the funds will be used for programs within the community cultural center. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 13. JUVENILE JUSTICE DIVERSION SERVICES AND PROGRAMS - TASK FORCE - REPORT. Section 1 of this Act includes the sum of $500,000 of one-time funding from the community health trust fund for juvenile justice diversion services and programs. The department of health and human services must use the funding for services to youth at risk of juvenile justice involvement but who have not committed delinquent acts as defined in chapter 27-20.4.

The department shall establish a task force with representation from divisions in the department, human service zones, the department of public instruction, elementary and secondary schools, and members of the legislative assembly, to review juvenile justice diversion services and program. The department shall report its findings and recommendations to the legislative management and children's cabinet.

SECTION 14. OTHER FUNDS - INSURANCE TAX DISTRIBUTION FUND. The other funds line item in subdivision 5 of section 1 of this Act includes the sum of $1,125,000 from the insurance tax distribution fund for rural emergency medical services grants.

SECTION 15. OTHER FUNDS - COMMUNITY HEALTH TRUST FUND. The other funds line items in section 1 of this Act includes the sum of $41,431,522 from the community health trust fund for the following purposes:

Loan repayment programs	$594,500
Tobacco prevention and control grants to local public health units	6,250,000
Tobacco prevention and control	4,549,698
Tobacco cessation grants	500,000
Youth vaping prevention grants	300,000
Cancer and women's way programs	909,824
Behavior risk state survey	200,000
Youth crisis stabilization	1,500,000
Intermediate care facility grant	4,400,000
Domestic violence programs	4,250,000
Local public health grants	3,275,000
988 crisis hotline	1,867,500
Various information technology system upgrades	1,335,000
Grants to rural ambulances	7,000,000
Law enforcement rural crisis support program	1,000,000
Development of partial hospitalization/intensive day treatment	2,000,000
Juveline justice services	500,000
Critical access hospital networking	1,000,000
Total	$41,431,522

SECTION 16. OTHER FUNDS - HUMAN SERVICE FINANCE FUND. The other funds line items in section 1 of this Act includes the sum of $242,112,030 from the human service finance fund for state-paid economic assistance and social and human services.

SECTION 17. OTHER FUNDS - OPIOID SETTLEMENT FUND. The other funds line item in section 1 of this Act includes the sum of $8,000,000 from the opioid settlement fund for opioid remediation and abatement efforts.

SECTION 18. OTHER FUNDS - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND. The other funds line items in section 1 of this Act includes the sum of $18,446,784 from the strategic investment and improvements fund for the following purposes:

Retiring technology from the mainframe	$5,000,000
New state laboratory move-in costs and security equipment purchases	2,962,304
Capital projects in certified community behavioral health clinics and life skills and transition center	1,684,480
Housing initiative programs	2,500,000
Technology projects at the state hospital	1,000,000
Behavioral health facility grant	5,000,000
Community cultural center grant	300,000
Total	$18,446,784

SECTION 19. OTHER FUNDS - BANK OF NORTH DAKOTA LINE OF CREDIT - CHILD WELFARE TECHNOLOGY PROJECT. The other funds line item in subdivision 2 of section 1 of this Act includes the sum of $8,411,218 from a Bank of North Dakota line of credit. The department of health and human services may borrow up to $8,411,218 through a line of credit from the Bank of North Dakota during the biennium beginning July 1, 2025, and ending June 30, 2027, for costs associated with a child welfare technology project. The interest rate on the line of credit may not exceed the prevailing interest rate charged to North Dakota governmental entities. If the department accesses the line of credit, it shall request a deficiency appropriation from the seventieth legislative assembly to repay the line of credit.

SECTION 20. LABORATORY BUILDING STEERING COMMITTEE. The department of health and human services shall maintain the laboratory building steering committee to oversee the design and construction of the laboratory building project, for the biennium beginning July 1, 2025, and ending June 30, 2027, or until work is completed, whichever occurs earlier. The committee must include representation from the department of health and human services, department of environmental quality, office of management and budget, the governor's office, and the legislative assembly. The legislative assembly representation must include one member of the senate appointed by the senate majority leader, one member of the house appointed by the house majority leader, and one member of the minority party from either the senate or the house appointed by the minority leaders of the senate and the house.

SECTION 21. NEW STATE HOSPITAL - STEERING COMMITTEE. The department of health and human services shall establish a new state hospital facility steering committee to oversee the design and construction of a new state hospital facility, for the biennium beginning July 1, 2025, and ending June 30, 2027. The committee must include representation from the department of health and human services, office of management and budget, the governor's office, and the legislative assembly. The legislative assembly representation must include one member of the senate appointed by the senate majority leader, one member of the house appointed by the house majority leader, and one member of the minority party from either the senate or the house appointed by the minority leaders of the senate and the house.

SECTION 22. CAPITAL PAYMENTS. During the biennium beginning July 1, 2025, and ending June 30, 2027, the department of health and human services is authorized to expend funds for the payment of special assessments at the state hospital, southeast human service center, and life skills and transition center. Pursuant to section 3 of this Act, the director of the office of management and budget may transfer appropriation authority between line items within section 1 of this Act and any remaining appropriation authority for the department of health and human services approved by the sixty-ninth legislative assembly. The department of health and human services may transfer funds for the payment of special assessments at the state hospital, southeast human service center, and life skills and transition center ahead of the special needs assessments schedule. Notwithstanding section 54-27-12, the department of health and human services may spend funds for the payment of special assessments at the state hospital and life skills and transition center.

SECTION 23. CAPITAL PROJECTS - EMERGENCY COMMISSION AND BUDGET SECTION APPROVAL. During the biennium beginning July 1, 2025, and ending June 30, 2027, pursuant to section 3 of this Act, the director of the office of management and budget may transfer appropriation authority between line items within section 1 of this Act and any remaining appropriation authority for the department of health and human services approved by the sixty-ninth legislative assembly for capital projects and maintenance pertaining to operation of its facilities, including demolition projects. Notwithstanding section 54-27-12, the department of health and human services may spend up to $10,000,000 for capital projects and maintenance pertaining to operation of its facilities, including demolition projects, under this section and may

seek emergency commission and budget section approval to spend more than $10,000,000 under this section.

SECTION 24. PERMANENT SUPPORTIVE HOUSING GRANTS. Section 1 of this Act includes the sum of $4,672,536 from the general fund for permanent supportive housing grants. The department of health and human services shall develop a funding methodology to distribute the funding to qualified entities that utilize best practices for permanent supportive housing, provide recovery-oriented and person-centered services, submit process and outcome measures to the department of health and human services, and authorize the department of health and human services to conduct onsite visits to review program operations.

SECTION 25. EXPENDITURES MAY NOT EXCEED APPROPRIATION - MEDICAL ASSISTANCE EXPANSION PROGRAM - APPLICATION.

1. Section 1 of this Act includes the sum of $662,099,340, of which $66,209,934 is from the general fund, for the medical assistance expansion program, for the biennium beginning July 1, 2025, and ending June 30, 2027. The expenditures for individuals eligible for the medical assistance expansion program may not exceed this amount.
2. The department of health and human services may exceed appropriations for increases in medical assistance expansion program caseload, for the addition of coverage consistent with the traditional Medicaid 1915(i) state plan, utilization rates, and reduction in federal medical assistance percentage.
3. The managed care organization under contract with the department of health and human services to manage the medical assistance expansion program shall reimburse providers within the same provider type and specialty at consistent levels and with consistent methodology and may not provide incentive, quality, or supplemental payments to providers, unless part of a value-based program approved by the department of health and human services. The managed care organization shall reimburse all North Dakota substance use providers of American society of addiction medicine level 2.5 at consistent levels and with consistent methodology. The managed care organization may consider urban and rural providers as different provider types.
4. The managed care organization and the department of health and human services shall ensure payments to Indian or Tribal 638 health care providers, federally qualified health centers,and rural health clinics meet the federally required minimum levels of

reimbursement. Critical access hospitals may not be paid less than one hundred percent of Medicare allowable costs and human service centers may not be paid less than one hundred percent of the current traditional Medicaid rate. Behavioral health services involving partial hospitalization, intensive outpatient, professional services, and residential behavioral health services provided in facilities that are not institutions for mental diseases are not subject to the provisions in subsection 6.

5. The department of health and human services shall ensure providers within the same provider type and specialty are reimbursed at consistent levels and with consistent methodology and shall ensure the capitation rates under risk contracts are actuarially sound and are adequate to meet managed care organization contractual requirements regarding availability of services, assurance or adequate capacity and services, and coordination and continuity of care.

6. Except for the provisions in subsection 4, managed care organization premium payments must be built using the assumption that rates paid to providers under the medical assistance expansion program may not exceed one hundred forty-five percent of Medicare reimbursement rates paid to providers on January 1, 2025.

SECTION 26. HUMAN SERVICE CENTERS - CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS - FULL-TIME EQUIVALENT POSITIONS - REPORT. The department of health and human services shall continue the process of the human service centers becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults. The department of health and human services shall pursue additional federal funding as available. Subject to the availability of generated income, the department of health and human services may add full-time equivalent positions for the clinics to provide direct services for the period beginning with the effective date of this Act and ending June 30, 2027. The department of health and human services shall report to the office of management and budget and legislative council each time a position is added.

SECTION 27. INTERMEDIATE CARE FACILITY MORATORIUM. The department of health and human services may not add any new licensed intermediate care facility for individuals with intellectual disabilities beds to the state's licensed bed capacity between July 1, 2025, and June 30, 2027.

SECTION 28. EXEMPTION - UNEXPENDED APPROPRIATIONS. The following appropriations are not subject to the provisions of section 54-44.1-11 and any unexpended appropriation authority may be continued into the biennium beginning July 1, 2025, and ending June 30, 2027:

1. The sum of $3,674,757 appropriated from the general fund and the sum of $25,918,566 appropriated from federal funds for the Medicaid management information system modularization technology project in chapter 12 of the 2021 Session Laws;
2. The sum of $6,000,000 appropriated from the general fund and the sum of $14,411,218 appropriated from federal funds for the child welfare technology project in chapter 12 of the 2021 Session Laws;
3. The sum of $20,366,271 appropriated from the community health trust fund and the sum of $39,534,525 appropriated from federal funds for the child support computer replacement project in chapter 44 of the 2023 Session Laws;
4. The sum of $10,989,217 appropriated from the strategic investment and improvements fund for the procurement and grants management system in chapter 44 of the 2023 Session Laws;
5. The sum of $4,150,000 appropriated from the general fund for defraying the expenses of additional human service centers to begin the process of becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults in chapter 44 of the 2023 Session Laws;
6. The sum of $18,941,847 appropriated to the department of health and human services in chapter 549 of the 2021 Special Session Laws;
7. The sum of $55,120,000 appropriated from the federal state fiscal recovery fund for a public health laboratory capital project in chapter 4 of the 2023 Session Laws;
8. The sum of $1,000,000 appropriated from the general fund for the purpose of employer-led child care cost-share program in chapter 446 of the 2023 Session Laws;
9. The sum of $986,555 appropriated from the general fund for the purpose of streamlining background checks project in chapter 446 of the 2023 Session Laws;

10. The sum of $1,000,000 appropriated from the federal state fiscal recovery fund for the implementation of a virtual behavioral health crisis care program for rural law enforcement in chapter 44 of the 2023 Session Laws; and
11. The sum of $500,000 appropriated from the general fund and the sum of $500,000 appropriated from federal funds for the purpose of program integrity audits in chapter 44 of the 2023 Session Laws.
12. The sum of $1,950,000 appropriated from the general fund to the department of health and human services for a northwest human service region behavioral health facility grant in chapter 44 of the 2023 Session Laws.

SECTION 29. LEGISLATIVE INTENT - UTILIZATION RATE ADJUSTMENT. It is the intent of the sixty-ninth legislative assembly that the department of health and human services seek a deficiency appropriation from the seventieth legislative assembly for any expenditures that exceed appropriated amounts as a result of underfunding, utilization rates, value-based purchasing for nursing facilities, reduction in federal medical assistance percentage, and unexpected contract cost increases that exceed ten percent, during the biennium beginning July 1, 2025, and ending June 30, 2027, if funding is not sufficient to pay actual expenses.

SECTION 30. LEGISLATIVE INTENT - PROVIDER RATE INCREASE. Except as otherwise noted, section 1 of this Act includes funding for human service provider inflation increases of two percent for the first year and one and one-half percent the second year of the biennium beginning July 1, 2025, and ending June 30, 2027. The provider inflation increase in this section does not apply to nursing facilities.

SECTION 31. LEGISLATIVE INTENT - MEDICAL ASSISTANCE. It is the intent of the sixty-ninth legislative assembly that the department of health and human services review the amount, duration, coverage, utilization rates, medical necessity, and scope of medical assistance services, and report any findings and recommendations to the seventieth legislative assembly.

SECTION 32. FEDERAL FUNDING APPEAL LIMITATION. Except as otherwise specifically provided by federal law, a person may not appeal a denial, revocation, reduction in services or payment, or the termination of a program or service by the department of health and human services dues to the unavailability of federal coronavirus funding received under federal

law resulting from the federal coronavirus pandemic emergency declarations, for the biennium beginning July 1, 2025, and ending June 30, 2027.

SECTION 33. DEPARTMENT OF HEALTH AND HUMAN SERVICES - LONG-TERM STRUCTURED RESIDENCES PLAN - REPORT. During the 2025-26 interim, the department of health and human services shall review options and develop a plan to establish long-term structured residences. The department shall review necessary changes to statutes, rules, policies, and the estimated fiscal impact of establishing the residences. A long-term structured residence must be a highly structured therapeutic residential mental health treatment facility that is staffed continuously and designed to treat adults under chapters 12.1-04.1 and 25-03.1 who have severe and persistent mental illness and who have reached the maximum benefit from the mental health resources available elsewhere in the community or hospital. The department shall present a report to the legislative management by October 1, 2026, regarding its plan to establish long-term structured residences.

SECTION 34. A new section to chapter 6-09 of the North Dakota Century Code is created and enacted as follows:

Extraordinary medical needs housing loan fund - Continuing appropriation.

1. The Bank of North Dakota shall administer a loan program to provide loans for new construction projects to provide housing for individuals with disabilities that have extraordinary medical needs. A construction project may include a land purchase and the construction costs of the project. The applicant must comply with project requirements as approved by the department of health and human services and the North Dakota housing finance agency.
2. The extraordinary medical needs housing loan fund is a special fund maintained in the state treasury from which the Bank shall provide loans under this section. The fund consists of revenues transferred under legislative authorization, interest upon moneys in the fund, and collections of interest and principal on loans made from the fund. All moneys in the fund are appropriated on a continuing basis to the Bank for the purpose of providing loans under this section.
3. The developer of the housing facility for individuals with disabilities that have extraordinary medical needs may submit an application to the Bank for a loan. The application must:

a. Provide detail on the proposed construction project and its compliance with the department of health and human services and the North Dakota housing finance agency requirements;

b. Demonstrate the need and long-term viability of the project; and

c. Include financial information the Bank determines appropriate to verify eligibility.

4. A loan approved under this section:

a. May not exceed three million three hundred thousand dollars for a project;

b. Must have an interest rate that does not exceed two percent; and

c. Must have a repayment schedule of no longer than twenty years.

5. A recipient of a loan under this section shall complete the financed construction project within twenty-four months of the approval of the loan. Failure to comply with this subsection may result in forfeiture of the entire loan received under this section.

6. The Bank shall deposit in the fund all principal and interest paid on the loans made from the fund. The Bank may deduct from interest payments a service fee for costs of administering the loan program. The fund must be audited annually pursuant to section 6-09-29 and the cost of the audit and any other actual costs incurred by the Bank on behalf of the fund must be paid from the fund.

SECTION 35. AMENDMENT. Section 50-06-06.6 of the North Dakota Century Code is amended and reenacted as follows:

50-06-06.6. Department may lease real and personal property.

The commissioner of the department or commissioner's designee may lease ~~surplus farm and pastureland at the state hospital and the life skills and transition center. The commissioner or designee also may enter into further leases of~~ real or personal property at the life skills and transition center or the state hospital upon a specific finding that the granting of each such leasehold interest will result in a net economic gain for the department, taking into account all identifiable costs. Any lease of space for the purpose of providing child care services must meet requirements as determined by the department. The commissioner of the department or commissioner's designee may prescribe the terms and conditions of any leases entered into pursuant to this section and may renew existing leases. ~~Any~~The term of any lease ~~entered into must be subject to renewal or cancelable each biennium~~may not exceed ninety-nine years.

SECTION 36. AMENDMENT. Section 50-06-42 of the North Dakota Century Code is amended and reenacted as follows:

50-06-42. Substance use disorder treatment voucher system - Mental health treatment voucher system for incarcerated individuals.

~~1.~~ The department shall establish and administer, within the limits of legislative appropriations, a voucher system to address underserved areas and gaps in the state's substance abuse treatment system and to assist in the payment of addiction treatment services and medical costs provided by licensed substance abuse treatment programs, excluding regional human service centers and hospital- or medical clinic-based programs for medical management of withdrawal.

1. An out-of-state licensed substance abuse treatment program located within a bordering state may participate in the voucher program to serve an underserved area of this state pursuant to the rules adopted by the department. The department shall develop rules to include processes and requirements for an out-of-state provider to receive reimbursement only for outpatient and community-based services upon a provider completing an assessment of need and receiving approval from the department.
2. Services eligible for the voucher program include only those levels of care recognized by the American society of addiction medicine, with particular emphasis given to underserved areas and programs. The department shall ensure that a licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers collects and reports process and outcome measures.
3. The department shall develop requirements and provide training and technical assistance to a licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers. A licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers shall provide evidence-based services.
4. The department shall allocate funding appropriated for the substance use disorder treatment voucher as follows:

~~a. No~~

a. Except as provided in subdivisions c and d, no more than ~~forty-five~~fifty percent of the appropriated amount may be allocated for residential substance use disorder services administered by licensed substance abuse treatment programs with more than sixteen beds.

b. The remaining appropriation must be allocated for residential programs with sixteen or fewer beds, nonresidential outpatient, and ancillary substance use disorder services administered by licensed substance abuse treatment programs.

c. The department, during the last quarter of the biennium, may reallocate projected unused funds that were allocated under paragraph 2 to residential facilities outlined in paragraph 1.

d. The department may reimburse a licensed substance abuse treatment program with more than sixteen beds the incurred direct medical costs of an eligible individual who does not have resources to cover the medical costs. The department may develop rules and may not exceed the total amount appropriated for medical cost reimbursement.

SECTION 37. AMENDMENT. Section 50-24.5-02.3 of the North Dakota Century Code is amended and reenacted as follows:

50-24.5-02.3. Basic care payment rates.

1. The department shall determine limits for the care of residents of basic care facilities that qualify as vendors of an aged, blind, and disabled persons program and for implementing provisions of this chapter based on data demonstrating the most recent costs that must be incurred for the care of residents in efficiently and economically operated basic care facilities. The department shall determine the limits every four years by July first, beginning with July 1, 2023.
2. The department shall establish the limits by using the median rates from the most recent data available. The direct care limit must be the median plus eighteen percent. The indirect care limit must be the median plus twelve percent.
3. For the rate year beginning July 1, 2023, the department shall increase rates and limits three and one-half percent for inflation. For the rate year beginning July 1, 2024, the department shall increase rates and limits three and one-half percent for inflation.

4. The department shall provide a rate increase in the amount of five dollars per day for the period beginning July 1, 2023, and ending June 30, ~~2025~~2027, after which the increase is not effective. This rate increase may not be included in any calculation of inflation increase.
5. Within the limits of legislative appropriations, the department shall establish an uncompensated care expense of three hundred sixty-five days.

SECTION 38. AMENDMENT. Section 50-33-05 of the North Dakota Century Code is amended and reenacted as follows:

50-33-05. State of residence.

Only child care assistance units physically residing within the boundaries of the state are eligible for child care assistance, unless the individual is employed by an early childhood program within the boundaries of the state and the individual has been approved for the state's child care assistance child care workforce benefit.

SECTION 39. AMENDMENT. Subsection 1 of section 50-36-03 of the North Dakota Century Code is amended and reenacted as follows:

1. The committee is composed of:
   a. One member of the North Dakota association of counties appointed by the chairman of the legislative management, who shall serve a term of two years.
   b. One member of the North Dakota league of cities appointed by the chairman of the legislative management, who shall serve a term of two years.
   c. One member of the North Dakota state association of city and county health officials appointed by the chairman of the legislative management, who shall serve a term of two years.
   d. One member who represents the highway patrol appointed by the highway patrol superintendent, who shall serve a term of two years.
   e. The executive director of the department's division of behavioral health.
   f. ~~The managing director of the office of recovery reinvented~~One member in recovery appointed by the governor.
   g. One member appointed by the governor who shall serve as a nonvoting member and as the presiding officer of the committee, who shall serve a term of two years.

SECTION 40. AMENDMENT. Subsection 6 of the new section to chapter 54-07 of the North Dakota Century Code, as created by section 1 of Senate Bill No. 2176, as approved by the sixty-ninth legislative assembly, is amended and reenacted as follows:

6. a. The office of the governor shall provide staffing and administrative services for the children's cabinet and coordinate with other designated working groups on children and family issues.

b. The governor or the governor's designee serving on the cabinet may appoint a representative to serve in that official's capacity at a meeting if the governor or governor's designee is unable to attend.

SECTION 41. HOUSING AVAILABILITY ASSESSMENT - COLLABORATION WITH HOUSING FINANCE AGENCY. The department of health and human services shall collaborate with the North Dakota housing finance agency and other appropriate stakeholders to assess the availability of housing for individuals requiring extraordinary health care support services, for the biennium beginning July 1, 2025, and ending June 30, 2027. Based on the results of the assessment, if necessary, the department shall develop a plan to expand access to housing providing the least restrictive environment for individuals requiring extraordinary health care support services.

SECTION 42. BEHAVIORAL HEALTH CLINICS, NORTH DAKOTA STATE HOSPITAL, AND LIFE SKILLS AND TRANSITION CENTER FUNDING. Section 1 of this Act includes funding for the behavioral health clinics, North Dakota state hospital, and life skills and transition center as follows:

1.	Behavioral health clinics:		
	a.	Salaries and wages	$177,840,942
	b.	Operating and capital	56,945,408
	c.	Total	$234,786,350
2.	State hospital:		
	a.	Salaries and wages	$70,477,378
	b.	Operating and capital	20,880,155
	c.	Total	$91,357,533
3.	Life skills and transition center:		
	a.	Salaries and wages	$56,284,356

b. Operating and capital 15,207,658

c. Total $71,492,014

SECTION 43. LEGISLATIVE MANAGEMENT STUDY - STUDENT TRUANCY AND ABSENTEEISM. The legislative management shall consider studying, during the 2025-26 interim, truancy and student absenteeism in kindergarten through grade twelve public schools. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement its recommendations, to the seventieth legislative assembly.

SECTION 44. LEGISLATIVE MANAGEMENT STUDY - OBESITY HEALTH IMPLICATIONS. The legislative management shall consider studying, during the 2025-26 interim, the health implications of obesity on the residents of the state and options to increase access to prevention and treatments for obesity. If conducted, the study must review costs associated with obesity including comorbidities, treatments available for obesity, obesity diagnosis guidelines including use of body mass index compared with percentage of body fat, and examining the difference between being an individual who is healthy and overweight as compared to an obese individual. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement its recommendations, to the seventieth legislative assembly.

SECTION 45. LEGISLATIVE MANAGEMENT STUDY - MATERNAL HEALTH SERVICES - ACCESS AND WORKFORCE.

1. During the 2025-26 interim, the legislative management shall consider studying access to maternal health services. The study must include:
   a. Consideration of the availability of prenatal and childbirth services, including provider shortages and service use.
   b. Development of strategies to increase the number of obstetricians, family doctors, and midwives providing maternal health services in this state.
   c. A review of coverage and reimbursement for doulas and midwives, including training and certification needs.
   d. Consideration of insurance and public policy options to improve maternal health outcomes, including through the Medicaid program.
   e. Input from health care providers, insurers, public health officials, and maternal health experts.

2. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement its recommendations, to the seventieth legislative assembly.

SECTION 46. LEGISLATIVE INTENT - LIFE SKILLS AND TRANSITION CENTER. It is the intent of the sixty-ninth legislative assembly that during the 2025-26 interim, the department of health and human services review the facilities and land at the life skills and transition center to identify the portions of the life skills and transition center campus that are necessary for delivery of services and the portions of the campus that could be conveyed to a local government or related public or not-for-profit community development entity to redevelop to optimize local community development goals and the successful operation of the life skills and transition center. It is further the intent of the legislative assembly that the department of health and human services present any request to convey any portions of the campus to the seventieth legislative assembly.

SECTION 47. DISABILITY SERVICE ACCREDITATION STUDY - LEGISLATIVE MANAGEMENT REPORT. During the 2025-26 interim, the department of health and human services shall study accreditation requirements and provider costs for serving individuals with intellectual and developmental disabilities, including the cost of accreditation relative to the cost of providing services and reimbursement. The department shall report its findings and recommendations, together with any legislation necessary to implement recommendations to the legislative management by September 1, 2026.

SECTION 48. VALUE-BASED CARE INCENTIVE PROGRAM - PAYMENT WITHHOLD FOR NURSING FACILITIES - COLLABORATION WITH NORTH DAKOTA LONG TERM CARE ASSOCIATION. During the 2025-26 interim, the department of health and human services, in collaboration with the North Dakota long term care association, shall develop a payment withhold structure for value-based payments to provide funding for the value-based care incentive program for nursing facilities. The department shall implement the payment withhold beginning July 1, 2027. The department may not implement a payment withhold before July 1, 2027.

SECTION 49. LEGISLATIVE MANAGEMENT STUDY- DISABILITY SERVICES.

1. During the 2025-26 interim, the legislative management shall study the efficiency, effectiveness, and outcomes of developmental disability services provided by the department of health and human services. The study must include:
   a. A review of the approval process, an analysis of accountability measures, an assessment of gaps in services, and an evaluation of overall program management.
   b. An assessment of whether the department is effectively managing cases and complying with federal law in the provision of support and services to individuals with disabilities.
   c. Input from advocates, clients from the disability community, zone directors, service providers, and health care providers who serve individuals with disabilities.
   d. Collaboration with the cross-disability advisory council.
2. The legislative council may contract with a consultant with expertise in the provision of developmental disability services to assist in the study.
3. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement its recommendations, to the seventieth legislative assembly.

SECTION 50. APPROPRIATION - COMMUNITY HEALTH TRUST FUND - LEGISLATIVE COUNCIL - DISABILITY SERVICES - ONE-TIME FUNDING. There is appropriated out of any moneys in the community health trust fund, not otherwise appropriated, the sum of $150,000, or so much of the sum as may be necessary, to the legislative council for the purpose of contracting for consulting services for a disability services study, for the biennium beginning July 1, 2025, and ending June 30, 2027. The appropriation in this section is considered a one-time funding item.

SECTION 51. LEGISLATIVE MANAGEMENT REPORT - BEHAVIORAL HEALTH FACILITY GRANTS. During the 2025-26 interim the department of health and human services shall provide reports to the legislative management regarding the award of grant funding to increase the number of behavioral health beds in the state.

SECTION 52. EFFECTIVE DATE. Section 36 of this Act becomes effective on July 1, 2026.

SECTION 53. EFFECTIVE DATE. Section 7 of this Act becomes effective on January 1, 2026.

Bill No. 1012 Fiscal No. 4 25.0156.02052s 04/30/2025

House Bill No. 1012 - DHHS - Human Services - Conference Committee Action

	Base Budget	House Version	Conference Committee Changes	Conference Committee Version	Senate Version	Comparison to Senate
Salaries and wages	$168,325,918					
Operating expenses	88,885,469	$197,143,705		$197,143,705	$198,835,575	($1,691,870)
Capital assets	10,000	10,000		10,000	10,000	
Grants	621,189,007	715,582,267		715,582,267	688,439,152	27,143,115
Life Skills and Transition Center	44,992,263	15,207,658	($2,500,000)	12,707,658	15,207,658	(2,500,000)
Grants - Medical assistance	742,793,564	750,448,643		750,448,643	750,448,643	
County social services	197,663,661	204,592,282		204,592,282	204,592,282	
Total all funds	$1,863,859,882	$1,882,984,555	($2,500,000)	$1,880,484,555	$1,857,533,310	$22,951,245
Less estimated income	1,240,409,529	1,226,448,044	0	1,226,448,044	1,216,320,595	10,127,449
General fund	$623,450,353	$656,536,511	($2,500,000)	$654,036,511	$641,212,715	$12,823,796
FTE	1,009.16	0.00	0.00	0.00	0.00	0.00

Department 328 - DHHS - Human Services - Detail of Conference Committee Changes

	Underfunds Life Skills and Transition Center[1]	Total Conference Committee Changes
Salaries and wages		
Operating expenses		
Capital assets		
Grants		
Life Skills and Transition Center	($2,500,000)	($2,500,000)
Grants - Medical assistance		
County social services		
Total all funds	($2,500,000)	($2,500,000)
Less estimated income	0	0
General fund	($2,500,000)	($2,500,000)
FTE	0.00	0.00

[1] Funding for the Life Skills and Transition Center is reduced by $2.5 million for anticipated census counts.

House Bill No. 1012 - DHHS - Medical Services - Conference Committee Action

	Base Budget	House Version	Conference Committee Changes	Conference Committee Version	Senate Version	Comparison to Senate
Salaries and wages	$21,008,344					
Operating expenses	70,807,977	$163,172,539		$163,172,539	$163,172,539	
Grants	1,651,004	3,457,804		3,457,804	2,657,804	$800,000
Grants - Medical assistance	2,682,778,803	2,689,279,270		2,689,279,270	2,674,458,766	14,820,504
Total all funds	$2,776,246,128	$2,855,909,613	$0	$2,855,909,613	$2,840,289,109	$15,620,504
Less estimated income	1,818,029,530	1,810,657,071	0	1,810,657,071	1,809,220,473	1,436,598
General fund	$958,216,598	$1,045,252,542	$0	$1,045,252,542	$1,031,068,636	$14,183,906
FTE	90.50	0.00	0.00	0.00	0.00	0.00

SECTION 48. NURSING FACILITY INCENTIVE PROGRAM – STUDY AND REPORT.

During the biennium beginning July 1, 2025, and ending June 30, 2027, the department of health and human services shall study **alternative payment structures** for the nursing facility incentive program, including the potential use of a withhold. The department shall conduct this study in collaboration with the long term care association and providers. The department shall not implement a nursing facility withhold during this biennium. The department shall report its findings and any recommended changes for consideration during the 2027-2029 biennium to the legislative management.

BASIC CARE - CORRECT ANNUAL UNRECOGNIZED INFLATION:

The department shall collaborate with basic care providers, long term care association, and two legislators to develop recommendations on applying the historical cost adjustment factor over the full 12-month period to recognize the timing delay in setting future rates. The department shall report its recommendations to the interim Human Services Committee by August 1, ~~2025.~~ 2024

c. Total ~~$419,655,706~~$91,357,533

3. Life skills and transition center:

a. Salaries and wages ~~$55,540,213~~$56,284,356

b. Operating and capital ~~15,207,658~~15,207,658

c. Total ~~$70,747,871~~$71,492,014

SECTION 42. LEGISLATIVE MANAGEMENT STUDY - STUDENT TRUANCY AND ABSENTEEISM. The legislative management shall consider studying, during the 2025-26 interim, truancy and student absenteeism in kindergarten through grade twelve public schools. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement its recommendations, to the seventieth legislative assembly.

SECTION 43. LEGISLATIVE MANAGEMENT STUDY - OBESITY HEALTH IMPLICATIONS. The legislative management shall consider studying, during the 2025-26 interim, the health implications of obesity on the residents of the state and options to increase access to prevention and treatments for obesity. If conducted, the study must review costs associated with obesity including comorbidities, treatments available for obesity, obesity diagnosis guidelines including use of body mass index compared with percentage of body fat, and examining the difference between being an individual who is healthy and overweight as compared to an obese individual. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement its recommendations, to the seventieth legislative assembly.

SECTION 44. LEGISLATIVE MANAGEMENT STUDY - DIAGNOSTIC AND SUPPLEMENTAL BREAST EXAMINATION HEALTH CARE COVERAGE.

1. During the 2025-26 interim, the legislative management, in collaboration with the public employees retirement system and the department of health and human services, shall study the desirability and feasibility of the public employees retirement system providing coverage for diagnostic and supplemental breast examinations without imposing cost-sharing requirements. The study must include:
   a. Receipt of a report from the public employees retirement system which provides a cost-benefit analysis of expanding the health insurance coverage benefits of the uniform group insurance program to cover diagnostic and supplemental breast examinations without any member cost-share. The report must include

data for total diagnostic or supplemental imaging costs per medical code, data identifying the number of members requiring treatment following a diagnostic or supplemental breast examination, data relating to the cost to cover the treatment, the number of members that meet the annual deductible, and an estimate of the program's cost savings due to early detection and prevention. Data used in the analysis to develop the report must include data from the most recent completed plan year.

b. Receipt of a report from the Medicaid program on the cost of covering diagnostic and supplemental breast examinations, including Medicaid expansion data. Data used in the report must include the most recent data available and cover at least an entire year period.

c. Consistency across health insurance plans for the data collected in medical coding for diagnostic and supplemental breast examinations.

d. Review of coverage of diagnostic and supplemental breast examinations in health benefit plans offered in the private market, including an analysis of any cost-sharing requirements.

e. Review of data identifying the number of deaths in this state due to breast cancer, including an analysis of the preventative services available to those individuals which was covered by insurance and the number of those individuals who received a diagnostic breast examination.

2. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement its recommendations, to the seventieth legislative assembly.

SECTION 45. LEGISLATIVE MANAGEMENT STUDY - MATERNAL HEALTH SERVICES - ACCESS AND WORKFORCE.

1. During the 2025-26 interim, the legislative management shall consider studying access to maternal health services. The study must include:

a. Consideration of the availability of prenatal and childbirth services, including provider shortages and service use.

b. Development of strategies to increase the number of obstetricians, family doctors, and midwives providing maternal health services in this state.

25.0156.02035
Title.
Fiscal No. 2

Prepared by the Legislative Council staff for Conference Committee

May 1, 2025

Sixty-ninth
Legislative Assembly
of North Dakota

PROPOSED AMENDMENTS TO FIRST ENGROSSMENT

ENGROSSED HOUSE BILL NO. 1012

Introduced by

Appropriations Committee

In place of amendment (25.0156.02028) adopted by the Senate, Engrossed House Bill No. 1012 is amended by amendment (25.0156.02035) as follows:

A BILL for an Act to provide an appropriation for defraying the expenses of various divisions of the department of health and human services; to create and enact a new section to chapter 6-09 of the North Dakota Century Code, relating to an extraordinary medical needs housing loan fund; to amend and reenact sections 50-06-06.6, 50-06-42, 50-24.5-02.3, and 50-33-05, and subsection 1 of 50-36-03 of the North Dakota Century Code and subsection 6 of the new section to chapter 54-07 of the North Dakota Century Code created in section 1 of Senate Bill No. 2176, as approved by the sixty-ninth legislative assembly, relating to leases of department of health and human services property, substance use disorder treatment program, basic care payment rates, ~~and~~ state of residence for child care assistance, opioid settlement advisory committee, and children's cabinet; to provide for a transfer; to authorize a line of credit; to provide legislative intent; to provide for a legislative management study; to provide an application; to provide an exemption; to provide for a report; and to provide an effective date.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. APPROPRIATION. The funds provided in this section, or so much of the funds as may be necessary, are appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, and from other funds derived from special funds and federal funds, to the department of health and human services for the purpose of defraying the expenses of its various divisions, for the biennium beginning July 1, 2025, and ending June 30, 2027, as follows:

~~Subdivision 1.~~

~~SALARIES AND WAGES BLOCK GRANT~~

		Adjustments or	
	Base Level	Enhancements	Appropriation
Salaries and wages block grant	$0	$596,284,775	$596,284,775
Total all funds	0	596,284,775	596,284,775
Less other funds	0	286,720,150	286,720,150
Total general fund	$0	$309,564,625	$309,564,625

~~Subdivision 2.~~

~~BUSINESS OPERATIONS~~

		Adjustments or	
	Base Level	Enhancements	Appropriation
Salaries and wages	$25,763,358	($25,763,358)	$0
Operating expenses	155,308,399	(77,023,770)	78,284,629
Capital assets	108,934	(108,934)	0
Grants	11,812,627	6,966,375	18,779,002
Total all funds	$192,993,318	($95,929,687)	$97,063,631
Less other funds	118,894,310	(71,526,221)	47,368,089
Total general fund	$74,099,008	($24,403,466)	$49,695,542

~~Subdivision 3.~~

~~BEHAVIORAL HEALTH~~

		Adjustments or	
	Base Level	Enhancements	Appropriation
Salaries and wages	$8,792,675	($8,792,675)	$0
Operating expenses	79,381,458	23,888,138	103,269,596
Grants	40,476,298	21,889,322	62,365,620
Behavioral health clinics	196,383,945	(139,978,713)	56,405,232
State hospital	94,826,973	256,053,182	350,880,155
Opioid addiction prevention	2,000,000	6,000,000	8,000,000
Total all funds	$421,861,349	$159,059,254	$580,920,603

Less other funds	113,955,941	285,267,537	399,223,478
Total general fund	$307,905,408	($126,208,283)	$181,697,125

Subdivision 4.

HUMAN SERVICES

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$168,325,918	($168,325,918)	$0
Operating expenses	88,885,469	108,258,236	197,143,705
Capital assets	10,000	0	10,000
Grants	621,189,007	94,393,260	715,582,267
Life skills and transition center	44,992,263	(29,784,605)	15,207,658
Grants - medical assistance	742,793,564	7,655,079	750,448,643
County social services	197,663,661	6,928,621	204,592,282
Total all funds	$1,863,859,882	$19,124,673	$1,882,984,555
Less other funds	1,240,409,529	(13,961,485)	1,226,448,044
Total general fund	$623,450,353	$33,086,158	$656,536,511

Subdivision 5.

MEDICAL SERVICES

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$21,008,344	($21,008,344)	$0
Operating expenses	70,807,977	92,364,562	163,172,539
Grants	1,651,004	1,806,800	3,457,804
Grants - medical assistance	2,682,778,803	6,500,467	2,689,279,270
Total all funds	$2,776,246,128	$79,663,485	$2,855,909,613
Less other funds	1,818,029,530	(7,372,459)	1,810,657,071
Total general fund	$958,216,598	$87,035,944	$1,045,252,542

Subdivision 6.

PUBLIC HEALTH

	Base Level	Adjustments or Enhancements	Appropriation

~~Salaries and wages~~	~~$60,415,388~~	~~($60,415,388)~~	~~$0~~
~~Operating expenses~~	~~37,721,213~~	~~17,853,669~~	~~55,574,882~~
~~Capital assets~~	~~1,469,780~~	~~2,215,838~~	~~3,685,618~~
~~Grants~~	~~81,718,145~~	~~4,245,496~~	~~85,963,641~~
~~Tobacco prevention~~	~~13,063,162~~	~~(22,607)~~	~~13,040,555~~
~~Women, infants, and children food payments~~	~~19,900,000~~	~~1,100,000~~	~~21,000,000~~
~~Cares Act/COVID-19~~	~~83,909,182~~	~~1,845,373~~	~~85,754,555~~
~~Total all funds~~	~~$298,196,870~~	~~($33,177,619)~~	~~$265,019,251~~
~~Less other funds~~	~~250,440,690~~	~~(20,626,287)~~	~~229,814,403~~
~~Total general fund~~	~~$47,756,180~~	~~($12,551,332)~~	~~$35,204,848~~

~~Subdivision 7.~~

~~TOTAL - SECTION 1~~

	~~Base Level~~	~~Adjustments or Enhancements~~	~~Appropriation~~
~~Grand total all funds~~	~~$5,553,157,547~~	~~$725,024,881~~	~~$6,278,182,428~~
~~Grand total other funds~~	~~3,541,730,000~~	~~458,501,235~~	~~4,000,231,235~~
~~Grand total general fund~~	~~$2,011,427,547~~	~~$266,523,646~~	~~$2,277,951,193~~
~~Full-time equivalent positions~~	~~2,483.83~~	~~204.52~~	~~2,688.35~~

Subdivision 1.

SALARIES AND WAGES BLOCK GRANT

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages block grant	$0	$611,513,737	$611,513,737
Total all funds	0	611,513,737	611,513,737
Less other funds	0	291,449,112	291,449,112
Total general fund	$0	$320,064,625	$320,064,625

Subdivision 2.

BUSINESS OPERATIONS

	Base Level	Adjustments or Enhancements	Appropriation

Salaries and wages	$25,763,358	($25,763,358)	$0
Operating expenses	155,308,399	(77,023,770)	78,284,629
Capital assets	108,934	(108,934)	0
Grants	11,812,627	6,966,375	18,779,002
Total all funds	$192,993,318	($95,929,687)	$97,063,631
Less other funds	118,894,310	(71,526,221)	47,368,089
Total general fund	$74,099,008	($24,403,466)	$49,695,542

Subdivision 3.

BEHAVIORAL HEALTH

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$8,792,675	($8,792,675)	$0
Operating expenses	79,381,458	23,888,138	103,269,596
Grants	40,476,298	18,639,322	59,115,620
Behavioral health clinics	196,383,945	(139,346713)	57,037,232
State hospital	94,826,973	(73,946,818)	20,880,155
Opioid addiction prevention	2,000,000	6,000,000	8,000,000
Total all funds	$421,861,349	($173,558,746)	$248,302,603
Less other funds	113,955,941	(42,100,463)	71,855,478
Total general fund	$307,905,408	($131,458,283)	$176,447,125

Subdivision 4.

HUMAN SERVICES

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$168,325,918	($168,325,918)	$0
Operating expenses	88,885,469	114,503,276	203,388,745
Capital assets	10,000	0	10,000
Grants	621,189,007	68,720,524	689,909,531
Life skills and transition center	44,992,263	(32,284,605)	12,707,658
Grants - medical assistance	742,793,564	(2,344,921)	740,448,643
County social services	197,663,661	6,928,621	204,592,282

Total all funds	$1,863,859,882	($12,803,023)	$1,851,056,859
Less other funds	1,240,409,529	(29,237,367)	1,211,172,162
Total general fund	$623,450,353	$16,434,344	$639,884,697

Subdivision 5.

MEDICAL SERVICES

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$21,008,344	($21,008,344)	$0
Operating expenses	70,807,977	92,364,562	163,172,539
Grants	1,651,004	2,006,800	3,657,804
Grants - medical assistance	2,682,778,803	(72,879,073)	2,609,899,730
Total all funds	$2,776,246,128	$483,945	$2,776,730,073
Less other funds	1,818,029,530	(39,227,077)	1,778,802,453
Total general fund	$958,216,598	$39,711,022	$997,927,620

Subdivision 6.

PUBLIC HEALTH

	Base Level	Adjustments or Enhancements	Appropriation
Salaries and wages	$60,415,388	($60,415,388)	$0
Operating expenses	37,721,213	17,120,591	54,841,804
Capital assets	1,469,780	1,565,838	3,035,618
Grants	81,718,145	2,967,835	84,685,980
Tobacco prevention	13,063,162	(22,607)	13,040,555
Women, infants, and children food payments	19,900,000	1,100,000	21,000,000
Cares Act/COVID-19	83,909,182	(58,871,210)	25,037,972
Total all funds	$298,196,870	($96,554,941)	$201,641,929
Less other funds	250,440,690	(81,142,870)	169,297,820
Total general fund	$47,756,180	($15,412,071)	$32,344,109

Subdivision 7.

TOTAL - SECTION 1

	Base Level	Adjustments or Enhancements	Appropriation
Grand total all funds	$5,553,157,547	$233,151,285	$5,786,308,832
Grand total other funds	3,541,730,000	28,215,114	3,569,945,114
Grand total general fund	$2,011,427,547	$204,936,171	$2,216,363,718
Full-time equivalent positions	2,483.83	204.52	2,688.35

SECTION 2. ONE-TIME FUNDING - EFFECT ON BASE BUDGET - REPORT TO SEVENTIETH LEGISLATIVE ASSEMBLY. The following amounts reflect the one-time funding items included in section 1 of this Act which are not included in the entity's base budget for the 2027-29 biennium and which the entity shall report to the appropriations committees of the seventieth legislative assembly regarding the use of this funding:

~~One-Time Funding Description~~	~~General Fund~~	~~Other Funds~~	~~Total~~
~~Technology projects~~	~~$0~~	~~$10,263,000~~	~~$10,263,000~~
~~Human service centers and life skills and transition center projects~~	~~0~~	~~1,052,480~~	~~1,052,480~~
~~Retire mainframe~~	~~0~~	~~15,000,000~~	~~15,000,000~~
~~Child care programs~~	~~13,272,500~~	~~0~~	~~13,272,500~~
~~Housing programs~~	~~0~~	~~1,000,000~~	~~1,000,000~~
~~State laboratory move and equipment~~	~~0~~	~~2,962,304~~	~~2,962,304~~
~~Partial hospitalization day treatment~~	~~0~~	~~2,000,000~~	~~2,000,000~~
~~Developmental disabilities eligibility assessment tool for kids~~	~~200,000~~	~~200,000~~	~~400,000~~
~~Toxicology equipment~~	~~151,500~~	~~100,000~~	~~251,500~~
~~New state hospital~~	~~0~~	~~330,000,000~~	~~330,000,000~~
~~Behavioral health facility grant~~	~~0~~	~~12,960,000~~	~~12,960,000~~
~~Cultural community center grant~~	~~0~~	~~1,000,000~~	~~1,000,000~~
~~Adaptive recreation grant~~	~~200,000~~	~~0~~	~~200,000~~
~~Intermediate care facility grant~~	~~3,457,736~~	~~0~~	~~3,457,736~~
~~Juvenile justice diversion services~~	~~750,000~~	~~0~~	~~750,000~~
~~Animal shelter grant~~	~~0~~	~~300,000~~	~~300,000~~
~~Statewide health strategies~~	~~0~~	~~750,000~~	~~750,000~~

~~Critical access hospital networking~~	~~0~~	~~2,000,000~~	~~2,000,000~~
~~Total~~	~~$18,031,736~~	~~$379,587,784~~	~~$397,619,520~~

One-Time Funding Description	General Fund	Other Funds	Total
Technology projects	$0	$4,826,930	$4,826,930
Human service centers and life skills and transition center projects	0	1,684,480	1,684,480
Retire mainframe	0	15,000,000	15,000,000
Child care programs	11,772,500	0	11,772,500
Housing programs	0	1,000,000	1,000,000
State laboratory move and equipment	0	2,962,304	2,962,304
Partial hospitalization day treatment	0	2,000,000	2,000,000
Developmental disabilities eligibility assessment tool for kids	200,000	200,000	400,000
Toxicology equipment	151,500	100,000	251,500
Behavioral health facility grant	0	12,960,000	12,960,000
Cultural community center grant	0	300,000	300,000
Intermediate care facility grant	0	4,400,000	4,400,000
Juvenile justice diversion services	0	750,000	750,000
Critical access hospital networking	0	2,000,000	2,000,000
Basic care daily rate increase	2,619,004	2,922,236	5,541,240
Infant and toddler care provider support	11,000,000	0	11,000,000
Child welfare technology project line of credit	0	8,411,218	8,411,218
Medical housing for individuals with extraordinary medical needs	200,000	0	200,000
Northwest behavioral health facility grant	1,500,000	0	1,500,000
Guardianship funding	3,266,177	0	3,266,177
Waterford upstart funding	1,500,000	0	1,500,000
Fetal alcohol spectrum disorder clinic	350,000	0	350,000
Total	$32,559,181	$59,517,168	$92,076,349

SECTION 3. FUNDING TRANSFERS - EXEMPTION - AUTHORIZATION - REPORT. Notwithstanding section 54-16-04, the director of the office of management and budget shall transfer appropriation authority between line items within subdivisions 1, 2, 3, 4, 5, and 6 of section 1 of this Act and any other appropriation authority for the department of health and human services approved by the sixty-ninth legislative assembly, for the biennium beginning July 1, 2025, and ending June 30, 2027, as requested by the department of health and human services. The department of health and human services shall notify the legislative council of any transfer made pursuant to this section. The department of health and human services shall report to the budget section after June 30, 2026, any transfer made in excess of $50,000 and to the appropriations committees of the seventieth legislative assembly regarding any transfers made pursuant to this section.

SECTION 4. FULL-TIME EQUIVALENT POSITION BLOCK GRANT PROGRAM - REPORT. Section 1 of this Act includes funding for a full-time equivalent position block grant program. This funding as approved by the sixty-ninth legislative assembly is available for defraying the expense of full-time equivalent positions as determined by the department of health and human services. Notwithstanding any other provision of law, the department is authorized to increase or decrease authorized full-time equivalent positions subject to the availability of funds and the provisions of this section. The department of health and human services many not increase full-time equivalent positions for the purpose of transferring human service zone employees to state employment. Pursuant to section 3 of this Act, the department is authorized to transfer appropriation authority of up to the underfunded amount of ~~$30,000,000~~$14,771,038 to the salaries and wages block grant line item. The department of health and human services shall report to the office of management and budget and legislative council any adjustments to full-time equivalent positions.

SECTION 5. DEPARTMENT OF HEALTH AND HUMAN SERVICES - SALARIES AND WAGES BLOCK GRANT - VACANT POSITIONS - REPORT. The department of health and human services shall report to the budget section quarterly during the 2025-26 interim regarding the status of its salaries and wages block grant and vacant positions and employee turnover. The report must include:

1. The legislative appropriation for salaries and wages allocated by the department to major department programs by funding source and the number of full-time equivalent

positions the department is allocating to each major program based on the legislative appropriation;

2. Any changes to salaries and wages funding or full-time equivalent positions allocated to major department programs;
3. Any new full-time equivalent positions added, the cost of the position for the remainder of the biennium, and the cost to continue funding the position in the subsequent biennium by funding source;
4. Any full-time equivalent positions removed and related funding;
5. The number of full-time equivalent positions that become vacant and the number filled each month;
6. The number of vacant full-time equivalent positions at the end of each month;
7. Salaries and wages savings resulting from vacant positions and employee turnover each month by funding source; and
8. The use of salaries and wages savings for other purposes for each month by funding source.

SECTION 6. BEHAVIORAL HEALTH FACILITY GRANT - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND - APPLICATION.

1. Section 1 of this Act includes the sum of $12,960,000 from the strategic investment and improvements fund for a behavioral health facility grant pursuant to this section.
2. A grant of $12,960,000 must be provided to establish a behavioral health facility in the northeast human service region. The grant recipient must provide matching funds of $3,240,000 to establish the facility.
3. The department shall require an entity receiving funding under this section to operate the facility for at least ten years and require the grant amount to be repaid if the entity does not operate the facility for at least ten years.
4. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 7. APPROPRIATION - OFFICE OF GUARDIANSHIP AND CONSERVATORSHIP. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $3,266,178, or so much of the sum as may be necessary, to the office of guardianship and conservatorship, for the biennium beginning July 1,

2025, and ending June 30, 2027, for the purpose of providing guardianship services after March 30, 2026.

SECTION 8. TRANSFER - OFFICE OF GUARDIANSHIP AND CONSERVATORSHIP. Section 1 of this Act includes the sum of $3,266,177 from the general fund for guardianship programs. On April 1, 2026, the office of management and budget shall transfer any unspent appropriation authority for guardianship programs from the department of health and human services to the office of guardianship and conservatorship, for the biennium beginning July 1, 2025, and ending June 30, 2027.

SECTION 9. INFANT AND TODDLER CARE PROVIDER SUPPORT DIRECT PAYMENT - ONE-TIME - REPORT. Section 1 of this Act includes the sum of $11,000,000 of one-time funding from the general fund for direct payments to licensed child care providers to support high-quality early childhood care for infants and toddlers. The department shall administer the direct payment program and include the following provisions:

1. To qualify for a direct payment under this section, a direct payment recipient may not be currently receiving a child care assistance program infant/toddler bonus payment and must:
   a. Be a licensed child care facility within the state of North Dakota;
   b. Be enrolled in the state's bright and early quality rating system at a two-star, three-star, or four-star rating level; and
   c. Provide care for children from birth through three years of age.
2. Eligible providers may receive up to $200 per month for each child from birth through seventeen months of age and up to $115 per month for each child from eighteen through thirty-six months of age.
3. The department shall distribute the direct payments on a quarterly basis. Direct payments may not be used for non-child care-related expenses or debt repayment.
4. Direct payment recipients shall submit annual reports to the department detailing fund usage, enrollment statistics, and other information requested by the department.
5. The department shall provide reports to the legislative management and to the appropriations committees of the seventieth legislative assembly on direct payments and the effectiveness of the program.

SECTION 10. INTERMEDIATE CARE FACILITY MEDICALLY AND BEHAVIORALLY COMPLEX SERVICES GRANT - ONE-TIME - APPLICATION. Section 1 of this Act includes the sum of $4,400,000 of one-time funding from the community health trust fund for providing a one-time grant to a licensed intermediate care facility in the south central human service region for providing services to children or young adults with medically and behaviorally complex conditions. To be eligible to receive the grant under this section, a licensed intermediate care facility must provide early intervention, clinical, and residential services, provide community and home support, education, recreation and leisure activities, and assistive technology; and provide services in at least eight communities for individuals with intellectual or developmental disabilities. The grant funds awarded may be used only for the costs of providing services to children and young adults with medically and behaviorally complex conditions. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 11. SPECIAL HEALTH CARE NEEDS GRANT - APPLICATION. Section 1 of this Act includes the sum of $100,000 from the general fund for providing a grant to a provider in the south central human service region for statewide education, information, training, and peer support to families with children with special health care needs, medically complex conditions, or a disability. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 12. CRISIS SERVICES GRANTS - APPLICATION. Section 1 of this Act includes the sum of $585,000 from the general fund for providing crisis services grants, including the sum of $300,000 for crisis organizations that provide crisis services to young adults who are at risk of being homeless or experiencing other serious adverse life events and the sum of $285,000 to a volunteer-based ecumenical ministry organization. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 13. MEDICAL HOUSING FOR INDIVIDUALS WITH EXTRAORDINARY MEDICAL NEEDS - ONE-TIME FUNDING.

1. Section 1 of this Act includes the sum of $200,000 from the general fund for the preliminary design consultation and project administration of developing housing for individuals with disabilities that have extraordinary medical needs and for rent

subsidies for individuals residing in these housing facilities, for the biennium beginning July 1, 2025, and ending June 30, 2027.

2. The department of health and human services shall collaborate with the North Dakota housing finance agency, individuals with disabilities, caregivers, and families to solicit proposals for the development of accessible housing for individuals with disabilities that have extraordinary medical needs, for the biennium beginning July 1, 2025, and ending June 30, 2027. The department shall solicit proposals from public entities, for-profit organizations, and nonprofit organizations to design, construct, maintain, and operate the housing facility. Proposals must:
   a. Ensure that services in the facility may be provided separately from the facility ownership interests;
   b. Ensure that individuals residing in the facility may choose among independent living service providers; and
   c. Comply with the federal home and community-based settings rules as defined under 42 CFR 441.301(c)(4).

SECTION 14. BEHAVIORAL HEALTH FACILITY GRANT - GENERAL FUND - ONE-TIME - APPLICATION. Section 1 of this Act includes the sum of $1,500,000 appropriated from the general fund and section 29 of this Act continues unexpended appropriation authority of up to $1,950,000 appropriated from the general fund in chapter 44 of the 2023 Session Laws to provide a total of $3,450,000 for the purpose of providing a one-time behavioral health facility grant to establish a behavioral health facility in the northwest human service center region, for the biennium beginning July 1, 2025, and ending June 30, 2027. The department of health and human services shall include the following provisions relating to the grant award.

1. The grant recipient must provide matching funds of at least $1,750,000 to establish the facility.
2. The department shall require an entity receiving a grant under this section to operate the facility for at least ten years and require the grant amount to be repaid if the entity does not operate the facility for at least ten years.
3. To continue to receive the grant, the behavioral health facility grant recipient must:
   a. Enter a grant agreement or amendment or both with the department;

b. Provide and disclose information needed to comply with the department's datacollection requirements; and

c. Operate in compliance with grant requirements.

4. The department may recapture grant funds distributed to a grant recipient found by the department to be out of compliance with the requirements established for the grant program.

5. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section

SECTION 15. COMMUNITY CULTURAL CENTER GRANT - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND - APPLICATION. Section 1 of this Act includes the sum of ~~$1,000,000~~$300,000 from the ~~strategic investment and improvements~~community health trust fund for the purpose of providing a one-time community cultural center programming grant in the west central human service region. An entity may apply for a grant under this section if the entity certifies to the department ~~it has secured at least fifty percent of funds needed to complete the project, the project will be completed within two years of receiving the grant funds, and the grants funds will be used only for costs of constructing a~~the funds will be used for programs within the community cultural center. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.

SECTION 16. JUVENILE JUSTICE DIVERSION SERVICES AND PROGRAMS - TASK FORCE - REPORT. Section 1 of this Act includes the sum of $750,000 of one-time funding from the ~~general~~human services finance fund for juvenile justice diversion services and programs. The department of health and human services must use the funding for services to youth at risk of juvenile justice involvement but who have not committed delinquent acts as defined in chapter 27-20.4.

The department shall establish a task force with representation from divisions in the department, human service zones, the department of public instruction, elementary and secondary schools, and members of the legislative assembly, to review juvenile justice diversion services and program. The department shall report its findings and recommendations to the legislative management and children's cabinet.

~~**SECTION 9. ANIMAL SHELTER GRANT - COMMUNITY HEALTH TRUST FUND.** Section 1 of this Act includes the sum of $300,000 from the community health trust fund for a grant for the construction of an animal shelter. The department of health and human services may award a grant for the construction of an animal shelter to an organization that provides twenty dollars of nonstate matching funds for every dollar of grant funds received. The requirements of chapter 54-44.4 do not apply to the selection of a grant recipient, the grant award, or payments made under this section.~~

~~**SECTION 10. STATEWIDE HEALTH STRATEGIES - COMMUNITY HEALTH TRUST FUND.** Section 1 of this Act includes the sum of $750,000 of one-time funding from the community health trust fund for the statewide health strategies initiative. The department of health and human services may spend the funding upon securing dollar-for-dollar matching funds.~~

SECTION 17. OTHER FUNDS - INSURANCE TAX DISTRIBUTION FUND. The other funds line item in subdivision 5 of section 1 of this Act includes the sum of $1,125,000 from the insurance tax distribution fund for rural emergency medical services grants.

SECTION 18. OTHER FUNDS - COMMUNITY HEALTH TRUST FUND. The other funds line items in section 1 of this Act includes the sum of ~~$38,713,522~~$41,009,522 from the community health trust fund for the following purposes:

Loan repayment programs	$594,500
~~Tobacco and vaping programs~~	~~11,599,698~~
Tobacco prevention and control grants to local public health units	6,250,000
Tobacco prevention and control	4,549,698
Tobacco cessation grants	500,000
Youth vaping prevention grants	300,000
Cancer and women's way programs	909,824
Behavior risk state survey	200,000
Intermediate care facility grant	4,400,000
Domestic violence programs	4,250,000
Local public health grants	3,275,000
988 crisis hotline	1,867,500
~~Various information technology system upgrades~~	~~2,967,000~~

Various information technology system upgrades	1,335,000
Grants to rural ambulances	7,000,000
Law enforcement rural crisis support program	1,000,000
Development of partial hospitalization/intensive day treatment	2,000,000
Critical access hospital networking	2,000,000
~~Animal shelter grant~~	~~300,000~~
~~Statewide health strategies~~	~~750,000~~
~~Total~~	~~$38,713,522~~
Forensic examiner electronic records	278,000
Cultural center programming	300,000
Total	$41,009,522

SECTION 19. OTHER FUNDS - HUMAN SERVICE FINANCE FUND. The other funds line items in section 1 of this Act includes the sum of ~~$239,112,030~~$242,862,030 from the human service finance fund for state-paid economic assistance and social and human services.

SECTION 20. OTHER FUNDS - OPIOID SETTLEMENT FUND. The other funds line item in section 1 of this Act includes the sum of $8,000,000 from the opioid settlement fund for opioid remediation and abatement efforts.

SECTION 21. OTHER FUNDS - CHARITABLE GAMING OPERATING FUND. The other funds line item in section 1 of this Act includes the sum of $1,900,000 from the charitable gaming operating fund for domestic and sexual violence prevention.

SECTION 22. OTHER FUNDS - HEALTH CARE TRUST FUND. The other funds line item in section 1 of this Act includes the sum of $1,448,052 from the health care trust fund for the additional daily rate increase for basic care.

SECTION 23. OTHER FUNDS - STRATEGIC INVESTMENT AND IMPROVEMENTS FUND. The other funds line items in section 1 of this Act includes the sum of ~~$227,474,784~~$22,106,784 from the strategic investment and improvements fund for the following purposes:

~~Retiring technology from the mainframe~~	~~$5,000,000~~
~~Retiring technology from the mainframe~~	~~$7,500,000~~
~~Move into the new state laboratory and purchase security equipment~~	~~2,962,304~~
~~Capital projects in human service centers and life skills and transition center~~	~~1,052,480~~

~~Housing initiative programs~~	~~1,000,000~~
~~Technology projects at the state hospital~~	~~1,000,000~~
~~New state hospital~~	~~200,000,000~~
~~Behavioral health facility grant~~	~~12,960,000~~
~~Community cultural center grant~~	~~1,000,000~~
~~Total~~	~~$227,474,784~~
Retiring technology from the mainframe	$2,500,000
New state laboratory move-in costs and security equipment purchases	2,962,304
Capital projects in certified community behavioral health clinics and life skills and transition center	1,684,480
Housing initiative programs	1,000,000
Technology projects at the state hospital	1,000,000
Behavioral health facility grant	12,960,000
Total	$22,106,784

SECTION 24. OTHER FUNDS - BANK OF NORTH DAKOTA LINE OF CREDIT - ~~STATE HOSPITAL~~CHILD WELFARE TECHNOLOGY PROJECT. The other funds line item in subdivision 2 of section 1 of this Act includes ~~$130,000,000~~the sum of $8,411,218 from a Bank of North Dakota line of credit. The department of health and human services may borrow up to ~~$130,000,000~~$8,411,218 through a line of credit from the Bank of North Dakota during the biennium beginning July 1, 2025, and ending June 30, 2027, for costs associated with ~~the construction of a new state hospital~~a child welfare technology project. The interest rate on the line of credit may not exceed the prevailing interest rate charged to North Dakota governmental entities. If the department accesses the line of credit, it shall request a deficiency appropriation from the seventieth legislative assembly to repay the line of credit.

SECTION 25. LABORATORY BUILDING STEERING COMMITTEE. The department of health and human services shall maintain the laboratory building steering committee to oversee the design and construction of the laboratory building project, for the biennium beginning July 1, 2025, and ending June 30, 2027, or until work is completed, whichever occurs earlier. The committee must include representation from the department of health and human services, department of environmental quality, office of management and budget, the governor's office, and the legislative assembly. The legislative assembly representation must include one member

of the senate appointed by the senate majority leader, one member of the house appointed by the house majority leader, and one member of the minority party from either the senate or the house appointed by the minority leaders of the senate and the house.

~~**SECTION 25. NEW STATE HOSPITAL - STEERING COMMITTEE.** The department of health and human services shall establish a new state hospital facility steering committee to oversee the design and construction of a new state hospital facility, for the biennium beginning July 1, 2025, and ending June 30, 2027. The committee must include one member of the senate appointed by the senate majority leader, one member of the house appointed by the house majority leader, and one member of the minority party from either the senate or the house appointed by the minority leaders of the senate and the house.~~

SECTION 26. CAPITAL PAYMENTS. During the biennium beginning July 1, 2025, and ending June 30, 2027, the department of health and human services is authorized to expend funds for the payment of special assessments at the state hospital, southeast human service center, and life skills and transition center. Pursuant to section 3 of this Act, the director of the office of management and budget may transfer appropriation authority between line items within section 1 of this Act and any remaining appropriation authority for the department of health and human services approved by the sixty-ninth legislative assembly. The department of health and human services may transfer funds for the payment of special assessments at the state hospital, southeast human service center, and life skills and transition center ahead of the special needs assessments schedule. Notwithstanding section 54-27-12, the department of health and human services may spend funds for the payment of special assessments at the state hospital and life skills and transition center.

SECTION 27. CAPITAL PROJECTS - EMERGENCY COMMISSION AND BUDGET SECTION APPROVAL. During the biennium beginning July 1, 2025, and ending June 30, 2027, pursuant to section 3 of this Act, the director of the office of management and budget may transfer appropriation authority between line items within section 1 of this Act and any remaining appropriation authority for the department of health and human services approved by the sixty-ninth legislative assembly for capital projects and maintenance pertaining to operation of its facilities, including demolition projects. Notwithstanding section 54-27-12, the department of health and human services may spend up to $10,000,000 for capital projects and maintenance pertaining to operation of its facilities, including demolition projects, under this section and may

seek emergency commission and budget section approval to spend more than $10,000,000 under this section.

SECTION 28. PERMANENT SUPPORTIVE HOUSING GRANTS. Section 1 of this Act includes the sum of $4,672,536 from the general fund for permanent supportive housing grants. The department of health and human services shall develop a funding methodology to distribute the funding to qualified entities that utilize best practices for permanent supportive housing, provide recovery-oriented and person-centered services, submit process and outcome measures to the department of health and human services, and authorize the department of health and human services to conduct onsite visits to review program operations.

SECTION 29. EXPENDITURES MAY NOT EXCEED APPROPRIATION - MEDICAL ASSISTANCE EXPANSION PROGRAM - APPLICATION.

1. Section 1 of this Act includes the sum of $662,099,340, of which $66,209,934 is from the general fund, for the medical assistance expansion program, for the biennium beginning July 1, 2025, and ending June 30, 2027. The expenditures for individuals eligible for the medical assistance expansion program may not exceed this amount.
2. The department of health and human services may exceed appropriations for increases in medical assistance expansion program caseload, for the addition of coverage consistent with the traditional Medicaid 1915(i) state plan, utilization rates, and reduction in federal medical assistance percentage.
3. The managed care organization under contract with the department of health and human services to manage the medical assistance expansion program shall reimburse providers within the same provider type and specialty at consistent levels and with consistent methodology and may not provide incentive, quality, or supplemental payments to providers, unless part of a value-based program approved by the department of health and human services. The managed care organization shall reimburse all North Dakota substance use providers of American society of addiction medicine level 2.5 at consistent levels and with consistent methodology. The managed care organization may consider urban and rural providers as different provider types.
4. The managed care organization and the department of health and human services shall ensure payments to Indian or Tribal 638 health care providers, federally qualified health centers,and rural health clinics meet the federally required minimum levels of

reimbursement. Critical access hospitals may not be paid less than one hundred percent of Medicare allowable costs and human service centers may not be paid less than one hundred percent of the current traditional Medicaid rate. Behavioral health services involving partial hospitalization, intensive outpatient, professional services, and residential behavioral health services provided in facilities that are not institutions for mental diseases are not subject to the provisions in subsection 6.

5. The department of health and human services shall ensure providers within the same provider type and specialty are reimbursed at consistent levels and with consistent methodology and shall ensure the capitation rates under risk contracts are actuarially sound and are adequate to meet managed care organization contractual requirements regarding availability of services, assurance or adequate capacity and services, and coordination and continuity of care.

6. Except for the provisions in subsection 4, managed care organization premium payments must be built using the assumption that rates paid to providers under the medical assistance expansion program may not exceed one hundred forty-five percent of Medicare reimbursement rates paid to providers on January 1, 2025.

SECTION 30. HUMAN SERVICE CENTERS - CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS - FULL-TIME EQUIVALENT POSITIONS - REPORT. The department of health and human services shall continue the process of the human service centers becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults. The department of health and human services shall pursue additional federal funding as available. Subject to the availability of generated income, the department of health and human services may add full-time equivalent positions for the clinics to provide direct services for the period beginning with the effective date of this Act and ending June 30, 2027. The department of health and human services shall report to the office of management and budget and legislative council each time a position is added.

SECTION 31. INTERMEDIATE CARE FACILITY MORATORIUM. The department of health and human services may not add any new licensed intermediate care facility for individuals with intellectual disabilities beds to the state's licensed bed capacity between July 1, 2025, and June 30, 2027.

SECTION 32. EXEMPTION - UNEXPENDED APPROPRIATIONS. The following appropriations are not subject to the provisions of section 54-44.1-11 and any unexpended appropriation authority may be continued into the biennium beginning July 1, 2025, and ending June 30, 2027:

1. The sum of $3,674,757 appropriated from the general fund and the sum of $25,918,566 appropriated from federal funds for the Medicaid management information system modularization technology project in chapter 12 of the 2021 Session Laws;
2. The sum of ~~$14,411,218~~$6,000,000 appropriated from the general fund and the sum of $14,411,218 appropriated from federal funds for the child welfare technology project in chapter 12 of the 2021 Session Laws;
3. The sum of $20,366,271 appropriated from the community health trust fund and the sum of $39,534,525 appropriated from federal funds for the child support computer replacement project in chapter 44 of the 2023 Session Laws;
4. The sum of $10,989,217 appropriated from the strategic investment and improvements fund for the procurement and grants management system in chapter 44 of the 2023 Session Laws;
5. The sum of $4,150,000 appropriated from the general fund for defraying the expenses of additional human service centers to begin the process of becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults in chapter 44 of the 2023 Session Laws;
6. The sum of $18,941,847 appropriated to the department of health and human services in chapter 549 of the 2021 Special Session Session Laws;
7. The sum of $55,120,000 appropriated from the federal state fiscal recovery fund for a public health laboratory capital project in chapter 4 of the 2023 Session Laws;
8. The sum of ~~$5,000,000~~$2,200,000 appropriated from the general fund for the purpose of employer-led child care cost-share program in chapter 446 of the 2023 Session Laws;
9. The sum of $986,555 appropriated from the general fund for the purpose of streamlining background checks project in chapter 446 of the 2023 Session Laws;

10. The sum of ~~$2,223,981~~$1,000,000 appropriated from the federal state fiscal recovery fund for the implementation of a virtual behavioral health crisis care program for rural law enforcement in chapter 44 of the 2023 Session Laws; and
11. The sum of $500,000 appropriated from the general fund and the sum of $500,000 appropriated from federal funds for the purpose of program integrity audits in chapter 44 of the 2023 Session Laws.
12. The sum of $1,950,000 appropriated from the general fund to the department of health and human services for a northwest human service region behavioral health facility grant in chapter 44 of the 2023 Session Laws.

SECTION 33. LEGISLATIVE INTENT - UTILIZATION RATE ADJUSTMENT. It is the intent of the sixty-ninth legislative assembly that the department of health and human services seek a deficiency appropriation from the seventieth legislative assembly for any expenditures that exceed appropriated amounts as a result of underfunding, utilization rates, value-based purchasing for nursing facilities, reduction in federal medical assistance percentage, and unexpected contract cost increases that exceed ten percent, during the biennium beginning July 1, 2025, and ending June 30, 2027, if funding is not sufficient to pay actual expenses.

SECTION 34. LEGISLATIVE INTENT - PROVIDER RATE INCREASE. Except as otherwise noted, section 1 of this Act includes funding for human service provider inflation increases of two percent for each year of the biennium beginning July 1, 2025, and ending June 30, 2027. The provider inflation increase in this section does not apply to nursing facilities.

~~**SECTION 29. LEGISLATIVE INTENT - DEVELOPMENTAL DISABILITIES PROVIDER ACCREDITATION REQUIREMENT.** It is the intent of the sixty-ninth legislative assembly that the department of health and human services eliminate its administrative rule requirement that providers of developmental disabilities services be accredited as a condition of being eligible for receiving payments for services from the department of health and human services.~~

~~**SECTION 35. LEGISLATIVE INTENT - MEDICAL ASSISTANCE.** It is the intent of the sixty-ninth legislative assembly that the department of health and human services review the amount, duration, coverage, utilization rates, medical necessity, and scope of medical assistance services, and may implement any adjustments the department determines appropriate.~~

SECTION 35. FEDERAL FUNDING APPEAL LIMITATION. Except as otherwise specifically provided by federal law, a person may not appeal a denial, revocation, reduction in services or payment, or the termination of a program or service by the department of health and human services dues to the unavailability of federal coronavirus funding received under federal law resulting from the federal coronavirus pandemic emergency declarations, for the biennium beginning July 1, 2025, and ending June 30, 2027.

SECTION 36. DEPARTMENT OF HEALTH AND HUMAN SERVICES - LONG-TERM STRUCTURED RESIDENCES PLAN - REPORT. During the 2025-26 interim, the department of health and human services shall review options and develop a plan to establish long-term structured residences. The department shall review necessary changes to statutes, rules, policies, and the estimated fiscal impact of establishing the residences. A long-term structured residence must be a highly structured therapeutic residential mental health treatment facility that is staffed continuously and designed to treat adults under chapters 12.1-04.1 and 25-03.1 who have severe and persistent mental illness and who have reached the maximum benefit from the mental health resources available elsewhere in the community or hospital. The department shall present a report to the legislative management by October 1, 2026, regarding its plan to establish long-term structured residences.

SECTION 37. AMENDMENT. A new section to chapter 6-09 of the North Dakota Century Code is created and enacted as follows:

Extraordinary medical needs housing loan fund - Continuing appropriation.

1. The Bank of North Dakota shall administer a loan program to provide loans for new construction projects to provide housing for individuals with disabilities that have extraordinary medical needs. A construction project may include a land purchase and the construction costs of the project. The applicant must comply with project requirements as approved by the department of health and human services and the North Dakota housing finance agency.
2. The extraordinary medical needs housing loan fund is a special fund maintained in the state treasury from which the Bank shall provide loans under this section. The fund consists of revenues transferred under legislative authorization, interest upon moneys in the fund, and collections of interest and principal on loans made from the fund. All

moneys in the fund are appropriated on a continuing basis to the Bank for the purpose of providing loans under this section.

3. The developer of the housing facility for individuals with disabilities that have extraordinary medical needs may submit an application to the Bank for a loan. The application must:

a. Provide detail on the proposed construction project and its compliance with the department of health and human services and the North Dakota housing finance agency requirements;

b. Demonstrate the need and long-term viability of the project; and

c. Include financial information the Bank determines appropriate to verify eligibility.

4. A loan approved under this section:

a. May not exceed three million three hundred thousand dollars for a project;

b. Must have an interest rate that does not exceed two percent; and

c. Must have a repayment schedule of no longer than twenty years.

5. A recipient of a loan under this section shall complete the financed construction project within twenty-four months of the approval of the loan. Failure to comply with this subsection may result in forfeiture of the entire loan received under this section.

6. The Bank shall deposit in the fund all principal and interest paid on the loans made from the fund. The Bank may deduct from interest payments a service fee for costs of administering the loan program. The fund must be audited annually pursuant to section 6-09-29 and the cost of the audit and any other actual costs incurred by the Bank on behalf of the fund must be paid from the fund.

SECTION 38. AMENDMENT. Section 50-06-06.6 of the North Dakota Century Code is amended and reenacted as follows:

50-06-06.6. Department may lease real and personal property.

The commissioner of the department or commissioner's designee may lease ~~surplus farm and pastureland at the state hospital and the life skills and transition center. The commissioner or designee also may enter into further leases of~~ real or personal property at the life skills and transition center or the state hospital upon a specific finding that the granting of each such leasehold interest will result in a net economic gain for the department, taking into account all identifiable costs. Any lease of space for the purpose of providing child care services must meet

requirements as determined by the department. The commissioner of the department or commissioner's designee may prescribe the terms and conditions of any leases entered into pursuant to this section and may renew existing leases. ~~Any~~The term of any lease ~~entered into must be subject to renewal or cancelable each biennium~~may not exceed ninety-nine years.

SECTION 39. AMENDMENT. Section 50-06-42 of the North Dakota Century Code is amended and reenacted as follows:

50-06-42. Substance use disorder treatment voucher system ~~- Mental health treatment voucher system for incarcerated individuals~~.

1. The department shall establish and administer, within the limits of legislative appropriations, a voucher system to address underserved areas and gaps in the state's substance abuse treatment system and to assist in the payment of addiction treatment services and medical costs provided by licensed substance abuse treatment programs, excluding regional human service centers and hospital- or medical clinic-based programs for medical management of withdrawal. An out-of-state licensed substance abuse treatment program located within a bordering state may participate in the voucher program to serve an underserved area of this state pursuant to the rules adopted by the department. The department shall develop rules to include processes and requirements for an out-of-state provider to receive reimbursement only for outpatient and community-based services upon a provider completing an assessment of need and receiving approval from the department.

~~b.~~2. Services eligible for the voucher program include only those levels of care recognized by the American society of addiction medicine, with particular emphasis given to underserved areas and programs. The department shall ensure that a licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers collects and reports process and outcome measures.

~~c.~~3. The department shall develop requirements and provide training and technical assistance to a licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers. A licensed substance abuse treatment program, hospital, and medical clinic program accepting vouchers shall provide evidence-based services.

~~d.~~4. The department shall allocate funding appropriated for the substance use disorder treatment voucher as follows:

~~a. No~~

~~(1)~~a. Except as provided in ~~paragraphs 3 and 4~~subdivisions c and d, no more than ~~forty-five~~~~fifty~~ fifty percent of the appropriated amount may be allocated for residential substance use disorder services administered by licensed substance abuse treatment programs with more than sixteen beds.

~~(2)~~b. The remaining appropriation must be allocated for residential programs with sixteen or fewer beds, nonresidential outpatient, and ancillary substance use disorder services administered by licensed substance abuse treatment programs.

~~(3)~~c. The department, during the last quarter of the biennium, may reallocate projected unused funds that were allocated under ~~paragraph 2~~subsection b to residential facilities outlined in ~~paragraph 1~~subsection a.

~~(4)~~d. The department may reimburse a licensed substance abuse treatment program with more than sixteen beds the incurred direct medical costs of an eligible individual who does not have resources to cover the medical costs. The department may develop rules and may not exceed the total amount appropriated for medical cost reimbursement.

~~2. The department shall establish and administer, within the limits of legislative appropriations, a voucher system to address underserved areas and gaps in the state's mental health treatment system for individuals detained or confined in a county jail or detention center or regional corrections center and to assist in the payment of mental health treatment services provided by a licensed mental health professional acting within their scope of practice, excluding a regional human service center.~~

~~a. Services eligible for the voucher program include only diagnostic assessment and mental health therapy for individuals with a mental health concern detained or confined in a county jail or detention center or regional corrections center. The department shall ensure that a licensed mental health professional accepting vouchers collects and reports process and outcome measures.~~

~~b. The department shall develop requirements and provide training and technical assistance to licensed mental health professionals accepting vouchers. A licensed mental health professional shall provide evidence-based services.~~

SECTION 40. AMENDMENT. Section 50-24.5-02.3 of the North Dakota Century Code is amended and reenacted as follows:

50-24.5-02.3. Basic care payment rates.

1. The department shall determine limits for the care of residents of basic care facilities that qualify as vendors of an aged, blind, and disabled persons program and for implementing provisions of this chapter based on data demonstrating the most recent costs that must be incurred for the care of residents in efficiently and economically operated basic care facilities. The department shall determine the limits every four years by July first, beginning with July 1, 2023.
2. The department shall establish the limits by using the median rates from the most recent data available. The direct care limit must be the median plus eighteen percent. The indirect care limit must be the median plus twelve percent.
3. For the rate year beginning July 1, 2023, the department shall increase rates and limits three and one-half percent for inflation. For the rate year beginning July 1, 2024, the department shall increase rates and limits three and one-half percent for inflation.
4. The department shall provide a rate increase in the amount of five dollars per day for the period beginning July 1, 2023, and ending June 30, ~~2025~~2027, after which the increase is not effective. This rate increase may not be included in any calculation of inflation increase.
5. Within the limits of legislative appropriations, the department shall establish an uncompensated care expense of three hundred sixty-five days.

SECTION 41. AMENDMENT. Section 50-33-05 of the North Dakota Century Code is amended and reenacted as follows:

50-33-05. State of residence.

Only child care assistance units physically residing within the boundaries of the state are eligible for child care assistance, unless the individual is employed by an early childhood program within the boundaries of the state and the individual has been approved for the state's child care assistance child care workforce benefit.

SECTION 42. AMENDMENT. Subsection 1 of section 50-36-03 of the North Dakota Century Code is amended and reenacted as follows:

1. The committee is composed of:
   a. One member of the North Dakota association of counties appointed by the chairman of the legislative management, who shall serve a term of two years.
   b. One member of the North Dakota league of cities appointed by the chairman of the legislative management, who shall serve a term of two years.
   c. One member of the North Dakota state association of city and county health officials appointed by the chairman of the legislative management, who shall serve a term of two years.
   d. One member who represents the highway patrol appointed by the highway patrol superintendent, who shall serve a term of two years.
   e. The executive director of the department's division of behavioral health.
   f. ~~The managing director of the office of recovery reinvented~~One member in recovery appointed by the governor.
   g. One member appointed by the governor who shall serve as a nonvoting member and as the presiding officer of the committee, who shall serve a term of two years.

SECTION 43. AMENDMENT. Subsection 6 of the new section to chapter 54-07 of the North Dakota Century Code, as created by section 1 of Senate Bill No. 2176, as approved by the sixty-ninth legislative assembly, is amended and reenacted as follows:

6. a. The office of the governor shall provide staffing and administrative services for the children's cabinet and coordinate with other designated working groups on children and family issues.
   b. The governor or the governor's designee serving on the cabinet may appoint a representative to serve in that official's capacity at a meeting if the governor or governor's designee is unable to attend.

SECTION 44. HOUSING AVAILABILITY ASSESSMENT - COLLABORATION WITH HOUSING FINANCE AGENCY. The department of health and human services shall collaborate with the North Dakota housing finance agency and other appropriate stakeholders to assess the availability of housing for individuals requiring extraordinary health care support services, for the

biennium beginning July 1, 2025, and ending June 30, 2027. Based on the results of the assessment, if necessary, the department shall develop a plan to expand access to housing providing the least restrictive environment for individuals requiring extraordinary health care support services.

SECTION 45. BEHAVIORAL HEALTH CLINICS, NORTH DAKOTA STATE HOSPITAL, AND LIFE SKILLS AND TRANSITION CENTER FUNDING. Section 1 of this Act includes funding for the behavioral health clinics, North Dakota state hospital, and life skills and transition center as follows:

1. Behavioral health clinics:
   a. Salaries and wages ~~$156,967,103~~$174,911,640
   b. Operating and capital ~~64,131,965~~57,037,232
   c. Total ~~$221,099,068~~$231,948,872
2. State hospital:
   a. Salaries and wages ~~$68,775,551~~$68,999,503
   b. Operating and capital ~~350,880,155~~20,880,155
   c. Total ~~$419,655,706~~$89,879,658
3. Life skills and transition center:
   a. Salaries and wages ~~$55,540,213~~$55,639,421
   b. Operating and capital ~~15,207,658~~12,707,658
   c. Total ~~$70,747,871~~$68,347,079

SECTION 46. LEGISLATIVE MANAGEMENT STUDY - STUDENT TRUANCY AND ABSENTEEISM. The legislative management shall consider studying, during the 2025-26 interim, truancy and student absenteeism in kindergarten through grade twelve public schools. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement its recommendations, to the seventieth legislative assembly.

~~**SECTION 47. LEGISLATIVE MANAGEMENT STUDY - OBESITY HEALTH IMPLICATIONS.** The legislative management shall consider studying, during the 2025-26 interim, the health implications of obesity on the residents of the state and options to increase access to prevention and treatments for obesity. If conducted, the study must review costs associated with obesity including comorbidities, treatments available for obesity, obesity diagnosis guidelines including use of body mass index compared with percentage of body fat,~~

~~and examining the difference between being an individual who is healthy and overweight as compared to an obese individual. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement its recommendations, to the seventieth legislative assembly.~~

SECTION 47. LEGISLATIVE MANAGEMENT STUDY - MATERNAL HEALTH SERVICES - ACCESS AND WORKFORCE.

1. During the 2025-26 interim, the legislative management shall consider studying access to maternal health services. The study must include:
   a. Consideration of the availability of prenatal and childbirth services, including provider shortages and service use.
   b. Development of strategies to increase the number of obstetricians, family doctors, and midwives providing maternal health services in this state.
   c. A review of coverage and reimbursement for doulas and midwives, including training and certification needs.
   d. Consideration of insurance and public policy options to improve maternal health outcomes, including through the Medicaid program.
   e. Input from health care providers, insurers, public health officials, and maternal health experts.
2. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement its recommendations, to the seventieth legislative assembly.

SECTION 48. LEGISLATIVE INTENT - LIFE SKILLS AND TRANSITION CENTER. It is the intent of the sixty-ninth legislative assembly that during the 2025-26 interim, the department of health and human services review the facilities and land at the life skills and transition center to identify the portions of the life skills and transition center campus that are necessary for delivery of services and the portions of the campus that could be conveyed to a local government or related public or not-for-profit community development entity to redevelop to optimize local community development goals and the successful operation of the life skills and transition center. It is further the intent of the legislative assembly that the department of health and human services present any request to convey any portions of the campus to the seventieth legislative assembly.

SECTION 49. DISABILITY SERVICE ACCREDITATION STUDY - LEGISLATIVE MANAGEMENT REPORT. During the 2025-26 interim, the department of health and human services shall study accreditation requirements and provider costs for serving individuals with intellectual and developmental disabilities, including the cost of accreditation relative to the cost of providing services and reimbursement. The department shall report its findings and recommendations, together with any legislation necessary to implement recommendations to the legislative management by September 1, 2026.

SECTION 50. VALUE-BASED CARE INCENTIVE PROGRAM - PAYMENT WITHHOLD FOR NURSING FACILITIES - COLLABORATION WITH NORTH DAKOTA LONG TERM CARE ASSOCIATION. During the 2025-26 interim, the department of health and human services, in collaboration with the North Dakota long term care association, shall develop a payment withhold structure for value-based payments to provide funding for the value-based care incentive program for nursing facilities. The department shall implement the payment withhold beginning July 1, 2027. The department may not implement a payment withhold before July 1, 2027.

SECTION 51. LEGISLATIVE MANAGEMENT STUDY- DISABILITY SERVICES.

1. During the 2025-26 interim, the legislative management shall consider a study of the efficiency, effectiveness, and outcomes of developmental disability services provided by the department of health and human services. The study must include:
   a. A review of the approval process, an analysis of accountability measures, an assessment of gaps in services, and an evaluation of overall program management.
   b. An assessment of whether the department is effectively managing cases and complying with federal law in the provision of support and services to individuals with disabilities.
   c. Input from advocates, clients from the disability community, zone directors, service providers, and health care providers who serve individuals with disabilities.
   d. Collaboration with the cross-disability advisory council.
2. The legislative council may contract with a consultant with expertise in the provision of developmental disability services to assist in the study.

3. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement its recommendations, to the seventieth legislative assembly.

SECTION 52. APPROPRIATION - COMMUNITY HEALTH TRUST FUND - LEGISLATIVE COUNCIL - DISABILITY SERVICES - ONE-TIME FUNDING. There is appropriated out of any moneys in the community health trust fund, not otherwise appropriated, the sum of $150,000, or so much of the sum as may be necessary, to the legislative council for the purpose of contracting for consulting services for a disability services study, for the biennium beginning July 1, 2025, and ending June 30, 2027. The appropriation in this section is considered a one-time funding item.

SECTION 53. LEGISLATIVE INTENT - STATEWIDE DEMENTIA COORDINATION. It is the intent of the sixty-ninth legislative assembly that the department of health and human services address the statewide coordination of dementia services.

SECTION 54. LEGISLATIVE MANAGEMENT REPORT - BEHAVIORAL HEALTH FACILITY GRANTS. During the 2025-26 interim the department of health and human services shall provide reports to the ~~legislative management~~budget section regarding the award of grant funding to increase the number of behavioral health beds in the state.

SECTION 55. EFFECTIVE DATE. Section ~~33~~39 of this Act becomes effective on July 1, 2026.

SECTION 56. EFFECTIVE DATE. Section 9 of this Act becomes effective on January 1, 2026.

STATEMENT OF PURPOSE OF AMENDMENT:

House Bill No. 1012 - Summary of Conference Committee Action

	Base Budget	House Version	Conference Committee Changes	Conference Committee Version	Senate Version	Comparison to Senate
Legislative Council						
Total all funds	$0	$0	$150,000	$150,000	$150,000	$0
Less estimated income	0	0	150,000	150,000	150,000	0
General fund	$0	$0	$0	$0	$0	$0
FTE	0.00	0.00	0.00	0.00	0.00	0.00
Department of Health and Human Services						
Total all funds	$0	$596,284,775	$15,228,962	$611,513,737	$619,977,466	($8,463,729)
Less estimated income	0	286,720,150	4,728,962	291,449,112	291,449,112	0
General fund	$0	$309,564,625	$10,500,000	$320,064,625	$328,528,354	($8,463,729)
FTE	0.00	2,688.35	0.00	2,688.35	2,688.35	0.00
DHHS - Business Operations						
Total all funds	$192,993,318	$97,063,631	$0	$97,063,631	$97,063,631	$0
Less estimated income	118,894,310	47,368,089	0	47,368,089	47,368,089	0
General fund	$74,099,008	$49,695,542	$0	$49,695,542	$49,695,542	$0
FTE	114.40	0.00	0.00	0.00	0.00	0.00
DHHS - Behavioral Health						
Total all funds	$421,861,349	$580,920,603	($332,618,000)	$248,302,603	$238,652,301	$9,650,302
Less estimated income	113,955,941	399,223,478	(327,368,000)	71,855,478	66,895,478	4,960,000
General fund	$307,905,408	$181,697,125	($5,250,000)	$176,447,125	$171,756,823	$4,690,302
FTE	1,054.27	0.00	0.00	0.00	0.00	0.00
DHHS - Human Services						
Total all funds	$1,863,859,882	$1,882,984,555	($31,927,696)	$1,851,056,859	$1,857,533,310	($6,476,451)
Less estimated income	1,240,409,529	1,226,448,044	(15,275,882)	1,211,172,162	1,216,320,595	(5,148,433)
General fund	$623,450,353	$656,536,511	($16,651,814)	$639,884,697	$641,212,715	($1,328,018)
FTE	1,009.16	0.00	0.00	0.00	0.00	0.00
DHHS - Medical Services						
Total all funds	$2,776,246,128	$2,855,909,613	($79,179,540)	$2,776,730,073	$2,840,289,109	($63,559,036)
Less estimated income	1,818,029,530	1,810,657,071	(31,854,618)	1,778,802,453	1,809,220,473	(30,418,020)
General fund	$958,216,598	$1,045,252,542	($47,324,922)	$997,927,620	$1,031,068,636	($33,141,016)
FTE	90.50	0.00	0.00	0.00	0.00	0.00
DHHS - Public Health						
Total all funds	$298,196,870	$265,019,251	($63,377,322)	$201,641,929	$198,980,851	$2,661,078
Less estimated income	250,440,690	229,814,403	(60,516,583)	169,297,820	167,119,820	2,178,000
General fund	$47,756,180	$35,204,848	($2,860,739)	$32,344,109	$31,861,031	$483,078
FTE	215.50	0.00	0.00	0.00	0.00	0.00
Office of Guardianship						
Total all funds	$0	$0	$3,266,178	$3,266,178	$0	$3,266,178
Less estimated income	0	0	0	0	0	0
General fund	$0	$0	$3,266,178	$3,266,178	$0	$3,266,178
FTE	0.00	0.00	0.00	0.00	0.00	0.00
Bill total						
Total all funds	$5,553,157,547	$6,278,182,428	($488,457,418)	$5,789,725,010	$5,852,646,668	($62,921,658)
Less estimated income	3,541,730,000	4,000,231,235	(430,136,121)	3,570,095,114	3,598,523,567	(28,428,453)
General fund	$2,011,427,547	$2,277,951,193	($58,321,297)	$2,219,629,896	$2,254,123,101	($34,493,205)
FTE	2,483.83	2,688.35	0.00	2,688.35	2,688.35	0.00

House Bill No. 1012 - Legislative Council - Conference Committee Action

	Base Budget	House Version	Conference Committee Changes	Conference Committee Version	Senate Version	Comparison to Senate
Disability services study			$150,000	$150,000	$150,000	
Total all funds	$0	$0	$150,000	$150,000	$150,000	$0
Less estimated income	0	0	150,000	150,000	150,000	0
General fund	$0	$0	$0	$0	$0	$0
FTE	0.00	0.00	0.00	0.00	0.00	0.00

Department 160 - Legislative Council - Detail of Conference Committee Changes

	Adds Funding for Disability Services Study[1]	Total Conference Committee Changes
Disability services study	$150,000	$150,000
Total all funds	$150,000	$150,000
Less estimated income	150,000	150,000
General fund	$0	$0
FTE	0.00	0.00

[1] One-time funding is added from the community health trust fund for consulting services for a Legislative Management study of disability services provided by the Department of Health and Human Services, the same as the Senate.

House Bill No. 1012 - Office of Guardianship - Conference Committee Action

	Base Budget	House Version	Conference Committee Changes	Conference Committee Version	Senate Version	Comparison to Senate
Office of guardianship			$3,266,178	$3,266,178		$3,266,178
Total all funds	$0	$0	$3,266,178	$3,266,178	$0	$3,266,178
Less estimated income	0	0	0	0	0	0
General fund	$0	$0	$3,266,178	$3,266,178	$0	$3,266,178
FTE	0.00	0.00	0.00	0.00	0.00	0.00

Department 315 - Office of Guardianship - Detail of Conference Committee Changes

	Adds Funding for Office of Guardianship Services[1]	Total Conference Committee Changes
Office of guardianship	$3,266,178	$3,266,178
Total all funds	$3,266,178	$3,266,178
Less estimated income	0	0
General fund	$3,266,178	$3,266,178
FTE	0.00	0.00

[1] Funding from the general fund is added for operations of the Office of Guardianship and Conservatorship to provide guardianship services effective April 1, 2026.

House Bill No. 1012 - Department of Health and Human Services - Conference Committee Action

	Base Budget	House Version	Conference Committee Changes	Conference Committee Version	Senate Version	Comparison to Senate
Salaries and wages block grant		$596,284,775	$15,228,962	$611,513,737	$619,977,466	($8,463,729)
Total all funds	$0	$596,284,775	$15,228,962	$611,513,737	$619,977,466	($8,463,729)
Less estimated income	0	286,720,150	4,728,962	291,449,112	291,449,112	0
General fund	$0	$309,564,625	$10,500,000	$320,064,625	$328,528,354	($8,463,729)
FTE	0.00	2,688.35	0.00	2,688.35	2,688.35	0.00

Department 325 - Department of Health and Human Services - Detail of Conference Committee Changes

	Adjusts Funding for Salaries and Wages Block Grant[1]	Total Conference Committee Changes
Salaries and wages block grant	$15,228,962	$15,228,962
Total all funds	$15,228,962	$15,228,962
Less estimated income	4,728,962	4,728,962
General fund	$10,500,000	$10,500,000
FTE	0.00	0.00

[1] Funding for the salaries and wages block grant is adjusted as follows:

Description	FTE	General Fund	Other Funds	Total
Adds funding to reduce underfunding, the Senate added $18,963,729.		$10,500,000	$0	$10,500,00
Adds salary funding from operating fund the same as the Senate.		0	4,728,962	4,728,962
Total changes to salaries and wages block grant			$4,728,962	$15,228,962

House Bill No. 1012 - DHHS - Business Operations - Conference Committee Action

	Base Budget	House Version	Conference Committee Changes	Conference Committee Version	Senate Version	Comparison to Senate
Salaries and wages	$25,763,358					
Operating expenses	155,308,399	$78,284,629		$78,284,629	$78,284,629	
Capital assets	108,934					
Grants	11,812,627	18,779,002		18,779,002	18,779,002	
Total all funds	$192,993,318	$97,063,631	$0	$97,063,631	$97,063,631	$0
Less estimated income	118,894,310	47,368,089	0	47,368,089	47,368,089	0
General fund	$74,099,008	$49,695,542	$0	$49,695,542	$49,695,542	$0
FTE	114.40	0.00	0.00	0.00	0.00	0.00

House Bill No. 1012 - DHHS - Behavioral Health - Conference Committee Action

	Base Budget	House Version	Conference Committee Changes	Conference Committee Version	Senate Version	Comparison to Senate
Salaries and wages	$8,792,675					
Operating expenses	79,381,458	$103,269,596		$103,269,596	$103,171,118	$98,478
Grants	40,476,298	62,365,620	($3,250,000)	59,115,620	49,655,620	9,460,000
Behavioral health clinics	196,383,945	56,405,232	632,000	57,037,232	56,945,408	91,824
State Hospital	94,826,973	350,880,155	(330,000,000)	20,880,155	20,880,155	
Opioid addiction prevention	2,000,000	8,000,000		8,000,000	8,000,000	
Total all funds	$421,861,349	$580,920,603	($332,618,000)	$248,302,603	$238,652,301	$9,650,302
Less estimated income	113,955,941	399,223,478	(327,368,000)	71,855,478	66,895,478	4,960,000
General fund	$307,905,408	$181,697,125	($5,250,000)	$176,447,125	$171,756,823	$4,690,302
FTE	1,054.27	0.00	0.00	0.00	0.00	0.00

Department 327 - DHHS - Behavioral Health - Detail of Conference Committee Changes

	Adjusts Funding for Behavioral Health Division[1]	Total Conference Committee Changes
Salaries and wages		
Operating expenses		
Grants	($3,250,000)	($3,250,000)
Behavioral health clinics	632,000	632,000
State Hospital	(330,000,000)	(330,000,000)
Opioid addiction prevention		
Total all funds	($332,618,000)	($332,618,000)
Less estimated income	(327,368,000)	(327,368,000)
General fund	($5,250,000)	($5,250,000)
FTE	0.00	0.00

[1] Funding for the behavioral health division is adjusted as follows:

Description	FTE	General Fund	Other Funds	Total
Reduces funding for SUD for medical expenses in institutions for mental disease facilities to $250,000, the same as the Senate.		($250,000)	$0	($250,000)
Removes SUD funding added by the House for treatment for incarcerated individuals, the same as the Senate.		(2,500,000)	0	(2,500,000)
Provides no funding for youth crisis stabilization pilot project the same as the House. The Senate provided $3,000,000.		0	0	0
Did not change the House version of $4,458,814 to expand the community connect program. The Senate had reduced this amount to $3.5 million.		0		0
Did not change the House version of $4,016,908 to expand the free through recovery program. The Senate had reduced this amount to $2 million.		0	0	0
Removes funding added by the House for behavioral health services in nursing homes and basic care facilities, the same as the Senate.		(2,000,000)	0	(2,000,000)
Adjusts funding to reflect increased revenue from the certified community behavioral health clinics, the same as the Senate.		(2,000,000)	2,000,000	0
Provides for annual provider inflation increase of 2% and 2%, the same as the House. The Senate provided for a 2% and 1.5% inflation increase.		0	0	0
Total ongoing changes		($6,750,000)	$2,000,000	($4,750,000)
One-time funding items:				
Adds funding to remodel bathrooms at the Southeast human service center, the same as the Senate.		$0	$632,000	$632,000
Removes funding to construct a new state hospital, the same as the Senate.		0	(330,000,000)	(330,000,000)
Did not change the House version of $12,960,000 for a grant to a behavioral health facility in the Northeast human service region, the Senate had reduced the amount to $5 million.		0	0	0
Adds funding for a behavioral health facility in the northwest human service center region. Neither the House nor the Senate included funding for this grant.		1,500,000	0	1,500,000
Total one-time funding changes		$1,500,000	($329,368,000)	($327,868,000)
Total conference committee changes		($5,250,000)	($327,368,000)	($332,618,000)

House Bill No. 1012 - DHHS - Human Services - Conference Committee Action

	Base Budget	House Version	Conference Committee Changes	Conference Committee Version	Senate Version	Comparison to Senate
Salaries and wages	$168,325,918					
Operating expenses	88,885,469	$197,143,705	$6,245,040	$203,388,745	$198,835,575	$4,553,170
Capital assets	10,000	10,000		10,000	10,000	
Grants	621,189,007	715,582,267	(25,672,736)	689,909,531	688,439,152	1,470,379
Life Skills and Transition Center	44,992,263	15,207,658	(2,500,000)	12,707,658	15,207,658	(2,500,000)
Grants - Medical assistance	742,793,564	750,448,643	(10,000,000)	740,448,643	750,448,643	(10,000,000)
County social services	197,663,661	204,592,282		204,592,282	204,592,282	
Total all funds	$1,863,859,882	$1,882,984,555	($31,927,696)	$1,851,056,859	$1,857,533,310	($6,476,451)
Less estimated income	1,240,409,529	1,226,448,044	(15,275,882)	1,211,172,162	1,216,320,595	(5,148,433)
General fund	$623,450,353	$656,536,511	($16,651,814)	$639,884,697	$641,212,715	($1,328,018)
FTE	1,009.16	0.00	0.00	0.00	0.00	0.00

Department 328 - DHHS - Human Services - Detail of Conference Committee Changes

	Adjusts Funding for Human Services Division[1]	Total Conference Committee Changes
Salaries and wages		
Operating expenses	$6,245,040	$6,245,040
Capital assets		
Grants	(25,672,736)	(25,672,736)
Life Skills and Transition Center	(2,500,000)	(2,500,000)
Grants - Medical assistance	(10,000,000)	(10,000,000)
County social services		
Total all funds	($31,927,696)	($31,927,696)
Less estimated income	(15,275,882)	(15,275,882)
General fund	($16,651,814)	($16,651,814)
FTE	0.00	0.00

[1] Funding for the human services division is adjusted as follows:

Description	FTE	General Fund	Other Funds	Total
Increases estimated FMAP percentage by 1%, the same as the Senate.		($1,962,900)	$1,962,900	$0
Provides for annual provider inflation increase of 2% and 2%, the same as the House. The Senate provided for a 2% and 1.5% inflation increase.		0	0	0
Removes guardianship services from ongoing funding, the same as the Senate.		(6,532,355)	0	(6,532,355)
Removes ongoing funding for the Waterford program, the same as the Senate.		(2,400,000)	0	(2,400,000)
Adjusts foster care case load projections, the same as the Senate.		(9,000,000)	(9,000,000)	(18,000,000)
Adjusts funding for low income home energy assistance program, the same as the Senate.		0	(9,000,000)	(9,000,000)
Provides funding for Ministry on the Margins, the same as the Senate.		285,000	0	285,000
Provides funding for Fraser LTD, the same as the Senate.		300,000	0	300,000
Adds funding for adaptive recreation at winter park. The House added the funding as one-time. The Senate did not add funding.		200,000		200,000
Reduces DD grants utilization, the Senate did not change		(4,900,000)	(5,100,000)	(10,000,000)
Reduction in case load at life skills and transition center, the Senate did not change.		(2,500,000)	0	(2,500,000)
Total ongoing funding changes		($26,510,255)	($21,137,100)	($47,647,355)
One-time funding items:				
Provides funding to implement a comprehensive vocational rehab technology system to connect people with disabilities to employment, the same as the Senate.		$0	($7,000,000)	($7,000,000)
Reduces funding to expand the best in class program to provide for a $4 million increase. The Senate increased the program by $2 million.		(2,000,000)	0	(2,000,000)
Increases funding for child care grants to $3 million. The Senate had included $2.5 million.		500,000		500,000
Provides no funding for housing assistance for people at risk of instability. The Senate had included $1 million.		0	0	0
Provides no funding for eviction prevention program The Senate had included $500,000.		0	0	0
Reduces funding for a community cultural center grant, the same as the Senate.		0	(700,000)	(700,000)
Removes funding for a winter park adaptive grant, the same as the Senate.		(200,000)	0	(200,000)
Adjusts funding for an intermediate care facility grant, the same as the Senate.		(3,457,736)	4,400,000	942,264
Changes the funding source to the human service finance fund for juvenile justice diversion services. The Senate reduced this amount to $500,000.		(750,000)	750,000	0
Provides funding for infant and toddler care, the Senate had provided for $13.5 million.		11,000,000	0	11,000,000
Provides funding from a Bank of North Dakota line of credit for a child welfare technology project, the same as the Senate.		0	8,411,218	8,411,218
Provided funding for guardianship programs for a partial year, the Senate had removed the funding.		3,266,177		3,266,177

Provides funding for the Waterford Upstart program, the Senate had removed the funding.	1,500,000		1,500,000
Total one-time funding changes	$9,858,441	$5,861,218	$15,719,659
Total conference committee changes	($16,651,814)	($15,275,882)	($31,927,696)

House Bill No. 1012 - DHHS - Medical Services - Conference Committee Action

	Base Budget	House Version	Conference Committee Changes	Conference Committee Version	Senate Version	Comparison to Senate
Salaries and wages	$21,008,344					
Operating expenses	70,807,977	$163,172,539		$163,172,539	$163,172,539	
Grants	1,651,004	3,457,804	$200,000	3,657,804	2,657,804	$1,000,000
Grants - Medical assistance	2,682,778,803	2,689,279,270	(79,379,540)	2,609,899,730	2,674,458,766	(64,559,036)
Total all funds	$2,776,246,128	$2,855,909,613	($79,179,540)	$2,776,730,073	$2,840,289,109	($63,559,036)
Less estimated income	1,818,029,530	1,810,657,071	(31,854,618)	1,778,802,453	1,809,220,473	(30,418,020)
General fund	$958,216,598	$1,045,252,542	($47,324,922)	$997,927,620	$1,031,068,636	($33,141,016)
FTE	90.50	0.00	0.00	0.00	0.00	0.00

Department 329 - DHHS - Medical Services - Detail of Conference Committee Changes

	Adjusts Funding for Medical Services Division[1]	Total Conference Committee Changes
Salaries and wages		
Operating expenses		
Grants	$200,000	$200,000
Grants - Medical assistance	(79,379,540)	(79,379,540)
Total all funds	($79,179,540)	($79,179,540)
Less estimated income	(31,854,618)	(31,854,618)
General fund	($47,324,922)	($47,324,922)
FTE	0.00	0.00

[1] Funding for the medical services division is adjusted as follows:

Description	FTE	General Fund	Other Funds	Total
Transfers basic care $5 daily rate to one-time funding, the same as the Senate.		($4,067,056)	($1,474,184)	($5,541,240)
Removes funding to rebase ambulance rates to the lowest quartile Medicare rural base rate. The Senate provided $2 million.		($2,189,770)	($2,189,770)	($4,379,540)
Adjusts Medicaid case load projections, the same as the Senate.		(4,000,000)	(4,000,000)	(8,000,000)
Reduces 1915(i) case load projections, the same as the Senate.		(1,000,000)	(1,000,000)	(2,000,000)
Increases estimated FMAP percentage by 1%, the same as the Senate.		(7,037,100)	7,037,100	0
Reduces long term care grant utilization. The Senate did not reduce the funding.		(31,850,000)	(33,150,000)	(65,000,000)
Provides for annual provider inflation increase of 2% and 2%, the same as the House. The Senate provided for 2% and 1.5% inflation increases.		0	0	0
Total ongoing funding changes		($50,143,926)	($34,776,854)	($84,920,780)
One-time funding items:				
Did not change the House version of $2 million for a critical access hospital networking grant. The Senate had reduced the amount to $1 million.		$0	$0	$0
Transfers basic care $5 daily rate from ongoing funding, the same as the Senate.		2,619,004	2,922,236	5,541,240
Provides funding for costs associated with housing for individuals with extraordinary medical needs, the same as the Senate.		200,000	0	200,000
Total one-time funding changes		$2,819,004	$2,922,236	$5,741,240
Total conference committee Changes		($47,324,922)	($31,854,618)	($79,179,540)

House Bill No. 1012 - DHHS - Public Health - Conference Committee Action

	Base Budget	House Version	Conference Committee Changes	Conference Committee Version	Senate Version	Comparison to Senate
Salaries and wages	$60,415,388					
Operating expenses	37,721,213	$55,574,882	($733,078)	$54,841,804	$6,287,143	$48,554,661
Capital assets	1,469,780	3,685,618	(650,000)	3,035,618	2,757,618	278,000
Grants	81,718,145	85,963,641	(1,277,661)	84,685,980	70,140,980	14,545,000
Tobacco prevention	13,063,162	13,040,555		13,040,555	13,040,555	
WIC food payments	19,900,000	21,000,000		21,000,000	21,000,000	
COVID-19 response	83,909,182	85,754,555	(60,716,583)	25,037,972	85,754,555	(60,716,583)
Total all funds	$298,196,870	$265,019,251	($63,377,322)	$201,641,929	$198,980,851	$2,661,078
Less estimated income	250,440,690	229,814,403	(60,516,583)	169,297,820	167,119,820	2,178,000
General fund	$47,756,180	$35,204,848	($2,860,739)	$32,344,109	$31,861,031	$483,078
FTE	215.50	0.00	0.00	0.00	0.00	0.00

Department 330 - DHHS - Public Health - Detail of Conference Committee Changes

	Adjusts Funding for Public Health Division[1]	Total Conference Committee Changes
Salaries and wages		
Operating expenses	($733,078)	($733,078)
Capital assets	(650,000)	(650,000)
Grants	(1,277,661)	(1,277,661)
Tobacco prevention		
WIC food payments		
COVID-19 response	(60,716,583)	(60,716,583)
Total all funds	($63,377,322)	($63,377,322)
Less estimated income	(60,516,583)	(60,516,583)
General fund	($2,860,739)	($2,860,739)
FTE	0.00	0.00

[1] Funding for the public health division is adjusted as follows:

Description	FTE	General Fund	Other Funds	Total
Adjusts funding added by the House for domestic and sexual violence to $1.9 million. The Senate did not provide any additional funding.		($1,700,000)	$1,900,000	$200,000
Removes funding added by the House for the Safe Haven program, the same as the Senate.		(440,000)	0	(440,000)
Removes funding added by the House for vaccines for health care providers off federal contract, the same as the Senate.		0	(2,213,930)	(2,213,930)
Reduces funding added by the House for forensic pathology contract services with UND to provide an increase of $1,433,078. The Senate provided $1 million.		(433,078)	0	(433,078)
Did not change the House version to increase the grant to the Family Voices program by $100,000. The Senate provided an increase of $50,000.		0	0	0
Removes ongoing funding added by the House for a fetal alcohol spectrum disorder clinic at UND and moves to one-time funding. The Senate reduced the funding to $350,000.		(637,661)	0	(637,661)
Reduces federal Cares Act/COVID funding, the same as the Senate.		0	(60,716,583)	(60,716,583)
Total ongoing changes		($3,210,739)	($61,030,513)	($64,241,252)
One-time funding items				
Did not change the House version of $278,000 to purchase a forensic examiner electronic records system. The Senate had removed funding for this item.		$0	$0	$0
Removes funding added by the House for licensure management system, the same as the Senate.		0	(650,000)	(650,000)
Removes funding added by the House for a Cass County animal shelter grant, the same as the Senate.		0	(300,000)	(300,000)
Removes funding added by the House for the Statewide health strategies grant, the same as the Senate.		0	(750,000)	(750,000)
Reduces funding added by the House for a fetal alcohol spectrum disorder clinic at UND to provide $350,000 as one-time funding, the same as the Senate.		350,000		350,000
Provides funding from the public health laboratory fund for public health data modernization, the same as the Senate.		0	2,213,930	2,213,930
Total one-time changes		$350,000	$513,930	$863,930
Total conference committee changes		($2,860,739)	($60,516,583)	($63,377,322)

House Bill No. 1012 - Other Changes - Conference Committee Action

This amendment also:

- Adds sections to provide guidelines regarding the use of funding for infant and toddler care provider payments, intermediate care facility medically and behaviorally complex services grants, special health care needs grants, crisis services grants, and medical housing for individuals with extraordinary medical needs. The Senate also added these sections.
- Adjusts sections identifying funding from the strategic investment and improvements fund and community health trust fund, the same as the Senate.
- Identifies funding from the health care trust fund for basic care daily rate increases.
- Appropriates funding from the charitable gaming operating fund resulting in a general fund revenue reduction of $1.9 million.
- Removes sections identifying funding for an animal shelter grant and statewide health strategies. The Senate also removed these sections.
- Removes a Bank of North Dakota line of credit for a new State Hospital project and adds a Bank of North Dakota line of credit for a child welfare technology project. The Senate also made these changes.

- Removes the new State Hospital steering committee.
- Adjusts various exemptions to allow the continuation of unexpended appropriation authority into the 2025-27 biennium. These adjustments will increase the July 1, 2025, general fund balance by $2,800,000. The Senate version would have increased revenues by $4 million.
- Removes a section to provide legislative intent that DHHS eliminate its administrative rule requirement that providers of developmental disabilities services be accredited as a condition to receive payments for services, the same as the Senate.
- Creates a new section to Chapter 6-09 to create an extraordinary medical needs housing loan fund and to provide guidelines regarding the use of the loan fund, the same as the Senate.
- Amends Section 50-36-03 relating to the membership of the opioid advisory committee, the same as the Senate.
- Amends provisions relating to the Children's Cabinet as approved in Senate Bill No. 2176, the same as the Senate.
- Provides for a Legislative Management study of maternal health services, the same as the Senate.
- Provides legislative intent that DHHS review the utilization of the Life Skills and Transition Center campus to determine if any portions of the campus can be conveyed for use by community organizations, the same as the Senate.
- Provides for DHHS to study developmental disability service provider accreditation, the same as the Senate.
- Provides for DHHS to develop a payment structure to provide funding for a value-based care incentive program for nursing facilities, the same as the Senate.
- Adds a section of legislative intent regarding statewide dementia care coordination.
- Removes a section providing for a Legislative Management study of obesity health implications.
- Provides for a Legislative Management study of developmental disability services provided by DHHS and provides an appropriation of $150,000 from the community health trust fund to the Legislative Council for consultant services for the study, the same as the Senate.